

3430 CREEK BERRY DR

23111624

12/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1464 B DATE: 10-9-96
TC: 231-111-17 ☐ L ~~☐ GRT~~
SERIAL Nº 16888

Name of Owner Paul C. Petrillo Juris.:
Address of Property 3430 Creekberry Drive

Inspection Data:

Tank Material PCC
Total Length of Drainfield 667'
Number of Lines 5 @ 135'
Cover Depth 24"
Water Supply Source priv well
Distance to Water Source >50'
Excavation Inspected 10/7/96 PSW Inspected
Tank(s) Inspected 10-3-96
Wash Line Inspected N/A
High Water Alarm Inspected N/A

* Basic design is same as shown in original plot plan.
- Danny Laney began construction of system without installation approval.
- Inspections on 10-3 and 10-4 revealed drainlines shorter than 135', shortage in 12" stone requirement and trenches that were more narrow than 9' on center in places.
- Drainlines deeper than 24" requirement.

Design 1996, 1500ST, CoN, 2001SF, T, 12G, cecil-like CTR#

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 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: Type IIc 5 bedroom residence
(5) 3'W x 135'L x 12" stone
System Installation Was Completed by Builder Paul C. Petrillo
* Construction faults noted on 10-3 and 10-4 were corrected.

for Danny G. Thompson Jr.
Environmental Health Specialist

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

FEE: 100.00

DATE: 6/18/96

CC # 0185

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

[ ] CRT

TYPE APPLICATION: X 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 #: 14624B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 23111117 pt

STREET ADDRESS: 3430 CREEK BERRY DR

SUBDIVISION OR MOBILE HOME PARK NAME: N.A

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3416

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: PETRILLO (LAST) PAUL (FIRST) C (MI)

ADDRESS: 49 GREY AVE

CITY: ALLENDALE STATE: NJ ZIP: 07401

DAYTIME PHONE: (201) 327-8018

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: PETRILLO (LAST) PAUL (FIRST) R (MI)

DAYTIME PHONE: (704) 567-1640

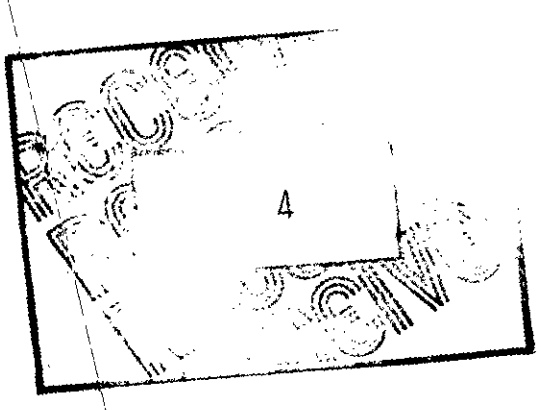
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? AUG 25 1995

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 "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: [signature]

DATE: 6-14-96

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

CK# 2079C

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/28/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6-27-96

PERMIT NO: 1464 B
PARCEL NO: 231-111-17 PO.

JOB LOCATION ADDRESS: 3430 Creekberry Drive
PROPERTY OWNER: Paul C. Petrillo
BUILDING CONTRACTOR: Paul C. Petrillo
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Ramy Mouradi, R.S. DATE: 6-27-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1464 B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Keep well 100' from wastewater system and repair area - 50' off house foundation

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FO REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

6-27-96
DATE

Permit Number 1464 B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 231-111-07 PO

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	600 Max gallons/day wastewater flow	___ Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	667' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
5 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	Keep well 100' off of wastewater system and repair area - 50' off house foundation			
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	
667' Absorption Area (Sq ft) Total Trench Length (Ft)	12" 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 the 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 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 Improvement permit is transferable.

Larry K. Thompson, Jr. L.S. 6-27-96
DENR Authorized Agent Date

Owner/Agent Signature 6-27-96
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

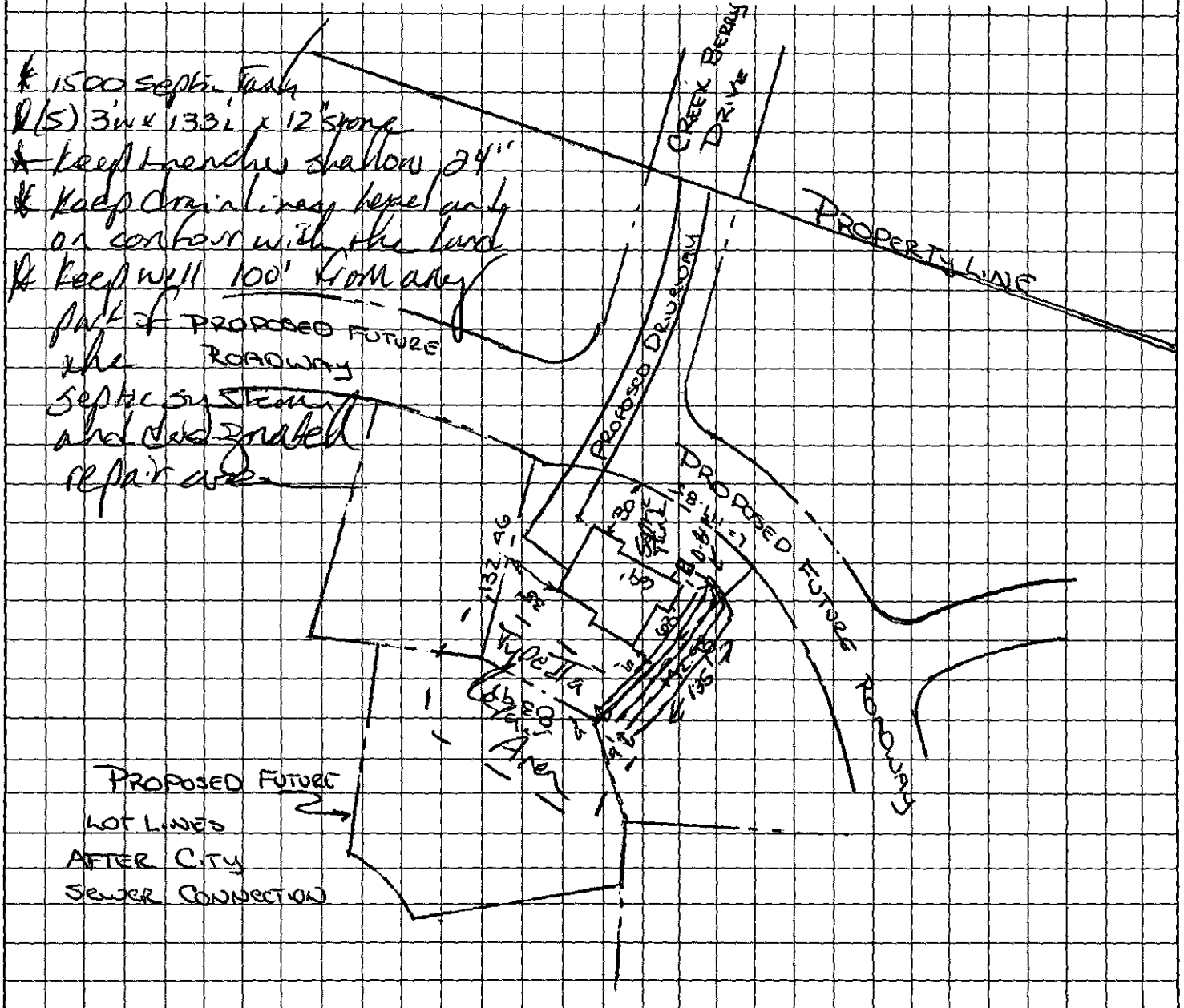
PROPOSED PLOT PLAN

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

FILE: 1464B

TC: 231-111-17 PO

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.



OWNER/AGENT SIGNATURE

DATE 6-14-96

APPROVAL DATE 6-27-96

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

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION #1
for ON-SITE WASTEWATER SYSTEM

14648
PO 231-111-17

OWNER: Paul C. Petrilli, APPLICANT:
ADDRESS: 49 Ivy Ave, Allendale, NJ. APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 660 gpd PROPERTY SIZE:
LOCATION OF SITE: 3430 Creek Berry Road PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>46" To Chroma 2 Colors	46"	N/A	None	PS .39/F2 LD
		3-46"	SBK/c	Fr-Fi/SEXP/SP					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>46" To Chroma 2 Colors	46"	N/A	None	PS .39/F2 LD
		4-46"	SBK/c	Fr-Fi/SEXP/SP					
3	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	>46" To Chroma 2 Colors	46"	N/A	None	PS .39/F2 LD
		6-46"	SBK/c	Fr-Fi/SEXP/SP					
4	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>46" To Chroma 2 Colors	46"	N/A	None	PS .39/F2 LD
		3-46"	SBK/c	Fr-Fi/SEXP/SP					
5	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	>46" To Chroma 2 Colors	46"	N/A	None	PS .39/F2 LD
		3-46"	SBK/c	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Wallis 6-26-96
OTHER(S) PRESENT:

COMMENTS:

LEGEND

100% Repair

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

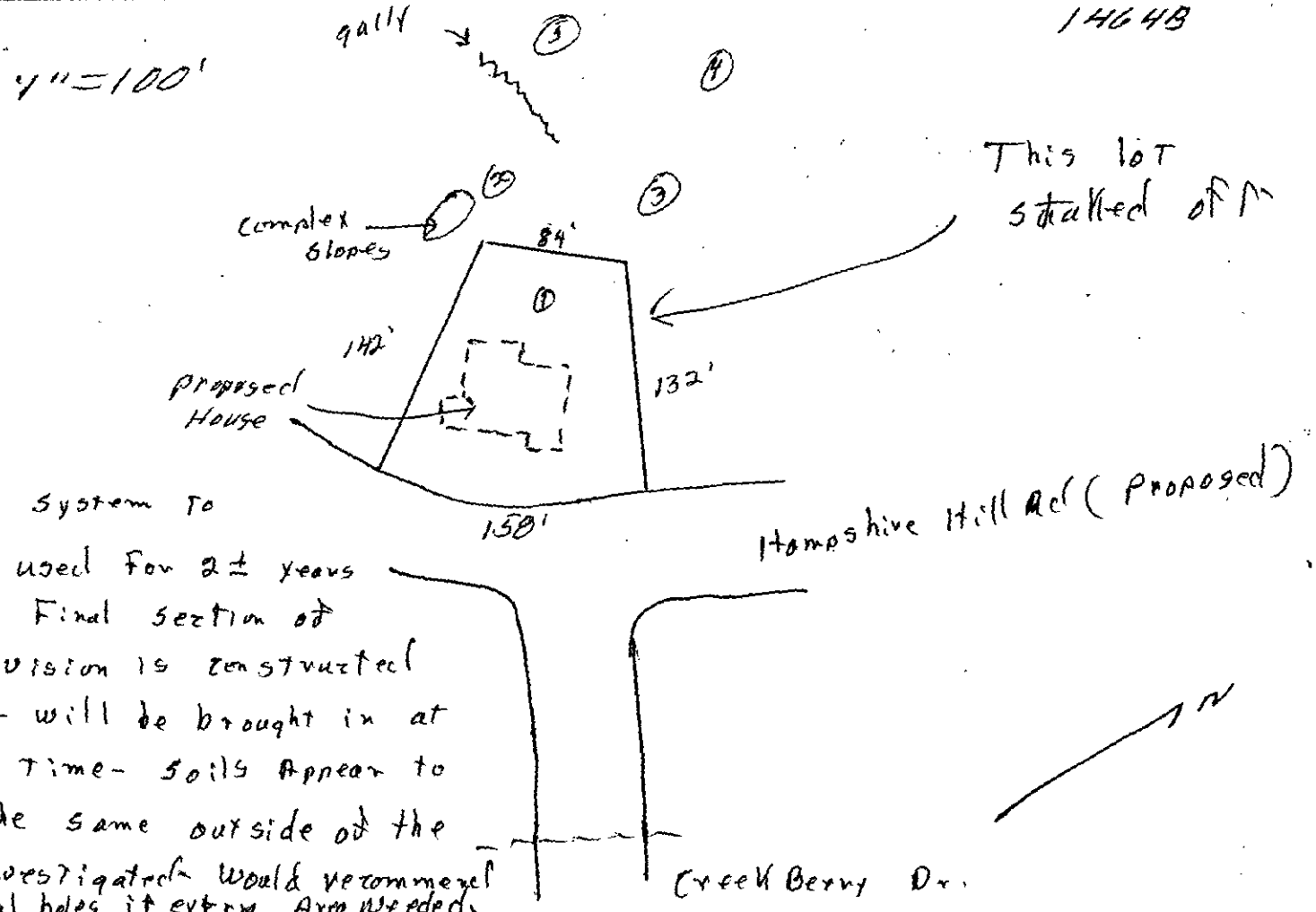
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ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolitic shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



File
1464B

DATE 6/13/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

231-111-17 pp
PARCEL NUMBER

3430 Creek Berry Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	___APPROVED	___NOT APPROVED
2. FLOODWAY REGULATIONS	___APPROVED	___NOT APPROVED
3. WATERSHED PROTECTION	___APPROVED	___NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	___APPROVED	___NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___PRESENT	___NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	___YES	___NO
7. DRIVEWAY PERMIT REQUIRED	___YES	___NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___YES	___NO

REMARKS: S F House

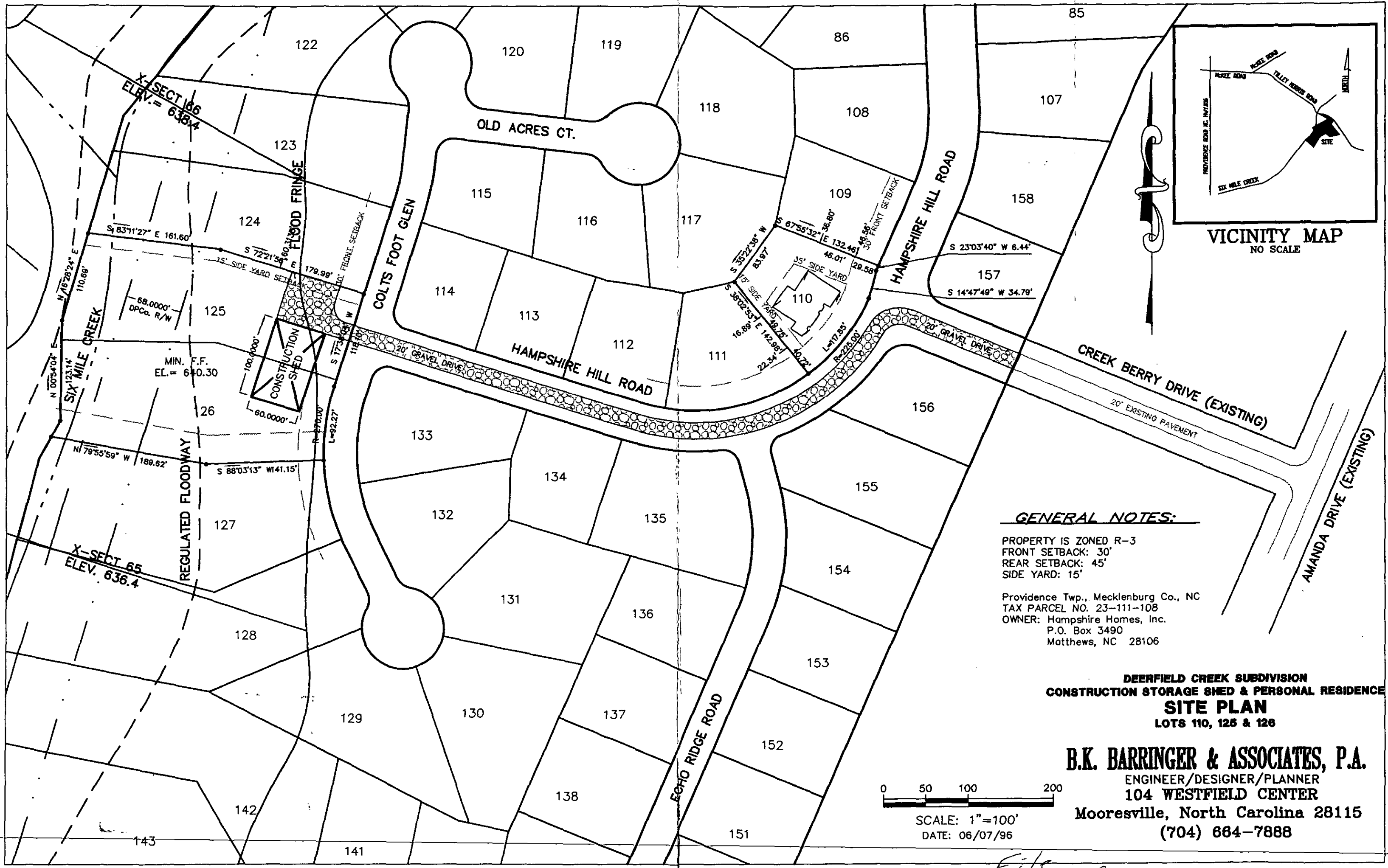
NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☒ NEW ADDRESS

SIGNED: Rob

REVISED 1/91



GENERAL NOTES:

PROPERTY IS ZONED R-3
FRONT SETBACK: 30'
REAR SETBACK: 45'
SIDE YARD: 15'

Providence Twp., Mecklenburg Co., NC
TAX PARCEL NO. 23-111-108
OWNER: Hampshire Homes, Inc.
P.O. Box 3490
Matthews, NC 28106

DEERFIELD CREEK SUBDIVISION
CONSTRUCTION STORAGE SHED & PERSONAL RESIDENCE

SITE PLAN

LOTS 110, 125 & 126

0 50 100 200

SCALE: 1"=100'
DATE: 06/07/96

B.K. BARRINGER & ASSOCIATES, P.A.
ENGINEER/DESIGNER/PLANNER
104 WESTFIELD CENTER
Mooresville, North Carolina 28115
(704) 664-7888

File 1464B