


1887 SLATER RD

04111202

4/14/08

marliwr

*Groundwater and Wastewater Services File Imaging Project*

May 2007

*Barcode Font = IDAutomationHC39M*

File 637A

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

# ON-SITE WASTEWATER VIOLATION NOTICE

OWNER ZEB M. & EMILY E. COOK

MAILING ADDRESS 1887 ~~MCDONALD~~ Slater DRIVE, CHARLOTTE, NC 28216

OCCUPANT SAME

LOCATION SAME

[X] RESIDENCE [ ] BUSINESS [ ] OTHER TAX PARCEL NO. 041-111-12

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 (704) 336-5573.

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

[ ] Other Repairs (*specify*) _____

[X] Eliminate wastewater discharge and connect to ~~an approved wastewater system~~ XX CHARLOTTE-MECKLENBURG UTILITY DEPT. SEWER LINE. *SUBMIT COPY OF CMUD TAP-ON-FEE RECEIPT TO ~~MECKLENBURG COUNTY HEALTH DEPT. (SEWER EXTENSION)~~

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by DECEMBER 2, 1996*, appropriate legal action will be taken.

Notice Issued OCTOBER 29, 1996 (Date) Signed LISA B. MIALIK, R.S. LisaB.Mialik,RS (Agent) Division of Environmental Health

Compliance 11/8/96 (Date) Signed LisaB.Mialik,RS (Agent) Division of Environmental Health

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

CMUD agreement form faxed to this office for sewer extension. See file. To connect to CMUD tap after extension. JBM

LM

637A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Cook Zeb M.
(last) McDonald (first) (mi)
ADDRESS: 1887 Slater Rd PHONE: (704) 399-3990
CITY: Charlotte STATE: N.C ZIPCODE: 28216

Date:

PROPERTY OWNER:
NAME: Cook Zeb M
(last) McDonald (first) (mi)
ADDRESS: 1887 Slater PHONE: (704) 399-3990
CITY: Charlotte STATE: N.C ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 041-111-12
STREET ADDRESS: 1887 ~~McDonald Dr~~ Slater Road
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):

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
2 Bedroom 1 Bath Living room
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

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

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: Zeb M Cook Date: 10-21-96

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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
To connect to CMUD tap after extension.

...10/23/96 On-site visit - malfunction
10/28/96 On-site visit. Emily Cook present: need sewer extension, otherwise Lift station + new drainfield would be required
10/29/96 PC w/ Mr. Cook.

Lisa B. Mialik, RS 11/8/96
Environmentalist Date

Director or Authorized Section Head Date

11/8/96 Received faxed copy of CMUD connection application WATER : 122791
Released for building permit.
11/8/96 PC to the Cook's. NO. Left message - that release for building permit will be expected to connect to CMUD tap after extension complete. JBM

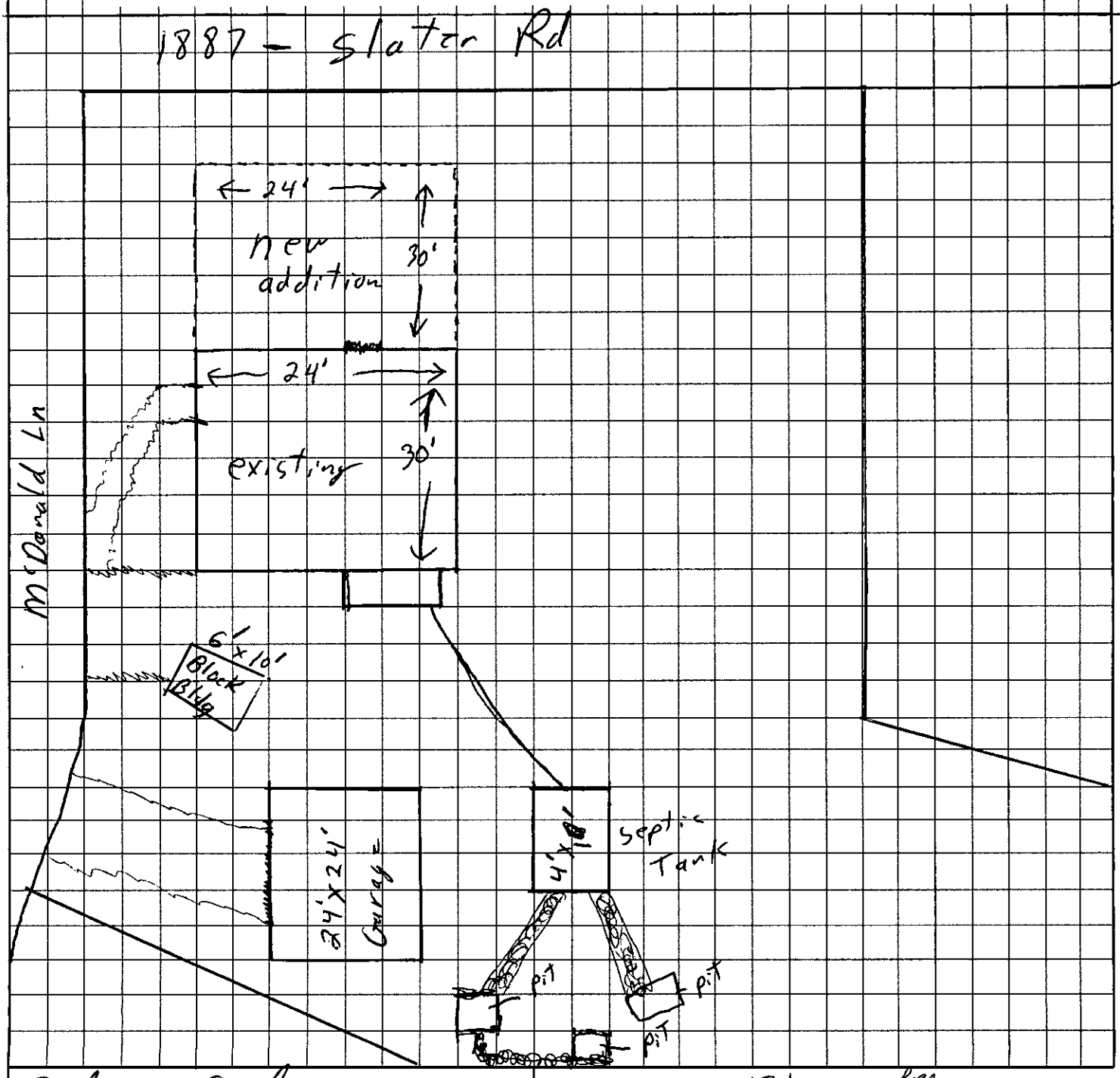
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 637A

TC: 041-111-12

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.




Zel M. Cook
OWNER/AGENT SIGNATURE

DATE 10-21-96

APPROVAL DATE 11/8/96 JBM

Released for building addition - CMUD agreement application for payment plan - to connect to CMUD tap after extension.

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

File 637A

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: Willie Mae
CMUD
TELECOPIER # 393-2219

FROM: Use Malik
Meck. Co. Health Dept.
DATE 11/05/96
Phone 336-5573
Fax 336-6894

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS:
① Copy of NOV for 1887 McDonald Dr (Cook Property) Slater Rd
② Tax map with location of 7301 Vinella Cook
Sewer extension possible?

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
☐ U.S. Mail
☐ Original will follow via:
☐ Hand Delivery

ndey. Can get a tap on Plus Trail @ this time $1750 if basement plumbing
ll have to ump. Or can ask for an extension 9 mos. $1610.00 & Will still have to
up if is basement
mbing.

File 637A

P01

Mecklenburg County
Health Department

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FROM: Lisa Malik
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COMMENTS:
① Copy of NOV for 1337 McDonald Rd (Cook Property) Slater Rd #
② Tax map with location of 7301 Virtley Lane
Sewer extension possible?
Sewer can get a tap on Plum Nearly @ this time $1750 If basement plumbing will have to pump. Can ask for an extension 9 mos. $1610.00 + Will still have to hook up if basement plumbing.

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File 637A

CITY OF CHARLOTTE,NC
CHARLOTTE - MECKLENBURG UTILITY DEPARTMENT

APPLICATION FOR SANITARY SEWER CONNECTION PROJ NO: APPL NO: 44653
(WTR APPL NO: 00000)

DATE: NOV/08/1996 WATER SERVICE NO.: 117262 LOT: BLOCK: MAP: W-203

SIZE-CONNECTN: 4 TYPE-WASTE: RESIDENTIAL SERVICE: INSIDE STREET: PAVED

SEWER CONTRACT #: 000000 COST:$ 1,260.00 CAPACITY FEE:$ 350.00 TOTAL:$ 1,610.00

CAP. FEE. PD.: Y INSTALLED (O C): H DEPT-TRNSFR: N
LOCATION: 01887 SLATER RD APT- CHARLOTTE ON -E- SIDE

BETWEEN MCDONALD DR AND BEATTIES FORD RD

REMARKS: HOLD FOR EXTENSION 390 96-841 HEALTH HAZARD TAP AT FLAG ON MCDONALD
PD NO MONEY REVENUE TO COLLECT
P.S.REP:WMT

---

I HEREBY MAKE APPLICATION FOR THE INSTALLATION OF SANITARY SEWER CONNECTION AT THE ABOVE NAMED LOCATION, AND AGREE TO ABIDE BY SUCH RULES AND REGULATIONS AS HAVE BEEN, OR THAT MAY BE ADOPTED BY THE CITY OF CHARLOTTE. ALL APPLICATIONS ARE SUBJECT TO FINAL VERIFICATION IN THE FIELD BY THE CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT.

SIGNED:_____ SIGNED:_____
PROPERTY OWNER APPLICANT

MAIL ADDITIONAL BILLING TO: NAME:

ADDRESS:

TELEPHONE: CITY:

---

APPLICANT: * MAIL BILLS C/O:
*
NAME: * NAME: ZEB COOK
*
ADDRESS * ADDRESS: 1887 SLATER RD
*
*
METER NO._____ READING._____ * CITY: CHARLOTTE NC 28216

---

DATE LATERAL INSTALLED:_____

LATERAL LOCATION ---- + ---- FLOW INDICATOR:--

JOB REPORT NO:---------- CREW CHIEF:_____

File 63A 637A



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FROM: Lisa Mialik DATE 11/5/96

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LOCATION SAME

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

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

File 6374