

13900 E ROCKY RIVER RD

00727114

12/31/2007

duponbj

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: 28518 DATE: 6/14/05

TC: 007-271-14 ☐ L ☐ CRT

SERIAL 19664

Name of Owner BRUCE HENDERSON Juris.:

Address of Property 13900 E. Rocky River Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 36"

Water Supply Source well

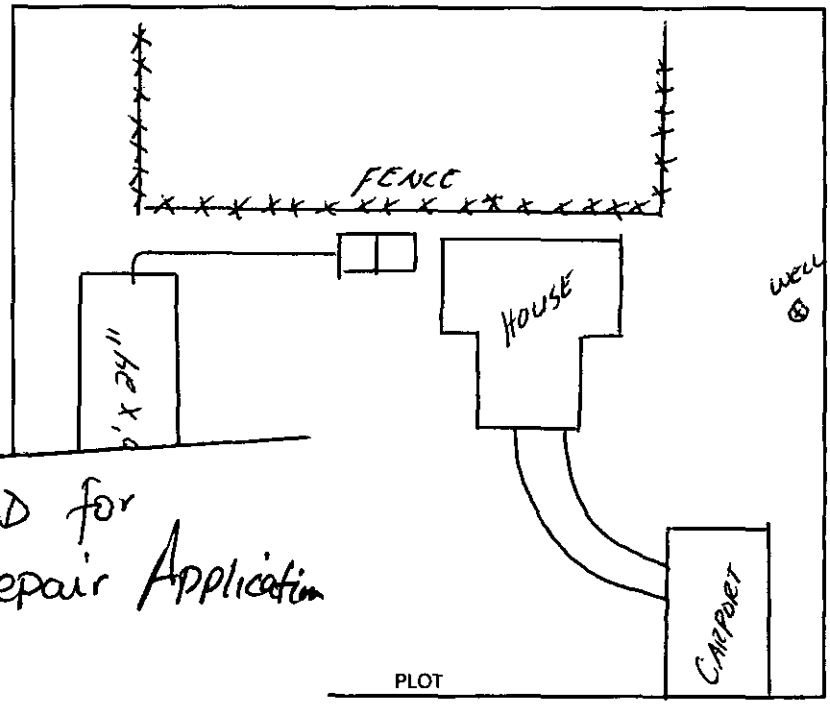
Distance to Water Source >50'

Excavation Inspected 6/14/05

Tank(s) Inspected 6/13/05

Wash Line Inspected —

High Water Alarm Inspected —



HLD for Repair Application

Design 2005 REPAIR, 1 , 50 x 6, 100, 24" CTR# STANLEY

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: Repair to Existing System

New 1500 Septic Tank

6' x 50' x 24" Type IIIg Innovative System

* New drainfield installed because old cinder system had disintegrated.

Tammy Nichols, R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

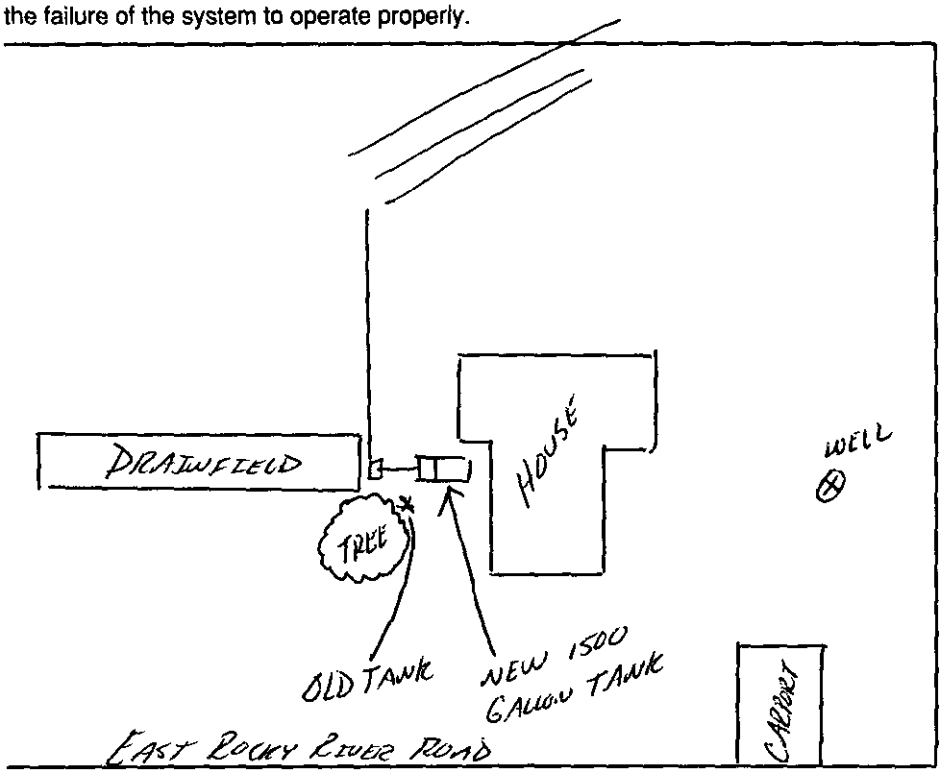
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2851B DATE: 4/14/05

TC: 007-27-14 ☐ L

SERIAL 19845

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 4/14/05. All work shall be completed on or before 5/14/05, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — 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 Bruce Henderson

LOCATION OF PROPERTY 13900 Rocky River Road

Comments: Replacing new 1500 Gallon septic tank
Tie into existing drainfield
Type II Conventional system

Tommy Mullis, R.S.
Environmental Health Specialist

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

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUME
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS (
- SHADED AREAS FOR DEPARTMENT USE ONLY.

DATA FORMS OF CHARLOTTE, IN

FAX: 336 6894

07-27-14

28518

TO: KELLY MANDOLA

FROM: BRUCE HENDERSON
358 5051

PLOT PLAN FOR PERMIT APP
ONE/TWO FAMILY, MODULAR, MOBILE H

LOCATION

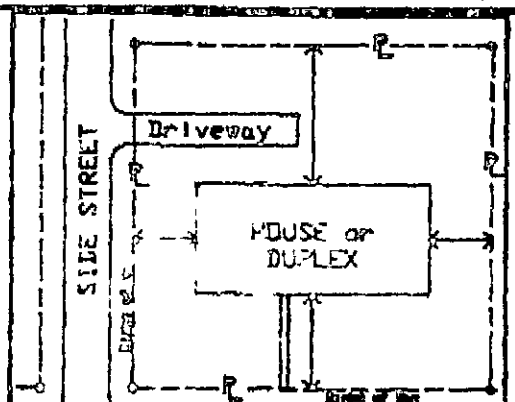
STREET # (N,S,E,W) 13500 STREET NAME E. ROCKY RIVER

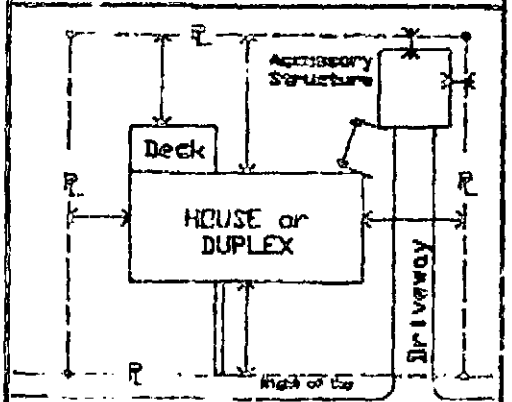
SUITE/UNIT(S):

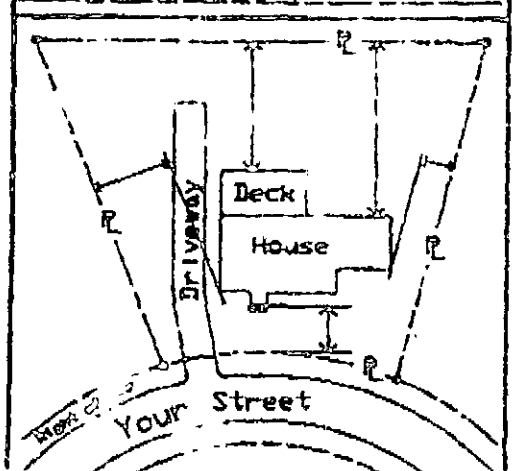
TAX JURISDICTION: (Check One)
☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # JOB #

EXAMPLES/PLOT PLAN







- INSTRUCTIONS -

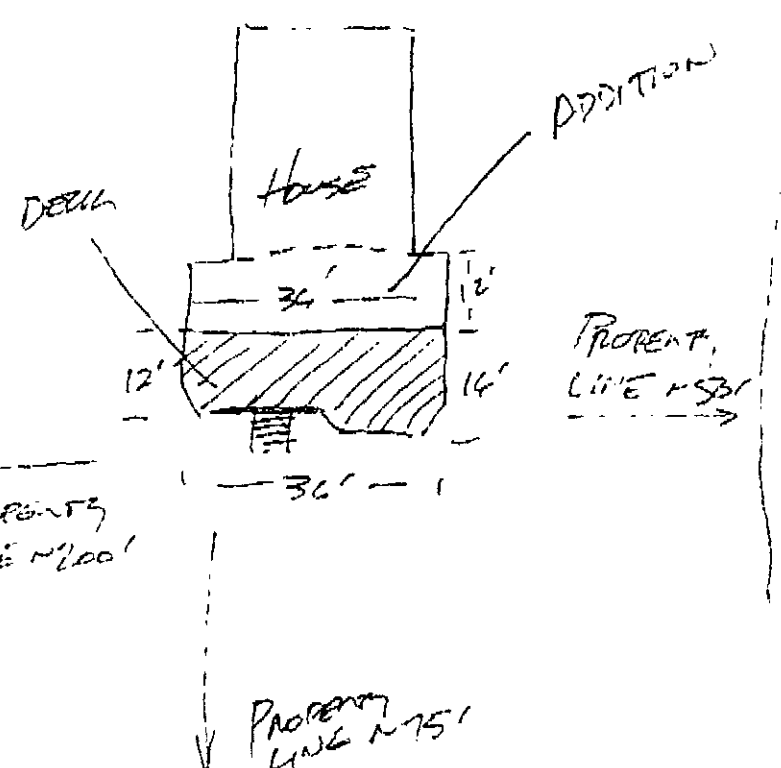
In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures
5. Separate application and plot plan required for each building.

- PLOT PLAN -

N

E. ROCKY RIVER RD.



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

7-2-96 Rev. 11

** TOTAL PAGE.01

1400

Pd 50.00 ck # 1335 2/15/99

2851B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

PERSON FILING APPLICATION:
NAME: Lyon (last) Braden (first) (mi)
ADDRESS: 12833 Allison Ferry Rd PHONE: (704) 875-1805
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Henderson (last) Bruce (first) (mi)
ADDRESS: 13900 E. Rocky River PHONE: (__) 28036
CITY: Davidson STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00222114
STREET ADDRESS: 13900 E. Rocky River Rd
Davidson NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] Built 1940

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

[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Den addition
[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: 2 NUMBER OCCUPANTS: 2

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)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: Brad Lyon Date: 2/5/99

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.

... use existing system

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

Kelly Randall 2-9-99
Environmentalist Date

WATER : 122791

FR

COPY

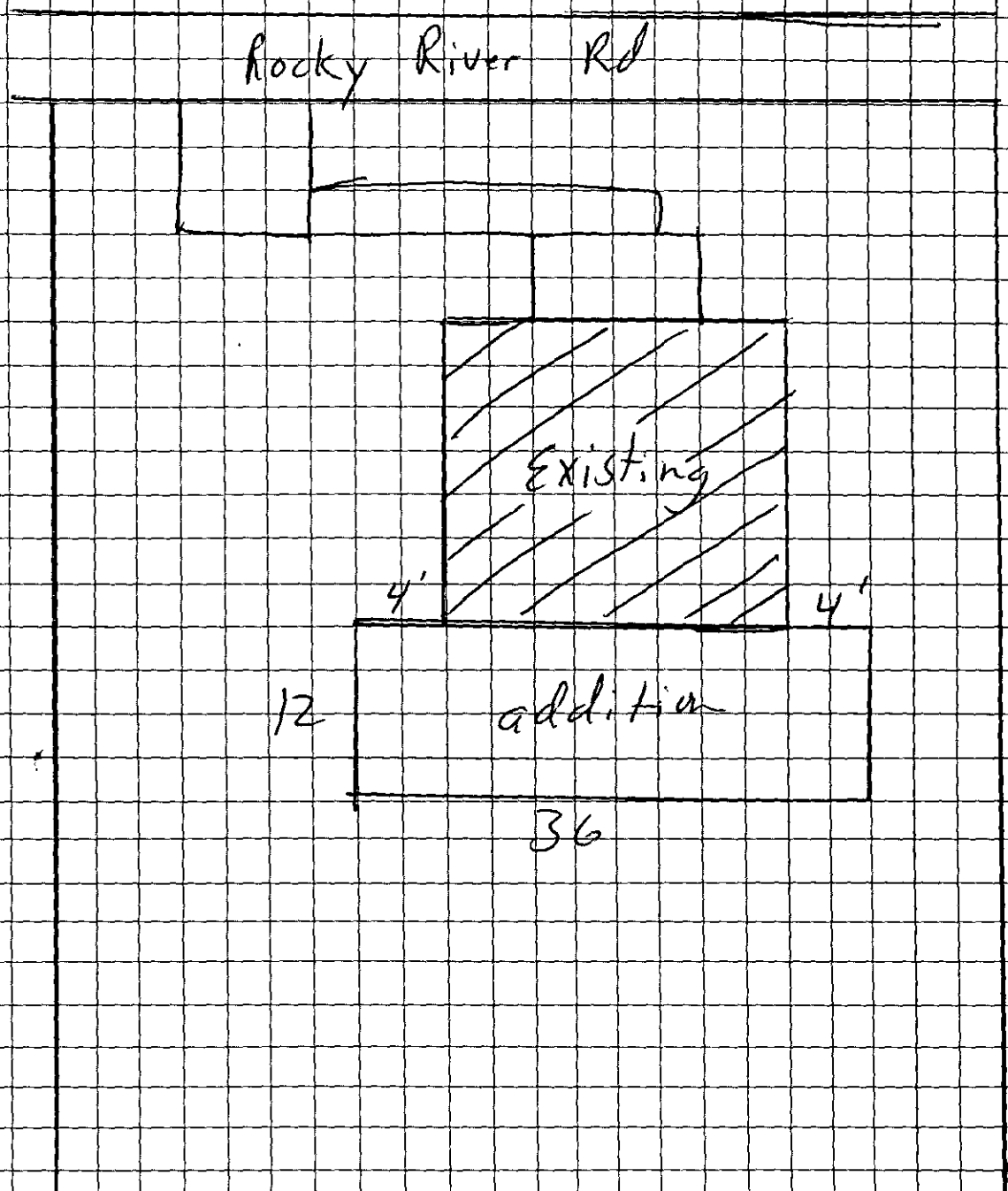
PROPOSED PLOT PLAN

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

FILE: 2851B

TC: 107-271-14

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

DATE

APPROVAL DATE _____

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 2851B WASPS App #: 6472

Primary ES assigned to project: Kim Garrett

Secondary ES assigned to project: _____

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

I. File Review:

Completed application	Yes ☑	No ☐	
ARGU review report	Yes ☐	No ☐	N/A ☑
Signed permit	Yes ☑	No ☐	
Notification of disinfection	Yes ☐	No ☐	N/A ☐
Sample Results	TC ☑	Nitrate/Nitrite ☐	Other ☐ N/A ☐
GW-1 Form / GW-30 Form	Yes ☑	No ☐	
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☐	No ☐	N/A ☑
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☐	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

Application received date: 10/15/13 ES assigned date: 10/15/13 Permit issued date: 10/16/13

Well approval date: 12/30/13 Number of days to complete project: _____

Review performed by: JMM Date performed: 12/31/13

2851B

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☑ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 lwa 10/15/13 Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☑ 10/16/13

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/15/13
Receipt #: 85715
Check / Auth #: CHECK 4454
Received By: SADERLW

Amount: 550.00
Tendered: 550.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HENDERSON BRUCE
Attn:
Address: 151 LYNBROOK DR
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 13900 E ROCKY RIVER RD		1	550.00	550.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
862.50	95.00	305.00	100.00	1,142.15	

HLD for
Repair Application