

10400 N TRYON ST

05102102

6/1/2007

duponbj

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

Mecklenburg County
Health Department

Basil G. Deltas, M.D., M.P.H.
Health Director

April 17, 1989

William Chaffoo
7104 Preston Ct.
Charlotte,NC 28215

Dear Mr. Chaffoo:

RE: 10400 N. Tryon Street File #5469A

We have reviewed your application to use the existing sewage disposal system at the above address to accommodate the proposed take-out food service operation.

The site evaluation report dated March 1, 1989 indicates a small area of provisionally suitable soil which could serve as a limited repair area should the existing system fail. A review of the flow data submitted for a comparable operation indicates that approximately 175 gallons would be discharged into the system daily.

This department may approve the use of the existing system with the following provisions:

-- The design drawings, specifications, and menu for the take-out operation must be reviewed by the Sanitation Section prior to our issuance of approval to utilize the existing system. (Contact the plan review staff between 8:00-8:30 a.m. weekdays for information).

-- The existing well must meet requirements for a public non-community water supply.

-- The existing grease trap must be serviced as often as necessary to protect the sewage disposal system. Grease entering the system could render it nonfunctional.

-- If the existing system fails, one attempt will be made to allow the repair to the system in the area of provisionally suitable soil. If this attempt is not successful, the food service permit and the improvement permit may be revoked.

We sincerely hope that the system will accommodate the needs of the foodservice, and if it cannot we will expect your prompt cooperation with correcting any problems that may occur.

Please contact this department if you have any questions concerning the provisions.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

cc: Bill Hardister, R.S., Program Chief
Sanitation Section

Raymond McCall
Division of Health Services
N.C. Department of Human Resources
Public Water Supply Branch

Bill Ferguson, R.S.

SDD/kat

Chuck Meyer
827-3793
822-6040

10400 N. Tryon St.
CC Pub

William Chaffoo
7104 Preston Ct
537-1640

WILLIAM CHAFFOO
7104 PRESTON CT
CHARLOTTE NC 28215

Talked to Chuck 4-13-89

Statement

Cam Construction Co.
Rt. 1 Box 210
Stanley, N.C. 28164
827-3793

Date 3, 10, 89

To WILLIAM CHAFFOO
7104 PRESTON CT
CHARLOTTE NC 28215

Terms

		Pump out tank			120	00
		5 1/2			175	00
					295	
		By check #				
		$293.00				
		March 11, 1989				
		LARGE SEPTIC TANK				
		OF 1800 gls.				
		14 FT. LONG			293	00
		6 FT. DEEP				
		3 FT. LARGE				

CITY OF CHARLOTTE

NORTH CAROLINA

March 3, 1989

ACCOUNT NAME: Dominos Pizza
SUBJECT LOCATION: 10705 A Park Road Ext.
ACCOUNT NUMBER: 03-61-324000

This is to certify that the Charlotte Mecklenburg Utility Department provides water and sewer service to the subject location.

The above customer has a security deposit on file with us in the amount of $ 100.00 .

This customer also is/~~XXXHXX~~ in good payment standing with us.

CITY OF CHARLOTTE

REVENUE DIVISION

J. H. Ross, Staff Accountant

This location averages 7 ccf per month or 84 ccf for 12 month period of time. Converting 84 ccf to 12 mon. gallons usage is 62836 gallons of water used and /or 5,236 gallons per month used.

5236 / 30 = 175

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

March 2nd, 1989

William B. Bruner
6642 Bunker Hill Circle
Charlotte, NC 28210

RE: Property located at 10400 N. Tryon Street
FILE: 5469A
PARCEL: 04931103

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 12004) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12004

File: 54694 Action 2

Parcel: 049-311-03 ☐ PC

Location: 10400 N. Tryon St.

Subdivision:

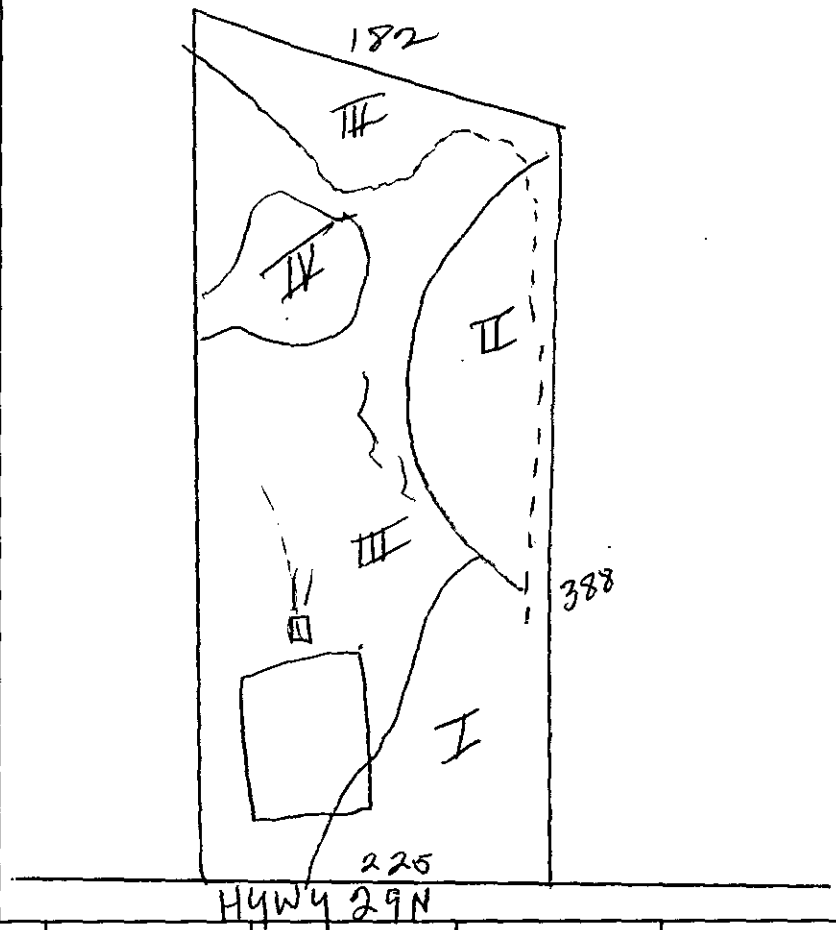
Lot: Block: Acres: 2

Owner: William B. Bruner
Address: 6642 Burnker Hill Circle
Charlotte, N. C. 28210

Comments: Soils Range From Light To Heavy A-1 Clays -

Described by: W. B. Ramsey

Date: 3-1-89



***** 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 4-8	S (PS) U 2-5	S (PS) U 2-6	S (PS) U 2-6	S PS U	S PS U
Texture	S PS (U)	S PS (U)	S PS (U)	S (PS) U	S PS U	S PS U
Structure	S PS (U)	S PS (U)	S PS (U)	S (PS) U	S PS U	S PS U
Drainage	S PS (U)	S PS (U)	S PS (U)	S (PS) U	S PS U	S PS U
Depth	S PS (U) 25+-30"	S PS (U) 5-15"	S PS (U) 25-40	S (PS) U 36"	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Available Space	S (PS) U	S PS (U)	S (PS) U	S PS (U) 30/50+-	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	IVb (Error) 2-1 Clay Under Fill	IVb A-C To Wilkes	IVb Mecklenburg	IVa Cecil Intrusion		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5469A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10.400 N. TRYON ST. CHARLOTTE, 28213

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: 049-311-03 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: WILLIAM (FIRST) B. (MIDDLE) BRUNER (LAST)

⑧ MAILING ADDRESS: 6642 BUNKER HILL CIRCLE

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28210

⑫ PHONE: (WORK) ✓ (HOME) 553-2103

⑬ Accurately diagram and dimension lot.

ENCLOSING A MAP OF THE TROPERTY.

⑭ The undersigned, 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: Dr. W. B. Bruner

Date: Feb. 20, 1987.

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/20/89

Name/Company Wm. B. Barnes

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Soil Test
#5469A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

RECEIVED
FEB 20 1989

FEB 20 1989

MECKLENBURG COUNTY HEALTH DEPARTMENT
BUDGET/MGT. SUPPORT

Fee: $30 — 7.30

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5469A
TC: _____
SERIAL: No 17775 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10400 N. TRYON ST. CHARLOTTE, 28213 (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 049-311-03
⑤ SUBDIVISION: _____ ⑥ LOT: BIG ONE ⑦ BLOCK: _____

OWNER

⑧ NAME: WILLIAM (FIRST) B. (MIDDLE) BRUNER (LAST)
⑨ MAILING ADDRESS: 6642 BUNKER HILL CIRCLE
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28210
⑬ PHONE: (WORK) _____ ⑭ (HOME) 553-2103

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉒ Number of bedrooms? _____
㉓ Maximum occupancy? _____
㉔ Basement? ☐ yes ☐ no

㉑ ☒ Business or place of public assembly
㉕ Type? PICASSO PIZA
㉖ Maximum number of employees? 2/4
㉗ Maximum number of seats? DELIVERY + PICK-UP ~~25 to 30 seats~~

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 the property for the purpose of processing this request.

Signed: William B. Bruner
Date: 2-13-89

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/13/89

Name/Company William B. Bruner

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Imp - Addition
#5169H

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 13 1989

Fee: $ 20 —

Completed by

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