

1032 RIVERSIDE DR

03115207

5/23/08

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: 5163 DATE: 4-4-02

TC: 031-152-02 ☐ L ☐ CRT

SERIAL Nº 18879 N

Name of Owner Jeff O'Connor Juris.: _____

Address of Property 1032 Riverside Drive

Inspection Data:

Tank Material Pcc

Total Length of Drainfield Bed 120'

Number of Lines Bed @ _____

Cover Depth 12"+

Water Supply Source Well

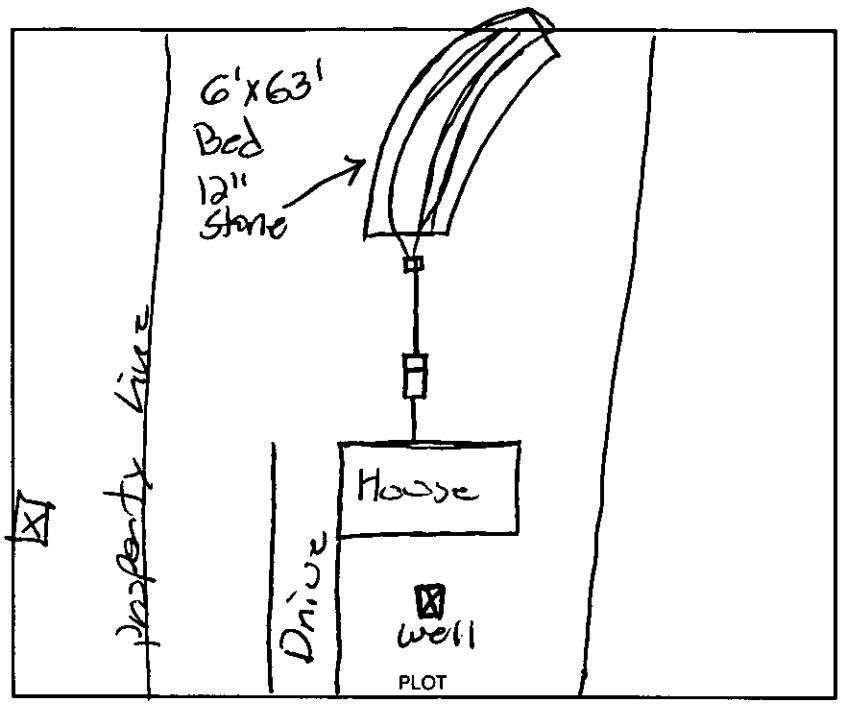
Distance to Water Source 275'

Excavation Inspected 4-19-02

Tank(s) Inspected 4-19-02

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2002, Type II conv, 12" Stone, Sandy loam, 1500 gal STR# Stanley septic

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: New 1500 gallon septic tank.

Brad Sery R.S.I.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

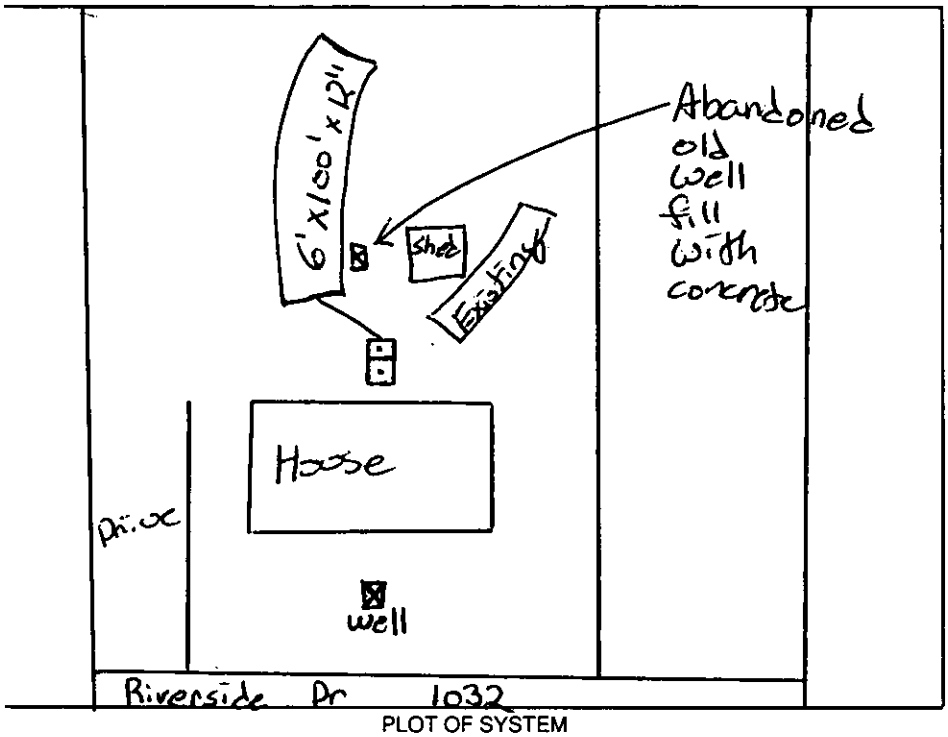
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5163 DATE: 04/04/02

TC: 031-152-07 L

SERIAL Nº 18999

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 _____. 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 Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction RC

Trench Depth 18-24"

Absorption and/or Nitrification Lines:

Trench Width (Bed) 6' feet

Trench Walls Scored and Porous Yes

Total Line Length (Bed) 100' feet

Number of Lines (Bed) 2 @ 100'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >5' feet

Distance from Well > 50' feet

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

NAME OF OWNER Jackie O'Connor

LOCATION OF PROPERTY 1032 Riverside Drive

Comments: Install new 1500 gallon septic tank Well abandonment & remove casing and fill with cement. Do not install drainline directly over abandoned well

Environmental Health Specialist

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

North Carolina - Department of Environment and Natural Resources - Division of Water Quality
Service Center - Raleigh, NC 27699-1639 - Phone No (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR _____
WELL CONTRACTOR CERTIFICATION # _____

1. WELL USE (Check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION: (Show a sketch of the location on back of form)
Nearest Town: Charlotte County Mecklenberg
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Jackie O'Connor

4. ADDRESS: 1032 Riverside Dr. Charlotte

5. TOPOGRAPHY: draw, slope, hilltop, valley (flat)
(circle one)

6. TOTAL DEPTH: 45' DIAMETER 2"

7. CASING REMOVED:

feet	diameter
20'	2"

8. DISINFECTION: 2 gallons
(Amount of 70% hypochlorite used)

9. SEALING MATERIAL:
Neat Cement ✓
bags of cement _____
gallons of water _____

Sand Cement:
bags of cement _____
gallons of water _____

Other
Type material _____
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
Poured cement into casing + filled

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

See Back

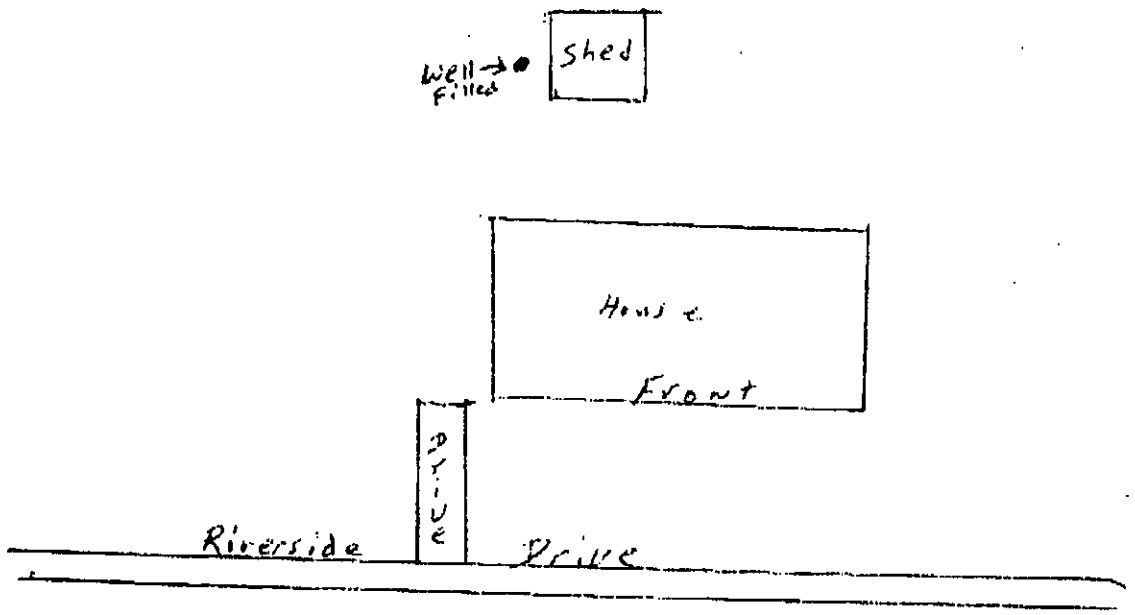
11. DATE WELL ABANDONED 4-19-02

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well William Lewis Date: 4-19-02

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Division of Water Quality, Groundwater Section, one copy to the owner within 30 days


Well
Filled
Shed
House
Front
DRIVE
Riverside
Drive

FEE: _____
DATE: _____

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM X 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 #: 5163

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 031-152-07

STREET ADDRESS: 1032 Riverside Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9 Portion of #24

TOWNSHIP (CHECK ONE): 1965

TYPE OF BUILDING (CHECK ONE):

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

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

HEATED SQUARE FOOTAGE: 1,300

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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:

NAME: (LAST) O'Connor (FIRST) Jeffery (MI) S

ADDRESS: 1032 Riverside Dr.

CITY: Charlotte STATE: N.C. ZIP: 28214

DAYTIME PHONE: (704) 391-7450

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N/A

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: Jeffery O'Connor DATE: 3/14/02

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

DR400

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5163 DATE: 1/25/93 f

TC: 031-152-07 ☐ L ☐ CRT

SERIAL № 15802

Name of Owner: Delree Kneeskern Juris.:

Address of Property: 1032 Riverside Dr.

Inspection Data:

Tank Material:

Total Length of Drainfield: 100' 6 x 50' Bed

Number of Lines: 2 @ 50'

Cover Depth: 18"

Water Supply Source: well

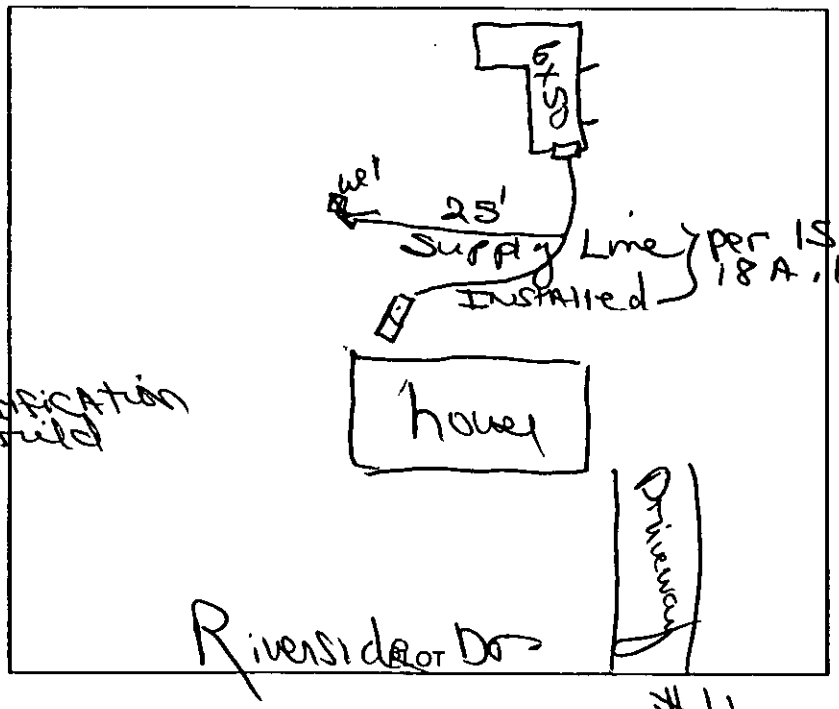
Distance to Water Source: ≥ 50' to Nitrification field

Excavation Inspected: 1/25/93

Tank(s) Inspected: 1/25/93

Wash Line Inspected:

High Water Alarm Inspected:



Design: 1994 Repair CTR# #16

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 15NCAC 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 15NCAC 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: Repair

New T/ installed at tank, original 1965

P. Walker RS for S. Daniel 2/2/94

Judy J. Kuss RS
Environmentalist

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

December 22, 1993

Robert Brigman
5727 Mt. Holly-Huntersville Road
Charlotte, NC 28216

Dear Robert:

This letter is written to enclose the repair permit for the Kneeskern property located at 1032 Riverside Drive and to confirm our conversation on site regarding the repair and specifically the proximity of the well to the septic tank and supply line.

On the permit you will find specific written instructions regarding the supply line and construction requirements. As you are aware, on the initial site visit we discussed the distance between the well and existing septic tank. When we determined the area where a repair could be installed, we measured and found that the distance between the well and new supply line that would run from the tank to the repair area is only 25 feet at certain points. According to the current state sewage regulations 15A NCAC 18A .1900, only **ductile iron pipe with mechanical joints equivalent to water main standards** may be used when supply lines will be installed closer than 50 feet of the well.

The minimum separation distance shall be no less than 25 feet. The ductile iron pipe with mechanical joints shall be used on any portion of the supply line that runs closer than 50 feet of the well.

If you have any questions concerning this permit or letter, please do not hesitate to call me.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

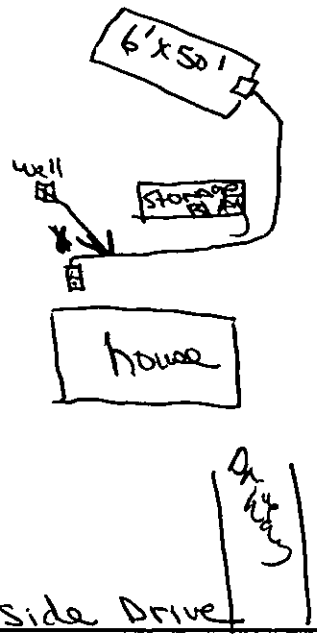
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5163 DATE: 12/22/93

TC: 031-152.07 ☐ L

SERIAL Nº 15680

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 11/30/93. All work shall be completed on or before 12/22/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 6 X 50 feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 18 inches

Distance from House 5' feet

Distance from Property Line ~~10'~~ 5' Minimum feet

Distance from Well 25' Minimum feet
With Supply Line Only - See instructions below.

NAME OF OWNER DelRee Kneeskern

LOCATION OF PROPERTY 1032 Riverside Drive

Comments: Install New Red 6'x 50' x 18" Stone - Cut off o/o Drainfield. * The Supply Line from TANK TO Nitrification field shall be ductile iRON Pipe with MECHANICAL JOINTS equivalent to water main Standards as it will be closer than 10' to well

P. Walker for S. Daniel 12/22/93
Division or Section Head

Judy J. Rice RS
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.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5163

[] 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

PERSON FILING APPLICATION:

NAME: KNEESKERN (last) DELREE (first) G. (mi)

ADDRESS: 111 RANKIN STREET PHONE: (___) _____

CITY: BELMONT STATE: NC ZIPCODE: 28012

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 031-152-07

STREET ADDRESS: 1032 RIVERSIDE DRIVE

CHARLOTTE, NC 28214

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: RIVERSIDE DEVELOPMENT

LOT NUMBER: 9, BL. B & ~~LOT 24, BL. B~~ 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)
[X] REPAIR TO SYSTEM (R)

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: 5

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
[] 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.

X Signed: Delree G. Kneeskern Date: 11/30/93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...Repair Permit issued 12/22/93

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

Judy J. Kaiser R.S. 12/22/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791