

8400 FAIRVIEW RD

18705320

8/12/08

marliwr

Barcode Font = IDAutomationHC39M

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Baucom Family LTD Partnership

Mailing Address 1632 McManus Road
Midland, NC 28107

Occupant Strip Shopping Center

Location 8400 Fairview Road
Mint Hill, NC 28226

☐ Residence ☒ Business ☐ Other tax parcel #197-031-41

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 336-5573.

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

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

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☐ Perform Maintenance (*specify*) _____

If the wastewater violation is not brought into compliance by October 20, 1999, appropriate legal action will be taken.

Notice Issued September 20, 1999 (Date) Signed J. Andrew Walker, R.S. (Division of Environmental Health) Agent

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

DENR 1108 (Revised 3/98)
On-Site Wastewater Section (Review 10/98)

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: IWWS Hazard? ( ) yes ( ) no

Date: 8/30/99 Parcel: 197-031-41

REQUESTING PERSON: Ron Quick Phone 545-2162

Address _____ City _____ Zip _____

PROPERTY CONCERNED: Facility Name _____

Address Strip MALL C 8400 FAIRVIEW Rd. City _____ Zip _____

SERVICE REQUESTED: Sewage/water on surface in woods in clearing in back of strip shopping center. Lg fencing bld. Complex problem is on left in back

ASSIGNED TO: D.W. TAKEN BY: JC

DATE	ACTIVITY REPORT
8-31-99	OSU NOP. I ALSO TOOK A CALL FROM MINT HILL TOWN HALL OBSERVED A LARGE AMOUNT OF EFFLUENT IN AN OVERGROWN AREA BEHIND BUILDINGS. I WILL RESEARCH FILE 197-031-41
	5201
9-3-	WORKED FILE # 16492 197-031-05
9-3-99	P.C. TO RON QUICK L.M.
	P.C. FROM SHERRY ASHLEY W/ TOWN OF MINT HILL. I ADVISED HER OF SITUATION & THAT I WOULD NOT
	BALCOM FAMILY
	LTD PARTNERSHIP

Please call regarding with findings & status

545-4297

TION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___
ignature Date

_____ / _____ RECALL DATE: _____
Head's Signature Date

197-031-41 · $40.00
~05 $40.02

CERTIFICATE OF COMPLETION/OPERATION PERMIT

16480

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

FILE: 16492 DATE: 3/23/95

TC: 197 031 05 ☐ L ☐ CRT

SERIAL № 14250

Name of Owner Thomas Bavcom Juris.:

Address of Property 8402 Fairview Rd

Inspection Data:

Tank Material –

Total Length of Drainfield Bed 201

Number of Lines 3 @ 67'

Cover Depth 18"-22"

Water Supply Source well

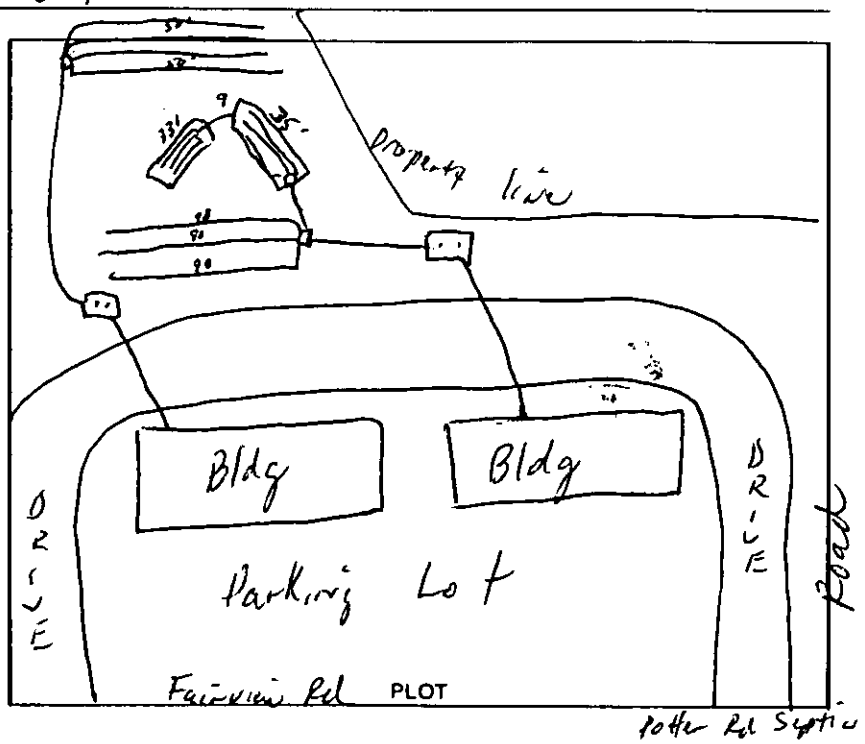
Distance to Water Source >50'

Excavation Inspected 3/23/95

Tank(s) Inspected Riser put on septic tank

Wash Line Inspected –

High Water Alarm Inspected –



Design: 1995, Repair CTR#

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: Repair, Riser added to septic tank septic system < 20 yrs old

Philo S. Walker R.S.
Environmentalist

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

16492

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

PERSON FILING APPLICATION:

NAME: J. STAN PIERCZYNSKI (last) (first) (mi)

ADDRESS: 509 HERITAGEVIEW PHONE: (704) 753-1820

CITY: INDIAN TRAIL STATE: N.C. ZIPCODE: 28079

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-031-41

STREET ADDRESS: 8400 FAIRVIEW ROAD

ZONING:

PROPERTY OWNER:

NAME: T.A. BAUCOM (last) (first) (mi)

ADDRESS: 1632 McMANUS RD PHONE: 704 545-4604

CITY: MIDLAND STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: / LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business RESTAURANT # Employees 4 Per Shift 30 seats
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: J. Stan Pierczynski Date: 7-18-94

NOTICE:

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

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

...This permit is not transferable.

...

[] 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

Business

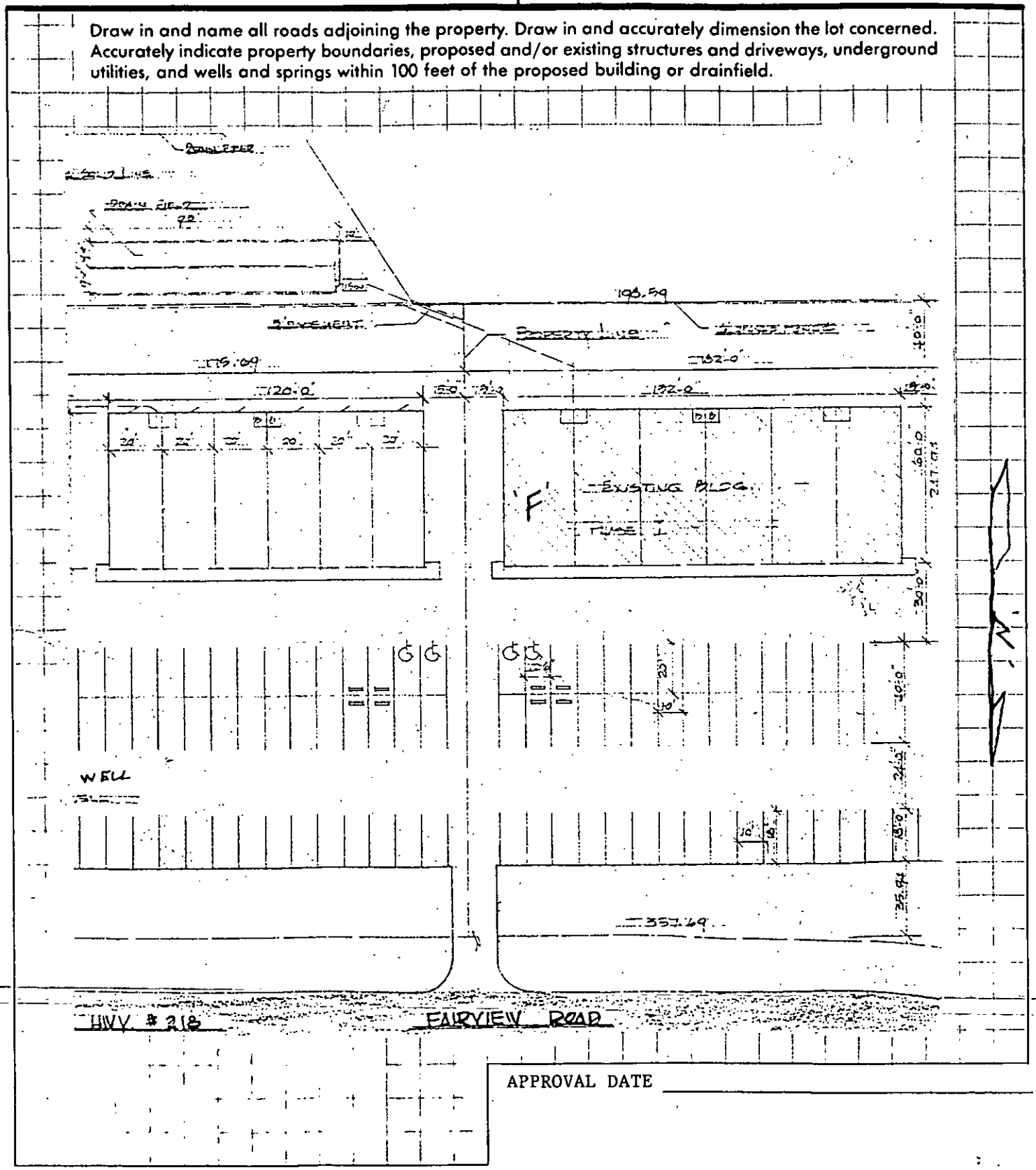
PROPOSED PLOT PLAN

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

FILE: 16492

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.



APPROVAL DATE _____

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

File # 197
16492

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Baucom (last) Thomas (first) A. (mi)
ADDRESS: 1632 McManus Rd PHONE: (704) 545-4604
CITY: Midland, N.C. STATE: ZIPCODE: 28107

Date:

PROPERTY OWNER:
NAME: Same as above (last) (first) (mi)
ADDRESS: PHONE: (__)
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197 031 05
STREET ADDRESS: 8402 Fairview Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: [signature] Date: 3-2-95

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

WWATER : 122791

Bessent

3 addresses on file

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

2400

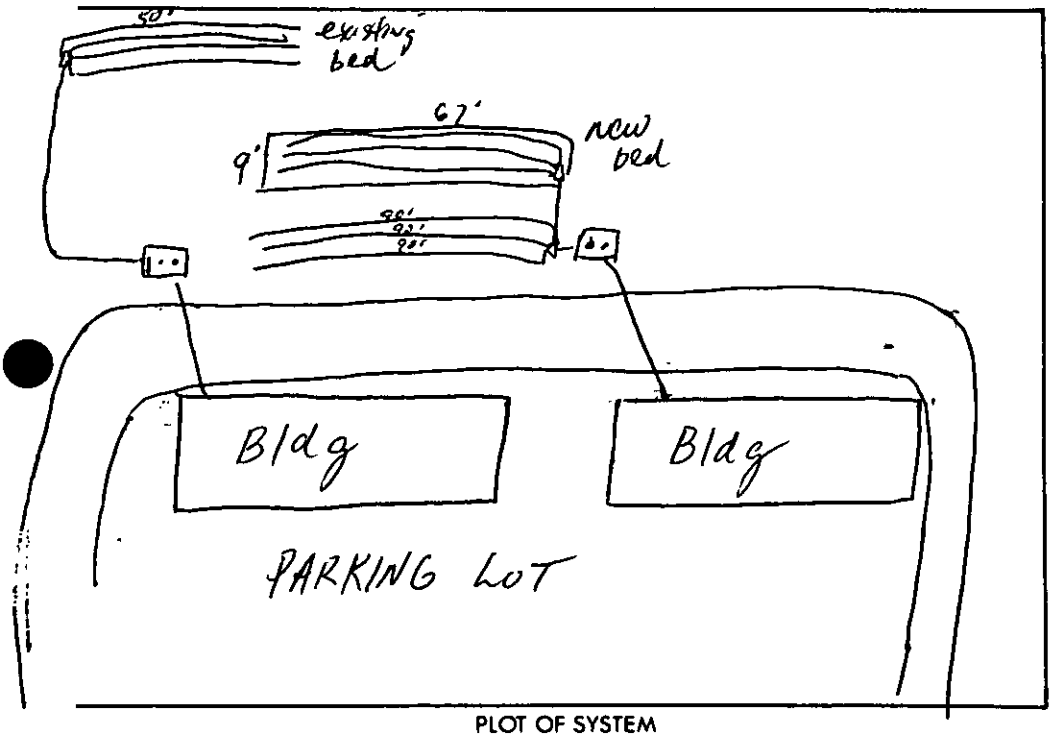
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 16492 DATE: 3/2/95

TC: R2031 05 ☐ L

SERIAL Nº 15811

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 3/2/95. All work shall be completed on or before 4/2/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

~~Trench~~ Bed Width 9' feet

Total Line Length 201' feet

Number of Lines 3 (67')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Thomas Bavcom

LOCATION OF PROPERTY 8402 Fairview Rd

Comments: Bed system 9'wd x 67'long x 18"stone / Keep septic system as shallow as possible

Division or Section Head

Phyllis A. Walker R.S.
Environmentalist

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

Reviewed

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

Mecklenburg County
Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: August 2, 1994

Ref: File 16492/8400 Fairview Road

SUBJECT: Refund

(Mr./Mrs./Co.) Stan Pierczynski originally paid $200.00 for an alteration to the existing septic system on July 18, 1994.

A refund should be issued for $200.00 because Client decided not to proceed based on information given to them by the Environmental Health Specialist concerning the existing file.

Please make check payable to: Stan Pierczynski
509 Heritageview
Indian Trail, NC 28079

After being given information by ~~Crisis~~ Mental Health Specialist from existing file, Client decided to cancel his request for service.

Refused Brochure

16492

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P.O. 7/18/94 CK# 1854

[] 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: J. STAN PIERCZYNSKI (last) (first) (mi)

ADDRESS: 509 HERITAGEVIEW PHONE: (704) 753-1820

CITY: INDIAN TRAIL STATE: N.C. ZIPCODE: 28079

Date:

PROPERTY OWNER:

NAME: T.A. BAUCOM (last) (first) (mi)

ADDRESS: 1632 McMANUS RD PHONE: (704) 545-4604

CITY: MIDLAND STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-031-41

STREET ADDRESS: 8400 FAIRVIEW ROAD

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 [X] Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Remodel
[] COMMERCIAL OR INDUSTRIAL (N) Sub Surface Pond
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business RESTAURANT # Employees 4 Per Shift 30 seats
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: J. Stan Pierczynski Date: 7-18-94

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist _____ Date

_____ Director or Authorized Section Head _____ Date

WWATER : 122791

JPB.

16492

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7/13/94 JPB 10:44

[] CRT

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

COPY

PERSON FILING APPLICATION:

NAME: J. STAN PIERCZYNSKI (last) (first) (mi)

ADDRESS: 509 HERITAGEVIEW PHONE: (704) 753-1820

CITY: INDIAN TRAIL STATE: N.C. ZIPCODE: 28079

Date:

PROPERTY OWNER:

NAME: T.A. BAUCOM (last) (first) (mi)

ADDRESS: 1632 McMANUS RD PHONE: (704) 545-4604

CITY: MIDLAND STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 99-031-41

STREET ADDRESS: 8400 FAIRVIEW ROAD

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 [X] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (O)
[] 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) Remodel
[] COMMERCIAL OR INDUSTRIAL (N) Sit Down Restaurant
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business RESTAURANT # Employees 4 Per Shift ___ ___ ___ "50 seats"
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ___

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

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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: J. Stan Pierczynski Date: 7-18-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH ...artment has approved the Request for the Job Location contained in this document. This app... the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in ... 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.

[] IMPI... FROM ISSUANCE
[] MOBI... 6 MONTHS FROM ISSUANCE
[] ADDI... YEAR FROM ISSUANCE

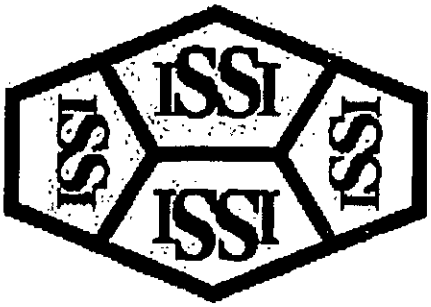
Environmenta... Date

Director or Au... Date

existing - system sized for offices. This lot does not appear to have additional space ...ed

WATER : 122791

7-26 - spoke w/ Pierczynski & explained material on file & UXS not sized for a food service facility. Explained about system size needed for proposal, asked him to find out if owner has additional property he wants to use.



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ISSI Operations Center Staff

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 16492 DATE: 5-21-87

TC: 197-031-05 ☐ L ☐ CRT

SERIAL № 10270

Name of Owner: Thomas Barlow Juris.:

Address of Property: 8348 Fairview

Inspection Date:

Tank Material: ~~PVC~~ SAE

Total Length of Drainfield: 300 sq ft

Number of Lines: 2 @ 150

Cover Depth: 12" to 24"

Water Supply Source: well

Distance to Water Source: 750'

Excavation Inspected: 5-21-87

Tank(s) Inspected: —

Wash Line Inspected: 5-21-87

High Water Alarm Inspected: —

Design: 1587, Repair

PLOT

CT No. 100

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:

3-19-87 inst plan dated

office, warehouse bldgs

w/ max 10 employees

3 lines 280' total

1-16-87 appl.
made same

8402 app dated
6-9-87
retail sales bus.
max emp 6

letter from
Mr Barrow on
file requested
minimal build

8402 app
dated
6 12 90

12 emp

COC done