

1323 NIAGARA CR

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

FEE: NA

DATE: 3/24/97 Le 4/18/97

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

4 UE

[ ] 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 #: 18956

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 059-211-01

STREET ADDRESS: 1323 Niagara Circle

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9 BH

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE _____

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:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

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	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: Grindstaff, David
(LAST) (FIRST) (MI)

ADDRESS: 1323 Niagara Circle

CITY: Char STATE: NC ZIP: 28214

DAYTIME PHONE: (704) 399-0213

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: ✓ David R. Grindstaff DATE: ✓ 3/25/97

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

File H 18950

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?
YES

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? NO

6) Has your septic tank ever been pumped out? If so, approximately when?
YES OCTOBER, 1996

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? 1969 OR 1970

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)?
NO

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

File

1895B

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER ~~David Grindstaff~~ MAILING ADDRESS 1323 Niagara Circle Charlotte, NC 28214

OCCUPANT _____ LOCATION _____

[X] RESIDENCE [ ] BUSINESS [ ] OTHER _____

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/ 336-5572.

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

[X] Eliminate wastewater discharge and connect to an approved wastewater system. Connect to the Charlotte-Meck. Utilities Dept.

[ ] Pit Privy must be repaired/constructed.

[ ] Other Repairs *(specify)* _____

[X] Perform Maintenance *(specify)* Properly abandon tank by pumping the tank, ~~crushing the tank and filling with~~ clean fill dirt.

If the wastewater violation is not brought into compliance by May 20, 1997, appropriate legal action will be taken.

Notice Issued 4/21/97 (Date) Signed Toni Higgins Bunney, R.S. (Agent, Division of Environmental Health)

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

Please submit copy of tap on fee to this office within 30 days to releive complaint. Thank you

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


MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
TONI BUNNEY, R.S.
Environmental Health Specialist
Telephone: (704) 336-5572
FAX: (704) 336-6894
700 North Tryon Street
Suite 211
Charlotte, NC 28202