

10931 CEDAR LN

01916112

6/14/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 642/A DATE: 10/28/91

TC: 019-161-12 ☒ L ☒ CRT

SERIAL Nº 15407

Name of Owner Robert B. Helms III Juris.:

Address of Property 10931 Cedar Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 10/28/91

Tank(s) Inspected 10/28/91

Wash Line Inspected NA

High Water Alarm Inspected NA

septic system installed installed in accordance with the approved permit (installation)

PLOT

Design: 1991, 1500 ST, CON, 1200 SFT, 12" stone ceil CTR# 80

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: System designed for 3 bedroom house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

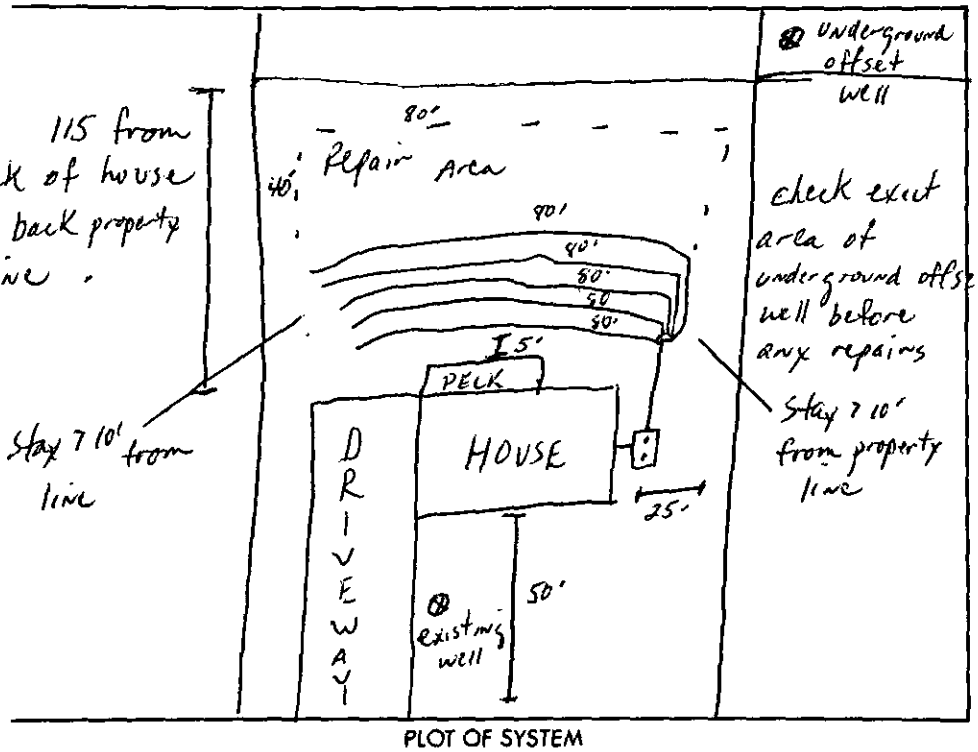
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6421 A DATE: 10/22/91

TC: 019-161-12 ☐ L

SERIAL Nº 13627

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 2/4/91. All work shall be completed on or before 11/22/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5 (80')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NAME OF OWNER Robert B. Helms III

LOCATION OF PROPERTY 10931 Cedar Ln

Comments: 5 lines x 80' long x 3' wd x 12" stone Keep lines on contour of land | Keep septic system >50' from any well | check exact area of underground offset well on adjacent property before any repairs Stay > 10' from property line

Division or Section Head

Philo S. Walker R.S.
Environmentalist

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

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

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 6421A
TC: 019-161-12
SERIAL: № 21639
☐ CRT

JOB LOCATION

① ADDRESS: 10931 CEDAR LANE (STREET NO. / STREET) ② FILE: 6421A
③ JURISDICTION: ④ TAX PARCEL NO.: 019-161-12
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: ROBERT (FIRST) BOLIVA (MIDDLE) HELMS, III (LAST)
⑨ MAILING ADDRESS: 4716 JOHNSTON OEHLER ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28269
⑬ PHONE: (WORK) ⑭ (HOME) 547-1943

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 2
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Robert B. Helms III
Date: 2-4-91

IMPROVEMENT PERMIT

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 permit is issued* by this Department.

... This permit is not transferable, and shall become null and void ~~60~~ 60 months from the date of issuance.

Philo A. Walker, 2/11/91
Environmentalist — Date

2-13-91
Director or Authorized Section Head — Date

*This permit must be signed by the Director of Mecklenburg County Health Department *or an* authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-4-91

Name/Company: Robert Bolivar Helms, III

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. (New/3 bdrms.)
10931 Cedar Lane
TP: 019-161-12
File: 6421A

MECKL... HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 4 1991

Fee: $ 200.00

Ck # 840
$200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 1-31-91

FROM: COUNTY ENGINEERING DEPARTMENT

END FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER # 019-161-12

ASSIGNED ADDRESS 10931 CEDAR LN

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: ENV. HEALTH: ATTN: CHRIS

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

SIGNED: B. McConnell

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

100 '91 01/31 16:53 ENGINEERING 704 336 3846

Mecklenburg County
Health Department

January 26th, 1990

Duke Power Company
4716 Johnston Oehler Rd.
Charlotte, NC 28213

RE: Property located at Cedar Lane
FILE: 6421A
PARCEL: 01916112

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17544) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17544

File: 6421A
Parcel: PO 01916112

Action 1
PC

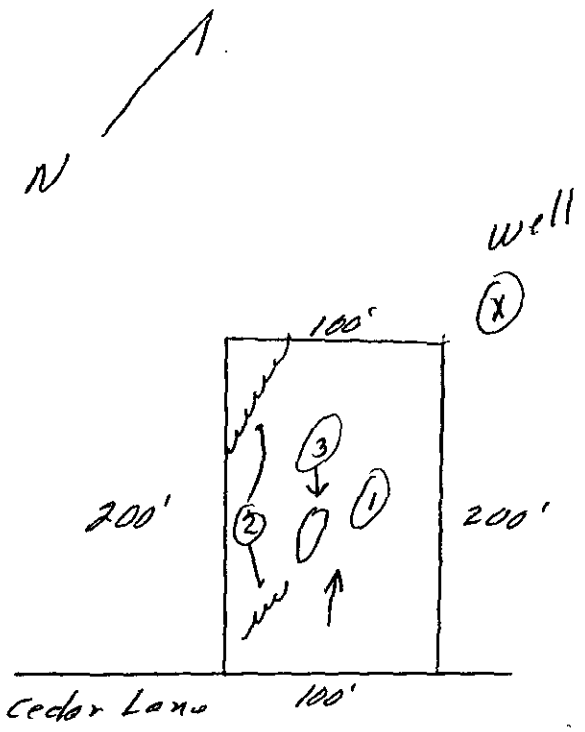
Location: Cedar Lane
Subdivision:

Lot: 28 Block: Acres: .46

Owner:
Address: Duke Power Company
4716 Johnston Oehler Rd.
Charlotte, NC 28213

Comments: _____

Described by: William R. Marlin
Date: 1-25-90



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S PS (U) complex slopes	S PS (U) slight Depression	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	TU Cecil-like	Complex Slopes	Slight Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1/11/90

Name/Company: R. B. Helms Jr.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test
6421A
1 acre

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 11 1990

Fee: $ 40.00

CC # 2420
PD 40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

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APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 64214

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: CEDAR LANE (No # ASSIGNED)

② SUBDIVISION: EASTFIELD COLONY ③ LOT: 26-28 (28) TEST ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 019 PAGE NO.: 161 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 2997 PAGE NO.: 271

OWNER

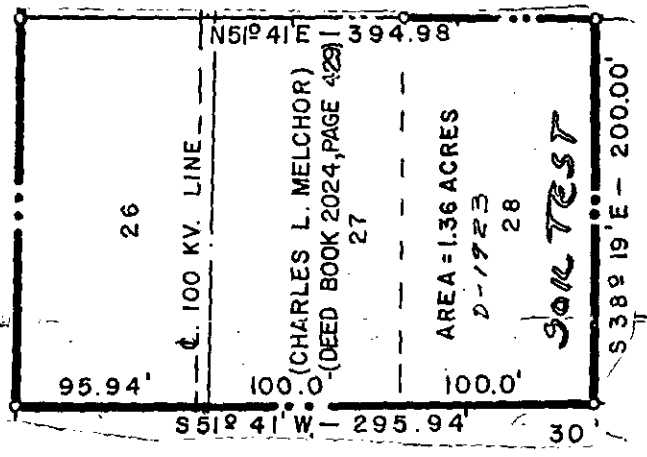
⑦ NAME: DUKE POWER COMPANY (FIRST) HELEN M. HELMS (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 4716 JOHNSTON OEHLER ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 542-1943

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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.

DUKE POWER COMPANY

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

Signed: By: Jimmy R. Hicks, Vice President Transmission & Distribution

Date: _____

ATTEST: Carolyn Duncan
Assistant Secretary

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY