

11309 REAMES RD

02504222

5/29/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5015A DATE: 11/21/89

TC: 025-03-110 ☒ L ☒ CRT

SERIAL № 12240

Name of Owner Mechanical Supply Co. INC Juris.:

Address of Property 11309 Reames Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 416

Number of Lines 4 @ 104'

Cover Depth 8

Water Supply Source well

Distance to Water Source > 50

Excavation Inspected 11/21/89

Tank(s) Inspected 11/21/89

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1989 1500ST, 1246SFT, CONV, 12" Gravel Ceil CTR# 59

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 15 employee supply company

Philo S. Walker
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

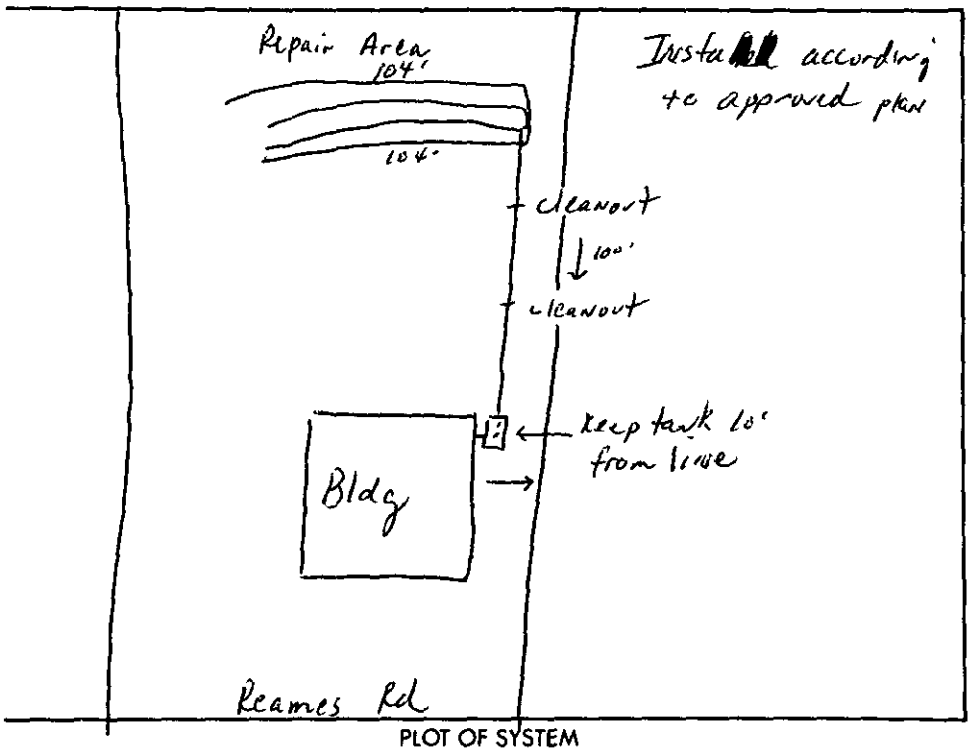
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5015A DATE: 11/7/89

TC: 025 03110 ☐ L

SERIAL Nº 13041

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 8/16/88. All work shall be completed on or before 12/7/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1500 gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 416 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >100 feet

NAME OF OWNER Mechanical Supply Co. Inc

LOCATION OF PROPERTY 11309 Reames Rd

Comments: 4 Trenches x 104' long x 3' wd x 12" Stone
Cleanout every 100' Appr 300' Scd 40 4" PVC

Division or Section Head

Phil S. Walker
Environmentalist

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

1150

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 2 1988
ENVIRONMENTAL HEALTH DIVISION

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: ~~5013A~~ 5015A
TC: _____
SERIAL: № 16449
☐ C ☑ CRT

JOB LOCATION

① ADDRESS: 11309 Reames Road (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: Mecklenburg County ④ TAX PARCEL NO.: 02503110

⑤ SUBDIVISION: _____ ⑥ LOT: #11309 ⑦ BLOCK: _____

OWNER

⑧ NAME: Mechanical Supply Company, Inc. (FIRST) Scott B. Reid, President (MIDDLE / LAST)

⑨ MAILING ADDRESS: P.O. Box 709

⑩ CITY: Matthews ⑪ STATE: N.C. ⑫ ZIP: 28105

⑬ PHONE: (WORK) (704) 847-9641 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms? _____ ㉕ Type? Wholesale distributor

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? FIFTEEN (15) ~~thirty (30)~~ 28 NOV 88

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? four (4)

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 8-16-88

IMPROVEMENT PERMIT

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

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

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

Lot Status may be required for System

Paula W Johnson 11/28/88
Environmentalist Date

R.S. 11/29/88
Director or Authorized Section Head Date

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

Mecklenburg County
Health Department

Basil G. Dalta, M.D., M.P.H.
Health Director

October 17th, 1988

Mechanical Supply Company, Inc.
P.O. Box 709
Matthews, NC 28105

RE: Property located at 11309 Reames Road
FILE: 5015A
PARCEL: 02503110

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15636) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15636

File: 5015A Action 1

Parcel: 02503110 ☐ PC

Location: 11309 Reames Road

Subdivision:

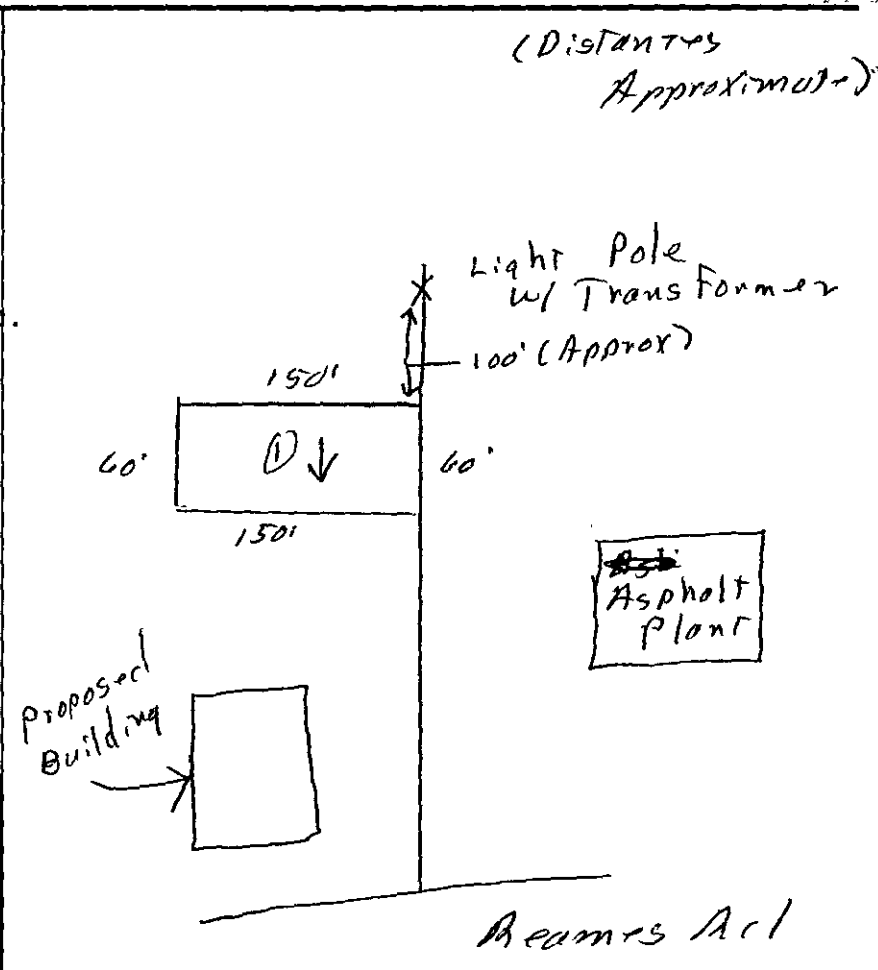
Lot: Block: Acres: Approx .22 ins.

Owner: Mechanical Supply Company, Inc.
Address: P.O. Box 709
Matthews, NC 28105

Comments: additional area potentially available if 100% repair required

Described by: William R. Marlin

Date: 10-14-86



*** 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 6-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	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 water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	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 limited	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	WkA Enon-Lilac					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Send application
for installation
permit, plot plan
sheet & address
sheet w/ soil report

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/13/88

Name/Company Douglas Chapman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test = 1 ac
#5015A

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 13 1988

Fee: $30 — cash 123 #30.00

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5013A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11309 Reames Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 02503110

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Mechanical Supply Company, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. Box 709

⑨ CITY: Matthews ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 704-847-9641 (HOME) _____

⑬ Accurately diagram and dimension lot.

See attached plot plan

⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: September 12, 1988

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/6/88

Name/Company W. D. Chapman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Septic Tank

#

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 6 1988

pd
CK# 0488
$150.00
P. Karres

Fee: $ 150 —

Patricia Lardo
Completed by

P. Karres
Collected by

KENNETH ANDREWS ARCHITECTURE, P.A.

August 24, 1988

Health Department
Environmental Health Division
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Reference: Mechanical Supply Company, Inc.
Commission No. 88-005

Gentlemen:

Enclosed is a copy of the Site Plan for the above referenced project.

Please call us prior to the actual field testing, as we would like to have a representative from our office attend.

If you have any questions or require additional information, please contact our office.

Sincerely,

Kenneth L. Andrews, AIA

KLA/js

Enclosure

8303 University Executive Park
Suite 430
Charlotte, North Carolina 28213
704-547-1505