N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: EVONNE BROOME AND ANGELA BROOME

Mailing Address: 132 HANSARD DR
CHARLOTTE, NC 28214

Occupant: SAME AS ABOVE

Location: 132 HANSARD DR
CHARLOTTE, NC 28214

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On October 18, 2017 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☐ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **November 21, 2017** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact PHILO WALKER, REHS at 704-201-7673.

Notice Issued: 10/18/17 (Date) — Philo Walker REHS (DENR/DEH Authorized Agent)

Compliance: 2-8-19 (Date) — Bye Dorpat (DENR/DEH Authorized Agent)

Mecklenburg County – Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Feb 5th

704-619-4045

take pictures to court for Angela



case was dropped Feb 5th



18CR 203439

File No.	Law Enforcement Case No.	LID No.	SID No.	FBI No.

MISDEMEANOR CRIMINAL SUMMONS

Offense
Sanitary System failing and discharging sewage

STATE OF NORTH CAROLINA

Mecklenburg County

In The General Court Of Justice
District Court Division

THE STATE OF NORTH CAROLINA VS.

Name And Address Of Defendant
Evonne Broome

132 Hansard Dr
Charlotte NC 28214

Race	Sex	Date Of Birth	Age
W	F		77

Social Security No.	Drivers License No. & State

Name Of Defendant's Employer

Offense Code(s)	Offense In Violation Of G.S.
6046	130A-335(a) Rule .1961(a)1

Date Of Offense
10/18/2017

Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)

Complainant (Name, Address Or Department)
Bradley W Hallman
Mecklenburg County Health Dept
700 N Tryon St
Charlotte NC 28202
Mecklenburg 704-201-7983

Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)

To the defendant:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above you unlawfully and willfully did

While owning or controlling a residence located at 132 Hansard Dr, Charlotte, NC; Tax parcel 055-062-10, Failed to maintain a sanitary system of sewage disposal as required under G.S 130A-335(a), Rule.1961(a)1

This act was in violation of the law referred to in this Criminal Summons. This Summons is issued upon information furnished under oath by the complainant listed. You are ORDERED to appear before the Court at the location, date and time indicated below to answer to the charge. If you fail to appear, an order for your arrest may be issued and you may be held in CONTEMPT OF COURT. Arrest and/or contempt for failure to appear is in addition to any sentence which may be imposed for the crime charged.

☐ The undersigned finds the following cause to set a court date more than one month from the issue of this summons: _____.

Signature	Location Of Court	Court Date

☐ **Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan**

Date Issued

☐ Magistrate ☐ Deputy CSC
☐ Assistant CSC ☐ Clerk Of Superior Court

Court Time
☐ AM ☐ PM

(Over)

© 2014 Administrative Office of the Courts

If this Criminal Summons is not served within ninety (90) days or by the date the defendant is directed to appear, whichever is earlier, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.

RETURN OF SERVICE

I certify that this Criminal Summons was received and served as follows:

Date Received	Date Served	Time Served ☐ AM ☐ PM	Date Returned

☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (Type Or Print)

Department Or Agency Of Officer

REDELIVERY/REISSUANCE

Date	Signature	☐ Dep. CSC ☐ Assist. CSC ☐ CSC

☐ The above clerk finds the following cause to set a court date more than one month from reissue:

RETURN FOLLOWING REDELIVERY/REISSUANCE

I certify that this Criminal Summons was received and served as follows:

Date Received	Date Served	Time Served ☐ AM ☐ PM	Date Returned

☐ By personally serving this Criminal Summons on the defendant.

☐ This Criminal Summons WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (Type Or Print)

Department Or Agency Of Officer

APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the Superior Court.

☐ The current pretrial release order is modified as follows:

Date	Signature Of District Court Judge

District Attorney	☐ Waived ☐ Not Indigent ☐ Denied	Attorney For Defendant	☐ Appointed ☐ Retained

PRIOR CONVICTIONS: No./Level: 0 ☐ I (0) ☐ II (1-4) ☐ III (5+)

PLEA: ☐ guilty ☐ no contest _____ VERDICT: ☐ guilty _____ M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
☐ guilty ☐ no contest _____ ☐ guilty _____ M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
☐ guilty ☐ no contest _____ ☐ guilty _____ M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
☐ not guilty _____ ☐ not guilty _____

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict it is **ORDERED** that the defendant: ☐ pay costs and a fine of $ _____.

☐ be imprisoned for a term of _____ days in the custody of the ☐ sheriff. ☐ MCP. ☐ DAC.* Pretrial credit _____ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. *(use form AOC-CR-602)*]

☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(d), is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for _____ months, subject to the following conditions: 1. commit no criminal offense in any jurisdiction. 2. possess no firearm, explosive or other deadly weapon listed in G.S. 14-269. 3. remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution. 4. satisfy child support and family obligations, as required by the Court. 5. pay to the Clerk the costs of court and any additional sums shown below.

Fine	Restitution**	Attorney's Fee	Community Service Fee	Other
$	$	$	$	$

Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: **NOTE TO CLERK: *Record SSN or Tax ID. No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance)."*

☐ 6. complete _____ hours of community service during the first _____ days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143B-708 within _____ days.

☐ 7. not be found in or on the premises of the complainant or _____.

☐ 8. not assault, communicate with or be in the presence of the complainant or _____.

☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

☐ 10. Other: _____

It is **ORDERED** that this: ☐ Judgment is continued upon payment of costs.
☐ case be consolidated for judgment with _____.
☐ sentence is to run at the expiration of the sentence in _____.

☐ **COMMITMENT:** It is **ORDERED** that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

Date	Name Of District Court Judge (Type Or Print)	Signature Of District Court Judge

CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date	Date Delivered To Sheriff	Signature	☐ Dep. CSC ☐ Asst. CSC ☐ CSC

© 2014 Administrative Office of the Courts

*NOTE: *If DWI, use AOC-CR-342 (active) or AOC-CR-310 (probation). If active sentence to DAC, use AOC-CR-602. If supervised probation, use AOC-CR-604.*

ATTACHMENT 1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

LOG NO: [ ]

REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

DATE: 01 / 29 / 18 (MONTH / DAY / YEAR)

SECTION: [ ] (AQ, WQ, FOOD, DC, MILK, POOL, S&HW, OPWD, VC)

TO: **DIRECTOR**

Request approval for initiation of (circle one): CS, CW, AI, CV, OTHER: _____

Against: EVONNE BROOME

Violation: NC SEWAGE RULE .1961(a)(1)(A)

Circumstances: (Outline Briefly) Outstanding septic violation. Effluent surfacing on ground and what appears to be a collapsed tank. No contact from owner(s) since NOV was sent.

ENVIRONMENTALIST

Violation Notices (Date & Results):

NOV sent Oct. 18, 2017 with 30 day compliance of Nov 21, 2017

Other Contacts: _____

Approved for proceeding with action:

Supervisor: Jeremy Mabe

DATE: 1/29/2018

Division Manager: Rob Abbott

DATE: 1/29/2018

Director: Bill D. Thunter

DATE: 1/30/18

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.

File No.	Law Enforcement Case No.	LID No.	SID No.	FBI No.

MISDEMEANOR CRIMINAL SUMMONS

Offense
Sanitary System failing and discharging sewage

STATE OF NORTH CAROLINA

Mecklenburg County

In The General Court Of Justice
District Court Division

THE STATE OF NORTH CAROLINA VS.

Name And Address Of Defendant
Evonne Broome

132 Hansard Dr
Charlotte NC 28214

Race	Sex	Date Of Birth	Age
W	F		77

Social Security No.	Drivers License No. & State

Name Of Defendant's Employer

Offense Code(s)	Offense In Violation Of G.S.
6046	130A-335(a) Rule .1961(a)1

Date Of Offense
10/18/2017

Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)

Complainant (Name, Address Or Department)
Bradley W Hallman
Mecklenburg County Health Dept
700 N Tryon St
Charlotte NC 28202
Mecklenburg 704-201-7983

Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)

☐ **Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan**

Date Issued

To the defendant:
I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above you unlawfully and willfully did

While owning or controlling a residence located at 132 Hansard Dr, Charlotte, NC; Tax parcel 055-062-10, Failed to maintain a sanitary system of sewage disposal as required under G.S 130A-335(a), Rule.1961(a)1

This act was in violation of the law referred to in this Criminal Summons. This Summons is issued upon information furnished under oath by the complainant listed. You are ORDERED to appear before the Court at the location, date and time indicated below to answer to the charge. If you fail to appear, an order for your arrest may be issued and you may be held in CONTEMPT OF COURT. Arrest and/or contempt for failure to appear is in addition to any sentence which may be imposed for the crime charged.

☐ The undersigned finds the following cause to set a court date more than one month from the issue of this summons: _____.

Signature	Location Of Court	Court Date
☐ Magistrate ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court		Court Time ☐ AM ☐ PM

(Over)

© 2014 Administrative Office of the Courts

If this Criminal Summons is not served within ninety (90) days or by the date the defendant is directed to appear, whichever is earlier, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.

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		☐ AM ☐ PM	

☐ By personally serving this Criminal Summons on the defendant.

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Signature Of Officer Making Return	Name Of Officer (Type Or Print)

Department Or Agency Of Officer

REDELIVERY/REISSUANCE

Date	Signature	
		☐ Dep. CSC ☐ Assist. CSC ☐ CSC

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☐ The current pretrial release order is modified as follows:

Date	Signature Of District Court Judge

District Attorney	☐ Waived ☐ Not Indigent ☐ Denied	Attorney For Defendant	☐ Appointed ☐ Retained

PRIOR CONVICTIONS: No./Level: 0 ☐ I (0) ☐ II (1-4) ☐ III (5+)

PLEA: ☐ guilty ☐ no contest _____ VERDICT: ☐ guilty _____ M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
☐ guilty ☐ no contest _____ ☐ guilty _____ M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
☐ guilty ☐ no contest _____ ☐ guilty _____ M.C.L. ☐ A1 ☐ 1 ☐ 2 ☐ 3
☐ not guilty _____ ☐ not guilty _____

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict it is **ORDERED** that the defendant: ☐ pay costs and a fine of $ _____.

☐ be imprisoned for a term of _____ days in the custody of the ☐ sheriff. ☐ MCP. ☐ DAC.* Pretrial credit _____ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. *(use form AOC-CR-602)*]

☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(d), is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for _____ months, subject to the following conditions: 1. commit no criminal offense in any jurisdiction. 2. possess no firearm, explosive or other deadly weapon listed in G.S. 14-269. 3. remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution. 4. satisfy child support and family obligations, as required by the Court. 5. pay to the Clerk the costs of court and any additional sums shown below.

Fine	Restitution**	Attorney's Fee	Community Service Fee	Other
$	$	$	$	$

Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: **NOTE TO CLERK: *Record SSN or Tax ID. No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance)."*

☐ 6. complete _____ hours of community service during the first _____ days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143B-708 within _____ days.

☐ 7. not be found in or on the premises of the complainant or _____.

☐ 8. not assault, communicate with or be in the presence of the complainant or _____.

☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

☐ 10. Other: _____

It is **ORDERED** that this: ☐ Judgment is continued upon payment of costs.
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☐ sentence is to run at the expiration of the sentence in _____.

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Date	Name Of District Court Judge (Type Or Print)	Signature Of District Court Judge

CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date	Date Delivered To Sheriff	Signature	
			☐ Dep. CSC ☐ Asst. CSC ☐ CSC

*NOTE: *If DWI, use AOC-CR-342 (active) or AOC-CR-310 (probation). If active sentence to DAC, use AOC-CR-602. If supervised probation, use AOC-CR-604.*

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26th JUDICIAL DISTRICT - MECKLENBURG COUNTY
NORTH CAROLINA

ENVIRONMENTAL COURT

CR NUMBER:

CMPD INCIDENT:

RESPONSIBLE AGENCY
[ ] ANIMAL CONTROL [ ] BUILDING STANDARDS [ ] COMMUNITY DEVELOPMENT
[ ] COMMUNITY IMPROVEMENT [ ] ENVIRONMENTAL PROTECTION [ ] FIRE
[X] HEALTH DEPARTMENT [ ] ZONING [ ] OTHER:

OFFENSE LOCATION: 132 Hansard Dr.	CITY: Charlotte	STATE: NC	ZIP: 28214
TAX PARCEL NUMBER: 055-062-10	DEED NUMBER:	DEED DATE:	
PROPERTY OWNER(S): Evonne Broome	R/S: W/F	AGE/DOB: 77	
ADDRESS: 132 Hansard Dr.	CITY: Charlotte	STATE: NC	ZIP: 28214
ALT. ADDRESS:	CITY:	STATE:	ZIP:
HOME TELEPHONE:	ALTERNATE TELEPHONE:		

COMPLAINANT: Bradley W. Hallman

ADDRESS: 700 N. Tryon St.	CITY: Charlotte	STATE: NC	ZIP: 28202
ALT. ADDRESS:	CITY:	STATE:	ZIP:
~~HOME~~ WORK TELEPHONE: (704) 201-7983	ALTERNATE TELEPHONE: Same		

RELATIONSHIP TO PROPERTY OWNER:

SUMMARY OF COMPLAINT:

Surface discharge of wastewater to ground surface

COMPLAINT DATE: 10/18/17

SUMMARY OF INVESTIGATION:

NOV sent to owner. No contact from owner regarding NOV.

COMPLETION DATE:

VIOLATION(S) DETECTED: Rule .1961(a) / Malfunctioning Septic System

STATUTE/ORDINANCE NUMBER(S): 130A-335(a)

-- PRIOR HISTORY/PRIOR VIOLATIONS --

-- ENFORCEMENT ACTIONS --

CITATION NUMBER(S) ISSUED:	DATE:	COMPLIED:
CRIMINAL SUMMONS PREPARED BY:	DATE:	SERVED:
CRIMINAL SUMMONS SERVED BY:	CODE #:	AGENCY:

WITNESS #1: Bradley W. Hallman			
ADDRESS: 700 N. Tryon St. Suite 211	CITY: Charlotte	STATE: NC	ZIP: 28202
ALTERNATE ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE: (704) 201-7983	ALTERNATE TELEPHONE: Same		
FACTS TO WHICH WITNESS CAN TESTIFY: Verify that wastewater system is malfunctioning			
CAN WITNESS IDENTIFY DEFENDANT? [X] YES [ ] NO	SUBPOENA THIS WITNESS? [X] YES [ ] NO		
WITNESS #2:			
ADDRESS:	CITY:	STATE:	ZIP:
ALTERNATE ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:	ALTERNATE TELEPHONE:		
FACTS TO WHICH WITNESS CAN TESTIFY:			
CAN WITNESS IDENTIFY DEFENDANT? [ ] YES [ ] NO	SUBPOENA THIS WITNESS? [ ] YES [ ] NO		

-- PHYSICAL EVIDENCE --

PHOTOGRAPHS? [ ] YES [ ] NO	WHERE STORED:
SPECIMEN (IDENTIFY):	TEST DATE:
DAMAGE ESTIMATE/TIME FOR COMPLIANCE:	
CERTIFIED COPY OF APPLICABLE ORDINANCE(S): [ ] IN FILE [ ] IN COURTROOM	
RECORDS OF OWNERSHIP (IDENTIFY):	
NOTICE(S) OF VIOLATION: NOV mailed 3/18/17	
OTHER:	

-- INVESTIGATOR/INSPECTOR --

NAME: Bradley W. Hallman		
POSITION: Environmental Health Spec.	AGENCY: Meck Co. Health Dept.	
BUSINESS ADDRESS: 700 N. Tryon St. Suite 211	CHARLOTTE, N. C. 28202	
TELEPHONE: (704) 201-7983	ALTERNATE TELEPHONE: Same	
NOTES/REMARKS:		

CRIMINAL COMPLAINT FOR A WARRANT OR SUMMONS

Complaint Number: _____

VICTIM INFORMATION

Name: Bradley W. Hellman RACE: W Sex: M Date of Birth: 10/13/72

Home Address: _____ Home Phone: _____

City/State: _____

Work: Name of Company: Mecklenburg Co. Health Dept. Work Phone: (704) 201-7983

Address: 700 N. Tryon St. Suite 211

City/State: Charlotte, NC 28202

What hours/days do you work? 8-5

SUSPECT INFORMATION

Name: Evonne Broome RACE: W Sex: F Date of Birth: 77 yrs.

Home Address: 132 Hansard Dr Home Phone: (704) 977-4092 (?)

City/State: Charlotte, NC 28214

Work: Name of Company: _____ Work Phone: _____

Address: _____

City/State: _____

What hours/days do you work? _____

QUESTIONS ABOUT THE INCIDENT

1. What did the suspect do? Wastewater violation 130A-335(a), Rule .1961(a) / Surface discharge of wastewater
2. If property damage, give amount. UNK
3. Why did the suspect do this? UNK
4. Where did this happen? 132 Hansard Dr. Charlotte, NC 28214
5. When did this happen? Time: _____ Date: 10/18/17
6. Who was with the suspect when this happened?

Name:	Address:	Phone

7. Who was with you?

Name:	Address:	Phone

8. Who else was there?

Name: Address: Phone

9. What do you want the courts to do? Order owner to repair system by connecting to public sewer to eliminate discharge of wastewater

10. Have you ever taken a warrant out on the suspect? *If* yes, state what charge, when *and* what happened in court.
NO

11. Has the suspect ever taken a warrant out on you? If yes, state what charge, when, and what happened in court.
NO

12. What is your relationship to the suspect?

____ Husband/Wife	____ Child/Parent	____ Employee/Employer
____ Ex-Spouse	____ Family Member	____ Acquaintance
____ Girlfriend/Boyfriend	____ Friend	____ Stranger
____ Ex-Girlfriend/Ex-boyfriend	____ Neighbor	__X__ Other (Explain)

Env. Health Spec. for Meck. Co. Health Dept.

13. Did you call the police about this complaint? NO

14. Did the police make a report? NO When?

15. Was the victim hospitalized? NO Where?

How long? Did defendant have a weapon?

OTHER INFORMATION

THE INFORMATION PROVIDED IN THIS CRIMINAL COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

1/29/17
Date

Magistrate Comments:

MECKLENBURG COUNTY, North Carolina

POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY

Date Printed: 01/29/2018

Identity	
Parcel ID	GIS ID
05506210	05506210

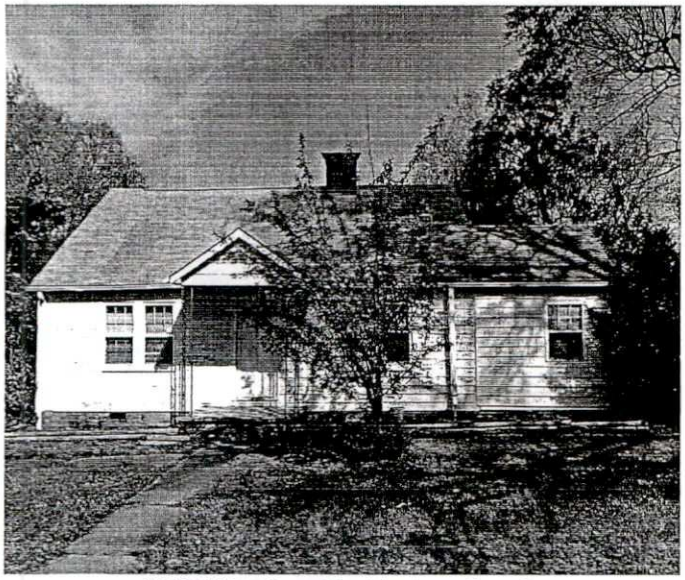
Property Characteristics	
Legal desc	L28-31BC M5-283
Land Area	0.457 GIS Acres
Fire District	CITY OF CHARLOTTE
Special District	
Account Type	INDIVIDUAL
Municipality	CHARLOTTE
Property Use	SINGLE FAMILY RESIDENTIAL

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710451600J
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
132 HANSARD DR CHARLOTTE



01/04/2014 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
ANGELA BROOME	132 HANSARD DR CHARLOTTE NC 28214
EVONNE BROOME	132 HANSARD DR CHARLOTTE NC 28214

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
31850-375	06/02/2017	$111,000.00
29761-377	02/20/2015	$23,500.00
29697-808	01/20/2015	$77,500.00
21852-533	03/01/2007	$73,000.00
05271-294	07/18/1986	$48,000.00

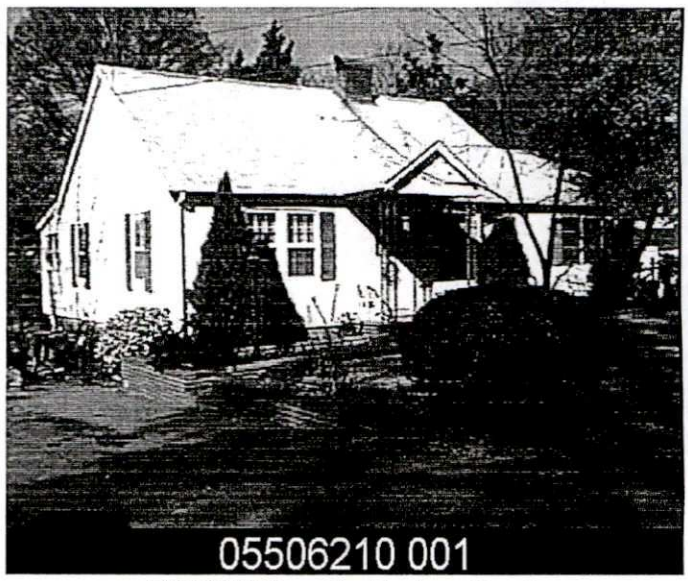
Site Location	
ETJ Area	Charlotte
Charlotte Historic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	60.04

Post Construction District	
Jurisdiction	Charlotte
District	Western Catawba

Stream Watershed Districts	
Stream Watershed Name	LONG

Regulated Drinking Watershed Districts	
Watershed Name	LAKE WYLIE
Watershed Class	PA

Built-Upon Area Restriction	
Limit on amount of Built-Upon Area	Yes
Allowed Built-Upon Area	0.00 sq ft

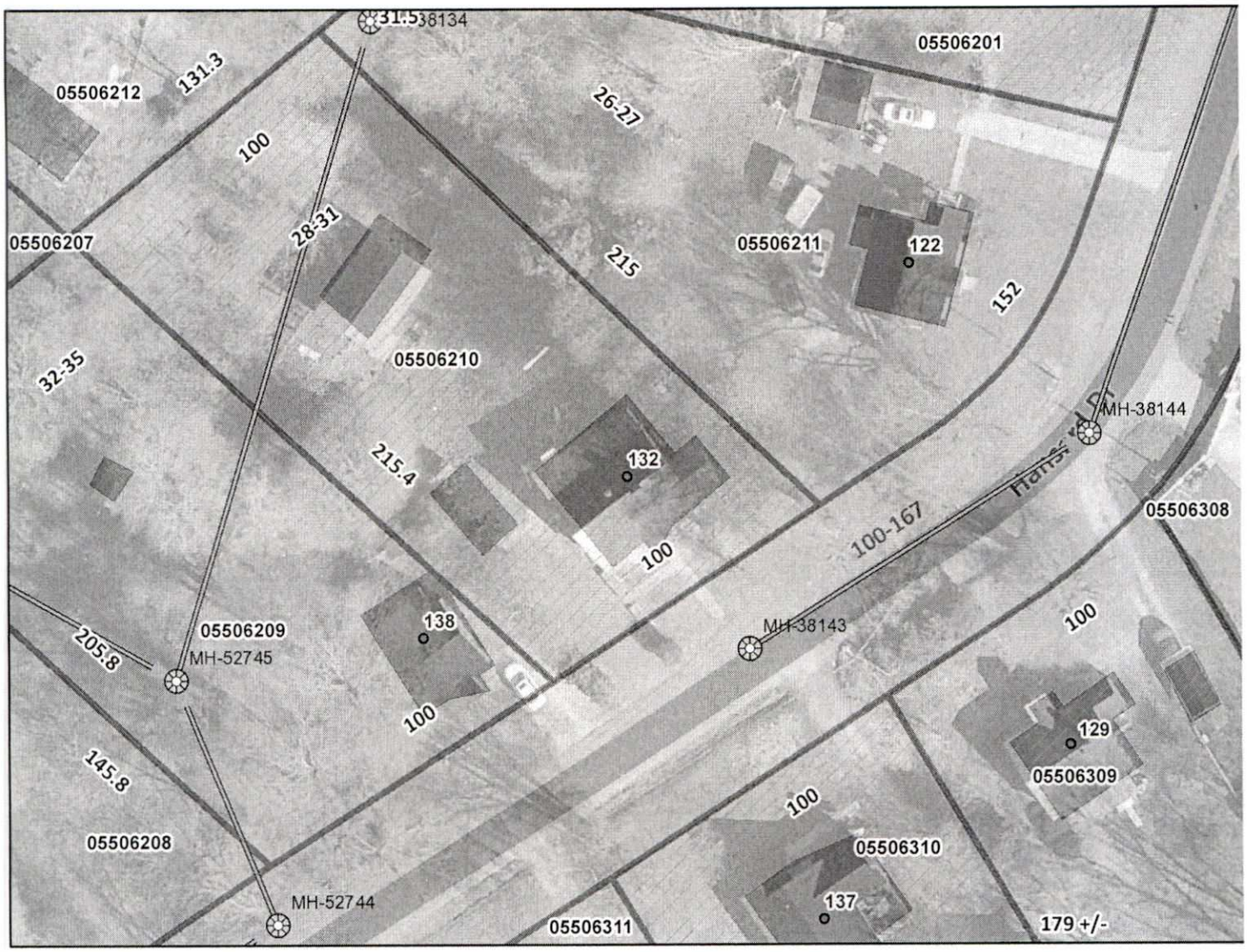


11/30/2000 from Mecklenburg County

This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the



Permitted Well Location Area(s) Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #:
File #:

Well shall be sited according to Mecklenburg County Groundwater Well Regulations including but not limited to:

10' from property boundaries (unless otherwise noted)
25' from building perimeters, including any attached sturctures
50' from other potential source of contamination
50' from private lateral sewer lines
50' from surface water bodies
100' from sanitary sewer lines, septic tanks, drainfields and repair and shall not be located in any easement or right-of-way (unless otherwise noted).

Authorized Agent: _____ Date: _____

Owner/ Legal Agent: _____ Date: _____

1 inch = 50 feet

Mecklenburg County Environmental Health Department
Groundwater and Wastewater Services
WORK ORDER SUMMARY

Work Order

Work Order ID #	94281
Department	Groundwater/Wastewater Services
Description	Septic System NOV
Status	In Progress
Address	132 HANSARD DR
Location	132 HANSARD DR
Jurisdiction	Charlotte
X Coordinate	1416741
Y Coordinate	564249
Submitted To	WALKER, PHILO
Date Initiated	10/18/2017 4:17:21 PM
Initiated By	WALKER, PHILO
Date Completed	
Completed By	
Closed By	
Unattached WO?	Y
Comments	From Request 20388: Code: Sewage Complaint Description: Sewage Complaint Details: THERE IS A HOLE IN THE BACKYARD WITH THE SMELL OF RAW SEWAGE. CONSTANT OCCURRENCE EVEN WHEN THERE HASN'T BEEN RAIN FOR DAYS. AWFUL SMEEL FIRST THING IN THE MORNING AND AT NIGHT Comments: By WALKER, PHILO: 10/18/2017 4:15:00 PM 10/18/2017 On site investigation conducted on property. Appeared to be possible septic system failure. NOV to be mailed.
Cost Summary	
Total Cost	$89.62
Labor Cost	$89.62
Material Cost	$0.00
Equipment Cost	$0.00

Associated Service Request

Request ID	Status	Request Description	Incident Address
20388	In Progress	Sewage Complaint	132 HANSARD DR

Initiated By	Date Initiated	Dispatch To	Submit To
Abdus-Sabur, Aisha	10/12/2017 3:50:31 PM		WALKER, PHILO

Custom Fields

Field	Value
OWNER NAME	
OWNER PHONE	
OWNER ADDRESS	
OCCUPANT NAME	
OCCUPANT PHONE	
SEPTIC SERVES?	RESIDENCE
INSPECTION DATE	10/18/2017 12:00:00 PM
VIOLATION CODE	SEWAGE ON GROUND
NOV ISSUE DATE	10/18/2017 4:44:33 PM
COMPLIANCE DUE DATE	11/21/2017 12:00:00 PM
COMPLIANCE DATE(CLOSED)	
COMPLIANCE ACHIEVED BY	
OTHER VIOLATIONS	
FAILING SYSTEM CODE	
SYSTEM AGE	

INITIAL OR REPAIR?	
DISTRIBUTION TYPE	
LTAR - PRESENT DAY	
DESIGN FLOW (GPD)	
FAILURE TYPE	
PRIMARY CAUSE	
REMEDY CODE	

GIS Feature(s) Attached

Feature Type	Feature ID
PREEXISTING_SEPTIC	0

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 10/18/2017 9:19:21 AM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



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Parcel Information

Parcel ID	Account	Parent	Previous
05506210	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
BROOME EVONNE RIGHTS SURVI	132 HANSARD DR	CHARLOTTE NC 28214
BROOME ANGELA RIGHTS SURVI	132 HANSARD DR	CHARLOTTE NC 28214

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L28-31BC M5-283	CHARLOTTE			CITY OF CHARLOTTE	0

Total Parcel Assessment

Building	Land	Features	Total
34300	22200	2200	58700

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Jun 2 2017	111000	222		IMP	WARRANTY D	31850-375	VASUDEVANNAIR UNNIKR
Feb 20 2015	23500	47	GOV'T/ BANK	IMP	SPEC WARRNTY	29761-377	WELLS FARGO BANK,
Jan 20 2015	77500	155	FORECLOSURE	IMP	TRUSTEE DEED	29697-808	ALVARENGA,JACOB L
Mar 1 2007	73000	146		IMP	WARRANTY D	21852-533	CLEWIS,STEVEN BRIAN
Jul 18 1986	48000			IMP	WARRANTY D	05271-294	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	0.46	AC	F516	22200

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1948	132 HANSARD DR CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1394	1354	CRAWL SPACE	ALUM,VINYL -	AVERAGE 01	34300

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	GAS	1 - FP3	AC-CENTRAL	0	3	1	0	0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1354
1	PORCH - OPEN - FINISHED	40

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 46.00%	- 0.00%	- 0.00%	AP - 20.00%	- 0.00%

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1991	DECK	1	182.00000	1000
1	1948	GARAGE	1	288.00000	1200

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	94100	0
Jan 17 2003	2003	Countywide Revaluation	69100	0
Feb 20 1998	1998	Countywide Revaluation	66270	
May 15 1992	1992	Remodeled and/or New Addition	52080	
May 15 1992	1992	Remodeled Improvements and/or New Additi	52080	
Jan 2 1991	1991	Countywide Revaluation	50850	

Mecklenburg County Environmental Health Department
Groundwater and Wastewater Services
SERVICE REQUEST SUMMARY

Service Request

Service Request ID #	20388
Department	Groundwater Services
Description	Sewage Complaint
Status	In Progress
Incident Address	132 HANSARD DR
Incident Location	
Incident City	CHARLOTTE
Incident Zip	28214
Jurisdiction	CHARLOTTE
Submitted To	WALKER, PHILO
Date Initiated	10/12/2017 3:50:31 PM
Initiated By	Abdus-Sabur, Aisha
Date Dispatched	
Dispatched To	
Date Investigation Completed	
Closed By	
Problem Details	THERE IS A HOLE IN THE BACKYARD WITH THE SMELL OF RAW SEWAGE. CONSTANT OCCURRENCE EVEN WHEN THERE HASN'T BEEN RAIN FOR DAYS. AWFUL SMEEL FIRST THING IN THE MORNING AND AT NIGHT
Comments	
Total Labor Cost	$0.00

Associated Work Orders

Work Order Id	WO Status	Description	WO Address

Initiated By	Actual Start Date	Actual Finish Date	Submit To

Custom Fields

Field	Value
SEWAGE ON WATER BODY?	
SEWAGE IN STORM DRAIN?	
ANY WATER WELLS NEARBY?	
SURFACE SAMPLE COLLECTED?	

