

2424 CASSIDY DR

00329119

8/15/08

marliwr

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

Need $200

Attorney

App. + Money

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 18350 Permit #: 2042 Tax Parcel #: 003-291-19

Property Owner: Joe Hornick

Job Location Address: 2424 Cassidy Drive

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 3/23/07

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before Construction, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 12 inches (Type) 25% RED.

Distribution Device: D-BOX

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

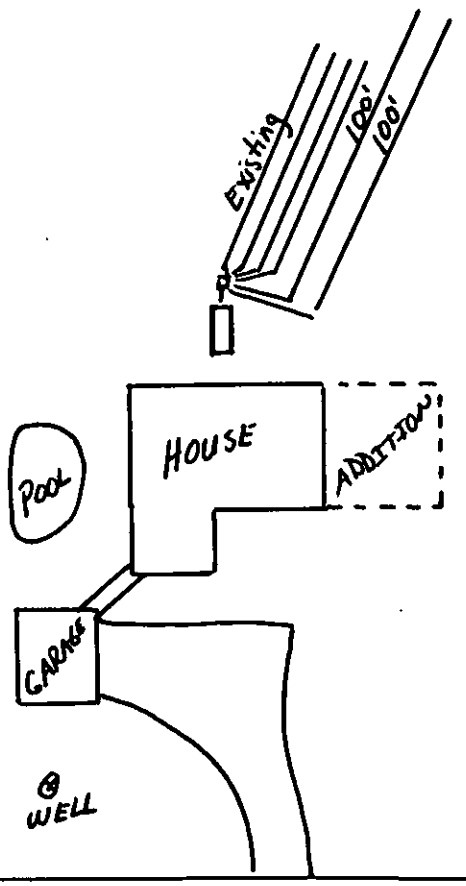
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: System alteration for a 2 Bedroom Addition
Install 2 lines x 100' Type III g 25% Reduction System.

DENR Authorized Agent: Jeremy Micheloni, R.S. Signature: Jeremy Micheloni, R.S.

FEE: 100.00 CK 4342
DATE: 3/15/07
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

2042

FILE #: 18350

TYPE APPLCATION:

- [x] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

JPM

PERSON FILING APPLICATION:

NAME: Joe Hornick
ADDRESS: 2424 Cassidy Dr
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-895-8907
ALTERNATE PHONE: 704-560-0526

PROPERTY OWNER:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 003-291-19
STREET ADDRESS: 2424 CASSIDY DR
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME: GREYLAND Hills
LOT #: 15 B1 1986

TOWNSHIP:

- [x] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [x] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [x] BEDROOM
- [x] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Joe Hornick — Owner's/Agent's Signature
Mar 14, 2007 — Date

*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 y this Department.
- This permit is not transferable.

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

Will need to pay $200 For Alteration Permit to Proceed with Additions

EHS Signature — Date

Jerry Mack, R.S. 3/23/07

0705

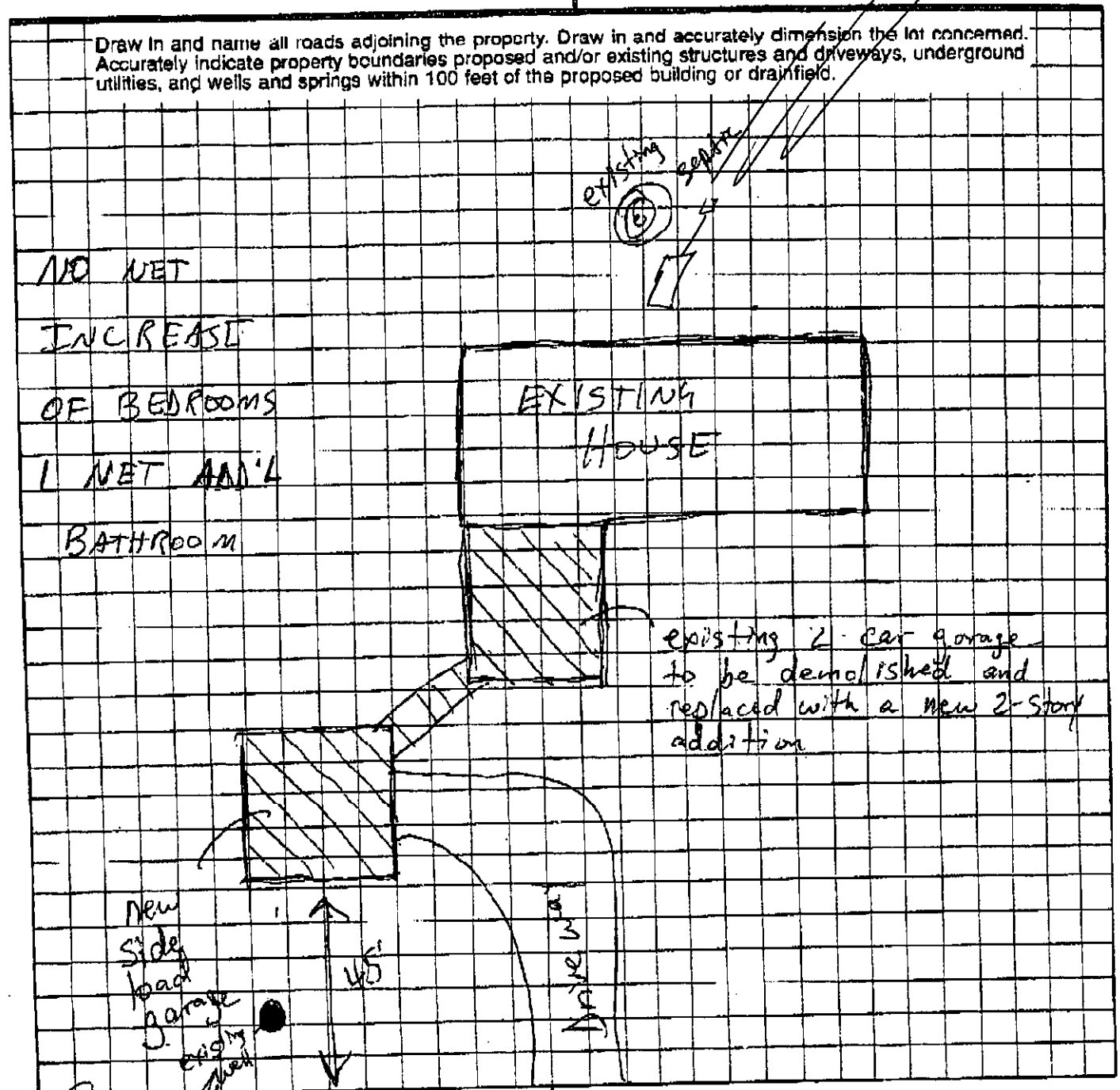
PROPOSED PLOT PLAN

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

FILE: 18350

TC: 003-291-19

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.



OWNER/AGENT SIGNATURE

DATE 4/20/04

APPROVAL DATE

Canary - E.H.S. Copy

Pink - Owner's Copy

ACS

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

Jeremy
file 13350

Date: 11-20-04

PERSON FILING APPLICATION:
NAME: Hornick (last) Joseph (first) (mi)
ADDRESS: 2424 Cassidy PHONE: (704) ____
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00329119
STREET ADDRESS: 2424 Cassidy Drive
Davidson, NC 28036
ZONING: 00329119

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: ____ PHONE: (___) ____
CITY: STATE: ZIPCODE:

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: 15 B LOT SIZE (in acres): 1.326 acres

TYPE APPLICATION (check one):
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ COMMERCIAL OR INDUSTRIAL (N)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (R) ☐ OTHER ____ (O)

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)
☒ 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: Date:

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.

...O.K. to use existing system for an office living room garage & bath addition House will remain three bedroom

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

Jerry Mitchell R.S. 4/21/04
Environmentalist Date

WATER : 122791

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/21/04
Receipt #: 26149
Check / Auth #: CASH
Received By: POWELPT

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HORNICK, JOSEPH
Attn:
Address: 2424 CASSIDY DR
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod ADDITION		1	100.00	100.00

Outstanding Balance

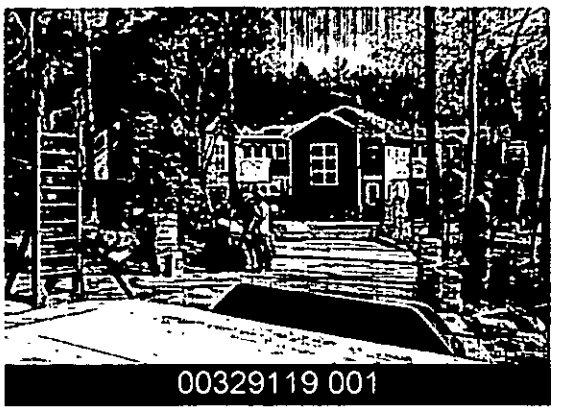
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-30.00					

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 3/16/2007 2:10:57 PM

Parcel ID #: 00329119 GIS ID #: 00329119	
Owner Name:	JOSEPH E HORNICK
Mailing Address:	2424 CASSIDY DR DAVIDSON, NC 28036
Property Characteristics	
Legal Desc.:	L15 B1 M20-33
Land Area:	1.3 AC
Fire District:	06-DAVIDSON / NORTH STAR
Special District:	FIRE SERVICE C
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
09080-430 (5/30/1997) $164,000.00 08631-301 (6/26/1996) $0.00	
Situs Addresses Tied to This Parcel	
2424 CASSIDY DR	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: DAVIDSON	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2007 Annexation Area: NO	
Census Tract #: 64.01	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	370503027E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	ROCKY RIVER
Watershed Class:	

Building Photography

PHOTO #1
Location: 2424 CASSIDY DR



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
00329119	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
HORNICK JOSEPH E	2424 CASSIDY DR	DAVIDSON NC 28036

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L15 B1 M20-33	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE C	DAVIDSON / NORTH STAR	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
335600	54900	24200	414700				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
May 30 1997	164000			IMP	09080 - 430	DEED STAMPS	09080-430	SPIRES ROBERT A &WF
Jun 26 1996	0		OTHER	IMP	08631 - 301	DEED STAMPS	08631-301	SPIRES ROBERT A

Land Use

Use	Units	Type	Neighborhood	Assessment
R120	1.3	AC	A301	54900

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1986	2424 CASSIDY DR UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	2.0 STORY	1	5016	3781	CRAWL SPACE	MASONITE -	VERY GOOD 01	335600

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		3	3		1

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1888
1	PORCH - OPEN - FINISHED	48
1	PORCH - OPEN - FINISHED	319
1	GARAGE - FINISHED	728
1	UPPER STORY - FINISHED	384
1	PORCH - OPEN - FINISHED	140
1	UPPER STORY - FINISHED	1509

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 2%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1986	DECK	1	12x24	1400
1	2004	POOL-CONC.	1	20x40	22800

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Apr 11 2006	2006	Imp/Addn/Remod Completed for Tax Year	414700	0
Apr 12 2005	2005	Bldg/Addn/Remod/Partially Completed	336000	0
Apr 12 2005	2005	Building Partially Complete	336000	0
Jan 17 2003	2003	Countywide Revaluation	182000	0
Jan 5 1998	1998	Countywide Revaluation	162840	
Feb 22 1991	1991	Countywide Revaluation	125270	
Jan 2 1991	1991	Countywide Revaluation	125270	

C of A (s) No. 18350

Date Issued 2-16-87 **Serial** 9138 T. C. No. 003-291-19

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Spires (LAST) Wendy (FIRST) (MIDDLE)

Location of Property 7424 Cassidy Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 268' Number of Lines 4

Depth of Filter Material 12" Cover Depth 15"-21"

Water Supply Source well Distance from Water Source > 50'

Excavation Inspected 2-16-87 (DATE) Tank Inspected 2-16-87 (DATE)

Nitrification Field Inspected 2-16-87 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 1987, 1500ST, CON, 804SFT, 12G, Cecil

B. R. Ferguson
(Environmentalist)

BND-S-78

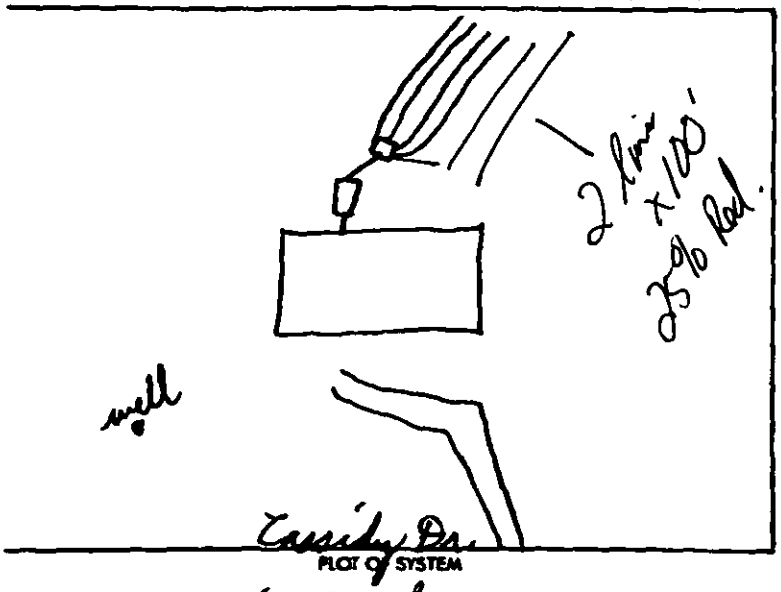
Environmental Health Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 18350 DATE: 2-12-87
TC: 003-291-19 /6 L
SERIAL Nº 10620

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 2-12-87. All work shall be completed on or before 5-12-87, 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 Department of Environmental Health 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 1500 gallons
Liquid Capacity of Dosing Tank _____ gallons
Tank Construction RCC

Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 268 feet
Number of Lines 4
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well > 50 feet

NAME OF OWNER Wendy Spiren
LOCATION OF PROPERTY 2424 Cassidy Dr.
Comments: 4 lines 3'X67'X12" stone

Division or Section Head _____ Environmentalist B.R. Ferguson

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

Date Issued 8-5-85

Serial No. 8803

SIR No. 18350

T. C. No. 20 003-131-01 397-19

Map Date 1 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Spires, (LAST) Wendy (FIRST) M. (MIDDLE)

ADDRESS OF OWNER 5008 Lakecrest Dr., Charlotte, NC ZIP 28215

LOCATION OF LOT 2424 Cassidy Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 15 BLOCK NO. 1

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 18350. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Kelly Rawdall — Environmentalist

Brian D. Hudgins — Environmental Health Director, or Authorized Section Head

EHD-5-78

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 12-10-84 P0003-131-01 ICAR (S) Application No. 18350

T. C. No 003-291-19

Map Date L

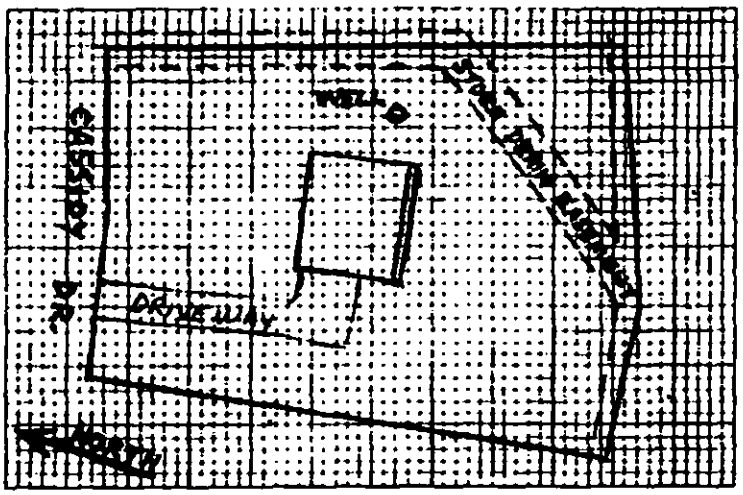
MECK COUNTY DEPARTMENT OF
RECEIVED
DEC 10 1984
ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ✓ Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No

4) No of Bedrooms 3
5) Business Use -- Max No Employees ____
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Governmental System ____
C) Community System
1 Well source ____
2 Governmental source ____
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No ____
12) VA Case No. ____

13) NAME OF PROSPECTIVE OWNER ATHERTON (LAST), WILLIAM (FIRST)
14) ADDRESS OF OWNER 1218-A TOM HUNTER RD. (MIDDLE) 28213
15) PHONE NO. Home 596-6616 Office 875-1357
16) LOCATION OF SYSTEM 2424 CASSIDY DRIVE (STREET OR COUNTY ROAD)
17) SUBDIVISION GREYLAND HILLS Lot No. 15 Block No. 1
Map Book No. ____ Page No. ____
18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____
19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN ____
20) PTR NUMBER (See Instructions) 18350

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

12/7/84
DATE OF APPLICATION

William Atherton
PROSPECTIVE OWNER or Knox Realty Co. per Robert Knox

EHD-S-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1240 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

S.I.R. # 18350

T. C. # PO 003-131-01

DATE: 11-9-81

NAME OF OWNER Knox Realty

ADDRESS OF OWNER 103 N. Main St., Davidson, NC 28036

LOCATION OF LOT Off Grey Road, Lot 15, Blk. 1 (Greyland Hills Sub.)

As determined under the Rules and Regulations promulgated by the Commission for Health Services, Division of Health Services, North Carolina Department of Human Resources, Raleigh, North Carolina, the soils on the lot described above were found to be unsuitable for the installation of an individual septic tank - soil absorption system, due to the following reason:

Inadequate area of provisionally suitable soils available for the installation of a ground absorption sewage disposal system in accordance with North Carolina Department of Human Resources specifications.

SOIL DRAINAGE/GROUNDWATER - UNSUITABLE

SOIL PERMEABILITY UNSUITABLE

John R. Adkisson
Environmentalist
On Premises Wast. Disposal Section

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. No. 19350
T.C. No. 20 083-13701

(Ground Absorption Sewage Disposal)

OWNER: Kay Ault
ADDRESS: 103 N. Main St.
COUNTY: Davidson N.C.
LOCATION OF SITE: Maryland Hills - off Hwy 64

DATE REQUESTED:
PLAT NO: 115-81
LOT SIZE: Approx 57,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-6%	S PS (U) — complex slopes	S PS U — 2-6%	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) U — clay	S (PS) U — clay	S PS (U) — 2-1 clay	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S (PS) U — Blocky	S (PS) U — Blocky	S PS U
4. SOIL DEPTH (inches)	(S) PS U — 48"	S PS (U) — Depth Variable	(S) PS U — 48"	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	(S) PS U — None	(S) PS U — None	S PS (U) — seasonal perched water table	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U — To ground water	S PS (U) — Erodes/ ground/ channel water	S PS (U) — "	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) U — moderate	S (PS) U — moderate	S PS (U) — very slow	S PS U
8. OTHER (specify)	S PS (U) — Restricted Area	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	unsuitable	unsuitable	unsuitable	
10. SOIL SERIES	Cec.-1	complex slopes	Helena	

S - Suitable PS - Provisionally Suitable U - Unsuitable

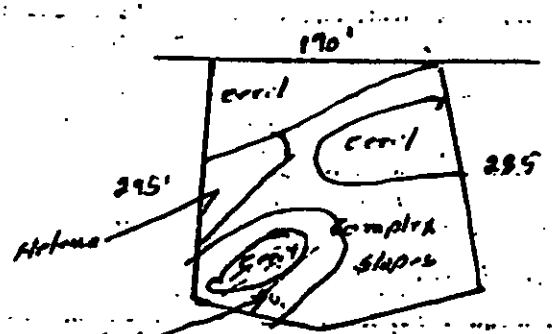
** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments: Lot rechecked 4-1-82 - right property line shortened 3', left line lengthened 2'. No change in status of report. mam

Described By: William A. Martin
Title: Soil Scientist
Date: 11-5-81

DHS Form 2601
Sanitation
EHD 539 (2/80)

2



Complex steps were not an extension as indicated but existed 8-6-85. Additional area adjacent the 2-BA. system was determined to be present. Kelly Kendall was present and concurred with this appraisal.

W. B. Martin 8-6-85

3 90

270

Date Received 10-29-81

APT No. 18360

T. C. No P0 003-131-01

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Knox Realty
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 103 N. Main St., Davidson, NC ZIP 28036

3) PHONE NO Home Office 892-0198

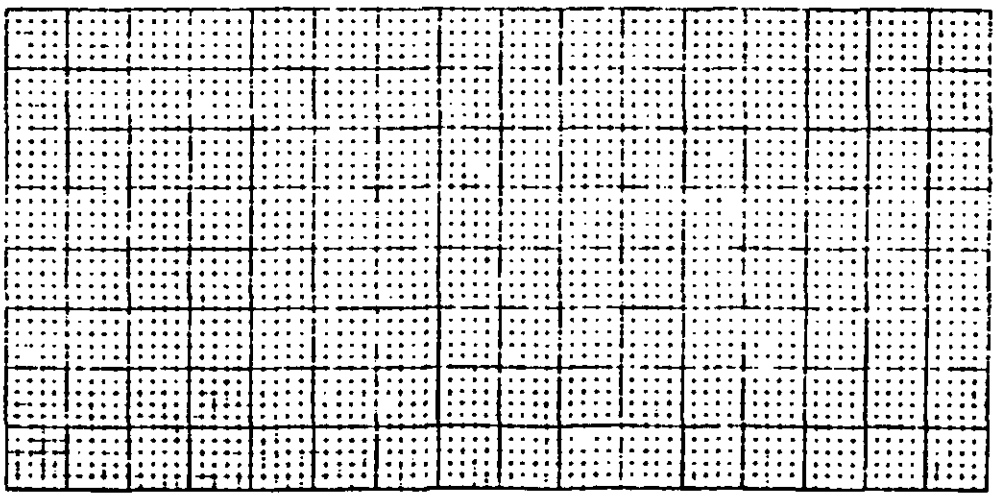
4) LOCATION OF PROPERTY Off Grey Road
(STREET OR COUNTY ROAD)

5) SUBDIVISION Greyland Hills LOT NO 15 BLOCK NO. 1

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK PAGE NO

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

See reference file #18336 (letter)
OWNER

EHD-5-76

Environmental Health Department's Copy