C of A (s) No. 19853

Date Issued Sept 27 83 Serial 6189 T. C No 93-218-18

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner MILLER, DAN (LAST, FIRST, MIDDLE)

Location of Property 1400 ~~1418~~ INDUSTRIAL DRIVE

Application Number 19853 Permit Number 19853

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 400 LIN FT Number of Lines FIVE

Depth of Filter Material 12 INCHES Cover Depth 2 FT

Water Supply Source well Distance from Water Source 200 FT

Excavation Inspected 9-27-83 (DATE) Tank Inspected 9-27-83 (DATE)

Nitrification Field Inspected 9-27-83 (DATE)

Washing Machine Line Inspected, If Applicable none (DATE)

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

Comments: _____

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6632

ICAR(S) Permit No. 19853

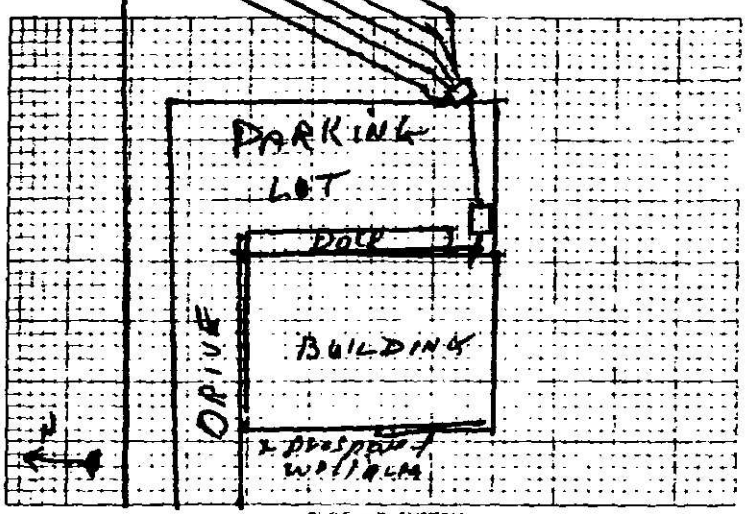
Date Issued Sept 19th 1983

T. C. No. 193-214 18

Map Date _____

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

Permission is hereby given to X Install or Construct, ____Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 19853 dated 7-12-83 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before Oct 30th 1983, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 25 Lpd

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and or Nitrification Lines

Total Line Length 400 Lin FT

Number of Lines FIVE

Distance from House 5 FT

Distance from Property Line 10 FT

Distance from Well 125 FT

NAME OF OWNER MILLER, DAN

LOCATION OF PROPERTY 1400 ~~1418~~ INDUSTRIAL DRIVE

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

FIVE TRENCHES To be 80 FT x 3 FT x 12 inches stone - hay or straw Cover - Grade Level

Comments:

Division or Section Head

Ralph Miller
Environmentalist

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

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SS 8-6-83

SIR No. 19853

Serial No. 6737

Date Issued 9-1-83

T. C. No. 193-211-18

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Miller, (LAST) Dan (FIRST) S. (MIDDLE)

ADDRESS OF OWNER 1118 Bent Pine Cr., Matthews, NC ZIP 28105

LOCATION OF LOT 1400 ~~1418~~ Industrial Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 19853 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Ralph Miller
Environmentalist

Bill D. Harbinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 12 July 1983

RECEIVED
JUL 12 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19853

T. C. No. 193-211-08

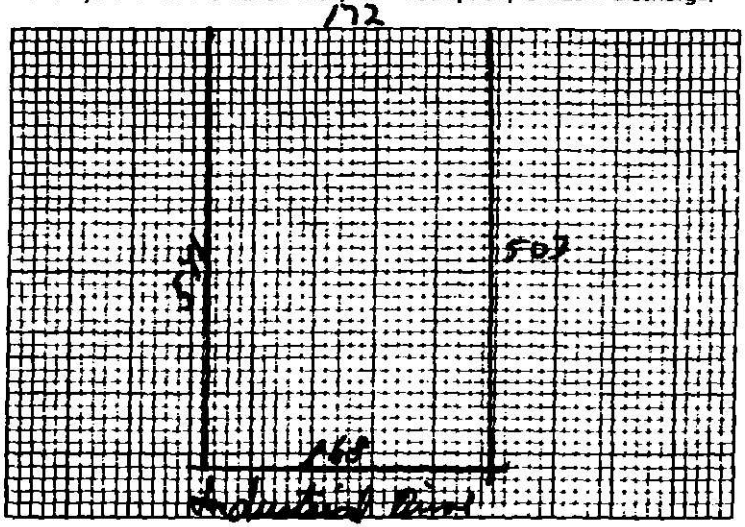
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___Yes ___No
Residence ___Yes ___No

5) No of Bedrooms ___

6) Business Use - Max No Employees 25 (chemical lab)

7) Washing Machine ___Yes ___No

8) Garbage Disposal ___Yes ___No

9) Dishwasher ___Yes ___No

10) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1. Well source ___
2 Governmental source ___

11) Sewage System
House located within 200 feet of public sewer ___Yes ___No
House located within 200 feet of community sewer ___Yes ___No

12) FHA Case No ___

13) VA Case No. ___

13) NAME OF OWNER Miller (LAST) Dan S. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 1118 Bent Pine Circle Matthews, N.C. 28105

15) PHONE NO. Home ___ Office 847-6805

16) LOCATION OF SYSTEM 1400 ~~1418~~ Industrial Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

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

20) PTR NUMBER (See Instructions) ___

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

12 July, 1983
DATE OF APPLICATION

OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 12 July 1983

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 12 1983
ENVIRONMENTAL HEALTH

SIR No. 1983
T. C. No. 193-911-
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Milner (LAST) DAN (FIRST) S. (MIDDLE)

2) ADDRESS OF OWNER 1118 Bent Pine Circle ZIP 28105

3) PHONE NO. Home 847-7263 Office 372-1101

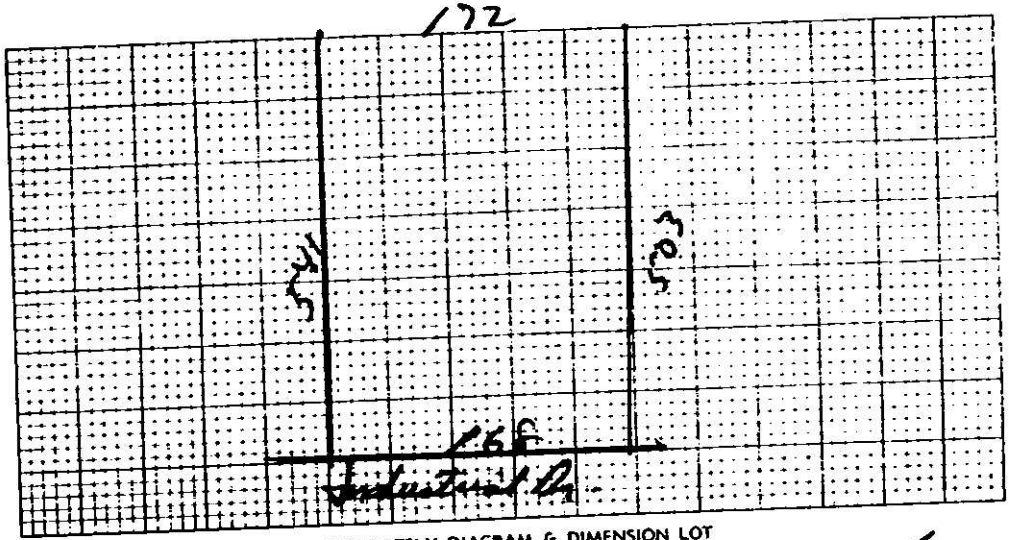
4) LOCATION OF PROPERTY 1418 Industrial Drive - Matthews, N.C. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and on on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19853

T.C. NO. PO 193-211-07

(Ground Absorption Sewage Disposal)

OWNER: Dan Miller
ADDRESS: 1113 Bent Pine Circle 28105
LOCATION OF SITE: Industrial Drive

PLAT NO:
LOT SIZE: 2ac

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-8	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 36-45	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U

8. SOIL GROUP IIa

9. SITE CLASSIFICATION Provisionally Suitable

10. SOIL SERIES Cecil

S - Suitable PS - Provisionally Suitable U - Unsuitable

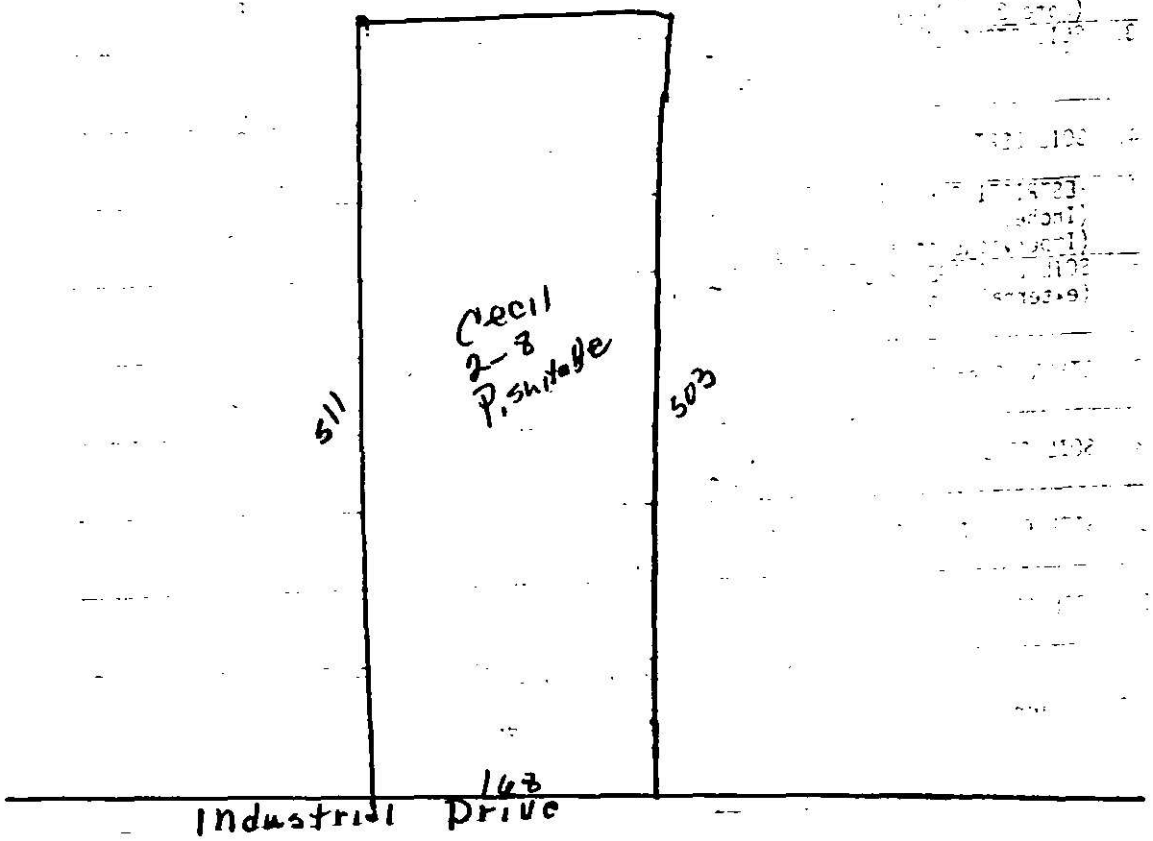
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 7-20-83

EHD 539 (Revised: 6/82)


Cecil
2-8
P, suitable
511
503
163
Industrial Drive

Serial No. 5121

SIR No. 19853

T. C. No. 193-211-07 18

Date Issued 7-21-83

Map Date

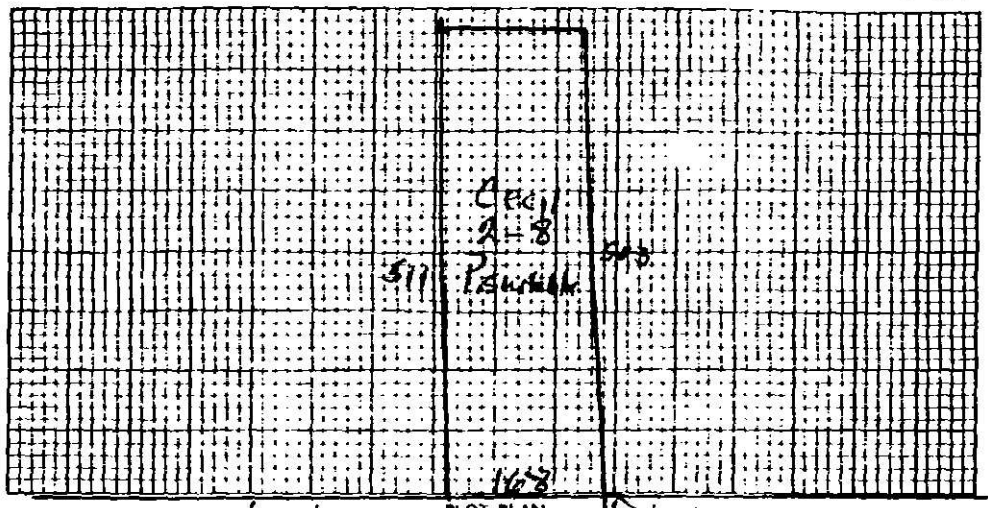
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Miller, (LAST) Dan (FIRST) S. (MIDDLE)

ADDRESS OF OWNER 1118 Bent Pine Cr., Matthews, NC ZIP 28105

LOCATION OF PROPERTY 1418 Industrial Drive (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was **Provisionally Suitable**. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction, including the drilling of a well, is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Willard Ramsey
Soil Scientist

Environmental Health Director or
Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

6805

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 19853
TC: 193 211-18
SERIAL: No 20644
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1400 (STREET NO.) Industrial Drive (STREET) ② FILE: 19853
③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 193-211-18
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Dan (FIRST) AMANDA S. (MIDDLE) Miller (LAST)
⑨ MAILING ADDRESS: 317 ~~Amanda~~ Drive
⑩ CITY: Matthews ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 847-6805 ⑭ (HOME) 846-3101

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Warehouse Addition

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? NONE
㉓ Type? Miller Refrigeration
㉔ Maximum occupancy?
㉕ Maximum number of employees? 65
㉖ Basement? ☐ yes ☑ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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:

Date:

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
4200 SIXTH BOULEVARD
CHARLOTTE, NC 28211
PHONE (704) 336-4803

No. 20644

JOB LOCATION

OWNER

DESIGN CRITERIA

APPLICANT

P/S enter in computer. White copy P&W missing.

PERMIT

Date

Date

Mecklenburg County Health Department

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE:
TC:
SERIAL: ☐ I, ☑ CRT

JOB LOCATION

① ADDRESS: 1466 Industrial PRICE (STREET NO. / STREET) ② FILE: 1253

③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 195-211-18

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: DAN (FIRST) AMARCH S (MIDDLE) MILLER (LAST)

⑨ MAILING ADDRESS: 317 AMARCH LANE

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 847-6805 ⑭ (HOME) 376 2161

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) Construction Addition

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ Number of bedrooms? Private

㉒ Maximum occupancy?

㉓ Basement? ☐ yes ☑ no

㉑ ☐ Business or place of public assembly

㉕ Type? Miller Residential

㉖ Maximum number of employees? 05

㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges 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:

Date:

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Use existing system

Phila S. Walker, 4/17/90
Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-11-90

Name/Company: Paul Christenbury
(Davis Concrete & Construction)

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 2P. Addition
14100 Industrial Drive

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 11 1990

Check # 1985 3

Fee: $ 25 00

Cash
#25.00

NOTICE:

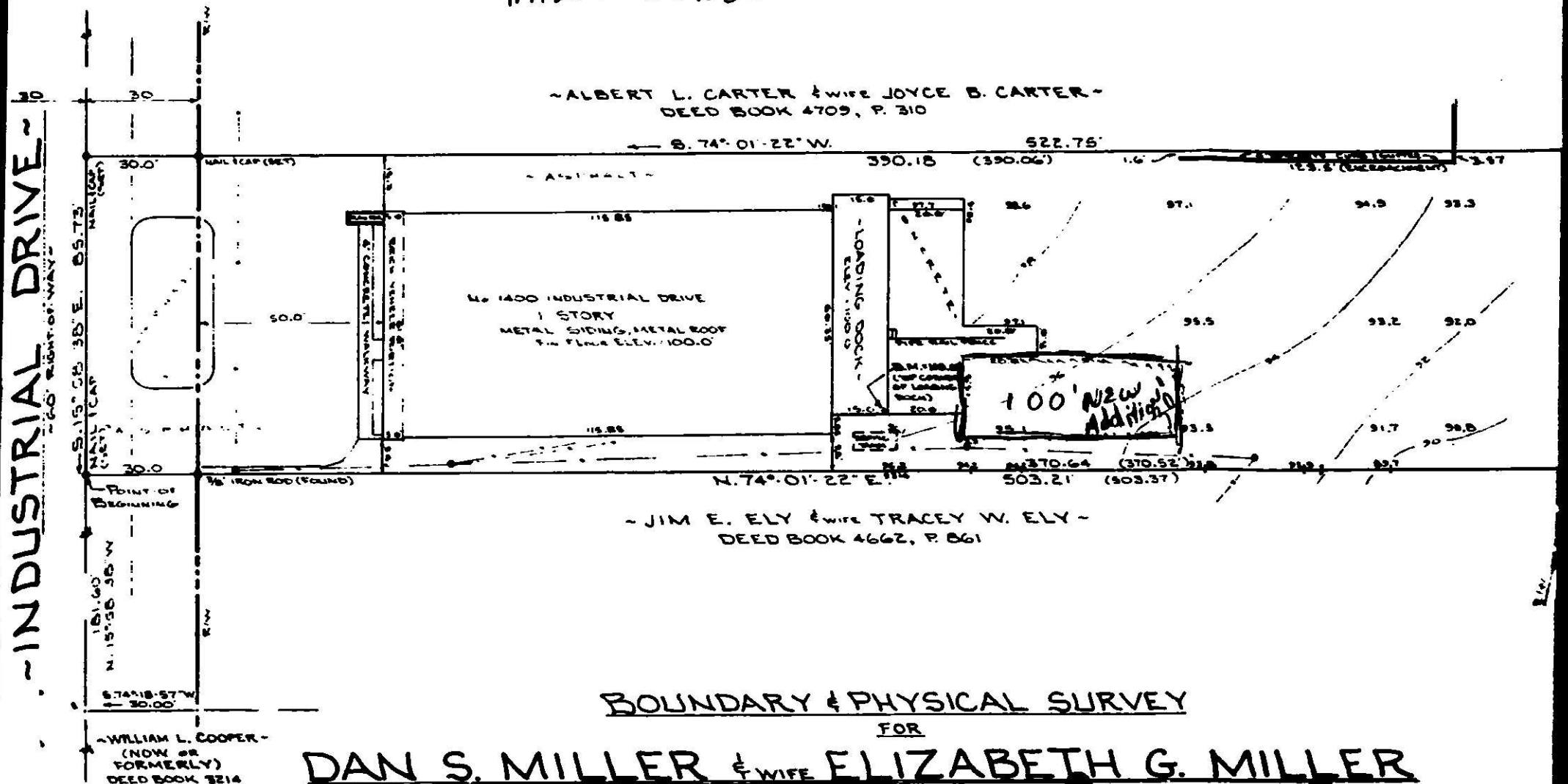
A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

1400 Industrial Drive Matthews, N.C.

Miller Refrigeration Warehouse



BOUNDARY & PHYSICAL SURVEY

FOR

DAN S. MILLER & WIFE ELIZABETH G. MILLER

TOWN OF MATTHEWS, MECKLENBURG COUNTY, NORTH CAROLINA

SCALE: 1"=30'

1.01 ACRES (GROSS)

FEB. 14, 1990