Rec'd 10 CL 4/6/11 5/3/11

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

File # JPM 5047 7187B

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(●) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: DJ Johnson
ADDRESS: PO Box 33068
CITY: Charlotte
STATE: NC ZIP: 28203
PHONE:
ALTERNATE PHONE:
E-MAIL: djjohnson@piedmontng.com

PROPERTY OWNER: [✓] SAME AS PERSON FILING APPLICATION
NAME: Piedmont Natural Gas
ADDRESS: PO Box 33068
CITY: Charlotte
STATE: NC ZIP: 28203
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 015-201-05
STREET ADDRESS: 11001 McCoy Road
CITY: Huntersville
STATE: NC **ZIP:** 28078

SUBDIVISION OR MOBILE HOME PARK NAME: n/a
LOT #:

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
( ) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: [ ] N/A
TYPE OF BUSINESS: natural gas storage facility
EMPLOYEES PER SHIFT: 4 / 1
OF SHIFTS: 3

INDUSTRIAL WASTES? ( ) YES (●) NO
UNDERGROUND STORAGE TANKS? ( ) YES (●) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[ ] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 5/3/2011

P# 312258

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

O.K. to use Existing system for a storage shed addition with a bathroom facility. Jimmy Martin, R.S. 6/15/11

FEE: 100 CK
DATE: 6/25/10 3057
CRT # 1 JC

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 7187B

TYPE APPLCATION: 4683 JPM

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☒ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: MARC BATCHELDER
ADDRESS: 430 WEST ROAD
CITY: PORTSMOUTH
STATE: NH ZIP: 03801
PHONE: 603-373-1230
ALTERNATE PHONE: 603-498-6547

1) Harry Rewels (603) 498-6548
2) Gary Northrup (704) 875-1305

PROPERTY OWNER:
NAME: PIEDMONT NATURAL GAS
ADDRESS: 11001 McCOY ROAD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
PHONE: 704-731-4496
ALTERNATE PHONE: 704-622-3558

JOB LOCATION INFORMATION
TAX/PARCEL #: 015-201-05
STREET ADDRESS: 11001 McCOY ROAD
CITY: HUNTERSVILLE
STATE: NC **ZIP:** 28078
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #:

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

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

RESIDENTIAL PROPERTY TYPE: N/A
- ☐ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: NATURAL GAS
EMPLOYEES PER SHIFT: 3-8
OF SHIFTS: 3

INDUSTRIAL WASTES? ☐ YES ☒ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE: N/A
- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☒ OTHER MECHANICAL ROOM

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Marc Batchelder — Owner's/Agent's Signature
6/24/2010 — Date

*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 y this Department.
- This permit is not transferable.

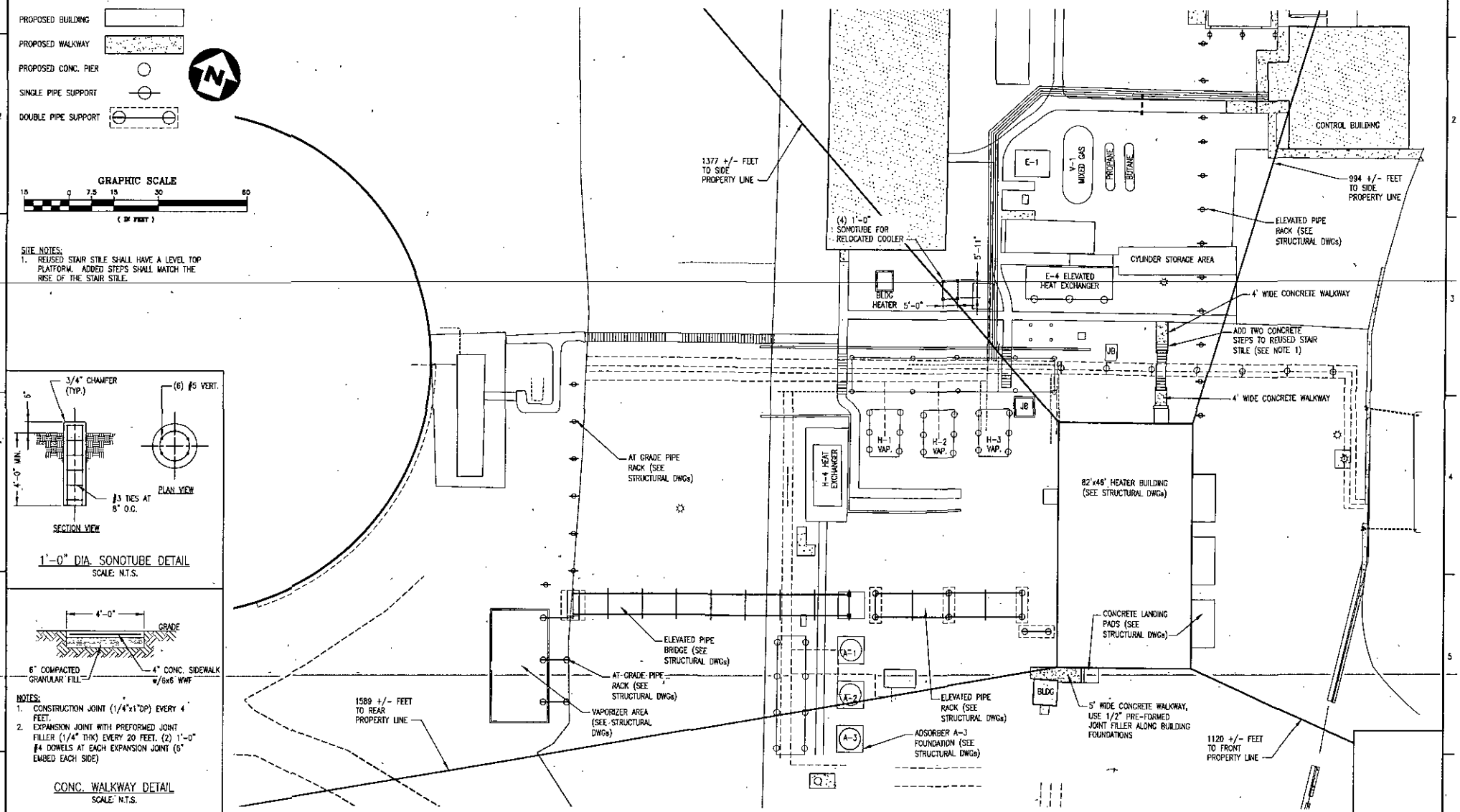
☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

O.K. TO UES FOR A HEATER BUILDING ADDITION

EHS Signature — Date: 6/30/10

3112 72

File # 7187B



REVISIONS	DESCRIPTION	DESIGN APPROVAL	REVISIONS	DESCRIPTION	DESIGN APPROVAL	REVISIONS	DESCRIPTION	DESIGN APPROVAL
BY MRB CHKD PCD DATE 6/4/10	FOR CONSTRUCTION	MRB	BY CHKD DATE			BY CHKD DATE		
BY MRB CHKD PCD DATE 6/15/10	ADDED 1'-0" DIA. SONOTUBE DETAIL	MRB	BY CHKD DATE			BY CHKD DATE		

THIS DRAWING HAS BEEN PREPARED FOR AND IS THE PROPERTY OF CHI AND IS TO BE USED ONLY IN CONNECTION WITH PERFORMANCE OF WORK BY CHI. REPRODUCTION IN WHOLE OR PART FOR ANY OTHER PURPOSE IS EXPRESSLY FORBIDDEN.

CHI ENGINEERING SERVICES,INC.
PORTSMOUTH, NEW HAMPSHIRE 03801

FOR:
LNG PLANT UPGRADES
PIEDMONT NATURAL GAS
LNG FACILITY
HUNTERSVILLE, N.C.

PROJ NO : PNGX10002
BY : MRB
CHKD : PCD
DATE : 4/19/2010
PETER DIRKSEN
ENGINEERING SUPERVISOR

TITLE:
CIVIL
SITE PLAN
PHASE 1

DWG NO : C3
REV. 1
SCALE : AS NOTED
SHT : 1 OF 1

FILE NUMBER: 7187B 4/20/07 Rec'd $100 Ck #327 for add'l site visit gc

Revised On: January 3, 2007

APPLICATION NUMBER: 2433

SEPTIC FEE: 400
DATE: 6/26/07
CK# 51468 JPA

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

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

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 01520105
STREET ADDRESS: 11001 McCoy RD.
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
LOT #: 2120 LOT SIZE (acres): 201.01
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☒ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS: NEW BUILDING: OFFICES UTILITY
☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 1500 SF.
NUMBER OF EMPLOYEES PER SHIFT: 4
NUMBER OF SHIFTS: 1 NUMBER OF SEATS: 4
TYPE OF WASTEWATER GENERATED:
☒ DOMESTIC SEWAGE ☐ INDUSTRIAL WASTEWATER
☐ OTHER _____

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

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☒ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☒ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☒ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☒ NO

10. PROPERTY OWNER:

NAME: PIEDMONT NATURAL GAS CO.
ADDRESS: P.O. Box 1968
CITY: CHARLOTTE
STATE: NC ZIP: 28201
HOME PHONE: —
WORK PHONE: 704.731.4221 FACILITIES MGMT. DJ JOHNSON
MOBILE PHONE:
FAX: 704.731.4095

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS: T. D. Howe
CITY:
STATE: ZIP: 704-875-1305
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1971 (?)

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

D Johnson 6/18/07

Property Owner's or Owner's Legal Representative Signature Date

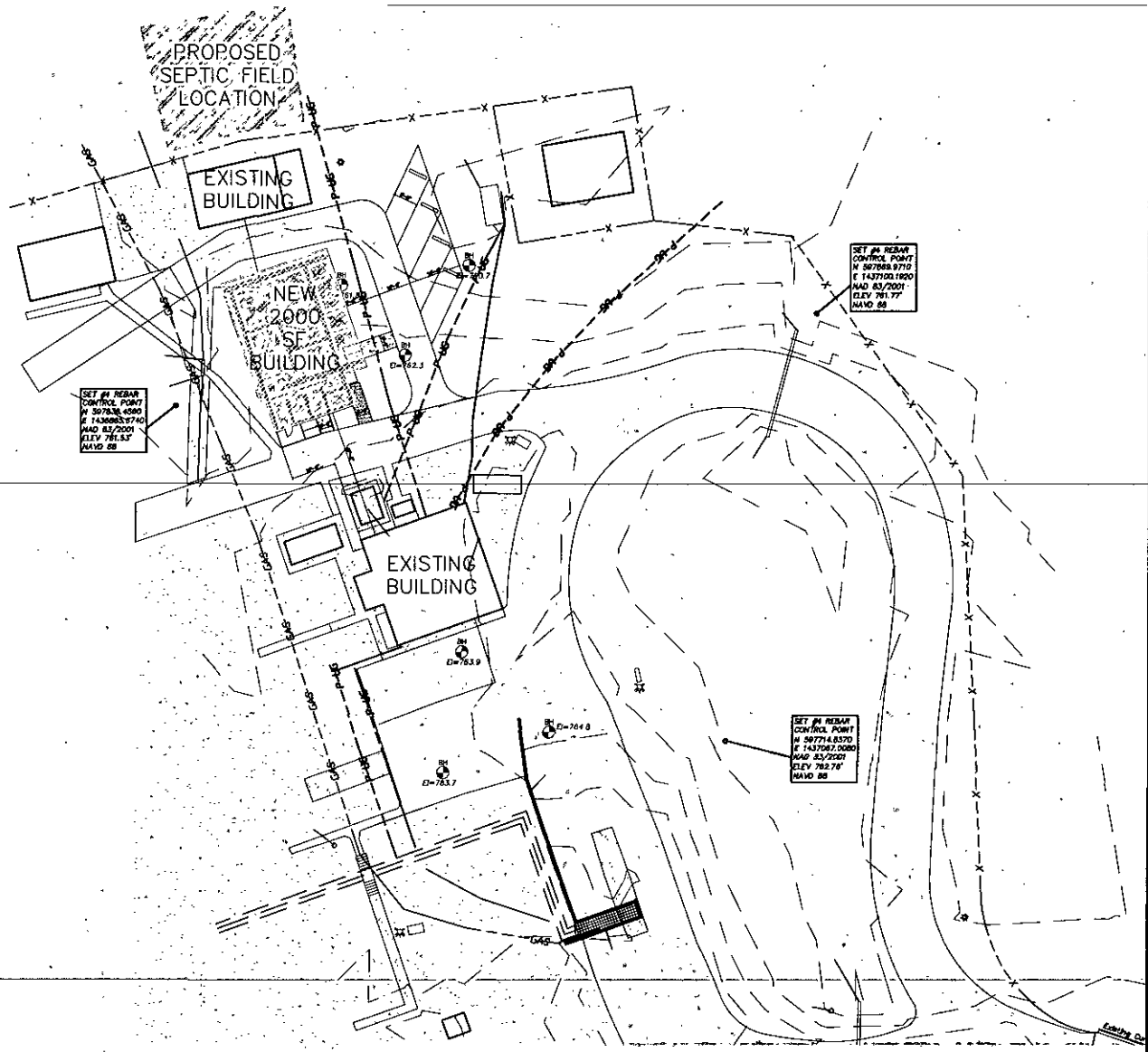
15. WELL PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☒ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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



1 PROPOSED SITE PLAN

1" = 40'-0"

C design Inc.
1000 West Morehead Street
Suite 170
Charlotte, NC 28208
P 704.331.0093
F 704.331.0083

NOT FOR CONSTRUCTION

Piedmont Natural Gas
Huntersville -
Office Building

OWNER'S REPRESENTATIVE:
DJ Johnson

Groundwater
& Wastewater
Services Submittal

Project Number: 0604.0089
Date: 08.22.07

Copyright 2006, C Design Inc.

Jun. 6. 2003 5:25PM EAGLE ENGINEERING No. 5/p 2

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

Sheet: 1 of 2
Property ID: 015-201-05
Lot #:
File #: 7187B
AppID: 2433

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Piedmont Natural Gas Co.
Applicant:
Address: PO Box 1968, Charlotte, N. C. 28201
Date Evaluated: 7/5/07
Proposed Facility: Office
Design Flow (.1949): 300 GPD
Property Size: .25a
Location of Site: 11001 McCoy Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		4-48	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
2	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-48	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-48	SBK/ABK/C	FI/SEXP/S/P					
4	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-36	SBK/ABK/C	FI/SEXP/S/P					
5	"	0-3	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		3-48	SBKABK/C	FI/SEXP/S/P					
6	"	0-4	GR/CL	FR/SEXP/SS/SP	>51" TO SOIL WETNESS	51	"	"	"
		4-51	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .25GPD/FT^2				
				ADDITIONAL INV. MADE	4/30/08, WRM, JPM				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III b	III b
Site LTAR	0.25	0.25

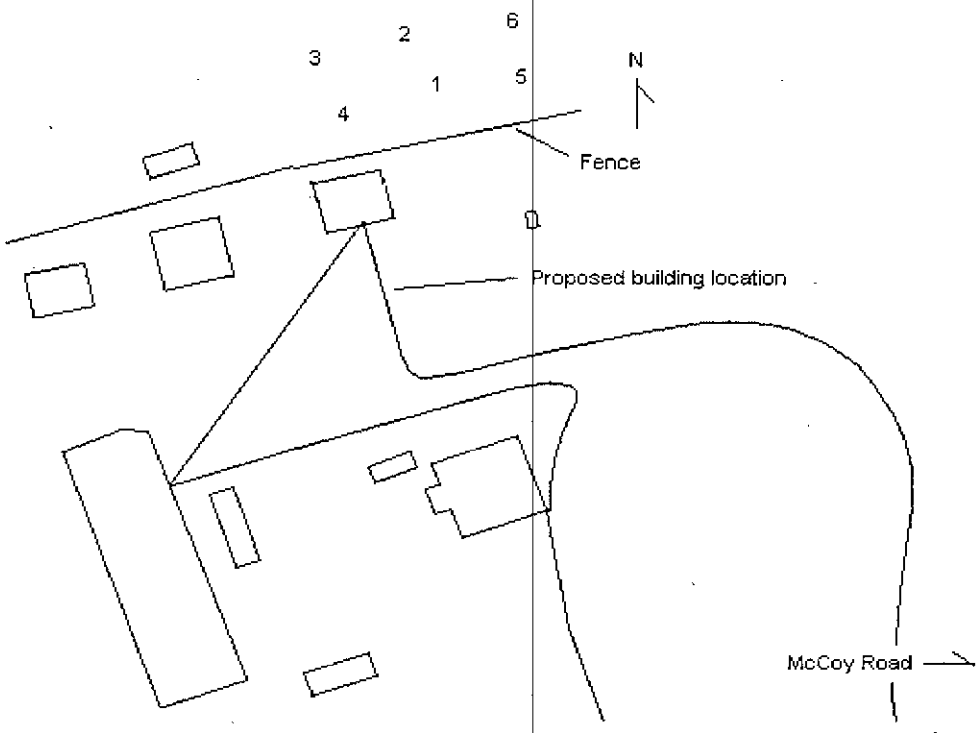
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 7/9/2007,
Others Present: T. D. Howe
Site Classification (.1948): PS
Site Evaluation By: JPM
Others Present:

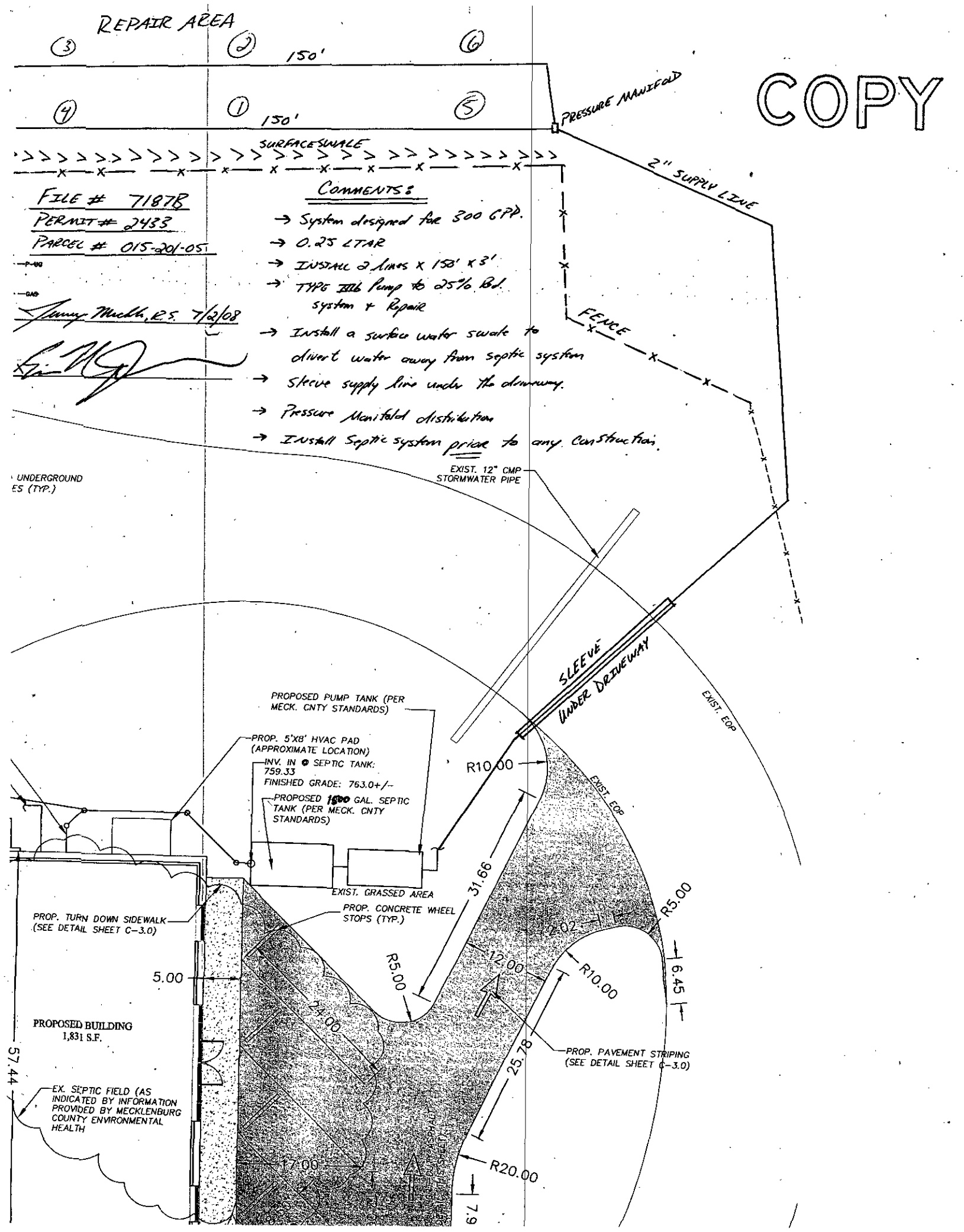
COMMENTS:
Not sure if 100% repair required

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

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

Sketch of Soil Evaluation Locations




REPAIR AREA
3
2
6
150'
4
1
150'
5
PRESSURE MANIFOLD
SURFACE SWALE
2" SUPPLY LINE
FILE # 7187B
PERMIT # 2433
PARCEL # 015-201-05
Jimmy Mucha, R.S. 7/2/08
COMMENTS:
→ System designed for 300 GPD.
→ 0.25 LTAR
→ INSTALL 2 LINES X 150' X 3'
→ TYPE IIIB Pump to 25% Bd. system + Repair
→ Install a surface water swale to divert water away from septic system
→ Sleeve supply line under the driveway.
→ Pressure Manifold distribution
→ Install Septic system prior to any Construction.
FENCE
UNDERGROUND
ES (TYP.)
EXIST. 12" CMP STORMWATER PIPE
SLEEVE UNDER DRIVEWAY
EXIST. EOP
PROPOSED PUMP TANK (PER MECK. CNTY STANDARDS)
PROP. 5'X8' HVAC PAD (APPROXIMATE LOCATION)
INV. IN @ SEPTIC TANK: 759.33
FINISHED GRADE: 763.0+/-
PROPOSED 1500 GAL. SEPTIC TANK (PER MECK. CNTY STANDARDS)
R10.00
EXIST. EOP
EXIST. GRASSED AREA
31.66
PROP. CONCRETE WHEEL STOPS (TYP.)
R5.00
2.02
R5.00
PROP. TURN DOWN SIDEWALK (SEE DETAIL SHEET C-3.0)
12.00
R10.00
6.45
5.00
24.00
PROPOSED BUILDING
1,831 S.F.
25.78
PROP. PAVEMENT STRIPING (SEE DETAIL SHEET C-3.0)
57.44
EX. SEPTIC FIELD (AS INDICATED BY INFORMATION PROVIDED BY MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
17.00
R20.00
7.9

COPY

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30002433** GWS File #: **7187B** Tax Parcel #: **- -**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 7/19/2012

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

Facility Size (ft^2): 1500 # Employees/Shift: 4 # Shifts: 3

Wastewater Type: Sewage Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	300	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

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

Repair System Specifications:

Design Flow (gpd):	300	LTAR (gpd/ft^2):	00.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: ERIC JENISON

Signature: Signature:

Print Name

Date Issued: 7/19/2007

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30002433** GWS File #: **7187B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.

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

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

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 7/19/2007

Owner/Legal Agent: ERIC JENISON
Print Name

Signature: Eric Jenison

FEE: 400.00
DATE: 7/8/2008

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

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7187B

PERMIT NUMBER: 30002433

PARCEL NUMBER: 01520105

JOB LOCATION INFORMATION

ADDRESS: 11001 MCCOY RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: PIEDMONT NATURAL GAS CO.

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 7/8/2008

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30002433, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 7/19/2012

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7187B Permit #: 2433 Tax Parcel #: 015-201-05

Property Owner: Piedmont Natural Gas Company

Job Location Address: 11001 McCoy Road

City: 11001 McCoy Road State: NC Zip Code: 28078

Installation Approval Issuance Date: 9/25/08

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 300 GPD Site LTAR: 0.25 GPD/ft² *(For new installations only.)*

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 2 @ 150' feet

Depth of Media: 12 inches (Type) 25% Red.

Distribution Device: Pressure Manifold

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

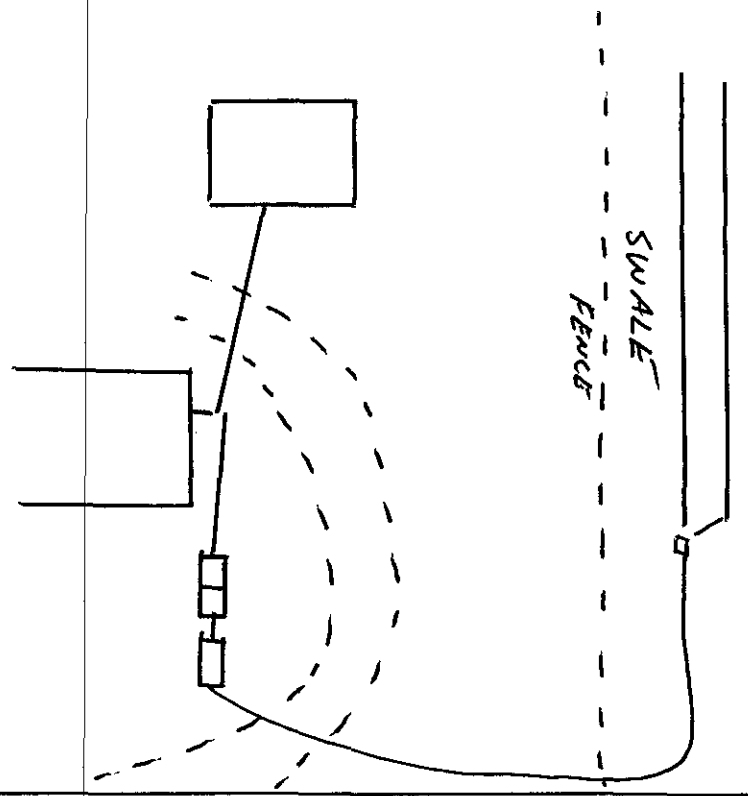
Minimum System Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: III6 Pump to 25% System

DENR Authorized Agent: Jeremy Michels, R.S. Signature: Jeremy Michels, R.S.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7187B Permit #: 2433 Tax Parcel #: 015-201-05

Property Owner: Piedmont Natural Gas Company

Job Location Address: 11001 McCoy Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 10/2/08 Contractor Name: Lake Norman Septic & Septic

Permitted Design Flow: 300 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: 4/10 - Myers

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line *length*: 300 feet

# of Lines: 2 @ 150 feet

Depth of Media: 12 inches (Type) Chamber

Depth of Cover: 12 inches

Distribution Device: Pressure Manifold

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 7100' feet

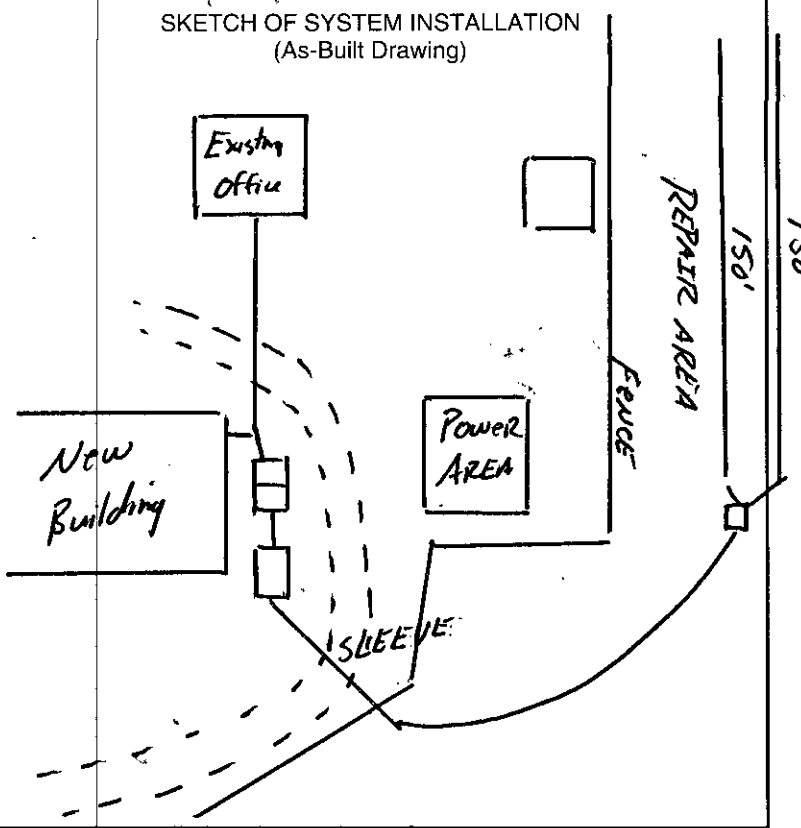
Inspection Dates

Tank(s) Inspected: 10/2/08

Excavation Inspected: 10/2/08

Pump & Controls Inspected: 10/2/08

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIb Pump to 25% Reduction

IIIb, IQ4W, Pressure, NA, NA

DENR Authorized Agent: Jeremy Mickley, R.S. Signature: Jeremy Mickley, R.S.

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7187B Permit #: 2433 Tax Parcel #: 015-201-05

Property Owner: Piedmont Natural Gas Company

Job Location Address: 11001 McCoy Road

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. *Operation:* System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: I

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). *The system owner is responsible for all fees associated with these services.*

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Jeremy Mitchem, R.S. Date: 10/2/08

Signature: Jeremy Mitchem, R.S.



11001 MCCOY RD

01520105

1/11/2008

duponbj

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

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 lwa 7/15/13 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

7187B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 6306

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (•) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(•) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(•) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: DJ Johnson
ADDRESS: PO Box 33068
CITY: Chalotte
STATE: NC ZIP: 28203
PHONE:
ALTERNATE PHONE:
E-MAIL: djjohnson@piedmontng.com

PROPERTY OWNER: [✓] SAME AS PERSON FILING APPLICATION
NAME: Piedmont Natural Gas
ADDRESS: PO Box 33068
CITY: Charlotte
STATE: NC ZIP: 28203
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 015-201-05
STREET ADDRESS: 11001 McCoy Road
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
n/a
LOT #:

WATER SUPPLY:
(•) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
( ) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: [ ] N/A
TYPE OF BUSINESS: natural gas storage facility
EMPLOYEES PER SHIFT: 4
OF SHIFTS: 3

INDUSTRIAL WASTES? ( ) YES (•) NO
UNDERGROUND STORAGE TANKS? ( ) YES (•) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[x] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

DJohnson
Owner's/Agent's Signature

7/12/2013
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

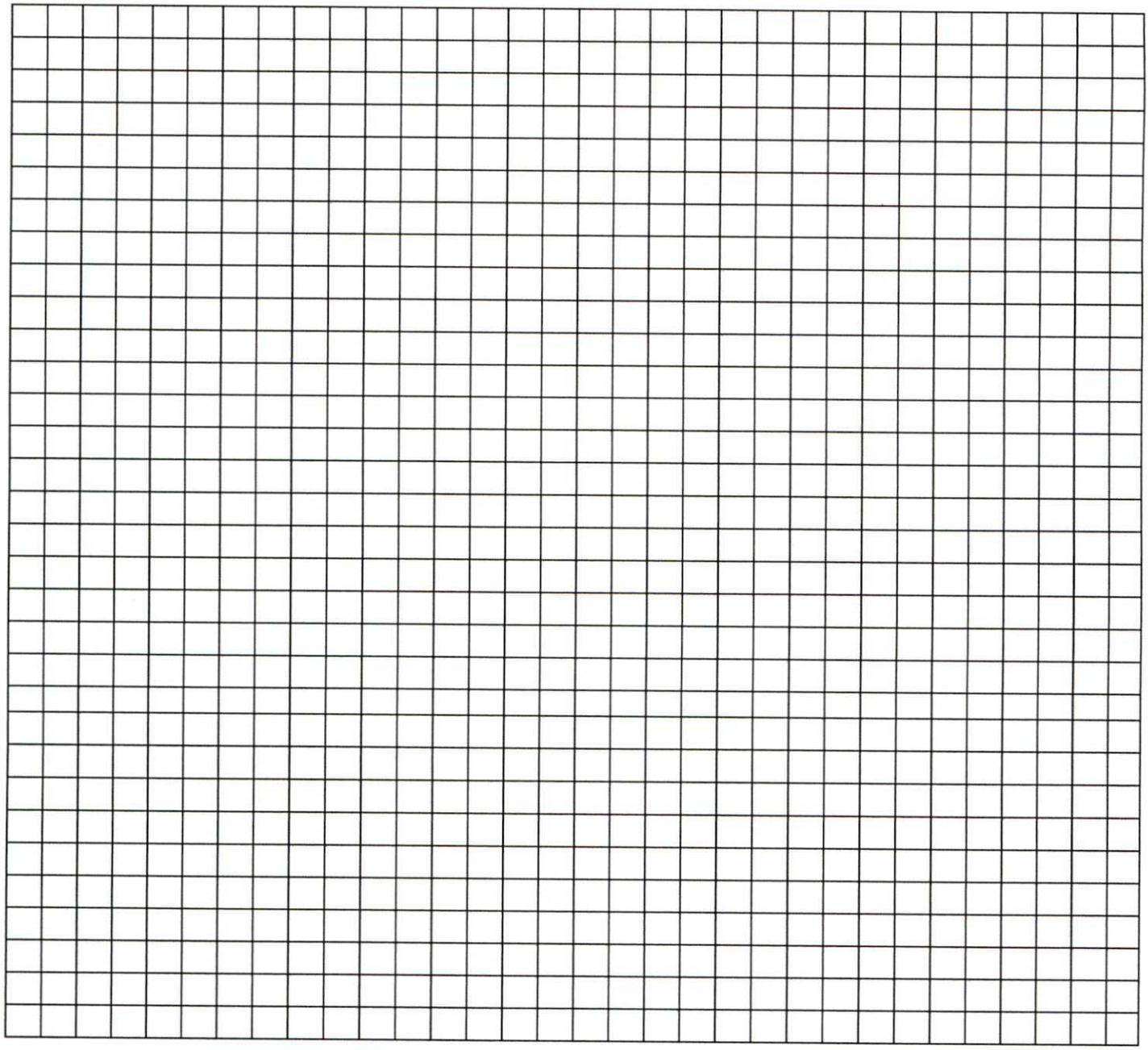
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. TO OKS FOR A STORAGE SHED ADDITION (NO Plumbing)

REHS Signature 7/15/13 Date

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

Revised on: 01/03/11

URBAN
DESIGN
PARTNERS

1318 e-6 central avenue
charlotte, nc 28205

P 704.334.3303
F 704.334.3305

TRANSMITTAL

To: Jeremy Michaels
Meck Co Groundwater
700 North Tryon St, Suite 211
Charlotte, NC

Date: 7/12/2013

Phone:
Fax:

Project Name: PNG Storage
Project No: 13-025

Transmitted Via:

- ☐ Overnight
- ☒ Courier
- ☐ Hand
- ☐ Mail
- ☐ Fax

Action:

- ☐ For Approval
- ☐ For Your Use
- ☐ As Requested
- ☐ For Review & Comment
- ☐ For Signature

Number	Date	Description
1		set of plans
1		application
1		check for $100

Comments

Jeremy

Attached is the submittal package for the above referenced project. This is a storage shed at the PNG site in Huntersville. There is no plumbing in the the buildling so there are no changes to the existing septic field.

The EPM project number is 335362. I will post the application to EPM as well.

Call me with any quetsions.

Brian Smith

Cc:

DASH
COURIER SERVICE

OrderTrackingID: 559.071213

OrderTrackingID	**559.071213**	**Ref#**	13-026 - PNG
Ordered By	Brian Smith	**Ref#2**	
Phone	704-334-3303	**Ref#3**	
RoundTrip	N	**Ref#4**	
Spec Instr		**Pieces**	0
Order Date	07/12/2013 [14:39]	**Weight**	0.00
Pickup Date	07/12/2013 [14:38 - 15:23]	**Service**	Regular
Delivery Date	07/12/2013 [16:53 - 17:38]	**Vehicle**	Car

Pickup	Delivery
Urban Design **1318 Central Ave Suite E6** **Charlotte, NC 28205** Contact: Phone: 704-334-3303 Spec Instr:	**MECKLENBERG CO/Health** **700 N Tryon St Suite 211** **Charlotte, NC 28202** Contact: Jeremy Michaels Phone: Spec Instr:

Delivery Signature X. Time Driver# Pickup Time

Roundtrip Signature X. Time Name

The return email address is not monitored-please contact ashley@dashcourier.com if you have questions or comments

Dash Courier Service
704-523-8240

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/15/13
Receipt #: 84657
Check / Auth #: CHECK 4678
Received By: SADERLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: URBAN DESIGN PARTNERS PLLC
Attn:
Address: 1318 CENTRAL AVE, STE E6
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 11001 MCCOY RD		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	40.00	50.00	40.00	1,297.15	

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

2011 CTT DC P312258 - cancelled by Comm. Plan review

GWS File #: 5047 WASPS App #: 7107 S

Primary ES assigned to project: DJ

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ CJS

I. File Review:

No GWS action on Pose 6/16/11

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

PH 31736 6/21/11

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: IR

Date performed: 6-14-11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/05/11	**Amount:**	100.00
Receipt #:	72683	**Tendered:**	100.00
Check / Auth #:	CHECK 4161	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: URBAN DESIGN PARTNERS, PLLC
Attn:
Address: 1318-E6 CENTRAL AVE
Address:
City/State/Zip: CHARLOTTE, NC 28205

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 11001 MCCOY ROAD		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

URBAN DESIGN PARTNERS

1318 e-6 central avenue
charlotte, nc 28205

P 704.334.3303
F 704.334.3305

TRANSMITTAL

To: Jeremy Michelone
Meck. County Health Dept.
700 North Tryon Street
Charlotte, Nc

Date: May 5, 2011

Phone:
Fax:

Project Name: PNG Storag
Project No: 10-019

Proudly Delivered by:
DASH COURIER SERVICE
704-523-8240

Transmitted Via:

- ☐ Overnight
- ☒ Courier
- ☐ Hand
- ☐ Mail
- ☐ Fax

Action:

- ☒ For Approval
- ☐ For Your Use
- ☐ As Requested
- ☐ For Review & Comment
- ☐ For Signature

Number	Date	Description
1		civil plans (cover, existing conditions, site plan & utility plan)
1		plumbing plans (P1-P4)
1		application - Use Existing Septic System
1		check - $100

Comments
Jeremy

Per our conversations, I have attached plans for your review/approval for the expansion at the Piedmont Natural Gas on McCoy Road. Please call me if you have any questions or comments.

Cc:

2010 UTS Pose note only 7/2/10, GWS not project for approval UTS

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7187B WASPS App #: 4603

Primary ES assigned to project: DJ

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b) 130A-336 (a)(3)	Proposed System Type stated-Repair System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: IR Date performed: 7/10

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 06/25/10
Receipt #: 68392
Check / Auth #: CHECK 3057
Received By: CRAIGGY

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: TIRRELL JOHN P
Attn:
Address: 47 EDGEWOOD DRIVE
Address:
City/State/Zip: HAMPTON, NH 03842

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 11001 MCCOY RD		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
7.21					

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

Pass 10/14/08

GWS File #: 7187 B WASPS App #: 2433

Primary ES assigned to project: OJ

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
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.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
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.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☑
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 6			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .25	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
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130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

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130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☑	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 9-25-08

OP issued date: 10-2-08

Review performed by: JR Date performed: 7-2-08

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/22/08
Receipt #: 56993
Check / Auth #: CHECK 2092
Received By: CRAIGGY

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: EAGLE ENGINEERING
Attn:
Address: 2013 VAN BUREN AVE
Address:
City/State/Zip: INDIAN TRAIL, NC 28079

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 11001 MCCOR RD/FILE 7187B		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
600.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/08/08	**Amount:**	200.00
Receipt #:	58119	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: B54890
Contractor: JENISON CONSTRUCTION INC
Attn:
Address: P O BOX 11018
Address:
City/State/Zip: CHARLOTTE, NC 28220

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 11001 MCCOY RD		1	200.00	200.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,034.34					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/08/08	**Amount:**	200.00
Receipt #:	58120	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: B54890
Contractor: JENISON CONSTRUCTION INC
Attn:
Address: P O BOX 11018
Address:
City/State/Zip: CHARLOTTE, NC 28220

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 11001 MCCOY RD		1	200.00	200.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,234.34					

LEGEND

PROPOSED BUILDING

PROPOSED WALKWAY

PROPOSED CONC. PIER

SINGLE PIPE SUPPORT

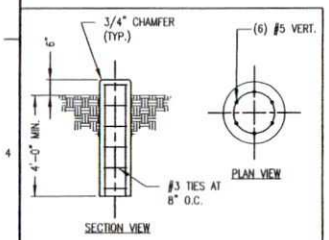
DOUBLE PIPE SUPPORT

GRAPHIC SCALE

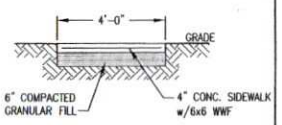
15 0 7.5 15 30 60

(IN FEET)

SITE NOTES:
1. REUSED STAIR STILE SHALL HAVE A LEVEL TOP PLATFORM. ADDED STEPS SHALL MATCH THE RISE OF THE STAIR STILE.



1'-0" DIA. SONOTUBE DETAIL
SCALE: N.T.S.



NOTES:
1. CONSTRUCTION JOINT (1/4"x1"DP) EVERY 4 FEET.
2. EXPANSION JOINT WITH PREFORMED JOINT FILLER (1/4" THK) EVERY 20 FEET. (2) 1'-0" #4 DOWELS AT EACH EXPANSION JOINT (6" EMBED EACH SIDE)

CONC. WALKWAY DETAIL
SCALE: N.T.S.

1377 +/- FEET TO SIDE PROPERTY LINE

(4) 1'-0" SONOTUBE FOR RELOCATED COOLER

5'-11"

BLDG HEATER 5'-0"

E-1

V-1 MIXED GAS

PROPANE

BUTANE

CONTROL BUILDING

994 +/- FEET TO SIDE PROPERTY LINE

ELEVATED PIPE RACK (SEE STRUCTURAL DWGs)

CYLINDER STORAGE AREA

E-4 ELEVATED HEAT EXCHANGER

4' WIDE CONCRETE WALKWAY

ADD TWO CONCRETE STEPS TO REUSED STAIR STILE (SEE NOTE 1)

JB

4' WIDE CONCRETE WALKWAY

H-1 VAP.

H-2 VAP.

H-3 VAP.

H-4 HEAT EXCHANGER

AT GRADE PIPE RACK (SEE STRUCTURAL DWGs)

82'x46' HEATER BUILDING (SEE STRUCTURAL DWGs)

CONCRETE LANDING PADS (SEE STRUCTURAL DWGs)

ELEVATED PIPE BRIDGE (SEE STRUCTURAL DWGs)

AT GRADE PIPE RACK (SEE STRUCTURAL DWGs)

VAPORIZER AREA (SEE STRUCTURAL DWGs)

1589 +/- FEET TO REAR PROPERTY LINE

A-1

A-2

A-3

ELEVATED PIPE RACK (SEE STRUCTURAL DWGs)

ADSORBER A-3 FOUNDATION (SEE STRUCTURAL DWGs)

BLDG

5' WIDE CONCRETE WALKWAY, USE 1/2" PRE-FORMED JOINT FILLER ALONG BUILDING FOUNDATIONS

1120 +/- FEET TO FRONT PROPERTY LINE

REVISIONS	DESCRIPTION	DESIGN APPROVAL	REVISIONS	DESCRIPTION	DESIGN APPROVAL	REVISIONS	DESCRIPTION	DESIGN APPROVAL
BY MRB 0 CHKD PCD DATE 6/4/10	FOR CONSTRUCTION	MRB	BY CHKD DATE			BY CHKD DATE		
BY MRB 1 CHKD PCD DATE 6/15/10	ADDED 1'-0" DIA. SONOTUBE DETAIL	MRB	BY CHKD DATE			BY CHKD DATE		

THIS DRAWING HAS BEEN PREPARED FOR AND IS THE PROPERTY OF CHI AND IS TO BE USED ONLY IN CONNECTION WITH PERFORMANCE OF WORK BY CHI. REPRODUCTION IN WHOLE OR PART FOR ANY OTHER PURPOSE IS EXPRESSLY FORBIDDEN.

CHI ENGINEERING SERVICES,INC.
PORTSMOUTH, NEW HAMPSHIRE 03801

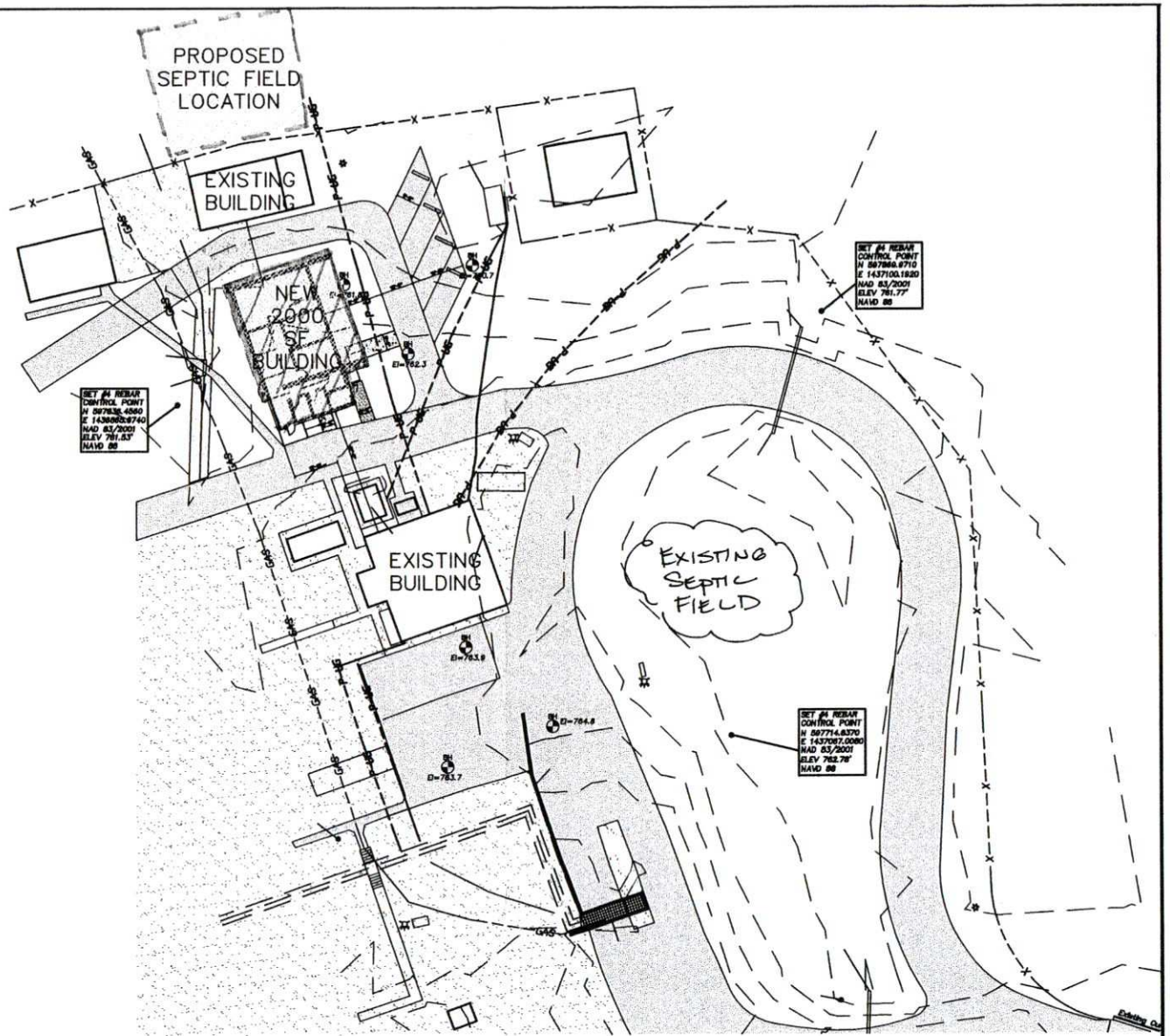
FOR:
LNG PLANT UPGRADES
PIEDMONT NATURAL GAS
LNG FACILITY
HUNTERSVILLE, N.C.

PROJ NO : PNGX10002
BY : MRB
CHKD : PCD
DATE : 4/19/2010
PETER DIRKSEN
ENGINEERING SUPERVISOR

TITLE:
CIVIL
SITE PLAN
PHASE 1

DWG NO : C3
SCALE : AS NOTED
SHT : 1 OF 1
REV. 1

file # 71878



1 PROPOSED SITE PLAN

1" = 40'-0"

C design Inc.
1000 West Morehead Street
Suite 170
Charlotte, NC 28208
P 704.333.0093
F 704.333.0083

NOT FOR CONSTRUCTION

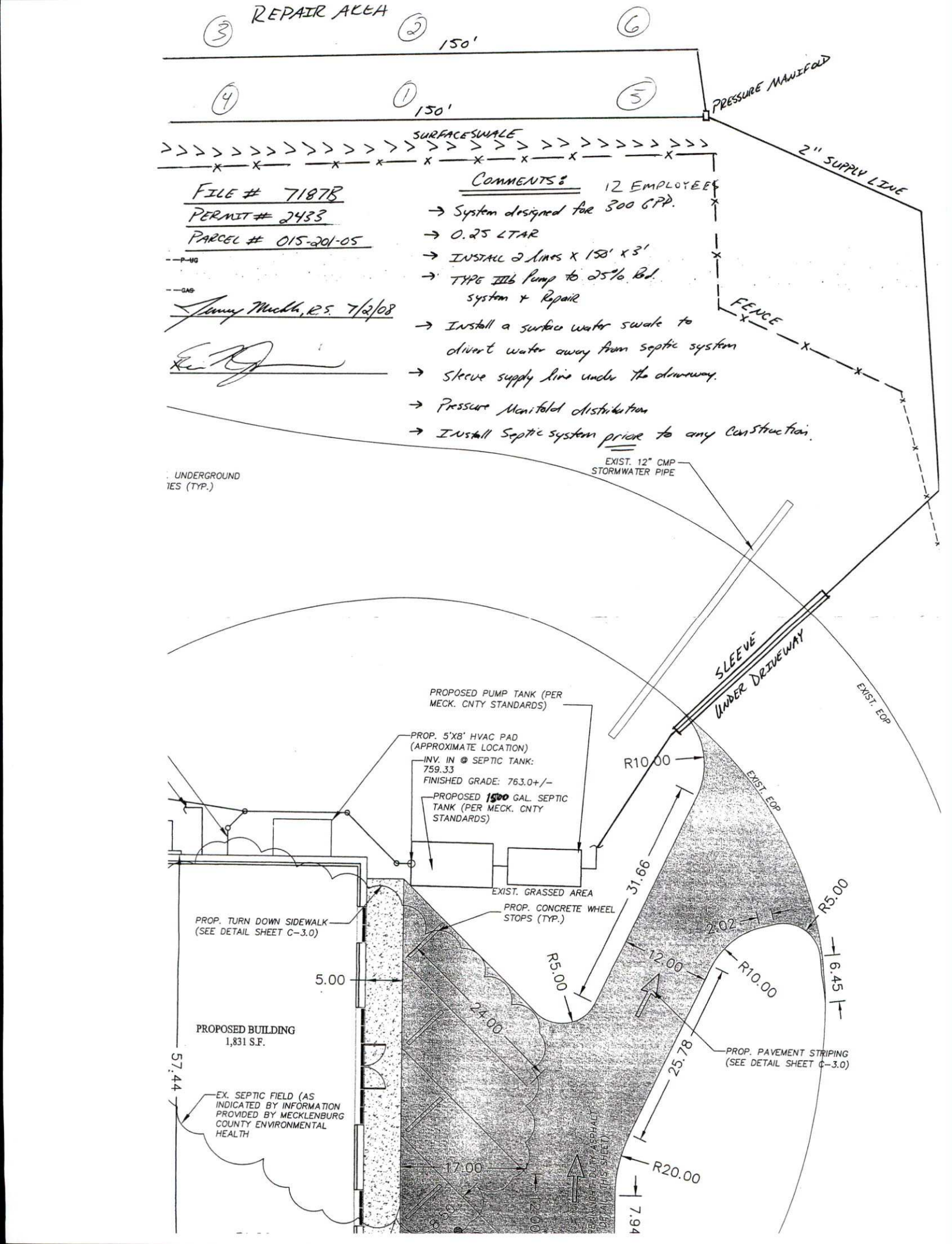
Piedmont Natural Gas
Huntersville
Office Building

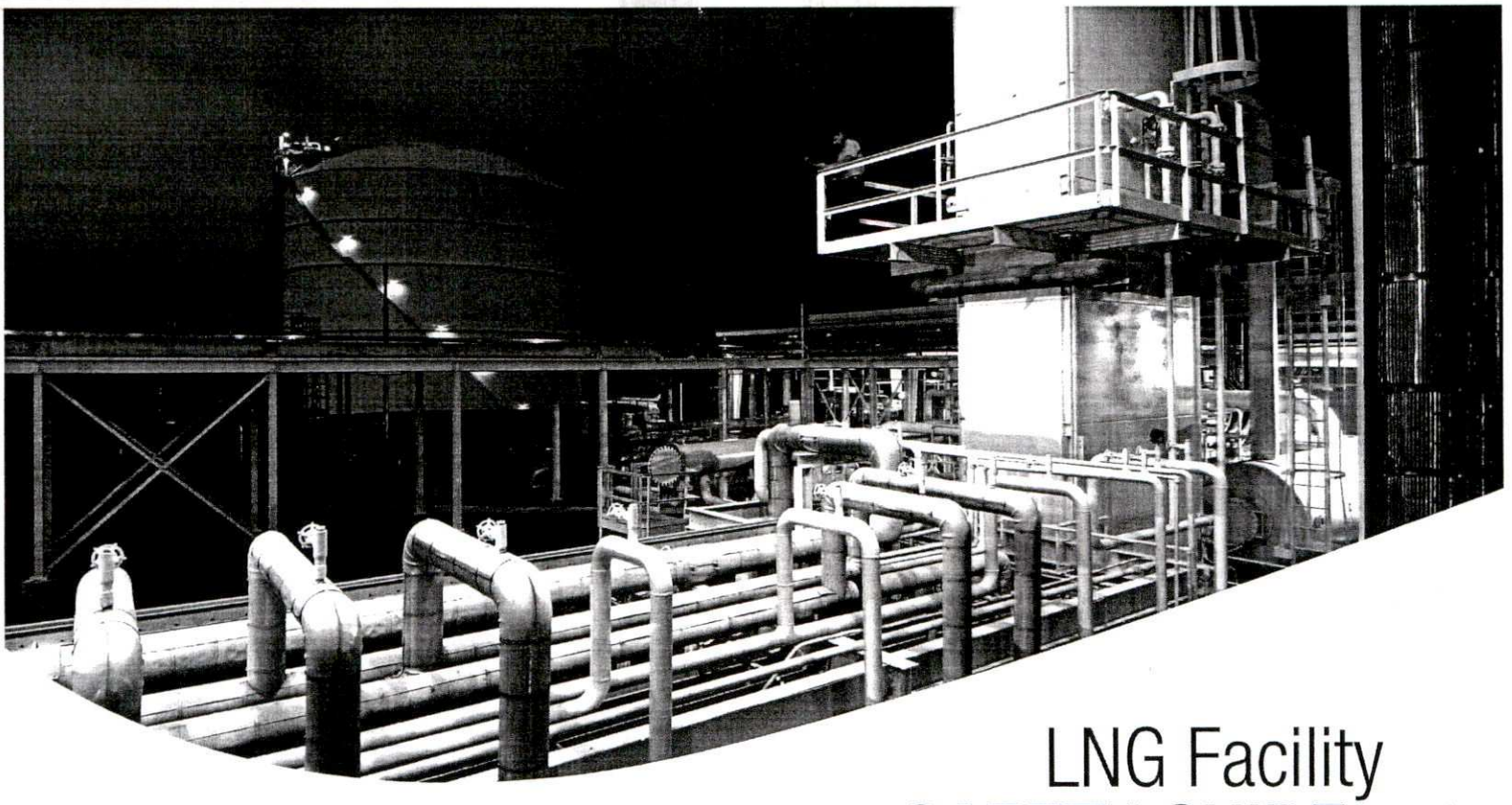
OWNER'S REPRESENTATIVE:
DJ Johnson

Groundwater & Wastewater Services Submittal

Project Number: 0604 0089
Date 06.22.07

Copyright 2006, C Design Inc.

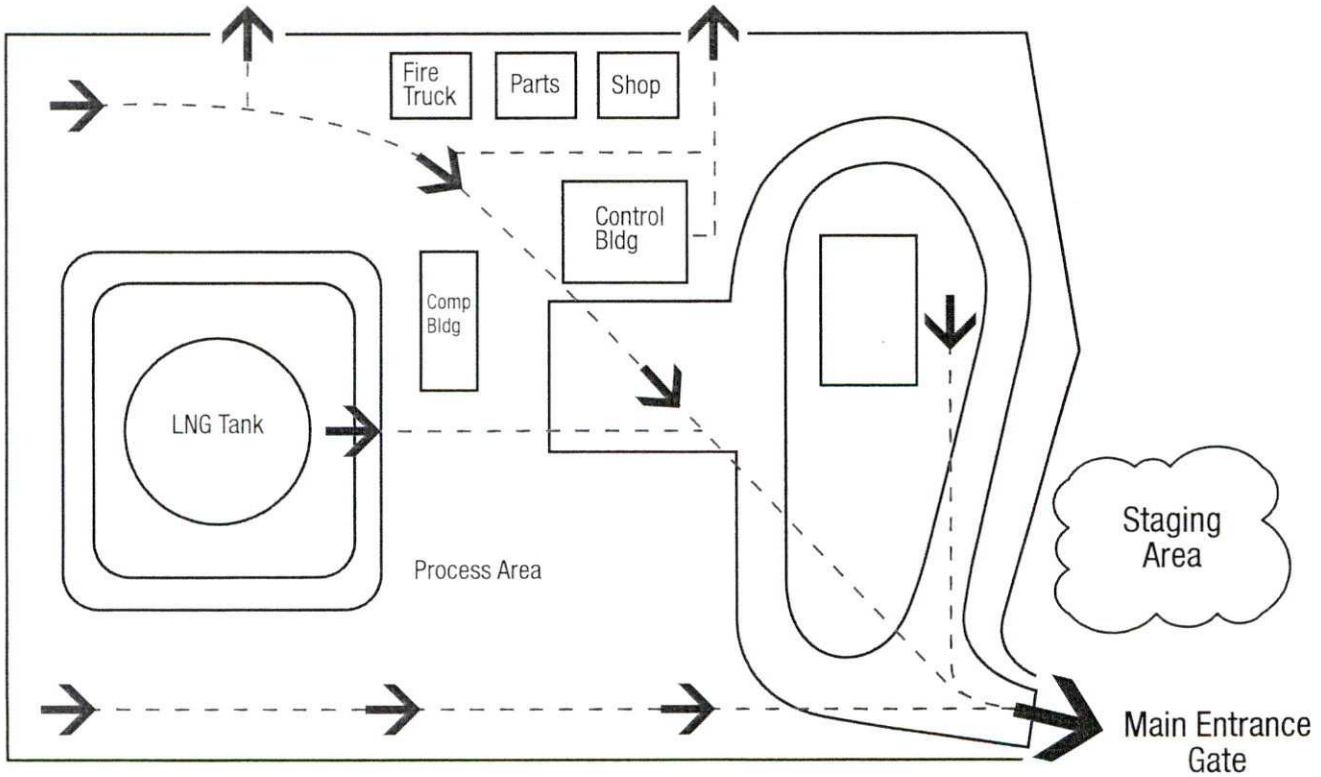

REPAIR AREA
3
2
6
150'
4
1
150'
5
PRESSURE MANIFOLD
SURFACE SWALE
2" SUPPLY LINE
FILE # 7187B
PERMIT # 2433
PARCEL # 015-201-05
COMMENTS: 12 EMPLOYEES
→ System designed for 300 GPD.
→ 0.25 LTAR
→ INSTALL 2 Lines x 150' x 3'
→ TYPE IIIB Pump to 25% Red. system + Repair
→ Install a surface water swale to divert water away from septic system
→ Sleeve supply line under the driveway.
→ Pressure Manifold distribution
→ Install Septic system prior to any construction.
Jimmy Mackh, R.S. 7/2/08
FENCE
UNDERGROUND
IES (TYP.)
EXIST. 12" CMP STORMWATER PIPE
SLEEVE UNDER DRIVEWAY
EXIST. EOP
PROPOSED PUMP TANK (PER MECK. CNTY STANDARDS)
PROP. 5'X8' HVAC PAD (APPROXIMATE LOCATION)
INV. IN @ SEPTIC TANK: 759.33
FINISHED GRADE: 763.0+/-
PROPOSED 1500 GAL. SEPTIC TANK (PER MECK. CNTY STANDARDS)
R10.00
EXIST. EOP
31.66
EXIST. GRASSED AREA
PROP. CONCRETE WHEEL STOPS (TYP.)
PROP. TURN DOWN SIDEWALK (SEE DETAIL SHEET C-3.0)
R5.00
2.02
R5.00
12.00
R10.00
6.45
5.00
24.00
PROPOSED BUILDING
1,831 S.F.
25.78
PROP. PAVEMENT STRIPING (SEE DETAIL SHEET C-3.0)
57.44
EX. SEPTIC FIELD (AS INDICATED BY INFORMATION PROVIDED BY MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
17.00
12.00
R20.00
7.94
EXIST. EOP ASPHALT (THIS SHEET)



LNG Facility
SAFETY GUIDE
huntersville plant

Piedmont Natural Gas

EVACUATIONRoute | Huntersville



#09981 6/09

Welcome to Piedmont's Liquefied Natural Gas (LNG) facility. Piedmont Natural Gas provides service to more than one million customers in North Carolina, South Carolina and Tennessee. We currently operate three LNG facilities, and we're proud of our history and of our ability to operate safely in the communities we serve. Our impressive safety record is the result of strict adherence to regulatory requirements and cooperation from employees, contractors and all other visitors.

VisitorSAFETYRequirements

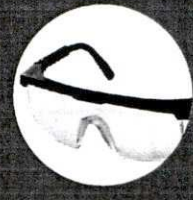
Your personal protection in this kind of environment is a top priority. Here are some fundamental requirements necessary to keep you safe while on our property.

- Flat-sole, closed-toe shoes required.
- Personal protective equipment required in specified areas of the plant, including, but not limited to, hard hats, hearing protection and safety glasses.
- No open flames permitted in facility except with proper permits and management notification.
- Smoking allowed only in designated areas.
- No weapons, non-prescription drugs or alcohol allowed in facility or in vehicles in parking lot.
- All cell phones, pagers, walkie-talkies, iPods or electronic equipment such as drills, saws, etc, must be approved by plant management as intrinsically safe. Any electronic devices deemed not intrinsically safe may be stored in the control room each day during your visit.
- No cameras or photos are permitted without prior written approval from Piedmont Natural Gas.

In addition to disclosing your electronic devices, you must notify plant personnel of any hazardous materials you are bringing onto the site. You are required to provide "material safety data sheets" for all hazardous materials. Facility management or your escort will review the material safety data sheets and provide you with necessary information and instructions regarding how to handle or store these materials.

Please review the Emergency Evacuation diagram on the back of this manual for specifics about evacuation routes at this location.

In the unlikely event that an emergency situation arises during your visit to our LNG facility, Piedmont Natural Gas has a series of audible and visual alarms or announcements to alert you. These alarms are typically associated with the detection of flammable gas, smoke, fire and severe weather.



If evacuation is required, your escort or other plant personnel will direct you on where and how to evacuate.



EMERGENCYProcedures



We appreciate your close attention to these requirements, as plant and personal safety remains a top priority for Piedmont Natural Gas. Please keep this brochure with you at all times and refer to it as needed during your time here at the LNG facility.