

14631 BUCKTON LN

21525152

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3328B DATE: 10/27/94

TC: 215-135-55 ☐ L ☒ CRT

SERIAL № 15998

Name of Owner: Klutts Homes, INC. Juris.:

Address of Property: 14631 Buckton Lane

Inspection Data:

Tank Material: 1500

Total Length of Drainfield: —

Number of Lines: @

Cover Depth:

Water Supply Source:

Distance to Water Source:

Excavation Inspected:

Tank(s) Inspected: 10/27/94

Wash Line Inspected:

High Water Alarm Inspected: 10/27/94

PLOT

Design: 1500 SEPTIC TANK & 1000 PUMP TANK W/ SEWAGE PUMP & ALARM CTR# T. BANNISTER

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: STEP OF LARGE SUBSURFACE SYSTEM - FRANK CUCKINDS' ASSOCIATE PRESENT AT TIME OF INSPECTION FOR ENGINEERING CERTIFICATION. Type 5(b)

JW Newell for RS 10/31/94

JW Newell RS
Environmentalist

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

FRANK C. COCKINOS & ASSOCIATES, INC.
CONSULTING ENGINEERS

600 LEXINGTON AVENUE
CHARLOTTE, N.C. 28203

Telephone: (704) 372-4464
Fax: (704) 332-3468

October 19, 1994

Mecklenburg County Health Department
700 North Tryon Street
Charlotte, North Carolina 28202

Attention: Mr. Robert D. Cobb

Reference: Oakcroft Subdivision
14631 Buckton Lane
Matthews, North Carolina

Dear Mr. Cobb:

I, Chad H. Huggins, P.E., as a duly registered Professional Engineer in the State of North Carolina, having performed a one-time visit after construction of the STEP system installed at the above address with Ms. Toni Newell of the Mecklenburg County Health Department, hereby state the septic tank was installed. Mr. Newell stated that the septic tank was similar to others installed in this development.

Should you have any questions, do not hesitate to contact our office.

Very truly yours,

FRANK C. COCKINOS & ASSOCIATES, INC.

Chad H. Huggins, P.E.

CHH/mc



10/27/94 09:40

KLUTTS HOMES 583-2255
ROPERTY MANAGEMENT 554-8861

Bobby Cobb
Health Dept.
Nancy Matthews
10-27
336-6894

F PAGES TRANSMITTED: 2
CLUDES COVER PAGE)

NTS: Letter from Cochinos
: 14631 Bolchow Ln. -
Thank you for removing Todd
of Toni -

FAX NUMBER 583-2256

FRANK C. COCKINOS & ASSOCIATES, INC.
CONSULTING ENGINEERS

600 LEXINGTON AVENUE
CHARLOTTE, N.C. 28203

Telephone: (704) 372-4464
Fax: (704) 332-3468

October 19, 1994

Mecklenburg County Health Department
700 North Tryon Street
Charlotte, North Carolina 28202

Attention: Mr. Robert D. Cobb

Reference: Oakcroft Subdivision
14631 Buckton Lane
Matthews, North Carolina

Dear Mr. Cobb:

I, Chad H. Huggins, P.E., as a duly registered Professional Engineer in the State of North Carolina, having performed a one-time visit after construction of the STEP system installed at the above address with Ms. Toni Newell of the Mecklenburg County Health Department, hereby state the septic tank was installed. Mr. Newell stated that the septic tank was similar to others installed in this development.

Should you have any questions, do not hesitate to contact our office.

Very truly yours,

FRANK C. COCKINOS & ASSOCIATES, INC.

Chad H. Huggins, P.E.

CEH/mc

NORTH CAROLINA PROFESSIONAL SEAL 19818 ENGINEER CHAD H. HUGGINS 10-19-94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

3328B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: MATTHEWS (last) NANCY (first) H. (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: _____ STATE: _____ ZIPCODE: _____

Date:

PROPERTY OWNER:
NAME: KLUTTS Homes INC. (last) (first) (mi)
ADDRESS: 1433 Emerywood Dr PHONE: 704 553-2255
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 21513555
STREET ADDRESS: 14631 Buckton Ln. Matthews N.C. 28105
ZONING: R-15

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Nancy H. Matthews Date: 10-10-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...This permit is for the issuance of a septic system at 14631 Buckton Lane. The septic tank & pump tank were installed prior to the operation Permit issued to the Oakmont subdivision by the MCHD Installation approval will not be issued

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

D. W. Ewell RS 10/27/94
Environmentalist Date

D. Ewell for S. Daniel 10/31/94
Director or Authorized Section Head Date

WATER : 12279

COPY

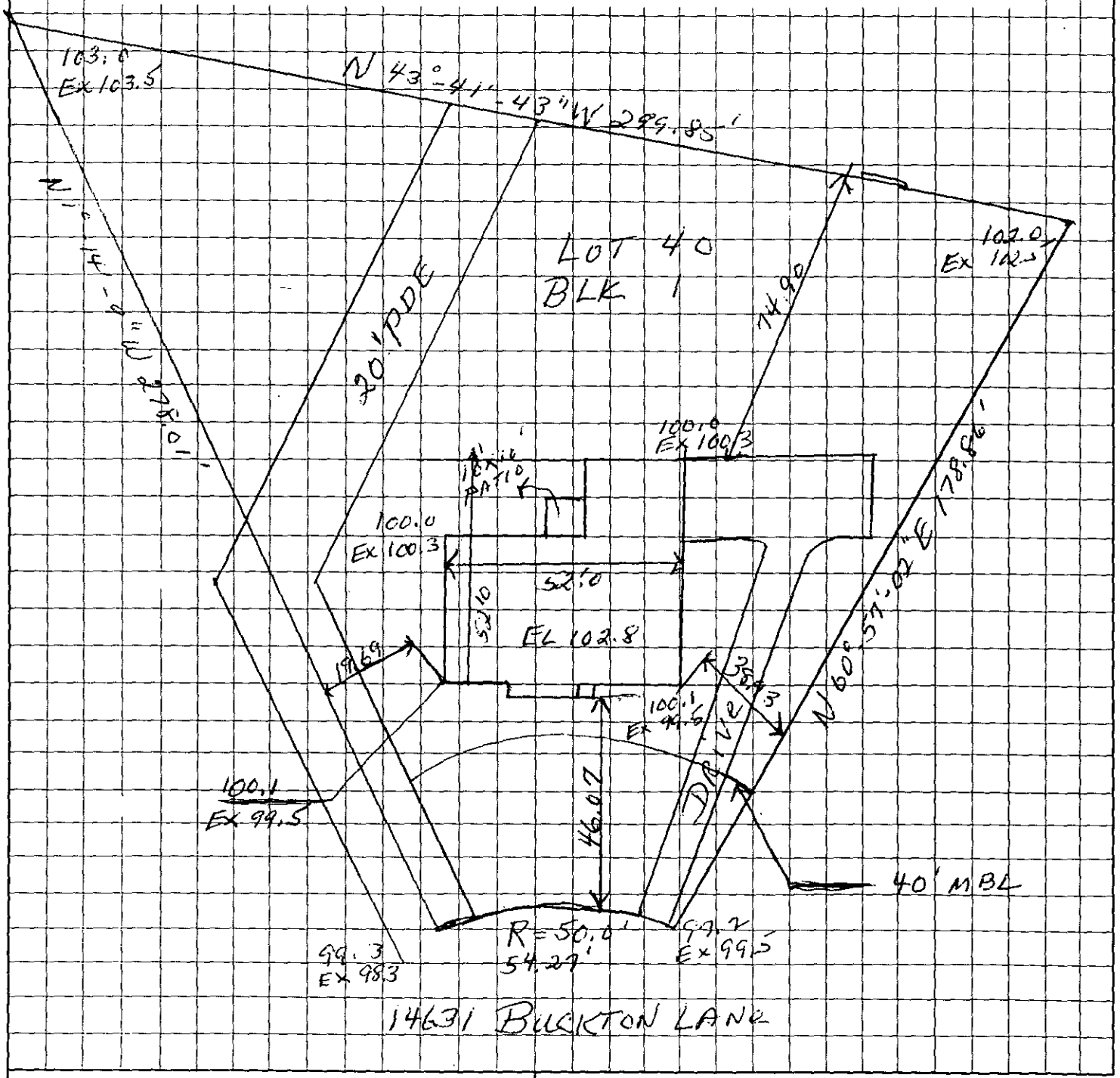
PROPOSED PLOT PLAN

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

FILE: 3328B

TC: 215-135-55

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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