

7104 CEDARBROOK DR

11119132

6/11/08

marliwr

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

5-16-01

THIS PROPERTY HAS A HISTORY OF COMPLAINTS DUE TO AN EFFLUENT OR GRINDER OR SOME TYPE OF PUMP ILLEGALLY INSTALLED BY A FORMER OWNER WHO MAY HAVE BEEN A PLUMBER. THE PUMP FORCED EFFLUENT TO SOME TYPE OF ILLEGALLY INSTALLED DRAINFIELD @ FRONT OF PROPERTY NEAR THE ROAD, WHERE EFFLUENT SURFACED AND RAN DOWN DRIVE. IN MARCH, 2001 THE PRESENT OWNER CAPPED OFF 2" SUPPLY TO ILLEGAL DRAINFIELD, THEREBY ELIMINATING PROBLEM. SEE COMPLAINT FILE FOR MORE DETAILS

D. Dell

COPY

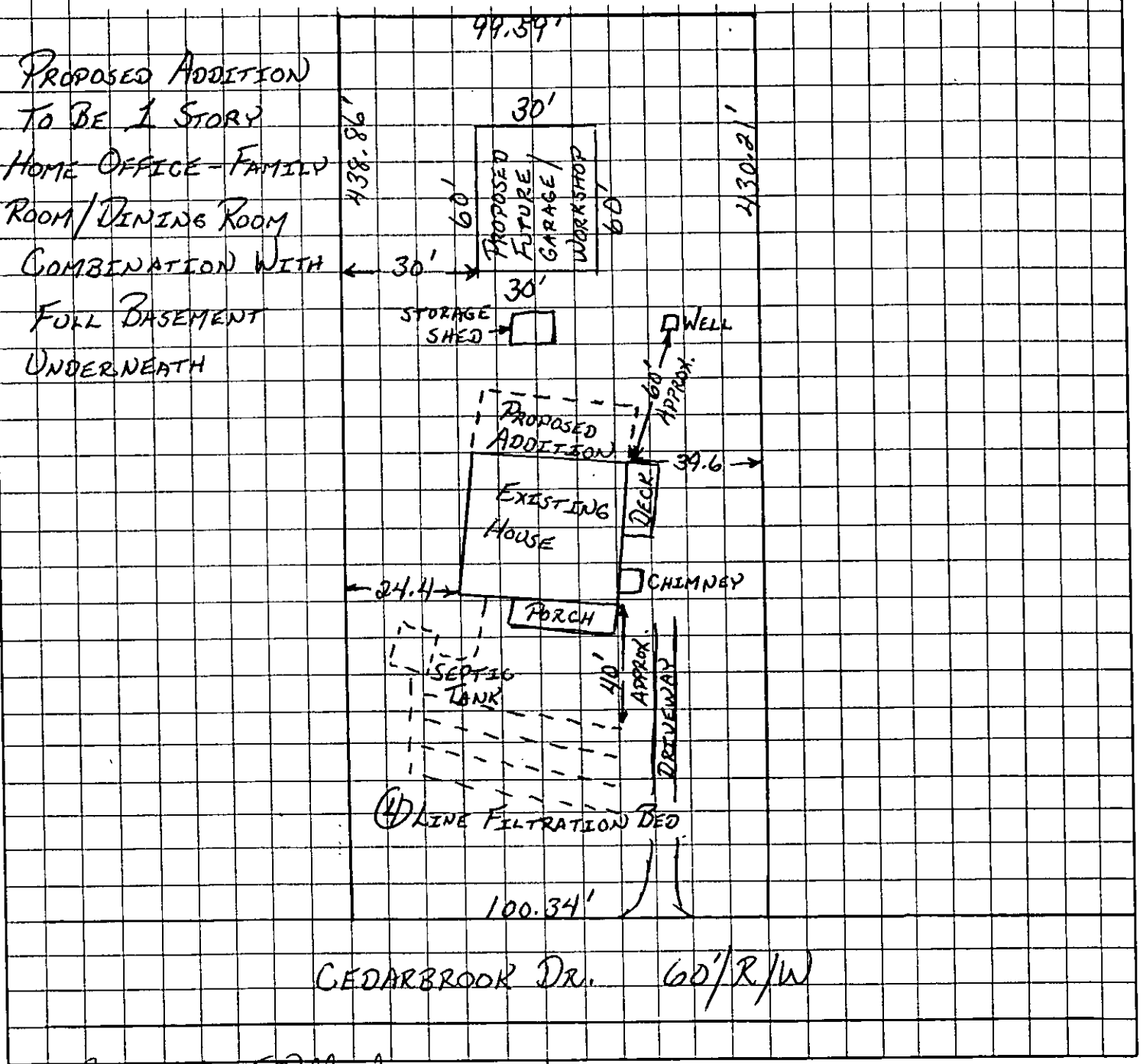
PROPOSED PLOT PLAN

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

FILE: 9898

TC: 111-191-32

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.



Lawrence D. Stellenberger
OWNER/AGENT SIGNATURE

DATE 7/26/00

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Sample is not for compliance data
sample preservative: $Na_2S_2O_3$

Owner, System or Establishment: LAWRENCE SCHELLENBERGER

Address: 7104 CEDARBROOK DRIVE

CHARLOTTE Zip:

Collected By: D. Walker

Date Collected: 4-3-01 Time: 11:15 (AM) PM

Sample Source: SURFACE SAMPLE / DRAIN PIPE

Date Delvd. to Lab: 4-3-01 Time: 11:35 (AM) PM

Delivered By: DW ☑ Received Initials on Ice DW

Type of Sample: (Temp: collection) not available delivered 7.1 °C, ncb

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 _____ /100 ml.

Fecal Coliform 55 ECFU /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: 4/3/01 Date Reported: 4/4/01

Received By: NCB Analyst: NCB Lab #: 482

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

Drive

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AS Pd 100.00 7/27/00 W Lawrence 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 9898

Date: 7/26/00

PERSON FILING APPLICATION:
NAME: SHELLENBERGER (last) LAWRENCE (first) W (mi)
ADDRESS: 7104 CEDARBROOK DR. PHONE: 704-545-1807
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
LOT #79 BLOCK B
TAX/PARCEL NUMBER: 111-191-32
STREET ADDRESS: 7104 CEDARBROOK DR.
CHARLOTTE N.C. 28215
ZONING: RESIDENTIAL

PROPERTY OWNER:
NAME: SHELLENBERGER (last) LAWRENCE (first) W (mi)
ADDRESS: 7104 CEDARBROOK DR. PHONE: 704 545-1807
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME: CEDARBROOK ACRES

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

LOT NUMBER: 79 B LOT SIZE (in acres): 1

TYPE APPLICATION (check one):

[ ] [redacted] 1984
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) FAm Rm/Din Rm/Hm off/Bsmt
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

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: 4 NUMBER OCCUPANTS: 4

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 [X] Workshop [ ] None
[X] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other Garage/workshop combined 30'x60'

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: Lawrence W Shellenberger Date: 7/26/00

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.

... OK to Use Existing System for proposed additions

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

Joshua R. Sellers R.S.
Environmentalist

Date 08-02-00

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): LARRY LANDRUM Phone #: Date Requested: 7/27 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100-
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707	1	Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: PM/SMC Date: 7-27-00 Total: 100-

7104 Cedarbrook Dr.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION