

10101 NEWELL-HICKORY GROVE RD

09701227

9/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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SB

Newell Hickory Animal Hospital

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

21937

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:
NAME: Beldegreen (last) Gigi (first) (mi)
ADDRESS: 4128 Fincastle Ct. PHONE: (704) 5960101
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: June 20, 1994

PROPERTY OWNER:
NAME: Beldegreen (last) Rick (first) A. (mi)
ADDRESS: 10101 Newell Hickory Grove Rd PHONE: (704) 5960101
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-012-27
STREET ADDRESS: 10101 Newell Hickory Grove Rd
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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 Animal Hospital # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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: Gigi Beldegreen Date: June 20, 1994

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

21937

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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:
NAME: Beldegreen (last) Gigi (first) R. (mi)
ADDRESS: 10101 Newell Hickory Grove Rd PHONE: (704) 5960101 (5966996)
CITY: Charlotte STATE: NC ZIPCODE: 28213

Date: 3/21/94

PROPERTY OWNER:
NAME: Beldegreen (Rick) Richard A. (mi)
ADDRESS: 10101 Newell Hickory Grove Rd PHONE: (704) 596 0101
CITY: Charlotte STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 097-012-27
STREET ADDRESS: 10101 Newell Hickory Grove Rd. Charlotte 28215
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] 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: (Newell Hickory Animal Hospital)
Type Business Animal Hospital # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) Y Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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: Gigi R. Beldegreen Date: March 21, 1994

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:

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...This permit is not transferable.

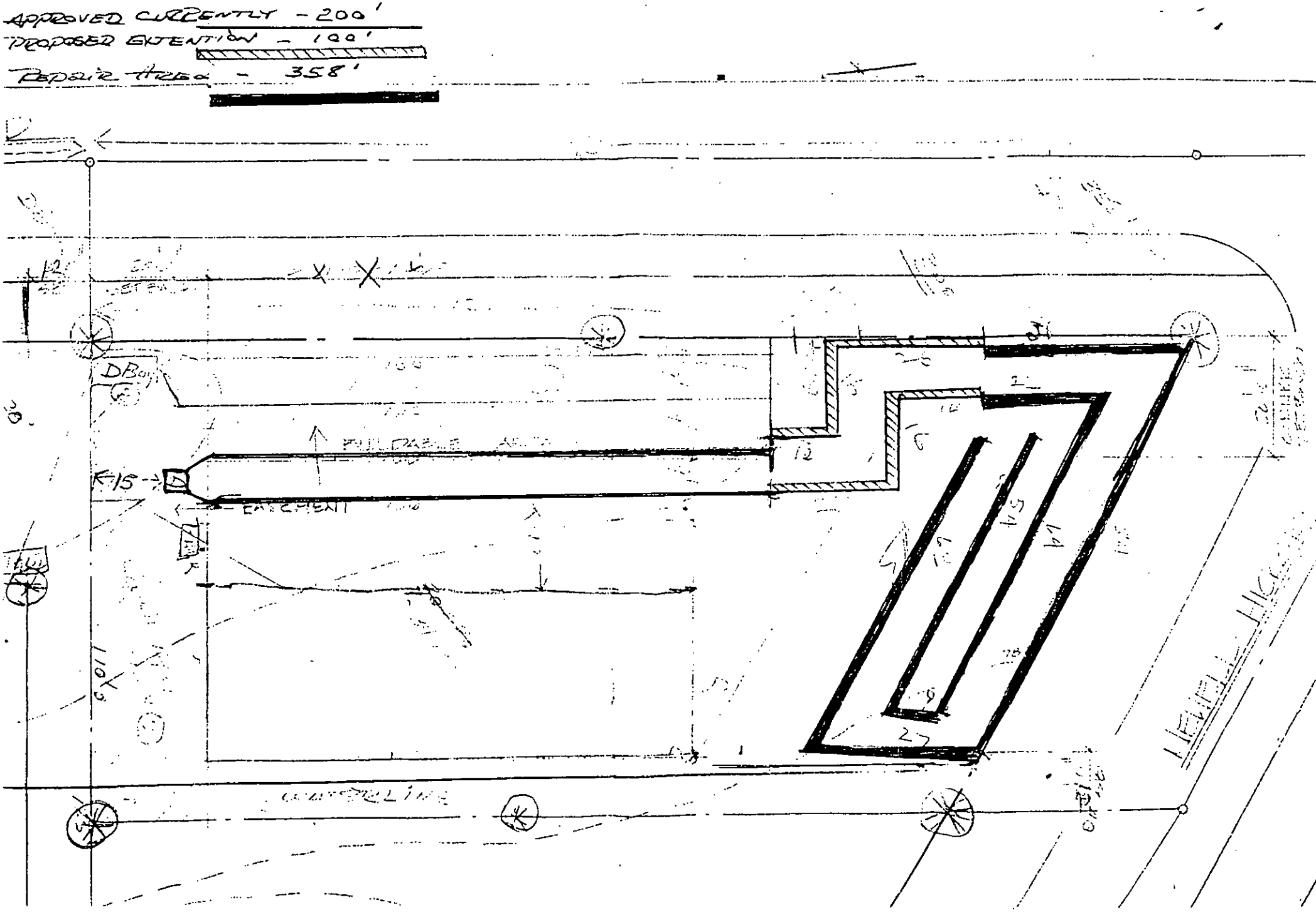
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

...no signs of malfunction therefore no repair needed at this time. Advised property owner to divert downspout runoff away from system, spread out water useage, conserve water and do not drive or park over system. CMUD advised him to check w/CMUD about 1x/6months on status of sewer line in his general vicinity. 4-27-94 [illegible]


APPROVED CURRENTLY - 200'
PROPOSED EXTENTION - 100'
REPAIR AREA - 358'
DBoy
K-15
EXTENSION
CENTERLINE

17-410 WHITE
18-410 EYE-EASE
LEDGER

NEWELL HICKORY ANIMAL HOSPITAL
10101 NEWELL HICKORY GROVE ROAD

WATER USEAGE COMPARABLE CLINICS

	Days	Clinic	No Vets	Utility Acct Number	Reading '85 Date	Reading '85 Amt	Reading '86 Date	Reading '86 Amt	Water Usage Total	Water Usage Daily	System Capability Approved	System Capability Proposed	
				①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
1	338	Armstrong Vet	1	16-05-003000	12-20	604	11-24	687	89588	179	175	262	1
2	340	Steel Creek	1	03-19-167000	12-11	742	11-17	837	71060	209	175	262	2
3	346	McKee Animal	1	07-01 065000	12-6	181	11-18	210	21692	63	175	262	3
4	213	Buckley Vet	1	03-19 -[illegible]000	4-16	2	11-18	61	44132	207	175	262	4
5													5
6													6
7													7
8	335	Clark, Linda	2	05-06-569000	12-18	923	11-19	1095	128656	384			8
9	336	Park Cove	2	01-20-[illegible]4643 2	12-11	75	11-13	298	141356	439			9
10	331	[illegible] Animal	2	03-02-019002	12-16	2613	11-13	2785	106216	321			10
11													11
12													12
13	336	Independence	3	15-06-254950	12-31	776	12-2	811	71060	211			13
14													14
15													15
16													16
17				USEAGE INFORMATION PROVIDED BY									17
18				MS PATRICIA CLARK PH 336-2211									18
19													19
20													20
21													21
22													22
23													23
24													24
25													25

Av. 13.9
10400 g/month
35 g/day
NEWELL-HICKORY ANIMAL HOSPITAL
10101 NEWELL HICKORY GROVE ROAD
ESTIMATED WATER USAGE

MECKLENBURG COUNTY
RECEIVED
JAN 27 1987
ENVIRONMENTAL HEALTH

	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	
	WEEK DAY		SATURDAY		SUNDAY						
	UNITS	GL USAGE	UNITS	GL USAGE	UNITS	GL USAGE					
ANIMAL CLEANING	6	60	3	30		00					1
KENNEL CLEANING	1	40	1	40	1	40					2
GENERAL CLEANING	1	7	1	7		00					3
PERSONNEL CLEANING	1	10	1	10		00					4
TOILET USAGE	1	35	1	18		10					5
LAUNDRY	1	42	1	42		00					6
MEDICAL CLEANING	1	5	1	3		00					7
											8
GALLONS USAGE		199		150		50					9
DAYS		23		4		4					10
MONTHLY USAGE		4577		600		200					11
											12
											13
											14
											15
TOTAL PER MONTHLY USAGE			5377 GL								16
AVERAGE DAILY USAGE			173 GL								17
											18
											19
											20
											21
											22
											23

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2937

T.C. NO P.O @ 97-012-16

(Ground Absorption Sewage Disposal)

OWNER: JAMES BROWN
ADDRESS: 5805 MERSIN Lake Rd 28212

PLAT NO:
LOT SIZE: 23805 0.55A

LOCATION OF SITE: 10101 Newell Hickory Grove Rd
Lot C

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-10 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-40 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVa			
9. SITE CLASSIFICATION	PSuitable			
10. SOIL SERIES	(Cecil)			

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 3-14-85

4

Serial No. 6141

SIR No. 21937

T. C. No. PO 097-012-16

Map Date L

Date Issued 3-19-85

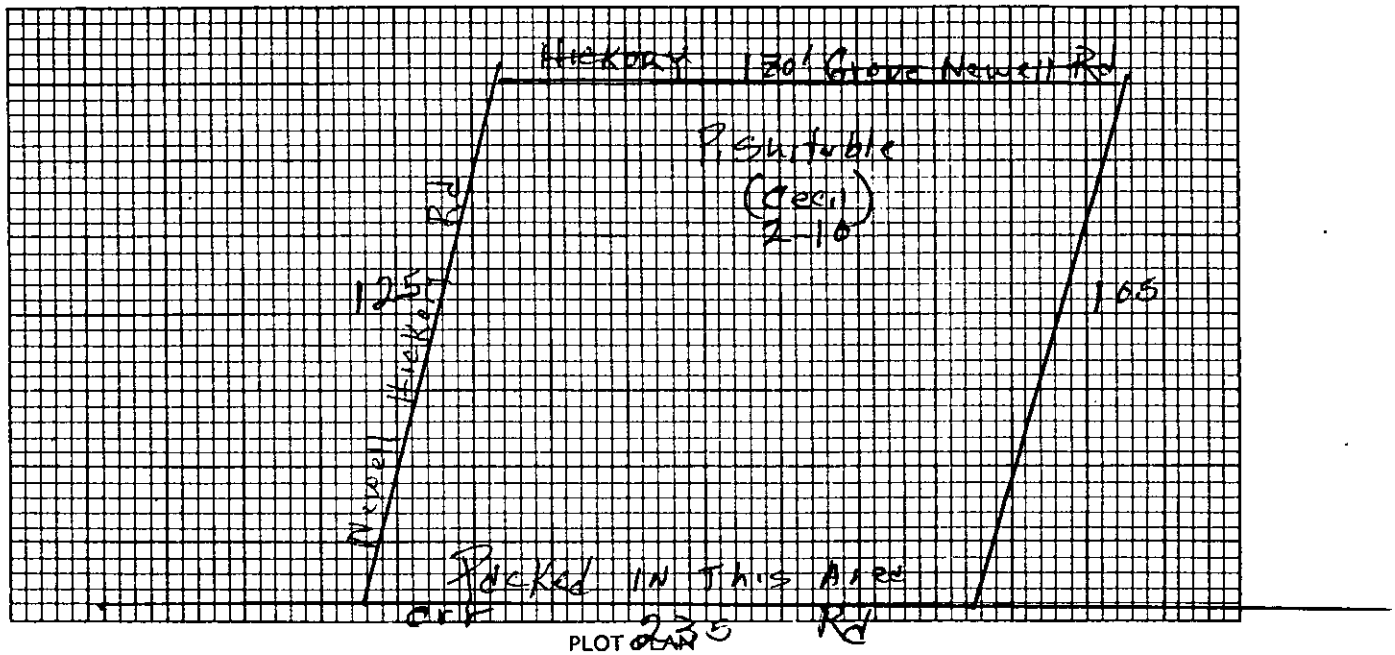
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER James R. Brown
(LAST FIRST MIDDLE)

ADDRESS OF OWNER 5805 Martin Lake Rd., Charlotte, NC ZIP 28212

LOCATION OF PROPERTY 10101 Newell-Hickory Grove Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was _____. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W. B. Ramsey
Soil Scientist

Bill D. Hartsfield Jr.
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No. 21937

T. C. No. 80 097-0126

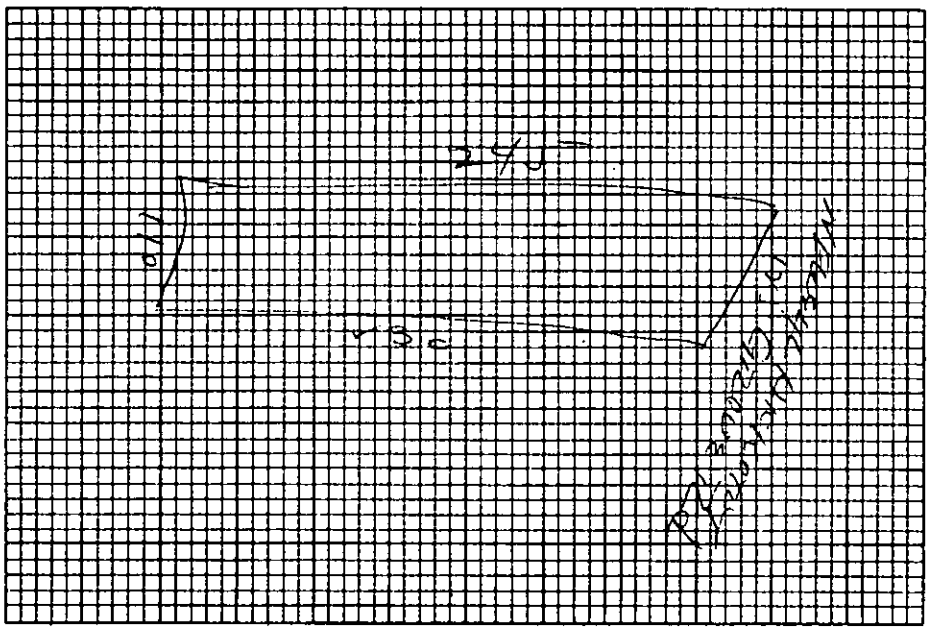
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes L No
Residence ___Yes L No

4) No. of Bedrooms N/A
5) Business Use — Max No Employees 2
6) Washing Machine ___Yes L No
7) Garbage Disposal ___Yes L No
8) Dishwasher ___Yes ___No
9) Water Supply:
   A) Individual Well ___
   B) Governmental System ✓
   C) Community System:
      1. Well source ___
      2. Governmental source ✓
10) Sewage System:
   House located within 200 feet of public sewer ___Yes L No
   House located within 200 feet of community sewer ✓Yes ___No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Brown (LAST) James (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 5805 Martin Luther Rd Charlotte, N.C.

15) PHONE NO. Home 537-5694 Office 568-3874

16) LOCATION OF SYSTEM 10101 Newell Hickory Grove Rd Charlotte
(STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5-29-85
DATE OF APPLICATION

James A. Brown
OWNER

EHD-5-76

Environmental Health Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

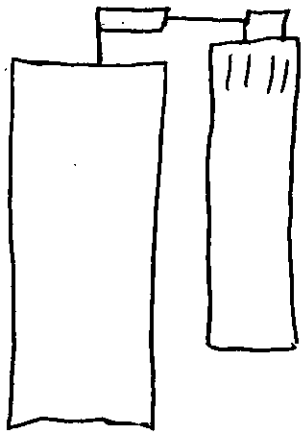
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21937 DATE: 3-11-87

TC: 097-012-16 ☑ L

SERIAL № 10685

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 2-8-85. All work shall be completed on or before 4-11-87, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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.



Newell Hickory Grove Rd

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 300 feet

Number of Lines 4

Depth of Stone 17 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well City feet

NAME OF OWNER James Brown

LOCATION OF PROPERTY 10101 Newell Hickory Grove Rd.

Comments: Bed 12'X75'X17" stone
Septic system must not be paved.
Bed system permitted due to limited space

S Davis, R.S.
Division or Section Head

B.K. Ferguson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21937 DATE: 3-18-87

TC: 097-012-16 ☑ L ☐ CRT

SERIAL № 10027

Name of Owner James Brown Juris.:

Address of Property 10101 Newell Hickory Grove Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75'

Cover Depth 28"

Water Supply Source city

Distance to Water Source —

Excavation Inspected 3-18-87

Tank(s) Inspected 3-18-87

Wash Line Inspected —

High Water Alarm Inspected

PLOT

Design: 1987, 1500ST, CON, 900SFB, 176, Cecil CTR#

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS:

B.R. Ferguson
Environmentalist

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