

10618 WOOD MEADOW DR

13927557

7/11/2007

duponbj

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

400 LF

CERTIFICATE OF COMPLETION/OPERATION PERMIT

Mech

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

FILE: 7698-A DATE: 2-1-93

TC: 139-275-57 ☐ L ☐ CRT

SERIAL Nº 15657

Name of Owner JONES + KORNS INC Juris.:

Address of Property 10618 WOOD MEADOW ~~LANE~~

Inspection Data:

Tank Material PLC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 16"-20"

Water Supply Source comm. well

Distance to Water Source 100'+

Excavation Inspected 2-1-93

Tank(s) Inspected 2-1-93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993 1500 SF/1200 SFT 12G CECIC CTR# 117

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: system designed for 3 bdrm house TYPE II

Kelly Rudd
Environmentalist

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

No
Installation
permit
can't locate
2/11/93
DT

06/09/92 CK#3131 $200.00

7698A 40066

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

FILE# 7698A LK 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: JONES, EVERETTE M
(last) (first) (mi)

ADDRESS: 5704 WINDHOVER PHONE: (__) 553 1755

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

Date: 6/8/92

PROPERTY OWNER:

NAME: JONES & KERNS, INC
(last) (first) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-275-12

STREET ADDRESS: 10615 WOOD MEADOW DR

ADDRESS: 4932 SPICEWOOD DR PHONE: (__) _____

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28227

ZONING: RES.

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: CLEARMEADOW

LOT NUMBER: 29 LOT SIZE (in acres): 0.39

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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):
[X] 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: Everette M Jones Date: 6/8/92

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

B.R. Ferguson 6-15-92
Environmentalist Date

6-16-92
Director or Authorized Section Head Date

WWATER : 122791

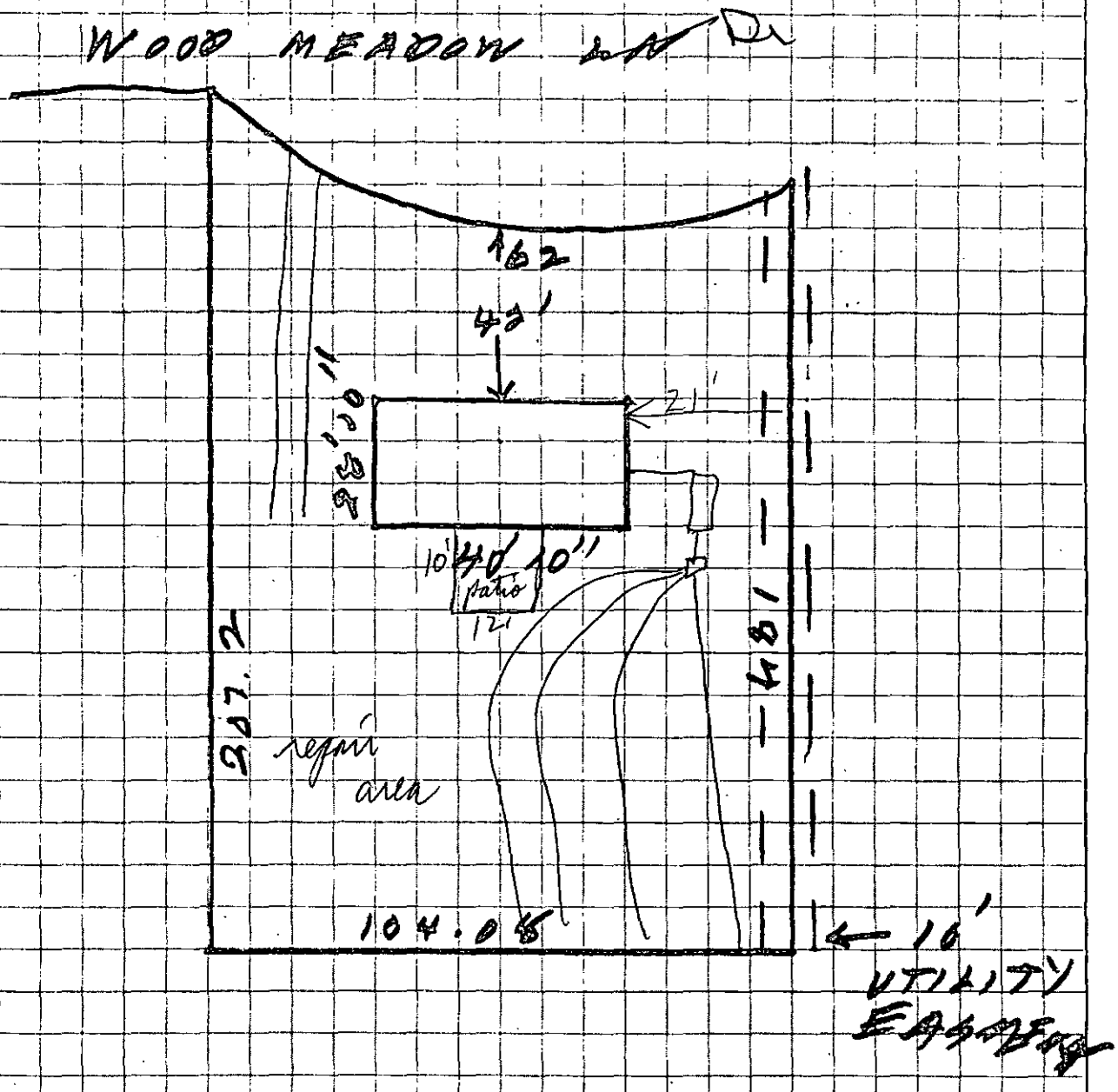
PROPOSED PLOT PLAN

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

FILE: 7698 A SM

TC: 139-275-1/2

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 11/10/92

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-275-57
PARCEL NUMBER

10618 Wood Meadow Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

lot 29A
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Clear Meadow
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	___ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	___ APPROVED	___ NOT APPROVED
3. EROSION CONTROL REGULATIONS	___ APPROVED	___ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	___ APPROVED	___ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	✓ PRESENT	___ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	___ YES	✓ NO
7. DRIVEWAY PERMIT REQUIRED	___ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___ YES	___ NO

REMARKS: S F. House

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Ruth

REVISED 1/91

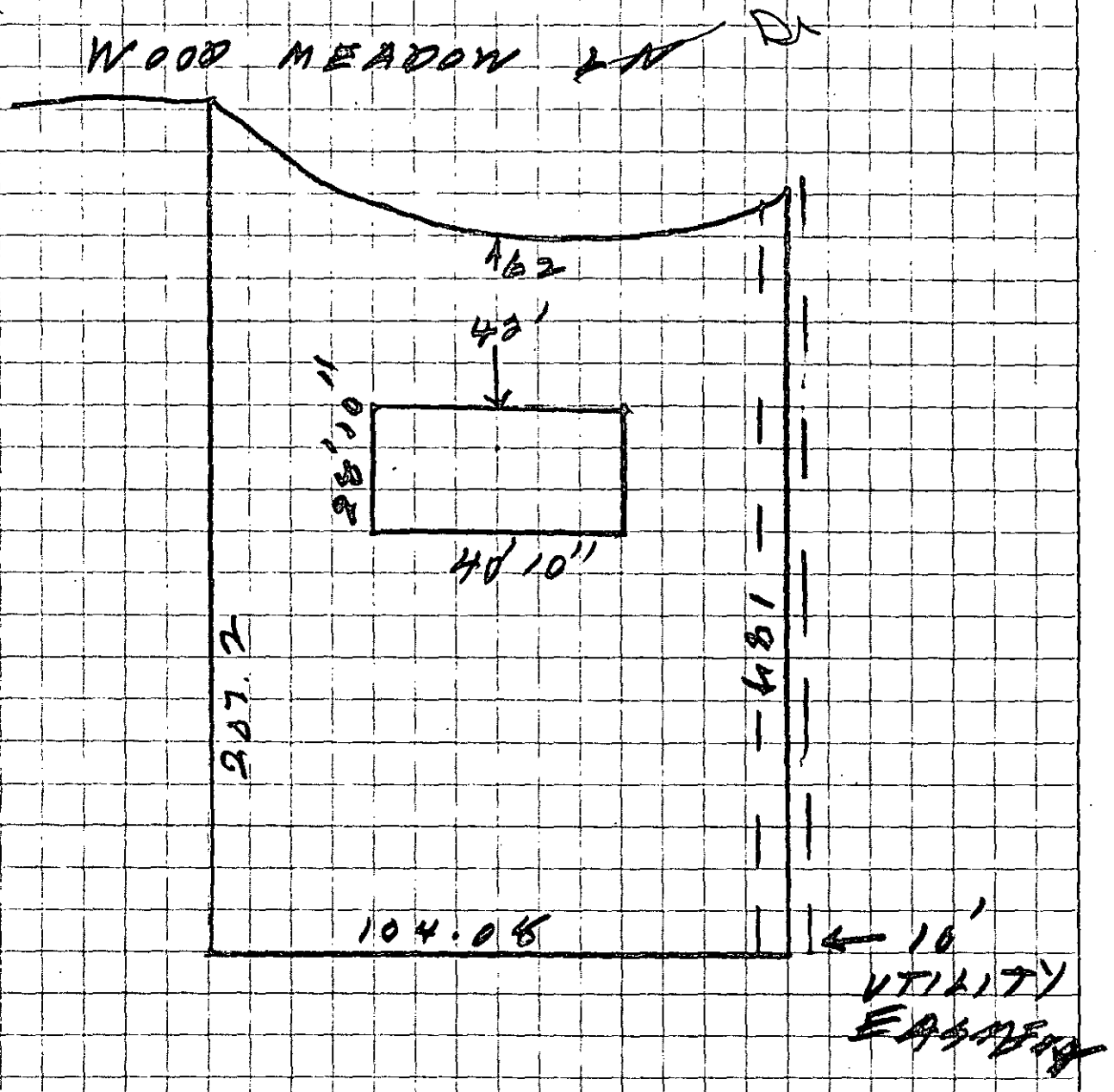
PROPOSED PLOT PLAN

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

FILE: 7698 A ST

TC: 139-275-12

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

September 5th, 1991

E. Reece Gibson
P. O. Box 10497
Charlotte, NC 28212

RE: Property located at 10618 Wooed Meadow ~~Lane~~ 29/A
FILE: 7698A
PARCEL: 139-275-12

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19736) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19736

File: 7698A
Parcel: 139-275-12

Action ✓
☑ PC

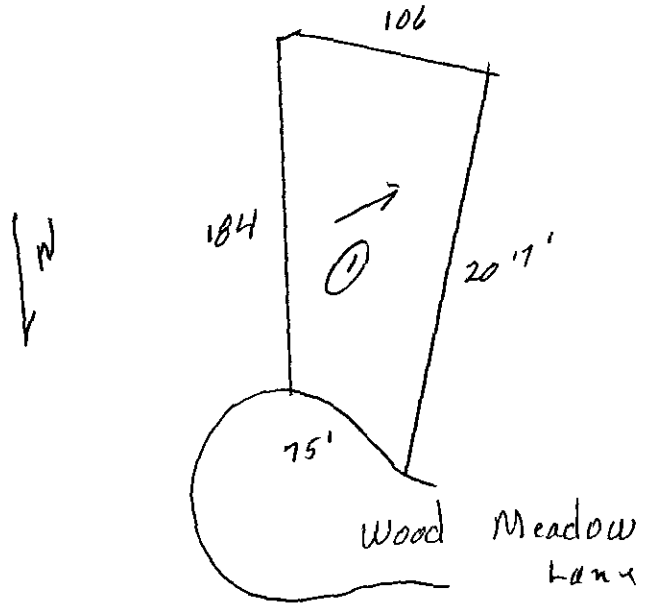
Location:
10618 Wooed Meadow Lane
Subdivision:

Lot: 29/ Block: Acres: .39

Owner:
Address: E. Reece Gibson
P. O. Box 10497
Charlotte, NC 28212

Comments: _____

Described by: William R. Marlin
Date: 9-4-91



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Pd. 500.00
CK # 2045
8-22-91
HB

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

(OFFICE USE ONLY)

FILE: 7698 A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6618 Wood Meadow Ln

② SUBDIVISION: Clear Meadow VII ③ LOT: 25 ④ BLOCK: A

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 275 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

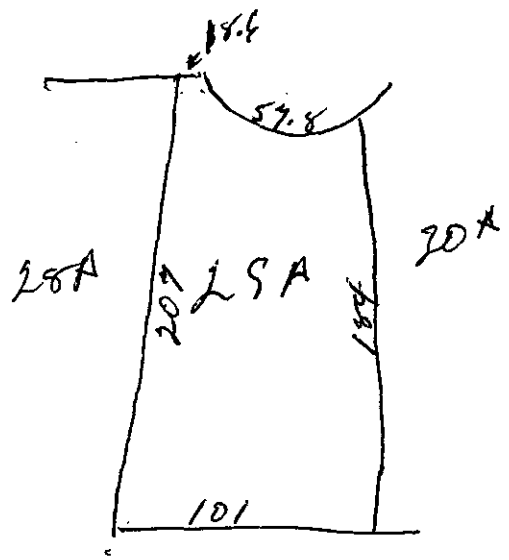
⑦ NAME: E (FIRST) Reece (MIDDLE) Gibson (LAST)

⑧ MAILING ADDRESS: PO Box 10457

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28212

⑫ PHONE: (WORK) 333-3508 (HOME) 525-0013

⑬ Accurately diagram and dimension lot.



⑭ 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: Reece Gibson

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

Date: 8-22-91

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

* * * Communication Result Report (Sep. 8. 2011 9:05AM) * * *

1)
2)

Date/Time: Sep. 8. 2011 8:43AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3295	Memory TX	98664134793	P. 7	E-2) 2) 2) 2) 2)	P. 1-7

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

Post-it® Fax Note 7671 | Date | # of pages ▶ 2-4
To SUSAN MIGDAL | From K. RAMON
Co./Dept. | Co.
Phone # SEPTIC | Phone #
Fax # | Fax #

Instructions: TIONS

• Please complete all sections of this form and submit to:

1. E-mail: wellrag@mecklenburgcountync.gov
2. Fax: (704) 336-8894
3. OR Mail to:
   Mecklenburg County Health Department (MCHD)
   700 N. Tryon Street, Suite 211
   Charlotte, NC 28202

• No services will be conducted prior to receiving the completed "Inquiry" form in our office.
• Please allow up to three (3) business days for your request to be completed.
• For additional information please call (704) 336-5103.

Tax Parcel Number of property to be researched: 13827567
(Please visit http://maps2.co.mecklenburg.nc.us/websitefree/EstateViewer.htm to obtain the Tax Parcel Number)

Address of property to be researched:	10618 Wood Meadow Dr Charlotte, NC 28227
Name of requesting person:	Susan Migdal- Real Estate Agent for Buyers
Daytime phone number:	704-573-3778
Daytime fax number:	866-413-4793
E-mail address:	susanmigdal@carolina.rr.com
Closing date *(if applicable)*:	9/23/11

What type of permit information are you requesting for the property listed above?
septic system location and layout

Office Use Only

MCHD File Number: _____ Date received: _____

Request reviewed by: _____ Date reviewed: _____

Comments:

PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202 • Phone (704) 336-5103 • Fax (704) 336-8894
http://groundwater.charmeck.org

Form revised on: 05/02/11

* * * Communication Result Report (Sep. 8. 2011 9:44AM) * * *

1)
2)

Date/Time: Sep. 8. 2011 9:22AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3296	Memory TX	98664134793	P. 7	E-2) 2) 2) 2) 2)	P. 1-7

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

Post-it® Fax Note 7671 | Date | # of pages ▶ 7 2-4
To SUSAN MIGDAL | From K RAMON
Co./Dept. | Co.
Phone # Septic Fax | Phone #
Fax # | Fax #

Instructions:

TIONS

- Please complete all sections of this form and submit to:

1. E-mail: wellinsp@mecklenburgcountync.gov
2. Fax: (704) 336-6894
3. OR Mail to:
   Mecklenburg County Health Department (MCHD)
   700 N. Tryon Street, Suite 211
   Charlotte, NC 28202

- No services will be conducted prior to receiving the completed "Inquiry" form in our office.
- Please allow up to three (3) business days for your request to be completed.
- For additional information please call (704) 336-5103.

Tax Parcel Number of property to be researched: 13327557
(Please visit http://maps2.co.mecklenburg.nc.us/website/realestate/viewer.htm to obtain the Tax Parcel Number)

Address of property to be researched:	10618 Wood Meadow Dr
	Charlotte, NC 28227
Name of requesting person:	Susan Migdal- Real Estate Agent for Buyers
Daytime phone number:	704-573-3778
Daytime fax number:	866-413-4793
E-mail address:	susanmigdal@carolina.rr.com
Closing date *(if applicable)*:	9/23/11

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septic system location and layout

Office Use Only

MCHD File Number: _____ Date received: _____

Request reviewed by: _____ Date reviewed: _____

Comments:

PEOPLE • PRIDE • PROGRESS • PARTNERSHIPS
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202 • Phone (704) 336-5103 • Fax (704) 336-6894
http://groundwater.charmeck.org
Form revised on: 05/02/11