

304 SANDY AV

04911314

12/19/2007

duponbj

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

Mecklenburg County
Health Department

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

August 06, 1993

Mr. Odell Sprinkle
c/o Mr. Strickland
304 Sandy Avenue
Charlotte, NC 28213

Re: 304 Sandy Avenue
File: 1079-B (tax parcel 049-113-14)

Dear Mr. Sprinkle:

As per your letter dated July 6, 1993, it was decided by you and the tenant, Mr. Strickland to forego the washing machine usage instead of making the necessary repairs to the wastewater treatment and disposal system. If was determined at the inspection on July 01, 1993 that the washing machine drainline discharged onto the ground surface. In the future, if you choose to use a washing machine at this residence you will need to contact this office for an application for an improvement permit to install a repair or connect onto an approved sewer line (Charlotte-Mecklenburg Utility Department).

Failure to comply with the Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900 may result in legal action being taken against you.
As we had discussed, the proposed storage shed as originally requested could not be approved as excavation for the footings was over a portion of the septic tank system.

It is recommended that the soil that was removed for the excavation be carefully packed back into the holes to decrease the chances of problems with the septic tank system. Enclosed is a copy of the approved storage shed site.

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

Sincerely,

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

OK
SWP

Mr. Odell Sprinkle
c/o Mr. Strickland
304 Sandy Ave.
Charlotte, NC 28211

Re: 304 Sandy Ave.
File: 1079 B (tax parcel 049-113-14)

Dear Mr. Sprinkle:

As per your letter dated July 6, 1993, ~~the residence located at 304 Sandy Avenue~~ it was decided by you and the tenant, Mr. Strickland, to forego the washing machine usage instead of making the necessary repairs to the wastewater treatment and disposal system. It was determined at the inspection on July 1, 1993 that the washing machine drainline discharged onto the ground surface. In the future, if you choose to use a washing machine at this residence you will need to contact this office for an ~~repair~~ application for an improvement permit to ~~do~~ install a repair or connect onto an approved sewer line (Charlotte-Mecklenburg Utility Department). ~~All other wastewater~~

Failure to comply with the Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900 may result in legal action being taken against you.

As we had discussed, the ~~footing for the~~ proposed storage shed as originally requested could not be approved as ~~it was located~~ proposed to be over a portion of the Septic tank system. ~~A footing was partially~~ dug in this ~~unapproved~~ excavation for the footings ~~site~~. It is recommended that the soil that was removed for the excavation be carefully packed back into the holes to decrease the chances of problems with the septic tank system. Enclosed is a copy of the approved storage shed site.

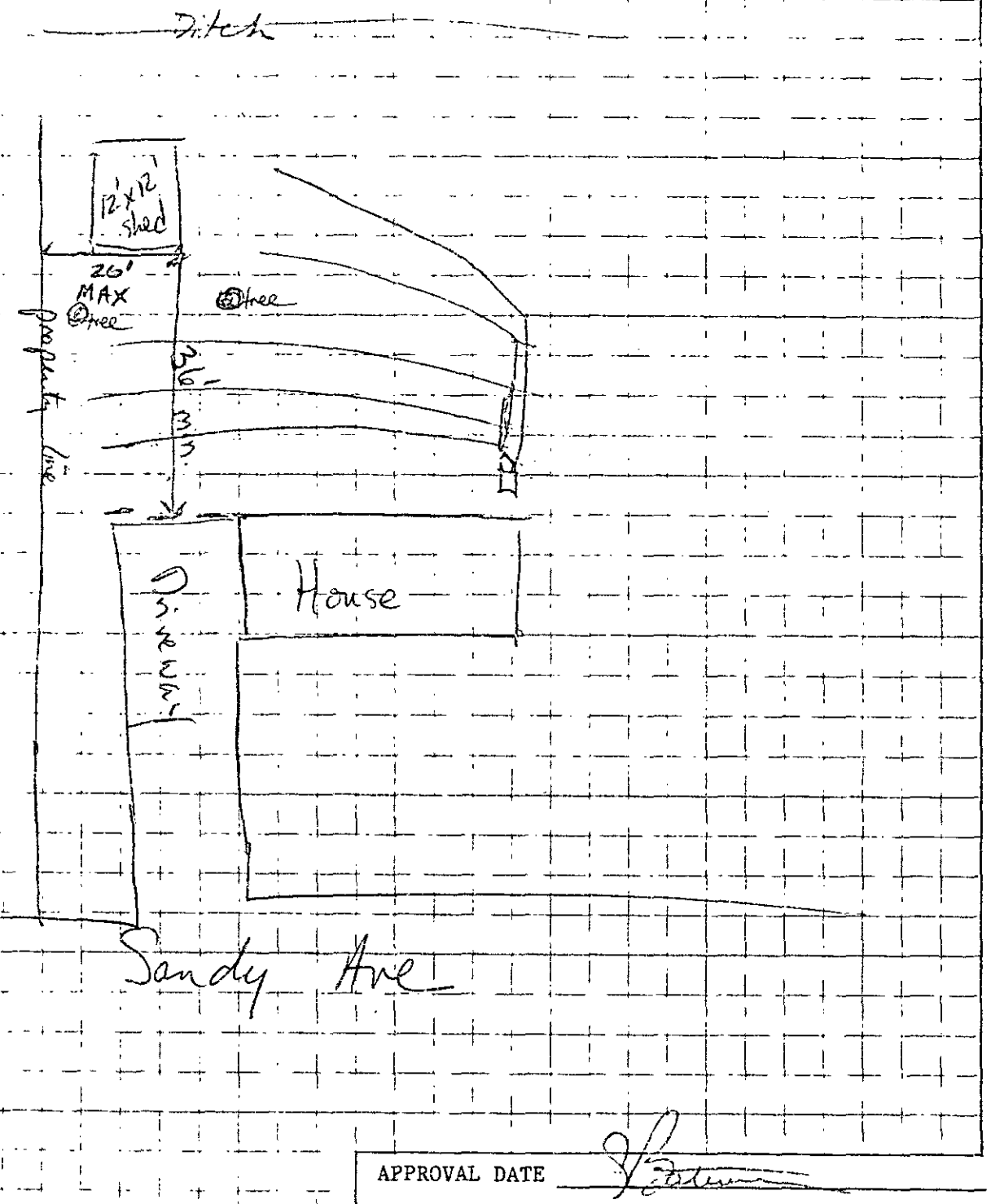
16/40

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

FILE: 1879 B, 5051 A

TC: C49-113-14

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

1079B|90-51A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

6/29/93 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

Date: 6/29/93

PERSON FILING APPLICATION:
NAME: SPRINKLE (last) ODELL (first) V (mi)
ADDRESS: _____ PHONE: 704 366-0396
CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 049-113-14
STREET ADDRESS: 304 SANDY AVE
ZONING: R

PROPERTY OWNER:
NAME: SPRINKLE (last) ODELL (first) V (mi)
ADDRESS: 304 SANDY PHONE: (__) _____
CITY: CHARLOTTE STATE: NC ZIPCODE: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT #78 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE SHED
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (O) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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: O Odell Sprinkle Date: 6/29/93

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.

... use existing system

Washing machine completely disconnected

see attached letter from Mr. Sprinkle dated July 6, 1993 and letter to Mr. Sprinkle dated August 6, 1993.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Peterson 7-27-93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

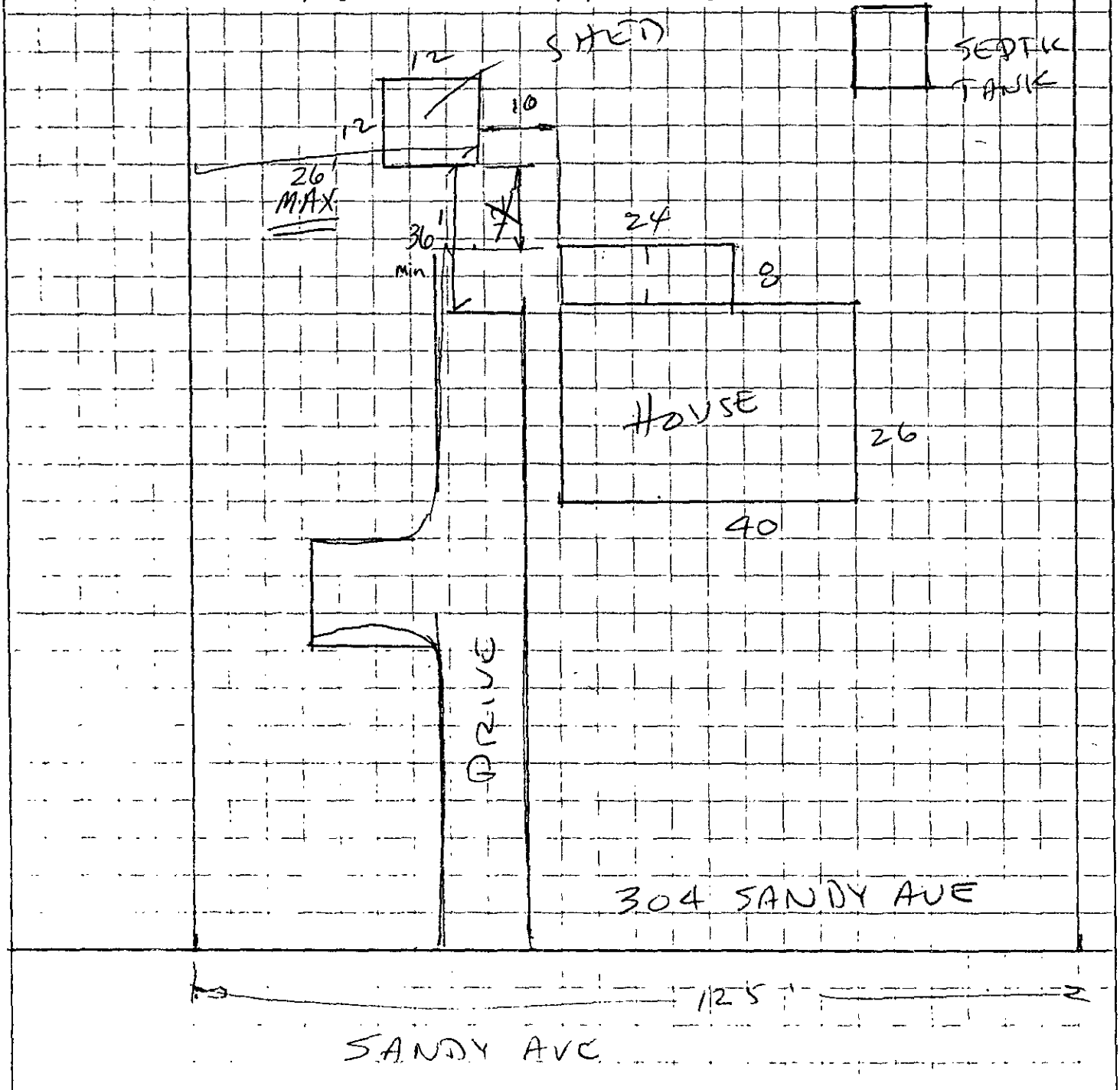
PROPOSED PLOT PLAN

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

FILE: 1079B|905|A

TC: 049-413-14

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 _____

ODELL SPRINKLE 366-0396
6239 WHEELER DRIVE

7/6/93 RE: 304 SANDY
BLDG PERMIT

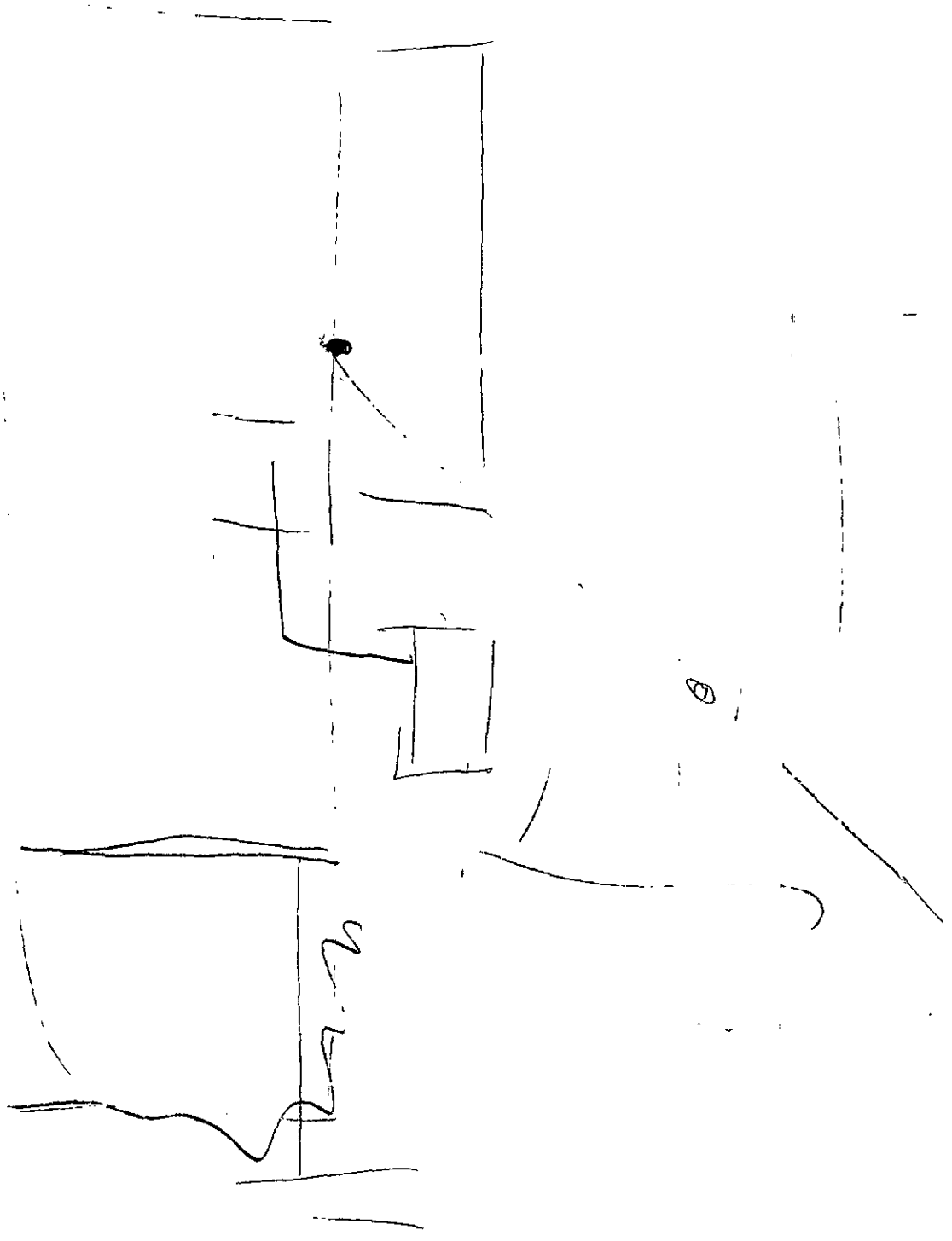
MS. BATEMAN:

I HAVE LOCATED THE SEPTIC TANK UNDER THE EQUIPMENT WITH THE BLUE TARPAULIN IN PHOTOS. DRAIN FIELD IS EVIDENT FROM GRASS. THERE ARE 5 RUNS ABOUT 30' LONG PLUS ADDITIONAL DRAIN IN FOREGROUND (PHOTOS (1), (2) (3).

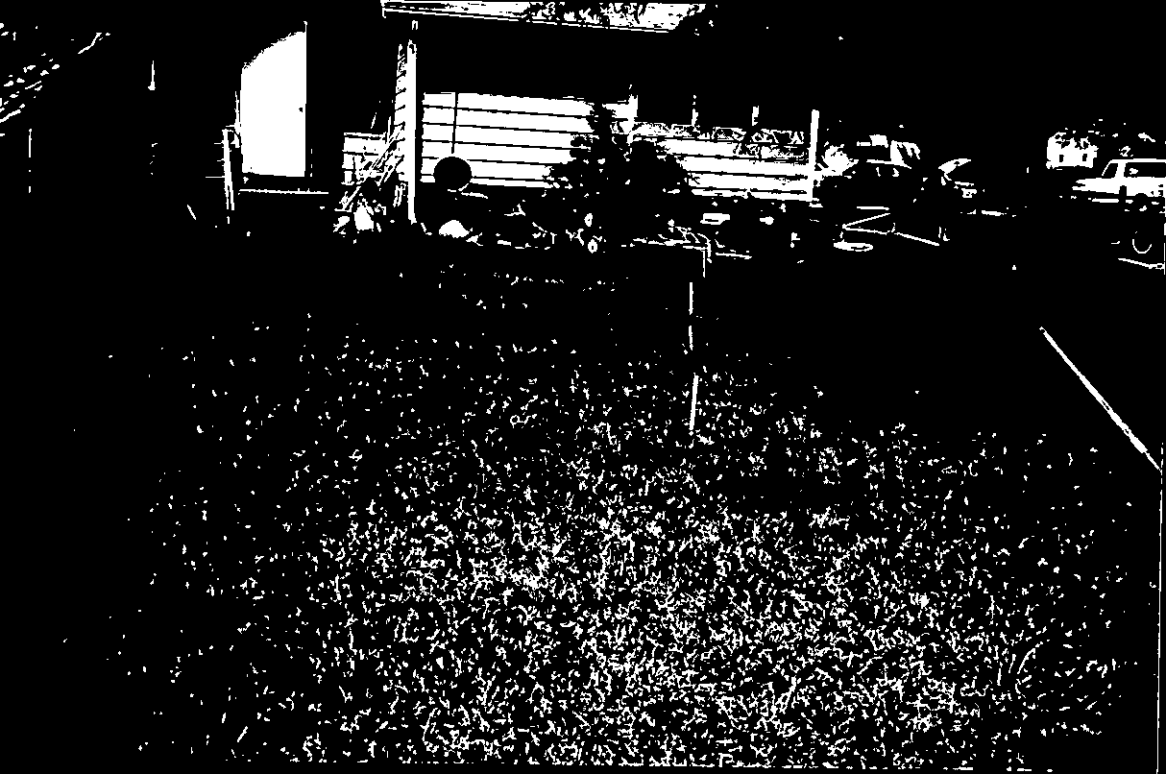
PLANNED FOOTINGS FOR STORAGE SHED IN BACKGROUND OF PHOTOS (4) (5) ARE I 21 FEET FROM STAKES FOR DRAIN FIELD.

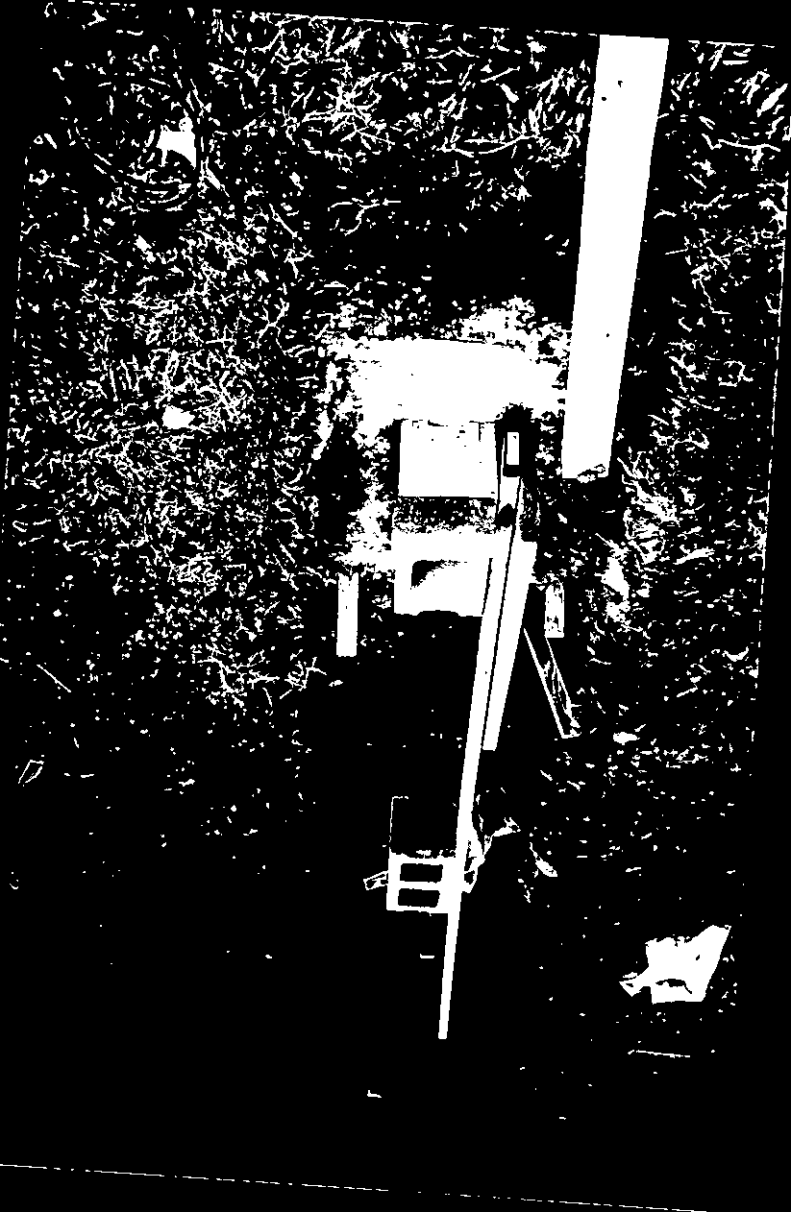
FOUNDATIONS STARTED IN PHOTO (6) (7) BOTTOM 16" - 18" BELOW GRADE ON FIRM GROUND ENCOUNTERED NO DRAIN FIELD. TENANT WILL FOREGO WASHING MACHINE/CONNECTION UNTIL NEW SEWER LINE IS INSTALLED.

Odell Sprinkle Odell Sprinkle

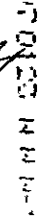








Picture supplied by
O. Sprinkle.



Footing is dug over
dreamfield and therefore
not acceptable proposed
site. SRB





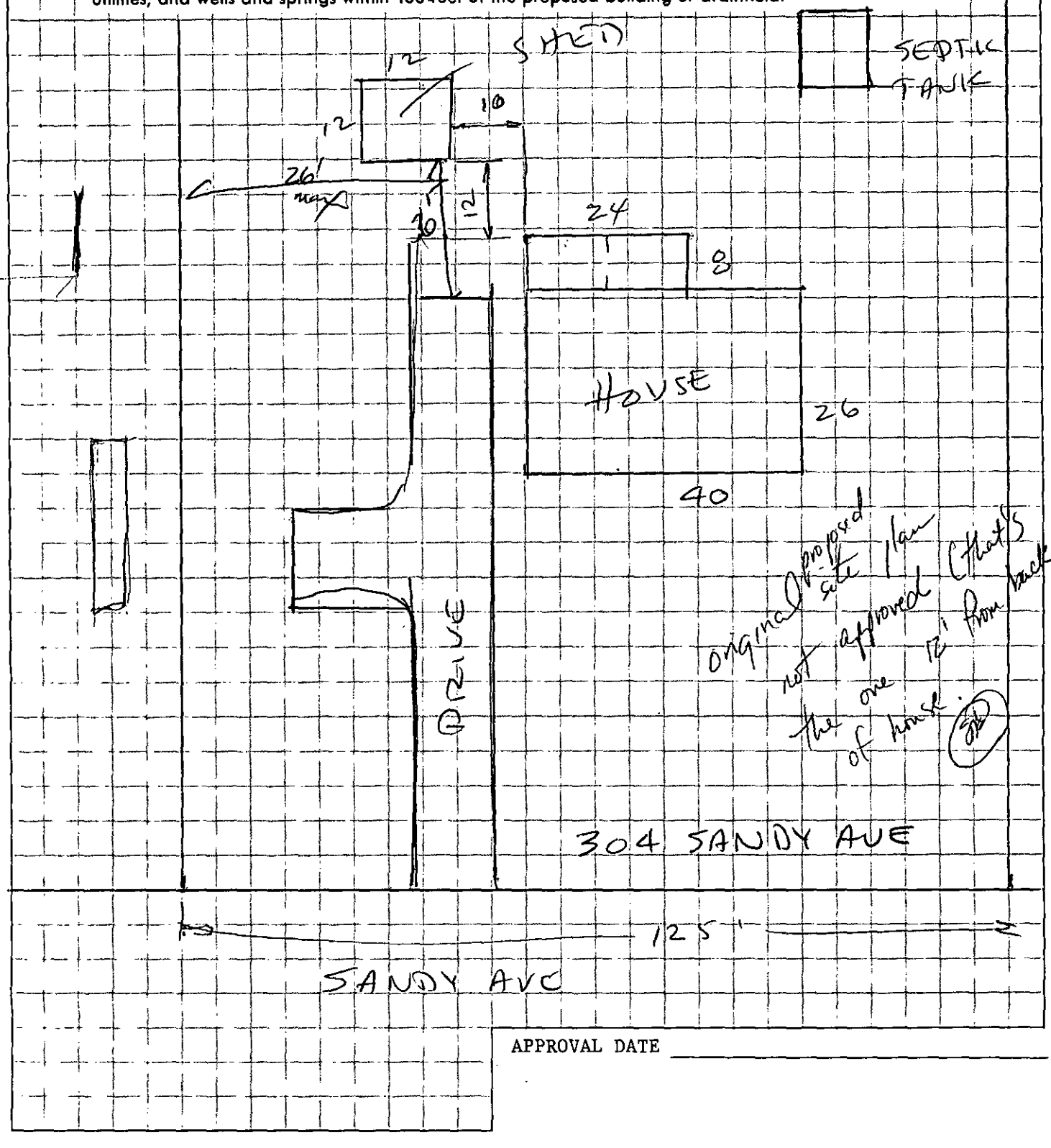
PROPOSED PLOT PLAN

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

FILE: 1079B/905/A

TC: 049-413-14

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

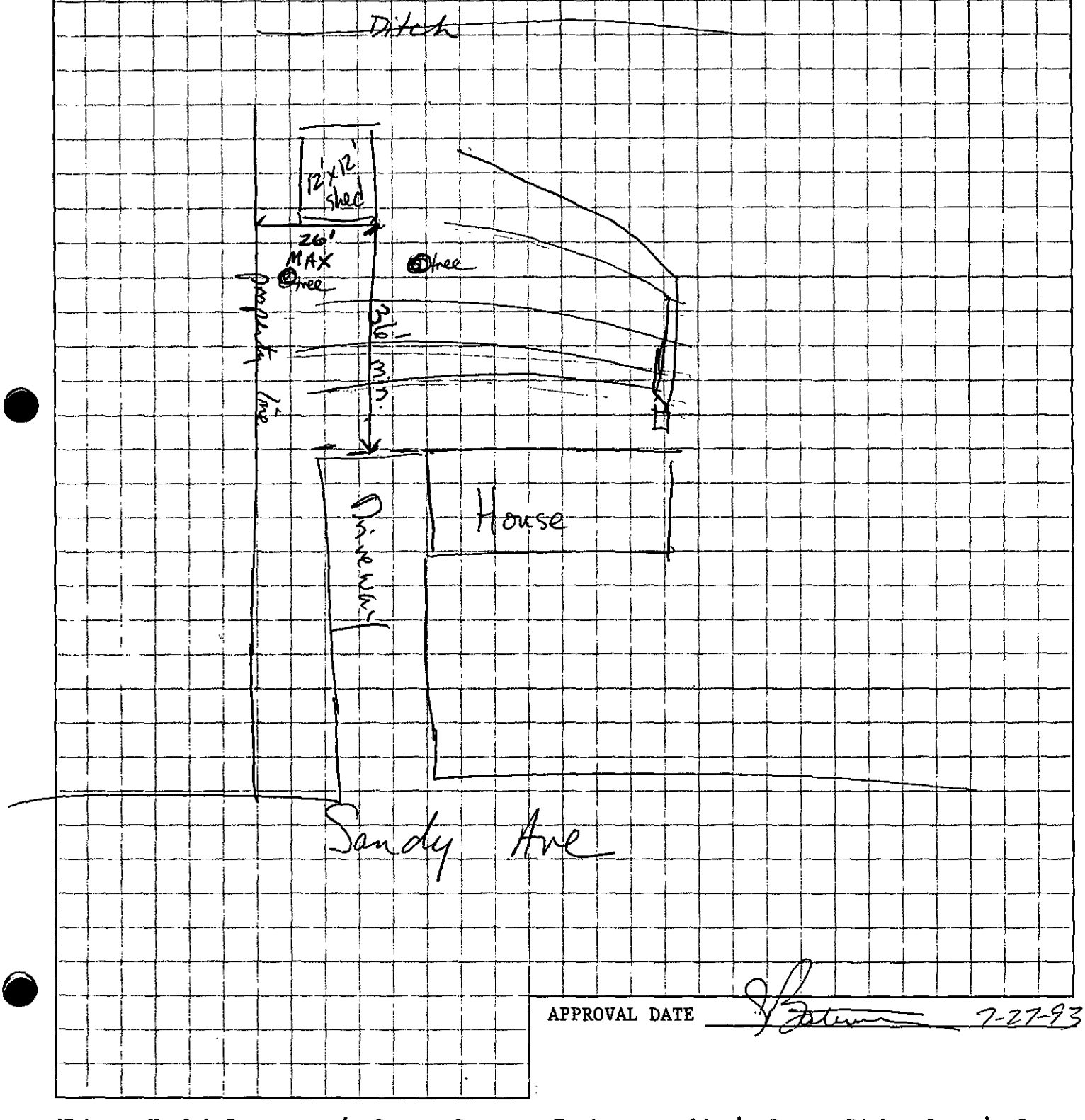
PROPOSED PLOT PLAN

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

FILE: 1079 B/9051 A

TC: 049-113-14

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.



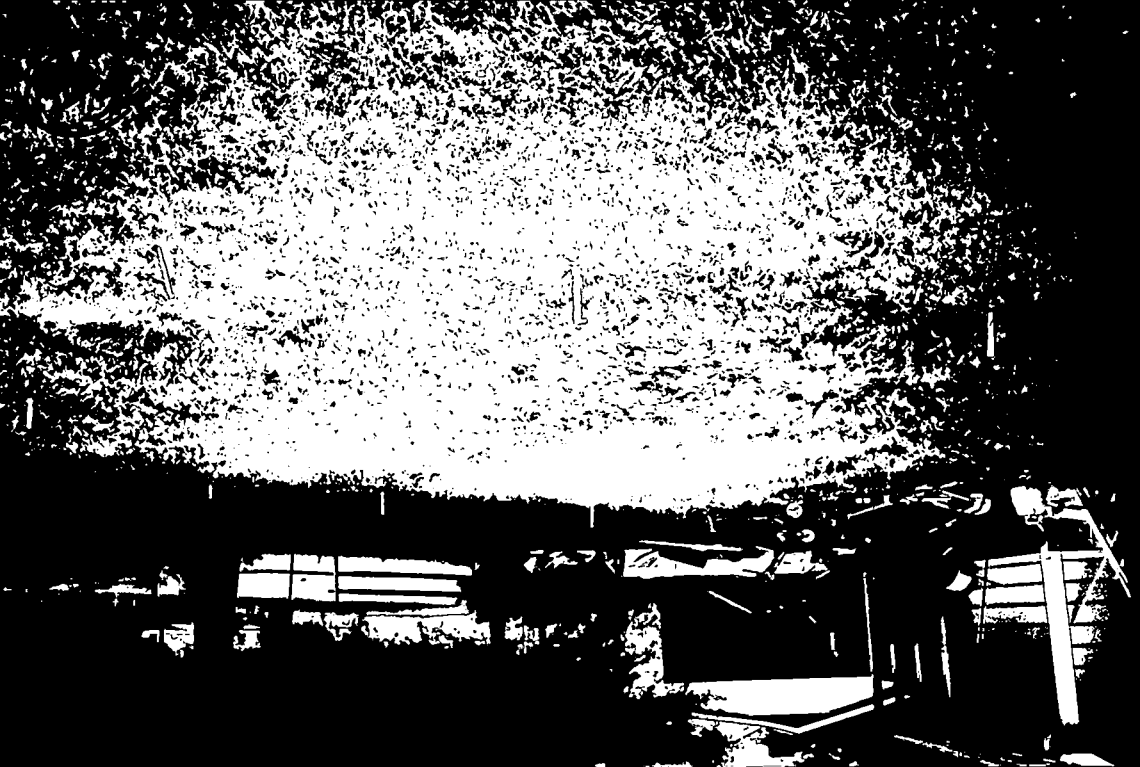
APPROVAL DATE [signature] 7-27-93

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









Picture supplied by
O. Sprinkle.

Footing is dug over
drainfield and therefore
not acceptable proposed
site. SRB

