


4631 CHUCKWOOD DR

13537320

5/30/08

marliwr

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

# 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: 1,2,13

TC: _____

SERIAL: 00081

☐ L ☒ CRT

**JOB LOCATION**

① ADDRESS: 4631 CHUCKWOOD DR. (STREET NO.) (STREET) ② FILE: _____

③ JURISDICTION: MINTHILL ④ TAX PARCEL NO.: 135-253-20

⑤ SUBDIVISION: FARMWOOD ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: MICHAEL (FIRST) SCOTT (MIDDLE) TERRELL (LAST)

⑨ MAILING ADDRESS: 4631 CHUCKWOOD DR

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 373-2315 ⑭ (HOME) 545-7908

**REQUEST**

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) REC. ROOM

**DESIGN CRITERIA**

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4

㉓ Maximum occupancy? 4

㉕ Type? _____

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: Michael Terrell

Date: 6-7-91

## 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 ~~60~~ 60 months from the date of issuance.

USE EXISTING / NO PLUMBING

Environmentalist _____ Date 6-11-91

Director or Authorized Section Head _____ Date 6-12-91

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 6-7-91

Name/Company: Michael S. Jewell
Jenny P. Jewell

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. (Rec. Room)
4631 Chuckwood Dr.
TP: 135-353-10
File 7843

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 7 1991

# 3357

Fee: $ 25.00 #25.00

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

Date Issued 5-8-75 Serial No. 3375 Cat A Isl No. 7343

A-E No. 135-351-01

Map Date 9-5-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

FINAL

IFICATE OF COMPLETION

## CERTIFICATE OF APPROVAL

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

Name of Owner Boo McLemore & Co. (LAST, FIRST, MIDDLE)

Location of Property 4631 Chuckwood Dr

Application Number 7343 Permit Number 7343

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material RC

Total Length of Drain Tile 195'+200' Number of Lines 6(15'x18"x12") 4(10'x50'x12")

Depth of Filter Material 12" Cover Depth 18-24"

Water Supply Source Comm Distance from Water Source

Excavation Inspected 5-8-75 (DATE) Tank Inspected 5-8-75 (DATE)

Nitrification Field Inspected 5-8-75 (DATE)

Washing Machine Line Inspected, If Applicable 5-8-75 (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 subject to those restrictions and conditions shown on the permit as well as in addition to those listed below or 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 Aerator input 2½ x 7 x 4' of Stone

Stenciled

Environmentalist

FORM NO E-8-9-1-72

Date Issued 4-21-75 Serial No. ICAR(S)-Permit No 7343
MC No 135-351-01
Map Date 9-5-73

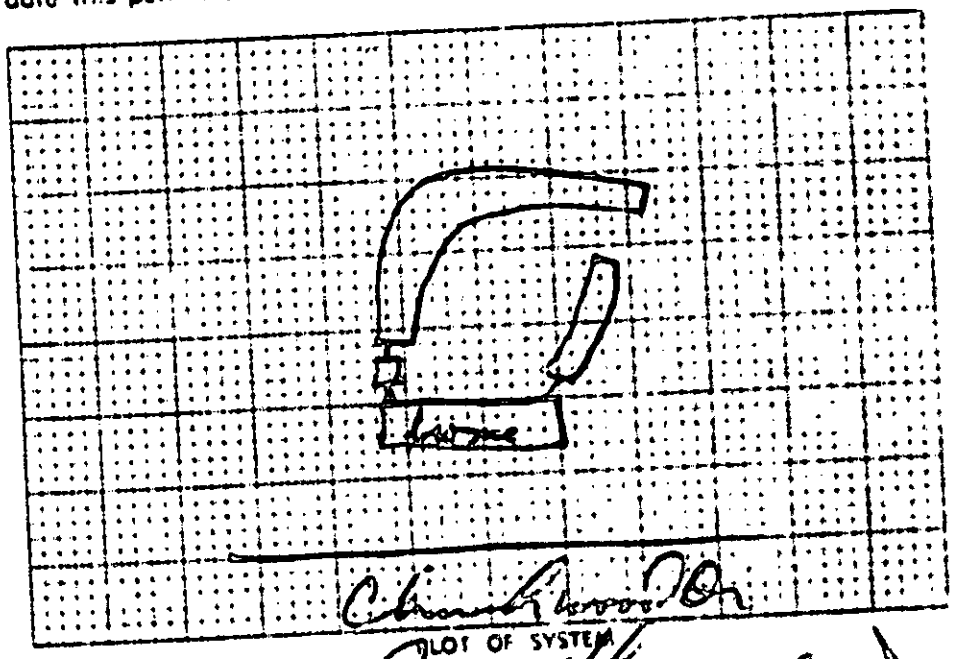
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 7343 dated 10-2-74 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 5-21-75, after which date this permit shall be null and void




PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption Bed/or Nitrification Lines

Total Line Length 795 & 200'

Number & Size 4@5'x150.2" & 4@10'x50.2"

Distance from House 10

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Bob McClure & Co. Inc.

LOCATION OF PROPERTY 4631 Chamberwood Dr 21-K

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 Aeration pit 2½ x 7' x 4' 8" Tone
Shrubs

Environmentalist

Date of Soil Test Held

If this permit is for the installation or construction of a new system, it must be signed by the division or a signature of the Environmental Health Director before any work is begun. If an existing system is being altered or repaired

E-S-D-1-72