

6201 N TRYON ST

08923203

7/1/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 12305 DATE: 5/28/97

TC: 089 232 03 ~~05~~ X L ☐ CRT

SERIAL Nº 16996

Name of Owner E.2 Serve #8519 Juris.: _____

Address of Property 6201 N. Tryon St

Inspection Data:

Tank Material Existing

Total Length of Bed of Drainfield 150'

Number of Lines 3 @ 50'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source > 10'

Excavation Inspected 5/28/97

Tank(s) Inspected —

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1997, Repair 450SFB, 18"Stone CTR# Richard Ronnie 116

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 I5A 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 I5A 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: Repair to Existing ~~Existing~~ System

Phil A. Walker R.S.
Environmental Health Specialist

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

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

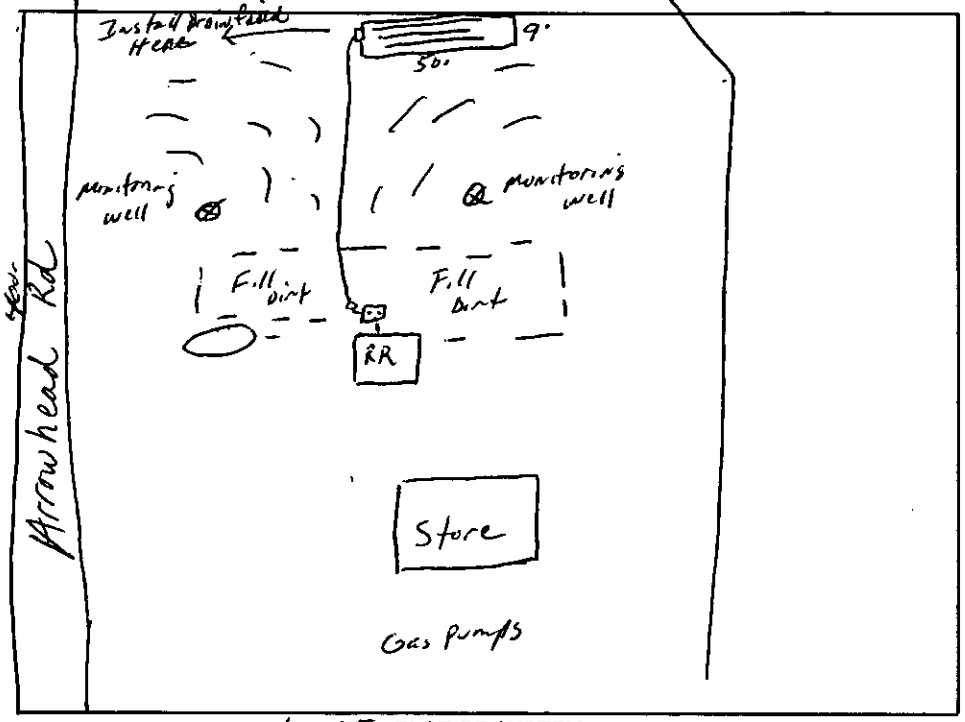
FILE: 12305 DATE: 5/5/97

TC: 089 232 03

SERIAL Nº 17210

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 5/5/97. All work shall be completed on or before 6/5/97, 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.

see soil report



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 30"

Absorption and/or Nitrification Lines:

Bed Trench Width 9' feet

Trench Walls Scored and Porous Yes

Bed Total Line Length 150' feet

Number of Lines 3(50')

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 50' feet

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

NAME OF OWNER Direct Oil Company EZ Serve #8519 (Warren Williams manager)

LOCATION OF PROPERTY 6201 N. Tryon St

Comments: Repair to Existing System (1 Bed) 9'wd x 50'long x 18"stone Keep septic system > 50' from 2 monitoring wells. Install drainfield IN natural soil area. Check existing supply line for blockage

Phyllis J. Walker R.S.

Environmental Health Specialist

FEE: NH
DATE: 5/5/97

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

REPAIR
[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 12305

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 089 232 03

STREET ADDRESS: 6201 N. Tryon St

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

Commercial Property, Service station
Sewage back up into toilets

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING 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
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: E Z SERVE INC
(LAST) (FIRST) (MI)

ADDRESS: 2550 N. Loop West

CITY: Houston STATE: TX ZIP: 77092

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Williams Warren
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 596 - 5196

E Z Serve #8519
6201 No. Tryon St.
Charlotte, N.C. 28213

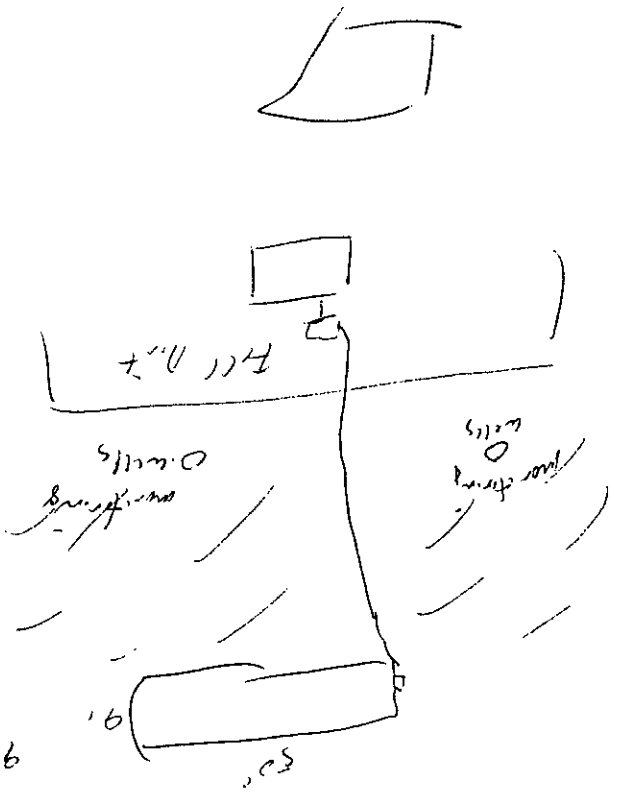
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: _____ DATE: 5/5/97

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

Richard Rorie
1400 Hanfield Rd
Charlotte NC. 28214



1305

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR (S) Application No 12305

T.C No 089-23205

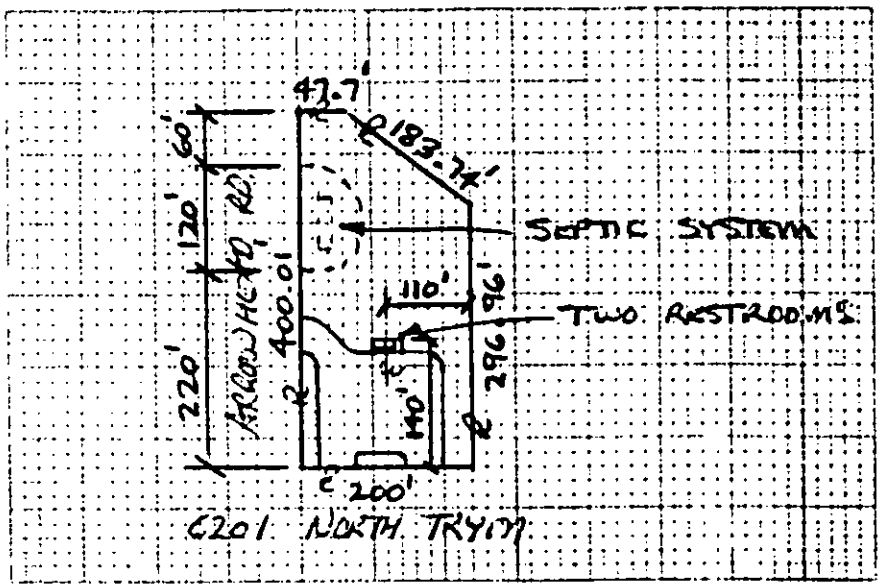
Map Date 6-4-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home Yes ✓ No
Residence Yes ✓ No
4) No of Bedrooms _____
5) Business Use (Type) _____
Employees TWO (2)
6) Washing Machine ___ Yes ✓ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ___ Yes ✓ No
9) Water Supply
A) Individual Well _____
B) Governmental System ✓
C) Community System
1 Well source _____
2 Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No _____
12) VA Case No _____

13) NAME OF OWNER DIRECT OIL COMPANY (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P.O. BOX 23169, NASHVILLE, TENN., 37202

15) PHONE NO. Home _____ Office 615-373-9300

16) LOCATION OF SYSTEM 6201 NORTH TRYON @ ARROWHEAD ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 30 Block No. 191

Map Book No 89 Page No. 23

18) DEED REFERENCE — DEED BOOK 3358 AT PAGE 595

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 5/9/77 → 90

20) PTR NUMBER (See Instructions) 12305

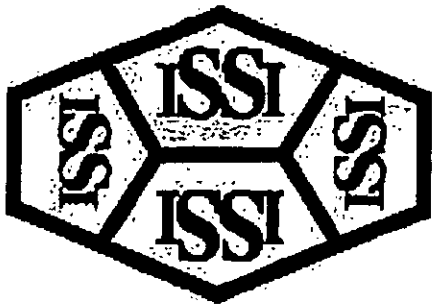
The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

MAY 10 1977
DATE OF APPLICATION

Bob Higgs
OWNER BOB HIGGS, DIRECT OIL COMPANY

EHP 5-76

Environmental Health Department's Copy



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ISSI Operations Center Staff

C of A (s) No. 12305

Date Issued 28July77 Serial No. 0940

T. C. No. 089-232-05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Direct Oil Company (LAST / FIRST / MIDDLE)

Location of Property 6201 North Tryon

Application Number 12305 Permit Number 12305

Inspection Date:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 230ft Number of Lines 3

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source City Distance from Water Source 100'+

Excavation Inspected 28July77 (DATE) Tank Inspected 28July77 (DATE)

Nitrification Field Inspected 28July77 (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 Board of Commissioners 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 as well as 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.

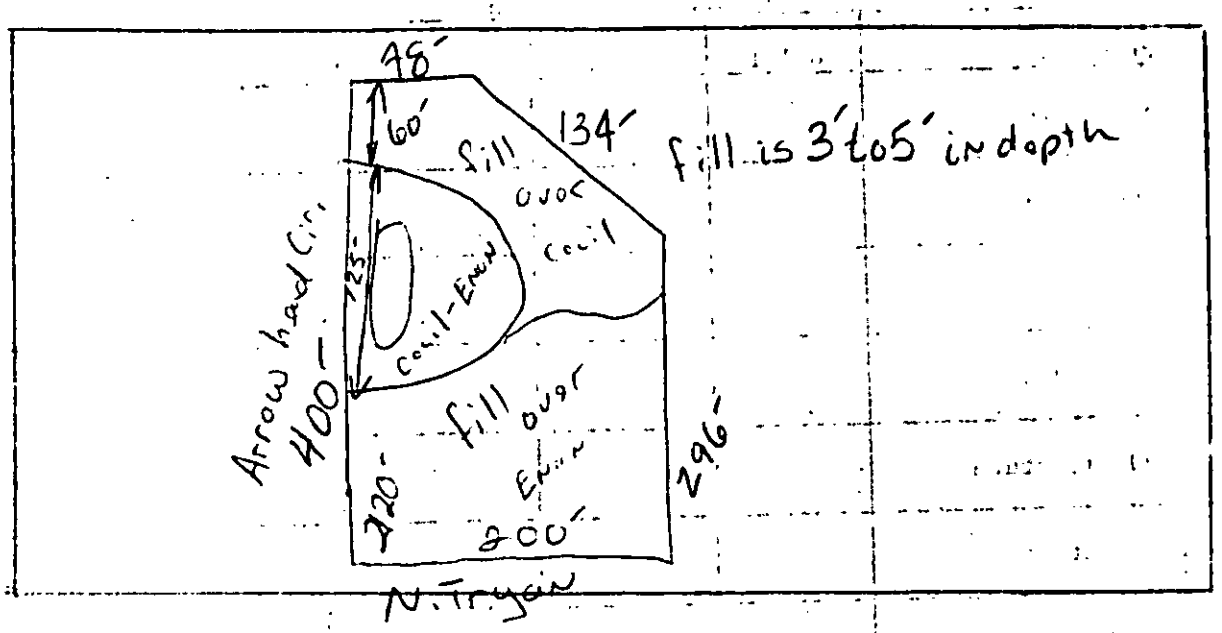
Comments: ____

C. M. Reynolds
Environmentalist

EHD-5-75

Environmental Health Department's Copy

DIAGRAM OF PROPERTY



3/18/75
EHD 539