

5314 VICTORIA AV

03723677

12/31/2007

duponbj

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

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Thomas H. Calix

MAILING ADDRESS 5314 Victoria Avenue Charlotte, NC 28269

OCCUPANT _____

LOCATION Same

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel #037-236-76/77

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 336-5568.

[ ] 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.

[X] Perform Maintenance (*specify*) Connect to municipal sewer. Please mail in a copy of sewer tap on fee receipt.

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by April 9, 1998, appropriate legal action will be taken.

Notice Issued March 10, 1998 (Date) Signed Larry B. Thompson, Jr., R.S. (Division of Environmental Health) Agent

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

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

F/C
2412B
3/13

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel R.S.
Program Chief

Date: March 17, 1998

Ref: 5314 Victoria Ave./File #2412B

SUBJECT: Refund

(Mr./Mrs./Co.) Accent Mobile Homes originally paid $100.00 for an Improvement Permit for a new septic system on February 27, 1998.

A refund should be issued for $50.00 because It was determined by the EHS that the existing system sysem would be used pending connection to municipal sewer, the fee for that service is $50.

Please make check payable to: Accent Mobile Homes
Attn: Frank DiCesare
6315 N Tryon Street
Charlotte, NC 28213

Accent
MOBILE HOMES

3-9-98

Larry Thompson
Evironmental Health Specialist
700 N. Tryon St.
Charlotte, N.C. 28216

re: 5314 Victoria Ave. Thomas H. Calix

Accent Mobile Homes agrees to complete hookup to City sewer when sewer is avaible, and disable the exsisting septic system that will be used in the interim with the exchange permit from City.

Respectfully,
Accent Mobile Homes
Frank DiCesare
Frank DiCesare
General Mgr.

Refund $50 fee per
Conv w/ L. T. requestor
wanted to alter system

597-1802 6315 N. Tryon St.
28213

FEE: 180.00
DATE: 2-27-98

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

1 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM X 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 #: 24128

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-236-76, 77

STREET ADDRESS: 5314 Victoria Ave

SUBDIVISION OR MOBILE HOME PARK NAME: Private

LOT NUMBER: Lot 12 and Lot 11

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
✓ DOUBLE WIDE (D)
___ 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
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1344

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE 1-30-98

Turned down - connect

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT ON SLAB
X 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Calix Thomas H (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 5314 Victoria Ave	DAYTIME PHONE: ( ) -
CITY: Charlotte STATE: NC ZIP: 28269	
DAYTIME PHONE: 704 597-2025	

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: Keith Wagner (agent) 704 597-1802 DATE: 2-27-98

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

FEE: $100 ck
DATE: 2/27/98

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

40
1 CRT

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✓ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
__ HOUSE (H) __ OTHER (O)

TOWNSHIP (CHECK ONE):

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

OK to release per LT 3/13/98

HEATED SQUARE FOOTAGE: 1344

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE 1-30-98

FOUNDATION FOR RESIDENCE:

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X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

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ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

2412B
5314 Victoria Ave.
* Release ~~can be made if~~:
① Sewer tap fee receipt is ~~produced~~
② Written ~~verification~~ from (Accent Mobile Homes) that house will be connected to sewer when tap has been installed. Plumber will connect mobile home to tap at street. Turn key package.

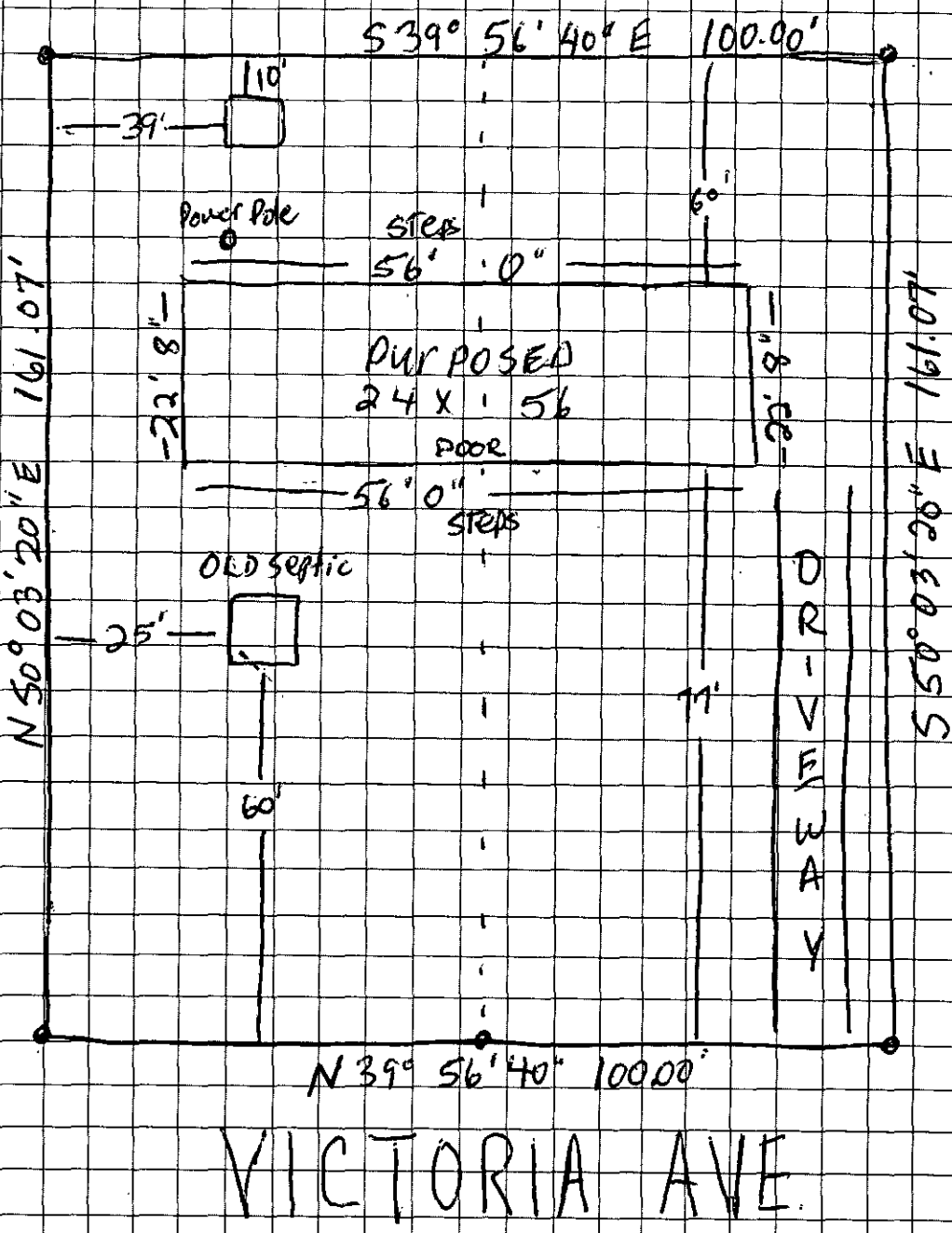
PROPOSED PLOT PLAN

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

FILE: 2412 B

TC: 037.256-76 & 77

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 2/27/98

Name/Company: Accent Dirt

Sanitation _____

Vector Control _____

IWWS ✓

Service: File 2428

5314 Victoria Ave

_____

_____ #8016

Fee: $ 100.00 pd 3/2/98 SJ

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

PAGE 1
704 393 2219
FILE No. 165 03/13 '98 12:01 ID:CHAR-MECK UTILITIES

336-6894
Larry Thompson

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 3-13-98

№ 44513

RECEIVED FROM: Accent Mobile Homes
one Thousand six hundred ten & 00/100 — $ 1610 00

FOR: 4" sewer
5314 Victoria Ave

Doreen Johnson
RECEIVED BY

CASH ☐
CHECK ☑ # $2029