

7014 ROCK ISLAND RD

19926607

7/22/08

marliwr

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

FEE: $200.00 PD Robert Church #11352
DATE: 9/14/98

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ 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 #: 15521

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199 221.07

STREET ADDRESS: 7014 Rock Island Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1.810 Acres (Built 1985)

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1510

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE _____

9/24/98 Alteration to septic system Approved
Approval granted for a 1 bedroom addition (4 total)
use existing system

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

remove one bedroom add 2 bedroom For a total of 4 bedrooms After Additions Renovations

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 X NO
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: RUMFELT, MAX + LYNN (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 7014 Rock Island Rd	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP:	
DAYTIME PHONE: ( ) 704 588-3447	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Max Rumfelt DATE: 9-10-98

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 15521 DATE: 9/24/98

TC: 199 22107 ☐ L ☐ CRT

SERIAL Nº 17395

Name of Owner Max & Lynn Rumfelt Juris.: _____

Address of Property 7014 Rock Island Rd

Inspection Data:

Tank Material NA

Total Length of Washer Drainfield ~~130~~ 112'

Number of Bed Lines 2 @ 56'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 9/24/98

Tank(s) Inspected NA

Wash Line Inspected 9/24/98

High Water Alarm Inspected _____

PLOT

Design Alteration, CON, washer box, 336SFWB, 18" stone CTR# Gary Bradley

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: Alteration to Existing Septic System Added Washer line

Philo S. Walker RS
Environmental Health Specialist

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 9/14/98

Name/Company: Henry Lamp

Sanitation _____

Vector Control _____

IWWS ✓

Service: File 15521
7014 Rock Island Rd
Fee for Addition
Increase in Septic System

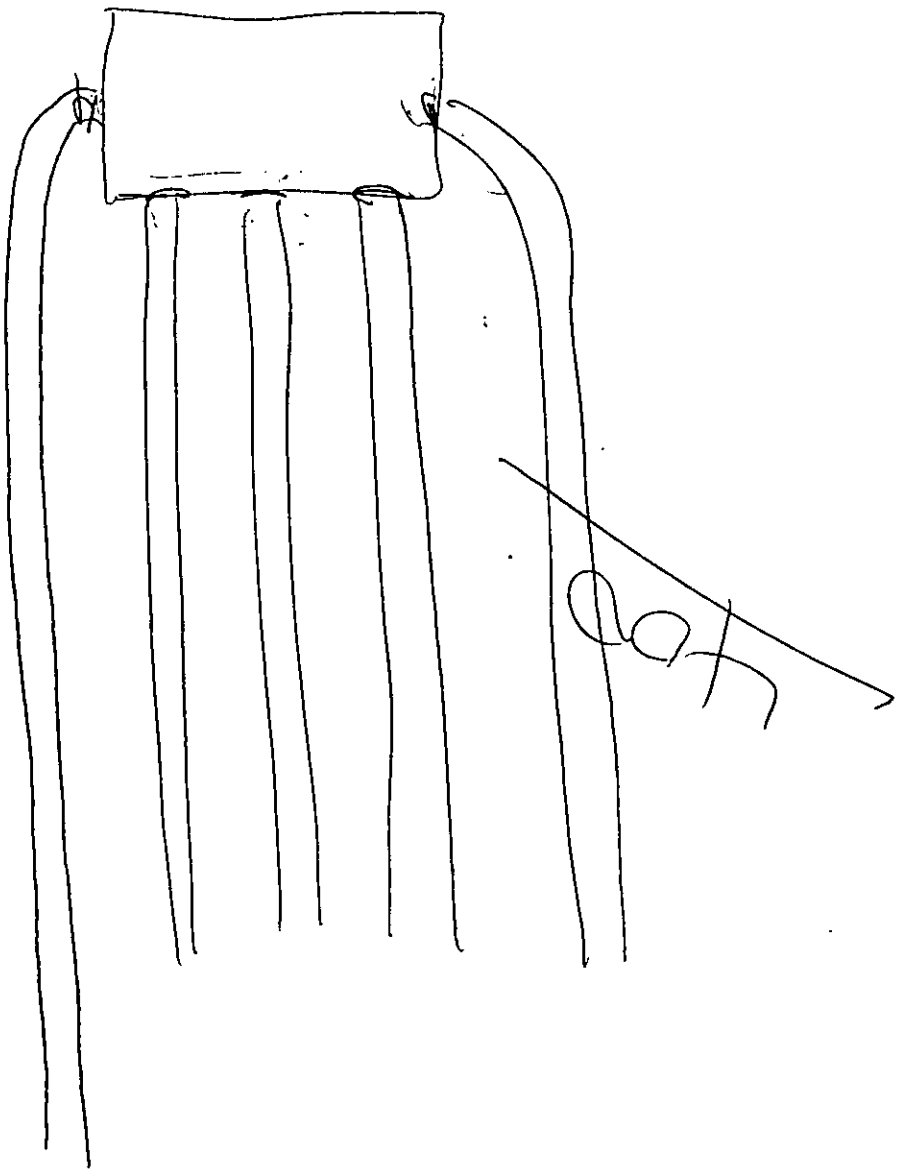
Fee: $ 200.00 (CK # 1011 Amt 200)

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

Chandra Hayward
Collected by


cat

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
9/14	Invoice	200 00	200 00	0	0	0	C. Henry Camp

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

11332

Fee for Septic System Upgrade & Building addition for:
7014 Rock Island Rd.

Thank you

INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL

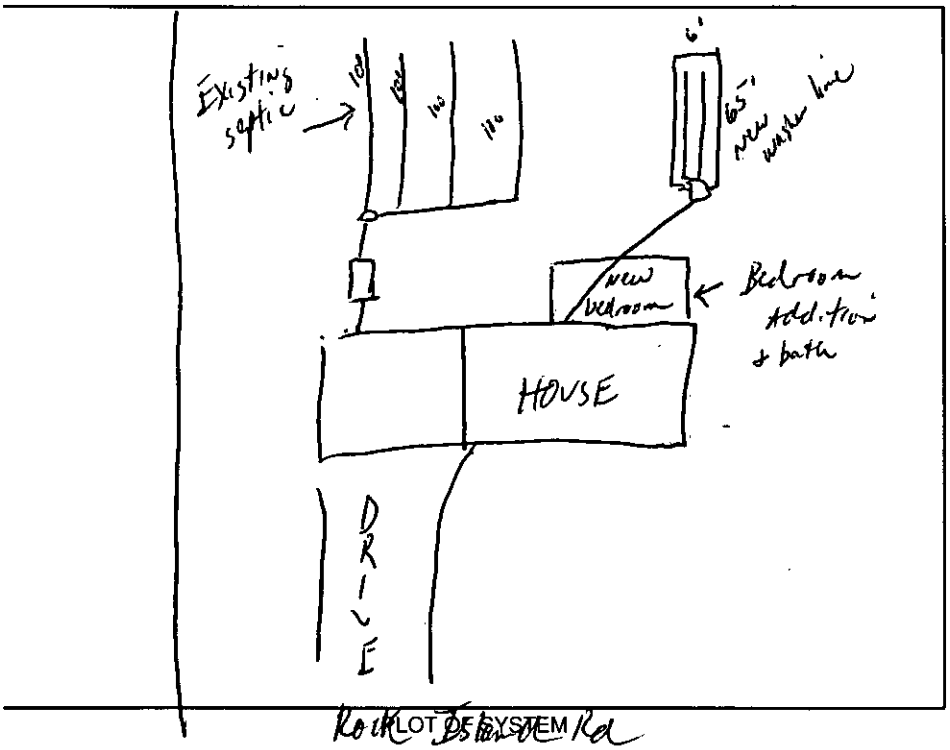
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15521 DATE: 9/16/98

TC: 199 221 07 ☐ L

SERIAL Nº 17812

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 9/14/98. All work shall be completed on or before 10/6/98, 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Bed Trench Width 6' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 120 feet

Bed Number of Lines 2 (60')

Depth of Stone 18" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER Max + Lynn Rumfelt

LOCATION OF PROPERTY 7014 Rock Island Rd

Comments: Alteration, Washer bed addition 6'wd x 60'long x 18" stone
Keep septic system > 100' from existing well / Plumb washer to new drainfield

Philo S. Walker III S.
Environmental Health Specialist

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

PROPOSED PLOT PLAN

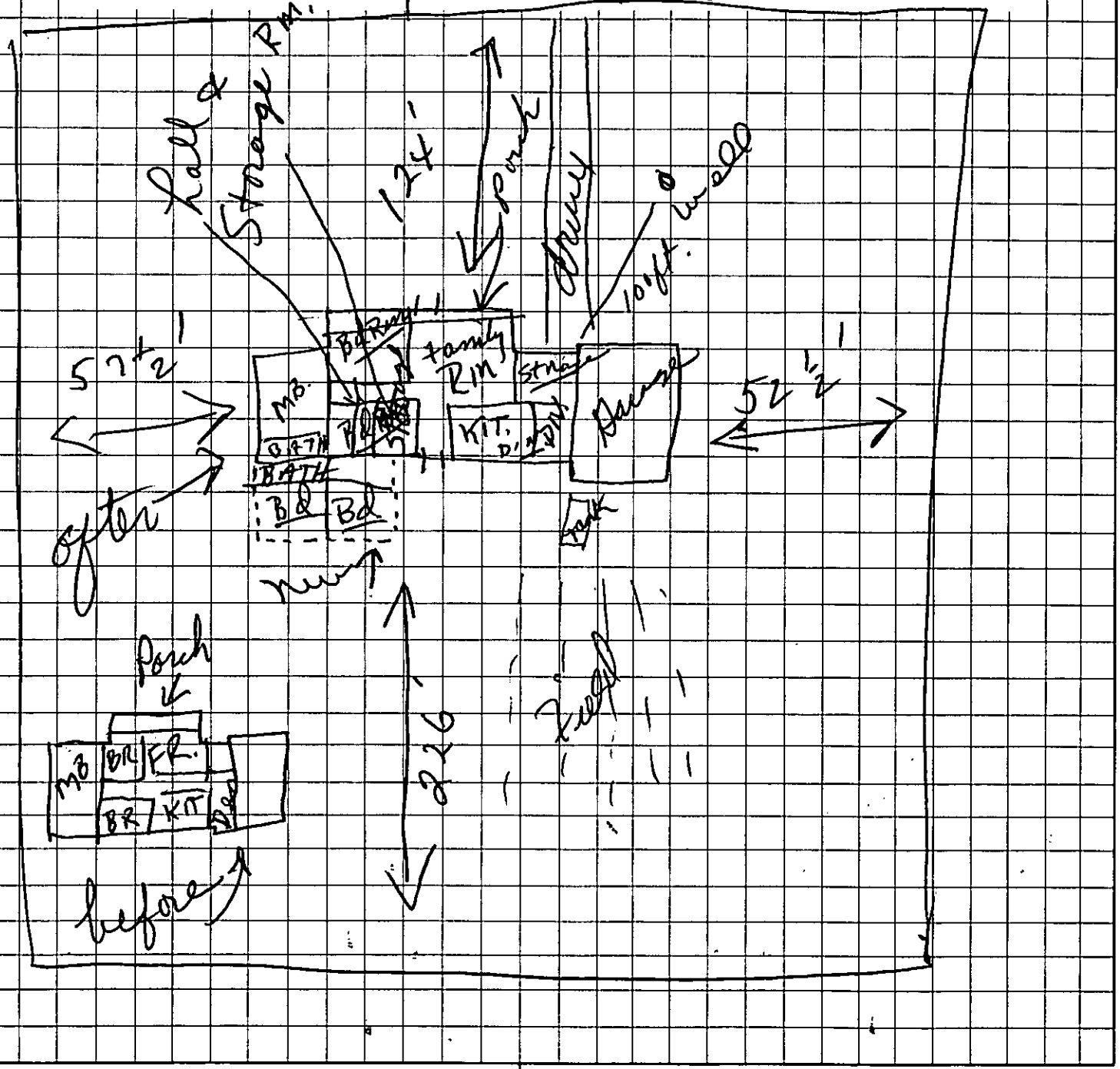
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15521

TC: 99-224-07

Rock Island Rd.

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

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



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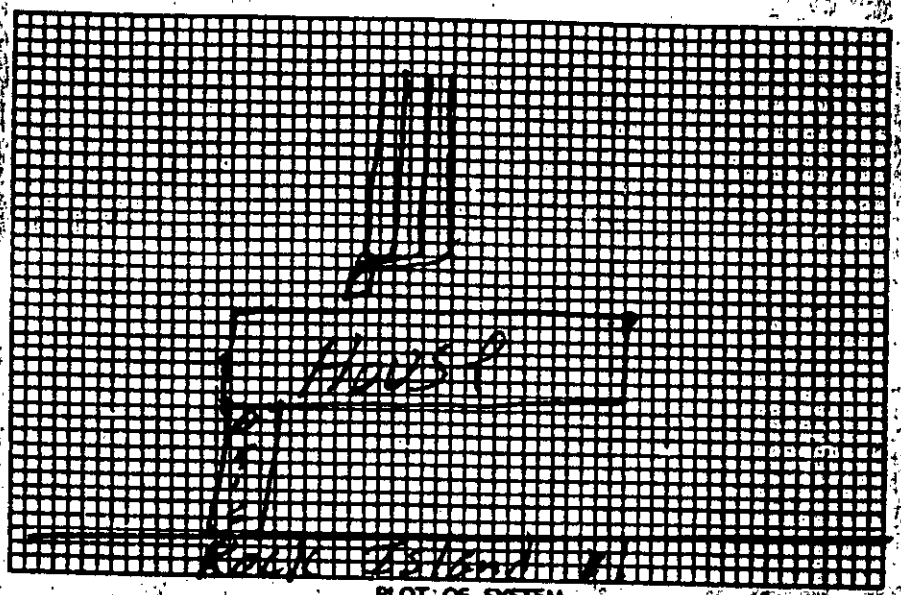
ISSI Operations Center Staff

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Date Issued 4-7-86 Serial No. 09117 ICAR(S) Permit No. 15521-07
T. C. No. 155-221-02
Map Date ✓

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 15521 dated 9-23-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 5-7-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV G
Liquid Capacity of Tank 1500 GL
Tank Construction PCC
Absorption and/or Nitrification Lines:
Total Line Length 400'
Number of Lines Four
Distance from House 5'
Distance from Property Line 10'
Distance from Well 50'

NAME OF OWNER Rundell, Max

LOCATION OF PROPERTY 7014 Rock Island Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Four Trenches 100' X 3' X 12" Stone

Comments:

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a [illegible] system, it must be signed by the division or a section head of the Department of Environmental Health. [illegible] signature of the Environmentalist is required where an existing system is [illegible]

EHD-3-74

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 15521

PC 199-221-02

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED

JOB LOCATION

① ADDRESS: 7014 Rock Island Rd (STREET NO.) (STREET) ④ FILE:

③ CITY: Charlotte, NC ⑥ TAX PARCEL NO.: 199-221-02

⑤ SUBDIVISION: ⑥ LOT: 2 ⑦ BLOCK:

OWNER

⑧ NAME: MAX (FIRST) T (MIDDLE) RUMFELT (LAST)

⑨ MAILING ADDRESS: 1007 FOUR OAKS DR.

⑩ CITY: Charlotte NC ⑪ STATE: NC ⑫ ZIP: 28209

⑬ PHONE: (WORK) 525-6002 ⑭ (HOME) 523-3513

REQUEST

This request is for a(n):

⑮ ☒ New installation permit ㉒ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ㉓ ☐ Other (specify)

DESIGN CRITERIA

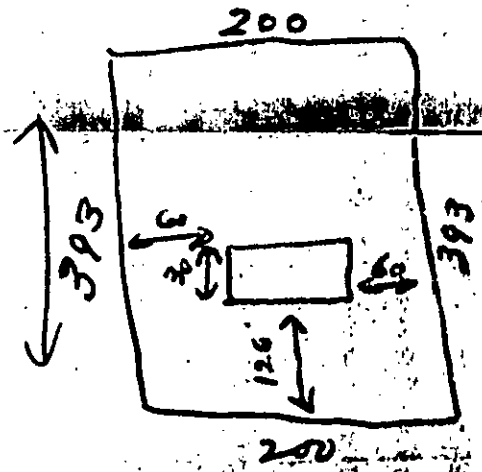
System will serve:

⑰ ☒ Residence ⑱ ☐ Mobile home ⑳ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉑ Type?

㉑ Maximum occupancy? 2 ㉒ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉓ Maximum number of seats?



㉕ Water supply from (present or proposed):

WATER
A ☒ Individual well
B ☐ Individual system
C ☐ Community well
D ☐ Community system

㉖ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter upon the property for the purpose of processing this request.

Signature: [signature] Date: 9-23-

㉗ Accurately dimensioned plot plan

WHITE - ENVIRONMENTAL HEALTH COPY

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION
(Ground Absorption Sewage Disposal)

S.I.R. No. 15521
P.O. 199-221-

OWNER: D.L. PHILLIPS, ESTATE
ADDRESS: 800 BRIAR CREEK RD
COUNTY: Meck. 28205
LOCATION OF SITE: ROCK ISLAND RD
Lot #2

DATE REQUESTED: 6-25-79
PLAT NO.:
LOT SIZE: 66.412

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-10	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) U Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) U 48"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S (PS) U NONE	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S (PS) U Adequate	S PS U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) U Moderate	S PS U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	✓ Provisionally Suitable			
SOIL SERIES	DAVIDSON			

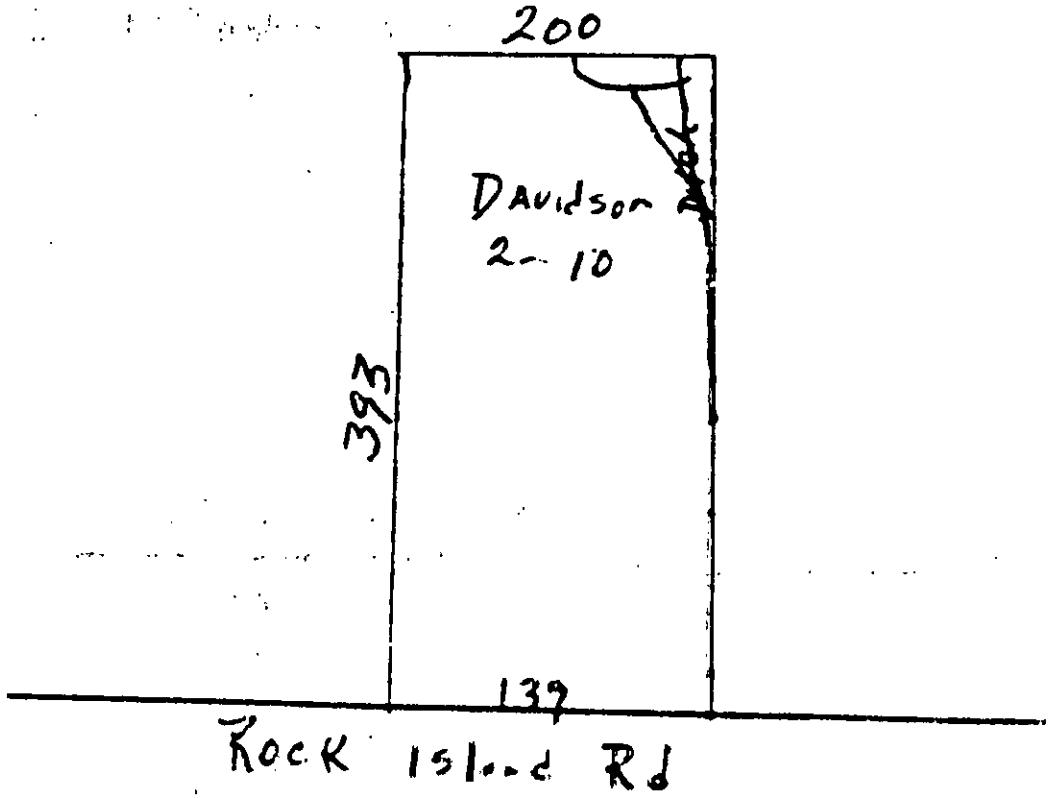
S - Suitable PS - Provisionally Suitable U - Unsuitab

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope pat

Recommendations/Comments:

Described By: Willard B. Ramsey
Title: Soil Scientist
Date: 7-11-79

dhs form 2601 (1/79)
Sanitation


200
DAVIDSON
2-10
393
139
ROCK ISLAND RD

Serial No. 2942

PTR No 15521

I C No 99-221-02

Date Issued 7/12/79

Map Date 9/9/78

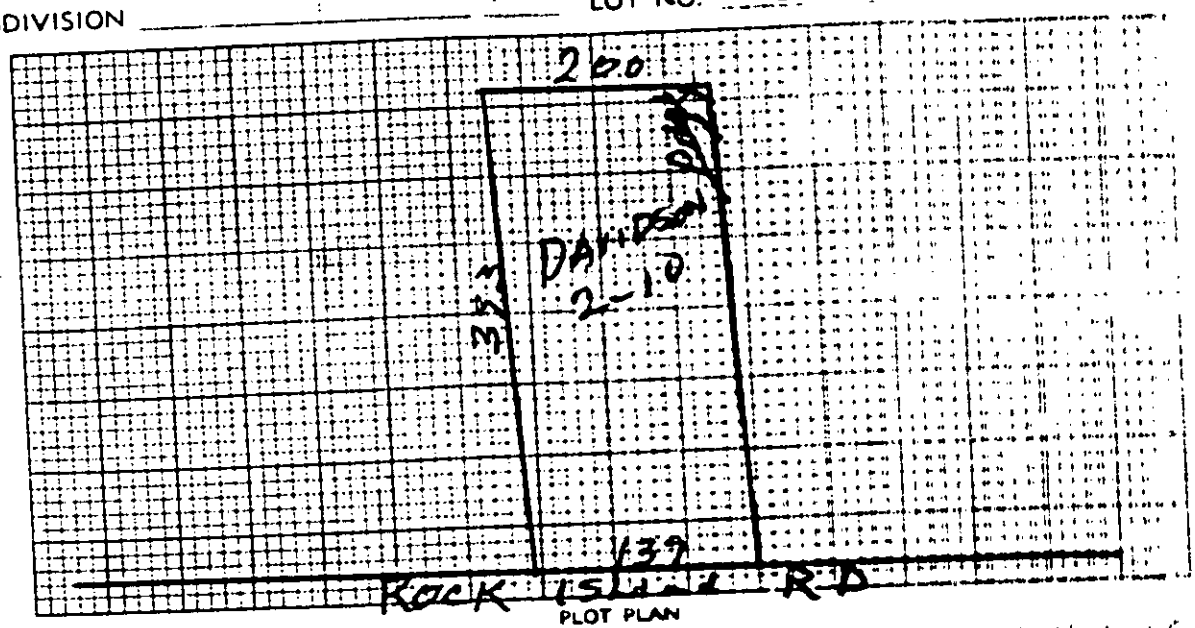
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER D. L. Phillips, Estate (LAST, FIRST)

ADDRESS OF OWNER 800 Briarcreek Road Charlotte, NC ZIP 28205

LOCATION OF PROPERTY Rock Island Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 2 BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigations were conducted on that portion of the lot as indicated on the above plot **provisionally** The said lot is approved. The permeability rate determined by the investigation was **suitable** for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction or installation on the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed in accordance with the determination by the Mecklenburg County Department of Environmental Health prior to installation is based on the permeability rate obtained above and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed on the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or alteration including the cutting of a well or excavation of the ground in the opinion of the Mecklenburg County Department of Environmental Health renders the area unsuitable for system installation. Construction alteration and or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources Division of Health Services which are in effect in Mecklenburg County Health Commission which were in effect on the date of issuance and on which this approval is based. In the future, prior to completion of the system, these laws, rules and regulations may be changed and in such a way that this approval would not have been granted had the new or revised laws, rules, or regulations been in effect on the issue date.

W. B. Ramsey
Soils Scientist

John R. Johnson
Environmental Health Supervisor

Environmental Health Supervisor's Copy