SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☒ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 8051/15394

Assigned Inspector: Bryan

☐ IP $250.00: _____Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____Initial/Date

☐ Modified Plot Plan Fees $100.00: _____Initial/Date

☐ Use Existing Fees $100.00: _____Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed.

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released.

☐ This septic system requires a certified operation contract before final hold is released.

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:
4/14/25- per Bryan, septic repair permit denied d/t no access to drain field. Owner aware to either 1) connect to city sewer or 2). Hire an engineer. MM

Ortiz-Noga, Manuela

From: Joe Yochem <joe@southendpropertiesnc.com>
Sent: Tuesday, April 1, 2025 8:43 PM
To: Ortiz-Noga, Manuela
Subject: [External]11328 E Independence septic issue
Attachments: Scan.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Manuella;

Here is the application…please let me know if you need anything else.

Just fyi, Carolina Septic Pro is the company doing the work there:

Carolina Septic Pro
980-500-1022

Drew Lassiter is the on site tech: 980-289-2948

Many thanks…..whats' next?

Joe

SouthEnd Properties
Joe Yochem, pres.
1800 Camden Rd., Suite 200
Charlotte, NC 28203
704-910-2627
704-910-2967 (fax)
704-578-2681 (m)
joe@southendpropertiesnc.com
www.southendpropertiesnc.com



8051 / 15394

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ● REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 21508122
STREET ADDRESS: 11328 E. INDEPENDENCE BLVD.
CITY: MATTHEWS NC
STATE: NC ZIP: 28105
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
● MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
DESCRIBE TYPE OF BUSINESS: RETAIL CENTER
● COMMERCIAL ○ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 35,000
NUMBER OF EMPLOYEES PER SHIFT: 10-12
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: N/A
TYPE OF WASTEWATER GENERATED:
● DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☐ N/A

6. **WATER SUPPLY:** ● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER N/A

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	● YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	● YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 12/27/1996 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**
NAME: LJJ PARTNERSHIP, JOSEPH YOCHEM
ADDRESS: 701 HUNGERFORD PL.
CITY: CHARLOTTE
STATE: NC ZIP: 28207
WORK PHONE: 704-910-2627
MOBILE PHONE: " -578-2681
FAX: " -910-2967
E-MAIL: JOE@SOUTHENDPROPERTIESNC.COM

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: _____
ADDRESS: _____
CITY: N/A
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ N/a DATE FEE RECEIVED: 4/2/25

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: MN

GWS FILE NUMBER ASSIGNED: 8071

APPLICATION ID NUMBER ASSIGNED: 153944

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

File #: 80051

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 11328 E. INDEPENDENCE BLVD Tax Parcel #: 21508122

Subdivision Name: _____ Lot #: _____

PLEASE SEE FOLLOWING 2 PAGES/PICS →

Property Owner's or Owner's Legal Representative Signature

4/1/2025
Date

MANAGING MEMBER

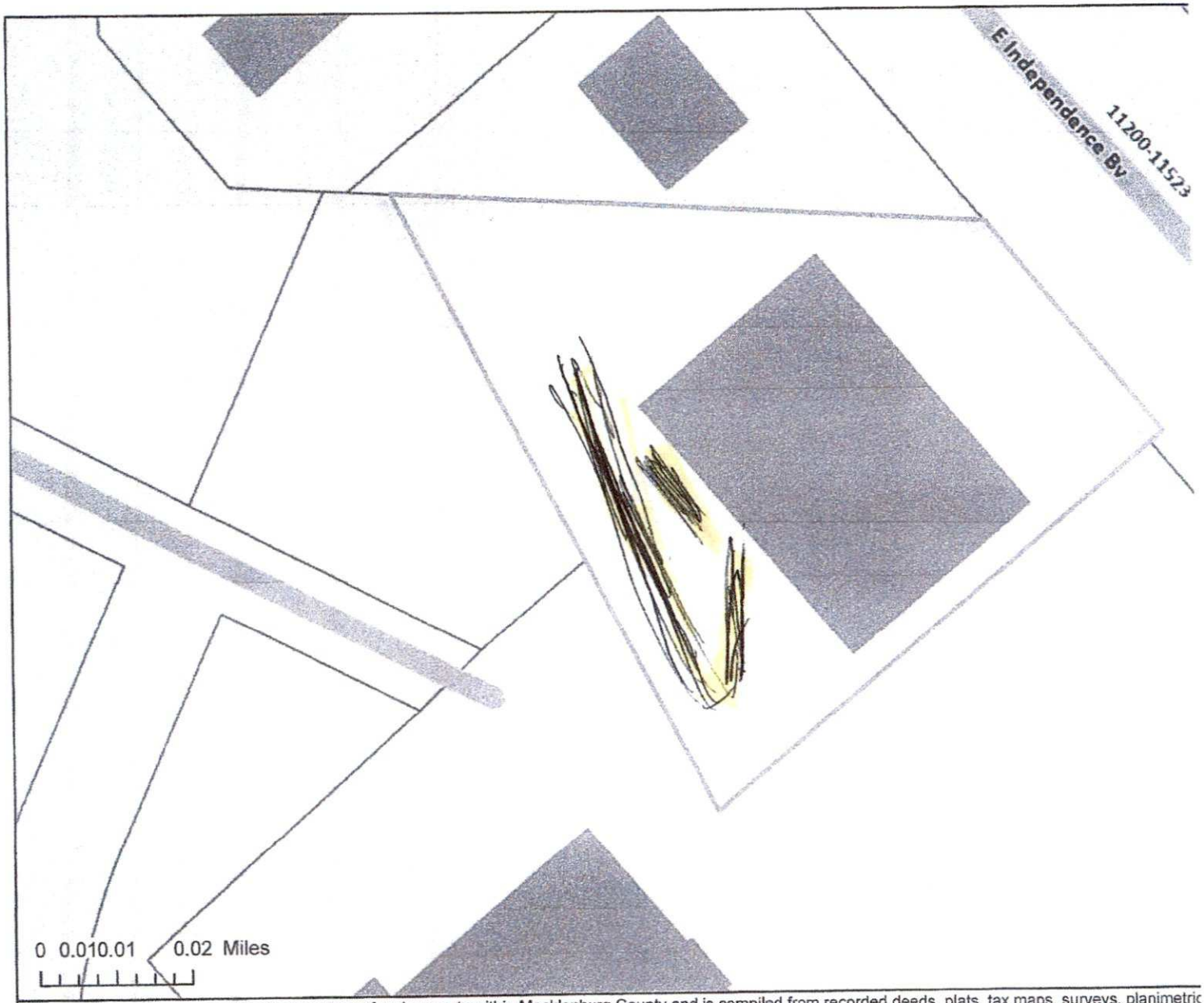
LJJ of CHARLOTTE LLC

LJJ PARTNERSHIP

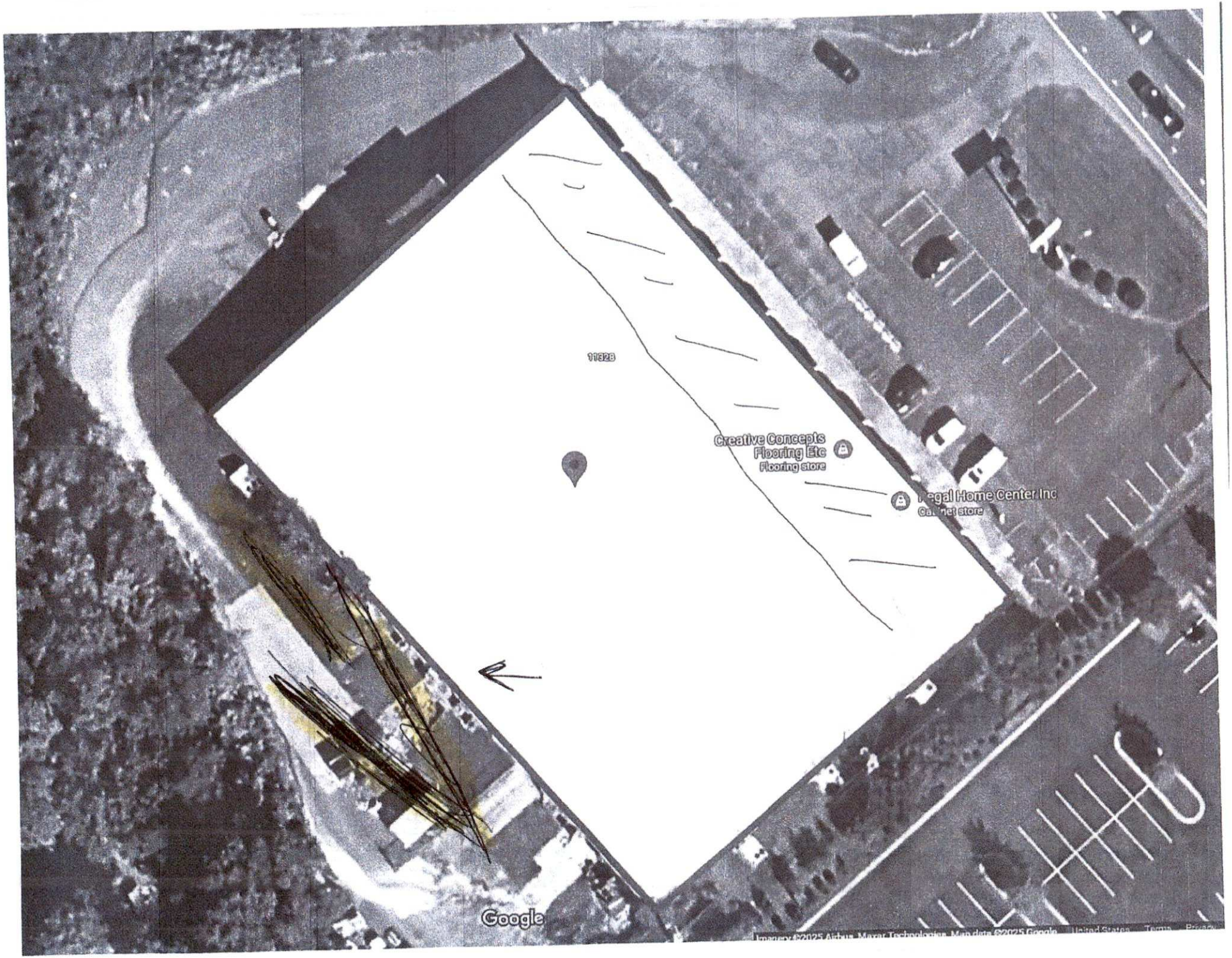
Polaris Map – Mecklenburg County, North Carolii

11328 E Independence Blvd., Matthews

Da



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric
Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County an
responsibility for the information contained herein.


11328
Creative Concepts
Flooring Etc
Flooring store
Google

Date Received 5-29-74

APT No 8051

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER HILL, JR John WALTON
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 4200 COUNTRY LANE MATTHEWS, N.C. 28105

3) PHONE NO Home 847-5612 Office

4) LOCATION OF PROPERTY INDEPENDENCE BLVD + HWY 51 - MATTHEWS
STREET OR COUNTY ROAD

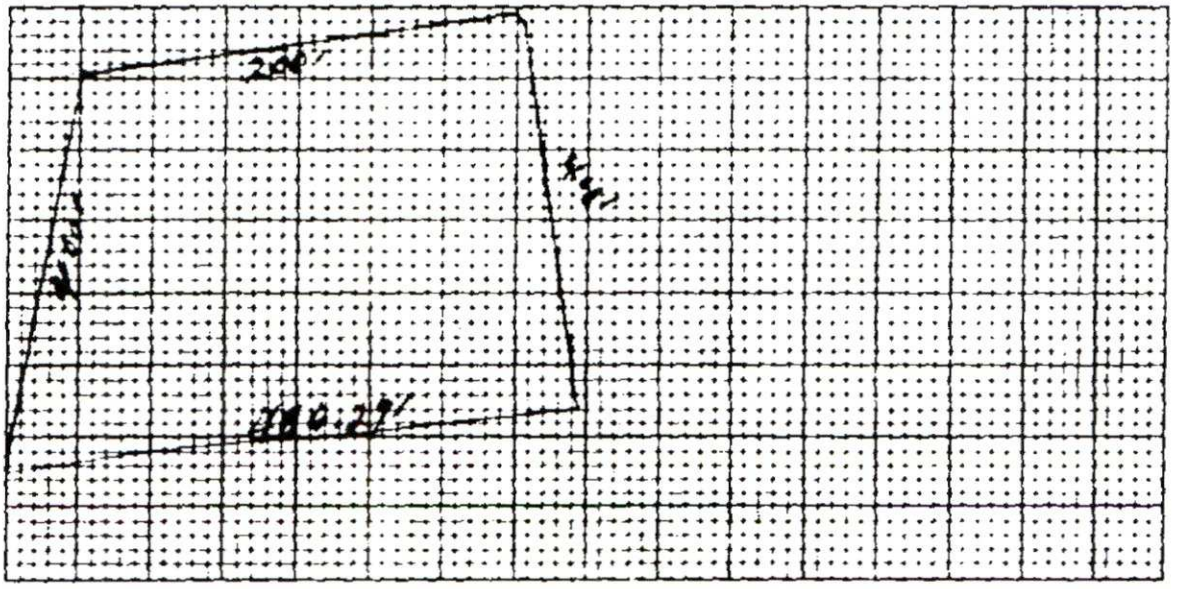
5) SUBDIVISION BLOCK NO

MAP BOOK NO

6) DEED REFERENCE DEED BOOK 6984

Found in archives. Needs to be scanned to onbase as well

Application is hereby made to the ...partment for the conduct of a percolation test and an on site inspection at ... the purpose of determining if the lot is suitable for the installation of ...eptic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

John Walton Hill, Jr
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No [illegible]

PTR No 8051
P.O.

Date Issued [illegible]

T C No 215-081-00

Map Date 3-6-73

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

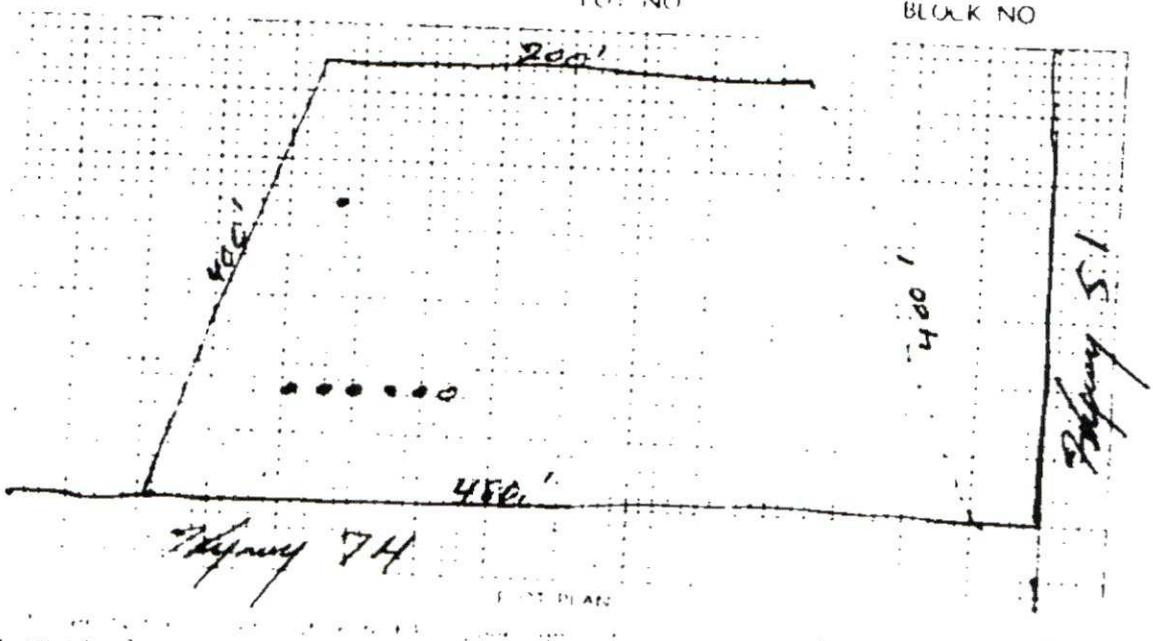
PERCOLATION TEST REPORT

NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

ADDRESS OF OWNER [illegible] ZIP 28205

LOCATION OF PROPERTY [illegible]

SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO [illegible]



FOOT PLATE

[illegible] Mecklenburg [illegible] that portion [illegible]

[illegible] for the install[illegible] [illegible] ption effluent [illegible]

[illegible] the Health De[illegible] [illegible] building [illegible]

[illegible] and regulations [illegible] which were [illegible] the completion of the [illegible] and regulations are changed such that this [illegible] would not have been granted had the new or revised laws, rules and regulations been in effect on the issue date

M. L. Kirby
Director, Environmental Health Division or
Authorized Section Head

FORM NO E-2-S-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5 29 74

ICAR'S Application No 8051

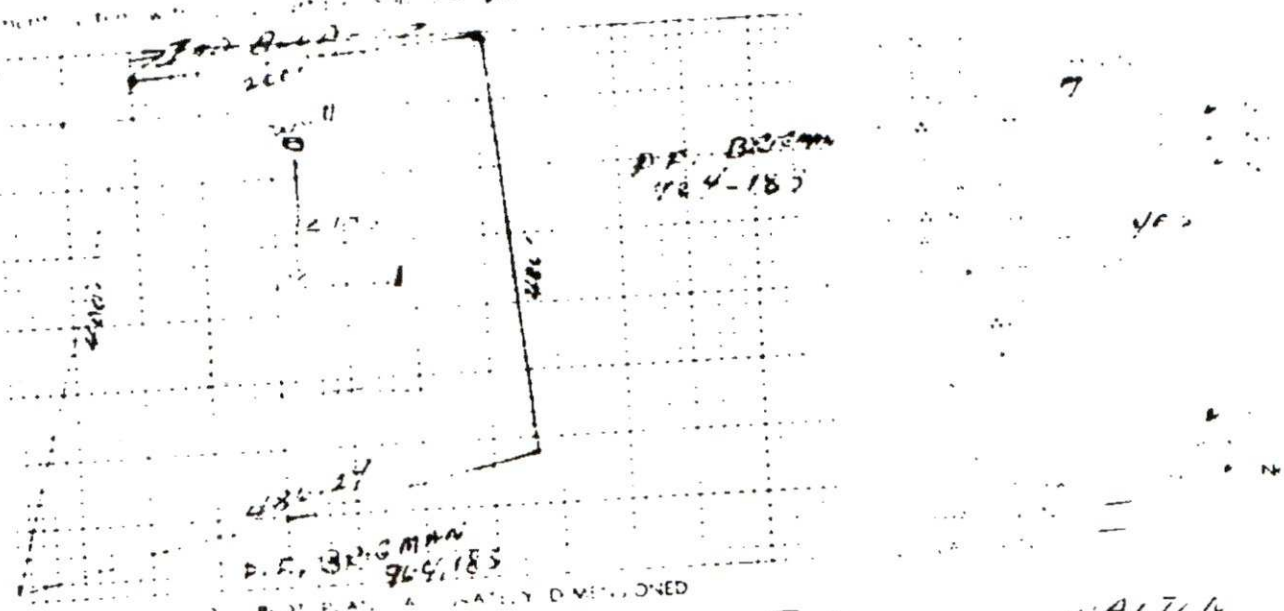
T C No

Map No

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

This application is hereby made to the Mecklenburg County Health Department for a permit to install / construct / alter / repair an individual sewage treatment and disposal system / wastewater treatment and effluent discharge



3 PLOT PLAN AS ACCURATELY DRAWN AND DIMENSIONED

13 NAME OF OWNER HILL Tom WALTON

14 ADDRESS OF OWNER 4100 COUNTRY LANE MATTHEWS, N.C.

15 PHONE NO Home 537 6562 Office 525 6733

16 LOCATION OF SYSTEM IND BLDG AT Hwy 51 Intersection
STREET OR ROAD NAME

Lot No Block No

17 SUBDIVISION

Map Book No Page No

18 DEED REFERENCE DEED BOOK 3641 AT PAGE 0984

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

20 PIN No Which see Instruction #

The undersigned hereby states that he has read the foregoing application and that the information and plot plan submitted herewith are correct to the best of his knowledge and belief and that any permit applied for hereon shall be void in the event any of the above facts are not true

OWNER John Walton Hill

DATE OF APPLICATION

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

LA No 8051
P.O.
T C No 215-081-06

Serial No. A150

Date Issued June 4, 1974

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hill, Jr. , [illegible] Walter
LAST FIRST MIDDLE

ADDRESS OF OWNER 420 Country Lane, Matthews, N. C. ZIP 28105

LOCATION OF LOT Independence Blvd. & Hwy. 51
STREET OR COUNTY ROAD

SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

The above described lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface soil absorption as applied for in accordance with the percolation test results which indicate a test percolation rate of 120 min/in and in the opinion of the undersigned the lot and soil in the area applied for is suitable for an installation. Construction, Alteration and/or Repair Permit number 8051 . This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same soil where the percolation test was run.
2. That an "Installation, Construction, Alteration and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permits which have been issued to authorize construction on the said lot at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued 2-July-74

ICAR(S) Permit No 8051

F.C. T.C. No 215 C81-66

Map Date 5-July-73

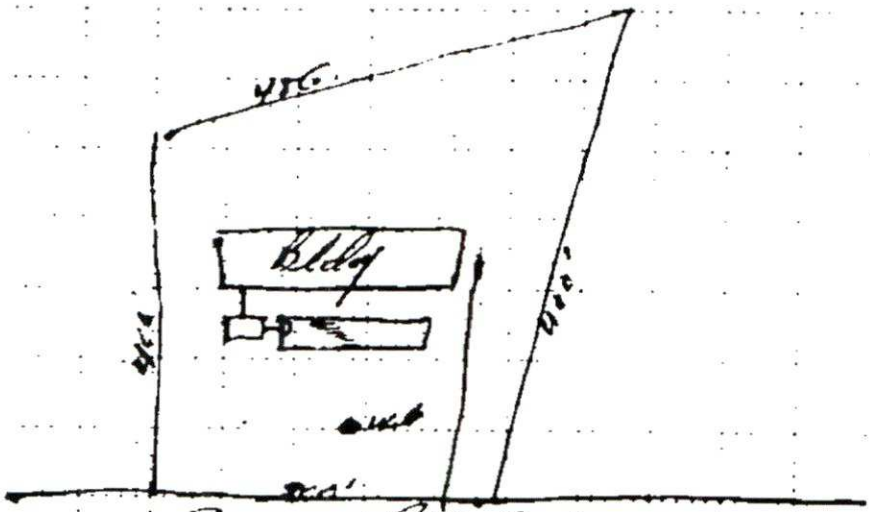
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted for ✓ Install or Construct, Alter or Repair the following septic tank waste water treatment system with subsurface soil absorption effluent disposal located at the described property. This permit is granted based upon the information supplied on application 8051 dated 2-July-74 and the permit is issued subject to the conditions listed on the application. Any work not completed and approved by the Health Department within 90 days after 2-Oct-74 after which time this permit shall be null and void.



120

150

PC

600

6(15' x 24" trench)

10'

20'

EC 1 +

NAME OF OWNER Hill, John Walton

LOCATION OF PROPERTY Ind. Blvd. at Hwy 51 Intersection

This permit is issued subject to the requirements as set forth in Section [illegible] of the Mecklenburg [illegible] in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered unusable. Permit can be used

Comment County Septic (Conte)

M. D. Linky

Environmentalist

Failure to obtain a permit for the construction or alteration of a sewage disposal system shall be punishable by the division or a duly authorized Health Department. Signature of the Environmentalist indicates an existing system is being altered or repaired.

E-a-9-1-72

Serial No.

Cert A/S/I No 8051

Date Issued 30 Apr 74

T C No 215-081-06

Map Date 5-Apr-73

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner: Hall (LAST) John (FIRST) Walton (MIDDLE)

Location of property: Independence Blvd. near Hyong 51

Application number: 8051 Permit Number: 8051

Inspection Data:

Liquid Capacity of Tank: 750 g Tank Material: PC

Total Length of Disposal Line: 600' Number of Lines: 6 (15'x50'x36")

Depth of Filter Material: 36" Cover Depth: 15-24"

Water Supply Source: Ind. Well Distance from Water Source: 60'+

Excavation Approved: 30 Apr 74 (DATE) Tank Inspected: 30 Apr 74 (DATE)

Septic Tank Inspected: 30 Apr 74 (DATE)

Subsurface Disposal System Inspected & Approved: 30 Apr 74 (DATE)

[boilerplate paragraphs]

✓

[boilerplate paragraphs] must be contained in the application for this permit. Any additions are [illegible] would increase the requirements for said system.

Comments: County Septic (Cantu)

M. L. Hardy

Environmentalist

Form No. E-6-9-1-72

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 8051

TC: 215-081-22

MECK COUNTY DEPARTMENT OF
RECEIVED
NOV 6 1985
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 11328 E. Independence Blvd. (STREET NO / STREET) ② FILE:

③ CITY: Matthews, NC ④ TAX PARCEL NO.: 215-81-22

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Raj and Jay Kumar (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 4617 E. Independence Blvd.

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212

⑬ PHONE: (WORK) (704) 375-5072 ⑭ (HOME) (704) 366-4884

REQUEST

This request is for a(n):

⑮ ☐ New installation permit ⑰ ☐ Autherization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

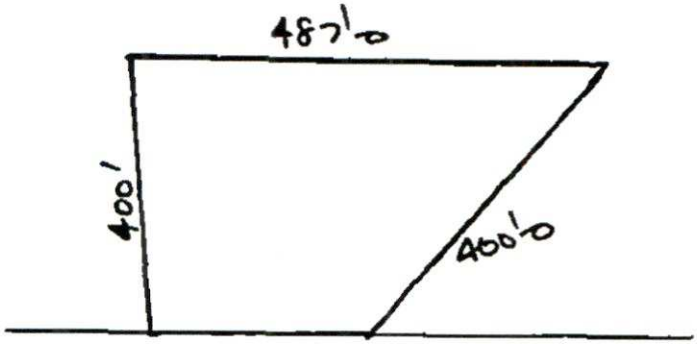
System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms? ㉕ Type? Retail Outlet

㉓ Maximum occupancy? ㉖ Maximum number of employees? 10

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?



Independance Blvd

㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☒ Individual well (EXISTING)

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Raj Kumar

Date: 11-4-85

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

8051

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 8051

TC: V

CK COUNTY DEPARTMENT
RECEIVED
MAR 5 1986
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 11328 E. Independence Blvd., Matthews, NC

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 215-81-22

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

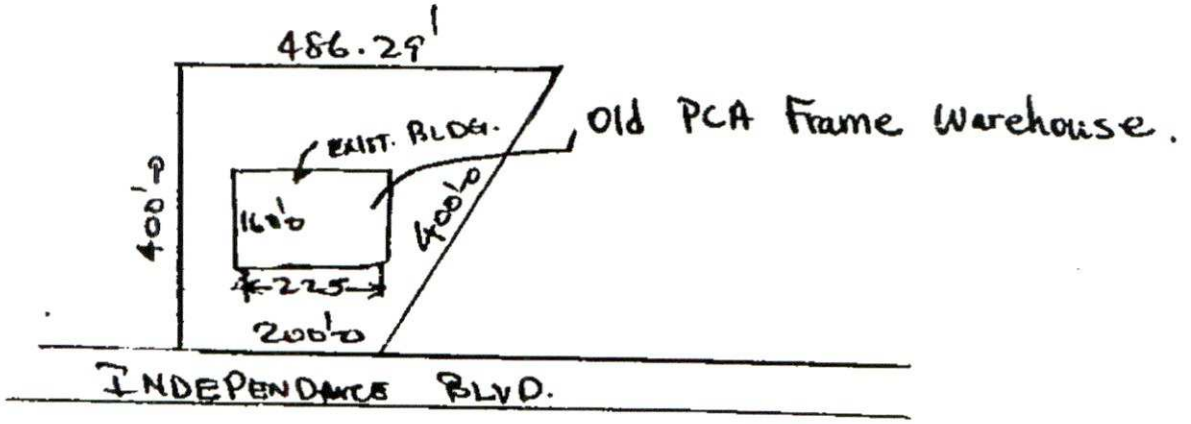
⑦ NAME: Raj and Jay Kumar
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 4617 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) (704) 535-8910 (HOME) (704) 366-4884

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Raj Kum

Date: 3-3-86

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

MECKLENBURG COUNTY

Department of Environmental Health

March 11, 1986

Raj and Jay Kumar
4617 E. Independence Boulevard
Charlotte, NC 28212

RE: Property located at 11328 E. Independence Boulevard
FILE: 6051
PARCEL: 215-061-22

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the site evaluation report (Serial No. 10508) is enclosed for your information.

The soil on this property is not suitable for use with any conventional system, modified or alternative, with which I am aware.

If I can be of assistance, please do not hesitate to call.

Sincerely,

Bill D. Hardister, Jr.

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10508

File: 805 1 Action 3D

Parcel: 215-081-22 PC

Location: 11328 E. Independence Blvd.

Subdivision:

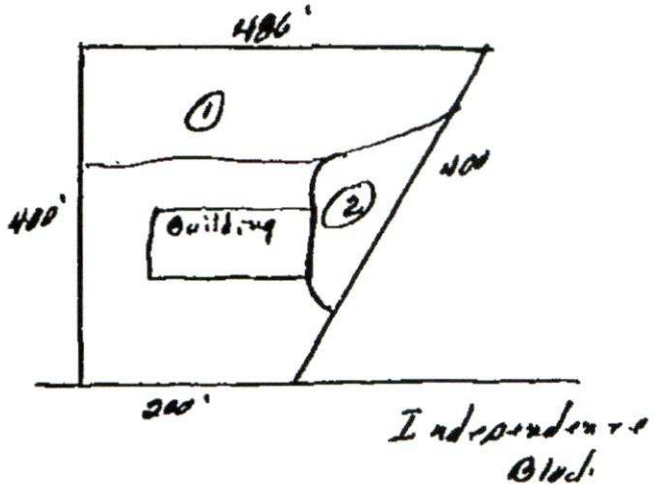
Lot: Block: Acres: Approx 1.5A +/-

Owner: Raj and Jay Kumar
Address: 4617 E. Independence Blvd.
Charlotte, N. C. 28212

Comments: _____

Described by: William A. Mullis

Date: 3-11-86



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U —	S PS U —	S PS U	S PS U	S PS U	S PS U
Texture	S PS U —	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S PS U —	S PS (1) Massive Fill	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (1) Drainageway Depression	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS U —	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U —	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Drainageway Depression	Fill				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

SIR No. 8051

Serial No. 9448

T. C. No. 215-081-22

Date Issued 4/21/86

Map Date ✓ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Kumar, Raj and Jay
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 4617 E. Independence Blvd. ZIP 28212

LOCATION OF LOT 11328 E. Independence Blvd.
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 8051. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

* * * USE EXISTING SYSTEM * * *

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

* * HOLD OCCUPANCY UNTIL SEPTIC TANK IS PUMPED * *

B. R. Ferguson
Environmentalist

Bill D. Hardister
Environmental Health Director, or Authorized Section Head

EHB-5-76

Environmental Health Department's Copy