

20354 CHRISTOFLE DR

00160131

6/25/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7122A DATE: 2/21/94

TC: P001 11152 ☑ PL ☐ GRT

SERIAL № 15825

Name of Owner Neal S. Schwartz Juris.:

Address of Property 20354 Christofle Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 410'

Number of Lines WL 2 + SL 3 @ 140' + 270'

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source > 10'

Excavation Inspected 2/21/94

Tank(s) Inspected 2/21/94

Wash Line Inspected 2/21/94

High Water Alarm Inspected NA

PLOT

Design: 1994, 1500ST, CON, 420'SFW washer box, SL 810SFT, 12"stone Cecil CTR# W. Orbison 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~~ 15A NCAC ~~10A~~ 18A 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: septic system designed for 3 bedroom residence

Type II

P. Walker R.S. for S. Pruitt 2/22/94

Philo S. Walker R.S.
Environmentalist

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

Approval 12440

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

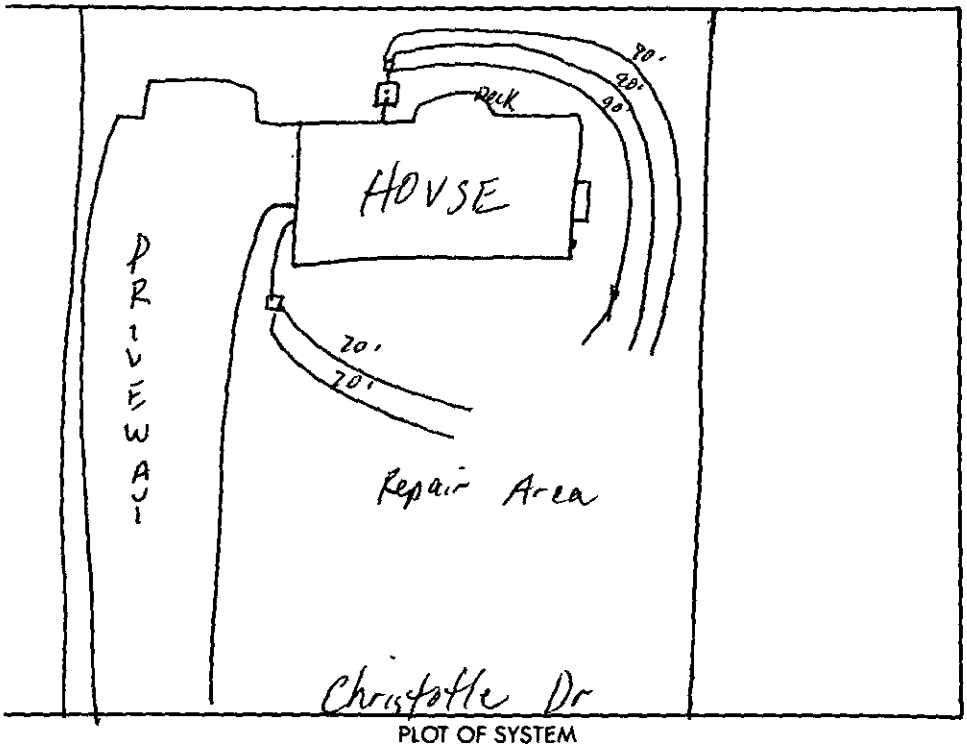
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7122A DATE: 2/7/94

TC: 10 001-111-57 ☒ L

SERIAL Nº 15878

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 11/29/90. All work shall be completed on or before 3/7/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15A NCAC ~~10A~~ 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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 410 feet

Number of Lines SL 3 (90') + 2 WL (70')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Neal S. Schwartz

LOCATION OF PROPERTY 20354 Christoffe Dr

Comments: SL 1500 ST, 3 lines x 90' long x 3' wd x 12" stone | WL 2 lines x 70' long x 3' wd x 12" stone | Keep septic lines on contour of land set washer box

T. Walker T.S. for S. Daniel 2/8/94
Division or Section Head

Philo S. Walker 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

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7122-A
TC: 001-111-57
SERIAL: № 21495
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 20354 (STREET NO.) Christofle Drive (STREET), Davidson, N.C. 28036 ② FILE:
③ JURISDICTION: Cornelius ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Catarina Bay ⑥ LOT: #7 ⑦ BLOCK:

OWNER

⑧ NAME: Neal (FIRST) Seth (MIDDLE) Schwartz (LAST) or Beth Schwartz
⑨ MAILING ADDRESS: 2108 McLean Road
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) 525-7460 ⑭ (HOME) 596-2757

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? 3 ㉕ Type?
㉓ Maximum occupancy? 2 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: Beth C. Schwartz
Date: 11/20/1990

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~~ 60 months from the date of issuance.

Tim Whittaker Environmentalist, 11/29/90 Date
Director or Authorized Section Head, 11/30/90 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-20-90

Name/Company: ~~NEAL S. SCHUARTZ~~ Cain Mowery
Bobby C. Dawsey, M.D.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: NEW PERMIT 7122-A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 20 1990

~~CK#~~ 3068

Fee: $ 300.00 #3300.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

Mecklenburg County
Health Department

November 20th, 1990

Neal S. Schwartz
2108 McLean Road
Newell, NC 28126

RE: Property located at 20354 Christofle Drive, Cornelius Lot 7
FILE: 7122A
PARCEL: 001-011-57

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 16809) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16809

File: 7122A Action 1

Parcel: PO 001-111-57 PC

Location: 20 354 Christofle Dr.

Subdivision: Catarina Bay

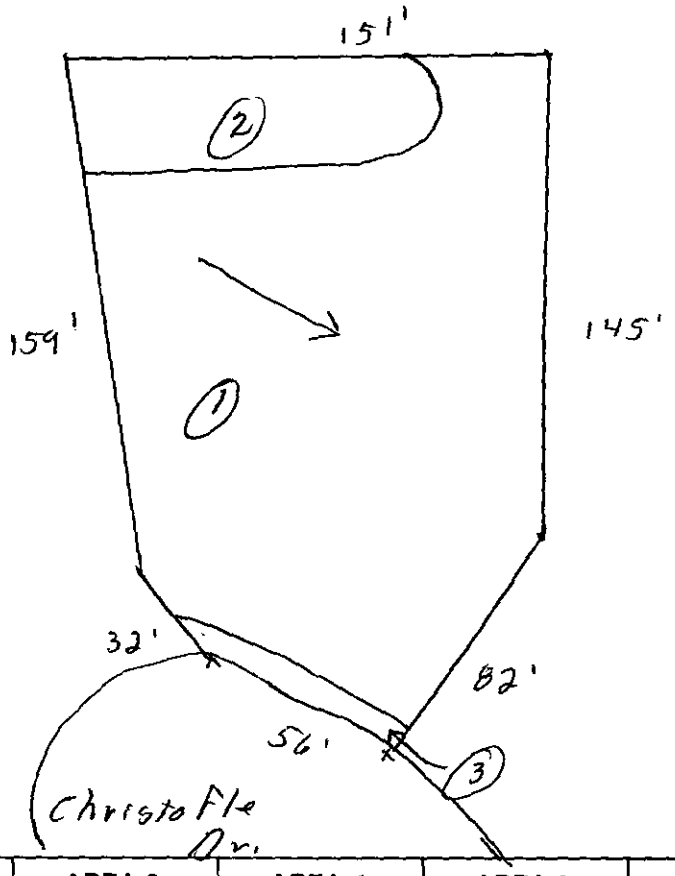
Lot: 7 Block: Acres: .58

Owner: SCHWARTZ, NEAL S. AND BETH
Address: 2108 McLEAN RD. CONLEY
NEWELL, NC 28126

Comments: 100% Repair

Described by: William R. Marlin

Date: 11-16-90



***** 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 —	S PS (U) >24" cut	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 Block1	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	(S) U >49"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) BEAM	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cer.1-1.4%	BEAM	>24" cut			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

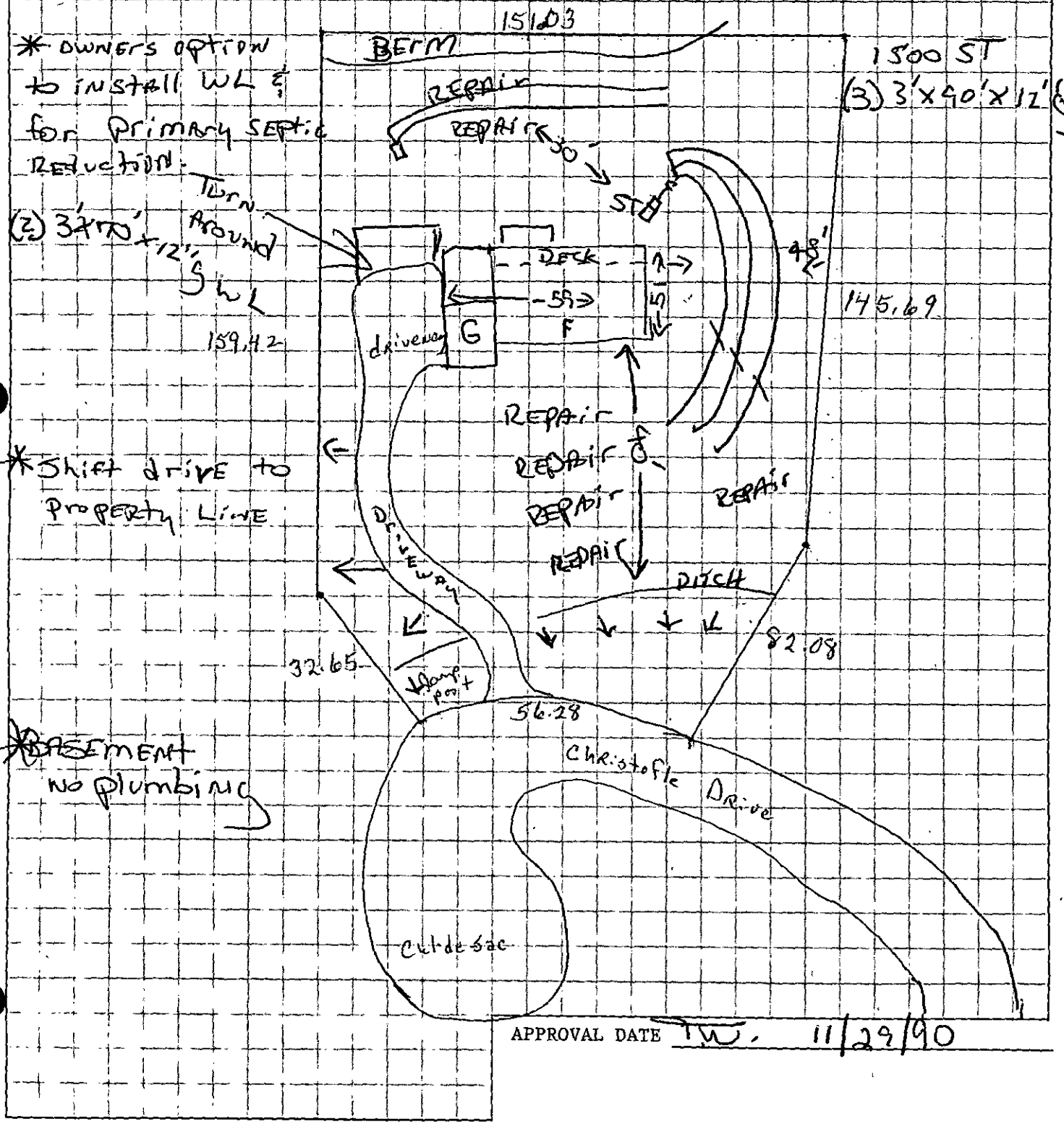
PROPOSED PLOT PLAN

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

FILE: 7122A

TC: Po 001-111-57

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 TW. 11/29/90

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

7/22A

Received 7/09/93

CHARLOTTE-MECKLENBURG BUILDING STANDARDS **PAGE:** 1
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 448-991599 **SUBMITTED DATE:** 07/09/93
PROJECT NAME: 20354 CHRISTOFLE DR **PHS:** **SEC:** **TIME:** 04:32 PM

CONTACT NAME: NEAL **PHONE #:** (704) 525-7460
TITLE: CONT **TYPE OF PERMIT:** FULL

COMMENTS: S/F NO MASTER / CRAWL /

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	SINGLE FAMILY 'LIMITED'	MICHAEL BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

Mecklenburg County
Health Department

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

January 18, 1991

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: $100.00

ORG/ACCOUNT # 462-3511

PAYABLE: Beth C. Schwartz,M.D.
20354 Christofle Drive
Davidson, North Carolina 28213

DATE OF ORIGINAL DEPOSIT: Nov. 20, 1990

REASON: FEE FOR NEW PERMIT - IMP/INSTAL WITH MODIFIED SYSTEM ($300)
CLIENT PAID FOR A MODIFIED SYSTEM, CONVENTIAL SYSTEM WAS
INSTALLED IN LIEU OF MODIFIED SYSTEM.....

/Enclosures

249 Billingsley Road • Charlotte, North Carolina 28211 • (704) 375-1885

Mecklenburg County
Health Department

January 11, 1991

MEMORANDUM

TO: Lorraine Whittaker

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

Please issue a refund in the amount $100.00 for a modified system at 20354 Christofle Drive, Davidson. The property owner previously paid for a modified system, however a conventional system was installed. Please make refund payable to the following address:

Beth C. Schwartz,M.D.
~~Maxx Neal Seth Schwartz~~
20354 Christofle Drive
Davidson, NC 28213

Thank you for your prompt attention to this matter.

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 11/20/90

FROM: COUNTY DISPOSING DEPARTMENT

OWNER NAME _____ SUBDIVISION CODE Cam

OWNER PHONE 001-711-5700

PROJECT ADDRESS 20354 Christofle Dr

ASSESSOR NUMBER _____ Lot 7

PROJECT NAME _____ Catarina Bay

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /0
2. FLOODWAY REGULATIONS	/ /	/ /0
3. EROSION CONTROL REGULATIONS	/ /	/ /0
4. PUBLIC UTILITY EASEMENT	/ /	/ /0

	RESIDENT	NOT RESIDENT
5. PUBLIC UTILITY EASEMENT	/ /0	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /0	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /0	/ /

If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank / Att: Chris

NOTE: THIS FORM MUST BE RETURNED TO THE OWNER'S OFFICE AS EVIDENCE THAT BUILDING STANDARDS WERE SATISFIED PRIOR TO ISSUANCE OF A BUILDING PERMIT. A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION HAS SIGNED THIS FORM AND ALL CONDITIONS HAVE BEEN MET.

SIGNED: _____

DATED 06-18

ROOM NUMBER / /0

ROOM 200

ENGINEERING 704 336 3848 --- --- 90 11/20 13:00 001

APPLICATIONS FOR IMPROVEMENT PERMITS
(NEW APPLICATIIONS ONLY!)

FILE NUMBER: 7122A DATE RECEIVED: 11-20-90

SANITARIAN: Tim Whittaker

INFORMATION TO COMPLETE FILE

Soil Report: Already in File ✓ Date Filed _____ Time_____

Charge Slip: Date Filed _____ Time_____

Applications (white only!): Date Filed _____ Time_____

Plot Plan: Date Filed _____ Time_____

Site Plan: Date Filed _____ Time_____

Address Form (Cty. Eng.): Date Filed _____ Time_____

Zoning Form: Date Filed _____ Time_____

Verification of
Lot Division: Date Filed _____ Time _____

DataBase: Date Logged _____ Time_____

Lotus: Date Logged _____ Time_____

FILE AVAILABLE/COMPLETE FOR SANITARIAN: Date _____ Time_____

APPLICATION FOR SOIL INVESTIGATION

$150

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

(OFFICE USE ONLY)
7122-A
FILE: 7122A
TC: 001-011-57
☒ PC ☐ REPT

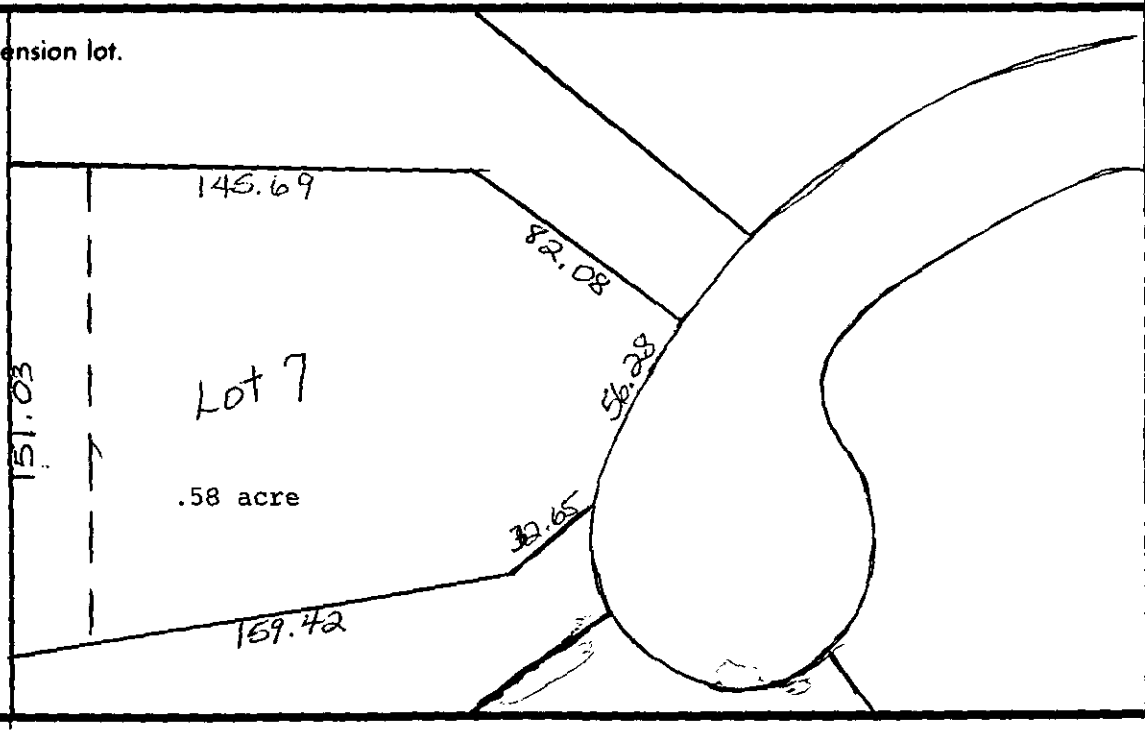
JOB LOCATION

① ADDRESS: 20354 Christofle Drive, Cornelius N.C. 28031
② SUBDIVISION: Catarina Bay ③ LOT: 7 ④ BLOCK:
⑤ PARCEL REFERENCE: BOOK NO.: 23 PAGE NO.: 573 PARCEL NO.: 001-011-57
⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: SCHWARTZ, NEAL S. AND BETH CONLEY (BUILDER-FUTRELLE/DUNNE, INC.)
(FIRST) (MIDDLE) (LAST)
⑧ MAILING ADDRESS: 2108 McLean Rd.
⑨ CITY: Newell ⑩ STATE: N.C. ⑪ ZIP: 28126
⑫ PHONE: (WORK) (HOME) 596-2757

⑬ Accurately diagram and dimension lot.



MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 3 1990

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: [signature]
Date: 11/7/90

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

$50

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

7 12

001-

CHARGE SLIP

Date: 11-8-90

Name/Company: Futrelle / Dunne, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: Soil Investigation
20354 Christopher Dr.
Cornelius

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 8 1990

Fee: $ 50.00

NOTICE: *A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

cash
11-8-90
50.00 CK
CK # 2756

C. Futrelle
Completed by

Sharon Reno
Collected by