


20016 KNOX RD

00114507

1/10/2008

duponbj

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

FEE: 300.00

DATE: 6/22/2006

# CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

**MECKLENBURG COUNTY**

**GROUNDWATER & WASTEWATER SERVICES**

**FILE NUMBER:** 6577B

**PERMIT NUMBER:** 30000946

**PARCEL NUMBER:** 00114507

**JOB LOCATION INFORMATION**

**ADDRESS:** 20016 KNOX RD

**CITY:** CORNELIUS **STATE: NC** **ZIP:** 28031

**ISSUED TO:** Richard Johnson

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 6/22/2006

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000946, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 6/22/2011

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/22/06 | **Amount:** | 150.00 |
| **Receipt #:** | 44712 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

| | |
|---|---|
| **Account #:** | B32670 |
| **Contractor:** | ROBY INC ANDREW |
| **Attn:** | |
| **Address:** | PO BOX 221416 |
| **Address:** | |
| **City/State/Zip:** | CHARLOTTE, NC 28222 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0734 | Auth for Waste Wtr Sys Constr<br>20016 KNOX ROAD | | 1 | 150.00 | 150.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 1,289.94 | 1,572.47 | | | | |

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/22/06 | **Amount:** | 150.00 |
| **Receipt #:** | 44713 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | AIDOOJK | | |

**Account Information**

| | |
|---|---|
| **Account #:** | B32670 |
| **Contractor:** | ROBY INC ANDREW |
| **Attn:** | |
| **Address:** | PO BOX 221416 |
| **Address:** | |
| **City/State/Zip:** | CHARLOTTE, NC 28222 |

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0703 | Installation/Final Approval<br>20016 KNOX ROAD | | 1 | 150.00 | 150.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 1,439.94 | 1,572.47 | | | | |

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

# IMPROVEMENT PERMIT for a COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000946** GWS File #: **6577B** Tax Parcel #: **001-145-07**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

**I. This Improvement Permit Shall:** Expire in Five (5) Years **Expiration Date (If Applicable):** 6/22/2011

Installation Type: Commercail/Industrial - New System Business Type: Commercial

Facility Size ($ft^2$): 0 # Employees/Shift: 0 # Shifts: 0

Wastewater Type: Water Supply:

**II. Initial System Type:** Pump to Conventional **System Classification:** IIIb

Initial System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 100 | LTAR (gpd/$ft^2$): | 0.33 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 303 | Total Trench Length (ft): | 101 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**III. Repair System Type:** Pump to Conventional **System Classification:** IIIb

Repair System Specifications:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Design Flow (gpd): | 100 | LTAR (gpd/$ft^2$): | 0.33 | Septic Tank Size (gal): | 1500 | Pump Tank Size (gal): | 1000 |
| Trench Width (ft): | 3 | Trench Spacing (ft): | 9 | Absorption Area ($ft^2$): | 303 | Total Trench Length (ft): | 101 |
| Maximum Trench Depth (in): | 30 | Depth of Media (in): | 12 | Distribution Device: | Pressure Manifold | | |

**IV. Permit Conditions/Comments:**

*(Please See the Following Page for Permit Conditions.)*

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Charley Lew
Print Name

Signature: Jeremy Michelone, R.S. Signature: Charley Lew

Date Issued: 6/22/2006

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

## IMPROVEMENT PERMIT for a COMMERCIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000946** GWS File #: **6577B**

**IV. Permit Conditions/Comments:**

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- Proper well abandonment is required prior to receiving Installation Approval from our office to install the septic system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

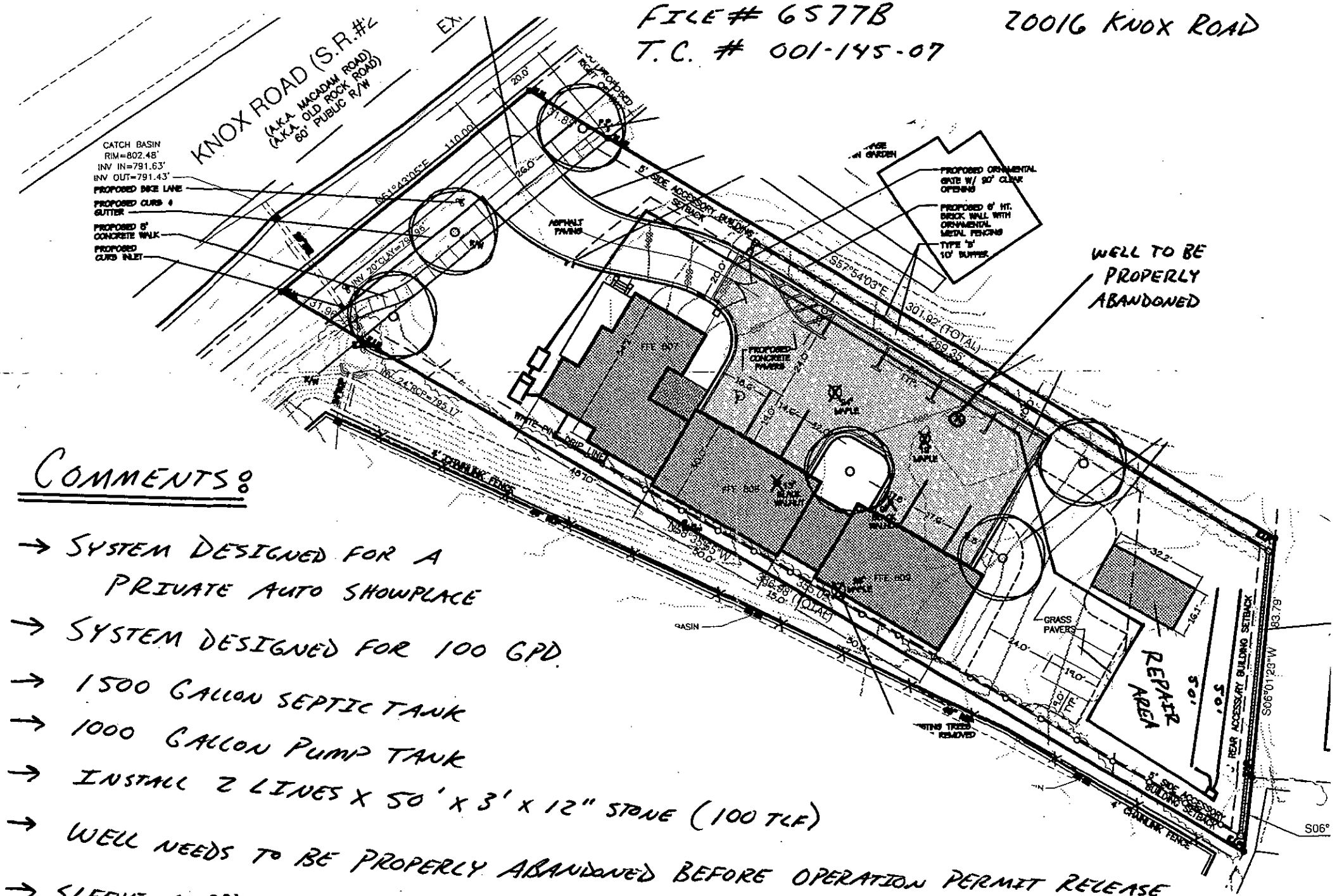
Date Issued: 6/22/2006

Owner/Legal Agent: Charley Ley
Print Name

Signature: Charley Ley

FILE# 6577B
T.C. # 001-145-07

20016 KNOX ROAD




## COMMENTS:

→ SYSTEM DESIGNED FOR A PRIVATE AUTO SHOWPLACE

→ SYSTEM DESIGNED FOR 100 GPD.

→ 1500 GALLON SEPTIC TANK

→ 1000 GALLON PUMP TANK

→ INSTALL 2 LINES X 50' X 3' X 12" STONE (100 TLF)

→ WELL NEEDS TO BE PROPERLY ABANDONED BEFORE OPERATION PERMIT RELEASE

→ SLEEVE SUPPLY LINE UNDER DRIVEWAY & PARKING LOT

→ RAIN GARDEN MUST BE RELOCATED FOR TANK LOCATION

Jimmy Medlin, R.S. 6/22/06

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

Sheet: 1 of 2
Property ID: 001-145-07
Lot #:
File #: 6577B
Code: 1

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Richard Johnson
Applicant:
Address: 20016 Knox Road, Cornelius, N. C. 28031
Date Evaluated: 6/19/06
Proposed Facility: Auto storage
Design Flow (.1949): 50gpd
Property Size: .72a
Location of Site: 20016 Knox Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

| PROFILE # | .1940 Landscape Position/ Slope% | Horizon Depth (IN.) | SOIL MORPHOLOGY .1941 .1941 Structure/ Texture | .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 | >48" TO SOIL WETNESS | 48 | N/A | NONE | PS, IV |
| | | 4-23 | SBK/C | FI/SEXP/S/P | | | | | .33GPD/FT$^2$ |
| | | 23-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |
| 2 | " | 0-6 | GR/CL | " | " | " | " | " | " |
| | | 6-34 | SBK/C | FI/SEXP/S/P | | | | | |
| | | 34-48 | SBK/CL | FR/SEXP/SS/SP | | | | | |

| Description | Initial System | Repair System |
|---|---|---|
| Available Space (.1945) | PS | |
| System Type(s) | | |
| Site LTAR | .33GPD/FT$^2$ | |

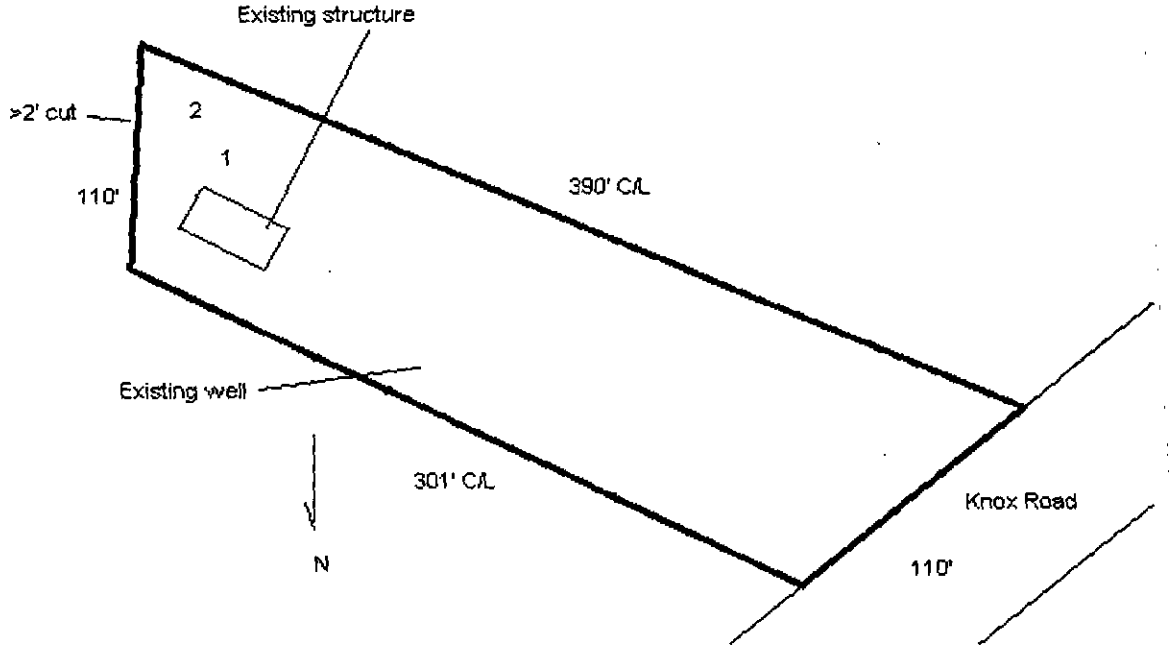
Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/21/2006, W. R. Marlin
Others Present:

**COMMENTS:**
Not sure if 100% repair is required

| Landscape Position | Group | Texture | .1955 LTAR | Structure |
|---|---|---|---|---|
| R-Ridge | I | S-Sand | 1.2 - 0.8 | SG-Single Grain |
| SS-Shoulder Slope | | LS-Loamy Sand | | M-Massive |
| LS-Linear Slope | | | | CR-Crumb |
| FS-Food Slope | II | SL-Sandy Loam | 0.8 - 0.6 | GR-Granular |
| NS-Nose Slope | | L-Loam | | SBK-Subangular Blocky |
| HS-Head Slope | | | | ABK-Angular Blocky |
| CC-Concave Slope | III | SI-Silt | 0.6 - 0.3 | PL-Platy |
| CV-Convex Slope | | SICL-Silty Clay Loam | | PR-Prismatic |
| T-Terrace | | | | |
| FP-Flood Plain | | CL-Clay Loam | | |
| | | SCL-Sandy Clay Loam | | |
| | IV | SC-Sandy Clay | 0.4 - 0.1 | |
| | | SIC-Silty Clay | | |
| | | C-Clay | | |

| Consistence Moist | Consistence Wet | Mineralogy |
|---|---|---|
| VFR-Very Friable | NS-Non-Sticky | SEXP-Slightly Expansive |
| FR-Friable | SS-Slightly Sticky | EXP-Expansive |
| FI-Firm | S-Sticky | |
| VFI-Very Firm | VS-Very Sticky | |
| EFI-Extremely Firm | NP-Non-Plastic | |
| | SP-Slightly Plastic | |
| | P-Plastic | |
| | VP-Very Plastic | |

**Sketch of Soil Evaluation Locations**



CK# 47358 #940

GWS- COM. APP 07/05

SEPTIC FEE: 400.00
DATE: 6/7/06
CRT [ ] gc

**PERMIT APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

FILE # 65773

WELL FEE: _____
DATE: _____
CRT [ ]

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

**WELL / TYPE APPLICATION:** ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION**

**PROJECT TRACKING #:**
**TAX/PARCEL #:** 001-145-07
**STREET ADDRESS:** 20016 Knox Rd
**CITY:** Cornelius
**STATE:** NC **ZIP:** 28031
**LOT #:**
**TOWNSHIP:**

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

**BUILDING INFORMATION:**

**DESCRIBE TYPE OF BUSINESS:** Private Auto Showplace
☒ COMMERCIAL ☐ INDUSTRIAL
**SQUARE FOOTAGE OF FACILITY:** 5000
**NUMBER OF EMPLOYEES PER SHIFT:** 8
**NUMBER OF SHIFTS:** 8
**TYPE OF WASTEWATER:**
☒ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
**HOW WILL WATER BE USED IN THE FACILITY?:**
☒ TOILETS/URINALS ☒ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.**

**WATER SUPPLY:**
☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☒ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☒ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☒ NO | DESIGNATED WETLANDS | ☐ YES | ☒ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☒ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☒ NO |

**PROPERTY OWNER:**
NAME: Richard Johnson
ADDRESS: 20016 Knox Rd
CITY: Cornelius
STATE: NC ZIP: 28031
HOME PHONE: 704 334 5477 WORK PHONE:
MOBILE PHONE: 704 361-6483 FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**
NAME: Charles Andrew Roby
ADDRESS: 1131 Harding Pl
CITY: Charlotte
STATE: NC ZIP: 28204
HOME PHONE: WORK PHONE: 704 334 5477
MOBILE PHONE: FAX: 704 332 6351

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?**
**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?**

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 6/7/06 Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

0735

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

## PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

**Permit#: 10001016** **Tax Parcel #:** 001-145-07
**Property Owner:** RICHARD JOHNSON
**Job Location Address:**20016 KNOX RD
**City/ETJ:**CORNELIUS **State:** NC **Zip Code:** 28031
**Permit Issuance Date:** 6/22/2006
**Use of Well:**
**Type of Facility Served by Well:**
**Sewage System Type:** None

**Type of Repair/Abandonment**

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ◉ Permanent Abandonment

**Area of Regulated Groundwater Usage Restrictions Apply:** YES

If Yes, see requirements in Specific Conditions of This Permit.

**General Conditions of This Permit:**

- The Water Supply Well repair and abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

**Specific Conditions of This Permit (Check all that apply):**

☐ Grout must be placed the full extent of the casing.

☐ Initial water sample to taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

**Other Conditions of This Permit:**

Site is between 1000 and 1500 feet from Cashions Quick Stop #3

Jeremy Michelone R.S.
Authorized Agent: Print Name

Jeremy Michelone, R.S.
Signature:

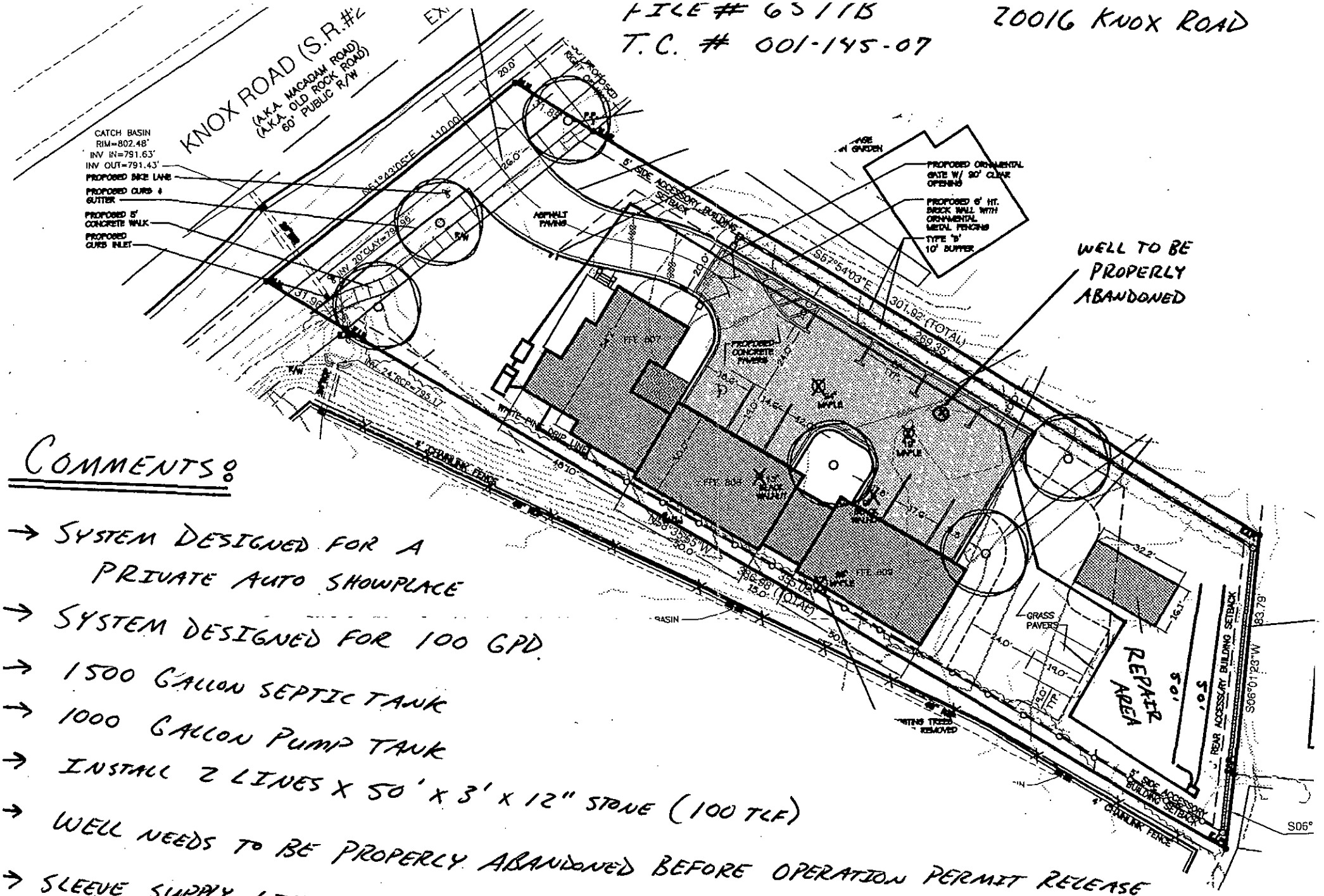
Charley Lew
Owner/Legal Agent: Print Name

Charley Lew
Signature:

FILE # 63116

T.C. # 001-145-07

20016 KNOX ROAD




## COMMENTS:

- → SYSTEM DESIGNED FOR A PRIVATE AUTO SHOWPLACE
- → SYSTEM DESIGNED FOR 100 GPD.
- → 1500 GALLON SEPTIC TANK
- → 1000 GALLON PUMP TANK
- → INSTALL 2 LINES X 50' X 3' X 12" STONE (100 TLF)
- → WELL NEEDS TO BE PROPERLY ABANDONED BEFORE OPERATION PERMIT RELEASE
- → SLEEVE SUPPLY LINE UNDER DRIVEWAY & PARKING LOT
- → RAIN GARDEN MUST BE RELOCATED FOR TANK LOCATION

Jimmy Medlin, R.S. 6/22/10

# 10/6

GWS- COM. APP 12/04

**PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE**
**IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION**
**FOR ON-SITE WASTEWATER SYSTEM**
**NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL**
**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

**FILE #** 6577B

SEPTIC FEE: _____
DATE: _____
CRT [ ]

WELL FEE: 0
DATE: 6/23/06
CRT [ ] N/A

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

**WELL / TYPE APPLICATION:** : ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

**JOB LOCATION INFORMATION**

**PROJECT TRACKING #:**
**TAX/PARCEL #:** 00114507
**STREET ADDRESS:** 20016 KNOX Rd
**CITY:** CORNELIUS
**STATE:** NC **ZIP:** 28031
**LOT #:**
**TOWNSHIP:**

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

**BUILDING INFORMATION:**

**DESCRIBE TYPE OF BUSINESS:**

☑ COMMERCIAL ☐ INDUSTRIAL
**SQUARE FOOTAGE OF FACILITY:** 5000
**NUMBER OF EMPLOYEES PER SHIFT:**
**NUMBER OF SHIFTS:**
**TYPE OF WASTEWATER:**
☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
**HOW WILL WATER BE USED IN THE FACILITY?:**
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.**

**WATER SUPPLY:**
☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☒ OTHER Abandon

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☐ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☐ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☐ NO | DESIGNATED WETLANDS | ☐ YES | ☐ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☐ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☐ NO |

**PROPERTY OWNER:**
NAME: Richard Johnson
ADDRESS: 20016 Knox Rd.
CITY: Cornelius
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX :

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**
NAME: Andrew Ruby Inp.
ADDRESS: P.O. Box 221416
CITY: Char.
STATE: NC. ZIP: 28214
HOME PHONE: 704-334-5477 WORK PHONE:
MOBILE PHONE: 309-9721 FAX : 332-6351

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?**
**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?**

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 6.21.06 Date

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

# 10116

GWS- COM. APP 12/04

**PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE**
**IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION**
**FOR ON-SITE WASTEWATER SYSTEM**
**NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL**
**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

SEPTIC FEE:
DATE:
CRT [ ]

**FILE #** 65778

WELL FEE: D
DATE: 10/22/06
CRT [ ] JSA

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: : ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

**JOB LOCATION INFORMATION**

PROJECT TRACKING #:
TAX/PARCEL #: 00114507
STREET ADDRESS: 20016 KNOX Rd
CITY: CORNELIUS
STATE: NC ZIP: 28031
LOT #:
TOWNSHIP:

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

**BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS:

☑ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 5000
NUMBER OF EMPLOYEES PER SHIFT:
NUMBER OF SHIFTS:
TYPE OF WASTEWATER:
☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

COPY

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

**WATER SUPPLY:**

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☒ OTHER ABANDON

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☐ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☐ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☐ NO | DESIGNATED WETLANDS | ☐ YES | ☐ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☐ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☐ NO |

**PROPERTY OWNER:**

NAME: RICHARD JOHNSON
ADDRESS: 20016 KNOX Rd.
CITY: CORNELIUS
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX :

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: ANDREW RUBY INC.
ADDRESS: PO. BOX 221416
CITY: CHAR.
STATE: NC. ZIP: 28214
HOME PHONE: 704.334.5477 WORK PHONE:
MOBILE PHONE: 309.9721 FAX : 332.6351

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

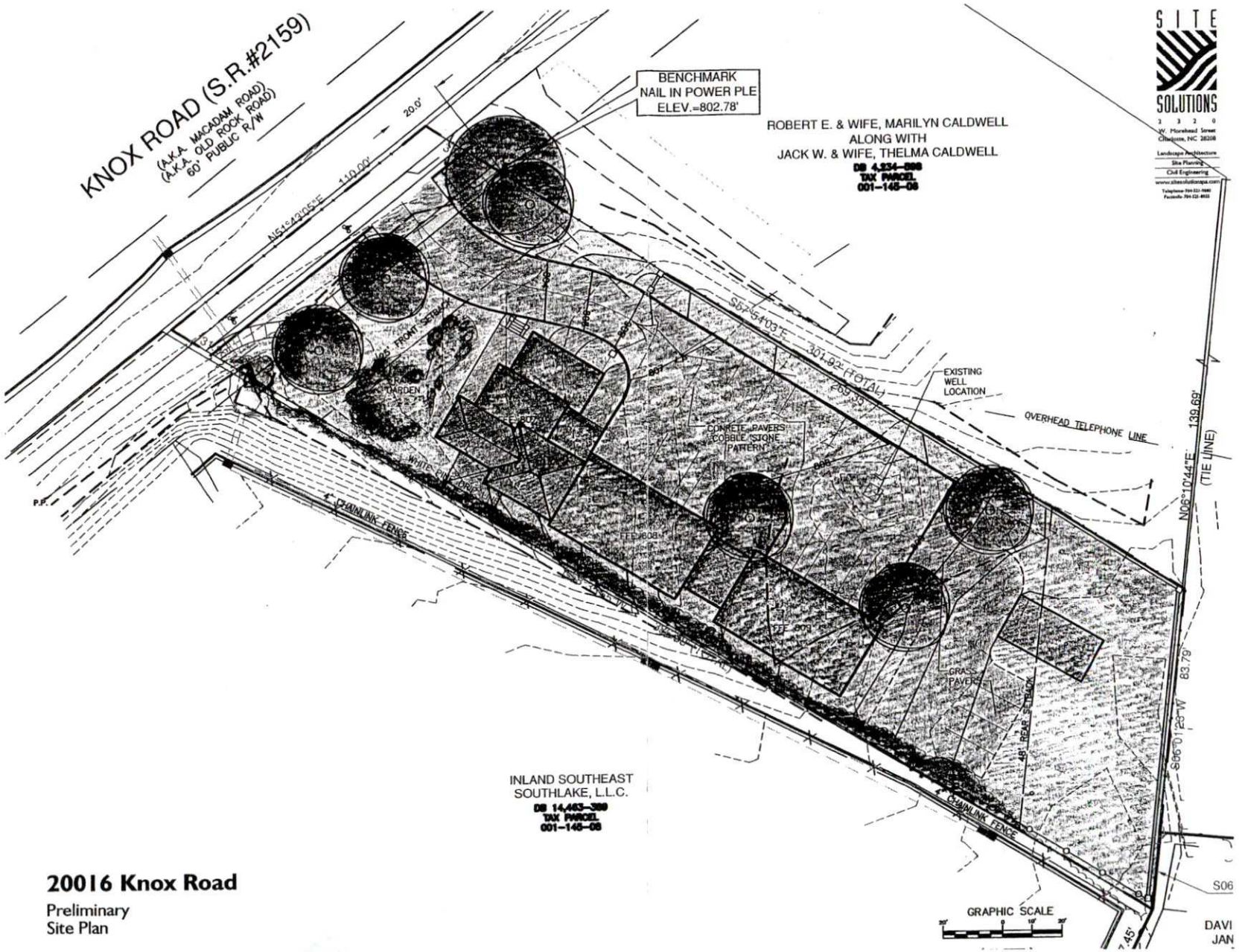
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 6.21.06
Date

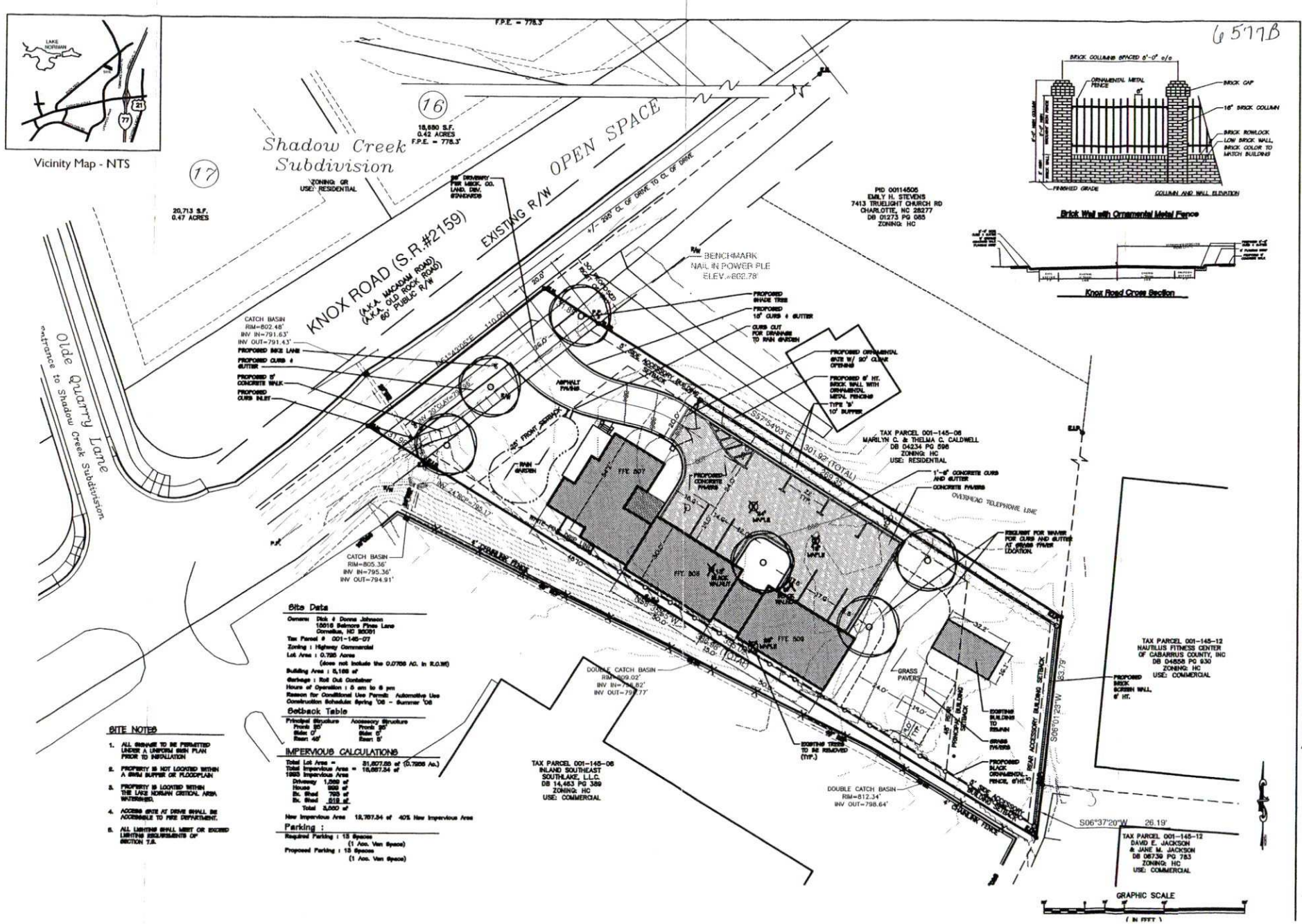
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704-336-6894




6577B

**20016 Knox Road**

Preliminary
Site Plan




6577B

SITE SOLUTIONS
2320 W. Morehead Street
Charlotte, NC 28208
Landscape Architecture
Site Planning
Civil Engineering
www.sitesolutionspa.com
Telephone 704-331-9880
Facsimile 704-331-8955

The Galleria @ Knox Road
20016 Knox Road
Cornelius, NC
Mecklenburg County

Sheet Title: Site Plan

Sheet No: L-1