

3700 GLENEAGLES RD

20956101

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#3 400

Sheet: _____
Property ID: PO 209-211-05
Lot #: _____
File #: 26663

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Quail Hollow Country Club APPLICANT: _____
ADDRESS: 3700 Glen Eagles Road, Charlotte DATE EVALUATED: 3-4-99
PROPOSED FACILITY: Toilet Waste PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: .1
LOCATION OF SITE: 3700 Glen Eagles Road PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	2-10% slopes .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-24"	Massive Mixed	F:/1 SC1/2/5C	2.5Y4/1 @ 20"	43"	N/A	None	US
		24-36"	gr/ SCl	Fr/ SEXPlSS/SP					
		30-43"	SBK/ C	VF:/EXP/ VS/VP					
2	LS	0-32"	Massive Mixed	F:/1	2.5Y4/1 @ 26	32"	N/A	None	US
3	LS	0-8"	gr/SCl	Fr/SEXPlSS/SP	2.5Y5/1 @ 18"	27"	N/A	None	US
		8-27"	SBK/ C	VF:/EXP/VS/VP					
4	LS	0-12"	gr/ SCl	Fr/SEXPlSS/SP	2.5Y6/1 @ 26"	26"	N/A	None	US
		12-26"	SBK/C	VF:/EXP/VS/VP					
5	LS	0-6"	gr/SCl	Fr/SEXPlSS/SP	2.5Y7/1 @ 6"	16"	N/A	None	US
		6-16"	SBK/C	VF:/EXP/VS/VP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Marlin 3-5-99
OTHER(S) PRESENT: LSS

FILE # 28613

COMMENTS

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

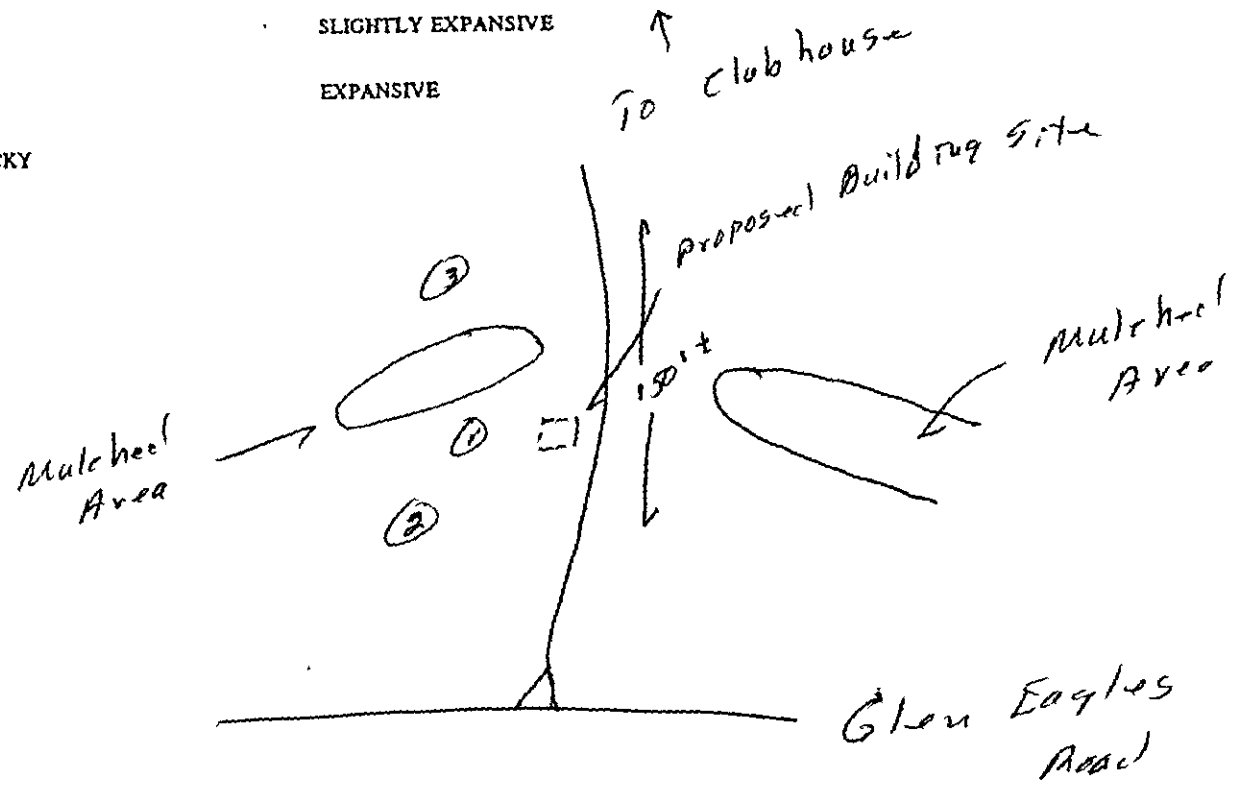
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Mecklenburg County
Health Department

March 9, 1999

Quail Hollow Country Club
3700 Glen Eagles Road
Charlotte, NC 28216

Re: Glen Eagles Road
File: 2868B
Parcel: 209-211-05PO

Dear Property Owners:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY),** .1942 **SOIL WETNESS CONDITIONS,** .1943 **SOIL DEPTH,** and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Quail Hollow Country Club
3700 Glen Eagles Rd
Charlotte NC 28016

Re: Glen Eagles Rd
File: 2068-B
Parcel: 209-211-05 PO

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is UNSUITABLE under Rules

.1941, .1942, .1943, .1945 For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

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If you have any questions regarding this matter, please call me at 336-5568.

Sincerely,

, R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Notarized bill of sale

NC title VLI Form

notarized bill of sale

D.M.V trailer.

Local vessel assistant.

1000 NE - 3773

Wildlife

843-2155

DMV 547-5777

[illegible] Ms Corzin

(730) SOC (849-9373)

[illegible]

Ms. Cosh - family

Mr. Corwin - 521-5777

Mr Bonham — 30

FEE: 100.00 + 50.00 = 150.00 CK#2690
DATE: 2/19/99 JC

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

[redacted] | 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

COPY

FILE #: 2868B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 209-211-05 PP

STREET ADDRESS: Glen Eagles Rd

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

Square Footage of Facility: 643 S/F

NUMBER OF EMPLOYEES: 1 PER SHIFT: 1

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

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/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:

Guard House Toilet House For Adjacent Guardhouse

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) X 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 (X) 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Quail Hollow Country Club (LAST) (FIRST) (MI)	NAME: SHELCO, INC. (LAST) (FIRST) (MI)
ADDRESS: 3700 Glen Eagles Rd	DAYTIME PHONE: (704 367-5618
CITY: Charlotte STATE: NC ZIP: 28806	(DEAN KALARIOTES)
DAYTIME PHONE: 704525-0141	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Dean C. Kalariotes DATE: 2/18/99

10-24" Fdt. mm

8#-30" Sct

30-43" C Exp

2.54 #11 @ 26"

2-0-32" 25 #2.54#11

Sct w/ Exp'd

mmm

3-0-8" Sct

6-27" C @ 26

Exp

4- 2.54#11 @ 26"

6-12" Sct

12-25" C Exp

5- 2.54 #11 @

0-6" Sct 8"

6-16" C Exp

PROPOSED PLOT PLAN

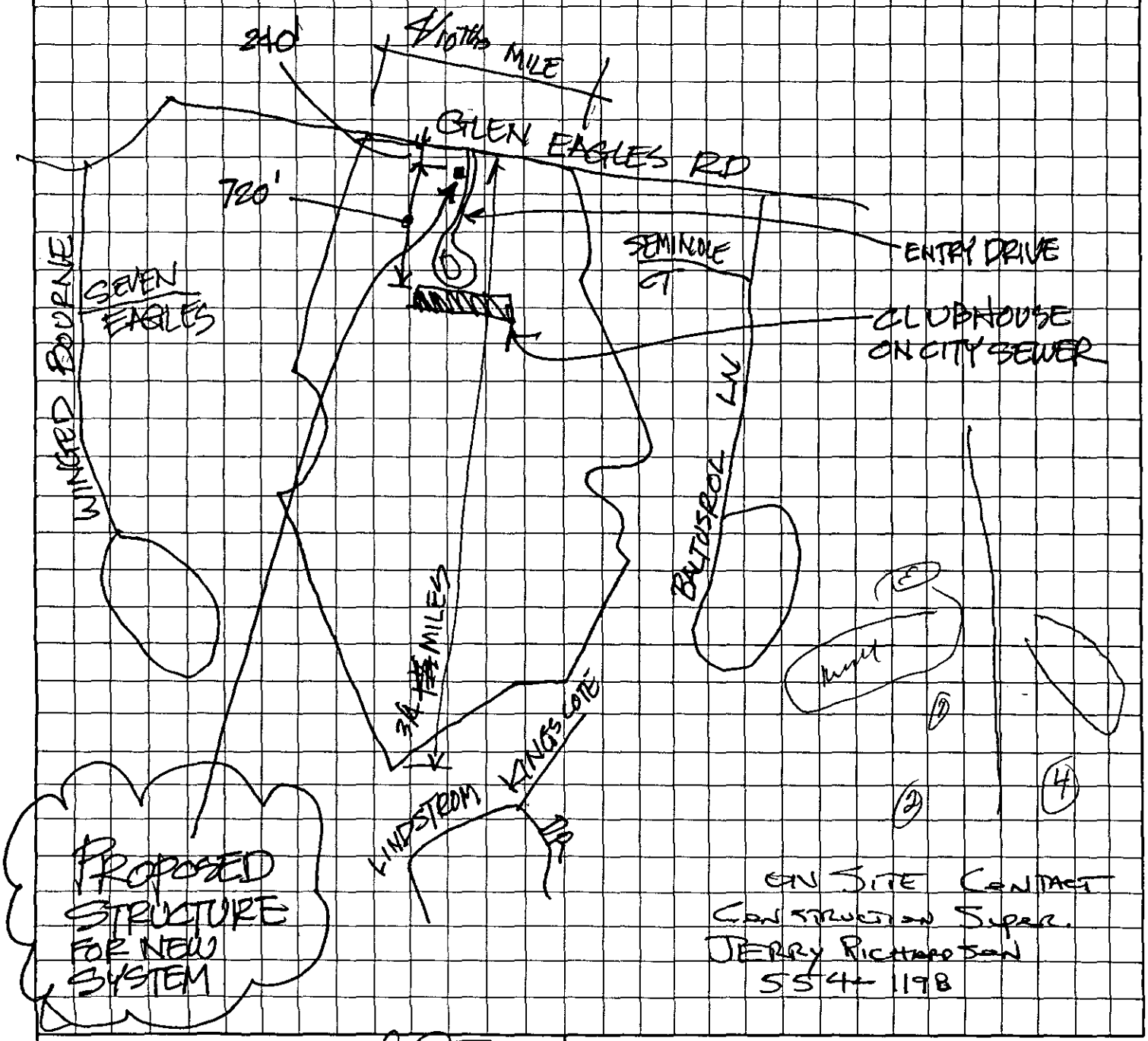
COPY

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

FILE: 2868

TC: 209-211-0510

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.



Dan C. Call

OWNER/AGENT SIGNATURE

DATE 2/18/99

APPROVAL DATE _____

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

File
28686

239.0'

SEE ARCHITECTURAL PLANS FOR
GATEHOUSE, WALL AND PAVING DETAIL

MATCHLINE

239.0'

SEE ARCHITECTURAL PLANS FOR
GATEHOUSE, WALL AND PAVING DETAIL

3.38' TYP. FROM
BACK OF CURB

23.0'
TYP.

EXISTING PARKING
LOT

FEE: 100.00 ck# 85420

DATE: 2/19/99 gc

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

[ ] CRT

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

FILE #: 28688

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 209-211-05 PP

✓ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: Glen Eagle Rd

DESCRIBE TYPE OF BUSINESS:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

Square Footage of Facility: 69 S/F

NUMBER OF EMPLOYEES: 1 PER SHIFT: 1

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HOW WILL WATER BE USED IN THE FACILITY:

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EXISTING WASTE WATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
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CITY: Charlotte STATE: NC ZIP: 28216	(DEAN KALARIOTES)
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SIGNED: Dean C. Kalariotes DATE: 2/18/99

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): DEAN KALAMBOKIDIS	Phone #: 347 5015	Date Requested: 2/10/99	Date Filled: 2/18/99
Account Name: [illegible] INC	☐ Cash ☐ Charge	Account No.: [illegible]	

I certify that I am authorized to charge this account for this service.

Signature: [signature] Printed Name: DEAN KALAMBOKIDIS Date: 2/18/99

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
		Other: [illegible]	100.00	100.00
		Other:		
Payment received by: [signature]		Date: 2/19/99 By: [illegible]	Total:	100.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

[illegible]	2868	

B-216NS 8/95

DIVISION

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

2 of #3

Requestor (Please print): DAWN KALARITES	Phone #: 367-5615	Date Requested: 2/18/97	Date Filled: 2/18/97
Account Name: SHELCO INC	☐ Cash ☒ Charge	Account No.: 3054990	

I certify that I am authorized to charge this account for this service.

Signature: [signature] Printed Name: DAWN KALARITES Date: 2/18/97

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
191		Other: New Improvement	100.00	100.00
		Other:		
Payment received by:		Date:	By:	Total:

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

Lincoln Pl 209-211-05-78	2 of 2 #3	

B-216NS 8/95

CUSTOMER

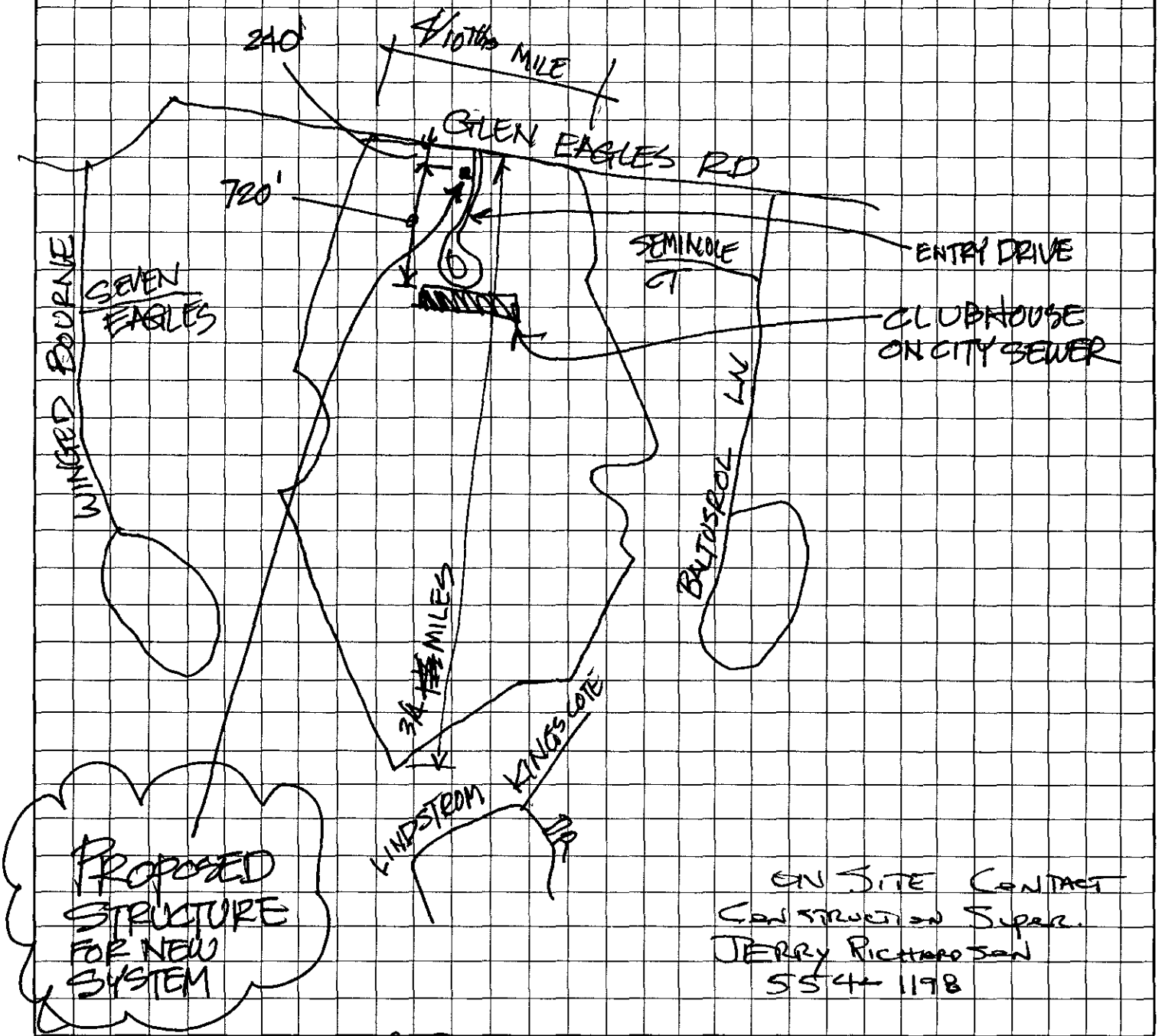
PROPOSED PLOT PLAN

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

FILE: 2868B

TC: 209-21-0510

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.



Dan C. Cook

OWNER/AGENT SIGNATURE

DATE 2/18/99

APPROVAL DATE _____

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

COPY

File
2868.

