

8029 WILLHILL RD

13707211

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3471B DATE: 5/14/97

TC: 137 072 11 ☒ L ☐ CRT

SERIAL Nº 17393

Name of Owner Jamie L. McCain Juris.:

Address of Property 8029 Will Hill Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield Bed 200'

Number of Lines 2 Beds 4+4 @ 100+100

Cover Depth 12" - 18"

Water Supply Source well

Distance to Water Source 52'

Excavation Inspected 5/14/97

Tank(s) Inspected 5/14/97

Wash Line Inspected Plumb to tank

High Water Alarm Inspected Electrical not complete

PLOT

Design 1997, Repair, 1000 DT, PI, 600 SFB, 18" stone CTR# Autry Concrete

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to existing system. All components of septic repair inspected and approved but the electrical setup.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

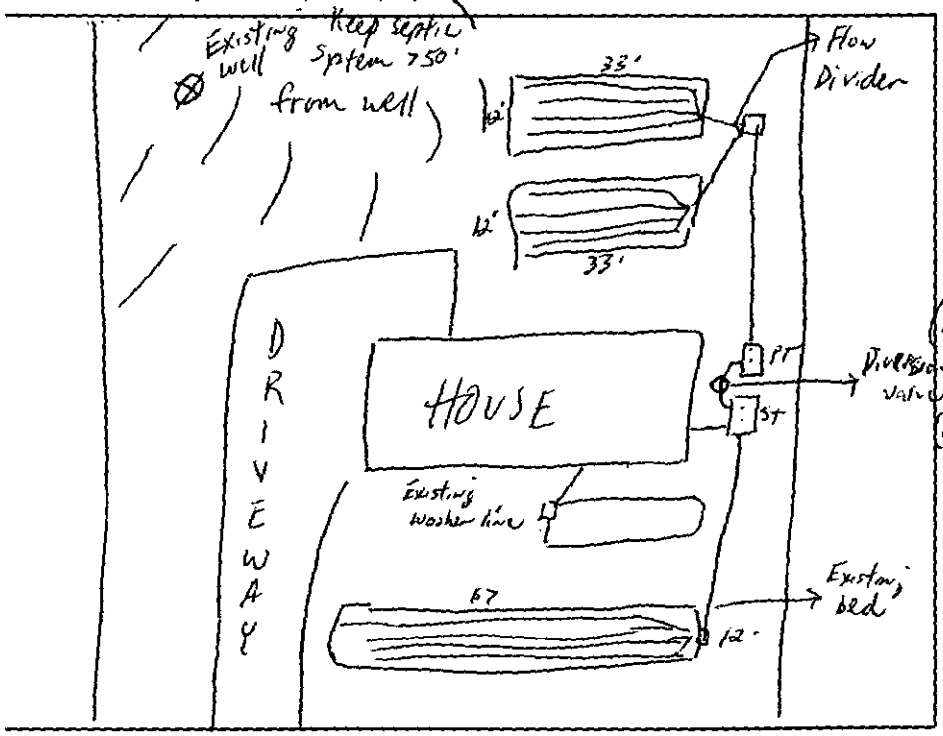
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3471B DATE: 4/15/97

TC: 137 072 11 X L

SERIAL Nº 17140

Permission is hereby given to _____ Install or Construct, _____ C 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 _____. All work shall be completed on or before 5/15/97, 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.



PLOT OF SYSTEM

Will Hill Rd

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

(2) Beds Trench Width 12' feet

Trench Walls Scored and Porous Yes

(2) Beds Total Line Length 100+100=200' Total feet

2 Beds Number of Lines 4+4

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 Jamie L. McCain

LOCATION OF PROPERTY 8029 Will Hill Rd

Comments: Repair, 1000 DT, PT, Flow Divider Diversion valve, (2) Bed Systems 12'wd x 33'long x 18" stone | Install diversion valve between tanks | Keep septic system >50' from any wells | Plumb washer line to tank, connect WL to Existing Bed system

Phila A. Walker R.S.

Environmental Health Specialist

FEE: N/A

DATE: _____

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

REPAIR

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 3471B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ✓ 137-072-11 Dont Know

STREET ADDRESS: 8029 Will Hill Rd

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE Dwane Denton
__ 5 MATTHEWS (h) 545-3679
__ 6 HUNTERSVILLE
✓ 7 MINT HILL Fax: 545-9726

HEATED SQUARE FOOTAGE: ✓

NUMBER OF BEDROOMS: ✓ 3 | NUMBER OF OCCUPANTS: 2

CLOSING DATE _____ 10/17 system dyed

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

8/15/96 ~~no~~ effluent on ground ?!
Take sample from ditch
8/26/96 Lab sample positive for entarococcus

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): ✓ __ COMM[UNITY] __ SHARI[ED] P/S file

[MUNICI]PAL (M) ✓ PRIVATE WELL (P)

['SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED O[N] [LOC]ATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES
EXISTING WASTEWATER SYSTEMS
EASTMENTS OR RIGHT-OF-WAYS

[WATER]GS OR WATERLINES __ YES __ NO
[ ] WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: (LAST) McClain (FIRST) Jamie (MI) L

ADDRESS: 8029 Will Hill Rd

CITY Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 545-2136

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) McClain (FIRST) Jamie (MI) L

DAYTIME PHONE: ( ) —

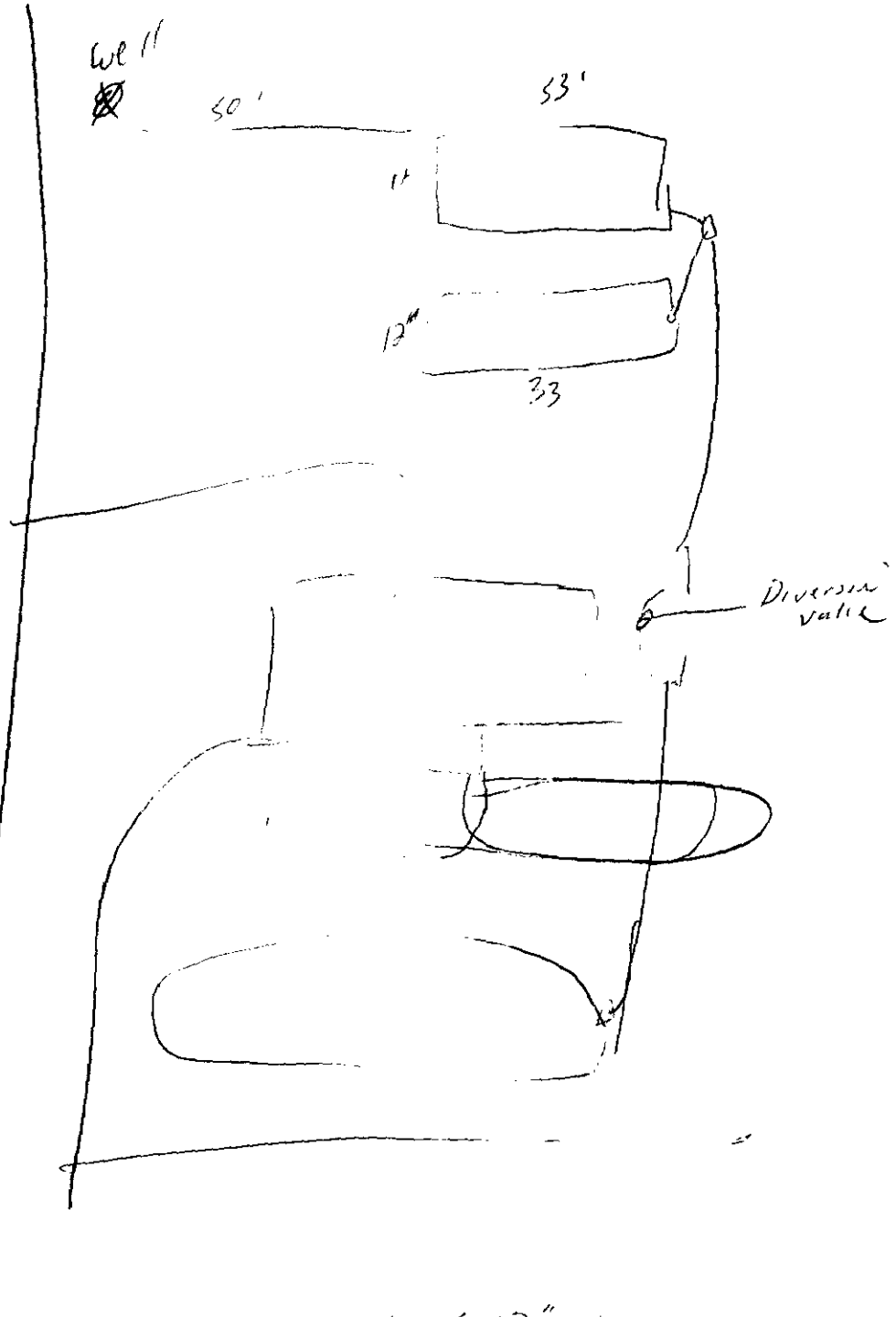
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Jamie L McClain DATE: 8-2-96

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

Steve
Fax # 357-3075



(2) Bed @ 12'wd x 33'lng x 18" stone

200 TLF

Mecklenburg County
Health Department

File
3478

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
   137-072-11

2) Provide the name of the original property owner.

3) Do you have visible sewage on the surface of the ground? yes

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?

5) Is there a separate wastewater line from your washing machine? Dishwasher?

6) Has your septic tank ever been pumped out? If so, approximately when?

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when? Last year a new system

8) Approximately what year was your septic system installed?

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

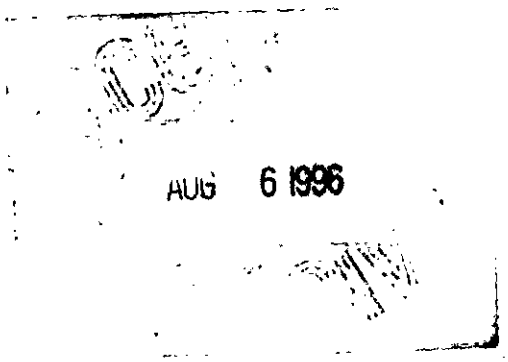
Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

OVER

RCI did the repair last year told you they hit a stump and that is what caus the leak. I told them the week after that it was not right. So if you can help me.

Thank you
Jamie L McC



2400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

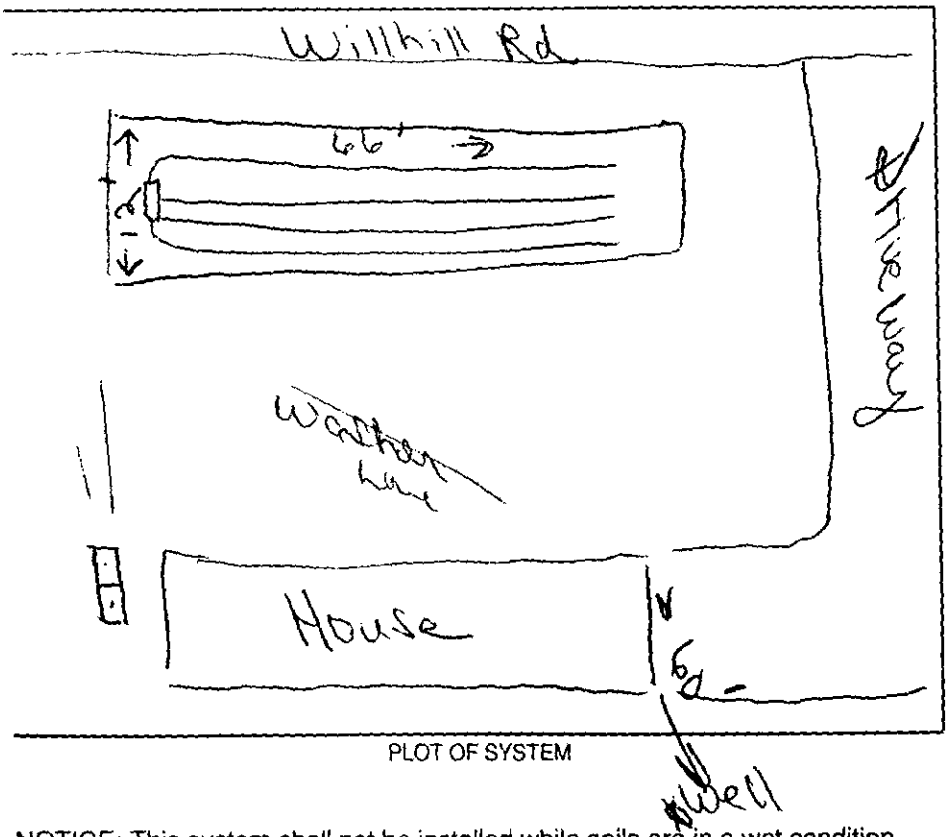
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3471B DATE: 3/2/95

TC: 137-072.11 L

SERIAL Nº 16137

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 3/2/95. All work shall be completed on or before 4/2/95, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Repair

Absorption and/or Nitrification Lines:

Trench Width 12 x 67 feet

Trench Walls Scored and Porous ✓

Total Line Length 268' feet

Number of Lines 4

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 Jamie McCann

LOCATION OF PROPERTY 8029 Willhill Rd

Comments: Check Tank & Outlet for damage & repair same as needed. If System is root bound install a 12'x66' Bed with 18" Stone

Jamie Higgins-Conway, R.S.

Judy J. Kiser R.S.
Environmental Health Specialist

WHITE - INVESTMENT COPY CANARY - FILE COPY PINK - OWNER OR AGENT'S COPY

4400

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3471B DATE: 4/7/95

TC: 137 072 11 L ☐ CRT

SERIAL № 16178

Name of Owner Jamie McCain Juris.:

Address of Property 8029 Willhill Rd

Inspection Data:

Tank Material —

Total Length of Bed Drainfield 268'

Number of Lines 4 @ 67'

Cover Depth 12" - 14"

Water Supply Source well

Distance to Water Source 750'

Excavation Inspected 4/7/95

Tank(s) Inspected — new tee installed

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1995, Repair, 888 SFB, 18" stone 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: Repair

Joni Diggins-Berry, R.S. for Sylvia Davis

Philo S. Walker R.S.
Environmental Health Specialist

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

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Jannie McCain

Address: 8029 Will Hill Rd

Zip

Collected By: P. Walker

Date Collected: 8/20/96 Time: 1:15 AM (PM)

Sample Source: Ditch in front of property surface sample

Date Delvd. to Lab: 8/20/96 Time: 3:00 AM (PM)

Delivered By: P. Walker

Type of Sample

Potable Water

- ☐ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☐ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☒ Fecal Coliform
- ☒ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ **Giardia lamblia** (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify)
- ☐ Foodborne Investigation (specify)

Comments: enterococcus surface sample

Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform	/100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	22,000 /100 ml.	Plate Count	/gm. or ml.
Fecal Strep	32,000 /100 ml.	Coliform Count	/gm. or ml.

Enterococcus present

Laboratory Comments:

Date Received: 8/20/96

Received By: DW

Date Reported: 8/26/96

Analyst: DW/SW Lab #: 341

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Jannie McCain

Address: 8029 Will Hill Rd

Zip

Collected By: P. Walker

Date Collected: 8/20/96 Time: 1:15 AM (PM)

Sample Source: Ditch in front of property surface sample

Date Delvd. to Lab: 8/20/96 Time: 3:00 AM (PM)

Delivered By: P. Walker

Type of Sample

Potable Water

- ☐ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☐ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☒ Fecal Coliform
- ☒ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ **Giardia lamblia** (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify)
- ☐ Foodborne Investigation (specify)

Comments: enterococcus surface sample

Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform	/100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	22,000 /100 ml.	Plate Count	/gm. or ml.
Fecal Strep	32,000 /100 ml.	Coliform Count	/gm. or ml.

Enterococcus present

Laboratory Comments:

Date Received: 8/20/96

Received By: DTW

Date Reported: 8/26/96

Analyst: DTW/SW Lab #: 341

Laboratory Identification #: 37518

LAB REPORT COPY

MEMORANDUM

To: File
From: Sylvia Daniel
Subject: McCain Property
Date: May 1, 1997

This morning, Thursday, at approximately 8:30 am, I discussed the McCain situation with Judy Kiser and Philo Walker with Susan Bateman present. It is my determination that the best efforts possible have been made by this department to assist Ms. McCain with the problems involving the septic tank system. Other factors have come in to play which may have impacted the functioning of the system, therefore, our work is dependent to a large extent on the information the parties are giving us. The system is aged and has been repaired. There is no record on file of the original permit and repair work has been performed using the (best available technology) BAT method. I am confident that the staff has conducted their activities on site consistent with program protocol and standard procedure.

I received a call from Mrs. McCain Wednesday. After researching the events with staff this am, I attempted to return the call to Mrs. McCain at 12:00 noon today to no avail. The phone rang several times and since there was no answering service, I was unable to leave a message.

Mecklenburg County
Health Department

May 28, 1997

Jamie L. McCain
8029 Will Hill Road
Charlotte, NC 28227

Re: 8029 Will Hill Road
File: 3471B
Parcel: 137-072-11

Dear Ms. McCain:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gc

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3471B DATE: 5/14/97

TC: 137 072 11 ☐ L ☐ CRT

SERIAL Nº 17393

Name of Owner Jamie L. McCain Juris.: _____

Address of Property 8029 Will Hill Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200' bed

Number of Lines 4+4 2 Beds

Cover Depth 12'

Water Supply Source ___

Distance to Water Source

Excavation Inspected ___

Tank(s) Inspected 5/

Wash Line Inspected Plumb

High Water Alarm Inspected

pls mail OP 2

Letter mailed 5/28/97 Thanks PSW

PLOT

Design 1997, Repair, 1000 DT, PI, 600 SF B, 18" stone CTR# Autry Concrete

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 I5A 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 I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to existing system, All components of septic repair inspected and approved but the electrical setup.

Environmental Health Specialist

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

137-072-11
1964
3471B

Mecklenburg County
Health Department

February 26, 1997

Dennis Spring
Stikeleather Realty
2824 The Plaza
Charlotte, NC 28205

Dear Mr. Spring:

At your request, an investigation was made of the septic tank system and a well water sample was collected at the property located at 8029 Willhill Road, Mint Hill, NC on January 14, 1997, and the results of this investigation were reported to you in our letter dated January 22, 1997.

Upon receipt of this letter, you requested a conference to discuss the results of the investigation. During this discussion, you made a request to dye the septic tank system to confirm the issue of the washing machine system discussed in the letter. We confirmed this could be done upon request of the current property owner, Mrs. Jamie McCain.

The dye was introduced into the plumbing system on January 31, 1997 and numerous visits have been conducted to monitor the septic system since that date. There has been no indication of the dye surfacing.

At your request, a reinspection was conducted of the septic tank system today. There was no effluent apparent on the surface of the ground; however, it appears that effluent from the system had surfaced to the ground in several locations within the drainfield area since the inspection of January 14, 1997. This is an area that should be monitored and if a failure does occur, then a repair would be mandatory.

If you have any questions concerning this report, you may contact me at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Environmental Health Specialist

cc: Mrs. Jamie McCain

January 22, 1997

Dennis Spring
Stikeleather Realty
2824 The Plaza
Charlotte, NC 28205

Dear Mr. Spring:

At your request, an investigation was made of the septic tank system and a well water sample was collected at the property located at 8029 Willhill Road, Mint Hill, NC on January 14, 1997.

The laboratory analysis of the well water was reported to be negative for coliform bacteria. There is some concern about the exposed wiring at the well. You may want to consider speaking with a licensed electrical contractor and/or the Electrical Inspection Division of the Mecklenburg County Building Standards and Engineering Department.

At the time of the investigation, the septic tank system was malfunctioning and effluent was surfacing to the top of the ground. This malfunction is a violation of the North Carolina General Statutes, 15A, 18A, .1961 (a) (01). A copy of this Rule is enclosed for your review.

The following information is offered concerning the septic tank system malfunction:

This Department issued a repair permit for the septic nitrification system on March 2, 1995. The repair was completed and approved on April 7, 1995. Ms. McCain recently contacted this office regarding another possible malfunction to the septic system. She reported that at the time the repair was made to the septic system, a portion of the washing machine wastewater system had been damaged. The washing machine was then connected into the septic tank system. This was an action taken without input from this Department. Originally, two separate drainfields were constructed where the washing machine discharged into one field, and the septic tank discharged into the other field. Ms. McCain suspected that the recent addition of the washer wastewater into the septic tank may have contributed to the current malfunction. I advised Ms. McCain that this could indeed create an overload to the septic field.

Ms. McCain has apparently reconnected the washer back to the old washer wastewater line. I have no opinion, nor recommendation about this action as Ms. McCain independently contracted this work. However, I will stress that no effluent of any type is permitted to discharge to the surface of the ground. It should be noted that a very limited area remains to construct a new repair line should the malfunction continue. Municipal sewer is not an option at this time.

Generally, it is recommended that a reinspection be requested after the reoccupancy of the residence by the new owner in sixty (60) days. However, given the history of failure of this system coupled with the existing problems, a violation of the state sewage rules may be imminent prior to 60 days. If this is the case, the problem must be abated within thirty (30) days.

I hope I have sufficiently addressed the well and septic tank system issues at 8029 Willhill Road. If you have any questions concerning this matter, you may reach me at 336-5571 or you may need to contact Ms. McCain for specific details as she will be copied on this correspondence.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

cc: Ms. Jamie McCain

357-3075

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

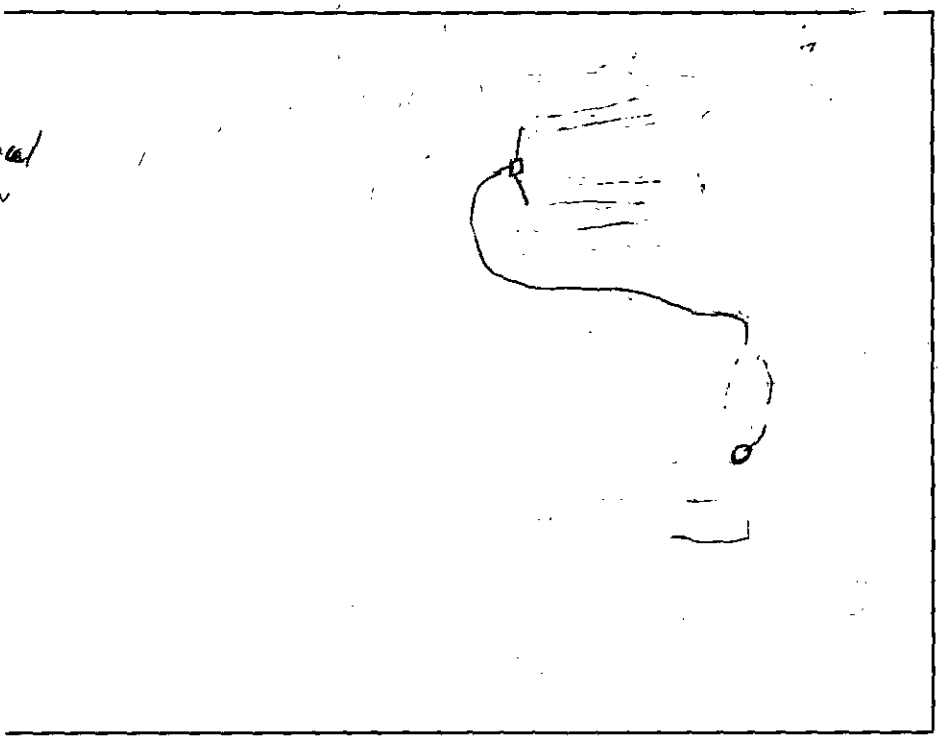
FILE: _____ DATE: _____

TC: _____ L

SERIAL

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 _____. 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.

8/14/98
need
electrical
inspection



PLOT OF SYSTEM

Liquid Capacity of
Septic Tank _____ gallons

Liquid Capacity of
Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well _____ feet

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

NAME OF OWNER _____

LOCATION OF PROPERTY _____

Comments: _____

_____

_____

_____ _____

Environmental Health Specialist

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

Mecklenburg County
Health Department

May 28, 1997

Jamie L. McCain
8029 Will Hill Road
Charlotte, NC 28227

Re: 8029 Will Hill Road
File: 3471B
Parcel: 137-072-11

Dear Ms. McCain:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gc

File 34718

MEMORANDUM

To: File
From: Sylvia Daniel
Subject: McCain Property
Date: May 1, 1997

This morning, Thursday, at approximately 8:30 am, I discussed the McCain situation with Judy Kiser and Philo Walker with Susan Bateman present. It is my determination that the best efforts possible have been made by this department to assist Ms. McCain with the problems involving the septic tank system. Other factors have come in to play which may have impacted the functioning of the system, therefore, our work is dependent to a large extent on the information the parties are giving us. The system is aged and has been repaired. There is no record on file of the original permit and repair work has been performed using the (best available technology) BAT method. I am confident that the staff has conducted their activities on site consistent with program protocol and standard procedure.

I received a call from Mrs. McCain Wednesday. After researching the events with staff this am, I attempted to return the call to Mrs. McCain at 12:00 noon today to no avail. The phone rang several times and since there was no answering service, I was unable to leave a message.

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

REPAIR

I J CRT

ON: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 34718

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ✓ 137-072-11 Dont Know

STREET ADDRESS: 8029 Will Hill Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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)

HEATED SQUARE FOOTAGE: ✓

NUMBER OF BEDROOMS: ✓ 3

NUMBER OF OCCUPANTS: ✓ 2

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
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER: ✓

NAME: (LAST) James (FIRST) L (MI) McClain

ADDRESS: 8029 Will Hill Rd

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 545-2136

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: ✓

NAME: (LAST) McClain (FIRST) James (MI) L

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 sub
this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described ab
"Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents
Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: ✓ James L McClain DATE: 8-

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336

AUG 6 1986

76

1964

Mecklenburg County
Health Department

File
34718

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
137-072-11

2) Provide the name of the original property owner.

3) Do you have visible sewage on the surface of the ground? yes

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?

5) Is there a separate wastewater line from your washing machine? Dishwasher?

6) Has your septic tank ever been pumped out? If so, approximately when?

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when? Last year a new system

8) Approximately what year was your septic system installed?

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

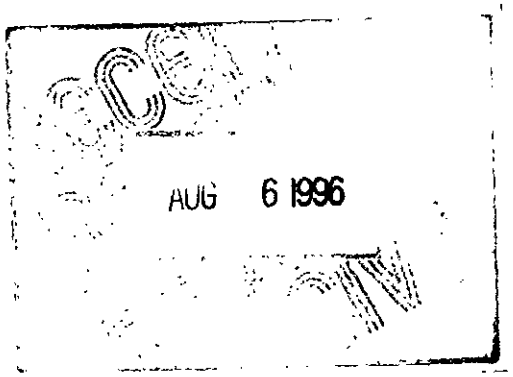
Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

0025

RCI did the repair last year told you they hit a stump and that is what caus the leak. I told them the week after that it was not right. So if you can help me.

Thank you
Jamie L McC



34718 W 4.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: McCain (last) Jamie (first) (mi)
ADDRESS: 8029 Willhill PHONE: (__) 5454136
CITY: STATE: ZIPCODE:

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-072-11
STREET ADDRESS: 8029 Willhill Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Willow Woods
LOT NUMBER: 26 LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 8
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jamie McCain Date: 3/2/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...Repair Permit issued 3/2/95 to Rec, done

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

Judy J Kyser R.S. 3/2/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227)

4400

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3471B DATE: 4/7/95

TC: 137 072 11 L CRT

SERIAL Nº 16178

Name of Owner Jamie McCain Juris.: _____

Address of Property 8029 Willhill Rd

Inspection Data:

Tank Material —

Total Length of Bed Drainfield 268'

Number of Lines 4 @ 67'

Cover Depth 12" - 14"

Water Supply Source well

Distance to Water Source 750'

Excavation Inspected 4/7/95

Tank(s) Inspected — new tee installed

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1995, Repair, 888 SFB, 18" Stone 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: Repair

Joni Huggins-Bunn, R.S.
for Sylvia Dorit

Phillip L. Walker R.S.
Environmental Health Specialist

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

2400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

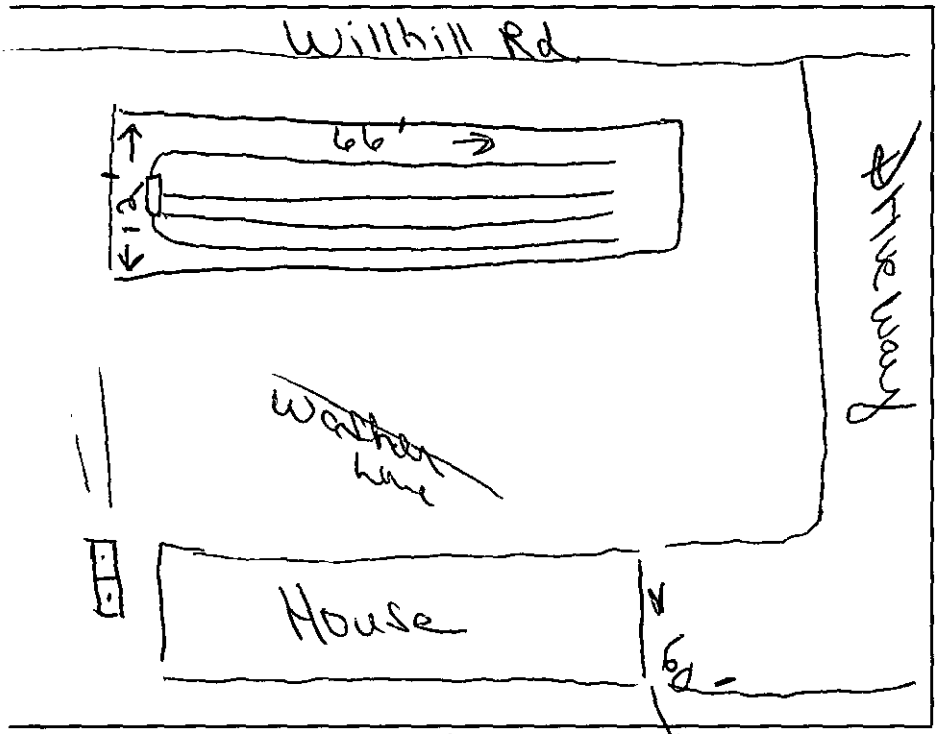
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3471B DATE: 3/2/95

TC: 137-072.11 L

SERIAL Nº 16137

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 3/2/95. All work shall be completed on or before 4/2/95, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Repair

Absorption and/or Nitrification Lines:

Trench Width 12 x 67' feet

Trench Walls Scored and Porous ✓

Total Line Length 268' feet

Number of Lines 4

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 Jamie McCain

LOCATION OF PROPERTY 8029 Willhill Rd

Comments: Check Tank & Outlet for damage & repair same as needed. If System is root bound install a 12'x66' Bed with 18" Stone.

Jami Higgins-Bunny, R.S. Judy J. Kuss R.S.

Environmental Health Specialist

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