

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3051 B/1945A DATE: 5/3/94

TC: 051-181-06 ☐ L ☐ CRT

SERIAL Nº 15891

Name of Owner Edwin Godsey Juris.:

Address of Property 11942 Timber Ridge Rd.

Inspection Data:

Tank Material —

Total Length of Drainfield * tee

Number of Lines 2 @ 60'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 5/3/94

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994 Repair CTR# 5

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 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 15A NCAC 18A .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: ① NO EXISTING DRAINFIELD TO CONNECT INTO.

② NEW DISTRIBUTION BOX.

PRIOR 1983 SYSTEM

T. Walker for S. Daniel
5/6/94

John A Newell, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

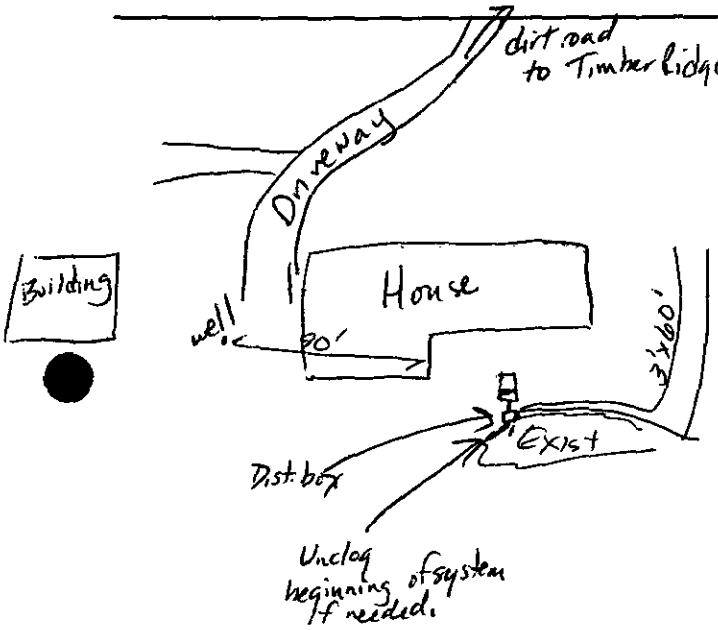
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3081B/9452A DATE: 4-21-94

TC: ~~05~~ 05-181-06 ☐ L

SERIAL Nº 15970

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 4-4-94. All work shall be completed on or before 5-21-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ 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

* Sanitary tee in outlet end of tank

Liquid Capacity of Septic Tank Exist gallons

Liquid Capacity of Dosing Tank ——— gallons

Tank Construction Exist

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 120' feet

Number of Lines 2 at 60' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

12" soil cover
(Trench bottoms 24-28" deep)

NAME OF OWNER Edwin Godsey

LOCATION OF PROPERTY 11942 Timber Ridge Rd.

Comments: Keep new lines on contour. Feed existing system about ½ effluent and new drainlines about ½-½. Set new distribution box if one not present (or in good condition). If beginning of existing drainfield clogged, then replace pipe+stone in first 5-10' if necessary.

[signature] 5/3/94
Division or Section Head

[signature]
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

3:30

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

30818/9452A

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Audrey Flores (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date: 4.4.94

PROPERTY OWNER:

NAME: Rodney (last) Edwin (first) (mi)

TAX/PARCEL NUMBER: 05118106

STREET ADDRESS: 11942 Timber Ridge Rd

ADDRESS: 11942 Timberridge Rd PHONE: (___) 596-0578-H 334-5348-W

CITY: Cor STATE: NC ZIPCODE: 28213

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: _____

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

LOT NUMBER: _____ LOT SIZE (in acres): _____

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] 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: Steve Audrey Date: 4/4/94

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WWATER : 122791

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

30813/9452A

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Autry Steve (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date: 4.4.94

PROPERTY OWNER:

NAME: Hodsey (last) Edwin (first) (mi)

ADDRESS: 11942 Timberidge Rd PHONE: (__) 596-0578-W 334-5348-H

CITY: Cor STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 05118106

STREET ADDRESS: 11942 Timber Ridge Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WWATER : 122791