

1201 MANCHESTER LN

10938125

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3607B

☐ 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

X PERSON FILING APPLICATION:
NAME: COOKE (last) CATHERINE (first) A (mi)
ADDRESS: 1201 Manchester Ln PHONE: (__) 5362302
CITY: Charlotte STATE: N.C. ZIPCODE: 28229

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 109-381-25
STREET ADDRESS: 1201 Manchester Ln
ZONING:

X PROPERTY OWNER:
NAME: Cooke (last) CATHERINE (first) A (mi)
ADDRESS: 1201 MANCHESTER LANE PHONE: (__) 5362302
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28229

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
X REPAIR TO SYSTEM (R)

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

X NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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):
X ☐ 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: X (Catherine) Cooke Date: X 5-16-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 22791

No File 5/31/95
site visit. No effluent on ground, will call

5/30/95 Need Vidation notice for city sewer speedup.

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Catherine Cooke MAILING ADDRESS 1201 Manchester Lane, Charlotte 28229

OCCUPANT Same as above LOCATION Same as above

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel 109-381-25

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

336-5570/336-5102 .

[X] 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 wastewater system.

[ ] Perform Maintenance *(specify)* _____

[ ] Pit Privy must be repaired/constructed.

6/26

If the wastewater violation is not brought into compliance by July 10, 1995, appropriate legal action will be taken.

Notice Issued June 8, 1995 (Date) Signed Philo S. Walker, 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)

MRS. CARVIN WAYNE COOKE
1201 MANCHESTER LN. PH. (704) 536-2302
CHARLOTTE, NC 28229

4381

66-19/530
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$ 17000

NationsBank
NationsBank of North Carolina, N.A.
Charlotte, NC 28255

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CITY OF CHARLOTTE, NC
CHARLOTTE - MECKLENBURG UTILITY DEPARTMENT

APPLICATION FOR SANITARY SEWER CONNECTION PROJ NO: APPL NO: 33806
(WTR APPL NO: 00000)

DATE: DEC/21/1994 WATER SERVICE NO.: 106446 LOT: --- BLOCK: --- MAP: E219

SIZE-CONNECTN: 4 TYPE-WASTE: RESIDENTIAL SERVICE: INSIDE STREET: PAVED

SEWER CONTRACT #: COST:$ 1,350.00 CAPACITY FEE:$ 350.00 TOTAL:$ 1,700.00

CAP. FEE. PD.: Y INSTALLED (D C): C DEPT-TRNSFR: N
LOCATION: 01201 MANCHESTER LN APT- MECKLENBURG ON -E- SIDE

BETWEEN KIRK PL AND GREGORY PL

REMARKS: 6" LONG - REFUND $135.00 DUE TO EXTENSION PRICE GS 1/12/95
WILL HAVE TO HAVE AN EXTENSION PER R. PHILLIPS 1-11-95. 379-95-503
P.S.REP:GS

I HEREBY MAKE APPLICATION FOR THE INSTALLATION OF SANITARY SEWER CONNECTION AT THE ABOVE NAMED LOCATION, AND AGREE TO ABIDE BY SUCH RULES AND REGULATIONS AS HAVE BEEN, OR THAT MAY BE ADOPTED BY THE CITY OF CHARLOTTE. ALL APPLICATIONS ARE SUBJECT TO FINAL VERIFICATION IN THE FIELD BY THE CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT.

SIGNED: Catherine A Cooke SIGNED: Catherine A Cooke
PROPERTY OWNER APPLICANT

MAIL ADDITIONAL BILLING TO: NAME: Catherine Cooke
ADDRESS: 1201 Manchester Lane
TELEPHONE: (704)536-2302 CITY: Charlotte, N.C. 28229

APPLICANT:
NAME: Mrs Carvin Wayne Cooke
ADDRESS 1201 Manchester Lane

METER NO. _____ READING _____

MAIL BILLS C/O:
NAME: MRS. CARVIN WAYNE COOKE
ADDRESS: 1201 MANCHESTER LN
Mrs Carvin Wayne Cooke
CITY: CHARLOTTE NC 28229

DATE LATERAL INSTALLED: _____

LATERAL LOCATION _____ FLOW INDICATOR: _____

JOB REPORT NO: _____ CREW CHIEF: _____