


1128 RAVENDALE DR

03702404

7/1/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

037-024-04

# Mecklenburg County Public Health Laboratory

## Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

mail to 110. 1/22/01. Bac Other fig nitrate, nitrite

## Microbiological Analyses

12/12/00 (12518)

Owner, System or Establishment: My Jerry Riggs

Address: 1128 Carondelet Dr

Charlotte Zip: 28216

Collected By: Joshua R. Sellers R.S.

Date Collected: 12-18-00 Time: 10:00 (AM) PM

Sample Source: Kitchen Sink Sample #1 without Filter

Date Delvd. to Lab: 12-19-00 Time: 1330 AM (PM)

Delivered By: J. Sellers ☑ Received on Ice Initials JRS.

**Type of Sample**

***Potable Water***

☑ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

***Treatment*** ☐ chlorinated ☑ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

***Nonpotable Water***

☐ Surface

☐ Storm ☐ Other (specify) _____

***Analysis Requested:*** ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

## Laboratory Analysis Report

***Method:*** _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

**Laboratory Comments:**

Date Received: 12/19/00 Date Reported: 12/20/00

Received By: NCB Analyst: NCB Lab #: 13

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

# Mecklenburg County Public Health Laboratory

## Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

## Microbiological Analyses

Owner, System or Establishment: Mrs. Terry Rogers

Address: 1128 Ravensdale Dr.

Charlotte, Zip: 28216

Collected By: Joshua R. Sellers R.S.

Date Collected: 12-18-00 Time: 10:15 (AM) PM

Sample Source: Kitchen Tap #2 with filter.

Date Delvd. to Lab: 12-19-00 Time: 1330 AM (PM)

Delivered By: J. Sellers ☑ Received on Ice Initials JRS.

**Type of Sample**

***Potable Water***

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

***Treatment*** ☐ chlorinated ☑ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify) _____

***Nonpotable Water***

- ☐ Surface
- ☐ Storm
- ☐ Other (specify) _____

***Analysis Requested:*** ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

## Laboratory Analysis Report

***Method:*** _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

**Laboratory Comments:**

Date Received: 12/19/00 Date Reported: 12/20/00

Received By: NCB Analyst: NCB Lab #: 14

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
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North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

# INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

**Name of System:** Rogers, Mrs. Terry
**Address:** 1128 Ravendale Dr.
Charlotte, NC **Zip:** 28216

**County:** MECKLENB

**Report To:** Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
**Courier:** 05-16-21

**ATTN:** Joshua Sellers
(704) 336-5101

**Source of Water:** Ground
**Source of Sample:**
**Type of Sample:** Raw
**Type of Treatment:** None
**Type of Analysis** Private

**Collected By:** JOSHUA SELLERS **Date:** 12/19/00 **Time:** 10:00:00 AM

**Location of sampling point:** Kitchen tap

**Remarks:**

| Parameters | Results | Units | Date Analyzed: |
|---|---|---|---|
| Acidity | 8 | mg/ml | 12/20/00 |
| Silver | <0.05 | mg/l | 12/20/00 |
| Alkalinity as CaCO3 | 106 | mg/l | 12/20/00 |
| Arsenic | <0.001 | mg/l | 12/20/00 |
| Barium | <0.1 | mg/l | 12/20/00 |
| Calcium | 20.5 | mg/l | 12/20/00 |
| Cadmium | <0.005 | mg/l | 12/20/00 |
| Chloride | <5 | mg/l | 12/20/00 |
| Chromium | <0.01 | mg/l | 12/20/00 |
| Copper | <0.05 | mg/l | 12/20/00 |
| Fluoride | 0.10 | mg/l | 12/20/00 |
| Iron | 0.07 | mg/l | 12/20/00 |
| Hardness as CaCO3 (Ca,Mg) | 95 | mg/l | 12/20/00 |
| Mercury | <0.0005 | mg/l | 12/20/00 |
| Magnesium | 10.6 | mg/l | 12/20/00 |
| Manganese | <0.03 | mg/l | 12/20/00 |
| Sodium | 8 | mg/l | 12/20/00 |
| Lead | <0.005 | mg/l | 12/20/00 |
| pH | 7.3 | Std. unit | 12/20/00 |

**Date Received:** 12/20/00 **Report Date:** 1/1/81 **Reported By:**

**Today's Date:** 1/11/01 **Ref:** 22273 **Login Batch:** 00120053 **Sample Number:** AA50689

# Explanations

**Coliform Analysis:**
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

**Inorganic Analysis:**
Recommended limits for drinking water. Sample should not exceed levels listed below:

| | | | |
|---|---|---|---|
| Alkalinity | No established limits | Iron | 0.30 mg/l |
| Arsenic | 0.05 mg/l | Lead | 0.015 mg/l |
| Calcium | No established limits | Magnesium | No established limits |
| Chloride | 250 mg/l | Manganese | 0.05 mg/l |
| Copper | 1.3 mg/l | Nitrate | 10 mg/l (as N) |
| Fluoride | 4 mg/l | Nitrite | 1.0 mg/l (as N) |
| Hardness | No established limits | pH | Not less than 6.5 units |
| | | Zinc | 5.0 mg/l |

**North Carolina State Laboratory of Public Health**
**Department of Health and Human Services**
**P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047**

## INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

**Name of System:** Rogers, Terry
**Address:** 1128 Ravendale Dr.
Charlotte, NC **Zip:** 28216
**County:** MECKLENB

**Source of Water:** Ground
**Source of Sample:**
**Type of Sample:** Raw
**Type of Treatment:** None
**Type of Analysis:** Nitrate
**Category:** Other

**Report To:** Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
**Courier:** 05-16-21
**ATTN:** Joshua R. Seller
(704) 336-5101

**Collected By:** JOSHUA R SELLE **Date:** 12/19/00 **Time:** 10:00:00 AM
**Location of sampling point:** Kitchen Tap
**Remarks:**

| Parameters | Results | Units | Date Analyzed: |
|---|---|---|---|
| Nitrite as N | <0.10 | mg/l | 12/20/00 |
| Nitrate as N | <1.0 | mg/l | 12/20/00 |

**EXPLANATION OF RESULTS:**

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

**Date Received:** 12/20/00 **Report Date:** 12/28/00 **Reported By:**
**Today's Date:** 12/28/00 **Reference:** 22284 **Login Batch** 00120056 **Sample Number:** AA50735

# Explanations

**Coliform Analysis:**
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

**Inorganic Analysis:**
Recommended limits for drinking water. Sample should not exceed levels listed below:

| | | | |
|---|---|---|---|
| Alkalinity | No established limits | Iron | 0.30 mg/l |
| Arsenic | 0.05 mg/l | Lead | 0.015 mg/l |
| Calcium | No established limits | Magnesium | No established limits |
| Chloride | 250 mg/l | Manganese | 0.05 mg/l |
| Copper | 1.3 mg/l | Nitrate | 10 mg/l (as N) |
| Fluoride | 4 mg/l | Nitrite | 1.0 mg/l (as N) |
| Hardness | No established limits | pH | Not less than 6.5 units |
| | | Zinc | 5.0 mg/l |

| | | | |
|---|---|---|---|
| Selenium | <0.005 | mg/l | 12/20/00 |
| Zinc | 0.22 | mg/l | 12/20/00 |

**Date Received:** 12/20/00 **Report Date:** 1/1/81 **Reported By:**

**Today's Date:** 1/11/01 **Ref:** 22273 **Login Batch:** 00120053 **Sample Number:** AA50689

# Explanations

**Coliform Analysis:**
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

**Inorganic Analysis:**
Recommended limits for drinking water. Sample should not exceed levels listed below:

| | | | |
|---|---|---|---|
| Alkalinity | No established limits | Iron | 0.30 mg/l |
| Arsenic | 0.05 mg/l | Lead | 0.015 mg/l |
| Calcium | No established limits | Magnesium | No established limits |
| Chloride | 250 mg/l | Manganese | 0.05 mg/l |
| Copper | 1.3 mg/l | Nitrate | 10 mg/l (as N) |
| Fluoride | 4 mg/l | Nitrite | 1.0 mg/l (as N) |
| Hardness | No established limits | pH | Not less than 6.5 units |
| | | Zinc | 5.0 mg/l |

LC # 9602

12-14-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

enburg County Health Dept.
onmental Health Division
al Marshall Ctr., Suite 211
. Tryon St.
otte, NC 28202

336-5102

19518

12-15-99

PERSON FILING APPLICATION: [X] CRT

NAME: ROGERS (last) RONALD (first) J (mi)

ADDRESS: 1128 RAVENDALE DR PHONE: 704 394-5500

CITY: CHARLOTTE STATE: NC, ZIPCODE: 28216

INFORMATION (FROM ENGINEERING FORM):

L NUMBER: 037-024-04

1128 Ravendale Dr

PROPERTY OWNER:

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

ADDRESS: PHONE: ( )

CITY: STATE: ZIPCODE:

ON 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

CATION (check one):

LOT NUMBER: LOT SIZE (in acres):

E MOBILE HOME - SAME # BEDROOMS (Y)
M - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
IAL OR INDUSTRIAL (N)

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

. PROPERTY (Type Building, check one):
OBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
IDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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

SYSTEM CLASSIFICATION:

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

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

ined, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the
lication, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH
enter onto the property for the purpose of processing this request.

Date: 12-15-99

ed, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the
or the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws
Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject
ng provisions:

all be conducted on the septic tank system until
ation, Construction, Alteration and/or Repair
s granted by this Department.

t is not transferable.

OK to 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

Jill A. Knight
Environmentalist

12/17/99
Date

WATER : 122791

# PLOT PLAN FOR PERMIT APPLICATION
## ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

**LOCATION**

STREET # (N.S.E.W) 1128 STREET NAME RAVENDALE DR. (AV,RD,ST, etc.)

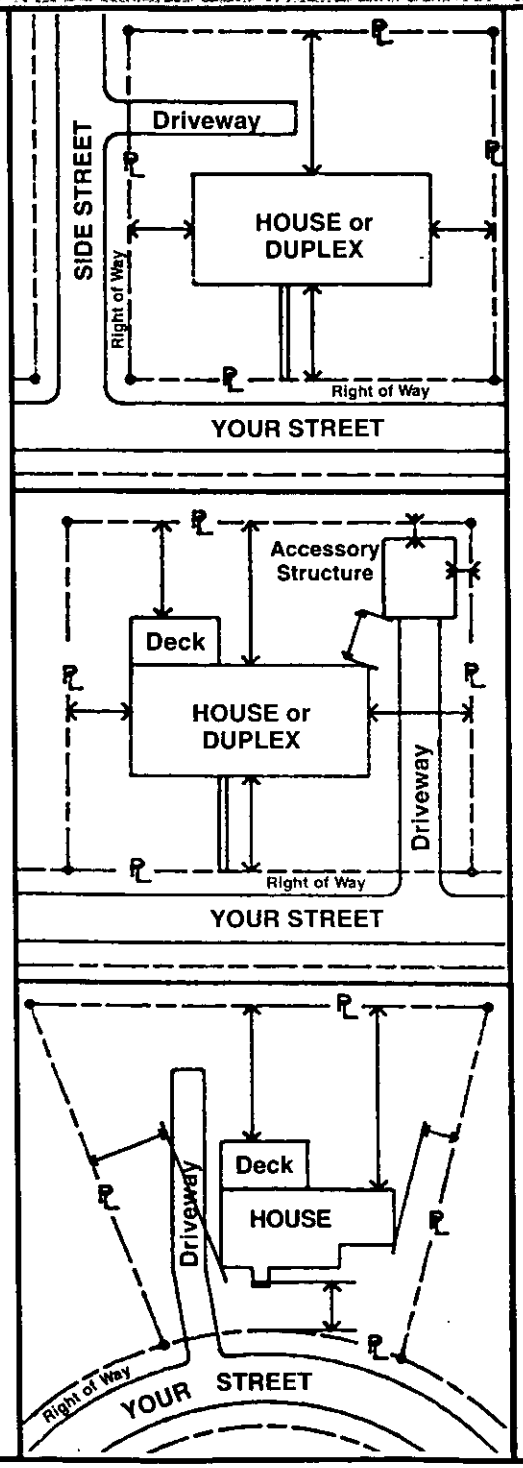
SUITE/UNIT(S):

PERMIT #

TAX JURISDICTION: *(Check One)*
☐ 0 - Mecklenburg ☒ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # JOB #

**EXAMPLES/PLOT PLAN**

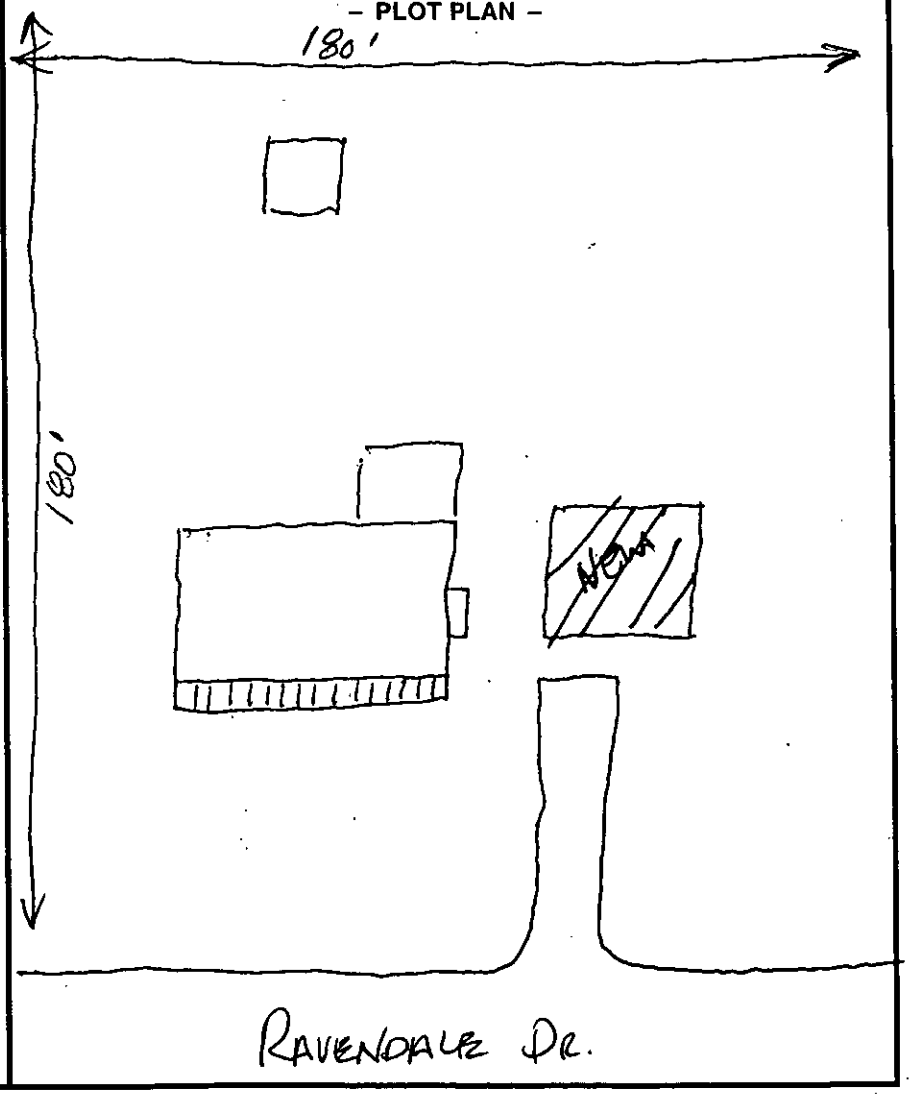



### – INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

### – PLOT PLAN –




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

Pd. ID 05
RC # 5162
78-14-99

# 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 10518

Date: 12-15-99

PERSON FILING APPLICATION:
NAME: ROGERS (last) RONALD (first) J. (mi)
ADDRESS: 1128 RAVENDALE DR PHONE: 704 3945500
CITY: CHARLOTTE STATE: NC, ZIPCODE: 28216

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-024-04
STREET ADDRESS: 1128 Ravendale Dr
ZONING:

Township (check one):
[ ] 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):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage bldg

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: 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: [signature] Date: 12-15-99

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

Environmentalist Date

WATER : 122791

# ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

**LOCATION**

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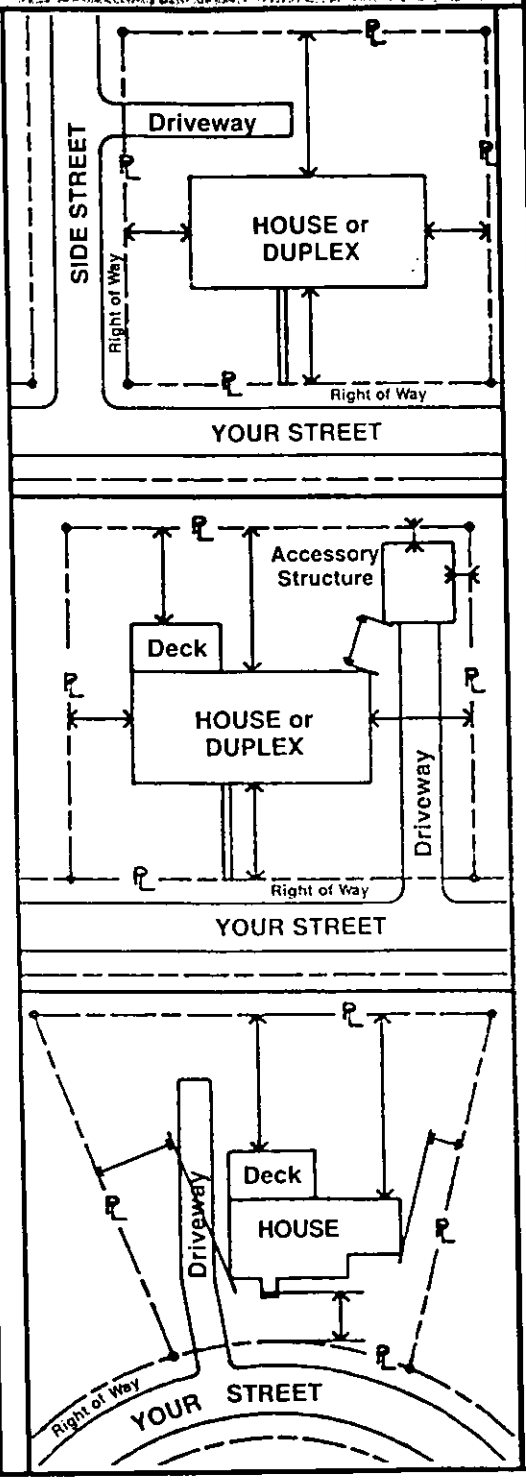
SUITE/UNIT(S):

PERMIT # 6081

TAX JURISDICTION: *(Check One)*
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

**TAX PARCEL #** **JOB #**

**EXAMPLES/PLOT PLAN**

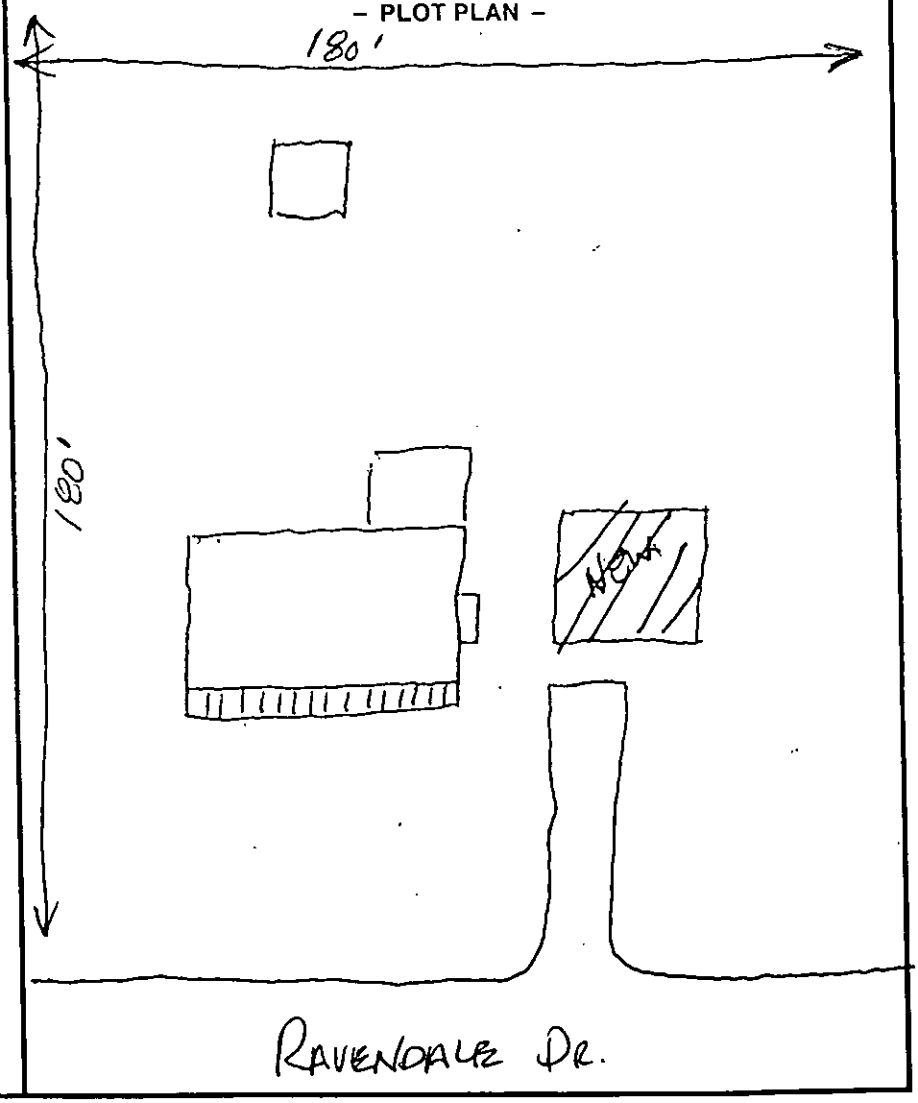



**– INSTRUCTIONS –**

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1: Draw street(s) and right-of-way(s).
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**– PLOT PLAN –**




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL