

11301 TEMA CR

02312109

1/3/2008

duponbj

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

TO: M. C. H. D.

ATTN: SUSAN BATEMAN R.S.
LISA MIALEK R. S.

T. H. B.

File: 5876B

FEB 9, 1996

TO MCHD

ATTN: SUSAN BATEMAN R.S.,
LISA MIALEK R.S.

I NORMAN & LOURA HUFFMAN AT PROPERTY 11301 TEMA CIRCLE CHARLOTTE, N.C. 28214. REQUEST PERMISSON TO PUT WASH MACHINE LINE INTO SEPTIC TANK LINE. ALSO IN THE FUTURE IF THIS SYSTEM FAILS WE WOULD LIKE PERMISSED TO REPAIR SEPTIC TANK LINES.

THANK YOU
NORMAN & LOU
394-9951

Mecklenburg County
Health Department

January 25, 1996

Ms. Norman Huffman
11301 Tema Circle
Charlotte, NC 28214

Dear Ms. Huffman,

The purpose of this letter is concerning a washing machine line which was observed discharging to the ground during a real estate inspection. You submitted a repair application requesting a washer line repair.

Lisa Mialek, with this office, and I performed an evaluation of the site and soil conditions on January 24, 1996. At the time of the evaluation, you stated that this residence did not initially have a washing machine and that it was installed at a later time. There are no records in our files to indicate that the septic system was designed to handle wastewater from the washing machine. The washer line may not be routed into the septic tank system. Introducing excess water into the existing septic tank system could cause a failure.

The soil conditions on your property are not suitable for any type of sewage disposal system that I am aware of as established in the State Sewage Laws. A repair approval is hereby denied for the above stated reasons. The washing machine shall be removed to eliminate the discharge of wastewater onto the ground surface.

You have the right to an appeal concerning this matter. Please feel free to contact me for further information or questions that you have at 704/336-5572.

Sincerely,

Tonya Higgins-Bunney, R.S.
Environmental Health Specialist

cc: Susan Bateman, R.S.
Lisa Mialek, R.S.

FEE: NA
DATE: _____

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

[ ] 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

CCP 1

FILE #: 38768

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-121-09

STREET ADDRESS: 11301 Tema Circle

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

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)
X 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
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: HUFFMAN (LAST) NORMAN (FIRST) E. (MI)
ADDRESS: 11301 TEMA CIRCLE
CITY: CHARLOTTE STATE: N.C. ZIP: 28214
DAYTIME PHONE: (704) 394-9951

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) —

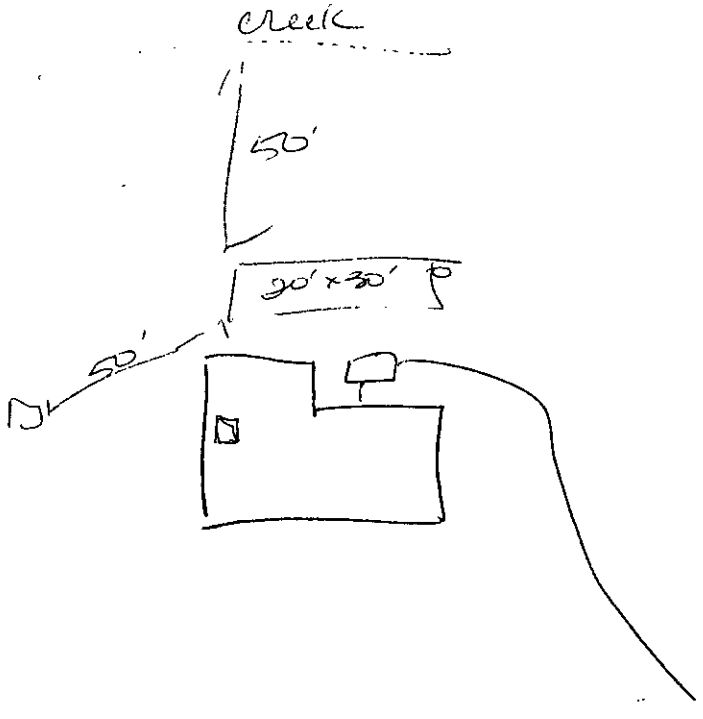
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 19/OCT-93-

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: Mrs Normai Huffman DATE: 7/16/96

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

1/19 10:20 PC to Huffman. NC.
1/22/96 10:05 PC to Huffman. NC.
1/22/96 OSR. MIS. Huffman Present


Creek
50'
30'x30'
50'

PG. 11

INSET: 023-127-26

NOT TO SCALE

CATAWBA RIVER SHORELINE

IS SUBJECT
OOD R/W.

MT. ISLAND DR. EAST

MT. ISLAND DR. WEST

MOUNTAIN ISLAND DR.

BROOKSHIRE BLVD.

ROZZELLES FERRY RD.

HART RD. #2200

MOUNT HOLLY #2004

HUNTERSVILLE RD. #2004

MONARCH DR.

N.C. 16

#1666

CIRCLE

BLOCK

DUKE POWER CO. R/W

DUKE POWER CO. R/W

DUKE POWER CO. R/W

MUSCADINE LANE

LINE

(N. C. HWY. 16)

CHURCH

22.641 AC.

25.968 AC.

40.354 AC.

36

37

38

29.041 AC.

39

5.7 AC.

40

5 AC.± P.

7.88 AC.±

6.32 AC.±

13.9 AC.±

7.21 AC.

3.13 AC.±

7.09 AC.±

6.88 AC.±

9.54 AC.

4.68 AC.

3.38 AC.±

2.03 AC.±

2.9 AC.

3.455 AC.

1.52 AC.

1.512 AC.

7.38 AC.±

5.22 AC

10.939 AC.

1.515 AC.

3.506 AC.

1.19 AC.

3.63 AC.

1.04 AC.

15.99 AC.

7.86 AC.

7.81 AC.

4.96 AC.

7.8 AC.± P.

22 AC.

15'ESMT.

15'ESMT.

60'ESMT.

127

123

122

121

124

BK. 33

BK. 31

TAX LINE MAP BOOK 23 PAGE 12

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 8-25-92 SCALE 1"= 400'

FOR TAX PURPOSES ONLY

027

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Please fill in where all "x" located.

FEE: N/A
DATE: _____

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