

16601 COBBLER DR

13917338

6/20/2007

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: 6722A DATE: 1/23/91

TC: 139-173-38 PPL CRT

SERIAL Nº 13735

Name of Owner Long, Peggy P. Juris.:

Address of Property 11601 Cobbler Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source >100'

Excavation Inspected 1/23/91

Tank(s) Inspected 1/23/91

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1991 1500 St, Lin. 1599SFT 12"G, Cecil CTR# 90

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- ☒ ~~Installed~~ or constructed
- ☒ ~~in~~ accordance with the permit issued
- ☐ altered or repaired
- ☐ 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: System designed for 4 bedroom home

Judy A. Kerr R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

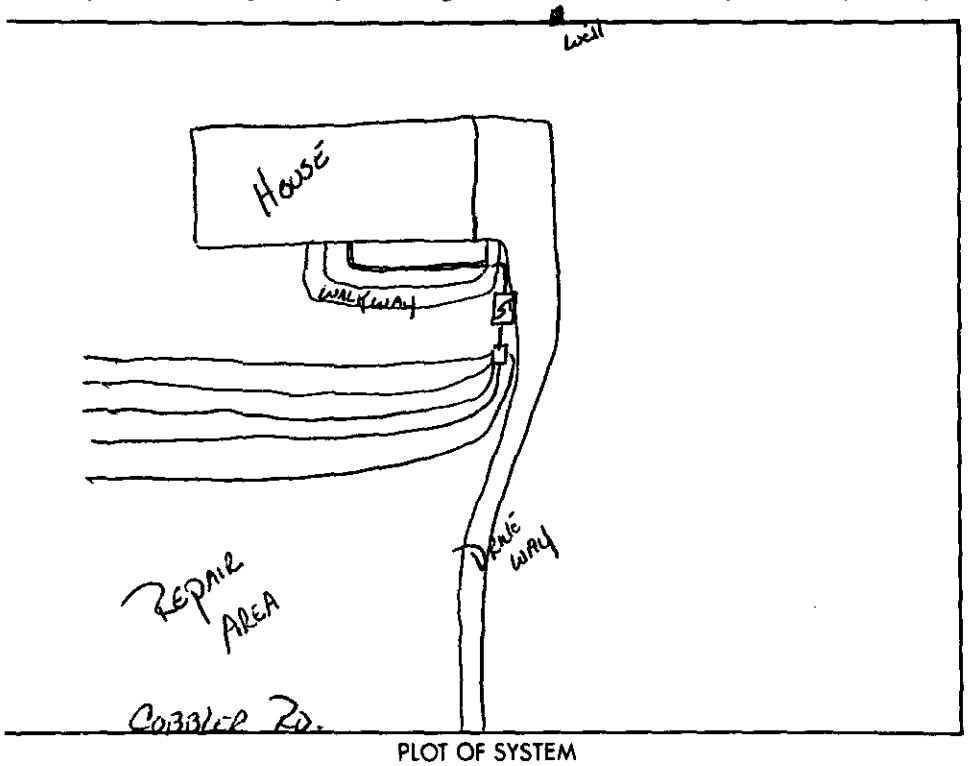
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6722A DATE: 10-18-90

TC: 139-173-38 L

SERIAL Nº 14878

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 10-1-90. All work shall be completed on or before 1-18-91, 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 1500 gallons

Liquid Capacity of Dosing Tank 1 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 533' feet

Number of Lines 5

Depth of Stone 10" inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER PEGGY P. LONG

LOCATION OF PROPERTY 16601 COBBLER DR.

Comments: INSTALL 5 TRENCHES 3' X 107 AND 10" STONE

Division or Section Head

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

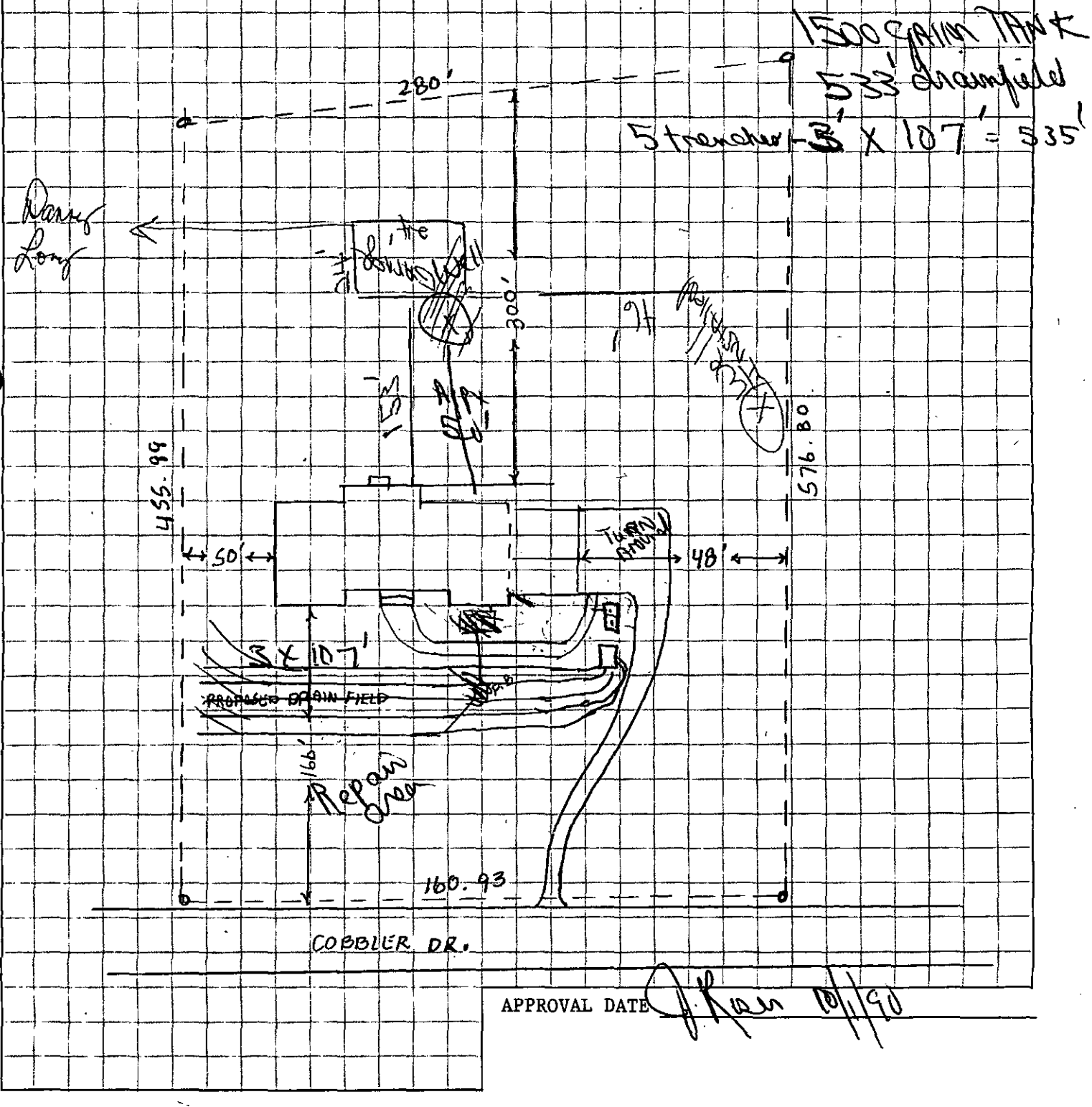
PROPOSED PLOT PLAN

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

FILE: 6722A

TC: 139-173-38

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 10/1/90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner'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: 6722A
TC: 139-173-38
SERIAL: № 21240 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 16601 COBBLER DR. (STREET NO. / STREET) ② FILE: 67228
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 139-173-38
⑤ SUBDIVISION: BLACKBERRY HILLS ⑥ LOT: 16 ⑦ BLOCK:

OWNER

⑧ NAME: PEGGY (FIRST) PORTER (MIDDLE) LONG (LAST)
⑨ MAILING ADDRESS: 8020 IVEY HOLLOW DR.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) 373-3826 ⑭ (HOME) 567-2282

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? 4 ㉕ Type?
㉓ Maximum occupancy? 4 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: Peggy Porter Long

Date:

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.

Environmentalist — Date: 10/1/90

Director or Authorized Section Head — Date: 10/1/90

*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: 9-27-90

Name/Company: Kirby Const. Company

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 116601 Cobble Dr.
Dup. Permit - New
File # 6722-A
Tax # 139-173-38

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 27 1990

Fee: 200.00 CC # 2133
PD 200.00

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

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: 6722A
TC: 139-173-38 V
SERIAL: [illegible] 21240 ☒ L ☐ CRT

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OWNER

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⑨ MAILING ADDRESS: 8020 IVEY HOLLOW DR.
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Signed: Peggy Porter Long
Date: 10/1

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:

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... This permit is not transferable, and shall become null and void 36/60 months from the date of issuance.

Environmentalist — Date: 10/1/90

Director or Authorized Section Head — Date: 10/1/90

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

CATHY
553 8221

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6722A

TC: 139 - 173 - 38

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 0 Cahulawassee Dr.

② SUBDIVISION: BLACKBERRY HILLS ③ LOT: 16 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 17 PARCEL NO.: 38

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

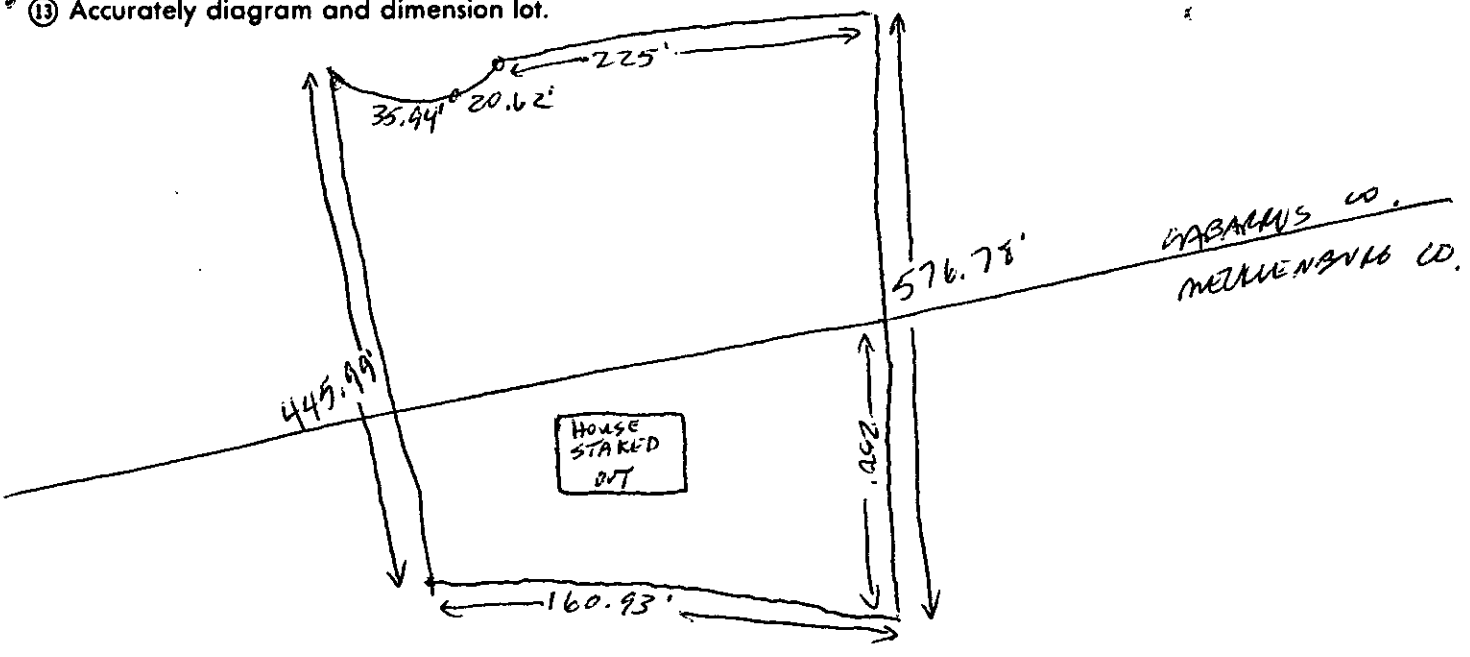
⑦ NAME: JAMES (FIRST) WILLIAM (MIDDLE) CLAY (LAST)

⑧ MAILING ADDRESS: 9524 GREENWATER DR.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28213

⑫ PHONE: (WORK) 547 4249 (HOME) 547 1444

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: James W Clay

Date: MAY 8, 1990

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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-8-90

Name/Company: Peggy Long

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Septic Tank Soil Investigation

F46 # 6722A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: MAY, 8 1990 $ 40.00

Ck# 766
$40.00

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

June 1st, 1990

James William Clay
9524 Glenwater Dr.
Charlotte, NC 28213

RE: Property located at Blackberry Hills
FILE: 6722A
PARCEL: 139-173-38

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 17925) 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 I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17925

File: 6722A Action 1

Parcel: Po 139-173-38 ☐ PC

Location:

Subdivision:

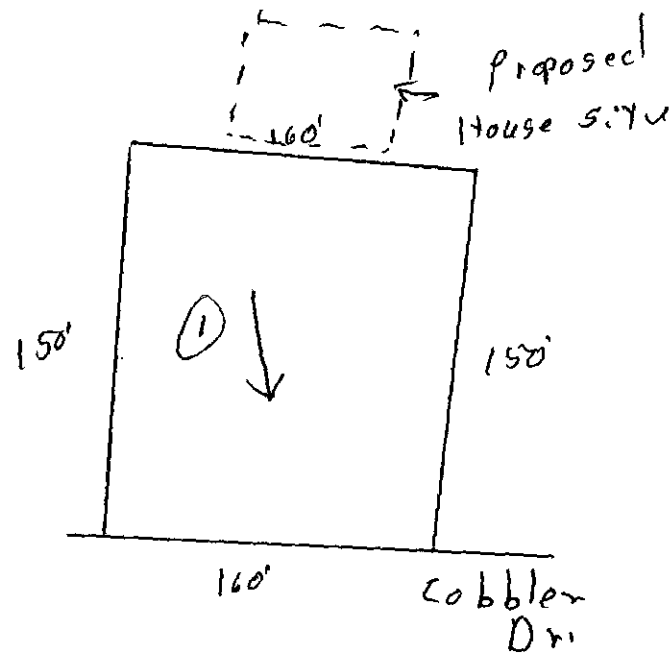
Lot: Block: Acres: .53

Owner:
Address:

Comments: 100% Repair

Described by: William A. Martin

Date: 5-30-90



***** 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 6-10%	S PS U	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 >36" TO water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	III Cecil-Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

6 122A

Bill
Will call after
4:00
Wyn

DATE 9-26-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

Lot #6 /
Lot 16

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-173-38
PARCEL NUMBER

16601 Cobbler Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Blackberry Hills
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	___	APPROVED	___ NOT APPROVED
2.	FLOODWAY REGULATIONS	___	APPROVED	___ NOT APPROVED
3.	EROSION CONTROL REGULATIONS	___	APPROVED	___ NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	___	APPROVED	___ NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	___	PRESENT	___ NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	___	YES	___ NO
7.	DRIVEWAY PERMIT REQUIRED	___	YES	___ NO

REMARKS: SF home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: GCN