

13354 ALBEMARLE RD

13909208

12/27/2007

duponbj

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency

Water & Land Resources

Groundwater & Wastewater Services

July 11, 2005

Steve Williams
Wilcohess, LLC
5446 University Pkwy.
Winston-Salem, NC 27105

Dear Mr. Williams:

Subject: Septic System Repair Installation for facility located at 13354 Albemarle Rd.

I performed the final inspection for the repair septic system on July 6, 2005. A copy of the "Operation Permit" that was issued is included for your files. There are a few items that still need to be addressed in order to ensure that the new system functions properly.

1. The drain field area should be seeded and a grass cover should be established over the entire area. Once established this area should be maintained (mowed) on a regular schedule.

2. Ensure that surface water drainage for the site is diverted around the new drain field. A swale has been installed at the site for this purpose. If the topography is altered make sure that proper drainage is maintained once work is completed.

3. I recommend that you contract with a registered septic contractor to perform routine service and inspections for the system. At a minimum service should include: pumping both tanks (2000 gallon septic & 1500 gallon dosing), cleaning the effluent filter on the septic tank, flushing out the manifold(s) and adjusting the system pressure. Since there are multiple drain fields at the site portions of the original drain field may be able to be brought back on line in the future. This activity should be performed by a registered septic contractor.

4. I also recommend that you develop a schedule to routinely inspect the restrooms and other plumbing fixtures inside the store for proper operation. If leaks are detected they should be repaired immediately. Leaking toilets that are not corrected promptly can overload the drain field and result in system failure.

These repairs satisfy compliance for the *Notice of Violation* that was issued on April 15, 2005. I am including a copy of the completed document. Please review the enclosed information carefully and contact me at (704) 336-5568 if you have any questions.

Sincerely,

Trevor Thomason, R.S.I.
Environmental Health Specialist

Enclosures (2)

700 North Tryon Street • Suite 211 • Charlotte, NC 28202
Phone (704) 336-5103 • Fax (704) 336-6894

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

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

Owner: Wilcohess, LLC

Mailing Address: 5446 University Pkwy.
Winston-Salem, NC 27105

Occupant: Wilcohess Service Station

Location: 13354 Albemarle Rd.
Charlotte, NC 28227 (Tax Map Id: 135-092-08)

☐ Residence ☒ Business ☐ Other

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

On April 12, 2005 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
A discharge of sewage to the surface of the ground.	G.S. 130A-335(a) 15A NCAC 18A .1961(a)(1)(A).

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

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

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

☐ Other Repairs *(Specify):*

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **May 19, 2005** appropriate legal action will be taken.

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

You may contact Trevor Thomason, R.S.I. at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5568 phone, (704) 336-6894 fax.

Notice Issued: 4/15/05
Date

DENR/DEH Authorized Agent

Compliance: 7/6/05
Date

DENR/DEH Authorized Agent

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2346B DATE: 7/6/05

TC: 135-092-0B ☑ L ☐ CRT

SERIAL 19674

Name of Owner WILCOHESS, LLC Juris.: _____

Address of Property 13354 ALBEMARLE ROAD CHARLOTTE, NC 28227

Inspection Data:

Tank Material 2000 GAL. (TRAFFIC RATED)

Total Length of Drainfield 12' x 100' BED

Number of Lines 4 @ 100'

Cover Depth 12" + dlw

Water Supply Source PRIVATE WELL

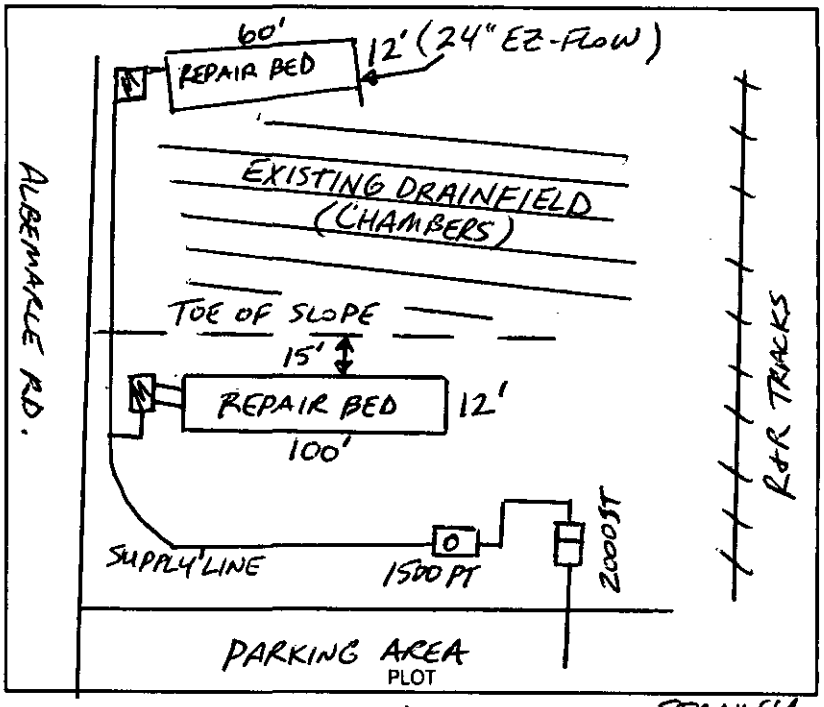
Distance to Water Source > 100'

Excavation Inspected 7/1/05 dlw

Tank(s) Inspected 7/1/05 dlw

Wash Line Inspected N/A

High Water Alarm Inspected 7/6/05



Design 2005/REPAIR/1200SFB/48"GRAVEL/P1/MANIFOLD/CONV. CTR# STANLEY SEPTIC

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. 1990 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: REPAIR BED INSTALLED FOR DAILY DESIGN FLOW OF 950 GPD. REPAIR PLUMBED INTO EXISTING SYSTEM W/ BALL VALVES. COMMERCIAL EFFLUENT FILTER INSTALLED. PUMP TANK PLUMBING REWORKED. EXISTING 1500 GAL. SEPTIC TANK CRUSHED & FILLED AT SITE.

*TYPE III b REPAIR SYSTEM

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) 336-5102

FILE: 2346B DATE: 6-30-05

TC: 135-092-08 ☑ L

SERIAL 19948

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 6-30-05. All work shall be completed on or before 7-30-05, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.

SEE PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 2000 gallons

Liquid Capacity of Dosing Tank (EXISTING) 1500 ~~1000~~ gallons

Tank Construction TRAFFIC RATED (PCC)

~~Trench~~ Depth 60"

Absorption and/or Nitrification Lines:

~~Trench~~ BED Width 12 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 4 AT 100'

Depth of Stone N/A inches

Distance from House N/A feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER WILCOHESS, LLC

LOCATION OF PROPERTY 13354 ALBEMARLE RD.

Comments: REPAIR TO EXISTING SYSTEM, INSTALL 2000 GAL. TRAFFIC RATED SEPTIC TANK, PRESSURE MANIFOLD, AND REPAIR BED 12' W X 100' L x 48" AGGREGATE, UPGRADE EXISTING PUMP TANK.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

PERMIT APPLICATION FOR A COMMERCIAL 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: _____
DATE: _____
CRT [ ]

FILE # 2346B

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 135-092-08
STREET ADDRESS: ~~113~~ 13354 ALBEMARLE RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28227
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: WILCO HESS SERVICE STATION
☑ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY:
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☑ TOILETS/URINALS ☑ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

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:

☐ 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: (STEVE WILLIAMS)
NAME: WILCO HESS, LLC.
ADDRESS: 5446 UNIVERSITY PKWY.
CITY: WINSTON-SALEM
STATE: NC ZIP: 27105
HOME PHONE: WORK PHONE: 336-767-6280
MOBILE PHONE: FAX :

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? N/A
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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.

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

April 15, 2005

Subject: Septic System Repair Proposal for facility located at 13354 Albemarle Rd.

Steve Williams
Wilcohess, LLC
5446 University Pkwy.
Winston-Salem, NC 27105

Dear Mr. Williams:

Over the past several months our office has been collecting information necessary to determine an appropriate septic system repair design for the facility located at 13354 Albemarle Road, Charlotte, NC 28227. Enclosed with this letter you should find the proposed repair design and the specific conditions that are required for the installation.

Water usage data collected from the meter installed at the well head indicates that the average daily wastewater flow for this facility is 950 GPD. The facility was originally permitted based on a daily design flow of 850 GPD. Due to the increased daily design flow additional drain field is required for the system to function properly. In order to accommodate the increased wastewater flow a larger septic tank is also required. State sewage rules require a minimum septic tank size of 1,612 gallons for the 950 GPD daily design flow. The repair proposal allows the existing pump tank to be used however; some modifications will be required for the pump tank. The tank components will need to be brought up to current installation standards. These items will be determined on site after meeting with the contractor.

Please review the enclosed information carefully and contact me at (704) 336-5568 if you have any questions. A *Notice of Violation* is being issued on April 15, 2005 for the failing septic system. The required repairs should be completed by May 19, 2005.

Sincerely,

Trevor Thomason, R.S.I.
Environmental Health Specialist

Enclosures (3)

WILCO HESS

Darrell Smith
Construction Maintenance Supervisor

WILCOHESS LLC
5446 University Parkway
Winston-Salem, NC 27105

(336) 767-6280 ext. 1118
Fax: (336) 767-8940
Mobile: (336) 403-8857

PROPOSED PLOT PLAN

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

FILE: 2346B

TC: 135-092-08

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.

WILCOHESS STATION - 13354 ALBEMARLE RD.

REPAIR REQUIREMENTS FOR SEPTIC SYSTEM:

1. INSTALL NEW 2000 GAL. SEPTIC TANK. TANK SHOULD BE "TRAFFIC RATED" IF MORE THAN 36" OF SOIL COVER IS PLACED ON TANK. EXTEND RISERS ON INLET AND OUTLET SIDES TO A MINIMUM HEIGHT OF 6" ABOVE FINISHED GRADE.
2. INSTALL COMMERCIAL EFFLUENT FILTER ON SEPTIC TANK OUTLET. FILTER MUST BE ACCESSIBLE FOR SERVICE.
3. INSTALL NEW PRESSURE MANIFOLD TO SUPPLY REPAIR BED. USE SCH. 80 PVC FOR MANIFOLD CONSTRUCTION AND PROVIDE A MINIMUM OF 4 - 3/4" TAPS. (10.1 gal/tap at 2FT. HEAD PRESSURE)
4. INSTALL A BALL VALE ABOVE THE NEW MANIFOLD TO ALLOW ALL FLOW TO BE DIVERTED TO THE NEW REPAIR BED.
5. INSTALL REPAIR BED 12' WIDE X 100' LONG X 48" OF AGGREGATE MATERIAL. KEEP BED A MINIMUM OF 15FT FROM TOE OF SLOPE.
6. INSTALL SURFACE WATER DIVERSIONS ABOVE REPAIR BED AND AT END OF BED TO PREVENT FLOW ACROSS REPAIR BED. DIVERT WATER TO CATCH BASIN ADJACENT TO PARKING LOT.
7. EXISTING PUMP TANK WILL BE USED. PUMP TANK MUST BE BROUGHT UP TO CURRENT INSTALLATION STANDARDS. DETAILED LIST OF REQUIREMENTS WILL BE DETERMINED AT SITE MEETING WITH CONTRACTOR.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE [signature], RST
4/7/05

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

REPAIR DESIGN 4/7/05 TCT

SCALE: 1" = 30'

Edge of Existing Pavement

a Manhole with new Manhole Cover

CB 3 Top 102.00 Inv 98.00

Existing Curb

12"RCP-IN 101.76'
15"RCP-OUT 100.94'

Silt Fence

S 82°06'45" E

516.97 (Total)

12"RCP

12"RCP-OUT 102.88'

UP

Inlet/Filter Std/Det 30.09

Supply Line

GATE VALVE

NEW PRESSURE MANIFOLD

NEW ZONING LINE

RESERVED AREA FOR ADDITIONAL REPAIR BEDS

100' REPAIR BED

BALL VALVE

SWALE

DENUDED LIMITS (2.30 Acres)

LIMITS OF GRADING

Proposed Septic Field
5 Lines of 140' @ 9' o.c.
700' LF Total

Type III Linear Wetland System

Future Septic Field
3 lines of 100 LF @ 9' o.c.

Future Septic Field
4 Lines of 100 @ 9' o.c.

10' Min

9' Min

Min 9'

Proposed SERVCO Conv. Store
FIN FLR ELEV: 103.00

New Asphalt

New Concrete

Fuel Island (Typical)

Hose Bib

NEW CANOPY ABOVE

6" Sq Wood Posts

4" SAN SWR

NEW 80x30' DIESEL ISLAND CANOPY

Diesel
Kerosene
Reg. - Unleaded
Mid. - Unleaded
Prem. - Unleaded

New Masonry Enclosed Dumpster w/ Gates

Pump Station

"NEW" TRAFFIC RATED SEPTIC TANK 2000 GAL

BERM

Keep down slope on adjacent land

Existing Cleared limits (5-8-98)

WIRE FENCE

Silt Fence

NIP

EIP SPLIT R CROSS LINE A

EIP

TIE LINE EIP-EN N 75°59'09" W 1.14

EN

PROPERTY LINE IS THE DEED REF.

100.00 N 88°35'29" W

100.00 N 89°37'48" W

100.00 S 89°35'51" W

100.00 S 88°23'20" W

97.38 S 87°39'24" W

60.43

39.57

153.30' TOTAL 203.90'

S 06°30'00" W 5.56

S 06°30'00" W

NORFOLK SOUTHERN RAILWAY (100' RIGHT OF WAY)

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

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

Owner: Wilcohess, LLC

Mailing Address: 5446 University Pkwy.
Winston-Salem, NC 27105

Occupant: Wilcohess Service Station

Location: 13354 Albemarle Rd.
Charlotte, NC 28227 (Tax Map Id: 135-092-08)

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On April 12, 2005 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	**Law or Rule Cite**
A discharge of sewage to the surface of the ground.	G.S. 130A-335(a) 15A NCAC 18A .1961(a)(1)(A).

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

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

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

☐ Other Repairs *(Specify):*

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **May 19, 2005** appropriate legal action will be taken.

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

You may contact Trevor Thomason, R.S.I. at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5568 phone, (704) 336-6894 fax.

Notice Issued: 4/15/05
Date

Trevor Thomason, RSI
DENR/DEH Authorized Agent

Compliance: _____
Date

_____
DENR/DEH Authorized Agent

NC. Department of Environmental and Natural Resources
Division of Environmental Health

Inspection of Food Service Establishment

Score: 98.5 + 0 = 98.5
[.2606(b)] Final Score

Date of Insp/Chg: 03/30/2005
Status Code: A

Health Department: Mecklenburg
Current ID Number: 02060021599
Old ID Number:

Water Supply	☐ Community	☐ Non-Transient Non-Community		**Water sample taken?** ☐ Yes ☒ No	
	☒ Transient Non-Community	☐ Non-Public Water Supply		☒ Inspection	☐ Name Change
				☐ Visit	☐ Status Change
Wastewater System	☐ Community	☒ On-Site System	**Seating Capacity:** 0	☐ Re-Inspection	☐ Verification of Closure

Name of Establishment: WILCO HESS 356
Location: 13354 ALBEMARLE RD
City: MINT HILL **State:** NC **Zip:** 28227

Permittee: WILCO HESS LLC
Mailing Addr: 5446 UNIVERSITY PKWY
City: WINSTON-SALEM **State:** NC **Zip:** 27105

	Deduction: Full	Half
FOOD SOURCES [.2608; .2612; .2615; .2622]		
1. **Food from approved sources, no spoilage, adulteration, contamination, shellfish properly tagged or labeled, indentifiable from label**	5	2.5
FOOD PROTECTION [.2608; .2609; .2610; .2611; .2612; .2613; .2614; .2622; .2632]		
2. **Potentially hazardous food meets temperature and/or time requirements during storage, preparation, display, service and transportation**	5	2.5
3. **Food stored, thawed, prepared, cooked, handled, displayed, served, transported to prevent contamination, adulteration, spoilage**	5	2.5
4. **Food not re-served**	5	2.5
5. Thermometers provided, accurate, available	3	1.5
6. Appropriate written notice of clean plates	1	0.5
7. Dry food stored properly and labeled accordingly	2	1
PERSONNEL [.2609(c); .2616;]		
8. **Personnel with infections or communicable diseases restricted**	5	2.5
9. **Proper handwashing, good hygienic practices**	5	2.5
10. Clean clothes, hair restraints	1	0.5
EQUIPMENT; UTENSILS [.2601; .2608; .2612; .2613; .2617; .2618; .2619; .2620; .2621; .2622;]		
11. **Food contact surfaces cleaned & sanitized, by approved methods where required, sanitizing solution provided**	5	2.5
12. Approved utensil-washing facilities of sufficient size, with accurate thermometers and test kits available and used	3	1.5
13. Food contact surfaces in good repair	3	1.5
14. Food service equipment and utensils approved	2	1
15. Air-drying, storage and handling of clean equipment and utensils	3	1.5
16. Single service articles properly stored and handled	2	(1)
17. Non-food contact surfaces clean and in good repair	2	1
WATER SUPPLY [.2618; .2623;]		
18. **Source in accordance with 15A NCAC 18A.1700; Hot and cold water under pressure, meets temperature requirements**	5	2.5
19. **No cross-connections or other potential sources of contamination**	5	2.5
LAVATORY AND TOILET FACILITIES [.2609(c); .2624; .2625;]		
20. Approved, accessible, in good repair	4	2
21. Toilet rooms with self-closing doors, fixtures & rooms clean, mixing faucet, soap, towels, dryer, signs, approved storage	2	1
WASTE DISPOSAL [.2612; .2613; .2626;]		
22. **Wastewater discharged into approved, proprely operating wastewater treatment & disposal system; other by-products disposed of properly**	5	2.5
23. Garbage cans, containerized systems properly maintained, cleaning facilities provided or contract maintained for cleaning	2	1
ANIMALS;PEST CONTROL [.2633]		
24. Pest presence; live animals	4	2
25. Doors self-closing where required; all windows screened	2	1
26. Pests breeding places or rodent harborages	1	0.5
FLOORS, WALLS AND CEILING [.2613; .2624(a); .2627; .2628;]		
27. Properly constructed	2	1
28. Clean, maintained in good repair	1	(0.5)
LIGHTING AND VENTILATION [.2630; .2631;]		
29. Meets illumination requirements; shielded	1	0.5
30. Ventilation clean, in good repair	1	0.5
STORAGE SPACES AND OTHERS [.2620(d); .2632; .2633]		
31. **Toxic materials properly stored & related**	5	2.5
32. Outside premises clean, storage spaces clean, storage above floor	1	0.5
33. Not used for domestic purposes	1	0.5
34. Soiled work clothing, linen, cloths properly handled, stored; approved storage for mops, brooms, hoses & other items	1	0.5

Total Deductions 1.5

Comments:
16. KEEP FILTERS COVERED.

28. CLEAN THE FLOORS.

General Comments:
DRAIN FIELD REPAIRED.

Report received by: _____

Inspection By: Sally A. Chatfield

EHS ID#: 1224

DENR 4007 (Revised 10/04)
Environmental Health Services Section (Review 5/07)

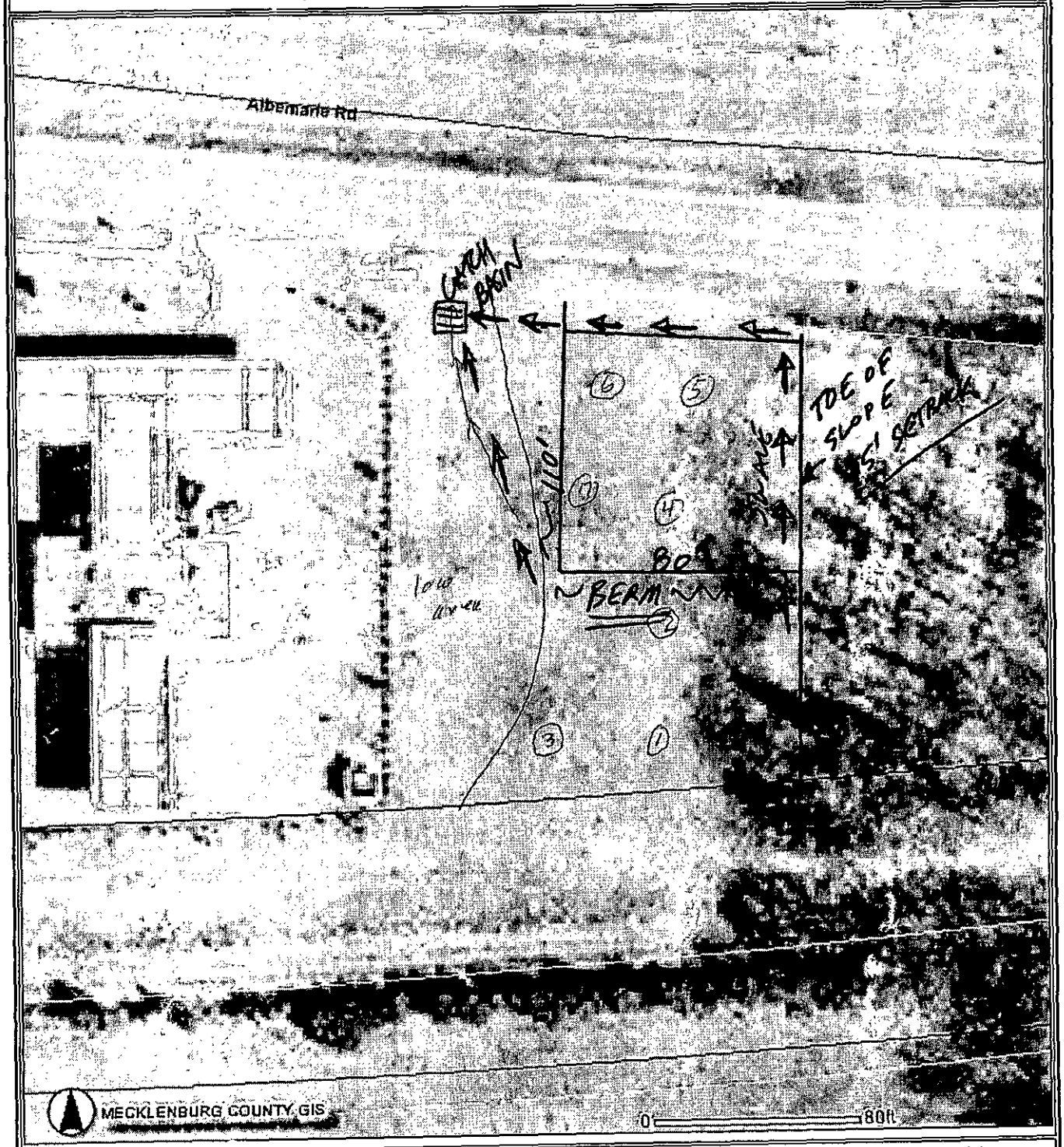
(704) 621-0336 M

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Mar 2 16:02:24 EST 2005



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

1- 6-28" Fill
28-42 clay SBK
42-61 clay loam

2- 0-29" Fill
29-65 loam

3- 0-22 Fill
22-38- clay SBK
38-63 clay loam

4- 0-24" Fill
24-65" loam

5- 0-14" Fill
14-30" Clay/clay loam
30-65" loam

6- 0-14 Fill
14-20 Compacted clay
20-48" clay SBK
48-53 clay loam SBK
53+ M clay loam

7- 0-18" Fill
18-23 clay SBK
23-32 clay loam M
32-65 loam

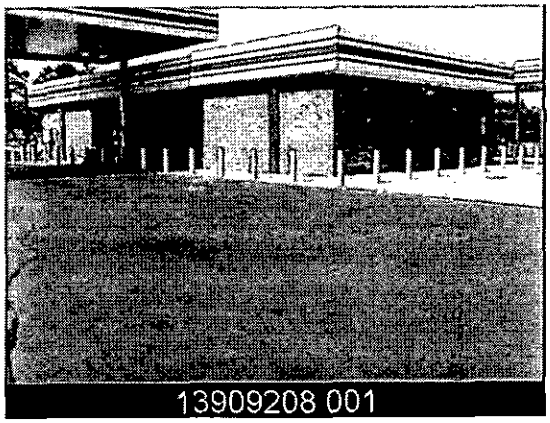
2346 B

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 2/2/2005 9:20:15 AM

Parcel ID #: 13909208 GIS ID #: 13909208	
Owner Name:	WILCOHESS LLC
Mailing Address:	5446 UNIVERSITY PY WINSTON-SALEM, NC 27105
Property Characteristics	
Legal Desc.:	NA
Land Area:	3.32AC
Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	NON-NC CORP
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	COMMERCIAL
Deed Reference(s) and Sales Price	
16644-340 (1/6/2004) $700,000.00 07970-278 (11/11/1994) $375,000.00	
Situs Addresses Tied to This Parcel	
13354 ALBEMARLE RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 56.08	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701590192E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Building Photography

PHOTO #1
Location: 13354 ALBEMARLE RD



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

Powered by

Mecklenburg County GIS
Geographic Information Systems

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater and Wastewater Services

February 4, 2005

#356

WilcoHess, LLC

5446 University Parkway

Winston-Sale NC 27105

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires the Mecklenburg County Health Department to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. Copies of the regulations are available in our office. You may also obtain a copy of the regulations by visiting:
http://www.deh.enr.state.nc.us/oww/Rulelaw/june2003Rules.pdf

Our records indicate that the Type **IIIb** septic system serving the property located at:

13354 Albemarle Road
Charlotte NC 28227
MCHD File Number: 2346B

is due for inspection on: **3/20/2005**

The fee for this inspection is $85.00. Your payment should be received in our office no later than February 25, 2005. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

Once payment is received in our office, I will contact you to schedule an inspection time. If possible, I encourage you to be present during the inspection. This will allow an opportunity for you to observe the inspection process, receive information regarding your septic system, and ask any questions you may have about your system. System inspections take approximately one hour to perform.

Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will include an assessment of the system's operation and recommendations to ensure your septic system operates in a safe and efficient manner. In addition, if you are served by a private well, a bacteriological sample will be collected and analyzed to assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater and Wastewater Services

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/14/05
Receipt #: 32077
Check / Auth #: CHECK 1198
Received By: AIDOOJK

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: EDWARDS ENTERPRISES INC
Attn:
Address: 102 PARR DRIVE
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 2346B/PH 336-767-6280		1	85.00	85.00

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

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

Wilcohess Water Meter Data

Date	Time	Reading (gal.)	Usage (gal.)	Daily Usage Ave. (gal.)	
12/28/2005	14:00	42790			
1/11/2005	12:15	53310	10520	751	
1/25/2005	15:45	63300	9990	714	
1/27/2005	14:30	64780	1480	740	
1/28/2005	14:54	65580	800	800	
1/29/2005	10:20	66290	710	710	
1/30/2005	10:50	66660	370	370	exclude
1/31/2005	10:15	67280	620	620	
2/1/2005	11:00	68100	820	820	
2/2/2005	11:30	68890	790	790	
2/3/2005	12:30	69730	840	840	
2/5/2005	10:30	71270	1540	770	
2/7/2005	11:00	73030	1760	880	
2/8/2005	11:00	73790	760	760	
2/9/2005	13:30	74890	1100	1100	exclude
2/10/2005	10:41	75580	690	690	
2/11/2005	11:30	76520	940	940	
2/12/2005	10:30	77430	910	910	
2/13/2004	10:30	78340	910	910	
2/14/2005	9:30	79130	790	790	
2/16/2005	11:04	81080	1950	975	

801 Ave. excluding high & low reading
923 Ave. of top 5 readings

950 GPD DESIGN FLOW

Wilcohess Service Station
Parcel ID#: 13909208
13354 Albemarle Rd.
Charlotte, NC 28227

In an effort to determine the amount of wastewater being generated from your facility we are requesting your assistance. Please record a water meter reading one time a day from 1/29/05 to 2/4/05. Take the reading at the same time each day to ensure that we collect usable data. I will get this data from you the week of 2/6/05. This information will then be used to assess the current septic system and to determine if system modifications are necessary. Please contact Trevor Thomason at (704) 336-5568 if you have questions.

Date	Time *(Please note AM or PM)*	Water Meter Reading	
1/29/05	10:20 AM	0066290	PM
1/30/05	10:50 AM	0066660	PM
1/31/05	10:15 AM	0067260	PM
2/1/05	11:00 AM	0068100	PM
2/2/05	11:30 AM	0069390	PM
2/3/05	12:30 PM	0069730	PM
2/4/05 (2-5-05) →	10:29 AM	0071270	PM
1-28-05	2:54 PM	0065580	PM

2-7-05 11:00 73030

Wilcohess Service Station
Parcel ID#: 13909208
13354 Albemarle Rd.
Charlotte, NC 28227

In an effort to determine the amount of wastewater being generated from your facility we are requesting your assistance. Please record a water meter reading one time a day from 2/8/05 to 2/15/05. Take the reading at the same time each day to ensure that we collect usable data. I will get this data from you the week of 2/13/05. This information will then be used to assess the current septic system and to determine if system modifications are necessary. Please contact Trevor Thomason at (704) 336-5568 if you have questions.

Date	Time *(Please note AM or PM)*	Water Meter Reading
2/8/05	0073790	11:00 AM ROB
2/9/05	0074890	1:30 PM ROB
2/10/05	0075580	10:41 AM AD
2/11/05	0076520	11:30
2/12/05	0077430	10:30 CN
2/13/05	0078340	10:30
2/14/05	0079130	9:30 AM AD
2/15/05	0081080	11:04 CN

16

This spreadsheet calculates the length of drainlines necessary for an equal distribution septic system.

No Reduction

Daily Design Flow (gpd)	950	Input
LTAR (gpd/ft^2)	0.300	Input
Number of lines desired	10	Input
Total length of drainline (ft.)	1055.56	Output
Length of each line (ft.)	106.00	Output
Total trench length (ft.)	1060.00	Output
Absorption area (ft^2)	3180.00	Output
Drainfield width (ft.)	84.00	Output

25% Reduction

Daily Design Flow (gpd)	950	Locked
LTAR (gpd/ft^2)	0.300	Locked
Number of lines desired	7	Input
Total length of drainline (ft.)	791.67	Output
Length of each line (ft.)	114.00	Output
Total trench length (ft.)	798.00	Output
Absorption area (ft^2)	2394.00	Output
Drainfield width (ft.)	57.00	Output

50% Reduction PPBPS

Daily Design Flow (gpd)	950	Locked
LTAR (gpd/ft^2)	0.300	Locked
Number of lines desired	3	Input
Total length of drainline (ft.)	527.78	Output
Length of each line (ft.)	176.00	Output
Total trench length (ft.)	528.00	Output
Absorption area (ft^2)	1056.00	Output
Drainfield width (ft.)	18.00	Output

Lot Size (acres)

Lot Width (ft.)	0.00	Input
Lot Depth (ft.)	0.00	Input
Acreage (ac.)	0.00	Output

Wastewater Design Flow

# Service Areas	0.00	
# Employees/Area	0.00	
Total Employees	6.00	
Flow per employee	25.00	gpd
Total design flow	150.00	gpd

Tank Sizing Worksheet

1952.(b)(2)(B)
>600GPD <1500GPD
V = 1.17Q + 500

Enter Q (gpd)	~~950~~
Tank Volume (gal)	1611.5

1952.(b)(2)(C)
>1500GPD <4500GPD
V = 0.75Q + 1125

Enter Q (gpd)	1900
Tank Volume (gal)	2550.0

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2346 B DATE: 9/14/04

TC: 135-092-08 ☐ L ☐ CRT

SERIAL 19673

Name of Owner WILCOHESS, LLC Juris.:

Address of Property 13354 ALBEMARLE RD.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 240'

Number of Lines 4 @ 60'

Cover Depth 12"

Water Supply Source PRIVATE WELL

Distance to Water Source > 100'

Excavation Inspected 9/14/04

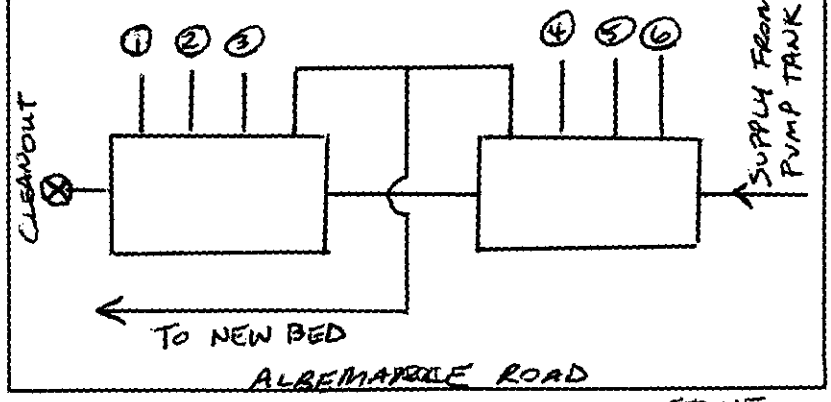
Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A

SEE REPAIR APPROVAL FOR SYSTEM SKETCH.

MANIFOLD DETAIL:



Design 2004/REPAIR/720 S.F.B/INOV (EZ-FLOW) CTR# STEVE 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. 1990 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: ADDED ADDITIONAL BED 12'X60'X 24" EZ-FLOW ABOVE EXISTING DRAINFIELD. INSTALLED EFFLUENT FILTER ON SEPTIC TANK OUTLET. TYPE III b,g REPAIR SYSTEM

Environmental Health Specialist 9/20/04

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

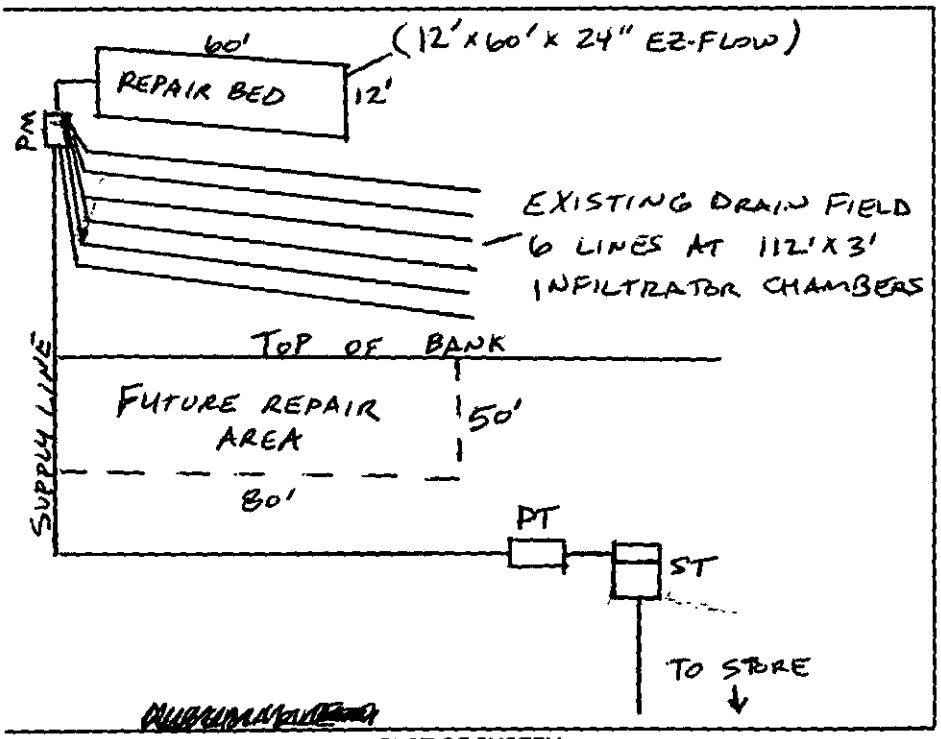
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2346B DATE: 9/14/04

TC: 135-092-08 ☐ L

SERIAL 19814

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 _____. All work shall be completed on or before 9/30/04, 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
BLAIR RD. (HWY 51)

Liquid Capacity of Septic Tank EXISTING 1500 gallons

Liquid Capacity of Dosing Tank EXISTING 1500 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width (BED) 12' x 60' feet

Trench Walls Scored and Porous YES

Total Line Length 240' feet

Number of Lines 4 AT 60'

Depth of ~~Stone~~ EZ-Flow 24 inches

Distance from House > 5 feet

Distance from Property Line > 10 feet

Distance from Well > 50 feet

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

NAME OF OWNER WILCOHESS, LLC

LOCATION OF PROPERTY 13354 ALBEMARLE RD.

Comments: FACILITY EXCEEDING 850 GPD MAX WASTEWATER FLOW. INSTALL ADDITIONAL BED 12'x60'x24" EZ-FLOW AND CONNECT TO TWO UNUSED TAPS IN PRESSURE MANIFOLD. INSTALL EFFLUENT FILTER ON SEPTIC TANK OUTLET, REPLACE DAMAGED LIDS ON SEPTIC TANK.

Tina Thom, RSS 9/20/04
Environmental Health Specialist

ALBEMARLE RD.

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

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

Owner: WILCOHESS LLC

Mailing Address: 5446 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27105

Occupant:

Location: 13354 Albemarle Road
Charlotte, NC

☐ Residence ☒ Business ☐ Other

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

On August 11, 2004 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
Sewage on ground surface in drain field area.	G.S. 130A-335(a) 15A NCAC 18A .1961 (a) (1) (A)

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

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

☐ Other Repairs *(Specify):*

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

☒ Perform Maintenance *(Specify):* Clear overgrown vegetation from drain field area.

If the wastewater violation is not brought into compliance by **September 9, 2004** appropriate legal action will be taken.

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

You may contact Trevor Thomason, R.S.I. at our office at 700 North Tryon Street, Suite 211, Charlotte, NC 28202, (704) 336-5568 phone, (704) 336-6894 fax.

Notice Issued: 8/12/04
Date

Trevor Thomason, RSI
DENR/DEH Authorized Agent

Compliance: 9/20/04
Date

Trevor Thomason, RSI
DENR/DEH Authorized Agent

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division

September 21, 2004

Steve Williams
WILCOHESS, LLC
5446 University Pkwy.
Winston-Salem, NC 27105

Dear Mr. Williams:

Subject: Septic System Repairs at 13354 Albemarle Rd, Mint Hill NC / Permit # 2346B

Enclosed with this letter you should find copies of the completed Notice of Violation, Repair Approval, and Operation Permit for the service station located at 13354 Albemarle Rd., Mint Hill, NC. Here is a summary of the repairs that were made to the on-site wastewater system at this facility:

- An investigation determined that the top three lines in the drain field were not receiving effluent. Two of the manifold taps were blocked with debris and one line had been shut off at the valve. The pressure manifold was disassembled, cleaned, and reinstalled. A cleanout has been installed at the manifold to allow maintenance to be performed in the future.
- Additional drain field was installed above the existing drain field and tied into the existing pressure manifold. The addition of this drain line should aid in handling the increased wastewater flow from your facility.
- An effluent filter was installed on the septic tank outlet. This filter will prevent solids from leaving the septic tank and creating possible blockages in the piping system. This filter should be cleaned each time the septic tank is pumped out.
- The concrete lids covering the septic tank had broken corners. Both lids were replaced.
- Please ensure that your landscaping company maintains the drain field on a regular interval. Keep this area mowed and clear of large vegetation.

Due to the volume of wastewater being generated at your facility the addition of more drain field may be required in the future. It appears that there is available space for this installation below the existing drain field. Our department will monitor the performance of the septic system over the next several months. If a failure is observed, we will contact you to discuss repair options. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.I.
Environmental Health Specialist

Enclosures (3)

SERVICE REQUEST/WORK ORDER

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

Date: 8-11-04 Parcel: 134-092-08

REQUESTING PERSON: ANON Phone_____

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name WILCO GAS STATION

Address 13354 ALBEMARLE ROAD City CHINA GROVE Zip_____

SERVICE REQUESTED: SEPTIC MALFUNCTION

ASSIGNED TO: TREVOR TAKEN BY:_____

DATE	ACTIVITY REPORT
	OWNER IS WILCO TF WILCOMASS LLC
	5446 UNIVERSITY PKWY
	WINSTON-SALEM, NC
8/11/04	SENT NOV TO OWNER
8/20/04	E-MAILED STEVE WILLIAMS SEPTIC CONTRACTOR LIST
	1-800-642-0945
	williamss@wilcousa.com
8/25/04	LEFT MESSAGE FOR STEVE WILLIAMS
9/2/04	MET STEVE AUTREY AT SITE TO DETERMINE REPAIR OPTIONS
	- WILL FOLLOW UP AND INVESTIGATE 9/3/04 OR FOLLOWING WEEK
	* NOTES CONTINUED ON ADDITIONAL SHEET

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

Trevor Thomas, RSI 9/2/04 WRITTEN___ VERBAL ✓

Environmentalist's Signature Date

REVIEWED BY:_____ / _____ RECALL DATE:_____

Section Head's Signature Date

TCP
9/20/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division

Date: September 9, 2004

File Number: 2346B

Parcel Id Number: 135-092-08

Address: 11324 Blair Road, Mecklenburg County

Re: Investigation & Repairs made to septic system in September 2004

9/3/04- I met Steve Autry (septic contractor) at the site to perform an investigation of the failing septic system. Steve excavated around the pressure manifold and determined that there are 6 taps supplying effluent to the drain lines. The estimated length of each drain line is ~112 feet. Additional excavation was done at the beginning of the top three drain lines. The chambers were uncovered and the end caps removed for inspection. Soil was discovered inside the chambers reducing the amount of storage volume inside each chamber. It was also discovered that the top three drain lines were not receiving effluent from the pressure manifold. Upon further inspection it was found that the top two lines were blocked inside the manifold. The ball valve for the third line had been closed at some point in the past. It is not clear who closed the valve or why this line was shut off. It was apparent from this investigation that the bottom three drain lines were receiving all the effluent from the pump tank. This caused the bottom three lines to become super-saturated. The effluent then surfaced in two locations and migrated down the hillside adjacent to the drain field. Steve disassembled the manifold and took it to his shop for repairs. Steve made arrangements with the store manager to keep the pump tank emptied over the holiday weekend. The system was left shut off for the weekend in hopes that it would aid in drying out the bottom three lines.

9/7/04-Steve informed me that he sent a pump truck to the site every 12 hours over the weekend to keep the pump tank emptied. At each trip approximately 2,000 gallons of wastewater was removed from the tank. This equates to a maximum daily generation of approximately 4,000 gallons of wastewater. I pulled the file for the system and determined that the Improvement Permit was designed for a maximum wastewater flow of 850 gpd. From the information we have it appears that they are greatly exceeding this permitted amount. As a plan of action the following approach to correct this situation was developed:

- Consult with the store manager to inform them of wastewater generation in excess of the permitted amount. If water usage cannot be reduced in the facility additional drain lines will be required at the site.
- Have Steve reassemble the pressure manifold and divert most of the system flow to the top three drain lines for a short period (less than 2 weeks). This will allow the saturated lines to dry out before placing them back in service.
- If additional drain lines are required, the property lines will need to be marked and a soil investigation will be required in order to determine a suitable location for the additional drain field area.

9/8/04-Site visit conducted with Drew. Determined possible repair options and measured area for available space. Preliminary repair conditions include:

- Install commercial grade filter on septic tank outlet.
- Install additional drain field – Proposed bed systems at 12' wide x 60' long x 24" EZ Flow
- Maintenance schedule for checking plumbing fixtures inside store (daily employee checks/monthly service checks)
- Pump out tank/s on periodic basis (every three months or more frequent if necessary)
- Maintain landscape over drain field area. Keep grass cover mowed.

9/9/04-Met Steve Autry at site. He reassembled the pressure manifold and pumped water out of the open trenches. Spoke with Steve Williams on the phone and explained repair options for the site. It was decided that an additional bed would be added and tied into the existing pressure manifold. Additional drain field area may be required below the existing system. Bill Marlin will evaluate soil/saprolite in cut area below drain field. In an attempt to let the system continue to dry out, Steve plans to install new drain field on Monday (9/13) or Tuesday (9/14). He will continue to keep the tanks pumped out every 12 hours through the weekend. Noted damaged lids on septic tank. Asked Steve to replace all damaged lids and install an effluent filter on septic tank outlet.

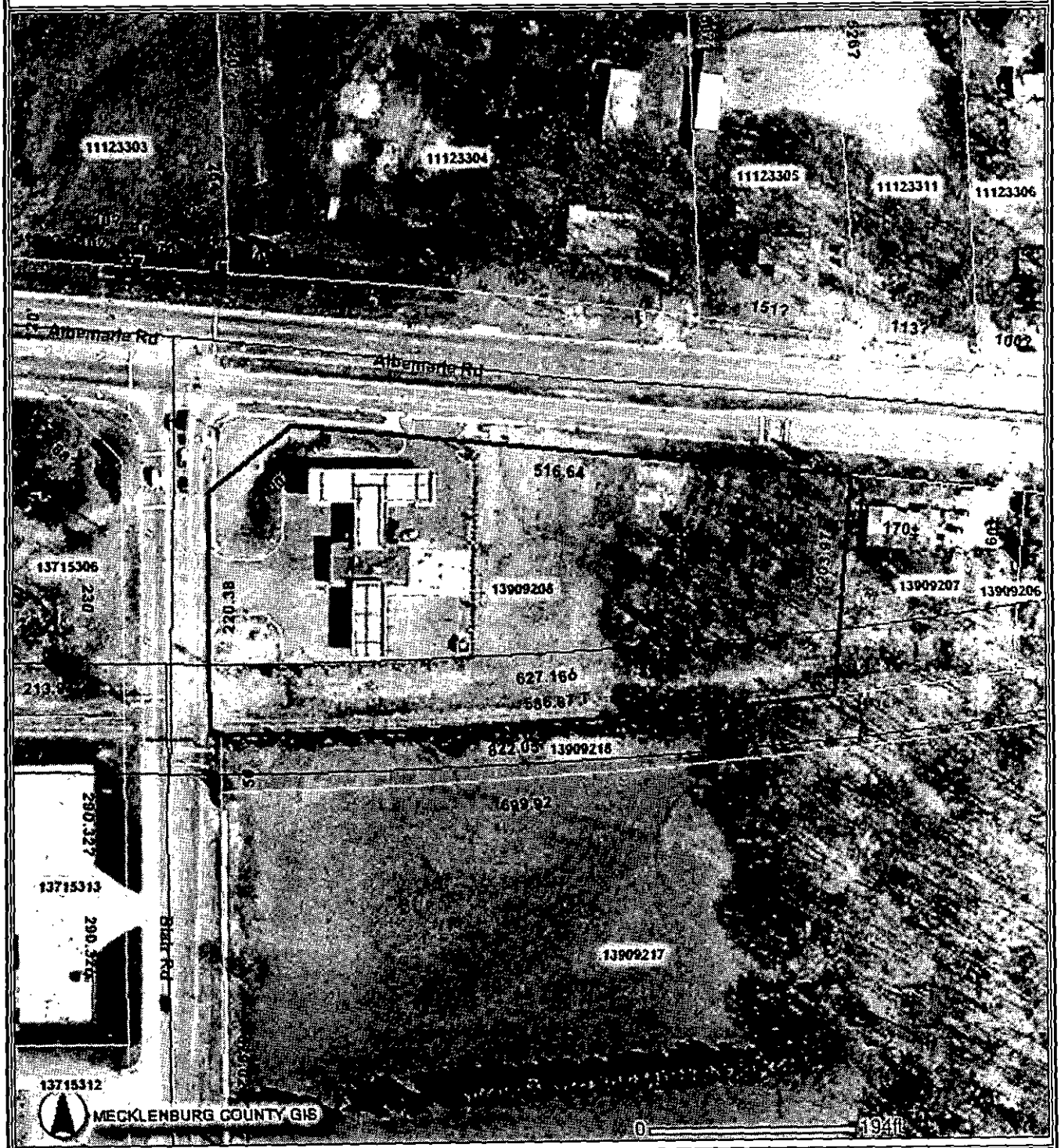
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Aug 11 15:31:21 EDT 2004

13909208



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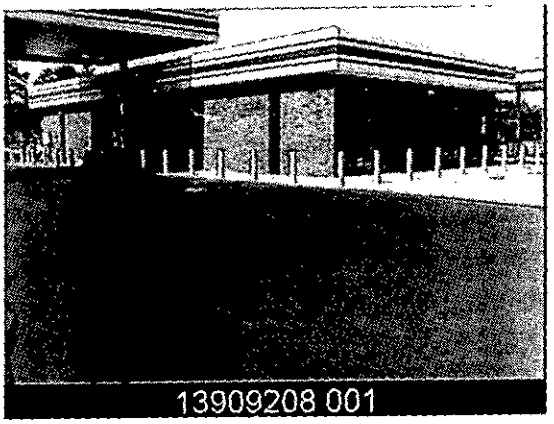
Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

Date and Time: 8/12/2004 2:12:58 PM

Parcel ID #: 13909208 GIS ID #: 13909208	
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Mailing Address:	5446 UNIVERSITY PY WINSTON-SALEM, NC 27105
Property Characteristics	
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Fire District:	10-MINT HILL
Special District:	FIRE SERVICE F
Account Type:	NON-NC CORP
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	COMMERCIAL
Deed Reference(s) and Sales Price	
16644-340 (1/6/2004) $700,000.00 07970-278 (11/11/1994) $375,000.00	
Situs Addresses Tied to This Parcel	
13354 ALBEMARLE RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 2005 Annexation Qualifying Area: NO	
Census Tract #: 56.08	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701590192E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	CLEAR
Watershed Class:	

Building Photography

PHOTO #1
Location: 13354 ALBEMARLE RD



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

Powered by

Mecklenburg County GIS
Geographic Information Systems

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

Mecklenburg County
Health Department

Charles C. Akin
Service Distributing Co., Inc.
1024 North 2nd Street
Albemarle, NC 28001

Dear Mr. Akin,

This letter is in reference to the sewage disposal system designed for the facility located at 11324 Blair Rd. During the meeting with the septic tank contractor for the purpose of issuing of the installation permit, it was discovered that the plumbing in the facility was to be installed at a depth that would require the septic tank and dosing tank to have more than four feet of soil cover. According to Rules for Sewage Treatment and Disposal Systems, Section .1954 Minimum Standards for Precast Reinforced Concrete Tanks, which states in part, " Additional reinforcement shall be required when the loads on a concrete tank are exceeded by subjecting it to vehicular traffic or when the top of the tank is placed deeper than three feet below the finished grade."

The contractor was advised that the septic tank and the dosing tank must conform to these rules and any septic tank manufacturers from whom they might purchase a tank should provide documentation that their tanks meet such standards.

The tanks installed were manufactured by Shoaf Concrete, with a tank number STB 964- 1500. Upon consultation with Ishwar C. Devkota, Environmental Engineer with the North Carolina On-Site Wastewater Section, he advised these tanks were not designed to accommodate the additional loading and could not be approved in the situation as it currently exists.

Options to correct the situation include, replacing the tanks with those approved to carry the added weight of soil cover, submitting a plan designed by a professional engineer to reinforce the existing tanks in place, or possibly grading the area to remove the soil cover to 36 inches or less. This last alternative would require grading and landscaping to insure any surface water would be diverted away from the tanks and not create a "ponding" over the tanks.

If you have any questions regarding this matter, please call me at 336-5573.

Sincerely,

J. Andrew Walker R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Charles C. Akin
Service Distributing Company, Inc.
1024 North 2nd Street
Albemarle, NC 28001

Dear Mr. Akin,

This letter is in reference to the wastewater treatment and disposal system designed for the facility located at 11324 Blair Road. You may recall correspondence describing a problem with the septic tank and dosing tank having more than four feet of cover. The contractor resolved the problem by removing the soil cover to a depth of approximately 18 inches which brought the tanks in compliance with the current regulations.

It has come to our attention that since the final inspection the area around the tanks has been landscaped which resulted in more than four feet of cover added to the top of the tanks as well as covering the risers over the tanks, which are to be at least 6 inches above finished grade and landscaped to allow any surface water to drain away from the riser.

Therefore, the septic system is in violation of the operation permit issued at the time of the final inspection, which refers to the Rules for Sewage Treatment and Disposal, .1954 Minimum Standards for Precast Reinforced Concrete Tanks, which states in part, "Additional reinforcement shall be required when the loads on a concrete tank are exceeded by subjecting it to vehicular traffic or when the top of the tank is placed deeper than three feet below the finished grade," as well as "The access manhole shall extend at least to six inches above finished grade and be designed and maintained to prevent surface water inflow."

It will be necessary to bring the septic tank system into compliance with the regulations of 15A NCAC 18A. 1900 within thirty days.

If you have any questions regarding this matter, please call me at 336-5573.

Sincerely,

J. Andrew Walker R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

FEE: 100.00
DATE: 12/16/97

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

1 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 #: 2346B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-072-00

STREET ADDRESS: Hwy 51 & US 24/27

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

X ___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
Convenience Store Gas Station

Square footage of facility: 2100 Sq Ft

NUMBER OF EMPLOYEES: 7 PER SHIFT: 1, 2, 1

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
X FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
X SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X 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 X 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:

NAME: Service Distributing Company, Inc
(LAST) (FIRST) (MI)

ADDRESS: 1024 North 2 nd Street

CITY: Albemarle STATE: NC ZIP: 28001

DAYTIME PHONE: 704 982 -- 2197

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Akin Charles C.
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 982 -- 2197

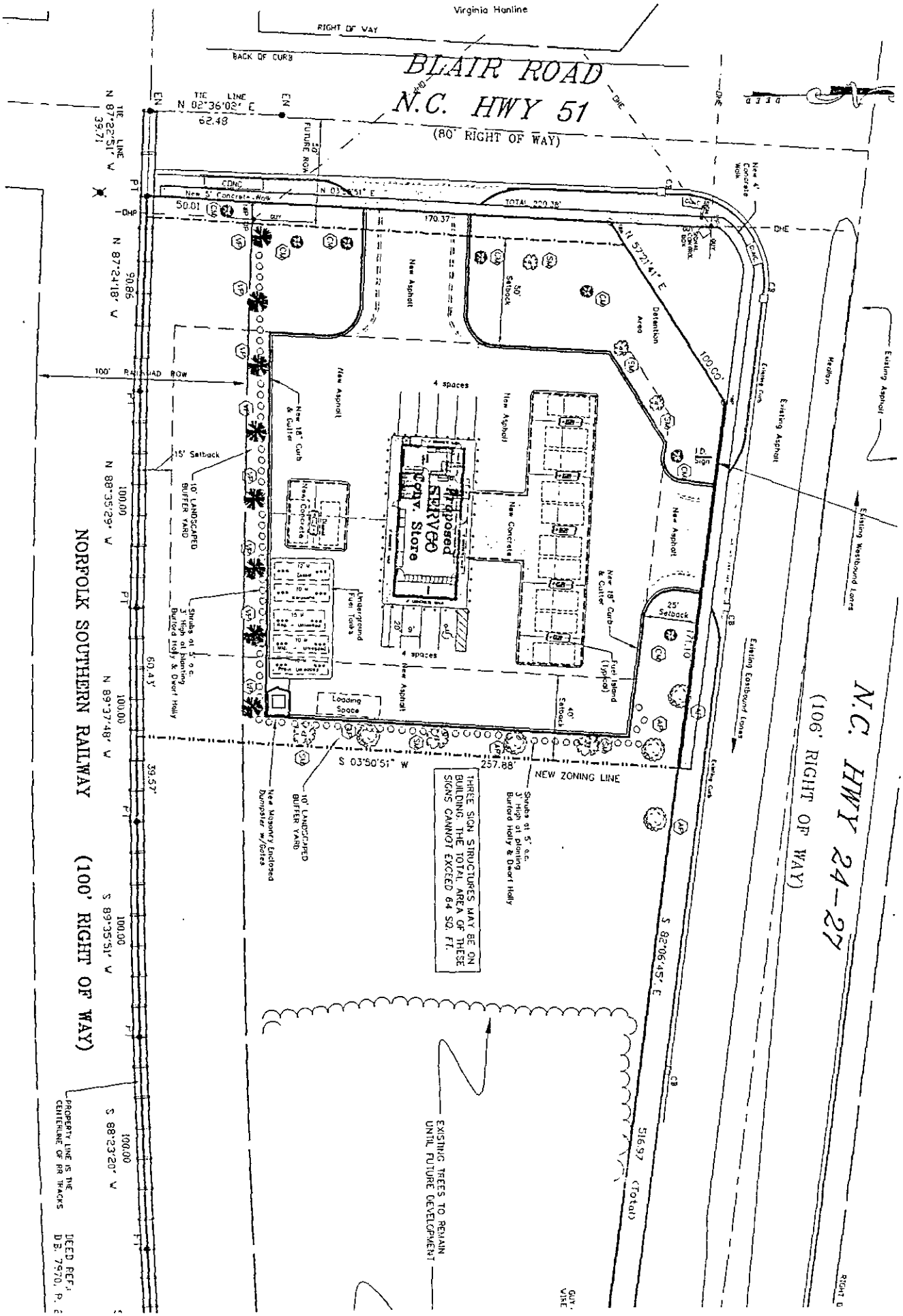
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? October 18, 1945

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 ON TO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 214, 700 N. TRYON ST., CHARLOTTE, N.C. 28202 (704) 336-5162

D:\dwg\1997\97024 Tue Dec 16 10:14:33 1997 Property of P.E.A. of North Carolina, Inc.



CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 12/16/97

Name/Company: Service Distributing Co.

Sanitation _____

Vector Control _____

IWWS ✓

Service: Improvement Permit
Hwy 51 + US 24/27
TP # 139-092-08

Fee: $ 100.00 (CASH)

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 23463 DATE: 3-2-99

TC: _____ ☐ L ☒ CRT

SERIAL Nº 17965

Name of Owner SERVICE DISTRIBUTING CO. Juris.: _____

Address of Property _____

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 700

Number of Lines 5 @ 140

Cover Depth 12" -

Water Supply Source WELL

Distance to Water Source 120'

Excavation Inspected 3-5-99

Tank(s) Inspected 3-5-99

Wash Line Inspected _____

High Water Alarm Inspected 3-7-99

logged into IIIb files

PLOT

Design 1500 S. 1500 DT CTR# EXPANSION

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. 1990 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: 3-2-99 - DETERMINED THAT REINFORCED TANK WOULD BE NECESSARY

4/26/99 OSU @ STATION, SOIL COVER OVER TANKS HAS BEEN REMOVED TO 36" OR LESS AND A SWALE HAS BEEN INSTALLED TO DIVERT SURFACE WATER FROM TANKS.

_____
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

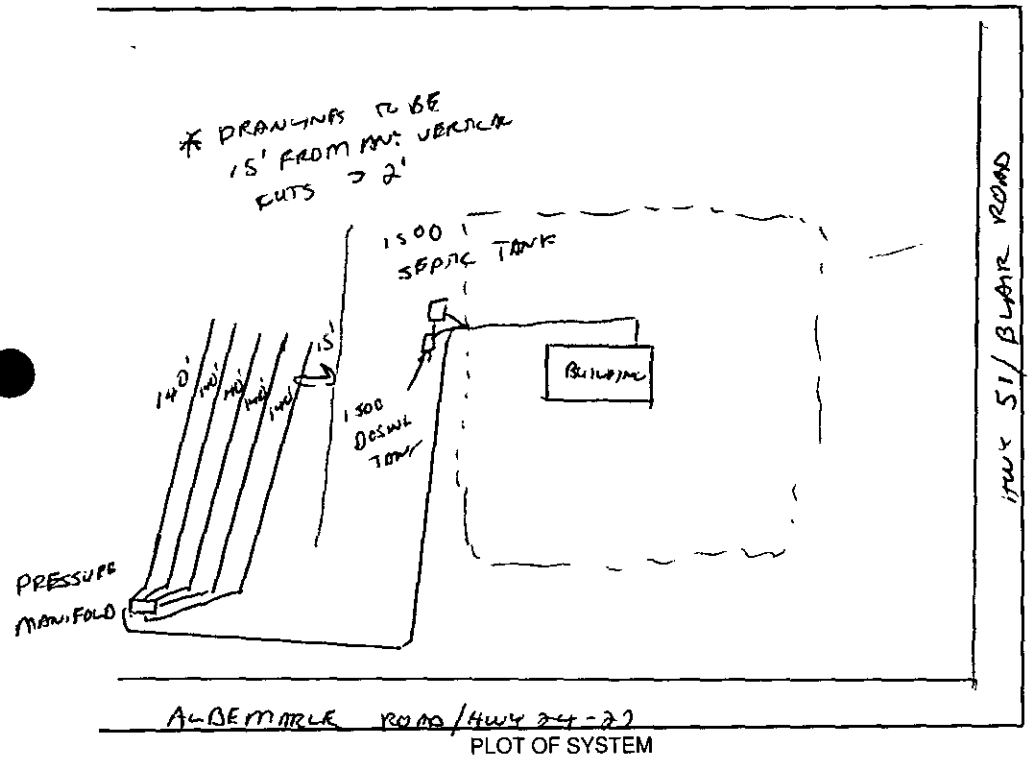
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2346B DATE: 1-19-99

TC: 135-092-88 ☐ L

SERIAL Nº 18031

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 _____. All work shall be completed on or before _____, 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 1500 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES TYPE III-G INNOVATIVE

Total Line Length 700 feet

Number of Lines 5

Depth of Stone INNOVATIVE inches

Distance from House _____ feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER SERVICE DISTRIBUTING COMPANY, INC.

LOCATION OF PROPERTY 11324 BLAIR ROAD.

Comments: (1) DESIGN IS TO BE A TYPE III-G INNOVATIVE INSTALLATION (2) PRESSURE MANIFOLD W/ 5 OUTLETS TO BE USED, TO OBTAIN 2' OF HEAD, USING SCHEDULE 80, 1" TAPS, EACH TAP @ W/ 5.48 GPM FOR TOTAL OF 27.4 GPM.

TOTAL DYNAMIC HEAD FOR 30

(3) INSTALL NEMA 4X ALARM @ RISER

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Permit Number: 2346B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 139 092 08

- 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	
Type Primary Wastewater System Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	650 Max gallons/day wastewater flow	2124 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	708 Total trench length (ft)	24 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
NA Bedrooms in residence	1500 Gallon pump tank	NA Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement forms to be on file before construction Authorization release. Lift pump required, pressure manifold w/ Innovative System Approval				

Repair Area System Type Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
2124 Absorption Area (Sq ft) 708 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departme
- This Improvement permit is transferable.

Thilo S. Walker R.S. 5/28/98
DEHNR Authorized Agent Date

× Kent Smith 6/4/98
Owner/Agent Signature Date

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

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

IWWS-100195

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

BK: 09718 PG: 0826/0829 #:0378 14.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/04/98 13:20

FILE # 2346 B
PARCEL # 139-092-08

The undersigned, Service Distributing Co., Inc., owner of property located at 11324 Blair Road; Mint Hill, NC 28227, (the "site") and described in an instrument recorded in Book 7970 at Page 278/282, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Service Distributing Co., Inc.
Mail after recording to: P.O. Box 30
ALBEMARLE NC 28001

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 18th day of May, 1998.

Service Distributing Co., Inc.
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

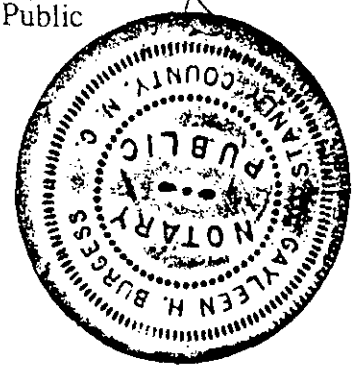
STATE OF NORTH CAROLINA
COUNTY OF Stanly

I, Gayleen H. Burgess, a Notary Public for said County and State, do hereby certify that K.R. Helderman personally came before me this day and acknowledged that he is _____ Secretary of Service Distributing Co., Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by himself as its _____ Secretary.

WITNESS my hand and notarial seal, this 18th day of May, 1998.

Gayleen H. Burgess
Notary Public

My Commission Expires:
6/25/2002



RBCWM:24751_1/8-30-95

Pd 200.00 Chk #'s 11959 & 12004 5/19/98

FEE: 100.00
DATE: 12-16-97

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

[redacted]

gc
1 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 #: 2346B

PROJECT TRACKING #:

PROPERTY INFORMATION FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-092-02

X ___ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: HWY 51 & US 24/27

DESCRIBE TYPE OF BUSINESS:
Convenience Store Gas Station

LOT NUMBER:

Square footage of facility: 2100 Sq Ft

TOWNSHIP (CHECK ONE):

NUMBER OF EMPLOYEES: 7 PER SHIFT: 1, 2, 1

X 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:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
X FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X 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 X 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:

NAME: Service Distributing Company, Inc
(LAST) (FIRST) (MI)

ADDRESS: 1024 North 2 nd Street

CITY: Albemarle STATE: NC ZIP: 28001

DAYTIME PHONE: 704 982 -- 2197

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Akin Charles C.
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 982 -- 2197

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? October 18, 1945

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 ON TO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: Charles C. Akin

DATE: 12-16-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 214, 700 N. TRYON ST., CHARLOTTE, N.C. 28202 (704) 336 5162

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: ISHWAR C. DEVKOTA TELECOPIER # 919-715-3227

FROM: DREW WALKER DATE 4-20-99

NUMBER OF PAGES TRANSMITTED: 3, (including cover sheet)

COMMENTS: PROPOSED PLAN FOR REINFORCING TANK IN PLACE

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

LETTER OF TRANSMITTAL

JAMES D. WARNER, P.E.
STRUCTURAL ENGINEERS
P. O. Box 1181
585 North Polk Street
Pineville, N.C. 28134
Tel: (704) 889-2569
Fax: (704) 889-2573

JOB

DATE: 4-19-99

PROJECT NUMBER: 99039

Reference:

SERVCO, MINT HILL

Forward To:

BILL BROADWAY
D.P. MOSELY CONST. CO.
FAX # 319-9940
TEL # 344-0133

GENTLEMEN:

WE ARE SENDING (ATTACHED) / (UNDER SEPARATE COVER) VIA FAX & MAIL:

(DRAWINGS) / (PRINTS) / (SPECIFICATIONS) / (SHOP DRAWINGS) / (CALCULATIONS) / (PLANS) / (COPY OF LETTER) / (CHANGE ORDER) / OTHER

COPIES	DATE	NUMBER	DESCRIPTION
1		350	FAX COPY OF PLANS

TRANSMITTED AS CHECKED BELOW:

- ____ FOR APPROVAL
- X FOR YOUR USE
- X AS REQUESTED
- ____ NO EXCEPTIONS TAKEN
- ____ EXCEPTIONS NOTED
- ____ SUBMIT SPECIFIED ITEMS
- ____ REVISE AND RESUBMITE
- ____ NOT ACCEPTED
- ____ OTHER: ____

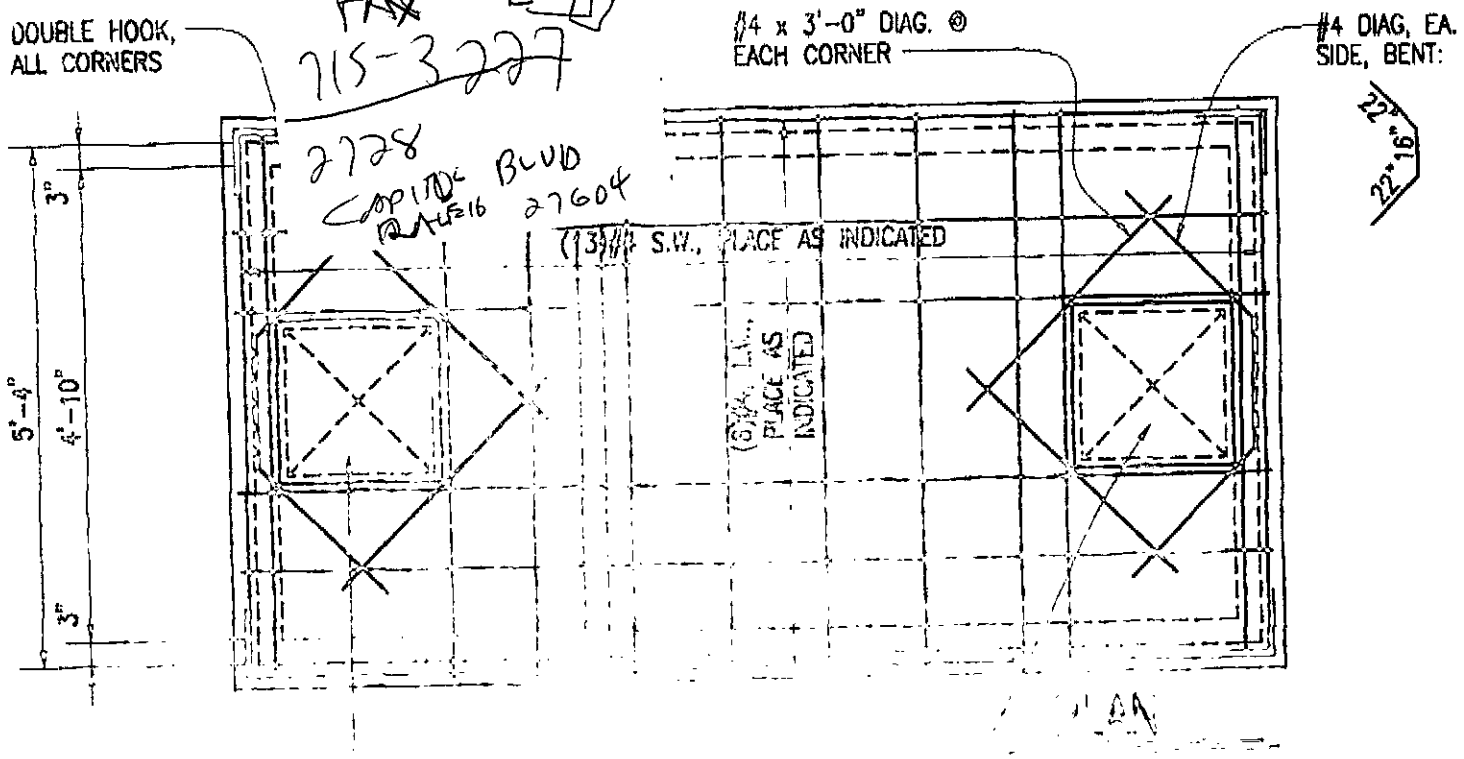
REMARKS:

ATTN: WALKER
MECK. CO. ENVIR. HEALTH
FAX # (704) 336-5590

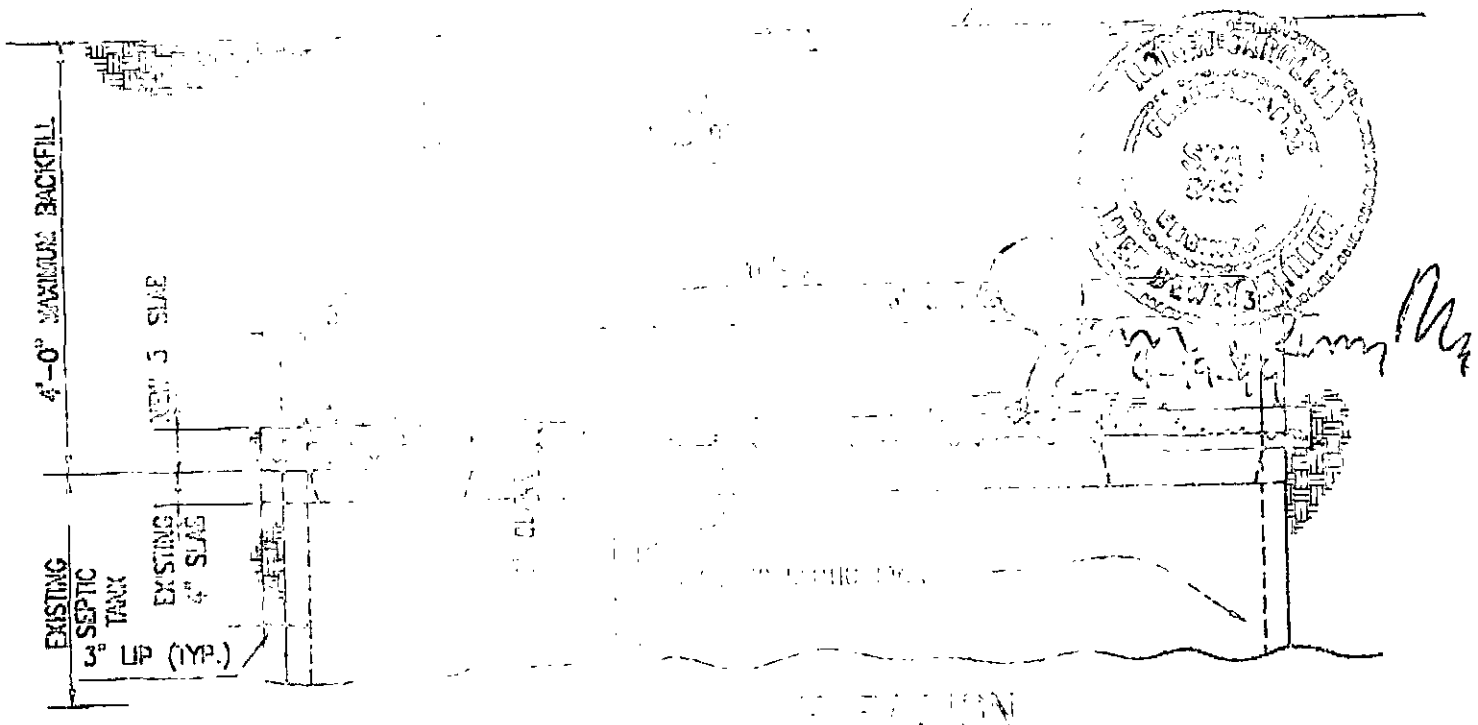
SIGNED: James D. Warner

FAX 715-3227

2728 CAPITOL BLVD RALEIGH 27604



PLAN



SECTION

REINFORCED SEPTIC TANK TOP SLAB

1/2" = 1'-0" CAN_04

JAMES D. WARNER, P.E. STRUCTURAL ENGINEERS 585 North Polk Street Pineville, N.C. 28173 TEL: (704) 889-2569 TEL: (704) 889-2573	SUBJECT: SEPTIC TANK ROOF SLAB REPAIR D.R. Mossley Construction Company Fax No. (704) 394-9940 PROJECT: SERVCO Station 13354 Albemarle Road, Mint Hill, NC JDW PROJ. NO.: 98039 DATE: 19 April, 1999
	SHEET SS_01 OF 1

D.R. Mozeley, Inc.

Date : 3/11/99

Company : _____ Fax: (___) 336-6849

Attention : Dicsi Walker From: Bobby Broadway

Re: _____ Pages: _____ of _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ As Requested

Notes:

FAX
715-3227

2728
Copinol Blvd
Raleigh 27604

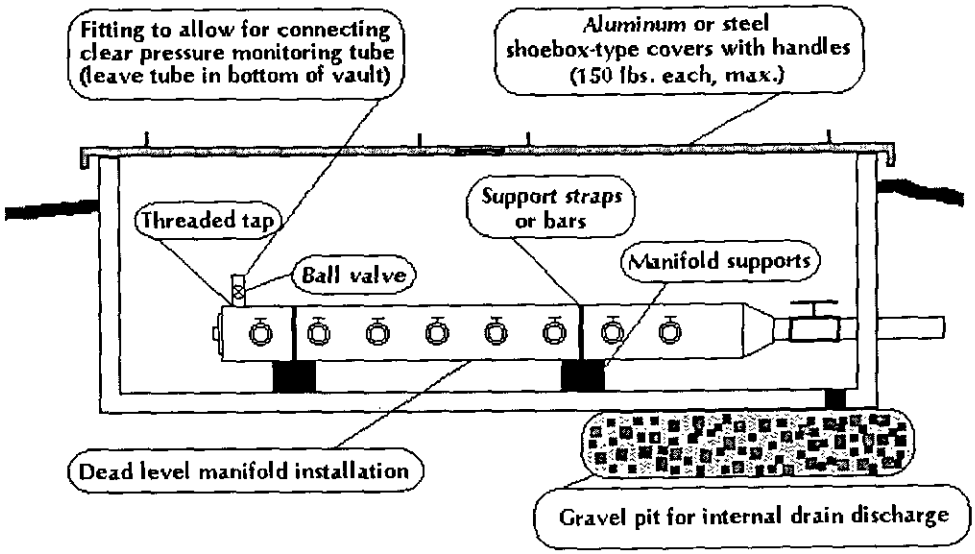
SHOAF PRECAST SEPTIC TANK, INC.
4130 HIGHWAY 64 WEST
LEXINGTON, NC 27292
TELEPHONE: 336/787-5826
FAX: 336/787-2826

3/11/99

TO WHOM IT MAY CONCERN:

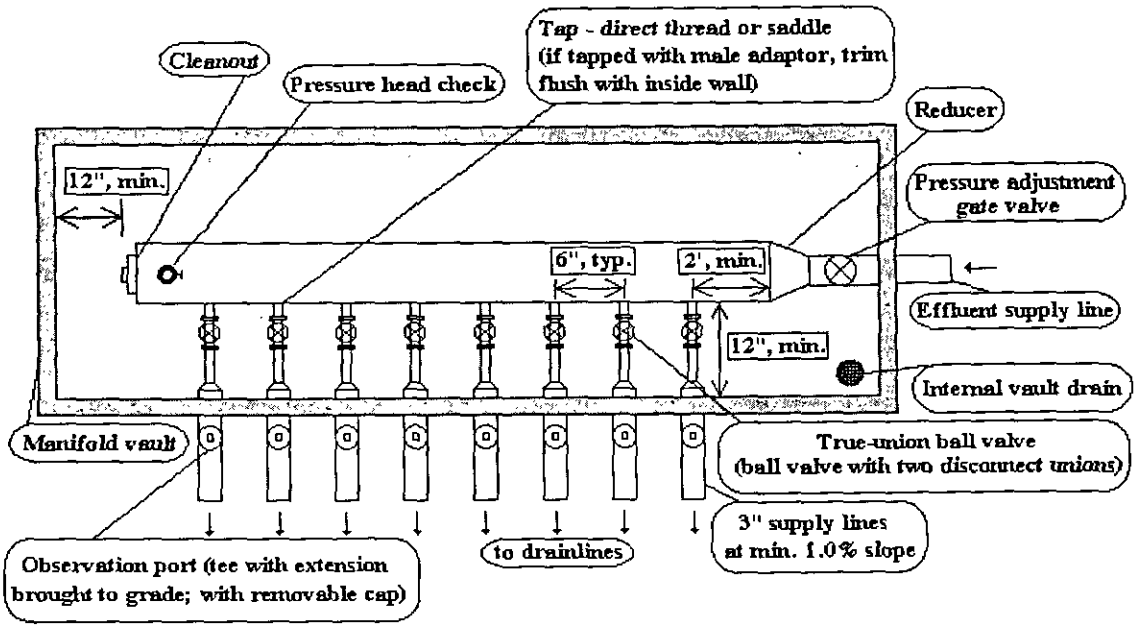
THIS IS TO CERTIFY THE 1500 GALLON SEPTIC TANK AND [illegible] GALLON PUMP TANK SET BY ERNEST [illegible] ON MARCH [illegible] AT [illegible] ADDITIONAL REQUIREMENTS [illegible] WITH A RISER [illegible] REGIONAL OF [illegible]

[signature]

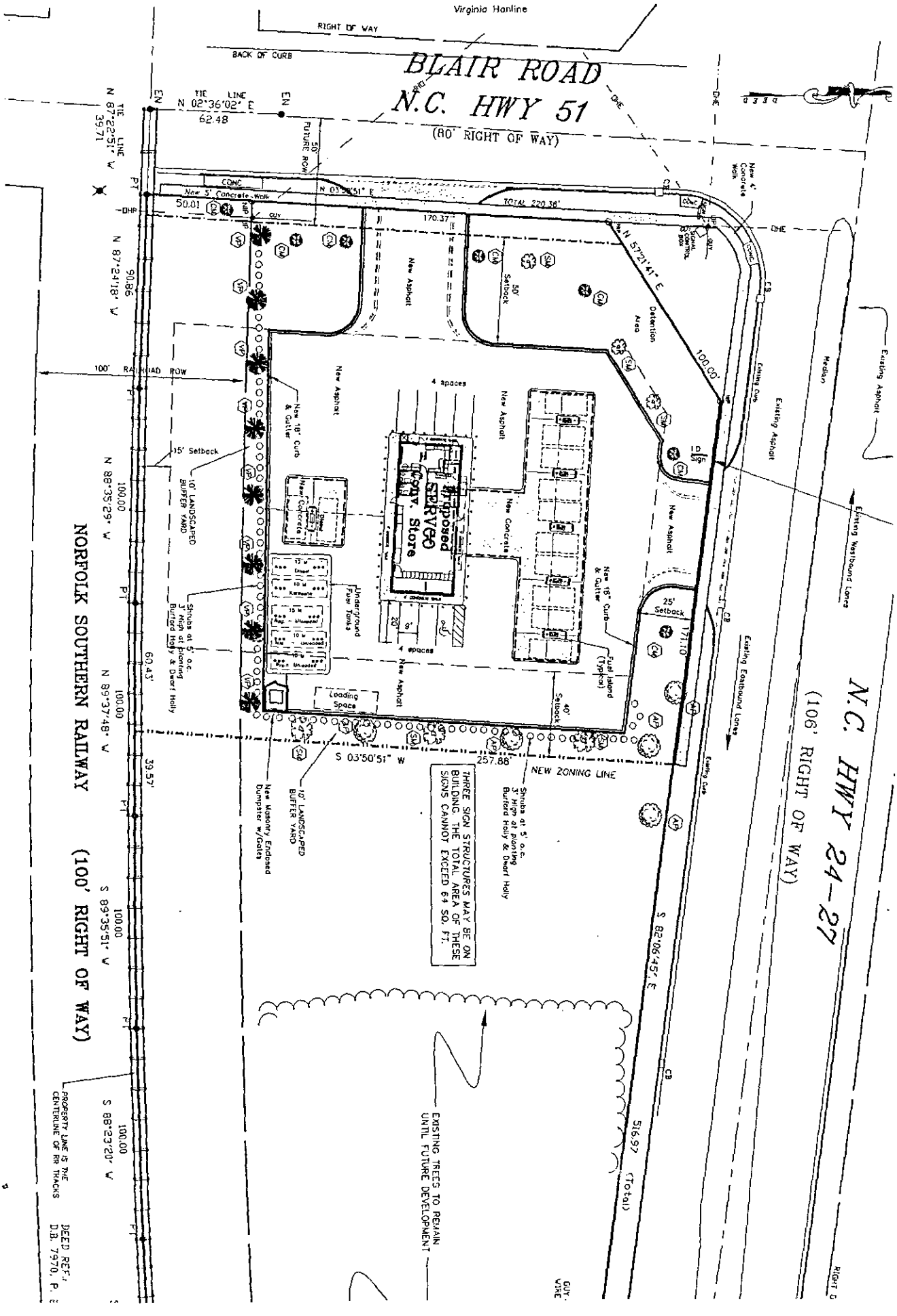


Profile View of Pressure Manifold for Sloping Site Installation

(not to scale)



D:\dwg\1997\97024 Tue Dec 16 10:14:33 1997 Property of P.E.A. of North Carolina, Inc.



DATE 5/19/98

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

139-092-08
PARCEL NUMBER

11324 Blair Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Air Mount

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

NEW ADDRESS

SIGNED: Pmc

Paid w/bill Project # 001-975902

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 400
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/28/98 PERMIT NO: 2346B

PARCEL NO: 139 092 08

JOB LOCATION ADDRESS: 11324 Bain Rd

PROPERTY OWNER: Service Distributing Company Inc

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Philo S. Walker R.S. DATE: 5/28/98

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2346B, 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms to be on file before cons. Authorization release.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Phil Smith 6/4/98

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

40°

#1 2346A
PO 137-092-08

OWNER: Seneca Distributing Co.
APPLICANT:
ADDRESS: 1024 River 2nd St. Allenwood
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: store
PROPOSED DESIGN FLOW (.1949): multiple
PROPERTY SIZE: 2.5 ins
LOCATION OF SITE: Highway 61 & 24/87
PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE % (slopes 5-10%)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-3"	gr/scl	Fr/SE/P/SS/SO	7.5YR 5/8 TO 5/1 WETNESS	48"	N/A	None	PS .39/F2 LV
		3-48"	SBK/C	F/SE/P/SP					
2	LS	0-3"	gr/scl	Fr/SE/P/SS/SO	7.5YR 5/8 TO 5/1 WETNESS	48"	N/A	None	PS .39/F2 LV
		3-48"	SBK/C	F/SE/P/SP					
3	LS	0-2"	gr/scl	Fr/SE/P/SS/SO	7.5YR 5/8 TO 5/1 WETNESS	48"	N/A	None	PS .39/F2 LV
		2-48"	SBK/C	F/SE/P/SP					
4	LS	0-5"	gr/scl	Fr/SE/P/SS/SO	7.5YR 5/8 TO 5/1 WETNESS	48"	N/A	None	PS .39/F2 LV
		5-48"	SBK/C	F/SE/P/SP					
5	LS	0-4"	gr/scl	Fr/SE/P/SS/SO	7.5YR 5/8 TO 5/1 WETNESS	48"	N/A	None	PS .39/F2 LV
		4-48"	SBK/C	F/SE/P/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): provisionally suitable
EVALUATED BY: W. R. Merlin 2-9-98
OTHER(S) PRESENT: LSS

COMMENTS: Not Sure of 100% Depth
in inches

LEGEND

use the following standard abbreviations

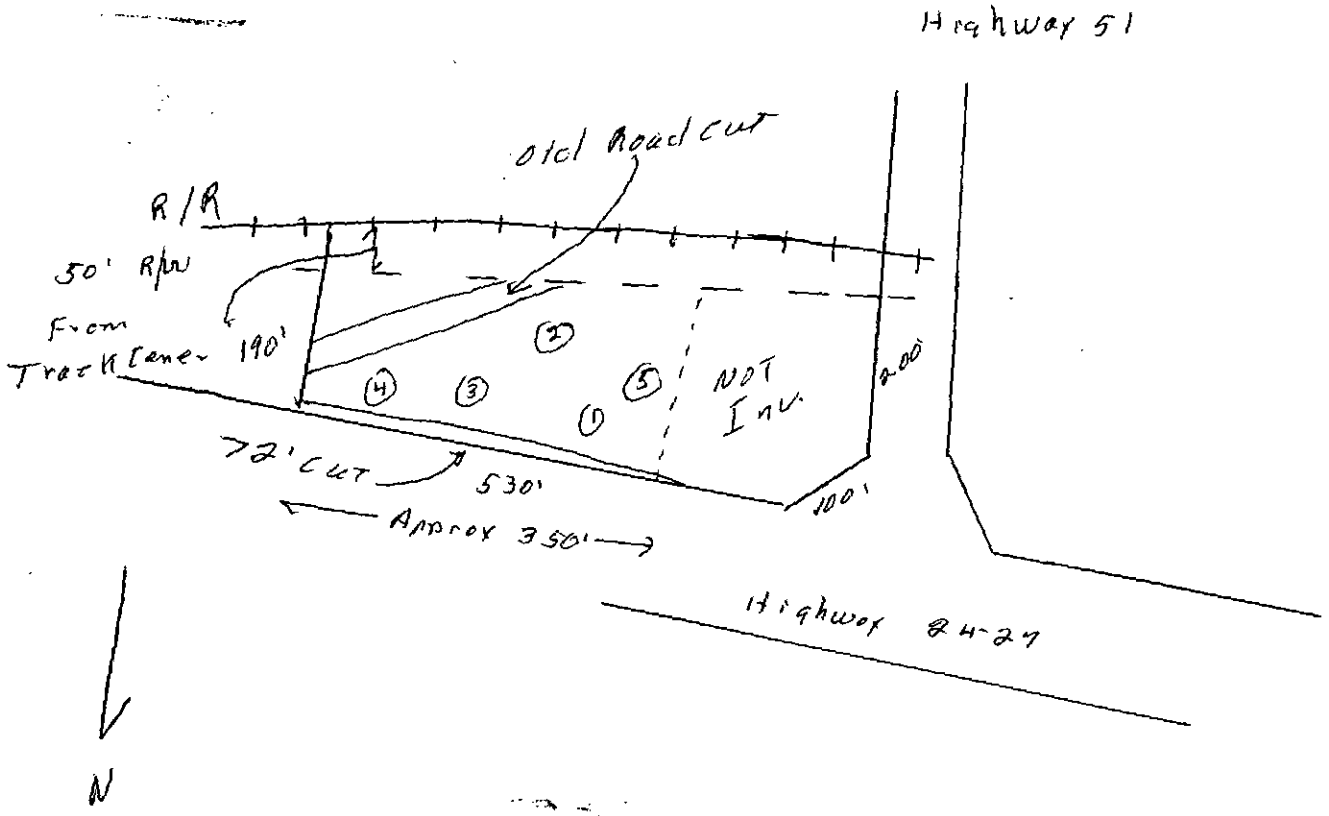
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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 #: 6900A Permit #: _____ Tax Parcel #: 139-33-219

Property Owner: MARC & KELLY KENT

Job Location Address: 10719 TIMBER CREEK CT.

City: MINT HILL State: NC Zip Code: 28227

Operation Permit Issuance Date: _____ Contractor Name: ROBBIE RAY

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: ZOELLER W140

Drainfield Installation ☐ N/A INNOVATIVE 25% REDUCTION CHAMBERS

Trench Depth: 26 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: N/A inches (Type) 1110.9

Depth of Cover: 12 inches

Distribution Device: PM

Inspection Dates

Tank(s) Inspected: 1/26/09

Excavation Inspected: 1/26/09

Pump & Controls Inspected: 1/26/09

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

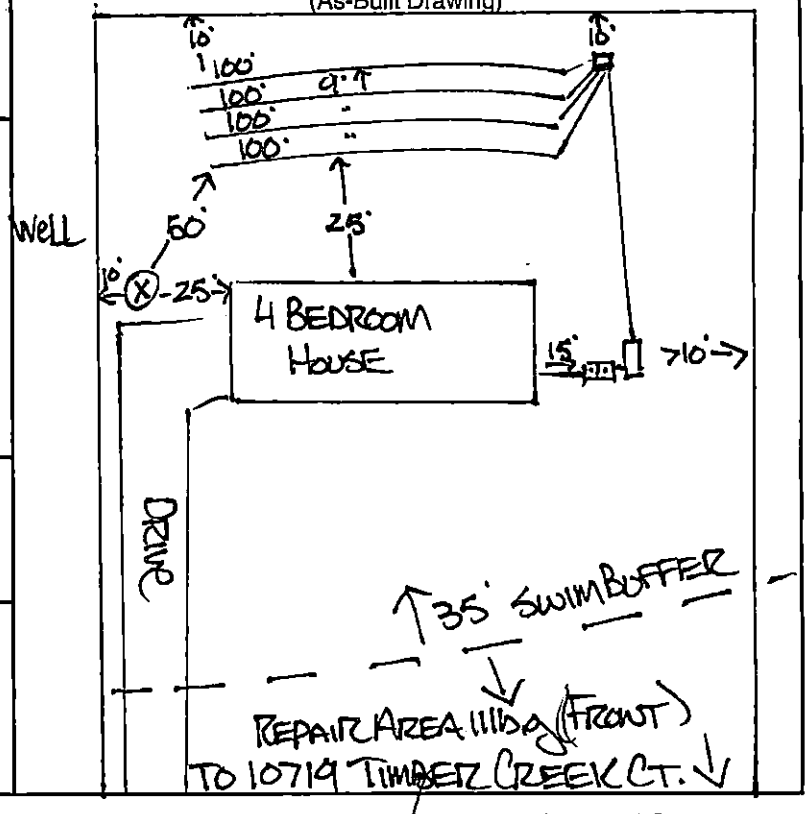
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >25 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: 750 feet

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: 1110.9, INNOVATIVE, 25% REDUCTION, CHAMBERS. 4 LINES INSTALLED @ 100' EACH. >25' FROM FOUNDATION DRAIN, >50 FROM WELL.

DENR Authorized Agent: DAVID CORNELIUS Signature: _____

(IQAW, PY, N/A, N/A)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2346B DATE: 7/6/05

TC: 135-092-08 ☑ L ☐ CRT

SERIAL 19674

Name of Owner WILCOHESS, LLC Juris.:

Address of Property 13354 ALBEMARLE ROAD CHARLOTTE, NC 28227

Inspection Data:

Tank Material 2000 GAL. (TRAFFIC RATED)

Total Length of Drainfield 12' x 100' BED

Number of Lines 4 @ 100'

Cover Depth 12" + adeq

Water Supply Source PRIVATE WELL

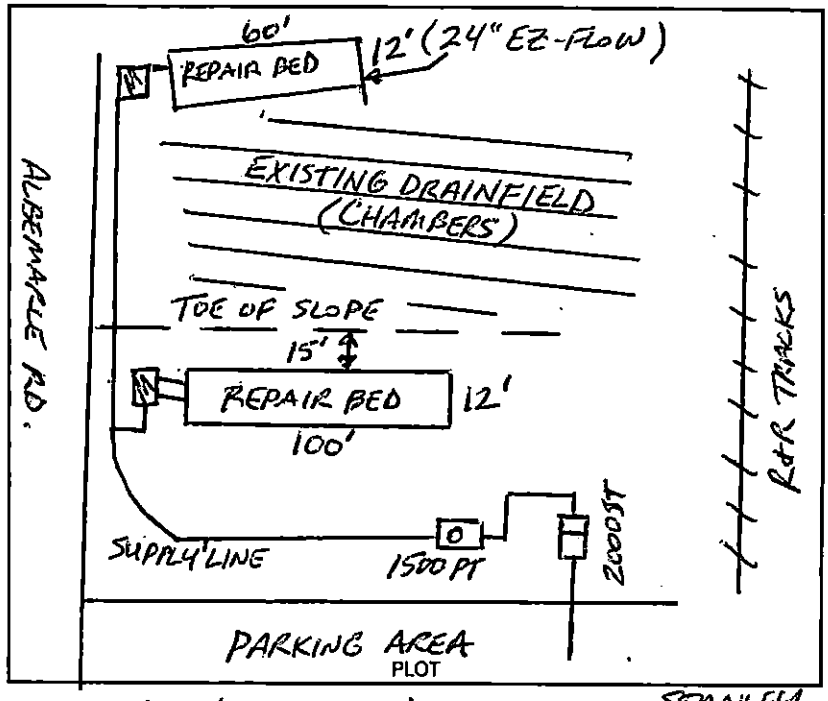
Distance to Water Source > 100'

Excavation Inspected 7/1/05 adeq

Tank(s) Inspected 7/1/05 adeq

Wash Line Inspected N/A

High Water Alarm Inspected 7/6/05



Design 2005/REPAIR/1200 SEB/48" GRAVEL/PI/MANIFOLD/CONV. CTR# STANLEY SEPTIC

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. 1990 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: REPAIR BED INSTALLED FOR DAILY DESIGN FLOW OF 950 GPD. REPAIR PLUMBED INTO EXISTING SYSTEM W/ BALL VALVES. COMMERCIAL EFFLUENT FILTER INSTALLED. PUMP TANK PLUMBING REWORKED. EXISTING 1500 GAL. SEPTIC TANK CRUSHED & FILLED AT SITE.

*TYPE III b REPAIR SYSTEM

Environmental Health Specialist

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

MAIL NOV & PME REPORT TO:

ATTN KEN BRITT & [redacted] Bethe rightledge

Wilcohess LLC

5446 University PARKWAY

WINSTON SALEM NC 27105

1-800-642-0945

Ext 1102

Ken

Ext 1010

Beth

& TO STORE LOCATION

Store 356

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County Health Department	Name of Establishment	Permit/Project No.
Location 13354 Albemarle Rd.	Type of Establishment	Design Flow
Owner/Agent	Address	Phone
Operator	Address	Phone
IIIb System Type	Date of Inspection	Next Inspection Due

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☒	☐	Riser not 6" high divert surface water
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....:.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☑	☐	☒	
b. High-water alarm present and operating properly?	☐	☒	☒	high water alarm not functioning
c. Floats/pipe/valves/disconnects in good condition?	☑	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☒	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☒	☐	
d. Control panel enclosure/components in good condition?	☒	☒	☐	Need a new Riser ~~float~~ SP mount Inlet 12" above floor
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

Randy Melton
Piedmond Septic
#(704) 857-6426



13354 ALBEMARLE RD

13909208

12/27/2007

duponbj

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