

8142 HIGH OAKS LN

22330131

4/14/08

marliwr

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

Date: 11-03-95 Parcel: 217-191-54 <60 Days? ( ) Yes ( ) No

a45A4

REQUESTING PERSON: Lynn Lathan Phone x5507

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Nick LaVecchia Home

Address 19816 Youngblood Road West. City Charlotte Zip 28278

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Toni Bunney TAKEN BY: _____

DATE	ACTIVITY REPORT
	DE filter and separation tank to be installed / Lathan
11/8/95	Made OSV to residence. The pool area is in the lateral side of the property which would not affect the septic system or repair area. It does not appear to have any adverse affect to septic system with pool installation. Maintain 5' setback away from tanks. Pool approved.

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

COMPLETED BY: Toni Huffis Bunney 11-8-95

REVIEWED BY: _____ /

c:/original/serreqpl.frm 03/19/91

LY400
Complete

UPDATE COMPLETE
Complaint Number 00018787 1 Date Entered 07/17/97 Date Updated 07/17/97
Type Complaint SIB Permit Type SEW

	----------Street Name----------	Number	Dir.	Zipcode
Location/Description	YOUNGBLOOD ROAD WEST	19816		28203

Request By LARRY JORDAN County Office
Phone Number 583-1685
Address 19808 YOUNGBLOOD ROAD WEST
City CHARLOTTE State NC Zipcode 28203
Directions:

Complaint:
STRONG SEWAGE ODOR

FILE #45A/ POOL INSTALLED IN 1995

Joyce Brown -

EHS Number 17035 Tax/Map Number 21719154 Census
Property Name YOUNGBLOOD ROAD
Owner Name LAVECCHIA NICHOLAS
Owner Address 19816 YOUNGBLOOD ROAD WEST
Owner City CHARLOTTE State NC Zipcode 28203
Owner Phone 000 000-0000
Date/Time 07/17/97 (HH MM) Create Work Order (Y/N) Y Log Only (Y/N) N
7/17/97 9:47:17
01-03 SA MW KS DM IM II S1 S1037498 KB

7/21/97 - Met with Mrs. Lavecchia at 11:30 Am. She said they are having no problems. She said they had installed crepe myrtles along their drive which the remarked dirt may have produced the odor. Mrs. Lavecchia said they had had concerns about their septic system, so they did not water their yard.

7/29/97 - Discussed problem with co-worker, Judy Kiser, who is willing to look at site. She is very familiar with sewer problems and was willing to go. I instructed the Jordans to find out when we could go to meet someone at home. Mrs. Jordan says she doesn't smell anything & would prefer us meeting with Mr. Jordan. He is out of town for week. Mrs. Jordan will [redacted] have Mr. Jordan call for us to come out.

8/4/97 - Mr. Jordan T/C 9:30Am. Says more of a dead animal smell. Apparent at new retaining wall and he says when he washes french drain a terrible smell is promoted. I told him there was ~~no~~ no apparent septic problem with neighbor. I explained that he may have a vent problem. He said odor was not apparent today only when they are at home. I told him to call me and Judy will go with me. Also, contacted Rusty at EP for assistance.

8/4/97 - Rusty said he can not offer any assistance.

$600

652A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 8/20/97 CR#1243 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

PERSON FILING APPLICATION:

NAME: SUNLIFE, INC (last) (first) (mi)

ADDRESS: PO Box 1468 PHONE: (704) 535-3471

CITY: HICKORY STATE: NC ZIPCODE: 28603

Date:

PROPERTY OWNER:

NAME: SANTORE WILLIAM J. (last) (first) (mi)

ADDRESS: 8142 HIGH OAKS PHONE: (704) 541-1488

CITY: CHARLOTTE STATE: NC ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 223-201-17

STREET ADDRESS: 8142 HIGH OAKS

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) SUNROOM PATIO

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: 4 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)
[X] 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 [ ] 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: Craig Ulbrandsen Date: 8-19-97

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.

...3/22/97 ONV. Mrs. William Santore present (Footing for sunroom already dug.) Approval to UKS for sunroom addition

[ ] 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
Sunroom Patio

Environmentalist Date 8/22/97

Director or Authorized Section Head Date

WATER : 122791

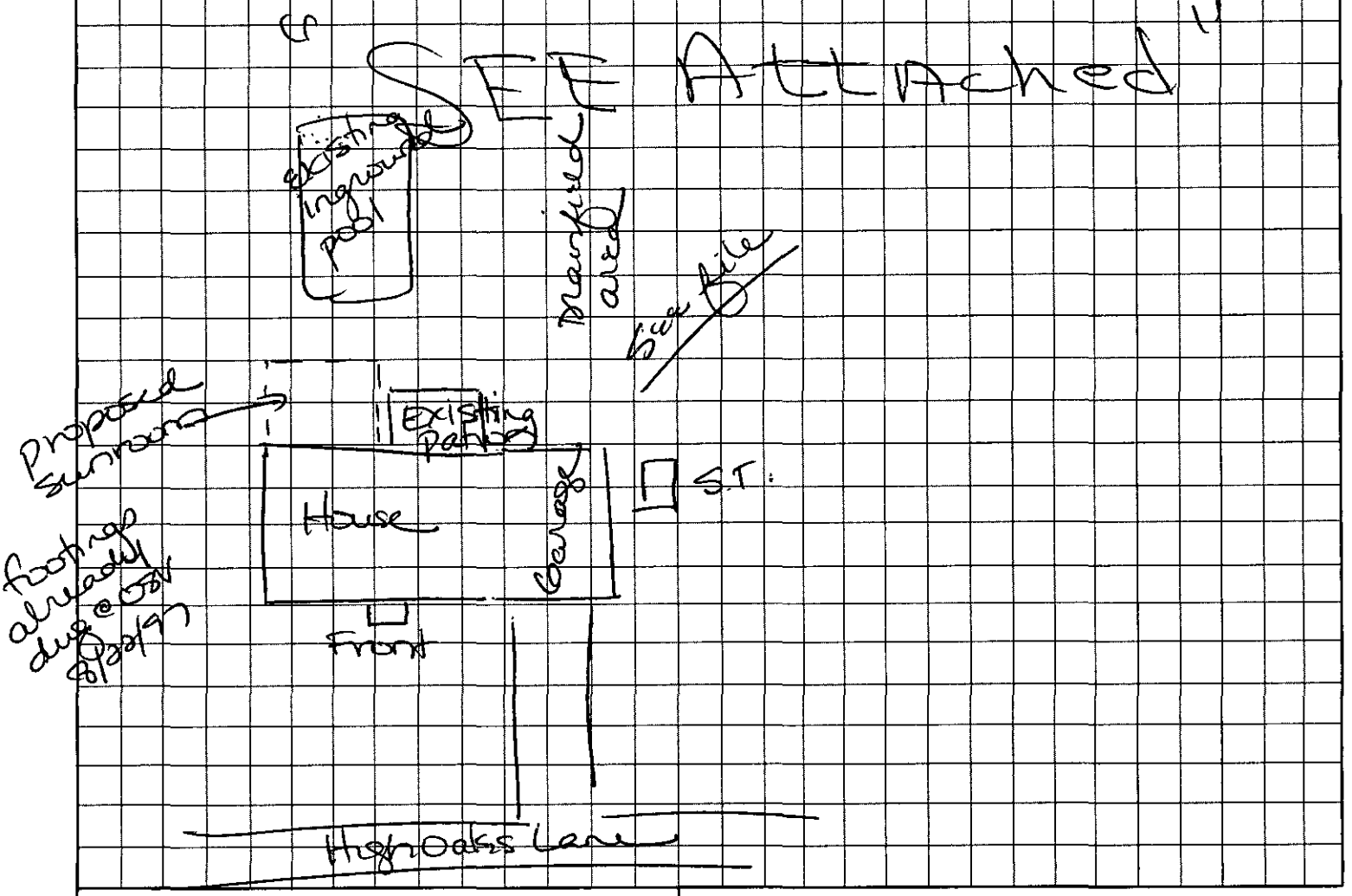
PROPOSED PLOT PLAN

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

FILE: 652A

TC: 223-201-17

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.



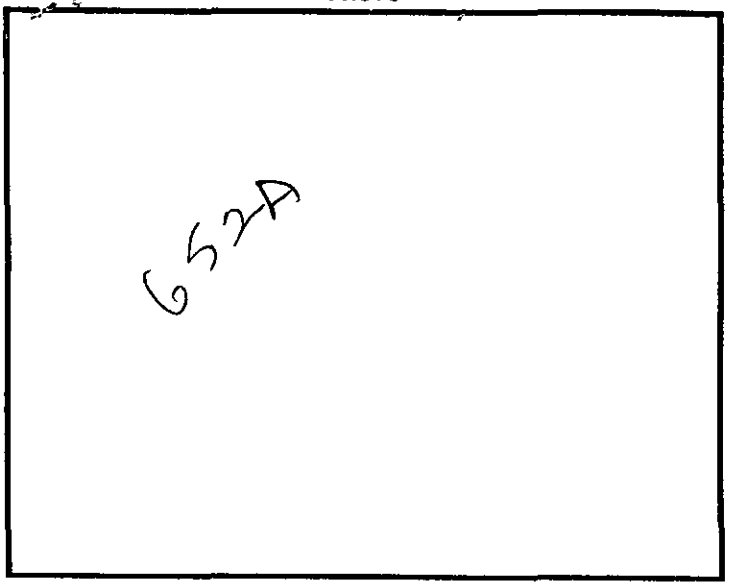
OWNER/AGENT SIGNATURE

DATE

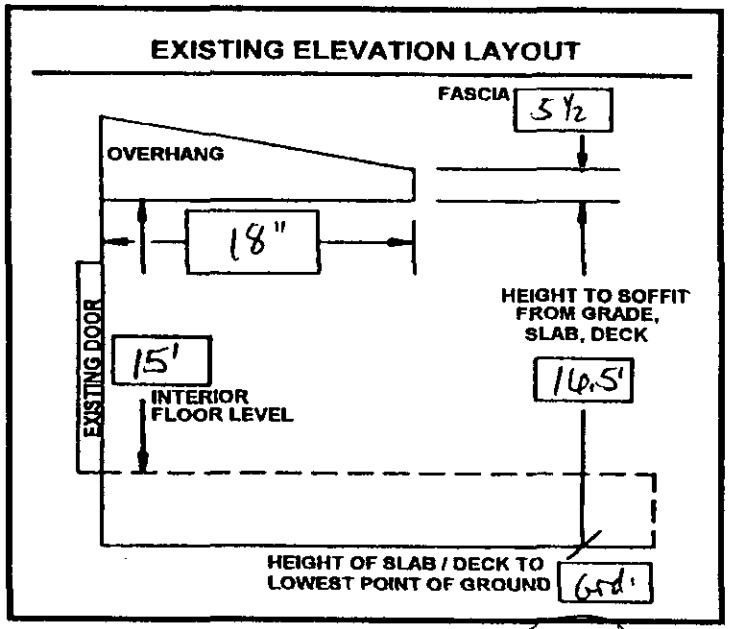
APPROVAL DATE

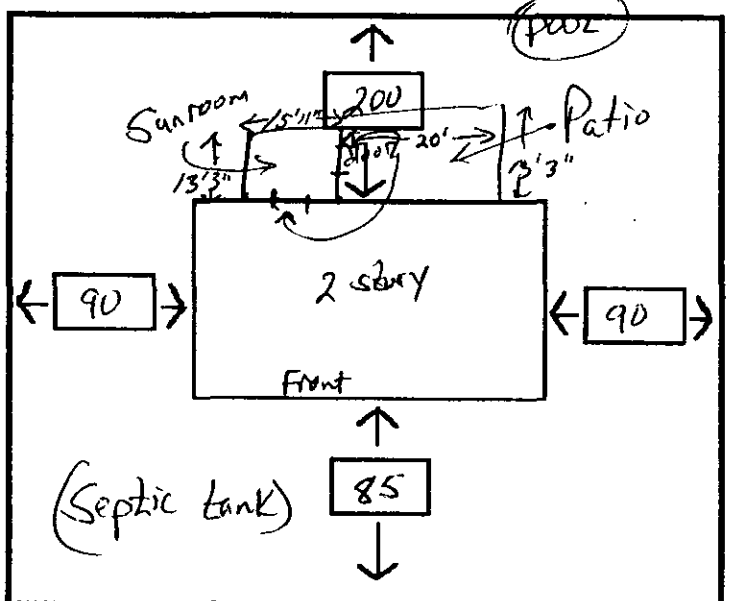
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PHOTO



EXISTING ELEVATION LAYOUT





SHOW LOCATION OF THE FOLLOWING:

- ☐ SUNROOM (sketch on house in proper location)
- ☐ SEPTIC TANK
- ☐ UNDERGROUND POWER LINES
- ☐ UNDERGROUND WATER LINES
- ☐ DISTANCE PROPERTY LINE LOCATED FROM HOUSE NOT OVERHANG (SUNROOM ONLY)
- ☐ ANY OTHER RESTRICTIONS
- ☐ POLAROID PICTURE WHERE SUNROOM IS LOCATED
- ☐ NORTH

SITE PREP by SUNLIFE -- see Prepwork Retail Pricing Sheet

KEY #	ITEM DESCRIPTION	(CIRCLE)	
	TEAR OUT / DEMOLITION / DUMP		
0.1	Deck / Railings / Landing / Steps	YES	NO
0.2	Steps Only	YES	NO
0.3	Railings Only	YES	NO
0.4	Screen Walls Only	YES	NO
0.5	Exterior Siding or Vinyl (No Asbestos)	YES	NO
0.6	Concrete Slab	YES	NO
	CONCRETE WORK		
1.0	Concrete Footings (16" wide x 8" thick)	YES	NO
1.1	To Wheelbarrow / Mudbuggy Concrete	YES	NO
1.2	16" Diameter Concrete Pier footings	YES	NO
1.3	Washed Stone Backfill	YES	NO
1.4	4" Thick Reinforced Concrete Slab	YES	NO
1.5	4" Thick Monolithic Pour	YES	NO
1.6	Concrete Cuts	YES	NO
	FOUNDATIONS		
2.0	12" x 12" Masonry Piers	YES	NO
2.1	6" x 6" Treated Posts	YES	NO
2.2	4" Diameters Steel Support Posts up to 10' high	YES	NO
2.3	8" Concrete Block Foundation Wall	YES	NO
2.4	8" Brick & Block Foundation Wall	YES	NO
2.5	Masonry Steps (Rectangular)	YES	NO
	FLOORS		
3.0	Insulate & Subfloor existing deck (plywood)	YES	NO
3.0a	Over 24" Above Grade (untreated wood)	YES	NO
3.0b	Under 24" Above Grade (treated wood)	YES	NO
3.1	Subfloor Existing Deck (insulation by cust.)	YES	NO
3.2	Charge for Underlayment (1/2" plywood)	YES	NO
3.3	Insulated Floor System on Masonry Foundation	YES	NO
3.4	Wood Framed Insulated Floor	YES	NO
3.4a	Over 24" Above Grade (untreated wood)	YES	NO
3.4b	Under 24" Above Grade (treated wood)	YES	NO
3.5	Treated 2" x 10" Band	YES	NO
3.6	Floor Joist Hangers (for existing deck)	YES	NO
	DECKS		
4.0	Treated Wood Deck	YES	NO
4.1	Landing approx. 3'x4' for swing or 3'x5' for sliding door	YES	NO
4.2	Standard Picket Railing	YES	NO
4.3	Treated Wood Steps	YES	NO
4.4	Lattice Work on face of posts	YES	NO
4.5	Lattice Work between posts	YES	NO
4.6	Doors in Lattice	YES	NO
	WALLS		
5.0	Wood Framed Insulated Basewall	YES	NO
5.0a	Drywall Interior	YES	NO
5.1	8" Concrete Block Wall	YES	NO
5.2	8" Masonry Basewall	YES	NO
5.3	Wood Framed Insulated Exterior Wall	YES	NO
5.3a	Drywall Interior	YES	NO
	OPENINGS		
6.0	Wood Frame Wall Tear Out & Install Beam	YES	NO
6.1	Masonry Wall Tear Out & Install Beam	YES	NO
6.2	Remove Window, Open to Floor & Trim	YES	NO
6.3	Remove Door & Trim Opening	YES	NO
6.4	Doors -- Full Lite	YES	NO
6.4a	Add for Grille	YES	NO
6.5	Remove Window, Open to Floor & Install Door	YES	NO
6.5a	If opening is wider than window being removed...	YES	NO
6.5b	To Re-Sheetrock around Door	YES	NO
	ROOFS		
7.0	Shingled 230 Roof -- See 230 Price Sheet	YES	NO
7.1	Shingled Shed Roof Bld-up over Existing Roof w/ Clad Fascia	YES	NO
7.2	Dormer Tie-In	YES	NO
7.3	Drop Eave to meet Unit	YES	NO
7.4	Cut Back Eave & Trim -- Clad Fascia	YES	NO
7.5	New Shingled Roof Construction	YES	NO
7.5a	Drywall Interior	YES	NO
	FINISHES (all prices are for Solid Walls with NO Deduct for Openings)		
8.0	Ceramic Floor Tile	YES	NO
8.1	Hardwood Flooring (prefinished)	YES	NO
8.2	T & G Knotty Pine Paneling on Existing Wall	YES	NO
8.3	T & G Knotty Cedar Paneling on Existing Wall	YES	NO
8.4	Sheetrock	YES	NO
8.5	Stucco (cement plastering on block wall)	YES	NO
	MISCELLANEOUS		
9.0	Install New Gutters	YES	NO
9.1	Standard Size Downspouts	YES	NO
9.2	Install Cust. Air Conditioning Unit	YES	NO
9.3	Electrical Charges	YES	NO
9.3a	Charges per Drop (outlet, switch or fixture)	YES	NO
9.4	Extend Ductwork from customer's system into addition	YES	NO
9.5	Heat Pumps -- 14,300 BTU	YES	NO
9.6	Quiet Air Fan -- 1,000 CFM	YES	NO
9.7	Waterproofing Above Grade (spray applied)	YES	NO
9.8	Waterproofing Below Grade (new constr.)	YES	NO
9.9	Waterproofing Below Grade (exist. constr.)	YES	NO
9.10	4" Underground Drain Line	YES	NO
9.11	4" Underground Perforated French Drain & Gravel	YES	NO
9.12	Termite Treatment (everything but Pier Constr.)	YES	NO
9.13	Miscellaneous Hourly Work	YES	NO