

2024 SAM NEWELL RD

19343122

8/26/08

marliwr

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

Need Project
Tracking #
to release
Auth. to Construct

Released on F3
screen
5/10/02
gc

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 APR 08 11:48 AM
BOOK 13463 PAGE 231-234 FEE $20.00
INSTRUMENT # 2002069036

FILE # 20978
PARCEL # _____

The undersigned, Mary D. Dore, owner of property located at 2024 Sam Newell Rd, (the "site") and described in an instrument recorded in Book 13379 at Page 767-775, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Blessed Sacrament Academy, Inc
Mail after recording to: Wastewater Treatment + Disposal System Design Agreement. 700 N. Tryon St.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for ~~himself, his heirs and assigns~~ itself (Corporate non-profit entity) that ~~he~~ it shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on ~~all persons claiming any right, title, or~~ the corporation interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 1st day of April, ~~199~~ 2002.

Blessed Sacrament (Corporate Name) Academy, Inc.

By: Mary D. Dore

✓ President

ATTEST:

Laura H Gallagher

Secretary

(Corporate Seal)

Mary D. Dore (SEAL) Pres. + Treas.

Paul E. Lee (SEAL) Vice Pres.

(SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

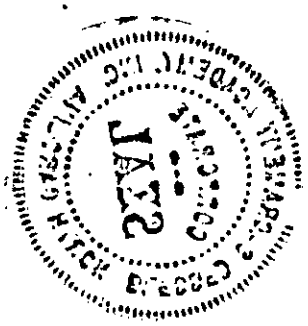
I, Chris Bryant, a Notary Public for said County and State, do hereby certify that Mary D Dore ([redacted]) MD personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 1 day of April, 2002

Chris Bryant
Notary Public

My Commission Expires:
7-10-05

CHRIS BRYANT NOTARY PUBLIC MECKLENBURG COUNTY, N. C.



JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 04/08/2002 11:48 AM

Book: RE 13463 Page: 231-234

Document No.: 2002069036

PRMIT 4 PGS $20.00

Recorder: JESSIE YOUNG

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of CHRIS BRYANT Notary is certified to be correct. This 8TH of April 2002

JUDITH A. GIBSON, REGISTER OF DEEDS By: _____
Deputy/Assistant Register of Deeds

****

2002069036

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

- **Large-format Drawings**

Original File Number: 20978 / 2024

Box Number: 17

Number of pages associated with file: 1

General Comments: _____

Imaging Solutions and Services, Inc.

ISSI ISSI ISSI ISSI

✓ ① Need a site Plan w/ all Parking, buildings etc.

✓ ② Verify # of students / staff.

✓ ③ advise of III B Status

✓ ④ Do Tank Calculations

⑤ Verify no cafeteria and showers.

FEE: 300
DATE: 3/12/04

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

COPY

1 CRT

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

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

FILE #: 20978

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193.431.24

___ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 2024 Sam Newell Rd

DESCRIBE TYPE OF BUSINESS:
Elementary School
Square Footage of Facility: 4000 sq. ft.

LOT NUMBER:

NUMBER OF EMPLOYEES: 10 adm. + faculty
60 students PER SHIFT: N/A

TOWNSHIP (CHECK ONE): Matthews

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

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

2.42 193-431-29

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:

WATER SUPPLY (CHECK ONE): will have City water
___ 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 I don't think so
EXISTING WASTE WATER SYSTEMS ✓ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES We will abandon the well ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

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

PROPERTY OWNER:

NAME: (LAST) Nichols (FIRST) Grady (MI)
ADDRESS: 2024 Sam Newal Rd
CITY: Matthews STATE: NC ZIP: 28105
DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Dore (FIRST) Mary (MI) D.
DAYTIME PHONE: (704) 334-8140 wk
704-393-7563 home

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:

PROPOSED PLOT PLAN

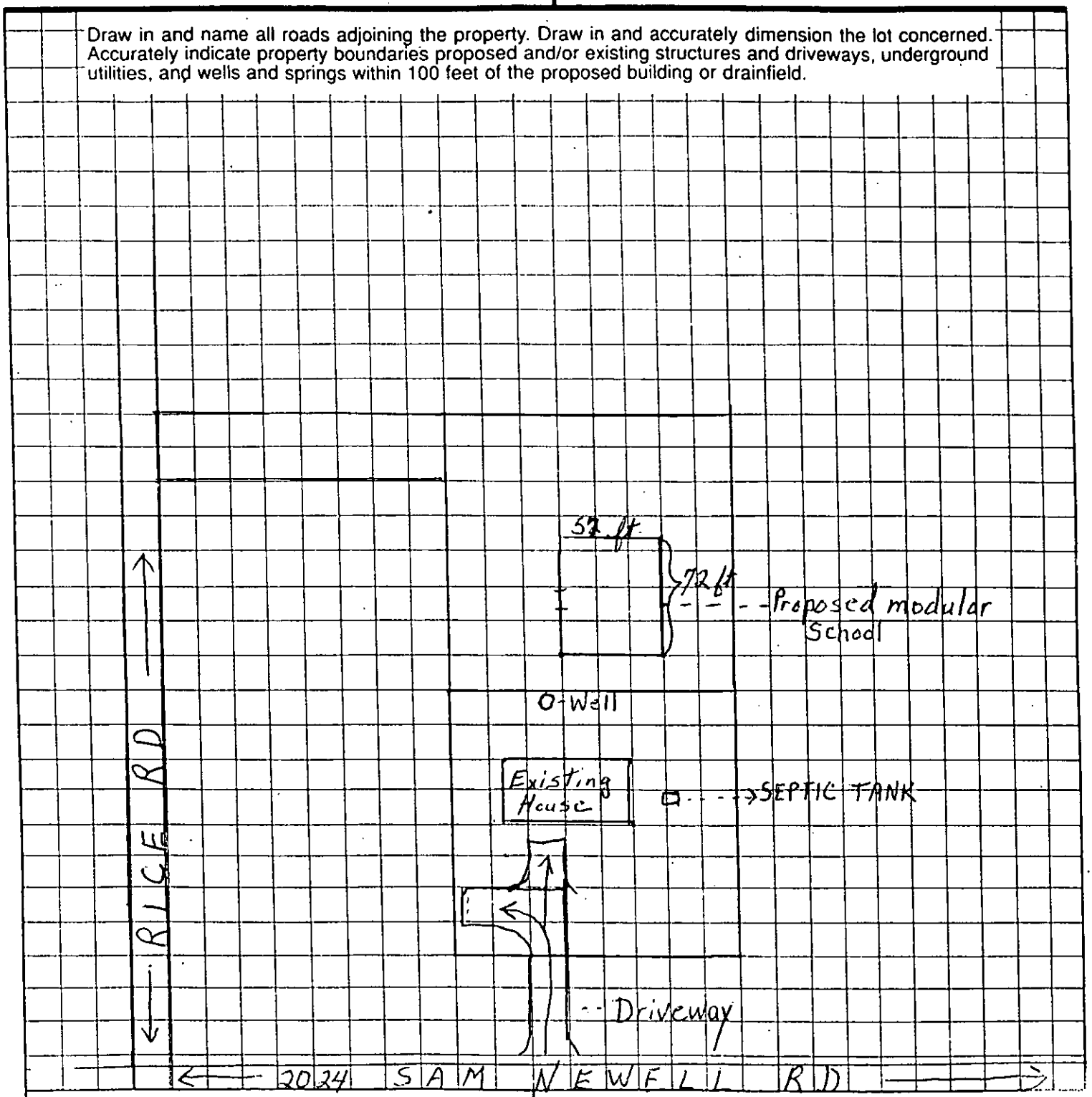
COPY

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

FILE: 20978

TC: 193-431.24

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.



Mary D. Dore
OWNER/AGENT SIGNATURE

DATE March 7, 2002

APPROVAL DATE _____

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 193-431-24, 22
Lot #:
File #: 20978
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Grady Nichols
Applicant: Mary Dore
Address: 2024 Sam Newell Road, Charlotte, N. C. 28105
Date Evaluated: 3/20/02
Proposed Facility: School
Design Flow (.1949): 850gpd
Property Size: 2.42a
Location of Site: 2024 Sam Newell Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5-10	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3G/DAY/FT^2
		7-48+	SBK/C	FI/SEXP/S/P					
2	"	0-5	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		5-9	WKSBK/SCL	FR/SEXP/SS/SP					
		9-48+	SBK/C	FI/SEXP/S/P					
3	"	0-4	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		4-7	GR/SCL	FR/SEXP/SS/SP					
		7-41	SBK/C	FI/SEXP/S/P					
		41-48+	SBK/CL	FR/SEXP/SS/SP					
4	"	0-3	GR/SL	FR/SEXP/NS/NP	"	"	"	"	PS, IV .275G/DAY/FT^2
		3-8	GR/SCL	FR/SEXP/SS/SP					
		8-48+	SBK/C	FI/SEXP/S/P					
5	LS, 10	0-6	GR/SCL	FR/SEXP/SS/SP	2.5Y6/1@37"	42	"	"	PS, IV .25G/DAY/FT^2
		6-42	SBK/C	FI/SEXP/S/P					
6	LS, 15	0-5	GR/SCL	FR/SEXP/SS/SP	>28" TO SOIL WETNESS	28+	"	"	US, IV .125G/DAY/FT^2
		5-28	SBK/C	FI/SEXP/S/P					
		28+	M/C	FI/SEXP/S/P					
7	LS, 1)	0-6	GR/SCL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV .275G/DAY/FT^2
		6-24	SBK/C	FI/SEXP/S/P					
		24-30	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3G/DAY/FT^2	.3G/DAY/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/21/02, W. R. Marlin
Others Present:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: 193-431-24, 22
Lot #:
File #: 20978
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: Design Flow (.1949): Property Size:
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
8	LS, 8	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3G/DAY/FT^2
		6-48	SBK/C	FI/SEXP/S/P					
9	"	0-4	GR/SCL	FR/SEXP/SS/SP	>40" TO SOIL WETNESS	40	"	"	"
		4-34	SBK/C	FI/SEXP/S/P					
		34-40	SBK/CL	FR/SEXP/SS/SP					
10	"	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		5-33	SBK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Site Classification (.1948):
Evaluated By: WRM, LSS, 3/21/02
Others Present:

FILE # 20978

COMMENTS 100' to Repair, install new pumps

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

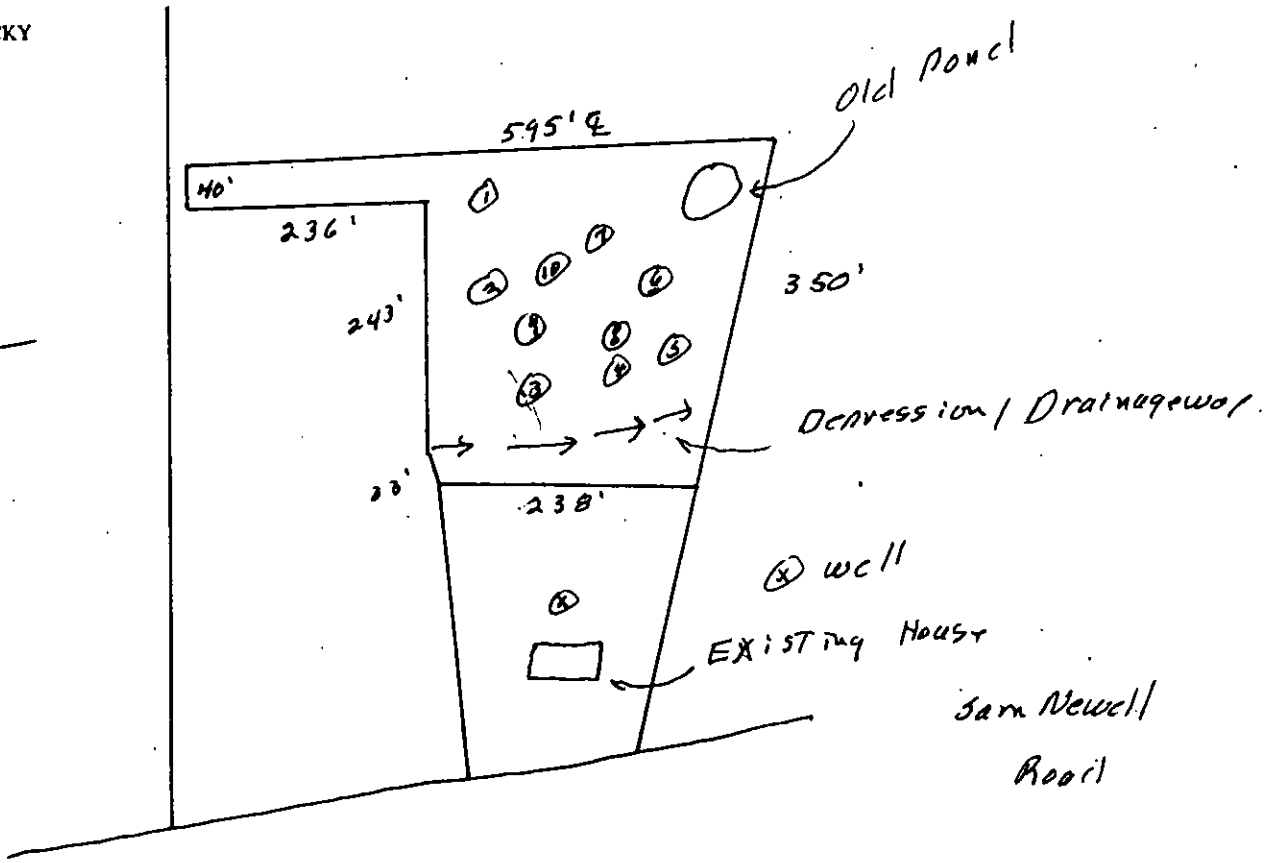
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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: 20978 DATE: 05-03-02

TC: 193-131-24 ☐ L

SERIAL 19059

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 03-07-02. All work shall be completed on or before 06-03-02, 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 1500 gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 708 feet

Number of Lines 5 @ 141'

Depth of Stone N/A inches

Distance from House > 5' feet

Distance from Property Line > 10' feet

Distance from Well > 100' feet

Not to be used for School Irrigation

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

NAME OF OWNER Mary Dore

LOCATION OF PROPERTY 2024 Sam Newell Rd.

Comments: Type III B system Type III B Repair

Environmental Health Specialist

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: 20978 DATE: 05-03-02

TC: 193-131-24 R L

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PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1500 gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 708 feet

Number of Lines 5 @ 141'

Depth of Stone N/A inches

Distance from House > 5' feet

Distance from Property Line > 10' feet

Distance from Well > 100' feet

Not to be used for School Irrigation

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

NAME OF OWNER Mary Dore

LOCATION OF PROPERTY 2024 Sam Newell Rd.

Comments: Type III B system Type III B Repair

Environmental Health Specialist

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC
DATE: 4/8/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 03-27-02 PERMIT NO: 20978
PARCEL NO: 193-431-24

JOB LOCATION ADDRESS: 2024 Sam Newell Rd.
PROPERTY OWNER: Mary Dore.
BUILDING CONTRACTOR: C. Ellehan.
SUBDIVISION NAME: None.
AUTHORIZATION ISSUED BY: Joshua R Sellers R.S. DATE: 03-27-02.
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 20978, 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: Type III (b)(g) system designed for a 60 student school with 10 faculty No Meals, or showers. Agreement forms must be on file before construction auth. release. Requires 5 year - Maint inspection by ATU Station 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 Mary D. Dore 4/8/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE
of Corp.

Permit Number 20978

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 193-431-24

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	850 Max gallons/day wastewater flow	2833 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N Serviced by private well	1500 Gallon septic tank	708 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
60 Students Bedrooms in residence 10 Faculty no meals or showers	1500 Gallon pump tank	N/A Depth of stone		

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

Site modifications required:

Additional Conditions: Type III (GD) System designed for a 60 Student school w/ 10 Employees. Lift Station will be required. Agreement forms must be on file before Construction Authorization Release. Requires 5 year maint inspection

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	
.3 Absorption Area (Sq ft) 708 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departmen
- This Improvement permit is transferable.

Joshua R. Sellers R.S. 03-27-02
DEHNR Authorized Agent Date

X Mary D. Dore 4/8/02
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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 APR 08 11:48 AM
BOOK 13463 PAGE: 231-234 FEE: $20 00
INSTRUMENT # 2002069036

FILE # 20978
PARCEL # _____

The undersigned, Mary D. Dore, owner of property located at 2024 Sam Newell Rd, (the "site") and described in an instrument recorded in Book 13379 at Page 767-775, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Blessed Sacrament Academy, dm
Mail after recording to: Wastewater Treatment + Disposal Syste
Design Agreement. 700 N. Tryon St.

File # 20978

2024 Sam Newel Rd.

Calculations

Tank size: 1500 gal.

Pump Tank: 1500 gal

Flow

60 x 10 = 600

10 x 250 = 250

850 gal/day.

Nitrification Trenches

850 gal/day ÷ .3 gal/day/ft² = 2833 ÷ 352

944 linear ft of Drain w/ Conventional Line

944 x .75 = 708 w Innovative Line.

6 118' Lines

Pressure Manifold

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Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 193-431-24, 22
Lot #:
File #: 20978
Code: 1

ACJ

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Grady Nichols
Applicant: Mary Dore
Address: 2024 Sam Newell Road, Charlotte, N. C. 28105
Date Evaluated: 3/20/02
Proposed Facility: School
Design Flow (.1949): 850gpd
Property Size: 2.42a
Location of Site: 2024 Sam Newell Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz.	Profile Class & LTAR
1	LS, 5-10	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3G/DAY/FT^2
		7-48+	SBK/C	FI/SEXP/S/P					
2	"	0-5	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		5-9	WKSBK/SCL	FR/SEXP/SS/SP					
		9-48+	SBK/C	FI/SEXP/S/P					
3	"	0-4	GR/SL	FR/SEXP/NS/NP	"	"	"	"	"
		4-7	GR/SCL	FR/SEXP/SS/SP					
		7-41	SBK/C	FI/SEXP/S/P					
		41-48+	SBK/CL	FR/SEXP/SS/SP					
4	"	0-3	GR/SL	FR/SEXP/NS/NP	"	"	"	"	PS, IV .275G/DAY/FT^2
		3-8	GR/SCL	FR/SEXP/SS/SP					
		8-48+	SBK/C	FI/SEXP/S/P					
5	LS, 10	0-6	GR/SCL	FR/SEXP/SS/SP	2.5Y6/1@37"	42	"	"	PS, IV .25G/DAY/FT^2
		6-42	SBK/C	FI/SEXP/S/P					
6	LS, 15	0-5	GR/SCL	FR/SEXP/SS/SP	>28" TO SOIL WETNESS	28+	"	"	US, IV .125G/DAY/FT^2
		5-28	SBK/C	FI/SEXP/S/P					
		28+	M/C	FI/SEXP/S/P					
7	LS, 1)	0-6	GR/SCL	FR/SEXP/SS/SP	>30" TO SOIL WETNESS	30	"	"	US, IV .275G/DAY/FT^2
		6-24	SBK/C	FI/SEXP/S/P					
		24-30	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3G/DAY/FT^2	.3G/DAY/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/21/02, W. R. Marlin
Others Present:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2
Property ID: 193-431-24, 22
Lot #:
File #: 20978
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Applicant:
Address: Date Evaluated:
Proposed Facility: Design Flow (.1949): Property Size:
Location of Site: Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
8	LS, 8	0-6	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.3G/DAY/FT^2
9	"	0-4	GR/SCL	FR/SEXP/SS/SP	>40" TO SOIL WETNESS	40	"	"	"
		4-34	SBK/C	FI/SEXP/S/P					
		34-40	SBK/CL	FR/SEXP/SS/SP					
10	"	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		5-33	SBK/C	FI/SEXP/S/P					
		33-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By: WRM, LSS, 3/21/02
Others Present:

FILE # 20978

COMMENTS 100% Repair, install new pump

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8	VFR-VERY FRIABLE	NS-NON-STICKY
S-SHOULDER SLOPE		LS-LOAMY SAND		FR-FRIABLE	SS-SLIGHTLYSTICKY
L-LINEAR SLOPE				FI-FIRM	S-STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	VFI-VERY FIRM	VS-VERY STICKY
N-NOSE SLOPE		L-LOAM		EFI-EXTREMELY FIRM	NP-NON-PLASTIC
H-HEAD SLOPE					SP-SLIGHTLYSTICKY
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		P-PLASTIC
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			VP-VERY PLASTIC
T-TERRACE		CL-CLAY LOAM			
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

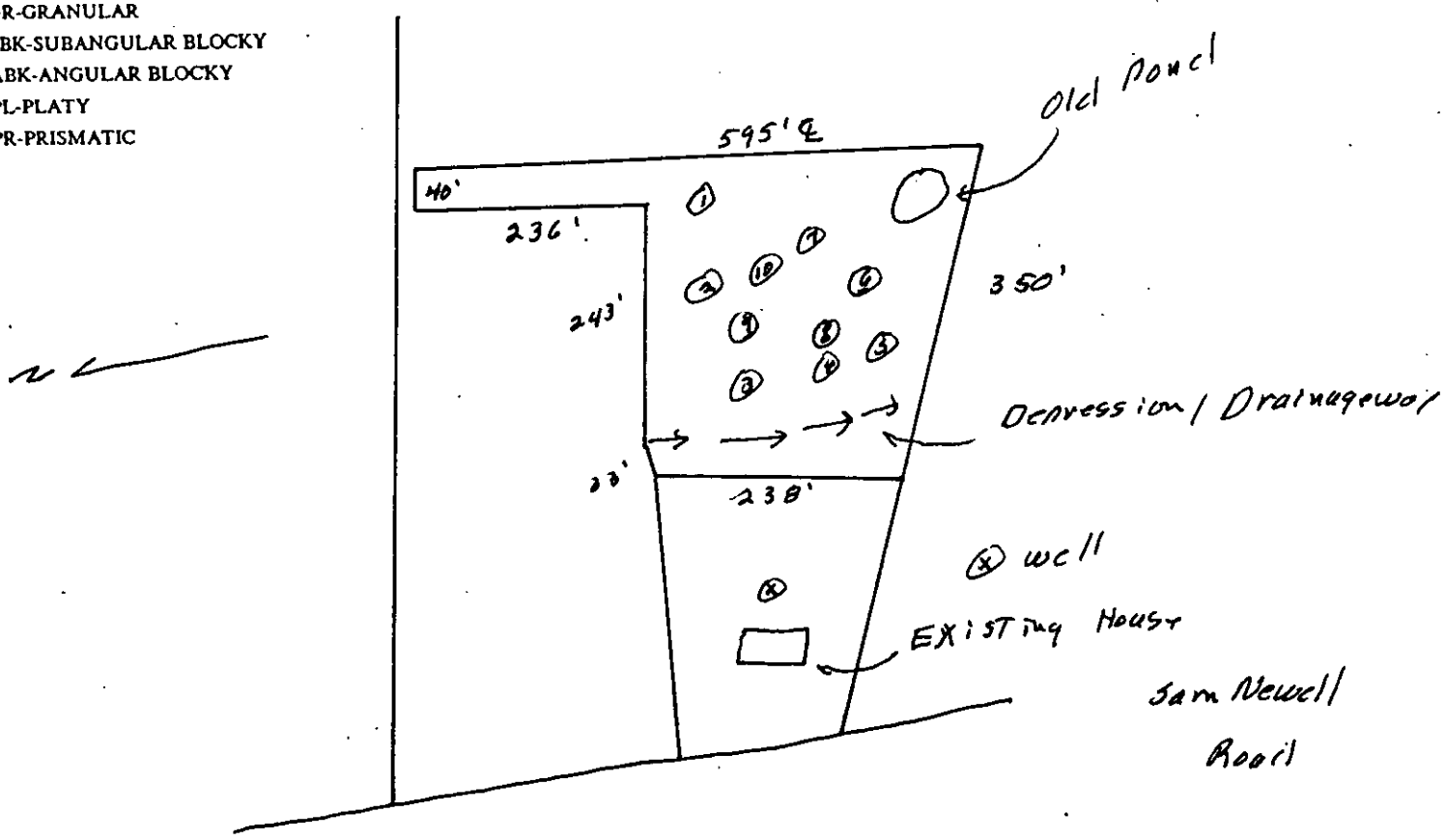
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 300-
DATE: 3/12/02

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

[ ] 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 #: 20978

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193.431.24

___ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 2024 Sam Newell Rd

DESCRIBE TYPE OF BUSINESS:
Elementary School
Square Footage of Facility: 4000 sq ft.

LOT NUMBER:

NUMBER OF EMPLOYEES: 10 adm. + faculty
60 students PER SHIFT: N/A

TOWNSHIP (CHECK ONE): Matthews

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

HOW WILL WATER BE USED IN THE FACILITY:

✓ 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:

WATER SUPPLY (CHECK ONE): will have City water
___ 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 I don't think so
EXISTING WASTE WATER SYSTEMS ✓ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES We will abandon the well ✓ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

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

PROPERTY OWNER:

NAME: (LAST) Nichols (FIRST) Grady (MI)
ADDRESS: 2024 Sam Newell Rd
CITY: Matthews STATE: NC ZIP: 28105
DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Dore (FIRST) Mary (MI) D.
DAYTIME PHONE: (704) 334-8140 wk
704-393-7563 home

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: DATE:

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

PROPOSED PLOT PLAN

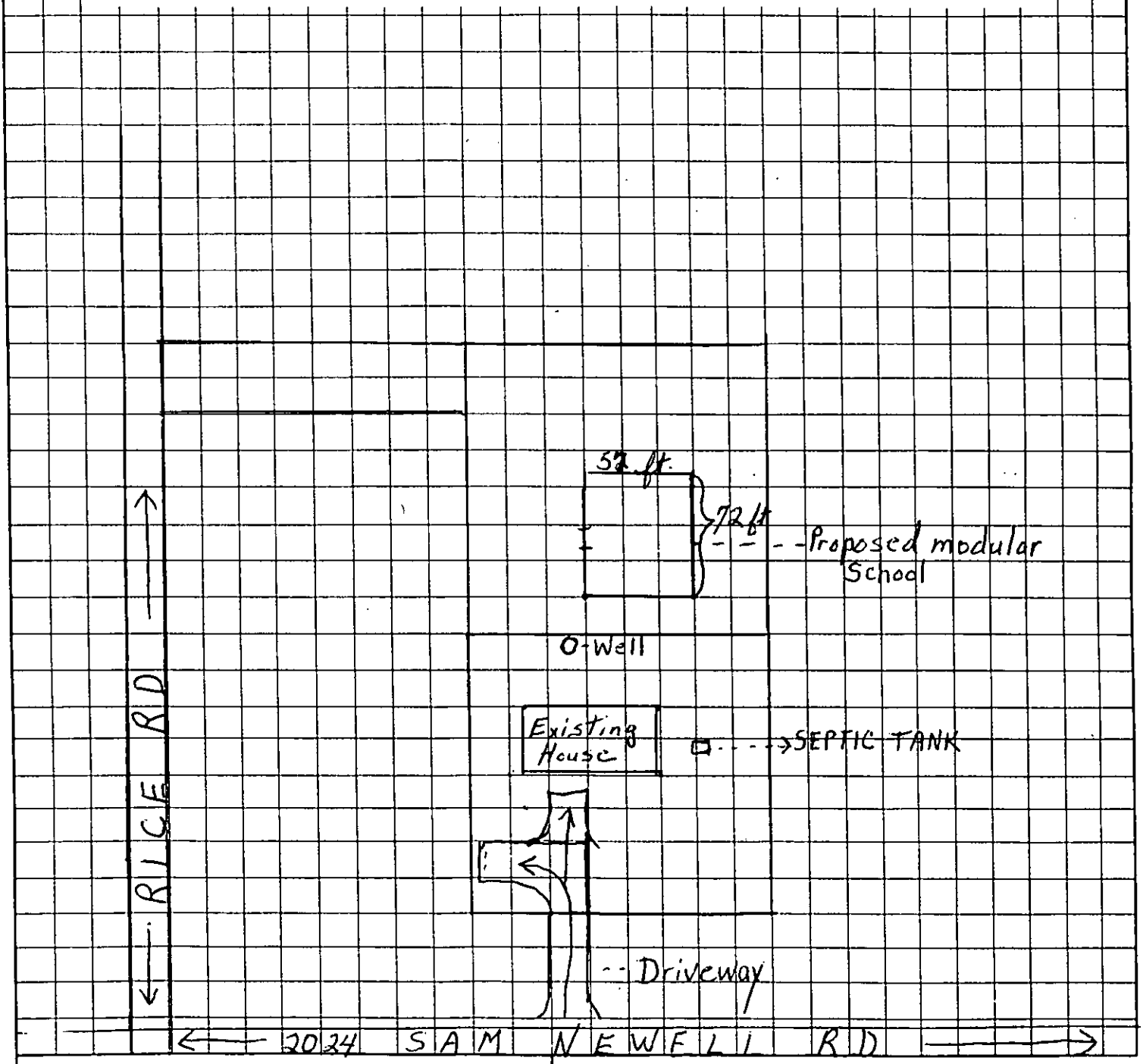
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20978

TC: 193-431.24

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.



Mary D. Dore
OWNER/AGENT SIGNATURE

DATE March 7, 2002

APPROVAL DATE _____

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

193 301 07

paid $100 3/7/02

20978

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 Filed by

PERSON FILING APPLICATION:
NAME: Dore, Mary D.
(last) (first) (mi)
ADDRESS: 1203 Marietta St. PHONE: 704 334-8140 wk
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 3/7/02 20978

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193.43.1.24
STREET ADDRESS: 2024 Sam Newell Rd.
ZONING:

PROPERTY OWNER:
NAME: Nichols, Grady or Jerri
(last) (first) (mi)
ADDRESS: 2024 Sam Newell Rd PHONE: (__) _____
CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [X] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1984

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted] [X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Modular school for 60 students
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: Mary D. Dore Date: March 7, 2002

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WWATER : 122791