

5309 NATIONS FORD RD

16904207

7/12/2007

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Groundwater and Wastewater Services File Imaging Project
May 2007
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7800A

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Hung The Nguyen MAILING ADDRESS 5309 Nations Ford Road, Charlotte 2821

OCCUPANT Same LOCATION Same as above

☒ RESIDENCE ☐ BUSINESS ☐ OTHER tax parcel # 169-042-07

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; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5572/336-5102.

☐ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

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

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☒ Perform Maintenance (*specify*) Connect to Charlotte-Mecklenburg Utility Dept. and properly abandon septic tank.

If the wastewater violation is not brought into compliance by April 16, 1997, appropriate legal action will be taken.

Notice Issued March 17, 1997 (Date) Signed Toni Higgins-Bunney, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd Cash 25.00 10-15-91 MB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 7800 A
TC: 169-042-07
SERIAL: № 0020603 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 5309 Nations Ford Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 169-042-07
⑤ SUBDIVISION: ⑥ LOT: 3 ⑦ BLOCK: B

OWNER

⑧ NAME: HUNG (FIRST) THE (MIDDLE) NGUYEN (LAST)
⑨ MAILING ADDRESS: 5309 NATIONSFORD RD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 398-1705 ⑭ (HOME) (704) 527-3417

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Bath room

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Hung The Nguyen
Date: 10/15/91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance. May use existing system

Judy J. Kuis RS, 10/16/91
Environmentalist Date

Director or Authorized Section Head 10-17-91 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

JK

Pd. Cash
25.00
10-15-9
NB

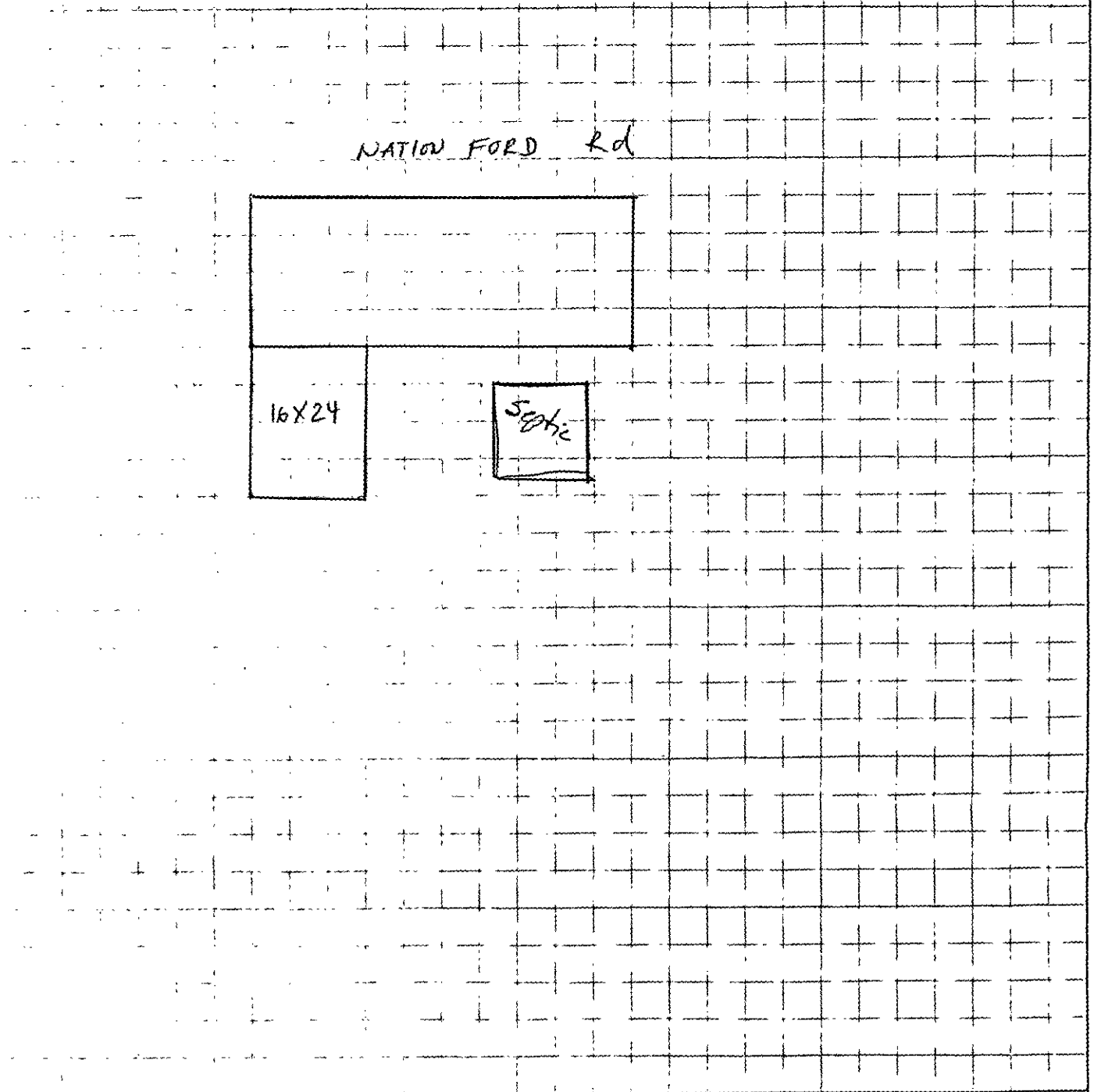
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7800 A

TC: 169-042-07

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

FEE: CM/H

DATE: 2-19-97

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

copy

1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

Please do violation Notice to Correct by April 20, 1997. (16)

Violation issue date 3/18/97

Please check for Connection to CMUD and properly abandon Septic Tank under other maintenance. Thanks

TYPE OF

__ SIN(
__ DOU
F HOI

HEATED

NUMBEI

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
F CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

FILE #: 7800A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 169-042-07

STREET ADDRESS: 5309 Nations Ford Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT 3/BB

TOWNSHIP (CHECK ONE):

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

CLOSING DATE

3/13/97 - Met with owner and verified CMUD was available. System overloaded with excess people living in the home.

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	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: (LAST) NGUYEN (FIRST) Hung (MI) The

ADDRESS: 5309 Nations Ford Rd

CITY: Char STATE: NC ZIP: 28217

DAYTIME PHONE: 704 527 3617

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) LE (FIRST) Chau (MI)

DAYTIME PHONE: 704 502 7203

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: CHAU T. LE DATE: 2/19/97

(Revised 1989)

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

7800A

Mecklenburg County
Health Department

3309 Nation Ford Rd

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). 169-042-07

2) Provide the name of the original property owner. Unknown

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? YES

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 1-97

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? 1959

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

Please do violation
Notice to correct by
April ~~20~~ 16, 1997.
Violation issue date 3/18/97
Please check for
Connection to CMUD
and properly abandon
Septic tank under
other maintenance. Thanks