SEE INSTRUCTIONS ON BACK

Date Received 6-26-84 ICAR(S) Application No. 21179

T. C. No. 111-191-20

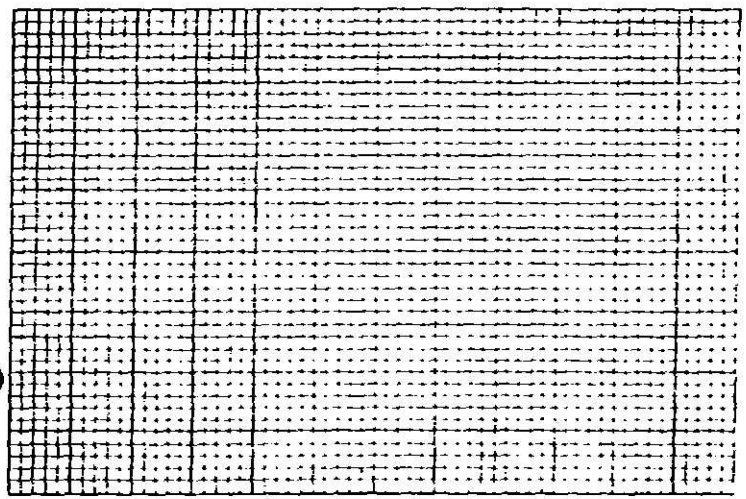
Map Date L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ... Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4 No. of Bedrooms 3
5 Business Use — Max No Employees ___ ___
6 Washing Machine ✓ Yes ___ No
7 Garbage Disposal ___ Yes ✓ No
8 Dishwasher ✓ Yes ___ No
9 Water Supply
A Indiv Dual We ✓
b Governmental System ___
C Community System
1 Well source ___
2 Governmental source ___
10 Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11 FHA Case No ___
12 VA Case No. ___

13) NAME OF OWNER(S) Rogers (LAST) Donald (FIRST) S (MIDDLE)

14) ADDRESS OF OWNER 720 S Cedarbrook Dr 28212

15) PHONE NO. Home 545-6278 Office 597-2344

16) LOCATION OF SYSTEM 7208 Cedarbrook Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 67 Block No. 5

Map Book No. ~~5~~ 7 Page No. ~~59~~ 70

18) DEED REFERENCE — DEED BOOK 4612 AT PAGE 0268

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___ I do NOT have this info

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

June 25, 1984
DATE OF APPLICATION

Donald S. Rogers
OWNER

EHD-5-76

[illegible] Department's Copy

Date Issued 5-21-85 Serial No. 08193 ICAR(S) Permit No. 21179

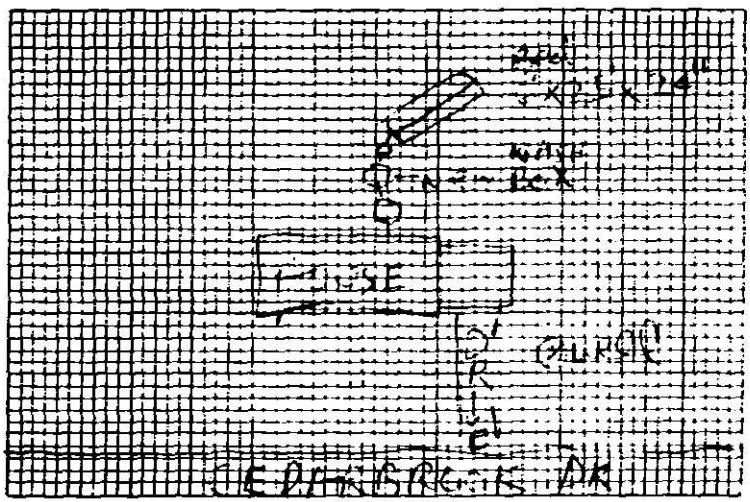
T C No 111-191-2C

Map Date L

# 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 21179, dated 6-26-84 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 6-21-85, after which date this permit shall be null and void.

REPAIR




PLOT OF SYSTEM

Permeability Rate ___

Liquid Capacity of Tank ___

Tank Construction ✓

Absorption and or Nitrification Lines

Total Line Length 4x25=

Number of Lines 1

Distance from House 5' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER ROGERS, DONALD

LOCATION OF PROPERTY 7208 CEDARBROOK 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.

1 SEP 4 1.25, 24

Comments: ___

Division or Section Head

Environmentalist

* 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 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-S-76

Customer's Copy

C of A (s) No. 21179

Date Issued 7/30/85 **Serial** 7724 T C No. 111-191-20 L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner Rogers (LAST) Donald (FIRST) _____ (MIDDLE)

Location of Property 7208 Cedarbrook Drive

Application Number 21179 Permit Number 21179

**Inspection Data:**

Liquid Capacity of Tank Repair Tank Material —

Total Length of Drain Tile 50' Number of Lines 2

Depth of Filter Material 24" Cover Depth 12"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 7/30/85 (DATE) Tank Inspected ✓ (DATE)

Nitrification Field Inspected 7/30/85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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 REPAIR

Cynthia G. Boss
Environmentalist

EHD-S-76

# APPLICATION FOR AN IMPROVEMENT PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

...ion regard to ethnic origin, sex, or disability.

OFFICE USE ONLY
FILE: 21179
TC: 111-191-20
SERIAL: № 10973
☒ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 7208 Cedarbrook Drive (STREET NO / STREET) ② FILE:
③ JURISDICTION ④ TAX PARCEL NO.: 111-191-20
⑤ SUBDIVISION ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: Donald (FIRST) (MIDDLE) Rogers (LAST)
⑨ MAILING ADDRESS: 7208 Cedarbrook Drive
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 597-2344 ⑭ (HOME) 545-6274

**REQUEST**

This request is for a(n):
⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify)

**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? 4 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Donald S. Rogers
Date: 6.15.86

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 provision:

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 — Date

Director or Authorized Section Head — Date

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

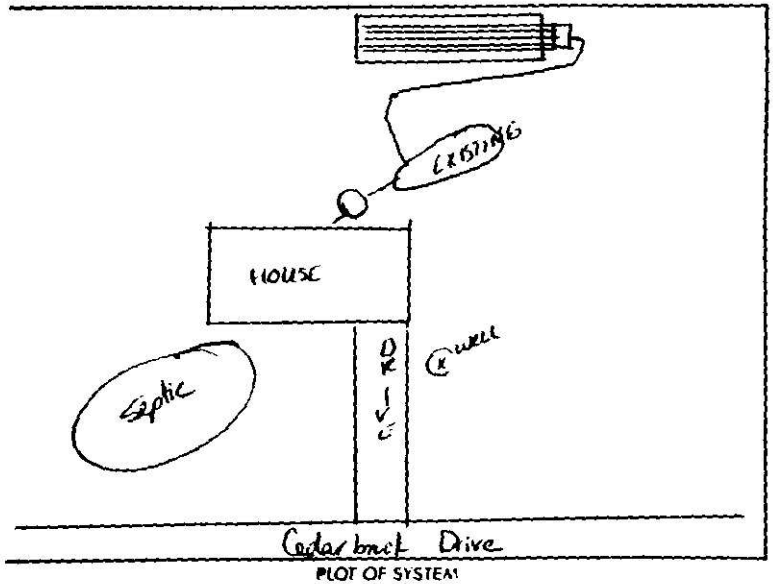
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21179 DATE: 6/18/86

TC: 111-191-20 ✓

SERIAL № 10137

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair (wash line) 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 6/18/86. All work shall be completed on or before 7/18/86, 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 Department of Environmental Health 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and or Nitrification Lines:

Trench Width 15 feet

Total Line Length 150 feet

Number of Lines 5

Depth of Stone 17 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well >100 feet

NAME OF OWNER Rogers, Donald

LOCATION OF PROPERTY 7208 Cedarbrook Drive

Comments: 1 Bed 15'X 30'X17" stone with grade boards, straw as cover
Feel existing system first, new repair second

Jim Ensen
Division or Section Head

Cynthia C. Bass
Environmentalist

* 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 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

C of A Is) No. 21179

Date Issued 9-22-96 **Serial** 8906 T C No. 111-191-20 L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL

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

Name of Owner Rogers (LAST) Donald (FIRST) (MIDDLE)

Location of Property 7208 Cedarbrook Dr.

Application Number 21179 Permit Number 21179

**Inspection Date:**

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 450 sq ft Number of Lines Five

Depth of Filter Material — Cover Depth —

Water Supply Source Well Distance from Water Source 750'

Excavation Inspected — DATE — Tank Inspected ✓ DATE

Nitrification Field Inspected — DATE

Washing Machine Line Inspected, If Applicable 9-22-96 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

Environmentalist

EHD-S-76

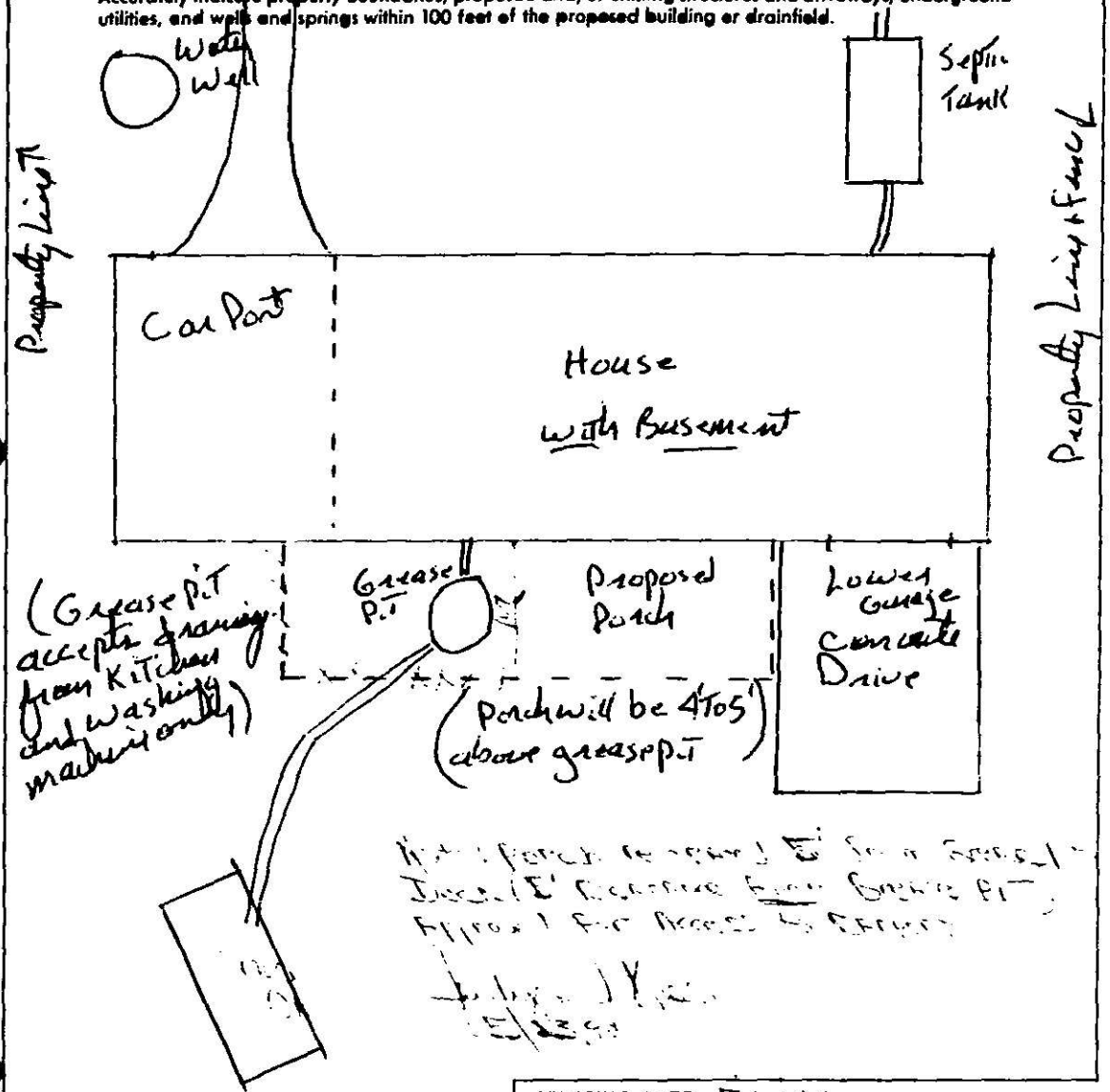
# PROPOSED PLOT PLAN

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

FILE: 21179
TC: 111-191-20

Cedarbrook Drive

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.




APPROVAL DATE

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 5/15/90

Name/Company: [illegible]

Sanitation ____

Vector Control ____

O.P.W.D. /

Service: [illegible]
2179

[illegible]
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 14 1990

Fee: $ [illegible]

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 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: 21179
TC: _____
SERIAL: No 20786
☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 7208 (STREET NO) Cedarbrook Dr (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 11119120
⑤ SUBDIVISION: _____ ⑥ LOT _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: Donald (FIRST) Stafford (MIDDLE) Rogers (LAST)
⑨ MAILING ADDRESS: 7208 Cedarbrook Drive
⑩ CITY: Charlotte, ⑪ STATE NC ⑫ ZIP: 28215
⑬ PHONE: (WORK) 547-2344 ⑭ HOME 545-6274

**REQUEST**

This request is for a(n):
⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) Porch addition

**DESIGN CRITERIA**

System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? _____
㉓ Maximum occupancy? _____ 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: Donald S Rogers
Date: 5-15-90

## 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. Mary Lee

Sanitarian Supervisor

Environmental Health Specialist R.S., 5/23/90 Date

Director or Authorized Section Head, 5-24-90 Date

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