

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

tracking # 095 970302

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

DATE: _____ **PERMIT NO:** 1998-B
PARCEL NO: 045-041-22, 23
JOB LOCATION ADDRESS: 3925 N. I.85 Service Road
PROPERTY OWNER: Parkway advertising
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. 1998-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: -easement required for drainfield site
- agreement forms must be executed and recorded.

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.

× _____ 7/23/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1990-B DATE: 9-14-98

TC: 045-041-22/23 ☐ L ☐ CRT

SERIAL Nº 17735

Name of Owner Parkway advertising Juris.: _____

Address of Property 3925 N. I 85 service Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 3 @ 67

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source /

Excavation Inspected 9-14-98

Tank(s) Inspected 9-14 98

Wash Line Inspected —

High Water Alarm Inspected 9-14-98

PLOT

Design 1998 1500ST 1000 DT P1 600SFT 12" CLCIC CTR# Wickie Christenbury

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: _____

Environmental Health Specialist

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

Mecklenburg County
Health Department

Memo

To: Sylvia Daniel, Program Chief
Individual Water and Wastewater Systems
From: Kelly Randall, Soil Scientist
Individual Water and Wastewater Systems
Date: June 29,1 998
Subject: 3925 N. I-85 Service Road

The following is an update on the recent status for 3925 I-85 Service Road. I met with Mansour Edlin on Monday, June 29, 1998. I advised him on plan submittal requirements to secure the permits. Mr. Edlin also submitted the Law Engineering test data we had previously requested. He indicated it would be no problem for him to design the plans as requested.

Please let me know if you have any further questions.

The following is an update on the permit status for 3925 I-95 Service Rd. I met with Mansour Eddin on Monday June 29th. ~~advised him on plan requirements for~~ I advised him on plan submittal requirements to secure the permits. Mr Eddin also submitted the Law Engineering test data we had previously asked for. He indicated it would be no problem for him to design the plans as requested.

Please let me know if you have any further questions

Good -
Process the
Service request
response -
please -
SW
KR initial

Mecklenburg County
Health Department

Memo

To: Sylvia Daniel, Program Chief
Individual Water and Wastewater Systems
From: Kelly Randall, Soil Scientist
Individual Water and Wastewater Systems
Date: June 29, 1998
Subject: 3925 N. I-85 Service Road

I have received a permit status request from Susan Hansen (Zoning Department Ext. 3822) concerning the above referenced property. I issued an Improvement Permit for the property on August 26, 1997. An installation approval was issued on April 18, 1998. The septic tanks and pump tank have been installed. The project has been disapproved by Zoning because the drainfield portion of the system would be pumped to a section of the property that has residential zoning. The building and tankage will be located on a portion of the property that is zoned industrial. I have done extensive soil investigations on the property. The area where the drainfield was planned to go is the only provisionally suitable soil available. The site is approximately 8.31 acres. Zoning has not backed off on their decision to prevent the development of the property because of the different zoning classifications. Construction on the site is at a standstill. At the property owners request, we looked at adjacent property which has the correct zoning classification. This soil is unsuitable. Mr. McCoy (property owner) has hired a consultant to run mechanical grain size analysis on the saprolite to see if a reclassification for a saprolite system is possible. Law engineering performed the test and the results were favorable. I have requested an official copy of the lab report with the appropriate professional seal affixed. Mansour Edlin, the consultant, has agreed to provide this information, but I have not yet received it. I am prepared to issue a permit as soon as the lab results are sealed and forwarded to me.

Please let me know if you have any other questions concerning this matter.

6/23 This request given to Sylvia Daniels in Env. Health for response.
Suzanne Hansen
x3822

045-04/1-22
File # 1998B

CHARLOTTE.

Service Request

06/2 **Citizen -Request #:** 013113-017708

11-5

To: ...DING STANDARDS
Contact: GC - GINNY CLIFFORD
Response Due: JUNE 29

Citizen: MR. ED MCCOY
CHARLOTTE, NC

Home Phone:
Work Phone: 704-527-7603 **Ext:** 13

Received By:
Employee/CSR: DARLENE SHRUM
Department: CITY MANAGER
Council Member: MAJEED
District: 4
Status: OPEN
Type of Call: SERVICE REQUEST
Origin: COUNCILMEMBER
Title: ZONING ISSUE AT 3925 N. I-85 SERVICE ROAD

Incident Address:
03925 N I-85 SERVICE RD

Description: Mr. McCoy contacted Councilmember Nasif Majeed concerning a project at 3925 N I-85 Service Road and the difficulty he is encountering in getting a septic tank installed. The issue is apparently related to the zoning of the property where the septic tank need to be installed. Please investigate, contact Mr. McCoy, take appropriate action, and provide a report for Councilmember Majeed.

Resolution: SEE ATTACHED RESPONSE

Post-it® Fax Note 7671	Date 6/22	# of pages ▶
To: Suzanne Hansen	From: Darlene Shrum	
Co./Dept.	Co.	
Phone # 3822	Phone # 3184	
Fax # 3823	Fax # 06644	

DATE 8/26/97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

045-041-22pd
PARCEL NUMBER

3925 N I 85 Service 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: New Cnst

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

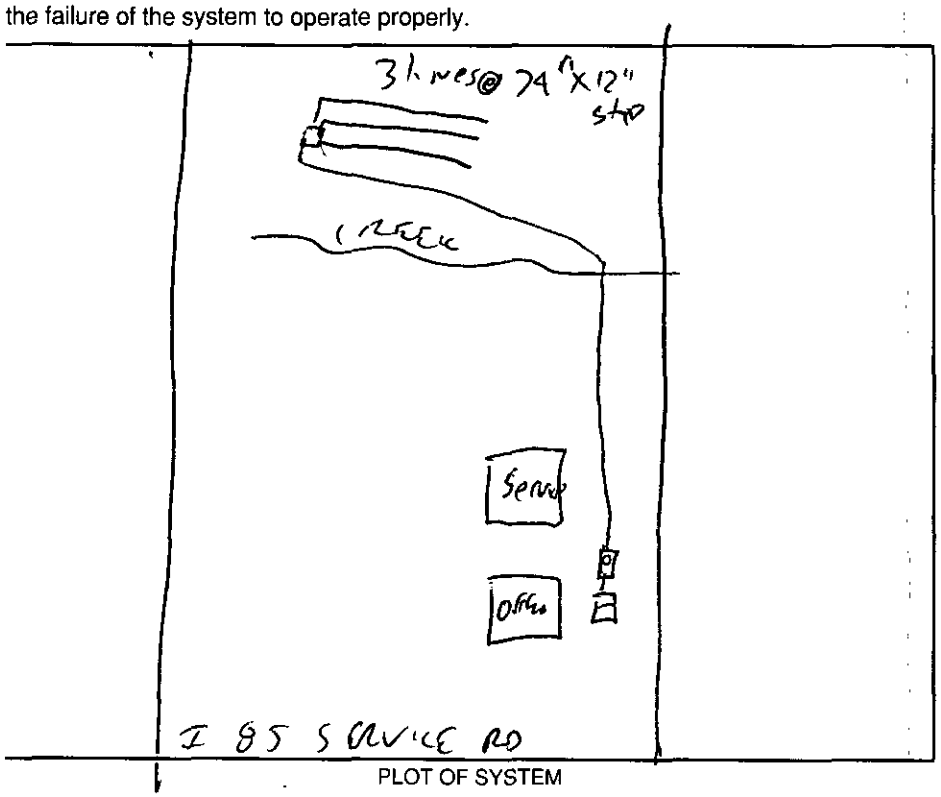
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1998-B DATE: 4-10-98

TC: 045-041-22-03 ☐ L

SERIAL Nº 17699

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 6-24-97. All work shall be completed on or before 5-18-98, 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 1000 gallons

Tank Construction PVC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 220' feet

Number of Lines 3 x 74

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well (none) feet

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

NAME OF OWNER ~~Eddie~~ Dennis Bunker - Steve Century

LOCATION OF PROPERTY 3925 I 85 Service Rd

Comments: 3 lines @ 74' each x 3' wide x 12" rock

Environmental Health Specialist

Permit Number: 1998-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 045-041-22,23

- 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.

Tracking # 095 970302

- 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 Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
.3 Long-term acceptance rate	150 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9 Trench spacing (min..on centers)
No Serviced by private well	1500 Gallon septic tank	200 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 6" Sand	
Any surface waters present: No Type:		Minimum separation distance:	
Site modifications required:			
Additional Conditions: - easement required for drainfield site - ~~agreement form must be executed and recorded~~ (W) 9-14-98. original PS area used for drainfield			
Repair Area System Type 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 Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
600 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	12" Depth of Stone Trench 6" Sand	5 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

× Mark V. Edlin 7/23/98

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

1498 - LS

Permit Number

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 045-041-22, 2

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 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 Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	200 Max gallons/day wastewater flow	670 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
No Serviced by private well	1500 Gallon septic tank	220 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
NA Bedrooms in residence 8 employees office	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: Yes Type: creek Minimum separation distance: 50 ' +

Site modifications required:

Additional Conditions:

Repair Area System Type 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 Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

670 Absorption Area (Sq ft) 220 Total Trench Length (Ft)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)	24" 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

8-26-97
DEHNR Authorized Agent — Date

8/26/97
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

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

DATE: 8-26-97 PERMIT NO: 1998-B
PARCEL NO: 045-091-22, 23

JOB LOCATION ADDRESS: 3925 N. I 85 Service Rd.
PROPERTY OWNER: Dennis N. Bunker III and Steven Gentry
BUILDING CONTRACTOR: " "
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: _____ DATE: 8 26 97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1998-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: _____

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.

_____ 8/26/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____

DATE: _____

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

[redacted]

[ ] 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

Project #

085978302

FILE #:

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 045-041-22/23.

STREET ADDRESS: 3925 I-85 N. SERVICE Road.

LOT NUMBER: NA.

TOWNSHIP (CHECK ONE):

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

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

1,000 SF Modular office

Square footage of facility

NUMBER OF EMPLOYEES: 60 TOTAL.

PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

NA

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 WASTE WATER SYSTEMS ___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ 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: (LAST) PARKWAY ~~ADVERTISING~~ (FIRST) ADVERTISING (MI).

ADDRESS: 521 Clanton Road Suite C

CITY: Charlotte STATE: NC ZIP: 28217

DAYTIME PHONE: ( ) -- 527-7603.

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) MANSOUR (FIRST) GOLIA. (MI)

DAYTIME PHONE: ( ) -- 672-1560. or 672-1561

FAX. 672-1562.

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: 6/30/99.

LAW

LAWGIBB Group Member

June 19, 1998

Mr. Monsour Edlin
1515 Mockingbird Lane
Suite 150
Charlotte, North Carolina 28209

Subject: **Grain Size Distribution Test**
Monsour Edlin Consultants
Charlotte, North Carolina
LAW Project No. 30100-8-3745

Dear Mr. Edlin

As requested Law Engineering And Environmental Services, Inc. (LAW) Has completed Grain Size Distribution Tests on two samples of soil material provided to us by Mr. Monsour Edlin of Monsour Edlin Consultants.

On June 18, 1998 we performed Grain Size Distribution test on the provided samples.The samples were labeled TP1 and TP2, as requested by Mr. Monsour Edlin. The tests were performed in general accordance with ASTM D 421 (Dry Penetration of Soil Samples for Particle-Size Analysis and Determination of Soil Constants). The results of our tests are listed below.

	% Gravel	% Sand	% Silt	%Clay
TP1	**0.0**	**52.9**	**47.2**	**0.0**
TP2	**0.1**	**46.5**	**53.4**	**0.0**

Law appreciates the opportunity to be of service to you on this project. If you have any questions concerning the information in this report or if we can be of further service please contact this office.

Sincerely,

LAW ENGINEERING AND ENVIRONMENTAL SERVICES, INC.

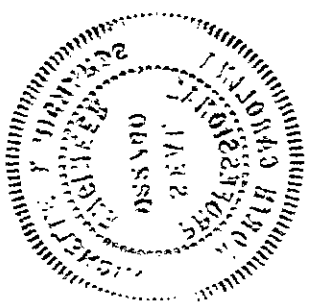
Randy A. Parker
Project Manager

Michelle B. Richards P. E.
Senior Engineer
Registered NC, 27760

RAP/rap

Attachment: Grain Size Distribution Test Report

LAW Engineering and Environmental Services, Inc.
2801 Yorkmont Road • Charlotte, NC 28208
704-357-8600 • Fax: 704-357-8638



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

#3 1/10

Sheet 1
PROPERTY ID #: 045-041-27
Lot # : 27
File # : 1998B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Yoseng Eslab
ADDRESS: Box 11424, Charlotte NC.
APPLICANT:
DATE EVALUATED: 5-17-96
PROPOSED FACILITY: Office
PROPOSED DESIGN FLOW (.1949): 200gpd
PROPERTY SIZE: .1 ac
LOCATION OF SITE: I-85 Fairview Road
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	4-17-96 Slopes .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	0-8"	gr/scl	Fr/SEXP/SS/SP	>37" TO soil wetness	37"	N/A	None	US
		8-24"	SBK/C	Fi/SEXP/SS/P					
		24-37"	SBK/C	Fi-VFi/Mixed/US/VP					
2	LS	0-10"	gr/scl	Fr/SEXP/SS/SP	>36" TO soil wetness	36"	N/A	None	US
		10-20"	SBK/SC	Fi/SEXP/SS/P					
		20-36"	SBK/SC	Fi-VFi/Mixed/US/VP					
3	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	>16" TO soil wetness	16"	N/A	None	US
		4-16"	SBK/SC	Fi/Mixed/US/VP					
4	LS	0-3"	gr/scl	Fr/SEXP/SS/SP	>15" TO soil wetness	15"	N/A	None	US
		3-15"	SBK/SC	VFi/EXP/US/VP					
5	LS	0-3"	gr/scl	Fr/SEXP/SS/SP	>15" TO soil wetness	15"	N/A	None	US
		3-15"	SBK/SC	VFi/Mixed/US/VP					

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

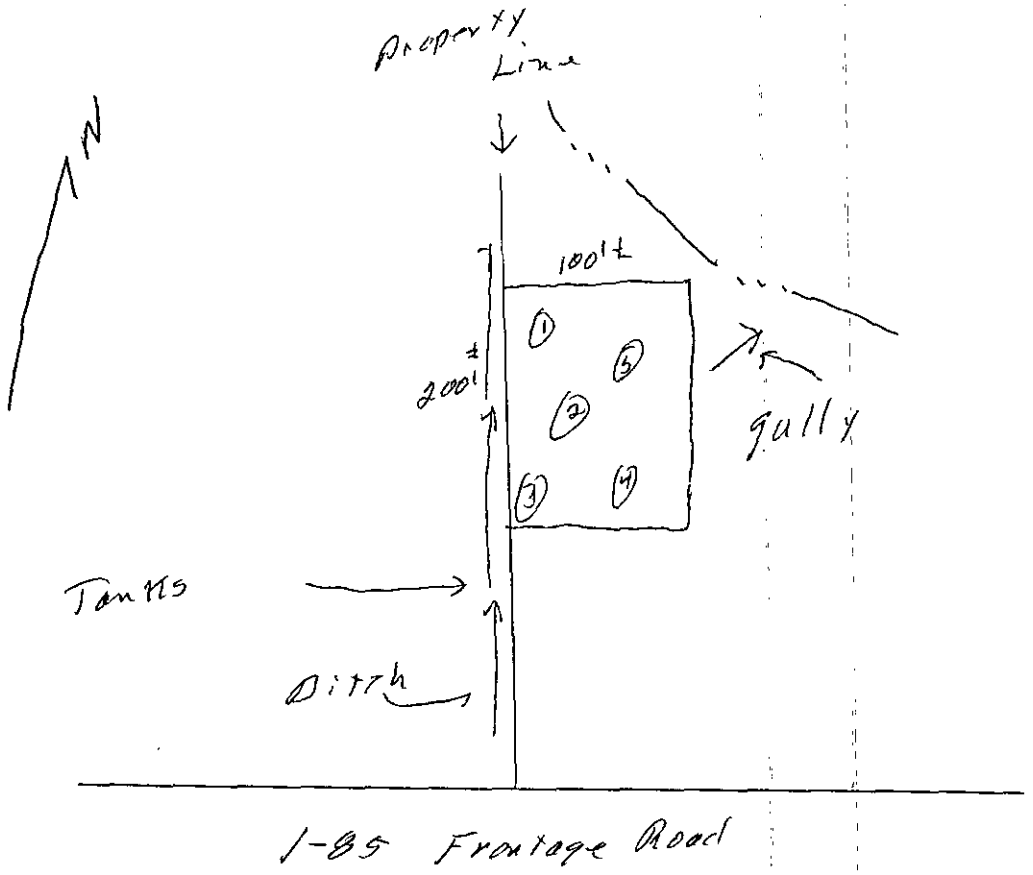
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Acceptable
EVALUATED BY: W.A. Mullis 5-15-96
OTHER(S) PRESENT: LS

FILE # 1998B

COMMENTS 2nd site INV.

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	



DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: McC

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

1 of 1

1998 B

OWNER: Estate of John Young APPLICANT: Lloyd Balcom

ADDRESS: PO Box 1424 APPLICATION DATE: 6-24-97 DATE EVALUATED: 8-18-97

PROPOSED FACILITY: Office PROPOSED DESIGN FLOW (.1949): 200 gpd PROPERTY SIZE: _____

LOCATION OF SITE: I 95 Service Rd. PROPERTY RECORDED: Unknown

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 %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	2-3% Ridge	0-8	Gr / SL	NEXP / NS	No Chroma 2	40"	N/A	None	3 LTAR PS
		8-40	SBK / C	SEXP / SS / SP					
2	2-3% ridge	0-9	Gr / SL	NEXP / NS	No Chroma 2	38"	N/A	None	3 LTAR PS
		9-38	SBK / C	SETP / SS / SP					
3	2-3% ridge	0-9	Gr / SL	NEXP / NS	No Chroma 2	30"	N/A	None	3 LTAR
		9-38"	SBK / C	SEXP / SS / SP					
4									

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Kelly Rowell

OTHER(S) PRESENT: _____

COMMENTS: 100% Repair

.3 LTAR NO industrial process wastewater.

LEGEND

use the following standard abbreviations

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

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

APROLITE S(suitable) or U(unsuitable)

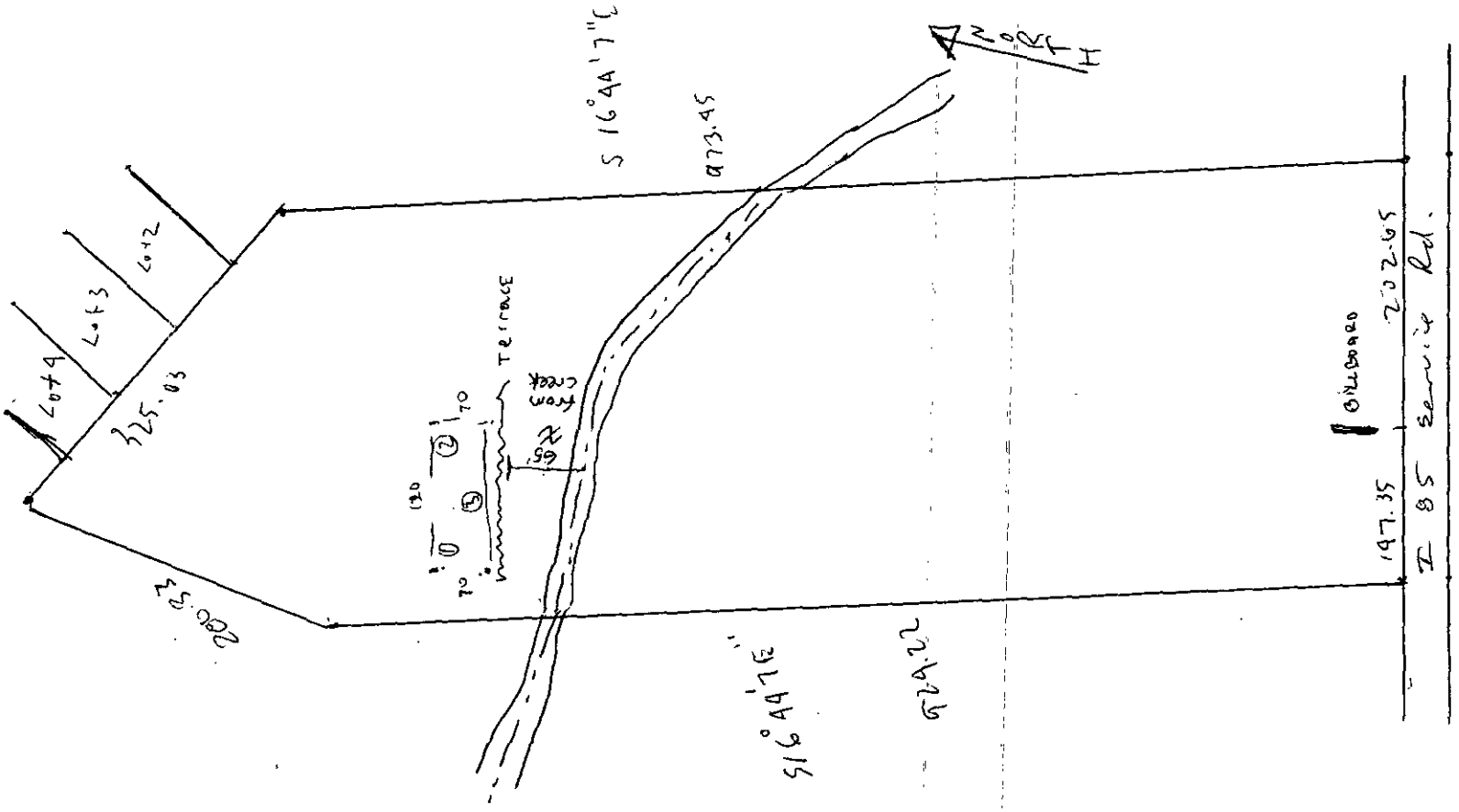
OIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



Mecklenburg County
Health Department

P. 31 03

LAW

LAWGIBB Group Member

FACSIMILE TRANSMITTAL SHEET

LAW ENGINEERING & ENVIRONMENTAL SERVICES, INC.
2801 Yorkmont Road
Charlotte, North Carolina 28208
704-357-8600

To: MANSOUR EDLW

From: Rustin Parker

Company:

Date transmitted:

Fax Number 6721562

Telephone: 704-357-8600

Subject

Fax Number 704-357-8639

No pages transmitted (incl. cover) 3

CC

Hard Copy to Follow Yes ✓ No

Urgent ✓ For Review ✓ Please Comment ___ Please Reply ___ Please Recycle ___

COMMENTS

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

If transmission is not received in good order please call

Mansour
Edlin
Consulting
1515 Mockingbird LN.
Suite 802
Charlotte, NC 28209
704-672-1560 Phone
704-672-1562 Fax

June 18, 1998

To: Mr. Marlin Via Facsimile 4 pages

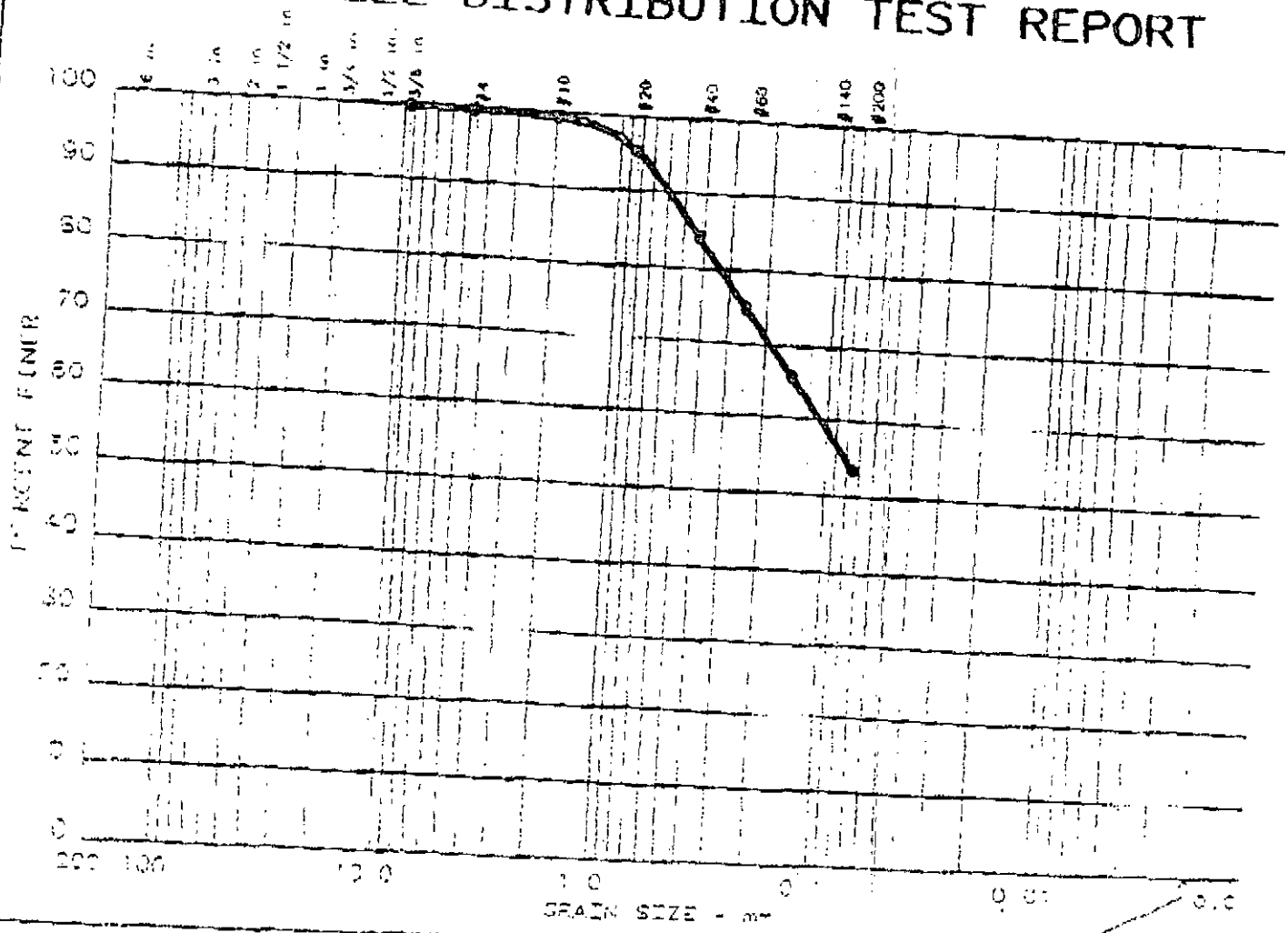
Re: 3925 I 85 Service Road

Transmitted is a copy of the grain size distribution analysis performed by Law Engineering for test pit 1 #2. Based on my conversation with Randy Parker of Law and the results of the analysis, the sample consisted of sand and silt only.

Please review the enclosed results and advise regarding the suitability of this area for a drain field. Please feel free to directly contact Randy Parker. Your help and cooperation is greatly appreciated.

Attachment

GRAIN SIZE DISTRIBUTION TEST REPORT



	% GRAVEL	% SAND	% SILT	% CLAY
● 12 - 0.0	0.1	48.5	33.4	

	LL	PI	D_{85}	D_{60}	D_{50}	D_{30}	D_{15}	D_{10}	C_c	C_u
●			0.447	0.108						

MATERIAL DESCRIPTION	USCS	AASHTO
● LIGHT BROWN SILTY SAND WITH OWR FRAGMENTS	ML	

Project No: 30100-8-3475

Project: MANSOUR EDLIN CONSULTANTS

● Location: TP-2

Date: JUNE 18, 1998

GRAIN SIZE DISTRIBUTION TEST REPORT

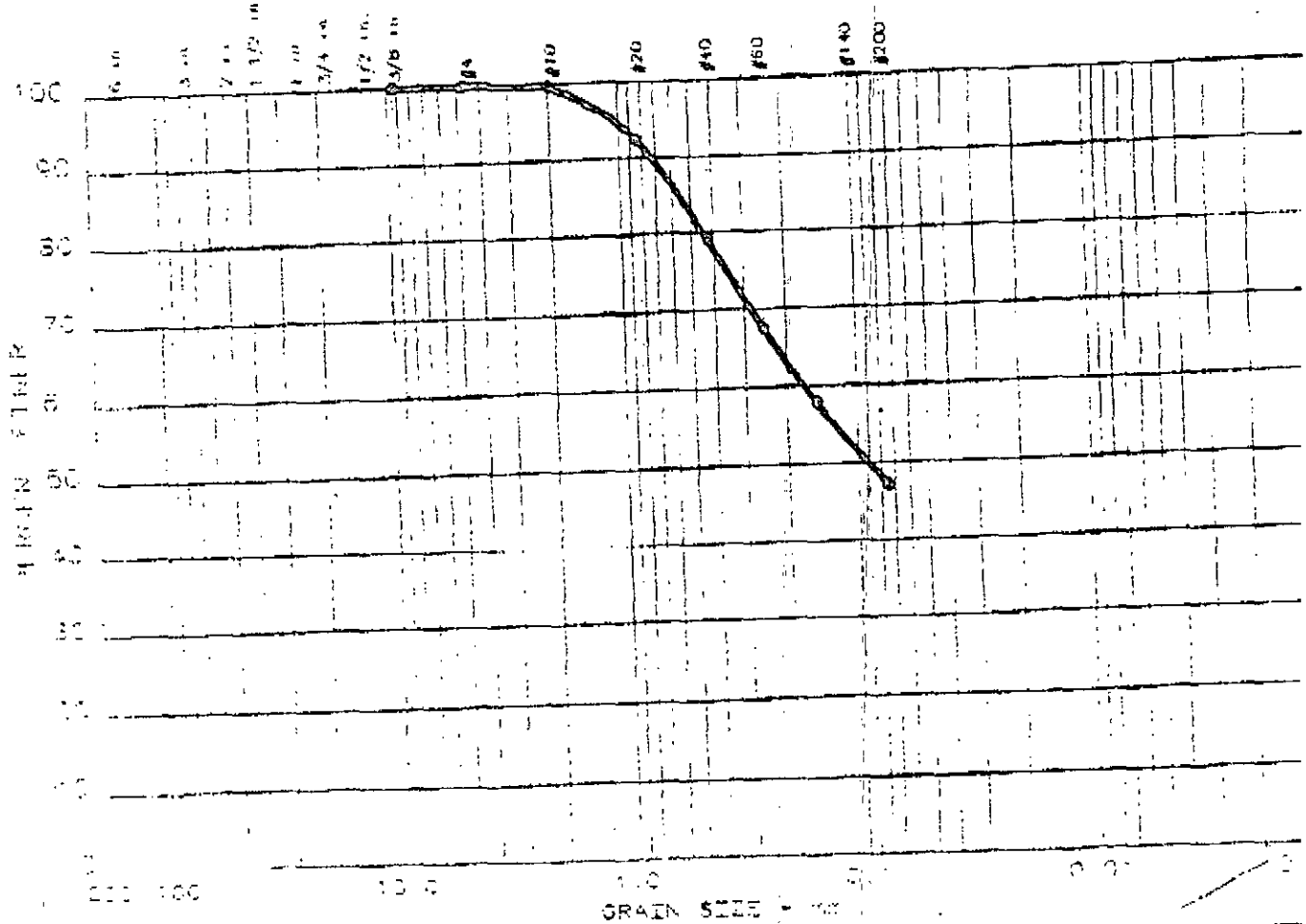
LAW ENGINEERING AND ENVIRONMENTAL SERVICES

Remarks:

Fig. No.: ____

THU 09:17

GRAIN SIZE DISTRIBUTION TEST REPORT



	% GRAVEL	% SAND	% SILT	% CLAY
○	0.0	52.9	47.	

	D85	D60	D50	D30	D15	D10	Cc
○	0.655	0.170	0.092				

	MATERIAL DESCRIPTION	USCS	AASHTO
○	LIGHT BROWN SILT & SAND WITH PWR FRAGMENTS	SM	

Project No. 30100-8-3475

Project MA SOUR EDLIN CONSULTANTS

Date: JUNE 18, 1998

Remarks:

GRAIN SIZE DISTRIBUTION TEST REPORT

LAW ENGINEERING AND ENVIRONMENTAL SERVICES

Fig. No.: ——

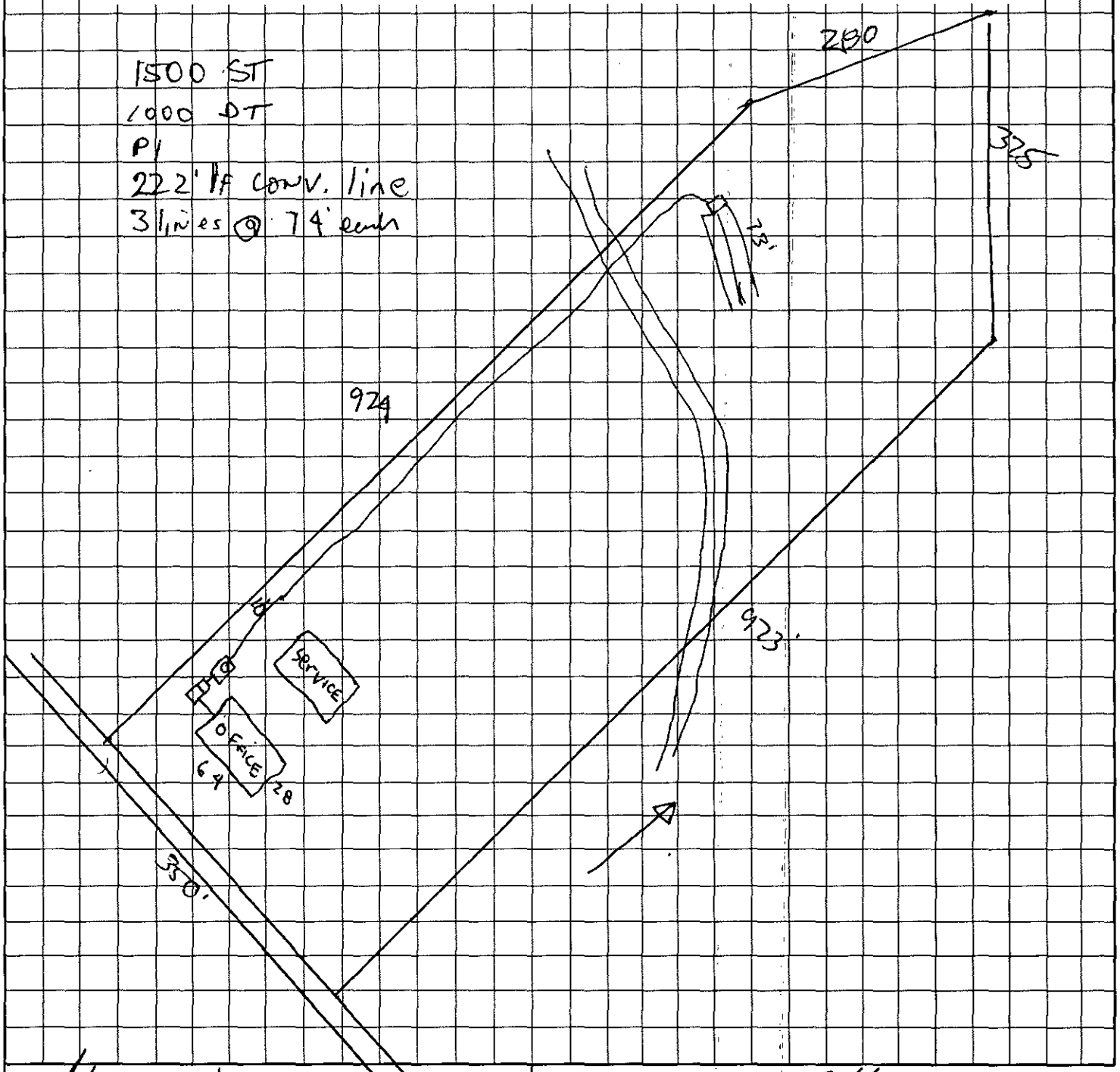
PROPOSED PLOT PLAN

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

FILE: 1998 B

TC: 045-041-22,23

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.



OWNER/AGENT SIGNATURE

DATE 8/26/97

APPROVAL DATE 8-26-97

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

FEE: 100.00
DATE: 6/24/97
+ 1088 Eval

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

[redacted]

[ ] 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 #: 1998B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 045-41-22423 (portion of parcel)

STREET ADDRESS: I 85 Service Road South?

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: 1000 s.f. modular office
Square footage of facility:

LOT NUMBER: N/A

NUMBER OF EMPLOYEES: 8 total employees
PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
X 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) ___ MUNICIPAL (M) X 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	There is a stream that crosses rear of property	

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Young (FIRST) John Estate (MI)	NAME: (LAST) Baucom (FIRST) Lloyd (MI)
ADDRESS: P.O. Box 11424	DAYTIME PHONE: ( ) - 376-6527
CITY: Char STATE: NC ZIP: 28209	
DAYTIME PHONE: ( ) -	

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: ✓ 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

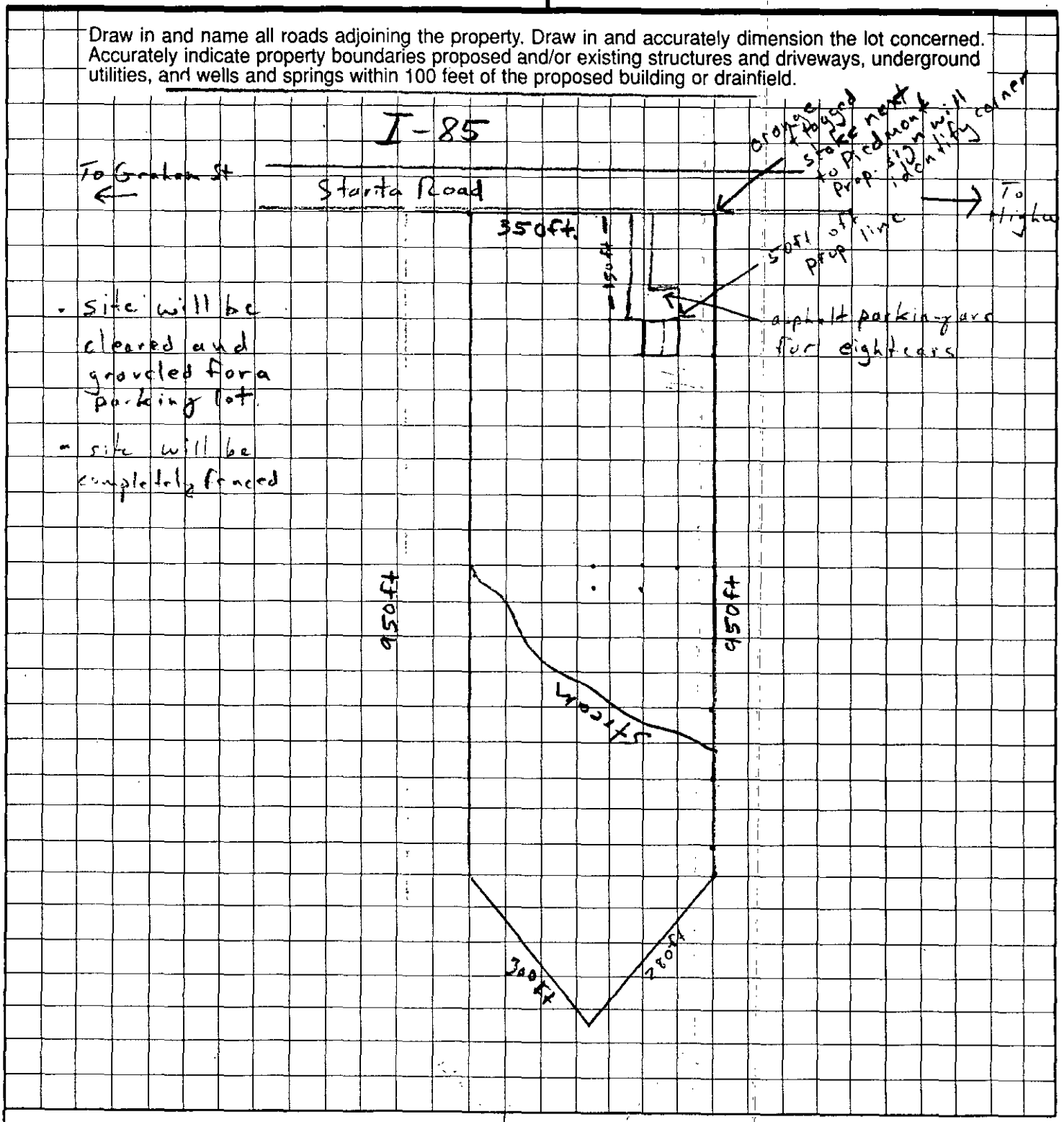
PROPOSED PLOT PLAN

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

FILE: 1998B

TC: 045-041-22,23 PO

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.



OWNER/AGENT SIGNATURE

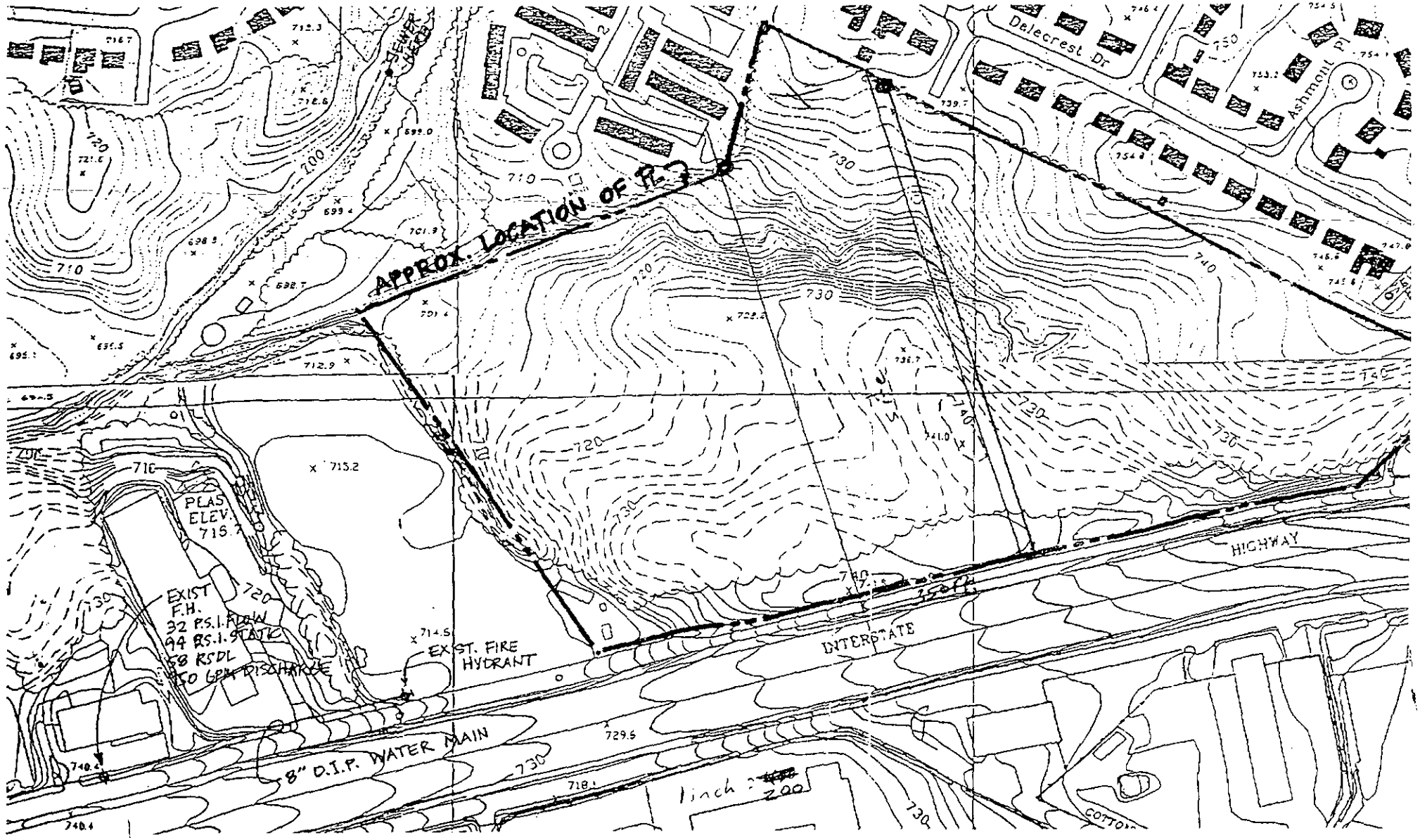
DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy


APPROX. LOCATION OF P.L.
Delecrest Dr
Ashmont Pl
SEWER LINE
PLAS
ELEV.
715.7
EXIST
F.H.
32 P.S.I. FLOW
94 P.S.I. STATIC
58 RSDL
750 GPM DISCHARGE
EXIST. FIRE
HYDRANT
8" D.I.P. WATER MAIN
INTERSTATE
HIGHWAY
750 ft.
1 inch = 200
715.2
729.6
718.1

14984

PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

08/21/1997 14:42 7043580335I DENNIS BUNKER PAGE 01

- Fax Cover Sheet -

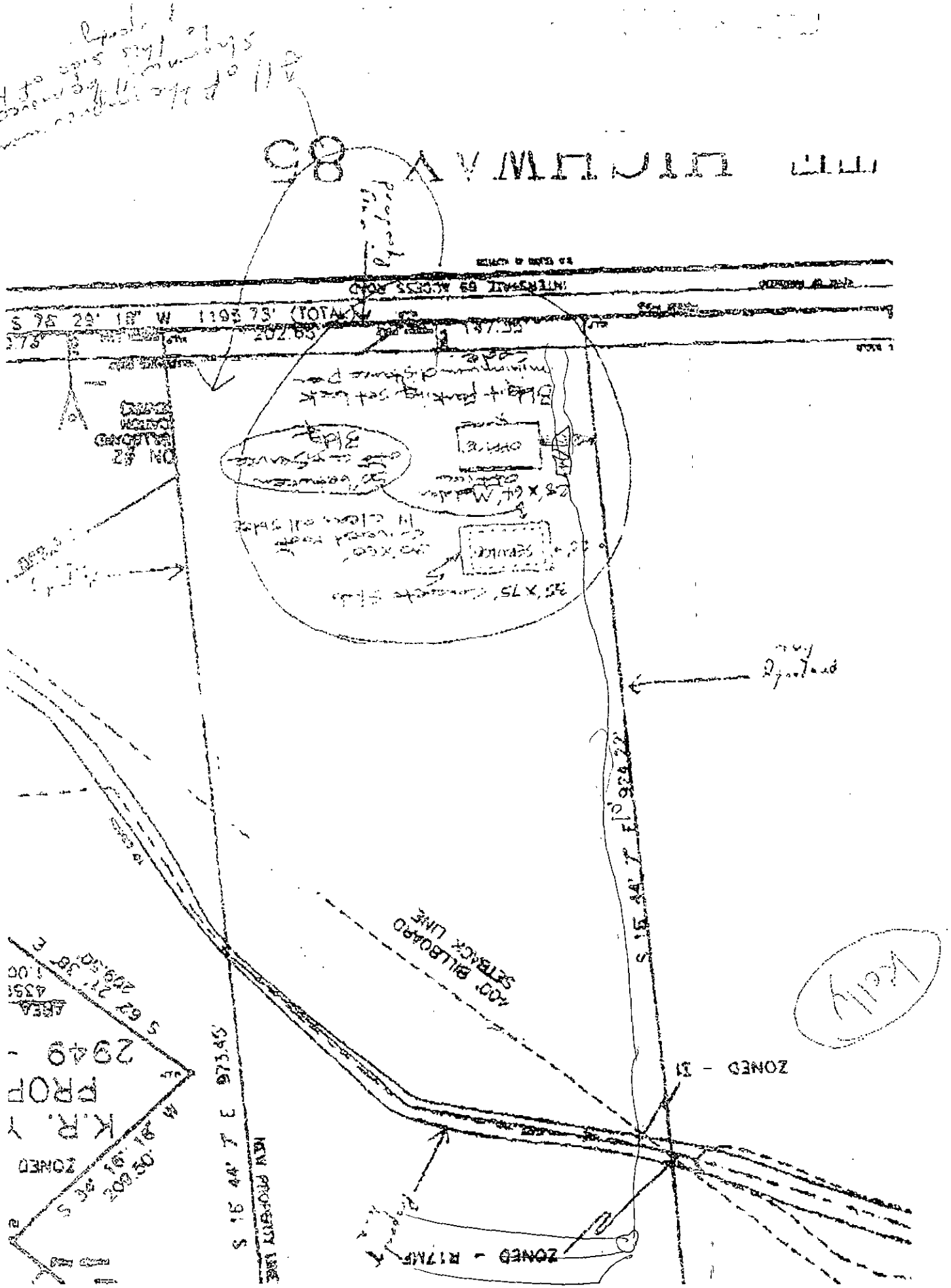
To:	**Kelly Randle**
Company:	Mecklenburg County Health Department
Phone:	704-336-5102
Fax:	704-336-6894
From:	**Steve Gentry**
Company:	Piedmont Properties of the Carolinas, Inc.
Phone:	704-375-1101
Fax:	704-375-1109
Date:	8/21/97
Pages: (including cover sheet)	2
Regarding:	Survey/ North I-85 Service Road

Dear Kelly:

The following is the current survey for the property on I-85. If you have any questions please call. Thanks again for your help with this matter.

Best Regards,

Steve Gentry


S 75° 29' 18" W 1193.73' (TOTAL)
202.65
197.35
S 15° 44' 22" E 924.22'
S 15° 44' 22" E 973.45'
NEW PROPERTY LINE
ZONED - I1
ZONED - R17MF
ZONED
PROP.
K.R.
2949
AREA
4.35
1.00
S 63° 21' 38" E
209.50'
S 36° 16' 18" E
209.50'
ROAD
SETBACK LINE

THIS IS TO CERTIFY THAT ON THE 18 DAY OF AUGUST 19 97 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Nelson

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
420 HAWTHORNE LANE
CHARLOTTE, N.C. 28204
TEL. (704) 376-2186

CREW	DRAWN	REVISED
KD	AF	

VICINITY MAP (NOT TO SCALE)

MAP BOOK 13 - 11
DALECREST
BLOCK 6

WINCHESTER ASSOCIATES
4248 - 0497

LOT 5
LOT 4
LOT 3
LOT 2
LOT 1
LOT 12A
LOT 11A
LOT 10A

POWER POLE
E.I.P.
CHAIN LINK FENCE
N.I.P.

N 66° 39' 59" E 747.79'

N 17° 38' 1" E 289.33'

S 60° 43' 42" E 325.03'

KENMONT DRIVE (50' R/W)

S 60° 06' 90" E 281.87' (TOTAL)

REFERENCE: MAP BOOK 4732 PAGE 0722

ZONING R17MF AREA
140110 SF
3.217 Ac.

ZONED - R17MF

ZONING LINE

ZONED - I1

NEW PROPERTY LINE

S 16° 44' 7" E 973.15' (TOTAL)

S 16° 44' 7" E 924.22'

851.58'

400' BILLBOARD SETBACK LINE

ZONING I1 AREA
222034 SF
5.097 Ac.

10' ERASER

K.R. YOUNG
PROPERTY
2949 - 0498

ZONED - I1

E.B. YOUNG
PROPERTY
2176 - 367
045 - 041 - 22

K.R. YOUNG
PROPERTY
2489-0232

S 44° 23' 37" 53.46' W

121.87'

BILLBOARD SIGN (OFF PREMISE) TO BE REMOVED

AREA
12329 SF
0.283 Ac.

595.00' | 147.35' | 202.55' | 226.33'

S 76° 29' 18" W 1195.73' (DIM)

EDGE OF PAVEMENT
INTERSTATE 85 ACCESS ROAD
EDGE OF PAVEMENT
2.5 CURB & GUTTER

LEGEND

N.I.P.	NEW IRON PIN
E.I.P.	EXISTING IRON PIN
P.C.	POINT OF CURVE
R.C.P.	REINFORCED CONCRETE PIPE
C.M.P.	CORRUGATED METAL PIPE
C/B	CATCH BASIN
R/W	RIGHT-OF-WAY

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NELSON

INTERSTATE HIGHWAY 85

(VARIABLE PUBLIC R/W)

TOTAL AREA
374473 SF
8.597 Ac.

SURVEY OF:
8.597 ACRE PARCEL OF LAND AS SHOWN ABOVE

CHARLOTTE N.C.
YOUNG PROPERTY

THE PROPERTY OF _____

SCALE 1"=150'

MAP BOOK _____ PAGE _____

DEED BOOK _____ PAGE _____

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY _____ IS LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBURARY 3, 1993

TAX NUMBER: 045-041-22

430286

FEE: 100.00
DATE: 6/24/97
Ck # 1088 Eas

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

2nd site evaluation
$175.00 | 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

3rd site evaluation for duplex $150.00 Ck # 1319 6/30/97 EA

FILE #: 1998B Ck # 1319 $75.00

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 045-41-22-4123 (portion of each parcel)

STREET ADDRESS: I-85 Service Road South?

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER: N/A

DESCRIBE TYPE OF BUSINESS:
1000 s.f. modular office
Square footage of facility:

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: 8 total employees PER SHIFT: ___

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) ___ MUNICIPAL (M) X 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	There is a stream that crosses rear of property	

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: (LAST) Young (FIRST) John (MI)

ADDRESS:

CITY: STATE: ZIP:

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Baucom (FIRST) Lloyd (MI)

DAYTIME PHONE: ( ) 376-6527

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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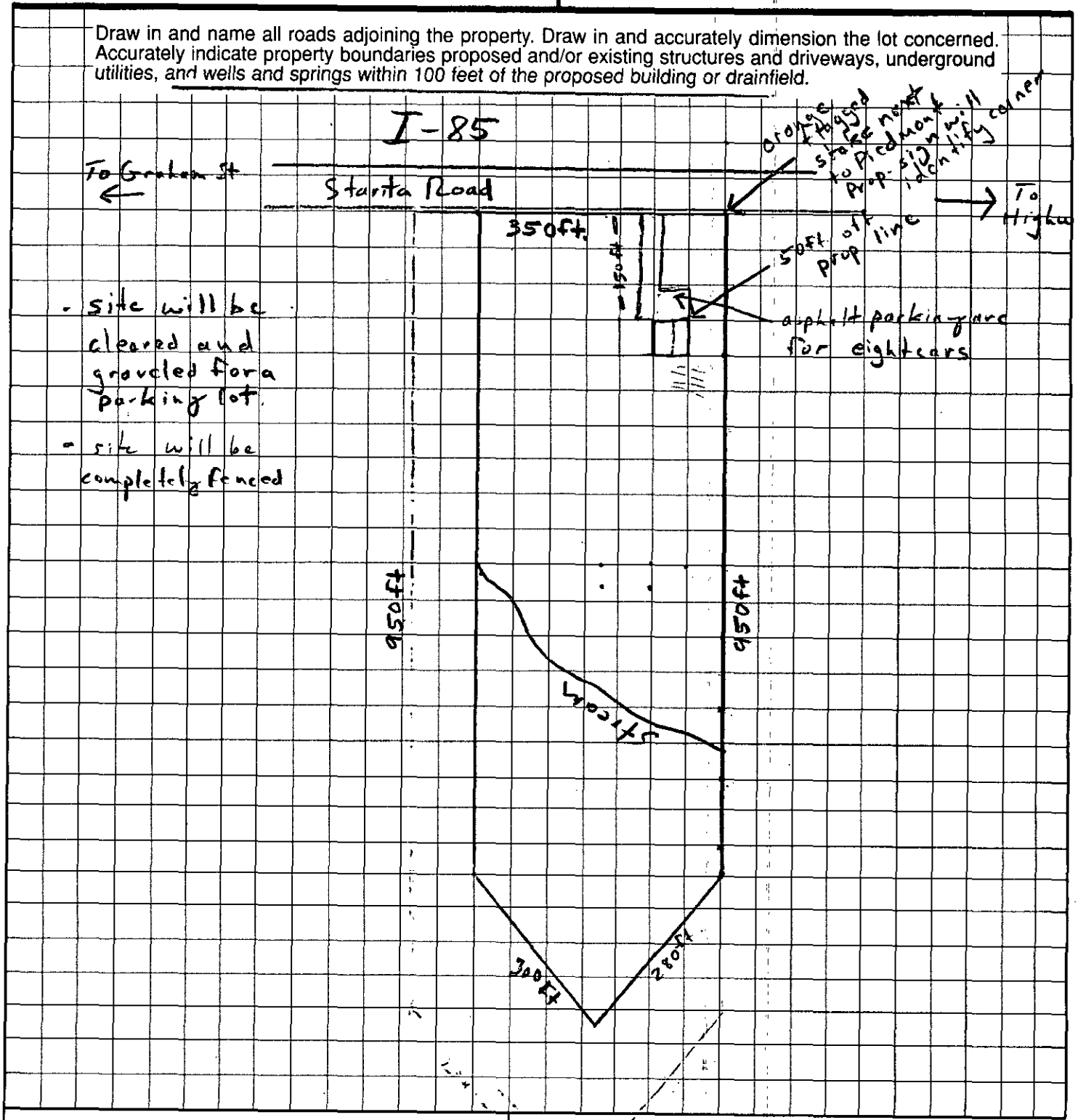
PROPOSED PLOT PLAN

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

FILE: 1998B

TC: 045-041-22,23 PO

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.



OWNER/AGENT SIGNATURE

DATE

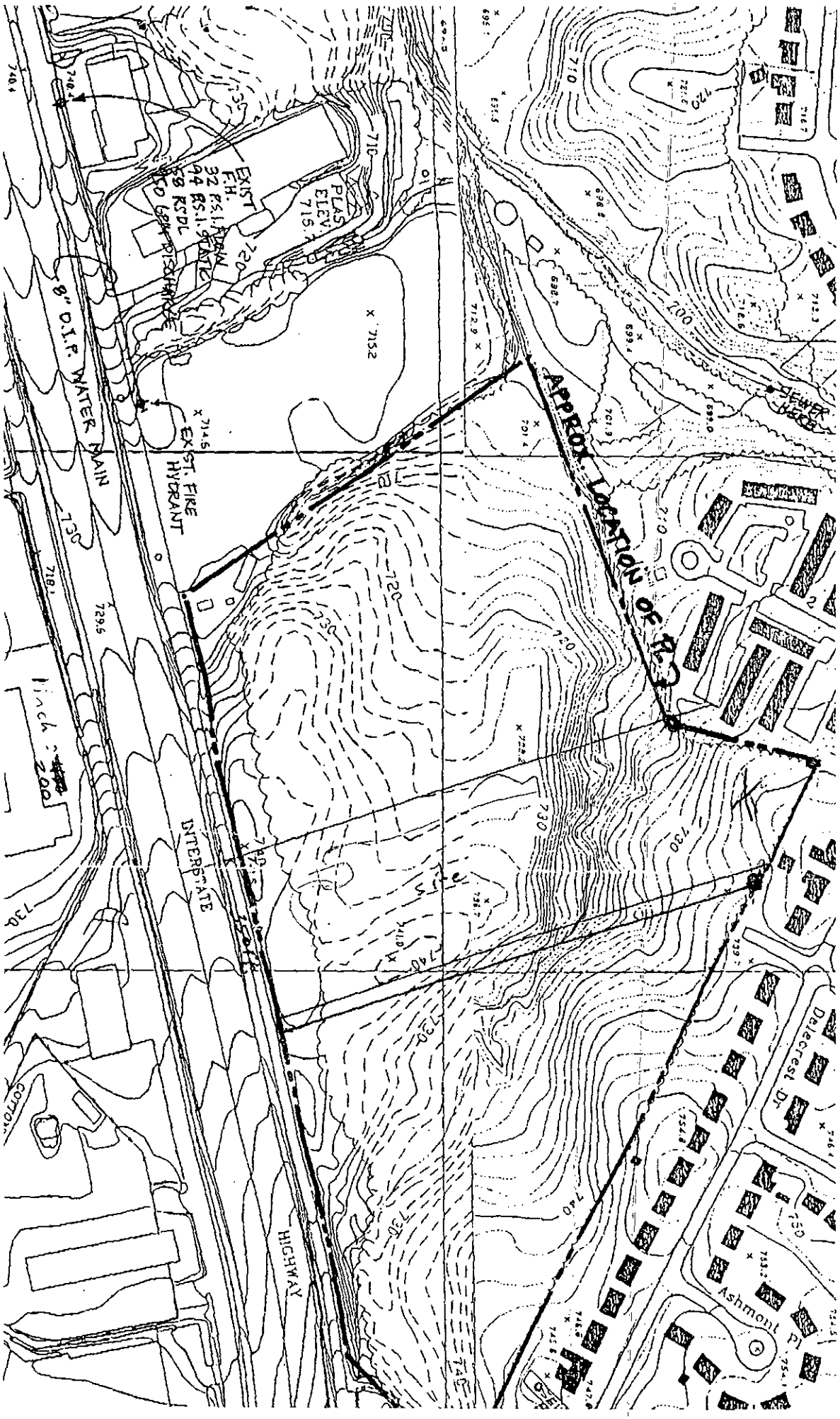
APPROVAL DATE

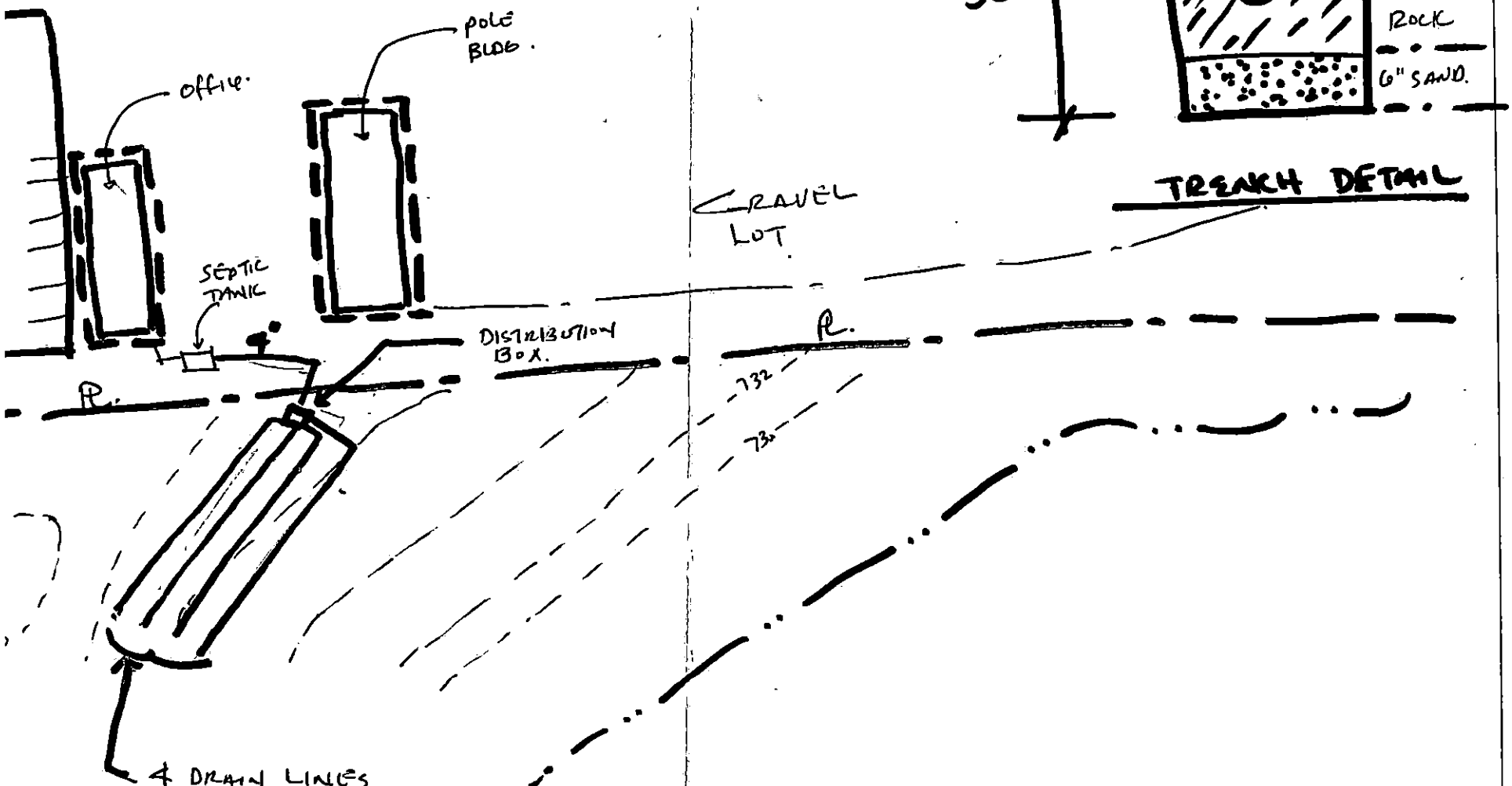
White - Health Department's Copy

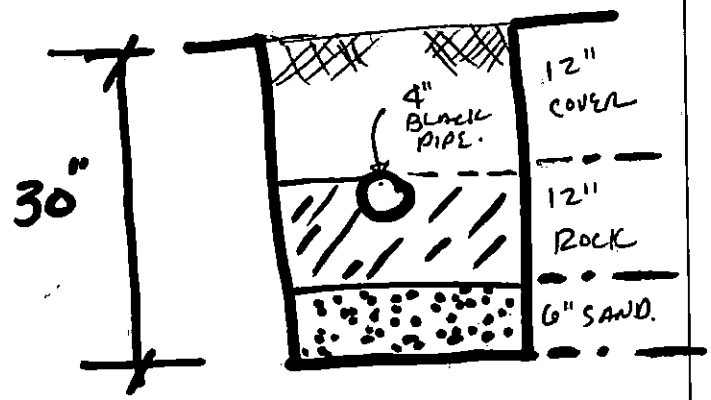
Canary - E.H.S. Copy

Pink - Owner's Copy

1998B


8" D.I.P. WATER MAIN
EXIST. FIRE HYDRANT
APPROX. LOCATION OF R/W
INTERSTATE
HIGHWAY
Ashmont Pl
Delcrest Dr
SEWER MANHOLE
EXIST F.H. 32 PSI AVAIL @ 4 PSI RESID 50 GPM DISCHARGE
PLAS ELEV. 716.1
1 inch = 200'





TRENCH DETAIL

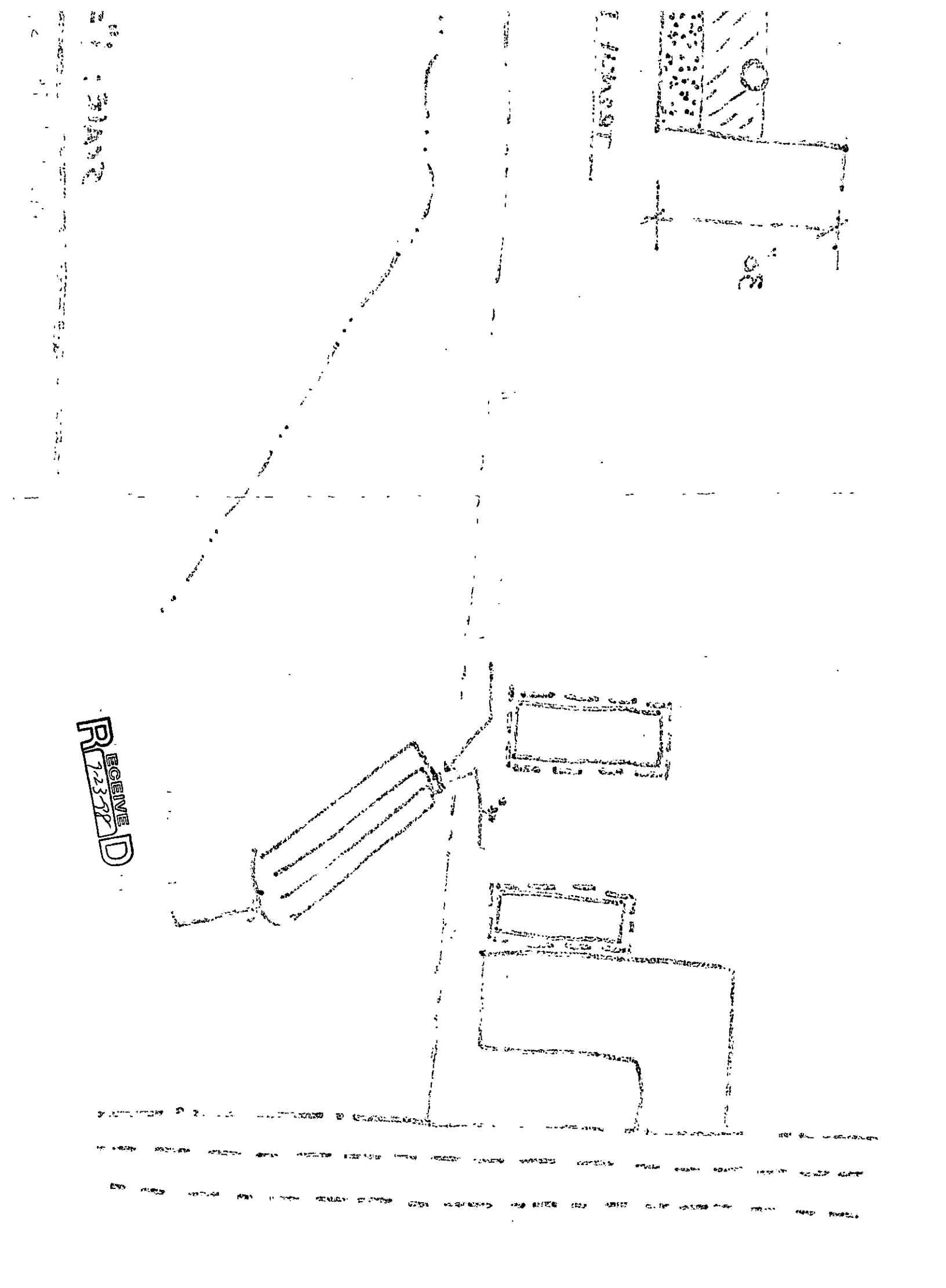
SCALE: 1" = 30'

MANSOUR EDLIN CONSULTING
1515 WOODWARD LANE
Charlotte, N. C.
28209
Phone 704/521-1588
Fax 704/521-1582

PROJECT NUMBER
DRAWN BY: MEE
APPROVED BY: MEE
Date
SHEET NO.

3925 I-85 N. SERVICE ROAD.

FILE # 1998-B.



RECEIVED
2272

RECEIVED
1-23-79

FEE: 100.00
DATE: 6/24/97
Ck # 1088 Eas

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

2nd acceptance 5/15+96 1 1 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

3rd evaluation for septic system #1500 CK # 1088 6/31/97

FILE #: 1998B Ck # 1312 95.00

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 045-41-22 & 23 (portion of parcel)

STREET ADDRESS: I-85 Service Road South?

LOT NUMBER: N/A

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
1000 s.f. modular office
Square footage of facility

NUMBER OF EMPLOYEES: 8 total employees
PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION: N/A

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X 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	There is a stream that crosses rear of property	

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Young (FIRST) John (MI)	NAME: (LAST) Bracon (FIRST) Lloyd (MI)
ADDRESS:	DAYTIME PHONE: ( ) - 376-6527
CITY: STATE: ZIP:	
DAYTIME PHONE: ( ) ---	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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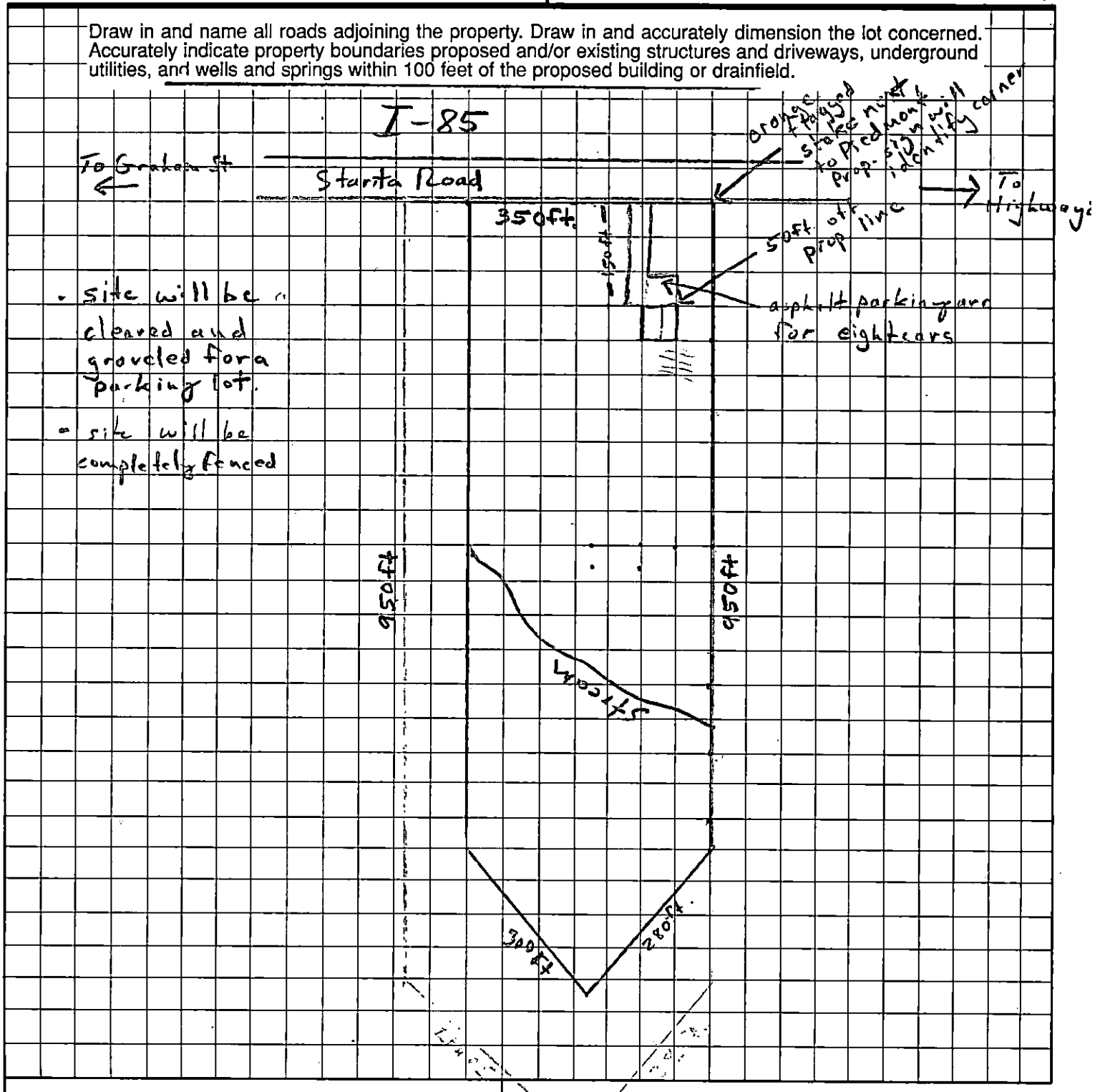
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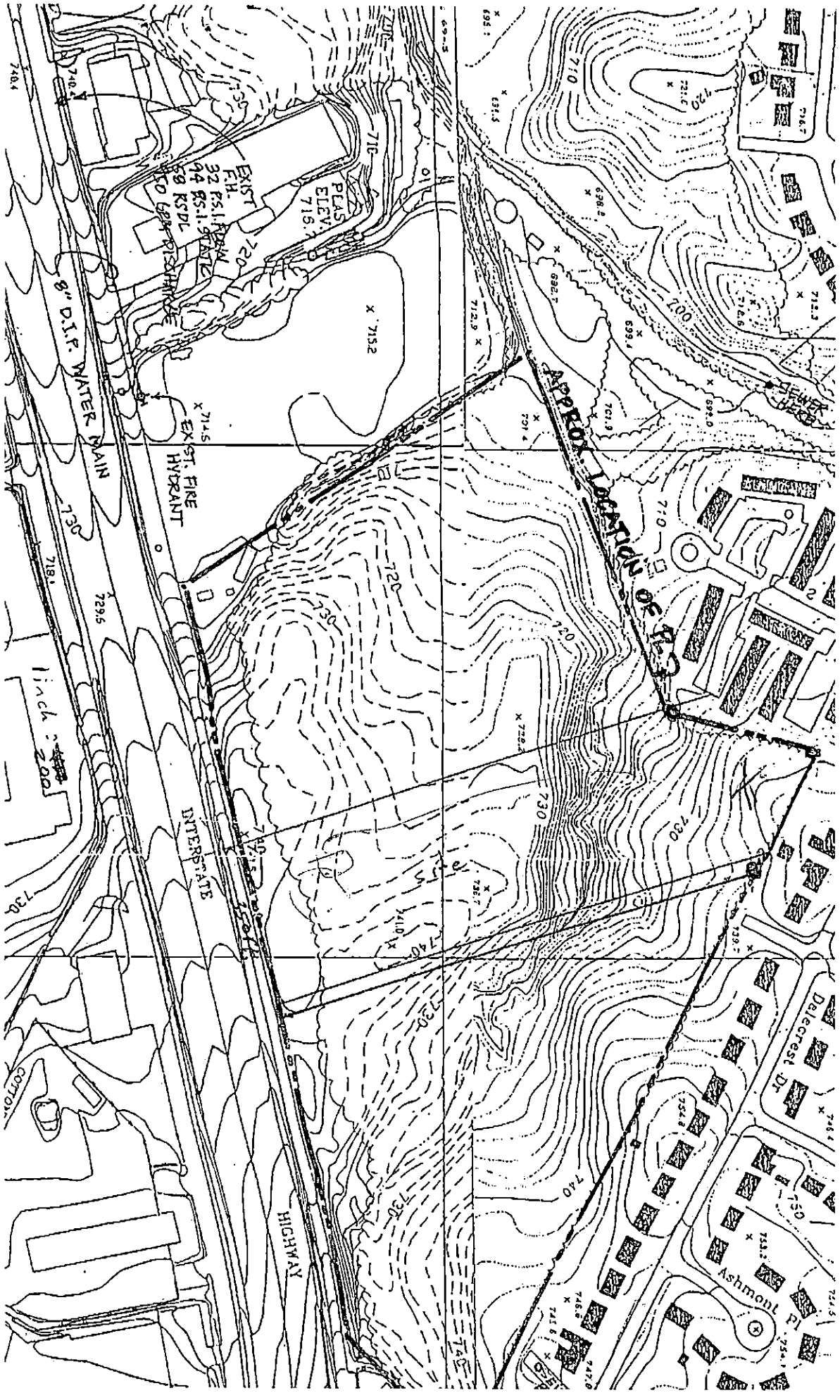
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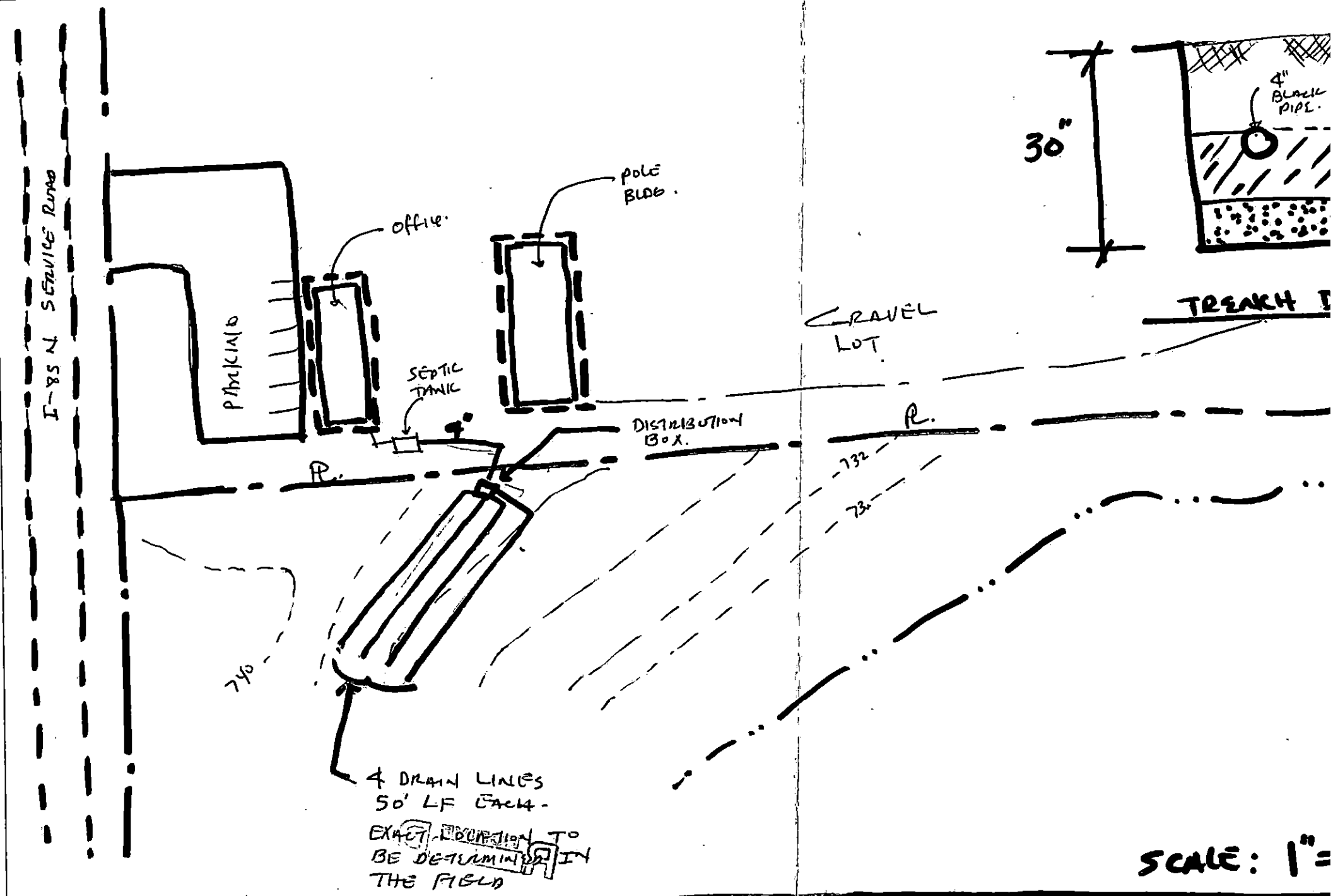
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White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

1998B


8" D.I.P. WATER MAIN
EXIST. FIRE HYDRANT
APPROX. LOCATION OF P.O.
INTERSTATE HIGHWAY
Site
SEWER MAN
Delcrest Dr
Ashmont Pl
PROP. 6" D.I.P. WATER MAIN
PROP. FIRE HYDRANT
PROP. 8" GATE VALVE
PROP. 8" D.I.P. WATER MAIN


I-85 N SERVICE ROAD
PAVILION
OFFICE
POLE BLDG.
SEPTIC TANK
DISTRIBUTION BOX.
GRAVEL LOT
TRENCH
30"
4" BLACK PIPE.
732
730
4 DRAIN LINES 50' LF EACH.
EXACT LOCATION TO BE DETERMINED IN THE FIELD
SCALE: 1"=

FILE # 1998-B.