

5915 LINDA VISTA LN

03731102

1/3/2008

duponbj

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

5886 P

$50.00 Fee to use existing system — Check #30 — 3-19-97 EV

Make checks payable to Mecklenburg County Health Department

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

PERSON FILING APPLICATION:

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-311-03

STREET ADDRESS: 5915 LINDA VISTA

ZONING: R-MH

PROPERTY OWNER:

NAME: HOWELL (last) MONA (first) P (mi)

ADDRESS: 5915 LINDA VISTA LN PHONE: (704) 392-9982

CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[X] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Barn with Plumbing (using existing system)

RESIDENTIAL PROPERTY (Type Building, check one):

[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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):

[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: Mona Howell Date: 3/18/97

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...Made OSV, could not locate tank or drainfield - more than likely underneath barn as built - not granting approval. LBP

[] 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

WATER : 122791

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Mona Poole Howell

MAILING ADDRESS 5925 Linda Vista Lane, Charlotte 28216

OCCUPANT Wade Hunter

LOCATION 5919 Linda Vista Lane, Charlotte 28216

☐ RESIDENCE ☐ BUSINESS ☒ OTHER Barn Tax parcel# ~~037-061-69~~ 037-311-03

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

336-5568/336-5102.

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

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☒ Other Repairs (*specify*) Septic system not approved. Must go through this office for approved wastewater disposal system.

☒ Perform Maintenance (*specify*) disconnect all plumbing from barn.

If the wastewater violation is not brought into compliance by January 23, 1997, appropriate legal action will be taken.

Notice Issued December 24, 1996 (Date) Signed Larry B. Thompson, Jr., R.S. (Agent) Division of Environmental Health

Compliance _____ (Date) Signed _____ (Agent) Division of Environmental Health

DEHNR 1408 (Revised 9/92)
On-Site Wastewater Section (Revised 10/94)

037-061-69 / 037-311-03 / 5925

SERVICE REQUEST/WORK ORDER

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

Date:_____ Parcel:_____ <60 Days? [ ] Yes [ ] No

REQUESTING PERSON:_____ Phone_____

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name_____

Address_____ City_____ Zip_____

SERVICE REQUESTED: . . . . . .

ASSIGNED TO:_____ **TAKEN BY:**_____

DATE	ACTIVITY REPORT
2-14-97	Sending a new NOV with a change in address. Called Ms. Howell and left a message on her answering machine stating that a criminal Summons would be issued if situation was not resolved in a timely manner. LT
	Mrs. Howell telephoned @ 3:15 pm re: messages left re: NOV. - Indicated home is plumbed into an existing ST system formerly serving a MH. Advised Ms Howell to locate records, etc. of system - Park was "Vista MHP" owner NEAL D. Poole. Mrs Howell knew of no problems w system. Seemed most cooperative to comply w requests of Department. She has not received Original NOV and was not aware of any problem - SEC 2/14/97
2-17-97	Lauren Thompson's input - Mailing Ms. Howell Application that would allow them to use an existing septic system.

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

COMPLETED BY:_____ /

REVIEWED BY:_____ /

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.
- [redacted] AREAS FOR DEPARTMENT USE ONLY.

JORDAN GRAPHICS, INC. 23548

REQUEST FOR SERVICE

PERMIT # R053102

STREET # (N,S,E,W) 5919 STREET NAME Linda Vista (AV,RD,ST, etc) LN

SUITE/UNIT(S):

TAX JURISDICTION (Check One): ☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

OWNER Mona Poole Howell ADDRESS 5925 ~~5919~~ Linda Vista Ln.

CITY Charlotte STATE NC ZIP 28216 PHONE

ZONING R-MH MAP # 61 JOB # USDC# 040

[redacted] 37 31102

REFERRED TO:

		OTHER DEPTS.	
BU	☐ BLDG.	CC	☐ CD (CITY)
EL	☐ ELECT.	CT	☐ CDOT
ME	☐ MECH.	CE	☐ CITY ENG.
PL	☐ PLBG.	CF	☐ CITY FIRE
ZO	☐ ZONING	PC	☐ CMPC
HO	☐ HOUSING	CU	☐ CMUD
FI	☐ FIRE	EN	☐ ENG. (CO.)
AC	☐ ACCOUNT.	EH	☒ ENV. HLTH.
AD	☐ ADMIN.	EP	☐ ENV. PROT.
CD	☐ CD (COUNTY)	PO	☐ PARK OPER.
PR	☐ PLAN REV.	OT	☐ OTHER
PW	☐ PER. WRIT.		
RE	☐ RECORDS		

TYPE OF REQUEST

AV	☐ Abandoned Veh	GL	☐ Gas Leak	SR	☐ Screening
AL	☐ ABC License	HC	☐ Handicapped	SH	☐ Sect. 8 Hsng.
BR	☐ Bldg. Reconnect	HW	☐ Hazardous Wiring	SW	☒ Sewage/Septic
BL	☐ Bond/License	HD	☐ Historic Dist.	SN	☐ Sign
RH	☐ CD/Rehab	IN	☐ Insulation	SS	☐ Substandrd Hsng
CC	☐ Change of Contr.	JV	☐ Junked Veh	UB	☐ Unsafe Bldg.
CU	☐ Change of Use	LF	☐ Landfill	VT	☐ Venting/Drain
DC	☐ Day Care	MH	☐ Mobile Home	WD	☐ Water Damage
ES	☐ Exit/Safety Equip	NP	☐ No Permit	WH	☐ Water Heater
FD	☐ Fire Damage	PK	☐ Parking	ZB	☐ Zoning Bd. Adj.
FI	☐ Fire Safety	PR	☐ Pier	OT	☐ Other: Describe
FS	☐ Fire Suppression	PD	☐ Plan Deviation		
FP	☐ Flight Path Encro.	PV	☐ Plan Verify		
FW	☐ Floodway	PU	☐ Property Use		
FN	☐ Furnace	SC	☐ School		

RECEIVED BY: (# 609) JCH DATE: 12/16/96 TIME: HOW REC'D. ☑ Phone ☐ Mail ☐ Person

RECEIVED FROM: Neighbor ADD: PHONE

OCCUPANT: Wade Hunter ADD: PHONE

CONTRACTOR: ADD: PHONE

DESCRIBE REQUEST FOR SERVICE Bathroom Constructed in bona fide farm building (barn). Neighbor concerned that it is not tied to Septic or Sewer. Concerned about raw Sewage

ACTION REQUESTED: ☑ Investigate ☐ Respond in writing ☐ FYI

SPECIAL INSTRUCTIONS FOR INVESTIGATOR:
(1) Call before going out? ☐ Yes ☐ No Time:
(2) Is building open? ☐ Yes ☐ No
(3) Person to contact Phone #

OTHER INSTRUCTIONS

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

ORIGINAL

This is a Borderline Found) See Attached

3529B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P/A #3/19/95 Ck # 256

☐ 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

PERSON FILING APPLICATION:
NAME: Hunter (last) Wade (first) (mi)
ADDRESS: 5919 Linda Vista PHONE: 704 391-1655
CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 037-311-03

PROPERTY OWNER:
NAME: Howell (last) Mona (first) (mi)
ADDRESS: 5919 Linda Vista PHONE: 704 [redacted]
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 03706469
STREET ADDRESS: 5919 Linda Vista Ln
Charlotte NC 28216
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ 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) BARN
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 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):
☐ 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: Wade Hunter Date: 4/3-95

NOTICE:

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...This permit is not transferable.

...

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/REMOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

(See Attached)

WATER : 12291

"Refused"

Here is A Boundary Survey to be Attached

3529B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #88 4/3/95 Ck # 256

☐ 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

Date:

PERSON FILING APPLICATION:
NAME: Hunter (last) Wade (first) (mi)
ADDRESS: 5919 Linda Vista Ln PHONE: (704) 391-1655
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 03706169
STREET ADDRESS: 5919 Linda Vista Ln
Charlotte NC 28216
ZONING:

PROPERTY OWNER:
NAME: Howell (last) Mona (first) (mi)
ADDRESS: 5919 Linda Vista PHONE: (704) [redacted]
CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
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LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
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☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) BARN
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 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):
☐ 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):
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☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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☐ 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

((See Attached))

WATER : 122791

" Refused Fee "

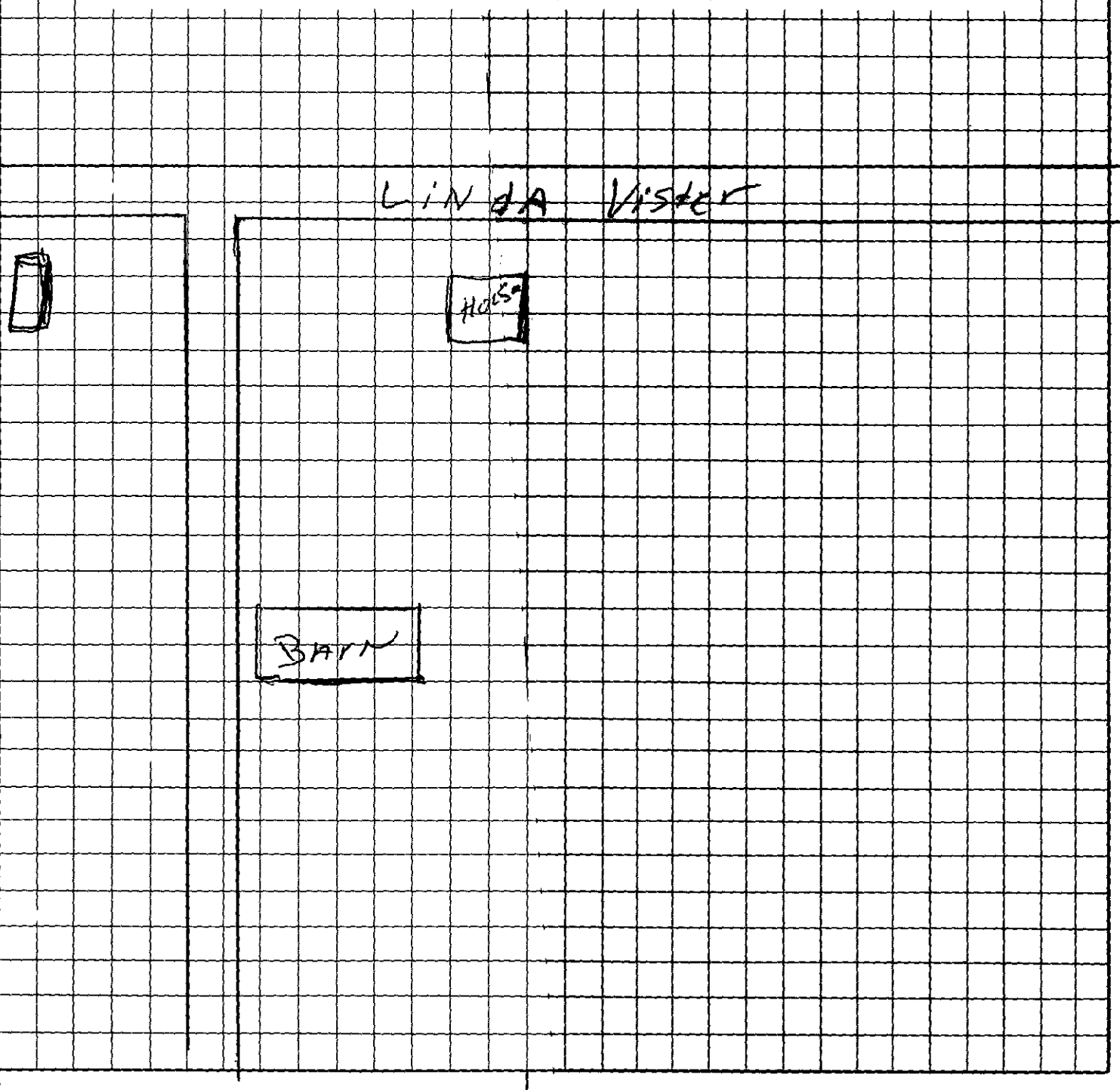
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3529B

TC: 037-061-69

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
CHANGE OF USE PERMIT

MASTER PERMIT: U0359030

ADDR: 5919 LINDA VISTA LN **MECK JOB:** 5001 **PERMIT:** U0359030
PARCEL: 03706169 **DATE:** 04/04/95 **JOB DESC:** CHANGE OF USE

PROJECT: **PHASE:** **SEC:** **PROJECT#:**
OWNER: HOWELL,MONA P.
ADDR:
CITY/ST: CHARLOTTE NC 28216 **PHONE#:** 704-391-1655

LOT/BLK: **ZONING:** R-MH **JURIS:** MECK **MAP#:** 61
ST R/W: 60 **PUBLIC:** NO **CENSUS:** 6100 **O&D ZONE:** 408 **FIRE DIST:** NO
SPECIAL: **FLD PLN:** NO **FLD ELEV:**
#UNITS: 1 **WATER:** INDIVIDUAL **SEWER:** INDIVIDUAL

LAND AREA: **LOT:** **FRONT ST:**
MIN SETBACKS: **FRONT:** **LEFT:** **RIGHT:** **REAR:**
USDC: 50 **OCC TYPE:** R **PROPERTY USE:**

OCCUPANT: WADE HUNTER **PHONE#:**
INTENDED USE: BONAFIDE FARM **PREV USE:** MOBILE HOME PARK

BUS NAME: **#PARKING SPACES:**
#EMPLOYEES: **PARKING SPACES REQUIRED:**

% FLOOR USED FOR HM OCC: **AREA:** **SCREENING REQUIRED:** NO

APPLICANT: WADE HUNTER
ADDR: 5919 LINDA VISTA LN
CITY/ST: CHARLOTTE NC 28216
PHONE#: 704-391-1655

CONTR NAME: WADE HUNTER **LIC#:**
ADDR: SEE ABOVE
CITY/ST: SEE ABOVE 99999
PHONE#:

REFERRED TO: ZONING **READY FOR INSP:** YES

REMARKS: CHANGE USE FROM MHP TO BONAFIDE FARM PER ZONING

PERMIT MAILED: NO **CHECK#:** 0002054
VALIDATION DATE: 04/04/95 **BY:** JM **CASH RECEIPT#:** 0081696

DOUBLE FEE: NO **ADJUSTMENT:** **TOTAL FEE:** 50.00

APPLICATION FOR ZONING USE PERMIT

(N.S.E.W) STREET NAME (AV.RD.ST. etc)

i Linda Vista Ln

UNIT(S)

JURISDICTION (Check One)
☒ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

OWNER

PROJECT SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT #

OWNER Wade Hunter ADDRESS 5919 Linda Vista Lane

CITY Charlotte STATE NC ZIP 28216 PHONE # 391-1655

TAX PARCEL # 03706169
CENSUS 6100

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

ZONING: RMH JURIS 0 MAP # 61 P/W 46

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD FLY _____ FIRE DIST. ☐ Yes

LOT ☐ CORNER ☐ THROUGH FRONT STREET (if different) _____

MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____ REQ. PARK'G _____

REMARKS

PURPOSE

JOB # 5001
USDC # 050
OCC. TYPE R

PROPERTY USE

CM	☐	Cemetery	OA	☐	Outdoor Amusement
CU	☒	Change of Use	OC	☐	Overnight Camping Tr. Pk.
CF	☐	Comm. Farm Use	PK	☐	Parking
OR	☐	Comm. Outdoor Rec. Use	QR	☐	Quarry
CH	☐	Customary Home Occupation	RT	☐	Racetrack
FE	☐	Farm-Type Enterprise	RH	☐	Rural Home Occupation
FF	☐	Floodway Fill	SL	☐	Sanitary Landfill
MP	☐	Mobile Home Park	SD	☐	Satellite Dish
OF	☐	Off-Site Demolition Landfill	TS	☐	Turkey Shoot
ON	☐	On-Site Demolition Landfill	OT	☐	Other _____
OL	☐	Open Land Use	OT	☐	Other _____

DESCRIPTION OF USE

MOBILE HOME PARK ONLY ☐ ANNUAL CERTIFICATE OF OCCUPANCY (due by January 30 each year)

PARK NAME _____ # SPACES _____ SITE PLAN ON FILE ☐ Yes ☐ No

UTILITIES:

Public	1-Individual Meter/Connection	☐ Water	☐ Sewer
	2-Master Meter/Connection	☐ Water	☐ Sewer
Private	3-Individual	☐ Well	☐ Septic
	4-Community	☐ Well	☐ Septic

MANAGER'S NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

SPECIAL CONDITIONS: _____

OTHER USES

PARK'G. REQ. # _____

SCREENING ☐ Y ☐ N

REFER TO:
☒ Building
☐ Electrical
☐ Mechanical
☐ Plumbing
☒ Zoning

☒ OCCUPANT Wade Hunter PHONE # _____

INTENDED USE BONAFIDE FARM PREVIOUS USE RESIDENCE

☒ BUSINESS NAME Wade Hunter

PARKING SPACES PROVIDED _____ # OF EMPLOYEES _____

% OF FLOOR USED FOR HOME OCCUPATION _____

OTHER CONSTRUCTION WORK (requires separate permits)
Building ☐ Y ☐ N Electrical ☐ Y ☐ N Mechanical ☐ Y ☐ N Plumbing ☐ Y ☐ N Sign(s) ☐ Y ☐ N

REMARKS: 3 ACRE MIN.

OTHER

APPLICANT'S NAME (if other than owner) _____ ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

BONDED WITH BUILDING STANDARDS DEPARTMENT: ☐ YES ☐ NO

ACCOUNT # _____

TOTAL FEE $ 50.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

X Wade Hunter 4/4/95

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☒ CASH/CHECK ☐ ACCOUNT

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P O BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
			5001

B-89 5M 4/90

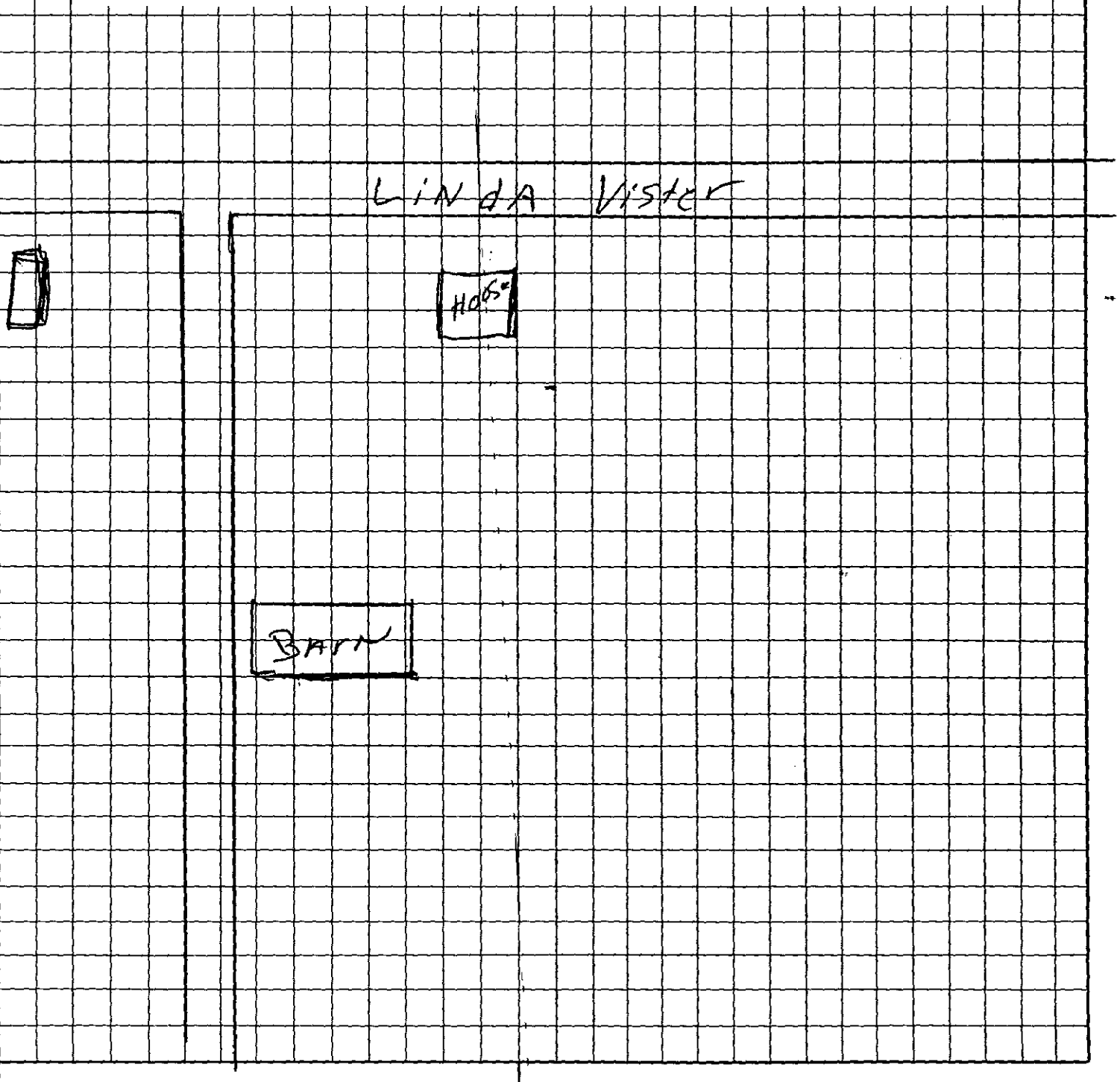
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3529B

TC: 037-061-69

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, M.S.
Program Chief

Date: April 25, 1995

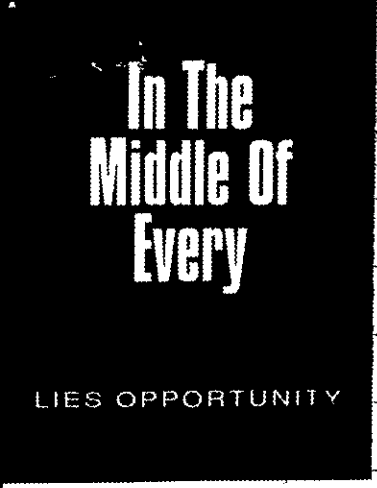
Ref: File 3529B/5919 Linda Vista Lane

SUBJECT: Refund

(Mr./Mrs./Co.) Carolina Fire Protection originally paid $50.00 for addition/ no change in septic system on April 3, 1995 check #256.

A refund should be issued for $50.00 because client presented documentation of a "Bona Fide Farm". No service is necessary from this department.

Please make check payable to: Carolina Fire Protection
5919 Linda Vista Lane
Charlotte, NC 28216



1-30-97

Sylvia,

Mr. Hunter came to us on 4-3-95 to apply for "use existing system" for a barn addition. We refunded his money after he came back with zoning approval for a "bona fide farm". I received a request to investigate on 12-17-96. He has plumbing in a barn that may or may not go to an existing septic system. Sent NOV 12-24-97 + Final NOV 2 weeks later. Made OSV 1-23-97 Mrs. Hunter answered door. She says they didn't hear from Ms. ~~Roth~~ Howell about the NOV's. Said they would apply to use existing system by the 24th. What should we do?

Mr. Wade Hunter
391-1655

Mrs. Howell
392-9982

ATTITUDE
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E950920

UPDATE COMPLETE

Complaint Number 00018563 1 Date Entered 12/17/96 Date Updated 12/17/96
Type Complaint SIB Permit Type SEW

	Street Name	Number	Dir.	Zipcode
Location/Description LINDA VISTA LANE	~~5919~~ 5925	5919		28216

Request By ANN County Office
Phone Number -
Address
City CHARLOTTE State NC Zipcode 28216
Directions:

Complaint:
BUILT BARN/ AND AT THE TIME NO PLUMBING WAS TO BE IN BARN
NOW NEIGHBOR SAYS SHOWER AND COMMODE IN BARN EMPTYING INTO
LAKE/ FILE #3529B

EHS Number 17046 Tax/Map Number 03706169 Census
Property Name LINDA VISTA LANE 5919
Owner Name HOWELL MONA POOL E
Owner Address ~~5925~~ LINDA VISTA LANE 5919
Owner City CHARLOTTE State NC Zipcode 28216
Owner Phone -
Date/Time 12/17/96 (HH MM) Create Work Order (Y/N) Y Log Only (Y/N) N
12/17/96 17:11:43
01-03 SA MW KS IM II S1 S1037498 KB

12-23-96 Barn has what appears to be an apartment above. There is PVC plumbing that exits apartment and goes straight down into the ground → cannot determine where it goes from this point Joel 541-7L8 will send a NOV based on 336-3575 the system not being approved. LT

1-23-97 Situation remains the same. I spoke With Ms. Hunter (5919 Linda Vista Lane) about violation. She said that Ms. Howell has not told them about any problems I gave her two options #1 Apply to use existing system or #2 disconnect plumbing in barn. ~~She~~ Ms. Hunter said that her husband would apply today or in the Morning. LT

1-30-97 Mr. Hunter has not made application to use existing system. LT

2-10-97 Sylvia Daniel called Mrs. Howell. Left message on answering machine telling her application needs to be made or a criminal summons will be served. Gave her a 3 day response time. LT

(Wade Hunter is the tenant
Mrs. Howell is the owner)

2-14-97 No contact with Mrs. Howell. Ms. Daniel requested that criminal summons be served. LT