

3607 MINTWOOD DR

6/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5650 A DATE: 12/3/90

TC: 195-031-48 ☐ L ☒ CRT

SERIAL Nº 13648

Name of Owner Robert + Ellen Waters Juris.:

Address of Property 3501 Mintwood Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 2 @ 133'

Cover Depth 8

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 9/90

Tank(s) Inspected 11/30/90 JAK

Wash Line Inspected NA

High Water Alarm Inspected 11/30/90 JAK

PLOT

Design: 1990, 1500 ST, 1000 DT, P1, 810 SFT, 12" stone cent CTR# 131

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 2 bedroom house

Philo S. Walker
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

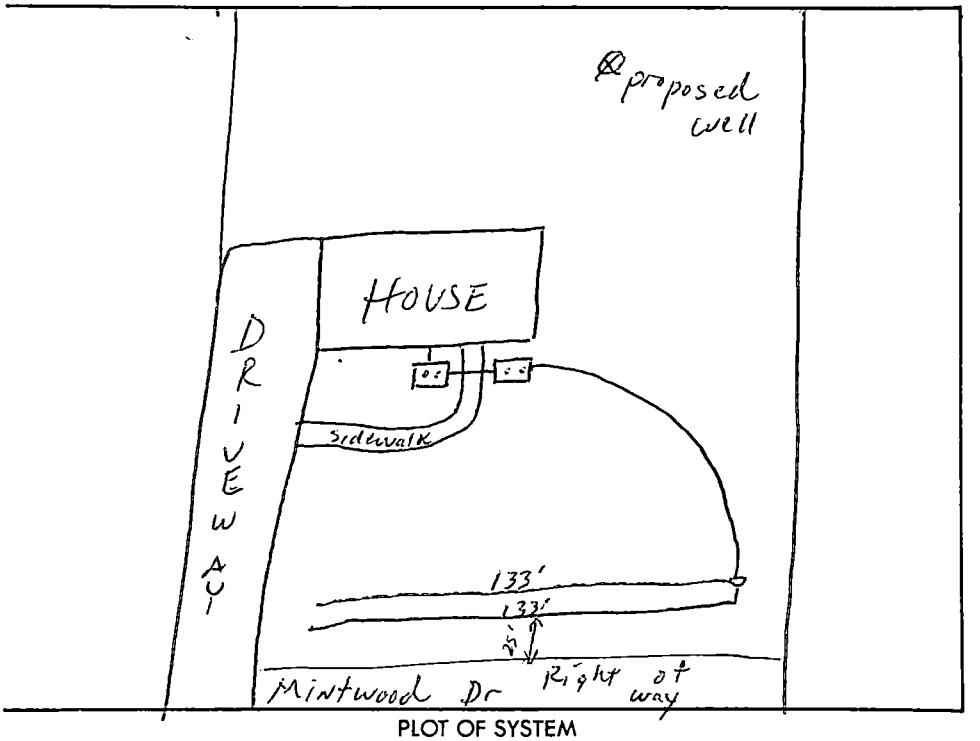
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5650A DATE: 9/20/90

TC: 195-031-48 ☒ L

SERIAL Nº 14724

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8/2190. All work shall be completed on or before 10/20/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Robert & Ellen Waters

LOCATION OF PROPERTY 3501 Mintwood Dr

Comments: 2 Trenches x 133' long x 3' x 12" stone
well to >50 from any part of septic system

Division or Section Head

Philip A. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

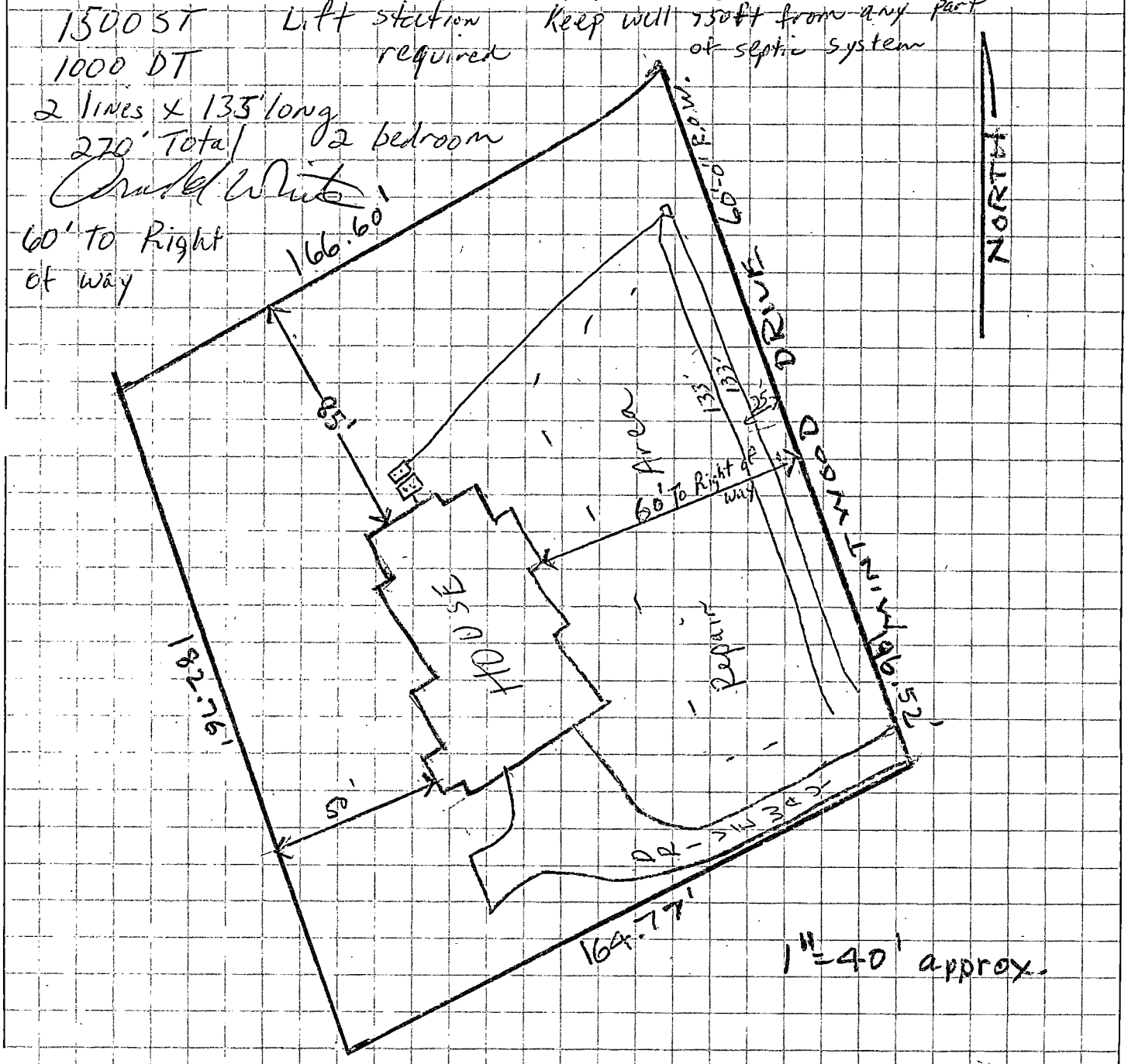
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5650 A

TC: 195-031-48

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 8/6/90 PSW

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)

FILE: 5650A

TC: 195-031-48

SERIAL: № 19893 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 3501 (STREET NO.) Mintwood Dr (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 195-031-48

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Robert & Ellen Wanters (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 9420 Hudson Dr.

⑩ CITY: Matthews, NC. ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 847-0659 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type? _____

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robert B Wanters

Date: 8-2-90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Lift station required

Philo S. Walker, 8/6/90
Environmentalist Date

Director or Authorized Section Head, 8/7/90
Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-2-90

Name/Company: Arnold Wilt Homes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: O.P. New

3501 Mistwood Dr

MECK... NG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 2 1990

File # 5650A

#2631

Fee: $200.00

T-200

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernathy
Completed by

Elizabeth Johnstone
Collected by

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

April 28th, 1989

Ronald McCauley
3607 Mintwood Drive
Charlotte, NC 28227

RE: Property located at Mintwood Drive
FILE: 5650A
PARCEL: 19503148

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16127) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16127

File: 5650A Action 1

Parcel: 19503148 ☐ PC

Location: Mintwood Drive

Subdivision:

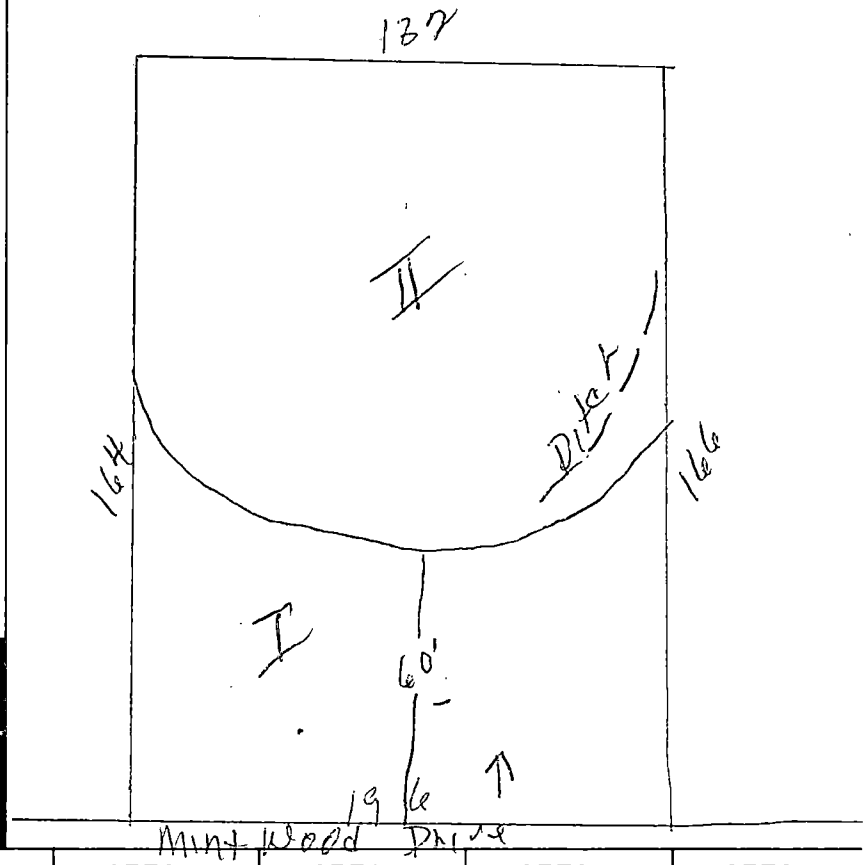
Lot: Block: Acres: .71

Owner: Ronald McCauley
Address: 3607 Mintwood Drive
Charlotte, NC 28227

Comments: Lift Station maybe Needed

Described by: W. B. Ramsay

Date: 4-27-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U (PS) 2-6	S (PS) U 2-4	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U) Mottles @ 16"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 48+	S (PS) U 36-40	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Iva Ceci	Iva Nclen				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

30th DAY OF July 19 86

SIGNED Robert E. Rembert

NORTH CAROLINA REGISTERED SEAL L-1058 LAND SURVEYOR ROBERT E. REMBERT

- RONALD E. McCAULEY -
4734-910

N.I.P. N. 23-47-21 W. 182.76 N.I.P.

36,721.8 SQ. FT.
0.84 AC.

N. 55-27-46 E. 199.10

PROP. 60' R/W

S. 69-59-39 E. 196.77

N. 11-02-55 W. 196.77

E.I.P.

N.I.P.

30.30

EIR 0.23 OLD NAIL

N. 23-47-21 W. 196.52

60'

MINTWOOD DR.

Boundary SURVEY

OF

A Portion of the Ronald E. McCauley Prop.

Mint Hill, N.C.

PROPERTY OF

SCALE 1" = 40' DEED RECORDED 4734-910 MAP RECORDED

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5650A

TC: 19503148

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mintwood Drive

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 4734-910 PAGE NO.: _____

OWNER

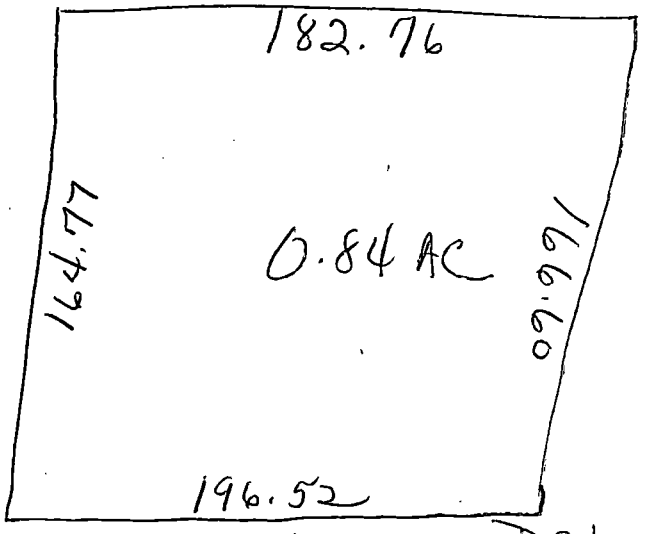
⑦ NAME: Ronald (FIRST) E. (MIDDLE) McCauley (LAST)

⑧ MAILING ADDRESS: 3607 Mintwood DRive

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28227

⑫ PHONE: (WORK) 567-0547 (HOME) 545-9469

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Diane L. McCauley

Date: 4-18-89

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WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 4/18/89

Name/Company ~~Richard McCauley~~

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Soil investigation
56 Jon

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 18 1989

CDH 596
7-30

Fee: $ 30.00