

14040 SOUTH TRYON ST

19901103

6/6/08

marliwr

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

M E M O R A N D U M

TO: Our File 9680, Property Located at 14040 York Road, Tax Parcel #199-011-03)

FROM: Judy J. Kiser, R.S.

RE: Site Consultative Visit of 4/20/94

I met on site today with Casey R. Brawley, Realtor, Mr. Carl Vaughan, the owner of the property, his son Carl Vaughan, Jr. and another individual (A builder/Realtor.

The purpose of the request was to determine if the existing site could be utilized to upgrade the existing septic field to accommodate a licensed day care facility for 180 children and 20 staff members. Mr. Brawley represents the buyers and I had spoken previously to both he and the potential buyers by telephone. The buyer had requested I speak with their agent or builder as they did not understand the requirements having had no previous experience with septic systems.

The calculated amount of drainfield is 3000 gallons per day for 10,000 square feet of drainfield or 3,333 linear feet of drainfield. There is insufficient land space available to install a drainfield of this size. Also, there would be a mandatory requirement for 100% repair area.

Mr. Vaughan and I discussed the possibility of city sewer. Mr. Brawley confirmed that he had already contacted the CMUD office and spoke with Jeff Mills and learned it could be extended for a cost of $100,000.

Several options that were mentioned were:

.Consult with other people in the area to see if they would also be interested in having city sewage and thereby reduced the individual costs.

.Consult with the buyers to see if they would be willing to reduce the day care size (i.e. number of staff and children) in order to be able to work out a system sized for the lot.

.Contact the Parks and Recreation Department (Wayne Westons name was given) to inquire about the possibility of an easement on the property across the street which is undeveloped and owned by the City of Charlotte.

.The lot is triangular in shape so a portion of the land would be unavailable for use due to setbacks and actual design of the system.

.I also advised Mr. Vaughan that he might wish to discuss the sewage use possibilities with an Engineer. There might be some other type system of which I am unaware that could work on the lot.

.And finally that they could get water usage records from a smiliar type day care facility for review of water useage requirements. I explained this would have to be a years (1) records to determine an adequate monthly/daily use.

They are to advise me on their course of action.

4/20 met on Site
with Brawley/Vaughn
Not enough room for
Conv. System and 100%
repair -
They are going to Contact
Parties Rec for Property
easement - Also get
Water use DATA -
& will be in touch -
They understand
about billing for I&P
w/Plan

BRAWLEY
& ASSOCIATES, INC.

FOR SALE

CASEY R. BRAWLEY
Real Estate Sales

- Golf Courses
- Residential
- Commercial

Office: 364-5222
Fax: 364-4812
Home: 366-4028

P.O. Box 221037 Charlotte, NC 28222

JK Consultation

File #9640

File 9680

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: BRAWLEY (last) CASEY (first) R. (mi)
ADDRESS: P.O. Box 221057 PHONE: 704 364-5222
CITY: Char. STATE: NC ZIPCODE: 28222

Date:

PROPERTY OWNER:
NAME: Vaughn (last) Carl (first) (mi)
ADDRESS: 13425 York Rd. PHONE: 803 927-9219
CITY: Chas. STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-011-03
STREET ADDRESS: 14040 YORK RD.
ZONING: B1

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) uxs Convert to Day care
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business DAYCARE # Employees 200 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) Y Type ___

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 4-13-94

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...4/18 tel. msg in Linda's left message

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Date Issued [illegible]

Serial No.

ICAR (Sr.) Permit No. [illegible]

T C No. [illegible]

Map Date [illegible]

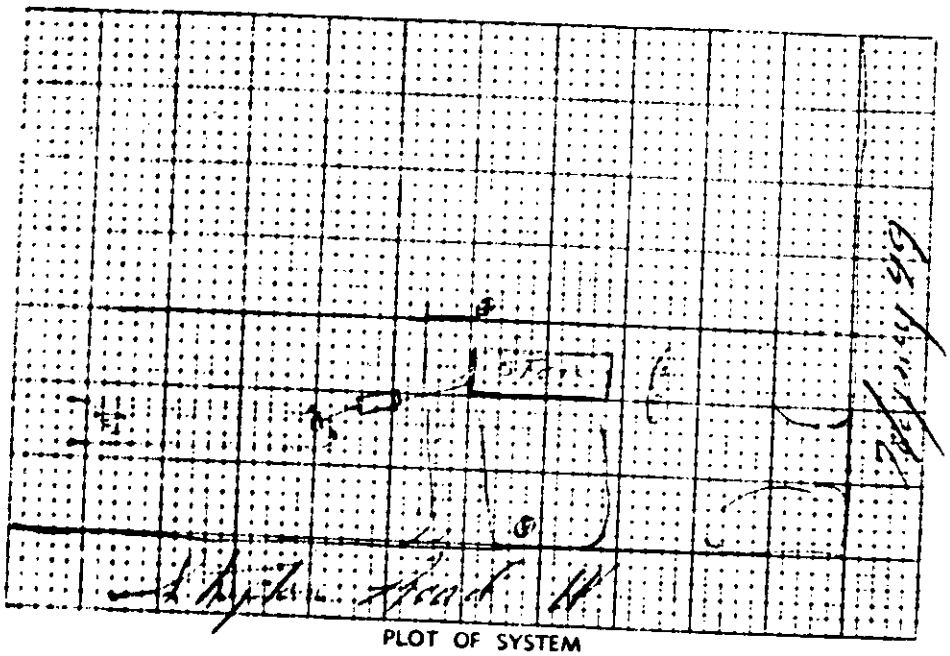
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to [illegible] Install or Construct, [illegible] Alter or Repair the individual septic tan
water treatment system with subsurface, soil absorption, effluent discharge as specified herein at
described location. This permit is granted based upon the information supplied in application [illegible]
dated [illegible] and this permit shall be void and of no effect if the information provided in
application is not true or is erroneous. All work shall be completed on or before [illegible] , aft
date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification [illegible]

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Meckle
County Board of Health which are in effect on the date of the granting of this permit. A certificate
approval must be issued by the Health Director before any system can be covered up or otherwise rendere
inspectable or can be used.

Comments: [illegible]

Supervisor or Section Head [illegible]

Environmentalist [illegible]

If this permit is for the installation or construction of a new system, it must be signed by the division
supervisor of the Environmental Health Division in order to be valid. Only the signature of the Env
Specialist is required where an existing system is being altered or repaired.

E-5-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

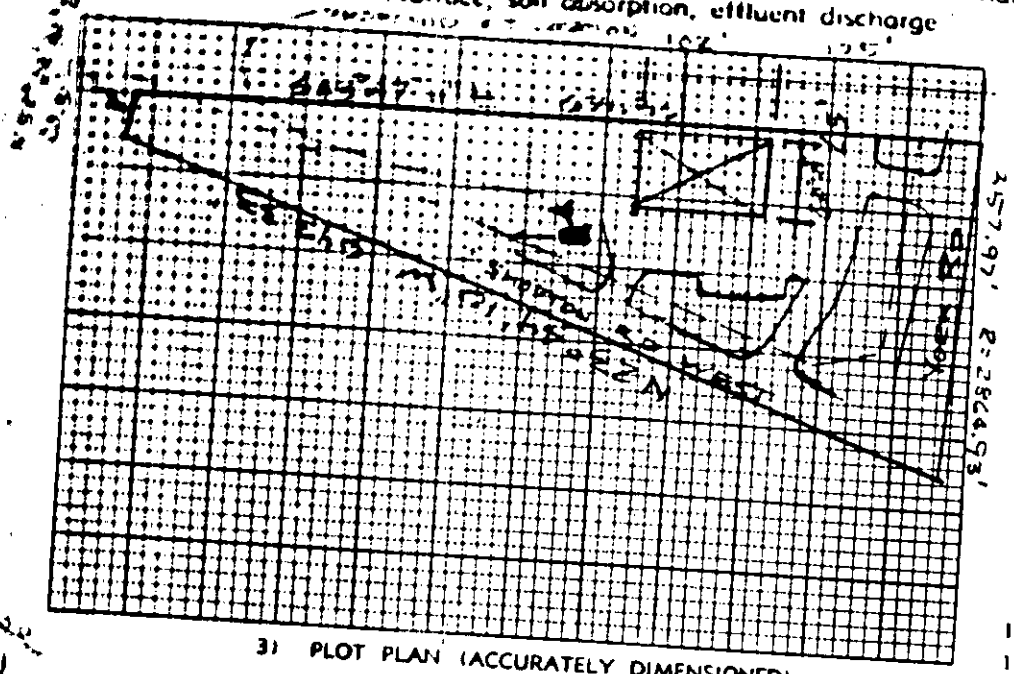
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Note: owners of real property should contact their builder before applying for a permit to:

1) ✓ Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Rooms 2
5) Business Use ___ Max No Employees ___
6) Washing Machine ___Y
7) Garbage Disposal ___Y
8) Dishwasher ___Y
9) Water Supply:
   A) Individual Well ___
   B) Governmental System ___
   C) Community System:
      1. Well source ___
      2. Governmental source
10) Sewage System:
   House located within 200 fe
   of public sewer ___Yes
   House located within 200 fe
   community sewer ___Yes
11) FHA Case No. ___
12) VA Case No. ___

Sewer 5.00
9-9-75

13) NAME OF OWNER Vaughan (LAST) Carl (FIRST) S. (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 148 Pineville N.C.

15) PHONE NO. Home 588-2531 Office 588-1523

16) LOCATION OF SYSTEM Hwy 49 S. York Rd & Shamrock (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3326 AT PAGE 91

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ✓ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the con
of same are true. It is understood that any permit applied for herein shall be void and of no effect if an
the above facts are not true.

9-5-75
DATE OF APPLICATION

OWNER

HEALTH DEPARTMENT'S COPY

Date Issued 21 Aug 75

Serial No. [illegible]

C of A Issued No. 9680

T C No 199-011-03

Map Date 14 Aug 75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) (FIRST) (MIDDLE)

Location of Property [illegible]

Application Number 9680

Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank 1000 gal

Tank Material [illegible]

Total Length of Drain Tile [illegible]

Number of Lines 4" x 10' x 3 = 120'

Depth of Filter Material 12"

Cover Depth 24" - 48"

Water Supply Source [illegible]

Distance from Water Source 100'

Excavation Inspected 21 Aug 75 (DATE)

Tank Inspected 21 Aug 75 (DATE)

Nitrification Field Inspected 21 Aug 75 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the individual septic tank system with subsurface, soil absorption, or effluent discharge as described above and it has been [illegible] constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person from thereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit and in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application or [illegible] of any additions are made to the property which would increase the requirements for said system.

Comments: Septic Tank Only

[illegible]
Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5404

PTR No 9680

Date Issued July 22, 1975

T C No 199-011-03

Map Date 12-14-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

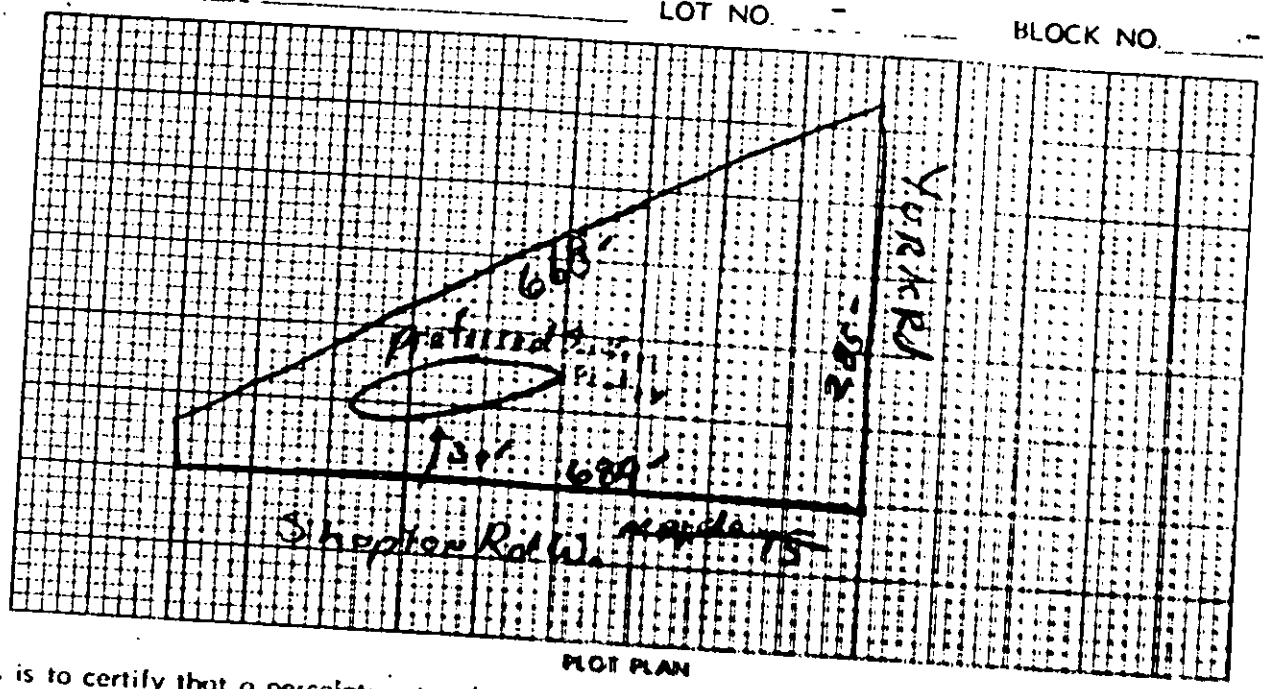
PERCOLATION TEST REPORT

NAME OF OWNER Vaughan (LAST) Carl (FIRST) B. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 135, Pineville, N. C ZIP 28134

LOCATION OF PROPERTY Highway 49 South (York Road & Shopton Road West)
Corner:

SUBDIVISION - (STREET OR COUNTY ROAD) LOT NO. - BLOCK NO. -



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 60Min./In. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions.

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

ts determined by soil analysis

W. Edward Cosmant Soil Scientist

FORM NO E-2-9-1-72

Director, Environmental Health Division or Authorized Section Head

HEALTH DEPARTMENT'S COPY

Consultation

File #9680

File 9680

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: BRAWLEY (last) CASEY (first) R. (mi)
ADDRESS: P.O. Box 221057 PHONE: 704 364-5222
CITY: Char. STATE: NC ZIPCODE: 28222

PROPERTY OWNER:
NAME: Vaughn (last) Carl (first) (mi)
ADDRESS: 13425 York Rd. PHONE: 803
CITY: Chas. STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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STREET ADDRESS: 14040 YORK RD.
ZONING: B1

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[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Day care
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business DAYCARE # Employees 200 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) Y Type _____

WATER SUPPLY (check one):
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...

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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791