

8935 SIDNEY CR

02512207

1/8/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5502B DATE: 7/13/04

TC: 025-122-07 ☑ L ☑ CRT

SERIAL 19595

Name of Owner BLUE BELL CREAMERIES Juris.: _____

Address of Property 8935 SIDNEY CIRCLE CHARLOTTE, NC

Inspection Data:

Tank Material PCC

Total Length of Drainfield 480'

Number of Lines 8 @ 60'

Cover Depth 12"

Water Supply Source MUNICIPAL

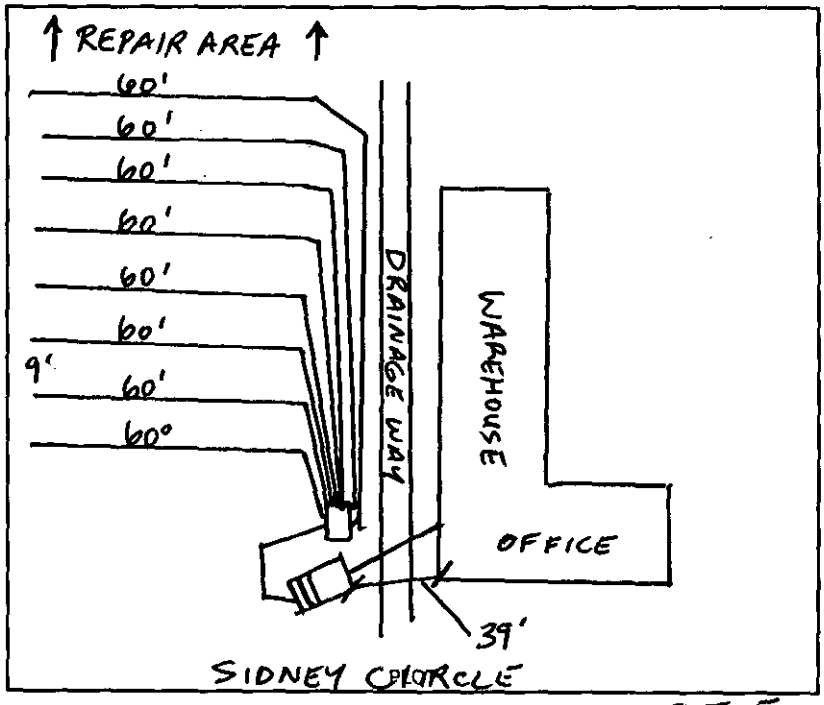
Distance to Water Source >50'

Excavation Inspected 7/13/04

Tank(s) Inspected 7/13/04

Wash Line Inspected NA-

High Water Alarm Inspected NA-



Design 1500ST/1440S.F.T/INOV (EZ FLOW) CTR# STEVE AUTREY

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: DESIGNED FOR 22 EMPLOYEE DISTRIBUTION CENTER
8 LINES AT 60' x 3' (ZABEL FILTER)
TYPE IIIg INNOVATIVE SYSTEM

Tina Buchanan, REHS
Tim C. Thom, RSI

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

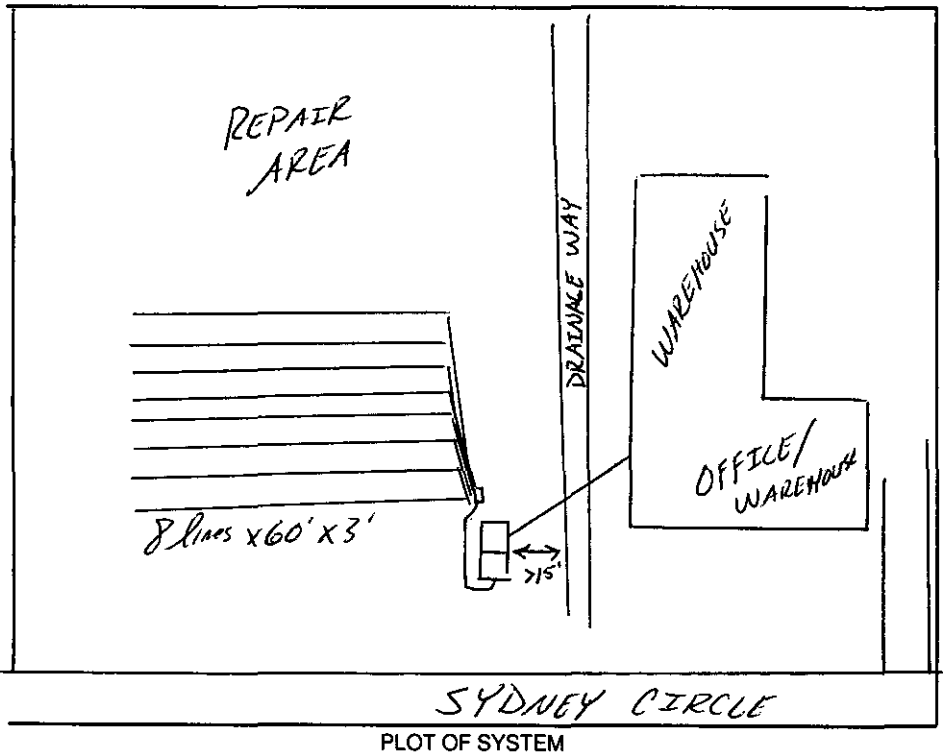
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 55028 DATE: 7/12/04

TC: 025-122-07 ☑ L

SERIAL 19478

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 1/13/04. All work shall be completed on or before 8/12/04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 480 feet

Number of Lines 8 x 60'

Depth of Stone — inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well NA feet

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

NAME OF OWNER BLUE BELL CREAMERIES

LOCATION OF PROPERTY 8935 SIDNEY CIRCLE

Comments: System designed for 22 employee Distribution Center.
Install 8 lines x 60' x 3'
Install Commercial grade filter due to grinder pump from building
Type IIIg Innovative system

Tommy Mecklin R.S.
Environmental Health Specialist

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

CONTROL STRUCTURE (5.3)

PERMANENT DITCH W/ TEMPORARY LINER (EXCELSIOR MAT LINING) (4 / L5.2)

PROPOSED SEPTIC TANK

68 LF 4" PVC @ 2.08% (MIN.)

COORDINATE THE LOCATION OF ROOF DRAINS ON REAR ~~SECTION OF BUILDING W/~~ PLUMBING ENGINEER

REPAIR AREA

EXISTING 15' STORM DRAINAGE EASEMENT TO BE ABANDONED

60'

(480TLF) 60'

INNOVATIVE 60'

SYSTEM 60'

60'

60'

60'

PRESSURE MANIFOLD

HEADWALL

30

SIDNEY CIRCLE

60' PUBLIC R/W

15' STORM DRAINAGE EASEMENT MB 20 P.426

INV=761.00

115 LF 8" PVC @1.0%

INV 765.00

91 LF 4" PVC @ 2.08% (MIN.)

INV= 764.25

130 LF 8" PVC @1.0%

CLEANOUT (4 / L5.1) INV 766.0

INV 24" RCP= 764.52

RIM @B/C= 769.46
IN=764.66
OUT=764.5

RIM @B/C= 769.59
IN=764.66
OUT=764.94

24" RCP

765.58 766.67 766.17 766.17 766.64 766.63 768.50 768.75 769.72 769.72

DENUDED LIM (TYP)

BW 755.5

BW

A/C PAD

VAN

9 / L5.1 PRIVATE FIRE HYDRANT

20' SETBACK LINE

6" PVC

2 / L5.1 TEMP. CONSTRUCTION ENTRANCE

5 / L5.2 1.5" DOUBLE CHECK VALVE BACKFLOW PREVENTION ASSEMBLY INSTALLED ABOVE-GROUND WITHIN INSULATED ENCLOSURE PER CMU REQUIREMENTS. ENCLOSURE TO INCLUDE DRAIN

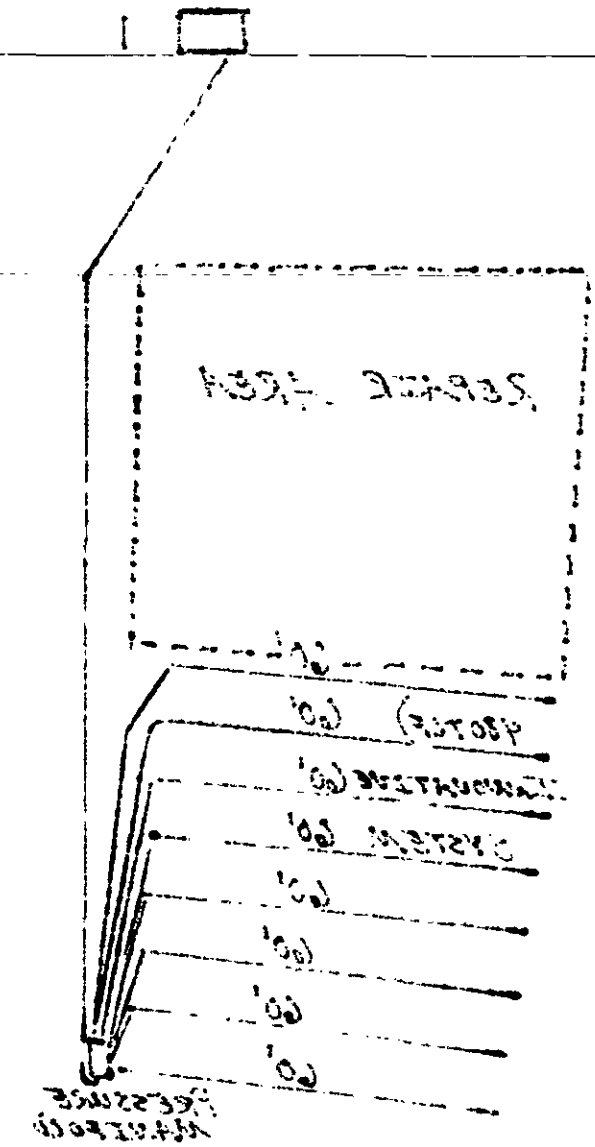
DETECTOR METER BY CMUD

1.5" DOMESTIC WATER METER BY CMUD

COMMENTS:

- System designed for a 22 employee Distribution Center (22 employees x 25 GPD)
- ~~1500 gallon Septic Tank~~
- 1500 gallon Pump Tank
- Install 8 lines x 60'x3' (480 TLF)
- Type III b Pump to Innovative System + Repair
- Pressure Manifold distribution
- Agreement forms on file before CA Release

Jeremy Mudd R.S. 4/29/04



CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: **5502B**

Tax Number: **02512207**

- The IMPROVEMNET PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil 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** transferable. Do 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

Primary Wastewater System

Type: ☐ 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 Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	**550** Max gallons/day wastewater flow	**1440** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**480** Total trench length (ft)	**24** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
NA Bedrooms in residence	**1500** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: **Agreement forms on file before CA release. Install 8 lines x 60' x 3'. Install pressure manifold.**

Repair Area System

Type: ☐ 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 Experimental:

1440 Absorption Area (ft^2) **480** Total trench length (ft)	**NA** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**24** Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HELTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage, 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 Improvement permit is transferable.

Jimmy Mashburn R.S. 4/29/04

DENR 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, NC 28202
(704) 336-5103

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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

ACS

PERMIT NUMBER: 5502B
PARCEL NUMBER: 02512207

JOB LOCATION ADDRESS: 8935 Sidney Circle
PROPERTY OWNER: Blue Bell Creameries
BUILDING CONTRACTOR:
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Jeremy Michelone R.S. DATE: 04/29/04

Jeremy Michelone R.S.
DENR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5502B, 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 THE 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: Agreement forms on file before CA release.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS 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 FOR REVOCATION OF PERMITSAND AUTHORIZATION TO CONSTRUCT.

_____ _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 400.00
DATE: 1-13-04
Check 1502S JKA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL 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 #: 5502B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-122-07

STREET ADDRESS: 8935 Sidney Cir.

LOT NUMBER: A4

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

12200 SF
Square Footage of Facility: DISTRIBUTION CENTER

NUMBER OF EMPLOYEES: 6 PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

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

16 Routes
6 office
22

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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

611 Conv.
458 Inv.

TYPE OF WASTEWATER:

X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

8 x 60

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
X 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 X NO
EXISTING WASTE WATER SYSTEMS ___ YES X 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:

NAME: Blue Bell Creameries
(LAST) (FIRST) (MI)

ADDRESS: 8935 Sidney Circle

CITY: Charlotte STATE: NC ZIP:

DAYTIME PHONE: ( ) ---

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Sherrill, Wesley C.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 521 - 9880

Site Solutions

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: [signature] DATE: 1/13/04

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 025-122-07
Lot #:
File #: 5502B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Blue Bell Creameries
Applicant: Wesley e. Sherrill
Address: 8935 Sidney Circle, Charlotte, N. C. 28269
Date Evaluated: 02/02/2004
Proposed Facility: Distribution Center
Design Flow (.1949): 150gpd
Property Size: .25a. Inv.
Location of Site: 8935 Sidney Circle
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	FILL							US
2	"	0-15	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV
		15-30	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		30-46	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-12	GR/SCL	"	"	"	"	"	"
		12-40	SBK/C	FI/SEXP/S/P					
		40-46	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-2	GR/CL	"	"	"	"	"	"
		2-30	SBK/C	FI/SEXP/S/P					
		30-46	SBK/CL	FR/SEXP/SS/SP					
5	LS, 6	0-3	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		3-20	SBK/C	FI/SEXP/S/P					
		20-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

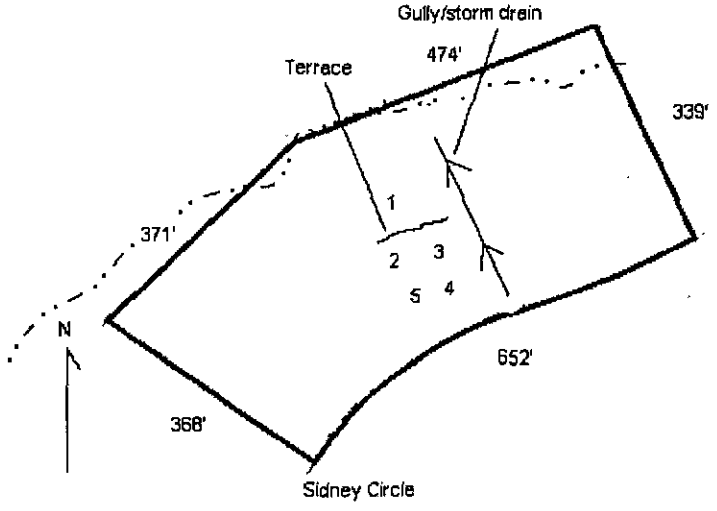
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 2/3/2004, W. R. Marlin
Others Present:

FILE # 5502B

COMMENTS: 100% repair

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	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-SLIGHTLY STICKY
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-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

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



LETTER OF TRANSMITTAL

TO Mecklenburg County Health Department
Hal Marshal Services Center
700 North Tryon Street, Suite 211
Charlotte, NC 28202

DATE	1/13/2004	JOB NO.	2511
ATTENTION	Mr. Kelly Randall		
RE:	Blue Bell Creameries		
	Charlotte, North Carolina		

SITE SOLUTIONS
2320 W. Morehead Street
Charlotte, NC 28208
Landscape Architecture
Site Planning
Civil Engineering
www.sitesolutionspa.com

P 704.521.9880 F 704.521.8955
www.sitesolutionspa.com

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	10.31.03		Grading / Drainage / Erosion Control & Utility Plan
1	01.12.04	15025	Application Fee Check (in the amount of $400

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 ☐ _____

REMARKS

As discussed with you on the phone, a total of 6 office staff personal is planned for the proposed building. If you have any questions, please contact us at 704-521-9880.

Thank you,

COPY TO _____ SIGNED: _____

Kenny Draffen, EI