


18600 STATESVILLE RD

00514120

5/15/2007

duponbj

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

February 22, 1993

Mr. Dan Tritt
18600 Statesville Road
Davidson, North Carolina 28036

Dear Mr. Tritt:

Subject: Property located at 18600 Statesville Road
File: 3969A

Receipt of the plans and specifications for a warehouse addition at the above referenced property is hereby acknowledged. Upon receipt of the plan, a review was conducted. The plan was reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal". Our comments are listed below:

- Rule .1950 Location of Sanitary sewage Systems (c) Nitrification fields and repair areas shall not be located under paved areas subject to vehicular traffic. (see enclosed)

This letter is to advise you that you are in violation of the above regulation cited and the application for an approval for a warehouse addition is denied. There would be no available area for repair if a failure occurs.

If you wish to appeal this decision you may contact me at 336-5570 to request a visit from the State Representative. This will initiate the informal appeals process under Rule .1965. (see enclosed)

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:lw

Enclosures

# Mecklenburg County Public Health Laboratory

## *Environmental Health Section*

249 Billingsley Road • Charlotte, North Carolina 28211

### Microbiological Analyses

Owner, System or Establishment: _____

Address: 18600 Statesville Rd

_____ Zip _____

Collected By: P. Walker

Date Collected: 2/11/93 Time: 11:30 (AM) PM

Sample Source: pitch beside driveway

_____

Date Delvd. to Lab: 2/11/93 Time: 3:30 AM (PM)

Delivered By: P. Walker

**Type of Sample**

***Potable Water***

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify) _____

***Treatment:*** ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Food (specify):

***Analysis Requested:*** ☐ Total Coliform ☒ Fecal Coliform ☒ Fecal Strep ☒ enterococcus

☐ Sulfate Reducing Bacteria ☐ **Giardia lamblia** (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify) _____

☐ Foodborne Investigation (specify) _____

Comments: _____

## Laboratory Analysis Report

***Method:*** ✓ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform <100 /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep 360 /100 ml. Coliform Count _____ /gm. or ml.

**Laboratory Comments:** Fecal strep is not group D; no enterococcus found.

Date Received: 2/11/93 Date Reported: 2/15/93

Received By: Williams. Analyst: JP/MT Lab #: 473

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date 11/23/88

Name/Company Jack Howell Est.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp/Dust
#39691

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 23 1988

Fee: $ 150

ck # 4528
$150.00

Completed by _____ Collected by _____

P&W 400 LK

Prog # 076-993711 3969A Chk# 1835 $50.00 2/09/93 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 02/09/93

PERSON FILING APPLICATION:
NAME: Caddell (last) DARRELL (first) F (mi)
ADDRESS: P.O. Box 728 PHONE: (919) 428 2106
CITY: Biscoe STATE: NC ZIPCODE: 27209

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005-141-20
STREET ADDRESS: 18600 Statesville Rd
ZONING:

PROPERTY OWNER:
NAME: TRITT (last) DAN (first) (mi)
ADDRESS: 18600 Statesville Rd PHONE: (704) 896 7756
CITY: Davidson STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) WARE HOUSE
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] 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 Body Shop # Employees 4 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ 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: Darrell Caddell Date: 2-9-93

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.

... Approval granted upon removal of pavement over drainfield and tank made accessable. Inspected 3/25/93 PSW

USE existing system

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

Philip S. Walker R.S. 3/25/93
Environmentalist Date

Kelly Rawell 3-25-93
Director or Authorized Section Head Date

WWATER : 122791

## PROJECT INFORMATION

**PROJECT NUMBER:** 076-993711 **SUBMITTED DATE:** 02/09/93
**PROJECT NAME:** DAN TRITT BLD ADD **PHS:** **SEC:** **TIME:** 12:06 PM

**CONTACT NAME:** DARRELL CADDELL **PHONE #:** (919) 428-2106
**TITLE:** **TYPE OF PERMIT:** FULL
BLD ADD
**COMMENTS:** 18600 STATESVILLE RD CORN 005-141-20

## REVIEW DISCIPLINES

| AGENCY | DISCIPLINE | CONTACT | PHONE | INITIALS |
|---|---|---|---|---|
| BUILDING STANDARDS | BUILDING | MIKE BURKHARD | 336-3836 | |
| | ELECTRICAL | MIKE BURKHARD | 336-3836 | |
| | MECHANICAL | MIKE BURKHARD | 336-3836 | |
| | PLUMBING | MIKE BURKHARD | 336-3836 | |
| | COUNTY-FIRE | MIKE BURKHARD | 336-3836 | |
| ENVIRONMENTAL HEALTH | SEPTIC TANKS | SYLVIA DANIEL | 336-5565 | |

## NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

| CONTACT | DATE | COMMENTS | INITIALS |
|---|---|---|---|
| | | | |
| | | | |
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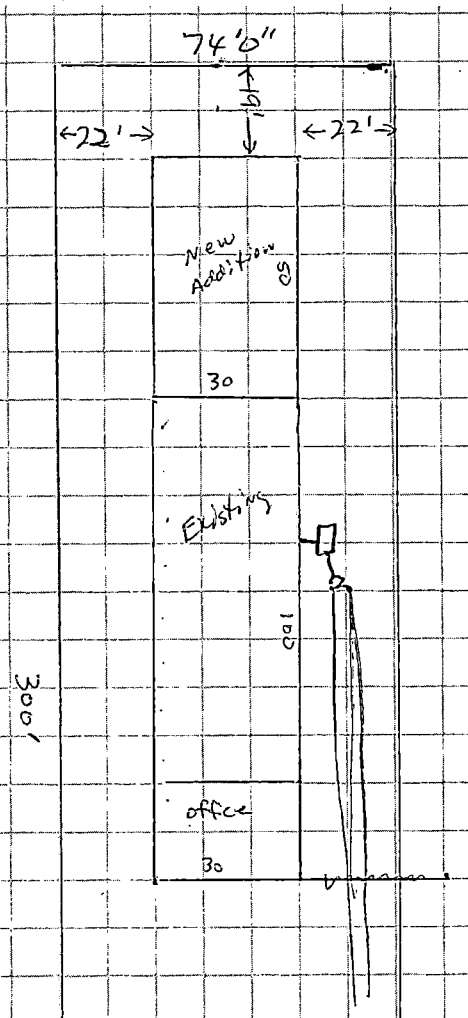
# PROPOSED PLOT PLAN

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

FILE: 3969A

TC: 005-141-20

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.




APPROVAL DATE JRW appr 3/25/93
VES

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3969 A DATE: 4/4/90

T 005-141-20 ☒ L ☒ CRT

SERIAL № 13058

Name of Owner DAN TRITT Juris.:

Address of Property 18600 STATESVILLE Rd

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 4/3/90

Tank(s) Inspected 4/4/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design 990 | 1500 ST | Con. | 600SFT | 12" G | Loam CTR# 74

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:

Environmentalist

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

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

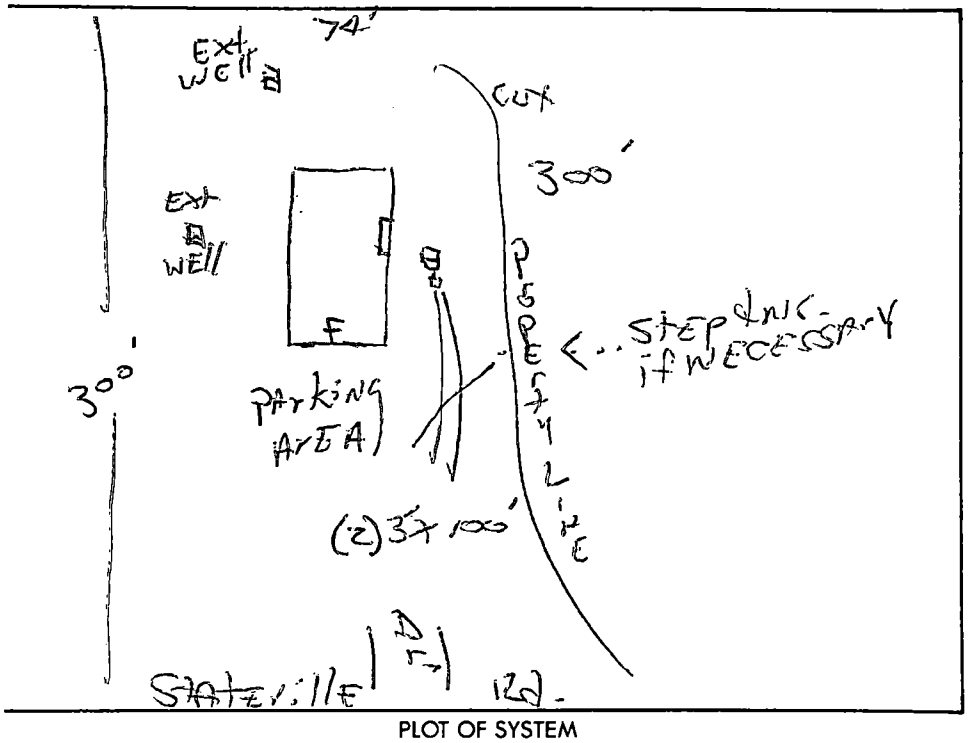
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3969-A DATE: 4/2/90

TC: 005-141-20 ☐ L
or 005 141 10 PD

SERIAL Nº 13176

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 11/23/88 UD. All work shall be completed on or before 5/2/90, 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 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 ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5' to 10' feet

Distance from Property Line 5' to 10' feet

Distance from Well >50 feet

NAME OF OWNER DAN TRITT

LOCATION OF PROPERTY 18600 Statesville Rd.

Comments: (2) 3'x100'x12" G, VARIANCE to 5', OWNER MAY hook up to CMUD $H_2O$.

Division or Section Head

Tim Whittaker, R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

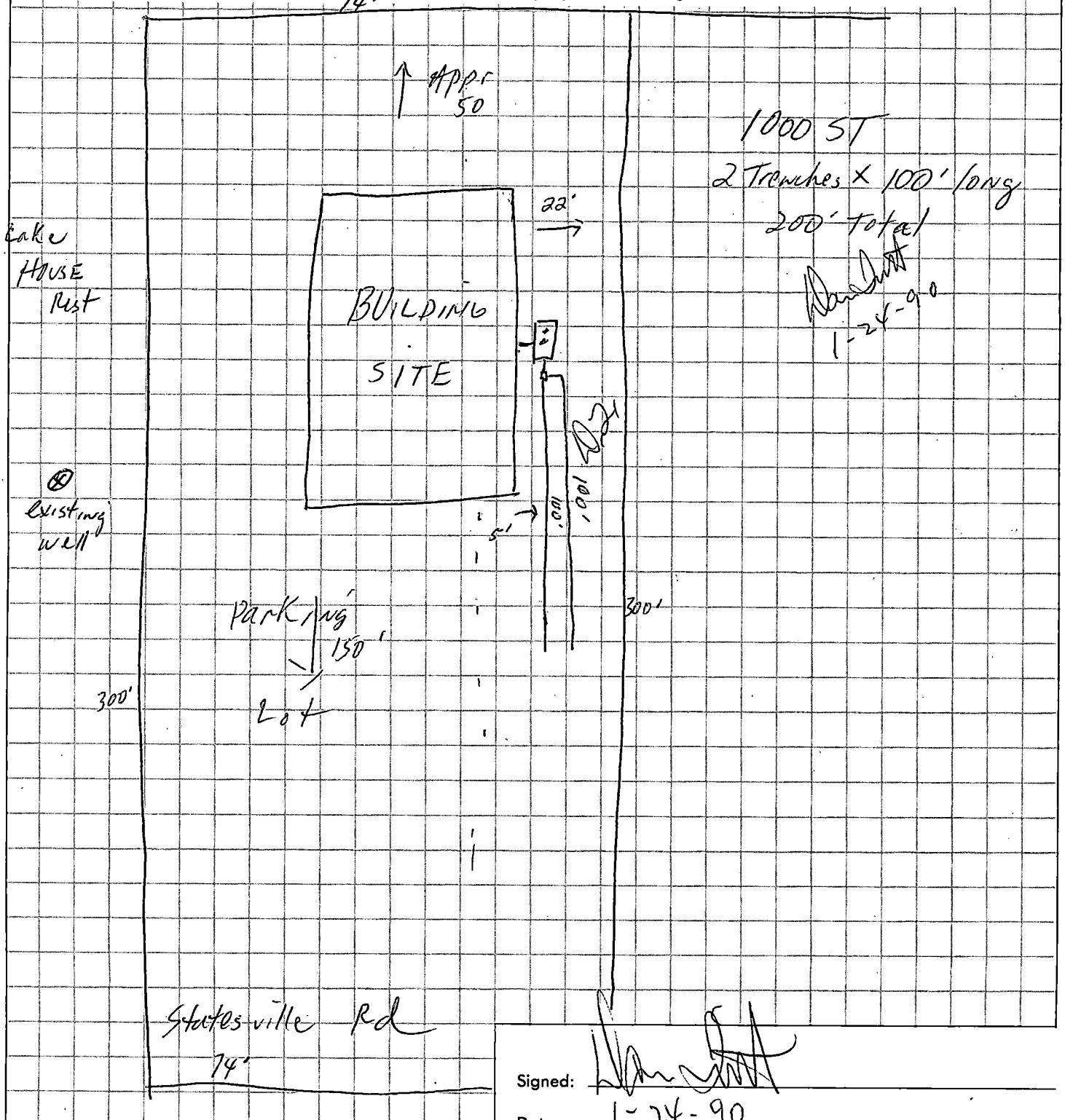
# PROPOSED PLOT PLAN

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

FILE: 3969A

TC: 005 141-20

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.




Signed: [signature]

Date: 1-24-90

# APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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: 3969A

TC: 005141102.00

SERIAL: Nº 15855

☒ L ☒ CRT

**JOB LOCATION**

① ADDRESS: 18600 (STREET NO.) Statesville (STREET) Road ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 005-141-20

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: Richard (FIRST) C (MIDDLE) Howell (LAST)

⑨ MAILING ADDRESS: Rt 2 Box 667

⑩ CITY: Mooresville ⑪ STATE: N.C. ⑫ ZIP: 28115

⑬ PHONE: (WORK) 892-1020 ⑭ (HOME) Same

**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

㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms?

㉓ Maximum occupancy?

㉔ Basement? ☐ yes ☐ no

㉕ Type? Warehouse + Office

㉖ Maximum number of employees? 4

㉗ Maximum number of 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Richard D Howell

Date: 11-23-85

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Philip S. Walker, 11/24/90
Environmentalist — Date

[signature], 11-25-90
Director or Authorized Section Head — Date

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

# MECKLENBURG COUNTY

Department of Environmental Health

October 8th, 1987

Herbert Daniel Tritt
Rt. 2, Box 198-R, John Gamble Rd.
Cornelius, NC 28036

RE: Property located at Hwy 21
FILE: 3969A
PARCEL: 00514110 PO

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 14661) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 14661

File: 3969A  Action: /

Parcel: 00514110 PO  ☐ PC

Location: Hwy 21

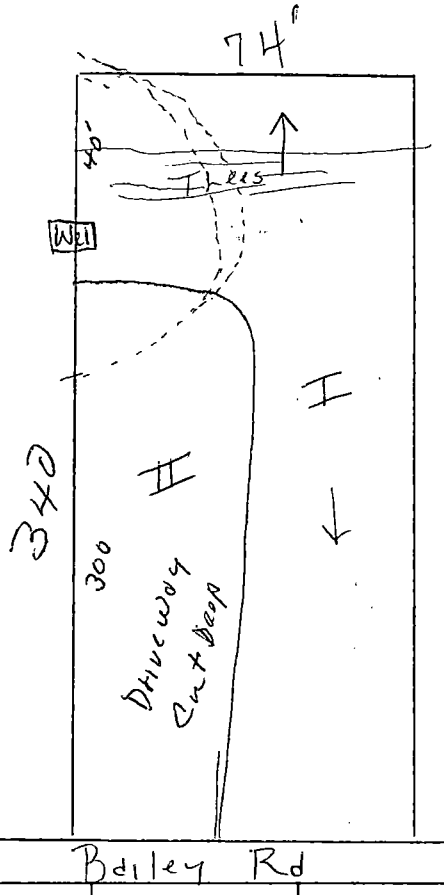
Subdivision:

Lot: Block: Acres: .52

Owner: Herbert Daniel Tritt
Address: Rt. 2, Box 198-R, John Gamble Rd.
Cornelius, NC 28036

Comments: Space is very limited
New Lot - 100% Repair

Described by: W. B. Ramsey
Date: 10 - 5 - 87




***** 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 2-10 | S (PS) U 2-10 | S PS U | S PS U | 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 40-48 | S PS (U) Various | S PS U | S PS U | 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 | 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 | IVa Cecil | IVa A Graded Down Area in Cecil | cut 1-3' | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 3969A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: HWY 21 CORNELIUS
SOUTH SIDE OF TOM WILKENS

② SUBDIVISION: PROP. CWILKENS BAR-B-Q ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 005 PAGE NO.: 141 PARCEL NO.: 10 PO

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

**OWNER**

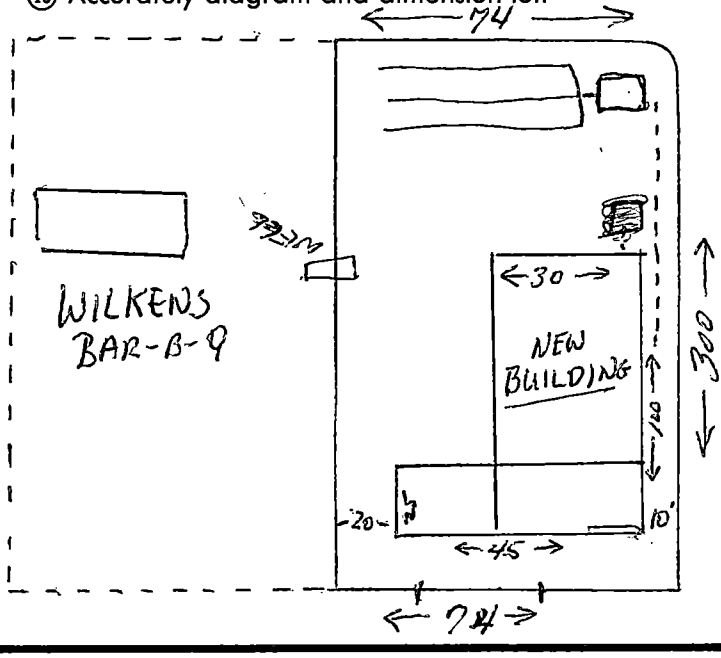
⑦ NAME: HERBERT (FIRST) DANIEL (MIDDLE) TRITT (LAST)

⑧ MAILING ADDRESS: Rt #2 Box 198-R JOHN GAMBLE RD.

⑨ CITY: CORNELIUS ⑩ STATE: N.C. ⑪ ZIP: 28036

⑫ PHONE: (WORK) 596-0020 (HOME) 892-4295

⑬ Accurately diagram and dimension lot.




DUE TO CORNELIUS CODES, WOULD LIKE TO LOCATE SYSTEM AS CLOSE TO REAR OF PROPERTY AS POSSIBLE

S →

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date: 9-25-87

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

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

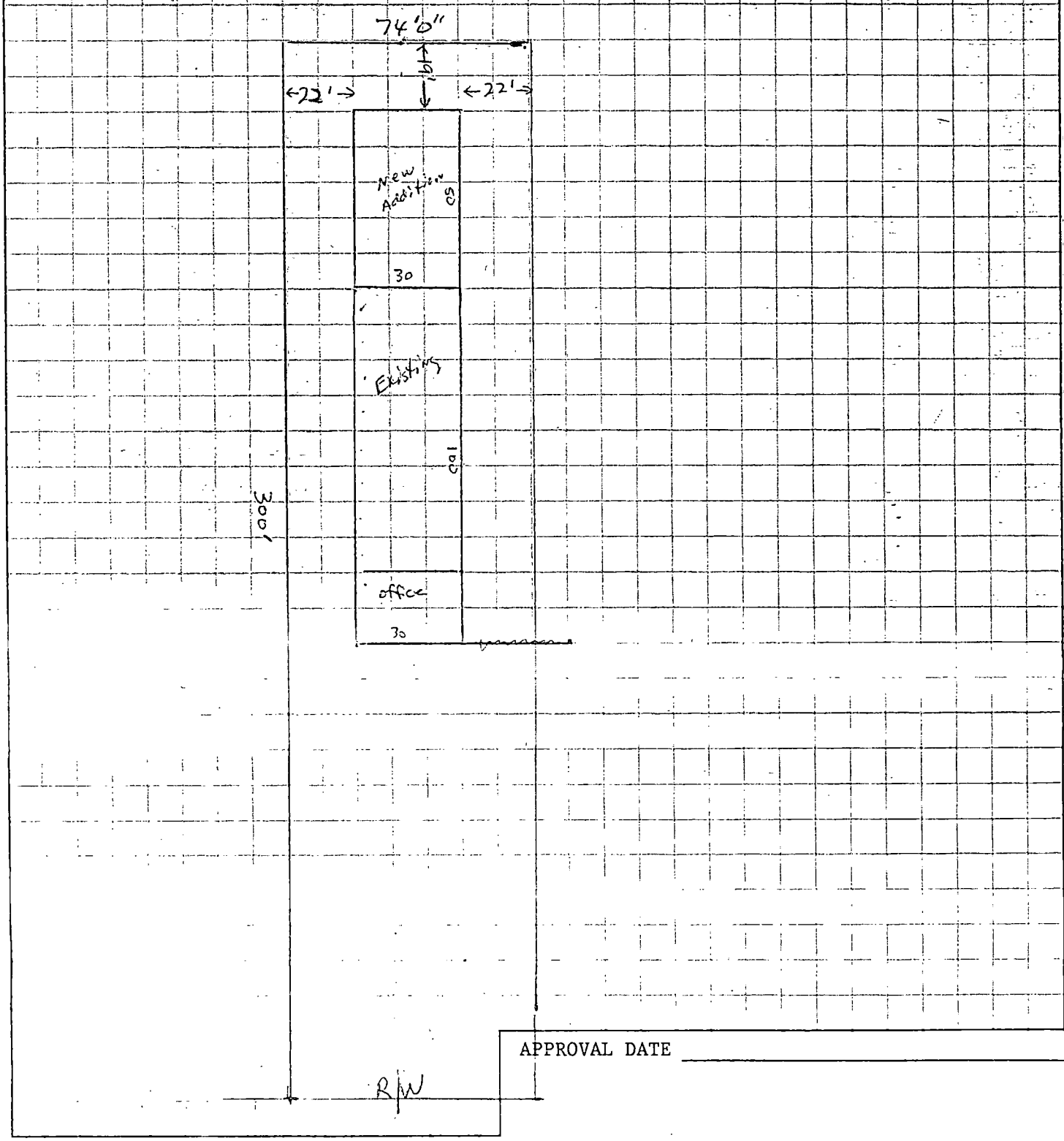
# PROPOSED PLOT PLAN

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

FILE: 3969A

TC: 005-141-20

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.




APPROVAL DATE _____