MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

December 18, 2006

Mrs. Elwell Carriker
6011 Kinghurst Dr.
Charlotte, NC 28227

Re: Septic system repairs for 10518 Albemarle Rd.

Dear Mrs. Carriker:

A site visit was conducted on November 15, 2006 to inspect the system repairs that had been completed by McCarver Construction Company. The inspection revealed that the following items have been adequately repaired:

1. Septic tank lid was re-pointed and sealed.
2. Pump tank lid was replaced.
3. Two (2) new Goulds WEO311M pumps were installed.
4. New control floats were installed for each pump (2 per pump).
5. Supply line was flushed and the pressure manifolds were adjusted to the correct pressure (2 ft.).
6. Control valves were operated and set to the proper configuration.
7. High water alarm was operational.

At this time, there are still two items that need to be addressed in order to complete the system repairs. Please contact me as soon as these items are completed:

1. Replace missing cover on electrical panel at the dosing tank.
2. Pump all tanks (septic, grease trap, and dosing) to remove the solids. Please provide me with a copy of the receipt for this service.

Please call me at (704) 336-5568 if you have any questions.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

September 26, 2006

Mrs. Elwell Carriker
6011 Kinghurst Dr.
Charlotte, NC 28227

Re: CMUD utility availability for 10518 Albemarle Rd.

Dear Mrs. Carriker:

At your request, I contacted the Charlotte Mecklenburg Utilities Department (CMUD) on September 26, 2006 to inquire about the availability of sewer and water service to the above referenced address. I spoke with Kenya (CMUD representative) and she gave me the following information:

1. There is an active sewer line and water line on Albemarle Rd. near your property. However, both utilities are currently more than 1000 feet from 10518 Albemarle Rd. Before these utilities can be extended to serve your property CMUD must receive payment for the line extensions and the tap installations. You will need to contact CMUD directly in order to get the exact cost for this work. There number is (704) 399-2551.

2. Typical utility extension projects may take up to one (1) year to complete. Since our office has issued a Notice of Violation for the existing septic system the sewer line extension will be expedited. From the information I received from CMUD, sewer service should be available within three (3) months after you submit your application and payment.

3. It will most likely be cost beneficial for you to also have the water line extended at the same time the sewer line is extended. Our office may be able to provide assistance in getting this work expedited.

4. Once CMUD has completed the line extension(s) and tap installation(s) you are responsible for contracting with a plumber to have the facility connected to the provided tap(s).

As stated in our telephone conversation on September 25, 2006 the existing septic system must either be repaired or the facility must be connected to municipal service before the facility may be permitted to operate as a restaurant. The compliance due date for the Notice of Violation is October 26, 2006. Please call me at (704) 336-5568 if you have any further questions.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Noah Wilson Carriker

Mailing Address: 6011 Kinghurst Drive
Charlotte, NC 28227

Occupant: Candy Soto

Location: 10518 Albemarle Road
Charlotte, NC 28227

ELWELL CARRIKER
704-535-1909

☐ Residence ☒ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On September 8, 2006 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Solids level in the septic tank determined to exceed 1/3 of the liquid depth in any compartment of the septic tank.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(2)]
Failure of system owner to maintain a contract with a Certified Operator.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(2)(b)]
Pumps and alarms not operable.
[G.S. 130A-335(a) 15A NCAC 18A. 1952 (c)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **October 26, 2006** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact Trevor Thomason at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5568 phone, (704) 336-6894 fax.

Notice Issued: 9-18-06
Date

R.S.
DENR/DEH Authorized Agent

Compliance: _____
Date

_____
DENR/DEH Authorized Agent

9-25-06 12:05 - SPOKE W/ MS. CARRIKER & INFORMED OF STATUS. WILL CONTACT CMGD FOR MORE INFO.

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Carikers Mexican & Seafood Restaurant **Name of Establishment**	6102A **Permit/Project No.**
10518 Albemarle Rd. Charlotte, NC 28227 **Location**	Restaurant **Type of Establishment**	1945 GPD **Design Flow**
Candy Cato - Leasing the facility **Owner/Agent**	Same as location address **Address**	**Phone**
Expired Contract **Operator**	**Address**	**Phone**
IV **System Type**	08/29/2006 **Date of Inspection**	August 2009 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☐	☒	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☐	☒	☐	
c. Sanitary tee(s) in good working condition?.....	☒	☐	☐	
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐
b. Minimal ponding in subsurface trenches?	☒	☐	☐
c. Surface water being effectively diverted away?	☒	☐	☐
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐
f. Protected from traffic, destructive uses?	☒	☐	☐
g. Distribution devices in good condition, working properly?	☒	☐	☐
h. Repair area properly reserved, maintained?	☒	☐	☐

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. System requires maintenance & repairs at this time.

**Once the maintenance & repairs listed below are completed the MCHD will conduct another on-site inspection to evaluate the condition of the drain field. The pumps were not operational at the time of the inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Pump all tanks (septic, dosing, & grease trap).
2. Repair damaged pumps & controls inside dosing tank.
3. Replace missing cover on outdoor electrical junstion box.
4. Replace broken riser lid on dosing tank.
5. Provide proof of a current maintenance contract with a Certified Operator (state law for Type IVb systems).

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 08/29/2006

SIGNED: _____ R.S. AGENT
Division of Environmental Health

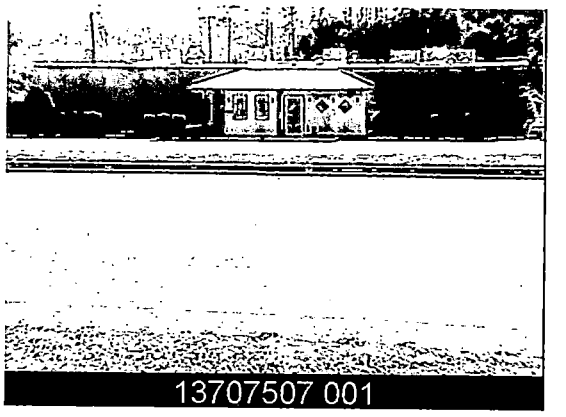
Trevor Thomason, (704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 9/18/2006 8:59:01 AM

Parcel ID #: 13707507 GIS ID #: 13707507	
Owner Name:	NOAH WILSON CARRIKER AND R/T(NOAH &ELWELL CARRIKER TRS)
Mailing Address:	6011 KINGHURST DR CHARLOTTE, NC 28227-3044
Property Characteristics	
Legal Desc.:	N/A
Land Area:	5.71AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
Property Use:	COMMERCIAL
Deed Reference(s) and Sales Price	
08864-184 (12/19/1996) $0.00 07661-145 (2/8/1994) $0.00	
Situs Addresses Tied to This Parcel	
10518 ALBEMARLE RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: MINT HILL	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 57.06	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3705390191E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Building Photography

PHOTO #1
Location: 10518 ALBEMARLE RD



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

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

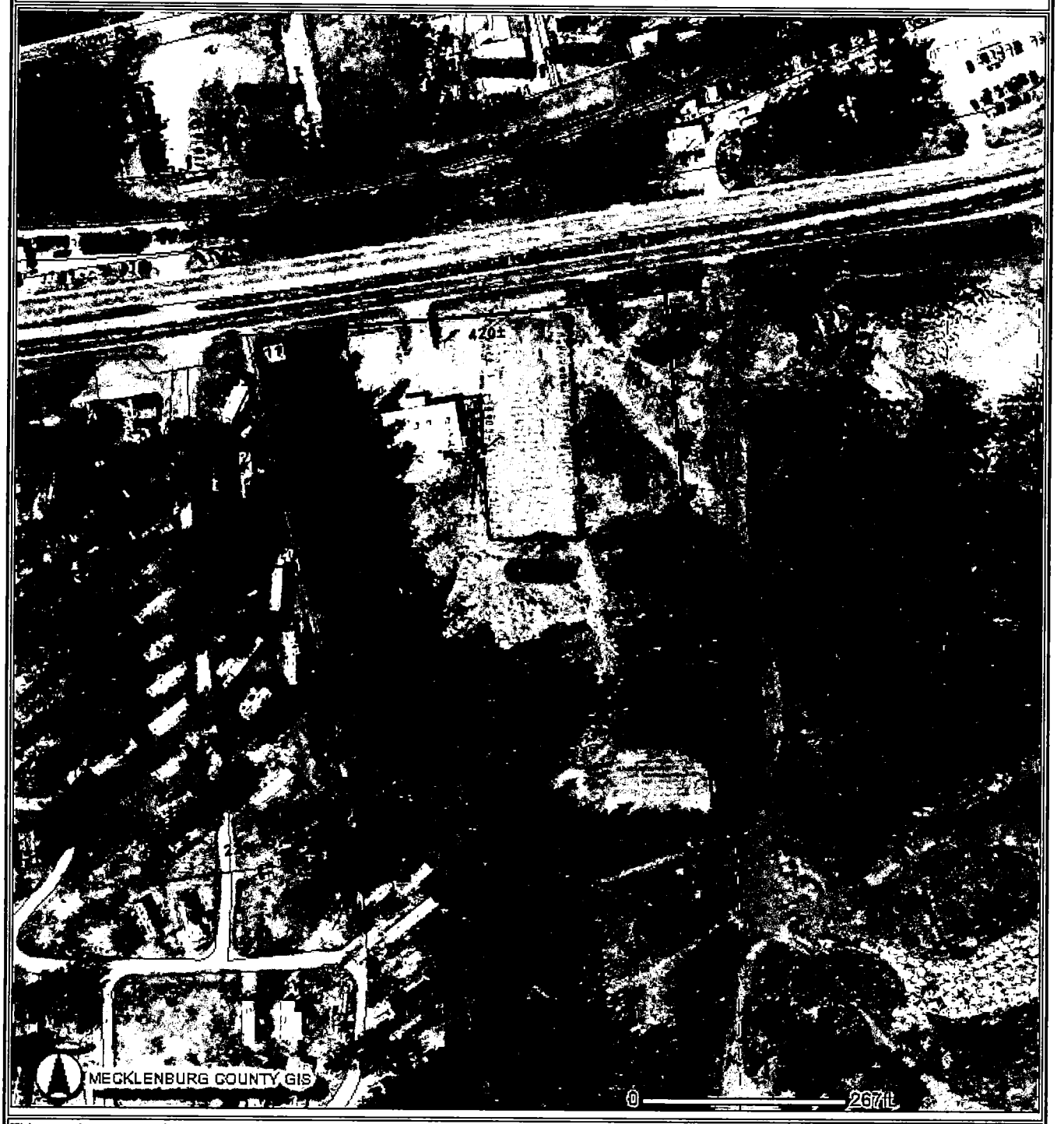
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Mon Sep 18 08:50:51 EDT 2006

Carrikers Restaurant



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aformentioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

+ RONNIE OAKS

JUNE

CANDY SOTO

1. PUMP ALL TANKS
   - SEPTIC
   - PUMP
   - GREASE TRAP
2. CORRECT ELECTRICAL WIRING + REPAIR ALL PUMPS / FLOATS.
3. ONCE PUMP TANK IS REPAIRED INSPECT DRAIN FIELD.

(SEWER CONNECTION IF POSSIBLE)

CANDY SOTO
10518 ALBEMARLE RD.
CHARLOTTE NC 28227

PROPOSED PLOT PLAN

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

FILE: 10/20/06

TC: _____

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

(1) PUMP ALL TANKS SEPTIC, DOSING, + GREASE TRAP
SCRUB DOSING TANK + CLEAN ALL.
INTERNAL COMPONENTS (ALARMS / PUMPS)

(2) CHECK WIRING TO J-BOX & VERIFY SYSTEM
ON SEPARATE CIRCUITS. REPLACE MISSING
COVER

(3) CLEAN SUPPLY LINE + FLUSH MANIFOLDS
* MAY NEED TO REBUILD MANIFOLDS

(4) ADJUST PRESSURE TO MANIFOLDS AND
EXAMINE OPERATION OF DRAIN FIELD.
LOCATE VALVES + TURNUPS.
(ML)

CAROLINA'S RESTAURANT
- SITE VISIT W/ STEVE CARKER + BOBBY
MCCLAVER
11/1/06
PHONE
CELL 704-363-5447

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

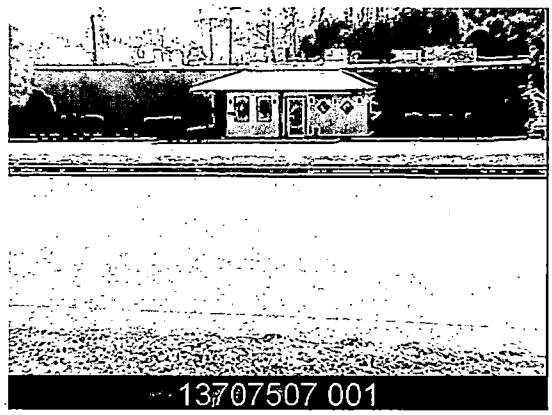
6102A

Date and Time: 7/24/2006 10:32:56 AM

Parcel ID #: 13707507 GIS ID #: 13707507	
Owner Name:	NOAH WILSON CARRIKER AND R/T(NOAH &ELWELL CARRIKER TRS)
Mailing Address:	6011 KINGHURST DR CHARLOTTE, NC 28227-3044
Property Characteristics	
Legal Desc.:	N/A
Land Area:	5.71AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	INDIVIDUAL
Municipality:	7-MINT HILL
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Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3705390191E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Building Photography

PHOTO #1
Location: 10518 ALBEMARLE RD



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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date:	07/31/06	**Amount:**	85.00
Receipt #:	45339	**Tendered:**	85.00
Check / Auth #:	CHECK 772	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: CARRIKER ELWELL T
Attn:
Address: 6011 KINGHURST DR
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 6102A		1	85.00	85.00

704-535-1909

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

OSV - 8/18/06 13:15

- PUMP INOPERABLE / J-BOX EXPOSED.
- TANK RISER DAMAGED
- ACCUMULATED SOLIDS IN ALL TANKS
- NO EVIDENCE OF OPERATOR MAINTENANCE

NOV W/ FFS COOPERATION

CMUO - 8/18/06 13:50

CALL TO CHECK SEWER AVAILIBILITY

SPOKE W/ RON ① ~1000' TO ACTIVE SEWER LINE.

② SHOULD BE ABLE TO GET LINE EXTENSION TO SERVE FACILITY.

REPAIR DESIGN FOR 3/28/94
CARRIKER'S SEAFOOD REST. PG 1 OF 4
ALBEMARLE RD
CHARLOTTE, NC

- DESIGN FLOW

300 SEATS @ 40 GAL/SEAT·DAY = 12,000 GAL/DAY

- TRENCH REQ'D

12,000 GPD x 133 LF/120 GPD = 13,300 LF TRENCH REQ'D

- AVAILABLE SPACE

PER FIELD CHART 3/16/94 18 LINES AT 120 LF/LINE = 2160 LF

* AVAIL. SPACE MUCH SMALLER THAN CALCULATED SPACE REQ'D, BUT SEVERAL TIMES LARGER THAN AREA CURRENTLY IN USE. DESIGN BASED ON AVAIL. SPACE,

$\frac{2160 \text{ LF}}{133} \cdot 120 \text{ GPD} = 1945 \text{ GPD}$

- MANIFOLD DESIGN

TO MINIMIZE PUMP SIZE, USE FLOW DIVIDERS TO PERMIT 1 MANIFOLD TAP TO DOSE TWO LINES. USE DUAL ALTERNATING PUMPS AND TWO MANIFOLDS.

* USE 1/2" TAPS AND 1.2 FT HEAD IN MANIFOLD

$Q = 11.79 (.622")^2 (1.2')^{1/2}$

$Q = 5.0 \text{ GAL/MIN}$ PER TAP.

MANIFOLD DIA. 4" PVC SCH 40

MANIFOLD A - 4 TAPS TO SERVE 8 UPPER LINES

MANIFOLD B - 5 TAPS TO SERVE 10 LOWER LINES

- PUMP DESIGN

FL - RATE FOR MANIFOLD B (HIGHER OF 2)

5 TAPS X 5 GPM/TAP = 25 GPM

CARRIKER'S

3/28/94

PG 2 OF 4

PRESSURE HEAD 1.2 FT

ELEV HEAD 10 FT (FROM FIELD MEASUREMENT)

FRICTION HEAD 5.9 FT (540' x 1.10'/100', 2" SUPPLY)

17 FT

25 GPM @ 17' TDH, USE HYDROMATIC OSP33M OR EQUIV.

- USE TWO PUMPS, SET IN SAME TANK, WITH SJ ELECTRO ALTERNATING DUAL PUMP CONTROL, OR EQUIV. SET PUMPS FOR 300 GAL/DOSE

— PUMP TANK.

USE 2000 GAL PUMP TANK, SET ALARM FLOAT 6" ABOVE PUMP ON FLOAT

— PIPE

USE PIPE AS FOLLOWS:

MANIFOLD 4" SCH.

SUPPLY 2" SCH 40 (2 @ 0 W/ "H" CONNECTION)

MANIFOLD TO FLOW DIVIDERS 3" SCH 40

FLOW DIVIDERS TO TRENCH 4" SCH 40 - 4" SOLID PE CORRUGATED, 6" IN ELEV BELOW DIVIDER.

— NITRIFICATION TRENCHES

START TRENCHES AT 3' DEEP NEXT TO CENTER OF FIELD WITH 4" FALL P[illegible] UNLESS NOTED OTHERWISE ON PLAN.

— PROVIDE BULLRU, 4" LINE FROM EXISTING SEPTIC TANK TO NEW PUMP TANK, AND CONNECT 1 BRANCH OF VALVE TO EXISTING DRAIN FIELD FOR FUTURE

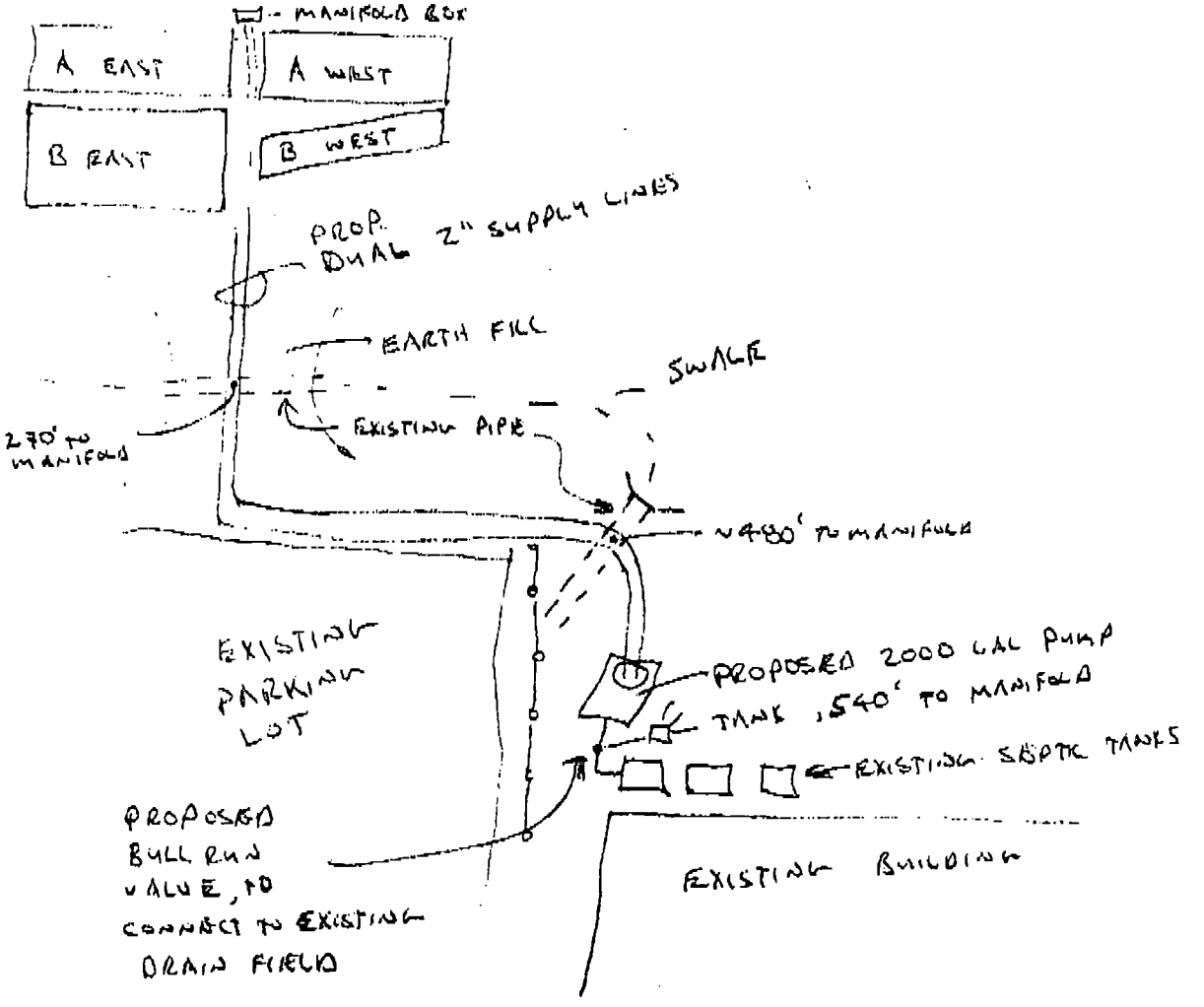
CARRIKER'S

3/28/94
Pg 3 of 4

EMERGENCY USE.

SITE PLAN

NOT TO SCALE

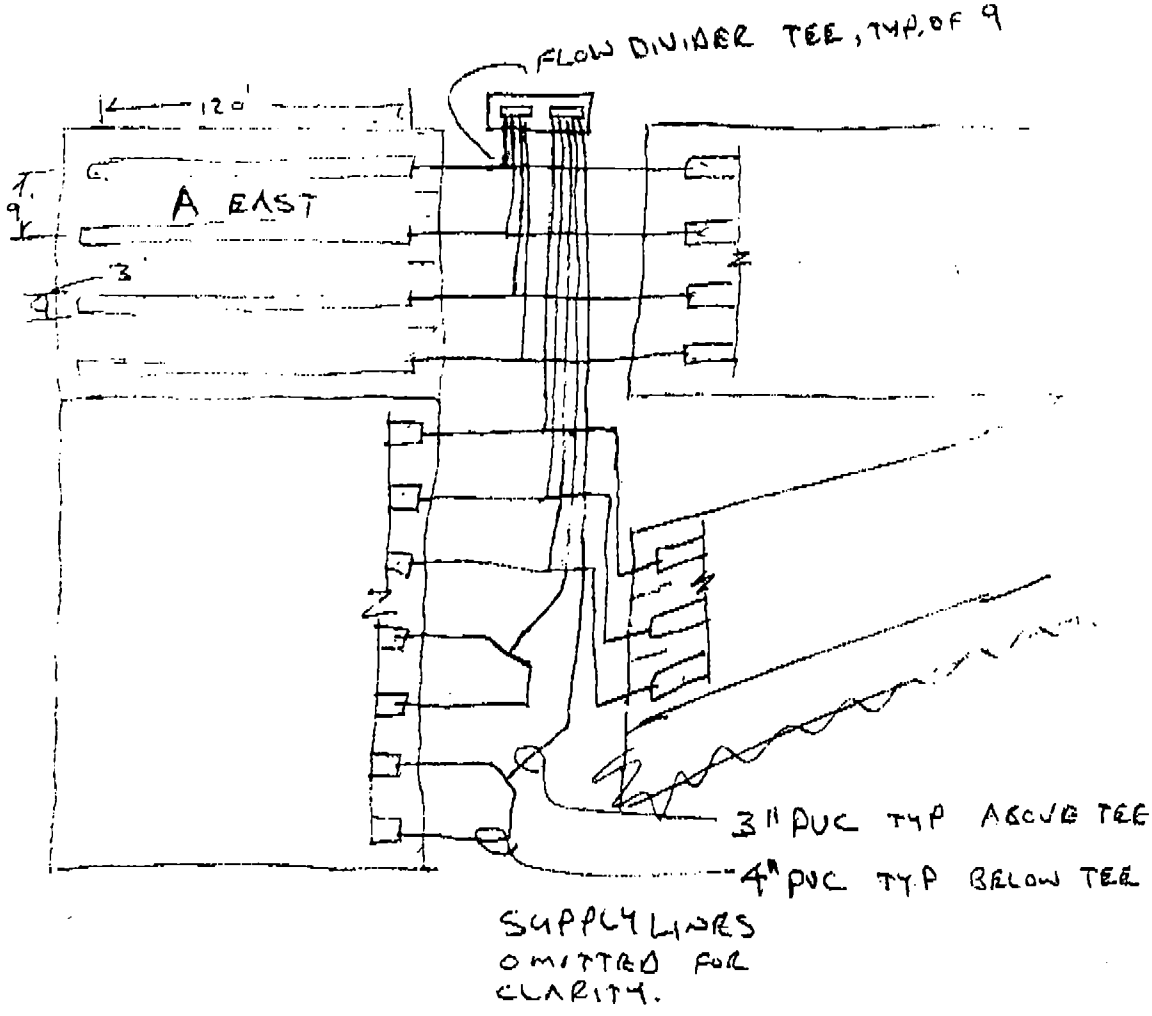


CARRIKER'S

3/24/94
Pg 4 of 4

FIELD LAYOUT

NOT TO SCALE



SUPPLY LINES OMITTED FOR CLARITY.

OR EQUIV. SET PUMPS FOR 300 GAL/DOSE

- PUMP TANK.

  USE 2000 GAL PUMP TANK, SET ALARM FLOAT 6" ABOVE PUMP ON FLOAT

- PIPE

  USE PIPE AS FOLLOWS:

  MANIFOLD 4" SCH 40

  SUPPLY 2" SCH 40 (2 REQ'D W "H" CONNECTIONS)

  MANIFOLD TO FLOW DIVIDERS 3" SCH 40

  FLOW DIVIDERS TO TRENCH 4" SCH 40 OR 4" SOLID PE CORRUGATED, 6" IN FIELD BELOW DIVIDER.

- NITRIFICATION TRENCHES

  START TRENCHES AT 3' DEEP NEXT TO CENTER OF FIELD WITH 4" FALL PER 100 FT, UNLESS NOTED OTHERWISE ON PLAN.

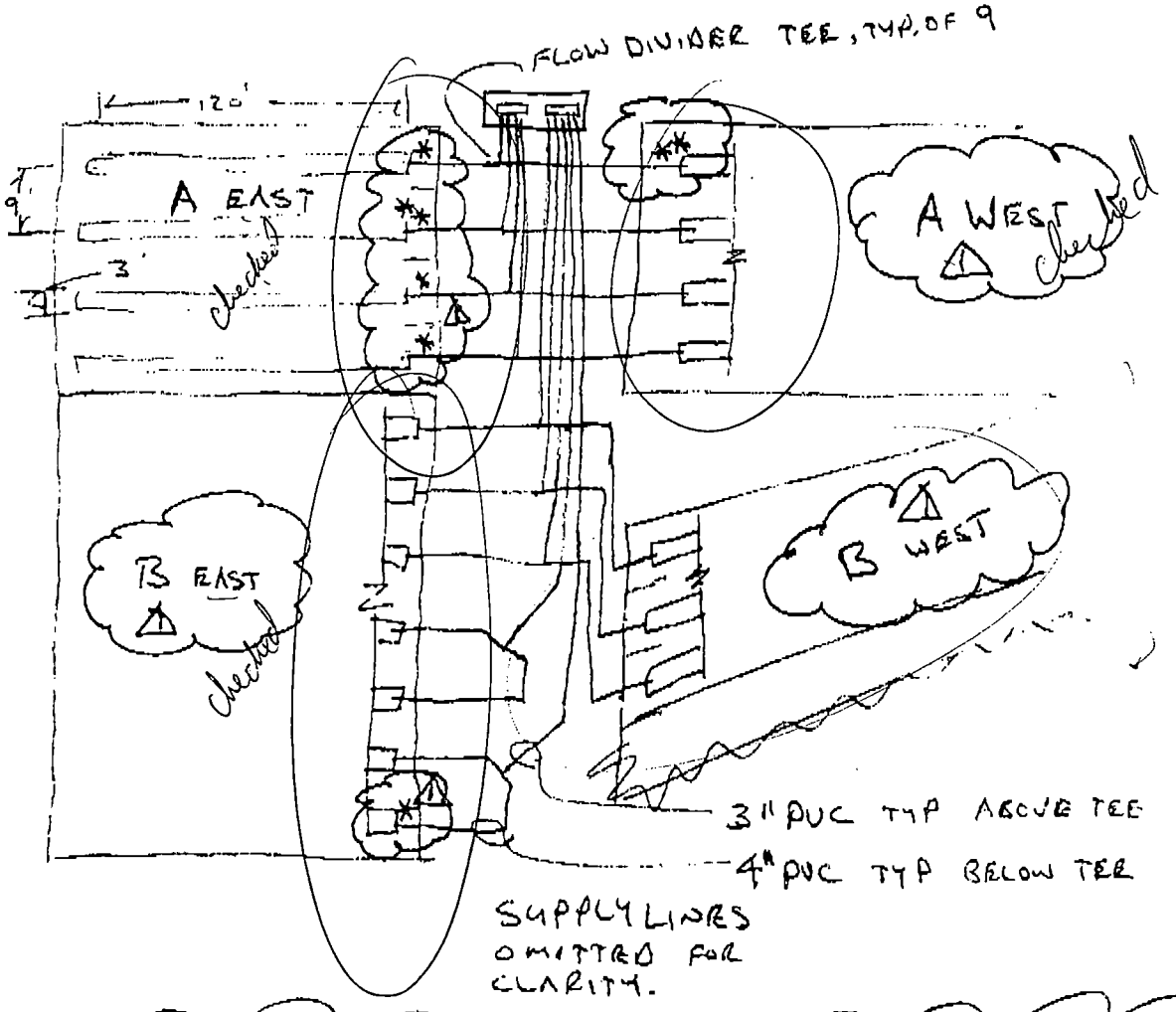
- PROVIDE BULLRUN VALVE IN 4" LINE FROM EXISTING SEPTIC TANK TO NEW PUMP TANK, AND CONNECT 1 BRANCH OF VALVE TO EXISTING DRAIN FIELD FOR FUTURE USE

CARRIKER'S

3/29/94
Pg 4 of 4

FIELD LAYOUT

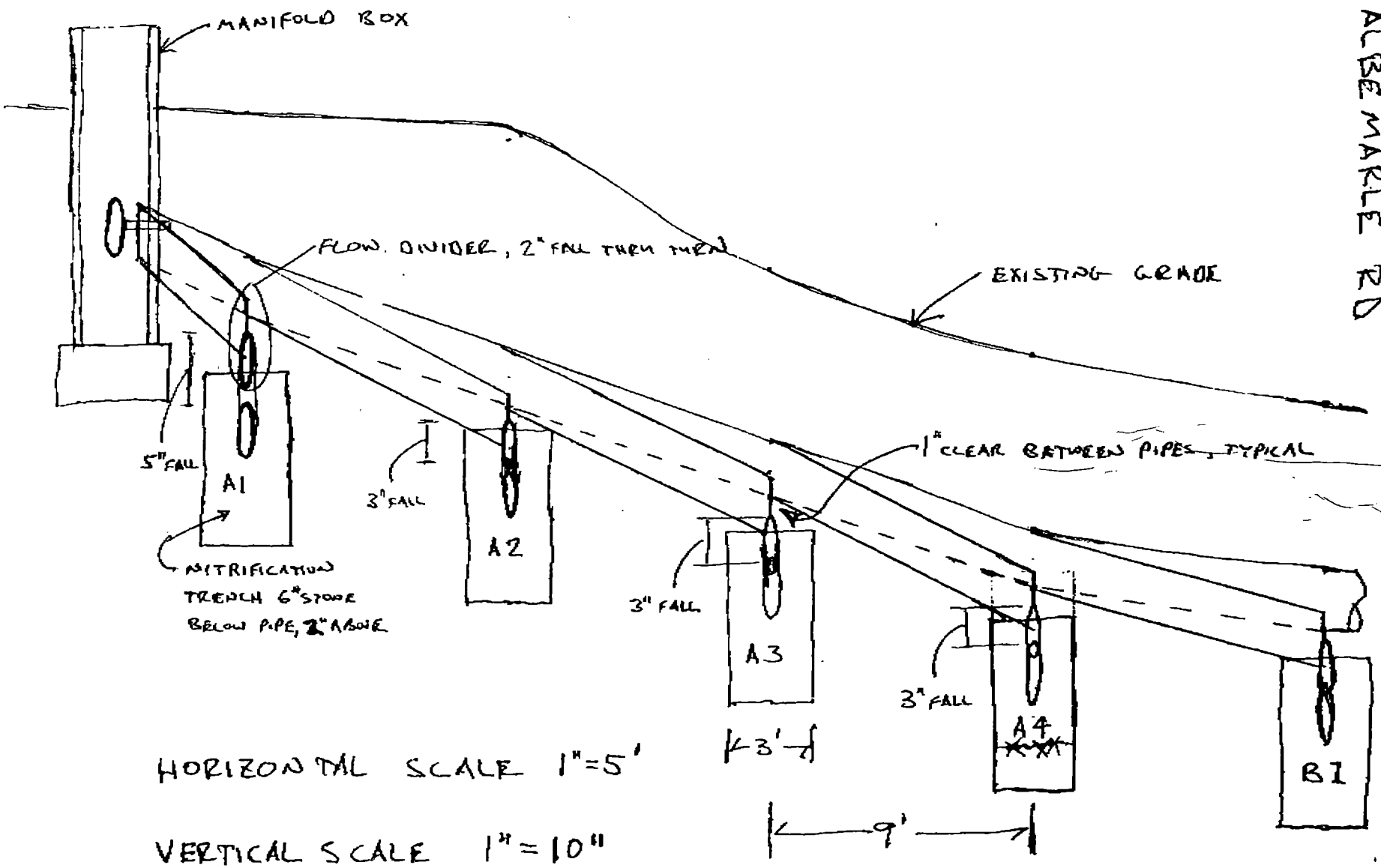
NOT TO SCALE



1 * START THE #4 TRENCHES NOTED THUS 2'-6 DEEP NEXT TO MANIFOLD.

** START THE 2 TRENCHES NOTED THUS 2'-9 DEEP NEXT TO MANIFOLD.

1 REVISION 1: 3/30/94



CARRIER'S SEAFOOD

ALBEMARLE RD

3/30/94 PK

1 of

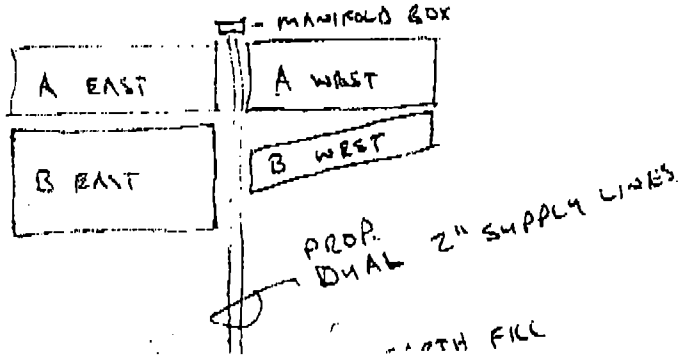
CARRIKER'S

3/28/94
Pg 3 of 4

EMERGENCY USE.

SITE PLAN

NOT TO SCALE



CARRIKER'S

3/28/94
Pg 2 of 4

PRESSURE HEAD	1.2 FT	
ELEV HEAD	10 FT	(FROM FIELD MEASUREMENT)
FRICTION HEAD	5.9 FT	(540' x 1.10'/100', 2" SUPPLY)
	17 FT	

25 GPM @ 17' TDH, USE HYDROMATIC OSP33M OR EQUIV.

- USE TWO PUMPS, SET IN SAME TANK, WITH

rec'd $85.00 check # 24183 4/15/02 SC

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Carriker's Seafood Restaurant
10518 Albemarle Road
Mint Hill, NC

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Carriker's Seafood Restaurant	10518 Albemarle Rd.	13707507	6102A	IVa
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name Carriker Seafood Restaurant

Site Address 10518 Albemarle Rd

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/3/02

Payment Due Date: 5/3/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☑ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

COPY

7743

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG	CARRIKER'S SEAFOOD RESTAURANT	6102A
Health Department	Name of Establishment	Permit/Project No.
10518 ALBEMARLE RD.	BUSINESS/RESTAURANT	1945 gpd
Location	Type of Establishment	Design Flow
NOAH WILSON CARRIKER	6011 KINGHURST DR. CHARLOTTE, NC 28227	
Owner/Agent	Address	Phone
BOBBY MCCARVER		
Operator	Address	Phone

Remarks TYPE IIB

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☑	☐	VERY LITTLE SOLIDS IN TANKS.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☑	PUMP RUNNING CONTINUOUSLY, LOW WATER CUT OFF FLOAT NEEDS TO BE REPAIRED OR REPLACED.
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☑	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☑	CONTACTED BOBBY MCCARVER 4/30/02 ABOUT EJECTOR PUMP RUNNING CONTINUOUSLY. SENDING SOMEONE OUT TO FIX IT.
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☐	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: _____

5/6/02 ATTEMPTED BOBBY MCC. - HAD NOT LOOKED AT PUMP YET. SAID HE WOULD SEND SOMEONE

SUMMARY OF IMPROVE

Improvement	...spon... ...within (Days)

DATE: 4/30/02 SIGNED: _____ RSI AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

April 3, 2002

Noah Wilson Carriker
6011 Kinghurst Drive
Charlotte, NC 28227

Dear Mr. Carriker:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IVa septic system, which serves as the wastewater treatment and disposal system for Carriker's Seafood Restaurant at 10518 Albemarle Rd., Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 17, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Carriker's Seafood Restaurant
10518 Albemarle Road
Mint Hill, NC

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Carriker's Seafood Restaurant	10518 Albemarle Rd.	13707507	6102A	IVa
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/3/02

Payment Due Date: 5/3/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg | Carriker Fish Camp | 6102-A
Health Department | Name of Establishment | Permit/Project No.

10518 Albemarle Road | business/resturant | 1945 gpd
Location | Type of Establishment | Design Flow

Noah Wilson 6011 Kingshurst Drive, Charlotte, NC.
Owner/Agent | Address | Phone

Bobby McCarver
Operator | Address | Phone

Remarks: No Operator at time of inspection.

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☐	☐	= Did not check sludge
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Looks Good

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Obtain Maintenance Contract	30

DATE: 12-14-98 SIGNED: Larry B. Thompson, R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from:
Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

Mecklenburg County
Health Department

December 16, 1998

Noah Wilson Carriker
6011 Kinghurt Drive
Charlotte, NC 28227

Re: 10518 Albemarle Road

Dear Mr. Carriker:

A required inspection was recently made of the Type IV septic system which serves as the wastewater treatment and disposal system for the business located at 10518 Albemarle Road, Charlotte, North Carolina.

A review of our files reveals that the required maintenance contract for this system was never executed. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drainfield as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment, Health, and Natural Resources, Divisions of Environmental Health On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: "System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

Enclosed is a copy of the information we have on file. Please submit a contract with a certified operator to our office by January 14, 1998.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704)336-5568 between 8:00 - 9:00 am, Monday through Friday, or leave a message on my voice mail.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

Enclosure: Certified Operators List
Maintenance Contract

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Health Department
Carriher Fish Camp — Name of Establishment
6102A — Permit/Project No.
10518 Albemarle Road — Location
Business/restaurant — Type of Establishment
1945gpd — Design Flow
Noah Wilson 6011 Kingsrest Drive, Charlotte, NC — Owner/Agent — Address — Phone
Bobby McCarver — Operator — Address — Phone
Remarks

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☐	☑	Excessive solids in pump tank and manifold (12" solids in pump tank)
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	* Recommend the addition of septic tank and pump tank effluent filters.
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☑	Manifold clean out has broken off.
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☐	☑	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Maintenance needed

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Pump Tanks	30
Repair Manifold	30

DATE: 10-26-99 SIGNED: Larry B. Thompson Jr. R.S. AGENT
Division of Environmental Health

– over –

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

#1

Owner, System or Establishment: Carrington's Rest. Kenneth Fons- Manager

Address: 10518 Albemarle Rd

Chas Zip

Collected By: S Bateman RS.

Date Collected: 2-9-94 Time: 11:30 (AM) PM

Sample Source: Surface water sample taken in septic tank system drainfield area

Date Delvd. to Lab: 2-9-94 Time: 1:35 AM (PM)

Delivered By: S Bateman

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☒ Other (specify) Surface sample

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Food (specify):

Analysis Requested: ☐ Total Coliform ☒ Fecal Coliform ☒ Fecal Strep Enterococcus

☐ 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 _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform < 100 esgn /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep < 100 esgn /100 ml. Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: 2/9/94 Date Reported: 2/11/94

Received By: SJW Analyst: SJW Lab #: 648

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

#2

Microbiological Analyses

Owner, System or Establishment: Carrikers Rest — Kenneth Fons - Manager

Address: 10518 Albemarle Rd

Charlotte Zip

Collected By: S Bateman

Date Collected: 2-9-94 Time: 11:32 (AM) PM

Sample Source: Surface water sample taken in septic system drainfield area

Date Delvd. to Lab: 2-9-94 Time: 1:35 AM (PM)

Delivered By: S Bateman

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☒ Other (specify) Surface sample

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Food (specify):

Analysis Requested:

☐ Total Coliform ☒ Fecal Coliform ☒ Fecal Strep Enterococcus

☐ 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 _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform < 100 cfu /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep < 100 cfu /100 ml. Coliform Count _____ /gm. or ml.

Laboratory Comments:

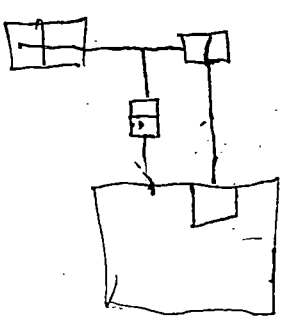
Date Received: 2/9/94 Date Reported: 2/11/94

Received By: Sjw Analyst: Sjw Lab #: 649

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY



CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6102-A DATE: 8-29-94

TC: 137-075-07 ☐ L ☐ CRT

SERIAL № 14312

Name of Owner N W Carriker (Carrikers Seafood) Juris.:

Address of Property 10513 Albemarle Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 2160

Number of Lines 18 @

Cover Depth 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 4-26-94

Tank(s) Inspected 4-26-94

Wash Line Inspected —

High Water Alarm Inspected 8-28-94

INSTALLED IN ACCORDANCE W/ PLAT ON FILE

PLOT

Design: 1994 REPAIR CTR# 117

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

☑ installed or constructed ☐ altered or repaired

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

and meets the provisions of ~~10~~ 15A NCAC ~~10A~~ 18A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 ~~10~~ 15A NCAC ~~10A~~ 18A .1900 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.

COMMENTS: Type IV b

Kelly Randall
Environmentalist

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

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER N.W. CARRIKER

MAILING ADDRESS 10518 ALBEMARLE ROAD , Charlotte 28227

OCCUPANT Carriker's Restaurant
Manager: Ken Fons

LOCATION 10518 Albemarle Road

☐ RESIDENCE ☒ BUSINESS ☐ OTHER

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5569/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 5, 1994, appropriate legal action will be taken.

Notice Issued April 5, 1994 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

Noah Wilson Carriker
6911 Kinghurst Dr
Char 28227

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 17, 1994

Carriker's Restaurant
Mr. Kenneth Fons, Manager
10518 Albemarle Road
Charlotte, NC 28227

Re: 10518 Albemarle Road
File: 6102A
Parcel: 127-075-07

Dear Mr. Fons:

A site visit was made to Carriker's Restaurant for the purpose of evaluating the sewage treatment and disposal system for a food service permit. The following items were found to be in violation of Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900:

1- It appears that a floor drain from a walk-in refrigerator is illegally discharging wastewater to the surface of the ground.
2- The septic tank access openings are in disrepair. Excessive amounts of water may be entering the septic tank system due to this problem.
3- The septic tank system appears to be malfunctioning. The drainfield area is supersaturated and effluent appears to be surfacing to the top of the ground.

To address these immediate problems the following actions must be taken:

1- Floor drain problem: Properly plumb drain to prevent discharge to ground surface.
2- Tank access openings: New manhole covers are needed to replace the broken covers. The access manhole shall be designed and maintained to prevent surface water inflow. Manhole covers shall have a handle of steel or other rot-resistant material equivalent in strength to a no. 3 reinforcing bar (rebar) and be able to accommodate a uniform load of 150 pounds per square foot without damage to the cover or the top of the tank.
3- The property lines must be clearly marked in order to evaluate available space for repair area.

4- The following items are leaking excessive amounts of water into the septic tank system. These items need to be repaired to prevent leaks.
   a- handsinks: women's bathroom, kitchen, employee's bathroom, and men's bathroom.
   b- commodes: check each commode float to be sure the water is not constantly running water. The men's room commode needs adjustment.
   c- The water line cutoff valve by the ice machine is leaking.
   d- Wastewater is discharging from the can wash area to the ground surface. This floor drain should have a cover to prevent rain water from entering the system, and a retainer lip should be placed around the concrete pad.

In addition, the gutters must be routed past the septic tank system area. There is grease on the ground around the grease container. The grease may wash down the hillside into the septic system area and clog the pail. This problem must be addressed.

Please contact me as soon as the property lines are clearly marked and also when the leaking fixtures and tank manhole covers are fixed.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

SB:gf

cc: Ms. Nadine Ford, R.S.
Ms. Susan Cole, R.S.
Mr. Carriker

accomodate a uniform load of 150 pounds per square foot without damage to the cover or the top of the tank.

3- The property lines must be clearly marked in order to evaluate available space for repair area.

4- The following items are leaking excessive amounts of water into the septic tank system. These items need to be repaired to prevent no longer leaks.

a- handsinks: women's bathroom, Kitchen, employee's bathroom, and men's bathroom.

b- commodes: Check each commode's float to be sure the water is not constantly running. The Men's room commode needs adjustment.

c- The water line cutoff valve by the ice machine is leaking

d- Wastewater is discharging from the can wash area to the ground surface.

This floor drain should have a cover to prevent rain water from entering the system, and a retainer lip should be placed around the concrete pad.

In addition, The gutters must be routed past the septic tank system area. There is grease on the GROUND AROUND the grease container.

The grease may wash down the hillside into the septic system area and clog the soil. This problem must be addressed.

Please contact me as soon as the property lines are clearly marked and also when the leaking fixtures and tank manhole covers are fixed.

cc: Ms Nadine Ford, R.S
Ms. Susan Cole, R.S.

16/40

Wiring was observed at this well.

Due to safety concerns, a copy of this letter is being forwarded to Meck County Building Standards Electrical Dept

Carriker's Restaurant
Mr. Kenneth Fons, Manager
10518 Albemarle Road
Charlotte NC 28227

Mr. Neels - utility dept
19 > moving into #10
Mr. Boone

290 x 40 = 11600
38666 sq ft
12888

Dear Mr. Fons:

~~Re: site~~

Re: 10518 Albemarle Road
File: 6102 A
Parcel: 127-075-07

A site visit was made to Carriker's Restaurant for the purpose of evaluating the sewage treatment and disposal system for a food service permit. The following items were found to be in violation of Laws and Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A .1900:

It appears that
1- ~~A~~ floor drain from ~~the~~ a walk-in refrigerator is illegally discharging wastewater to the surface of the ground.

2- The septic tank access openings are in disrepair. Excessive ~~amounts~~ of water may be entering the septic tank system due to this problem.

3- The septic tank system appears to be malfunctioning. The drainfield area is supersaturated and effluent appears to be surfacing to the top of the ground.

To address these immediate problems the following actions must be taken:

1- ~~Either~~ Floor drain problem: ~~Connect to grease trap~~ Properly plumb drain to tank or ~~completely eliminate floor drain~~ prevent discharge to ground surface.

2- Tank access openings: New ~~lid~~ manhole covers are needed to replace the broken covers. ~~A water tight access manhole~~ The access manhole shall be designed and maintained to prevent surface water inflow. Manhole covers shall have a bolt of steel or other ~~at~~ material equivalent

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 6102-A DATE: 4-21-94

TC: 137-075-07 ☐ L

SERIAL Nº 15973

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 2-9-94. All work shall be completed on or before 5-21-94, 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.

INSTALL W/ PLAN ON FILE
BY EDDIE BANCOM P.E.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank 2000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 2160 feet

Number of Lines 18

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 25'+ feet

Distance from Well 100'+ feet

NAME OF OWNER N. W. Carriker

LOCATION OF PROPERTY 10518 Albemarle Rd

Comments: INSTALL IN ACCORANCE W/ PLANS ON FILE
MUST INSTALL H_2O METER ON WELL - MUST CHECK GREASE TRAP + TOILET WASTE PLUMBING TO MAKE SURE THEY ARE SEPARATED

Division or Section Head

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

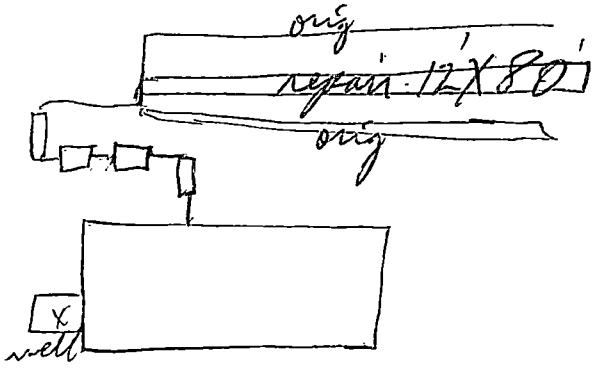
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6102-A DATE: 9-15-89

TC: 137-075-07 ☐ L

SERIAL № 12863

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 8-30-89. All work shall be completed on or before 10-15-87, 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 Department of Environmental Health 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.



Albemarle Rd

PLOT OF SYSTEM

Liquid Capacity of Septic Tank repair ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 320 feet

Number of Lines 4

Depth of Stone 17 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER Carrikers Seafood

LOCATION OF PROPERTY 10518 Albemarle Rd

Comments: 1 bed 12'X80'X12" stone, 12" sand

Division or Section Head

B. R. Ferguson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

"Repair"

File 6102-A

[] 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: FONS (last) Kenneth (first) A (mi)
ADDRESS: 10518 Albemarle PHONE: (__) 545 4104
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Carriker (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 127-075-09
STREET ADDRESS: 10518 Albemarle Rd
ZONING: _____

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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 (H) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Restaurant # Employees 14 Per Shift same
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/N) __ Type sept 290

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (N) [] 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: Kenneth A Fons manager Date: Feb 9, 1994

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.

...

[] 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6102-A DATE: 9-20-89

TC: 137-075-07 ☑ L ☐ CRT

SERIAL № 12174

Name of Owner Caribbean Seafood Juris.:

Address of Property 10518 Albemarle Rd

Inspection Data:

Tank Material repair

Total Length of Drainfield 320'

Number of Lines 4 @ 80'

Cover Depth 15"

Water Supply Source well

Distance to Water Source 50'

Excavation Inspected 9-20-89

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989 repair septic CTR# 117

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

☐ installed or constructed ☑ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS:

B. R. Ferguson
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP
ENVIRONMENTAL HEALTH DIVISION

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: 6102A
TC:
SERIAL: № 19130
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10518 Albemarle Rd. (STREET NO.) Charlotte (STREET) N.C. 28227 ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 137-075-07
⑤ SUBDIVISION: Wilgrove ⑥ LOT: 7 ⑦ BLOCK: 75

OWNER

⑧ NAME: Lambros (FIRST) Christos (MIDDLE) Makos (LAST)
⑨ MAILING ADDRESS: 10518 Albemarle Rd,
⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) 545-4104 ⑭ (HOME) 542-8723

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? Restaurant
㉓ Maximum occupancy?
㉖ Maximum number of employees? 24
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 270

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: Lambros C. Makos

Date: 8/30/89

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 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.

FAX COVER SHEET

FROM: EDDIE BANCOM

VOICE # 545-4028

DATE 3/30/94

TO: KELLY RANDALL

FAX # 336-6894

REMARKS:

KELLY, ATTACHED PROFILE SHOWS HOW PIPE RUNNING FROM DIVIDER TO TRENCH WILL FIT UNDER THOSE COMING FROM MANIFOLD. I ALSO HAVE REVISED PG 4 OF 4 DATED 3/28/94 TO SHOW WHICH LINES SHOULD START SHALLOWER THAN 3'-0. AS FOR [redacted] PROVING 5.0 GPM FLOW FROM MANIFOLD TAPS, THE EQUATION I USED UNDER MANIFOLD DESIGN, PG 1 OF 4 3/28/94, $Q = 11.79(D)^2\sqrt{H}$, WHERE Q = FLOW IN GPM, D = INSIDE PIPE DIAMETER IN INCHES, AND H = PRESSURE HEAD IN FEET, IS AN ESTABLISHED EQUATION FOR CALCULATING FLOW THROUGH A HOLE. IT IS THE SAME EQUN USED TO CALCULATE FLOWS IN TABLE 2 OF "DESIGN AND INSTALLATION OF LPP WASTE TREATMENT SYSTEMS" SEA GRANT PUB. 1982 PAGE 8. TRY A FEW TO SEE THAT IT WORKS. 1/2" PIPE DIAMETER OF .622" IS FROM BERKOWITZ'S "PRESSURE MANIFOLD DESIGN," 1994 FOOTNOTE 2 OF TABLE 1. CALL ME IF YOU NEED ANYTHING ELSE.

5/19/94 PG 1 OF

RE: CARRIKER'S SEAFOOD REST.
ALBEMARLE RD
CHARLOTTE, NC

SEPTIC SYSTEM REPAIR.

TO: KELLY RANDALL FX 336+6894
MECK. CO. ENV. HEALTH

FROM: EDDIE BANCOM

I AM REQUESTING PERMISSION TO HAVE THE PUMP CONTROLS FOR THE SUBJECT REPAIR MODIFIED SO THAT BOTH PUMPS ARE CONTROLLED BY A SINGLE FLOAT. THE PUMPS WOULD BE FUSED SEPARATELY. EACH PUMP WOULD BE WIRED WITH AN ELAPSED TIME METER AND, IF NECESSARY, A CYCLE COUNTER. THE TENNANT WOULD RECORD METER READINGS TWO TIMES PER WEEK TO DETECT PUMP FAILURE. THE SYSTEM OPERATOR AND HEALTH DEPT CAN MONITOR RECORDS DURING THEIR PERIODIC VISITS. THE SYSTEM WOULD HAVE THE ADVANTAGES OF SAFETY AND SIMPLICITY SINCE THERE IS A BUILT IN BACK-UP PUMP.

CARRIKER'S SEAFOOD, INC.

INCOME STATEMENT
(UNAUDITED)
December 31, 1993

	CURRENT PERIOD	RATIO	TWELVE MONTHS	RATIO
S A L E S				
SALES	$ 31,917.32	100.00	$ 467,032.04	100.00
TOTAL SALES	$ 31,917.32	100.00	$ 467,032.04	100.00
COST OF SALES				
PURCHASES	18,672.44	58.50	239,761.04	51.34
INVENTORY VARIATION	<829.86>	2.60	<829.86>	0.18
TOTAL COST OF SALES	$ 17,842.58	55.90	$ 238,931.98	51.16
GROSS PROFIT	$ 14,074.74	44.10	$ 228,100.06	48.84
O P E R A T I N G E X P E N S E S				
ADVERTISING	0.00	0.00	1,447.61	0.31
EQUIPMENT RENTAL	62.28	0.20	1,055.74	0.23
GROUP INSURANCE	92.37	0.29	<3.75>	0.00
INSURANCE	0.00	0.00	4,353.85	0.93
LICENSES & TAXES	0.00	0.00	1,038.94	0.22
SALES TAX	509.26	1.60	28,764.80	6.16
PAYROLL TAXES	657.20	2.06	10,068.10	2.16
LINEN & LAUNDRY	0.00	0.00	1,264.64	0.27
MISCELLANEOUS	133.75	0.42	2,557.83	0.55
RENT	3,200.00	10.03	40,400.00	8.65
REPAIR & MAINTENANCE	613.48	1.92	11,677.37	2.50
SUPPLIES	247.72	0.78	2,572.00	0.55
TELEPHONE	210.43	0.66	2,697.55	0.58
WAGES	6,608.05	20.70	91,336.10	19.56
TIPS	1,983.02	6.21	29,850.13	6.39
TIPS DEDUCTION	<1,983.02>	6.21	<29,850.13>	6.39
PROFESSIONAL FEES	257.80	0.81	3,127.90	0.67
UTILITIES	1,634.96	5.12	21,472.82	4.60
TOTAL OPERATING EXPENSES	$ 14,227.30	44.58	$ 223,831.50	47.93
NET OPERATING INCOME/LOSS	$ <152.56>	0.48	$ 4,268.56	0.91

FOR INTERNAL USE ONLY
HEGGEN-CRAIG & COMPANY, INC.

Post-it® Fax Note 7672 | No. of Pages 3 | Today's Date 4/15 | Time 6:30

To KELLY RANDALL | From EDDIE BAKER

Company MECK CO. ENV HEALTH | Company W K BAKER, INC

Location | Location | Dept. Charge

Fax # 336-6894 | Telephone # | Fax # 545-1940 | Telephone #

Comments | Original Disposition: ☐ Destroy ☐ Return ☐ Call for pickup

KELLY, WHERE ARE CALCS, AND '93 FINANCIAL STMT. I'VE GOT A WEEK'S WORTH OF GUEST CHECKS IF YOU WANT THEM

EB

CARRIKER'S SEAFOOD 4/11/94 PG 2 OF 2

GUEST CHECK SUMMARY 4/5 - 4/9

	$	MEALS	AVG $/MEAL
EAT-IN	9197.87	1013	
TAKE-OUT	678.24	86	
TOTAL	9876.11	1099	8.99

TO BE CONSERVATIVE, USE $8.00 PER MEAL

- CALCULATE WATER USAGE BASED ON GROSS SALES

1993 SALES - $467,032.04 USE $480,000 ANN

MEALS/YEAR $480,000 ANN/YEAR ÷ $8.00/MEAL = 60,000 MEALS/YEAR

MEALS/WEEK 60,000 MEALS/YR ÷ 52 WKS/YR = 1154 MEALS/WK

AVG. HIGH DAY 33 TO 40 PERCENT OF WEEK'S BUSINESS

1154 MEALS x .33 = 385 MEALS

1154 MEALS x .40 = 462 MEALS

WATER USAGE FROM .1949 TABLE I, 5 GAL/MEAL

385 MEALS/DAY x 5 GAL/MEAL = 1925 GPD

462 MEALS/DAY x 5 GAL/MEAL = 2310 GPD

MAXIMUM WATER USAGE BASED ON GROSS VALUES

= 1925 GPD to 7.0 GPD

SPACE AVAILABLE TO TREAT 1945 GPD

ENERGY

CARRIKER'S SEAFOOD 4/11/94 pg 1 of 2

GUEST CHECK SUMMARY 4/5 - 4/9

		$	MEALS	AVG $/MEAL
TUES 4/5		712.45	75	9.50
WED 4/6		872.64	97	9.00
THUR 4/7		993.94	114	8.72
F1	FRI-DAY 4/8	335.90	32	
F4		456.57	52	
F5		249.77	25	
F7	BY 4 HOUR	593.95	68	
F9		433.09	50	
F14		485.58	52	
		501.44	54	
		3061.30	323	9.[illegible]
		524.11	59	
S3	SAT-URDAY 4/9	409.52	45	
[illegible]		[illegible]	[illegible]	
[illegible]		[illegible]	[illegible]	
S9		[illegible]	[illegible]	
S14	BY	[illegible]	[illegible]	
S21		354.21	34	
		3557.54	394	.5
		$9197.87	1013	9.08