

6010 BEAVER DAM LN

13525416

5/28/08

marliwr

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

400 ☑

5601

3/14/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Ck# 513 $50.00 X 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: 3/14/95

PERSON FILING APPLICATION:
NAME: VANG (last) CHER LUE (first) (mi)
ADDRESS: 6010 BEAVER DAM LN PHONE: (704) 545-8264
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-254-16
STREET ADDRESS: 6010 BEAVER DAM LN
ZONING:

PROPERTY OWNER:
NAME: VANG (last) CHER LUE (first) (mi)
ADDRESS: 6010 BEAVER DAM LN PHONE: (704) 545-8264
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: FARMWOOD

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: 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 (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Storage Bldg/DEN
☐ 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: Cher Lue Date: 3/14/95

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

Terry B. Thompson Jr. R.S. 3-20-95
Environmentalist Date

Donald Wayne Bentley R.S. 3-21-95
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: 5601

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.

128.88

BEAVER DAM LN

LOWER LEVEL

OF 6010 BEAVER DAM LANE.

CANTER WAY

302.41

TO BE FINISHED FOR FAMILY ROOM

STAIR

BATH

BED ROOM

FIRE PLACE

DRIVEWAY

34

72

8X10

63

65

104.75

191

Chas L Ng

OWNER/AGENT SIGNATURE

DATE 3/14/95

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

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

FILE: 5601

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.

128.88

BEAVER DAM LN

LOWER LEVEL

OF 6010 BEAVER DAM LANE.

CANTER WAY

302.41

300

TO BE FINISHED FOR FAMILY ROOM

STAIR

BATH

BED ROOM

FIRE PLACE

DRIVEWAY

34

72

8X10

WASHER

63

104.75

* USE EXISTING SYSTEM
* NO PLUMBING MAINTENANCE 5' OFF OF EASTERN LINE

OWNER/AGENT SIGNATURE

DATE 3/14/95

APPROVAL DATE 3-20-95

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Date Issued 16 Sept 74 ~~26 Sept 73~~ Serial No. 5111 ICAR(S) Permit No. 566-1

T C No 135 ~~354~~

Mail Date 6-20-74

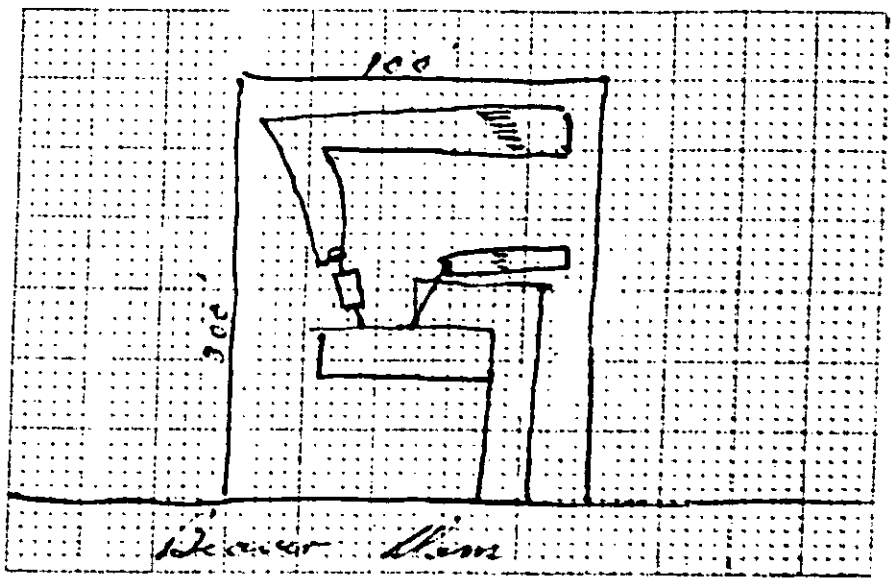
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 sewage disposal system, or water 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 566-1 dated 26 Sept 73 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 16 Sept 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 57

Liquid Capacity of Tank 1500

Tank Construction CI

Absorption and/or Subsurface Lines

Total Line Length 600' + 150' + 300' + 300'

Number of Lines 4 (3' + 300' + 300')

Distance from Stream 15'

Distance from Property Line 15'

Distance from Well Connected

NAME OF OWNER Bob McLemore & C. Lee

LOCATION OF PROPERTY Off Winecoff Church Rd. (Rt 23-N)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments Install (Cat-)

Division or Section Head

Environmentalist

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

REV 5-1 E-5-8-1-72

HEALTH DEPARTMENTS COPY

Serial 4702

Cat A (s) No. 56 C 1

T. C. No. 1[illegible]

Map Date 6-26-74

Date Issued 19 Aug 74

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Bell McLaurin & Lee (LAST, FIRST, MIDDLE)

Location of Property Lot C Grier Heights (Tuckaseegee Rd)

Application Number 5601 Permit Number 5601

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PE

Total Length of Drain Tile 600' + 12' Wide Number of Lines 2 @ 300' + 1 @ 12'

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 19 Aug 74 (DATE) Tank Inspected 19 Aug 74 (DATE)

Nitrification Field Inspected 19 Aug 74 (DATE)

Washing Machine Line Inspected, If Applicable 19 Aug 74 (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 Board of Health 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: Shed (Code)

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

First Hmong United Methodist Church

1025 East 36th Street
Charlotte, NC 28205
Rev. Cher Lue Vang, Pastor

March 16, 1995

Mr. Larry Thompson
Environmental Health Specialist

Thank you for your message, I will be out tomorow morning and will not be able to meet you in the morning. But I will be at home for the afternoon.

If you could come any time after two 2:00 p.m. please call me again and leave me a message on my machine on what time you will be coming and I will be here wait for you.

Thank you very much.

Cher L Vs

Cher Lue Vang

545-8264