

2001 N HOSKINS RD

03912235

1/7/2008

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: 4713B DATE: 3/7/02

TC: 039-122-35 ☐ L ☒ CRT

SERIAL Nº 18828

Name of Owner Piedmont Natural Gas Juris.: _____

Address of Property 2001 N. Hoskins Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 3 @ 67'

Cover Depth 12"

Water Supply Source well

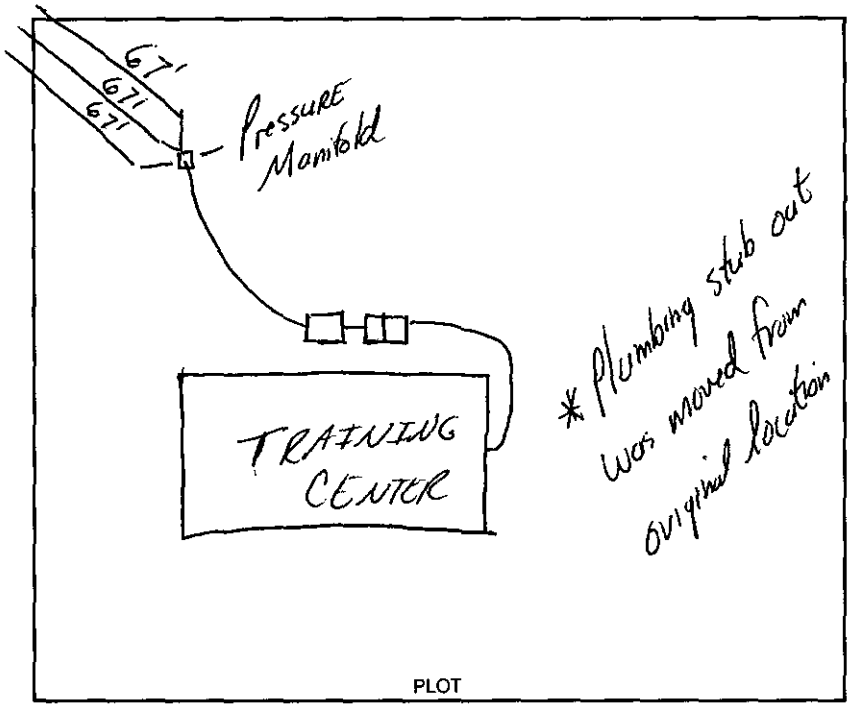
Distance to Water Source >100'

Excavation Inspected 3/7/02

Tank(s) Inspected 3/7/02

Wash Line Inspected NA

High Water Alarm Inspected 3/7/02



Design 1500 ST, 1000 DT, PT, CON, 600 SFT, 12" Stone CTR# Autrey

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: System designed for Training Center Facility
3 lines x 67' x 3' x 12" Stone w/ Pressure Manifold
Type III b Pump to Conventional System

Terry P. Mehlo R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

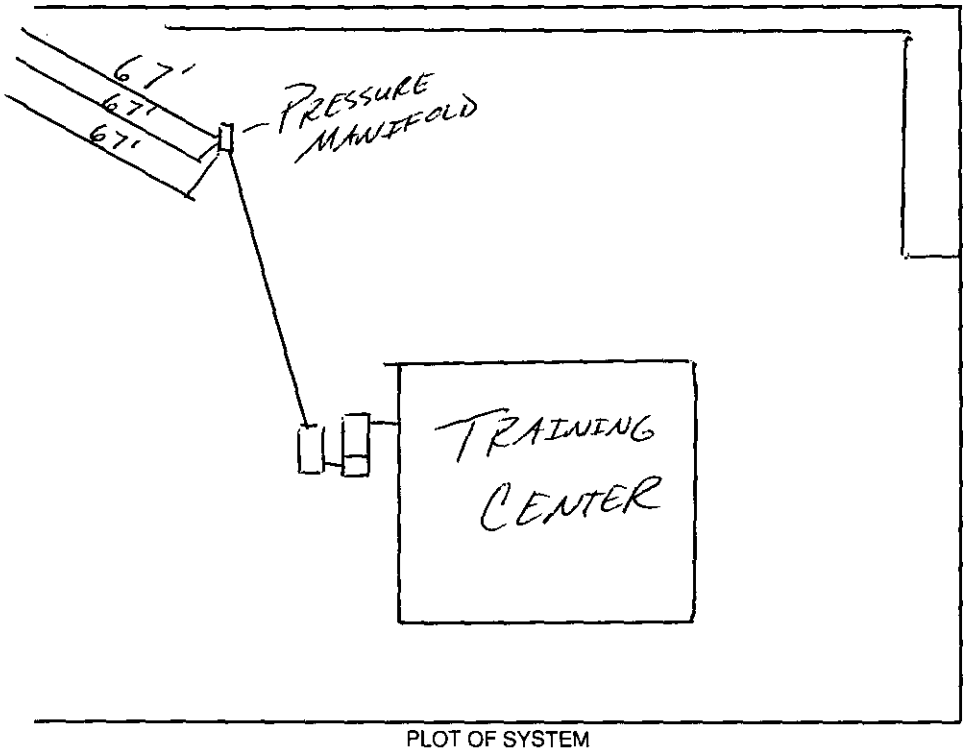
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4713B DATE: 2/6/02

TC: 039-122-35 ☒ L

SERIAL Nº 18957

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 12/13/01. All work shall be completed on or before 3/6/02, 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 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 3 x 67'

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 Piedmont Natural GAS

LOCATION OF PROPERTY 2001 N. Hoskins Road

Comments: Training Center Facility

Install 3 lines x 67' x 3' x 12" Stone

Pressure Manifold

Type IIIb Pump to Conventional

Tammy P. Michalus R.S.
Environmental Health Specialist

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

FEE: 300 check # B34860

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

DATE: 9/13/01 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

X AGS

DATE: 9/10/01

PERMIT NO: 4713B

PARCEL NO: 039 122 35

JOB LOCATION ADDRESS: 2001 N. Hoskins Rd

PROPERTY OWNER: PNG, Piedmont Natural Gas

BUILDING CONTRACTOR: —

SUBDIVISION NAME: —

AUTHORIZATION ISSUED BY: Theodore S. Walker RS DATE: 9/10/01

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4713B, 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.

X _____ 9/13

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4713B

Tax Number: 039 122 35

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)
Yes 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)
NA Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

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

Site modifications required:

Additional Conditions: Lift pump required, Keep the septic system >15' from the storm water drain, Pressure Manifold Distribution, Keep the septic system off the Piedmont Gas right of way

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

600' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	12" Depth of Stone Trench	5' Trench spacing (min. on centers)	10' 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.

Philo S. Walker Jr. 9/10/01
DEHNR Authorized Agent Date

× [signature] 9/13
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

PROJECT INFORMATION

PROJECT NUMBER: 229-962026 **SUBMITTED DATE:** 09/13/01
PROJECT NAME: PIEDMONT NATURAL GAS **PHS:** **SEC:** **TIME:** 11:16 AM

CONTACT NAME: PENNIE PHILEMON **PHONE #:** (704) 536-6931
TITLE: 704-536-4999 **TYPE OF PERMIT:** METAL BLDG

COMMENTS: 2001 N HOSKINS RD / CHAR / METAL BLDG / DJW

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
ENGINEER. & BUILDING STDS	ZONING	SEE FACILITATOR BELOW	000-0000	
	CITY-FIRE	SEE FACILITATOR BELOW	000-0000	
CITY ENGINEERING	CITY ENGINEERING	ALICE CHRISTENBURY	336-7273	
	URBAN FORRESTRY	JUDY SCHNIER	336-4257	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	
UTILITY DEPARTMENT	WATER/SEWER QUALITY	CMUD ENGINEERING STAFF	391-5082	
PERMIT FACILITATORS	DANIEL WATTS	DANIEL WATTS	336-8820	
	PROJ STATUS CALL 3368000	USE 6 DIGIT CONTROL NBR.	336-8000	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED PRIOR TO THE ISSUANCE OF A BUILDING PERMIT. THESE APPROVALS MAY REQUIRE YOU TO MAKE AN INDEPENDENT PLAN SUBMITTAL TO THOSE AGENCIES. THESE APPROVALS INCLUDE, (BUT ARE NOT LIMITED TO): GRADING PERMITS, STORM WATER DETENTION, COMMERCIAL DRAINAGE, FOOD SERVICE, SWIMMING POOLS, DAY CARES, HOTEL/MOTEL CONSTRUCTION, DEMOLITION, AIR QUALITY, SOLID WASTE, SEPTIC TANKS, DEPARTMENT OF INSURANCE, AND DIVISION OF FACILITY SERVICES. SHOULD YOU HAVE ANY QUESTIONS REGARDING THESE APPROVALS, PLEASE CONTACT YOUR PERMIT FACILITATOR LISTED ABOVE OR CALL (704)336-3836.

NORMALLY YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 3 TO 6 WORKING DAYS FOR SMALL PROJECTS, OR 10 TO 18 WORKING DAYS FOR FULL REVIEW PROJECTS. (THIS MAY VARY WITH WORK LOAD.) YOU MAY TRACK THE PROGRESS OF YOUR PROJECT IN THREE DIFFERENT WAYS: 1) CALL IRIS AT (704)336-8000 AND USE YOUR 6 DIGIT PROJECT TRACKING NUMBER; 2) CALL YOUR PERMIT FACILITATOR LISTED ABOVE; OR 3) CALL 336-3836.

FEE: _____

DATE: _____

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

B34860 Billed to Mark Browne TK400 Improvements construction | | 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 #: 47136

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 039.122.35

STREET ADDRESS: 2001 N. Hoskins Rd

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: Training Center 2400 sqft
Square Footage of Facility:

NUMBER OF EMPLOYEES: 1
PER SHIFT: 1

HOW WILL WATER BE USED IN THE FACILITY:

2 TOILETS/URINALS
2 HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE: None allowed

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):
___ 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: P.N.G.

NAME: Johnson DJ
(LAST) (FIRST) (MI)

ADDRESS: 2001- N. Hoskins

CITY: Charlotte STATE: N.C. ZIP: 28213

DAYTIME PHONE: (704) 364-3483 Ext 6221

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Queen Andrew
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 361-1726

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Mid 1950

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: 8/13/01

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

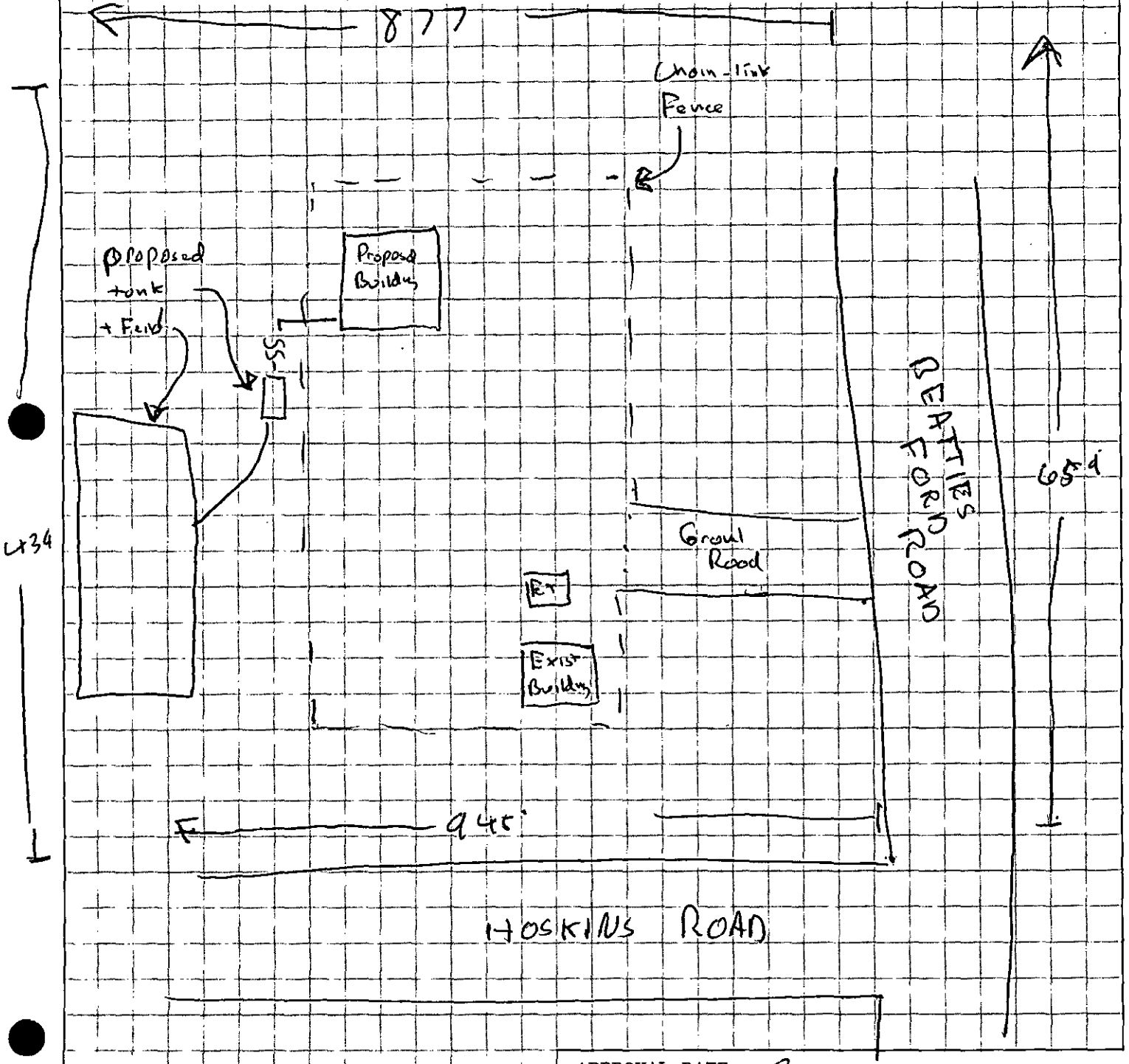
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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



APPROVAL DATE 8/14/01

White - Health Department's Copy Canary - Environmentalist'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: 039-122-35
Lot #: N/A
File #: 4713B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Piedmont Natural Gas Co. Applicant: Andrew Queen

Address: 2001 N. Hjoskins Road, N. C. 28233 Date Evaluated: 8/28/01

Proposed Facility: Training center Design Flow (.1949): 250gpd Property Size: .1a inv.

Location of Site: 2001 N. Hoskins Road Property Recorded:

Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other

Evaluation Method: [x] Auger [ ] 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
	2-8								
A	LS	0-3	GR/SCL	FR/SEXP/SS/SP	>20" TO SOIL WETNESS	20	N/A	NONE	US, IV
		3-20	SBK/C	FI/ SEXP/S/P					
		20+	M/CL	FR/SEXP/SS/SP					
B	LS	0-4	GR/SCL	FR/SEXP/SS/SP	>38" TO SOIL WETNESS	38	"	"	PS, IV .3G/FT^2/DAY
		4-30	SBK/C	FI/SEXP/S/P					
		30-38	SBK/CL	FR/SEXP/SS/SP					
C	LS	0-3	GR/SCL	FR/SEXP/S/P	>48" TO SOIL WETNESS	48	"	"	"
		3-37	SBK/C	FI/SEXP/S/P					
		37-48	SBK/CL	FR/SEXP/SS/SP					
D	LS	0-4	GR/SCL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	"
		4-37	SBK/C	FI/SEXP/S/P					
		37-45	SBK/CL	FR/SEXP/SS/SP					

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

Other Factors (.1946): _____

Site Classification (.1948): PROVISIONALLY SUITABLE

Evaluated By: W. R. Marlin, LSS, 8/30/01. W. R. Marlin

Others Present: A.Queen

FILE # 47138

COMMENTS 100% Repair apparently not necessary

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

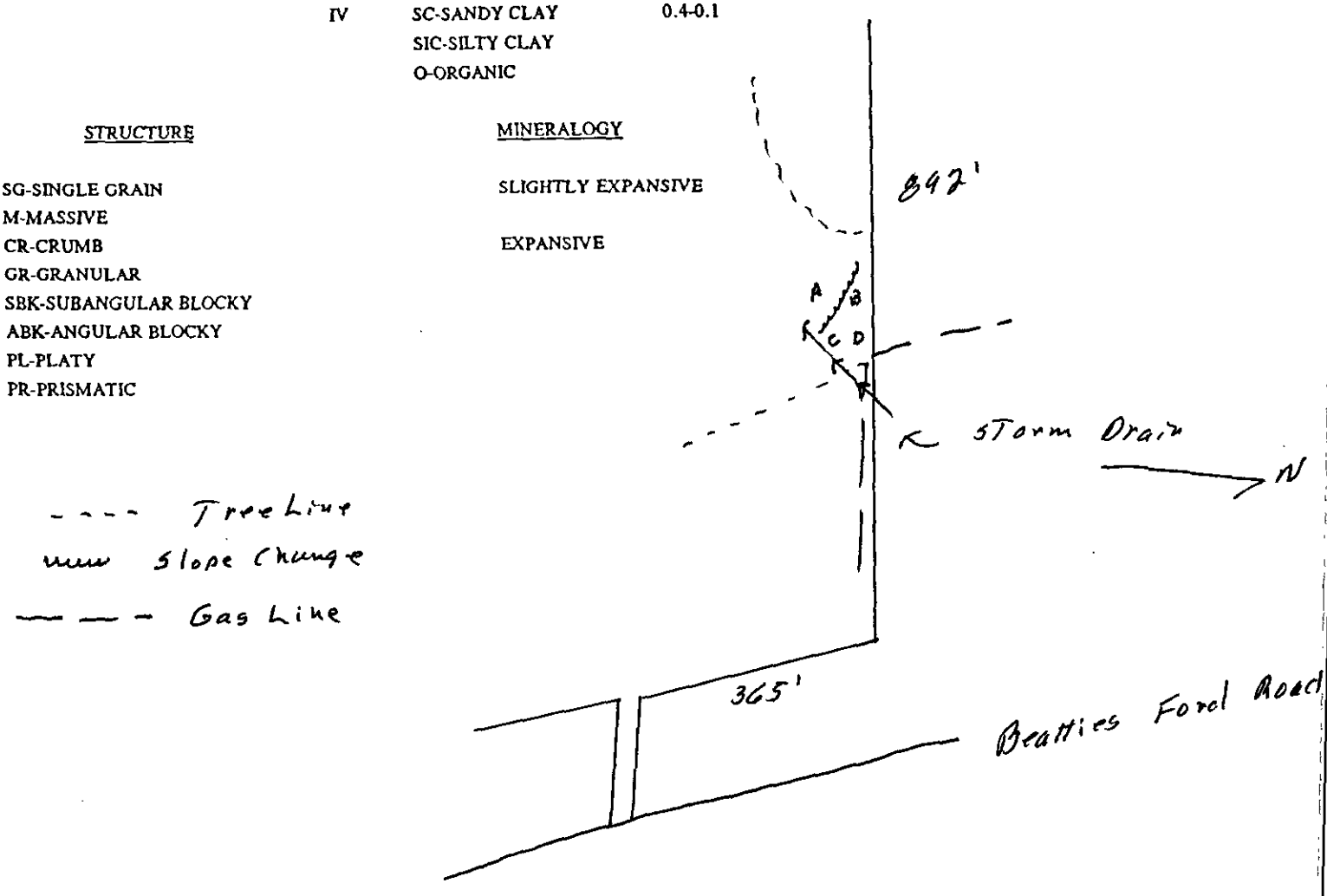
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Millennium 3 Design Group

Architecture

Anthony Hunt

Principal

1313 North Tryon Street

Charlotte, NC 28206

phone 704.333.1965

Ext. 14

fax 704.376.7122

avhunt@m3dg.com