

9108 REAMES RD

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5/20/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

FINAL NOTICE

file 3117

OWNER FRIENDSHIP ENTERPRISES

MAILING ADDRESS 1025 Lamb Road, Lexington, NC 27292

OCCUPANT rest home (Lee's Rest Home)

LOCATION 9100 Reames Road, Charlotte, NC 28216

☐ RESIDENCE ☐ BUSINESS ☒ OTHER rest home Tax Parcel No. 025-113-04

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)* _____

OR

☒ Eliminate wastewater discharge and connect to an ~~approved wastewater system~~ Charlotte-Meck. Utility Dept. sewer line.*

☐ Pit Privy must be repaired/constructed.

☒ Perform Maintenance *(specify)* (1) Pump septic tanks as needed to keep septic effluent off surface of ~~ground. (2) Cease laundry operation,~~ if necessary to keep effluent off surface of ground.

If the wastewater violation is not brought into compliance by July 1, 1996, appropriate legal action will be taken. * If second option chosen, submit copy of CMUD tap-on-fee receipt to Meck. County Health Dept.

Notice Issued ~~June 12, 1996~~ Date Signed Lisa B. Mialik, R.S. Lisa B. Mialik RS Agent
Division of Environmental Health

Compliance 6/17/96 Date Signed Lisa B. Mialik, RS Agent
Division of Environmental Health

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

CMUD tap payment for extension. See file

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

ON-SITE WASTEWATER VIOLATION NOTICE File 3117

5728

OWNER Friendship Enterprises MAILING ADDRESS 1025 Lamb Road, Lexington, NC 27292

OCCUPANT rest home (Lee's Rest Home) LOCATION 9100 Reames Road, Charlotte, NC

☐ RESIDENCE ☐ BUSINESS ☒ OTHER rest home tax parcel no. 025-113-04

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

OR

☒ Eliminate wastewater discharge and ~~connect to an approved wastewater system.~~ connect to Charlotte-Meck. Utility Dept. sewer ~~line.~~*

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs *(specify)* _____

☒ Perform Maintenance *(specify)* (1) Pump septic tanks as needed to keep septic effluent off ~~surface of ground.~~ (2) Cease laundry operation, if necessary to keep effluent off ground surface.

If the wastewater violation is not brought into compliance by June 10, 1996* appropriate legal action will be taken. *If second option chosen, submit copy of CMUD tap-on-fee receipt.

Notice Issued May 10, 1996 Date Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS Agent
Division of Environmental Health

Compliance 6/17/96 Date Signed Lisa B. Mialik, RS Agent
Division of Environmental Health

CMUD tap payment for extension See file

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

File 3117

FACSIMILIE COVER SHEET

Danny Tuttle & Associates
1025 Lamb Road
Lexington, NC 27292
United States
Phone: (704) 858-7670
Fax: (704) 858-7671

SEND TO	
Company name: Mck. Co. Health Dept.	From: R. Davis / Lee's Living Cls.
Attention: Lisa Malik	Date: 6-17-96
Fax Number: 704-336-6894	Phone Number: 704-858-7670

☐ Urgent ☐ Reply ASAP ☐ Please Comment ☐ Please Review ☐ For your information

Total pages, including cover sheet: 6

COMMENTS:

Lisa,

I'm faxing copies of correspondence & check stub for down payment of septic tank. Also copies of invoices received to date for pumping septic tanks.

Thanks,

Rhea Davis

CHARLOTTE

May 23, 1996

Mr. Danny W. Tuttle
Friendship Enterprises
1025 Lamb Road
Lexington, N.C. 27292

SUBJECT: SANITARY SEWER TO SERVE THE PROPERTY LOCATED AT 9100 REAMES ROAD
TAX PARCEL 025-113-04

Dear Mr. Tuttle:

Thank you for the interest you've expressed in connecting to the Charlotte-Mecklenburg Utility Department's water and sanitary sewer system. A study of the subject site has been completed and the following applies:

SEWER:
To provide sewer service to the subject site, tax parcel 025-113-04, will require a sewer main extension of 1,450 linear feet South along Reames Road. This extension would qualify for funding under our department's 50/50 Extension Policy. The petitioning party/parties will fund one half the estimated cost of this extension ($ 86,000.00), which is **$ 43,000.00.** If you are the sole petitioning party initiating this extension you may pay 15% of the total cost to begin surveying and design of the sewer main extension, which is **$ 13,000.00.** The remaining balance of **$ 30,000.00** will be due 3 months after the request for the extension has been started. Service connections to this main can be made in accordance with Charlotte-Mecklenburg Utility Department rules and regulations.

Please note that the sewer connection costs are additional and capacity fees are based on the size of the water meter. The Charlotte-Mecklenburg Utility Department agrees to accept the sewage flow from this project for transmission to the Irwin Creek Wastewater Treatment Plant for treatment. This acceptance of flow is based on the existing capacity of the designated publicly owned treatment works, and contingent upon final acceptance and ISSUANCE OF A DISCHARGE PERMIT from the appropriate local, State or Federal Agency, whichever might have control. Connection to the Charlotte-Mecklenburg Utility Department system is accepted on a **first-come, first served** basis, as capacity for future projects cannot be guaranteed.

If you require additional information, please contact Carl Wilson or myself at 399-2221.

Sincerely,
CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

Robert A. Spires
Customer Service Manager

Danny Tuttle & Associates

1025 Lamb Road
Lexington, North Carolina 27292
Telephone (704) 858-7670
Fax (704) 858-7671

May 28, 1996

Mr. Robert Spires
Charlotte-Mecklenburg Utility Dept.
5100 Brookshire Boulevard
Charlotte, NC 28216

RE: Sanitary Sewer to serve the property located at 9100 Reames Road
Tax Parcel 025-113-04

Dear Mr. Spires:

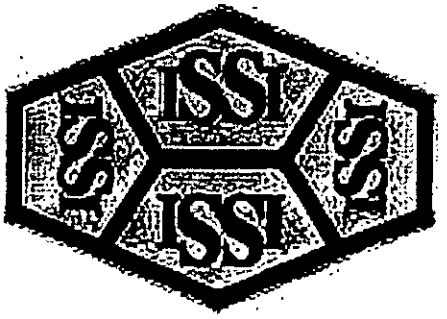
I would like to thank you for your support on the above mentioned project. As per your letter dated May 23, 1996, enclosed is the check for 15% in the amount of $13,000.00.

If any more information is needed from me, please call 704-858-7670.

Sincerely,

Daniel W. Tuttle

Daniel W. Tuttle
Lee's Living Center



Imaging Solutions and Services, Inc

The following is a

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The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

TC

FC

DI

1879 BAL FOR'D

5-24 19 96

TO Charlotte Mecklenburg Utility Dept

FOR Deposit for sewage

DEPOSITS

TOTAL

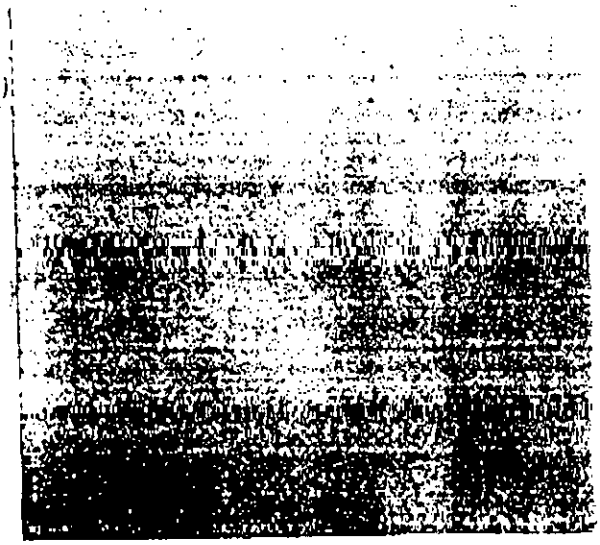
THIS CHECK 13,000.00

OTHER TRANS.

BALANCE

TAX DEDUCTIBLE

1880 BAL FOR'D



Invoice

LEFLER - STUART
9349 REAMES ROAD
CHARLOTTE, NC 28216
(704) 596-1949

DATE	INVOICE #
5/17/96	344

BILL TO

Lee's Root Home
Rt 5 Box 796
Lexington NC 27292

P.O. NUMBER	TERMS	PROJECT
	Net 10	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	PUMPING SEPTIC TANK	0.00	0.00
	5-1-96, 5-6-96, 5-10-96	525.00	525.00
	175.00 PER LOAD		

TOTAL $525.00

06-17-96 [illegible]

LEFLER - STUART
9349 REAMES ROAD
CHARLOTTE, NC 28216
(704) 596-1949

Invoice

DATE	INVOICE #
5/22/96	354

BILL TO:

Lee's Rest Home
Rt 5 Box 796
Lexington NC 27292

P.O. NUMBER	TERMS	PROJECT
	Net 10	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	PUMPING SEPTIC TANK ON 5-20-96	175.00	175.00

TOTAL $175.00

File 3117

FACSIMILIE COVER SHEET

Danny Tuttle & Associates
1025 Lamb Road
Lexington, NC 27292
United States
Phone: (704) 858-7670
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Attention: Lisa Malik	Date: 6-17-96
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Rhea Davis

CHARLOTTE

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1025 Lamb Road
Lexington, N.C. 27292

SUBJECT: SANITARY SEWER TO SERVE THE PROPERTY LOCATED AT 9100 REAMES ROAD TAX PARCEL 025-113-04

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Robert A. Spires
Customer Service Manager

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Telephone (704) 858-7670
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May 28, 1996

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5100 Brookshire Boulevard
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Tax Parcel 025-113-04

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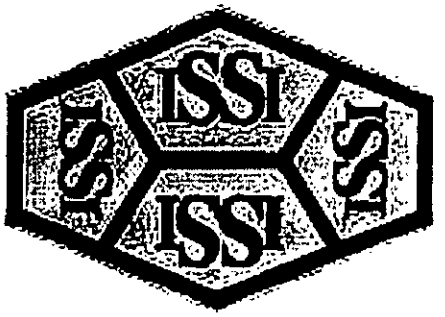
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Sincerely,

Daniel W. Tuttle

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ISSI Operations Center Staff

TC

FC

DI

1879 BAL FOR'D

5-24 19 96

TO Charlotte Mecklenburg Utility Dept

FOR Deposit for Garage

DEPOSITS

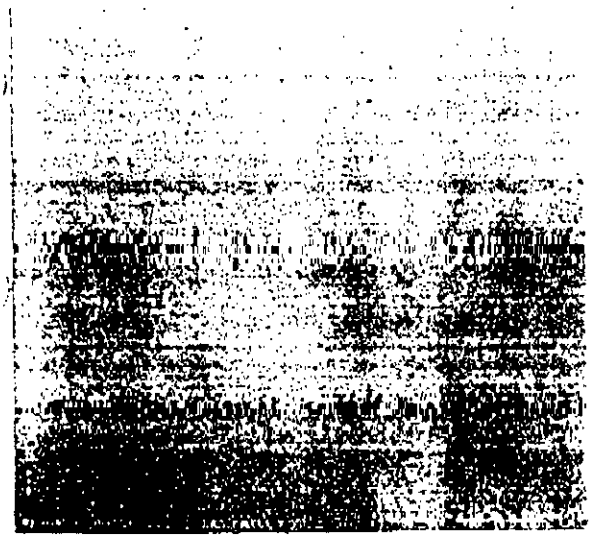
TOTAL

THIS CHECK 13,000.00

OTHER

DEDUCTIBLE BALANCE

1880 BAL FOR'D



Invoice

LEFLER - STUART
8349 REAMES ROAD
CHARLOTTE, NC 28216
(704) 596-1949

DATE	INVOICE #
5/17/96	344

BILL TO

Lee's Rest Home
Rt 5 Box 796
Lexington NC 27292

P.O. NUMBER	TERMS	PROJECT
	Net 10	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	PUMPING SEPTIC TANK	0.00	0.00
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	175.00 PER LOAD		

TOTAL $525.00

LEFLER - STUART
9049 REAMES ROAD
CHARLOTTE, NC 28216
(704) 596-1949

Invoice

DATE	INVOICE #
5/22/96	354

BILL TO:

Lee's Rest Home
Rt 5 Box 796
Lexington NC 27292

P.O. NUMBER	TERMS	PROJECT
	Net 10	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	PUMPING SEPTIC TANK ON 5-20-96	175.00	175.00

TOTAL $175.00

FEE: NA

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 #: 3117

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-113-04

STREET ADDRESS: 9108 Reames Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

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: Unknown

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS: 48

FOUNDATION FOR RESIDENCE:

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

(Copy of)
6/17/96 CMUD tap payment received - Sewer extension for

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Refer to Jack Stewart

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: (LAST) Friendship (FIRST) Enterprises (MI)	NAME: (LAST) Tuttle, (FIRST) Daniel (MI) W.
ADDRESS: 9801 Reames Road	DAYTIME PHONE: 704 858-7670
CITY: Charlotte STATE: N.C. ZIP: 28216	
DAYTIME PHONE: 704 597-7575	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? August 1991

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: Daniel W. Tuttle DATE: 4-30-96

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

Mecklenburg County
Health Department

Dear Sir/Madam:

A request for repair to your septic system has come to our attention.

In addition to the enclosed application form, there is information that we will need in order to assist us in determining the best means of repair to your system.

Please supply the following information, if possible, along with your completed, signed, and dated application:

1) Tax number (account number from tax bill).

2) Provide the name of the original property owner. Jimmy Lee

3) Do you have visible sewage on the surface of the ground? no

4) Is septic water backing up into the house -- gurgling pipes and/or slow draining toilets, etc? no

5) Is there a separate wastewater line from your washing machine? Dishwasher? no

6) Has your septic tank ever been pumped out? If so, approximately when? yes Every quarter

7) Has there been any other type of maintenance or repair done to your system? If so, what was done, and approximately when? no

8) Approximately what year was your septic system installed? Do not Know

9) Have you had any other plumbing leaks (dripping faucets/leaking toilets, etc)? no

Upon receipt of your repair application, an Environmental Health Specialist will contact you to discuss your septic problem. If it is determined that a repair to the system is needed, you will need to contact a registered septic contractor -- if you do not know of one, check the yellow pages of your telephone directory. The contractor will, in return, contact our office to set up an appointment with an Environmental Health Specialist to meet with you on the site to assess the problem and make arrangements to repair the septic system if necessary.

By complying with our requests and supplying the needed information in its entirety, you will be helping us to serve you as quickly as possible. Please mail or fax information to MCHD. Fax # 336-6894.

Should you have questions concerning the requested information, please feel free to call us at 336-5102.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236