

1033 NORWICH RD

10926217

6/6/2007

duponbj

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

5088

DATE: 1-23-91

CHARLOTTE MECKLENBURG UTILITY DEPT.

RECEIVED FROM: KLM Builders

Nº 25849

Twenty Two hundred & four & 10/100 — $ 2204.00

FOR: 4" Sewer Tap

1033 Norwick Rd.

CASH ☐

CHECK ☒ 1193

RECEIVED BY: E Kerry

Mecklenburg County
Health Department

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

January 17, 1991

Patricia Parrish
1033 Norwich Road
Charlotte, NC 28212

Dear Ms. Parrish:

On October 8, 1990 a letter was mailed to you regarding a sewage violation at 1033 Norwich Road, Charlotte, North Carolina, Tax Parcel No. 109-262-17. Our records indicate that the tap-on fee has not been paid to the Charlotte Mecklenburg Utility Department to arrange for connection to the municipal sewar system.

You must present a copy of the tap-on fee receipt to this office before the due date of January 23, 1991. Failure to comply with the directive will result in legal action being initiated against you on February 6, 1991.

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.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

cc: Ms. Sara Pressly
Associate County Attorney

SERVICE REQUEST/WORK ORDER

Parcel: _____ Emergency? Y N

Date: _____ Hour: _____

Section: _____ Log No.: _____

REQUESTING PERSON: Barbara Powell Phone 357-6064

Sewer Division (CMUD)

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name ? Patricia Parrish

Address 1033 Norwich Rd City Charlotte Zip _____

SERVICE REQUESTED: OVERFLOWING SEWAGE

owner has been notified - did nothing —

ASSIGNED TO: Judy Kiser TAKEN BY: W. Thompson

DATE	ACTIVITY REPORT
10/4	Site Visit - Malfunction found in rear of Lot.
10/17	Mr. Marshbanks Telephoned Regarding System
	KENNETH LEE MARSHBANKS & PATRICIA SMITH PARRISH
	1033 Norwich Road
	Charlotte, N.C. 28212
	109-262-17 5708A
10/22	Mr. Marshbanks Called, Stated Area failing was where repair had just been installed. Spoke About City Sewage - Not aware it was available will follow-up for fee to CMUD
1-17	2nd Violation Letter
1/25/91	Received TAP Fee

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

COMPLETED BY: Judy G. Kiser, RS 1/25/91

REVIEWED BY: _____ /

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5908-A DATE: 8-3-89

TC: 109-262-17 ☐ L ☑ CRT

SERIAL № 11985

Name of Owner Kenneth Marshbanks Juris.:

Address of Property 1033 Norwich Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 201'

Number of Lines 3 @ 67'

Cover Depth 12" - 18"

Water Supply Source City

Distance to Water Source —

Excavation Inspected 8-3-89

Tank(s) Inspected 8-3-89

Wash Line Inspected 8-3-89

High Water Alarm Inspected

PLOT

Design: 1989 alter, add for wash & 1 bathroom CTR# 167

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

B. R. Ferguson
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 8/1/89

NAME/COMPANY: Patricia Parrott

Sanitation ____

Vector Control ____

OPWD V

SERVICE: Installation

5908A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 1 1989

FEE: 100.00

CK # 899
+100.00

Completed By

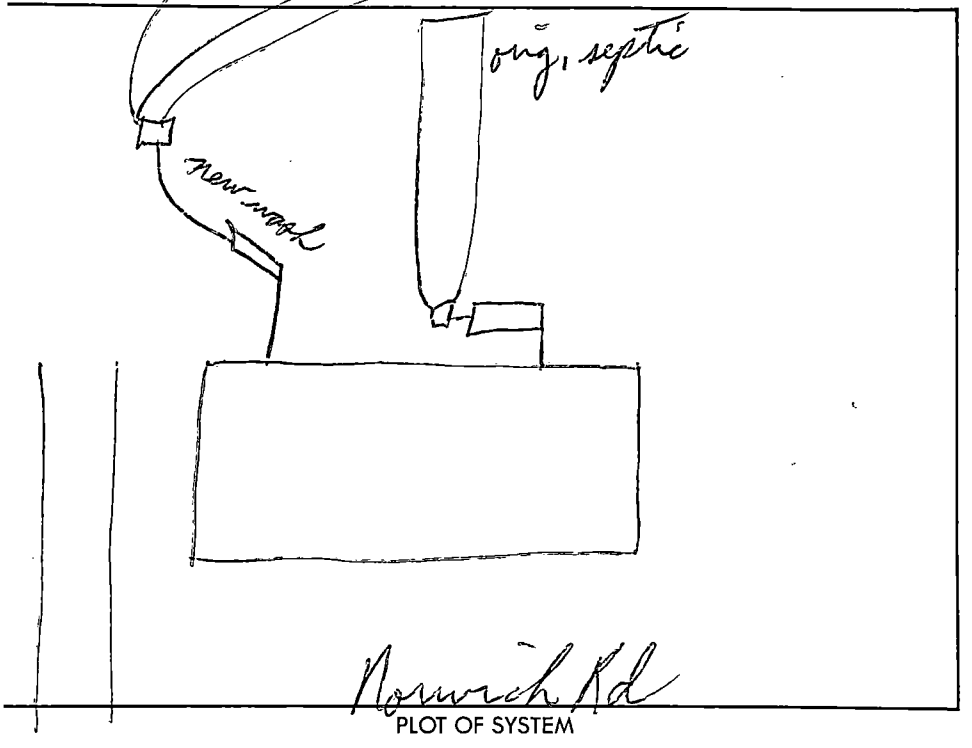
Collected By

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5908-A DATE: 7-25-89
TC: 109-262-17 ☐ L
SERIAL № 12845

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7-11-89. All work shall be completed on or before 8-25-89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction ____

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 200 feet
Number of Lines ~~4~~ 3 B.F.
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well city feet

NAME OF OWNER Kenneth Marshburn
LOCATION OF PROPERTY 1033 Norwich Rd
Comments: B.F. 3 ~~4~~ lines 3' X ~~50~~ 67' X 12" stone. Connect wash & one bathroom to 1000 tank. House has separate septic system.

J. Ennis
Division or Section Head

B.A. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

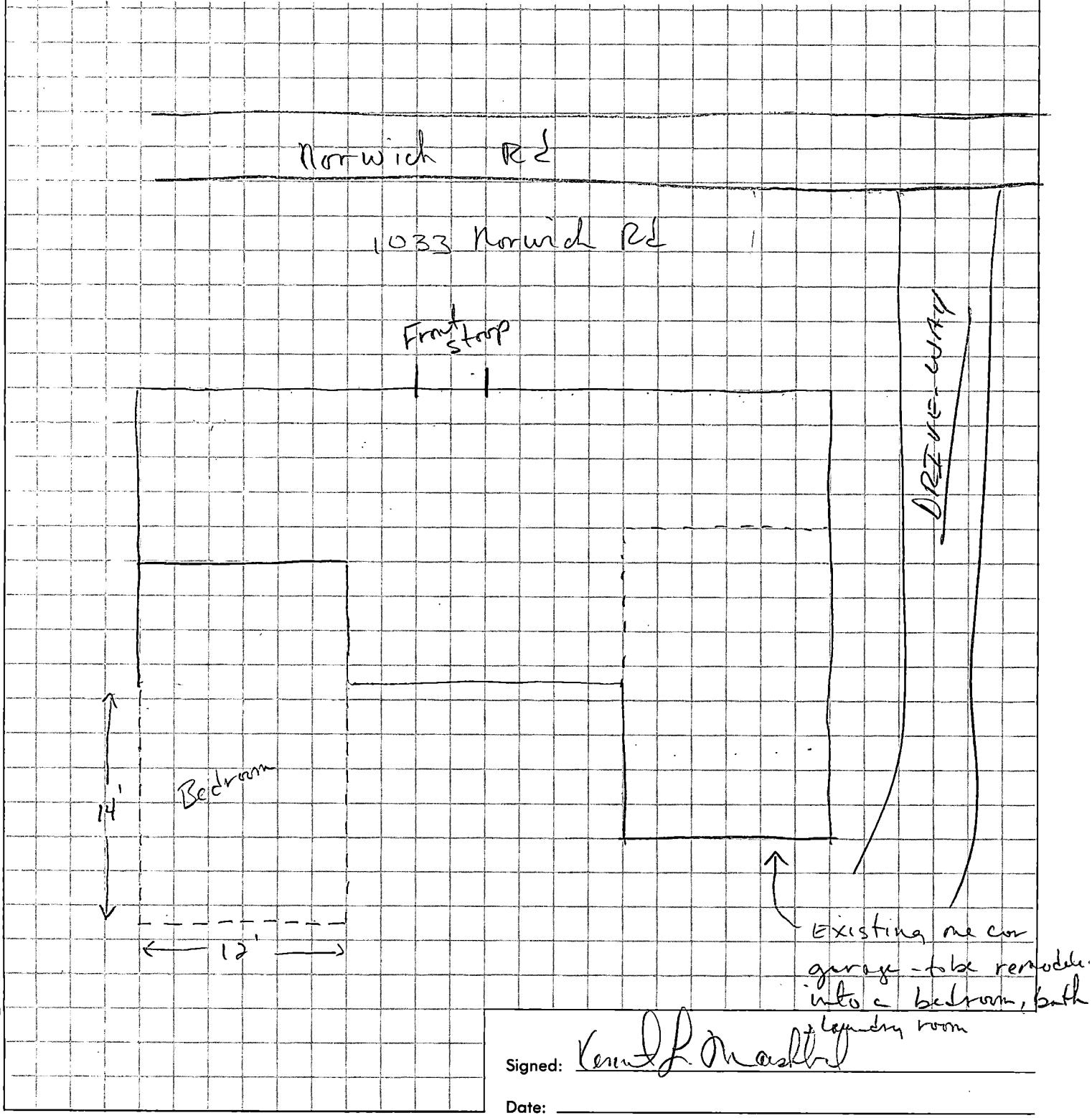
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 59081A

TC: _____

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.



Signed: Kenneth L. Maskew

Date: _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: July 18, 1989

NAME/COMPANY: Kenneth L. Washington

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Imp - Additions
#5908A

MECK COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 18 1989

FEE: 25

CK # 0164
7-25-89

Completed By

Collected By

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: 5908A
TC: 109-262-17
SERIAL: No 18861
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 1033 Norwich Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Marlwood Acres ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Marshbanks, Kenneth Lee (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1033 Norwich Rd (mailing 2728 Studley Rd)
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28212
⑬ PHONE: (WORK) 882-2220 ⑭ (HOME) 537-6301

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) ① extend a bedroom 14x12 into the back yard; ② remodel a one car garage & make it into a bedroom, bath & laundry room

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type?
㉓ Maximum occupancy? 6
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 on the property for the purpose of processing this request.

Signed: Kenneth L. Marshall
Date: 7/10/89

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 Use existing system

B. R. Ferguson (Environmentalist) 8-3-89 (Date)

(Director or Authorized Section Head) 8-3-89 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.