Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	
WASPS App #:	
Primary ES assigned to project:	Jeremy Michael
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	N/A
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	2/9/2016
OP Issued date:	5/12/2016
Review performed by:	Jeremy Michael
Date performed:	5/16/2016

Created at 5/16/2016 3:21 PM by Michael, Jeremy
Last modified at 5/16/2016 3:21 PM by Michael, Jeremy

Close

MECKLENBURG COUNTY
HEALTH DEPARTMENT

9479B #8230

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ● REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 139-401-03
STREET ADDRESS: 14330 Cabarrus Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: N/A
LOT #: _____ LOT SIZE (acres): 1.36

TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ● MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 2020
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ● PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ● OTHER Main Source

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☑ CONVENTIONAL ☑ ACCEPTED ☑ INNOVATIVE ☑ ALTERNATIVE ☑ OTHER _____

8A. **RANK:** 2 1 4 3 5

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	● YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	● YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	● YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Caroline Hobbs
ADDRESS: 14330 Cabarrus Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
WORK PHONE: _____
MOBILE PHONE: 704-210-4814
FAX: _____
E-MAIL: Carolineehobbs@live.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

CLH (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Caroline Hobbs
Property Owner's or Owner's Legal Representative Signature

1/30/16
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

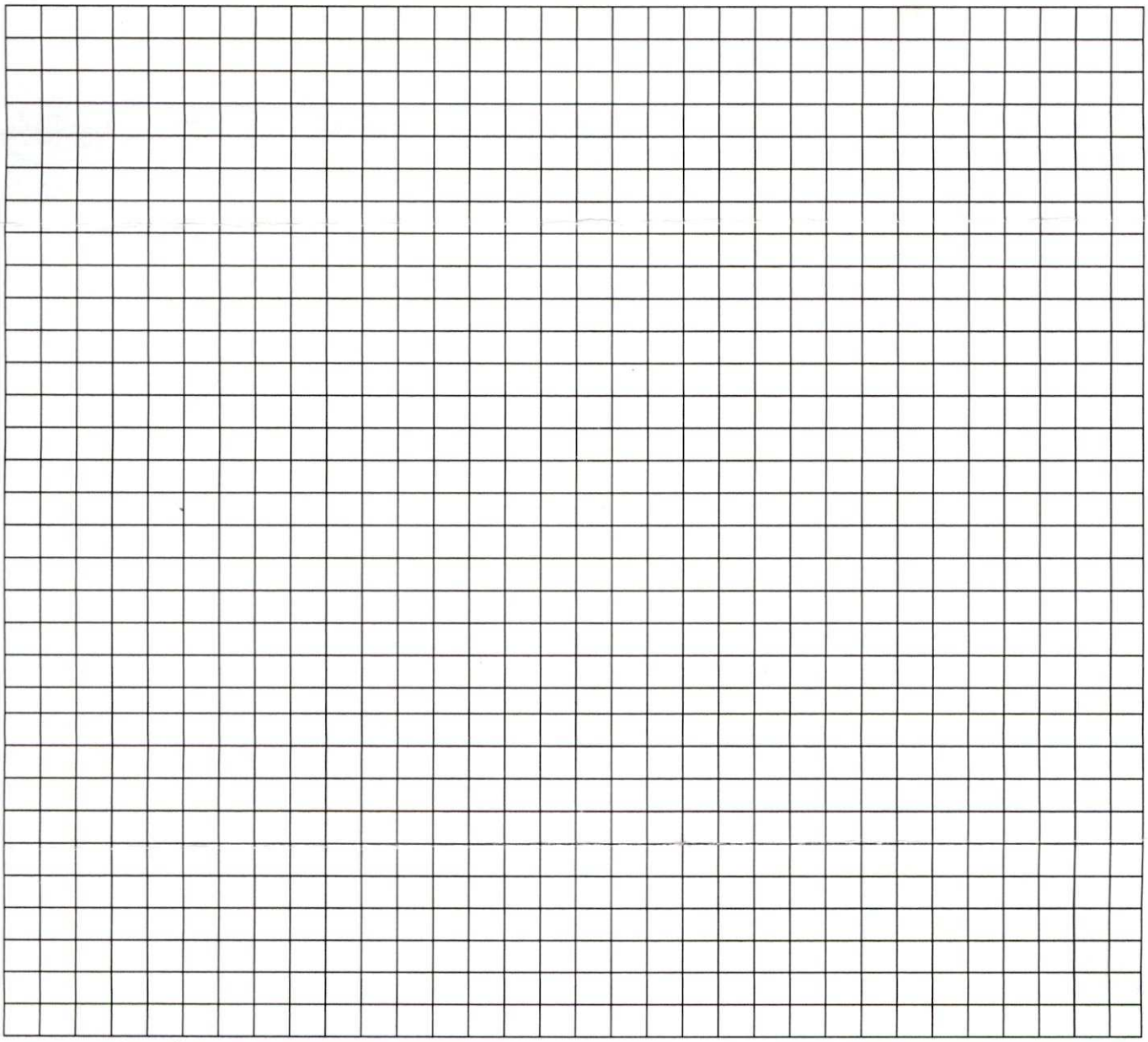
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Caroline Hobbs
Property Owner's or Owner's Legal Representative Signature

1/30/16
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___

PROPERTY ID #: ___

COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Caroline Hobbs — APPLICATION DATE: ___

ADDRESS: 14330 Catawba Rd. — DATE EVALUATED: 2-9-16

PROPOSED FACILITY: ___ — PROPOSED DESIGN FLOW (.1949): ___ — PROPERTY SIZE: ___

LOCATION OF SITE: same — PROPERTY RECORDED: ___

WATER SUPPLY: ▫ Private ▫ Public ▫ Well ▫ Spring ▫ Other: ___

EVALUATION METHOD: ▫ Auger Boring ▫ Pit ▫ Cut — TYPE OF WASTEWATER: ▫ Sewage ▫ Industrial Process ▫ Mi

PROFILE NO.	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 3%	0 - 14	C, sbk	SS, SP, Fr, Sexp	Na	48	Na	Na	PS .3
		14-48	CL, sbk	SS, SP, Fr, Sexp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		1111 bg
Site LTAR		.3

OTHER FACTORS (.1946): ___

SITE CLASSIFICATION (.1948): ___

EVALUATED BY: Bye Dapat

OTHER(S) PRESENT: Jimmy Bowles

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9479B Permit #: 8230 Tax Parcel #: 139-401-03

Property Owner: Caroline Hobbs

Job Location Address: 14330 Cabarrus Rd.

City: Mint Hill State: NC Zip Code: 28227

Improvement Permit Issuance Date: 2-9-2016 **Construction Authorization Issuance Date** 2-9-2016

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: 0.3 GPD/ft^2 (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: Pressue Manifold

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 5 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

see Attached Plan

Comments: System Classification & Type:

Authorized Agent: Jeremy Michael Signature: Jeremy Michael

Owner Signature: Caroline Hobbs Date: 2/9/2016

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 9479B Permit #: 8230 Tax Parcel #: 139-401-03

Property Owner: Caroline Hobbs

Job Location Address: 14330 Cabarrus Rd.

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/12/2016 Contractor Name: Robert Laney

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture P+T Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 36-40 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 356 feet

# of Lines: 3 @ → feet 116, 116, 124

Depth of Media: 12" inches (Type) Quick 4 chambers

Depth of Cover: 24 inches

Distribution Device: Pressure Manifold

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet ~~116 116 124~~

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 50 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

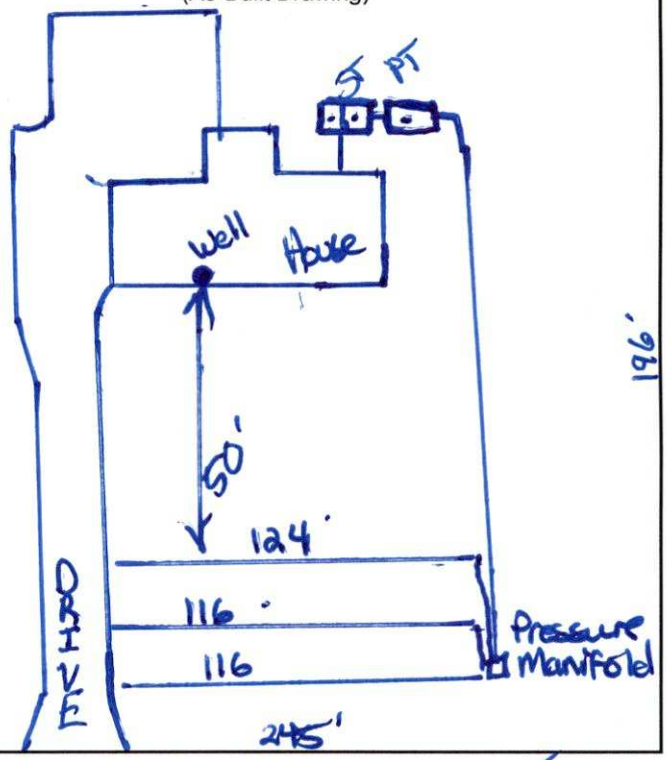
Inspection Dates

Tank(s) Inspected: 5/10/2016

Excavation Inspected: 5/10/2016

Pump & Controls Inspected: 5/12/2016

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☑ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIbg IO4, P, NA, NA

Repair was not full 400 L.F. Some line was ripped out due to being too close to well at final

DENR Authorized Agent: Jeremy Michael Signature: Jeremy Michael

One line that was too close to well was removed there was a total of 356 L.F

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #:_____ Permit #:_____ Tax Parcel #: 139-401-03

Property Owner: Caroline Hobbs

Job Location Address: 14330 Cabarrus Rd.

City: Mint Hill State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III bg

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☑ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Jeremy Michael Date: 5/12/2016

Signature: Jeremy Michael

On-site Wastewater Improvement Permit Diagram

PARCEL #: 139-401-03
WASPS APPLICATION #:



Map Created By: Jeremy Michael
Map Created On:

1 inch = 40 feet

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Sharon Lambert Hovis/ Raven Lambert

Mailing Address: 13915 Clearvale Dr
Charlotte, NC 28227

Occupant: Owner

Location: 13915 Clearvale Dr
Charlotte, NC 28227

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On May 27, 2015 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(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 the 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 **July 1, 2015** 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. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact Bradley Hallman at 704-201-7983.

Notice Issued: 5/27/15 (Date)

Compliance: 10/7/15 (Date)

DENR/DEH Authorized Agent

DENR/DEH Authorized Agent

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

ATTACHMENT 2

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

LOG NO: [ ][ ][ ]

DATE: [9] / [9] / [15]
MONTH DAY YEAR

SECTION: [GWS]
(AQ, WQ, FOOD, DC, MILK, POOL, S&HW, OPWD, VC)

TO: **DIRECTOR**

Request approval for initiation of (circle one): CS, CW, AI, CV, OTHER: _____

Against: Caroline Lee Hobbs

Violation: NC Sewage Rule 15A NCAC 18A 1961 (X)(XA)

Circumstances: (Outline Briefly) On July 16, 2015 I observed sewage discharging to the ground over the septic tank and drainfield at 14330 Cabarrus Rd. Mint Hill, NC 28227.

Jenny Mickey
ENVIRONMENTALIST

Violation Notices (Date & Results):

Notice of violation sent out July 16, 2015 with a compliance date of August 24, 2015.

Other Contacts: _____

Approved for proceeding with action:

Supervisor: Jenny Mickey
DATE: 9/9/2015

Division Manager: Ron B Shutt
DATE: 9/10/15

Director: Bruce D. Gitlin
DATE: 9/10/15

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.



Search People | Layers/Labels | Property Report | Zoom To

Identify

Parcel ID	GIS ID
13940103	13940103

Address located on Property

14330 CABARRUS RD CHARLOTTE NC 28227

Owner Name	Mailing Address
CAROLINE LEE HOBBS	14330 CABARRUS RD MINT HILL NC 28227

Unselect Property

Photo: 1 / 2

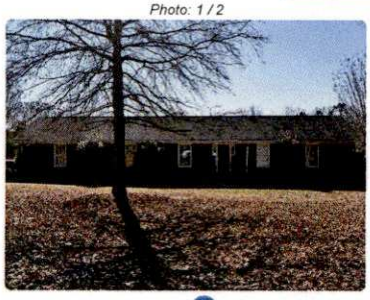


Photo Date: 12/13/2014 Source: Mecklenburg County (iLookAbout)

Link To

Google Street View

Birdseye View maintained by Mecklenburg County

Characteristics

Legal Desc	NA
Land Area	1.36 AC
Fire District	Mint Hill
Special District	Fire Service F
Account Type	Individual
Municipality	Mint Hill
Land Use	Single Family Residential - Rural Acreage

Tax Information

Link To

Tax Values & Building Information

Tax Bill Information

Deed Reference(s) and Sales Price

Deed	Sale Date	Sale Price
27627-942	08/31/2012	$0.00
02546-334	01/01/1975	$0.00

Link To

Recorded Deeds and Maps (03/01/1990 to Current)

Recorded Deeds and Maps (02/28/1990 and Prior)

Location and Zoning Information

ETJ Area	Mint Hill
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract No	57.14

Tax Situs Addresses tied to Parcel

MECKLENBURG COUNTY, North Carolina

POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY

Date Printed: 09/10/2015

Identity	
Parcel ID	GIS ID
13940103	13940103

Property Characteristics	
Legal desc	NA
Land Area	1.36 AC
Fire District	MINT HILL
Special District	FIRE SERVICE F
Account Type	INDIVIDUAL
Municipality	MINT HILL
Property Use	SINGLE FAMILY RESIDENTIAL - RURAL ACREAGE

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710551300K
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
14330 CABARRUS RD MINT HILL



12/13/2014 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
CAROLINE LEE HOBBS	14330 CABARRUS RD MINT HILL NC 28227

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
27627-942	08/31/2012	$0.00
02546-334	01/01/1975	$0.00

Site Location	
ETJ Area	Mint Hill
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	57.07

Post Construction District	
Jurisdiction	Mint Hill
District	Yadkin

Stream Watershed Districts	
Stream Watershed Name	CLEAR



11/02/2000 from Mecklenburg County

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

File No.

Law Enforcement Case No. | LID No. | SID No. | FBI No.

MISDEMEANOR CRIMINAL SUMMONS

Offense
Sewage Disposal

STATE OF NORTH CAROLINA

Mecklenburg County

In The General Court Of Justice
District Court Division

To the defendant:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above you unlawfully and willfully did

while owning the residence located at 14330 Cabarrus Rd. Mint Hill, NC Tax Parcel 139-401-03 failed to maintain a sanitary system of sewage disposal as required under G.S. 130A-335(a), 1961(a)1(A)

THE STATE OF NORTH CAROLINA VS.

Name And Address Of Defendant
Caroline Lee Hobbs
14330 Cabarrus Rd Mint Hill NC 28227

Race	Sex	Date Of Birth	Age
W	F		49

Social Security No.: n/a
Drivers License No. & State: n/a
Name Of Defendant's Employer: n/a

Offense Code(s):
Offense In Violation Of G.S.: 130A-335(a) .1961(a)(1)(a)

Date Of Offense: 07/16/2015

Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card):

Complainant (Name, Address Or Department)
Jeremy Michael
Mecklenburg County Health Department
Environmental Health Division
700 N. Tryon St. Suite 211 NC 28202
Charlotte

Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)
Jeremy Michael
Mecklenburg County Health Department
Environmental Health Division
700 N. Tryon St. Suite 211 NC 28202
Charlotte

This act was in violation of the law referred to in this Criminal Summons. This Summons is issued upon information furnished under oath by the complainant listed. You are ORDERED to appear before the Court at the location, date and time indicated below to answer to the charge. If you fail to appear, an order for your arrest may be issued and you may be held in CONTEMPT OF COURT and imprisoned for up to thirty (30) days or fined up to $500.00 or both. This penalty for failure to appear is in addition to any sentence which may be imposed for the crime charged.

Signature	Location Of Court	Court Date
☐ Magistrate ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court		Court Time ☐ AM ☐ PM

☐ **Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan**

Date Issued

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If this Criminal Summons is not served within ninety (90) days, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon. The officer must state all steps taken by the department in attempting to serve the Summons and any information obtained about the whereabouts of the defendant.

RETURN OF SERVICE

I certify that this Criminal Summons was received and served as follows:

Date Received	Date Served	Time Served ☐ AM ☐ PM	Date Returned

☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (Type Or Print)

Department Or Agency Of Officer

REDELIVERY/REISSUANCE

Date	Signature	
		☐ Dep. CSC ☐ Assist. CSC ☐ CSC

RETURN FOLLOWING REDELIVERY/REISSUANCE

I certify that this Criminal Summons was received and served as follows:

Date Received	Date Served	Time Served ☐ AM ☐ PM	Date Returned

☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (Type Or Print)

Department Or Agency Of Officer

APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the Superior Court.

☐ The current pretrial release order is modified as follows:

Date	Signature Of District Court Judge

District Attorney	☐ Waived ☐ Not Indigent	Attorney For Defendant	☐ Appointed ☐ Retained

PRIOR CONVICTIONS: No./Level: 0 ☐ I (0) ___ ☐ II (1-4) ___ ☐ III (5+)

PLEA: ☐ guilty ☐ no contest ___ **VERDICT:** ☐ guilty ___ M.C.L. ☐A1 ☐1 ☐2 ☐3
☐ guilty ☐ no contest ___ ☐ guilty ___ M.C.L. ☐A1 ☐1 ☐2 ☐3
☐ guilty ☐ no contest ___ ☐ guilty ___ M.C.L. ☐A1 ☐1 ☐2 ☐3
☐ not guilty ___ ☐ not guilty ___

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict it is **ORDERED** that the defendant: ☐ pay costs and a fine of $ ___ .

☐ be imprisoned for a term of ___ days in the custody of the ☐ sheriff. ☐ DOC.* Pretrial credit ___ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. *(use form AOC-CR-602)*]

☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(d), is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for ___ months, subject to the following conditions: (1) commit no criminal offense in any jurisdiction. (2) possess no firearm, explosive or other deadly weapon listed in G.S. 14-269. (3) remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution. (4) satisfy child support and family obligations, as required by the Court. (5) pay to the Clerk the costs of court and any additional sums shown below.

Fine	Restitution*	Attorney's Fee	Community Service Fee	Other
$	$	$	$	$

*Name(s), address(es), amount(s) & social security number(s) of aggrieved party(ies) to receive restitution:

☐ 6. complete ___ hours of community service during the first ___ days of probation, as directed by the community service coordinator, and pay the fee prescribed by G.S. 143B-262.4(b) within ___ days.

☐ 7. not be found in or on the premises of the complainant or ___ .

☐ 8. not assault, communicate with or be in the presence of the complainant or ___ .

☐ 9. Other: ___

It is **ORDERED** that this: ☐ Judgment is continued upon payment of costs.
☐ case be consolidated for judgment with ___ .
☐ sentence is to run at the expiration of the sentence in ___ .

☐ **COMMITMENT:** It is **ORDERED** that the Clerk deliver <u>two</u> certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

Date	Name Of District Court Judge (Type Or Print)	Signature Of District Court Judge

CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date	Date Delivered To Sheriff	Signature	
			☐ Deputy CSC ☐ Assist. CSC ☐ CSC

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***NOTE:** *If DWI, use AOC-CR-342 (active) or AOC-CR-310 (probation). If active sentence to DOC, use AOC-CR-602. If supervised probation, use AOC-CR-604.*

CRIMINAL COMPLAINT FOR A WARRANT OR SUMMONS

Complaint Number: _____

VICTIM INFORMATION

Name: Jeremy Michael (Mecklenburg County Health Department) RACE: W Sex: M Date of Birth: _____

Home Address: _____ Home Phone: _____

City/State: _____

Work: Name of Company: Mecklenburg County Health Dept. Work Phone: 704-432-4258

Address: 700 N. Tryon St. Suite 211

City/State: Charlotte, NC 28202

What hours/days do you work? 8:00 - 5:00

SUSPECT INFORMATION

Name: Caroline Lee Hobbs RACE: W Sex: F Date of Birth: Age 49

Home Address: 14330 Cabarrus Rd. Home Phone: _____

City/State: Mint Hill, NC 28227

Work: Name of Company: N/A Work Phone: _____

Address: _____

City/State: _____

What hours/days do you work? _____

QUESTIONS ABOUT THE INCIDENT

1. What did the suspect do? Failed to maintain a properly functioning septic system. Sewage is surfacing to the ground. in violation of 15A NCAC 18A .1961(a)(1)(A)
2. If property damage, give amount. septic tank lid also needs to be replaced.
3. Why did the suspect do this? _____
4. Where did this happen? Back yard of the residence
5. When did this happen? Time: July 16, 2015 with a compliance date of Date: August 24, 2015
6. Who was with the suspect when this happened?

Name:	Address:	Phone
Property Owner	Carline Lee Hobbs 14330 Cabarrus Rd. Mint Hill, NC 28227	

7. Who was with you?

Name:	Address:	Phone
N/A		

8. Who else was there?

Name:	Address:	Phone
N/A		

9. What do you want the courts to do? Have the property owner fix their septic system as required by law.

10. Have you ever taken a warrant out on the suspect? *If* yes, state what charge, when *and* what happened in court.

No

11. Has the suspect ever taken a warrant out on you? If yes, state what charge, when, and what happened in court.

No

12. What is your relationship to the suspect?

___ Husband/Wife	___ Child/Parent	___ Employee/Employer
___ Ex-Spouse	___ Family Member	___ Acquaintance
___ Girlfriend/Boyfriend	___ Friend	✓ Stranger
___ Ex-Girlfriend/Ex-boyfriend	___ Neighbor	___ Other (Explain)

Mecklenburg County Health Department investigated a sewage complaint & found the violation.

13. Did you call the police about this complaint? No

14. Did the police make a report? No When? No

15. Was the victim hospitalized? No Where? No

How long? _____ Did defendant have a weapon? No

OTHER INFORMATION

Notice of violation was issued on July 16, 2015, with a compliance date of August 24, 2015. Home owner never contacted me and the problem has not been corrected.

THE INFORMATION PROVIDED IN THIS CRIMINAL COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Jeremy Michael
Signature

9/9/2015
Date

Magistrate Comments: