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Groundwater and Wastewater Services File Imaging Project
May 2007
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7048925479 ENVIRONMENTAL DESIGN 732 P01 OCT 08 '97 14:13

attn: Kelly Randall
from: Davia Dicker

Post-it® Fax Note 7671	Date 10/8	# of pages ▶ 1
To Doug Emmann	From Travis/Helena	
Co./Dept.	Co. Environmental Design	
Phone #	Phone # 896-8020	
Fax # 598-4453	Fax # 892-5479	

REQUEST FOR C

The developer of NAL & L, LLC
project name

CMUD Job Number 120-97-096(S)\100-97-189(W), is requesting that a contract be

issued in the legal name and address of:

NAL & L, LLC
name (denotes individual, partnership, corporation, limited liability company)

6400 West W.T. Harris Blvd.
street address

Charlotte, NC 28269
city, state, zip code

The name and telephone number of a contact person for the developer is:

Doug Emmann
name

392-1155
telephone number

Mecklenburg County
Health Department

DRAFT

August 6, 1997

Ms. Sara Pressly
Associate Attorney, Mecklenburg County
700 E. Fourth Street
Charlotte, North Carolina 28202

Re: North American Lawn and Landscape
6400 West W.T. Harris Blvd.
Charlotte, North Carolina 28269

Dear Ms. Presley:

This letter is to inform you that Mecklenburg County Health Department is seeking revocation of the Operation Permit for the above referenced property. Site inspections have revealed the nitrification field has been excavated by a grading contractor to prepare the site for future development. The building that was utilizing the nitrification field is left with no approved means of sewage disposal. In addition, removal of the soil has effected an *unsuitable* soils classification for the site.

The nitrification field area has been sold by the holder of the Operation Permit and the new owner is in the process of privately funding and constructing a municiple sewer line to serve the properties. Charlotte-Mecklenburg Utility Department has indicated that this process could take at least a year to complete.

The Improvement Permit for the property of concern was issued on February 23, 1996, and the subsequent Operation Permit was issued on November 4, 1996. The property owner, Doug Ehman, had inquired during that time about the possibility of pump and haul permits to the Division of Environmental Management and was denied. He had complained about encumbering the land area for the nitrification field due to the high land value. This could be a possible reason why he has removed the drain fields and sold this portion of his property.

Enclosed are copies of pertinent materials in the file. I am thanking you in advance for your legal advice and guidance concerning this situation. Upon review of the enclosed materials please call me at 336-5575 with any comments or questions you might have.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems Program

Enclosures

Mecklenburg County
Health Department DRAFT

August 7, 1997

Mr. Doug Ehman
North American Lawn and Landscape
6400 West W.T. Harris Blvd.
Charlotte, North Carolina 28269

DRAFT

Dear Mr. Ehman,

In accordance with the Laws and Rules for Sewage Treatment and Disposal Systems-Article 11 of Chapter 130A of the General Statutes of North Carolina this is to notify you of the immediate revocation of your Operation Permit for the following violations:

- G.S. 130A-335 (a) A person owning or controlling a residence, place of business or place of public assembly shall provide an approved wastewater system. A wastewater system may include components for collection, treatment and disposal of wastewater.

- Section .1900 Title 15A Subchapter 18A .1938 (g) The entire wastewater sewage system shall be on property owned or controlled by the person owning or controlling the system. Necessary easements shall be obtained permitting the use and unlimited access for inspection and maintenance of all portions of the system to which the owner and operator do not hold undisputed title. Easements shall remain valid as long as the system is required and shall be recorded with the county register of deeds.

These violations present a public health risk which requires summary suspension of your Operation Permit in order to protect the public health an safety.

You will be notified of the day and location of a hearing on this revocation by an administrative law judge from the Office of Administrative Hearings.

Sincerely,

Kelly Randall R.S., Soil Scientist
Individual Water and Wastewater Systems Program



North American Lawn & Landscape, Inc.

Brandon Gurley

6400 West W.T. Harris Boulevard • Charlotte, N.C. 28269
(704) 598-0540 • Fax # (704) 598-4453

CBH7620 # 175.00 Proj H012-984518

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/23/96 PERMIT NO: 3782B
PARCEL NO: PO 025-01-02
JOB LOCATION ADDRESS: 6400 W. WT Harris Blvd
PROPERTY OWNER: Doug Ehrman
BUILDING CONTRACTOR: Crescent Metal Structures
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Joe B. Mialik RS DATE: 2/23/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3782B, 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: See conditions of improvement permit.
Initial system - chamber @ owner's request
Repair system - PB @ owner's request.
Reclassification form & owner's acknowledgment of
Replacement system form required prior to installation approval

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.

2-27-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 37828 | Tax Number: PU 025-011-02

- 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	Approved chamber	✓ (Innovative or Experimental): ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	650 Max gallons/day wastewater flow	1626 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO municipal Serviced by private well	1500 Gallon septic tank	542 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
✓ Bedrooms in residence 26 employees - 1 shift	1500 Gallon pump tank	Group I II or III Soil Depth of stone per manufacturers specification	

Any surface waters present: None Type: Minimum separation distance:

Site modifications required:

Additional Conditions:
- Supply line shall be minimum of 30" below grade & enclosed with ductile iron. beneath any parking, driveway area
- Do not grade, disturb, or cut within 15' of the proposed sewage disposal system drainfield & its designated repair area.

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

1083 Absorption Area (Sq ft) 361 Total Trench Length (Ft)	Send to Depth of Stone Trench manufacturers specification	9' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed: NA

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Joan B. Mialik RS 2/23/96 — 2-23-96

DEHNR Authorized Agent — Date — 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

REQUESTED CHAMBERED SEPTIC SYSTEM DESIGN AND FUTURE REPAIR SYSTEM DESIGN PANEL BLOCK.

IWWS:100195

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

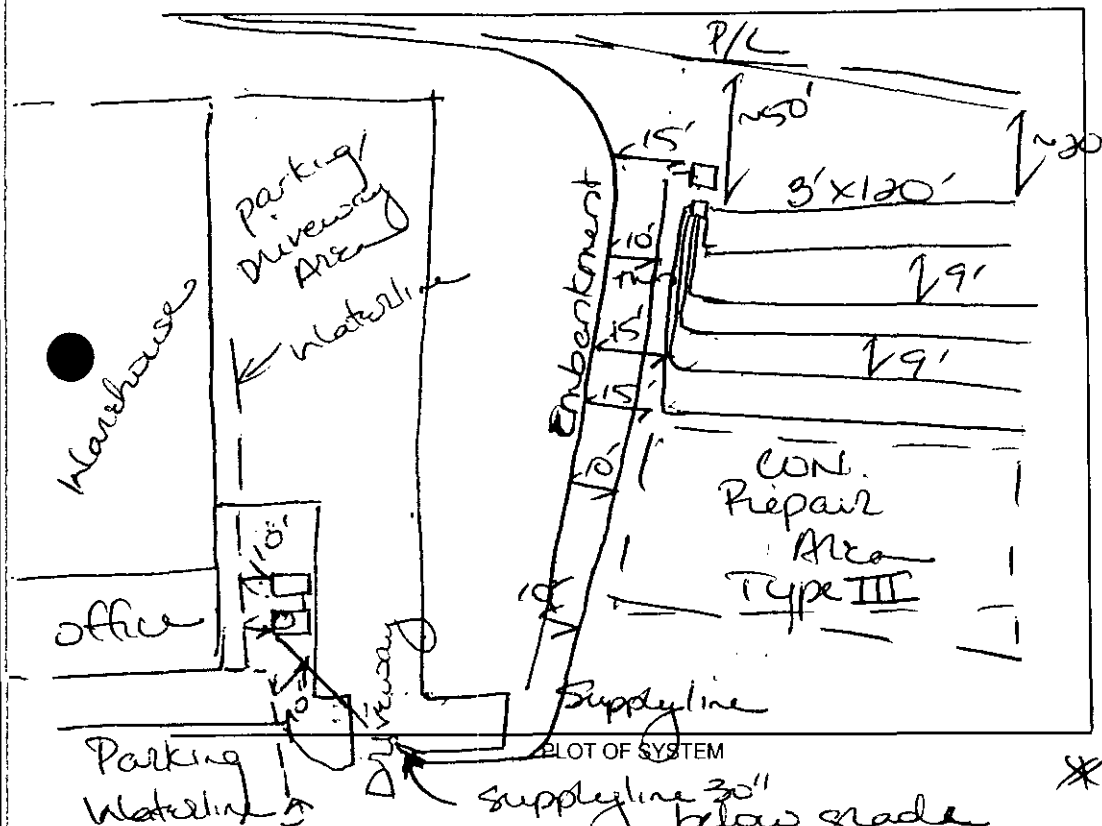
FILE: 3782B DATE: 9/9/96

TC: 025-011-02 ☐ L

SERIAL Nº 16892

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 10/18/95. All work shall be completed on or before 10/9/96, 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.

PCC Washer Box + D-Box



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 gallons

Tank Construction PCC

Trench Depth 36" max. Installed ~24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous ✓

Total Line Length 720 feet

Number of Lines 6@120' each

Depth of Stone 12" inches

Distance from ~~House~~ Bldg ~15'* feet

Distance from Property Line 10' feet

Distance from Well 100' feet

*Distance from any water line - 10' minimum

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

NAME OF OWNER NAL+L, LLC

LOCATION OF PROPERTY 6400 W.T. Harris Blvd

Comments: ① Keep installation 10' min. from any waterline.
② Supplyline under driveway must be a minimum of 30" below grade or encased with ductile iron.
③ Pump, pump controls + alarm to meet current N.C. Standards. ④ Submit pump curve cut sheet prior to installation

System design changed at request of owner, Doug Ehman of NAL+L, LLC due to extensive grading on-site (embankment) & the subsequent decision to utilize portion of future proposed cut portion. Permit Ehman - building system on fill placed on land.

Lisa B. Mialik, RS
Environmental Health Specialist
Reference for J. Hamil, Program Chief 9-23-96

9-9-96

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

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 3782B DATE: 11/4/96

TC: 025-011-02 ☐ L ☐ CRT

SERIAL Nº 16811

Name of Owner NAL*L, LLC Juris.: _____

Address of Property 6400 West W.T. Harris Blvd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 720

Number of Lines 6 @ 120' each

Cover Depth ~12"

Water Supply Source municipal

Distance to Water Source >10' from waterline

Excavation Inspected 9/19/96

Tank(s) Inspected 9/19/96

Wash Line Inspected NA

High Water Alarm Inspected ~~9/27/96 jpm~~ 11/4/96 K.B.

PLOT

Design 1996 CON, 1500gST, 1500PT, P, 2160ft², 12"G CTR# 67

The undersigned has inspected the Septic Tank System described above, and certifies it has been Bud Lee Steve Lee

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the ~~permit issued~~ installation approval ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ ~~Certificate of Completion~~ ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type III, Business with 26 employees
Domestic Wastewater ONLY

Lisa B. Mialik, RS
Environmental Health Specialist

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

10-10-95 04:34PM FROM MECK COUNTY

Proj #012-98-4518

FEE: 100.00 cash 95
DATE: 10/18/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 3782B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-011-02 PO

STREET ADDRESS: 6400 W.T. HARRIS Blvd.

LOT NUMBER: 6.89 ACRES

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: WAREHOUSE APPROX 5000.00 SQ FT

NUMBER OF EMPLOYEES: 5 26 employees PER SHIFT: 2 1 shift (includes)

TOWNSHIP (CHECK ONE):

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

2/23/96 26 EMPLOYEES. 1 SHIFT.

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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	WELL SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTE WATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: John B. Young

NAME: Young John B. (LAST) (FIRST) (MI)

ADDRESS: P.O. Box 11424

CITY: Char. STATE: N.C. ZIP: 28209

DAYTIME PHONE: ( ) ---

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Roper Sandy (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 564-0089

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Sandy Roper DATE: 10-18-95

MECKLENBURG COUNTY HEALTH DEPARTMENT

RECOMMENDED LETTER FOR IMMEDIATE REVOCATION OF IMPROVEMENT PERMIT, CERTIFICATE OF COMPLETION OR OPERATION PERMIT:

_____
Date

Dear Sir/Madam:

This is to notify you of the immediate revocation of your __(specify improvement permit, operation permit, or certificate of completion) for the following violations:

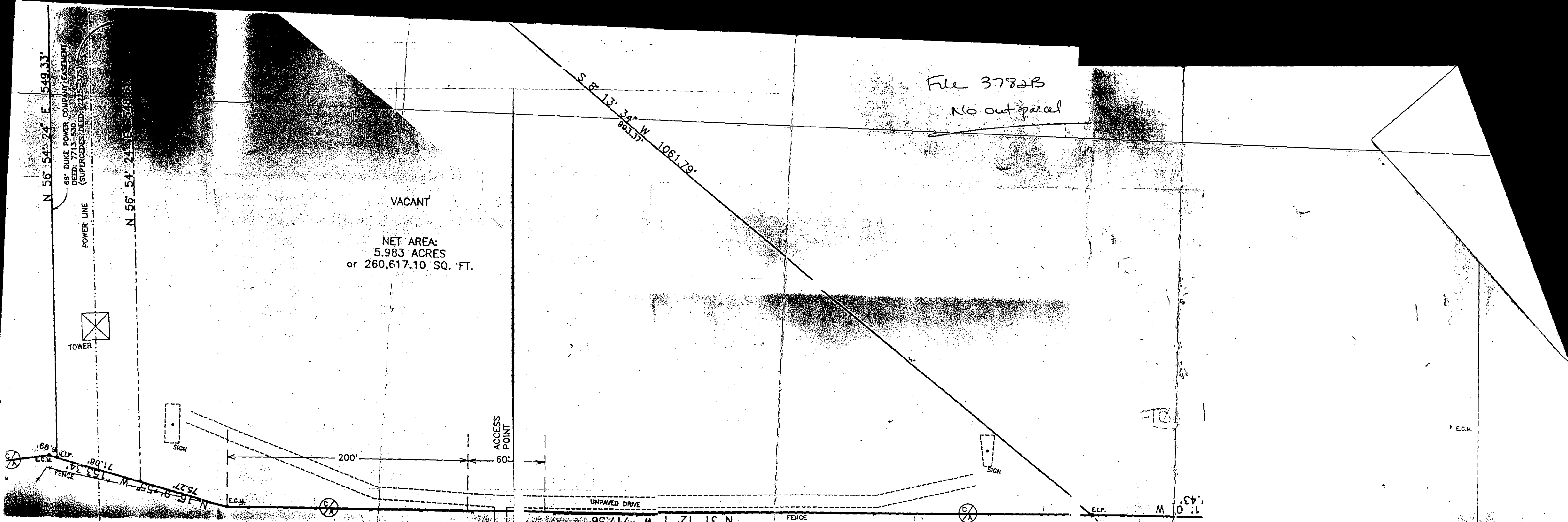
_____.
(Cite Laws or Rules)

These (This) violation(s) present(s) an imminent hazard which requires summary suspension of your (specify improvement permit, operation permit, or certificate of completion) in order to protect the public health and safety.

You will be notified of the day and location of a hearing on this vocation by an administrative law judge from the Office of Adinistrative Hearings.

Sincerely,

File 3782B
No outparcel



WEST W.T. HARRIS BOULEVARD

(R/W VARIES)

(N.C.D.O.T. PROJECT NUMBER: 8.2724501)

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON FIRM MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED JANUARY 3, 1993

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON

REVISIONS

ACAD: 35744

SURVEY PREPARED FOR:

THE SHELTON COMPANIES

TAX NUMBER: 025-011-02 PART OF
DEED REFERENCE: 6841-432
LONG CREEK TOWNSHIP, MECKLENBURG COUNTY
CHARLOTTE, NORTH CAROLINA

RECOMMENDED LETTER FOR IMMEDIATE REVOCATION OF IMPROVEMENT PERMIT, CERTIFICATE OF COMPLETION OR OPERATION PERMIT:

_____
Date

Dear Sir/Madam:

This is to notify you of the immediate revocation of your __(specify improvement permit, operation permit, or certificate of completion) for the following violations:

_____.
(Cite Laws or Rules)

These (This) violation(s) present(s) an imminent hazard which requires summary suspension of your (specify improvement permit, operation permit, or certificate of completion) in order to protect the public health and safety.

You will be notified of the day and location of a hearing on this vocation by an administrative law judge from the Office of Adinistrative Hearings.

Sincerely,

2/23/96 Check #7620 $175.00 Proj #012-984518

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/23/96 PERMIT NO: 3782-B
PARCEL NO: 025-01-02
JOB LOCATION ADDRESS: 6400 W. WT Harris Blvd
PROPERTY OWNER: Doug Ehman
BUILDING CONTRACTOR: Crescent Metal Structures
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Eva B. Mialik, RS DATE: 2/23/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3782-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: See conditions of improvement permit.
Initial system - chamber @ owner's request
Repair system - PB @ owner's request.
Reclassification form & owner's acknowledgment of
Replacement system form required prior to installation approval

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 2-27-96

DATE 5-16-96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

#025-011-02 P0
PARCEL NUMBER

6400 W. W T HARRIS BV
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8 DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: CMU. HEALTH INFO.

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

ALL OTHER FORMS OBSOLETE

NEW ADDRESS

SIGNED: B. McCosco

REVISED 1/91

Fax Transmittal

Date: 5-16-96

To: LORRAINE

Fax# 336-6894

From: Betty McConnico
Mecklenburg County

700 North Tryon Street
Charlotte, North Carolina 28202

Phone: (704) 336-

Fax: (704) 336-3846

Message Per your request

Number of pages faxed (including this transmittal sheet): 2

If you do not receive the complete fax, contact B. McConnico at (704) 336-6170.

Recycle *Pass It On!*

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 37821B

Tax Number: PO 025-011-02

- 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.
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- 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: Approved chamber	___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

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NO Serviced by private well (municipal)	1500 Gallon septic tank	542 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
Business Bedrooms in residence (26 employees - 1 shift)	1500 Gallon pump tank	Group I II or III soil Depth of stone per manufacturers specification	

Any surface waters present: None Type: Minimum separation distance:

Site modifications required:

Additional Conditions: - Supply line shall be minimum of 30" below grade or encased with ductile iron beneath any parking, driveway areas.
- Do not grade, disturb, or cut within 15' of the proposed sewage disposal system drainfield & its designated repair area.

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

1083 Absorption Area (Sq ft) 361 Total Trench Length (Ft)	Sand to Depth of Stone Trench manufacturers specification	9' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed: NA

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- 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.

Joe B. Mialik RS 2/23/96
DEHNR Authorized Agent Date

2-23-96
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

REQUESTED CHAMBERED SEPTIC SYSTEM DESIGN AND FUTURE REPAIR SYSTEM DESIGN PANEL BLOCK.

IWWS:100195

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

YOUR

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

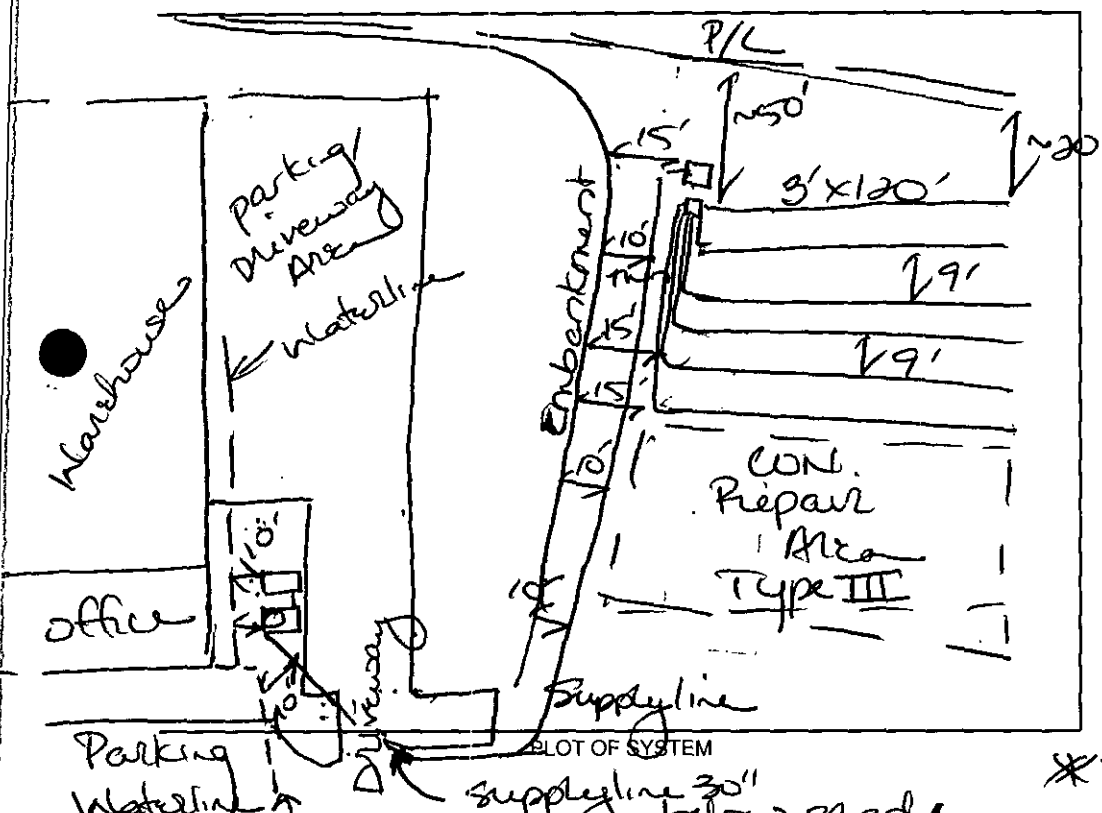
FILE: 3782B DATE: 9/9/96

TC: 025-011-02 ☐ L

SERIAL Nº 16892

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 10/18/95, All work shall be completed on or before 10/9/96, 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.

PCC Washer Box + D-Box



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 gallons

Tank Construction PCC

Trench Depth 36" max. Installed ~24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous ✓

Total Line Length 720 feet

Number of Lines 6@120' each

Depth of Stone 12" inches

Distance from Bldg ~15'* feet

Distance from Property Line 10' feet

Distance from Well 100' feet

*Distance from any water line - 10' minimum

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

NAME OF OWNER NAL+L, LLC

LOCATION OF PROPERTY 6400 W.T. Harris Blvd

Comments: ① Keep installation 10' min. from any waterline. ② Supplyline under driveway must be a minimum of 30" below grade or encased with ductile iron. ③ Pump, pump controls + alarm to meet current N.C. Standards. ④ Submit pump curve cut sheet prior to installation

System design changed at request of owner, Doug Ehrman of NAL+L, LLC due to extensive grading on-site (embankment) & the subsequent decision to utilize portion of future proposed out parcels. Permit Ehrman - building systems one parcel of land.

Tiba B. Malik, RS
Environmental Health Specialist

9-9-96

Approved by Bakman for Wanik, Program Chief 9-23-96

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 3782B DATE: 11/4/96

TC: 025-011-02 ☐ L ☐ CRT

SERIAL Nº 16811

Name of Owner NAL*L, LLC Juris.: _____

Address of Property 6400 West W.T. Harris Blvd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 720

Number of Lines 6 @ 120' each

Cover Depth ~12"

Water Supply Source municipal

Distance to Water Source >10' from waterline

Excavation Inspected 9/19/96

Tank(s) Inspected 9/19/96

Wash Line Inspected NA

High Water Alarm Inspected ~~9/27/96 JBM~~ 11/4/96 K.B.

PLOT

Design 1996 CON, 1500g ST, 1500gT, P, 2160ft², 12" G CTR# 67

The undersigned has inspected the Septic Tank System described above, and certifies it has been Bud Lee Steve Lee

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the ~~permit issued~~ installation approval ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ ~~Certificate of Completion~~ ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." *This document shall be null and void if any information contained in the* application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: *Disturbance of the designated repair area may result in the suspension/revocation of this permit.*

COMMENTS: Type III, Business with 26 employees
Domestic Wastewater ONLY

Ilba B. Mialik, RS
Environmental Health Specialist

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

Proj #012-98451R

FEE: 100.00 ck# 1831
DATE: 10/18/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT
FOR COMMERCIAL/INDUSTRIAL SITE

[ ] CR1

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 3782B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-011-02 PO

STREET ADDRESS: 6400 W. T. HARRIS Blvd.

LOT NUMBER: 6.89 ACRES

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: WAREHOUSE APPROX 5000.00 Square Feet

NUMBER OF EMPLOYEES: 5 26 employees PER SHIFT: 2 1 night (includes 2 night)

TOWNSHIP (CHECK ONE):

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

2/23/96 26 EMPLOYEES. 1 SHIFT.

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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	WELL SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTE WATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: John B. Young

NAME: Young John B. (LAST) (FIRST) (MI)

ADDRESS: P.O. Box 11424

CITY: Char. STATE: N.C. ZIP: 28209

DAYTIME PHONE: ( ) ---

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Roper Sandy (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 564-0089

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Sandy Roper DATE: 10-18-95

S 86° 7' E 104.22'

N.I.P.

S 88° 7' 29" E 75.23'

N.I.P.

TOWER

REFERENCE:
MAP BY R.B. PHARR & ASSOCIATES, P.A.
FILE #XX-171, DATED APRIL 25, 1994

AREA IN EASEMENT:
0.916 ACRE
or 39,887.69 SQ. FT.

K.E. HALL, ET AL
5849-567

S 8° 13' 34" W 983.37' 1061.79'

N 56° 54' 24" E 549.33'

68' DUKE POWER COMPANY EASEMENT
DEED: 7713-530
(SUPERCEDES DEED: 2225-375)

POWER LINE

N 56° 54' 24" E 548.61'

VACANT

NET AREA:
5.983 ACRES
or 260,617.10 SQ. FT.

TOWER

SIGN

200'

ACCESS POINT

60'

SIGN

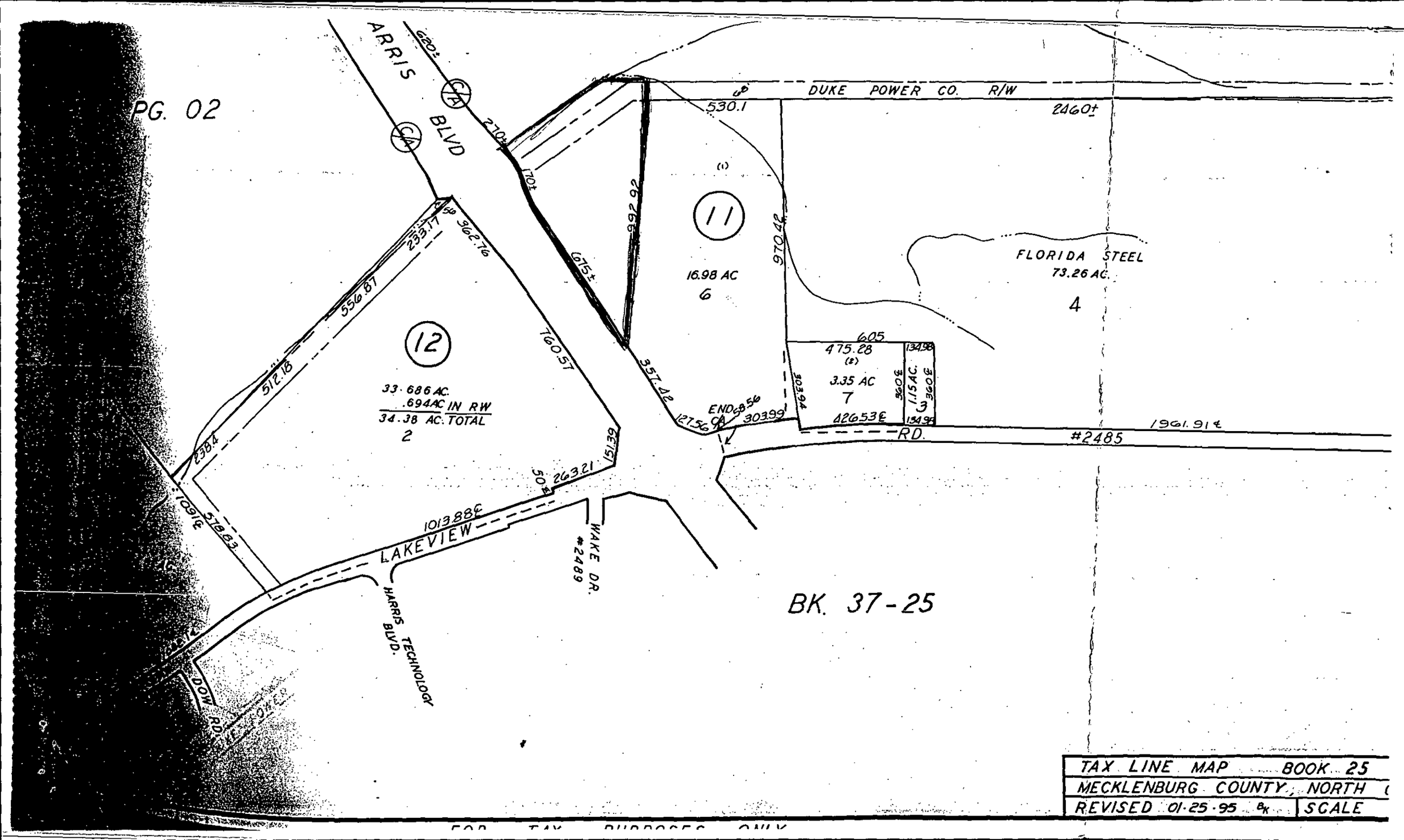
N.I.P.

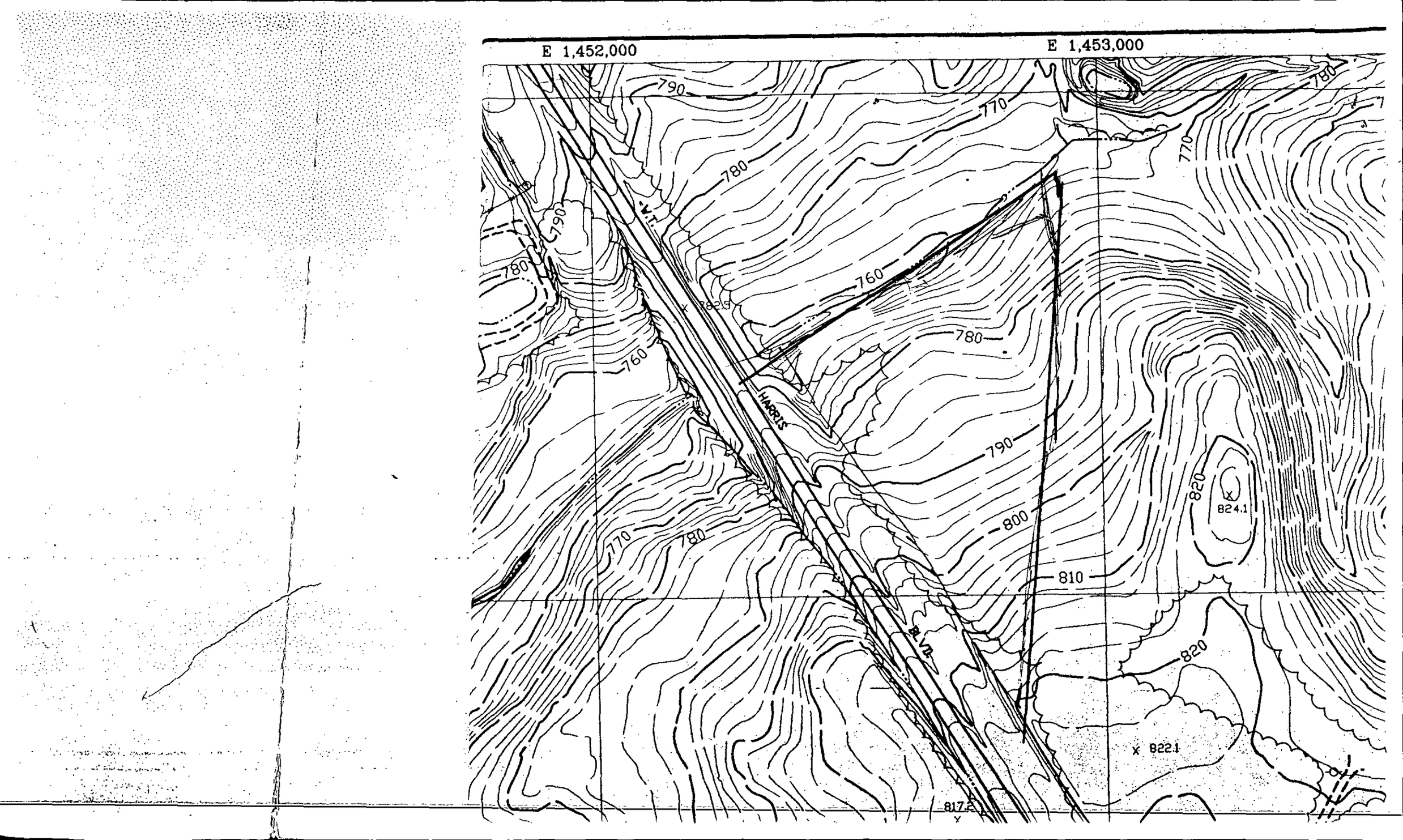
E.C.M.

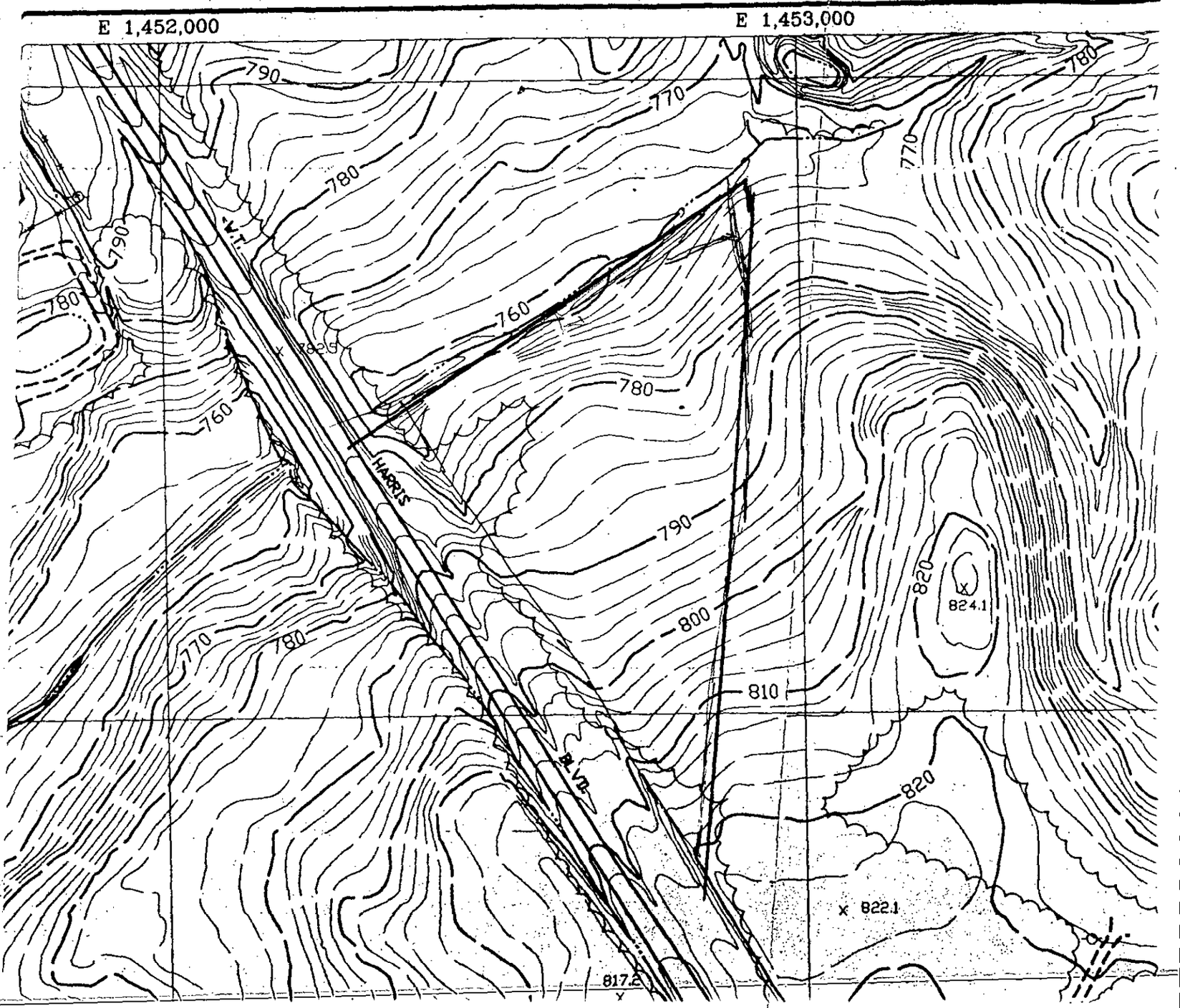
FENCE

S 88° 55' 16" W 153.34' 71.08' 75.27'

E.C.M.


PG. 02
ARRIS BLVD
620±
270±
170±
675±
DUKE POWER CO. R/W
530.1
2460±
992.92
970.42
11
16.98 AC
6
FLORIDA STEEL
73.26 AC.
4
605
475.28
(±)
3.35 AC
7
426.53℄
303.94
360℄
1.15 AC.
3
134.98
134.98
360℄
12
33.686 AC.
.694 AC IN RW
34.38 AC. TOTAL
2
760.57
357.42
END 68.56
127.56
303.99'
1961.91℄
RD.
#2485
233.17
556.87
512.18
238.4
151.39
50℄
263.21
1013.88℄
1091℄
578.83
LAKEVIEW
WAKE DR.
#2489
HARRIS TECHNOLOGY BLVD.
DOW RD.
BK. 37-25
TAX LINE MAP BOOK 25
MECKLENBURG COUNTY, NORTH
REVISED 01-25-95 BK
SCALE
FOR TAX PURPOSES ONLY


E 1,452,000
E 1,453,000
790
780
770
760
800
810
820
HARRIS
824.1
822.1
817.2


E 1,452,000
E 1,453,000
790
780
770
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800
810
820
HARRIS
BLVD
824.1
822.1
817.2

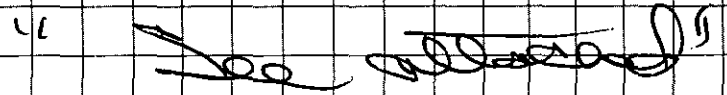
PROPOSED PLOT PLAN

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

FILE: 37828

TC: 025-011-02P0

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

QUOTATION

FOR IMMEDIATE ACCEPTANCE
SUBJECT TO CHANGE WITHOUT NOTICE
SUBJECT TO STOCK ON HAND

BAKER-MITCHELL CO.

2135 Thrift Road • Charlotte, N.C. 28208
Phone 376-3521 • Fax 343-0420

ALL AGREEMENTS SUBJEC
TO STRIKES ACCIDENTS O
OTHER CAUSES BEYON
OUR CONTROL.

TO Lisa Miletti

DATE 9/25/96

PRICED BY

CHECKED BY

SHEET NO. OF

QUOTATION NO.

QUANTITY	ARTICLE	LIST	GROSS	TOTAL
	Pump for 6400 UT Harris Le 21 A 2 with pump 456 PM at 30' per head			
	336-6894			
	Ward Mitchell			

QUOTATION

FOR IMMEDIATE ACCEPTANCE
SUBJECT TO CHANGE WITHOUT NOTICE
SUBJECT TO STOCK ON HAND

BAKER-MITCHELL CO.

2135 Thrift Road • Charlotte, N.C. 28208
Phone 376-3521 • Fax 343-0420

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DATE 9/25/96

PRICED BY

CHECKED BY

SHEET NO. OF

QUOTATION NO.

QUANTITY	ARTICLE	LIST	GROSS	TOTAL
	Pump for 6400 UT Harris Le 21 t 2 with pump 456 PM at 30' psi head			
	336-6896			
	Brad Mitchell			

Baker-Mitchell Co.
WHOLESALE PLUMBING, HEATING AND INDUSTRIAL SUPPLIES
2135 THRIFT RD. • CHARLOTTE, N.C. 28208
(704) 376-3521 FAX 704-343-0420

FACSIMILE TRANSMISSION

DATE: 9/24/96 NUMBER OF PAGES: 2
FAX. NUMBER: 336-6894

PLEASE DELIVER THE FOLLOWING TO:
NAME: Lisa Mialk
FROM: _____

SPECIAL INSTRUCTIONS: _____

THANK YOU

LE70-SERIES

PUMP

The pump(s) shall be model _____ as manufactured by Liberty Pumps; Bergen, N.Y. or equal. The pump(s) shall have a capacity of _____ GPM at a total dynamic head of _____ feet. Motor size shall be 3/4 horsepower, _____ phase, 60 hz. and _____ volt operation.

MOTOR

The pump motor shall be of the submersible type, oil filled, and hermetically sealed. Single phase motors shall have thermal overload protection embedded in the windings, and shall automatically reset when motor cools. Three-phase motors shall have heat breakers incorporated into the control panel, properly sized for the horsepower and amperage of the pump(s).

The rotor shaft shall be made of 416 stainless steel and shall be supported by a lower ball bearing, and an upper sleeve bearing.

The power cord shall be of the quick-disconnect design.

TECHNICAL SPECIFICATIONS

IMPELLER

The pump impeller shall be cast iron, 2 vane, semi-open, and shall be capable of passing a minimum 2" spherical solid.

SEAL

The shaft seal shall be of the carbon/ceramic unitized design, with BUNA N elastomers and stainless housings.

EXTERNAL CONSTRUCTION

The pump volute, legs and motor housing shall be heavy gray iron castings, class 25 or better. All castings shall be enamel coated before assembly.

All fasteners shall be of 300-series stainless steel.

LEVEL CONTROL

The pump shall be controlled by an adjustable mechanical switch sealed in a PVC float, and shall have a series plug for manual bypass operation.

ALL MODELS: 3/4 HP, 1725 RPM

	MODELS	VOLTS	PHASE	AMPS	DISCHARGE	AUTOMATIC
SINGLE PHASE	LE71M2	115	1	12	2" FLANGED	NO
	LE71A2	115	1	12	2" FLANGED	YES
	LE72M2	208-230	1	6	2" FLANGED	NO
	LE72A2	208-230	1	6	2" FLANGED	YES
	LE71M3	115	1	12	3" FLANGED	NO
	LE71A3	115	1	12	3" FLANGED	YES
	LE72M3	208-230	1	6	3" FLANGED	NO
	LE72A3	208-230	1	6	3" FLANGED	YES
3-PHASE	LE73M2	208-230	3	3	2" FLANGED	NO
	LE74M2	440-480	3	1.5	2" FLANGED	NO
	LE73M3	208-230	3	3	3" FLANGED	NO
	LE74M3	440-480	3	1.5	3" FLANGED	NO

10' cord standard on all single phase models. 20' cord standard on 3-phase.
For 20' option on single phase pumps, add a "-2" suffix to model number. EXAMPLE: LE71A2-2
NOTE: 3-Phase models require panel for automatic operation. See sewage accessories literature for complete information on all simplex and duplex controls.

DIMENSIONAL DATA:

Weight: LE71M: 59 LBS.

Height: 14.1"

Major Width: 12.5"

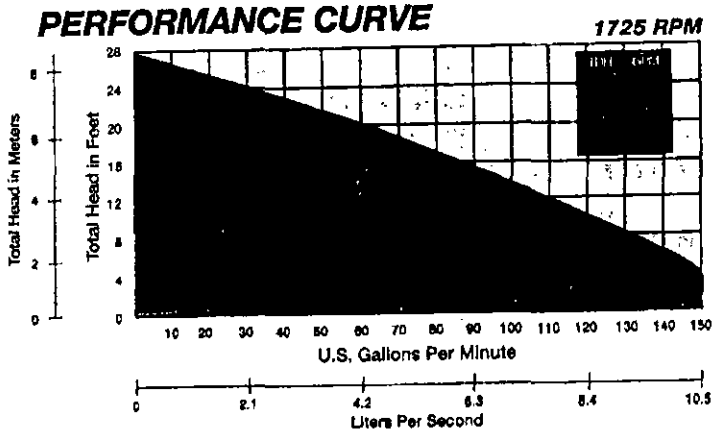
Maximum fluid temperature 145 degrees F.

CSA Certified
City of LA certification available

SSPMA Certified Pump Member

PERFORMANCE CURVE

1725 RPM



Liberty Pumps • 7307 Lake Rd • Bergen, New York 14416 • Phone (716) 494-1817 Fax (716) 494-1839 7242-R4/93

LE70-SERIES

TECHNICAL SPECIFICATIONS

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The pump(s) shall be model _____ as manufactured by Liberty Pumps; Bergen, N.Y. or equal. The pump(s) shall have a capacity of _____ GPM at a total dynamic head of _____ feet. Motor size shall be 3/4 horsepower, _____ phase, 60 hz. and _____ volt operation.

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	LE71A3	115	1	12	3" FLANGED	YES
	LE72M3	208-230	1	6	3" FLANGED	NO
	LE72A3	208-230	1	6	3" FLANGED	YES
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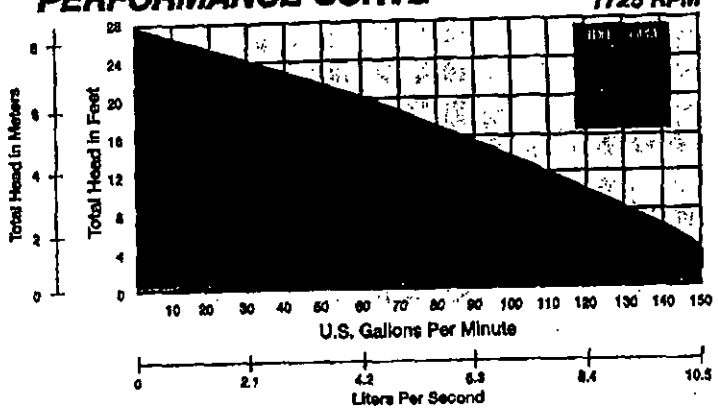
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City of LA certification available

SSPMA Certified Member

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1725 RPM



Liberty Pumps • 7307 Lake Rd • Bergen, New York 14416 • Phone (716) 494-1817 Fax (716) 494-1839

7242-R4/93

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Doug Ehman TELECOPIER # 392-0312

FROM: Lisa Mialik DATE 9/10/96
Meck Co. Health Dept

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:
Per our phone conversation —

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

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

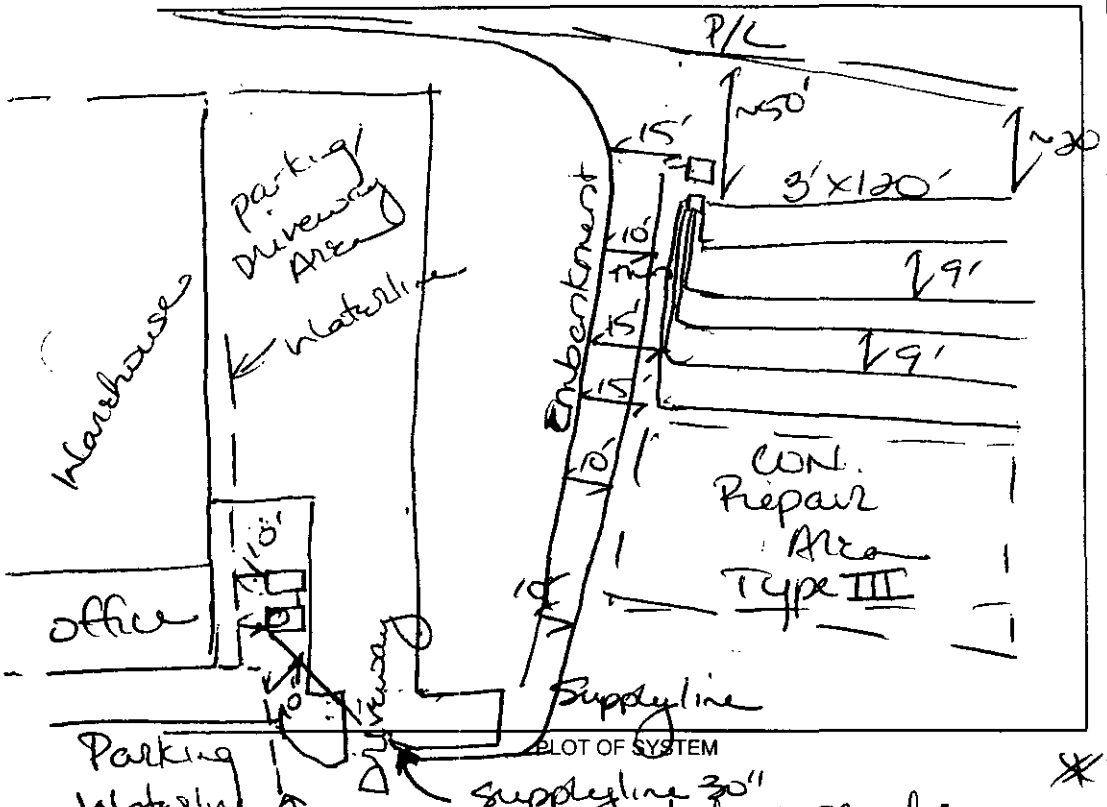
FILE: 3782-B DATE: 9/9/96

TC: 025-011-02 ☐ L

SERIAL Nº 16892

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 10/18/95. All work shall be completed on or before 10/9/96, 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.

PCC Washer Box + D-Box



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 gallons

Tank Construction PCC

Trench Depth 36" max. Installed ~24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous ✓

Total Line Length 720 feet

Number of Lines 6@120' each

Depth of Stone 12" inches

Distance from ~~House~~ Bldg ~15'* feet

Distance from Property Line 10' feet

Distance from Well 100' feet

*Distance from any water line - 10' minimum

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

NAME OF OWNER NAL+L, LLC

LOCATION OF PROPERTY 6400 W.T. Harris Blvd

Comments: ① Keep installation 10' min. from any waterline.
② Supply line under driveway must be a minimum of 30" below grade or encased with ductile iron.
③ Pump, pump controls + alarm to meet current N.C. standards. ④ Submit pump curve cut sheet prior to installation

System design changed at request of owner, Doug Ehrman of NAL+L, LLC due to extensive grading on-site (embankment) + the subsequent decision to utilize portion of future proposed

Lisa B. Mialik, REHS
Environmental Health Specialist

9-9-96

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

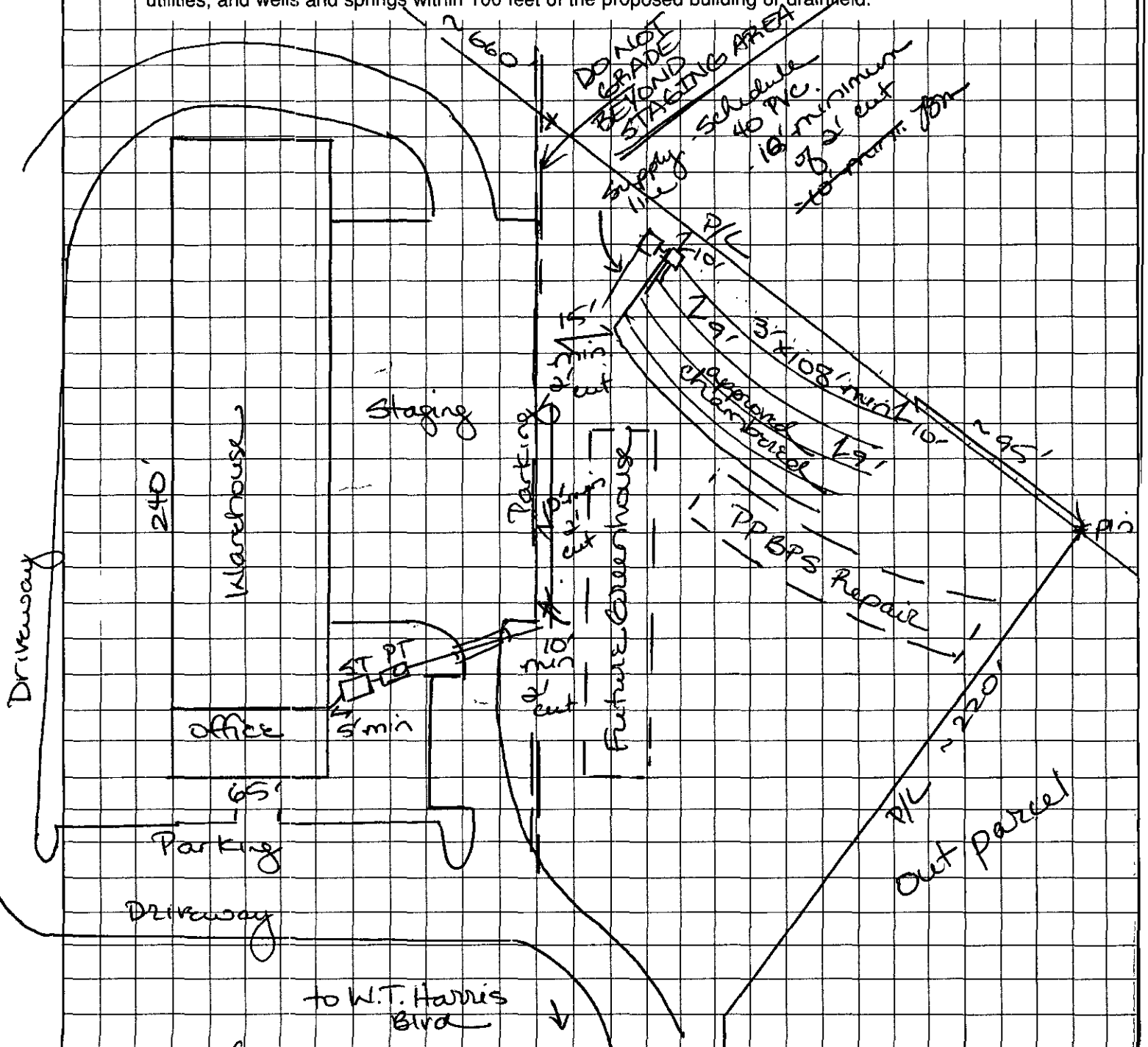
PROPOSED PLOT PLAN

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

FILE: ~~O~~ 3782B

TC: 025-011-02

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 2-23-96.

APPROVAL DATE 2/23/96 Joa B. Mialik

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

FEE: _____

DATE: _____

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

1 1 CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 37823

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-011-02 PO

STREET ADDRESS: 6400 WEST WT HARRIS BLVD.

SUBDIVISION OR MOBILE HOME PARK NAME: N/A -

LOT NUMBER: 6.89 ACRES.

TYPE OF BUILDING (CHECK ONE):

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

WAREHOUSE

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER: DOUGLAS P EHMANN

NAME: NALL LLC. (LAST) (FIRST) (MI)

ADDRESS: 3309 BELHAVEN BLVD.

CITY: CLT STATE: NC ZIP: 28216

DAYTIME PHONE: (704) 392-1155

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1-30 1-31

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: _____ DATE: 8-30-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Doug Ehman TELECOPIER # 392-0312
North American Landscape

FROM: Lisa Mialik DATE 2/27/96
Meck Co. Health Dept

NUMBER OF PAGES TRANSMITTED: 5 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [✓] Original will follow via: Copies

[✓] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

FEE: 100.00 chk 1831
DATE: 10/18/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT
FOR COMMERCIAL/INDUSTRIAL SITE

1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 3782B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-011-02 PO

STREET ADDRESS: W. T HARRIS Blvd.

LOT NUMBER: 6.89 ACRES

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: WAREHOUSE APPROX 5000.00 Sq ft

NUMBER OF EMPLOYEES: 5 26 employees includes PER SHIFT: 2 nights

TOWNSHIP (CHECK ONE):

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

2/23/96 26 EMPLOYEES. 1 SHIFT.

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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 WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ✓ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: John B. Young

NAME: Young John B.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 11424

CITY: Char. STATE: N.C. ZIP: 28209

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Roper Sandy
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 564-0089

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Sandy Roper DATE: 10-18-95

MECKLENBURG COUNTY HEALTH DEPARTMENT

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 37828

Tax Number: PU 025-01-02

- 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: Approved chamber	___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	650 Max gallons/day wastewater flow	1626 Absorption Area (sq ft)		9' Trench spacing (min. on centers)
NO municipal Serviced by private well	1500 Gallon septic tank	542 Total trench length (ft)		36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
✓ Bedrooms in residence 26 employees - 1 shift	1500 Gallon pump tank	Group I, II or III Soil Depth of stone per manufacturers specification		
Any surface waters present: None Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Supply line shall be minimum of 30" below grade or encased with ductile iron beneath any parking, driveway area - Do not grade, disturb, or cut within 15' of the proposed sewage disposal system drainfield & its designated repair area.				

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	
1083 Absorption Area (Sq ft) 361 Total Trench Length (Ft)	Send to Depth of Stone Trench manufacturers specification	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed: NA				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Joan B. Mialik, RS 2/23/96 — 2-23-96

DEHNR Authorized Agent — Date — 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

REQUESTED CHAMBERED SEPTIC SYSTEM DESIGN AND FUTURE REPAIR SYSTEM DESIGN PANEL BLOCK.

IWWS:100195

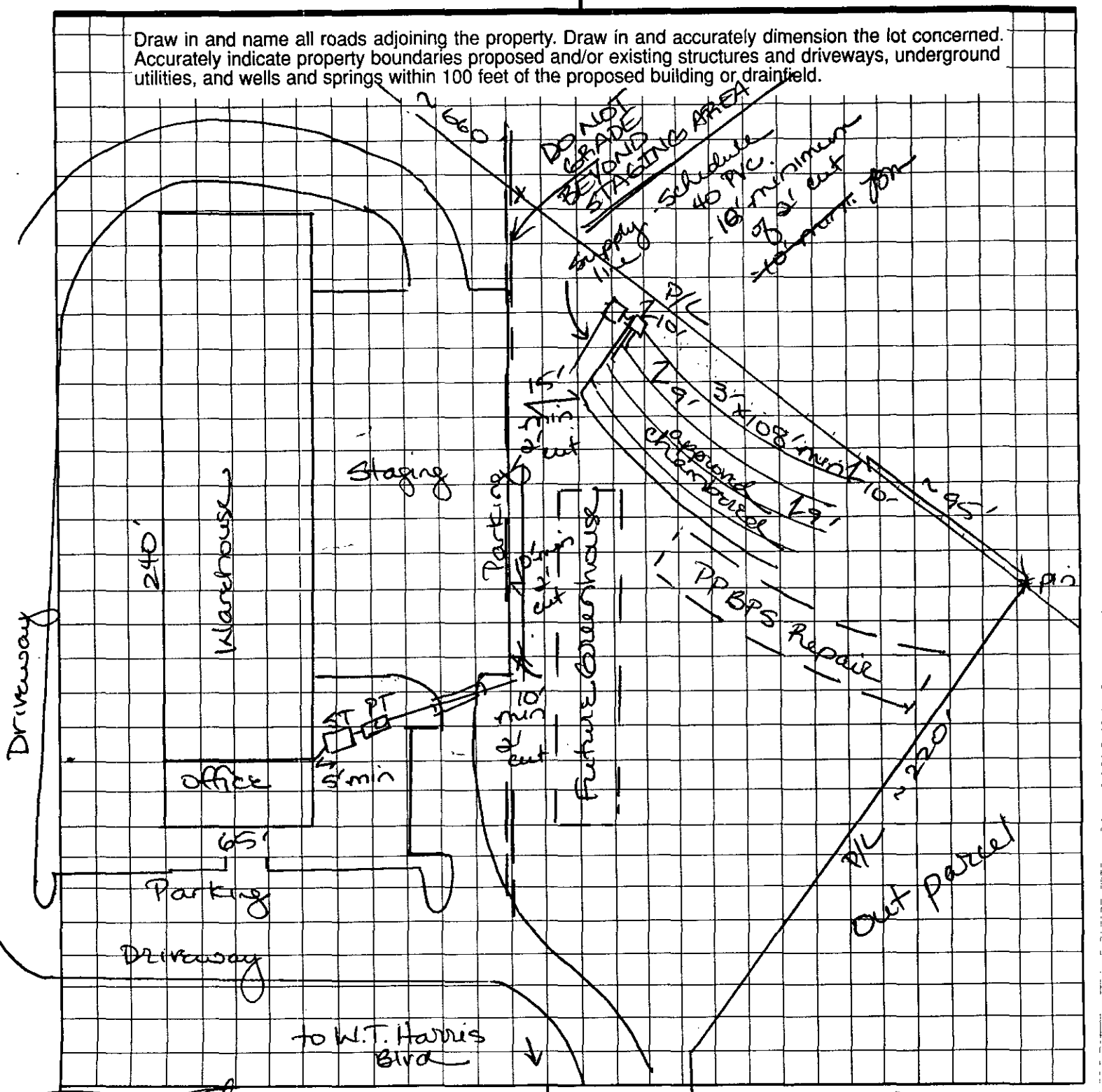
PROPOSED PLOT PLAN

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

FILE: 3782-B

TC: 025-011-02

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 2-23-96.

APPROVAL DATE 2/23/96 Joba B. Miali.k

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2/23/96 PERMIT NO: 3782B
PARCEL NO: 90 025-01-02

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: Doug Ehman
BUILDING CONTRACTOR: Crescent Metal Structures
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Lee B. Mialik, RS DATE: 2/23/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3782B, 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: See conditions of improvement permit.
Initial system - chamber @ owner's request
Repair system - PB @ owner's request.
Reclassification form & owner's acknowledgment of
Replacement system form required prior to installation appro

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.

2-27-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1
37823

OWNER: North American Landscape APPLICANT: ___
ADDRESS: ___ APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: Warehouse PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: W. T. Harris Blvd. PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut second site
TYPE OF WASTEWATER: ☑ 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1			See Comments Section						
2									
3									
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Neel 2-28-96
OTHER(S) PRESENT: ___

OMMENTS: - Soils 43-46" plus to saprolite in area investigated. Slopes up to 10 percent -, 746" to Chroma. - Sam Mueller

LEGEND

use the following standard abbreviations

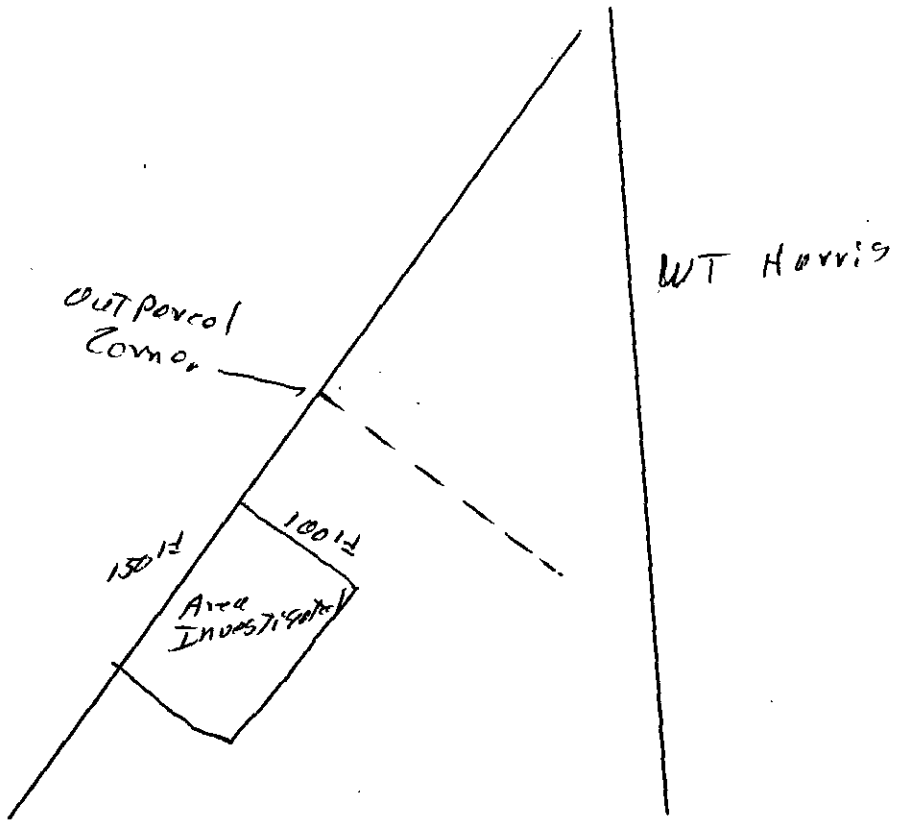
ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

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

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

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



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

#1

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

3782B
PO 025-011-02

OWNER: John D. Young
APPLICANT: ___
ADDRESS: P.O. Box 11324, Charlotte, N.C. APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: Townhouses PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: ___
LOCATION OF SITE: ___
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 7%	0-6"	SBK/CL	Fr/SEXP/SS/SP	>49" TO Chroma 2	49"	N/A	None	.39/F2/d III PS
		6-49"	SBK/C	Fr-Fi/SEXP/SP					
2	LS 8%	0-4"	SBK/CL	Fr/SEXP/SS/SP	> 49" TO Chroma 2	49"	N/A	None	.39/F2/d III PS
		4-49"	SBK/C	Fr-Fi/SEXP/SP					
3	LS 7%	0-8"	SBK/CL	Fr/SEXP/SS/SP	> 49" TO Chroma 2	49"	N/A	None	.39/F2/d IV PS
		8-49"	SBK/C	Fr-Fi/SEXP/SP					
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marlin 12-18-95
OTHER(S) PRESENT: ___

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

OTES

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

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

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

