

1733 POPLARCREST LN

05318417

1/2/2008

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20545

File: 3390B Action 1

Parcel: 053-184-17 ☐ PC

Location: 1733 Poplarcrest Lane

Subdivision:

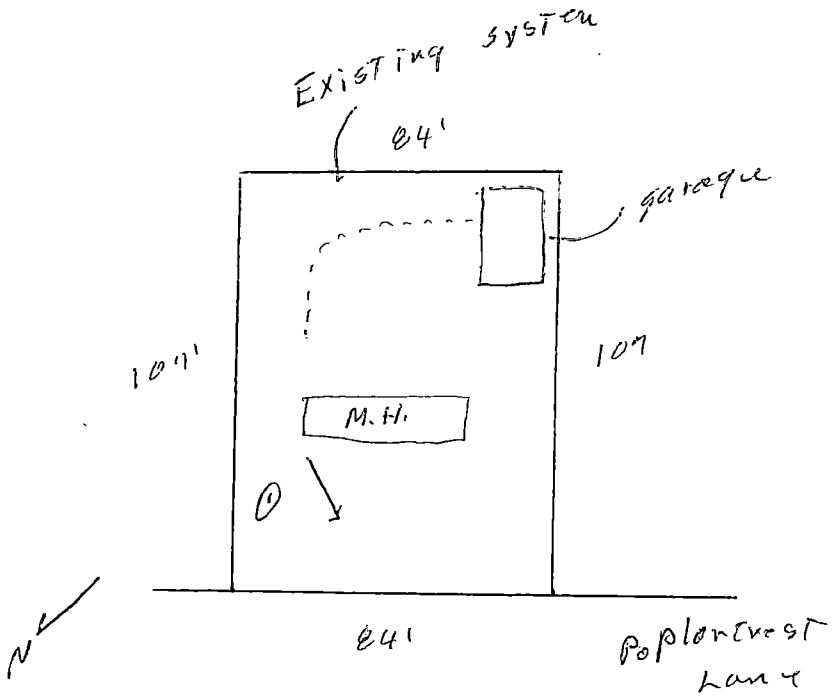
Lot: 64 Block: Acres: .20

Owner: Leslie K. Sutton
Address: 1733 Poplarcrest Lane
Charlotte, N.C. 28214

Comments: .3 gal/ft²/day LTAR
Deeper soils in lowered trailer

Described by: William R. Marks

Date: 12-22-94



***** 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 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub ∠ Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36" To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 74"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IIe Cecil-Lilly					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

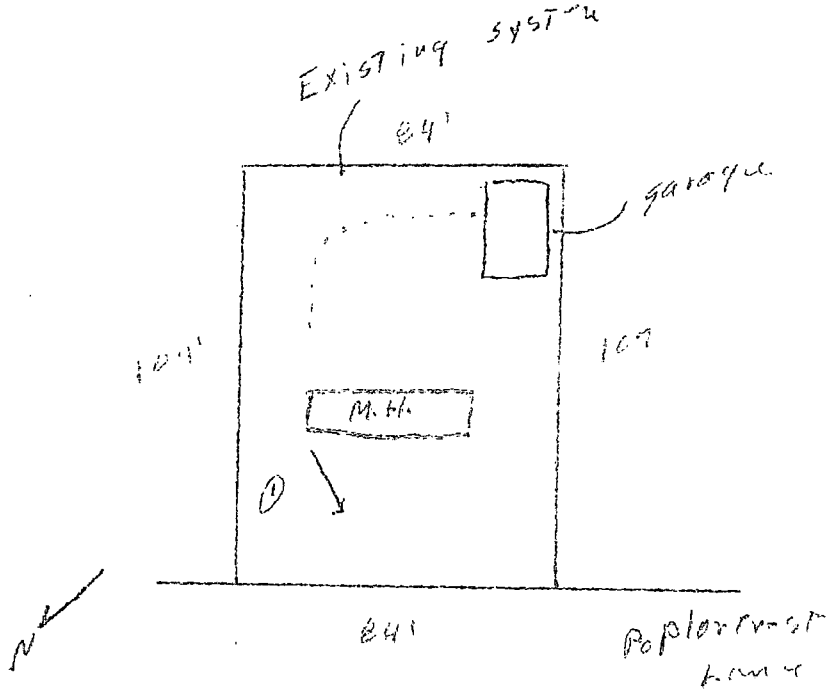
MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20545

File: 3.34 3 Action 1
Parcel: 053-164-11 ☐ PC

Location: 1733 Poplarcrest Lane
Subdivision:
Lot: 64 Block: Acres: .20
Owner: Leslie H. Sutton
Address: 1733 Poplarcrest Lane
Charlotte, N.C. 28214

Comments: .3 gal/ft²/day LTAR
Deeper area in Subsoil
trench

Described by: William R. Marsh
Date: 12-27-91



***** 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 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-b Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U ~ 39" To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 748"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IIe Cecil-Lilla					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

4602

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rec'd #80 12/9/94 Rec'd #179

[X] CRT

3390B

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Sutton (last) Leslie (first) K (mi)
ADDRESS: 1733 Poplarcrest LN PHONE: (704) 393-1379
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 12-8-94

PROPERTY OWNER:
NAME: Sutton (last) Leslie (first) K (mi)
ADDRESS: 1733 Poplarcrest LN PHONE: (704) 393-1379
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-184-17
STREET ADDRESS: 1733 Poplarcrest LN
ZONING: RM H

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] 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):
[X] SINGLE MOBILE HOME (S) [ ] DOUBLE WIDE (D) [ ] HOUSE (H) [ ] MODULAR HOME (M) [ ] MULTIPLE FAMILY (U) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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):
[X] Community (C) [ ] Municipal (M) [ ] Private Well (P) Carolina Water Serv
[ ] Shared Well (S) [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Garage [ ] Jacuzzi [ ] Storage Building [ ] Stable/Barn [ ] Deck/Patio [ ] Workshop [ ] Bedrooms [ ] None [ ] 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: Leslie Sutton Date: 12-8-94

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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... Use existing system
See records on file.
Soils suitable for additional
or need for repair per
Bill Marlin.

J W Newell, R.S. 12-29-94
Environmentalist Date

J Newell
Director or Authorized Section Head Date

WWATER : .12279

PROPOSED PLOT PLAN

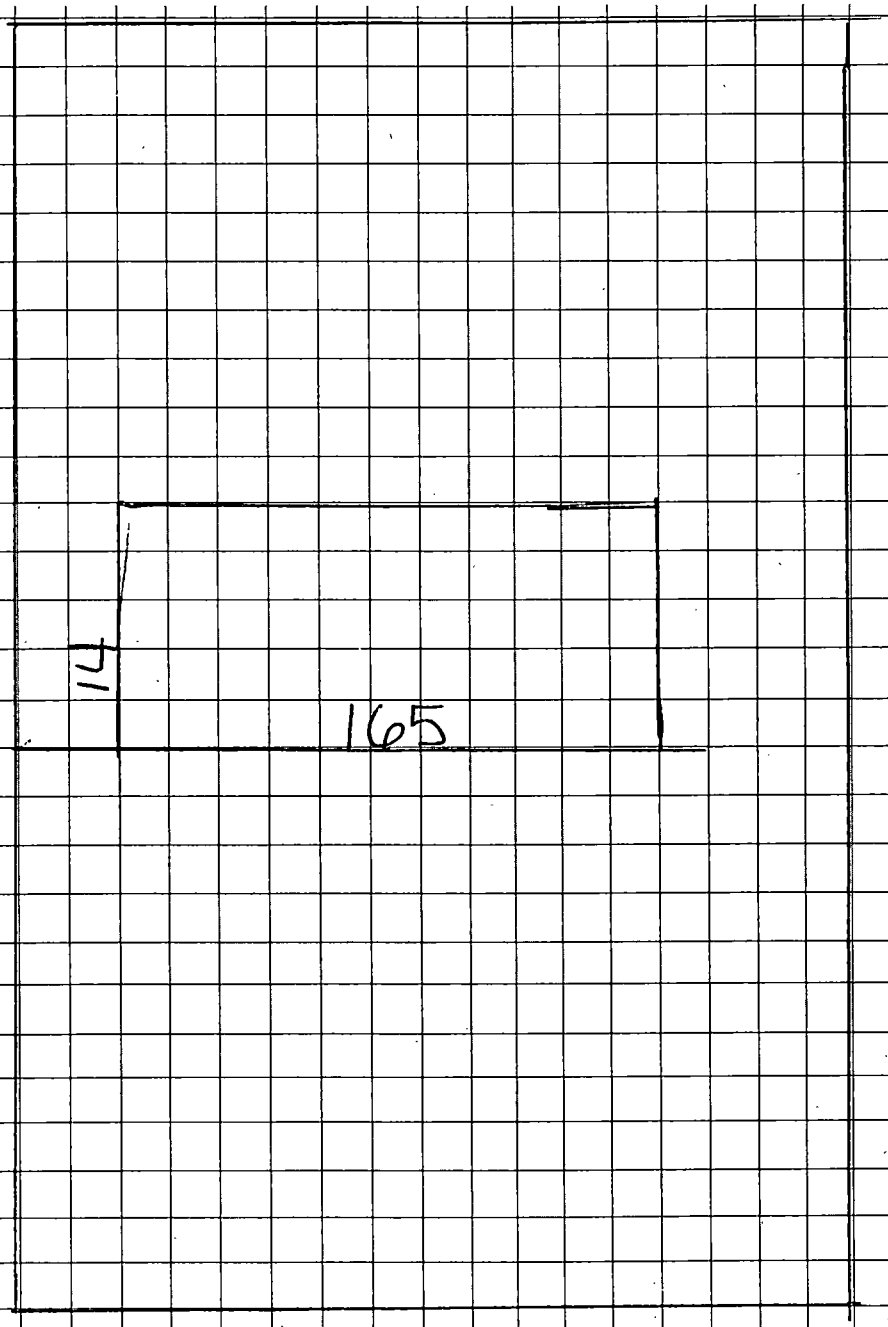
COPY

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

FILE: 3390B

TC: 053-184-17

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.



Leslie Sutton
OWNER/AGENT SIGNATURE

DATE 12-9-94

APPROVAL DATE _____

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

Poplarcrest

LOCATION [redacted] OWNER Land Investment Sales WHITE * COLORED

ADDRESS Poplarcrest 1733 Westwood Forrest lot 64 OCCUPANT WHITE COLORED

PRIVY:

Type ____ wood ____ concrete

Number ____

New ____ ____ date

Repaired ____ ____ date

WATER SUPPLY:

Source Community

If well, type

____ (Bored)

* (Drilled)

____ (Dug)

Distance from nearest pollution 100 ft.

SEPTIC TANK:

Material precast

Dimensions ____

Volume 1000 gal

Type secondary treatment 750 cu' stone nitrification line ____ filter trench

No. of bedrooms 1 mobile home

Permit Number 10866 Date 2-6-69

Approved 5440-D Date 2-6-69

Approved by De Laney

Contractor or Plumber J.E. Stewart

Address ____

Remarks PR-46

FHA CASE NUMBER ____

VA CASE NUMBER ____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

