


7221 OLD STATESVILLE RD

12/21/2007

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: 1446-B DATE: 8-9-96

TC: 037-211-05 ☐ L ~~☐ CRI~~

SERIAL Nº 16802

Name of Owner J. M. WILLIAMS (AMERIGAS) Juris.: _____

Address of Property 7221 OLD STATESVILLE RD

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 166

Number of Lines 2 @ 83

Cover Depth 10"

Water Supply Source CMUD

Distance to Water Source _____

Excavation Inspected 8-8-96

Tank(s) Inspected 8-8-96

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1996 1500 ST 498 SFT 12C CECIL CLAY CTR# MCDOWELL BBT

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 15A 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 15A 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: _____

Environmental Health Specialist

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

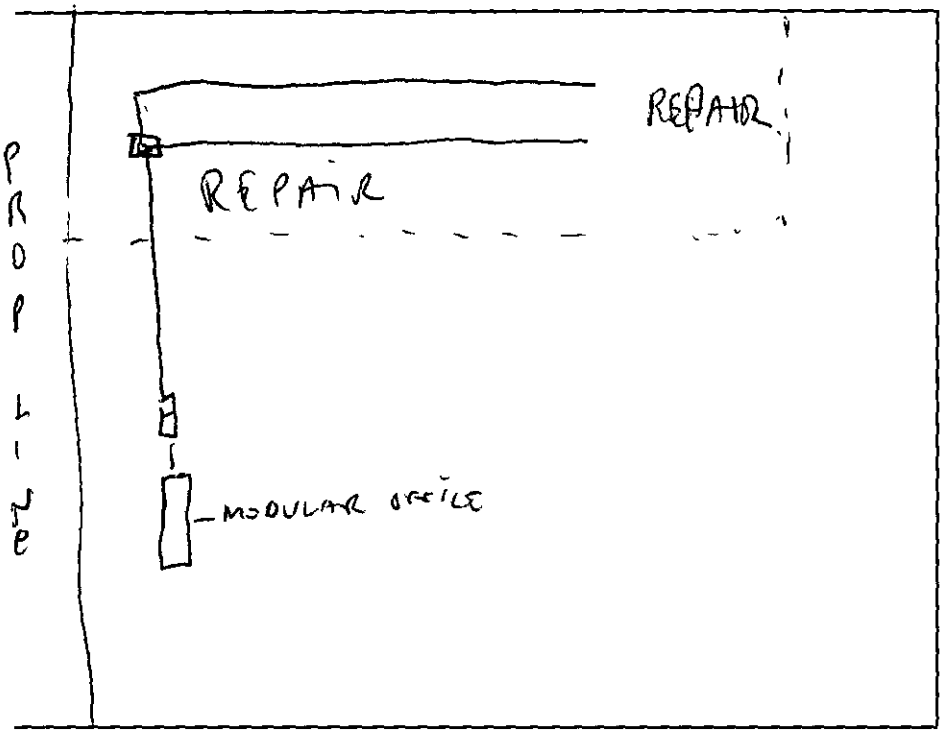
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1446-B DATE: 8-7-96

TC: 037-211-05 ☐ L

SERIAL Nº 16963

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 6-4-96. All work shall be completed on or before 9-7-96, 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 P & C

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 166 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 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 J M WILLIAMSON (AMERIGAS)

LOCATION OF PROPERTY 7221 OLD STATESVILLE RD

Comments: 2 lines @ 83' each x 3' into x 12" rock

Environmental Health Specialist

$400

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

DATE: 2-8 96 PERMIT NO: 1446-B
PARCEL NO: 037-211-05P0

JOB LOCATION ADDRESS: 7221 OLD STATESVILLE RD
PROPERTY OWNER: AMERIGAS
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1446 B, 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: A Employee propane gas facility
Domestic sewage only!

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 PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ 7/8/96.
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

*CHARLOTTE-MECKLENBURG BUILDING STANDARDS*
*PROJECT REVIEW DISCIPLINES*



## PROJECT INFORMATION

**PROJECT NUMBER:** 770-983706
**PROJECT NAME:** AMERIGAS PROPANE FAC **PHS:** **SEC:**
**SUBMITTED DATE:** 06/04/96
**TIME:** 03:47 PM

**CONTACT NAME:** JOHN PHARES
**TITLE:**
**PHONE #:** 342-1687
**TYPE OF PERMIT:** FULL
MODULAR/OFF

**COMMENTS:** 7221 OLD STATESVILLE RD MECK

## REVIEW DISCIPLINES

| AGENCY | DISCIPLINE | CONTACT | PHONE | INITIALS |
|---|---|---|---|---|
| BUILDING STANDARDS | BUILDING ✓ | FACILITATOR | 336-5323 | |
| | X ELECTRICAL | FACILITATOR | 336-5323 | |
| | PLUMBING ✓ | FACILITATOR | 336-5323 | |
| | • ZONING | FACILITATOR | 336-5323 | |
| | X COUNTY-FIRE | FACILITATOR | 336-5323 | |
| ENVIRONMENTAL HEALTH | X SEPTIC TANKS | SYLVIA DANIEL | 336-5565 | |

## NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

| CONTACT | DATE | COMMENTS | INITIALS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Sheet # 1
PROPERTY ID #: 14468
COUNTY: Po 037-211-05

# SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: NMS, Inc., J. M. Williamson APPLICANT: _____
ADDRESS: PO Box 1305, Cornelius APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: proposed dwl PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: Approx. 1 ac
LOCATION OF SITE: 7221, o/s Statesville Rd. PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | Slopes 3-6% .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 | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-12" | compacted/c | VF/SEXP/SP | >40" to chroma 2 colors | 40" | N/A | None | PS IV .2gal/ft² |
| | | 12-40" | LB/C | FR/SEXP/SP | | | | | |
| 2 | LS | 0-13" | compacted/c | VF/SEXP/SP | >38" to chroma 2 colors | 38" | N/A | None | PS IV .2gal/ft² |
| | | 13-38" | LB/C | FR-F/SEXP/SP | | | | | |
| 3 | LS | 0-14" | compacted/c | VF/SEXP/SP | >40" to chroma 2 colors | 40" | N/A | None | PS IV .2gal/ft² |
| | | 14-40" | LB/C | FR/SEXP/SP | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally S
EVALUATED BY: W. R. Mullis 7-5-96
OTHER(S) PRESENT: _____

1006 Repair

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL 1955 LTAR | LPP 1957 LTAR | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| C (Concave Slope)<br>V (Convex Slope)<br>(Drainage Way)<br>S (Debris Slump)<br>P (Flood Plain)<br>S (Foot Slope)<br>(Head Slope)<br>(Linear Slope)<br>(Nose Slope)<br>(Ridge)<br>(Shoulder Slope)<br>(Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive)<br>SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Block<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | SI (Silt)<br>SICL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SUC (Silt Loam Clay) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SIC (Silty Clay) | 0.4 - 0.1 | 0.2 - 0.05 | MOIST<br>VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | WET<br>NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |
| | | O (Organic) | None | | | |

*OTES*

*ORIZON DEPTH* In inches below natural soil surface

*EPTH OF FILL* In inches from land surface

*ESTRICTIVE HORIZON* Thickness and depth from land surface

*PROLITE* S(suitable) or U(unsuitable)

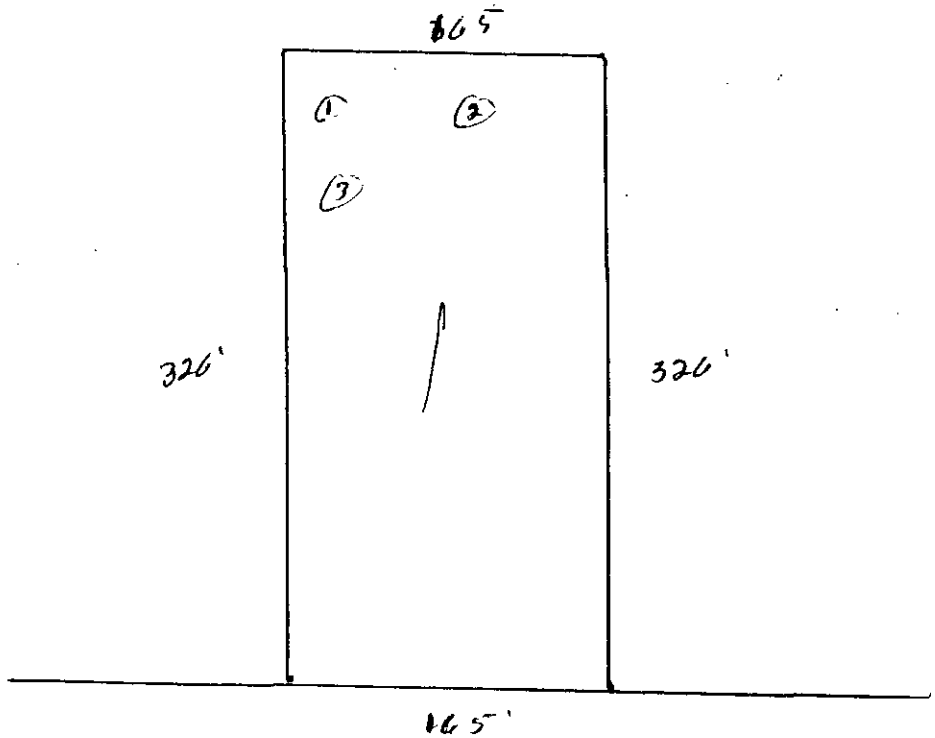
*OIL WETNESS* Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designat

*LASSIFICATION* S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).




N

Old Statesville Rd

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 1496 B

Tax Number: 037-211-05 PO

- 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 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 |
| Type Primary Wastewater System<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| .2 Long-term acceptance rate | 100 Max gallons/day wastewater flow | 490 Absorption Area (sq ft) | | 9 Trench spacing (min. on centers) |
| CMUD Serviced by private well | 1500 Gallon septic tank | 166 Total trench length (ft) | | 30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| ✓ Bedrooms in residence | ___ Gallon pump tank | 12 Depth of stone | | |
| Any surface waters present: No Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: 4 employees propane distributor<br>Domestic Sewage ONLY! | | | | |
| Repair Area System Type<br>Type (circle one):<br>I (II) III IV V VI | ✓ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |
| 490 Absorption Area (Sq ft)<br>166 Total Trench Length (Ft) | 12" Depth of Stone Trench | 9 Trench spacing (min. on centers) | | 30" Maximum Trench Depth |
| 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 Request for the Job Location contained in this document. This 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.

DEHNR Authorized Agent — Date: 7-8-96

X [signature] — Owner/Agent Signature — Date: 7/8/96

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

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

Sheet
PROPERTY ID #:
COUNTY:

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

# 1
14468
PO 037-211-05

OWNER: NMS, Inc., J. M. Williamson APPLICANT: _____
ADDRESS: PO Box 1305, Cornelius APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: proposed dwlg PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: Approx. 1 Jac
LOCATION OF SITE: 7221, Old Statesville Rd. PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % (Slopes 7-12) | 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 | 0-12" | compacted/c | VF/SEXP/SP | >40" To Chroma 2 Colors | 40" | N/A | None | PS IV .2g/ft² |
| | | 12-40" | LB/C | Fr/SEXP/SP | | | | | |
| 2 | LS | 0-13" | compacted/c | VF/SEXP/SP | >38" To Chroma 2 Colors | 38" | N/A | None | PS IV .2g/ft² |
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| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | | |
| Size LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. R. Mullin 7-5-96
OTHER(S) PRESENT: _____

COMMENTS:

1002 Repair

# LEGEND

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| | | | | | MOIST | WET |
| | IV | SC (Sandy Clay)<br>SIC (Silty Clay) | 0.4 - 0.1 | 0.2 - 0.05 | VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |
| | | O (Organic) | None | | | |

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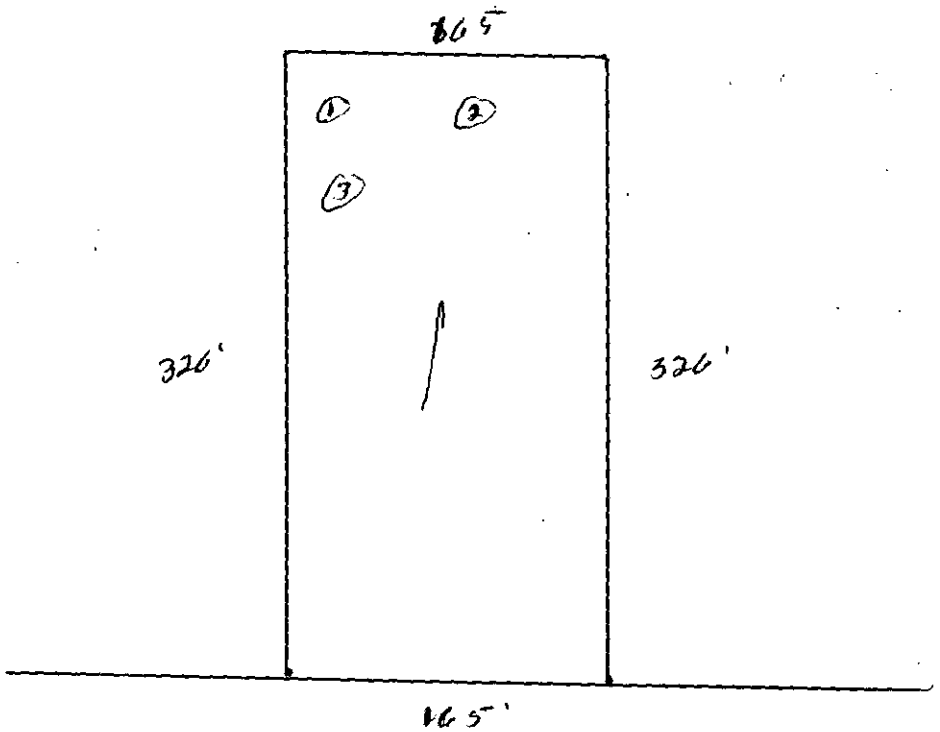
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*LASSIFICATION* S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




N

Old Statesville Rd

Q#'s 5231227 - 5231228 - 5231229

FEE: 200.00

DATE: 6/4/96

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

[redacted]

X LCRT

TYPE APPLICATION: X 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 #: 1446B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037-211-05 PO

STREET ADDRESS: 7221-Old Statesville Rd.

LOT NUMBER: None

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
Office for Propane Distribution
Square footage of facility: 614 #

NUMBER OF EMPLOYEES: 4
PER SHIFT: ___ ___ ___

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
___ 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:
N/A

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 | WELL SPRINGS OR WATERLINES | ___ YES | X NO |
| EXISTING WASTE WATER SYSTEMS | ___ YES | X NO | DESIGNATED WETLANDS | ___ YES | X NO |
| EASEMENTS OR RIGHT-OF-WAYS | ___ 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: ~~J.M. Williamson~~

NAME: Williamson (LAST) J. (FIRST) M. (MI) of NMS, Inc

ADDRESS: P.O. Box 1305

CITY: Cornelius STATE: N.C. ZIP: 28031

DAYTIME PHONE: 704 892-5108

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Phares (LAST) John (FIRST) H. (MI)

DAYTIME PHONE: 704 342-1687

C.L. Helt Architect, Inc.

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" H
READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF TH
MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST

SIGNED: [signature]

DATE: 6/4/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

# PROPOSED PLOT PLAN

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

FILE: 1446B

TC: 037-211-05

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.

(1 SEE Attached )1

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

DATE 6/13/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

# 037-21105
PARCEL NUMBER

7221 Old Statesville Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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. WATERSHED PROTECTION** | **_____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** |
| **8. DOES PROJECT CONFLICT WITH ROAD PROJECT?** | **_____YES** | **_____NO** |

**REMARKS:** Plans Review

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

FROM J M WILLIAMSON

TO: MECKLENBURG COUNTY HEALTH DEPARTMENT.
700 NORTH TRYON STREET
CHARLOTTE NC 28202

SUBJECT: INSTALLATION OF SEPTIC SYSYTEM ON MY PROPERTY LOCATED AT 7225 OLD STASTESVILLE ROAD CHARLOTTE NC 28269.

I AM THE OWNER OF SUBJECT PROPERTY AND HAVE LEASED A PORTION TO AMERIGAS PROPANE L.P. I HEREBY GIVE MY PERMISSION FOR THEM TO INSTALL THE SYSTEM AS REQUIRED BY MCHD.

J.M. WILLIAMSON 5/31/96