

16501 GREEN DOLPHIN LN

00107164

5/23/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4840 DATE: 1-4-95

TC: 001-071-64 ☐ L ☐ CRT

SERIAL № 16103

Name of Owner Ralph Teal Juris.:

Address of Property 16501 Green Dolphin Ln

Inspection Data:

Tank Material PCC - Existing

Total Length of Drainfield 170' added to existing

Number of Lines 2 @ 85'

Cover Depth 12"-18"

Water Supply Source well

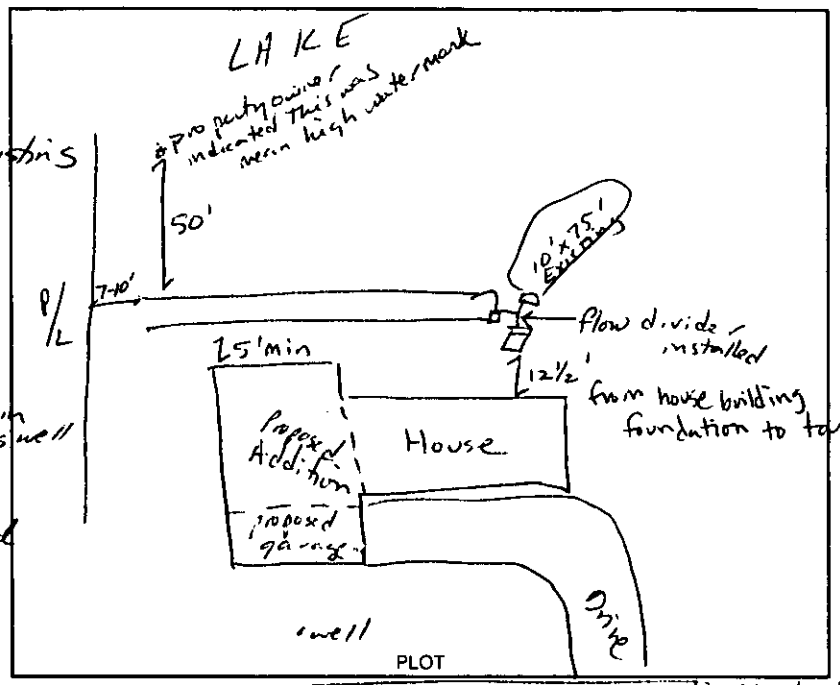
Distance to Water Source 93', >50' from neighbor's well

Excavation Inspected 1-4-95

Tank(s) Inspected — tee added

Wash Line Inspected —

High Water Alarm Inspected —



Design 1995 alteration, Existing 1000g tank, 12" stone, excel-like CTR# 140

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: 2 bedroom design - Keep proposed building addition minimum 5' (five feet) from any part of septic tank system. All plumbing to go to septic tank. Existing deck was removed. Keep any building foundation (including deck if rebuilt) min 5' from any part of septic tank system.

Bunny for Sloane

Susan Eatemon
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

12402

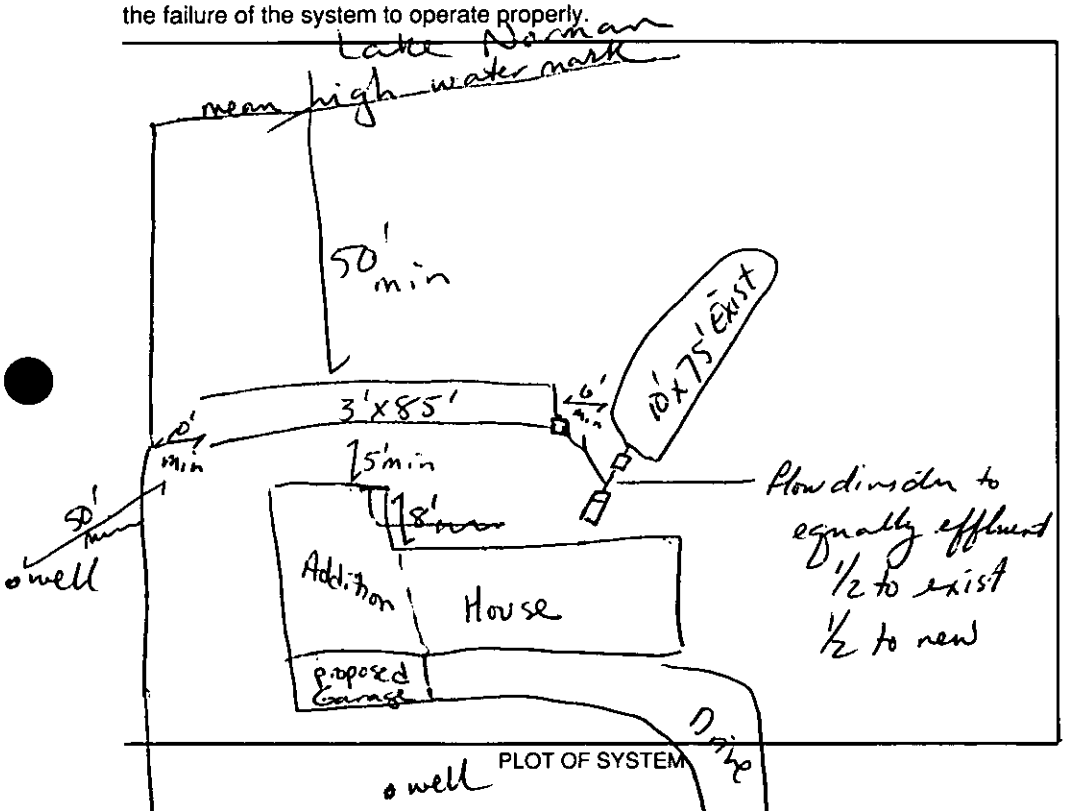
HEALTH DEPARTMENT
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700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4840 DATE: 12-20-95

TC: 001-071-64 ☐ L

SERIAL № 16159

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 11-10-94. All work shall be completed on or before 1-20-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Exist gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction pcc

Trench Depth ~~24~~ 24" - 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length Add 170' feet

Number of Lines 2 at 85' add'l

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Green Dolphin Ln. Ralph Teal

LOCATION OF PROPERTY 16501 Green Dolphin Ln.

Comments: Add tee in tank if old one damaged. Abandon old washer field. Plumb washing machine to main plumbing going to septic tank. 2 bedroom design.

Barney Jr & Daniel

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

To Whom it May Concern.

No one will occupy the House at 16501 Green Dolphin until the new drain fields have been installed and inspected by the Health/Enviro Dept.

Ralph S Teel

12-5-94

NOTARY PUBLIC – MECKLENBURG COUNTY IN THE STATE OF NORTH CAROLINA

[signature] Dec 1, 1998

DATE SEAL EXPIRES

Received for Entry Dec 5

12/05/94

EW

GB

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4840

$ #200 VE 11/5/94 Ck # 2607

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: TEAL (last) RALPH (first) S. (mi) Page 243-1586 (mi)
ADDRESS: 16112 OLD Statesville RD PHONE: (__) H-875-3771 W-892-7802
CITY: HUNTERSVILLE STATE: N.C ZIPCODE: 28078

PROPERTY OWNER:
NAME: TEAL (last) RALPH (first) S. (mi)
ADDRESS: 16112 Old Statesville RD PHONE: (__) 875-3771
CITY: HUNTERSVILLE STATE: N.C ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-071-64
STREET ADDRESS: 16501 GREEN DOLPHIN
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: 138 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) 12/5/94
[ ] COMMERCIAL OR INDUSTRIAL (N) # Number of Bedrooms Will Remain Two. Ralph Teal
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Adding BRm - Pave Driveway
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 32 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: Prev

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P) City WATER on STREET

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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 Ralph Teal Dated 11-10-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...Improvement permit issued for alteration of system - Alteration will still accomodate only a 2-bedroom design. 12-5-94 SBateman

Proposed addition interfers with existing washer drainfield 12-5-94

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Alteration completed. All plumbing & Septic tank
Susan Bateman 1-4-95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

Existing BDrm to be converted into Utility
Need 2 Bdrm - adding 1 Bdrm

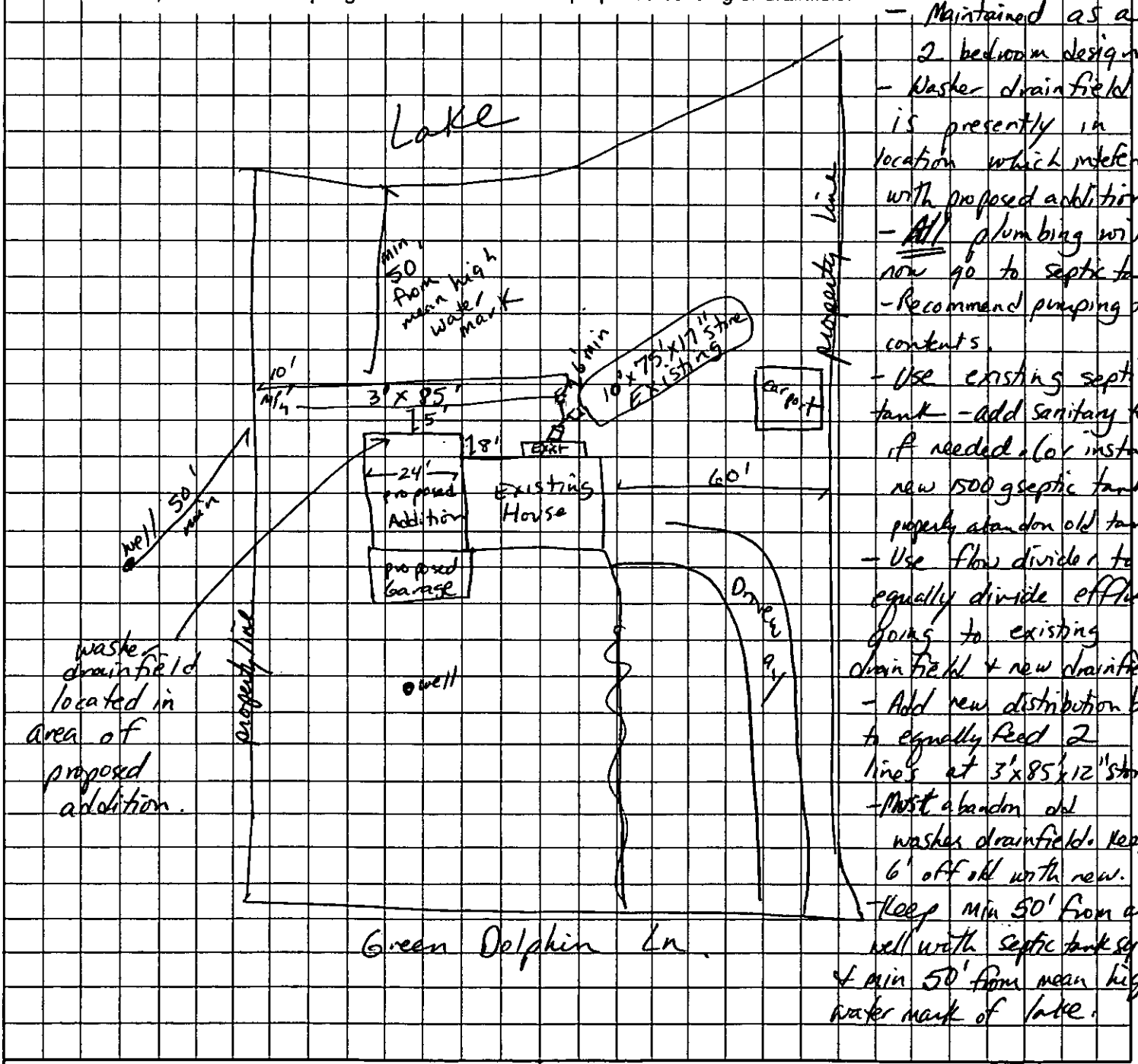
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 4840

TC: 001-071-64

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.



- Maintained as a 2 bedroom design
- Waste drainfield is presently in location which interferes with proposed addition.
- All plumbing will now go to septic tank.
- Recommend pumping tank contents.
- Use existing septic tank - add sanitary tee if needed. (or install new 500 g septic tank + properly abandon old tank).
- Use flow divider to equally divide effluent going to existing drainfield + new drainfield.
- Add new distribution box to equally feed 2 lines at 3' x 85' x 12" stone each.
- Must abandon old waste drainfield. Keep 6' off old with new.
- Keep min 50' from any well with septic tank system & min 50' from mean high water mark of lake.

Ralph Leal 12-5-94
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 12-5-94 S Hutcheson

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

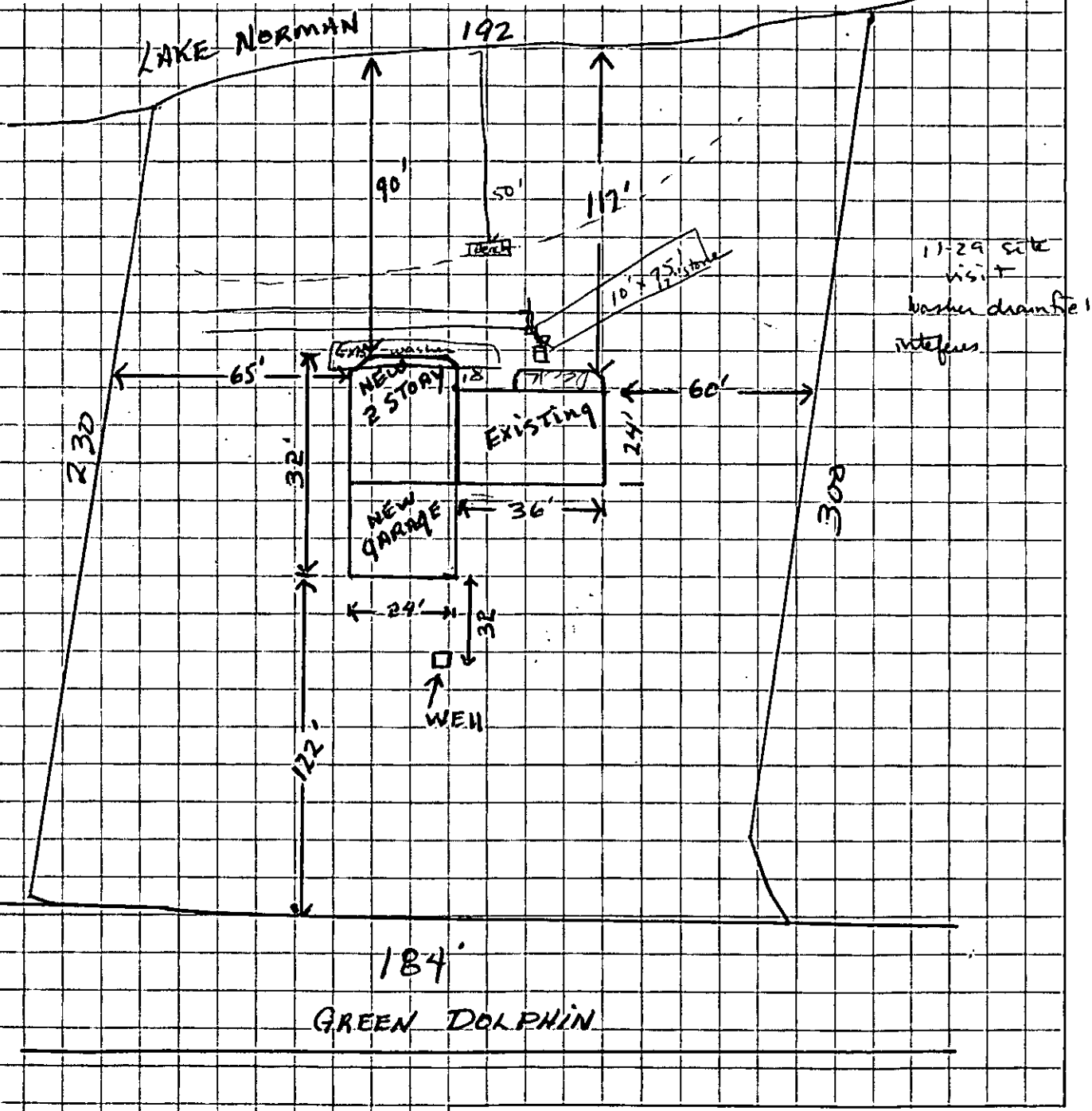
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Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100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



APPROVAL DATE _____

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