

8310 CLEAR MEADOW LN

13927530

8/12/08

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: 16888 DATE: 10-28-99

TC: 139-257-32 ☑ L ☐ CRT

SERIAL Nº 18160

Name of Owner ROBERT O. MULLIS Juris.: _____

Address of Property 8310 CLEAR MEADOW LANE

Inspection Data:

Tank Material —

Total Length of Drainfield —

Number of Lines — @ _____

Cover Depth —

Water Supply Source COMMUNITY WELL

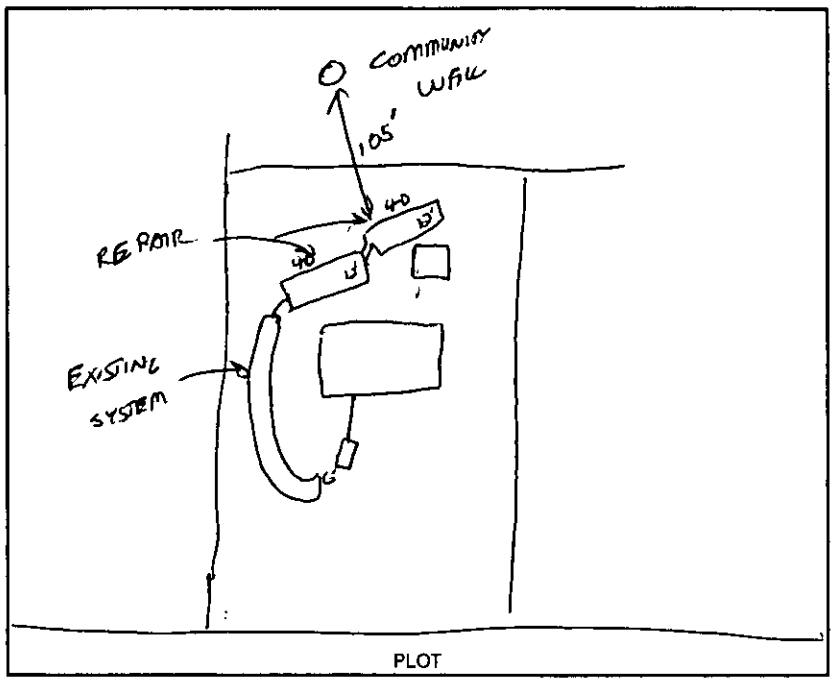
Distance to Water Source 105'

Excavation Inspected 10-28-99

Tank(s) Inspected 10-28-99

Wash Line Inspected _____

High Water Alarm Inspected _____



Design REPAIR 80' x12' 18" STONE CTR# STEVE AVERY

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: TYPE II

OD < 1989

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

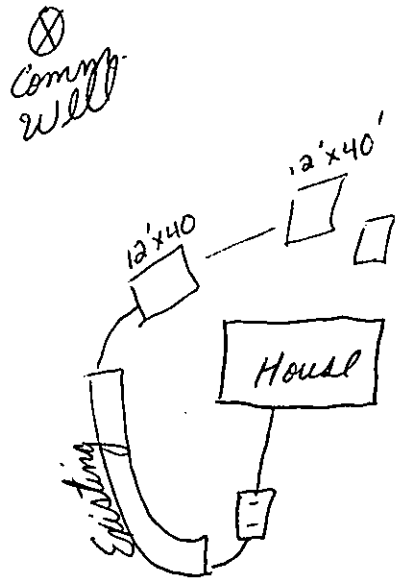
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____ DATE: 10-27-99

TC: 139-275-30 ☐ L

SERIAL Nº 18250

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 10-28-99. All work shall be completed on or before 11-28-99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank N/A gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PVC existing

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 12' feet

Trench Walls Scored and Porous yes

Total Line Length 320' feet

Number of Lines 2 @ 12'x40'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well 105' feet

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

NAME OF OWNER ROBERT D. MILLS

LOCATION OF PROPERTY 8310 Clear Meadow Lane

Comments: 12' x 80' 2 12'x40' Beds w/ 18" Stone

Joshua R. Sellers R.S.
Environmental Health Specialist

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

FEE: _____

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 16888

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13927530001

STREET ADDRESS: 8310 Clear Meadow Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Clear Meadow

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1210

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Masonary

___ WITHOUT BASEMENT
✓ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

PROPERTY OWNER:

NAME: Mullis (LAST) Robert (FIRST) D (MI)

ADDRESS: 8310 Clear Meadow Ln.

CITY: Charlotte STATE: N.C. ZIP: 28227

DAYTIME PHONE: (704) 545-2041

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Mullis Robert D (LAST) (FIRST) (MI)

DAYTIME PHONE: (408-1799

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1981 - Deed Ref 0706/2664

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: Jerry M. Simpson DATE: 10/28/99

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

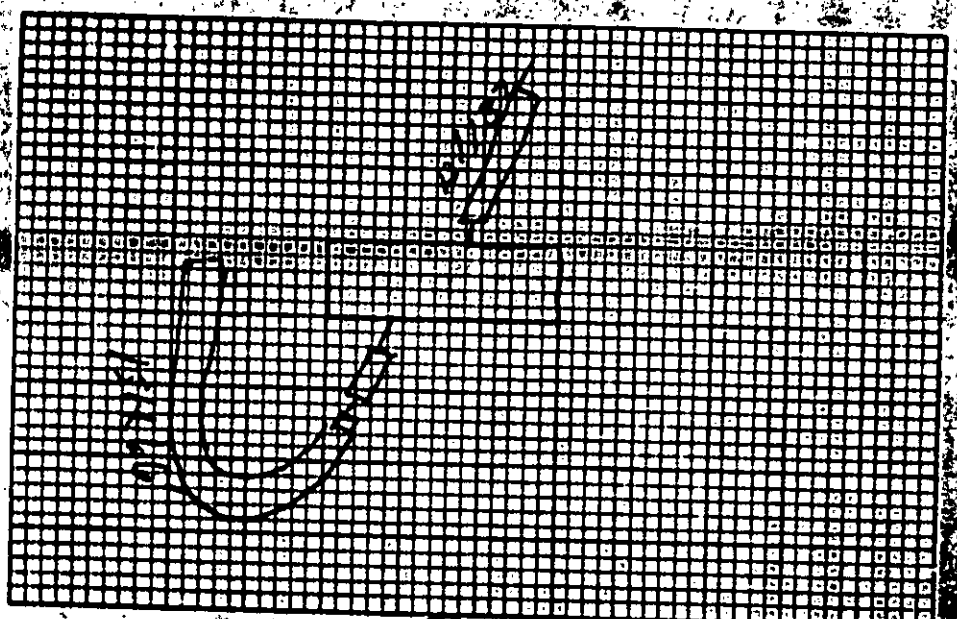
Date Issued 5-22-81 Serial No. 4758 ICAR(S) Permit No. 1[illegible]

T C No. [illegible]

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 16888 dated 4/4/80 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 6-15-81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1000 Gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 330' + 125

Number of Lines 5 + 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Robert M. Freeland

LOCATION OF PROPERTY 8310 Olan Madison 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.

15' x 66' + 17" Stone Septic Tank

Comments: 12' x 36' + 17" Stone Absorption Trench

R. L. Smith

Director of Sanitation

* All Work Shall Be Performed By A Licensed Septic Tank Contractor Or A Qualified Homeowner Who Has Received Approval From The Department Of Environmental Health To Construct His Own System. All Regulations Governing Septic Tank Installations Must Be Complied With.

Serial No. 3521

PTR No. 16688

T. C No po 139-274-12

Date Issued June 3, 1980

Map Date

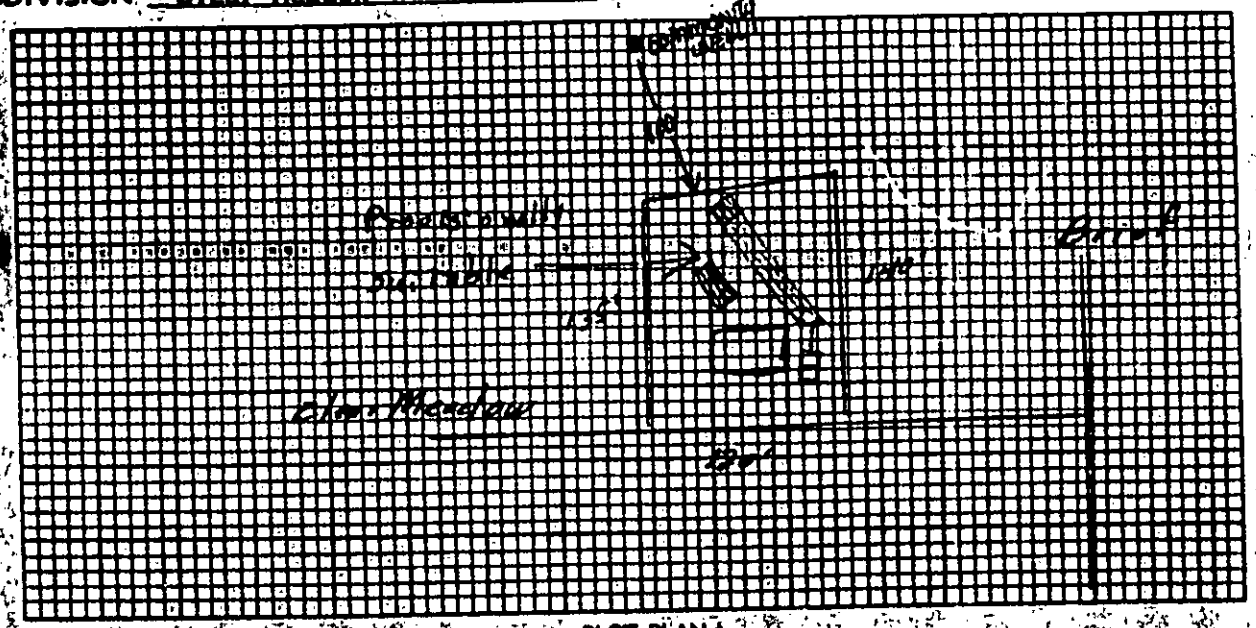
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Freeland, Robert Moss
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 701 Old Bell Road, Matthews, NC ZIP 28105

LOCATION OF PROPERTY 8310 Clear Meadow Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Clear Meadow LOT NO. #8 BLOCK NO. "A"



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The said lot is approved Provisionally Suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plat.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

[redacted]

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: T W S Hazard? ( ) yes (X) no

Date: 10/6/99 Parcel: _____

REQUESTING PERSON: Steve Autry Phone 357-1249

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Terry Simpson 545-2041

Address 8312 Clear Meadow City _____ Zip _____

SERVICE REQUESTED: Autry called - had Pumped Tank but Property Owner reporting full again -

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT
	Drew, Steve Autry called this in - They Pumped Tank but Owner called him still have problems - I asked Steve if it was running back into the Tank from the drainfield & he didn't know. He said he wondered if we could follow-up w/her - Judy

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Environmentalist's Signature 10/8/99 Date WRITTEN ___ VERBAL ___

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date