

1031 INDUSTRIAL DR

19321128

1/29/08

thomatc

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

Date Received 2-16-84

MECK COUNTY DEPARTMENT OF
RECEIVED
FEB 16 1984
ENVIRONMENTAL HEALTH

SIR No. 20619
T. C. No. 193-211-06 a portion of Lot 6 Blk 211, in book 193
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER MASCO, INC. (c/o MR. W. TOWNSEND HARRIS)
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 2111 Queens Rd. West Charlotte, NC ZIP 28207

3) PHONE NO. Home 334-1590 Office 392-0487

4) LOCATION OF PROPERTY Industrial Drive, Mecklenburg County - See Maps Attached
STREET OR COUNTY ROAD

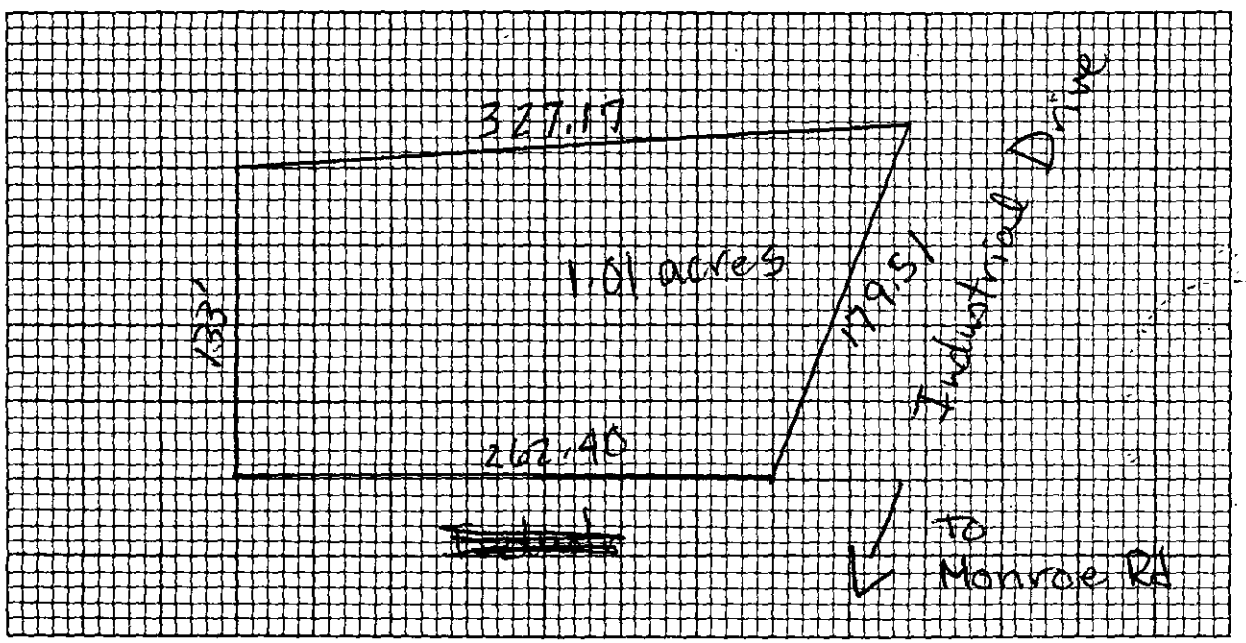
5) SUBDIVISION NONE LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 4771 PAGE NO. 0480

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.

See Attached MAP



7) ACCURATELY DIAGRAM & DIMENSION LOT

Masco, Inc. by W Harris, Pres.
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20619

T.C. NO. P.O 193-211-06

(Ground Absorption Sewage Disposal)

OWNER: Masco, INC. % W. Townsend HARRIS PLAT NO:
ADDRESS: 2111 Queen Rd. West LOT SIZE: 1.20A
Charlette 28207
LOCATION OF SITE: Industrial Drive

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%) → ~~15-30~~ 2-6%	S (PS) 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) 40-48" 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	P, suitable			
10. SOIL SERIES	Cecil			

S - Suitable PS - Provisionally Suitable U - Unsuitable

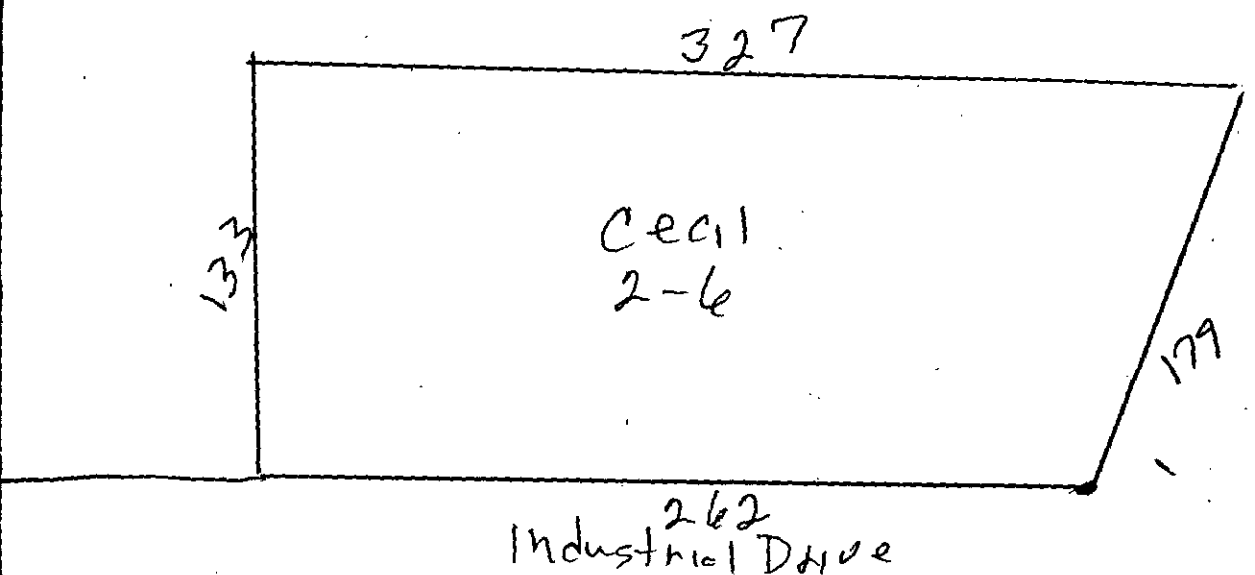
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

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

Date: 2-18-84

EHD 539 (Revised: 6/82)


327
133
Cecil
2-6
179
262
Industrial Drive

Serial No. 5465

SIR No. 20619

T. C. No. PO 193-211-06

Date Issued 2-20-84

Map Date

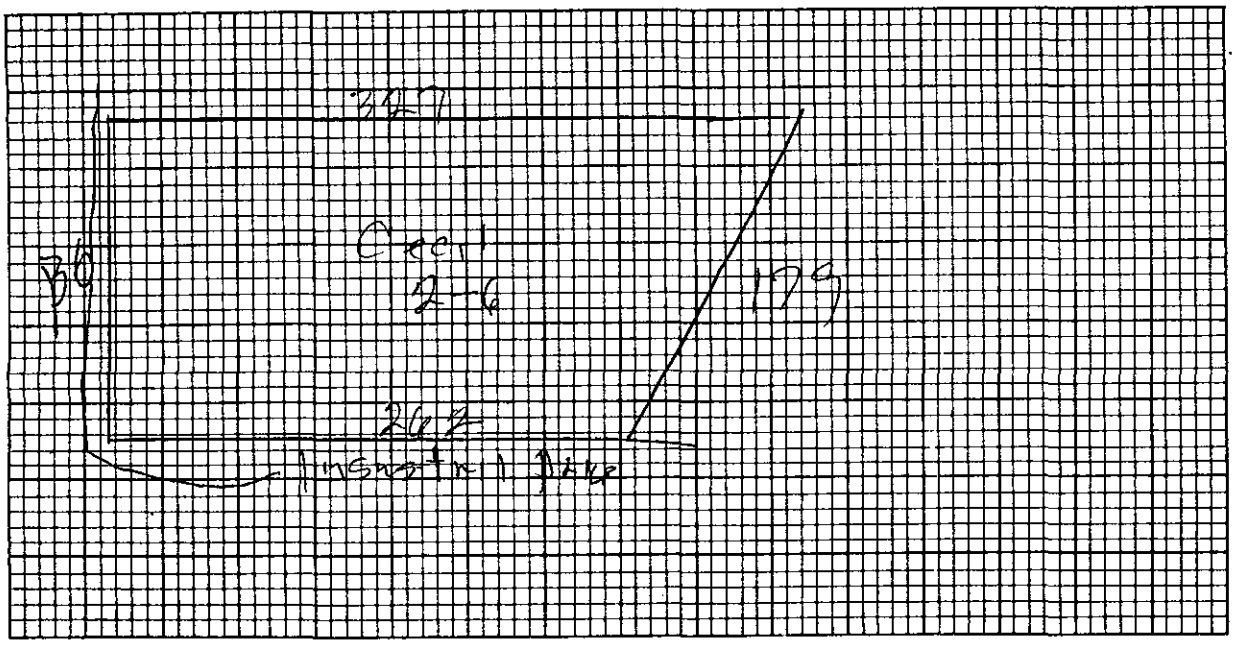
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Masco, Inc.
LAST % Mr. W. Townsend Harris MIDDLE

ADDRESS OF OWNER 2111 Queens Road West., Charlotte, NC ZIP 28207

LOCATION OF PROPERTY Industrial Drive
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. Hardister Jr.
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 3-25-84

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
SEE INSTRUCTIONS ON BACK
RECEIVED
MAR 29 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20619

T. C. No. 193-211-06

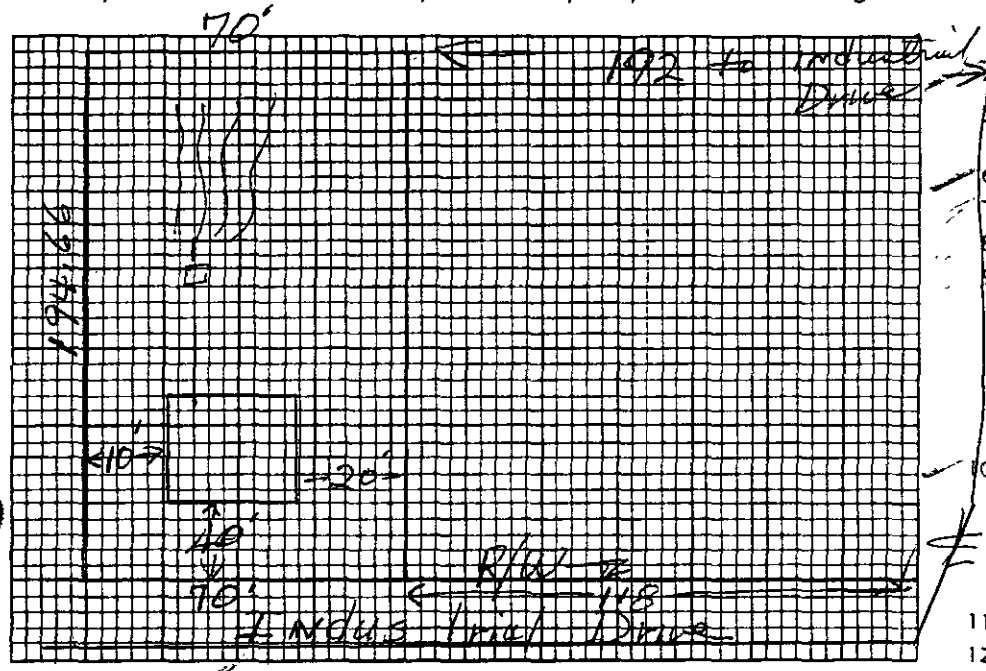
Map Date _____

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) X 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 X No
Residence ____Yes X No
4) No. of Bedrooms _____
5) Business Use — Max No Employees 3
6) Washing Machine ____Yes X No
7) Garbage Disposal ____Yes X No
8) Dishwasher ____Yes X No
9) Water Supply:
A) Individual Well Yes
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ____Yes X No
House located within 200 feet of community sewer ____Yes X No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER Hill Construction of Matthews, Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER PO Box 461 Matthews, NC 28105

15) PHONE NO. Home _____ Office 563-2820

16) LOCATION OF SYSTEM ~~1039~~ 1031 Industrial Drive Matthews, NC.
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? X YES _____ NO DATE RUN Feb. 1984

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.

X March 23, 1984
DATE OF APPLICATION

X _____
OWNER

EHD-5-76

Environmental Health Department's Copy

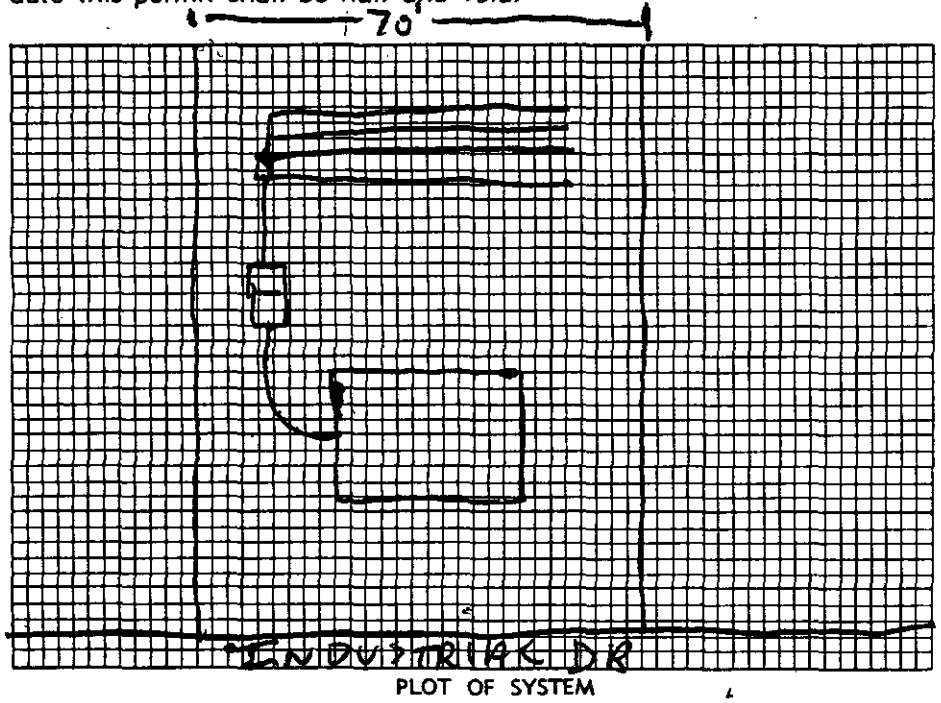
Date Issued 8-15-84 **Serial No. 07493** ICAR (S) Permit No. 20619

T. C. No PO 193-21-06

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(*Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge*)

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 application _____, dated 3-25-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 9-15-84, after which *date this permit shall be null and void.*



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1000 gal

Tank Construction P.C.C.

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 4x50

Distance from House 5' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER HILL CONSTRUCTION OF MATTHEWS INC

LOCATION OF PROPERTY 1039 INDUSTRIAL DR
1031

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

4 line x 50' long x 3' wide x 12" stone w/ straw over w/ grd cond.

Comments: leave repair room at bottom of lot.

Division or Section Head

Kelly Randall
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.

EHD-5-76

Environmental Health Department's Copy

BT-4-5-84

SIR No. 20619

Serial No. 7347

Date Issued 3-29-84

T. C. No. PO 193-211-06

Map Date

CT 4-12-83 Kbg

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hill Construction of Matthews, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 461, Matthews, NC ZIP 28106

LOCATION OF LOT 1031 ~~1039~~ Industrial Drive
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20619 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Kelly Randall
Environmentalist

Bill D. Hamilton, Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 20619

Date Issued 9-4-84 Serial 6917 T. C. No. 193-211-06 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner BAUCOM (LAST) GARY (FIRST) (MIDDLE)

Location of Property 1121 INDUSTRIAL DR

Application Number 20619 Permit Number 20619

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PCC

Total Length of Drain Tile 200' ST - 100 floor drain Number of Lines 3 x 100

Depth of Filter Material 12" Cover Depth 1.5'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 9-4-84 (DATE) Tank Inspected 9-4-84 (DATE)

Nitrification Field Inspected 9-4-84 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~_____~~ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Kelly Randolph
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 20619

Date Issued 8-20-84 Serial 6910 T. C. No. PO 193-211-06

1 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner HILL CONSTRUCTION OF MATTHEWS INC.
(LAST / FIRST / MIDDLE)

Location of Property 1039 INDUSTRIAL DR

Application Number 20619 Permit Number 20619

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material P.C.C.

Total Length of Drain Tile 200' Number of Lines 4 x 50'

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source WELL Distance from Water Source 50'+

Excavation Inspected 8-20-84 (DATE) Tank Inspected 8-20-84 (DATE)

Nitrification Field Inspected 8-20-84 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

Kelly Randolph
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 20619
TC: 193-211-06
SERIAL: № 20428
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 1121 Industrial Drive (STREET NO. / STREET) ② FILE: 20619
③ JURISDICTION: Matt. ④ TAX PARCEL NO.: 193-211-06
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Gary Baucom (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1121 Industrial Drive
⑩ CITY: Matthews ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 847-7742 ⑭ (HOME) 283-6871

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Addition

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? Auto Repair
㉖ Maximum number of employees? Six
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Gary Baucom A.T.C
Date: 2.6.90

IMPROVEMENT PERMIT

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

Tim Whittaker 12/15/90
Environmentalist Date

2-15-90
Director or Authorized Section Head Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

20619

193-211-06

Date: 2-6-90

Name/Company: FIAT Specialty

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: OPWD - Application for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT # 20619
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 6 1990

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

Dear Sirs,

This letter is to confirm in writing that the lines to the floor drains in the present part of my commercial building at 1121 Industrial Drive in Matthews will be cut off ten feet short of the planned new edition. If at any time these lines were to fail I would see that the problem was both reported and repaired properly.

Sincerely,

Gary Baucom

Gary Baucom

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 2 - 1990
ENVIRONMENTAL HEALTH
DIVISION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 2 - 1990
ENVIRONMENTAL HEALTH
DIVISION

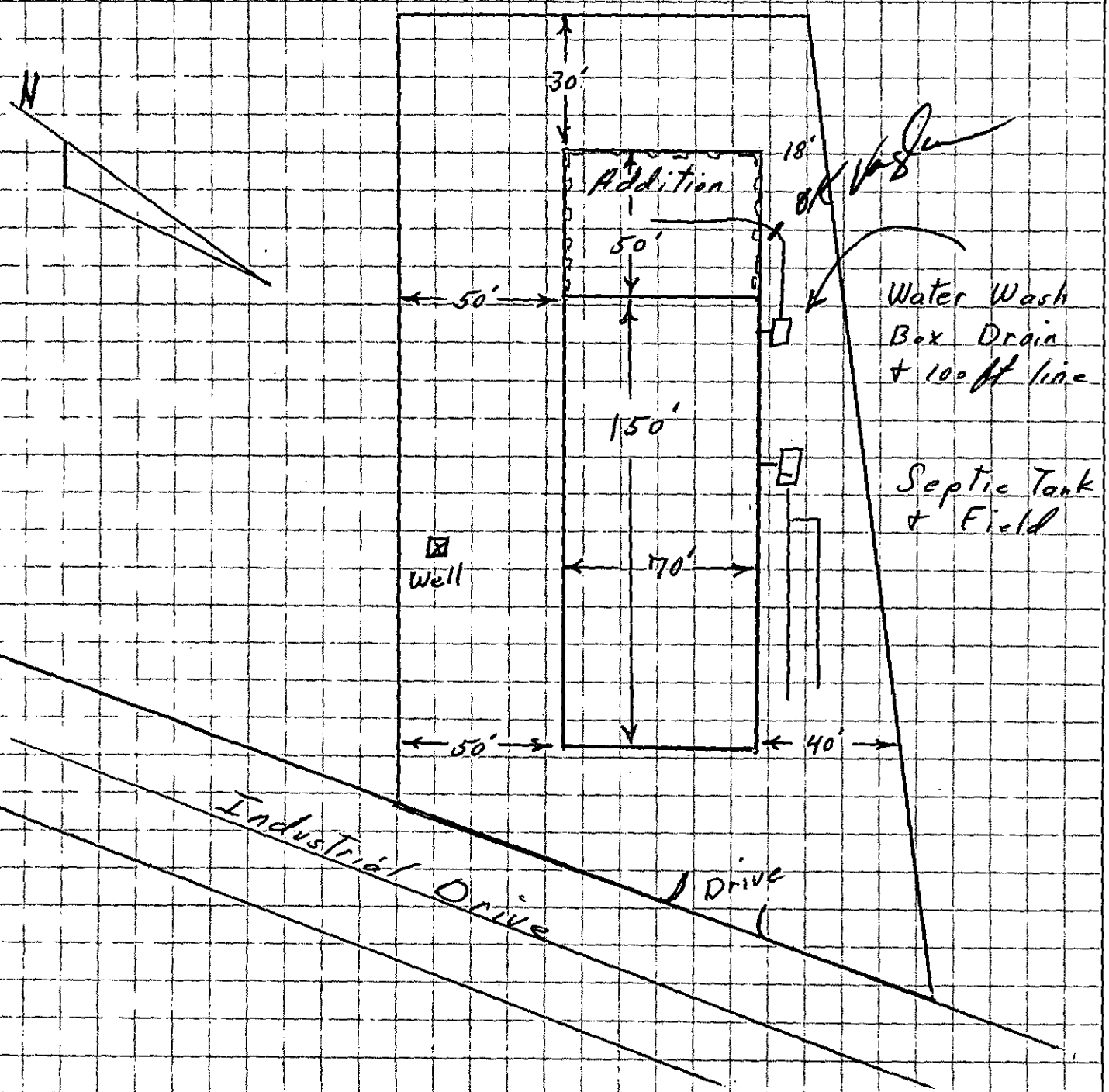
PROPOSED PLOT PLAN

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

FILE: ~~[redacted]~~ 20619

TC: 193-211-06

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 _____

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