

5807 THOMPSON RD

03711407

5/30/08

marliwr

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

Phil

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 7729

PERSON FILING APPLICATION:

NAME: Banks (last) Michael (first) L. (mi)

ADDRESS: 7105 Pleasant Grove Rd PHONE: (704) 763-8692

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-114-07

STREET ADDRESS: 5807 Thompson Rd. Charlotte NC 28216

ZONING:

PROPERTY OWNER:

NAME: Wallace (last) Barbara (first) W. (mi)

ADDRESS: 5807 Thompson Rd. PHONE: (704) 517-2601

CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 7 BC LOT SIZE (in acres):

[redacted]

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

[redacted]

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

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: 3 NUMBER OCCUPANTS: 6

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)
[X] 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: Barbara Wilson Wallace Date: 2/21/01

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Approval granted for a mobile home exchange

use existing system

[ ] 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

Phila S. Walker RS. 2/28/01
Environmentalist Date

WATER : 122791

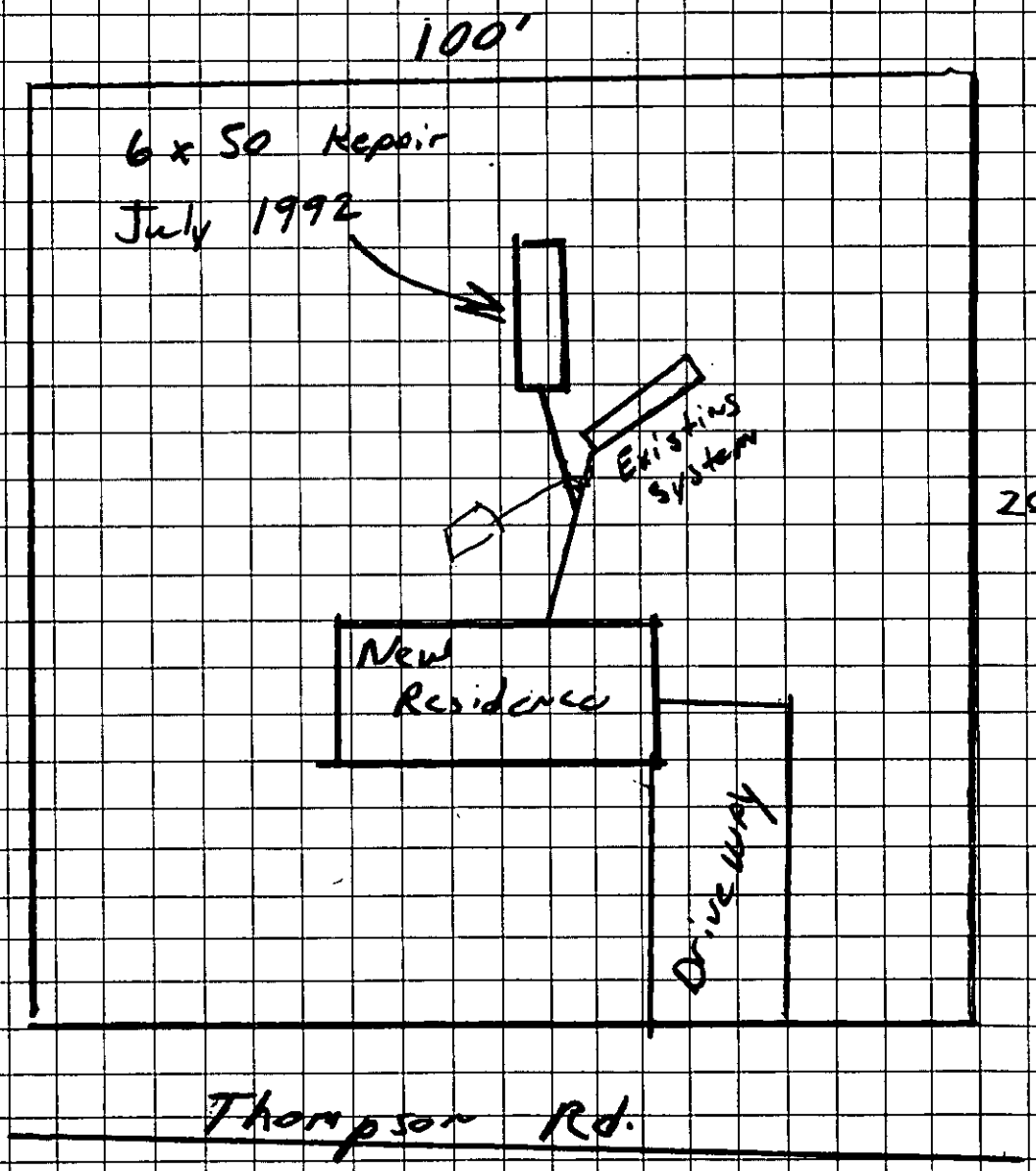
PROPOSED PLOT PLAN

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

FILE: 7729

TC: 037-114-07

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.



Barbara Wilson Wallace
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE PJW 2/29/01

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Mike Banks	Phone #: 763-6692	Date Requested: 2/27/01	Date Filled: 2/27/01
Account Name: W. H. Keistler Jr	☐ Cash ☑ Charge	Account No.: X 25790	

I certify that I am authorized to charge this account for this service.

Signature: Michael L. Banks Printed Name: Michael L. Banks Date: 2-27-01

Fee or Charge

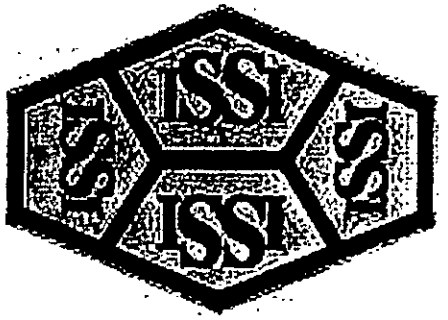
T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
705	1	Other: 4 x 3	100	100
		Other:		
Payment received by:		Date: 2/27/01 By:	Total:	100

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

5807 Thomas Rd		
Lot # 779		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION



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ISSI Operations Center Staff

Application No.

Map No.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER _____ ZIP _____

PHONE NO. Home _____ Office _____

LOCATION OF PROPERTY SAME (STREET OR COUNTY ROAD)

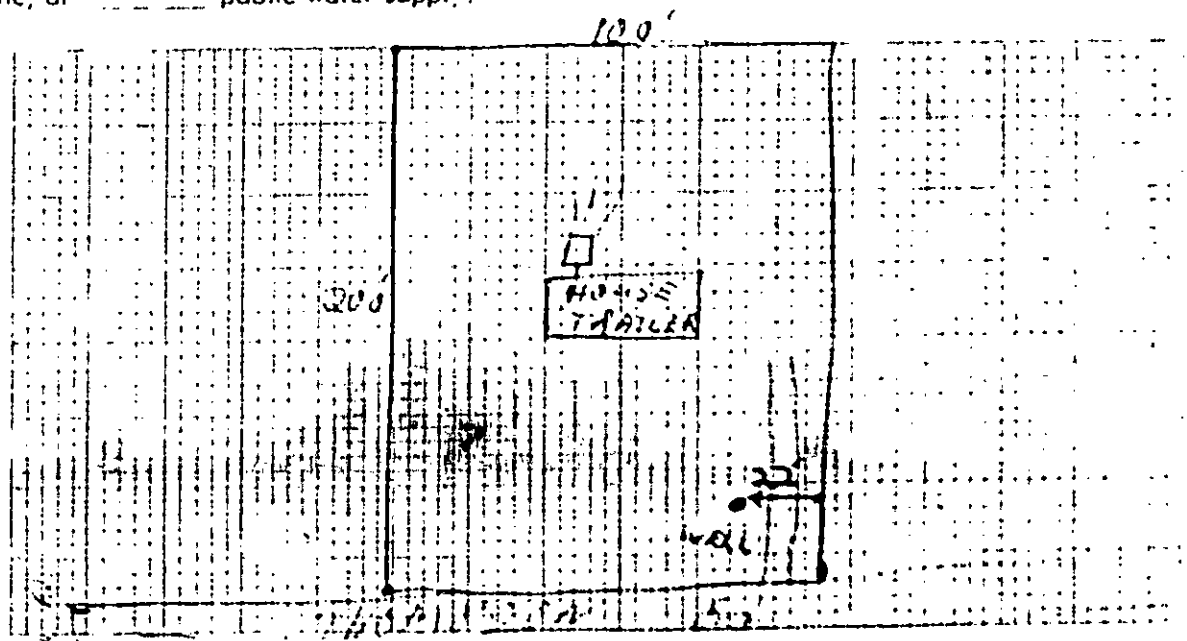
SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO _____

WELL CONTRACTOR McCALL BROS. LICENSE NO _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a well on the hereinabove described property to be used as a source of water supply for individual single family residence, public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

DATE OF APPLICATION _____ OWNER _____

Application approved and permit hereby granted

Permit No. 7729

ENVIRONMENTALIST

ICAM NO. 1-30-72

W400 **CERTIFICATE OF COMPLETION/OPERATION PERMIT**

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

FILE: D729 DATE: 7/17/92

TC: 037-114-07 ☐ L ☐ CRT

SERIAL № 12914

Name of Owner Barbara Wallace Juris.:

Address of Property 5807 Thompson Rd

Inspection Data:

Tank Material –

Total Length of ~~Drainfield~~ Bed 100'

Number of Lines 2 @ 50'

Cover Depth 6"

Water Supply Source well

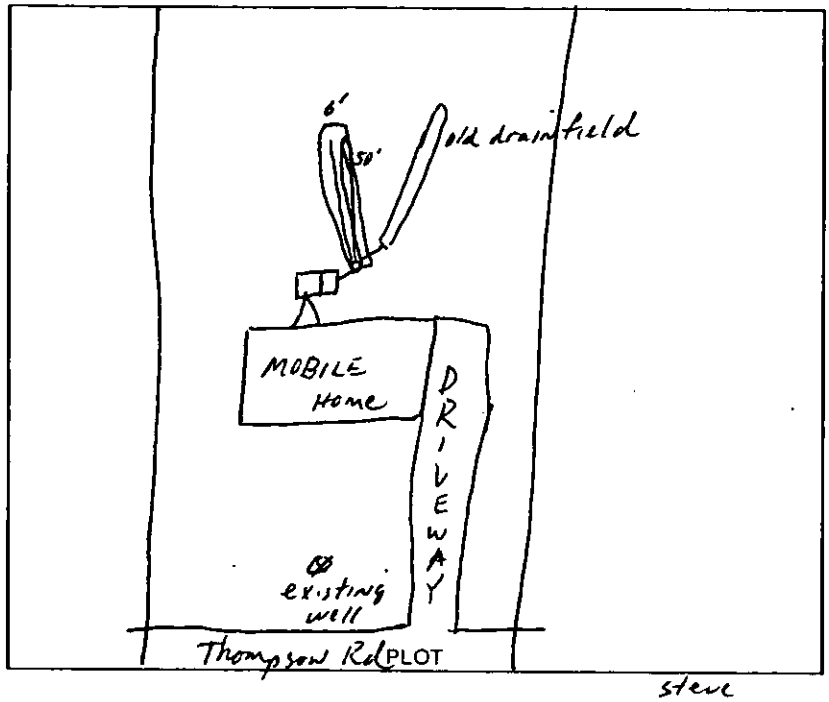
Distance to Water Source >50

Excavation Inspected 7/17/92

Tank(s) Inspected –

Wash Line Inspected plumbed to tank

High Water Alarm Inspected NA



Design: R92, Repair CTR# steve Autry

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: Repair NO Installation permit drawn (met contractor on site)

Bv Philo S. Walker R.S.
Environmentalist

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

Film No. | File No.

CRIMINAL SUMMONS

Offense
SEWAGE DISPOSAL

Offense in Violation of G.S.
130A-335(e) .1961(a)1

Date of Offense
MAY 27, 1992

The State of North Carolina VS.

Defendant Name & Address
BARBARA WALLACE

5807 THOMPSON ROAD

CHARLOTTE, NC 28216

Race	Sex	Date of Birth
WHITE	FEMALE	UNKNOWN

Defendant's Employer
UNKNOWN

Complainant (Name, Address or Department, Phone)
PHILO S. WALKER
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON STREET, SUITE 211
CHARLOTTE, NC 28202

Witnesses (Names, Addresses, Phone No.s)
PETE MASON

5209 THOMPSON ROAD

CHARLOTTE, NC 28216

(704) 392-3192

MARILYN COLE

5332 MARLETTE DRIVE

CHARLOTTE, NC 28214

(704) 392-0029

(704) 357-8652

STATE OF NORTH CAROLINA — In the General Court of Justice

MECKLENBURG County — District Court Division

To the defendant:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above you unlawfully, willfully and feloniously did **while owning residence located at 5807 Thompson Road, Charlotte, NC, Tax Parcel 037-114-07, failed to maintain a sanitary system of sewage disposal as required under General Statutes 130A-335(e)**

TO wit: Sewage is being discharged to the surface of the ground in violation of 15A NCAC 18A .1961(a)(1).

in violation of the law referenced on this Criminal Summons.

You are ordered to appear before the court at the location, date and time indicated below to answer the charges. If you fail to appear you may be held in CONTEMPT OF COURT and imprisoned for up to thirty (30) days or fined up to $500.00 or both. This penalty for failure to appear is in addition to any sentence which may be imposed for the crime charged.

This summons is issued upon information furnished under oath by the complainant or complainants named.

Location of Court	Date
	Signature
Trial Date	Trial Time ☐ AM ☐ PM
	☐ Magistrate ☐ Deputy CSC ☐ Asst. CSC ☐ Clerk of Superior Court

AOC CR-113
Rev. 5/82.

[redacted] No. | File No.

CRIMINAL SUMMONS

Offense
SEWAGE DISPOSAL

Offense in Violation of G.S.
130A-335(e) .1961(a)1

Date of Offense
May 27, 1992

The State of North Carolina VS.

Defendant Name & Address
ANNIE P. BULLARD

317 DRURY DRIVE

CHARLOTTE, NC 28206

Race	Sex	Date of Birth

Defendant's Employer
UNKNOWN

Complainant (Name, Address or Department, Phone)
PHILO S. WALKER
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON STREET, SUITE 211
CHARLOTTE, NC 28202

Witnesses (Names, Addresses, Phone No.s)
PETE MASON

5209 THOMPSON ROAD

CHARLOTTE, NC 28216

(704) 392-3192

MARILYN COLE

5332 MARLETTE DRIVE

CHARLOTTE, NC 28214

(704) 392-0029 (H)

(704) 357-8652 (W)

STATE OF NORTH CAROLINA
MECKLENBURG County

In the General Court of Justice
District Court Division

To the defendant:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above you unlawfully, willfully and feloniously did **while owning a residence located at 5807 Thompson Road, Charlotte, NC, Tax Parcel 037-114-07, failed to maintain a sanitary system of sewage disposal as required under General Statutes 130A-335(e)**

To wit: Sewage is being discharged to the surface of the ground in violation of 15A NCAC 18A .1961(a)(1).

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	Signature
Trial Date	Trial Time ☐ AM ☐ PM
	☐ Magistrate ☐ Deputy CSC ☐ Asst. CSC ☐ Clerk of Superior Court

AOC CR-113
Rev. 5/82.

Mecklenburg County
Health Department

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

May 27, 1992

Annie P. Bullard
Trustee Under Will for Carolina Reep Wilson
317 Drury Drive
Charlotte, NC 28206

7729

Dear Ms. Bullard:

During a recent investigation of your property at 5807 Thompson Road (Tax Parcel No. 037-114-07), Charlotte Carolina, 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 in violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

You are hereby given notice to correct this situation by June 4, 1992. Failure to comply with this notice will result in legal action being taken against you. This is a recurring problem and complete compliance with public health laws is expected.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:lw

Enclosure

Philo This will be out This week Reopen Thank

Carolyn Myers

~~311-2000~~

311-3013

"Crisis Assistance

Monday"

"Call for assistance today!"

Annie P Bassett Estate
Barbara Jean Nixon
5807 Thompson Rd
Charlotte, NC
28216
Carolyn Jones
Chris Bassett Assistance

Mecklenburg County
Health Department

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

May 27, 1992

Annie P. Bullard
Trustee Under Will for Carolina Reep Wilson
317 Drury Drive
Charlotte, NC 28206

Dear Ms. Bullard:

During a recent investigation of your property at 5807 Thompson Road (Tax Parcel No. 037-114-07), Charlotte Carolina, 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 in violation of **Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.**

You are hereby given notice to correct this situation by June 4, 1992. Failure to comply with this notice will result in legal action being taken against you. This is a recurring problem and complete compliance with public health laws is expected.

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Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:lw

Enclosure

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

LOG NO: [ ]

REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

DATE: 06 / 05 / 92 (MONTH / DAY / YEAR)

SECTION: IWS (AQ, WQ, FOOD, DC, MILK, POOL, S&HW, OPWD, VC)

TO: DIRECTOR

Request approval for initiation of (circle one): CS, CW, AI, CV, OTHER: _____

Against: ANNIE P BULLARD

Violation: SEWAGE MALFUNCTION

Circumstances: (Outline Briefly) On-Going Surveillance of property regarding disconnection of sewage pipe from mobile home. Pipe has been disconnected several times causing a raw sewage discharge to the surface of the ground. There is an existing violation of NCAC - Sewage Rules.

Phyllis Walker
ENVIRONMENTALIST

Violation Notices (Date & Results):

Other Contacts:

Approved for proceeding with action:

Supervisor: _____ DATE: 6/5/92

Division Manager: _____ DATE: 6/5/92

Director: _____ DATE: 6/5/92

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.

Mecklenburg County

Health Department

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

May 27, 1992

Annie P. Bullard
Trustee Under Will for Carolina Reep Wilson
317 Drury Drive
Charlotte, NC 28206

Dear Ms. Bullard:

During a recent investigation of your property at 5807 Thompson Road (Tax Parcel No. 037-114-07), Charlotte Carolina, 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 in violation of **Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.**

You are hereby given notice to correct this situation by June 4, 1992. Failure to comply with this notice will result in legal action being taken against you. This is a recurring problem and complete compliance with public health laws is expected.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:lw

Enclosure

037-114-07

5807 Thompson Rd

(2813) Caroline Reep Wilson

ANNIE P. Bullard
Trustee UNDER Will
of Caroline Reep
Wilson

317 Drury Dr

28206

3735-113 R 2443 DEED REFERENCE

ANNIE P. Bullard
Trustee UNDER Will of
CAROLINA REEP WILSON
317 Drury Drive
Charlotte, NC 28206

RE: 5807 Thompson Road
TAX Parcel # 037-114-07

24

25 5/30/92
ADD: This is A recurring problem AND complete compliance ~~is expected~~ with public health laws is expected.

27 ~~[illegible]~~ 336-5570

28

Pete Mason
392-3192
5809 Thompson Rd

5807

Mecklenburg County
Health Department

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

June 11, 1992

Ms. Barbara Wallace
5807 Thompson Road
Charlotte, NC 28216

Dear Ms. Wallace:

During a recent investigation of your property at 5807 Thompson Road, (Tax Parcel No. 037-114-07), Charlotte, North Carolina, 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 in violation of **Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.**

You are hereby given notice to correct this situation by June 18, 1992. Failure to comply with this notice will result in legal action being taken against you. This is a recurring problem and complete compliance with public health laws is expected.

An application to repair is enclosed for your convenience. You must fill out the application to repair and contact me to arrange an appointment immediately. I can be reached at 336-5570.

Sincerely,

Philo S. Walker, R.S.
Individual Water and Wastewater System

Mecklenburg County
Health Department

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

Parcel: _____

Date: 5-26-92

Emergency? Y N

Log No. _____

Section: _____

*CALL BEFORE GOING OUT

REQUESTING PERSON: PETE MASON PHONE: 392-3192

ADDRESS: 5809 THOMPSON ROAD CITY: CHT ZIP -

PROPERTY CONCERNED: (FACILITY NAME): NEXT DOOR ON LEFT 5807 THOMPSON RD

ADDRESS: 5807 THOMPSON RD CITY: _____ ZIP _____

SERVICE REQUESTED: SEWAGE IN BACK YARD

ASSIGNED TO: P. WALKER TAKEN BY: _____

DATE	ACTIVITY REPORT
5/26/92	Inspected property - Raw sewage was being discharged onto the ground surface.
5/27/92	Violation letter mailed to: Annie P. Bullard Trustee Under Will for Carolina Reap Wilson, 317 Drury Dr, Char 28206 037-114-07) Barbara Wallace living on property
6/3/92	Spoke with Carolyn Myers (Crisis Assistance dept) about situation.
& 6/4/92	She stated that Mrs ~~Wallace~~ Wallace indicated that she had no funds to finance a repair for the septic system. Myers said she would refer Mrs Wallace to Community Improvement.

(back) NOTIFICATION TO REQUESTING PERSON: ____ WRITTEN ____ VERBAL ____ NOT APPLICABLE

COMPLETED BY Philo L. Walker REVIEWED BY _____

6/4/92 Criminal Summons issued to be served on residence.
6/11/92 violation letter sent to Barbara Wallace
6/23/92 Criminal Summons reissued to Barbara Wallace

7/17/92 Repair installed by Steve Autry and Inspected COC issued.

7/20/92 Spoke with Bart Menser (DA's office). Told him system had been repaired. Mr Menser said that he would drop the case and no court appearance would be necessary.

7/20/92 Closed

Criminal Summons

347-7844

336-6180

Friday

Mr Menser will strike Criminal Summons

DA call... 342-6746 will strike Summons

DATE 6/10/92

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

037-114-07
PARCEL NUMBER

5807 Thompson Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. EROSION CONTROL REGULATIONS	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: for Reg for Serv.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rob

REVISED 1/91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES 7729 "REPAIR" [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Wallace (last) Barbara (first) J (mi)
ADDRESS: 5807 Thompson Rd. PHONE: (__) NONE
CITY: Charlotte STATE: NC ZIPCODE: 28216

Date:

PROPERTY OWNER:
NAME: Wallace (last) Barbara (first) J (mi)
ADDRESS: 5807 Thompson Rd PHONE: (__) NONE
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-114-07
STREET ADDRESS: 5807 Thompson Rd. Charlotte NC 28216
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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): 100'X200'

[] 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 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):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION: Septic Tank

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)
[X] 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: Barbara Wallace Date: June 16, 1992

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

WWATER : 122791

June 16, 1992

Mr. Walker,

I am writting Concerning the septic system at my home. (5807 Thompson Road. Charlotte)

I am planning to repair at the 1st of July. I am on a fixed income (AFDC & Food Stamps) and I will get it repaired when I get my AFDC check the 1st of July.

I want to get this cleared up once & for all. If you need to get in touch with me you can come by the house because I don't have a phone. The best time to come is the mornings before NOON.

Thanks,

Barbara Wallace
5807 Thompson Rd.
Char. N.C. 28216