

8412 WILLHILL RD

13707140

5/21/08

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Groundwater and Wastewater Services File Imaging Project
May 2007

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. # 50.00 5/18/95 Ck # 2864

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Grigg (last) MARGARET (first) B (mi)
ADDRESS: 8412 Will Hill Rd PHONE: (__) 545-6110
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 13707140
STREET ADDRESS: 8412 Will Hill Rd
ZONING:

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

TYPE APPLICATION (check one):
LOT NUMBER: 7D LOT SIZE (in acres):

☐ 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)
RENOVATION - moving kitchen
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 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)
☐ 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: Margaret B Grigg Date: 5-18-95

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.

...Keep foundation >5' from septic system

Use existing system

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

Philo S. Walker 5/31/95
Environmentalist Date

Batsum for S Daniel Program Chief 6-1-95
Director or Authorized Section Head Date

WATER : 122 '91

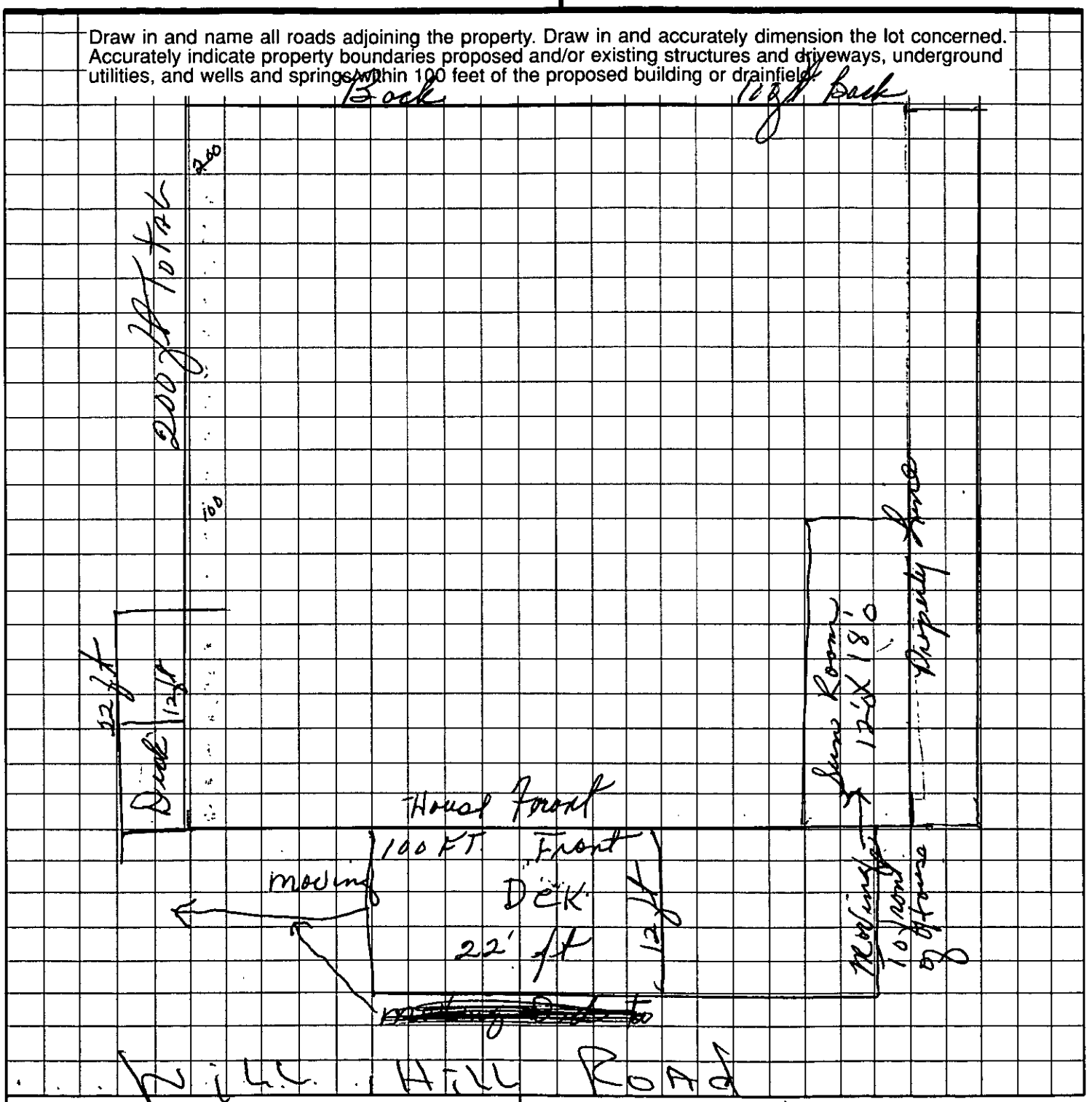
PROPOSED PLOT PLAN

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

FILE: 3706

TC: 137-07-40

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 PJW 5/31/95 VES

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

- **Large-format Drawings**

Original File Number: 3605/8412

Box Number: 5

Number of pages associated with file: 1

General Comments: _____

Imaging Solutions and Services, Inc.

Date Issued 1/13/86 Serial 8171 C of A (s) No. 3706

T. C. No. 137-011-40 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Grigg (LAST) Margaret (FIRST) B. (MIDDLE)

Location of Property 6412 Will Hill Road

Application Number 3706 Permit Number 3706

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 8

Depth of Filter Material 17" Cover Depth 6"-10"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 1/13/86 (DATE) Tank Inspected 1/13/86 (DATE)

Nitrification Field Inspected 1/13/86 (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: 1986, 1500 ST, CON, 1200 SFB, 17G, CECIL-LIKE

Cynthia G. Bass
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Serial No. 08835

ICAR(S) Permit No. 3706

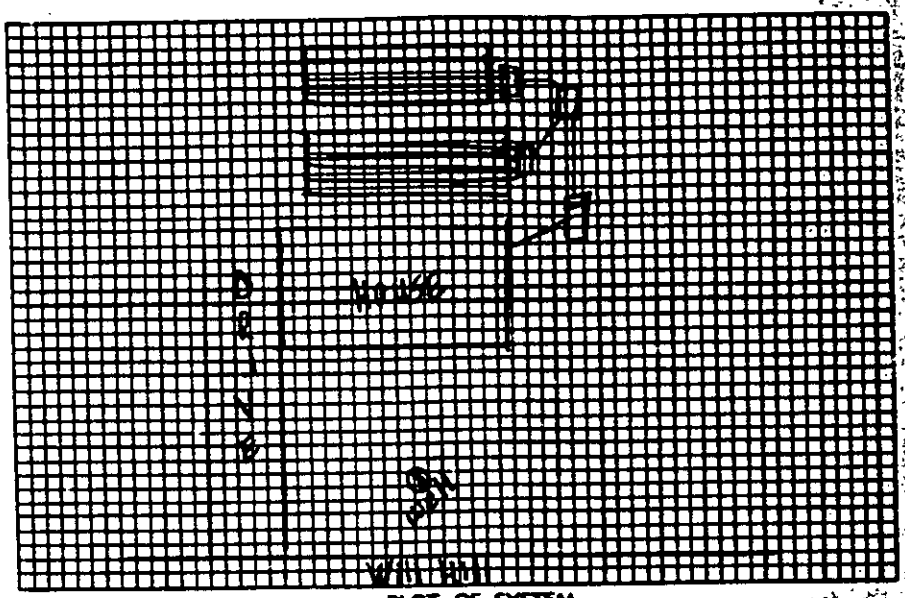
T. C. No. 131-071-40

Map Date L

Date Issued 1/8/86

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 3706 dated 11/14/85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2/8/85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction pcc

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 8

Distance from House 15'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Grigg, Margaret B.

LOCATION OF PROPERTY 8412 Will Hill Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

2 Beds 12' x 50' x 17" stone with gradeboards, straw as cover

Comments:

B. Henderson
Division or Section Head

Cynthia G. Bass
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or c 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.

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 336-4603

(OFFICE USE ONLY)

FILE: 3906

TC: 137-071-40

JOB LOCATION

① ADDRESS: 8412 Will Hill Rd (STREET NO. / STREET) ② FILE: 3706

③ CITY: Mint Hill ④ TAX PARCEL NO.: 137-071-40.

⑤ SUBDIVISION: Wilson Woods ⑥ LOT: 7 ⑦ BLOCK: D

OWNER

⑧ NAME: Margaret B Grigg (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 8412 Will Hill Rd

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28205

⑬ PHONE: (WORK) ⑭ (HOME) 535-3587

REQUEST

This request is for a(n):

⑮ ☑ New installation permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ Number of bedrooms? 2

㉒ Maximum occupancy? 3

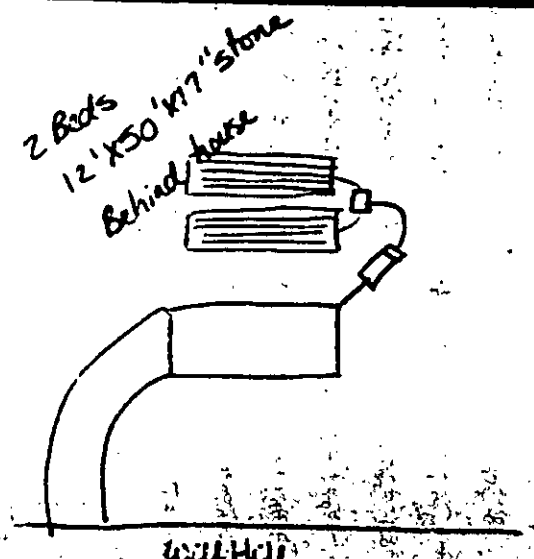
㉓ Basement? ☑ yes ☐ no

㉔ ☐ Business or place of public assembly

㉕ Type?

㉖ Maximum number of employees?

㉗ Maximum number of seats?



㉘ Accurately dimensioned plat

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☑ Community well

D ☐ Community system

㉚ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property [illegible] for the purpose of processing this request.

Signed: Margaret B Grigg

Date: 11/15/95

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

Serial No. 1575

PTR No. 3706

T. C. No. 137-071-40

Date Issued May 3, 1972

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

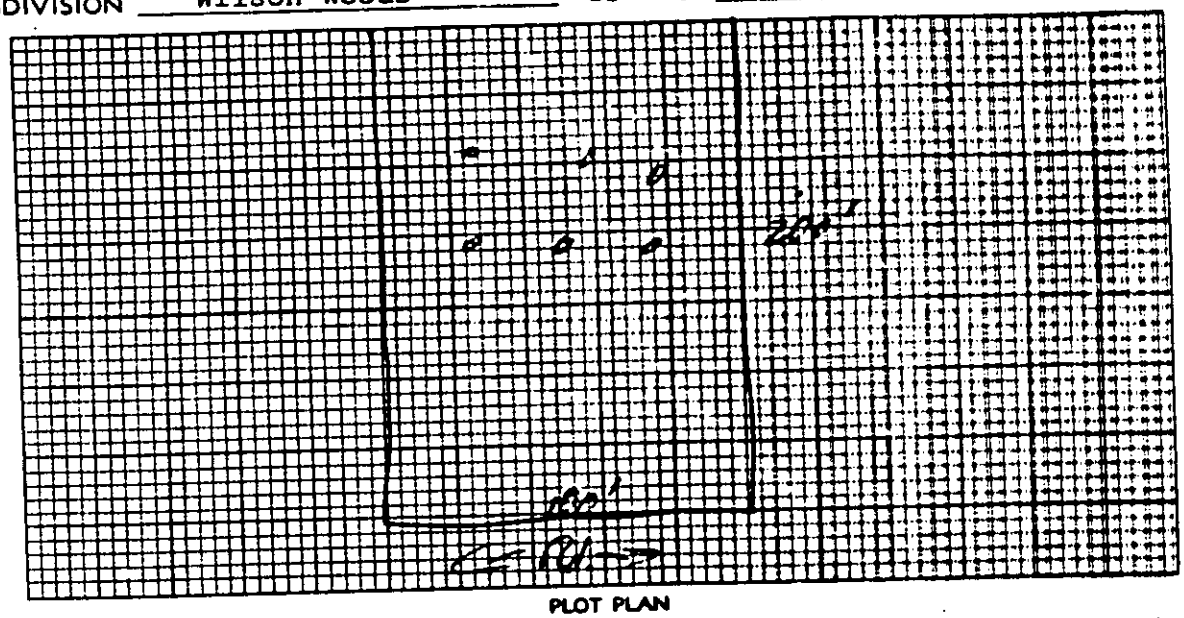
PERCOLATION TEST REPORT

NAME OF OWNER Freeland (LAST) Robert (FIRST) Mons (MIDDLE)

ADDRESS OF OWNER 539 Old Bell Road, Matthews, N.C. ZIP 28105

LOCATION OF PROPERTY Willhill Road (STREET OR COUNTY ROAD)

SUBDIVISION Wilson Woods LOT NO. 7 BLOCK NO. 2



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60 min/in. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the subdivision.
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

John W. Atkinson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-4-1-71

HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 3706

T.C. NO. 13-011-4C

(Ground Absorption Sewage Disposal)

OWNER: Margaret B Hugg
ADDRESS: 8820 Willhill Road
Charlotte, N.C. 28205
LOCATION OF SITE: 8820 Willhill Road

PLAT NO: Lot 100
LOT SIZE: .46

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 10-12%	S PS (U) — complex slopes	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — clay	S PS U —	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U —	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 30"+	S PS U —	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — >36"	S PS U —	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — >36" to ground water	S PS (U) — may collect runoff	S PS U	S PS U
7. OTHER (Specify)	S PS U — Limited Area	S PS U	S PS U	S PS U
8. SOIL GROUP	IUA	—		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	Cec:t Lilu	complex slopes		

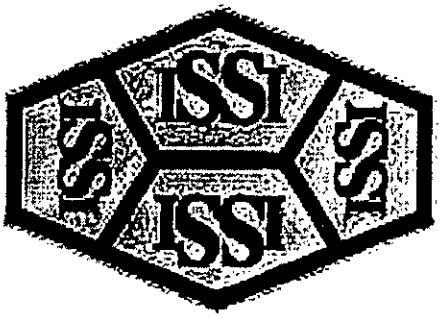
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: System may require lift pump.

Described by: William R Mylin
Title: Soil Scientist

Date: 11-15-85



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ISSI Operations Center Staff

SITE EVALUATION

(Ground Absorption Sewage Disposal)

PLAT NO:

LOT SIZE:

PROFILE OF SITE:

PROFILE	AREA 1	AREA 2	AREA 3	AREA 4
SLOPE (%)	S PS U	S PS U	S PS U	S PS U
SOIL TEXTURE (12-36 inches) (Note 2-1 Clay)	S PS U	S PS U	S PS U	S PS U
SOIL STRUCTURE (12-36 inches)	S PS U	S PS U	S PS U	S PS U
SOIL DEPTH (Inches)	S PS U	S PS U	S PS U	S PS U
RESTRICTIVE HORIZONS (Inches) (Impervious Strata, Rock)	S PS U	S PS U	S PS U	S PS U
SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS U Water	S PS U Very Poorly Drained	S PS U	S PS U
OTHER (Specify)	S PS U Alluvial Area	S PS U	S PS U	S PS U
SOIL GROUP	IVA			
SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
SOIL SERIES	Creedy Silt	Commerce Clayey		

S - Suitable PS - Provisionally Suitable U - Unsuitable

Recommendations/Comments: Use as Specified Only Typical

Described by:
Title:

MECKLENBURG COUNTY
Department of Environmental Health

November 20, 1985

Margaret B. Grigg
8420 Willhill Road
Charlotte, NC 28205

RE: Property located at Willhill Road
FILE: 3706
PARCEL: 137-071-40

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 is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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.

Sincerely,

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

1200 Blythe Boulevard ○ Charlotte, North Carolina 28203 ○ (704) 376-4601

Serial No. 9101

SIR No. 3706

Date Issued 11-21-85

T.C. No. 137-071-40

Map Date L Cot

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 Grigg, (LAST) Margaret (FIRST) B. (MIDDLE)

ADDRESS OF OWNER 8412 Mill Hill Rd., Charlotte, NC ZIP 28205

LOCATION OF LOT 8412 Mill Hill Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

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 3706. 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.

Cynthia G. Ross
Environmentalist

J. B. Atkinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

P.W.

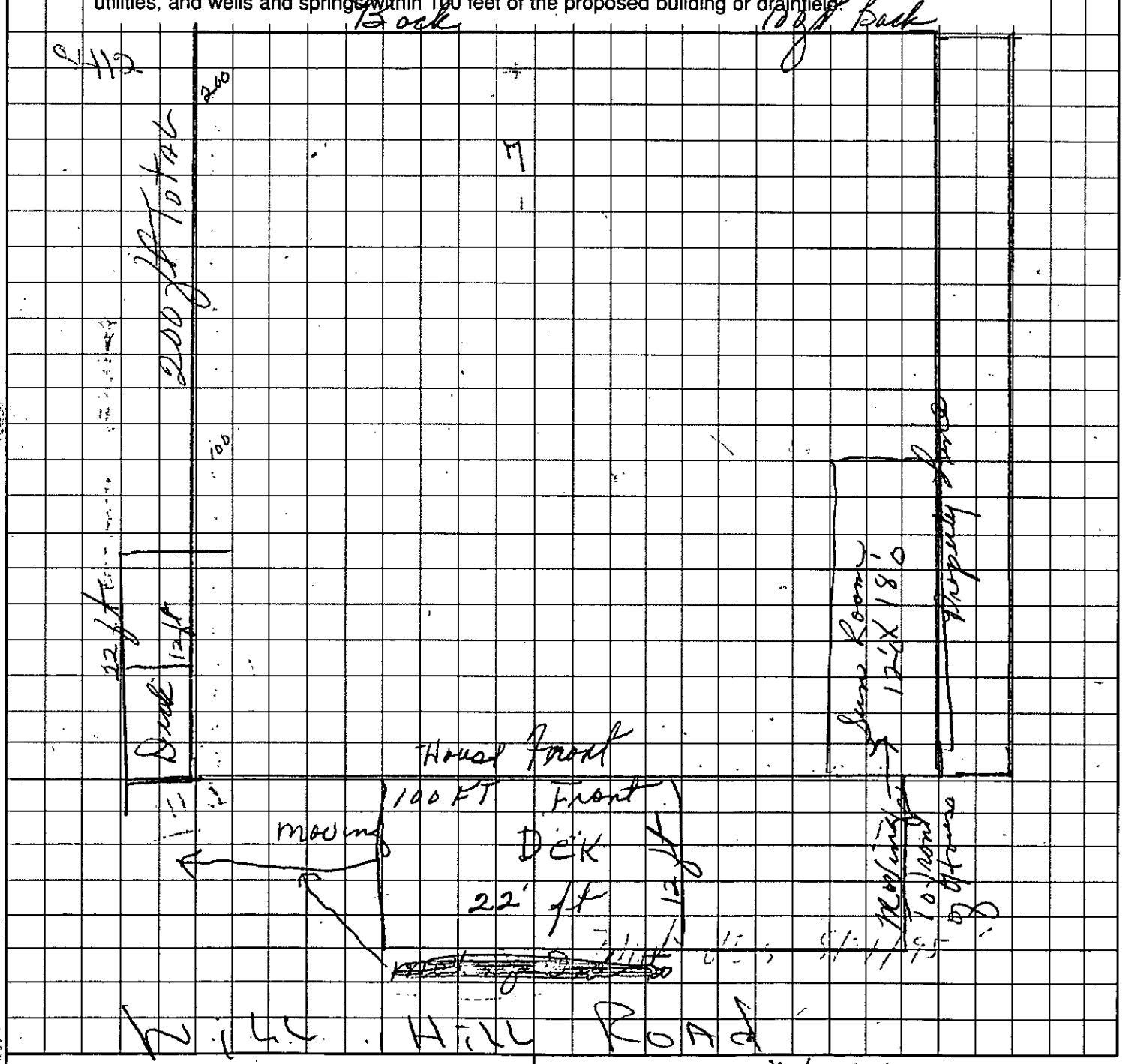
PROPOSED PLOT PLAN

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

FILE: 3706

TC: 137-071-40

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

APPROVAL DATE PHW 5/31/95 VES

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F.W.

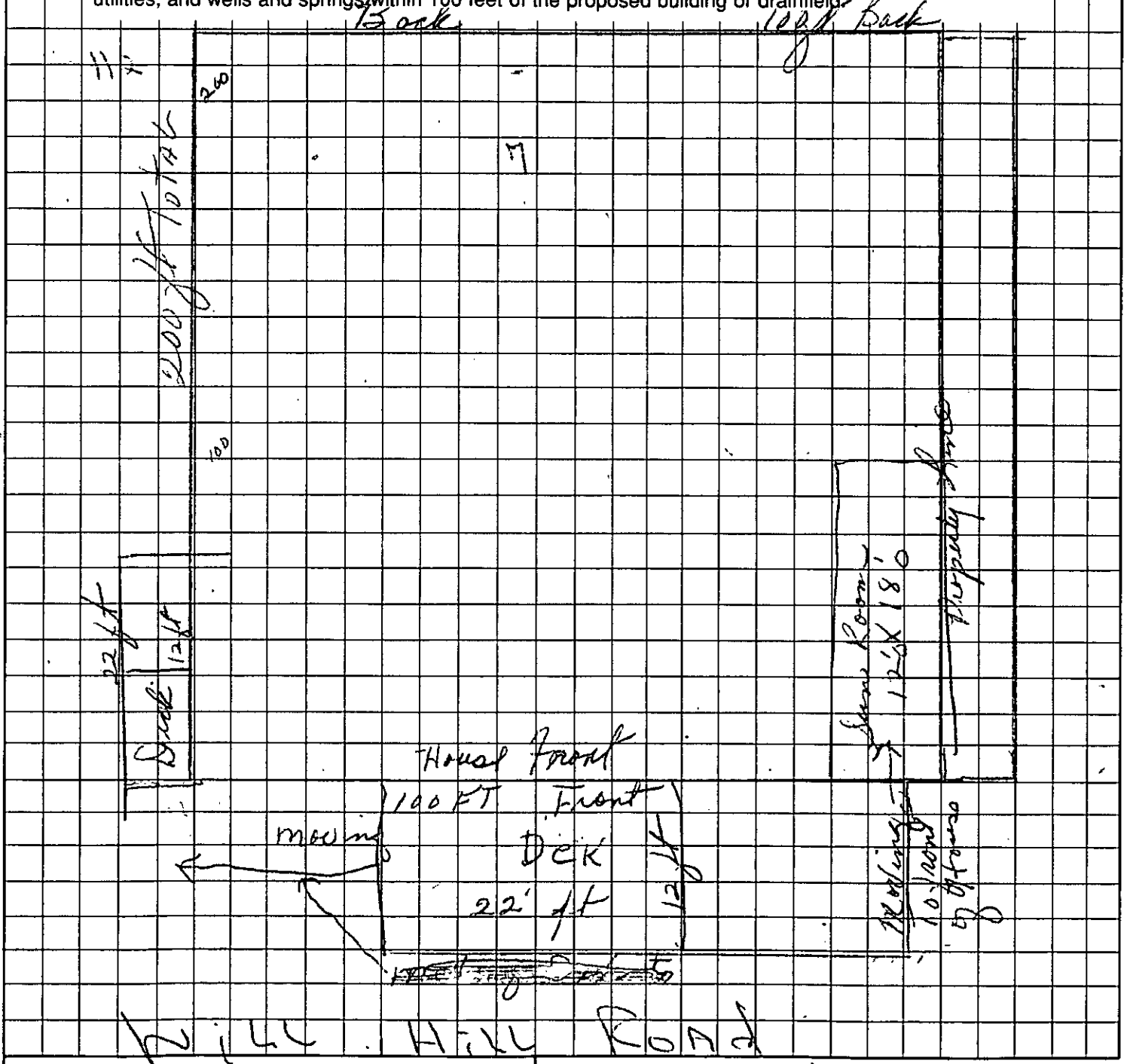
PROPOSED PLOT PLAN

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

FILE: 3706

TC: 127-071-40

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 PW 5/31/95 UFS

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy