Email Brandon when hold is cleared

4902

Application # 7457

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ◉ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Brandon Ginther
ADDRESS: 7030 Cedarbrook Dr
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: (704) 309-7354
ALTERNATE PHONE:
E-MAIL: brandonjginther@hotmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Timothy Hudson
ADDRESS: 7029 Cedarbrook Dr
CITY: Charlotte
STATE: NC ZIP: 28215
PHONE: (704) 401-6016
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 11119134
STREET ADDRESS: 7030 Cedarbrook Dr
CITY: Charlotte
STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER:

ADDITION/RENOVATION 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.

Timothy Clark Hudson
Owner's/Agent's Signature

04/23/15
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

I, Timothy Clarke Hudson Owner of 7030 Cedarbrook Dr., approve the proposed work being performed on the given address (7030 cedar brook Dr, Charlotte NC 28215.

04/23/15

~~04/23~~ TCH

X Timothy Clarke Hudson

Owner

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/27/15
Receipt #: 94519
Check / Auth #: MC 300172
Received By: WALKEVA

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: GINTHER, BRANDON
Attn:
Address: 7030 CEDARBROOK DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 7030 CEDARBROOK DRIVE		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
BRANDON GINTHER

Bill To:

BRANDON GINTHER
7030 CEDARBROOK DRIVE

Charlotte, NC 28215

Single Payment

Transaction Date: 04/27/2015 12:40 PM Pacific Time
Pay Method: **********5243
Approval #: 300172
Trace Number: 087c46be-5a7a-4e35-b577-f33169a71a7d
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Date Received 12-29-83

SEE INSTRUCTIONS ON BACK
DEC 29 1983
ENVIRONMENTAL HEALTH

Application No. 9902

T. C. No. 111-191-34

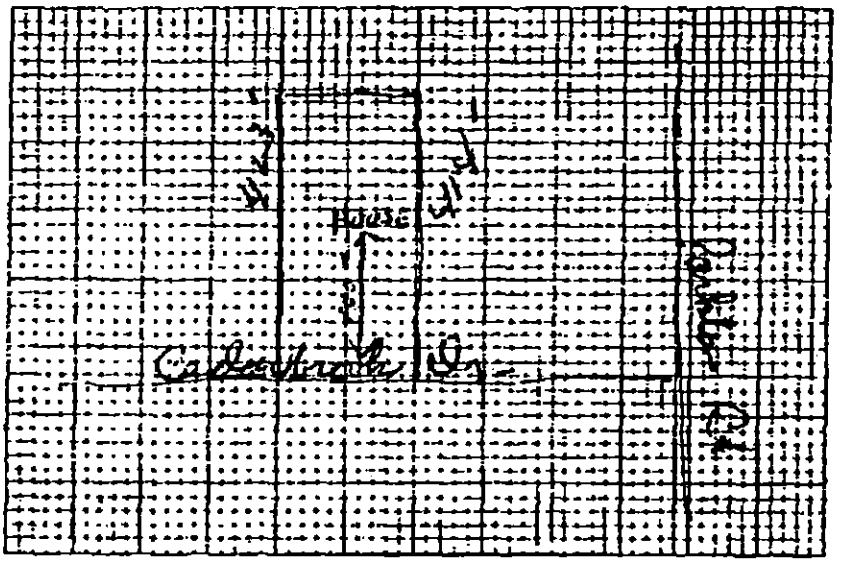
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to:

1) ✓ 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)

Mobile Home ____Yes ____No
Residence ____Yes ____No

4) No of Bedrooms 3
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 Hudson (LAST) Paul (FIRST) Thomas (MIDDLE)

14) ADDRESS OF OWNER 10618 Parkton Rd. Charlotte, NC 28215

15) PHONE NO. Home 545-5431 Office _____

16) LOCATION OF SYSTEM 7030 Cedarbrook Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 81 Block No. B.

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3708 AT PAGE 414

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 7-17-75

20) PTR NUMBER (See Instructions) 9902

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.

12-28-83
DATE OF APPLICATION

Paul Thomas Hudson
OWNER

END-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

RE 1-3-84

Serial No. 7097

SIR No. 9902

Date Issued 12-29-83

T. C. No. 111-191-34

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Hudson (LAST) Paul (FIRST) Thomas (MIDDLE)

ADDRESS OF OWNER 10618 Parkton Road, Charlotte, NC ZIP 28215

LOCATION OF LOT 7030 Cedarbrook Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 31 BLOCK NO. B

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on 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 9902. 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 soil investigation 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, altered, 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 P Hodges
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Issued 3-26-84

Serial No. 07071

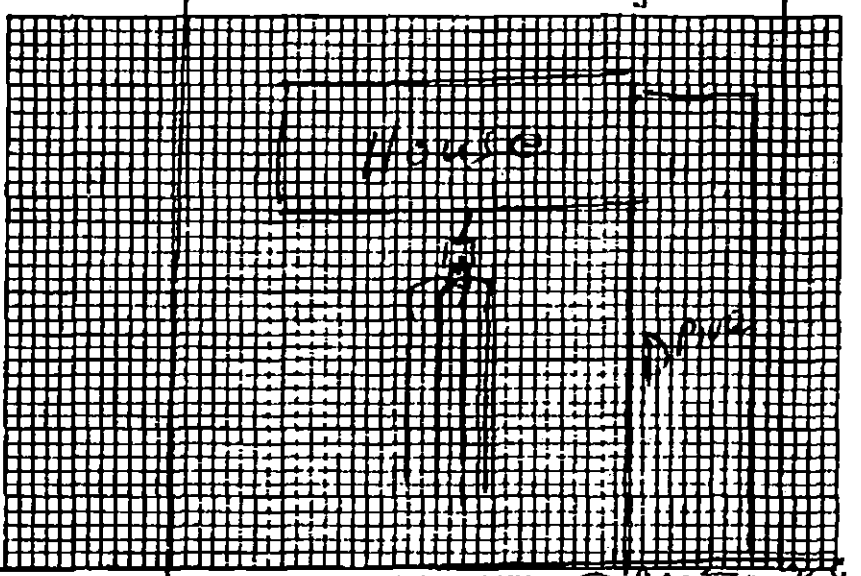
ICAR(S) Permit No. 9902

T. C. No 111-191-34

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 X 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 9902, dated 12-28-83 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 April 26th, 84 after which date this permit shall be null and void.



PLOT OF SYSTEM CEDAR BROOK DRIVE

Permeability Rate PS LVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 300 lin FT

Number of Lines FOUR

Distance from House 5 FT

Distance from Property Line 30 FT

Distance from Well 100 FT

NAME OF OWNER Hudson, Paul

LOCATION OF PROPERTY 7030 CEDARBROOK DRIVE

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. 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.

Four Trenches @ 75FT x 3FT x 12 Inches Stone

Comments: Layer Stone Cover Grade Bds

Division or Section Head

Environmentalist Ralph Gillis

* 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-5-78

Environmental Health Department's Copy

C of A (s) No. 9902

Date Issued 5-29-84 **Serial** 6670 T. C. No. 111-191-34 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Hudson (LAST) Paul (FIRST) (MIDDLE)

Location of Property 7030 Cedar Brook Drive

Application Number 9902 Permit Number 9902

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 300' Number of Lines 4 x 75'

Depth of Filter Material 12" Cover Depth 12" to 18"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 5-29-84 (DATE) Tank Inspected 5-29-84 (DATE)

Nitrification Field Inspected 5-29-84 (DATE)

Washing Machine Line Inspected, If Applicable ____ (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 _____

Jim Smith RS

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY