Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

LD 1/8/09

GWS File #: 7779 B WASPS App #: 3567

Primary ES assigned to project: PW

Secondary ES assigned to project: _____

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

I. File Review:

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

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

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: KL Date performed: 10 13 08

FILE NUMBER: 7779B

Revised On: August 31, 2007

APPLICATION NUMBER: 3562

SEPTIC FEE: 200
DATE: 6/2/08
C&K 4169

WELL FEE: _____
DATE: _____

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

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

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

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 043-221-18
STREET ADDRESS: 5641 DAVID COX RD,
CITY: CHARLOTTE
STATE: NC ZIP: 28269
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 5.7978 (ENTIRE EXISTING TRACT)
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☒ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☒ OTHER MANAGER'S APARTMENT
HEATED SQUARE FOOTAGE: 600ϕ
NUMBER OF BEDROOMS: 1
NUMBER OF OCCUPANTS: 1
FOUNDATION TYPE:
☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☒ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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

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

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

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

8A. **RANK:** ____ ____ ____ ____ ____

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

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

10. **PROPERTY OWNER:**

NAME: WATERS/ABR STORAGE LLC
ADDRESS: P.O. BOX 34127
CITY: CHARLOTTE
STATE: NC ZIP: 28234
HOME PHONE: WORK PHONE: 704.333-0794
MOBILE PHONE: FAX: 704-333-0797

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: MR. K. MARTIN WATERS III
ADDRESS: P.O. BOX 34127
CITY: CHARLOTTE
STATE: NC ZIP: 28234
HOME PHONE: WORK PHONE: 704.333.0794
MOBILE PHONE: FAX: 704-333-0797

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 11/21/2001
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** NA

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

H. C. Barrett 6/2/08
Property Owner's or Owner's Legal Representative Signature Date

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

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

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

9A. THERE IS AN EXISTING SEPTIC SYSTEM ON THE PROPERTY AT THE OPPOSITE END OF WHERE WE ARE GOING TO CONSTRUCT THE NEW MINI WAREHOUSE BUILDING. SEE THE ATTACHED SURVEY.

9B. THE CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT AND CITY ENGINEERING WILL BE REVIEWING AND APPROVING THE BUILDING AND SITE DEVELOPMENT PLANS.

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

Sheet: 1 of 2
Property ID: 043-221-18
Lot #:
File #: 77779B
AppID: 3562

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Waters/ABR Storage LLC — Applicant:
Address: PO Box 34127. Charlotte, N. C. 28234 — Date Evaluated: 9/9/2008
Proposed Facility: Manager's apt. — Design Flow (.1949) 60gpd — Property Size: .1a inv.
Location of Site: 5641 David Cox Road — Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-8	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		8-48	SBK/ABK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-14	DISTURBED	COMPACTED	"	"	"	"	"
		14-48	SBK/ABK/C	FI/SEXP/S/P					
3	"	0-48	SBK/ABK/C	FI/SEXP/S/P	"	"	"	"	"
4	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-48	SBK/ABK/C	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIb
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 6/9/2008,
Others Present: H. C. Barrett
Site Classification (.1948): PS
Site Evaluation By: PHILO WALKER RS 3/16/2008
Others Present: H. C. Barrett

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3	"	0-48	SBK/ABK/C	FI/SEXP/S/P	"	"	"	"	"
4	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
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Site LTAR		

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 6/9/2008, W. R. Marlin
Others Present: H. C. Barrett ,
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:

Not sure if 100% repair is required

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

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

Sketch of Soil Evaluation Locations

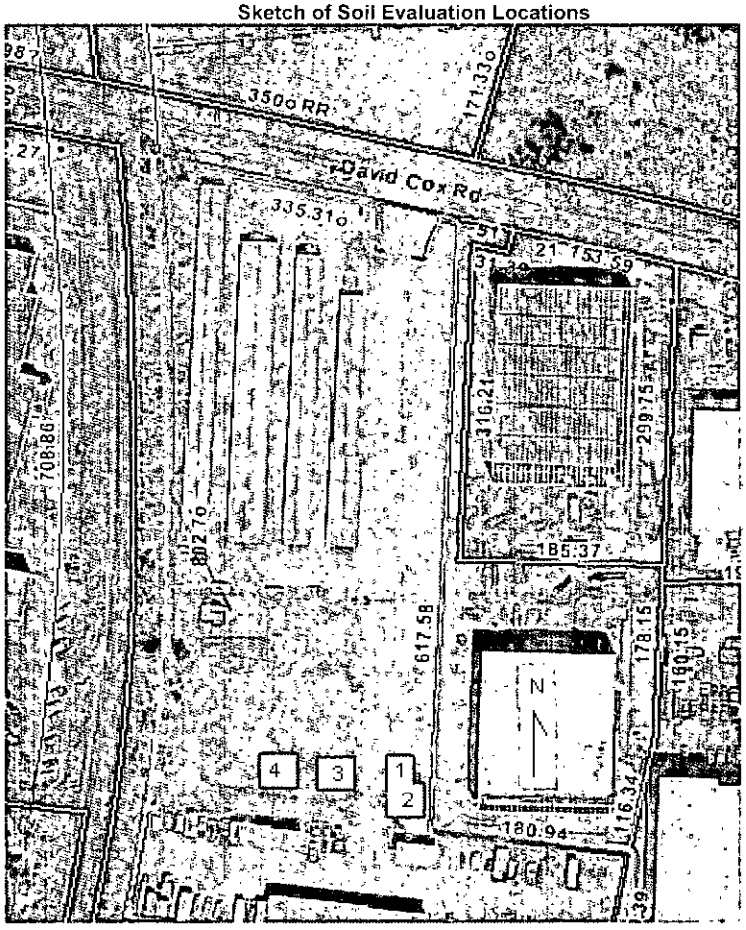


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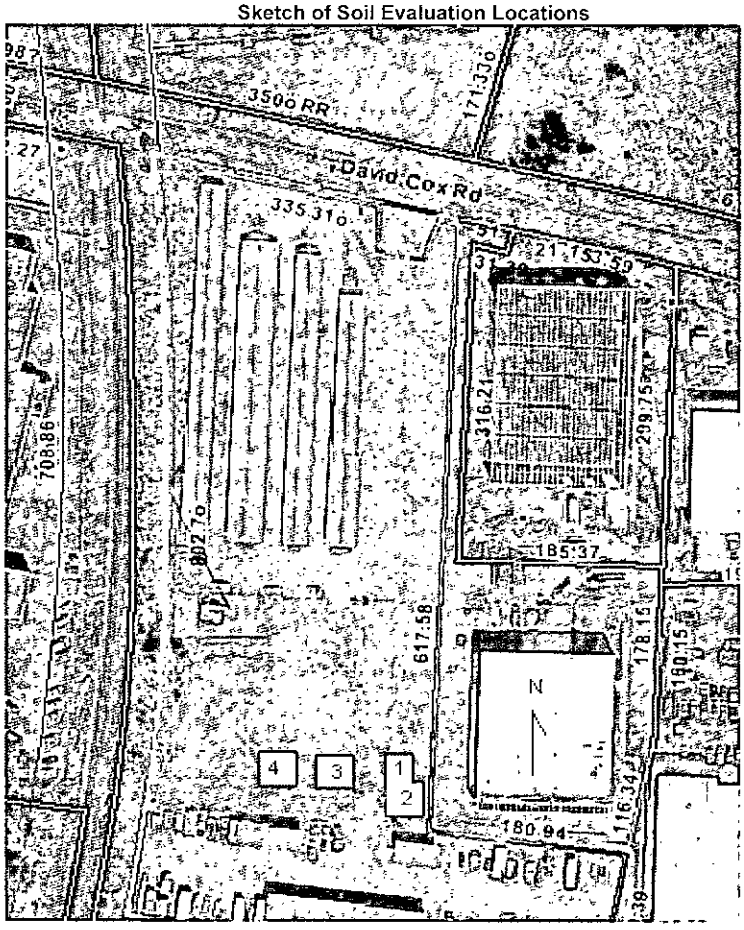


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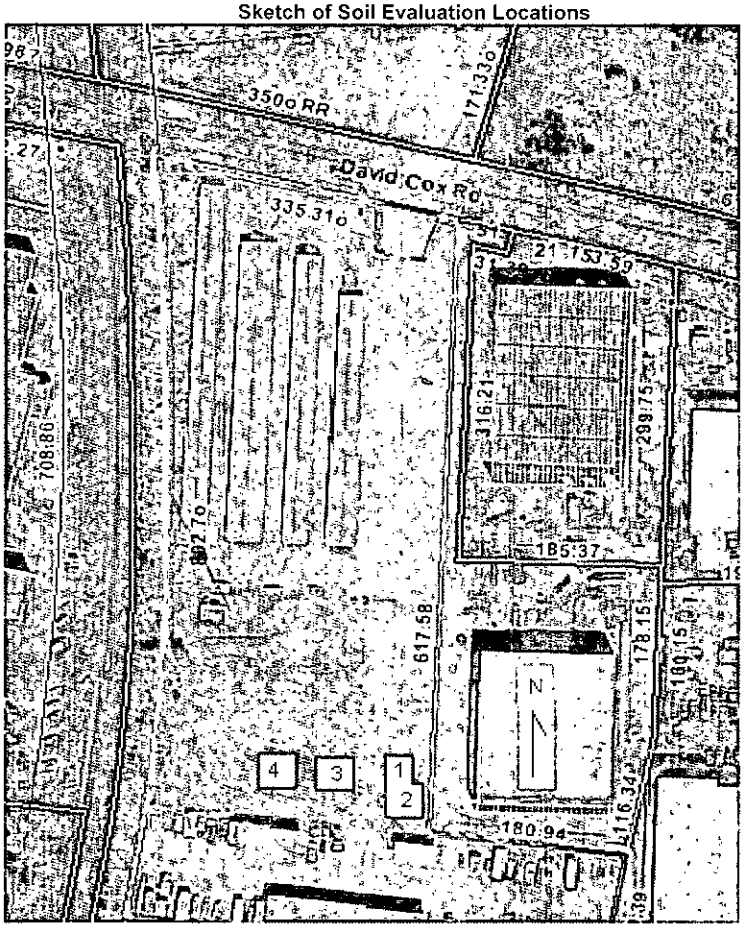
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					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
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Site LTAR		

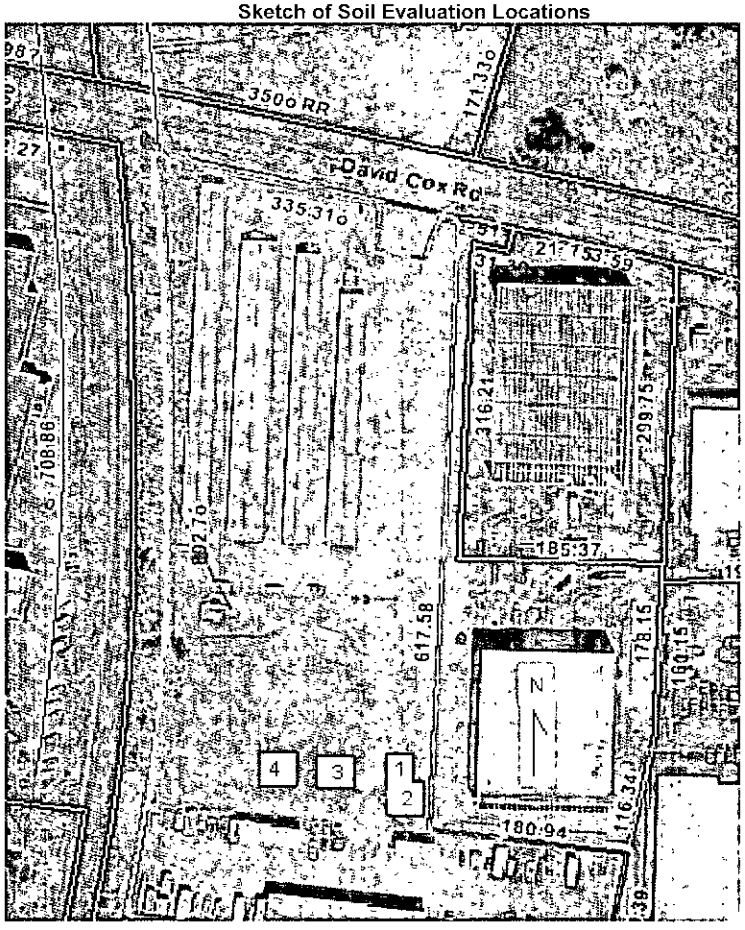
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 6/9/2008, W. R. Marlin
Others Present: H. C. Barrett
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:
Not sure if 100% repair is required

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

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

Sketch of Soil Evaluation Locations



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003562** GWS File #: **7779B** Tax Parcel #: **043-221-18**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 6/18/2013

Type of Installation: Residential - New System Lot Number: 0

Structure Type: OTHER Size (ft^2): 600 # Bedrooms: 1 # Occupants: 1

Building Foundation: Concrete Slab Water Supply: Municipal

II. Initial System Type: Approved **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	800	Total Trench Length (ft):	150
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Philo Walker

Signature: Philo Walker RS

Date Issued: 6/18/2008

Owner/Legal Agent: H. C. BARRETT
Print Name

Signature: H. C. Barrett

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30003562** GWS File #: **7779B**

IV. Permit Conditions/Comments:

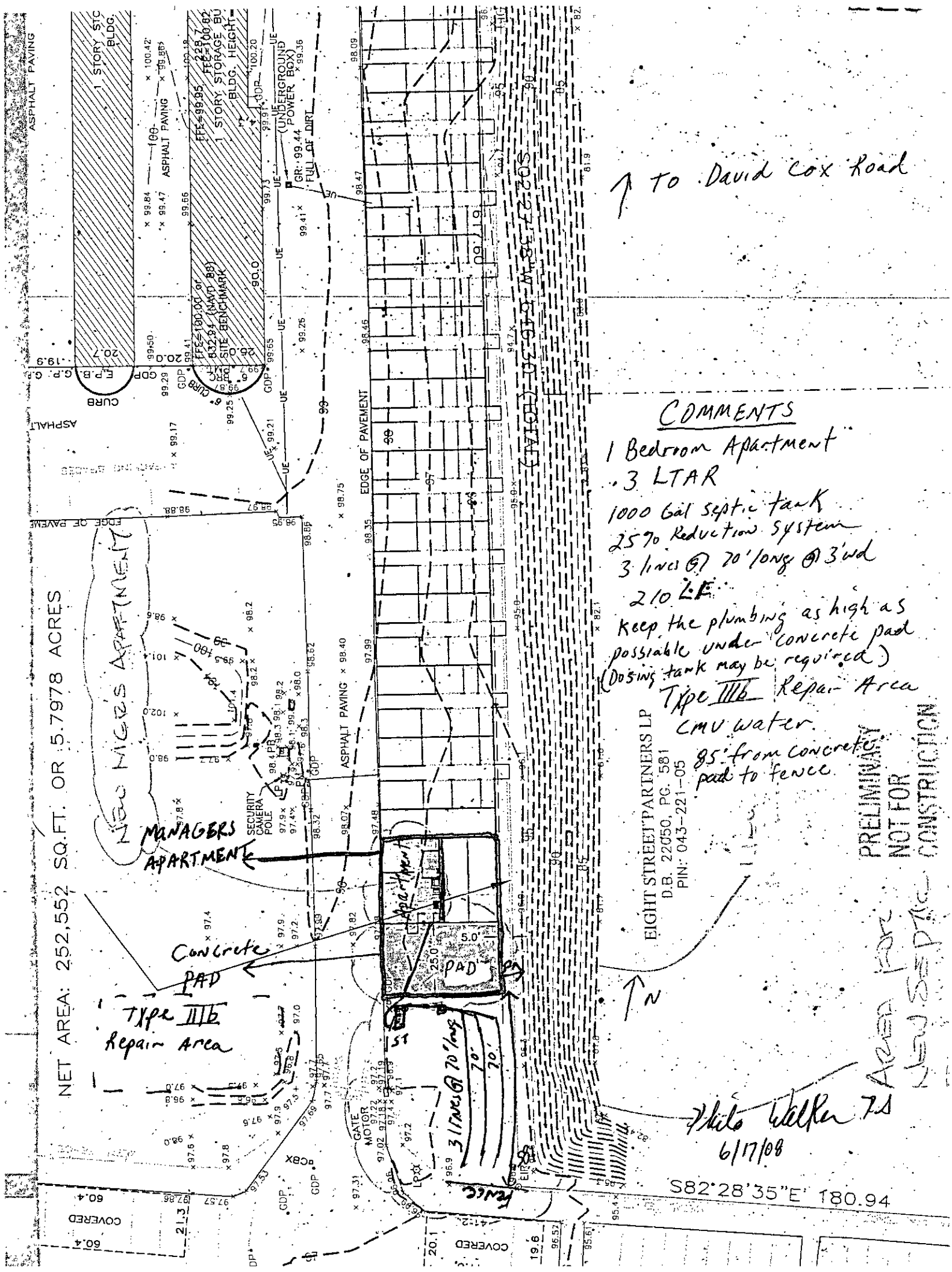
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The supply pipe shall be installed with a minimum of 30" of compacted cover over the pipe or properly sleeved under areas that are subject to vehicular traffic.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.

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

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Philo Walker
Signature: Philo Walker RS
Date Issued: 6/18/2008

Owner/Legal Agent: H. C. Barrett
Print Name
Signature: H. C. Barrett


↑ To David Cox Road
COMMENTS
1 Bedroom Apartment
3 LTAR
1000 Gal septic tank
25% Reduction System
3 lines @ 70' long @ 3' wd
210 L.F.
Keep the plumbing as high as possiable under concrete pad
(Dosing tank may be required)
Type IIIb Repair Area
CMU water
95' from concrete pad to fence
NET AREA: 252,552 SQ.FT. OR 5.7978 ACRES
NEW MGRS APARTMENT
MANAGERS APARTMENT
Concrete PAD
Type IIIb Repair Area
EIGHT STREET PARTNERS LP
D.B. 22050, PG. 581
PIN: 043-221-05
PRELIMINARY NOT FOR CONSTRUCTION
Phil Walker PS
6/17/08
S82°28'35"E 180.94
EDGE OF PAVEMENT
ASPHALT PAVING
1 STORY STORAGE BLDG.
FFE=99.95
FFE=100.82
GR: 99.44
(UNDERGROUND POWER BOX)
FULL OF DIRT
FFE=100.00 or 832.84 (NAV 88)
SITE BENCHMARK
CURB
GDP
COVERED
SECURITY CAMERA POLE
GATE MOTOR
3 LINES @ 70' long
PAD
5.0'
25.0'
N

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/02/08	**Amount:**	200.00
Receipt #:	57619	**Tendered:**	200.00
Check / Auth #:	CHECK 4169	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: H.C. BARRETT & ASSOCIATES, INC
Attn:
Address: 10100 PARK CEDAR DR
Address: SUITE 108
City/State/Zip: CHARLOTTE, NC 28210

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 5641 DAVID COX ROAD		1	200.00	200.00

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/08/09	**Amount:**	200.00
Receipt #:	60196	**Tendered:**	200.00
Check / Auth #:	CHECK 4788	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: H C BARRETT & ASSOCIATES INC
Attn:
Address: 10100 PARK CEDAR DR
Address: SUITE 108
City/State/Zip: CHARLOTTE, NC 28210

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 5641 DAVID COX RD/FILE 7779B		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

H. C. BARRETT & ASSOCIATES, INC.
P. O. Box 761
Pineville, North Carolina 28134
(704) 542-1105

LETTER OF TRANSMITTAL

To:	Mecklenburg Groundwater & Wastewater Services 700 N. Tryon Street, Suite 211 Charlotte, NC 28202 Attn: Gwen Craig

Date	Job Number
01/07/2009	08001
Attention:	Gwen Craig
Reference:	Waters/ ABR Storage, LLC 5641 David Cox Rd Charlotte, NC 28269 Improvement Permit #30003562

We are sending you the following items: ☒ Attached Under separate cover via:

☐ Shop Drawings ☐ Prints ☐ Plans ☐ Specifications ☐ Samples

☐ Copy of Letter ☐ Change Order ☒ Other:

Copies	Date	Number	Description
	1/7/09		Payment for "Approved as Noted" Authorization. Check # 4788
1	1/7/09		Improvement Permit dated 6/18/08 for reference only
			The remaining $200.00 will be paid upon installation approval & final inspection of the septic system.

These are transmitted as checked below:

☐ For Approval ☐ Approved as Submitted ☐ Resubmit ☐ Copies for Approval

☐ For Your Use ☐ Approved as Noted ☐ Submit ☐ Copies for Distribution

☐ As Requested ☐ Returned for Corrections ☐ Return ☐ Corrected Prints

☐ For Review and Comment ☒ Other: Please communicate payment with Cheryl Dixon- Plan Review

For Bid Due Date: ☐ Prints Returned After Loan to Us

Remarks: Gwen,

Thank you for the information on how to proceed. Please find the enclosed check for $200.00 to get your authorization into the plan review system.

We will make the remaining payment of $200.00 upon installation.

Please call me with any questions.

Thank you,

Carmen

Gwen,
Charlie would like to pick up the permit on Friday. I appreciate anything you can do to get this three ASAP.

Copy To: 08001/ Permits

Signed: H.C. Barrett & Associates- cd

If enclosures are not as noted please notify us at once.

ORIGINAL

Thank you!
Carmen

1734