

1550 MARLWOOD CR

10929205

6/26/2007

duponbj

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

CITY OF CHARLOTTE

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: January 24, 1991

TO: Ms. Sylvia D. Daniel, Program Chief
Mecklenburg County Health Department
Environmental Health Section

FROM: Dennis D. Gwaltney, P.E.
Public Service Engineer

SUBJECT: Attn: Judy Kiser

Request for City Sewer Service.

We have a request from Mr. Boyce N. Foard to construct an extension of sewer main to serve 1550 Marlwood Circle. Limited funds have been appropriated for water and sewer street main extensions in unserved areas inside the City. One of the requirements of this program is evidence of a public health need, prior to any extension.

Please indicate below if a Public Health Need is evident at this location according to the following criteria.

✓ Evidence of a Public Health need that, in the opinion of the Environmental Health Department, cannot be eliminated with repairs to the existing system.

Evidence of a Public Health Need that, in the opinion of the Environmental Health Department, can be eliminated with repairs to the existing system.

Comments:

By: _____
Mecklenburg County Environmental
Health Department

cc: D. D. Gwaltney
File

DDG/gg

7235A

Mecklenburg County
Health Department

January 17, 1991

Boyce N. Foard
Geneva D. Ford
1550 Marlwood Circle
Charlotte, NC 28227

Dear Mr. & Mrs. Foard:

During a recent investigation of your property at 1550 Marlwood Circle, Charlotte, North Carolina, 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 in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

You are hereby given notice to arrange for connection to the Charlotte Mecklenburg Utility Department Sewage System by February 19, 1991. 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.

You are hereby given notice to arrange for connection tc the Charlotte Mecklenburg Utility Department Sewage System by February 19, 1991. 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.

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

Sincerely,

Judy J. Kiser R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

DATE: 1-18-91

CHARLOTTE MECKLENBURG UTILITY DEPT.

No 25839

RECEIVED FROM: Boyce N. Foard

two thousand two hundred four & 80/100 $ 2,204.80

FOR: 4" sewer tap

~~5~~ Marlwood Cr
1550

Vonda Graham
RECEIVED BY:

CASH ☐

CHECK ☑ # 778

BOYCE N. FOARD
1550 MARLWOOD CIR
CHARLOTTE, NC 28227

778

1-18 1991

56-19
530

PAY TO THE ORDER OF Charlotte-Mecklenburg Utility Dept. $ 2204 80

Two thousand two hundred four & 80/100 DOLLARS

NCNB National Bank of North Carolina
Charlotte, NC 28255

FOR

Boyce N Foard

⑆053000196⑆ 006101885⑈ 0778

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7235A
TC: 109-292-05
SERIAL: № 21459

RECEIVED
MECKLENBURG CO. HEALTH DEPT
JAN 14 10 [illegible]
ENVIRONMENTAL HEALTH DIVISION

JOB LOCATION

① ADDRESS: 1550 Marlwood Circle (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 109-292-05
⑤ SUBDIVISION: ⑥ LOT: 18 ⑦ BLOCK: C

OWNER

⑧ NAME: Boyce (FIRST) N. (MIDDLE) Foard (LAST)
⑨ MAILING ADDRESS: 1550 Marlwood Circle
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 536-1233 ⑭ (HOME) 536-1233

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? 4
㉕ Type?
㉓ Maximum occupancy? 8
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: Boyce N. Foard
Date: January 11th 1991

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~~ 60 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.

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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28203
PHONE (704) 376-4603

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(OFFICE USE ONLY)

FILE: 7235A

TC: 109-292-05

SERIAL: NO 21459

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1550 (STREET NO.) Marlwood (STREET) Circle ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 109-292-05

⑤ SUBDIVISION: ⑥ LOT: 17 ⑦ BLOCK: C

OWNER

⑧ NAME: Bryce (FIRST) N (MIDDLE) Ford (LAST)

⑨ MAILING ADDRESS: 1550 Marlwood Circle

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 536-1233 ⑭ (HOME) 536-1233

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Signed: Bryce N. Ford

Date: January 11th 1991

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