

4427 ROLLING ACRES RD

10516538

6/3/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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8270

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#1 #9 5/8/95 #5999 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

Date: 5-8-95

PERSON FILING APPLICATION:
NAME: CORD (last) LEE (first) R (mi)
ADDRESS: 3652 PLANTATION RD PHONE: 704 847-7778
CITY: CHARLOTTE NC STATE: NC ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-165-38
STREET ADDRESS: 4427 ROLLINGACRES DR
CHARLOTTE NC 28213
ZONING:

PROPERTY OWNER:
NAME: CALDWELL (last) SAMUEL (first) (mi)
ADDRESS: 4427 ROLLINGACRES DR PHONE: 704 596-5219
CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

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

TYPE APPLICATION (check one):

LOT NUMBER: 11 AND 12 LOT SIZE (in acres):

☐ 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 (B)
☐ SOIL TEST DEVELOPMENT (P)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Deck
☐ 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: NUMBER OCCUPANTS:

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: Lee R. Cord Date: 5-8-95

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..

... Use existing System

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

Philip S. Walker 5/10/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

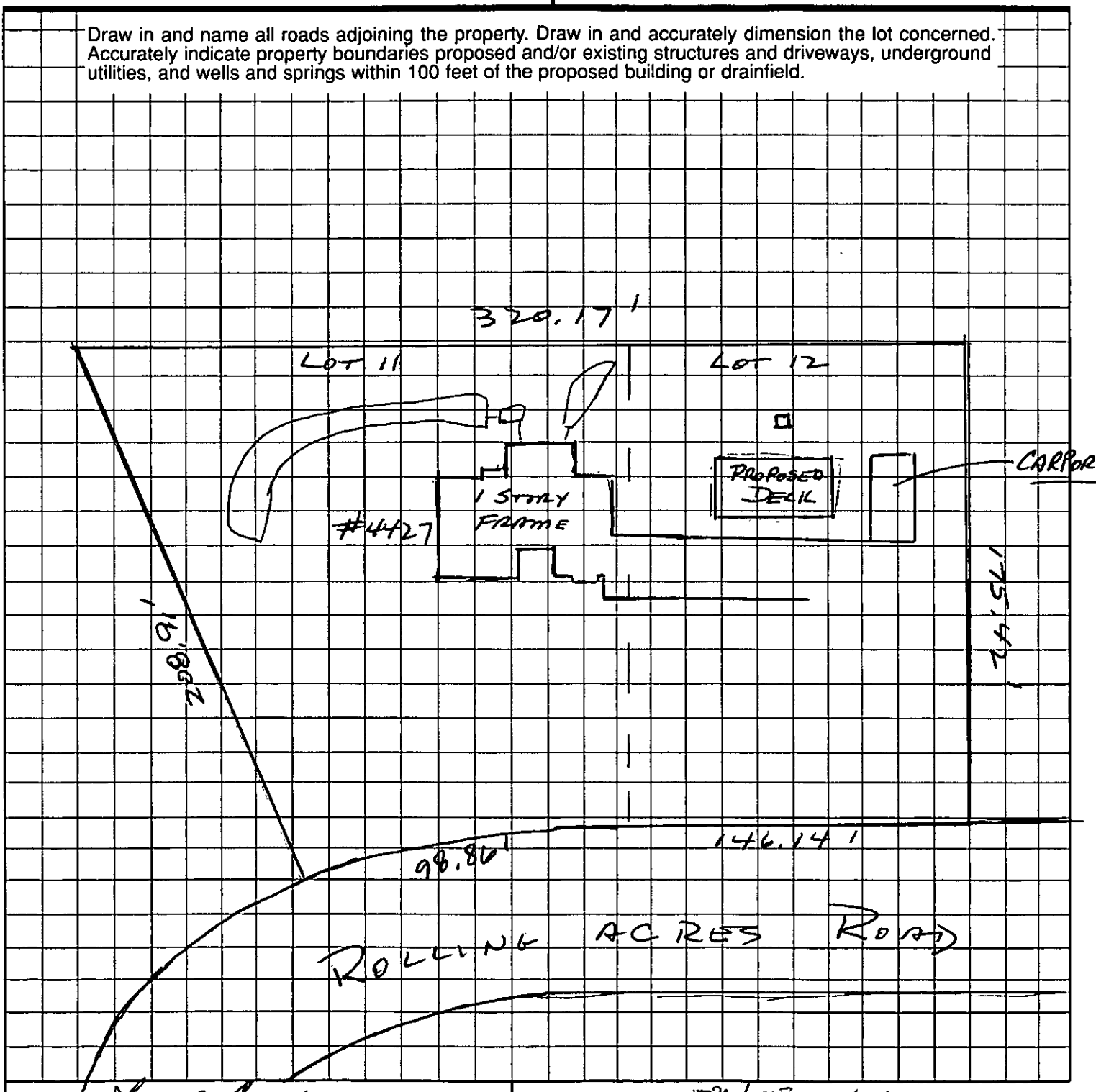
PROPOSED PLOT PLAN

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

FILE: 8270

TC: _____

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.



Ben R. Cook
OWNER/AGENT SIGNATURE

DATE 5-8-95

APPROVAL DATE PW UES 5/10/95

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

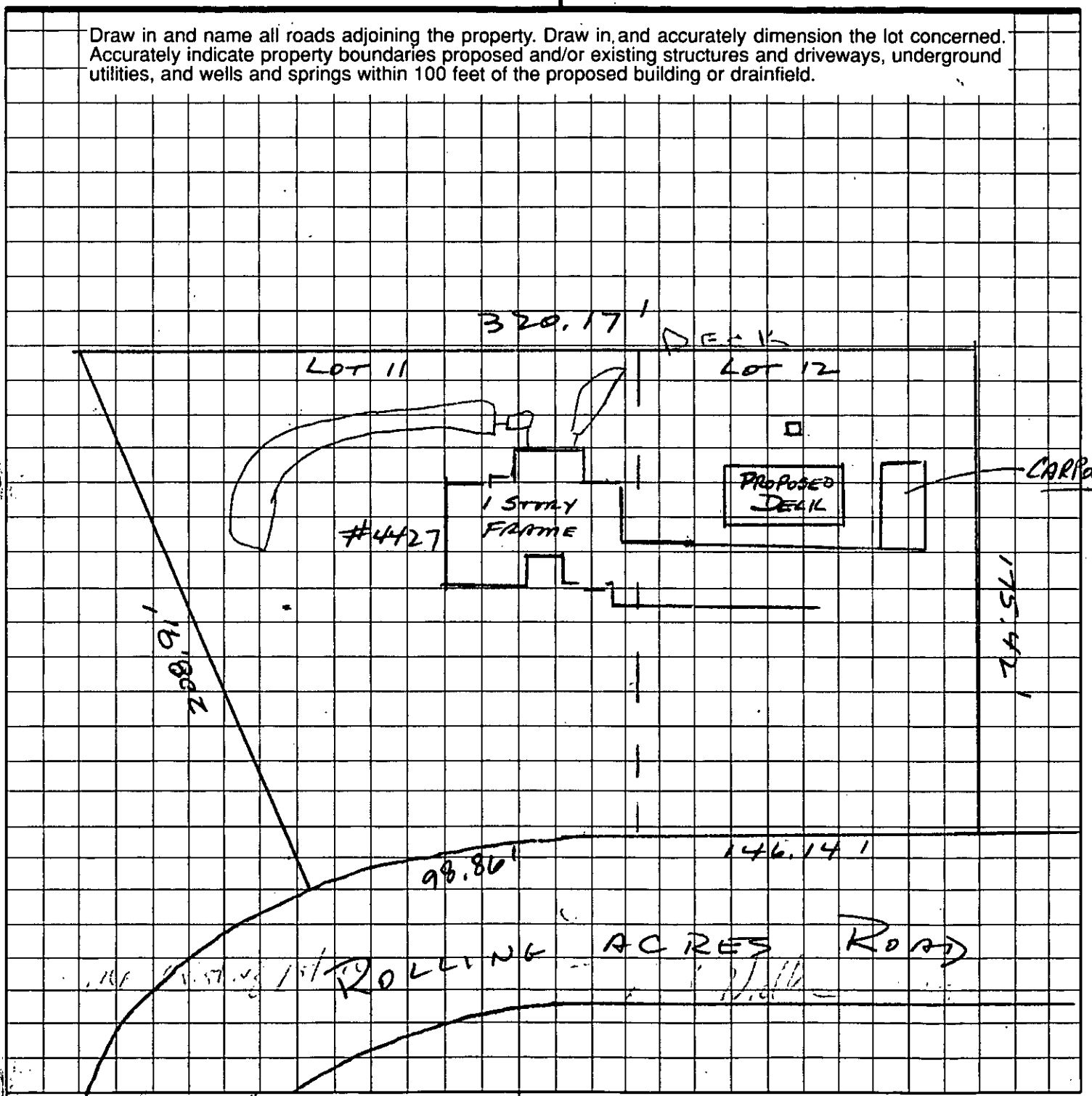
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PHONE (704) 336-5102

FILE: 8270

TC: _____

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.



Ann R. Cook
OWNER/AGENT SIGNATURE

DATE 5-8-95

APPROVAL DATE PSW UES 5/10/95

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

C of A (s) No. 8270

Date Issued 12-19-80 **Serial** 4251 T. C. No 105-165-36

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Gossett (LAST) Joel (FIRST) (MIDDLE)

Location of Property 4427 Rolling Acres Dr.

Application Number 8270 Permit Number 8270

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C.

Total Length of Drain Tile 495'+125' Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 12-19-80 (DATE) Tank Inspected 12-19-80 (DATE)

Nitrification Field Inspected 12-19-80 (DATE)

Washing Machine Line Inspected, If Applicable 12-19-80 (DATE)

The undersigned has inspected the Individual Septic Tank ~~System~~ with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Bob Wilson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Serial No. 4471

Date Issued 12-16-80

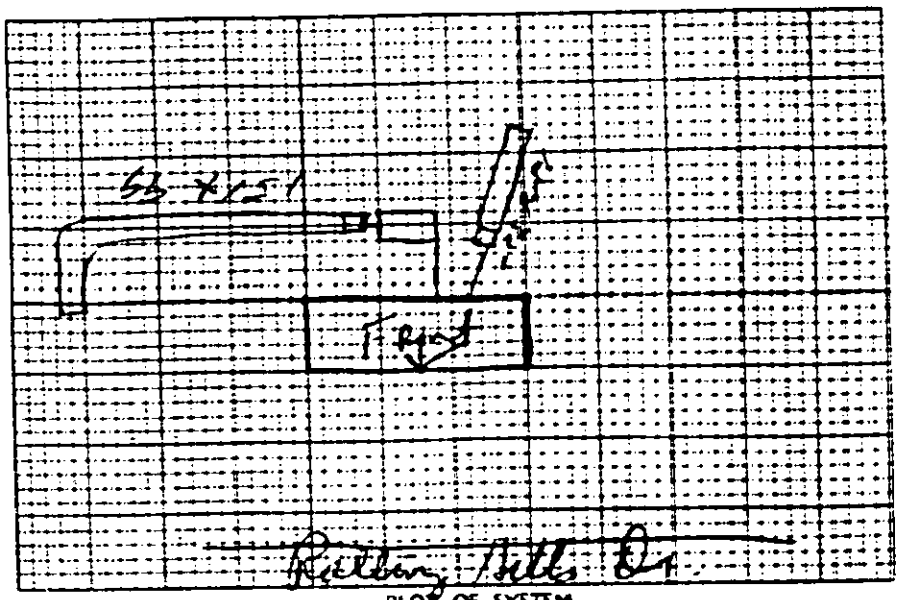
ICAR(S) Permit No. 8270

T C No 105-162-3

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 8270 dated 8/11/80 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 1/30/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P 5

Liquid Capacity of Tank 1500 gal

Tank Construction C

Absorption and/or Nitrification Lines

Total Line Length 495' + 125'

Number of Lines 5 + 1

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Joel Gossett

LOCATION OF PROPERTY 9427 Rolling Hills Dr

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.

Comments: 15' x 99' x 12" Stone & Septic Tank
12' x 32' + 12" Stone & Washing Machine

Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-78

Environmental Health Department's Copy

Serial No. 4589

PTR No. 8220

T C No. 109-169-38

Date Issued 8-7-74

Map Date 6-20-74

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

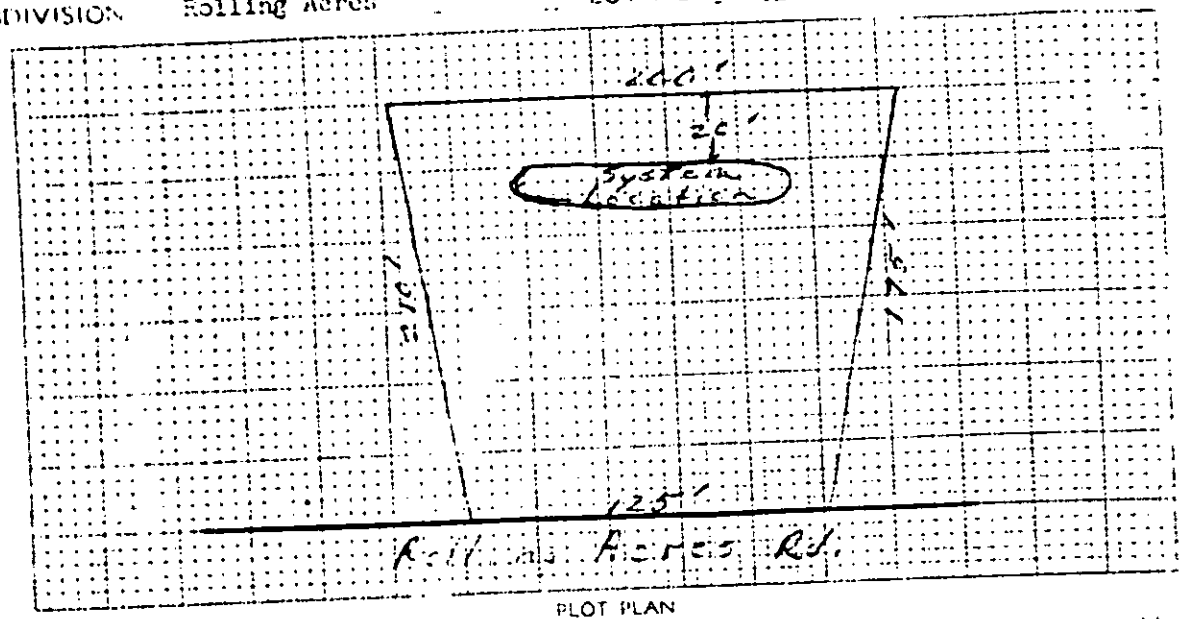
PERCOLATION TEST REPORT

NAME OF OWNER Hodges (LAST) James (FIRST) Franklin (MIDDLE)

ADDRESS OF OWNER Route 8, Box 99, Charlotte ZIP 28212

LOCATION OF PROPERTY Rolling Acres Road (STREET OR COUNTY ROAD)

SUBDIVISION Rolling Acres LOT NO 11 BLOCK NO B



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60* . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption 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 Health Department prior to beginning of any construction of buildings, or of the wastewater treatment system on the lot.
2. The size of the septic tank, wastewater treatment system which must be installed will be determined by the facility to be constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where a percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the location, 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 State Board of Health and the Mecklenburg County Board of Health which are in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been given had the new or revised laws, rules, and regulations been in effect on the date issued.

*Results determined by soil analysis.

W. Everette Lyon, Jr.
Soil Scientist

John R. Gibson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-[illegible]

HEALTH DEPARTMENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: August 7, 1974

TO: John Adkisson

FROM: W. Everette Lynn, Jr. WEL
Soil Scientist

SUBJECT: APT #8270 (J. F. Hodges)
Lot No. 11, Block B - Rolling Acres Road
8-5-74

The lot consists of soils of the Wilkes series and soils intergradient to the Helena series.

The Wilkes soils occur on the front portion of the lot (adjacent to Rolling Acres Road). These soils have plastic and sticky clay subsoils which contain expanding clay minerals. They are also shallow to weathered rock material. These soil characteristics generally result in inadequately slow permeability and percolation rate. Potential also exists for contamination of the water table.

The intergradient soils occur on the rear portion of the lot. These soils have plastic and sticky clay subsoils which contain expanding clay minerals; however, the subsoil is overlain by approximately 30 inches of sandy loam surface soil. It is my belief that this unusually thick topsoil would provide adequate dispersion of the effluent to effect safe waste treatment and disposal.

Based on this investigation, it is recommended that the lot be granted conditional approval for installation of a septic tank system. System design should be based on a 60 min./in. perc. rate. The system should be located in the area of intergradient soils as indicated in the "Percolation Test Report".

WEL:jdg

8270

3' 9' 3' 8' 3' 9' 3'

3'
3'
11'
8'
3'
3'

18"

DECK 1

DECK 6

DECK 2

DECK 4

DECK 5

DECK 3

BENCH

BENCH

BENCH

DECKING

DECKING

DECKING

DECKING

DECKING

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PLANTING AREA

VERTICAL DECKING SKIRT

ENTIRE PROJECT IS FREE-STANDING

DESIGN 5946011
Bernice Caldwell 4/4/95

GATEWAY TRELLIS

LATTICE FENCE 7' HIGH

8' 9'

VERTICAL DECKING SKIRT

VERTICAL DECKING SKIRT

ALL DIMENSIONS ARE APPROXIMATE

EXISTING CARPORT / WORKSHOP

BRICK KNEE-WALL

4427 Rolling Acres Dr - 105-165-38

GARAGE

deck®

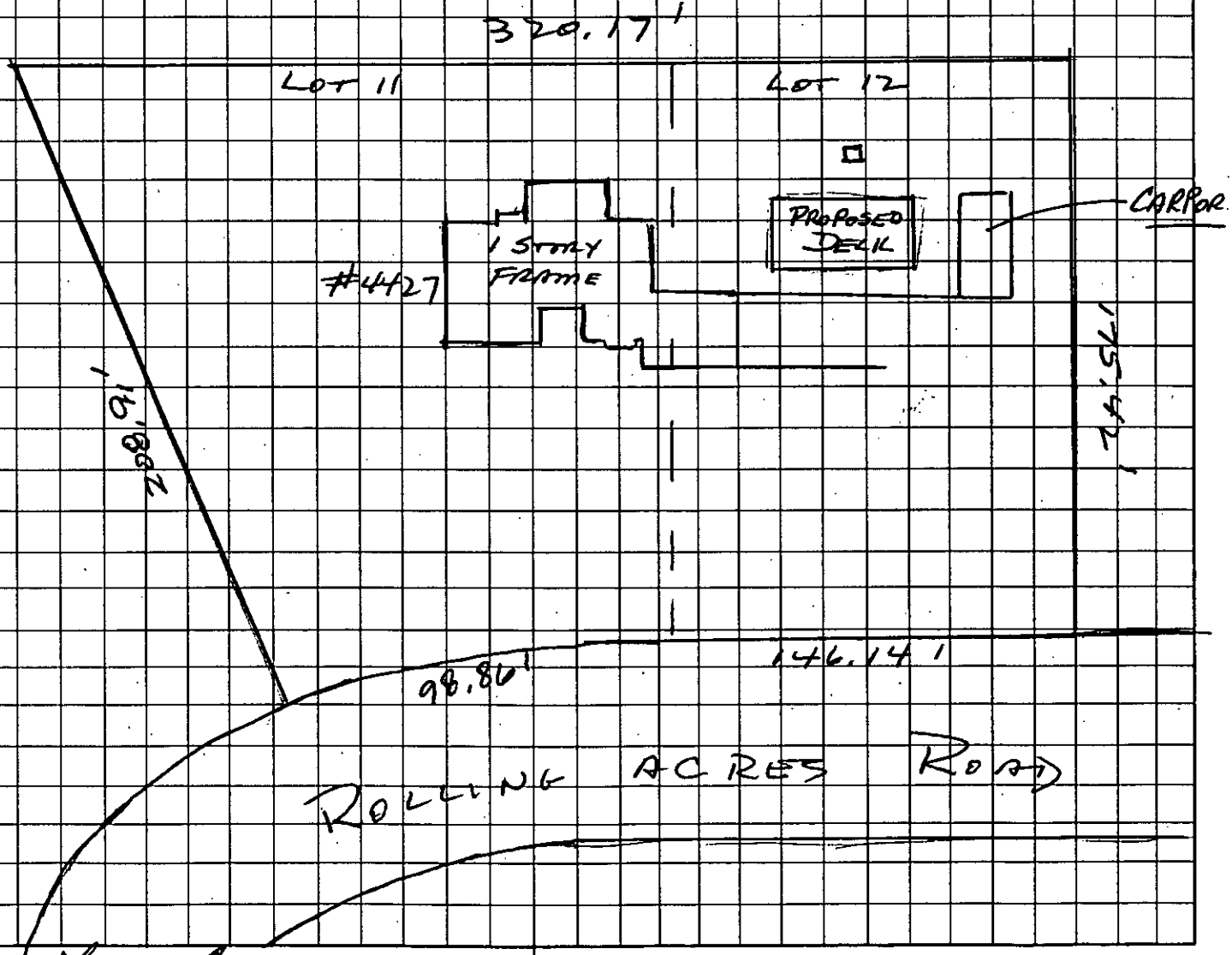
PROPOSED PLOT PLAN

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

FILE: 8270

TC: _____

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.



Ben R. Cook

OWNER/AGENT SIGNATURE

DATE 5-8-95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

5400

$270 pd 7889

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50 cash pd 11/1/93 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

Date:

PERSON FILING APPLICATION:

NAME: Crosby Jr. (last) James (first) B (mi)

ADDRESS: Rt. 10 Box 460-U PHONE: (704) 596-4573

CITY: Charlotte STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 105-165-38

STREET ADDRESS: 4427 Rolling Acres Rd

ZONING:

PROPERTY OWNER:

NAME: Caldwell Jr. Samuel (last) (first) (mi)

ADDRESS: 4427 Rolling Acres Rd PHONE: (__) 596-5219

CITY: Charlotte STATE: NC ZIPCODE: 28213

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 6 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Carport - Detached
[] 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

Signed: James B Crosby Jr Date: 11-1-93

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.

... use existing system
Should keep proposed building (no plumbing) min 25' from well

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

Susan Gatens 11-3-93
Environmentalist Date

Audrey J. Rich R.S. 11/19/93
Director or Authorized Section Head for J. Powell Date

WATER : 122791

PROPOSED PLOT PLAN

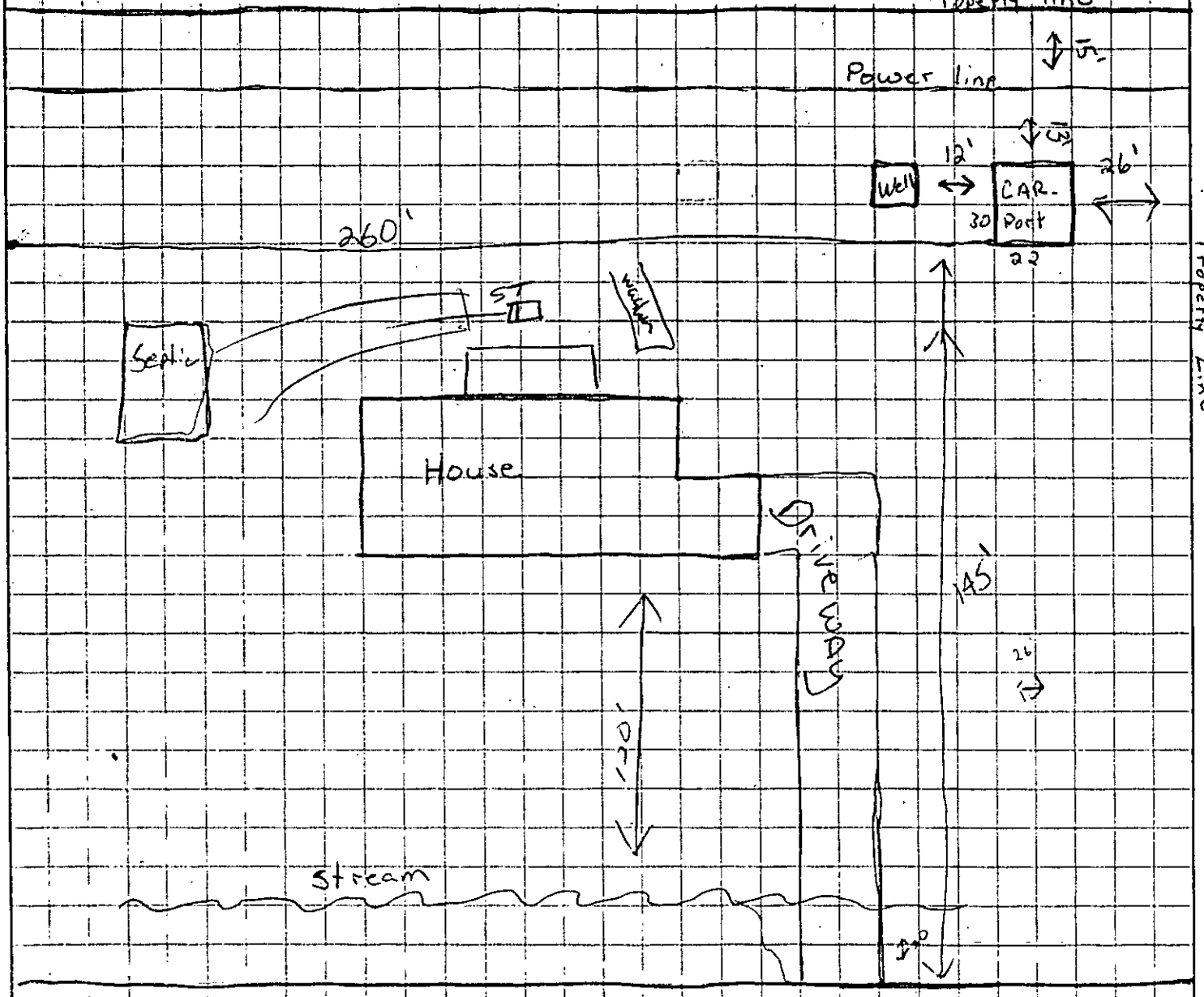
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 8270

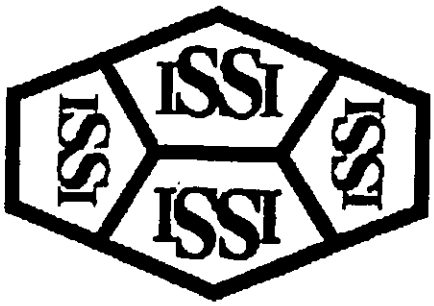
TC: 105-165-38

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.



Should keep proposed carport min 25' from well

APPROVAL DATE S Bateman 11-3-93



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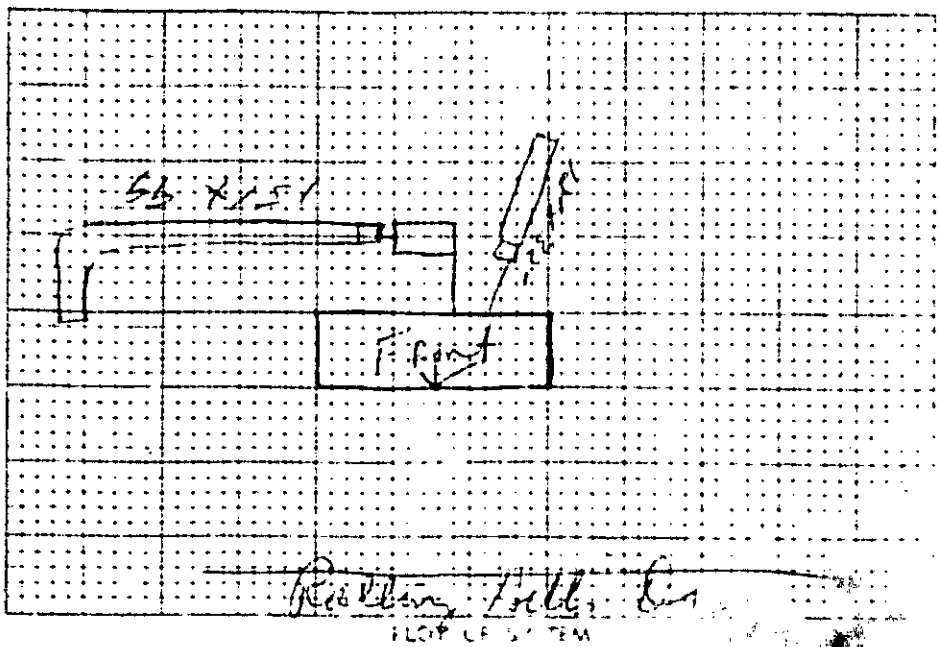
ISSI Operations Center Staff

DEPARTMENT OF ENVIRONMENT

INSTALLATION, CONSTUCTION, ALTERATION, AND OR REPAIR

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Disch

Permission is hereby given t ✓ Install or Construct, Alter or Repair the water treatment system with subsurface soil absorption effluent disposal scribed location. This permit is granted based upon the information supplied dated [illegible] and this permit shall be void and of no effect if the application is not true or is erroneous. All work shall be completed on or before date this permit shall be null and void



NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all [illegible] County Health Commission [illegible] proval must be issued by the Environmental Health [illegible] rendered unserviceable [illegible] system and/or the construction will [illegible] trolling or using such system from any liability resulting from the [illegible]

Comments [illegible]