

10701 REAMES RD

02526104

6/27/08

marliwr

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

Mecklenburg County
Health Department

November 26, 1996

Mr. G. A. Swasick
10701 Reames Road
Charlotte, NC 28202

Dear Mr. Swasick:

Receipt of your application for a building addition at 10701 Reames Road, Charlotte, North Carolina is hereby acknowledged. Upon receipt of the request, a review was made of the material on file and a site evaluation was conducted. The request was then reviewed in conjunction with the provisions of 15 NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

- The existing drainfield is in the same location as the proposed addition. Based on .1950 location of Sanitary Sewage Systems (a)(10) Any building foundation...5 feet;

- The existing soils on the site are UNSUITABLE for the use of a septic tank system. Thus, there is not an available area for the septic system to be re-located.

For these reasons a request to install an on-site subsurface drainfield repair is hereby denied.

Other options for consideration are:

- Connection to the Charlotte-Mecklenburg Utility Department Municipal sewer line. You may contact Bobby Spiers at 399-2551 for further information, if you desire.

- The building addition may be considered to be moved to another location, away from the septic tank system. No additional increase in water use will be allowed.

Please contact me at 337-5572 to discuss your plan of action. If you wish, you may exercise your right of appeal under G.S. 150B and 10 NCAC 1B and details may be received at the above mentioned telephone number.

Sincerely,

Toni Higgins-Bumpey, R.S.
Individual Water and Wastewater Systems

12078

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$30.00 9-16-96
CK #016301 [] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: SKAFF (last) RICHARD (first) (mi)

ADDRESS: P.O. Box 686 PHONE: (704) 663-1563

CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

Date: 9-11-96

PROPERTY OWNER:

NAME: SWIASICK (last) G. (first) A. (mi)

ADDRESS: 10701 REAMES RD PHONE: (__) 597-0211

CITY: CHARLOTTE STATE: NC ZIPCODE: 28202

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 025-031-06

STREET ADDRESS: 10701 REAMES RD
CHARLOTTE, NC 28269

ZONING: I 2

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[X] 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):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
3960 sf

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 COMMERCIAL # Employees 32 Per Shift 32
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) Y Type SEPTIC

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] 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: Richard Skaff for G.A. Swiasick Date: 9-11-96

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.

...9/20/96 - Disapproved - Addition will go at one location of existing septic system.

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

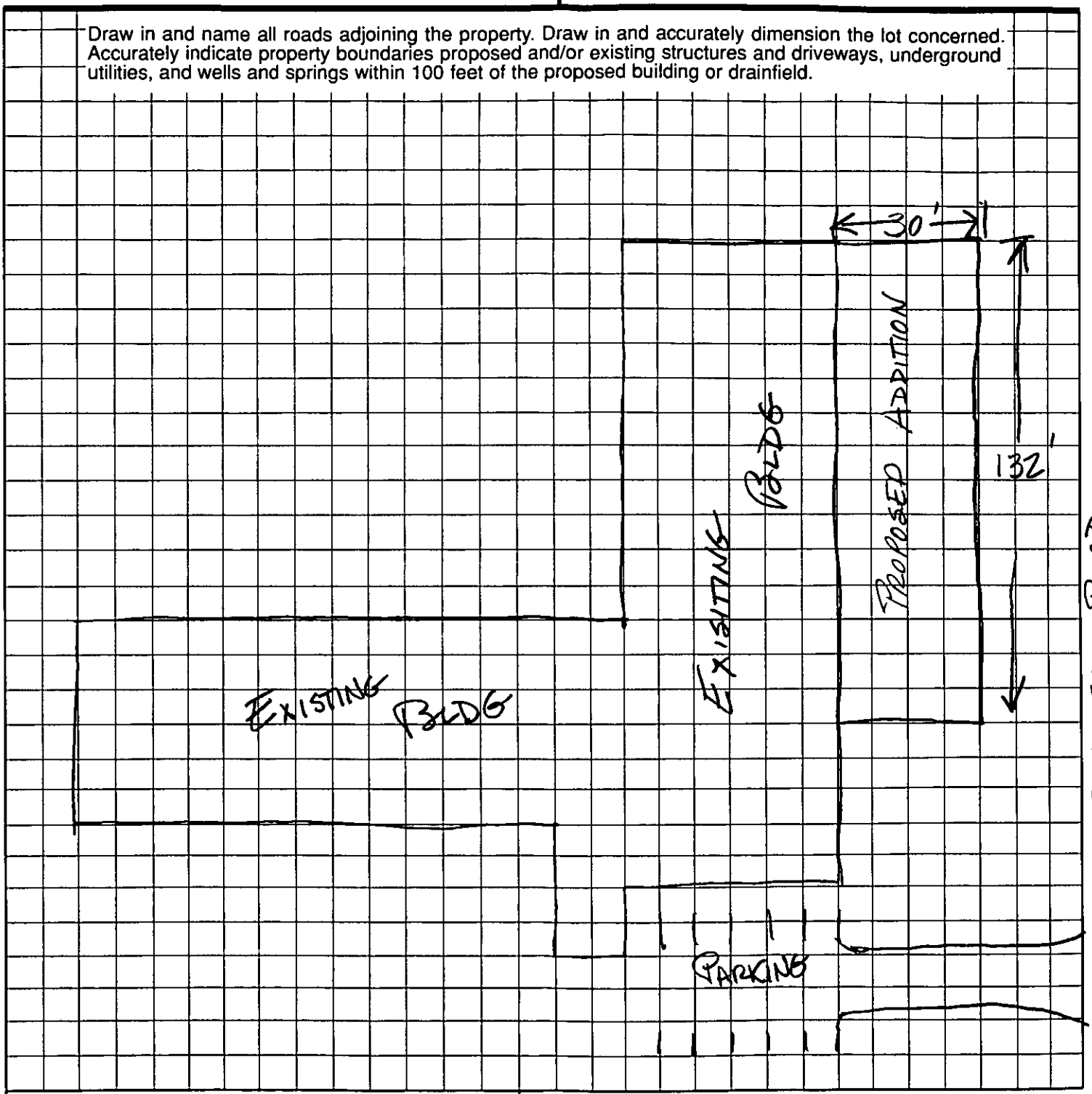
PROPOSED PLOT PLAN

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

FILE: 12078

TC: 025-03I-06

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.



Bill Lackey
OWNER/AGENT SIGNATURE

DATE 9/11/96

APPROVAL DATE _____

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

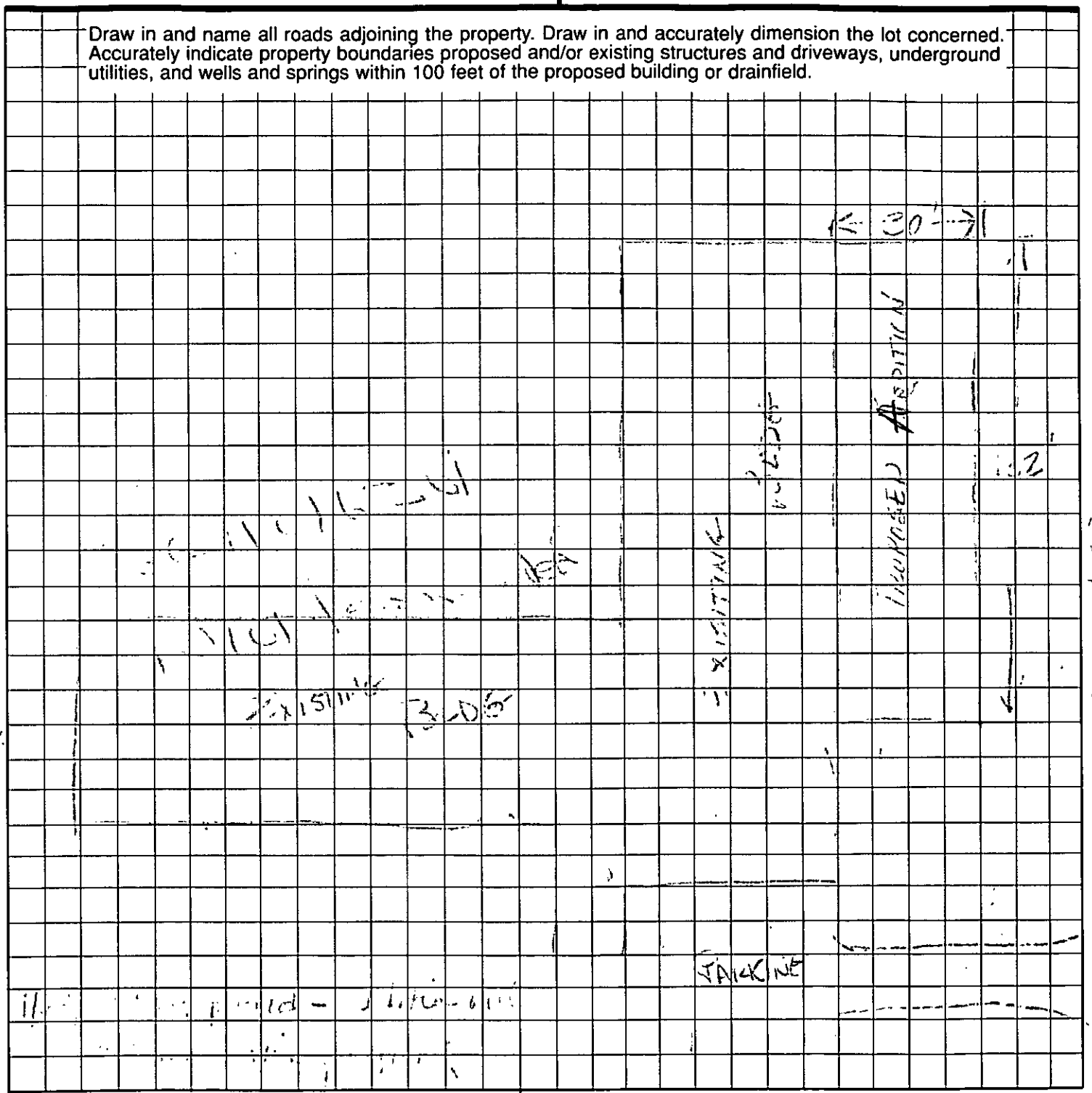
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12078

TC: 025-031-06

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.



Bill Vickers
OWNER/AGENT SIGNATURE

DATE 9/11/96

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

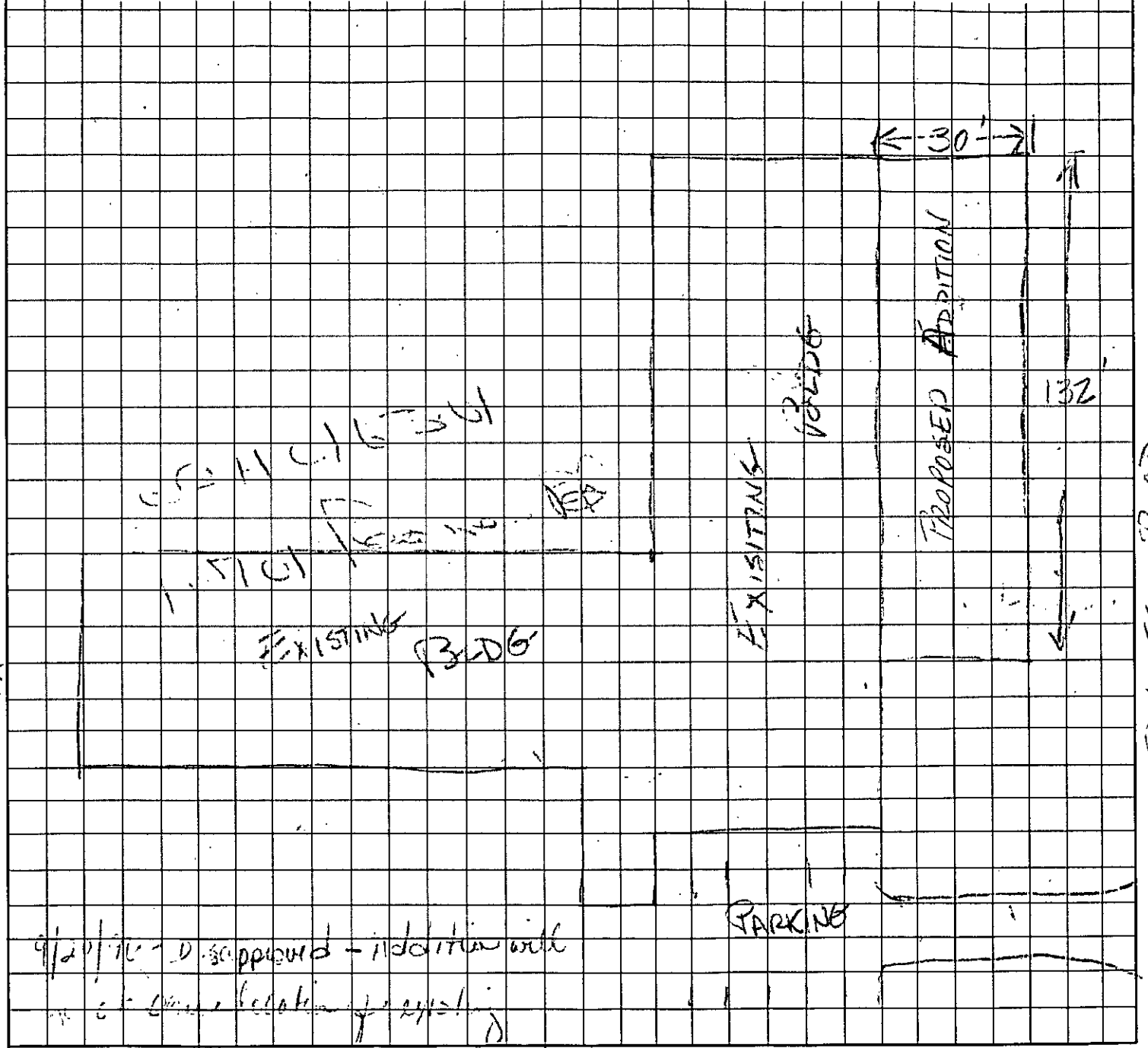
50.00

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

FILE: 12078

TC: 025-031-06

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.



9/12/96 - Approved - addition with [illegible]

Bill Rackley
OWNER/AGENT SIGNATURE

DATE 9/11/96

APPROVAL DATE _____

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

C of A (s) No. 12078

Serial No. 0812

T. C. No. 025-031

Date Issued 10 June 77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Wooten Ent. (LAST / FIRST / MIDDLE)

Location of Property Rennes Rd

Application Number 12078 Permit Number 12078

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source City Distance from Water Source 100'

Excavation Inspected 10 Jun 77 (DATE) Tank Inspected 10 Jun 77 (DATE)

Nitrification Field Inspected 10 Jun 77 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

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

Comment: Location O.K.

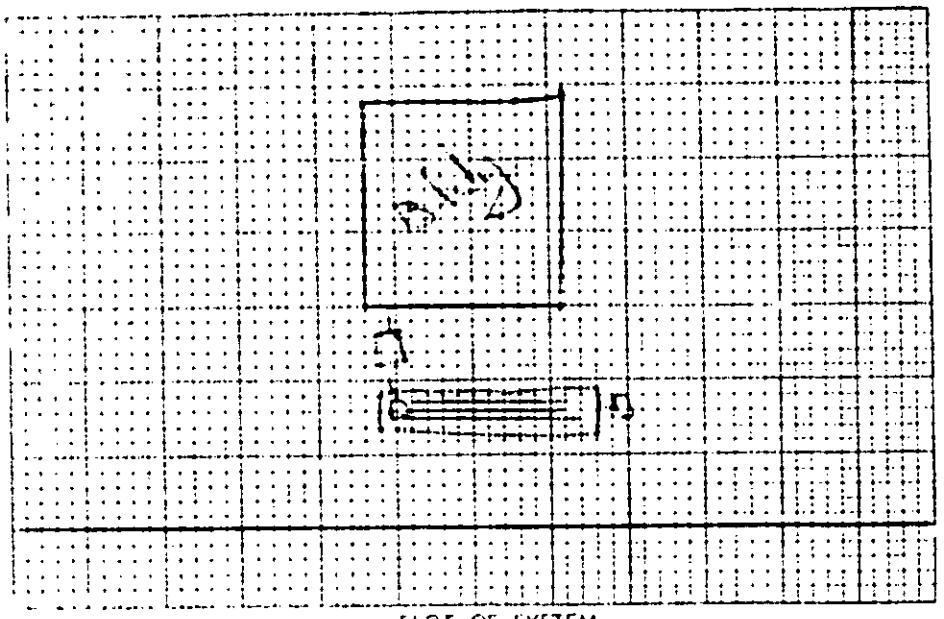
J. M. Reynolds
Environmentalist

Environmental Health Department's Copy

Serial No. [illegible]

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

[illegible] is hereby granted to ✓ Install or Construct, __ Alter or Repair the individual septic tank waste-[illegible] system with subsurface, soil absorption, effluent discharge as specified herein at the described [illegible]. This permit is granted based upon the information supplied in application [illegible] dated [illegible]. Such permit shall be void and of no effect if the information provided in the application [illegible] true or is erroneous. All work shall be completed on or before 10 July 1 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Concrete

Absorption and/or Nitrification Lines.

Total Line Length 400 ft

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Wilson Engineering Co.

LOCATION OF PROPERTY Lebanon Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permite 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.**

Comments

E M Reynolds
Environmentalist

[illegible] is for the installation or construction of a new system, it must be signed by the division or a [illegible] the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Environmental Health Department's Copy

SOIL INVESTIGATION REPORT

Date of Investigation March 21, 1977 APT NO. 12078

Owner Wooton Equipment Co.

Location of Property Rooms Road Tax Code No. 025-03-06

Soil Suitability Ratings

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cut	Fill		
2. Soil Slope	suitable 3-8%	suitable 0-6%		
3. Soil Depth	unsuitable <20"	fill ranges from 0-14 ft.		
4. Soil Texture	unsuitable weathered rock	unsuitable mixed-2:1 clays-debris		
5. Soil Structure	unsuitable massive	unsuitable massive		
6. Restrictive Horizons	—	—		
7. Soil Drainage	suitable water table >6'	suitable water table >6'		
8. Soil Permeability (Percolation Rate)	unsuitable very slow	unsuitable very slow		
9. Other	>120 min/in	>120 min/in		
10. Overall Rating	unsuitable	unsuitable		

Recommendations Based on this investigation, the lot is not recommended for approval for installation of a septic tank system.

See diagram on back

W. Edward Casement
Soil Scientist

3/10/75
EHD 539

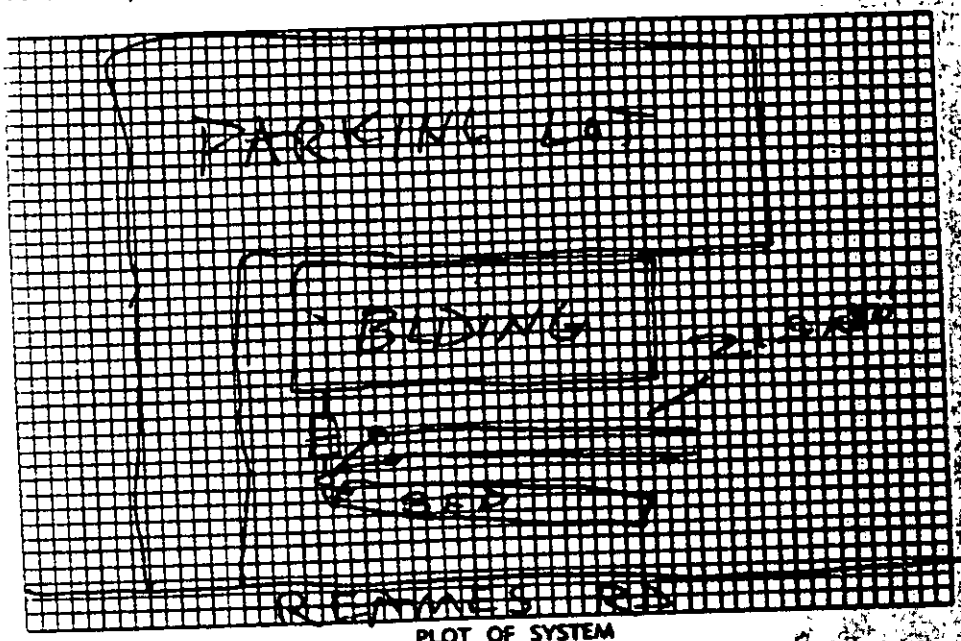
Date Issued 11-7-95 Serial No. 08699 ICAR(S) Permit No. 12078

T.C. No. 025-031-06

Map Date L

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

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank waste-water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 12078 dated 11-7-95 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12-7-95, after which date this permit shall be null and void.



PLOT OF SYSTEM

REPAIR

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 2 @ 150'

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well city water

NAME OF OWNER RIMTRAX CORP

LOCATION OF PROPERTY 10701 REAMES RD

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

2 lines x 150' long x 3' wide x 12" stone

Comments:

B. Hamilton
Division or Section Head

Kelly Randall
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

C.O.A. (S.) No. ____

Date Issued 11-14-85 Serial 8020 T. C. No. 025-031-06 CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner RIMTRAX CORP (LAST / FIRST / MIDDLE)

Location of Property 10701 REAMER RD

Application Number 12078 Permit Number 12078

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material —

Total Length of Drain Tile 300 Number of Lines 2

Depth of Filter Material 12" Cover Depth 5'

Water Supply Source WELL Distance from Water Source 50'

Excavation Inspected 11-14-85 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 11-14-85 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

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

Comments: ____

Environmentalist

EHD-S-76

Environmental Health Department's Copy

12078

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$30.00 9-16-96
CK#016301 [] CRT

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

(704)336-5102

Date: 9-11-96

PERSON FILING APPLICATION:
NAME: SKAFF (last) RICHARD (first) (mi)
ADDRESS: P.O. Box 686 PHONE: (704) 663-1563
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 025-031-06
STREET ADDRESS: 10701 REAMES RD
CHARLOTTE, NC 28269
ZONING: I 2

PROPERTY OWNER:
NAME: SWASICK (last) G. (first) A. (mi)
ADDRESS: 10701 REAMES RD PHONE: (__) 597-0211
CITY: CHARLOTTE STATE: NC ZIPCODE: 28202

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
3960 SF

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 COMMERCIAL # Employees 32 Per Shift 32
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) Y Type SEPTIC

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] 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: Richard Skaff for G.A. Swasick Date: 9-11-96

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:

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...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

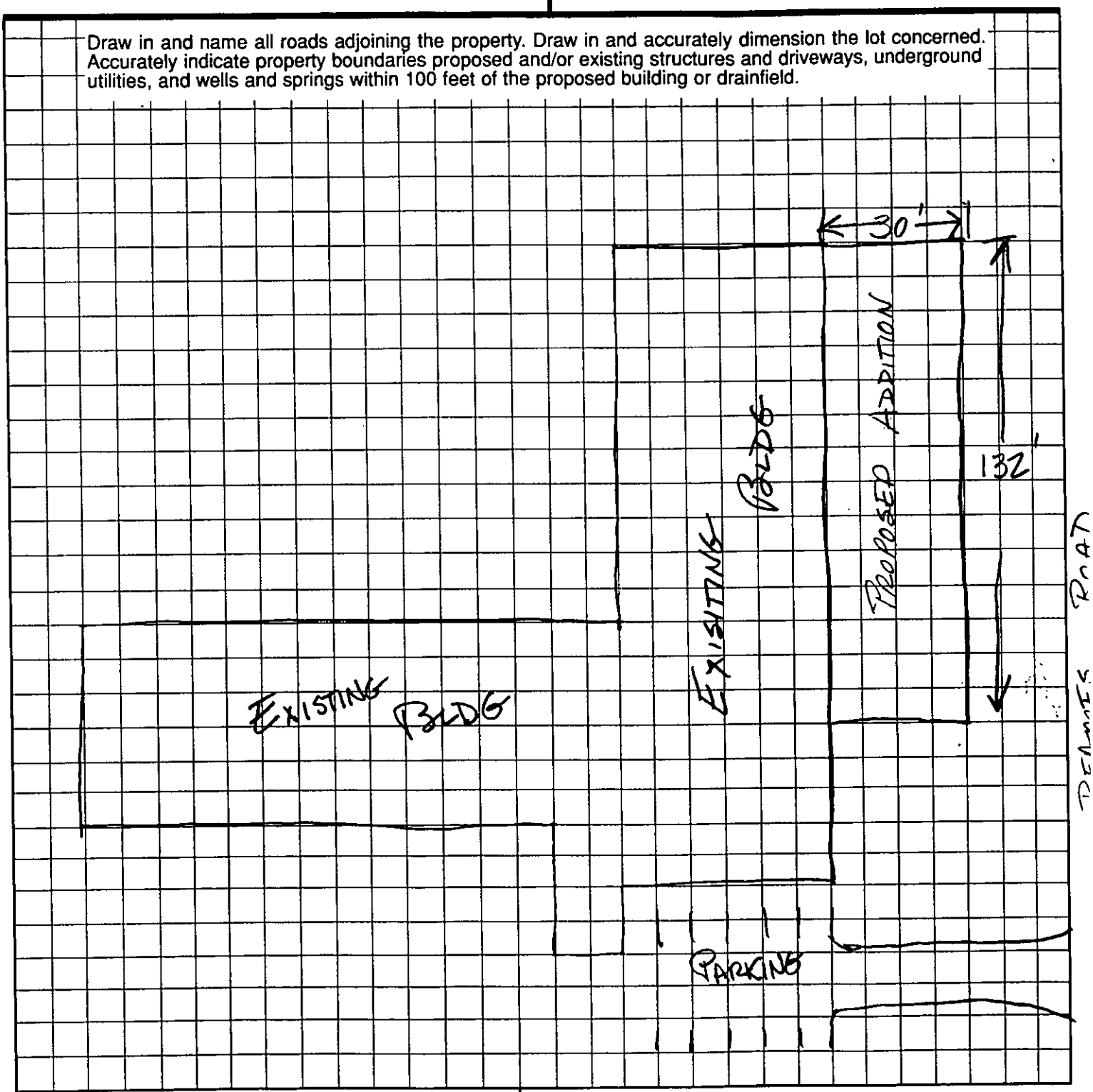
PROPOSED PLOT PLAN

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

FILE: 12078

TC: 025-031-06

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.



Bill Lackey
OWNER/AGENT SIGNATURE

DATE 9/11/96

APPROVAL DATE _____

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