

13424 FOUR OAKS LN

19501357

5/23/08

marliwr

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

FEE: NA

DATE: 4/21/97

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

D4400

[ ] 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

FILE #: 4866

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-013-57

STREET ADDRESS: 13424 Four Oaks Dr

SUBDIVISION OR MOBILE HOME PARK NAME: Idlewood

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE: _____

4/16/97 - OSV. Mrs. Deanne Barr present. Washer effluent surfacing upon use. 7/28/97 OSV for followup. Mrs. Deanne Barr present. Washer plumbed to S.T. due to lack of repair space. ~~to lack of repair space~~ Reiterated importance of having S.T. pumped - practice water conservation.

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: No repair done. JOH

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
X MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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: (LAST) Barnett (FIRST) Harry (MI) Shields

ADDRESS: 13424 Four Oaks Dr

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: (704) - 847-4339

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: Shields Barr DATE: 4-21-97

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

SERVICE REQUEST/WORK ORDER

Log No.: 4866 Section: INWS Hazard? [ ] Yes [ ] No

Date: 4/16/97 Parcel: 195-013-57 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Danny Griffin Phone 345-9430
ST. Contractor

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Shields - Deannie Barr 847-4339

Address 13424 Four Oaks City _____ (w) 345-8222 Zip _____

SERVICE REQUESTED: Washer malfunction

ASSIGNED TO: L. Malik TAKEN BY: L. Malik

DATE	ACTIVITY REPORT
4/16/97	OSV. Mrs. Deannie Barr present. Washer effluent surfacing upon use. Need utilities marked - Mrs. Barr to notify D. Griffin when done.
4/21/97	OSV. Danny Griffin + Mr. Mrs Barr present. Very minimal repair area. Per D. Griffin - wants to pursue use of area within road r/w - will consult Town of Mint Hill. Advised against; however, the Barrs + Griffin to keep me posted.
5/2/97	PC to Mr. + Mrs Barr @ 847-4339. NC. LM
6/3/97	PC from Mr. Barr - request denied by Town of Mint Hill. Due to lack of repair space - recommended that S.T. be pumped + washer plumbed to S.T. - possible diversion valve to switch flow between existing S.T. beds. Per Mr Barr - will notify me of his decision in ~ 2 weeks.
7/15/97	OSV. No one present. Left note requesting update for
7/15/97	VM from Mr Barr - plumbed washer to S.T. Scheduled OSV for 7/21 @ ~10:30 am via PC w/ Mr Barrs
7/21/97	VM was left for Barrs to cancel a.m. appt. - sick leave.
7/25/97	PC w/ Mr Barr rescheduled for 7/28 @ ~10:30 am
7/28/97	OSV. Shields Barr present. Washer plumbed to line to S.T. (w/ ball valve installed) option to divert washer water back to washer area if needed. Per Mr Barr, wants to see use washer has can recover some after period of no use. Advised accordingly. Closing S.T. Lee B. Malik RS 7/28/97

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal (✓) Not Applicable

COMPLETED BY: _____

REVIEWED BY: _____