

13121 ROCKY RIVER CHURCH RD

11128208

1/4/2008

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: 4084 B DATE: 9-27-01

TC: 111-282-08 ☒ L ☐ CRT

SERIAL

Name of Owner DAVID LOVE Juris.:

Address of Property 13121 ROCKY RIVER CHURCH ROAD

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield WASH LINE 6 x 90

Number of Lines 1 @ 6'x90'

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 110'

Excavation Inspected 9-27-01

Tank(s) Inspected -

Wash Line Inspected 9-27-01

High Water Alarm Inspected

SEE PERMIT

PLOT

Design REPAIR WASH LINE 6' x 90' CTR# BOB McCARVER

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 II-C

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

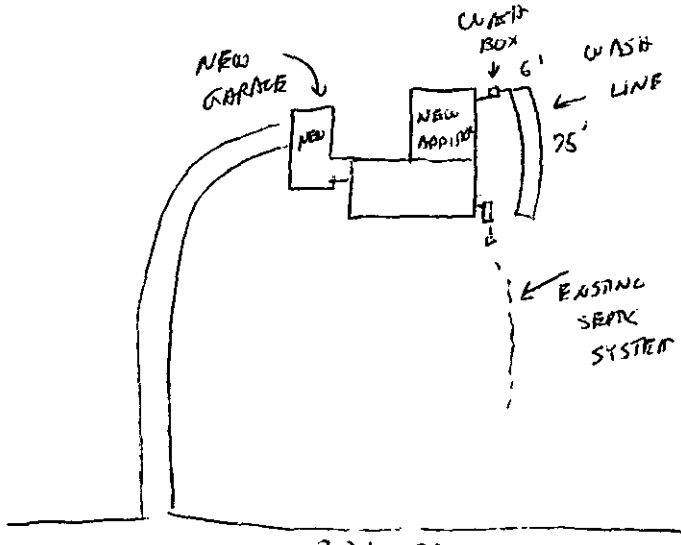
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 40848 DATE: 9-10-99

TC: III- 282-08 ☒ L

SERIAL Nº 18133

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 9-7-99. All work shall be completed on or before _____, 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 Existing Septic Tank 1500gal gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length 150' feet

Number of Lines 1

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 DAVID LOVE

LOCATION OF PROPERTY 13121 ROCKY RIVER CHURCH ROAD,

Comments: (1) REPAIR IS FOR A WASH LINE TO REPLACE STRAIGHT PIPE THAT WAS IN USE BEFORE.

(2) WASH LINE TO BE 6' X 5' W/ 40 GAL WASH BOX AND 2" PVC TEE IN WASH BOX

Environmental Health Specialist

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

cd 100@
CK #1151
VW
9-7-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 4084B

Date: 9-7-99

PERSON FILING APPLICATION:
NAME: LOVE (last) DAVID (first) F. (mi)
ADDRESS: 13121 ROCKY RIVER CHURCH RD. PHONE: (704) 545-6068
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

PROPERTY OWNER:
NAME: LOVE (last) DAVID (first) F. (mi)
ADDRESS: (SAME) PHONE: ( ) "
CITY: " STATE: " ZIPCODE: "

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-282-08
STREET ADDRESS: 13121 ROCKY RIVER CHURCH RD.
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

1951

[redacted]
[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)

[redacted]
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: David F. Love Date: 9/7/99

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... 9-10-99 WASH LINE STRAIGHT PIPED; NEW WASH LINE MUST BE INSTALLED. HOWEVER, LOCATION WILL BE DEPENDENT ON NEW ADDITION BEING BUILT; THEREFORE NEW WASH LINE MUST BE INSTALLED AFTER ADDITION IS BUILT. PLEASE PLACE HOLD ON FINAL INSPECTION UNTIL WASH LINE IS INSTALLED.

Environmentalist 9/10/99 Date

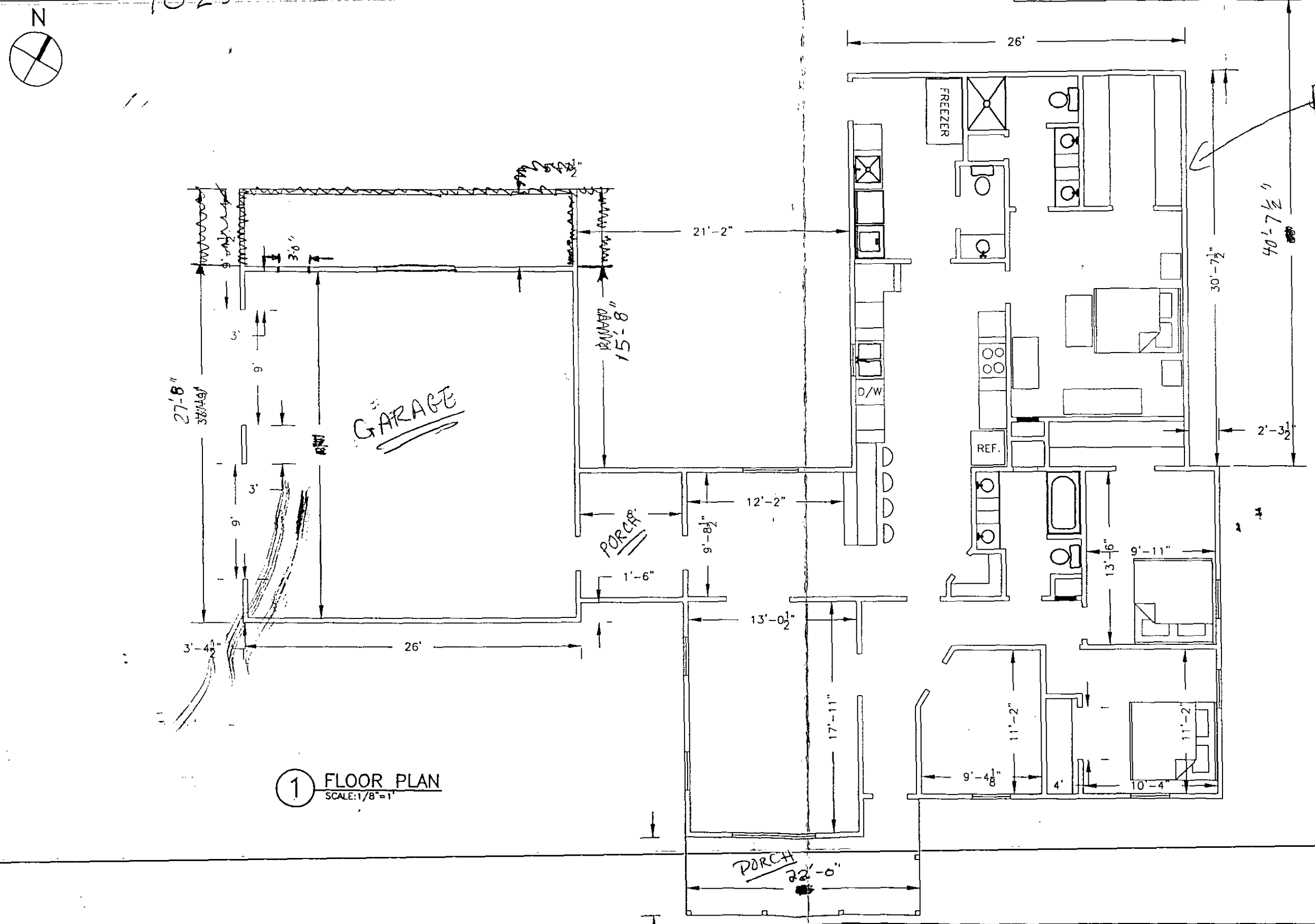
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WATER : 122791

804 □' HEATED ADDITION
1025 □' HEATED

4084B

COPY



1 FLOOR PLAN
SCALE: 1/8"=1'

TEL.	ELEC.	HVAC/PLUMB.

UNCCHARLOTTE	PHYSICAL PLANT DEPARTMENT	JOB NO. XXXXX	PROJECT	LOVE'S HOME RENOVATION FLOOR PLAN		
	APPROVAL	DWN. BY DL	BLDG. XXXXX	SCALE 1/8" = 1'	DATE 9/3/99	EST. NO. XXXX	DWG. NO. A-1.0