


7320 CEDARBROOK DR

11119120

9/4/08

marliwr

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

Date Issued 5-21-84

Serial No. 08193

ICAR(S) Permit No. 2117

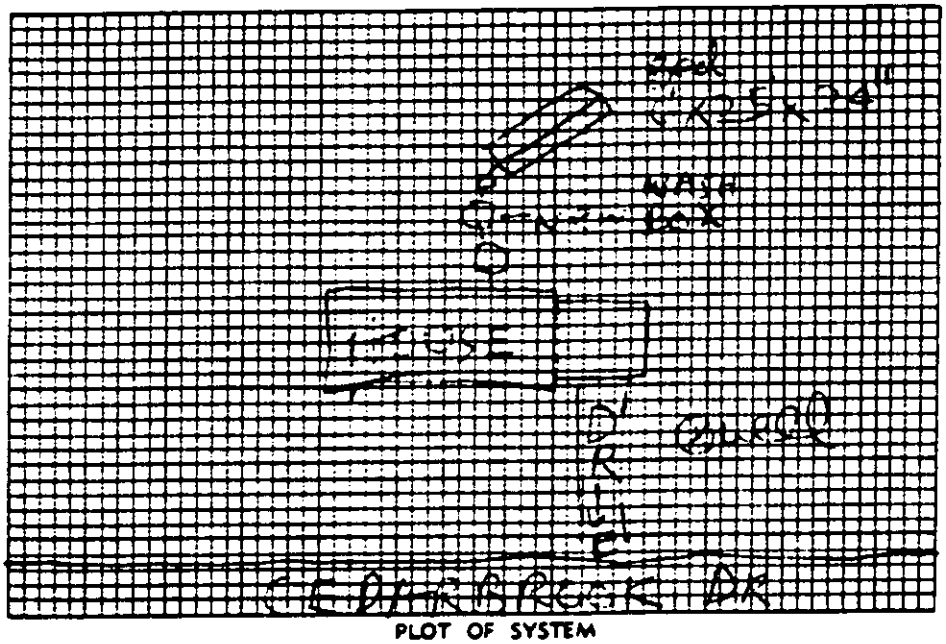
T C. No 111-19

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# 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 wa water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the scribed location. This permit is granted based upon the information supplied in application 21179 dated 6-26-84 and this permit shall be void and of no effect if the information provided in the plication is not true or is erroneous. All work shall be completed on or before 6-21-85 after wh date this permit shall be null and void.

REPAIR




PLOT OF SYSTEM

Permeability Rate ____

Liquid Capacity of Tank ____

Tank Construction ____

Absorption and/or Nitrification Lines:

Total Line Length 6x25 FT

Number of Lines 1

Distance from House 5' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER ROGERS, DONALD

LOCATION OF PROPERTY 7208 CEDARBROOK DR.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbu County Health Commission which are in effect on the date of the granting of this permit. A certificate of a proval must be issued by the Environmental Health Director before any system can be covered up or otherw rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that t system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co trolling or using such system from any liability resulting from the failure of the system to operate properly.

1 SEP 6'x25'x24"

Comments: ____

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 section head of the Department of Environmental Health in order to be valid. Only the signature of the E vironmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

COPY

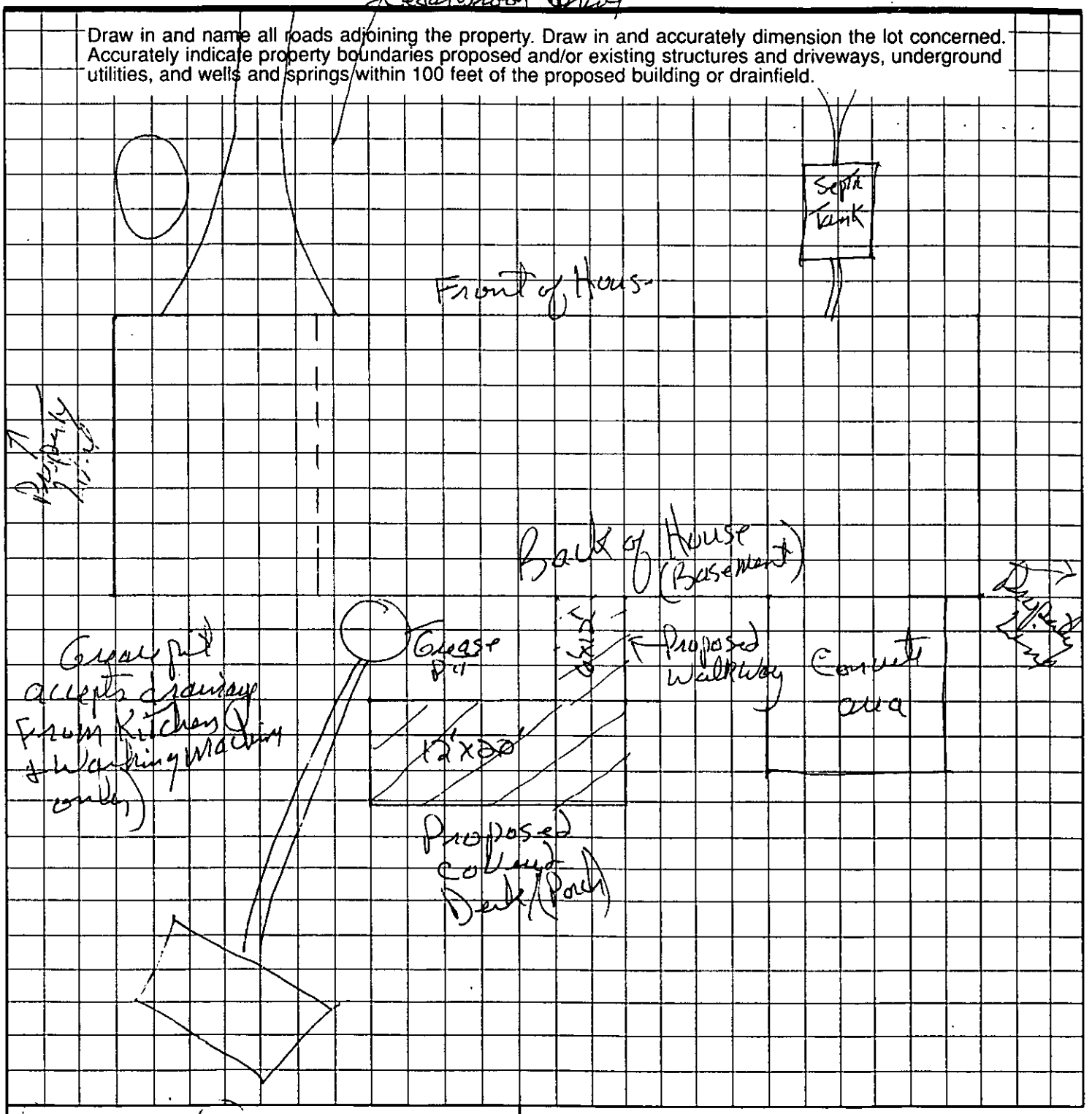
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21179

TC: 11-19-20

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Wm S. Rowan
OWNER/AGENT SIGNATURE

DATE 5/15/96

APPROVAL DATE _____

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

RN

1450 B

Pd 50 ck 5/15/96 9C

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

21179

X CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Rogers (last) Donald (first) S. (mi)
ADDRESS: 7208 Cedarbrook PHONE: (704) 545-6274
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 5/15/96

PROPERTY OWNER:
NAME: Donald S. Rogers and Peggy Wade Rogers (last) (first) (mi)
ADDRESS: 7208 Cedarbrook PHONE: (__) 545-6274
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-191-20
STREET ADDRESS: 7208 Cedarbrook
Site Add. (7316)
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Deck/Porch/Walkway

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Donald S Rogers Date: 5/15/96

NOTICE:

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 by this Department.

...This permit is not transferable.

... Deck & Porch addition

Use existing system

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo S. Walker R.S. 5/16/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

# PROPOSED PLOT PLAN

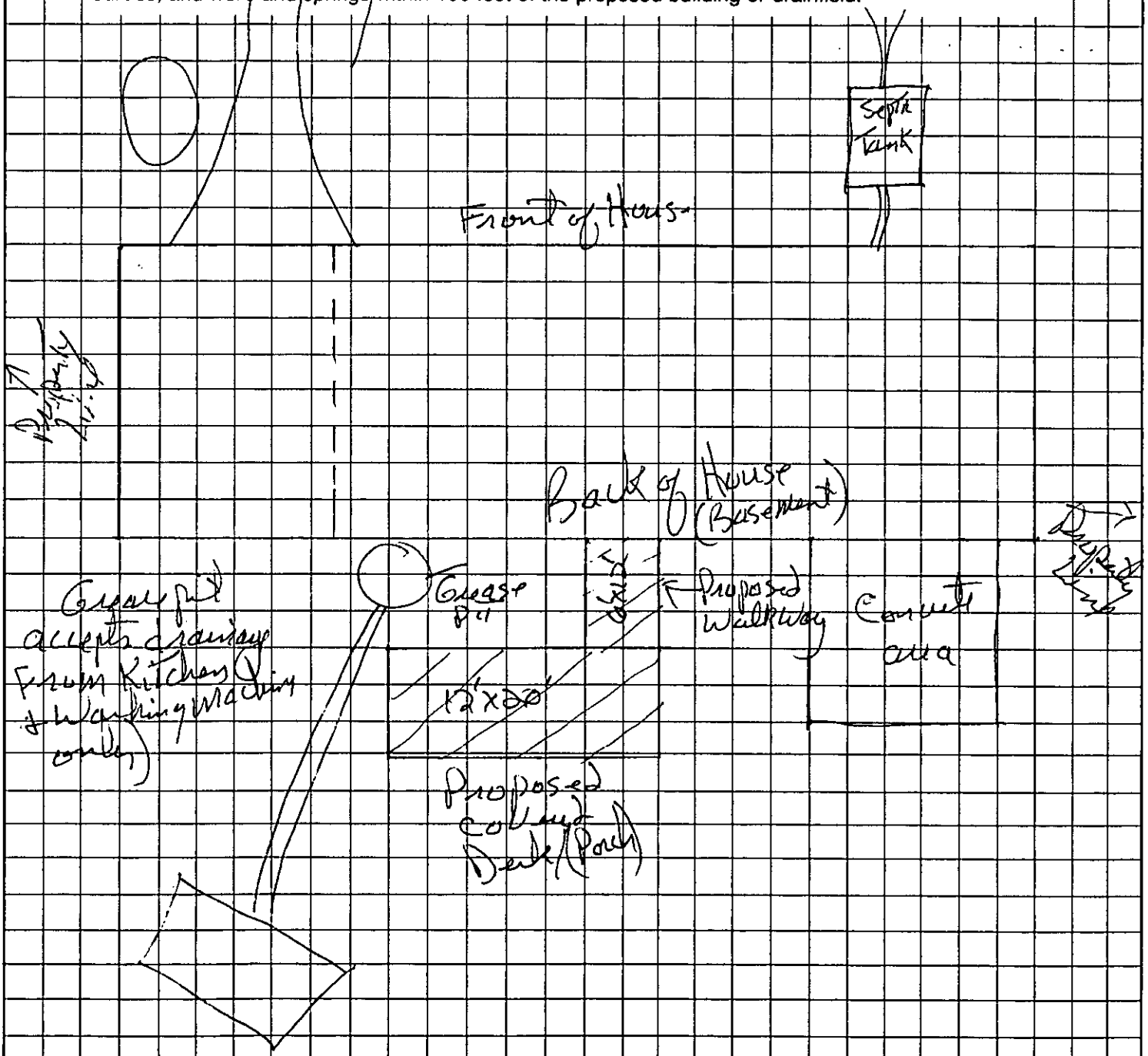
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CHARLOTTE, NC 28202
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FILE: 21179

TC: 111-191-20

Cedarbrook Drive

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Wm S. Rogers
OWNER/AGENT SIGNATURE

DATE 5/15/96

APPROVAL DATE JW 5/16/96

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

# ...ATION, AND/OR REPAIR PERMIT

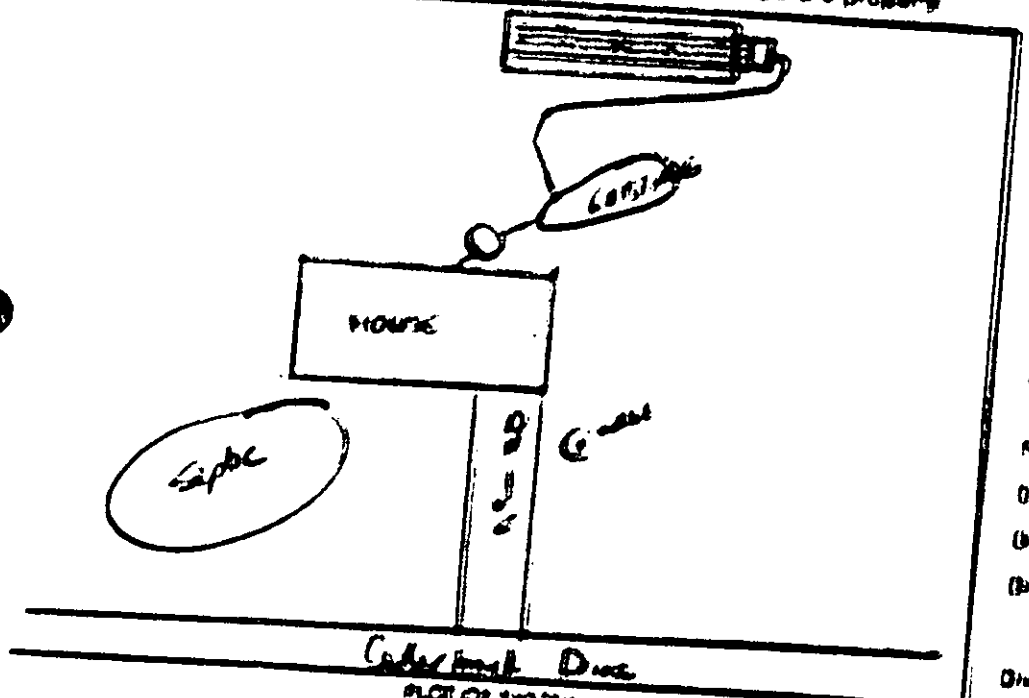
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

FILE: 2879 DATE: 6/[illegible]

TC: III-191-20 pd L

SERIAL NO 10137

Permission is hereby given to _____ to Install or Construct, ___✓___ Alter or [illegible] the individual single family 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 6/18/96 and is valid before 7/18/96, after which date this permit shall be null and void. All work shall be completed in accordance with the construction requirements of 10 NCAC 10A .1950 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 Department of Environmental Health 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.



PLOT OF SYSTEM

Liquid Capacity of
Septic Tank _____ gallons

Liquid Capacity of
Dosing Tank _____ gallons

Pump Construction: _____

Absorption area or Infiltration area
Trench Width 15 feet
Total area length 150 feet
Number of lines 2
Depth of Stone 11 inches
Distance from Water _____ feet
Distance from
Property Line 10 feet
Distance from Well 100 feet

NAME OF OWNER Roger Arnold

LOCATION OF PROPERTY 7208 Cedarbrook Dr

Comments: 1 Bed 15'x30'x17" stone w/ 4" gravity lateral & bundle cover
first absorption bed new repair area

Division or Section Head

Environmentalist

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WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENT'S COPY

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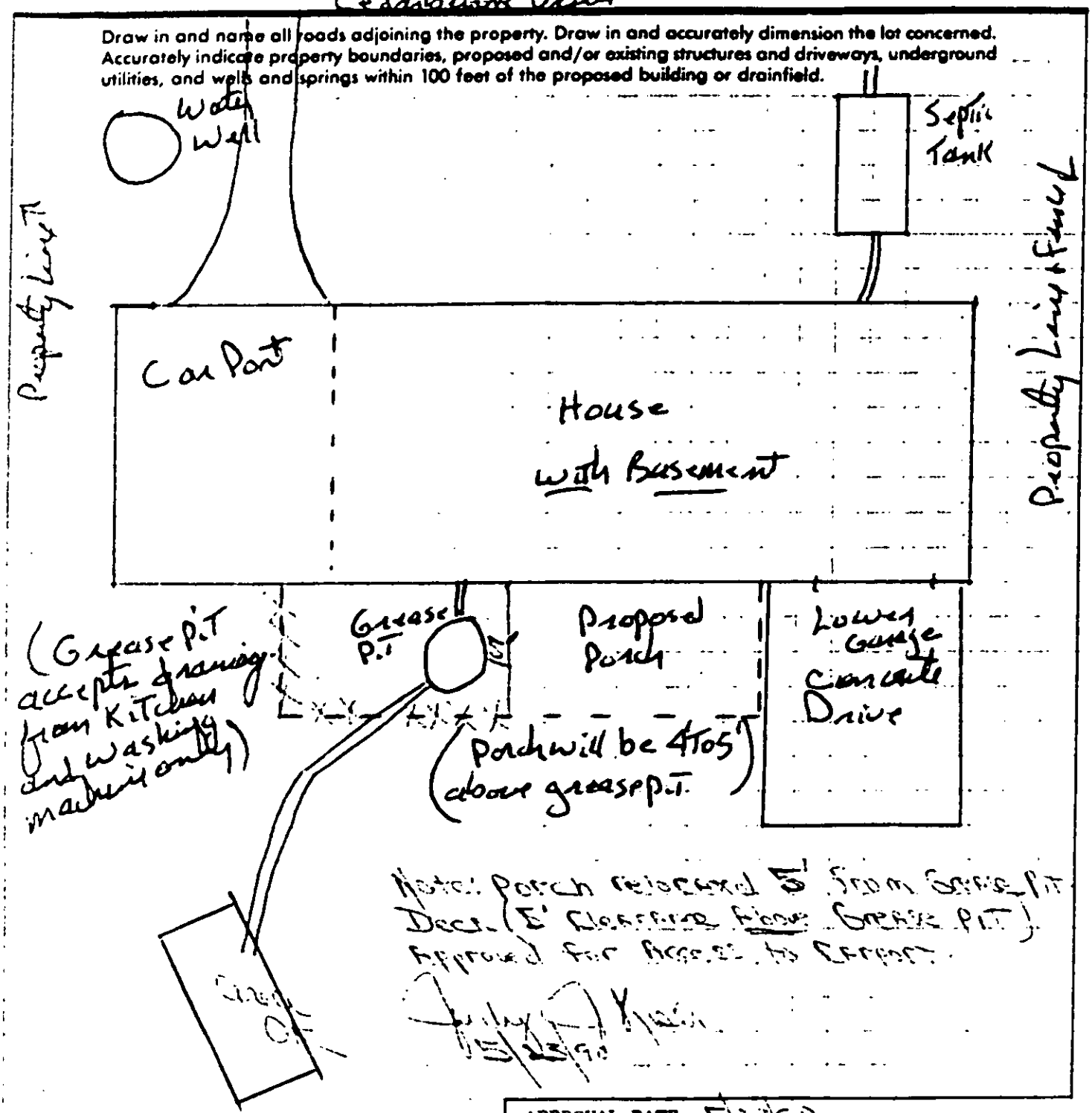
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Cedarbrook Drive

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APPROVAL DATE 5/23/90

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy