


10612 WOOD MEADOW DR

13927556

7/11/2007

duponbj

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

400 ft

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7699-A DATE: 3-11-93

TC: 139-275-12 ☒ L ☐ CRT

SERIAL Nº 15139

Name of Owner Jones & Kerns Inc Juris.:

Address of Property 10612 Woodmeadow Dr.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 16-24"

Water Supply Source Comm

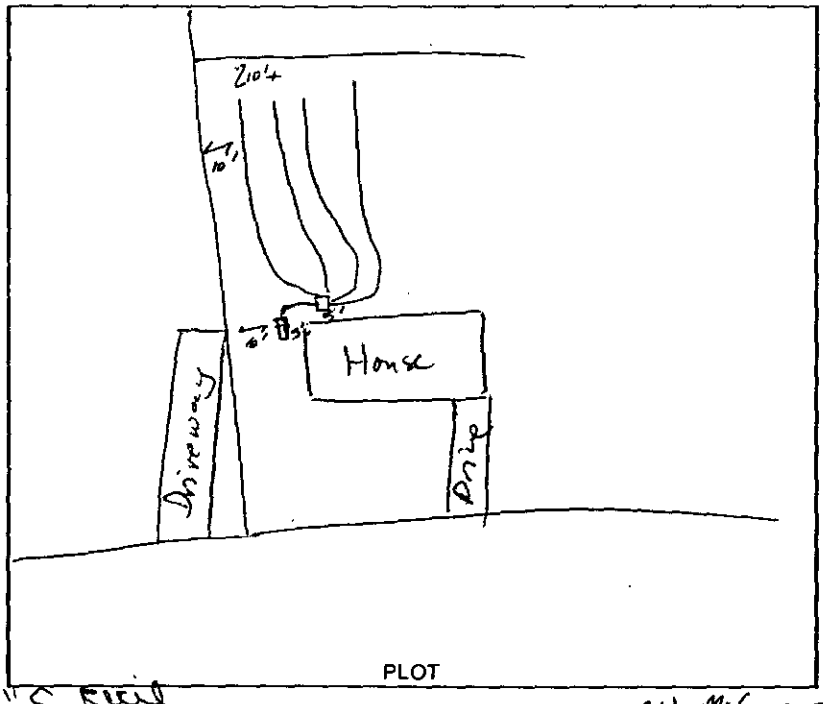
Distance to Water Source 100'+

Excavation Inspected 3-11-93

Tank(s) Inspected 3-11-93

Wash Line Inspected ———

High Water Alarm Inspected ———




PLOT

Design: 1993, 1200 sq ft, 4 lines at 3'x100', 12"s, 1500 gst, conv., 10' off property line as marked at lot. 1500 ST, CON, 1200 SFT, 12" S, REAL Bobby McCarver 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: 3 bdrm home

Type II

Susan Patterson
Environmentalist

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

400 ☑

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

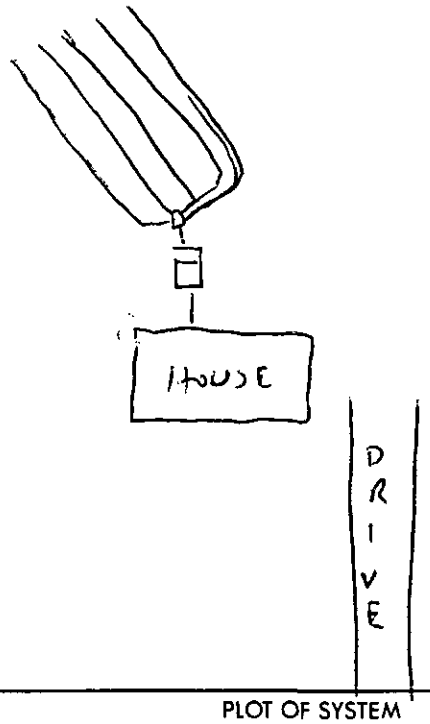
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7699-A DATE: 2-1-93

TC: 139-275-12 ☐ L

SERIAL Nº 15377

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 9-7-92. All work shall be completed on or before 3-1-93, 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 5 x 80

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

NAME OF OWNER JONES + KERNS INC

LOCATION OF PROPERTY 10612 WOOD MEADOW Dr

Comments: 5 lines @ 90' long x 3' wide x 12" rock / rock feeder ditch

Jerry J Kerns RS
Division or Section Head

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 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

$400 PD 20000 chk 10/9/92 Dup. 6 CRT

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

FILE #7699A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Kal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 9/7/92

**PERSON FILING APPLICATION:**

NAME: JONES (last) EVERETTE (first) M (mi)

ADDRESS: 5404 WILGROVE ~~MINT HILL RD.~~ PHONE: (__) 533 1785

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 139 275 12

STREET ADDRESS: 10612 WOODMEADOW DR

ZONING: RES.

**PROPERTY OWNER:**

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

ADDRESS: 4932 OLENWOOD DR PHONE: (__) 533 1785

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: CLEARMEADOW

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

LOT NUMBER: 28 LOT SIZE (in acres): 0.38

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) 3
[ ] 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: Emmette M. Jones Date: 9/7/92

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 Environmentalist 10-28-92 Date

Kelly Rowell Director or Authorized Section Head 10-29-92 Date

WATER : 122791

Corrected
* 10612 Clearmeadow Drive

284

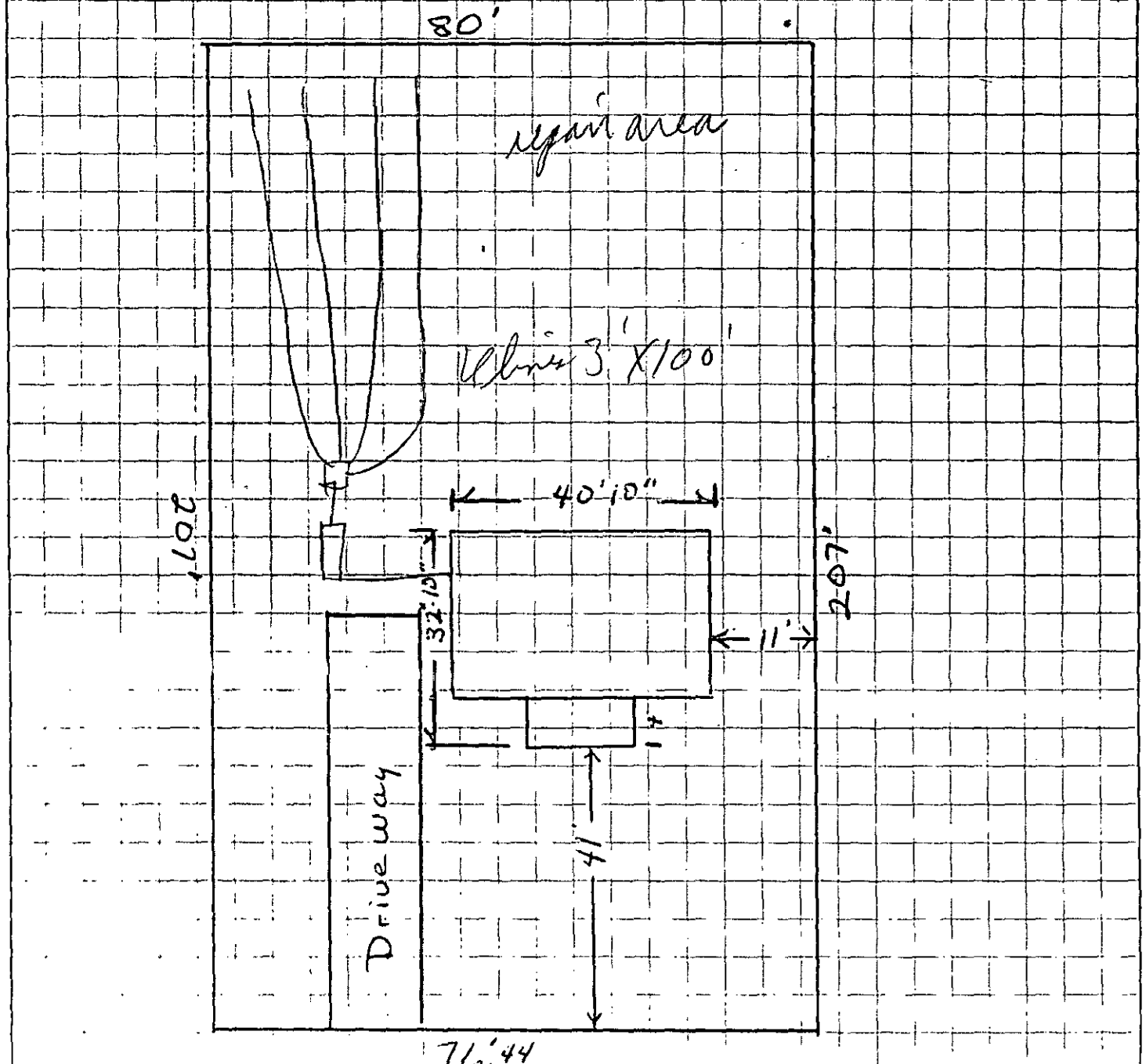
# PROPOSED PLOT PLAN

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

FILE: 7699A

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 _____

# Mecklenburg County
# Health Department

September 5th, 1991

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

RE: Property located at 10612 Wood Meadow Lane 28
FILE: 7699A
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 19737) 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** 19737

File: 7699A
Parcel: 139-275-12

Action 1
☑ PC

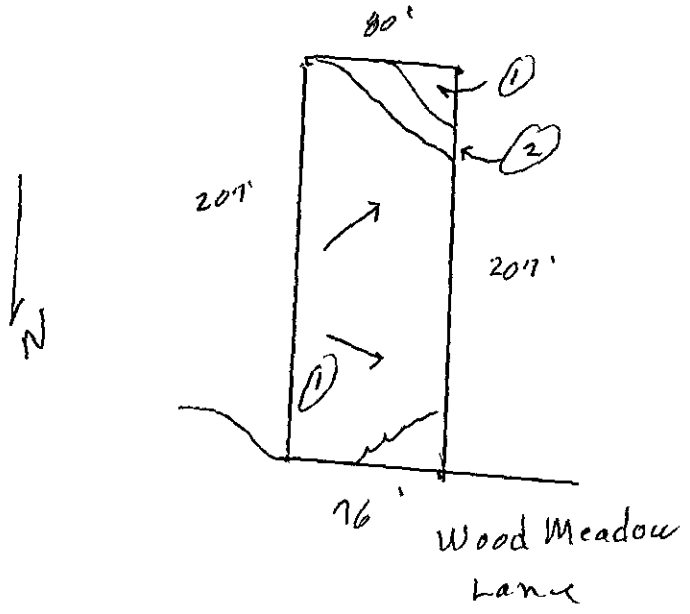
Location:
10612 Wood Meadow Lane
Subdivision:

Lot: 28 Block: Acres: .39

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

Comments: _____

Described by: William A. Mullin
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) Depression | S PS (U) Complex Slope | 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 7-43" To water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 43"+ | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 7-43" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U Lim: Tex | 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 | IIw Cecil-Urban | Depression | Complex slope (old Appt) | | | |
| 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 $50.00
CK # 2045
8-22-91
AB

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

(OFFICE USE ONLY)

FILE: 7699 A

TC:

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 10612 Wood Meadow Ln

② SUBDIVISION: Clear Meadow VII ③ LOT: 28 ④ BLOCK: A

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

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

**OWNER**

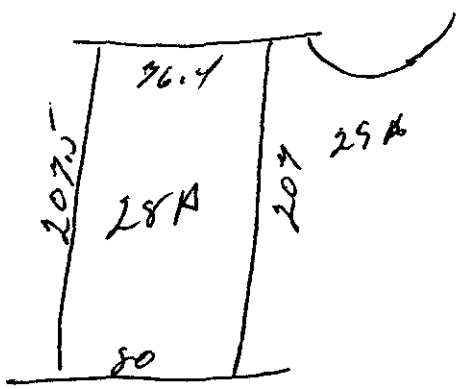
⑦ NAME: E (FIRST) Reece (MIDDLE) Gibson (LAST)

⑧ MAILING ADDRESS: PO Box 10457

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 334 3508 (HOME) 535-0015

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

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