

8212 TUCKALAKE DR

11111406

6/18/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 65404
TC: _____
SERIAL: № 21225 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8212 (STREET NO.) Tuckalake Drive (STREET) ② FILE: _____
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 111-114-06
⑤ SUBDIVISION: Cedarbrook Acres ⑥ LOT: 20+21 ⑦ BLOCK: E

OWNER

⑧ NAME: James (FIRST) Lee (MIDDLE) Dillard (LAST)
⑨ MAILING ADDRESS: 12416 Rocky River Church Rd
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215
⑬ PHONE: (WORK) _____ ⑭ (HOME) 545-3134

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Detached Carport

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 Lee Dillard
Date: 9-24-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing System

Environmentalist — Date 9/26/90

Director or Authorized Section Head — Date 9/27/90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6540 A DATE: 6/20/90

TC: 111-114.06 ☒ L ☒ CRT

SERIAL № 13326

Name of Owner Dillard, James Lee Juris.:

Address of Property 8212 Tuckaleta Dr.

Inspection Data:

Tank Material PC

Total Length of Drainfield ~~400~~ 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Not In

Distance to Water Source 50' minimum

Excavation Inspected 6/20/90

Tank(s) Inspected 6/20/90

Wash Line Inspected ~~6~~

High Water Alarm Inspected 6/20/90

PLOT

Design: 1990 1500 SF 1000 FT, Pl Cm. 1200 FT, 12" 6 feet CTR# 167

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 10 NCAC 10A .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 10 NCAC 10A .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: System designed for 3 bedroom home

Yard Pump WE0311

Judy J. Kuhn R.S
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

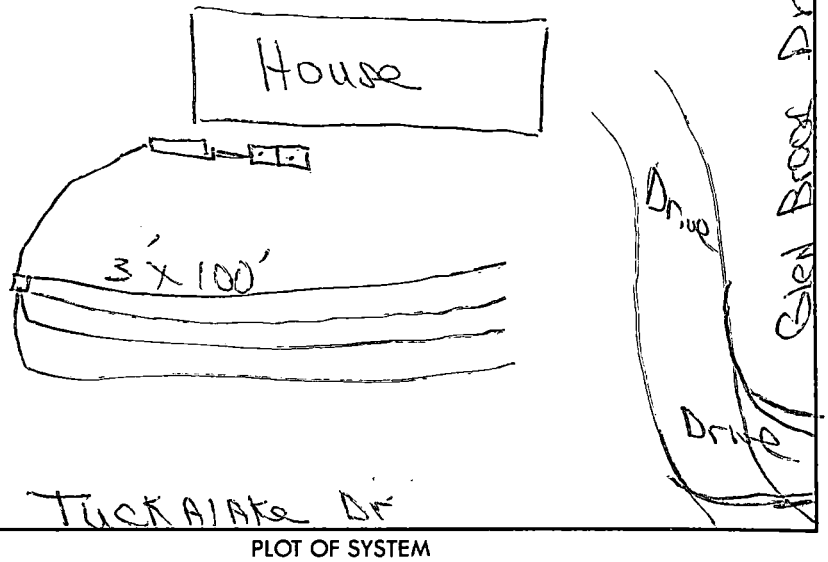
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6540A DATE: 6/14/90

TC: 111-114.06 4 L

SERIAL Nº 13368

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 3/26/90. All work shall be completed on or before 11/14/90, 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction RCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Dillard James Lee

LOCATION OF PROPERTY 8212 Tuckaiake Dr

Comments: Install 4 Trenches 3' x 100' 12" Stone

Division or Section Head

Environmentalist Audrey J. Kidd R.S.

* 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.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

200.00

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 6540A

TC: _____

SERIAL: № 20138 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 8212 Tuckalake Drive (STREET NO. / STREET) ② FILE: 6540A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 11111406

⑤ SUBDIVISION: Cedarbrooke Acres ⑥ LOT: 20+21 ⑦ BLOCK: E

OWNER

⑧ NAME: James (FIRST) Lee (MIDDLE) Dillard (LAST)

⑨ MAILING ADDRESS: 12416 Rocky River Church Rd.

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215

⑬ PHONE: (WORK) 545-3134 ⑭ (HOME) 545-3134

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㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Jimmy L Dillard

Date: 3-26-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist: [signature] Date: 4/24/90

Director or Authorized Section Head: [signature] Date: 4-24-90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

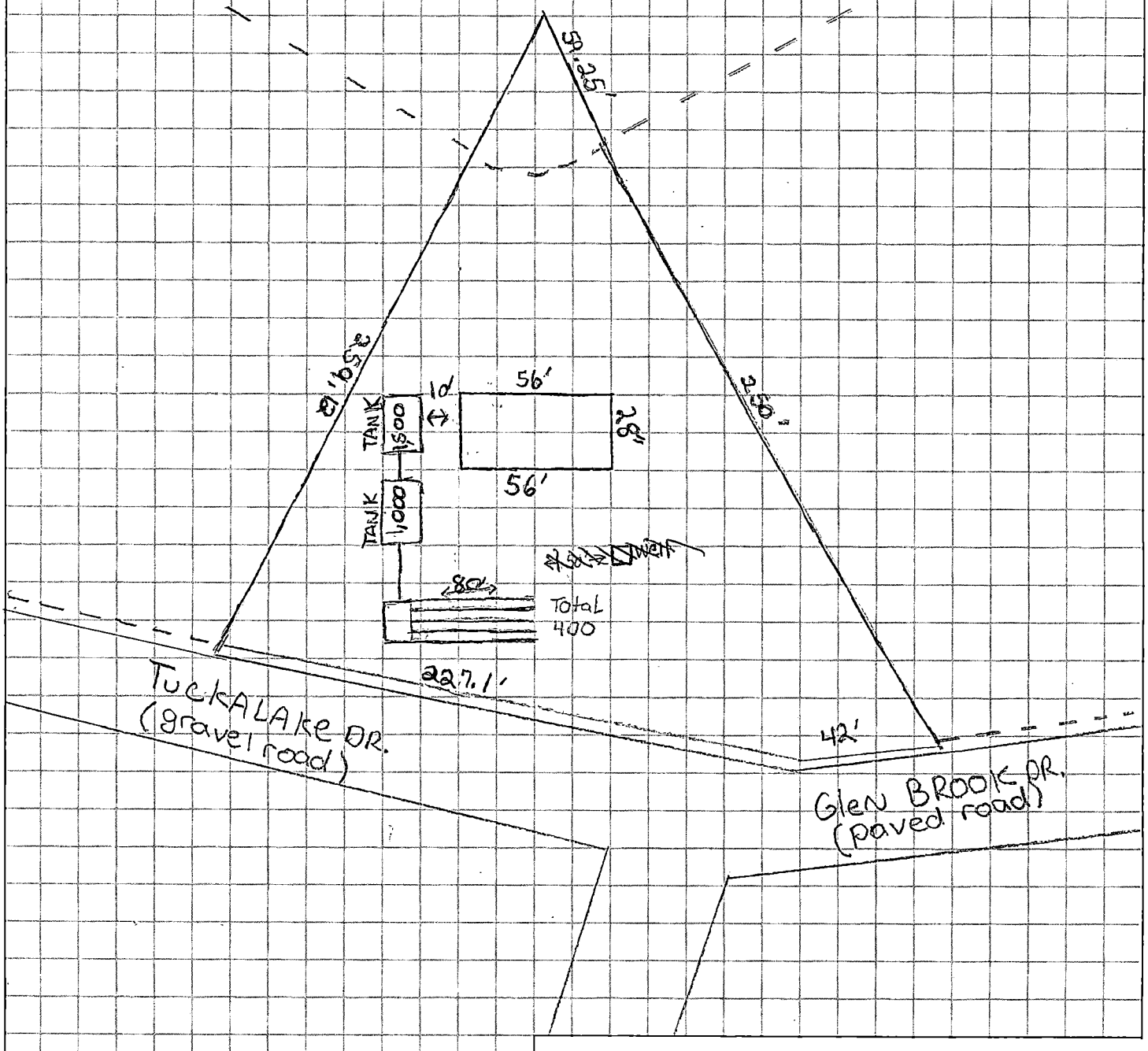
PROPOSED PLOT PLAN

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

FILE: 6540A

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.



Signed: Jimmy L Dillard

Date: 3-27

Revenue Stamp affixed $ 6.50

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 17th day of July A. D., 19 72, by and between A. M. Thompson and wife, Mildred L. Thompson

of the County of Mecklenburg and State of North Carolina, part ies of the first part, and John Thomas Higgins and Cecil B. Higgins, his wife

of the County of Mecklenburg and State of North Carolina, part ies of the second part.

WITNESSETH, That the said part of the first part, in consideration of One Hundred ($100.00) Dollars and other valuable considerations ~~Dollars~~ to them paid by the part ies of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all those lots of land, situate, lying and being in Crab Orchard Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

BEING Lots 20 and 21 in Block E of Cedarbrook Acres, as shown on Map No. 3 thereof which is recorded in Map Book 7, Page 835, in the Office of the Register of Deeds for Mecklenburg County, North Carolina.

BEING part of the property conveyed to the parties of the first part herein in a deed recorded in Book 1869, Page 25, in the Mecklenburg County Registry.

TO HAVE AND TO HOLD the aforesaid lots of land and all privileges and appurtenances thereto belonging, to the said parties of the second part, their heirs and assigns, to them and their only use and behoof forever.

And the parties of the first part for themselves their heirs, executors and administrators, covenant with the said part ies of the second part, their heirs and assigns, that they are seized of said premises in fee and have the right to convey the same in fee simple, that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever. Subject, however, to the 1972 ad valorem property taxes on said property, easements and enforcible restrictions of record and the rights of others to the use of the lake shown on the recorded map referred to above upon which these lots abut.

IN TESTIMONY WHEREOF, The said part ies of the first part of these Presents have hereunto set their hand s and seal s the day and year above written.

Signed, Sealed and Delivered in presence of

A. M. Thompson (Seal)
Mildred L. Thompson (Seal)
(Seal)
(Seal)

~~STATE OF NORTH CAROLINA~~
COUNTY OF MECKLENBURG } ss.

I, Evelyn B. Stevens a Notary Public for said County and State, do hereby certify that A. M. Thompson and Mildred L. Thompson, his wife personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and official seal this 17

COUNTY OF MECKLENBURG } ss.

I, Evelyn B. Stevens a Notary Public for said County and State, do hereby certify that A. M. Thompson and Mildred L. Thompson, his wife personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 17 day of July A. D., 19 72

Evelyn B. Stevens, Notary Public

My Commission Expires July 12, 1976

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

The foregoing (or annexed) Certificate of Evelyn B. Stevens, a Notary Public for said County and State, is certified to be correct.

This 18th day of July A. D., 19 72

CHARLES E. CROWDER, REGISTER OF DEEDS By: Wanda B. Adams Deputy

Presented for Registration at 4:43 o'clock, P. M., on the 18th day of July A. D., 19 72 and verified. CHARLES E. CROWDER, Register of Deeds.

Mecklenburg County
Health Department

March 16th, 1990

John Higgins
9590 Pleasant View Lane
Charlotte, NC 28212

RE: Property located at Tuckalake Drive
FILE: 6540A
PARCEL: 11111406

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17665) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17665

File: 6540A

Parcel: 11111406

Action 2

☐ PC

Location: Tuckalake Drive

Subdivision:

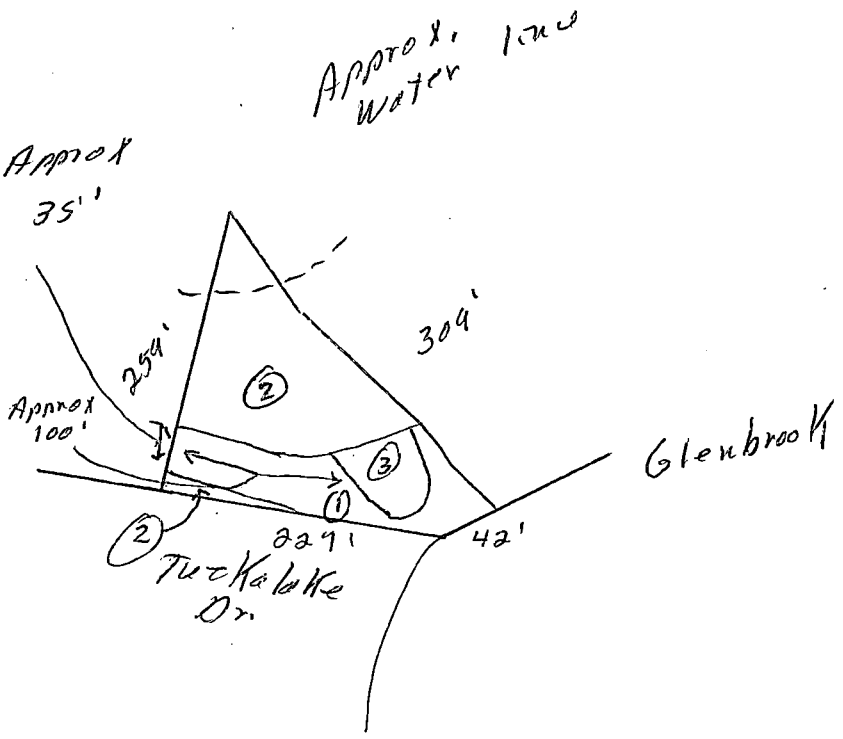
Lot: Block: Acres: .63

Owner:
Address: John Higgins
9590 Pleasant View Lane
Charlotte, NC 28212

Comments: _____

Described by: William R. Marlin

Date: 3-15-90



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS (U) complex slopes	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 36" To water	S PS U	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IU Cen-1-Mo	complex slopes	slight Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3/7/90

Name/Company: Arthur Smith Jr

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sewer

Water

6540A

MECKLENBURG HEALTH DEPT.
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 7 1990

CK# 0159

Fee: $ 40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 7 1990
ENVIRONMENTAL HEALTH DIVISION

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

(OFFICE USE ONLY)

FILE: 6540A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8212 TUCKALAKE DRIVE

② SUBDIVISION: CEDARBROOK ACRES ③ LOT: 20 & 21 ④ BLOCK: E

⑤ PARCEL REFERENCE: BOOK NO.: 111 PAGE NO.: 114 PARCEL NO.: 06

⑥ DEED REFERENCE: BOOK NO.: 1869 PAGE NO.: 25

OWNER

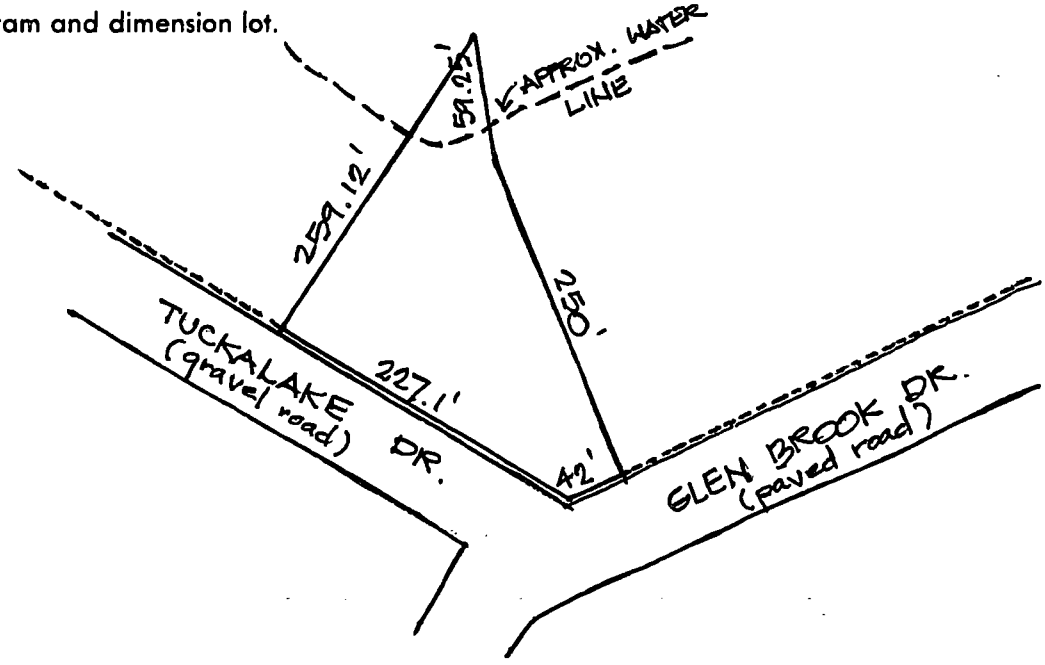
⑦ NAME: JOHN (FIRST) THOMAS (MIDDLE) HIGGINS (LAST)

⑧ MAILING ADDRESS: 9590 PLEASANT VIEW LANE

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: X John Thomas Higgins

Date: Mar 2, 1990

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-27-90

Name/Company: Jimmy or Cathy Pickard

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 9 P. Pier

8212 Tuckaseegee Rd.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Job # 6540-A

MAR 27 1990

Fee: $ 200.00

Rec # 3319
$200.00 CK

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-24-90

Name/Company: James Lee Dillard

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Add. Temp — Carport
8212 Tuckaleke Dr.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 24 1990

Tele # 654104

Ck # 3554

Fee: $ 25.00

25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

existing

Completed by

Collected by