

5437 CEDARMINT DR

19504216

6/18/08

marliwr

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

[redacted]

WASTEWATER TREATMENT & DISPOSAL SYSTEM File #
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

1005 9/15/05 5.32670 JKA 11252

[redacted]

TYPE APPLICATION: rD 128697, 128698

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: ANDREW Roby INC.
ADDRESS: 1131 Harding Place
CITY: Charlotte
STATE: NC ZIP: 28204
PHONE: 704-334-5477
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: DAVID SNELL
ADDRESS: 5437 Cedarmont
CITY: Charlotte - Mint Hill Drive
STATE: NC ZIP: 28227
PHONE: 704-545-0098
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 195-042-16
STREET ADDRESS: 5437 Cedar MINT
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 6-MATTHEWS
- ☐ 8-HUNTERSVILLE
- ☒ 7-MINT HILL

WATER SUPPLY:
- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☒ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☒ OTHER DRYWALL BONUS ROOM UP-STAIRS

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature [signature] Date 5/26/05

*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 y this Department.
- This permit is not transferable.

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

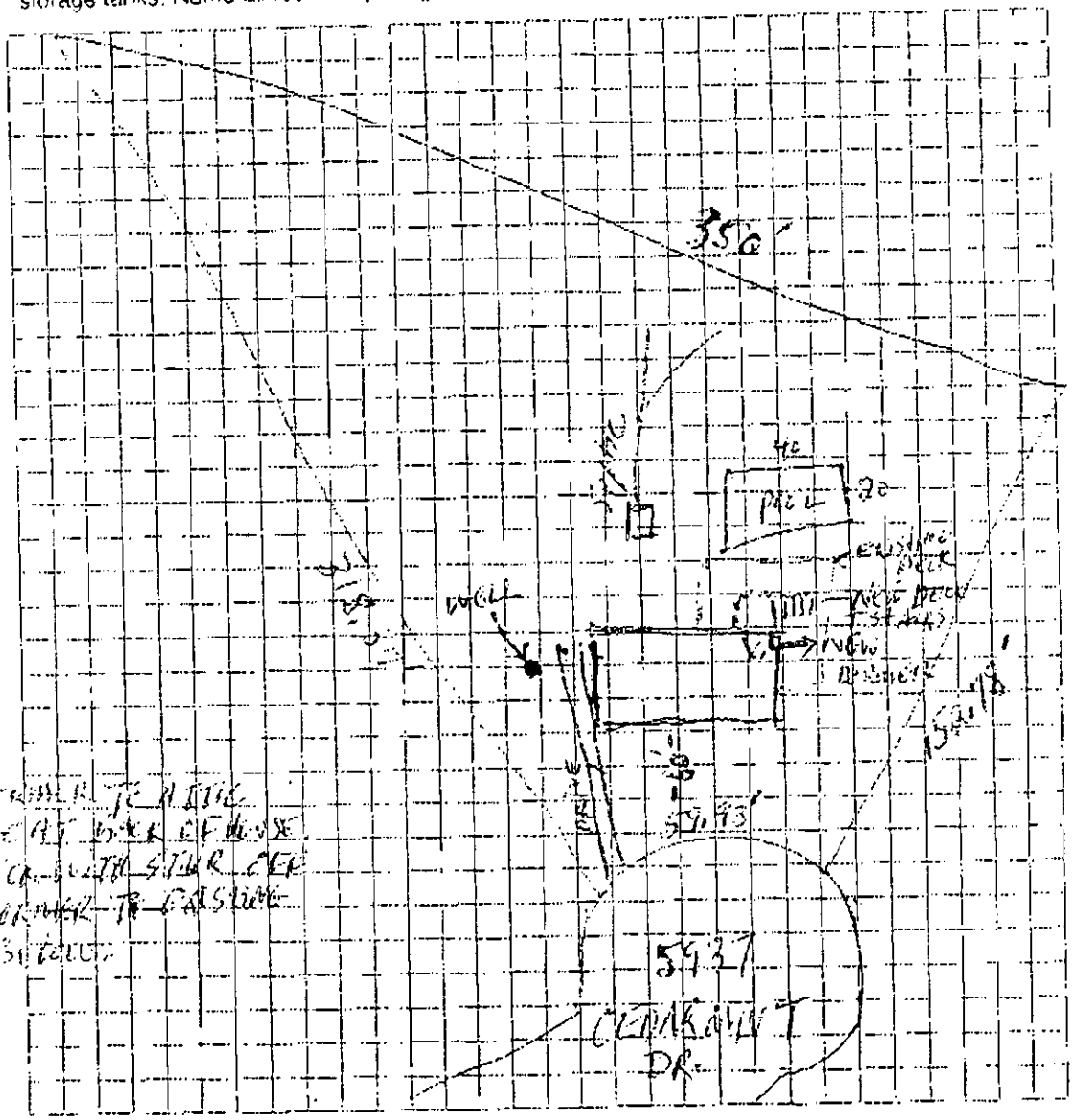
Approval granted for Bonus Room addition
use existing system
Philo S. Walker RS 6/30/05
EHS Signature Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 11252
Date 6/15/05

PROPOSED PLOT PLAN Parcel - 19504216

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



ADD REMOVE & RELOCATE SPINDLE AT BACK OF HOUSE AND ADD WITH SAME CFM NEW DUCTWORK TO CAPTURE Deck Bricks

Owner/Agent Signature DAVID SNELL for Andrew Roby, Inc
Date 6-15-05

Andrew Roby, Inc - Contractor
A.C.T # B 32670

RW 6/30/05

Serial No. 0288

C of A (s) No. 1252

Date Issued 10-29-76

T. C. No. ~~047-00-05~~ 195-042-04

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

John A. Peterson

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

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

Name of Owner Jenkins (LAST) Jesse (FIRST) (MIDDLE)

Location of Property 5437 Cedar mint

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600' - 150' Number of Lines 5 - 3

Depth of Filter Material 17" - 34" Cover Depth 18"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected _____ (DATE) Tank Inspected 10-29-76 (DATE)

Nitrification Field Inspected 10-29-76 (DATE)

Washing Machine Line Inspected, If Applicable 10-29-76 (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: Installed as permitted

washer 7½ X 25' x 34"

Environmentalist

EHD-5-76

Environmental Health Department's Copy

Serial No. 0285

ICAR (S) Permit No. 11252

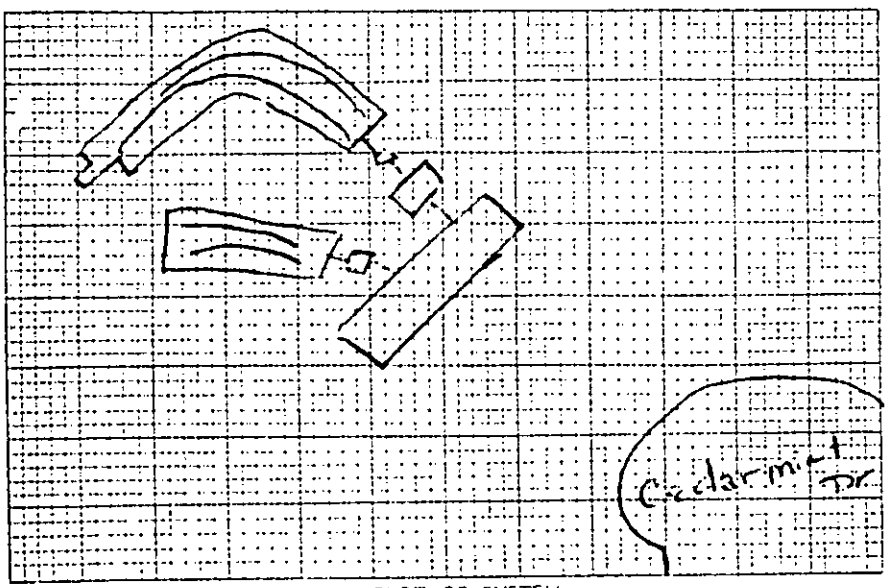
Date Issued 10-25-76

T. C. No. 195-042-05

Map Date _____

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 11252 dated 8-3-76 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 11-28-76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500

Tank Construction AC

Absorption and/or Nitrification Lines:

Total Line Length 600' - 150'

Number of Lines 5 - 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Jesse S. Jenkins

LOCATION OF PROPERTY 5437 Cedarmint 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.

Comments: 12½' x 120' x 12"

7½' x 50' x 12"

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-5-76

Environmental Health Department's Copy