

5401 COUNTRY WOODS DR

19514180

8/21/08

marliwr

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

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? [ ] Yes [ ] No

Date: 1-12-98 Parcel: 195-141-50 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: JOEL SMITH Phone 545-1866

Address 5401 COUNTRY WOODS DRIVE City MINTHN Zip 97222

PROPERTY CONCERNED: Facility Name_____

Address_____ City_____ Zip_____

SERVICE REQUESTED: .M.A.L.F.U.N.C.T.I.O.N. . . . . .

ASSIGNED TO: DW TAKEN BY: DW

DATE	ACTIVITY REPORT
1-12-98	PC FROM MR. SMITH; HE ADVISED HE WAS HAVING PROBLEMS W/ SYSTEM. HE ADVISED HE WOULD BE 19272
1-14-98	OSU W/ MARK O'DONAHOE. NEW REPAIR IS LEAKING I ADVISED MR. SMITH TO LOCATE AND EXCAVATE D-BOX TO CHECK LEVEL CONDITION. ALSO ADVISED HIM TO OK UP AREA WHERE LEAKING IS OCCURRING. ADVISED HIM TO CALL WHEN READY.
4-3-98	
4-8-98 1:15	OSU W/ KELLY RANDEL, MR SMITH PRESENT. SYSTEM IS MALFUNCTIONING @ AN AREA WHERE NEWEST REPAIR IS ATTACHED TO EXISTING SYSTEM. MR SMITH WAS ADVISED TO EXCAVATE D-BOX TO DETERMINE IF ~~LOWEST~~ ALL LINES ARE BEING EQUALLY FED. HIS RESPONSE WAS "WHO IS GOING TO PAY FOR IT?" AT THIS POINT HE BECAME DISTRESSED AND MR RANDEL & MYSELF LEFT THE PROPERTY. MR SMITH DID THANK US FOR COMING.
4/24/98	Contacted Mr. Smith - Advised That 2 calls were returned - Busy - Reviewed Mr. Walker's report of Activities & Mr. Smith. Mr. Smith does not want to pay for further repairs.

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY:_____ /

REVIEWED BY:_____ /

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 19272 DATE: 4/18/97

TC: 195-141-80 ☐ L ☐ CRT

SERIAL Nº 17069

Name of Owner Joel Smith Juris.: _____

Address of Property 5401 Country Woods Drive

Inspection Data:

Tank Material Existing

Total Length of Drainfield Repair Bed 90', Washer 150'

Number of Lines Washer 3 @ 50' chamber

Cover Depth Repair Bed 18-30" cover, Washer ~18" cover

Water Supply Source Well

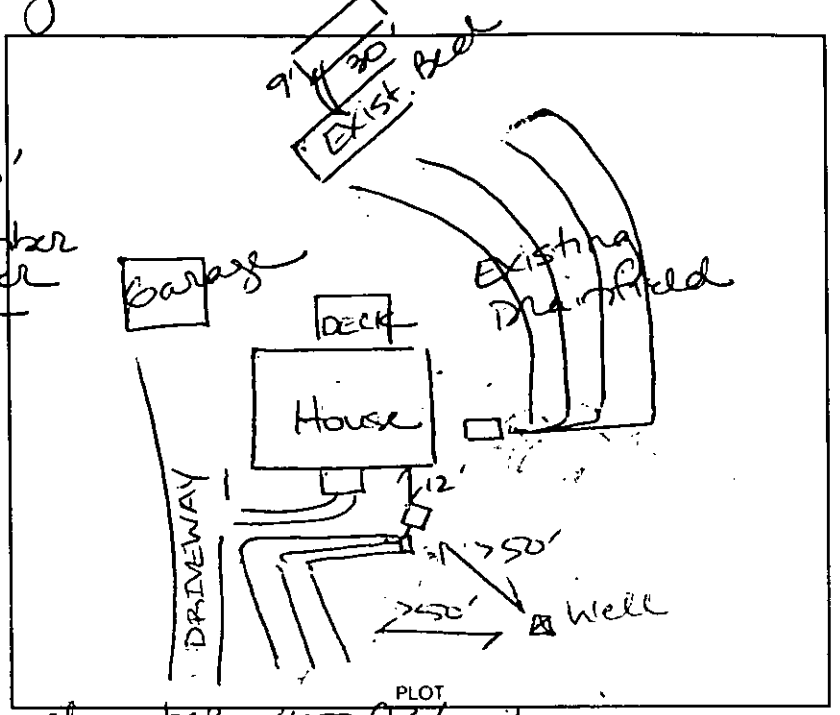
Distance to Water Source 750

Excavation Inspected 4/18/97

Tank(s) Inspected NA

Wash Line Inspected 4/18/97

High Water Alarm Inspected NA



Design 1997 Repair, Bed - 270ft², 18"G, Washer - chamber, 450ft² / cecil-like CTR# _____

RCS

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: 1997 Repair - 4 Bedroom House

Type II Bed - 9'W x 30'L x 18" Gravel

Type III - chamber (washer installation) - 3@ 3'W x 50'L each

OD - 4/85

Lisa B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

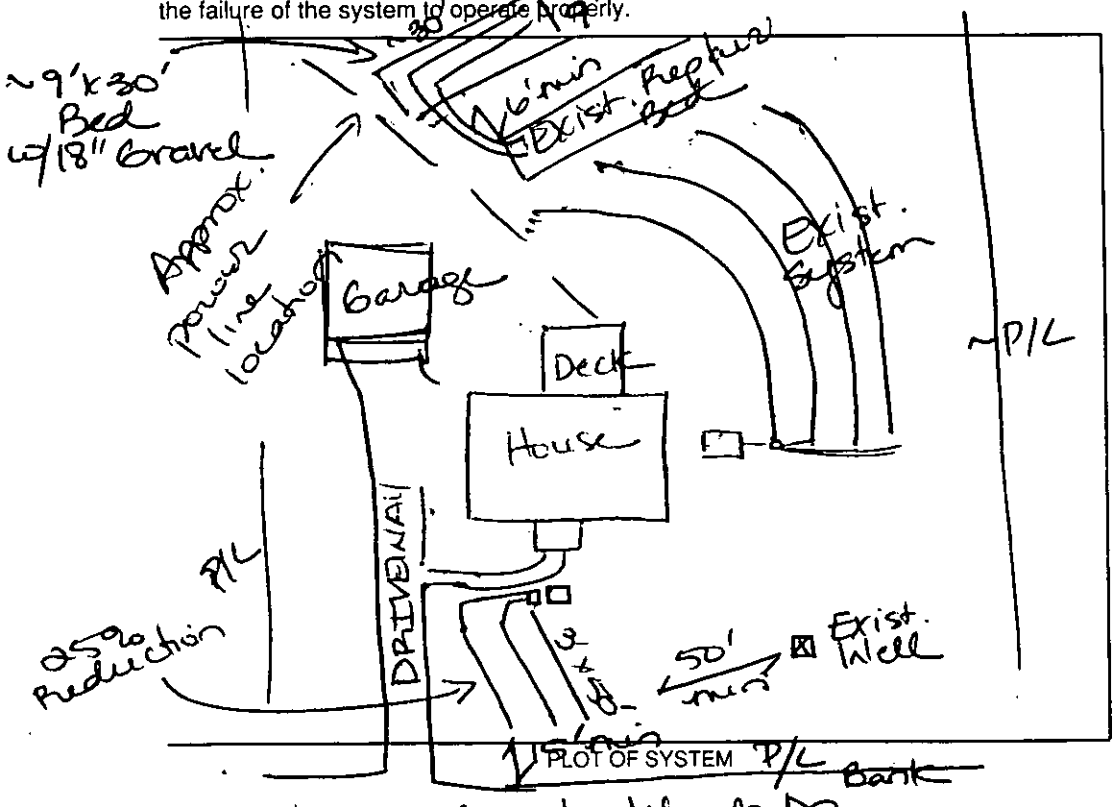
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19272 DATE: 2/28/97

TC: 195-141-80 FL

SERIAL Nº 17038

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 1/24/97. All work shall be completed on or before 3/28/97, 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC Washer Box

Trench Depth ~24' Washer Installation

Absorption and/or Nitrification Lines:

Trench Width 3' Washer feet

Trench Walls Scored and Porous ✓

Total Line Length (1) 150' - Washer; (2) 9'x30' Bed septic drainfield feet

Number of Lines _____

Depth of Stone 18" Repair Bed inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50 feet

Washer lines - 15' from front property line

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

NAME OF OWNER Jack Smith

LOCATION OF PROPERTY 5401 Country Woods Drive

Comments: Install

(1) For Washer - Washer Box + D-Box, 150' of Innovative (25% reduction) drainfield. 3 lines - 3'x50' Long x ~~Group I, II, III~~ backfill

(2) For existing drainfield - overflow from existing bed into new ~9' Wide x 30' Long Bed with 18" Gravel.

Lisa B. Mialik, RS
Environmental Health Specialist

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 19272

Tax Number: 195-14-80

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 ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
Yes Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: X Keep installations 50' minimum from ANY well.

Additional Conditions: Repair to existing S.T. System & new washer drainfield installation.
① Overflow from S.T. Drainfield into new bed 9' Wide X 30' Long X 18" Gravel
② for washer wastewater. Install PCC Washer box, D-Box, 3 innovative nitrification lines (25% reduction). 3'W x 50'L each

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ S.T. Drainfield Repair Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ New washer Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
ST - ~270ft² Washer 450ft² Absorption Area (Sq ft) ST 90' Total Trench Length (Ft) Washer - 150'	12" S.T. Bed Depth of Stone Trench	9' Washer Trench spacing (min. on centers)	~24" Washer ~30" S.T. Drainfield Maximum Trench Depth	

For existing system, enter the year originally installed: 1985

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th 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 effe 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 Departmen
- This Improvement permit is transferable.

Lora B. Trivalik, RS 2/28/97
DEHNR Authorized Agent Date

Cathy Sadler 2.28.97
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

From: tbird <kandk@charlotte.infi.net>
To: CMGC.smtp("daniesd@charmeck.nc.us")
Date: 4/4/98 10:00am
Subject: Joel Smith Property

On Friday, 4-3-98, Drew Walker and I visited Mr.Smith's proerty on Country Woods Drive. The septic system was malfunctioning to the surface of the ground. After we arrived at the property I realized I had been confused about the location of the site. Please disregard my comments and suggestions made during our staff meeting last Tuesday. During our visit we probed all existing trench lines and repair beds. It was noted that the nitrfication trench closest to the repair beds seemed to be taking more effluent than the other trenchs. The other trenches had a marked difference in the amount of effluent they contained. Mr. Smith was standing right with us during this time and he was made aware of our findings. Standard procedures would seem to dictate the next course of action to facilitate repair and diagnosis of the malfunction is to excavate and adjust the distribution box if needed. We made this suggestion to Mr. Smith. At this point Mr. Smith became somewhat distressed and asked who would pay for the work we suggested. He did not seem to want to here about repair solutions, only who was responsible and who would pay. He threatened to alert the media and to take this situation to the highest person of authority he could reach. It became evident at this point that further conversation concerning the possible repair options was unwelcome by Mr. Smith. He thanked us for our assistance and we left his property.

After review of the file and my site visit I do not see any irregularities which would suggest that any course of action other than following standard operating procedures be taken. I suggest that an N.O.V. be sent immediatly and the situation will run its normal course.

File NOV with clear directives —

SP

SERVICE REQUEST/WORK ORDER

Pg. ___ of ___

Date: _____ Log No.: _____

DATE	ACTIVITY REPORT
5-6-98	NOV I SENT 6-8-98
5-26-98	NOV II SENT DUE DATE 6-8-98
6-9-98	RE. TO S. DANIELS BY MR. SMITH. HE ADVISED HER THAT D-BOX WAS LEVEL AND SYSTEM WAS NOT MALFUNCTIONING @ THIS TIME S. DANIELS RELAYED THIS MESSAGE TO ME.
6-9-98 4:30	V.M TO S. DANIELS FROM ~~[illegible]~~ DILLMIKER. I ADVISED I HAD NOT BEEN PRESENT TO OBSERVE D-BOX AND JUDY K. SUGGESTED I INSPECT ONSITE W/ ANOTHER EHS TO VERIFY SITUATION.
6-19-98 12:30	OSU MR SMITH PRESENT SEPTIC TANK SYSTEM WAS NOT MALFUNCTIONING @ THIS TIME AND MR. SMITH ACKNOWLEDGED THAT FACT. I ADVISED HIM TO CONTACT US IF SITUATION CHANGED.
6-19-98	V.M TO SYLVIA DANIELS. I ADVISED HER OF EVENTS

FINAL NOTICE

5-26-98 DW
mailing date initials

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Joel Smith

MAILING ADDRESS 5401 Country Woods Drive Charlotte, NC 28227

OCCUPANT Same as above

LOCATION Same as above

[x] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel #195-141-80

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A 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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5573.

[ ] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Pit Privy must be repaired/constructed.

[x] Other Repairs (*specify*)
1. Excavate distribution box & level accordingly.
2. Inspect indoor plumbing for leaks that could be adding excess water to drainfield.

[ ] Perform Maintenance (*specify*) _____

If the wastewater violation is not brought into compliance by June 8, 1998, appropriate legal action will be taken.

Notice Issued May 6, 1998 (Date) Signed J. Andrew Walker, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1105 (Revised 9/92)
On-Site Wastewater Section (Revised 10/94)

5401 Country Woods - Smith

4/24/98

continued

Suggested I meet with all staff involved to discuss all available options. Mr. Smith clearly stated that the suggestions of the Health Dept. were not effective in his opinion. I advised Mr. Smith to put his suggestions/concerns in writing to me. He did not choose to agree with the advice. He indicated he would contact a knowledgeable person, an attorney, and Charles to get the issue resolved. He said he would "take it all the way to the manager's office." I advised him the NOV would be voided as required under standard operations. He did not seem to understand the need for a withdrawn notice.

Updated Division Head — (Kisen & Thompson present)

Mr. Smith asked for Bobby Cobb's number.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

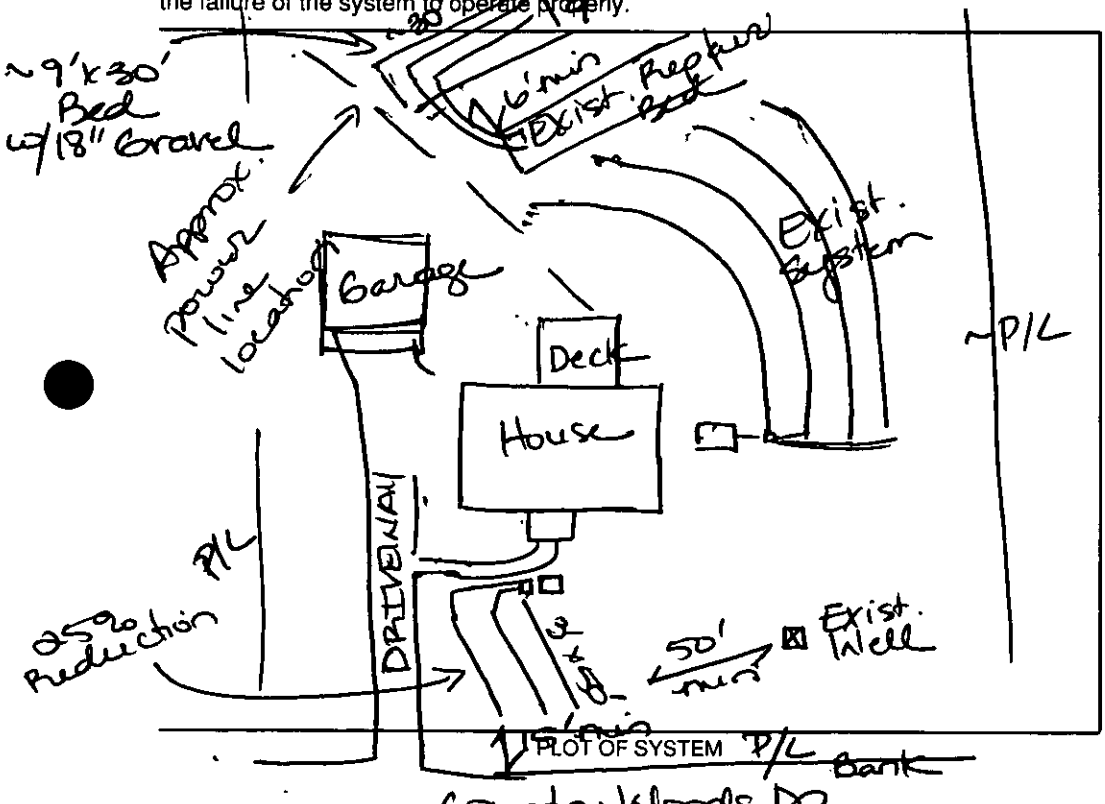
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19272 DATE: 2/28/97

TC: 195-141-80 PL

SERIAL Nº 17038

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 1/24/97. All work shall be completed on or before 3/28/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC Washer Box

Trench Depth ~24' Washer Install about

Absorption and/or Nitrification Lines:

Trench Width 3' Washer feet

Trench Walls Scored and Porous ✓

Total Line Length (1) 150' - Washer (2) 9'x30' Bed septic drainfield feet

Number of Lines —

Depth of Stone 18" Repair Bed inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50 feet

Washer lines - 15' from front property line

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

NAME OF OWNER Jack Smith

LOCATION OF PROPERTY 5401 Country Woods Drive

Comments: Install.

(1) For Washer - Washer Box + D-Box, 150' of Innovative (25% reduction) drainfield. 3 lines - 3' x 50' Long x Wide Gravel fill under backfill

(2) For existing drainfield - overflow from existing bed into new ~9' Wide x 30' Long Bed with 18" Gravel.

Lisa B. Mialik, RS
Environmental Health Specialist

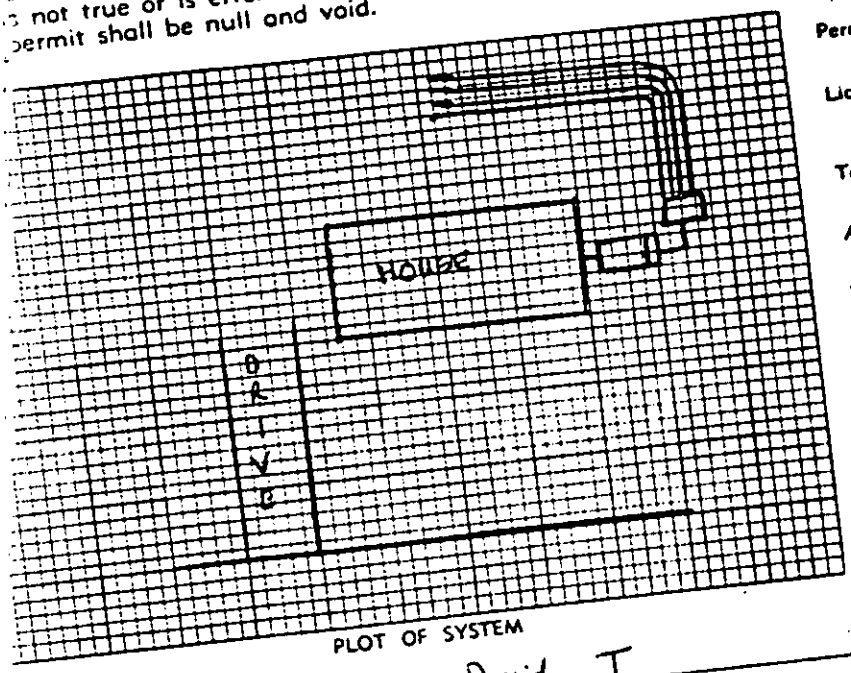
Serial No. 08080

ICAR(S) Permit No. 19272
T. C. No. 195-141-80
Map Date

5/18/85

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste-
ment system with subsurface, soil absorption, effluent discharge as specified herein at the de-
ption. This permit is granted based upon the information supplied in application 19272,
/22/84 and this permit shall be void and of no effect if the information provided in the ap-
s not true or is erroneous. All work shall be completed on or before 5/18/85, after which
permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500gal

Tank Construction pcc

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4 x 100'

Distance from House 5'

Distance from Property Line 10'

Distance from Well stay 100'

ME OF OWNER Osborne David T

CATION OF PROPERTY 5401 Country Wood Drive

he system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg
ounty Health Commission which are in effect on the date of the granting of this permit. A certificate of ap-
roval must be issued by the Environmental Health Director before any system can be covered up or otherwise
endered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the
ystem anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, con-
trolling or using such system from any liability resulting from the failure of the system to operate properly.

4 Trenches x 3'x100'x12" stone with gradeboards and straw as cover

Comments:

Cynthia G. Bass
Environmentalist

) Division or Section Head

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

APR 21 1983

Date Received 4-21-83
ENVIRONMENTAL HEALTH

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 19272

T. C. No. 195-141-80

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Mobile Home ____Yes ____No
Residence ✓Yes ____No

4) No. of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ✓Yes ____No

7) Garbage Disposal ____Yes ✓No

8) Dishwasher ✓Yes ____No

9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ____Yes ✓No
House located within 200 feet of community sewer ____Yes ✓No

11) FHA Case No. _____

12) VA Case No. _____

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Osborne (LAST) David (FIRST) I (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 23109 Charlotte, NC 28212

15) PHONE NO. Home 545-6709 Office _____

16) LOCATION OF SYSTEM 5701 Country Woods Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Country Woods Lot No. 60 Block No. 1

Map Book No 21 Page No. 5

18) DEED REFERENCE — DEED BOOK 4565 AT PAGE 751

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 2-14-83

20) PTR NUMBER (See Instructions) 19272

The undersigned person hereby agrees that he has read the foregoing application and that the conte of same are true. It is understood that any permit applied for herein shall be void and of no effect if any the above facts are not true.

David I Osborne
OWNER

20 April 83
DATE OF APPLICATION

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

EHD-5-1a

2-22-84

MECK. COUNTY DEPARTMENT OF HEALTH
SEE INSTRUCTIONS ON BACK
FEB 22 1984
ENVIRONMENTAL HEALTH

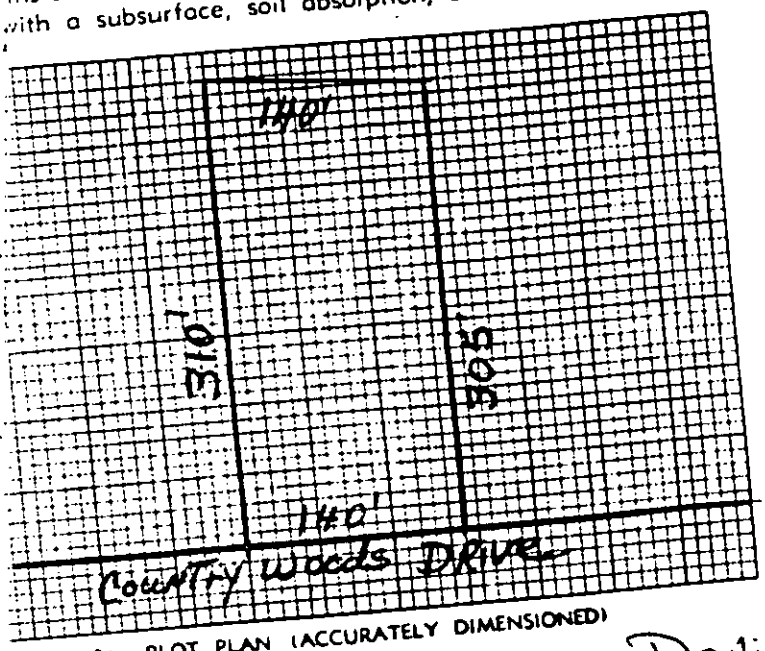
ICAR(S) Application No. 19272
T. C. No 195-141-80
Map Date

MECKLENBURG COUNTY
EPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
dividual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

that property described hereinafter hereby applies to the Mecklenburg County Department of Health for a permit to:

Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment with a subsurface, soil absorption, effluent discharge.



31 PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No
41 No. of Bedrooms 3
51 Business Use — Max No Employees ___
61 Washing Machine ✓ Yes ___ No
71 Garbage Disposal ___ Yes ✓ No
81 Dishwasher ___ Yes ✓ No
91 Water Supply:
A) Individual Well Yes
B) Governmental System ___
C) Community System:
1. Well source ___
2. Governmental source ___
101 Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
111 FHA Case No. ___
121 VA Case No. ___

NAME OF OWNER Osborne (LAST) David (FIRST) T (MIDDLE)
ADDRESS OF OWNER P.O. Box 23169, Charlotte, N.C. 28212
PHONE NO. Home 545-6709 Office ___
LOCATION OF SYSTEM 5401 Country Woods DR. (STREET OR COUNTY ROAD)
SUBDIVISION Country Woods Lot No. 60 Block No. 1
Map Book No. 20 Page No. 5
DEED REFERENCE — DEED BOOK ~~4715~~ 4715 AT PAGE ~~857~~ 857 DATE RUN 2-14-83
WAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO
PTR NUMBER (See Instructions) 19272

undersigned person hereby agrees that he has read the foregoing application and that the contents me are true. It is understood that any permit applied for herein shall be void and of no effect if any of above facts are not true.

21 Feb 1984
E OF APPLICATION

David T. Osborne
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19272

Serial 7510

T. C. No. 195-141-80

Date Issued 4/30/85

L CRT'S 5/1/85

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Osborne (LAST) David (FIRST) T (MIDDLE)

Location of Property 5401 Country Woods Drive

Application Number 19272 Permit Number 19272

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 12"-24"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 4/30/85 (DATE) Tank Inspected 4/30/85 (DATE)

Nitrification Field Inspected 4/30/85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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, 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: _____

Cynthia G. Bass
Environmentalist

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

RECEIVED
MAR 31 198[illegible]
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: 19272
TC: 195-141-80
SERIAL: № 12925
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 5401 (STREET NO.) Country Woods Dr. (STREET)
② FILE:
③ JURISDICTION:
④ TAX PARCEL NO.: 195-141-80
⑤ SUBDIVISION: Country Woods-Phase I
⑥ LOT: 60
⑦ BLOCK:

OWNER

⑧ NAME: John (FIRST) J. (MIDDLE) Benish (LAST)
⑨ MAILING ADDRESS: 5401 Country Woods Dr
⑩ CITY: Charlotte
⑪ STATE: NC
⑫ ZIP: 28212
⑬ PHONE: (WORK) 371-7370
⑭ (HOME) 545-1237

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? 4
㉓ Maximum occupancy? 2
㉔ Basement? ☐ yes ☒ no
㉕ Type?
㉖ Maximum number of employees?
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: John J. Benish
Date: 3/30/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Owner has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws, 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 Installation, Construction, Alteration and, or Repair permit is issued by the Department . . . This permit is not transferable, and shall become null and void six months from the date of issuance

Environmentalist — Date

Director or Authorized Section Head — Date

* This permit must be signed by the Director of Environmental Health or authorized section head in order to be valid

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19272 DATE: 4-15-87

TC: 495-191-80 6L ☐ CRT

SERIAL № 10013

Name of Owner BENISH JOHN J Jurisdiction:

Address of Property 5401 COUNTRYWOOD DR

Inspection Data: REPAIR

Tank Material

Total Length of Drainfield 100

Number of Lines 2 @ 50

Cover Depth 2'

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 4-15-87

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1987 REPAIR CTR#

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 this property which would increase the requirements for said system.

COMMENTS:

Environmentalist

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

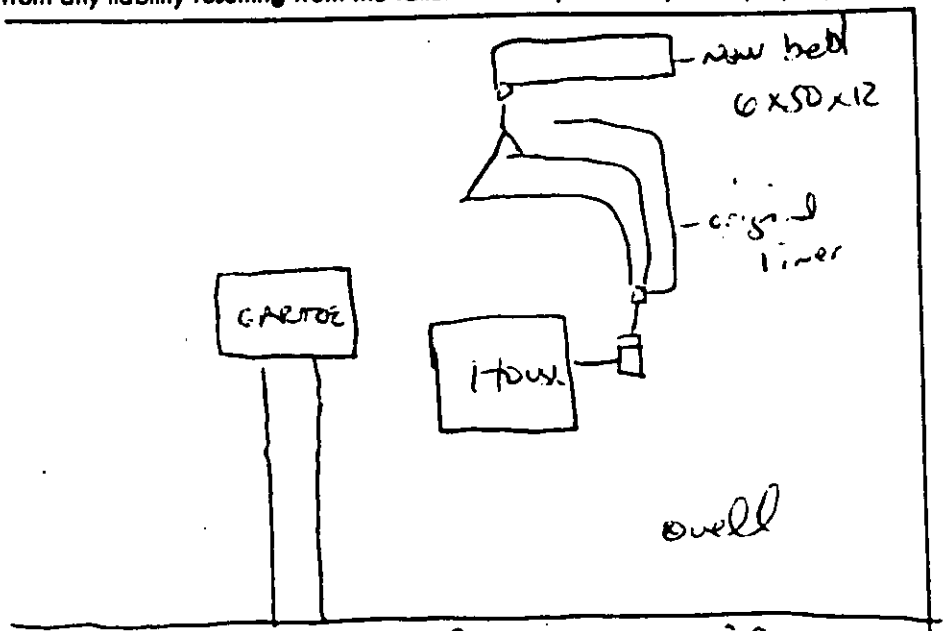
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 19272 DATE: 4-3-97
TC: 195-141-80 Ø L
SERIAL № 10793

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 3-30-97. All work shall be completed on or before 5-3-97, 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 Department of Environmental Health 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.

REPAIR



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons
Liquid Capacity of Dosing Tank — gallons
Tank Construction —

Absorption and/or Nitrification Lines:
Trench Width 6 x 50 x 12 feet
Total Line Length 100 feet
Number of Lines 2
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well 50 feet

NAME OF OWNER BENISH, JOHN J
LOCATION OF PROPERTY 5401 COUNTRY WOODS DR
Comments: 1 Bed x 6 x 50 x 12"

Division or Section Head

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 19272

Tax Number: 195-14-80

- 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 ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
Yes Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: X Keep installations 50' minimum from ANY well.

Additional Conditions: Repair to existing S.T. System & new washer drainfield installation.
① Overflow from S.T. Drainfield into new bed 9' wide x 30' long x 18" gravel
② For washer wastewater, install PCC washer box, D-Box, 3 innovative nitrification lines (25% reduction) - 3' W x 50' L each

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ S.T. Drainfield Repair Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ New washer Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
ST - ~270 ft² Washer 450 ft² Absorption Area (Sq ft) ST 90' Washer 150' Total Trench Length (Ft)	12" ST. Bed Depth of Stone Trench	9' Washer Trench spacing (min. on centers)	~24" Washer ~30" ST. Drainfield Maximum Trench Depth

For existing system, enter the year originally installed: 1985

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.

Joe B. Trivalik, RS 2/28/97
DEHNR Authorized Agent Date

Cathy Sales 2.28.97
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

DEO

FEE: NA **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/28/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/28/97 PERMIT NO: 19272
PARCEL NO: 195-141-80

JOB LOCATION ADDRESS: 5401 Countrywoods Drive
PROPERTY OWNER: Joel Smith
BUILDING CONTRACTOR: NA
SUBDIVISION NAME: Country Woods
AUTHORIZATION ISSUED BY: Rba B. Malik, RS DATE: 2/28/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19272, 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:
Repair to existing septic system.
(No building permit)

OWNER CERTIFICATION

Prepare

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.

Cathy Smith 2-28-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Cathy Hudson@RCS TELECOPIER # 089-5560

FROM: Lisa Mialik DATE 3/6/97

Meck. Co. Health Dept phone 336-5573

NUMBER OF PAGES TRANSMITTED: 4 (including cover sheet)

COMMENTS:

Repair approval & associated paperwork for 5401 Country Woods Drive

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery

Fax 289-5860

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

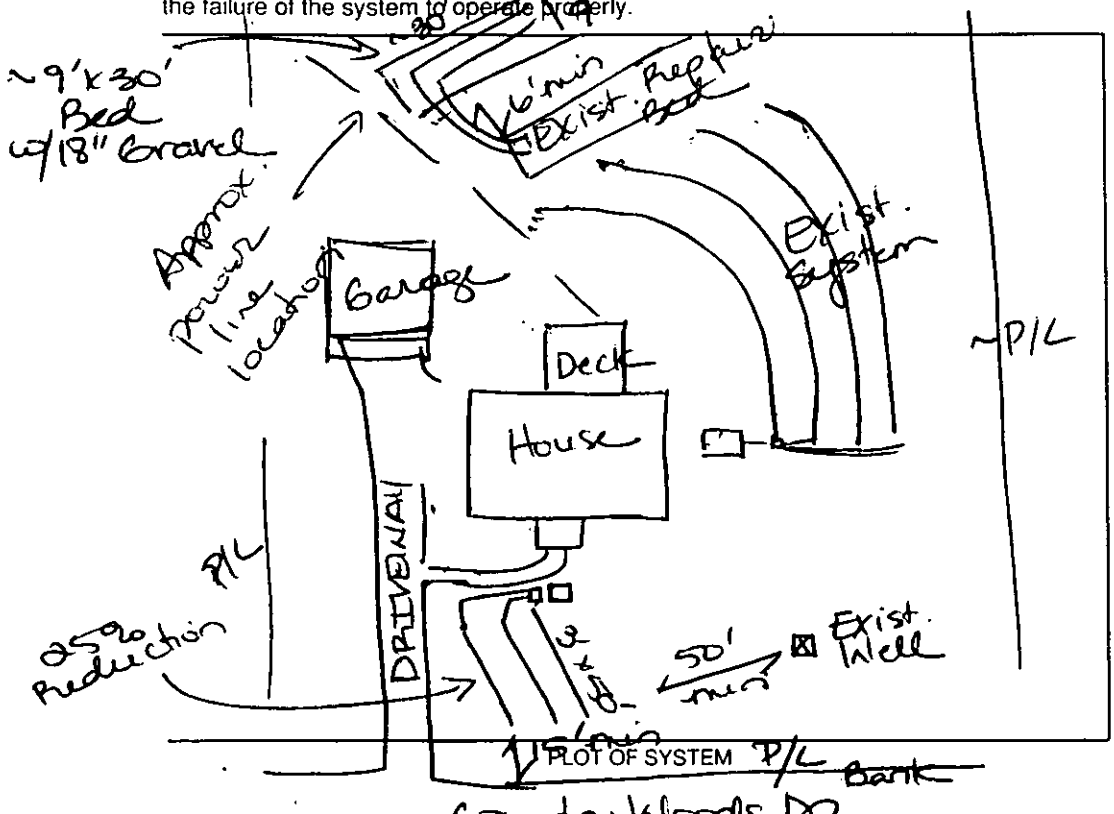
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 19272 DATE: 2/28/97

TC: 195-141-80 ☐ L

SERIAL Nº 17038

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 1/24/97. All work shall be completed on or before 3/28/97, 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC Washer Box

Trench Depth ~24' Washer Installation

Absorption and/or Nitrification Lines:

Trench Width 3' Washer feet

Trench Walls Scored and Porous ✓

① 150' - Washer
Total Line Length 9'x30' feet
② Bed septic drainfie

Number of Lines _____

Depth of Stone 18" Repair Bed inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50 feet

Washer lines - 15' from front property line

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

NAME OF OWNER Jack Smith

LOCATION OF PROPERTY 5401 County Woods Drive

Comments: Install.

① For Washer - Washer Box + D-Box, 150' of Innovative (25% reduction) drainfield. 3 lines - 3' x 50 Long x Wide Groups I, II, III, IV Backfill

② For existing drainfield - overflow from existing bed into new ~9' Wide x 30' Long Bed with 18" Gravel.

Lisa B. Trialik, RS
Environmental Health Specialist

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

Permit Number: 19272

Tax Number: 195-141-80

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 ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
Yes Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	

Any surface waters present: No Type: Minimum separation distance:

Site modifications required: Keep installations 50' minimum from ANY well.

Additional Conditions: Repair to ex. S.T. System & new washer drainfield installation.
① Overflow from S.T. Drainfield into new bed 9' wide x 30' long x 18" gravel
② for washer wastewater: install PCC washer box, D-Box, 3 innovative nitrification lines (25% reduction) - 3' W x 50' L each

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ S.T. Drainfield Repair Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ New washer Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
ST - ~270ft² Washer 450ft² Absorption Area (Sq ft) ST - 90' Total Trench Length (Ft) Washer - 150'	450ft² Depth of Stone Trench 12" S.T. Bed	9' Washer Trench spacing (min. on centers)	~24' Washer Maximum Trench Depth ~30" S.T. Drainfield

For existing system, enter the year originally installed: 1985

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.

Lora B. Trivalik, RS 2/28/97
DEHNR Authorized Agent Date

Cathy Faber 2.28.97
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

FEE: NA **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/28/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/28/97 PERMIT NO: 19272
PARCEL NO: 195-141-80

JOB LOCATION ADDRESS: 9401 Country Woods Drive
PROPERTY OWNER: Joel Smith
BUILDING CONTRACTOR: NA
SUBDIVISION NAME: Country Woods
AUTHORIZATION ISSUED BY: Iba B. Malik, RS DATE: 2/28/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 19272, 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: Repair to existing septic system.
(No building permit)

OWNER CERTIFICATION

Prepare

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.

Cathy Smith 2-28-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 19272 DATE: 4/18/97

TC: 195-141-80 ☐ L ☐ CRT

SERIAL Nº 17069

Name of Owner Jodi Smith Juris.: _____

Address of Property 5401 Country Woods Drive

Inspection Data:

Tank Material Existing
Repair Bed 90'
Total Length of Drainfield Washer 150'
Washer
Number of Lines 3 @ 50' chamber
Repair Bed 18-30" cover
Cover Depth Washer ~18" cover

Water Supply Source Well

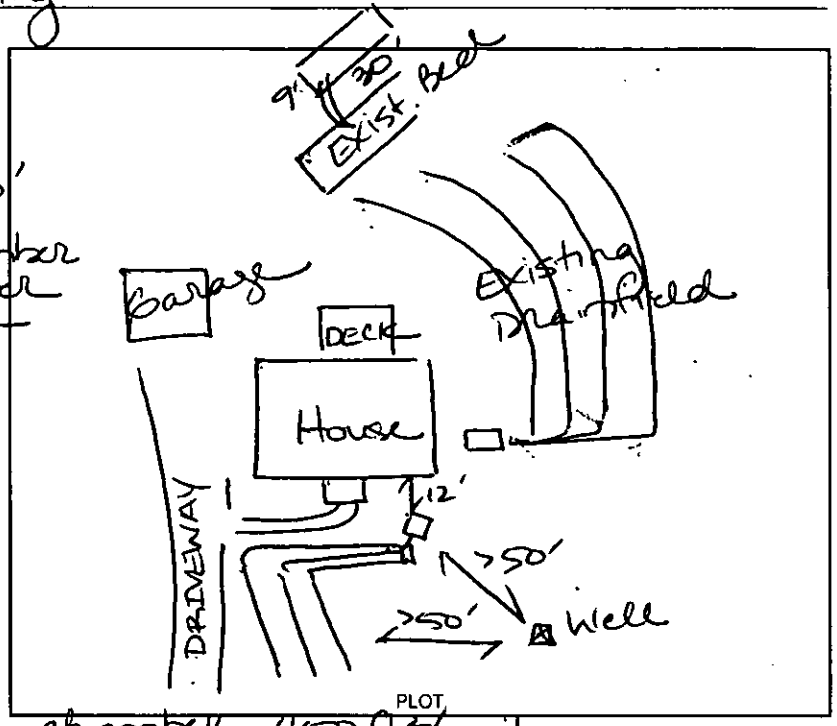
Distance to Water Source 750

Excavation Inspected 4/18/97

Tank(s) Inspected NA

Wash Line Inspected 4/18/97

High Water Alarm Inspected NA



PLOT

Design 1997 Repair, Bed - 270ft², 18"G Washer - chamber, 450ft² Cecil-like CTR# _____

RCS

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: 1997 Repair - 4 Bedroom House
Type II Bed - 9'W x 30'L x 18" Gravel
Type III - chamber (washer installation) - 3@ 3'W x 50'L each

OD - 4/85

Lisa B. Mialik, RS
Environmental Health Specialist

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

FEE: NA
DATE: _____

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

[ ] 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 #: 19272

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-141-80 001

STREET ADDRESS: 5401 Country Woods Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Country Woods

LOT NUMBER:

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: 1660

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE 10-24-96

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)
___ 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:

NAME: Smith (LAST) Joel R. And wf| Teresa P. (FIRST) (MI)

ADDRESS: 5401 Country Woods Dr.

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 545 – 1866

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

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: Joel R. Smith DATE: 1-24-97

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

Mecklenburg County
Health Department

DATE: May 1, 1998

RE: File #19272
Property located at 5401 Country Woods Drive

SUBJECT: Synopsis of subsurface sewage disposal system

4/30/85 Original subsurface sewage disposal system installed and approved for 3 bedroom home.

3/13/87 An application to repair the system was received. This application indicates home is 4 bedroom home although no Improvement Permit had been issued by this office for bedroom additions.

4/15/87 A Certificate of Completion was issued for a repair installed to the system.

1/24/97 An application to repair the system was received.

2/28/97 A repair layout was issued to install a repair to the existing septic system and install a separate washing machine drainfield.

4/18/97 An Operation Permit was issued for the final approval of the repair installed for the septic system and the new installation for the washing machine drainfield.

No specific dates available for the following history:

Mr. Smith, homeowner, contacted Lisa Mialik and indicated he was having a problem with the 4/18/97 repair. The yard was landscaped and the landscaper's tractor sank into a part of the system. Mr. Smith believes the system was not installed properly or this would not have happened.

Lisa Mialik and Judy Kiser, IWWS, visited the site to assess the situation. There was no evidence of malfunction to the system. Both the existing drainfield and the repair were probed. Both drainfields were active and appeared to be functioning properly. The results of this site visit were reported to Mr. Smith.

Mr. Smith made a number of calls to Ms. Mialik and Ms. Kiser during this time. Mr. Smith indicated that he believed the stepdown connection from the upper system to the lower repair

Mr. Smith had requested Lisa meet back on site with RCS, the installer, to determine what could be done to abate the problem.

Lisa met on the lot with Cathy Hudson, a RCS representative. They did not observe a leak and determined that the system did not need to be uncovered.

(Lisa moved from IWWS to another division at the end of October, 1997).

1/12/98	Mr. Smith contacted Drew Walker and indicated the system is leaking.
1/14/98	Drew visited the site. The repair area appeared to be malfunctioning. He advised Mr Smith to uncover the d-box to check the liquid levels. He also advised Mr. Smith he could uncover the area where the leak was observed.
4/3/98	Drew was accompanied by another IWWS staff member during another site visit. The system was leaking in the area where the repair was installed. Mr. Smith was advised again that the d-box should be uncovered to check the liquid level to each of the lines. The owner was reported to be distressed and questioned "who would pay?" The owner thanked them for the visit.
4/24/98	Sylvia Daniel contacted Mr. Smith and advised him of the current review of the file. Mr. Smith indicated he does not want to pay for any repairs. Sylvia explained she would meet with the staff members involved on this lot and discuss options. He was asked to put his concerns in writing to her attention. Mr. Smith indicated he is not in agreement with the opinions of this Department. He did not agree with our advice and would pursue this further to the highest authority.