

6422 SIMPSON RD

03308506

7/8/08

marliwr

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

ACS

FEE: _____
DATE: 2-01-01

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

[ ] CRT

TYPE APPLICATION: ___ 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 #: 1400

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033 085 06

STREET ADDRESS: 6422 Simpson Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1650

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ 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 ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
✓ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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

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

PROPERTY OWNER:

NAME: Butts Dennis L (Jr)
(LAST) (FIRST) (MI)

ADDRESS: 6422 Simpson Rd

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: ( ) 392 - 7285

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 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: Dennis L Butts Jr. DATE: 2-01-01

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

1) Advised property owner to connect to city sewer. Sewer not available

2) soil conditions bad, water entering in side wall of trenches when excavated

Bed system 9'wd X 67'long X 24" stone X 6" sand

OWNER: [redacted] DATE REQUESTED: 5-8-78
ADDRESS: [redacted] PLAT NO.:
COUNTY: [redacted] LOT SIZE: 20,000
LOCATION OF SITE: [redacted]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10	S PS (U) — 0-2	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S PS (U) — Clayey 2-1	S PS (U) — Clayey 2-1	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S PS U — Massive	S PS U — Massive	S PS U	S PS U
4. SOIL DEPTH (In.)	S PS (U) — <48"	S PS (U) — <48"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S PS (U) — Impervious saprolite	S PS (U) — Impervious clay	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S PS (U) — Slow	S PS (U) — Slow	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S ~~PS~~ U — Slow	S PS (U) — Slow	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Unsuitable	Unsuitable		
SOIL SERIES	Iredell	Helena		

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns)

Recommendations/Comments:

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Name of Owner Hipp (LAST) Frank (FIRST)

Location of Property 6422 Simpson Rd

Application Number —

Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 gal

Tank Material FCC

Total Length of Drain Tile 600

Number of Lines 9

Depth of Filter Material 18" stone 6" sand

Cover Depth 12"

Water Supply Source well

Distance from Water Source 750'

Excavation Inspected 11-16-84 (DATE) J.E.

Tank Inspected 11-19-84 (DATE)

Nitrification Field Inspected 11-16-84 (DATE) J.E.

Washing Machine Line Inspected, If Applicable — (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

DERITA PRECISION MACHINE COMPANY, INC.

CHARLOTTE, NC 28214

PHONE NO. 704-392-7285 FAX NO. 704-393-5430

FAX TRANSMISSION

DATE: 2-02-01 TIME: NUMBER OF PAGES:

TO: Phil Walker FROM: Denny Butts

CO. NAME: SUBJECT:

FAX NO.

REMARKS:

Hey Phil,

I've got my tap for city water & am now arranging to get a plumber to hook it up. Here is the application. I'll talk to you later.

Thanks,

Denny

14001

SERVICE REQUEST/WORK ORDER

Fax # 393-5430

Log No.: _____ Section: IWWS Hazard? ( ) yes ( ) no

Date: 12-21-00 Parcel: 033-085-06

REQUESTING PERSON: Jenny Butts Ho. 393-2520 WK 392-7285 Phone

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name Dennis & Butts + wife Mary Lot 3 BC

Address 6422 Simpson Rd City Char. Zip 28216 1960

SERVICE REQUESTED: Need Septic inspected. There is a wet spot in the yard

ASSIGNED TO: Phil TAKEN BY: Ruby

DATE	ACTIVITY REPORT Sunset, Simpson off Oakdale
	Check septic system
12/28	OSV conducted on the property. All the line in the drainfield appeared to be saturated and effluent was leaking to the ground surface in the last line.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___
Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____
Section Head's Signature Date

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail
(Return Receipt)

X First Class Mail

___ Hand Deliver

Owner Dennis & Mary Butts

Mailing Address 6422 Simpson Road
Charlotte, NC 28216

Occupant Same as above

Location Same as above

☒ Residence
☐ Business
☐ Other _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services, Article 11 of Chapter 130A of the General Statutes of North Carolina; or Permit Conditions by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On January 24, 2001, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
A discharge of sewage or effluent to the surface of the ground	G.S. 130A-335(a) 15A NCAC 18A .1938(b) .1961(a)(1)(A)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repairing your system.
☐ Eliminate wastewater discharge and connect to an approved wastewater system.
☒ Other (specify) Abandon the existing well and connect to municipal water due to repair requirements in the front yard.

If the wastewater violation is not brought into compliance by March 1, 2001, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 N. Tryon Street, Suite 211 Charlotte, NC 28202 (704-336-5102, phone; 704-336-6894, fax).

Notice Issued January 30, 2001 (Date) Signed Philo S. Walker, R.S. Philo S. Walker RS Agent DENR/DEH

Compliance 2/13/01 (Date) Signed Philo S Walker Agent DENR/DEH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

14001
FILE: ~~2/13/01~~ DATE: 2/13/01
TC: 033 085 06 ☐ L ☐ CRT
SERIAL Nº 17772

Name of Owner Dennis Butts Juris.:
Address of Property 6422 Simpson Rd

Inspection Data:

Tank Material Existing
Bed
Total Length of Drainfield 200'
Bed
Number of Lines 3 @ 67'
Cover Depth Appr 24"
Water Supply Source municipal
Distance to Water Source
Excavation Inspected 2/9/01
Tank(s) Inspected Existing
Wash Line Inspected plumb to tank
High Water Alarm Inspected NA

PLOT

Design 2001, Repair, Conv, 600 SFB, 24" stone, 6" sand CTR# Steve Autry

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 I5A 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 I5A 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: Subsurface water entering soil sidewalls during installation. Water line rerouted >10' from the septic system. Existing well abandon (application on file)

Philo A. Walker R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

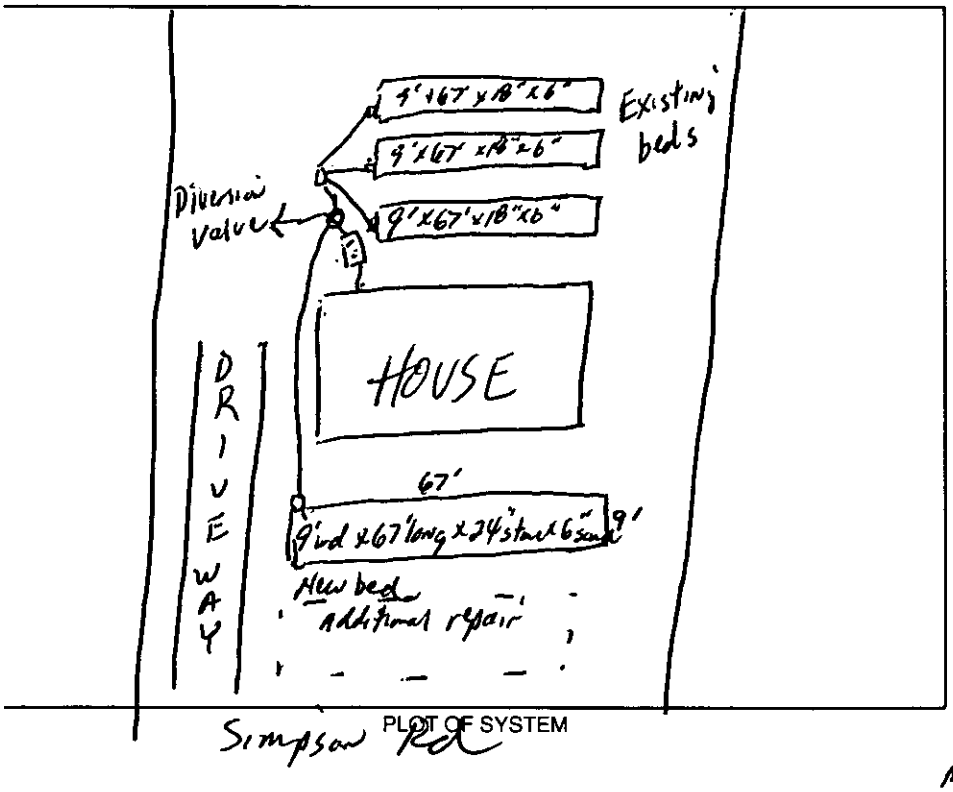
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14001 DATE: 1/24/01

TC: 033 085 06 ☐ L

SERIAL Nº 18599

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 2/01/01. All work shall be completed on or before 2/24/01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Health Department 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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Existing

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed Trench Width 9' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Bed Number of Lines 3 (67')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well well to be Abandoned feet

Municipal water

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Deanna Butts

LOCATION OF PROPERTY 6422 Simpson Rd

Comments: Advised property owners to connect to municipal sewer, Municipal sewer not available for appr 2 yrs, Soil conditions marginal Wilkes & Helena (No options available except repair the system Abandon the existing well & connect to municipal water. Install diversion valve & Bed system 9'wd x 67'long x 24"stone x 6"sand

Phillip S Walker Reg

Environmental Health Specialist

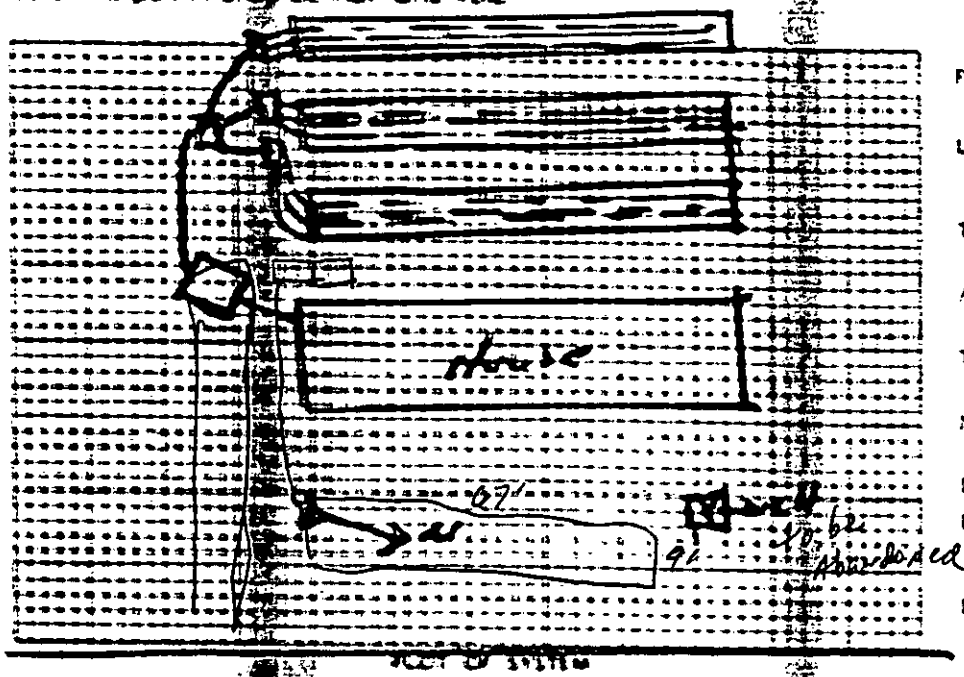
WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Subsurface Sewage Treatment and Disposal System with Subsurface Soil Absorption Effluent Discharge)

Permission is hereby granted to X 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 application 14001, dated 9-27-84 and this permit shall be void and of no effect if the information provided in the application is not found to be accurate. All work shall be completed on or before SEPT 6TH 1984, after which date this permit shall be null and void.



Permeability Rate 4 IN 8

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 600 LIN. FT

Number of Lines NINE

Distance from House 5 FT

Distance from Property Line 10 FT

Distance from Well > 50 FT

NAME OF OWNER HIPP, DARYL

LOCATION OF PROPERTY 6922 SIMPSON ROAD

The system shall meet all of the construction requirements set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered unavailable for inspection. The issuance of this permit does not in any way guarantee that the system anticipated 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.

THREE BEDS TO BE 67 FT x 9 FT x 18 inches Stone - 6 inches SAND Cover - Hay or Straw Fence - grade bds

FEE: _____
DATE: 2-01-01

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

[ ] CBT

TYPE APPLICATION: ___ 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 #: 14001

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: 033 085 06

STREET ADDRESS: 6422 Simpson Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1650

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ 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 ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
✓ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Butts (LAST) Dennis (FIRST) L (Jr) (MI)

ADDRESS: 6422 Simpson Rd

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: ( ) 392 – 7285

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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 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: Dennis L Butts Jr. DATE: 2-01-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5107

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR Michael Francis
WELL CONTRACTOR CERTIFICATION # 2473

1. WELL USE (Check Applicable Box): Residential ☒ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use: _____

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Oakdale County Mecklenburg
6422 Simpson Rd
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Denny Butts

4. ADDRESS: 6422 Simpson Rd Charlotte, N.C.

5. TOPOGRAPHY: draw, slope, hilltop, valley, (flat) (circle one)

6. TOTAL DEPTH: 80' DIAMETER 2"

7. CASING REMOVED:

feet	diameter
0	

8. DISINFECTION: 1 cup
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

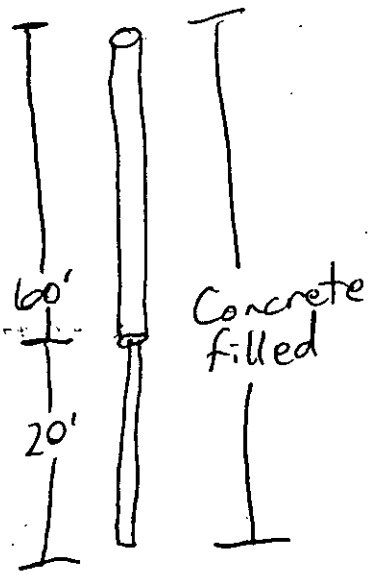
Neat Cement
bags of cement _____
gallons of water _____

Sand Cement
bags of cement _____
gallons of water _____

Other
Type material concrete
Amount slowly by hand 4½ bags

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
slowly by hand

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



11. DATE WELL ABANDONED 2-6-01

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Michael Francis Date 2-6-01

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99