

10000 JANEIRO DR

01521408

7/14/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~8644~~ 14461 from 8644 DATE: 8/8/96

TC: 05-214-08 ☐ L ☐ CRT

SERIAL No. 16693

Name of Owner Wyvonne + Curby Swindell Juris.: _____

Address of Property 10000 Janeiro Drive

Inspection Data:

Tank Material Existing

Total Length of Drainfield 110'

Number of Lines 2 @ ~55' each (6'x55' bed)

Cover Depth 36"

Water Supply Source Well

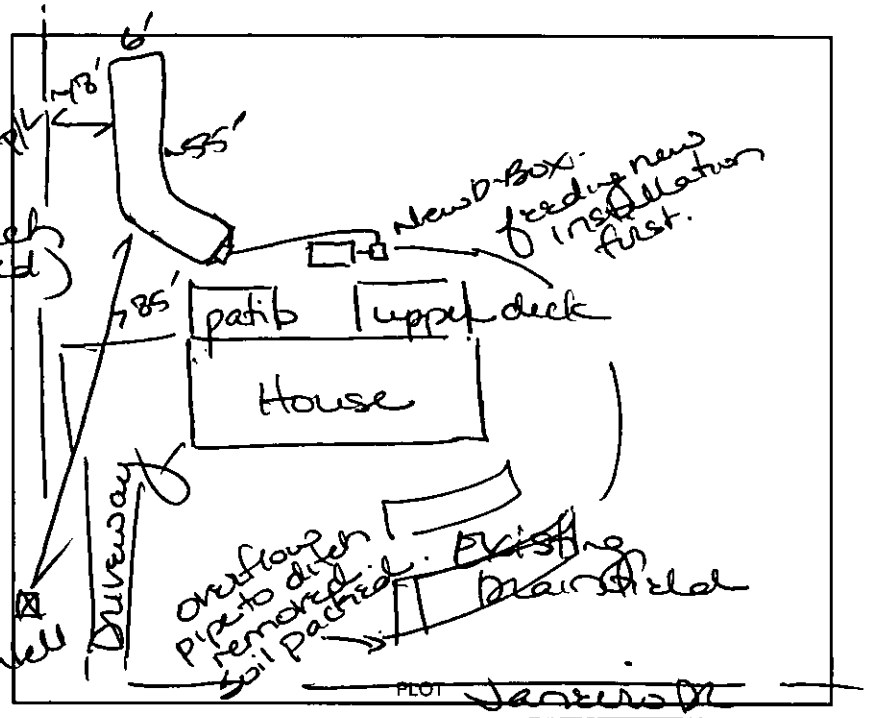
Distance to Water Source >85'

Excavation Inspected 8/8/96

Tank(s) Inspected ✓

Wash Line Inspected ✓

High Water Alarm Inspected ✓



Design 1996 Repair, 6'x55' bed, 330ft², 18"G, cecil-like CTR# _____

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

☐ 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 plumbing fixture leak in house (toilet)

- Recommend removal of 2 trees to either side of nitrification bed near patio.

- overflow pipe to roadside ditch removed - soil packed back with backhoe.

OD < 85 (1978)

Tina 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

$40

+ Conditions & Improvement Permit

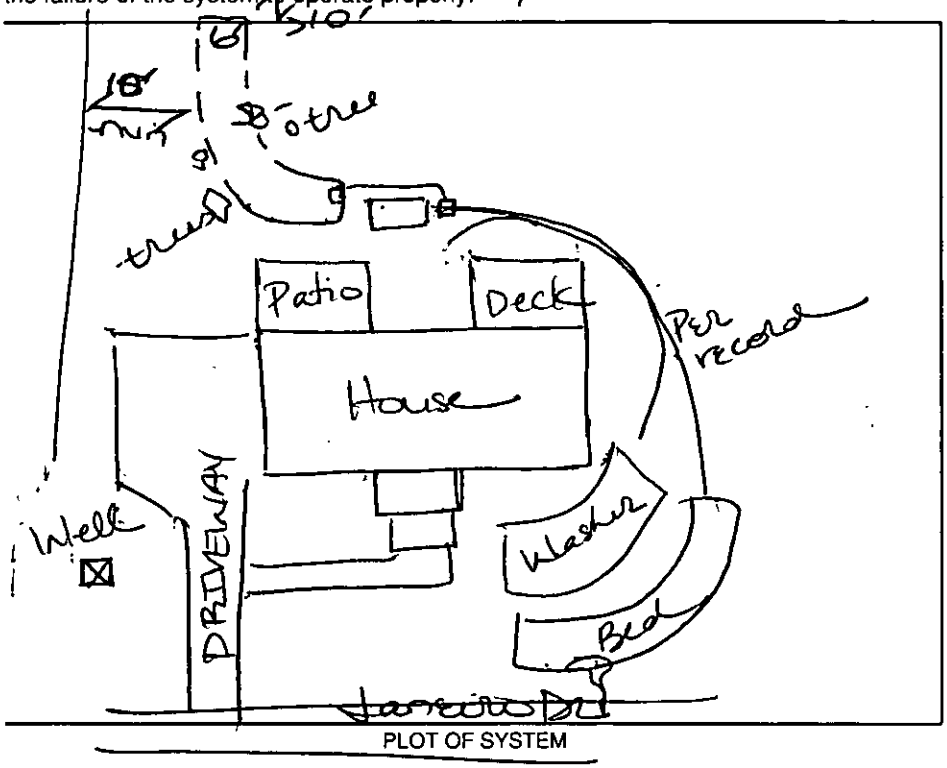
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14464 (for Permit) DATE: 7/30/96

TC: 015-214-08 ☐ L

SERIAL № 16894

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 7/22/96. All work shall be completed on or before 8/30/96, 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. N/C



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction ✓

Trench Depth As shallow as possible

Absorption and/or Nitrification Lines: Irregular Bed

Trench Width ~6' x 50' feet

Trench Walls Scored and Porous ✓

Total Line Length ~100' feet

Number of Lines 2 @ 50' each

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 75'+ feet

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

NAME OF OWNER Wyvonne + Curby Swindell

LOCATION OF PROPERTY 10000 Jaredo Dr

Comments: ① Install D-Box to divide flow between existing (ST) Bed + new installation; install bed ~ 6' x 30', 18" G.

② At existing S.T. Bed - remove overflow pipe to roadside. Excavate bottom of drainfield @ back + back with soil as best as possible.

Joe B. Mialik, RS
Environmental Health Specialist

FEE: NA

DATE: 7/22/96

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

D 450"

[ ] 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 #: 8647 14461 BM

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-214-08

STREET ADDRESS: 10000 Janiero DR.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 8

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: 2100

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

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: Cupley & Wyvonne Swindell

NAME: Swindell Curley
(LAST) (FIRST) (MI)

ADDRESS: 10000 Janiero DR

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: ( ) 596- 8432- 770-4975162 Fax 404-447-8392

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Swindell Wyvonne Spence
(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: Wyvonne Swindell DATE: 7-22-96

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.

SERVICE REQUEST/WORK ORDER

14461

pg Log3

~~#8641~~ for

Log No.: _____

Date: _____

Section: JNWS

Parcel: ~~015-213-08~~ 015-214-08 14461

Hazard? [ ] Yes [ ] No

<60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Owner Phone _____

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____ Mr. Swindell (w) (704) 447-5162 (h) 596-8432

Address 10000 Janeiro Dr. City Chas Zip _____

SERVICE REQUESTED: Swimming pool application ~~.....~~

Small Terrible

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
5/10/96	OSR. Tenant present - Stated Mr. Swindell owns property.
4:45	Observed corrugated pipe discharging water/(effluent) near roadside. All gutters discharge to ground surface. Pipe appears to have recently been installed (possibly as overflow) Per tenant, pipe installed 1 mo. ago for spring in yard. Left bus. card, requested that owner contact me to meet OS.
5/13/96	Tax records indicate owner: Swindell, Curby & wf Yvonne 015-214-08 Site: 10000 Janeiro Dr 10000 Janeiro Dr Lot 8 Huntersville, NC 28078
5/13/96	OSR/C road R/W to front of 10000 Janeiro Dr. Collected surface sample @ corrugated pipe.
5/14/96	VM mess. from Mrs. Swindell (336-2326)
	PC to Mrs. Swindell. NC. VM for Sergeant Swindell on ans. machine (336-2326)
5/15/96	VM from Mr Swindell
5/17/96	VM from Mr Swindell @ Ext 2326
9:15	PC to Mr Swindell. NC. VM on voice mail. Need OS appl.
5/17/96	VM mess from Swindell. Tues O.K. for appt.
5/20/96	PC from Mrs. Laron Swindell. Scheduled OSR appt. for 5/21 12:00 pm

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

COMPLETED BY: Joa B. Malik, RS 8/8/96

REVIEWED BY: Kathleen for Scott Lowman, Chief 8-19-96

Brick 1978

pg 2 of 3

SERVICE REQUEST/WORK ORDER

Pg. ___ of ___

Date: 5/10/96 Log No.: 14461 File Stott

DATE	ACTIVITY REPORT
5/20/96 11:06 pm	Vm from Mrs Swindell - has conflict - must cancell - will call to reschedule -jbn
5/21/96	Vm mess. from Curby Swindell @ 8:23.
5/21/96	OSV @ 12:25. Curby Swindell present @ ~12:30. Stated problem with saturated spot since ~1989 when willow tree cut down. Roots ~2 yrs. ago planted new willow tree - had been advised artesian spring - added gravel + pipe (to ditch roadside) recently Advised that pipe should be removed however, will pull additional samples - then notify Mr Swindell.
6/3/96	OSV @ roadside. Pulled 2 surface samples.
6/6/96	Lab results indicate sewage
6/7/96	PC to Sergeant Swindell. NC. Vm regarding need for repair. jbn
6/7/96	Vm mess. from Mr Swindell - acknowledging my call.
10:47	PC to Mr Swindell. NC. Vm on voice mail - Need S.T. contractor OS.
6/14/96	PC to Mr Swindell @ X2326. NC. Vm
6/17/96	Vm mess. from Curby Swindell pager 581-1533
6/17/96	PC from Mr Swindell - to mark property corners then notify. Advised to contact a S.T. contractor to meet OS. jbn
~~6/17/96~~ 7/1/96	PC from Mrs. Swindall - tenant advised her of NOV sent to Jarreis Dr. Advised Mrs. Swindell to have S.T. contractor meet me OS for repair approval. (w)(770)-447-5162 (h)596-8432
7/8/96 11:40	Vm from Mrs. Swindell - Dewey Gail - ST contractor to contact me.
7/15/96	Vm from Mrs Swindell. PC w/ Mrs. Swindell - Contacted Lefler Stuart. Scheduled appt. for 7/17 @ 1:00
7/19/96	OSV. Jack Stuart present. Per tenant, Mrs. Swindell could not make appt. Need P/L marked to utilities marked
7/18/96	PC w/ Mrs. Swindell - re-scheduled appt. for 1:30 7/22 - Per Swindell - P/L + utilities will be marked

SERVICE REQUEST/WORK ORDER

Date: 5/10/96 Log No.: File 8641

DATE	ACTIVITY REPORT
7/22/96	OSV. Mo Yvonne Swindell & Jack Stuart present. P/L not marked. Utilities not marked. Left application w/Mo Swindell - to notify after P/L & utilities marked.
7/24/96	OSV. Mo. Swindell present. P/L & utilities marked. Unable to locate S.T. Per Mo. Swindell - will contact Jack Stuart - (Crew to locate S.T.)
7/29/96	OSV: Benard present - Stated Stuart crew present this morning - located tank. Located tank to rear of house & center
7/30/96	Repair approval issued to Jack Stuart P/C w/ Wyvonne Swindell faxed copy of repair approval to her office in Atlanta 770-446-8393
8/8/96	Repair finaled. Closing S.R. JSR

c:/original/serreqp2.frm

File 8644 14461

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Curby & Yvonne Swindell

MAILING ADDRESS c/o 10000 Janeiro Dr., Huntersville, NC

OCCUPANT tenant

LOCATION 10000 Janeiro Drive, Huntersville, NC

Tax Parcel Number 015-214-08

[X] RESIDENCE [ ] BUSINESS [ ] OTHER

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 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 (704) 336-5573

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

[ ] Other Repairs (*specify*)

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

[X] Perform Maintenance (*specify*) Pump septic tank as needed to keep effluent off surface of ~~ground.~~

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 24, 1996, appropriate legal action will be taken.

Notice Issued June 24, 1996 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS (Agent) Division of Environmental Health

Compliance 8/8/96 (Date) Signed Lisa B. Mialik RS (Agent) Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

File 36441 for 14461 Survey Surface

015-214-08

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Curby Swindell

Address: 10000 Jaderro Drive

Charlotte Zip

Collected By: L Mialik

Date Collected: 5/13/96 Time: 2:40 AM (PM)

Sample Source: Road R/W to front of 10000 Jaderro Dr. @ corrugated pipe

Date Delvd. to Lab: 5/13/96 Time: 3:45 AM (PM)

Delivered By: Lisa Mialik

Type of Sample

~~Potable Water~~

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☑ Other (specify) Surface

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) Enterococcus

☐ Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform	/100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	9500 ECFU /100 ml.	Plate Count	/gm. or ml.
Fecal Strep	90 ECFU /100 ml.	Coliform Count	/gm. or ml.

Fecal strep - not Group D

Laboratory Comments:

Date Received: 5/13/96

Received By: DW

Date Reported: 5/15/96

Analyst: SW/DW Lab #: 1499

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

File 14461

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Curby + Yvonne Swindell

Address: 10000 Jarrito Dr.

Huntersville NC Zip 28078

Collected By: L. Malik

Date Collected: 6/3/96 Time: 3:15 AM (PM)

Sample Source: Surface

corrugated pipe discharge

Date Delvd. to Lab: 6/3/96 Time: 3:55 AM (PM)

Delivered By: L. Malik

Type of Sample

~~Potable Water~~

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☑ Other (specify) surface - recheck

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) Enterococcus

☐ Foodborne Investigation (specify) _____

Comments: rinsed exterior of bottle + cap after sample collected -

Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform	/100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	10,000 ECFU /100 ml.	Plate Count	/gm. or ml.
Fecal Strep	4,100 /100 ml.	Coliform Count	/gm. or ml.

Laboratory Comments:

Enterococcus present

Date Received: 6/3/96 Date Reported: 6/6/96

Received By: DW Analyst: DW/DW Lab #: 1613

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Serial No. 2095

C of A (s) No. 14461

Date Issued 11-3-78

T. C. 065-214-08

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Mady Const. Co. (LAST / FIRST / MIDDLE)

Location of Property Tanglewood Dr.

Application Number 14461 Permit Number 14461

Inspection Dates:

Liquid Capacity of Tank 1000 Tank Material Precast

Total Length of Drain Tile 220-125' Number of Lines 5-5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Wells Distance from Water Source 50'+

Excavation Inspected 11-3-78 (DATE) Tank Inspected 11-3-78 (DATE)

Verification Field Inspected 11-3-78 (DATE)

Washing Machine Line Inspected, If Applicable 11-3-78 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, 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: _____

Marshall Edwards
Environmentalist

EHO-3-76

Serial No. 2153

ICAR(S) Permit No. 14461

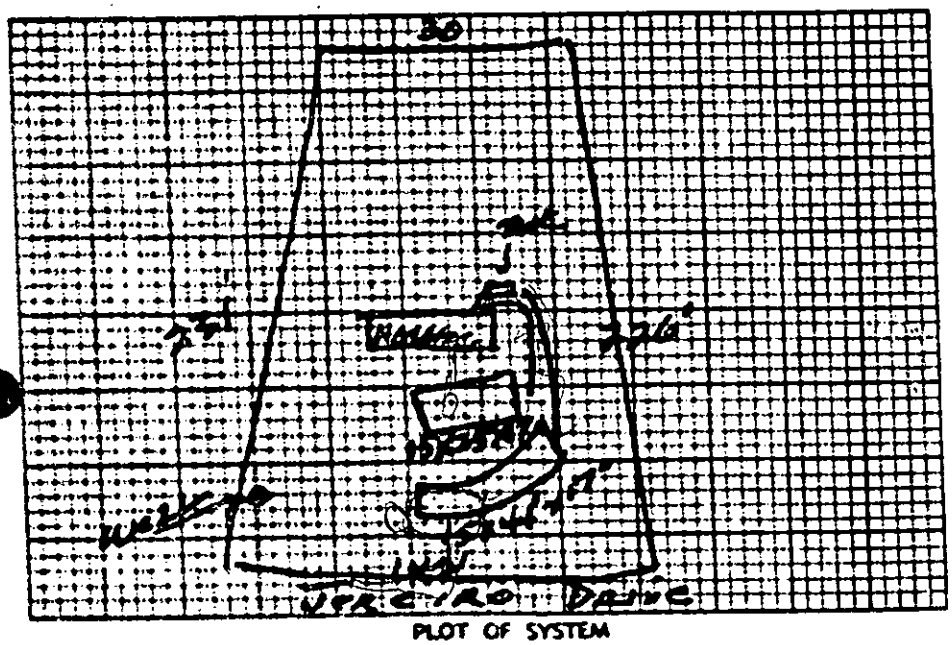
Date Issued 11-3-78

T. C. 015-214-08

Map Date _____

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

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 application 14461, dated 9-18-78 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12-3-78, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P/S

Liquid Capacity of Tank 1000

Tank Construction PRECAST

Absorption and/or Nitrification Lines:

Total Line Length 220-126'

Number of Lines 5'-5'

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Macky Const. Co.

LOCATION OF PROPERTY Tarcine DR.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

COMMENTS: Septic Tank 5-Gal (15'X44'X17" stone)
Washing Machine (15'-25'X17" Stone)

_____ Marshall Edwards
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.

EHD-5-7A

