

8316 ADRIAN CT

21314203

12/26/2007

duponbj

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

To: Linda McLin

From: Jane Wilson

Dept Charge

Fax #

E.T.L. Board Of
Sewer Tap Reciept

APR-28-97 MON 15:44 ROGER MARTIN 704 545 9461 P.01

TE: 4-3-97

ECEIVED FR M: Dr. Jane Williston One thousand seven hundred fifty 00/100 $ 1750.00

04-28-97 04:20PM P01

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

ON-SITE WASTEWATER VIOLATION NOTICE File 1820 B

Owner Charles B. & Jane M. Williston Mailing Address 8316 Adrian Court, Charlotte, NC 28270

Occupant same Location same

Tax Parcel No. 213-142-03

☒ 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) 336-5573.

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

☐ Other Repairs (*specify*) _____

☒ Eliminate wastewater discharge and connect to ~~an~~ ~~approved~~ Charlotte-Mecklenburg Utility Department sewer line (tap).

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by June 23, 1997, appropriate legal action will be taken.

Notice Issued June 5, 1997 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS (Agent)
Division of Environmental Health

Compliance 8/7/97 (Date) Signed Lisa B. Mialik, RS (Agent)
Division of Environmental Health

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

8/7/97 OSR. Dr Jane Williston present. Residence connected to municipal sewer @ right rear corner of property.

6/18.

File 1820B

Mecklenburg County

Health Department
April 28, 1997

Dr. Charles B Williston
8316 Adrian Court
Charlotte, NC 28270

Dear Dr. Williston:

Receipt of your application for a proposed den, bathroom and garage addition to your residence located at 8316 Adrian Court, Charlotte, North Carolina is hereby acknowledged.

Upon receipt of the application, a site evaluation was conducted on March 25, 1997 with your builder. At this time it was found that the sewage disposal system was not functioning properly and sewage was leaking to the surface of the ground, creating a public health hazard. This is in violation of Article II of Chapter 130A of the General Statutes of the State of North Carolina. A notice of violation was issued on March 27, 1997 with a compliance date of April 28, 1997.

The sewage violation must be corrected prior to an approval from this office for the planned building additions to the residence.

The following is offered as information to you. A copy of the tap on receipt indicating your request to be connected to the municipal sewer system has been received from the Charlotte-Mecklenburg Utility Department. While this does indicate your intent to comply with the notice of violation from this office, please be advised that all necessary measures must be taken in the interim to keep the sewage malfunction to a minimum until the service connection to the municipal sewer line is completed.

Please contact me at 336-5573 to notify when the connection is completed and do not hesitate to call if you have any questions concerning this matter.

Sincerely,

Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems Section

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

ON-SITE WASTEWATER VIOLATION NOTICE

File 1820B

OWNER Charles B. & Jane M. Williston MAILING ADDRESS 8316 Adrian Court, Charlotte, NC 28270

OCCUPANT same LOCATION same

[X] RESIDENCE [ ] BUSINESS [ ] OTHER Tax Parcel No. 213-142-03

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.

[ ] Other Repairs (*specify*) _____

[X] Eliminate wastewater discharge and connect to ~~an~~ approved wastewater system. Charlotte-Mecklenburg Utility Department (CMUD) sewer line. Submit copy of CMUD tap-on-fee receipt to ~~the Mecklenburg County Health Dept.~~

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by April 28, 1997, appropriate legal action will be taken.

Notice Issued March 27, 1997 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS (Agent) (Division of Environmental Health)

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

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$600 - 3-13-97 3258 CW [ ] CRT

1820B Roger Martin pager 371-2141 ~~376-9461~~

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

PERSON FILING APPLICATION:
NAME: Williston (last) Charles B (first) (mi)
ADDRESS: Adrian Ct PHONE: ( ) 334-1996
CITY: Charlotte STATE: N.C. ZIPCODE: 28270

Date: 3-12-97

PROPERTY OWNER:
NAME: Williston (last) Charles (first) B. (mi)
ADDRESS: 8316 Adrian Ct PHONE: ( ) 334-1996
CITY: Charlotte STATE: N.C. ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 213-142-03
STREET ADDRESS: 8316 Adrian Ct
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: 13 LOT SIZE (in acres): 1.4 acres ±

TYPE APPLICATION (check one):
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Deleted / DENTSPACE
Detached

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

7/28PC to Roger Martin re: are machine

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: _____ Date: 3-12-97

4/13M from Roger Martin - Plumber delay - need add. time

NOTICE:

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:

7/30S - unable to leave vehicle - Dog

7/31 PC w/ Roger Martin - advised - have plumber complete by 7/4 - otherwise pursue legal action

1. No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.
2. This permit is not transferable.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

7/28 PC to Roger Martin, Bldr. 8. 3/25/97 OSV. Roger Martin, Bldr present. Malfunction. Advised - need to connect to municipal sewer

4/16/97 PC w/ Mrs Williston. Builder got permit w/ tap receipt.

Environmentalist Date

Advised to notify once connection made

3/28/97 NOV; Due 4/28/97

4/3/97 M from Mrs Williston (365-0661) stated she paid tap as advised by builder

4/3/97 PC w/ Mrs Williston - advised - need copy of CMUD tap fee receipt.

Denied 1961

4/15/97 PC w/ Willie Mae @ CMUD - tap fee paid.

6/4/97 OSV. Bldr's present. Tap in place.

WATER : 122791

7/17 OSV. No one present. Installed from house to tap. Washed out driveway culvert

6/16 Mm from Roger Martin (545-9461) (voice 371-2141)

1820B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 - 3-13-97
3258 EW

[] 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

PERSON FILING APPLICATION:
NAME: WILLISTON (last) CHARLES (first) B (mi)
ADDRESS: ADRIAN CT PHONE: (__) 334-1996
CITY: CHARLOTTE STATE: N.C. ZIPCODE:

Date: 3-12-97

PROPERTY OWNER:
NAME: WILLISTON (last) CHARLES (first) B. (mi)
ADDRESS: 8316 ADRIAN CT PHONE: (__) 334-1996
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 213-142-03
STREET ADDRESS: 8316 ADRIAN CT
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: 13 LOT SIZE (in acres): 1.4 ACRES ±

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Bdrm/Ben/Bath

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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: [signature] Date: 3-12-97

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...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.

...3/25/97 OSN. Roger Martin, Bldr, present. Malfunction. Advised need to connect to municipal sewer.
Request Denied - see letter on file
JBM

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Denied - NO WKS JBM

Environmentalist Date

WWATER : 122791

Built 1960

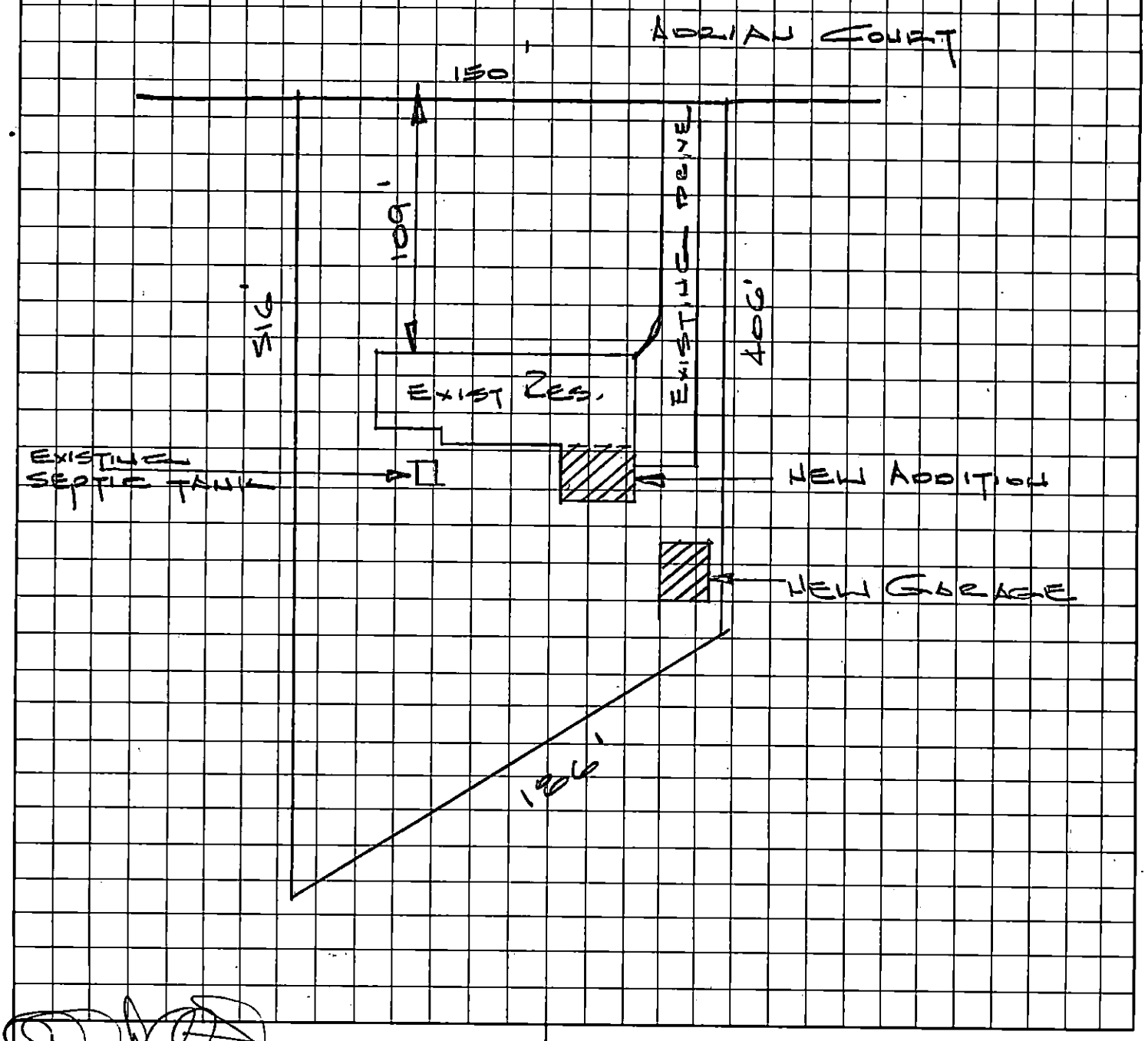
PROPOSED PLOT PLAN

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

FILE: 1820B

TC: 213-142-03

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 3-12-97

APPROVAL DATE

Request denied - NO WKS - malfunction. 3/25/97 JBM

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy