

5905 LAKEVIEW RD

02502209

1/8/2008

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

Sheet: 1
Property ID: po 025-022-09
Lot #:
File #: 5263B
Code: 3

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Rhonda Cato
Applicant:
Address: PO Box 668123, Charlotte, N. C. 28266
Date Evaluated: 06/24/2003
Proposed Facility: Storage facility
Design Flow (.1949): 50gpd
Property Size: 2.0a. Inv.
Location of Site: 5905 Lakeview Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-4	GR/CL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	22	US	NONE	US
		4-22	ABK/C	VFI/EXP/VS/VP					
		PEDS >	1"						
		22-43	M/CL	FR-FI/SS/SP					
2	"	0-6	GR/CL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	16	"	"	"
		6-16	ABK/C	VFI/EXP/VS/VP					
		16-51	M/CL	FR/SEXP/SS/SP					
3	"	0-12	MIXED FILL		>51" TO SOIL WETNESS	51+	N/A	"	"
		12-28	WKSBK/CL	FR/SEXP/SS/SP					
		28-51	SBK/C	VFI/EXP/VS/VP					
4	"	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	8	US	"	"
		4-8	ABK/C	VFI/EXP/VS/VP					
		8-48	M/CL	FR/SEXP/SS/SP					
5	"	0-4	GR/CL	"	>50" TO SOIL WETNESS	24	"	"	"
		4-24	SBK/C	VFI/EXP/VS/VP					
		24-50	M/CL	FR/SEXP/SS/SP					
6	"	0-3	GR/SCL	"	>46" TO SOIL WETNESS	14	"	"	"
		3-14	SBK/C	VFI/EXP/VS/VP					
		14-46	M/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W.R. Marlin, LSS, 6/24/2003, W. R. Marlin
Others Present: R. Cato, J. Michelone

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: PO 025-022-09
Lot #:
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Code: 3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: *Design Flow (.1949):* Property Size:
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] *Other*
Evaluation Method: [ ] Auger Boring [ ] *Pit* [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
7	LS, 6	0-2	GR/CL	FR/SEXP/SS/SP	>39" TO SOIL WETNESS	14	US	NONE	US
		2-14	ABK/C	VFI/EXP/VS/VP					
		PEDS >	1"						
		14-39	M/CL	VFI/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

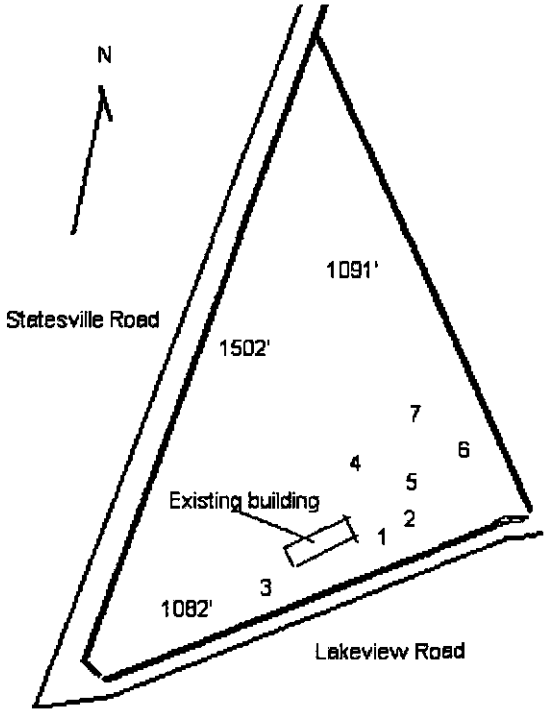
Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By:
Others Present:

FILE # 5263B

COMMENTS: Not 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



Mecklenburg County
Health Department

June 26, 2003

Rhonda Cato
P.O. Box 668123
Charlotte, NC 28266

Re: Application for improvement permit for Rhonda Cato
Property site: 5905 Lakeview Road
Health Department file No. 5263B

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on June 24, 2003 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a storage facility, with a design wastewater flow of 50 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 including related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule. 1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED**. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☒ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE**, and no improvement permit shall be issued for this site in accordance with Rule .1948(c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE**.

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N.C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, N.C. 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is June 26, 2003. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N.C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, N.C. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Jeremy P. Michelone, R.S. - DENR

CK# 1461

DATE: 5/27/03

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

TYPE APPLICATION: NEW SYSTEM EXPANSION OF EXISTING SYSTEM REPAIR

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

FILE #: 52615

PROJECT NAME:

PROPERTY ID/PARCEL NO. FROM SUBDIVISION PLAT OR LOCATION:

TAX/PARCEL NUMBER: 025-02-09

STREET ADDRESS: 5905 Lakeview Rd.

LOT NUMBER:

COMMERCIAL INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: PRE-formed Concrete Square Footage of Facility:

NUMBER OF EMPLOYEES: 2 PER SHIFT:

ZONING (IF CHECK ONE)

- X 0 MECKLENBURG
- 1 CHARLOTTE
- 2 DAVIDSON
- 3 CORNELIUS
- 4 PINEVILLE
- 5 MATTHEWS
- 6 HUNTERSVILLE
- 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:

N/A

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 X NO	WELL SPRINGS OR WATERLINES	YES X NO
EXISTING WASTE WATER SYSTEMS	YES X NO	DESIGNATED WETLANDS	YES X NO
EASEMENTS OR RIGHT-OF-WAYS	X YES NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE. ADDITIONAL INFO MAY BE REQUIRED DURING EVALUATION STAGE.

PROPERTY OWNER	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE
NAME: CATO (LAST) Rhonda (FIRST) G. (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: PO box 668123	DAYTIME PHONE: ( ) -
CITY: Char STATE: NC ZIP: 28266-8123	
DAYTIME PHONE: 704 540-5926	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1950's

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: Rhonda G. Cato DATE: 5/27/03

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

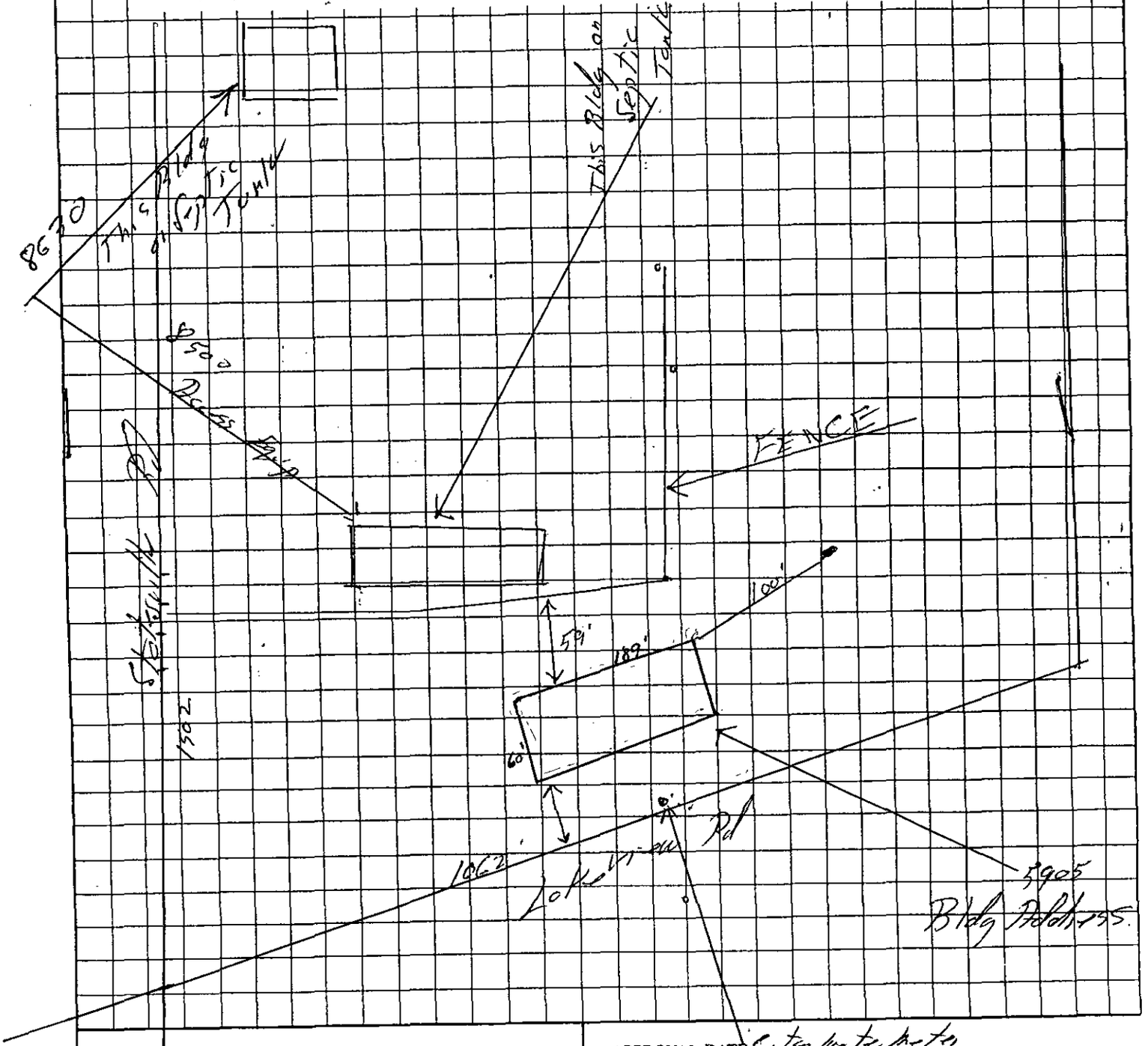
PROPOSED PLOT PLAN

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

FILE: 5263B

TC: _____

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 City Water Service

OWNER/AGENT SIGNATURE

DATE May 27, 03

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

Rhonda Kelly Caty

OWNER/AGENT SIGNATURE

DATE 5/27/03

APPROVAL DATE _____

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

GIS Real Estate System

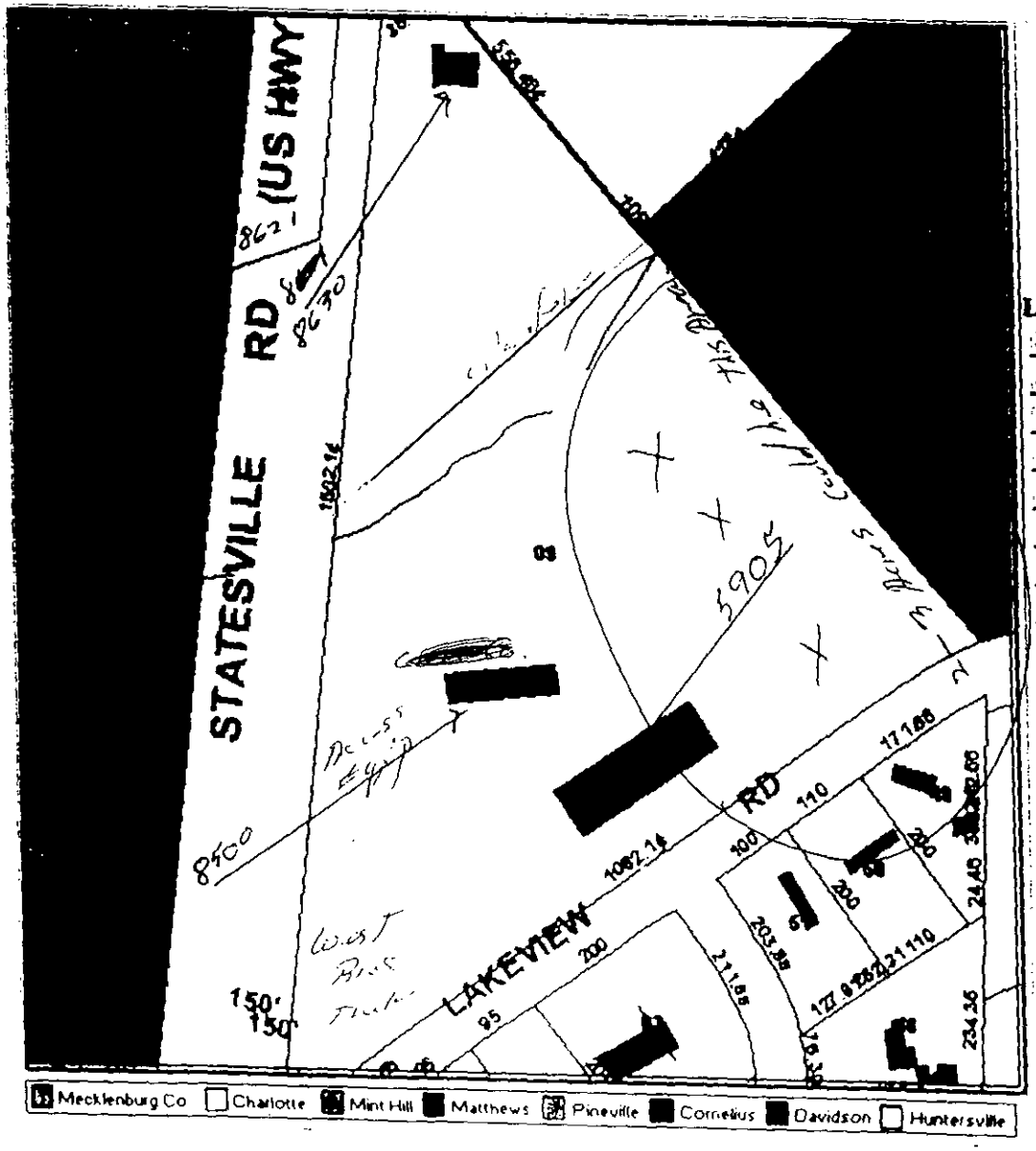
Mecklenburg County, NC Geographic Information Systems

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click on Map to Perform Operation

• Refresh Map Pan Zoom In Zoom Out Zoom Factor 1X Identify Parcels Surveyor's Report

Adjoining Owner's Report within 10 FEET Measure Start Line Label Parcels by: Nothing





LEGEND

- ☑ County Boundary
- ☑ Jurisdictions
- ☐ 2001 Annexations
- ☑ Tax Parcels
- ☑ Parcel Dimensions
- ☐ Sales by Deed Year
- ☑ Railroad ROWs
- ☑ Utility ROWs
- ☐ Bodies of Water
- ☑ Streams
- ☐ Floodplain
- ☐ 10 Foot Contours
- ☐ Regulated Watershed
- ☐ Surface Water Buff.
- ☑ Building Outlines
- ☐ Prop. I-485 Corridor
- ☐ Photo Controls
- ☐ 1999 Aerial Photo
- ☐ Tax Parcel Land Use
- ☐ Preliminary Plans

Click here to submit questions or comments about the information shown on this page.

5905 Lakeview Road Located on N/E corner of Statesville Rd. & Lakeview Rd.

11,430 Sq. Ft. Building Presently has water meter installed at street. This will be connected to building. New tenant will emplys approx 6 people and have commode and sink installed.

Propose to install septic tank ot back east corner of building which gives 100 feet plus of open unobstructed land.

Please contact: Whit Spearman off 704-376-3606
cell 704-807-9656
hm 704-542-6696

2nd person contact Tim Goetchius 704-376-3606
isn case I am not available

Call us Before going — Entrance Has Gate.

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: _____ WASPS App #: _____

Primary ES assigned to project: Jeremy Michelore

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☑ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☐	No ☐	N/A ☑
.1937(d)	Is the Facility shown?	Yes ☐	No ☐	N/A ☑
.1937(d)	Are appurtenances shown	Yes ☐	No ☐	N/A ☑
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 0.275(1)			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.275	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☑
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☑
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☑	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
~~.1937 (f)(g)~~	~~Is System design consistent with~~ soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 6/4/13

OP issued date: 6/25/13

Review performed by: JAM

Date performed: 6/25/13

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5263B Permit #: _____ Tax Parcel #: 025-022-09

Property Owner: US 21 HOLDING CO, LLC

Job Location Address: 8630 STATESVILLE ROAD

City: CHARLOTTE State: NC Zip Code: 28269

Operation Permit Issuance Date: 6/25/13 Contractor Name: LENTZ

Permitted Design Flow: 250 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: 6/24/13

Excavation Inspected: 6/25/13

Pump & Controls Inspected: N/A

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 54 inches

Bed Width: 21 feet

Total line length: 147 feet

# of Lines: 7 @ 20 feet

Depth of Media: 36 inches (Type) TCHP

Depth of Cover: 18 inches

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

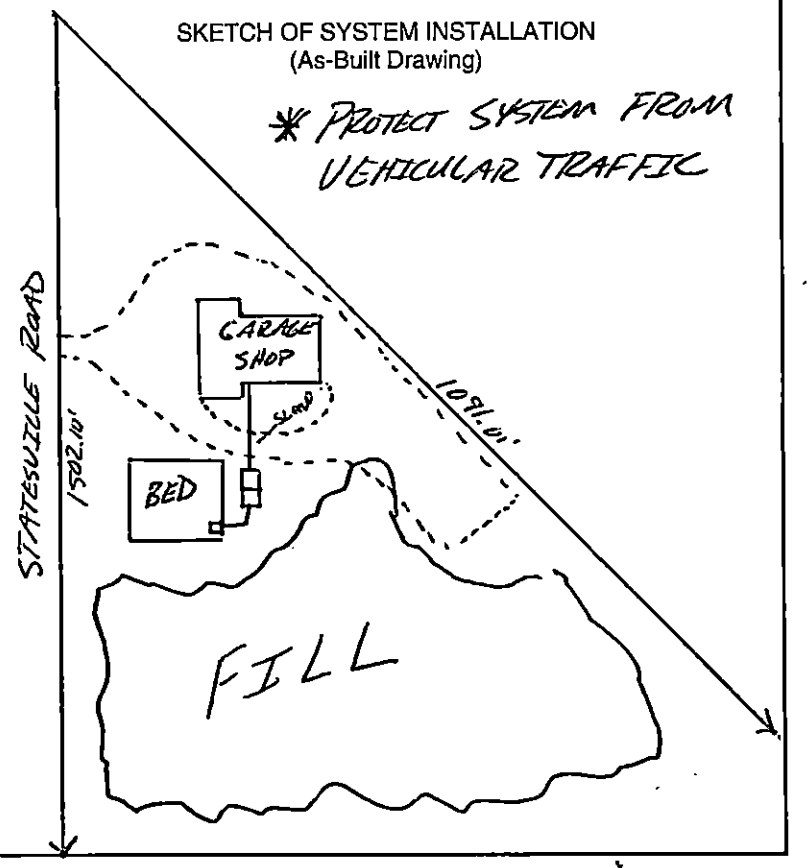
System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIa, GRAVITY, TCHP, GRP, NA, NA

→ LIMITED SPACE IS AVAILABLE DUE TO THE AMOUNT OF FILL ENCOUNTERED

DENR Authorized Agent: Jeremy Mickelson, REHS Signature: Jeremy Mickelson, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5263B Permit #: _____ Tax Parcel #: 025-022-09

Property Owner: US 21 HOLDING CO, LLC

Job Location Address: 8630 STATESVILLE ROAD

City: CHARLOTTE State: NC Zip Code: 28269

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Michelle ROTH Date: 6/25/13

Signature: Jeremy Michelle ROTH

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5263B Permit #: _____ Tax Parcel #: 025-022-09

Property Owner: US 21 HOLDING CO, LLC

Job Location Address: 8630 STATESVILLE ROAD

City: CHARLOTTE State: NC Zip Code: 28269

Installation Approval Issuance Date: 6/11/13

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 7/11/13, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 250 GPD

Site LTAR: 0.275 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 48 inches

Bed Width: 12 feet

Total line length: 200 feet

# of Lines: 4 @ 50' feet

Depth of Media: 24 inches (Type) TIRE CHIPS

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

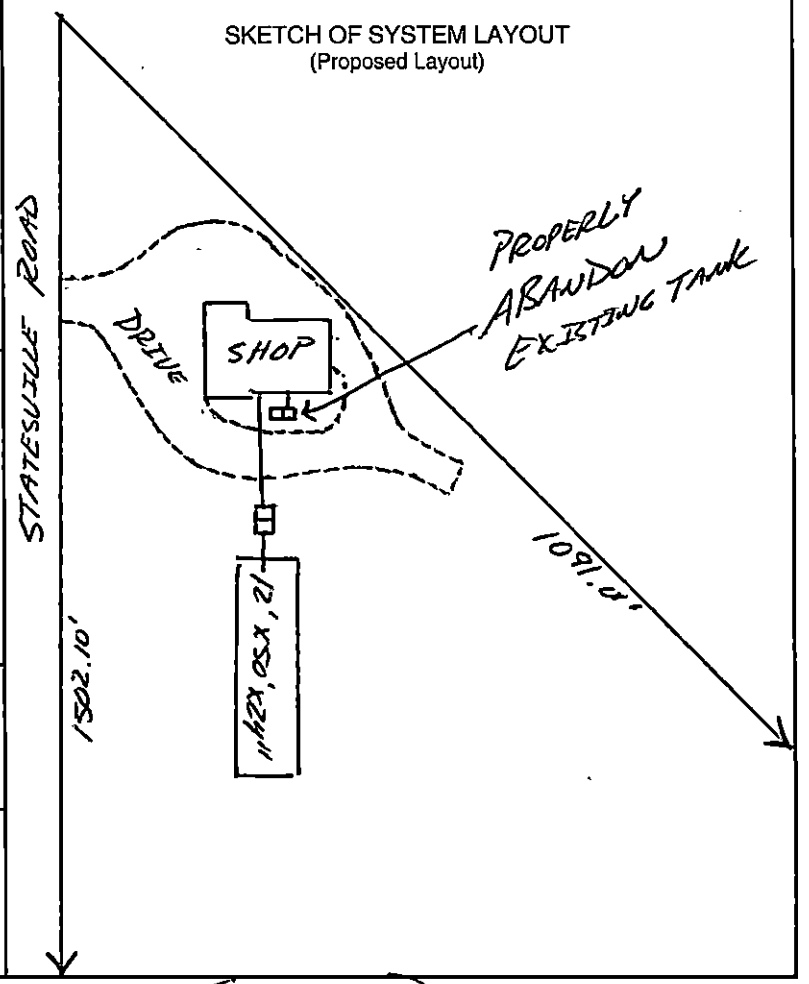
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa Conventional System Repair

→ Properly Abandon existing septic tank

→ BARRICADE THE NEW AREA TO PREVENT VEHICULAR TRAFFIC

DENR Authorized Agent: Jeremy Mickler, REHS Signature: Jeremy Mick. REHS

5263B

MECKLENBURG COUNTY
HEALTH DEPARTMENT App #6273

APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ☑ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☑ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 02502209
STREET ADDRESS: 8630 Statesville Rd. 8530
CITY: Charlotte
STATE: NC ZIP: 28269
TOWNSHIP:
○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
DESCRIBE TYPE OF BUSINESS: _____
○ COMMERCIAL ○ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: _____
NUMBER OF EMPLOYEES PER SHIFT: 10
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: _____
TYPE OF WASTEWATER GENERATED:
☑ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☐ N/A

6. **WATER SUPPLY:** ☑ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ☑ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	☑ YES ○ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☑ NO
WASTE STORAGE	○ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☑ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1955 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**
NAME: US 21 Holding LLC
ADDRESS: PO Box 668123
CITY: Charlotte
STATE: NC ZIP: 28266
WORK PHONE: _____
MOBILE PHONE: 704-577-0486
FAX: _____
E-MAIL: recabor@aol.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: McRae Builders
ADDRESS: 7427 Matthews-Mint Hill Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
WORK PHONE: 704-547-4172
MOBILE PHONE: _____
FAX: _____
E-MAIL: dmcrae@mcraebuilders.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 6-4-13

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 5263B

APPLICATION ID NUMBER ASSIGNED: 6273

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

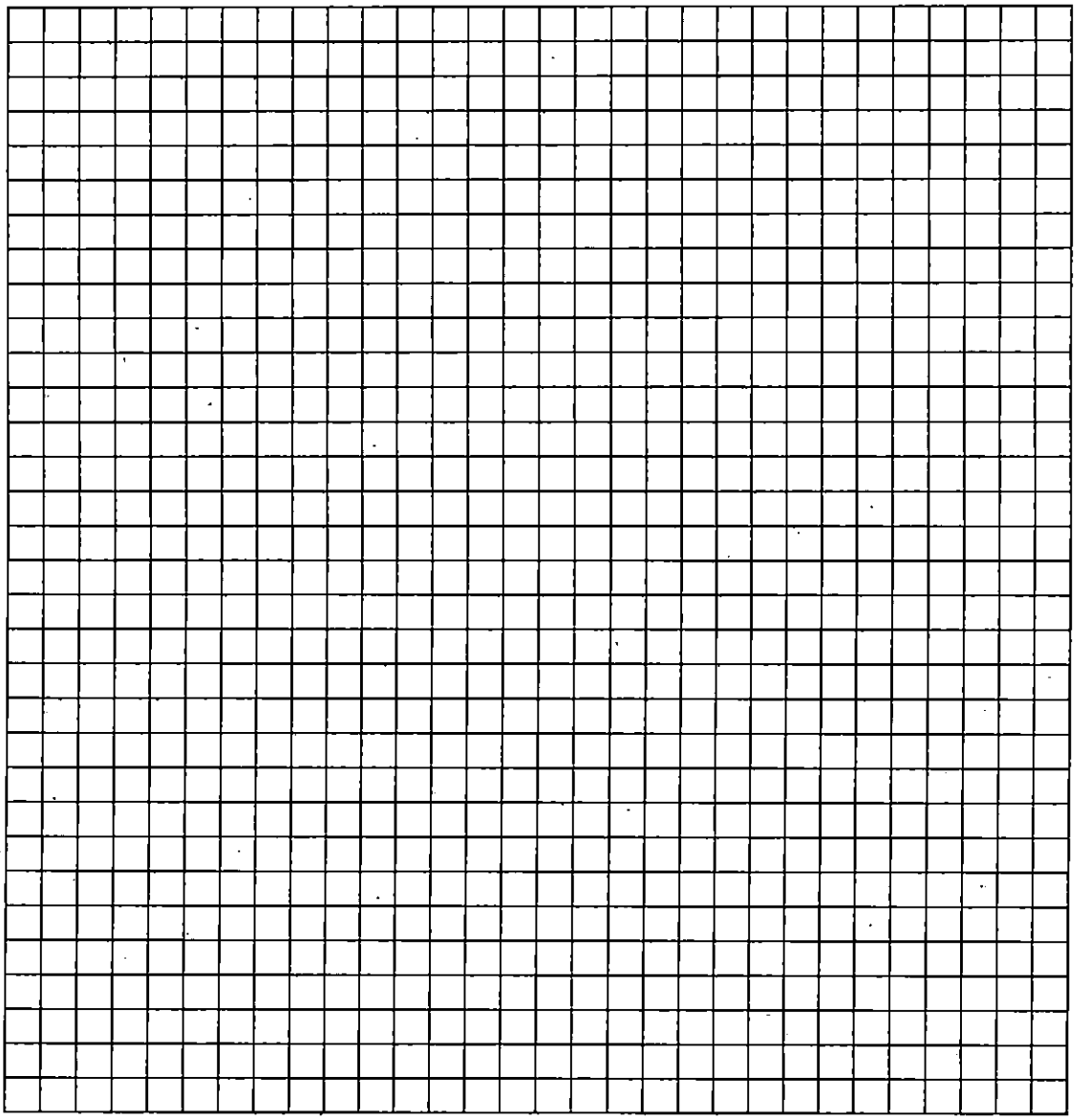
Revised on: 12/15/10

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date

LBC 12/15/04

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 025-022-09
COUNTY: Meck

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CLS 21 HOLDING COMPANY, LLC — APPLICATION DATE 6/4/13
ADDRESS: P.O. Box 668123 CHARLOTTE, NC 28266 — DATE EVALUATED: 6/4/13
PROPOSED FACILITY: GARAGE/SHOP — PROPOSED DESIGN FLOW (.1949): 250 — PROPERTY SIZE: 14.8 ACRES
LOCATION OF SITE: 9630 STATESVILLE ROAD CHARLOTTE, NC 28269 — PROPERTY RECORDED: 1955
WATER SUPPLY: • Private • (Public) • Well • Spring • Other
EVALUATION METHOD: • Auger Boring • (Pit) • Cut — TYPE OF WASTEWATER: • (Sewage) • Industrial Process • Mixed

PROFILE #	.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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 3%	0-4	FILL	FILL	>60" TO SOIL WETNESS	~~NA~~ >60" TO SOIL WETNESS	NA	NA	P.S. 0.275 G/D/FT2 IV
		4-18	FILL	FILL					
		18-42	SBK/C	FI/S/P/SEXP					
		42-60	SBK/SCL	FI/S/P/SEXP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	P.S.	P.S.
System Type(s)	Ila	Ila
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Jeremy Michalone REHS
OTHER(S) PRESENT: Donovan McRae

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

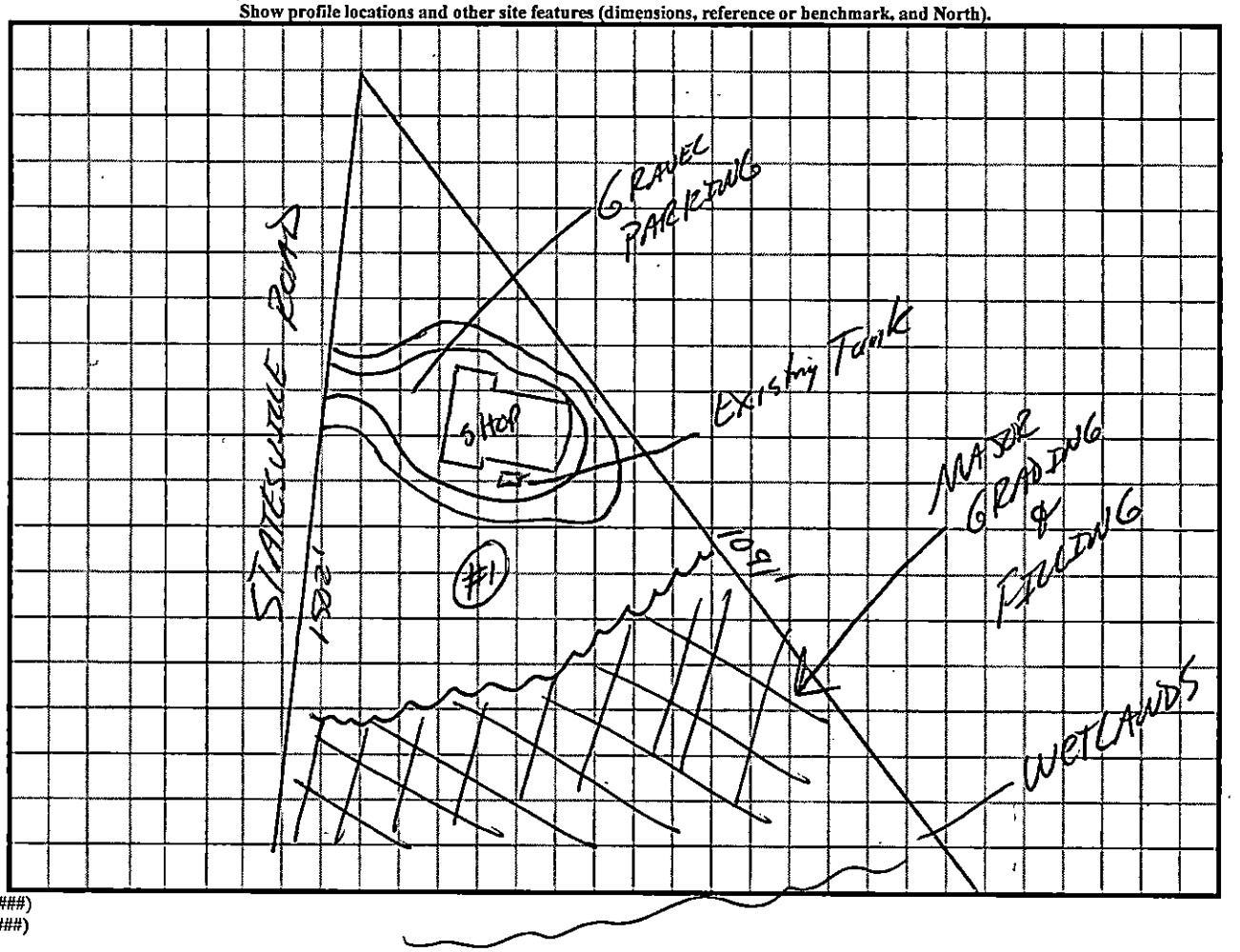
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Tue Jun 4 10:35:21 EDT 2013



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

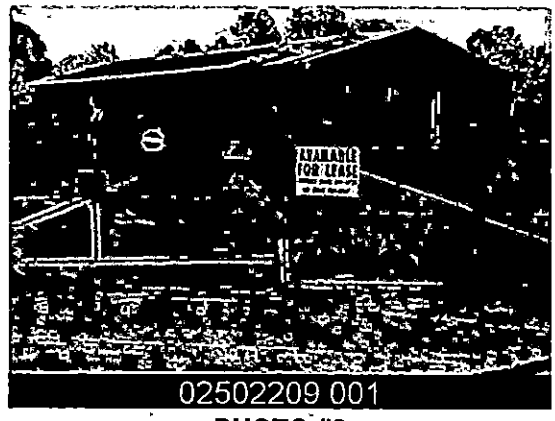
Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 6/4/2013 10:39:39 AM

Parcel ID #: 02502209 GIS ID #: 02502209	
Owner Name:	US 21 HOLDING CO LLC
Mailing Address:	PO BOX 668123 CHARLOTTE, NC 28266-8123
Property Characteristics	
Legal Desc.:	NA
Land Area:	14.8AC
Fire District:	00-CITY OF CHARLOTTE
Special District:	N/A
Account Type:	NC CORP
Municipality:	1-CHARLOTTE
Property Use:	WAREHOUSE
Deed Reference(s) and Sales Price	
18820-95 (6/1/2005) $0.00 03740-457 (7/3/1973) $0.00	
Situs Addresses Tied to This Parcel	
8500 STATESVILLE RD 8530 STATESVILLE RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2011 Annexation Area: NO	
Census Tract #: 55.03	
Parcel Falls Inside a Water Quality Buffer?: YES	
Post Construction District	
Jurisdiction:	Charlotte
District:	West Catawba

FEMA Flood Information	
FEMA Panel #:	3710455800J
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/2009
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	LONG
Watershed Class:	

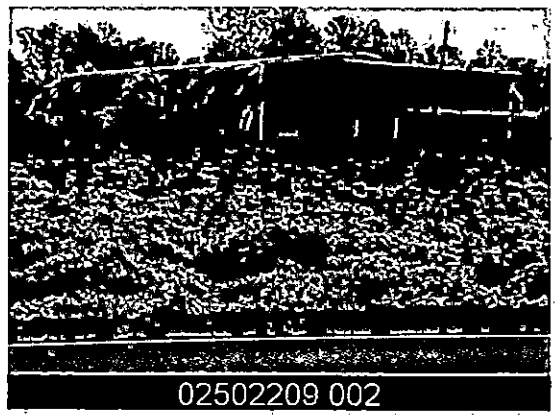
Building Photography

PHOTO #1
Location: 8500 STATESVILLE RD



02502209 001

PHOTO #2
Location: 8530 STATESVILLE RD


02502209 002

Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

PROPOSED PLOT PLAN

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

FILE: 52638

TO: _____

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.

Rhonda Wilson Cato

OWNER/AGENT SIGNATURE

DATE 5/27/03

APPROVAL DATE _____

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

Real Estate Lookup

Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
02502209	NC CORP		02501201

Owner(s)

Owner Name	Mailing Address	City/State
US 21 HOLDING CO LLC	PO BOX 668123	CHARLOTTE NC 28266-8123

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
NA	CHARLOTTE	06/30/1995		CITY OF CHARLOTTE	14.8

Total Parcel Assessment

Building	Land	Features	Total
248800	1289400	24800	1563000

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Jun 1 2005			LESS $3000	IMP	QUIT CLAIM	18820-95	CAROLINA TRUCK & TRA
Jul 3 1973	0			IMP	WARRANTY D	03740-457	

Land Use

Use	Units	Type	Neighborhood	Assessment
I600	644688	SF	IN06	1289400

Building Information

Bldg	Description	Type	Year	Property Location
1	CAROLINA TRUCK-TRAILER Warehouse	WAREHOUSE	1955	8500 STATESVILLE RD CHARLOTTE
2	Warehouse	WAREHOUSE	1962	8530 STATESVILLE RD CHARLOTTE
3	Warehouse	WAREHOUSE	1983	8500 STATESVILLE RD CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY		6350	6081	SLAB-COM	SIDG NO SHTG -	BELOW AVG 03	76200
2	1 STORY		2368	2224	SLAB-COM	SIDG NO SHTG -	BELOW AVG 03	27800
3	1 STORY		11460	11460	PIER	SIDG NO SHTG -	BELOW AVG 03	144800

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT - NONE	NONE		AC-NONE	6	0	0		0
2	AIR-NO-DUCT	GAS		AC-NONE	2	0	0		0
3	HEAT - NONE	NONE		AC-NONE		0	0		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	5248
1	UTILITY - UNFINISHED	77
1	OFFICE - GOOD	833
1	CANOPY	192
2	BASE (FIRST FLOOR)	1600
2	OFFICE - AVERAGE	624
2	CANOPY	144
3	BASE (FIRST FLOOR)	11460

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 66.00%				
2	AV - 66.00%			AP - 5.00%	
3	AV - 51.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1955	MEZZANINE	1	1447	10100
1	1955	ASPH PAVING	1	1720	1500
1	1955	CH LNK FENCE	1	2680	9400
1	1955	CH LNK FENCE	1	1090	3800

Notes

Tax Year	Notes	Note Date
2011	Informal Review Request Received	05/02/2011

Value Changes



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Mecklenburg County

Land Use & Environmental Services Agency

SERVICE REQUEST SUMMARY

Service Request

Service Request ID #	19412
Department	Groundwater Services
Description	Request for Service
Status	In Progress
Incident Address	8630 STATESVILLE RD
Incident Location	
Incident City	Charlotte
Incident Zip	28269
Jurisdiction	CHARLOTTE
Submitted To	MICHELONE, JEREMY
Date Initiated	5/29/2013 2:17:47 PM
Initiated By	SADER, LINDA
Date Dispatched	5/29/2013 2:17:47 PM
Dispatched To	MICHELONE, JEREMY
Date Investigation Completed	
Closed By	
Problem Details	Septic system failing. Tank is being pumped frequently. Want to know if it can be repaired. Call Donovan at 704-547-4172 and he will explain the situation.
Comments	
Total Labor Cost	$0.00

Associated Work Orders

Work Order Id	WO Status	Description	WO Address

Initiated By	Actual Start Date	Actual Finish Date	Submit To

Custom Fields

Field	Value