

7723 SHADOW LAWN RD

03722613

1/3/2008

duponbj

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

File ~~HB~~ #3463B

SERVICE REQUEST/WORK ORDER

completed 12-16-95

Log No.: _____ Section: INWS Hazard? [ ] Yes [ ] No

Date: 10/11/94 Parcel: 037-226-13 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Pony Owner Phone 343-5547

Work #: RANSON Middle School

Address _____ Zip _____

PROPERTY CONCERNED: Facility Name Chavis family

Address 1723 Shadow Lawn Road City Char Zip _____

SERVICE REQUESTED: "LAN SEWAGE" - (Trailer-dirty) (Children in Trailer)

Light in front of home on right. 15' long x 5' He has never reached anyone at home

ASSIGNED TO: R Bateman TAKEN BY: _____

COPY

DATE	ACTIVITY REPORT
10-21	left business card at home.
10-24	Sheila Chavis contacted me - 597-5009 - renter been there about 3-4 months - says standing water problem -
10-24	site visit. System malfunctioning, washer line discharging on top of ground in woods downhill from home. 598-9289 property owner #
10-26	Jeff Mills indicated sewer ext would be a problem between corner of Laborde & this home on Shadowlawn
10-27	no answer at Kezjah #
10-28	spoke w/ owner's daughter - they said they will decide over wkend whether or not they will completely abandon site or repair system Tentative appt for Monday A.M. called OSS 336-4720 & They said intake worker will call me back in ref. to helping people relocate if site abandoned
10-31	Property owner says they will abandon lot, called Pony owner re status.
11-7	spoke w/ Joyce Gattison, O.S.S., concerning if family eligible for help in relocation. She said They would check into Th
12-19	site visit - ~~electric~~ meter taken out. Appears vacant. Copy of letter to Electrical Division & hold put in computer check for no repair on malfunction

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

COMPLETED BY: S Bateman 12-16-95

REVIEWED BY: _____

Do Not Forward

5242 Holly Vista Dr. Char, NC 28269

Kezjah, Jennifer S.

3463B (C) Repair

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Repair Hold mail 1-17-95 for CRF

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

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-226-13

STREET ADDRESS: 7723 Shallow Lawn Rd

ZONING: _____

PROPERTY OWNER:

NAME: Keziah, Ruby (last) (first) (mi)

ADDRESS: 7720 Blake A Darby Rd PHONE: (__) _____

CITY: Char STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

- ☐ 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 REMOVATION/NO MAJOR CHANGES (X)
- ☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- ☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPE
Type Business _____
Industrial Wastes (Y/N) __
Underground Storage Tanks (Y

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

FUTURE ADDITIONS - ALL PLANN
- ☐ Swimming Pool (
- ☐ Garage (

):
- ☐ None
- ☐ Other

Refused on counter Hold Mail * Hold Put Pender on computer * 2/17/95

The undersigned, owner, or
foregoing application, acknowl
DEPARTMENT to enter onto the

Signed:

bed above as the "JOB LOCATION" has read the
orizes agents of the MECKLENBURG COUNTY HEALTH
.

NOTICE:

The undersigned, an authorized
the Request for the Job Locati
And Rules For Sanitary Sewage
to the following provisions:

certifies that the Department has approved the
anted in accordance with the provisions of Laws
... effect at the time of issuance of the permit and is subject

...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.

... see letter dated 11-8-94 to Ruby Keziah. She opted to abandon home + remove power. "Hold" put in computer due to malfunctioning system not repaired.

- ☐ 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

E Patterson 2-16-95

WATER : 122791