

16417 COBBLER DR

13917354

6/13/2007

duponbj

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

Mecklenburg County
Health Department

APPLICATION FOR
INSPECTION OF PUBLIC RECORDS

NAME OF PERSON MAKING REQUEST: LINDA NASH (PICKED UP BY EDWARD MURPHY, POYNER SPRUILL

ADDRESS: 100 N TRYON ST. SUITE 4000 CHAR, NC 28202

DESCRIPTION OF PUBLIC RECORD REQUESTED: FILE # 6323A -

STREET NAME (OR COUNTY ROAD: 16417 COBBLER DR.

PARCEL NUMBER/FILE NUMBER: 6323A

OWNER'S NAME: MELVIN BUTLER

REASON FOR REQUEST:

SIGNATURE OF PERSON MAKING REQUEST: Edward Murphy

SUPERVISORY PERSON:

ENVIRONMENTAL HEALTH DIVISION

PEOPLE • PRIDE • PROGRESS

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6323 A DATE: 8/31/90

TC: 139 173 12 ☐ L ☑ CRT

SERIAL № 13540

Name of Owner Melvin Butler Juris.:

Address of Property 16417 Cobbler Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 8/31/90

Tank(s) Inspected 8/31/90

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design: 1990 1500ST, Conc, 1200SFT, 12"stone ceil CTR# McCarver

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 3 bedroom house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

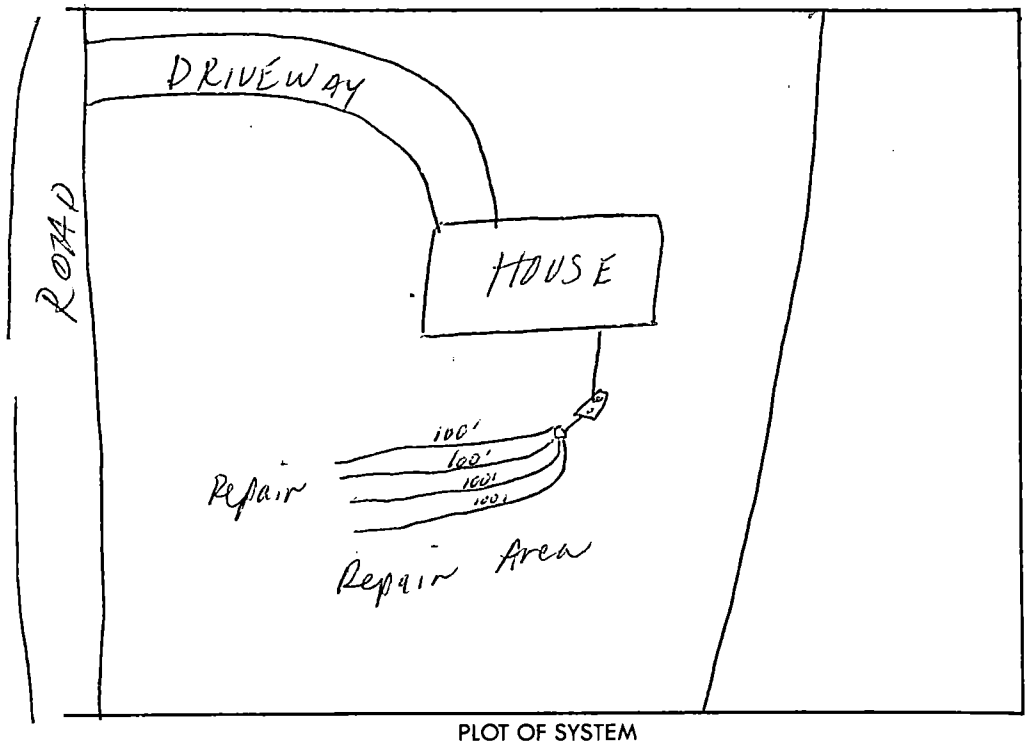
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6323A DATE: 8/30/90

TC: 139 173 12 ☑ L

SERIAL Nº 14716

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 5/3/90. All work shall be completed on or before 9/30/90, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Melvin Butler

LOCATION OF PROPERTY 16417 Cobbler Dr

Comments: 4 lines x 100' long x 3' x 12" stone
Keep well >50' from septic system

Division or Section Head

Philo S. Walker
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 HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-3-90

Name/Company: Melvin C. Bulla

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit -

63254

ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 3 1990

Fee: $ 200.00 check #5976 $200.00

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 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: 6323A

TC: 13917312

SERIAL: № 20963 ☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 16417 (STREET NO.) Cobbler DR. (STREET) ② FILE: 6323A

③ JURISDICTION: ④ TAX PARCEL NO.: 13917312

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Melvin (FIRST) C. (MIDDLE) Butler (LAST)

⑨ MAILING ADDRESS: 6512 Palo Alto Ln.

⑩ CITY: Chr. ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 595-7875 ⑭ (HOME) 535-4746

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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 t[illegible]he contents of same are true, and authorizes agents of the M[illegible]CKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Melvin C. Butler

Date: 5/3/90

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.

Environmentalist — Date: 5/7/90

Director or Authorized Section Head — Date: 5-9-90

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

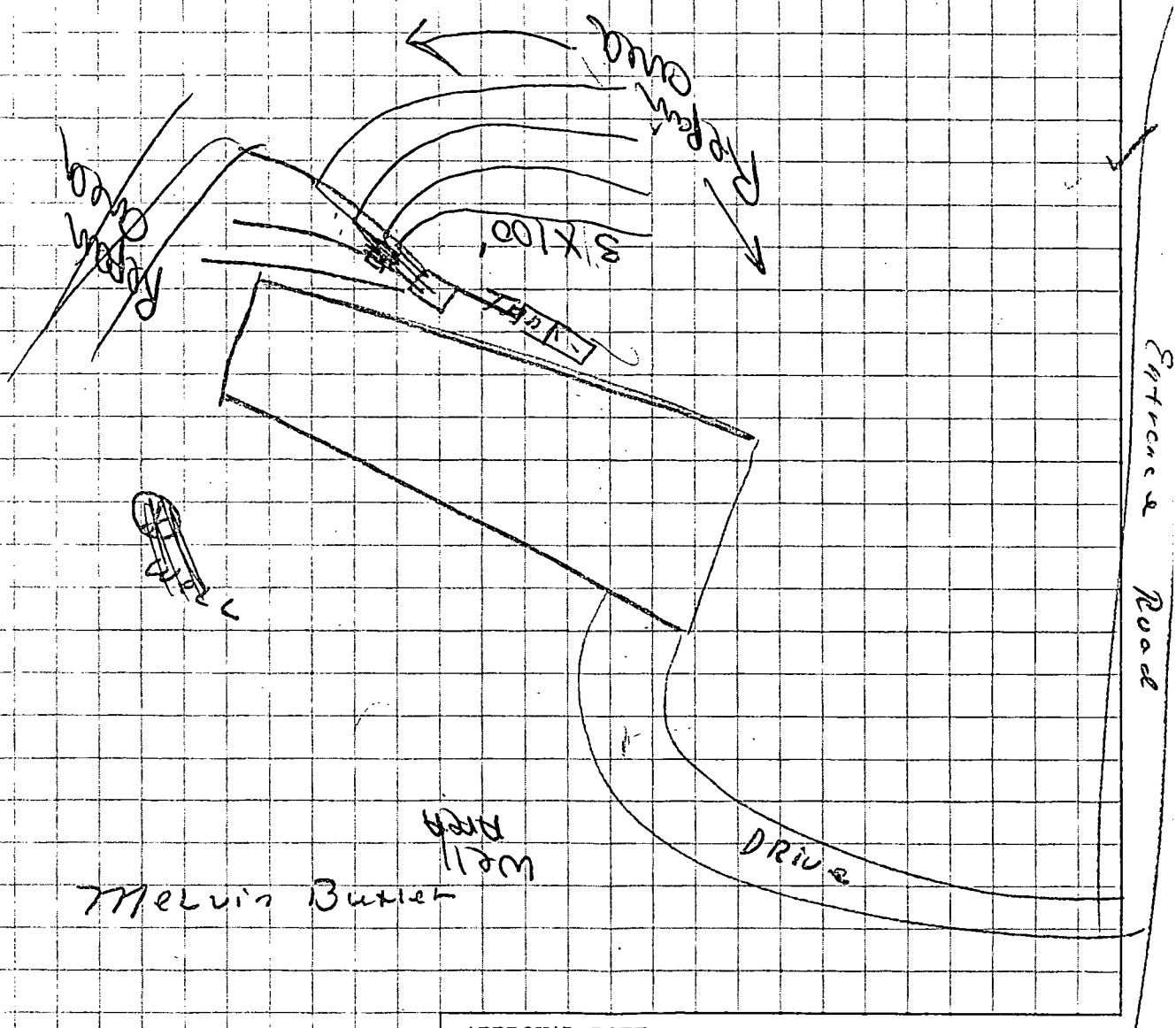
PROPOSED PLOT PLAN

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

FILE: 6323A

TC: 13917312

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

Mecklenburg County
Health Department

December 5th, 1989

Melvin Clifford Butler
6312 Palo Alto Dr.
Charlotte, NC 28270

RE: Property located at Cobbler Dr.
FILE: 6323A
PARCEL: 13917312

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 12240) 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

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12240

File: 63 23A Action 1

Parcel: PO 139-173-12 ☐ PC

Location: Cobbler Dr.

Subdivision: Blackberry Hills

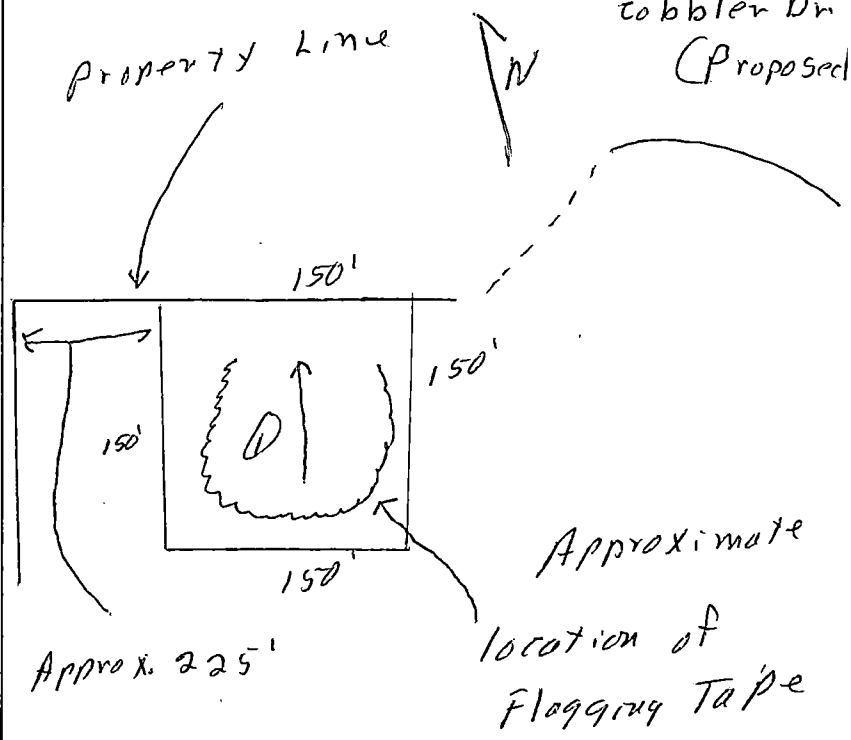
Lot: Block: Acres: Approx .5 AC+/-

Owner: Melvin Clifford Butler
Address: 6212 Palo Alto Dr.
Chrlotte, N.C. 28270

Comments: additional area available if needed- exact site of house (corner) not established

Described by: William A. Marlin

Date: 12-5-89



***** 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	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 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	1UA Cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MEC: HEALTH DEPT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 16 1989
$40.00

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

(OFFICE USE ONLY)

FILE: 6323A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Blackberry Hills Subdivision (Address Cobbler Dr.

② SUBDIVISION: Blackberry Hill ③ LOT: #41 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 139-173-12

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

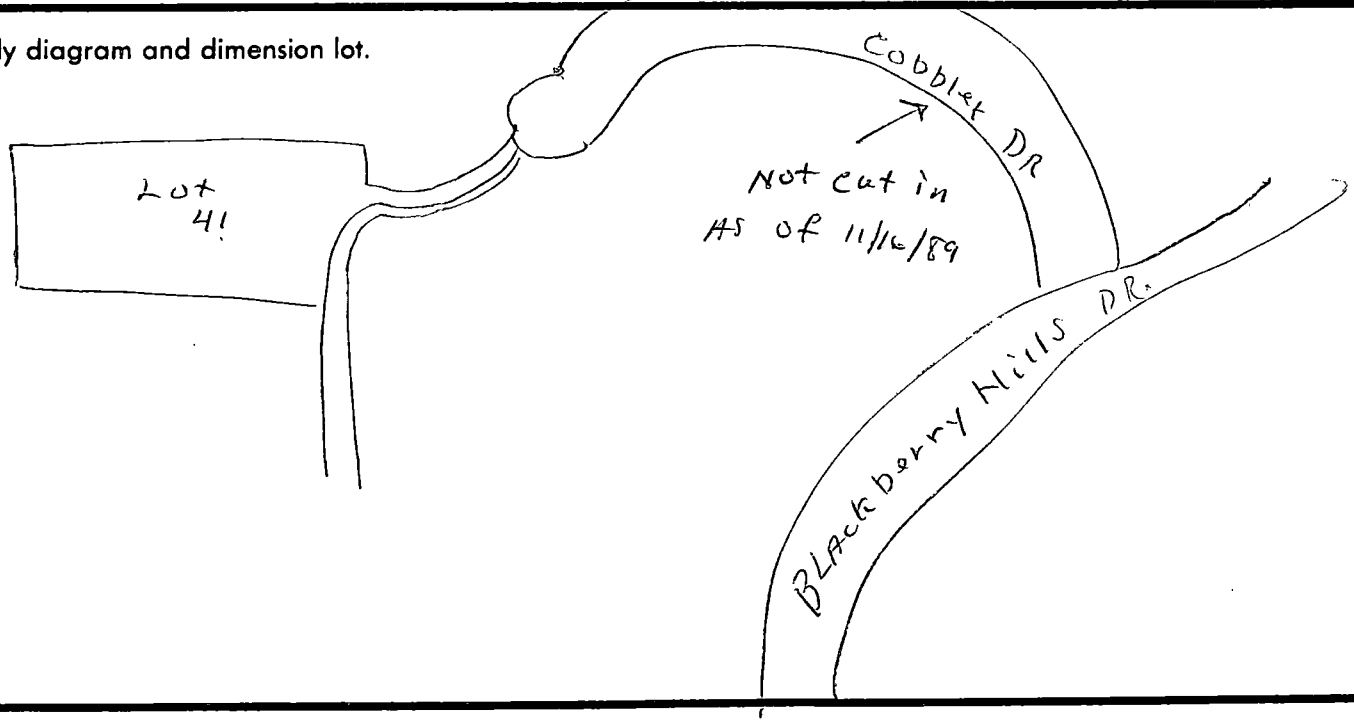
⑦ NAME: Melvin (FIRST) Clifford (MIDDLE) Butler (LAST)

⑧ MAILING ADDRESS: 6512 Palo Alto Dr.

⑨ CITY: Chr ⑩ STATE: NC ⑪ ZIP: 28270

⑫ PHONE: (WORK) 595-7878-545-4545 (HOME) 535-4746

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: Melvin C. Butler

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

Date: 11/16/89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11-16-89

NAME/COMPANY: Melvin C. or Doris Butler

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: S/T. Cobbler Dr.
(Blackberry Hills)

MECK COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 16 1989

FEE: 40.00

File # 63234

Jackie Abernathy
Completed By

CR # 5683
40.00

Collected By

4/4/90

Meck

139-123 12
16417 Cobbler Dr

Blackberry Hills

Address Verified

On