

15300 THOMAS RD

21725108

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

1121A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50 check 1007 3/16/98 CRT

1121A

Mecklenburg 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: Barnes (last) Charles (first) T (mi)
ADDRESS: 15300 Thomas Rd PHONE: (704) 588-0637
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-041-40
STREET ADDRESS: 15300 Thomas Rd
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

LOT NUMBER: 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1986

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

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

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: 5

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 [] 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: X Charles T Barnes Date: X 3-16-98

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.

... Use existing system.
No plumbing in bldg.

[] 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

JW E. Higgins, RS. 3-19-98
Environmentalist Date

WWATER : 122791

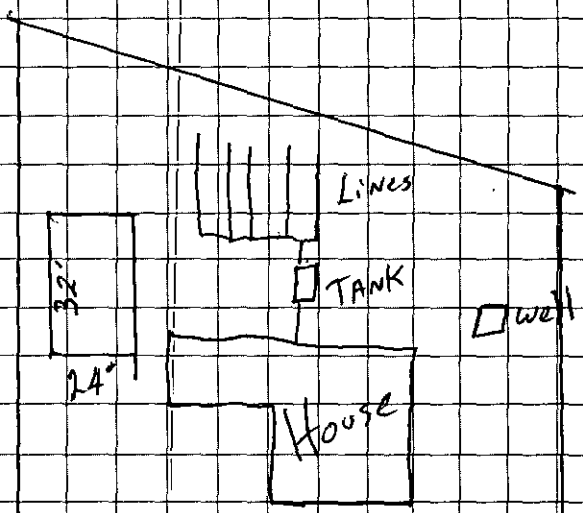
PROPOSED PLOT PLAN

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

FILE: 1121A

TC: 217-041-40

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.



Charlotte Barnes
OWNER/AGENT SIGNATURE

DATE 3-16-98

APPROVAL DATE 3/18/98

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



2016 KIMWAY DR

21518212

4/15/08

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SERVICE REQUEST/WORK ORDER

Log No.: 1116 A Section: INWS Hazard? [ ] Yes [ ] No

Date: 4/2/97 Parcel: 215-182-12 (215-112-60 old?) <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Gregory Gaddy Phone (w) 577-8175 (h) 847-9425

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Same

Address 2016 Kimway Dr City _____ Zip _____

SERVICE REQUESTED: M alfunction.
Per Mr Gaddy - tried to repair washer(?) bad himself approx 1 year by installing drain of pipe to woods line.

ASSIGNED TO: L. Mialik TAKEN BY: L Mialik

Return as part of file

DATE	ACTIVITY REPORT
4/3/97	OSV. Gregory Gaddy present. Per probing of sewage disposal system S.T. under deck, brick storage building appears to have been constructed over portion of nitrification lines. Appears overflow pipe installed/hooked into 4th/last line. Unable to locate D-Box. Advised owner.
4/4/97	PCw/Mr Gaddy - will contact David Jordan (registered S.T. contractor) to meet on site, house will be sold + money escrowed should repair be necessary.
4/7/97	OSV. Mr Gaddy + David Jordan present. D-Box uncovered - flow cut to 4th/last line. (had been receiving most of the effluent as best as could be determined) Portion of overflow pipe + the gravel around it removed with backhoe & soil packed back in. Recommended that S.T. be pumped. No repair approval/ permit required at this time. LBM

Kimway Drive

House

DECK

storage bldg

pipe removed

~~pipe/stone removed/excavated out.~~
soil packed back in.

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

COMPLETED BY: Lba B. Mialik, RS, 4/7/97

REVIEWED BY: _____