

1433 NIAGARA CR

05921105

6/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

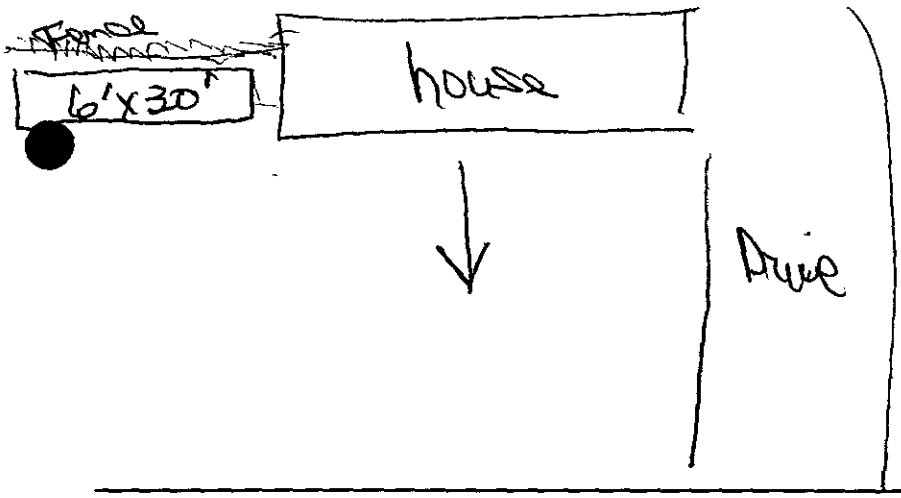
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5786A DATE: 7/9/89

TC: 059 21-05 ☐ L

SERIAL Nº 12754

Permission is hereby given to _____ Install or Construct, Y Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7/7/89. All work shall be completed on or before 8/9/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width (1) 6' B+D feet

Total Line Length 60' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Green Rick R.

LOCATION OF PROPERTY 1433 Niagara Circle

Comments: INSTALL 6'X33', 12" Stone STRAW Over WASHER Repair

Division or Section Head

Environmentalist Judy J Kiser R.S

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

SERVICE REQUEST/WORK ORDER

Tax Code: _____ Emergency? Y N

Date: 5/9/89 Hour: 8:30

Section: OPWD Log No.: 809

REQUESTING PERSON: Rick Green Tel. No. _____ 8-5

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 1433 Niagara Dr City Enid Zip _____

SERVICE REQUESTED: SEPTIC MAINTENANCE/DAM

ASSIGNED TO: Dilles TAKEN BY: JR

DATE	ACTIVITY REPORT
5-9-89	Visited site. Met Ric Green - owner of 1433 Niagara Dr. He showed me effluent coming out of bank - I said I'd send him a letter - I'll report - no city sewer available. (RR) TC 059-211-05 RICK R. GREEN. 28214. Sent Mr. Green a 30 day violation letter (RR).
5/24	Spoke w/ Mr Green by Phone - NO Application mailed out - will mail to day.
5/24	Application received
6/2	Spoke w/ Mr. Green, Howard Summers repaired dam in DEH hearing. Advised he have Mr. Summers contact me for new permit
6/14	Site visit w/ Mr. Summers & Rick Green. Summers had put in a pit w/o permit - not working today. Mr Green stated he'll shut down on washing operation (cutter - 3 children)
6/15	Researched records (see attached) Advised Mr Green if old washer bed he is going to have water back on this and this office will Order Connection and do surveillance -

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

LOCATION _____ OWNER Zenith Const. Co WHITE _____ COLORED _____ ✓

ADDRESS 1433 Niagara Drive OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ (wood) _____ (concrete)

Number _____

New _____ _____ (date)

Repaired _____ _____ (date)

WATER SUPPLY:

Source well

If well, type

_____ (Bored)

✓ (Drilled)

_____ (Dug)

Distance from nearest pollution 100 ft.

SEPTIC TANK:

Material Pre-cast

Dimensions 1000 gal

Volume 1000 gal

Type secondary treatment 300 sq ft #1 stone nitrification line

No. of bedrooms 3

Permit Number 6966

Approved

Approved by J. R. Atkinson

Contractor or Plumber Travis Orr

Address Mathews, N.C.

Remarks Perc rate - 4/1

FHA CASE NUMBER 381-083831

VA CASE NUMBER [illegible]

15'X45' + seepage filter trench lined

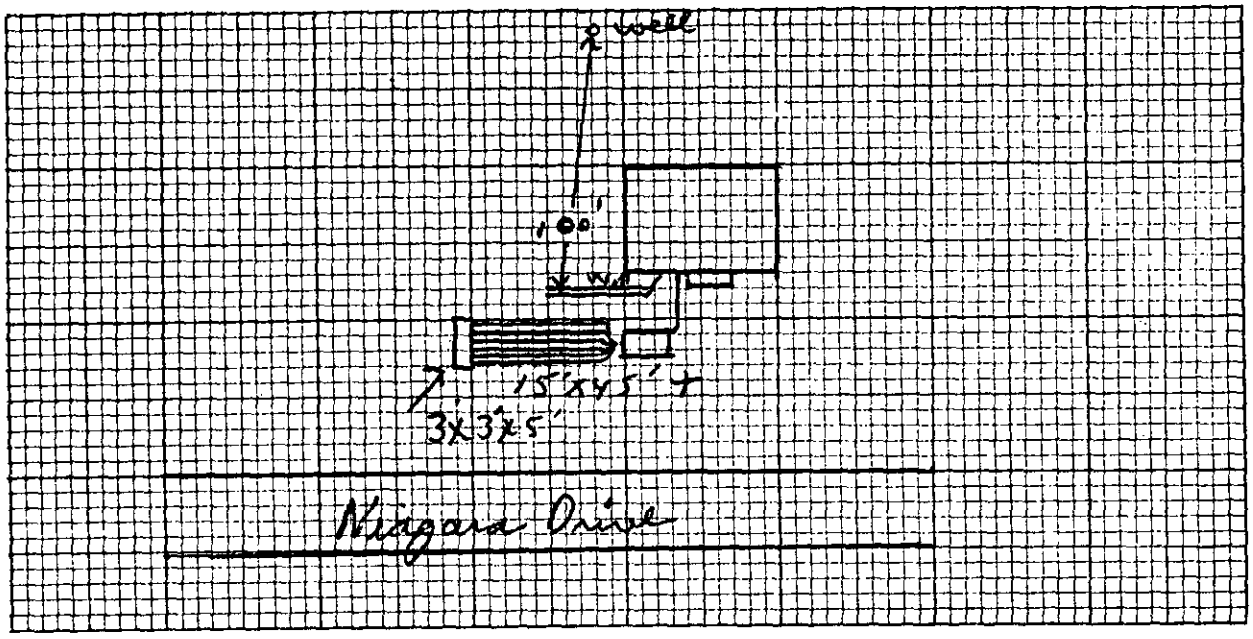
Date 20 Oct 1969

Date _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

June 5, 1989

Rick Green
1433 Niagara Drive
Charlotte, NC 28214

Dear Mr. Green:

On May 10, 1989 a letter was mailed to you regarding a sewage violation at 1433 Niagara Drive, tax parcel 059-211-05, Charlotte, North Carolina. Our records indicate that you have not contacted this department for an appointment to repair as required.

Your prompt response is necessary to assure compliance before the due date of June 12, 1989. Failure to complete the repair will result in legal action being initiated against you on June 13, 1989.

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

Sincerely,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply Section

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: 5786A
TC: 059-21-05
SERIAL: № 18509 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1433 Niagara Cir (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Town Park ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Rick [redacted] (FIRST) R (MIDDLE) Green (LAST)
⑨ MAILING ADDRESS: 1433 Niagara Cir [redacted]
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 393-1615 ⑭ (HOME) 393-1615

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? 3 ㉕ Type?
㉓ Maximum occupancy? 5 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 on the property for the purpose of processing this request.

Signed: Rick Green
Date: 5-26-89

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 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.

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

May 10, 1989

File 5786A

Rick Green
1433 Niagara Drive
Charlotte, NC 28214

Dear Mr. Green:

During a recent investigation of your property at 1433 Niagara Drive (parcel 059-211-05), 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 and the regulations adopted by the Mecklenburg County Board of County Commissioners.

You are hereby given notice to correct this situation by June 12, 1989. Failure to comply with this notice will result in legal action being taken against you.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 376-4603 between 4:00-5:00 p.m.

Sincerely,

Ralph Nilles, R.S.

Ralph Nilles, R.S.
On Premises Waste Disposal & Water Supply Section

No Application was sent with Letter
mailed on 5/24