

9900 NEWELL-HICKORY GROVE RD

10534104

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3072B DATE: 5/4/95

TC: 105 013 11 ☐ L ☐ CRT

SERIAL Nº 15449

Name of Owner Three C's Juris.:

Address of Property 9900 Newell Hickory Grove Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 280' LPP

Number of Lines 4 @ 70'

Cover Depth 4" - 6"

Water Supply Source well

Distance to Water Source 900'

Excavation Inspected 5/4/95

Tank(s) Inspected 5/4/95

Wash Line Inspected –

High Water Alarm Inspected 5/4/95

PLOT

Design: 1995, 1500 ST, 1000 DT, PI, 280' LPP, 12" Stone Precolet 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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Septic system designed for 8 employee business

Septic system installed in accordance with approved plot plan.

Philo S. Walker R.S.
Environmentalist

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

THIS AGREEMENT is made and entered into this 4 day of May, 1995 by and between Cox Landscape Management (hereinafter the "Owner") and R.C.S., INC., JOE HUDSON (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type lff system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type lff system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 9900 Newell-Hickory Grove Rd.

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type lff System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type lff System.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IFF System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request. depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 250.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 15 percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

lpp system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: 3 C's Landscaping
9900 Newell Hickory Grove Rd Charlotte

To the Contractor:
PLG, INC
PO Box 708 Monroe, NC 28111

To the Local Health Department:
Mecklenburg Environmental Health
700 North Tryon St. Charlotte NC 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

_____
(Owner)

Attest:

_____

_____
(Contractor)

Attest:

_____

(hr:mecontract.gm)

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

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9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: JC's Landscaping
9900 Newell-Hickory Grove Rd Charlotte

To the Contractor:
RLS, Inc
PO Box 708 Monroe, NC 28111

To the Local Health Department:
Meck. Co. Environmental Health
700 North Tryon St. Charlotte NC 28202

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IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

_____
(Owner)

Attest:

_____

_____
(Contractor)

Attest:

_____

(hr:mecontract.gm)

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: 3072-B DATE: 4-2095

TC: 105-013-11 ☐ L

SERIAL Nº 16504

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 11-14-94. All work shall be completed on or before 5-20-95, 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 IN ACCORD W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 16"

Absorption and/or Nitrification Lines:

Trench Width 8" feet

Trench Walls Scored and Porous yes

Total Line Length 267 feet

Number of Lines 4

Depth of Stone 10" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

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

NAME OF OWNER 3 Cs L.L.C.

LOCATION OF PROPERTY 9900 NEWELL-HICKORY GROVE RD

Comments: INSTALL IN ACCORD W

Kelly Randolph
Environmental Health Specialist

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

Mecklenburg County
Health Department

February 3, 1995

Three C's LLL
14709 Thompson Road
Charlotte, NC 28227

Dear Sirs:

Re: 9900 Newell Hickory Grove Road
File: 3072B
Parcel: 105-013-11

Receipt of your plans for an alternative waste disposal system for the above referenced property is acknowledged.

The plans submitted are approved with the following comments:

- The well should be located 100 feet from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants should utilize maximum water conservation measures whenever possible.
- Landscaping of repair area is prohibited. No grading, shaping, or altering in any way. An Improvement Permit can be issued after the enclosed "Septic Tank Agreement Form" is executed and recorded at the Mecklenburg County Register of Deeds office.

Please be advised that a contract must be executed between the system owner and a management entity prior to the issuance of an Operation Permit for this system. If you have any questions regarding this matter please call me at 336-5575.

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater Systems Program

KR:gf

Mecklenburg County
Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

THREE C"S LLL
14709 THOMPSON ROAD
CHARLOTTE, NC 28227

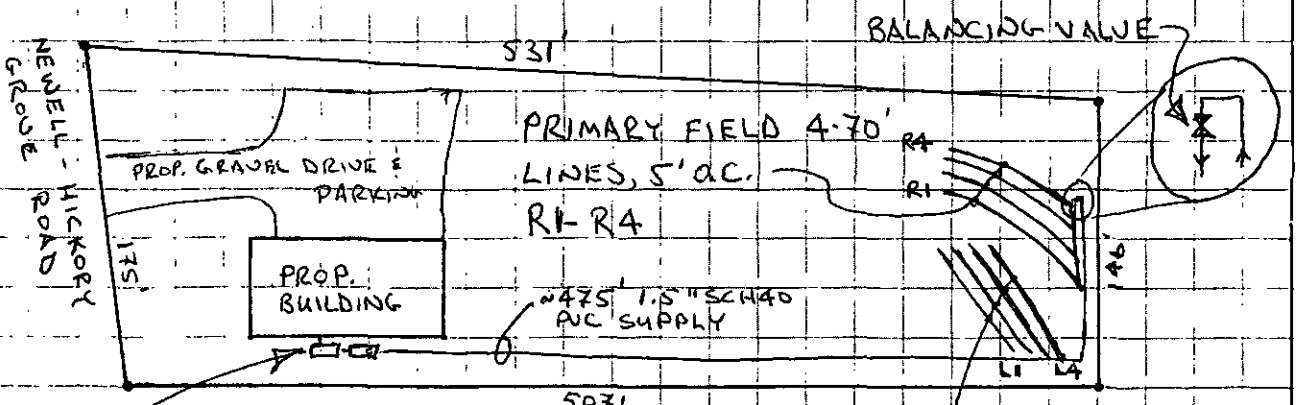
PROPOSED PLOT PLAN

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

FILE: 3072 B

TC: PO 105-013-11

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.



PROP 1500G SEPTIC & 1000G PUMP TANKS

REPAIR FIELD 4-70' LINES, 5'-O.C. L1-L4

NOTES

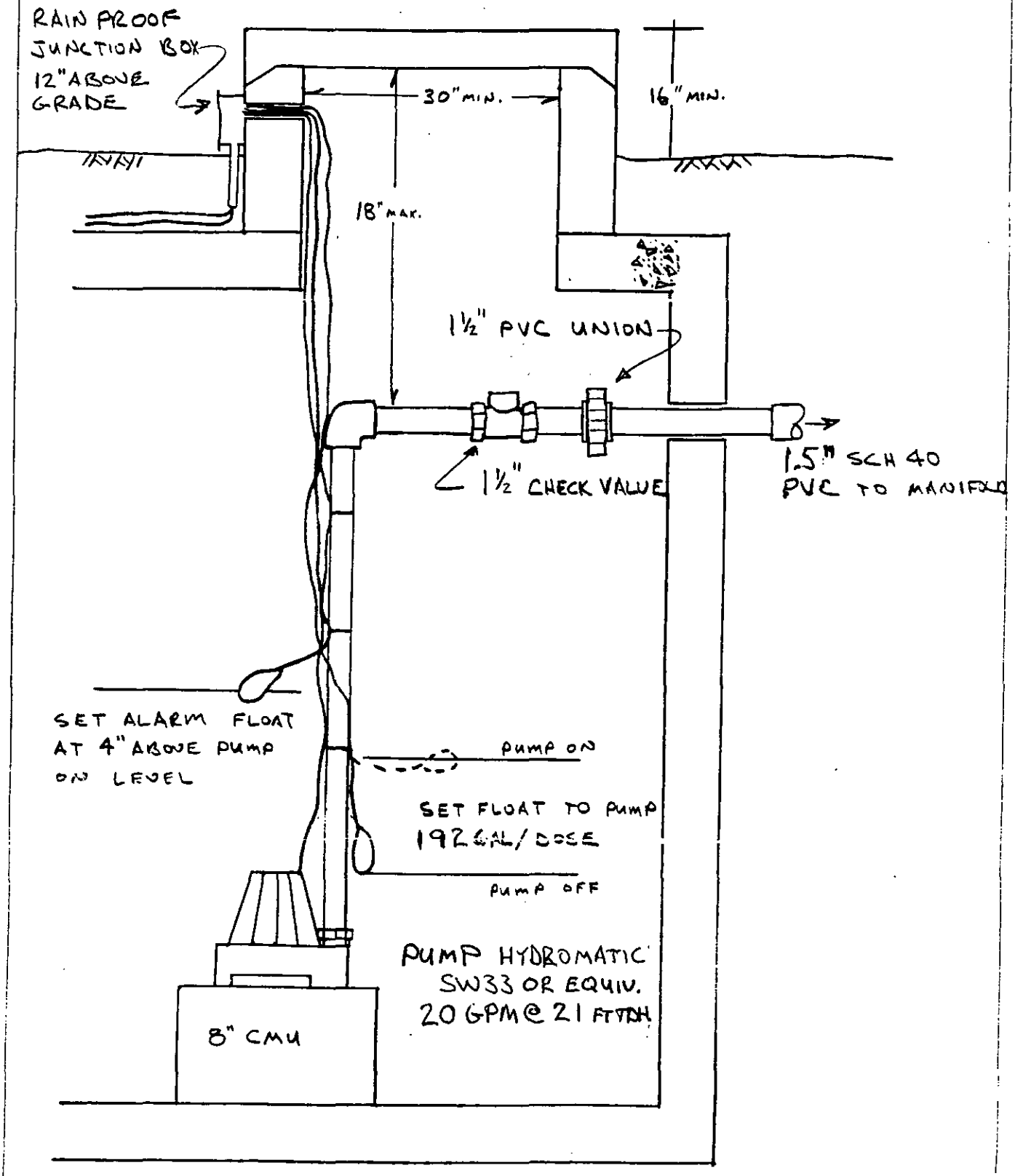
1) INSTALLATION SHALL COMPLY WITH ALL APPLICABLE PROVISIONS OF 15A NCAC 18A .1957

2) TANKS SHALL COMPLY W/TH 15A NCAC 18A .1953

3) NEW WELL, IF USED, SHALL BE NO CLOSER THAN 50' TO ANY PART OF SEPTIC SYSTEM

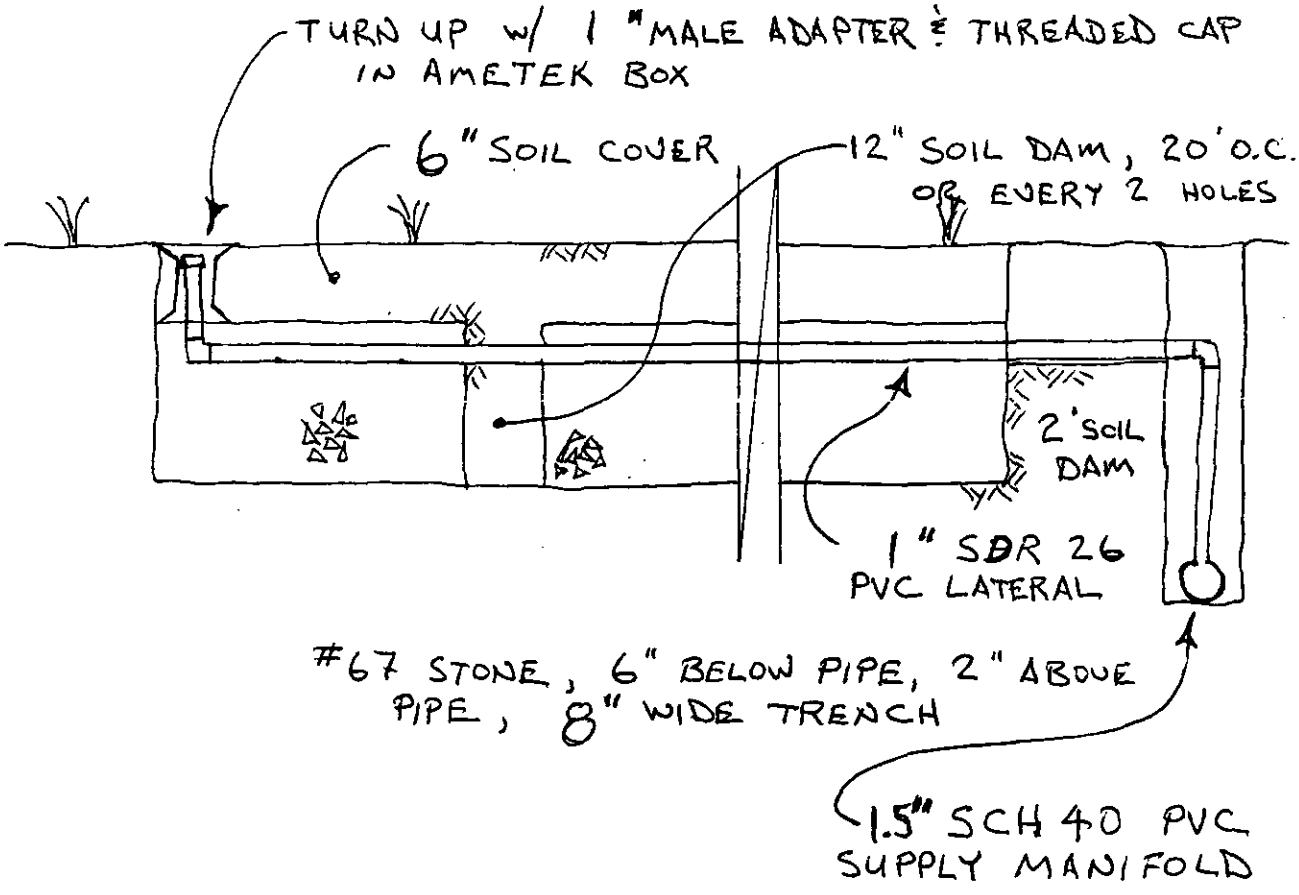
APPROVAL DATE _____

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



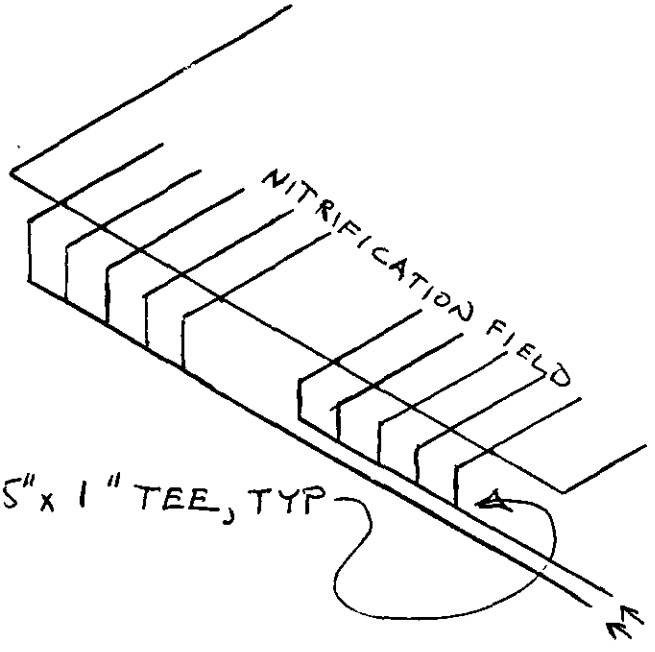
PUMP TANK DETAIL

NTS



TRENCH DETAIL

NTS



SUPPLY & MANIFOLD PIPING SCHEMATIC

NTS

LPP Specifications

Project Cox Landscaping
File # 3072 B
Tax # P0105-013-11

Daily Waste Flow	200 GPD					Lateral Diameter	1" SDR 26 PVC		
Septic Tank Size	1500 G					Lateral Config.	End Loaded		
Pump Tank Size	1000 G					Supply Line Length	70'		
Effl. Loading Rate	0.15 G/SF D					Supply Line Diameter	1.5" Sch 40		
Absorption Area	1333 SF					Manifold Placement	End		
Hole Spacing	Line #:	R1	R2	R3	R4	L1	L2	L3	L4
	Spacing,ft:	5.5	6	7	8	6	7	8	9

Lateral Data

Line #	Inv. Elev., Ft.	Head, Ft.	Hole Size, In.	Line Lngth, Ft.	# Holes	Flow/ Hole, GPM	Flow/ Line, GPM	Percent of Flow *
R1	93.96	2.5	5/32	70	12	0.45	5.4	125
R2	93.92	2.54	5/32	70	11	0.45	4.95	114
R3	93.75	2.71	5/32	70	10	0.47	4.7	108
R4	93.67	2.79	5/32	70	9	0.48	4.32	100
					Total Flow:		19.37	
L1	95	3.1	5/32	70	11	0.5	5.5	122
L2	94.88	3.22	5/32	70	10	0.51	5.1	113
L3	94.5	3.6	5/32	70	9	0.54	4.86	108
L4	94.25	3.85	5/32	70	8	0.56	4.48	100
					Total Flow:		19.94	

* Percent of flow rate of lowest line.

Elevation Head	6 Ft.	Storage In Supply	43.7 G
Friction Head	11 Ft.	Storage In Lat'ls	16.2 G
Pressure Head	4 Ft.	Total Line Storage	59.9 G
Total Head	21 Ft.	Dosing Volume	206 G
Check Valve	Yes	Dosing Duration	10.6 Minutes
Siphon Break Hole	No		
Pump Requirements	20 GPM @ 21 Ft. TDH, Goulds WE03L, Hydromatic SW33, or Equivalent		

LPP Calculations

Project Cox Landscaping
File # 3072B
Tax # PD105-013-11

1) Daily Waste Flow: 8 Emp x 25 GPD/Emp = 200 GPD

2) Absorption Area: 200 GPD / 0.15 GPD/SF = 1333 SF

3) Trench Length: 1333 SF / 5 LF/SF = 267 LF

4) Friction Head: 475 LF x 2.46 Ft/100LF = 11 Ft

5) Supply Volume: 475 LF x 9.2 Gal/100LF = 43.7 Gal

6) Lateral Volume: 280 LF x 5.8 Gal/100LF = 16.2 Gal

7) Dosing Volume: 43.7 Gal + 10 x 16.2 Gal = 206 Gal

8) Dosing Duration: 206 Gal / 19.4 GPM = 10.6 Min

TO FILE WALKER

COX LANDSCAPING

062-987458 pd $150.00 cash 10/19/95 ck #028141 $2,450.00

pd $150.00 ck # 28562 11/16/94 FR CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3072B

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

(704)336-5102 105-013-11

PERSON FILING APPLICATION:
NAME: MYRICK CONSTRUCTION Inc (last) (first) (mi)
ADDRESS: P.O. Box 728 PHONE: (910) 428 2106
CITY: Biscoe STATE: NC ZIPCODE: 27209

Date: 11-14-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: ~~105-013-11~~ 105-013-05
STREET ADDRESS: 9900 Newell Hickory Grove Rd
ZONING: Soiltest 20315

PROPERTY OWNER:
NAME: Three C's LLC (last) (first) (mi)
ADDRESS: 14209 Thompson Rd PHONE: (704) 596-4428
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in 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)
[ ] 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 Landscaping # Employees 5 Per Shift 1
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] 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: Myrick Const. Date: 11-14-94

NOTICE:

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 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.

... LPP TYPE IV

CERTIFIED OPERATOR REQ.

AGREEMENT FORM ON FILE

[X] 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 2-6-95 Date

WWATER : 12279

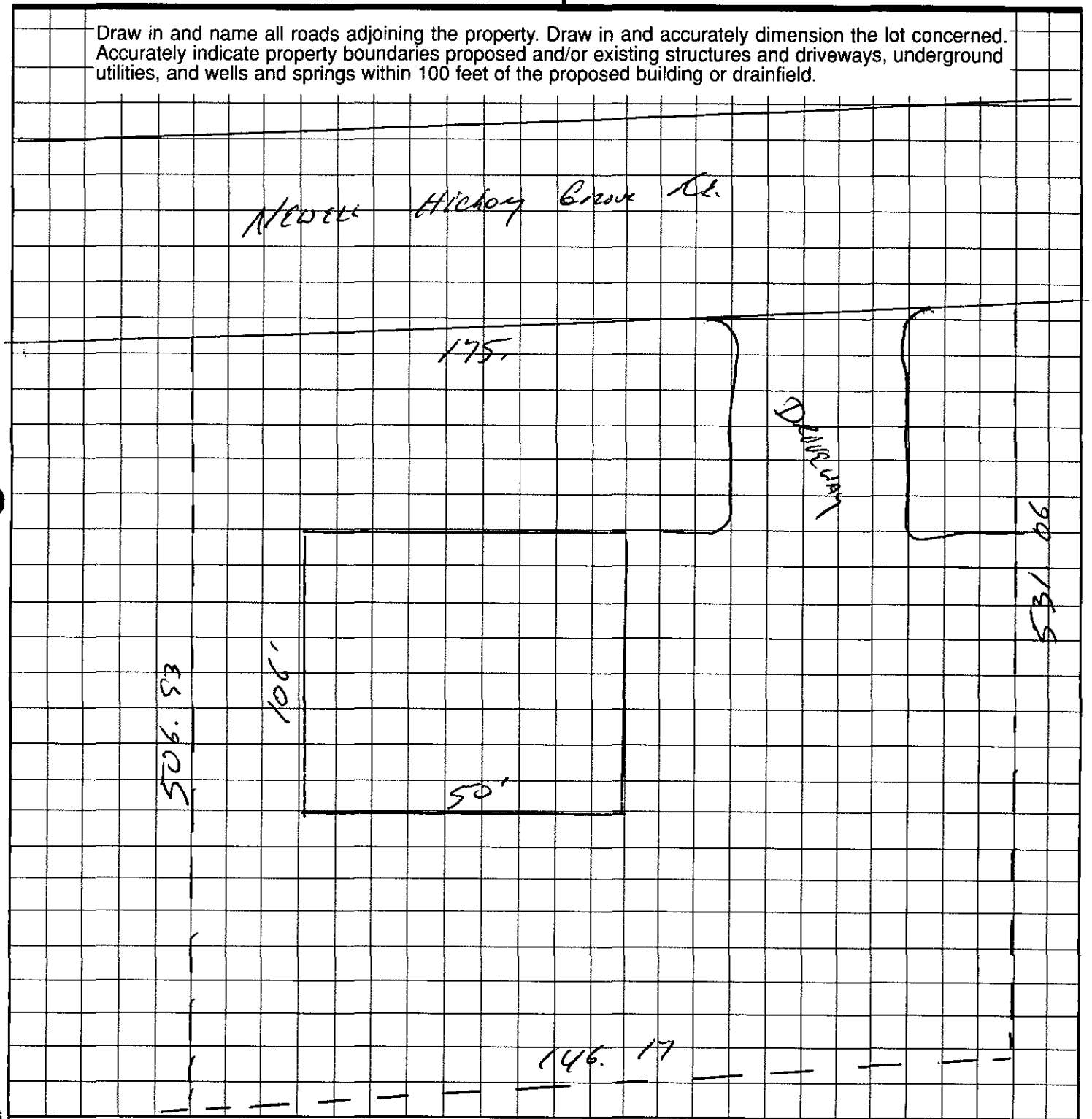
PROPOSED PLOT PLAN

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

FILE: 3072B

TC: 105-013-11

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.



Myrtle Coast.

OWNER/AGENT SIGNATURE

DATE 11-16-94

APPROVAL DATE _____

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

BK: 08049 PG: 0737/0739 #:0107 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 02/03/95 12:53

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3072B
PARCEL # 105-013-11

The undersigned, Three C's LLC - BRAD Cox, owner of property located at 9900 Newell Hickory Grove Rd, (the "site") and described in an instrument recorded in Book 7861 at Page 260, 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 his responsibility 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: BRAD Cox
Mail after recording to: 14709 Thompson Rd Charlotte N. C. 28227

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 3rd day of Feb., 1995.

Three C's LLC
(Corporate Name)

By: Brad Cox
manager

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DEBRA A. SAUNDERS, a Notary Public for said County and State, do hereby certify that BRAD COX, MANAGER OF THREE C'S LLC personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 3RD day of FEBRUARY, 1995.

Debra A. Saunders
Notary Public

My Commission Expires:
[illegible]

DEBRA A. SAUNDERS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

RBCWM:2662_1/3-14-94

Mecklenburg County
Health Department

December 13, 1994

Three C's LLC
14709 Thompson Road
Charlotte, NC 28227

Re: 9900 Newell Hickory Grove Road
File: 3072B
Parcel: 105-013-11

Dear Sirs:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1943 SOIL DEPTH
(a) Soil depths to saprolite, rock, or parent material greater than 48 inches shall be considered SUITABLE as to soil depth. Soil depths to saprolite, rock, or parent material between 36 inches and 48 inches shall be considered PROVISIONALLY SUITABLE as to soil depth. Soil depths to saproline, rock, or parent material less than 36 inches shall be classified UNSUITABLE as to soil depth.
(b) Where the site is UNSUITABLE with respect to depth, it may be reclassified PROVISIONALLY SUITABLE after a special investigation indicates that a modified or alternative system can be insatlled in accordance with Rule .1956 or Rule .1957 of this Section.

For these reasons, the plans as submitted are disapproved: However, state regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 18A .1948 (c) are met.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

Terry Nichols 599-2408 2048

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd 150.00 ck# 28562 11/16/94 DV ☐ CRT

3072B

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

(704)336-5102 105-013-11

Date: 11-14-94

PERSON FILING APPLICATION:
NAME: MYRICK (last) CONSTRUCTION Inc (first) (mi)
ADDRESS: P.O. Box 728 PHONE: (910) 428 2106
CITY: Biscoe STATE: NC ZIPCODE: 27209

PROPERTY INFORMATION (FROM ENGINEERING FORM): 105-013-11
TAX/PARCEL NUMBER: ~~R0105-013-05~~
STREET ADDRESS: 9900 Newell Hickory Grove Rd
ZONING: Soiltest 20315

PROPERTY OWNER:
NAME: Three C3 LLC (last) (first) (mi) 596-4488
ADDRESS: 14709 Thompson Rd PHONE: (704) 596-4488
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 1 Charlotte ☐ 2 Davidson ☐ 3 Cornelius ☐ 4 Pineville ☐ 5 Matthews ☐ 6 Huntersville ☐ 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 M)
☐ 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 Landscaping # Employees 8 Per Shift 1
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) ___ Type _____

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 ☐ 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: Myrick Const. Date: 11-14-94

NOTICE:

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 Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

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...This permit is not transferable.

...12/7/94 Met B. Medlin prospective buyers on site. Area located in back of property located for possible LPP system (Shallow soils 24"-32") Suggested they contact engineer to design LPP system and submit plan.

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

Environmentalist Date

Director or Authorized Section Head Date

26
50
1300

WATER : 122

10 AM 12-7-94

If I may be of any assistance, please feel free to contact me at 336-5570.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

cc: Myrick Construction, Inc.

Terry Nichols 599-2408 2048

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P/d 150 clt 2 psc 11/16/94 D/ ☐ CRT

3072B

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

(704)336-5102 105-013-11

PERSON FILING APPLICATION:
NAME: MYRICK (last) CONSTRUCTION (first) Inc (mi)
ADDRESS: P.O. Box 728 PHONE: (910) 428 2106
CITY: Biscoe STATE: NC ZIPCODE: 27209

Date: 11-14-94

PROPERTY OWNER:
NAME: Three Cs LLC (last) (first) 596-4488 (mi)
ADDRESS: 14709 Thompson Rd PHONE: (704) 596-4488
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM): 105-013-11
TAX/PARCEL NUMBER: ~~R0105-013-05~~
STREET ADDRESS: 9900 Newell Hickory Grove Rd
ZONING: Soiltest 20315

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

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LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
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☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
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COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Landscaping # Employees 5 Per Shift 1
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) ___ Type _____

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Signed: Myrick Const. Terry Nichols Date: 11-14-94

NOTICE:

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☐ 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 : 122

26 50 1760

LPP letter mailed 10 AM 12-7-94 12/13/94 RSW

PROPOSED PLOT PLAN

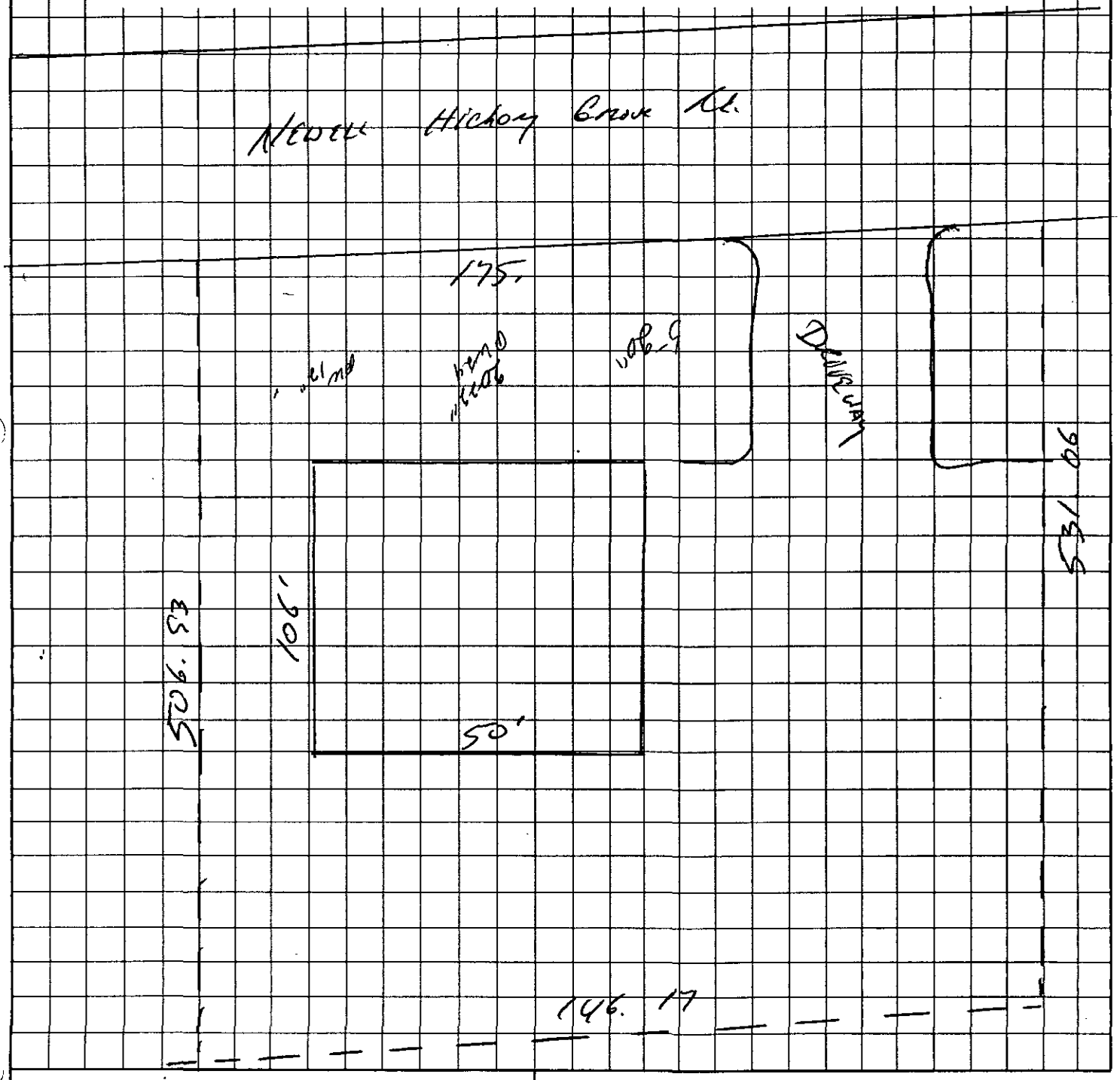
COPY

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

FILE: 3072B

TC: 105-013-11

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.



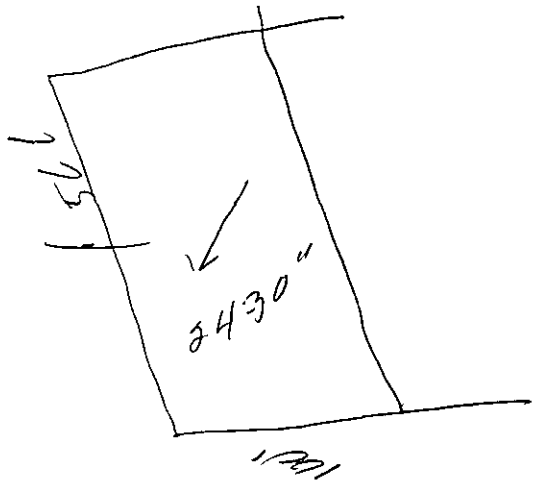
Myrtle Coast

OWNER/AGENT SIGNATURE

DATE 11-16-94

APPROVAL DATE _____

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


2430'

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20528

File: 3011B Action 2

Parcel: 1:5-113-11 ☐ PC

Location: 9900 Newell Hickory Grove Rd

Subdivision:

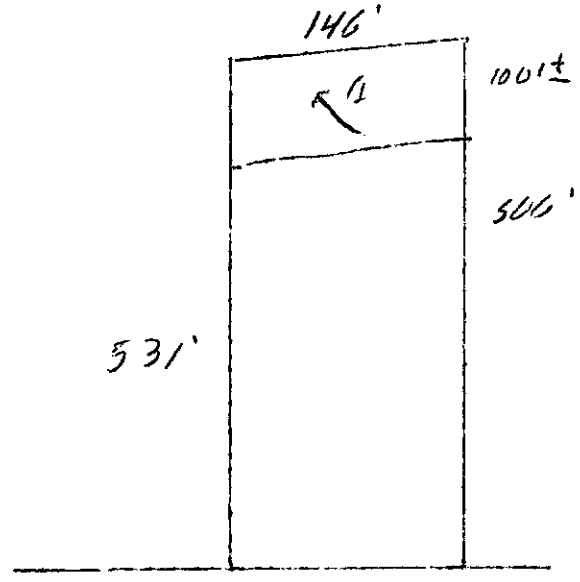
Lot: Block: Acres: .34

Owner: Three C's LLC
Address: 14709 Thompson Rd
Charlotte, N.C. 28278

Comments: ~~146 x Approx, .15 LTAR~~

Described by: William R. Meeks

Date: 12-7-91



*** 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 2-9%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" To soil limitations	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-33"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	IIe Pacolet					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

3072B [Bldg. up 120']

R/WAY

C.P., RIP RAP & DROP CURB PER CO. & D.O.T. STANDARDS

NEWELL - HICKORY GROVE ROAD

GRAVEL DRIVE & PAVING

26'-0"

12'-0"

S 27 55' 14" E
175.00'

18'-0"

26'-0"

9'-0" 9'-0"

63'-2"

20'-0"

5'-0"

13'-0"

80'-0"

40' F.Y. SETBACK

PROPOSED SEPTIC FIELD, TANK, & DISTR. BOX LOCATION

8 SPACES @ 9'=72'-0"

N 76 43' 31" E
531.06'

GRAVEL LOT

18'-0" 8'-0" 5'-0"

3 SPACES

106'-0"

4" CONC. SIDEWALK

4' W. CONC. APRON

82'-0"

50'-0"

24'-6"

REPAIR AREA

S 73 57' 36" W
506.93'

LIMITS OF SITE CLEARING (.75 ACR

2.5 ACRES

5,000 S.F. ONE-STORY BUILDING

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20528

Δ400

File: 3072B Action 2

Parcel: PO 105-013-11 ☐ PC

Location: 9900 Newell Hickory Grove Road

Subdivision:

Lot: Block: Acres: .34

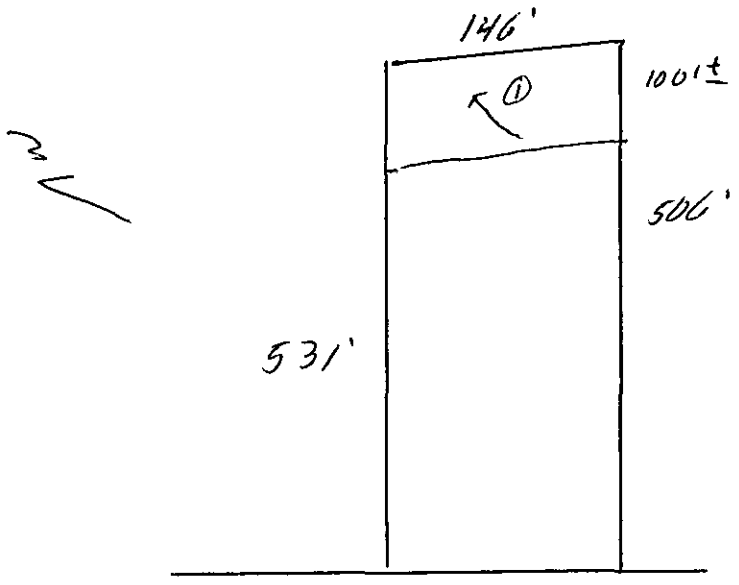
Owner: Three C's LLC

Address: 14709 Thompson Rd
Charlotte, N.C. 28227

Comments: 100% Repair, .15 LTAR

Described by: William R. Marks

Date: 12-7-94



***** 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 2-6%	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 subL Blocky	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage >36" To soil wetness	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-33"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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 Porolet Like					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

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

DATE: 11/16/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 105-013-11

ASSIGNED ADDRESS 9900 Newell-Hickory Grove Rd

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: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

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

April 15, 1994

John B. McLaughlin
Box 158
Newell, NC 28126

RE: Property located at Newell-Hickory Grove Road
FILE: 3072B/9443A
PARCEL: 105-013-05PO

Dear Mr. McLaughlin:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20315) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw
Enclosure (2)

KLENBURG COUNTY HEALTH DEPARTMENT
E EVALUATION REPORT
RIAL NUMBER 20315

File: 3072B/9443A Action 2

Parcel: PO 105-013-05 PC

100%

cation: Newell-Hickory Grove Road

ubdivision:

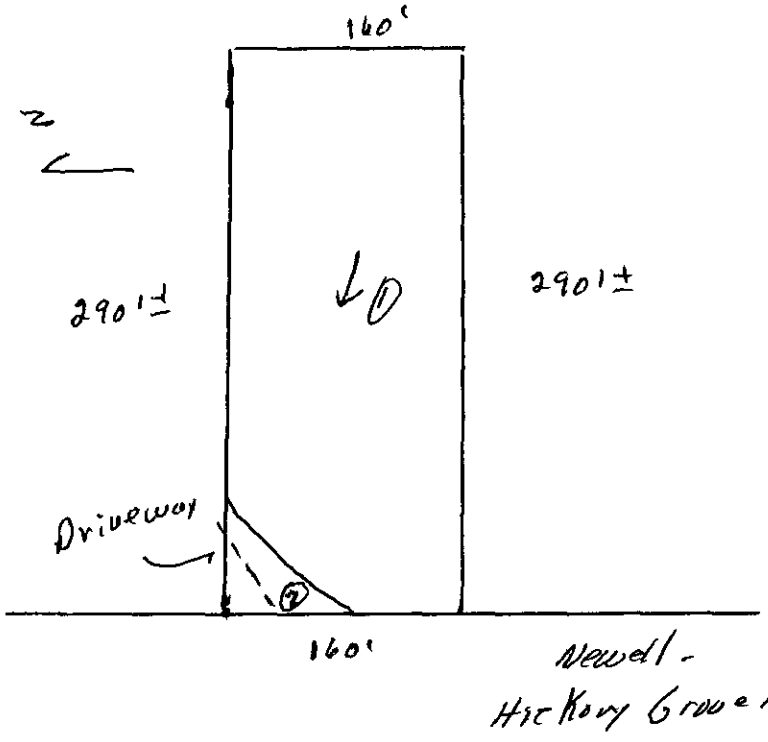
Lot: Block: Acres: 1.0

Owner: John B. McLaughlin
Address: Box 158
Newell, N.C. 28126

Comments: 100% Repair, .3 gal/ft²/day LTAR, one deep boring (41") found on rear area investigated.

Described by: William A. Marlin

Date: 4-15-94



***** 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 2-6%	S PS U	S PS U	S PS U	S PS U
Texture slightly Expansive clay	S (PS) U	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure Sub-Blocky	S (PS) U	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" water	S PS (U) some perched water	S PS U 34-36"	S PS U	S PS U	S PS U
Depth	S PS (U) 15-29"	S PS (U) 30-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U) Restricted	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 Pacolet-Lille	IV Series Not Determined				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20315

File: 3r 13B/1443A Action ____
Parcel: pr 115- 13-15 PC

Location: [illegible]

Subdivision:

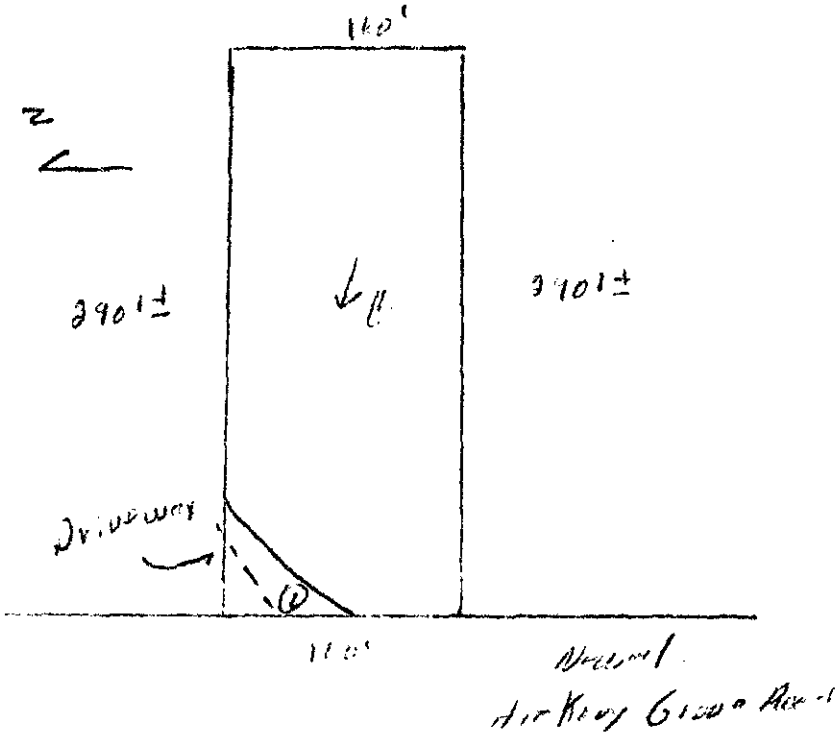
Lot: Block: Acres: 1.1

Owner: [illegible]
Address: Box 151
[illegible] N.C. 28127

Comments: [illegible] 4" [illegible] 2gal/ 24 hr. [illegible] LTAR, [illegible] drop [illegible] 41") [illegible] in rear [illegible] investigation.

Described by: [illegible]

Date: 4/15/14



***** 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 2-6%	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub-Blocky	S (PS) U sub-Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24"-30"	S PS (U) Seasonal 3 mo. water	S PS U 34-36"	S PS U	S PS U	S PS U
Depth	S PS (U) 15-21"	S PS (U) 30-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 24"	S, PS U 24"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS (U) Restricted	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	III Pacolet & [illegible]	III Series not determined				
Area Classification	S PS (U)	S PS, U	S PS U	S PS U	S PS U	S PS U

3072B/9443A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #50 4/5/94 Ck #4013

[] 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

COPY

PERSON FILING APPLICATION:
NAME: McLAUGHLIN (last) JOHN (first) B (mi)
ADDRESS: Box-158 PHONE: (704) 596-0845
CITY: NEWELL STATE: N.C ZIPCODE: 28126

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-013-05
STREET ADDRESS: NEWELL-HICK GROVE
ZONING: I-1 (P)

PROPERTY OWNER:
NAME: McLAUGHLIN (last) JOHN (first) B (mi)
ADDRESS: Box-158 PHONE: (704) 596-0845
CITY: NEWELL STATE: NC ZIPCODE: 28126

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 2

TYPE APPLICATION (check one):
[X] 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)
[] 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 _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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 [] 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: John B McLaughlin Date: 4-5-94

NOTICE:

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 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

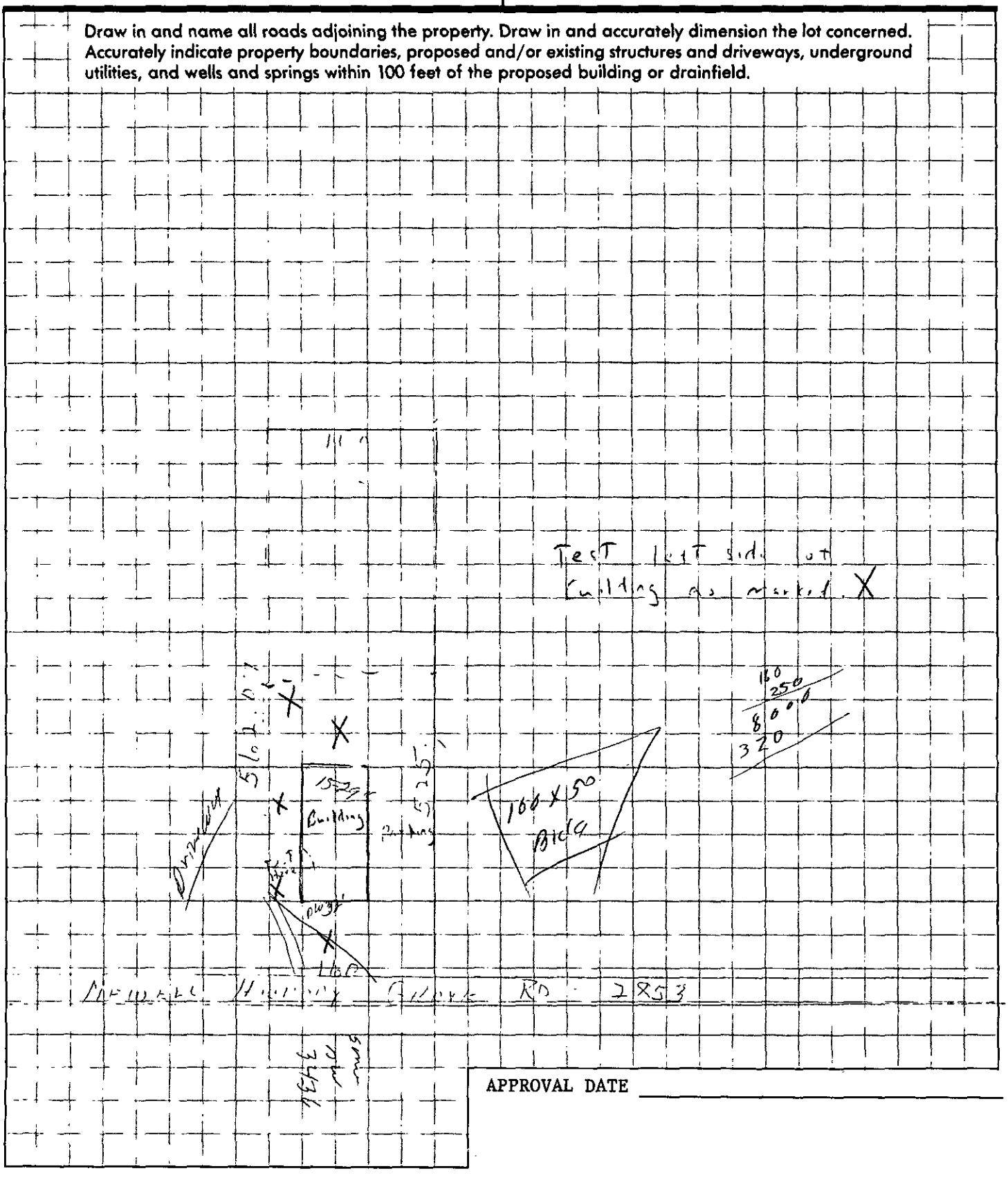
PROPOSED PLOT PLAN

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

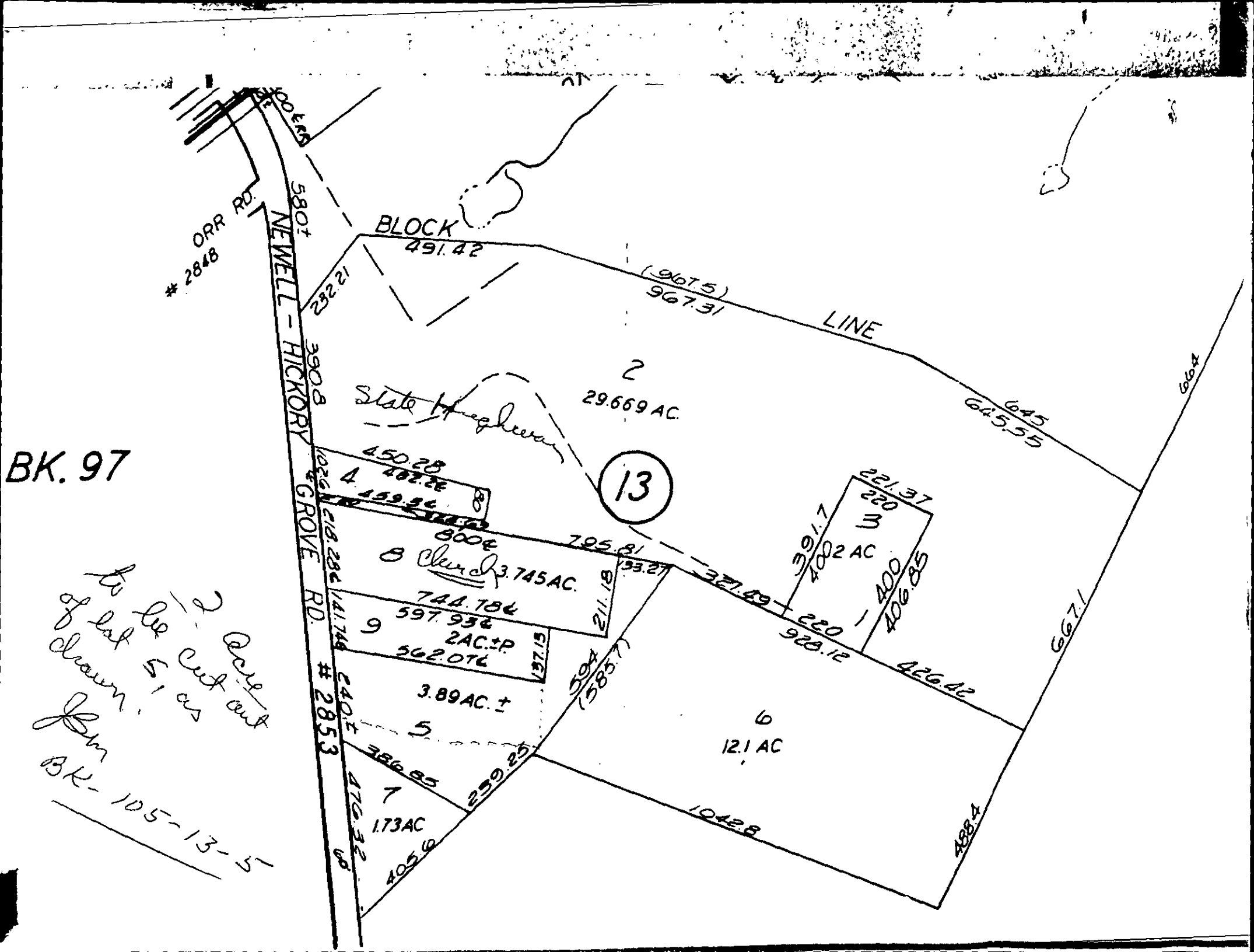
FILE: 3072B/1/1/3A

TC: 105-013-85

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


BK. 97
ORR RD.
2848
NEWELL - HICKORY GROVE RD.
2853
580±
BLOCK
491.42
232.21
390.8
(967.5)
967.31
LINE
2
29.669 AC.
State Highway
645
645.55
664
450.28
402.2±
4
459.2±
8
800±
795.81
33.27
8 Church 3.745 AC.
744.78±
597.93±
211.18
9
2AC.±P
562.07±
137.13
3.89 AC.±
5
386.85
259.25
7
1.73 AC
405.0
476.32
60
504
(585.7)
6
12.1 AC
1042.8
488.4
667.1
221.37
220
3
391.7
400.2 AC
400
406.85
220
928.12
426.42
13
1/2 Acre to be cut out of Lot 5 as shown.
BK- 105-13-5

3072B/9443A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. $50 4/5/94 Ck. # 4013

[ ] 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:

PERSON FILING APPLICATION:
NAME: McLAUGHLIN (last) JOHN (first) B (mi)
ADDRESS: Box-158 PHONE: (704) 596-0845
CITY: NEWELL STATE: N.C ZIPCODE: 28126

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ZONING: I-1 (T)

PROPERTY OWNER:
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ADDRESS: Box-158 PHONE: (704) 596-0845
CITY: NEWELL STATE: NC ZIPCODE: 28126

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 2

TYPE APPLICATION (check one):

[X] 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)
[ ] 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 _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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):
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[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: John B McLaughlin Date: 4-5-94

NOTICE:

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 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
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Environmentalist Date

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WWATER : 122791

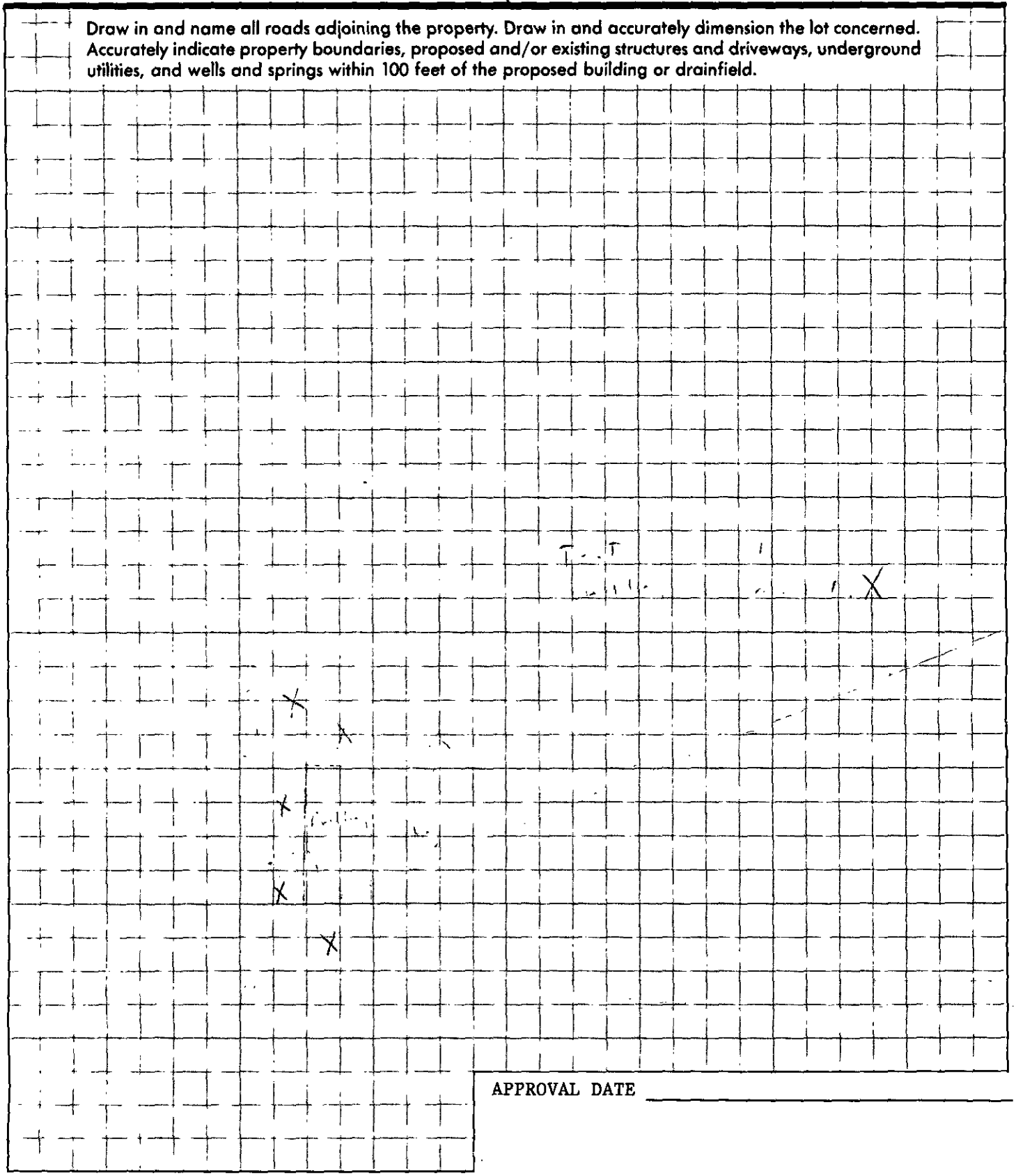
PROPOSED PLOT PLAN

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

FILE: _____

TC: 05-013-05

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.



APPROVAL DATE _____

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

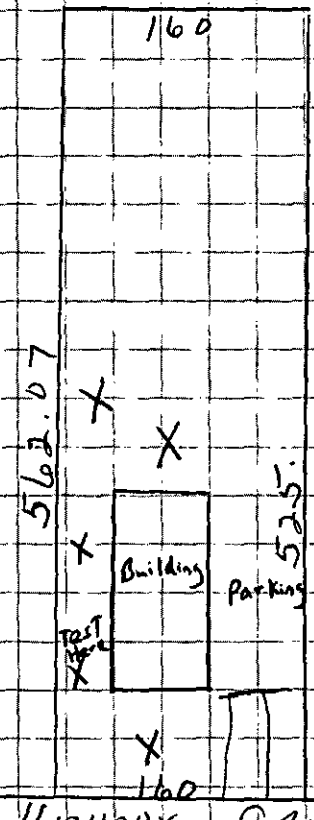
PROPOSED PLOT PLAN

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

FILE: 30720/9443A

TC: 105-013-85

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.



Test left side of Building as marked. X

NEWELL HICKORY GROVE RD - 2853

APPROVAL DATE _____

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

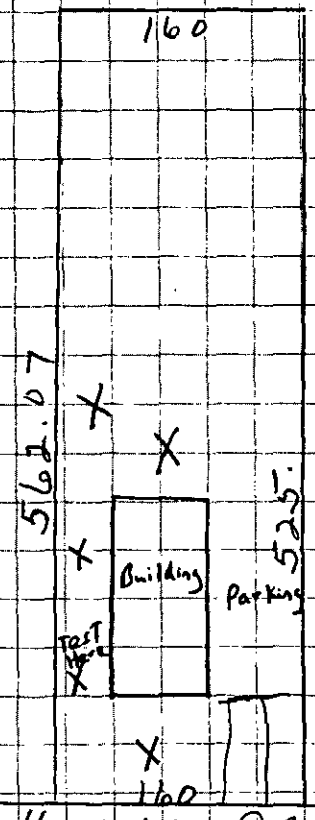
PROPOSED PLOT PLAN

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

FILE: 30220/1443A

TC: 105-013-05

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.



Test left side of Building as marked. X

NEWELL HICKORY GROVE RD - 2853

APPROVAL DATE _____

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