


13768 HAMILTON RD

21929102

1/8/2008

duponbj

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

# OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 56198 Permit #: _____ Tax Parcel #: 219-291-02

Property Owner: PASS-A-GRILLE REALTY CO.

Job Location Address: 13708 HAMILTON RD.

City: CHARLOTTE State: NC Zip Code: 28278

**Operation Permit Issuance Date:** 6/16/06 Contractor Name: AUTRY

Permitted Design Flow: 447 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: _____

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 550 feet

# of Lines: 5 @ 110 feet

Depth of Media: _____ inches (Type) INN.E-Z Flow

Depth of Cover: 12 inches

Distribution Device: PRESSURE MANIFOLD

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

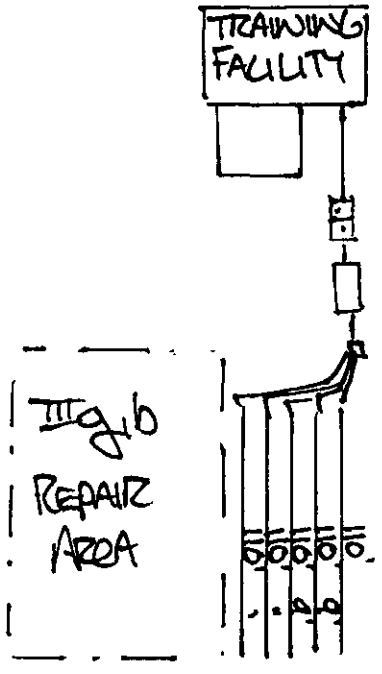
Inspection Dates

Tank(s) Inspected: 6/16/06

Excavation Inspected: 6/16/06

Pump & Controls Inspected: 6/16/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




*The undersigned has inspected the Septic Tank System described above, and certifies it has been* ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 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.

**Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.**

Comments: System Classification & Type: IIIb,g, INNOVATIVE, 25% REDUCTION. 5 LINES @ 110' EA. E-Z FLOW, 1500 ST, 1000 PT, PRESSURE MANIFOLD.

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____, RS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

**INSTALLATION APPROVAL for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 56198 Permit #: _____ Tax Parcel #: 219-291-02

Property Owner: PASS-A-GRILLE REALTY Co.

Job Location Address: 13768 HAMILTON RD.

City: CHARLOTTE State: NC Zip Code: 28278

**Installation Approval Issuance Date:** 6/12/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 7/1/06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 447 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 550 feet

# of Lines: 5 @ 110 feet

Depth of Media: _____ inches (Type) INNOVATIVE

Distribution Device: PRESSURE MANIFOLD

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

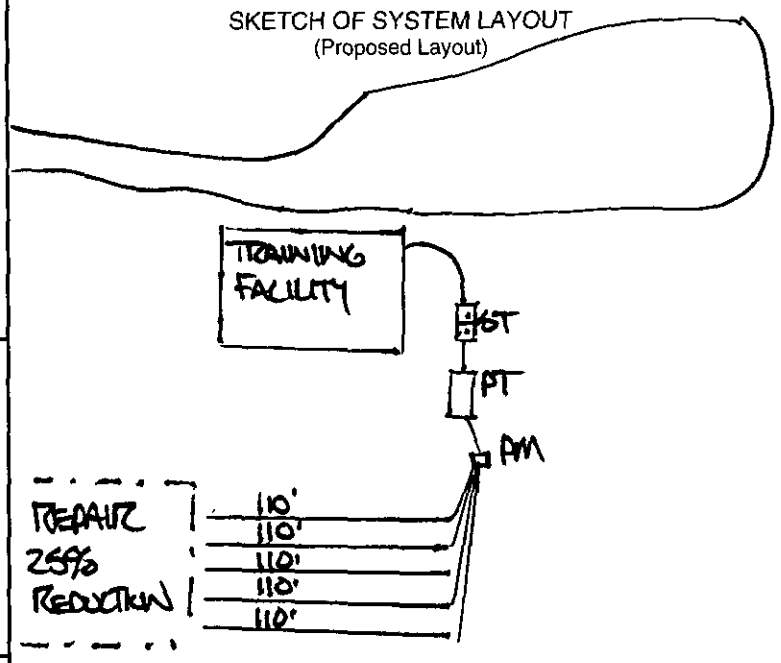
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: IIIg,b, INNOVATIVE, 25% REDUCTION. INSTALL 5 LINES @ 110' EACH. 1500GAL ST 1000GAL PT, PRESSURE MANIFOLD. BASED ON DESIGN SUBMITTED BY TIM WHITAKER

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: _____, RS

x 34483

FEE: 300
DATE: 11/11/06

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

40

PERMIT NUMBER: 5619B
PARCEL NUMBER: 219-291-02

JOB LOCATION ADDRESS: 13768 HAMILTON ROAD
PROPERTY OWNER: BARTLETT TREE EDUCATION CENTER
BUILDING CONTRACTOR: TIM WHITTAKER
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: CMS DATE: 05/17/06

Christopher M. Shenk RS, LSS
DENR/DEH AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5619B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
NO IRRIGATION SYSTEM SHALL BE INSTALLED OVER DRAINFIELD AREA.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

# IMPROVEMENT PERMIT for a COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000634** GWS File #: **5619B** Tax Parcel #: **219-291-02**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 5/17/2011

Intallation Type: Commercail/Industrial - Modified Plot Plan Business Type: Commercial

Facility Size ($ft^2$): 0 # Employees/Shift: 0 # Shifts: 0

Wastewater Type: Water Supply:

**II. Initial System Type:** Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 447 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 | | |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1118 | Total Trench Length (ft): | 372 | 550 TW. | |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | | | |

**III. Repair System Type:** Pump to Innovative or Experimental **System Classification:** IIIb

Repair System Specifications:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 447 | LTAR ($gpd/ft^2$): | 0.3 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 | | |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 1118 | Total Trench Length (ft): | 372 | | |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Chris Sherrill

Signature: [signature]

Date Issued: 5/17/2006

Owner/Legal Agent: Tim Whittaker
Print Name

Signature: [signature]

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

## IMPROVEMENT PERMIT for a COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000634** GWS File #: **5619B**

**IV. Permit Conditions/Comments:**

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- Septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Chris Sherrill

Signature: Chris M. Sherrill

Date Issued: 5/17/2006

Owner/Legal Agent: Tim Whittaker

Print Name

Signature: Tim Whittaker

5/4/06

Bartlett Training Center - Specs - Septic System

M.C.H.D. Files 5619-B

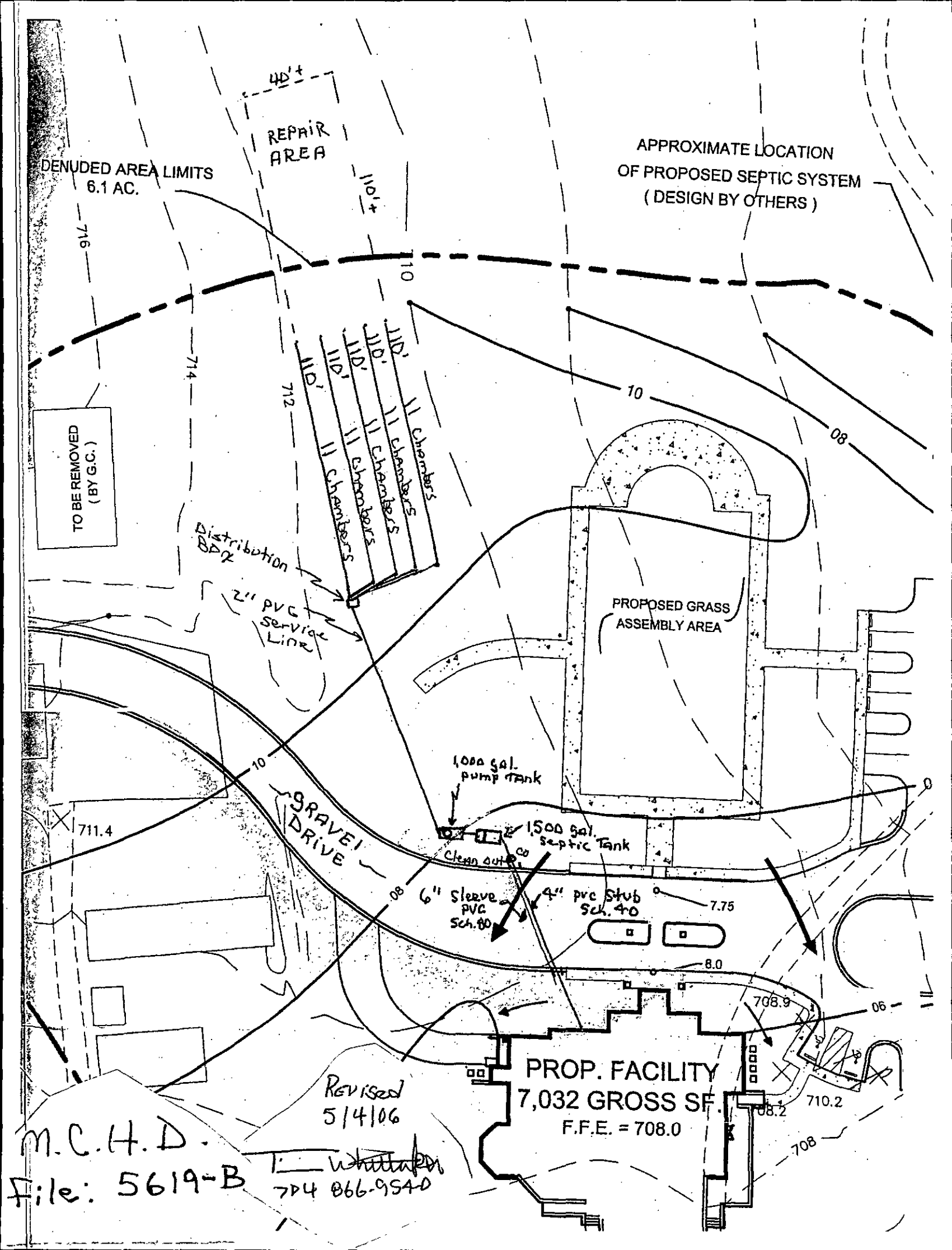
* 1,500 gal. Septic Tank, Filter
* 1,000 gal. Pump Tank, Riser, Nema 4 Box
* 1/4 hrs. Septic Effluent pump — CONTRACTOR VERIFY
* 6" - sch. 80 PVC sleeve under gravel Dr. 50'-60' ±
* ~~1 distribution Box~~ PRESSURE MANIFOLD (3")
* 95'-100'± 4" sch. 40 PVC
* 1 - 4" clean-out & CAP (CO)
* ~~1 - turndown in distribution Box 2" PVC~~
* 100'-110'± 2" PVC Service line from Pump Tank
* (5) 110' Easy Flow Chamber Lines = 550' INNOVATIVE 25% REDUCTION
* (11) 11 Chambers Per Line (55 chambers)

** M.C.H.D. may require a pressure manifold

** Items listed Above are subject to change, Alter. & vary in price pending market & Septic System Installer.

Thanks.

T. Whittaker
off. 704 866-9540
cell 704 830-4344


40'±
REPAIR AREA
110'±
DENUDED AREA LIMITS
6.1 AC.
APPROXIMATE LOCATION
OF PROPOSED SEPTIC SYSTEM
( DESIGN BY OTHERS )
716
714
712
710
10
08
TO BE REMOVED
( BY G.C. )
110' 11 chambers
110' 11 chambers
110' 11 chambers
110' 11 chambers
Distribution Box
2" PVC Service Line
PROPOSED GRASS ASSEMBLY AREA
1,000 gal. pump tank
1,500 gal. septic Tank
Clean out
6" Sleeve PVC Sch. 80
4" pvc Stub Sch. 40
7.75
8.0
711.4
GRAVEL DRIVE
708.9
06
PROP. FACILITY
7,032 GROSS SF.
F.F.E. = 708.0
710.2
708
Revised
5/4/06
M.C.H.D.
File: 5619-B
704 866-9540

# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 5619B

TC: 219-291-02

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.

INSTALL IN ACCORDANCE

W/ CONSULTANT'S PLANS

ON FILE

- 1500 gal ST
- 1000 gal PT
- INSTALL 25% REDUCTION PUMP SYSTEM
- USE PRESSURE MANIFOLD INSTEAD OF D-BOX

OWNER/AGENT SIGNATURE

DATE 5/17/06

APPROVAL DATE

RS, LSS

5-17-06

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

#6634

Sheet: 1 of 2
Property ID: 219-291-02
Lot #:
File #: 5619B
Code: 1

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Pass-A-Grille Realty Co.
Applicant: T. Whittaker
Address: 460 Summer St., Stamford, Conn., 06901
Date Evaluated: 4/12/06
Proposed Facility: Education center
Design Flow (.1949): 447gpd
Property Size: .75a inv.
Location of Site: 13768 Hamilton Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 8 | 0-24 | COMPACTED | FILL | >48" TO SOIL WETNESS | 44 | US | NONE | US, IV |
| | | 24-28 | GR/SCL | FR/SEXP/SS/SP | | | | | |
| | | 28-44 | ABK/SBK/C | FI/SEXP/S/P | | | | | |
| | | 44-48 | M/CL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-17 | COMPACTED | FILL | >55" TO SOIL WETNESS | 35 | " | " | " |
| | | 17-35 | ABK/SBK/C | FI/SEXP/S/P | | | | | |
| | | 35-55 | M/CL | FR/SEXP/SS/SP | | | | | |
| 3 | LS, 5 | 0-6 | COMPACTED | FILL | >54" TO SOIL WETNESS | 18 | " | " | " |
| | | 6-18 | ABK/SBK/C | FI/SEXP/S/P | | | | | |
| | | 18-54 | M/CL | FR/SEXP/SS/SP | | | | | |
| 4 | " | 0-8 | COMPACTED | FILL | >51" TO SOIL WETNESS | 51+ | N/A | " | PS, IV |
| | | 8-51 | ABK/SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| 5 | " | 0-4 | COMPACTED | FILL | >48" TO SOIL WETNESS | 48 | " | " | " |
| | | 4-48 | ABK/SBK/C | FI/SEXP/S/P | | | | | |
| 6 | | 0-10 | COMPACTED | FILL | >48" TO SOIL WETNESS | " | " | " | " |
| | | 10-29 | ABK/SBK/C | FI/SEXP/S/P | | | | | |
| | | 29-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

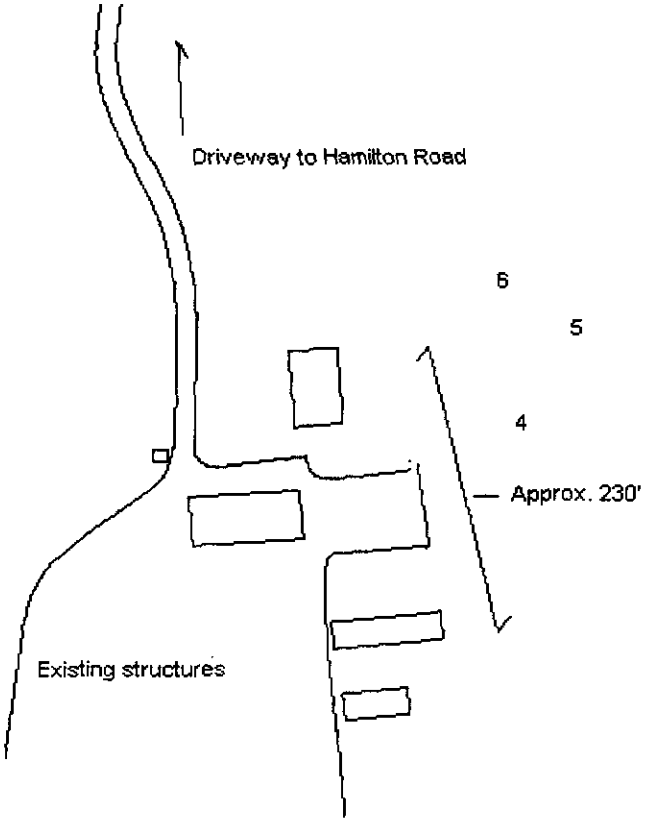
| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .3GPD/FT$^2$ | .3GPD/FT$^2$ |

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 4/12/2006, W. R. Marlin
Others Present: T. Whittaker

**COMMENTS:**
100% repair, needs pump

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Food Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SICL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | | | |
| FP-Flood Plain | | CL-Clay Loam | | |
| | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

| Consistence Moist | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | NS-Non-Sticky | SEXP-Slightly Expansive |
| FR-Friable | SS-Slightly Sticky | EXP-Expansive |
| FI-Firm | S-Sticky | |
| VFI-Very Firm | VS-Very Sticky | |
| EFI-Extremely Firm | NP-Non-Plastic | |
| | SP-Slightly Plastic | |
| | P-Plastic | |
| | VP-Very Plastic | |



0704
0702

GWS – RES. APP 07/05

SEPTIC FEE: 200 DATE: 4/5/06 CRT [ ]

WELL FEE: _____ DATE: _____ CRT [ ]

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

**FILE #** 5619-B

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☑ ~~MODIFY~~ Change PLOT PLAN – Septic Sys.

**WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT ✓ Site Eval.

**JOB LOCATION INFORMATION:**

**TAX/PARCEL #:** 219-291-02

**STREET ADDRESS:** 13768 Hamilton Rd.

**CITY:** Charlotte

**STATE:** NC **ZIP:** 28278

**SUBDIVISION OR MOBILE HOME PARK NAME:**

**LOT #:**

**TOWNSHIP:**

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☑ ~~1~~-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

**BUILDING INFORMATION:**

**TYPE OF BUILDING:**

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☑ ~~OTHER~~ Ed. Center under construction

**HEATED SQUARE FOOTAGE:**

***NUMBER OF BEDROOMS:***

**NUMBER OF OCCUPANTS:**

**FOUNDATION FOR RESIDENCE:**

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ ~~CRAWLSPACE~~ ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:**

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

**WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?** ☐ YES ☑ ~~NO~~ **TYPE:** Education Center

**WATER SUPPLY:**

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☑ POTABLE Existing ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☑ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☑ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☑ NO | DESIGNATED WETLANDS | ☐ YES | ☑ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☑ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☑ NO |

**PROPERTY OWNER:**

NAME: Bartlett Tree Education Center
ADDRESS: 13768 Hamilton Rd.
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: Tim Whitaker
ADDRESS: 1112 Queensgate St.
CITY: Gastonia,
STATE: NC ZIP: 28054
HOME PHONE: 866-9540 WORK PHONE:
MOBILE PHONE: 704 830-4344 FAX:

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?**

**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?**

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

T. Whitaker for B.T. 4/4/06

Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

X34483

FEE: 300.00
DATE: 1/11/06
JKA

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACS

LD 154714

PERMIT NUMBER: 5619B
PARCEL NUMBER: 219-291-02

JOB LOCATION ADDRESS: 13768 Hamilton Road
PROPERTY OWNER: Pass-A-Grille Realty
BUILDING CONTRACTOR:
SUBDIVISION NAME: Bartlett Tree Facility
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 10/17/05

RS 10/17/05
DENR/DEH AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5619B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   Install according to plans on file submitted by Tim Whittaker.
   Bartlett training center.

## CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5619B** Tax Number: **219-291-02**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

**Primary Wastewater System**

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

| | | | |
|---|---|---|---|
| **0.3** Long-term acceptance rate (GPD/ft^2) | **447** Max gallons/day wastewater flow | **1490** Absorption Area (ft^2) | **9** Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☒ Yes ☐ No | **1500** Gallon septic tank | **487** Total trench length (ft) | **24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.) |
| **na** Bedrooms in residence | **na** Gallon pump tank | **na** Depth of stone (in) | |

Any surface water present: **No** Type: *Minimum* separation distance (ft):

Additional conditions: **Install according to plans on file submitted by Tim Whittaker. Training Center.**

**Repair Area System**

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☑ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

| | | | |
|---|---|---|---|
| **1490** Absorption Area (ft^2) **487** Total trench length (ft) | **24** Depth of stone (in) | **9** Trench spacing (min. on centers) (ft) | **24** Maximum trench depth (in) |

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Improvement permit is transferable.

DENR Authorized Agent Date 10/17/05

T. Whittaker 10/17/05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 3
Property ID: 219-291-02
Lot #:
File #: 5619B
Code: 1

ACS

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

Owner: Pass-A-Grille Realty, R. A. Bartlett, Jr.
Applicant:
Address: 13768 Hamilton Road, Charlotte, N. C. 28278
Date Evaluated: 4/15/2005
Proposed Facility: Classroom
Design Flow (.1949): To be determined
Property Size: 1.0a onv.
Location of Site: 13768 Hamilton Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .1941 Consistence Mineralogy | OTHER PROFILE FACTORS .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS, 10 | 0-8 | DISTURBED | | >51" TO SOIL WETNESS | 51 | N/A | NONE | PS, IV |
| | | 8-26 | SBK/C | FI/SEXP/S/P | | | | | .3GPD/FT$^2$ |
| | | 26-51 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 2 | LS, 8 | 0-26 | SBK/C | FI/SEXP/S/P | >49" TO SOIL WETNESS | 49 | " | " | " |
| | | 26-49 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 3 | " | 0-4 | GR/CL | " | >50" TO SOIL WETNESS | 50 | " | " | |
| | | 4-25 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 25-50 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 4 | " | 0-2 | GR/CL | " | >48" TO SOIL WETNESS | 48 | " | " | " |
| | | 2-24 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 24-48 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 5 | " | 0-13 | DISTURBED | | " | " | " | " | " |
| | | 13-42 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 42-48 | SBK/SCL | FR/SEXP/SS/SP | | | | | |
| 6 | " | 0-10 | DISTURBED | | " | " | " | " | " |
| | | 10-32 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 32-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Site LTAR | .3GPD/FT$^2$ | .3GPD/FT$^2$ |

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 4/25/2005, W. R. Marlin
Others Present:

# SOIL/SITE EVALUATION
# for ON-SITE WASTEWATER SYSTEM
# CONTINUED

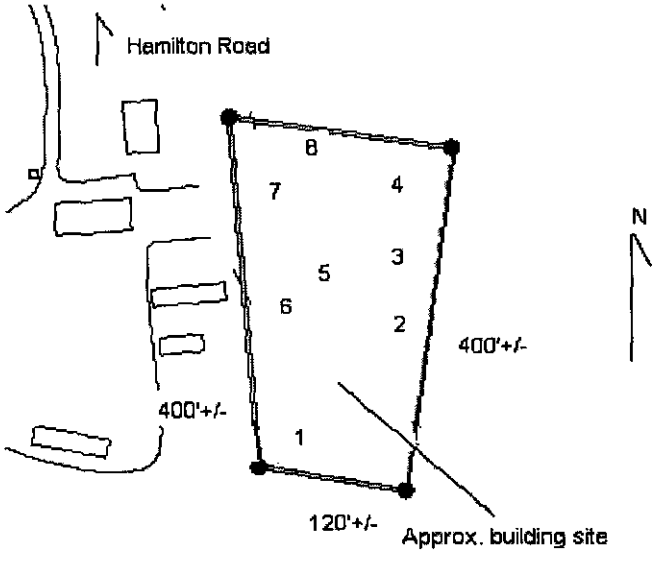
| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 | | OTHER PROFILE FACTORS | | | | Profile Class & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 Structure/ Texture | .1941 Consistence Mineralogy | .1942 Soil Wetness/ Color | .1943 Soil Depth (IN.) | .1956 Sapro Class | .1944 Restr Horiz | |
| 7 | LS, 8 | 0-9 | MIXED | | >43" TO SOIL WETNESS | 43 | N/A | NONE | PS, IIV |
| | | 9-12 | SBK/SCL | FR/SEXP/SS/SP | | | | | .35GPD/FT$^2$ |
| | | 12-18 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 18-43 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 8 | " | 0-7 | GR/CL | FR/SEXP/SS/SP | >48" TO SOIL WETNESS | 48 | " | " | " |
| | | 7-43 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 43-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
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**COMMENTS:**
100% repair

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Foot Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SICL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | CL-Clay Loam | | |
| FP-Flood Plain | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

| Consistence Moist | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | NS-Non-Sticky | SEXP-Slightly Expansive |
| FR-Friable | SS-Slightly Sticky | EXP-Expansive |
| FI-Firm | S-Sticky | |
| VFI-Very Firm | VS-Very Sticky | |
| EFI-Extremely Firm | NP-Non-Plastic | |
| | SP-Slightly Plastic | |
| | P-Plastic | |
| | VP-Very Plastic | |

**Sketch of Soil Evaluation Locations**



10/14/05

BARTLETT TRAINING CENTER-- PROJECT

M.C.H.D. FILE: 5619-B

APPROVED- EASY FLOW CHAMBER SEPTIC SYSTEM SPECS:

1,500 gal. septic tank, riser/filter rule applies

1- distribution box

3",4" pvc as required, 4" iron ductile or 6" pvc for sleeves

(5) 110' easy flow chamber lines= 550' total

(11) easy flow chambers per line= 55 chambers

Chambers are to be installed on grade & contour per the manufactured specs. M.C.H.D. will establish installment depth

Clean-outs in service line as designed in non-paved areas

* IF SUBSURFACE IRRIGATION IS PRESENT IN THE APPROVED SEPTIC SYSTEM AND REPAIR AREAS DO NOT REMOVE UNTIL THE SEPTIC SYSTEM CONTRACTOR HAS EVALUATED THE SEPTIC AREA SITE *

* SEE ATTACHED INSTRUCTIONAL SHEET

D o n D u f f y
▪ A r c h i t e c t u r e •
1125 East Morehead Street, Suite 205
C h a r l o t t e , N . C . 2 8 2 0 4
7 0 4 – 3 5 8 – 1 8 7 8

**TRANSMITTAL**

July 26, 2005

Mr. Trevor Thomason
700 N. Tryon St. Suite 211
Charlotte, NC.

RE: Bartlett Tree Research Training Facility

Trevor,

Per our conversation on Monday, I have attached a copy of our building plan, site plan and plumbing plans as requested for your use in determining our septic system requirements. I have also included past years class sizes and male to female ratio as provided by Bartlett Tree. We have used a 90% male to 10% female ratio for the following calculations.

I have discussed the flow rate/ water consumption with my plumbing engineer and provide the following information for your review. Our facility is designed for a maximum class size of 68 people. We have used 70 for the calculations below.

1.) The South Carolina Dept of Health uses the following flow rates for determining private septic system sizing:
    Assembly Halls 5 gal /day /seat
    Schools 10 gal/ day/ seat

2.) Direct Calculation method: We have calculated the flow rates as follows using a class size of 70 people:

Per NC plumbing code requirements our toilets will consume 1.6 gal / flush, the urinals will consume 1 gal / flush and the lavatory will have restrictor faucets consuming ½ gal / minute. Assuming a 30 second hand wash = ¼ gal/ use.

Assumptions: Every Male will use the toilet once and the urinal three times in a day and wash their hands each time for a maximum of 30 seconds.

We calculate the flow from the Men's toilets to be: 63 men x ((1.6gal + (1gal x 3) + ( ¼ gal x 4)) = 352.8 gal/day or 5.6 gal/person/day

OWNER FURTHER ACKNOWLEDGES THAT THE WASTE DISPOSAL SYSTEM INCLUDING REPAIR AREA CANNOT AND WILL NOT BE USED IN ANY OF THE FOLLOWING WAYS UNLESS SPECIFICALLY ADDRESSED AS A CONDITION OF THE PERMIT:

- -GRADING OR FILLING
- -PARKING OR DRIVING HEAVY EQUIPMENT IN THE AREA OR IN ANY OTHER WAY COMPACTING THE SOIL IN THE AREA
- -EXCAVATING SOIL FROM THE AREA
- -PLACING FOOTINGS OR FOUNDATIONS OR ENGAGING IN ANY OTHER CONSTRUCTION ACTIVITY IN THE AREA
- -PLACING IN-GROUND OR ABOVE-GROUND SWIMMING POOLS IN THE AREA
- -PLACING IRRIGATION SYSTEMS IN THE AREA
- -PLACING UNDERGROUND UTILITY LINES OR CABLES IN THE AREA
- -PLANTING TREES OR GARDENS IN THE AREA
- -REMOVING ANY LARGE TREES IN THE AREA UNLESS DEAD OR DISEASED
- -USING THE AREA FOR THE BURIAL OF STUMPS, TRASH, OR ANY OTHER TYPE OF CONSTRUCTION MATERIAL
- -USING THE AREA FOR GRAVESITES
- -DIVERTING THE NATURAL FLOW OF WATER ONTO THE AREA BY WAY OF DRAINAGE DITCHES OR DIVERSION DITCHES OR USING THE AREA TO RECEIVE WATER FROM ANY GUTTER OR DOWNSPOUT DISCHARGES

FINAL SYSTEM APPROVAL IS NEEDED FROM THE LOCAL ENVIRONMENTAL HEALTH AUTHORITY PRIOR TO ANY GRADING, SHAPING, ALTERING, OR OTHERWISE CONSTRUCTING IN ANY WAY OF THE PROPOSED SYSTEM AREA. FAILURE TO COMPLY WITH THIS PROVISION MAY RESULT IN SYSTEM DISAPPROVAL, POSSIBLE DEVELOPMENT RESTRICTION, AND/OR REVOCATION OR SUSPENSION OF AN EXISTING PERMIT. IF FOR ANY REASON YOU WISH CLARIFICATION OR TO MODIFY THE CRITERIA FROM WHICH THIS SYSTEM WAS DESIGNED IN any WAY EITHER PRIOR TO OR AFTER ITS APPROVAL, PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE AT (704)866-9540.

*NC15A NCAC 18A .1900*

Assuming every Female will use the toilet four times in a day and wash their hands each time for a maximum of 30 seconds.

We calculate the flow from the Women's toilets to be: 7 x ((1.6gal x 4) + ( ¼ gal x 4)) = 51.8. gal/day or 7.4 gal/person/day

Adding 40fl.oz. of urine/person/day = 2800fl.oz. = 22 gal of waste / day.

Our Kitchen will be used for catering purposes only. All food will be prepared off site and any cookware or serving equipment will be washed off site. We anticipate the flow from any kitchen use and general clean-up will not exceed 20 gal/ day total.

Totals from the above:

| | |
|---|---|
| Men's toilet flow | 352.8 gal/day |
| Women's toilet flow | 51.8 gal/day |
| Human waste | 22 gal/day |
| Kitchen & clean-up flow | 20 gal/day |
| | 446.6 gal/day / 70 people = 6.4 gal/person/day |

From this information we feel that a worst case scenario flow rate of 10 gal/day/person for a class size of 70 people will be more than adequate for this facility.

Please feel free to call me if you have any questions regarding this information.

Thank you,

Glenn Berry, AIA

Cc Tim Whittaker

56198

# Bartlett Tree Research Training Facility

56198

This is what Tim Whittaker charges. Someone needs to call him when the amount of damage is computed - 704-866-9540

Training Class Summary

**2003 Training Classes:**

| | | | | |
|---|---|---|---|---|
| January 18-24. 2003 | | | | |
| Total Attendees: 30 | Men: | 30 | Women: | 0 |
| February 2-8, 2003: | | | | |
| Total Attendees: 32 | Men: | 31 | Women: | 1 |
| February 12-16, 2003: | | | | |
| Total Attendees: 40 | Men: | 40 | Women: | 0 |
| February 15-21, 2003: | | | | |
| Total Attendees: 35 | Men: | 35 | Women: | 0 |
| March 8-14, 2003: | | | | |
| Total Attendees: 27 | Men: | 25 | Women: | 2 |
| March 29-April 4, 2003: | | | | |
| Total Attendees: 19 | Men: | 17 | Women: | 2 |

**2004 Training Classes:**

| | | | | |
|---|---|---|---|---|
| January 14-20, 2004: | | | | |
| Total Attendees: 39 | Men: | 39 | Women: | 0 |
| January 31-February 6, 2004: | | | | |
| Total Attendees: 35 | Men: | 34 | Women: | 1 |
| February 14-20, 2004: | | | | |
| Total Attendees: 31 | Men: | 31 | Women: | 0 |
| February 25-29, 2004: | | | | |
| Total Attendees: 25 | Men: | 25 | Women: | 0 |
| March 6-12, 2004: | | | | |
| Total Attendees: 32 | Men: | 30 | Women: | 2 |
| March 20-26, 2004: | | | | |
| Total Attendees: 21 | Men: | 21 | Women: | 0 |

**2005 Training Classes:**

January 15-21, 2005:
Total Attendees: 31 Men: 31 Women: 0

January 29-February 4, 2005:
Total Attendees: 36 Men: 36 Women: 0

February 5-11, 2005:
Total Attendees: 31 Men: 31 Women: 0

February 22-27, 2005:
Total Attendees: 49 Men: 49 Women: 0

February 26-March 4, 2005:
Total Attendees: 28 Men: 26 Women: 2

March 12-18, 2005:
Total Attendees: 31 Men: 26 Women: 5

**Miscellaneous Meetings:**

Yearly Managers Meeting
Third week of April:
Total Attendees: 50 Men: 45 Women: 5

Client Workshops:
Periodically:
Total Attendees: 25-30 Men: 20-25 Women: 5

# PROPOSED PLOT PLAN

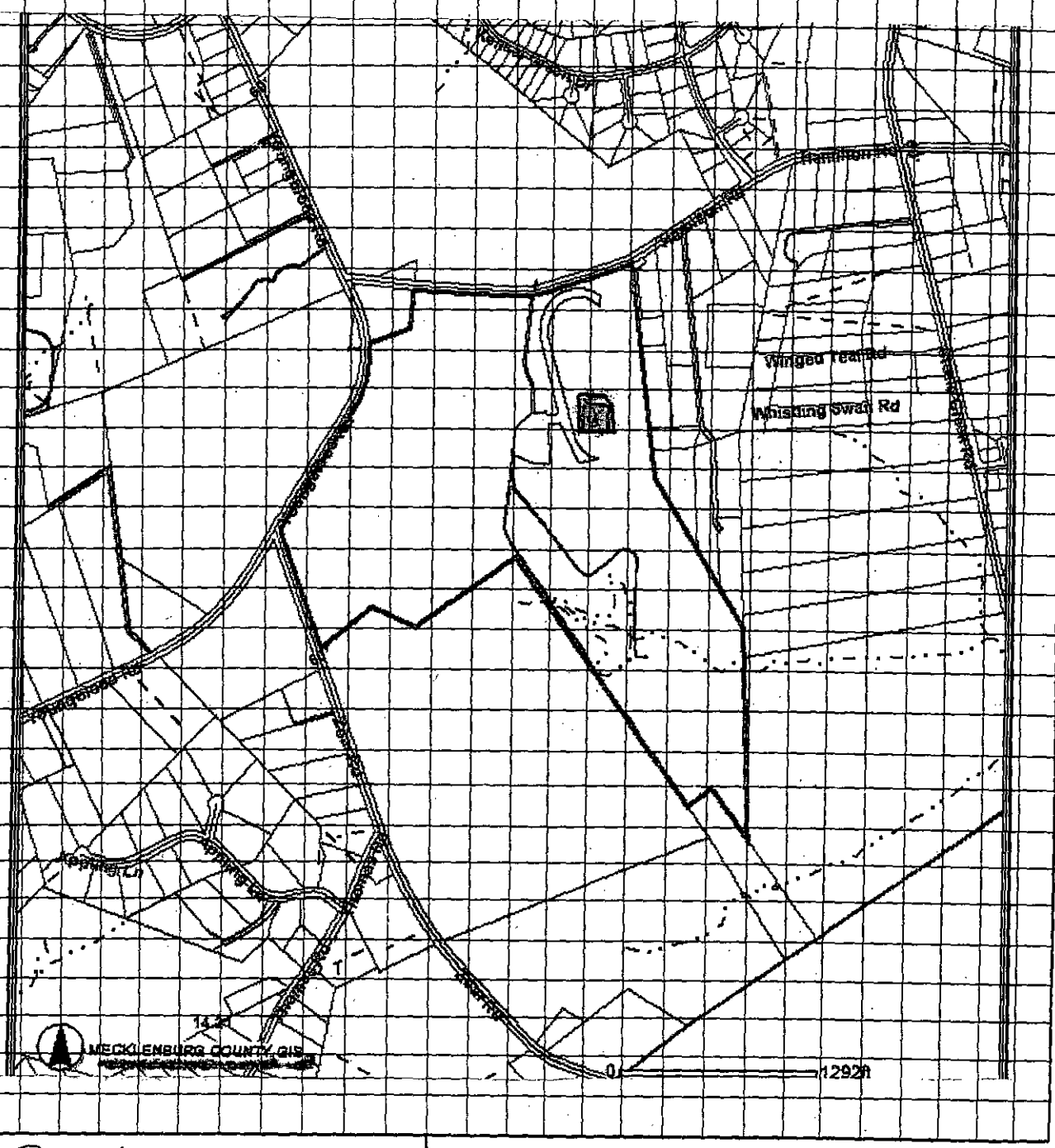
See attached

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

FILE: _____

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.



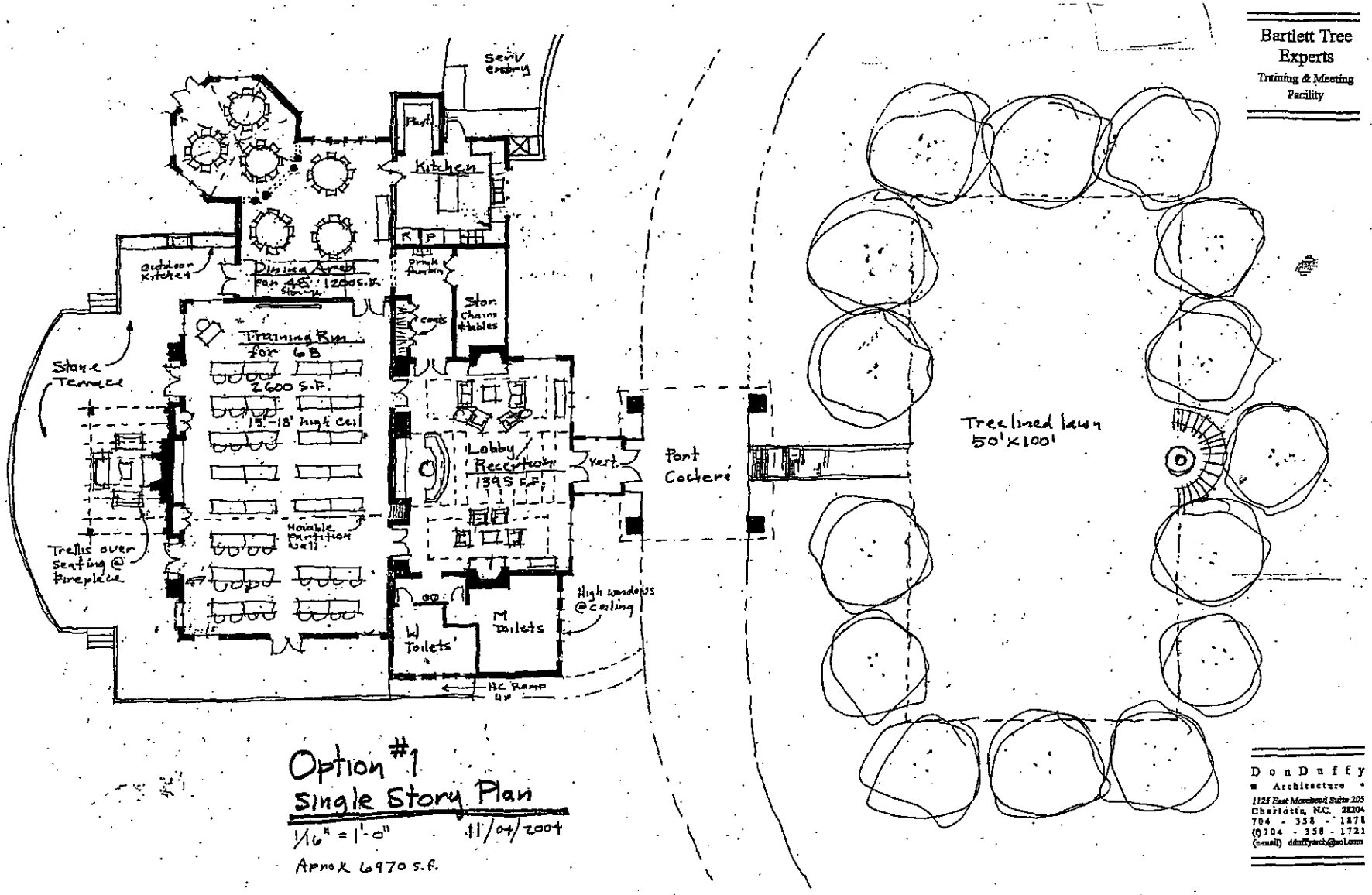

Bruce Martin
OWNER/AGENT SIGNATURE

DATE 3/24/05

APPROVAL DATE _____

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

56/198




# Option #1
## Single Story Plan

1/16" = 1'-0" 11/04/2004

Approx 6970 s.f.

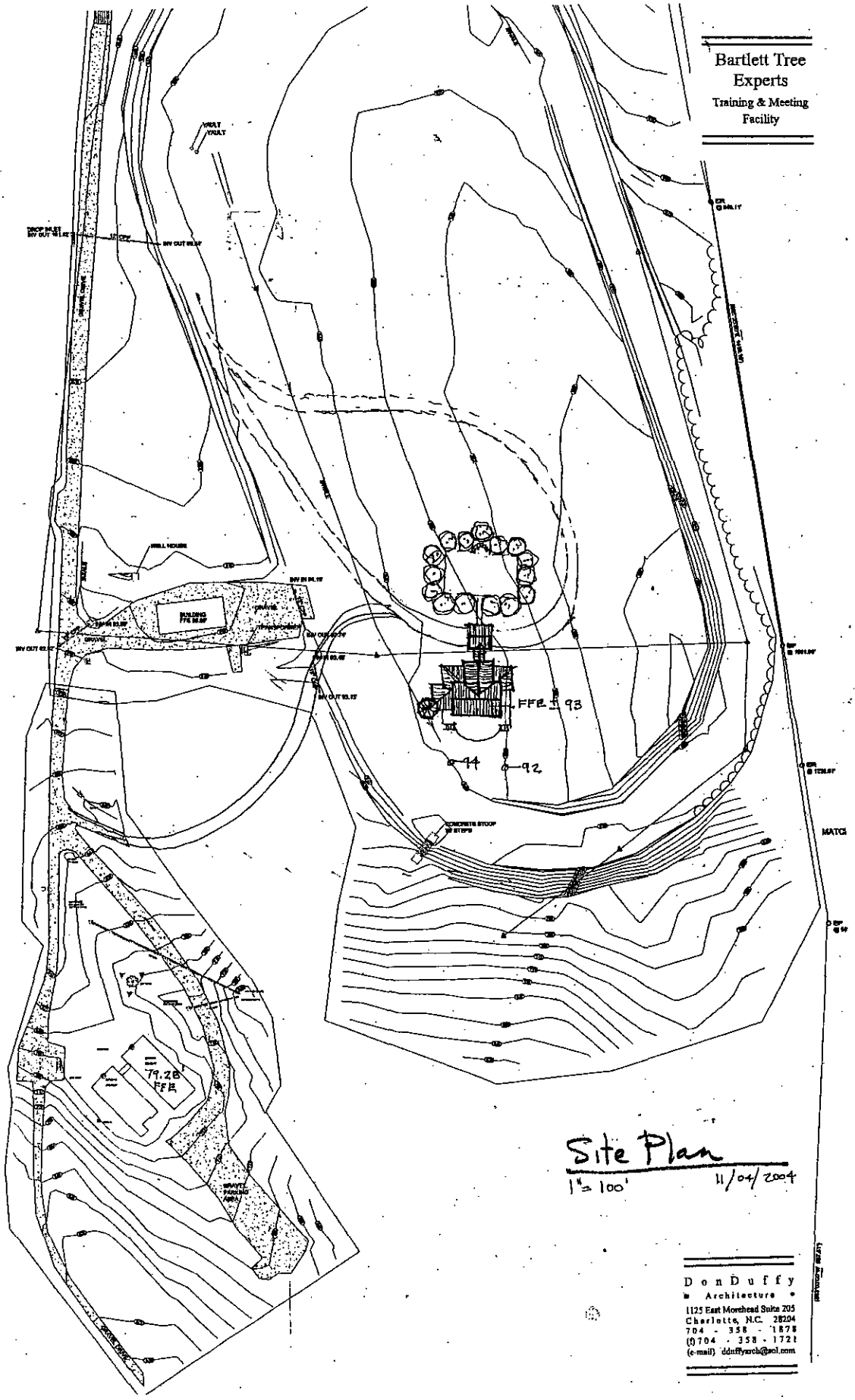
Bartlett Tree Experts
Training & Meeting Facility


DonDuffy
Architecture
1125 East Morehead Suite 205
Charlotte, N.C. 28204
704 - 358 - 1878
(f) 704 - 358 - 1721
(e-mail) ddutfyarch@aol.com

56 19B

Bartlett Tree Experts

Training & Meeting Facility




# Site Plan

1" = 100'

11/04/2004


D o n D u f f y

Architecture

1125 East Morehead Suite 205
Charlotte, N.C. 28204
704 - 358 - 1878
(f) 704 - 358 - 1721
(e-mail) ddnffyarch@aol.com

1946 219-101-02

GWS- COM. APP 12/04

**PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE**
**IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION**
**FOR ON-SITE WASTEWATER SYSTEM**
**NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL**
**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

SEPTIC FEE: 400.00
DATE: 4/6/05
CRT [ ] check 21935 JKA

FILE # 5619B

WELL FEE:
DATE:
CRT [ ]

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

**WELL / TYPE APPLICATION: :** ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION**

**PROJECT TRACKING #:**
**TAX/PARCEL #:** 21929102
**STREET ADDRESS:** 13768 Hamilton Road
**CITY:** Charlotte
**STATE:** NC **ZIP:** 28278
**LOT #:**
**TOWNSHIP:**

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

**BUILDING INFORMATION:**

**DESCRIBE TYPE OF BUSINESS:**

☑ COMMERCIAL ☐ INDUSTRIAL
**SQUARE FOOTAGE OF FACILITY:** 7000
**NUMBER OF EMPLOYEES PER SHIFT:**
**NUMBER OF SHIFTS:**
**TYPE OF WASTEWATER:**

☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

**HOW WILL WATER BE USED IN THE FACILITY?:**

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.**

**WATER SUPPLY:** Existing

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☑ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☑ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES ☑ NO | | WELLS, SPRINGS, OR WATER LINES | ☑ YES ☐ NO | |
| EXISTING WASTEWATER SYSTEMS | ☐ YES ☑ NO | | DESIGNATED WETLANDS | ☐ YES ☑ NO | |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES ☑ NO | | GRADING/SOIL REMOVAL PERFORMED | ☑ YES ☐ NO | |

**PROPERTY OWNER:** Pass-A-Grille Realty
NAME: Robert A. Bartlett, JR.
ADDRESS: 13768 Hamilton Road
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: WORK PHONE: 704-588-1150
MOBILE PHONE: FAX: 704-588-5152

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1965
**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?**

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Robert A Bartlett Jr. 3/24/05
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Robert A Bartlett Jr. 3/24/05
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704-336-6894

D o n D u f f y
Architecture
1125 East Morehead Street, Suite 205
Charlotte, N.C. 28204
7 0 4 - 3 5 8 - 1 8 7 8

**TRANSMITTAL**

COPY

July 26, 2005

Mr. Trevor Thomason
700 N. Tryon St. Suite 211
Charlotte, NC.

RE: Bartlett Tree Research Training Facility

Trevor,

Per our conversation on Monday, I have attached a copy of our building plan, site plan and plumbing plans as requested for your use in determining our septic system requirements. I have also included past years class sizes and male to female ratio as provided by Bartlett Tree. We have used a 90% male to 10% female ratio for the following calculations.

I have discussed the flow rate/ water consumption with my plumbing engineer and provide the following information for your review. Our facility is designed for a maximum class size of 68 people. We have used 70 for the calculations below.

1.) The South Carolina Dept of Health uses the following flow rates for determining private septic system sizing:
    Assembly Halls 5 gal /day /seat
    Schools 10 gal/ day/ seat

2.) Direct Calculation method: We have calculated the flow rates as follows using a class size of 70 people:

Per NC plumbing code requirements our toilets will consume 1.6 gal / flush, the urinals will consume 1 gal / flush and the lavatory will have restrictor faucets consuming ½ gal / minute. Assuming a 30 second hand wash = ¼ gal/ use.

Assumptions: Every Male will use the toilet once and the urinal three times in a day and wash their hands each time for a maximum of 30 seconds.

We calculate the flow from the Men's toilets to be: 63 men x ((1.6gal + (1gal x 3) + ( ¼ gal x 4)) = 352.8 gal/day or 5.6 gal/person/day

Assuming every Female will use the toilet four times in a day and wash their hands each time for a maximum of 30 seconds.

We calculate the flow from the Women's toilets to be: 7 x ((1.6gal x 4) + ( ¼ gal x 4)) = 51.8. gal/day or 7.4 gal/person/day

Adding 40fl.oz. of urine/person/day = 2800fl.oz. = 22 gal of waste / day.

Our Kitchen will be used for catering purposes only. All food will be prepared off site and any cookware or serving equipment will be washed off site. We anticipate the flow from any kitchen use and general clean-up will not exceed 20 gal/ day total.

Totals from the above:

| | |
|---|---|
| Men's toilet flow | 352.8 gal/day |
| Women's toilet flow | 51.8 gal/day |
| Human waste | 22 gal/day |
| Kitchen & clean-up flow | 20 gal/day |
| | 446.6 gal/day / 70 people = 6.4 gal/person/day |

From this information we feel that a worst case scenario flow rate of 10 gal/day/person for a class size of 70 people will be more than adequate for this facility.

Please feel free to call me if you have any questions regarding this information.

Thank you,

Glenn Berry, AIA

Cc Tim Whittaker

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 56198 DATE: 7/15/05

TC: 219-291-02 ☒ L ☐ CRT

SERIAL Nº 20027

Name of Owner PASS-A-GRILLE REALTY Juris.:

Address of Property 13768 HAMILTON RD.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 182'

Number of Lines 3 @ 61'

Cover Depth 12"

Water Supply Source WELL

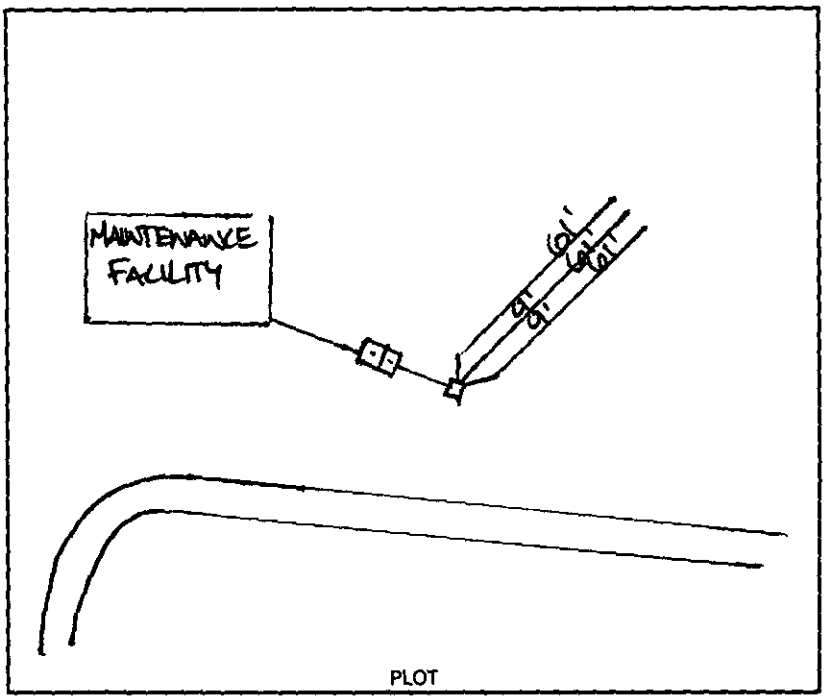
Distance to Water Source 7100'

Excavation Inspected 7/15/05

Tank(s) Inspected 7/15/05

Wash Line Inspected N/A

High Water Alarm Inspected N/A



PLOT

Design 2005, INV. E-Z Flow, 545SF, 1500ST, T CTR# AUTRY

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 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.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: SEPTIC SYSTEM DESIGN FOR A MAINTENANCE BUILDING SERVING 6 EMP. @ 25 GAL/DAY/EMP, 150 MAX GAL/DAY, INV. E-Z FLOW

TYPE III G

RS 7/15/05
Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

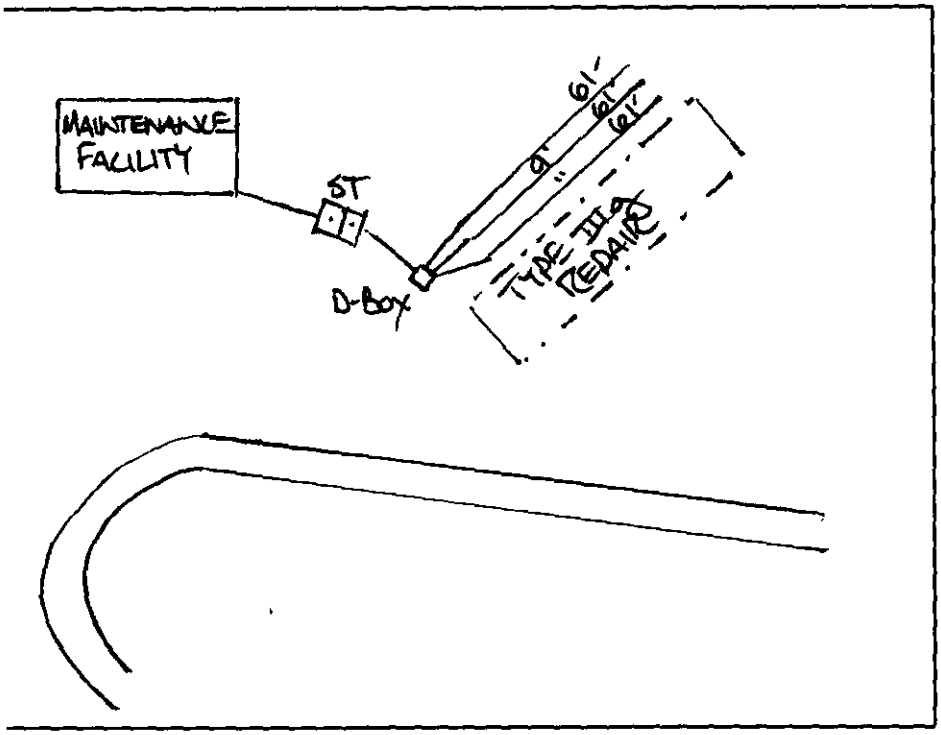
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 56198 DATE: 7/15/05

TC: 219-291-02 ☒ L

SERIAL Nº 20272

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 6/8/04. All work shall be completed on or before 7/29/05, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 182 feet

Number of Lines 3 X 61'

Depth of Stone N/A inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 750 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER PASS-A-GRILLE REALTY

LOCATION OF PROPERTY 13768 HAMILTON RD.

Comments: SEPTIC SYSTEM DESIGN FOR MAINTENANCE BUILDING SERVING 6 EMPLOYEES @ 25GAL/DAY/EMP. 182 TOTAL LINEAR FT., 3 LINES INV. @ 61' SETBACKS = 750' FROM WELL, 75' FROM BUILDING FOUNDATION

Environmental Health Specialist

FEE: 300.00 CK# 14084
DATE: 11/4/05 gc

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AC

PERMIT NUMBER: 5619B
PARCEL NUMBER: 219-291-02

JOB LOCATION ADDRESS: 13769 Hamilton Road
PROPERTY OWNER: Pass-A-Grill Realty Co.
BUILDING CONTRACTOR: Bob Baker
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: David Cornelius DATE: 9/29/04

DENR/DEH AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5619B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

## CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5619B** *Tax Number:* **219-291-02**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a *Construction Authorization.*
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

**Primary Wastewater System**

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ *Conventional*
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

| | | | |
|---|---|---|---|
| .275 Long-term acceptance rate (GPD/ft^2) | 150 Max gallons/day wastewater flow | 545 Absorption Area (ft^2) | 9 Trench spacing (min. on centers) (ft) |
| Serviced by private well: ☒ Yes ☐ No | 1500 Gallon septic tank | 182 Total trench length (ft) | 24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain *between trench bottom and* unsuitable soil conditions.) |
| na Bedrooms in residence | na Gallon pump tank | 12 Depth of stone (in) | |

Any surface water present: no *Type:* Minimum separation distance (ft):

*Additional conditions:*

**Repair Area System**

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

| | | | |
|---|---|---|---|
| 545 Absorption Area (ft^2) 182 Total trench length (ft) | 12 Depth of stone (in) | 9 Trench spacing (min. on centers) (ft) | 24 Maximum trench depth (in) |

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Improvement permit is transferable.

DENR Authorized Agent — Date: 9/29/04

Owner/Agent Signature — Date: 11-24-04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

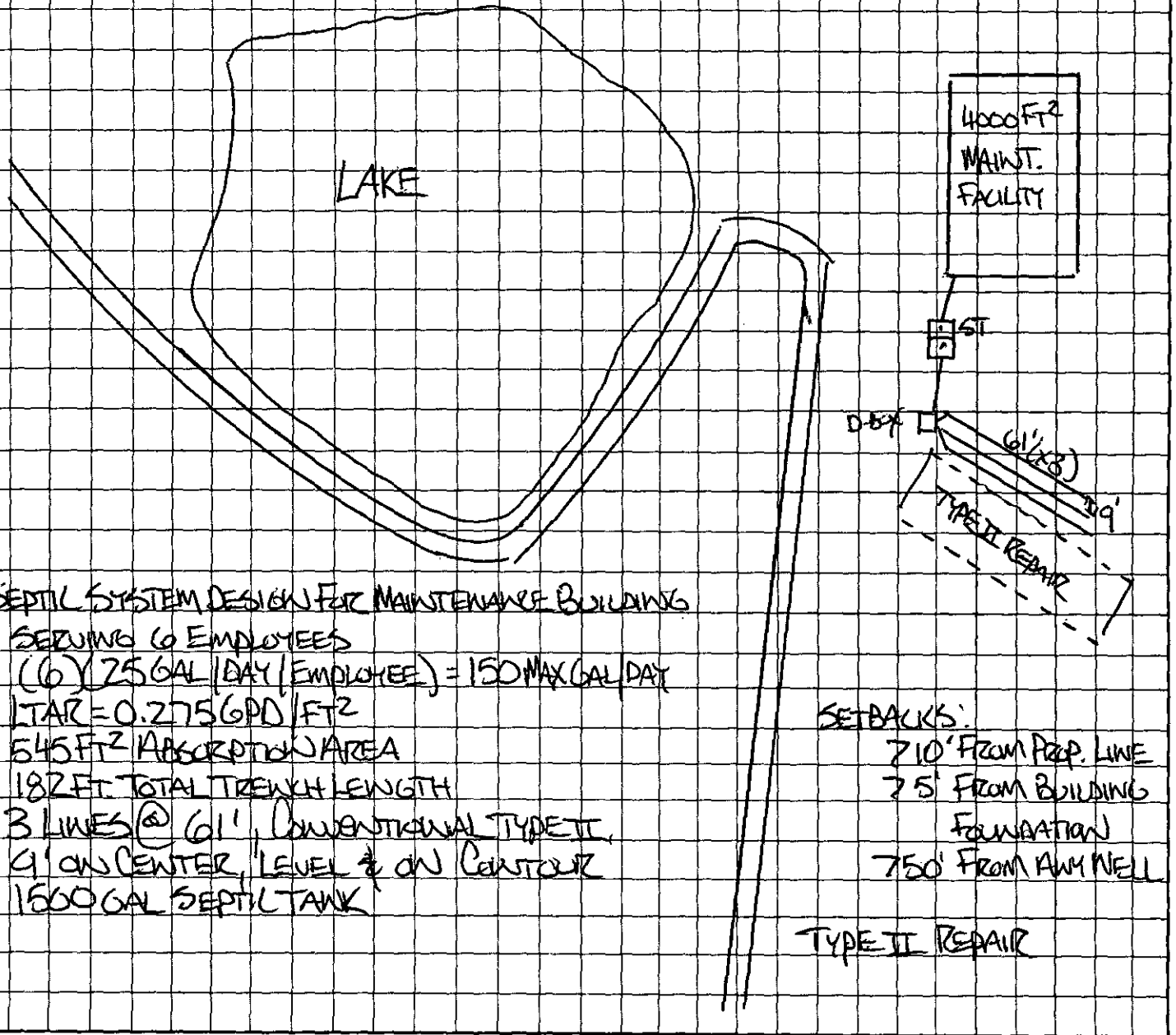
# PROPOSED PLOT PLAN

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

FILE: 5619B

TC: 219-291-02

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.




SEPTIC SYSTEM DESIGN FOR MAINTENANCE BUILDING
SERVING 6 EMPLOYEES
(6)X25 GAL/DAY/EMPLOYEE) = 150 MAX GAL/DAY
LTAR = 0.2756 GPD/FT²
545 FT² ABSORPTION AREA
182 FT. TOTAL TRENCH LENGTH
3 LINES @ 61', CONVENTIONAL TYPE II,
9' ON CENTER, LEVEL & ON CONTOUR
1500 GAL SEPTIC TANK

SETBACKS:
710' FROM PROP. LINE
75' FROM BUILDING FOUNDATION
750' FROM ANY WELL

TYPE II REPAIR

X Robert E Bk
OWNER/AGENT SIGNATURE

DATE X 11-24-04

APPROVAL DATE _____

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

ck # 10572

FEE: 400.00 DATE: 6/9/04 gc

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

| CRT

TYPE APPLICATION: ✓ 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 #: 5618B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21929102

STREET ADDRESS: 13768 Hamilton Rd

LOT NUMBER:

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

4000 sq ft.
Square footage of facility:

NUMBER OF EMPLOYEES: 6 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:

✓ TOILETS/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:

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
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ 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: Pass-A-Grille Realty Co.

NAME: Pass-A-Grille Realty Co. (LAST) (FIRST) (MI)

ADDRESS: 460 Summer street

CITY: Stamford STATE: Connecticut ZIP: 06901

DAYTIME PHONE: (203) 323-1131

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Fraedrich Bruce R. (LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 588-1150 x122

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1964

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: Bruce R Fraedrich DATE: June 8, 2004

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

0785

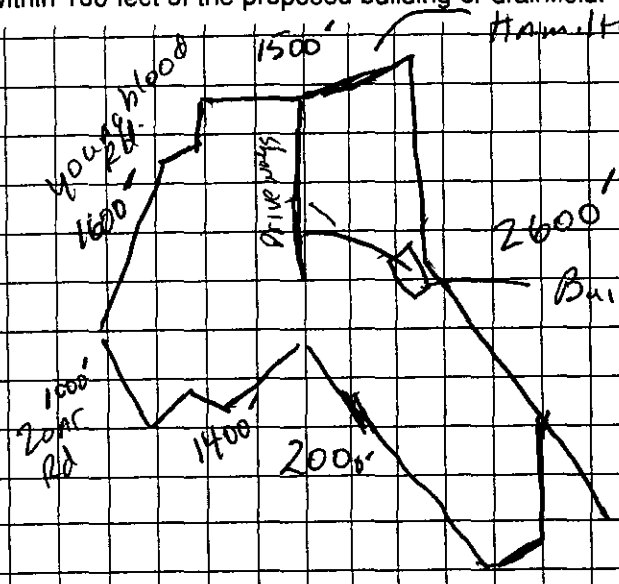
# PROPOSED PLOT PLAN

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

FILE: 56198

TC: 2/9-29-02

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.




Employees are present Monday - Friday 7AM - 5PM

An employee can show the soil engineer the exact location.

Check-in at office for assistance.

704-588-1150 x122 - B. Fraedrich
x121 Lynn Robert - office manager

Bruce Fraedrich
OWNER/AGENT SIGNATURE

DATE June 8, 2004

APPROVAL DATE

704-588-1150-x122

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

56/80

Mecklenburg County, North Carolina
POLARIS Property Ownership Land Records Information System

LIVING / WORKING / GOVERNING / V

## Parcel Information

Print Ownership and GIS Summary

### Parcel Ownership Summary

***Parcel ID#:* 21929102 *GIS ID#:* 21929102**

| | |
|---|---|
| Owner Name: | PASS-A-GRILLE REALTY COMPANY |
| Mailing Address: | 460 SUMMER ST STAMFORD, CT 06901-1301 |

### Property Characteristics

| | |
|---|---|
| Legal Desc.: | NA |
| Land Area: | 123.8AC |
| Fire District: | 24-STEELE CREEK #2 |
| Special District: | FIRE SERVICE A |
| Account Type: | NC CORP |
| Municipality: | 0-MECKLENBURG COUNTY-UNINCORP. |
| Property Use: | OFFICE |

**Deed Reference(s) and Sales Price**

02710-033 (1/1/1975) $0.00

**Situs Addresses Tied to This Parcel**

◉ 13768 YOUNGBLOOD RD

Choose an address from the list above and click on the links below for more information

Where to Go Vote | School Districts
Parks Within 3 Miles | Get Directions

**Links to More Information**

Building Photo(s)
FEMA, Zoning, Etc. Adjoining Owners
Tax Values & Building Info. Tax Bill Info.




Data Tools
Search
Analysis
Parcel Info
Legend
Layers
Area Map
Address Off
Map Tools
Zoom In
Zoom Out
Pan
Full Extent
ID Parcel
Identify
Clear Select
Measure
Clr. Measure
Print Map
Help

CTAK

Buffer 50 Class C Buffer.

Any Property Line

4/12

922-9916

1230

203-247-9221

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