

2729 SANDY PORTER RD

20112109

6/1/2007

duponbj

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

DATE: Feb 14

No 24219

RECEIVED FROM: NELL K. HALL

Two Thousand Twelve Dollars 00/100 — $ 2012.00

FOR: Tap & HH. Extension To Serve
2729 Sandy Porter Road
On Private Well

CASH ☐

CHECK ☑

Bills NELL K. HALL
2729 Sandy Porter Rd
Charlotte, N.C. 28273

RECEIVED BY: Dennis D Lowe Mgr

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 20
ENVIRONMENTAL HEALTH
DIVISION

Mecklenburg County
Health Department

February 5, 1990

Nell Kimrey Hall
2729 Sandy Porter Rd.
Charlotte, NC 28210

Dear Mrs. Hall:

At your request, an investigation was made of the septic tank system on the property located at 2729 Sandy Porter Rd., Charlotte , North Carolina on February 1, 1990.

At the time of the investigation 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 a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina and the regulations as adopted by the Mecklenburg County Board of Commissioners.

You are hereby given notice to arrange for connection to the Charlotte Mecklenburg Utility Department Sewage System by March 5, 1990. You must submit a copy of the tap on fee receipt as proof you have initiated corrective action. Failure to comply with this procedure will result in legal action being taken against you.

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

Sincerely,

Judy J. Kiser, R.S.
On Premises Waste Disposal & Water Supply Section

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

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: SCe22A ✓

TC: _____

SERIAL: Nº 18122 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 2729 (STREET NO.) Sandy Porter (STREET) Road (Duplex) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 201-121-09

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Nell (FIRST) KIMREY (MIDDLE) Hall (LAST)

⑨ MAILING ADDRESS: 2729 Sandy Porter Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28217

⑬ PHONE: (WORK) — ⑭ (HOME) 588-0429

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 6 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 onto the property for the purpose of processing this request.

Signed: Nell Kimrey Hall

Date: 4/16/89

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.