

12300 MOORES CHAPEL RD

05311104

5/30/08

marliwr

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

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

- **Large-format Drawings**

Original File Number: 7709 / 12300

Box Number: 7

Number of pages associated with file: 2

General Comments: _____

Imaging Solutions and Services, Inc.

File # 709

SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

709

A

Name and Location of System American Truetzschler 12300 Moores Chapel Rd Charlotte, NC 28214	**Date of Inspection** September 2002	**Permit No.**
	County Mecklenburg	**System Classification**
Name and Address of ORC Stanley Septic Service, Inc. PO Box 184 Stanley, NC 28164	**Name and Address of Owner** Same	
Phone No. (704) 263-8186	**Phone No.** 704-391-5365	

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

			Scum Level	Sludge Level
TANKAGE (grease traps/septic tanks)				
Tank Risers accessible?	S			
Signs of infiltration?	S	Septic Tank	S	S
Tanks & access structurally sound?	S	Grease Trap		
Sanitary tee(s) in good condition?	S			
RAW SEWAGE LIFT STATION (if present)				
Required pumps present & operating properly?	NA	Elapsed Time Readings:		
High water alarm operating properly?	NA	Pump #1		
Floats, pipes, valves, disconnects in good condition?	NA	Pump #2		
Control panel enclosure/components in good condition?	NA			
EFFLUENT DOSING STATION				
Required pumps present & operating properly?	S			
High water alarm operating?	S	Elapsed Time Readings:		
Floats, pipes, valves, disconnects in good condition?	S	Pump #1		
Control panel enclosure/components in good condition?	S	Pump #2		
Effluent appears clear and free of solids?	S	Pump #3		
Zone valve sequencer operating properly?	S	Pump #4		
SIPHON SYSTEM				
No evidence of overflow or siphon leakage?	NA			
Siphon(s) appear to be working/alternating properly?	NA			
Bells and vents free of debris and in good condition?	NA			
SAND FILTER (if present)				
Surface of filter appears free of vegetation?	NA			
No evidence of effluent ponding on filter surface?	NA			
Perimeter walls, dist. boxes, pipes in good condition?	NA			
Effluent appears clear and free of excess solids?	NA			
GROUND ABSORPTION FIELDS (general)				
No evidence of effluent surfacing?	S			
Surface water being effectively diverted away?	S			
Line cover and vegetation cover maintained properly?	S			
Protected from traffic, destructive uses?	S			
Distribution devices in good working condition?	S			
Repair area properly reserved, maintained?	S			
PRESSURE MANIFOLD SYSTEM				
Manifold vault, valves, piping in good condition?	S			
Evidence of leakage, blockage in discharge lines?	S			
Pressure head is properly adjusted?	S	**** Attach evaluation sheet if pressure head is checked.		

LOW PRESSURE PIPE SYSTEM

Turnups/cleanouts/valves intact and accessible?	NA
Laterals free of excess solids?	NA
Laterals flushed this inspection?	NA
Zone valves operating properly?	NA
Pressure head is properly adjusted?	NA

**** Attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS:

RECOMMENDATIONS TO OWNER:

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

DATE: 09-30-02 **SIGNATURE:** Jim Lanier

STANLEY SEPTIC TANK SERVICE, INC.

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

INSPECTION AND MAINTENANCE AGREEMENT (rev. 3/91)

THIS AGREEMENT is made and entered into this 15 day of October 1998, by and between American Investments Inc. (hereinafter the "Owner") and Stanley Septic Service, Inc. (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type 4B system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

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

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

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type 4B system.

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

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 12300 Moores Chapel Rd. Charlotte, NC.

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type 4B System.

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

(1) From operation permit
(2) Inspect system & check head pressure 2 times a year.
(3) Pump Septic Tank 1 time a year.

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type 4B System.

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

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

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type 4B System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

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

b. Within 7 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

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

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

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

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

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

d. Termination by the Contractor.

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

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

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 14 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of terminntion of this Agreement, this Agreement shall continue in effect;

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

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

4. Assignment.

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

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

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

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

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

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

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

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

To the Owner:

_____

_____

To the Contractor:

_____

_____

To the Local Health Department:

_____

_____

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

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

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

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

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

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

Darlene Hoyle 10-14-98
(Owner)

Attest:

_____

Jim Lanier
(Contractor)

Attest:

_____

(hr:mecontract.gm)

7709 A

SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

Name and Location of System	Date of Inspection	Permit No.
American Truetzschler 12300 Moores Chapel Rd Charlotte, NC 28214	August 2001	
	County Mecklenburg	**System Classification**
Name and Address of ORC Stanley Septic Service, Inc. PO Box 184 Stanley, NC 28164	**Name and Address of Owner** Same	
Phone No. (704) 263-8186	**Phone No.** 704-391-5365	

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

			Scum Level	Sludge Level
TANKAGE (grease traps/septic tanks)				
Tank Risers accessible?	S			
Signs of infiltration?	S	Septic Tank	S	S
Tanks & access structurally sound?	S	Grease Trap		
Sanitary tee(s) in good condition?	S			
RAW SEWAGE LIFT STATION (if present)				
Required pumps present & operating properly?	NA	Elapsed Time Readings:		
High water alarm operating properly?	NA	Pump #1		
Floats, pipes, valves, disconnects in good condition?	NA	Pump #2		
Control panel enclosure/components in good condition?	NA			
EFFLUENT DOSING STATION				
Required pumps present & operating properly?	S			
High water alarm operating?	S	Elapsed Time Readings:		
Floats, pipes, valves, disconnects in good condition?	S	Pump #1		
Control panel enclosure/components in good condition?	S	Pump #2		
Effluent appears clear and free of solids?	S	Pump #3		
Zone valve sequencer operating properly?	S	Pump #4		
SIPHON SYSTEM				
No evidence of overflow or siphon leakage?	NA			
Siphon(s) appear to be working/alternating properly?	NA			
Bells and vents free of debris and in good condition?	NA			
SAND FILTER (if present)				
Surface of filter appears free of vegetation?	NA			
No evidence of effluent ponding on filter surface?	NA			
Perimeter walls, dist. boxes, pipes in good condition?	NA			
Effluent appears clear and free of excess solids?	NA			
GROUND ABSORPTION FIELDS (general)				
No evidence of effluent surfacing?	S			
Surface water being effectively diverted away?	S			
Line cover and vegetation cover maintained properly?	S			
Protected from traffic, destructive uses?	S			
Distribution devices in good working condition?	S			
Repair area properly reserved, maintained?	S			
PRESSURE MANIFOLD SYSTEM				
Manifold vault, valves, piping in good condition?	S			
Evidence of leakage, blockage in discharge lines?	S			
Pressure head is properly adjusted?	S	**** Attach evaluation sheet if pressure head is checked.		

LOW PRESSURE PIPE SYSTEM

Turnups/cleanouts/valves intact and accessible?	NA
Laterals free of excess solids?	NA
Laterals flushed this inspection?	NA
Zone valves operating properly?	NA
Pressure head is properly adjusted?	NA

**** Attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS:

RECOMMENDATIONS TO OWNER: Brush-Hog weeds on drainfield area

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** ____

DATE: 08-30-2001 **SIGNATURE:**

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

A

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg County | Truetzchler Properties | 7709
Health Department | Name of Establishment | Permit/Project No.

12300 Moore's Chapel Road | Industrial | 1000 gpd
Location | Type of Establishment | Design Flow

Curt Scholler, CEO | 12300 Moore's Chapel Road, Chas, NC 28266 | 399-4521
Owner/Agent | Address | Phone

Operator | Address | Phone

Remarks: Does not currently have a certified operator

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☐	☐	System Type IV b
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	Riser lid locked
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	Control panel locked - notable to inspect or operate
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
Elapsed time readings: _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☐	☑	Drainfield area overgrown - needs to be maintained at 3-4"
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☐	☑	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: Drainfield needs improvement — System must have a certified operator

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
Obtain maintenance contract with certified operator	30
Clear drainfield area and seed with grass	30

DATE: 9-22-98 SIGNED: James B. Thompson, Jr., R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke (*circle one*) your operation permit/certificate of completion (*circle one*) 60 days from this date for the following violations:

_____

[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation (*circle one*) of your operation permit/certificate of completion (*circle one*) for the following violations: _____

[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent

DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

Prior [illegible] #984 #1330 CK #043307

$150.00 CK #45599 PD 11-30-94

7709 10-10-96

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AGENT - JAMES C. STEWART 704/865-6344

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

$150.00 OK

PERSON FILING APPLICATION: STEWART·COOPER·ARCHITECTS 310 S. CHESTNUT ST. GASTONIA, N.C. 28054

NAME: TRUETZSCHLER PROPERTIES (last) (first) (mi)

ADDRESS: 12300 MOORES CHAPEL RD PHONE: (704) 399-4521

CITY: Charlotte STATE: NC ZIPCODE: 28266

Date: 1-25-95

PROPERTY OWNER:

NAME: TRUETZSCHLER PROPERTIES (last) (first) (mi)

ADDRESS: 12300 MOORES CHAPEL RD PHONE: (704) 399-4521

CITY: Charlotte STATE: NC ZIPCODE: 28266

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: P.O. 053-121-02

STREET ADDRESS: Moores Chapel Rd 12300

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business MANUFACTURING # Employees ___ Per Shift 100
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type. _____

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

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

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

Signed: [signature] Date: Nov 10, 1994 James C. Stewart

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.

[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

...System approved as per engineered submitted plan by Hank Cochrane & Assoc.

Environmentalist [signature] 9-22-95 Date

Director or Authorized Section Head [signature] 10-6-95 Date

9/21/95 - Contacted Steve Berkowitz and got approval concerning utilizing wet well in lieu of a pump tank. Mr. Berkowitz states that on engineered plans wet wells are approved on a case by case basis and shall be water tested.

WATER : 122-

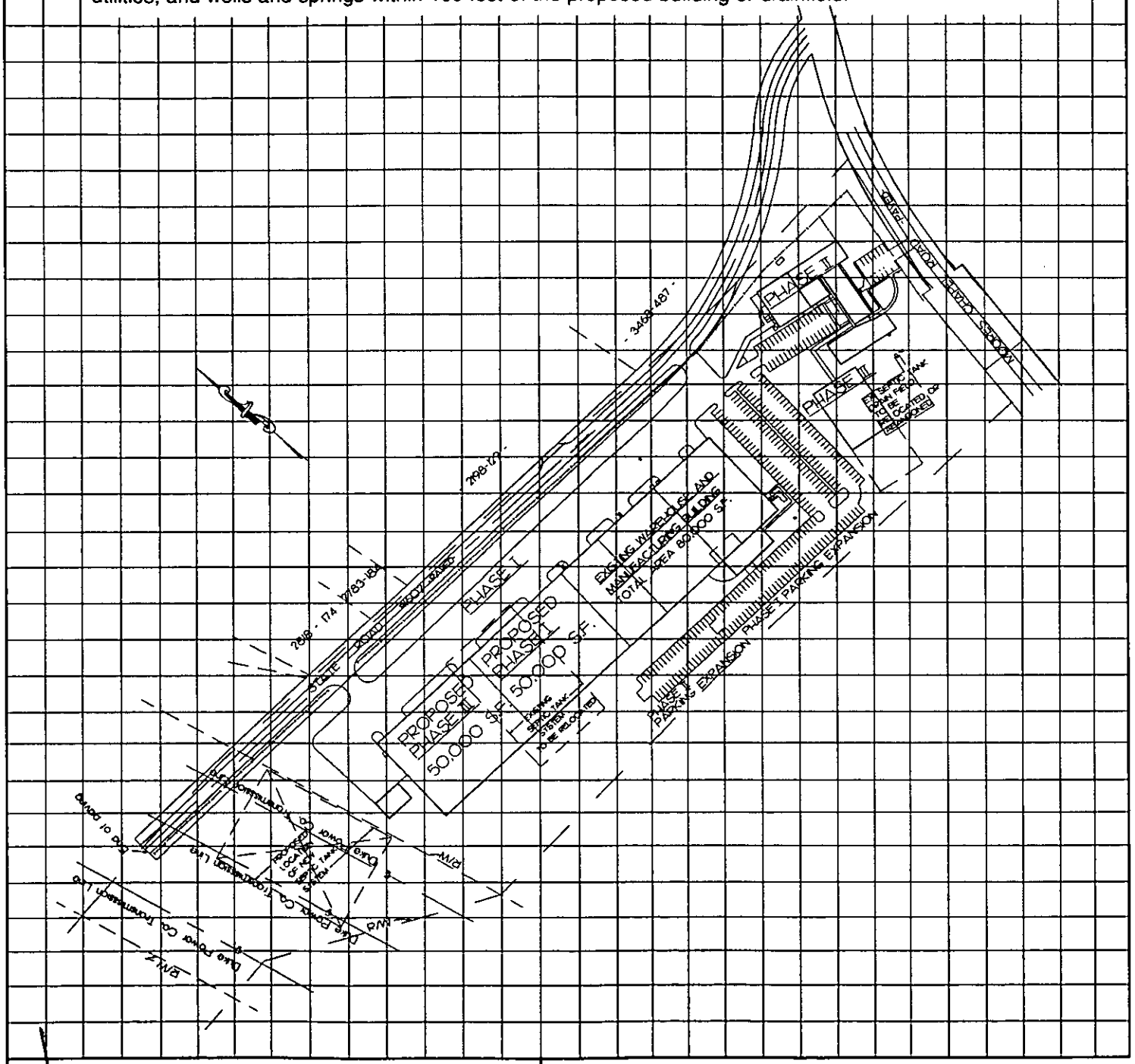
PROPOSED PLOT PLAN

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

FILE: 7709

TC: 053-12-02

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.



James C. Stewart
OWNER/AGENT SIGNATURE

DATE 1-25-95

APPROVAL DATE _____

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

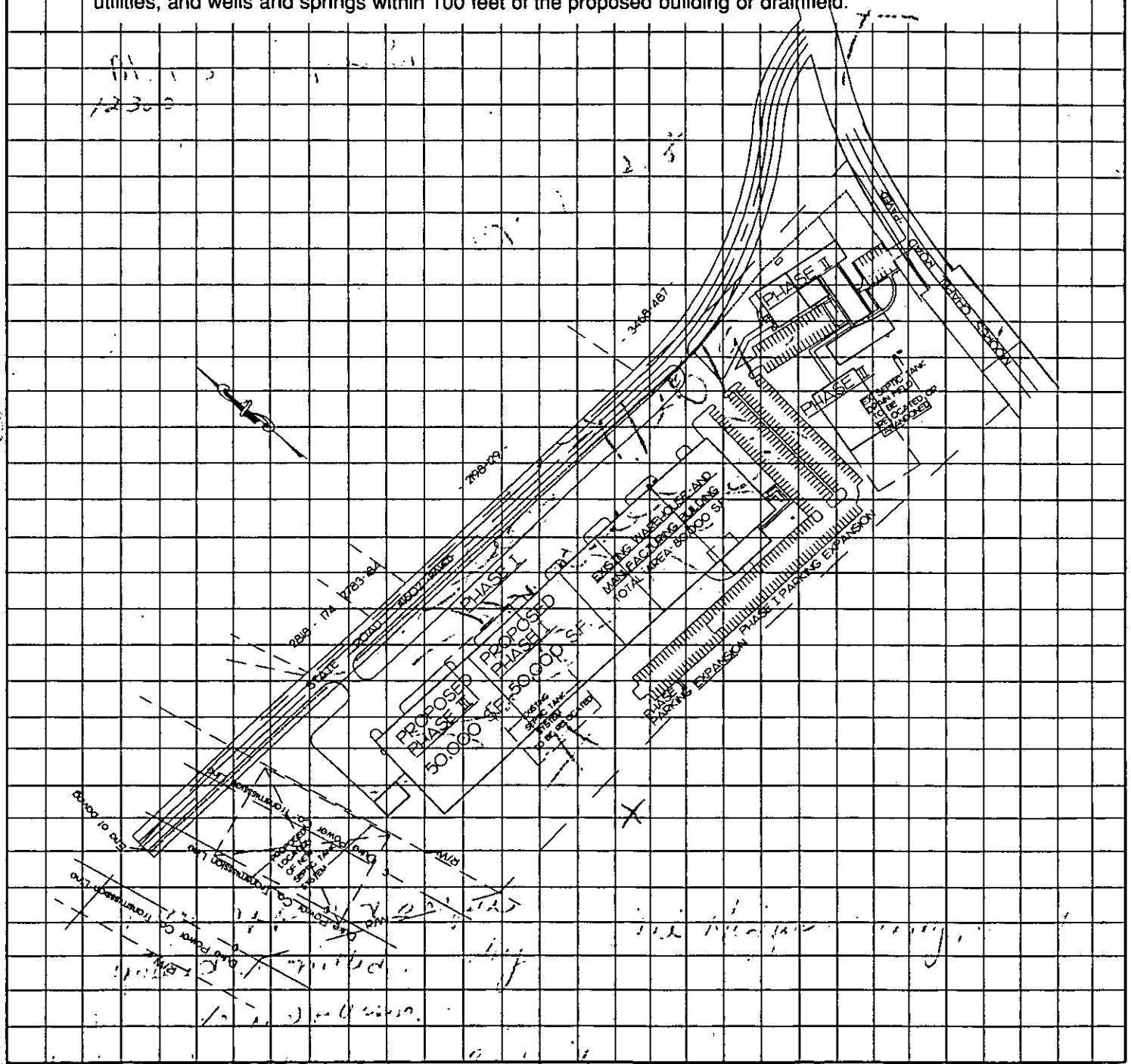
PROPOSED PLOT PLAN

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

FILE: 7709

TC: 053-12-02

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



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

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: 7709
TC:
SERIAL: № 17490

RECEIVED
MECKLENBURG CO
HEALTH DEPT
FEB 1
ENVIRONMENTAL H
DIVISION

LOCATION

① ADDRESS: 12300 Moores Chapel Road (STREET NO. / STREET)
② JURISDICTION: Mecklenburg County
③ FILE:
④ TAX PARCEL NO.: P.O. 053-121-02
⑤ SUBDIVISION:
⑥ LOT:
⑦ BLOCK:

OWNER

⑧ NAME: AMERICAN (FIRST) TRUETSCHLER (MIDDLE) INCORPORATED (LAST)
⑨ MAILING ADDRESS: P.O. Box 669228
⑩ CITY: Charlotte
⑪ STATE: N.C.
⑫ ZIP: 28266
⑬ PHONE: (WORK) (704) 399-4521
⑭ (HOME)

PERMIT REQUEST

This request is for a(n):
⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ Number of bedrooms?
㉒ Maximum occupancy?
㉓ Basement? ☐ yes ☐ no

㉔ ☒ Business or place of public assembly
㉕ Type? Office
㉖ Maximum number of employees? 40
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: Frank Burke
Date: 1-8-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUN
HEALTH DEPARTMENT, certifies that the Department has approved
Request for the Job Location contained in this document. This approva
granted in accordance with the provisions of Laws And Rules For Sanita
Sewage Collection, Treatment And Disposal in effect at the time
issuance of the permit and is subject to the following provisions:
--- No work shall be conducted on the septic tank system until an I
stallation, Construction, Alteration and/or Repair permit is issued by th
Department.
--- This permit is not transferable, and shall become null and void 3
months from the date of issuance.

Environmentalist

Page

This permit

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7709

TC: _____

SERIAL: № 15096

☐ L ☐ CRT

5315 Heavy Equip School Rd
STREET NO. STREET

ION: [redacted] P.O.

ON: _____ ④ TAX PARCEL NO.: 05312102

⑤ LOT: _____ ⑦ BLOCK: _____

AMERICAN THIETZSCHEL INC.
(FIRST) (MIDDLE) (LAST)

DDRESS: P.O. Box 669228

HARLOTTE

⑪ STATE: N.C. ⑫ ZIP: 28266

ORK) 399-4521 ⑭ (HOME) 875-6905

or a(n):

it

alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

:

⑳ ☐ Mobile home

drooms? _____

upancy? _____

☐ yes ☐ no

㉑ ☒ Business or place of public assembly

㉒ Type? MANUFACTURING

㉓ Maximum number of employees? 90 Plant

This is an Addition to the existing septic tank - No additional employees.

Jim Wright
re: #4 Upright
Optics R+D
399-4524

pats? _____

from (present or prop

al well

al system

ity well

ity system

r of the property describ
the foregoing application
are true, and authorize
PARTMENT OF ENVIRONM
r the purpose of process

MENT PERMIT

agent of the MECKLENBURG COUNT
TAL HEALTH, certifies that the Departme
Job Location contained in this documer
rdance with the provisions of Laws A
ction, Treatment And Disposal in effect
and is subject to the following provisio
ed on the septic tank system until
on and/or Repair permit is issued by
ble, and shall become null and void

APPLICATION FOR AN IMPROVEMENT PERMIT

pd 50.00 10/22/87 MC
CK# 1452

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: 7704
TC:
SERIAL: Nº 14824

ADDRESS: 12300 Moores Chapel Rd
(1) STREET NO. (2) STREET

JURISDICTION: (3) FILE:

SUBDIVISION: (4) TAX PARCEL NO.: 553-121-02

(5) LOT: (6) BLOCK

NAME: American Trustbscllo Co
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS: 12300 Moores Chapel Rd

CITY: Charlotte (8) STATE: N.C. (9) ZIP:

PHONE: (WORK) 392-0160 (10) (HOME)

Request is for a(n):

☐ New permit

☐ Repair or alteration permit

(17) ☐ Authorization for mobile home exchange

(18) ☑ Other (specify) Glass Cutting

System will serve:

(20) ☐ Residence ☐ Mobile home

Number of bedrooms?

Maximum occupancy?

Basement? ☐ yes ☐ no

(21) ☑ Business or place of public assembly

(22) Type? Manufacturing

(23) Maximum number of employees? 40

(24) Maximum number of seats? 8

Water supply from (present or proposed):

☑ Individual well

☐ Municipal system

☐ Community well

☐ Community system

I, the undersigned, owner of the property described above as the APPLICANT, has read the foregoing application, acknowledges that the statements of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter the property for the purpose of processing this request.

[signature]

Oct 87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Site Location contained in this application. 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 the Department.

This permit is not transferable, and shall become null and void ... months from the date of issuance. Failure to obtain ... within ... shall void this permit.

[signature]

Stewart · Cooper · Architects
310 south chestnut street • gastonia, north carolina 28054

January 27, 1995

Mecklenburg County Health Department
Environmental Health Division
700 North Tryon Street
Charlotte, North Carolina 28202

RE: American Truetzschler, Inc.
12300 Moores Chapel Road, Charlotte, North Carolina 28266

Gentlemen:

As per our discussion with Ms. Toni Newell and Ms. Judy Kiser we are submitting an application for relocation of the existing septic tank drain field system to the area in the Duke Power R/W. We include the following items:

1. Application.
2. Proposed Plot Plan.
3. Check from Owner - $150.00.
4. Previous applications filed - to help with your file location.
5. Letter of approval from Duke Power for use of R/W for Drain Field.
6. Print of Master Plan for your use.

Please let us know when the soil testing is to be done so we can notify the owner.

If you have any questions concerning the project, please do not hesitate to call.

Yours very truly,

James C. Stewart

JCS:r

encls

cc: Mr. Kurt Scholler
Mr. Ralf Vieten

Duke Power Company
Power Delivery — TV02B
610 Toddville Road
Charlotte, NC 28214

DUKE POWER

December 6, 1994

Mr. James C. Stewart
Stewart-Cooper Archietects
310 South Chesnut Street
Gastonia, N.C. 28054

SUBJECT: DUKE POWER COMPANY TRANSMISSION R/W ADJACENT
HEAVY EQUIPMENT SCHOOL ROAD, CHARLOTTE, N.C.

Dear Mr. Stewart:

The subject R/W is 445 feet wide.

Duke Power Company does not object to the installation of a sewer line on the said property, provided there is no violation of the R/W restriction number 5 on the Duke Power R/W Restriction Form 02191 (R12-90).

Enclosed you will find a copy of our R/W Restriction Form. If you need any further information or assistance, please call me at 704-382-2664.

Sincerely,

Roy Birmingham
R/W Specialist

Printed on recycled paper

Duke Power Company
Transmission Line Division
RIGHTS OF WAY RESTRICTIONS

This list of rights of way restrictions has been developed to answer the most often asked questions about property owner use of transmission rights of way. The list does not intend to cover all possible situations and you should ask additional questions if these answers do not fit your plans.

1. Structures, buildings, mobile homes and trailers, **satellite signal receiver** systems **and equipment, swimming pools and associated equipment,** human graves, billboards, signs, wells, septic tanks, absorption pits, storage tanks, (both above and below ground), garbage, trash, rubble, flammable material, building material, junk, and wrecked or disabled vehicles are not allowed within the rights of way limits.
2. Fences shall not be attached to poles or towers. Fences shall be installed at least 10 feet from poles or towers and shall not exceed 10 feet in height. If a fence crosses the rights of way, a gate will be installed so that free access is maintained.
3. Contact Duke Power before grading or filling on the rights of way. The clearance of the bottom conductor to ground may not be less than 25 feet under 44kV lines, 27½ feet under 100kV lines, 35 feet under 230kV lines and 45 feet under 525kV lines. Grading or filling within the rights of way or near a structure, which will prevent free access, will not be permitted.
4. Grading shall be at least 20 feet from a pole or tower leg, and slope shall not exceed 3:1 on the rights of way.
5. Streets, roads, driveways, **sewer** lines, **water lines,** or any underground facilities shall not parallel the center line within the rights of way, but may cross at any angle not less than 30 degrees with the center line and cross no closer than 20 feet to any structure. **Man** holes and **underground vaults** must be approved within the rights of way limits.
6. Any drainage ditch that allows water to pond or to cause erosion around a structure is prohibited.
7. Contact Duke Power Company prior to the construction of lakes or ponds within the rights of way limits.
8. Duke Power Company shall not relinquish any of its rights conveyed by the rights of way agreements.
9. Duke Power Company does not recommend the practice of using the area under transmission lines for parking, but will not object if the following restrictions are followed:
   a. A barrier adequate to protect the pole or tower shall be erected, by the party constructing the parking area, in such a manner as to restrict parking to at least 5 feet from the structure.
   b. Any access areas, entrances, or exits shall cross the rights of way at or near right angles to the center line, and shall not pass within 20 feet of any structure.
   c. Lighting facilities higher than 15 feet are not to be installed within the rights of way limits.
   d. Signs and other attachments to Duke Power Company structures are prohibited.
10. Duke Power Company will not object to certain beautification programs, such as planting grass, flowers, low growing shrubs, gardens, etc., as long as they do not interfere with the existing structures or interfere with access to structures.
    a. Any plants within the rights of way, such as fruit trees, flowering shrubs, bushes, hedges, or low growing species must not exceed 15 feet in height at maturity. Any plants allowed to exceed this height are subject to being cleared from the rights of way by Duke Power Company.
    b. Tall growing species of trees are not allowed within the rights of way limits. Duke Power Company may exercise the right to cut danger trees outside the rights of way limits as granted by the rights of way agreement and as required to properly maintain and operate the transmission line.

We hope this is useful information; however, if additional questions arise or if you **plan anything not mentioned,** please contact Roy Birmingham at telephone number 382-2664.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System American Truetzschler 12300 Moores Chapel Rd Charlotte, NC 28214	**Date of Inspection** February 2002	**Permit No.**
	County Mecklenburg	**System Classification**
Name and Address of ORC Stanley Septic Service, Inc. PO Box 184 Stanley, NC 28164	**Name and Address of Owner** Same	
Phone No. (704) 263-8186	**Phone No.** 704-391-5365	

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

			Scum Level	Sludge Level
TANKAGE (grease traps/septic tanks)				
Tank Risers accessible?	S			
Signs of infiltration?	S	Septic Tank	S	S
Tanks & access structurally sound?	S	Grease Trap		
Sanitary tee(s) in good condition?	S			
RAW SEWAGE LIFT STATION (if present)				
Required pumps present & operating properly?	NA	Elapsed Time Readings:		
High water alarm operating properly?	NA	Pump #1		
Floats, pipes, valves, disconnects in good condition?	NA	Pump #2		
Control panel enclosure/components in good condition?	NA			
EFFLUENT DOSING STATION				
Required pumps present & operating properly?	S			
High water alarm operating?	S	Elapsed Time Readings:		
Floats, pipes, valves, disconnects in good condition?	S	Pump #1		
Control panel enclosure/components in good condition?	S	Pump #2		
Effluent appears clear and free of solids?	S	Pump #3		
Zone valve sequencer operating properly?	S	Pump #4		
SIPHON SYSTEM				
No evidence of overflow or siphon leakage?	NA			
Siphon(s) appear to be working/alternating properly?	NA			
Bells and vents free of debris and in good condition?	NA			
SAND FILTER (if present)				
Surface of filter appears free of vegetation?	NA			
No evidence of effluent ponding on filter surface?	NA			
Perimeter walls, dist. boxes, pipes in good condition?	NA			
Effluent appears clear and free of excess solids?	NA			
GROUND ABSORPTION FIELDS (general)				
No evidence of effluent surfacing?	S			
Surface water being effectively diverted away?	S			
Line cover and vegetation cover maintained properly?	S			
Protected from traffic, destructive uses?	S			
Distribution devices in good working condition?	S			
Repair area properly reserved, maintained?	S			
PRESSURE MANIFOLD SYSTEM				
Manifold vault, valves, piping in good condition?	S			
Evidence of leakage, blockage in discharge lines?	S			
Pressure head is properly adjusted?	S	**** Attach evaluation sheet if pressure head is checked.		

LOW PRESSURE PIPE SYSTEM

Turnups/cleanouts/valves intact and accessible?	NA
Laterals free of excess solids?	NA
Laterals flushed this inspection?	NA
Zone valves operating properly?	NA
Pressure head is properly adjusted?	NA

**** Attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS:

RECOMMENDATIONS TO OWNER:

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

DATE: 02-27-02 **SIGNATURE:**

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System	Date of Inspection / Permit No.
American Truetzschler 12300 Moores Chapel Road Charlotte, NC 28214	10-24-2000 County: Meck. / System Classification:
Name and Address of ORC	Name and Address of Owner
Stanley Septic Service, Inc. PO Box 184 Stanley, NC 28164 Phone No. (704) 263-8186	SAME Phone No. (704) 391-5365

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

TANKAGE (grease traps/septic tanks):	
Tank risers accessible?	S
Signs of Infiltration?	S
Tanks and access structurally sound?	S
Sanitary tee(s) in good condition?	S
RAW SEWAGE LIFT STATION (if present):	
Required pumps present & operating properly?	NA
High water alarm operating properly?	NA
Floats,pipes,valves,disconnects in good condition?	NA
Control panel enclosure/components in good condition?	NA
EFFLUENT DOSING STATION:	
Required pumps present & operating properly?	S
High water alarm operating properly?	S
Floats,pipes,valves,disconnects in good condition?	S
Control panel enclosure/components in good condition?	S
Effluent appears clear and free of solids?	S
Zone valve sequencer operating properly?	S
SIPHON SYSTEM:	
No evidence of overflow or siphon leakage?	NA
Siphon(s) appear to be working/alternating properly?	NA
Bells and vents free of debris and in good condition?	NA
SAND FILTER (if present):	
Surface of filter appears free of vegetation?	NA
No evidence of effluent ponding on filter surface?	NA
Perimeter walls,dist. boxes,pipes in good condition?	NA
Effluent appears clear and free of excess solids?	NA
GROUND ABSORPTION FIELDS (general):	
No evidence of effluent surfacing?	S
Surface water being effectively diverted away?	S
Line cover & vegetative cover maintained properly?	S
Protected from traffic, destructive uses?	S
Distribution devices in good working condition?	S
Repair area properly reserved, maintained?	S
PRESSURE MANIFOLD SYSTEM:	
Manifold vault,valves,piping in good condition?	S
Evidence of leakage,blockage in discharge lines?	S
Pressure head is properly adjusted?	S

	Scum Level	Sludge Level
Septic Tank	S	S
Grease Trap		

Elapsed Time Readings:
Pump #1 _____
Pump #2 _____

Elapsed Time Readings:
Pump #1 _____
Pump #2 _____
Pump #3 _____
Pump #4 _____

** attach evaluation sheet if pressure head is checked.

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	NA
Laterals free of excess solids?	NA
Laterals flushed this inspection?	NA
Zone valves operating properly?	NA
Pressure head is properly adjusted?	NA

** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS: _____

RECOMMENDATIONS TO OWNER: _____

COMPLIANCE STATUS: COMPLIANT___ NON-COMPLIANT___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: 10/24/2000 SIGNATURE OF "ORC": _____

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Health Department	Name of Establishment	Permit/Project No.
Location	Type of Establishment	Design Flow
Owner/Agent	Address	Phone
Operator	Address	Phone

Remarks _____

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☐	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☐	☐	
Tanks and access manholes structurally sound, watertight?	☐	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☐	☐	
Minimal ponding in subsurface trenches?	☐	☐	
Surface water being effectively diverted away?	☐	☐	
Diversions/ditches/swales/tile drains properly maintained?	☐	☐	
Line,cover/vegetation adequate/maintained as needed?	☐	☐	
Protected from traffic, destructive uses?	☐	☐	
Distribution devices in good condition, working properly?	☐	☐	
Repair area properly reserved, maintained?	☐	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: _____

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 3-17-00 SIGNED: J B Thompson Jr L.S AGENT

Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System	Date of Inspection / Permit No.
AMERICAN TRUETSCHLER 12300 MOORES CHAPEL RD CHARLOTTE, NC	07/14/99
	County: MECK. / System Classification: IV
Name and Address of ORC STANLEY SEPTIC SERVICE P.O. BOX 184 131 MARIPOSA RD STANLEY, NC Phone No. (704) 263-8186	Name and Address of Owner AMERICAN TRUETZSCHLER 12300 MOORES CHAPEL RD CHARLOTTE, NC Phone No. (704) 391-5365

Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

TANKAGE (grease traps/septic tanks):	
Tank risers accessible?	S
Signs of Infiltration?	"
Tanks and access structurally sound?	"
Sanitary tee(s) in good condition?	"
RAW SEWAGE LIFT STATION (if present):	
Required pumps present & operating properly?	NA
High water alarm operating properly?	"
Floats,pipes,valves,disconnects in good condition?	"
Control panel enclosure/components in good condition?	"
EFFLUENT DOSING STATION:	
Required pumps present & operating properly?	S
High water alarm operating properly?	"
Floats,pipes,valves,disconnects in good condition?	"
Control panel enclosure/components in good condition?	"
Effluent appears clear and free of solids?	"
Zone valve sequencer operating properly?	"
SIPHON SYSTEM:	
No evidence of overflow or siphon leakage?	NA
Siphon(s) appear to be working/alternating properly?	"
Bells and vents free of debris and in good condition?	"
SAND FILTER (if present):	
Surface of filter appears free of vegetation?	NA
No evidence of effluent ponding on filter surface?	"
Perimeter walls,dist. boxes,pipes in good condition?	"
Effluent appears clear and free of excess solids?	"
GROUND ABSORPTION FIELDS (general):	
No evidence of effluent surfacing?	S
Surface water being effectively diverted away?	"
Line cover & vegetative cover maintained properly?	"
Protected from traffic, destructive uses?	"
Distribution devices in good working condition?	"
Repair area properly reserved, maintained?	"
PRESSURE MANIFOLD SYSTEM:	
Manifold vault,valves,piping in good condition?	S
Evidence of leakage,blockage in discharge lines?	"
Pressure head is properly adjusted?	"

	Scum Level	Sludge Level
Septic Tank	S	S
Grease Trap		

Elapsed Time Readings:
- Pump #1 ____
- Pump #2 ____

Elapsed Time Readings:
- Pump #1 ____
- Pump #2 ____
- Pump #3 ____
- Pump #4 ____

** attach evaluation sheet if pressure head is checked.

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	NA
Laterals free of excess solids?	"
Laterals flushed this inspection?	"
Zone valves operating properly?	"
Pressure head is properly adjusted?	"

** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS: _____

RECOMMENDATIONS TO OWNER: _____

COMPLIANCE STATUS: COMPLIANT___ NON-COMPLIANT___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: 07/14/99 SIGNATURE OF "ORC": Jim Tanner

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System	Date of Inspection / Permit No.
American Truetzschler 12300 Moores Chapel Rd Charlotte, NC	01-14-99
	County: Meck. / System Classification: IV
Name and Address of ORC Stanley Septic Service P.O. Box 184 131 Mariposa Rd, Stanley, NC Phone No. (704) 263-8186	Name and Address of Owner American Truetzschler 12300 Moores Chapel Rd Charlotte, NC Phone No. (704) 391-5365

Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

TANKAGE (grease traps/septic tanks):	
Tank risers accessible?	S
Signs of Infiltration?	"
Tanks and access structurally sound?	"
Sanitary tee(s) in good condition?	"
RAW SEWAGE LIFT STATION (if present):	
Required pumps present & operating properly?	NA
High water alarm operating properly?	"
Floats,pipes,valves,disconnects in good condition?	"
Control panel enclosure/components in good condition?	"
EFFLUENT DOSING STATION:	
Required pumps present & operating properly?	S
High water alarm operating properly?	"
Floats,pipes,valves,disconnects in good condition?	"
Control panel enclosure/components in good condition?	"
Effluent appears clear and free of solids?	"
Zone valve sequencer operating properly?	"
SIPHON SYSTEM:	
No evidence of overflow or siphon leakage?	NA
Siphon(s) appear to be working/alternating properly?	"
Bells and vents free of debris and in good condition?	"
SAND FILTER (if present):	
Surface of filter appears free of vegetation?	NA
No evidence of effluent ponding on filter surface?	"
Perimeter walls,dist. boxes,pipes in good condition?	"
Effluent appears clear and free of excess solids?	"
GROUND ABSORPTION FIELDS (general):	
No evidence of effluent surfacing?	S
Surface water being effectively diverted away?	"
Line cover & vegetative cover maintained properly?	"
Protected from traffic, destructive uses?	"
Distribution devices in good working condition?	"
Repair area properly reserved, maintained?	"
PRESSURE MANIFOLD SYSTEM:	
Manifold vault,valves,piping in good condition?	S
Evidence of leakage,blockage in discharge lines?	"
Pressure head is properly adjusted?	"

	Scum Level	Sludge Level
Septic Tank	S	S
Grease Trap		

Elapsed Time Readings:
Pump #1 ____
Pump #2 ____

Elapsed Time Readings:
Pump #1 ____
Pump #2 ____
Pump #3 ____
Pump #4 ____

** attach evaluation sheet if pressure head is checked.

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	NA
Laterals free of excess solids?	"
Laterals flushed this inspection?	"
Zone valves operating properly?	"
Pressure head is properly adjusted?	"

** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS: _____

RECOMMENDATIONS TO OWNER: _____

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT ___

___ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: 01/14/99 SIGNATURE OF "ORC": Jim Lanier

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System	Date of Inspection / Permit No.
American Truetzschler 12300 Moores Chapel Rd. Charlotte, NC	7-15-98
	County: Mock. / System Classification: IV.
Name and Address of ORC Stanley Septic Svc. P.O. Box 184 131 Mariposa Rd Stanley, NC Phone No. (704) 263-8186	Name and Address of Owner American Truetzschler 12300 Moores Chapel Rd. Charlotte, NC. Phone No. (704) 391-5365

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

TANKAGE (grease traps/septic tanks):

Tank risers accessible?	S
Signs of Infiltration?	"
Tanks and access structurally sound?	"
Sanitary tee(s) in good condition?	"

	Scum Level	Sludge Level
Septic Tank	5	5
Grease Trap		

RAW SEWAGE LIFT STATION (if present):

Required pumps present & operating properly?	NA
High water alarm operating properly?	"
Floats, pipes, valves, disconnects in good condition?	"
Control panel enclosure/components in good condition?	"

Elapsed Time Readings:
Pump #1 _____
Pump #2 _____

EFFLUENT DOSING STATION:

Required pumps present & operating properly?	S
High water alarm operating properly?	"
Floats, pipes, valves, disconnects in good condition?	"
Control panel enclosure/components in good condition?	"
Effluent appears clear and free of solids?	"
Zone valve sequencer operating properly?	"

Elapsed Time Readings:
Pump #1 _____
Pump #2 _____
Pump #3 _____
Pump #4 _____

SIPHON SYSTEM:

No evidence of overflow or siphon leakage?	NA
Siphon(s) appear to be working/alternating properly?	"
Bells and vents free of debris and in good condition?	"

SAND FILTER (if present):

Surface of filter appears free of vegetation?	NA
No evidence of effluent ponding on filter surface?	"
Perimeter walls, dist. boxes, pipes in good condition?	"
Effluent appears clear and free of excess solids?	"

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	S
Surface water being effectively diverted away?	"
Line cover & vegetative cover maintained properly?	"
Protected from traffic, destructive uses?	"
Distribution devices in good working condition?	"
Repair area properly reserved, maintained?	"

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	S
Evidence of leakage, blockage in discharge lines?	"
Pressure head is properly adjusted?	"

** attach evaluation sheet if pressure head is checked.

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	NA	
Laterals free of excess solids?	"	
Laterals flushed this inspection?	"	
Zone valves operating properly?	"	
Pressure head is properly adjusted?	"	** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS: _____

RECOMMENDATIONS TO OWNER: Have field brushog

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT ___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: 2/15/98 SIGNATURE OF "ORC": Jim Lam

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Location of System American Truetzscher Inc. 12300 moores chapel rd Charlotte, NC	Date of Inspection: 1-14-98 Permit No.: County: Mock. System Classification: 4B
Name and Address of ORC Stanley Septic Service P.O. Box 184 Stanley, NC 28164 Phone No. (704) 263-8186	Name and Address of Owner att. Steve Feagerman Phone No. (704) 391-5340

Areas Evaluated During Inspection
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated, NA=Not Applicable)

TANKAGE (grease traps/septic tanks):	
Tank risers accessible?	S
Signs of Infiltration?	S
Tanks and access structurally sound?	S
Sanitary tee(s) in good condition?	S
RAW SEWAGE LIFT STATION (if present):	
Required pumps present & operating properly?	NA
High water alarm operating properly?	—
Floats,pipes,valves,disconnects in good condition?	—
Control panel enclosure/components in good condition?	—
EFFLUENT DOSING STATION:	
Required pumps present & operating properly?	S
High water alarm operating properly?	S
Floats,pipes,valves,disconnects in good condition?	S
Control panel enclosure/components in good condition?	S
Effluent appears clear and free of solids?	M
Zone valve sequencer operating properly?	S
SIPHON SYSTEM:	
No evidence of overflow or siphon leakage?	NA
Siphon(s) appear to be working/alternating properly?	—
Bells and vents free of debris and in good condition?	—
SAND FILTER (if present):	
Surface of filter appears free of vegetation?	NA
No evidence of effluent ponding on filter surface?	—
Perimeter walls,dist. boxes,pipes in good condition?	—
Effluent appears clear and free of excess solids?	—
GROUND ABSORPTION FIELDS (general):	
No evidence of effluent surfacing?	S
Surface water being effectively diverted away?	S
Line cover & vegetative cover maintained properly?	MU
Protected from traffic, destructive uses?	S
Distribution devices in good working condition?	U
Repair area properly reserved, maintained?	S
PRESSURE MANIFOLD SYSTEM:	
Manifold vault,valves,piping in good condition?	U
Evidence of leakage,blockage in discharge lines?	S
Pressure head is properly adjusted?	U

	Scum Level	Sludge Level
Septic Tank	M	M
Grease Trap	—	—

Elapsed Time Readings:
Pump #1 ____
Pump #2 ____

Elapsed Time Readings:
Pump #1 ____
Pump #2 ____
Pump #3 ____
Pump #4 ____

** attach evaluation sheet if pressure head is checked.

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	NA
Laterals free of excess solids?	
Laterals flushed this inspection?	
Zone valves operating properly?	
Pressure head is properly adjusted?	

** attach evaluation sheet if pressure head is checked.

SPECIAL CONDITIONS:

COMMENTS: Excessive sludge in both septic tanks / both pumped
sludge in lift station / pumped
Install 4" valve at manifold Box
Install valve + inspection tube for setting head pressure.
Set head pressure at 2' ft.

RECOMMENDATIONS TO OWNER: Keep area over drainfield mowed to allow maximum absorption from sun. and Keep root out of drainfield

COMPLIANCE STATUS: COMPLIANT ✓ NON-COMPLIANT ___

__ CHECK IF PRESSURE HEAD EVALUATION SHEET IS ATTACHED.

DATE: __/__/__ SIGNATURE OF "ORC":

Mecklenburg County
Health Department

September 28, 1998

Truetzchler Properties
Attn: Mr. Curt Scholler
12300 Moores Chapel Road
Charlotte, NC 28266

Re: 12300 Moores Chapel Road

Dear Mr. Scholler:

A required inspection was recently made of the Type IVb septic system which serves as the wastewater treatment and disposal system for the warehouse and manufacturing operation located at 12300 Moores Chapel Road, Charlotte, North Carolina.

A review of our files reveals that the required maintenance contract for this system was never executed. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drainfield as well as a requirement found in the General Statutes of North Carolina to protect public health. Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment, Health, and Natural Resources, Divisions of Environmental Health On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: "System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

Enclosed is a copy of the information we have on file. Please submit a contract with a certified operator to our office by October 29, 1998.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704)336-5568 between 8:00 - 9:00 am, Monday through Friday, or leave a message on my voice mail.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

Enclosure: Certified Operators List
Maintenance Contract

Certified Operators Mecklenburg County & Vicinity

Name	County	Phone #
Ernest C. Brock	Cabarrus	704/788-8510
William Edward Cook, Jr.	Cabarrus	704/436-9612
T. Mark Fowler	Cabarrus	704/786-6161
Bobby Dale Howell	Cabarrus	704/589-4428
Rob Lane McCarver	Cabarrus	704/573-2805
Bobby L. McCarver, Sr.	Cabarrus	919/573-2805
Rick Sehorn	Cabarrus	704/782-8428
Larry W. Tucker	Cabarrus	704/932-6369
Wayne Allen Baumgarner	Gaston	704/867-9812
James M. Byers	Gaston	704/864-4644
Laurence C. Fletcher, Jr.	Gaston	704/827-0730
Wray E. Glenn	Gaston	704/864-3245
Clarence Hill, Sr.	Gaston	704/842-5482
Randy D. Hudson	Gaston	704/854-3298
Jim R. Lanier	Gaston	704/263-8186
Mervin R. Ratchford	Gaston	
Benjamin D. Simpson	Gaston	704/366-5132
Jon A. Watts	Gaston	704/827-6789
David E. Watts	Gaston	704/864-5583
Darrell Williamson	Gaston	704/866-6144
Scott V. Wilson	Gaston	704/853-5230
Richard F. Abernathy	Iredell	
Timothy Wayne Ammons	Iredell	704/663-7631
Larry E. Beam, Sr.	Iredell	704/664-2090
Curt Dunning	Iredell	704/664-7522
James Thurman Home	Iredell	704/282-1533
Lenwood F. Hudson, Jr.	Iredell	704/878-3438
Toney C. Jacobs	Iredell	704/663-6905
Timothy H. Johnson	Iredell	704/872-9566
Steven L. Lambert	Iredell	704/878-3438
Delbert Henry Likins	Iredell	704/478-2785
Danny R. Mason	Iredell	704/873-3755
Clayton Daniel Muller	Iredell	704/662-8840
Stephen T. Overcash	Iredell	704/478-2785
Sammy Reavis	Iredell	704/546-2424
Kelly Richard Sheeks	Iredell	704/878-5358
David R. Yountz	Iredell	
Tim Bannister	Mecklenburg	704/545-1711
Francis R. Hale	Mecklenburg	704/343-6040
John G. Harris	Mecklenburg	704/545-9048
Mark Richard Haver	Mecklenburg	704/525-7990
Rodney H. Lang	Mecklenburg	704/824-9526
Martin J. Lashua	Mecklenburg	704/525-7990

Certified Operators con't

Bob Mahew	Mecklenburg	704/892-5943
Clayton Thomas Oaks	Mecklenburg	704/588-2392
Robert C. Slusser	Mecklenburg	704/633-5689
Jerome V. Varick	Mecklenburg	704/542-0736
Charles P. Wilson	Mecklenburg	
A. Lynn Aldridge	Rowan	704/642-2000
J.H. Bivens	Rowan	704/639-3016
Steve Cannon	Rowan	704/642-2000
Mark Christopher Elmore	Rowan	704/639-3016
George H. Hirkpatrick	Rowan	704/633-2412
John E. Lesley	Rowan	704/663-1699
Jeff L. Link	Rowan	704/633-0411
Randy Lee Melton	Rowan	704/857-6426
Benny D. Myers	Rowan	704/633-3962
Rusty Orbison	Rowan	704/663-4745
William R. Roberts	Rowan	704/633-0411
Scott A. Trexler,	Rowan	704/638-5378
Steven P. Frazier	Union	704/282-6551
Max Mason High	Union	704/764-7137
Joe Hudson	Union	704/283-7539
Dwight David Jordan	Union	704/283-5748
Douglas Kiker	Union	704/753-1867
Jimmy Ray Lowery	Union	704/296-3160
Ross Montgomery	Union	704/283-8945
Tommy Norwood	Union	704/843-3298
James Dennis Rape	Union	704/283-4823
Larry B. Thompson, Jr.	Union	704/336-5568
Ray E. Vaughan, Jr.	Union	

Send Bill: Operator's Contract

Stanley Septic Tank Service, Inc.

P.O. Box 184

Stanley, North C. 28164

(Jim Lanier)

$30.00

VAL

I need to Bill - Jim Lanier - for $ 30.00. " Contract fee"

Operator = Jim Lanier

Name — Address

Truetzchler Properties, 12300 Moores Chapel Road

Tax # — File # — Type

053-121-02 PD — 7709 — IVD

Annual Fee

$ 30.00

(Billing Address)

Stanley Septic Tank Service, Inc.
P.O. Box 184, Stanley, NC 28164

Please enclose Letter that is attached.

Thanks,

Hughes
SUPPLY, INC.
1840 Shelton Avenue
Statesville, North Carolina 28687
Phone: (704) 873-2255 / (704) 878-2143

(Curt Scholler
CEO

Proj #9852.68

CERTIFICATE OF COMPLETION/OPERATION PERMIT

ck #55465 10-10-96 $150.00 ewd

MECKLENBURG COUNTY NORTH CAROLINA

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7709 DATE: 4/9/96

TC: 053-121-02 ☐ L ~~☐ GRT~~

SERIAL № 16628

Name of Owner TRUTZSCHLER PROPERTIES Juris.: _____

Address of Property 12300 Moore's Chapel Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 1120

Number of Lines 8 @ 140'

Cover Depth _____

Water Supply Source WELL

Distance to Water Source greater than 100'

Excavation Inspected 2/13/96

Tank(s) Inspected 2/13/96

Wash Line Inspected N/A

High Water Alarm Inspected 4/9/96

PLOT

Design ENGINEERED PLANS, PRESSURE MANIFOLD WITH CONVENTIONAL CTR# BRIAN Stewart

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: System (drainfield) installed on December 30, 1995. Drainfield was installed and rained on. Drainfield remained open for 2 months due to inclement weather. Type 5(B) System < 1000 GPD

See letter from Frank Cockins & Assoc. dated 5-1-96.

Virginia Bonney, R.S.
Environmental Health Specialist

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

1450

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7709 DATE: 12/27/95

TC: 053-121-02 ☐ L

SERIAL Nº 16549

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11/04/94. All work shall be completed on or before 1/29/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank SEE DESIGNED gallons

Liquid Capacity of Dosing Tank PLAN gallons

Tank Construction PER ENGINEER

Trench Depth 31"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 1120 feet

Number of Lines 8

Depth of Stone 15" inches

Distance from House — feet

Distance from Property Line 10' feet

Distance from Well N/A feet

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

NAME OF OWNER American Truchler

LOCATION OF PROPERTY 12300 Moore's Chapel Rd.

Comments: INSTALL PER ENGINEERED PLANS FROM FRANK LOCKINOS & ASSOC.

Bateman for S. Harris, Program Chief 12-28-95

Environmental Health Specialist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028497

File: 7709 (SAW) Action 1

Parcel: PO 053-121-02 ☐ PC

Location: 12300 Moores Chapel Rd

Subdivision:

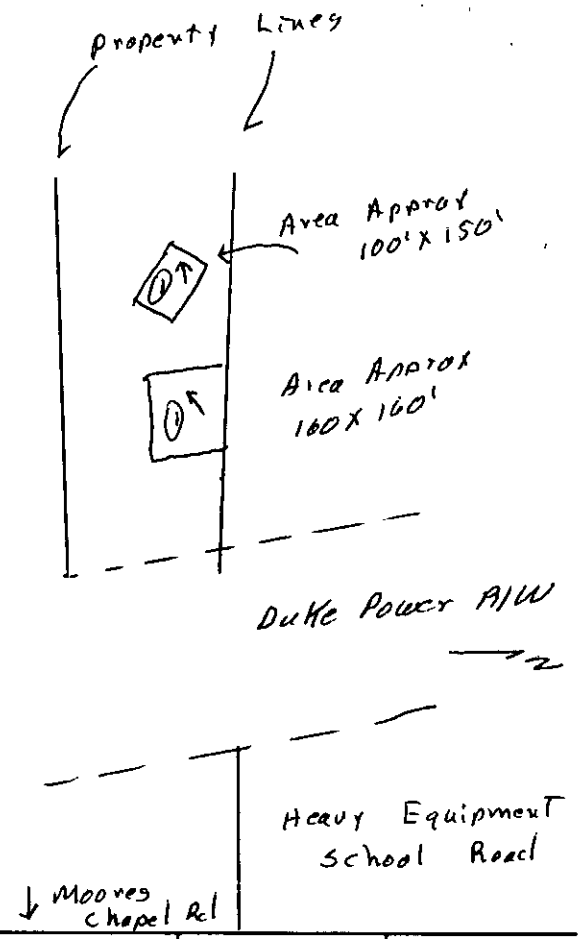
Lot: Block: Acres: Approx .9

Owner: Trietzschler Properties
Address: 12300 Moores Chapel Rd
Charlotte, N.C. 28206

Comments: 100% Repair (250 gal/day flow) .3 gal/ft²/day LTAR
Additional area potentially available

Described by: William R. Marlin

Date: 3-22-95



***** EVALUATION KEY *****

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To Soil Wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 43-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo					
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 028498

File: 7709 Action 3

Parcel: 053-121-02 ☐ PC

Location: 12300 ~~1200~~ Moores Chapel Road

Subdivision:

Lot: Block: Acres: Approx 1.0

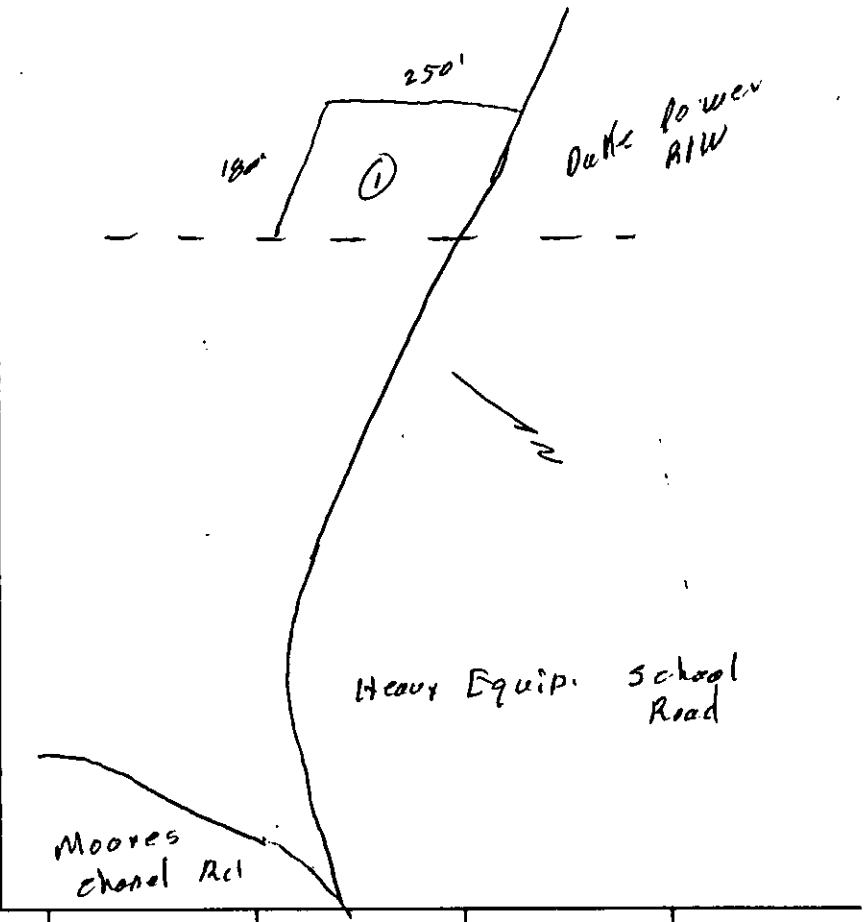
Owner: Trustzachler Properties

Address: 12300 Moores Chapel Road Charlotte, N.C.

Comments: 100% clearing, portion of area has been cut

Described by: William R. Marlin

Date: 3-22-95



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture Expansive	S PS (U) clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U ~36" to wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 6-34"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U ~36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Series Not Determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028497

File: 7771 Action 1

Parcel: 12 153 - 131 02 ☐ PC

Location: 11300 Moores Chapel Rd

Subdivision:

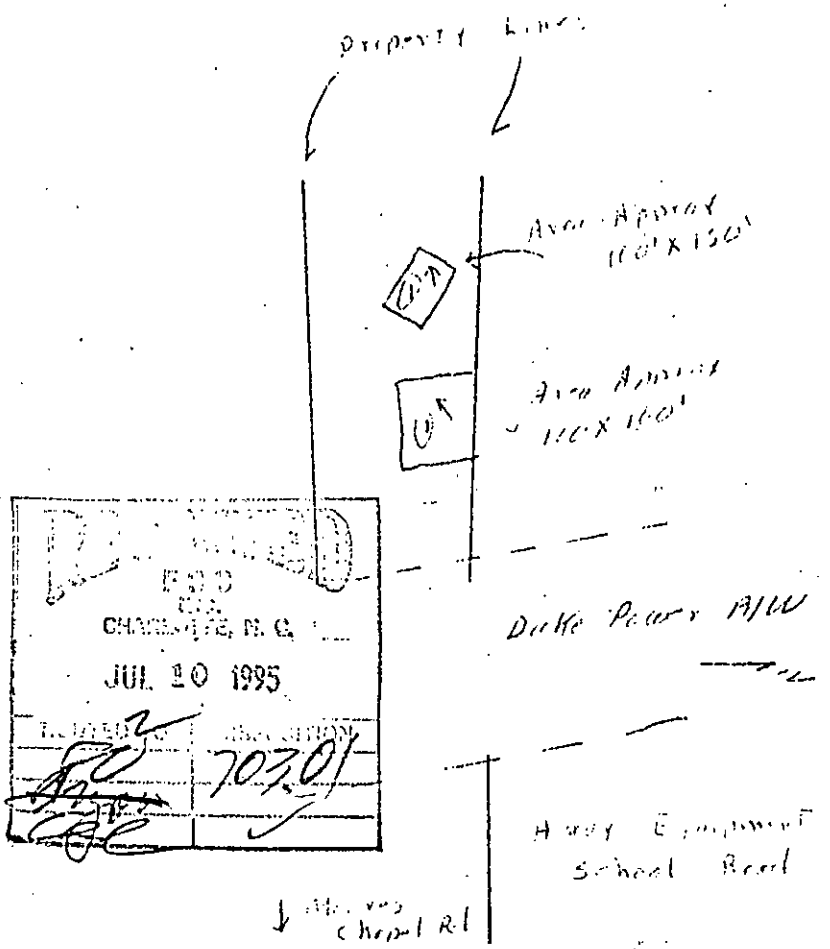
Lot: Block: Acres: 2.00 +/-

Owner: Investment Properties
Address: 11300 Moores Chapel Rd
Charlotte NC 28217

Comments: Lot is Moores Chapel Rd
(to rear) 3 of 4 lots FNM
Additional site information
required

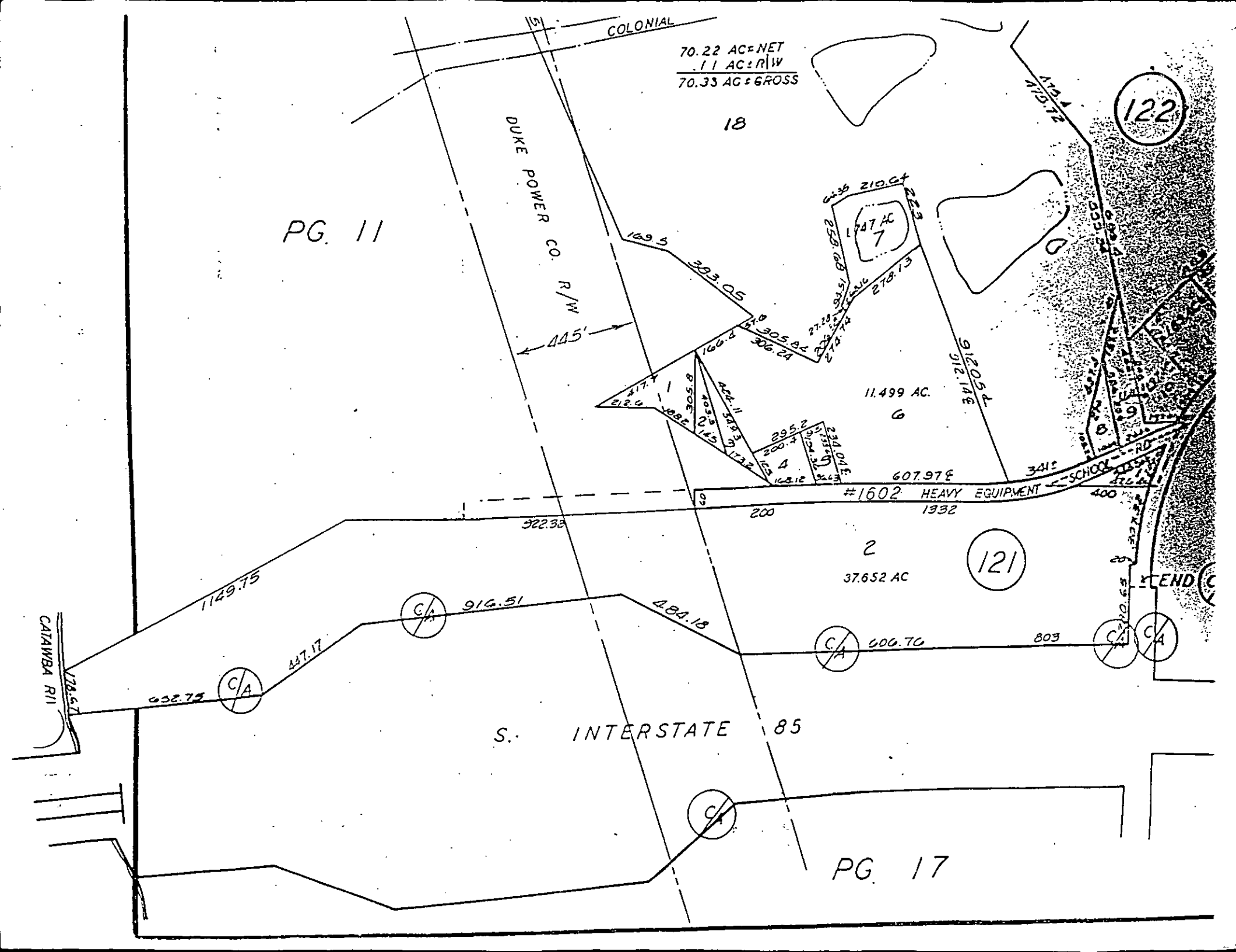
Described by: William A Mullis

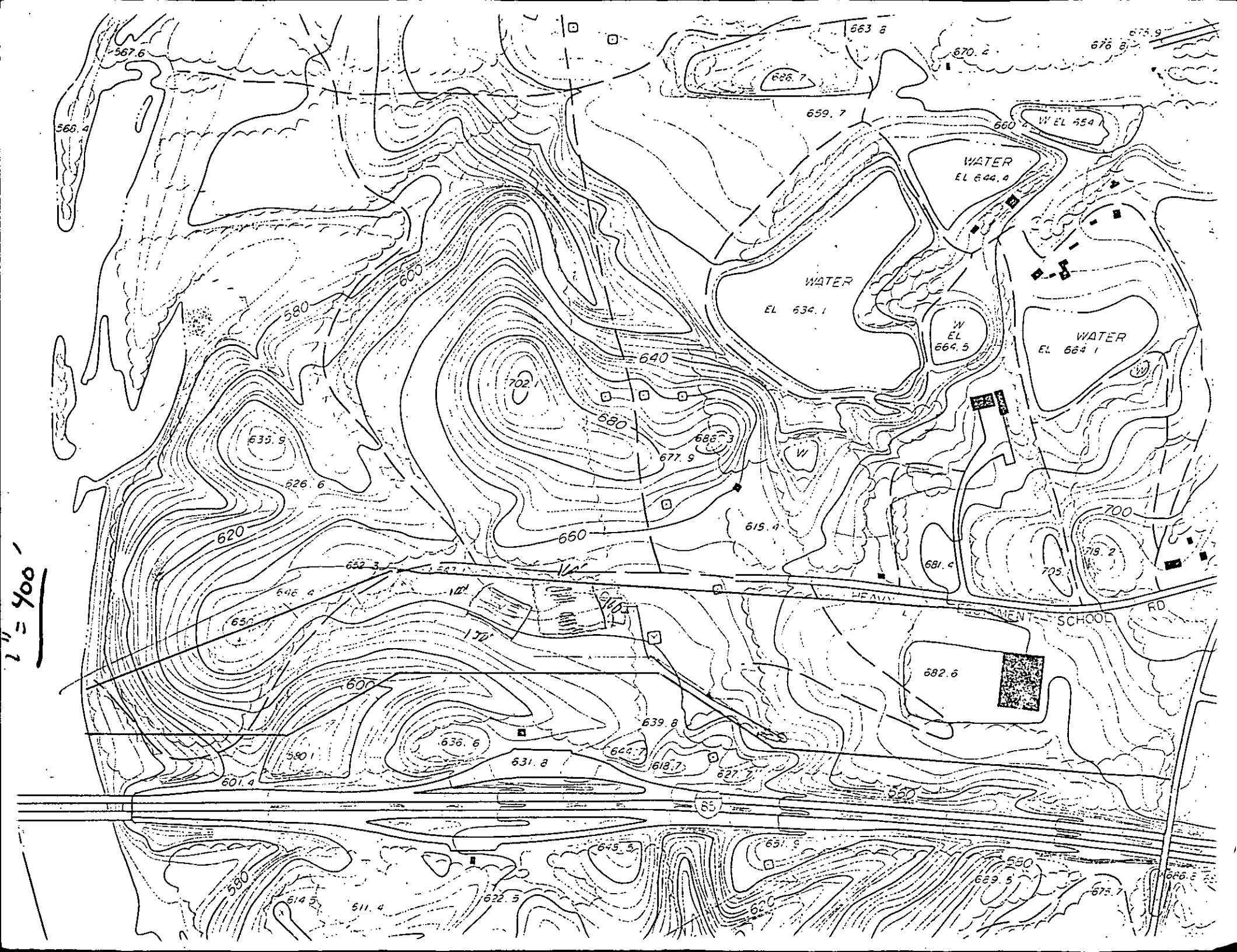
Date: 3-22-95



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U slightly Transitional	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage Type 2	S PS U Somewhat	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 42-48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 24"	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	II Cecil					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U


COLONIAL
70.22 AC ± NET
.11 AC ± R/W
70.33 AC ± GROSS
18
122
DUKE POWER CO. R/W
445'
PG. 11
1.747 AC
7
11.499 AC.
6
2
37.652 AC
121
#1602 HEAVY EQUIPMENT
1932
SCHOOL RD.
END
CATAWBA RD
S. INTERSTATE 85
PG. 17
C/A
1149.75
916.51
484.18
447.17
632.73
606.70
803
322.38
200
607.97
341
400
393.05
305.84
306.24
278.13
912.14
912.05
210.04
233.72
259.68
166.4
169.5
417.7
612.0
408.2
295.2
234.04
168.12
210.04


1" = 400'
WATER
EL 644.4
WATER
EL 634.1
WATER
EL 664.1
W EL 664.5
W EL 654.1
HEAVY EQUIPMENT SCHOOL RD
85
567.6
568.4
663.8
686.7
659.7
670.4
676.8
702.1
635.9
626.6
686.3
671.9
615.4
652.3
646.4
650
682.6
639.8
636.6
631.8
644.7
618.7
627.7
601.4
580.1
645.5
651.9
614.5
611.4
622.5
669.5
675.7
719.2
705
681.4

FRANK C. COCKINOS & ASSOCIATES, INC.
CONSULTING ENGINEERS

600 LEXINGTON AVENUE
CHARLOTTE, N.C. 28203

Telephone: (704) 372-4464
Fax: (704) 332-3468

December 15, 1995

Stewart-Cooper Architects
310 South Chestnut Street
Gastonia, North Carolina 28053

Attention: Mr. J.C. Nichols

Reference: American Truetzschler

Dear Mr. Nichols:

This letter serves as notice that the piping material originally specified as scheduled 40 PVC for the force main and gravity sewer will be changed. The force main (from the pumping station to outside of the pressure manifold box), will be PVC SDR 21 (200 psi) and the gravity sewer (from the pumping station to Manhole #4) will be PVC SDR 35. All other piping shall remain as specified on the drawings. This change has been approved by the Mecklenburg County Health Department and is recommended by the Engineer. It is understood by the Contractor that there will be no additional payment for this change.

Should you have any questions, do not hesitate to contact our office.

Very truly yours,

FRANK C. COCKINOS & ASSOCIATES, INC.

Chad H. Huggins, P.E.

CHH/mc

cc: Suitt Construction Company
Mecklenburg County Health Department

FRANK C. COCKINOS & ASSOCIATES, INC.
Consulting Engineers
600 E. Lexington Avenue Charlotte, NC 28203 704/372-4464

LETTER OF TRANSMITTAL

TO: Mecklenburg County
Health Department

DATE 9/11/85 COMM. NO. 703.01

ATTENTION: Mrs. Toni Burney

REFERENCE: American Travelodge

GENTLEMEN:

We are sending you the following:

X Attached

____ Under Separate Cover By _____

____ SHOP DRAWINGS ____ PRINTS 1 PLANS

____ COPY OF LETTER ____ CHANGE ORDER ____ SPECIFICATIONS

____ OTHER _____

COPIES	DATE	SHEET NO.	DESCRIPTION

REMARKS:

SIGNED: Charles H Hyatt

1/82

TELE. NO. (704) 372-4464 FAX NO. (704) 332-3468

FRANK C. COCKINOS & ASSOCIATES, INC.

600 LEXINGTON AVENUE
CHARLOTTE, N. C. 28203

COMPUTED BY CHU CHECKED BY _____

DATE 9/9/55 DATE _____

SUBJECT TRUSSVILLE SHEET _____ OF _____

MAX DESIGN: 451 employees x 25 GPD/EMP = 3,775 GPD

MIN PUMP RATE = 3775 x 2.5 ÷ 720 = 13 GPM

FIELD REQUIRED: 3,775 ÷ 0.3 ÷ 3 = 4,194 FT TRENCH

DOSE RATE: 66 TO 75 %

VOLUME OF FIELD: $(\frac{1}{2})(\frac{4}{12})^2 \pi \times 4194 \times 7.48 =$ 2737 GAL

RANGE: 1806 - 2052 GAL/DOSE

CURRENT DESIGN: 1000 GPD

MIN PUMPING RATE = 1000 x 2.5 ÷ 720 = 3.5 GPM

FIELD REQUIRED = 1,000 ÷ 0.3 ÷ 3 = 1,111 FT TRENCH

DOSE RATE: 66 TO 75 %

VOLUME OF FIELD: $(\frac{1}{2})(\frac{4}{12})^2 \pi \times 1111 \times 7.48 =$ 725 GAL

RANGE: 480 - 550 GAL/DOSE

4" PVC

USE ½" TEES

TEE SEPARATION 6"

BED 10.5 FT LONG

3 FT WIDE

THB

FRANK C. COCKINOS & ASSOCIATES, INC.
CONSULTING ENGINEERS

600 LEXINGTON AVENUE
CHARLOTTE, N.C. 28203

Telephone: (704) 372-4464
Fax: (704) 332-3468

August 28, 1995

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

Attention: Mrs. Toni Bunney

Reference: American Truetzschler, Inc.

Dear Mrs. Bunney:

Enclosed please find one (1) set of plans, calculations, water usage data and soils analysis for the above referenced project for your review.

Should you have any questions, do not hesitate to contact our office.

Very truly yours,

FRANK C. COCKINOS & ASSOCIATES, INC.

Jamie M. Mozingo

Jamie M. Mozingo, E.I.T.

JMM/mc

Enclosures

cc: Mr. James Stewart, AIA

8

FRANK C. COCKINOS & ASSOCIATES, INC.
CONSULTING ENGINEERS

600 LEXINGTON AVENUE
CHARLOTTE, N.C. 28203

Telephone: (704) 372-4464
Fax: (704) 332-3468

May 1, 1996

Mecklenburg County Health Department
700 North Tryon Street
Charlotte, North Carolina 28202

Attention: Ms. Toni Bunney

Reference: American Truetzschler Wastewater Facilities

Dear Toni:

I, Chad H. Huggins, P.E., as a duly registered Professional Engineer in the State of North Carolina, hereby state that to the best of my knowledge, belief, and understanding, the above referenced sewer system was substantially completed in accordance with the plans and specifications for the grades, elevations, and materials of construction based upon intermittent site inspection and final testing.

The gravel has not been installed in the access road to the pump station. The emergency generator connection was not installed on the control panel. It has been determined that this connection is not necessary.

The following two (2) observations were made during the construction:

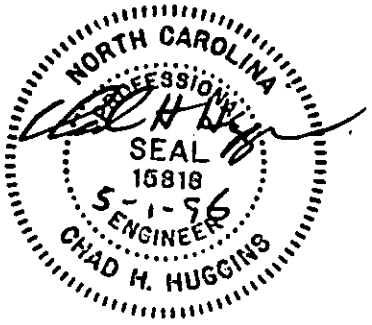
1. The entire area of the nitrification field was cleared, grubbed, and stumped.

2. The nitrification line trenches remained open in excess of two months during periods of inclement weather.

It is unknown what effect these construction methods will have on the operational ability and/or life of the nitrification field.

Very truly yours,

FRANK C. COCKINOS AND ASSOCIATES, INC.



Chad H. Huggins, P.E.

CHH/sw

cc: Stewart Cooper Architects

TRÜTZSCHLER

CHAD Huggins

AMERICAN TRUETZSCHLER INC.

P.O. BOX 669228 • CHARLOTTE, N.C. 28266

Telephone (704) 399-4521 Telefax (704) 398-1670

TELEFAX COVER SHEET

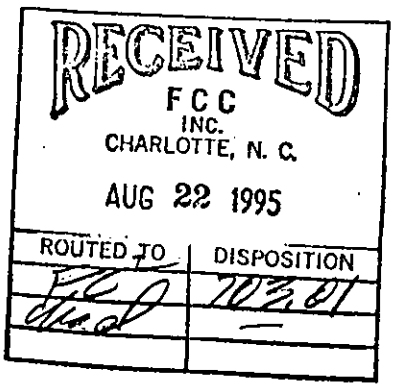
Date: August 21, 1995 Telefax No. P 867

To: Stewart Cooper Architects

Attn: James C. Stewart, A.I.A.

From: American Truetzschler, Inc. - Ralf Vieten

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 3



TRÜTZSCHLER

AMERICAN TRUETZSCHLER INC.

P.O. BOX 669228 • CHARLOTTE, N.C. 28266

WATER USAGE IN WASH SYSTEM FOR PAINT DEPT.

DATE	START	FINISH	GALLONS PER DAY	
7-28-95	600	800	200	
7-30-95	600	850	250	
8-01-95	500	850	350	
8-02-95	700	850	150	
8-03-95	600	850	250	
8-04-95	600	850	250	
8-05-95	750	825	75	
				1525
8-07-95	700	850	150	
8-08-95	600	850	250	
8-09-95	500	850	350	
8-10-95	650	825	175	
8-11-95	625	900	275	
8-12-95	750	900	150	
				1350
8-14-95	750	850	100	
8-15-95	500	850	350	
8-16-95	500	850	350	
8-17-95	500	850	350	
8-18-95	500	850	350	
8-19-95	600	850	250	
				1750
8-21-95	750	1000	250	
			TO DATE	4625

0013.WK4

DAILY WATER USAGE FROM WELL - ATR

DATE	DAILY METER	USAGE	TOTALS
7-27-95	200878		
7-28-95	201414	536	
7-31-95	202016	602	
8-01-95	202549	533	
8-02-95	202758	209	
8-03-95	203359	601	
8-04-95	203659	300	
			2781
8-07-95	204391	732	
8-10-95	206816	1285	
8-11-95	206305	659	
			5127
8-14-95	208878	573	
8-15-95	207261	383	
8-16-95	207660	399	
			6782
8-21-95	209209	1549	
			8331

8331 GAL. MINUS 4625 GAL. = 3706 GAL. FOR SEPTIC TANK RETURN.

0012.WK4