Date Received 7/5/83

SIR No. 19837

T. C. No. 21-391-34

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GRIFFITH (LAST) ARLEY (FIRST) WELDON (MIDDLE)

2) ADDRESS OF OWNER 5264 FOX HILL DR. NORCROSS ZIP 30092

3) PHONE NO. Home 404/449-1472 Office 404/447-5040 GA.

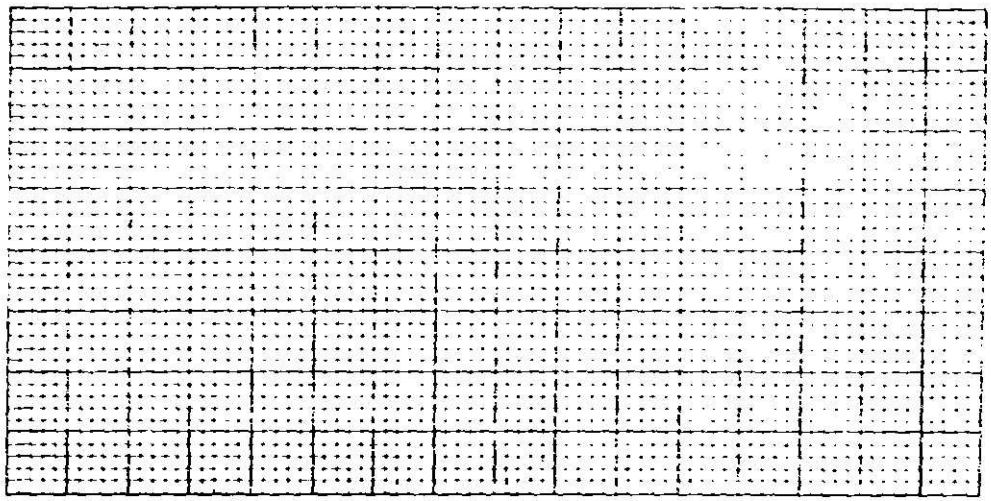
4) LOCATION OF PROPERTY 1641 BUTTERCUP DR. (STREET OR COUNTY ROAD) S.C.

5) SUBDIVISION _____ LOT NO 295 ~~BLOCK~~ NO. 6

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Arley Weldon Griffith

OWNER

EHO-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

SIR. NO. 19837
T.C. NO. 001-391-34
DATE: 7-15-83

Arley W. Griffith
5264 Fox Hill Drive
Norcross, GA 30092

Re: Property located at 16401 Buttercup Drive

Dear Mr. Griffith:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

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

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Need for pick-up

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19837

T.C. NO. 001-311-34

(Ground Absorption Sewage Disposal)

OWNER: Arlyn W. Duffen
ADDRESS: 58 Quail Hill Dr. Mooresville, Ga. 30012
PLAT NO:
LOT SIZE: Appox 30,000
LOCATION OF SITE: Lot #1 Buttercup Dr.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 12-20 %	S PS U Complex Slopes	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36"+	S PS U 24"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36"	S PS U 24"	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U >36"	S PS U Erodial Signs of runoff	S PS U	S PS U
7. OTHER (Specify)	S Limited PS Min. U See Note	S PS U	S PS U	S PS U
8. SOIL GROUP	II A	II A		
9. SITE CLASSIFICATION	Provisionally 24" table	24" table		
10. SOIL SERIES	Cec. L. A-	Complex Slopes		

S - Suitable PS - Provisionally Suitable U - Unsuitable

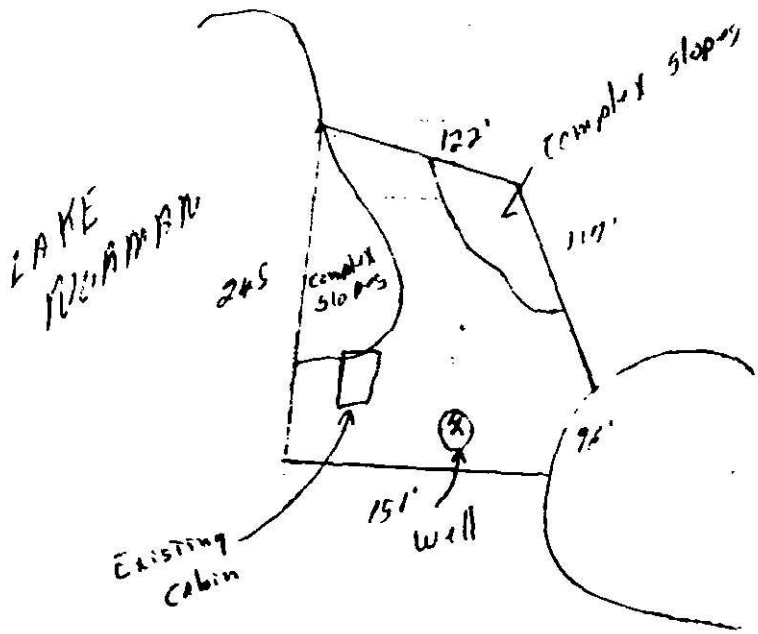
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: Limited Area of Provisionally 24" table so b. L.T. 30 min will probably be necessary

Described by: William A. Mullin
Title: Soil Scientist
Date: 7-15-83

EHD 539 (Revised: 6/82)

14


LAKE
122'
Complex slopes
245
Complex slopes
110'
95'
151'
Well
Existing Cabin

SEE INSTRUCTIONS ON BACK

Date Received 7-5-83

ICAR(S) Application No 19832

T.C No CC1-391-34

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property, described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ... Install or Construct 2) ... Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ___ Yes ___ No

4) No of Bedrooms 3

5) Business Use — Max (No)
Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ✓ Yes ___ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual Well YES
B) Governmental System NO
C) Community System
1 Well source NO
2 Governmental source NO

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER GRIFFITH (LAST) ARLEY (FIRST) WELDON (MIDDLE)

14) ADDRESS OF OWNER 5264 FOX HILL DR, ATLANTA GA 30092

15) PHONE NO. Home (404) 449-1422 Office (404) 447-5040

16) LOCATION OF SYSTEM 1641 Hunting Ln (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 221 Sec Block No. 6

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

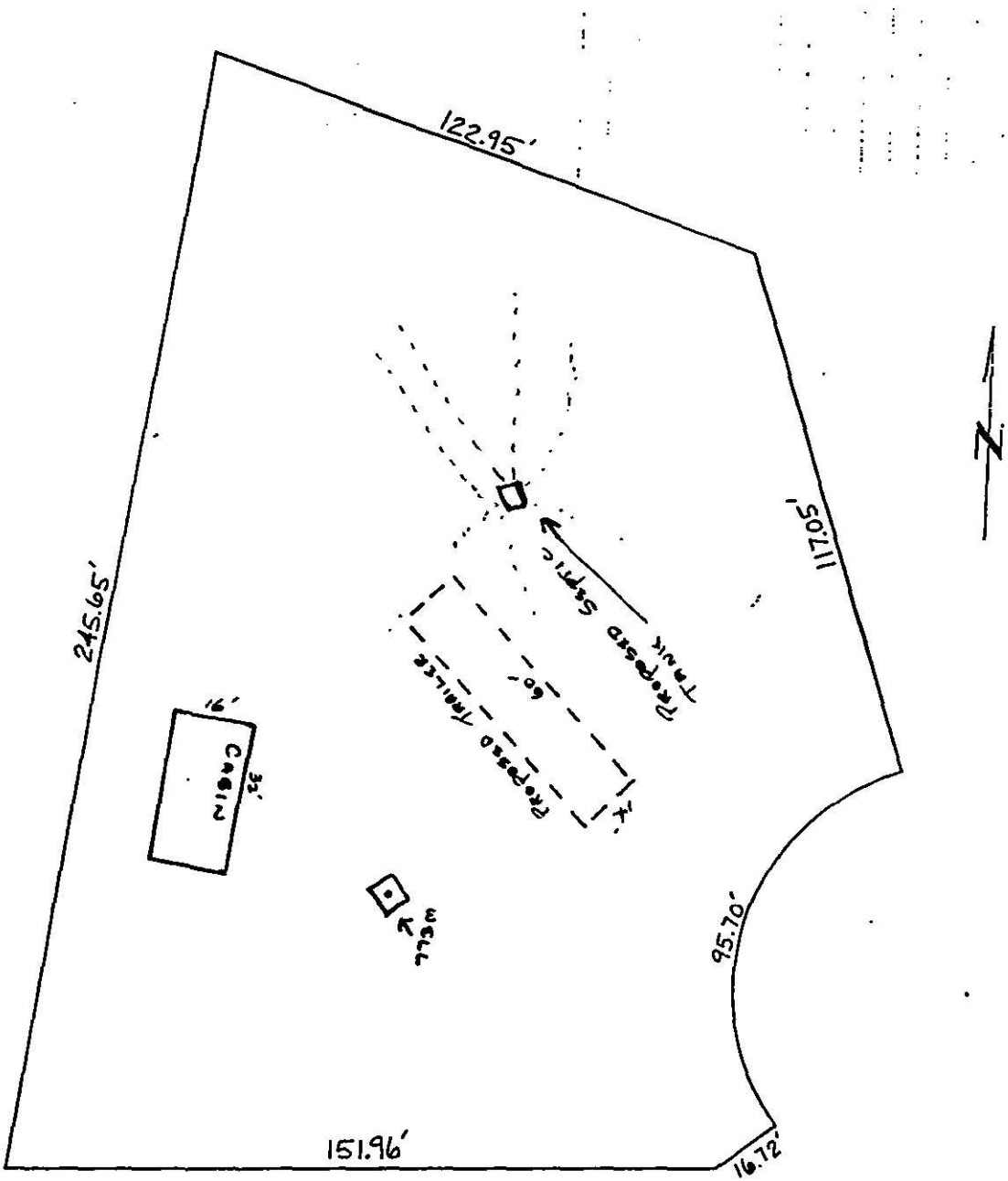
July 5, 1983
DATE OF APPLICATION

Arley Weldon Griffith
OWNER

END-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Lot 298 Sec 6



1" = 30'

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP [illegible] 1997
ENVIRONMENTAL HEALTH
DIVISION
L CRT

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 19937
TC: 001-391-34
SERIAL: Nº 14442

JOB LOCATION

① ADDRESS: 16401 (STREET NO) BUTTERCUP (STREET) DR ② FILE: 19837
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: ~~GRIFFITH~~ ARLEY (FIRST) W. (MIDDLE) GRIFFEITH (LAST)
⑨ MAILING ADDRESS: 5264 FOXHILL DR
⑩ CITY: ATLANTA ⑪ STATE: GA ⑫ ZIP: 30092
⑬ PHONE: (WORK) ⑭ (HOME)

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? 2
㉓ Type?
㉔ Maximum occupancy? 4
㉕ Maximum number of employees?
㉖ Basement? ☐ yes ☑ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☑ Individual well EXISTING
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: [signature]
Date: 9-9-97

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 the Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

LIFT STATION REQUIRED

Kelly Rahill, Environmental Health — 9-11-97 Date

[signature], Director or Authorized Section Head — 9-11-97 Date

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

BUILDING

MECKLENBURG COUNTY

Charlotte Mecklenburg
Building Standards Department

9-8-87

% Kelly Randall

ENVIRONMENTAL HEALTH DEPT.
1200 Eighth Blvd.
Charlotte, N. C. 28203

Subject: ZONING VERIFICATION

Dear Sirs

The parcel of land located at Lake Buttercup Dr. and further identified by tax parcel number 201-321-34 is zoned R-R (Rural Residential).

Permitted uses include No. of Homes on individual lots

If this office can be of any further assistance please let us know.

Sincerely,

Zoning Inspector

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

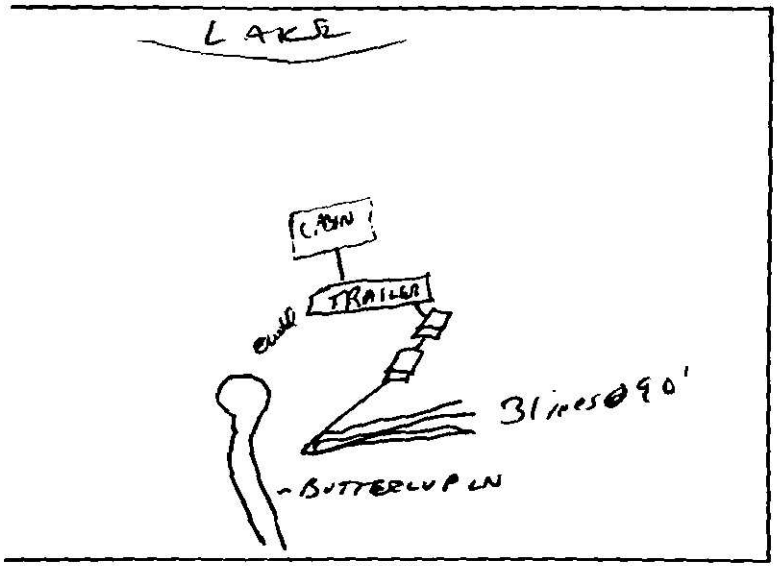
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 19397 DATE: 9-11-97

TC: 001-391-34 ☐ L

SERIAL № 11204

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 9-8-97. All work shall be completed on or before 10-11-97, 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 Department of Environmental Health 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER GRIFFITH EARLIE

LOCATION OF PROPERTY 16401 BUTTERCUP DR

Comments: 3 lines @ 90 feet x 3' wide x 12" stone

Division or Section Head

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 19387 DATE: 10-14-87

TC001-391-34 ☑ CRT ☐

SERIAL № 10645

Name of Owner GRIFFITH ARLIE Juris.:

Address of Property 16401 BUTTERCUP DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270

Number of Lines 3 @ 90

Cover Depth 1

Water Supply Source well

Distance to Water Source 50

Excavation Inspected 10-14-87

Tank(s) Inspected 10-14

Wash Line Inspected T

High Water Alarm Inspected 10-14-87

PLOT

Design: 1987 1500ST CON 810SFT 12G CECIL CTR# 52

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:

Environmentalist

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