

2718 KENDRICK AV

04527141

5/20/08

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

Mecklenburg County
Health Department

June 28, 1994

Mr. Sardone Prasonkongsinh
2718 Kendrick Avenue
Charlotte, NC 28269

Re: 2718 Kendrick Avenue
File: 1711
Tax Parcel: 045-271-41

Dear Mr. Prasonkongsinh:

Receipt of the plans and specifications for the family room addition at the above referenced property is hereby acknowledged. Upon receipt of the plan, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below:

1. The proposed addition is located over a sewage treatment and disposal system drainfield which was installed in October 1971. All building foundations must be located a minimum of five (5) feet from any part of the sewage treatment and disposal system.

2. You may wish to connect to the Charlotte-Mecklenburg Utility Department sewer line. Once you connect to the sewer line you may properly abandon your sewage treatment and disposal system and can then proceed with your proposed addition through the Mecklenburg County Building Standards Department.

3. You may make application for an Improvement Permit to alter the sewage treatment and disposal system. You would then need to make application and submit the appropriate fee to this Department. Please be aware that this sewage treatment and disposal system was designed for a three bedroom house with a maximum of six occupants. It is my understanding from the application for an addition that there are ten (10) occupants; therefore this system is undersized for its usage. If an alteration were to be requested, the system would need to be upgraded to accommodate ten (10) occupants.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan Bateman, R.S.
Individual Water and Wastewater Systems

SB:lw

1711

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #50 cash 3/29/94

[] 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: Soudone Prasonkongsinh (last) (first) (mi)
ADDRESS: 2718 Kendrick Ave PHONE: (704) 596-2603
CITY: Charlotte STATE: NC ZIPCODE: 28269.

Date:

PROPERTY OWNER:
NAME: Soudone Prasonkongsinh (last) (first) (mi)
ADDRESS: 2718 Kendrick PHONE: (704) 596-2603
CITY: Charlotte STATE: NC ZIPCODE: 28269.

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 045-271-41
STREET ADDRESS: 2718 Kendrick Ave.
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[X] 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):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Family Room
[] 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) [X] OTHER room (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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):
[X] 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 Soudone Prasonkongsinh Date: X 3/29/94

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 : 122791

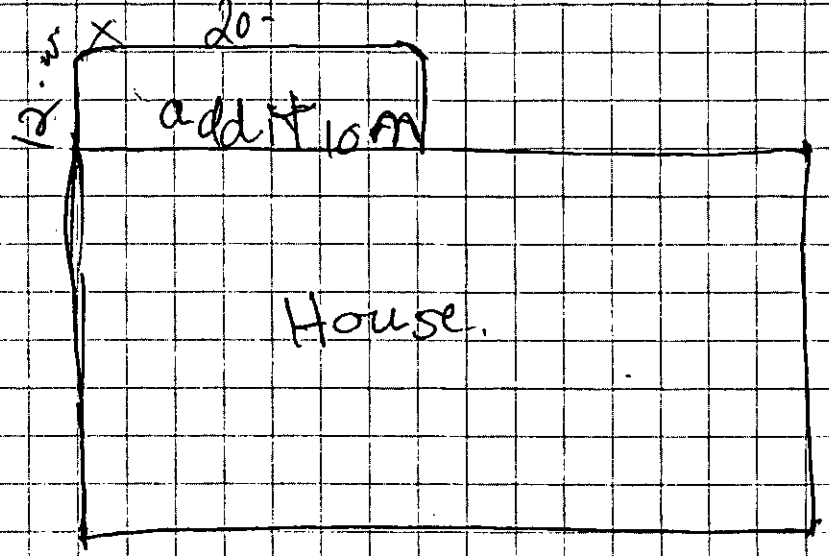
PROPOSED PLOT PLAN

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

FILE: 1711

TC: _____

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy