

10600 SOUTH COMMERCE BV

20306505

6/19/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

April 30th, 1990

Arrowood Assoc Credit Union
PO Box 7381
Charlotte, NC 28241

RE: Property located at
FILE: 6692A
PARCEL:

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 17803) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B and 10 NCAC 1B.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan, 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 HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17803

File: 6692A Action 3

Parcel: 203-082-05 ☐ PC

Location:

Subdivision:

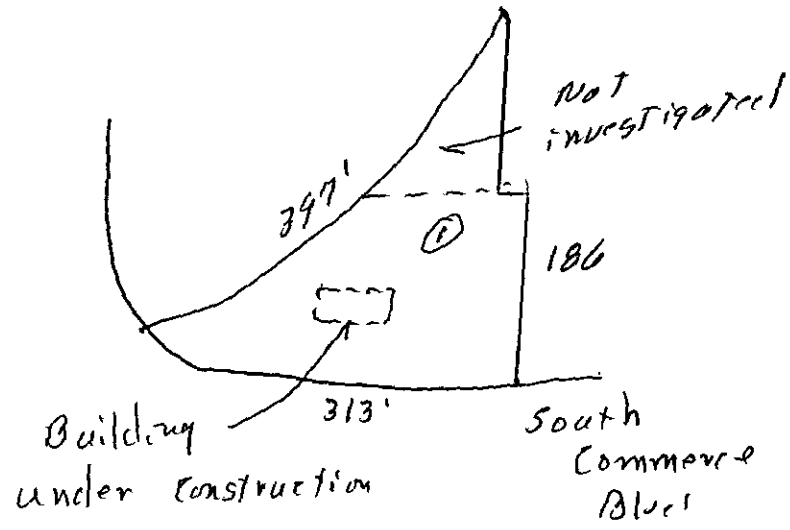
Lot: Block: Acres: Approx 1.0 ac

Owner:
Address:

Comments: Cut/fill Area has 2' or more fill in spots: cut to saprolite in other areas

Described by: William R. Mault

Date: 4-27-90



***** 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 2-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1/clay present	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS (U) compacted/massive	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) fill of boring cut	S PS U depths	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	Cut/fill w/ Expanding clay					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

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SITE EVALUATION REPORT
SERIAL NUMBER 17803

File:

Action

Parcel:

☐ PC

Location:

Subdivision:

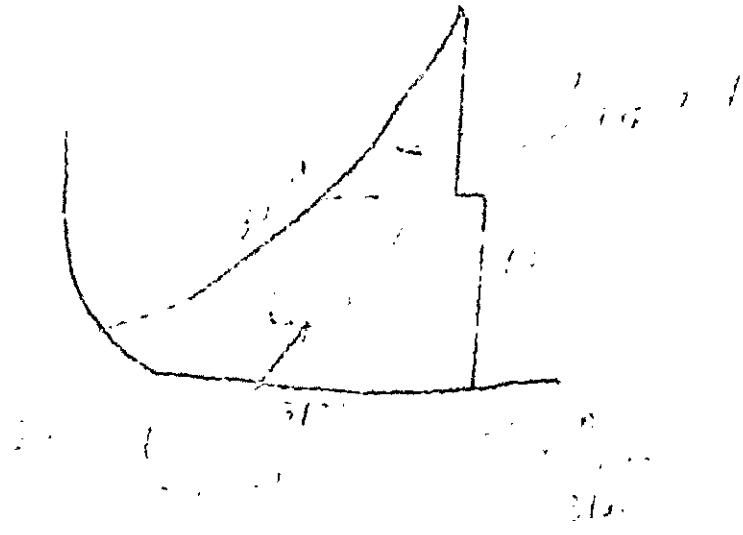
Lot: Block: Acres:

Owner:
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Date:



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Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☐ Single Family ☐ Two Family ☒ Commercial ☐ Mobile Home ☐ Modular

PERMIT # B-28625

ADDRESS
STREET # (E,S,E,W) 10600 STREET NAME SOUTH COMMERCE (AV,RD,ST, etc) BLVD
SUITE/UNIT(S):
TAX JURISDICTION: (Circle One) ☐ 0-Mecklenburg ☒ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA
PROJECT/SUBDIVISION NAME PHASE SECTION PROJECT #
OWNER ARCOWOOD AGRIC CREDIT UNION ADDRESS P.O Box 7381
CITY CHARLOTTE STATE NC ZIP 28241 PHONE # 588-6719
TAX PARCEL # 203-[illegible] LOT # BLOCK # LAND AREA (sq. ft.) 50 800
CENSUS 5903 ZONING I-2 JURIS 1 MAP # 149 R/W 60'
SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV FIRE DIST. ☐ Yes
LOT ☐ CORNER ☐ THROUGH FRONT STREET (if different)
MINIMUM SETBACKS FRONT 40 LEFT SIDE 20 RIGHT SIDE 22 REAR 20 REQ PARK'G 18
APR'D

PROJECT
JOB # 1
USDC # 324
PURPOSE B
OCC TYPE
CONST
TYPE WORK: ☒ New ☐ Addition ☐ Accessory ☐ Up'fit ☐ Shell ☐ Demolish ☐ Other
PROJECT DESCRIPTION (Residence, Office etc.) Mobile Home include Yr, Make & Serial # CREDIT UNION
AREA (sq. ft.) Heated 1800 Unheated 0 Deck(s) # STORIES 1 BASEMENT ☐ Yes
ONE TWO FAMILY, MODULAR OR MOBILE HOME. TOTAL # ROOMS # BEDROOMS # BATHS
Work includes ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)
SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY. # HANDICAP UNITS

SERVICES
ELECTRICAL. Power Company DUKE POWER Service ☒ New ☐ Existing Total Amps 100 # Circuits 17
Connections 120 Volts 38 # Connections over 120 Volts 2
MECHANICAL: Gas Company PIEDMONT NATURAL # Gas Conn. 2 # Appliances 01 ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C
☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect Baseboard ☐ 4-Elec Furnace ☐ 5-Elect Ceiling ☐ 6-Gas/Oil Furnace
☐ 7-Gas/Oil Steam ☒ 8-Gas Pack ☐ 9 Pre-Fab Fireplace ☐ 10 Chimney ☐ 11 Stove
PLUMBING: # of Fixtures (Sink, Water Closet etc.) 5 # of Appliances (Dishwasher, Water Heater, etc.) 1
UTILITIES: ☒ New ☐ Existing
Public 1-Individual Meter Connection 2-Master Meter Connection ☒ Water ☐ Water ☒ Sewer ☐ Sewer 3 Individual 4-Community ☐ Well ☐ Septic ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
330.00	Bldg TURN-KEY FINANCIAL BLD. Phone 545-7911 Lic # 9771 U-B			Bldg	
	Add 1513 MATTHEWS-MINT HILL RD City St CHARLOTTE		Zip 28227	$ 130,000	
98	WE [illegible] ELECTRIC Phone 1-629-2269 Lic # 4348 U			Elect.	
1792	Add P O Box 813 City/St BESSEMER CITY		Zip 28016	$ 10,800	
	Mech WRIGHT'S HEATING & COOLING, INC Phone 1-835-9837 Lic # 47404			Mech	
2072	Add P O BOX 477 City St BESSEMER CITY		Zip 28016	$ 1,200	
	Plbg WRIGHT ELECTRIC Phone 629-2269 9381 P I			Plbg	
	Add P.O BOX 13 City/St BESSEMER CITY		Zip 28016	$ 3,500	
PLANS ☐	Arch Eng WILLIAMS AND ASSOC. Phone 847-9851 Lic # 1611			Total Const Cost	
	Add PO BOX 187 City St MATTHEWS		Zip 28106	$ 151,500	

OTHER
☐ FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ FT FEE $
REMARKS: MONS Revised Under 1987 N.E.C. OTHER FEES $
TOTAL FEES $ 782.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK. 4-24-90

APPLICANT'S SIGNATURE 2/1/90 DATE Robert L. Rowland PRINT APPLICANT'S NAME METHOD OF PAYMENT ☐ CASH/CHECK ☒ ACCOUNT

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
	BS	[illegible]	BS

B-82 15M 3/89

ORIGINAL

BUILDING STAND [illegible]

DATE 1/31/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

#203-082-05pp
PARCEL NUMBER

10100 South Commerce BV
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____APPROVED	_____NOT APPROVED
2. FLOODWAY REGULATIONS	_____APPROVED	_____NOT APPROVED
3. EROSION CONT[illegible] REGULATIONS	_____APPROVED	_____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	_____APPROVED	_____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____PRESENT	_____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____YES	_____NO
7. DRIVEWAY PERMIT REQUIRED	_____YES	_____NO

REMARKS: New Construction - Credit Union

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

100 [illegible]

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 66924

TC: 203-082-05

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10600 SOUTH COMMERCE BLVD.

② SUBDIVISION: ARROWOOD SOUTHERN INDUSTRIAL PARK ③ LOT: _____ ④ BLOCK: 1

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

⑥ DEED REFERENCE: BOOK NO.: 203 PAGE NO.: 08

OWNER

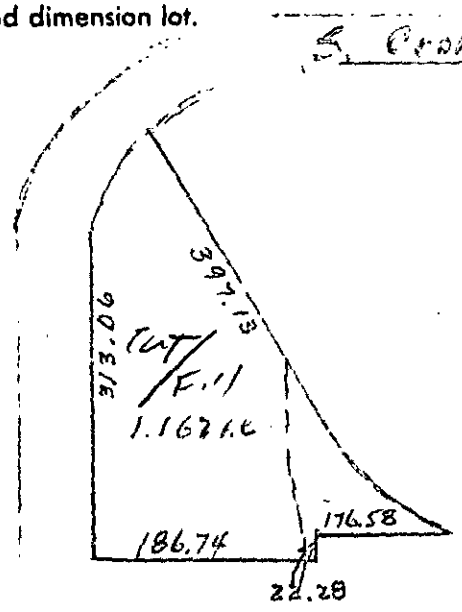
⑦ NAME: ARROWOOD ASSOC CREDIT UNION
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. BOX 7381

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28241

⑫ PHONE: (WORK) 704/588-6719 (HOME) _____

⑬ Accurately diagram and dimension lot.



B 28625 4-24-90

B 23287 3-28-90

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

Signed: ARROWOOD ASSOC CREDIT UNION Frank Bellucci, Member Board of Director

Date: 4/23/90

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

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6692A

TC: 203-082-05

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10600 South Commerce Blvd.

② SUBDIVISION: Arrowood-Southern Industrial Park ③ LOT: ④ BLOCK:

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

⑥ DEED REFERENCE: BOOK NO.: 203 PAGE NO.: 08

OWNER

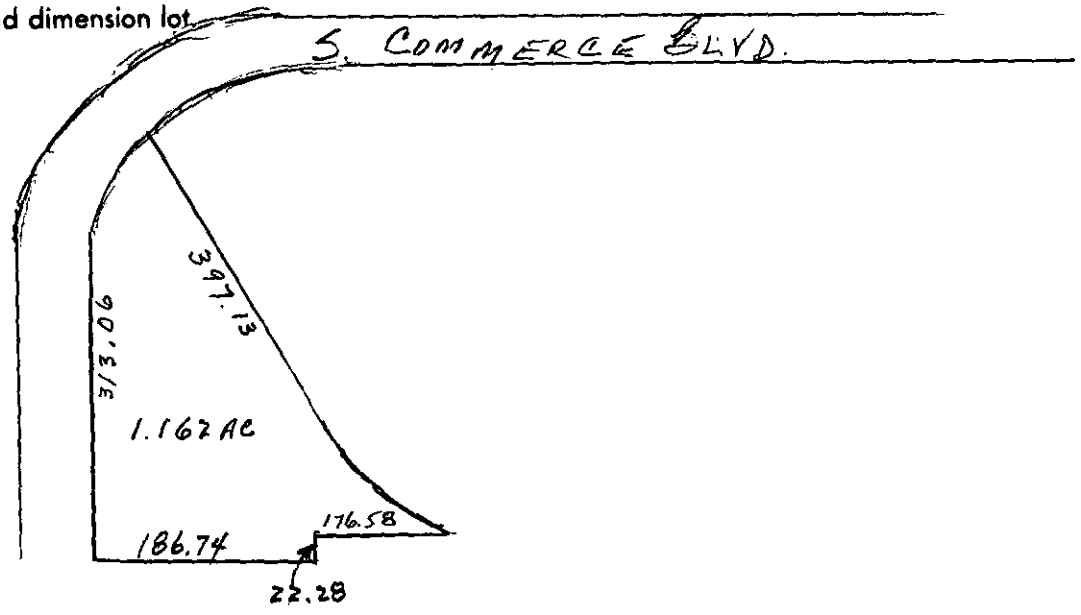
⑦ NAME: Arrowood Assoc Credit Union
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. Box 7381

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28241

⑫ PHONE: (WORK) 704/588-6719 (HOME)

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Signed: Arrowood Assoc Credit Union
Frank Belvedere, Member
Board of Director

Date: 4/23/90

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MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-23-90

Name/Company: Frank Gilreath

Sanitation _____

Vector Control /

O.P.W.D. _____

Service: Soil tinkering

E46-11 66924

MECKL... HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 23 1990

CK# 2442

Fee: $ 40-00 40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by