


8233 CEDARBROOK DR

11112429

5/20/08

marliwr

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

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1906 DATE: 7/22/97

TC: 111-124-29 ☐ L ☐ CRT

SERIAL Nº 17250

Name of Owner George Stephen Nivens Juris.: _____

Address of Property 8235 Cedarbrook Drive

**Inspection Data:**

Tank Material _____

Total Length of Drainfield 100'

Number of Lines Bed 6 @ 50'

Cover Depth 24"

Water Supply Source Well

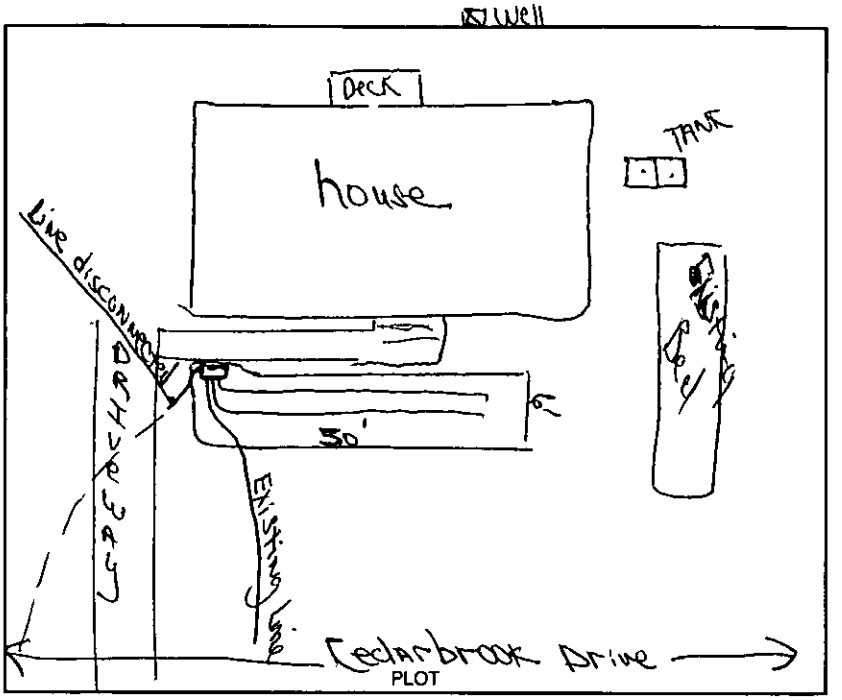
Distance to Water Source 100'

Excavation Inspected 7/22/97

Tank(s) Inspected _____

Wash Line Inspected 7/22/97

High Water Alarm Inspected _____




Design 1997 Repair To Washer CTR# Read Judy

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to Washer line.

Installed As permitted - the original line from D-Box disconnected 2nd original line re-hooked and a new liner running into new bed.

System has had repair previously - no record found

(Bed 1725)

Judy Kiser RS
Environmental Health Specialist

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

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

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1906 DATE: 7/21/97

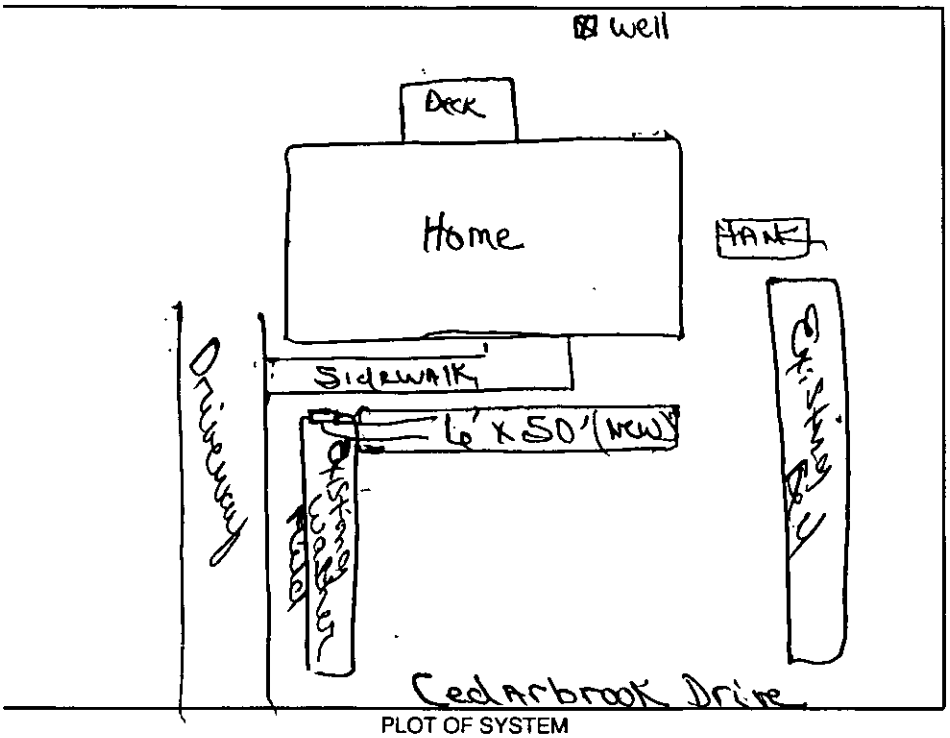
TC: 111-124-29

SERIAL Nº 17436

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 7/17/97. All work shall be completed on or before 8/21/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.

To Washer

Repair Data:




PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' x 50' Bed feet

Trench Walls Scored and Porous ✓

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 18" inches

Distance from House 5' Minimum

Distance from Property Line 10' feet

Distance from Well ≥100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER George Stephen Nivens

LOCATION OF PROPERTY 8233 Cedarbrook Drive

Comments: INSTALL AS repair to washer one(1) Bed 6'X 50', 18" Stone. Use existing D-Box, run 2 New Solid lines to New Bed - Cut off Old Drainfield.

Judy J. Kiser R.S.

( Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

@465

FEE: N/A **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7/21/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/21/97 PERMIT NO: 1906
PARCEL NO: 111-124-29
JOB LOCATION ADDRESS: 8233 Cedarbrook Drive
PROPERTY OWNER: George Stephen Nivens
BUILDING CONTRACTOR: N/A
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Judy J Kuser DATE: 7/21/97
DEHNR AUTHORIZED AGENT

**AUTHORIZATION CONDITIONS**

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1906, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Repair only - No Building permit to be issued

**OWNER CERTIFICATION**

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

See Signature on Application to repair request 7/21/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 70.00
DATE: 7-18-97

**APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM**

REPAIR 1906
[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-124-29

STREET ADDRESS: 8233 CEDARBROOK DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME: CEDARBROOK ACRES

LOT NUMBER: LOT #19 & #20 (BLK)

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

CLOSING DATE_____

FOUNDATION FOR RESIDENCE

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | X YES ___ NO | WELL, SPRINGS OR WATERLINES | X YES ___ NO |
| EXISTING WASTEWATER SYSTEMS | X YES ___ NO | DESIGNATED WETLANDS | ___ YES X NO |
| EASTMENTS OR RIGHT-OF-WAYS | ___ YES X NO | | |

**PROPERTY OWNER:**

NAME: NIVENS, GEORGE STEPHEN
(LAST) (FIRST) (MI)

ADDRESS: 2335 HEMBY PLACE

CITY: CHARLOTTE STATE: NC ZIP: 28270

DAYTIME PHONE: (704 332-2233

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: George Stephen Nivens DATE: 7-17-97

1995

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Imaging Solutions and Services, Inc

The following is a

# Poor Original

*The following image, images, or group of images has/have been identified as of poor quality based on the condition of the original document (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up parameters and/or copying of the original) to obtain the highest possible image quality from this original.*

*ISSI Operations Center Staff*

tal No. 7063 ICAB/Cs Permit No. 1906

T C No. 11-124-2[illegible]

Map Date [illegible]

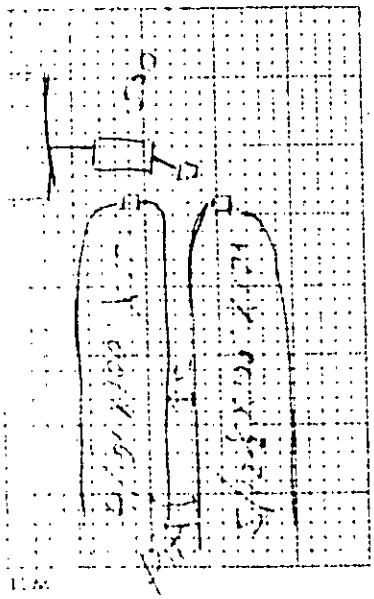
# OUNTY HEALTH DEPARTMENT

## ENTAL HEALTH DIVISION

## CTION, ALTERATION, AND/OR REPAIR PERMIT

**with Subsurface, Soil Absorption, Effluent Discharge)**

r Construct, Alter or Repair the individual septic tank waste- absorption, effluent discharge as specified herein at the de- ed upon the information supplied in application 1906, be void and of no effect if the information provided in the ap- k shall be completed on or before 1-30-76, after which



Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 700 W/M 225

Number of Line (445) 9 4

Distance from House 10'

Distance from Property Line 10' Varies

Distance from Well 95'

[illegible]

[illegible]

requirements as set forth in the Regulations of the Mecklenburg to the date of the granting of this permit. A certificate of ap- shall be covered up or otherwise rendered un-

[illegible]

Environmentalist

truction of a new system, it must be signed by the division or e- in order to be valid. Only the signature of the Environ- system is being altered or repaired.

HEALTH DEPARTMENT COPY

Date Issued 1/12/26

Serial No. 7063

ICAR (S) Permit No

T C No

Map Date

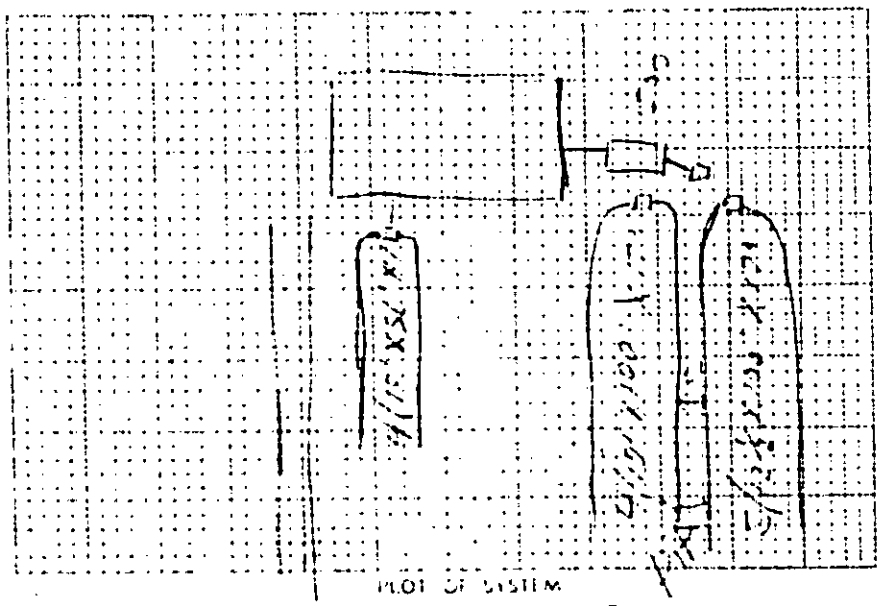
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

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

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

Permission is hereby granted (X) to Install or Construct ( ) Alter or Repair the individual septic tank sewage water 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 # 176[illegible] dated 12/22/25 and this permit shall be void and of no effect if the information provided on the application is not true or is otherwise. All work shall be completed on or before [illegible] after which date this permit shall be null and void.




Percolation Rate 60

Liquid Capacity of Tank 1500gal

Tank Construction TC

Absorption and/or Nitrification Lines:

Total Line Length ST 900 WM 225

Number of Lines (445) 9' 4'

Distance from House 10'

Distance from Property Line 10' [illegible]

Distance from Well 95'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

This permit is issued with the understanding that all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health will be complied with and will be in full force and 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 unserviceable for use.

Comment [illegible]

Environmentalist

Date of Letter Sent

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 NO. [illegible]

**HEALTH DEPARTMENT COPY**

Serial No.

Date Issued 1/15/76

CERTIFICATE OF COMPLIANCE

# MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

## CERTIFICATE OF APPROVAL

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

Name of Owner NIVENS (LAST) GEORGE (FIRST)

Location of Property COMBROOKE DR

Application Number 1906

Permit Number

**Inspection Data:**

Liquid Capacity of Tank 1500 gal (ST) (CONC)

Total Length of Drain Tile 900 225

Depth of Filter Material 12"

Water Supply Source IND WELL

Excavation Inspected 1/15/76 (DATE)

Nitrification Field Inspected 1/15/76 (DATE)

Washing Machine Line Inspected, If Applicable 1/15/76 (DATE)

Tank Material

Number of Lines

Cover Depth

Distance from Water Source

Tank Inspected 1/15/76 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface effluent discharge as described above and it has been [illegible] altered or repaired in accordance with the permit issued and the regulations of the Board of Health in effect on the date of issuance of the permit. This approval is provided on the express understanding that no reliance was placed on any guarantee that the system will operate properly for any length of time, and that the owner will be responsible for correcting or repairing such system from any fault or malfunction that may develop in the system to operate properly. This Certificate of Approval is issued only for the specific use stated in the permit and in addition to those listed below. The owner shall be notified of any misrepresentation contained in the application for the permit or any changes made to the property which would increase the requirements for said system.

Comments: [illegible]

Environmentalist

Form No E-6-9-1-72

FEE: NA
DATE: 7-18-97

**APPLICATION FOR IMPROVEMENT PERMIT**
**FOR RESIDENTIAL SITE**
**INDIVIDUAL WATER AND WASTEWATER**
**SYSTEMS PROGRAM**

1906
REPAIR 1906
~~2832~~ [ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-124-29

STREET ADDRESS: 8233 CEDARBROOK DRIVE

SUBDIVISION OR MOBILE HOME PARK NAME: CEDARBROOK ACRES

LOT NUMBER: LOT #19 & #20 (BIA)

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ✓ YES __ NO | WELL, SPRINGS OR WATERLINES | ✓ YES __ NO |
| EXISTING WASTEWATER SYSTEMS | ✓ YES __ NO | DESIGNATED WETLANDS' | __ YES ✓ NO |
| EASTMENTS OR RIGHT-OF-WAYS | __ YES ✓ NO | | |

**PROPERTY OWNER:**

NAME: NIVENS, GEORGE STEPHEN
(LAST) (FIRST) (MI)

ADDRESS: 2335 HEMBY PLACE

CITY: CHARLOTTE STATE: NC ZIP: 28270

DAYTIME PHONE: (704 332-2233

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: George Stephen Nivens DATE: 7-17-97

1995

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102