

4811 CAROUSEL DR

13324117

12/20/2007

duponbj

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

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: IWWS Hazard? [ ] Yes [ ] No

Date: 12-22-95 Parcel: _____ <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Les Singer Phone 388-1321

Address 4811 Carousel Dr. City Charl. Zip _____

PROPERTY CONCERNED: Facility Name _____

Address _____ City _____ Zip _____

SERVICE REQUESTED: malfunctioning around Septic tank

ASSIGNED TO: S Bateman TAKEN BY: J Kiser

DATE	ACTIVITY REPORT
12-22	Site visit - Sewage surfacing around tank. Drainfield area, with probing, did not appear saturated, therefore, it's possible that blockage near tank exists. Sewer available. They are going to have tank pumped & see if there is only a blockage. If that is not the problem they will connect to sewer. Needs follow-up investigation. S Bateman 1-3-95
1-3	Spoke w/ Mr. Singer. He is looking into connecting to sewer. Tank was pumped & he says it (sewage) is staying underground at this point. While, please continue follow-up on this - 2-3 weeks from now a site visit to check on system - A violation notice may then need to be done. Thanks.
2/13/96	Met, homeowner, and Larry Thompson EHS on lot. No evidence of septic system malfunction was noticed. Advised Mr Singer to consider city sewer if septic system failed. Mr Singer will contact dept. if septic system gives problem.

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

COMPLETED BY: Philo A. Walker R.S. 2/15/96

REVIEWED BY: _____

AM/PM Thurs Fort Harrow, IR Hayleswic

FEE: N/A

DATE: _____

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

[ ] 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 #: 1239B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 133-241-17

STREET ADDRESS: 4811 CAROUSEL DR.

SUBDIVISION OR MOBILE HOME PARK NAME: IDLE BROOK

LOT NUMBER: 17, BLOCK #2

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1880 sf

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

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: SINGER, LESLIE J.
(LAST) (FIRST) (MI)

ADDRESS: 4811 CAROUSEL DR.

CITY: CHARLOTTE STATE: N.C. ZIP: 28212

DAYTIME PHONE: (704) 388-1321

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1963

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: Leslie J. Singer DATE: 2/8/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202-2236, (704) 336-5102