

3022 BUTTER CHURN LN

23122211

7/18/08

marliwr

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

10.21.98 OSV w/Bob McCarver. Proposed relocation of septic bed to front yard. This bed will be 10'w x 32'l x 24" stone. No room in backyard - want to leave as much as possible for future septic repairs.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

15299

Pd 30.00 CK 1/16/98 SC

[] CRT

COPY

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: [redacted] L. Matthews (last) Gary (first) C (mi)
ADDRESS: 3007 Butter Churn Ln PHONE: (704) 814-0848
CITY: Matthews STATE: N.C ZIPCODE: 28105

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-104-11
STREET ADDRESS: 3022 Butter Churn Ln
ZONING:

PROPERTY OWNER:
NAME: [redacted] B. Wallwork (last) Walter (first) B (mi)
ADDRESS: 3022 Butter Churn Ln PHONE: (704) 846-8289
CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 11 LOT SIZE (in acres): 1/2

TYPE APPLICATION (check one):

Built 1980

[redacted]
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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 [] 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: [signature] Date: 10-14-98

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.

...10-19 OSV, Garage footers dug over washer bed can not approve.

[] 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

WATER : 122791

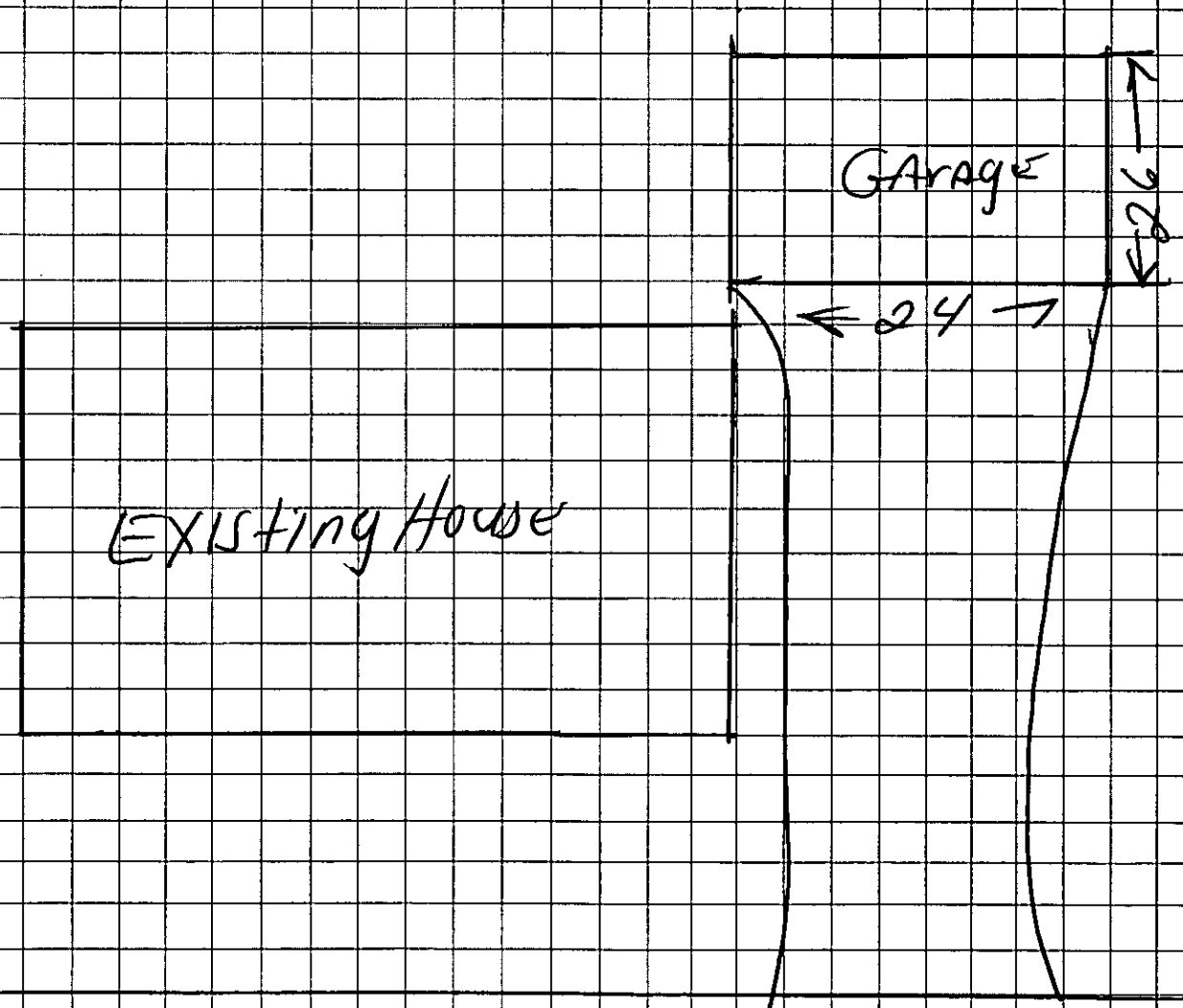
PROPOSED PLOT PLAN

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

FILE: 15299

TC: 231-104-11

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.



3022 Butter Churn Lane

OWNER/AGENT'S SIGNATURE

DATE 10-19-98

APPROVAL DATE _____

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

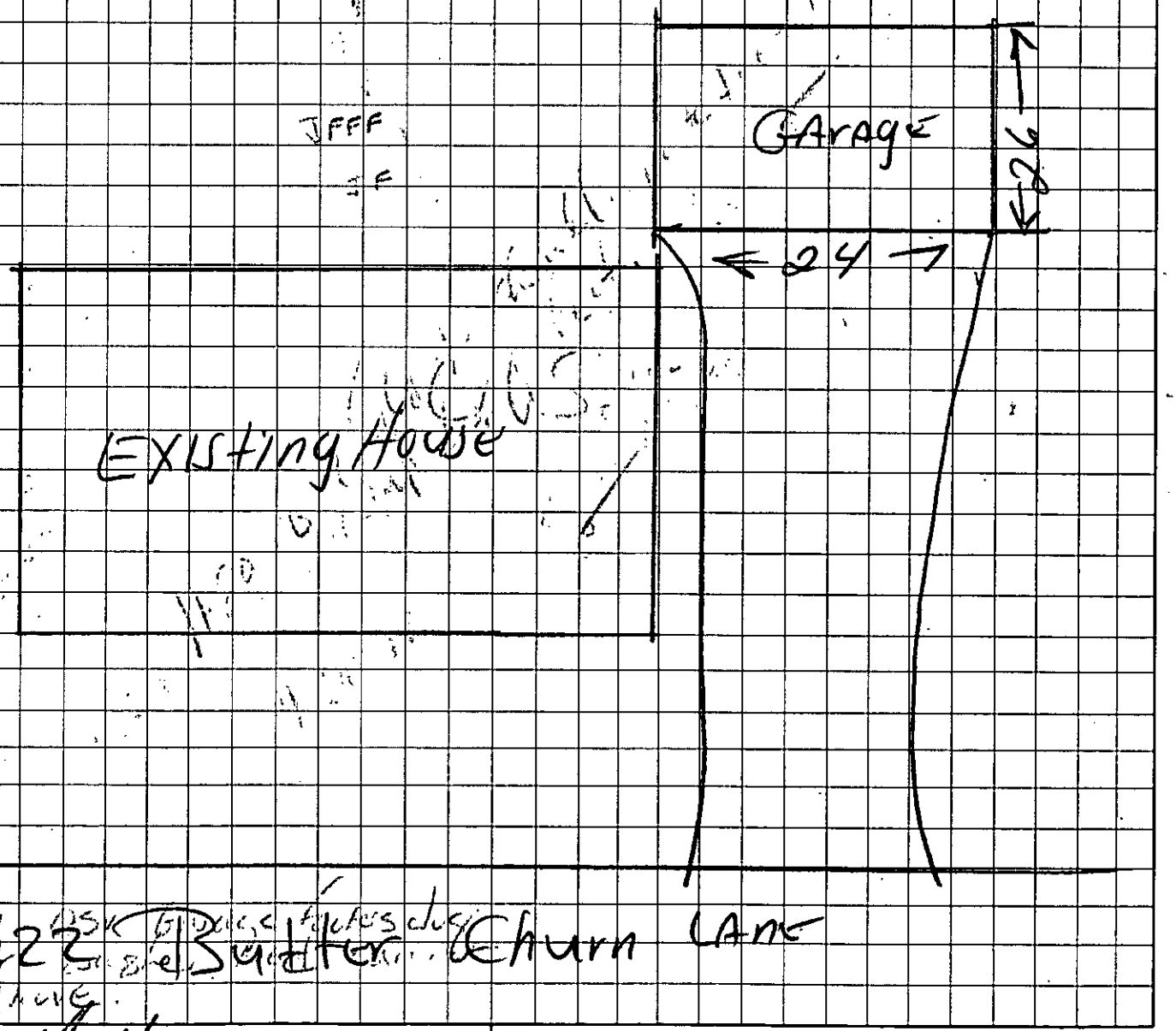
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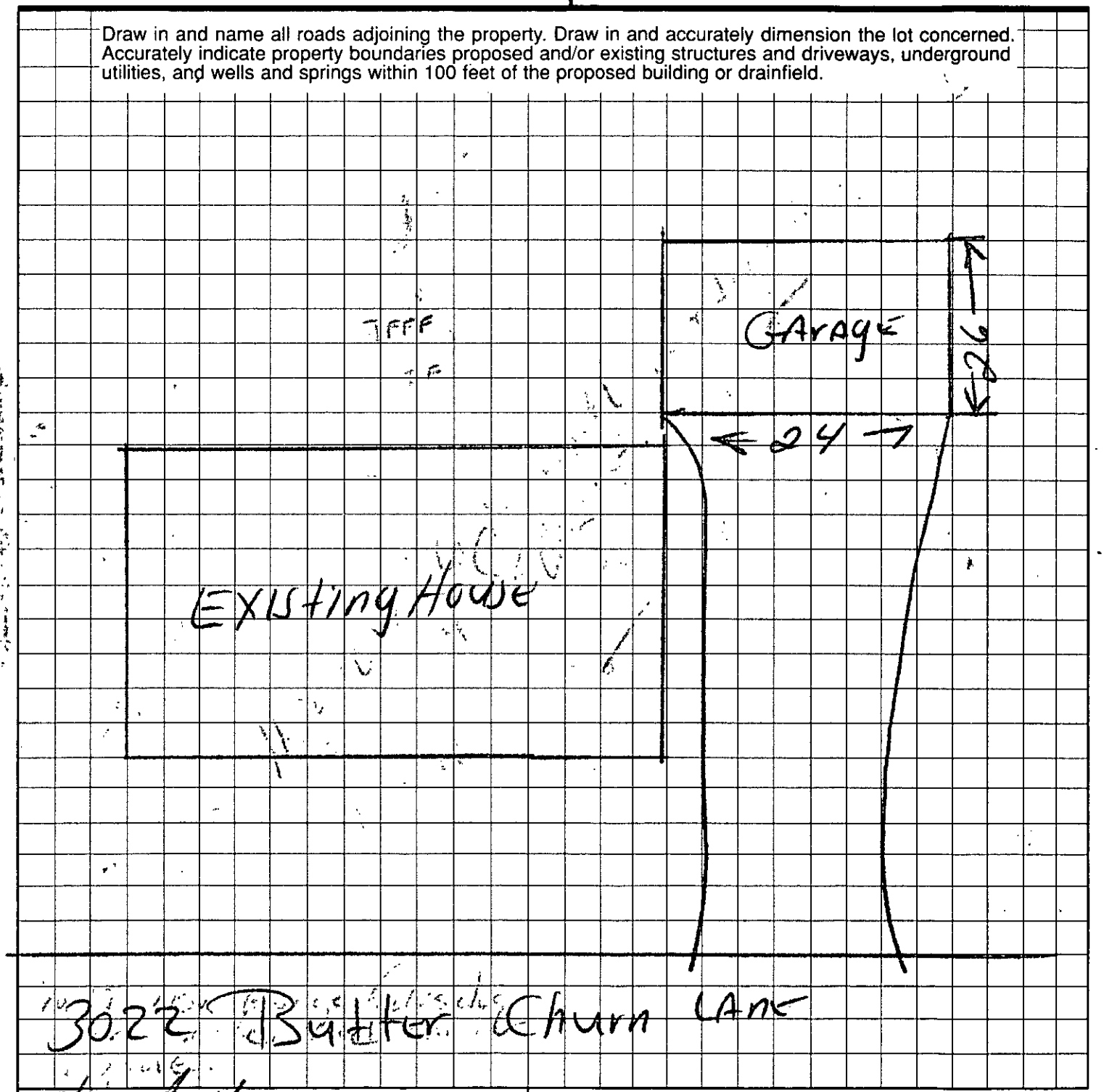
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OWNER/AGENT SIGNATURE

DATE 10-4-98

APPROVAL DATE _____

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ISSI Operations Center Staff

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C of A (s) No. 15299

Serial 3782

T. C. No. 331-15-1-15

Date Issued 6-3-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Smith Allen & Jane (LAST / FIRST / MIDDLE)

Location of Property 3922 Pinetree Church Rd.

Application Number 15299 Permit Number 15299

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material PC

Total Length of Drain Tile 45'+45' Number of Lines 4 + 4

Depth of Filter Material 12" Cover Depth 15"+

Water Supply Source Com. well Distance from Water Source 100'+

Excavation Inspected 6-3-80 (DATE) Tank Inspected 6-3-80 (DATE)

Nitrification Field Inspected 6-3-80 (DATE)

Washing Machine Line Inspected, If Applicable 6-3-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been _____ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Bob Miller
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Serial 3988

Date Issued 6-2-80

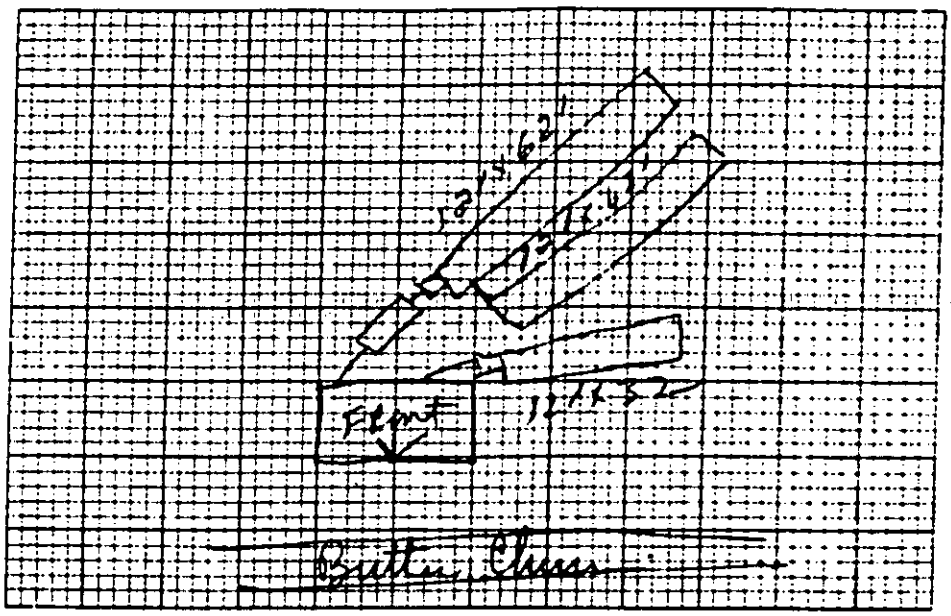
ICAR(S) Permit No. 15299

T. C. No. 231-10

Map Date ____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank w water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the scribed location. This permit is granted based upon the information supplied in application 1529 dated 10/30/79 and this permit shall be void and of no effect if the information provided in the plication is not true or is erroneous. All work shall be completed on or before 6/30/80, after date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.C.

Liquid Capacity of Tank 1500 gal

Tank Construction P.C.

Absorption and/or Nitrification Lines

Total Line Length 495' x 1'

Number of Lines 4 + 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well Corner Lot

NAME OF OWNER Smith Allen Co. Inc

LOCATION OF PROPERTY 3022 Butter Churn Lane.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbu County Health Commission which are in effect on the date of the granting of this permit. A certificate of a proval must be issued by the Environmental Health Director before any system can be covered up or otherw rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that t system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co trolling or using such system from any liability resulting from the failure of the system to operate proper

Two Beds 12'x62' +17" Stone on Septic System

12'x32'+17" Stone on Washing Machine

Bob Allen

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 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.

EHD-5-76

Environmental Health Department's Copy

15299

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APPLICATION FOR SERVICES

PD 30' Cpl 6/16/98 JC [] CRT

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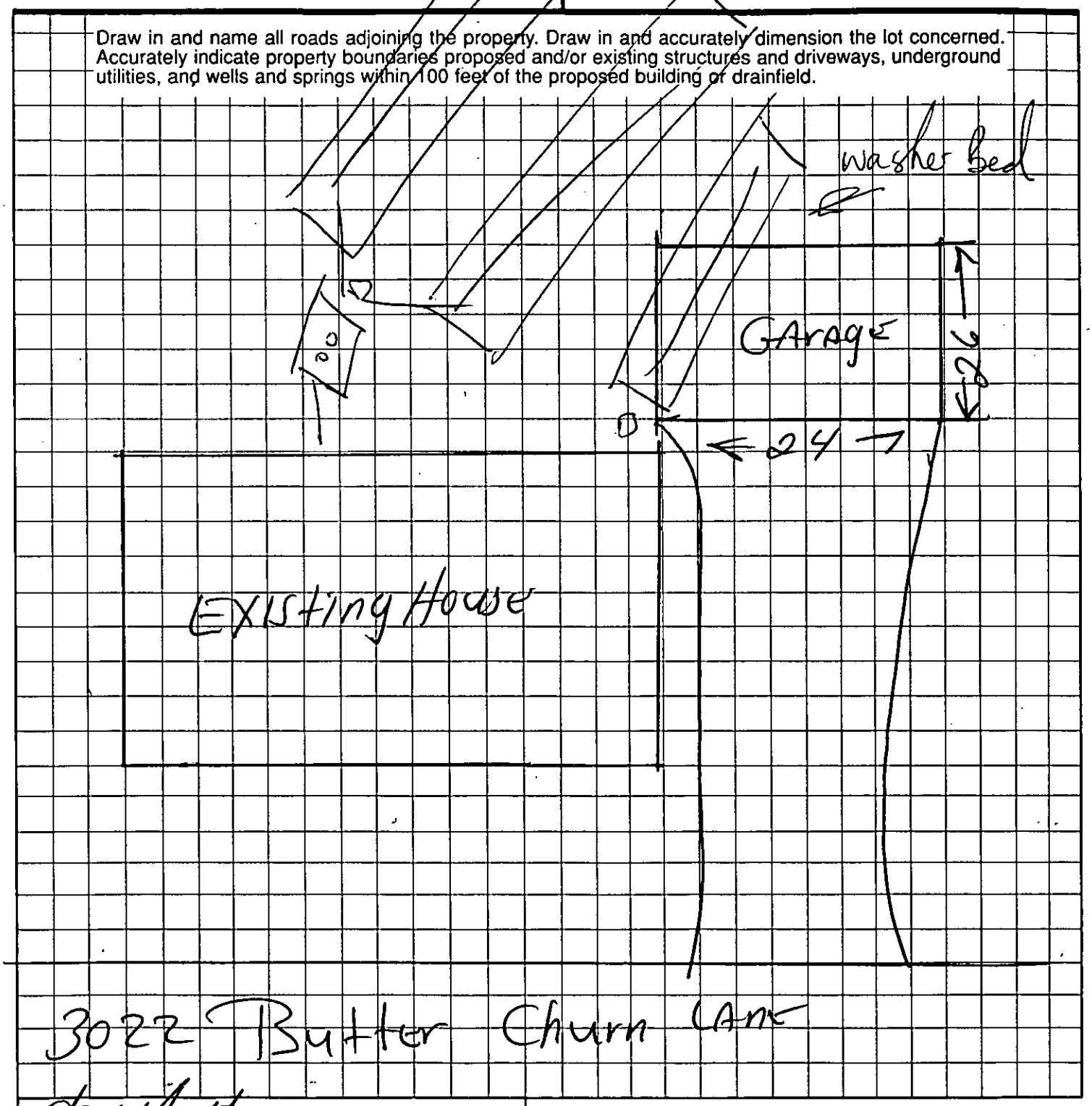
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