

6220 GLENN TEAGUE RD

02324114

6/27/08

marliwr

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

12111 for 13848

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

Date: 4-23-96

PERSON FILING APPLICATION:
NAME: TEAGUE (last) Glenn (first) E (mi)
ADDRESS: 6226 Glen Teague Rd PHONE: (__) 592-7039
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-082-30
STREET ADDRESS: 6220 Glen Teague Rd
ZONING:

PROPERTY OWNER:
NAME: TEAGUE (last) Glenn (first) E (mi)
ADDRESS: SAME PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 1/2 Acre

TYPE APPLICATION (check one): WS Replacing mH. with house mH
[redacted]
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]
[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: 2 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) [X] 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 [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: Glenn E. Teague Date: 4-23-96

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.

...4/24 OSV. Mr Teague present. Unable to probe drainfield

4/25 OSV. House site as proposed - ~~unapproved. over portions~~ drainfield.

5/1/96 OSV. Mr Teague present. New house site design. New plot plan prepared. Approval to use existing system for 2 bedroom house. (See 5/1/96 plot plan)

5/16/96 Use existing system for 2 bedroom doublewide instead of house per request of Mr Teague

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

Lisa B. Mialik, RS 5/1/96
Environmentalist Date

S Bateman for David Program Chief 5-7-96
Director or Authorized Section Head Date

WATER : 122791

5/1/96 Use existing system for 2 bedroom house.

PROPOSED PLOT PLAN

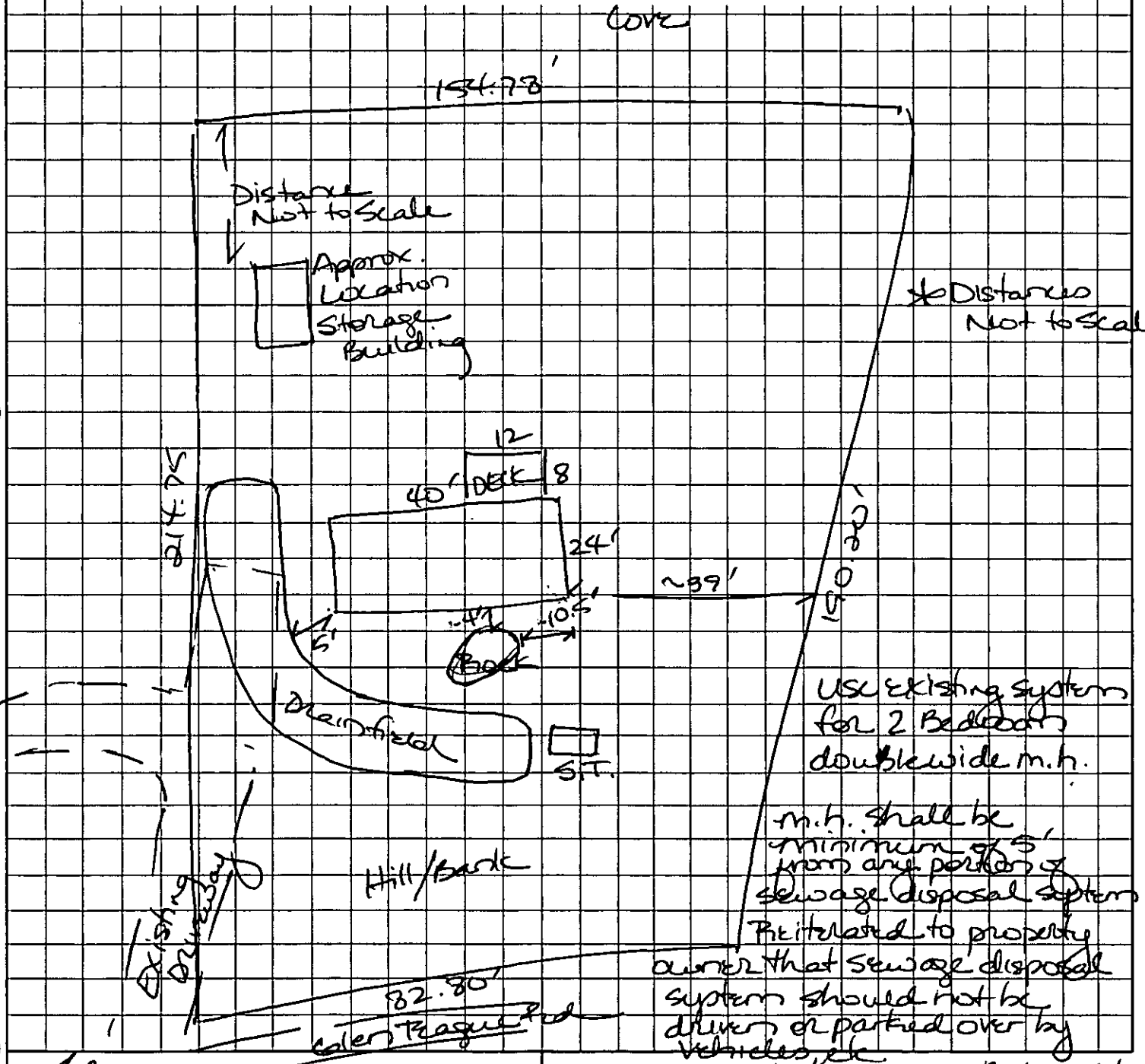
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Replaces plot plan dated 5/1/96

FILE: 12111

TC: 023-082-30

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.



OWNER/AGENT SIGNATURE Glenn E. Laguire

DATE 9-16-96
5-16-96

APPROVAL DATE 5/16/96 Joan B. Mialik, RS

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

PROPOSED PLOT PLAN

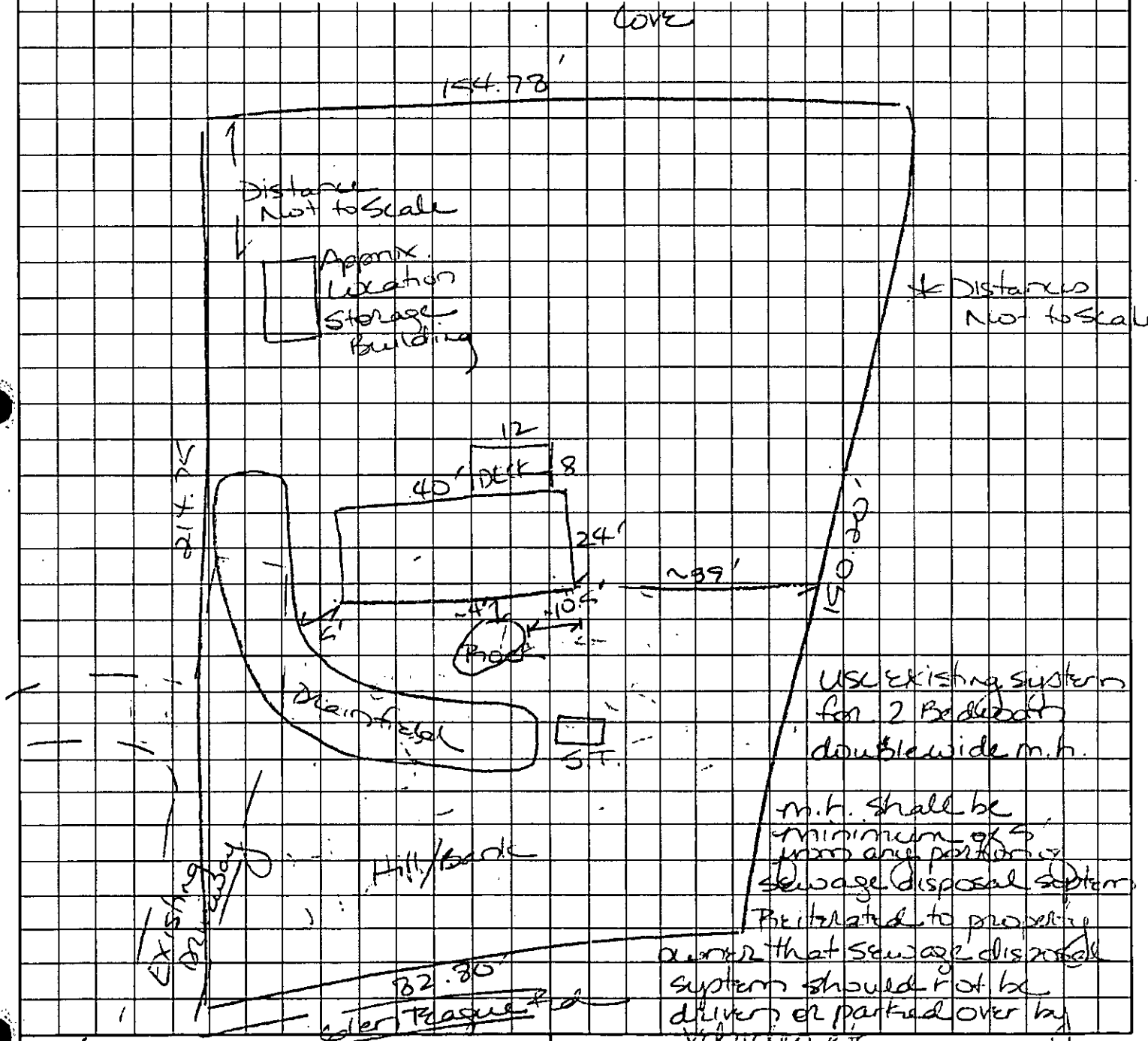
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Replaces plot plan dated 5/1/96

FILE: 12111

TC: 023-082-3m

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APPROVAL DATE 5/16/96 Gina B. Mialik, RS

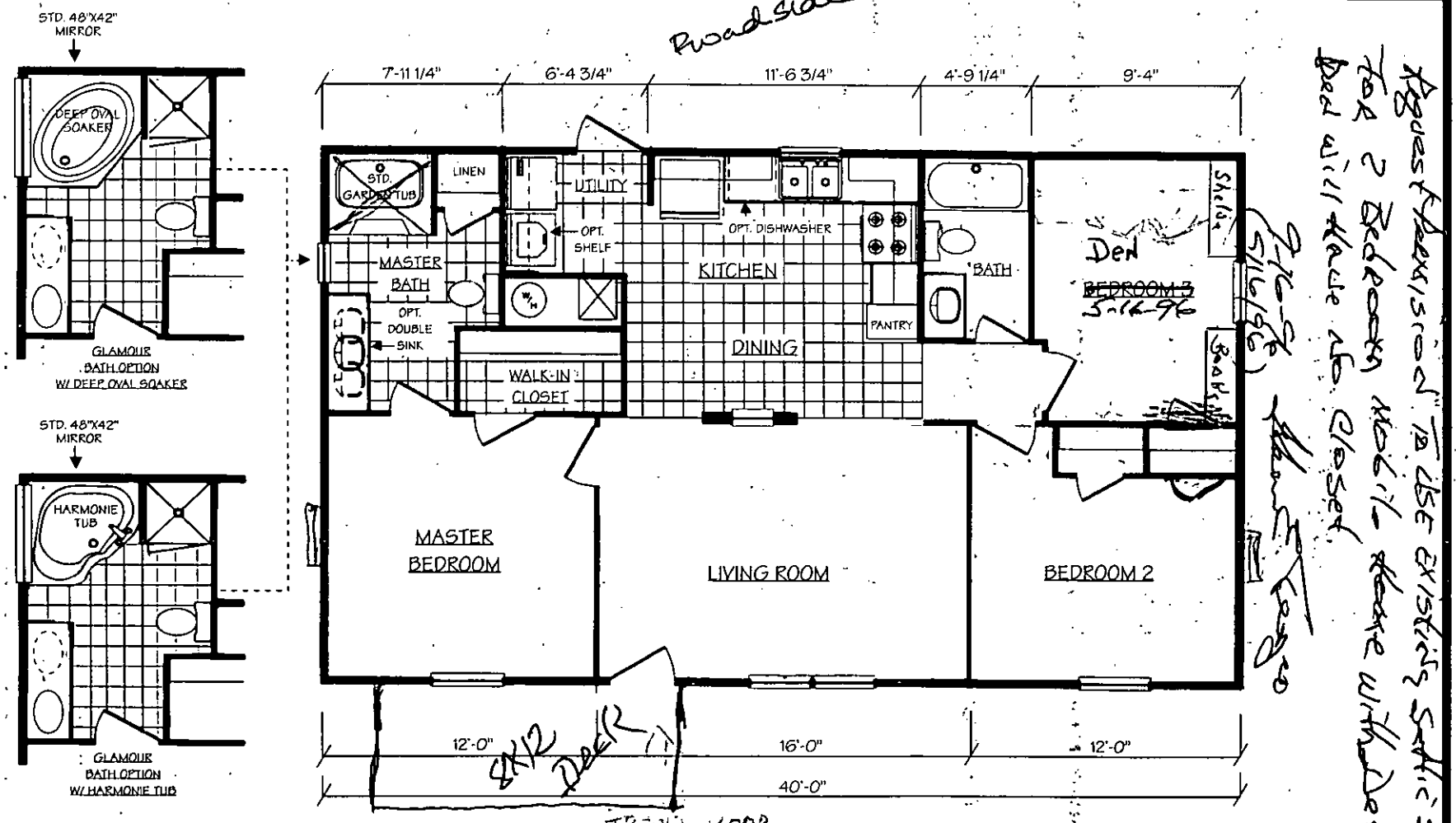
OWNER/AGENT SIGNATURE Helen E. League

DATE 5-16-96

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

OAKWOOD

SPECIAL Carolina EDITION



50th Anniversary– "LIMITED EDITION"

OAKWOOD	
1053 SQ. FT. HEATED AREA	MODEL NO. & DESCRIPTION BOM-652 24 x 44 CK-3 Bedroom-2 Bath
APPROVED BY: GRAVELLE S. KING	

NOTE: LENGTH INCLUDES 4' HITCH ALLOWANCE. DUE TO CONTINUOUS IMPROVEMENT, SPECIFICATIONS, MEASUREMENTS, AND MODEL SUBJECT TO CHANGE WITHOUT NOTICE.

Printed on Recycled Paper

44x24 - CK3+2

SPECIAL Carolina EDITION

BOM: 652
3-96

STANDARD FEATURES

Seaspray Ceilings
Nova floor
Vinyl Siding
Shingle Roof
Vaulted ceiling
Total electric
GFI Receptacles
Detachable Hitch
Storm Windows
30 gal water heater
200 AMP panel box
2" x 4" at 16" center exterior walls
Plumbed for washer
Wired For Dryer
Black board backing
11-11-11 Insulation (Zone 1)
House type front door
Plaque Cabinet Doors

DECORS

- ☐ Plum/Green
- ☐ Blue
- ☐ Earthen
- ☐ Rose
- ☐ Light Oak Cabinets
- ☐ Red Oak Cabinets
- ☐ White Blush Cabinets

OPTIONS

EXTERIOR

- ☐ Acorn
- ☐ Dormer
- ☐ Double Dormer (eyebrow)
- ☐ House type back door
- ☐ Outswing 9-Lite back door
- ☐ Hose Bibs
- ☐ 11-11-16 Insulation
- ☐ 22-11-30 Insulation
- ☐ Flood Lights
- ☐ Outside Receptacle
- ☐ Structure Wood Wrap
- ☐ 12" shutters - 2 sides
- ☐ 12" shutters - 4 sides
- ☐
- ☐

INTERIOR

- ☐ Border - Living Room
- ☐ Foyer Tile
- ☐ Wainscot - Living Room
- ☐ Wire & Brace for fan
- ☐ Border - Dining Room
- ☐ Wainscot - Dining Room
- ☐ Drawer Roller Guides
- ☐ Glamour Bath
- ☐ Carpet in Bath
- ☐ Double Sinks (white)
- ☐ Double Sinks (red)
- ☐ Single Sink (red)
- ☐ Rod & Curtain
- ☐ Towel & Tissue bars
- ☐ Red Harmonie Tub
- ☐ White Harmonie Tub
- ☐ White Harmonie Tub w/ Whirlpool
- ☐ 32" Fiberglass Shower
- ☐ 54" Fiberglass Shower
- ☐ Tile - 2nd Bath
- ☐ Towel & Tissue Bars - 2nd Bath
- ☐ Rod & Curtain - 2nd Bath
- ☐ Gas Furnace
- ☐ Utility Shelf
- ☐ 40 gal. electric water heater
- ☐ 40 gal. gas water heater
- ☐ 52 gal. electric water heater
- ☐ Rebond Pad
- ☐ C-2830 Carpet
- ☐ Melody Carpet
- ☐ Dishwasher
- ☐ Dryer
- ☐ Gas Range
- ☐ Electric Range
- ☐ 14' Refrigerator
- ☐ 16' Refrigerator
- ☐ Washer
- ☐ BC30 Bookcase in Den
- ☐ Metal Knobs
- ☐ Upgrade Drapes
- ☐ Mountain Stone Fireplace
- ☐ Panel Slate Fireplace
- ☐ Mini Blinds throughout
- ☐ Shutoff Valves
- ☐ Stereo
- ☐ Telephone Jacks
- ☐ Textured Ceiling
- ☐

Wind Zone II and III require additional selection of siding, sheathing and construction levels which are located in the exterior and miscellaneous sections of your order sheet.

The home builder reserves the right to make modifications and substitutions to any of its products or options without prior notice.

5/16/96

was 1384B-New

623-082-30

6222 C/L NW Tcasuc Pl

UXS 2BR MH

per Lisa

Lorraine
Please double check that entry in computer is changed from UXS for 2 bdrm house → to 2 bdrm doublewide m.h.

Thanks
Lisa



Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

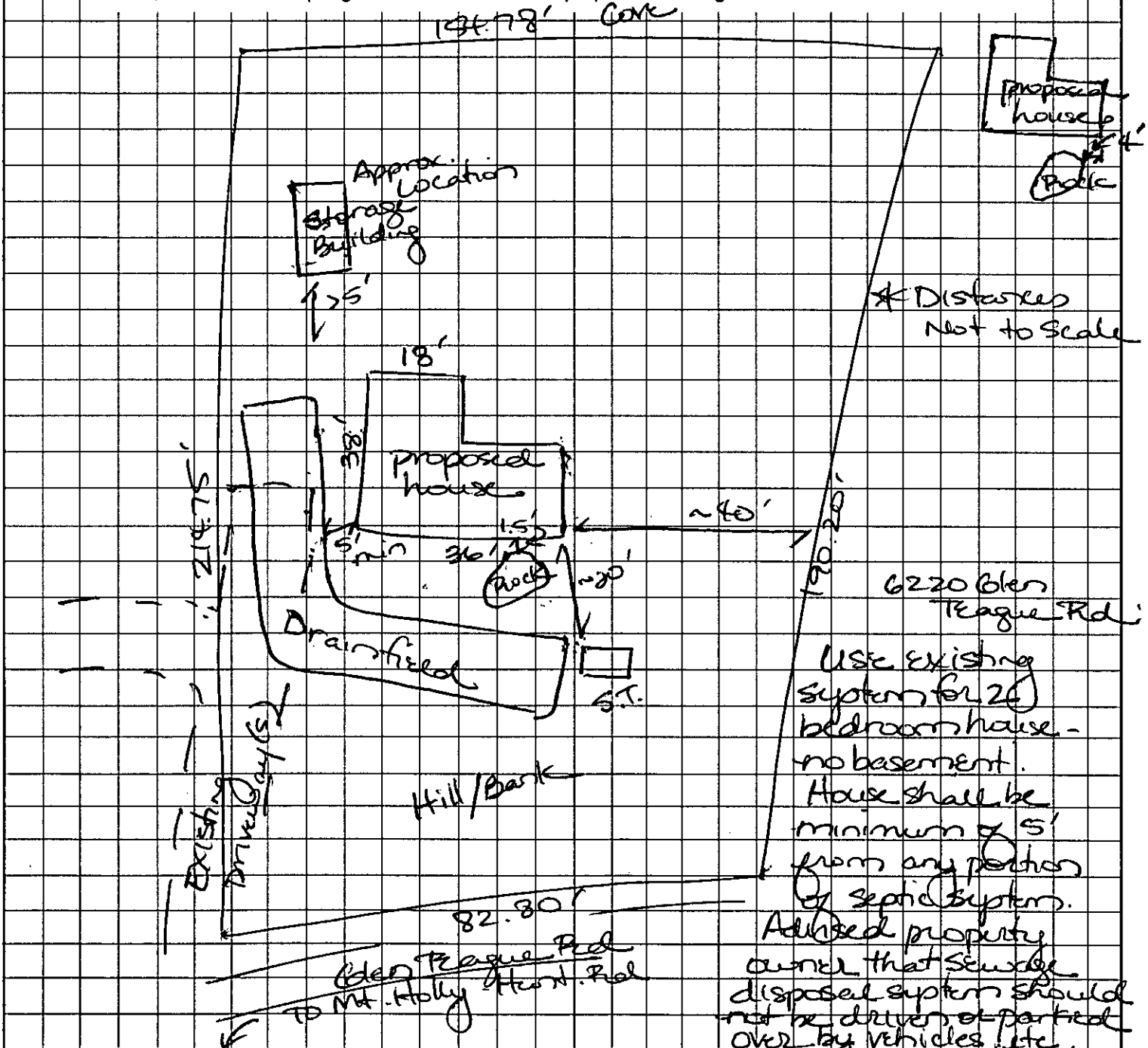
PROPOSED PLOT PLAN

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

FILE: 12111 for

TC: 023-082-30

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OWNER/AGENT SIGNATURE Glenn E. Teague

DATE 5-1-96

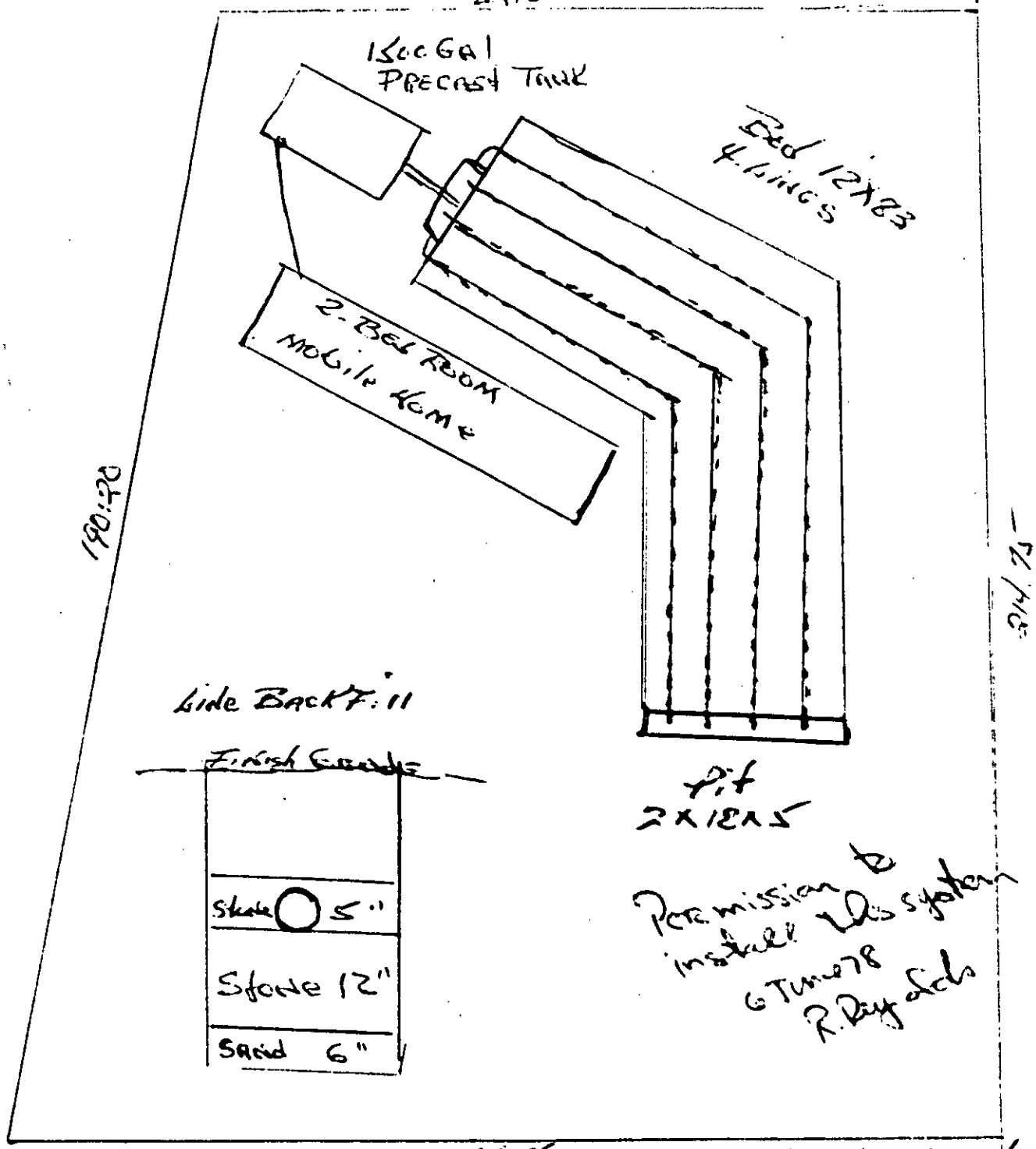
APPROVAL DATE 5/1/96 Jose B. Mallik RS

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

211034

APT#
12111

ASSES ROAD
27:80



Permission to install this system
6 Tune 78
R. Bayfield

PROPOSED ATTACHMENT System

RIDER

GLENN E. TERQUE
RFD #9 BOX 211A
CHARLOTTE. N.S.
LOT #14 28208

Serial No. 1088

Date Issued 12 June 1978

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Teague, (LAST) Glenn (FIRST) F. (MIDDLE)

Location of Property Mt Holly-Huntersville Rd. Lot #17

Application Number ____ Permit Number ____

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 330 ± ft Number of Lines 4

Depth of Filter Material 17" plus 6" sand Cover Depth 15"

Water Supply Source well Distance from Water Source 50' +

Excavation Inspected ____ (DATE) Tank Inspected 6-13-78 (DATE)

Nitrification Field Inspected 6-13-78 (DATE)

Washing Machine Line Inspected, If Applicable 6-13-78 (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, constructing, 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 permits, in addition to those listed below under comment. 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 Alternate system installed

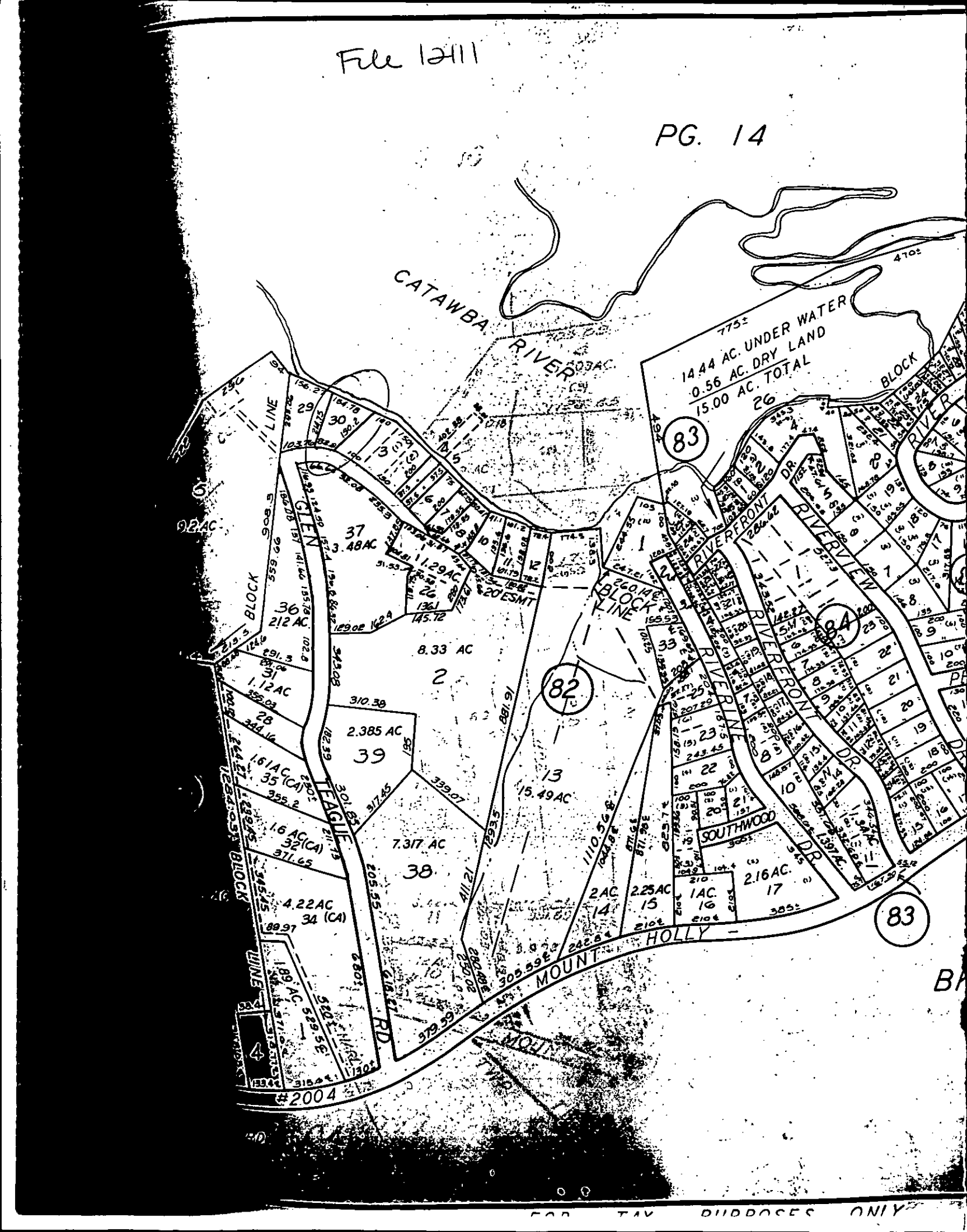
John R. Robinson
Environmental Specialist

EHD 5-76

Environmental Health Department's Copy

File 1211

PG. 14



FOR TAX PURPOSES ONLY

PROPOSED PLOT PLAN

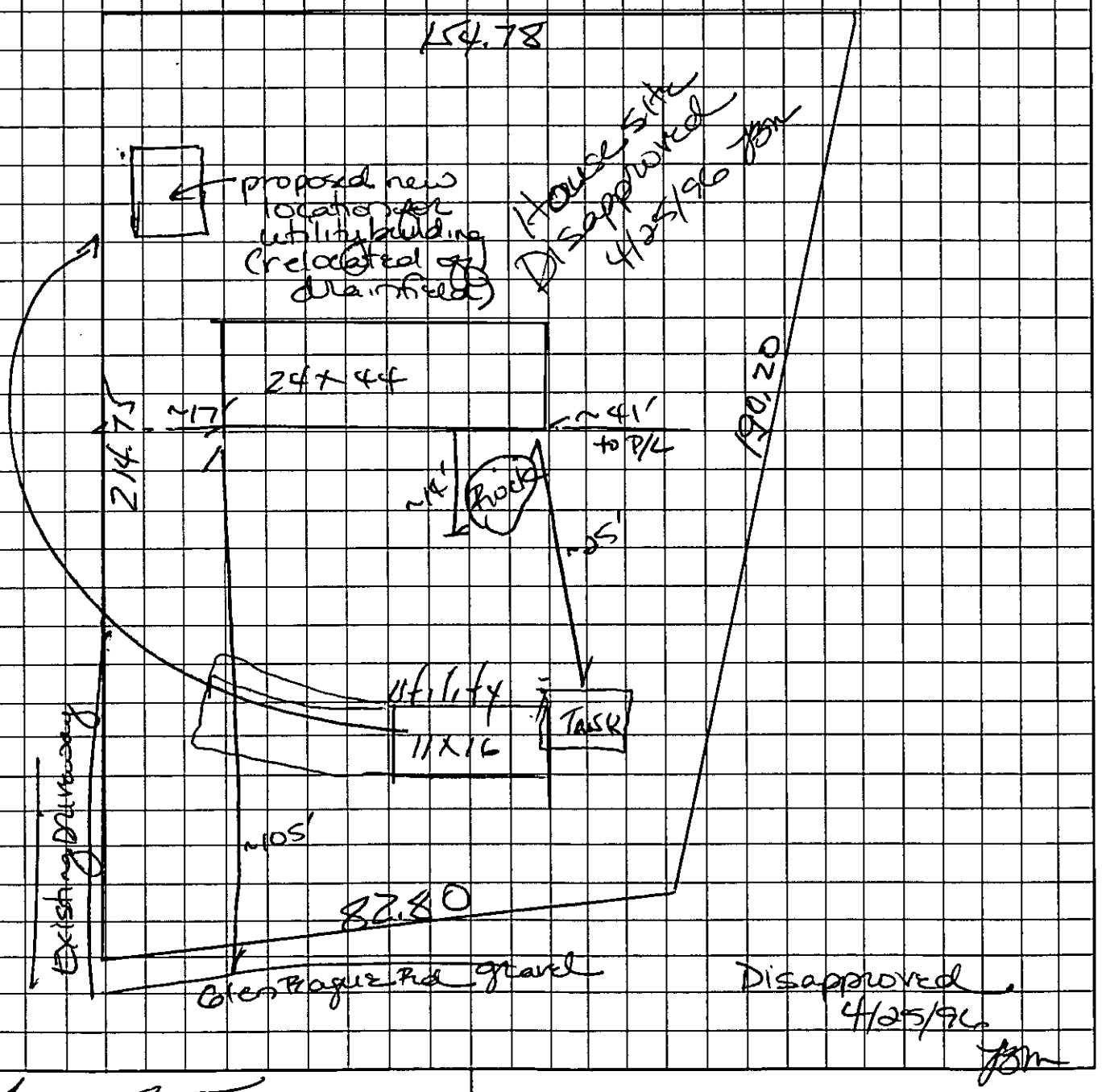
HEALTH DEPARTMENT
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12111 fbm

FILE: ~~13848~~

TC: 023-082-30

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OWNER/AGENT SIGNATURE Glenn E. Ferguson

DATE 4-23-96

APPROVAL DATE _____

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

DATE 4/23/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

023-082-30
PARCEL NUMBER

6220 Glen Teague Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: S. Glen

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91