


7151 MATTHEWS-MINT HILL RD

13730122

6/18/08

marliwr

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

10944

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

PD 50.00 12/8/92 GF. chk 20338 [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

COPY

Date:

PERSON FILING APPLICATION:

NAME: OWENS (last) JAMES (first) F. (mi)

ADDRESS: PO BOX 23457 PHONE: (704) 545-9726

CITY: MINT HILL STATE: NC ZIPCODE: 28212

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-066-24

STREET ADDRESS: 7151 MATTHEWS-MINT HILL RD.

MINT HILL, NC

ZONING: B-G

PROPERTY OWNER:

NAME: TOWN OF MINT HILL (last) (first) (mi)

ADDRESS: SAME AS ABOVE PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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 H)
[X] COMMERCIAL OR INDUSTRIAL (N) GOVERNMENT
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STARLITE POLICE STATION (UKS)
[] 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 TOWN HALL # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (N) [] 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 [X] Other POLICE STATION

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: JAMES F OWENS Date: 11-25-92

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

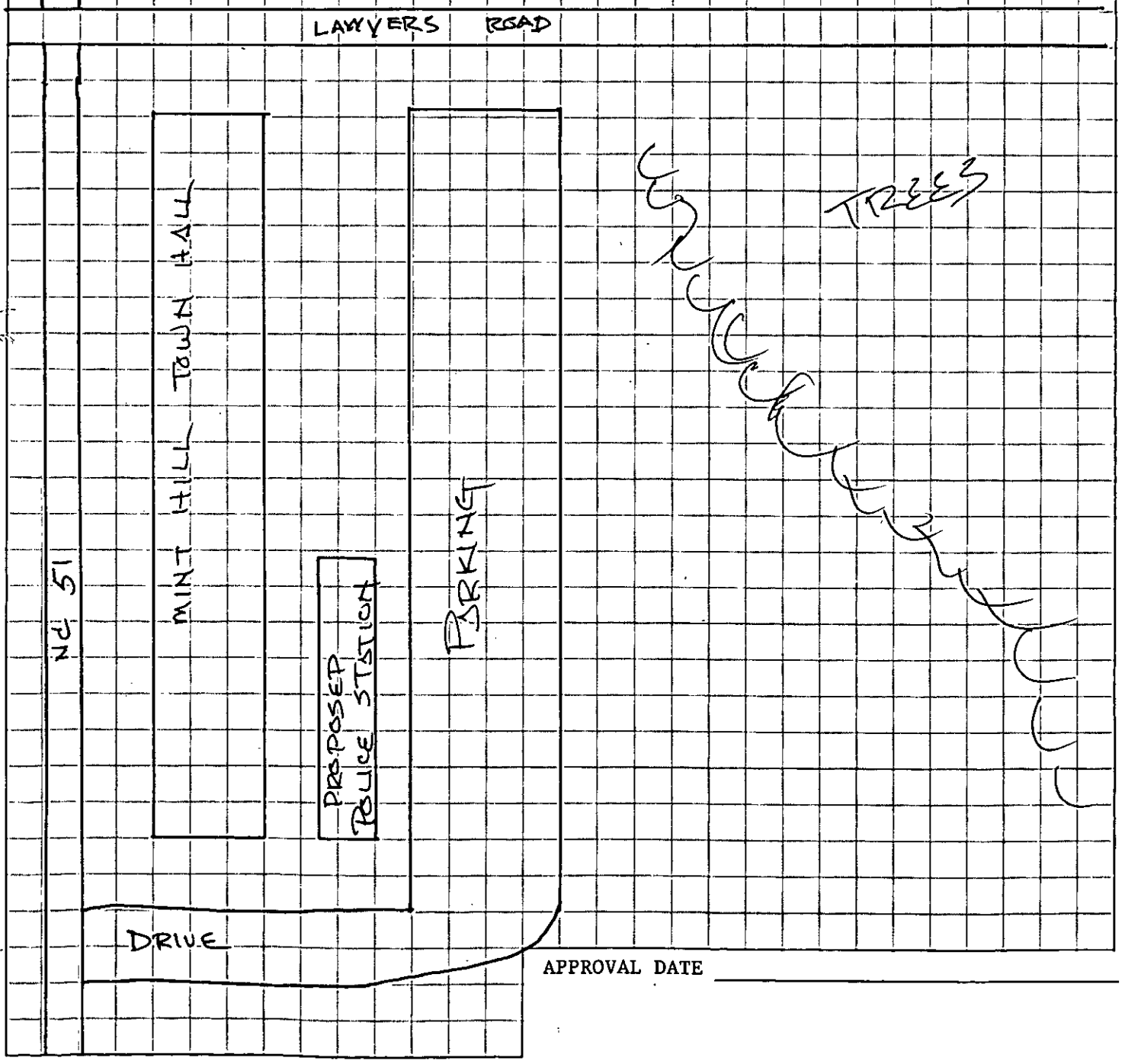
# PROPOSED PLOT PLAN

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

FILE: 10944

TC: 137-066-24

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE _____

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

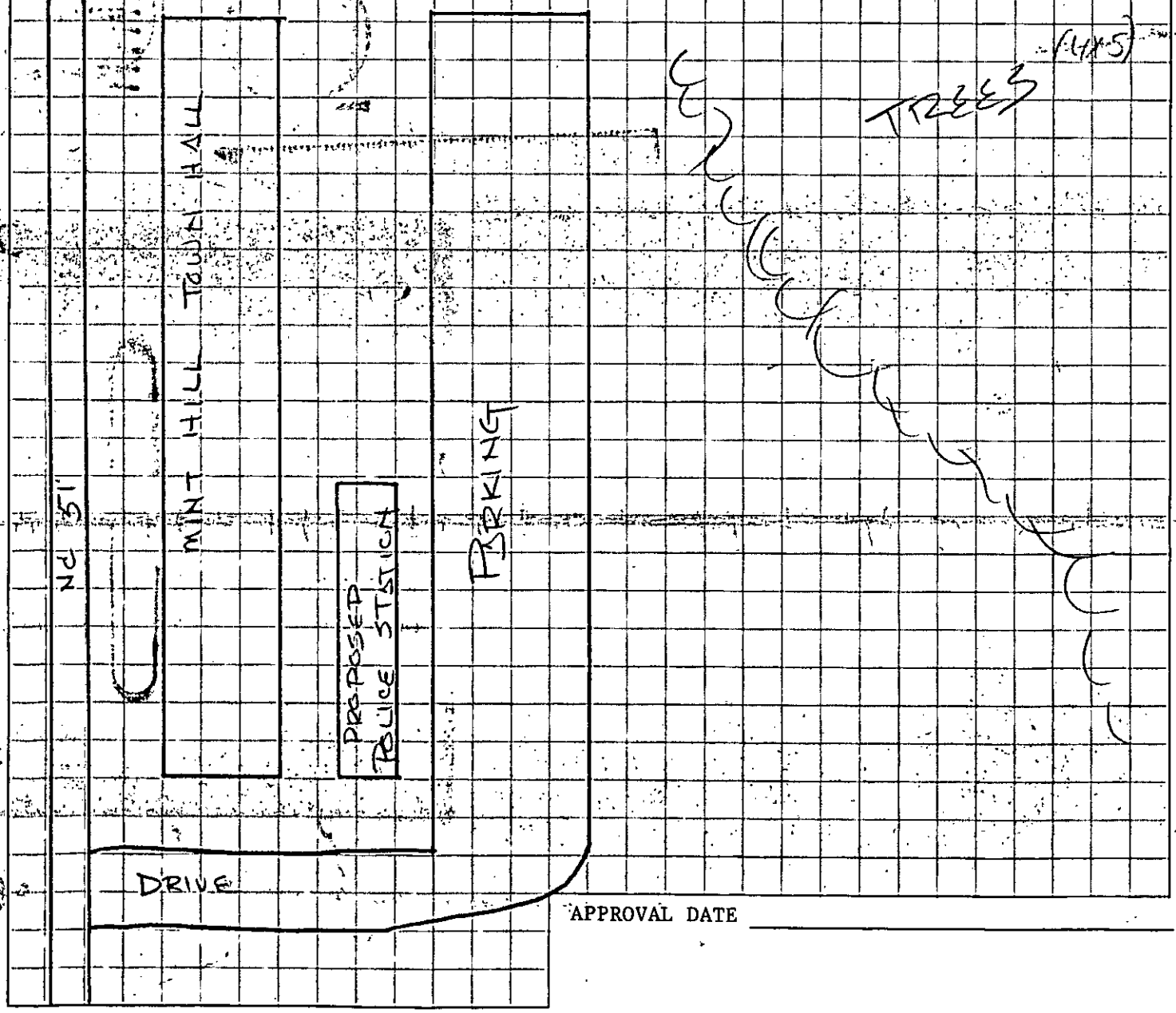
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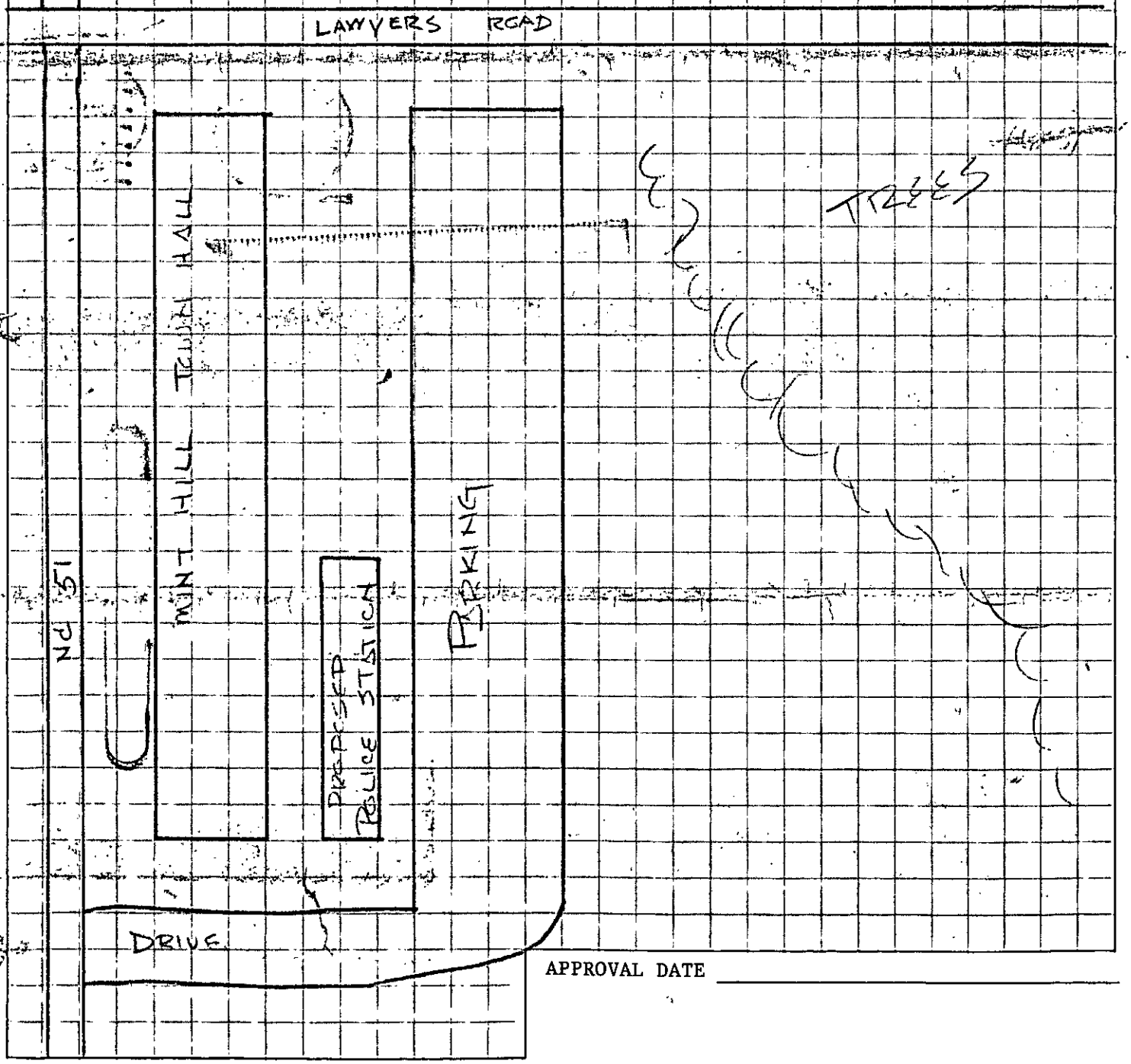
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old soil test
on town hall bldg.



Serial No. 4862

PTR No. 10944

Date Issued 2-25-83

T. C. No. 137-066-24

Map Date

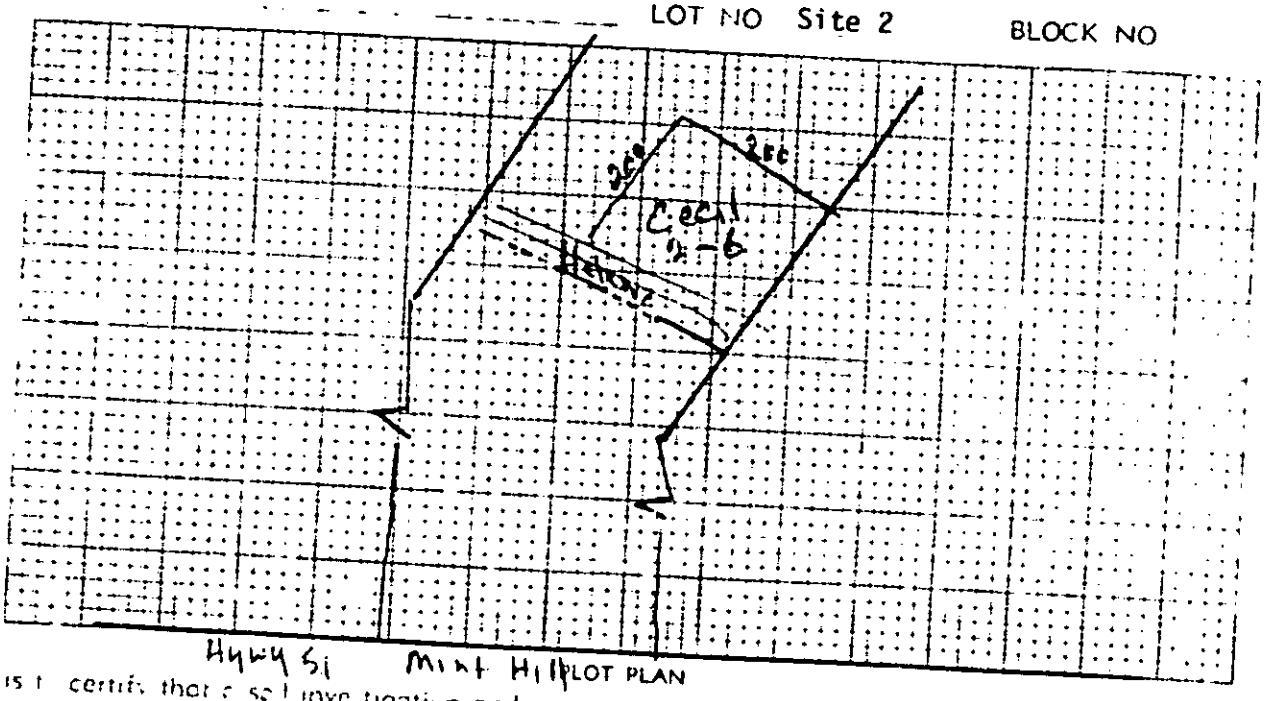
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## SOIL INVESTIGATION REPORT

NAME OF OWNER (LAST) City of Hint Hill (FIRST) (MIDDLE)

ADDRESS OF OWNER P. O. Box 2307, Hint Hill, NC ZIP 28212

LOCATION OF PROPERTY ~~7201~~ 7151 Matthews-Hint Hill Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO Site 2 BLOCK NO




PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. **Provisionally Suitable**

The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions

A permit to install the specified system shall be obtained from the Mecklenburg County Department of Environmental Health in the name of the person who will be responsible for the operation of the system.

The wastewater treatment system which must be installed to serve the proposed facility is determined by the Mecklenburg County Department of Environmental Health to be adequate if there

[illegible] recommended in the immediate area of the proposed [illegible]

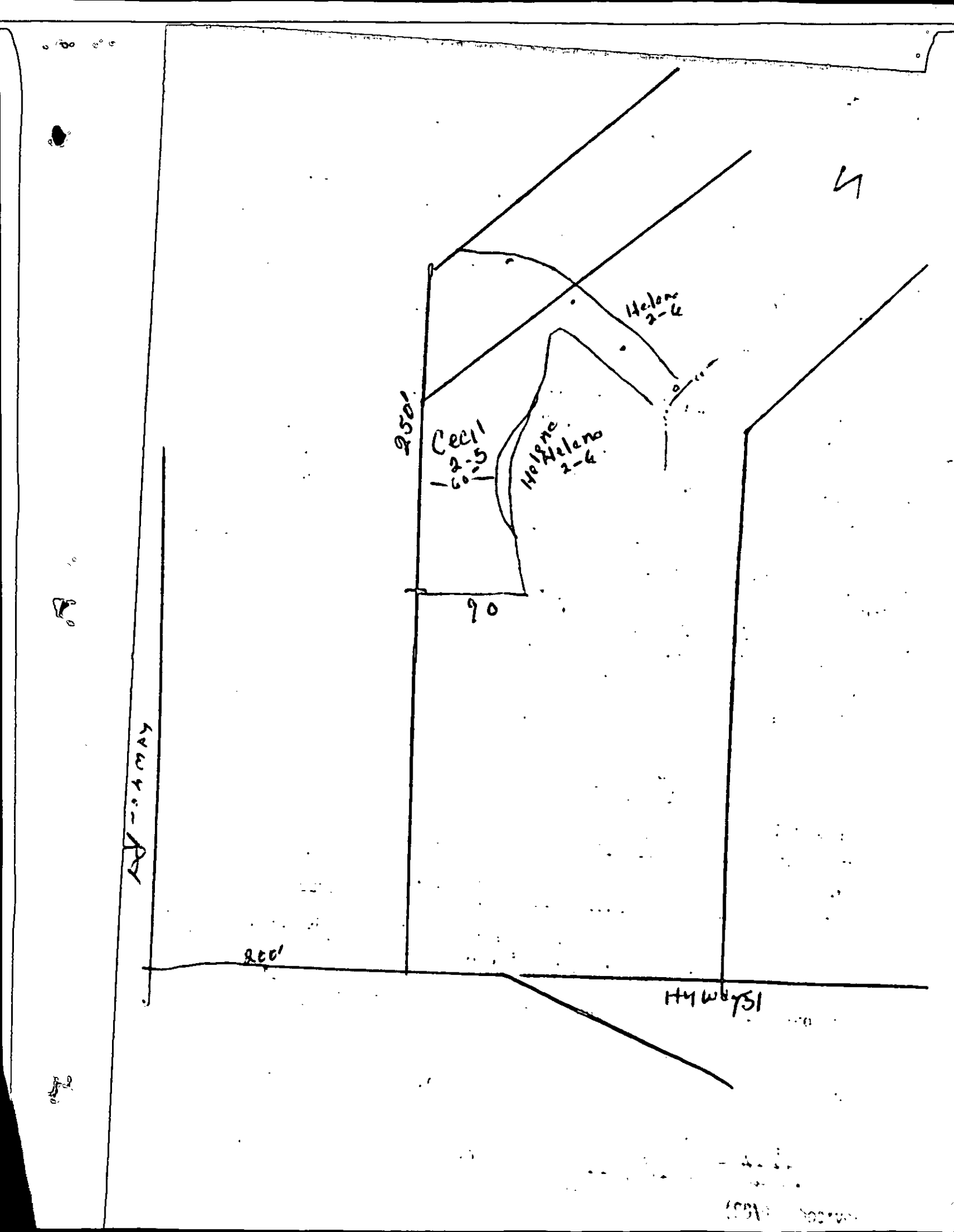
[illegible] Mecklenburg County Department of Environmental Health [illegible]

[illegible] the rules of the State of North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Department of Environmental Health in effect on the date of issuance and is void if at any time prior to completion of the system, these laws, rules and regulations are changed such that a permit could not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William Ramsey
DHS 5.76 Soil Scientist

Mike Sexton
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy


4
Helena
2-6
950'
Cecil
2-5
60
Holland
2-6
90
HWY 51
200'

Date Issued 26 Sep 83

Serial No. 6620

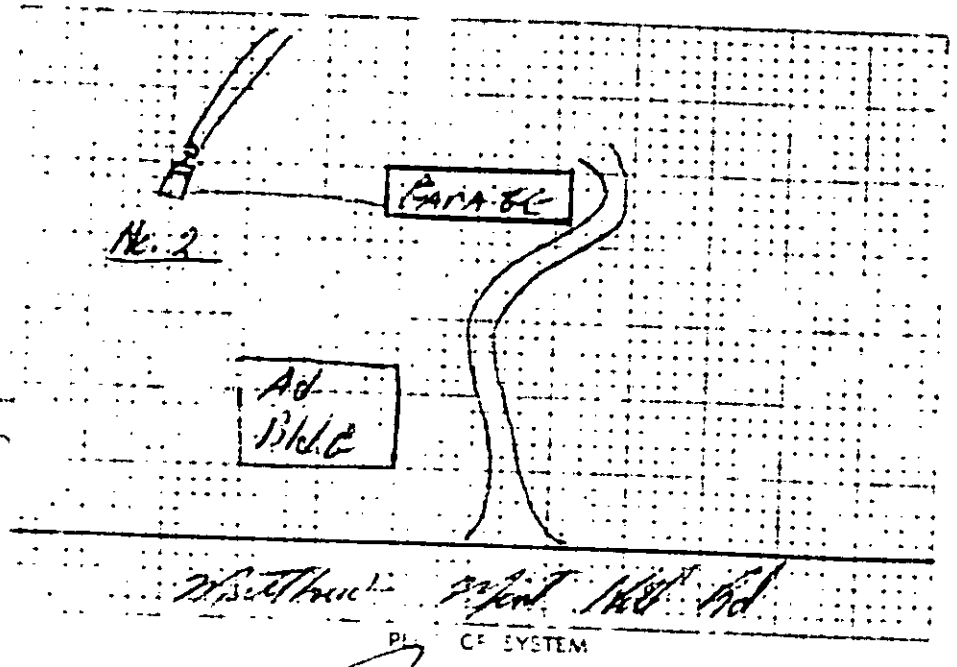
ICAR(S) Permit No 1094

T C No 132-066-28

Map Date

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

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described bed location. This permit is granted based upon the information supplied in application 1094 dated 28 Mar 83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 26 OCT 83, after which date this permit shall be null and void




Permeability Rate PS

Liquid Capacity of Tank 1000

Type Construction PC

Minimum Bed Length

Distance from Stream 200'

Number of Lines 2

Distance from House >25'

Distance from Property Line >10'

Distance from Well >100'

NAME OF OWNER Town of Mint Hill

LOCATION OF PROPERTY 7121 Matthews-Mint Hill Rd

The system shall meet all the construction requirements as set forth in the Regulations of the Mecklenburg County Health Ordinance which are in effect on the date of the granting of this permit. A certificate of approval from the Environmental Health Director before any system can be covered up or otherwise rendered inaccessible can be used. The issuance of this permit does not in any way guarantee that the system constructed will operate properly, or relieve any person now or hereafter owning, or using the property of any liability resulting from the failure of the system to operate properly.

Bldg #2 (Elevate) This system designed for domestic waste only

Comments

Signature of Septic Tank Contractor

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division chief or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHS-576

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 10944

Date Issued 26 Sep 83 Serial 6134

T. C. No. 1287-066-2

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF COMPLETION

## CERTIFICATE OF APPROVAL

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

Name of Owner Town of Mint Hill
LAST FIRST MIDDLE

Location of Property 7151 Matthews-Mint Hill Rd.

Application Number 10944 Permit Number 10944

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 15-18"

Water Supply Source Well Distance from Water Source 3100'

Excavation Inspected 26 Sep 83 DATE Tank Inspected 26 Sep 83 DATE

Nitrification Field Inspected 26 Sep 83 DATE

Washing Machine Line Inspected, If Applicable — DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments Bldg #1 - Main Bldg.

M. L. Beaty
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

# *Mecklenburg County*

**This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:**

- **Large-format Drawings**

**Original File Number:** 10944/7151

**Box Number:** 9

**Number of pages associated with file:** 1

**General Comments:** _____

Imaging Solutions and Services, Inc.

**DUDLEY D. STONE, P.E.**
801 CLANTON RD. SUITE 110
CHARLOTE, NC 28217
PHONE: 704-527-9344

FAX COVER SHEET

DATE: FEB 19, 1993

FROM: DUDLEY D. STONE

PLEASE DELIVER TO: KELLY RANDALL

COMPANY: MECK. CO. HEALTH DEPT.

SUBJECT: MINT HILL POLICE STA.

TOTAL NUMBER OF PAGES, INCLUDING THIS PAGE: 4

IF YOU DID NOT RECEIVE LEGIBLE COPIES OF ALL PAGES, PLEASE CALL AND LET US KNOW AS SOON AS POSSIBLE. THANK YOU.

ADDITIONAL COMMENTS:

ATTACHED IS INFO FAXED FROM CMUD

SENT BY:Xerox Telecopier 7020 ; 2-19-93 ;10:40AM ; 7043932219→ 704 525 8768;# 1

CHARLOTTE

# CMUD - Engineering Division

**CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT**
**5100 BROOKSHIRE BOULEVARD**
**CHARLOTTE, NORTH CAROLINA 28216**

## FAX: (704) 393 - 2219

DATE: 2-19-93

TELECOPY TO: Dudley Stone

DIV., DEPT., *or* CO. _____

FAX NUMBER: 525-8768

FROM: JEFF Mills PHONE (704) 399 - 2551

NO. OF PAGES INCLUDING THIS SHEET: 3

COMMENTS: Dudley, We only have 2 months of readings on file for Matthews.

41/16/73/355000/028 PF2=PG2 PF9=PAYPND PF11=SPRMK. PF12=MTFILE
A31 ** UTILITIES MASTER RECORD ** 02/12/93 12:47:39
EA: 11 ZBS: 16/73/355000 4 SF: 1 SV: 116416 SM: 1 TS: 3 T6: 8 STAT: ACTIVE
ME: MATTHEWS POLICE DEPT A/R#: 0009628
C: 224 00000 N TRADE ST MA 28105 NM C/O SW:
R# IS1294061 RED 000 R/C 0 P/MTRS SPEC SEWER: SEW-% 100 IW
RRENT BILL-DATE: 1/13/93 DUE-DATE: 2/07/93 PREVIOUS BILL DATE: 12/10/92
RIOD COVD: 12/02/92 12/29/92 FR/TO MTR RDGS: 923 1020 USD: 27

| | CURRENT | PREVIOUS | ADJUSTMENT | PAYMENT | PAY DATE | BALANCE |
|---|---|---|---|---|---|---|
| ORMWATER | | | | | | |
| T-FIX | 1.65 | .00 | .00 | 1.65 | 1/27/93 | .00 |
| -VAR | 23.22 | .00 | .00 | 23.22 | | |
| -FIX | 1.65 | .00 | .00 | 1.65 | 1/27/93 | .00 |
| -VAR | 36.18 | .00 | .00 | 36.18 | | .00 |
| S-LFIX | .00 | .00 | .00 | .00 | 0/00/00 | .00 |
| -LVAR | .00 | .00 | .00 | .00 | | .00 |
| -SER-CH | .00 | .00 | .00 | .00 | 0/00/00 | .00 |
| TAL-$ | 62.70 | .00 | .00 | 62.70 | | .00 |

10/24 E 923
12/03 E 923
12/29 1020
REM:

ME:
DR: 00000 P O BOX 320
TY: MATTHEWS NC 28106 HOLD DEP#: 107000000 $ 0.00

Matthews
1020
923
27.0

Pineville
15
12
3.0

27
+3
30
÷ 2/15 of x7.48 = 112.21 ÷ 30

SENT BY:Xerox Telecopier 7020 ; 2-19-93 ;10:40AM ; 7043932219→ 704 525 8768;# 2

**** NO NEW APPLICATIONS MATCHING YOUR SELECTION WE

01/03/63/109000/020 PF2=PG2 PF7=PAYPND PF11=SPRNK PF12=MTFILE
A91 ** UTILITIES MASTER RECORD ** 02/12/93 11:55:01
EA: 01 ZBS: 03/63/109000 S SF: 0 SV: 115982 SM: 1 TS: 3 TA: 6 STAT: ACTIVE
NE: TOWN OF PINEVILLE A/R#: 0027552
S: 202 MAIN ST PJ 28134 NM C/O SW:
NO T2252451Z REG 000 R/C 0 P/MTRS SPEC SEWER: SEW-% 100 IU
RRENT BILL-DATE: 2/01/93 DUE-DATE: 2/26/93 PREVIOUS BILL DATE: 1/04/93
RIOD COVD: 12/12/92 1/14/93 FR/TO MTR RDGS: 15 18 USG: 3

| | CURRENT | PREVIOUS | ADJUSTMENT | PAYMENT | PAY DATE | BALANCE |
|---|---|---|---|---|---|---|
| ORMWATER | | | | | | |
| F-FIX | 1.65 | .00 | .00 | .00 | 1/28/93 | 1.65 |
| -VAR | 2.58 | .00 | .00 | .00 | | 2.58 |
| W-FIX | 1.65 | .00 | .00 | .00 | 1/28/93 | 1.65 |
| -VAR | 4.02 | .00 | .00 | .00 | | 4.02 |
| S-FIX | .00 | .00 | .00 | .00 | 1/03/92 | .00 |
| -VAR | .00 | .00 | .00 | .00 | | .00 |
| -SER-CH | .00 | .00 | .00 | .00 | 0/00/00 | .00 |
| TAL-$ | 9.90 | .00 | .00 | .00 | | 9.90 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1/14 | 18 | 4/13 | 177 | 7/14 | 182 | 10/12 | | 8 |
| 2/12 | 165 | 5/12 | 180 | 8/13 | 190 | 11/14 | | 12 |
| 3/11 | 162 | 6/10 | 183 | 9/14 | 4 | 12/12 | | 15 |

ME: REM:
DR: 00000 P O BOX 242
TY: PINEVILLE NC 28134 HOLD: N DEP#: 00/11992 $ 0.00
01/03/63/109000/020 02/12/93 11:55:10
A35 WATER-SEWER HISTORY RECORD
S: 03/63/109000 SV: 115982 SX: 00 SM: 1 TS: 3 TA: 6 CDC: 5 R/C: 0
ME: T PINEVILLE LOC: 00202 MAIN ST AN: 01
RR-READ: 0000015 12/12/92 100% BILL-DATE: 01/04/93 LAST-PAY-DATE: 01/28/93

| | USAGE | CURRENT | PREVIOUS | ADJUSTMENT | PAYMENT | BALANCE |
|---|---|---|---|---|---|---|
| ATER | 3 | 4.23 | .00 | .00 | 4.23 | .00 |
| EBATE | | .00 | | .00 | | |
| EWER | 3 | 5.67 | .00 | .00 | 5.67 | .00 |
| ATE | | .00 | .00 | .00 | .00 | .00 |
| ERV-CHG | | .00 | .00 | .00 | .00 | .00 |
| OTAL-$ | | 9.90 | .00 | .00 | 9.90 | .00 |

S: 03/63/109000 SV: 115982 SX: 00 SM: 1 TS: 3 TA: 6 CDC: 5 R/C: 0
ME: TOWN OF PINEVILLE LOC: 00202 MAIN ST AN: 01
RR-READ: 0000012 11/14/92 100% BILL-DATE: 11/27/92 LAST-PAY-DATE: 12/31/92

| | USAGE | CURRENT | PREVIOUS | ADJUSTMENT | PAYMENT | BALANCE |
|---|---|---|---|---|---|---|
| ATER | 4 | 5.09 | .00 | .00 | 5.09 | .00 |
| EBATE | | .00 | | .00 | | |
| EWER | 4 | 7.01 | .00 | .00 | 7.01 | .00 |
| ATE | | .00 | .00 | .00 | .00 | .00 |
| ERV-CHG | | .00 | .00 | .00 | .00 | .00 |
| OTAL-$ | | 12.10 | .00 | .00 | 12.10 | .00 |

-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

# SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 4/14/93 Parcel: 137-091-14 <60 Days? [ ] Yes [ ] No

Please call Mr Brooks she wants to talk to you

REQUESTING PERSON: Doris Brooks Phone 545-4258

Address 7023 Oak Hill Rd City Char Zip 28227

PROPERTY CONCERNED: Facility Name Garland Jones (owner) Jerry Mackey 545-5803

Address 7009 Oak Hill Rd house joins on the Right City Charlotte Zip _____

SERVICE REQUESTED: Drainage in open ditch on road next to railroad tracks - 2 places where bubbles up plus next to road along RR track

ASSIGNED TO: _____ TAKEN BY: _____

| DATE | ACTIVITY REPORT |
|---|---|
| 4-20 | no answer |
| 4-21 | spoke w/ Mrs Brooks |
| 4-27 | found site - 2 rental homes on 1 lot - Brooks showed me where problem is in backyard - appears that it may possibly be a bottom & muddy area but time of visit not surfacing. |

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: _____ /

REVIEWED BY: _____ /

2"
x3"

400' from old

60x90'

90
60
5400

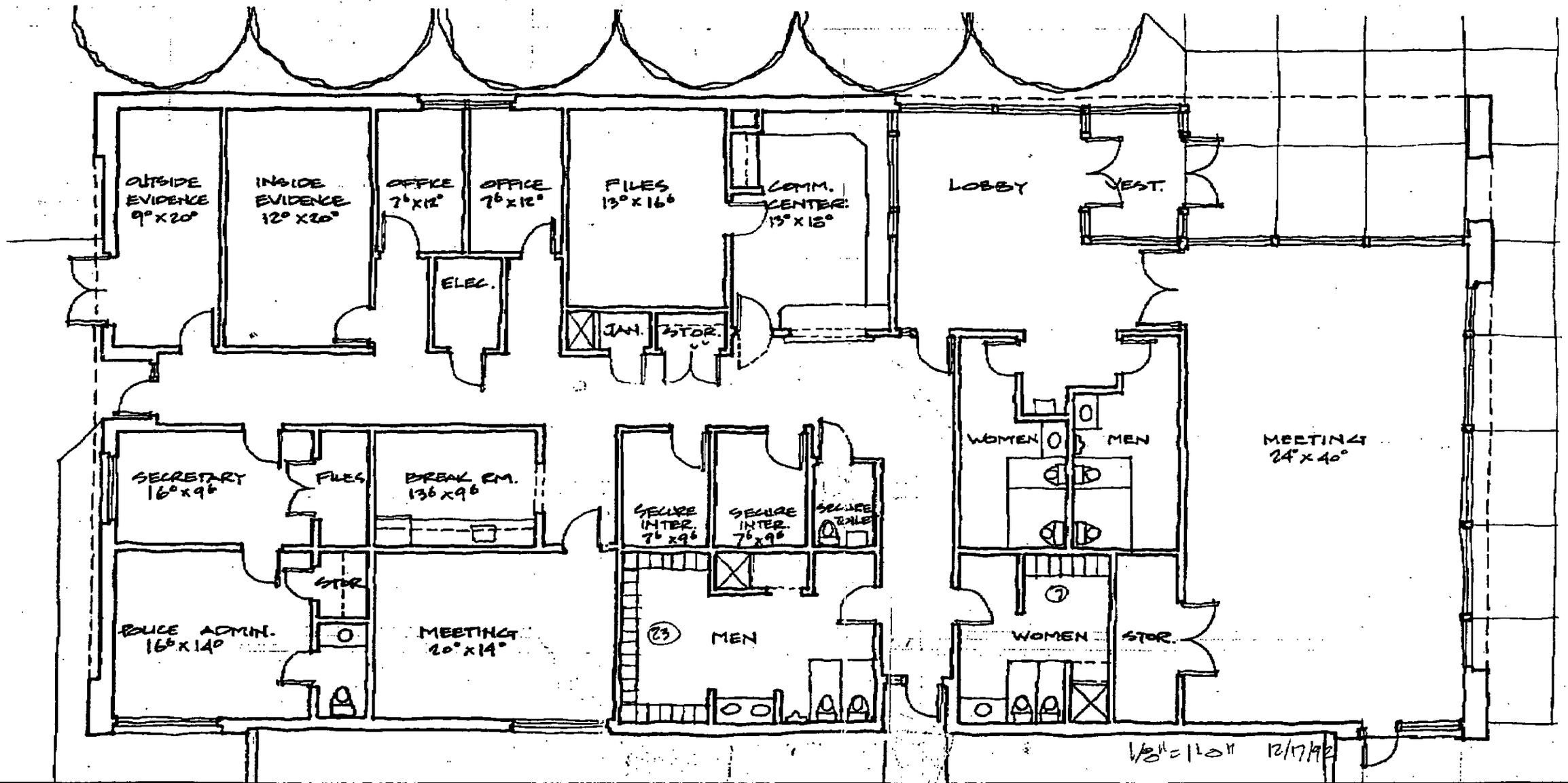
5.4 x 120
5
600 gal/day

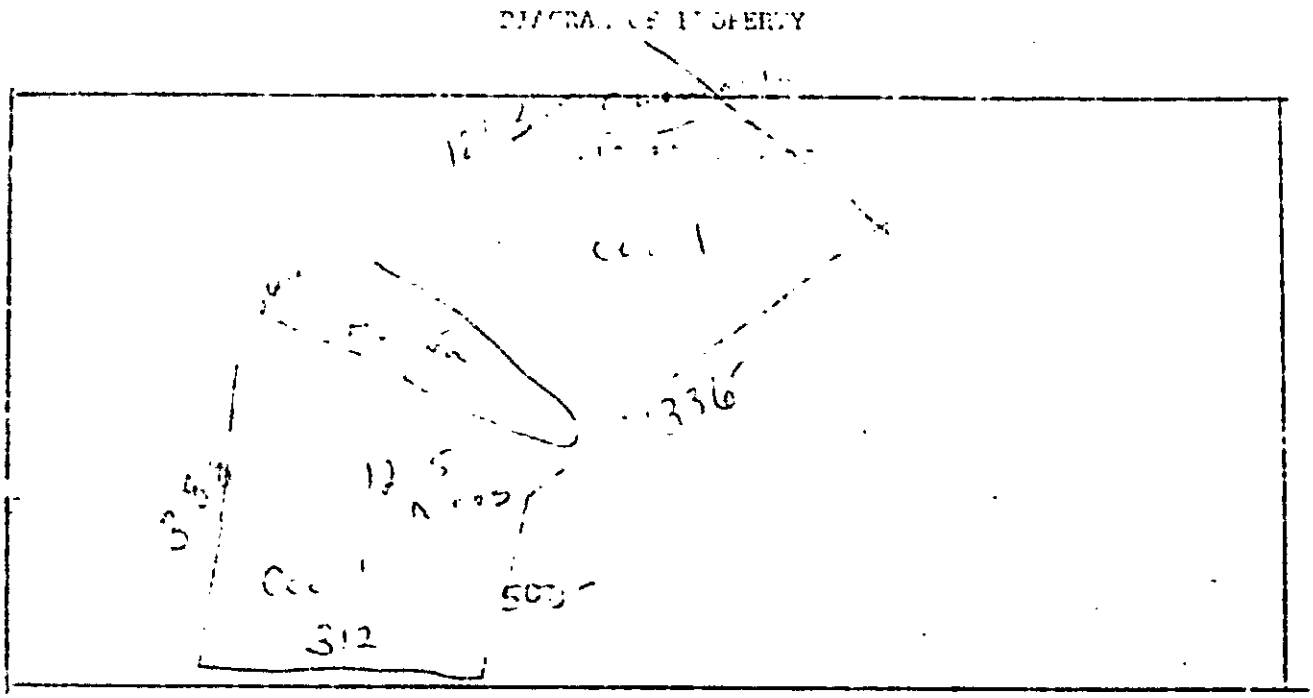
312000
.31 600
6

666
312000
18
20
16
20

667

670' line


OUTSIDE EVIDENCE 9° x 20°
INSIDE EVIDENCE 12° x 20°
OFFICE 7° x 12°
OFFICE 7° x 12°
ELEC.
FILES 13° x 16°
JAN.
STOR.
COMM. CENTER 13° x 15°
LOBBY
VEST.
SECRETARY 16° x 9°
FILES
BREAK RM. 13° x 9°
SECURE INTER. 7° x 9°
SECURE INTER. 7° x 9°
SECURE TABLE
WOMEN
MEN
MEETING 24° x 40°
STOR
POLICE ADMIN. 16° x 14°
MEETING 20° x 14°
23
MEN
WOMEN
STOR.
1/8" = 1'-0"
12/17/92




3/18/75

EHD 330

How many employees?



INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11944 2-18-93 CR# 020648 $250.00 PD 50.00 12/8/92 GF. CK 20338 [] CRT

Mecklenburg County Health Dept.
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[] 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 [X] Other POLICE STATION

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: JAMES F. OWENS Date: 11-25-92

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

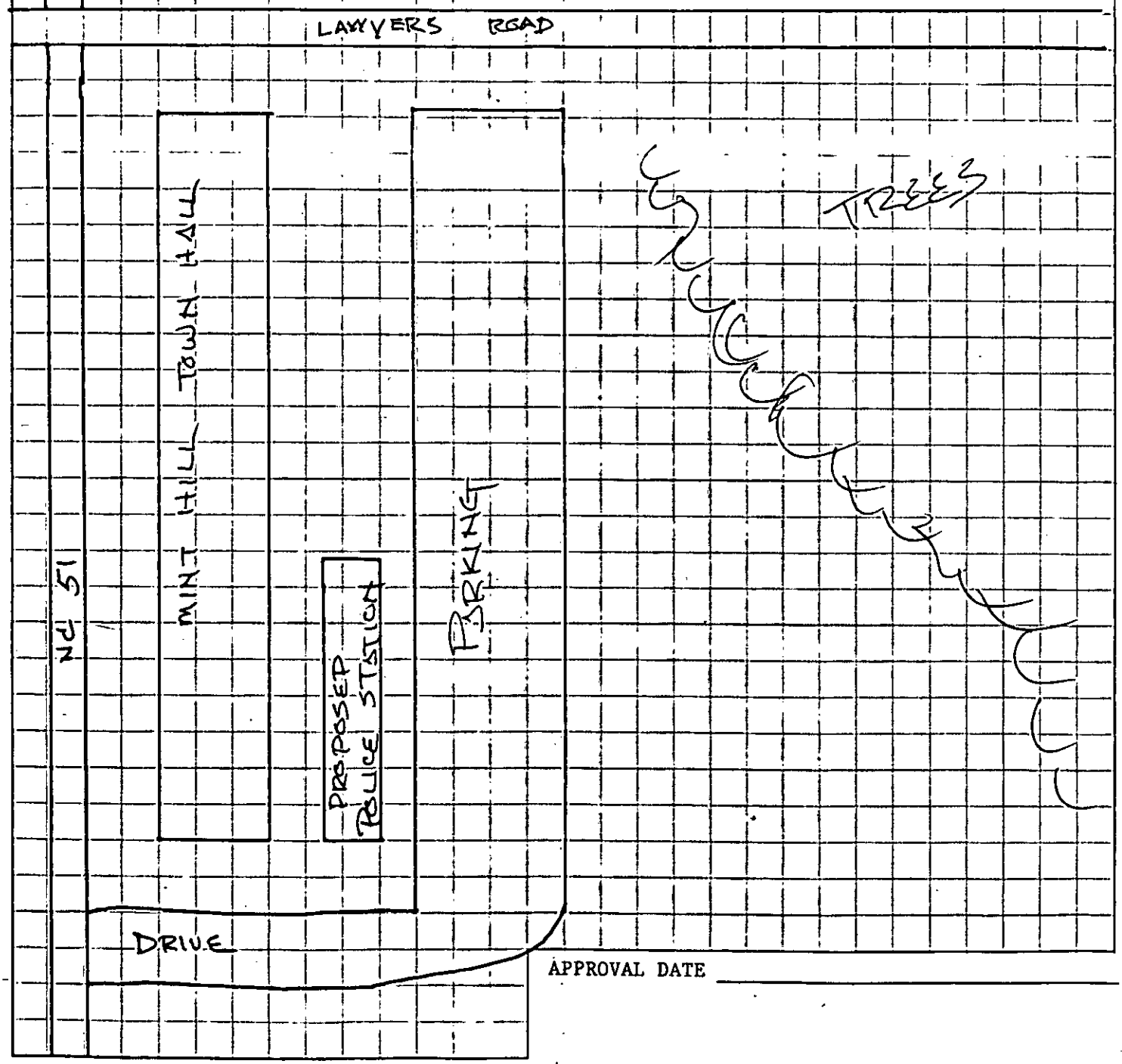
# PROPOSED PLOT PLAN

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

FILE: 10944

TC: 137-066-24

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




APPROVAL DATE _____

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

CK # 020648
$250.00

NO. 378

2/18 — 1993

RECEIVED FROM Town of Westhill

DOLLARS

Lic # 10944 715 Whittier Hwy

Account Total $ 250.00

Amount Paid $ 250.00

Balance Due $ — 0 —

Hill Road -

THE EFFICIENCY LINE AN AMPAD PRODUCT

TOWN OF MINT HILL • MINT HILL, NC 28212

NO. 020648

Posted 2-18-93

CHECK NO. 20648
DATE 2/12/93

NAME MECKLENBURG COUNTY HEALTH DEPT.
CUSTOMER NUMBER SEPTIC

INV. NO. SEPTTIC

| | AMOUNT BILLED | DISCOUNT TAKEN | AMOUNT PAID |
|---|---|---|---|
| THIS CHECK | 250.00 | 0.00 | **250.00 |
| YEAR TO DATE | 250.00 | 0.00 | 250.00 |

**Town of Mint Hill**
Post Office Box 23457
Mint Hill, North Carolina 28212
Telephone 704-545-9726

February 16, 1993

Mr. Kelly Randall
Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, North Carolina 28202

Dear Mr. Randall:

Town Administrator Owens requested that I send you the enclosed check in the amount of $250.00, along with: two prints, prepared by Dudley Stone, P.E., which show the proposed septic field location on the Town's property; and, a copy of a letter from Charlotte-Mecklenburg Utility Department with information concerning water usage of similar size police stations in the County.

If you have any questions, please do not hesitate to call.

Sincerely,

Beth Hamrick

Beth Q. Hamrick, CMC
Town Clerk

Enclosures

Pete Plans to K.R.

DUDLEY STONE
FAX 525-3768

February 12, 1993

Town of Mint Hill
Mr. Jim Owens, Town Manager
P. O. Box 23457
Mint Hill, NC 28227

SUBJECT: AVERAGED WATER USE FOR MATTHEWS AND PINEVILLE POLICE DEPARTMENTS

Dear Mr. Owens:

Based on the water billing use for the past several months, the Town of Matthews Police Department uses approximately 200 gallons of water per month, the Town of Pineville uses approximately 30 gallons per month and the Town of Huntersville pays the flat monthly water charge. I hope this information is of some help.

If you need additional information, Please call me at 399-2551.

Sincerely,

CHARLOTTE-MENCKLENBURG UTILITY DEPARTMENT

Jeffrey K. Mills
Customer Service Manager

cc: Mr. Dudley Stone, P.E.
files

JAMES F. OWENS
P O BOX 23457
MINT HILL N.C 28212

DEAR MR OWENS

receipt of the plans for an alternative waste disposal system on the property referenced above is acknowledged. The plans as submitted are approved with the following comments.

1) Please submit a new application

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET - CHARLOTTE, NORTH CAROLINA
28202

FAX NUMBER (704) 336-6894 IWWS (704) 336-5102

TO: DUDLEY STONE

FROM: KELLY RANDALL

DATE: 2-19-93

NUMBER OF PAGES INCLUDING COVER PAGE 2

COMMENTS

DUDLEY, HERE IS FORMAT FOR SUBMISSION OF WATER USE DATA - PLEASE CALL W/ QUESTIONS @ 336-5575 IF NEEDED.

THANK YOU Kelly Randall

| | |
|---|---|
| With neither cafeteria nor showers | 10 gal/student |
| Boarding Schools | 60 gal/person |
| Service Stations | 250 gal/water closet or urinal |
| 24-hour Service Stations | 325 gal/water closet |
| Stores, Shopping Centers, and Malls (Exclusive of food service and meat markets) | 120 gal/1000 $ft^2$ of retail sales area |
| Stadium, Auditorium, Theater, Drive-in | 5 gal/seat or space |
| Swimming Pools, Spas, and Bathhouses | 10 gal/person |

(c) An adjusted design daily sewage flow may be granted by the local health department upon a showing as specified in Subparagraphs (c)(1) through (c)(2) that a sewage system is adequate to meet actual daily water consumption from a facility included in Paragraph (b) of this Rule.

(1) Documented data from that facility or a comparable facility justifying a flow rate reduction shall be submitted to the local health department and the State. The submitted data shall consist of at least 12 previous consecutive monthly total water consumption readings and at least 30 consecutive daily water consumption readings. The daily readings shall be taken during a projected normal or above normal sewage flow month. A peaking factor shall be derived by dividing the highest monthly flow as indicated from the 12 monthly readings by the sum of the 30 consecutive daily water consumption readings. The adjusted design daily sewage flow shall be determined by taking the numerical average of the greatest ten percent of the daily readings and multiplying by the peaking factor. Further adjustments shall be made in design sewage flow rate used for sizing nitrification fields and pretreatment systems when the sampled or projected wastewater characteristics exceed those of domestic sewage, such as wastewater from restaurants or meat markets.

(2) An adjusted daily sewage flow rate may be granted contingent upon use of extreme water-conserving fixtures, such as toilets which use 1.6 gallons per flush or less, spring-loaded faucets with flow rates of one gallon per minute or less, and showerheads with flow rates of two gallons per minute or less. The amount of sewage flow rate reduction shall be determined by the local health department and the State based upon the type of fixtures and documentation of the amount of flow reduction to be expected from the proposed facility. Adjusted daily flow rates based upon use of water-conserving fixtures shall apply only to design capacity requirements of dosing and distribution systems and nitrification fields. Minimum pretreatment capacities shall be determined by the design flow rate of Table I of this Rule.

*History Note: Statutory Authority G.S. 130A-335(e);*
*Eff. July 1, 1982;*
*Amended Eff. January 1, 1990; January 1, 1984.*

## .1950 LOCATION OF SANITARY SEWAGE SYSTEMS

(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

| | |
|---|---|
| (1) Any private water supply source, including any well or spring | 100 feet; |
| (2) Any public water supply source | 100 feet; |
| (3) Streams classified as WS-I | 100 feet; |
| (4) Waters classified as S.A. | 100 feet, from mean high water mark; |
| (5) Other coastal waters | 50 feet, from mean high water mark; |
| (6) Any other stream, canal, marsh, or other surface waters | 50 feet; |
| (7) Any Class I or Class II reservoir | 100 feet, from normal pool elevation; |
| (8) Any permanent storm water retention pond | 50 feet, from flood pool elevation; |
| (9) Any other lake or pond | 50 feet, from nor- |



525-8768

DAYTON NORTH
372-0116

**Town of Mint Hill**
Post Office Box 23457
Mint Hill, North Carolina 28212
Telephone 704-545-9726

Telecopier Number: (704)545-0802

TELECOPIER TRANSMITTAL

TO: (Name/Firm) KELLY RANDOLPH

THE ARCH. HAS SUBMITTED THIS

TELECOPIER NUMBER: LAYOUT FOR THE PROPOSED SEPTIC FIELD

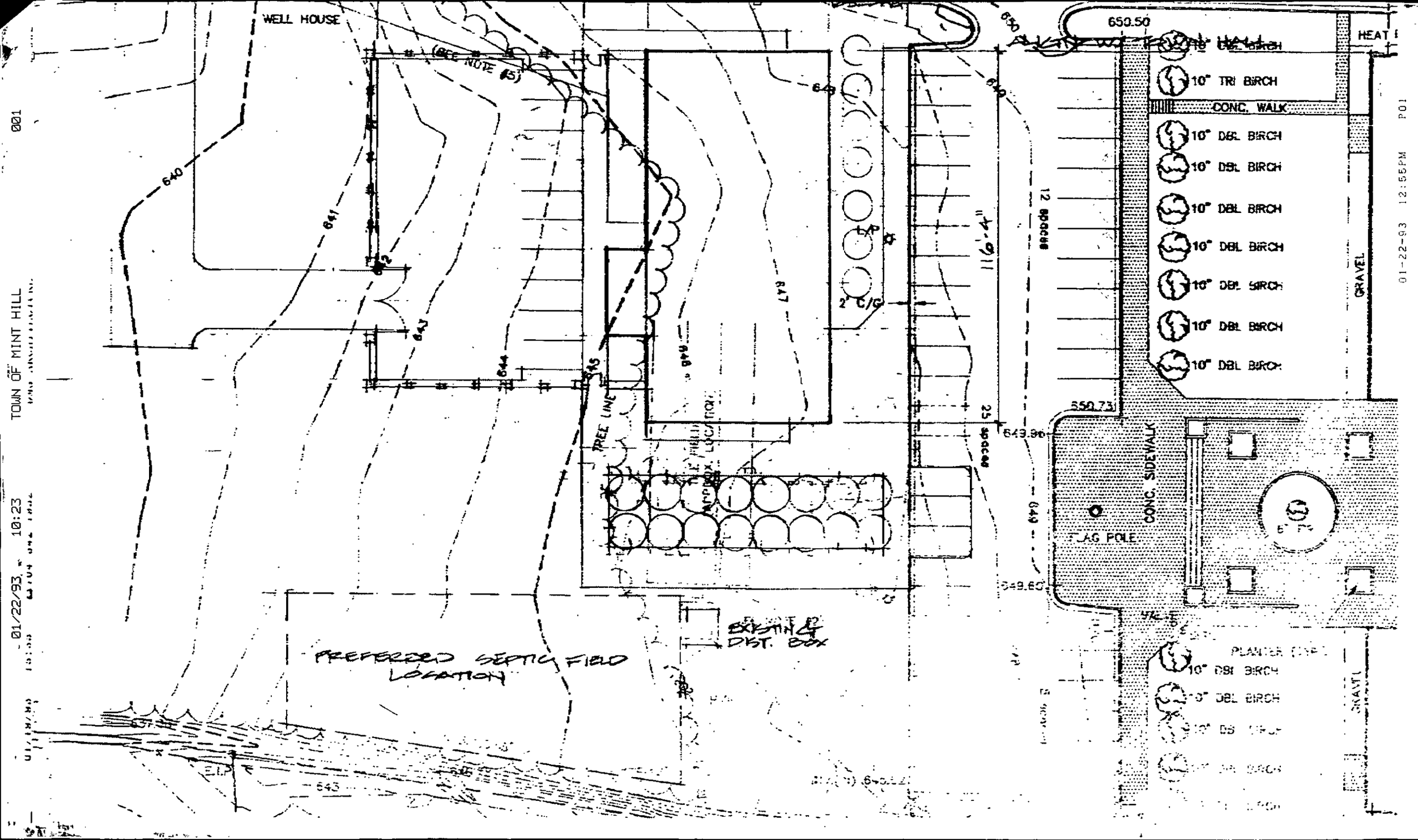
THIS TRANSMITTAL IS FROM: IF YOU HAVE QUESTIONS PLEASE ADVISE

NUMBER OF PAGES: 2 (including this Cover Sheet)

DATE: 1-22-93 TIME OF TRANSMISSION: 10:22

If you experience any problems in receiving, please call us at (704)545-9726.

Telecopier Operator


WELL HOUSE
(SEE NOTE #5)
640
641
642
643
644
645
647
649
650.50
HEAT
10" TRI BIRCH
CONC. WALK
10" DBL BIRCH
10" DBL BIRCH
10" DBL BIRCH
10" DBL BIRCH
10" DBL BIRCH
10" DBL BIRCH
10" DBL BIRCH
12 spaces
GRAVEL
116'-4"
2' C/C
25 spaces
TREE LINE
PROPOSED LOCATION
649.96
649.60
550.73
CONC. SIDEWALK
FLAG POLE
EXISTING DIST. BOX
PREFERRED SEPTIC FIELD LOCATION
PLANTER (TYP.)
10" DBL BIRCH
GRAVEL
TOWN OF MINT HILL
01/22/93
10:23
01-22-93 12:55PM P01
001

# *Mecklenburg County*

**This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:**

- **Large-format Drawings**

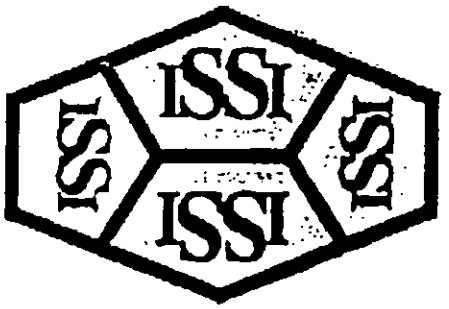
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*ISSI Operations Center Staff*

Date of Investigation 1 Sept 1976 AIT NO. 10744

Owner J M [illegible]

Location of Property on N.C. 51 Tax Code No. 137-066-24

Soil Suitability Rating for Mound Fill

| Soil Properties | Soil 1 | Soil 2 | Soil 3 | Soil 4 |
|---|---|---|---|---|
| 1. Soil Series | Soil 1 | Chewacla | Helena | |
| 2. Soil Slope | acceptable 2-6% | — | acceptable 3-4% | |
| 3. Soil Depth | acceptable >48" | — | acceptable 48" | |
| 4. Soil Texture | acceptable clay | — | unacceptable 2:1 expanding clay | |
| 5. Soil Structure | acceptable subangular | — | unacceptable massive | |
| 6. Restrictive Horizons | — | — | — | |
| 7. Soil Drainage | acceptable water table | unacceptable [illegible] | unacceptable perched high water table | |
| 8. Soil Permeability (Percolation Rate) | >6" acceptable 6"-60" | <15" unacceptable percolated and perched high water table | unacceptable | |
| 9. Other | — | — | — | |
| 10. Overall Rating | acceptable | unacceptable | unacceptable | |

Recommendations Based on this investigation the property is generally recommended for approval for installation of a septic tank disposal system. Subsoil conditions permitting.

See attached report for back

[signature] Engineer
Soil Scientist

3/1/75
LHD 539

Serial 6134

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF COMPLETION
## CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface Soil Absorption, Soil Absorption, Effluent Discharge)

Name of Owner _____ (Last) (First) (Middle) (Initial)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Dates:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (Date)

Tank Inspected _____

Nitrification Field Inspected _____

Washing Machine Line Inspected, If Applicable _____ (Date)

The undersigned has inspected the Individual Septic Tank System as to subsurface soil absorption, soil absorption, effluent discharge or other bed class and it has been ___ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments _____

_____

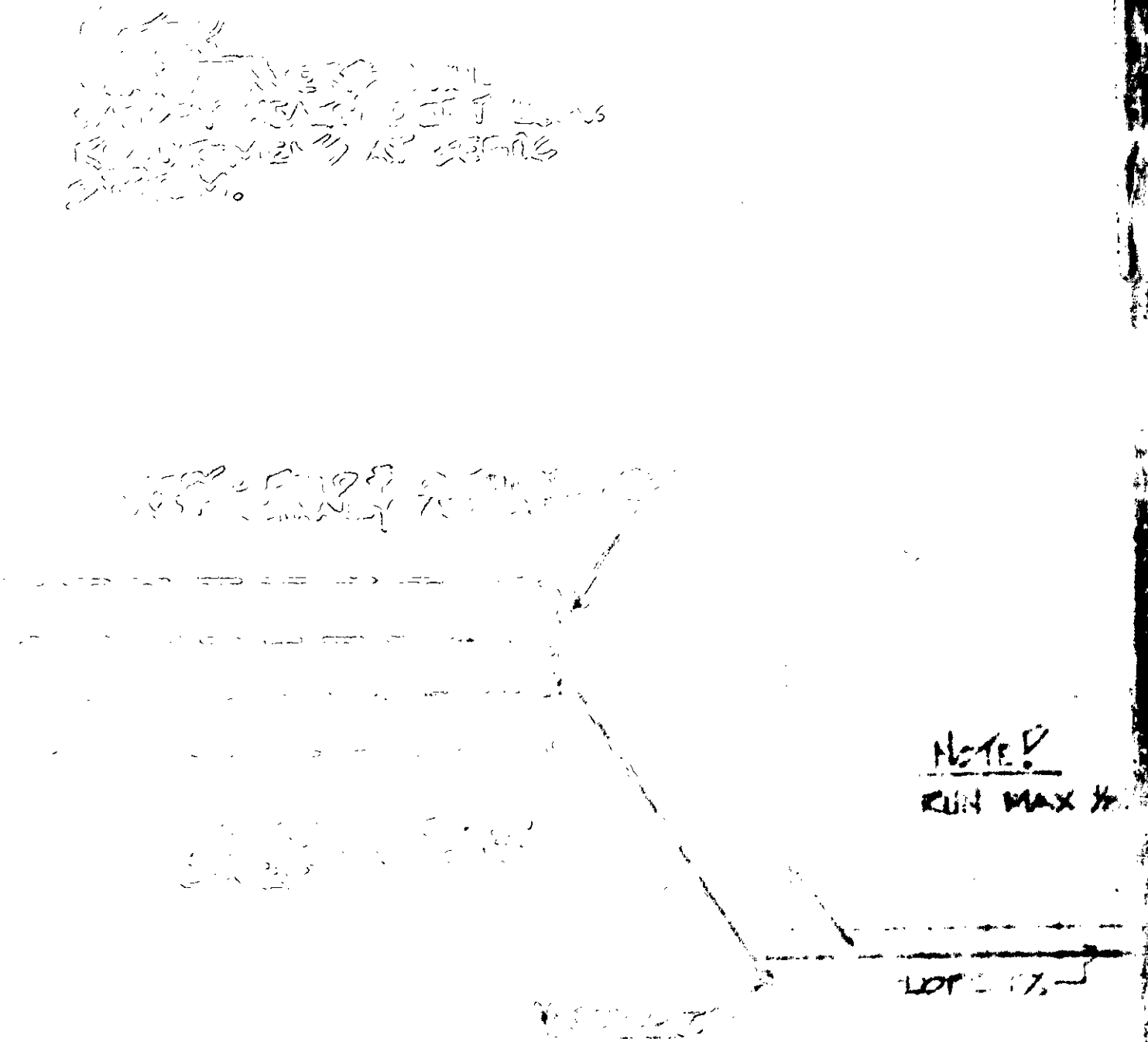
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(Date)

DO NOT FILM IN LIEU OF ORIGINAL COPY


NOTE!
RUN MAX ½.
LOT
TRIAL SITE PLA

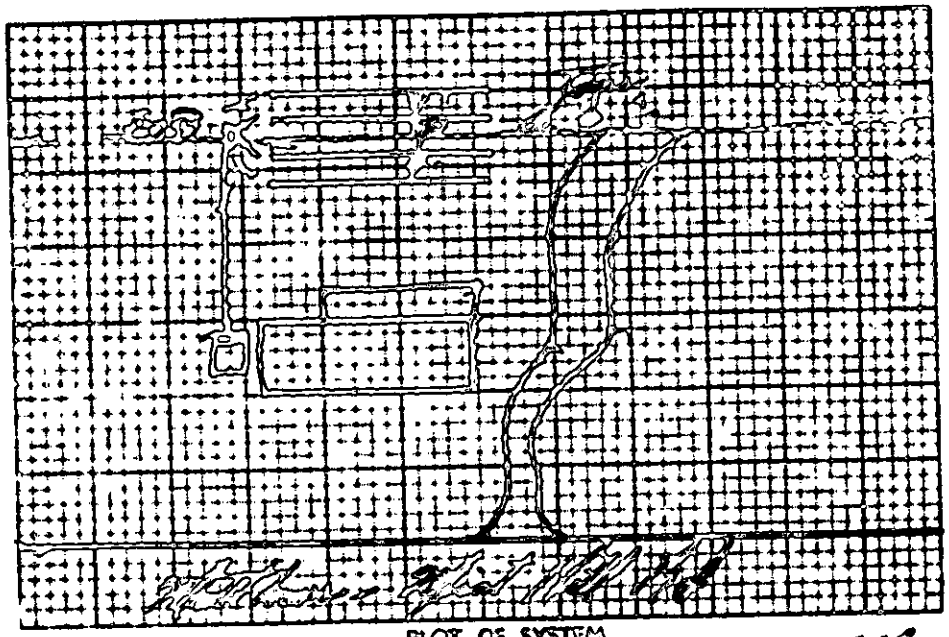
Serial No. 6990 TCANTS Permit No. [illegible]

Date Issued 8 Sept 82 T.C. No. 32066-2

Map Date

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

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application [illegible] dated 8 Sept 82 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 29 Sept 82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate [illegible]

Liquid Capacity of Tank 1500

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House ≥ 5'

Distance from Property Line ≥ 10'

Distance from Well ≥ 100'

NAME OF OWNER Town of West Hill

LOCATION OF PROPERTY 2157 Statesville - West Hill Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

4 trenches 3' x 100' x 12" 9' Centers

Comments:

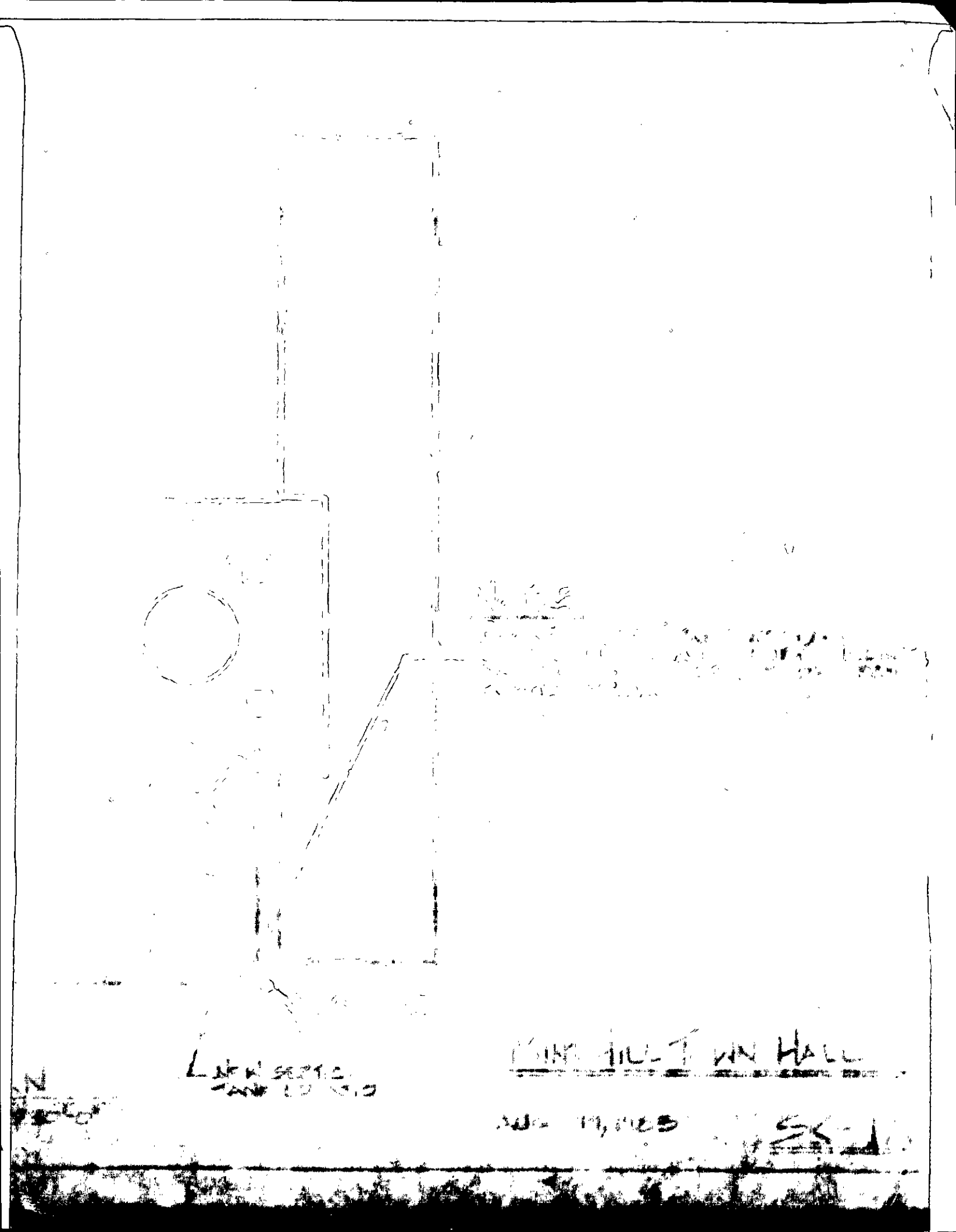
[illegible]
Division or Section Head

[signature]
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-3-80

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY



T. C. No. BT-0881-99

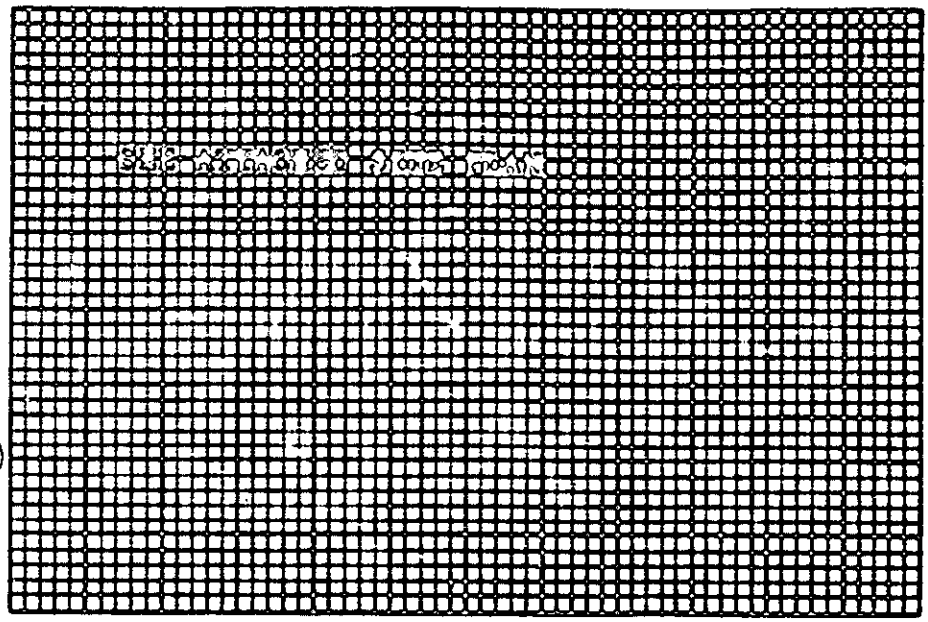
Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.




3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ____ Yes X No
Residence ____ Yes X No
5) No. of Bedrooms - 0 -
6) Business Use — Max No Employees 10
7) Washing Machine ____ Yes X No
8) Garbage Disposal X Yes ____ No
9) Dishwasher X Yes ____ No
10) Water Supply:
A) Individual Well X
B) Governmental System ____
C) Community System:
1. Well source ____
2. Governmental source ____
11) Sewage System:
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No
12) FHA Case No. ____
13) VA Case No. ____

13) NAME OF OWNER Town of Mint Hill
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P. O. Box 23077 Charlotte, N. C. 28212

15) PHONE NO. Home _____ Office 545-9726

16) LOCATION OF SYSTEM ~~2301~~ 7151 Matthews-Mint Hill Road (137-066-24)
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 4518 4521 AT PAGE 320 502

19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES X NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

2-16-83
DATE OF APPLICATION

Charles D. Mauney
SIGNATURE

# *Mecklenburg County*

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