

11030 PINE GROVE AV

13707512

1/3/2008

duponbj

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

Judy - washer 7/3
straight pipe in
Phlos territory
(believe real estate
transaction)
Gary Bradley wants
to ~~Rent~~ possibly
7/8 or 7/9 mobile 578-0440
1-(h) 399-5537
(w) 263-5484

07 02-97 10:17 (X 704 282 5757 CMI TODDVILLE 002

293

NA

APPLICATION FOR IMPROVEMENT PERMIT
FOR ON-SITE WASTEWATER
SYSTEMS PROGRAM

FOR OFFICE USE ONLY

APPLICATION: NEW SYSTEM ___ EXPANSION/ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 3904B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-094-35

SS: 11030 Pine Grove Ave

BUILDING (CHECK ONE): R MOBILE HOME PARK NAME:

X SINGLE FAMILY RESIDENCE (STICK BUILT) ___ MODULAR HOME (M)
___ MOBILE HOME(S) ___ MULTIPLE FAMILY (T)
___ OTHER (O)

LOT NUMBER: 4-6 BE

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

SQUARE FOOTAGE: 952

NO. OF BEDROOMS: 2 | MAXIMUM NO. OF OCCUPANTS: 3

PROPOSED USE OF PROPERTY: RESIDENCE

CLOSING DATE: ___

X WITH BASEMENT PLUMBING
___ WITH BASEMENT (NO PLUMBING

LOCATION OF EXISTING SYSTEM (DESCRIBE THE PROPOSED BUILDING ADDITION):

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

EXISTING OR PROPOSED BUILDING STUMPHOLES: ___ YES X NO
EXISTING WASTEWATER SYSTEMS: X YES ___ NO
EASEMENTS OR RIGHT-OF WAYS: ___ YES X NO
WELLS, SPRINGS OR WATERLINES: YES
DESIGNATED WETLANDS: YES

PROPERTY OWNER:

NAME: Gray David Z
(LAST) (FIRST) (MI)

ADDRESS: 31 Tall Oak Drive

CITY: Huntersville STATE: NC ZIP:

DAYTIME PHONE: 704 382-1125

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHEN WAS THE PROPERTY CREATED BY DEED AND RECORDED? Aug. 1950

This permit is subject to suspension or revocation if site plans or the intended use change or if information submitted is misrepresented or falsified or changed. The undersigned owner, or legal agent for the owner, of the property described above as the applicant has read the foregoing application and acknowledges that the statements made are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signature

DATE: 2 July 1997

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211, 7010 N
STE. CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

3 of 3

11030 Pine Grove Ave

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).
137-099-35

2) Provide the name of the original property owner.
Joseph F. Nam, Jr.

3) Do you have visible sewage on the surface of the ground?
No

4) Is septic water backing up into the house gurgling pipes and/or slow draining toilets, etc?
No

5) Is there a separate wastewater line from your washing machine? Dishwasher?
Yes

6) Has your septic tank ever been pumped out? If so, approximately when?
Yes 1994

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?
No

8) Approximately what year was your septic system installed?
1956

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
No

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor – if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Duke Power 610 TODDVILLE ROAD, CHARLOTTE, NORTH CAROLINA 28214

FAX

Date: 2 July 97

Number of pages including cover sheet: 3

To: MCAD

Phone:

Fax phone: 376-6854

CC:

From: David Fray

Phone: 382-4125

Fax phone: N/A

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment