

8800 LIVE OAK DR

13708323

1/4/2008

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: 4046B DATE: 9-24-99

TC: 132-083-23 ☐ L ☒ CRT

SERIAL Nº 18162

Name of Owner DOROTHY BERRY Juris.:

Address of Property 8800 LIVE OAK DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 300'

Number of Lines 3 @ 100'

Cover Depth 12" SOIL

Water Supply Source WELL

Distance to Water Source 50'

Excavation Inspected 9-24-99

Tank(s) Inspected 9-24-99

Wash Line Inspected

High Water Alarm Inspected

SEE INSTALLATION PERMIT

PLOT

Design 1500 ST 900 SFT INNOVATIVE (INFILTRATOR) CTR# STEVE AMES

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 15A 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 15A 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) ADDITION WAS SCALED DOWN TO ADDITION BATH AND PEN. (2) NO BEDROOMS TO ADDED.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

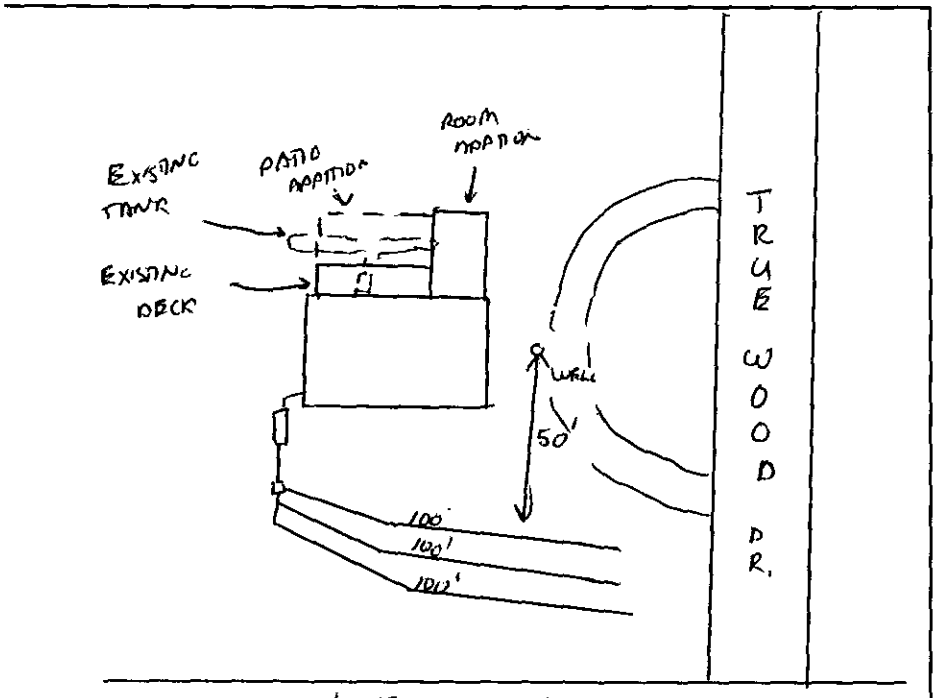
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4046 B DATE: 9-21-99

TC: 137-083-23 ☐ L

SERIAL Nº 18261

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 _____. All work shall be completed on or before _____, 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 300 feet

Number of Lines 3

Depth of Stone NA inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER DOROTHY BERRY

LOCATION OF PROPERTY 8800 LIVE OAK DRIVE

Comments: (1) EXISTING SYSTEM TO BE ABANDONED TO ALLOW PATIO AND ROOM ADDITION.

(2) ALTERATION TO BE 1500 gal SEPTIC TANK AND 300' OF TYPE II-G INNOVATIVE SYSTEM. TO BE "CHAMBERED" W/ SAND. ABOVE LOUVERS

Environmental Health Specialist

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

20.100W
OK #544
6-2-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

[] 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 404GB

PERSON FILING APPLICATION:
NAME: BERRY (last) DOROTHY (first) M. (mi)
ADDRESS: 8800 Live Oak Dr PHONE: (704) 545-7711
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 8-12-99

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-083-25
STREET ADDRESS: 8800 Live Oak Drive
ZONING:

PROPERTY OWNER:
NAME: BERRY (last) DOROTHY (first) M. (mi)
ADDRESS: 8800 Live Oak Dr PHONE: (704) 545-7711
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Deck on rear, Sunroom

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: 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) 1969

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [X] 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: Dorothy M. Berry Date: 8-12-99

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.

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

...8-19-99 - OSJ NOP. IT APPEARS THAT BOTH SEPTIC TANK LINE AND WASH LINE MAY BE IN AREA OF PROPOSED ADDITION - TANK IS LOCATED UNDER DECK.

Sanitarian 6-24-99 Date

6-24-99 ALTERATION COMPLETED

WWATER : 122791

ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # 8800 (N,S,E,W) STREET NAME Live Oak (AV,RD,ST, etc) Dr.

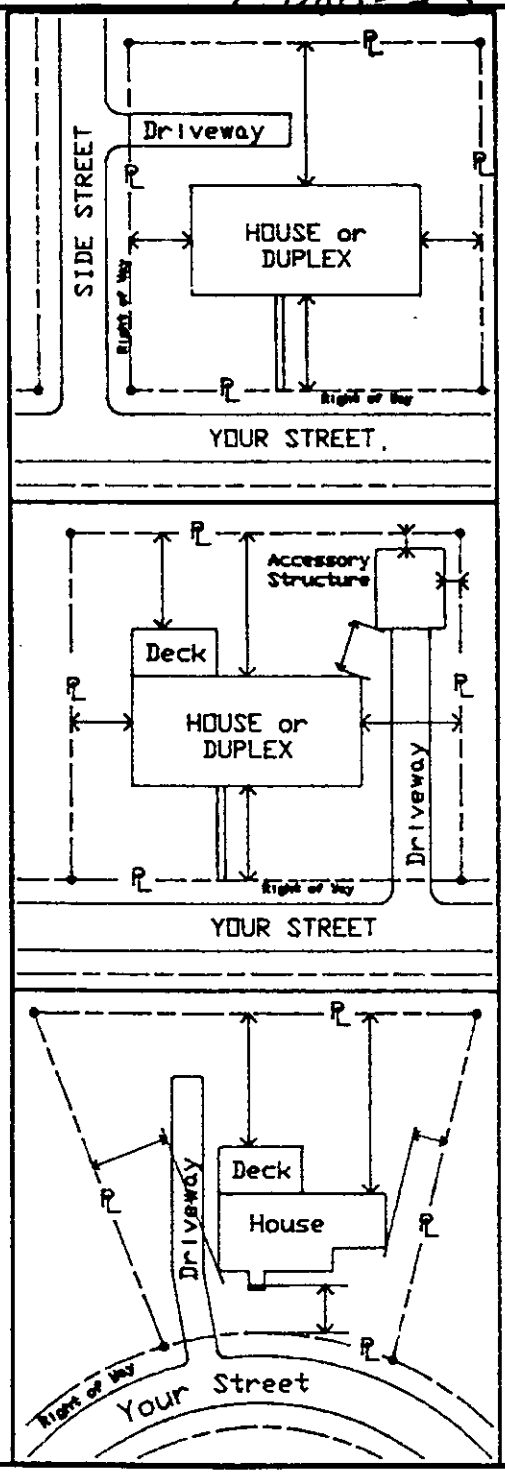
SUITE/UNIT(S):

PERMIT # 4846B

TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
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TAX PARCEL # 137-083-23 **JOB #**

EXAMPLES/PLOT PLAN

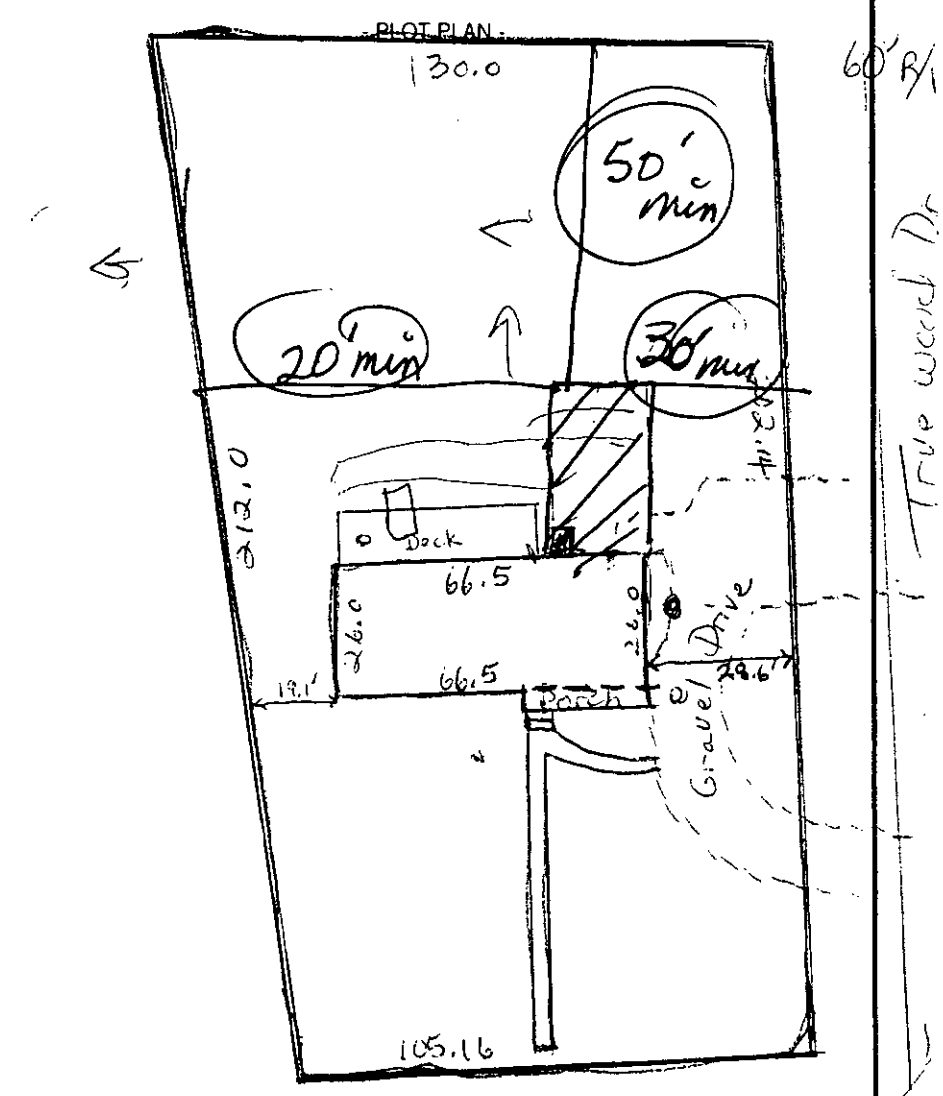


- INSTRUCTIONS -

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4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

proposed addition: 19.5'x36'



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

Dorothy M. Berry 8-12-99 Charles R. Berry, Sr.
APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME
Dorothy M. Berry

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

Pd. 100.00
OK #544
8-12-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 200.00 CHECK 544 8/6/99 CK

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

(704)336-5102 4041QB

Date: 8-12-99

PERSON FILING APPLICATION:
NAME: BERRY (last) DOROTHY (first) M. (mi)
ADDRESS: 8800 Live Oak Dr PHONE: (704) 545-7711
CITY: Charlotte STATE: NC ZIPCODE: 28227

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[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Bedroom, Sitting, Exp den, Sarah pool

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: 2

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
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[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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COPY

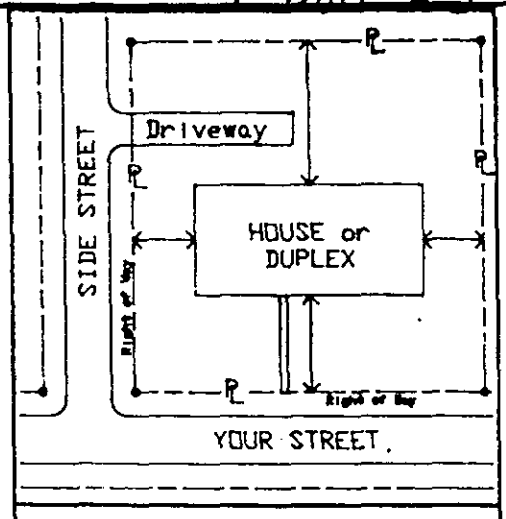
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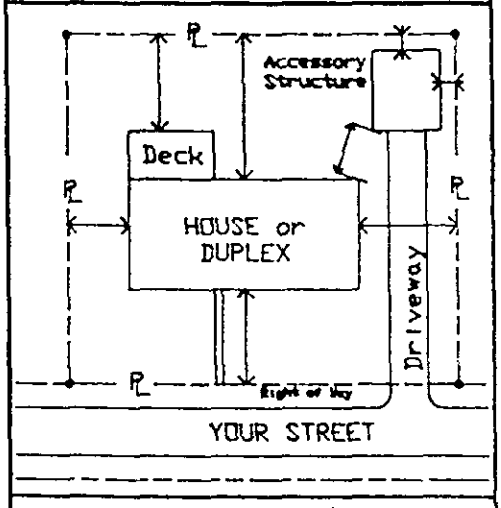
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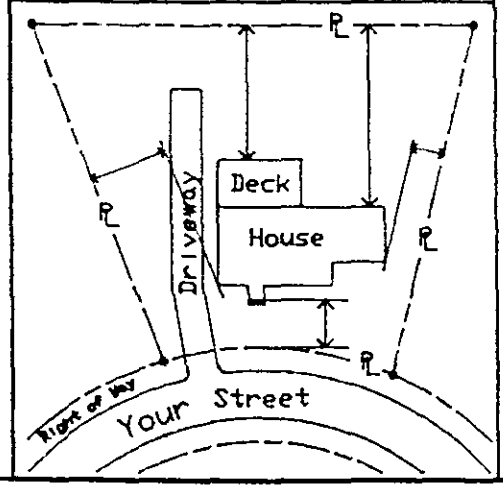
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TAX PARCEL # 137-083-23 **JOB #**

EXAMPLES / PLOT PLAN







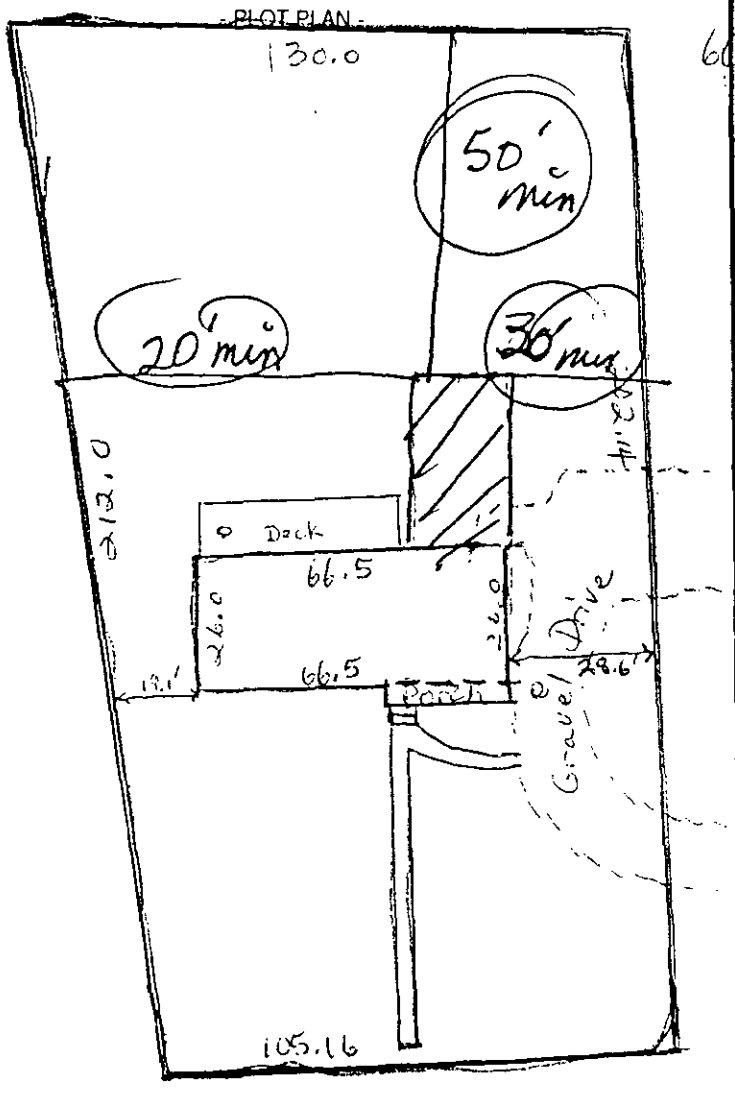
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- PLOT PLAN -



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Dorothy M. Berry 8-12-99 Charles R. Berry, Sr.

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

Dorothy M. Berry

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 - CHARLOTTE, NC 28231-1097 - 704/336-2831

B-83

ORIGINAL

OK #544
8-12-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

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(704)336-5102 4046B

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Bedroom, bathroom & den - Sirah pool

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... OK TO USE

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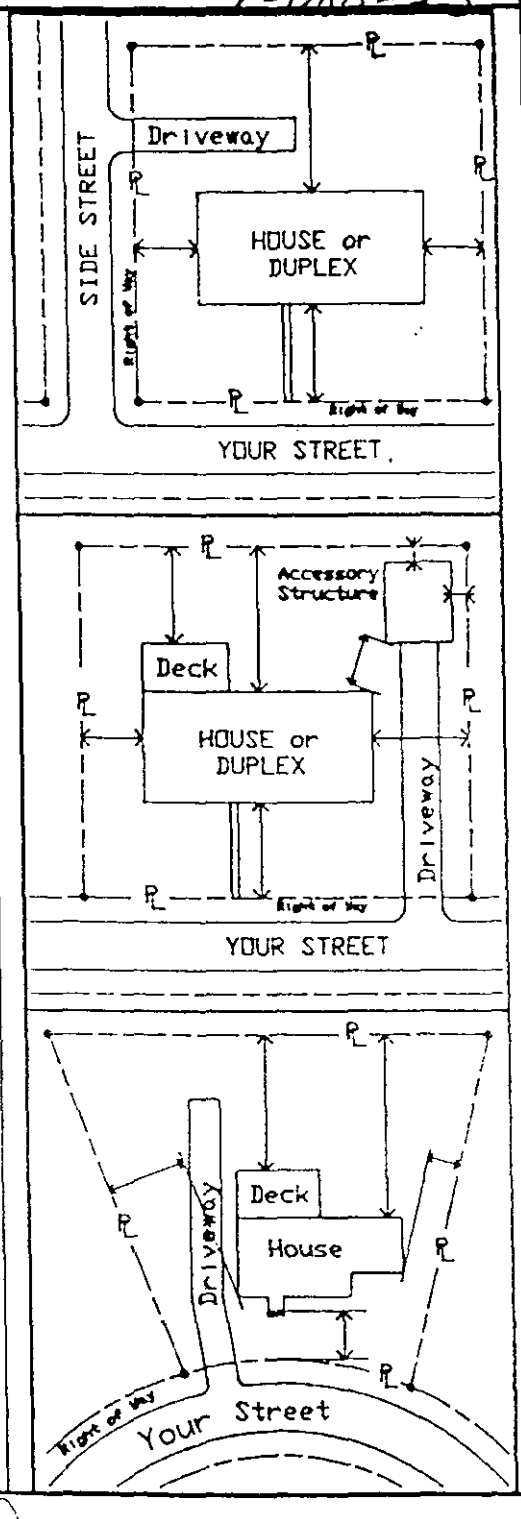
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TAX PARCEL # 137-083-23 JOB #

EXAMPLES/PLOT PLAN



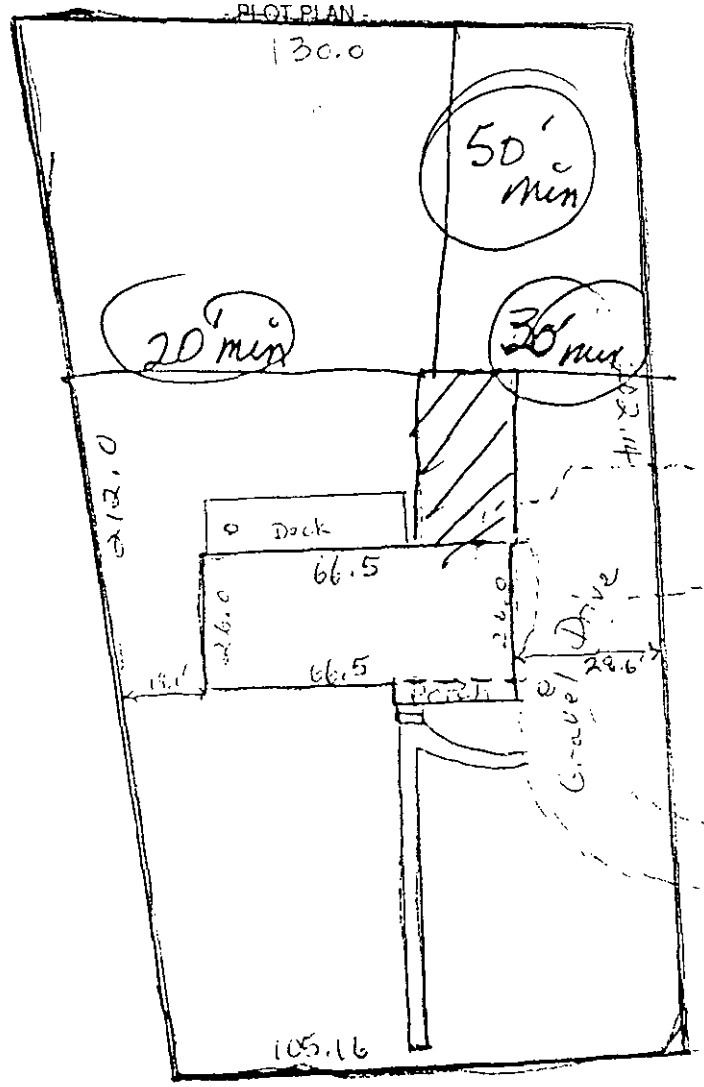
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proposed addition: 19.5'x36'

PLOT PLAN



60' R/W

Live Oak Dr
60' RW

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

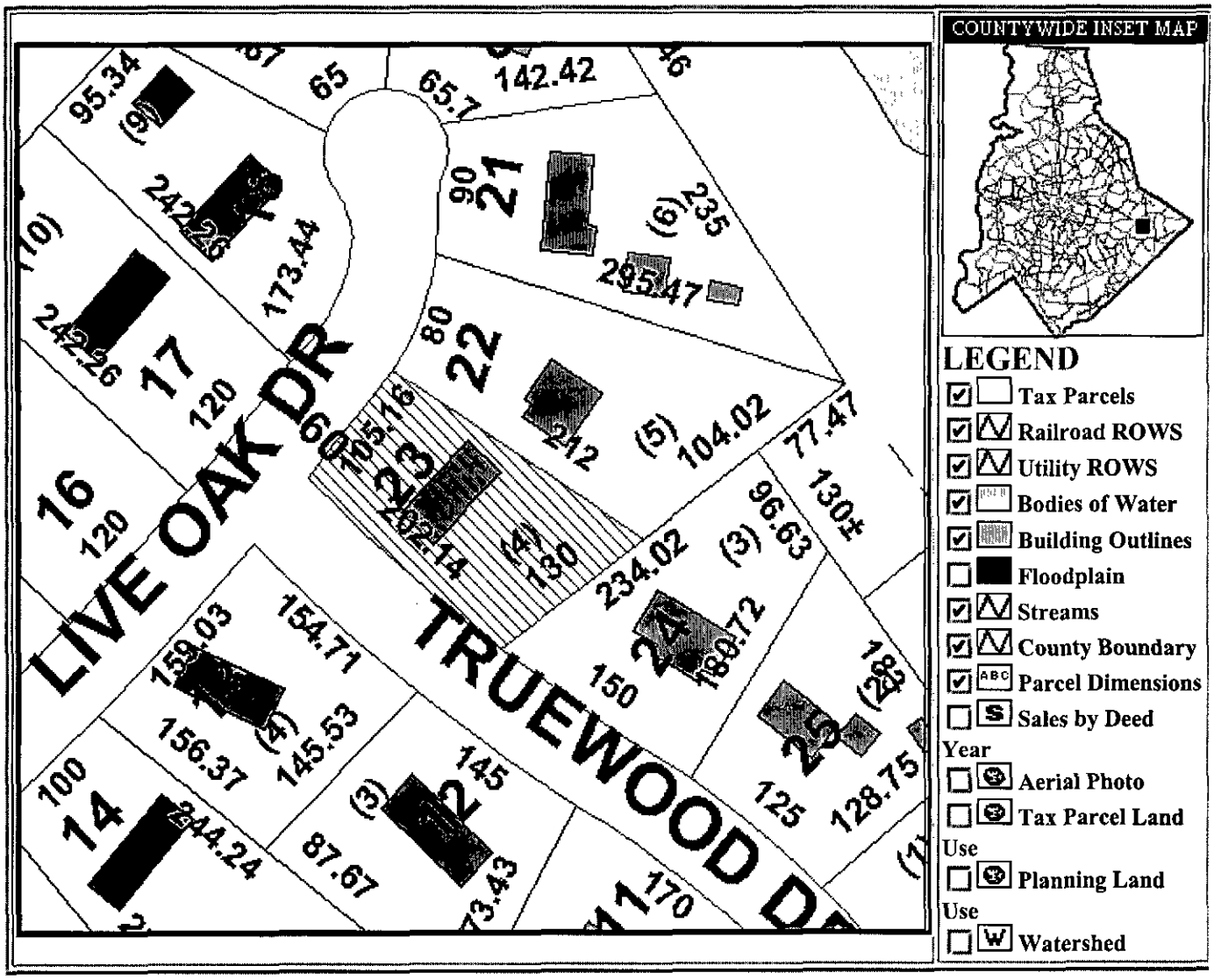
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P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL



Date and Time Stamp 8/27/99 4:27:35 PM 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.

DECK

4' STEPS

PATIO

32"

12'6"

HALLWAY

NEW LIVING ROOM

19'7"

11'6"

11'6"

FP

8X6

WET BAR

R

LC

8X8

10'

SCREENED PORCH

19' 7"

4'

18'8"

CLOSET 4'

8'

BEDROOM

12'

6'

34"

36' addition

N

12"

6'

0'