

5520 PROVIDENCE RD

18725101

1/2/2008

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3095B DATE: 1/28/04

TC: 187 25 1 01 L

SERIAL 19514

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operat /stem can be covered up or placed into se e constructed will operate properly, or reli esulting from the failure of the system to

1/28/04
Will connect to City Sewer

"Y gallons - fiberglass

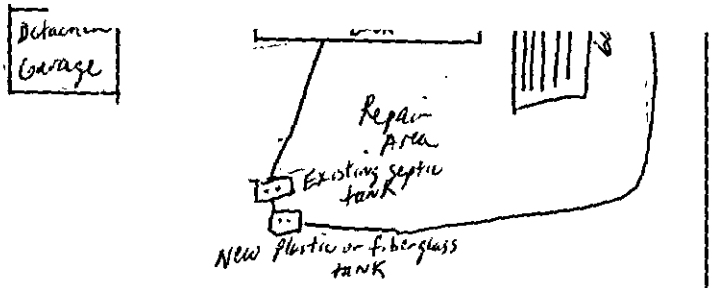
_____ gallons or fiberglass

42"

Lines:

_____ feet

ous Yes



PLOT OF SYSTEM Drainage ditch

Total Line Length _____ feet
Bed
Number of Lines 5 (60')
Depth of Stone NA inches
Distance from House 5' feet
Distance from Property Line 10' feet
Distance from Well >100' feet
municipal water

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Charles Blaine Gregory

LOCATION OF PROPERTY 5520 Providence Road

Comments: Repair to Existing System, Install 1000 DT plastic or fiberglass, Innovative bed system 15'wd x 60'long x 24" material, Cover w/ geo textile material. (Will connect to municipal Sewer)

_____ _____
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

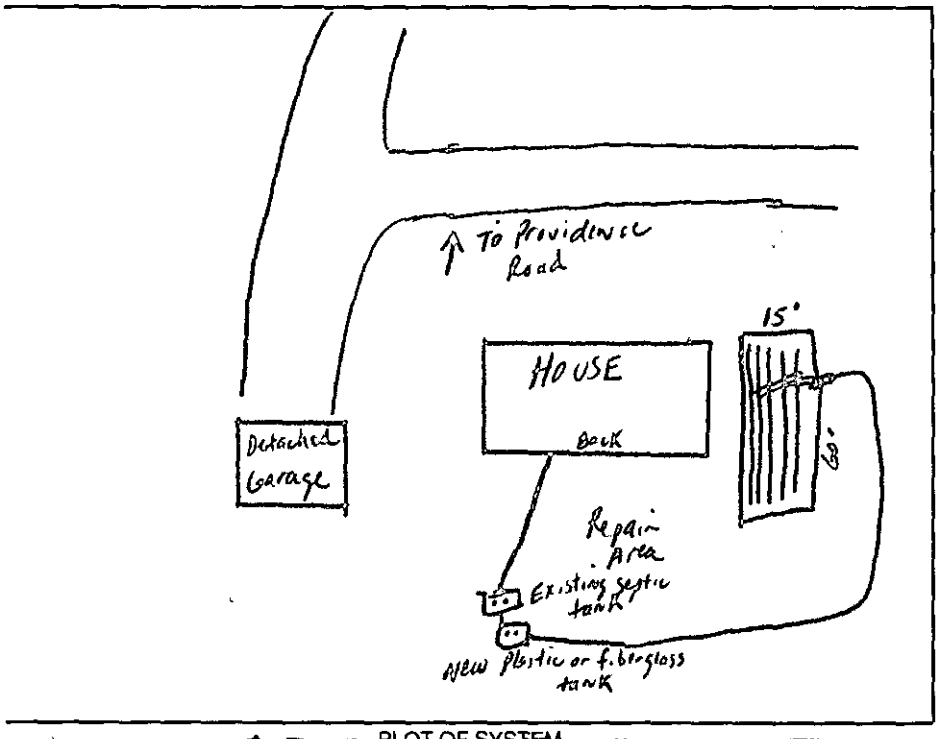
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank Plastic or fiberglass 1000 gallons

Tank Construction Plastic or fiberglass

Trench Depth 36" - 42"

Absorption and/or Nitrification Lines:

Bed Trench Width 15' feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Bed Number of Lines 5 (60')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet
municipal water

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Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail
(Return Receipt)

☒ First Class Mail

☐ Hand Deliver

Owner: Charles Blaine Gregory

Mailing Address: 5520 Providence Road
Charlotte, NC 28226

Occupant: Same

Location: Same

☒ 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 13A 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 January 22, 2004, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage discharge to the ground surface	G.S. 130A-335(a) 15A NCAC 18A .1938(b) .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 repair of your system.

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

Other Repairs (*Specify*):____
____

Perform Maintenance (*Specify*):____
____

If the wastewater violation is not brought into compliance by March 01, 2004, 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. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

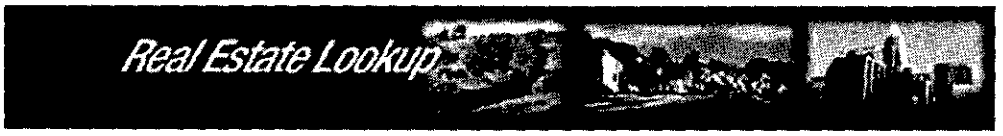
You may contact our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5570, phone; (704) 336-6894, fax.

Notice Issued: 01/29/04
Date

Signed Philo S. Walker, R.S. Philo S. Walker RS
DENR/DEH

Compliance: _____
Date

Signed _____ Agent
DENR/DEH



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
18725101	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
GREGORY CHARLES B	5520 PROVIDENCE RD	CHARLOTTE NC 28226
GAIL ANNE KERR WIFE	5520 PROVIDENCE RD	CHARLOTTE NC 28226

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
P3M1166 89 PROV RD	CHARLOTTE			CITY OF CHARLOTTE	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Nov 7 1985	77000			IMP	05123 - 408	WARRANTY D	05123-408	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	0.62	SMAC	S701	

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1947	5520 PROVIDENCE RD CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2868	1488	CRAWL SPACE	WOOD ON SHTG -	AVERAGE 03	

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

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1488
1	PORCH - SCREENED - FINISHED	180
1	PORCH - OPEN - FINISHED	108
1	BASEMENT - UNFINISHED	1092

Depreciation

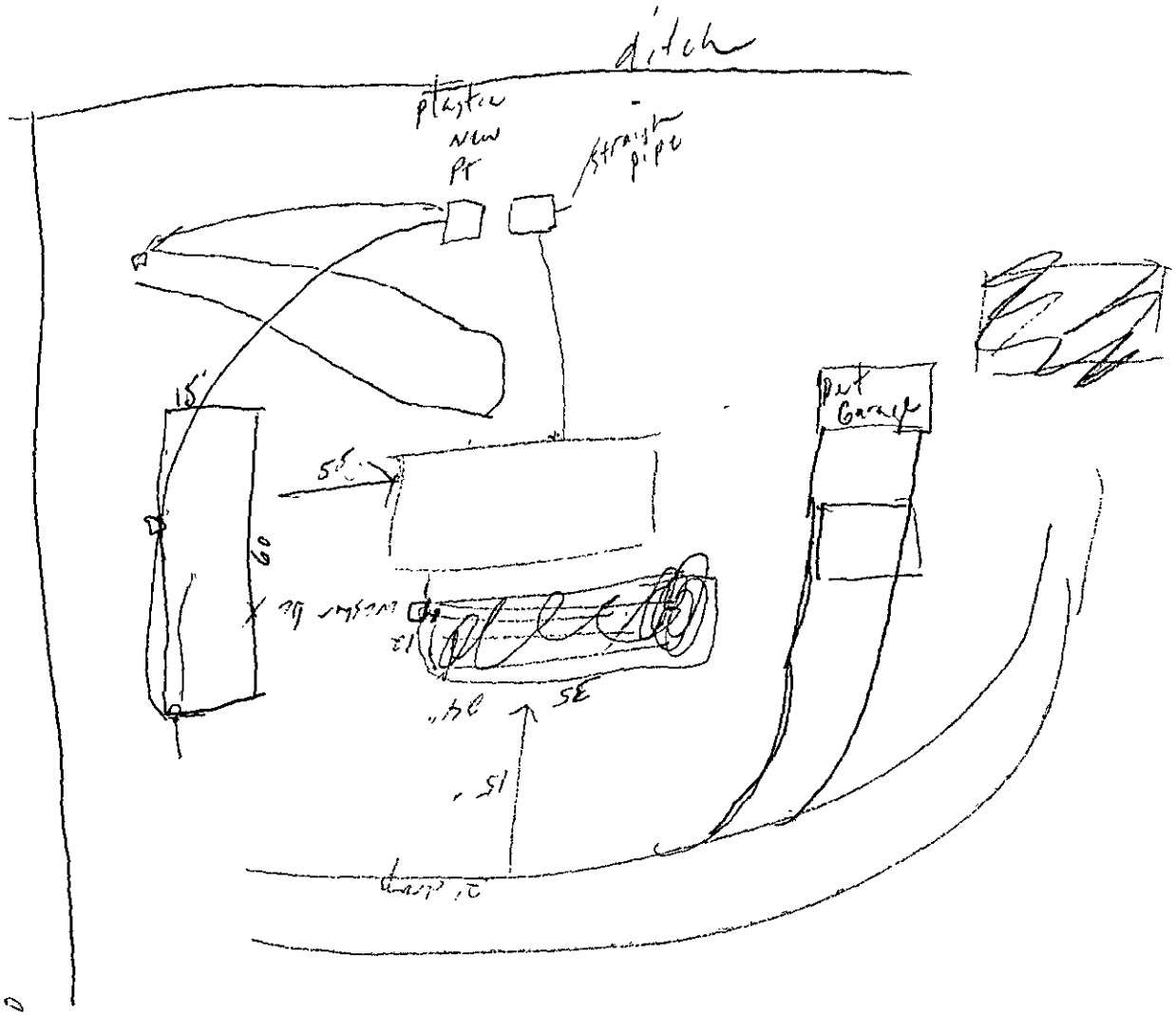
Bldg	Physical	Functional	Economic	Special	Override
1	AV - 17%			AP - 5%	

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1990	GARAGE	1	18X20	
1	1947	PATIO	1	8X12	
1	1947	TERRACE	1	4X5	

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	173700	0
Jan 5 1998	1998	Countywide Revaluation	121950	
Apr 14 1995	1995	Remodeled Improvements and/or New Additi	95750	
Oct 8 1991	1991	Equalization of Value	89160	
May 22 1991	1991	Countywide Revaluation	92440	


ditch
plastic
NEW
PT
strait
pipe
15'
60
55'
Det
Garage
SE
EZ Flow 300
Plastic tank

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

REPAIR

[ ] CRT

TYPE 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 #: 30950

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 187-251-01

STREET ADDRESS: 5520 Providence Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
✓ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: Gregory Charles, Blaine
(LAST) Kerr (FIRST) Gail (MI) Anne

ADDRESS: 5520 Providence Rd

CITY: Charlotte STATE: NC ZIP: 28226

DAYTIME PHONE: (704) 336-3586

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Gail Anne Kerr DATE: 22 Jan '04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

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). (if available)

2) Provide the name of the original property owner.

3) Do you have visible sewage on the surface of the ground?

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc?

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

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

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when?

8) Approximately what year was your septic system installed?

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?

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

Mecklenburg County
Health Department

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: Charles Blaine Gregory TELECOPIER # 704 336 4924
Meck Co. Parks & Rec.

FROM: Philo Walker DATE 1/29/04
Environmental Health

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: Blaine Take this NOV to CMV along w/ your tap on fee. this should help speed things up. Give me a call if you need anything else. Good luck Phil. 704 201 7673

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

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

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

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

12400 Pd 50.00 4-13-94 HB
ck 0665

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

30558/8466A

X 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:

PERSON FILING APPLICATION:
NAME: GREGORY (last) CHARLES (first) B (mi)
ADDRESS: 5520 Providence Rd PHONE: (704) 364-6581
CITY: Charlotte NC 28226 STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 187-251-01
STREET ADDRESS: 5520 Providence Rd
Charlotte NC 28226
ZONING:

PROPERTY OWNER:
NAME: GREGORY (last) Charles (first) B (mi) 875-1391 wk
ADDRESS: 5520 Providence Rd PHONE: (704) 364-6581
CITY: Charlotte STATE: NC ZIPCODE: 28226

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 5/20/94 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)
X ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Family Room, bath porch
[] 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)

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

X NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4
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)
X 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: X Elaine Gregory Date: X 4-13-94

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.

... Use existing system for family room, porch & bathroom.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
X ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Joni A Newell, R.S. 5/20/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

THIS IS TO CERTIFY THAT ON THE 8th DAY OF November 19 85 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

BY Reece F. McRorie
REGISTERED SURVEYOR STATE OF NORTH CAROLINA

NORTH CAROLINA REGISTERED L-759 LAND SURVEYOR REECE F. McRORIE

COPY

Deed North

Deed: 4278-618

Garage Encroaches

197.60

N. 17-07-05 W.

90.9

old iron

108.40

30.11

old iron

S. 88-18-45 W.

78.89

Deed 1780-548

old iron

61.881

N 90-20-05 W

29.88

old iron

S 05-05-05 E

187.58

chain link fence is Line of Possession

old iron

Deed: 4234-764

Tract 3

Frame Garage

20.0

18.0

12.3

2.8

power pole

Utility Service

Basement Steps

1-Story Frame Bs. Comp. Roof w/Bsmt.

18.7

Porch

8.5

11.9

29.6

19.5

38.0

4.5

17.0

4.0

3.9

12 Ft

10 Ft

40 Ft

6 Ft

9.6

6.0

6.0

31.4

Gravel Drive

12

old iron

N. 89-20-22 E.

179.76

old iron

N. 89-24-09 E. 311.92

(not to scale)

12' Easement

old iron

MOD-11-E.I.S.

PROVIDENCE ROAD

Lot 5

Old Farm Subdivision (Map Book 11, Page 11)

Block "D"

Lot 4

Lot 3

0.7 chain Link Fence Encroachs 0.7 ± E.

old iron

File 3095B/9466A

Boundary & Physical Survey of

LOT IN Charlotte TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA, IN THE CITY OF Charlotte ON Providence Rd HOUSE NO. 5520 SHOWN AS LOT NO. part tract 3

IN BLOCK NO. ____ ON MAP OF John T. Houston Prop. MAP RECORDED IN BOOK 1166 PAGE 89

DEED RECORDED IN BOOK 4826 PAGE 717 OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY, N. C. THE PROPERTY OF

Charles B. Gregory & wife, Gail Ann Kerr

SCALE - 1" = 30 FT. DATE 11-8 19 85 REECE McRORIE, SURVEYOR CHARLOTTE, N. C.

DUNCAN-PARNELL, INC., CHARLOTTE 486-704-372-7766

DATE 4/6/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

187-251-01
PARCEL NUMBER

5520 Providence Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____APPROVED	_____NOT APPROVED
2. FLOODWAY REGULATIONS	_____APPROVED	_____NOT APPROVED
3. WATERSHED PROTECTION	_____APPROVED	_____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	_____APPROVED	_____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____PRESENT	_____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____YES	_____NO
7. DRIVEWAY PERMIT REQUIRED	_____YES	_____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	_____YES	_____NO

REMARKS: addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

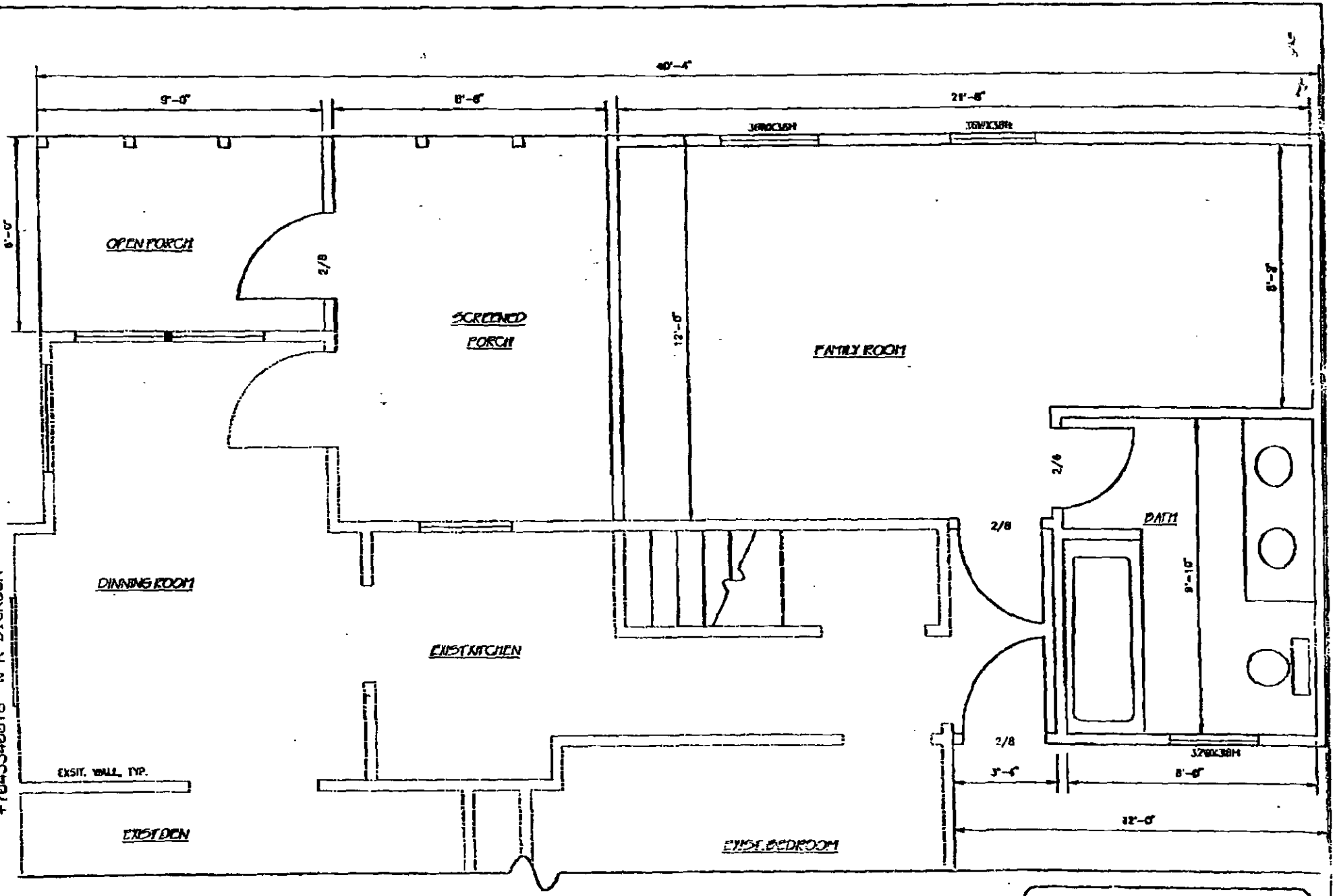
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

05-20-94 08:12AM FROM LATTA PLANTATION +7843340078 W K DICKSON P04



HEATED AREA = 352 sf
UN-HEATED AREA = 160 sf
TOTAL AREA = 512 sf

FLOOR PLAN
SCALE: 1/4"=1'-0"

RESIDENCE OF
GAIL KERR
&
DIANE GREGORY

TO ANNEX