

10705 TIMBER CREEK CT

13933218

9/5/08

marliwr

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

FEE: NA

DATE: _____

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

[ ] 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 #: 21747

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-332-17

STREET ADDRESS: 10701 Timber Creek CT.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 43 1989

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: CORNELL RANDY
(LAST) (FIRST) (MI)

ADDRESS: 10701 TIMBER CREEK COURT DRIVE

CITY: CHARLOTTE STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) 573 - 2914

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: A. H. Stewart DATE: 4/3/03

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

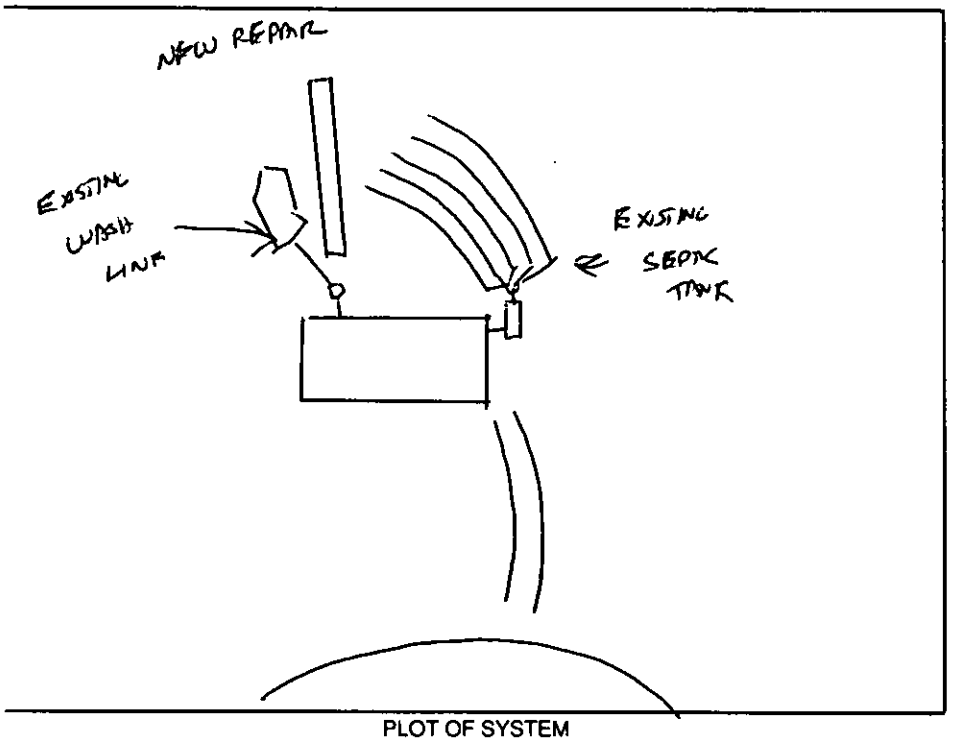
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21747 DATE: 4-2-03

TC: 139-332-17 R X L

SERIAL 19313

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 4-3-03. 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6'X25' feet

Trench Walls Scored and Porous yes

Total Line Length 150 feet

Number of Lines 1

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 RANDY CORNWELL

LOCATION OF PROPERTY 10701 TIMBER CREEK COURT.

Comments: (1) FEED EXISTING WASH LINE FIRST, TO BACK OUT & SAW INTO NEW REPAIR.

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: 21747 DATE: 4-3-03

TC: 134 - 332 - 17 ☒ L ☐ CRT

SERIAL 19157

Name of Owner RANDY CORNWELL Juris.: _____

Address of Property 10701 TIMBER CREEK CT

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 150'

Number of Lines 1 @ 6'X25'

Cover Depth 12" - 16"

Water Supply Source _____

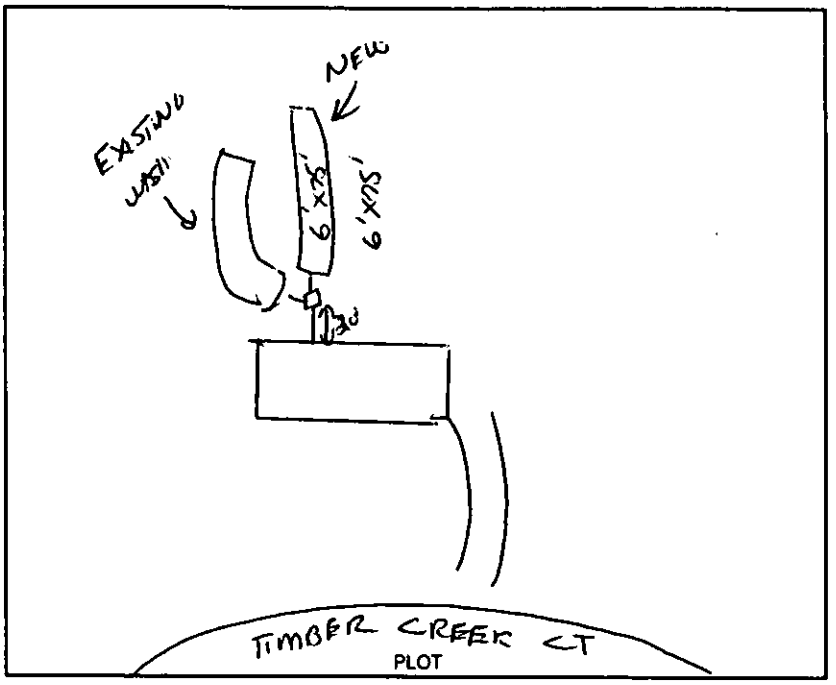
Distance to Water Source WELL

Excavation Inspected 4-3-03

Tank(s) Inspected _____

Wash Line Inspected 4-3-03

High Water Alarm Inspected -



Design WASH LINE REPAIR 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: TYPE II

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

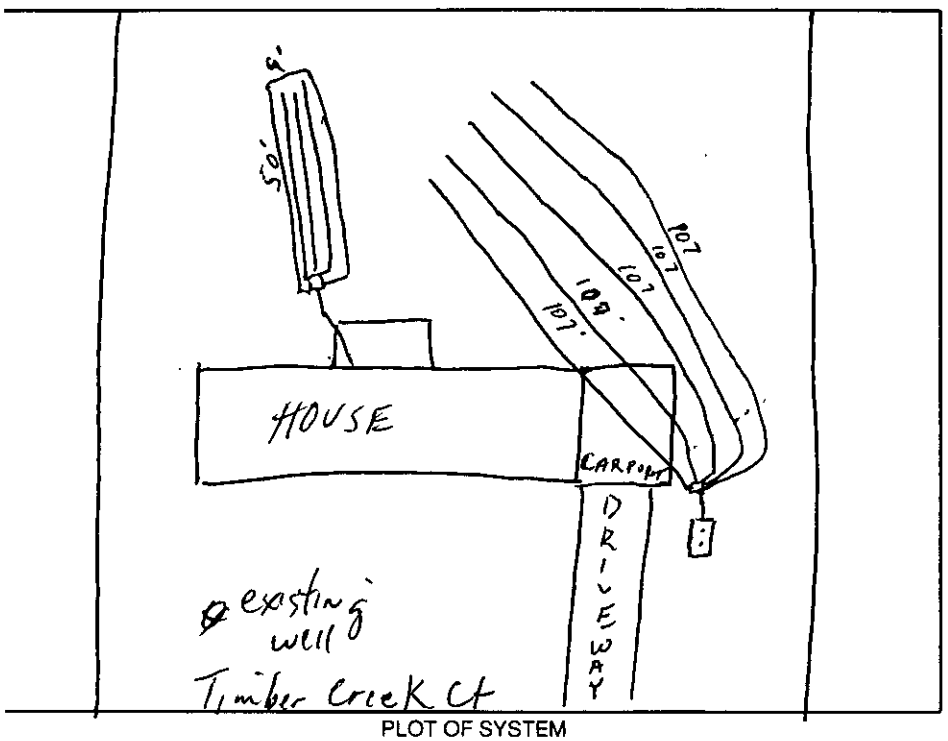
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21747 DATE: 4/25/95

TC: 139 332 17 ☐ L

SERIAL Nº 16421

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 1/3/95. All work shall be completed on or before 5/25/95, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:
Bed
Trench Width 9 feet

Trench Walls Scored and Porous ✓

Total Line Length 150 feet

Number of Lines 3 (50')

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 Randy Cornell

LOCATION OF PROPERTY 10701 Timber Creek Ct

Comments: Bed system 9'wd x 50'long x 18"stone
Keep bed on contour of land

Phila S. 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

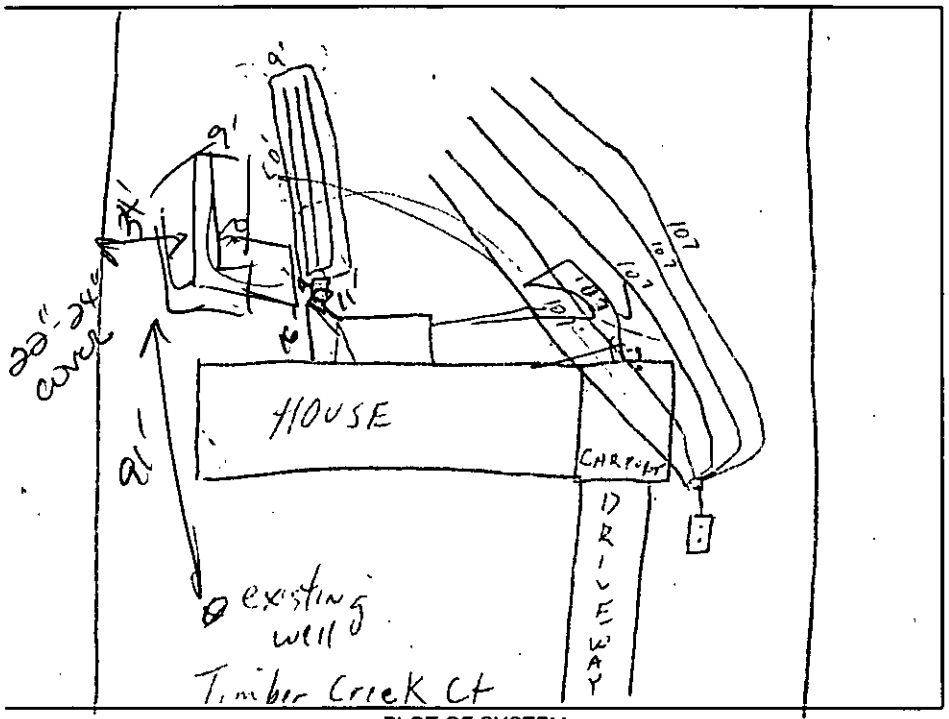
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21747 DATE: 4/25/95

TC: 139 332 17 ☐ L

SERIAL № 16421

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 4/13/95. All work shall be completed on or before 5/25/95, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth —

Absorption and/or Nitrification Lines:

Bed
Trench Width 9 feet

Trench Walls Scored and Porous ✓

Total Line Length 150 feet

Number of Lines 3 (50')

Depth of Stone 18 inches

Distance from House 5 feet (10 RCS)

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 Randy Cornell

LOCATION OF PROPERTY 10701 Timber Creek Ct.

Comments: Bed system 9' wd. x 50' long x 18" stone
Keep bed on contour of land

Phillip S. Walker R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

DLO

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

FILE: 21747 DATE: 5/9/95

TC: 139-332-17 ☐ L ☐ CRT

SERIAL Nº 16220

Name of Owner Randy Cornell Juris.: _____

Address of Property 10701 Timber Creek Court

Inspection Data:

Tank Material —

Total Length of Drainfield 150' (9'x50' Bed)

Number of Lines 3 @ 50

Cover Depth 20-24"

Water Supply Source Existing Well

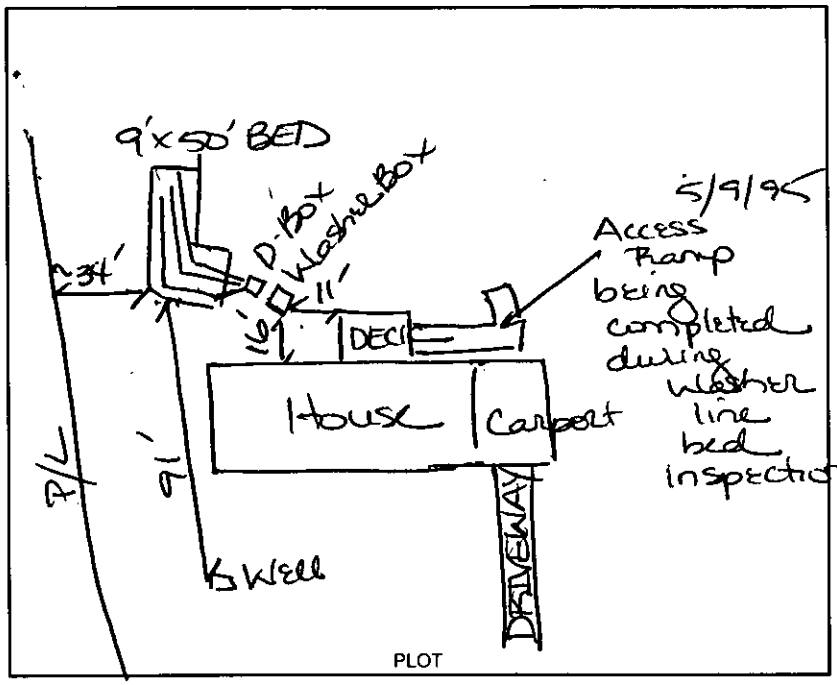
Distance to Water Source 91'

Excavation Inspected 5/9/95

Tank(s) Inspected —

Wash Line Inspected 5/9/95

High Water Alarm Inspected NA



PLOT

Design 1995 Washerline - 9'x50' Bed, 18"g, cecil-like CTR# 90 RCS

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

☐ installed or constructed ☑ altered or repaired

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

and meets the provisions of 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: Washing machine separated from original system — 9'x50' bed.

Left property line location identified by property owner - Mrs. Randy Cornell

Installation altered from Installation/repair approval due to stump hole.

Jba B. Mialik, RS Joe Lyon RS

Environmental Health Specialist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

21747

☐ 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

Date:

PERSON FILING APPLICATION:

X NAME: Cornell (last) Randy (first) L. (mi)

ADDRESS: 10701 TimberCreek Ct. PHONE: (704) 545-1904

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-332-17

STREET ADDRESS: 10701 TimberCreek CT.

ZONING:

PROPERTY OWNER:

X NAME: Cornell (last) Randy (first) L. (mi)

ADDRESS: 10701 TimberCreek Ct. PHONE: (704) 545 1904

CITY: Charlotte STATE: NC ZIPCODE: 28227

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

TYPE APPLICATION (check one):

LOT NUMBER: 43 LOT SIZE (in acres): 1.2

☐ 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) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
X DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 6

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)
X ☒ 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: X [signature] Date: X 1-3-95

NOTICE:

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

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

...This permit is not transferable.

...

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

Philip A Walker 1/3/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Mecklenburg County
Health Department

May 23, 1995

Randy & Susan Cornell
10701 Timber Creek Court
Charlotte, NC 28227

Re: 10701 Timber Creek Court
Tax Parcel: 139-332-17
File: 21747

Dear Mr. & Mrs. Cornell:

The purpose of this correspondence is to document the events surrounding a visit on May 9, 1995, to your property located at 10701 Timber Creek Court, Charlotte, North Carolina (Tax Parcel No. 13933217). This visit was to inspect the installation of a nitrification bed repair to accommodate the washing machine effluent. Joe Lynn, Regional Soil Specialist, accompanied me on this visit.

Philo Walker, of this program, advised you via a copy of a letter sent to The Seibels Bruce Insurance Companies February 17, 1995, that the garage had been constructed over a portion of the drainfield. On May 9, 1995, Joe Lynn and I observed that an access ramp was being completed which extends from the deck at the rear of your residence to the carport/garage and also to the back yard. Please be advised that this access ramp is constructed over a portion of your drainfield. **The North Carolina Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, .1950 Location of Sanitary Sewage Systems, (a)(10) states "Every Sanitary Sewage Treatment and Disposal System shall be located at least the minimum horizontal distance from....any building foundation, 5 feet."** A deck or ramp with supports is considered to be a building foundation. In addition, approximately forty percent (40%) of the effluent in a sewage treatment and disposal system is dissipated through evapotranspiration from the nitrification lines. This treatment is lost with construction over the nitrification field. It is uncertain whether any physical damage has occured to the nitrification lines due to the construction.

If you have any questions regarding this matter, please contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Joe Lynn

Mecklenburg County
Health Department

May 23, 1995

Randy & Susan Cornell
10701 Timber Creek Court
Charlotte, NC 28227

Re: 10701 Timber Creek Court
Tax Parcel: 139-332-17
File: 21747

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If you have any questions regarding this matter, please contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Joe Lynn

21747

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:

X NAME: Cornell (last) Randy (first) L. (mi)

ADDRESS: 10701 TimberCreek Ct. PHONE: (704) 545-1904

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-332-17

STREET ADDRESS: _____

ZONING: _____

PROPERTY OWNER:

X NAME: Cornell (last) Randy (first) L. (mi)

ADDRESS: 10701 TimberCreek Ct. PHONE: (704) 545 1904

CITY: Charlotte STATE: NC ZIPCODE: 28227

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

TYPE APPLICATION (check one):

LOT NUMBER: 43 LOT SIZE (in acres): 1.2

☐ 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: 4 NUMBER OCCUPANTS: 6

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: [signature] Date: 1-3-95

NOTICE:

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

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

...This permit is not transferable.

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

...1-4-95 Sewage surfacing at 2 out of 5 lines - all lines appear to be wet. Gave owner instructions to have D-Box uncovered for inspection.

Environmentalist Date

Director or Authorized Section Head Date

WATER : 22791

1/19/95 D Box to be leveled by RCS
2/1/95 checked installation of D-Box, Speed leveled installed

INSTALLATION, CONSTRUCTION, ALTERATION, REPAIR OR LOCATION PERMIT

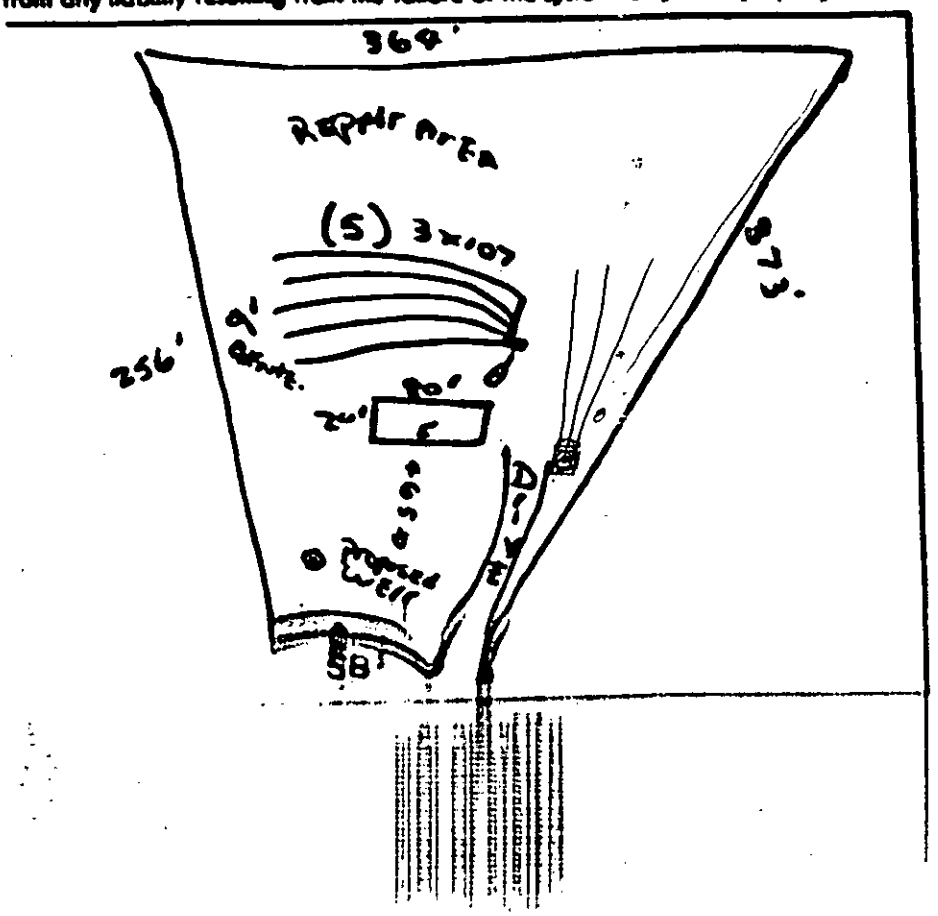
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21747 DATE: 8/25/89

TC: 139-151-06 01

SERIAL № 12907

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 on the described location. This permit is granted based upon the information supplied in the application dated 8/23/89. All work shall be completed on or before 9/25/89 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 Department of Environmental Health 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.



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 535' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10' feet

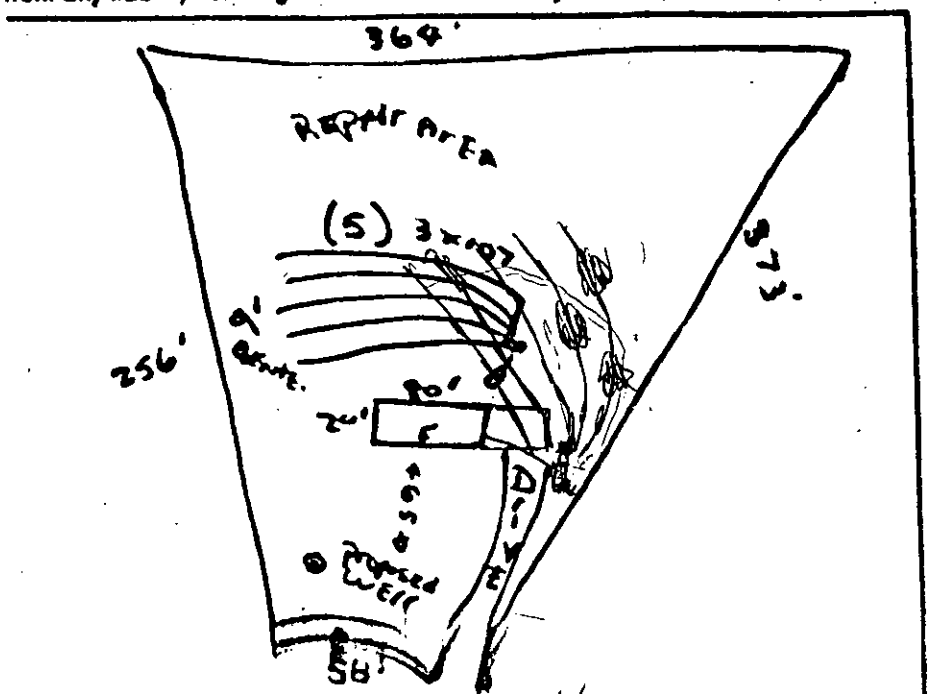
Distance from Property Line 10' feet

Distance from well 158 feet

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE 21747 DATE 8/25/89
PC 139-151-06 01
SERIAL Nº 12907

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 hereon at the described location. This permit is granted based upon the information supplied in the application dated 8/23/89. All work shall be completed on or before 9/25/89 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 the permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health 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.



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 535' feet
Number of Lines 5
Depth of Stone 12" inches
Distance from House 10' feet
Distance from Property Line 10' feet
Building Sewer 158

▨ - denotes areas of malfunction.
Concrete slab poured over portions of upper 3 drain lines.

1/19/95
Met RCS (Kathy) Duke Power Rep, Realtor, homeowner on lot. septic system may have been D-Box appeared to have been damaged by Duke Power trenches damaged by
Suggest that D-Box be replaced and lines reconnected
check on bld permit for car port. Carport built over portion of drainfield.

Mecklenburg County
Health Department

February 17, 1995

Mary Kearse
Regional Claims Supervisor
The Seibels Bruce Insurance Companies
P.O. Box One
Columbia, South Carolina 29202

Dear Ms. Kearse:

RE: Randy Cornell

Thank you for your letter of January 31, 1995 advising this Department of your opinion regarding alledged problems with the septic system belonging to Mr. Cornell.

A research of our files revealed the following information in response to your letter:

- An installation approval including a diagram was completed prior to the installation of the system. This is normal procedure.

- When a system is installed differently from the installation approval, a final approval will be issued if the installation meets the minimum requirements of the North Carolina Administrative Code (NCAC). In this case, a final approval was issued.

- Based on standard procedure the minimum horizontal distance from the tank to the property line would have been measured at the time the final inspection was performed. Information regarding the property line location would have been supplied by the applicant.

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

· The septic system is currently in compliance with the NCAC. However, future problems may occur with the system. Apparently, sometime after the final approval for the septic system was granted, construction occurred over portions of the septic tank drainfield. There are no records approving the subsequent construction of the garage. During construction of the garage, heavy equipment transversing over the septic system may have affected the integrity of the system. I understand that other construction took place on the lot, including a subsurface power line installation.

Please be advised that the North Carolina law does not give the Mecklenburg County Health Department any authority to monitor everyday activities associated with septic tank systems once they are approved and put in use. State regulations make proper use and maintenance of a septic tank system the responsibility of the homeowner.

If you have any further questions, please contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Environmental Health Specialist

cc: Randy Cornell

THE
SEIBELS BRUCE
INSURANCE
COMPANIES

1-800-525-8835
1-800-525-8835 (Ext. 2483 or 8395) Facsimile
1-803-748-2000

January 31, 1995

Mr. Phyllo Martin
Charlotte/Mecklenburg Health Dept.
Environmental Health Division
700 N. Tryon St., Suite 211
Charlotte NC 28202

RE: Company Name : South Carolina Insurance
Policy Number : CWC 7206043-MK
Insured : American Homes
Claimant : Randy Cornell
Date/Accident : April 20, 1989

Dear Mr. Martin:

Please be advised that we are the workers' compensation insurance carrier for the above captioned claim.

Our Company has been advised of a problem with the Septic Tank System belonging to Susan and Randy Cornell. It appears a diagram was completed prior to the installation, however, the system ended up in an entirely different part of the yard. This does not appear to be a modification but a complete change of the system.

It has also come to our attention that the system is not located 10 feet from the property line as required in 1989.

We do feel your office has a responsibility in correcting this problem which may result in the system being moved. It is our opinion that the Cornells nor our Company is responsible for this situation. The system was installed and was inspected prior to being covered up.

I would appreciate your position in regards to your responsibility in clarifying this situation. I will diary my file for 15 days

pending your response so that a determination can be made as to whether or not our Company will need to pursue this matter further.

If I can be of any assistance, please feel free to contact me.

Very truly yours,

Mary Kearse

Mary Kearse
Regional Claims Supervisor
Extension 2679

/gt

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Sarah Pressley TELECOPIER # 5887

FROM: Philo S. Walker IWWS 5570 DATE 2/16/95

NUMBER OF PAGES TRANSMITTED: 5 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

DRAFT

FAX to Phil Wilson IWWS from Sara Pearce 1-2472

Mecklenburg County
Health Department

Call if you have questions about these suggestions. TP

PS Call me if questions for you

February 16, 1995

Mary Kearse
Regional Claims Supervisor
The Seibels Bruce Insurance Companies
P.O. Box One
Columbia, South Carolina 29202

Dear Ms. Kearse:

RE: Randy Cornell

Thank you for your letter of January 31, 1995 advising this department of your opinion regarding alledged problems with the septic system belonging to your client, Mr. Cornell.

A research of our files revealed the following information in response to your letter:

- An installation approval including a diagram was issued prior to the installation of the system. This is normal procedure.

- When a system is installed differently from the installation approval a final approval will be issued if the installation meets the minimum requirements of the North Carolina Administrative Code (NCAC). In this case, a final approval was issued.

- Based on standard procedure the minimum horizontal distance from the tank to the property line would have been measured at the time the final inspection was performed. Information regarding the property lines location would have been supplied by the applicant.

Post-it™ brand fax transmittal memo 7671 | # of pages ▸

To Phil Wilson	From
Co.	Co.
Dept.	Phone #
Fax # 828-7401	Fax #

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

DRAFT

* I understand that

· The septic system is currently in compliance with the NCAC. However, future problems may occur with the system. Apparently, sometime after the final approval for the septic system was granted, construction occurred over portions of the septic tank drainfield. There are no records approving the subsequent construction of the ~~existing~~ garage. During construction of the garage, heavy equipment transversing over the septic system may have ~~negatively impacted~~ affected the integrity of the system. Other construction took place on the lot, including a subsurface power line installation. Please be advised that ~~we~~ does not give the authority to monitor everyday activities associated with septic tank systems once they are approved and put in use. ~~That is to say that proper use and maintenance of a septic tank system is the responsibility of the homeowner.~~

If you have any further questions, please contact me at 336-5570.

Sincerely,

Philo S. Walker, R.S.
Environmental Health Specialist

cc: Randy Cornell

North Carolina law

Mecklenburg Health Dept.

any

State regulations make proper use and maintenance of a septic tank system the responsibility of the homeowner

Imaging Solutions and Services, Inc

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ISSI Operations Center Staff

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21747 DATE: 10/3/89

TC: 139 151 06 ☐ L ☐ CRT

SERIAL № 12224

Name of Owner William Michael Juris.: Mint

Address of Property 10701 Timber Creek Ct. (Clear Creek Est.)

Inspection Data:

Tank Material PVC

Total Length of Drainfield 535

Number of Lines 5 @ 107'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source > 50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

Lot 43

PLOT

Design: 1520 ST, Conv. 1605 SFT 12"G Cecil CTR# 90

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. 4 bedroom SLS. (5) 3' x 107' x 12" G.

Tim Whittier R.S.
Environmentalist

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

Revoked 1983

Serial No. 6054

SIR No. 21747

Date Issued 2-4-85

T. C. No. PO 139-151-06

Map Date L

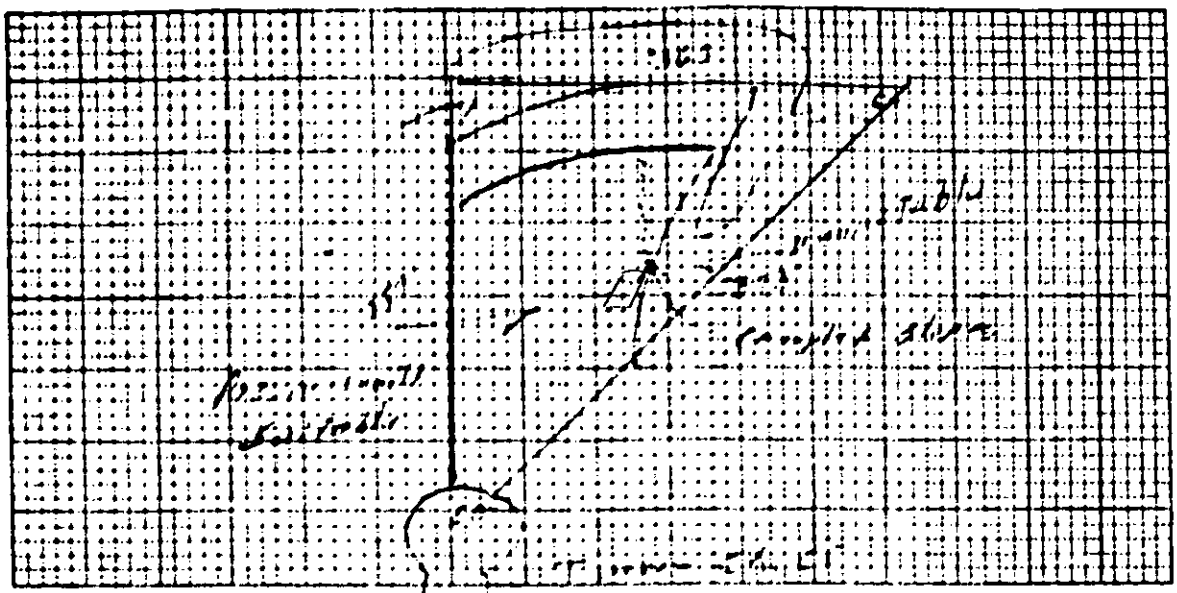
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Clear Creek Estates, Inc.

ADDRESS OF OWNER (LAST) 1740 E. Independence (FIRST) Blvd., Charlotte, NC (MIDDLE) ZIP 28205

LOCATION OF PROPERTY Coble Road (STREET OR COUNTY ROAD)

SUBDIVISION Clear Creek Estates LOT NO 43 BLOCK NO. III



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 plat. The permeability rate determined by the investigation was PROVISIONALLY SUITABLE. The said lot is approved 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 septic system must 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 and wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to issuance of the permit based on the permeability rate obtained above, and on the size and type of the building to be constructed thereon.
3. This approval is valid only for the system location indicated on the map or site 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.

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Based on information given at the time the tank was >10' from the property line

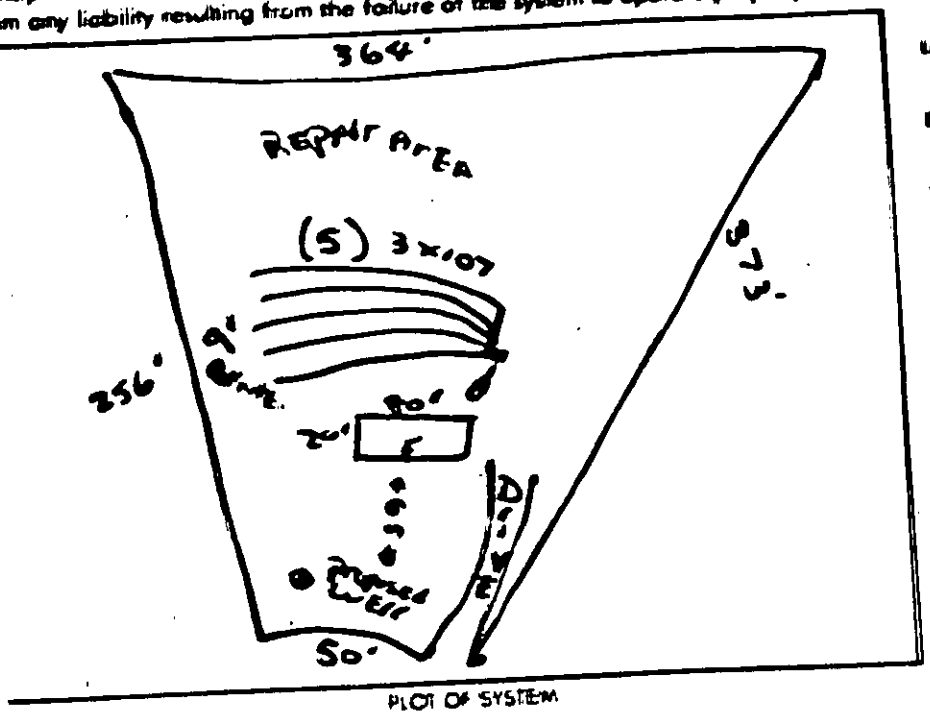
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21747 DATE: 8/25/89

TC: 139-151-06 01

SERIAL Nº 12907

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 8/22/89. All work shall be completed on or before 9/25/89, 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 Department of Environmental Health 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 535' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well 150 feet

NAME OF OWNER William Michael

LOCATION OF PROPERTY 10701 Timber Creek Ct. (Clew Crk. Pl.)

Comments (5) 3'x107'x12" Cs 4 bedrms

[signature] R.S.
Division of Serum Head

[signature] 2.5
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist overseeing which system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S (APPLICANT'S) COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1/21/88 PD 100.00
CK#662 SR

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to race, color, religion, sex, or disability.

(OFFICE USE ONLY)
FILE: 21747
TC:
SERIAL: № 11130

☑ L ☐ CERT

JOB LOCATION

① ADDRESS: 10701 TIMBER CREEK CT. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 139-332-17
⑤ SUBDIVISION: CLEAR CREEK ESTATES ⑥ LOT: #43 ⑦ BLOCK:

OWNER

⑧ NAME: CLEAR CREEK ESTATES, INC. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1740 E. INDEP. BLVD. ⑪ STATE: NC ⑫ ZIP: 28205
⑩ CITY: CHAR.
⑬ PHONE: (WORK) 372-3333 ⑭ (HOME)

REQUEST

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:
⑲ ☐ Residence ⑳ ☑ Mobile home TO 4
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 4
㉔ Basement? ☐ yes ☑ no

㉑ ☐ Business or place of public assembly
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above in the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed:
Date: 1-21-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that this application has been approved in accordance with the provisions of [illegible] This approval is granted in accordance with the provisions of [illegible] Rules for Sanitary Sewage Collection, Treatment and Disposal and that issuance of this permit shall be subject to the following specific conditions appended hereto: [illegible] No work shall be undertaken on this septic tank system [illegible] Installation Construction Authorization (permit) shall become null and void [illegible] Department.

This permit shall be terminated and shall become null and void [illegible] months from the date of issuance.

[illegible]

[illegible]

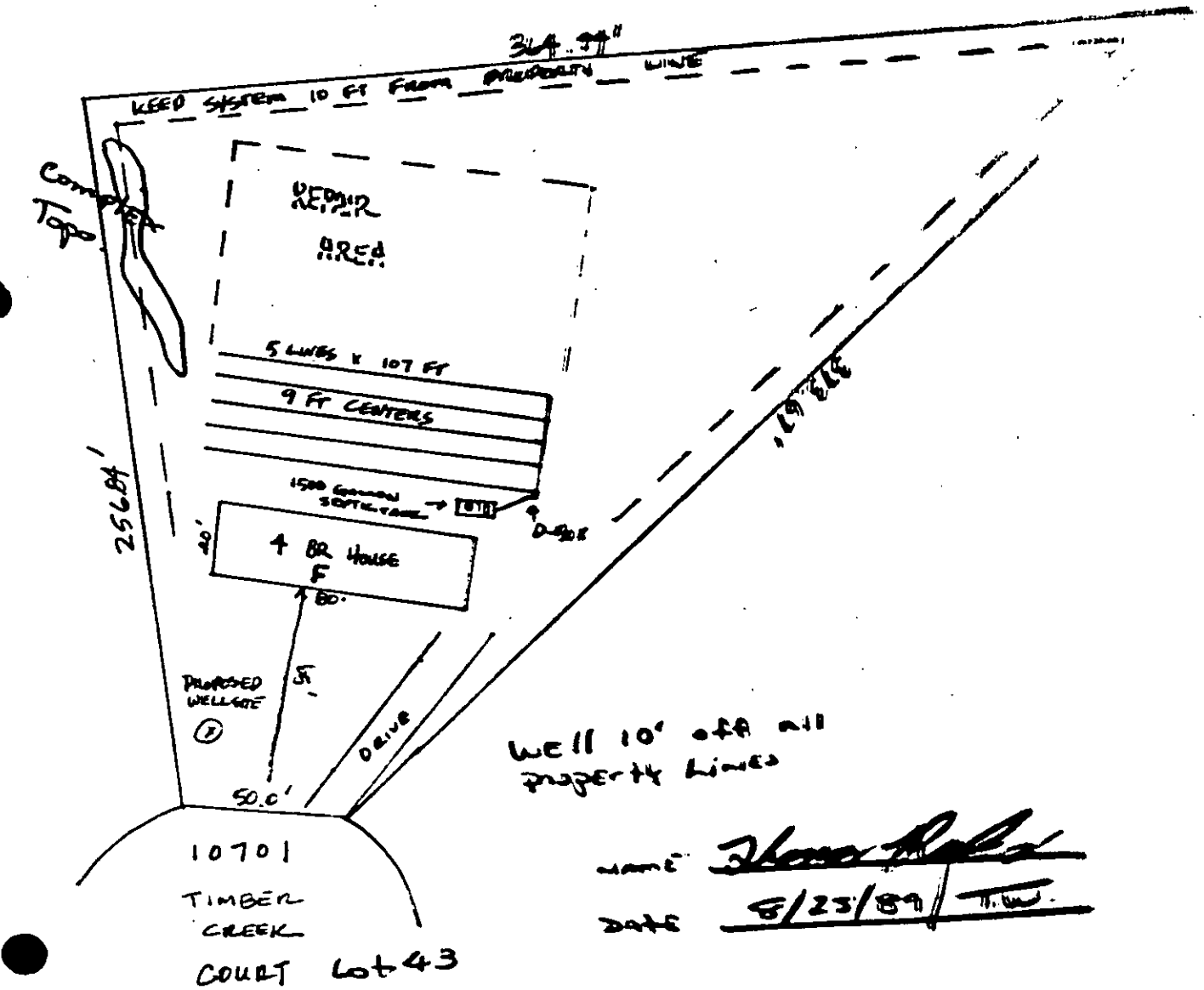
* This permit must be renewed by the Department of Environmental Health [illegible] additional action required in order to be valid.

K. C. S., Inc.

Septic Tank Installation & Service

LOT 43 CLEAR CREEK ESTATES
SIR NO 21747

KEEP SYSTEM 10 FT FROM PROPERTY LINE



Well 10' off all property lines

name [signature]

date 8/23/89

Mecklenburg County
Health Department

February 17, 1995

Mary Kearse
Regional Claims Supervisor
The Seibels Bruce Insurance Companies
P.O. Box One,
Columbia, South Carolina 29202

Dear Ms. Kearse:

RE: Randy Cornell

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

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Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Environmental Health Specialist

cc: Randy Cornell