

13205 HOMEWOOD DR

02915311

12/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

November 9, 1992

Henry & Mattie Fetherson
13205 Homewood Drive
Charlotte, NC 28262

RE: Property located at 13205 Homewood Drive
FILE: 2036B/9207A
PARCEL: 029-153-11

Dear Mr & Mrs. Fetherson:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20092) is enclosed.

The soil on this property is not suitable for use ... onventional, modified or alternative system of which I am ... sh to exercise your right of appeal concerning the in... ement of these rules you may do so in accordan...

If there are any questions, ple... 5574.

soils report copy to NCDOT Ralph Hawthorne SNOI Executive Center Dr Charlotte, N.C. 28213

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientis...
Individual Water and Wastewater Sy...

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20092

File: 2036B/9207A Action 3

Parcel: 029-153-11 ☐ PC

Location: 13205 Homewood Dr.

Subdivision:

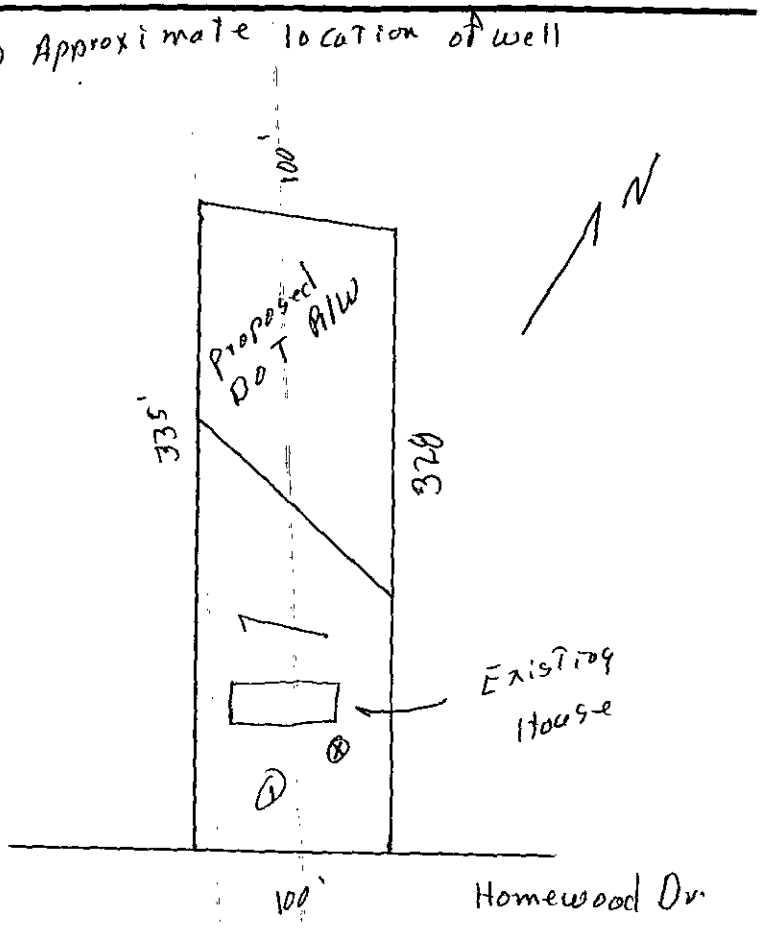
Lot: 13 Block: 3 Acres: .76

Owner: Henry & Mattie Fetherson
Address: 13205 Homewood Dr.
Charlotte, N.C. 28262

Comments: _____

Described by: William A. Marlin

Date: 11-1-93



***** 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 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Expansive	S PS (U) clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U ∠ Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage Some Perched water	S PS (U) @ 22"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U > 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	Helena/ Wilkes					
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 20092

File: 2031 B 12/19 Action 3

Parcel: 129-151-11 ☐ PC

Location: 13205 Homewood Dr.

Subdivision:

Lot: 13 Block: 3 Acres: .76

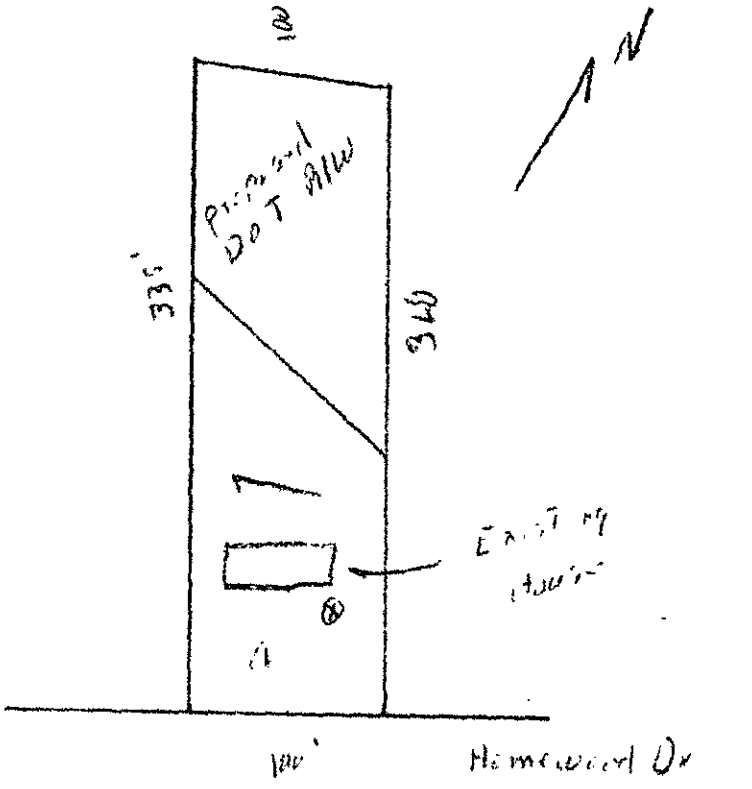
Owner: Henry & Mattie Patterson
Address: 13205 Homewood Dr.
Charlotte N.C. 28262

Comments: _____

Described by: William A. Martin

Date: 11-1-93

(X) Approximate location of well



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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 2-1-7%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Excessive	S PS (U) clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U 1 Blk-1/4	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage Some Perched @ 32"	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 10-24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	Helena/ Wilkes					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Mr Marlin:

Attached is the completed application for 13205 Homewood Drive. Per our conversations, I have requested $50 from Raleigh for the soil analysis fee. As we discussed, Mr & Mrs Fetherson are elderly individuals (approx 90 yrs old) and if possible the N.C. DOT needs to expedite this process incase we have to relocate Mrs & Mr Fetherson if the septic tank cannot be replaced or repaired. In addition, if it would fit into your schedule, I would like to accompany you on your inspection, so that I could understand any repairs that may be necessary. My phone number is 537-1541. The Fetherson's phone number is 547-0363.

Thank you,

Ralph Hawkins

2036B/9207A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 11/9/93 536 [1] 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

COP

PERSON FILING APPLICATION: North Carolina Dept of Transportation

NAME: Hawkins (last) Ralph (first) F (mi)

ADDRESS: 5801 Executive Center Drive Suite 360 PHONE: (704) 537-1541

CITY: Charlotte STATE: NC ZIPCODE: 28212

Date: 10-21-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 029-153-11

STREET ADDRESS: 13205 Homewood Drive

ZONING: R-3

PROPERTY OWNER:

NAME: Fetherson (last) Henry & Mattie (first) (mi)

ADDRESS: 13205 Homewood Drive PHONE: (704) 547-0363

CITY: Charlotte STATE: NC ZIPCODE: 28262

SUBDIVISION OR MOBILE HOME PARK NAME: Homewood Acres

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

LOT NUMBER: Lot 11 Block 4 LOT SIZE (in acres): .763 Ac

TYPE APPLICATION (check one):

[ ] 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 (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[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: 2

SYSTEM CLASSIFICATION: Existing Conventional System

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 [X] Other NC DOT Proposed R/W

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: Henry E. Fetherson Date: 10-20-93

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

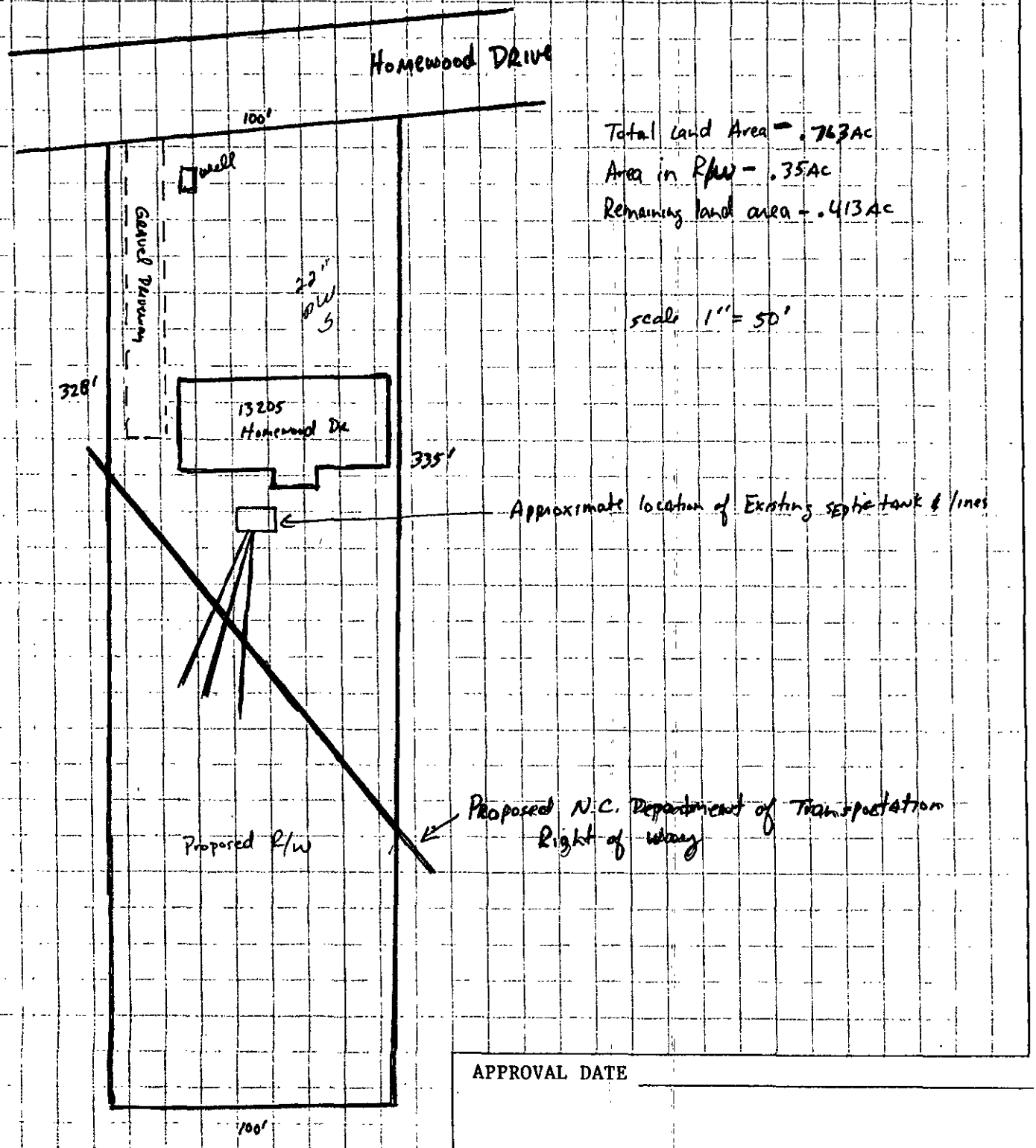
PROPOSED PLOT PLAN

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

FILE: 20368/9207A

TC: 029-153-11

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

2036B/9207A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/9/93 [ ] 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

PERSON FILING APPLICATION: North Carolina Dept of Transportation

NAME: Hawkins (last) Ralph (first) F (mi)

ADDRESS: 5501 Executive Center Drive Suite 360 PHONE: (704) 537-1541

CITY: Charlotte STATE: NC ZIPCODE: 28212

Date: 10-21-93

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 029-153-11

STREET ADDRESS: 13205 Homewood Drive

ZONING: R-3

PROPERTY OWNER:

NAME: Fetherson (last) Henry & Mattie (first) (mi)

ADDRESS: 13205 Homewood Drive PHONE: (704) 547-0363

CITY: Charlotte STATE: NC ZIPCODE: 28262

SUBDIVISION OR MOBILE HOME PARK NAME: Homewood Acres

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
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[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
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[ ] REPAIR TO SYSTEM (R)

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[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

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Underground Storage Tanks On Property (Y/N) ___ Type _____

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[ ] 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

COPY

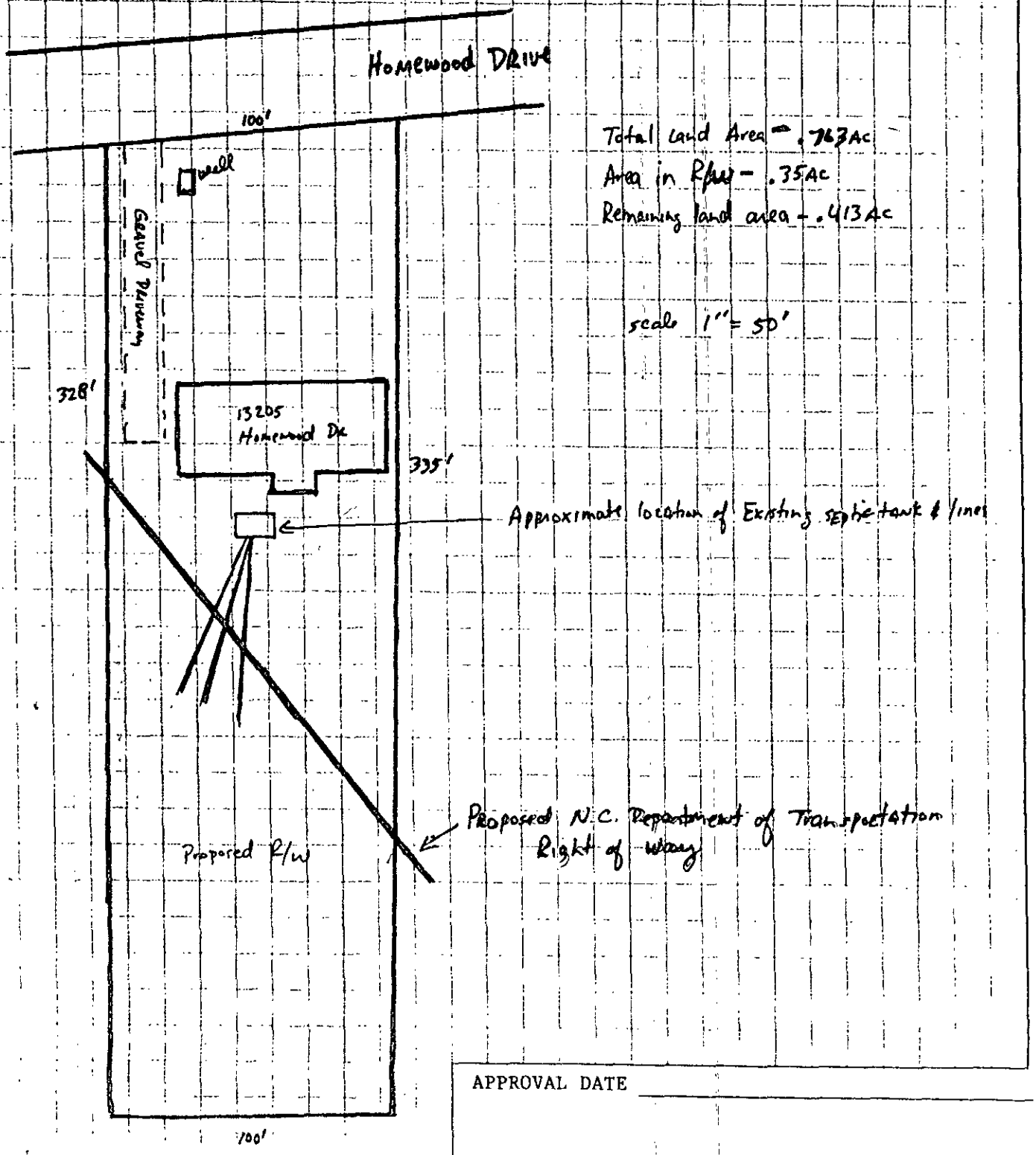
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HEALTH DEPARTMENT
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TC: 029-153-11

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Total land Area = .763Ac
Area in R/W = .35Ac
Remaining land area = .413Ac

scale 1" = 50'

APPROVAL DATE _____