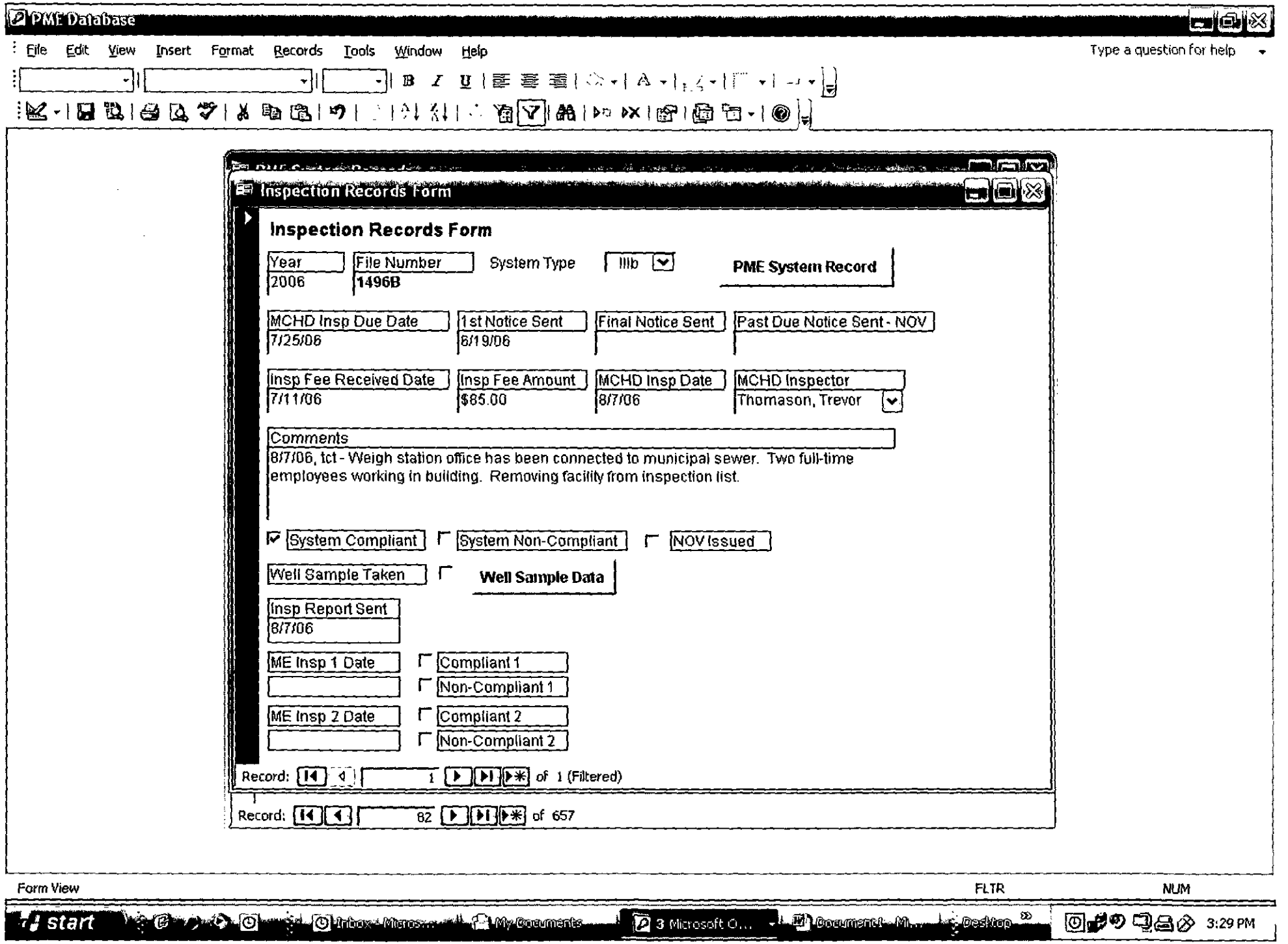
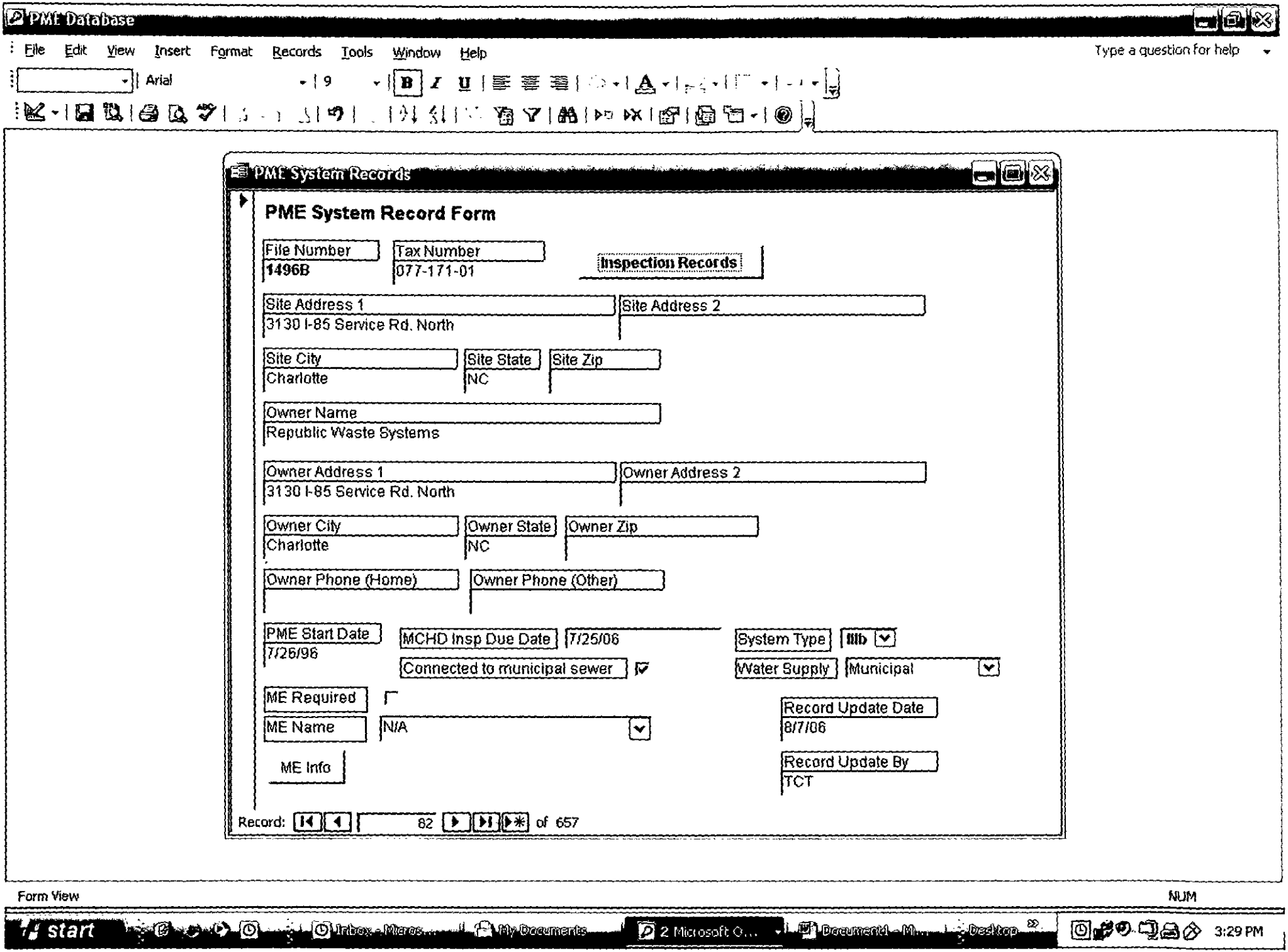



12/21/2007

duponbj

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


PME Database
File Edit View Insert Format Records Tools Window Help
Type a question for help
Inspection Records Form
Inspection Records Form
Year
2006
File Number
1496B
System Type
IIIb
PME System Record
MCHD Insp Due Date
7/25/06
1st Notice Sent
6/19/06
Final Notice Sent
Past Due Notice Sent - NOV
Insp Fee Received Date
7/11/06
Insp Fee Amount
$85.00
MCHD Insp Date
8/7/06
MCHD Inspector
Thomason, Trevor
Comments
8/7/06, tct - Weigh station office has been connected to municipal sewer. Two full-time employees working in building. Removing facility from inspection list.
System Compliant
System Non-Compliant
NOV Issued
Well Sample Taken
Well Sample Data
Insp Report Sent
8/7/06
ME Insp 1 Date
Compliant 1
Non-Compliant 1
ME Insp 2 Date
Compliant 2
Non-Compliant 2
Record: 1 of 1 (Filtered)
Record: 82 of 657
Form View
FLTR
NUM
start
3:29 PM


PME Database
File Edit View Insert Format Records Tools Window Help
Type a question for help
Arial
9
PME System Records
PME System Record Form
File Number
1496B
Tax Number
077-171-01
Inspection Records
Site Address 1
3130 I-85 Service Rd. North
Site Address 2
Site City
Charlotte
Site State
NC
Site Zip
Owner Name
Republic Waste Systems
Owner Address 1
3130 I-85 Service Rd. North
Owner Address 2
Owner City
Charlotte
Owner State
NC
Owner Zip
Owner Phone (Home)
Owner Phone (Other)
PME Start Date
7/26/96
MCHD Insp Due Date
7/25/06
System Type
IIIb
Connected to municipal sewer
Water Supply
Municipal
ME Required
ME Name
N/A
Record Update Date
8/7/06
ME Info
Record Update By
TCT
Record: 82 of 657
Form View
NUM
start
3:29 PM

# Mecklenburg County
## Health Department

7/18/02
CONFIRMED BY
CMUD - D HAVE TWO
SEWER TAPS
DAVID L.

July 11, 2002

REPUBLIC WASTE SYSTEMS
~~Chambers Waste Systems of NC~~
3130 I-85 Service Rd. N.
Charlotte, NC 28206

Dear Sir or Madam:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for Chambers Waste Systems of NC at 3130 I-85 Service Road N., Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by July 25, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

RSI

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

# INSPECTION STATEMENT
# MECKLENBURG COUNTY HEALTH DEPARTMENT

**Chambers Waste Systems of NC**
**3130 I-85 Service Rd. N.**
**Charlotte, NC 28206**

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

***Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!***

DESCRIPTION OF PROPERTY

| Name | Site Address | Tax Parcel | File Number | System Type |
|---|---|---|---|---|
| Chambers Waste Systems of NC | 3130 I-85 Service Rd. N. | | 1496B | III |
| | | | | **Total Amount Due: $85.00** |

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 7/11/02

Payment Due Date: 8/11/02

***Direct Questions Concerning This Bill to .....(704) 336-5571***

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

***DO NOT SEND CASH***

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

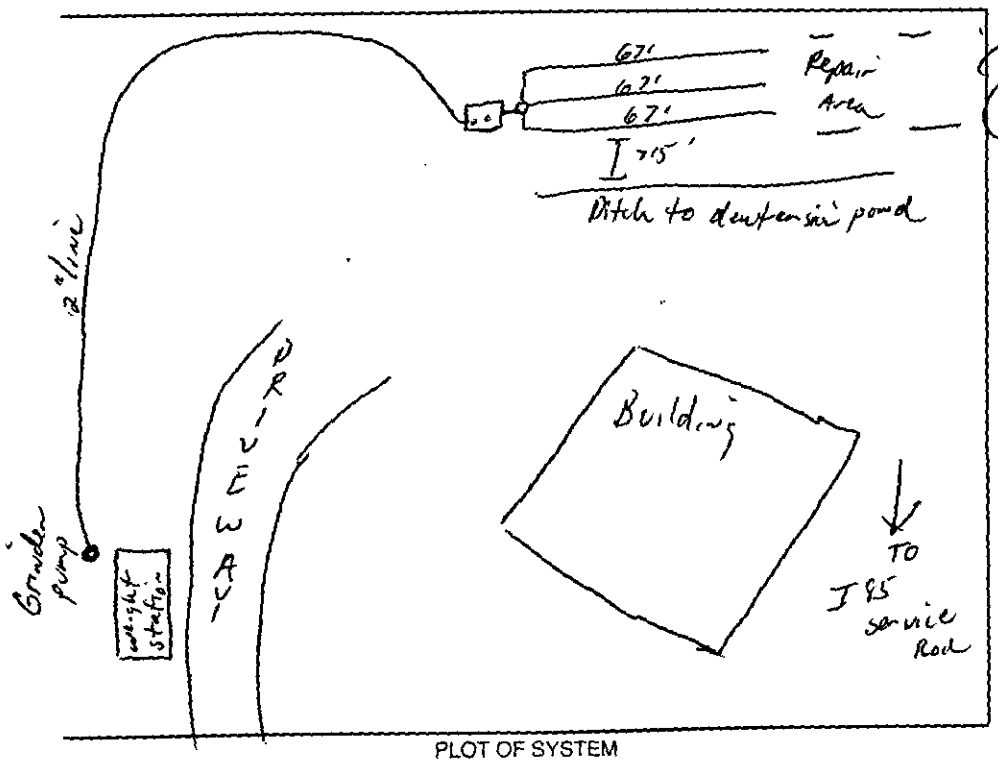
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1496B DATE: 7/26/96

TC: 077 171 01 ☐ L

SERIAL Nº 16710

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 7/96. All work shall be completed on or before 8/26/96, 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 NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 200' feet

Number of Lines 3(67')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well CMUD feet
> 10'

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

NAME OF OWNER Chambers Waste Systems of N.C., Inc

LOCATION OF PROPERTY 3130 I-85 Service Rd North

Comments: Install 1500 ST, 3 lines x 67' long x 3' wd x 12" stone
Grinder pump to be installed at weight station / Keep septic system > 15' from
2' cut (Detension pond ditch)

Philip S. Walker
Environmental Health Specialist

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

Pruitt 000-983440

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

4007

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

FILE: 1496B DATE: 7/26/96

TC: 077 17 101 ☐ L ☒ CRT

SERIAL Nº 16728

Name of Owner Chambers Waste System of NC Juris.: _____

Address of Property 3130 N. I85 Service Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12" - 24"

Water Supply Source CMUD

Distance to Water Source >10'

Excavation Inspected 7/26/96

Tank(s) Inspected 7/26/96

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1996, 1000ST, con, 800SFT, 12"stone ceil CTR# C. Morrison 80

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 I5A 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 I5A 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: Septic System designed for weight station (2 employees)
Grinder pump to be installed at weight station (plumbing code will address this)
Type II

Philip S. Walker R.S.
Environmental Health Specialist

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

Permit Number: 1496B

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 077 17 101

- 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<br>Type (circle one):<br>I (II) III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 180 Max gallons/day wastewater flow | 600 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| NO Serviced by private well | NA Gallon septic tank | 200' Total trench length (ft) | 36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| NA Bedrooms in residence | NA Gallon pump tank | 12' Depth of stone | |

Any surface waters present: yes Type: Retention pond Minimum separation distance: > 50'

Site modifications required:

Additional Conditions: Grinder pump to be installed at scales trailer. No industrial processed wastewater to be discharged into system. Keep septic system > 50' from detention pond and > 15' from drainage ditch running to detion pond. 2" line to be installed > 30" deep.

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| 600' Absorption Area (Sq ft)<br>200' Total Trench Length (Ft) | 12" Depth of Stone Trench | 9' Trench spacing (min. on centers) | 36" 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 ( 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 eff 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.

Philip A. Walker P.S. — DEHNR Authorized Agent — Date

[signature] — Owner/Agent Signature — 7-25-96 — 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

chk # 1353

460

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 7/25/96 & **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/23/96 PERMIT NO: 1496B
PARCEL NO: 077 171 01

PROPERTY OWNER: Chambers Waste Systems of NC, Inc
BUILDING CONTRACTOR: Crowder Con. Co.
JOB LOCATION ADDRESS: 3130 N. I 85 Service Rd
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phillip S. Walker Jr. DATE: 7/23/96
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1496B, 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: No industrial processed waste water to be discharged into septic system

## 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.

[signature] 7-25-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

Q400
1.W.1

Sheet
PROPERTY ID #:
COUNTY:

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

#1 1496B
po 077-171-01

OWNER: Chambers Waste Systems APPLICANT:
ADDRESS: 4200 Joe L. Charlotte APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: Transfer Sta. PROPOSED DESIGN FLOW (.1949): 50gpd PROPERTY SIZE: 2
LOCATION OF SITE: 3130 N I-85 Service Rd 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 % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS 3% | 0-6" | compacted/cl | Fi/SEXP/sl/sp | >42" To Chroma 2 colors | 42" | N/A | None | PS .39/ LV |
| | | 6-12 | compacted/cl | Fi/SEXP/SP | | | | | |
| | | 12-40" | SBK/c | Fr-Fi/SEXP/SP | | | | | |
| | | 40-42" | SBK/cl | Fr/SEXP/SP/SP | | | | | |
| 2 | LS 3% | 0-3" | compacted/cl | Fi/SEXP/SP/SP | >24" To Chroma 2 colors | 24" | N/A | None | US .39/P2 LV |
| | | 3-6" | compacted/c | Fi/SEXP/SP | | | | | |
| | | 6-24" | SBK/c | Fr-Fi/SEXP/SP | | | | | |
| 3 | 5% | 0-6" | gr/cl | Fr/SEXP/SP/SP | >36" To Chroma 2 | 36" | N/A | None | PS .39/P2 LV |
| | | 6-35" | SBK/c | Fr-Fi/SEXP/SP | | | | | |
| | | 35-36" | SBK/cl | Fr/SEXP/SP/SP | | | | | |
| 4 | 6% | 0-4" | gr/cl | Fr/SEXP/SP/SP | >45" To Chroma 2 colors | 45" | N/A | None | PS .39/P2 LV |
| | | 4-45" | SBK/c | Fr-Fi/SEXP/SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. R. Newell 7-16-96
OTHER(S) PRESENT:

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

Sheet
PROPERTY ID #:
COUNTY:

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

14963

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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 % | 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | LS 0% | 0-7" | gr/cl | Fr/SE/SS/SP | 7.43" TO chroma 2 colors | 43" | N/A | None | PS .39/P2 LC |
| | | 7-43" | SBK/cl | Fr-Fi/SE/SS/SP | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS: 100% Repair

# LEGEND

*use the following standard abbreviations*

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

*OTES*

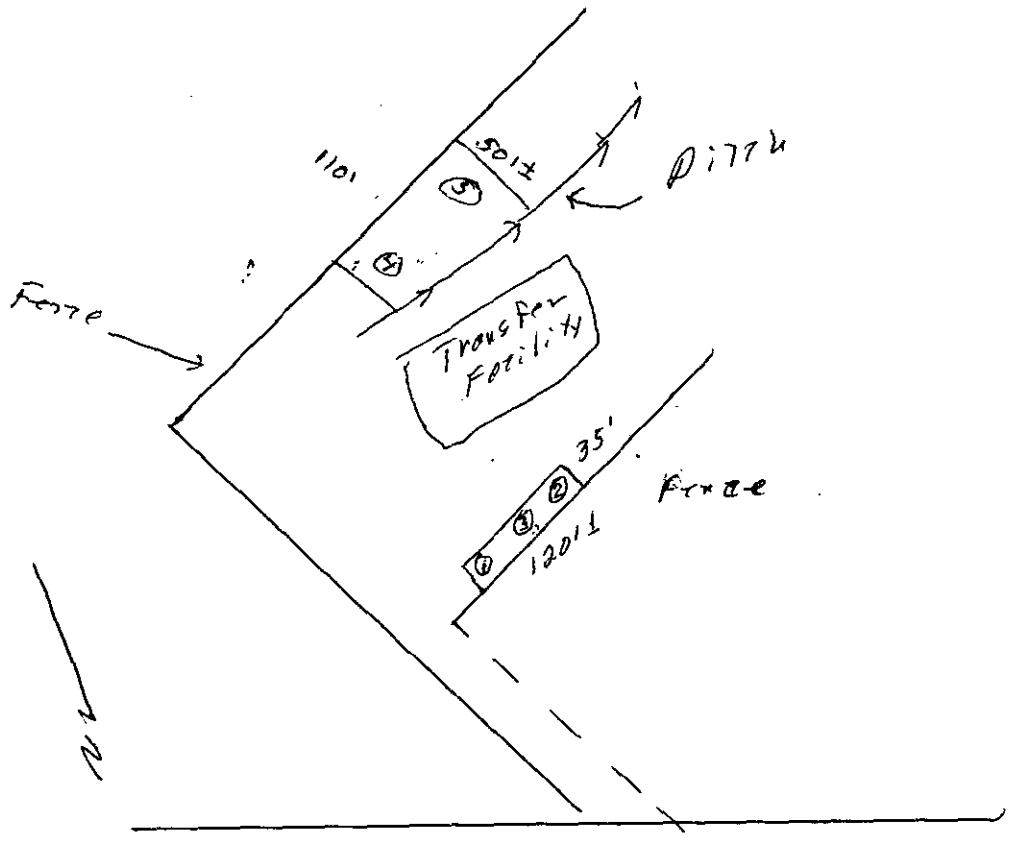
| | |
|---|---|
| *ORIZON DEPTH* | In inches below natural soil surface |
| *EPTH OF FILL* | In inches from land surface |
| *ESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *APROLITE* | S(suitable) or U(unsuitable) |
| *OIL WETNESS* | Inches from land surface to free water or inches 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).**

1496 B



Proj # 817 100-983440

FEE: 100.00 - J2H
DATE: 7/11/96 9002

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

CRT

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

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

FILE #: 1496B

PROJECT TRACKING #: 817-983440 (Strictly for Modular Bldg Issued at LFA)

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 077-171-01

STREET ADDRESS: 3130 N I-85 SERVICE ROAD CHARLOTTE, NC

✓ COMMERICAL ___ INDUSTRIAL

LOT NUMBER: —

DESCRIBE TYPE OF BUSINESS:
TRUCK WEIGH STATION / EMPLOYEE BLDG
Square Footage of Facility: 360 SF

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: 2
PER SHIFT: 2 — —

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOLIETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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

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

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

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

PROPERTY OWNER: CHAMBERS WASTE SYSTEMS OF NC, INC

NAME: PORR (LAST) ERIC (FIRST) (MI)

ADDRESS: 4200 JOE STREET

CITY: CHARLOTTE STATE: NC ZIP: 28208

DAYTIME PHONE: (704) 596 - 6930

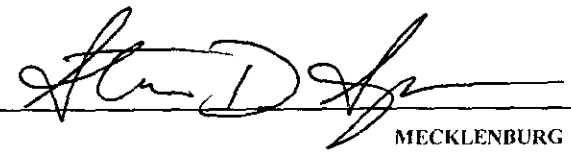
LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: SPACE (LAST) STEVEN (FIRST) D. (MI)

DAYTIME PHONE: (770) 497 - 9868

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9/96

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: 

DATE: 7/11/96

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

# PROPOSED PLOT PLAN

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

FILE: 1496B

TC: 077-171-01

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

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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