

2801 SANDY PORTER RD

20111103

6/1/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

February 5, 1990

Monroe Jackson Gleaton
2801 Sandy Porter Rd.
Charlotte, NC 28210

Dear Mr. Gleaton:

At your request, an investigation was made of the septic tank system on the property located at 2801 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

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: Feb. 16, 1990

Nº 24221

RECEIVED FROM: Mr Monroe Jackson Gleaton

Two Thousand Twelve Dollars 00/100 $ 2012.00

FOR: 4" Sewer Tap For

2801 Sandy Porter Rd.

Bills To S-95673
Monroe Jackson Gleaton
2801 Sandy Porter Rd
Charlotte, NC 28273

CASH ☐

CHECK ☑

Dennis A. Swaltney
RECEIVED BY:

CHARLOTTE MECKLENBURG UTILITY DEPT.

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: 5621A
TC: 201-111-03
SERIAL: № 18121
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 2801 Sandy Porter Rd. Charlotte, N.C. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 201-111-3
⑤ SUBDIVISION: Steele Creek township ⑥ LOT: 1 & 2 ⑦ BLOCK: D

OWNER

⑧ NAME: Monroe (FIRST) Jackson (MIDDLE) Gleaton (LAST)
⑨ MAILING ADDRESS: 2801 Sandy Porter, Rd.
⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28217
⑬ PHONE: (WORK) 527-6865 ⑭ (HOME) 588-1145

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? 2 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: Monroe J. Gleaton
Date: 4-17-89

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.