


8501 OLD POTTERS RD

04326103

5/10/2007

duponbj

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

Drew

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

☐ 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 3871A

**PERSON FILING APPLICATION:**

NAME: Grant (last) Stanford (first) L (mi)

ADDRESS: 8501 Old Potters PHONE: 704 598-7584

CITY: Charlotte STATE: NC ZIPCODE: 28269

Date: 6/9/00

**PROPERTY OWNER:**

NAME: Grant (last) Stanford (first) L (mi)

ADDRESS: 8501 Old Potters PHONE: 704 598-7584

CITY: Charlotte STATE: NC ZIPCODE: 28269

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 04326103

STREET ADDRESS: 8501 Old Potters Rd Charlotte NC, 28269

ZONING:

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

LOT NUMBER: LOT SIZE (in acres):

**TYPE APPLICATION (check one):**

[redacted] 1988

☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)

☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Garage

**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: 4 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):**
☐ 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: Stanford L Grant Date: 6/9/00

**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.

... 6-15-00 OK TO 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

Environmentalist 6-15-00 Date

WATER : 122791

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

| | | | |
|---|---|---|---|
| Requestor (please print): STANFORD Grant | Phone #: | Date Requested: 6/9/00 | Date Filled: |
| Account Name: | Cash Charge | Account No.: | |
| I certify that I am authorized to charge this account for this service: | | | |
| Signature: | Printed Name: | Date: | |

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | | Improvement Permit Application - Residential | $ 200.00 | |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | | Installation and Final Approval | $ 150.00 | |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | 1 | MH Exc/Add/Repl without System Modification | $ 100.00 | 100 |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | | Site Consultation Visit | $ 100.00 | |
| 0734 | | Authorization for Wastewater System Construction | $ 150.00 | |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Payment received by: TM | | Date: 6/9/00 | Total | 100 |

5501 OLD POPLAR RD

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

# PROPOSED PLOT PLAN

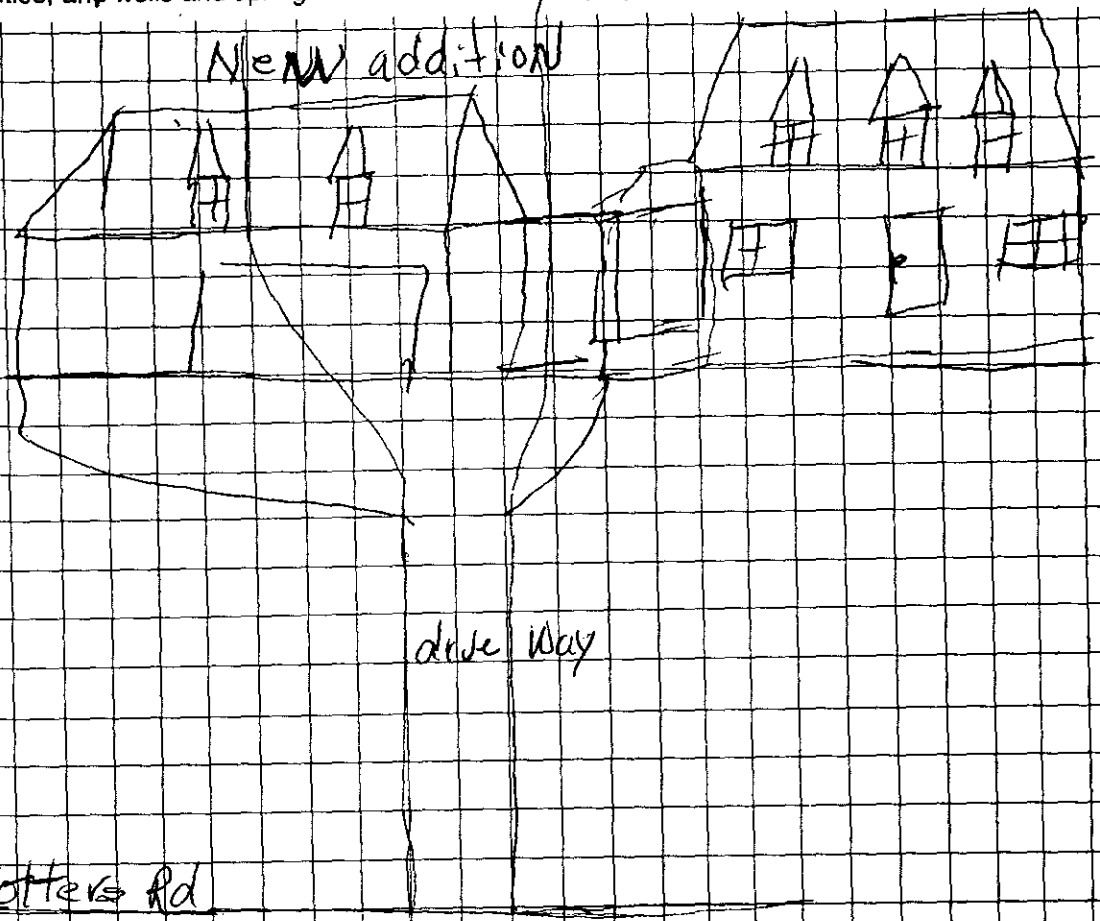
COPY

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

FILE: 387A

TC: 043-261-03

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 _____

OWNER/AGENT SIGNATURE

DATE

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

# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 3894A
TC: 223-191-30
SERIAL: № 21214
☑ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 10200 PROVIDENCE RD W. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: GARY H. EARNHEART (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 5508 PROVIDENCE LANDMARK LANE
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 552-6206 ⑭ (HOME) 362-1224

**REQUEST**

This request is for a(n):

⑮ ☑ New 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 ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 4
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Gary J. Hennec (Agent)
Date: 9/12/90

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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 permit is issued by this Department.
... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

Lift station required

Philo S. Walker, 9/28/90
Environmentalist Date

Director or Authorized Section Head, 10/1/90
Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

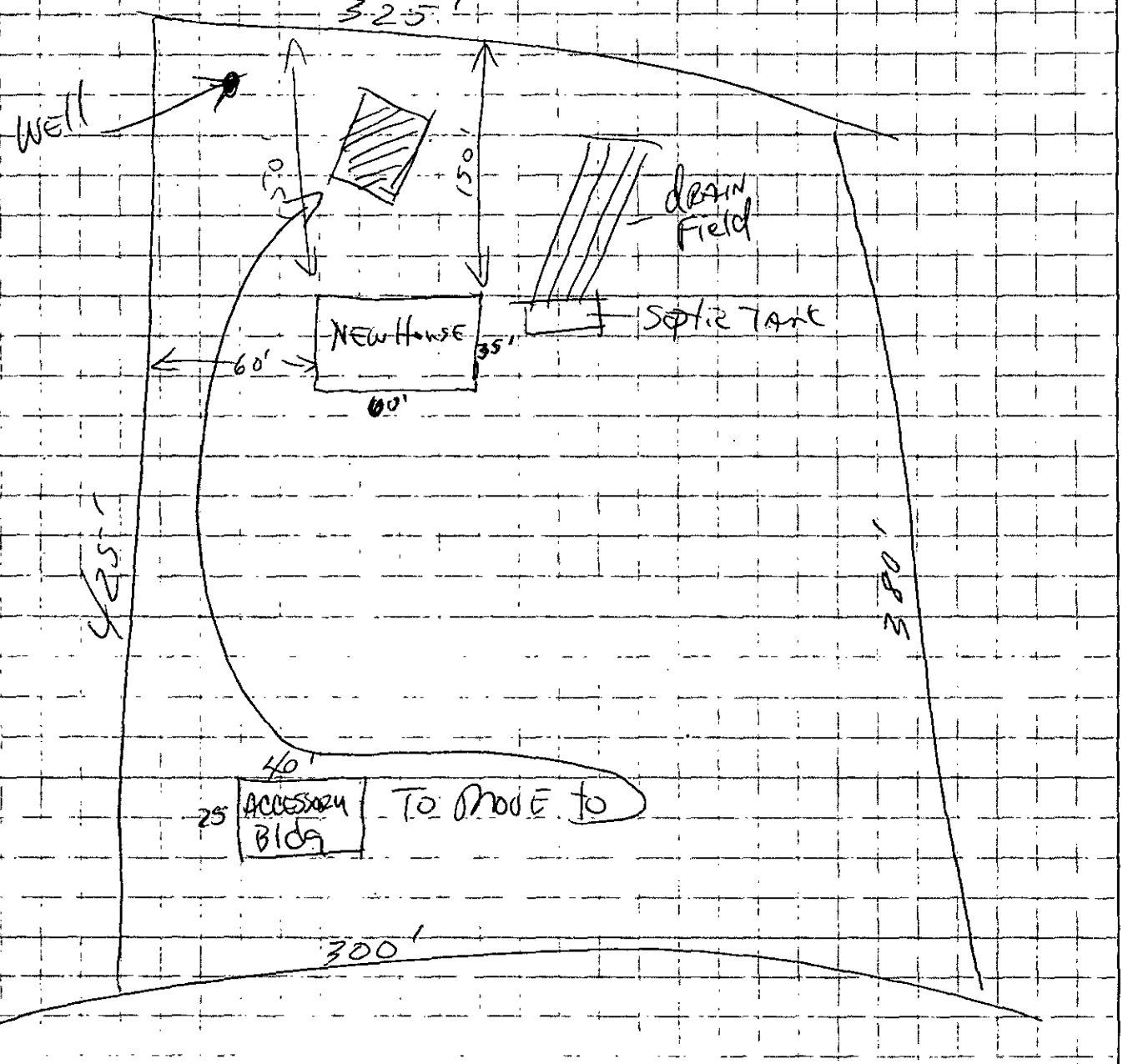
# PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3871A

TC: _____

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.




Signed: M. A. Hillman

Date: _____

# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 3871A
TC: _____
SERIAL: № 17630 ☐ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 8501 Old Pitters Rd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 043-045-01
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: Michael ~~8501 Old Pitters~~ Henry Hillman (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 8501 Old Pitters Rd
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) 597-1203 ⑭ (HOME) 597-1203

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Stor. Bldg

**DESIGN CRITERIA**

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 bedrooms
㉕ Type? _____
㉓ Maximum occupancy? 5
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: M.H. Hillman

Date: _____

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

USE Existing System

Environmentalist — 11-30-89 Date

Director or Authorized Section Head — 11-31-89 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3871 A DATE: 3/17/88

TO 043-045-01 ☐ L ☑ CRT

SERIAL № 10908

Name of Owner Hillman, Michael Henry Juris.:

Address of Property 3501 Old Potters Rd

**Inspection Data:**

Tank Material Pre Cast

Total Length of Drainfield 400

Number of Lines 4 @ 100'

Cover Depth 24" - 36"

Water Supply Source Well

Distance to Water Source 95'

Excavation Inspected 3/17/88

Tank(s) Inspected 3/17/88

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1988 / 500 S.F. Conv. 1200 SF + 12" G. Fabric CTR# 140

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ ~~in~~stalled or constructed ☐ altered or repaired

☑ ~~in ac~~cordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ ~~Cer~~tificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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:

Judy J. Kuei R.S.
Environmentalist

*Mecklenburg County services are available without regard to ethnic origin, sex, or disability.*

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

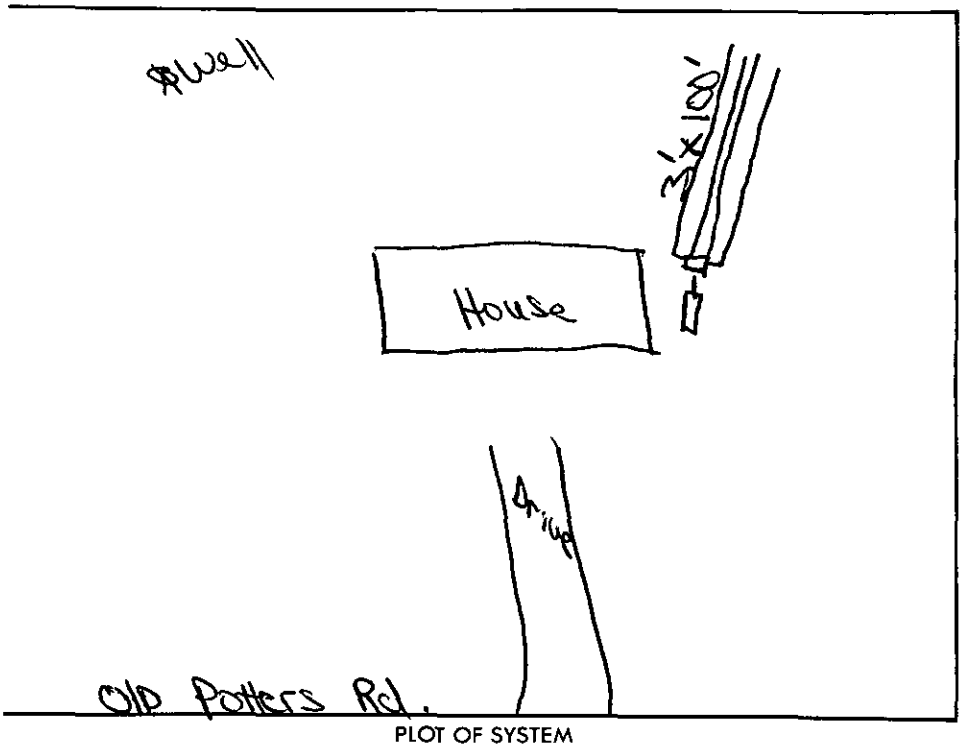
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3871A DATE: 3/11/88

TC: 043-045-01 ☐ L

SERIAL Nº 11671

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 the application dated 9/17/87. All work shall be completed on or before 4/11/88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. 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.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Pre-Cast

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 75 feet

NAME OF OWNER Hillman, Michael Henry

LOCATION OF PROPERTY 8501 Old Potters Rd.

Comments: Install 4 Trenches 3' x 100', 12" Stone, Straw Cover

Division or Section Head

Environmentalist Judy J. Kain R.S.

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/20/89

Name/Company Michael H. Hillman

Sanitation _____

Vector Control ✓ _____

O.P.W.D. _____

Service: Imp - Addition
#38711

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 20 1989

Fee: $ 20 —

Completed by

Collected by

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 17 1987
ENVIRONMENTAL HEALTH
DIVISION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 3871A
TC: _____
SERIAL: Nº 14536
☐ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 8501 Old Potters Rd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 043 045 01
⑤ SUBDIVISION: N/A ⑥ LOT: — ⑦ BLOCK: —

**OWNER**

⑧ NAME: Michael (FIRST) Henry (MIDDLE) Hillman (LAST)
⑨ MAILING ADDRESS: 8419 Old Potters Rd
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) 704 597 1203 ⑭ (HOME) SAME

**REQUEST**

This request is for a(n):

⑮ ☒ New 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 ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 5
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 for the purpose of processing this request.

Signed: Michael H. Hillman
Date: 11 Sept 87

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved 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 permit is issued by this Department.

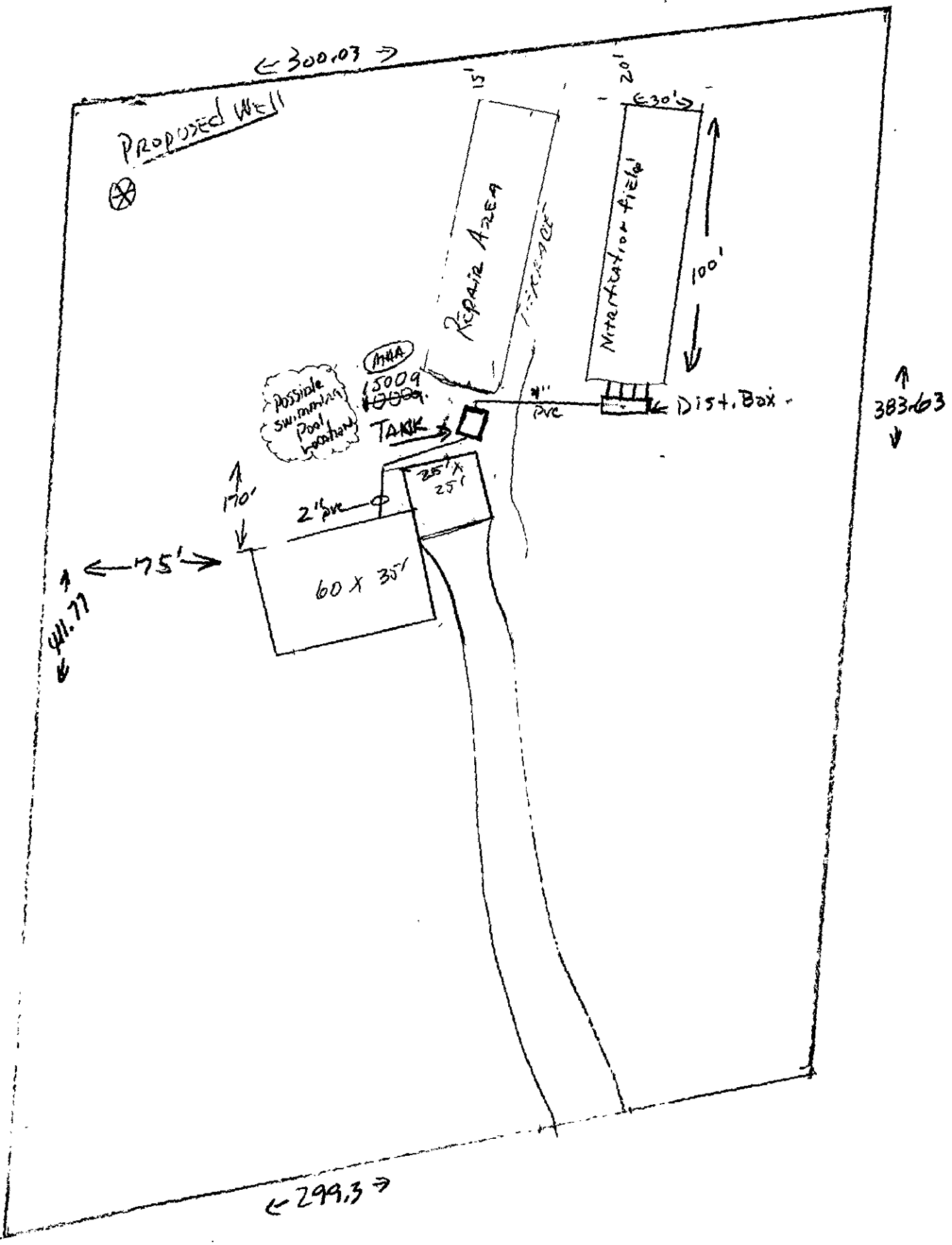
. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 9-18-87

Director or Authorized Section Head — Date 9-21-87

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

#3871A




OWNER: Michael H. Hillman

Date: 17 Sept 87

Address: 8501 Old Potters Rd

System: ~~1000~~ 1500 gal tank, 4 lines 100' x 3' on 9' centers ea. with 12" stone (6" below 4" pipe / 2" over) 12" cover

DATE 9/16/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 043-045-01

ASSIGNED ADDRESS 8501 Old Potters Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

| | APPROVED | NOT APPROVED |
|---|---|---|
| 1. SUBDIVISION REGULATIONS | ☐ | ☐ * |
| 2. FLOODWAY REGULATIONS | ☐ | ☐ * |
| 3. EROSION CONTROL REGULATIONS | ☐ | ☐ * |
| 4. COMMERCIAL DRAINAGE PLAN | ☐ | ☐ * |
| | PRESENT | NOT PRESENT |
| 5. PUBLIC UTILITY EASEMENT | ☐ * | ☐ |
| | YES | NO |
| 6. PROPERTY FRONTS ON THOROUGHFARE | ☐ * | ☐ |
| | YES | NO |
| 7. DRIVEWAY PERMIT REQUIRED | ☐ * | ☐ |

If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: EHD info

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Deja Richardson

OPWEAR 02/86

# MECKLENBURG COUNTY

Department of Environmental Health

September 18th, 1987

Howard Charles Hillman
8100 Old Potters Road
Charlotte, NC 28213

RE: Property located at 8501 Old Potters Road
FILE: 3871A
PARCEL: 04304501 PO

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 14575) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction ~~permitted on~~ the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 14575

File: 3871A
Parcel: 04304501 PO
Action 4
☐ PC

Location: Old Potters Road
Subdivision:

Lot: Block: Acres: .52

Owner:
Address: Howard Charles Hillman
8100 Old Potters Road
Charlotte, NC 28213

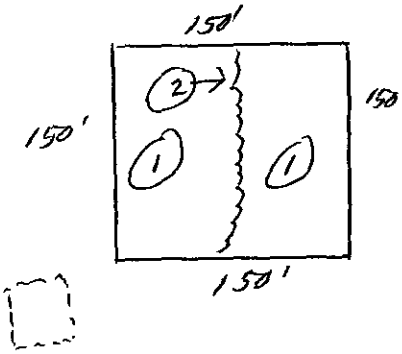
Comments: _____

Described by: William A. Mundis

Date: _____

***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

Dimensions Approximate




| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-10% | S PS (U) Terrace | S PS U | S PS U | S PS U | S PS U |
| Texture | 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 | S (PS) U >36" To Water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >36" | 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 | ~~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 | IIA Cecil-Urban | Terrace | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 3871A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 8419 OLD Potters Rd. CHARLOTTE NC 28213

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: P.O.043 PAGE NO.: 045 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: 1577 PAGE NO.: 382

**OWNER**

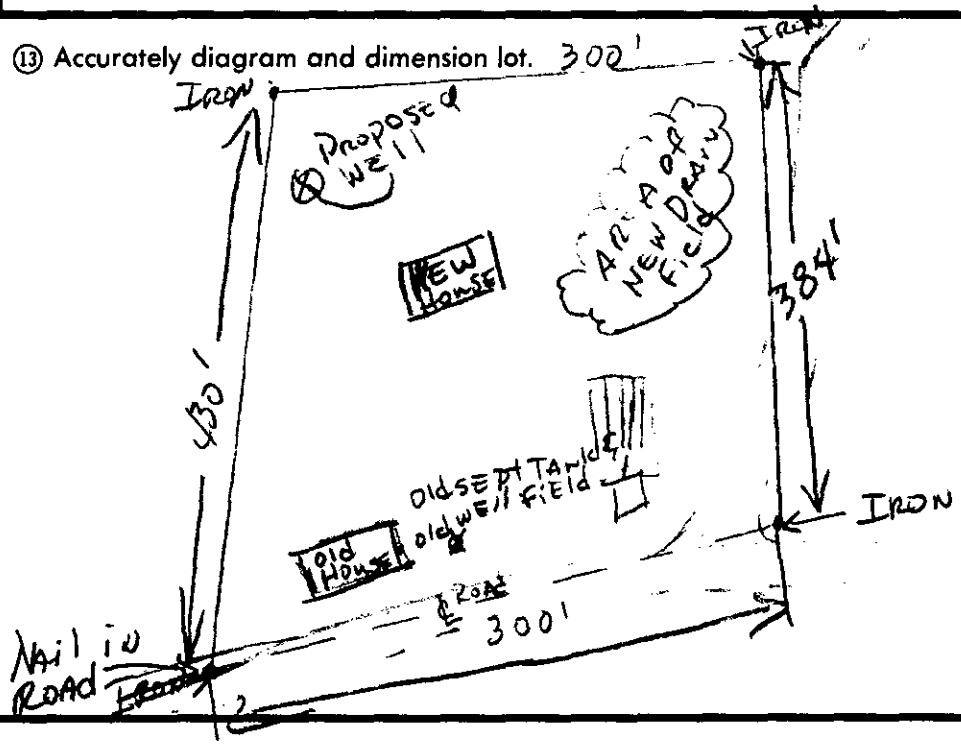
⑦ NAME: HOWARD (FIRST) CHARLES (MIDDLE) HILLMAN (LAST)

⑧ MAILING ADDRESS: 8411 OLD POTTERS RD

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28213

⑫ PHONE: (WORK) 537-4254 (HOME) 596-5587

⑬ Accurately diagram and dimension lot. 302'




CORNERS ARE MARKED. HOUSE SITE (APROX.) IS STAKED. AREA of PROPOSED DRAIN FIELD IS FLAGGED.

⑭ 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 for the purpose of processing this request.

Signed: Howard C Hillman Jr.

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Date: 8-25-87

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