Date Received 8/15/78 Apt. No. (S) _____ Application No. (W) 14439

T. C. No. 199087.03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Butterfly Suren (LAST FIRST MIDDLE)

ADDRESS OF OWNER 4000 Park Rd Suite 103 ZIP 28209

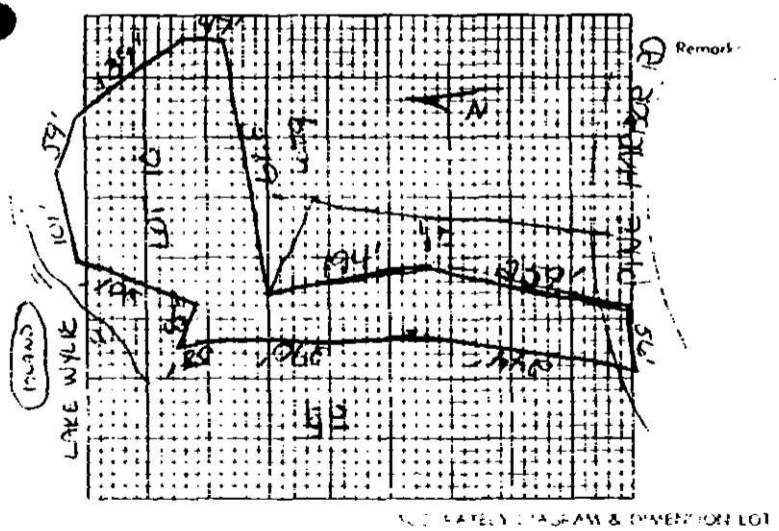
PHONE NO. Home _____ Office 525-5033

LOCATION OF PROPERTY Pine Harbor Rd Lot 10 (STREET OR COUNTY ROAD)

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply

DATE OF APPLICATION _____ OWNER _____



NOT SATISFACTORY DIAGRAM & DIMENSION LOT

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST _____

EHS 5 76

Filed with and in the Department's Copy

Date Received 8/15/78

APT No. 14439

T. C. No. 99087-03

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Butterfly (LAST) Seven (FIRST) _____ (MIDDLE)

2) ADDRESS OF OWNER 4000 Park Rd. Suite 105 ZIP 28209

3) PHONE NO Home _____ Office 525-5033

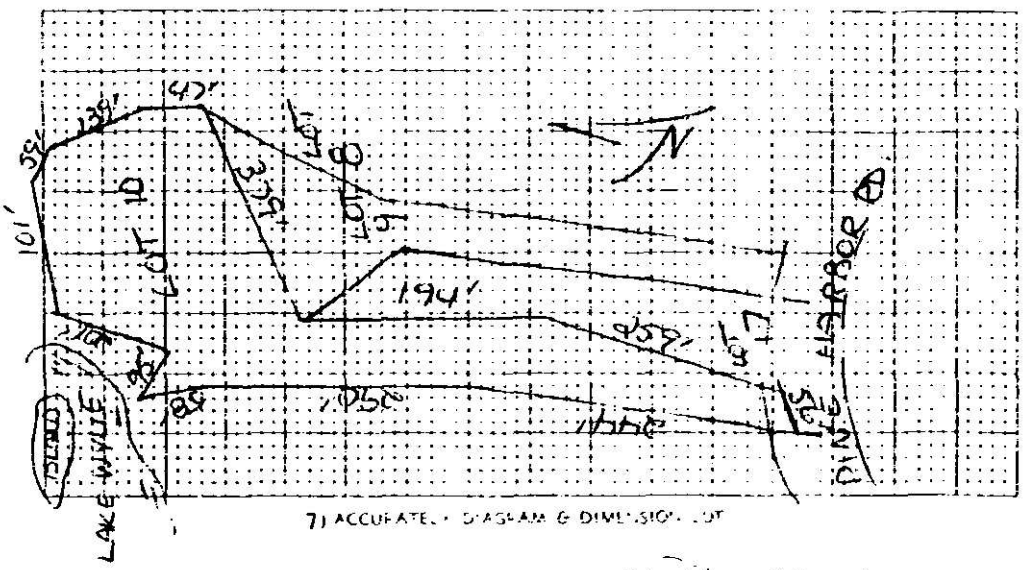
4) LOCATION OF PROPERTY Pine Harbor Rd. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO 10 BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinafter described for the purpose of determining if the lot is suitable for the installation of an individual septic tank and drainfield system with subsurface soil absorption, effluent irrigation



7) ACCURATE DIAGRAM & DIMENSION OF LOT

OWNER

FHD 5 78

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

APT 14439
PO 14-087-03
LOT #6

(Ground Absorption Sewage Disposal)

OWNER: Butterfly Seven
ADDRESS: 4000 Park Road Suite 105
COUNTY: Charlotte, N.C. 28209
LOCATION OF SITE: Pair Harbor Rd.

DATE REQUESTED:
PLAT NO.:
LOT SIZE: 43,560

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) 8-15% / PS / U	S / PS / (U) >30%	S / PS / U	S / PS / U +
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S / PS 2-1 / (U) Clay	S / PS 2-1 clay / (U)	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S / PS Massive / (U)	S Massive / PS / (U)	S / PS / U	S / PS / U
4. SOIL DEPTH (In.)	S 40" / PS / (U)	S < 30" / PS / (U)	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (In. (Impervious Strata, Rock)	(S) None / PS / U	S Potential / PS Lateral / (U) water Movement	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	(S) Well / PS Drained / U water	S Potential / PS Lateral / (U) water Movement	S / PS / U	S / PS / U
7. SOIL PERMEABILITY (Percolation Rate)	S Slow / PS / (U)	S / PS Slow / (U)	S / PS / U	S / PS / U
8. OTHER (Specify)	S / PS / U	S / PS / U	S / PS / U	S / PS / U
9. SITE CLASSIFICATION	unsuitable	unsuitable		
SOIL SERIES	Mor Marlboro - W. Hks	W. Hks		

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: William A. Marlin

Title: Soil Scientist Date: 7-7-78

DHS Form 2601 (2/77)
Sanitation

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

SIR.NO. 14439
T. C.NO. P.0.199-87-03
MAP DATE
DATE 9-11-78

NAME OF OWNER Butterfly Seven

ADDRESS OF OWNER 4000 Park Road, Suite 105, Charlotte, NC 28209

LOCATION OF LOT Pine Harbor Road, Lot 10

At your request and pursuant to Section. 1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Health Services, Subchapter 10A, a site evaluation has been made for an on premises ground absorption sewage disposal system on the property designated above and the following conditions were found:

Soil Structure Massive.
Soil Permeability Unsuitable.

Section 10 of the North Carolina Administrative Code 10A, .1910 of these regulations states "Sites originally classified as unsuitable may be used for soil absorption disposal systems, provided engineering, hydrogeologic, and soils studies indicate to the local agency that a suitable alternate system can reasonably be expected to function satisfactorily.

Section 10, North Carolina Administrative Code 10A, .1916 states that "The design, construction, and maintenance of ground absorption sewage systems, whether septic tank systems or alternate systems shall be the responsibility of the owner, developer. installer, and user of the system as applicable in the circumstances."

We would also advise you that according to Regulation 10, North Carolina Administrative Code 10A, . 1916(b), "Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect compliance with the provisions of this section shall in no way be taken as a guarantee that sewage disposal systems approved and permitted will function in a satisfactory manner for any given period of time or that such employees assume any liability for damages, consequential or direct, which are caused or which may be caused, by a malfunction of such system.

These regulations became effective July 1, 1977. Since that time the second sentence of Section .1910(c) has been found to be nugatory. For this reason, if you desire to file for permission to install an "alternate" system you should present this office with your proposals in the form of plans and specifications. These would be reviewed and if it is found that the system may reasonably be expected to function satisfactorily approval may be given on the execution by you of a "Septic Tank Agreement Form" available in this office.

John R. Adkisson

John R. Adkisson, Environmentalist
On Premises Waste Disposal Section

EHD #584

R

SEE INSTRUCTIONS ON BACK

Date Received 8/15/78

ICAR(S) Application No. 14439

T C No. 99.087.03

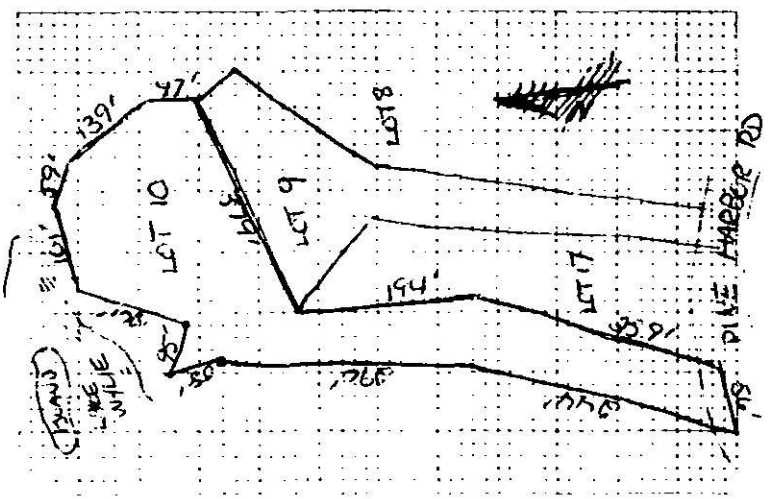
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1. ✓ Install or Construct 2. Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3. PLOT PLAN (AS CLEARLY DIMENSIONED)

Mobile Home	Yes ___	No ___
Residence	✓ Yes ___	No ___
4. No. of Bedrooms	4	
5. Plumbing Fixtures: Water Closets		
Lavatories		
6. Washing Machine	✓ Yes ___	No
7. Garbage Disposal	✓ Yes ___	No
8. Dishwasher	___ Yes ___	No
9. Water Supply:		
A. Public Water	✓	
B. Approved Individual System		
C. Approved Spring System:		
1. Well Source		
2. Spring Source		
D. Sewage System:		
1. Public Sewer Available within 300 feet		
2. Public Sewer Available	Yes ___	No ✓
3. Public Sewer Available within 1000 feet of Property		
Connected to Sewer	Yes ___	No ✓
10. EHA Case No.		
11. LA Case No.		

12. NAME OF OWNER: Butterfly Steven (LAST, FIRST, MIDDLE)

13. ADDRESS OF OWNER: 4600 Park Rd Suite 165

14. PHONE NO. Home ___ Office 525-5033

15. LOCATION OF SYSTEM: Pure Harbor Rd (STREET OR COUNTY ROAD)

16. SUBDIVISION ___ Lot No. 10 Block No. ___

Map Book No. ___ Page No. ___

17. DEED REFERENCE: DEED BOOK ___ AT PAGE ___

18. PROPERTY SURVEY ATTACHED? ___ ✓ (Y/N) DATE REN ___

19. OTHER WATER SUPPLIES ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents thereof are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION ___ OWNER ___

AGENT ___

Environmental Health Department's Copy