

4120 BEATTIES FORD RD.

12/26/2007

duponbj

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

File 1603.B
Received 11/18/96
(extension)

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 11-13-96

No 39649

RECEIVED FROM: Herman D. Stancil

One thousand six hundred ten + 00/100 $ 1610.00

FOR: 4" sewer

4120 Beaties Ford Rd

Vorecia Johnson
RECEIVED BY:

CASH ☐

CHECK # 6392

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

ON-SITE WASTEWATER VIOLATION NOTICE FILE 1603B

OWNER HERMAN G. & JOHNNIE H. STANCIL C/O DON STANCIL (SON)

MAILING ADDRESS HERMAN G. & JOHNNIE H. STANCIL 733 PLANTATION ESTATES DR., APT. 201B

OCCUPANT TENANT

LOCATION 4120 BEATIES FORD RD., CHARLOTTE, MATTHEWS NC

☒ RESIDENCE ☐ BUSINESS ☐ OTHER TAX PARCEL NO. 041-111-06

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. Contact our 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.

OR

☐ Other Repairs (specify) _____

☒ Eliminate wastewater discharge and connect to [redacted] CHARLOTTE-MECKLENBURG SEWER DEPT. SEWER LINE. SUBMIT COPY OF CMUD TAP-ON-FEE RECEIPT TO THE MECKLENBURG COUNTY HEALTH DEPT. (SEWER EXTENSION)

☐ Perform Maintenance (specify) _____

☐ Pit Privy must be constructed.

If the wastewater violation is not brought into compliance by NOVEMBER 20, 1996, appropriate legal action will be taken.

Notice Issued OCTOBER 18 1996 Signed LISA B. MIALIK, R.S. Lisa B. Mialik RS Agent
Date Division of Environmental Health

Compliance _____ Signed _____ Agent
Date Division of Environmental Health

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

CMUD telephone # (704) 399-2551

ARLOTTE MECKLENBURG UTILITY DEPT.

No 39649

RECEIVED FROM Tho[illegible] & Stancil

One thousand ten + 15/100 $ 1610.15

FOR: 4" sewer

4120 Beatties Ford Rd

Vorecia Johnson
RECEIVED BY:

CASH ☐

CHECK # 6397

Environment, Health, and Natural Resources Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

FILE 16038

OWNER HERMAN G. & JOHNNIE H. STANCIL C/O DON STANCIL (SON)

MAILING ADDRESS HERMAN G. & JOHNNIE H. STANCIL 733 PLANTATION ESTATES DR., APT. 201B MATTHEWS, NC

OCCUPANT TENANT

LOCATION 4120 BEATIES FORD RD., CHARLOTTE, NC

[X] RESIDENCE [ ] OTHER

TAX PARCEL NO. 041-111-06

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 served by an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Contact your Local Health Department for advice and required permits by calling telephone number (704) 336-5573

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

OR

[X] Eliminate wastewater discharge and connect to ~~XX~~ CHARLOTTE-MECKLENBURG SEWER DEPT. SEWER LINE. SUBMIT COPY OF CMUD TAP-ON-FEE RECEIPT TO THE MECKLENBURG COUNTY HEALTH DEPT. (SEWER EXTENSION) PIT PRIVY(S) must be constructed.

[ ] Other Repairs (*specify*) _____

[ ] Perform Maintenance (*specify*) _____

If the wastewater violation is not brought into compliance by NOVEMBER 20, 1996, appropriate legal action will be taken

Notice Issued OCTOBER 15, 1996 Signed LISA B. MIALIK, R.S. Lisa B Mialik RS Agent
Division of Environmental Health

Compliance _____ Signed _____ Agent
Division of Environmental Health

DEHNR 1106 (Revised 9/92)
On Site Wastewater Section Revised

CMUD telephone # (704) 399-2551

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

ON-SITE WASTEWATER VIOLATION NOTICE

FILE 1603B

OWNER HERMAN G. & JOHNNIE H. STANCIL C/O DON STANCIL (SON)

MAILING ADDRESS HERMAN G. & JOHNNIE H. STANCIL 733 PLANTATION ESTATES DR., APT. 201B

OCCUPANT TENANT

LOCATION 4120 BEATIES FORD RD., CHARLOTTE, MATTHEWS NC

[X] RESIDENCE [ ] BUSINESS [ ] OTHER TAX PARCEL NO. 041-111-06

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.

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

OR

[ ] Other Repairs *(specify)* _____

[X] Eliminate wastewater discharge and connect to ~~XX~~ CHARLOTTE-MECKLENBURG SEWER DEPT. SEWER LINE. SUBMIT COPY OF CMUD TAP-ON-FEE RECEIPT TO THE 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 NOVEMBER 20, 1996, appropriate legal action will be taken.

Notice Issued OCTOBER 18, 1996 (Date) Signed LISA B. MIALIK, R.S. Lisa B. Mialik RS (Agent) Division of Environmental Health

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

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

CMUD telephone # (704) 399-2551

11/18/96 Copy of tap fee receipt received. jbm (Sewer extension to be done)

(Butler 1938)

FEE: 175.00
DATE: _____

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

1 1 CRT

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

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 16038

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 041-111-06

STREET ADDRESS: 4120 Ballew Ford Rd

TYPE OF BUILDING (CHECK ONE):

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

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

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: WISE

NAME: STANCIL, Herman Johnnie
(LAST) (FIRST) (MI)

ADDRESS: 733 Plantation Estates Dr

CITY: Mint Hill STATE: NC ZIP: 28105

DAYTIME PHONE: ( ) –

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: ✓ Johnnie H. Stancil DATE: ✓ 10-7-96

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

1603 B
Jack Stewart - lines need to be cleaned out

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). ✓

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? NO

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

6) Has your septic tank ever been pumped out? If so, approximately when? YES April 199K

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? 1928

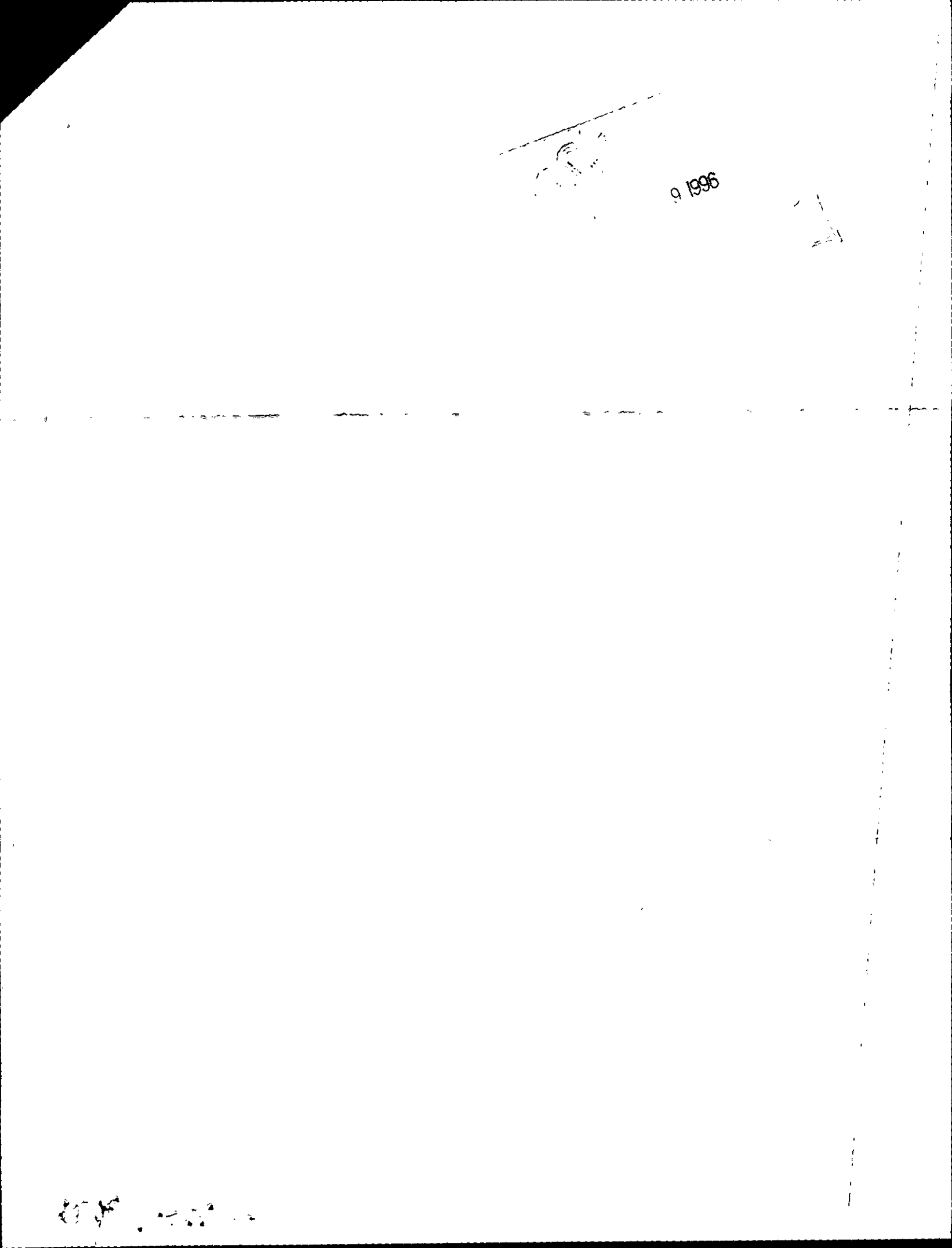
9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)? YES

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


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