

12500 E INDEPENDENCE BV

21524103

8/15/08

marliwr

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

1772

1/24/95

Met with Phil Ward, DOT to review Septic Situation (malfunction)

He mentioned the people he met with at the time of purchase of right of way indicated Septic System was in rear of Building -

Mr/Mrs Byrum, tenants were also on site at this time of this MTB.

WADE H. MCSWAIN, JR.
RIGHT OF WAY AGENT
NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

716 WEST MAIN STREET
ALBEMARLE, N.C. 28002-0640

(704) 982-9181

179.72

215-241-03

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

JAMES B. HUNT, JR.
GOVERNOR

DIVISION OF HIGHWAYS

R. SAMUEL HUNT III
SECRETARY

716 West Main Street, Albemarle, N.C. 28001
Telephone 704-982-9181
January 17, 1995

STATE PROJECT: 8.U670121
F. A. PROJECT: NHF 117-1
ID NUMBER: R-211 EB
COUNTY: MECKLENBURG COUNTY
DESCRIPTION: OUTER BELT LOOP AT US 74 INTERCHANGE

SUBJECT: CLAIM OF: ALMA F. DEASON - PARCEL 802EZ
12500 EAST INDEPENDENCE BOULEVARD
MATTHEWS, N.C.

Ms. Judy J. Kiser, R. S.
Mecklenburg County Health Department
IWWS Section
700 North Tryon Street - Suite 211
Charlotte, N.C. 28202

Dear Ms. Kiser:

The purpose of this memo is to ask for an extension of the thirty (30) days abatement period as outlined in your letter of December 5, 1994.

As you and I have discussed, the North Carolina Department of Transportation is working with the landowner and the owner of "Pockets" to reach a solution. If we can get an extension of six to eight weeks, the Department should know how to proceed; whether to attempt repairs to the existing system or a complete buy-out and relocation of the existing businesses.

Your cooperation in dealing with this complex situation is greatly appreciated.

Looking forward to hearing from you.

Respectfully,

W. H. McSWAIN, JR.
RIGHT OF WAY AGENT

WHMjr:pb

cc: File

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
716 WEST MAIN STREET
ALBEMARLE, NORTH CAROLINA 28001

CHARLOTTE NC 28

CHARLOTTE, NC 282
PM
JAN 1985

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JAN 19
N.C.
PB METER

U.S.POSTAGE

Ms. Judy J. Kiser, R.S.

Mecklenburg County Health Department

IWWS Section

700 North Tyron Street - Suite 211

Charlotte, N.C. 28202

Mecklenburg County
Health Department

December 5, 1994

Mrs. Alma F. Deason
2933 Matthews-Indian Trail Road
Matthews, NC 28105

Dear Mrs. Deason:

Receipt of your application for repair to the existing septic system for the site known as "Pockets", located at 12500 East Independence Boulevard, Matthews, N. C. is hereby acknowledged. Upon receipt of the request, a review was made of the material on file and a site evaluation was conducted. The request was then reviewed in conjunction with the provisions of 15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1941 Soil Characteristics (Morphology)
The soils are **Unsuitable** as they contain expansive clay mineralogy.
.1942 Soil Wetness Conditions
The soils are **Unsuitable** due to seasonal high-water or perched water table.
.1943 Soil Depth
The soils are **Unsuitable** as depth to saprolite is less than 36".

For these reasons a request to install an on site subsurface drainfield repair is hereby denied.

Other options for consideration are:

- Connection to the Charlotte-Mecklenburg Utility Department municipal sewer line. You may contact Jeff Mills at 336-5571 for further information, if you desire.

- An off-site location for a new subsurface drainfield. If this is an option, an Application for an Improvement Permit should be submitted to this office.

- An adjacent county sewer line may be available. You may contact the Union County Public Works Department for further details, if you desire.

Please be advised that the malfunction to the system must be abated within thirty days (see attached violation notice). This might be accomplished through repair work within the existing nitrification field. However, this measure would be considered a temporary abatement at best. A permanent solution must be found through use of one of the above mentioned options as the site must be served by a properly functioning sewage system.

Please contact me at 336-5571 to discuss your plan of action. If you wish, you may exercise your right of appeal under G.S. 150B and 10 NCAC 1B and details may be received at the above mentioned telephone number.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

cc: Wade McNair
N.C. Department of Transportation
Albemarle, N.C.

Mecklenburg County Public Health Laboratory

Survey
No Fee
Per Sylvia

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Pockets Bar + Billiards

Address: 12924 E. Independence Blvd

Matthews Zip 28105

Collected By: J. Kisser

Date Collected: 1/19/95 Time: 11:05 (AM) PM

Sample Source: well

Date Delvd. to Lab: 1/19/95 Time: 12:50 AM (PM)

Delivered By: L. Mialik

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify)

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☑ Fecal Coliform
- ☑ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify)
- ☐ Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert

Total Coliform Present /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: 1/19/95

Received By: Williams

Laboratory Identification #: 37518

Date Reported: 1/20/95

Analyst: ho Lab #: 217

By Telephone to Barbara Smith Mrs Deaton's daughter

L 1.14 1/92

LAB REPORT COPY

Condemned well 7/29/92 1/9/92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Re Pair

☐ 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

PERSON FILING APPLICATION:
NAME: Pockets (last) (first) (mi)
ADDRESS: 12500 E. Independence Blvd. PHONE: (704) 845-2800
CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: Deason (last) Alma (first) F (mi)
ADDRESS: 2933 Matthews-Ind. Trl. Rd PHONE: (704) 821-4871
CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-071-03
STREET ADDRESS: 12500 E. Independence Blvd, Matthews, N.C. 28105
ZONING:

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)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ 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 Billiard Lounge # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N): N
Underground Storage Tanks On Property (Y/N) N Type _____

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

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

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

Signed: Alma F. Deason Date: 11/8/94

NOTICE:

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 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.

...

☐ 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

WATER : 12279

Tax record Rec'd 12500 E. Independence Blvd.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

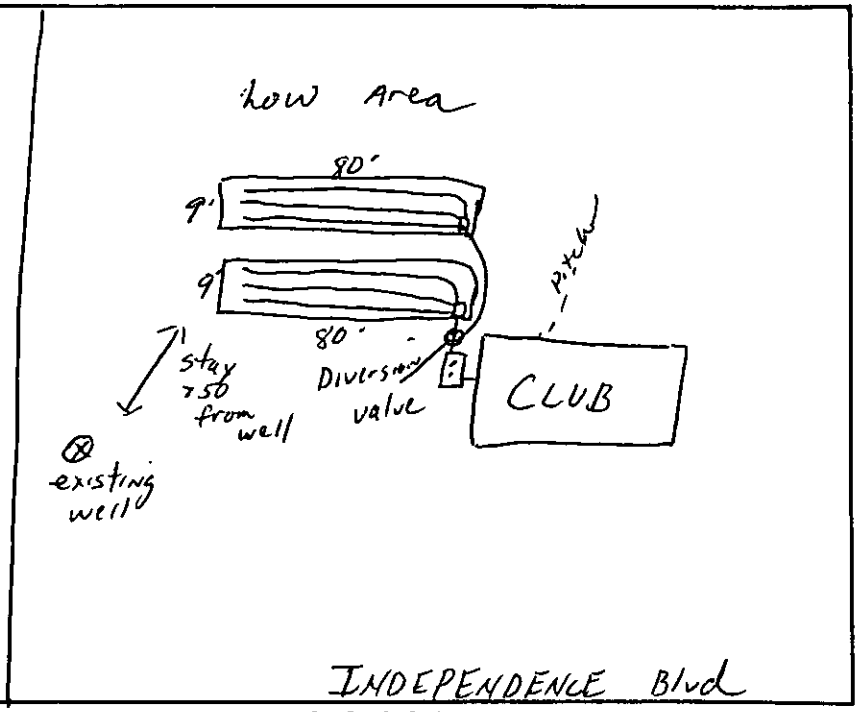
Conditional Grant 1/9/92

FILE: 7129A DATE: 12/6/90

TC: 215-071-03 ☑ L

SERIAL Nº 14719

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 11/21/90. All work shall be completed on or before 1/6/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 2 beds 9' feet

Total Line Length (480 Total) 80' feet

Number of Lines 3 + 3

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Alma Deason (Pockets Bar & Grill)

LOCATION OF PROPERTY 12924 E. Independence Blvd

Comments: 2 beds 9'wd x 80'long x 18"Stone | Diversion valve | Duel alternation beds Stay >50 from existing well

Division or Section Head

Philo S. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

71297

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: Pockets (last) (first) (mi)
ADDRESS: 12500 E. Independence Blvd PHONE: (704) 845-2800
CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-071-03
STREET ADDRESS: 12500 E. Independence Blvd, Matthews, N.C. 28105
ZONING:

PROPERTY OWNER:
NAME: Deason (last) Alma (first) F. (mi)
ADDRESS: 2933 Matthews-Ind. Trl. Rd PHONE: (704) 821-4871
CITY: Matthews STATE: N.C. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ 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 Billiard Lounge # Employees ___ Per Shift: ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

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

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

Signed: Alma F. Deason Date: 11/8/94

NOTICE:

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 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.

...

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 122

File 1772

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

PERSON FILING APPLICATION:

NAME: _____ (last) (first) Mr. Kiker - 847-0071

ADDRESS: 12500 E. Ind. Blvd. PHONE: (704) 847-9090

CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-071-03

STREET ADDRESS: 12500 E Ind. Blvd. Matthews, N.C. 28105

ZONING:

PROPERTY OWNER:

NAME: Deason (last) Alma (first) F. (mi)

ADDRESS: 2933 Matthews-Ind. Tel. Rd. PHONE: (704) 821-8956

CITY: Matthews STATE: N.C. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
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[] 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 Lounge # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

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

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

Signed: Alma F. Deason Date: 7/9/92

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:

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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

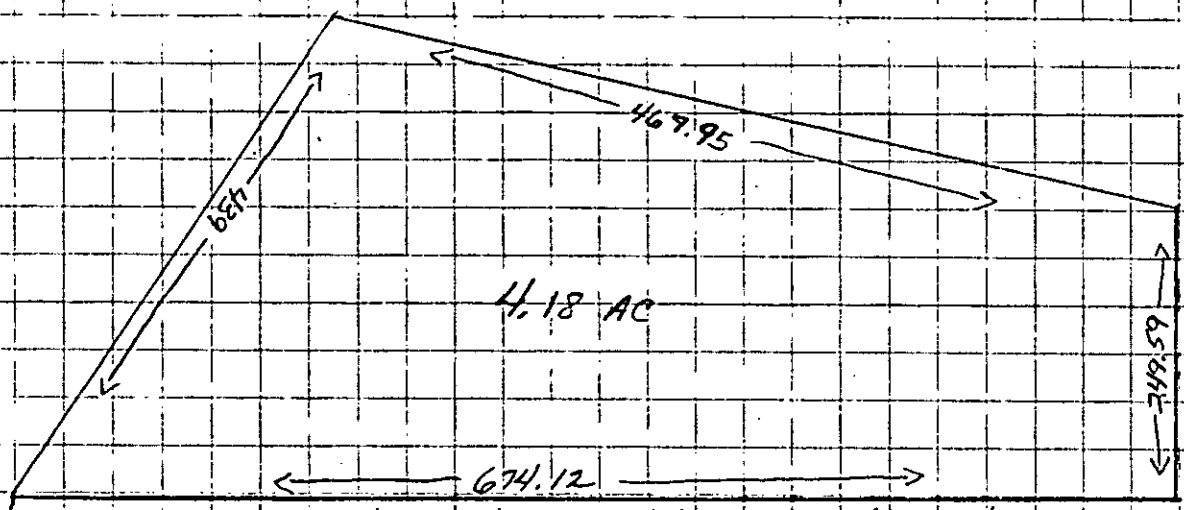
PROPOSED PLOT PLAN

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

FILE: 17972

TC: 215-071-03

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 _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Condemned with 4/29A - 1992

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

PERSON FILING APPLICATION: Jone

NAME: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

Date: 06/24/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-071-03

STREET ADDRESS: 10934 E. INDEPENDENCE Blvd

ZONING: MATTHEWS

PROPERTY OWNER:

NAME: DEASON, ALMA F (last) (first) (mi)

ADDRESS: 2933 MATTHEWS INDIAN TRAIL Rd PHONE: (___) _____

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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 POOL HALL # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: Barbara D. Smith Date: 6/24/92

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:

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...This permit is not transferable.

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[] 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

WATER : 122791

typical Repair - #12500 Independence Blvd

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 7179A 17972
TC: _____
SERIAL: № 21379 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 12924 (STREET NO.) E. Independence (STREET) ② FILE: _____
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 215-071-03 (tax office)
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Alma (FIRST) _____ (MIDDLE) DeAson (LAST)
⑨ MAILING ADDRESS: 2933 Matthews-Indian Tr. Rd
⑩ CITY: Matthews ⑪ STATE: N.C ⑫ ZIP: 28105
⑬ PHONE: (WORK) _____ ⑭ (HOME) 821-8956

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? _____
㉕ Type? Bar & Grill
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 1
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 60

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Alma DeAson
Date: 11-2-90

IMPROVEMENT PERMIT

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 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~~ 60 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 749A 17972
TC: _____
SERIAL: No 21379 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12924 E. Independence (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: Mecklenburg * ④ TAX PARCEL NO.: 215-071-03 (tax office)
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Alma (FIRST) DeAson (LAST)
⑨ MAILING ADDRESS: 2933 Matthews-Indian Tr. Rd (MIDDLE)
⑩ CITY: Matthews ⑪ STATE: N.C ⑫ ZIP: 28105
⑬ PHONE: (WORK) _____ ⑭ (HOME) 821-8956

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? _____
㉕ Type? Bar & Grill
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 1
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 60

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges 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: Alma Deason

Date: 11-2-90

IMPROVEMENT PERMIT

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... 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.

Environmentalist / Date

Director or Authorized Section Head / Date

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

Mecklenburg County
Health Department

December 5, 1994

Mrs. Alma F. Deason
2933 Matthews-Indian Trail Road
Matthews, NC 28105

Dear Mrs. Deason:

Receipt of your application for repair to the existing septic system for the site known as "Pockets", located at 12500 East Independence Boulevard, Matthews, N. C. is hereby acknowledged. Upon receipt of the request, a review was made of the material on file and a site evaluation was conducted. The request was then reviewed in conjunction with the provisions of 15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1941 Soil Characteristics (Morphology)
The soils are Unsuitable as they contain expansive clay mineralogy.

.1942 Soil Wetness Conditions
The soils are Unsuitable due to seasonal high-water or perched water table.

.1943 Soil Depth
The soils are Unsuitable as depth to saprolite is less than 36".

For these reasons a request to install an on site subsurface drainfield repair is hereby denied.

Other options for consideration are:

- Connection to the Charlotte-Mecklenburg Utility Department municipal sewer line. You may contact Jeff Mills at 336-5571 for further information, if you desire.

- An off-site location for a new subsurface drainfield. If this is an option, an Application for an Improvement Permit should be submitted to this office.

- An adjacent county sewer line may be available. You may contact the Union County Public Works Department for further details, if you desire.

Please be advised that the malfunction to the system must be abated within thirty days (see attached violation notice). This might be accomplished through repair work within the existing nitrification field. However, this measure would be considered a temporary abatement at best. A permanent solution must be found through use of one of the above mentioned options as the site must be served by a properly functioning sewage system.

Please contact me at 336-5571 to discuss your plan of action. If you wish, you may exercise your right of appeal under G.S. 150B and 10 NCAC 1B and details may be received at the above mentioned telephone number.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

cc: Wade McNair
N.C. Department of Transportation
Albemarle, N.C.

1/17 Wade McSwain

Will be doing a re-appraisal on property — Appraiser will go ahead and pay homeowner item damages → can't operate until get CMUD

He'll send me a memo & he will talk to Mrs Smith about pumping tank until they can get appraised complete.

1/24/95
Met with
Phil Ward, DOT
to review Septic
Situation (malfunction)
He mentioned the people
he met with at the
time of purchase of right
of way ~~as~~ indicated Septic
System was in rear of
Building -

Mr/Mrs Byrum, tenants were
also on site at this time
of this MTG.

WADE H. McSWAIN, JR.
RIGHT OF WAY AGENT
NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

716 WEST MAIN STREET
ALBEMARLE, N.C. 28002-0640

(704) 982-9181

JAMES B. HUNT, JR.
GOVERNOR

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

R. SAMUEL HUNT III
SECRETARY

716 West Main Street, Albemarle, N.C. 28001
Telephone 704-982-9181
January 17, 1995

STATE PROJECT: 8.U670121
F. A. PROJECT: NHF 117-1
ID NUMBER: R-211 EB
COUNTY: MECKLENBURG COUNTY
DESCRIPTION: OUTER BELT LOOP AT US 74 INTERCHANGE

SUBJECT: CLAIM OF: ALMA F. DEASON - PARCEL 802EZ
12500 EAST INDEPENDENCE BOULEVARD
MATTHEWS, N.C.

Ms. Judy J. Kiser, R. S.
Mecklenburg County Health Department
IWWS Section
700 North Tryon Street - Suite 211
Charlotte, N.C. 28202

Dear Ms. Kiser:

The purpose of this memo is to ask for an extension of the thirty (30) days abatement period as outlined in your letter of December 5, 1994.

As you and I have discussed, the North Carolina Department of Transportation is working with the landowner and the owner of "Pockets" to reach a solution. If we can get an extension of six to eight weeks, the Department should know how to proceed; whether to attempt repairs to the existing system or a complete buy-out and relocation of the existing businesses.

Your cooperation in dealing with this complex situation is greatly appreciated.

Looking forward to hearing from you.

Respectfully,

W. H. McSWAIN, JR.
RIGHT OF WAY AGENT

WHMjr:pb

cc: File

Mecklenburg County
Health Department

December 5, 1994

Mrs. Alma F. Deason
2933 Matthews-Indian Trail Road
Matthews, NC 28105

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Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)

cc: Wade McNair
N.C. Department of Transportation
Albemarle, N.C.

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Survey
No Fee
Per Sylvia

Microbiological Analyses

Owner, System or Establishment: Pockets Bar & Billiards

Address: 12500 12924 E. Independence Blvd

Matthews Zip 28105

Collected By: J. Kisser

Date Collected: 1/19/95 Time: 11:05 (AM) PM

Sample Source: well

Date Delvd. to Lab: 1/19/95 Time: 12:50 AM (PM)

Delivered By: L. Mialik

Type of Sample

Potable Water

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify) _____

Treatment: ☐ chlorinated ☐ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify) _____

Food (specify):

Analysis Requested:

- ☐ Total Coliform
- ☑ Fecal Coliform
- ☑ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify) _____
- ☐ Foodborne Investigation (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ Colilert

Total Coliform Present /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: 1/19/95

Received By: Williams.

Date Reported: 1/20/95

Analyst: ho Lab #: 217

Laboratory Identification #: 37518

By Telephone to Barbara Smith
Mrs Deaton's daughter

L 1.14 1/92

LAB REPORT COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

7/29A 17972

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: Pockets (last) (first) (mi)
ADDRESS: 12500 E. Independence Blvd PHONE: (704) 845-2800
CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-071-03
STREET ADDRESS: 12500 E. Independence Blvd, Matthews, N.C. 28105
ZONING:

PROPERTY OWNER:
NAME: Deason (last) Alma (first) F (mi)
ADDRESS: 2933 Matthews-Ind. Tel. Rd PHONE: (704) 821-4871
CITY: Matthews STATE: N.C. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ 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 Billiard Lounge # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

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

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

Signed: ✓ Alma F. Deason Date: ✓ 11/8/94

NOTICE:

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 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.

...

☐ 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

WATER : 12279

Tax record Reads 12500 E. Independence Blvd.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

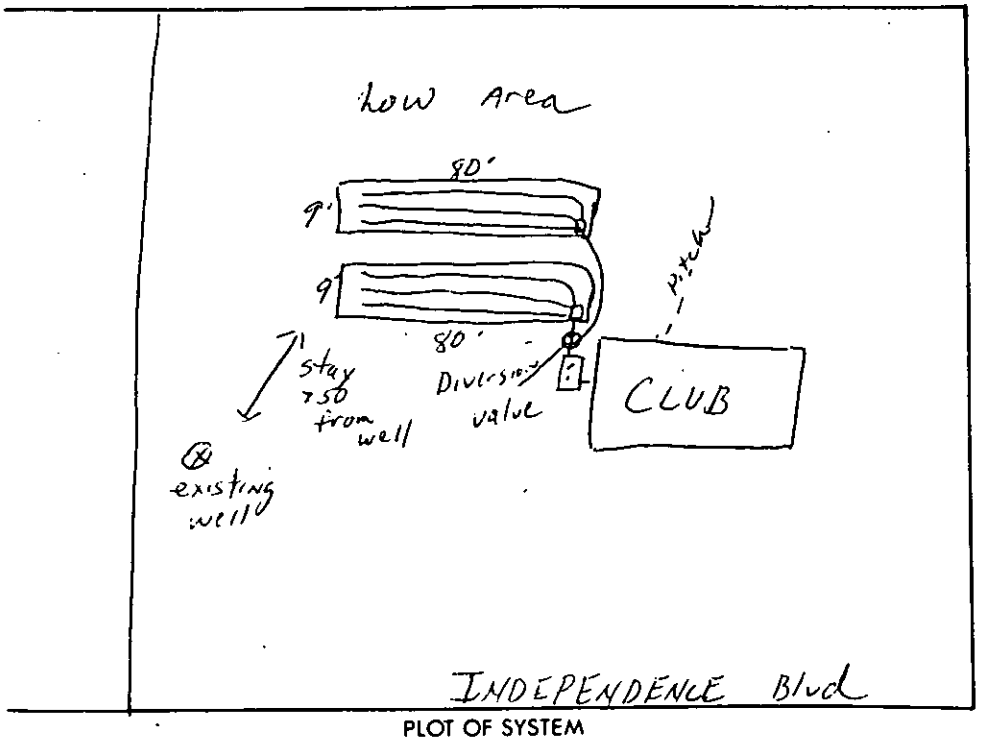
Condemned 1997?

FILE: 7129 A DATE: 12/6/90

TC: 215-071-03 ☑ L

SERIAL Nº 14719

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 11/2/90. All work shall be completed on or before 1/6/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 2 beds 9' feet

Total Line Length (480 Total) 80' feet

Number of Lines 3 + 3

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Alma Deason (Pockets Bar & Grill)

LOCATION OF PROPERTY 12924 E. Independence Blvd

Comments: 2 beds 9'wd x 80'long x 18"stone | Diversion valve | Duel alternation beds Stay >50 from existing well

Division or Section Head

Philo S. Walker R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

03-06-95 03:16PM P01

File 17972

2B.0110 3

State of North Carolina
Department of Transportation
Division of Highways/Division 10
RIGHT OF WAY DEPARTMENT

716 W. Main Street Albemarle, N. C. 28001

FACSIMILE COVER SHEET

To: Judy Kiser
Company: Meak County Health Dept
Fax: (704) 336-6894

From: Wade McSwain Jr
Company: N. C. Department of Transportation
Phone: (704) 982-9101
Fax: (704) 982-3146
Date: 3/6/95
Pages including this cover page: 2

Comments: (For your information:

Per our telephone conversation today —

Cathy

FROM NCDOT DIVISION 10 03.06.1995 13:37 P. 1

All costs involved in the installation of the sewer line extension and sewer lateral will be borne by the Department of Transportation.

Should I be of further assistance, please contact me in Raleigh at telephone (919) 733-4420. Thank you for your cooperation in this matter.

ADF:RM:rs

cc: Mr. Jimmy Dennis
Mr. B. G. Payne
Mr. Charles O'Cain
Mr. Michael Bright
Mr. John Shoemaker