

6100 OLD MT HOLLY RD

05709605

12/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

W400 Pd 398.09 Chg-Ny 1

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11/9/92

691B/8562A

[] CRT

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

(704)336-5102

Date: 10/21/92

PERSON FILING APPLICATION:

NAME: BOONE (last) JEFFREY (first) A (mi)

ADDRESS: 1924 CLEVELAND AVE PHONE: (704) 334-5348

CITY: CHARLOTTE STATE: NC ZIPCODE: 28203

PROPERTY OWNER:

NAME: E.J. POPE & SON, INC. (last) (first) (mi)

1092 N. BREAZEALE AVE.

ADDRESS: P.O. DRAWER 649 PHONE: (919) 658-6566

CITY: MT. OLIVE STATE: NC ZIPCODE: 28365

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 057-096-05

STREET ADDRESS: 6100 OLD MT. HOLLY ROAD CHARLOTTE, NC

ZONING: I-1 LIGHT INDUSTRIAL

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: N/A LOT SIZE (in acres): 1.329 ACRES

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: FULLTIME (4) + 75 DRIVERS IN 24 HOURS
Type Business TRUCK STORAGE # Employees 4 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type N/A

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: E.J. Pope & Son, Inc. by: Faye H. Thompson Date: 10-27-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

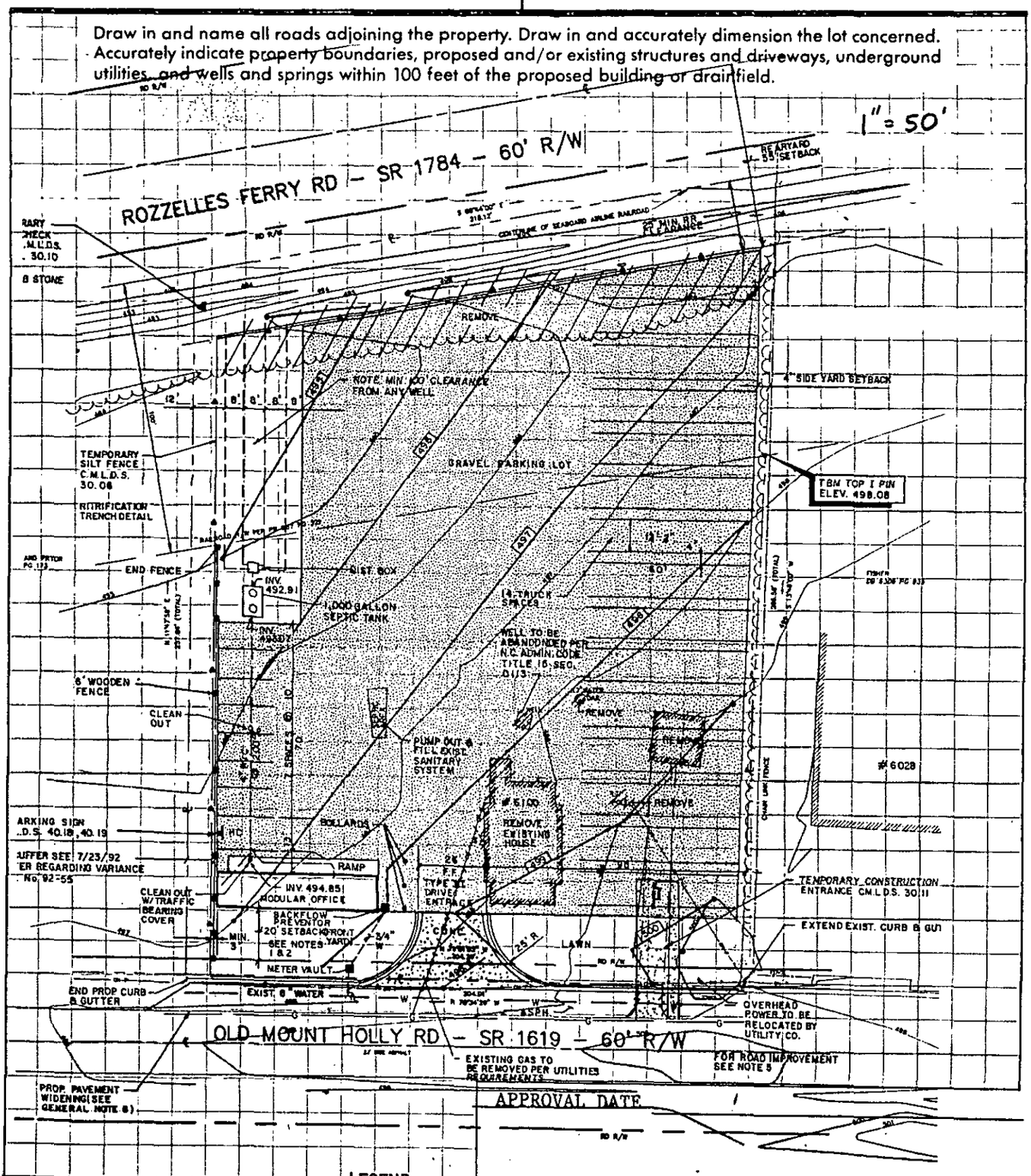
PROPOSED PLOT PLAN

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

FILE: 6918356ZA

TC: 057-096-05

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.



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

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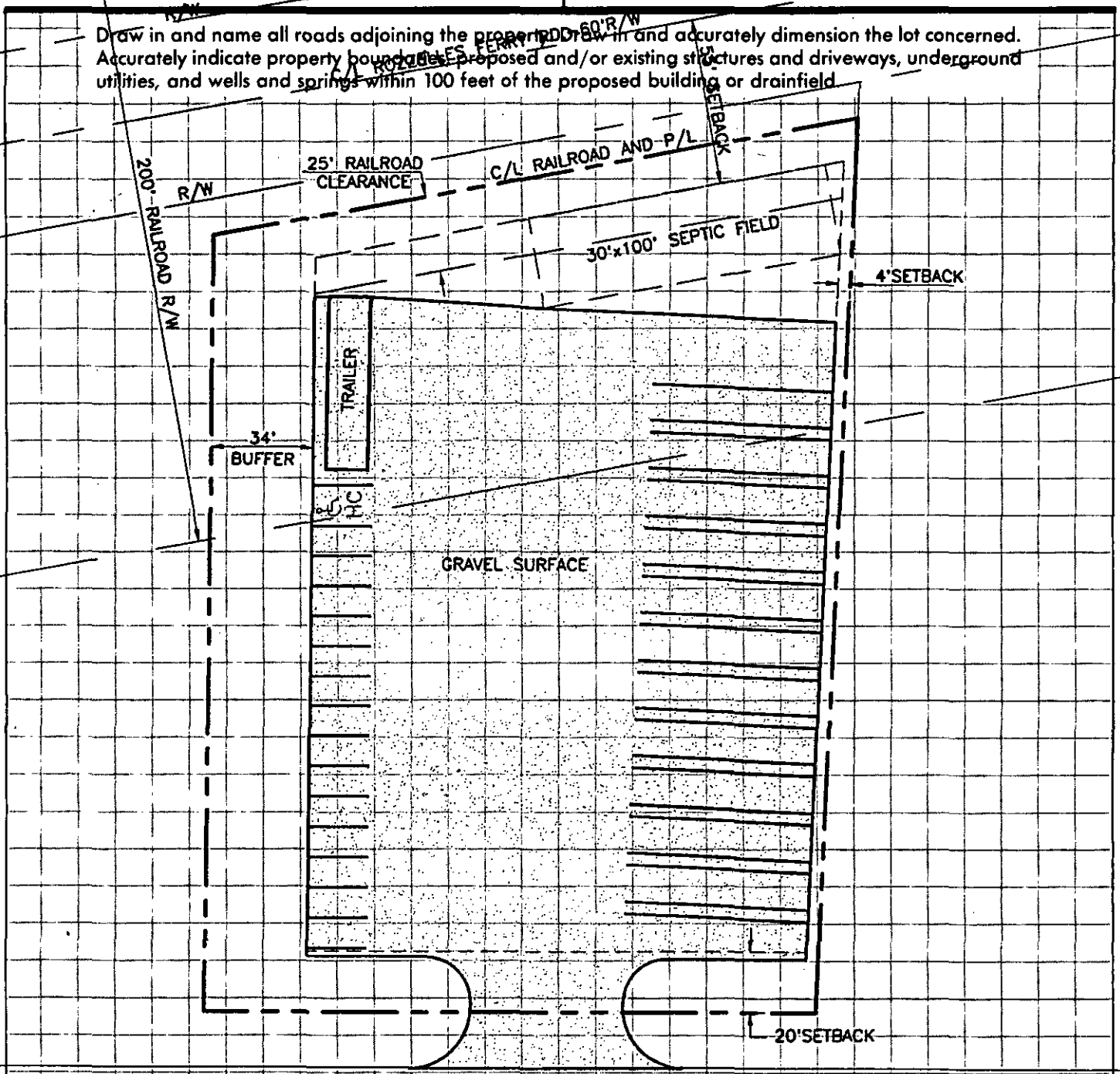
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APPROVAL DATE _____

1"=50'

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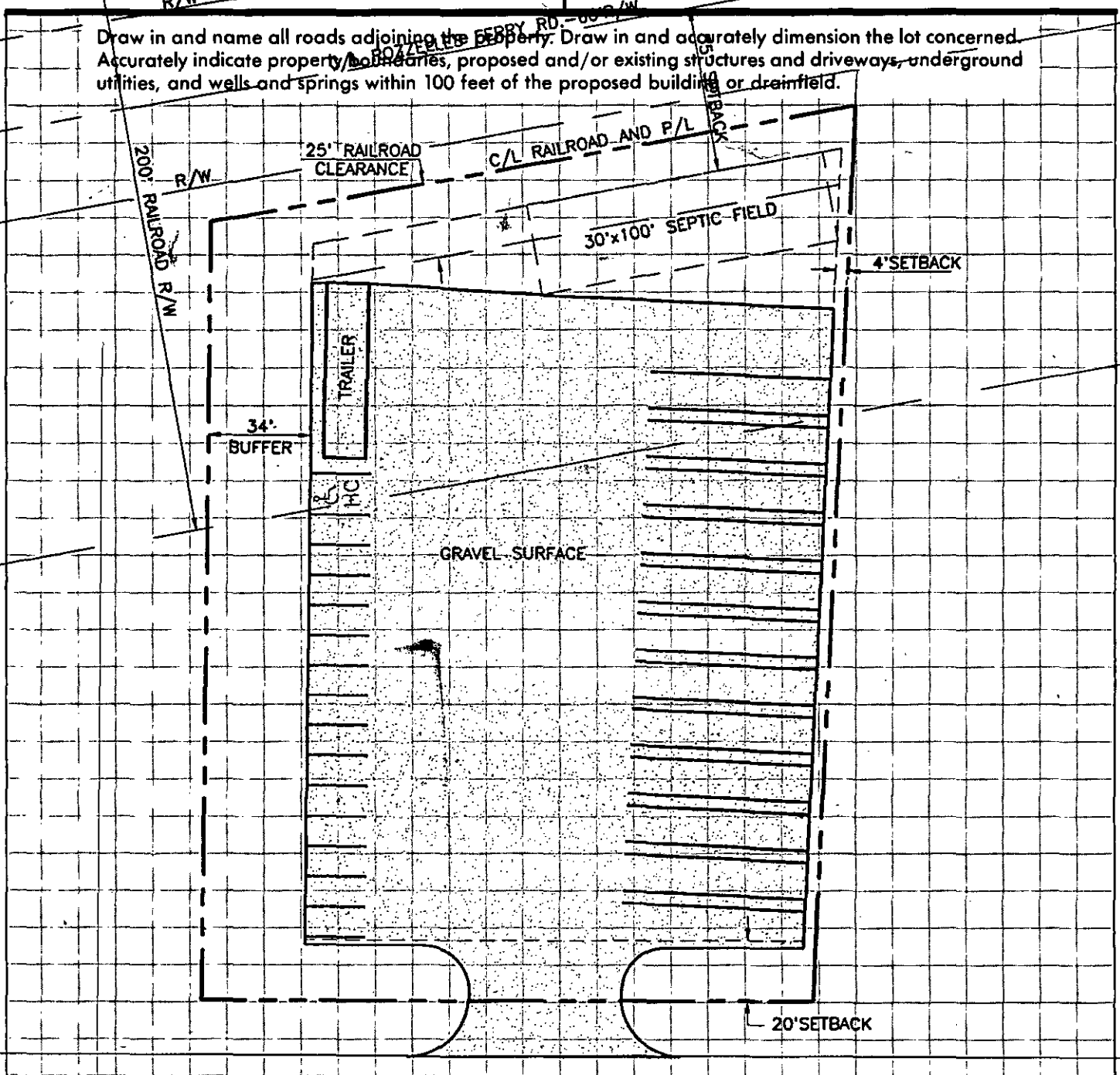
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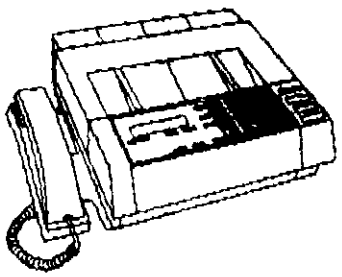
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They need a letter from the R/R granting a right of way to install the nitrification field lines inside the right of way as planned.

Advised Jeff Boone after receiving attached fax. This is NOT what we need

11-18-92

J Kiser



WK DICKSON

FAX # (704) 334-0078

Engineers
Planners
Surveyors

DATE: 11/18/92 **REPLY:** ____ **URGENT:** ____ **ASAP:** ____

PLEASE FORWARD THE FOLLOWING 1 **PAGE(S) TO:**

COMPANY: MECKLENBURG COUNTY HEALTH DEPARTMENT

NAME: JUDY KISER

FROM: JEFF BOONE

RE: POPE TRANSPORT

PROJECT #: 93033.10

COMMENTS: JUDY

ENCLOSED IS THE ~~LETTER REGARDING~~ THE CSX RAILROAD R of W.

NEED APPROVAL FROM Railroad permitting

IF THIS TRANSMISSION IS NOT COMPLETE, PLEASE CONTACT OUR FAX OPERATOR, _____, AT (704) 334-5348.

1 Person per 15SF

20 x 40 Bldg

Fill up 2 x A day

50 + 2 shifts

Encourage low fixtures

Floor plan of office

Itemized list of urinals/water closets

1920 Cleveland Avenue
Charlotte, North Carolina 28203
P.O. 334-5348
FAX 334-7646 (data)

Other Offices
Asheville NC
Columbia SC
Salem NC

CSX
REAL PROPERTY

6737 Southpoint Drive, South
Suite 100, S/C 3915
Jacksonville, FL 32216
(904) 279-4580
Telefax (904) 279-4581

June 8, 1992

Mr. Robert Rudolph
Westside Realty 399-4848
8400 F Dalhaven Blvd.
Charlotte, NC 28216

Re: Lease Proposal - Toddville Road & Old Mt. Holly Road

Dear Mr. Rudolph:

In reference to your letter to Mr. R. C. Sibley, dated April 27, 1992, requesting your client's encroachment on CSX Transportation's property at intersection of Toddville Road and Old Mt. Holly Road.

CSX Transportation has the right to use this property for railroad purposes by Charter Grant. Your client's use and occupancy is at CSXT's sufference and the client's sole risk. Should your client desire to further modify CSXT easement or fence in the entire property, they shall first furnish plans for review to insure their plans do not interfere with CSXT's operation. Client is cautioned not to proceed with any construction on CSXT's right-of-way until after they have received written approval from CSXT's Division Manager's Office, 100 Oakland Avenue, Florence, South Carolina 29501.

At some future time, should CSXT have need for use of this property for railroad purposes, your client will be notified to remove its facilities from the property at their expense.

Sincerely,

M. F. Hutchins - Manager

MFH/jer

cc: J. C. Tomkins

11 TRAINS/DAY @ 25 MPH

FLORENCE ENGINEERING DEPT.
DARRYL SAPP
(803) 664-8210

TAKE FAX

399-6440

W.K. DICKSON

W.K. DICKSON & COMPANY, INC.
1924 CLEVELAND AVENUE
CHARLOTTE, NC 28203
(704) 334-5348 FAX: (704) 334-0078

LETTER OF TRANSMITTAL

DATE: 9/28/92	JOB NO: 93033.10
ATTENTION: Kelly Randall	
RE: Pope Transport	

TO: Mecklenburg County Health Dept.
700 North Tryon Street
Suite 211
Charlotte, NC 28202

We are sending you: ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1EA			Soil Test Application
1EA			Check For $75.00 - Application Fee
1EA			Proposed Plot Plan - Triplicate Copy
1EA			Sketch Plan - Photo Copy - For Clarity
1EA			Tax Map For Your Info

THESE ARE TRANSMITTED as checked below:

☒ *For Approval* ☐ *Approved as submitted* ☐ *Resubmit* _____ *copies for approval*
☒ *For your use* ☐ *Approved as noted* ☐ *Submit* _____ *copies for distribution*
☐ *As requested* ☐ *Returned for corrections* ☐ *Return* _____ *corrected prints*
☐ *For review and comment* ☐ _____
☐ *FOR BIDS DUE* _____ *19* ____ ☐ *PRINTS RETURNED AFTER LOAN TO US*

REMARKS: Kelly,
Please call should you have any questions.

COPY TO: _____ SIGNED: Jeff Boone

TRANS.PM14

Mecklenburg County

Health Department

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

October 08, 1992

Ms. Mary L. Britt
c/o W.K. Dickson and Company
1924 Cleveland Avenue
Charlotte, NC 28203

RE: Property located at 6100 Old Mt. Holly Road
FILE: 691B/8562A
PARCEL: 057-096-05

Dear Ms. Britt:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12872) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill arlin at 336-5574.

ncerely,

y Randall, R.S., Soil Scientist
vidual Water and Wastewater Systems

W.K. DICKSON
W.K. DICKSON & COMPANY, INC.
1924 CLEVELAND AVENUE
CHARLOTTE, NC 28203
(704) 334-5348 FAX: (704) 334-0078

LETTER OF TRANSMITTAL

DATE: 11/2/92	JOB NO: 93033.10
ATTENTION: KELLY RANDALL	
RE: POPE TRANSPORT	
MECK. CO. FILE NO. 691B/8562A	
PARCEL NO. 057-096-05	

TO: MECKLENBURG COUNTY HEALTH DEPT.
700 NORTH TRYON STREET
SUITE 211
CHARLOTTE, NC 28202

We are sending you: ☒ Attached ☐ Under separate cover via _____ the following items:
☐ Shop Drawings ☐ Prints ☒ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
3 EA			CIVIL/SITE PLAN
1 EA			SEPTIC TANK PERMIT APPLICATION
1 EA			CHECK - SEPTIC TANK PERMIT APPLICATION FEE $300
1 EA			ADDRESS VERIFICATION FORM
1 EA			PLOT PLAN/TRIPLICATE FORM

THESE ARE TRANSMITTED as checked below:

☒ *For Approval* ☐ *Approved as submitted* ☐ *Resubmit* _____ *copies for approval*
☐ *For your use* ☐ *Approved as noted* ☐ *Submit* _____ *copies for distribution*
☐ *As requested* ☐ *Returned for corrections* ☐ *Return* _____ *corrected prints*
☐ *For review and comment* ☐ _____
☐ *FOR BIDS DUE* _____ *19* ____ ☐ *PRINTS RETURNED AFTER LOAN TO US*

REMARKS: _____

COPY TO: _____ SIGNED: Jeffrey R. Brown

TRANS.PM4

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 11/3/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Chur

PARCEL NUMBER # 057-096-05

ASSIGNED ADDRESS 6100 Old Mt Holly Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	_____	_____*
2.	FLOODWAY REGULATIONS	_____	_____*
3.	EROSION CONTROL REGULATIONS	_____	_____*
4.	PUBLIC UTILITY EASEMENT	_____	_____*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	_____*	_____
6.	PROPERTY FRONTS ON THOROUGHFARE	_____*	_____
7.	DRIVEWAY PERMIT REQUIRED	_____*	_____

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Pace

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

LENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12872

File: 691B/856217 Action 1

Parcel: 057-096-05 ☐ PC

Location: 6100 Old Mt. Holly Rd.

Subdivision:

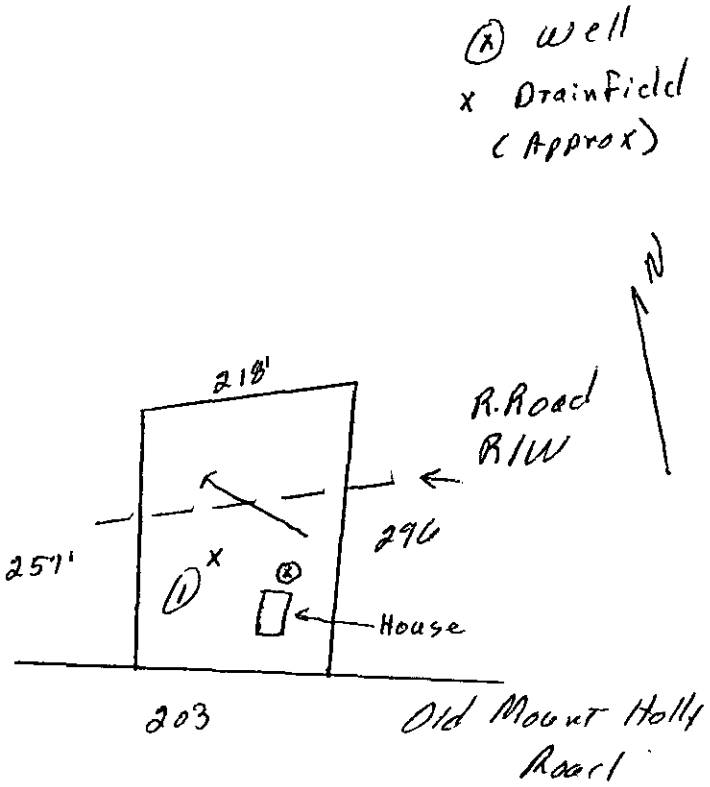
Lot: Block: Acres: 1.33

Owner: Mary L. Britt
Address: c/o W. H. Dickson & Co.
1924 Cleveland Ave.
Charlotte, NC 28203

Comments: Existing well & septic tank system on property Tank would need pumping & Filling in

Described by: William A. Marlin

Date: 10-8-92



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture slightly Expansive clay	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-40" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
estrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
ailable Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
r (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
roup/Series	IV Cecil-Lilly					
assification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

334-007E

Pd 75.00 10/6/92 chk

$75.00 FEE

691B/8562A Q1

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
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(704)336-5102

PERSON FILING APPLICATION:

NAME: Boone (last) Jeffrey (first) A. (mi)

W.K. Dickson & Co., Inc.

ADDRESS: 1924 Cleveland Ave PHONE: (704) 334-5348

CITY: Charlotte STATE: NC ZIPCODE: 28203

Date:

PROPERTY OWNER:

NAME: Britt (last) Mary (first) L (mi)

ADDRESS: 16441 Thompson Rd PHONE: (704) 545-5486

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 057-096-05

STREET ADDRESS: 6100 Old Mt. Holly Road Charlotte, NC

ZONING: I-1 Light Industrial

Township (check one):
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SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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X Signed: Mary L. Britt X Date: Sept 19, 1992

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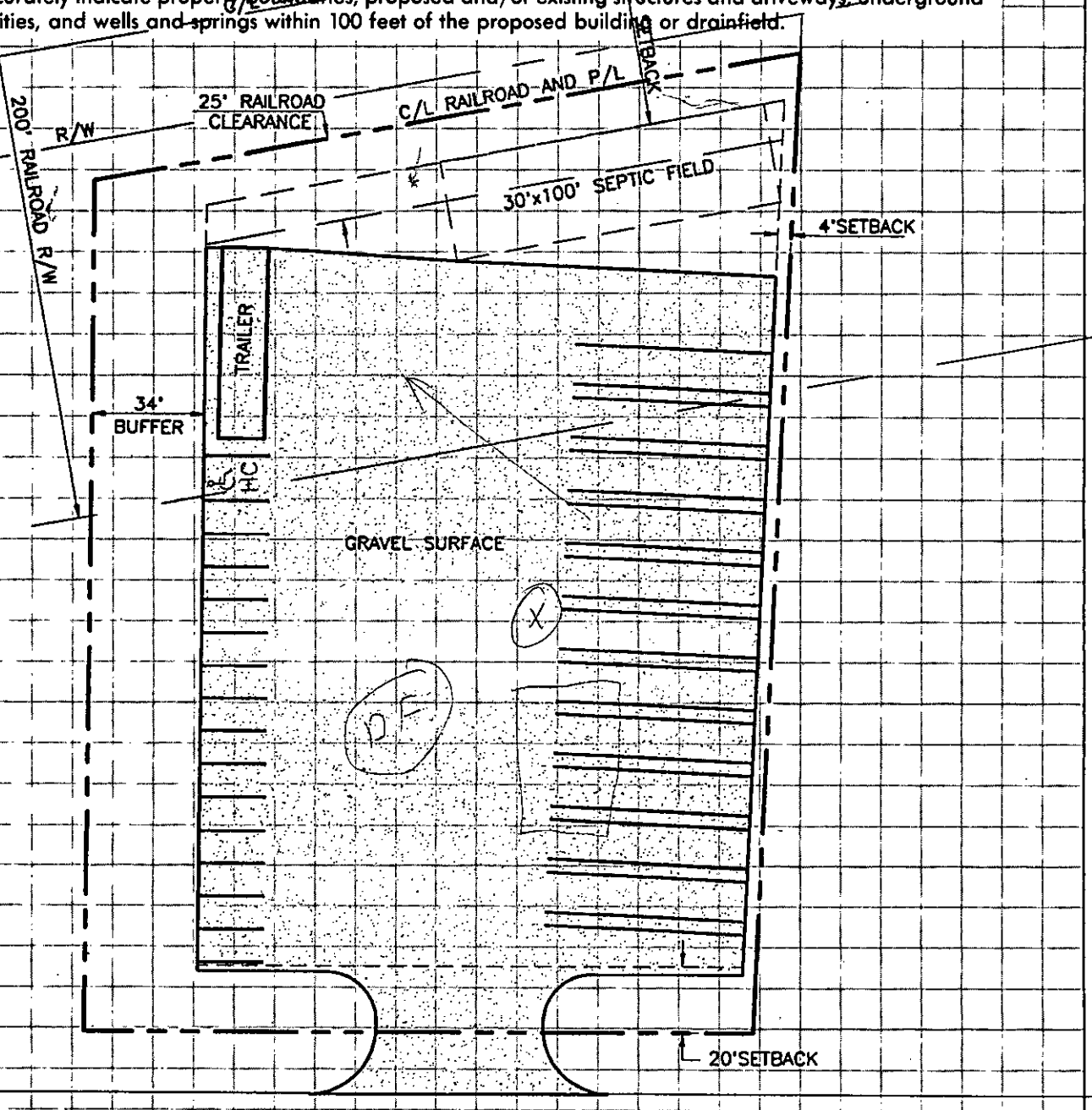
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8-5 ← Jeff Boone 334-5348

11" 24# Ltr

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[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: E.J. Pope & Son, Inc. By: Faye H. Thompson Date: 10-21-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

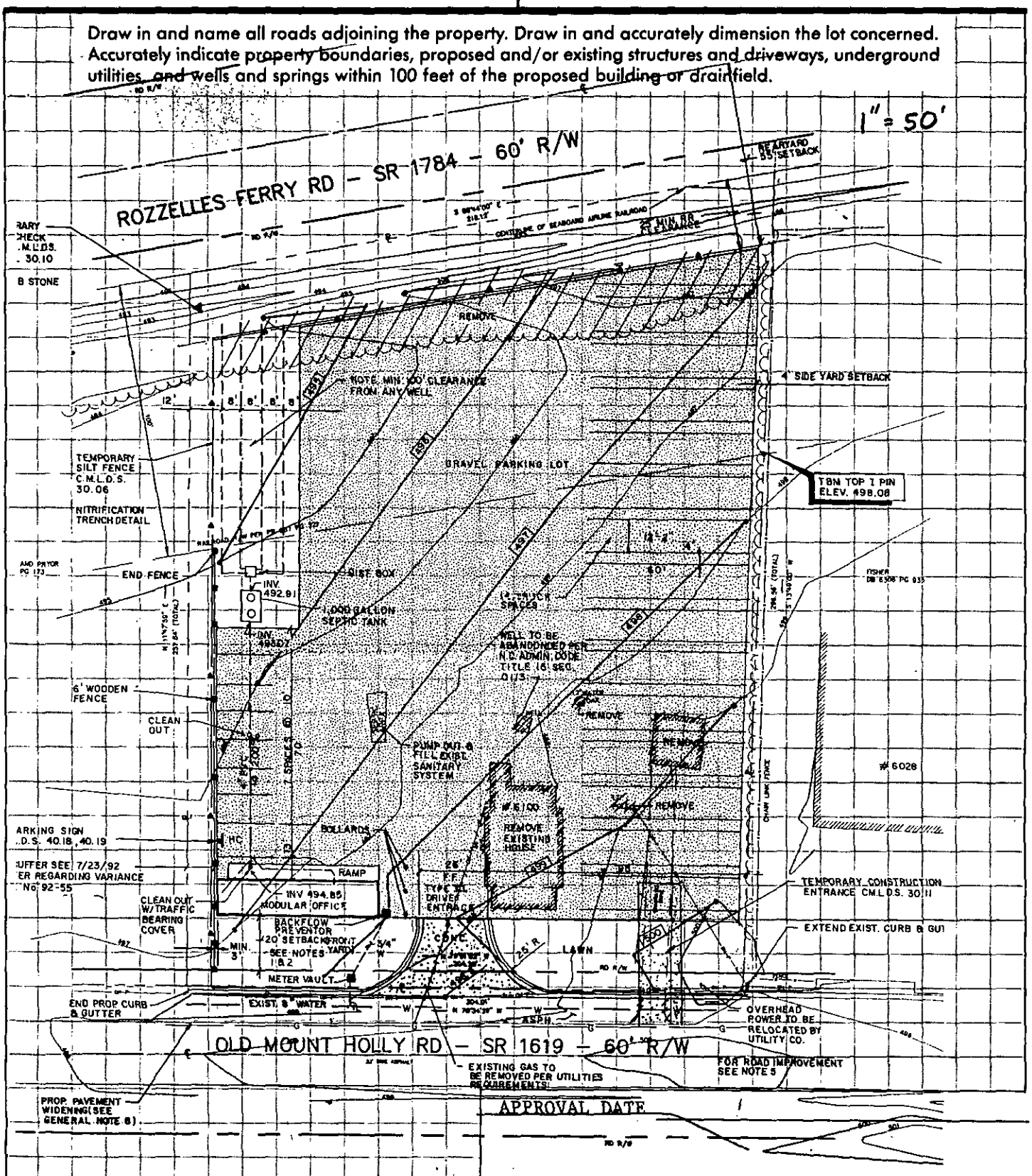
PROPOSED PLOT PLAN

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

FILE: 91B/8562A

TC: 057-096-05

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.



LEGEND

PROPOSED SILT FENCE

PROPOSED 6' WOOD FENCE

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

PROPOSED 6' WOOD FENCE

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12872

File: [illegible] Action 1

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

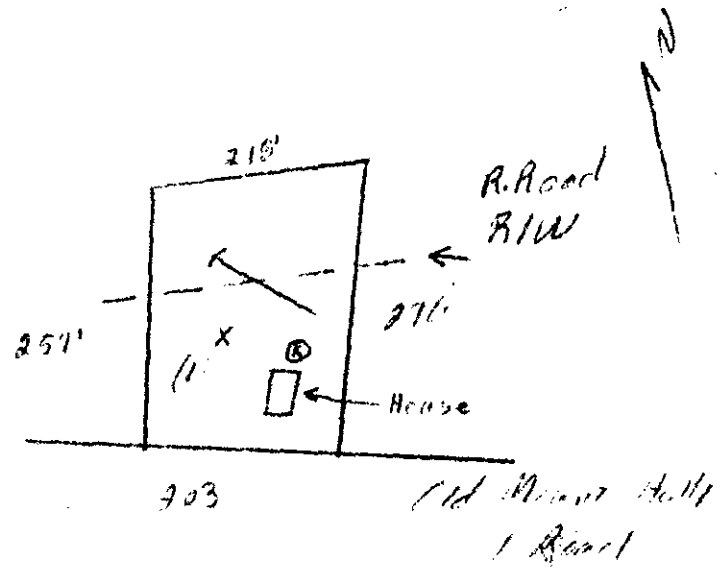
Lot: Block: Acres: 1.33

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: William R. Marlin

Date: 10-6-77



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
"Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography /	S PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U Slightly sensitive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U 3 blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U 76" to Gr.	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 40+"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 76"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Pacolet					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U