

8329 REGO ST

03716302

5/19/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

FINAL NOTICE

ON-SITE WASTEWATER VIOLATION NOTICE

FILE 1224

OWNER WALLACE L. & BARBARA J. PAYSOUR

MAILING ADDRESS 8329 REGO STREET, CHARLOTTE, N.C.

OCCUPANT SAME

LOCATION SAME

☒ RESIDENCE ☐ BUSINESS ☐ OTHER

TAX PARCEL NO. 037-163-02

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.

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

☐ Pit Privy must be repaired/constructed.

☒ Other Repairs (*specify*) CONNECT TO CMUD SEWER TAP.

☒ Perform Maintenance (*specify*)

If the wastewater violation is not brought into compliance by NOVEMBER 1, 1996, appropriate legal action will be taken.

Notice Issued OCTOBER 17, 1996 (Date) Signed LISA B. MIALIK, R.S. lisa B. mialik, RS Agent
Division of Environmental Health

Compliance 6/9/97 (Date) Signed lisa B. mialik, RS. Agent
Division of Environmental Health

CC: SARA PRESSLY, ASSOCIATE COUNTY ATTORNEY
SYLVIA DANIEL, R.S., PROGRAM CHIEF

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

5/13/97 O&V NO answer @ door. Sewer extension + tap installed. connection appears to have been made.
5/16/97 PC w/Mrs. Paysour - sewer passed - will check with plumber to see whether washer tied to sewer (CMUD)
6/9/97 PC w/ Mrs. Paysour - per her phone conversation with plumber - washer plumbed to municipal sewer.
6/9/97 Per check w/ Bldg Stds - sewer inspection done 4/24

$250.00

10/2/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1224 — Check #1256 $50.00 — 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

Date: 10-2-95

PERSON FILING APPLICATION:
NAME: SMITH (last) CORNELIUS (first) (mi)
ADDRESS: 2030 D MCALWAY DR PHONE: 704 398-1258
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY OWNER:
NAME: WALLACE PAYSOUR (last) (first) (mi)
ADDRESS: 8329 REGO ST PHONE: 704 596-6028
CITY: CHARLOTTE STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-163-02
STREET ADDRESS: 8329 REGO ST CHARLOTTE, NC
ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[X] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: BAHAMA PARK

LOT NUMBER: L6/B1 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) SITTING ROOM & BATH -
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 2
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)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Cornelius Smith Date: 10-2-95

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.

... Use existing system for sitting room + bath additions; CMUD tap-fee paid 10/12/95 (copy on file) for CMUD extension.

[ ] 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
Sitting room - bath

Lisa B. Mialik RS 10/12/95
Environmentalist Date

Authorized Agent for Regional Program Chief 10-16-95
Director or Authorized Section Head Date

WATER : 122791

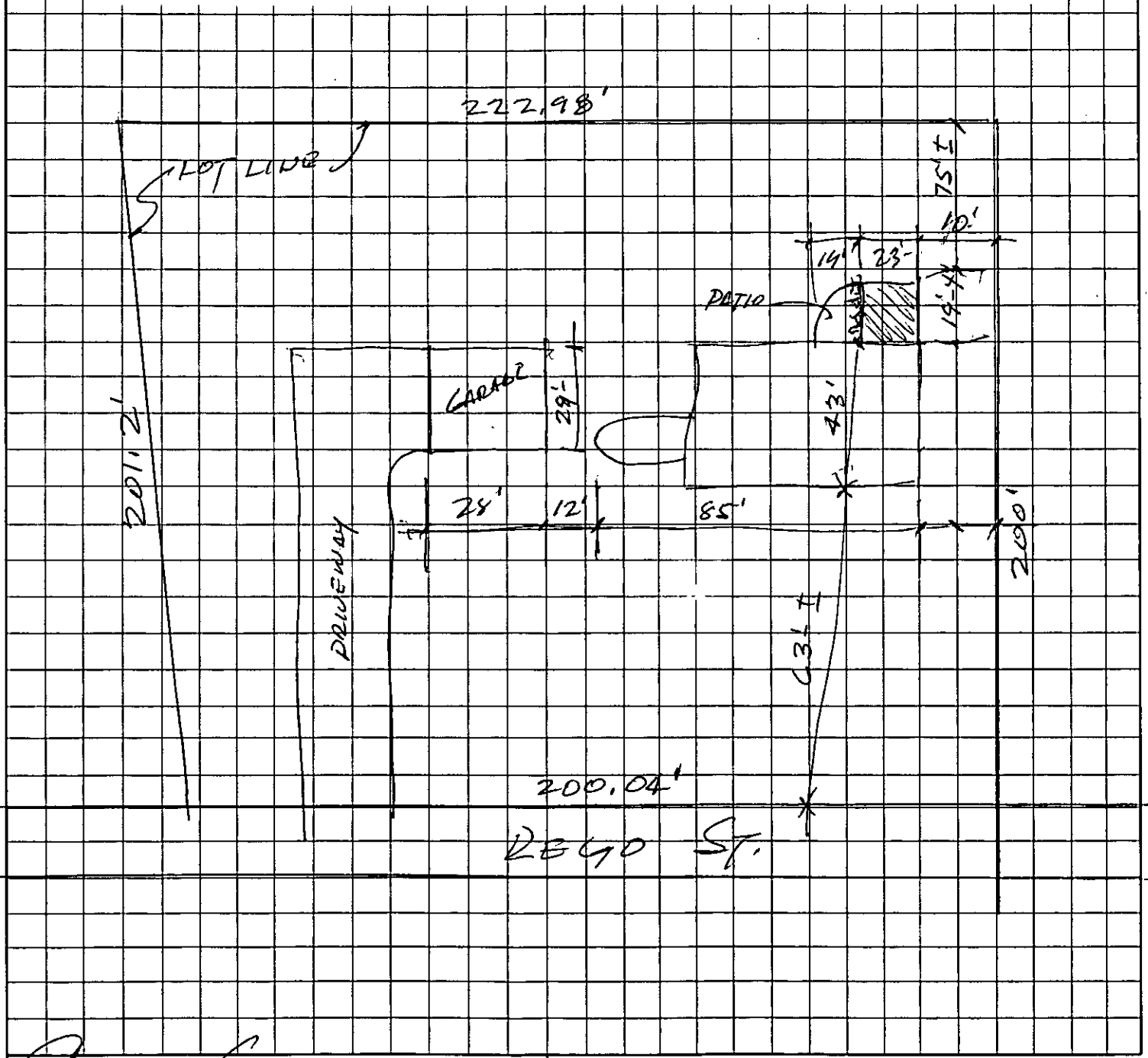
PROPOSED PLOT PLAN

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

FILE: 1224

TC: 037-163-02

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.



OWNER/AGENT SIGNATURE

DATE 10-2-95

APPROVAL DATE 10/12/95 jbm

Use existing system for sitting room & bath addition; copy of tap fee receipt for CMUD extension delivered 10/12/95 to this office.

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

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 10-12-95

№ 36073

RECEIVED FROM: Cornelius Smith

Sixteen Hundred Ten Dollars & no/100 — $ 1610.00

FOR: 4" Sewer Tap

8329 Rego

Stillie Mae Trapp
RECEIVED BY:

CASH ☐

CHECK #1276

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: V. Johnson TELECOPIER # 393-2219
CMUD

FROM: Lisa Mialik DATE 10/12/95 10:20 am
Meck. Co. Health Dept IWWS

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:
Copy of N.O.V. for 3329 Prego St - Septic malfunction

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[V]	Original will not follow	[ ]	Original will follow via:		
[ ]	U.S. Mail	[ ]	Hand Delivery	[ ]	____

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Wallace L. & Barbara J. Paysour MAILING ADDRESS 8329 Rego Street, Charlotte, NC

OCCUPANT same LOCATION same

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel: 037-163-02

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 _____.

[X] 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.

[X] Other Repairs (*specify*) Connect to C.M.U.D. sewer line. Submit copy of tap-on-fee receipt ~~(for sewer extension) to Meck. Co. Health Dept.~~

[ ] Perform Maintenance (*specify*) _____

If the wastewater violation is not brought into compliance by November 12, 1995, appropriate legal action will be taken.

Notice Issued October 12, 1995 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik RS (Division of Environmental Health) Agent

Compliance 10/12/95 (Date) Signed Lisa B. Mialik RS (Division of Environmental Health) Agent

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

Date Issued 2/21/77 Serial No. 1055 ICAHS Permit No. 1254

T C No.

Map Data

MECKLENBURG COUNTY HEALTH DEPARTMENT

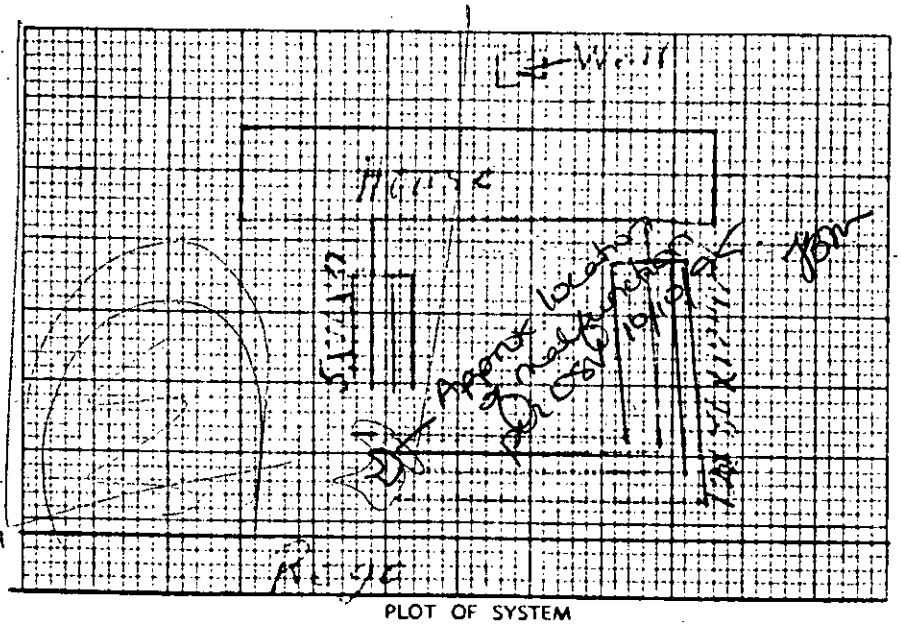
ENVIRONMENTAL HEALTH DIVISION

File All

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste water treatment system with subsurface, soil absorption, effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied in application 1254 dated 2/24/77 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4/21/77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 1250

Tank Construction PC

Absorption and/or Nutrification Lines

Total Line Lenght 400-100'

Number of Lines 5(12½ x 80 x 17"

Distance from House 10'

Distance from Property Line 10'

Distance from Well 60'

NAME OF OWNER Ray Sowell, Wallace

LOCATION OF PROPERTY Rego ST.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments:

J. R. Wilkinson
Division or Section Head

Charles W. Williams
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E 5-4-1-11

HEALTH DEPARTMENT'S COPY

Date Issued 7/23/71 Serial Nº 920

C of A (s) No. 1224

T. C. No. [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Paysource, Wallace (LAST, FIRST, MIDDLE)

Location of Property Rego St.

Application Number 1224 Permit Number 1055

Inspection Data:

Liquid Capacity of Tank 1250 Tank Material PL.

Total Length of Drain Tile 400-100 Number of Lines 5 @ 125 x 80' x 17" / 12½' x 80' x 17"

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Well Distance from Water Source 60'

Excavation Inspected 7/23/71 (DATE) Tank Inspected 7/23/71 (DATE)

Nitrification Field Inspected 7/23/71 (DATE)

Washing Machine Line Inspected, If Applicable 7/23/71 (DATE) 5'x16'x17"

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system:

Comments: _____

Charles H. Wilson
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 7/23/71 Serial No. 920

C of A (s) No. [illegible]

T. C. No. [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Penonce, Wallace
LAST FIRST MIDDLE

Location of Property Rego St.

Application Number 1224 Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank 1250 Tank Material PE

Total Length of Drain Tile 400-100 Number of Lines 5 Curves X

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source Well Distance from Water Source 60'

Excavation Inspected 7/23/71 DATE Tank Inspected 7/23/71 DATE

Nitrification Field Inspected 7/23/71 DATE

Washing Machine Line Inspected, If Applicable 7/23/71 DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: _____

Charles R. Wilson
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2-24-71

ICAR(S) Application No. 1224

T. C. No.

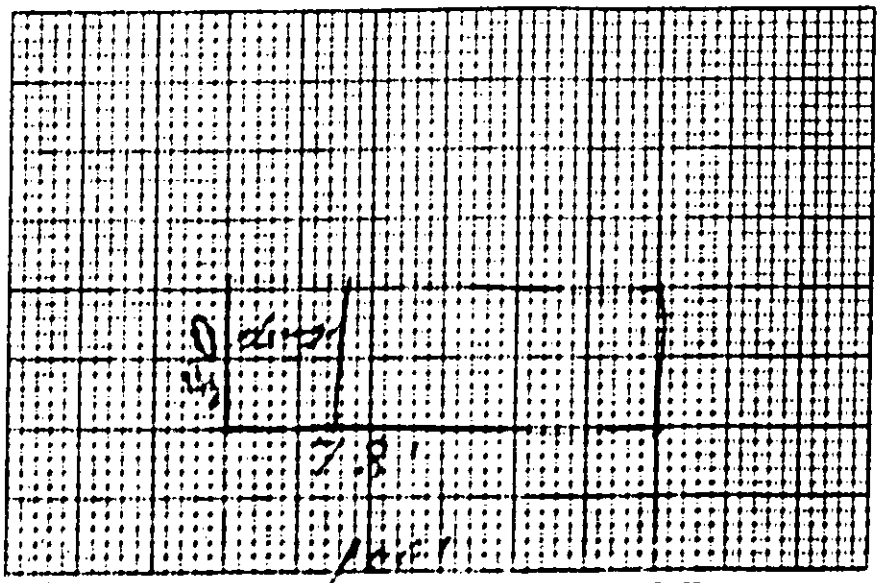
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 4

5) Business Use — Max No Employees _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disposal _____ Yes _____ No

8) Dishwasher _____ Yes _____ No

9) Water Supply:
A) Individual Well Shallow
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ✓ Yes _____ No
House located within 200 feet of community sewer _____ Yes ✓ No

11) FHA Case No _____

12) VA Case No _____

13) NAME OF OWNER [redacted] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 1736 New Castle St.

15) PHONE NO Home [redacted] Office

16) LOCATION OF SYSTEM [redacted] (STREET OR COUNTY ROAD)

17) SUBDIVISION [redacted] Lot No 62 Block No. 1

Map Book No. [redacted] Page No. 71

18) DEED REFERENCE - DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

2-24-71
DATE OF APPLICATION

[redacted]
OWNER

FORM NO 8-4-1-1-70

HEALTH DEPARTMENT'S COPY

BK. 25

PG. 18

PG. 15

PG. 13

PG. 26

LONG CREEK TOWNSHIP

CHARLOTTE CITY LIMITS

LAKEVIEW RD.

LAKEVIEW RD. #2112

POTOMAC BLVD.

REAMES RD.

REGO ST.

HAWAII DR.

HICKORY LN.

BELLA VISTA CT.

DELROSE LN.

LARKHULL DR.

TRINITY RD.

#2111

#2110

ISAAC DR

RENEE DR.

MABE DR.

FELDBANK DR.

Williams Kratzer

Davidson

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FOR TAX PURPOSES ONLY

TAX LINE MAP BOOK 37 PAGE 16

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 7-3-91 SCALE 1" = 200'