7099A

MECKLENBURG COUNTY
HEALTH DEPARTMENT

VBm $100.00 # 3/15/11

Project #317135

**APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL**

**APPLICATION TYPE:** (✓) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(✓) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION:**
NAME: 704 RENOVATIONS, LLC
ADDRESS: 20939 LAKEVIEW CIR.
CITY: CORNELIUS
STATE: NC ZIP: 28031
PHONE: 704-604-3366
ALTERNATE PHONE:
E-MAIL: CRAIG@704RENOVATIONS.COM

**PROPERTY OWNER:** ☐ SAME AS PERSON FILING APPLICATION
NAME: CHIP & JAN RICHARDSON
ADDRESS: 22416 TORRENCE CHAPEL RD.
CITY: CORNELIUS
STATE: NC ZIP: 28031
PHONE: 704-616-0860
ALTERNATE PHONE:
E-MAIL: JCHIPR@CARLSAT.NET

**JOB LOCATION INFORMATION**
TAX PARCEL #:
STREET ADDRESS: 22416 TORRENCE CHAPEL RD.
CITY: CORNELIUS
STATE: NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME: CANTREY CWB SITES
LOT #:

**WATER SUPPLY:**
( ) MUNICIPAL (✓) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

**RESIDENTIAL PROPERTY TYPE:** ( ) N/A
(✓) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:** ☐ N/A
TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM (✓) PORCH ☐ DECK ☐ OTHER

**ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:**
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

3-15-11
Date

O.K. TO UXS FOR A SCREEN PORCH ADDITION
Jenny Rice R.S.
3/16/11

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

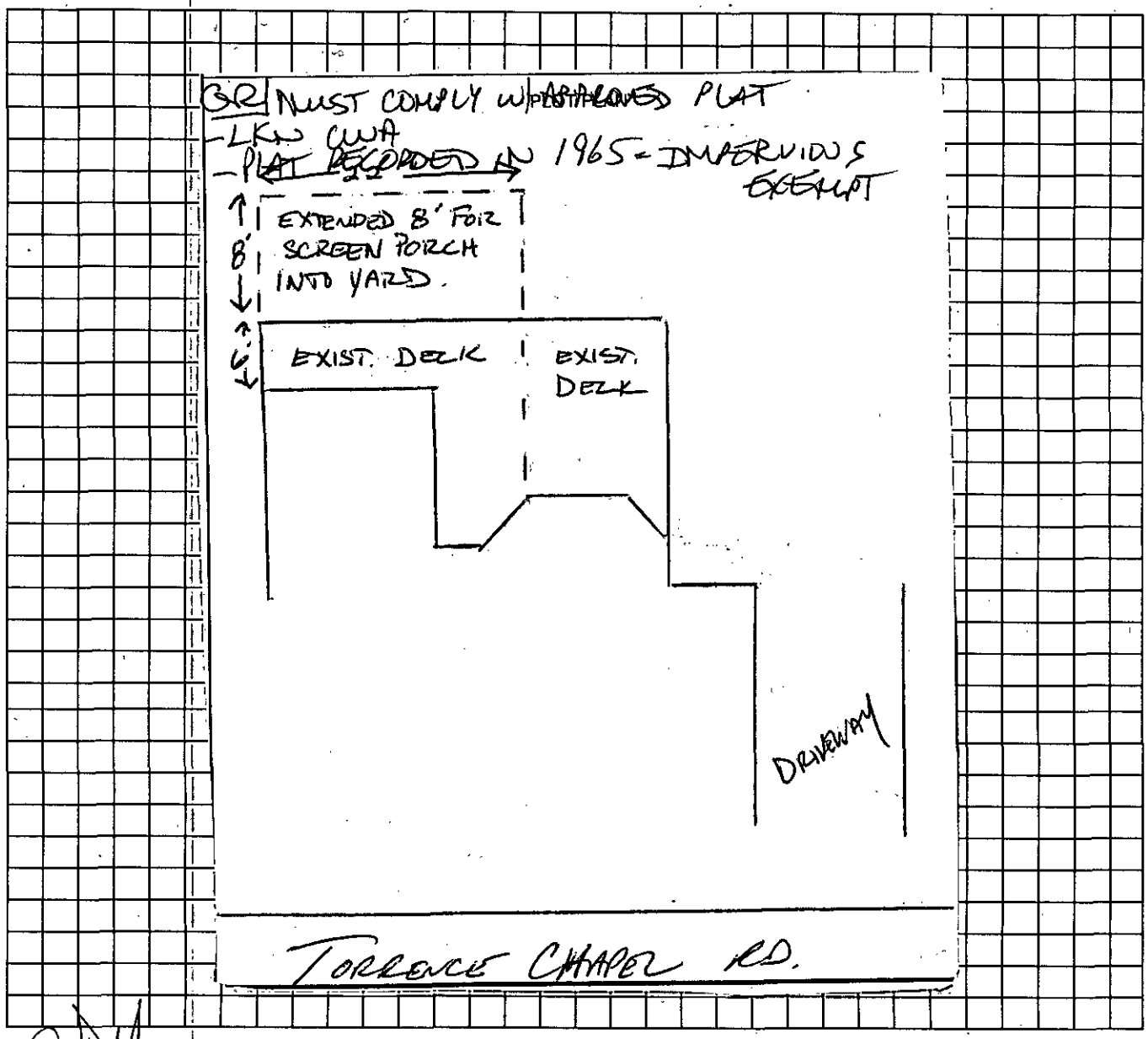
File #: _____

## PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 22416 TORRENCE CHAPEL RD Tax Parcel #: 001-162-03

Subdivision Name: COUNTRY CLUB SHORES Lot #: _____




Property Owner's or Owner's Legal Representative Signature

3-15-11
Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH

# APPLICATION FOR AN IMPROVEMENT PERMIT

PAID

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
DEC 04 1990
ENVIRONMENTAL HEALTH
DIVISION

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: 7099A

TC: _____

SERIAL: No. 18913

## JOB LOCATION

① ADDRESS: 22415 Torrence Chapel Rd. (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 001-162-03

⑤ SUBDIVISION: Country Club Shores ⑥ LOT: 3 ⑦ BLOCK: C

## OWNER

⑧ NAME: Jimmie Chip Richardson (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 1515 Elizabeth Avenue

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28204

⑬ PHONE: (WORK) 338-1515 ⑭ (HOME) _____

## REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

## DESIGN CRITERIA

System will serve:

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

㉒ Number of bedrooms? Four (4) ㉕ Type? _____

㉓ Maximum occupancy? _____ 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: Charmise S. Francis
FUTRELLE/DUNNE, INC.

Date: 11/23/90

## 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.

Tim Whitaker, 1/23/91
Environmentalist — Date

[signature], 1/23/91
Director or Authorized Section Head — Date

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

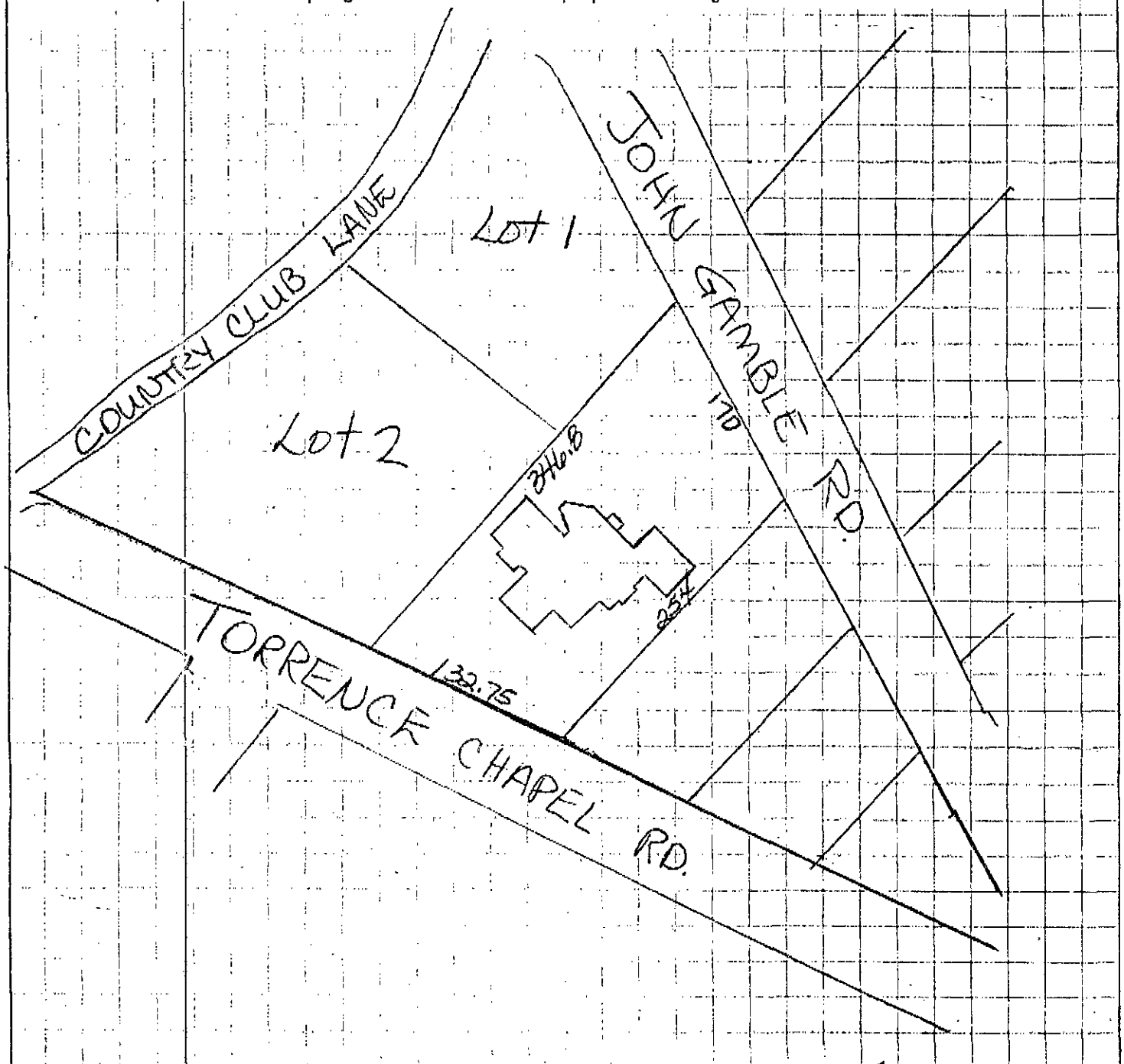
# PROPOSED PLOT PLAN

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

FILE: 7099A

TC: _____

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.




Signed: Charles L. Francis

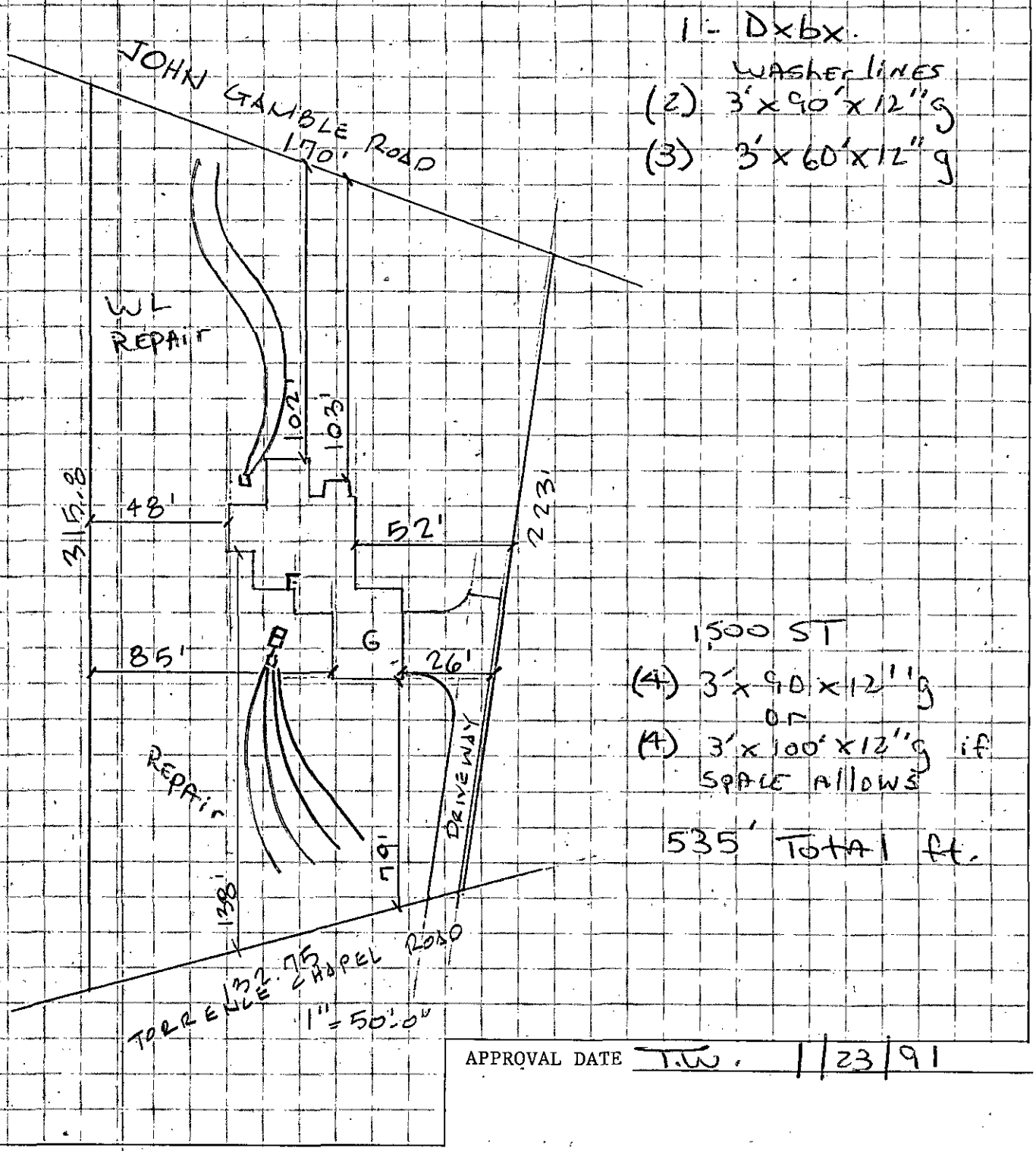
# PROPOSED PLOT PLAN

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

FILE: 7099A

TC: 001-162-03

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.




1 - D x 6 x.
WASHER LINES
(2) 3' x 90' x 12" g
(3) 3' x 60' x 12" g

1,500 SF
(4) 3' x 90 x 12" g
OR
(4) 3' x 100' x 12" g if SPACE ALLOWS

535' TOTAL ft.

APPROVAL DATE T.W. 1/23/91

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

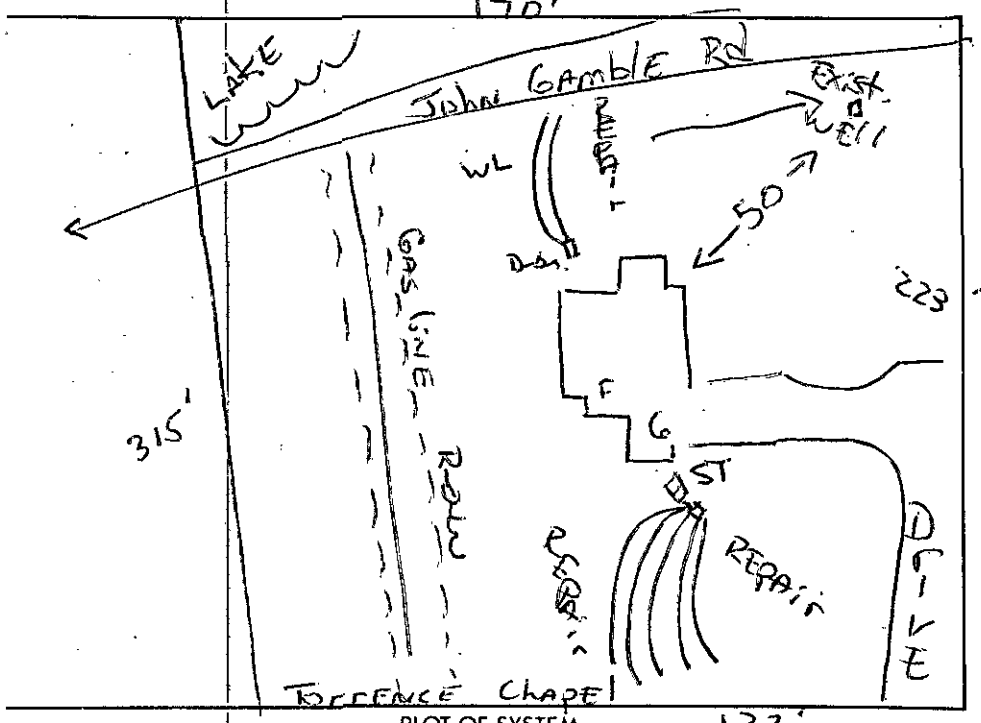
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7099 A DATE: 7/11/91

TC: 001-162-03 ☐ L

SERIAL Nº 15042

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 11/23/90. All work shall be completed on or before 8/11/91, 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 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 535' feet

Number of Lines 5 (2 WL, SEPTIC) 

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Jimmie Chip Richardson

LOCATION OF PROPERTY 22416 Torrence Chapel Rd.

Comments: 4 bedrm. (5) 3'x73'x12"g primary sys. (2) 3'x90'x12"g WL from D-dx. Remove foliage as weeded.

Division or Section Head

Tim Whitacre, 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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7099-A DATE: 7/16/91

TC: 001-162-03 ☐ L ☐ CRT

SERIAL № 13815

Name of Owner Jimmie Chip Richardson Juris.:

Address of Property 22416 Torrence Chapel Rd.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 535

Number of Lines (2) WL @ 90'
(5) Septic @ 70'

Cover Depth 12"

Water Supply Source P/well

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected Y

High Water Alarm Inspected —

PLOT

Design: 1500 ST, Con. 1605 SFT, 12"g CTR# 84

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: 4 bedrm. (5) 3'x73'x12"g - primary system
WL → (2) 3'x90'x12"g., Washer bx. to D-bx.

Tim Whittaker, R.S.
Environmentalist

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

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 70994

TC: _____

☒ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 26 1990
ENVIRONMENTAL HEALTH DIVISION

**JOB LOCATION**

① ADDRESS: 22416 Torrence Chapel Rd. - COUNTRY CLUB SHORES

② SUBDIVISION: Mecklenburg ③ LOT: 3 ④ BLOCK: C

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 001-162-03

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

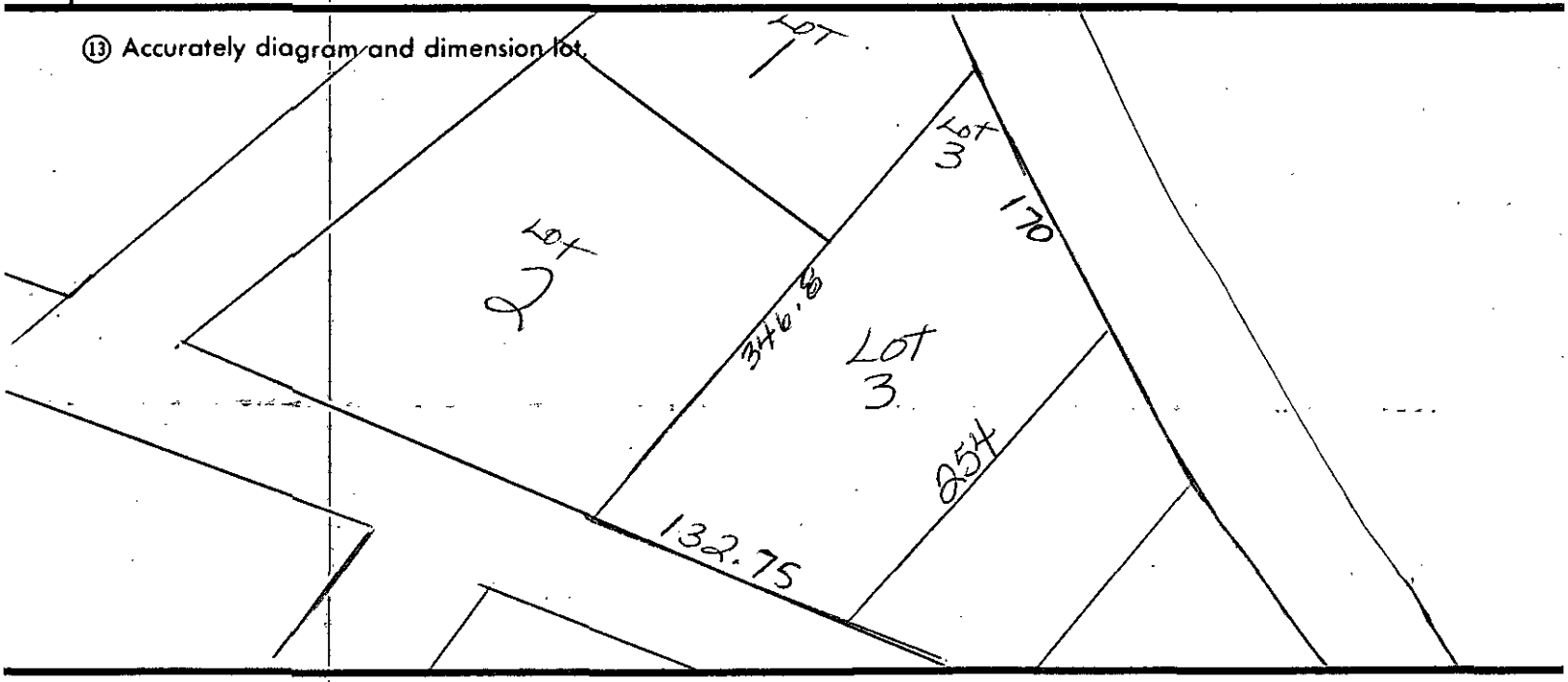
⑦ NAME: Futrelle/Dunne, Inc. (BUILDING FOR CHIP AND JANICE RICHARDSON - RT. 2, BOX 106D, DAVIDSON,N.C. 28036) (H) 892-5930 (W) 365-4259
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Avenue

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 338-1515 (HOME) _____

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: _____
FUTRELLE/DUNNE, INC.

Date: 10/25/90

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

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

# Mecklenburg County
# Health Department

November 15, 1990

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $50.00 for a soil test application at 22416 Torrence Chapel Road, Charlotte, File No. 7114A. A soil investigation was done previously. Please make refund payable to the following address:

Futrelle/Dunne Inc.
1515 Elizabeth Avenue
Charlotte, NC 28204

Thank you for your prompt attention to this matter.

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

# Mecklenburg County
# Health Department

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

NOVEMBER 29, 1990

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $50.00

ORG/ACCOUNT # 462-3511

PAYABLE: FUTRELLE/DUNNE INC.
1515 ELIZABETH AVENUE
CHARLOTTE, N. C. 28204

DATE OF ORIGINAL DEPOSIT: 10/31/90

REASON: (SOIL TEST ONE ACRE FEE $50.00)
SOIL TEST HAD BEEN PERFORMED PREVIOUSLY .

/Enclosures

$350.00 paid

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7099A

TC: 001-162-03

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 22415 TORRENCE CHAPEL ROAD

② SUBDIVISION: COUNTRY CLUB SHORES ③ LOT: 3 ④ BLOCK: C

⑤ PARCEL REFERENCE: BOOK NO.: 12 PAGE NO.: 329 PARCEL NO.: 00116203 001

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

**OWNER**

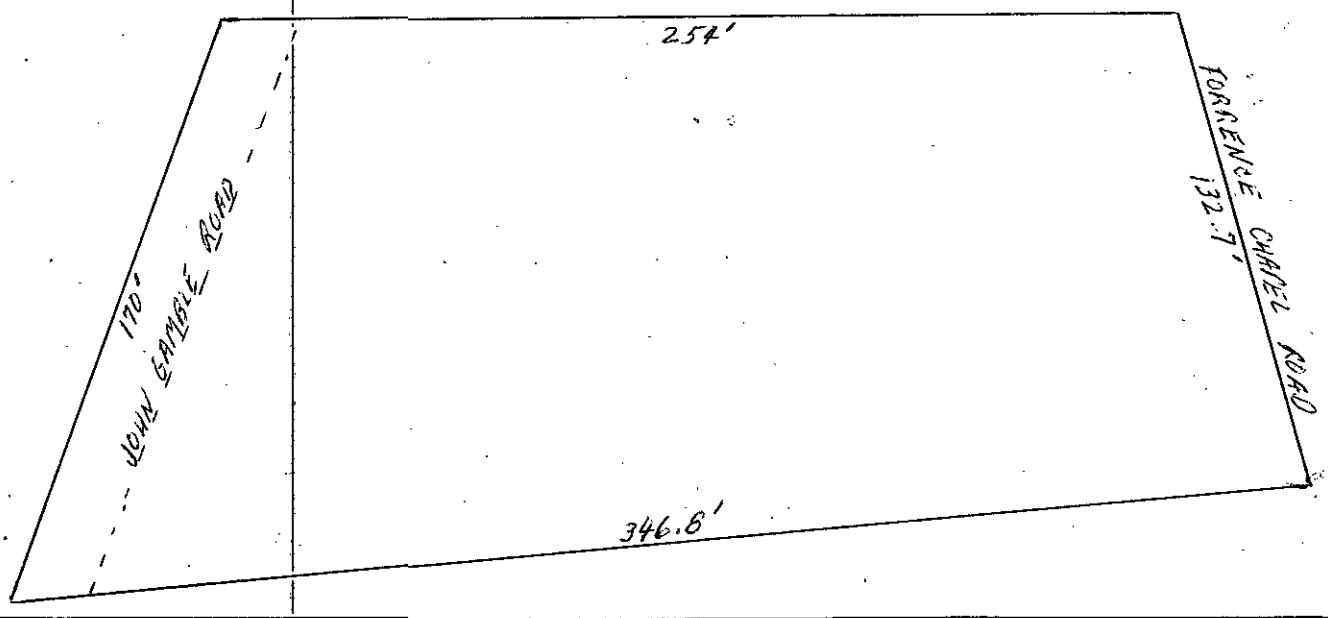
⑦ NAME: JIMMIE CHIP (FIRST) _____ (MIDDLE) RICHARDSON (LAST)

⑧ MAILING ADDRESS: ROUTE 2, BOX 106 D

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 704/ 365-4255 (HOME) 704/892-5930

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: Jimmie Chip Richardson

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

✕ Date: October 22, 1990

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

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 16795

File: 7099A  Action: 1

Parcel: 001-162-03  ☒ PC

Location: 22415 Torrence Chapel Rd

Subdivision:

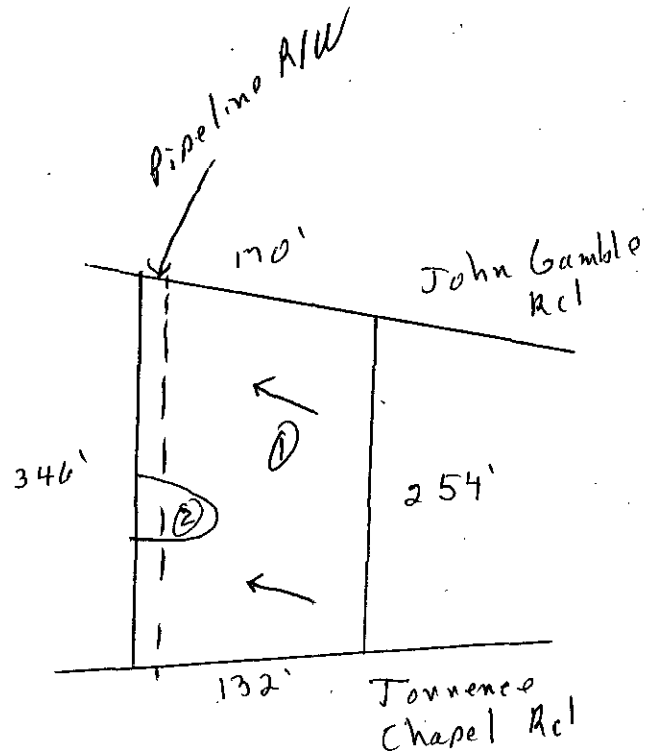
Lot: 3  Block: C  Acres: 1.0

Owner: Jimmie Chip Richardson
Address: Route 2, Box 106D
Davidson, NC 28036

Comments:

Described by: William B. Marlin

Date: 11-2-90




*** 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 2-8% | S PS (U) Depression | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U >40" | 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 | IV Cecil-like | Depression | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# Mecklenburg County
# Health Department

November 5th, 1990

Jimmie Chip Richardson
Route 2, Box 1060J
Davidson, NC 28036

RE: Property located at 22415 Torrence Chapel Road lot 3/c
FILE: 7099A
PARCEL: 001-162-03

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 16795) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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