

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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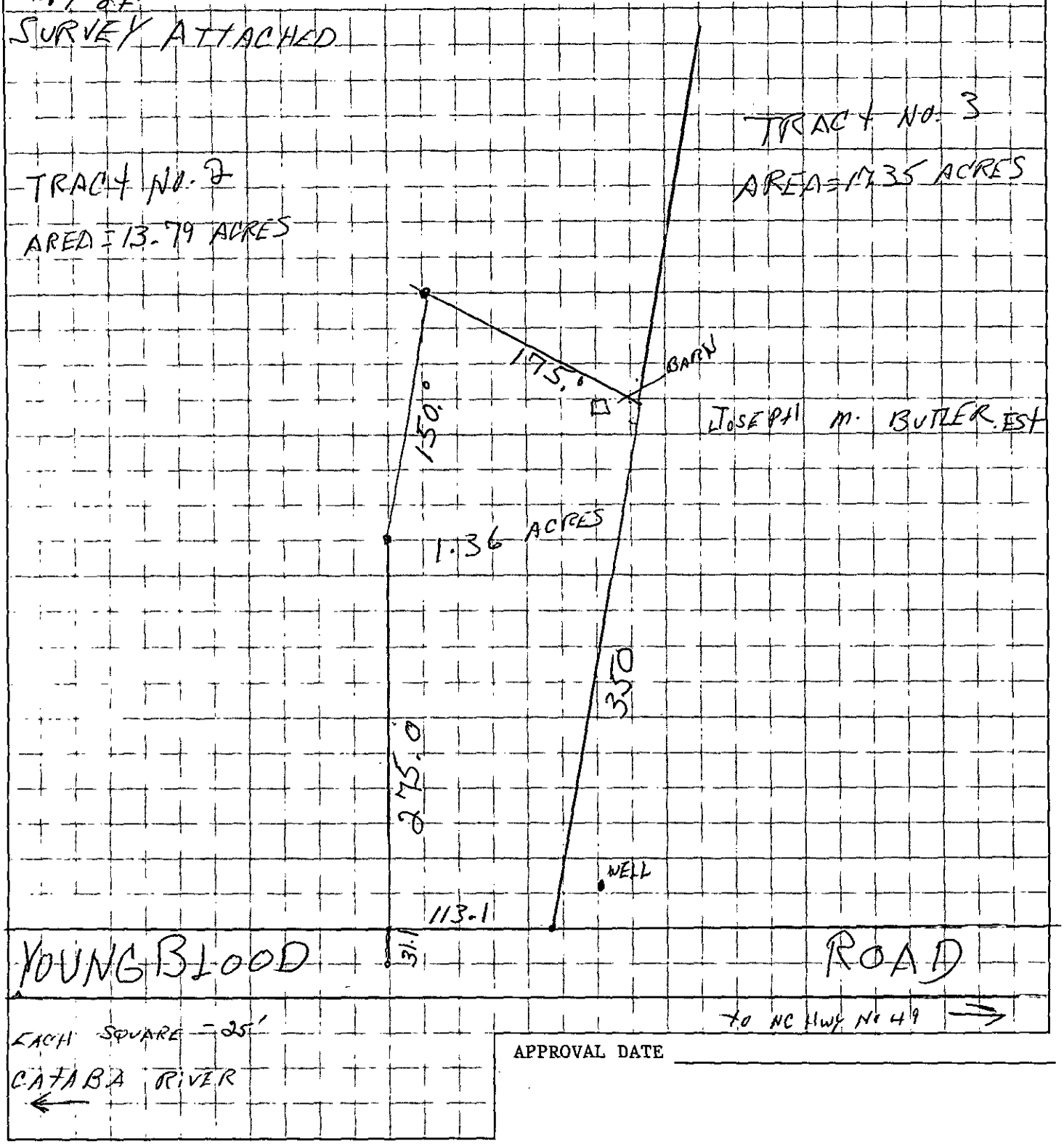
PROPOSED PLOT PLAN

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

FILE: 1022B|8894A

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

July 28, 1993

400 ✓

LM ✓

Mr. Millard T. Butler
4300 Red Berry Court
Charlotte, NC 28213

Re: Property located at Youngblood Road
File: 1022B/8894A
Parcel: 217-085-06

Dear Mr. Butler:

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. 19446) 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 15A NCAC 18A .1948 (d) 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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water & Wastewater Systems

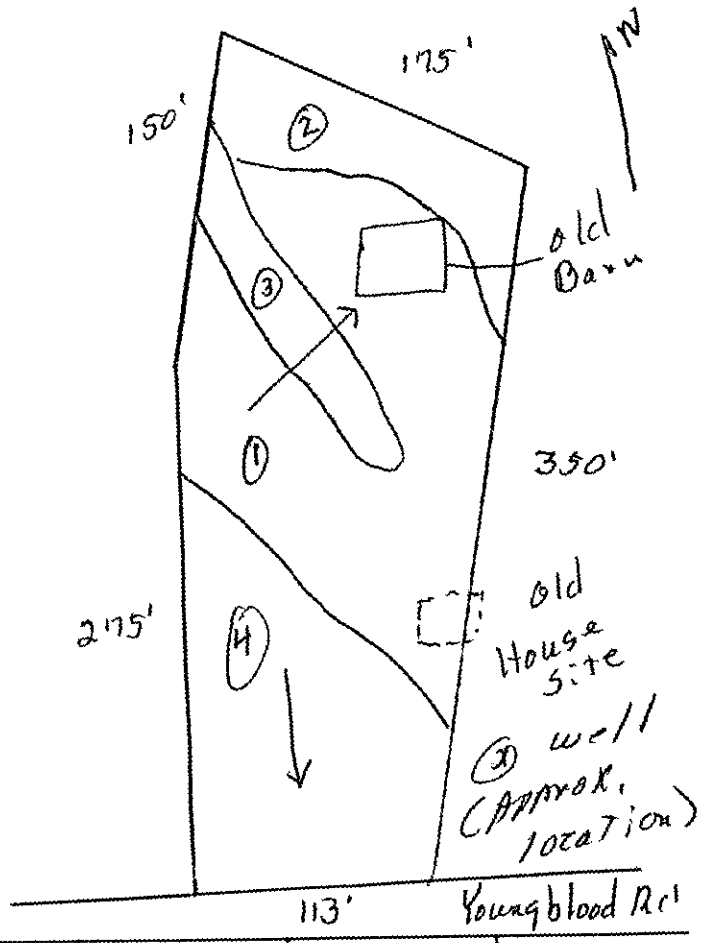
KR/wpg
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19446

File: 1022B 88QHT Action 2
Parcel: PO 217-085-06 ☐ PC

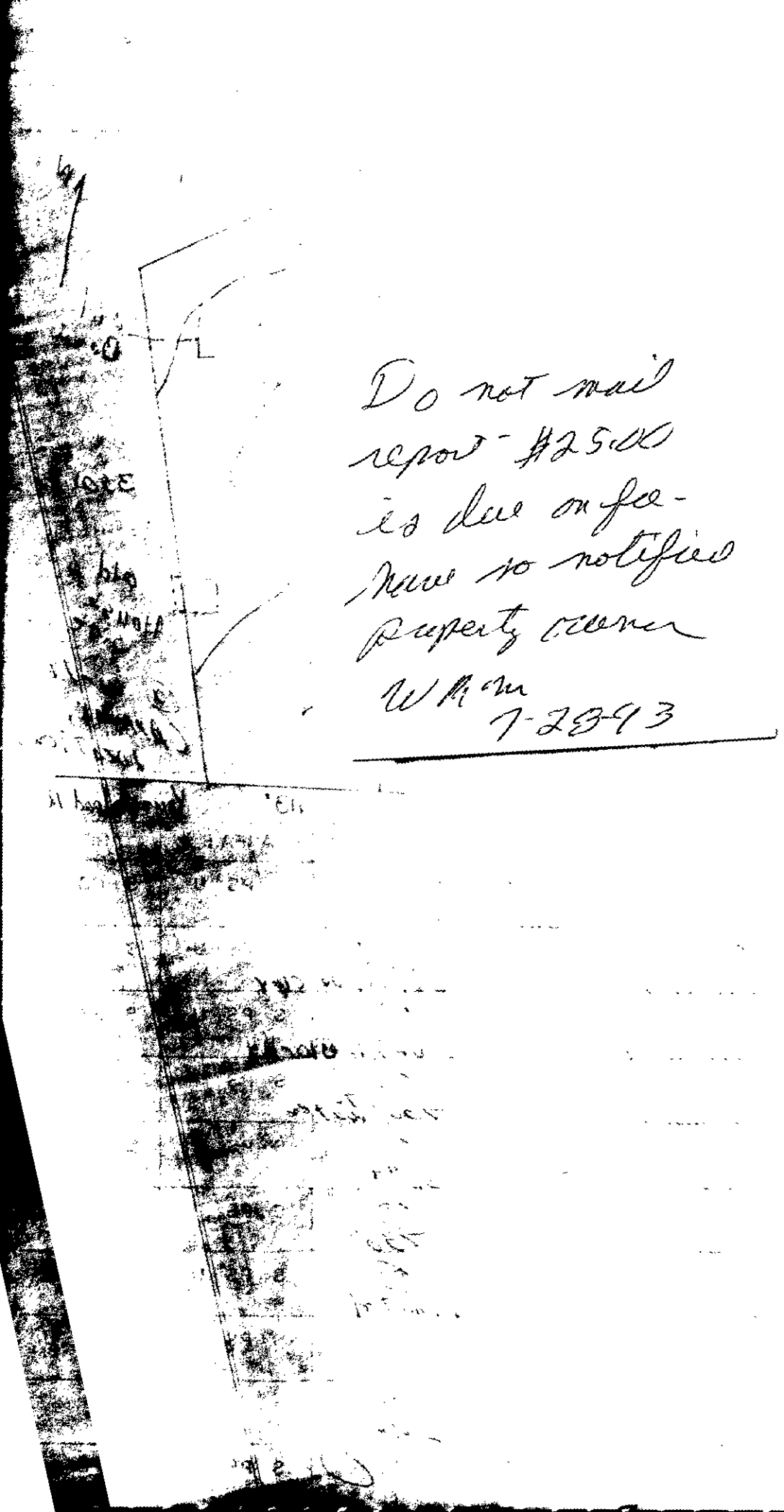
Location: Youngblood Road
Subdivision:
Lot: Block: Acres: 1.36
Owner: Millard J. Butler
Address: 4300 Red Berry Ct.
Charlotte, N.C. 28213
Comments: 100% Repair, 3gal/ft 2/day LTAR

Described by: William R. Marlin
Date: 7-28-93



***** 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 15-30%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U	S PS U
Texture	(S) PS U slightly Expansive clay	(S) PS U slightly Exp. clay	S PS U —	S PS (U) some Expansive clay	S PS U	S PS U
Structure	S (PS) U Sub L Blocky	S (PS) U Sub L Blocky	S PS U —	S (PS) U Sub L Blocky	S PS U	S PS U
Drainage	S (PS) U 736" to water	S (PS) U 736" to water	S PS U —	S (PS) U 736" to water	S PS U	S PS U
Depth	S PS (U) 24-30"	S PS (U) 24-30"	S PS U —	S (PS) U 36"+	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U —	S (PS) U 736"	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	S PS U —	S (PS) U limited	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	III Pacolet-Lilo	III Pacolet-Lilo	complex slopes	Vance Lilo		
Area Classification	S PS (U)	S PS U	S PS (U)	S PS (U)	S PS U	S PS U



Do not mail report - $25.00 is due on fee - Have to notified property owner
WRM
7-28-93

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19446

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

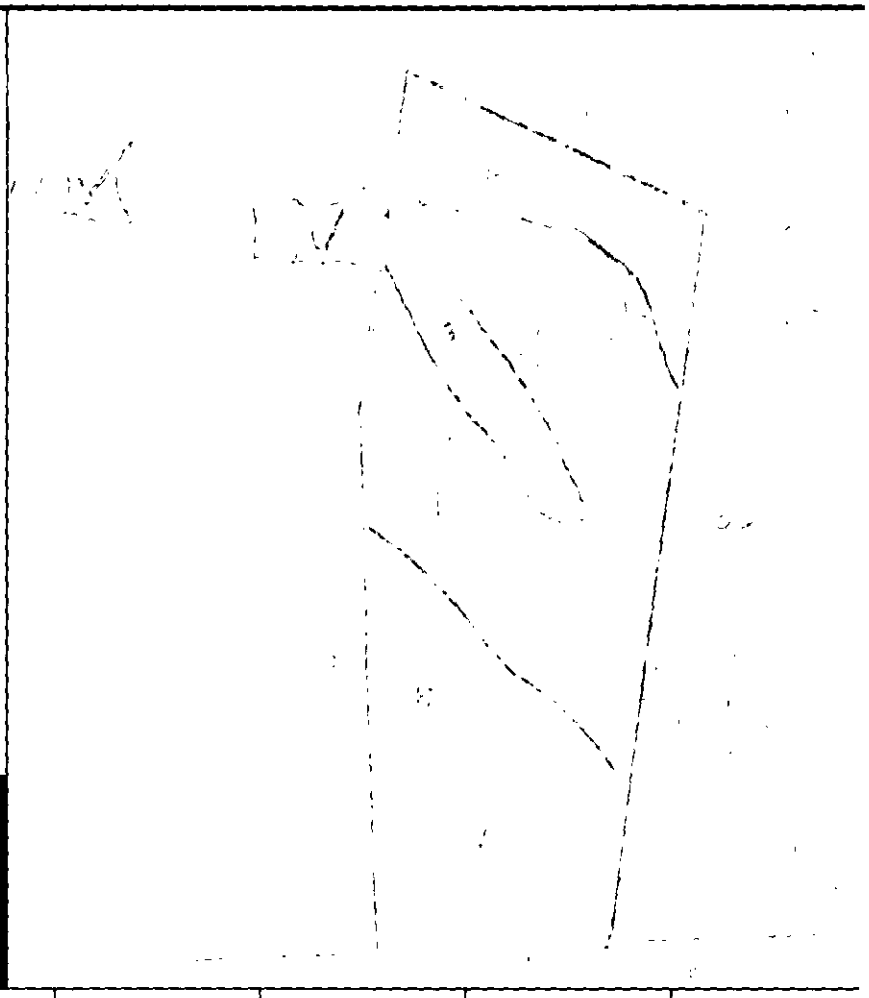
_____

_____

_____

Described by: _____

Date: _____



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S = Suitable U = Unsuitable
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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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

11:00 AM Water

1022B:.8894A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

0149 $50.00 CK# 5118193 [] CRT

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

(704)336-5102

COPY

Date:

PERSON FILING APPLICATION:

NAME: BUTLER (last) MILLARD (first) get Lindsey (mi) J.

ADDRESS: 4300 RED BERRY CT PHONE: (704) 598-3664

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-085-06

STREET ADDRESS: YOUNGBLOOD ROAD CHARLOTTE, N.C.

ZONING:

PROPERTY OWNER:

NAME: BUTLER (last) MILLARD (first) J. (mi)

ADDRESS: 4300 RED BERRY CT PHONE: (704) 598-3664

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28213

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] 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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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):
[] 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 [] Home
[] 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: Millard J. Butler Date:

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

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

_____
Environmentalist Date

_____
Director or Authorized Section Head Date

WWATER : 122791

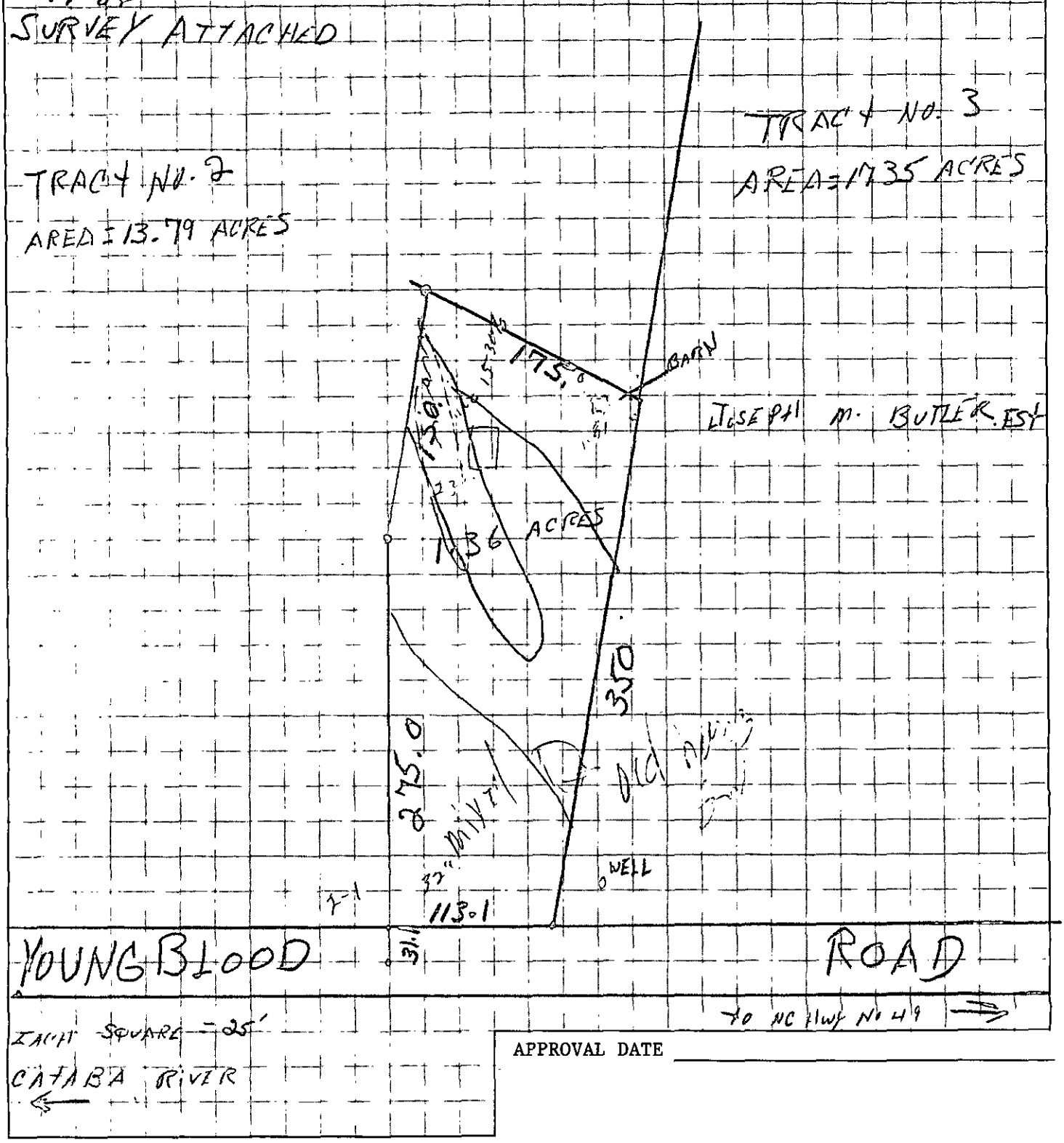
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1022B | 3894A

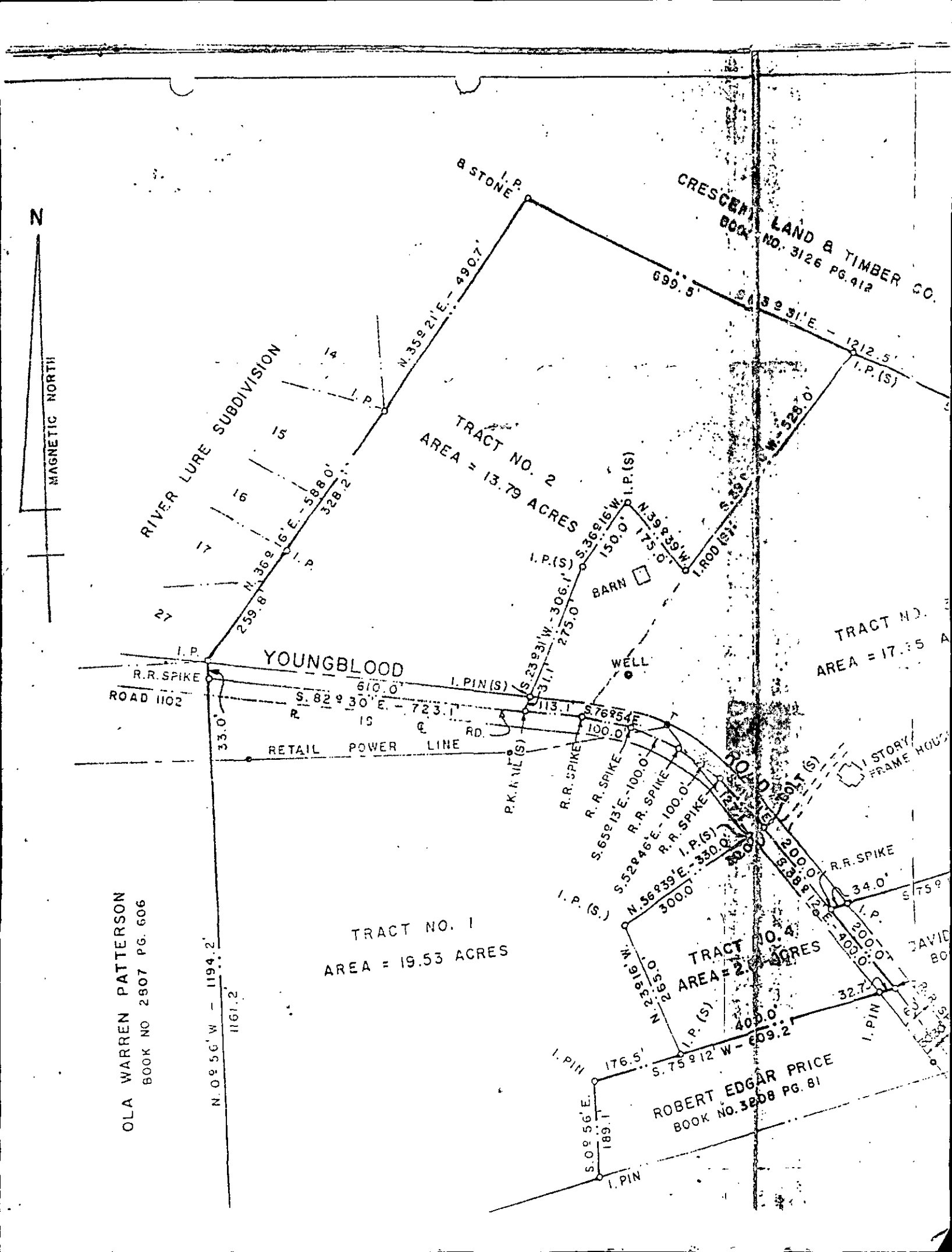
TC:

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


N
MAGNETIC NORTH
I.P. & STONE
CRESCENT LAND & TIMBER CO.
BOOK NO. 3126 PG. 412
699.5'
S 89° 31' E - 1212.5'
I.P.(S)
528.0'
RIVER LURE SUBDIVISION
N.35° 21' E - 490.7'
14
15
16
17
21
I.P.
N.36° 16' E - 588.0'
328.2'
259.8'
TRACT NO. 2
AREA = 13.79 ACRES
S.36° 16' W - 150.0'
I.P.(S)
N.39° 39' W - 175.0'
I.ROD (S)
S.23° 31' W - 306.1'
275.0'
31.1'
BARN
WELL
TRACT NO.
AREA = 17.35 A
YOUNGBLOOD
R.R. SPIKE
ROAD 1102
610.0'
I.PIN(S)
S. 82° 30' E. - 723.1'
33.0'
RETAIL POWER LINE
S 76° 54' E
100.0'
R.R. SPIKE
P.K. NAIL (S)
R.R. SPIKE
R.R. SPIKE
S.65° 13' E. - 100.0'
R.R. SPIKE
I.P.(S)
S.52° 46' E - 100.0'
I.P.(S)
N.56° 39' E - 330.0'
300.0
I.P.(S.)
I STORY FRAME HOUSE
I.P.(S)
200.0'
S 39° 12' E - 400.0'
R.R. SPIKE
34.0'
I.P.
200.0'
32.7'
I.PIN
TRACT NO. 1
AREA = 19.53 ACRES
TRACT NO. 4
AREA = 2.
ACRES
N 22° 16' W - 250.0'
I.P.(S)
400.0'
S. 75° 12' W - 609.2'
I.PIN
176.5'
S.0° 56' E.
189.1'
I.PIN
ROBERT EDGAR PRICE
BOOK NO. 3208 PG. 81
OLA WARREN PATTERSON
BOOK NO 2807 PG. 606
N.0° 56' W - 1194.2'
1161.2'

e · 1

1022B | 8894A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

0149 #50.00 CK# 5118193 [] CRT

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

(704)336-5102

Date:

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Director or Authorized Section Head Date

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