

3033 BUTTER CHURN LN

23122309

7/18/08

marliwr

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

February 18, 2003

MECKLENBURG COUNTY
Health Department

Mark and Tracy Nyenhuis
3033 Butterchurn Lane
Matthews, NC 28105

Dear Mr. Nyenhuis:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 3033 Butterchurn Ln., Matthews, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by March 5, 2003 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Mark and Tracy Nyenhuis
3033 Butterchurn Lane
Matthews, NC 28105

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Mark and Tracy Nyenhuis	3033 Butterchurn Ln.	23110509	15294	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 2/18/03

Payment Due Date: 3/18/03

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

April 5, 2001

John B. Adock
3033 Butter Churn Lane
Matthews, NC 28105

Dear Mr. Adock:

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. The 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 system. In addition, if you have a well, bacterial and inorganic samples 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,

Kelly Randall

Kelly H, Randall, R.S., Supervisor
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

John B. Adcock
3033 Butter Churn Lane
Matthews, NC 28105

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 Number	System Type
John B. Adcock	3033 Butter Churn Lane	231-105-09	15294	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
4/05/2001	5/7/01

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

FEE: fee transferred from ~~Total of $200~~

DATE: 5/13/93, 6/7/93 gc

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1529Y

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 231-105-09

STREET ADDRESS: 3033 Butler Church LN

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 15 BLOCK 2

TYPE OF BUILDING (CHECK ONE):

- [ ] SINGLE MOBILE HOME(S)
- [ ] DOUBLE WIDE (D)
- [✓] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 1300 +

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [✓] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

- [✓] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- [✓] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [✓] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [✓] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [✓] NO	DESIGNATED WETLANDS	[ ] YES [✓] NO
EASTMENTS OR RIGHT-OF-WAYS	[✓] YES [ ] NO		

PROPERTY OWNER:

NAME: ADCOCK (LAST) JOHN (FIRST) B (MI)

ADDRESS: 6807 NEWMAN RD.

CITY: WAXHAW STATE: N.C ZIP: 28173

DAYTIME PHONE: 704 ~~821-0552~~ 843-2158

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1996

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 John B Adcock DATE: AUG 14, 96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Permit Number: 15294 Tax Number: 231-105-09

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:	System sized for 3 bedroom residence			
Additional Conditions:	Lot meets .1945 c requirements System shall not be constructed in any portion of Duke Power R/W Lot re-classification form must be filed after recording			
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effec 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 Departmen
- This Improvement permit is transferable.

[signature] 9-4 96
DEHNR Authorized Agent Date

x John B Adcock x 8-30-96
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

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

FILE: 15294

TC: 231-10 5-09

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.

- 1945 c lot - 100% not require
- 1500 gal septic tank
- 1000 gal pump tank
- Waffle Box + D-Box
- System sized for 3 bedroom residence

- (4) 3' x 75' x 24" deep drain lines use any state approved innovative system that has been granted a 25% reduction in required line length

BUTTER CHURN LANE
60' wide 24' paved

575' TO ROCKING CHAIR RD

WATER METERS

40' BUILDING LINE

50'

25'

HOUSE

County Line

Septic Tank 1500 gal
Pump Tank 1000 gal

MECK CO

UNION CO

2" sch 40 PVC supply line

Intermediate 8-19-96
use initial report
w/ following additions

- soils in area I
  - 40"
- 24" + of fill in B/U Area

WHM
8-22-96

75'

9'

9'

75'

weather box

D-Box

DUKE POWER R/W 68' wide

John B Lidcock 14, 1996
OWNER/AGENT SIGNATURE

DATE AUG 14, 1996

APPROVAL DATE Holly Powell 9-9-96

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

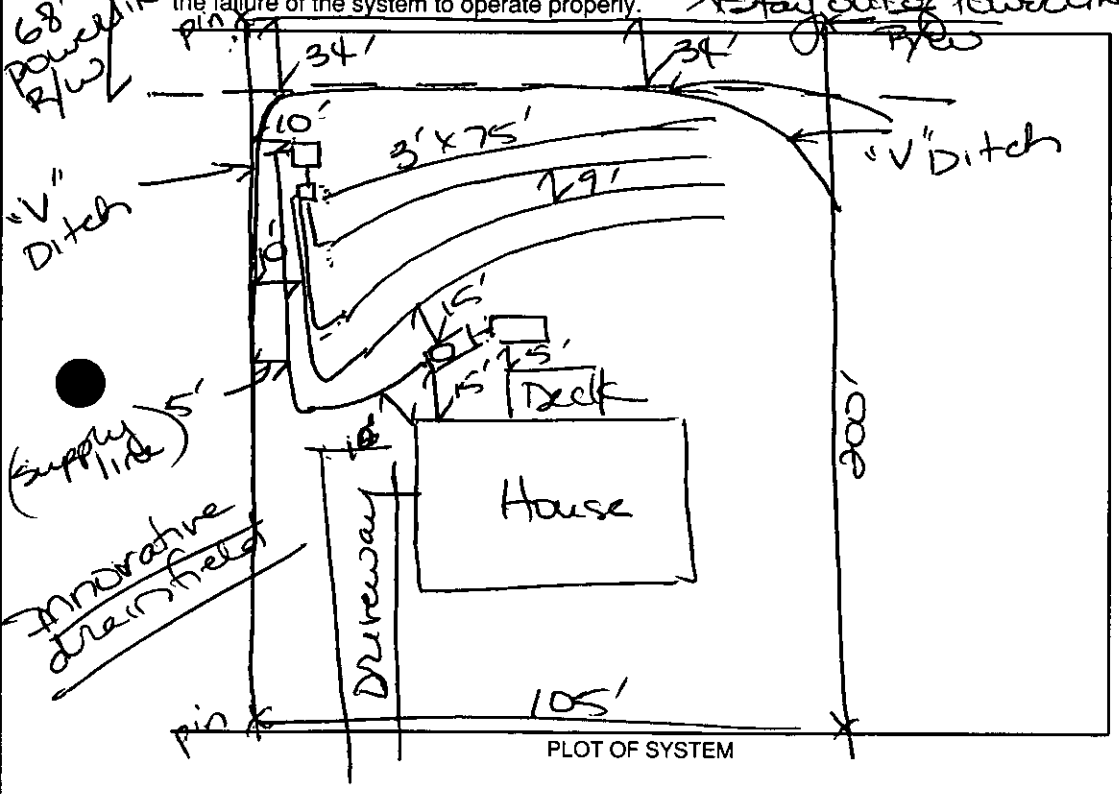
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15294 DATE: 6/26/97

TC: 231-105-09 ☐ L

SERIAL Nº 17259

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 8/14/96. All work shall be completed on or before 7/26/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36" max.

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 300' feet

Number of Lines 4@75' each Innovative

Depth of Stone NA inches to manufact. specification

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from ~~Well~~ >10 feet waterline

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER John B. Adcock

LOCATION OF PROPERTY 3033 Butter Churn Lane

Comments: Type III (g) - Innovative 3 Bedroom House
- Trench depth @ beginning of each nitrification line ~36".
- Install lines on contour enough to maintain ~12" cover at the end (of each line)
- Installation approval layout of nitrification lines changed from I.P. permit due to slope of land & need to maintain minimum cover requirement.
- Install "V" ditch to divert surface water from system.

Iba B. Mialik, RS
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15294 DATE: 7/8/97

TC: 231-105-09 ☐ L ☐ CRT

SERIAL № 17228

Name of Owner JOHN B. Adcock Juris.: _____

Address of Property 3033 Butter Churn Lane

Inspection Data:

Tank Material 1500 PCC
1000. PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth —

Water Supply Source _____

Distance to ~~Water Source~~ WATERLINE > 10'

Excavation Inspected 7/8/97

Tank(s) Inspected 7/8/97

Wash Line Inspected —

High Water Alarm Inspected 7/8/97

PLOT

Design 1500ST, 1000PT, IWWS-95-3R°; EEE-222 LAY CTR# 99

The undersigned has inspected the Septic Tank System described above, and certifies it has been W.T. Norwood

☐ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Goulds 411M
Type III e - 3 bedroom

Joni Higgins Bussey, R.S.
Environmental Health Specialist

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 15294
PARCEL # 231-105-09

FILE COPY

The undersigned, John Boyd Adcock, owner of property located at 3033 Butter Churn Lane, (the "site") and described in an instrument recorded in Book 8263 at Page 692, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Health Dept

Mail after recording to: John Adcock

6807 Newman Road Waxhaw N.C. 28173

BK: 08726 PG: 0395/0398 #:0110 15.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 09/04/96 10:46

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 4 day of Sept, 1996.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

John B Adcock (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Julian G. Wood, a Notary Public for said County and State, do hereby certify that John B. Adcock personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 4th day of September, 1996.

Julian G. Wood
Notary Public

My Commission Expires:
12-26-2000

JULIAN G. WOOD NOTARY PUBLIC MECKLENBURG CO., N.C.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____



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ISSI Operations Center Staff

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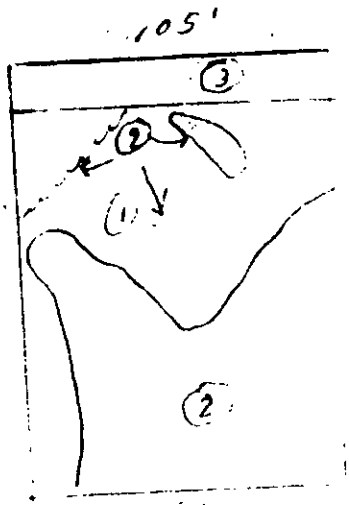
15 Block: Acres: .48

ver: AJM Development & Utilities
ress: P. O. Box 28
Indian Trail, N. C. 28079

iments:

cribed by: William A. Mueller

e: 10-31-85



*** EVALUATION KEY ***

= Suitable U = Unsuitable
= Provisionally Suitable

e "Area Classification" below indicates the suitability of as in the diagram.

ICTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
pography	(S) PS U 6-15%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
xture	S (PS) U 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	S PS U	S PS U
ainage	S (PS) U 72" water	S PS U	S PS U	S PS U	S PS U	S PS U
epth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
estrictive Horizons	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
vailable Space	S PS (U) Acceptable	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	WH Cec. I-I Mx	complex slopes	C-K Pacolet B/C			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Health Department

Health Director

November 1, 1988

AJM Development & Utilities, Inc.
P. O. Box 28
Indian Trail, NC 28079

Dear Sir:

RE: Property located at Butter Churn Lane, Lot 15
FILE: 15294
PARCEL: 231-105-09

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the site evaluation report (Serial No. 11917) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1900 are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

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

FEE: fees typewritten [illegible] $200

DATE: 5/13/93, 6/7/93 9C

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

W4 #2 - for cesspool 8-19-96 - no room for well on lot

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 5294 W/Pmt

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 231-105-09

STREET ADDRESS: 3033 Butter Churn LN

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 15 BLOCK 2

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 1300 +

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: ADCOCK (LAST) JOHN (FIRST) B (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 6807 NEWMAN RD	DAYTIME PHONE: ( ) -
CITY: WAXHAW STATE: N.C ZIP: 28173	
DAYTIME PHONE: 704 ~~821-0552~~ 843-2158	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1996

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 John B Adcock DATE: AUG 14, 96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

4/6a

DATE 5/13/93

ADDRESS	DESCRIPTION	NAME	CK/CA	INITIAL	AMOUNT
Kristoffe Corr Rd	Alternate Insp 8365A595	D. R. Horton	229	GJT	100.00 ✓
2720 Millstone	Well to Septic	Thomas Chiropractic Clinic	3305	GJT	85.00
20221 Ravenclaw	Well	R. H. Bowden	7858	GJT	65.00 ✓
9701 Shearwater Ct	70274 Inc New	Robert Johnson	911	GJT	200.00 ✓
Copies	—	—	Cash	GJT	100 ✓
7349 Brigmore Dr	Well Inspection	Frank Bryant	1562	GJT	65.00 ✓
3428 Oxbow Ct	Septic	Rick Borden	841	GJT	65.00 ✓
3033 Butter Churn	soil	Ag M Development Utilities Inc	11203	GJT	= 50.00 ✓



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ISSI Operations Center Staff

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DAILY DEPOSIT SHEET

DATE 6-7-93

ADDRESS	DESCRIPTION	NAME	CK/CA	INITIAL	AMOUNT
Copies	—	—	Cash	BJF	2 00
1641 Sunnyside Dr	1043B mod, Tree Ord 12018	Brenda Thompson	Cash	BJF	150 00
2011 Cascade Lake Dr	Long New	Linda Tipton	3153	BJF	200 00
Mt Holly Huntsville	soil 0415B	Michelle McCord	1996	BJF	50 00
Copies	—	—	Cash	BJF	0 75
2145 Lagorce Dr	Bac + MM	Daniel J O'Neill	1192	BJF	40 00
2006 Stony Ridge	Bac + MM	Grace Redmond	6472	BJF	40 00
1509 Ivy Wood Ct.	Well + Septic	C. A. Hilderbrand	2311	BJF	85 00
3710 Sedlon Rd	Well + Septic	Rufus F. Beaty	971	BJF	85 00
3726 Pine Harbor Rd	Well + Septic	Brawley & Assoc	896	BJF	85 00
3033 Butter Churn	1503 Long New	R & M Development	11267	BJF	150 00
2007 Cheyenne	Soil	M. I. Lamm	264	BJF	50 00
463					
1936 Albemarle Rd	Demo	Still Enterprises	Cash	BJF	75 00
1936 Albemarle Rd	Demo	" "	Cash	BJF	25 00
5108 Statesville Rd	Re move	B. J. Hidalgo Rojas	3558	BJF	25 00