

15604 NORTHCROSS DR

00933106

6/3/08

marliwr

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

EFC BUILDERS

file # 8288

101 Castles Gate Drive
Mooresville, NC 28117-5951
704.664.8047
Fax 704.664.6704
info@efcbuilders.com
www.efcbuilders.com

DATE: 9/11/06

TO: Jay

FAX: 704.336.6894

COMPANY:

FROM: Deborah Bowen

Phone: 704.664.8047 **FAX:** 704.664.6704

Number of Pages (including this Cover Page): 2

Message: Re: Proj #16817

The attached receipt is for the water connection & the letter verifies that we paid the sewer. Please release the "hold" on this project. You are the final item to get our permit.

Thanks,
Deborah

009-331-06

CHARLOTTE.
CHARLOTTE-MECKLENBURG UTILITIES

September 11, 2006

Subject: **15604 Northcross Drive**
Confirmation of Service

To Whom It May Concern:

It response to your request, we have researched the subject parcel and based on our records, there is a sanitary sewer service at the subject site.

Thank you for your interest Charlotte-Mecklenburg Utilities. If you have any questions, please do not hesitate to contact me at (704) 399-2221.

Sincerely,
CHARLOTTE-MECKLENBURG UTILITIES

Delois Huntley
Utilities Service Technician

CHARLOTTE-MECKLENBURG UTILITIES

DATE: 9-11-06

RECEIVED FROM: EFC Associates LLC

Two Thousand Seven Hundred Nine $2709.00

FOR: Water Connection Fee - Water

15604 Northcross Dr

RECEIVED BY: Delois Huntley

CASH ☐

CHECK ☒ 1898 1898

CHARLOTTE-MECKLENBURG UTILITIES
New Services Section
www.cmutilities.com
5100 Brookshire Boulevard
Charlotte, NC 28216
Ph: 704/399-2221
Fax: 704/393-2219

PD 100 CLK # 1031 1/14/04

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 8288

gc

PERSON FILING APPLICATION:

NAME: KING (last) Don (first) M (mi)

ADDRESS: P.O. Box 1333 [redacted] PHONE: (704) 607-5464

CITY: Davidson STATE: NC ZIPCODE: 28036

Date: 1/12/04

PROPERTY OWNER:

NAME: Meyers (last) William (first) c/o Kristen Hunter Lake Norman Realty 704-892-9693 (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 009-331-06

STREET ADDRESS: 15604 Northcross Dr Huntersville NC 28078

ZONING: R3, RES(NR-Huntersville)

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1975

TYPE APPLICATION (check one):

[redacted] Want to go to 6 bedrooms

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)

[x] ADDITION - (INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) additional bedroom

[] COMMERCIAL OR INDUSTRIAL (N)

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[redacted] Current

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:

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)
Avail [] 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 [x] 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: Don King Date: 1/12/04

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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

WATER : 122791

Mecklenburg County
Health Department

January 15, 2004

Don M. King
P O Box 1333
Charlotte, NC 28036

Re: Application for improvement permit for Don M. King
Property site: 15604 Northcross Drive
Health Department file No. 8288

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on January 14, 2004 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a 6-bedroom residence, with a design wastewater flow of 720 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 including related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule. 1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED**. The site is unsuitable based on the following:

- ☒ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☐ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE**, and no improvement permit shall be issued for this site in accordance with Rule .1948(c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N.C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, N.C. 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER**. The date of this letter is January 15, 2004. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N.C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, N.C. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy P. Michelone, R.S. - DENR