

6232 PAW CREEK RD

05921227

6/5/2007

duponbj

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

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 5-25-89

Margaret Duncan

№ 22837

RECEIVED FROM: Ralph J Duncan

Seventeen Hundred Forty Dollars & 00/100 — $1740.00

FOR: 4" Sewer Lateral

6232 Paw Creek Rd

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 1 1989
ENVIRONMENTAL HEALTH
DIVISION

RECEIVED BY: Ollie Mae Knapp

CASH ☐

CHECK ☒

Mecklenburg County
Health Department

Basil G. Dalta, M.D., M.P.H.
Health Director

June 9, 1989

Margaret S. Duncan
6232 Paw Creek Rd.
Charlotte, NC 28214

Dear Ms. Duncan:

On May 22, 1989 a letter was mailed to you regarding a sewage violation at 6332 Paw Creed Rd., tax parcel 059-212-27, Charlotte, North Carolina. Our records indicate that the tap-on fee has not been paid to the Charlotte Mecklenburg Utility Department to arrange for connection to the municipal sewer system.

You must present a copy of the tap-on fee receipt to this office before the due date of June 22, 1989. Failure to comply with the directive will result in legal action being initiated against you on June 23, 1989.

If you have any questions concerning this matter, please contact me at 376-4603 between 4:00-5:00 p.m.

Sincerely,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply Section

cc: Ms. Sara Pressley
Associate County Attorney

WELL WATER REPORT Prepared by: JMC

Link=alpha Shell=b:shellwat.txt Source=b:parlib.txt Fill-in=b:fidwat.txt

5-22-89 6-22, 6-23

34/ 35/ 36/ 16/ 16/ ___/ ___/ ___/ ___/ ___/

!naa! Name: Margaret S. Duncan

Address: 6232 Paw Creek Rd.

Address: _____

City,State,Zip: Charlotte N.C. 28214

Attention: ATTN: _____

!salutation! Dear Ms. Duncan

!site! 6332 Paw Creek Rd 059-212-27 Charlotte
Street No. Street City

!day! _____

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

May 22, 1989

5734A

Margaret S. Duncan
6232 Paw Creek Road
Charlotte, NC 28214

Dear Ms. Duncan:

At your request, an investigation was made of the septic tank system on the property located at 6232 Paw Creek Road (parcel 059-212-27), Charlotte, North Carolina.

At the time of the investigation it was found that the septic tank system was not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by the Mecklenburg County Board of Commissioners.

You are hereby given notice to arrange for connection to the Charlotte Mecklenburg Utility Department Sewage System by June 22, 1989. You must submit a copy of the tap on fee receipt as proof you have initiated corrective action. Failure to comply with this procedure will result in legal action being taken against you.

Sincerely,

Ralph Nilles, R.S.

Ralph Nilles, R.S.
On Premises Waste Disposal & Water Supply Section

6/8

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 10 1989
ENVIRONMENTAL HEALTH
DIVISION ☐ CRT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 5734A
TC: 059-28 2-27
SERIAL: № 18379

JOB LOCATION

① ADDRESS: 6232 Paw Creek Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 3644618
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Margaret (FIRST) S. (MIDDLE) Duncan (LAST)
⑨ MAILING ADDRESS: 6232 Paw Creek Rd
⑩ CITY: Charlotte ⑪ STATE: NC. ⑫ ZIP: 28214
⑬ PHONE: (WORK) ⑭ (HOME) 399-9907

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type?
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Margaret S. Duncan
Date: May 9 - 1989

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.