

4631 OAKDALE RD

03324107

1/7/2008

duponbj

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/19/01 PERMIT NO: 4718B

PARCEL NO: 033 241 07

JOB LOCATION ADDRESS: 4631 Oakdale Rd

PROPERTY OWNER: Chester Blair

BUILDING CONTRACTOR: —

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: x _____ DATE: 10/19/01

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4718B, 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: Alteration to the existing system

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.

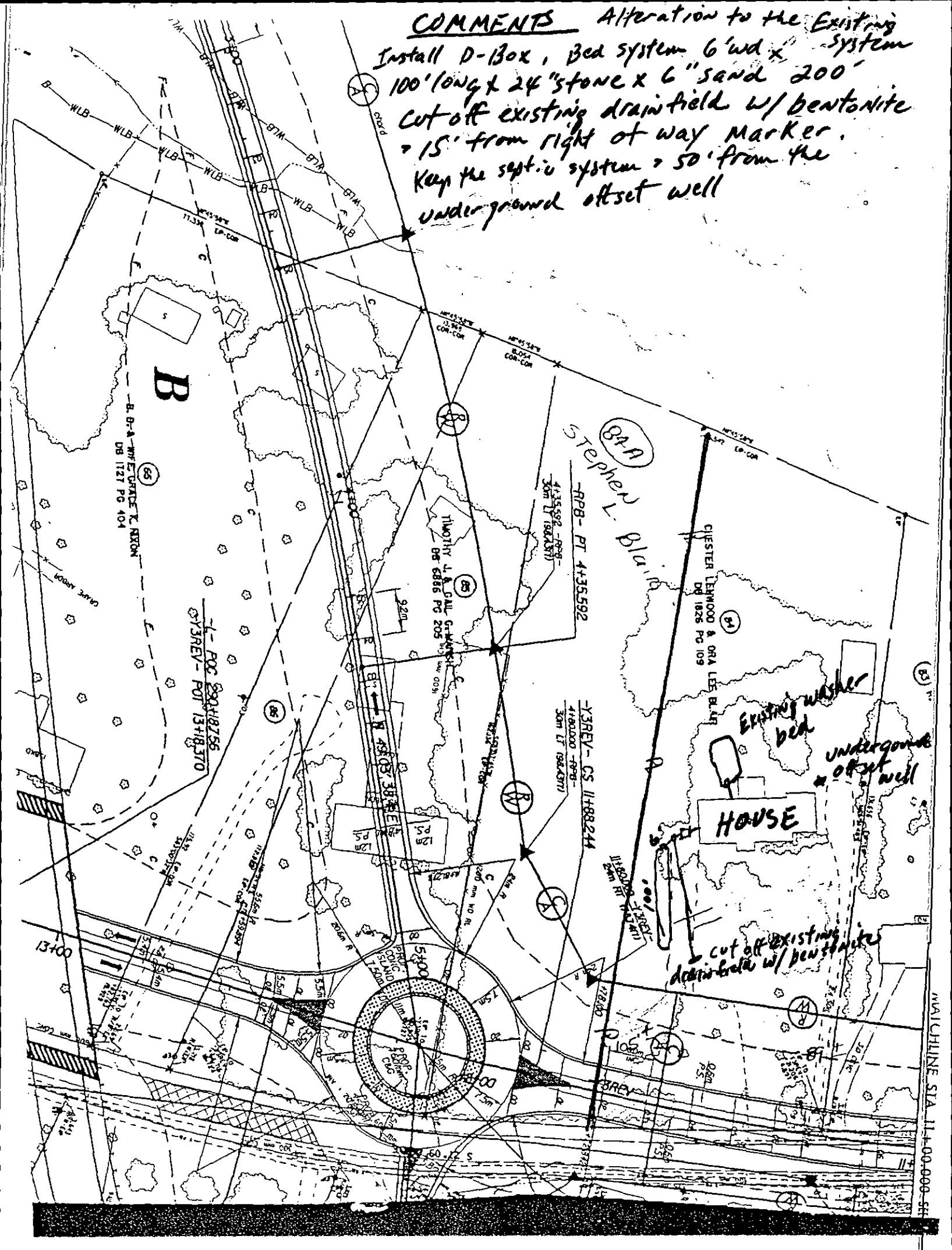
x _____

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Hold For:

1) Fees (to be paid by DOT)
William Hester
336-

2) Signatures + dates


COMMENTS Alteration to the Existing System
Install D-Box, Bed system 6'wd x 100'long x 24"stone x 6"sand 200'
Cut off existing drainfield w/ bentonite
• 15' from right of way Marker.
Keep the sept.ic system • 50' from the underground offset well
84A Stephen L. Blair
-RPB- PT 1+35.592
-Y3REV- CS 11+88.244
Existing washer bed
underground offset well
HOUSE
cut off existing drainfield w/ bentonite
TIMOTHY J. & GAIL G. MARSH DB 6886 PG 205
CHESTER LENWOOD & ORA LEE BLAIR DB 1826 PG 109
B. B-A WAYNE C. & KATE T. NIXON DB 1727 PG 104
-Y3REV- POC 890+87.56 -Y3REV- POT 13+18.370
N 49°03'38" E
13+00
14+00
MAINLINE STA. 11+00.000 SH

Permit Number 4718B

CONDITIONS OF IMPROVEMENT PERMIT
Alteration

Tax Number: 033241 07

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
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Alteration to the existing system, Install bed system 6'wd x 100'long x 24"stone x 6"sand. Cut off existing drainfield ±15' from right of way mark + install bentonite clay.

Repair Area System Type
Type (circle one): I (II) III IV V VI

- ✓ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

600' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	24" Depth of Stone Trench 6" Sand	NA Trench spacing (min. on centers)	36" 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.

Kelly Ratledge 10-14-21
DEHNR Authorized Agent Date

X _____
Owner/Agent Signature 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

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

FEE: _____
DATE: _____

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

1 of 1 CRT

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

Phil

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

FILE #: 4718B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~03324107~~ 03324107

STREET ADDRESS: 4631 Oakdale Road

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TOWNSHIP (CHECK ONE): 1960

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

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

HEATED SQUARE FOOTAGE: 2,302

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

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: ← Partial Take

DOT Consultation To Repair or Relocate Existing Septic Line Due To A

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)

City water installed in Oakdale, but improvements are not hooked on.

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Blair, Chester L. (LAST) (FIRST) (MI)	NAME: Hester, William F. (LAST) (FIRST) (MI)
ADDRESS: 4631 Oakdale Road	DAYTIME PHONE: 336 282- 8088
CITY: Charlotte STATE: NC ZIP: 28216	336-282-8088
DAYTIME PHONE: 704 - 399- 7237	

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: William F Hester DATE: 8/13/01

MECKLENBURG COUNTY HEALTH DEPARTMENT

COPY

Mailing: 4631 OAKDALE RD Address: City: CHARLOTTE State: NC ZIP: 28216 Location: 4631 OAKDALE RD Get Directions Municipality: MECKLENBURG COUNTY	Neighborhood Code: 03301 Historic Desig.: Farm Desig.: Deeded Acreage: 1.859 Assessed Acreage: 1.859 Assessed Land Value: $38100 Total Assessed Value: $171170

Site Location Information

Zoning from Tax: R3 Zoning from GIS: R-3 Fire District: COOKS Voter District: Click to Find Out School District: Click to Find Out Reg. Watershed Class: LAKE WYLIE:PA	Parks Within 3 Miles: Click to Find Out FEMA Flood Panel#: 3701580050B More Flood Information FEMA Flood Zone: OUT FEMA Flood Map Date: 03/02/1993 Census Tract Number: 006101

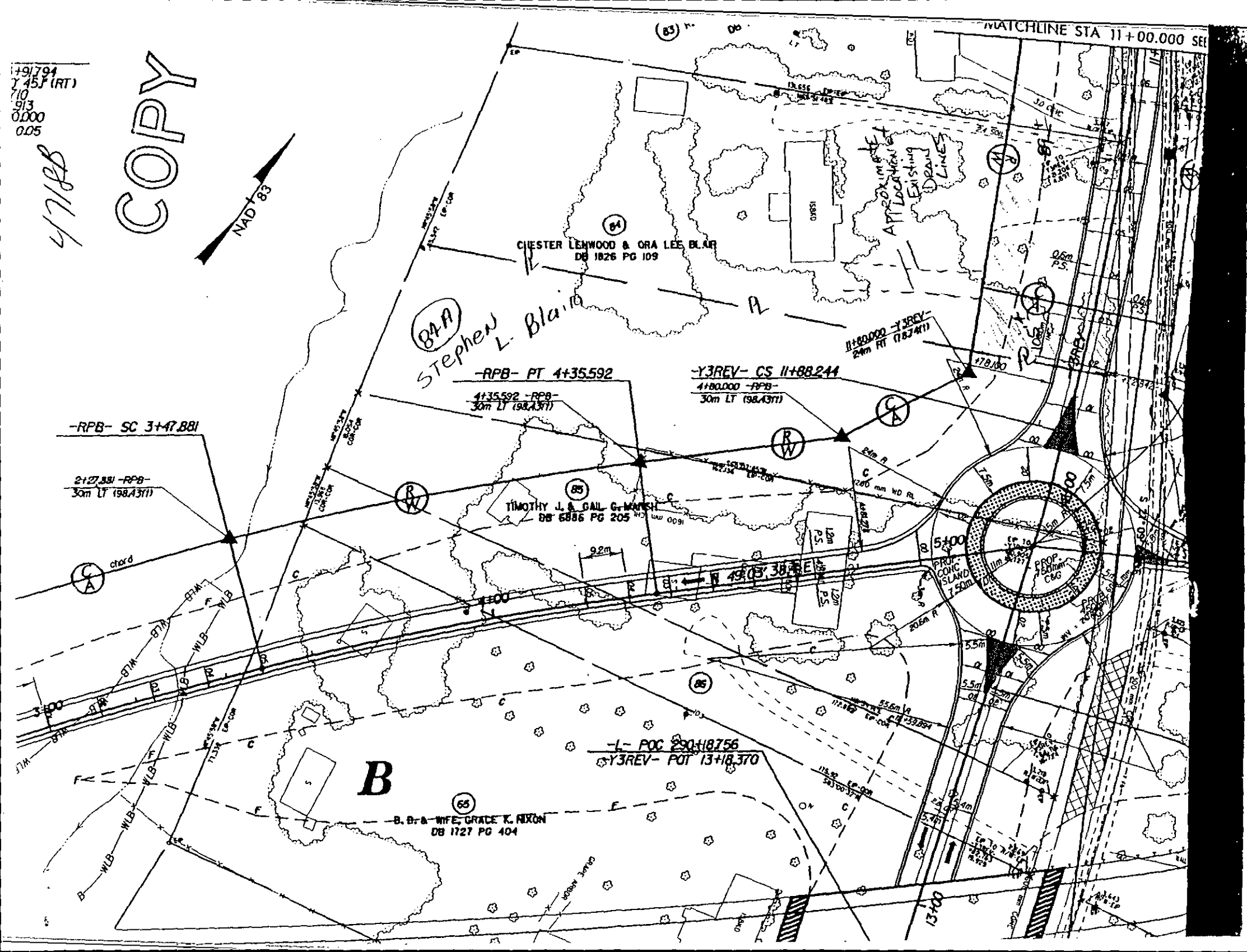
Major Improvement Information

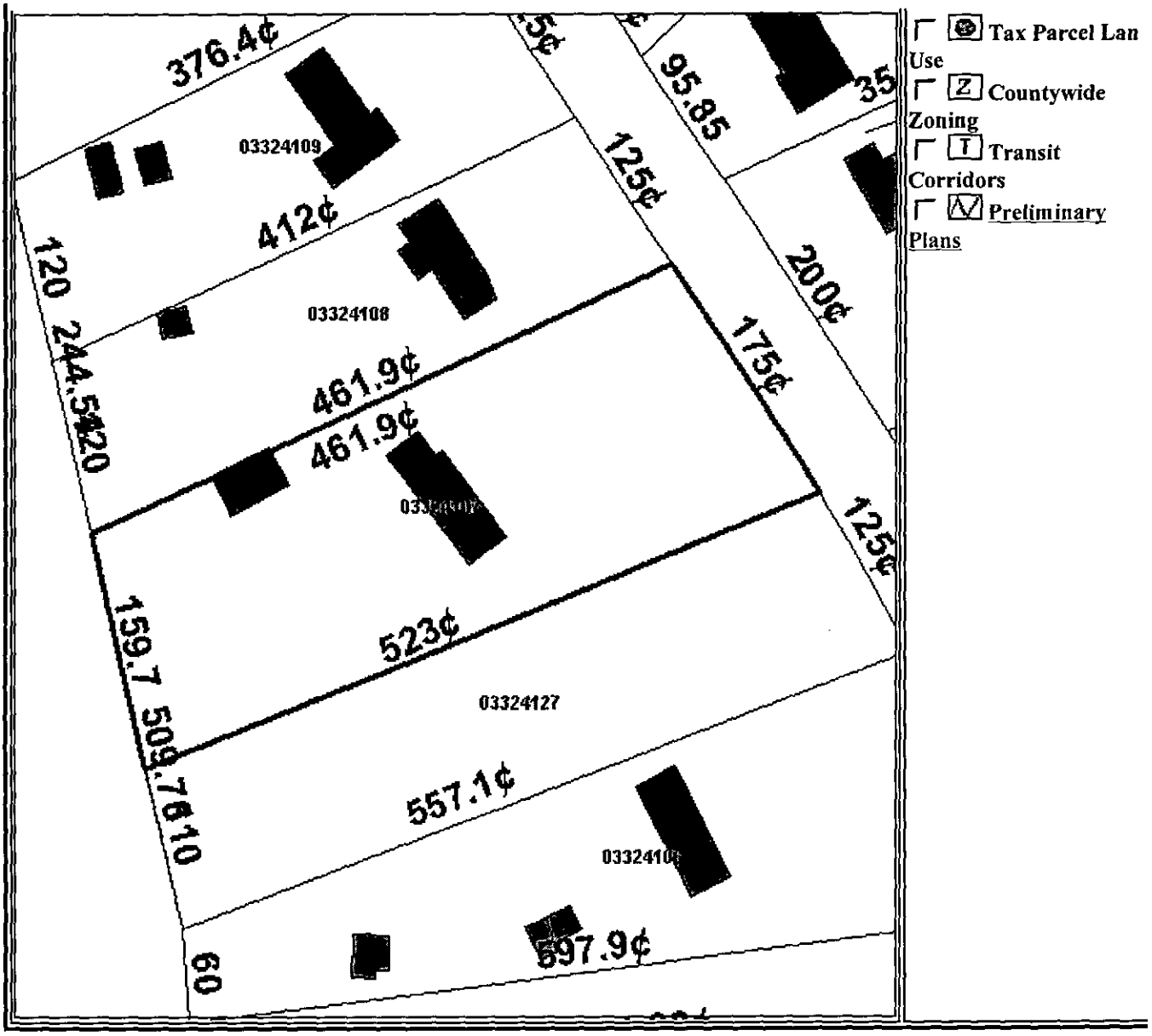
Parcel-Id# & Card#: 03324107-001 Land Use Type: SINGLE FAMILY Building Type: SINGLE FAMILY RESIDENTIAL Approximate Square Footage: 1988 Actual Year Built: 1960 Number of Stories: 2.0 STORIES Bedrooms: 3 Bathrooms: 2 Restrooms: 0	Situs Location: 4631 OAKDALE RD Get Directions Ext. Type: FACE BRICK Heating Type: BASEBOARD HEAT AC Type: CENTRAL Fireplace: 1 STY SINGLE Garage: N Basement: N Assessed Net Bldg. Value: $128970 $/Sq. Ft. = $64.87 Total Assessed Bldg. Value: $133070

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COPY
NAD 83
MATCHLINE STA 11+00.000 SEE
CHESTER LENWOOD & ORA LEE BLAIR
DB 1826 PG 109
Stephen L. Blair
-RPB- PT 4+35.592
-Y3REV- CS 11+88.244
-RPB- SC 3+47.881
TIMOTHY J. & GAIL G. MARSH
DB 6886 PG 205
B. B. & WIFE, GRACE K. NIXON
DB 1727 PG 404
-L- POC 290+18.756
-Y3REV- POT 13+18.370
PROP. CONC ISLAND
PROP. 600mm CMP
Approximate Location of Existing Drain Lines



Click here to submit questions or comments about the information shown on this page.

Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

Map Scale: 1 Inch = 109 Feet Date and Time Stamp 8/13/2001 9:50:31 AM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

*** Images of real estate documents from the Register of Deeds are available from 11/9/1998 to the present. ***

Parcel-Id#: 03324107 GIS Map#: 03324107 Account Type: INDIVIDUAL Owner: BLAIR CHESTER LENWOOD Add. Owner: &WF ORA LEE	Legal Desc.: P2 & 3 U/M Deed Book/Page: 01826/109 Date: 1/1/1975 Sales Price: $0 Sales Date: 1/1/1975 Qualified Sale: N

Mailing: 4631 OAKDALE RD Address: City: CHARLOTTE State: NC ZIP: 28216 Location: 4631 OAKDALE RD Get Directions Municipality: MECKLENBURG COUNTY	Neighborhood Code: 03301 Historic Desig.: Farm Desig.: Deeded Acreage: 1.859 Assessed Acreage: 1.859 Assessed Land Value: $38100 Total Assessed Value: $171170

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Moore/Taylor
& Associates
Incorporated

Real Estate Appraisers
and Consultants

1613-B Westover Terrace
Greensboro, NC 27408
336-282-8088
336-282-9484 FAX
www.mooretaylor.com

R. Neal Moore, Jr. MAI, SRA
J. Thomas Taylor MAI, SRA
Virgil Tetsworth, MAI
Martha B. Galvin, SRA
William F. Hester, Jr.
Kristin Halloran
Julie L. Taylor
Eric A. Pearson

August 13, 2001

Ms. Gwyn Craig
Health Department IWWS Section
700 North Tryon Street
Suite 211
Charlotte, NC 28202

RE: Repair of existing septic system
Property of Chester & Ora Lee Blair
4631 Oakdale Road
Charlotte, NC 28216

Dear Ms. Craig:

Per my telephone conversation with Mr. Kelly Randall, please find enclosed my application for the repair and/or alteration of an existing septic drain field located at the above referenced property. I am acting on behalf of Mr. Blair as well as the North Carolina Department of Transportation in this matter. Due to the impending road construction for the Outer Loop (I-485) as well as the widening of a portion of Oakdale Road, a portion of Mr. Blair's existing septic drain field may be located in an area of a permanent taking by the D.O.T. for road improvements to Oakdale Road.

Enclosed is a request for services from your department to provide the location and/or repair plan for the existing drain field. Also enclosed is a copy of the tax map for the subject property, and a construction drawing from the N.C.D.O.T. showing the location of the proposed permanent taking. Also, I have requested that the D.O.T. "stake" the proposed area of taking, and it is my understanding that survey flags identifying the proposed taking are in place. Upon receipt of this letter please have one of your specialists contact me at (336) 282-8088 so I can set up an appointment to meet him and the property owner at the subject property.

If you should need any additional information or have any questions concerning this matter, please do not hesitate to call.

Yours truly,

William F. Hester, Jr.

Moore/Taylor & Associates Incorporated

Real Estate Appraisers and Consultants

1613-B Westover Terrace
Greensboro, NC 27408
336-282-8088
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4718B

COPY

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