

10530 GLENMAC RD

11111225

4/14/08

marliwr

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

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

"FINAL NOTICE"

10/17/03 _____
mailing date initials

☐ Certified Mail (Return Receipt)

☒ First Class Mail

☐ Hand Deliver

Owner: Roger Henry

Mailing Address: 10530 Glenmack Road
Charlotte, NC 28215

Occupant:

Location:

☒ Residence ☐ Business ☐ Other: _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 13A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly, which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On September 23, 2003, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage discharging to ground surface	G.S 130A-335(a)
	15NCAC 18A .1938(b)
	15NCAC 18A .1961(a)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/Repair Wastewater System. You must obtain a Repair Permit from the local health department prior to repair of your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

Other Repairs (*Specify*): _____

Perform Maintenance (*Specify*): _____

If the wastewater violation is not brought into compliance by November 03, 2003, appropriate legal action will be taken.

Failure to comply with laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5573, phone; (704) 336-6894, fax.

Notice Issued: 10/01/03
Date

Compliance: 11/13/03
Date

Signed J. Andrew Walker, R.S.
DENR/DEH

Signed _____ Agent
DENR/DEH

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? ( ) yes ( ) no

Date: 9-23-03 Parcel:_____

REQUESTING PERSON: ROGER HENRY Phone_____

Address 10530 GLEN MACK ROAD City_____ Zip_____

PROPERTY CONCERNED: Facility Name_____

Address_____ City_____ Zip_____

SERVICE REQUESTED: _____

ASSIGNED TO:_____ TAKEN BY:_____

DATE	ACTIVITY REPORT
	~~CSO NOP~~ PC FROM BILL MARTIN, ADVISED OF MALFUNCTION OSU NOP, OBSERVED MA FUNCTION, POSSIBLE CROSSING OF LINE, LEFT CARD IN DOOR.
	PC TO 535-0201 L.M. OF SITUATION.
	PC FROM MR. HENRY ADVISED OF NEED TO CORRECT PROBLEM, HE STATED HE WOULD CALL INSTALLER. I ALSO ADVISED OF POSSIBLE PROPERTY LINE CROSSING, HE STATED THE PROPERTY LINE ~~SURVEY~~ MARKED BY HIS UNCLE WAS NOT WHAT HE THOUGHT LINE WAS SUPPOSED TO BE, THAT LINE WAS THE ONE MARKED WITH 9001 ALTERATION WAS INSTALLED. HE WOULD DISCUSS W/ UNCLE.
10-13-03	INSPECT D-BOX NOP AT HOUSE, STEADY FLOW INTO D-BOX INDICATES LEAK IN HOUSE. D-BOX COULD ALSO BE ADJUSTED MORE TO DIVERT MORE EFFLUENT INTO EXISTING SYSTEM.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Environmentalist's Signature 10-13-03 Date WRITTEN ___ VERBAL ✓

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

SERVICE REQUEST/WORK ORDER

LOG NO: _____

DATE	ACTIVITY REPORT
10-13-03	CONT; ORANFIELD APPEARS TO BE CROSSING PROPERTY. LEFT CARD.
@ 3:30	
10-14-03	PC FROM ROGER HENRY, ASKING STATUS.
4:45	
10-15-03	P.C. TO ROGER HENRY, L.M. ADVISING OF ABOVE STATUS, & MEANS
8:45	OF CORRECTING PROBLEM, BUT ALSO OF NEED TO DISCONTINUE
	ORANFIELD CROSSING PROPERTY LINE.
10/27/03	PC FROM ROGER HENRY, HE ADVISED HE HAD DISCONNECTED/
	CLOSED OFF OFFENDING LINE. I ADVISED I WOULD INSPECT
	SITE TO DETERMINE IF SUCCESSFUL.
11/5/03	P.C. FROM ROGER HENRY, ENQUIRING OF INSPECTION
11-13-03	OSI ~~ABE~~. NO EFFLUENT OBSERVED. INSPECTION OF D-BOX
	REVEALED LINE HAS BEEN DISCONNECTED.
P.C.	TO ROGER HENRY ADVISING ON SR. CLOSURE

CERTIFICATE OF COMPLETION/OPERATION PERMIT

586 A

File For

Glenmar Lot

Adjacent To

Dogwood

FILE: 586 A DATE: 5-2-01

TC: 111-112-25 ☒ L ☒ CRT

SERIAL № 18515

Name

Addre

Inspe

Tank

Juris.:

JACK ~~DRIVE~~ Road

Total Length of Drainfield 100 Innovative

Number of Lines 6' @ 60'

Cover Depth 12"

Water Supply Source WELL

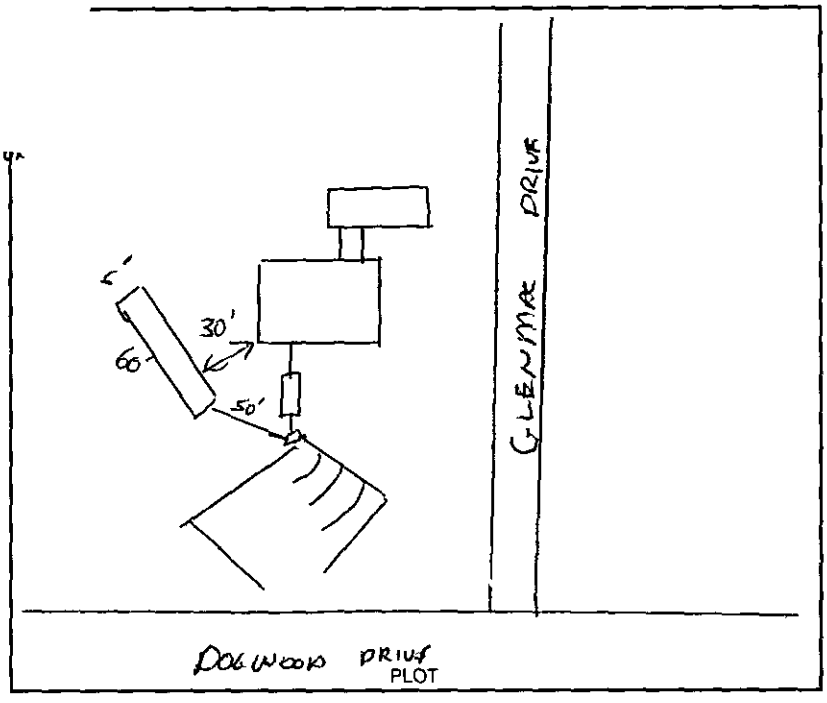
Distance to Water Source >50

Excavation Inspected 5-2-01

Tank(s) Inspected 5- NA

Wash Line Inspected —

High Water Alarm Inspected —



Design ALETERATION FOR ~~EXISTING~~ NEW BEDROOM CTR# JACK SMILEY

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: TYPE III-G INNOVATIVE WAS REQUIRED DUE TO LACK OF SPACE IN NEW LOCATION. OLD DRAINFIELD TIED INTO NEW ADDITIONAL DRAINLINE.

Environmental Health Specialist

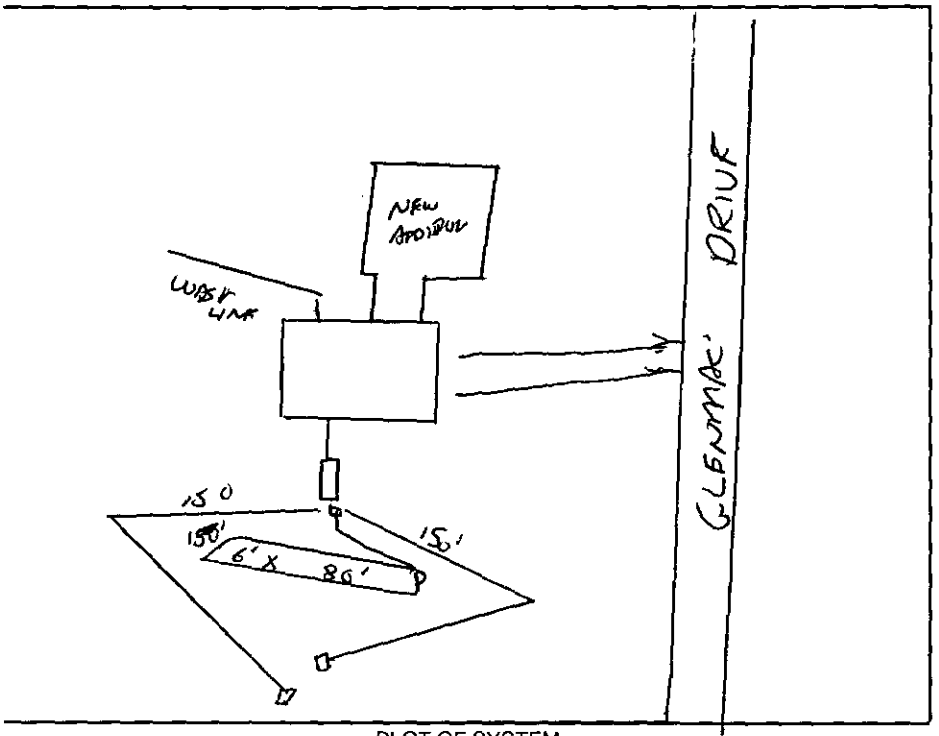
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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: 586A DATE: 1-30-01
112-25 qww
TC: 111-101-08 ☒ L
SERIAL Nº 18675

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 1-19-01. 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
POPLWOOD DRIVE

Liquid Capacity of Septic Tank ENSITU gallons
Liquid Capacity of Dosing Tank — gallons
Tank Construction —
Trench Depth _____
Absorption and/or Nitrification Lines:
Trench Width 6' feet
Trench Walls Scored and Porous YES
Total Line Length 160' feet
Number of Lines 1
Depth of Stone 18" inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well 50 feet

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

NAME OF OWNER ROGER W. HENRY

LOCATION OF PROPERTY 10530 GLENMAC ROAD

Comments: (1) INSTALL BED 6' X 80' TO ACCOMODATE A BEDROOM ABOVE GARAGE. (2) PLUMBER MAY ACCESS TANK BY USING WET WELL / GRINDER PUMP.

(3) ADDITION TO BE GARAGE W/ APARTMENT UPSTAIRS

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: $200 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 1/30/01 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 1-30-01 PERMIT NO: 586A
PARCEL NO: 111-112-25

JOB LOCATION ADDRESS: 10530 GLENMAC DRIVE
PROPERTY OWNER: ROGER IBURY
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] DATE: 1-30-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 586A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: (1) THIS CONSTRUCTION AUTHORIZATION IS FOR AN EXPANSION OF EXISTING SYSTEM FROM A 3 BEDROOM TO A 4 BEDROOM RESIDENCE

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Roger Hair	Phone #:	Date Requested: 1/30/01	Date Filled:
Account Name:	Cash Charge	Account No.:	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706	1	MH Exc/Add/Repl with System Modification	$ 300.00	300
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 1/30/01 Total: 300

10530 Glenmac Rd. 586A
DW 111-112-25
Lot 196

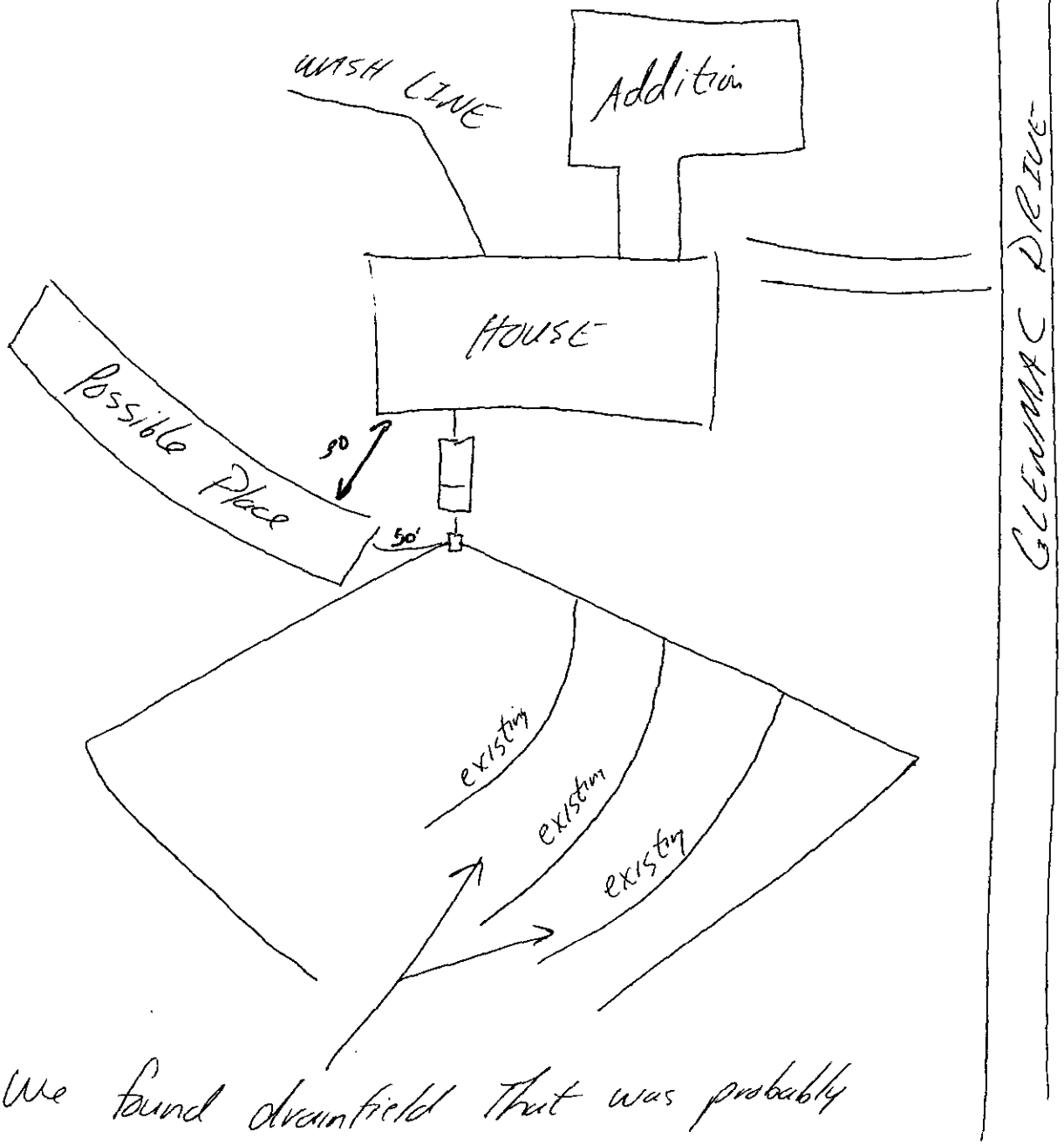
4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

Drew,

Here is the situation at 10530 Glenmac Drive:

→ He will be ready ~~tuesday~~ around 12:00.



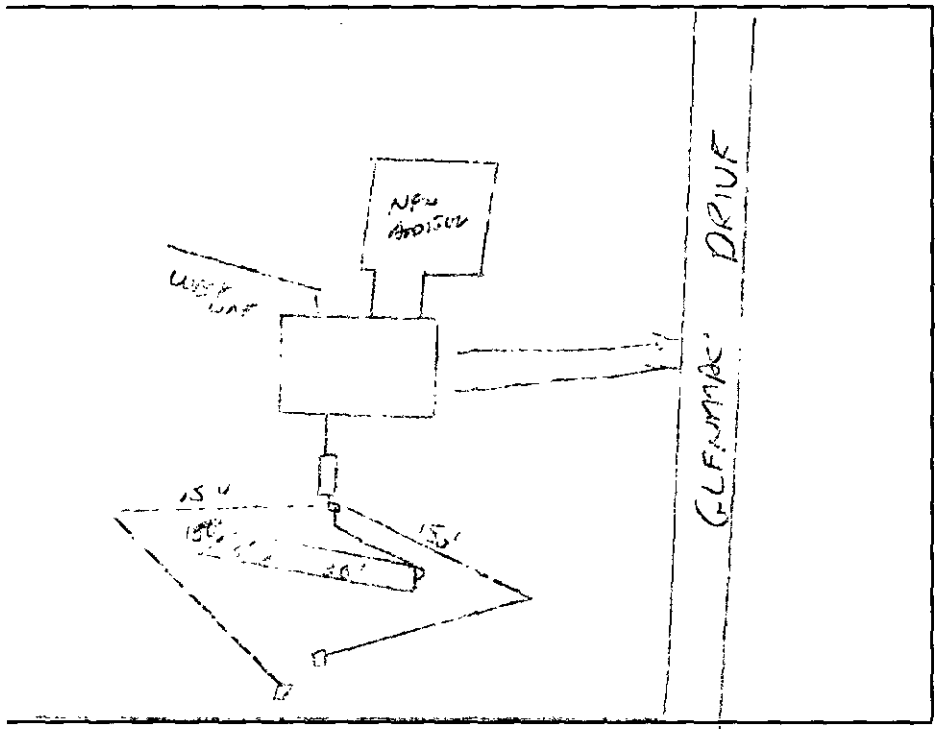
We found drainfield that was probably installed without a permit right where we needed to go. I told Mr. Smiley to dig up the D-Box to see what's going on and call me if he has any trouble. We are trying to put it where you wanted it to go, but I think it is full of drainfield already.

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: 586A DATE: 1-30-01
112-25 NW
TC: 111-057-02 L
SERIAL NO 18675

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 1-15-01. 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 FIBERGLASS gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 160' feet

Number of Lines 1

Depth of Stone 15" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50 feet

Driveway Drive

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

NAME OF OWNER ROGER W. HENRY

LOCATION OF PROPERTY 10530 GLENMAC ROAD

Comments: (1) INSTALL BED 6' X 80' TO ACCOMODATE 4 BEDROOMS ABOVE GRADE, (2) PLUMBER MUST ACCESS TANK'S BY USING THE WELL / RINSER PUMP.

(3) LOCATION TO BE STAKED W/ APPROPRIATE OFFSETS

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: $ 160 —

DATE: 1-19-01

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

1 1 CRT

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 #: 5861A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-101-08 111-101-25

STREET ADDRESS: 10530 GLENMAC ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: CEDARBROOK ACRES

LOT NUMBER: 1

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
✓ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

EXISTING

HEATED SQUARE FOOTAGE: 1800'

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
✓ ON SLAB (DER)
✓ 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)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS ✓ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: HENRY (LAST) ROGER (FIRST) W (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 10530 GLENMAC RD.	DAYTIME PHONE: ( ) —
CITY: CHARLOTTE STATE: NC ZIP: 28215	
DAYTIME PHONE: (H) 535-0261	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Roger W. Henry DATE: 1-19-01

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

Phila

PROPOSED PLOT PLAN

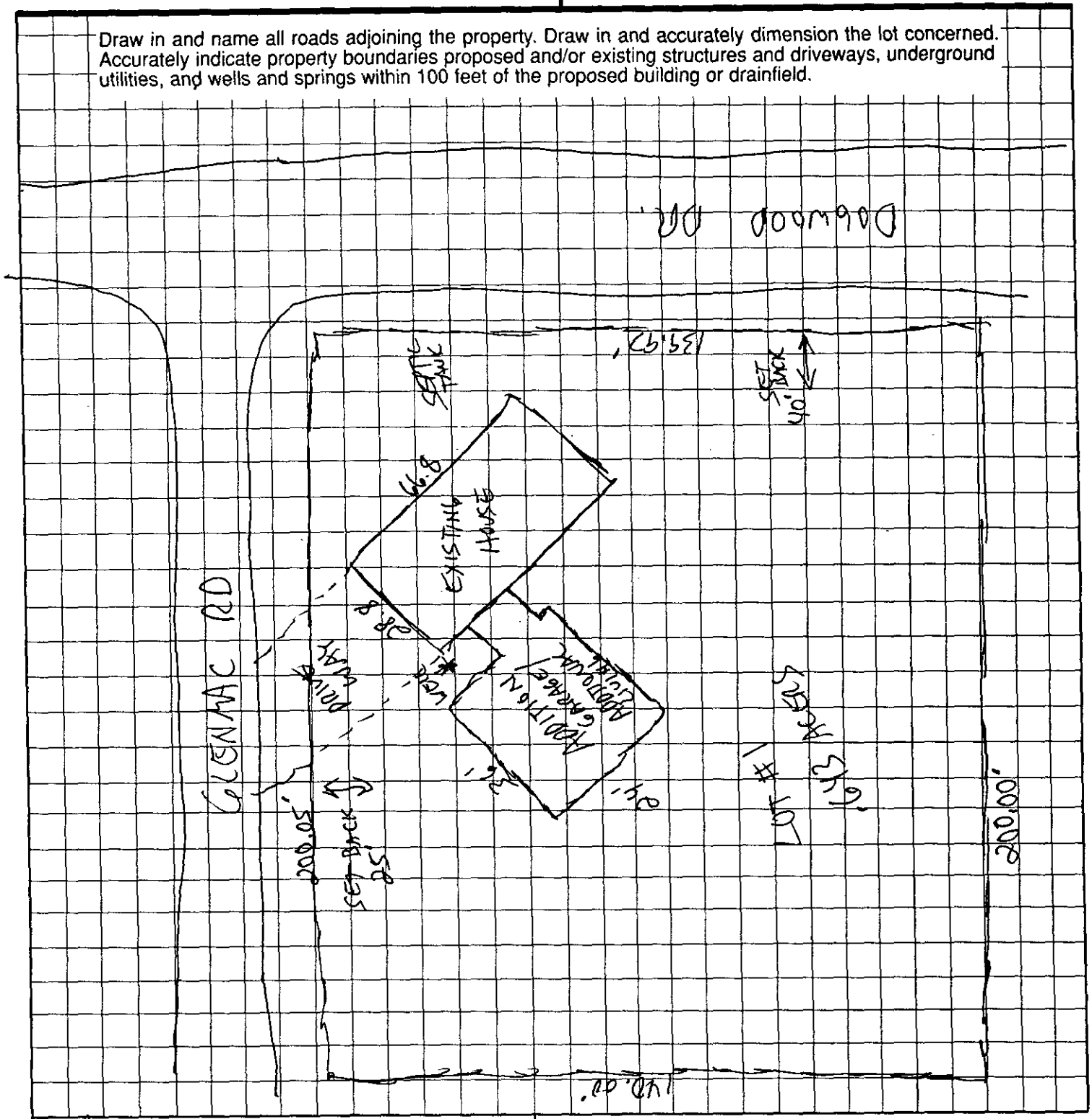
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 586A

TC: 111-101-08

COPY

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.



Roger W. Henry
OWNER/AGENT SIGNATURE

DATE 1-19-01

APPROVAL DATE _____

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 586A

Tax Number: _____

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1000 Gallon septic tank	160' ADDITION Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 EN TOTAL Bedrooms in residence	___ Gallon pump tank	18" Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: (1) THIS IS AN ALTERATION TO AN EXISTING SYSTEM ADDING 160' IN A 6' x 60' BED.			
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date: 1-30-01

Owner/Agent Signature — Date

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

FEE: Paid $100 —
DATE: 1-19-01

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

1 X 1 CRT

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 #: 586A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~111-101-08~~ 111-112-25

STREET ADDRESS: 10530 GLENMAC ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: CEDARBROOK ACRES

LOT NUMBER: 1

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: 1800'

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
✓ ON SLAB (DEN)
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

EXISTING

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

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: HENRY (LAST) ROGER (FIRST) W (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 10530 GLENMAC RD.	DAYTIME PHONE: ( ) —
CITY: CHARLOTTE STATE: NC ZIP: 28215	
DAYTIME PHONE: (704) 535-0261	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Roger W. Henry DATE: 1-19-01

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

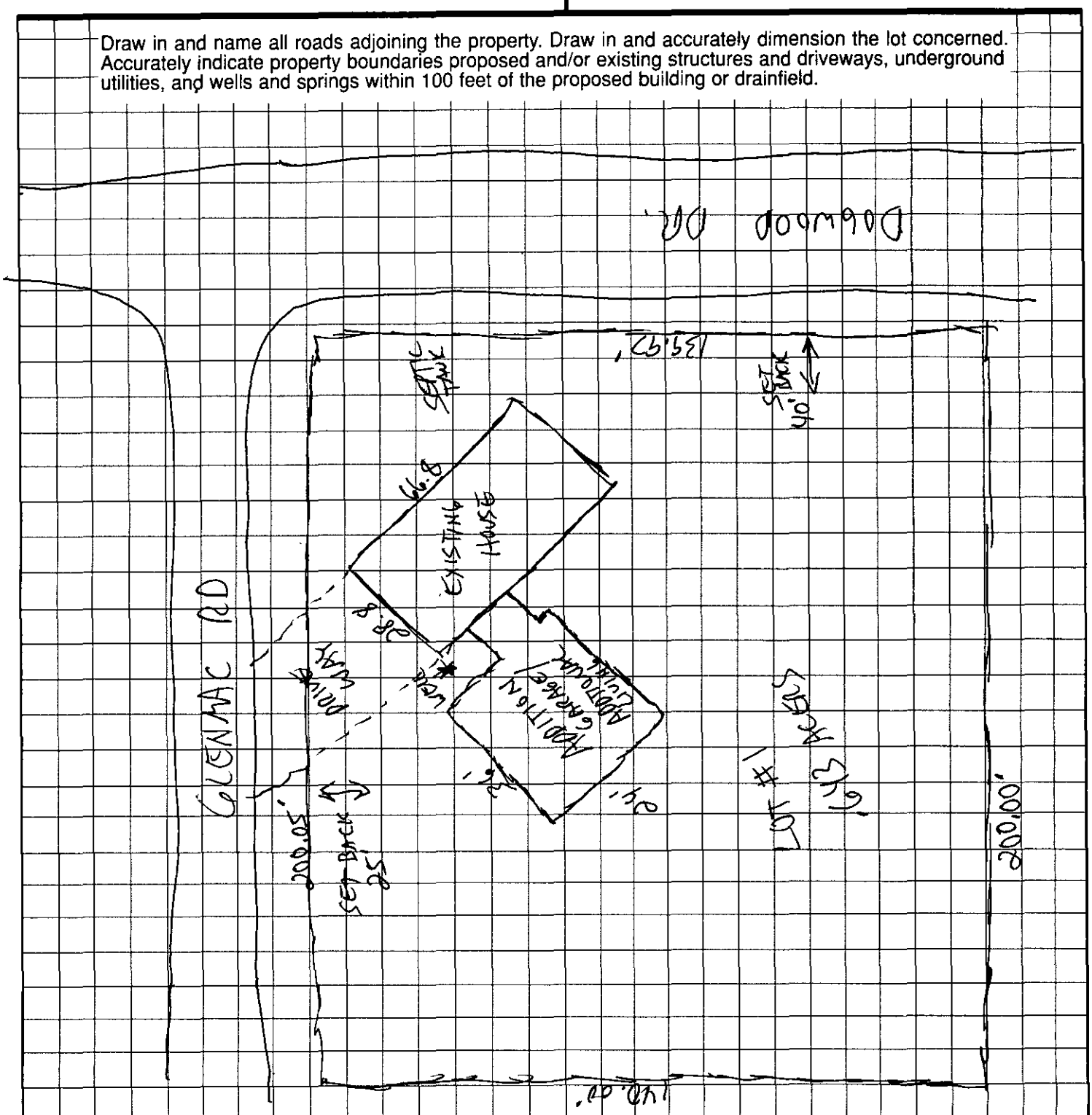
PROPOSED PLOT PLAN

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

FILE: 586A

TC: 111-101-08

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.



Roger W. Henry
OWNER/AGENT SIGNATURE

DATE 1-19-01

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

5567

Requestor (please print): [illegible] Phone #: Date Requested: 11/5/04-08 Date Filled: 11/15

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100-
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: [illegible] Date: 11-16-04 Total: 100-

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

SEWAGE DISPOSAL RECORD

_____ County Health Department

Name of Occupant Robert Henry W ✓ C __ Location of Building Cedarbrook / Glenmar Drive

Name of Owner " W ✓ C __ Date of Installation 11-22-61

Type of Privy Constructed _____ Number _____ New or Repaired _____

Septic Tank P.C. (Material and Shape) Date Inspected NOV. 22, 1961 Permit No. 133

Capacity 1000 GAls. F.H.A. Case Yes ____ No ✓

Number of Bedrooms 3 Type Secondary Treatment 300' Tyfflite

Source of Water Supply Drilled well Distance From Nearest Pollution 50 Ft.

Contractor or Plumber Bruce Bowman Address _____

Approved by Sam Freeman

Remarks PR. 50 M.P.I. 75' W. Sm. Line (Over)

N. C. STATE BOARD OF HEALTH

Form No. 473 Rev. 4/57

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

