


8906 WEDGEWOOD DR

01547120

5/23/08

marliwr

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

File Copy

Mecklenburg County
Health Department

September 29, 1995

Cathy Henderson
8906 Wedgewood Drive
Huntersville, North Carolina 28078

Re: Refund

Dear Ms. Henderson:

This letter is in response to your request for a $200.00 refund for the services performed by this Department at your address for an alteration of your wastewater system. You requested that the location of the washing machine line be moved to accommodate the installation of a swimming pool.

The fee that was charged is the standard fee for such an activity. The fees are approved by the Board of County Commissioners each new fiscal year and it is a policy that only the Board of County Commissioners may waive a fee. This was a voluntary action on your part to allow for the installation of a swimming pool. In my opinion, no exception to our standard user fee requirement should be made in this case.

If you feel the need to discuss this decision further, you may contact Mr. Bobby Cobb, Environmental Health Division Head, at 336-5567.

Thank you.

Sincerely,

Sylvia D. Daniel, R.S., Program Chief
Individual Water and Wastewater Systems Program

cc: Bobby Cobb
Lisa Mialik

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

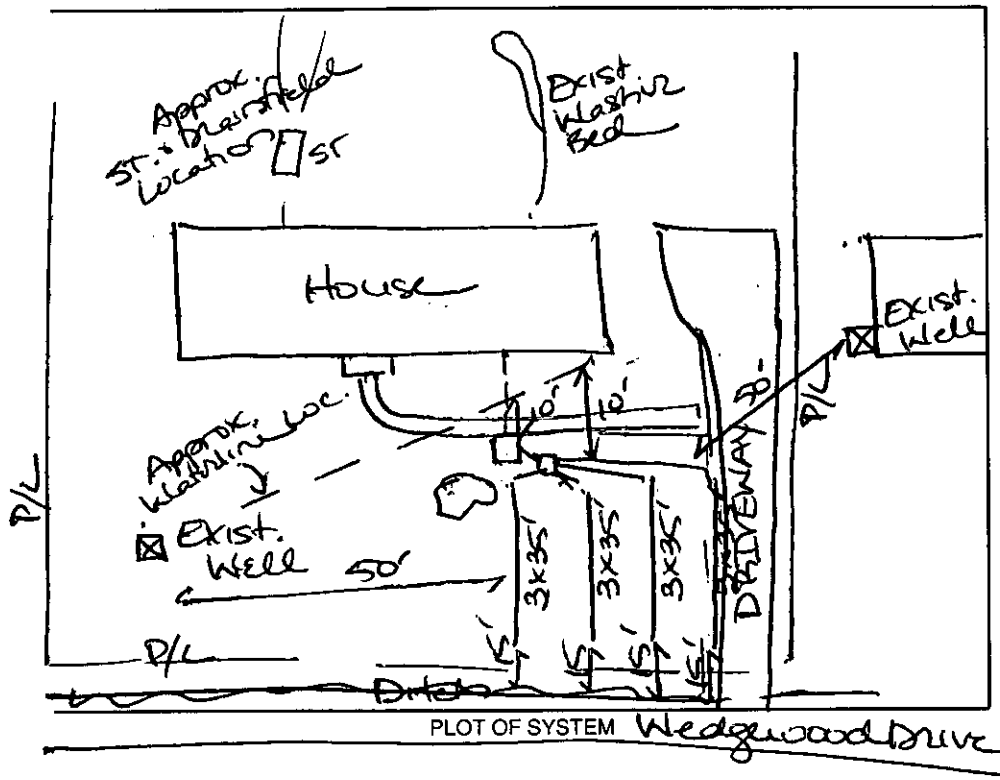
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5084 DATE: 8/23/95

TC: 015-052-16 ☐ L

SERIAL Nº 16345

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 8/14/95. All work shall be completed on or before 9/23/95, 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.




Liquid Capacity of Septic Tank ~~PCC~~ Washer Box min. 40 gal gallons

Liquid Capacity of Dosing Tank D-Box gallons

Tank Construction _____

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 140 feet

Number of Lines 4@35'

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10 feet

Distance from Well 50 min feet

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

NAME OF OWNER Cathy Henderson

LOCATION OF PROPERTY 8906 Wedgewood Road

Comments: ① Waterline must be located 10' minimum from installation; Relocation may be done after installation, but prior to plumbing hook-up from washing machine to washer box.

② Keep installation 50' minimum from any well + 15' from top of road ditch.

③ Driveway shall be relocated or minimum of ~4' eliminated due to drainline installation.

Lisa B. Mialik, RS
Environmental Health Specialist

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

5084

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

$200 8/14/95 Ck #9176 [ ] 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:
NAME: Henderson (last) Cathy (first) L. (mi)
ADDRESS: 8906 Wedgewood Rd PHONE: 704 399-6555 549-2189
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Same ↑ (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-256-16
STREET ADDRESS: 8906 Wedgewood Rd
ZONING:

Township (check one):
[x] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Westminster Park

LOT NUMBER: LOT SIZE (in acres): 1.0

TYPE APPLICATION (check one):
[x] SOIL TEST - INDIVIDUAL LOT (D) washer line relocation
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) 8/9 fax
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) to add swim pool
[ ] 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) [x] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
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):
[x] 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: Cathy L. Henderson Date: 8-14-96

NOTICE:

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

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

...This permit is not transferable.

...8/23/95 Alteration approval for washerbed relocation issued. fax

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

✓ Liba B. Malik 8/23/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

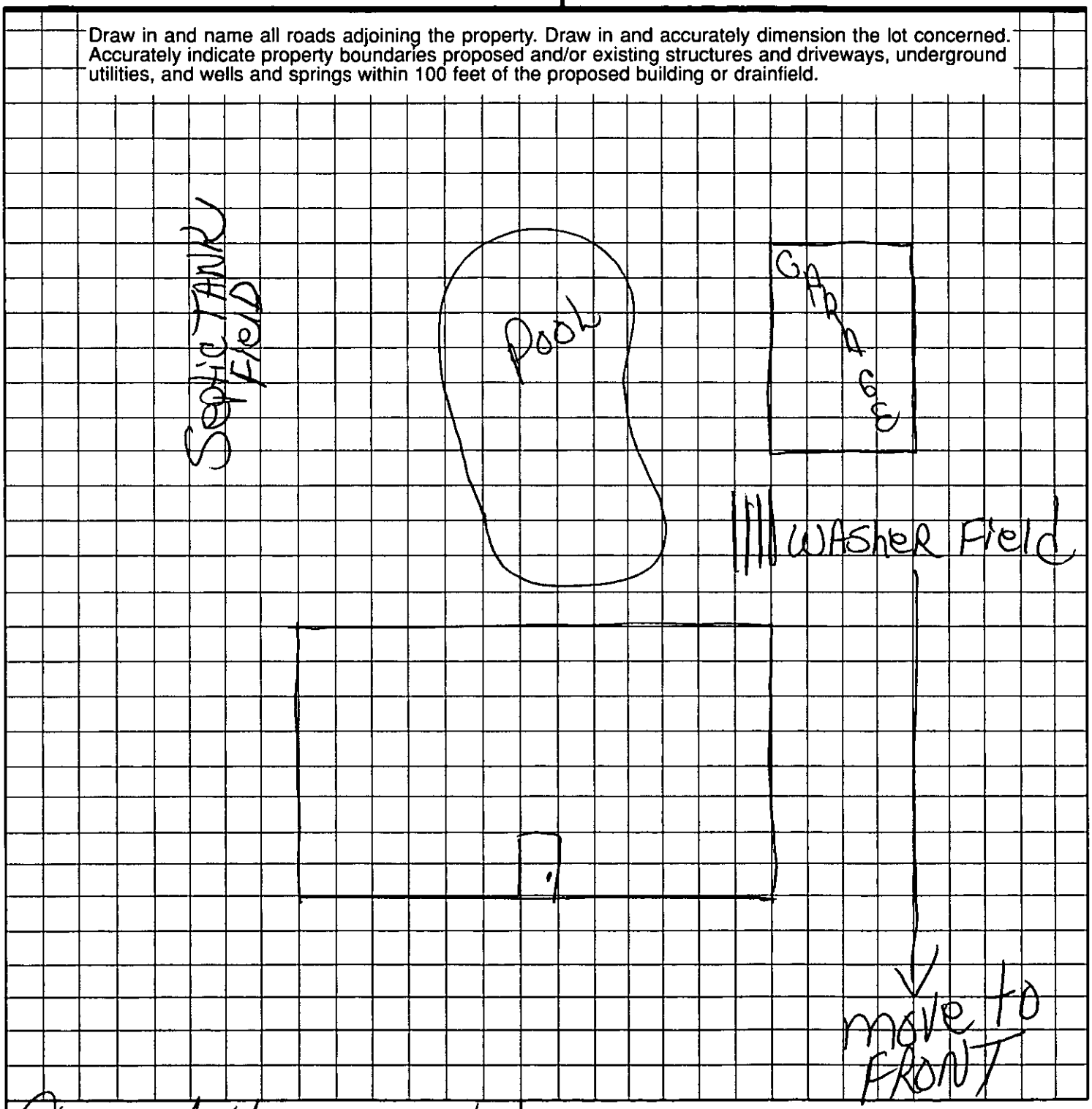
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5084

TC: 015-256-16

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Cathy L. Henderson
OWNER/AGENT SIGNATURE

DATE 8-14-96

APPROVAL DATE _____

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

August 14, 1995

TO WHOM IT MAY CONCERN:

Re: 8906 Wedgewood Drive
Huntersville, NC 28078

This letter is to certify that the current well on the above property is the only well that has ever been on this property to the best of my knowledge.

J. Leighton Todd
Original Contractor

Retain as part of File #5084
015-256 1/16

Col A (s) No. 5084

Serial No. 3740

T. C. No. 013-215-15

Date Issued 13 Aug 73

Map Date 1 Jan

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Todd, J. L.
LAST FIRST MIDDLE

Location of Property Ridgewood Drive

Application Number 5084 Permit Number 5084

**Inspection Data:**

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 340'+150'WA Number of Lines 4(40'x85'x12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source 75'

Excavation Inspected 10 Aug 73 DATE Tank Inspected 10 Aug 73 DATE

Nitrification Field Inspected 10 Aug 73 DATE

Washing Machine Line Inspected, If Applicable 13 Aug 73 DATE

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

Comments: Bory (Contd)

M. L. Ivey
Sanitarian

FORM NO. E-6-4-1-11

HEALTH DEPARTMENT'S COPY

Serial No. 4062

ICAR(S) Permit No. 5084

Date Issued 6 Sep 73

T. C. No. 015-256-1

Map Date 27 Feb 72

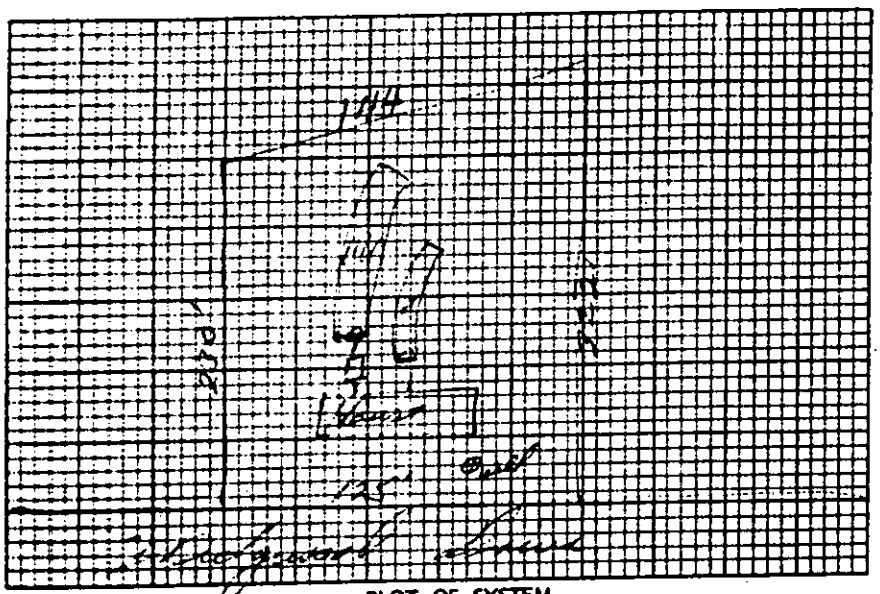
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

## INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste-water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 5084 dated 12 Oct 72 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 6 Sep 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 340' + 150' WA
3 (75'x50'x17")

Number of Lines 4(40'x85'x17")

Distance from House 10'

Distance from Property Line 25'

Distance from Well 75'

NAME OF OWNER Todd, J. L. (Tobey, M. F.)

LOCATION OF PROPERTY Ridgewood Drive

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

Comments: Bury (Tank)

Division or Section Head

W. L. Hinely
Environmentalist

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

FORM NO. 8-5-0-1-71

HEALTH DEPARTMENT'S COPY

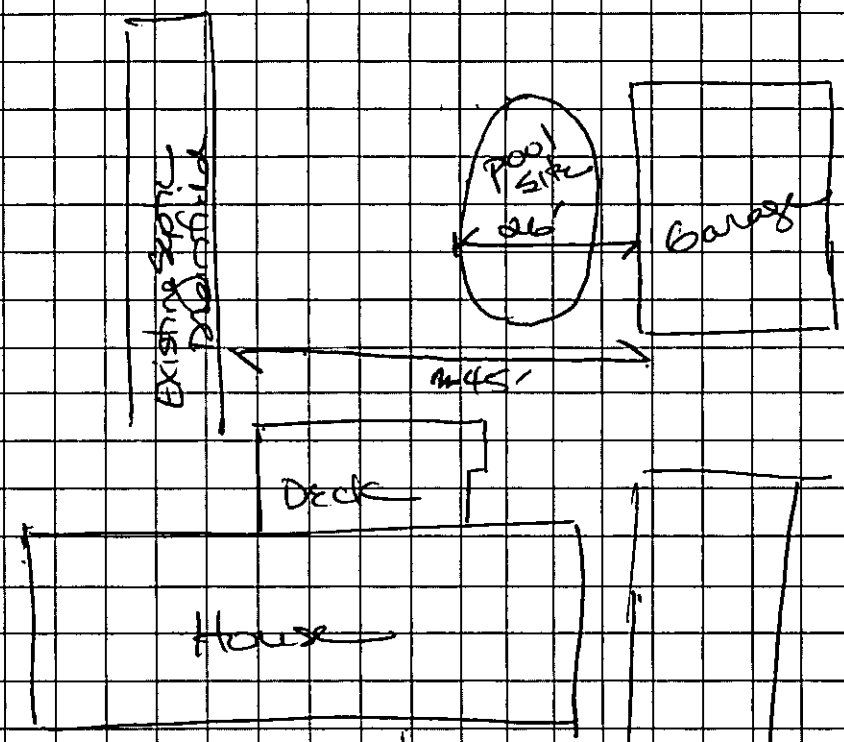
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5084

TC: 015-256-16

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Pool must be installed at least the minimum horizontal distance of 15' from existing septic system drainfield. Any decking/fencing shall be a minimum of 15' from drainfield.

Need Washing machine Nitrification field (See file)

Wedgewood Dr

W H Henderson
OWNER/AGENT SIGNATURE

DATE 9/8/95

APPROVAL DATE 9/8/95

Gloria B. Malik

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

# SERVICE REQUEST/WORK ORDER

Log No.: 5084-(INWS) Section: I.W.W.S

Date: 01-28-95 Parcel: 015-256-16 Lot 9

Hazard? [ ] Yes [ ] No

<60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Lynn Lathan Phone

Address City Zip

PROPERTY CONCERNED: Facility Name Bill & Kathy Henderson

Address 8906 Wedgewood Drive City Zip 28078

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Lisa Mialik TAKEN BY:

| DATE | ACTIVITY REPORT |
|---|---|
| 8/2/95 | OSV. Mr Henderson present. Pool site disapproved. Washer bed within pool boundary; cannot meet 15' setbacks & septic tank drainfield bed & washer bed. Advised. |
| 8/3/95 | Received voice mail mess. from Mrs. Henderson @ 8:10 am PC w/ Mrs. Henderson. Discussed OSV & requirements. Advised ① alternate pool site to back (rear) of property may possibly be option ② to relocate either drainfield would require alteration to system & hence soil work fee. ③ alteration if soil PS must meet well setbacks etc. - our records indicate well to Ⓑ front of house, visible well on property to Ⓒ front of house. Front may or may not be alternate site for washer drainfield ④ old system recommended pumping both compartments of septic tank; although exempt from 100% repair rule - malfunction inevitable - repair space should be reserved. |
| 8/4/95 | Received PC from Carol Hurst of Sylvan Pools. Discussed reasons for disapproval. |
| 8/4/95 ~4:00 | OC w/ Mr. Hurst, signed form for review/copy of file 5084 - Henderson property. Discussed setback requirements |
| 8/8/95 | PC by Mrs. Henderson. Scheduled OS appt. for 8/9 10:00 |
| 8/9/95 | OSV. Mrs. Henderson & Carol Hurst present. Located edge |

NOTIFICATION TO REQUESTING PERSON: (✓) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: Lisa B. Mialik, RS, 9/8/95

REVIEWED BY: for S. Daniel, Program Chief, 9-15-95

c:/original/serreqpl.frm 03/19/91

COPY

# SERVICE REQUEST/WORK ORDER



Date: 7/28/95 Log No.: 5084

| DATE | ACTIVITY REPORT |
|---|---|
| | of bed from septic tank. Tentative pool site located by Carol Kurst. Advised Mrs. Henderson - need letter/statement regarding any well(s) drilled on property; alteration application + plot plan submitted to DNHS, property corners marked, waterline located - then soil scientist to evaluate lot for washwline relocation. JBR |
| 8/10/95 | Copy to L. Lathan for update. Plan disapproved as submitted. JBR |
| 8/10/95 | Rec VM mess. from Mrs. Henderson - need infor. for quote from ST. CONCR. |
| 8/10/95 | PC to Mrs. Henderson. NC LM - 140 linear ft, 12" stone, Washer box, D-box. |
| 8/11/95 | VM mess. from Kathy Henderson. |
| 8:50 | PC w/ Mrs. Henderson. Discussed proposed installation. JBR |
| 8/17/95 | OSV w/ B. Martin. Soil O.K. - to (R) front of house (facing) 24" trench depth O.K.. JBR |
| 8/18/95 | Rec PC from Mrs. Henderson. Advised - Letter regard. well not yet received + hence, renewed by S. Daniel. Per Mrs Henderson - Charlie Stevens (plumber) will meet me on-site w/ Mr Kidd. JBR |
| 8/18/95 pm | Rec. letter from Mr Leighton Todd regarding well. |
| 8/22/95 | Rec VM mess from Mrs. Henderson |
| 12:50 | PC to Brevard Kidd @ 352-3487, NC LM. |
| 12:55 | PC w/ Mrs. Henderson. |
| 8/23/95 | OSV. Brevard Kidd present. Issued Alter. approval. |
| 9/1/95 | Partial final |
| 9/8/95 | Final. Brevard Kidd, Charles Stevens (Plumber) + Bill Henderson present. New plot plan for pool site signed by Mrs Henderson. - Approval given. JBR |
| 9/11/95 | Copies to L. Lathan. PC to L. Lathan. NC LM JBR |

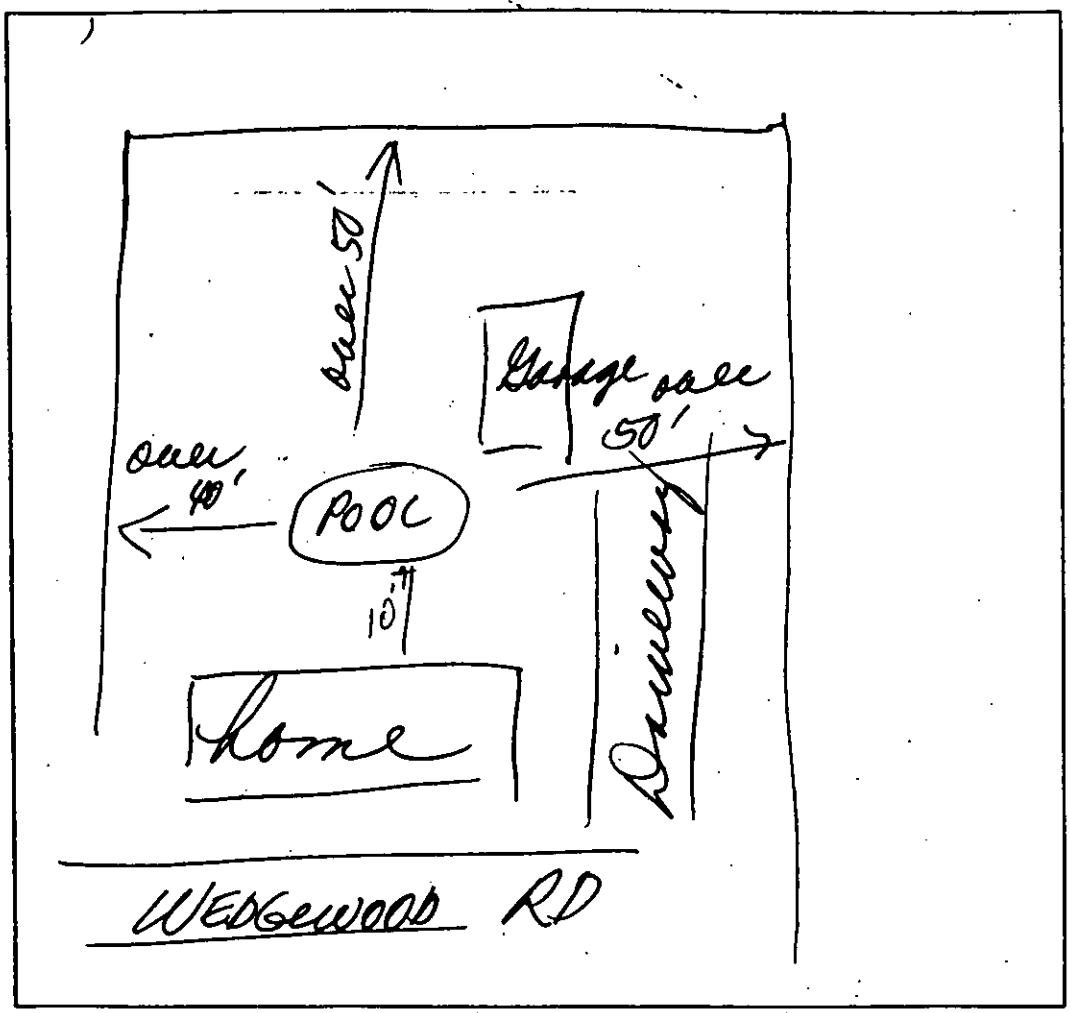
18 x 36'

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

## APPLICATION TO CONSTRUCT, INSTALL, OR MODIFY A RESIDENTIAL SWIMMING POOL

OFFICE USE: Service Request # 143051
Parcel: 015 - 256 - 16
Amount paid: $ 300.00
Paid by: [✓] check [ ] cash
Received by: HB Date: 2-25-95
CRT [ ] CLOSED [ ]

PLOT PLAN




COMPLETE ALL BLOCKS:

POOL SURFACE
18 ft X 36 ft

TYPE OF FILTER
36 DE

BARRIER (FENCE)
Type of Barrier: Fence
Height of Barrier: 4 ft.

To indicate that self-closing, self-latching gates will be provided at all openings through the barrier, the OWNER must initial here CH

Water Source:
__Municipal
✓Private Well
__Community well
__Spring

Waste Water:
__Municipal
__Community
✓Septic System

Back-Wash Disposal:
__Municipal Sanitary Sewer
✓Settling Tank
__Gravel Pit
__Cartridge (no connection required with cartridge)

Indicate to relative scale the pool and distances to buildings, wells, septic tanks and waste disposal systems, electrical wires, etc. Show the exact position of the barrier.

Owner BILL & KATHY HENDERSON Jr Charlotte

Address of Owner 8906 WEDGEWOOD Rd NC 28078

Phone: Home 399-6555 Work

Facility (Street Address) 8906 WEDGEWOOD RD. DR CHT, NC 28078

Subdivision 77 NO. TO HARRIS BLVD EXIT TL over Bridge (TL) 2nd St on rt
Directions from central Charlotte: Dead ends to Mt Holly-Huntersville,

Contractor: Todd Sylvester Phone: 541-8558

The owner agrees that the contents of this application are true. An approval to install, construct, or modify shall be void if any of the above facts are not true.

Date of Application 2/24/95 Owner's Signature Cathy Henderson

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5084 DATE: 9/8/95

TC: 015-056-16 ☐ L ☑ CRT

SERIAL № 16396

Name of Owner Cathy Henderson Juris.:

Address of Property 8906 Wedgewood Road Drive

**Inspection Data:**

~~Tank~~ Material PCC 40g Washer Box

Total Length of Drainfield 140'

Number of Lines 4 @ 35'

Cover Depth 20-29"

Water Supply Source Well

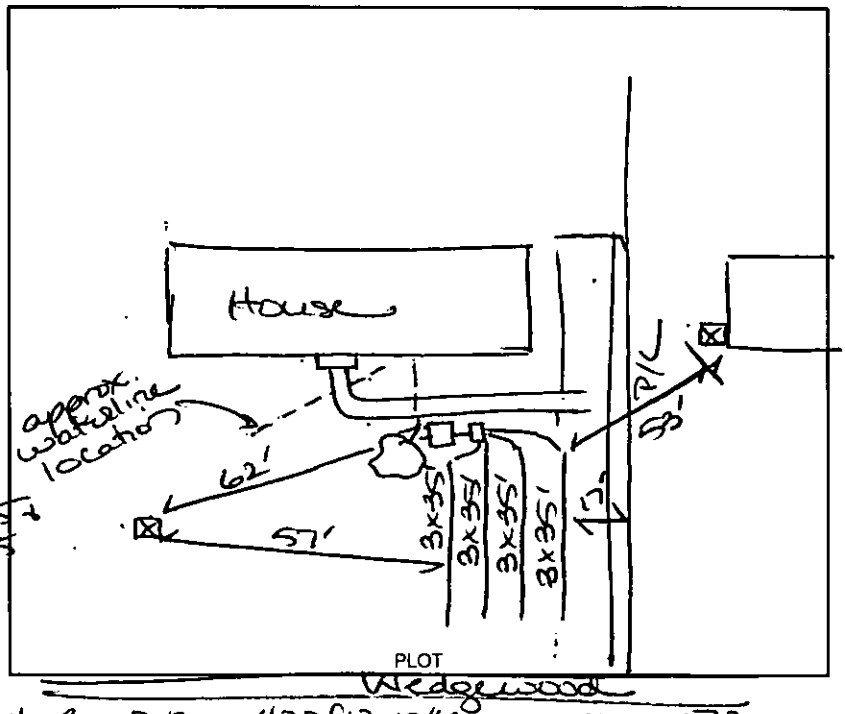
Distance to Water Source 57'

Excavation Inspected 9/1/95

~~Tank(s)~~ Inspected Washer Box 9/1/95
D-Box 9/8/95

Wash Line Inspected 9/1/95

High Water Alarm Inspected NA




Design 1995 Washer Alter., 40g Wash. Box, D-Box, 420ft2, 12"G CTR# 172

cecil-like Brevard Kidd

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: Alteration at owner's request; relocation of washer bed due to proposed pool site.

Approximate waterline located by plumber, Charles Stevens; >10' from installation.

Lisa B. Mialik, RS
Environmental Health Specialist

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