

17421 GREEN HILL RD

21708415

12/27/2007

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 75.00 ck 4796 3/14/94

[ ] CRT

2169B/9340A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

COPY

PERSON FILING APPLICATION: Agent for E.W. Crider

NAME: Cotter Errol P.
(last) (first) (mi)

ADDRESS: 616 Sweet Gum Ln PHONE: (704) 366-6070

CITY: Charlotte STATE: NC ZIPCODE: 28211

Date: 2-4-94

PROPERTY OWNER:

NAME: E. W. Crider c/o Above Agent
(last) (first) (mi)

ADDRESS: 1701 N.W. 13th Ave PHONE: (__) _____

CITY: Homestead Fla. 33030 STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-084-15+16

STREET ADDRESS: 17421 GREEN HILL (Off YOUNGBLUD)

ZONING: RA

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

SUBDIVISION OR MOBILE HOME PARK NAME: GREEN HILL

LOT NUMBER: 15+16 LOT SIZE (In acres): 1.2

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] 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)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[ ] 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: 3 NUMBER OCCUPANTS: 4

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.

X Signed: Evelyn M. Crider Date: 2-4-94

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

WATER : 122791

Pd 75.00 chk 4796 2/8/94

216 SB / 9340 A

PERSON FILING APPLICATION: ← Agent for E.W. Crider

NAME: Cotter, Errol P.
(last) (first)

ADDRESS: 616 Sweetgum Ln. 704 366-6070

CITY: Charlotte STATE: NC ZIP: 28211

PROPERTY OWNER:

NAME: E.W. Crider c/o Above Agent
(last) (first)

ADDRESS:

CITY: STATE: ZIP:

DATE: 2-4-94

PROPERTY LOCATED: 217-084-15+16

1742 Green Hill
(off Youngblood
Rd

Green Hill

X Mecklenburg ☐ Davidson ☐
☐ Charlotte ☐ Cornelius ☐ Huntersville ☐

LOT NUMBER: 15+16 LOT SIZE (IN ACRES): 1.2

X

☐ NEW (1ST DEVELOPMENT) (P)
☐ ADDITION - SEWER OR REMOVAL
☐ MODIFIED (EXPLANATION OF

X

NUMBER OF LOTS: 3 4

SYSTEM CHARACTERISTICS:

WATER SUPPLY:
☐ COMMUNITY (C)
☐ OTHER (O)
X

I, the undersigned, do hereby certify that I am the owner of the property described above and that I am authorized to initiate this request for improvements as specified in this application.

Evelyn M. Crider DATE: 2-5-94

This application is hereby approved for the Mecklenburg County Health Department, to serve the above stated purpose for the single family residence noted in this application. This approval is granted conditionally with the following stipulations: Septic tank shall be concrete [illegible] and [illegible]

DATE

[illegible]

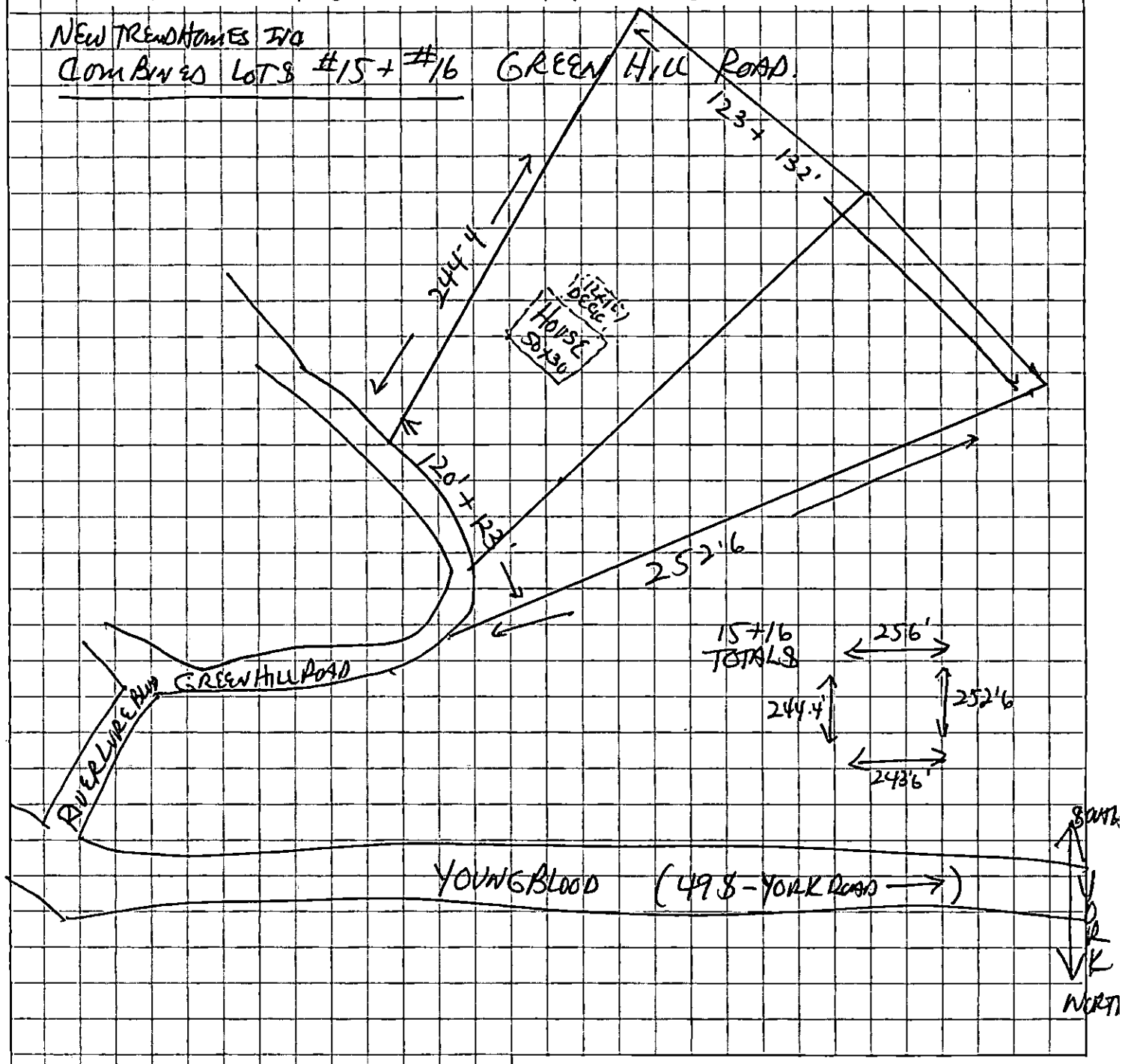
PROPOSED PLOT PLAN

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

FILE: _____

TC: 217-084-15+16

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20210 (sited)

File: 2169B/9340A Action 2

Parcel: 217-094-13, 16 ☐ PC

Location: 17421 Green Hill Road

Subdivision:

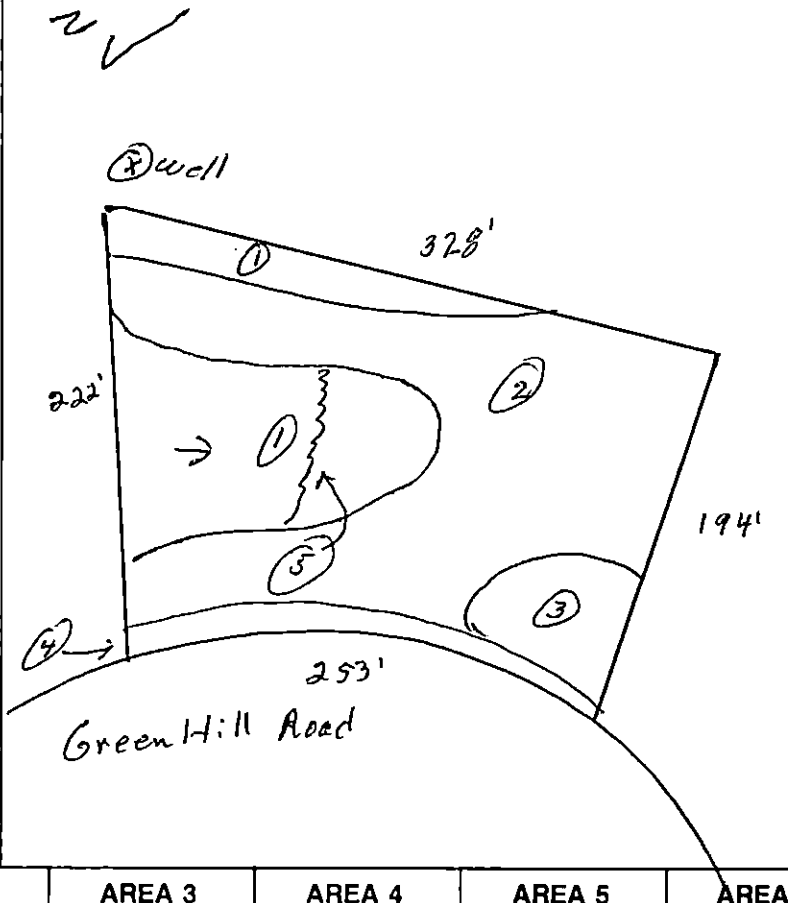
Lot: 15 & 16 Block: Acres: 1.2

Owner: Evelyn M. Crider
Address: 1701 N.W. 13th Ave.
Homestead, Fla. 33030

Comments: 150% repair, .3 gal / ft²/day
LTAR

Described by: William A. Marlin

Date: 2-21-94



***** 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 2-8%	S PS (U) complex slopes	(S) PS U 2-8%	S PS (U) 72' cut	S PS (U) Terrace	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS (U) Expansive clay	S PS U —	S PS U —	S PS U
Structure	S (PS) U sub-Blocky	S PS U —	S (PS) U sub-Blocky	S PS U —	S PS U —	S PS U
Drainage	S (PS) U 736" To water	S PS U —	S PS (U) perched water 22"	S PS U	S PS U —	S PS U
Depth	S PS (U) 11-28"	S PS U —	S PS (U) saprolite 33"	S PS U —	S PS U —	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S (PS) U 736"	S PS U	S PS U —	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS (U) Restricted	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 Pacolet-like	complex slopes	Helena-like	72' cut	Terrace	
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

February 22, 1994

Evelyn W. Crider
1701 N. W. 13th Avenue
Homestead, Florida 33030

RE: Property located at 17421 Green Hill Road
FILE: 2169B/9340A
PARCEL: 217-084-15,16

Dear Ms. Crider:

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 20210) 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 15A NCAC 18A .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)