

8405 HILLCREST DR

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 26, 1993

Ms. Dawn T. Herrin
8214 Hillcrest Drive
Charlotte, NC 28214

RE: Property located at Hillcrest Drive
FILE: 2062B/9233A
PARCEL: 113-103-14

Dear Ms. Herrin:

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 20133) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20133

File: 20628/9233A Action 3

Parcel: 113-103-14 ☐ PC

Location: Hillcrest Dr.

Subdivision:

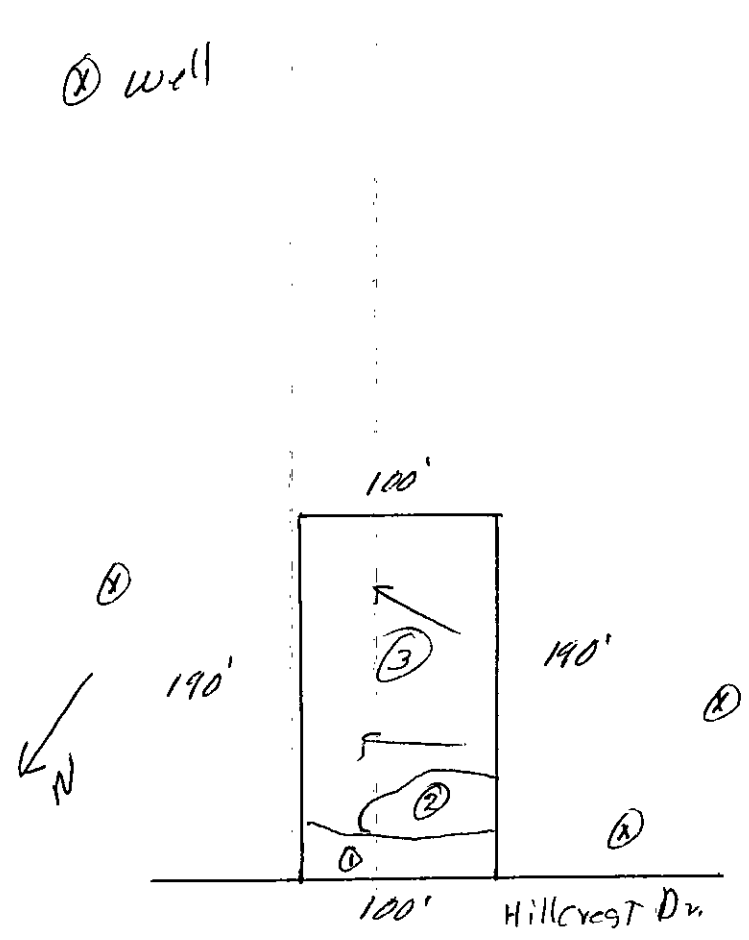
Lot: 20121 Block: Acres: .44

Owner: Dawn T. Herrin
Address: 8214 Hillcrest Dr.
Charlotte, N.C. 28214

Comments: _____

Described by: William A. Marli

Date: 11-24-93



***** 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 10-20%	S PS U —	S (PS) U 10-20%	S PS U	S PS U	S PS U
Texture	S (PS) U Slight 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 weak sub + Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to water	S PS U —	S PS (U) some perched water 12-24"	S PS U	S PS U	S PS U
Depth	S (PS) U 36-39"	S PS U —	S PS (U) 9-24"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S (PS) U 7-36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S (PS) U Limited	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Disturbed Area	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	Disturbed Area (Fill)	Series not Determined			
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 20133

File: 3(6)31/1233A Action 3

Parcel: 113-103-14 ☐ PC

Location: Hillcrest Dr.

Subdivision:

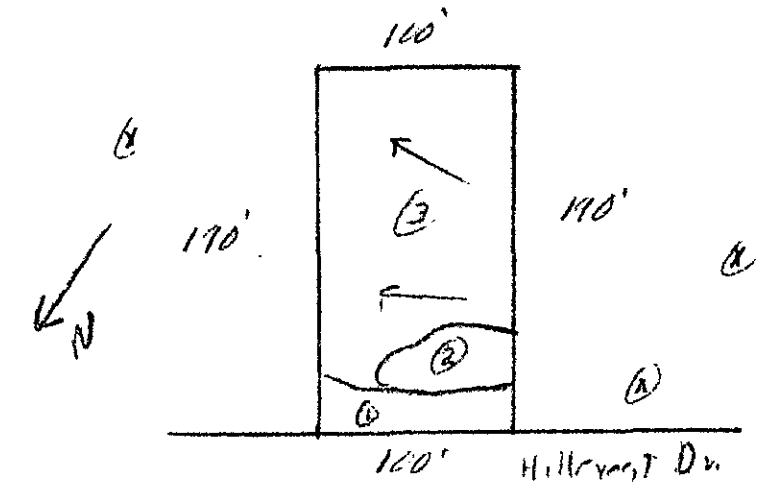
Lot: 3 Block: Acres: .44

Owner: [illegible]
Address: [illegible]

Comments:

Described by: William A. Marsh

Date: 11-24-93



***** 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 Slopes	S PS U —	S (PS) U 10-30%	S PS U	S PS U	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 Weak Sub Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U —	S PS (U) Some perched water 12-34"	S PS U	S PS U	S PS U
Depth	S (PS) U 30-37"	S PS U —	S PS (U) 9-34"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S (PS) U 7-36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS U —	S (PS) U Limited	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Disturbed Area (Fill)	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIe Cecil-Urban	Disturbed Area (Fill)	Series not Determined			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

8441 113-103-15

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2062B/5233A Pd-50 Ck #93 11/18/93 MX [ ] 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

COPY

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-103-14/15
STREET ADDRESS: Hillcrest Dr.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: Herrin (last) Dawn (first) T (mi)
ADDRESS: 8214 Hill Crest Dr PHONE: (704) 394-2777
CITY: Char STATE: NC ZIPCODE: 28214

PROPERTY OWNER:

NAME: Herrin (last) Dawn (first) T (mi)
ADDRESS: 8214 Hill Crest Dr PHONE: (704) 394-2777
CITY: Char STATE: NC ZIPCODE: 28214

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (O)
[ ] 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)
[ ] 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: 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 [ ] Home
[ ] 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: Dawn T Herrin Date: 11-18-93

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

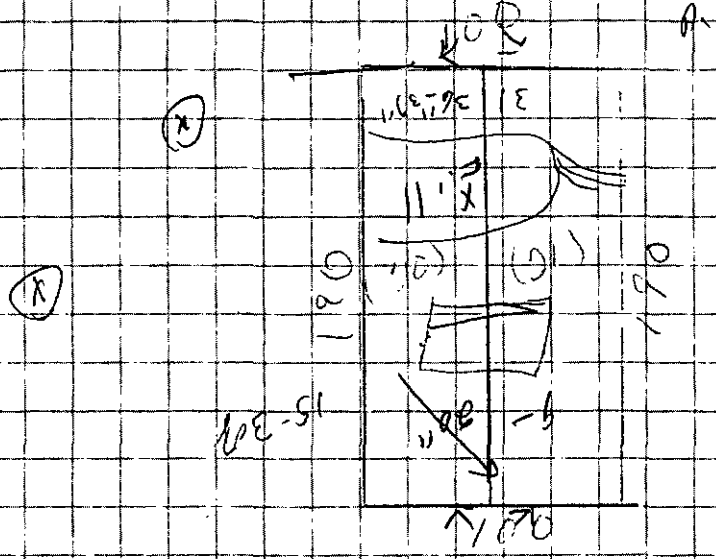
PROPOSED PLOT PLAN

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

FILE: 2062/3/8293A

TC: 113-103-14/16

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&S 50' Ct 293 11/18/93 [X] CRT

2062B/5233A

Mecklenburg County Health Dept.
Environmental Health Division
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700 N. Tryon St.
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ADDRESS: 8214 Hill Crest Dr PHONE: (704) 394-2777
CITY: Char STATE: NC ZIPCODE: 28214

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ADDRESS: 8214 Hill Crest Dr PHONE: (704) 394-2777
CITY: Char STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-103-14/16
STREET ADDRESS: Hillcrest Dr.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
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[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
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[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
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RESIDENTIAL PROPERTY (Type Building, check one):
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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 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):
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[] 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
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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.

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Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

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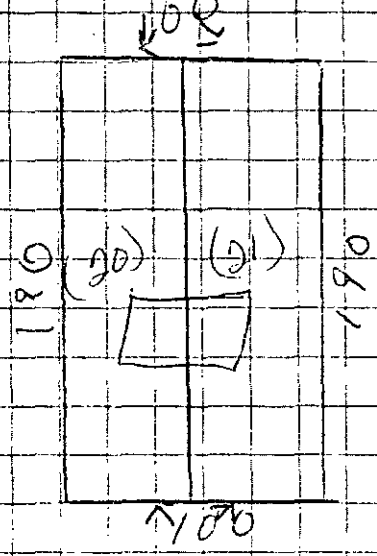
COPY

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

FILE: 20628/8293A

TC: 113-103-14/16

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 _____

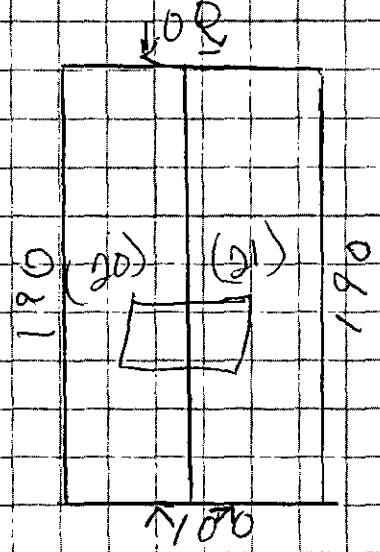
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20628/8233A

TC: 113-103-14/16

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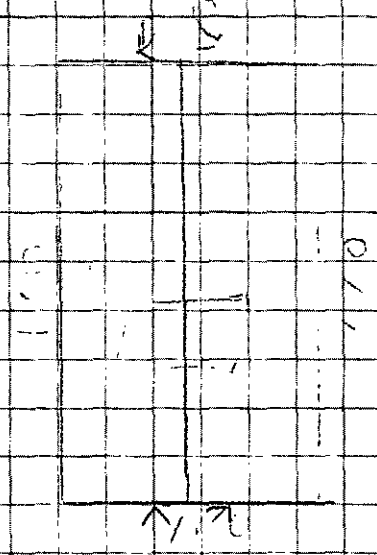
PROPOSED PLOT PLAN

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

FILE: 2063/52334

TC: 113-103-14/16

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.



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