

7210 MATTHEWS-MINT HILL RD

12/18/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Date Issued 7-24-73

TC No 197-93-47

Map Date 3-24-73

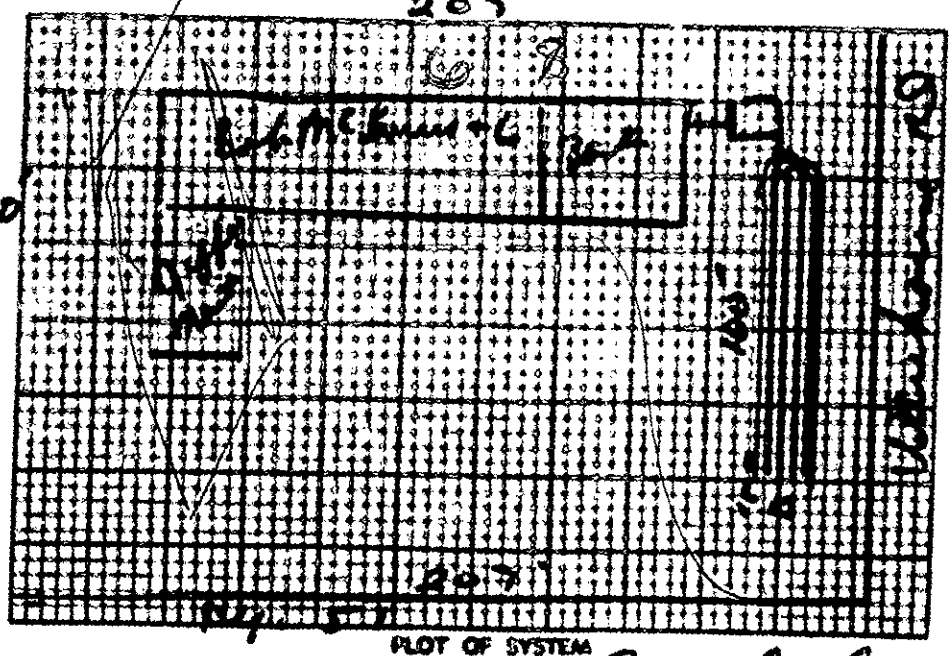
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct, After or Repair the individual septic tank waste water treatment system with subsurface, soil absorption, effluent discharge as specified herein or the described location. This permit is granted based upon the information supplied in application 5197, dated 5-17-73 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 8-24-73, after which date this permit shall be null and void.


200'
100'
100'
100

I know you're busy
Just to say hello.

J Stagg

Serial No. 3705

Cat A ... No. 5997

Date Issued 7-30-73

T C No. 197-613-17

Map Date 2-N-73.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Ervin Carroll G. (LAST, FIRST, MIDDLE)

Location of Property 6451 @ Wauchope Rd.

Application Number 5997 Permit Number 5997

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material pre cast Con.

Total Length of Drain Tile 600' Number of Lines 6

Depth of Filter Material 7" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7-30-73 (DATE) Tank Inspected 7-30-73 (DATE)

Nitrification Field Inspected 7-30-73 (DATE)

Washing Machine Line Inspected, If Applicable 7-30-73 (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: Installed by James Stevens

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Serial No [illegible]

ICAR(s) Permit No 2651

Date 11/11/71

T C No M17-013-17

Map Date 4-25-11

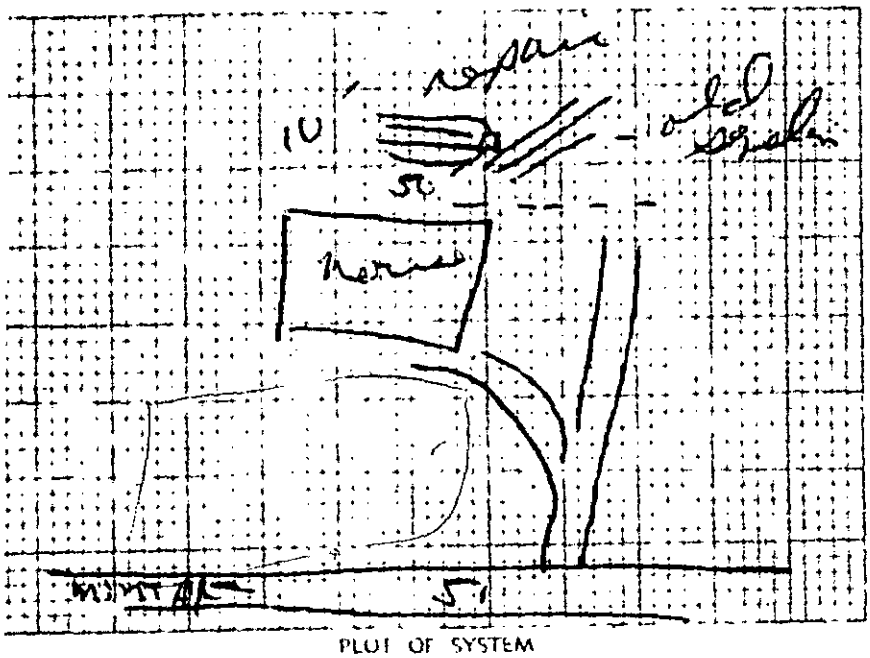
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Alter or Repair the Individual septic tank waste effluent discharge system located at Lot [illegible] as described on the information supplied on application 2651 dated 11/5/71. If the information provided on the application is not true and correct, this permit shall be null and void. All work shall be completed on or before 12/11/71, after which this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines.

Total Line Length 200'

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER William Edwin Wilson

LOCATION OF PROPERTY Dy 51 - V

The system will meet the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health to be in effect on the date of the granting of this permit. A certificate of approval will be issued by the Director before any system can be covered up or otherwise rendered unavailable for inspection.

Comments 10' x 50' gradelevel trench x distribution box

Thomas R. Wood

Environmentalist

Division or Section Head

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required when an existing system is being altered or repaired.

DATE [illegible]

APPLICANT'S COPY



Serial No. [illegible]

Date Issued 11/11/71

T. C. No. 197-013-17

Map Date 4-26-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Wilson (LAST) W (FIRST) O (MIDDLE)

Location of Property Hwy. 51 at Mint Hill

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank —

Total Length of Drain Tile 200

Depth of Filter Material 12"

Water Supply Source well

Excavation Inspected 11/11/71 (DATE)

Nitrification Field Inspected 11/11/71 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

Tank Material —

Number of Lines 4

Cover Depth 18"

Distance from Water Source 100'

Tank Inspected — (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: Installed by Clark Septic Tank Co.

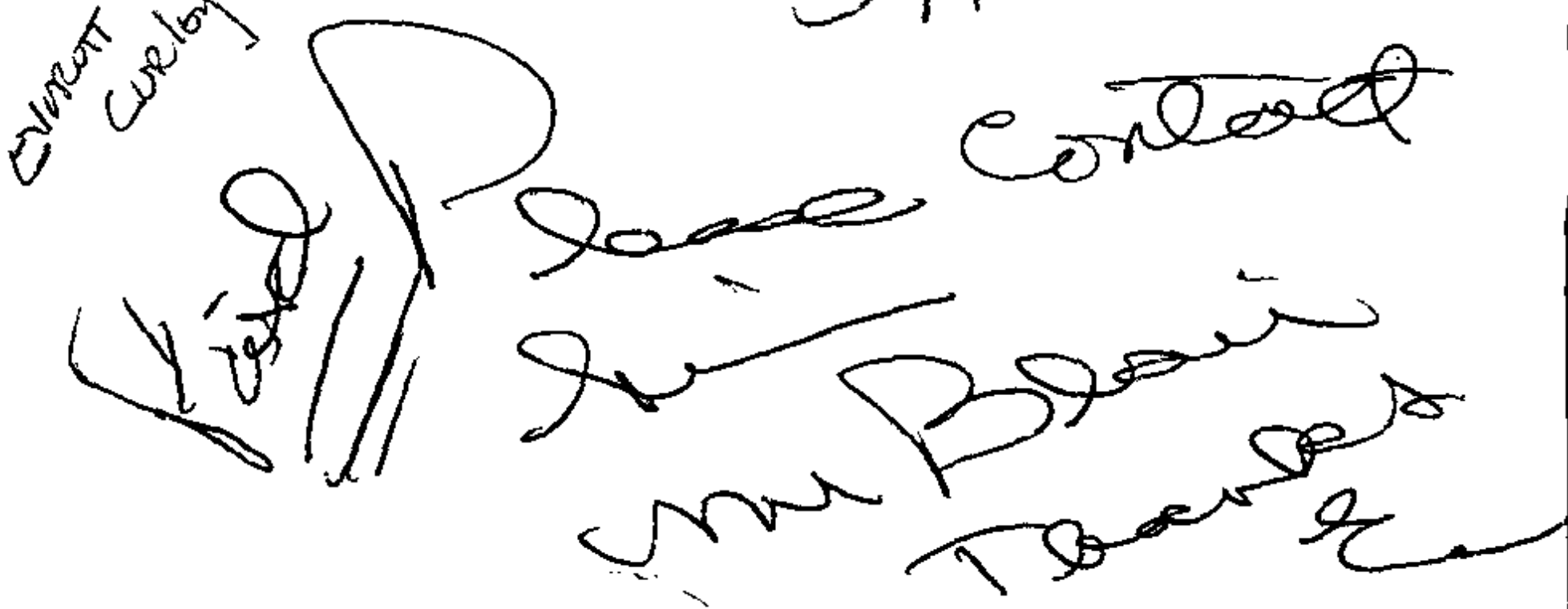
Thomas P. Ward
Environmentalist

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

HEALTH [illegible]

4 comp. / 4 comp.

5/15/92



Proj # 138-995448

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12,000 CCA 1020 5-13-92 [] CRT

348B | 824DA

Shared Drive 5730034

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: BLAIR (last) JAMES (first) L. Sug/Dor (mi)
ADDRESS: 1607 REDCOAT DR PHONE: 704 (__) 365-6121
CITY: CHARLOTTE STATE: NC ZIPCODE: 28211

Date: MAY 6, 1992

PROPERTY OWNER:
NAME: EVCO CONSTRUCTION, CO. (last) (first) (mi)
ADDRESS: 1110 MOREHEAD ST PHONE: (704) 375-1831
CITY: CHARLOTTE STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-013-17
STREET ADDRESS: 7206 MATTHEWS-MINT HILL RD.
MINT HILL
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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)
[] 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 CONVIENCE/SANDWICH SHOP # Employees 1 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [X] 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: James L. Blair Date: 5-6-92

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

Director or Authorized Section Head Date

WATER : 122791

Copy

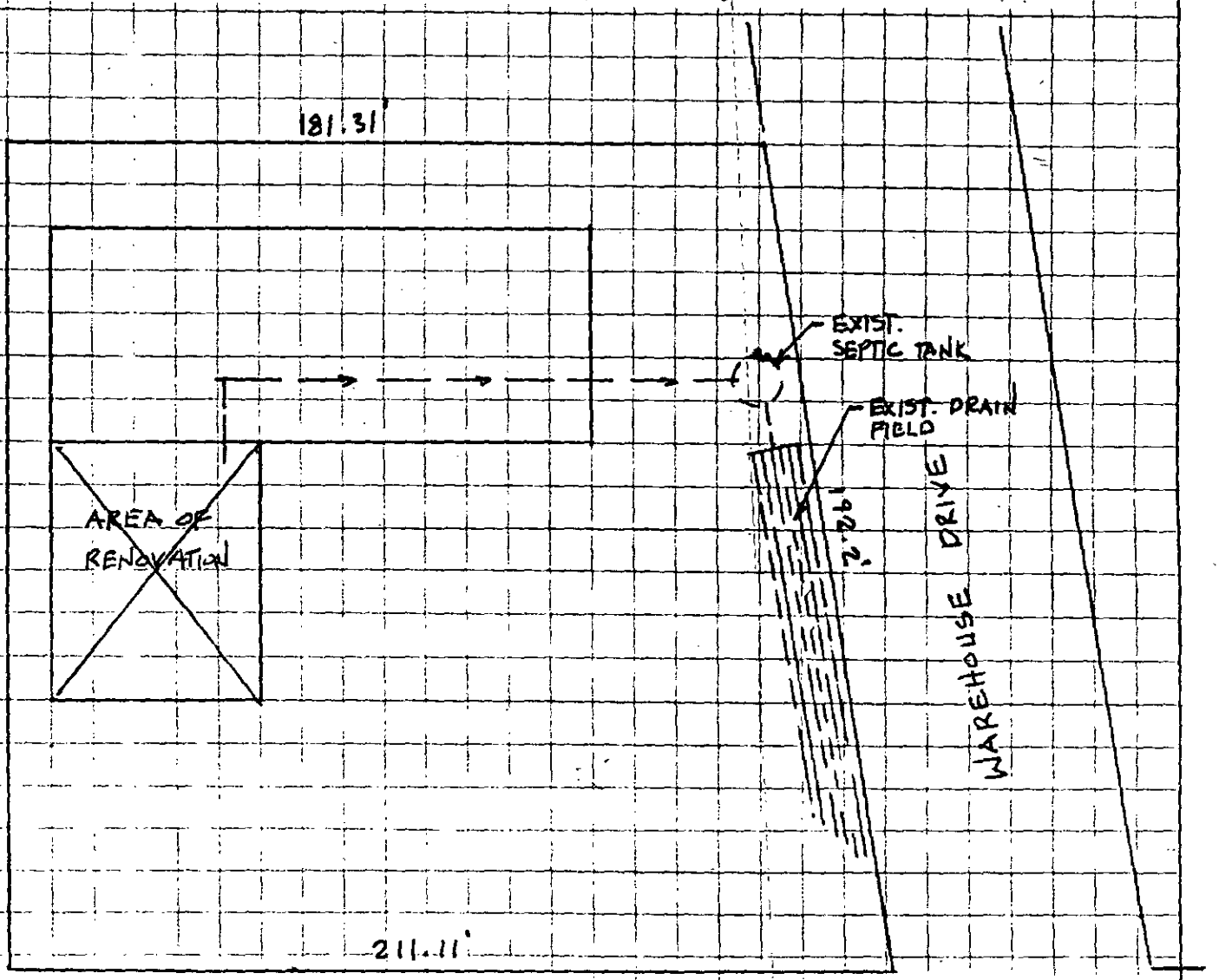
PROPOSED PLOT PLAN

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

FILE: 348B18240A

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.



MATTHEWS - MINT HILL RD.

SCALE: 1" = 40'

APPROVAL DATE _____

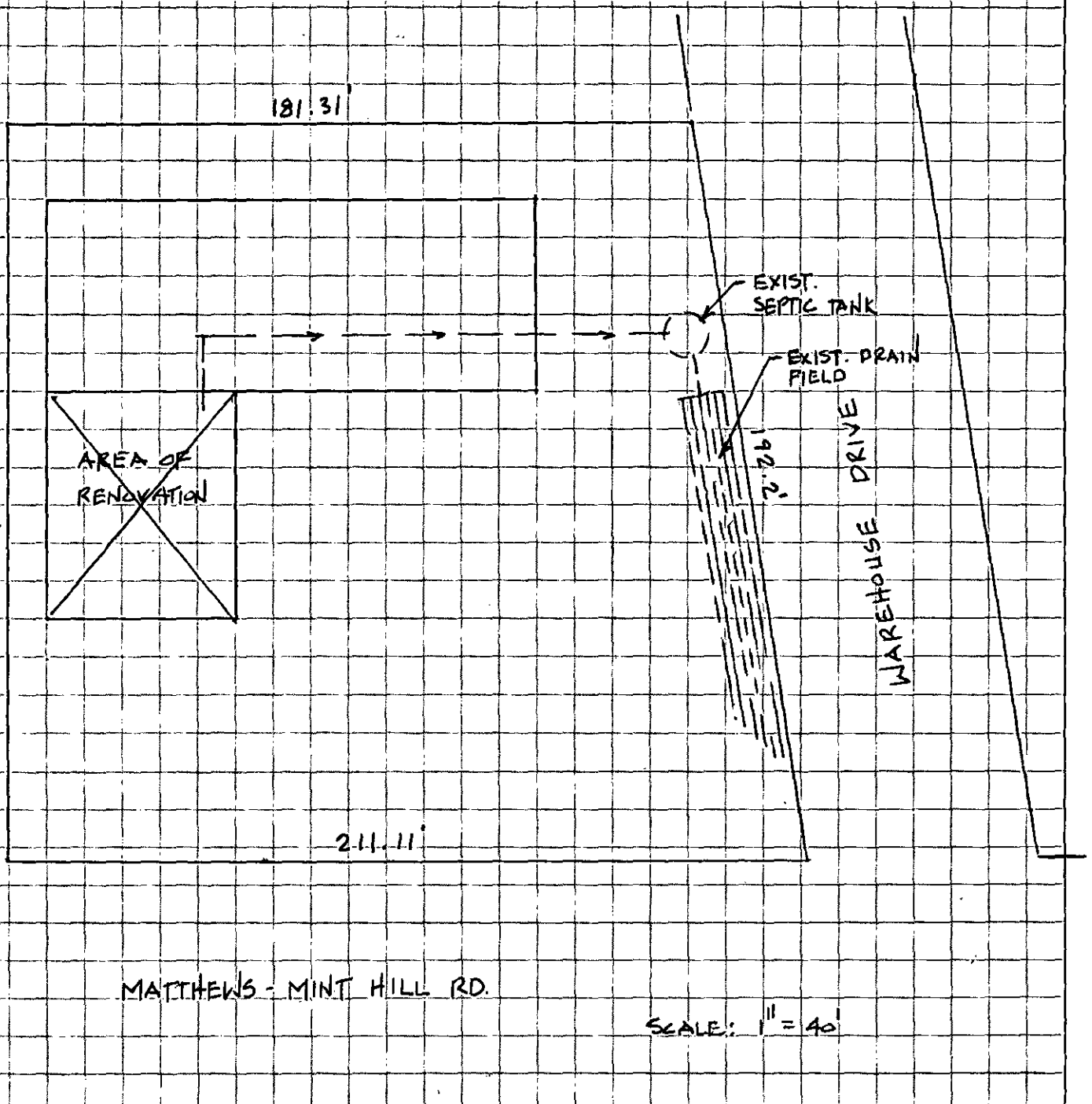
PROPOSED PLOT PLAN

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

FILE: 348B/8240A

TC: _____

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APPROVAL DATE _____

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

PROJECT INFORMATION

PROJECT NUMBER: 138-995448 **SUBMITTED DATE:** 05/06/92
PROJECT NAME: THE MINT **PHS:** **SEC:** **TIME:** 01:31 PM

CONTACT NAME: JAMES BLAIR **PHONE #:** 365-6121
TITLE: **TYPE OF PERMIT:** RENOV

COMMENTS: 7206 MATTHEWS MINT HILL RD MINT 197-013-17 FOOD PREP

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	CITY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	FOOD SERVICE	RUSSELL STEPP	336-5505	
	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Project # 138-995448 — Pd 10000 CK# 1020 — 5-13-92 — 348B | 824DA — [ ] 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: MAY 6, 1992

PERSON FILING APPLICATION:
NAME: BLAIR (last) JAMES (first) L. (mi)
ADDRESS: 1607 REDCOAT DR PHONE: 704 ( ) 365-6121
CITY: CHARLOTTE STATE: NC ZIPCODE: 28211

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-013-17
STREET ADDRESS: 7206 MATTHEWS-MINT HILL RD.
ZONING: MINT HILL

PROPERTY OWNER:
NAME: EYCO CONSTRUCTION, CO. - (last) (first) (mi)
ADDRESS: 1110 MOREHEAD ST PHONE: (704) 375-1831
CITY: CHARLOTTE STATE: NC. ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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)
[ ] 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 CONVIENIENCE/SANDWICH SHOP # Employees 1 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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Signed: James L. Blair Date: 5-6-92

NOTICE:

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

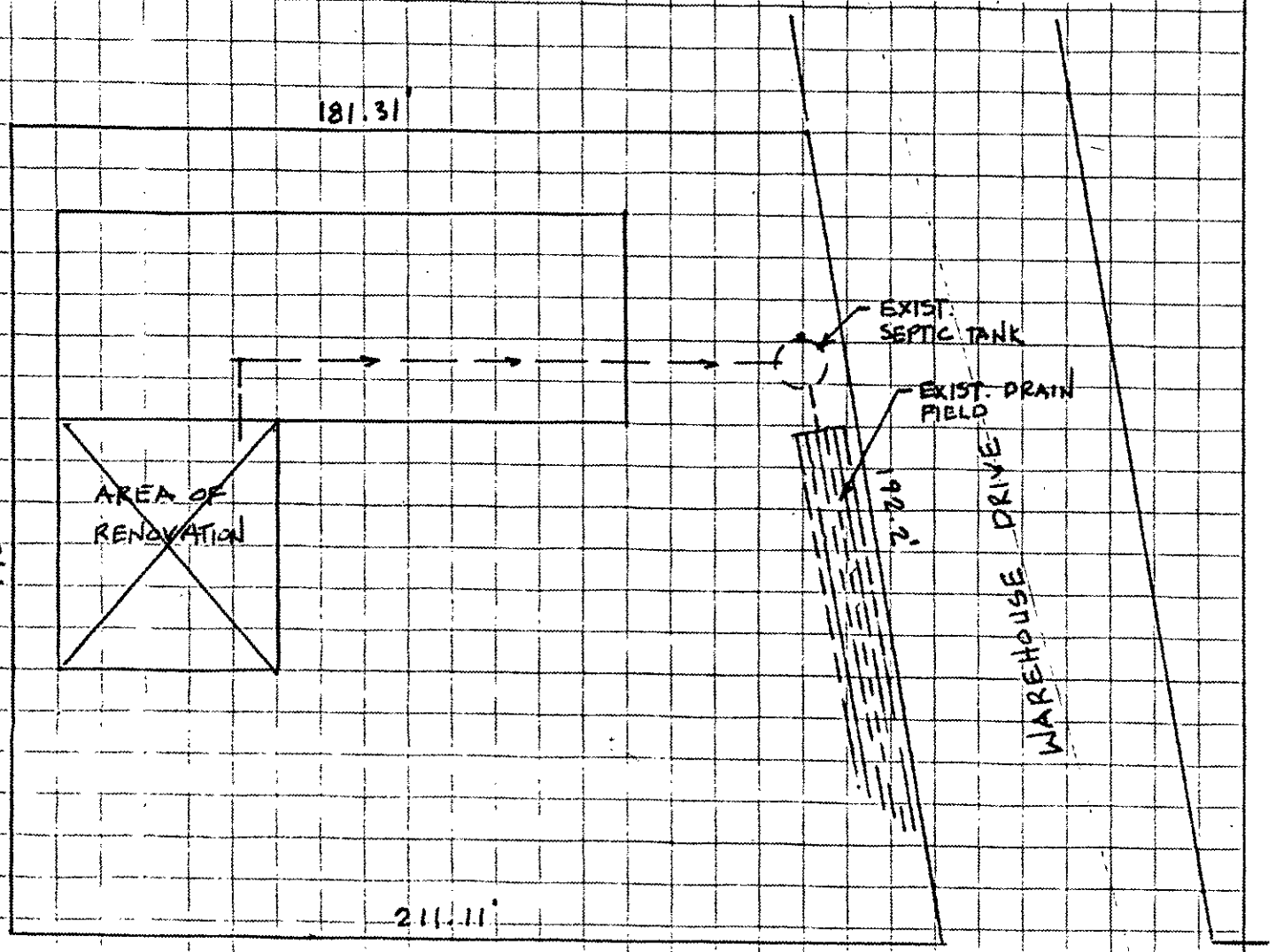
PROPOSED PLOT PLAN

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

FILE: 348B/8240A

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.



MATTHEWS - MINT HILL RD.

SCALE: 1" = 40'

APPROVAL DATE _____

Mecklenburg County
Health Department

August 4, 1992

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Progam Chief

Date: August 4, 1992

Ref: File No. 348B/ 7206 Matthews-Mint Hill Road

SUBJECT: Refund

(Mr./Mrs./Co.) The Mint, Inc originally paid $100.00

for Change in Septic System only

on 05/13/92.

A refund should be issued for $75.00 because

the client decided not to persue change of septic system, because the cost of changing the septic system would be more than they had planned. The fee for consulation is $25.00.

Please make payable to:

The Mint,Inc
3525 Honeysuckle Drive
Matthews, NC 28105

SD:lw

DAILY DEPOSIT SHEET

Date 5-13-12

Description	File #	Name	Ca/Ck	Emp.	Amount
#462					
1429 Mallard Creek Rd.	161	Mrs. C.L. Pasour	#2112	BOK	$25.00
8510 Dunsinane Dr.	162	John S. Clinton	#673	BOK	$25.00
6133 St. John Ln.	Addition	Earle W. Davis	#2791	BOK	$25.00
Kemper Downs		Helen Swinger	#4050		$400.00
2414 Maynard Rd.	W+S	Lewis Goodman	#163		$65.00
7501 Glen Cannon Dr.	W+S	Bernice David	#460		$65.00
10600 Arlington Ch. Rd.	W+S	Donna Miller	#1208		$65.00
12932 Ruth Haven	W	Darin Hunant	#1009		50.00
7402 Whitmore	W	Lisa K. Dobbins	#1468		$25.00
Mt. Harmony Rd.	231B unp	David Osborne	#3888		$200.00
2125 Talton Dr.	W+S	Baker Medical Shop	#2968		$65.00
10762 Traymore Ln	Soil	Am E. Naso	#2405		$50.00
7608 Waterview Dr.	W+S	Randall Light	#0368		$65.00
7200 Mat-Mnt. Hill Rd.	unp	The Mint, Inc.	#1020		$100.00
760 Courtney Ln.	Addition	Carolyn J. Scruggs	#372		$40.00
9723 Sunway Dr.	W+S	Donald Allen	#1623		$65.00
					$1330.00
#463					
5901 Walker St.	159	O.L. Parker + son Landscaping + Grading	#7248		$25.00
5901 Walker St.	159	O.L. Parker + son Landscaping + Grading	CASH	BOK	$25.00
					$50.00

Mecklenburg County
Health Department

August 4, 1992

Betty S. Snow, R.N., M.A.
Health Director

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Progam Chief

Date: August 4, 1992

Ref: File No. 3488/ 7206 Matthews-Mint Hill-Road

SUBJECT: Refund

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on 05/13/92.

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Please make payable to:

The Mint, Inc
3525 Honeysuckle Drive
Matthews, NC 28105

SD:lw

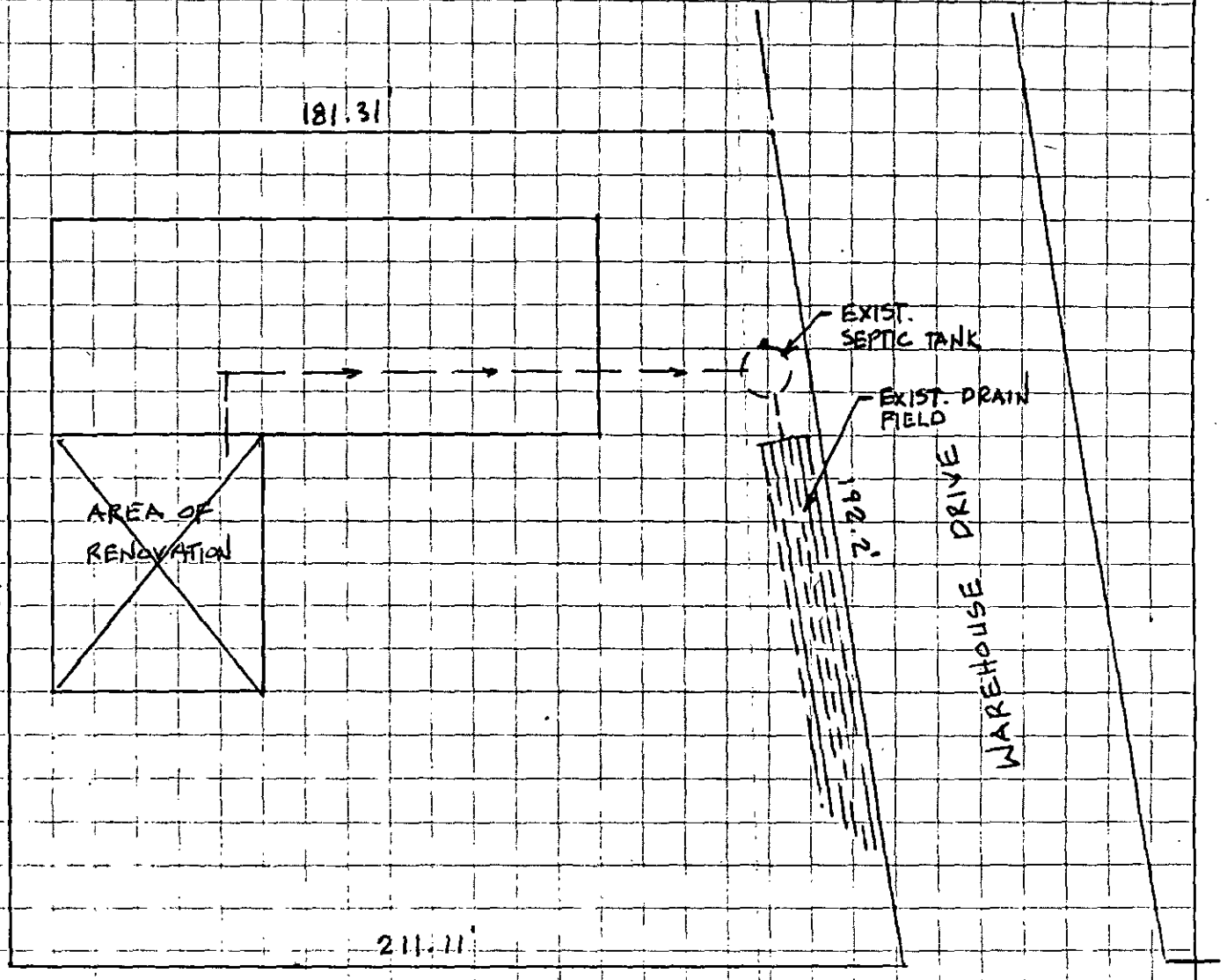
PROPOSED PLOT PLAN

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

FILE: 348B/8240A

TC: _____

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