

HOMEWOOD DRIVE LOT 14

6/5/2007

duponbj

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

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 25 1989
ENVIRONMENTAL HEALTH
DIVISION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5767A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lot 15 Block 3 Map 8 Homewood Drive (1209) 029-152-15

② SUBDIVISION: _____ ③ LOT: ~~15~~ 14 ④ BLOCK: 3

⑤ PARCEL REFERENCE: BOOK NO.: 029 PAGE NO.: 152 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 2746183 PAGE NO.: _____

OWNER

⑦ NAME: Willie (FIRST) May (MIDDLE) Young (LAST)

⑧ MAILING ADDRESS: 4126 Atmore Street

⑨ CITY: Charlotte ⑩ STATE: NC. ⑪ ZIP: 28205

⑫ PHONE: (WORK) _____ (HOME) 343-0855

⑬ Accurately diagram and dimension lot.

100X355.23X100X354.71 (See Copy Attached)

Ruth Ascher
2032 Scott Ave
Char 28203
pd for test

⑭ The undersigned, 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: Mrs Willie Mae Young

Date: May 15 1989

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/25/87

Name/Company Ruth Ascher

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
#5767A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 25 1989

ck # 104
#145.00

Fee: $ 45 -

Completed by

Collected by

Mecklenburg County
Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: July 1, 1993

Ref: File #5767A/13509 Homewood Drive

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Pete Foster originally paid $200.00

for Improvement Permit/new 4bdrm on

June 1, 1993 (cash paid).

A refund should be issued for $175.00 because

Permit was denied because of unsuitable soil AND a site consultation was performed to review the records for quality control.

Please make check payable to: Mr. Pete Foster

1206 Gray Court

Charlotte, North Carolina 28269

Mecklenburg County
Health Department

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

June 30, 1993

Mr. Pete Foster
1206 Gray Court
Charlotte, NC 28269

Dear Mr. Foster:

Application was made June 1, 1993 to the Individual Water and Wastewater Systems Program for an improvement permit. Due to the fact that this department was unable to issue an improvement permit due to unsuitable soil conditions (refer to file 5767A, tax parcel number 029-152-15,12), a refund of $175 has been initiated for you allowing for the $25 site consultation fee. Typically, it takes 4-8 weeks for a refund check to arrive in the mail.

If you have any further questions or if you want the refund check mailed to a different address, please feel free to contact this office at 336-5102.

Sincerely,

Sylvia D. Daniel, R.S.
Program Chief
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

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

June 23, 1993

Mr. Pete Foster
1206 Gray Court
Charlotte, NC 28269

Re: Property located at 13509 Homewood Drive
File: 5767A
Parcels: 029-152-15,12

Dear Mr. Foster:

At your request an investigation was conducted by Mr. William Marlin, Soil Scientist and me on your property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria set forth in "Laws and Rules for Sewage Treatment and Disposal Systems", 15A NCAC 18A .1900, .1941, and .1943. The soils observed have expansive clay present and depth to saprolite is generally less than 24 inches.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. You have the right to an informal review by the Department, the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County. Appeals concerning the interpretation and enforcement of the rules in this section shall be made in accordance with G.S. 150B and 10NCAC 1B.

If I can be of any further assistance, please do not hesitate to contact me at (704) 336-5569.

Sincerely,

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

SB/wpg

cc: Mr. William Marlin, Soil Scientist
Ms. Sylvia D. Daniel, R.S., Program Chief

Pete Foster - Randy Poole 6/9/93

- Asbestos involvement ⊂ EP
- Randy explained county responsibilities
- Mr. Foster is Greek & doesn't speak English well.
- Mr. Foster is angry - his property has been condemned and acquired by the state.
- Mr. Foster is moving his house.
  There is a misunderstanding -
  - Paid $3000 to clear lot
  - Soils no good according to Batteyeix
  - DOT Rep. - (704) 982-9181
    Jim West

- Proposal to check another area from IWWS through collaboration ⊂ DOT -

Report back to Poole - 5526

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5767A

PD cost 200.00 6/1/93 DT

[] 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: Foster (last) Pete (first) J (mi)

ADDRESS: 1206 Gray Ct PHONE: (704) 542-0765

CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 029-152-15,12

STREET ADDRESS: 13509 Homewood Dr.

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: 14/15 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) move on
[] 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)
[] 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: 4 NUMBER OCCUPANTS: 6

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):
[] 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 Pete, Jim Foster Date: X 6-1-93

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.

... Denial letter sent June 23, 1993 attached. (DT)

[] 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

COPY

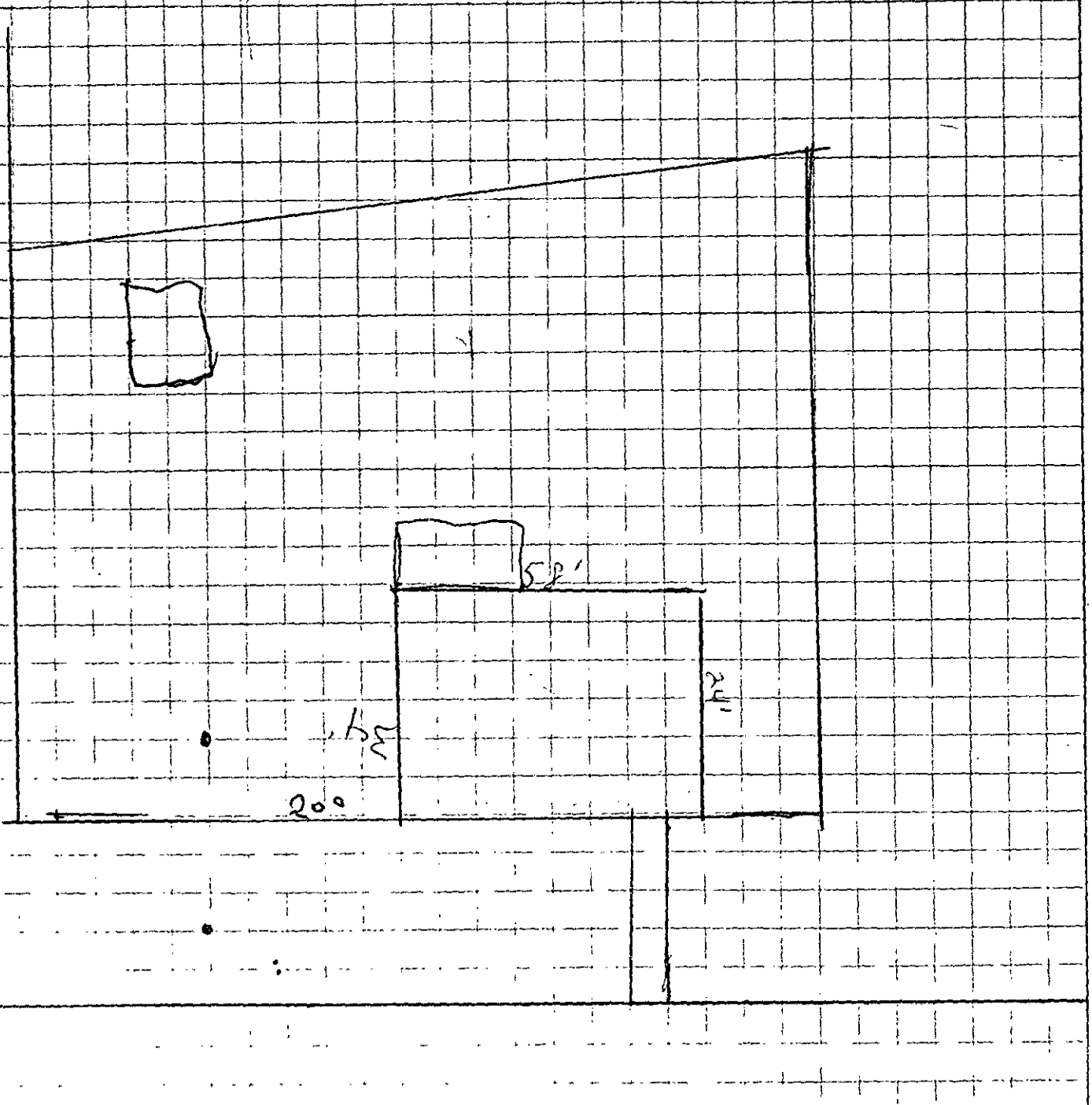
PROPOSED PLOT PLAN

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

FILE: 5767A

TC: 029-152-15,12

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 _____

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

DATE: 6-1-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER # 029-152-15,12

ASSIGNED ADDRESS 13509 HOMEWOOD DR

EXISTING ADDRESS _____

PROJECT NAME N/A

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: SEPTIC TANK.

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: B. McConico

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

August 3rd, 1989

Willie May Young
4126 Atmore Street
Charlotte, NC 28205

RE: Property located at Homewood Drive
FILE: 5767A
PARCEL: 02915215

Dear Sir:

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16179) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16179

File: 5767A
Action 2
Parcel: 029-152-15 ~~02915212~~
☐ PC

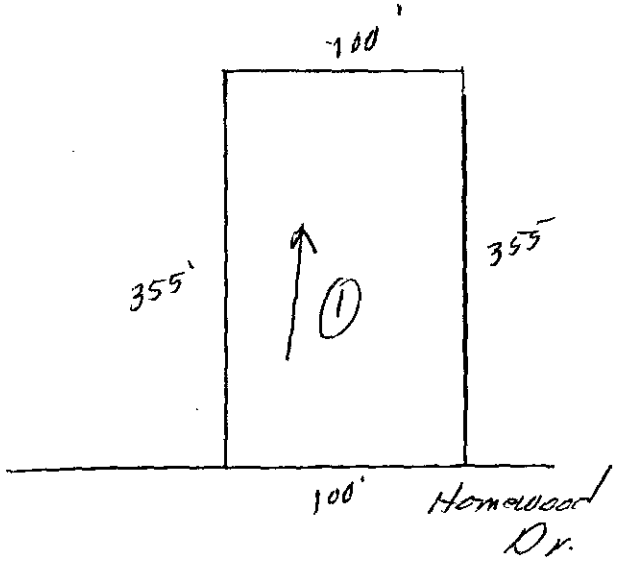
Location: Homewood Drive
Subdivision:

Lot: Block: Acres: .92

Owner:
Address: Willie May Young
4126 Atmore Street
Charlotte, NC 28205

Comments: _____

Described by: William A. Mullis
Date: 8-2-89

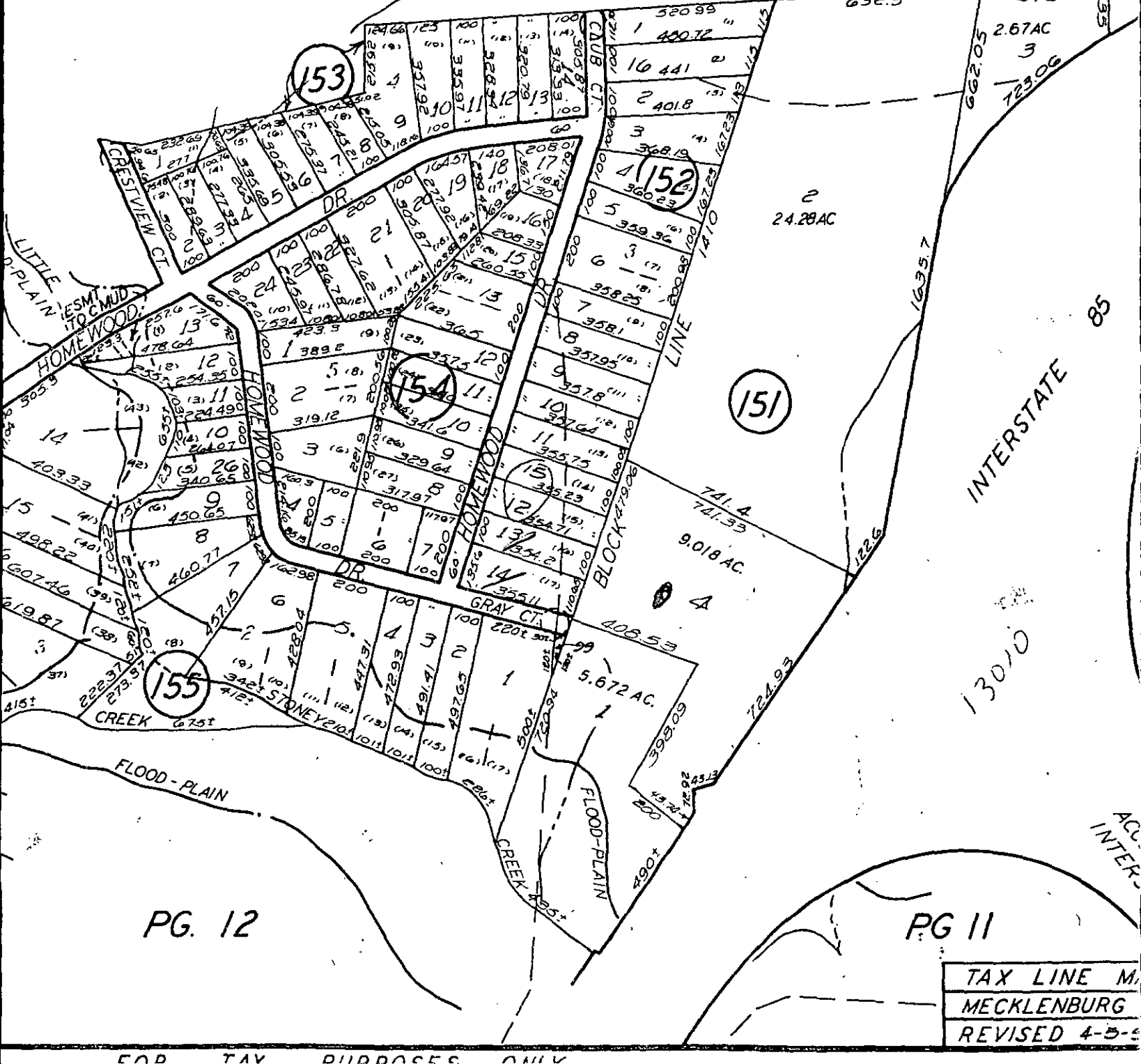


*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 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 >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-26"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	Mecklenburg W/Mes IVB					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

mike 6ier

PG. 16



FOR TAX PURPOSES ONLY