

10220 OLD NATIONS FORD RD

20513102

1/7/2008

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: 4714B DATE: 7/30/01

TC: 205-131-02 ☐ L ☐ CRT

SERIAL Nº 18670

Name of Owner Vulcan Materials Juris.:

Address of Property 10220 Old Nations Ford Road

Inspection Data:

Tank Material existing

Total Length of Drainfield 150'

Number of Lines 3 @ 50'

Cover Depth 12-16"

Water Supply Source Municipal

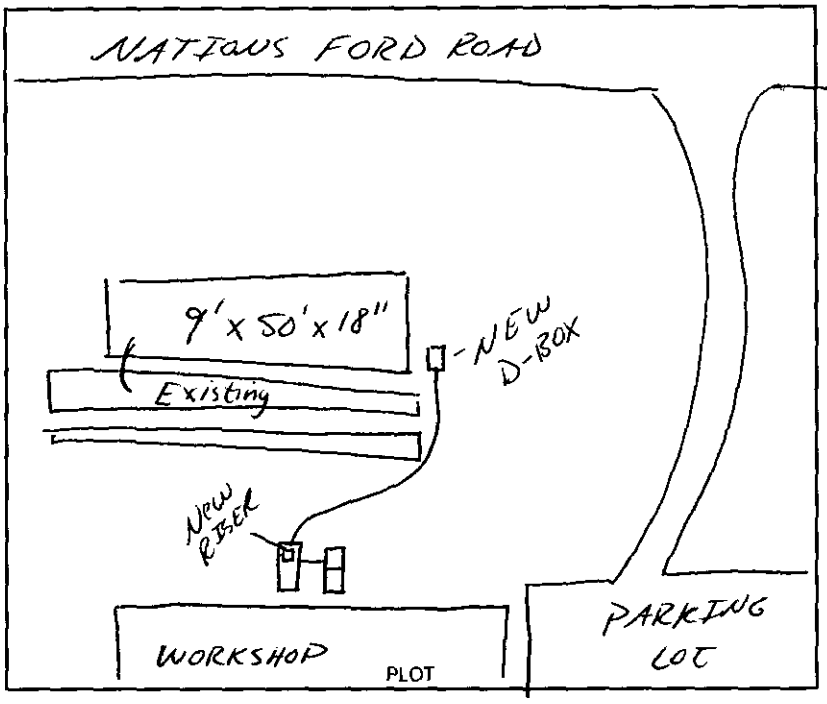
Distance to Water Source NA

Excavation Inspected 7/30/01

Tank(s) Inspected existing

Wash Line Inspected NA

High Water Alarm Inspected existing



Design 2001 Repair, 450 SFB, CON, 18" stone, straw cover CTR# Autrey

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

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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 to existing system

9'x 50'x 18" Stone Bed installed, New Riser 6" above grade

Type III b pump to conventional system (D-Box Replaced)

OD < 1991

Tommy L. Mullen R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

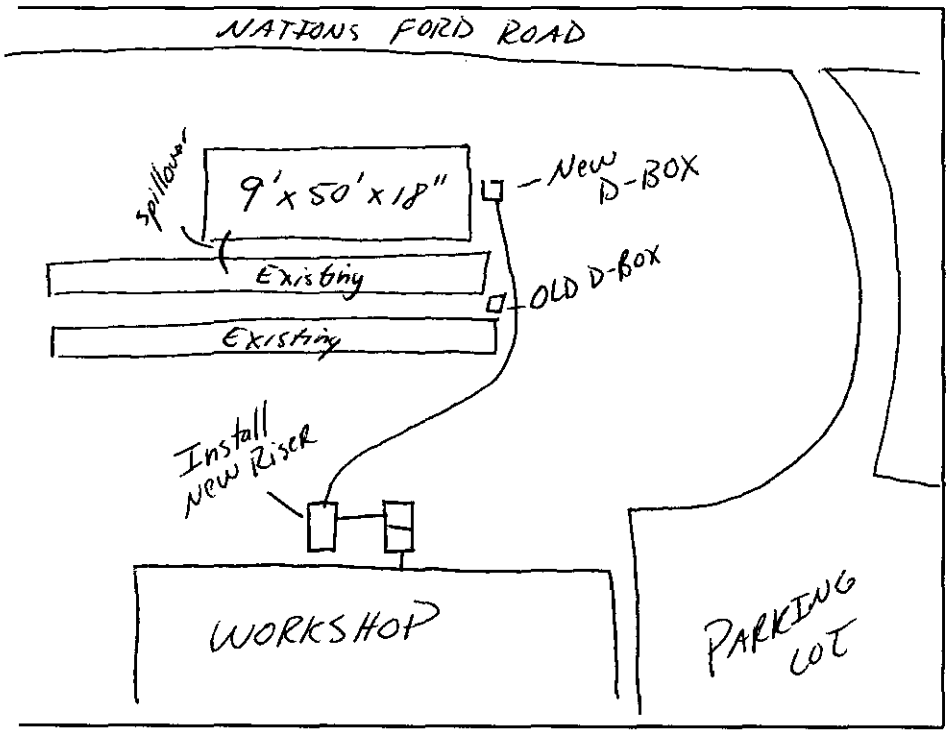
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4714B DATE: 7/30/01

TC: 205-131-02 ☒ L

SERIAL Nº 18802

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 7/30/01. All work shall be completed on or before 30 days, 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 existing gallons

Liquid Capacity of Dosing Tank existing gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 9'x50'x18" feet

Trench Walls Scored and Porous yes

Total Line Length 150' feet

Number of Lines 3 x 50'

Depth of Stone 18" inches

Distance from House >5' 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 Vulcan Materials

LOCATION OF PROPERTY 10220 Old Nations Ford Road

Comments: Install 9'x50'x18" Stone Bed - Repair
Install new D-Box and new Riser extending 6" above grade
Type III 6 pump to Conventional system

Tommy P. Mickelson R.S.
Environmental Health Specialist

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

FILE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR ~~RESIDENTIAL~~ SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 4718

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 205-131-02

STREET ADDRESS: 10220 - OLD NATIONS FORD RD

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O) Business

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

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 WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Vulcan Materials Co (LAST) (FIRST) (MI)	NAME: Carsley Harry M (LAST) (FIRST) (MI)
ADDRESS: PO Box 4239	DAYTIME PHONE: (704) - 525 6455
CITY: Winston-Salem STATE: NC ZIP: 27115	
DAYTIME PHONE: ( ) -	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 8-30-01

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

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PHONE (704) 336-5102

FILE: 4714B DATE: 7/30/01

TC: 205-131-02 ☐ L ☐ CRT

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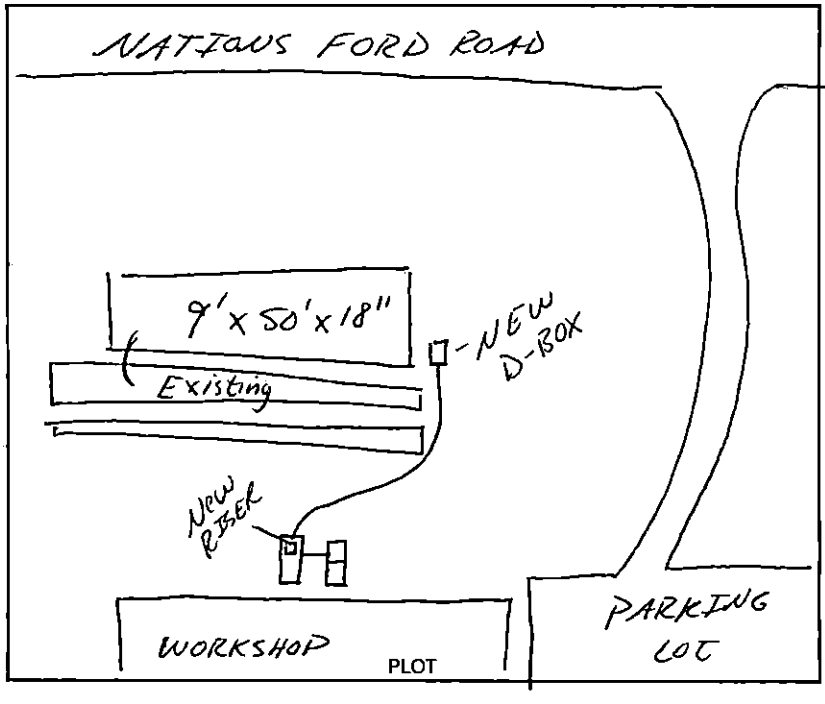
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The undersigned has inspected the Septic Tank System described above, and certifies it has been

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DD 2 1991

Tommy L. Mullis R.S.
Environmental Health Specialist

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	VULCAN MATERIALS CO. **Name of Establishment**	4714B **Permit/Project No.**
10220 OLD NATIONS FORD RD **Location**	BUSINESS **Type of Establishment**	200 **Design Flow**
VUCAN MATERIALS **Owner/Agent**	P.O. BOX 4239 **Address**	**Phone**
	WINSTON SALEM NC 27115	
Operator	**Address**	**Phone**
IIIb **System Type**	7/11/11 **Date of Inspection**	7/11/16 **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?	☒	☐	☐	
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?.....	☐	☐	☐	INACCESSIBLE
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
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?	☐	☐	☐	INACCESSIBLE
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?	☐	☐	☐	"
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?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:
GOOD

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:
*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.
*Please visit http://groundwater.charmeck.org for additional information.

DATE: 7/11/11

SIGNED: _____ AGENT
Division of Environmental Health

Printed Name: PHILO WALKER RS
Phone #: 704-336-5570

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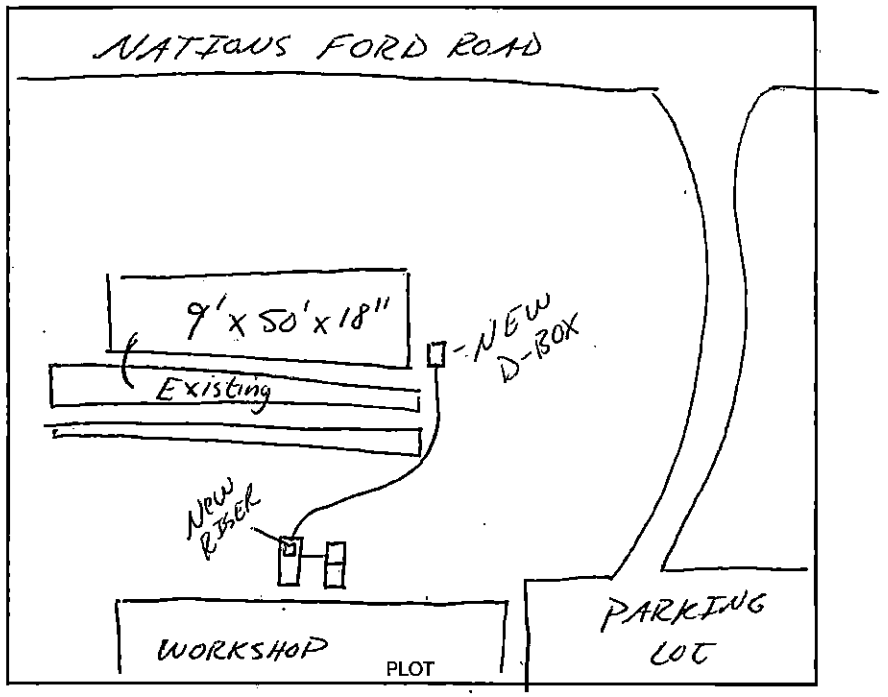
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DD 2/1991

Tommy L. Medlin R.S.

Environmental Health Specialist





Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
20513102	NON-NC CORP	20513102A	20513102A

Owner(s)

Owner Name	Mailing Address	City/State
VULCAN MATERIALS CO	PO BOX 4239	WINSTON-SALEM NC 27115-4239
% PROPERTY ADMINISTRATOR	PO BOX 4239	WINSTON-SALEM NC 27115-4239

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
NA	CHARLOTTE			CITY OF CHARLOTTE	161.12

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
383100	3149300	7500	3539900				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
May 12 1975	0			VAC	03756 - 320	WARRANTY D	03756-320	

Land Use

Use	Units	Type	Neighborhood	Assessment
9200	124.77	AC	IN04	2717500
9612	27.54	AC	IN04	239900
A500	8.81	AC	IN04	191900

Building Information

Bldg	Description	Type	Year Built	Property Location
1	EMPLOYEE BLDG Office	OFFICE	2007	10526 OLD NATIONS FORD RD CHARLOTTE
2	VULLAN OFFICE Office	OFFICE	2005	10526 OLD NATIONS FORD RD CHARLOTTE
3	Warehouse	PREFAB WHSE	2004	10441 OLD NATIONS FORD RD CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2266	2072	SLAB-COM	CEM BR/SPL B -	AVERAGE 03	183900
2	1 STORY		1848	1800	SLAB-COM	CEM BR/SPL B -	AVERAGE 03	161100
3	1 STORY		1050	1050	SLAB-COM	CORR MTL HVY -	AVERAGE 03	38100

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-NO-DUCT	GAS		AC-CENTRAL	10	0			
2	HEAT PUMP	ELECTRIC		HEAT PUMP	8				
3	AIR-NO-DUCT	NONE			4				

Sub Areas

Bldg	Description	Size
1	PORCH - OPEN - FINISHED	104
1	PORCH - OPEN - FINISHED	90
1	BASE (FIRST FLOOR)	2072
2	BASE (FIRST FLOOR)	1800
2	CANOPY	36
2	CANOPY	12
3	BASE (FIRST FLOOR)	1050

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 4.00%				
2	AV - 7.00%				
3	AV - 9.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	2007	ASPH PAVING	1	2000	4000
2	2005	ASPH PAVING	1	2000	3500

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Mar 21 2011	2011	Countywide Revaluation	3539900	0
Mar 21 2011	2011	Countywide Revaluation	3539900	0
Apr 27 2007	2007	New Improvement	3503000	0
Apr 27 2007	2007	New Improvement	3503000	0
Apr 11 2006	2006	New Improvement	3407300	0
Apr 11 2006	2006	New Improvement	3407300	0
Apr 12 2005	2005	New Improvement	3353200	0
Apr 12 2005	2005	New Improvement	3353200	0
Jul 30 2004	2004	Reviewed - No change in value	3316400	0
Jul 30 2004	2004	Reviewed - No change in value	3316400	0
Jan 13 2004	2003	Reviewed - No change in value	3316400	0
Mar 21 2003	2003	Countywide Revaluation	3316400	0
Jun 13 1998	1998	Revised Notice	2122460	
Feb 20 1998	1998	Countywide Revaluation	2146260	
Oct 23 1997	1997	Clerical Correction	2126940	

Mecklenburg County Environmental Health Department
Groundwater and Wastewater Services
WORK ORDER SUMMARY

Work Order

Work Order ID #	93234
Department	Groundwater/Wastewater Services
Description	PME Inspection
Status	In Progress
Address	10220 Old Nations Ford Rd.
Location	20513102
Jurisdiction	Charlotte
X Coordinate	14[illegible]
Y Coordinate	50[illegible]
Submitted To	HAL[illegible]
Date Initiated	7/6/[illegible]
Initiated By	MICH[illegible]
Date Completed	7/11/[illegible]
Completed By	
Closed By	
Unattached WO?	
Comments	By HALL[illegible] k quarry for previous office. System is ion is hooked to public sewer. No
Cost Summary	
Total Cost	$20.04
Labor Cost	$20.04
Material Cost	$0.00
Equipment Cost	$0.00

See Comments Remove from PME list.

Associated Service Request

Request ID	Status	Request Description	Incident Address

Initiated By	Date Initiated	Dispatch To	Submit To

Custom Fields

Field	Value
SYSTEM STATUS	NA
FILE NUMBER	4714B
SYSTEM CLASS	IIIb
WATER SUPPLY	Municipal
FEE	
INSPECTION YEAR DUE	2016
INSPECTION QUARTER DUE	Quarter 1

GIS Feature(s) Attached

Feature Type	Feature ID
PME_SITES	692

PME_SITES	
Name	**Value**
Address	10220 OLD NATIONS FORD RD
Parcel ID	20513102
File #	4714B