

3409 ORCHARD KNOB DR

19306402

12/18/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

August 3, 1992

To Whom It May Concern,

This statement is in regards to the septic letter approval made by Gene Vaugh on July 13, 1992. As resident of the house on 3409 Orchard Knob Dr, this statement is to let you know that even though the septic system is not backing out on the ground there still is a problem with the system. Therefore we feel there should not have been an approved syptic letter. The problem we are speaking of is everytime it rains and even sometimes when it has not rained we will hear the commodes bubble, they will not flush and there will be a terrible sewage odor thoughout the house.

On June 15, 1992 Liquid Waste, Inc. pumped the septic tank and informed us of the history of this septic system. Liquid Waste, Inc. has pumped this septic tank on Feburary 4, 1989, Feburary 3, 1991, May 11, 1991 and June 15, 1992. They told us that a septic system should only have to be pumped every 6-8 years to keep slug out of the drain. Therefore we think recommendation is in order which are hooking to city sewer or extended the drain field.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Lisa Brookshire

Ronald and Lisa Brookshire

cc: Tony Johnson
Assell & Assoc.

193-069-02
583B/8454A

5838 (8454A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

REPAIR [ ] CRF

Necklenburg 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: BROOKSHIRE (last) Ronald (first) D. (mi)
ADDRESS: 3409 Orchard Knob PHONE: (704) 535-0826
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: Same as above (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORK):
TAX/PARCEL NUMBER: 193-164-02
STREET ADDRESS: 3409 Orchard Knob
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] 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)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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: 4 NUMBER OCCUPANTS: 3

SYSTEN 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 [X] 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: Ronald Brookshire Date: 7/31/92

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.

...

[ ] 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

Director or Authorized Section Head 8-17-92 Date

WATER : 122791

LIQUID WASTE, INC.

STATEMENT

9300 STEELE CREEK RD.
CHARLOTTE, NORTH CAROLINA 28273
(704) 588-2392

Amount enclosed

$_____

DATE	INVOICE	P.O. #	TERMS
6/15/92			NET 0 to 10 DAYS

ASSELL & ASSOCIATES

11229 EAST INDP. BLVD.

MATT, N.C. 28105

PAY LAST BALANCE IN THIS COLUMN

DESCRIPTION	AMOUNT
PUMPED SEPTIC TANK AT 3409 ORCHARD KNOB DR.	$ 140.00
RONALD & LISA BROCKSHIRE, JR.	
HOUSE HAS DRAINFIEDD TROUBLE, SUGEEST	
HOOKING TO CITY SEWER OR DOING A DRAINFIELD	
REPAIR .	
YOU ALSO HAVE A SMALLL LEAK IN HOME, THAT	
NEEDS TO BE FIXED.	
	$ 140.00

LIQUID WASTE, INC.

Thank You

845-2920
Vicente
Thu
Thursday

HFF
Mallard
OFF old
Creek