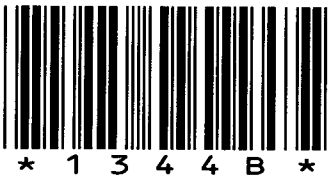
SAM'S MART

Raed "Ray" Aziz
Store Manager

10070 Reames Rd.
Charlotte, NC 28269

596-6117
Fax 596-1142



10700 REAMES RD

02502301

12/20/2007

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: 1344B DATE: 5/14/03

TC: 025 023 01 ☐ L ☑ CRT

SERIAL 19013

Name of Owner Sam's Mart Inc Juris.: _____

Address of Property 10700 Reames Road

Inspection Data:

Tank Material Existing

Total Length of Drainfield Bed System 410'

Number of Lines Bed System 5 @ 82'

Cover Depth 12"

Water Supply Source Municipal

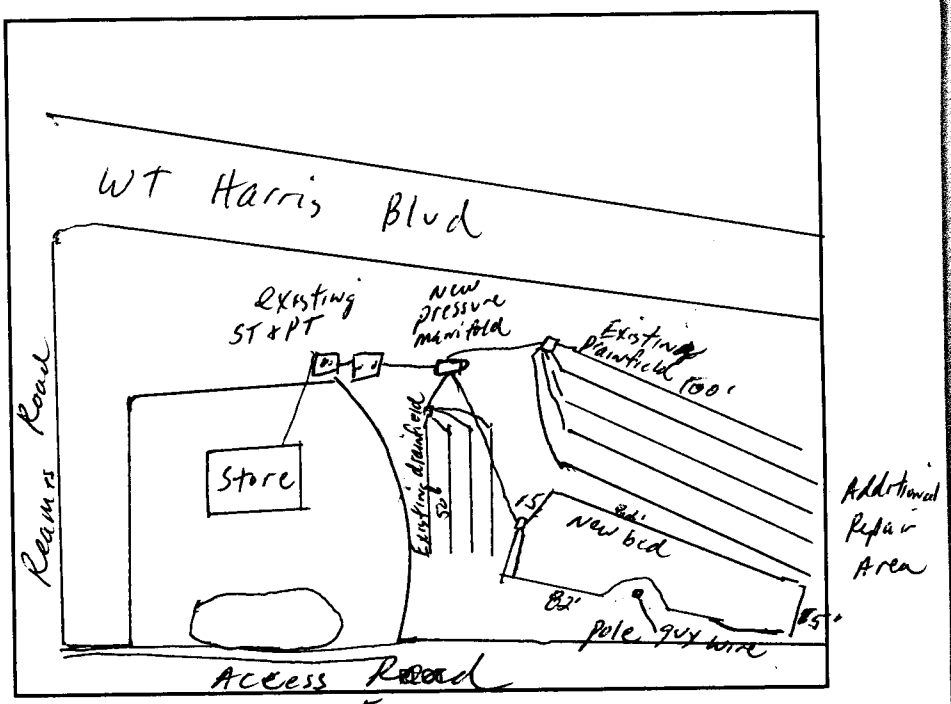
Distance to Water Source >10'

Excavation Inspected 5/14/03

Tank(s) Inspected Existing

Wash Line Inspected NA

High Water Alarm Inspected Existing



Design 2003, Repair, Pressure manifold, IND, 410' Bed System Tire chips CTR# Steve Autry

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: Installed bed system 15'wd x 82'long x 48"deep Tire Chips, Tanks pumped, Pressure Manifold Installed, Landscaping to run water away from tanks and drainfield, Fence to be installed around the drainfield

Type IIIg

Tekla A. Walker RS
Environmental Health Specialist

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

AUTRY'S
8918 BYRUM DR.
CHARLOTTE,N.C.
28217

FAX COVER SHEET

TO: Philo Walker.

FROM: Steve

NOTES: Sire Chip bills of lading?

15 MAY 2003

RETURN NUMBERS: 704-3571249
704-357-4727 FAX

4 PGS

International Minute Press - 704.782.2020

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

DESIGNATE WITH AN (X)
BY TRUCK ☐ FREIGHT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading,
the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From **U.S. TIRE RECYCLING**
AT **6322 Poplar Tent Rd., Concord, NC 28027**
(Mail or street address of consignee - For purposes of notification only.)

DATE 5-14-03
SHIPPER'S NO. 11609
CARRIER ⬇
CARRIER'S NO.
BY

CONSIGNEE AND DESTINATION: Autrey Septic, Charlotte, NC

DRIVER NAME: Ron Webb
DELIVERING CARRIER
CAR OR VEHICLE INITIALS & NO. W9

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	CHECK COLUMN
	1 load DFM	FULL		
		TARE		
1	30'x15'x4'	NET		
	LOAD__ DRAINFIELD MATERIAL			
	THIS MATERIAL IS CERTIFIED			
	TO MEET DENR SPECIFICATIONS			
	P.O. # FOR DRAINFIELD USE.			
TOTAL PIECES				

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Per _____ (Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $_____ to apply in prepayment of the charges on the property described hereon.
Agent or Cashier
Per _____
(The signature here acknowledges only the amounts prepaid.)

Charges Advanced:
$ _____

† The libre bases used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Consolidated Freight Classification.

‡ This is to certify that the above-named articles are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
† If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
† Shipper's imprints in lieu of stamp; not part of Bill of Lading approved by the Interstate Commerce Commission.
NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

C.O.D. SHIPMENT
C.O.D. Amt. _____
Collection Fee _____
Total Charges _____

THIS SHIPMENT IS CORRECTLY DESCRIBED
CORRECT WEIGHT IS _____ LBS.

Per _____ Shipper

U.S. TIRE RECYCLING
6322 Poplar Tent Rd., Concord, NC 28027

Shipper, Per _____ **Agent, Per** _____

Permanent post offices address of shipper

Receiving

International Minute Press - 704.782.2020

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

DESIGNATE WITH AN (X)
BY TRUCK ☐ FREIGHT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading,
the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From **U.S. TIRE RECYCLING**
AT **6322 Poplar Tent Rd., Concord, NC 28027**
(Mail or street address of consignee - For purposes of notification only.)

CONSIGNEE AND DESTINATION: Autrey Septic, Charlotte, NC

DATE: 5-14-03
SHIPPER'S NO.: 11611
CARRIER ↓
CARRIER'S NO.
BY
DRIVER'S NAME: Ron Webb
DELIVERING CARRIER
CAR OR VEHICLE INITIALS & NO.: W9

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	CHECK COLUMN
19	LOAD DRAINFIELD MATERIAL FULL			
	TARE			
	NET			
	THIS MATERIAL IS CERTIFIED			
	TO MEET DEHNR SPECIFICATIONS			
	FOR DRAINFIELD USE.			
	P.O. #			
TOTAL PIECES				

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Per _____ (Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.
Agent or Cashier.
Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced
$ _____

† The blue boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classification.

‡ This is to certify that the above-named articles are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

† If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

† Shipper's Imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

C.O.D. SHIPMENT
C.O.D. Amt. _____
Collection Fee _____
Total Charges _____

THIS SHIPMENT IS CORRECTLY DESCRIBED.
CORRECT WEIGHT IS _____ LBS.

Per _____ Shipper

U.S. TIRE RECYCLING
6322 Poplar Tent Rd., Concord, NC 28027

Shipper, Per _____ **Agent, Per** _____

Permanent post offices address of shipper

Receiving

International Minute Press - 704.782.2020

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

DESIGNATE WITH AN (X)
BY TRUCK ☐ FREIGHT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.
the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contra
as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed,
to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions
the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a mot
carrier shipment.
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditio
are hereby agreed to by the shipper and accepted for himself and his assigns.

From U.S. TIRE RECYCLING
AT 6322 Poplar Tent Rd., Concord, NC 28027
(Mail or street address of consignee - For purposes of notification only.)

DATE 5-13-03
SHIPPER'S NO. 11608
CARRIER ⬇
CARRIER'S NO.
BY

CONSIGNEE AND DESTINATION
Autrey Septic Tank
Reams Rd
Charlotte, NC

DRIVER NAME Ron Webb
DELIVERING CARRIER
CAR OR VEHICLE INITIALS & NO. WS

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	CHECK COLUMN
	1 load DFM FULL			
	TARE			
	LOAD DRAINFIELD MATERIAL NET			
	THIS MATERIAL IS CERTIFIED			
	TO MEET DEHNR SPECIFICATIONS			
	P.O.# FOR DRAINFIELD USE.			
TOTAL PIECES				

Subject to Section 7 of condition of applicable bill of lading, if this ship ment is to be delivered to the con signee without recourse on the con signor, the consignor shall sign th following statement.
The carrier shall not make deliver of this shipment without payment o freight and all other lawful charges.
Per _____ (Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "To be Pre-paid."

Received $_____ to apply in prepayment of the charges on the property described hereon.
Agent or Cashier
Per _____ (The signature here acknowledges only the amounts prepaid.)

Charges Advanced:
$_____

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classification.

‡ This is to certify that the above-named articles are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

† If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

† Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

C.O.D. SHIPMENT
C.O.D. Amt. _____
Collection Fee _____
Total Charges _____

THIS SHIPMENT IS CORRECTLY DESCRIBED.
CORRECT WEIGHT IS _____ LBS.
Per _____ Shipper

U.S. TIRE RECYCLING
6322 Poplar Tent Rd., Concord, NC 28027

Shipper, Per _____ Agent, Per _____

Permanent post offices address of shipper

Receiving

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

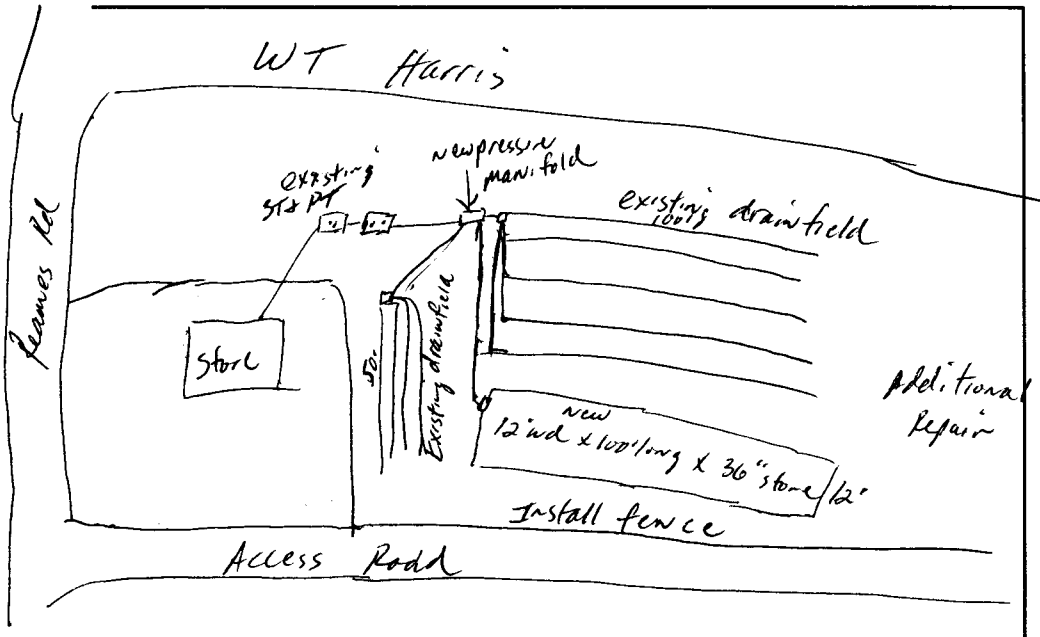
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1344B DATE: 1/28/03

TC: 025 023 01 ☐ L

SERIAL 19054

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 1/28/03. All work shall be completed on or before 2/28/03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 existing gallons

Liquid Capacity of Dosing Tank existing gallons

Tank Construction existing

Trench Depth 48"+

Absorption and/or Nitrification Lines:

Trench Width Bed 12'wd x 100'long feet

Trench Walls Scored and Porous yes

Total Line Length 400' Bed feet

Number of Lines Bed 4 (100')

Depth of Stone 36" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well municipal water feet

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

NAME OF OWNER Sams' Mart Inc

LOCATION OF PROPERTY 10700 Reames Road

Comments: Fence to be installed around drainfield (Miles Bldg Andy Nunnally), Check bldg for leaks, Landscape water away from drainfield + tanks, Install pressure manifold, Install bed system 12'wd x 100'long x 36" stone, Seal around manhole covers

Philo S. Walker
Environmental Health Specialist

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

HOURS | FOR | SUBJECT • DESCRIPTION OF SERVICES | TIME HRS. 1/10

0800 9:00 Sams Mart, W T Harris Steve Autry + David Cornelius
Repair

1000 Jefferson Colony Rd Repair w/ Drew

1300 Sam's Mart - 1/28/03
1400 Met w/ Steve Autry, David Corn, Andy Nunnally (Myles Builders)
Septic System was failing at the end of the drain field lines

1500 1) Noticed area around the pump tank + septic tank area leaking at the manhole covers going down to the tanks (appr 6' deep)
A) manhole perforations need to properly sealed to keep outt surface waters around the tank
1600 B) The area around the tank need to have some fill around it to divert water away from the tanks

1700 2) Distribution: Replace the D-Boxes with a pressure manifold to feed lines equally. [redacted]

3) Drainfield: Add bed system 12 wd x 100' long x 36" stone

A Fax From: Jessica R. M. Schley

FAX

LSAA, Inc. dba



6407 Idlewild Rd. Suite 204
Charlotte, NC 28212
Phone: 704.567.8424, ext. 115, Fax: 704.567.8432

To: David Cornelius, City of Charlotte Health Inspector

Fax: 704. 336. 6894

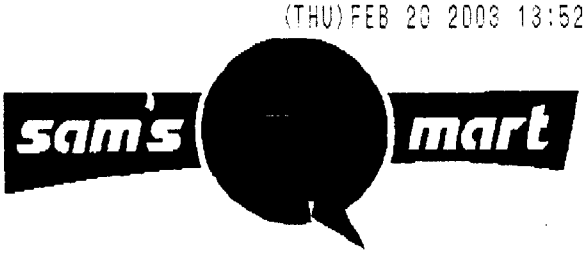
From: Jessica Schley **Date:** 2/20/2003

Re: Letter regarding Sam's Mart # 13 **Pages:** Cover + 2

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes: Mr. Cornelius, Please call me with questions. Thanks, Jessica: 704.567.8424, ext. 115



February 20, 2003

David Cornelius
Meck. County Health Dept.

Re: Sam's Mart # 12 – 10700 Reames Rd.

David,

This letter is regarding the present situation concerning the sewage problem at Sam's Mart # 12 located at 10700 Reames Rd. Charlotte, NC. We wanted to inform you of the steps we have taken thus far to amend the situation at this location.

We have been working with Ms. Barbara Goins, an Engineering Assistant with Char – Meck. Utilities, Engineering Division. Ms. Goins is presently putting together a survey of the location in question so that she can give us an estimate as to how much it will cost to connect this location's sewage with the city's sewage system. At one time we were looking into the possibility of putting in a new septic tank at this location, but found the costs to be too great. This is why we are working with Ms. Goins in efforts to obtain permission to connect this store's sewage to the city system.

Please feel free to call Ms. Goins with any questions concerning this matter. You can reach her at 704.391.5129. I know this issue has been open for quite some time, but please rest assured that we are making all possible efforts to solve the problem at this location. If you need to reach me, please call 704.567.8424, ext. 102 or ext. 115.

Thank you for your patience in this matter,
Sincerely,

A. Jazairi

Adnan Jazairi,
Vice President
General Manager

Cc: a Jazairi

6407 Idlewild Rd., Suite 204
Charlotte, NC 28212
Phone 704-567-8424 • Fax 704-567-8432

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: JESSICA SCHLEY TELECOPIER # 704-567-8432

FROM: PAUL CORNELIUS (704) 336-5571 DATE 5/29/03
MCHO FAX # 704-336-6894

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: PLEASE SIGN & RETURN APPLICATION
RE: SAM'S MART 10700 REAMS RD

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5103

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

5/29/03

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

TYPE APPLICATION: ___ NEW SYSTEM ___ EXTENSION OF EXISTING SYSTEM X REPAIR SYSTEM

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

FILE #: 13443

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) OR GPS LOCATION:

TAX/PARCEL NUMBER: 025-023-01

X COMMERCIAL ___ INDUSTRIAL

STREET ADDRESS: 10700 REAMES RD.

DESCRIBE TYPE OF BUSINESS:

Square Footage of Facility:

LOT NUMBER:

NUMBER OF 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:

___ TOILETS/URINALS
___ 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:

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	X YES	___ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) SAM'S MART INC. (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 10700 REAMS RD.	DAYTIME PHONE: ( ) -
CITY: CHARLOTTE STATE: NC ZIP: 28269	
DAYTIME PHONE: 704 547 - 8424	

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: Jessica Schley DATE: 5/29/03

FEE: 0

DATE: 5/29/03

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

[redacted] | CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 1344B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-023-01

STREET ADDRESS: 10700 REAMES RD.

LOT NUMBER:

TOWNSHIP (CHECK ONE):

X 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:

Square Footage of Facility:

NUMBER OF EMPLOYEES: _____ PER SHIFT: ____ ____ ____

HOW WILL WATER BE USED IN THE FACILITY:

___ TOLIETS/URINALS
___ 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:

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 X YES ___ 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: (LAST) SAM'S MART INC. (FIRST) (MI)

ADDRESS: 10700 REAMS RD.

CITY: CHARLOTTE STATE: NC ZIP: 28269

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

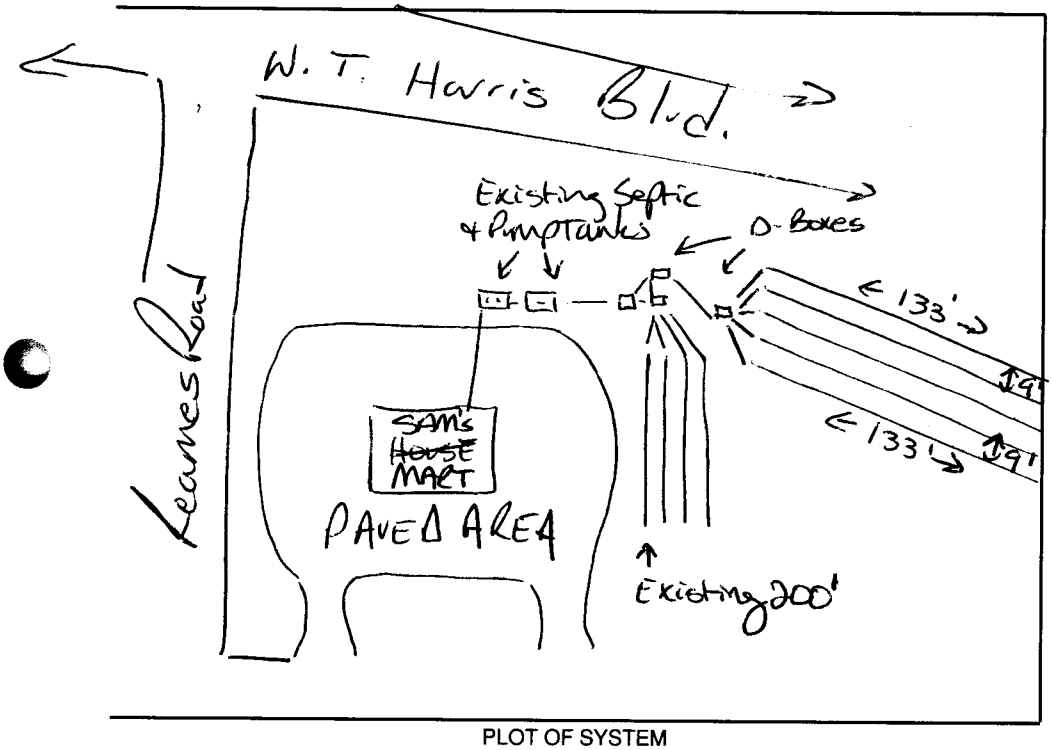
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1344 B DATE: 7-11-97

TC: 085-023-01 L

SERIAL Nº 17390

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 7-7-97. All work shall be completed on or before 8-11-97, 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 existing gallons

Liquid Capacity of Dosing Tank existing gallons

Tank Construction N/A

Trench Depth ≤ 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 665 feet

Number of Lines 5

Group I, II, or III N/A Backfill Depth of Stone _____ inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A Municipal feet

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

NAME OF OWNER Sami Nafisi

LOCATION OF PROPERTY 10700 Reames Road

Comments: Type III innovative "repair" Convenience Store
(5) 3'w x 133'L x ≤ 30" deep
* Repair based upon water usage figures from CMUD

Jerry D. Thompson, Jr., R.S.
Environmental Health Specialist

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

3-13-97
Ck # 2004
$100.00

Proj # 982641 Proj #982130

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1344 B DATE: 3-10-97

TC: 025-023-01 ~~A~~ CRT X

SERIAL Nº 16939

Name of Owner Sami Nafisi Juris.:

Address of Property 10700 Reames Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 4 @ 50'

Cover Depth 18"

Water Supply Source Municipal

Distance to Water Source >10'

Excavation Inspected 1-30

Tank(s) Inspected 1-30

Wash Line Inspected N/A

High Water Alarm Inspected 3-10-97

Septic and dosing tanks installed >3 feet deep. Tank holes backfilled with crush and run stone - then concrete slab poured over top of tanks with 1/2" rebar reinforcement. Slab is 6" thick and extends 1-1½' beyond all tank edges. Risers installed on all tank openings.

PLOT

Design 1997, 1500SP, 1000DT, PI, CON, 800SF, 12GT, re-inforced, cecil-like CTR# 195 A. Cornelius

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: Type IIIb Convenience store
(4) 3'W x 50'L x 12" stone

Larry Thompson, J., R.S.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1344 B DATE: 10-1-97

TC: 025-023-01 ☑ ☐ CRT

SERIAL Nº 17362

Name of Owner Sam's Mart Inc. Juris.:

Address of Property 10700 Reames Road

Inspection Data:

Tank Material existing

Total Length of Drainfield 500'

Number of Lines 5 @ 100'

Cover Depth 18"

Water Supply Source Municipal

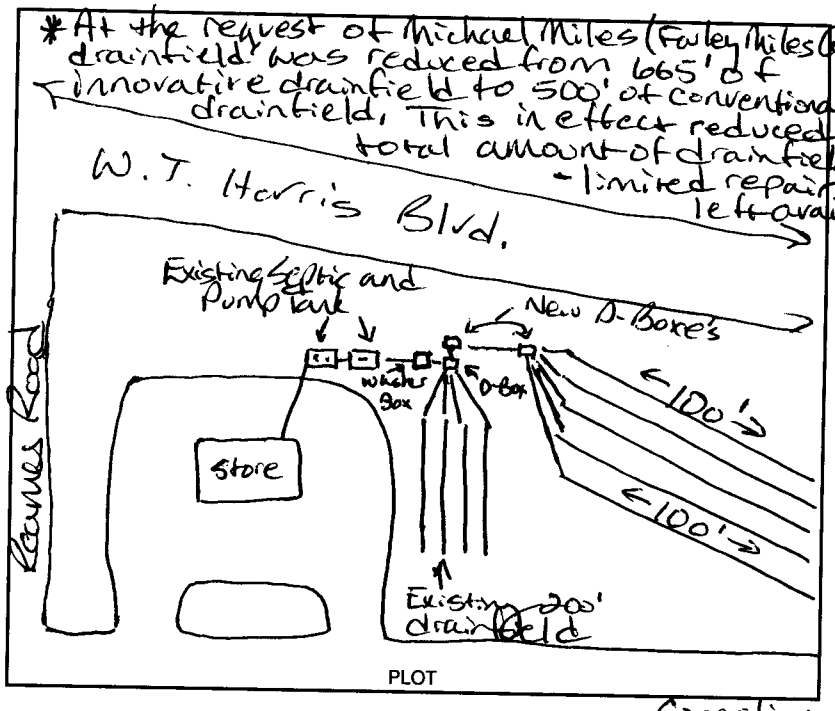
Distance to Water Source > 10'

Excavation Inspected 10-1

Tank(s) Inspected N/A

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1997 repair, conv, T, 1500SF, 12G, cecil-like CTR# 175

Cornelius

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: Type IIIb repair conv. drainfield Convenience Store (5) 3'w x 100'L x 12" stone - drainfield reduction was granted to Michael Miles based upon avg daily water use since meter was installed at site. Mr. Miles was encouraged to add more drainfield due to the fact that two out of the total of six months figures revealed extremely high daily flow rates ex. 700-800 gpd

Larry B. Thompson Jr. R.S.
Environmental Health Specialist

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

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail
(Return Receipt)

_X_ First Class Mail

___ Hand Deliver

Owner Sam's Mart Inc. Sam Nafisi Mailing Address P.O. Box9267 Charlotte, NC 28299

Occupant Same Location 10700 Reams Rd. Charlotte, NC 28269

Residence Business X Other _____

Sam Nafisi :
(Owner)

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On 1/6/03, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
A Discharge of septic effluent to the ground surface was observed in vicinity of septic system drainfield.	15ANCAC 18A.1961 (1)(A) (C)
Non-Approved Wastewater System	130A-335(a)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repair your system.

"or"

Eliminate wastewater discharge and connect to an approved wastewater system.

Other Repairs *(Specify)* Add New Drainfield

Perform Maintenance *(Specify)* Hook to City Sewer

If the wastewater violation is not brought into compliance by February 10, 2003, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 N. Tryon Street, Suite 211 Charlotte, NC 28202, (704) 336-5571, phone; (704) 336-6894, fax).

Notice Issued 1/7/03 (Date) Signed David Cornelius, R.S.I. Agent DENR/DEH

Compliance _____ (Date) Signed _____ Agent DENR/DEH

Prop# 482130 982641

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

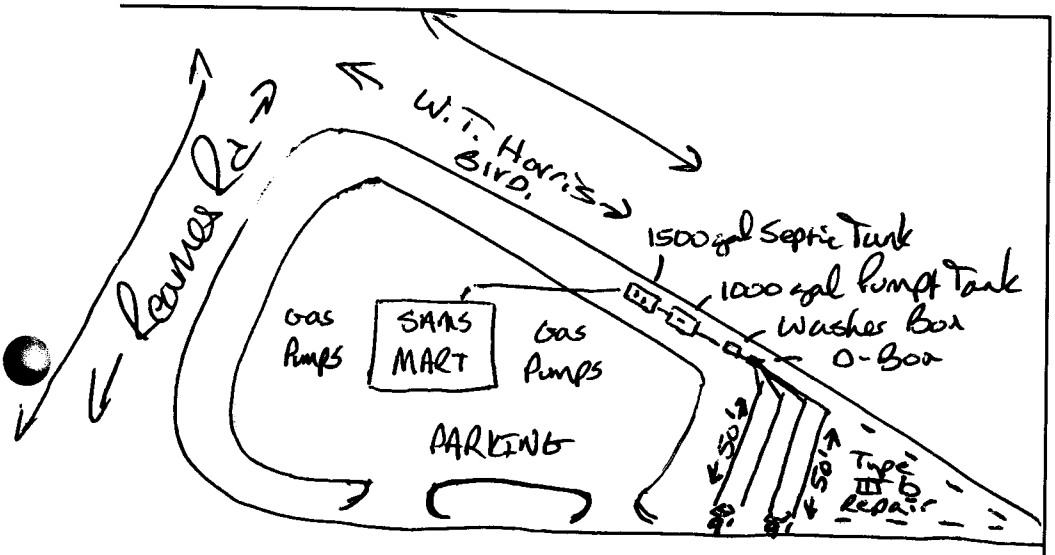
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1344 B DATE: 1-23-97

TC: 025-023-01 ☐ L

SERIAL Nº 17106

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 4-11-96. All work shall be completed on or before 2-23-97, 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 PCC

Trench Depth ≤ 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 200 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet >10' from any H2O lines

* Septic tank and pump tank must be re-enforced according to NCAC .1954(a)9 if placed deeper than 3 feet below finished grade.

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

NAME OF OWNER John B. Young - Sami Nafisi

LOCATION OF PROPERTY 10700 Reames Road

Comments: Type III b Convenience Store/gas Station
(4) 3'w x 50'L x ≤30" deep x 12" stone

* Alarm set-up must be installed according to current N.C. Regs before operation permit can be issued.

Tammy B. Thompson R.E.H.S.
Environmental Health Specialist

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

Permit Number 1717

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.

1-

Will need either a pump tank or a pneumatic ejector to the septic tank to make this one work. Waiting on a call back with decision. CBS

ained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do g a Construction Authorization.

ss wastewater may be discharged into the system.

	✓ No		____ Partial Basement
l d, permeable system ed Conventional	____ Low Pressure Pipe ____ Large Diameter Pipe ____ Fill ____ Other	____ Innovative or Experimental: ____ IWWS-93-1 ____ IWWS-93-2 ____ IWWS-94-1	
s/day wastewater	600 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
ic tank	200 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
np tank	12" Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

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
800 Absorption Area (Sq ft) 200 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 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.

Valley Rowell 11-21-96
DEHNR Authorized Agent Date

X [signature] 11/21/96
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

[redacted] ARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: #1 13448
COUNTY: 025023701

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John B. Yarrow, Jr. & wife Lucille APPLICANT: SC
ADDRESS: 5250 Mebane Ferry Rd, PROPOSED FACILITY: Store
LOCATION OF SITE: 10700 Reames Road
APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: 1.3
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 % (2-4% 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		0-6"	compacted/clay	F:/SEXP/S/P	>36" To Chroma 2 Mottles	36"	N/A	None	.39/f2 IV PS
		6-36"	SBK/C	F:/SEXP/S/P					
2		0-8"	compacted/C	F:/SEXP/S/P	>42" To chroma 2 Mottles	42"	N/A	None	.39/f2 IV PS
		8-42"	SBK/C	F:/SEXP/S/P					
3		0-31"	SBK/C	F:/SEXP/S/P	>31" To chroma 2 Mottles	31"	N/A	None	.39/f IV PS
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Mauldin 5-9-96
OTHER(S) PRESENT: ___

MMENTS: Lot 2 Reames

LEGEND

use the following standard abbreviations

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

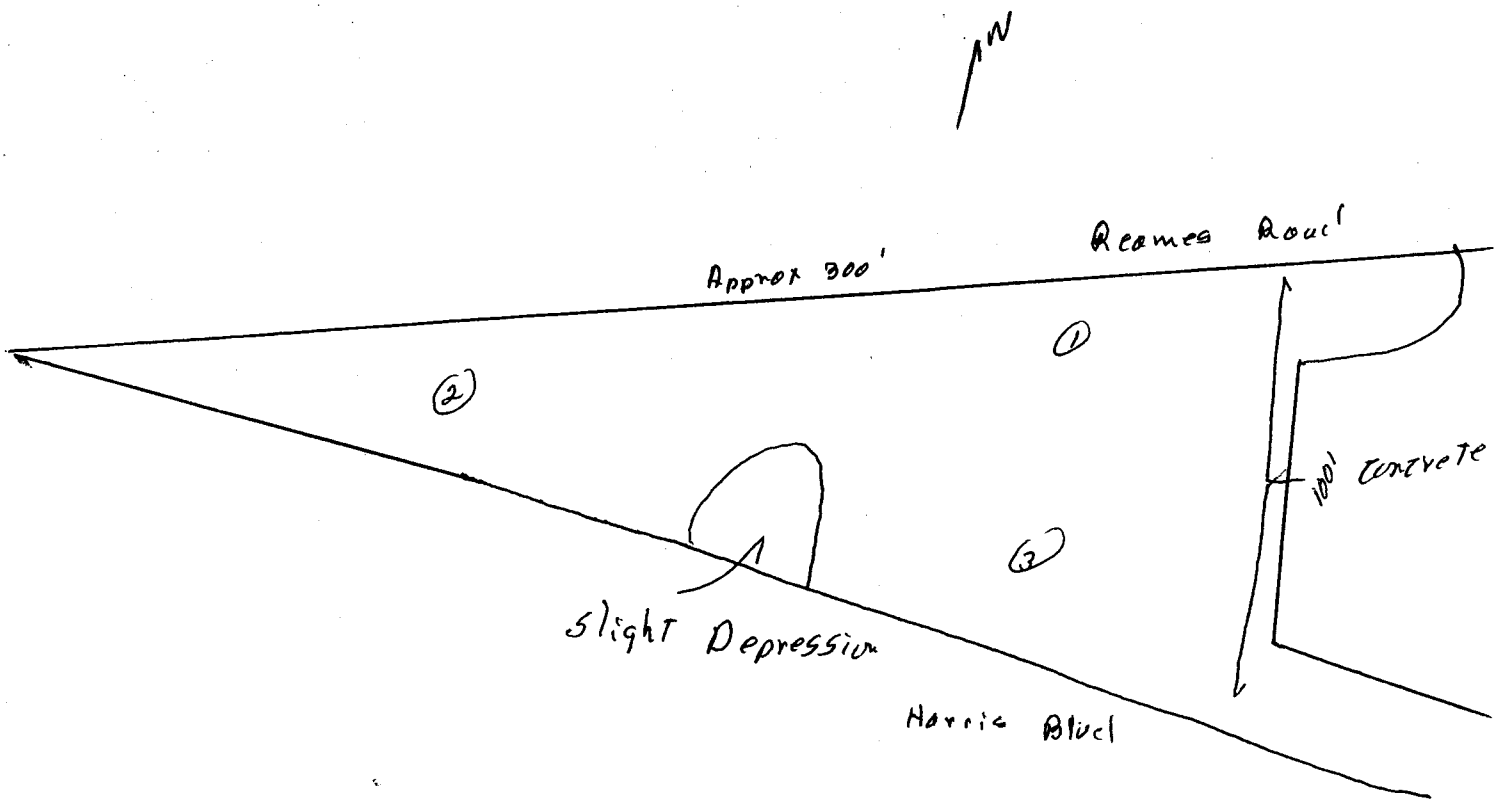
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	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 designati
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).



COPY

Paid
85
Chk# 17365
11/18/02
gc

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Sam's Mart
P.O. Box 9267
Charlotte, NC 28299

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Sam's Mart	10700 Reames Road	02502301	1344B	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/28/02

Payment Due Date: 11/28/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

October 28, 2002

Sam's Mart
P.O. Box 9267
Charlotte, NC 28299

Dear Sam's Mart:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the business located at 10700 Reams Rd., Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by November 11, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Sam's Mart
P.O. Box 9267
Charlotte, NC 28299

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Sam's Mart	10700 Reames Road	02502301	1344B	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/28/02

Payment Due Date: 11/28/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

January 31, 1997

Farley-Miles Construction Co.
Attn: D. Michael Miles
P. O. Box 31666
Charlotte, NC 28231

Dear Mr. Miles:

Re: 10700 Reames Road
File: 1344B/(Tax Parcel No. 025-023-01)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5568 to discuss any question you may have concerning this matter.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

PEOPLE • PRIDE • PROGRESS

Environmental Health Division

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

(copy) fee

Proj 982644 D400 DCRT

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11-21-96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-21-96 **PERMIT NO:** 1344-B

PARCEL NO: 025-023-01

JOB LOCATION ADDRESS: 10700 Reames Rd
PROPERTY OWNER: ~~John Kong~~ Sami Nafisi
BUILDING CONTRACTOR: Farley - Miles
SUBDIVISION NAME: Sam's Mart
AUTHORIZATION ISSUED BY: Wally Randall **DATE:** 11-21-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1344-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.

Farley 11/21/96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department

October 24, 1995

John B. Young
5250 Masons Ferry Road
Lake Wylie, South Carolina 29210

Re: 10700 Reames Road
File: 1344B
Tax Parcel: 025-023-01

Dear Mr. Young:

Receipt of your plans and specification for the subsurface wastewater disposal system for the above referenced property is hereby acknowledged. A review was made of the material on file and the plan has been reviewed in conjunction with provisions of 15A NCAC 18A, .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal". Our comments are listed below:

1) A grease trap or grease interceptor is required at food service facilities. The grease trap shall be plumbed to receive all waste associated with food handling and no toilet waste. Please design a grease trap according to .1955 (k)(2) and show it on your revised plans. In particular, show detail on access man holes and sanitary tee.

For these reasons, the plans as submitted are disapproved. If you have any questions regarding these matters, please do not hesitate to contact me at 336-5575. I will gladly reopen my review upon receipt of the requested revisions.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

cc: Chris Hope, P.E.
2617 Rolling Hills Drive
Monroe, NC 28110

If you have any further questions please call me at 336-5575.

FEE: NA

DATE:

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

DATE: 7-11-97

PERMIT NO: 1344B

PARCEL NO: 025-023-01

JOB LOCATION ADDRESS: 10700 Reames Road

PROPERTY OWNER: Sam's Mart Inc.

BUILDING CONTRACTOR: Farley Miles

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Larry B. Thompson LS DATE: 7-11-97

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1344B, 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: See Conditions Of Improvement Permit.

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

7-8-97
DATE

FEE: NA

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 X REPAIR OF EXISTING SYSTEM

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

FILE #: 13448

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-023-01

STREET ADDRESS: 10700 Reames Road

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: GAS STATION & CONVENIENCE STORE

3500
Square footage of facility:

NUMBER OF EMPLOYEES: _____
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOLIETS/URINALS
✓ HANDSINK
___ SHOWERS
✓ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
✓ 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:

ADDITION OF 400'-500' DRAIN LINE

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: SAM'S MART, INC. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 6407 IDLEWILD ROAD, SUITE 3-211	DAYTIME PHONE: ( ) -
CITY: CHARLOTTE STATE: NC ZIP: 28212	
DAYTIME PHONE: 704 567-8424	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? NOV. 15, 1996

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: 7-7-97

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

Owner SAMS MART INC.

Mailing Address 6102 Providence Country Club Drive Charlotte, NC 28277

Occupant Gas Station/Convenience Store

Location 10700 Reames Road Charlotte 28269

☐ Residence ☒ Business ☐ Other _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Pit Privy must be repaired/constructed.

☐ Other Repairs (*specify*) _____

☒ Perform Maintenance (*specify*) Ongoing violation - repairs must be made to system

If the wastewater violation is not brought into compliance by October 16, 1997, appropriate legal action will be taken.

Notice Issued September 25, 1997 (Date) Signed Larry B. Thompson, Jr., R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

Permit Number 1344-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 025-023-01

- 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	180 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)		24" 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:				
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
800 Absorption Area (Sq ft) 200 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 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.

Kelly Rowell 11-21-96

DEHNR Authorized Agent Date

X [signature] 11/21/96

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

Permit Number: 1344B

Lot No. 025-023-01

- 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	480 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A 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)	
N/A Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Repair = (5) 3'w x 133'L x 30" deep Group I, II or III backfill required.				
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	
1995 Absorption Area (Sq ft) 665 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed: 1997				

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.

Kenny B. Thompson R.S. 7-11-97

DEHNR Authorized Agent — Date

7-9-97

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

Permit Number: 13440

005-025-01

- 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	
1.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A 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)	
N/A Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Repair = (5) 3'w x 133'L x 30" deep Group I, II or III backfill required.				
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	
1995 Absorption Area (Sq ft) 665 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed: 1997				

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 Departmer
- This Improvement permit is transferable.

Kenny B. Thompson J.R.S. 7-11-97

DEHNR Authorized Agent Date

7-9-97

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: NA

DATE:

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

DATE: 7-11-97

PERMIT NO: 1344B

PARCEL NO: 025-023-01

JOB LOCATION ADDRESS: 10700 Reames Road

PROPERTY OWNER: Sam's Mart Inc.

BUILDING CONTRACTOR: Farley Miles

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Larry B. Thompson PLS DATE: 7-11-97

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1344B, 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: See Conditions of Improvement Permit.

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

7-9-97
DATE

FEE: 100.00 ck# 1053 SC

DATE: 4/12/96

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 #: 13410

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-023-01

STREET ADDRESS: 10700 REAMES RD

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
3250 # Conv. Store & Gas Station
Square footage of facility:

NUMBER OF EMPLOYEES: 2 PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

___ TOLIETS/URINALS
___ 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:

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: YOUNG (LAST) JOHN (FIRST) B (MI)

ADDRESS: 5250 MASONS FERRY ROAD

CITY: LAKE WYLIE STATE: SC ZIP: 29710

DAYTIME PHONE: ( ) 376-6527 - Atty for Owner

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BAUCOM LLOYD FAthy to (LAST) MCNEIL (FIRST) WALTER (MI) A

DAYTIME PHONE: (704 377-4614

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/10/83

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: Walter A. McNeil (AGENT) DATE: 4-11-96

WALTER A. MCNEL

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

wa51/08/14/048800/110
MWA35 01/07/98 10:57:04

WATER-SEWER HISTORY RECORD

ZBS: 08/14/048800 SV: 182367 SX: 01 SM: 2 TS: 4 TA: C CDC: 1 R/C: 0
NAME: SAM'S MART INC LOC: 10700 000 REAMES RD AN: 15
CURR-READ: 0000607 10/23/97 100% BILL-DATE: 11/14/97 LAST-PAY-DATE: 11/25/97

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	31	34.00	.00	.00	34.00	.00
REBATE		.00		.00		
SEWER		.00	.00	.00	.00	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		34.00	.00	.00	34.00	.00

ZBS: 08/14/048800 SV: 182367 SX: 01 SM: 2 TS: 4 TA: C CDC: 1 R/C: 0
NAME: SAM'S MART INC LOC: 10700 000 REAMES RD AN: 15
CURR-READ: 0000576 09/25/97 100% BILL-DATE: 10/16/97 LAST-PAY-DATE: 10/22/97

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	36	39.25	29.31-	.00	9.94	.00
REBATE		.00		.00		
SEWER		.00	.00	.00	.00	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		39.25	29.31-	.00	9.94	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/08/14/048800/110
MWA35 01/07/98 10:57:12

WATER-SEWER HISTORY RECORD

ZBS: 08/14/048800 SV: 182367 SX: 01 SM: 2 TS: 4 TA: C CDC: 1 R/C: 0
NAME: SAM'S MART INC LOC: 10700 000 REAMES RD AN: 15
CURR-READ: 0000540 08/26/97 100% BILL-DATE: 09/17/97 LAST-PAY-DATE: 10/02/97

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	19	20.67	.00	29.31-	20.67	29.31-
REBATE		.00		.00		
SEWER		.00	.00	.00	.00	.00
LATE		.44	.00	.00	.44	.00
SERV-CHG		.00	29.31	.00	29.31	.00
TOTAL-$		21.11	29.31	29.31-	50.42	29.31-

ZBS: 08/14/048800 SV: 182367 SX: 01 SM: 2 TS: 4 TA: C CDC: 1 R/C: 0
NAME: SAM'S MART INC LOC: 10700 000 REAMES RD AN: 15
CURR-READ: 0000521 08/11/97 100% BILL-DATE: 08/18/97 LAST-PAY-DATE: 00/00/00

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER		.00	.00	.00	.00	.00
REBATE		.00		.00		
SEWER		.00	.00	.00	.00	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		32.00	.00	.00	2.69	29.31
TOTAL-$		32.00	.00	.00	2.69	29.31

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/08/14/048800/110
MWA35 WATER-SEWER HISTORY RECORD 01/07/98 10:57:20

ZBS: 08/14/048800 SV: 182367 SX: 00 SM: 2 TS: 4 TA: C CDC: 1 R/C: 0
NAME: FARLEY-MILES CONSTR LOC: 10700 000 REAMES RD AN: 15
CURR-READ: 0000366 03/25/97 100% BILL-DATE: 04/21/97 LAST-PAY-DATE: 05/12/97

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	8	9.29	.00	.00	9.29	.00
REBATE		.00		.00		
SEWER		.00	.00	.00	.00	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		9.29	.00	.00	9.29	.00

ZBS: 08/14/048800 SV: 182367 SX: 00 SM: 2 TS: 4 TA: C CDC: 1 R/C: 0
NAME: FARLEY-MILES CONSTR LOC: 10700 000 REAMES RD AN: 15
CURR-READ: 0000358 03/01/97 100% BILL-DATE: 03/20/97 LAST-PAY-DATE: 03/26/97

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	10	10.57	.00	.00	10.57	.00
REBATE		.00		.00		
SEWER		.00	.00	.00	.00	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		10.57	.00	.00	10.57	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

"FINAL NOTICE"

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health 7-16-97 mailing date CBT initials

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Sam's Mart Inc.

Mailing Address 6102 Providence Country Club Drive Charlotte, NC 28277

Occupant Gas Station/Convenience Store

Location 10700 Reames Road Charlotte 28269

☐ Residence ☒ Business ☐ Other tax parcel # 025-023-01

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance (*specify*) Keep tanks pumped to keep sewage off the ground surface until appropriate repairs are made

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 30, 1997, appropriate legal action will be taken.

Notice Issued June 30, 1997 (Date) Signed Larry B. Thompson, Jr., R.S. (Division of Environmental Health) L. Thompson, R.S. Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

Owner Sam's Mart Inc. Mailing Address 6102 Providence Country Club Dr. 28277

Occupant ~~Sams~~ Gas Station/Convenience Store Location 10700 Reames Road

☐ Residence ☑ Business ☐ Other tax parcel # 025-023-01 28269

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102

☑ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☑ Perform Maintenance (*specify*) keep tanks pumped to keep sewage off the grounds surface (until appropriate repairs are made)

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by July 29, 1997, appropriate legal action will be taken.

Notice Issued 6-30-97 Date Signed J. Thompson Division of Environmental Health Agent

Compliance _____ Date Signed _____ Division of Environmental Health Agent

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

"1344B"
fide

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Susan Threatt TELECOPIER # 882-3263

FROM: J. W. Gibson DATE 08/06/96

NUMBER OF PAGES TRANSMITTED: 1 (including cover sheet)

COMMENTS:

Call Kelly Randall about Soils
Fide 336-5575

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

1344B

BAUCOM, CLAYTOR, BENTON, MORGAN, WOOD & WHITE, P.A.
ATTORNEYS AT LAW
1351 EAST MOREHEAD STREET, SUITE 201
POST OFFICE BOX 35246
CHARLOTTE, NORTH CAROLINA 28235

LLOYD F. BAUCOM
WILLIAM M. CLAYTOR
KENNETH R. BENTON
REX C. MORGAN
JAMES F. WOOD, III
J. MERRITT WHITE, III

RICHARD F. KRONK

TELEPHONE (704) 376-6527
TELEFAX (704) 376-6207

April 11, 1996

Mr. Kelly Randell
Mecklenburg Department of Environmental Health
700 North Tryon Street
Charlotte, North Carolina 28202

RE: Tax Parcel 025-023-01
Property of John B. Young

Dear Mr. Randell:

We are attorneys for John B. Young, owner of the referenced tax parcel. In connection with a pending sale of this property, our client requests and authorizes a soil survey to see if this property is suitable for a private septic system.

Our client further authorizes S. C. Hondros & Associates, Inc., to handle the details in regard to this request.

Thanking you for your assistance, I am

Very truly yours,

Lloyd F. Baucom
For the Firm

LFB:kw

cc: Mr. John B. Young

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

Orco

Sheet ___ of ___
PROPERTY ID #: 13448
COUNTY: 025023701

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1

OWNER: John B. Yarrow — Jake Wright APPLICANT: _____
ADDRESS: 5250 Mauney Ferry Rd, Lake Wylie APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: Store PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: 1.3
LOCATION OF SITE: 10700 Reames Road PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	2-6% slopes 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		0-6"	compacted clay	F/SEXP/SP	>36" To Chroma 2 Mottles	36"	N/A	None	.39/f2 III PS
		6-36"	SBK/C	F/SEXP/SP					
2		0-9"	compacted/C	F/SEXP/SP	>42" To chroma 2 Mottles	42"	N/A	None	.39/f2 IV PS
		9-42"	SBK/C	F/SEXP/SP					
3		0-31"	SBK/C	F/SEXP/SP	>31" To chroma 2 Mottles	31"	N/A	None	.39/f2 IV PS
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Mauldin 5-9-96
OTHER(S) PRESENT: _____

OMMENTS: 100% Reserve

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)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slighly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					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)

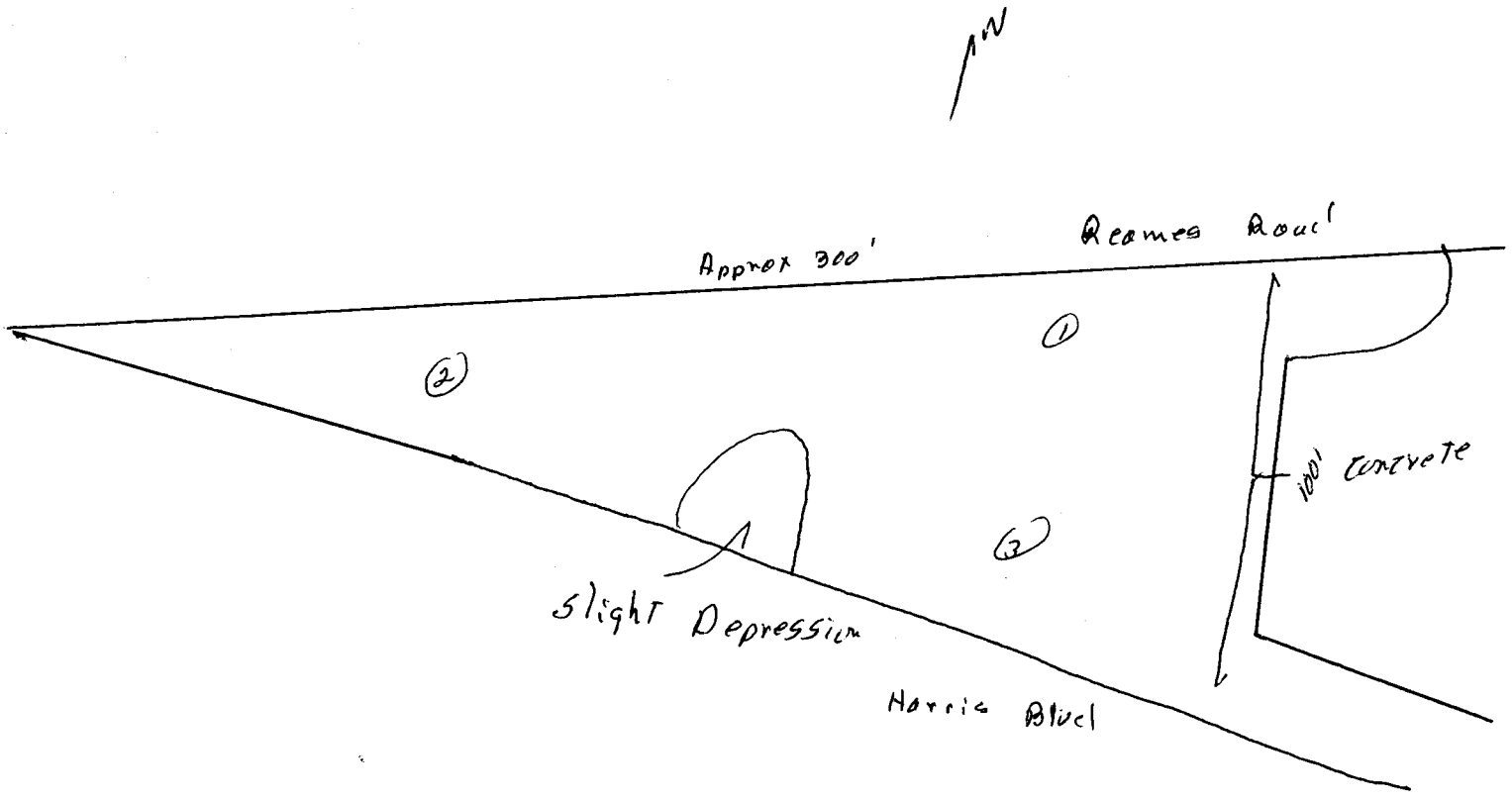
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	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).



1348

DATE 4/11/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

025-023-01
PARCEL NUMBER

10700 Reames 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: Address Verified

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

N. C. Department of Environment and Natural Resources/Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

___Certified Mail
(Return Receipt)

__X__First Class Mail

___Hand Deliver

Owner Sam's Mart Inc. Sam Nafisi Mailing Address P.O. Box9267 Charlotte, NC 28299

Occupant Same Location 10700 Reams Rd. Charlotte, NC 28269

Residence Business X Other _____

Sam Nafisi :
(Owner)

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On 1/6/03, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
A Discharge of septic effluent to the ground surface was observed in vicinity of septic system drainfield.	15ANCAC 18A.1961 (1)(A) (C)
Non-Approved Wastewater System	130A-335(a)

You are hereby ordered to bring your wastewater system into compliance by completing the following:

Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repair your system.

"or"

Eliminate wastewater discharge and connect to an approved wastewater system.

Other Repairs *(Specify)* Add New Drainfield

Perform Maintenance *(Specify)* Hook to City Sewer

If the wastewater violation is not brought into compliance by February 10, 2003, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 N. Tryon Street, Suite 211 Charlotte, NC 28202, (704) 336-5571, phone; (704) 336-6894, fax).

Notice Issued 1/7/03 (Date) Signed David Cornelius, R.S.I. (DENR/DEH) Agent

Compliance _____ (Date) Signed _____ (DENR/DEH) Agent

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

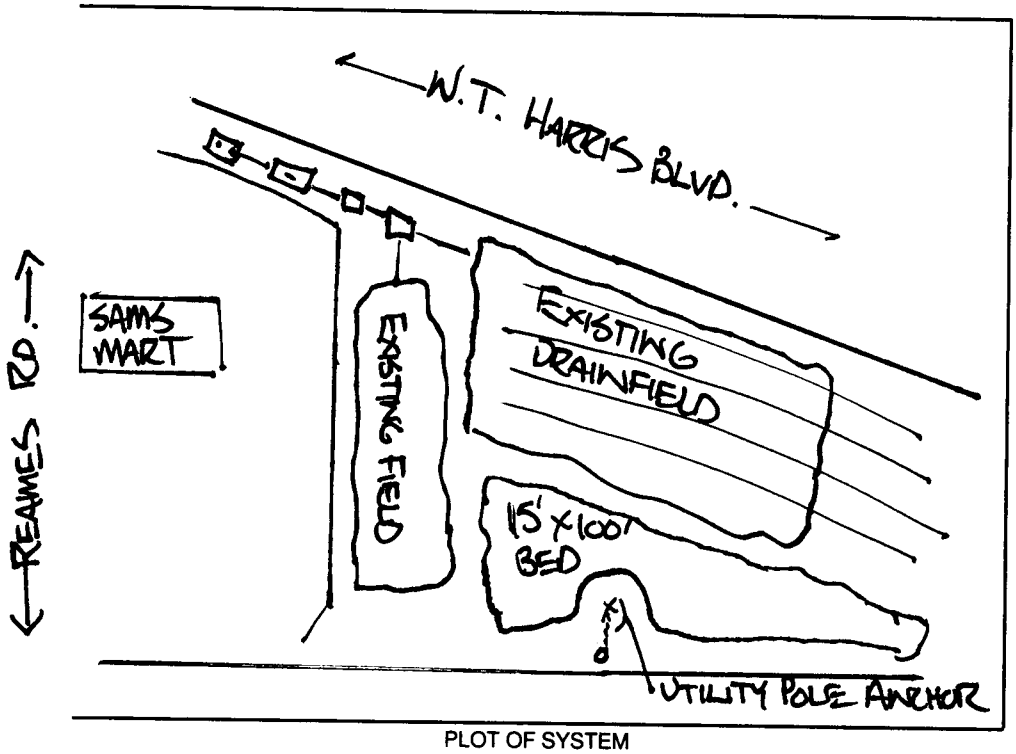
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1344B DATE: 5/13/03

TC: 025-023-01 ☑ L

SERIAL 19325

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 _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 PCC

Trench Depth 3-6 FT.

Absorption and/or Nitrification Lines:

Trench Width 15± feet

Trench Walls Scored and Porous YES

Total ~~Line~~ BED Length 100 feet

Number of Lines BED 15'-12'X100'

Depth of ~~Stone~~ TIRE CHIPS 4FT. inches

Distance from House N/A feet

Distance from Property Line 10 feet

Distance from Well N/A feet

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

NAME OF OWNER SAM'S MART, INC.

LOCATION OF PROPERTY 10700 REAMES RD.

Comments: INSTALL NEW MANIFOLD TO DISTRIBUTE EFFLUENT TO EXISTING DRAINLINES & BED. 12'-15'X100' BED / 1200 FT. TIRE CHIPS USED AS SUBSTITUTE FOR GRAVEL, 4FT DEPTH.

Environmental Health Specialist

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

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

7480	249 gpd	
5984	199 gpd	
17952	598.4 gpd	
26180	873 gpd	
	480 gpd	

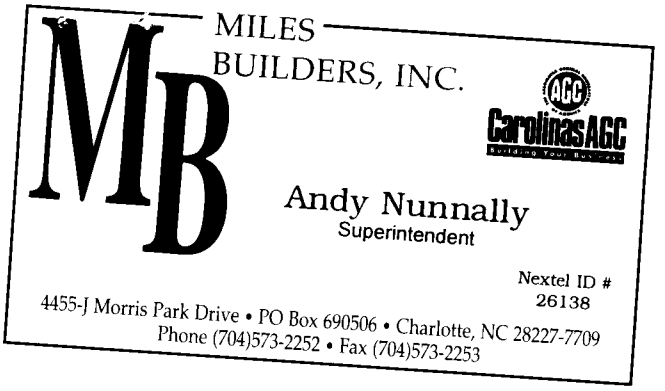
533' line

735.5 gpd
last 2 days

March	1057	1000
April	929	600
May	2497	2400
June	3575	
		3500

7.48

872 gpd


MILES
BUILDERS, INC.
MB
AGC
CarolinasAGC
Andy Nunnally
Superintendent
Nextel ID #
26138
4455-J Morris Park Drive • PO Box 690506 • Charlotte, NC 28227-7709
Phone (704)573-2252 • Fax (704)573-2253

TAMARA M. TUCKER
Marketing Manager



SAM'S MART, INC.
6407 Idlewild Rd., Ste 3.211
Charlotte, NC 28212
Tel. 704-567-8424
Fax. 704-567-8432

36 Sept
19 Aug
35 May
24 Ap
10 March 8
38 ~~Aug~~ July

25 or 27

7.48

2016

673

FARLEY-MILES
CONSTRUCTION CO.
CHARLOTTE, N.C.

D. MICHAEL MILES
PROJECT MANAGER

P.O. BOX 31666, CHARLOTTE, N.C. 28231, TEL. 704/394-6371

Purpose: Article 11 of Chapter 130A requires every residence, place of business, and place of public assembly to have an approved wastewater system. This form is a formal notice to document violations of the law or rules.

Preparation: The environmental health specialist shall complete the form for every residence, place of business, or place of public assembly which does not have an approved wastewater system. Prepare an original and one copy as follows:

1. Original to owner or controller of residence, place of business, or place of public assembly.
2. One copy for the local health department.
3. One copy for the Shellfish Sanitation Office (as applicable).

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from:

On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

DEHNR 1108 (Revised 10/96)
On-Site Wastewater Section (Review 10/98)

WO # 72861

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Hand Deliver

Owner: Sam's Mart Inc. Attn: Eyad Barghouthi (704) 567-8424

Mailing Address: 6407 Idlewild Rd., Suite 204
Charlotte, NC 28212

Occupant:

Location: 10700 Reames Rd.
Charlotte, NC 28269

☐ Residence ☒ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On April 17, 2007 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]
Any non-compliance issue related to a septic system (describe violation).
[G.S. 130A-335(a) 15A NCAC 18A. 1938(b)]
Riser lids unsecured and missing.

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☐ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Other Repairs *(Specify):* Replace missing riser lid & secure ALL lids.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **May 21, 2007** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22 (c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 140-25].

For questions regarding this notice you should contact Trevor Thomason at 704-336-5568.

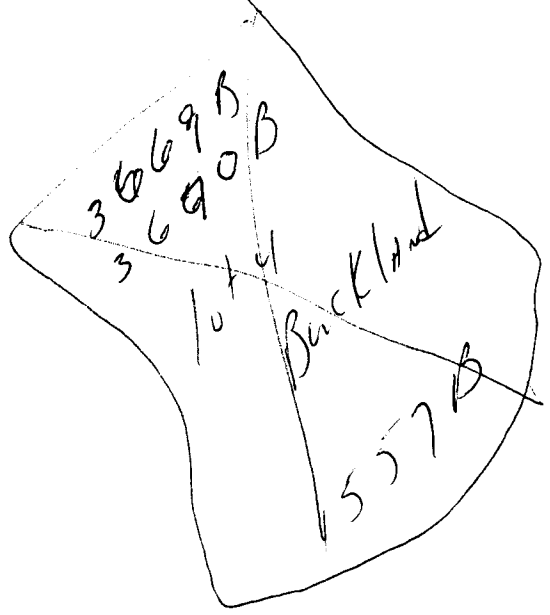
Notice Issued: 4-19-07
Date

R.S.
DENR/DEH Authorized Agent

Compliance: _____
Date

_____
DENR/DEH Authorized Agent

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



556
Rd

Adams Nurt Inc.
6102 Providence Country Club Dr.
Chas. N.C. 28277

28212

567-8424

Thomason, Trevor

From: Thomason, Trevor
Sent: Thursday, April 19, 2007 1:27 PM
To: 'eyadhb@samsmartinc.com'
Subject: Septic System Violations @ 10700 Reams Rd.
Attachments: Registered Septic Contractors List 4-16-07.snp; Sams_Mart.doc

The following items need to be addressed immediately:

1. Secure all tank lids with bolts.
2. Replace missing lid.
3. Set up a routine pump & haul process (min. 1/week) with a septage hauler to keep all tanks pumped out until the facility is connected to municipal sewer or the septic system is repaired.

Due to limited repair options at the site (no additional space) please contact the Charlotte Mecklenburg Utility Dept (CMUD) immediately to begin the process of connecting the facility to sewer service. There number is 704-399-2551. Ask for new services for sewer. Inform them that you are requesting expedited service and have received a Notice of Violation from the Health Dept. Please keep me updated on your progress/status.

As I explained, the Food & Facilities (food permitting & inspection) section will be informed of the situation. I will bring them up to speed and provide them with your contact information.

A copy of the registered septic contractors list and the NOV are attached. A signed copy of the NOV will be sent to your office. Please call me if you have any questions.

Sincerely,
Trevor Thomason, RS
Sr. Environmental Specialist
Mecklenburg County - LUESA
Groundwater & Wastewater Services
Office: (704) 336-5568
Cell: (704) 363-5447
Fax: (704) 336-6894
Trevor.Thomason@MecklenburgCountyNC.gov
http://groundwater.charmeck.org

WO # 72888

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Sam's Mart **Name of Establishment**	1344B **Permit/Project No.**
10700 Reames Rd., Charlotte, NC 28269 **Location**	Convenience Store & Gas Station **Type of Establishment**	**Design Flow**
Sam's Mart Inc. **Owner/Agent**	6407 Idlewild Rd., Charlotte NC 28212 **Address**	(704) 567-8424 **Phone**
N/A **Operator**	N/A **Address**	N.A **Phone**
IIIb **System Type**	04/17/2007 **Date of Inspection**	04/17/2012 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☐	☒	☐	1.a. Contstant flow of effluent into pump tank.
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	3.b. Riser lid missing. None of the lids are secured.
b. Tanks and access manholes structurally sound, watertight?	☐	☒	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.A.d. Ants inside control panel.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

	Yes	No	N/A	Comments:
6. GROUND ABSORPTION FIELDS:				
a. No evidence of effluent surfacing/reaching surface waters?	☐	☒	☐	6.a.b. Sewage surfacing at end of repair
b. Minimal ponding in subsurface trenches?	☐	☒	☐	drainfield (bed).
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	
A. LOW PRESSURE PIPE DRAIN FIELDS:				
a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒	
b. No effluent standing in lower laterals?	☐	☐	☒	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	
d. Pressure head is properly adjusted?	☐	☐	☒	

OVERALL CONDITION AND OPERATION OF SYSTEM:

System malfunctioning. Notice of Violation required.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Replace missing riser lid.
2. Properly secure all lids with bolts.
3. Set up a pump & haul schedule to mitigate sewage on ground until the facility can be connected to municipal sewer.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

DATE: 04/19/2007

SIGNED: _____, R.S. AGENT

Division of Environmental Health

Printed Name: Trevor Thomason

Phone #: 704-336-5568