

9136 WILKINSON BV

05321102

6/5/08

marliwr

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#2

Sheet:
Property ID: 053-211-02
Lot #:
File #: 8397

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: M-Haul Real Estate Co. APPLICANT:
ADDRESS: 2721 N. Central Ave, #700, Phoenix, AZ DATE EVALUATED: 9-20-00
PROPOSED FACILITY: Truck Repair PROPOSED DESIGN FLOW (.1949) 1375 g/d PROPERTY SIZE: 1.5±
LOCATION OF SITE: 9136 W. Wilkinson Blvd PROPERTY RECORDED:
WATER SUPPLY: ☐Private ☐Public ☑Well ☐Spring ☐Other
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	1940 Landscape Position/ Slope % (Slopes 2-6%)	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-9"	gravel	—	>57" to soil wetness	57"	US	None	US
		9-57"	M/cl	Fr/SExP/SS/SP					
2	LS	0-9"	gravel	—	>61" to soil wetness	61"	US	None	US
		9-61"	M/cl	Fr/SExP/SS/SP					
3	LS	0-2"	gravel	—	>58" to soil wetness	58"	US	None	US
		2-58"	M/cl	Fr/SExP/SS/SP					
4	LS	0-3"	gravel	—	>52" to soil wetness	52"	US	None	US
		3-52"	M/cl	Fr/SExP SS/SP					
5	LS	0-2"	gravel	—	>52" to soil wetness	52"	N/A	None	IV .2 S/SP PS
		2-22"	Compacted	Fill					
		22-34"	Clay- compacted	Fr/SExP/SP					
		34-57"	SCM/c	Fr/SExP/SP					
6	LS	0-2"	gravel		>57" to soil wetness	57"	N/A	None	US
		2-57"	M/scl	Fr/SExP/SS/SP					
7	LS	0-2"	gravel		>57" to wetness	57"	N/A	None	US
		2-57"	M/cl	Fr/SExP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

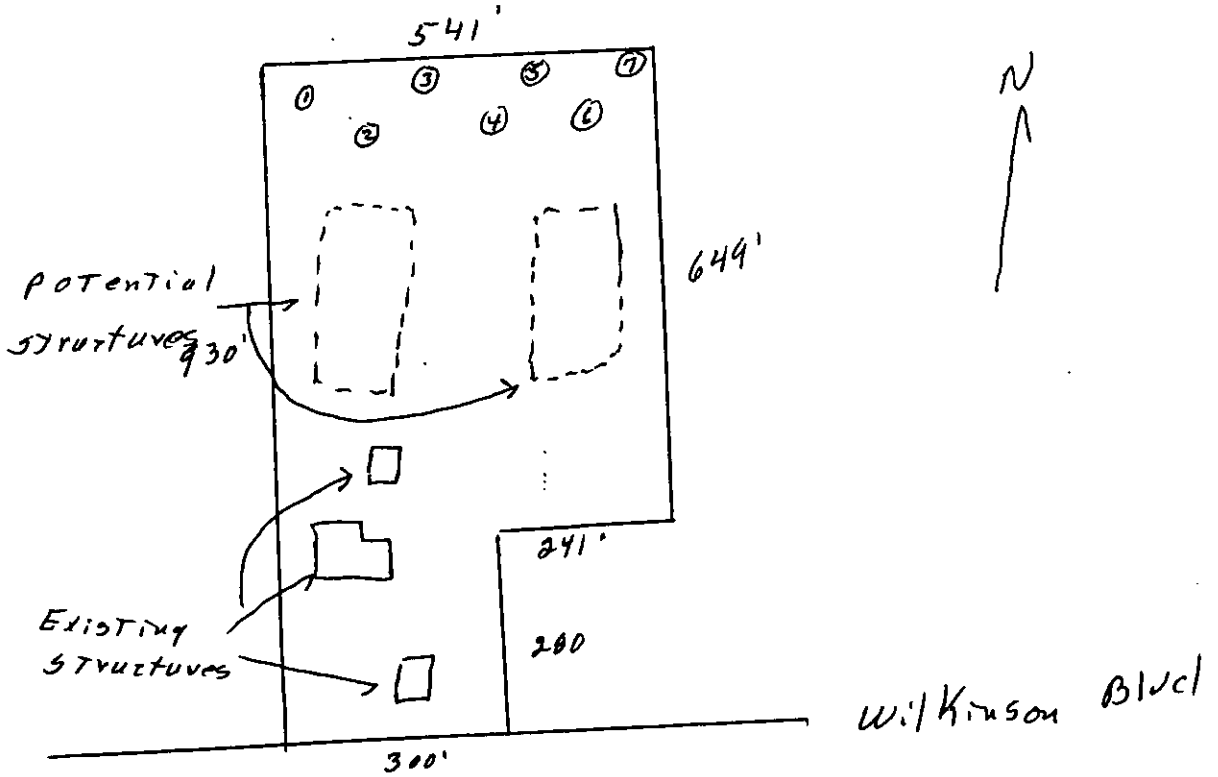
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Marlin LSS - 9-21-00
OTHER(S) PRESENT:

FILE # 8397

COMMENTS 100% Repair - , suggest Particle size analyses and hydraulic conductivity

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

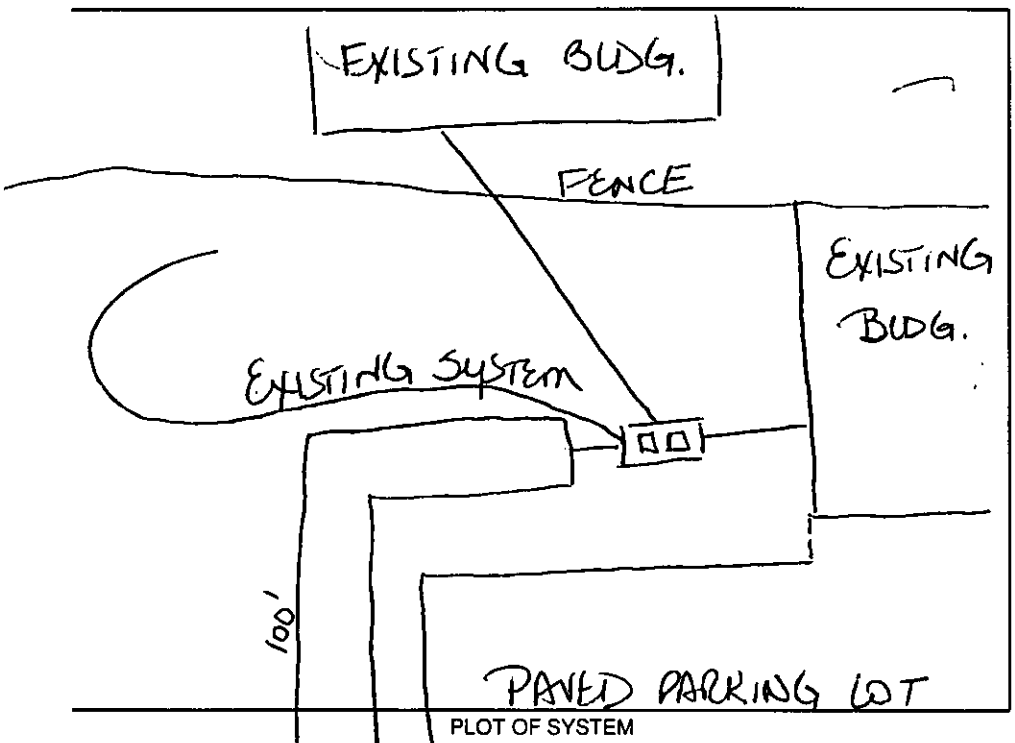
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8397 DATE: OCT. 16, 1995

TC: 053-151-03 ☐ L

SERIAL Nº 16482

Permission is hereby given to 1 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 10-16-95. All work shall be completed on or before 11-16-95, 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction EXISTING

Trench Depth AS SHALLOW AS POSSIBLE

Absorption and/or Nitrification Lines: TANK 4' IN GROUND

Trench Width 12 feet

Trench Walls Scored and Porous NO

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 18 inches

Distance from ~~House~~ BLDG. GREATER THAN 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER U-HAUL CO.

LOCATION OF PROPERTY 9136 Wilkinson Blvd.

Comments: PUMP OUTLETS OF TANK AND CHECK BEGINNING OF LINE FOR SLUDGE – IF LINE SUPERSATURATED INSTALL NEW LINE.

Toni Higgins Burney R.S.
Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-16-95 PERMIT NO: 8397
PARCEL NO: 053-151-03

PROPERTY OWNER: U-HAUL Company
BUILDING CONTRACTOR:
JOB LOCATION ADDRESS: 9136 WILKINSON BLVD.
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Joni Higgins-Bunny R.S. DATE: 10-16-95
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. _____, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIOI OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FC REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Joni Higgins-Bunny R.S. 10-16-95
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 8397

Tax Number: 053-15-03

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

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experiment ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable must remain between trench bottom a unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) RECOMMENDED INSTALLING LOW FLUSHING TOILETS. (2) UTILIZED BED TO SAVE SPACE FOR LIMITING REPAIR AREA. (3) FOR DOMESTIC USE ONLY (NO OIL OR GREASE FROM TRUCK WASH)				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional (BED) ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimer ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1800 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	18" Depth of Stone Trench	— Trench spacing (min. on centers)	AS SHALLOW AS POSSIBLE Maximum Trench De	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Reques Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal 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 Dep
- This Improvement permit is transferable.

Anne Higgins Burney R.S. 10-16-06

DEHNR Authorized Agent — Date

Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS:100195

FEE: _____
DATE: 11/2/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

| | CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 8397 To Community 54

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-151-03

STREET ADDRESS: 9136 Wilkinson Blvd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
✓ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) U-HAUL (FIRST) CO (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9136 WILKINSON BL	DAYTIME PHONE: ( ) -
CITY: CHARLOTTE STATE: NC ZIP: 28214	
DAYTIME PHONE: 704 399 3626	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: _____ mgr DATE: 10-23-95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CERTIFICATE OF COMPLETION/OPERATION PERMIT

@400

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

FILE: 8397 DATE: 10-23-95

TC: 053-151-03 ☐ L ☐ CRT

SERIAL № 12962

Name of Owner U-HAUL CO. Juris.:

Address of Property 9136 Wilkinson Blvd.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12

Water Supply Source Well

Distance to Water Source over 100'

Excavation Inspected 10-23-95

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1200 sq ft., 1 DBOX, 18" G, CLAY LOAM CTR# 5

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: Type II - existing system 23 years old.

Joni Higgins Burney, R.S.
Environmentalist

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

FEE: 200.00 Ck# 3446
DATE: 9/6/00 gc

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

1 CRT

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

200.00 Ck# 3446
9/7/00
gc

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 8397

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-211-02

STREET ADDRESS: 9136 Wilkinson Blvd Char, NC

___ COMMERICAL X INDUSTRIAL

LOT NUMBER: 2

DESCRIBE TYPE OF BUSINESS:
Truck Repair Facility

Square Footage of Facility: 14,200

NUMBER OF EMPLOYEES: 75-85 Total
PER SHIFT: 45 40 -

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
X FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
There is currently an existing well serving approx. 30 people. This applicatio is for an additional septic system for a new building

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
X MUNICIPAL (M)
X PRIVATE WELL (P) Current supply
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTE WATER SYSTEMS X YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: U-Haul Real Estate Co.

NAME: (LAST) (FIRST) (MI)

ADDRESS: 2721 N Central Ave. #700

CITY: Pheonix STATE: AZ ZIP: 85004

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Stuart Max (LAST) (FIRST) (MI)

DAYTIME PHONE: ( )704 -563-6662

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9/7/89

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: 9/5/00

30'-0"

284'-4"

10'-5"

111'-10"

40'-0"

IN

25' CMP 50'

35' CMP

Proposed Shop Building

2 20' X 50' | 3 20' X 50' | 4 20' X 50' | 5 20' X 50' | 6 23' X 50'

MECH. ELEC.

WMN.

MEN

OFFICE

7 23' X 50' | 8 20' X 50' | 9 20' X 50' | 10 20' X 50' | 11 20' X 50' | 12 20' X 50'

100'-0"

PARTS

PARTS STORAGE

20' X 50' 14 | 20' X 50' 15 | 20' X 50' 16 | 20' X 50' 17 | 23' X 50' 18

23' X 50' 19 | 20' X 50' 20 | 20' X 50' 21 | 20' X 50' 22 | 20' X 50' 23 | 20' X 50' 24

25' X 50'

C.B GRATE=692.47

INV=686.27

INV=685.77

36" CMP

INV= 76.82

H. 35.72

CRUSHED STONE

30'-0"

30'-6"

EDGE OF GRAVEL

928.80'

BOOK 4184, PAGE 582

COPY

83 97

DPR
DESIGN • PLANNING • RESEARCH
Ph. 704/332-1204
Fax 704/332-1210

DPR ASSOCIATES, INC.
Landscape Architects
Planners & Engineers
420 Hawthorne Lane
Charlotte, NC 28204

LETTER OF TRANSMITTAL

DATE	JOB NO.
9/6/00	99065.10

ATTENTION: BILL MARLIN

RE: U-HAUL SITE WILKINSON BLVD

TO: N.C. DEPT. OF ENVIRONMENT, HEALTH, AND NAT. RESOURCES

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☒ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			APPLICATION FOR SEPTIC
1			CHECK FOR $200 # 3446
1			SITE PLAN
1			PLAN OF PROPOSED BUILDING

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

COPY TO _____

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.

30

25
30
750

30'-0"

284'-4"

10'-5"

40'-1"

111'-10"

100'-0"

30'-0"

30'-6"

IN

35' CMP

50'

Proposed
Shop Building

OFFICE

MECH.
ELEC.

WMN.

MEN

PARTS

PARTS
STORAGE

2 20' X 50'
3 20' X 50'
4 20' X 50'
5 20' X 50'
6 23' X 50'
7 23' X 50'
8 20' X 50'
9 20' X 50'
10 20' X 50'
11 20' X 50'
12 20' X 50'

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18 23' X 50'
19 23' X 50'
20 20' X 50'
21 20' X 50'
22 20' X 50'
23 20' X 50'
24 20' X 50'

C.B
GRATE=692.47
INV=686.27

25' X 50'

INV=685.77

36" CMP

CRUSHED STONE

EDGE OF GRAVEL

928.80'

BOOK 4184, PAGE 582

Mecklenburg County

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☐ **Large-format Drawings**

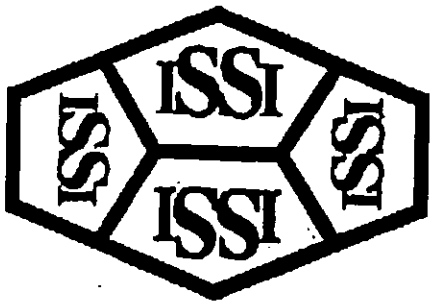
Original File Number: 8397/9136 Wilkinson Br lot. 2

Box Number: 8

Number of pages associated with file: 1

General Comments: _____

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Imaging Solutions and Services, Inc

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ISSI Operations Center Staff

Serial No. 8397

Date Issued 9-20-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

Individual Septic Tank System with Subsurface Soil Absorption, Effluent Discharge

Issued To: H Hunt Co of N.C.

Location: 9136 Wilkinson Blvd

Permit No. 8311

Inspection Date: Report for [illegible]

Tank Material: PC

Liquid Capacity: 1000 gallons

Number of Lines: 4 (150' x 3')

Length of Lines: 200'

Depth: 17"

Distribution Box: Well

Tank Installed: 9-20-74

Date: [illegible]

Remarks: Designed (contractor).

E. J. Utterback

Environmentalist

Serial No.

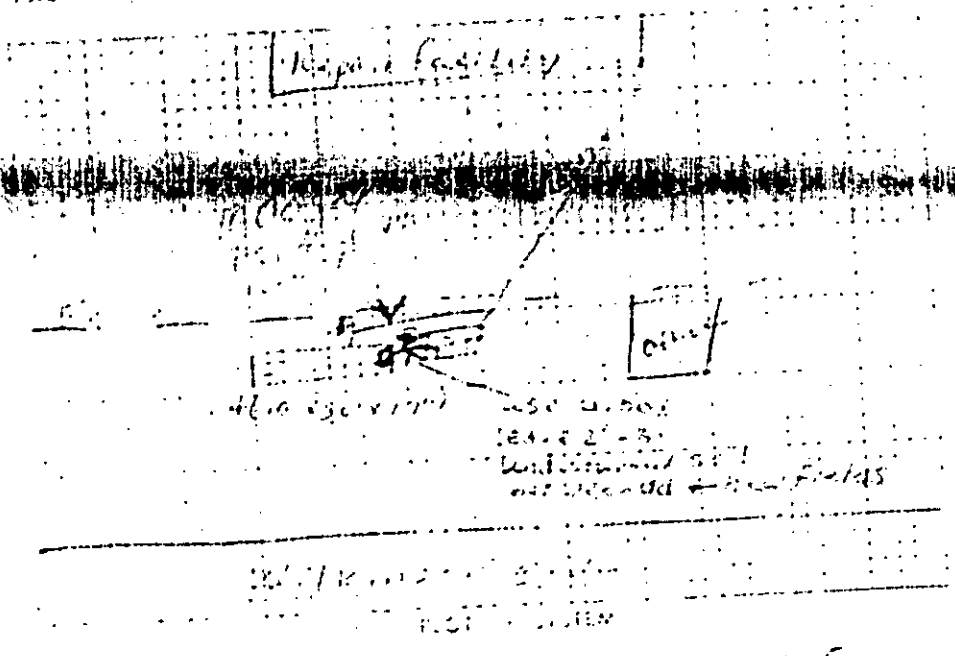
Date Issued 7-11-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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



OWNER OF PROPERTY 9126 Wilkinson Blvd

Comments: Bryant (contractor) ~~Ernest Hoke~~ ~~[illegible]~~ (2-3' conventional soil absorption line) ~~[illegible]~~ new dwelling. ~~[illegible]~~ Replaces Health permit #5-712. (Interceptor)

Z. G. Lineberger

Environmentalist

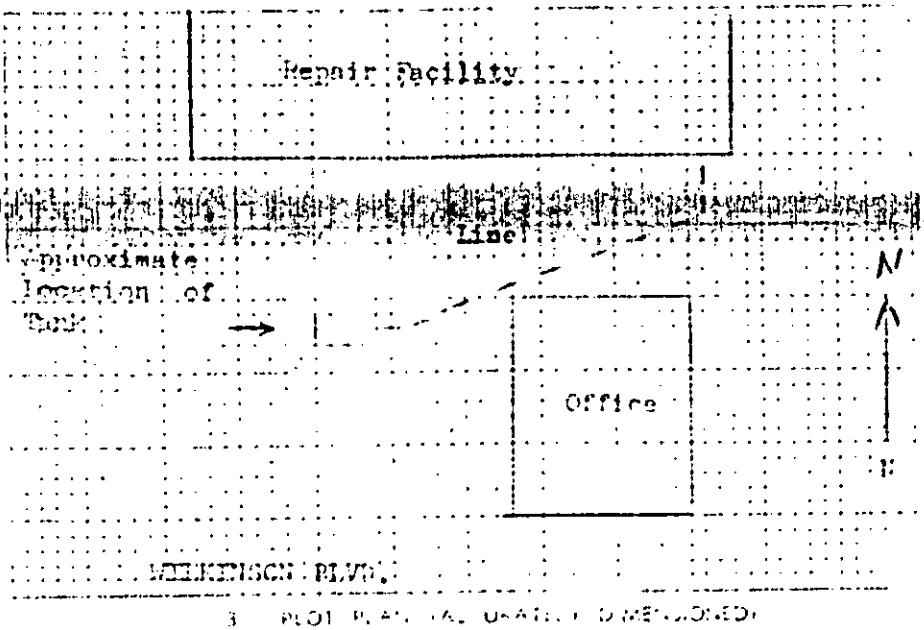
SEE INSTRUCTIONS ON BACK

Date Received 9 3 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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



3. PLOT PLAN (AS CLEARLY DIMENSIONED)

(3) NAME OF OWNER

(4) ADDRESS OF OWNER

(5) PHONE NO. Home 523-1544 Office 394-3327

(6) LOCATION OF SYSTEM
STREET OR CO. RD.

(7) SUBDIVISION Lot No Block No

Map Book No Page No

(8) DEED REFERENCE -- DEED BOOK 2851 AT PAGE 209

(9) HAS A PERCOLATION TEST BEEN RUN? YES V NO DATE RUN

(10) PIN NUMBER (See Instructions)

The applicant hereby agrees that he has read the foregoing [illegible] and that the [illegible] and that any permit applied for hereby [illegible]

Signature