

17401 CROSSHAVEN DR

21735117

8/19/08

marliwr

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

Mecklenburg County
Health Department

June 21, 1999

Mary E. Little
P.O. Box 254
Pineville, NC 28134

Re: 17401 Crosshaven Drive
File: 18787
Parcel: 217-161-19

Dear Ms. Little:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH**, and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

Mecklenburg County
Health Department

Mary E Little
~~P.O. Box 254 Pm~~
17333 Crosshaven Dr
Charlotte NC

17401 Crosshaven Dr
Re: 18707
File:
Parcel: 217-161-19

Dear Property Owners:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 .1942 .1943 .1945 For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

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If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

FEE: 75.00 CK # 1393 EJ

DATE: 6-4-99 CMS

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

18787 I J CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

$75.00 6-4-99

FILE #: ~~990~~ 18787

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 2nr 357 M

TAX/PARCEL NUMBER: 217-161-19

STREET ADDRESS: 17401 Crosshaven DR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 16

TYPE OF BUILDING (CHECK ONE):

✓ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
__ HOUSE (H) __ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG __ 4 PINEVILLE
__ 1 CHARLOTTE __ 5 MATTHEWS
__ 2 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) __ MUNICIPAL (M) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: LITTLE MARY E
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 254 PINEVILLE NC
17333 Crosshaven DR

CITY: CHARLOTTE STATE: NC ZIP:

DAYTIME PHONE: 704 588-6005

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8-3-98

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Mary E. Little DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#3

Sheet: _____
Property ID: 217-351-19
Lot #: 16
File #: ~~836~~ 18767
W Pm

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mary E. Lillo
ADDRESS: Box 254, Pinerille / 17333 Crosshaven Dr.
APPLICANT: _____
DATE EVALUATED: 6-11-99
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: .71
LOCATION OF SITE: 17401 Crosshaven Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☐~~Well~~ ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐~~Pit~~ ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO. CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-7"	gr/sc/	Fr/ sEXP/SS/SP	2.5Y 5/2 @ 13"	22"	US	none	US
		7-22"	ABK/sc	VF:/ Mixed/ US/US					
		22"+	M/ sc/	VF:/ Mixed/ / SP					
2	LS	0-6"	gr/sr/	Fr/sEXP/ SS/SP	>54" To soil wetness	32"	US	none	US
		6-24"	ABK/c	VF:/ Mixed/ / US/UP					
		24-32"	M/sc	VF:/ Mixed/ / US/UP					
		32-54"	M/sc/	F:/ Mixed/ / SP					
3	LS	0-10"	gr/sl	VFr/ sEXP/ NS/NP	>52" To soil wetness	24"	US	None	US
		10-24"	ABK/ sc 7½" peds	VF:/ Mixed/ / US/UP					
		24-40"	M/ sl	VF:/ sEXP/ / NS/NP					
		40-52"	M/ sl	F:/ sEXP/ NS/NP					
		52"+	M/ sl	VF:/ sEXP/ NS/NP					
4	LS	0-11"	gr/sl	VFr/ sEXP/ NS/ NP	2.5Y 6/1 @ 20"	36"+	US	None	US
		11-24"	ABK/c 7½" Peds	VF:/ Mixed/ / US/UP					
		24-36"	M/ sc	VF:/ Mixed/ / US/UP					
		36-45"	M/ sr/	F:/ sEXP/ SS/SP					
		45"+	M/ sc/	VF:/ sEXP/ SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

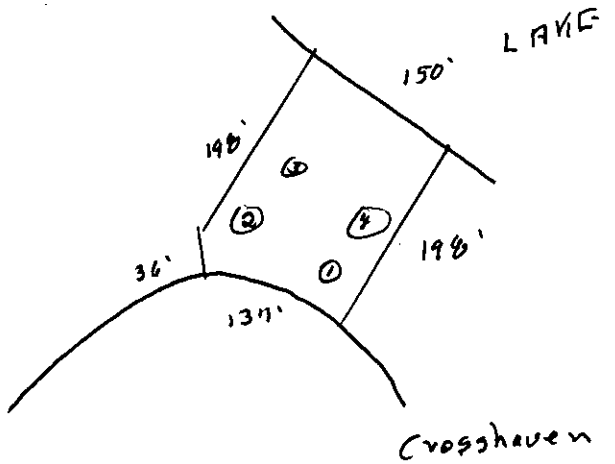
OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Marlin - 6-14-99
OTHER(S) PRESENT: M. Little, R. Ellison

FILE # ~~0360~~ 18767

COMMENTS Investigation my pits was made to see if there would be any possibility of splitting 2 tracts into 3 lots. This is the reason no bedroom nos. were given

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	





FEE: 75.00 CK #1139 EJ 6/10/99 CMS

DATE: 6-4-99

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

$75.00 6-4-99

FILE #: 836B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-161-19

STREET ADDRESS: 17401 Crosshaven DR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 16

TYPE OF BUILDING (CHECK ONE):

✓ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: LITTLE MARY E (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: P.O. BOX 254, PINEVILLE NC 17333 Crosshaven DR	DAYTIME PHONE: ( ) -
CITY: CHARLOTTE STATE: NC ZIP:	
DAYTIME PHONE: 704 588-6005	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8-3-98

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Mary E. Little DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 6-4-99

Name/Company: Mary Little

Sanitation _____

Vector Control _____

IWWS ✓

Service: Additional Site Inv.
File 836B

File 18757

_____ #1393

Fee: $ ~~75.00~~ $150.00 pd.

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

WRM
Completed by

EW
Collected by

ERWIN AND BERNHARDT, P.A.
ATTORNEYS AT LAW
1100 South Tryon Street
Suite 200
Charlotte, North Carolina 28203
Telephone (704) 335-0444
Facsimile (704) 335-5433
EMAIL: 104647.3274@CompuServe.COM

FENTON T. ERWIN, JR.
ROBERT J. BERNHARDT
B. DAVID CARSON

MAILING ADDRESS:
P.O. BOX 30817
CHARLOTTE, N.C. 28230-0817

July 7, 1999

VIA HAND-DELIVERY

Mr. William Marlin
Mecklenburg County Health Department
700 North Tryon Street
Charlotte, NC 28202-2236

RE: Mary Ellison Little and Robert J. Ellison vs. Jack Douglas Stogner, Administrator of the Estate of Peggy W. Stogner and Jack Douglas Stogner, individually

Dear Mr. Marlin:

Enclosed is the Subpoena Duces Tecum which I discussed with you this past Tuesday.

We will do all possible to minimize the inconvenience to you in your appearance to report to the court with the records of your office provide with respect to the condition of the soil on the property now owned by Mrs. Little and Mr. Ellison.

Very truly yours,

ERWIN AND BERNHARDT, P.A.

Fenton T. Erwin, Jr.
For the Firm

FTE/tg
Enclosure
cc: Mrs. Mary E. Little (w/enclosure)
Robert J. Ellison (w/enclosure)

EB:19731

STATE OF NORTH CAROLINA

File No. 98-CVS-18656

Mecklenburg County

In The General Court Of Justice
☐ District ☒ Superior Court Division

Mary Ellison Little & Robert J. Ellison

VERSUS

Jack Douglas Stogner & Jeff. Malickson

SUBPOENA

(duces tecum)

G.S. 1A-1, Rule 45

Party Requesting Subpoena
☒ State/Plaintiff ☐ Defendant ☐ Other (specify)

TO

Name of Person Subpoenaed
William Marlin

Name Of Second Person Subpoenaed

Name Of Third Person Subpoenaed

Address
700 North Tryon Street

City, State, Zip
Charlotte, NC 28202-2236

Telephone No.
704-336-5574

(Note: A single subpoena may be used for as many as three persons if all have the same address. If documents are subpoenaed, only one person may be named.)

Address

City, State, Zip

Telephone No.

YOU ARE COMMANDED TO:

(check all that apply)

☒ appear and testify, in the above entitled action, before the court at the place, date and time indicated below.

☒ produce for the court the following items, at the place, date and time indicated below.

See Exhibit "A" attached hereto.

Name And Location of Court
Mecklenburg County Civil Court Building
800 East Fourth Street, Courtroom 307
Charlotte, NC 28204 307

Date To Appear/Produce
07/08/99

Time To Appear/Produce
2:30 — ☐ AM ☒ PM

Name And Address Of Applicant's Attorney
Fenton T. Erwin, Jr.
1100 S. Tryon Street, Suite 200
Charlotte, N.C. 28203

Date
07/07/99

Signature
Fenton T. Erwin, Jr.

Telephone No.
(704) 335-0444

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court
☐ Magistrate ☒ Attorney ☐ Party

G-100
7/89 (Please See Reverse Side)

RETURN OF SERVICE

I certify that this Subpoena was recieved and served as follows:

Date Recieved

For First Person Named On Front:

- ☐ by delivering a copy of this Subpoena to the first person named on the front.
- ☐ this Subpoena WAS NOT served for the following reasons
- ☐ by telephone communication with the first person named on the front (use only with Subpoena to appear and testify).
- ☐ by registered or certified mail return, receipt requested and attached, on the first person named on the front.

Service Fee		*Date Served*	*Signature Of Authorized Server*
$	☐ *Paid* ☐ *Due*		

For The Second Person Named On Front:

- ☐ by delivering a copy of this Subpoena to the first person named on the front.
- ☐ this Subpoena WAS NOT served for the following reasons
- ☐ by telephone communication with the second person named on the front (use only with Subpoena to appear and testify).
- ☐ by registered or certified mail return, receipt requested and attached, on the first person named on the front.

Service Fee		*Date Served*	*Signature Of Authorized Server*
$	☐ *Paid* ☐ *Due*		

For The Third Person Named On Front:

- ☐ by delivering a copy of this Subpoena to the first person named on the front.
- ☐ this Subpoena WAS NOT served for the following reasons
- ☐ by telephone communication with the third person named on the front (use only with Subpoena to appear and testify).
- ☐ by registered or certified mail return, receipt requested and attached, on the first person named on the front.

Service Fee		*Date Served*	*Signature Of Authorized Server*
$	☐ *Paid* ☐ *Due*		

INFORMATION FOR WITNESS

The Subpoena

The subpoena is a court order requiring you to appear in court on the day and at the time stated. You have been called(subpoenaed) to court to be a witness in a case.

Duties Of A Witness

*Unless you are a custodian of medical or public records, you must attend court on the day and at the time stated in the Subpoena.
*Unless otherwise directed by the presiding judge, you must answer all questions asked when you are on the stand giving testimony.
*Your answer to questions must be truthful.
*If you are commanded to produce any items, you must bring them with you to court.

If you have any questions about being subpoenaed as a witness, you should contact the attorney or official who had the subpoena issued. The name of that person is on the other side of this Subpoena form.

Understand The Question And Speak Out

When you are on the witness stand, listen carefully to any question, and make sure that you understand the question before you try to answer it. If necessary, ask that the question be repeated.

In answering questions, speak out clearly and loudly enough to be heard. If you are testifying before a jury, speak out so that all of the jurors can hear you.

Bribing Or Threatening A Witness

It is a violation of state law for anyone to attempt to bribe, threaten, harass, or intimidate a witness. If anyone attempts to do any of these things concerning yoour involvement as a witness in a case, you should promptly report that to the district attorney or the presiding judge.

Witness Fee

A witness is entitled to a small daily fee, and to travel expense reimbursement if it is necessary to travel from outside the county in order to testify. (The fee for an "expert witness" will be set by the presiding judge.) After you have been discharged as a witness, if you desire to collect the statutory fee, you should immediately contact the clerk's office and certify to your attendance as a witness so that you will be paid and amount due to you.

EXHIBIT "A"

Appear and Produce the following items for the Court:

1. Copies of all records and documents relating to all site investigation reports made relating to Lots 15 and 16 Section 43, Map Book 17, at Page 510; also described as 17401 and 17339 Cross Haven Drive, Charlotte, NC 28278; now owned by Mary E. Little, et.al, and formerly owned by Peggy W. Stogner, Sarah Sims Grice and George W. Gowen.