

2217 CEDARVALE RD

05318807

5/19/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 543 DATE: 10/1/04

TC: 053-188-07 ☑ L ☐ CRT

SERIAL 19466

NO HLD OK Posse

Name of Owner JOANNE E. ELLER Juris.: _____

Address of Property 2217 CEDARVALE RD.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 6'X50' BED

Number of Lines _____ @ _____

Cover Depth 12"

Water Supply Source COMMUNITY

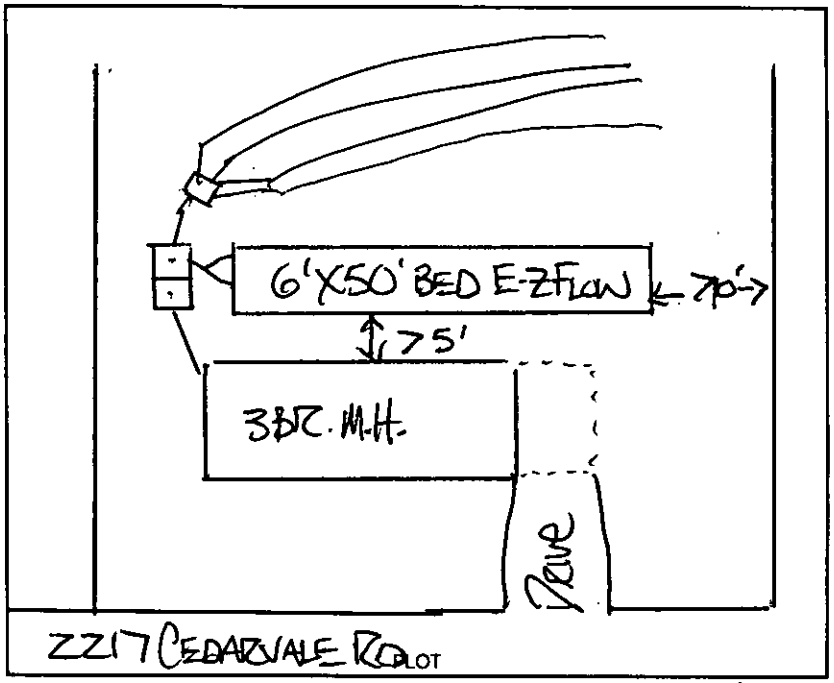
Distance to Water Source N/A >100'

Excavation Inspected 10/1/04

Tank(s) Inspected EXISTING

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2004, REPAIR, EXISTING TANK, INV. E-Z FLOW 350 FT² B CTR# RAY'S

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 15A 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 15A 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, 6'X50' BED, DOUBLE E-Z FLOW, 75' FROM HOUSE FOUNDATION, 70' FROM PROPERTY LINE/ TYPE III

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

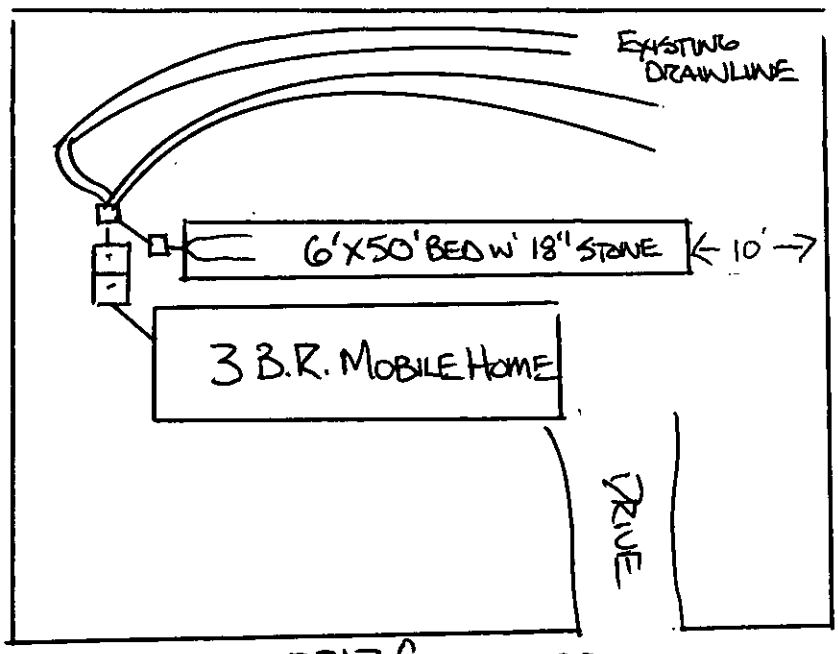
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 543 DATE: 9/23/04

TC: 053-188-07 L

SERIAL 19779

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 6/11/04. All work shall be completed on or before _____, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction EXISTING

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 6'X50' feet

Trench Walls Scored and Porous _____

Total Line Length 6'X50' feet

Number of Lines (1) 6'X50'

Depth of Stone 18 inches

Distance from House 75 feet

Distance from Property Line >10 feet

Distance from Well N/A feet

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

NAME OF OWNER JOANNE E. ELLER

LOCATION OF PROPERTY 2217 CEDARVALE RD.

Comments: REPAIR; INSTALL 6'X50' BED W/ 18" GRAVEL. SET NEW D-BOX SO THAT REPAIR BED WILL BE UTILIZED FIRST & OVERFLOW WILL DRAIN INTO EXISTING DRAINLINE.

_____ _____

Environmental Health Specialist

FEE: _____
DATE: _____

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

Repair

CITY

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ 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: 053-188-07

STREET ADDRESS: 2217 Cedarvale RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 114 M15-113

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: 3

NUMBER OF OCCUPANTS: 3

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

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: (LAST) Eller (FIRST) Joanne (MI) E

ADDRESS: 2217 Cedarvale RD

CITY: Charlotte STATE: NC ZIP: 28214

DAYTIME PHONE: (704) 829-1961

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1995

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: Joanne E. Eller DATE: 6/11/04

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

Pat's 704-922-5555
704-825-3115

City Café

101 Kenwood St., Belmont, NC 28012 Tel: 704-829-6961

Week of May 10 thru May 15th

Daily Specials

Mon -C Fried Steak, two sides & tea	$5.35
Tues - Beef Tips over rice, two sides & tea	$5.95
Wed -Meatloaf, two sides & tea	$5.50
Thur -Lasagna with salad & tea	$5.95
Friday -Fried Chicken Livers, two sides& tea	$4.95

Everyday Menu

Country Style Steak - with two sides	$4.95
Grilled Chicken Breast - with two sides	$4.95
Spaghetti	$3.50
Chicken Salad - with two sides	$4.50
Salmon Patties - with two sides	$4.95
Hamburger Steak (8oz)- with two sides	$4.95
Fresh Chicken Tenders- with two sides	$4.95
Three homemade vegetables and bread	$4.25

Vegetables

Rice	Fried Okra	Broccoli Salad
Mashed Potatoes	Blackeyed Peas	Tropical Fruit
Macaroni and Cheese	Limas	Cucumber Salad
Green Beans	Cajun Cabbage	Apple Sauce
Fried Squash	Slaw	Potato Salad
Buttered Corn	Beets	Pasta Salad

Homemade Dessert - $1.75

Ask your waitress for today's Desserts

Rich & Creamy Soft Serve Ice Cream Chocolate & Vanilla

Milkshakes - Vanilla, Chocolate, Strawberry

Banana Splits - $2.95

Coke, Diet Coke, Sprite, Sundrop, & Cherry - $1.10 Tea & Coffee - $0.94

2460

543

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5/26/95 $50.00 CK# 554

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Clontz (last) Joanne (first) L. (mi)
ADDRESS: 2217 Cedarvale Rd PHONE: (704) 398-3461
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 05318807
STREET ADDRESS: 2217 Cedarvale Rd.
ZONING:

PROPERTY OWNER:
NAME: Clontz (last), Joanne (first) (Greentree Fin.) (mi)
ADDRESS: Same PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 114 LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (T)
☑ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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: Joanne L. Clontz Date: 5/26/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

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

...Use existing system based on existing permit

...Innovation shall maintain 5' from any part of the septic tank system. There shall be no building or driving.

Environmentalist Date: 6-2-95

Director or Authorized Section Head Date: 6-2-95

WATER : 12291

Date Issued 11/19/20 **Serial No 202**

C of A (s) No. 543

188-07

T. C. No. 053

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Westside Development Co. Inc.
(LAST) (FIRST) (MIDDLE)

Location of Property Lot 114 Calumet Road

Application Number 543 Permit Number 543

Inspection Date:

Liquid Capacity of Tank 1500 gal. Tank Material Pre cast con.

Total Length of Drain Tile 55' Number of Lines 6

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Common well Distance from Water Source 100'

Excavation Inspected 11/19/20 (DATE) Tank Inspected 11/19/20 (DATE)

Nitrification Field Inspected 11/19/20 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 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: Installed by Jones Stuart - Inc.
includes 5'x5'x5' aerator pit & vent.

Thomas R. Ward
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 11/12/ Serial No 220 ICAR(S) Permit No. 543

T. C. No 65-88-07

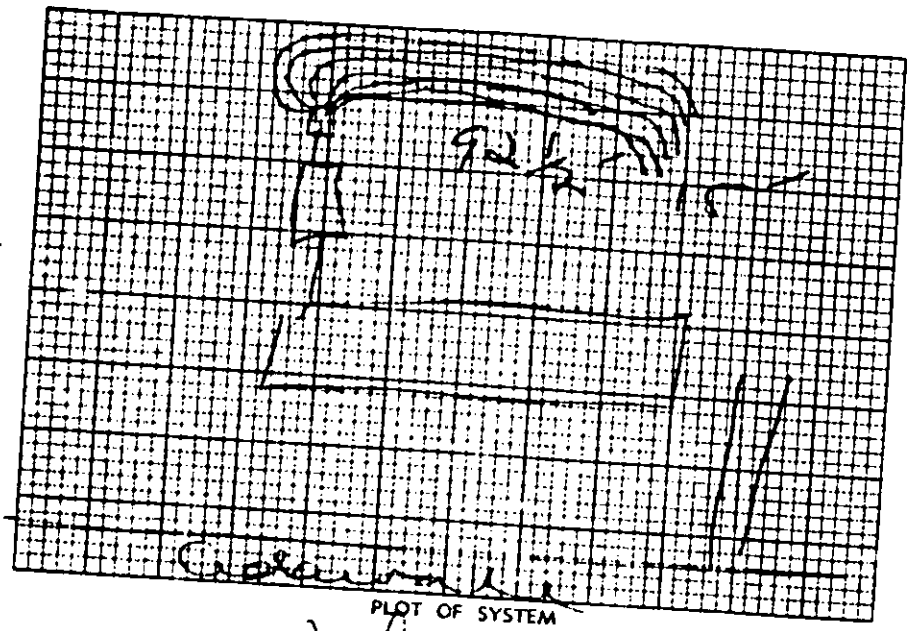
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste-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 543 dated 10/24/80 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 12/12/80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 46

Liquid Capacity of Tank 500 gal

Tank Construction Pre Cast

Absorption and/or Nitrification Lines

Total Line Lenght 555'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Weatherdale Development Co, Inc

LOCATION OF PROPERTY Lot 114 - Cedarwood Rd

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: _____

R. F. McMillan

Division or Section Head

Thomas R. Ward

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 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. E-5-7-1-70

HEALTH DEPARTMENT'S COPY

Outside

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Selwyn Rd
Subdivision Westwood Estates
Lot No. & Block No. 114
FHA Case No.

Owner Countryside Land Sales
Builder
No. Perc. Holes 2

6-Hole Average

1st. Perc. Rate	46	Min./in.	Date 6/2/70
2nd. Perc. Rate		Min./in.	Date
3rd. Perc. Rate		Min./in.	Date
4th. Perc. Rate		Min./in.	Date

Lowest Rate Above - Average Perc. Rate

No. Bedrooms 3 Baths
Washing Machine Yes No Disposal Yes No

Septic Tank Yes No Septic Tank Yes No

Tank Capacity Gallons
Distribution Line Lin. Ft. Sq. Ft.

DISPOSAL OF INDUSTRIAL BUILDINGS

W. C. Urinals Lavatories
Showers Sinks Other

Checks:
Approved
Disapproved
Conditional Approval Could Expire

Sanitarian - Engineer

EH: 965
9/1968

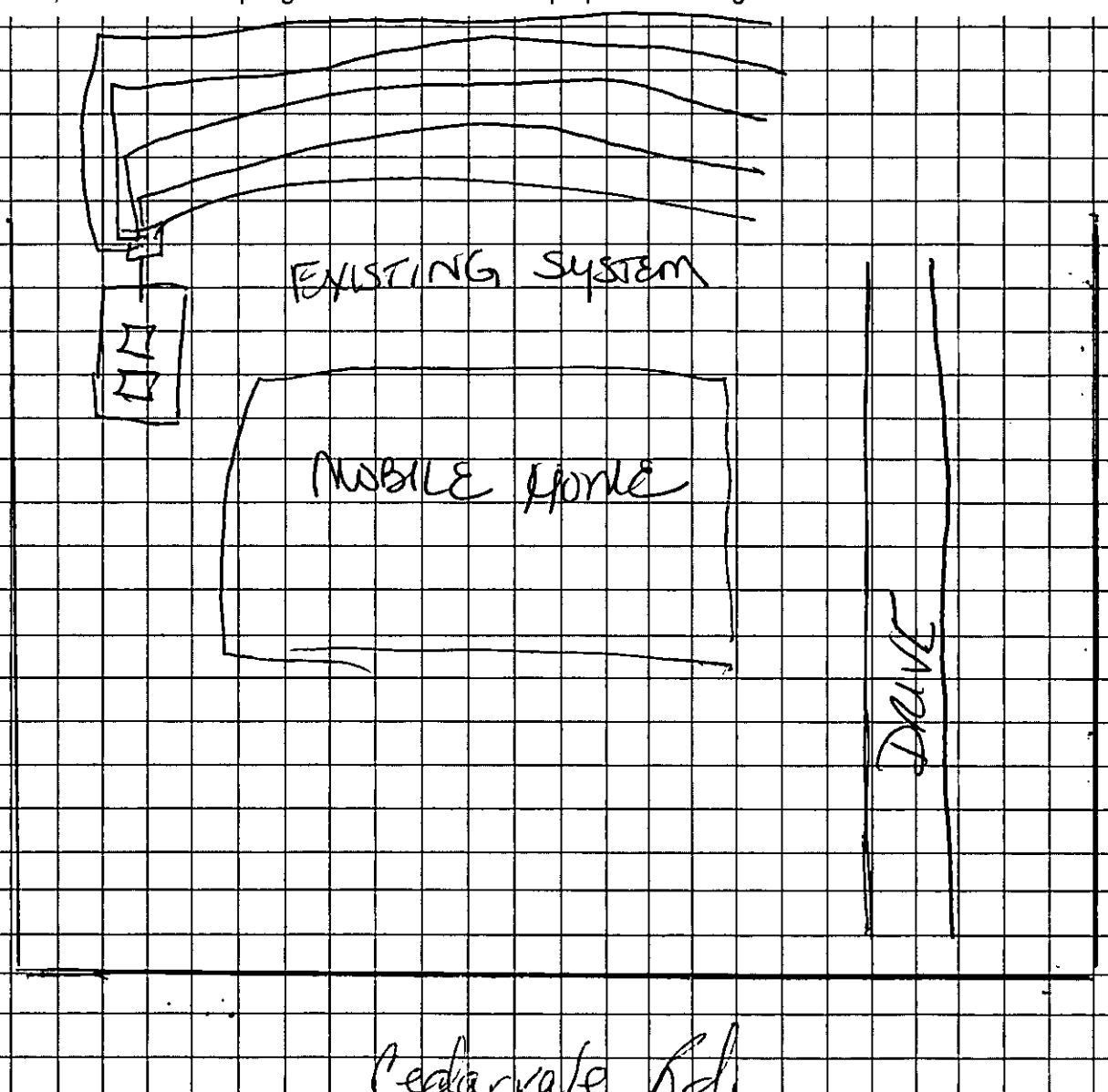
PROPOSED PLOT PLAN

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

FILE: 543

TC: 043-188-17

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.



APPROVAL DATE 6/1/95 JB

OWNER/AGENT SIGNATURE

DATE

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