

8410 PENCE RD

10909108

12/27/2007

duponbj

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

SB 2017 B 19188 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES "REPAIR"

[] 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

COPY

Date:

PERSON FILING APPLICATION:
NAME: BLANCHETT, YVONNE & Peter
(last) (first) (mi)
ADDRESS: _____ PHONE: (704) 366-0414
CITY: Char STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 109-091-08
STREET ADDRESS: 8410 PENCE ROAD
ZONING: _____

PROPERTY OWNER: ← Same
NAME: _____
(last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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 M)
[] 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
[] DOUBLE WIDE (D) [] MODUL

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____
Industrial Wastes (Y/N) __
Underground Storage Tanks On Propert

(S)
ng' (O)

FUTURE ADDITIONS - ALL PLANNED ADDIT
[] Swimming Pool [] Jacuzz
[] Garage [] Storag

The undersigned, owner, or legal
foregoing application, acknowledges
DEPARTMENT to enter onto the propert

Signed: Yvonne Bl

id the
/ HEALTH

NOTICE:

The undersigned, an authorized agent
the Request for the Job Location cor
And Rules For Sanitary Sewage Collec
to the following provisions:

proved the
ns of Laws
l is subject

...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.

11-15 ...Ms Blanchett says they paid CMUD tap on fee + are pursuing sewer line connection

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

SB Bateman 11-15-93
Environmentalist Date

appears Sewer connection made.
Director or Authorized Section Head Date

8404

This backyard for treatment need help ASAP, because there is sewage in area and I feel it should not have to [illegible] Day with no help

11-28-93

Al Rich - CMUD Engineer

10-18- Spoke w/ CMUD - They may be able to get a line to them fairly easily but would need to do a field examination to determine this. Called Mrs. Blanchett and relayed this info to her - she said she preferred sewer line to septic work. I asked her to contact me once a determination was made in reference to sewer.

WATER : 122791

ABAX, INC.
Drain & Septic Cleaning
Complete Septic System Service
P.O. Box 561885 Charlotte, NC 28256

(704) 596-3639

To: MR + MRS BLANCHETT.
From: ABAX SEPTIC TANK SERVICE.
RE: SEPTIC SYSTEM INSPECTION.

On 9-28-93 A visual & dye inspection was done at the Blanchett residence - 8410 Fence Rd. Exit end of septic tank was excavated and lid raised. Effluent level was below baffle exit.
Tank is constructed of brick and mortar cement. A large number of the mortar joints have deteriorated alowing effluent to leak into soil around the septic tank. Because of low level in tank drainfield could not be inspected properly.
If available connection to City Sewer is needed. If City Sewer is not available then a new septic tank and possibly drain field is in order.

Gene Davis.

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(last) (first) (mi)
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PROPERTY OWNER:
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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: 3 NUMBER OCCUPANTS: 3

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: Yvonne Blanchett Date: 10-11-93

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.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____
Environmentalist Date

_____
Director or Authorized Section Head Date

WATER : 122791