

13529 FOUR OAKS LN

19501522

1/8/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

PSW # 1433 ID 197534

FEE: 100.00
DATE: 9/11/06
CRT # Cash JCH

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 5405B

TYPE APPLCATION:

☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Randle Construction
ADDRESS: 13530 Four OAKS Dr,
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 704-622-3223
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: Donna Meeske
ADDRESS: 13529 Four OAKS Dr
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 195-015-22
STREET ADDRESS: 13529 Four OAKS Dr
CITY: MATTHEWS
STATE: NC ZIP: 28105
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☒ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☒ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 9-11-2006

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for 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 y this Department.
- This permit is not transferable.

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

Approval granted for a deck addition
use existing system
Phila A. Walker RS 9/12/06

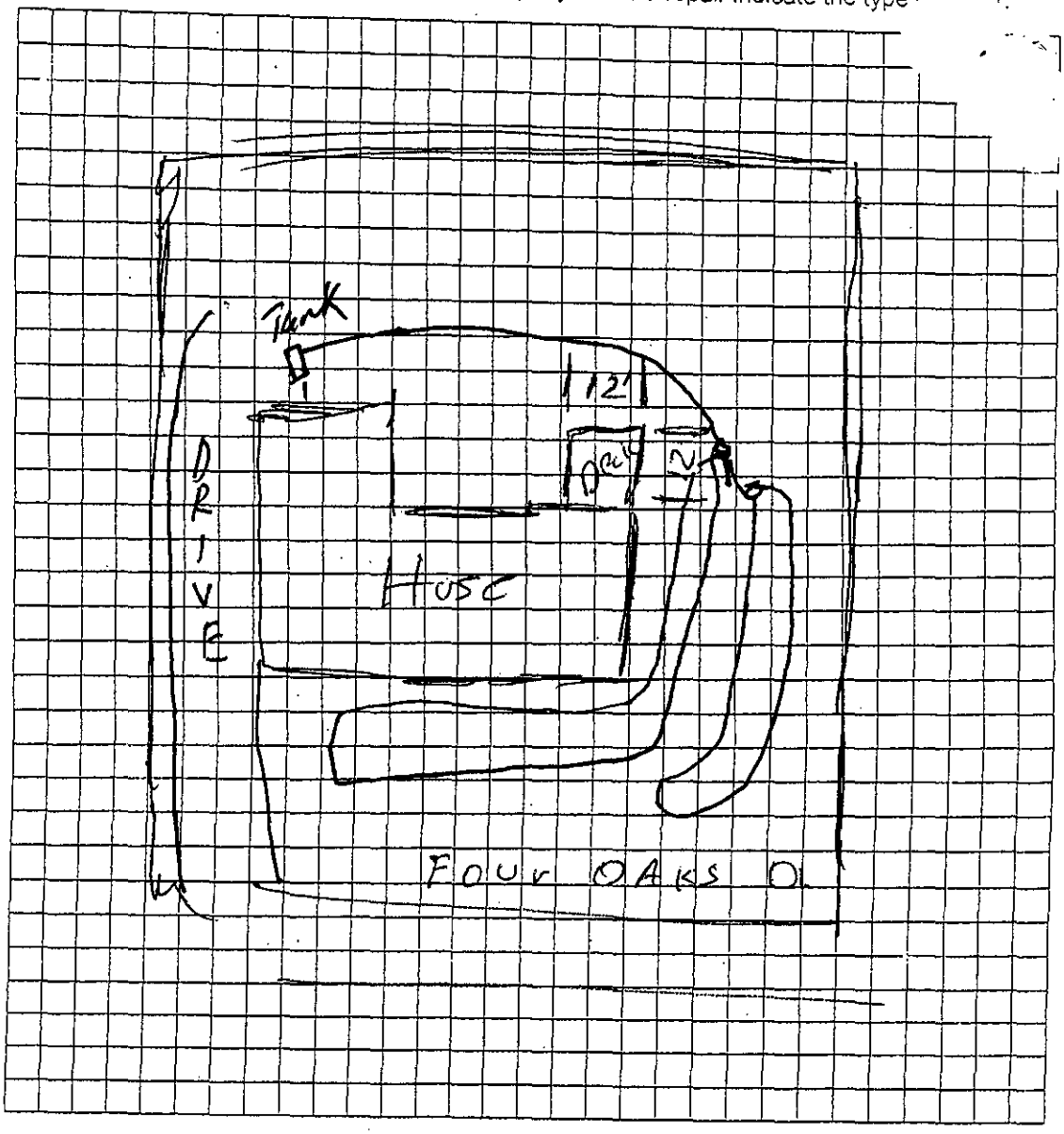
EHS Signature — Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 5405B
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of [illegible].



Owner/Agent Signature	[signature]
Date	9-11-2006

LBC 12/15/04

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 #: 54058

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-015-22

STREET ADDRESS: 13529 Four Oaks Lane

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: 2200

NUMBER OF BEDROOMS: 3-4

NUMBER OF OCCUPANTS: 5

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)
__ SHARED WELL (S)
✓ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

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

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

PROPERTY OWNER:

NAME: Meeske Donna A
(LAST) (FIRST) (MI)

ADDRESS: 13529 Four Oaks Lane

CITY: Matthews STATE: NC ZIP 28105

DAYTIME PHONE: 704 846-7467

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Donna Meeske DATE: 9/30/03

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

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ **Certified Mail (Return Receipt)**

☒ **First Class Mail**

☐ **Hand Deliver**

Owner: Fank & Donna Meeke

Mailing Address: 13529 Four Oaks Lane
Matthews, NC 28105

Occupant:

Location: Same

☒ Residence ☐ Business ☐ Other: _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 13A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly, which is not provided with an approved wastewater system. Your waste water system is not in compliance.

On August 26, 2003, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage discharging to ground surface	G.S 130A-335(a)
_____	15NCAC 18A .1938(b)
_____	15NCAC 18A .196(a)
_____	_____

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/Repair Wastewater System. You must obtain a Repair Permit from the local health department prior to repair of your system.

Other Repairs (*Specify*):_____
_____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

Perform Maintenance (*Specify*):_____
_____

If the wastewater violation is not brought into compliance by October 09, 2003, appropriate legal action will be taken.

Failure to comply with laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5573, phone; (704) 336-6894, fax.

Notice Issued: 09/09/03
Date

Signed J. Andrew Walker, R.S.
DENR/DEH

Compliance: 10/2/03
Date

Signed _____ Agent
DENR/DEH

SERVICE REQUEST/WORK ORDER

LOG NO:_____

DATE	ACTIVITY REPORT
8-26-03 11:00	OSU W/ MS. MEESKE, MR. CARRICO, AND STEVE AUSTY. I OUTLINED CORRECTIVE MEASURES. MR. AUSTY & MR. CARRICO WERE GOING TO DISCUSS MONEY TRANSACTIONS AND TIME TO BEGIN WORK; POSSIBLY TO BEGIN 9-3-03.
9-4-03	
9-4-03 8:30	P.C. FROM MS. MEESKE, ADVISED SHE HAD NOT HEARD FROM MR. CARRICO.
9-4-03 8:45	P.C. TO STEVE AUSTY, HE ADVISED HE HAD NOT HEARD FROM MR. CARRICO.
9-5-03 8:15	P.C. FROM MS. MEESKE. ADVISED SHE HAD NOT HEARD ANYTHING.
9-5-03 10:00	P.C. FROM STEVE CARRICO. ADVISED HE WAS NOT GOING TO BE THE MIDDLE MAN, AND GAVE ME THE NAME OF JACKIE CORROZI W/ SEPTIC REPAIR SERVICE
9-10-03 8:02	P.C. FROM MS MEESKE. ADVISED I COULD NOT CONTACT MR. CARRICO.
9-10-03 8:32	P.C. TO U. M. FROM HAROLD BACKMAN, ASKING FOR INFORMATION.
9-10-03 10:00	RETURN CALL TO MR. BACKMAN. I ~~ADVISED~~ H LEFT MESSAGE ADVISING OF ILLEGAL ~~INSTALLATION~~ AND INCORRECT INSTALLATION.
9-23-03	P.C. FROM AUSTY S/L APPT @ FOR 9/25/03 TO S/L REPAIR.
9-25-03 1:00	I MET JACK W/ AUSTY'S SEPTIC SERVICE. WE UNCOVERED DISTRIBUTION BOX AND FRONT PORTION OF ILLEGAL REPAIR DRAINLINES. DISTRIBUTION BOX WAS NOT LEVEL AND WAS NOT DISTRIBUTING EFFLUENT EQUALLY. DRAINLINES WERE NOT INSTALLED, LEVEL; SOME LINES WERE INSTALL SO THAT NO EFFLUENT WAS GETING INTO ANY PORTION OF THEM. I DECIDED IT WOULD ~~BE~~ NOT BE FEASIBLE TO ATTEMPT TO USE SUCH AN ANY PART OF THIS INSTALLATION DUE TO POOR INSTALLATION AND INABILITY TO CORRECT SAID INSTALLATION. SEE A MUCH MORE EFFICIENT

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

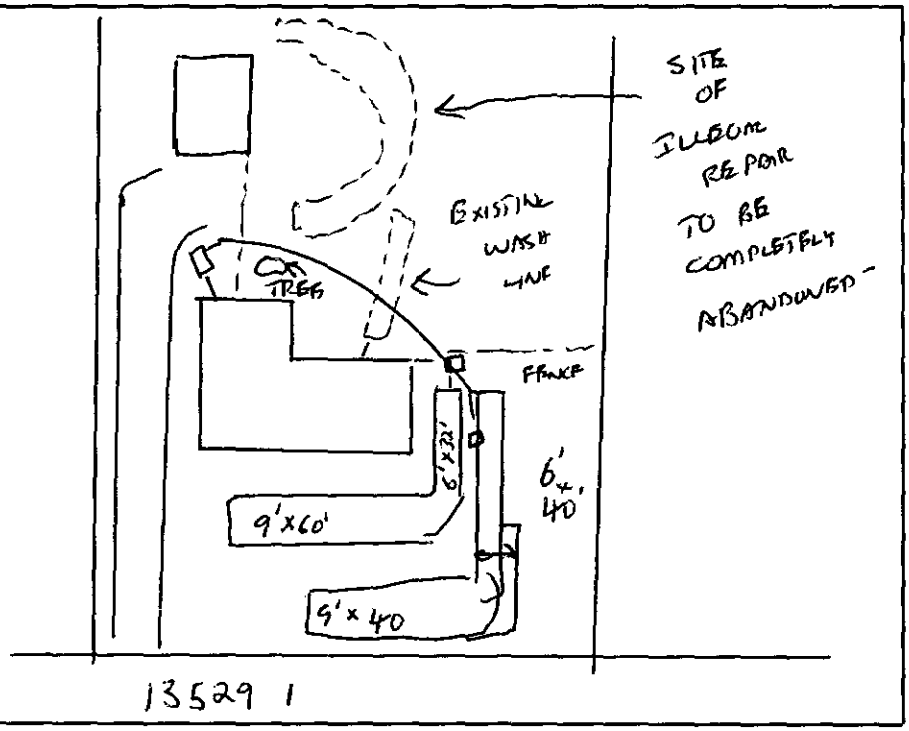
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5405B DATE: 9-25-03

TC: 195-015-22 ☑L

SERIAL 19557

Permission is hereby given to _____ Install or Construct, _____ After 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 9-30-03. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction —

Trench Depth 36+

Absorption and/or Nitrification Lines; ① 6'x32', 9'x60'

Trench Width ② 6'x40', 9'x40' feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

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

NAME OF OWNER DONNA MEESKE

LOCATION OF PROPERTY 13529 FOUR OAKS DRIVE

Comments: ① THIS IS A REPAIR TO CORRECT UNPERMITTED REPAIR. ON 9/25/03 EXCAVATION OF SAID REPAIR REVEALED INCORRECT INSTALLATION, THEREFORE, IT WILL BE ABANDONED.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 54053 DATE: 10-2-03

TC: 195-015-22 ☑ L ☐ CRT

SERIAL 19359

Name of Owner DONNA MEESER Juris.:

Address of Property 13529 FOUR OAKS PKWY

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield ~~440~~ 480'

Number of Lines 2 @ 1@ 236' 1@ 296'

Cover Depth 12" - 18"

Water Supply Source MUNICIPAL

Distance to Water Source >10'

Excavation Inspected 10-1-03/10-2-03

Tank(s) Inspected 10-2-03

Wash Line Inspected

High Water Alarm Inspected

SEE INSTALLATION

PLOT

Design REPAIR 2 BEDS AS INDICATED, 18" STONE CTR# STEVE AMEY

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

Environmental Health Specialist

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

~~CERTIFICATE OF APPROVAL~~

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

Name of Owner Patterson / Burt (LAST / FIRST / MIDDLE)

Location of Property 13529 Tom Oaks Dr.

Application Number 3251 Permit Number 3251

Inspection Data:

Liquid Capacity of Tank —

Tank Material —

Total Length of Drain Tile 100'

Number of Lines 2

Depth of Filter Material 4'

Cover Depth 18"

Water Supply Source ~~Well~~ Comm. Water

Distance from Water Source 1

Excavation Inspected 6-11-73 (DATE)

Tank Inspected 6-11-73 (DATE)

Nitrification Field Inspected 6-11-73 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: Repair by Roger Stalz Jr.

Thomas R. Ward
Environmentalist

FORM NO. E-G-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 1-24-73

Serial No. 3252

ICAR(S) Permit No. 3251

T. C. No. 015-22

Map Date 12-14-73

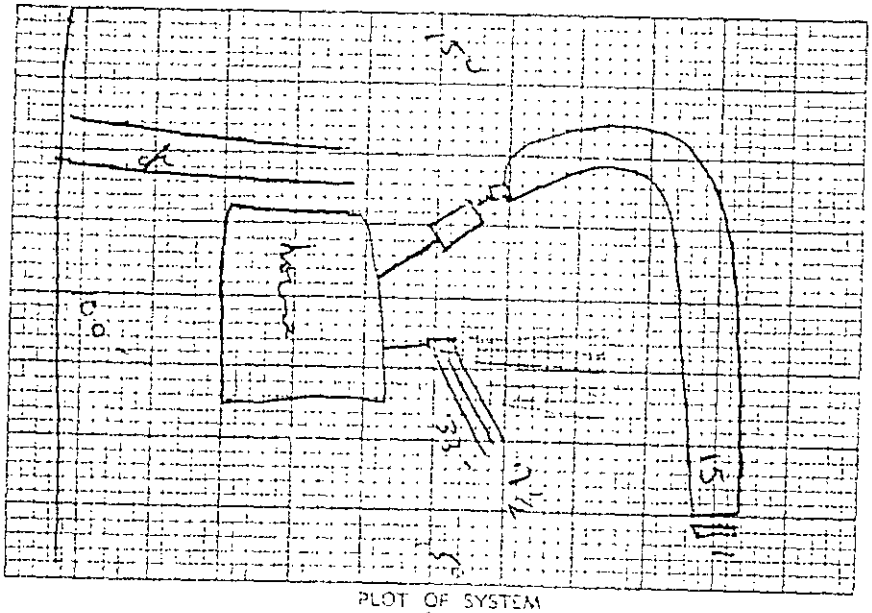
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 3251, dated 9-25-72 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 1-23-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 600'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dellinger, Madison + Assoc

LOCATION OF PROPERTY Lot 53, Idlewood Tom Oaks Dr.

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

Comments: 15 x 100' aeration pit 7'x2½'x4'
trench 7½' x 33'

Division or Section Head

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

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 24 May 1973

Serial No. 3759

ICAR(S) Permit No. 3251

T. C. No. 195-813-20

Map Date Sept 72
12-14-73

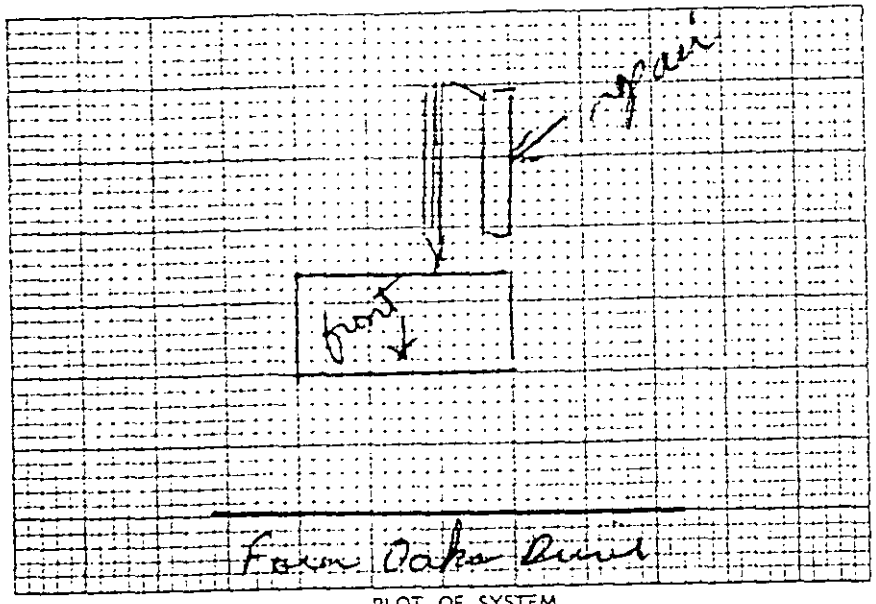
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 3251, dated 5-16-73 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 15 June 1973, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Repair

Absorption and/or Nitrification Lines:

Total Line Lenght 100 0/ft

Number of Lines 2 (5X16X4)

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well NA

NAME OF OWNER Patterson, Bunt

LOCATION OF PROPERTY 13529 Four Oaks Drive

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

Comments: install in bed 5X16X4'

John A. Thrasson

Division or Section Head

Environmentalist

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

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? ( ) yes ( ) no

Date: 8-13-03 Parcel: 1660522

REQUESTING PERSON: DONNA MEBSKE Phone 634-0 846-7467 Cell 804 361 4

Address 13529 FOUR OAKS DRIVE City_____ Zip_____

PROPERTY CONCERNED: Facility Name_____

Address_____ City_____ Zip_____

SERVICE REQUESTED: SEPTIC SYSTEM MALFUNCTION.

ASSIGNED TO:_____ TAKEN BY:_____

DATE	ACTIVITY REPORT
8-13-03	P.C. FROM MS MEBSKE SHE ADVISED THEY HAD JUST PURCHASED
9:45	HOUSE 7-25-03, AND SEPTIC SYSTEM HAD BEEN COMPLETELY
	REPLACED. NO PERMIT LOCATED IN OFFICE AND INVOICE/ RECEIPT
	FROM SEPTIC CONTRACTOR/ PLUMBER WAS NOT A REGISTERED
	CONTRACTOR. ADVISED I WOULD RE-CHECK ON 8-14-03
8-15-03	OSD STEVE CARRICO, PLUMBER ABSENT, AS WELL AS MR. BOBS
12:00	REALTOR AND MS. MEBSKE OWNER. ADVISED MR. CARRICO
	OF PROBLEMS W/ INSTALLATION, LACK OF PERMIT, REGISTRATION
	ETC HE ADVISED HE WOULD CALL A REGISTERED CONTRACTOR
	TO CORRECT WORK. I GAVE LIST OF CONTRACTORS.
	STEVE CARRICO 554-9014
8/21/03 & 8/22/03	P.C. TO STEVE CARRICO @ 554-7014 LEFT MESSAGE TO CALL
8/21/03 3:35	P.C. TO V.M FROM STEVE C. ADVISED HE HAD CALLED CONTRACTORS BUT NO ONE HAD RESPONDED.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Environmentalist's Signature 10/2/03 Date WRITTEN ___ VERBAL ✓

REVIEWED BY: _____ Section Head's Signature / Date RECALL DATE: _____

SERVICE REQUEST/WORK ORDER

LOG NO: _____

DATE	ACTIVITY REPORT
	AND COST EFFECT REPAIR WOULD BE TO DISCONNECT
	PUMP STATION / WHICH WAS OF NO USE ANY WAY, AND
	INSTALL 2 BEDS IN THE SIDE AND FRONT YARD,
	WHICH CAN BE ACCESSED WITHOUT PUMP. IT WOULD
	BE EQUAL TO 400 LINEAR FEET OF DRAIN LINE.
10/1/03 3:45	REPAIR INSTALLATION BEGUN - I INSPECTED TOP PORTION
	OF ONE BED.
10/6/03 10:30	OSU JACK PRESENT. FINISHED INSPECTION.

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 9/9/2003 11:39:47 AM

Parcel ID #: 19501522 GIS ID #: 19501522	
Owner Name:	DONNA MEEKE AND FRANK MEEKE
Mailing Address:	13529 FOUR OAKS DR MATTHEWS, NC 28105
Property Characteristics	
Legal Desc.:	L53BC M15-489
Land Area:	1 LT
Fire District:	07-IDLEWILD
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
15775-493 (7/25/2003) $141,000.00 07580-192 (12/7/1993) $0.00	
Situs Addresses Tied to This Parcel	
13529 FOUR OAKS LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
6/30/03 Charlotte Annexation: NO	
Charlotte Historic Districts: NO	
Census Tract #: 57.13	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701580165B
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/93
Regulated Watershed Information	
Watershed Name:	
Watershed Class:	

Building Photography

PHOTO #1
Location: 13529 FOUR OAKS LN



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

Mecklenburg County GIS
Geographic Information Systems

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ **Certified Mail (Return Receipt)**

☒ **First Class Mail**

☐ **Hand Deliver**

Owner: Fank & Donna Meeke

Mailing Address: 13529 Four Oaks Lane
Matthews, NC 28105

Occupant:

Location: Same

☒ Residence ☐ Business ☐ Other: _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 13A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly, which is not provided with an approved wastewater system. Your waste water system is not in compliance.

On August 26, 2003, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage discharging to ground surface	G.S 130A-335(a) 15NCAC 18A .1938(b) 15NCAC 18A .196(a)
_____	_____
_____	
_____	

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/Repair Wastewater System. You must obtain a Repair Permit from the local health department prior to repair of your system.

Other Repairs (*Specify*): _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

Perform Maintenance (*Specify*): _____

If the wastewater violation is not brought into compliance by October 09, 2003, appropriate legal action will be taken.

Failure to comply with laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5573, phone; (704) 336-6894, fax.

Notice Issued: 09/09/03
Date

Signed J. Andrew Walker, R.S.
DENR/DEH

Compliance: 10/2/03
Date

Signed _____ Agent
DENR/DEH

LAW OFFICES
YOUNG MOORE AND HENDERSON, P.A.
POST OFFICE BOX 31627
RALEIGH, NORTH CAROLINA 27622

3101 GLENWOOD AVENUE, SUITE 200
RALEIGH, NORTH CAROLINA 27612

TELEPHONE (919) 782-6860
FACSIMILE (919) 782-6753
www.ymh.com

J. CLARK BREWER
JOHN N. FOUNTAIN
WILLIAM M. TROTT
R. MICHAEL STRICKLAND
WILLIAM P. DANIELL
ROBERT C. PASCHAL
WALTER E. BROCK, JR.
JOSEPH W. WILLIFORD
J. ALDEAN WEBSTER, III
RUDY L. OGBURN
MARVIN M. SPIVEY, JR.
DAVID M. DUKE
J. D. PRATHER
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BRIAN O. BEVERLY

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ROBERT C. deROSSET*
NATHAN J. TAYLOR
DIANE H. RUPPRECHT
JENNIFER TERRY GOTTSEGEN
MICHAEL W. BALLANCE
MATTHEW J. GRAY
JAMES N. JORGENSEN
*ALSO LICENSED IN SOUTH CAROLINA

CHARLES H. YOUNG (Retired)
JOSEPH C. MOORE, JR. (1919-1988)
CHARLES H. YOUNG, JR. (1947-1992)
B. T. HENDERSON II (1928-2000)

June 23, 2004

J. Andrew Walker, R. S.
Mecklenburg County Health Dept.
700 N. Tryon St., Suite 211
Charlotte NC 28202

Re: State Board of Examiners of Plumbing, Heating and Fire Sprinkler Contractors vs. Steven Donald Arrico, individually and d/b/a Royal Service Plumbing Co.
Case #02 CvS 18 - Union County Superior Court

Dear Mr. Walker:

In connection with the captioned case, a Subpoena requiring your attendance at the July 12, 2004, session of Union County Superior Court at 10:00 a.m. has been issued.

We will do all that we can to minimize the inconvenience to you and will attempt to call and advise you if the case is postponed, settled, or otherwise resolved. We therefore request that you indicate on the duplicate of this letter a telephone number where you can be reached during the business day such that you could be in court on one hour's notice. In that way, we can avoid the possibility of your having to spend several hours at the courthouse.

We appreciate your cooperation and trust you will not hesitate to contact us if you have any questions.

Sincerely yours,

YOUNG MOORE AND HENDERSON P.A.

By: John N. Fountain
John N. Fountain

JNF:jab

Enclosure

549268 310040.1233

LAW OFFICES
YOUNG MOORE AND HENDERSON, P.A.
POST OFFICE BOX 31627
RALEIGH, NORTH CAROLINA 27622

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YOUNG MOORE AND HENDERSON P.A.

By: John N. Fountain

John N. Fountain

JNF:jab

Enclosure

549268 310040.1233

STATE OF NORTH CAROLINA

File No. 02 CvS 18

Union County

In The General Court Of Justice
☐ District ☒ Superior Court Division

State Board of Examiners of Plumbing, Heating and Fire Sprinkler Contractors

VERSUS

Steven Donald Arrico, individually and d/b/a Royal Service Plumbing Co.

Additional File Numbers

SUBPOENA

G.S. 1A-1, Rule 45

Party Requesting Subpoena
☒ State/Plaintiff ☐ Defendant

NOTE TO PARTIES NOT REPRESENTED BY COUNSEL: *Subpoenas may be produced at your request, but must be signed and issued by the office of the Clerk of Superior Court, or by a magistrate or judge.*

TO

Name and Address of Person Subpoenaed
J. Andrew Walker, R.S.
Mecklenburg Co. Health Dept.
700 N. Tryon St., Suite 211
Charlotte, NC 28202

Alternate Address

Telephone No.
704-336.5573

Telephone No.

YOU ARE COMMANDED TO: *(check all that apply):*

☒ appear and testify, in the above entitled action, before the court at the place, date and time indicated below.
☐ appear and testify, in the above entitled action, at a deposition at the place, date and time indicated below.
☒ produce and permit inspection and copying of the following items, at the place, date and time indicated below.
☐ See attached list. *(List here if space sufficient.)*

All documents in your possession pertaining to the relocation of a septic distribution box and installation of a sewage ejector pump and septic field at a residence located at 13529 Four Oaks Lane, Matthews, N.C., on or about March 2003.

Name And Location Of Court/Place of Deposition/Place To Produce
Union County Superior Court
Union County Courthouse
500 North Main St.
Monroe NC 28111

Date To Appear/Produce
July 12, 2004

Time to Appear/Produce
10:00 X AM ☐ PM

Name And Address Of Applicant Or Applicant's Attorney
Reed N. Fountain
Young Moore and Henderson, P.A.
PO Box 31627
Raleigh, NC 27622

Date

Signature

Telephone No.
919-782-6860

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Superior Court Judge
☐ Magistrate X Attorney/DA ☐ District Court Judge

RETURN OF SERVICE

I certify this subpoena was received and served on the person subpoenaed as follows:

By ☐ personal delivery.
☐ registered or certified mail, receipt requested and attached.
☐ telephone communication *(For use only by the sheriff's office for witness subpoenaed to appear and testify.)*
☐ I was unable to serve this subpoena.

Service Fee	Date Served	Signature of Authorized Server	Title
$ ☐ Paid ☐ Due			

NOTE TO PERSON REQUESTING SUBPOENA: *A copy of this subpoena must be delivered, mailed or faxed to the attorney for each party in the case. If a party is not represented by an attorney, the copy must be mailed or delivered to the party. This does not apply in criminal cases.*

549276 310040.1233

(Please See Reverse Side)

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NOTE: Rule 45, North Carolina Rules of Civil Procedure, Parts (c) and (d).

(c) Protection Of Persons Subject To Subpoena

(1) Avoid undue burden or expense. - A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing an undue burden or expense on a person subject to the subpoena. The court shall enforce this subdivision and impose upon the party or attorney in violation of this requirement an appropriate sanction that may include compensating the person unduly burdened for lost earnings and for reasonable attorney's fees.

(2) For production of public records or hospital medical records. - Where the subpoena commands any custodian of public records or any custodian of hospital medical records, as defined in G.S. 8-44.1, to appear for the sole purpose of producing certain records in the custodian's custody, the custodian subpoenaed may, in lieu of personal appearance, tender to the court in which the action is pending by registered or certified mail or by personal delivery, on or before the time specified in the subpoena, certified copies of the records requested together with a copy of the subpoena and an affidavit by the custodian testifying that the copies are true and correct copies and that the records were made and kept in the regular course of business, or if no such records are in the custodian's custody, an affidavit to that effect. When the copies of records are personally delivered under this subdivision, a receipt shall be obtained from the person receiving the records. Any original or certified copy of records or an affidavit delivered according to the provisions of this subdivision, unless otherwise objectionable, shall be admissible in any action or proceeding without further certification or authentication. Copies of hospital medical records tendered under this subdivision shall not be open to inspection or copied by any person, except to the parties to the case or proceeding and their attorneys in deposition, until ordered published by the judge at the time of the hearing or trial. Nothing contained herein shall be construed to waive the physician-patient privilege or to require any privileged communication under law to be disclosed.

(3) Written objection to subpoena. - Subject to subsection (d) of this rule, a person commanded to appear at a deposition or to produce and permit the inspection and copying of records may, within 10 days after service of the subpoena or before the time specified for compliance if the time is less than 10 days after service, serve upon the party or the attorney designated in the subpoena written objection to the subpoena, setting forth the specific grounds for the objection. The written objection shall comply with the requirements of Rule 11. Each of the following grounds may be sufficient for objecting to a subpoena:

a. The subpoena fails to allow reasonable time for compliance.
b. The subpoena requires disclosure of privileged or other protected matter and no exception or waiver applies to the privilege or protection.
c. The subpoena subjects a person to an undue burden.
d. The subpoena is otherwise unreasonable or oppressive.
e. The subpoena is procedurally defective.

(4) Order of court required to override objection. - If objection is made under subdivision (3) of this subsection, the party serving the subpoena shall not be entitled to compel the subpoenaed person's appearance at a deposition or to inspect and copy materials to which an objection has been made except pursuant to an order of the court. If objection is made, the party serving the subpoena may, upon notice to the subpoenaed person, move at any time for an order to compel the subpoenaed person's appearance at the deposition or the production of the materials designated in the subpoena. The motion shall be filed in the court in the county in which the deposition or production of materials is to occur.

(5) Motion to quash or modify subpoena. - A person commanded to appear at a trial, hearing, deposition, or to produce and permit the inspection and copying of records, books, papers, documents, or other tangible things, within 10 days after service of the subpoena or before the time specified for compliance if the time is less than 10 days after service, may file a motion to quash or modify the subpoena. The court shall quash or modify the subpoena if the subpoenaed person demonstrates the existence of any of the reasons set forth in subdivision (3) of this subsection. The motion shall be filed in the court in the county in which the trial, hearing, deposition, or production of materials is to occur.

(6) Order to compel; expenses to comply with subpoena. - When a court enters an order compelling a deposition or the production of records, books, papers, documents, or other tangible things, the order shall protect any person who is not a party or an agent of a party from significant expense resulting from complying with the subpoena. The court may order that the person to whom the subpoena is addressed will be reasonably compensated for the cost of producing the records, books, papers, documents, or tangible things specified in the subpoena.

(7) Trade secrets, confidential information. - When a subpoena requires disclosure of a trade secret or other confidential research, development, or commercial information, a court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena, or when the party on whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot otherwise be met without undue hardship, the court may order a person to make an appearance or produce the materials only on specified conditions stated in the order.

(8) Order to quash; expenses. - When a court enters an order quashing or modifying the subpoena, the court may order the party on whose behalf the subpoena is issued to pay all or part of the subpoenaed person's reasonable expenses including attorney's fees.

(d) Duties In Responding To Subpoena

(1) Form of response. - A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label the documents to correspond with the categories in the request.

(2) Specificity of objection. - When information subject to a subpoena is withheld on the objection that it is subject to protection as trial preparation materials, or that it is otherwise privileged, the objection shall be made with specificity and shall be supported by a description of the nature of the communications, records, books, papers, documents, or other tangible things not produced, sufficient for the requesting party to contest the objection.

INFORMATION FOR WITNESS

NOTE: *If you have any questions about being subpoenaed as a witness, you should contact the person named on the other side of this Subpoena in the box labeled "Name And Address Of Applicant Or Applicant's Attorney."*

DUTIES OF A WITNESS

- Unless otherwise directed by the presiding judge, you must answer all questions asked when you are on the stand giving testimony.
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WITNESS FEE

A witness under subpoena and that appears in court to testify, is entitled to a small daily fee, and to travel expense reimbursement, if it is necessary to travel outside the county in order to testify. (The fee for an "expert witness" will be set by the presiding judge.) After you have been discharged as a witness, if you desire to collect the statutory fee, you should immediately contact the Clerk's office and certify to your attendance as a witness so that you will be paid any amount due you.

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STATE OF NORTH CAROLINA

File No. 02 CvS 18

Union County

In The General Court Of Justice
☐ District ☒ Superior Court Division

State Board of Examiners of Plumbing, Heating and Fire Sprinkler Contractors

Additional File Numbers

VERSUS

Steven Donald Arrico, individually and d/b/a Royal Service Plumbing Co.

SUBPOENA

G.S. 1A-1, Rule 45

Party Requesting Subpoena
☒ State/Plaintiff ☐ Defendant

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TO

Name and Address of Person Subpoenaed
J. Andrew Walker, R.S.
Mecklenburg Co. Health Dept.
700 N. Tryon St., Suite 211
Charlotte, NC 28202

Telephone No.
704-336.5573

Alternate Address

Served 7-8-04 0830 X0560

Telephone No.

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→ ☒ appear and testify, in the above entitled action, before the court at the place, date and ~~time indicated~~ below.

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☐ See attached list. *(List here if space sufficient.)*

All documents in your possession pertaining to the relocation of a septic distribution box and installation of a sewage ejector pump and septic field at a residence located at 13529 Four Oaks Lane, Matthews, N.C., ~~on or about~~ March 2003.

Name And Location Of Court/Place of Deposition/Place To Produce
Union County Superior Court
Union County Courthouse
500 North Main St.
Monroe NC 28111

Date To Appear/Produce
July 12, 2004

Time to Appear/Produce
10:00 X AM ☐ PM

Name And Address Of Applicant Or Applicant's Attorney
Reed N. Fountain
Young Moore and Henderson, P.A.
PO Box 31627
Raleigh, NC 27622

Date

Signature

Telephone No.
919-782-6860

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Superior Court Judge
☐ Magistrate X Attorney/DA ☐ District Court Judge

RETURN OF SERVICE

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549276 310040.1233

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© 2003 Administrative Office of the Courts

Repair Service Plumbing Company, LLC
PO Box 275
Marshville NC 28103

June 27, 2003

Mr. & Mrs. Harold Backman
621 Drumcliss Court
Matthews, NC 28104

RE: Itemized List of Materials & Resources Used
13925 Four Oaks Lane

Qty	Description	Price Each	Total Cost
2	Pumped Out Septic	$ 300.00	$ 600.00
2 lds	Gravel Delivered (32 ton)	$ 174.00	$ 348.00
1	Pump & Lift Station with Piping	$ 974.10	$ 974.10
1	4' X 300' Corrugated Leach Field Piping	$ 84.66	$ 84.66
1	Alarm System Installed with electrical wiring & hookup	$ 764.12	$ 764 12
4	Rental Equipment (including that which was needed to finish grade Mrs. Bachman's request.	$2280.00	$2280.00
	Total of Material & Equipment Used		$5148.34
	Total Labor Paid		$1993.54
	Total Due		$7143.88
	Less 5%		- 357.20
	Total Invoiced		$6786.68

TOTAL P.02

Royal Service Plumbing
PO Box 3106
Monroe, NC 28111

704 573 1914

Invoice

Date	Invoice #
6/23/2003	22104

704 882 0502

Bill To

Harold Backman
621 Drumcliss Ct
Matthews NC 28104

P.O. No.	Terms	Project

Item	Qty	Description	Rate	Amount
LSI		Lift Station Installed	0.00	0.00
PBI		Pump and Basin Installed	0.00	0.00
DFI		Drain Field Installed 275' in 12" of 1 3/4" stone	0.00	0.00
		Continuous back-ups last 4 months for no apparent reason. Cabled out W/M drain and Main line to septic and had septic pumped twice in as many months. Dug up the distribution box and it was found to be cracked and "back filling". Dug up top of septic tank and did mirror inspection of interior baffles and structure, found to be satisfactory. Performed flow test on drain field and found 2 of 5 lines to be backing up prematurely. Recommend Install new drain field.		
		Installed new lift station with pump and basin to pump effluent to 275' new drain field over back yard. Alarm system installed. Drain field installed in 12" of 1 3/4" stone, backfilled, graded, seeded and strawed yard.		
		Will have repairs to telephone and cable lines destroyed in this process repaired and billed to us.		
		Total cost of labor, materials, and subcontractors is $7,143.88		
		Less 5% for the inconvenience of the time it took to complete. (357.20).		

Thank you for your business.

Total $ ~~7,143.88~~ $6,786.68

704 336-5573 Brent Walker Hanson