

3240 CAMPUS RIDGE RD

21506110

1/10/2008

duponbj

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6686 B Permit #: _____ Tax Parcel #: 215 061 10

Property Owner: Academy Steel Drum Co.

Job Location Address: 3240 Campus Ridge Rd

City: Matthews State: NC Zip Code: 28105

Operation Permit Issuance Date: 9/20/06 Contractor Name: David Jordon

Permitted Design Flow: 825 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: Existing gallons

Effluent Pump Model: Existing

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 700 feet

# of Lines: 7 @ 100 feet

Depth of Media: 12 inches (Type) EZ Flow

Depth of Cover: 18 inches

Distribution Device: pressure manifold

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: > 100 feet

Inspection Dates

Tank(s) Inspected: 8/2/06

Excavation Inspected: 8/2/06

Pump & Controls Inspected: 9/20/06

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

see installation approval

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☐ as detailed in the plot above ☒ in accordance with the permit issued 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. The issuance of this 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. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: Type IIIbg Repair to Existing System / Existing Tanks utilized & made accessable / Electrical components up to code

DENR Authorized Agent: Philo S. Walker Signature: Philo S. Walker RS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 66860 Permit #: _____ Tax Parcel #: 215 061 01

Property Owner: Academy Steel Drum Co.

Job Location Address: 3240 Campus Ridge Rd

City: Matthews State: NC Zip Code: 28105

Installation Approval Issuance Date: 7/28/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 8/28/06, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 825 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: Existing gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 700' feet

# of Lines: 7 @ 100 feet

Depth of Media: 12 inches (Type) 25% Innovative

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Incinerator

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

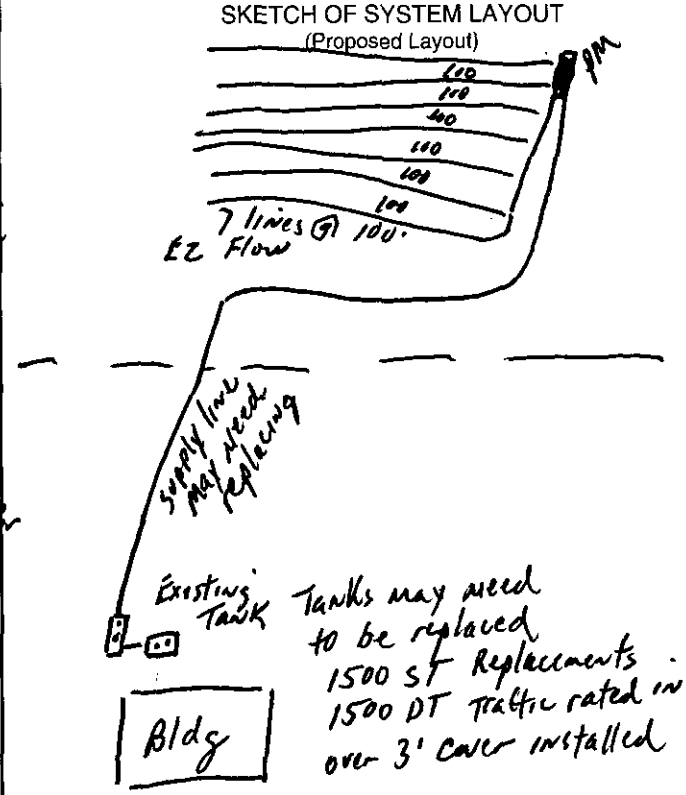
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIIb Septic System / Existing Tanks to be checked (May need replacing) Pump tank electrical to be ~~bought~~ installed up to code. May need to replace pump supply line

DENR Authorized Agent: Philo S. Walker Signature: Philo S. Walker RS

GWS- COM. APP 07/05

SEPTIC FEE: _____
DATE: _____
CRT [ ]

PERMIT APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # _____

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☒ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:

TAX/PARCEL #:

STREET ADDRESS: 3240 Campus Ridge Rd

CITY: Matthews

STATE: NC **ZIP:** 28105

LOT #:

TOWNSHIP:

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

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☑ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 13,000

NUMBER OF EMPLOYEES PER SHIFT: 33

NUMBER OF SHIFTS: 1

TYPE OF WASTEWATER:

☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER

HOW WILL WATER BE USED IN THE FACILITY?:

☑ TOILETS/URINALS ☑ HANDSINKS ☐ SHOWERS
☐ FLOOR DRAINS ☐ OTHER

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Academy Steel Prom Co
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX :

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX :

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

J Cooper Agent 7/31/06
Owner's/Agent's Signature Date

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

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704-336-6894

Real Estate Lookup

Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
21506101	NC CORP		

Owner(s)

Owner Name	Mailing Address	City/State
ACADEMY STEEL DRUM CO	5400 FIVE KNOLLS DR	CHARLOTTE NC 28226
% C J STEWART JR	5400 FIVE KNOLLS DR	CHARLOTTE NC 28226

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
	MATTHEWS	6/30/2003 12:00:00 AM	FIRE SERVICE E	MATTHEWS / MORNING STAR	8.46

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
36100	96200	0	132300				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Jan 1 1975	0			IMP	03111 - 042		03111-042	

Land Use

Use	Units	Type	Neighborhood	Assessment
1000	8.46	AC	V501	96200

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Manufactured	MFD HOME-DW	1990	3212 CAMPUS RIDGE RD MATTHEWS

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY		1960	1960		ALUM,VINYL -	AVERAGE 01	36100

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC							

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1960

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Mar 15 2004	2003	Equalization of Value	132300	0
Feb 21 2003	2003	Countywide Revaluation	96200	0
Oct 1 1998	1998	Equalization of Value	79390	
Feb 20 1998	1998	Countywide Revaluation	294810	
Sep 15 1995	1995	Equalization of Value	71060	
Jun 11 1993	1993	Equalization of Value	221110	
Mar 26 1993	1993	Division of Real Estate and/or New Parce	590020	
May 15 1992	1992	Division of Real Estate and/or New Parce	658040	
Sep 16 1991	1991	Countywide Revaluation	987820	
Apr 15 1991	1991	Countywide Revaluation	864800	

690 ÷ 7 lines @ 100

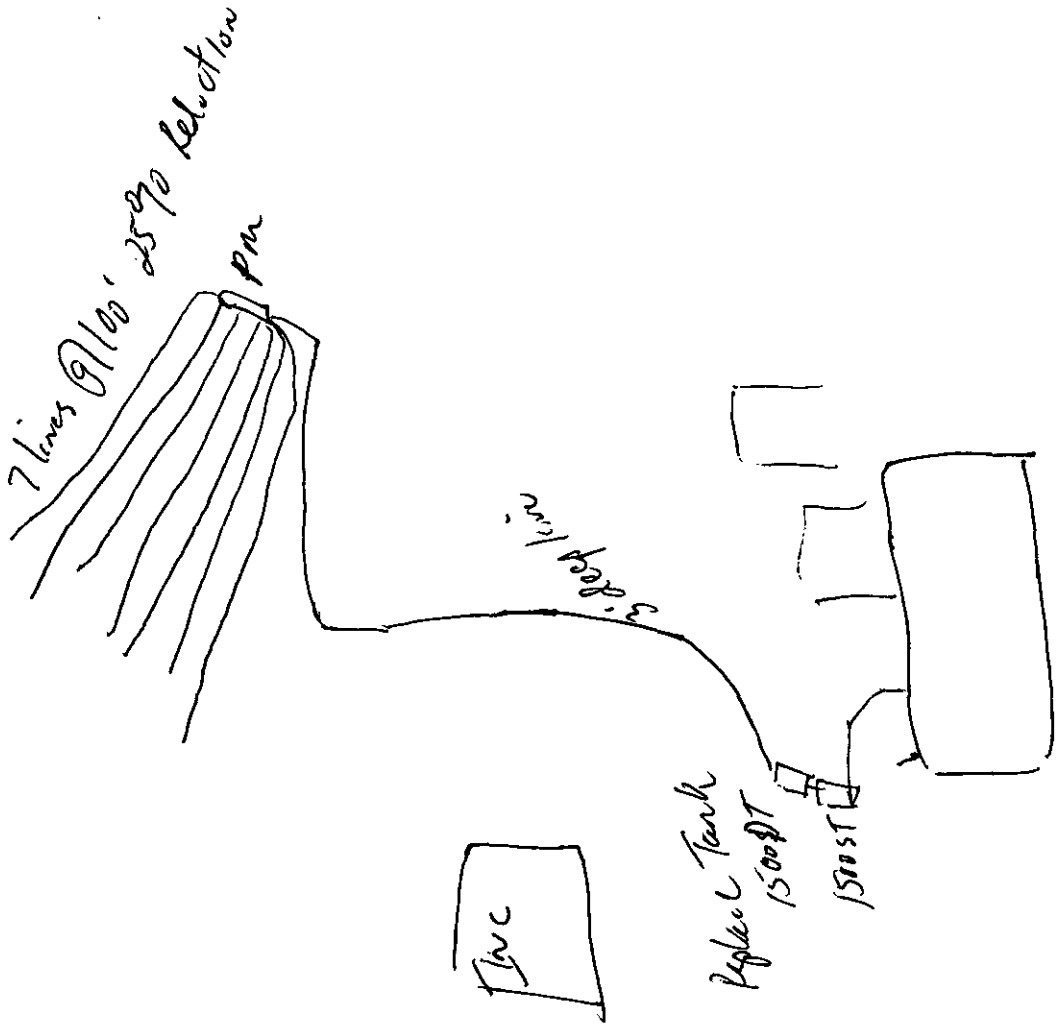
Allow 30 Lots 19,30

Best Time 5/6 Wk

3212 Campus Ridge Rd

704 821 4854 (40)
Fax #

Jim Cooper
704 309 1114



GWS- COM. APP 07/05

PERMIT APPLICATION FOR A COMMERCIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 66868

SEPTIC FEE: _____
DATE: _____
CRT [ ]

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☒ REPAIR ☐ MODIFY PLOT PLAN PW

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 215-061-10
STREET ADDRESS: 3240 Campus Ridge Rd
CITY: Matthews
STATE: NC ZIP: 28105
LOT #:
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE Weddington 1969
☐ 1-CHARLOTTE ☑ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE Mint 1990
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☐ COMMERCIAL ☑ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 13,000
NUMBER OF EMPLOYEES PER SHIFT: 33
NUMBER OF SHIFTS: 1
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☑ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
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☐ FLOOR DRAINS ☐ OTHER

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☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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EXISTING WASTEWATER SYSTEMS	☑ YES ☐ NO		DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES ☐ NO		GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: ESPERANZA Properties INC
ADDRESS: 3212 Campus Ridge Rd
CITY: Matt
STATE: ZIP: 28105
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
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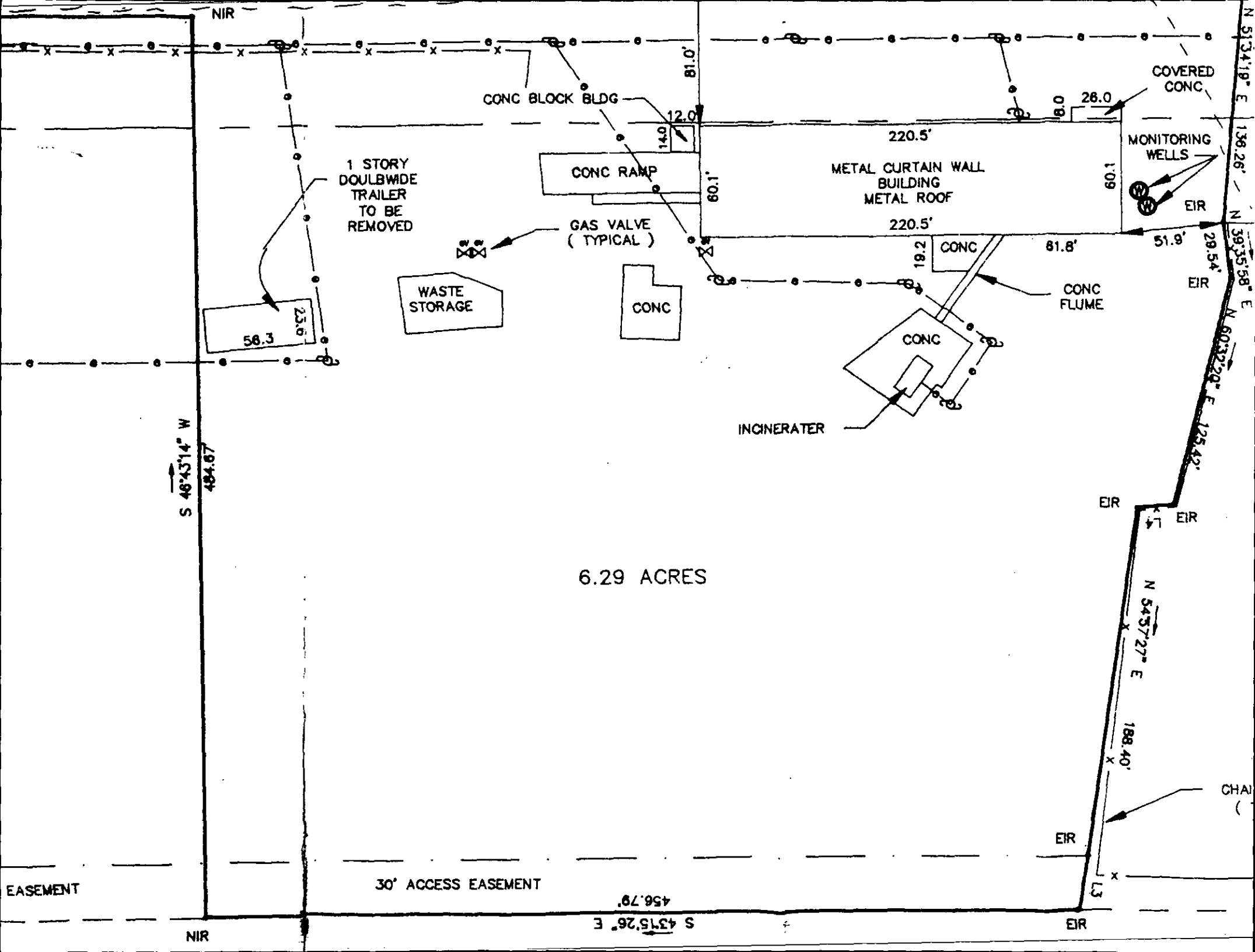
J Cooper Agent 7/31/06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
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OF ENVIRONMENTAL HEALTH ON-SITE
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Owner's/Agent's Signature Date

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GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704-336-6894


NIR
CONC BLOCK BLDG
81.0'
12.0'
14.0'
CONC RAMP
80.1'
1 STORY
DOULBWIDE
TRAILER
TO BE
REMOVED
23.6'
56.3'
GAS VALVE
(TYPICAL)
WASTE
STORAGE
CONC
220.5'
METAL CURTAIN WALL
BUILDING
METAL ROOF
220.5'
80.1'
8.0'
26.0'
COVERED
CONC
MONITORING
WELLS
EIR
51.9'
29.54'
N 39°35'58" E
19.2'
CONC
81.8'
CONC
FLUME
CONC
INCINERATER
N 51°34'19" E
136.26'
N 60°32'20" E
125.42'
EIR
EIR
S 46°43'14" W
484.67'
6.29 ACRES
N 54°37'27" E
188.40'
CHAI
EIR
EASEMENT
30' ACCESS EASEMENT
S 43°15'26" E
456.79'
NIR
EIR