

5641 DAVID COX RD

04322118

12/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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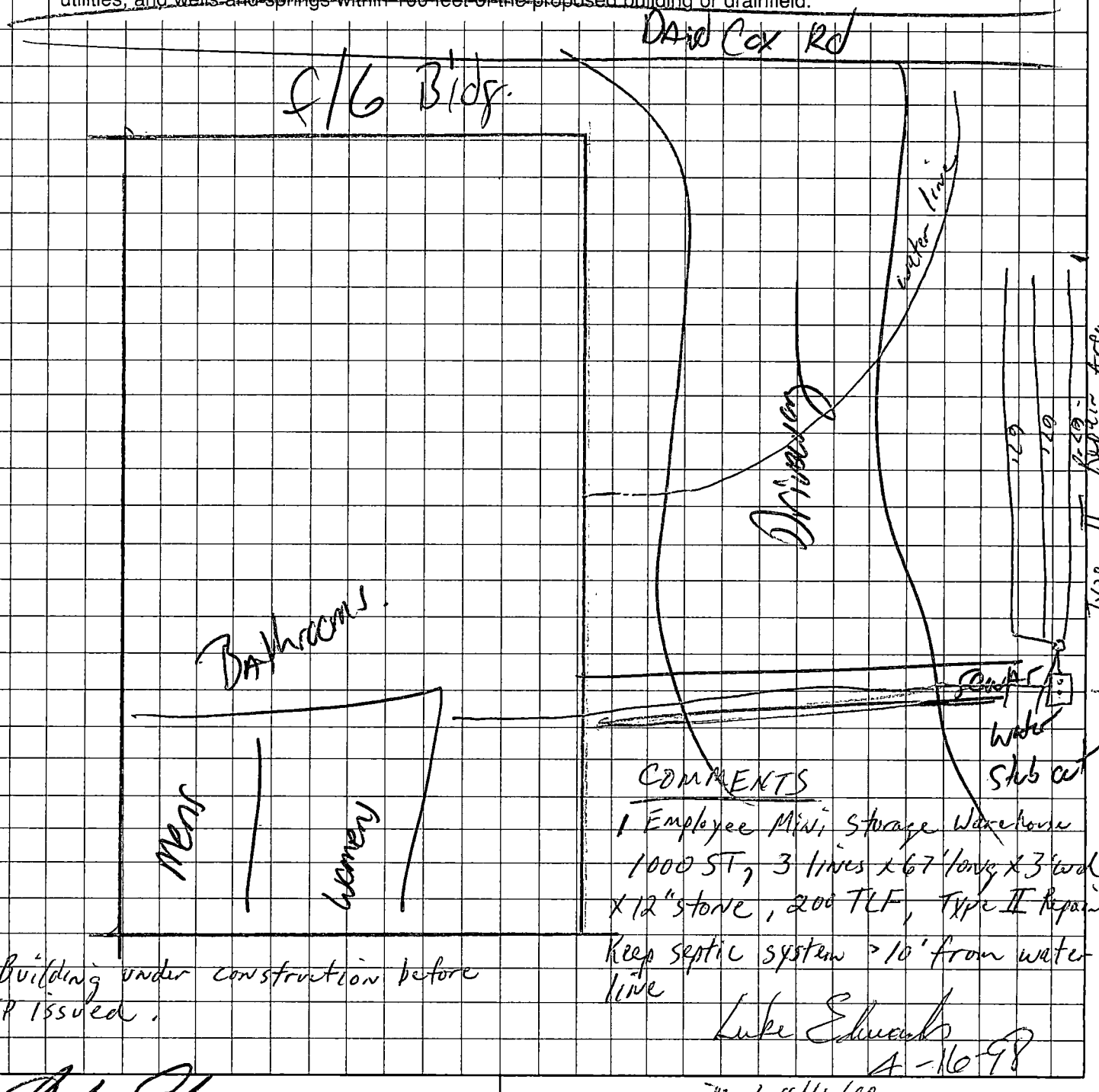
PROPOSED PLOT PLAN

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

FILE: 24148

TC: 043-082-10

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.



OWNER/AGENT SIGNATURE

DATE 3/27/98

APPROVAL DATE BW 4/16/98

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

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

DATE: 4/16/98 PERMIT NO: 2448B
PARCEL NO: 043 082 10

JOB LOCATION ADDRESS: 5641 David Cox Rd
PROPERTY OWNER: Morning star Mini Storage
BUILDING CONTRACTOR: Luke Edwards
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phil A. Walker RS DATE: 4/16/98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2448B, 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: Building under construction before Improvement Permit Issued

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 Luke Edwards 4-16-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 2448B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 043 082 10

- 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	80 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Municipal Serviced by private well	1000 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	NA Gallon pump tank	12" Depth of stone		

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

Site modifications required:

Additional Conditions: Building under construction before Improvement Permit Issued

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	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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 ef 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 Departm

--- This Improvement permit is transferable.

Philo S. Walker R.S. 4/16/98
DEHNR Authorized Agent Date

× Luke Edwards 4-16-98
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

IWWS-100195

COMMENTS: Do not have GPS reference needs

LEGEND

use the following standard abbreviations

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

NOTES

HORIZON DEPTH — In inches below natural soil surface

DEPTH OF FILL — In inches from land surface

RESTRICTIVE HORIZON — Thickness and depth from land surface

SAPROLITE — S(suitable) or U(unsuitable)

SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatio

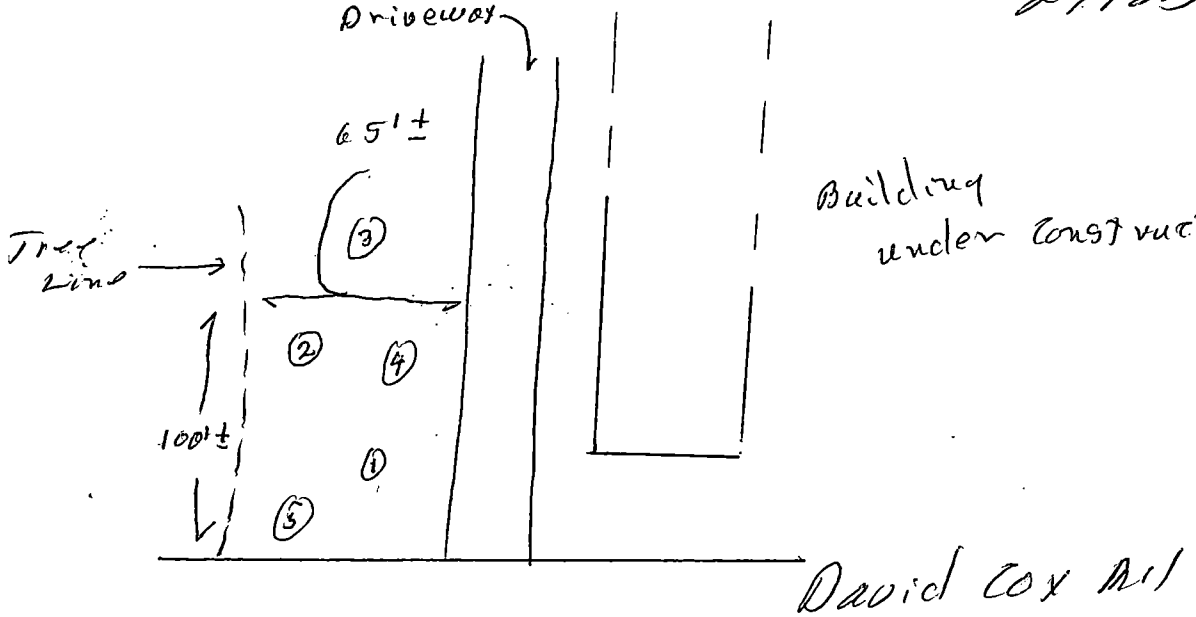
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

24498



Provisionally Suitable Soils

Extend Approx. 100' along

Driveway

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2448 B DATE: 5-5-98

TC: 043 08210 ☐ L ☐ CRT

SERIAL Nº 17554

Name of Owner LOLA A. EDWARDS Juris.: _____

Address of Property 5641 DAVID COX ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 240

Number of Lines 3 @ 20'

Cover Depth 18" SOIL

Water Supply Source MUNICIPAL

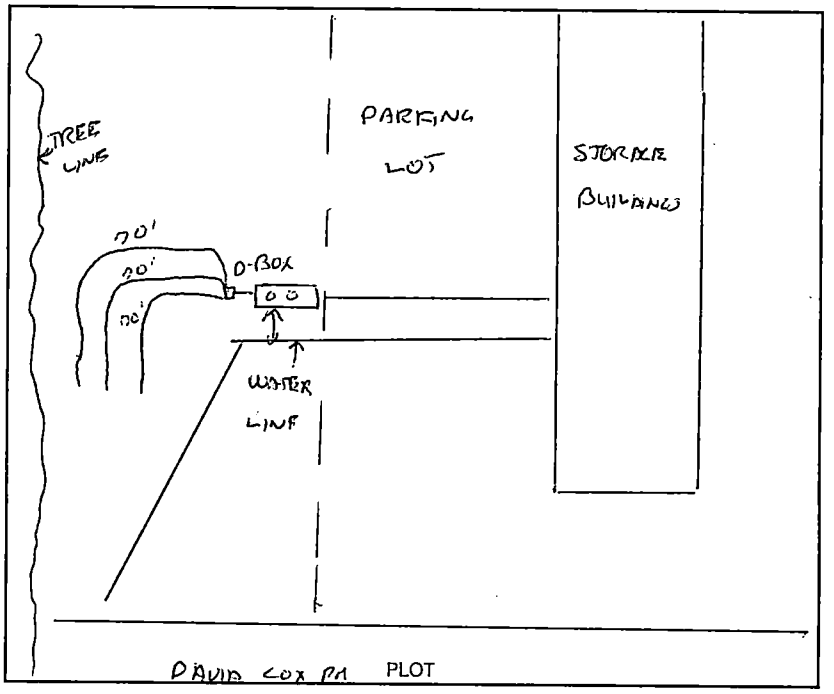
Distance to Water Source >10'

Excavation Inspected 5-5-98

Tank(s) Inspected 5-5-98

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1000 ST CON 720 T 12" G - CTR# C. MORRISON

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: TYPE II-C

J. Andrew Chalk RS
Environmental Health Specialist

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 3-27-98

Name/Company: Morning Star Mini Storage

Sanitation _____

Vector Control _____

IWWS ✓

Service: _____

_____

_____

_____

Fee: $ 100.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Valice L. Waters pd. 100.00 EW #1723 3/27/98

Completed by Collected by

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION (400) #1 24468
for ON-SITE WASTEWATER SYSTEM PO 043-062-10

OWNER: Morningstar Mini Storage APPLICANT: _____
ADDRESS: 5641 David Cox Road, Char. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: Storage PROPOSED DESIGN FLOW (.1949): 2594/d PROPERTY SIZE: 1.5 ± ac.
LOCATION OF SITE: 5641 David Cox Road PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-8% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4"	gr/cl	Fr/SEXPlss/SP	>48" TO Soil Wetness	48"	N/A	None	PS .215g/ft² III
		4-48"	SBK/c	Fi/SEXPlsp					
2	LS	0-3"	gr/cl	Fr/SEXPlss/SP	>46" TO Soil Wetness	46"	N/A	None	PS .215g/ft² III
		3-46"	SBK/c	Fi/SEXPlsp					
3	LS	0-6"	gr/cl	Fr/SEXPlss/SP	>25" TO Soil Wetness	25"	N/A	None	US
		6-25"	SBK/c	Fi-vFi/EXP vst/wd					
4	LS	0-8"	gr/cl	Fr/SEXPlss/SP	>48" TO Soil Wetness	48"	N/A	None	.215g/ft² III PS
		8-48"	ABK SBK/c	Fi/SEXPlsp					
5	LS	0-8"	gr/cl	Fr/SEXPlss/SP	>46" TO Soil Wetness	46"	N/A	None	.215g/ft² III PS
		8-48"	SBK/c	Fi/SEXPlsp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.225g/ft²	.215g/ft²

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Included
EVALUATED BY: W. R. Mullis 4-6-98
OTHER(S) PRESENT: LSS

FEE: 100.00 Chk # 1723
DATE: 3/9/98 3/17/98

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

[redacted]

1 CRT

TYPE APPLICATION: X 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 #: 04486

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 04308210

STREET ADDRESS: 5641 David Cox Rd

LOT NUMBER: 5

TOWNSHIP (CHECK ONE):

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

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: New Construction Mini Storage Business

Square footage of facility: 45,000

NUMBER OF EMPLOYEES: 1 PER SHIFT: 1

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

X SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

~~Adding Exterior Secu. Area to Storage Bldgs under Construction~~

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) X MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES	X NO	WELL SPRINGS OR WATERLINES	___ YES	X NO
EXISTING WASTE WATER SYSTEMS	___ YES	X NO	DESIGNATED WETLANDS	___ YES	X NO
EASEMENTS OR RIGHT-OF-WAYS	X 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: Edwards (LAST) Luke (FIRST) A (MI) Morningstar Mini Storage

ADDRESS: 5641 David Cox Road

CITY: Charlotte STATE: NC ZIP: 28269

DAYTIME PHONE: (704) 579-1300

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Edwards (LAST) Luke (FIRST) A (MI)

DAYTIME PHONE: (704) 844-1260

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: Luke Edwards DATE: 3/9/98

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

$200 for One

to Proceed

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE
3/29/98	TOWNS STORAGE MORNINGSTAR MINI	100 00	100 00	-0-	-0-

PREVIOUS BALANCE	NAME
-0-	MORNINGSTAR MINI STORAGE

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

10298

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH OFFICE

700 NORTH TRYON STREET

CHARLOTTE, NORTH CAROLINA 28202

TELEPHONE: (704) 336-5102

Thank you