

1808 STONEYRIDGE DR

03130189

6/1/2007

duponbj

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

Mecklenburg County

Health Department

File 5468A

January 17, 1996

Jim & Ginger Love
1808 Stoney Ridge Drive
Charlotte, NC 28214

Dear Mr. & Ms. Love:

We have received a copy of the receipt for the Charlotte Mecklenburg Utility Department sewer tap-on fee for 1808 Stoney Ridge Drive, Charlotte, North Carolina. Your prompt response was appreciated. Payment of this fee is considered a step toward compliance with the State sewage regulations.

You must take all necessary measures to ensure that sewage does not surface on top of the ground while waiting for construction of the sewer line and/or sewer tap.

Some of these measures include:

- Practicing water conservation methods by using water saving devices in the shower head and commode; taking quick showers; and spreading clothes washing out over the course of a week instead of washing in sequence. In addition, fix any dripping/leaking water fixtures and water closets, etc.
- Checking and pumping the septic tank as necessary. Contact a septage management hauler for this service.
- Not watering the lawn in the area of the septic system.

Enclosed is a brochure which explains the proper abandonment of the septic tank system.

Please contact me at 336-5572 as soon as the connection from the house to the sewer tap is completed. If you have any questions, please do not hesitate to contact me.

Sincerely,

Toni Higgins-Bunney

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure

Dumped

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Jim & Ginger Love

MAILING ADDRESS 1808 Stoney Ridge Drive, Charlotte 28214

OCCUPANT _____

LOCATION _____

☒ RESIDENCE ☐ BUSINESS ☐ OTHER _____

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 336-5572.

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

☐ Other Repairs (specify) _____

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

☐ Perform Maintenance (specify) _____

6/20

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 10, 1995, appropriate legal action will be taken.

Notice Issued June 8, 1995 (Date) Signed Toni Higgins-Bunney, R.S. (Division of Environmental Health) Agent

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

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

I called Willie Mae with CMUD and she verified that you can connect to CMUD with an extension (will approximately be 9 months)

7/12/95 - Close - Received tap-on fee receipt #28

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

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☐ Perform Maintenance (specify) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by 7/10/95, appropriate legal action will be taken.

Notice Issued 6/6/95 (Date) Signed John Higgins Burney, R.S. (Division of Environmental Health) Agent

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

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

I called Willie Mae with CMUD and she verified that you can connect to CMUD with an extension (will approximately be 9 months)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5468A

☐ 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: LOVE (last) GINGER (first) N. (mi)
ADDRESS: 1808 Stoney Ridge Dr PHONE: (704) 393 3317
CITY: Charlotte, NC STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-051-18
STREET ADDRESS: 1808 Stoney Ridge Dr
ZONING:

PROPERTY OWNER:
NAME: Love (last) Jim-Ginger (first) N. (mi)
ADDRESS: 1808 Stoney Ridge Dr PHONE: (704) 393-3317
CITY: Charlotte STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ 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 N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (K)
☐ 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: 3 NUMBER OCCUPANTS: 4

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) NOW CITY WATER

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: Ginger N Love Date: 5-19-95

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 Date

WATER - '22 '91

CHARLOTTE MECKLENBURG UTILITIES

****

5100 BROOKSHIRE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28216
MAIN PHONE: (704) 399-2221
FAX NUMBER: (704) 393-2219

TO: Toni Higgins - Bunney

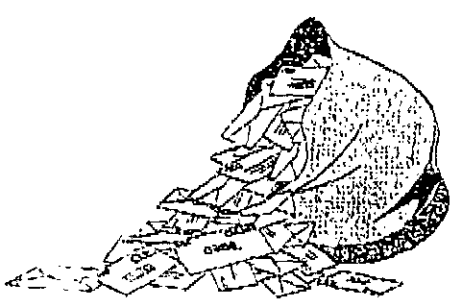
FAX NO: 336 6894

FROM: Ginger Sauer

DATE: 7-13-95

NUMBER OF PAGES INCLUDING COVER SHEET: 2

COMMENTS: Per Customer request



JIM F. LOVE
GINGER N. LOVE
1808 STONEYRIDGE DR
CHARLOTTE, NC 28214

0186

7-12 19 95

PAY TO THE ORDER OF [illegible] $ 1610 00

Sixteen hundred ten dollars NO/100 DOLLARS

WACHOVIA
Wachovia Bank of North Carolina, N.A.
Charlotte, NC 28231

Cash Investment Account

FOR City Sewage - Mckyoke Jim F Love

⑆053000183⑆ 1863 853981⑈ 0186

Fax 336 6894

704 336 6894:# 2 ADMINISTRATION 7-16-95 ; 23:46 ; SENT BY:CMUD

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

ON-SITE WASTEWATER VIOLATION NOTICE

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336--5572

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

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On-Site Wastewater Section (Revised 10/94)

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APPLICATION FOR SERVICES

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☐ CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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Charlotte, NC 28202

(704)336-5102

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NAME: LOVE (last) GINGER (first) N. (mi)
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Date:

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ZONING:

PROPERTY OWNER:
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☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
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Signed: Ginger N Love Date: 5-19-95

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...This permit is not transferable.

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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

WATER : 12/94

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 1 [illegible]

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: # [illegible] 5468A
ENVIRONMENTAL HEALTH DIVISION
TC: _____
SERIAL: No: 16837 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1808 (STREET NO.) Stoney Ridge Dr. (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 031 051 18
⑤ SUBDIVISION: Pine Island ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Jimmy (FIRST) Franklin (MIDDLE) Love (LAST)
⑨ MAILING ADDRESS: 1808 Stoney Ridge Dr. &
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 704-333-9120 ⑭ (HOME) 704-393-3317

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? 5
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

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Signed: Jimmy Franklin Love

Date: _____

IMPROVEMENT PERMIT

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... 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.