

20338 CHRISTOFLE DR

00160135

6/14/2007

duponbj

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

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☐	☒	☐	6.f. Concrete drive added
g. Distribution devices in good condition, working properly?	☒	☐	☐	over ends of several drain lines.
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☒	☐	6.A.a. Could not locate all valves &
b. No effluent standing in lower laterals?	☒	☐	☐	turnups.
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	6.A.c.d. Services to be performed by a
d. Pressure head is properly adjusted?	☐	☐	☒	Certified Operator.

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at time of inspection.

No effluent observed on ground surface at time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

NONE

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

1. Recommend obtaining a contract with a Certified Operator to perform routine system maintenance.
2. Keep vegetation trimmed away from control panel and tank risers.

DATE: 4/15/2005

SIGNED: _____ AGENT

Division of Environmental Health

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Daly Residence **Name of Establishment**	6391A **Permit/Project No.**
20338 Christolfe Dr., Cornelius 28031 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
James Daly **Owner/Agent**	Same as location address **Address**	(704) 895-6870 **Phone**
No CO required **Operator**	**Address**	**Phone**
IV **System Type**	4/24/2008 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured <2" of solids in pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.b. Alarm mounted indoors.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date: 03/02/05
Receipt #: 32931
Check / Auth #: CHECK 2262
Received By: CRAIGGY

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DALY, JR. JAMES M
Attn:
Address: 20338 CHRISTOFLE DR
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 6391A/704-895-6870		1	85.00	85.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
75.00					

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

James Melvin & Jane Meares Daly, Jr.
20338 Christofle Drive
Cornelius, NC 28031

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	# Bedroom	System Type
James & Jane Daly, Jr.	20338 Christofle Drive	001-601-35	6391A	4	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

Bedrooms _____

RECEIVED
$85.00
CHK
1112
4/22/99

4-26-99
Inspected PPBPS

BILL INFORMATION

Billing Date	Payment Due Date
4/19/99	5/19/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

April 19, 1999

James Melvin and Jane Meares Daly, Jr.
20338 Christofle Drive
Cornelius, NC 28031

Dear Mr. and Mrs. Daly:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

Date: April 08, 1990

From: T J Systems
Rt 2 Box 207
Stony Point, N.C. 28678

To: RCS Setic Tank Service

Monroe, N.C.
Attn. Cathy Hudson

Subject: Lot 10
File # :68391 A
Parcel : 00111157 PO

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a four bedroom house at an application rate of .3 gpd. 480/.3 = 1600/3 = 533 LF of conventional drainfield multiplied by .5 = 267 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per min Line Flow
A	15	one	5/32	2ft	65 '	.41	6.15
B	16	one	5/32	2ft	70 '	.41	6.56
C	16	one	3/16	2ft	70 '	.59	9.44
D	15	one	3/16	2ft	65 '	.59	8.85
E	repair				67 '		
F	repair				64 '		
G	repair				64 '		
H	repair				64 '		
I	repair				64 '		
Totals	62				270'		31.00

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 4.92
Total lift = 34.10 (102.6 + 2 - 70.50 = 34.10) elev.
TDH = 39.02
20% margin = 49 ft (39.02 / .8 = 48.78 = 49 ft)

Pump Size: 39 gallon per minute at 49 feet of head.

Pump cycle should be 6.1 min or 189 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment.

Friction loss:

supply line = 200 lf = 2.00 * 2.05 = 4.10
fittings = 4.10 * .2 = .82
total 4.92

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg — 6391A
Health Department — Name of Establishment — Permit/Project No.

20338 Christoffe Dr. — residence — 480
Location — Type of Establishment — Design Flow

James Daly, Jr. 20338 Christoffe Dr, Cornelius 28031
Owner/Agent — Address — Phone

N/A
Operator — Address — Phone

Remarks III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	Recommended pumping septic tank Located septic tanks
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	Ends of 3 of 4 drainlines cover by a concrete drive turn aroun
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	Recommended digging between
Protected from traffic, destructive uses?	☐	☑	panels - installing tee with
Distribution devices in good condition, working properly?	☑	☐	standpipe - flush & regulate
Repair area properly reserved, maintained?	☑	☐	(with contractor)
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☑	
No effluent standing in lower laterals?	☑	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☑	
Pressure head is properly adjusted?	☐	☑	

OVERALL CONDITION AND OPERATION OF SYSTEM: System looks good but has not been flushed and regulated - owner seems willing to get system up to speed - I let him know I wanted to be resolved

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 4-26-99 SIGNED: Larry B. Thompson, R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 63914 DATE: 5/30/91

TC: 001-111-57 ☒ L ☒ CRT

SERIAL № 13805

Name of Owner Futrelle / Dunne Inc Juris.:

Address of Property 20338 Christofle Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270

Number of Lines 4 @ 70

Cover Depth 10"

Water Supply Source CMUD

Distance to Water Source –

Excavation Inspected 5/30/91

Tank(s) Inspected 5/30/91

Wash Line Inspected NA

High Water Alarm Inspected 5/30/91

PLOT

Design: 1991, 1500ST, 1000DT, PI, MOD, T+J panel cell 270' CTR# 84

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

☒ installed or constructed ☐ altered or repaired

☒ in accordance 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

☐ Certificate 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: System designed for 4 bedroom house

Phillo S. Walker R.S.
Environmentalist

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

Panel Block

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

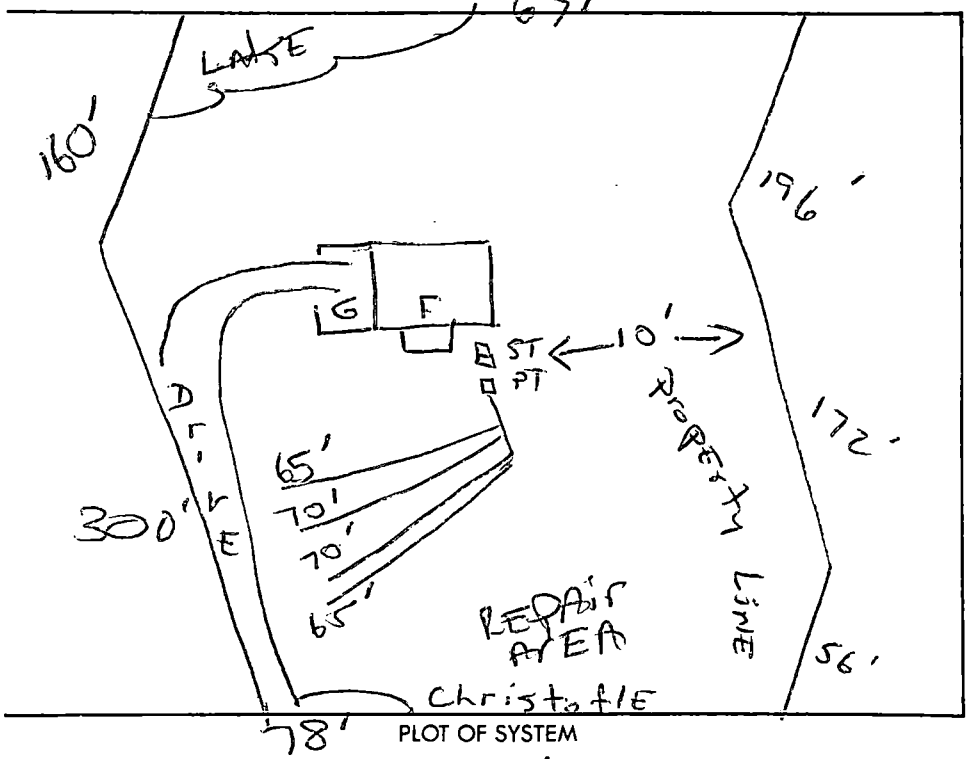
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6391-A DATE: 5/13/91

TC: DD1-111-57 ☑ L

SERIAL № 14786

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 4/24/90. All work shall be completed on or before 6/13/91, 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 Health Department 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 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 270' feet

Number of Lines 4 or 5

Depth of ~~Stone~~ SAND 24" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well C/well 10' feet
> 50'

NAME OF OWNER Futrelle / Dunne, Inc.

LOCATION OF PROPERTY 20338 Christofle Dr. (Lot 10)

Comments: * Install panel Block sys. according to approved plans. Tanks to be relocated. to front. Remove trees as necessary. Recheck prop. lines.

GENE VAUGHAN
Division or Section Head

Tim Whittaker, RS.
Environmentalist

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

MECKLENBURG COUNTY
LOT 10 CHRISTOFLE
FILE # 8391 A
DATE 4-8-90

EST. BOTTEM TANK ELEV. 90.5

SEPTIC 1500 GAL TANK
Pump 1500 GAL TANK

——— ORIGINAL SYSTEM
_ _ _ _ REPAIR LINE
——— - - ——— 2" PVC SCH 40 SUPPLY LINE
o FLAG MARKERS
(V) VALVE
(TU) TURN UP

50'
60'

DRIVE

(TU) A ORANGE ELEV 99.64
(TU) B YELLOW ELEV 100.0
(TU) C WHITE ELEV 100.5
(TU) D ORANGE ELEV 101.0
E YELLOW ELEV 101.4
F WHITE ELEV 101.56
G ORANGE ELEV 102
H YELLOW ELEV 102.3
I WHITE ELEV 102.6

FLAGS SHALL REMAIN IN PLACE UNTIL SYSTEM GOES IN

18' MIN

TOP OF POWER BOX

.BURG COUNTY HEALTH DEPARTMENT
.VALUATION REPORT

.IAL NUMBER 17488

File: [illegible] Action [illegible]

Parcel: 00111157P0 PC

ocation: 20336 Christofle Driv
Carnelius, N. C.
Catawba Bay

ubdivision:

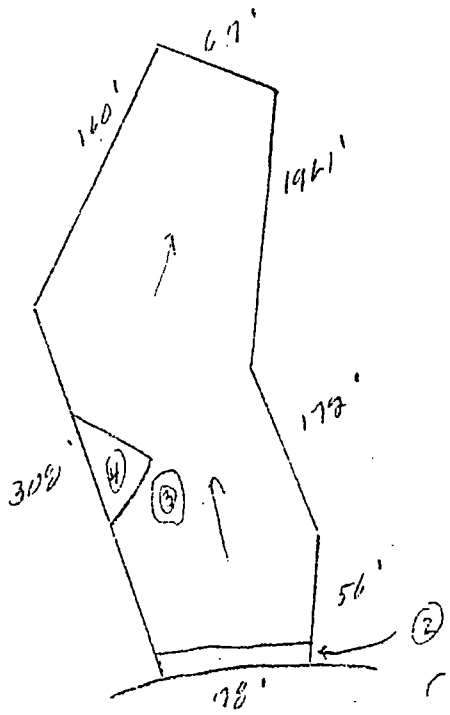
ot: 10 Block: Acres: .93

wner: Futrelle/Dunne, Inc.
ddress: 1515 Elizabeth Ave.
Charlotte, NC 28204

omments: Lot To Remain Undeveloped

scribed by: William R. Medlin

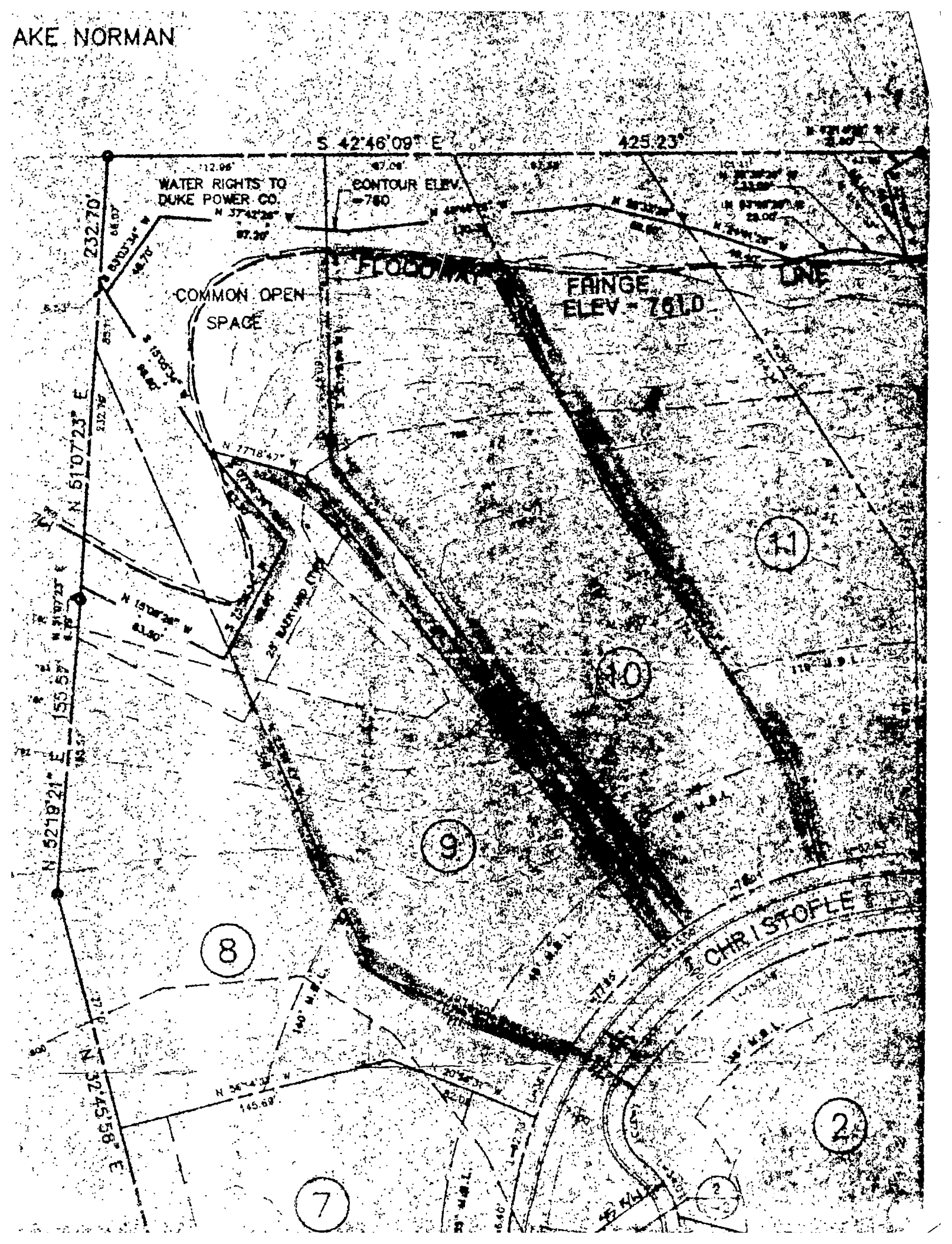
te: 1-5-90

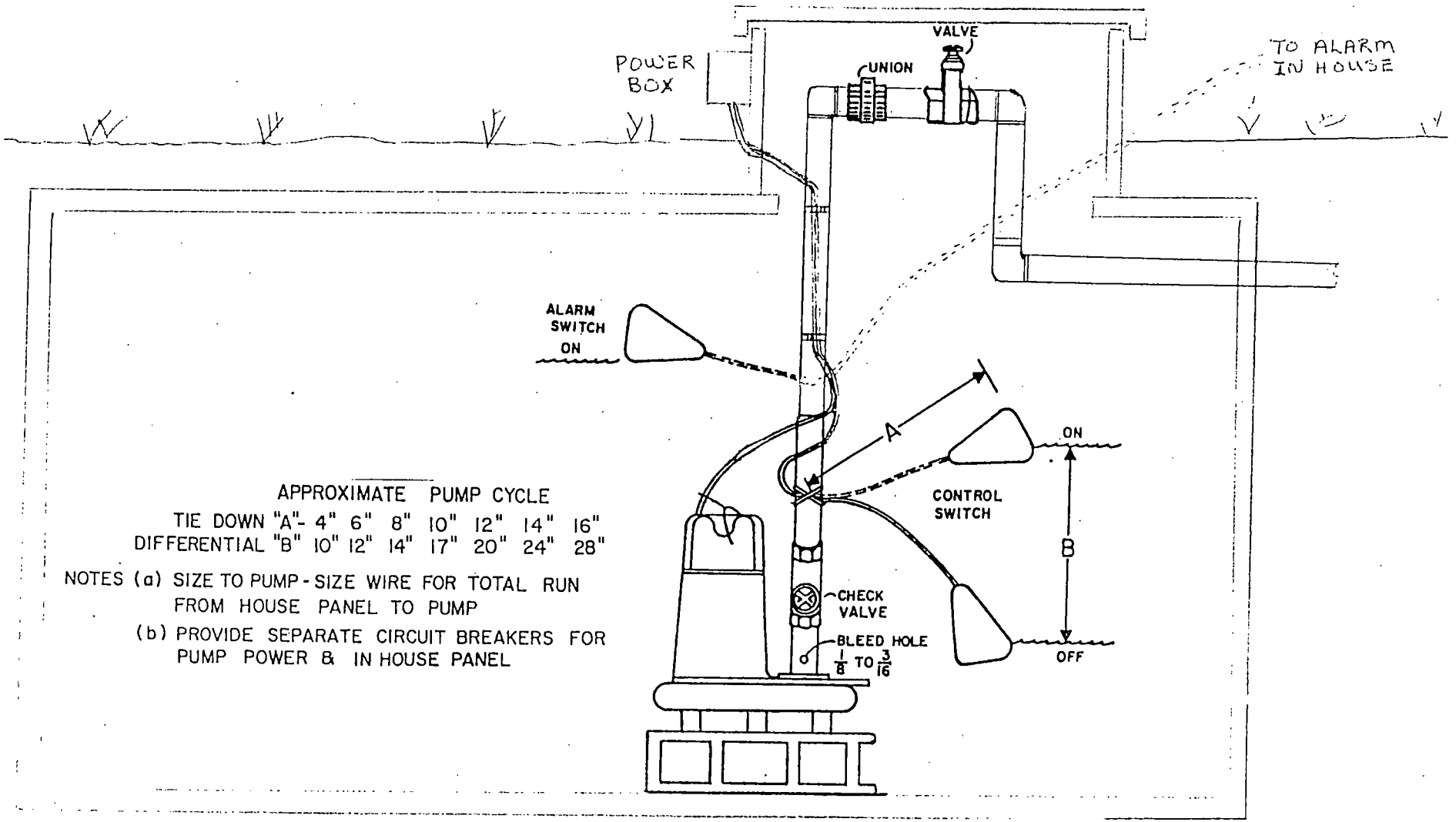


*** EVALUATION KEY ***

= Suitable U = Unsuitable
S = Provisionally Suitable
ie "Area Classification" below indicates the suitability of eas in the diagram.

ACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
pography	(S) PS U 6-15%	S PS (U) 72' Cut	S PS (U) complex slopes	S PS U —	S PS U	S PS U
xture	S (PS) U Slightly Expansive Clay	S PS U —	S PS U —	S PS U —	S PS U	S PS U
ructure	S (PS) U Blocky	S PS U —	S PS U —	S PS (U) compacted	S PS U	S PS U
ainage	S (PS) U 736" TO water	S PS U —	S PS U —	S PS U —	S PS U	S PS U
pth.	S (PS) U 36" +	S PS U —	S PS U —	S PS U —	S PS U	S PS U
strictive Horizons	S (PS) U 736"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
ailable Space	S (PS) U limited	S PS U	S PS U —	S PS U —	S PS U	S PS U
her (specify)	S PS U	S PS U	S PS U	S PS (U) Fill	S PS U	S PS U
il Group/Series	IV Cecil L.Ms	72' Cut	complex slopes	Fill		
ea Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U


AKE NORMAN
S 42°46'09" E
425.23'
WATER RIGHTS TO
DUKE POWER CO.
CONTOUR ELEV.
=760
232.70'
FLOODWAY
FRINGE
ELEV. = 761.0
LINE
COMMON OPEN
SPACE
N 61°07'23" E
N 52°18'21" E
155.59'
S 42°45'58" E
11
10
9
8
7
2
CHRISTOFLE

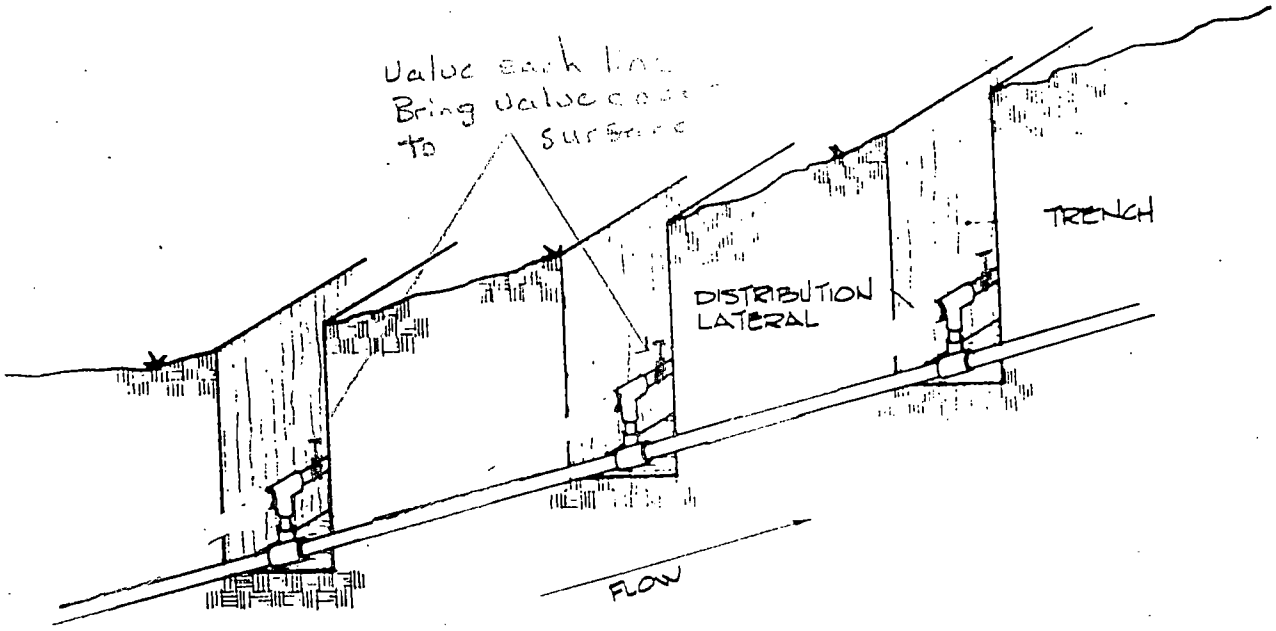


APPROXIMATE PUMP CYCLE

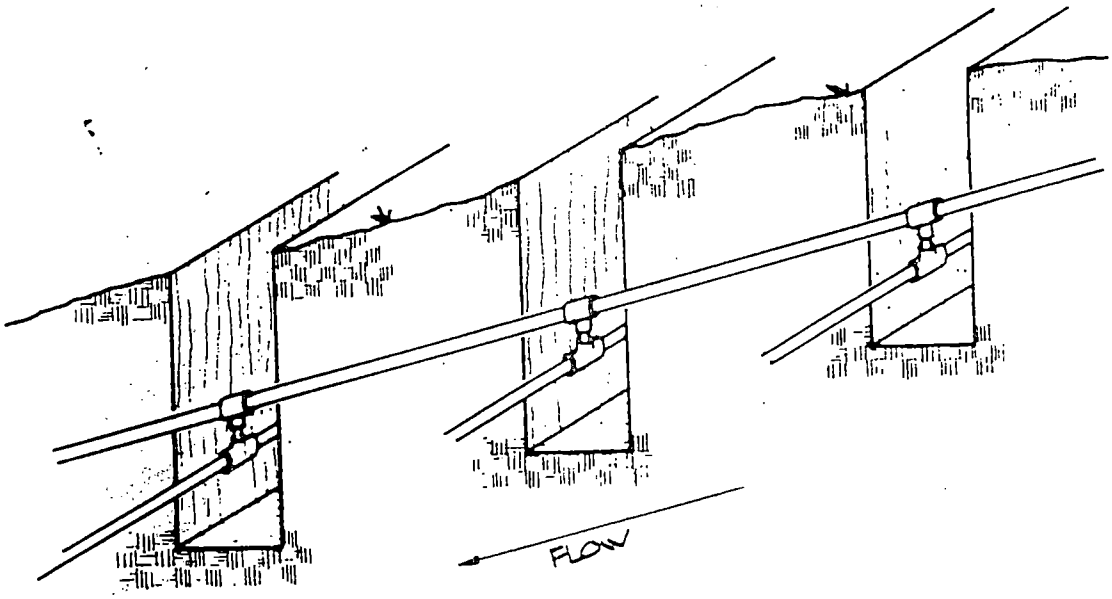
TIE DOWN "A"	4"	6"	8"	10"	12"	14"	16"
DIFFERENTIAL "B"	10"	12"	14"	17"	20"	24"	28"

NOTES (a) SIZE TO PUMP - SIZE WIRE FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

(b) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN HOUSE PANEL



A. PUMPING UPHILL



B. PUMPING DOWNHILL

Figure 10. Manifold placement on slopes

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-24-90

Name/Company: Futrell - Dunn, Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: OT - New

20338 Christofle Dr Folio # 6391A

20346 " " " 6392A

Fee: $ 400.00

cost 200?

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernathy
Completed by

Collected by

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: 6391A See 6392A
TC:
SERIAL: № 20740 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 20338 Christofle Drive (STREET NO. / STREET) ② FILE: 6391 A
③ JURISDICTION: Cornelius ④ TAX PARCEL NO.: 001-111-57
⑤ SUBDIVISION: Catarina Bay ⑥ LOT: 10 ⑦ BLOCK:

OWNER

⑧ NAME: Futrelle/Dunne, Inc. (Mr. Gary Dunne) (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1515 Elizabeth Avenue
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28204
⑬ PHONE: (WORK) 338-1515 ⑭ (HOME) 892-1192

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? 4 ㉕ Type?
㉓ Maximum occupancy? Speculative Property 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: Thomas S. Francis
Date: 4-24-90

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 months from the date of issuance.

Suitable Area Found for Mod. Cul. System

Environmentalist — Date

Director or Authorized Section Head — Date: June 4, 199

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

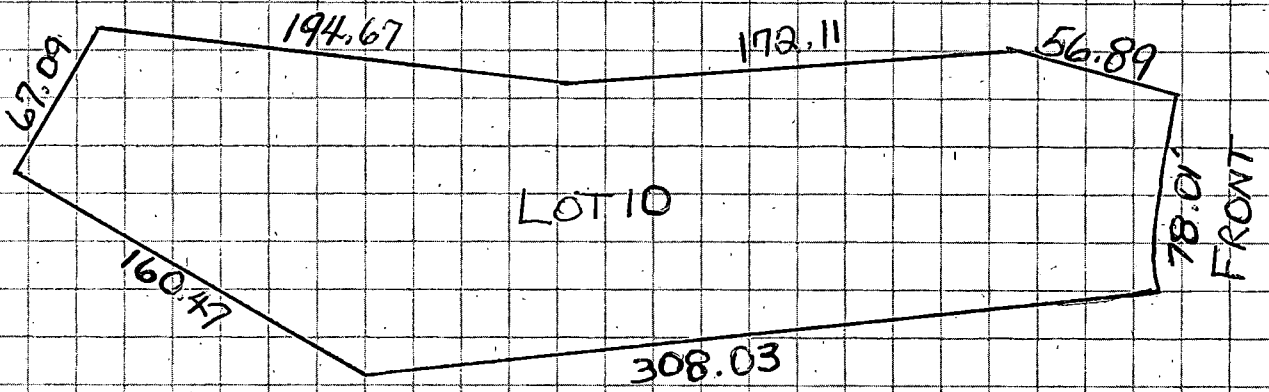
PROPOSED PLOT PLAN

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

FILE: 6391A

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

REAL ESTATE BOOK PAGE

PRESENTED FOR REGISTRATION

90 JUN -4 PM 12:21

REAL ESTATE BOOK PAGE

6286 0724

000186

FILE NO. 639A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG CO., N.C.

The undersigned, Futrelle/Dunne, Inc

owner of property located at 20338 Christofle Dr.

("the site") and described in an instrument recorded in Book 5992 at Page 0432, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 30th day of May, 1990.

Drawn by:
FUTRELLE/DUNNE, INC.

PRESENTED FOR REGISTRATION
JUN 4 1990
AT 12:34 P.M.
ANNE A. POWERS
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

(SEAL)

Attested By: (SEAL)
Assistant Secretary

8.00
8.00
8.00

CASH
21:23 #4807 000
06/04/90

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ GASTON

I, Terri J. Davis, a Notary Public for said County and State, do hereby certify that M. T. Futrelle, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 30th day of May, 1990.

Terri J. Davis
Notary Public

My Commission Expires: 7-30-94

Mail To: Environmental Health

On Back →

REAL ESTATE
BOOK PAGE
6286 0725

North Carolina

Gaston County

I, Terri J. Davis, Notary Public for said County and State, certify that Gary Dunne personally came before me this day and acknowledged that he is Assistant Secretary of Entrelec/Dunne, Inc., a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal, and attested by himself as its Asst. Secretary

Witness my hand and official seal, this the 1st day of June, 1990.

Terri J. Davis
Notary Public

My commission expires 7-30, 1994.

1.00
8.00

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 29 1990
ENVIRONMENTAL PROTECTION

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of
Terri J. Davis
Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS
By Amy K. Privett Deputy - Register of Deeds

PRESENTED FOR REGISTRATION

90 JUN -4 PM 12:34

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

FILE NO. 6391A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Futrelle/Dunne, Inc.

owner of property located at 20338 Christofle Dr.

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The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

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Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 30th day of May, 19~~88~~ 1990.

FUTRELLE/DUNNE, INC.

M. F. Futrelle, Jr. (SEAL)

(SEAL)

Attested By: Assistant Secretary

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ GASTON

I, Terri J. Davis, a Notary Public for said County and State, do hereby certify that M. F. Futrelle, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 30th day of May, 1990.

Terri J. Davis
Notary Public

My Commission Expires 7-30-94

On Back →

Mail To: Environmental Health

North Carolina
Gaston County

I, Terri J. Davis, Notary Public for said County and State, certify that Gary Dunne personally came before me this day and acknowledged that he is Asst. Secretary of Futrelle/Dunne, Inc, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal, and attested by himself as its Assistant Secretary.

Witness my hand and official seal, this the 1st day of June, 1990.

Terri J. Davis
Notary Public

My commission expires 7-30, 1994.

Mecklenburg County
Health Department

May 24, 1990

Futrelle Dunne, Inc.
1515 Elizabeth Avenue
Charlotte, NC 28204

RE: Property located at 20388 Christofle Drive
FILE: 6391A
PARCEL: 001-111-57

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 4/24/90

FROM: COUNTY ENGINEERING DEPARTMENT

Attn: Jackie
6391 A

SUBJECT: CONSTRUCTION FOR Conn

PARCEL NUMBER # 001-111-57

PERMIT ADDRESS 20338 Christy Ln Dr

MAILING ADDRESS

PROJECT NAME Cottonwood Park

SEE ABOVE DETERMINED LOCATION FOR SITE CONDITIONS:

	APPROVED	DISAPPROVED
A. SUBDIVISION REGULATIONS	/ /	/ /*
B. FREEWAY REGULATIONS	/ /	/ /*
C. EROSION CONTROL REGULATIONS	/ /	/ /*
D. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
E. PUBLIC UTILITY EASEMENT	/ /*	/ /
F. PUBLIC/PRIVATE STREETS OR THOROUGHFARES	/ /*	/ /
G. FREEWAY PERMIT REQUIRED	/ /*	/ /

*The above [illegible] will be required to determine [illegible] for [illegible].

REMARKS:

NOTES: FIRE AT BUILDING

A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL THE RECONSTRUCTION REQUIRED BY THIS IMPROVES ALL FREEWAY(S).

SIGNED:

OWNER 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

January 5th, 1990

Futrelle/Dunne, Inc.
1515 Elizabeth Ave.
Charlotte, NC 28204

RE: Property located at Catarina Bay
FILE: 6391A
PARCEL: 00111157PO

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. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17488) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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 to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17488

File: 6391A Action 1

Parcel: 00111157PO PC

Location: 20338 Christofle Drive
Cornelius, N. C.
Catarina Bay

Subdivision:

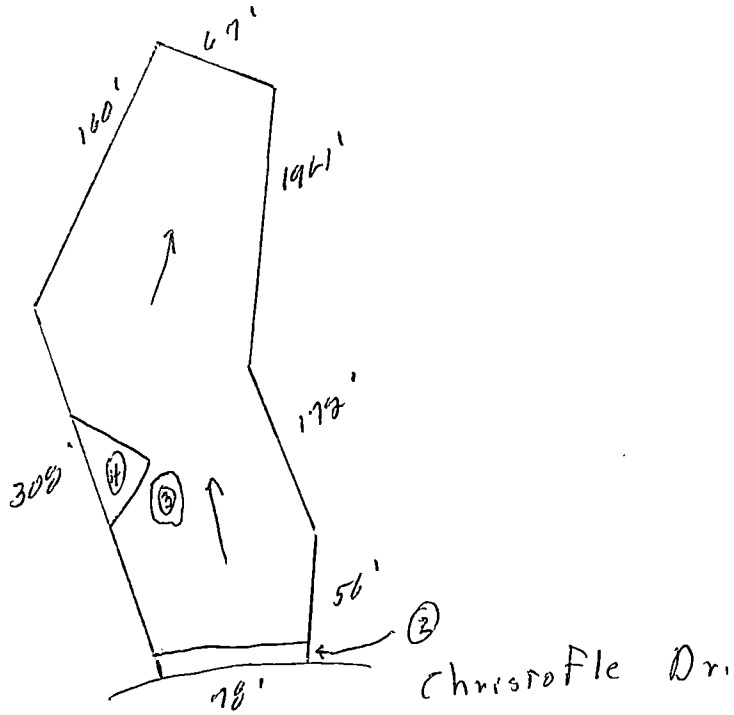
Lot: 10 Block: Acres: .93

Owner:
Address: Futrelle/Dunne, Inc.
1515 Elizabeth Ave.
Charlotte, NC 28204

Comments: 100% Repair required

Described by: William R. Marks

Date: 1-5-90



***** 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 6-15%	S PS (U) 72' Cut	S PS (U) complex slopes	S PS U —	S PS U	S PS U
Texture	S (PS) U Slightly Expansive 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) compacted	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" ht	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 limited	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) Fill	S PS U	S PS U
Soil Group/Series	IV Cecil-Urban	72' Cut	complex slopes	Fill		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-18-89

Name/Company: Futrell / Dunn, Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Investigation (2)

_____

_____

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 18 1989

File # 6391A
6392A

Fee: $ 80.00

Check # 2132
$80.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

see 6392A

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

(OFFICE USE ONLY)

FILE: 6391A

TC: 001-111-57.00

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 20338 Christofle Drive, Cornelius, N. C.

② SUBDIVISION: Catarina Bay ③ LOT: 10 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PO 001 PAGE NO.: 111 ~~EFF~~ PARCEL NO.: 57

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 0432

OWNER

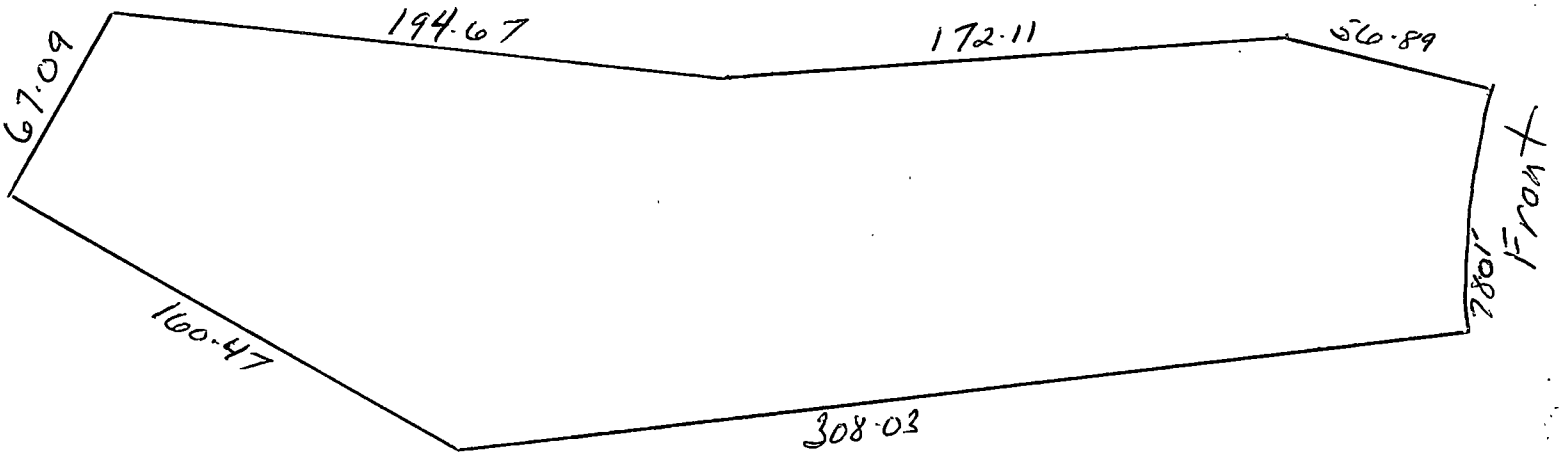
⑦ NAME: Futrelle/Dunne, Inc. (Mr. Gary Dunne)
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Ave.

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 338-1515 (HOME)

⑬ Accurately diagram and dimension lot.



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

Signed: Gary Dunne, V.P.
Futrelle/Dunne, Inc.

Date: 12/14/89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY