

4334 HIGHLAND AV

04502214

1/2/2008

duponbj

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

Mecklenburg County
Health Department

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

April 5, 1994

Benjamin Copeland, IV
4334 Highland Avenue
Charlotte, NC 28269

Re: 4334 Highland Ave.
File: 3057B/9428A
Parcel: 045-022-14

Dear Mr. Copeland:

In response to an on-site wastewater violation notice, it appears that you have plumbed the washing machine wastewater line into the main plumbing which goes to the septic tank. The current septic tank system appears to be inadequate to accept the effluent from a washing machine. This course of action was not recommended by our Department.

Please be advised that if the septic tank system malfunctions, the property owner will be required to take corrective action immediately. It is my understanding from The Charlotte-Mecklenburg Utility Department that sewer is available for this house. In the event of a malfunction of the septic tank system, the property owner would be required to connect to the C.M.U.D. sewer line. A copy of the tap-on fee receipt would need to be submitted to this office at that time.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:gf

cc: Ms. Marjorie Bennett, Real Estate Agent

Dear Mr. Copeland:

Re: 4334 Highland Ave
File: 3057 B/9428 A
Tax Parcel: 045-022-14

In response to an on-site wastewater violation notice, ~~you decided to have all the wastewater from the house~~ it appears that you have plumbed the washing machine wastewater line into the main plumbing which goes to the septic tank. The current septic tank system appears to be inadequate to accept the effluent from a washing machine.

This course of action was not recommended by our Department. Please be advised that if the septic tank system malfunctions the property owner will be required to take corrective action immediately. It is my understanding from the Charlotte-Mecklenburg Utility Department that sewer is available for this house. In the event of a malfunction of the septic tank system you would be required to connect to the C.M.U.D. sewer line. A copy of the tap-on fee receipt would need to be submitted to this office, at that time.

10/40

cc: Ms. Marjorie Bennett, Real Estate Agent

Mecklenburg County
Health Department

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

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Ms Bennette TELECOPIER # 542-5030

FROM: TWWS DATE 4/5/94

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: per your Request

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [✓] Original will follow via:

[✓] U.S. Mail [ ] Hand Delivery [ ] ____

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

30578/9428A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

382-6932
341-0324

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: X COPELAND, IV (last) BENJAMIN (first) F. (mi)
ADDRESS: X 4334 HIGHLAND AVE PHONE: X (704) 596-1771
CITY: X CHARLOTTE STATE: X NC ZIPCODE: X 28269

Date: X 3/28/94

PROPERTY OWNER:
NAME: X COPELAND, IV (last) BENJAMIN (first) F. (mi)
ADDRESS: X 4334 HIGHLAND AVE PHONE: X (704) 596-1771
CITY: X CHARLOTTE STATE: X NC ZIPCODE: X 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 045-022-14
STREET ADDRESS: X 4334 HIGHLAND AVE CHAR., N.C. 28269
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):

TYPE APPLICATION (check one):
[ ] 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 N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: X 3 NUMBER OCCUPANTS: X 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):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply): X
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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 on to the property for the purpose of processing this request.

Signed: X 3/28/94 Date: B. Copeland IV

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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

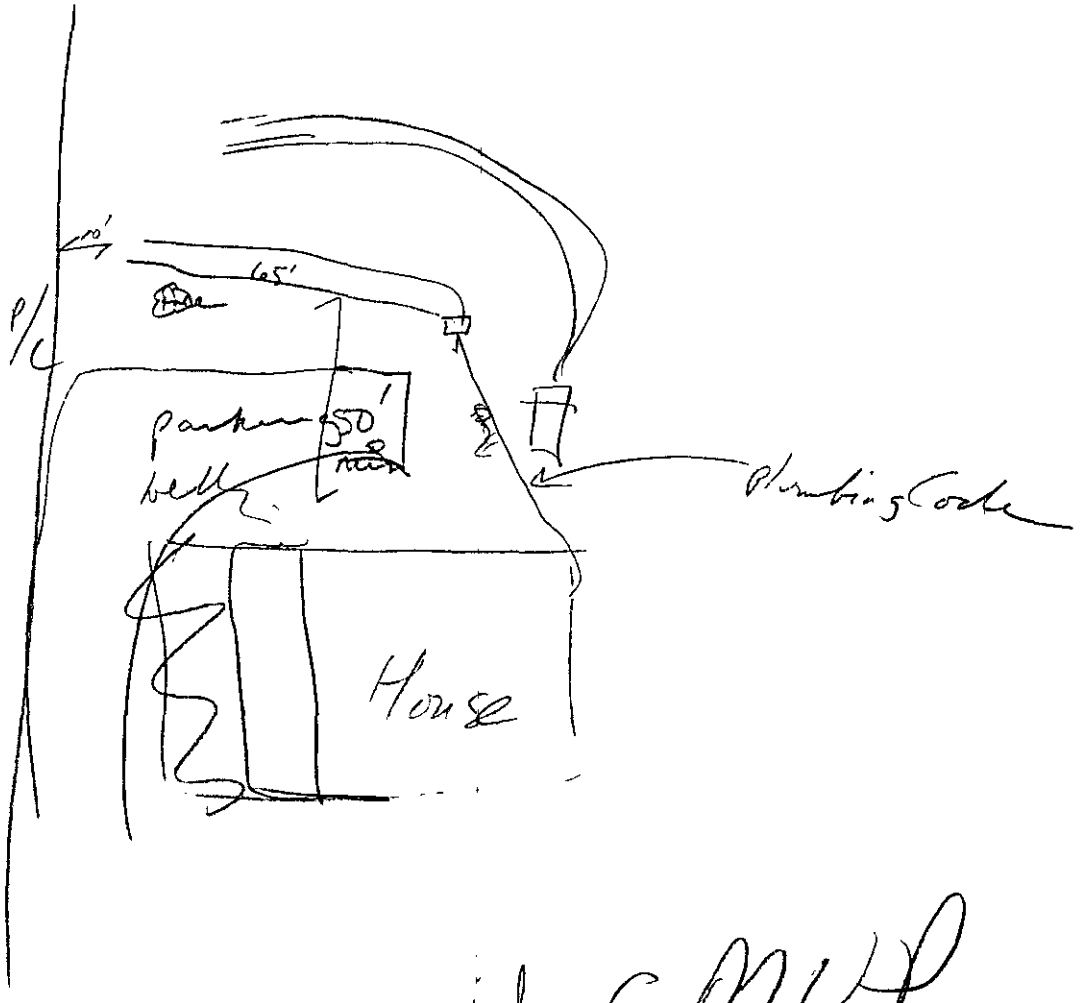
WATER : 12279

Post-it™ Fax Note 7671 | Date 3/28/94 | # of pages ▶ 1
To Susan Bateman | From B.F. Copeland
Co./Dept. | Co.
Phone # | Phone #
Fax # | Fax #

4-4-94 washer line was put into main line plumbing

03-28-94 11:09AM P01

Kenny Guy
4400 Highland Ave
no record found in file



see if CMU available

3057B/9428A

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APPLICATION FOR SERVICES

[] 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

Date: 3/28/94

PERSON FILING APPLICATION:
NAME: COPELAND, IV (last) BENJAMIN (first) F. (mi)
ADDRESS: 4334 HIGHLAND AVE PHONE: (704) 596-1771
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

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Signed: 3/28/94 Date: Benjamin F. Copeland IV

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Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Post-it™ Fax Note 7671 | Date 3/28/94 | # of pages ▶ 1
To Susan Coleman | From B.F. Copeland
Co./Dept. | Co.
Phone # | Phone #
Fax # | Fax #

03-28-94 11:03AM P01