Date Received 3.7.75 RECEIVED Application No. [redacted]5489

T. C. No. 111-124-14

LA-#5489 Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER HELMS (LAST) CHARLIE (FIRST) LEE. (MIDDLE)

ADDRESS OF OWNER 7907 ALBEMARLE RD. ZIP 28212

PHONE NO. Home 5373060 Office 5373443

LOCATION OF PROPERTY 8579 CEDAR BROOK DR. (STREET OR COUNTY ROAD)

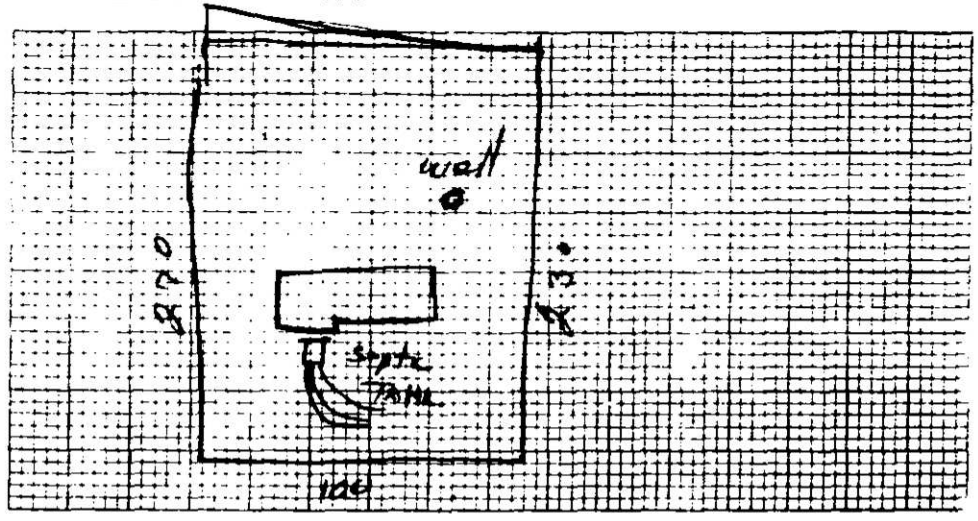
SUBDIVISION CEDAR BROOK. LOT NO. 8 BLOCK NO. A

MAP BOOK NO. 7 PAGE NO. 641

DEED REFERENCE: DEED BOOK 3385 PAGE NO. 370

WELL CONTRACTOR MULLIS WELL DRILLING CO. LICENSE NO.

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

DATE OF APPLICATION

Charlie Helms
OWNER

Application approved and permit hereby granted

Permit No: 5489

Paul A. Kiefer
ENVIRONMENTALIST

FORM NO. E-39-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 1-29-73

APT No. 5489

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER McGaist (LAST) William (FIRST) Morgan (MIDDLE)

2) ADDRESS OF OWNER 6420 Sharon Rd. ZIP 28210

3) PHONE NO Home 366-5746 Office 525-8420

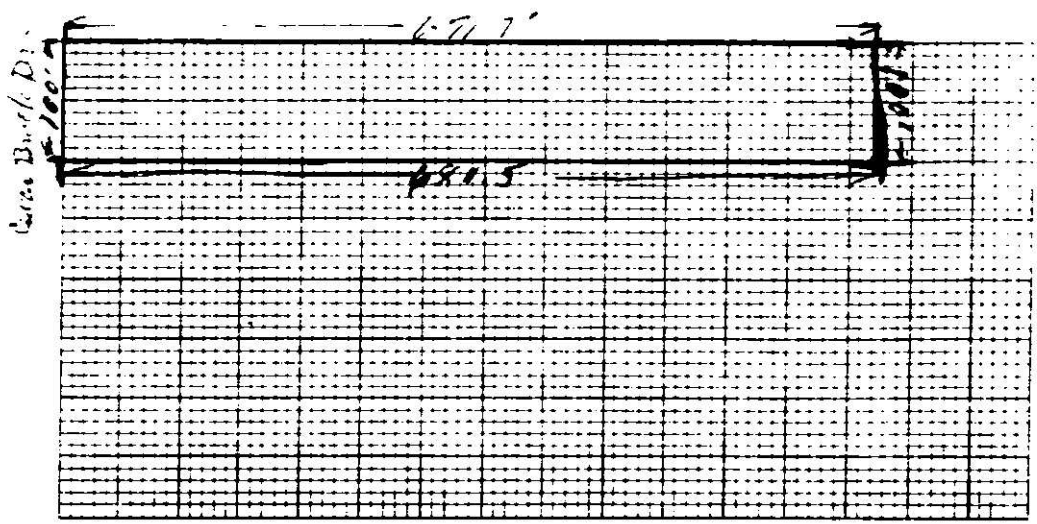
4) LOCATION OF PROPERTY Cedar Brook Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION Cedar Brook Acres LOT NO. 37 BLOCK NO A

MAP BOOK NO. 7 PAGE NO 101

6) DEED REFERENCE DEED BOOK 2670 PAGE NO 419

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

W. A. McGaist

OWNER

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

PTR No. 5489

Date Issued April 2, 1973

LOT C No. 111-124-14

Map Date 2-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

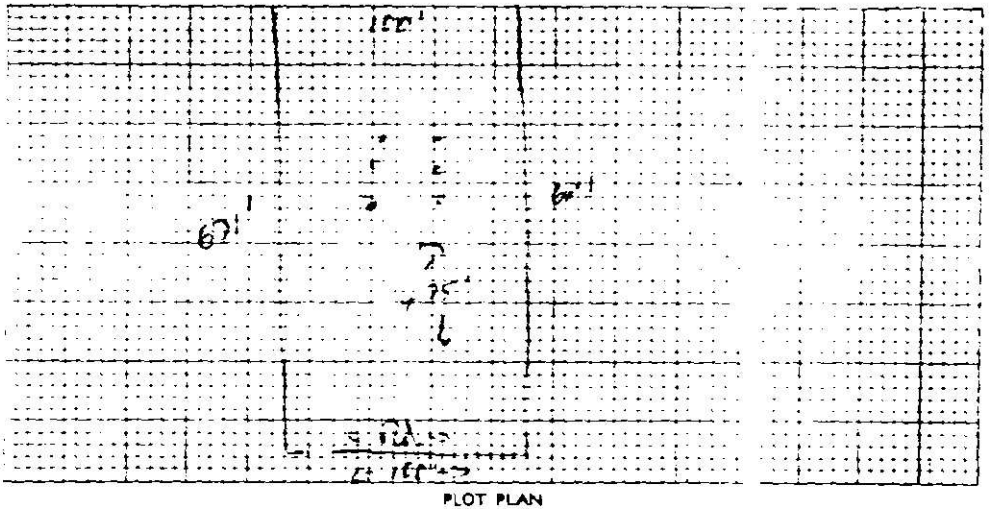
PERCOLATION TEST REPORT

NAME OF OWNER McGarity (LAST) William (FIRST) Angus (MIDDLE)

ADDRESS OF OWNER 6422 Sharon Road ZIP 28210

LOCATION OF PROPERTY Cedar Brook Drive (STREET OR COUNTY ROAD)

SUBDIVISION Cedar Brook Acres LOT NO 37 BLOCK NO A



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot

The percolation rate determined by the test was 60 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling or construction (including the drilling of wells) performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John R. Robinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 3-13-74

MAR - 3 1974
ENVIRONMENTAL HEALTH DIVISION

APT No. 5489

P.O.T.C No. 111-124-14

Map Date 2-14-23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

c/o Mrs Helen Adams
1314 E. 4th St.
N.Y Dunaway Co
28204
ch N.C.

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER YCA Inc (LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 4330 Laywood Rd Charlotte ZIP 28211

3) PHONE NO Home 366-3826 Office 333-2113

4) LOCATION OF PROPERTY Cedarbrook Dr (STREET OR COUNTY ROAD)

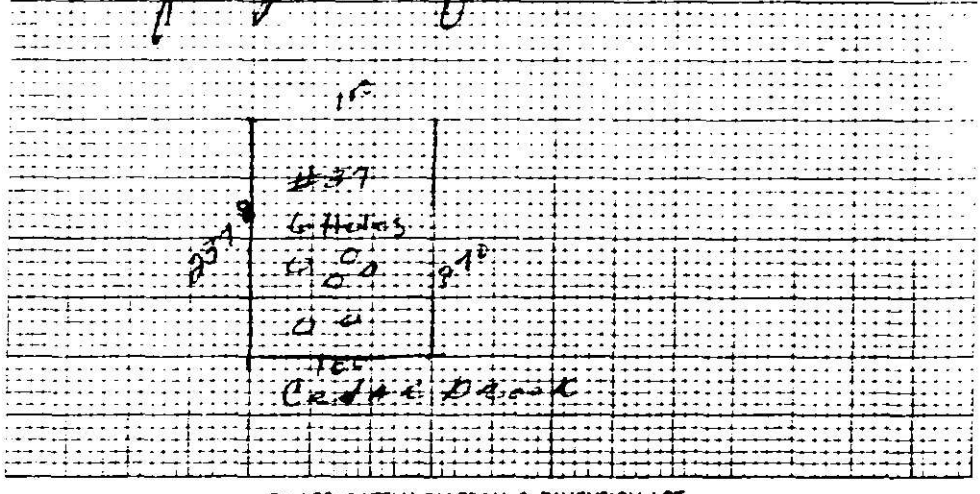
5) SUBDIVISION Cedarbrook LOT NO 37 BLOCK NO 124

MAP BOOK NO 115 PAGE NO 112

6) DEED REFERENCE DEED BOOK 3355 PAGE NO 370

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and on on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge

front portion of lot 37



7) ACCURATELY DIAGRAM & DIMENSION LOT

YCA
Helen Adams, Pres
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4209

PTR No 5489
P.O.
T C No 111-224-14
Map Date 2-14-73

Date Issued April 16, 1974

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

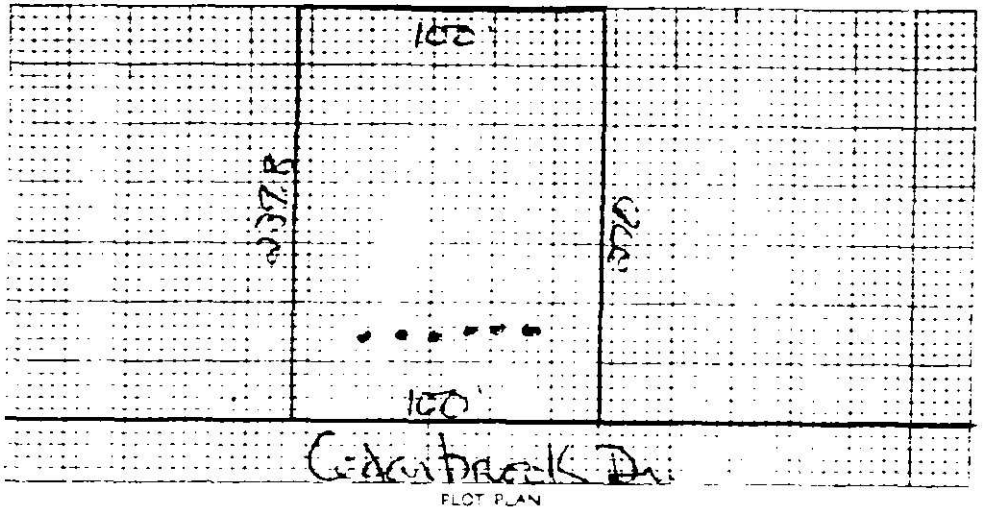
PERCOLATION TEST REPORT

NAME OF OWNER H.C.A., Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 4320 Foxcroft Road ZIP 28211

LOCATION OF PROPERTY Cedarbrook Drive (STREET OR COUNTY ROAD)

SUBDIVISION Cedarbrook LOT NO 37 BLOCK NO A



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 55 min/in. The subject lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the soil lot.
2. The size of the septic tank wastewater treatment system which must be installed is determined by the Health Department prior to the permit issued on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid for the system as installed in the immediate area where the test was run.
4. This approval is void if any grading, filling or construction, including the driveway, is performed on the lot which in the opinion of the Health Department renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

A. M. Reynolds

John R. Robinson
Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

R

Date Received 1-26-74

RECEIVED JAN 1974 CAR(S)

Application No. 5489

T C. No. 111-124-14

Map Date 2-14-73

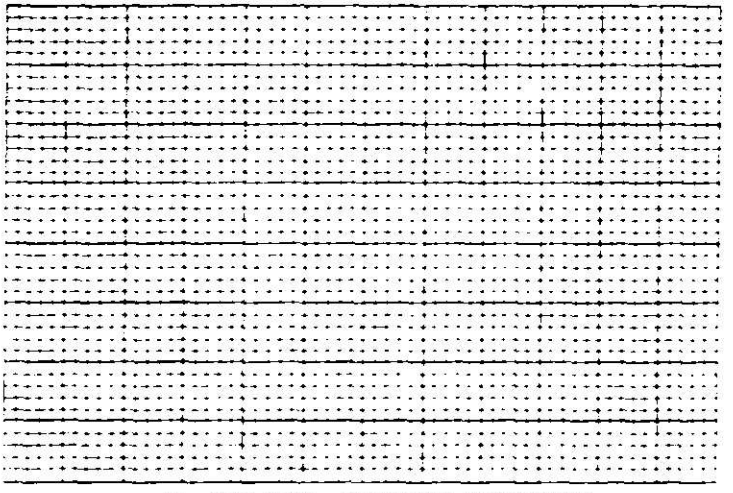
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to

1) X 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)

4) No of Bedrooms 4

5) Business Use — Max No Employees ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ✓ Yes ____ No

9) Water Supply
- A Individual Well ✓
- 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 [illegible] (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No 39 Block No. [illegible]

Map Book No 111 Page No. 13

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible] PR? 55

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 4-12-74

20) PTR NUMBER (See Instructions) 5489

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.

DATE OF APPLICATION

OWNER [illegible] Pres.

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued April 29, 1974 **Serial No.** 4016

LA No 5489
P.O.
T C No 111-124-14

IMPROVEMENTS PERMIT

Map Date 8-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER H.C.A., Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 4320 Foxcroft Road ZIP

LOCATION OF LOT Cedarbrook Drive (STREET OR COUNTY ROAD)

SUBDIVISION Cedarbrook Acres LOT NO 37 BLOCK NO A

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption effluent discharge based on the percolation test results which yielded a percolation rate of 55 min/in and an on site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration and/or Repair Permit number 5489. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction Alteration, and/or Repair Permit

R.M. Reynolds
Environmentalist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

ICAR(S) Permit No. 5489

Date Issued MAR 17, 1975

POT C No 117-124-14

Map Date 2-14-73

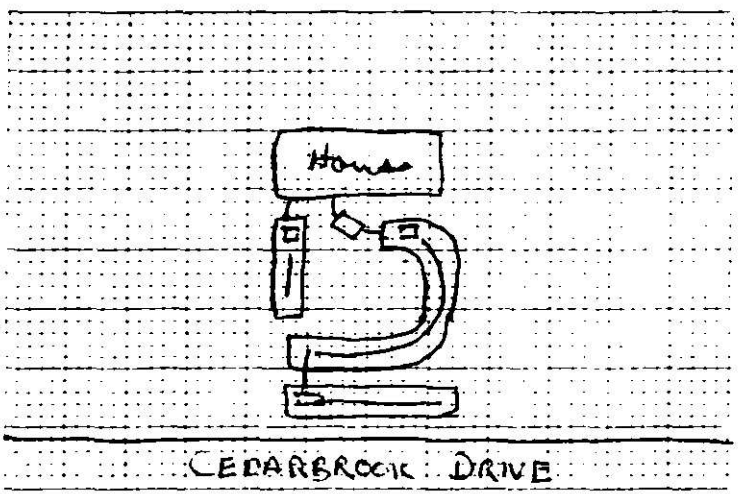
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 5489, dated 4-26-74 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 MAR 17, 1975 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 55

Liquid Capacity of Tank 1500 GAL

Type Construction PRECAST CONCRETE

Absorption and/or Distribution Lines

Total Line Length 765', 150'

Number of Lines 2 Lines @ (64' x 15' x 17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' +

NAME OF OWNER HCA Mc (Helen Adams Price)

LOCATION OF PROPERTY Cedarbrook Drive

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 Washer Room (3 1/2' x 10' x 17")

Dentist Pit (7' x 4' x 2 1/2')

Division or Section Head

Environmentalist Paul A. Kiefer

If this permit is for the installation or construction of a new system, it must be signed by the division or 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.

Form E-5-9-1-72

Serial No. [illegible]

C of A (s) No [illegible]

Date Issued 3 Apr 15

T C No [illegible]

Map Date [illegible]

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 [illegible] (LAST FIRST MIDDLE)

Location of Property [illegible]

Application Number [illegible]

Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank [illegible]

Tank Material [illegible]

Total Length of Drain Tile [illegible]

Number of Lines [illegible]

Depth of Filter Material [illegible]

Cover Depth [illegible]

Water Supply Source [illegible]

Distance from Water Source [illegible]

Excavation Inspected [illegible] DATE

Tank Inspected [illegible] DATE

Nitrification Field Inspected [illegible] DATE

Washing Machine Line Inspected If Applicable [illegible] 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, [illegible] sited 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 as well as 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 [illegible]

[illegible]

Environmentalist

FORM NO E-6-8-1-72

HEALTH DEPARTMENT'S COPY