

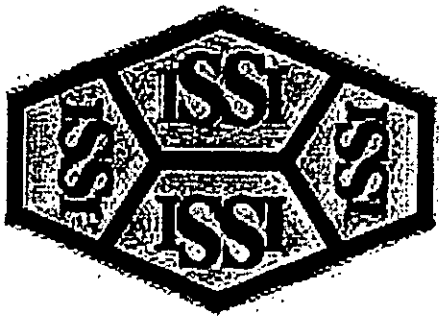
6712 PINE LAKE LN

13526218

5/22/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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ISSI Operations Center Staff

Date Issued 6-22-74

Serial No. 3138

ICAR/SI Permit No. 3355

T. C No. 135-X1-74

Map Date 6-10-74

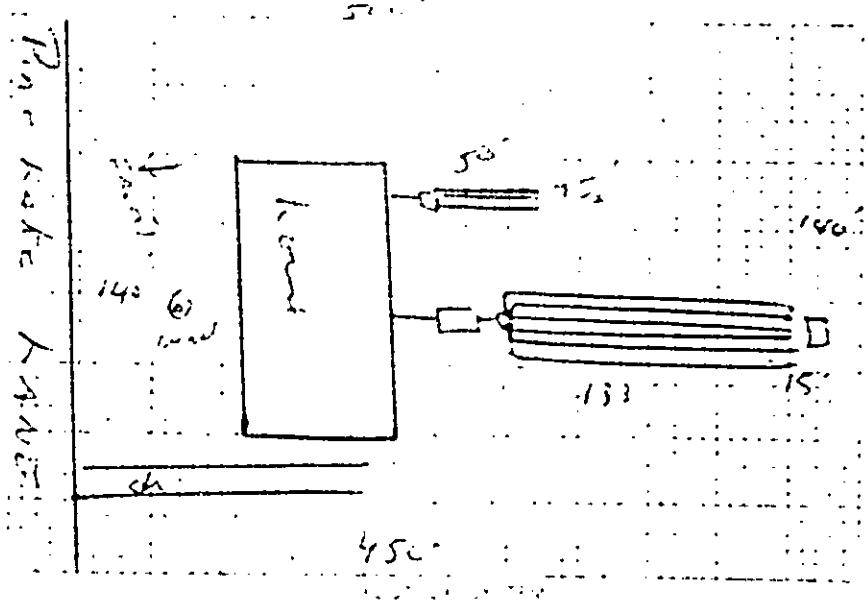
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Application is hereby made for permission to Alter or Repair existing and/or install new septic tank waste-water treatment and effluent disposal system in accordance with the information supplied on application 3355, and in accordance with the applicable provisions of the information provided in the application and the Regulations governing the same, which have been read and are understood by the undersigned.



Permit is for Use: SFD

Tank Capacity of Tank: 1500 gal.

Tank Construction: Concrete

Absorption and/or Filtration Lines

Total Length: 795'

Number of Lines: 6

Distance from Tank: 10'

Length of Lines: 75'

Distance from Well: 100'

Name of Owner: Dick McLemore Homes, Inc.

Location of Property: 4404 Tom Hunter Drive (19-C)

This permit is issued subject to the requirements as set forth in the Regulations of the Mecklenburg County Board of Health governing the granting of this permit. A certificate of approval for the system can be entered upon or otherwise rendered unnecessary.

Comments: 15' trench - double line gravel 2½' x 4'

- double 9½' x 50' x 6'

- No. 10 to No 1 stone to be used only!

Marvin R. Ward
Environmentalist

Date of Issue: June

If this permit is issued for the construction of a new system, it must be signed by the division or a section head of the Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Approved by:

OFFICE COPY

HD 85717

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $100 on cert X32031 6/16/04 [] CRT

Plio

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

(704)336-5102 3855

PERSON FILING APPLICATION:
NAME: VELA (last) CESAR (first) (mi)
ADDRESS: 2217 FARMINGTON PHONE: (704) 536-7957
CITY: CHLT. STATE: NC ZIPCODE: 28205

Date:

PROPERTY OWNER:
NAME: ARTIS (last) W. (first) M. (mi)
ADDRESS: 6712 PINE LAKE LN PHONE: (704) 545-5172
CITY: CHLT. STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-26-78
STREET ADDRESS: 6712 Pine Lake Ln
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 19E i972 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Sun Room + Stairs

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: NUMBER OCCUPANTS:
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)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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: Cesar Vela Date: 6-16-04

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.

... Approval granted for a Sunroom addition

Use existing System

Approval granted for Deck addition

7/28/04 PLW

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

Philo S. Walker III 6/17/04
Environmentalist Date

WATER : 122791

~~NOT ON WD~~

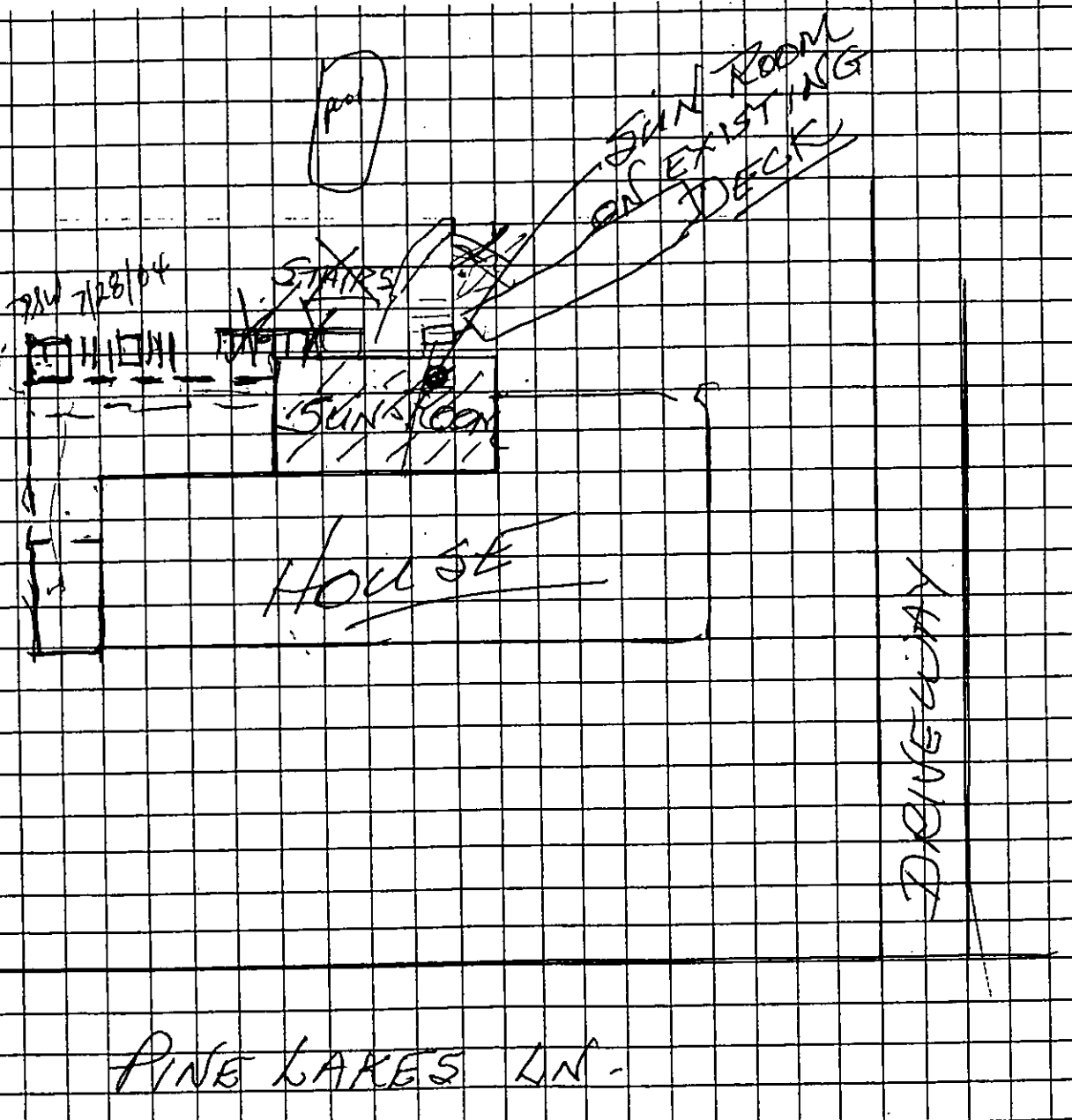
PROPOSED PLOT PLAN

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

FILE: 3855

TC: 135-2621-P

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.



Cesar Vela
OWNER/AGENT SIGNATURE

DATE 6-16-04

APPROVAL DATE 6/17/04 PSW
PSW Approved for deck addition
7/28/04

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