

7609 MATTHEWS-MINT HILL RD

13706536

8/19/08

marliwr

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

"Corrected"

FEE: 35.00 Ck. #21845
DATE: 1-24-96

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted]

[ ] CRT

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 18622

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137066 41

STREET ADDRESS: 7609 Matthews Mint Hill Rd

LOT NUMBER: Lot 1 Section 1

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
First Union National Bank Branch
Square footage of facility: 4000 SF ±

NUMBER OF EMPLOYEES: 10 ± PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOLIETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
N/A

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ✓ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: First Union National Bank
(LAST) (FIRST) (MI)

ADDRESS: Corporate Real Estate
Attn Two First Union Center

CITY: Charlotte STATE: NC ZIP: 28288-0340

DAYTIME PHONE: (704) 374-4067

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Craig Franklin S / W.L. Dickson & Co.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 336-5348

1424 Cleveland Ave.
Charlotte N.C. 28203

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-15-88

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: Franklin S. Craig - W.L. Dickson & Co DATE: Jan 25 1996

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

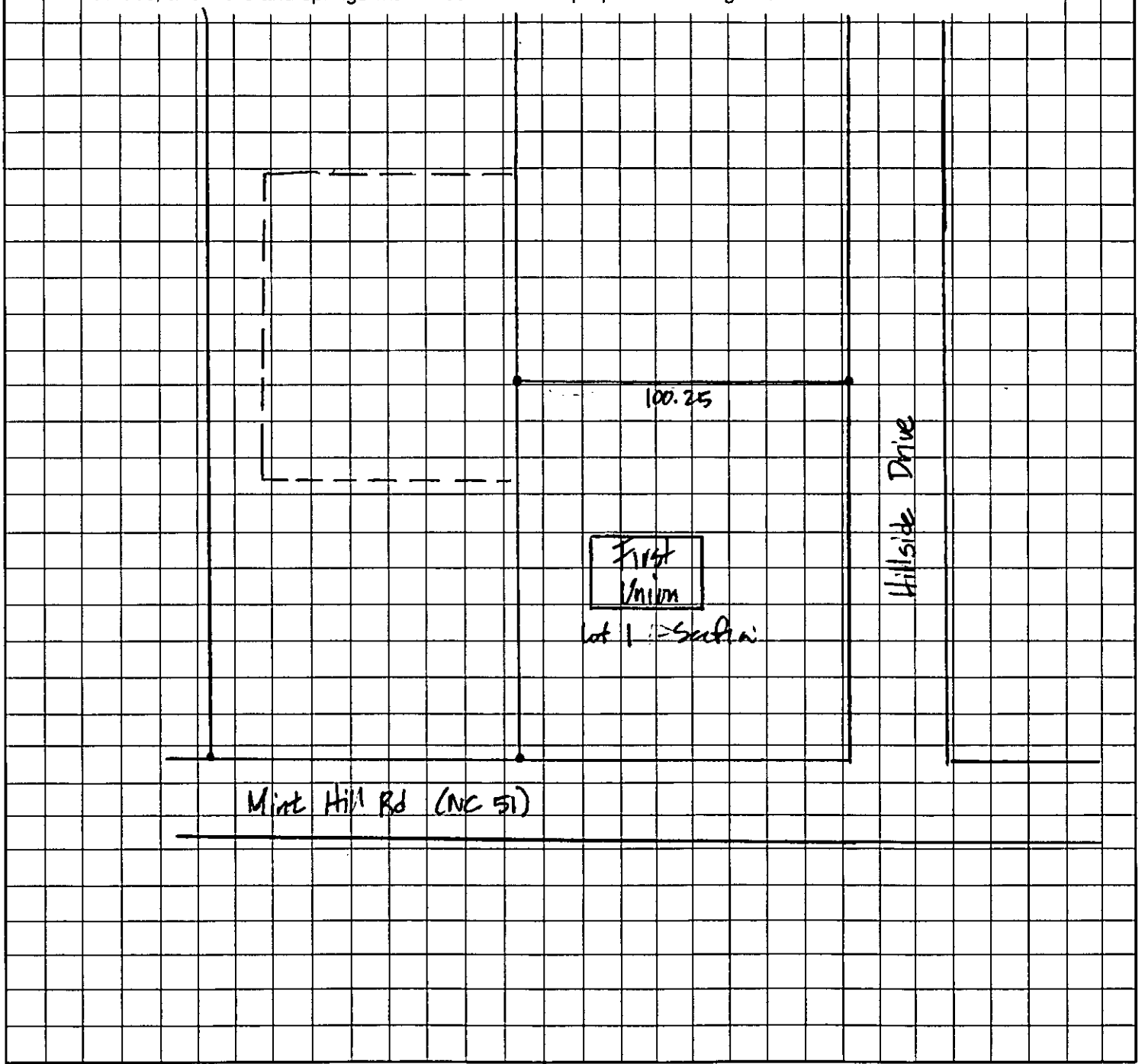
PROPOSED PLOT PLAN

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

FILE: 18622

TC: 137-066-41

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.



Frankie S. Craig / WK Dickson & Co
OWNER/AGENT SIGNATURE

DATE Jan 25 1996

APPROVAL DATE _____

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

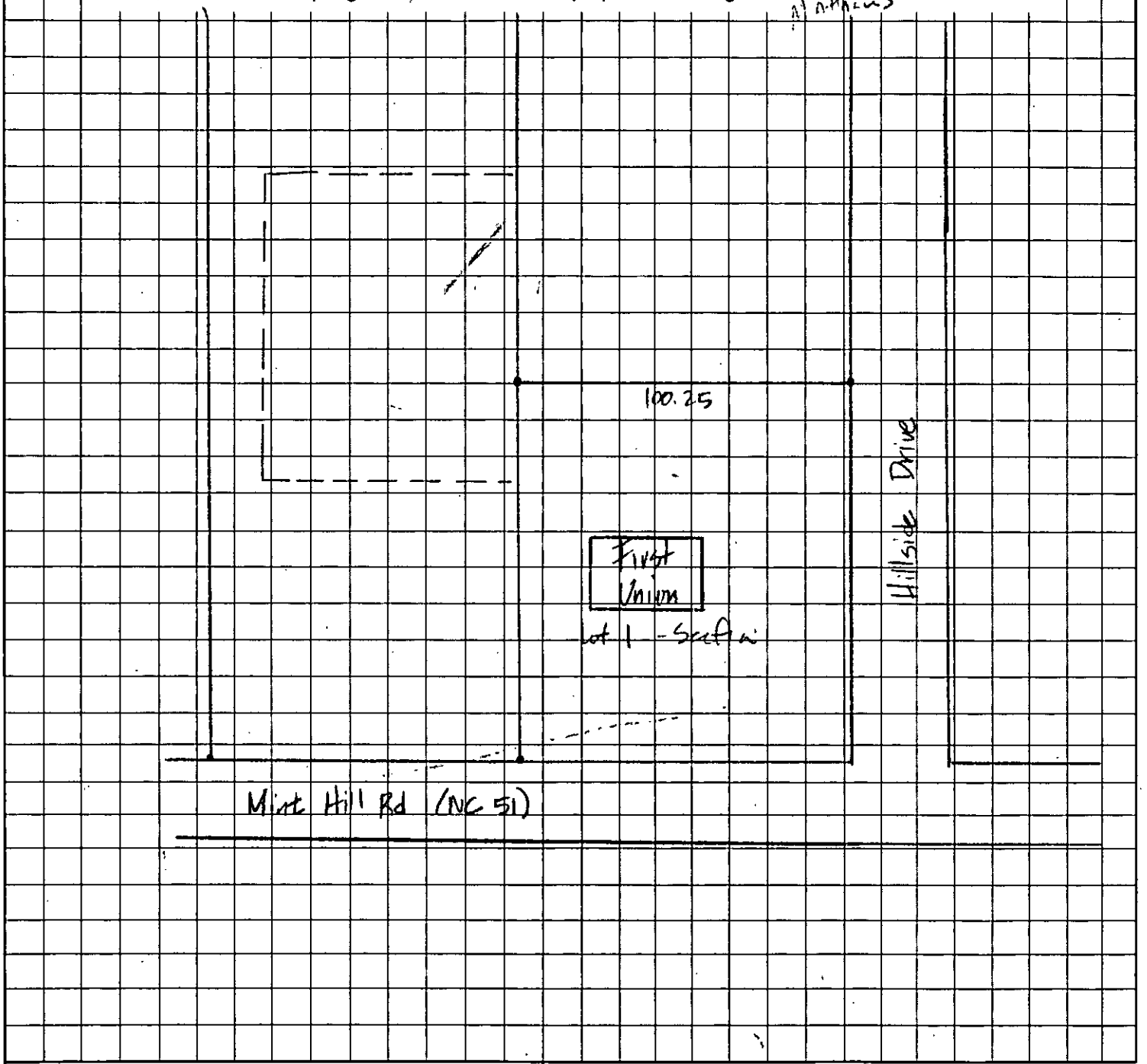
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18622

TC: 137-066-44

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.



Franklin S. Craig / MK Dickson & Co
OWNER/AGENT SIGNATURE

DATE Jan 25 1996

APPROVAL DATE _____

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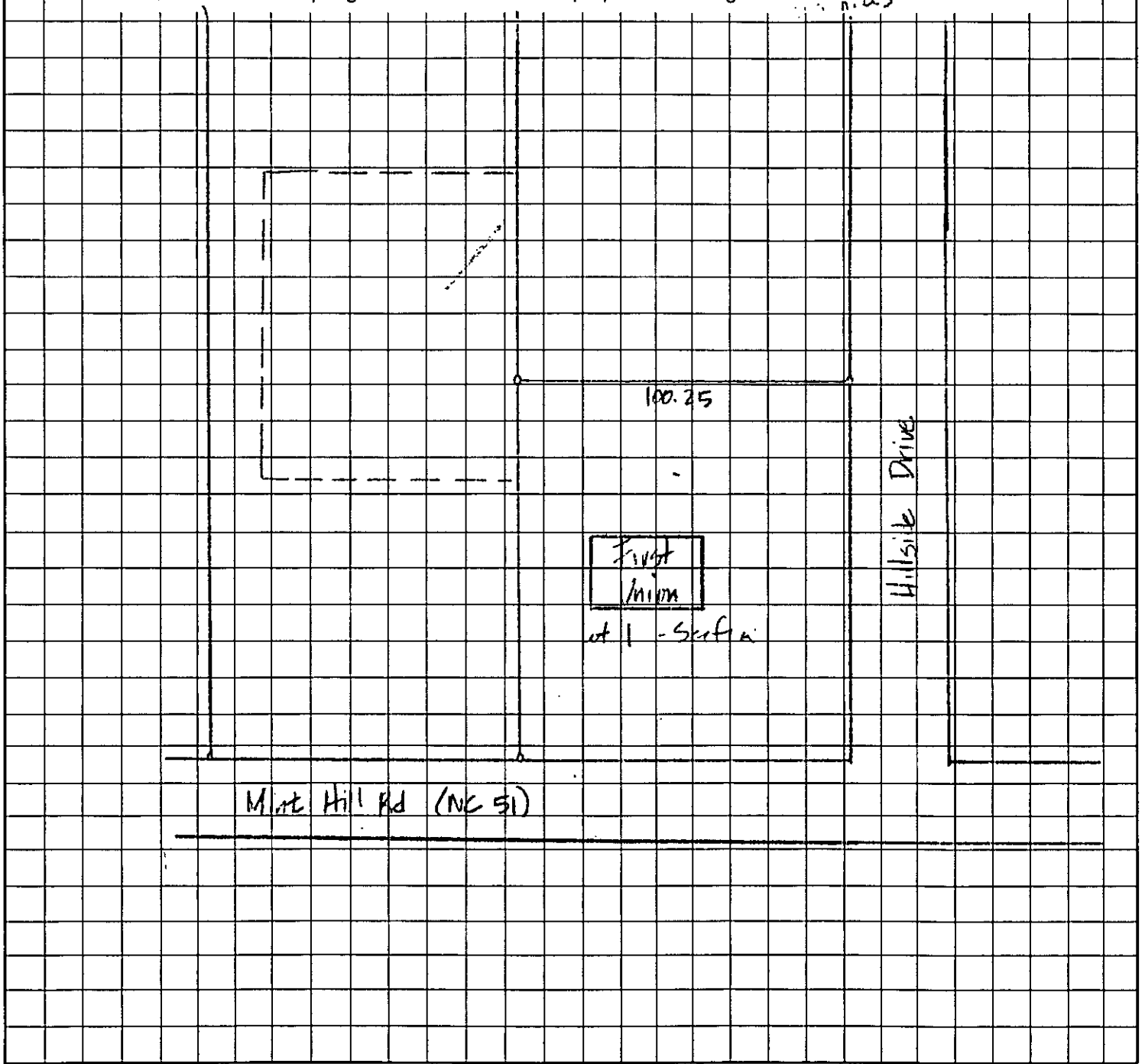
PROPOSED PLOT PLAN

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

FILE: 18622

TC: 137-C66-44

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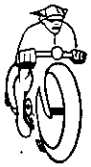
James S. Craig / WK Dickson & Co
OWNER/AGENT SIGNATURE

DATE Jan 25 1996

APPROVAL DATE _____

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

0204



MERCURY MESSENGERS
P.O. BOX 34158
CHARLOTTE, NC 28234
TELEPHONE: (704) 651-0712

DATE: 2-7-96
TIME: 10:24

INVOICE
96327.10

CUSTOMER: WK DICKSON
TELEPHONE NO:

DELIVERED TO: MECK COUNTY BLDG HEALTH DEPT
700 N. TRYON 2ND FL.

RECEIVED BY: R. Johnston
TIME RECEIVED: 10:50

[redacted]

WHITE-CUSTOMER, CANARY-DELIVERY COPY, PINK-OFFICE COPY

DELIVER DRAWING

W.K. DICKSON
W.K. DICKSON & COMPANY, INC.
1924 CLEVELAND AVENUE
CHARLOTTE, NC 28203
(704) 334-5348 FAX: (704) 334-0078

LETTER OF TRANSMITTAL

TO: Mecklenburg County Health Dept

DATE: 2·6·96	JOB NO: 96327.10
ATTENTION: Bill Marlin	
RE: FNB - Mint Hill Branch	

We are sending you: ☐ Attached ☐ Under separate cover via _____ the following items:
☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	2·6·96		Application for improvement permit
1	"		Fee - 35.00
1	2·6·96		Site Plan Sketch
1	"		Copy of Easement Survey

THESE ARE TRANSMITTED as checked below:

☐ *For Approval* ☐ *Approved as submitted* ☐ *Resubmit* _____ *copies for approval*
☑ *For your use* ☐ *Approved as noted* ☐ *Submit* _____ *copies for distribution*
☐ *As requested* ☐ *Returned for corrections* ☐ *Return* _____ *corrected prints*
☐ *For review and comment* ☐ _____
☐ *FOR BIDS DUE* _____ *19* ____ ☐ *PRINTS RETURNED AFTER LOAN TO US*

REMARKS: Mr Marlin - Please contact me ASAP to schedule a site meeting. First Union Bank wants to put in a new septic field on their property. We need to determine the best place to do so. Thank you for your help.

COPY TO: _____ SIGNED: Frank Craig

TRANS.PM4

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: 18622
TC:
SERIAL: № 17278
☐ L ☑ CRT

) ADDRESS: 7609 Matthews-Mint Hill Road (STREET NO. / STREET) ② FILE: 18622

) JURISDICTION: ⑥ TAX PARCEL NO.: 137-066-41

) SUBDIVISION: Community Heights ⑧ LOT: 1 ⑨ BLOCK: 1

) NAME: American Commercial Savings Bank (FIRST / MIDDLE / LAST)

) MAILING ADDRESS: P.O. Box 23745

) CITY: Mint Hill ⑪ STATE: N.C. ⑫ ZIP 28227

) PHONE: (WORK) 704-545-6373 ⑭ (HOME) 704-545-9022

his request is for a(n):

) ☑ New permit ⑰ ☐ Authorization for mobile home exchange

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

ystem will serve:

) ☐ Residence ⑱ ☐ Mobile home ⑲ ☑ Business or place of public assembly

) Number of bedrooms? ⑳ Type? Bank

) Maximum occupancy? ㉖ Maximum number of employees? 7

) Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 4

㉑ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

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

ed: Richard M. Cochran

: T Nov. 15 1988

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. Install watersaver devices.

B.R. Ferguson 11-11-89
Environmentalist Date

[signature] 11-12-89
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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 18,622 DATE: 4/18-2[illegible]

TC: ☐ L ☐ CRT

SERIAL № 11851

Name of Owner: A Residential Commercial Swimming Pool Juris.:

Address of Property: Mint Hill (Matthew Mint Hill Rd)

Inspection Data:

Tank Material: Concrete

Total Length of Drainfield: 240

Number of Lines: 3 @ 80

Cover Depth: 12-16"

Water Supply Source: Well

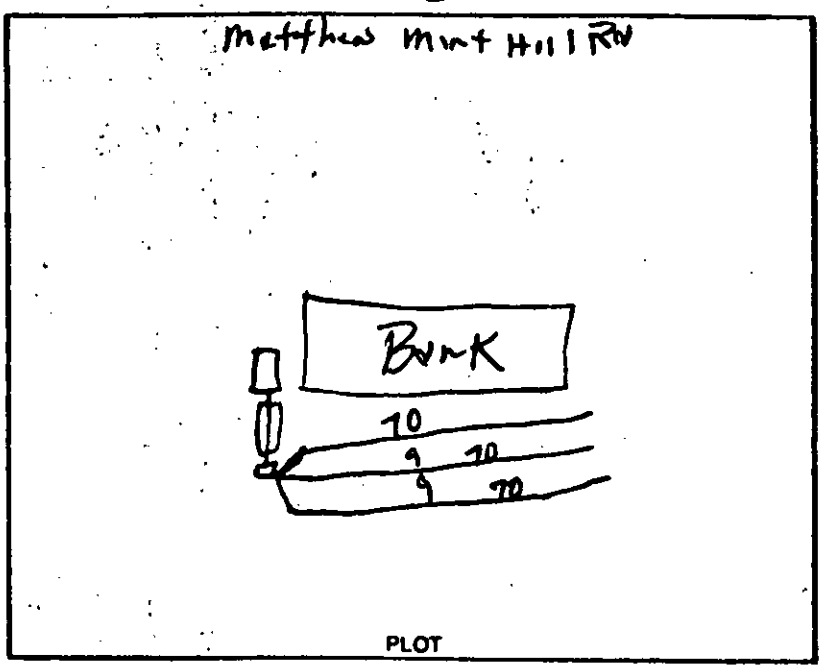
Distance to Water Source: 100' +

Excavation Inspected: 4/18/89

Tank(s) Inspected: 4/18/89

Wash Line Inspected: —

High Water Alarm Inspected: —



PLOT

Design: 1500ST, Con, 2109F, T, 12S, Cec, 1 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:

W. B. Ramsey
Environmentalist

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