

PROPERTY NOW A PART OF IREDELL COUNTY

9/4/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21297 DATE: 7-16-98

TC: 001-384-02 ☐ L ☒ CRT

SERIAL Nº 17217

Name of Owner JoAnn C. Bell Juris.: _____

Address of Property 16241 Rocksprings Road

Inspection Data:

Tank Material existing

Total Length of Drainfield 100

Number of Lines 1 @ 20' 2 @ 40'

Cover Depth 12"

Water Supply Source Priv. well

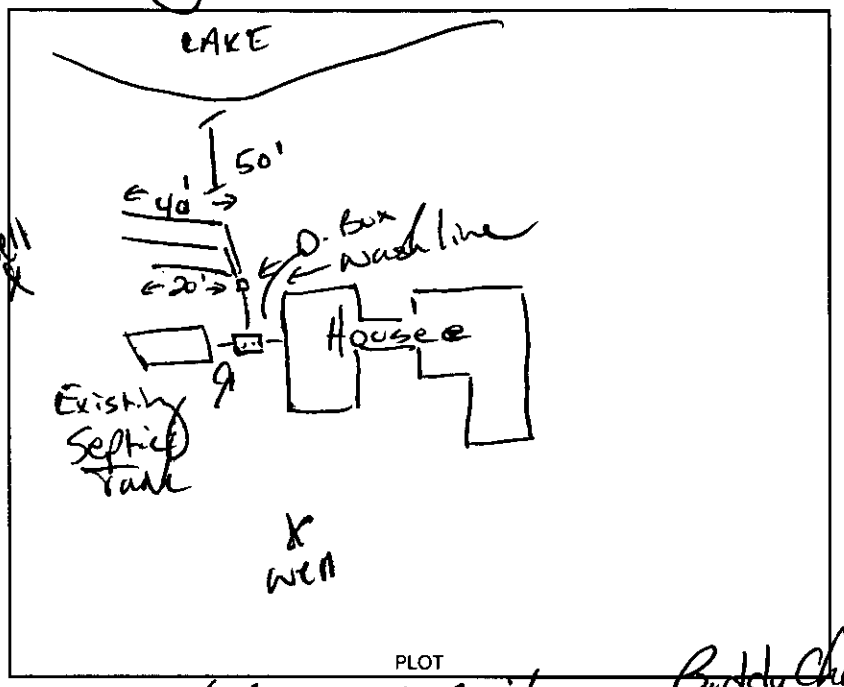
Distance to Water Source >50'

Excavation Inspected 7-16

Tank(s) Inspected -

Wash Line Inspected N/A 7-16

High Water Alarm Inspected -



Design Innov, 300SF, I, sand backfill used, except like CTR# 764 Buddy Chaney

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 I5A 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 I5A 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: Type III, innovating 3 bedrooms - Contractor had to install uneven lines due to setbacks encountered (1)@20' + (2)@40'

Jerry B. Thompson, L.E.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

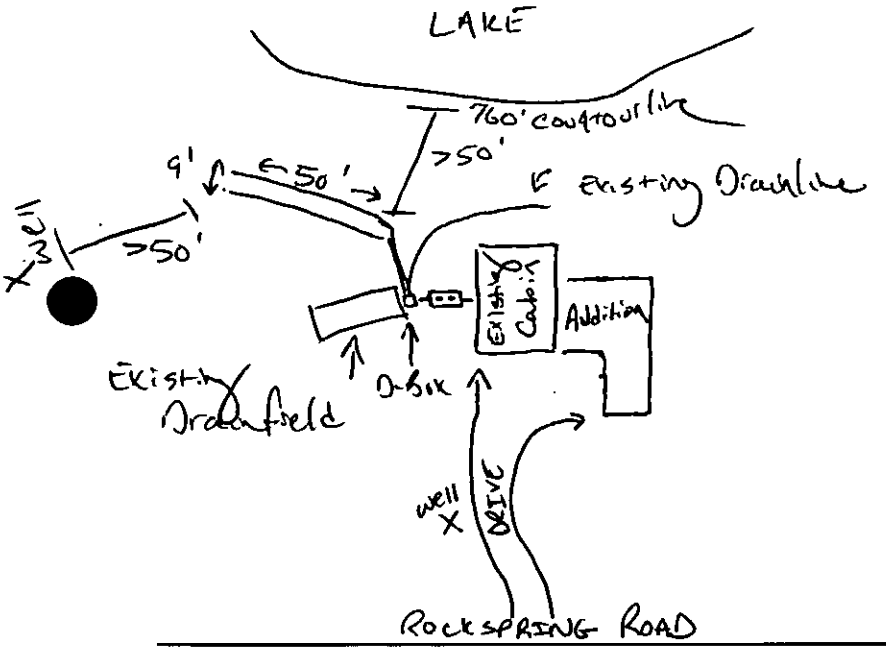
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21297 DATE: 3-3-98

TC: 001-384-02 ☒ L

SERIAL Nº 17516

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 2-17-98. All work shall be completed on or before 4-3-98, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 existing gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 100' feet

Number of Lines 2

Depth of Stone N/A — sand backfill Group I, II or III inches backfill

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

>50' off 760' contour line

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

NAME OF OWNER Jo Ann C. Bell

LOCATION OF PROPERTY 16241 Rockspring Road

Comments: Type III-g alteration 3 bedrooms
Use innovative system w/25% reduction - Group I, II or III backfill (2) 3'w x 50' x 36" or less

* Add new d-box if needed
* Pump tank

Tommy G. Thompson, Jr. R.S.
Environmental Health Specialist

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

FEE: $200.00
DATE: 2/10/98

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

I I CRT

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

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

FILE #: 21297

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-384-02

STREET ADDRESS: 16241 Rocksprung Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Mack. Neck. Lake Norman

LOT NUMBER: 254, Sec. 6

TYPE OF BUILDING (CHECK ONE):

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

EXT. SQF = 1000
DEMOLISHED

HEATED SQUARE FOOTAGE: 1200 = 2200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

TOWNSHIP (CHECK ONE):

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

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

Existing Cabin has 1 Bedroom
New Addition Planned
3 Bedroom Total

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Laundry room, Great room, Kitchen, Dining-Combined + 2 Bedrooms, 1 Bath

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Bell (LAST) JoAnn (FIRST) C. (MI)

ADDRESS: 6112 E. Lake Forest Dr.

CITY: Charlotte STATE: NC. ZIP: 28227

DAYTIME PHONE: (704) 537-0226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MUSE (LAST) LANCE (FIRST) R. (MI)

DAYTIME PHONE: (704) 483-2943 (H)

582-6655 (Beeper)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/9/1977

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: Lance R Muse DATE: 2/10/98

Built 1965
Deeded 5/9/1977

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

SEE INSTRUCTIONS ON BACK

Date Received 8-10-84

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
AUG 10 1984

YEAR(S) Application No 21297

T.C No 001-384-02

Map Date 1

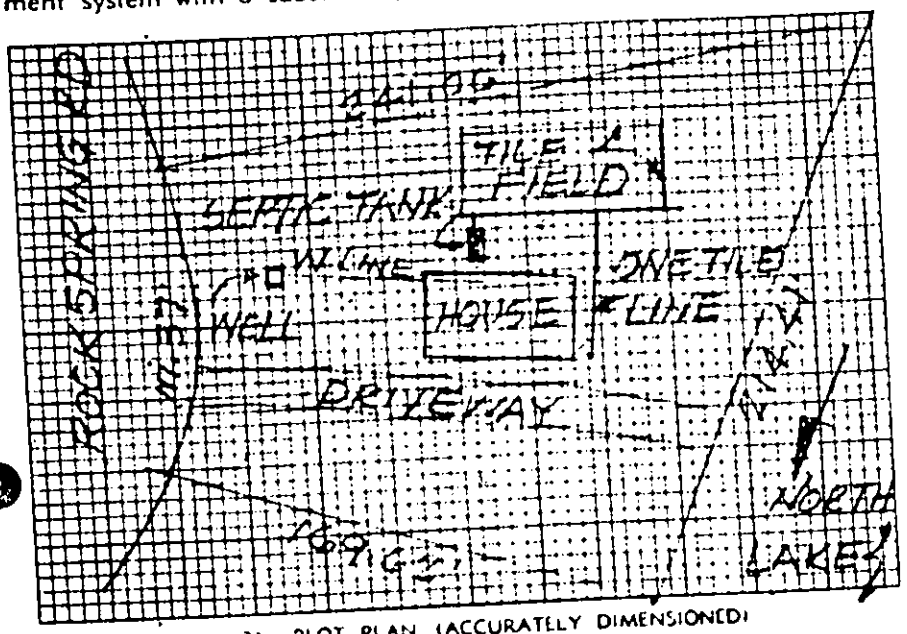
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MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: ADD WASHING MACHINE

1) ____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

4) No of Bedrooms 2

5) Business Use — Max No Employees ____

6) Washing Machine ____ Yes ✓ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ____ Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Governmental System ____
C) Community System
1. Well source ____
2. Governmental source ____

10) Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER BALL (LAST) WYATT (FIRST) G. (MIDDLE)

14) ADDRESS OF OWNER [illegible] LAKE FOREST DR CHARLOTTE N.C.

15) PHONE NO. Home 537-[illegible] Office 376-6423

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD) MECK. NECK

17) SUBDIVISION [illegible] Lot No. [illegible] Block No. C

Map Book No. [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 0523

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 1964

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

8-9-84
DATE OF APPLICATION

Wyatt G. Ball
OWNER

EHD-5-76

Environmental Health Department's Copy

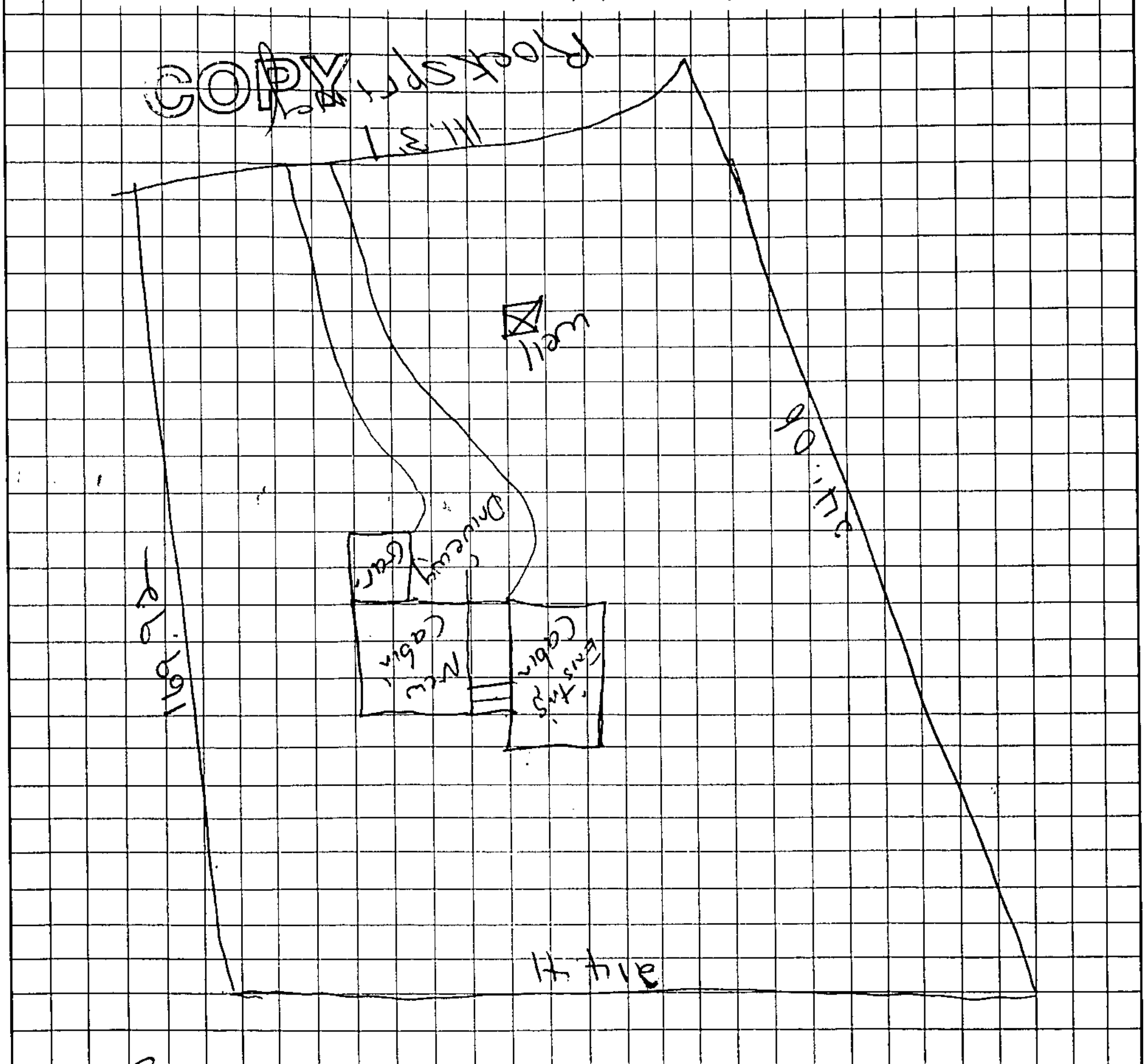
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21297

TC: 001-384-02

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.



OWNER/AGENT SIGNATURE

DATE 2/17/98

APPROVAL DATE ____________________

White - Health Department's Copy   Canary - E.H.S. Copy   Pink - Owner's Copy

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 2/16/98

Name/Company: Bruce R Nye

Sanitation _____

Vector Control _____

IWWS X

Service: Alteration File # 21297
6112 E. Lake Forest Dr

_____

_____

Fee: $ 200.00 CA-3339 # EJD. 2/16/98

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

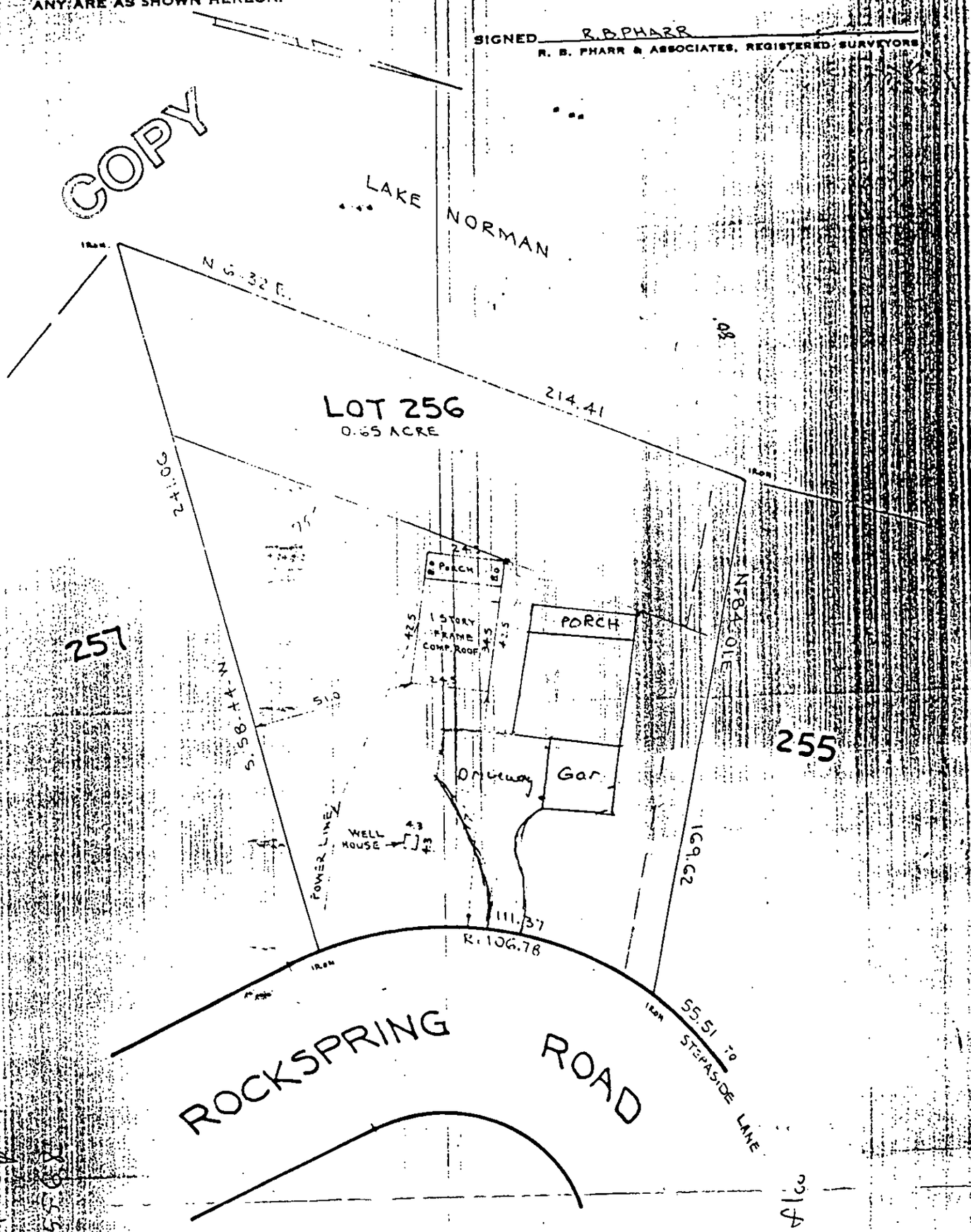
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THIS IS TO CERTIFY THAT ON THE 7TH DAY OF JUNE 19 77 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R.B.PHARR

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS

COPY



PHYSICAL SURVEY OF

LOT 256, LAKE NORMAN RECREATION LOTS, SECTION 6
LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.

SCALE 1IN. = 40FT.

THE PROPERTY OF WYATT G. BELL & WIFE JO ANN C. BELL

MAP RECORDED IN BOOK 17 AT PAGE 626 DEED RECORDED IN BOOK ____ PAGE ____

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

DATE: 3-3-98 PERMIT NO: 21297
PARCEL NO: 001-384-02

JOB LOCATION ADDRESS: 16241 Rockspring Road
PROPERTY OWNER: JoAnn C. Bell
BUILDING CONTRACTOR: Lance R. Muse
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Tony B. Thompson Jr. R.S. DATE: 3-3-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 21297, 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: See Conditions Of Improvement Permit

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] 3/3/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2297

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-384-02

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)	
Yes 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: System Alteration - adding (2) 3'wx50'Lx≤36"deep Innovative system - Group I, II or III backfill required if using a chambered system.

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	
300 Absorption Area (Sq ft) 100 Total Trench Length (Ft)	N/A Depth of Stone Trench	9 Trench spacing (min. on centers)	≤36" Maximum Trench Depth	

For existing system, enter the year originally installed: '65 with addition in or around 1984

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t
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 eff
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 Departme
- This Improvement permit is transferable.

Larry B. Thompson J. R.S. 3-3-98 / James M Cla 3/3/98

DEHNR Authorized Agent Date 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