

6617 AMOS SMITH RD

11308233

6/20/2007

duponbj

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

~~Suburban Propane~~

LP — GAS • EQUIPMENT • SERVICE

SUBURBAN PROPANE
1333 BERRYHILL RD.
CHARLOTTE, NC 28208
(704) 375-1721

CUSTOMER NUMBER: 67496

NAME: Rachel McCathern

MAIL ADDRESS: 6617 Amos Smith Rd
Charlotte NC 28214

CUSTOMER PHONE #:

DELIVER TO:

THE MERCHANDISE YOU HAVE ORDERED IS SCHEDULED FOR DELIVERY TO YOU ON OR BEFORE

INVOICE NO. — 811573

DATE | CORP. | DIST. NO.

CUSTOMER ORDER NO.

ORDER DATE 10-16-98

☐ FOR RESALE NO.

☐ NOT FOR RESALE

INVOICE DATE 10/20/98

☐ ASSET SALE ☐ CASH SALE ☐ CHARGE SALE

QUAN.	TAG NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
		repaired gas line		4 60
		4½ mts 2 men		
		found ten min		
		10-10-		

ATTACH TAGS

USE SPACE BELOW FOR EXTENDED WARRANTY PROGRAM — DO YOU W

QUAN.	TAG NUMBER	SERIAL NO.	MFG

Reviewing HR Policy — Policy Under - contacted HR Rep - left message 1/11/99 @ 4 PM — Re: Facility Services Policy on General Liability Reporting

CREDIT MEMO APPROVAL	APPROVED BY:		
STATE NO.	USE CODE	%	

INSTRUCTIONS

TOTAL MATERIALS	4 60
STATE AND LOCAL SALES TAX	28
LABOR	65 00
TOTAL	69 88

THIS IS YOUR INVOICE — PLEASE PAY THIS AMOUNT →

FOR ABIC OFFICE USE ONLY		
DLR	DIST	
PRC	I #	
CODE	CI	IH
EXP	TERM	

All new merchandise sold herein is guaranteed to the extent of the manufacturer's warranty only. Notwithstanding the foregoing, customer has the option to participate in an extended warranty program on any new merchandise at an additional cost and pursuant to the terms of such program.
No warranty of any kind on used merchandise unless specified in writing herein.

This order subject to correction of errors in price and extension.

SALESMAN/SERVICEMAN

Terms of this agreement are understood and accepted.

X Rachel McCathern
CUSTOMER'S SIGNATURE

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

MKT-5161S-0395

CUSTOMER ORIGINAL

GENERAL LIABILITY LOSS NOTICE

1. DATE (upper right hand corner)	Fill in date report is prepared
2. PRODUCER	Leave blank
3. Producer Phone	Leave blank
4. Company	Leave blank
5. Policy Number	Leave blank
6. Cat #	Leave blank
7. Policy Eff. Date	Leave blank
8. Policy Exp. Date	Leave blank
9. Date & Time of Loss	Fill in date and time of accident
10. INSURED name and address	Fill in Mecklenburg County and your department's business address
11. Insured's Residence Phone	Leave blank
12. Insured's Business Phone	Fill in your business phone
13. Person to Contact	Fill in name of person to contact in your department about accident.
14. Contact's residence phone	Leave blank
15. Contact's business phone	Fill in contact's business phone
16. LOSS - Location of Accident	Fill in location where accident occurre Include city and state.
17. Authority contacted	Fill in name of authority contacted.
19. Description of Accident	Describe how accident occurred.
20. POLICY INFORMATION	Leave this section blank.
21. TYPE OF LIABILITY	Leave this section blank.

22.	INJURED/PROPERTY DAMAGED	
23.	Name & Address (Injured/Owner)	Fill in name & address of injured or if property damage, name & address of owner of property.
24.	Phone	Fill in phone number of injured/owner.
24.	Age	Fill in age of injured
25.	Sex	Fell in sex of injured
26.	Occupation	Fill in occupation of injured if known
27.	Employers Name & Address	Fill in injured's employer if known
28.	Phone	Fill in employer's phone number if kno
29.	Describe injury	Describe injury
30.	Where taken	Fill in doctor or hospital if known
31.	What was injured doing?	Fill in what injured was doing when injured.
32.	Describe property	Describe property that was damaged
33.	Estimate amount	Fill in estimated amount of damage
34.	Where can property be seen?	Fill in location of damaged property
35.	WITNESSES	List any witnesses to accident and include address and phone number
36.	REMARKS	State any additional remarks which are though to be relevant.

From: James Cochrane
To: CMGC1.HMC1(DANIESD)
Date: 1/28/99 8:00am
Subject: Property damage -Reply

Sylvia

What an interesting question! The only general liability claims that I have ever seen are related to our clients damaging property, example kids at group homes thowing rocks into car windshields, etc.

I believe that you or designee should fill out the general liability form rather than having the property owner do it and proceed as you outlined. Attach a copy of the bill for repair.

I don't really know how this particular kind of issue works as it has never been tested to my knowledge. I think that sending it to the county attorney is a really good idea.

Since this is a new question, it may have some turns that I don't know about but you have followed procedure as far as I can tell. I'll be happy to assist in any way possible.

acord GENERAL LIABILITY LOSS NOTICE (OTHER THAN AUTOMOBILE)

SET TAB STOPS AT ARROWS

DATE (MM/DD/YY)

PRODUCER

PRODUCER PHONE (A/C, NO., EXT.)

FOR COMPANY USE ONLY

COMPANY

POLICY NUMBER

CODE

SUB CODE

POLICY EFF. DATE (MM/DD/YY)

POLICY EXP. DATE (MM/DD/YY)

DATE (MM/DD/YY) & TIME OF LOSS

AM / PM

PREVIOUSLY REPORTED: YES / NO

INSURED

NAME & ADDRESS

Mecklenburg County
Health Department, IWWS
700 N. Tryon St, Suite 211
Charlotte NC 28202

INSURED'S RESIDENCE PHONE (A/C, NO.)

INSURED'S BUSINESS PHONE (A/C, NO., EXT.)

PERSON TO CONTACT

Philo S. Walker

WHERE TO CONTACT

Health Dept.

WHEN

Best times between 7:30AM - 9:30AM

CONTACT'S RESIDENCE PHONE (A/C, NO.)

CONTACT'S BUSINESS PHONE (A/C, NO., EXT.)

704, 336 - 5570

LOSS

LOCATION OF ACCIDENT (INCLUDE CITY & STATE)

6617 Amos Smith Rd, Charlotte NC 28214

AUTHORITY CONTACTED

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY)

While insured B was probing the septic area in an attempt to locate the existing drainfield for a repair to the system as requested by the property owner, An existing gas line was [see back]

POLICY INFORMATION

COVERAGE PART OR FORMS, (INSERT FORM NOS. & EDITION DATES)

LIMITS	PREMISES/OPERATIONS	MED. PAY.	PRODUCTS/COMPLETED OPERATIONS	CONTRACTUAL	OTHER:	DEDUCTIBLE
BI						
PD						
CSL						

UMBRELLA/EXCESS POLICY IN FORCE? UMBRELLA EXCESS CARRIER: LIMITS:

TYPE OF LIABILITY

PREMISES INSURED IS: OWNER / TENANT / OTHER

TYPE OF PREMISES

OWNER'S NAME & ADDRESS (IF NOT INSURED)

OWNERS PHONE: (A/C, NO., EXT.)

PRODUCTS INSURED IS: MANUFACTURER / VENDOR / OTHER:

TYPE OF PRODUCT

MANUFACTURER'S NAME & ADDRESS (IF NOT INSURED)

MANUFACT. PHONE: (A/C, NO., EXT.)

WHERE CAN PRODUCT BE SEEN?

OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (EXPLAIN):

INJURED/PROPERTY DAMAGED

NAME & ADDRESS (INJURED/OWNER)

Rachel McCathern 6617 Amos Smith Rd, Charlotte NC 28214

PHONE A/C, NO., EXT.)

704, 392 6482

AGE	SEX	OCCUPATION	EMPLOYERS NAME & ADDRESS	PHONE (A/C, NO., EXT.)
NA	F	Not Known	NA	NA

DESCRIBE INJURY: NA

FATALITY

WHERE TAKEN: NA

WHAT WAS INJURED DOING? NA

DESCRIBE PROPERTY (TYPE, MODEL, ETC.): Gas line punctured

ESTIMATE AMOUNT: $69.88

WHERE CAN PROPERTY BE SEEN? 6617 Amos Smith Rd, Charlotte NC

WHEN?

WITNESSES

NAME & ADDRESS	BUSINESS PHONE (A/C, NO., EXT.)	RESIDENCE PHONE (A/C, NO.)
Mr Gary Bradley 8712 old Dowd Rd, Charlotte NC 28214	704, 399 5537	

REMARKS

* see Attached invoice # 811573 — Suburban Propane (repair)

REPORTED BY

REPORTED TO

SIGNATURE OF PRODUCER OR INSURED

© ACORD CORPORATION 1982

accidently punctured. The property owner and the septic contractor (Gary Bradley) were present during the investigation. Information had not been supplied by the requesting parties regarding the gas line location. to insured

Sylvia
Are we ready to
mail this to Ins.
& Risk Mgr?
Philo

Your name printed _____ My name printed ↓

acord

GENERAL LIABILITY LOSS NOTICE (OTHER THAN AUTOMOBILE)

SET TAB STOPS AT ARROWS

DATE (MM/DD/YY)

PRODUCER

PRODUCER PHONE (A/C, NO, EXT.)

FOR COMPANY USE ONLY

COMPANY

POLICY NUMBER

CODE

SUB CODE

POLICY EFF. DATE (MM/DD/YY)

POLICY EXP. DATE (MM/DD/YY)

DATE (MM/DD/YY) & TIME OF LOSS

AM

PM

POLICY MUST BE REPORTED

YES

NO

INSURED

NAME & ADDRESS

INSURED'S RESIDENCE PHONE (A/C, NO.)

INSURED'S BUSINESS PHONE (A/C, NO., EXT.)

PERSON TO CONTACT

WHERE TO CONTACT

WHEN

CONTACT'S RESIDENCE PHONE (A/C, NO.)

CONTACT'S BUSINESS PHONE (A/C, NO., EXT.)

LOSS

LOCATION OF ACCIDENT (INCLUDE CITY & STATE)

AUTHORITY CONTACTED

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY)

POLICY INFORMATION

COVERAGE PART OR FORMS, (INSERT FORM NOS. & EDITION DATES)

LIMITS	PREMISES/OPERATIONS	MED. PAY.	PRODUCTS/COMPLETED OPERATIONS	CONTRACTUAL	OTHER:	DEDUCTIBLE
BI						
PD						
CSL						

UMBRELLA/EXCESS POLICY IN FORCE?

UMBRELLA

EXCESS

CARRIER:

LIMITS:

TYPE OF LIABILITY

PREMISES INSURED IS

OWNER

TENANT

OTHER

TYPE OF PREMISES

OWNER'S NAME & ADDRESS (IF NOT INSURED)

OWNERS PHONE: (A/C, NO., EXT.)

PRODUCTS INSURED IS

MANUFACTURER

VENDOR

OTHER:

TYPE OF PRODUCT

MANUFACTURER'S NAME & ADDRESS (IF NOT INSURED)

MANUFACT. PHONE: (A/C, NO., EXT.)

WHERE CAN PRODUCT BE SEEN?

OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (EXPLAIN):

INJURED/PROPERTY DAMAGED

NAME & ADDRESS (INJURED/OWNER)

PHONE (A/C, NO., EXT.)

AGE	SEX	OCCUPATION	EMPLOYERS NAME & ADDRESS	PHONE (A/C, NO., EXT.)

DESCRIBE INJURY

FATALITY

WHERE TAKEN

WHAT WAS INJURED DOING?

DESCRIBE PROPERTY (TYPE, MODEL, ETC.)

ESTIMATE AMOUNT

WHERE CAN PROPERTY BE SEEN?

WHEN?

WITNESSES

NAME & ADDRESS	BUSINESS PHONE (A/C, NO., EXT.)	RESIDENCE PHONE (A/C, NO.)

REMARKS

REPORTED BY

REPORTED TO

SIGNATURE OF PRODUCER OR INSURED

 NOTE: IMPORTANT CALIFORNIA, FLORIDA, IDAHO, AND NEW YORK INFORMATION ON REVERSE SIDE ©ACORD CORPORATION 1982

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6724A DATE: 10/21/98

TC: 113 082 33 ☒ L ☐ CRT

SERIAL Nº 17762

Name of Owner Rachel P. McCathern Juris.:

Address of Property 6617 Amos Smith Rd

Inspection Data:

Tank Material Existing

Total Length of Drainfield SL 50' | WL 30'

Number of Lines SL 2 + WL 2 @ 50' + 30'

Cover Depth 12"

Water Supply Source well

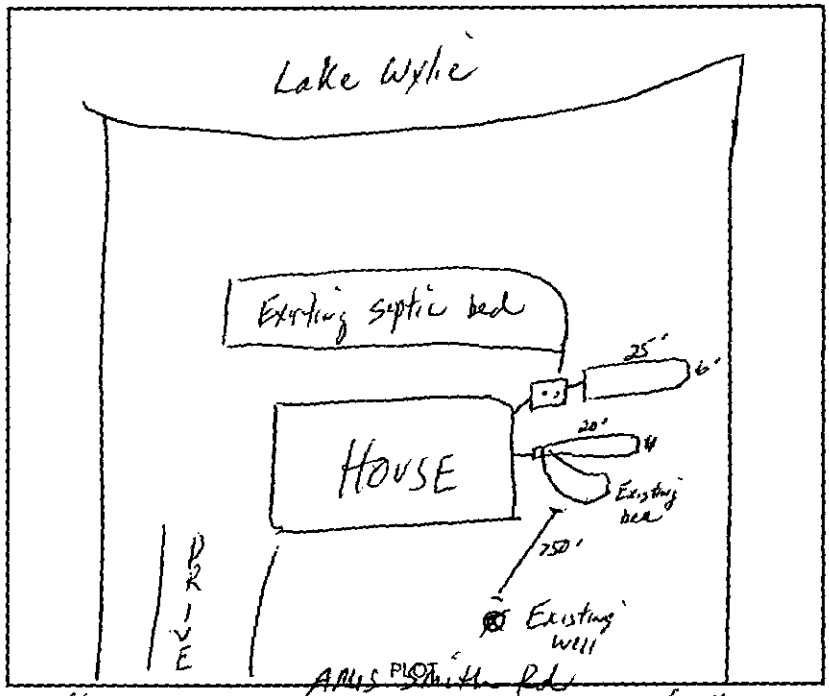
Distance to Water Source 50'

Excavation Inspected 10/21/98

Tank(s) Inspected manhole cover installed for pumping tank

Wash Line Inspected 10/21/98

High Water Alarm Inspected NA



Design 1998, Repair, WL 30' Bed 36"stone, SL 50' Bed 36"stone CTR# Gary Bradley

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

☐ installed or constructed ☒ altered or repaired

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

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to Existing, Very limited repair area 36"stone installed,

Philo S. Walker RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

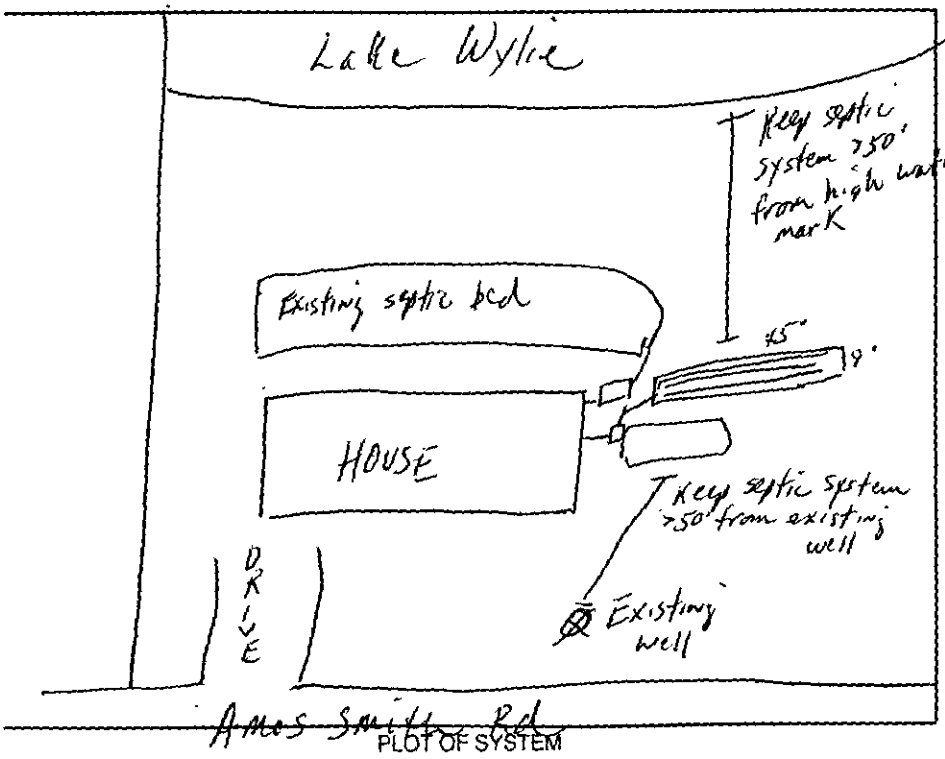
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6724A DATE: 9/16/98

TC: 113082 33 ~~X~~ L

SERIAL Nº 17232

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 9/16/98. All work shall be completed on or before 10/16/98, 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 NA gallons

Tank Construction -

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed Trench Width 9' feet

Trench Walls Scored and Porous yes

Bed Total Line Length 135' feet

Number of Lines 3 (45')

Depth of Stone 24" 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 Rachel Whitemon McCathern

LOCATION OF PROPERTY 6617 Amos Smith Rd

Comments: Repair to Existing washer line, Bed system 9'wd x 45'long x 24" stone / Keep septic system repair >50' from the existing well and high water line

Phila A. Walker R.S.
Environmental Health Specialist

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

FEE: _____
DATE: _____

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

REPAIR

1 1 CRT

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

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

FILE #: 10724A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-082-33

STREET ADDRESS: 6617 Amos Smith Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: McCathern Rachel P
(LAST) (FIRST) (MI)

ADDRESS: 6617 Amos Smith Rd

CITY: Charlotte STATE: NC 28214 ZIP:

DAYTIME PHONE: ( ) –

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: Rachel P. McCathern DATE: 10-20-98

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

APPLICATION FOR AN IMPROVEMENT PERMIT Hu90

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

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

(OFFICE USE ONLY)
FILE: 6724A
TC: _____
SERIAL: Nº 20992

JL CRT

JOB LOCATION

① ADDRESS: 6617 Amos Smith Road (STREET NO. / STREET) ② FILE: 6724A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 113-082-33
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Rachel (FIRST) Philemon (MIDDLE) McCathern (LAST)
⑨ MAILING ADDRESS: 4250 S I 85
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 333-6182 ⑭ (HOME) 399-3171

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Hugo totaled previous Home

Use Existing System

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly

Replacing Home on Same Location.

㉒ Number of bedrooms? 4
㉓ Maximum occupancy? 3
㉔ Basement? ☐ yes ☒ no
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 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: Rachel McCathern
Date: 5-8-1990

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Existing Drainfield appears to be within 50ft. of the high water mark, the drain field appears to be dry & working. Use existing system.

B. R. Ferguson — Environmentalist — 5-10-90 Date

Director or Authorized Section Head — 5-10-90 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.