

15521 RED FEZ CLUB RD

21710119

5/10/07

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3894A DATE: 9/1/05

TC: Z17-101-19 ☒ L ☒ CRT

SERIAL 19803

Name of Owner DONALD BUTLER Juris.:

Address of Property 15521 RED FEZ CLUB RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 12"

Water Supply Source WELL

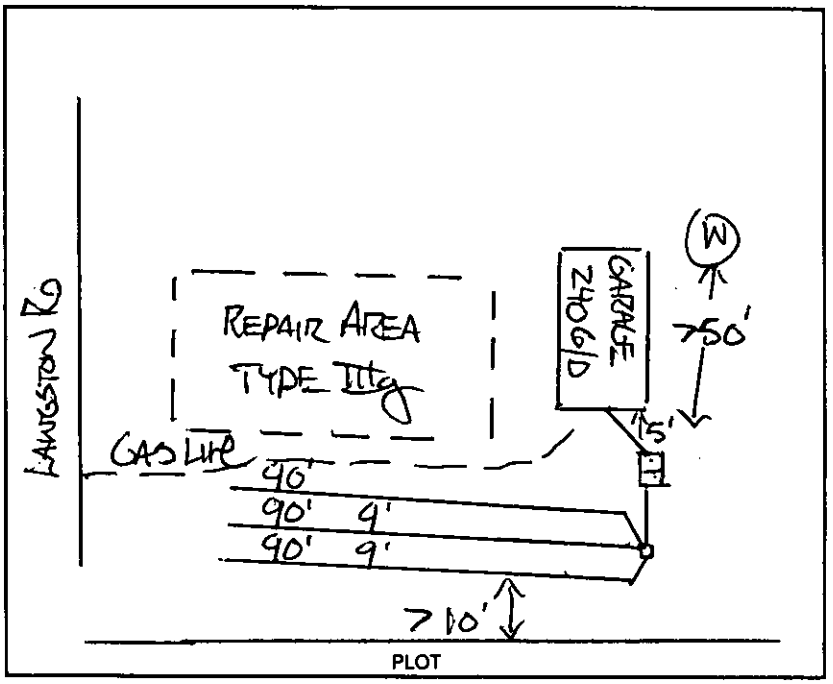
Distance to Water Source 750'

Excavation Inspected 9/1/05

Tank(s) Inspected 9/1/05

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005, TYPE II, Conv., 810SF, 126, T, 1500ST CTR# WILLIE CHRISTENBERY

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: DETACHED GARAGE W/ OFFICE & BATH. 2406PP, 270' DRAINLINE 3 LINES @ 90', 12" GRAVEL, 1500 GAL ST. / 750 FROM EXISTING & PROPOSED WELL; TYPE IIIg REPAIR

TYPE II

JMW, RS 9/1/05
Environmental Health Specialist

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

GWS – RES. APP 12/04

SEPTIC FEE 200.00
DATE 7/12/05
CRT # Cash JKA

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3894 A

WELL FEE 400.00
DATE 7/12/05
CRT # JKA Cash

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 217-101-19 (Lawyston Rd)
STREET ADDRESS: 15521 Red Fez Club Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☑ OTHER

HEATED SQUARE FOOTAGE: 2400
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Donald Butler
ADDRESS: 15521 Red Fez Club Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-588-8800 WORK PHONE: 704-523-1482
MOBILE PHONE: 704-506-5343 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Donald Butler 7/12/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Donald Butler 7/12/05
Owner's/Agent's Signature Date

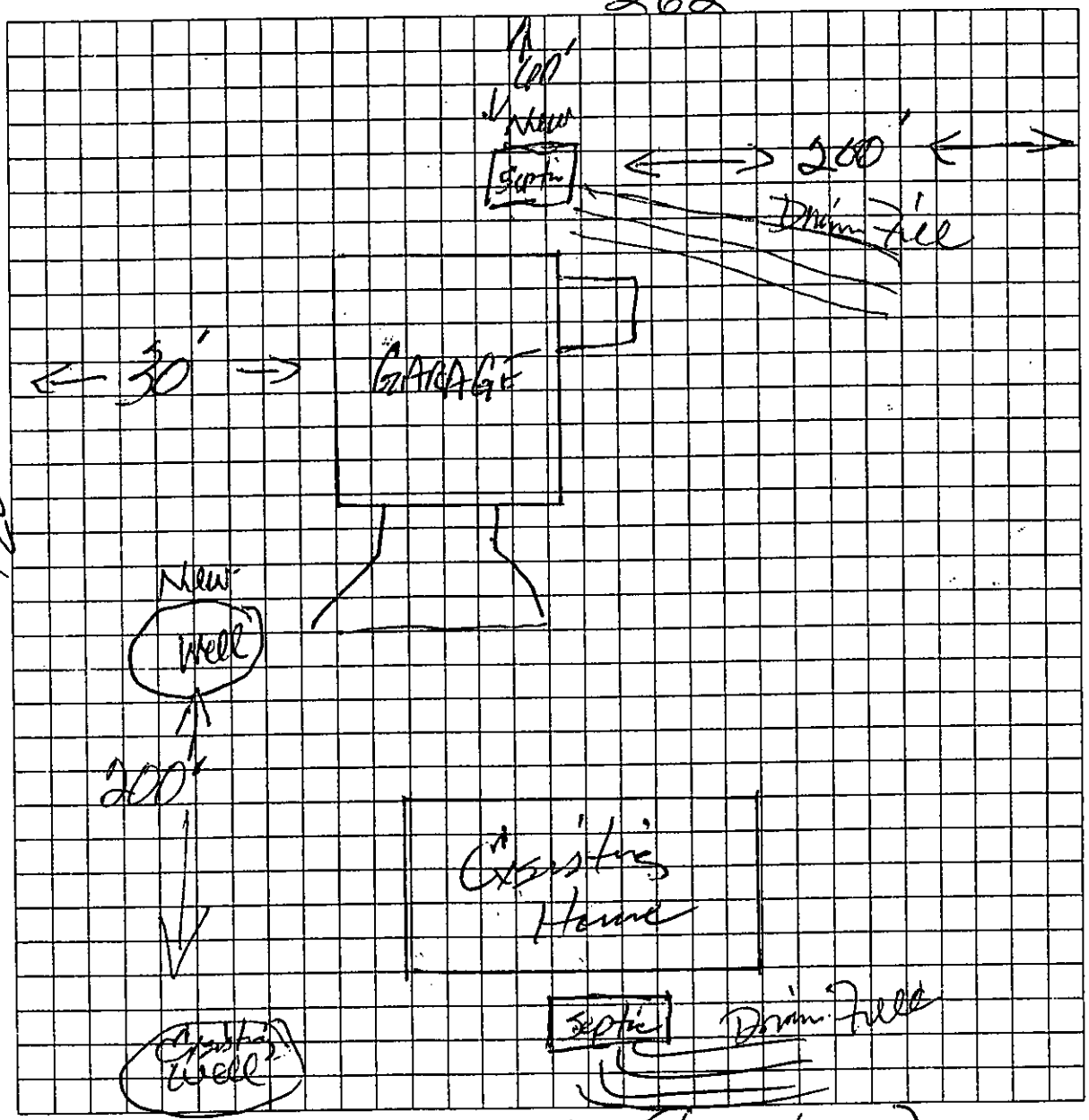
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 3894A
Approval Date_____

APPROVED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property.



Owner/Agent Signature	Staff Signature
Date	Date

LBC 12/15/04

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 3894A DATE: 9/1/05

TC: 217-101-19 X ☐ L

SERIAL Nº 20024

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 7/12/05. All work shall be completed on or before 9/1/05, 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.

SEE OPERATION PERMIT

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 270' feet

Number of Lines 3@90'

Depth of Stone 12 inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 750 feet

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

NAME OF OWNER DONALD BUTLER

LOCATION OF PROPERTY 15521 RED FEZ CLUB RD.

Comments: TYPE II CONV, 270' DRAINLINE, 3 LINES @ 90', 1500 GAL ST.

SETBACKS: 750' FROM PROPOSED & EXISTING WELLS.

Environmental Health Specialist

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

FEE: Cash $300.00
DATE: 8/3/05 V.W

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

PERMIT NUMBER: 3894A
PARCEL NUMBER: 217-101-19

JOB LOCATION ADDRESS: 15521 Red Fez Club Road
PROPERTY OWNER: Donald Butler
BUILDING CONTRACTOR:
SUBDIVISION NAME: Donald Butler
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 07/29/05

David Cornelius, RS 7/29/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 3894A, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: 3894A Tax Number: 217-101-19

- 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	240 Max gallons/day wastewater flow	800 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	267 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
2 Bedrooms in residence	na Gallon pump tank	12 Depth of stone (in)	

Any surface water present: No Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ 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:

600 Absorption Area (ft^2) 200 Total trench length (ft)	na Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

DENR Authorized Agent — Date 7/29/05

Owner/Agent Signature — Date 8/3/05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 3894A

TC: 217-101-19

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.

1" = 60'

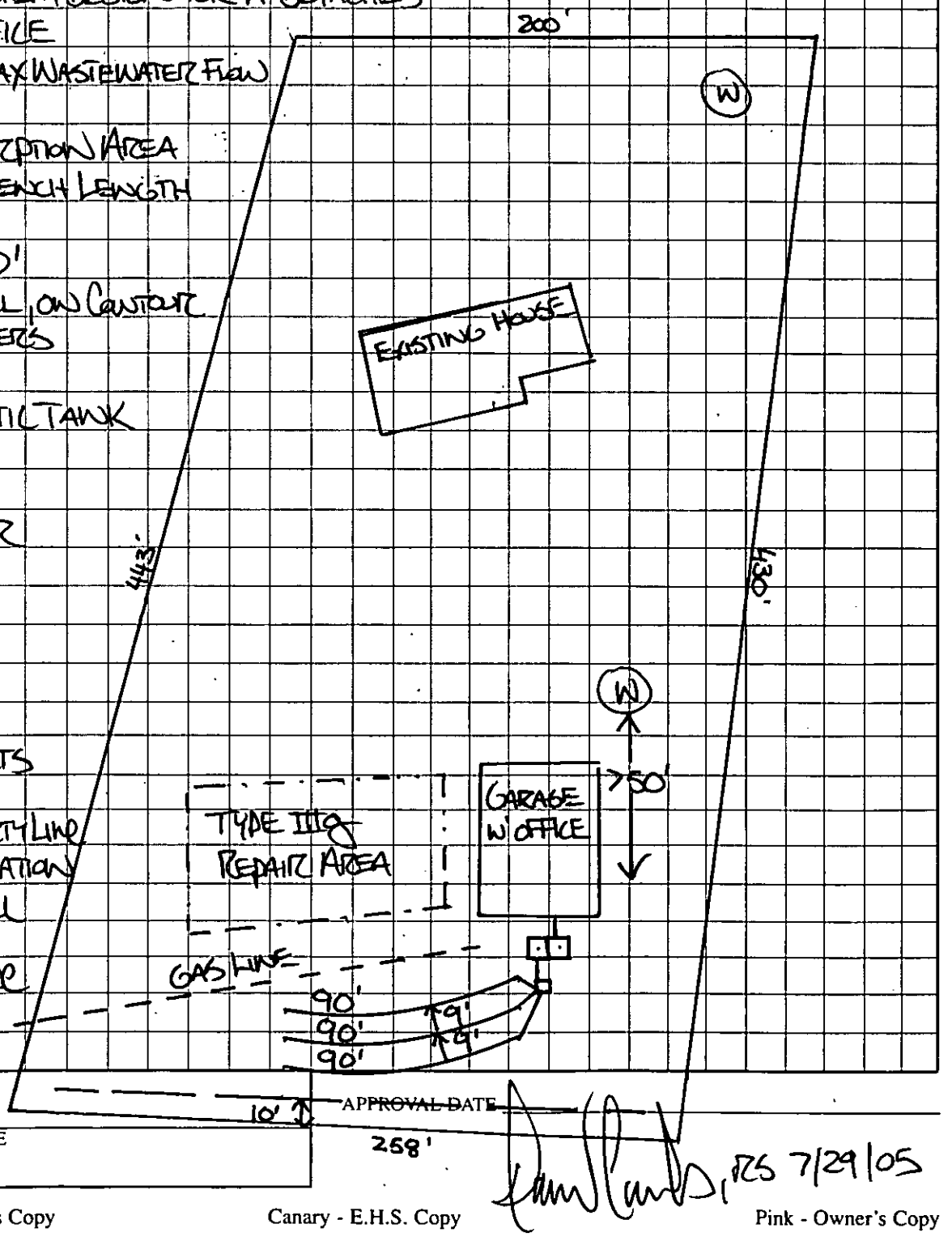
- WASTEWATER SYSTEM DESIGN FOR A DETACHED GARAGE W/ OFFICE
- 240 GAL/DAY MAX WASTEWATER FLOW
- LTAR = 0.3
- 800 FT² ABSORPTION AREA
- 267 TOTAL TRENCH LENGTH

- 3 LINES @ 90'
- INSTALL LEVEL ON CONTOUR ON 9' CENTERS
- 12" STONE
- 1500 GAL SEPTIC TANK

TYPE IIIg REPAIR

SETBACKS:
KEEP ALL PARTS OF SYSTEM:
>10' FROM PROPERTY LINE
75' FROM FOUNDATION
>50' FROM WELL

STAY OFF GAS LINE



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

RCS 7/29/05

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

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 3894A

TC: 217-101-19

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.

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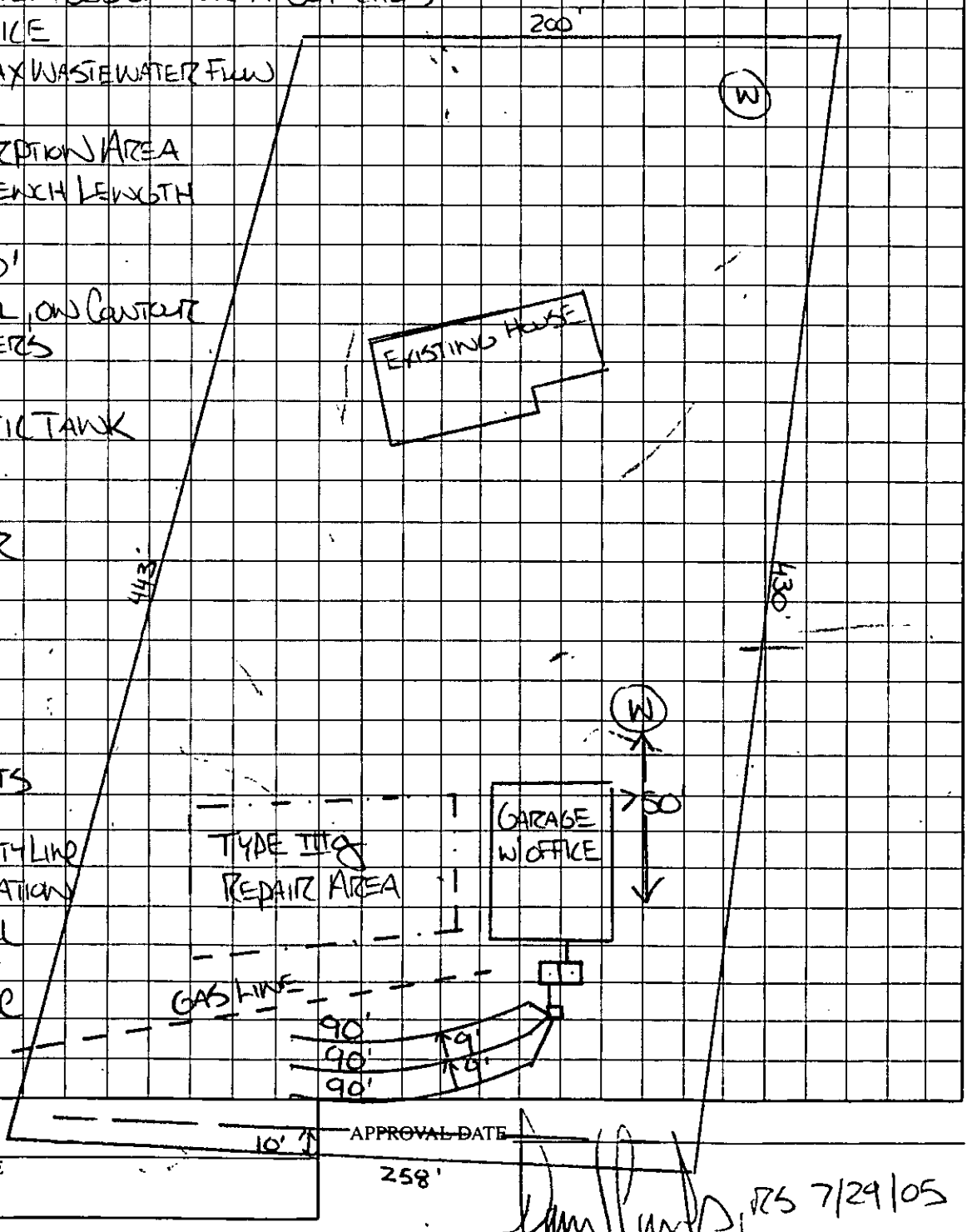
- WASTEWATER SYSTEM DESIGN FOR A DETACHED GARAGE W/ OFFICE
- 240 GAL/DAY MAX WASTEWATER FLOW
- LTAR = 0.3
- 800 FT² ABSORPTION AREA
- 267 TOTAL TRENCH LENGTH

- 3 LINES @ 90'
- 1 INSTALL LEVEL, ON CONTOUR ON 9' CENTERS
- 12" STONE
- 1,500 GAL SEPTIC TANK

TYPE III g REPAIR

SETBACKS:
KEEP ALL PARTS OF SYSTEM:
>10' FROM PROPERTY LINE
75' FROM FOUNDATION
>50' FROM WELL

STAY OFF GAS LINE



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

RS 7/29/05

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: 1 of 2
Property ID # 217-101-19
Lot #:
File #: 3894A
Code: 1

AC

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Donald Butler
Applicant:
Address: 15521 Red Fez Club Road, Charlotte, N. C. 28275
Date Evaluated: 7/22/2005
Proposed Facility: Garage/office
Design Flow (.1949): 360gpd
Property Size: .1a inv
Location of Site: ~~14421~~ 15521 Red Fez Club Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-12	GR/SL	FR/SEXP/NS/NP	>47" TO SOIL WETNESS	47	N/A	NONE	US, IV
		12-16	SBK/SCL	FR/SEXPSS/SP					
		16-47	PL/ABK/C	FI/SEXP/S/P					
2	"	0-11	GR/SL	FR/SEXP/NS/NP	>46" TO SOIL WETNESS	46	"	"	PS, IV
		11-16	SBK/SCL	FR/SEXP/SS/SP					.3GPD/FT^2
		16-46	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-4	GR/SL	FR/SEXP/NS/NP	>36" TO SOIL WETNESS	36	"	"	"
		4-36	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

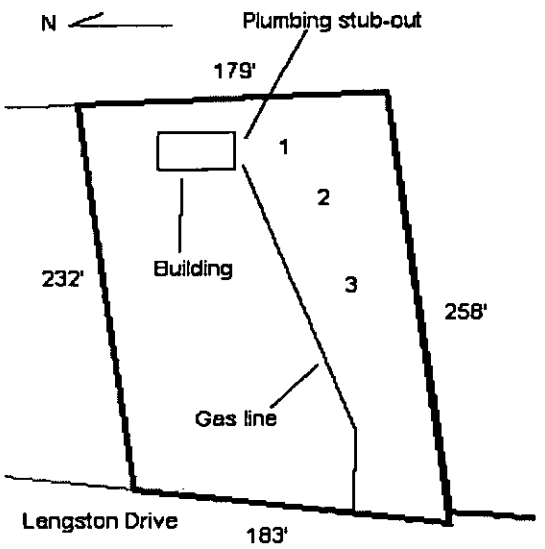
Other Factors (.1946):
Site Classification (.1948): PROVISONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 7/25/2005. W. R. Marlin
Others Present: D. Butler

COMMENTS:
100% repair, may encounter large rocks in digging drainfield, pump may be needed due to depth of plumbing stub-out

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Released in POSSE 11/22/05 V.W.

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/22/2005 12:57 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-15521
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/21/2005 10:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55259
CHAIN OF CUSTODY #: 05110370

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55259	E. COLI-PA	absent	P/A		SM 9223B	11/21/2005 11:45	KEK
AB55259	Total Coliform	present	P/A		SM 9223B	11/21/2005 11:45	KEK

Comment:

Laboratory Supervisor: W Kennedy

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

Cinq B.

CHARLOTTE.

Laboratory Analysis Report
Report Date: 11/22/2005 12:58 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-15521
LOC ID: G-SPEC
SAMPLE DATE-TIME: 11/21/2005 10:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB55260
CHAIN OF CUSTODY #: 05110370

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB55260	**NITRATE**	**0.20**	**mg/L**	0.05	EPA 353.2	11/21/2005 16:29	KEK

Comment: Sample received at 17.1 degrees C.

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 15521 Red Fez, Charlotte, NC

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: GWS
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 051/0370

Sampled By (Print Name) Cina Buchanan

SAMPLE ID (ENTER IDENTIFYING INFORMATION)	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform	Analyses Requested: Nitrate **SEE NOTE**	Analyses Requested: Nitrite	Analyses Requested: Nitrate + Nitrite	Analyses Requested: Fluoride	Analyses Requested: Hardness	Analyses Requested: Metals	Analyses Requested: Fecal Coliform	Analyses Requested: Fecal Strep	Analyses Requested: Pest/PCB, EPA 608	Analyses Requested: Herb, EPA 8151	Analyses Requested: VOA, EPA 8260	Analyses Requested: Semis, EPA 8270
15521	CAB	11/21/05 10:20 AM		N	65.4	17.1				X	500 ML		1			X						X											
GWS- 15521	CAB	11/21/05 10:20A		N	65.4					X	125 ml		1	X									X											
				N																														
				N																														
				N																														

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: 1 Day TAT Requested

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Cina Buchanan		11/21/05	1130

Form Revision 05; effective 11/04/2005

NITRATE NOTE: IF ONLY REQUESTING NITRATE 2 BOTTLES (1-250 W/H2SO4 & 1-125 ML W/NO PRES) ARE REQUIRED

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 15521 Red Fez, Charlotte, NC

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

Send Report To: GWS
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 051/0370

Sampled By (Print Name): Cina Buchanan

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 508	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
15521	CAB	11/21/05 10:20 AM		N		17.1				X	100 ml		1						X	X												
				N																												
				N																												
				N																												
				N																												

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: **1-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Cina Buchanan		11/21/05	1130
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: REAL=REAL ESTATE TRANSACTION PRIV=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR NEW=NEW WELL (PERMIT)

David

38914A

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3002

1. WELL CONTRACTOR:
FRANKIE L. OLIVER
Well Contractor (Individual) Name
CAROLINA WELL DRILLING
Well Contractor Company Name
STREET ADDRESS 10614 MEDLIN Rd.
MONROE NC 28112
City or Town State Zip Code
(704) 764-8085
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 10-26-05
TIME COMPLETED 12:00 AM ☐ PM ☑

3. WELL LOCATION:
CITY: CHARLOTTE COUNTY MECKLENBURG
15521 RED FEZ CLUB RD.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 05.570N
LONGITUDE 81° 01.752W
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME DONALD BUTLER
STREET ADDRESS 15521 RED FEZ CLUB RD.
CHARLOTTE NC 28278
City or Town State Zip Code
(704) 506-5343
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 375'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 35' FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 5 METHOD OF TEST AIR

f. DISINFECTION: Type 70% HTH Amount 24 oz.

g. WATER ZONES (depth)
From 70 To _____ From _____ To _____
From 365 To _____ From _____ To _____
From _____ To _____ From _____ To _____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From	0	To 41 Ft.	6.25	SDR 21	PVC
From		To Ft.			
From		To Ft.			

7. GROUT:

	Depth		Material	Method
From	0	To 41 Ft.	PORTLAND	POUR
From		To Ft.		
From		To Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From		To Ft.	In.	In.	
From		To Ft.	In.	In.	
From		To Ft.	In.	In.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From		To Ft.		
From		To Ft.		
From		To Ft.		

10. DRILLING LOG

From	To	Formation Description
0	3	SAND
4	8	RED DIRT
9	31	SANDSTONE
32	375	GRANITE

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 10-26-05

FRANKIE OLIVER
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10000100 **Tax Parcel #:** 217-101-19
Property Owner: BUTLER DONALD
Job Location Address:15521 RED FEZ CLUB RD
City/ETJ:CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 7/19/2005
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply:YES

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

Grout must be placed the full extent of the casing.

Initial water sample to taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's)	☐ Semi-volatile Compounds	☐ Metals (Specify in Other Conditions)
☐ Pesticides	☐ Herbicides	☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Authorized Agent: PAUL CORNELIUS, RS. Print Name

Signature: [signature]

Owner/Legal Agent: Donald R. Butler Print Name

Signature:

Date: 7/14/2005
Reviewed By: DFT

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

ARGU Review Worksheet

Job Location Information

Tax Parcel ID #: 217-101-19 File # 3894A

Street Address: 15521 Red Fez Road

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 199-311-01 MPL # 891

Street Address: McDowell Park 15222 York Road Charlotte, NC

DENR Incident #: 15688

Current Status: Closed Why? NCDENR Satisfied

Responsible Party: Mecklenburg County

Responsible Party Contact Info:

File Review

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Text. Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? YES

If Yes	**ARGU is a 1500-foot buffer around the maximum extent of contamination**

If No, is the source area defined?

If Yes	ARGU is a 1500-foot buffer around the source area
If No	ARGU is a 1500-foot buffer around the contamination site property boundary.

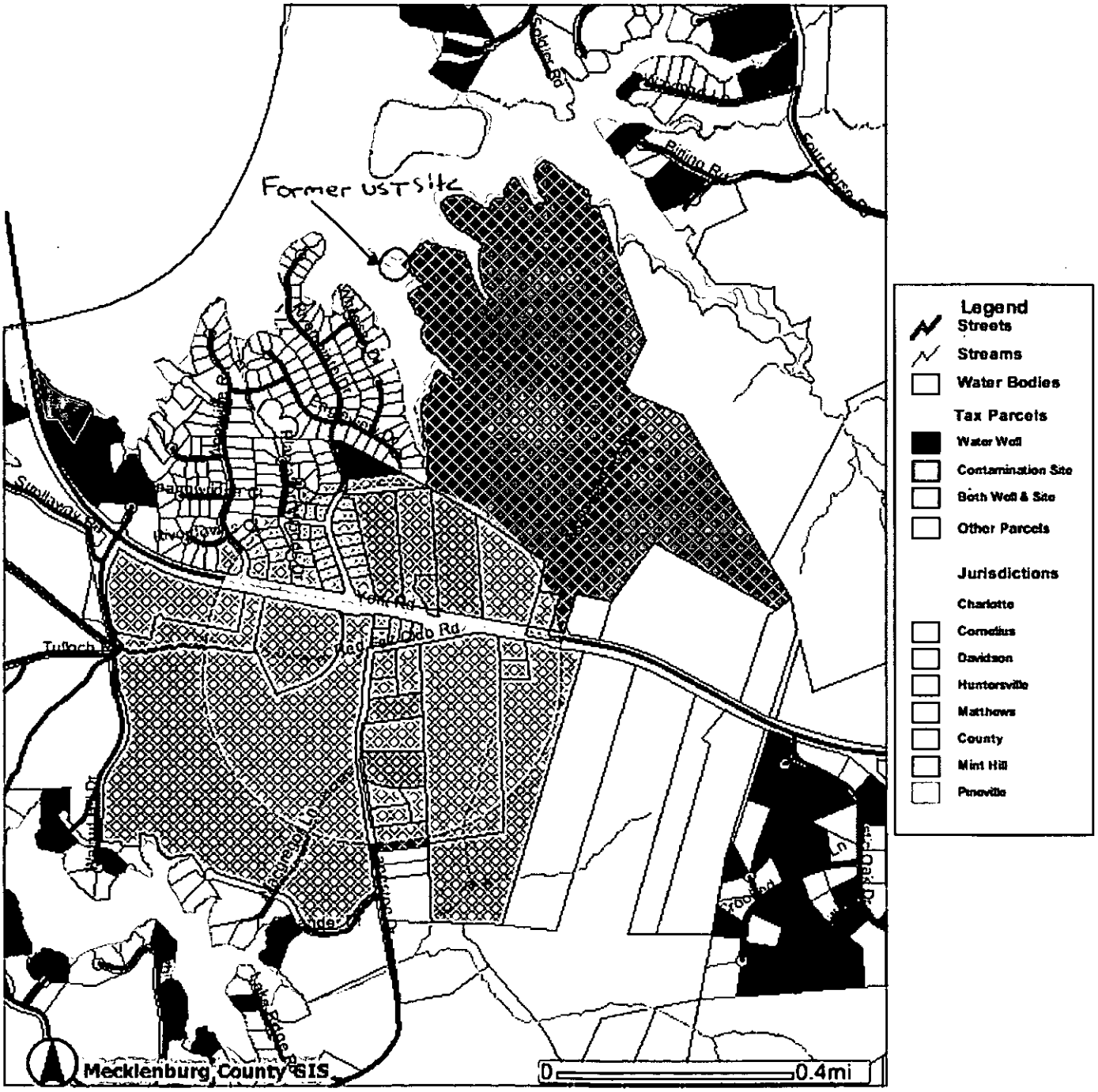
Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location? NO

If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Is the well within the first 1000 feet of the ARGU? NO
If No	Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review.
If Yes	Permit denied.

Reviewer Comments: Contamination site is in excess of 1500-ft downgradient from proposed well location. No additional sampling recommended. Full grouting of casing not required since proposed wellis greater than 1500-ft from contamination.

MECKLENBURG COUNTY WELL INFORMATION SYSTEM

15521 Red Fez Rd. ARGU Review / Parcel ID 217-101-19 / File # 3894A



The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Created Wed Jul 13 16:59:08 EDT 2005

App. #: 100

Septic Fee: 0

Date: CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ONSITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3894A

Well Fee: 400.0000

Date: 7/13/2005 CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 217-101-19

STREET ADDRESS: 15521 RED FEZ CLUB RD

CITY: CHARLOTTE

STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: Label

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 0

NUMBER OF OCCUPANTS: 0

FOUNDATION FOR RESIDENCE:

[x] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[ ] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ( ) N/A ( ) IRRIGATION (•) POTABLE ( ) GEOTHERMAL ( ) OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	( ) Yes (•) No	WELLS, SPRINGS, OR WATER LINES	( ) Yes (•) No
EXISTING WASTEWATER SYSTEMS	( ) Yes (•) No	DESIGNATED WETLANDS	( ) Yes (•) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (•) No	GRADING/SOIL REMOVAL PERFORMED	( ) Yes (•) No

PROPERTY OWNER:

NAME: BUTLER DONALD

ADDRESS: 15521 RED FEZ CLUB ROAD

CITY: CHARLOTTE

STATE: NORTH CAROLINA ZIP: 28278

HOME PHONE: 704-588-8800 WORK: 704-523-1482

MOBILE: 704-523-1482 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:

ADDRESS:

CITY:

STATE: ZIP:

HOME PHONE: WORK:

MOBILE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT Update Go to Front Counter

EPIC Report for ARGU Review
15521 Red Fez Road
Tax Parcel ID # 217-101-19
File # 3894A

Public water supplied by CMU is not available at this site.

7/14/2005 – Received request for ARGU for proposed new water supply well.

One MPL site was identified within 1,500 feet of the subject parcel; The Lake Wylie Police Boat House at McDowell Park MPL# 891.

File review for this site revealed that the entire incident site is significantly outside of the 1500-ft buffer and downgradient of the proposed well. Incident was leak from a gasoline UST. Site is listed as closed in NCDENR incident management database.

Based on this information the permit application is approved with no additional conditions.

END.

GROUNDWATER CONTAMINATION QUERY RESULTS

Incident #	Incident Location/Name	Address	City/Town	County	Region	Source Desc	Type Desc	Submitted Date	Incident Phase
15688	LAKE WYLIE BOAT FACILITY	15222 YORK ROAD	CHARLOTTE	MECKL	MOR	Underground Storage Tank	Gasoline	6/21/1996	CO

Number of Records: 1

#100

GWS – RES. APP 12/04

SEPTIC FEE: 200 00
DATE: 7/12/05
CRT [ ] Cash JKA

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3894 A

WELL FEE: 400 00
DATE: 7/12/05
CRT [] JKA Cash

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 217-101-19 (Lawyston Rd)
STREET ADDRESS: 15521 Red Fez Club Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☑ OTHER

HEATED SQUARE FOOTAGE: 2400
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Donald Butler
ADDRESS: 15521 Red Fez Club Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: 704-588-8820 WORK PHONE: 704-523-1482
MOBILE PHONE: 704-506-5343 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Donald Butler 7/12/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Donald Butler 7/12/05
Owner's/Agent's Signature Date

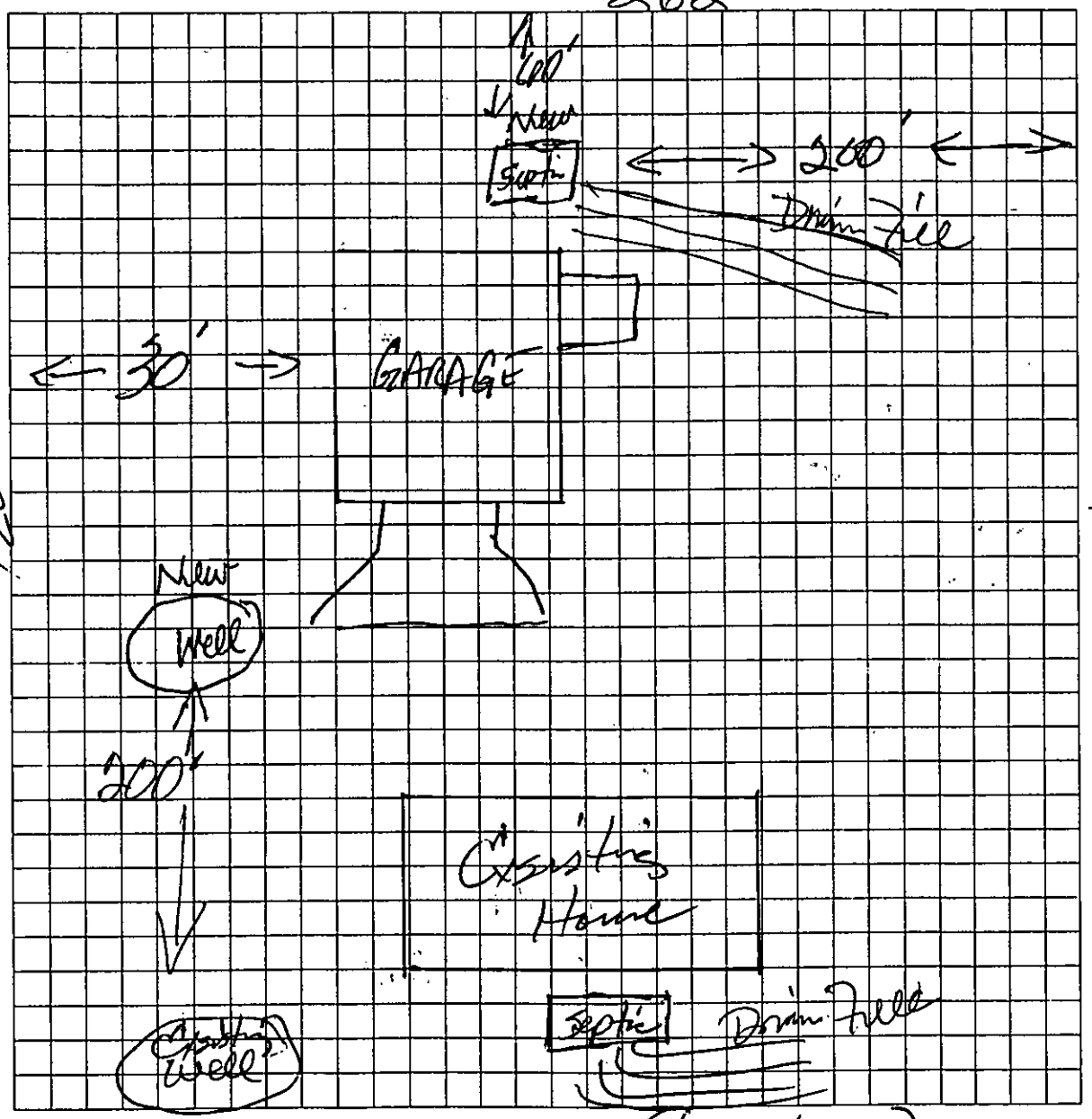
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 3894A
Approval Date_____

APPROVED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property.



Owner/Agent Signature	Staff Signature
Date	Date



15521 RED FEZ CLUB RD

21710119

5/10/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3894-A DATE: 7/19/00

TC: 217-101-19 ☐ L ☒ CRT

SERIAL Nº 18340

Name of Owner Donald Butler Juris.:

Address of Property 15521 Red Fez Club Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 7/19/00

Tank(s) Inspected 7/19/00

Wash Line Inspected NA

High Water Alarm Inspected NA

see Installation Permit

PLOT

Design 2000, 1500 ST, 1200 SFT, Con, 12" G, CTR# Willy Christenbury

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: 3 Bedroom House

4 lines x 100' x 3' x 12" Stone

Type II Conventional System

Terry P. Michalko

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

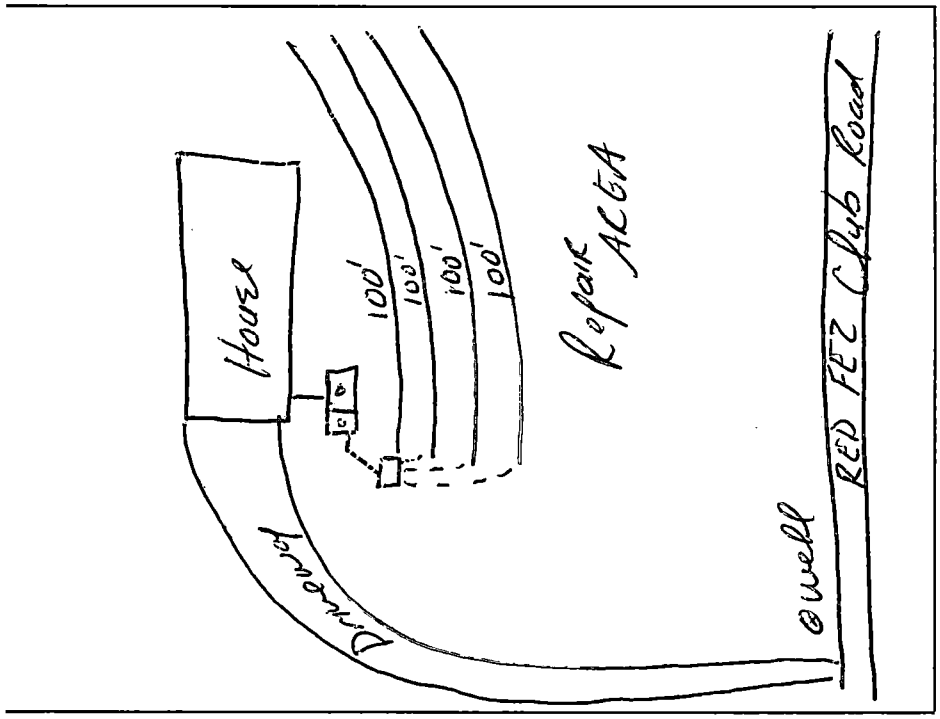
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3894 A DATE: 7/18/00

TC: 217-101-19 ☒ L

SERIAL No 18437

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 6-1-99. All work shall be completed on or before 8/18/00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 lines x 100'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

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

NAME OF OWNER Donald Butler

LOCATION OF PROPERTY 15521 Red Fez Club Road

Comments: 3 Bedroom House

Install 4 lines x 100' x 3' x 12" Stone

Type II Conventional System

Jimmy P. Michelson

Environmental Health Specialist

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

C.K# 5447

FEE: 100 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6/25/99 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6/23/99 PERMIT NO: 3894A
PARCEL NO: 217 101 19

JOB LOCATION ADDRESS: 15521 Red Fez Club Rd
PROPERTY OWNER: Donald R. Butler
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Phil A. Walker RS DATE: x
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3894A, 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: _____

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 FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

x Donald R Butler 6-25-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3894A

Tax Number: 217 101 19

- 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions:

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	
1200 Absorption Area (Sq ft) 400 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

Philo S. Walker RS 6/23/99
DEHNR Authorized Agent Date

x Donald R Sutter 6-25-99
Owner/Agent Signature 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

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

Sheet: _____

Property ID: 217-101-19

Lot #: _____

File #: 3894 A

#2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Donald R. Beuler APPLICANT: _____

ADDRESS: 3412 Archdale Dr., Charlotte, N.C. DATE EVALUATED: 6-18-99

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: 2.0

LOCATION OF SITE: 15521 Red Fox Club Area PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☑Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-16"	gr|s|	VFr|SEXP|NS|WP	748" TO soil wetness	48"	N/A	None	PS .39|F2 II
		16-48"	SBK|C	F:|SEXP|SIP					
2	LS	0-14"	gr|s|	VFr|SEXP|NS|WP	748" TO soil wetness	48"	N/A	None	PS .39|F2 II
		14-48"	SBK|C	VF:|SEXP|SIP					
3	LS	0-14"	gr|s|	VFr|SEXP|NS|WP	733" TO soil wetness	33"	N/A	None	US .49|F2 ~~II~~ III
		14-33"	SBK|SC|	Fr|SEXP|SS|SP					
4	LS	0-5"	gr|s|	VFr|SEXP|NS|WP	733" TO soil wetness	33"	N/A	None	US II
		5-33"	pl SBK|C	F:|SEXP|SIP					
5	LS	0-4"	gr|s|	VFr|SEXP|NS|WP	748" TO soil wetness	48"	N/A	None	PS .39|F2 II
		4-48"	SBK|SC	F:|SEXP|SIP					
6	LS	0-25"	gr|s|	VFr|SEXP|NS|WP	743" TO soil wetness	43"	N/A	None	PS .49|F2 II
		25-43"	SBK|SC|	Fr|SEXP|SS|SP					
7	LS	0-3"	gr|s|	VFr|SEXP|NS|WP	748" TO soil wetness	48"	N/A	None	PS .39|F2 II
		3-41"	SBK|C	F:|SEXP|SIP					
		41-48"	SBK|SC|	Fr|SEXP|SS|SP					
8	LS	0-5"	gr|s|	Fr|SEXP|NS|WP	723" TO soil wetness	23"	N/A	None	US II
		5-23"	SBK|SC	F:|SEXP|SIP					
9	LS	0-4"	gr|s|	VFr|SEXP|NS|WP	725" TO soil wetness	25"	N/A	None	US II
		4-25"	SBK-Pl/ ~~SEXP~~	F:|SEXP|SIP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): unsuitable

EVALUATED BY: W.R. Marlin LSS 6-21-99

OTHER(S) PRESENT: _____

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

Sheet: 2
Property ID:
Lot #:
File #: 3894A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: APPLICANT:
ADDRESS: DATE EVALUATED:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949) PROPERTY SIZE:
LOCATION OF SITE: PROPERTY RECORDED:
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
10	LS	0-4"	gr ls l	Fr SE xP NS WP	7 34" to soil wetness	34"	N/A	None	US IV
		4-34"	sBK MP l / sc	Fi SE xP SP					

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

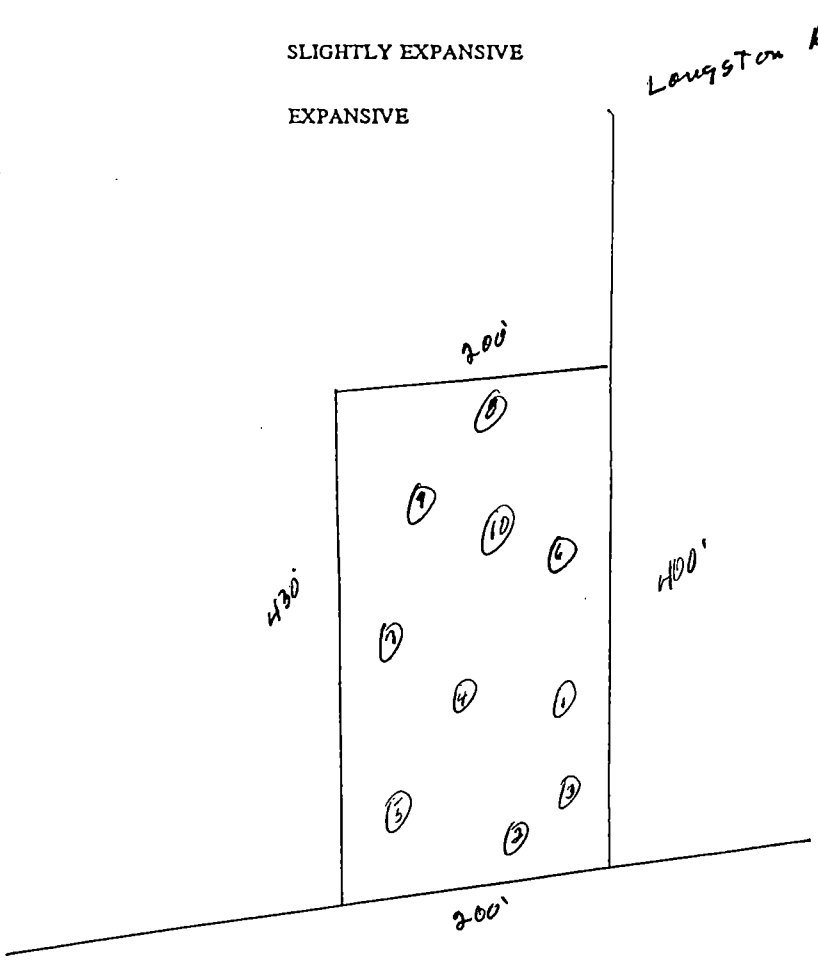
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

FILE # 3894 A

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



PROPOSED PLOT PLAN

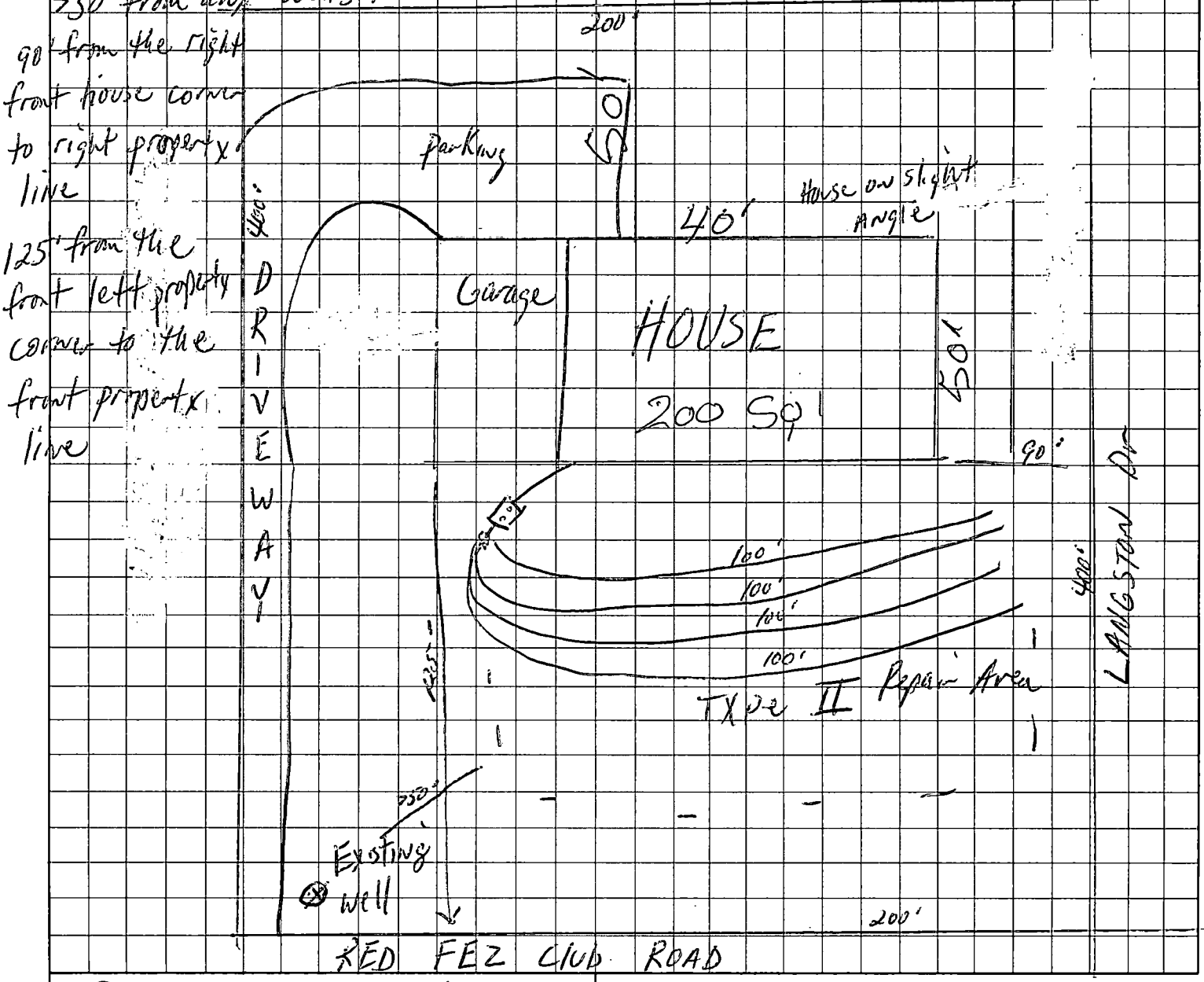
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3894A

TC: 217-101-19

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.

COMMENTS: 3 Bedroom Residence, 1500 ST, 1000 DT, 4 lines X 100' long x 3' wd x 12" stone 400 TLF, Type IIa Repair Area, Keep the septic system >50' from any wells.



Donald R Sutton
OWNER/AGENT SIGNATURE

DATE 6-1-99

APPROVAL DATE _____

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

FEE: 100.00 Check
DATE: 6/1/99 gc

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 #: 38919

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-101-19

STREET ADDRESS: 15521 RED FEZ CLUB RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 5

CLOSING DATE _____

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
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: BUTLER (LAST) DONALD (FIRST) RAYMOND (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: ~~35~~ 3412 ARCHDALE DR	DAYTIME PHONE: ( ) -
CITY: CHARLOTTE STATE: NC ZIP: 28210	
DAYTIME PHONE: ( ) - ~~54~~ 5231482	

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: Donald R Butler DATE: 6-1-99

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

REAL ESTATE
BOOK PAGE
5737 0660

PRESENTED FOR REGISTRATION
APR 11 11 20 AM '88
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

Drawn By
mail to: Environmental Health

86

FILE NO. 3894A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Donald R. Butler Wife Mary Ann B. Butler

owner of property located at 15521 Red Fox Club Rd

("the site") and described in an instrument recorded in Book 5602 at Page 809, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 11 day of April, 1988.

Donald R Butler (SEAL) 6.00

Mary Ann B. Butler (SEAL) 6.00

13:30 #6540 000
04/11/88

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Clara L Nash, a Notary Public for said County and State, do hereby certify that Donald R Butler & Mary Ann B Butler personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 11 day of April, 1988.

Clara L Nash
Notary Public

My Commission Expires January 31, 1993

REAL ESTATE
BOOK PAGE
5737 0661

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 20 1988
ENVIRONMENTAL HEALTH
DIVISION

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Clara L. Nash

a Notar(y) (ies) Public (is) (are) certified to be correct.

This 11th day of April 19 88.

Charles E. Crowder, Register of Deeds

By: Mary A. Posey Deputy

1.00
5.00
6.00

$50.00 Improvement Permit / $50.00 Installation Permit Paid 11-5-87 — 100.00

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: 3894A
TC: 217-101-08 Ps
SERIAL: № 14944
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 15521 (STREET NO.) RED FEZ (STREET) ROAD ② FILE:
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: Part of 217 10108
⑤ SUBDIVISION: N/A ⑥ LOT: 1 ⑦ BLOCK: N/A

OWNER

⑧ NAME: DONALD (FIRST) R (MIDDLE) BUTLER (LAST)
⑨ MAILING ADDRESS: 3530 WOODLEAF RD.
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28205
⑬ PHONE: (WORK) 523 1482 ⑭ (HOME) 537 9296

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? 3
㉕ Type?
㉓ Maximum occupancy? 4
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

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 this Department.

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

Lift Station maybe required

Environmentalist / Date

Director or Authorized Section Head 4-12-88 Date

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

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: Donald R Butler

Date:

MECKLENBURG COUNTY

Department of Environmental Health

April 6, 1988

Donald R. Butler
3530 Woodleaf Road
Charlotte, NC 28205

Dear Mr. Butler:

Re: Property located at 15521 Red Fez Road
File: 3894A
Parcel: 217-101-08 PO

Enclosed is a septic tank agreement form which has not been properly completed. Agreement forms are sent to the property owner after a plan has been reviewed and approved. This form must be completed in triplicate and filed with the Register of Deeds (at this time it is necessary for the property owner to bring a copy of the agreement form to this office showing that it has been presented for filing).

We are enclosing three new agreement forms for your use in properly filing. If you have any questions, please contact me.

Very truly yours,

Sylvia D. Daniel

Sylvia D. Daniel, R.S.
Environmental Health Supervisor

SDD/ir

Enclosure

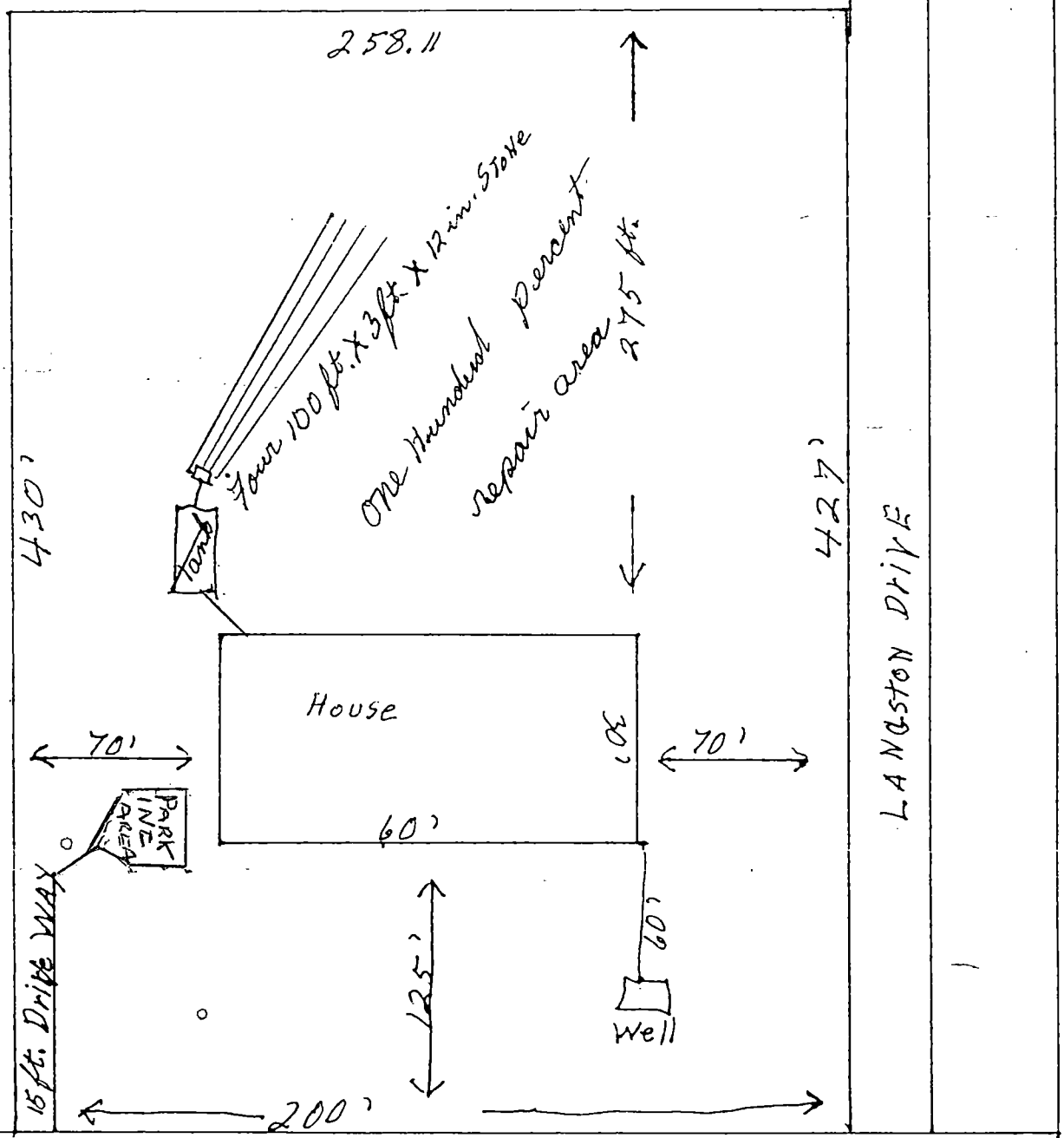
PROPOSED PLOT PLAN

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

FILE: 3894 A

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.



Signed: Donald R Butler

Date: 3-28-88

MECKLENBURG COUNTY

Department of Environmental Health

March 23, 1988

Donald H. Butler
3530 Woodleaf Road
Charlotte, NC 28205

Dear Mr. Butler:

RE: Property located at 15521 Red Fez Road
FILE: 3894A
PARCEL: 217-101-08 PO

Please find the enclosed plan. Additional information must be received prior to approval. Please indicate:

- Driveway detail - Garage, turnaround?
- Topography information - Depending upon the plumbing stub out and where the tank is set, it appears a pump may be required. This issue must be addressed on the plan.
- Signature and date required - The owner must sign and date the plan.

Upon receipt of the requested information, we will gladly expedite the review process.

Thank you for your cooperation. If you have any questions, please contact me.

Very truly yours,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

SDD/ir

DATE: 11/5/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

END FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 217-101-0800

ASSIGNED ADDRESS 45521 Red Fox Club Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: _____

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

SIGNED: JCM

OPWEAR 02/86

002 11-7-1985 12:00 ENGINEERING 704 536 1986 11:49 P00

MECKLENBURG COUNTY

Department of Environmental Health

October 20th, 1987

Cameron King Chittenden
4963 Summerside Drive
Lake Wylie, SC 29710

RE: Property located at Red Fez Road
FILE: 3894A
PARCEL: 21710108 Po

Dear Sir:

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 Number 14596) is enclosed.

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 10 NCAC 10A .1948 (c) 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 I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14596

File: 3894A Action 2

Parcel: 21710108 Po ☐ PC

Location: Red Fez Road

Subdivision:

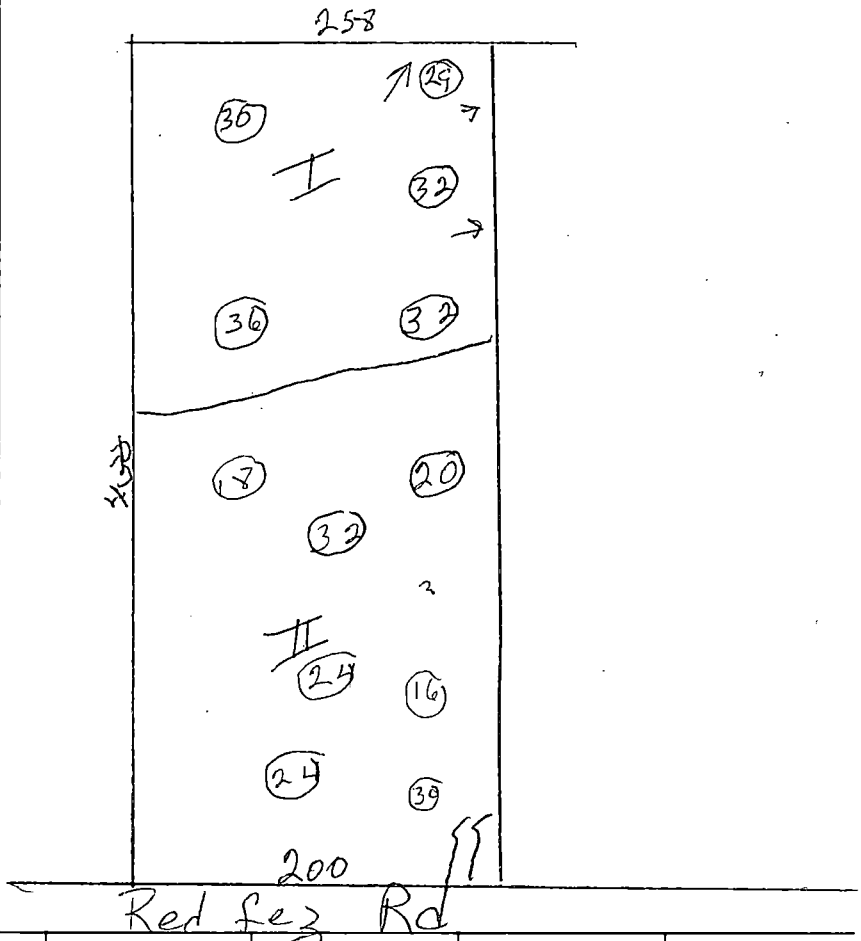
Lot: Block: Acres: 2.3

Owner: Cameron King Chittenden
Address: 4963 Summerside Drive
Lake Wylie, SC 29710

Comments:

Described by: W. B. Ramsey

Date: 10-19-87



***** 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 2-8	S (PS) U 2-8	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) 29-36	S PS (U) 17-32	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	IIa Enders Appling	IIa Enders Appling				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

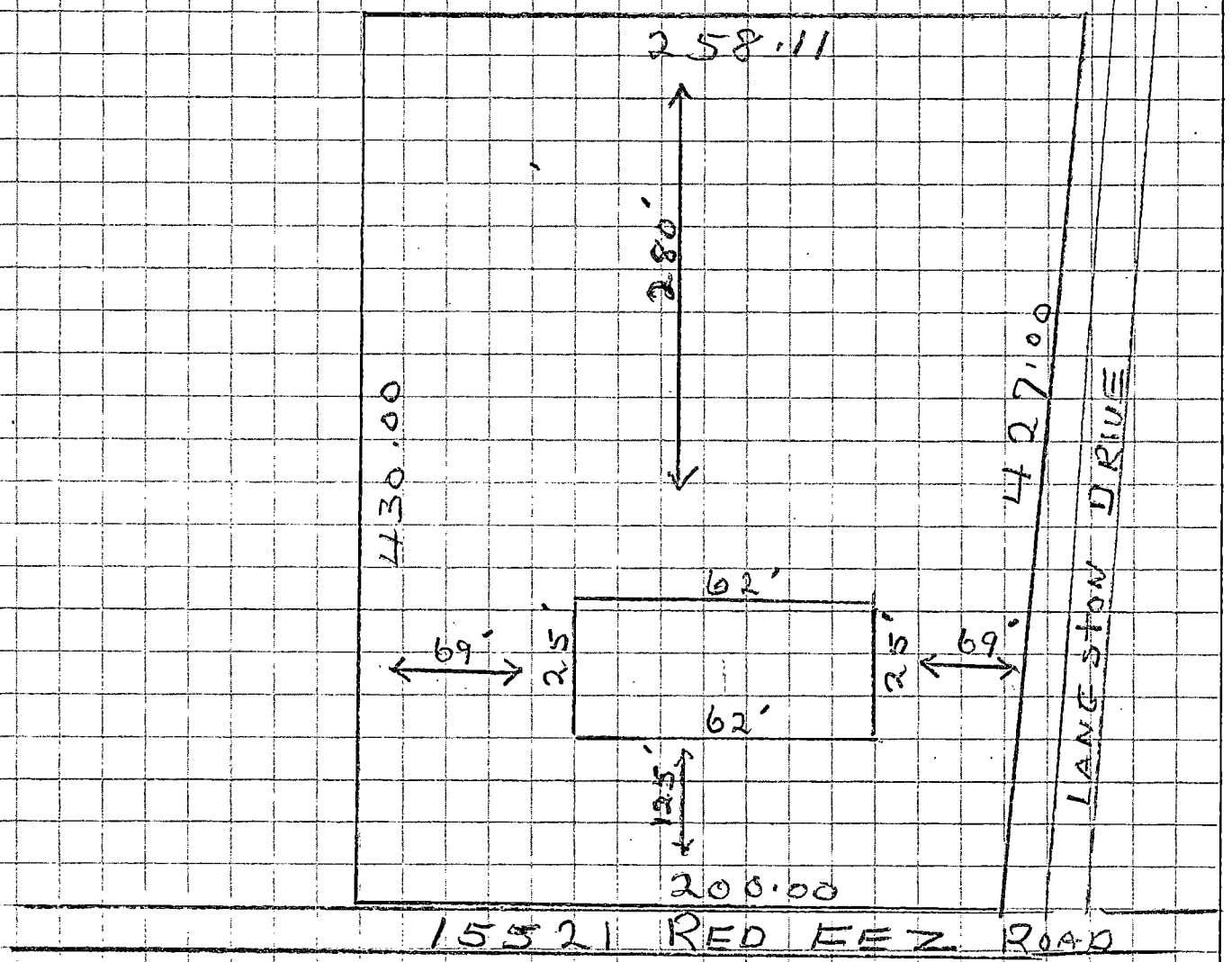
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 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.



Signed: _____

Date: _____

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 1 1987
ENVIRONMENTAL HEALTH
DIVISION

FILE: 3894A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: RED FEZ ROAD & LANGSTON ROAD

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 21710108 PAGE NO.: PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

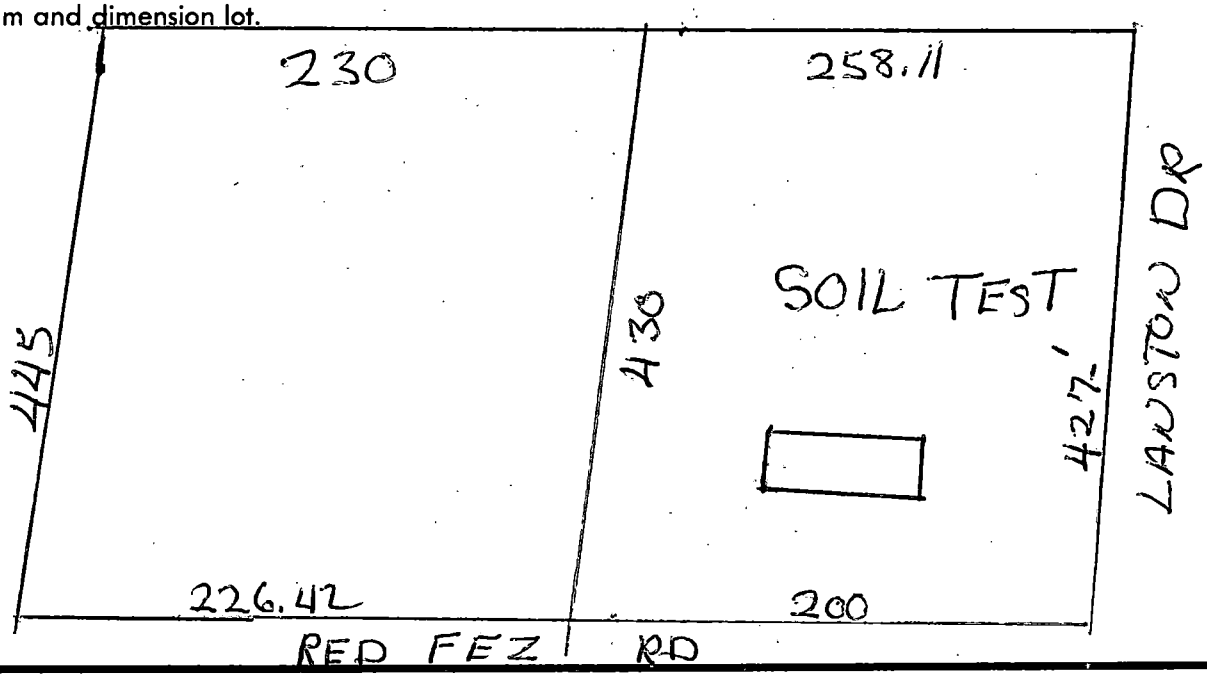
⑦ NAME: CAMERON (FIRST) KING (MIDDLE) CHITTENDEN (LAST)

⑧ MAILING ADDRESS: 4963 SUMMERSIDE DRIVE

⑨ CITY: LAKE WYLIE ⑩ STATE: SOUTH CAROLINA ⑪ ZIP: 29710

⑫ PHONE: (WORK) RETIRED (HOME) 831-7553

⑬ Accurately diagram and dimension lot.



⑭ 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: Cameron King Chittenden

Date: 9-1-87

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

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