

12007 LAKEHAVEN DR

01727413

5/20/08

marliwr

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

SERVICE REQUEST/WORK ORDER

PB 103
File 1996

Log No.: _____ Section: IN/NS Hazard? [ ] Yes [ ] No

Date: 3/13/96 Parcel: 017-274-13 <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Bill Hammond Phone 875-8563 for 3/27

Address 11902 Lakehaven Drive City Hunt. Zip 28078

PROPERTY CONCERNED: Facility Name _____

Address 12007 Lakehaven Dr City Hunt Zip 28078

SERVICE REQUESTED: S.E.P.T.I.C. Malfunction

ASSIGNED TO: L. Malik TAKEN BY: L. Malik

DATE	ACTIVITY REPORT
3/19/96	OSV. Tenant present. Speaks little English. Observed hole dug @ back of home w/sump pump discharging effluent downslope from d.w. residence. Left bus. card.
3/20/96	PC from Linda Yurick, property owner. (W) 892-8001 (pager) 348-7357. Scheduled OSV for 3/21/96
3/20/96	OSV @ the request of Claudius Morrison - stated Mrs. Yurick had contacted him after my phone consult. w/her. Mrs. Yurick present. Tenant Per Mrs. Yurick, tenant stated they dug hole because they had seen sewage coming out of ground like a spring. Per mobile, hole dug @ end of drainfield bed. Requested water usage records from Mrs. Yurick. Mrs. Yurick advised tenant to stop all wash. machine use. Community well meter reading 11:15 am 6880 gal
3/20/96	Mmrss. from Mrs. Yurick - per water company - service started 10/6/95. From 10/6/95 - 3/20/96 - 38,400 gallons. (?)
3/21/96	PC w/Mrs. Yurick - advised to pump hole out - pack dirt back in. Wait to determine if repair.
3/21/96	meter reading per OSV. 3:00pm 7360 gallons

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

COMPLETED BY: John B. Malik, RS, 7/23/96

REVIEWED BY: _____

Customer Invoice Inquiry 582 200259 2 -12007 LAKEHAVEN DR /
Notes

Account Numb	Inv Date	Del Date	Pr	Balance	Tot Amount	Service Address
582 200259 2	04/17/96	05/12/96		0.30	62.98	12007 LAKEHAVEN DR /

Adj Code	Code Description	Adj Cons	Adj Amount	Adj Date

Period From - To
03/01/96 03/28/96

Percent1	Percent2
1.0000	

BICode	Code Description	Bill Cons	Bill Amount	BI%	Mult		Mtr Read 1	Mtr Read 2
50001	RES METERED	14020	62.68	100	1	Pr	0	0
						Cu	9940	
						Cn	14020	Flag
						Pc		

Final Date

Please enter a <cr> to continue...

meter changed out 3/1/96
reading 378960

TO: LISA MIALIK R.S.
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY

FROM: Lynda L. Cayax
12007 Lakehaven DR.
Huntersville, NC 28078

RE: Information reguarding water lines and water out put with Above Residence.

06-27-96 11:23AM P01

SERVICE REQUEST/WORK ORDER

Date: 3/18/96 Log No.: File 1996

DATE	ACTIVITY REPORT
3/22/96	OSVC 12:00. meter reading 7620 gallons
3/26/96	OSI. Hole filled back in w/soil. meter reading. meter reading
4/2/96	OSI. Tenants present. effluent bubbling up where hole was dug - repair required.
4/8/96	PC w/ Linda Kayax (married over weekend - was Linda Yurick.) Advised sptem malfunc. - need repair via installapproval. Per Mrs. Kayax - suspects possible waterline leak from road to meter serving home. Advised to investigate & notify me; NOV to be sent (mrs. Linda Kayax, P.O. Box 862, Davidson 28036
4/7/96	Tax records indicate: Owner: Lynda L. Yurick 017-274-13 12007 Lakehaven Dr. Prop Loc. 12007 Lakehaven Dr. Huntersville, NC 28078 Huntersville
4/8/96	NOV, Due 5/8/96 jsn
4/10/96	M-mess from Linda Kayax - stated Leyler Stuart had indicated (after pump S.T.) that there was a toilet leak saturating drainfield (pager 348-7357 w - 892-8001
4/10/96	M-from Linda Kayax
4/11/96	PC w/ Mrs Kayax - stated ① toilet leak fixed ② will be advising tenant to take Laundry out, max. of 4 people occupancy. Advised - will re-inspect in ~1 week. jsn
4/17/96	OSI. Tenant present; however, no answer @ door. Seepage still occuring behind home & running downslope.
4/18/96	PC to Mrs. Kayax @ 892-8001 NC. LM to please check property this weekend - repair in order/~~jsn~~ necessary jsn
4/18/96	PC from Mrs Kayax - stated current tenants to be moved out by May 7th. plan to do repair work on m.h. & plan to re-occupy by owner (Mr & Kayax & her husband) in ~2 more months. Advised that chances are that system

SERVICE REQUEST/WORK ORDER

Date: _____ Log No.: File 1996

DATE	ACTIVITY REPORT
	may fail w/ only 2 occupants if trench walls sealed; however, requested that she notify me of when m.h. is ① vacated ② re-occupied; that followup inspections would be made for
5/6/96	VM from Linda Krayax - m.h. vacated (w) 892-3001 pager 348-7357
5/9/96	PC to Page to Mrs. Krayax. PC from Mrs. Krayax - Stated wash. machine leaking water to S.T., has been fixed.; m.h. vacant. Advised suspect repair necessary however willing to re-evaluate after re-occupancy (Per Mrs Krayax will probably move in end of June.
6/20/96	VM mess. from Linda Krayax (pager) 365-4157
6/21/96	Page to Linda Krayax.
6/21/96	OSV. No one present. Observed malfunction @ back of m.h. - seepage in side yard. Water meter reading 28800 gal.
6/24/96	VM mess from Linda Krayax (365-4157 (pager)) Page to Mrs. Krayax. PC w/ Mrs Krayax; Stated she + her husband moved into m.h. Requested that she fax/mail me copies of water bills; however, per Mrs. Krayax water co. checked their water line - line from meter to m.h. for
6/27/96	Fax from Lynda Krayax of water bill 3/28 - 6/3 Avg daily usage in 67 day period - 263 gal/day Avg daily usage of m.h. unoccupied after 5/6 (39 day period) → 452 gal/day
6/28/96	Page to Mrs. Krayax
7/1/96	PC from Mrs. Krayax; Stated area dry behind m.h., beneath m.h. + to side of m.h. Advised water usage appeared to be within normal usage per my review of water bill. Will schedule OSV.
7/1/96	OSV. Mr. Krayax - Lynda's daughter present. Ground dry - no visible malfunction.

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SERVICE REQUEST/WORK ORDER

Pg. ___ of ___

Date:_____ Log No.:_____

DATE	ACTIVITY REPORT
7/2/96	PC w/ Lynda Cayax - advised will make followup visit after good rainfall JSH
7/15/96	VM from Mrs Cayax
7/16/96	" " " "
7/17/96	PC w/ Mrs Cayax - wants to locate storage bldg on site. Scheduled OSV for 11:00 7/17
7/17/96	OSV. Mrs. Cayax + her husband. No visible malfunction. Per Mrs. Cayax - has found out the prior tenant (leased to family of 4) had an additional 7 to 8 people staying @ home. Location of proposed storage building meets setback. Of S.T. system would not be utilized for future repair due to topography + poor drainage
7/23/96	PC to Mr Hammond, complainant. No contact - left message that septic tank system @ 12607 Lakeharen Dr not malfunctioning @ this time - will keep under surveillance. Closing S.R. JSH

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Account Numb	Inv Date	Del Date	Pr Balance	Tot Amount	Service Address
582 200259 2	02/15/96	03/11/96	0.00	0.30	12007 LAKEHAVEN DR /

Adj Code	Code Description	Adj Cons	Adj Amount	Adj Date
00003	PENALTY		0.30	03/14/96
PAY	PAYMENT		30.38	03/19/96

Period From - To	Percent1	Percent2
11/30/95 01/31/96	1.0000	

BICode	Code Description	Bill Cons	Bill Amount	BI%	Mult		Mtr Read 1	Mtr Read 2
50001	RES METERED	3360	30.38	100	1	Pr	371520	0
						Cu	374880	
						Cn	3360	Flag E
						Pc		
								Final Date

Please enter a <cr> to continue...

Estimated

1996

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Cayax (Yurick) Lynda L
(last) (first) (mi)
ADDRESS: 12007 LAKEHAVEN DR PHONE: (704) 948-6567
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY OWNER:
NAME: Cayax (Yurick) Lynda L.
(last) (first) (mi)
ADDRESS: 12007 LAKEHAVEN DR PHONE: (704) 948-6567
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-274-213
STREET ADDRESS: 12007 Lakehaven Dr
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 259, 260 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

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

[redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Bldg

[redacted]

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

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: Lynda L. Cayax Yurick Date: 7-9-96

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.

...7/17/96 On-site visit. Lynda Cayax present. No visible malfunction. Approval to use existing system for storage building.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lisa B. Mialik, RS 7/17/96
Environmentalist Date

Statement for Sherrill, Program Chief 7-26-96
Director or Authorized Section Head Date

WATER : 122791

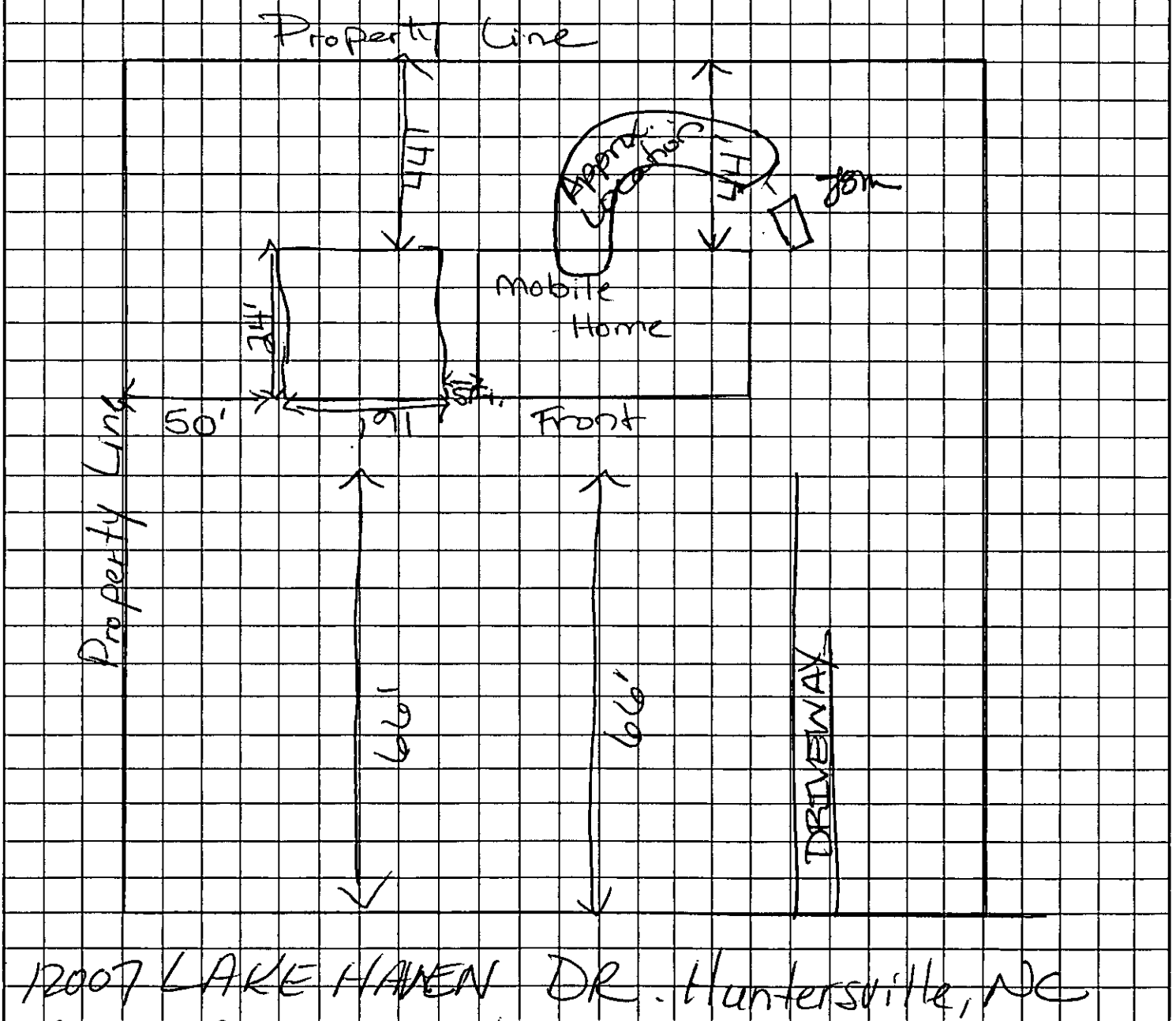
PROPOSED PLOT PLAN

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

FILE: 1996

TC: 017-274-12,13

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.



12007 LAKE HAVEN DR. Huntersville, NC

Lynda L. Cayax (Yarick)
OWNER/AGENT SIGNATURE

DATE 7-9-96

APPROVAL DATE 7/17/96
Lisa B. Mialik, RS
UXS for storage building.

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

Serial No. 1744 ICARIS Permit No 1996

R 3 July 1973 T. C. No 017-204-13

Map Date 9-1-73

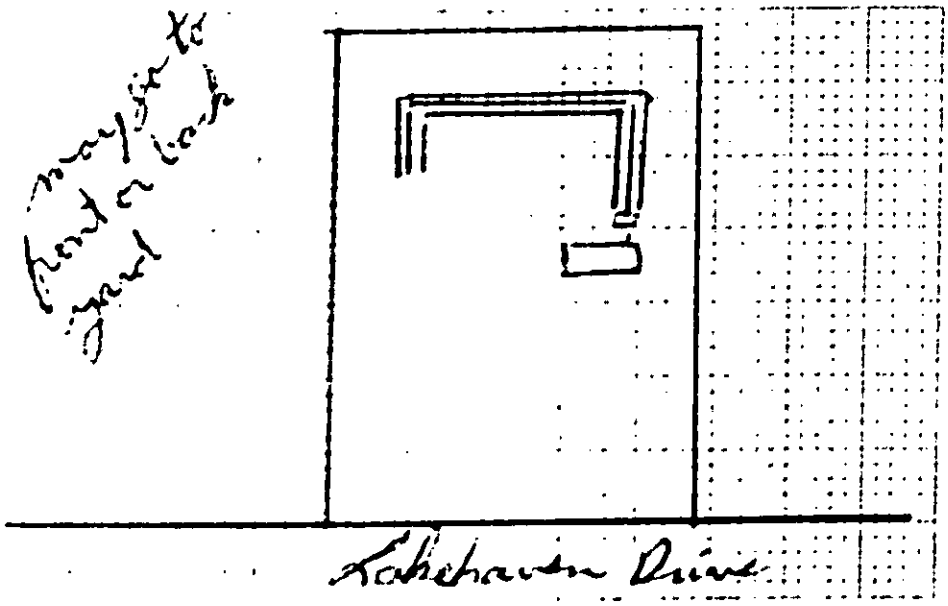
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Septic Tank with Subsurface, Soil Absorption, Effluent Discharge)

✓ Permission is granted to Alter or Repair the individual septic tank waste-water system with effluent discharge as specified herein at the described location. This is based on the information supplied in application 1996 dated 7-24-73. Any deviation or misrepresentation of the information provided in the application may be cause for revocation of this permit. This work shall be completed on or before 23 Aug 1973 after which time this permit shall become void.



Percolation Rate <60

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Nitrification Lines:

Total Line Length 600 s/ft

Number of Lines 5 (12½ X 60 X 36")

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

Property Owned by Investment Land Sales, Inc.

Property Located Lot 29 - Lakehaven Drive

This permit is issued subject to such conditions as set forth in the Regulations governing the Mecklenburg County Health Department and the conditions of this permit. A certificate of approval will be issued by the Engineer upon satisfactory completion of the work as otherwise rendered un-

John R Atkinson
Sanitarian Specialist

This permit is valid for construction of a new system, it must be signed by the division or a representative of the Health Department in order to be valid. Only the signature of the Environmental Health Specialist is required if an existing system is being altered or repaired.

THIS PERMIT IS NOT TRANSFERABLE

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

ON-SITE WASTEWATER VIOLATION NOTICE File 1996

OWNER Lynda Yurick Kayax

MAILING ADDRESS P. O. Box 862, Davidson, NC 28036

OCCUPANT tenant

LOCATION 12007 Lakehaven Dr., Huntersville, NC 28078

[X] RESIDENCE [ ] BUSINESS [ ] OTHER Tax Parcel No. 017-274-13

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

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

[X] Other Repairs (*specify*) Have broken water line repaired, if applicable.

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 8, 1996, appropriate legal action will be taken.

Notice Issued April 8, 1996 (Date) Signed Lisa B. Mialik, R.S. Lisa B. Mialik, RS (Agent) (Division of Environmental Health)

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

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

Per 7/1/96 & 7/17/96 on site visits - NO visible malfunction. Per Mrs Kayax she had leased m.h. to a family of four - apparently 11 to 12 people were residing at house. Home now occupied by 2 people - Lynda Kayax & her husband.