

10121 MEADOW HOLLOW DR

13932210

7/7/08

marliwr

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: 13443 DATE: 6/18/97

TC: 139 28/10 ☐ CRT

SERIAL Nº 17150

Name of Owner Nancy & Brian Waddell Juris.:

Address of Property 10121 Meadow Hollow Dr

Inspection Data:

Tank Material NA

Total Length of Drainfield 150'

Number of Lines 4 @ 38'

Cover Depth 20"

Water Supply Source Com well

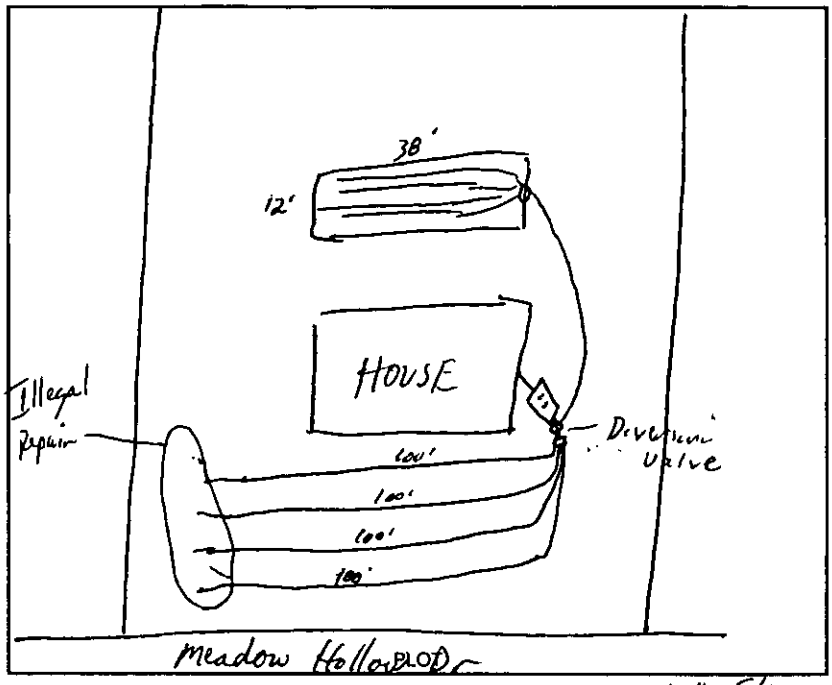
Distance to Water Source >100'

Excavation Inspected 6/18/97

Tank(s) Inspected NA

Wash Line Inspected To be plumb to Tank

High Water Alarm Inspected NA



Design 1997, Repair, Diversion valve, 450SFB, 18" stone CTR# A H Stewart

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. D Box altered to feed top lines first in existing system. Washer line to be replumbed to existing tank by property owner

Phillip S. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

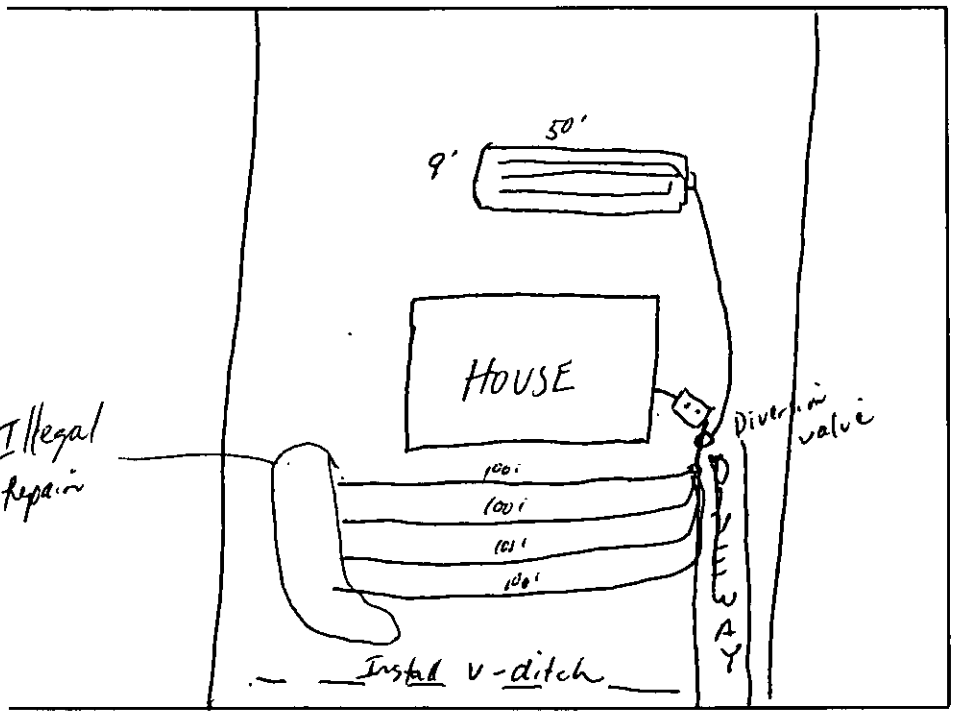
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13443 DATE: 5/1/97

TC: 139 28110 SC

SERIAL Nº 17142

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 5/1/97. All work shall be completed on or before 6/1/97, 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
Meadow Hollow Dr

Liquid Capacity of Septic Tank - gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction -

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Trench Walls Scored and Porous yes

Total Line Length 150' feet

Number of Lines 3 (50')

Depth of Stone 24" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
>10' water line | Comm well

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

NAME OF OWNER Nancy Waddell

LOCATION OF PROPERTY 10121 Meadow Hollow Dr

Comments: (1) Bed system 9'wd x 50'long x 24"Stone | Diversion valve | Install V-ditch at top of hill | Divert downspouts & surface water from system | Convert washer line to tank | Keep bed as shallow as possible

Philip A. Walker R.S.
Environmental Health Specialist

[redacted] UNTY ENVIRONMENTAL HEALTH
[redacted] N REPORT
[redacted] ER 12361

File: 13443 Action 1

Parcel: 139-322-10 ☐ PC

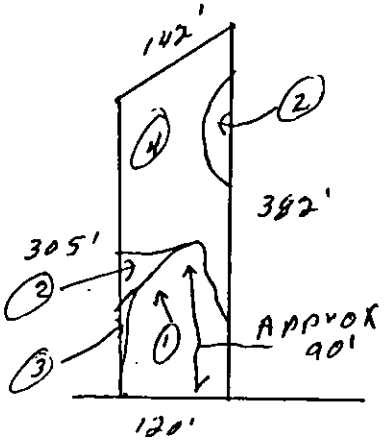
Meadow Hollow Dr.
Division: Country Hills
Lot: 10 Block: 5 Acres: 1.0

Owner: Heath-Hill Enterprises
Address: Rt. 14, Box 177
Charlotte, N.C.
28213

Comments: System will probably need lift pumps

Described by: William R. Madison
Date: 11-21-91

Original sketch of lot not microfilmed with map



Meadow Hollow Dr.

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	(S) PS U 2-6%	(S) PS U 2-8%	S PS (U) Drainageway Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS (U) Expansive Clay	S PS (U) Expansive Clay	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S (PS) U Sub Blocky	S (PS) U Sub Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS (U) perched water 20-24"	S (PS) U >36" to water	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U >36"	S PS (U) 30-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U) Restricted	S (PS) U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Appling	Helena-Lilly	Enon-Lilly	Drainageway/ Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

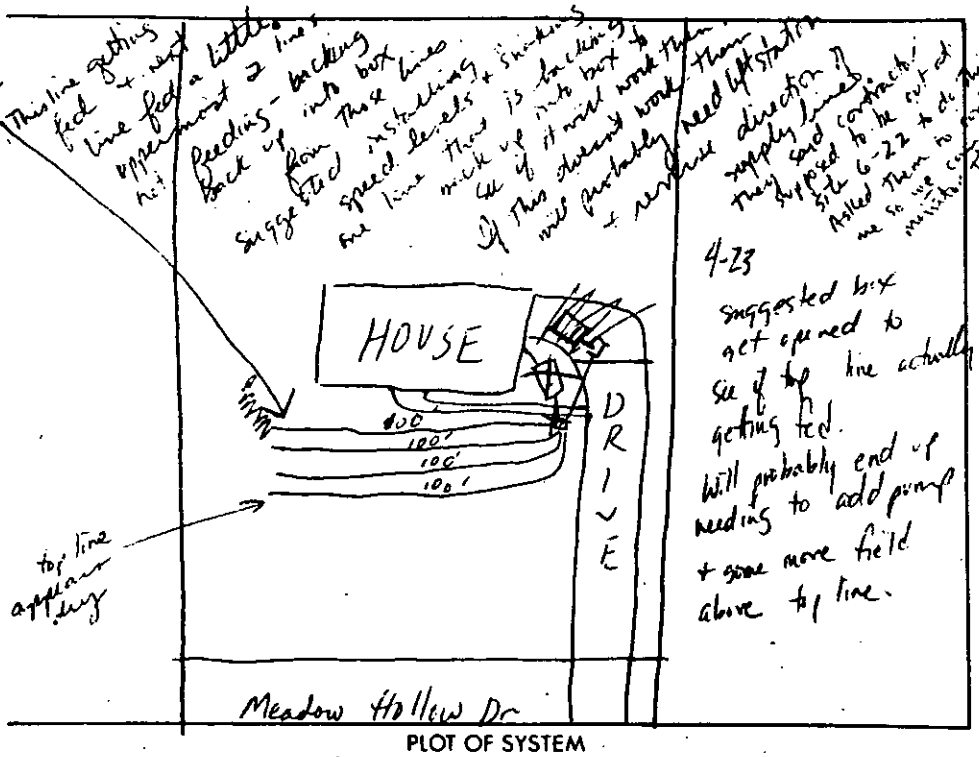
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 13443 DATE: 2/6/92

TC: 139-281 to 01 PO ☐ L

SERIAL Nº 13887

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 10/25/91. All work shall be completed on or before 3/6/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well com well feet

NAME OF OWNER H. Hill Enterprizes Inc

LOCATION OF PROPERTY 10128 Meadow Hollow Dr

Comments: 4 lines x 100' long x 3' wd x 12" stone

Division or Section Head

Phyllis A. Walker R.S.
Environmentalist

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 13443 DATE: 2/6/92

TC: 139-281-01PO ☐ L ☐ CRT

SERIAL № 14048

Name of Owner H. Hill Enterprizers Juris.:

Address of Property 10121 Meadow Hollow Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 14"

Water Supply Source Com well

Distance to Water Source > 100'

Excavation Inspected 2/6/92

Tank(s) Inspected 2/6/92

Wash Line Inspected NA

High Water Alarm Inspected NA

System installed in accord with installation permit

PLOT

Design: 1491, 1500 ST, CON, 1200 SFT, 12" stone cecil CTR# 82

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

☒ installed or constructed ☐ altered or repaired

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

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

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 3 bedroom house

ST II

Philo S. Walker P.S.
Environmentalist

PS U

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

Repair

File 13443

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: Woodell (last) Nancy (first) D. (mi)
ADDRESS: 1012 Meadow Hollow Dr PHONE: (704) 523-1742
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-322-10
STREET ADDRESS: 1012 Meadow Hollow Dr
ZONING:

PROPERTY OWNER:
NAME: Woodell (last) Bryant Nancy (first) (mi)
ADDRESS: Same PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 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 (M)
☐ 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: 3
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: Nancy Woodell Date: 4-6-94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems
SB:gf

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

August 19, 1994

Mr. & Mrs. Woodell
10121 Meadow Hollow Drive
Charlotte, NC 28227

Re: 10121 Meadow Hollow Drive
File: 13443
Parcel: 139-322-10

Dear Mr. & Mrs. Woodell:

At your request a site visit was made to the above mentioned property in June 1993. At that time the septic tank system was not functioning properly and sewage was leaking to the surface of the ground. It was recommended that the distribution box be checked to determine if it was evenly distributing effluent to the nitrification field. It was my understanding that the distribution box was opened and adjusted before my site visit and again after my site visit in an attempt to correct the situation. Typically when the distribution box is adjusted it takes some time to determine if the adjustment actually corrects this type of problem.

On April 6, 1994 an application for services for repair to the septic tank system was filed by you. Apparently the adjustments made to the distribution box did not resolve the problem noted in June 1993. Since then we have had site visit meetings and telephone conversations concerning the septic tank system and have been working cooperatively to resolve this situation. At our last meeting on June 23, 1994, I recommended that the supply lines going to the nitrification trenches be checked to determine whether any of the supply lines are blocked or crushed. It appears that the driveway may be located over the area of the supply lines. Once it is determined if the supply lines are functioning properly, a decision can be made as to the best way to resolve this situation and an improvement permit for repair can be issued, if necessary.

At the time of the investigation on June 23, 1994 it was found that the septic tank system was again malfunctioning and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina. A resolution for this needs to be made as soon as possible or at least by September 1, 1994.

Mecklenburg County
Health Department

August 5, 1994

Mr. & Mrs. Woodell
10121 Meadow Hollow Drive
Charlotte, NC 28227

Re: 10121 Meadow Hollow Drive
File: 13443
Parcel: 139-322-10

Dear Mr. & Mrs. Woodell:

At your request a site visit was made to the above mentioned property in June 1993. At that time it appeared as though there was a problem with the functioning of the septic tank system. It was recommended that the distribution box be checked to determine if it was evenly distributing effluent to the nitrification field.

On April 6, 1994 an application for services for repair to the septic tank system was filed by you. Since then we have had site visit meetings and telephone conversations concerning the septic tank system and have been working cooperatively to resolve the problems. At our last meeting on June 23, 1994, I recommended that the supply lines going to the nitrification trenches be checked to determine whether any of the supply lines are blocked or crushed. It appears that the driveway may be located over the area of the supply lines. Once it is determined if the supply lines are functioning properly, a decision can be made as to the best way to resolve this situation and an improvement permit for repair can be issued, if necessary.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina. A resolution for this needs to be made as soon as possible or at least by September 1, 1994.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SERVICE REQUEST/WORK ORDER

Tax Code: _____ Emergency? Y N

Date: 9/1/94 Hour: _____

Section: _____ Log No.: _____

REQUESTING PERSON: _____ Tel. No. _____ 8-5

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 10121 Meadow Hollow Rd City _____ Zip _____

SERVICE REQUESTED: SEPTIC FAILURE

ASSIGNED TO: P. Walker TAKEN BY: P. Walker

DATE	ACTIVITY REPORT
9/1/94	Met B. Cobb Env Health, S. Bateman Env Health, and homeowner on property. 1st line of septic system appears to be failing.
10/5/94	Met Harry Norwood on lot. Checked toilets, Toilet appeared to be hung up (Repaired toilet). Checked lines for effluent and trench bottom depth. Checked D Box for proper flow. Completed the following items: 1) plumbing for inlet end of tank raised. 2) " " outlet " " " raised. 3) Existing D-Box replaced. Existing D-Box appeared to have been damaged and repair attempted. New D-Box installed and raised to get effluent flowing to upper lines. D-Box adjusted to get proper flow to upper lines.
	Septic system seems to have been damage by the installation of a driveway.
	Will monitor septic system to check on success of repair.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ _____ RECALL DATE: _____

Section Head's Signature Date

9-1-94

2pm site visit - Woodell residence Meadowhollow Ln.
Present: Brian + Nancy Woodell, Bobby Cobb, Philo Walker, Susan Bateman

System malfunctioning at end of drain line closest to house. Philo located 4 lines - 1 appears to be partially under concrete walkway. BC, PW + SB all agree that it appears that driveway is probably over supply lines. Lines closest to road do not appear to be wet when probing lines.
Bobby told them that there may be another way to fix this but a pretty sure-fire way would be to add a lift-station, another line + make new supply line to feed trenches. They said they haven't been able to get Norwood ~~+ Glodden~~ out to look at it + have been unsuccessful concerning response from Glodden. We suggested it would be good to "snake" the supply lines to see if they are crushed + we offered to make site visit when they "snaked" lines.
Philo indicated he would speak to Norwood + see if he could get Norwood to agree to come out to site. Bobby gave them a copy of 15NCAC18A .1940 & showed them rules pertaining to driveway + concrete over system.

Repair

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 13443 DATE: 10/5/94

TC: 139 322 10 ☐ L ☐ CRT

SERIAL Nº 14248

Name of Owner Nancy Woodell Juris.:

Address of Property 10121 Meadow Hollow Dr

Inspection Data:

Tank Material —

Total Length of Drainfield —

Number of Lines — @ —

Cover Depth —

Water Supply Source —

Distance to Water Source —

Excavation Inspected 10/5/94

Tank(s) Inspected —

Wash Line Inspected

High Water Alarm Inspected —

See Comments:

PLOT

Design: See comments: CTR# WT Norwood

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Plumbing raised on inlet and outlet end of tank. D-Box replaced, raised, and distribution changed to feed upper lines in drainfield first. D-Box water tested, Water feeding into upper lines.

PS Walker RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

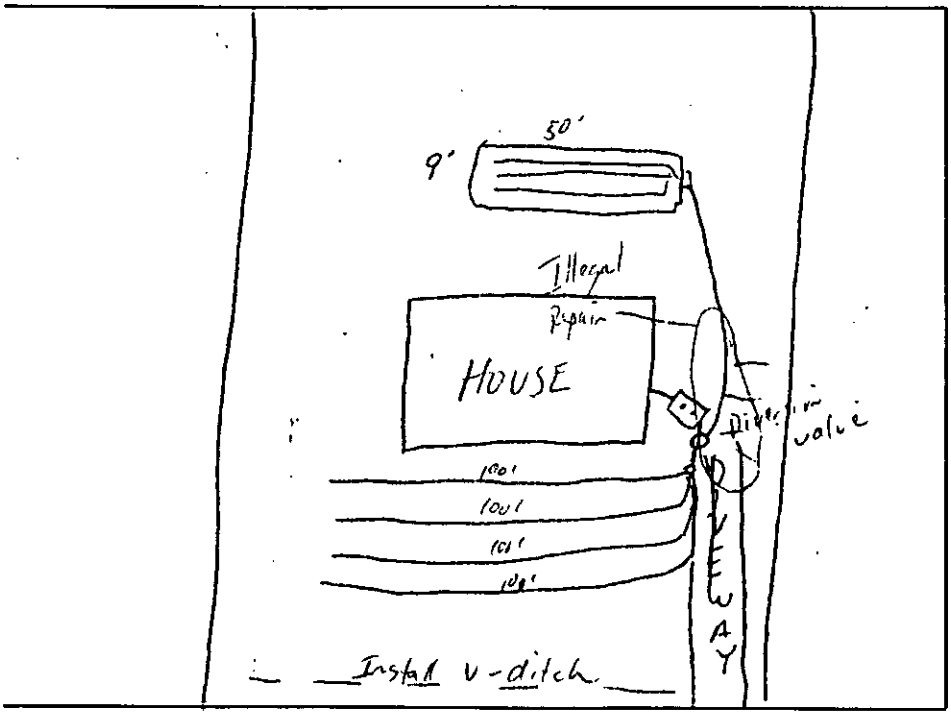
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13443 DATE: 5/1/97

TC: 139 28110 ☐ L

SERIAL Nº 17142

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 5/1/97. All work shall be completed on or before 6/1/97, 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
Meadow Hollow Dr

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Trench Walls Scored and Porous yes

Total Line Length 150' feet

Number of Lines 3 (50')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
>10' water line | Comm well

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

NAME OF OWNER Nancy Waddell

LOCATION OF PROPERTY 10121 Meadow Hollow Dr

Comments: (1) Bed system 9'wd x 50'long x 24" Stone | Diversion valve | Install V-ditch at top of hill | Divert downspouts & surface water from system | Convert washer line to tank | Keep bed as shallow as possible

Philo A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

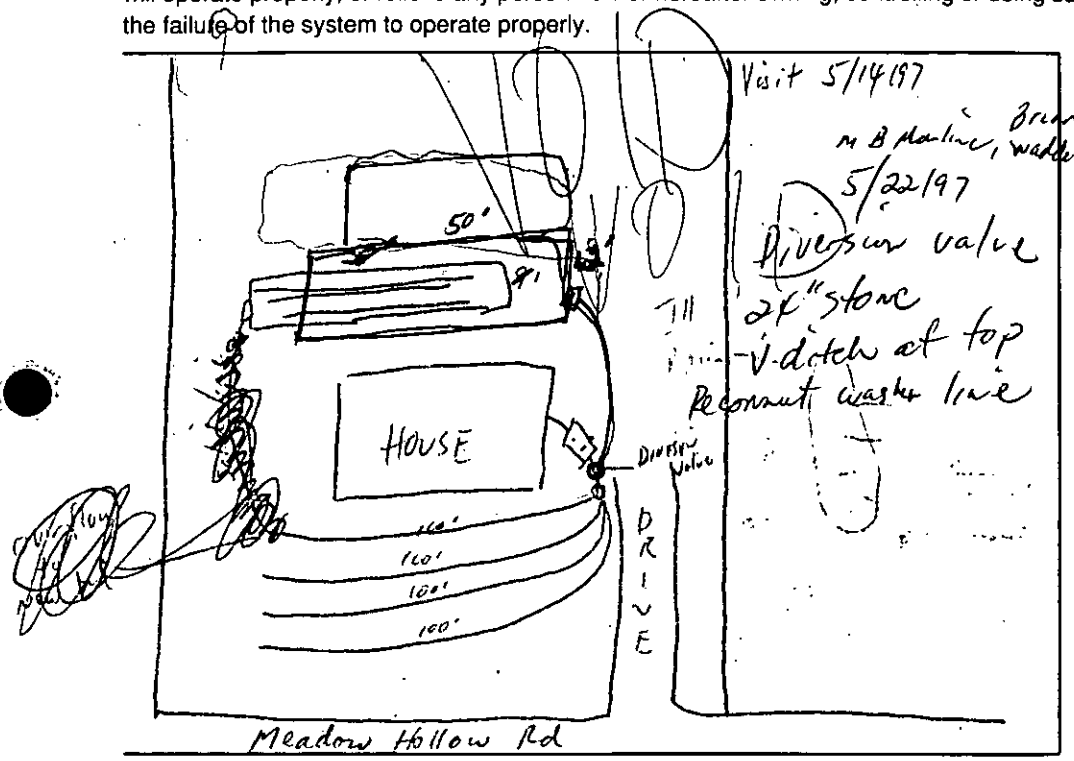
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13443 DATE: 5/1/97

TC: 139 281 10 ☐ L

SERIAL No 16847

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 5/1/97. All work shall be completed on or before 6/1/97, 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

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 9' feet

Trench Walls Scored and Porous Yes

Total Line Length Bed 150' feet

Number of Lines 3 (50')

Depth of Stone ~~6~~ 24" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 7100' feet
10' from line community well

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

NAME OF OWNER Nancy Waddell

LOCATION OF PROPERTY 10121 Meadow Hollow Dr

Comments: Bed system Repair to Existing System
9'wd x 50'/ong x 18"stone / Overflow from last line to new bed system / Keep septic system >10' from water line

Phillip A. Walker R.S.
Environmental Health Specialist

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

[redacted]UNTY ENVIRONMENTAL HEALTH
[redacted]N REPORT
[redacted]ER 12361

File: 13443 Action 1

Parcel: 139-322-10 ☐ PC

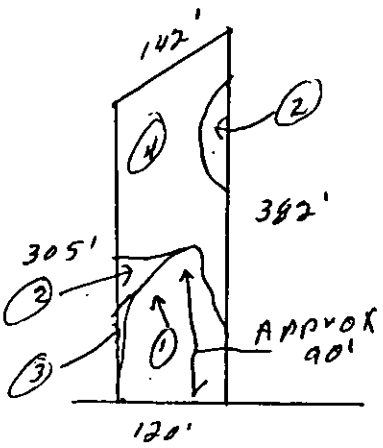
[redacted] Meadow Hollow Dr.
[redacted]ision: Country Hills
[redacted]t: 10 Block: 5 Acres: 1.0

Owner: Reich-Hill Enterprises
Address: P.O. Box 477
Charlotte, N.C.
28213

Comments: System will probably need lift pumps

Described by: William B. Madison
Date: 11-21-91

Original sketch of lot not microfilmed with



Meadow Hollow Dr.

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	(S) PS U 2-6%	(S) PS U 2-8%	S PS (U) Drainageway Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS (U) Expansive Clay	S PS (U) Expansive Clay	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S (PS) U Sub Blocky	S (PS) U Sub Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS (U) perched water 20-24"	S (PS) U 24-36" to water	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U >36"	S PS (U) 20-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U) Restricted	S [redacted] (U)	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Appling	Helena Lilo	Enon-Lilo	Drainageway/ Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

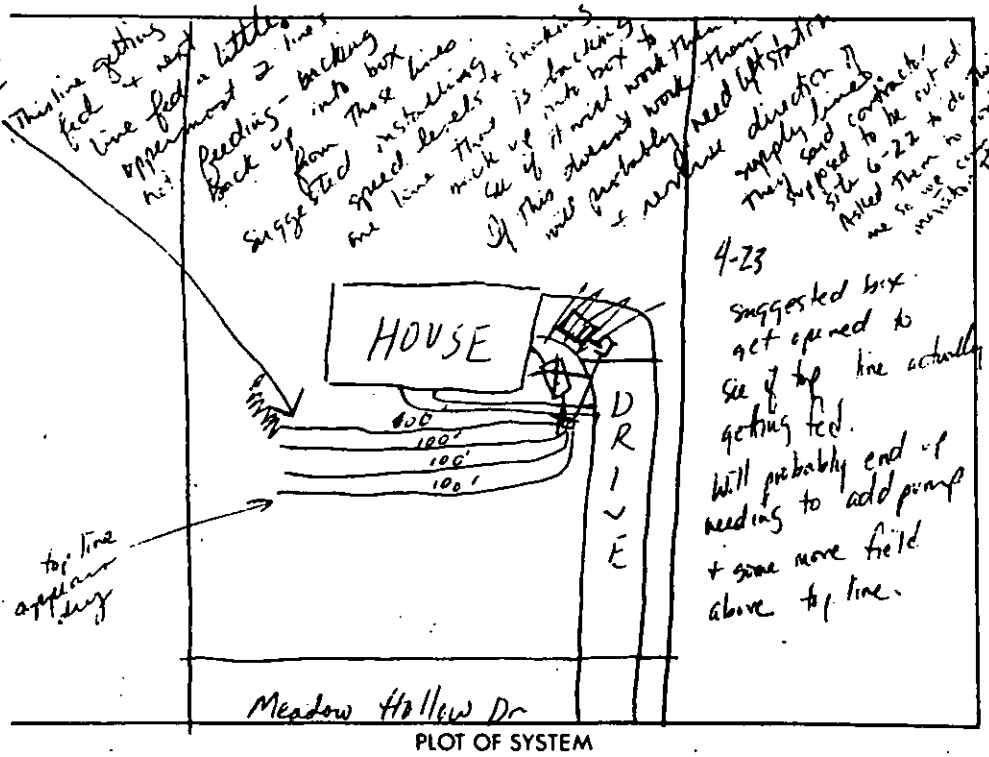
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 13443 DATE: 2/6/92

TC: 139-281 10 OT PO ☐ L

SERIAL Nº 13887

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 10/25/91. All work shall be completed on or before 3/6/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well com well feet

NAME OF OWNER H. Hill Enterprizes Inc

LOCATION OF PROPERTY 10128 Meadow Hollow Dr

Comments: 4 lines x 100' long x 3' wd x 12" stone

Division or Section Head

Phila A. Walker R.S.
Environmentalist

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 13443 DATE: 2/6/92

TC: 139-281-01PO ☐ L ☐ CRT

SERIAL Nº 14048

Name of Owner H. Hill Enterprizers Juris.:

Address of Property 10121 Meadow Hollow Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 14"

Water Supply Source Com well

Distance to Water Source > 100'

Excavation Inspected 2/6/92

Tank(s) Inspected 2/6/92

Wash Line Inspected NA

High Water Alarm Inspected NA

System installed in accord with installation permit

PLOT

Design: 1991, 1500 ST, CON, 1200 SFT, 12" stone cecil CTR# 82

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

☒ installed or constructed ☐ altered or repaired

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

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

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 3 bedroom house

ST II

Philo S. Walker R.S.
Environmentalist

PS U

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

Repair

File 13443

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: Woodell (last) Nancy (first) D. (mi)
ADDRESS: 10121 Meadow Hollow Dr PHONE: (704) 573-1142
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Woodell (last) Bryan Nancy (first) (mi)
ADDRESS: Same PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-322-10
STREET ADDRESS: 10121 Meadow Hollow Dr
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 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: 3

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: Nancy Woodell Date: 4-6-94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems
SB:gf

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

August 19, 1994

Mr. & Mrs. Woodell
10121 Meadow Hollow Drive
Charlotte, NC 28227

Re: 10121 Meadow Hollow Drive
File: 13443
Parcel: 139-322-10

Dear Mr. & Mrs. Woodell:

At your request a site visit was made to the above mentioned property in June 1993. At that time the septic tank system was not functioning properly and sewage was leaking to the surface of the ground. It was recommended that the distribution box be checked to determine if it was evenly distributing effluent to the nitrification field. It was my understanding that the distribution box was opened and adjusted before my site visit and again after my site visit in an attempt to correct the situation. Typically when the distribution box is adjusted it takes some time to determine if the adjustment actually corrects this type of problem.

On April 6, 1994 an application for services for repair to the septic tank system was filed by you. Apparently the adjustments made to the distribution box did not resolve the problem noted in June 1993. Since then we have had site visit meetings and telephone conversations concerning the septic tank system and have been working cooperatively to resolve this situation. At our last meeting on June 23, 1994, I recommended that the supply lines going to the nitrification trenches be checked to determine whether any of the supply lines are blocked or crushed. It appears that the driveway may be located over the area of the supply lines. Once it is determined if the supply lines are functioning properly, a decision can be made as to the best way to resolve this situation and an improvement permit for repair can be issued, if necessary.

At the time of the investigation on June 23, 1994 it was found that the septic tank system was again malfunctioning and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina. A resolution for this needs to be made as soon as possible or at least by September 1, 1994.

Mecklenburg County
Health Department

August 5, 1994

Mr. & Mrs. Woodell
10121 Meadow Hollow Drive
Charlotte, NC 28227

Re: 10121 Meadow Hollow Drive
File: 13443
Parcel: 139-322-10

Dear Mr. & Mrs. Woodell:

At your request a site visit was made to the above mentioned property in June 1993. At that time it appeared as though there was a problem with the functioning of the septic tank system. It was recommended that the distribution box be checked to determine if it was evenly distributing effluent to the nitrification field.

On April 6, 1994 an application for services for repair to the septic tank system was filed by you. Since then we have had site visit meetings and telephone conversations concerning the septic tank system and have been working cooperatively to resolve the problems. At our last meeting on June 23, 1994, I recommended that the supply lines going to the nitrification trenches be checked to determine whether any of the supply lines are blocked or crushed. It appears that the driveway may be located over the area of the supply lines. Once it is determined if the supply lines are functioning properly, a decision can be made as to the best way to resolve this situation and an improvement permit for repair can be issued, if necessary.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina. A resolution for this needs to be made as soon as possible or at least by September 1, 1994.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

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

SERVICE REQUEST/WORK ORDER

Tax Code: _____ Emergency? Y N

Date: 9/1/94 Hour: _____

Section: _____ Log No.: _____

REQUESTING PERSON: _____ Tel. No. _____

8-5

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 10121 Meadow Hollow Rd City _____ Zip _____

SERVICE REQUESTED: SEPTIC FAILURE

ASSIGNED TO: P. Walker TAKEN BY: P. Walker

DATE	ACTIVITY REPORT
9/1/94	Met B. Cobb Env Health & S. Bateman Env Health, and homeowner on property. 1st line of septic system appears to be failing.
10/5/94	Met Harry Norwood on lot. Checked toilets. Toilet appeared to be hung up (Repaired toilet). Checked lines for effluent and trench bottom depth. Checked D Box for proper flow. Completed the following items: 1) plumbing for inlet end of tank raised. 2) " " outlet " " " raised. 3) Existing D-Box replaced. Existing D-Box appeared to have been damaged and repair attempted. New D-Box installed and raised to get effluent flowing to upper lines. D-Box adjusted to get proper flow to upper lines.
	Septic system seems to have been damage by the installation of a driveway.
	Will monitor septic system to check on success of repair.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

3222A

Mecklenburg County
Health Department

May 5, 1997

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

B & W Landscaping
Attn: Gary Bradley
8712 Old Dowd Road
Charlotte, NC 28214

Re: Illegal Repair at 10121 Meadow Hollow Drive

Dear Mr. Bradley:

This department has been informed of an illegal repair performed by you. If illegal repairs are made in the future on any property in Mecklenburg we will pursue legal action against you as this is a violation of Article 11 of Chapter 130A of the GENERAL STATUTES OF NORTH CAROLINA - SANITARY SEWAGE SYSTEMS.

As a Mecklenburg County registered contractor you are aware that (1) §130A-335 requires an approved sanitary sewage system; (2) §130A-336 requires an Improvement Permit to be issued prior to proceeding with construction and/or the installation or repair of a sanitary sewage system; and (3) §130A-337 requires that no sanitary system of sewage collection, treatment, and disposal be covered or placed into use until an inspection is made by the local health department. These requirements exist to protect the public's health by preventing groundwater contamination as well as protect the environment.

This correspondence is to advise you that this department is aware of the occurrence of an illegal repair, to reiterate to you the illegality of such activities under the General Statutes of North Carolina, and to provide formal documentation to be used as evidence in court should notification of such violations reoccur in the future.

I suggest you contact me if you have any questions concerning this matter.

Very truly yours,

Sylvia D. Daniel, R.S., Program Chief
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

May 5, 1997

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

B & W Landscaping
Attn: Gary Bradley
8712 Old Dowd Road
Charlotte, NC 28214

Post-it® Fax Note 7671	Date 6/11	# of pages ▶ 1
To Wanda Fowler	From Sylvia Daniel	
Co./Dept. County Mgr. Office	Co. TWWS	
Phone #	Phone # 336-5565	
Fax # 336-5887	Fax #	

Re: Illegal Repair at 10121 Meadow Hollow Drive

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Very truly yours,

Sylvia D. Daniel, R.S., Program Chief
Individual Water and Wastewater Systems

UNTY ENVIRONMENTAL HEALTH
N REPORT

File: 13443 Action 1

ER 1 12361 Parcel: 139-322-10 ☐ PC

Meadow Hollow Dr.
ision: Country Hills
t: 10 Block: 5 Acres: 1.0

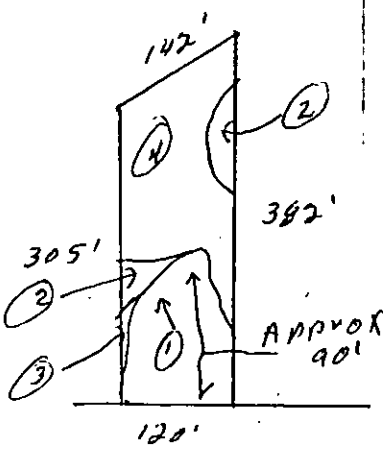
Owner: Beech-Hill Enterprises
Address: P.O. Box 477
Charlotte, N.C.
28213

Comments: System will probably need lift pumps

Described by: William R. Marlin
Date: 11-21-91

Original sketch of lot not microfilmed with

ORIGINALS



Meadow Hollow Dr.

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	(S) PS U 2-6%	(S) PS U 2-8%	S PS (U) Drainageway Depression	S PS U	S PS U
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Depth	S (PS) U >36"	S (PS) U >36"	S PS (U) 30-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U
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Soil Group/Series	IV Cecil/Appling	Helena-Lilly	Enon-Lilly	Drainageway/ Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

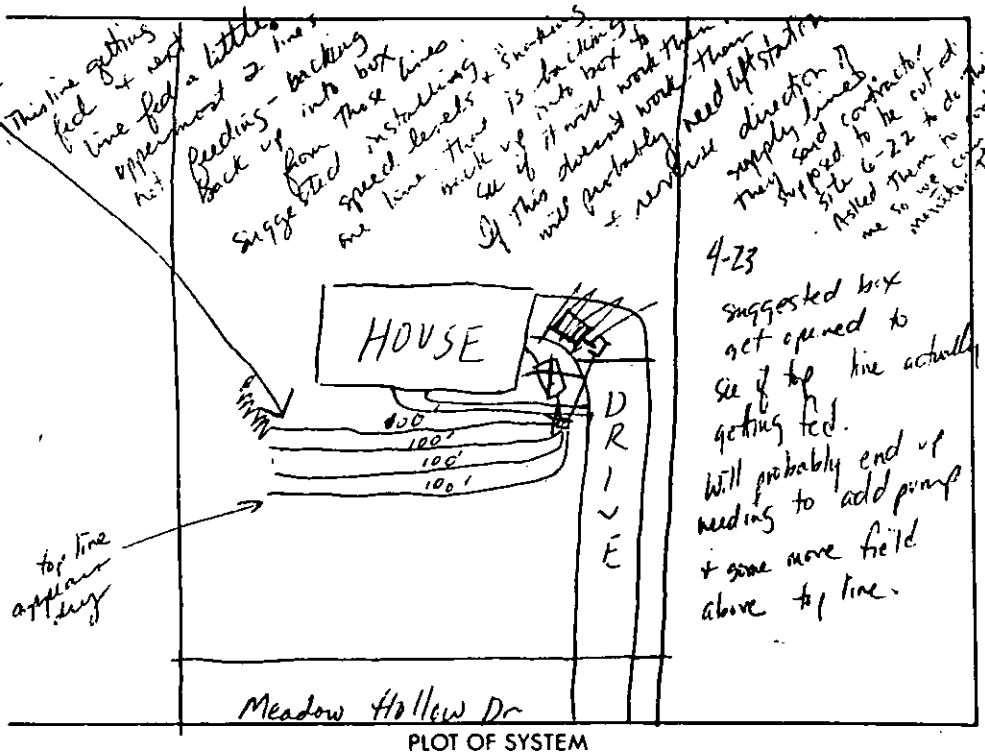
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 13443 DATE: 2/6/92

TC: 139-281 10 PO ☐ L

SERIAL Nº 13887

Permission is hereby given to V 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 10/25/91. All work shall be completed on or before 3/6/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well com well feet

NAME OF OWNER H. Hill Enterprizes Inc

LOCATION OF PROPERTY 10128 Meadow Hollow Dr

Comments: 4 lines x 100' long x 3' wd x 12" stone

Division or Section Head

Phyllis A. Walker R.S.
Environmentalist

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 13443 DATE: 2/6/92

TC: 139-281-01P0 ☐ L ☐ CRT

SERIAL Nº 14048

Name of Owner H. Hill Enterprizers Juris.:

Address of Property 10121 Meadow Hollow Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 14"

Water Supply Source Com well

Distance to Water Source > 100'

Excavation Inspected 2/6/92

Tank(s) Inspected 2/6/92

Wash Line Inspected NA

High Water Alarm Inspected NA

System installed in accord with installation permit

PLOT

Design: 1991, 1500 ST, CON, 1200 SFT, 12" stone cecil CTR# 82

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

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COMMENTS: System designed for 3 bedroom house

ST II

Philo S. Walker P.S.
Environmentalist

PS U

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

Repair

File 13443

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: Woodell (last) Nancy (first) D. (mi)
ADDRESS: 10121 Meadow Hollow Dr PHONE: (704) 573-1742
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Woodell (last) Bryan Nancy (first) (mi)
ADDRESS: Same PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-322-10
STREET ADDRESS: 10121 Meadow Hollow Dr
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 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)
[X] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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):
[X] 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: Nancy Woodell Date: 4-6-94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Mecklenburg County
Health Department

August 5, 1994

Mr. & Mrs. Woodell
10121 Meadow Hollow Drive
Charlotte, NC 28227

Re: 10121 Meadow Hollow Drive
File: 13443
Parcel: 139-322-10

Dear Mr. & Mrs. Woodell:

At your request a site visit was made to the above mentioned property in June 1993. At that time it appeared as though there was a problem with the functioning of the septic tank system. It was recommended that the distribution box be checked to determine if it was evenly distributing effluent to the nitrification field.

On April 6, 1994 an application for services for repair to the septic tank system was filed by you. Since then we have had site visit meetings and telephone conversations concerning the septic tank system and have been working cooperatively to resolve the problems. At our last meeting on June 23, 1994, I recommended that the supply lines going to the nitrification trenches be checked to determine whether any of the supply lines are blocked or crushed. It appears that the driveway may be located over the area of the supply lines. Once it is determined if the supply lines are functioning properly, a decision can be made as to the best way to resolve this situation and an improvement permit for repair can be issued, if necessary.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina. A resolution for this needs to be made as soon as possible or at least by September 1, 1994.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

August 19, 1994

Mr. & Mrs. Woodell
10121 Meadow Hollow Drive
Charlotte, NC 28227

Re: 10121 Meadow Hollow Drive
File: 13443
Parcel: 139-322-10

Dear Mr. & Mrs. Woodell:

At your request a site visit was made to the above mentioned property in June 1993. At that time the septic tank system was not functioning properly and sewage was leaking to the surface of the ground. It was recommended that the distribution box be checked to determine if it was evenly distributing effluent to the nitrification field. It was my understanding that the distribution box was opened and adjusted before my site visit and again after my site visit in an attempt to correct the situation. Typically when the distribution box is adjusted it takes some time to determine if the adjustment actually corrects this type of problem.

On April 6, 1994 an application for services for repair to the septic tank system was filed by you. Apparently the adjustments made to the distribution box did not resolve the problem noted in June 1993. Since then we have had site visit meetings and telephone conversations concerning the septic tank system and have been working cooperatively to resolve this situation. At our last meeting on June 23, 1994, I recommended that the supply lines going to the nitrification trenches be checked to determine whether any of the supply lines are blocked or crushed. It appears that the driveway may be located over the area of the supply lines. Once it is determined if the supply lines are functioning properly, a decision can be made as to the best way to resolve this situation and an improvement permit for repair can be issued, if necessary.

At the time of the investigation on June 23, 1994 it was found that the septic tank system was again malfunctioning and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.A resolution for this needs to be made as soon as possible or at least by September 1, 1994.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems
SB:gf

SERVICE REQUEST/WORK ORDER

Tax Code: _____ Emergency? Y N

Date: 9/1/94 Hour: _____

Section: _____ Log No.: _____

REQUESTING PERSON: _____ Tel. No. _____ 8-5

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 10121 Meadow Hollow Rd City _____ Zip _____

SERVICE REQUESTED: SEPTIC FAILURE

ASSIGNED TO: P. Walker TAKEN BY: P. Walker

DATE	ACTIVITY REPORT
9/1/94	Met B. Cobb Env Health & S. Bateman Env Health, and homeowner on property. 1st line of septic system appears to be failing.
10/5/94	Met Harry Norwood on lot. Checked toilets, Toilet appeared to be hung up (Repaired toilet). Checked lines for effluent and trench bottom depth. Checked D Box for proper flow. Completed the following items: 1) plumbing for inlet end of tank raised. 2) " " outlet " " " raised. 3) Existing D-Box replaced, Existing D-Box appeared to have been damaged and repair attempted. New D-Box installed and raised to get effluent flowing to upper lines. D-Box adjusted to get proper flow to upper lines.
	Septic system seems to have been damage by the installation of a driveway.
	Will monitor septic system to check on success of repair.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

9-1-94
2pm site visit - Woodell residence Meadowhollow Ln.
Present: Brian + Nancy Woodell, Bobby Cobb, Philo Walker, Susan Eakman

System malfunctioning at end of drain line (line closest house) Closest to house. Philo located 4 lines - 1 appears to be partially under concrete walkway. BC, PW + SE all agree that it appears that driveway is probably over supply lines. Lines closest to road do not appear to be wet when probing lines.
Bobby told them that there may be another way to fix this but a pretty sure-fire way would be to add a lift-station, another line + make new supply line to feed trenches. They said they haven't been able to get Norwood + Glodden out to look at it + have been unsuccessful concerning response from Glodden. We suggested it would be good to "snake" the supply lines to see if they are crushed + we offered to make site visit when they "snaked" lines.
Philo indicated he would speak to Norwood + see if he could get Norwood to agree to come out to site. Bobby gave them a copy of 15NCAC18A, 1900. & showed them rules pertaining to driveway + concrete over system.

Repair

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 13443 DATE: 10/5/94

TC: 139 322 10 ☐ L ☐ CRT

SERIAL Nº 14248

Name of Owner Nancy Woodell Juris.:

Address of Property 10121 Meadow Hollow Dr

Inspection Data:

Tank Material —

Total Length of Drainfield —

Number of Lines — @ —

Cover Depth —

Water Supply Source —

Distance to Water Source —

Excavation Inspected 10/5/94

Tank(s) Inspected —

Wash Line Inspected

High Water Alarm Inspected —

See Comments:

PLOT

Design: See comments: CTR# WT Norwood

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Plumbing raised on inlet and outlet end of tank. D-Box replaced, raised, and distribution changed to feed upper lines in drainfield first. D-Box water tested, water feeding into upper lines.

PS Walker RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

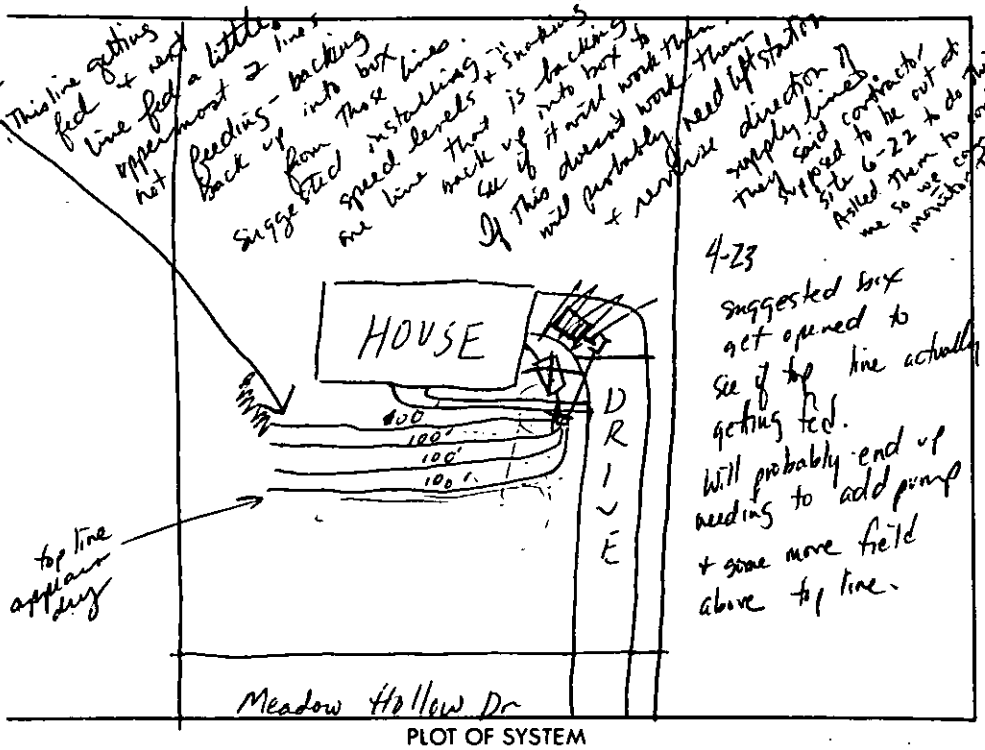
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 13443 DATE: 2/6/92

TC: 139-281-01 PO ☐ L

SERIAL Nº 13887

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 10/25/91. All work shall be completed on or before 3/6/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well com well feet

NAME OF OWNER H. Hill Enterprizes Inc

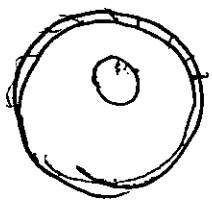
LOCATION OF PROPERTY 10128 Meadow Hollow Dr

Comments: 4 lines x 100' long x 3' wd x 12" stone

Division or Section Head

Phillip A. Walker R.S.
Environmentalist

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



FEE: _____

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 #: 13443

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~139 281 10~~ 139 32210

STREET ADDRESS: 12121 Meadow Hollow Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

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:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Waddell Nancy (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 12121 Meadow Hollow Dr	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28277	
DAYTIME PHONE: ( ) 573 - 1742	

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: Nancy M. Waddell DATE: 5/1/97

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

Repair

File 13443

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: Woodell (last) Nancy (first) B. (mi)
ADDRESS: 10121 Meadow Hollow Dr PHONE: (704) 573-1742
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Woodell (last) Bryan Nancy (first) (mi)
ADDRESS: Same PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-322-10
STREET ADDRESS: 10121 Meadow Hollow Dr
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 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 (M)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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):
[X] 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: Nancy Woodell Date: 4-6-94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

FILE 13443 DATE: 2/6/92

TC: 155-281-6110 ☐ L ☑ CRT

SERIAL Nº 14048

Name of Owner H. Hill Enterprises Juris.:

Address of Property 10121 Meadow Hollow Dr

Inspection Data

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 14"

Water Supply Source com well

Distance to Water Source > 100'

Excavation Inspected 2/6/92

Tank(s) Inspected 2/6/92

Wash Line Inspected NA

High Water Alarm Inspected NA

System installed in accord with installation permit

PLOT

Design: 1491, 1500 ST, CON, 1200 SFT, 12" stone cecil CTR# 82

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

☑ installed or constructed ☐ altered or repaired

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

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

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 3 bedroom house

ST II

Phyllis S. Walker R.S.
Environmentalist

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

UNTY ENVIRONMENTAL HEALTH N REPORT

File: 13443 Action: 1

ER 12361 Parcel: 139-322-10 ☐ PC

Meadow Hollow Dr.

Division: Country Hills

Lot: 10 Block: 5 Acres: 1.0

Owner: Beach-Hill Enterprises

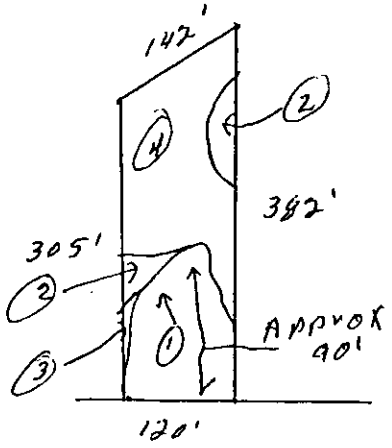
Address: P.O. Box 477
Charlotte, N.C.
28213

Comments: System will probably need lift pumps

Described by: William R. Marlin

Date: 11-21-91

Original sketch of lot not microfilmed when



Meadow Hollow Dr.

*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	(S) PS U 2-6%	(S) PS U 2-6%	S PS (U) Drainageway/ Depression	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS (U) Expansive Clay	S PS (U) Expansive Clay	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Z Blocky	S (PS) U Z Sub Z Blocky	S (PS) U Z Sub Z Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS (U) perched water 20-24"	S (PS) U >36" to water	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U >36"	S PS (U) 30-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U) Restricted	S (PS) U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Appling	Helena-Lilla	Enon-Lilla	Drainageway/ Depression		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 13443 DATE: 10/5/94

TC: 139 322 10 ☐ L ☐ CRT

SERIAL Nº 14248

Name of Owner Nancy Woodell Juris.:

Address of Property 1021 Meadow Hollow Dr

Inspection Data:

Tank Material —

Total Length of Drainfield —

Number of Lines — @ —

Cover Depth —

Water Supply Source —

Distance to Water Source —

Excavation Inspected 10/5/94

Tank(s) Inspected —

Wash Line Inspected

High Water Alarm Inspected —

See comments:

PLOT

Design: See comments: CTR# WT Norwood

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Plumbing raised on inlet and outlet end of tank. D-Box replaced, raised, and distribution changed to feed upper lines in drainfield first. D-Box water tested, water feeding into upper lines.

PS Walker RS
Environmentalist

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

FEE: _____

DATE: _____

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

REPAIR

1 1 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 #: 13443

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139 281 10 139 322 10

STREET ADDRESS: 12121 Meadow Hollow Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

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:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Waddell Nancy (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 12121 Meadow Hollow Dr	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28227	
DAYTIME PHONE: ( ) 573 - 1742	

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: Nancy M. Waddell DATE: 5/1/97

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

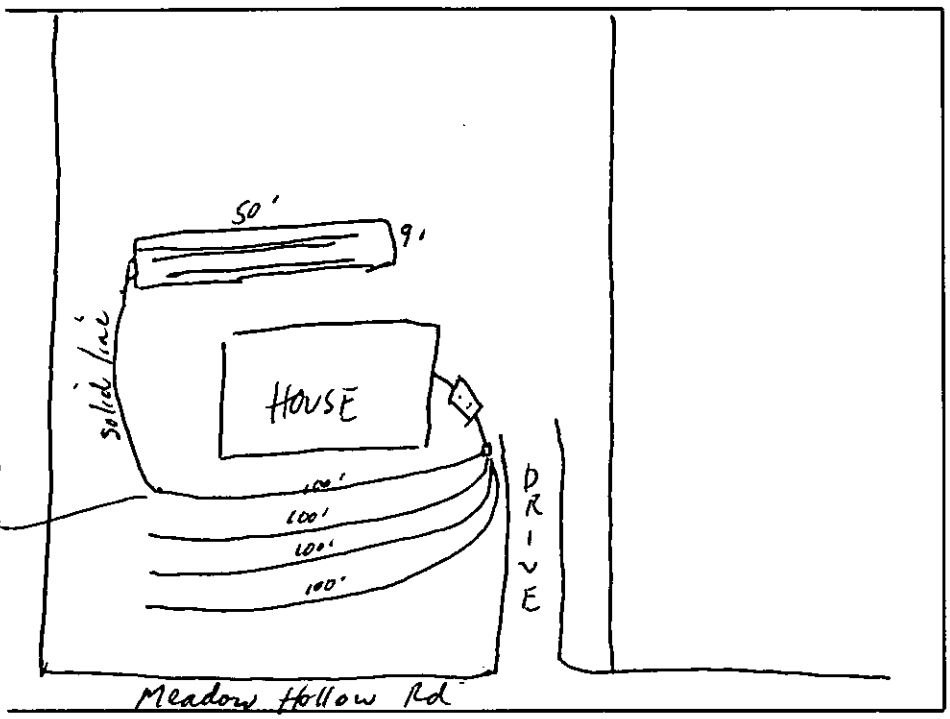
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13443 DATE: 5/1/97

TC: 139 281 10 ☐ L

SERIAL Nº 16847

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 5/1/97. All work shall be completed on or before 6/1/97, 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

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed Trench Width 9' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 150' feet

Number of Lines 3 (50')

Depth of Stone 18" or 24" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >100' feet
10' from line community well

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

NAME OF OWNER Nancy Waddell

LOCATION OF PROPERTY 10121 Meadow Hollow Dr

Comments: Bed system Repair to Existing System
9'wd x 50'long x 18"stone | Overflow from last line to new bed system | Keep septic system >10' from water line

Phyllis S. Walker R.S.
Environmental Health Specialist

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