

9421 HOOD RD

10515408

6/19/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6679A ~~6679A~~ DATE: 5/16/90

TC: 105.131.50 ☑ L ☐ CRT

SERIAL Nº 13307

Name of Owner Bostic Roberta Juris.:

Address of Property 9421 Hood Rd

Inspection Data:

Tank Material Pcc

Total Length of Drainfield 130'

Number of Lines 2 @ 65'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source > 100'

Excavation Inspected 5/16/90

Tank(s) Inspected 5/16/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design 990 Filter CTR# 68

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: System upgraded to accommodate Additional bedroom - Tank installed due to inaccessibility to existing tank.

Judy J. Klein R.S.
Environmentalist

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

Mecklenburg County
Health Department

April 23rd, 1990

Roberta Fannin Bostic
9421 Hood Rd.
Charlotte, NC 28215

RE: Property located at Hood Rd.
FILE: 6679A
PARCEL: 10513150

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 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 17756) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17756

File: 6679A Action 1

Parcel: PO 105-131-50 ☐ PC

Location: 9421 Hood Rd
Charlotte, N.C.

Subdivision:

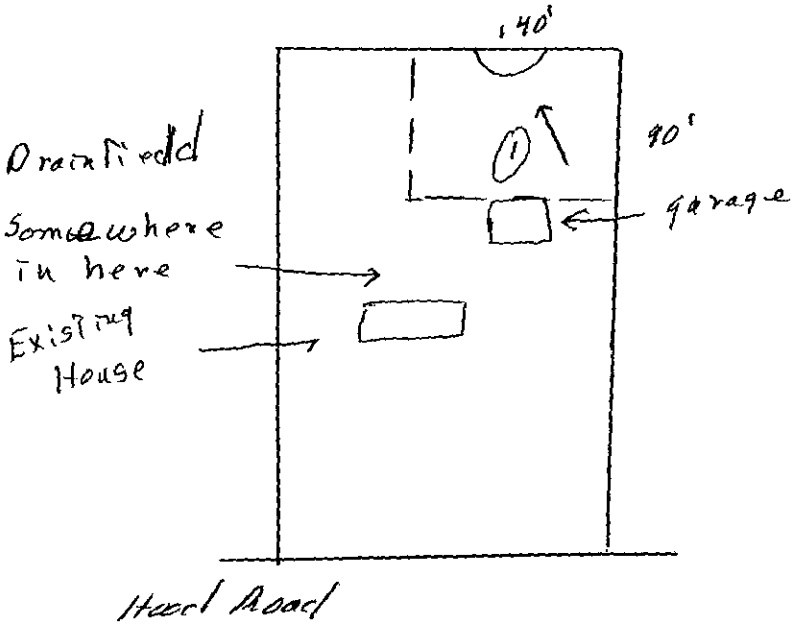
Lot: Block: Acres: Approx .29 ac

Owner: Roberta Fannin Bostic
Address: 9421 Hood Rd.
Charlotte, NC 28215

Comments: House is to have a bedroom added

Described by: William A. Marlin

Date: 4-20-90



*** 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 2-10%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 736" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	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	IV Creedmoor	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17756

File: Action

Parcel: ☐ PC

Location: 9421 Hood Rd
Charlotte, N.C.
Subdivision:

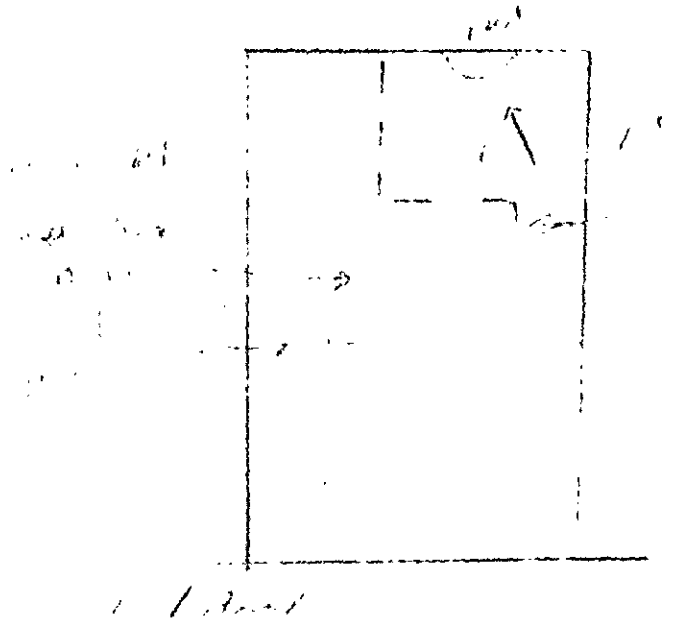
Lot: Block: Acres:

Owner: Roberta Fearnin Bootle
Address: 9421 Hood Rd.
Charlotte, NC 28215

Comments:

Described by:

Date:



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6607 9A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 9421 HOOD RD - CHARLOTTE

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 105-131-5[illegible]

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

OWNER

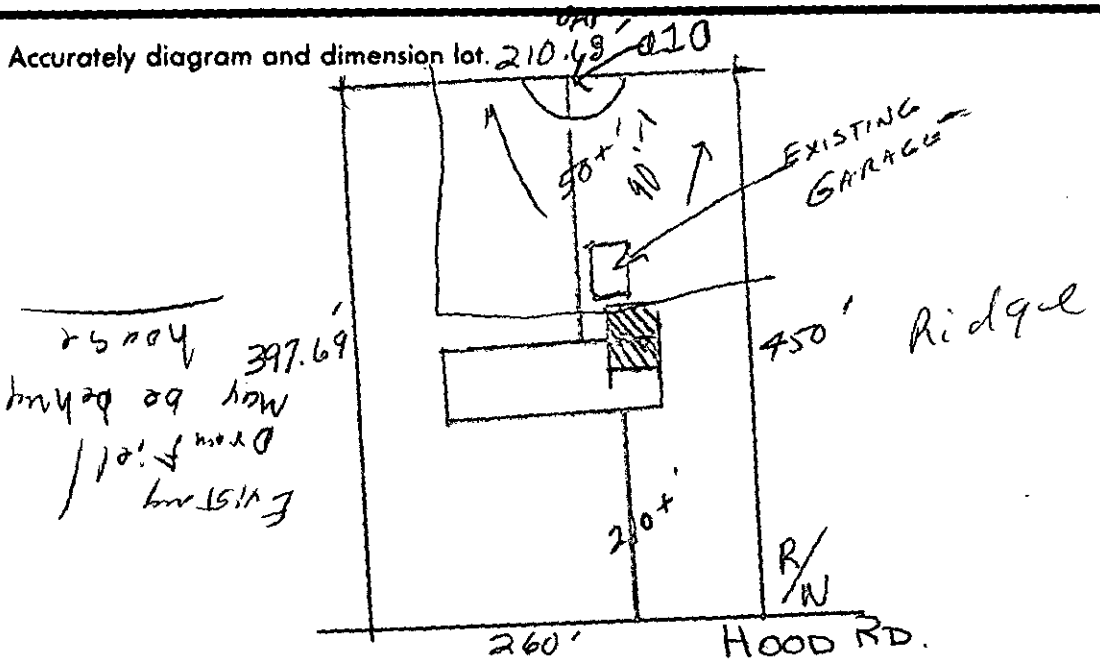
⑦ NAME: ROBERTA (FIRST) FANNIN (MIDDLE) BOSTIC (LAST)

⑧ MAILING ADDRESS: 9421 HOOD RD.

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28215

⑫ PHONE: (WORK) 336-3239 (HOME) 598-9339

⑬ Accurately diagram and dimension lot.



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: Roberta F. Bostic

Date: 4/16/90

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

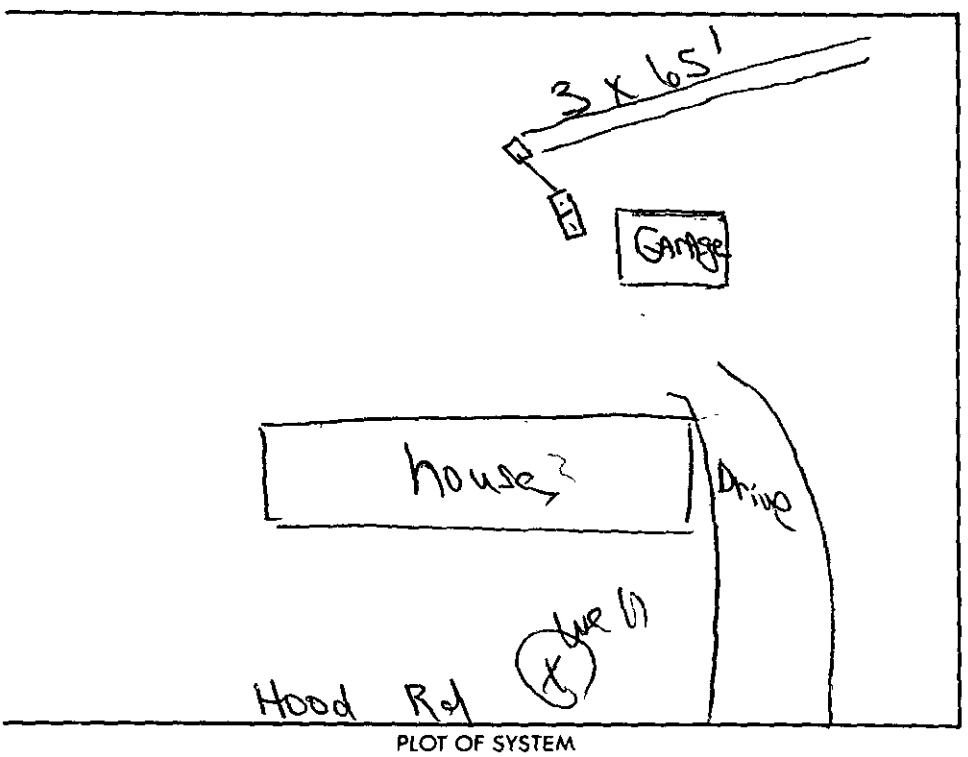
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6679A ~~6655A~~ DATE: 5/10/90

TC: 105131.50 ☐ L

SERIAL № 13287

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/3/90. All work shall be completed on or before 6/10/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 130' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER Bostic Roberta Jo

LOCATION OF PROPERTY 9421 Hood Rd

Comments: Install New Tank, D-Box, 2 Trenches 3'x65'x17" Stone.

Division or Section Head

Judy S. Kuss R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY) FILE: ~~00679A~~

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 10 1990
ENVIRONMENTAL HEALTH
DIVISION

TC: 105-131-50

SERIAL: № 20571 ☐ CRT

JOB LOCATION

① ADDRESS: 9421 HOOD RD. CHARLOTTE 28215 (STREET NO. / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: ROBERTA (FIRST) Jo (MIDDLE) BOSTIC (LAST)

⑨ MAILING ADDRESS: 9421 HOOD RD

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28215

⑬ PHONE: (WORK) 336-3239 ⑭ (HOME) 598-9338

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) ADDTNL LIVING SPACE

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 1
1 KITCHEN

㉓ Maximum occupancy? 2

㉔ Basement? ☐ yes ☑ no

㉕ Type?

㉖ Maximum number of employees?

㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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: Roberta Jo Bostic

Date: 4/3/90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Many use existing system

Environmentalist 5/2/90 Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4/9/90

Name/Company: Roberta Beatie

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Impr - add
66665A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 10 1990

ck # 176

Fee: $ 25.00 $25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

PROPOSED PLOT PLAN

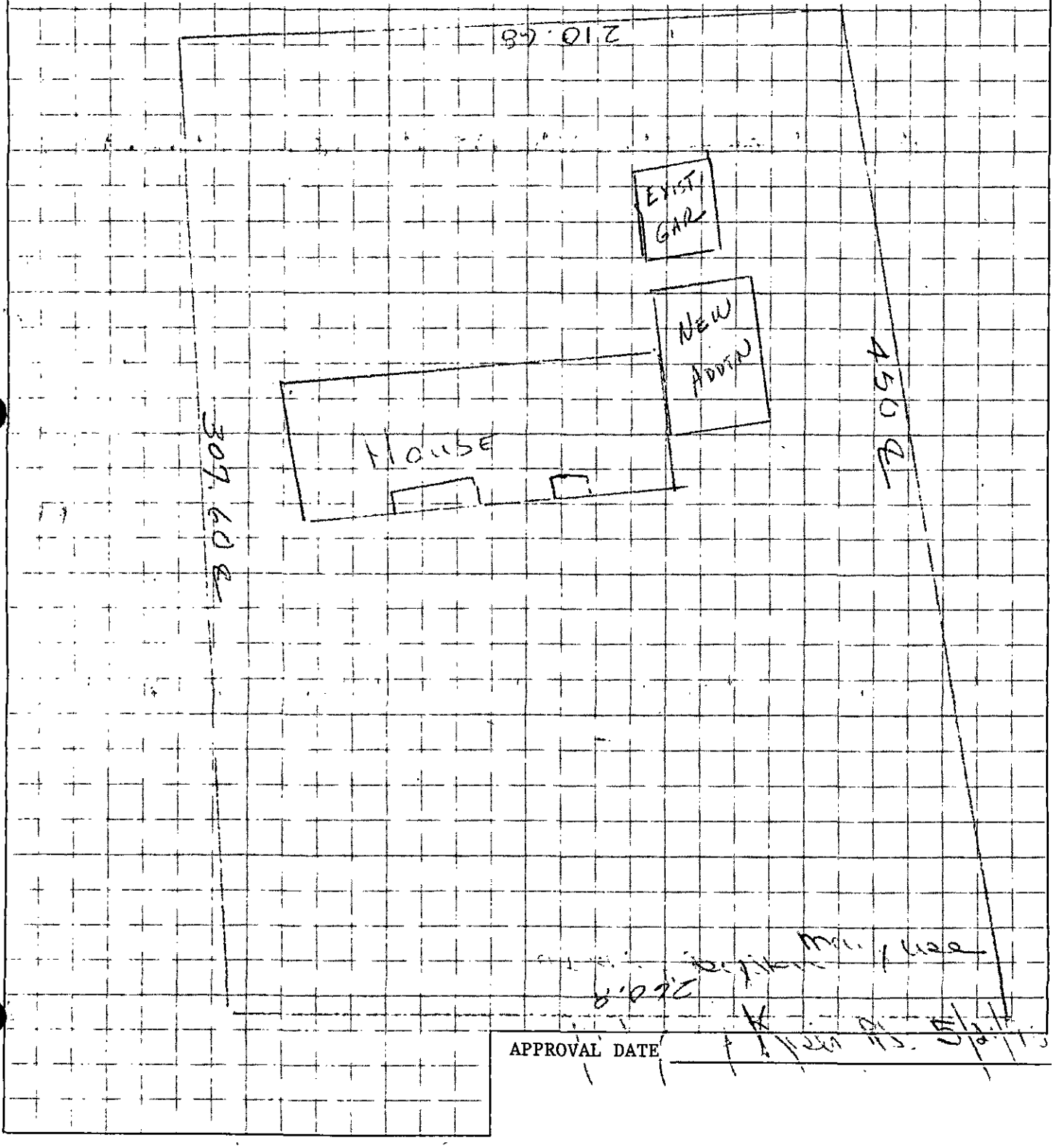
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

6679-A

FILE: _____

TC: 105-121.50

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

SITE EVALUATION REPORT
SERIAL NUMBER 17756

Parcel: 105-131-54 ☐ PC

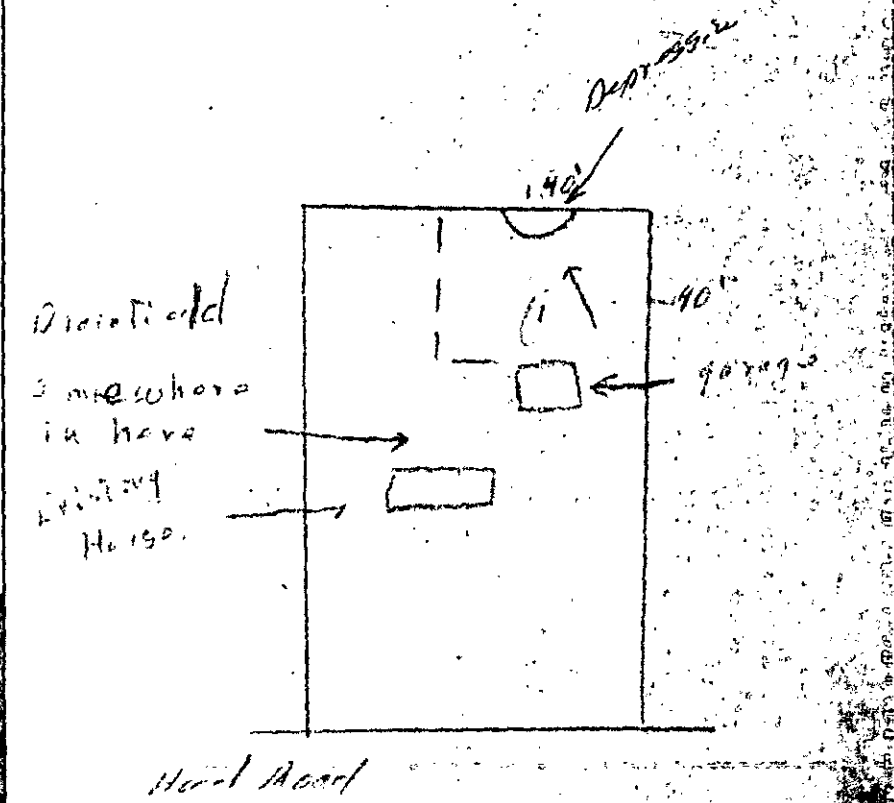
Location: 9421 Hood Rd
Charlotte, N.C.
Subdivision:

Lot: Block: Acres: Approx .77 ac

Owner: Roberta Fa..an Bostic
Address: 9421 Hood Rd.
Charlotte, NC 28215

Comments: House to have a bedroom added

Described by: Heather A. Martin
Date: 4-2022



***** 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 2-10%	S PS U Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS U 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 Fair	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U >36"	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	IV Cecil Lilo	Depression				

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-15-90

Name/Company: Roberta Jannin Boslie

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 9P- Addition
9421 Hood Rd

ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 15 1990

File # 6665 A / # 6679 A

Fee: $ 100.00

cost 102
$100.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by

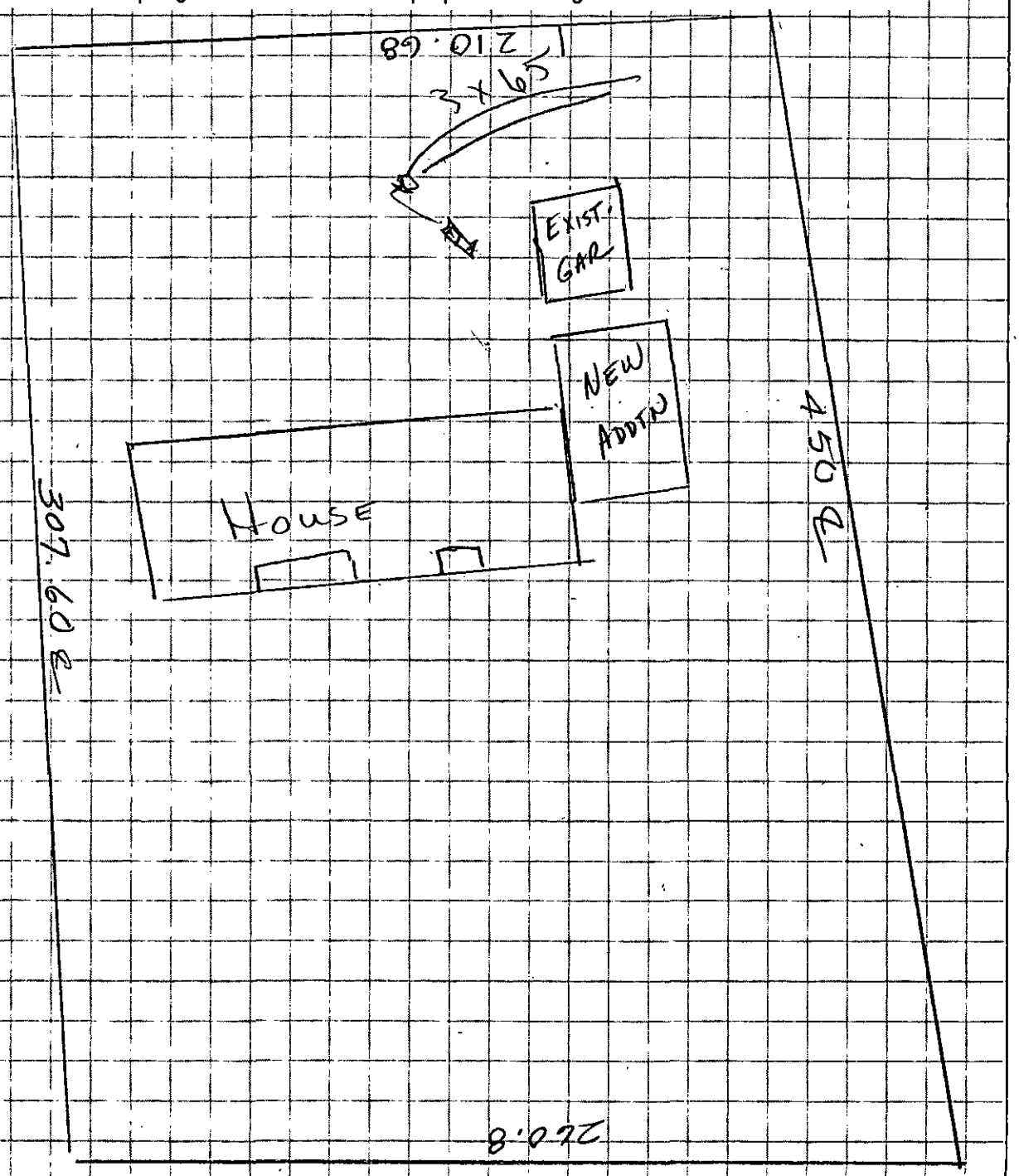
PROPOSED PLOT PLAN

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

FILE: 66 79A ~~66 65A~~

TC: 105-131-50

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

DATE 4/30/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mock

105-131-50
PARCEL NUMBER

9421 Hood Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2.	FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3.	EROSION CONTROL REGULATIONS	____APPROVED	____NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7.	DRIVEWAY PERMIT REQUIRED	____YES	____NO

REMARKS: Addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

90 05/07 16:03 *

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 106794

TC: _____

☒ PC ☐ REPT

JOB LOCATION

ADDRESS: 9421 HOOD RD - CHARLOTTE

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 105-131-50

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

OWNER

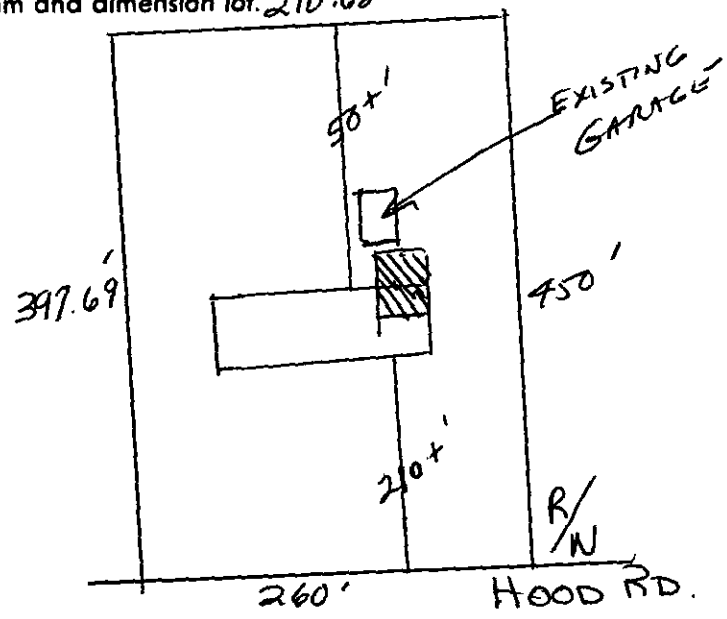
⑦ NAME: ROBERTA (FIRST) FANNIN (MIDDLE) BOSTIC (LAST)

⑧ MAILING ADDRESS: 9421 HOOD RD.

⑨ CITY: CHARLOTTE ⑩ STATE: NC. ⑪ ZIP: 28215

⑫ PHONE: (WORK) 336-3239 (HOME) 598-9338

⑬ Accurately diagram and dimension lot. 210.68'



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: Roberta F. Bostic

Date: 4/16/90

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

067

CHARGE SLIP

Date: 4/16/90

Name/Company: Roberta Bostic

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil
1 acre
9421 Hood Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 16 1990

Fee: $ 40.00

Ck# 186
9/40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by