

12213 E INDEPENDENCE BLVD

1/2/2008

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

YOUR

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-51(

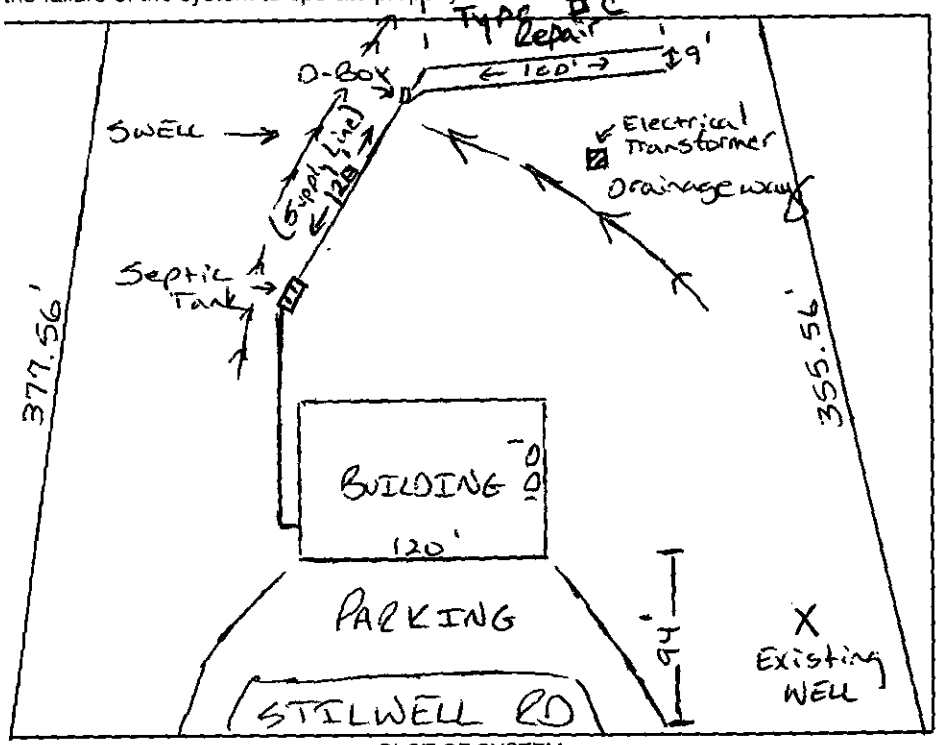
FILE: 3123 B DATE: 11/14/94

TC: 215-092-07 ☐ L

SERIAL Nº 16112

This was left in my office - you have the folders - thanks! SH

Permission is hereby given to ✓ In ter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorp erein at the described location. This permit is granted based upon the information supplied in the ap 94 . All work shall be completed on or before 12/14/9 e this permit shall be null and void. The system shall meet all of the construction requirements of 15 on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must b unty Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM
255.76

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 32"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 200 feet

Number of Lines 2 (100')

Depth of Stone 12 inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 100+ feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Grady Reid Hill

LOCATION OF PROPERTY 2300 Stilwell Road

Comments: 1500 gst, concrete D-Box, (2) drainlines - 100' length, 32" treach depth, 12" stone

Jr Newell for SH Judy C. Kiser RS

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT 400 ft

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3123 B DATE: 11/15/94

TC: 215-092 07 ☐ L ☒ CRT

SERIAL Nº 16059

Name of Owner Grady Reid Hill Juris.:

Address of Property 2300 Stilwell Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 20-24"

Water Supply Source well

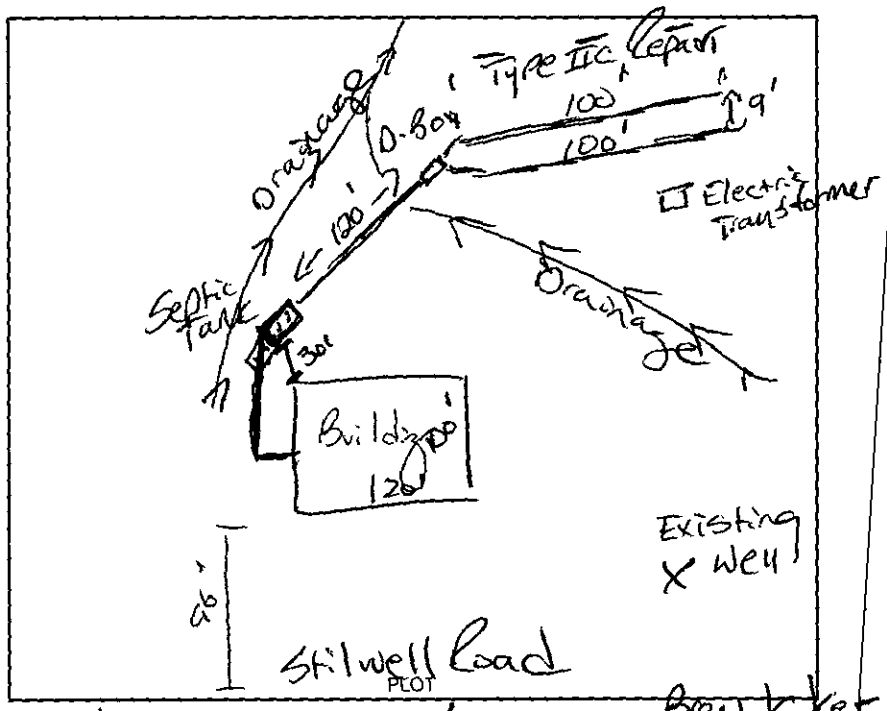
Distance to Water Source 100+'

Excavation Inspected ✓ 11/15

Tank(s) Inspected ✓ 11/15

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Brent Baker

Design 1974 1500gst / Concrete D-Box / 2-100' drain lines / 12" stone CTR# ____

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic tank needs to designated so that it will not be backed over or paved over.

Joe Lynn Jr. Larry B. Thompson, Jr., R.S.

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

15715

D400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00

3123B (PW#079-988927) ck#2648 6/10/94 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

Date:

PERSON FILING APPLICATION:

NAME: Hill (last) Grady (first) Reid (mi)

ADDRESS: 12309 E. Ind. Blvd PHONE: (704) 847-9874

CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 21509210

STREET ADDRESS: 2300 Stillwell Rd.

Matthews N.C.

ZONING: B-D

PROPERTY OWNER:

NAME: Hill (last) Walter (first) Thomas (mi)

ADDRESS: 1720 Medlin Rd PHONE: (704) 289-3666

CITY: Monroe STATE: N.C. ZIPCODE: 28112

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] 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) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: for 3 businesses
Type Business Elect. Co. # Employees 7 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) 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 [X] 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: Grady R Hill Date: 6-1-94

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.

...Conventional system to back for electrical business. 200' conventional for future area.

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

Joni H Ewell, R.S. 7-6-94
Environmentalist Date

T. Walker for S. Daniel 7/7/94
Director or Authorized Section Head Date

WWATER : 122797

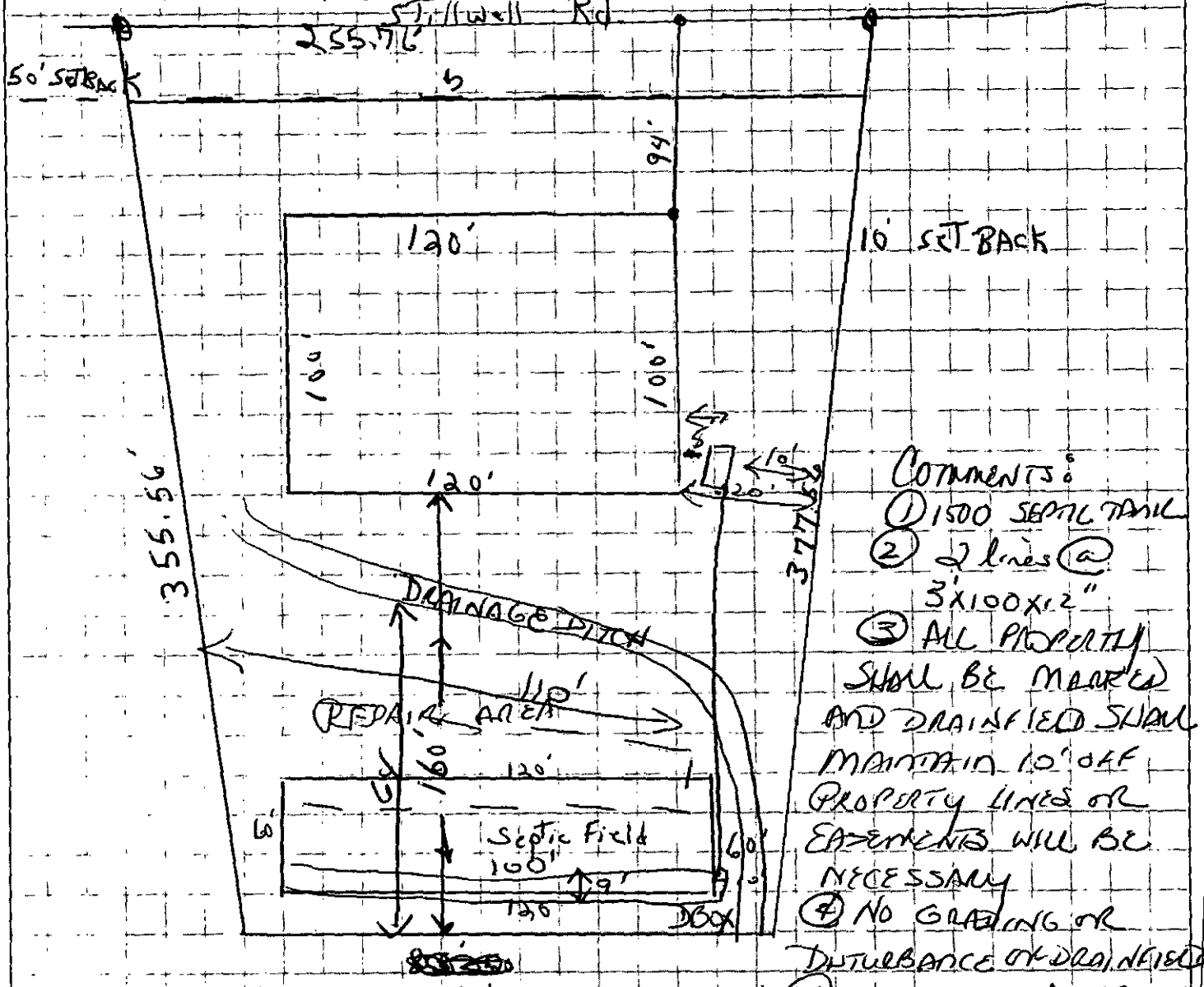
PROPOSED PLOT PLAN

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

FILE: 3123B

TC: 215-092-07

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.



COMMENTS:
1. 1500 SEPTIC TANK
2. 2 lines @ 3'x100'x12"
3. ALL PROPERTY SHALL BE MARKED AND DRAINFIELD SHALL MAINTAIN 10' OFF PROPERTY LINES OR EASEMENTS WILL BE NECESSARY
4. NO GRADING OR DISTURBANCE OF DRAINFIELD.
5. INSTALLATION APPROVAL REQUIRED.
6. 1 DISTRIBUTION BOX

APPROVAL DATE 6/30/94

Brady R. Hill

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

3/230 / 9494A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P1. $50.00 4/29/94 CK # 2541

[] 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: HILL (last) GRADY (first) R. (mi)

ADDRESS: 12309 E. INDEP. BLVD. PHONE: (704) 847 9814

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date: 4-18-94

PROPERTY OWNER:

NAME: HILL (last) WALTER (first) T. (mi)

ADDRESS: 1720 MEDLIN RD. PHONE: (704) 289 3666

CITY: MONROE STATE: NC ZIPCODE: 28112

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 21509207

STREET ADDRESS: STILWELL RD.

ZONING: B-D

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1 ACRE

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (O)
[] 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)
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] 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) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEN CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ELECTRIC CO. # Employees 7 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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 [X] 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: Grady R. Hill Date: 4-18-94

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

WWATER : 122791

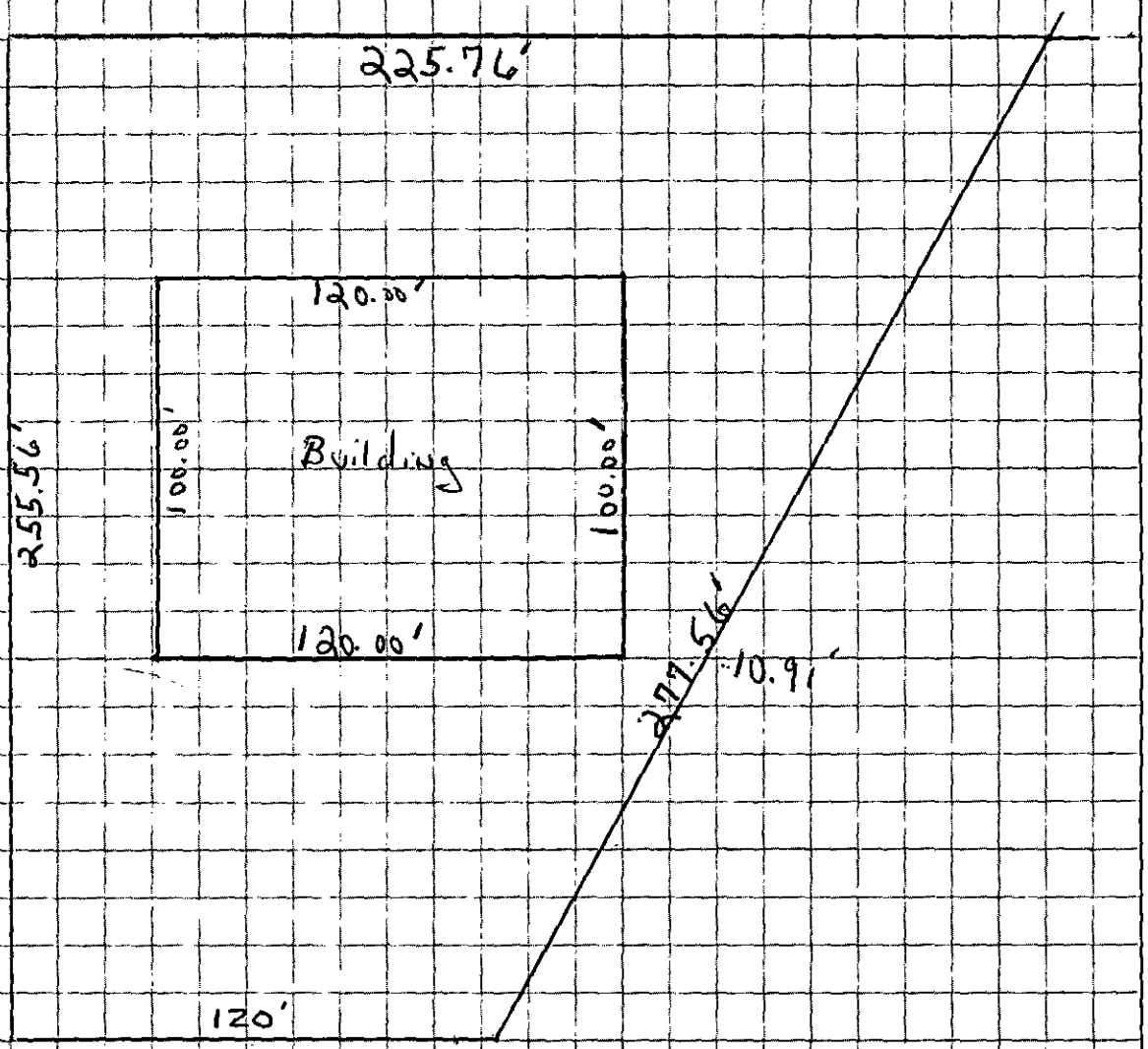
PROPOSED PLOT PLAN

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

FILE: 3123B/94A

TC: 215-092-07

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

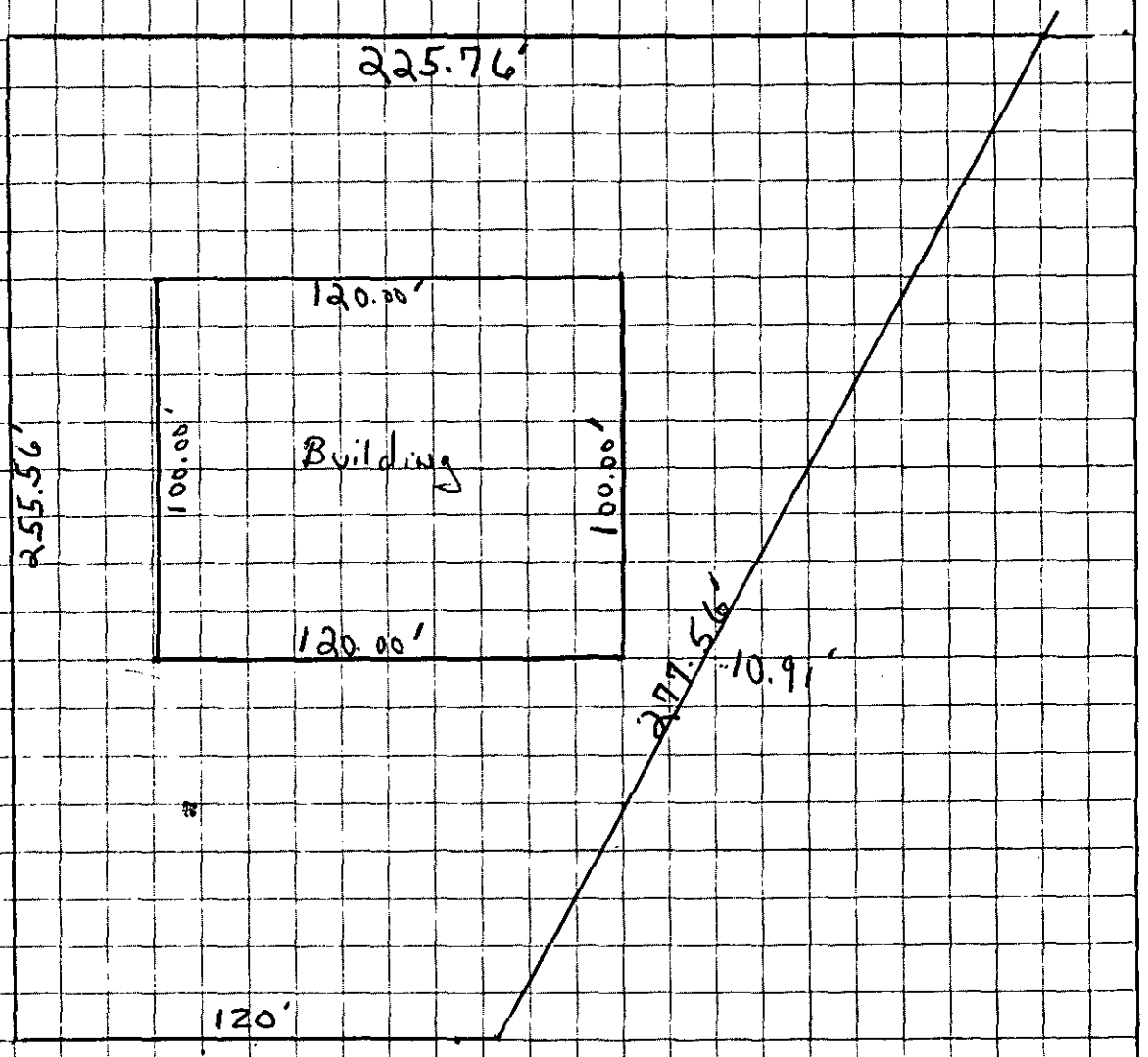
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3123B/94/94A

TC: 215-092-07

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APPROVAL DATE _____

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TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6/10/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meek

PARCEL NUMBER 215-092-20

ASSIGNED ADDRESS 2300 Stillwell Rd

EXISTING ADDRESS _____

PROJECT NAME VA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	*	/
7.	DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Perk Test

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Power

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

400 DR

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-51(

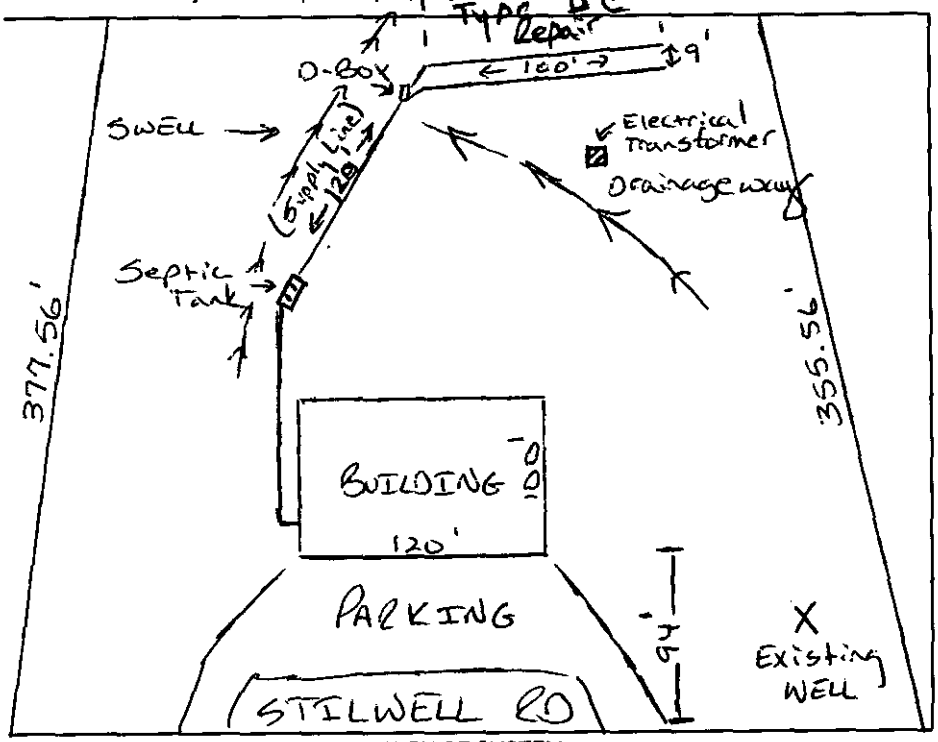
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SERIAL Nº 16112

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PLOT OF SYSTEM
255.76

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 32"

Absorption and/or Nitrification Lines:

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Trench Walls Scored and Porous YES

Total Line Length 200 feet

Number of Lines 2 (100')

Depth of Stone 12 inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 100+ feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Grady Reid Hill

LOCATION OF PROPERTY 2300 Stilwell Road

Comments: 1500 gst, concrete O-Box, (2) drainlines - 100' length, 32" trench depth, 12" stone

JWelwell for SH

Judy A. Klein RS.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20376

File: 3123 - B/9494A Action 1
Parcel: 215-09207 ☐ PC

Location: STILLWELL RD

Subdivision: —

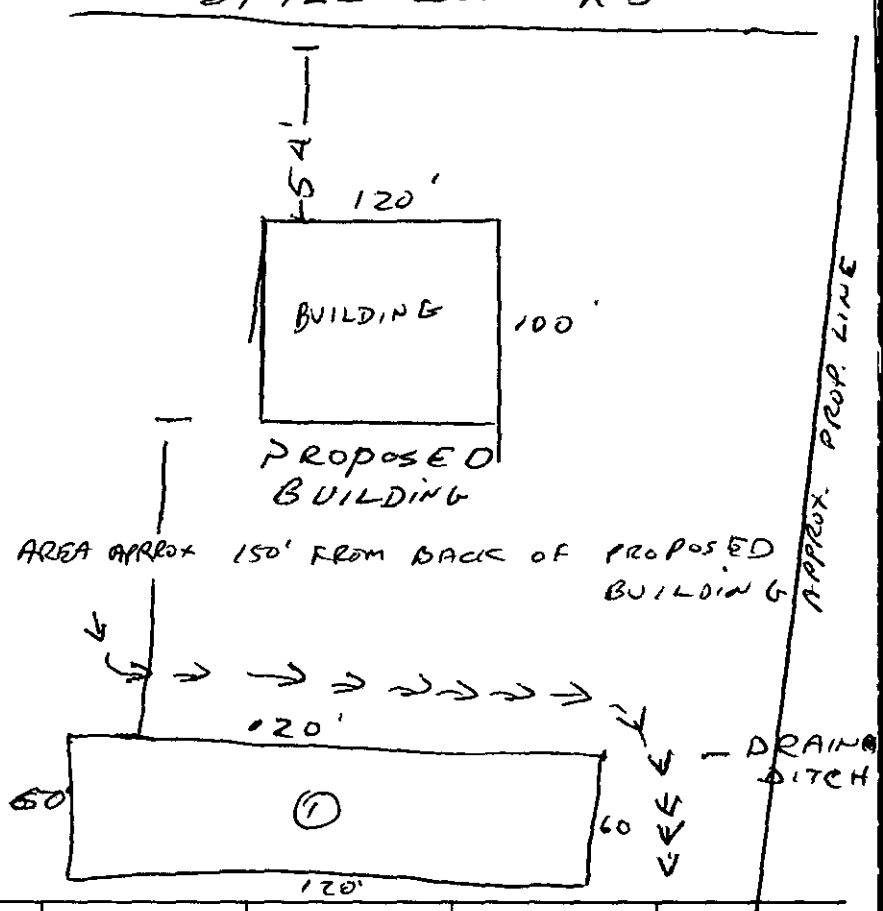
Lot: Block: Acres:

Owner: WALTER T HILL
Address: 1720 MEDLIN RD.
MONROE NC 28112

Comments: FINAL SURVEY SHOULD SHOW AREA OF SOIL EVALUATION

Described by: Kelly Ell

Date: 6-20-94



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U SLIGHTLY EXPANSIVE CLAY	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U BLOCKY	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"-44"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIMITED	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL CLCC					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

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

May 26, 1994

Mr. Walter T. Hill
1720 Medlin Road
Monroe, NC 28112

RE: Property located off Stillwell Road
FILE: 3123B/9494A
PARCEL: 215-092-07

Dear Mr. Hill:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20376) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw