


8211 CATHEY DR

11311125

12/17/07

duponbj

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

L4400

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 262-B/8154-A DATE: 7-31-92

TC: 113-111-21 ☒ L ☐ CRT

SERIAL Nº 14126

Name of Owner ALISA M MEADOWS Juris.:

Address of Property 8211 CATHEY DR

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 1'

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 7-31-92

Tank(s) Inspected 7-31-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1992 1500 ST 1200SFT 12G CECIC CON CTR# 99

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: Type II

Environmentalist

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

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

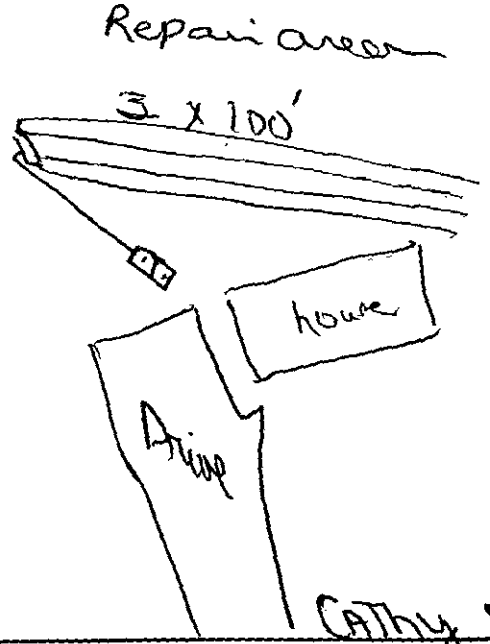
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 262B/8154 DATE: 6/25/92

TC: 113.111-.21 PO ☐ L

SERIAL № 15435

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/23/92. All work shall be completed on or before 7/25/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ____ feet

NAME OF OWNER Alisa M. Meadows

LOCATION OF PROPERTY 8211 Cathy Drive

Comments: Install 4 Trenches 3' x 100', 12" Stone.

Division or Section Head

Environmentalist Judy J. Kuis R.S.

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

# Mecklenburg County

## Health Department

**Betty S. Snow, R.N., M.A.**
Health Director

May 26, 1992

Mr. Joseph L. Wilson
307 N. Hoskins Road
Charlotte, NC 28216

Re: Property located at 8211 Cathey Drive
File: 8154A/262B
Parcel: 113-111-21

Dear Mr. Wilson:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12683) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call me at 336-5573.

Sincerely,

Kelly Randall,R.S., Soil Scientist
Individual Water & Wastewater Systems

Enclosure (2)

GV:lw

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12683

File: 8154-A/262B Action 2
Parcel: 113-111-21 RD
☐ PC

Location: 8211 CATHEY DRIVE

Subdivision:

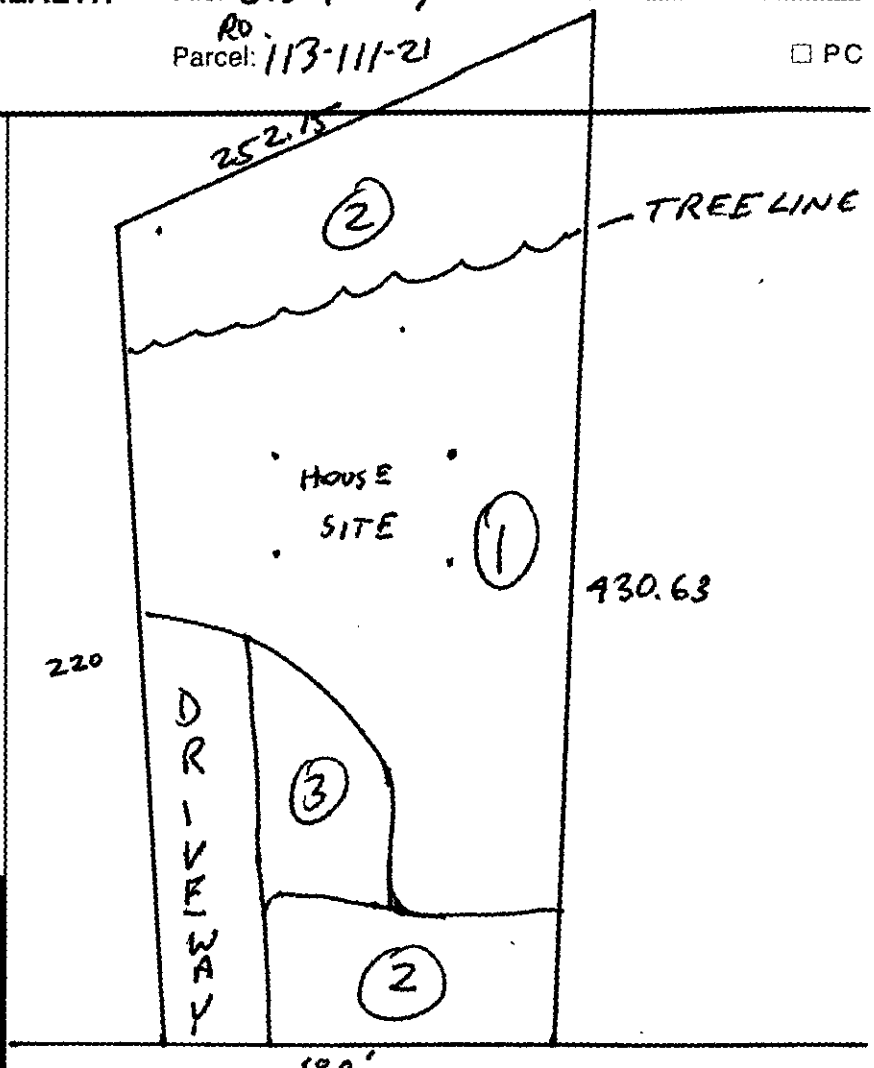
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Owner: JOSEPH L WILSON
Address: 307 N. HOSKINS RD
CHARLOTTE NC 28216

Comments: 100% REPAIR

Described by: [signature]

Date: 5-22-92




*** 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 | (S) PS U | S PS (U) CUT + FILL COMPLEX SLOPE | S PS U | S PS U | S PS U |
| Texture | S (PS) U SLIGHTLY EXPANSIVE CLAY | S (PS) U SLIGHTLY EXPANSIVE CLAY | S PS U — | S PS U | S PS U | S PS U |
| Structure | S (PS) U ANG BLOCKY | S (PS) U ANG BLOCKY | S PS U — | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >36" | S (PS) U | S PS U — | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | S PS (U) 8-28" | S PS U — | S PS U | S PS U | S PS U |
| Restrictive Horizons | S PS U NONE | S PS U NONE | 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 | CECIL LIKE | PACOLET LIKE | CUT + FILL COMPLEX SLOPE | | | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 22823

File: Action 2

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres: ± 1

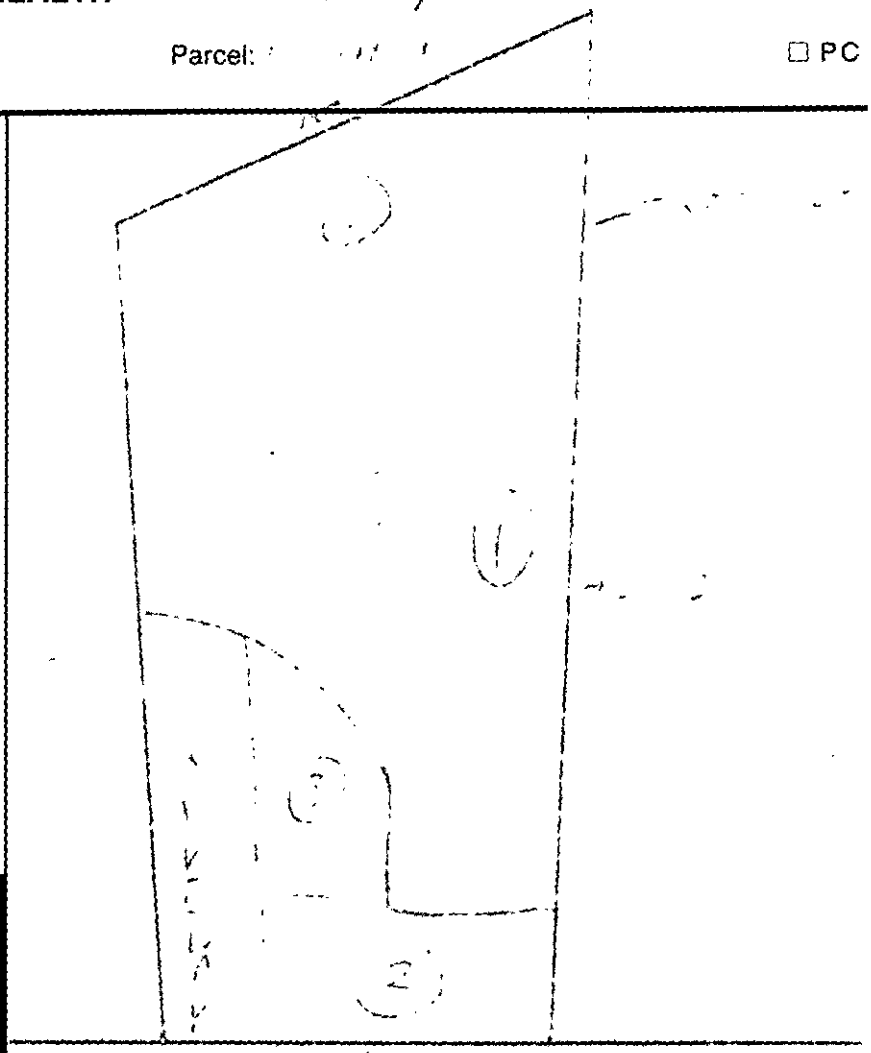
Owner:

Address:

Comments:

Described by:

Date:



***** EVALUATION KEY *****

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| Depth | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS U | 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 | | | | | | |
| Area Classification | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |

LK 400

PR 50' CK 391
4-6-92 - WPG

8154A/262B

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

QL

[] 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: WILSON (last) JOSEPH (first) L (mi)

ADDRESS: 307 N. HOSKINS Rd PHONE: (704) 392-7545

CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

Date: 04/06/92

PROPERTY OWNER:

NAME: MEADOWS (last) ALISA (first) M (mi)

ADDRESS: 8317 CATHEY DR PHONE: (704) 394-6277 Home - 551-4216 work

CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-111-21P6

STREET ADDRESS: 8211 CAthey Dr.

Char 2824

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ____ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Joseph L. Wilson Date: 04/06/92

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

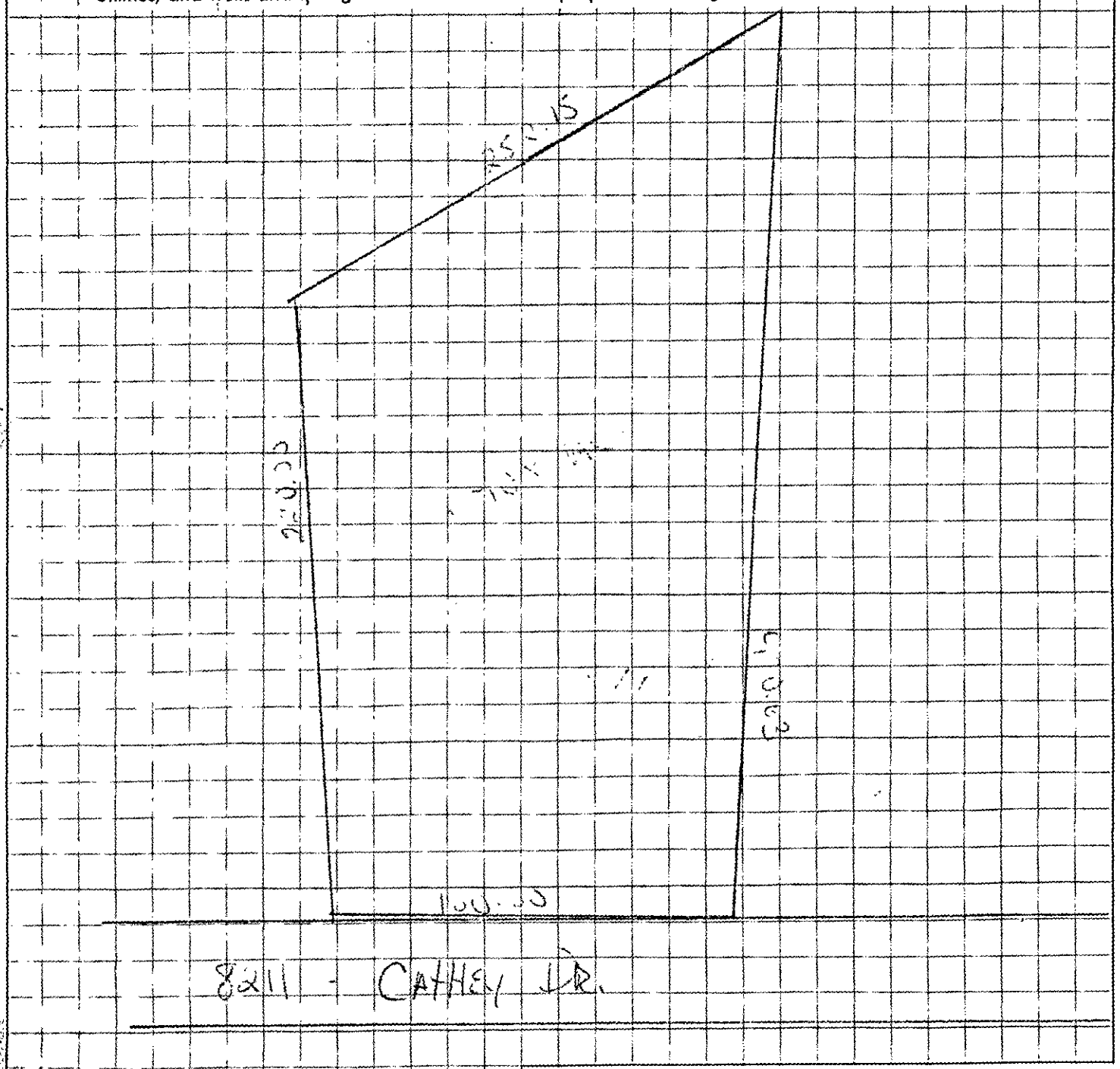
# PROPOSED PLOT PLAN

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

FILE: 8154A / 262K

TC: 113-111-21PC

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

8154 (262B)

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

[X] CRT

Necklenburg 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: WILSON (last) JOSEPH (first) L (mi)

ADDRESS: 307 N. HOSKINS Rd PHONE: (704) 392-2545

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date: April 22, 1992

PROPERTY OWNER:

NAME: MEADOWS (last) ALISA (first) M (mi)

ADDRESS: 8317 CATHEY DR PHONE: (704) 394-6277

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-111-21 P0

STREET ADDRESS: 8311 CATHEY Dr

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:

LOT NUMBER: LOT SIZE (in acres):

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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):
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Signed: Date:

NOTICE:

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Environmentalist Date

Director or Authorized Section Head 6/18/92 Date

WWATER 122791

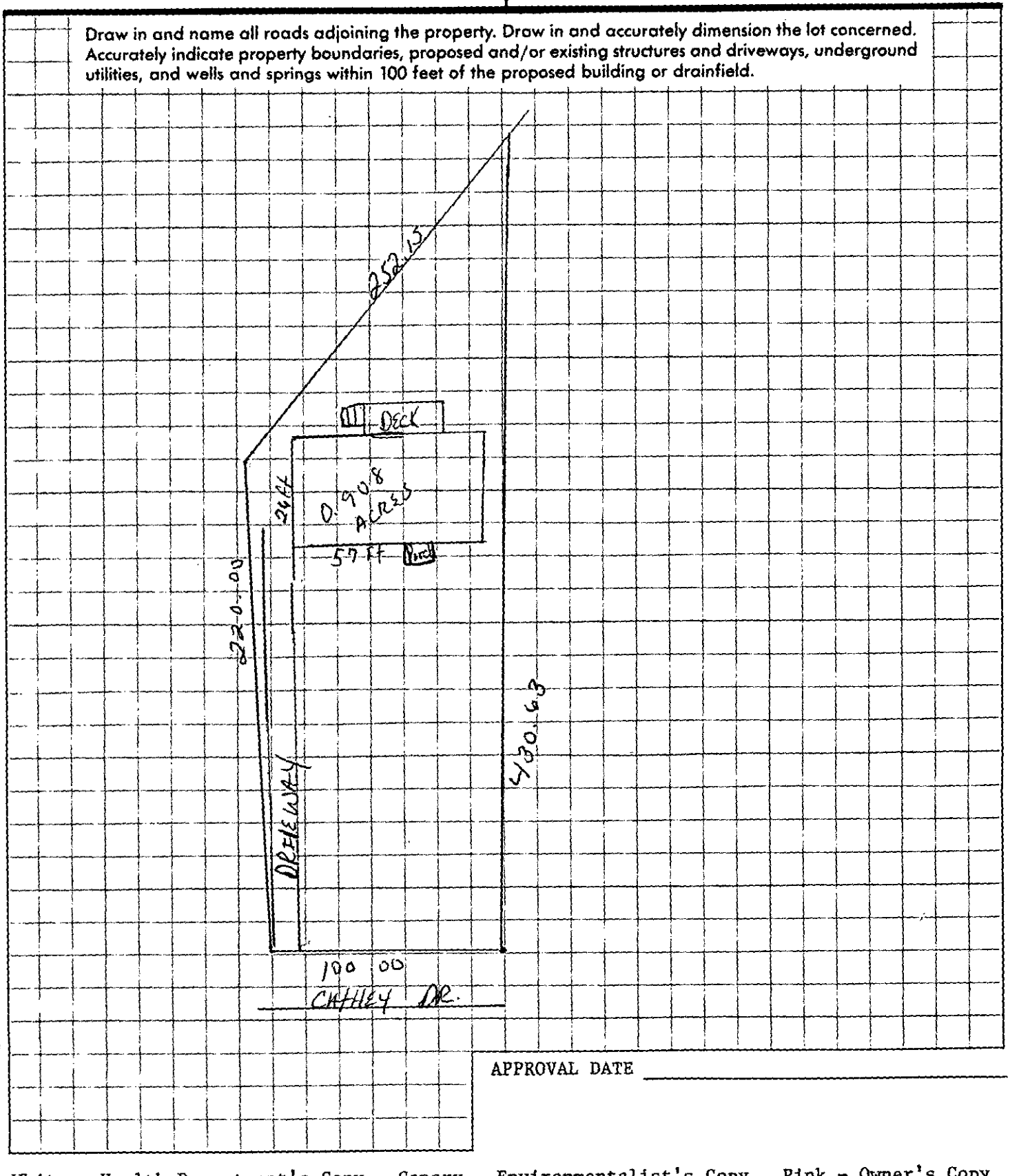
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8154(262B)

TC: _____

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APPROVAL DATE _____

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

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12683

File: 8154-A/262B Action 2
Parcel: 113-111-21 RD
☐ PC

Location: 8211 CATHEY DRIVE

Subdivision:

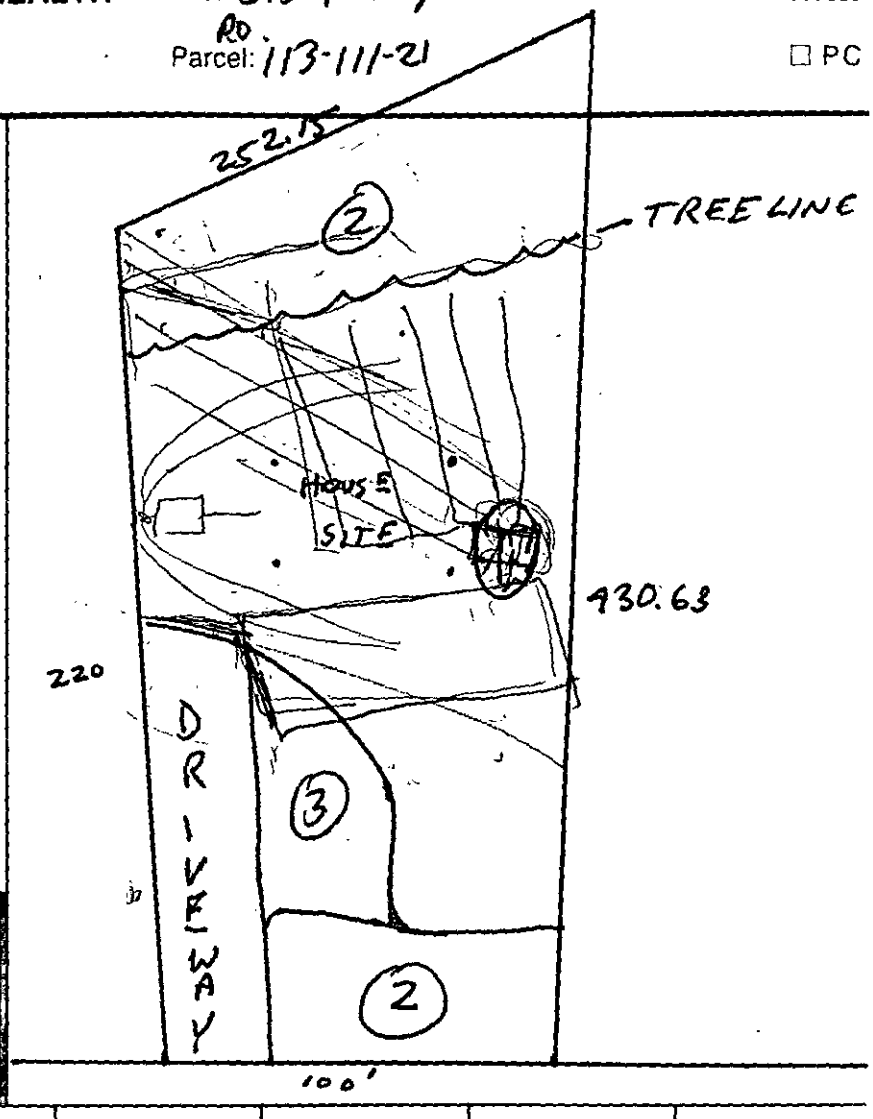
Lot: Block: Acres: ± 1.0

Owner: JOSEPH L WILSON
Address: 307 N. HOSKINS RD
CHARLOTTE NC 28216

Comments: 100% REPAIR

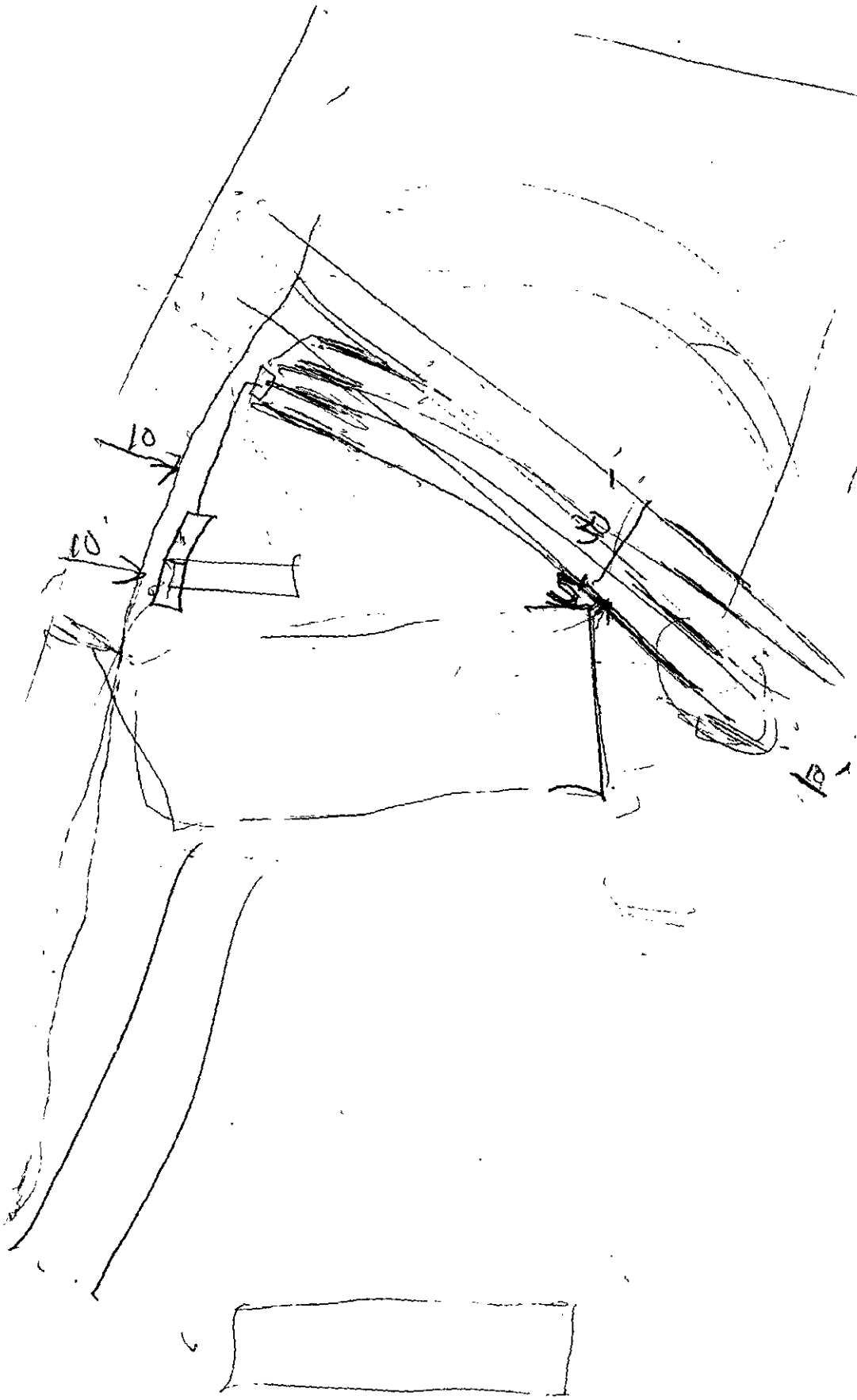
Described by:

Date: 5-22-92




*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
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| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
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| Depth | S (PS) U >36" | S PS (U) 8-28" | S PS U — | S PS U | S PS U | S |
| Restrictive Horizons | S PS U NONE | S PS U NONE | 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 | |
| Other (specify) | S PS U — | S PS U — | S PS U — | S PS U | | |
| Soil Group/Series | CECIL LIKE | PACOLET LIKE | CUT + FILL COMPLEX SLOPE | | | |
| Area Class(*) | | | | | | |


10
10
1
30
10