

5335 ROCKY RIVER RD

10518174

4/30/08

marliwr

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

Water softener?

Joe Lynn

828- 397-5152

7-8-9 tentative

13th definite.

BEACON HOMES OF CHARLOTTE, INC.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

2267A

Date: 9/24/01

PERSON FILING APPLICATION:
NAME: GUTT (last) ERIC (first) K. (mi)
ADDRESS: P.O. Box 3225 PHONE: (W) 846-3480
CITY: MATTHEWS, STATE: NC ZIPCODE: 28106

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-181-14
STREET ADDRESS: 5335 Rocky River Rd
CHARLOTTE, NC 28215
ZONING:

PROPERTY OWNER:
NAME: HICKS (last) BUTCH (first) (mi)
ADDRESS: 5335 Rocky River Rd PHONE: (W) 597-0677
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): .869

[redacted]
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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: 4 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

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)
[] Private Well (P)

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: [signature] Date: 9/24/01

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...5-28-01 OK TO USE EXISTING SYSTEM

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

[signature] Environmentalist 9-28-01 Date

WATER : 122791

PROPOSED PLOT PLAN

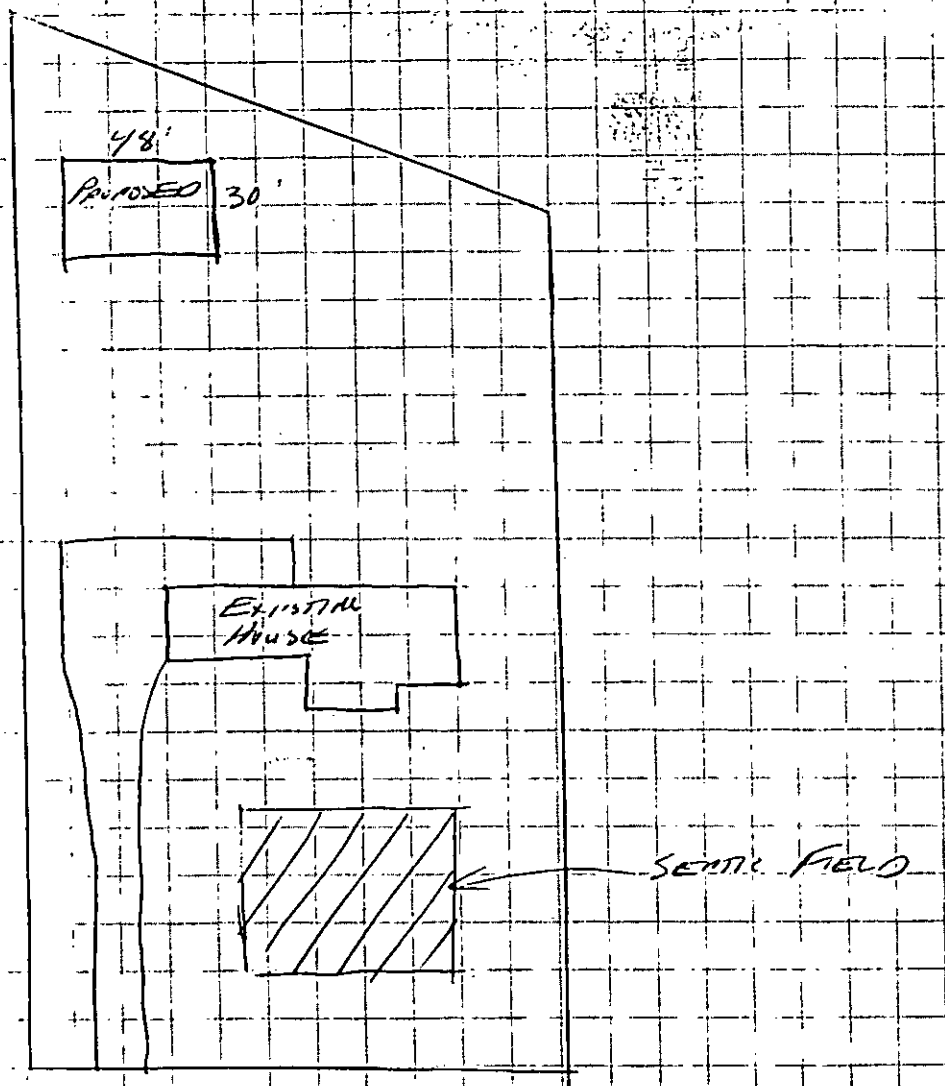
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: ~~[illegible]~~ 2267A

TC: 105-181-74

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

Mecklenburg County
Health Department

August 15th, 2001

Mr. William Hicks
5335 Rocky River Road
Charlotte, North Carolina 28213

Re: 2267 A
Parcel 105-181-74

Dear Mr. Hicks,

This letter serves to summarize the results of the meeting that took place at your residence on August 8th, 2001. This meeting was held in response to your request for assistance in assessing your private wastewater disposal system. Present at the meeting were contractors Ronnie Oaks, Bobby McCarver, and Rob McCarver, NC Regional Soil Specialist Joe Lynn, Mecklenburg County Soil Scientist Bill Marlin, Environmental Health Specialist Kelly Randall and Drew Walker, and yourself. Consensus was reached and it was recommended the following measures be taken:

1. Remove the drain from the air condition system currently discharging to the system.
2. Adjust the distribution box to equalize the flow of effluent to the drainlines.
3. Employ the use of a terralift to help alleviate problems associated with the compacted soil as noted by your original contractor.

All of the above measures do not require a permit from the Health Department. If additional drainlines or other distribution methods are deemed necessary, an Environmental Health Specialist will issue a permit for those repairs.

If you have any questions regarding this matter please do not hesitate to call me at 704 – 336 – 5573.

Sincerely,

Drew Walker RS
Individual Water and Wastewater Systems

Cc/ Joe Lynn

Mecklenburg County
Health Department

File # pend

August 10, 2001

William Hicks
5335 Rocky River Road
Charlotte, NC

Dear Mr. Hicks,

This letter is to summarize the results of the meeting that took place at your residence on August 8, 2001 in reference to the problem with your septic tank system. Present at the meeting were William Hicks, contractors Ronnie Oates , Bobby McCarver and Rob McCarver, Joe Lynn, NC Regional Soil Specialist, Bill Marlin, Mecklenburg County Soil Scientist, Kelly Randel, Senior Environmental Health Specialist, and Drew Walker, Environmental Health Specialist. Consensus was reached and it was recommended the following measures be taken:

1. Remove the drain from the air condition system currently discharging into septic tank.
2. Adjust the distribution box to equalize the flow of effluent into all the drainlines.
3. Employ the use of a "Terralift" to help alleviate the problems associated with the compacted earth as noted by your original contractor and verified by soil borings performed on this date.

All of the above measures do not require a permit from the health department. If additional drainlines or alternative distribution devices are deemed necessary, an Environmental Health Specialist will issue a permit for the repair.

If you have any questions regarding this matter, please contact me at 704- 336-5573.

Sincerely,

J. Andrew Walker RS
Individual Water and Wastewater Systems
Environmental Health Division

Problems Acknowledged notify HD

LETTER HERE

August 10, 2001

William Hicks
5335 Rocky River Road
Charlotte, NC

Consensus was reached and ~~it was~~

Dear Mr. Hicks,

This letter is to summarize the results of the meeting that took place at your residence on August 8, 2001 in reference to the problem with your septic tank system. Present at the meeting were William Hicks, contractors Ronnie Oates , Bobby McCarver and Rob McCarver, Joe Lynn, NC Regional Soil Specialist, Bill Marlin, Mecklenburg County Soil Scientist, Kelly Randall, Senior Environmental Health Specialist, and Drew Walker, Environmental Health Specialist. It was recommended the following measures be taken:

1. Remove the drain from the air condition system currently discharging into septic tank.
2. Adjust the distribution box to equalize the flow of effluent into all the drainlines.
3. Employ the use of a "Terralift" to help alleviate the problems associated with the compacted ~~earth~~ soil which your contractor noted.

All of the above measures do not require a permit from the health department. If additional drainlines or alternative distribution devices are deemed necessary, an Environmental Health Specialist will issue a ~~repair~~ permit ~~to that effect~~ for the repairs.

If you have any questions regarding this matter, please contact me at 704- 336-5573.

Sincerely,

J. Andrew Walker RS
Individual Water and Wastewater Systems
Environmental Health Division

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? ( ) yes ( ) no

Date:_____ Parcel:_____

REQUESTING PERSON:_____ Phone_____

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name Yellow Tavern

Address Moores Chapel Coop City Charlotte Zip 28278

SERVICE REQUESTED: Leaking (possible) septic tank system

ASSIGNED TO: Jeremy Michelone TAKEN BY: Kelly Randall

DATE	ACTIVITY REPORT
7/25/01	Received complaint.
7/26/01	O.S.V. Met with Capt. Burns at Yellow Tavern. We walked entire property to try to locate possible straight pipe.
7/30/01	O.S.V. Met with Capt. Burns. He let me inside building to put dye through the septic system. We ran a lot of water through. Both toilets were leaking a lot.
7/31/01	O.S.V. Myself and Brandon Summey met with Capt. Burns and Steve Autrey. The septic tank was located and pumped out. The tank was in good shape and no straight pipe was located. Notified Kelly over Radio.
7/31/01	Closed.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Jeremy T. Michelone R.S. 7/31/01 WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

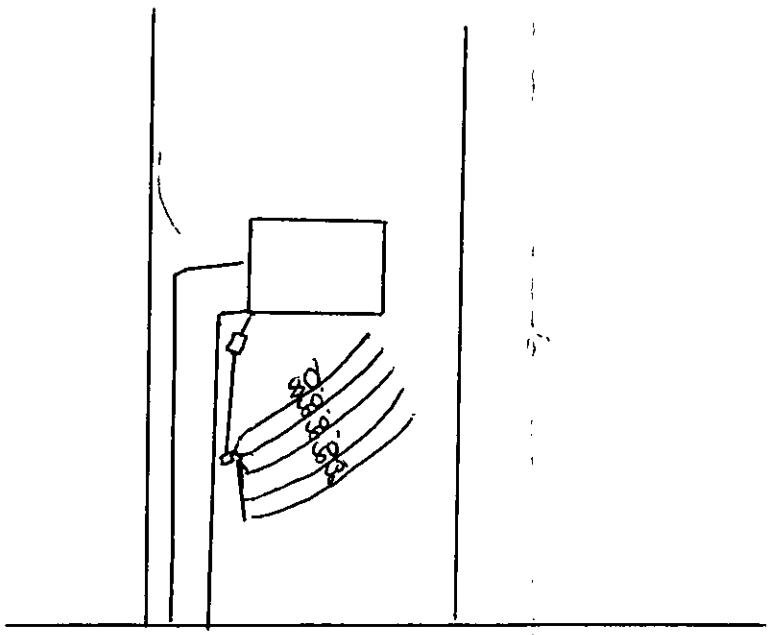
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2267A DATE: 7-14-00

TC: 105-181-74 ☐ L

SERIAL Nº 18464

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 6-2-98. All work shall be completed on or before 7-14-00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 30'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50 feet

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

NAME OF OWNER William H. Hicks

LOCATION OF PROPERTY 5335 ROCKY RIVER ROAD

Comments: (1) INNOVATIVE INSTALLATION REQUIRED DUE TO LOCATION OF POWER LINES, RESULTED IN A SMALLER AREA.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2267A DATE: 7-20-00

TC: 105-181-14 ☒ L ☒ CRT

SERIAL Nº 18375

Name of Owner WILLIAM HICKS Juris.: _____

Address of Property 6335 ROCKY RIVER ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source MUNICIPAL

Distance to Water Source 10'

Excavation Inspected 7-20-00

Tank(s) Inspected 7-20-00

Wash Line Inspected _____

High Water Alarm Inspected _____

SEE INSTALLATION

PLOT

Design 1500 ST 1600 SFT INNOVATIVE "EZBERN" CTR# REIDE EUDY

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 ☒ ~~O~~peration 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: (1) TYPE III-G

(2) HOLD FOR AGREEMENT FORMS.

Environmental Health ~~Specialist~~

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 AUG 11 09:49 AM
BOOK: 11491 PAGE: 882-885 FEE: $12.00
INSTRUMENT # 2000114912

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 2267-A
PARCEL # 105-181-74

The undersigned, William H. Hicks, Jr., William H. Hicks, Jr., owner of property located at 5335 Rocky River Road Charlotte 28215 (the "site") and described in an instrument recorded in Book RE 10035 at Page 12-14, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: William Hicks Jr., Susan Hicks
Mail after recording to: William H. Hicks 9420 Guernsey Ct. Charlotte, NC 28213

Mecklenburg County
Health Department

William H. Hicks
9420 Guernsey Court
Charlotte, NC 28213

Dear Mr. Hicks,

This is in reference to the Installation Permit issued for the property located at 5335 Rocky River, file # 2267A, tax parcel # 105-181-74. An innovative installation was required due to the location of the utility lines. I have enclosed an agreement form that must be completed and filed with the register of deeds office before a final Operation Permit can be issued.

Please contact me at 336-5573 if you have any questions regarding this matter.

Sincerely,

J. Andrew Walker R.S.
Environmental Health Division
Individual Water and Wastewater Section

300.00 cc

ACS

FEE: 60.00 cc **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11-4-98 cc **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-3-98 PERMIT NO: 2267A

PARCEL NO: 105 181 74

JOB LOCATION ADDRESS: 5335 ROCKY RIVER rd

PROPERTY OWNER: William Hicks JR

BUILDING CONTRACTOR: William Hicks JR

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Jack A. Wall RS DATE: 11-3-98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2267A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

11-4-98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2267A

Tax Number: 105-181-74

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
MUNICIPAL Serviced by private well	1560 Gallon septic tank	533' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: * SEE PLOT PLAN			
Repair Area System Type Type (circle one): I (II) III IV V VI	NOT 100% REPAIR ___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1600 Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 11/3/98

Owner/Agent Signature — Date 11-4-98

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: 100.00 JW
DATE: 9-2-98 CK# 135

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 22607A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~10518109 PO~~ 10518174

STREET ADDRESS: 5335 ROCKY RIVER ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: CAROL ANN WOODS

LOT NUMBER:

TOWNSHIP (CHECK ONE):

- ✓ 0 MECKLENBURG
- __ 1 CHARLOTTE
- __ 2 DAVIDSON
- __ 3 CORNELIUS
- __ 4 PINEVILLE
- __ 5 MATTHEWS
- __ 6 HUNTERSVILLE
- __ 7 MINT HILL

CLOSING DATE: N/A

TYPE OF BUILDING (CHECK ONE):

- __ SINGLE MOBILE HOME(S)
- __ DOUBLE WIDE (D)
- ✓ HOUSE (H)
- __ MODULAR HOME (M)
- __ MULTIPLE FAMILY (U)
- X OTHER (O) ~~SEE~~

HEATED SQUARE FOOTAGE: 2000 +-

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

- ✓ WITHOUT BASEMENT
  - __ ON SLAB
  - __ CRAWL SPACE
- __ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- __ COMMUNITY (C)
- ✓ MUNICIPAL (M)
- __ PRIVATE WELL (P)
- __ SHARED WELL (S)
- __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: BAITY (LAST) BURGIN (FIRST) W (MI)

ADDRESS: 2624 Park Rd #C

CITY: Charlotte STATE: NC ZIP: 28209

DAYTIME PHONE: ( ) NA-

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BAITY (LAST) STEVEN (FIRST) W (MI)

DAYTIME PHONE: (704) 375-0535

2711 JOHNNY REB LANE
CHARLOTTE N.C. 28273

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Steven W Baity DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

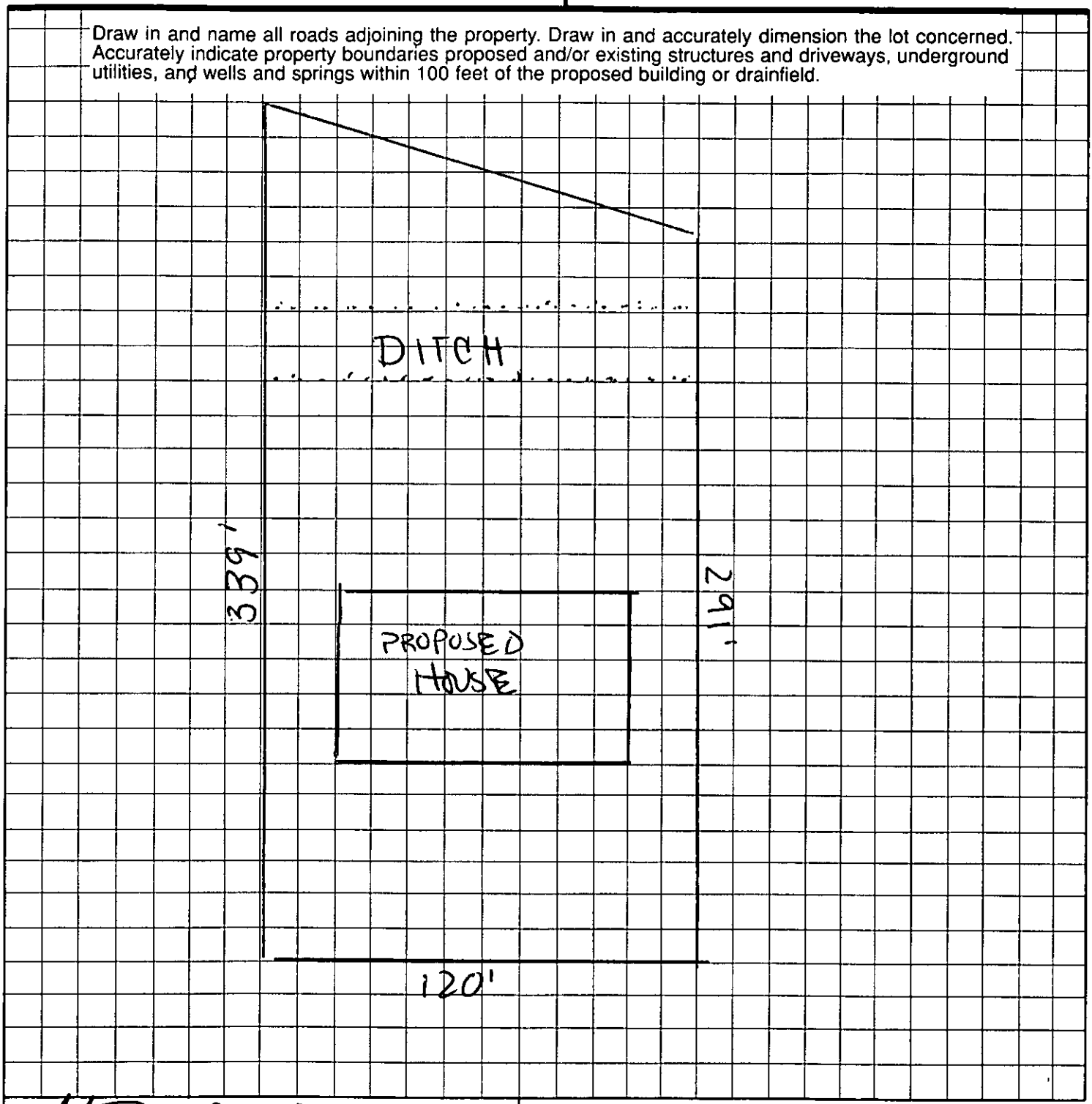
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 22607A

TC: 10518174

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.



OWNER/AGENT SIGNATURE Ken W Batty

DATE 9/2/98

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

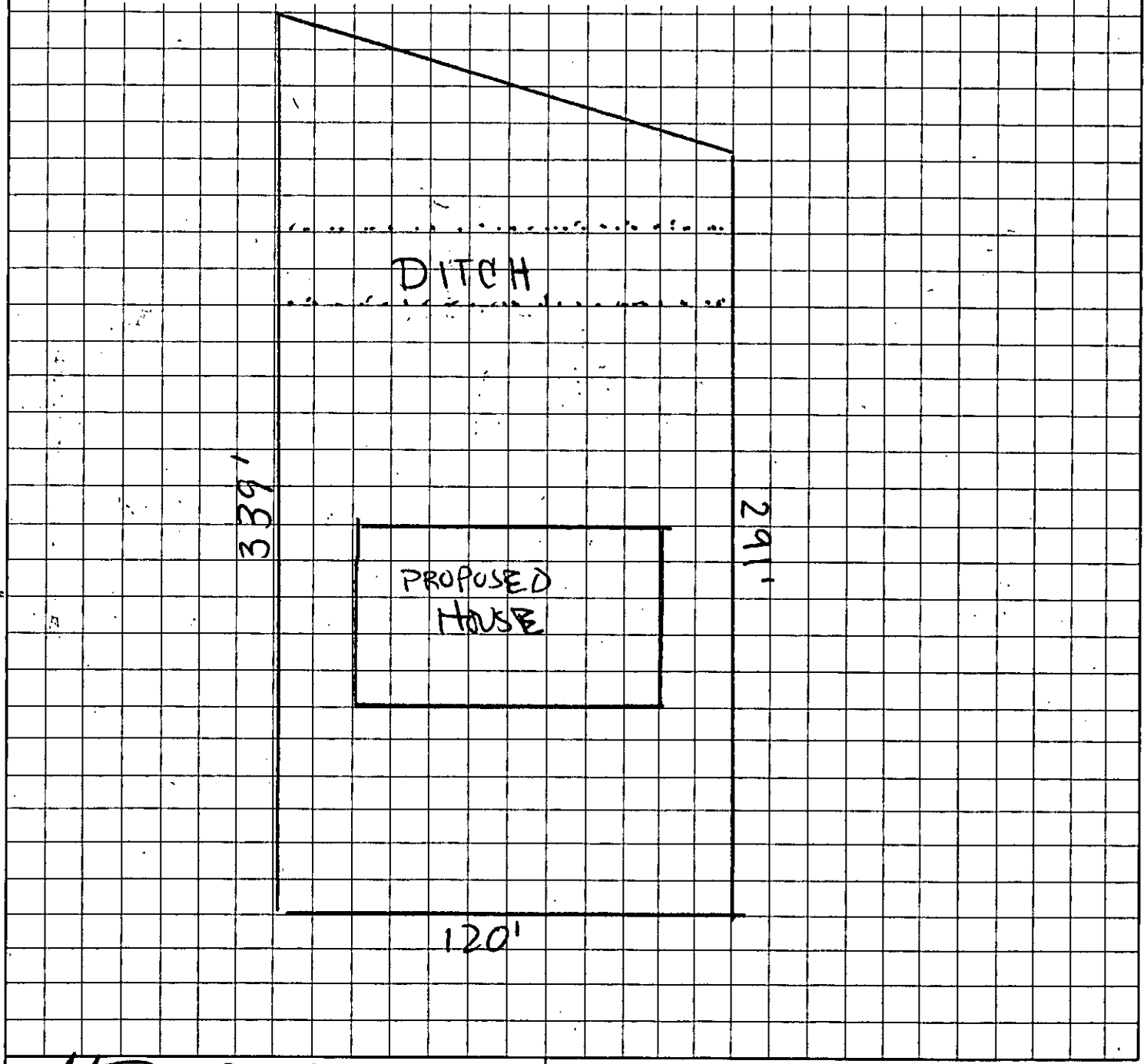
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 226 7A

TC: 10518174

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.



OWNER/AGENT SIGNATURE Steven W Beaty

DATE 9/2/98

APPROVAL DATE _____

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

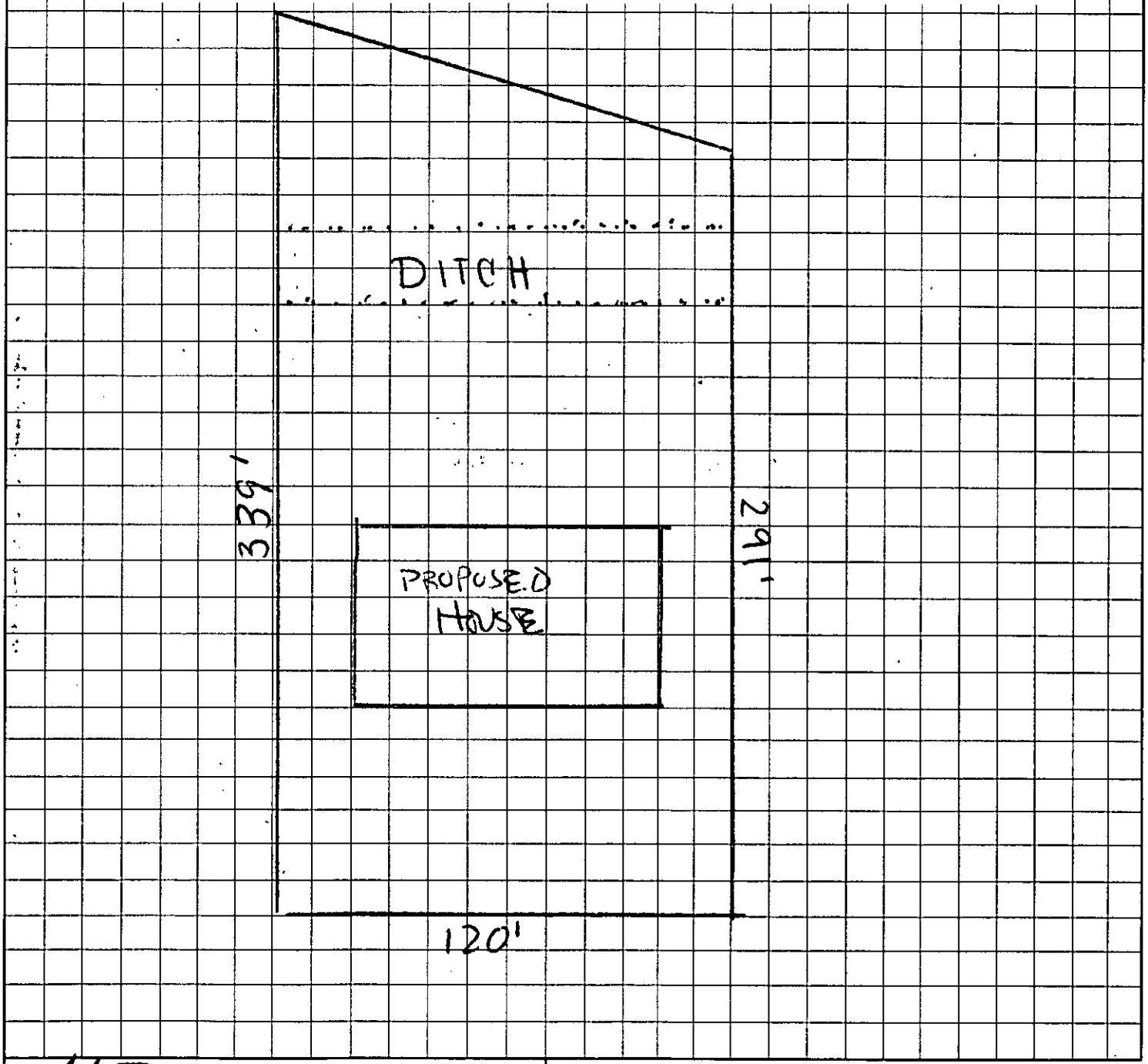
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 22CTA

TC: 10/5/84

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.



Steven W Beaty
OWNER/AGENT SIGNATURE

DATE 9/2/98

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2267 A

TC: 105 18174

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.

SCALE 1" = 50'

5335 ROCKY RIVER RD

129'

(1) HOUSE TO BE NO LESS THAN 120' FROM ROAD

(2) REPAIR AREA NOT REQUIRED

(3) HOUSE SITE TO HAVE DRIVE ON RIGHT PROPERTY LINE.

(4) SPEED LEVELS AND WATER TESTING REQUIRED @ D-BOX

339

291

SEPTIC TANK

HOUSE SITE

PROPERTY LINE

D-BOX

88'
88'
88'
88'
88'
88'

SOME REPAIR

120'

120'

ROCKY RIVER ROAD

1/6/00

DRIVE SWITCHED TO (3) SIDE TO BE 3' FROM PROPERTY LINE. SEPTIC TANK AND DRAINFIELD TO BE IN SAME LOCATION

D. Weller

OWNER/AGENT SIGNATURE

DATE 11-4-98

APPROVAL DATE 11/3/98 DH

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

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TO: SUSAN HICKS TELECOPIER # 597-8183

FROM: ANDREW WALKER DATE 11-3-98

MECK CO. HEALTH DEPT.

NUMBER OF PAGES TRANSMITTED: _____ (including cover sheet)

COMMENTS:
IMPROVEMENT PERMIT IS NOT VALID UNTIL SIGNED.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

¦___¦ Original will not follow ¦___¦ Original will follow via:

¦___¦ U.S. Mail ¦___¦ Hand Delivery ¦___¦ _____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Permit Number: 2267A

Tax Number: 10518174

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
13 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9" Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	30' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: * SEE PLOT PLAN				
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1600 Absorption Area (Sq ft) 533 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30' Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, 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 Improvement permit is transferable.

9-25-98

DEHNR Authorized Agent Date

Owner/Agent Signature Date

VOIDED 11-3-98

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

(400) #1

Sheet 1
PROPERTY ID #: 105-161-74
Lot # :
File # : 2267A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Burgen W. Bailey
APPLICANT: Steven W. Bailey
ADDRESS: 2624 Park Rd #E, Charlotte, N.C.
DATE EVALUATED: 9-17-96
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: .9
LOCATION OF SITE: 5335 Rocky River Rd
PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 6-15% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-7"	gr/fr/	Fr/SE/SP 35/50	7-48"	48"	N/A	None	PS .35/F2 IV
		7-48"	SBK/fr	Fi/SE/SP/SP	TO 30:1				
					Wetness				
2	LS	0-6"	gr/fr/	Fr/SE/SP/SP	7-48"	48"	N/A	None	PS .35/F2 IV
		6-48"	SBK/fr	Fi/SE/SP/SP	TO 30:1				
					Wetness				
3	LS	0-4"	gr/fr/	Fr/SE/SP/SP	7-48"	48"	N/A	None	PS .35/F2 IV
		4-48"	SBK/fr	Fi/SE/SP/SP	TO 30:1				
					Wetness				
4	LS	0-5"	gr/fr/	Fr/SE/SP 05/50	7-48"	48"	N/A	None	PS .35/F2 IV
		5-48	SBK/fr	Fi/SE/SP/SP	TO 30:1				
					Wetness				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Mullis 9-16-96
OTHER(S) PRESENT: LSS

FILE #2261A

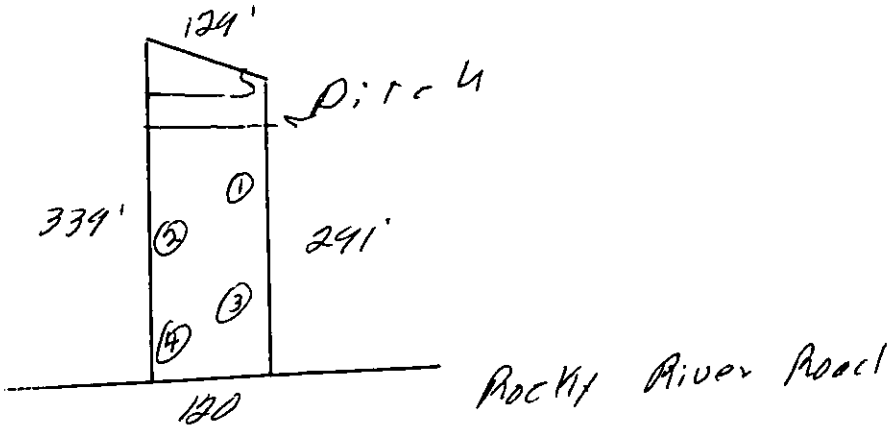
COMMENTS Does not appear to be 1082 Report

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	

N



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FILE: 2267A

TC: 105 18174

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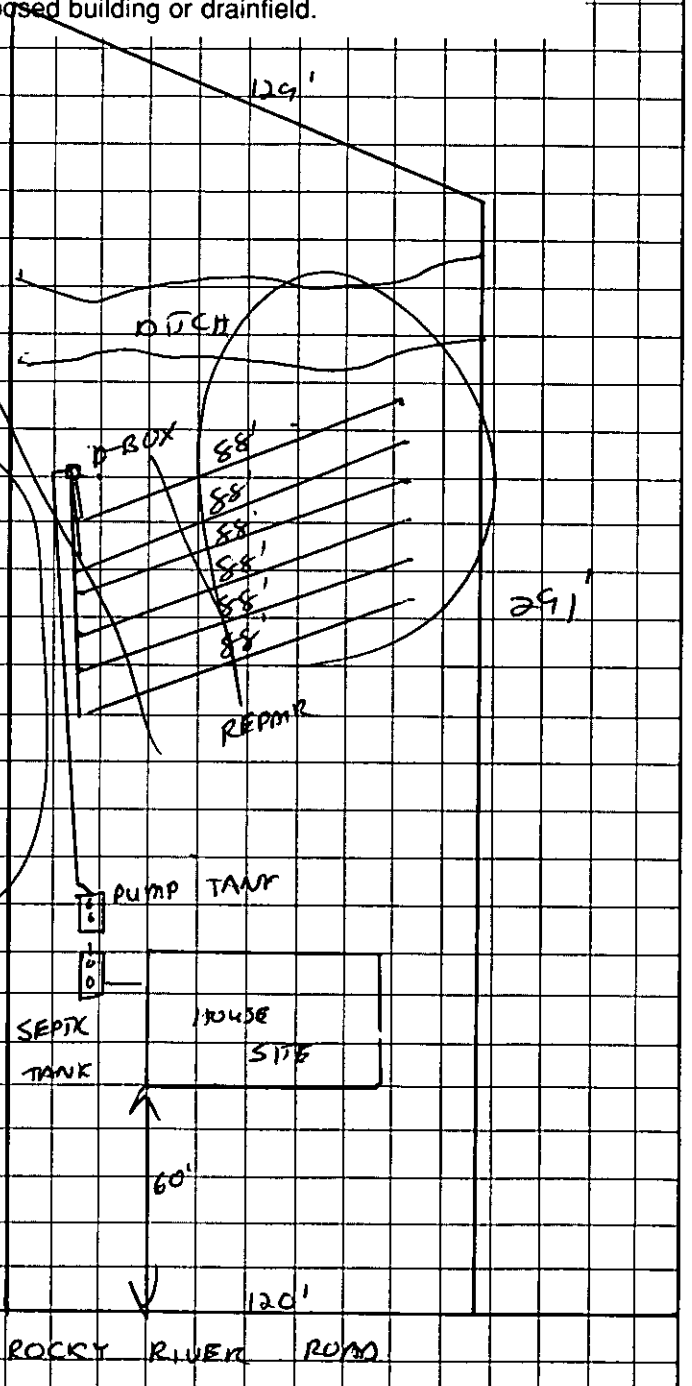
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(2) INSTALL DRAINLINES SHALLOW 24" AND ON CONTOUR

(3) REPAIR AREA NOT NECESSARY

(4) INTALL GATE VALVE ON 2" LINE LEAVING PUMP TANK TO REGULATE FLOW INTO D-BOX

(5) KEEP DRAINLINES 15' FROM DITCH @ BACK OF PROPERTY



APPROVAL DATE 9-25-58 HD Clerk

OWNER/AGENT SIGNATURE

DATE

VOIDED 11/3/98

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

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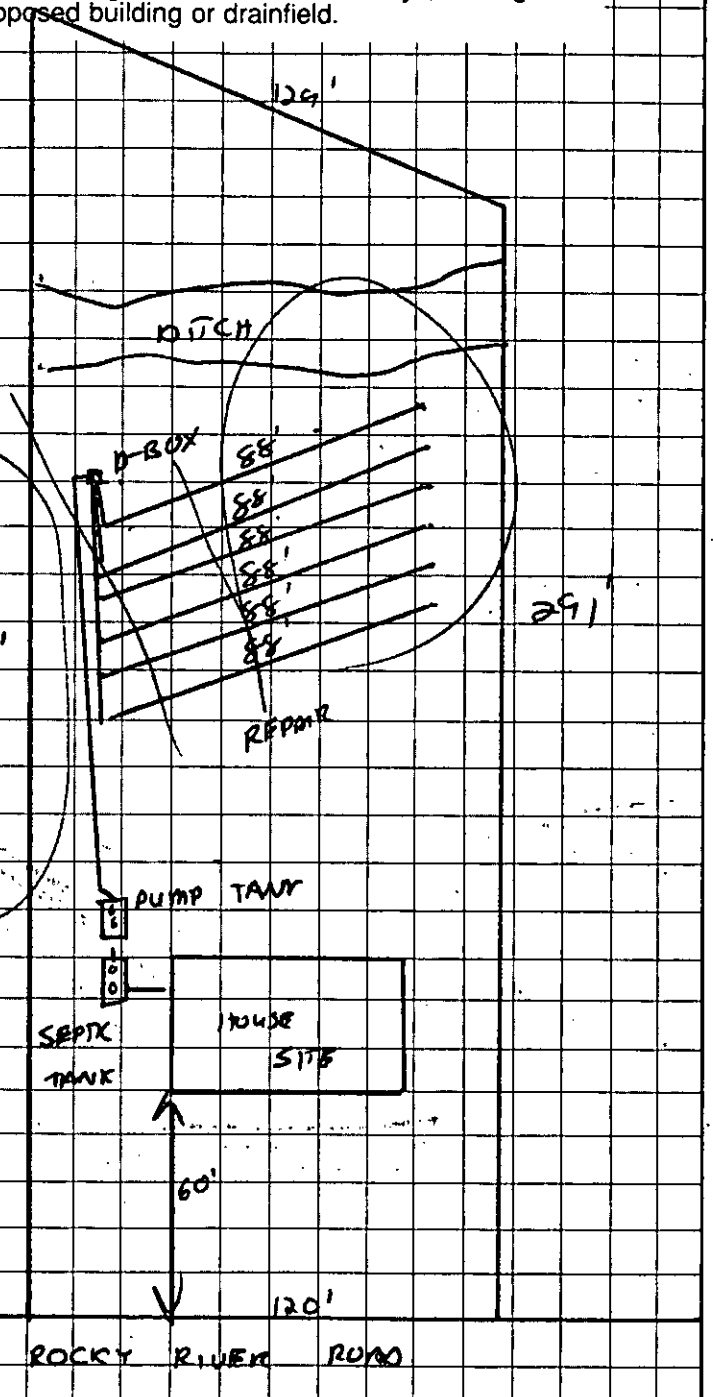
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APPROVAL DATE 9-25-98 dlo Clark

OWNER/AGENT SIGNATURE

DATE

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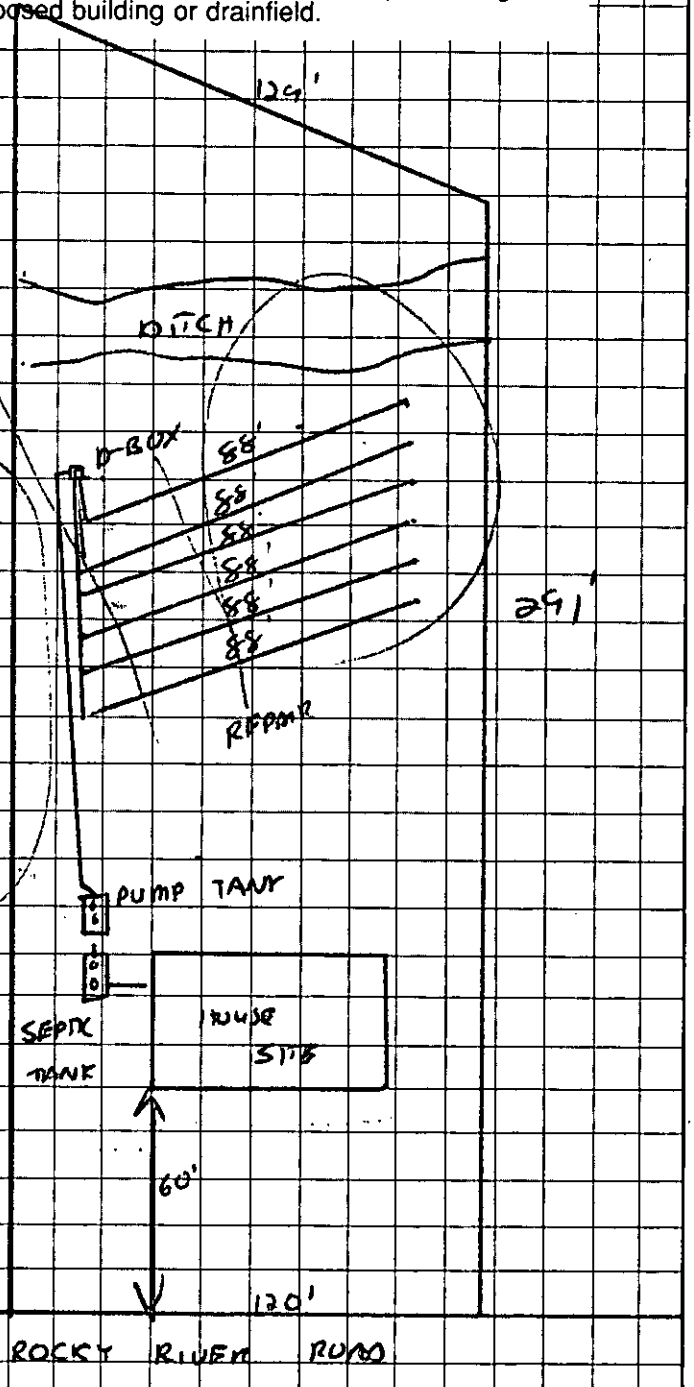
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WOINGP 11/3/98

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