

6600 W W T HARRIS BV

1/3/2008

duponbj

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

CR# 6299 **CERTIFICATE OF COMPLETION/OPERATION PERMIT** DCRT

7-16-96 $100.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3765.3 DATE: 6-6-96

TC: D25-011-02 ☐ L ☐ CRT

SERIAL No 16700

Name of Owner JOHN YOUNG SPECTATOR SPORTS Juris.: _____

Address of Property 6600 W WT HARRIS BV.

Inspection Data:

Tank Material PLC

Total Length of Drainfield 900

Number of Lines 7 @ _____

Cover Depth 1-2'

Water Supply Source CMUD

Distance to Water Source ✓

Excavation Inspected 6-6-96

Tank(s) Inspected 6-6-96

Wash Line Inspected ✓

High Water Alarm Inspected 6-6-96

PLOT

Design 1996 2000 ST 2000 OT PI, INV. 2900SFT CECIC CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: CHAMBER SYSTEM INSTALLED

IWWS-93-2

Environmental Health Specialist

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

CK#1967 pd Prop # 030 984935 40° pd

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/16/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-22-95 **PERMIT NO:** 3765-B
PARCEL NO: PO 025 011-02

JOB LOCATION ADDRESS: 6600 W. WT HARRIS BV.
PROPERTY OWNER: RAY YELTON
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Keely Rondell **DATE:** _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3765-B, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: AGREEMENT FORM ON FILE
IWWS 93-2 REQUEST BY CONSULTANT

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ 2-16-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3765-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: PV 025-011-02

- The 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.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ✓ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	1125 Max gallons/day wastewater flow	2700 Absorption Area (sq:ft)	9 Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	900 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
NA Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: IWWS 93-2 BY CONSULTANT AGREEMENT FORM ON FILE

Repair Area System Type Type (circle one): I II (III) (IV) V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

Billy Rowell 12-22-95
DEHNR Authorized Agent Date

X [signature] 2-16-96
Owner/Agent Signature Date

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

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

IWWS:100195

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3765-B DATE: 6-5-96

TC: 025-011-02 ☐ L

SERIAL Nº 16824

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9-10-95. All work shall be completed on or before _____, after which date this permit 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 the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

INSTALL AS PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 2000 gallons

Liquid Capacity of Dosing Tank 2000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 900 feet

Number of Lines 7

~~Depth of Stone~~ _____ inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well ~~400'+~~ CONC feet

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

NAME OF OWNER JOHN YOUNG / SPECTATOR SPORTS

LOCATION OF PROPERTY 6600 West W.T. HARRIS BV.

Comments: INSTALL INNOVATIVE SYSTEM

Kelly Rowell
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

POCKET 1907 2/16/96 1/USD

3765B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD #10" 10/10/95 CK # 0443

[1] 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

PERSON FILING APPLICATION:
NAME: YELTON (last) RAY (first) W (mi)
ADDRESS: 5029-A W. WT HARRIS PHONE: (Job) 596-2223
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

Date: OCT 9, 1995

PROPERTY OWNER:
NAME: YOUNG (last) JOHN (first) D (mi)
ADDRESS: 20 SOMASSEE FERRY ROAD PHONE: (803) 831 8595
CITY: LAKE WYLIE STATE: SC ZIPCODE: 29710

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 025-011-02
STREET ADDRESS: 6600 W. W.T. HARRIS BLVD
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[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:
Type Business SCREEN PRINTING Employees 45 Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: [signature] Date: 9/1/95

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

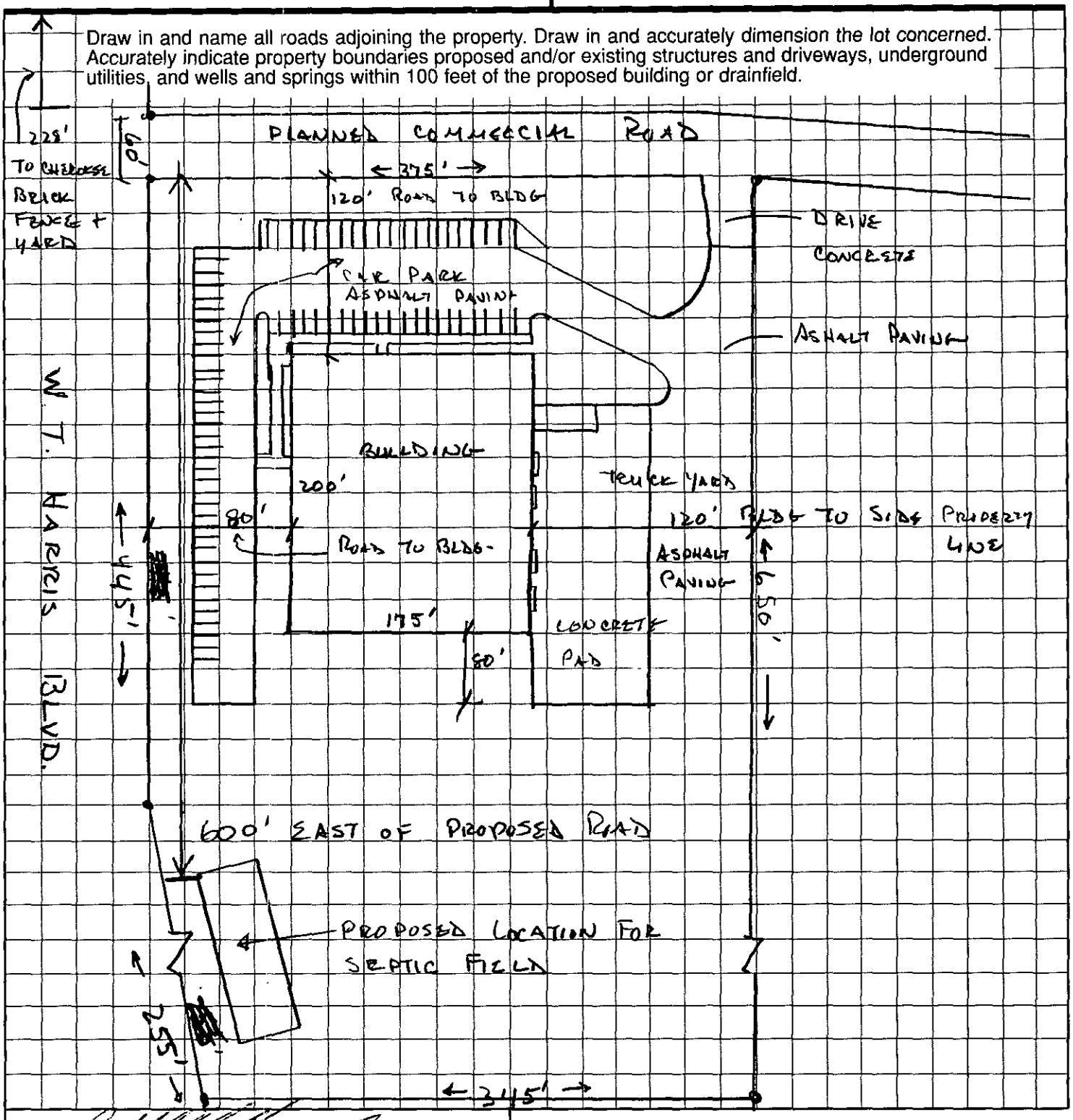
PROPOSED PLOT PLAN

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

FILE: 3765B

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.



OWNER/AGENT SIGNATURE _____

DATE 9/11/83

APPROVAL DATE _____

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

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

DATE: 10/10/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 025-011-02

ASSIGNED ADDRESS 6600 W WT Harris Bv

EXISTING ADDRESS _____

PROJECT NAME N/A

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: Bob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

N 58°48'00" E 295.95'

34'

34'

200'

PROPOSED 35,000 SF BUILDING

175'

ASPHALT PAVING

CONCRETE TRUCK PAD

2000

2000

SEPTIC TANK

SLEEVE

DOSING TANK

2 in supply Line Sch 40

N 31°11'54" W 440.02'

25' SETBACK

85'

SEE SECTION 1

IWWS-93-2 NITRIFICATION FIELD.

9 LINES @ 100' EACH

9' CENTERS

USE 75 GALLON WASH BOX AND SPLIT WITH 3 D-BOX'S

SEPTIC TANK

85'

120'

NO SCALE

FROM 2000 GAL PUMP TANK

SUPPLY LINE 2" SCH 40

SECTION 1

3"

3" sch 40

3" sch 40

SCH 40

SCH 40 LIN

LEAVE DAMS AT

DC TURNER

December 21, 1995

Mr. Kelly Randall
Mecklenburg Health Department
700 N. Tryon
Suite 211
Charlotte, N. C., 28202

Dear Kelly:

Herewith are (1) a file copy of the recorded WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT and (2) the original of the septic system design drawing prepared by you. The owner purchased the property on Monday and it is anticipated that site clearing and grading will begin before year end.

These documents are sent to you per your request and our discussions. If you have any questions, please let me know.

Sincerely,

D. C. Turner

cc: Ray Yelton, Spectator Sports Services.

600 S. College St.
Suite 1300
Charlotte, N.C. 28202
(704) 358-8849
Fax 358-8850

FILE # 3162-V

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/20/95 13:45
BK: 08403 PG: 0430/0433 #:0271 15.40

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # _____
PARCEL # 025-011-12

The undersigned, V.N. SMITH AND ASSOCIATES, LLC, owner of property located at WEST W.T. HARRIS BLVD., (the "site") and described in an instrument recorded in Book 8400 at Page 481, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: DAN SMITH
Mail after recording to: DAN SMITH 5029-A W.T. HARRIS BLVD CHARLOTTE N.C. 28269

RBCWM:24751_1/8-30-95

V.N. SMITH AND ASSOCIATES, LLC _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: VICTORIA N. SMITH _____ (SEAL)
Victoria N. Smith

_____ President _____ (SEAL)

ATTEST:
JANNIE R. SMITH
Jannie R. Smith
_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Jessica S Austin, a Notary Public for said County and State, do hereby certify that VICTORIA N. SMITH personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 19th day of December, 1995.

Jessica S. Austin
Notary Public

My Commission Expires:
August 22, 2000

RBCWM:24751_1/8-30-95

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Jessica S. Austin, a Notary Public for said County and State, do hereby certify that DANNIE R. SMITH personally came before me this day and acknowledged that he is _____ Secretary of V.N. SMITH AND ASSOCIATES, L.L.C., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by DANNIE R. SMITH as its _____ Secretary.

WITNESS my hand and notarial seal, this 19th day of December, 1995.

Jessica S. Austin
Notary Public

My Commission Expires:
August 22, 2000



RBCWM:24751_1/8-30-95

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

#1

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION 37658
for ON-SITE WASTEWATER SYSTEM 60 025-011-02

OWNER: John B. Young
ADDRESS: 5250 Mason Ferry Rd, Lake Wylie
PROPOSED FACILITY: commercial
LOCATION OF SITE: 6600 W.T. Harris Blvd
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICANT: ___
APPLICATION DATE: ___
PROPOSED DESIGN FLOW (.1949): 1125gpd
DATE EVALUATED: ___
PROPERTY SIZE: ___
PROPERTY RECORDED: ___

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PRO CL & I
1	4-6% LS	0-6"	sc / SBK	Fr/SEXP/SS/SP	No Chroma 2 TO 50"	50"	N/A	None	.37 Fr cl
		6-50"	C / SBK	Fr-Fi/SEXP/SP					
2	LS 4%	0-8"	sc / SBK	Fr/SEXP/SS/SP	No Chroma 2 TO 40"	40"	N/A	None	.37 Fr
		8-40"	C / SBK	Fr-Fi/SEXP/SP					
3	LS 5%	0-7"	sc / SBK	Fr/SEXP/SS/SP	No Chroma 2 TO 46"	48"	N/A	None	.37 Fr cl
		7-48"	C / SBK	Fi/SEXP/SP					
4	LS 4%	0-8"	cl / SBK	Fr/SEXP/SS/SP	No Chroma 2 TO 52"	52"	N/A	None	.37 Fr cl
		8-52"	C / SBK	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

OMMENTS:

LEGEND

use the following standard abbreviations

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

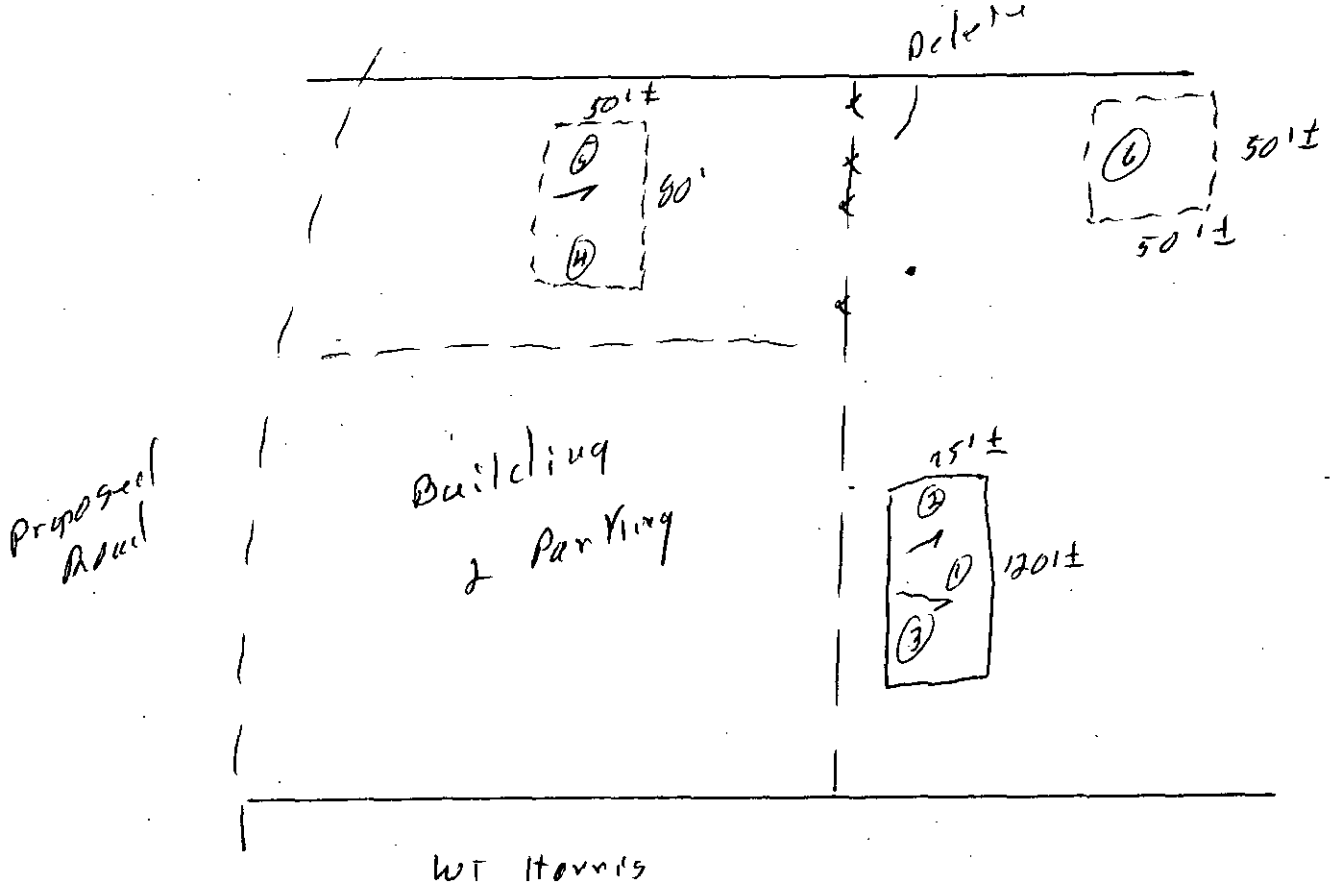
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL 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
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

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



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

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

37650 - P2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PRO CU & L
5	LS 6%	0-6"	cl/ sbk	Fv/SEXP/SSSO	No Chroma 2 to 39"	39"	N/A	None	.39/ FS/ CL/ PS
		6-39	c/ sbk	Fr-Fi/SEXP/SSS					
6	LS 5%	0-6"	cl/ sbk	Fv/SEXP/SSSO	No Chroma 2 to 51"	51"	N/A	None	.39/ FS/ CL
		6-51"	c/ sbk	Fr-Fi/SEXP/SSP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

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

#1 3400

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

3765B
60 025-011-02

OWNER: John B. Young
APPLICANT: ___
ADDRESS: 5250 Mason Ferry Rd, Lake Wylie
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: commercial
PROPOSED DESIGN FLOW (.1949): 1125gpd
PROPERTY SIZE: .35 AEU+
LOCATION OF SITE: 6600 W.T. Weaver Blvd
PROPERTY RECORDED: ___
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROF CLA & LT
1	4-6% LS	0-6"	sc/ / SBK	Fr/SEXP/SS/SP	No Chroma 2 TO 50"	50"	N/A	None	.39/ F3/ d.
		6-50"	C/ SBK	Fr-Fi/SEXP/SP					
2	LS 4%	0-8"	sc/ / SBK	Fr/SEXP/SS/SP	No Chroma 2 TO 40"	40"	N/A	None	.39/ F3/ d.
		8-40"	C/ SBK	Fr-Fi/SEXP/SP					
3	LS 5%	0-7"	sc/ / SBK	Fr/SEXP/ SS/SP	No Chroma 2 TO 46"	46"	N/A	None	.39/ F3/ d
		7-46"	C/ SBK	Fi/SEXP/ SP					
4	LS 4%	0-8"	cl/ SBK	Fr/SEXP/SS/SP	No Chroma 2 TO 52"	52"	N/A	None	.3/ F2/ d
		8-52"	C/ SBK	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Limited/B	Limited/B
System Type(s)		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Prairie soils suitable
EVALUATED BY: W.R. Mabin
OTHER(S) PRESENT: ___

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

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

37650 - P2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROF CLA & LT
5	LS 6%	0-6"	cl/ sbk	Fr/SEXP/SS/SP	No Chroma 2 TO 39"	39"	N/A	None	.39/
		6-39	c/ sbk	Fr-Fi/SEXP/SS					Tf/ d,
									05
6	LS 5%	0-6"	cl/ sbk	Fr/SEXP/SS/SP	N Chroma 2 TO 51"	51"	N/A	None	.39/
		6-51"	c/ sbk	Fr-Fi/SEXP/SP					Tf/ d,
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS:

LEGEND

use the following standard abbreviations

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

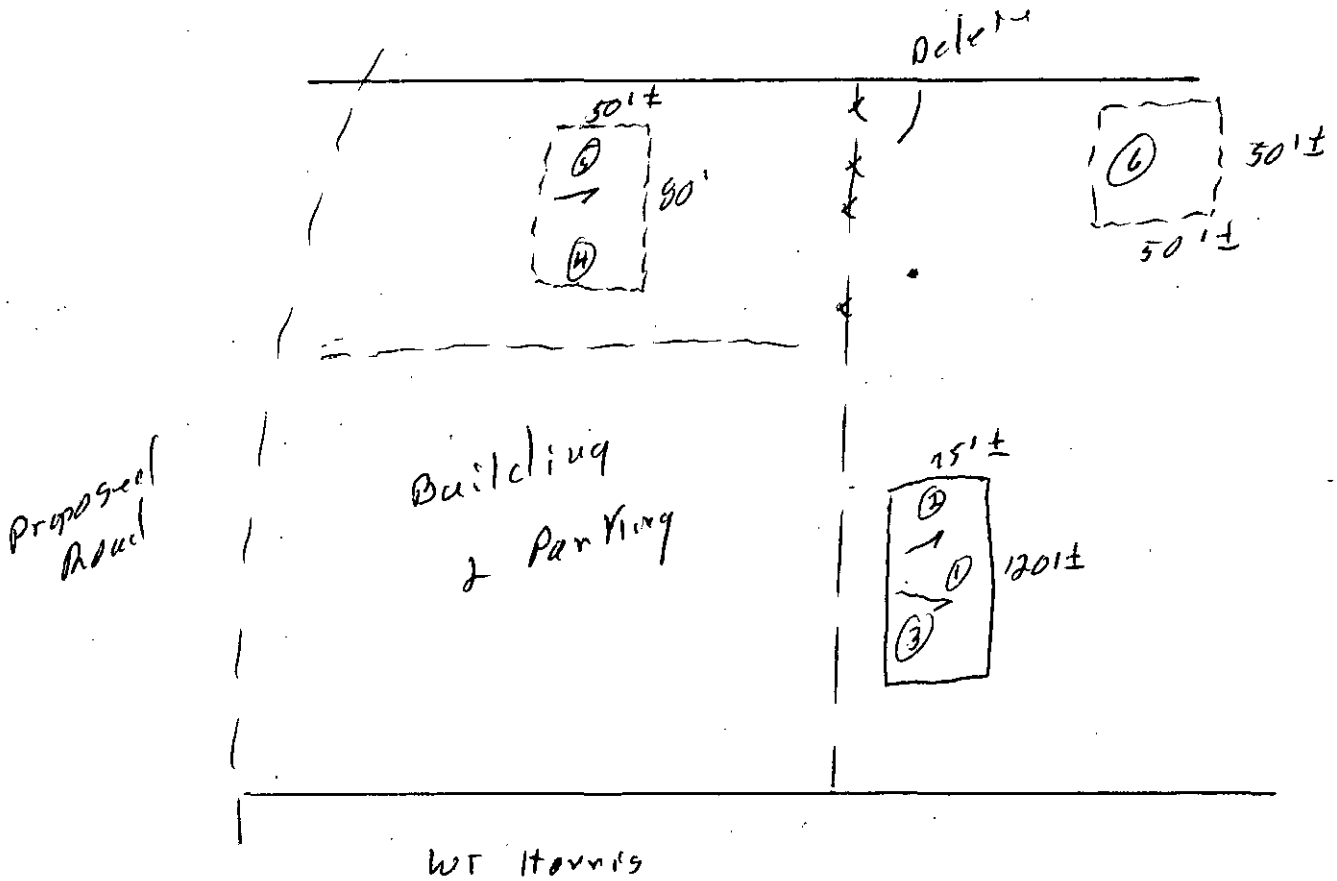
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL 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
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

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



(3765B)

ROPER LAND
COMPANY
300 DEVONPORT DRIVE
MATTHEWS, NORTH CAROLINA 28105
(704) 821-7940
MOBILE NO. 564-0089

SANDY ROPER

My property is located on W.T. Harris Blvd., Tax # 025-011-02. MR. Roper is the legal Agent for the owner, so he may sign the application for a wastewater system program.

David B. Young

SANDY ROPER
(704) 821-7940
MOBILE NO. 564-0089
FAX (704) 821-4266

ROPER LAND
COMPANY

SELLING LARGE & SMALL ACREAGE

300 DEVONPORT DRIVE
MATTHEWS, N.C. 28105

FAX MESSAGE

FROM: D. C. TURNER
600 S. College Street, Suite 1300, Charlotte, N.C. 28202
Phone 704 358-8849 Fax 704 358-8850

TO: Kelly Randell

COMPANY: County Health Dept.

FAX NO: 336-6094

PAGES: 4 pages including this page

DATE: December 26, 1995

Kelly, attached are the permit documents you sent for signature on 12-22-95. They have been signed on behalf of Spectator Sports Services. Let me know if you have any questions.

Dan

Permit Number: 3765-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: PU 025-011-02

- The 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.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ✓ IWWS-93-2 ___ IWWS-94-1
.3 Long-term acceptance rate	1125 Max gallons/day wastewater flow	2700 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
No Serviced by private well	1500 Gallon septic tank	900 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: IWWS 93-2 BY CONSULTANT ASSESSMENT FORM ON FILE			
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Improvement permit is transferable.

Willy Russell 12-22-95
DEHNR Authorized Agent Date

X [signature] 12.26.95
Owner/Agent Signature Date
DC TURNER

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

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

IWWS:100195

Proj #

FEE: _____ AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: _____ VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 12-22-95

PERMIT NO: 3765-B
PARCEL NO: 20 025 011-02

JOB LOCATION ADDRESS: 16600 W. WT HARRIS BLVD.
PROPERTY OWNER: RAY YELTON
BUILDING CONTRACTOR: CUMMINGS CONSTRUCTION COMPANY
SUBDIVISION NAME: _____ DATE: _____
AUTHORIZATION ISSUED BY: Keely Rumbold
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3765-B, 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, CONSTRUCTION, ALTERATION AND/OR REPAIR 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 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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: AGREEMENT FORM ON FILE
IWWS 93-2 REQUEST BY CONSULTANT

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ 12-22-95
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

D. Turner

P01

12-22-95 02:20PM FROM MECK CO HLTH HAL MAR

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

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TO: DAN TURNER TELECOPIER # 358-8850

FROM: Kelly Randall DATE 12-22

FAX # 336 6099

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS: Please Sign @ X

If you do not receive all pages, please call us as soon as possibl
at the following number: (704)336-5102.

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☐ U.S. Mail ☐ Hand Delivery ☐ ____