

12/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Mecklenburg County
Health Department

September 16, 1998

Combs Construction Co., Inc
P.O. Box 2937
Huntersville, NC 28078

Re: 11535 Old Statesville Road
File 2646B
Parcel: 011-021-11

Dear Sirs:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE**. For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall

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

Mecklenburg County
Health Department

Combs Construction Co. Inc.
PO Box 2937
Huntersville NC 28070

Re: 11535 Old Statesville Rd
File: 2646-B
Parcel: 011-021-11

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If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

CK # 2030

FEE: CC. 100.00 VIS

DATE: 8-28-98 VIS

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

[redacted]

[ ] 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 #2646B

FILE #: 011-021-1B 011-021-1

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 11535 ~~11535~~ Old Statesville Rd

X COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS:
RETAIL
Square footage of facility:

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: 5± no more than 10
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

X TOLIETS/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:

WATER SUPPLY (CHECK ONE): X 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 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	___ YES X NO		

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

PROPERTY OWNER:

NAME: COMBS CONSTRUCTION CO. INC.
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 2937

CITY: HUNTERSVILLE STATE: N.C. ZIP: 28070

DAYTIME PHONE: ( ) 704-391-0966

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MAGGE CONST. CO.
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 704-545-7900

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

Need signatures
On applications
plot plan

PROPOSED PLOT PLAN

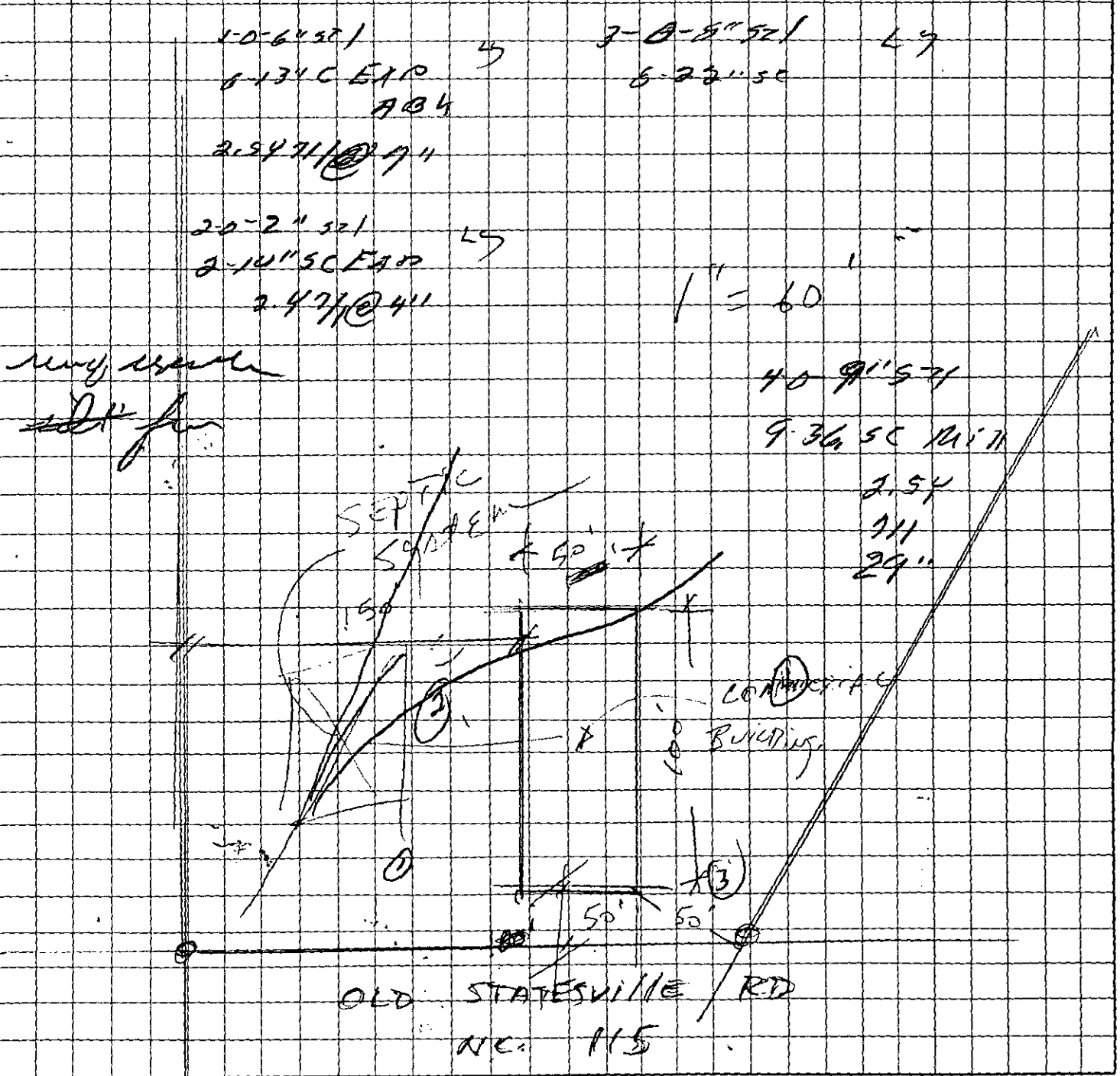
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTHTRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 2646 B

TC: D11-081-11

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

APPROVAL DATE _____

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

Mecklenburg County
Health Department

October 29, 1998

Combs Construction Company, Inc.
P.O. Box 2937
Huntersville, NC 28078

Re: 11535 Old Statesville Road
File: 2646B
Parcel: 011-021-14

Dear Applicant:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)**, .1942 **SOIL WETNESS CONDITIONS**, .1943 **SOIL DEPTH** and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

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> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

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If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

Mecklenburg County
Health Department

Combs Construction Co. Inc

PO Box 2937

Huntersville NC 28078

Re: 11535 old Statesville Rd
File: 2646 B
Parcel: 011-021-14

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Sincerely,

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

Pd $75.00 on 2nd Site

FEE: DC. 100 VW
DATE: 8-28-98 VW

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

[redacted] [ ] 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

COPY

FILE #: 011-021-15 26468

PROJECT TRACKING #: -14

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 11535 #5332 Old Statesville Rd

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
RETAIL
Square Footage of Facility:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

NUMBER OF EMPLOYEES: 5 to no more than 10
PER SHIFT: ___ ___ ___

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

HOW WILL WATER BE USED IN THE FACILITY:

X TOILETS/URINALS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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___ INDUSTRIAL PROCESS WASTE WATER

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EXISTING WASTE WATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES X NO		

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

PROPERTY OWNER:
NAME: COMBS CONSTRUCTION CO. INC. (LAST) (FIRST) (MI)
ADDRESS: P.O. Box 2937
CITY: HUNTERSVILLE STATE: N.C. ZIP: 28070
DAYTIME PHONE: ( ) 704-391-0966

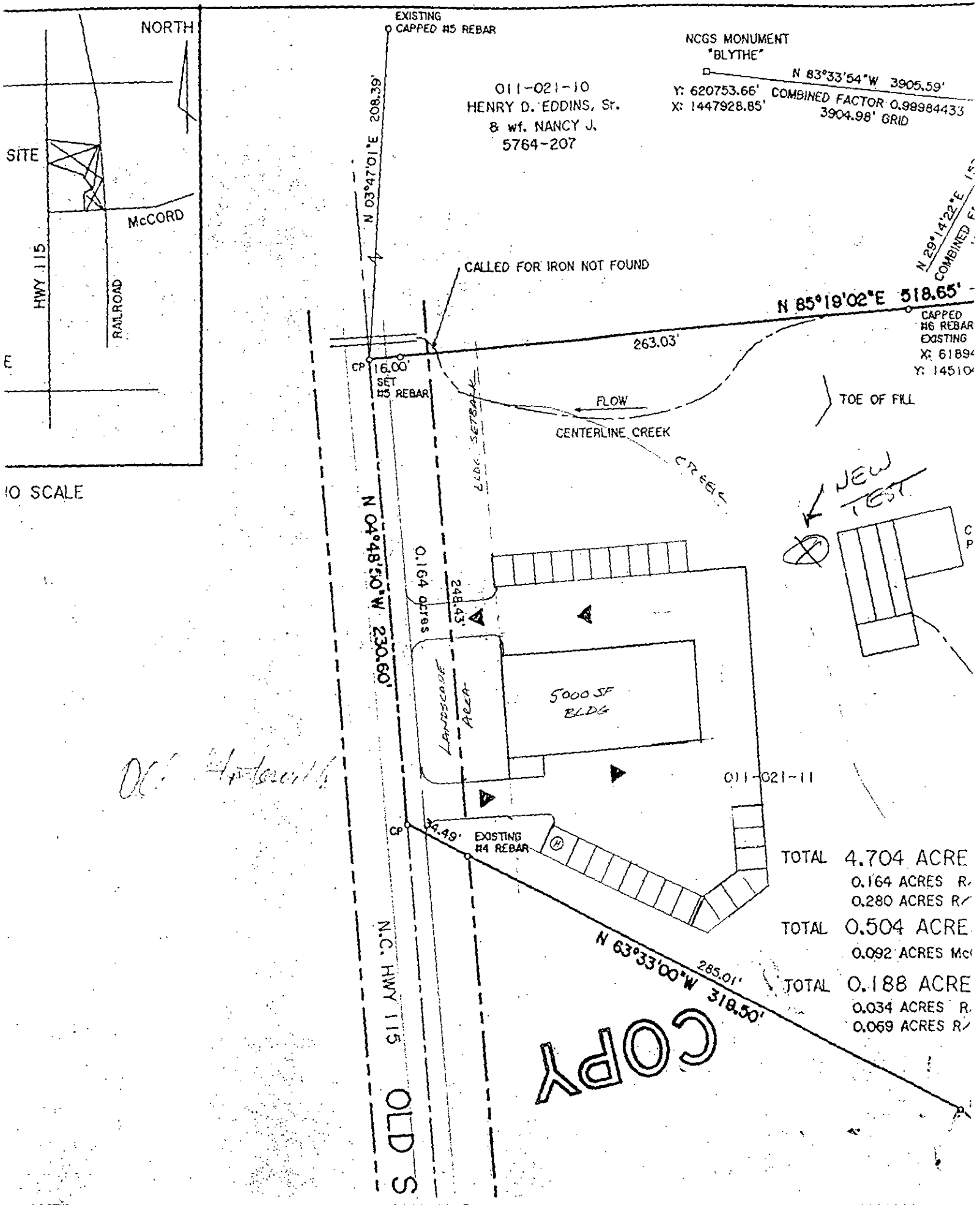
LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: MAGEE CONST CO. (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) 704-545-7900

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ___

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SIGNED: DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION


NORTH
SITE
McCORD
HWY 115
RAILROAD
E
IO SCALE
EXISTING
CAPPED #5 REBAR
NCGS MONUMENT
"BLYTHE"
N 83°33'54"W 3905.59'
Y: 620753.66'
X: 1447928.85'
COMBINED FACTOR 0.99984433
3904.98' GRID
011-021-10
HENRY D. EDDINS, Sr.
& wf. NANCY J.
5764-207
N 03°47'01"E 208.39'
N 29°14'22"E
CALLED FOR IRON NOT FOUND
N 85°19'02"E 518.65'
CAPPED
#6 REBAR
EXISTING
263.03'
CP
16.00'
SET
#5 REBAR
FLOW
CENTERLINE CREEK
TOE OF FILL
CREEK
NEW TEST
N 04°48'30"W 230.60'
0.164 acres
248.43'
LANDSCAPE AREA
5000 SF BLDG
011-021-11
CP
49.49'
EXISTING
#4 REBAR
TOTAL 4.704 ACRE
0.164 ACRES R
0.280 ACRES R
TOTAL 0.504 ACRE
0.092 ACRES Mc
TOTAL 0.188 ACRE
0.034 ACRES R
0.069 ACRES R
N 63°33'00"W 318.50'
285.01'
N.C. HWY 115 OLD S
COPY

PROPOSED PLOT PLAN

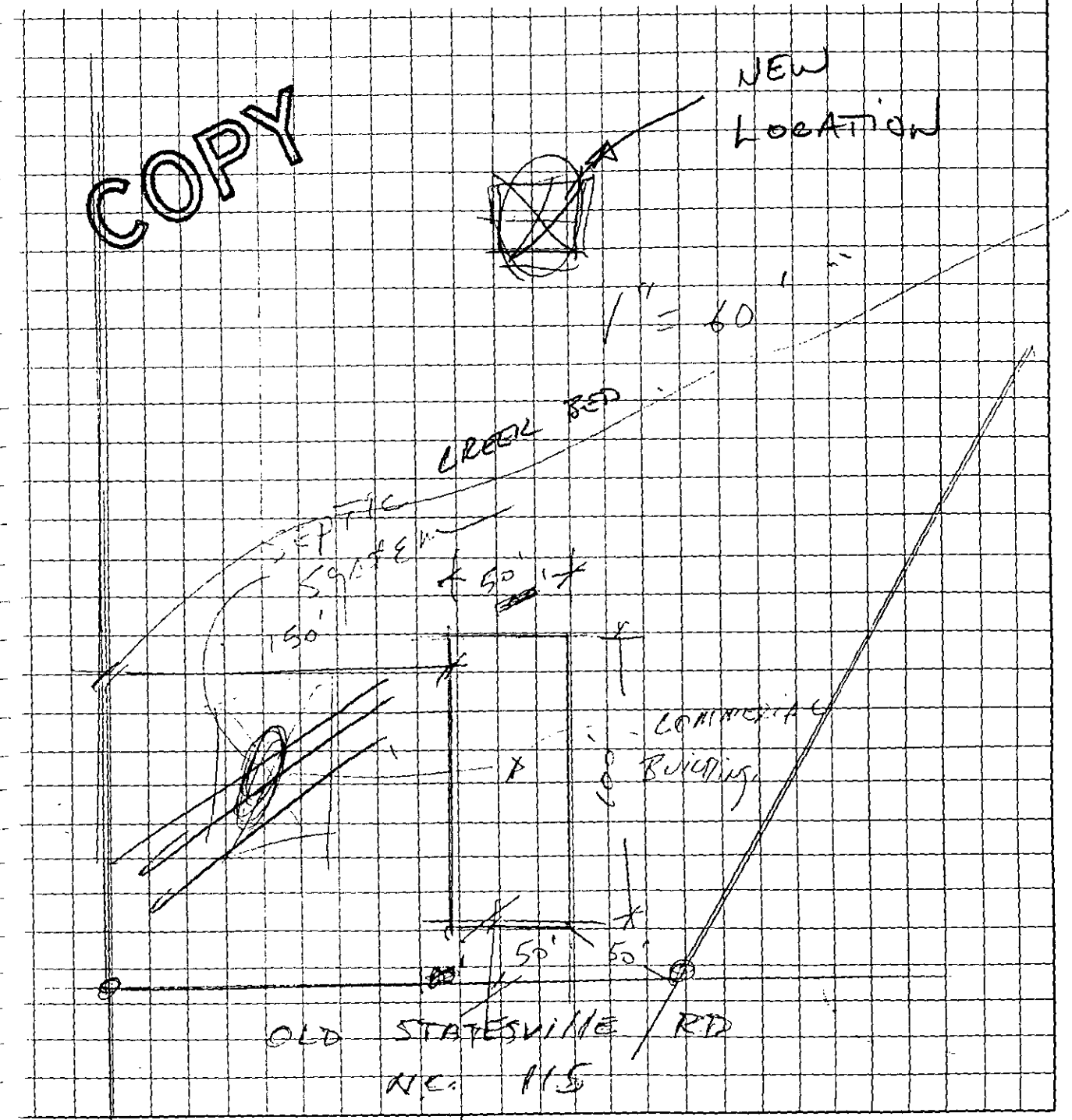
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____

TC: 011-021-11

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.

COPY



OWNER/AGENT SIGNATURE

DATE _____

APPROVAL DATE _____

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

N 85°19'02"E 518.65'

CAPPED #6 REBAR EXISTING X: 618943.83' Y: 1451041.13

263.03'

203.53'

EXISTING 1/2" PIPE

14.08' 22.01' 36.09' TOTAL

CP

6.00'

SET #5 REBAR

FLOW

CENTERLINE CREEK

TOE OF FILL

S 06°37'30"E 95.49'

EXISTING 1/2" ROD

N 04°48'50"W 230.60'

0.164 acres

248.43'

11535

CONCRETE PAD

RETAINING WALL

CONCRETE DITCH

L-7

9-7

L-5

0.280 ACRES

S 03°34'50"E 189.99'

011-021-11

PROPANE PAD

LOADING

CP

34.49'

EXISTING #4 REBAR

TOTAL 4.704 ACRES 011-021-11

0.164 ACRES R/W HWY. 115

0.280 ACRES R/W RAILROAD

TOTAL 0.504 ACRES 011-021-14

0.092 ACRES McCORD ROAD

TOTAL 0.188 ACRES DEED 2639-462

0.034 ACRES R/W HWY. 115

0.069 ACRES R/W RAILROAD

TIN BUILDING

CONCRETE BATCHING PLANT AND AGGREGATE HOPPER

SIDE TRACK DUMP AREA

EXISTING 1/2" ROD

N 63°33'00"W 319.50'

285.01'

EXISTING #4 REBAR

N 48°05'41"W 191.42'

OVERHEAD POWER

CENTERLINE CONCRETE DRIVE

L-4

L-3

L-2

L-1

S 00°12'34"W 200.03'

EXISTING 1/2" ROD

S 02°10

34.17

S 81°24'32"W 91.55' TOTAL

41.64'

27.34'

22.56'

CP

79.90'

FALLS IN CONCRETE DRIVE

91.36'

EXISTING #6 REBAR

N 81°24'32"E 133.00'

EXISTING #4 REBAR WITNESSED BY A 3/4" PIPE

011-021-13

JAMES O. McCONNELL

& wf. DIANE D.

8171-782

011-021-14

0.504 ACRES TOTAL

0.092 ACRES IN R/W

DWELLING 1153/

N 02°11'39"E 168.62'

138.39'

S 02°11'39"W 167.53' TOTAL

136.43'

S 02°10'31"W 167.11' TOTAL

DEED 5098-974 CALLS FOR 60' R/W

DEED 5098-974

EXISTING 1/2" ROD 0.14' OFF LINE

EXISTING #4 REBAR

30.23'

30.59' TO R/W

133.28'

0.092

133.21'

0.034

30.68'

30.59'

PK NAIL

50.04'

S 80°56'47"W 133.21'

S 80°56'47"W

SET CONCRETE NAIL

S 81°18'36"W 292.97'

CONCRETE NAIL

McCORD ROAD

STATE ROAD 2427

N 04°50'59"W 498.36'

N. C. HWY 115 OLD STATESVILLE ROAD

011-012-08

JIMMIE J. DOVE

& wf. HELEN W.

3623-025

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

Sheet ____
PROPERTY ID #: 011-021-11
Lot # : ____
File # : 2646B

SOIL/SITE EVALUATION #3
for ON-SITE WASTEWATER SYSTEM

OWNER: Combs Construction Co. APPLICANT: Mayse Const. Co.
ADDRESS: Box 2937, Huntersville, N.C. DATE EVALUATED: 10-1-96
PROPOSED FACILITY: store PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: 2.0
LOCATION OF SITE: 11535 old Statesville Road PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	2-10% .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	0-12"	Massive Mixed	Fill	>48" to soil wetness	19"	US	None	US
		12-19"	ABK/C	F:-VF:/M/US/VP					
		19-48"	M/C/	F:/M/S/P					
2	LS	0-12"	Massive Mixed	Fill	2.5Y8/1 @ 21"	20"	US	None	US
		12-20"	ABK/C	F:-VF:/M/US/VP					
		20-43	M/C/	F:/M/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Mauldin 10-1-96
OTHER(S) PRESENT: LSS

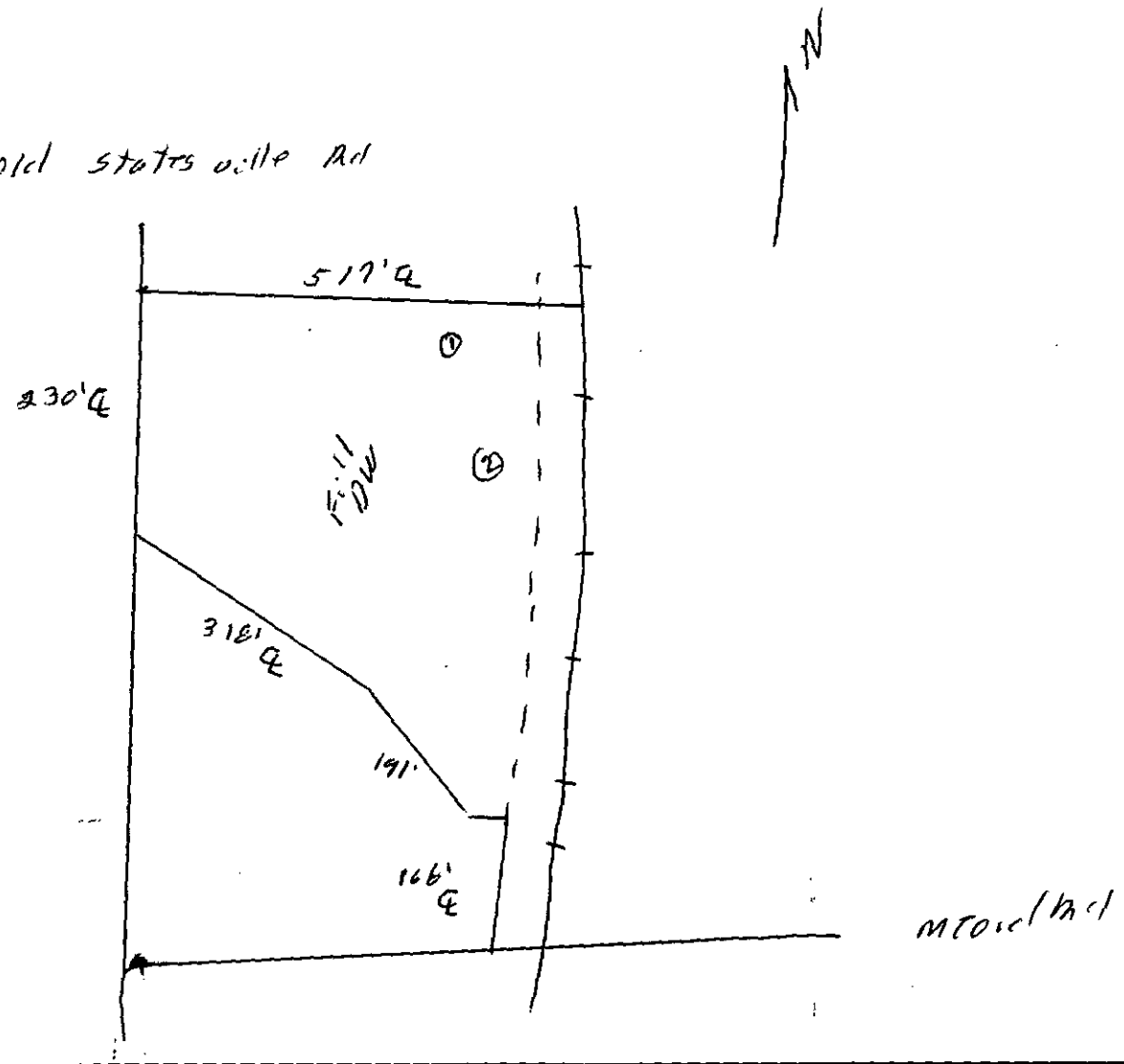
FILE #2646B

COMMENTS

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



FEE: 00.00 W/O
DATE: 8-28-98
W/W

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

2648 D/R
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 #: 011-021-15 D

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 11535 ~~11535~~ Old Statesville Rd

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
RETAIL
Square footage of facility:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: 5 to 10 more than 10
PER SHIFT: ___ ___ ___

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:

WATER SUPPLY (CHECK ONE): X 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 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	___ YES X NO		

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

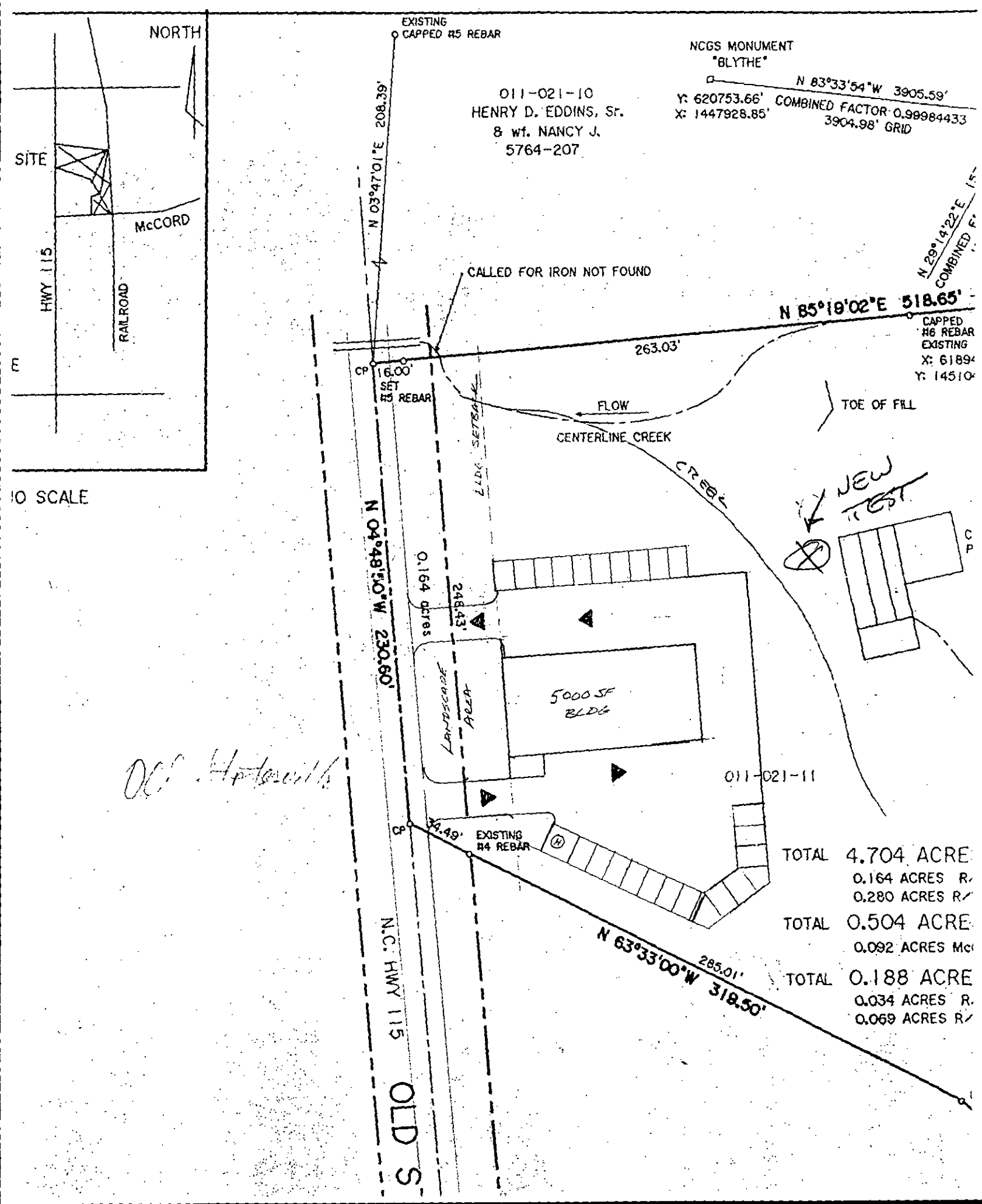
PROPERTY OWNER:
NAME: COMBS CONSTRUCTION CO. INC
(LAST) (FIRST) (MI)
ADDRESS: P.O. Box 2937
CITY: HUNTERSVILLE STATE: N.C. ZIP: 28070
DAYTIME PHONE: ( ) 704-391-0966

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: MAGEE CONST CO.
(LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) 704-545-7900

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:


NORTH
SITE
McCORD
HWY 115
RAILROAD
IO SCALE
EXISTING
CAPPED #5 REBAR
NCGS MONUMENT
"BLYTHE"
N 83°33'54"W 3905.59'
Y: 620753.66'
X: 1447928.85'
COMBINED FACTOR 0.99984433
3904.98' GRID
011-021-10
HENRY D. EDDINS, Sr.
& wf. NANCY J.
5764-207
N 03°47'01"E 208.39'
CALLED FOR IRON NOT FOUND
N 29°14'22"E
COMBINED F
N 85°19'02"E 518.65'
263.03'
CAPPED
#6 REBAR
EXISTING
X: 6189
Y: 1451
CP
16.00'
SET
#5 REBAR
FLOW
CENTERLINE CREEK
TOE OF FILL
CREEK
NEW
TEST
C
P
N 04°48'50"W 230.60'
0.164 acres
248.43'
LANDSCAPE AREA
5000 SF
BLDG
011-021-11
CP
74.49'
EXISTING
#4 REBAR
TOTAL 4.704 ACRE
0.164 ACRES R
0.280 ACRES R
TOTAL 0.504 ACRE
0.092 ACRES Mc
TOTAL 0.188 ACRE
0.034 ACRES R.
0.069 ACRES R
N 63°33'00"W 318.50'
285.01'
N.C. HWY 115 OLD S

CHARGE

1788 Check Amt 9-21-98 Received CH

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 9/21/98

Name/Company: ~~Curtis Const. Co.~~

Sanitation _____

Vector Control _____

IWWS ✓

Service: 2nd Site Evaluation
11535 Old Statesville Rd
File 26468

Fee: $ 75.00

NOTICE:

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

Completed by

Collected by

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

3 (400)

Sheet ___
PROPERTY ID #: Pender-97-11
Lot # : ___
File # : 26463

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Combs Construction Co. Inc. APPLICANT: McRee Construction
ADDRESS: Box 2937 Hunterville N.C. DATE EVALUATED: 2-9-96
PROPOSED FACILITY: school PROPOSED DESIGN FLOW (.1949): 250gpd PROPERTY SIZE: .5 ac.
LOCATION OF SITE: 11535 Hallsville 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 6-15% .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	0-6"	gr/sl	Fr/SEXP/SS/SP	2.5Y 7/1 @ 7"	13"	N/A	None	US
		6-13"	SBK/C	VF:/EXP/VS/VP					
2	LS	0-2"	gr/sl	Fr/SEXP/SS/SP	2.5Y 7/1 @ 4"	14"	N/A	None	US
		2-14"	SBK/SC	VF:/EXP/VS/VP					
3	LS	0-6"	gr/sl	Fr/SEXP/SS/SP	7.5Y 5.0:1 wetness	22"	N/A	None	US
		6-22"	SBK/SC	F:/SEXP/SS/SP					
4	LS	0-9"	gr/sl	Fr/SEXP/SS/SP	2.5Y 7.1 @ 29"	36"	N/A	None	US
		9-36"	SBK/SC	Fi-VF:/MIXED/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William B. Medlin 2-9-96
OTHER(S) PRESENT: LSS

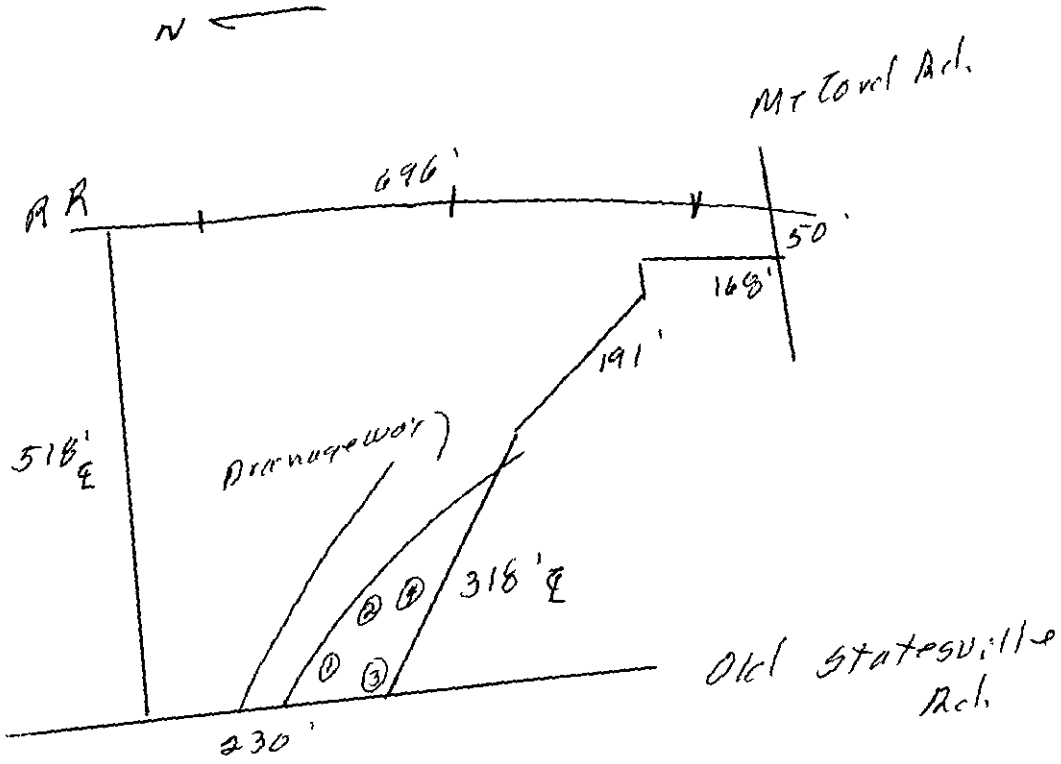
FILE # 26468

COMMENTS Not sure if WCR Repair required

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



FEE: DC 100 V/W
DATE: 8-28-98 V/W

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

1 | 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

COPY

File # 2646 B

FILE #: 011-021-15 011-021-11

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 11535 ~~11532~~ Old Statesville Rd

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

X COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
RETAIL
Square footage of facility:

NUMBER OF EMPLOYEES: 5± AD more than 10
PER SHIFT: ___ ___ ___

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:

WATER SUPPLY (CHECK ONE): X 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 I

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

Need signatures on applications, plot plan

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

PROPERTY OWNER:
NAME: COMBS CONSTRUCTION CO. I
(LAST) (FIRST) (MI)
ADDRESS: P.O. Box 2937
CITY: HUNTERSVILLE STATE: N.C. ZIP: 28070
DAYTIME PHONE: ( ) 704-391-0966

LEGAL AGENT FOR PROPER ABLE:
NAME: MAGEE CONST CO.
(LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) 704-545-7900

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SIGNED: DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

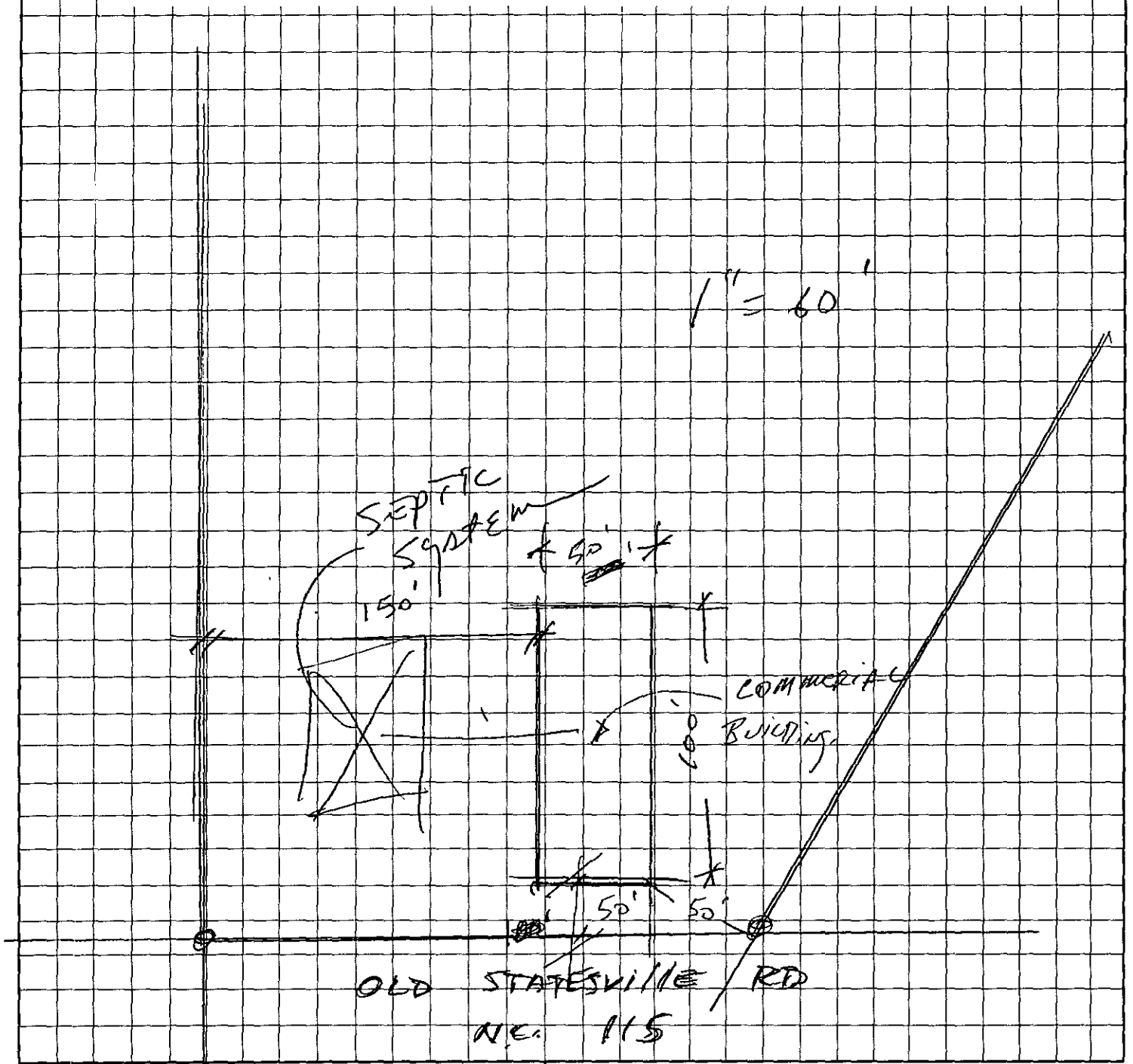
PROPOSED PLOT PLAN

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

FILE: _____

TC: 011-081-11

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 _____

OWNER/AGENT SIGNATURE

DATE _____

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