

3220 COMMONWEALTH AV

12910156

12/27/2007

duponbj

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

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

LOG NO: [ ][ ][ ]

REQUEST FOR APPROVAL AND RECORD OF LEGAL ACTION

DATE: [0][2] / [1][5] / [9][4]
MONTH / DAY / YEAR

SECTION: [I][W][W][S]
(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: MICHAEL PURCELL

Violation: MALFUNCTICNING SEPTIC SYSTEM - CONNECT TO CMUD

Circumstances: (Outline Briefly) Mr. Purcell made application for repair to septic system. Lot is 50' wide - cannot repair septic system. CMUD sewer line available. He was having a loan processed Through Comm. Dev't but stopped process. See letter Mr. Purcell sent.

537-8824

Susan Bateman
ENVIRONMENTALIST

Ernest E. Snyder + wife - cosigner of mortgage

Violation Notices (Date & Results):

1st notice compliance date 12/16-93. Loan process going Through Comm. Dev't.

2nd notice sent out 12-30-93 because They had not responded to let dept. know status on loan situation. Loan process stopped.

Other Contacts: 11-9-93 site visit - determined residence needs to connect to CMUD sewer line

2-1-94 Spoke w/ Mrs. Purcell & explained her loan process was stopped & she needs to contact Comm. Dev't.

Approved for proceeding with action:

Supervisor: _____ DATE: _____

Division Manager: _____ DATE: _____

Director: _____ DATE: _____

THE ENTIRE FILE MUST ACCOMPANY THIS FORM.

Sewer - plumbing inspection final job # 4001 05-26-94

3220 Commonwealth Ave.
Charlotte, NC 28205

February 4, 1994

Health Department
Attention: Susan Bateman
700 North Tryon St.
Suite 211
Charlotte, NC 28202

Dear Susan Bateman:

This letter is in reference to our telephone conversation of February 4, 1994. The delay in resolving our septic problem results from our inability to secure a loan via your recommended avenues.The party who co-signed our mortgage is unwilling to co-sign the loan for the sewer. They believe that it will reflect on their credit line, and affect future credit endeavors on their behalf.

My wife and I are new to the area and with my recent layoff from my previous employer securing a different type of loan may be difficult. We have an excellent credit history and prior to our arrival in Charlotte I served 10 years in the U.S. Navy. I am currently working, however I know how a loan officer would view my length of time on the job etc. in his or her decision in approving a loan.

We will explore as many routes as necessary to obtain a loan, and vigorously pursue this until the matter is resolved. As I explained on the phone this morning, our situation would have been settled by now had we better communications with the city agency processing our loan. I will keep you informed of our progress. If you know of other options available please contact me at 537-8824.

Sincerely,
Mike Purcell

Mike Purcell

2053B/9224A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

"REPAIR"

[] 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 COPY

Date:

PERSON FILING APPLICATION:

NAME: SAME (last) (first) 376-5439(w) (mi)

ADDRESS: _____ PHONE: (__) 537-8824

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 129-101-56

STREET ADDRESS: 3220 Commonwealth Ave

ZONING: _____

PROPERTY OWNER: (OSS Lot THAT A)

NAME: PURCELL, MICHAEL (last) (first) (mi)

ADDRESS: 3220 COMMONWEALTH AVE PHONE: (__) _____

CITY: CHARLOTTE STATE: ZIPCODE: 28205

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

LOT NUMBER: Lot #1 BLOCK 1B2 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)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (H)
[] 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):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 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)
[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: Michael Purcell Date: 10-30-93

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.

...11-9-93 due to severe limitations on lot related to size of lot this house needs to connect to (MUD) sewer line which is available to house. (SB)

[] 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

12-28 2nd violation Notice slip drawn up

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

2nd NOTICE

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER MICHAEL PURCELL

MAILING ADDRESS 3220 COMMONWEALTH AVENUE, CHARLOTTE, NC 28205

OCCUPANT SAME

LOCATION SAME
TAX PARCEL 129-101-56

[X] 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 336-5569/336-5102.

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

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Pit Privy must be repaired/constructed.

[X] Other Repairs *(specify)* CONNECT TO CMUD SEWER LINE. SUBMIT COPY OF TAP-ON FEE RECEIPT TO THIS DEPT.

[X] Perform Maintenance *(specify)*

RECOMMEND PUMPING & FILLING TANK AFTER CONNECTIO TO CMUD SEWER LINE

If the wastewater violation is not brought into compliance by JANUARY 17, 1994, appropriate legal action will be taken.

Notice Issued DECEMBER 30, 1993 (Date) Signed SUSAN BATEMAN, 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)

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

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER MICHAEL PIRCELL

MAILING ADDRESS 3220 COMMONWEALTH AVENUE

TAX PARCEL # 129-101-56

OCCUPANT SAME

LOCATION SAME

28205

☒ RESIDENCE ☐ BUSINESS ☐ OTHER _____

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

☒ Other Repairs (*specify*) CONNECT TO CMUD SEWER LINE

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

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by DECEMBER 16, 1993, appropriate legal action will be taken.

Notice Issued NOVEMBER 16, 1993 (Date) Signed SUSAN BATEMAN, 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)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

9053B/9224A "REPAIR"

[] 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 COPY

Date:

PERSON FILING APPLICATION:

NAME: Jane (last) (first) 376-5439(w) (mi)

ADDRESS: _____ PHONE: (__) 537-8824

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 129-101-56

STREET ADDRESS: 3220 Commonwealth Ave

ZONING: _____

PROPERTY OWNER: (OSS Lot Plaza)

NAME: PURCELL, MICHAEL (last) (first) (mi)

ADDRESS: 3220 Commonwealth Ave PHONE: (__) _____

CITY: Charlotte STATE: ZIPCODE: 28205

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: L#4 B238 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 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):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 5 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)
[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

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Signed: Michael PMC Date: 10-30-93

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Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

"REPAIR"

2053B | 9224A

[] 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: JANE
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER: (OSS the PHASE A)

NAME: PURCELL, MICHAEL
(last) (first) (mi)

ADDRESS: 3220 COMMONWEALTH AVE PHONE: (__) _____

CITY: CHARLOTTE STATE: ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 129-101-56

STREET ADDRESS: 3220 COMMONWEALTH AVE

ZONING: _____

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

LOT NUMBER: ~~L# 9B3B~~ LOT# 81B2 LOT SIZE (In acres):

TYPE APPLICATION (check one):

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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____
Environmentalist Date

_____
Director or Authorized Section Head Date

WATER : 122791

"Need new Bldg. #"

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

2nd NOTICE

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER MICHAEL PURCELL

MAILING ADDRESS 3220 COMMONWEALTH AVENUE, CHARLOTTE, NC 28205

OCCUPANT SAME

LOCATION SAME

TAX PARCEL 129-101-56

[X] RESIDENCE [ ] BUSINESS [ ] OTHER

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[X] Perform Maintenance (*specify*)

- RECOMMEND PUMPING & FILLING TANK AFTER CONNECTI TO CMUD SEWER LINE

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

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

1-31-94 spoke w/ Sandra Caldwell 336-2019 - Comm Dept in ref. to loan status for (CMUD) connection. She informed them that they need to do some more paperwork at this stage but they haven't gotten back in touch with her & done this.

1-31 no answer at home

2-1 spoke with Mrs. Purcell & explained to her that she needs to speak →

w/ Sandra Caldwell in reference to her proposed loan. Explained that if the loan process stops because they (Purcell's) stopped the process that the violation notice will no longer be "held" and would become active again.

2-16-94

Co-signer of mortgage- Ernest F. Snyder concerned about his line of credit and that is why he won't cosign Comm Dev't loan papers according to Mr. Purcell. Mr Purcell says he is trying to arrange for another loan from private sources. Requested Mr. Snyder's phone # to speak with him concerning matter as he is a co-owner of property. He said he'd have Mr Snyder contact me in reference to this.

MR & MRS. MICHAEL W. PUTZEL
3220 COMMON WEALTH
CHARLOTTE, NC 28205

CHARLOTTE NC 282
7 FEB
1994

HEALTH DEPT.
ATTN: SUSAN BATEMAN
200 N. TRYON ST
SUITE 211
CHARLOTTE, NC 28202