

11226 MOUNT HOLLY RD

03114108

6/6/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

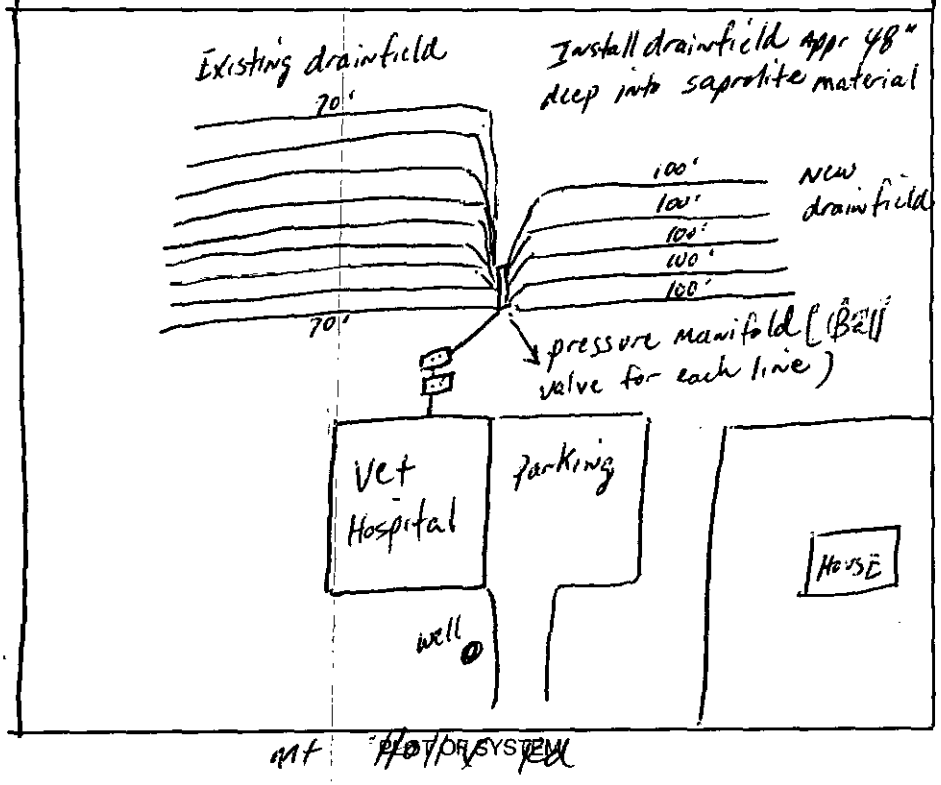
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5935A DATE: 11/30/99

TC: 031 141 08 N/L

SERIAL Nº 18192 (O)

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 11/23/99. All work shall be completed on or before 12/30/99, 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.



Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 48" feet

Trench Walls Scored and Porous yes

Total Line Length 500' feet

Number of Lines 5 (100')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

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

NAME OF OWNER Paw Creek Veternarian Hospital

LOCATION OF PROPERTY 11226 Mount Holly Rd Lift pump required

Comments: Repair, Install 1000 DT, PI, Septic tank filter w/riser, 6a g Sim/Tech Filter in the pump tank, Install drainfield lines 48" deep into the usable saprolite, Pressure Manifold distribution, Install 5 lines x 100' long x 3 wide x 12" stone

Philo S. Walker RS
Environmental Health Specialist
w/ Larry Thompson RS

Repair

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

DATE: 11/30/99 PERMIT NO: 5935A

PARCEL NO: 031 141 08

JOB LOCATION ADDRESS: 11226 Mount Holly Rd

PROPERTY OWNER: Paw Creek Veterinarian Hospital

BUILDING CONTRACTOR: —

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: Thilo A. Walker RS DATE: 11/30/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5935A, 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: Lift pump required

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____

DATE: _____

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

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 #: 5935A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 031 141 08

STREET ADDRESS: 11226 Mount Holly Road (Veterinary HealthCare Associates)

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: Veterinary Hosp. tal

Square Footage of Facility: 4000 Sq. Ft.

NUMBER OF EMPLOYEES: 15 6

PER SHIFT: 15 day only

HOW WILL WATER BE USED IN THE FACILITY:

- ✓ TOILETS/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:

Increase capacity of drain field

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	WELL SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ 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: PEN, L.L.P.

NAME: (LAST) (FIRST) (MI)

ADDRESS: 3302 South New Hope Road

CITY: Charlotte STATE: NC ZIP: 28056

DAYTIME PHONE: 704 - 824 - 2674

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Veterinary hospital location (LAST) McLaughlin Dr. (FIRST) (MI) is below

DAYTIME PHONE: 704 824-2674

Paw Creek Animal Hospital
11226 Mount Holly Road

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: Dr. Laughlin Chief Development Officer DATE: 23 Nov 99

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

Permit Number: 5935A

03/14/08

- 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. Repair
- 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
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
YES Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ 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	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Repair to the existing system, Install 1000DT, PI, Lift pump required, Install septic tank filter w/riser & Gag Sim / Tech filter in pump tank, Install drainfield 5 lines x 100' long x 3' wd x 12" stone, Install lines appr 48" deep into saprolite. Pressure manifold distribution (gate valve on each line)			
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
1500 Absorption Area (Sq ft) 500' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	48" 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.

Phil S. Walker RS 12/30/99

DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

Date and Time Stamp	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.
11/23/99 8:39:12 AM EST	

Tax Real Estate Information

Parcel-Id#: 03114108 **GIS Map#:** 03114108	**Legal Desc:** L1 M23-308
Account Type: PARTNERSHIP	**Deed Book/Page:** 06107/477 **Date:** 9/7/89
Owner: P E N	**Sales Price:** $0
Add. Owner:	**Sales Date:** 9/7/89 **Qualified Sale:** N
Mailing: 3302 S NEW HOPE RD #100C	**Neighborhood Code:** 03102
Address:	**Historic Desig.:** **Farm Desig.:**
City: GASTONIA	**Deeded Acreage:** 1
State: NC **ZIP:** 28056	**Assessed Acreage:** 1
Location: 11226 MOUNT HOLLY RD Get Directions	**Assessed Land Value:** $32670
Municipality: MECKLENBURG COUNTY	**Total Assessed Value:** $258840

Site Location Information

Zoning: B2	**Parks Within 3 Miles:** Click to Find Out
Fire District: COOKS	**FEMA Flood Panel#:** 3701580070B
Voter District: Click to Find Out	**FEMA Flood Zone:** OUT
School District: Click to Find Out	**FEMA Flood Map Date:** N/A
Watershed Class: LAKE WYLIE:PA	**Census Tract Number:** 60.02

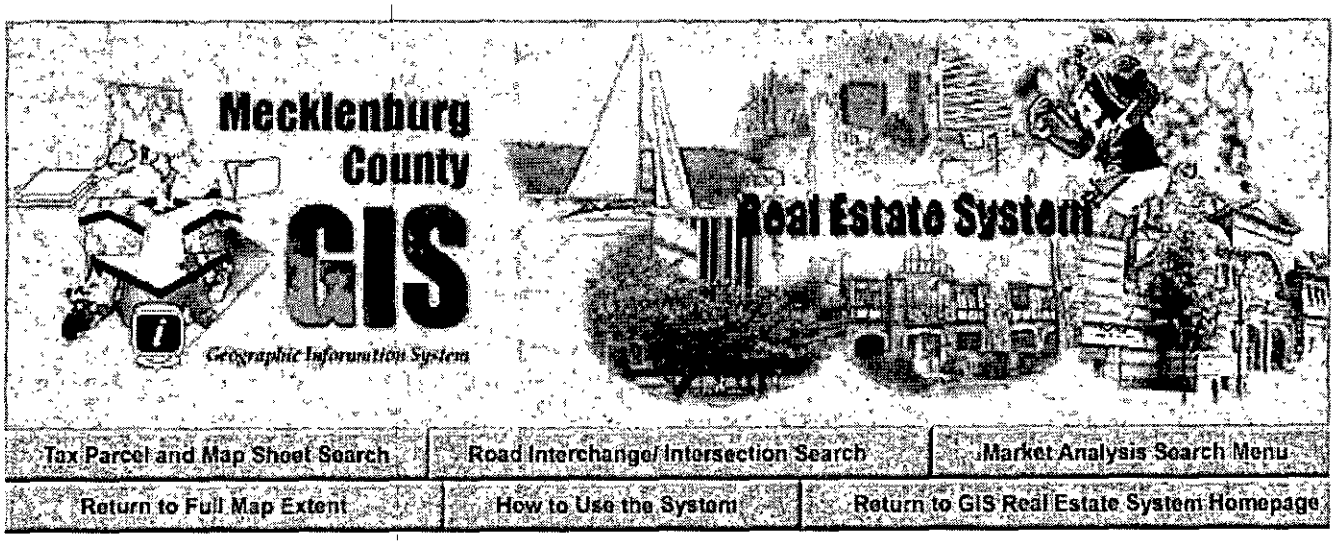
Major Improvement Information

Parcel-Id & Card#: 03114108-001	**Situs Location:** 11226 MOUNT HOLLY RD Get Directions
Land Use Type: OFFICE	**Ext Type:** FACE BRICK
Building Type: MEDICAL BUILDING	**Heating Type:** FORCED AIR-DUCTED
Approximate Square Footage: 3779	**AC Type:** CENTRAL
Actual Year Built: 1991	**Fireplace:** NONE
Number of Stories: 1.0 STORY	**Garage:** N
Bedrooms: 0	**Basement:** N
Bathrooms: 0	**Assessed Net Building Value:** $222720
Restrooms: 0	**Total Assessed Building Value:** $226170

This site is powered by ESRI MapObjects Internet Map Server HITSTATS By

DirectNet

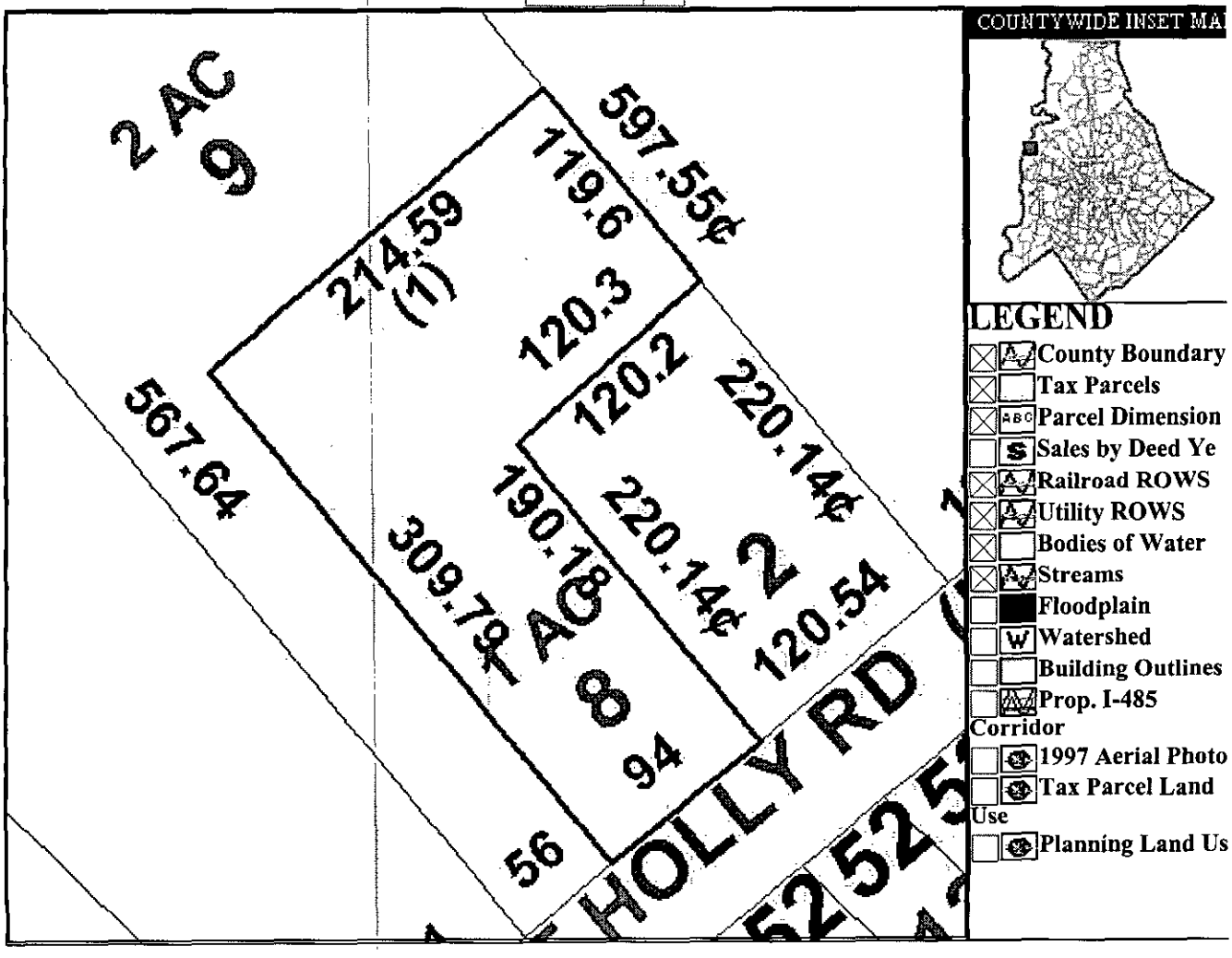
This site was developed by Todd Wilson of Mecklenburg County GIS and was last updated on 11/4/99 2:43:26 PM



Click on Map to Perform Operation

◯ Refresh Map ◯ Pan ◉ Zoom In ◯ Zoom Out Zoom Factor 1X ◯ Identify Tax Parcel

◯ Adjoining Owner's Report within 10 FEET ◯ Measure Start Line Label Parcels by:



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

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

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

PIN #: 5935A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING DEPT.) OR LOCATION:

TAX/PARCEL NUMBER: 031 141 08

STREET ADDRESS: 11226 Mount Holly Road (Vet. Hosp.)

LOT NUMBER:

TOWNSHIP (CHECK ONE):

- X 0 MECKLENBURG
- ___ 1 CHARLOTTE
- ___ 2 DAVIDSON
- ___ 3 CORNELIUS
- ___ 4 PINEVILLE
- ___ 5 MATTHEWS
- ___ 6 HUNTERSVILLE
- ___ 9 MINT HILL

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Veterinary Hospital

SQUARE FOOT OF FACILITY: 4000 Sq. Ft.

NUMBER OF EMPLOYEES: 15 PER SHIFT: 15 day only

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

- ✓ SEWAGE
- ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION: Increase capacity of drain field

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	WELL SPRINGS OR WATERLINES	___ YES ✓
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GROUT MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER: PEN, L.L.P.

NAME: (LAST) (FIRST) (MI)

ADDRESS: 3302 South New Hope Road

CITY: Charlotte STATE: NC ZIP: 28056

DAYTIME PHONE: 704 - 824 - 2674

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Veterinary Hospital (Vet. Hosp.) (LAST) McLaughlin (FIRST) D. (MI) L.C. for Pond Creek Animal Hospital

DAYTIME PHONE: 704 824-2674

11226 Mount Holly Rd.

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

SIGNED: D. McLaughlin Chief Development Officer DATE: 23 Nov 99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202, (704) 336-5102

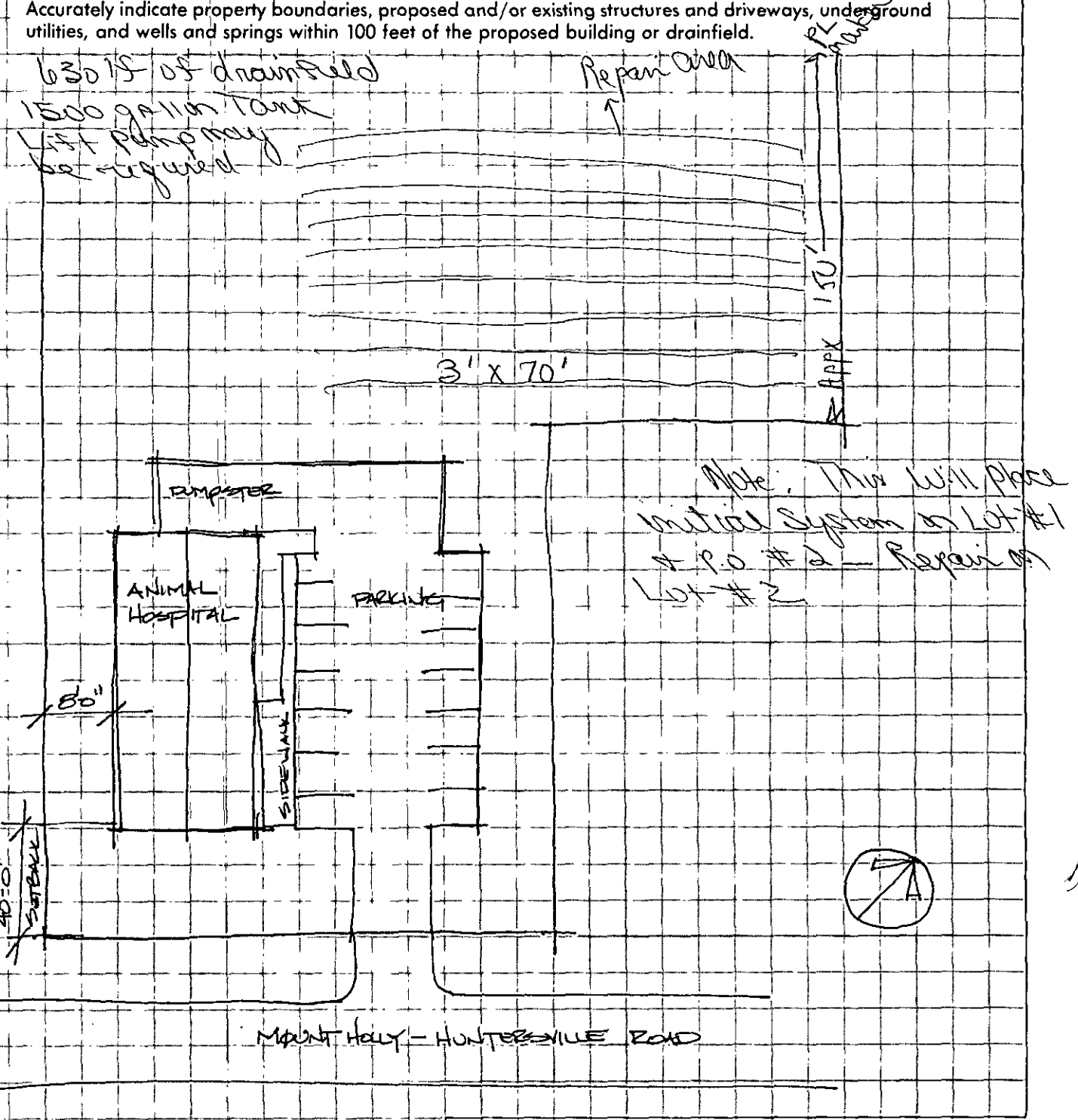
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5935A

TC: 031-141-08

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: [signature]

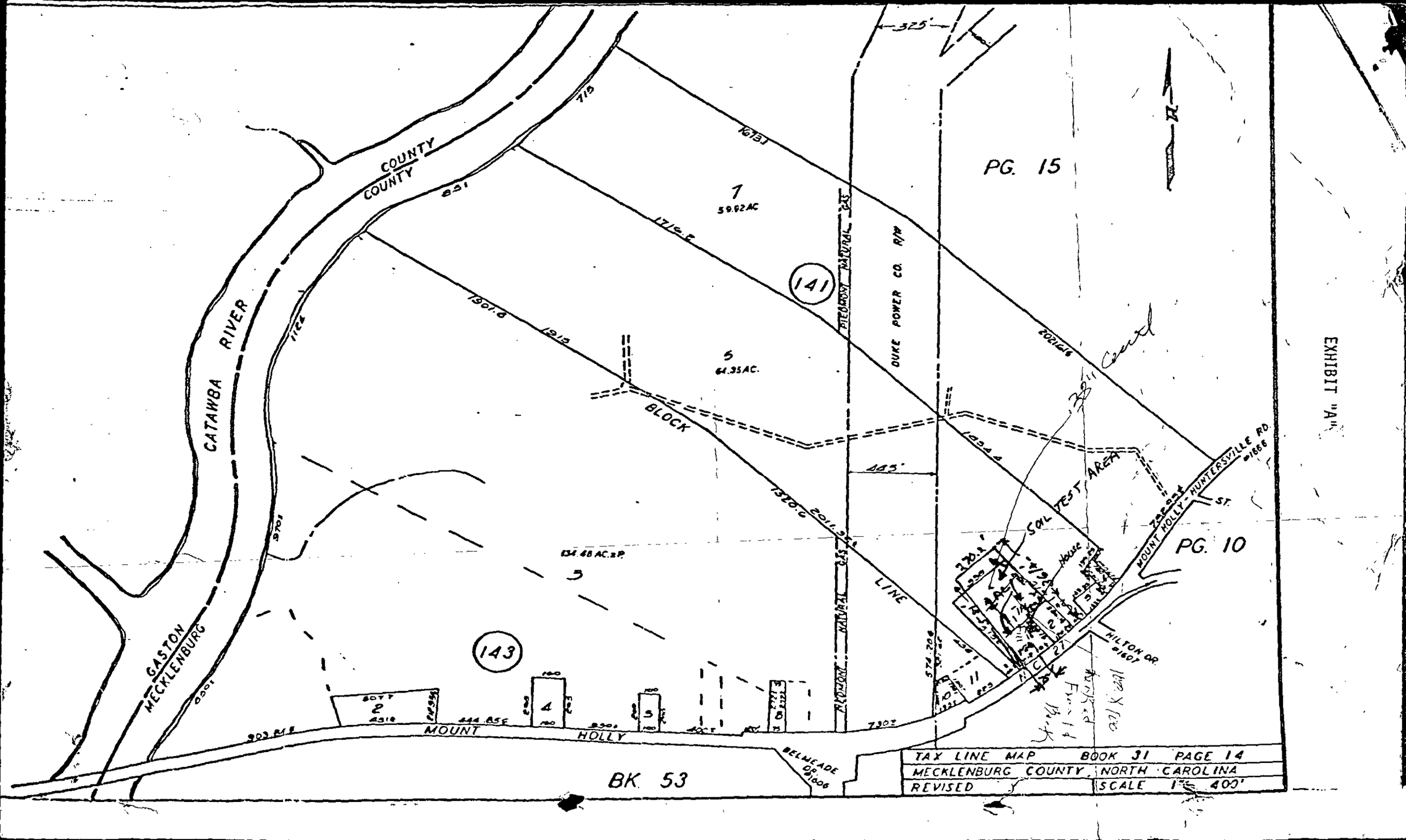
Date: DEC. 5. 90

Dunn
Robert
Newark
831-1318
867-8218

~~Fort~~
~~Myers~~

New
Hope

564 5001


EXHIBIT "A"
PG. 15
PG. 10
COUNTY
COUNTY
CATAWBA RIVER
GASTON
MECKLENBURG
141
143
BLOCK
1
59.92 AC
5
64.35 AC.
3
134.48 AC. ±
DUKE POWER CO. R/W
PIEDMONT NATURAL GAS
SOIL TEST AREA
House
MOUNT HOLLY - HUNTERSVILLE RD #1666
MOUNT HOLLY
HILTON DR #1607
BELMEADE DR #1606
LINE
325'
443'
BK 53
TAX LINE MAP BOOK 31 PAGE 14
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED
SCALE 1" = 400'

Pd $300
Project # 049-998492

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 5935A
TC: 031-141-08
SERIAL: № 17841
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 11226 (STREET NO.) MT. HOLLY ~~HUNTERSVILLE~~ ROAD (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 03114108
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: PAW CREEK ANIMAL HOSPITAL (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 302 HERITAGE PARK
⑩ CITY: LAKE WYLIE ⑪ STATE: SC ⑫ ZIP: 29710
⑬ PHONE: (WORK) 803 831 7658 ⑭ (~~HOME~~) OR NEW UNIT IC OFFICE 803 831-1318

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? ANIMAL HOSPITAL
㉖ Maximum number of employees? 6
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: (contractor)
Date: DEC. 5. 90

IMPROVEMENT PERMIT

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 Sanitary Sewage Collection, 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 permit is issued by this Department.
... This permit is not transferable and shall become null and void 36 months from the date of issuance. Dift Pump may be required. No Bio medical Chemicals to be discharged into System. System designed for domestic wastewater.

Environmentalist — Date 1/9/91

Director or Authorized Section Head — Date 2-11-91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

PROJECT INFORMATION

PROJECT NUMBER: 049-998492 **SUBMITTED DATE:** 12/06/90
PROJECT NAME: PAW CREEK ANIMAL HOS **PHS:** **SEC:** **TIME:** 11:16 AM

CONTACT NAME: BRETT WITHERS **PHONE #:** 831-7658
TITLE: CONT **TYPE OF PERMIT:** FULL

COMMENTS: 11226 MT HOLLY HUNTERSVILLE RD MECK 03114108 VET CLINIC

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	376-4603	

NOTICE

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

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

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

CONTACT	DATE	COMMENTS	INITIALS

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12/5/90

5.935A

FROM: COUNTY ENGINEERING DEPARTMENT

MED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 031-141-08

ASSIGNED ADDRESS 11226 Mt Holly Huntersville Rd

EXISTING ADDRESS _____

PROJECT NAME N.A.

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED		DISAPPROVED	
1. SUBDIVISION REGULATIONS	/	/	/	/*
2. FLOODWAY REGULATIONS	/	/	/	/*
3. EROSION CONTROL REGULATIONS	/	/	/	/*
4. PUBLIC UTILITY EASEMENT	/	/	/	/*

	PRESENT		NOT PRESENT	
5. PUBLIC UTILITY EASEMENT	/	/*	/	/
6. PROPERTY FRONTS ON THOROUGHFARE	/	/*	/	/
7. DRIVEWAY PERMIT REQUIRED	/	/*	/	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Move off Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rick

CPWEAR 06-88

NEW ADDRESS / /*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-6-90

Name/Company: ARCHITECTURAL CONST. CO. INC.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Temp Permit → New Business
(changing)

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 6 1990

11226 W. Holly - Huntersville Rd.
Tax # 031-141-08
File # 5935A

Fee: $ 200.00 Ck # 1549

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16284

File: Action /

Parcel: 5935A 03114101 ☐ PC

Location:

Subdivision: Mt. Holly Rd.

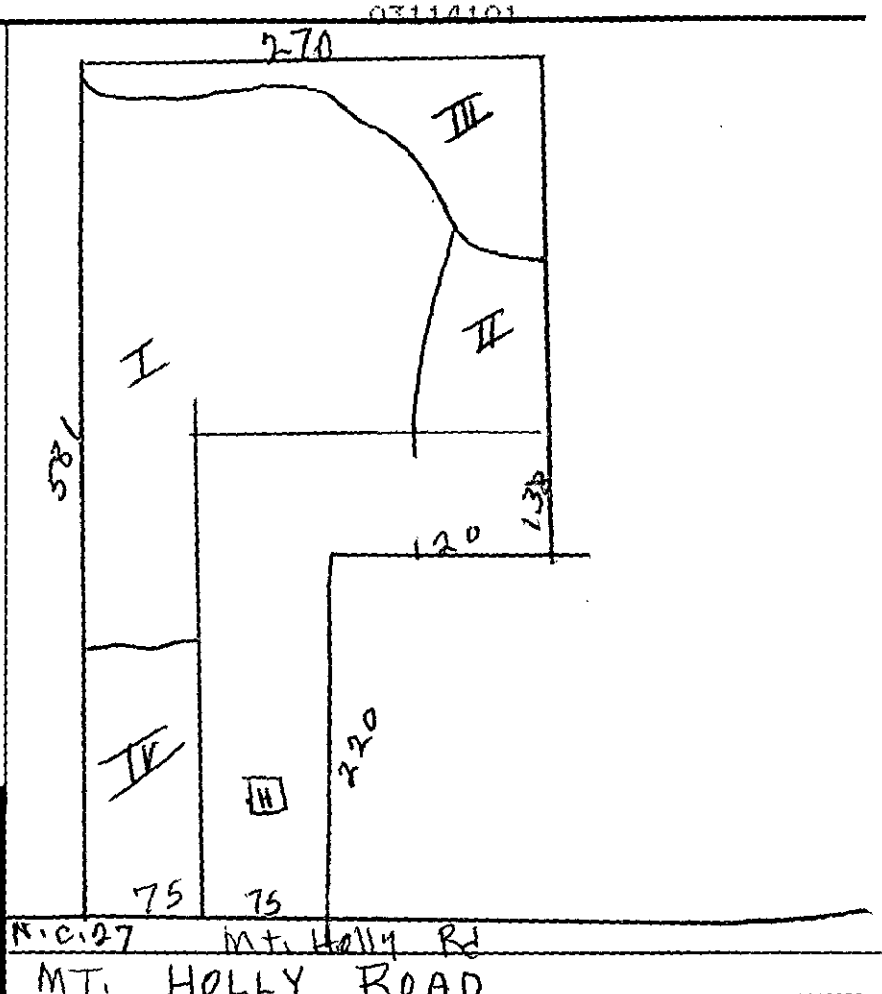
Lot: Block: Acres:

Owner:
Address: Gibson Smith Realty Co.
131 Providence Rd.
Charlotte, NC 28207

Comments:

Described by: Willard B. Ramsey

Date: 8-9-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-4	S (PS) U 2-4	S (PS) U 2-2	S (PS) U 2-4	S PS U	S PS U
Texture	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U
Structure	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U
Drainage	S (PS) U	S PS (U)	S PS (U) 12-20 15+	S PS (U)	S PS U	S PS U
Depth	S (PS) U 36-42	S (PS) U 36	S PS (U) 25-30	S (PS) U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S (PS) U	S PS U	S PS U
Available Space	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa C	IVb Enon	IVa Helena	IVa Fluvaquents		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5935-A DATE: ~~6~~ 7-1-91
TC: 031-14108 ☐ C ☐ CRT
SERIAL № 12395

Name of Owner PAW CREEK ANIMAL HOSPITAL Juris.:
Address of Property 11226 MT HOLLY-HUNTERSVILLE RD

Inspection Data:

Tank Material PCC
Total Length of Drainfield 630
Number of Lines 9 @ 70'
Cover Depth 1'
Water Supply Source well
Distance to Water Source 50'+
Excavation Inspected 7-1-91
Tank(s) Inspected 7-1-91
Wash Line Inspected —
High Water Alarm Inspected —

PLOT

Design: 1991 1500ST CON 1890SFT 12G CECIL CTR# 156

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

RS

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

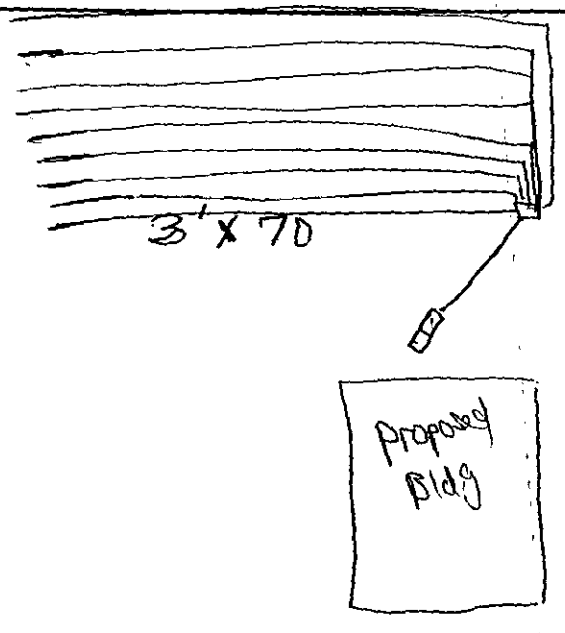
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5935A DATE: 4/15/91

TC: 031-141-08 ☑ L

SERIAL Nº 14998

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 12/5/90. All work shall be completed on or before 5/15/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 630' feet

Number of Lines 9

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Paw Creek Animal Hospital

LOCATION OF PROPERTY 11226 Mt Holly-Huntersville Rd

Comments: Install Nine (9) Trenches 3' x 70' 12" Stone. Set Nine Hole Box for Set MAIN D-Box - RUN PVC to 2 D-Boxes Then 5 Lines each for A TOTAL of 10 trenches 3' x 70'

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

WATER FLOW NO.
FOR 2 MORE
~~ANIMAL~~
ANIMAL HOSPITALS IN CHARLOTTE

BRENT WITHERS
ARCHITECTONIC CONST. CO. INC
COMPARABLE IN SIZE TO PAW CREEK.

1 CCF (CUBIC FEET) = 748.05 GALS

MULTIPLY BY THIS TO GET GALS. FOR THE WATER FLOW FROM GASTONIA DIVID THE GALS BY 748.05 TO GET CCF.

'90	FEB	1	12 ✓
'90	MARCH	1	10 ✓
'90	APRIL	2	12 ✓
'90	MAY	4	11 ✓
'90	JUNE	2	14 ✓
'90	JULY	4	12 ✓
'90	AUG	6	16 ✓
'90	SEPT	25	13 ✓
'90	OCT	20	16 ✓
'90	NOV	24	13 ✓
'90	DEC	24	13 ✓
'91	JAN	24	16 ✓

1500 ELIZABETH AVE
ELIZABETH ANIMAL HOSPITAL

4156 HOODLAND RD
HOODLAND ANIMAL CLINIC

verified by phone 2-1-91
with CMUD, Ms. Cuthbertson
336-2211

PLEASE CALL ME TODAY IF POSSIBLE
AT 831.7658

BILL FERGESON

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 DATE OF BILL 12/27/89 ACCOUNT NUMBER 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	12170	12110	6000	AY			FACILITY CHARGE WATER CHARGE SEWER CHARGE	4.42 6.84 7.56

2/8/91 Forestbrook Veterinary Clinic
Confirmed today
with Mrs Miller
866-6714 Dorcas
County Water Dept
T Miller

Pd # [redacted] 4306

DATES OF SERVICE 11/13/89 TO 12/15/89 TOTAL DAYS 32

AVERAGE DAILY CHARGE — ELECTRIC .00 — WATER/SEWER .59 — TOTAL AVERAGE DAILY CHARGE .59

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES: 18.82
PREVIOUS BALANCE DUE .00
PAST DUE AMOUNT .00
TOTAL CHARGES 18.82

NOTICE!! TOTAL CURRENT CHARGES 18.82 ARE PAST DUE ON: 01/16/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

THE MAYOR, MEMBERS OF CITY COUNCIL AND STAFF OF THE CITY OF GASTONIA THANK YOU FOR YOUR PATRONAGE DURING 1989 AND LOOK FORWARD TO SERVING YOU DURING 1990.

WE WISH YOU A HAPPY AND SAFE HOLIDAY SEASON AND A PROSPEROUS NEW YEAR.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 DATE OF BILL 02/22/90 ACCOUNT NUMBER 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	12350	12260	9000	AY			FACILITY CHARGE	4.42
							WATER CHARGE	10.26
							SEWER CHARGE	11.34

RD #4485

DATES OF SERVICE 01/12/90 TO 02/13/90 TOTAL DAYS 32

AVERAGE DAILY CHARGE
ELECTRIC .00
WATER/SEWER .81

TOTAL AVERAGE DAILY CHARGE .81

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES: 26.02
PREVIOUS BALANCE DUE .00
PAST DUE AMOUNT .00
TOTAL CHARGES 26.02

NOTICE!! TOTAL CURRENT CHARGES 26.02 ARE PAST DUE ON: 03/14/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 3/22/93 **ACCOUNT NUMBER** 22073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W25930	12745	12350	3950	AY			FACILITY CHARGE WATER CHARGE SEWER CHARGE	1.42 33.25 43.77

call Mr Climer FRI 4/2 866-6744

DATES OF SERVICE 02/15/93 TO 03/15/93 TOTAL DAYS 29

AVERAGE DAILY CHARGE — ELECTRIC .00 — WATER/SEWER 3.30 — TOTAL AVERAGE DAILY CHARGE 3.30

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES: 92.44
PREVIOUS BALANCE DUE .00
PAST DUE AMOUNT .00
TOTAL CHARGES 92.44

NOTICE!! TOTAL CURRENT CHARGES 92.44 **ARE PAST DUE ON:** 04/11/93

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☐			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

APRIL FIRST IS CENSUS DAY. THE 1990 CENSUS COUNTS EVERY MAN, WOMAN AND CHILD IN THE COUNTRY, AND IT CAN HELP GASTONIA PLAN BETTER COMMUNITY SERVICES. TAKE A FEW MINUTES AND ANSWER THE CENSUS. IT COUNTS FOR MORE THAN YOU THINK. ALSO, CENSUS JOBS ARE AVAILABLE. PLEASE CALL (704) 521-6455.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 04/24/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26950	12867	12745	12200	AY			FACILITY CHARGE WATER CHARGE SEWER CHARGE	4.42 13.40 15.37

PD 4-26-90

DATES OF SERVICE 03/13/90 **TO** 04/09/90 **TOTAL DAYS** 27

AVERAGE DAILY CHARGE

		TOTAL AVERAGE DAILY CHARGE
ELECTRIC	.00	
WATER/SEWER	1.23	1.23

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES:	33.19
PREVIOUS BALANCE DUE	.00
PAST DUE AMOUNT	.00
TOTAL CHARGES	~~33.19~~

NOTICE!! TOTAL CURRENT CHARGES ~~33.19~~ **ARE PAST DUE ON:** ~~05/14/90~~

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

AVOID THE CITY HALL PARKING PROBLEMS. AVOID THE LINES WHEN PAYING YOUR UTILITY BILL DURING YOUR LUNCH HOUR. THE CITY IS INSTALLING A NEW 24-HOUR DROP BOX TO BE USED FOR PAYMENT OF YOUR UTILITY BILLS. THE BOX SHOULD BE AVAILABLE FOR YOUR USE APPROXIMATELY MAY 1, 1990.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 05/22/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	13002	12367	13500	AY			FACILITY CHARGE	4.42
							WATER CHARGE	14.59
							SEWER CHARGE	17.01

PD 4738

DATES OF SERVICE 04/09/90 TO 05/14/90 TOTAL DAYS 35

AVERAGE DAILY CHARGE

ELECTRIC .00

WATER/SEWER 1.03

TOTAL AVERAGE DAILY CHARGE 1.03

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES: 36.02

PREVIOUS BALANCE DUE .00

PAST DUE AMOUNT .00

TOTAL CHARGES 36.02

NOTICE!! TOTAL CURRENT CHARGES 36.02 **ARE PAST DUE ON:** 06/11/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

NORTH CAROLINA GOVERNOR JIM MARTIN HAS DECLARED MAY AS VIETNAM VETERANS MEMORIAL PARK MONTH. SUPPORT YOUR VIETNAM VETERANS.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 06/26/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	13108	13002	16500	AY			FACILITY CHARGE WATER CHARGE SEWER CHARGE	4.42 17.41 20.92

PAID 7/4/90

DATES OF SERVICE 05/14/90 TO 06/18/90 TOTAL DAYS 35

AVERAGE DAILY CHARGE — ELECTRIC .00 — WATER/SEWER 1.22 — TOTAL AVERAGE DAILY CHARGE 1.22

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES: 42.75
PREVIOUS BALANCE DUE .00
PAST DUE AMOUNT .00
TOTAL CHARGES 42.75

NOTICE!! TOTAL CURRENT CHARGES 42.75 **ARE PAST DUE ON:** 07/16/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 07/26/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	13369	13168	20100	AY			FACILITY CHARGE	5.28
							WATER CHARGE	24.11
							SEWER CHARGE	30.35

Pd ck 4869

HELP US PROVIDE BETTER SERVICE TO YOU. HAVE YOUR SIX (6) DIGIT ACCOUNT NUMBER AVAILABLE WHEN PAYING ON, OR INQUIRING ABOUT, YOUR BILL.

DATES OF SERVICE 06/18/90 TO 07/18/90 TOTAL DAYS 30

AVERAGE DAILY CHARGE

		TOTAL AVERAGE DAILY CHARGE
ELECTRIC	.00	
WATER/SEWER	1.99	1.99

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES:	59.74
PREVIOUS BALANCE DUE	.00
PAST DUE AMOUNT	.00
TOTAL CHARGES	59.74

NOTICE!! TOTAL CURRENT CHARGES 59.74 **ARE PAST DUE ON:** 08/15/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

DUE TO THE RECENT UTILITY RATE INCREASE AND THE HOT, DRY WEATHER, YOU MAY SEE AN INCREASE IN YOUR UTILITY BILL. THE CITY ENCOURAGES YOU TO CONSERVE, BOTH WATER AND ELECTRIC WHENEVER AND WHEREVER POSSIBLE.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 08/23/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
26930	13489	13369	12000	AY			FACILITY CHARGE WATER CHARGE SEWER CHARGE	5.28 15.12 18.12

Pd ck 4919

DATES OF SERVICE 07/18/90 **TO** 08/16/90 **TOTAL DAYS** 29

AVERAGE DAILY CHARGE

		TOTAL AVERAGE DAILY CHARGE
ELECTRIC	.00	
WATER/SEWER	1.33	1.33

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES:	38.52
PREVIOUS BALANCE DUE	.00
PAST DUE AMOUNT	.00
TOTAL CHARGES	38.52

NOTICE!! TOTAL CURRENT CHARGES 38.52 **ARE PAST DUE ON:** 09/12/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 09/25/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	13656	13469	16700	AY			FACILITY CHARGE	5.28
							WATER CHARGE	20.34
							SEWER CHARGE	25.22

Pd CK 4984

REMEMBER, OCTOBER IS SIGN-UP MONTH FOR THE EQUALIZED PAYMENT PLAN. CALL 866-6783 IF YOU HAVE QUESTIONS.

DATES OF SERVICE 08/16/90 **TO** 09/11/90 **TOTAL DAYS** 26

AVERAGE DAILY CHARGE

		TOTAL AVERAGE DAILY CHARGE
ELECTRIC	.CC	
WATER/SEWER	1.96	1.96

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES:	50.84
PREVIOUS BALANCE DUE	.00
PAST DUE AMOUNT	.00
TOTAL CHARGES	50.84

NOTICE!! TOTAL CURRENT CHARGES 50.84 **ARE PAST DUE ON:** 10/15/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

SEPTEMBER IS THE "KICK-OFF" MONTH FOR THE GOOD NEIGHBOR PROGRAM. TO PARTICIPATE, SIMPLY COMPLETE THE LINE ON THE RETURN PORTION OF YOUR UTILITY BILL. THEN, RETURN IT WITH A CHECK FOR THE SUM OF THE AMOUNT IN THE "AMOUNT DUE NOW" BLOCK OF THE BILL PLUS THE DONATION YOU WISH TO MAKE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT 866-6716.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 10/23/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	13821	13656	16500	AY			FACILITY CHARGE WATER CHARGE SEWER CHARGE	5.28 20.12 24.92

Paid 5045

DATES OF SERVICE 09/11/90 TO 10/11/90 **TOTAL DAYS** 30

AVERAGE DAILY CHARGE

		TOTAL AVERAGE DAILY CHARGE
ELECTRIC	.CC	
WATER/SEWER	1.68	1.68

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES:	50.32
PREVIOUS BALANCE DUE	.00
PAST DUE AMOUNT	.00
TOTAL CHARGES	50.32

NOTICE!! TOTAL CURRENT CHARGES 50.32 **ARE PAST DUE ON:** 11/13/90

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
		X			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

	INSIDE CITY LIMITS SEWER CHARGES	OUTSIDE CITY LIMITS SEWER CHARGES
PER 1,000 GALLONS SEWAGE USED....:	$ 1.51	$ 3.02
MINIMUM CUSTOMER AVAILABILITY FEE:	$ 2.40	$ 3.19

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 11/27/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	13961	13821	14000	AY			FACILITY CHARGE	5.28
							WATER CHARGE	17.34
							SEWER CHARGE	21.14

Paid 5/10

DATES OF SERVICE 10/11/90 **TO** 11/09/90 **TOTAL DAYS** 29

AVERAGE DAILY CHARGE

		TOTAL AVERAGE DAILY CHARGE
ELECTRIC	.00	
WATER/SEWER	1.51	1.51

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES:	43.76
PREVIOUS BALANCE DUE	.00
PAST DUE AMOUNT	.00
TOTAL CHARGES	~~43.76~~

NOTICE!! TOTAL CURRENT CHARGES ~~43.76~~ **ARE PAST DUE ON:** ~~12/17/90~~

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

PLEASE TAKE A MINUTE AND REVIEW YOUR BILL STUB. HAVE WE MISSPELLED YOUR NAME OR YOUR STREET? IS THE STREET NUMBER CORRECT? IS THE ZIP CODE CORRECT, INCLUDING THE ZIP+4 CODE? IF ANY OF THESE ARE WRONG, PLEASE HELP US BY MAKING THE NECESSARY CORRECTIONS AND RETURNING THE BILL STUB WITH YOUR PAYMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT 866-6783. THANK YOU.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

CITY OF GASTONIA — UTILITY BILL — CUSTOMER RECORD

CYCLE 07 **DATE OF BILL** 12/26/90 **ACCOUNT NUMBER** 022073

METER NUMBER	CURRENT READING	PRIOR READING	USAGE (KWH/GAL)	RATE CODE	CURR DEMAND	BILLING DEMAND	DESCRIPTION	CHARGES
W26930	14135	13961	17400	AY			FACILITY CHARGE	5.25
							WATER CHARGE	21.11
							SEWER CHARGE	26.27

PdCK 5231
1-7-91

DATES OF SERVICE 11/09/90 TO 12/11/90 **TOTAL DAYS** 32

AVERAGE DAILY CHARGE

		TOTAL AVERAGE DAILY CHARGE
ELECTRIC	.00	
WATER/SEWER	1.65	1.65

FOR UTILITY SERVICE AT: 3200 UNION RD

TOTAL CURRENT CHARGES:	52.66
PREVIOUS BALANCE DUE	.00
PAST DUE AMOUNT	.00
TOTAL CHARGES	52.66

NOTICE!! TOTAL CURRENT CHARGES 52.66 **ARE PAST DUE ON:** 01/15/91

EQUALIZED PAYMENT CUSTOMER	YES	NO	EQUALIZED PAYMENT AMOUNT	BALANCE BEFORE BILLING	BALANCE AFTER BILLING
	☐	☒			

IMPORTANT: PLEASE READ ANY MESSAGES PRINTED IN SPACE BELOW

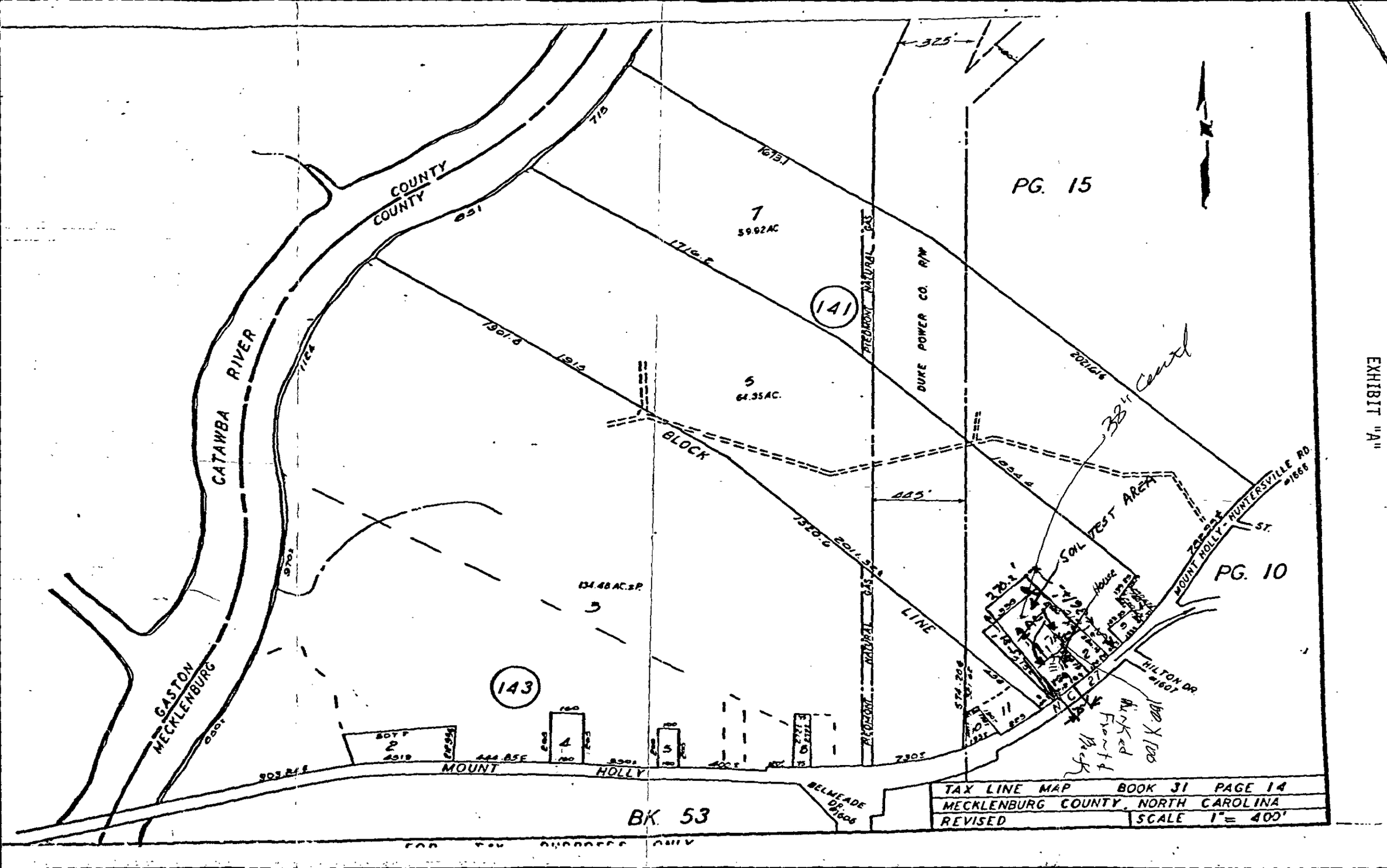
THE MAYOR, MEMBERS OF CITY COUNCIL AND STAFF OF THE CITY OF GASTONIA THANK YOU FOR YOUR PATRONAGE DURING 1990 AND LOOK FORWARD TO SERVING YOU IN 1991.

WE WISH YOU A HAPPY AND SAFE HOLIDAY SEASON AND A PROSPEROUS NEW YEAR.

(SEE BACKSIDE FOR OTHER IMPORTANT INFORMATION)

1579

186500
12 months = 15542
30 days = 518.
.3 = 1727 SF
3 = 576 or 600


COUNTY
COUNTY
CATAWBA RIVER
GASTON
MECKLENBURG
715
631
1124
970'
800'
1913
1719.5
1613
325'
PIEDMONT NATURAL GAS
DUKE POWER CO. R/W
7
39.02AC
141
5
64.35AC.
BLOCK
1320.6
EQUALS
LINE
485'
1034.6
2021.6
38" Canal
SOIL TEST AREA
220.2'
House
MOUNT HOLLY-HUNTERSVILLE RD #1868
ST.
PG. 15
PG. 10
HILTON DR #1607
134.48 AC. ±P.
3
143
2
4919
444 BSE
4
5
11
10
1932
903 B/E
MOUNT HOLLY
BELMEADE DR #1606
730'
BK 53
TAX LINE MAP BOOK 31 PAGE 14
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED
SCALE 1" = 400'
EXHIBIT "A"

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5935A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 011226 Mt. Holly Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 31 PAGE NO.: 141 PARCEL NO.: 1 & 5

⑥ DEED REFERENCE: BOOK NO.: 1981 PAGE NO.: 241 & 245

OWNER

⑦ NAME: Alden (FIRST) Q. (MIDDLE) Beaty (LAST)

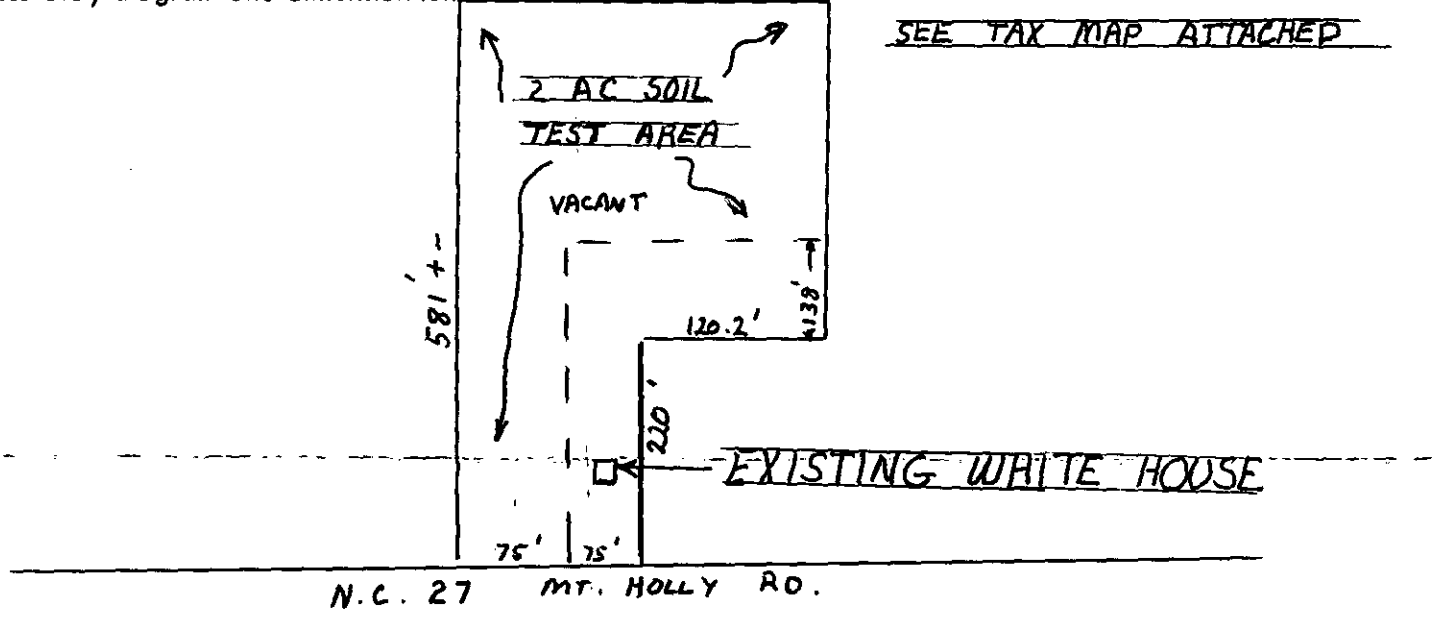
⑧ MAILING ADDRESS: c/o Richard Lewis (Agent) Gibson Smith Realty Co., 131 Providence Rd., Suite 100

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28207

⑫ PHONE: (WORK) 333-7151 (HOME) 827-7006

⑬ Accurately diagram and dimension lot.

SEE TAX MAP ATTACHED



⑭ The undersigned, 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: Alden Q Beaty

Date: 07/24/89

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

SEE TAX MAP ATTACHED

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/26/89

NAME/COMPANY: Forestbrook Animal Hospital

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: [redacted] Soil Test

01126 Mt. Holly Road

2 Acres

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 26 1989

File # 59351

FEE: 80.00

Cash 3860
80.00

Jackie Abernathy
Completed By

Collected By

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 2/13/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck.

PARCEL NUMBER 031-141-08 & 09

ASSIGNED ADDRESS 11226 Mount Holly Rd

EXISTING ADDRESS _____

PROJECT NAME DIA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ ✓
6. PROPERTY FRONTS ON THOROUGHFARE	/ ✓*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ ✓

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rudo

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

August 21st, 1989

Gibson Smith Realty Co.
131 Providence Rd.
Charlotte, NC 28207

RE: Property located at Mt. Holly Rd.
FILE: 5935A
PARCEL: 03114101

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16284) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

THE ARCHITECTONIC
CONSTRUCTION COMPANY INC.
A D E S I G N B U I L D G R O U P

803-831-7658
SUITE 302 HERITAGE PARK, LAKE WYLIE, S.C. 29710

BILL,

ENCLOSED ARE COPIES OF THE PAST 12 MONTHS WATER BILLS FROM A ANIMAL CLINIC SIMILAR TO THE ONE TO BE BUILT IN PAW CREEK. I HOPE ALL THE INFORMATION NEEDED IS CONTAINED IN THESE PAGES. IF I CAN BE OF ANY ASSISTANCE PLEASE CALL ME AT THE ABOVE NUMBER OR AT 831-9418.

THANKS

BRETT WITHERS

FILE NO. 5935 A
PARCEL NO. 0311 41 01
11226 MT. HOLLEY RD

RECEIVED
JAN 2
LEGISLATIVE RESEARCH
DIVISION

959 5122