


1116 OAKDALE RD

03729222

12/31/2007

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: 2431-B DATE: 5-5-98

TC: 037-292-22 ☒ L ☐ CRT

SERIAL Nº 17491

Name of Owner ROSA COOK Juris.: _____

Address of Property 1116 OAK DALE ROAD

**Inspection Data:**

Tank Material WASH BOX

Total Length of Drainfield 100'

Number of Lines 2 @ 50

Cover Depth 12" SOIL

Water Supply Source MUNICIPAL

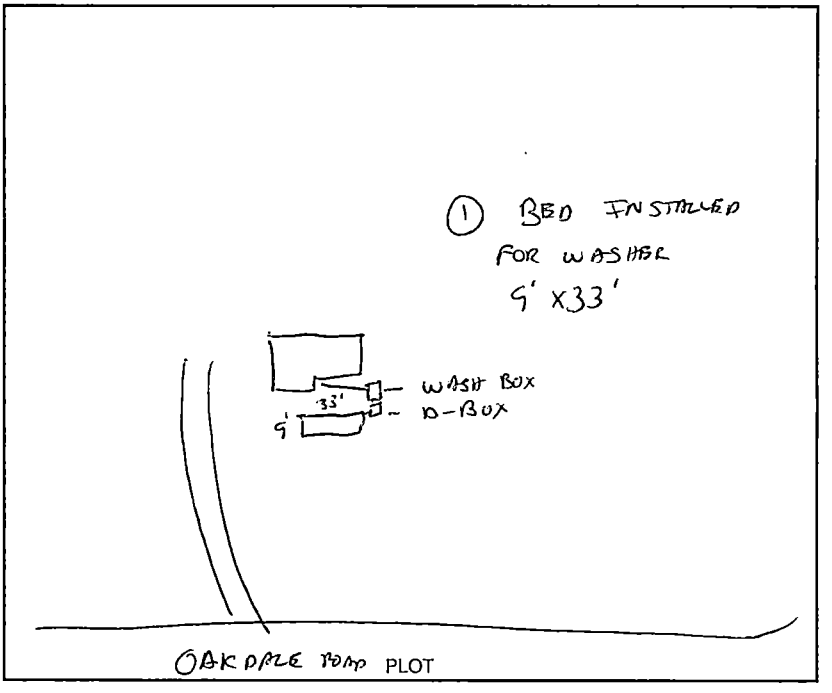
Distance to Water Source ≥ 10'

Excavation Inspected 5-5-98

Tank(s) Inspected 5-5-98

Wash Line Inspected NA

High Water Alarm Inspected NA




Design REPAIR CON, BED 50' X 6' 12" STONE CTR# WILLIE CHRISTENBURY

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: _____

Jandy Walker NS
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

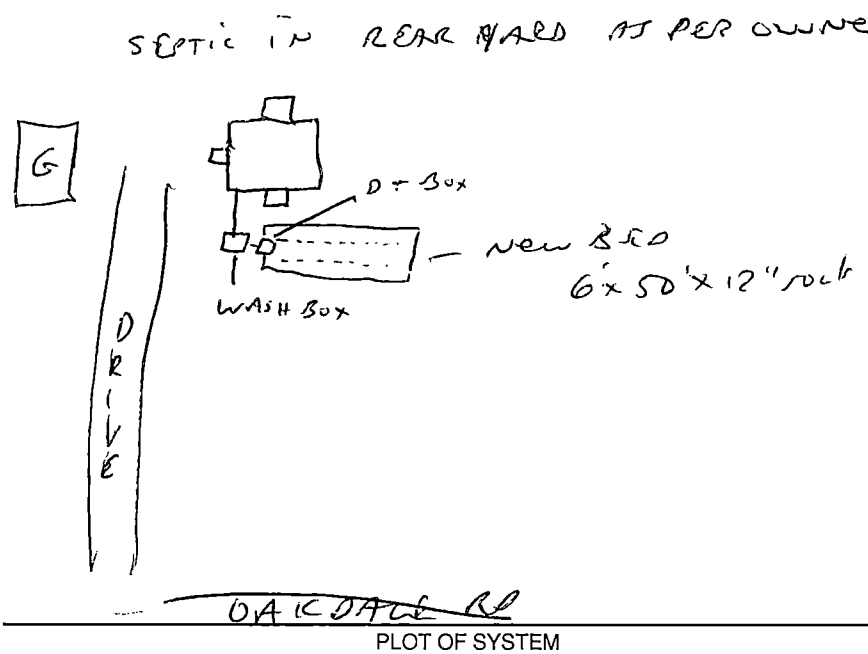
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2431-B DATE: 4-14-98

TC: 037-292-22 L

SERIAL No 17674

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 3-16-98. All work shall be completed on or before 5-15-98, 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 WASH BOX gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth AS shallow as poss.

Absorption and/or Nitrification Lines:

Trench Width 6 x 50 x 12" feet

Trench Walls Scored and Porous yes

Total Line Length 100 feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5' ± feet

Distance from Property Line 10' ± feet

Distance from Well CMUD feet

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

NAME OF OWNER ROSA COOK

LOCATION OF PROPERTY 1116 OAKDALE RD

Comments: 1 bed 6'x50' x 12" rock

Environmental Health Specialist

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

Permit Number: 2431-B

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 037-292-22

- 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<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 0.5 GPD Long-term acceptance rate | ___ Max gallons/day wastewater flow | ___ Absorption Area (sq ft) | ___ Trench spacing (min. on centers) |
| ___ 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:

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>(I) II III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 300 SFT Absorption Area (Sq ft)<br>100' Total Trench Length (Ft) | 12" Depth of Stone Trench | Bed 6'x50'x12" Trench spacing (min. on centers) | AS Shallow as Possible Maximum Trench Depth |

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date: 4-14-98

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

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

DATE: 4-14-98 PERMIT NO: 2431-B

PARCEL NO: 037-292-22

JOB LOCATION ADDRESS: 1816 OAKDALE RD

PROPERTY OWNER: JOANNA BLANCHETTE

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 4-14-98

DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2431-B, 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: _____

## 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 Joanna R Blanchette

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: NA

DATE: _____

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

I JCRT

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

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

COPY

FILE #: 24310

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-292-22

STREET ADDRESS: 1116 Oakdale Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

1929

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3*

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

* 1 bedroom turned into office

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

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

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ MUNICIPAL (M)
___ 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: Cook Rosa
(LAST) (FIRST) (MI)

ADDRESS: 1116 Oakdale Rd

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: ( ) —

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: Blanchette Johanna Curry
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 393-9309

Former Owner

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: X Blanchette C Blanchette DATE: 3-16-98

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

SEPTIC REQUEST

COPY

Mecklenburg County
Health Department

$85 ck # 4285 2/2/98 SC

TAX PARCEL # 137-291-22

No Dog to lock gate or fence required

ADDRESS OF PROPERTY TO BE SERVICED: 1116 Oakdale Road
Charlotte NC 28216

OWNER OR AGENCY NAME & ADDRESS: Century 21 Murphy & Rudolph
8400 E Belhaven Blvd
Charlotte NC 28214
attn: Corinne Murphy

ADDRESS FOR RESULTS TO BE MAILED: same

TELEPHONE NUMBER WHERE YOU CAN BE REACHED (DAY): 704-399-4848

CHECK ONE: ____(WELL & SEPTIC) ____(WELL ONLY) ✓(SEPTIC ONLY)

Corinne H. Murphy
SIGNATURE OF AUTHORIZED PERSON

2/2/98
DATE

Corinne Murphy - Please call - she's handling the repair.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

# Mecklenburg County
## Health Department

February 19, 1998

Thomas Blanchette
1116 Oakdale Road
Charlotte, NC 28216

Dear Mr. Blanchette:

At the request of Corinne Murphy, Century 21 Murphy & Rudolph, an investigation was made of the septic tank system on the property located at 1116 Oakdale Road, Charlotte, North Carolina on February 10, 1998.

At the time of the investigation, it appeared that the wastewater treatment and disposal system for the washing machine is discharging wastewater to the surface of the ground. This is in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

Your prompt response is necessary to assure compliance before the due date of March 19, 1998. Failure to complete the repair may result in legal action being initiated against you.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact Larry B. Thompson, Jr. to arrange an appointment immediately. He can be reached at 336-5568.

In addition, for your information, it appears as though a building foundation is within five feet of the septic tank system. According to Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900, .1950 (a) "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following: (10) Any building foundation...five feet."

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: Corinne Murphy, Real Estate Agent
Larry B. Thompson, Jr., R.S.

Enclosure

FEE: NA

DATE: _____

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

1 1 CRT

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

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

FILE #: 2436

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-292-22

STREET ADDRESS: 1116 Oakdale Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

1929

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3*

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

* 1 bedroom turned into office

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

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

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ MUNICIPAL (M)
___ 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 | | |

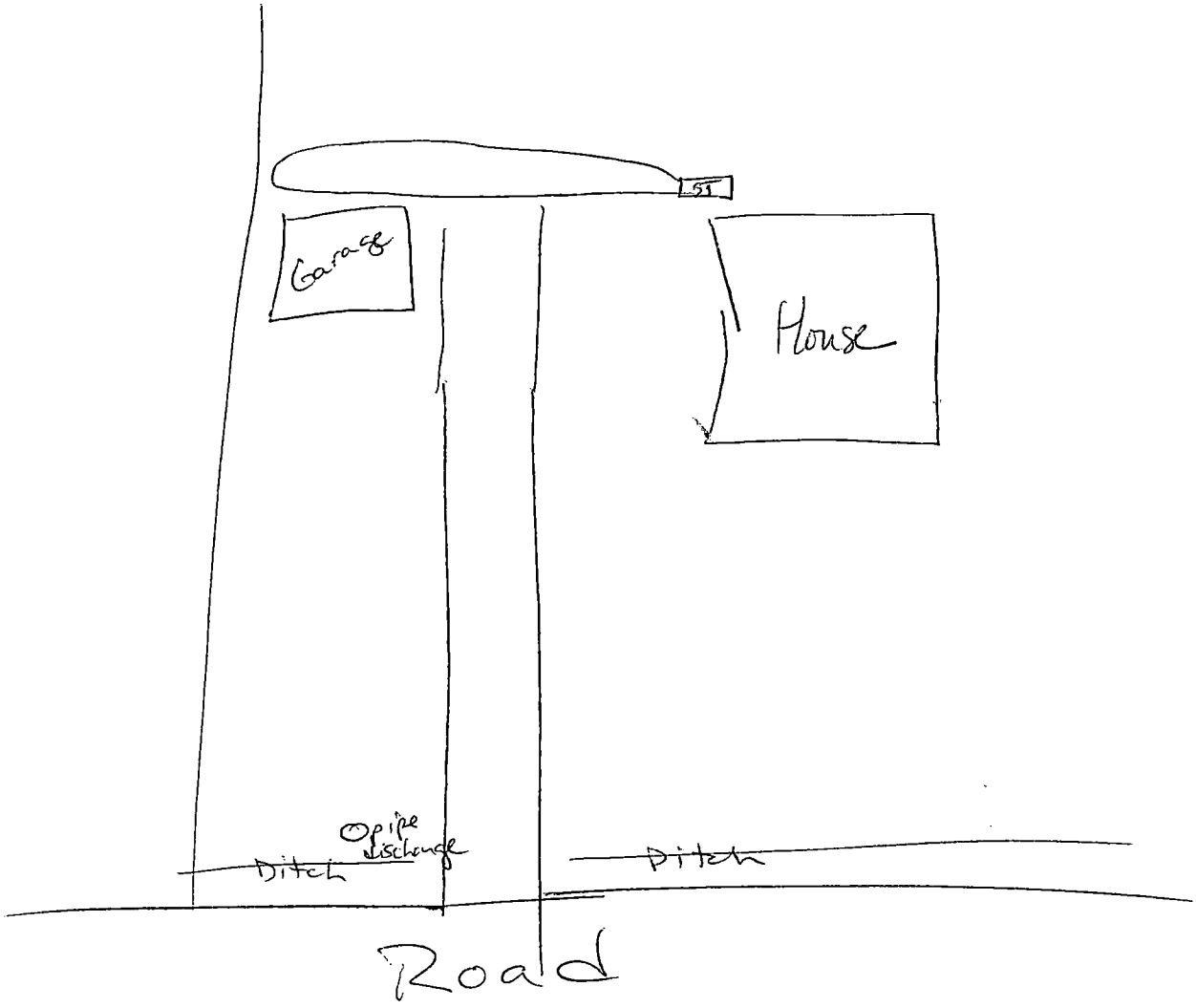
| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: Cook (LAST) Rosa (FIRST) (MI) | NAME: Blanchette (LAST) Johanna (FIRST) Curry (MI) |
| ADDRESS: 1116 Oakdale Rd | DAYTIME PHONE: (704) 393-9309 |
| CITY: Charlotte STATE: NC ZIP: 28216 | Former Owner |
| DAYTIME PHONE: ( ) — | |

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: X Johanna C Blanchette DATE: X 3-16-98

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




They seem to Think There is some type of pit in the front w/ pipe discharge as overflow.

City water (water line probably in front yard)