

7428 MATTHEWS-MINT HILL RD

19701207

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3575B DATE: 2/14/96

TC: 197 012-07+29 (combined) ☐ L ☒ CRT

SERIAL Nº 16420

Name of Owner SCI Funeral Services Inc Juris.:

Address of Property 7428 Matthews-Mint Hill Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 600'

Number of Lines 6 @ 100'

Cover Depth 8" - 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 11/10/95 + 11/13/95 (4 lines PAN, 2 lines L. Thompson)

Tank(s) Inspected 11/10/95

Wash Line Inspected NA

High Water Alarm Inspected 2/8/96

PLOT

Design 1995, 1500ST, 1000DT, PI, 1800SFT, 12"stone Cecil CTR# RCS 90

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: Domestic waste only | Existing Tank properly abandoned by RCS | Well abandonment forms on file | Survey of lot supplied to HD and on file

Approval for 176 seat funeral home Type II, III b.

Philo S. Walker R.S.

Environmental Health Specialist

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

Prop Prop #98493 $460 8837

3575B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

rec'd 150.00 check # 8837 5/12/95 SP

CRT

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

(704)336-5102

PERSON FILING APPLICATION: J.B. WADDELL General Contractor
NAME: WADDELL (last) JAMES (first) R. (mi)
ADDRESS: P.O. Box 220142 PHONE: (704) 336 6812
CITY: Charlotte, N.C. STATE: NC ZIPCODE: [redacted]

Date: 5.11.95

PROPERTY OWNER: S.C.I. Funeral Service, Inc. 28222
NAME: Smith (last) MARK (first) (mi)
ADDRESS: 1929 ALLEN Parkway PHONE: (713) 525-5309
CITY: HOUSTON, TEXAS STATE: Tex ZIPCODE: 77019-0548 [redacted]

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-012-7 & 29
STREET ADDRESS: 7428 Matthews Mint Hill Rd
ZONING: B-G (Mint Hill)

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 7 & 29 LOT SIZE (in acres): 1.027Ac +

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: J. B. Waddell Date: 5/11/95

NOTICE:

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

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

...This permit is not transferable.

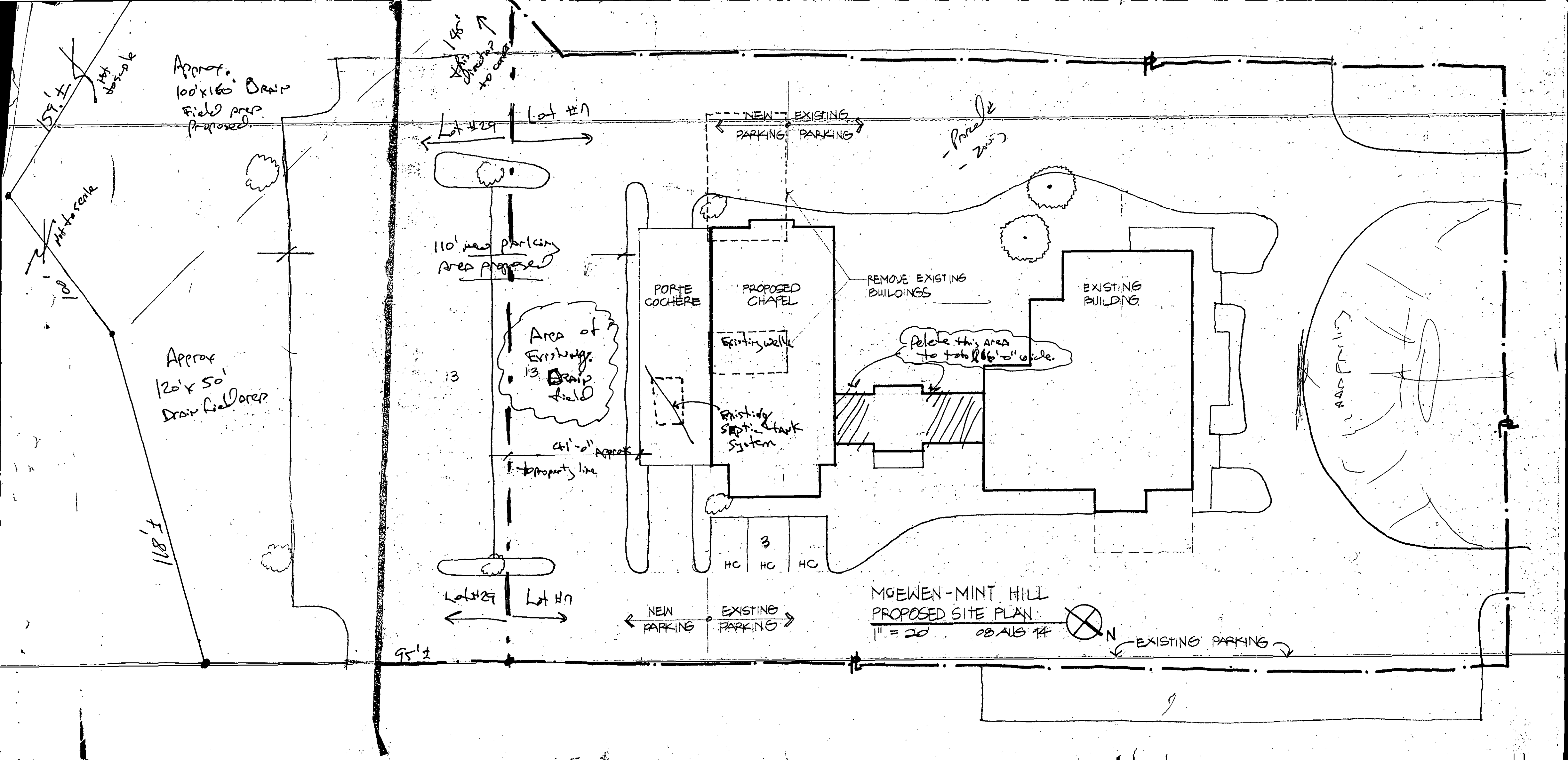
... Lift pump required
Domestic type waste water only

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

Philo S. Walker RS. 11/2/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


159.1±
Approx. 100'x160' Drain Field prep Proposed.
146'
Lot #129
Lot #11
NEW PARKING
EXISTING PARKING
110' new parking prep proposed
PORTE COCHERE
PROPOSED CHAPEL
REMOVE EXISTING BUILDINGS
EXISTING BUILDING
Existing well
Delete this area to take 66'-0" wide.
Area of Existing 13 Drain field
Existing septic tank System
41'-0" Approx. to property line
Approx 120'x 50' Drain field area
1181'±
3
HC
HC
HC
Lot #129
Lot #11
NEW PARKING
EXISTING PARKING
95'±
EXISTING PARKING
N
McEWEN-MINT HILL
PROPOSED SITE PLAN
1" = 20'
08 AUG 94

3575B

Department of Environment, Health, and Natural Resources
Division of Environmental Management
P.O. Box 27687 - Raleigh, N.C. 27611

WELL ABANDONMENT RECORD

CONTRACTOR D. L. Mullis Well Drilling Inc REG. NO. 346

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Mint Hill County Mecklenburg

Mint Hill Matthews Rd Quadrangle No. _____

(Road, Community, Subdivision, Lot. No.)

2. OWNER: McEwen Funeral Serv.

3. ADDRESS: Mint Hill Matthews-Rd

4. TOPOGRAPHY: draw, slope, hilltop, valley, (flat)

5. USE OF WELL: Indiv- DATE: 10-31-95

6. TOTAL DEPTH: 95 DIAMETER: 2"

7. CASING REMOVED:

feet	diameter
60	2"

8. SEALING MATERIAL:

Neat cement		Sand cement	
bags of cement	10	bags of cement	
gals. of water	50	yds. of sand	
		gals. of water	

Other

Type material Portland cement

Amount 800 lb.

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL

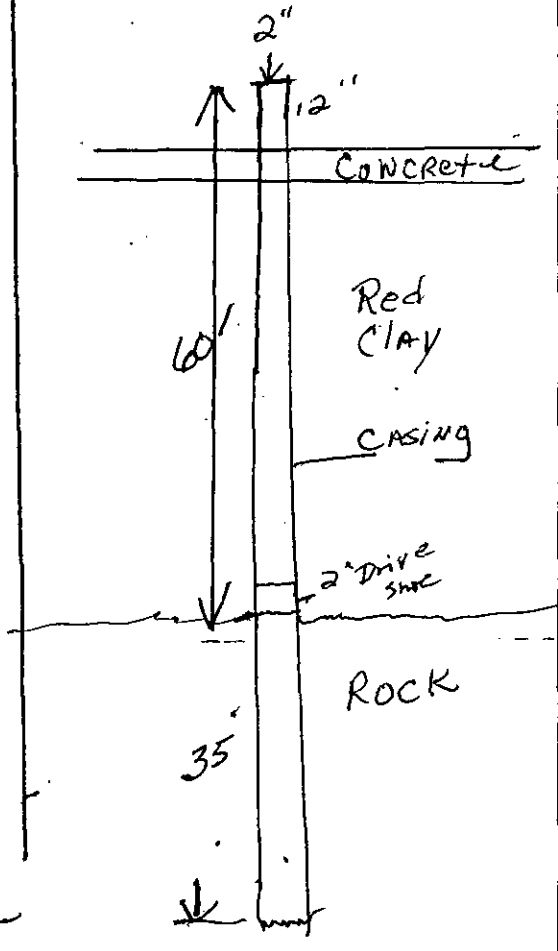
PSI Grout Pump

I do hereby certify that this well abandonment record is true and exact.

D. L. Mullis 10-31-95

Signature of Contractor or Agent Date

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 2/28/90

J.B. Waddell General Contractors, Inc.
P.O. Box 220142
CHARLOTTE, NC 28222

(704) 336-6870
FAX (704) 342-1498

LETTER OF TRANSMITTAL

DATE 2-9-96 | JOB NO.

ATTENTION Philo S. Walker, R.S.

RE Individual Water and Wastewater Systems

Re: 7428 Matthews-Mint Hill Rd.
File: 3575 B
Parcel 197-012-07, 29

TO Meck. County Health Dept.
Environmental Health Div.
Suite 211
700 N. Tryon St.
Charlotte, NC 28202-2236

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	Copy	ea.	Dwgs. C1, C2 + C3 showing Lots 7 + 9 Combined.

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☑ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS If you need more information let me know. Also, I would appreciate a call regarding your inspection.

COPY TO _____

SIGNED: G. T. Waddell (Betty)

RECYCLED PAPER:
Contents: 40% Pre-Consumer • 10% Post-Consumer

If enclosures are not as noted, kindly notify us at once.

Mecklenburg County
Health Department

January 26, 1996

S.C.I. Funeral Service, Inc.
Attn: Mark Smith
1929 Allen Parkway
Houston, Texas 77219-0548

Re: 7428 Matthews-Mint Hill Road
File: 3575B
Parcel: 197-012-07,29

Dear Mr. Smith:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900; .1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

3) Copy of well abandonment form is in file.

4) Existing septic system has been properly abandoned.

5) A copy of the plat showing lots #7 and 29 combined or a signed and recorded easement on file.

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

A letter was sent on November 21, 1995 addressing the above mentioned concerns with no reply. Please contact me as soon as possible concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

cc: J.B. Waddell

Mecklenburg County
Health Department

November 21, 1995

S.C.I. Funeral Service, Inc.
Attn: Mark Smith
1929 Allen Parkway
Houston, Texas 77219-0548

Re: 7428 Matthews-Mint Hill Road
File: 3575B
Parcel: 197-012-07,29

Dear Mr. Smith:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

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The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

CC: J. B. WADDELL

3575B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

rec'd 150.00 check # 9801 5/17/95 KO

[ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION: J.B. Waddell General Contractor

NAME: WADDELL (last) JAMES (first) R. (mi)

ADDRESS: P.O. Box 220142 PHONE: (704) 336 8110

CITY: Charlotte, N.C. STATE: NC ZIPCODE: [redacted]

Date: 5.11.95

PROPERTY OWNER: S.C.I. Funeral Service, Inc. 28222

NAME: Smith (last) Mark (first) (mi)

ADDRESS: 1929 Allen Parkway PHONE: (713) 525-5309

CITY: Houston, Texas STATE: Tex ZIPCODE: 77219-0548 [redacted]

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-012-7 & 29

STREET ADDRESS: 7428 Matthews Mint Hill Rd

ZONING: B-6 (Mint Hill)

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 7 & 29 LOT SIZE (in acres): 1.027Ac +

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: 176 seats
Type Business FUNERAL Home # Employees 4 Per Shift 4
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

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

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

Signed: J. B. Waddell Date: 5/11/95

NOTICE:

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

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

...This permit is not transferable.

176 seats x 3 = 528 ÷ .3 = 1760 ÷ 3 = 586 TLF

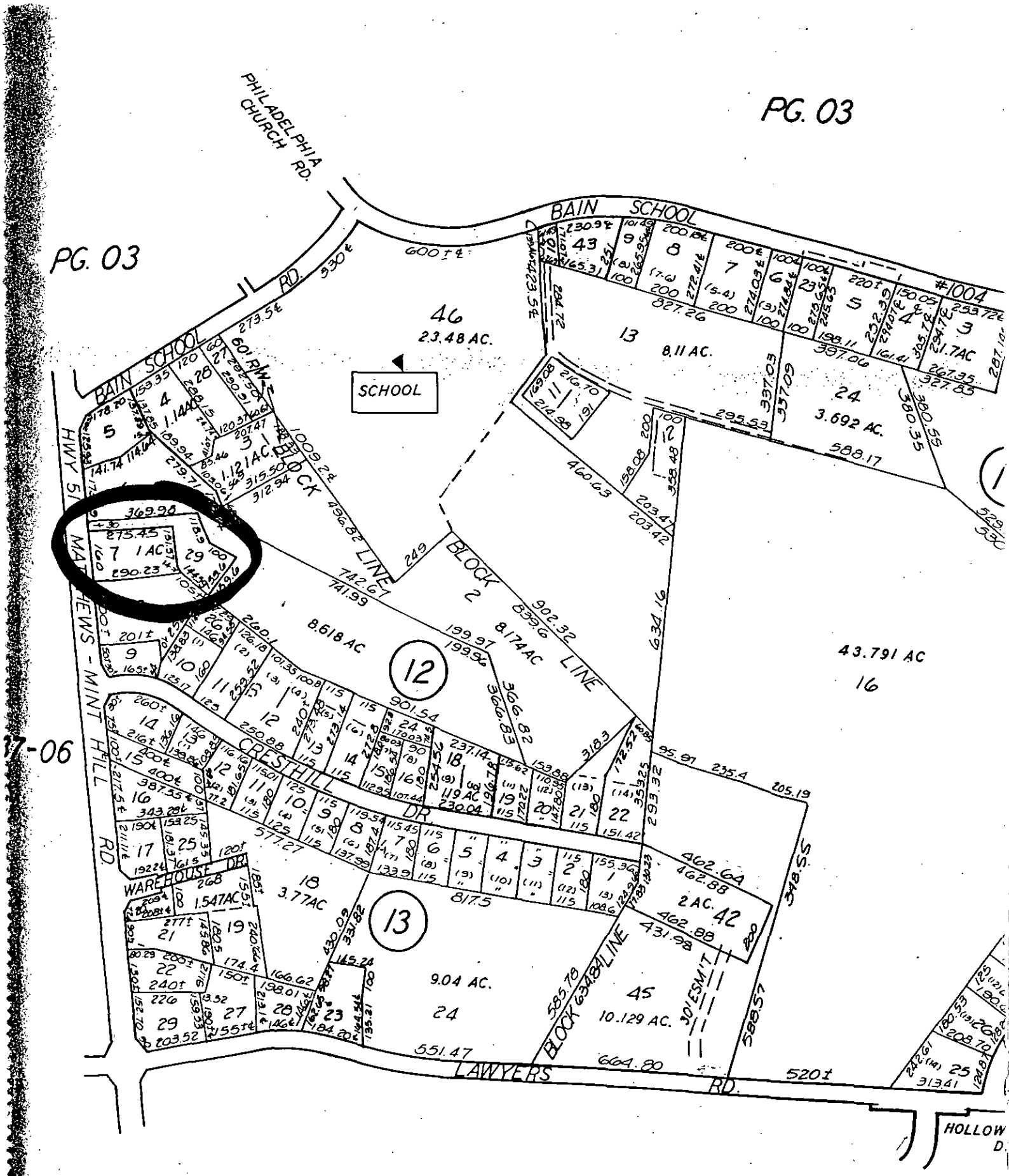
8/2195 Met Waddell on lot. Lot needs to be cleared.
need well abandonment form
need copy of new survey

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

PJW 11/2195 appr
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791


PG. 03
PG. 03
PHILADELPHIA CHURCH RD.
BAIN SCHOOL
BAIN SCHOOL
RD.
600 I ±
330 ±
273.5 ±
60' R/W
SCHOOL
46
23.48 AC.
13
8.11 AC.
#1004
827.26
397.06
397.03
337.09
295.33
380.55
380.35
588.17
460.63
203.42
24
3.692 AC.
1009.24
496.82 LINE
742.67
741.99
249
BLOCK 2
902.32
899.6
8.174 AC
199.97
199.96
366.82
366.83
634.16
8.618 AC
12
901.54
43.791 AC
16
HWY 51
MATTHEWS - MINT HILL RD.
CRESTHILL DR.
WAREHOUSE DR.
577.27
817.5
462.64
462.88
2 AC.
42
462.88
431.98
348.55
18
3.77AC
1.547AC.
9.04 AC.
24
45
10.129 AC.
585.78
634.84 LINE
301 ESM'T
588.57
551.47
LAWYERS RD.
604.80
520 ±
HOLLOW
BK. 195-05
FOR TAX PURPOSES ONLY

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

DATE: 11/2/95 PERMIT NO: 3575B
PARCEL NO: 197-012-07+29
PROPERTY OWNER: SCI Funeral Services Inc (Mark Smith)
BUILDING CONTRACTOR: J.B. Waddell Gen. Contractors
JOB LOCATION ADDRESS: 7428 Matthews-Mint Hill Rd
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Philo S. Walker R.S. DATE: 11/2/95
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3575B, 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: Only Domestic waste to be discharged into the septic system. Keep septic system > 100' from new well. Existing well and existing drainfield to be abandoned.

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.

× Benny Neal agent 11/2/95
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3575B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 197-012-01&29

- 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	~~520~~ 540 Max gallons/day wastewater flow	1800 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	600 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	1000 Gallon pump tank	12 Depth of stone	
Any surface waters present: NO Type:		Minimum separation distance:	
Site modifications required:			
Additional Conditions: Commercial property Addition for 176 seat Funeral Home Domestic-type wastewater only Existing well and present wastewater system shall be abandoned			
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
1800 Absorption Area (Sq ft) 600 Total Trench Length (Ft)	12 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 the 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 effect at the time of issuance of the permit and is subject to the following provisions:

- *No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.*
- This Improvement permit is transferable.

Philo S. Walker R.S. 11/2/95
DEHNR Authorized Agent Date

× Benny Neal 11/2/95
Agent 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

Date Issued 26 April 73 Serial No. 3609 ICAR(S) Permit No. 5568

T. C No. P.O. 197-018-06

Map Date 2-14-73

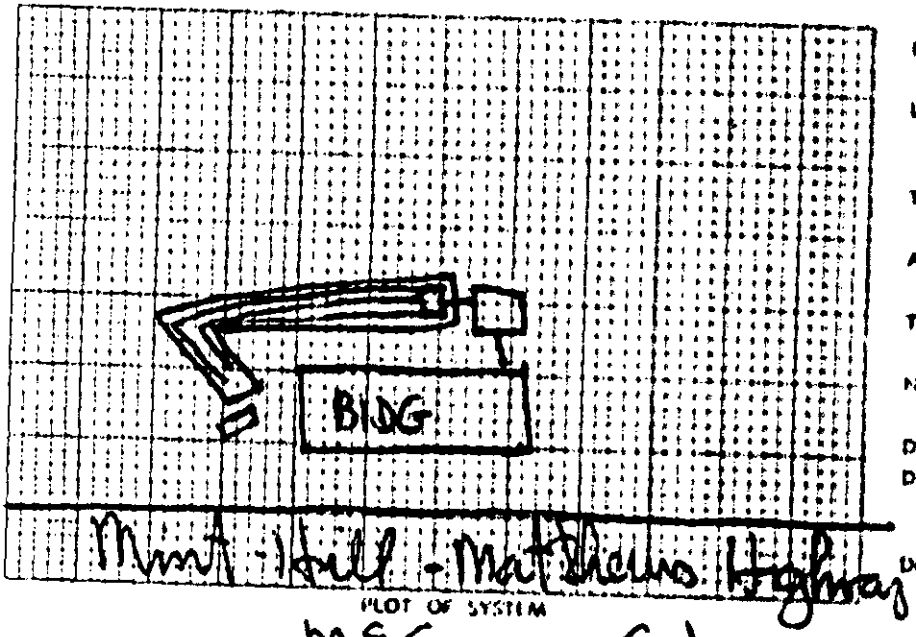
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application __ _____ dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 26 May 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Length 300 ±/ft

Number of Lines 3 (2½' x 100')

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Mc Ewen Enterprise

LOCATION OF PROPERTY Matthews - Mount Hill Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Aeration Pit 3½' x 7' x 4' stone

Simpson Const

Division or Section Head

R. M. Reynolds
Environmentalist

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

CSM NO. E 5-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued 30 April 73 Serial No. 3255

C of A (s) No. 5562

T. C. No P.O. 197-012-06

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner McEwen Enterprize (LAST FIRST MIDDLE)

Location of Property Matthews - Mint Hill Rd

Application Number 5562 Permit Number 5562

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 300 lft Number of Lines (1½' x 100') 3 lines

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 30 April 73 (DATE) Tank Inspected 30 April 73 (DATE)

Nitrification Field Inspected 30 April 73 (DATE)

Washing Machine Line Inspected, If Applicable ——— (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: Aeration pit 2½' x 7' x 4' stone

G. M. Reynolds
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

PROPOSED PLOT PLAN

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

FILE: 3575B

TC: _____

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

See Attached

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20608

File: ~~3-9~~ 35 75B W40 Action 1

Parcel: 197-012-07, 29 ☐ PC

Location: 7428 Matthews Mint Hill Road

Subdivision:

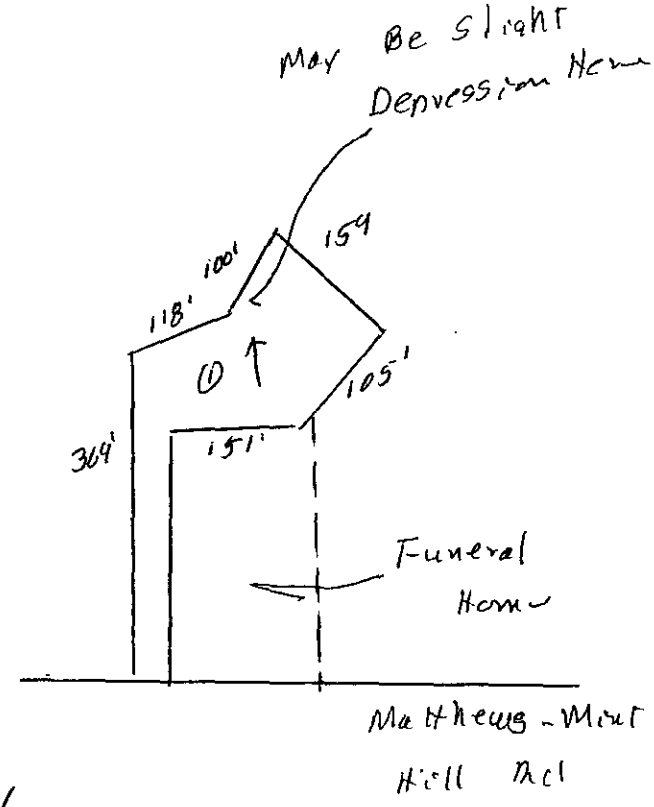
Lot: Block: Acres: 1.0

Owner: SC 1 Funeral Services, Inc
Address: 1929 Allen Parkway
Houston, Texas 77219-

Comments: Relocation of system
.3 gal/ft²/day LTAR

Described by: William R. Marks

Date: 6-9-95



NV

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Ex. Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" To soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20608

File: 35 75B

Action 1

Parcel: 117-012-07, 21

☐ PC

Location: 7426 Matthews Mint Hill Road

Subdivision:

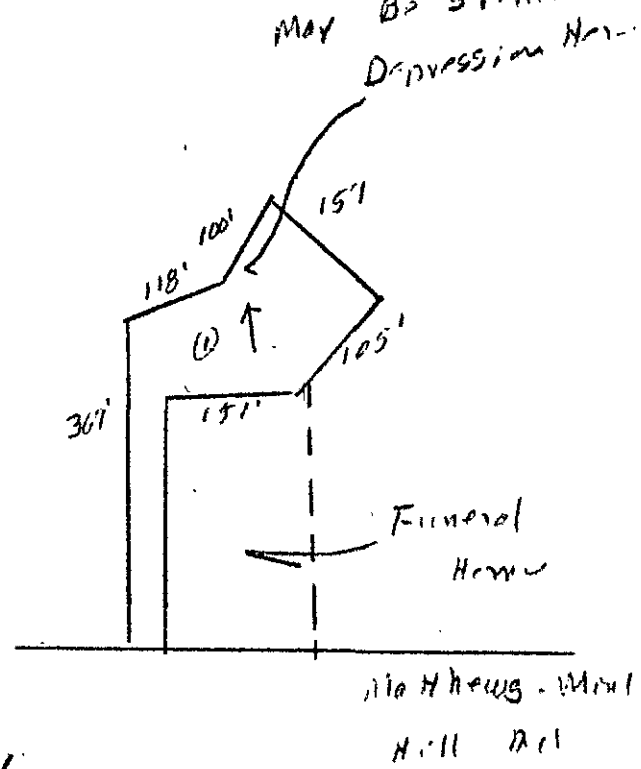
Lot: Block: Acres: 1.0

Owner: SCI Funeral Services, Inc
Address: 1929 Allen Parkway
Houston, Texas 77219-

Comments: ~~Relocation of septic 3 gal/ft/d by LPSS~~

Described by: William R. Marks

Date: 6-9-95



NV

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of *areas in the diagram.*

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U Slightly Ex. clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U >40" to soft weather	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 40-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U Limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV cecil/Mec					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/12/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE _____

PARCEL NUMBER 197-012-07+29

ASSIGNED ADDRESS 7428 Matthews-Mint Hill Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	*
2.	FLOODWAY REGULATIONS	/	*
3.	EROSION CONTROL REGULATIONS	/	*
4.	PUBLIC UTILITY EASEMENT	/	*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	✓
6.	PROPERTY FRONTS ON THOROUGHFARE	✓ *	
7.	DRIVEWAY PERMIT REQUIRED	*	✓

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100