

2110 PLEASANT PLAINS RD

22717308

12/19/2007

duponbj

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

10 of 10B

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PROJECT TRACKING SYSTEM
ELECTRICAL PLAN REVIEW SHEET

08/05/93
PAGE: 2

PROJECT NAME: MATTHEWS TENNIS CLUB 2ND FLOOR PROJECT NUMBER: 15 [illegible]-991439

	REVIEWER		APPROVED	DISAPPROVED
R1	[illegible]	Kelly Pardel		X
R2				
R3		Septic TK		
R4				

ITEM	R1	R2	R3	R4	ITEM	R1	R2	R3	R4
1. EQUIPMENT CLEARANCES ART 110	✓				16. DISCONNECTS ART 430	✓			
2. OVERCURRENT DEV ON BRANCH ART 220	✓				17. MOTORS ART 430	✓			
3. OVERCURRENT FEEDERS ART 220 TO PANEL "CL"	X				18. OVERCURRENT PRIME SIDE DRY ART 450 TRANSF	N/A			
4. GROUND FAULT PROTECTION ART 230 TOILET RECPTS	X				19. OVERCURRENT SEC SIDE DRY ART 450 TRANSF	N/A			
5. SERVICE CONDUCTORS ART 230	✓				20. HAZARDOUS AREAS ART 500	N/A			
6. SERVICE EQUIPMENT LOCATION ART 230 NOT SHOWN	X				21. SIGNS ART 600	N/A			
7. SERVICE OVERCURRENT PROTECTION ART 230	✓				22. EMERGENCY SYSTEMS ART 700	✓			
8. EQUIPMENT GROUNDING ART 250	✓				23. EXIT LIGHTS ART 700	✓			
9. GROUNDING ELECTRODE CONDUCTOR ART 250 NOT SHOWN	X				24. CONDUIT/RACEWAY FILL CHAPTER 9	✓			
10. SEPERATELY DERIV SYS GROUND ART 250	N/A				25. SMOKE DETECTORS ART 210-71	N/A			
11. UNDERGROUND CIRCUITS ART 300	✓				26. OUTLET LOCATION ART 210-52	✓			
12. CONDUCTORS/TYPE ART 310	✓				27. SEALED PLANS	✓			
13. BUSWAYS ART 364	N/A								
14. OVERCURRENT PANEL BOARDS ART 384	✓				28. THIRD PARTY TESTING LAB SEAL	X			
15. FIXED ELECTRICAL HEAT ART 424	✓								

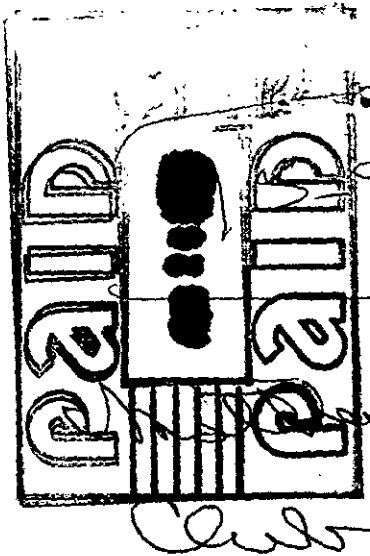
REMARKS R1:

REMARKS R2:

REMARKS R3:

REMARKS R4:

2110 Pleasant Plains Rd, Matt



991439

Tennis

227-175-09

Red
Violet
Blue

IMPORTANT MESSAGE

FOR _____

DATE _____ TIME _____ A.M. P.M.

M _____

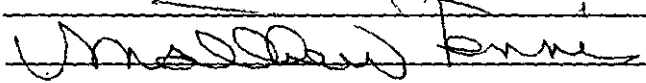
OF _____

PHONE _____
AREA CODE NUMBER EXTENSION

TELEPHONED		PLEASE CALL	
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE _____





SIGNED _____

LITHO IN U.S.A.

TOPS FORM 3002W

Mecklenburg County
Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: February 4, 1994

Ref: 1040B/2110 Pleasant Plains Rd.

SUBJECT: Refund

(Mr./Mrs./Co.) Matthews Tennis Club originally paid $300.00

for permit/wastewater treatment collection system on January 6, 1994

A refund should be issued for $300.00 because

plans submitted were denied, field investigation not conducted.

Please make check payable to: Matthews Tennis Club

P. O. Box 2862

2110 Pleasant Plains Drive

Matthews, North Carolina 28106

Lee Nunnally
General Manager

P.O. Box 2862
2110 Pleasant Plains Drive
Matthews, NC 28106
~~704-847-3261~~

991439

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

1040 B

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

COPY

(704)336-5102

PERSON FILING APPLICATION:

NAME: Nunnally (last) Lee (first) (mi)

ADDRESS: 13400 Cassington Ct. PHONE: (704) 588-8671

CITY: Charlotte STATE: NC ZIPCODE: 28273

Date: 1/6/94

PROPERTY OWNER:

NAME: Nunnally (last) Lee (first) (mi)

ADDRESS: 13400 Cassington Ct. PHONE: (704) 588-8671

CITY: Charlotte STATE: NC ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-175-09

STREET ADDRESS: 2110 Pleasant Plains Rd.

ZONING: R/I (CD)

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9 LOT SIZE (in acres): 15.70

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)
[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: N/A NUMBER OCCUPANTS: N/A

SYSTEM CLASSIFICATION: Type I

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Tennis Club # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] Storage Building [X] 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 F Nunnally Date: 1/6/94

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.

...Denied due to the fact we do not issue permits for pump & haul.

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

John H Ewell
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Please refund $300.00

Thanks
Jon Newell

Planning
Architecture
Engineering
Interior Design
Landscape Architecture

ODELL Transmittal

Date: January 6, 1994

To: Mecklenburg County Health Department

700 N. Tryon Street

Suite 211

Charlotte, NC 28202-2236

Attention: Toni H. Newell, R.S.

Reference: Matthews Tennis Club/Wastewater Treatment Collection System

We are transmitting: ☒ Herewith ☐ Under separate cover

Copies	Dated	Description
1	1/6/94	Wastewater Application - Original
1	1/5/94	Application Fee - $300 Check No. 555
1	1/6/94	Manufacturer's Specifications/Details (Type I System)
1	1/6/94	Letter of Request

☒ For Approval ☐ For Your Use ☐ As Requested ☐ For Review

Remarks: Please do not hesitate to contact the undersigned should you have any questions or need additional information.

By: David P. Rector, PE/prb
Director, Civil Engineering

Project No.: 2485-502/207

cc:

Matthews Tennis Club-Nunnally w/encl. ☐ w/encl. ☐

w/encl. ☐ w/encl. ☐

Odell Associates Inc. 129 West Trade Street, Charlotte, N.C. Phone (704) 377-5941 Fax (704) 343-9140

Planning
Architecture
Engineering

ODELL

January 6, 1994

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

Attention: Ms. Toni H. Newell, R.S.

Reference: Matthews Tennis Club
Wastewater Treatment System
Matthews, NC
Application for Type I Wastewater Treatment System

Dear Madam:

Pursuant to our telephone conversation on January 4, 1994, please consider this letter as our formal request for approval of the above-referenced application on behalf of the Matthews Tennis Club. We respectfully request that we receive an Improvement and/or Operation Permit under the guidelines established in 15A NCAC 18A .1958 for an alternative non-ground absorption sewage treatment system.

We propose to use "Porta-Jane" (i.e., or an approved equivalent) toilets within the temporary clubhouse (i.e., 4' x 60' modular structure) until such time that the Charlotte-Mecklenburg Utility Department (CMUD) can extend sewer to this property. We already have approved engineering plans from CMUD for this construction. It is the intent of the Matthews Tennis Club to participate in the CMUD sewer extension program and connect to the proposed sewer as soon as it becomes available. Since we have already engineered the project, CMUD has indicated that the time frame to complete this construction would be four to six months.

At present, we have 65 membership applications for the Club. We believe that the memberships could reach 200 after the Club has been in operation for one year. Accordingly, our projections for the required toilets and usage is as follows:

1. **Design Flow Data:**

   (200 members) x (25% member use/day) x (3 gallons/use*) = 150 gallons/day.

   * Note: Flow data supplied from Porta-Jon.

2. **Proposed Collection, Treatment and Disposal:**

   150 gallons/day x 7 days per week = 1,050 gallons/week.
   1,050 gallons/600 gallons** = 1.75.
   Therefore, dispose of sewage a minimum of twice a week.

   ** Note: Assuming two "Porta-Jane" toilets with 300 gallons tanks for each unit.

Odell Associates Inc. 129 West Trade Street, Charlotte, NC 28202, Phone (704) 377-5941 FAX 343-9140

Of course, we feel that these calculations are very conservative and represent a "worst-case" scenario for wastewater discharge at the Club.

We have attached Specifications for the "Porta-Jane" units for your review and approval. It is the Club's intent to contract with either Porta-Jon in Gastonia (i.e., Mr. Ned Carpenter at 704/375-8988) or Black Pest Control in Matthews (i.e., Mr. Tom Viscount at 704/536-5425) for leasing equipment/effluent disposal.

It is our understanding that, upon your approval of this system, that we can apply for a temporary Certificate of Occupation from the County Building Standards Department, provided that all other construction (i.e., building, site, etc.) is complete and ready for inspection. We anticipate requesting a final inspection to obtain building occupation within the next two weeks.

The Matthews Tennis Club greatly appreciates the Health Department's cooperation with them in this matter. We trust that this information meets with your requirements for permitting this interim sewage collection and disposal use for our project. Should you have any questions or require additional information, please do not hesitate to contact the undersigned.

Very truly yours,

ODELL ASSOCIATES INC.

David P. Rector, PE
Director, Civil Engineering

prb/GEN/L400791

2485-002/208.1

cc: Matthews Tennis Club - Gunsallus, Nunnally

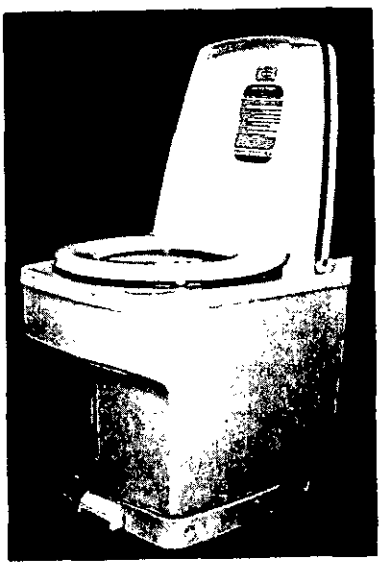
PORTA-JANE

An Inside the Mobile Office Toilet

The PORTA-JANE is a convenient morale booster and economical time saver for the office secretary, company executive and visiting VIP who may prefer to use a restroom inside a mobile office instead of an outside portable toilet

The PORTA-JANE

- Looks like the commode in the home or office
- Needs no expensive sewer line
- Needs no expensive water line
- Replaces the commode in the mobile office restroom
- Has quiet push button flushing
- Qualifies as a commode for the handicapped

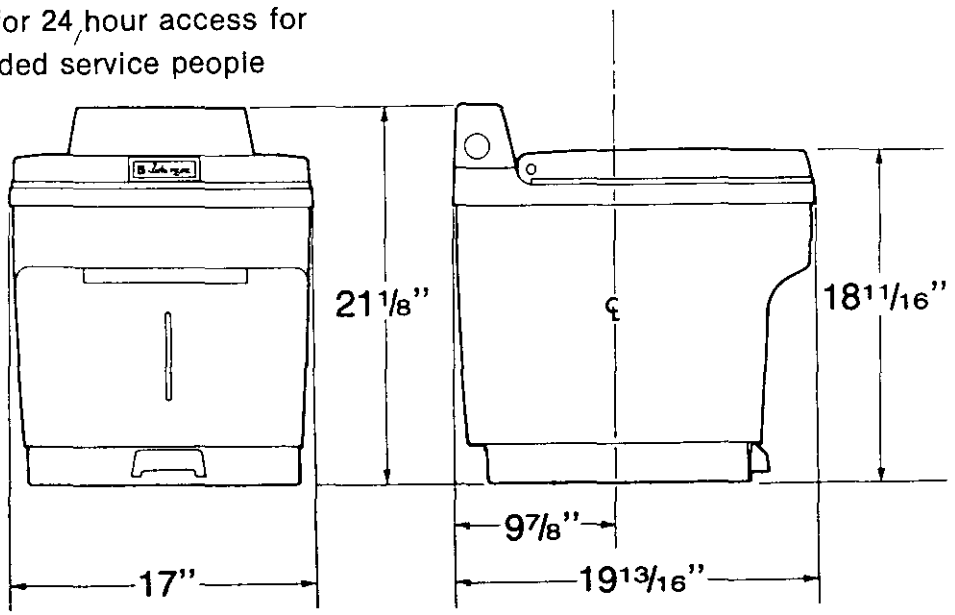


Our service includes

- Providing fresh water for flushing
- Moist handwiping towelettes for cleaning hands
- Tissue paper
- Deodorizing liquid to reduce odors
- Thorough cleaning and emptying

The customer provides

- 110 volt electricity
- Door key for 24 hour access for our bonded service people



CHARLOTTE
375-8988

PORTA-JON
SPECIAL EVENT SERVICES

GASTONIA
865-2515

Mecklenburg County
Health Department

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

M E M O R A N D U M

To: Sylvia Daniel, R.S.
Program Chief

From: Toni Newell, R.S. TN
Environmental Health Specialist

Re: Matthews Tennis Club
2920 Pleasant Plains Road

Date: January 28, 1994

This is to update you as to the status of the emergency request for sewage disposal at the Matthews Tennis Club. The original application for an improvement permit was denied based on the Matthews Tennis Club destroying available area for the drainfield. The Matthews Tennis Club was issued a building permit based on sewer availability. The sewer connection will not be available for 3 to 4 months. The Matthews Tennis Club will be ready to open within the next two weeks. They re-applied for the use of "Porta-jane's" which is a method of pump and haul and not approved by the 15A NCAC 18 :1958 (b) "An improvement permit shall not be issued for a sewage holding tank."

Mr. Dave Rector of Odell & Associates, who is the consultant for the Matthews Tennis Club, informed me that Donnie Taylor of Bldg. Standards will approve gravity sewer utilizing existing plumbing and a holding tank which will be pumped until the sewer connection can be made.

Mecklenburg County
Health Department

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

9:15 am
1/24/94

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Dave Rector TELECOPIER # 343-9140
Odell & Associates

FROM: Toni Newell DATE 1/26/94
IWWS

NUMBER OF PAGES TRANSMITTED: 3 (including cover sheet)

COMMENTS:
Here is memo we received from DEM concerning your situation for temporary solution by using Porta Johns.
Please note Page 2 PARAGRAPH FOR DOMESTIC

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

[ ] Original will not follow [✓] Original will follow via:

[✓] U.S. Mail [ ] Hand Delivery [ ] ____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

PO 300.00 DX chk 555 1/6/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

1040 B

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Nunnally (last) Lee (first) (mi)

ADDRESS: 13400 Cassington Ct. PHONE: (704) 588-8671

CITY: Charlotte STATE: NC ZIPCODE: 28273

Date: 1/6/94

PROPERTY OWNER:

NAME: Nunnally (last) Lee (first) (mi)

ADDRESS: 13400 Cassington Ct. PHONE: (704) 588-8671

CITY: Charlotte STATE: NC ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-175-09

STREET ADDRESS: 2110 Pleasant Plains Rd.

ZONING: R/I (CD)

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 9 LOT SIZE (in acres): 15.70

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)
[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: N/A NUMBER OCCUPANTS: N/A

SYSTEM CLASSIFICATION: Type I

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business Tennis Club # Employees ___ Per Shift ___ ___ ___

Industrial Wastes (Y/N) N

Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):

[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] Storage Building [X] 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 F Nunnally Date: 1/6/94

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

Mecklenburg County

Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: November 9, 1993

Ref: File #1040B/2110 Pleasant Plains Road

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Lee Nunnally originally paid $300.00

for Improvement Permit/Modified System on October 19, 1993

A refund should be issued for $100.00 because

An incorrect fee of $150.00 was paid on July 16, 1993 for new septic system. The remainder of $50.00 was paid on July 21, 1993. After reviewing the plans it was decided that a modified system was in order for this Tennis Club. An additional $100.00 was collected on October 19, 1993. Due to the expense of the project and the need to develop in phases if a septic sytem is utilized, the owner of the Tennis Club decided to construct their own line to extend to the trunk line owned by the Charlotte-Mecklenburg Utility Department. $100.00 will be refunded for the cost of the installation approval and certificate of completion.

Please make check payable to: Ms. Lee Nunnally, President

Matthews Tennis Club

P. O. Box 2862

2110 Pleasant Plains Drive

Matthews, North Carolina 28106

Mecklenburg County
Health Department

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

November 5, 1993

Mr. Dave P. Rector, PE
c/o Odell & Associates
129 West Trade Street
Charlotte, NC 28202

Re: Proposal for Design Criteria
for Wastewater Treatment System
Matthews Tennis Club - Phase I

2110 Pleasant Plains Road
Matthews, NC 28105

File: 1040B/9012A TP: 227-175-09PO

Dear Mr. Rector:

This is the acknowledgement of the proposal dated October 8, 1993 for a temporary wastewater treatment system. The North Carolina Administrative code governing wastewater treatment and disposal systems makes no provisions for temporary sewage disposal systems nor allow Improvement Permits for building on "good faith" connections to Municipal Sewer. There are numerous cases which substantiate that proposed sewer lines were not constructed in a timely manner to those applicants who indicated municipal sewer would be provided on their application in file at the Building Standard Department.

A pump and haul permit is not an option under 15A NCAC 18A, .1958 (b) "Laws and Rules for Sanitary sewage Collection, Treatment and Disposal." You also requested a system design flow reduction for a "temporary" tennis club. This proposal was reviewed in conjunction with provisions of 15A NCAC 18A .1949 Sewage Flow Rates for Design Units (b), (c) (1) which states:

.1949 Sewage Flow Rates for Design Units
(b) Table No. 1 shall be used to determine the minimum design flow of sewage required in calculating the design volume of sanitary sewage systems to serve selected types of establishments. The minimum design volume of sewage from any establishment shall be 100 gallons per day. Design of sewage treatment and disposal systems for establishments nor identified in this Rule shall be determined using available flow data, water-using fixtures, occupancy of operation patterns, and other measured data.

I am enclosing a copy of .1949 (c) (1) for your review of our requirements for flow data. The flow documentation that you provided did not conform with .1949 (c) (1).

For these reasons, the proposal as submitted ar disapproved. I you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater systems

TN:lw

Mecklenburg County
Health Department

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

October 14, 1993

Mr. Dave P. Rector, PE
c/o Odell & Associates
129 West Trade Street
Charlotte, NC 28202

Re: Proposal for Design Criteria
for Wastewater Treatment System
Matthews Tennis Club - Phase I
2110 Pleasant Plains Road
Matthews, NC 28105
File Number 1040B/9012A TP: 227-175-09PO

Dear Mr. Rector:

This is the acknowledgment of the proposal dated October 8, 1993 for a temporary wastewater treatment system. ~~We do not recognize~~ temporary sewage disposal systems nor ~~base~~ improvement permits for building on "Good Faith" connections ~~to~~ CMUD. There are numerous cases which substantiate that ~~the~~ sewer lines were not constructed ~~in a timely manner to those who needed to be serviced, and there was not adequate area for a drainfield which would require a pump & haul permit to be utilized until CMUD was completed.~~ A pump & haul is not a ~~procedure~~ of 15NCAC 18A, ~~Section~~ under .1958(b), "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal.

~~Phone~~ You ~~was~~ also a request ~~in your proposal for~~ a system design flow reduction for a temporary tennis club. This ~~prospoasl~~ was reviewed in conjunction with provisions of 15 NCAC 18A .1949 Sewage Flow Rates for Design Units (b), (c)(1) which states:

.1949 Sewage Flow Rates for Design Units
(b)Table No. 1 shall be used to determine the minimum design flow of sewage required in calculating the design volume of sanitary sewage systems to serve selected types of establishments. The minimum design volume of sewage from any establishment shall be 100 gallons per day. Design of sewage treatment and disposal systems for establishments not identified in this Rule shall be determined using available flow data, water-using fixtures, occupancy or opertaion patterns, and other measured data.

I am enclosing a copy of .1949 (c)(1) for your review of our requirements for flow data. ~~As per your proposal~~, the flow documentation that was provided to us ~~by you was not as~~ .1949 (c)(1) ~~requires.~~ did not conform with

For these reasons, the proposal as submitted are disapproved. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Toni H. Newell, R.S.
Environmental Health Specialist

Mecklenburg County

Health Department

M E M O R A N D U M

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

To: File 1040B/9012A

From: Toni Newell, R.S. Toni Newell R.S.

Date: November 5, 1993

RE: Matthews Tennis Club
Sewage Treatment System

This is in reference to a meeting on October 19, 1993 with Sylvia Daniel, Program Chief of this office, Dave Rector of Odell & Associates, Lee Nunnally, Representative of the Matthews Tennis Club, and myself, concerning the Matthews Tennis Club request for a septic system reduction based flow data that Dave Rector presented to us.

After reviewing the flow data, Sylvia discussed in detail the limitations to this system and the utilization of extreme water conservation measures to Ms. Nunnally. Sylvia also saw the need to update and have Ms. Nunnally document in writing the limitations of no food service and only 100 members.

Upon the issuance of the improvement permit, I made a site visit to verify the system would still be able to be utilized in the designated area. At the time of my visit, I located a drainage swell which had accidentally been graded through a portion of the proposed septic drainfield.

I notified Bill Marlin, Soil Scientist for Meck. Co., of my findings. We made another visit to the site and determined an available area for the drainfield of 70'X110'. I informed Mr. Rector of my findings and that due to the more severe site limitations that I had to deny the proposed conventional 600' drainfield. The only alternative proposal is the use of a Panel Block System which would have to be designed by Mr. Rector and submitted to us for approval. Mr. Rector said he would discuss this with the Matthews Tennis Club and let me know their decision.

Mr. Rector called to inform me that they will install gravity fed sewer and donate it to the Charlotte Mecklenburg Utility Department. Mr. Rector also requested a refund for any services not utilized.

Mecklenburg County

Health Department

M E M O R A N D U M

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

To: File 1040B/9012A

From: Toni Newell, R.S. Toni Newell R.S.

Date: November 5, 1993

RE: Matthews Tennis Club
Sewage Treatment System

This is in reference to a meeting on October 19, 1993 with Sylvia Daniel, Program Chief of this office, Dave Rector of Odell & Associates, Lee Nunnally, Representative of the Matthews Tennis Club, and myself, concerning the Matthews Tennis Club request for a septic system reduction based flow data that Dave Rector presented to us.

After reviewing the flow data, Sylvia discussed in detail the limitations to this system and the utilization of extreme water conservation measures to Ms. Nunnally. Sylvia also saw the need to update and have Ms. Nunnally document in writing the limitations of no food service and only 100 members.

Upon the issuance of the improvement permit, I made a site visit to verify the system would still be able to be utilized in the designated area. At the time of my visit, I located a drainage swell which had accidentally been graded through a portion of the proposed septic drainfield.

I notified Bill Marlin, Soil Scientist for Meck. Co., of my findings. We made another visit to the site and determined an available area for the drainfield of 70'X110'. I informed Mr. Rector of my findings and that due to the more severe site limitations that I had to deny the proposed conventional 600' drainfield. The only alternative proposal is the use of a Panel Block System which would have to be designed by Mr. Rector and submitted to us for approval. Mr. Rector said he would discuss this with the Matthews Tennis Club and let me know their decision.

Mr. Rector called to inform me that they will install gravity fed sewer and donate it to the Charlotte Mecklenburg Utility Department. Mr. Rector also requested a refund for any services not utilized.

- Showers -

Statement re: restrictions

check application

Available dev?

Need to open in phases -

NOT res. system

(1) No FOOD SERVICE will require rezoning

members - 80 shown on revised flow reduction

(1) ~~New Application~~

(2) ~~Statement re: food service~~

(1) Statement from ~~Matthews~~ Tennis Club, Inc

Lee Hunnicutt, Pres.
588-8671 (H)
332-3796 (W) Don't mention club

(3) Formal proposal on phases

(4) Drainage issue

* Widen (use 25' from existing area

Sch. 80

* Additional Data will be required for Phase II and beyond.

MEMBERS/GUESTS
GPD SHALL NOT EXCEED
540 GPD.

CONVENTIONAL
W/OPTION PPBPS.

Water Usage
is not to exceed
Flow Data as provided by
Engineer

MATTHEWS TENNIS CLUB

WASTEWATER FLOW ANALYSIS

I. EXISTING FLOW DATA

FACILITY:	CEDAR FOREST RACQUET CLUB
SOURCE:	CMUD
NO. MEMBERS:	300
NO. COURTS:	12

[REFERENCES]

[GALS = CCF(100)7.4805]

[ADF = (GALS/MO)/DAYS/PERIOD]

A. MONTHLY FLOW SUMMARY - PAST 14 MOS

DATE	CCF	GALS	DAYS	ADF GPD
7-Oct-93	183	136,893	29	4,720
8-Sep-93	200	149,610	34	4,400
5-Aug-93	220	164,571	29	5,675
7-Jul-93	232	173,548	33	5,259
4-Jun-93	119	89,018	28	3,179
7-May-93	131	97,995	29	3,379
8-Apr-93	41	30,670	34	902
5-Mar-93	11	8,229	28	294
5-Feb-93	18	13,465	29	464
7-Jan-93	13	9,725	34	286
4-Dec-92	24	17,953	28	641
6-Nov-92	81	60,592	31	1,955
6-Oct-92	92	68,821	28	2,458
8-Sep-92	123	92,010	0	0
AVE FLOW =	105	78,545	30	2,586

B. MONTHLY FLOW SUMMARY - PAST WINTER/SPRING MOS

DATE	CCF	GALS	DAYS	ADF GPD
8-Apr-93	41	30,670	34	902
5-Mar-93	11	8,229	28	294
5-Feb-93	18	13,465	29	464
7-Jan-93	13	9,725	34	286
4-Dec-92	24	17,953	28	641
AVE FLOW =	21	16,008	31	517

II. PLUMBING FIXTURE DATA

CEDAR FOREST RACQUET CLUB	FIXTURE TYPE	NO. OF UNITS	FIX UNIT VALUE	TOTAL FU'S	
	KIT. SINK	1	3	3	[NCSBC TABLE 1304.1]
	LAV	2	2	4	
	URIN	1	4	4	
	WC	2	3	6	
	SHWR	3	3	9	
		TOTAL FU'S =		26	
		TOTAL FLOW, Qe =		22.5	GPM [NCSBC TABLE F102]
MATTHEWS TENNIS CLUB					
	LAV	3	2	6	[NCSBC TABLE 1304.1]
	WC	3	3	9	
		TOTAL FU'S =		15	
		TOTAL FLOW, Qp =		17.5	GPM [NCSBC TABLE F102]
CALCULATED FLOW REDUCTION =				78%	[(Qp/Qe)100]
ADJUSTED ADF = [PAST 14 MOS]	2,015	GPD			[MATTHEWS TENNIS CLUB]

ADJUSTED ADF =		403	GPD				[MATTHEWS TENNIS CLUB]				
[PAST WINTER/SPRING MOS]											
III. FLOW DATA COMPARISON											
A. MONTHLY FLOW SUMMARY - PAST 14 MOS											
		NO. OF		NO. OF		ADF/MEMBER	ADF/COURT				
		MEMBERS		COURTS		GPD	GPD				
CEDAR FOREST		300		12		9	215				
RACQUET CLUB											
MATTHEWS		80		8		7	168				
TENNIS CLUB											
B. MONTHLY FLOW SUMMARY - PAST WINTER/SPRING MOS											
		NO. OF		NO. OF		ADF/MEMBER	ADF/COURT				
		MEMBERS		COURTS		GPD	GPD				
CEDAR FOREST		300		12		2	43				
RACQUET CLUB											
MATTHEWS		402		8		1	34				
TENNIS CLUB											
IV. NITRIFICATION TRENCH REQUIREMENTS											
AVE DAILY FLOW		540	GPD								
SOIL GROUP		III									
ACCEPTANCE RATE		0.3	GPD/SF								
AVAILABLE AREA	WIDTH	120	FT								
	LENGTH	120	FT								
		14,400	SF								
MIN. TRENCH WIDTH		3	FT								
REQ'D TRENCH BOTTOM =		1,800	SF								
TOTAL TRENCH LENGTH =		600	FT								
		600	FT	[SYSTEM DESIGN]							

Planning
Architecture
Engineering
Interior Design
Landscape Architecture

ODELL

Fax

Date: 10.19.93 Time:

To: MECKLENBURG COUNTY HEALTH DEPT.
700 N. TRYON ST.

Fax No.: (704) 336-6594 Phone No.:

Attention: TOM NEWELL / SYLVIA DANIEL

Reference: MATTHEWS TENNIS CLUB

From: DAVE PEARCE

Number of pages including this sheet: 3

We are Faxing herewith the following ☒ Items ☒ Message

FLOW DATA FOR COMPARABLE FACILITY "CEDAR FOREST" TENNIS CLUB. FOR YOUR REFERENCE AT OUR MEETING W/ SYLVIA THIS AFTERNOON.

☐ For Approval ☒ For Your Use ☐ As Requested ☒ For Review

☐ Copy sent by ☐ US Mail ☐ Overnight

By: DAVE Project No 0050.000

cc w/encl. ☐ w/encl ☐

w/encl. ☐ w/encl. ☐

Odell Associates Inc. 129 West Trade Street, Charlotte, N.C. Phone (704) 377-5941 Fax (704) 343-9140

ADJUSTED ADF =		403	GPD				[MATTHEWS TENNIS CLUB]				
[PAST WINTER/SPRING MOS]											
III. FLOW DATA COMPARISON											
A. MONTHLY FLOW SUMMARY - PAST 14 MOS											
		NO. OF MEMBERS		NO. OF COURTS		ADF/MEMBER GPD	ADF/COURT GPD				
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MIN. TRENCH WIDTH		3	FT								
REQ'D TRENCH BOTTOM =		1,800	SF								
TOTAL TRENCH LENGTH =		600	FT								
		600	FT	[SYSTEM DESIGN]							

1600
5333
1777

MICROFLOW XLS

MATTHEWS TENNIS CLUB
WASTEWATER FLOW ANALYSIS

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FACILITY:	CEDAR FOREST RACQUET CLUB
SOURCE:	CMUD
NO. MEMBERS:	300
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[GALS = CCF(100)7.4805]
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		TOTAL FU'S =		26	
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MATTHEWS TENNIS CLUB					
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	WC	3	3	9	
		TOTAL FU'S =		15	
		TOTAL FLOW, GPD =		17.5	GPM [NCSBC TABLE F102]
CALCULATED FLOW REDUCTION =				78%	[(Op/Qe)100]
ADJUSTED ADF = [PAST 14 MOS]		2,015	GPD		[MATTHEWS TENNIS CLUB]

1040B/9012A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 7.16.93

Date: Sept. 93

PERSON FILING APPLICATION:

NAME: GUNSALLUS BRENDA SUE
(last) (first) (mi)

ADDRESS: 1145 TIMBER HILL CT. PHONE: (704 541-8067

CITY: CHARLOTTE STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-175-09

STREET ADDRESS: PLEASANT 210 PLAINS RD.

ZONING: B-20

PROPERTY OWNER:

NAME: RUFFLEM MARY VAN & RUTH
KARAFOTIAS MARY
(last) (first) (mi)

ADDRESS: 110 WASHINGTON AVE PHONE: 912 354-4455

CITY: SAVANNAH STATE: GA ZIPCODE: 31405

SUBDIVISION OR MOBILE HOME PARK NAME: MATTHEWS TENNIS CLUB

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

LOT NUMBER: N/A LOT SIZE (in acres): 15.708

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business TENNIS CLUB Employees 3 Per Shift * _ _ _
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] 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. * PHASE I OF MEMBERSHIP SHALL NOT EXCEED 100/NO FOOD SERVICE FACILITIES PER MATTHEWS ZONING ORDINANCE.

Signed: Danny C. Ruth Date: 7.16.93

NOTICE: John F. Nunnally - PRESIDENT

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

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

FILE: 1040B/9012A.

TC: 227-175-09

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.

SEE ATTACHMENT

APPROVAL DATE _____

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

1040B/9012A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7/2/93 DK P&S 150' 7/16/93 DK [ ] 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 7.16.93

COPY

Date: Oct. 93

PERSON FILING APPLICATION:
NAME: GUNSALUS BRENDA SUE (last) (first) (mi)
ADDRESS: 11145 TIMBER HILL CT. PHONE: 704 541-8067
CITY: CHARLOTTE STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 227-175-09
STREET ADDRESS: PLEASANT 210 PLAINS RD.
ZONING: B-20

PROPERTY OWNER:
NAME: RAMAFEDIAS MARY MARY VAN & RUTH (last) (first) (mi)
ADDRESS: 110 WASHINGTON AVE PHONE: 912 354-9455
CITY: SAVANNAH STATE: GA ZIPCODE: 31405

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

SUBDIVISION OR MOBILE HOME PARK NAME: MATTHEWS TENNIS CLUB

LOT NUMBER: N/A LOT SIZE (in acres): 15.708

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D) 8-10 tennis courts
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N) Clubhouse — NO FOOD SERVICE
[ ] 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) [X] MODULAR HOME (M) [ ] OTHER _____ (O)
NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business TENNIS CLUB Employees 3 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
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[ ] Garage [X] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: [signature] Date: 7.16.93

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.

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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 : 122791

****LETTER OF TRANSMITTAL****

Date: 7.16.93

To: Mecklenburg County Health Department
700 North Tryon St.
Suite 211
Charlotte, North Carolina 28202-2236

From: David P. Rector, PE
c/o Odell Associates, Inc.
129 W. Trade St.
Charlotte, North Carolina 28202
(704) 377-5941, ext. 593

Attention: *Ms. Kelly Randall, R.S. Soil Scientist*

Reference: Request for Private Wastewater System
Matthews Tennis Club - Phase I
2110 Pleasant Plains Road
Matthews, North Carolina 28105

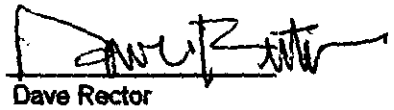
We are transmitting: x Herewith Under seperate cover

Copies	Dated	Description
4	7.07.93	Site Engineering plan - Sht. No. C2.0
1	7.07.93	Site Plan
1	6.21.93	Geotechnical Report
1	7.07.93	Application Form
1	7.06.93	Application Fee - $150.00

x For Approval For Your Use As Requested x For Review

Remarks:

Permit application for proposed ground absorption sewage disposal system. We would install a 1,000 gallon residential type system until CMUD extends gravity sewer to the site (*i.e.* with Phase II of the Club.).
If you have any questions or need additional information, please do not hesitate to call.

By: 
Dave Rector

Project No: 2485.500

cc: Brenda Gunsallus w/encl
Lee Nunnally w/encl

Planning
Architecture
Engineering
Interior Design
Landscape Architecture

ODELL

Fax

Date: 10.8.93 Time: 10:50

To: MECKLENBURG COUNTY HEALTH DEPT.
700 N. TRYON ST.
SUITE 211
CHARLOTTE, N.C. 28202-2236

Fax No.: (704) 336-6394 Phone No.:

Attention: JOHN NEWELL

Reference: MATTHEWS TENNIS CLUB

From: DAVE PESTOR

Number of pages including this sheet: 2

We are Faxing herewith the following ☒ Items ☐ Message

PLEASE REVIEW THE ATTACHED AND LET'S DISCUSS.
THANKS

☐ For Approval ☒ For Your Use ☒ As Requested ☐ For Review

☐ Copy sent by ☐ US Mail ☐ Overnight

By: Project No.: 9050

cc: w/encl. ☐ w/encl. ☐

w/encl. ☐ w/encl. ☐

Odell Associates Inc. 129 West Trade Street, Charlotte, N.C. Phone (704) 377-5941 Fax (704) 343-9140

227-175-09

1040B

Date: October 8, 1993

Mecklenburg County Health Dept.
700 N. Tryon St.
Suite 211
Charlotte, North Carolina 28202-2236

Attention: Tami Newell, R.S

Re: Request for Temporary Private Wastewater System
Matthews Tennis Club
2110 Pleasant Plains Road
Matthews, North Carolina 28105

Dear Ms Newell:

Pursu[illegible]onversation yesterday, here follows our proposal to the Mecki[illegible]th Department for the operation of the temporary wastewater system for the [illegible]eferenced project:

Based on 200 members X 56PD ÷ 60% = Calcs on 100MPD

1) MTC to install a residential system (i.e. 750 gal tank w/ 600' of drainfield - 500 GPD/ADF.) for use until a permanent clubhouse is built. (Town of Matthews has mandated that a *permanent clubhouse* be completed by August 23, 1995.)

2) MTC will pay wastwater connection to CMUD *upfront* (i.e. prior to CO issuance by Bldg. Dept.) to demonstrate our "Good Faith" intent to connect to CMUD sewer when it becomes available.

3) MTC would agree, in writing, to participate w/ CMUD in the extension of gravity sewer from Brightmoor Subdivision prior to the completion of the permanent clubhouse.

4) MTC would limit memberships to 200, until such time that permanent sewer becomes available.

5) HEALTH DEPARTMENT would classify the interim system as a TYPE III system under State guidelines [*Table V(a)*] for *annual review*.

As I have explained to you previously, our reasons for not extending gravity sewer at this time are financial. We cannot afford to install either the (PPBPS) system or permanent sewer until the club can be allowed to *open so that it can generate revenue* to pay for these improvements. Considering that we have only a residential water service (1") coming into the temporary facility, and do not intend to provide food service or other amenities (i.e. showers, sauna or pool.), we would respectfully request your approval of an improvement/operation permit for the residential-type system treatment/disposal system..
Thanks for your *cooperation and consideration in this matter.*

We do not recommend temporary remedies cases if not enacted by date when these to be serviced. Pump & haul under our rules. (1958(b))

Very truly yours,

Dave Rector, PE

cc: B. Gunsallus
L. Nunnally

TOTAL P.02

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19366

File: 1040 B/9012 A Action 2

Parcel: 80 227-175-09 ☐ PC

Location: Pleasant Plains Road

Subdivision:

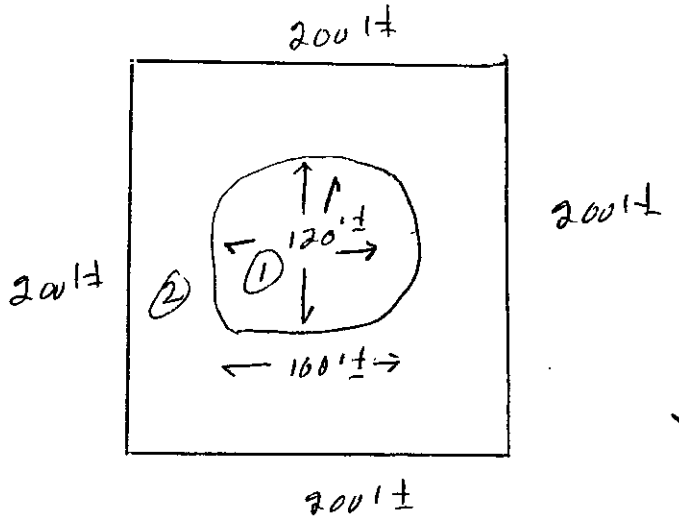
Lot: Block: Acres: Approx .9 Inv.

Owner: Mary Puffler +
Address: Mary Paraskevas
110 Washington Ave.
Savannah, Ga. 31405

Comments: 100% Repair will probably be needed as well as pump .3 gal/ft²/day LTAR

Described by: William A. Marks

Date: 6-10-93



N

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

Pleasant Plains Rd
Area #1 Approx 130-140 From Road - Recommend Drainfield Area Be checkbored after it is laid out -

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 Slightly Expansive	(S) PS U clay	S PS (U) 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 >40" To water	S PS (U) Perched water 18-24"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS (U) 30-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S (PS) U 30"	S PS U	S PS U	S PS U	S PS U
Available Space Restricted	S PS (U)	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	Helena/ Vance				
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 19366

File: Action _____

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____

***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Engineering
Interior Design
Landscape Architecture

ODELL

Fax

Date: 8.18.93 Time: 8:45

To: MECKLENBURG COUNTY HEALTH DEPT.
700 N. TRYON ST.
SUITE 211
CHARLOTTE, NC 28202-2236

Fax No.: (704) 336-8394 Phone No.:

Attention: TONY NEWELL

Reference: MATTHEWS TENNIS CLUB

From: DAVE PEETOM

Number of pages including this sheet:

We are Faxing herewith the following ☒ Items ☒ Message

FLOW DATA FOR THE ABOVE REFERENCED PROJECT PER OUR PREVIOUS DISCUSSIONS. I'VE ENCLOSED OUR FORM APPLICATION FOR YOUR INFORMATION. PLEASE CALL IF YOU HAVE ANY QUESTIONS.

☒ For Approval ☐ For Your Use ☒ As Requested ☐ For Review
☐ Copy sent by ☐ US Mail ☐ Overnight

By: Project No.: 93-30.0002

cc: w/encl. ☐ w/encl. ☐
w/encl. ☐ w/encl. ☐

Odell Associates Inc. 129 West Trade Street, Charlotte, N.C. Phone (704) 377-5841 Fax (704) 343-9140

MATTHEWS TENNIS CLUB
WASTEWATER FLOW ANALYSIS

I. EXISTING DATA

FACILITY	NO. OF MEMBERS	NO. OF COURTS	POOL	GOLF	AVE FLOW PER MONTH [CCF]	ADF [GPD]	MEMBER ADF [GPD]
CEDAR FOREST TENNIS CLUB	250	12	YES	NO	88	2,194	9
CHARLOTTE INDOOR TENNIS CLUB	210	15	NO	NO	264	6,583	31
PINE LAKE COUNTRY CLUB	120	4	NO	YES	NO DATA	NO DATA	NO DATA
15A NCAC 18A .1900 [TABLE NO. 1]	N/A	N/A	N/A	N/A	N/A	N/A	20

SOURCE:
MS. LOU MOUCHET
CMUD BILLING CTR
[336-2460]

II. ANTICIPATED FLOW

MATTHEWS TENNIS CLUB	250	10	NO	NO	80	1,995	8

9/8/93 - verified figures w/ Lou. Mouchet.
She thinks Charlotte Indoor Tennis Club - was too high for location.

AUG-18-1993 08:50 FROM TO 9336894 P.02
10:43AM FOX

3)

CHARLOTTE-MECKLENBURG BUILDING ANDARDS
PROJECT REVIEW DISCIPLINES

PAGE: 1

PROJECT INFORMATION

PROJECT NUMBER: 000-991439 **SUBMITTED DATE:** 08/05/93
PROJECT NAME: MATTHEWS TENNIS CLUB **PHS:** 1 **SEC:** **TIME:** 02:53 PM

CONTACT NAME: MARK **PHONE #:** (704) 332-3746
TITLE: CONTR **TYPE OF PERMIT:** FULL

COMMENTS: 2110 PLEASANT PLAINS RD / MATT / 22717509

REVIEW DISCIPLINES

	DISCIPLINE	CONTACT	PHONE	INITIALS
E ...ARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	
COUNTY ENGINEERING	COUNTY ENGINEERING	BEVERLY LAWING	336-4281	
	COUNTY ENGINEERING	BEVERLY LAWING	336-4281	
PLANNING COMMISSION	PLANNING COMMISSION	?	000-0000	
'ILITY DEPARTMENT	UTILITY DEPARTMENT	?	000-0000	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENT... DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

Mecklenburg County
Health Department

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

September 8, 1993

Mr. David P. Rector, PE
c/o Odell Associates
129 West Trade Street
Charlotte, NC 28202

Re: Request for Private Wastewater
Matthews Tennis Club - Phase I
2110 Pleasant Plains Road
Matthews, NC 28105
File Number 1040B/9012A Parcel: 227-175-09PO

Dear Mr. Rector:

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 materials you provided (Wastewater flow analysis, site plans, etc.) and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal." Our comments are listed below:

.1945 Available Space
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these rules.

(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this section.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-5572.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

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

September 8, 1993

Mr. David P. Rector, PE
c/o Odell Associates
129 West Trade Street
Charlotte, NC 28202

Re: Request for Private Wastewater
Matthews Tennis Club - Phase I
2110 Pleasant Plains Road
Matthews, NC 28105
File Number 1040B/9012A Parcel: 227-175-09PO

Dear Mr. Rector:

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 materials you provided (~~Flow data from other facilities~~, ~~Spec~~ site plans, etc.) and site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal." ~~Our~~ Our comments are listed below:

.1945 Available Space
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these rules. (b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this section.

(b)

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-5572.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

Mr. David P. Rector, PE
C/o Odell Associates
129 W. Trade St.
Charlotte, NC 28202

RE: Request for Private Wastewater
Matthews Tennis Club - Phase I
2110 Pleasant Plains Rd.
Matthews NC 28105
File no. 1640B/9012A PARCEL:

Dear Mr. Rector:

Receipt of the plans and specifications for a conventional system of sewage disposal for the ~~Subdy~~ above property is hereby acknowledged. Upon receipt of the information, a review was made of the materials you provided (FLOW DATA FROM OTHER FACILITIES, SITE PLANS, ETC.) and site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15NCAC 18A .1900 "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper function of ground absorption sewage treatment & disposal systems, based upon the square footage of

Nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule. 1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-5572.

Sincerely.

Jon L Newell R.S.
IWWS

Mecklenburg County

Health Department

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

June 10, 1993

Ms Mary Pufflen and Ms. Mary Kabaecstas
110 Washington Avenue
Savannah, Georgia 31405

Re: Property located at Pleasant Plains Road
File: 1040B/9012A
Parcel: 227-175-09P0

Dear Ms. Mary Pufflen and Ms Mary Kabaecstas:

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 No. 19366) is enclosed for your information.

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 .1957 (c) 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 you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR/lw
Enclosure (2)

400 ✓

10406/9025A

INDIVIDUAL WATER AND WASTEWATER SYSTEM PROGRAM
APPLICATION FOR SERVICES

7/9/93 P&C 30' 7/9/93 P&C 150' CMPX

[ ] CR7

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

Date: Oct. 93

PERSON FILING APPLICATION:

NAME: GUNSALLUS (last) BRENDA (first) SUE (MI)

ADDRESS: 11145 TIMBER HILL CT. PHONE: 704 541-8067

CITY: CHARLOTTE STATE: NC ZIPCODE: 28226

PROPERTY OWNER: FUFFLEN WARY VAN & RUTH

NAME: KARAFOTIAS (last) MARY (first) (MI)

ADDRESS: 110 WASHINGTON AVE PHONE: 912 354-4455

CITY: SAVANNAH STATE: GA ZIPCODE: 31405

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-115-09

STREET ADDRESS: PLEASANT HILL RD.

ZONING: R-20

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

SUBDIVISION OR MOBILE HOME PARK NAME: MATTHEWS TENNIS CLUB

LOT NUMBER: N/A LOT SIZE (in acres): 15.708

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business TENNIS CLUB Employees 2 Per Shift _____
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type _____

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

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

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

Signed: [signature] Date: 7.19.93

NOTICE:

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

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

[ ] 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

Authorized Agent Date

Planning
Architecture
Engineering

Odell Associates Inc.
Commerce Center
129 West Trade Street
Charlotte, NC 28202
Phone (704) 377-5941

David P. Rector, PE
Director of Civil Engineer

ODELL

10-93

6/02/93 $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1040 B/9012A CK# 0719 [] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: GUNSALLUS (last) BRENDA (first) SUE (mi)

ADDRESS: 11145 TIMBER HILL CT. PHONE: (704) 541-8067

CITY: CHARLOTTE STATE: NC ZIPCODE: 28226

Date: 6.1.93

PROPERTY OWNER: PUFFLER MARY VAN &

NAME: BABAECETAS (last) MARY (first) RUTH (mi)

ADDRESS: 110 WASHINGTON AVE PHONE: 912-354-4455

CITY: SAVANNAH STATE: GA ZIPCODE: 31405

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-175-09

STREET ADDRESS: PLEASANT PLAINS RD.

ZONING: B-20

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

SUBDIVISION OR MOBILE HOME PARK NAME: MATTHEWS TENNIS CLUB

LOT NUMBER: N/A LOT SIZE (in acres): 15.708

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

MERCIAL/INDUSTRIAL PROPERTY:
pe Business TENNIS CLUB # Employees 3 Per Shift _ _ _
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) _ Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] 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: Hugh Lockhead, AGENT Date: 6/1/93

NOTICE:

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

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

...This permit is not transferable.

...

[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 Date

WATER : 122791

See attached Site Plan



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5. Ti
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or

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA 28203

April 3, 1980

Mary Ruth Karacostas
216 Washington Avenue
Savannah, Georgia
31405

TO: Tim Cool
FAX #: 704-542-5378

FROM: Mary VanPeltz
DATE: / /
PAGES INCLUDING THIS PAGE:
FAX #: 912-232-2012 PHONE #: 912-354-4455 x2

Dear Mrs. Karacostas:

At your request, a pre-preliminary investigation of soils and topography was conducted on the property (T.C. 227-175-09), located on Pleasant Plains Road. The purpose of this investigation was to determine site suitability for the installation of septic tank systems. A soil map was made and a copy is enclosed.

The areas shown in white are predominantly unacceptable for septic tank systems. Soils in these areas include the Monacan, Iredell, Helena and Vance series.

The Monacan is the soil located in the flat area adjacent to the stream on the back of the property. This soil is shallow in depth and subject to flooding. Water stands on it part of the year, either on the surface or near the surface of the ground.

The Iredell soil has a thick layer of expanding clay minerals which makes it very stick and plastic when wet and very hard when dry. Water moves too slow through this soil for it to be considered for use with septic tank systems.

The Helena soils have expanding clay minerals which slows the movement of water throu out the soil layers. A perched water table at the surface, or near the surface is very common in this soil. The structure of the soil is poorly developed and tends to be massive.

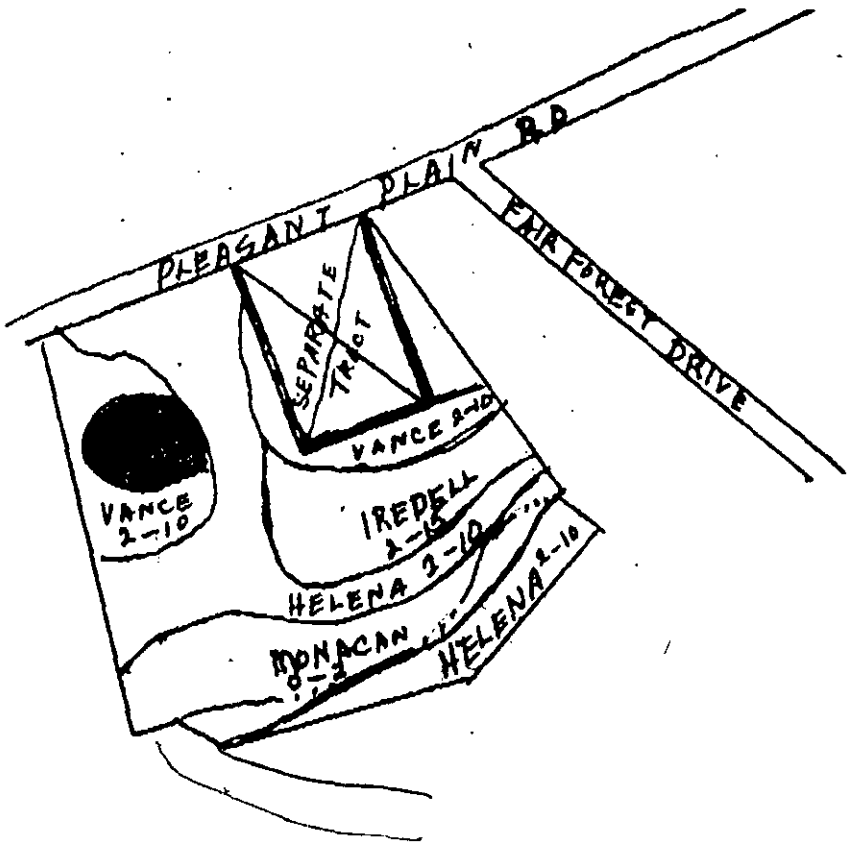
The Vance soil is more developed than the Helena, but it still is poorly drained at low levels. The shallow soil has some expanding clay minerals which makes it somewhat sticky and plastic when wet.

The small area colored in green is of the Cecil soil series, which is predominantly acceptable for septic tank systems. It has the necessary depth, drainage, aeriation and percolation.

Based on this investigation, nearly all of the property appears to fall into an unacceptable classification, for the use of septic tank systems. The Charlotte-Mecklenburg Planning Commission is the approval authority for subdivisions. Each lot is inspected individually to determine acceptability before a permit is issued.

Sincerely,
Willard B. Ramsey
Willard B. Ramsey
Soil Scientist

WBR:ssr
enclosure



■ SOILS PREDOMINANTLY ACCEPTABLE FOR SEPTIC TANK SYSTEMS

☐ SOILS PREDOMINANTLY UNACCEPTABLE FOR SEPTIC TANK SYSTEMS.

TAX CODE 227-175-09

Willard B. Ramsey
Soil Scientist

PROPOSED PLOT PLAN

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

FILE: 1040B|902A

TC: _____

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

[SEE ATTACHED SITE PLAN]

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1040.B | 9012A 6/02/93 $50.00 CK# 0719 [] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: GUNSALLUS (last) BRENDA (first) SUE (mi)
ADDRESS: 1145 TIMBER HILL CT. PHONE: (704 541-8067
CITY: CHARLOTTE STATE: NC ZIPCODE: 28226

Date: 6.1.93

PROPERTY OWNER:
NAME: RUFFELEN (last) MARY MARY (first) VAN & RUTH (mi)
ADDRESS: 110 WASHINGTON AVE PHONE: 912 354-4455
CITY: SAVANNAH STATE: GA ZIPCODE: 31405

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 227-175-09
STREET ADDRESS: PLEASANT PLAINS RD.
ZONING: B-20

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

SUBDIVISION OR MOBILE HOME PARK NAME: MATTHEWS TENNIS CLUB

LOT NUMBER: N/A LOT SIZE (in acres): 15.708

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

MERCIAL/INDUSTRIAL PROPERTY:
...e Business T CLUB # Employees 3 Per Shift _ _ _
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) _ Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] 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: Hugh Lockhead, AGENT Date: 6/1/93

NOTICE:

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

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

...This permit is not transferable.

...

[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 Date

WATER : 122791

DATE: 6.2.93

TO: MECKLENBURG COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIVISION
HAL MARSHALL CTR., SUITE 211
700 W. TRYON ST.
CHARLOTTE, NC 28202

FROM: DAVID P. RECTOR, PE
C/O ODELL ASSOCIATES, INC.
129 W. TRADE ST.
CHARLOTTE, NC 28202

ATTENTION: MR. BILL MARLIN

REFERENCE: PRELIMINARY SOILS INVESTIGATION
MATTHEWS TENNIS CLUB
MATTHEWS, NC 28105

WE ARE TRANSMITTING: x HEREWITH

COPIES	DATED	DESCRIPTION
1	6.1.93	APPLICATION FORM
1	6.1.93	APPLICATION FEE - $50 [CHK NO 0719]
1	2.4.93	REVISED SITE PLAN [SCALE: 1"=50']
1	4.3.80	PRE-PRELIMINARY SOILS INVESTIGATION [BY BILL RAMSEY, MCDEH]

FOR YOUR USE x FOR REVIEW x

REMARKS: PLEASE LET ME KNOW WHEN WE CAN MEET AT THE SITE.
PRELIMINARY, WE ARE LOOKING AT ADF = 6,000 GPD
[300 MEMBERS @ 20 GPD/MEMBER].
IF YOU HAVE ANY QUESTIONS, PLEASE DON'T HESITATE TO CALL.
377-5941

BY: _____
DAVID P. RECTOR, PE

PROJECT NO: 0050.001

CC: BRENDA GUNSALLUS W/ENCL x
☐

PROPOSED PLOT PLAN

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

FILE: 104 B 1901 2A

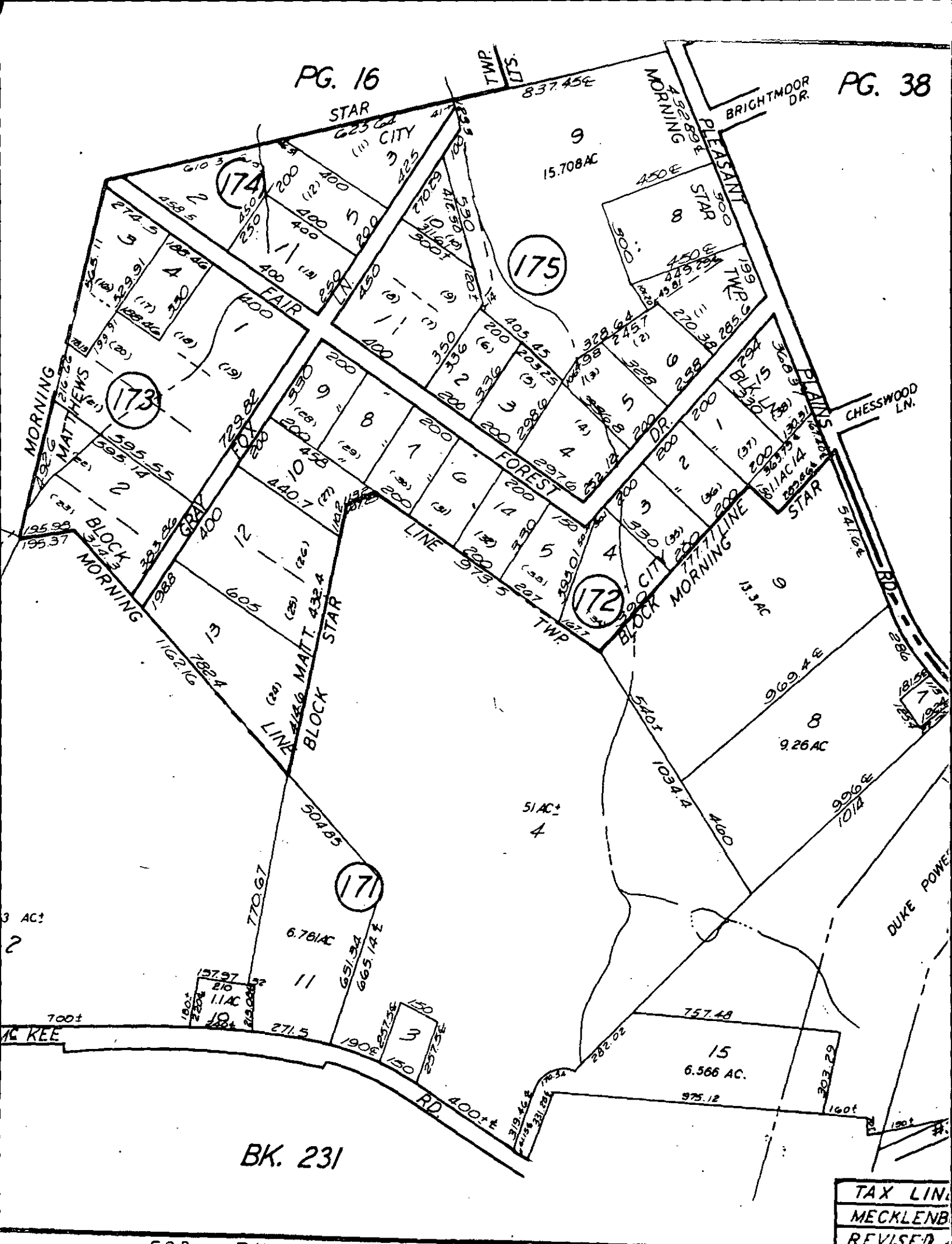
TC: _____

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

[SEE ATTACHED SITE PLAN]

APPROVAL DATE _____

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


PG. 16
PG. 38
BK. 231
TWP. LTS.
837.45E
STAR CITY
623.6
MORNING STAR
BRIGHTMOOR DR.
PLEASANT
15.708AC
450E
174
175
173
172
171
FAIR
FOREST
LN.
DR.
PLAINS
CHESSWOOD LN.
MORNING STAR
MATTHEWS
BLOCK
GRAY
LINE
MAIT. 432.4
TWP.
CITY
MORNING STAR
13.3AC
RD.
9.26AC
51AC±
6.781AC
1.1AC
6.566 AC.
DUKE POWER
MC KEE
RD.
400±
700±
TAX LIN
MECKLENB
REVISED