

7609 MATTHEWS-MINT HILL RD

13706536

6/22/2007

duponbj

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

Refer to file # 18622

APPLICATIONS FOR IMPROVEMENT PERMITS
(NEW APPLICATIONS ONLY!)

FILE NUMBER: 6997A DATE RECEIVED: 11-6-90

SANITARIAN: Judy Tiser

INFORMATION TO COMPLETE FILE

Soil Report: Already in File ✓ Date Filed _____ Time _____

Charge Slip: Date Filed 11/7/90 Time 1:55

Applications (white only!): Date Filed 11/7/90 Time 1:55

Plot Plan: Date Filed 11-16-90 Time 12:25

Site Plan: Date Filed _____ Time _____

Address Form (Cty. Eng.): Date Filed ? Time _____

Zoning Form: Date Filed _____ Time _____

Verification of Lot Division: Date Filed _____ Time _____

DataBase: Date Logged 11-7-90 Time 7:55 am

Lotus: Date Logged 11-7-90 Time 12:52 PM

FILE AVAILABLE/COMPLETE FOR SANITARIAN: Date _____ Time _____

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

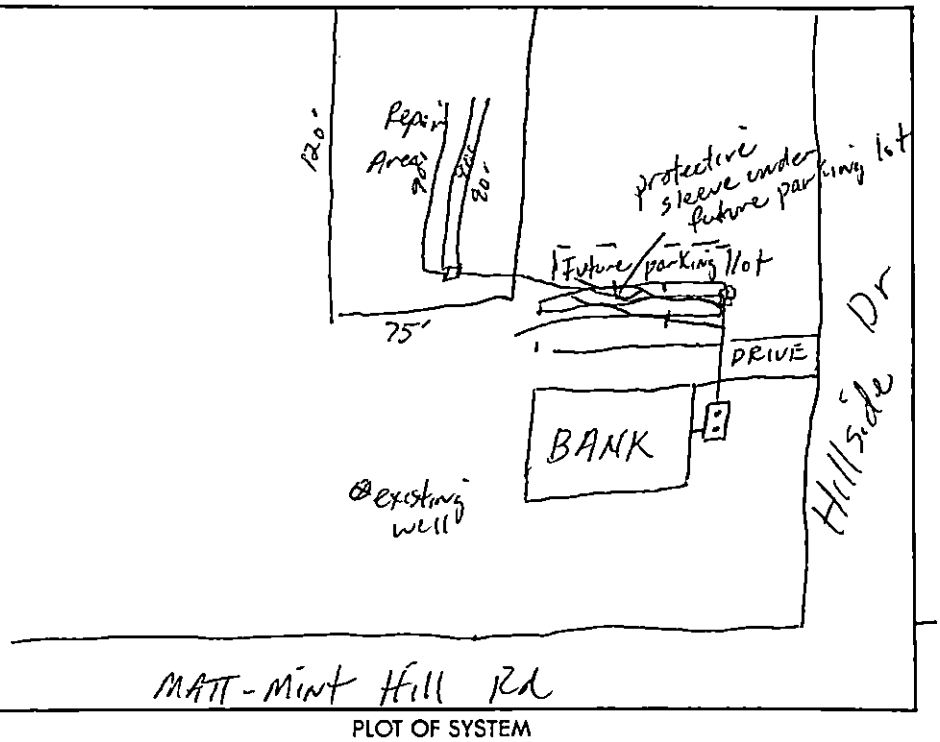
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6997A DATE: 1/17/91

TC: 137-066-40 L

SERIAL Nº 14778

Permission is hereby given to ____ Install or Construct, ✓ (Alter) or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11/14/90. All work shall be completed on or before 2/17/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270' feet

Number of Lines 3 (90')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER American Commerial Savings Bank

LOCATION OF PROPERTY 7609 Matthews - Mint Hill Rd

Comments: Abandon old drainfield, Keep System >50 from existing well / 3 lines x 90' long x 3' x 12" stone / Protective sleeve to be installed over supply line under future parking area.

Division or Section Head

Philo L. Walker R.S.
Environmentalist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6997A DATE: 1/18/91

TC: 137-066-40 ☐ L ☑ CRT

SERIAL № 13664

Name of Owner American Commerial Savings Bank Juris.:

Address of Property 7609 Matthews-Mint Hill Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270

Number of Lines 3 @ 90

Cover Depth 10"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 1/18/91

Tank(s) Inspected -

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1991, Alteration CTR# 90

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Drainfield moved to alternate site to build parking lot.

Philo S. Walker R.S.
Environmentalist

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6997A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: P.O. Box 23382 Corner of Hillside & Hwy 51 Beside American Commercial

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

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 0616 PARCEL NO.: 40

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Charles (FIRST) BRUCE (MIDDLE) HAIGLER (LAST) C/o American Commercial Savings Bank In

⑧ MAILING ADDRESS: P.O. Box 23745

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 545-6373 (HOME) _____

⑬ Accurately diagram and dimension lot.

See attached

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: ✓ Charles B Haigler

Date: JULY 23 1990

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7/26/90

Name/Company: Charles Haigler

Re: Dioxin - Pineville

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 26 1990

1 acre

18622

Fee: $ 50.00

NOTICE:

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

Completed by

Collected by

PROPOSED PLOT PLAN

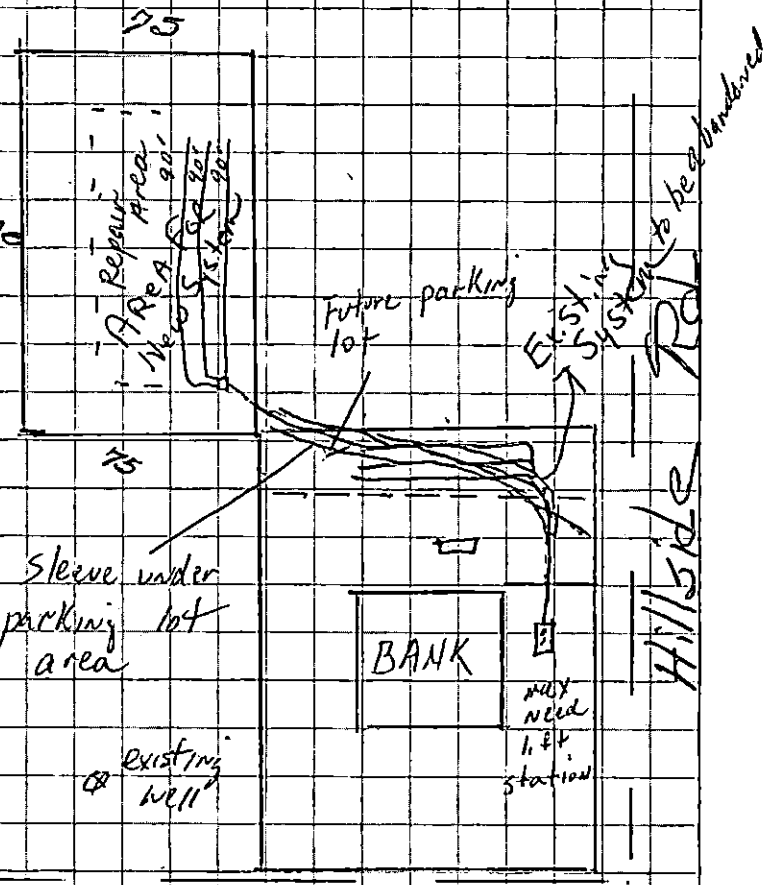
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6997A

TC: 137-066-40

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.

May need lift station
3 lines x 90'long x 3 x 12" stone
270' LF Total
old drainfield to be abandoned
protective sleeve to be installed over supply line under parking lot area
Keep septic system >50 from existing well



Mint Hill Matthews Rd

APPROVAL DATE JSW appr 11/14/90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6997A
TC: 137-066-40
SERIAL: № 21468
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 7609 Matthew - Mint Hill Rd - Hillside Rd ② FILE:
STREET NO. STREET

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: American Commercial Saving Bank
(FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: P.O Box 23745

⑩ CITY: Charlotte NC. ⑪ STATE: NC. ⑫ ZIP: 28212

⑬ PHONE: (WORK) ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☑ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) Moving Septic System

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☑ Business or place of public assembly

㉒ Number of bedrooms?

㉓ Maximum occupancy?

㉔ Basement? ☐ yes ☐ no

㉕ Type? BANK

㉖ Maximum number of employees? 4

㉗ Maximum number of seats? N/A

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Donna Laney

Date: 11-6-90

IMPROVEMENT PERMIT

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

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

MAY need lift station. Relocating drainfield

Philo S. Walker, 11/14/90
Environmentalist Date

Director or Authorized Section Head, 11-15-90
Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-6-90

Name/Company: Stephen Lloyd Ellers

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: Swp Permit → New Syst.
7609 Matthews-Mint Hill Rd.
Lot #6997A
Tax 137-066-40

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 6 1990

Fee: $ 200 ck

NOTICE:

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

W Hargrove — Completed by

D. Mabry — Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 6997-A
TC: 137-066-40
SERIAL: 21469 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 7609 Matthews-Mint Hill Rd - Hillside Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: American Commercial Savings Bank (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: P.O Box 23745
⑩ CITY: Charlotte NC. ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Piping Septic System

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? BANK
㉖ Maximum number of employees? 4
㉗ Maximum number of seats? N/A

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges 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: Ronnie Laney
Date: 11-6-90

IMPROVEMENT PERMIT

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

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

MAY need lift station. Relocating drainfield 60

Philo S. Walker — Environmentalist — 11/14/90 Date

Director or Authorized Section Head — 11-15-90 Date

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

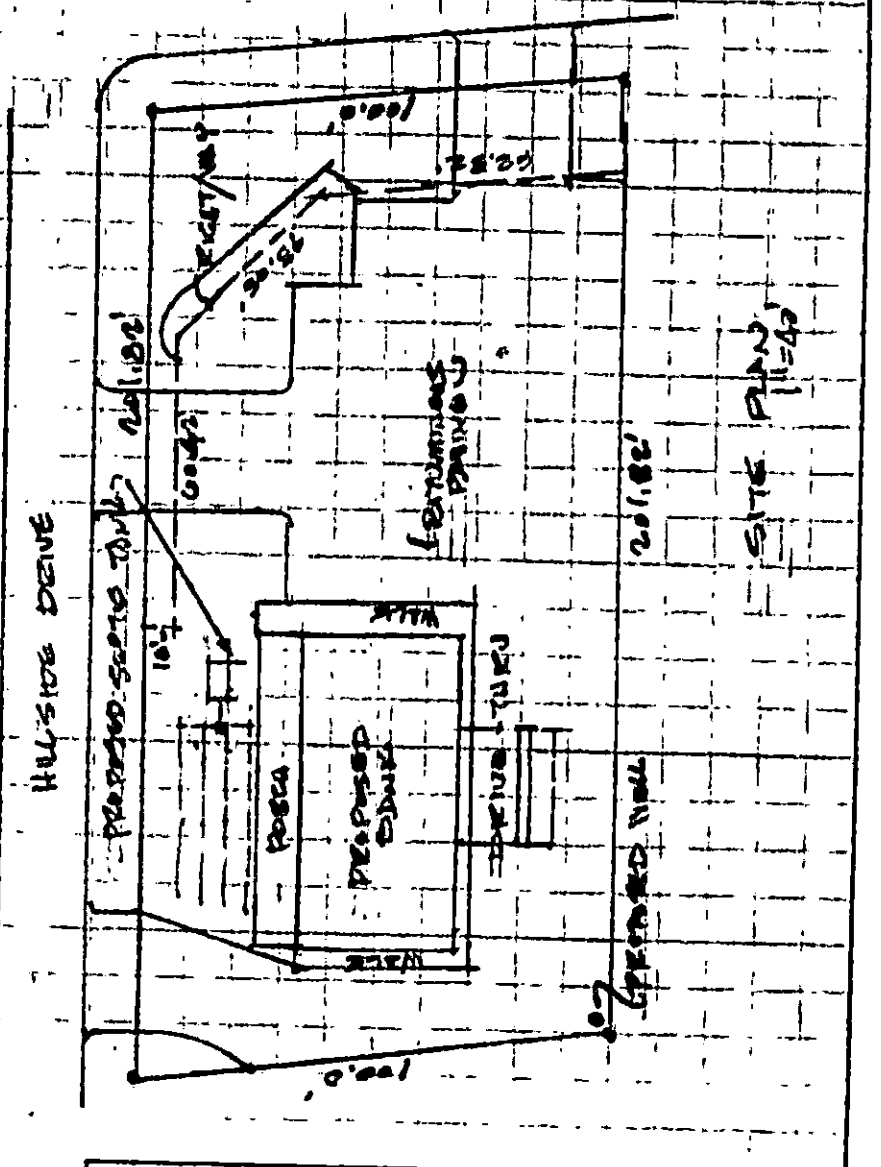
ENVIRONMENTAL HEALTH

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

FILE: 18622

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.



Signed: W. Parker Lewis

Date: 11/14/86

ENVIRONMENTAL [illegible]

CHARGE $[illegible]

Date 11/15/89

Name/Company [illegible]

Sanitation ____
Vector Control ____
O.P.W.D. ✓

Service: [illegible]
#166232

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 15 1989

Fee: $ 100 — staff ccc9
11-150

Completed by [illegible]

Collected by [illegible]

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 18622
TC: _____
SERIAL: No. 17278
☑ L ☑ CRT

① ADDRESS: 7609 Matthews-Mint Hill Road (STREET NO. / STREET) ② FILE: 18622
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-066-41
⑤ SUBDIVISION: Community Heights ⑥ LOT: 1 ⑦ BLOCK: 1

⑧ NAME: American Commercial Savings Bank (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: P.O. Box 23745
⑩ CITY: Mint Hill ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) 704-545-6373 ⑭ (HOME) 704-545-9022

This request is for a(n):

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

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? _____
㉓ Type? Bank
㉔ Maximum occupancy? _____
㉕ Maximum number of employees? 7
㉖ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 4

㉘ Water supply from (present or proposed):

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

The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter upon the property for the purpose of processing this request.

Signed: Richard M. Cochran
Date: Nov. 15 1988

IMPROVEMENT PERMIT

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

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Install water saver devices.

B. R. Ferguson — Environmentalist — 1-11-89 — Date

[signature] — Director or Authorized Section Head — 1-12-89 — Date

[illegible] CONSTRUCTION [illegible] REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

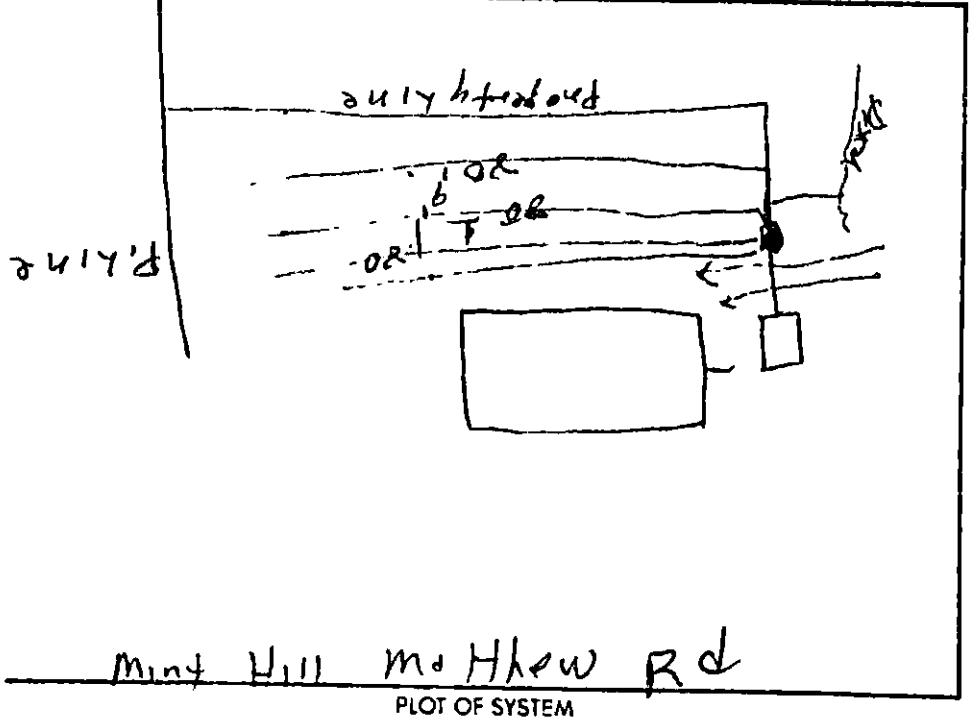
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 12622 DATE: 4/16/89

TC: _____ ☐/L

SERIAL No 12614

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 _____. All work shall be completed on or before 5-16-89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 240 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 12+ feet

Distance from Property Line 10 Feet feet

Distance from Well 75+ feet

NAME OF OWNER American Commercial Saving + Loan

LOCATION OF PROPERTY Mint Hill Matthew Rd

Comments: _____

_____

_____

_____ _____
Division or Section Head Environmentalist

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

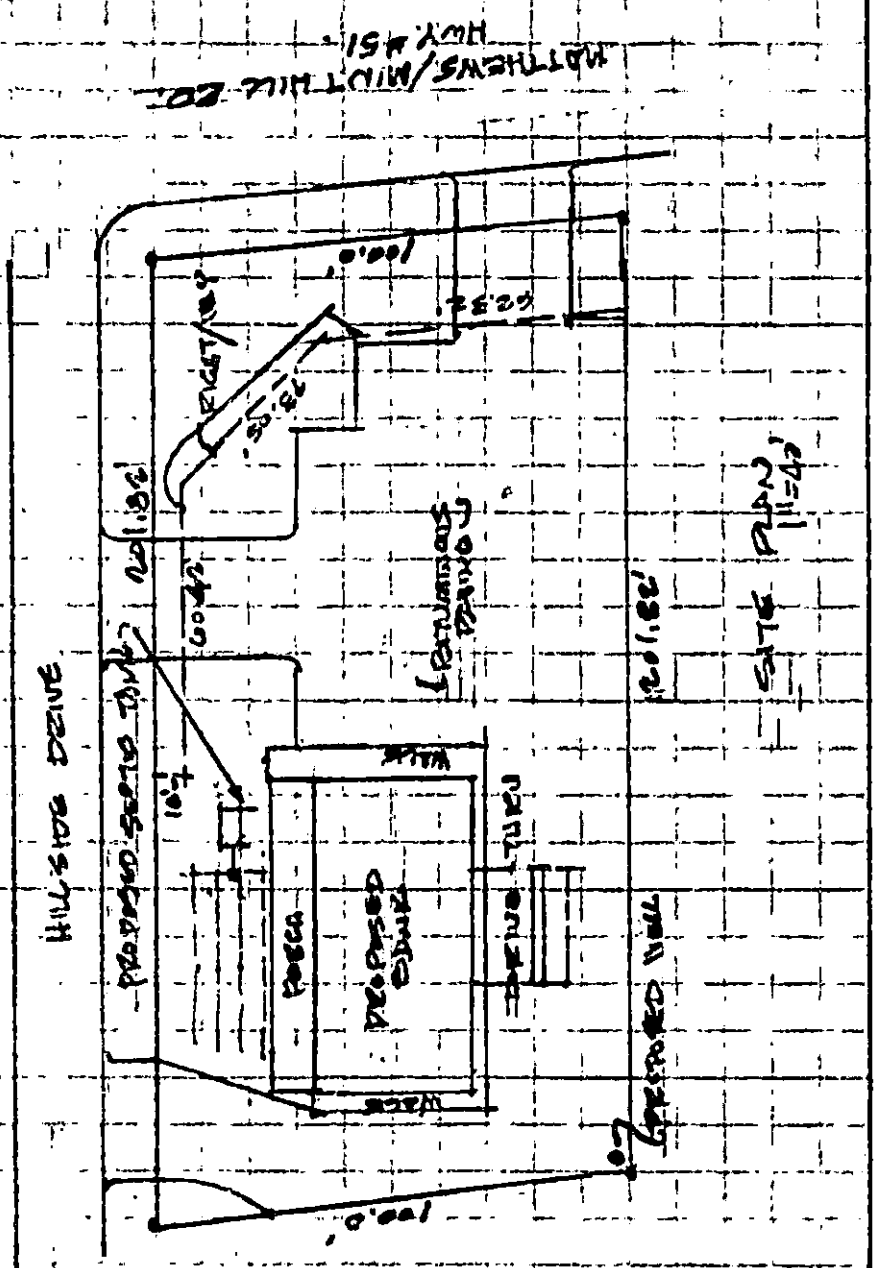
ENVIRONMENTAL HEALTH

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

FILE: 18622

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.



Signed: W. Robert Lewis

Date: 11/14/88

Mecklenburg County
Health Department

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

November 11, 1988

American Commercial Savings Bank
P. O. Box 23745
Charlotte, NC 28212

Dear Sir:

RE: Property located at 7609 Matthews-Mint Hill Road
FILE: 18622
PARCEL: 137-066-41

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the site evaluation report (Serial No. 15713) is enclosed for your information.

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

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 18,622 DATE: 4/18-89

TC: ☐ L ☐ CRT

SERIAL № 11851

Name of Owner American Commercial Sewage Juris.:

Address of Property Mint Hill (Matthew Mint Hill Rd)

Inspection Data:

Tank Material Concrete

Total Length of Drainfield 240

Number of Lines 3 @ 80

Cover Depth 12-16"

Water Supply Source Well

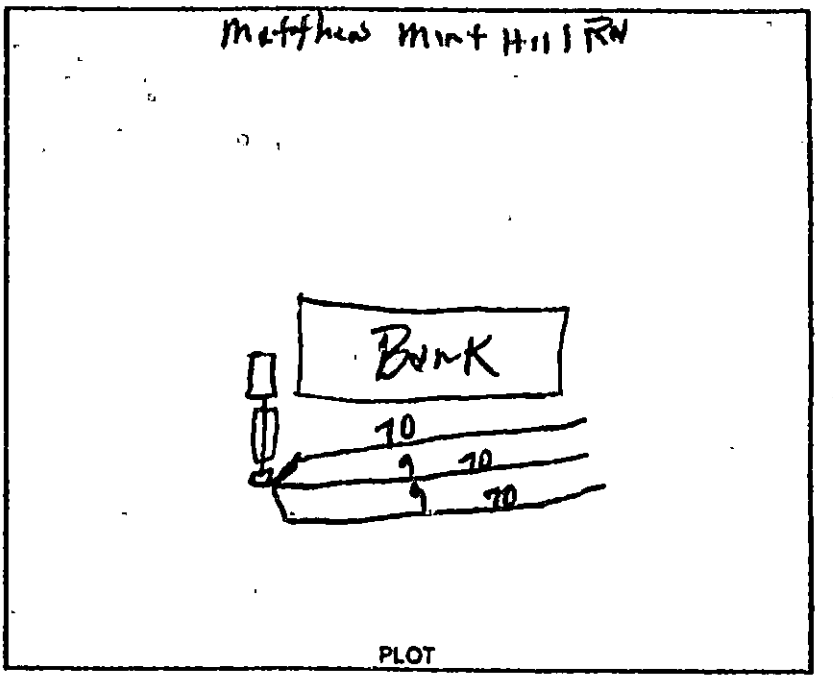
Distance to Water Source 100'+

Excavation Inspected 4/18/89

Tank(s) Inspected 4/18/89

Wash Line Inspected —

High Water Alarm Inspected —



PLOT

Design: 1500ST, Con, 210SF, T, 12S, Cec, 1 CTR#

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

W. B. Ramsey
Environmentalist

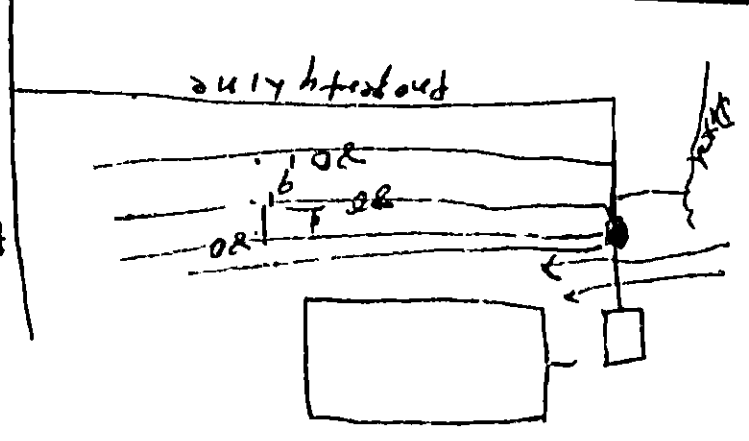
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-1603

FILE: 12622 DATE: 4/16/89

TC: _____ D/L

SERIAL № 12614

Permission is hereby given to K 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 _____. All work shall be completed on or before 5-16-89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 240 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 127 feet

Distance from Property Line 10 Feet feet

Distance from Well 75' feet

NAME OF OWNER American Commercial Saving & Loan

LOCATION OF PROPERTY Mint Hill Matthew Rd

Comments: _____

Division or Section Head

Willard B. Ramsey
Environmentalist

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

CERTIFICATE OF COMPLIANCE

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

FILE: 13,682 DATE: 4/18-89

TC: _____ L CRT

SERIAL № 11851

Name of Owner American Commercial Savings Juris.: _____

Address of Property Mint Hill (Matthew Mint Hill Rd)

Inspection Data:

Tank Material Concrete

Total Length of Drainfield 240

Number of Lines 3 @ 80

Cover Depth 12-16"

Water Supply Source Well

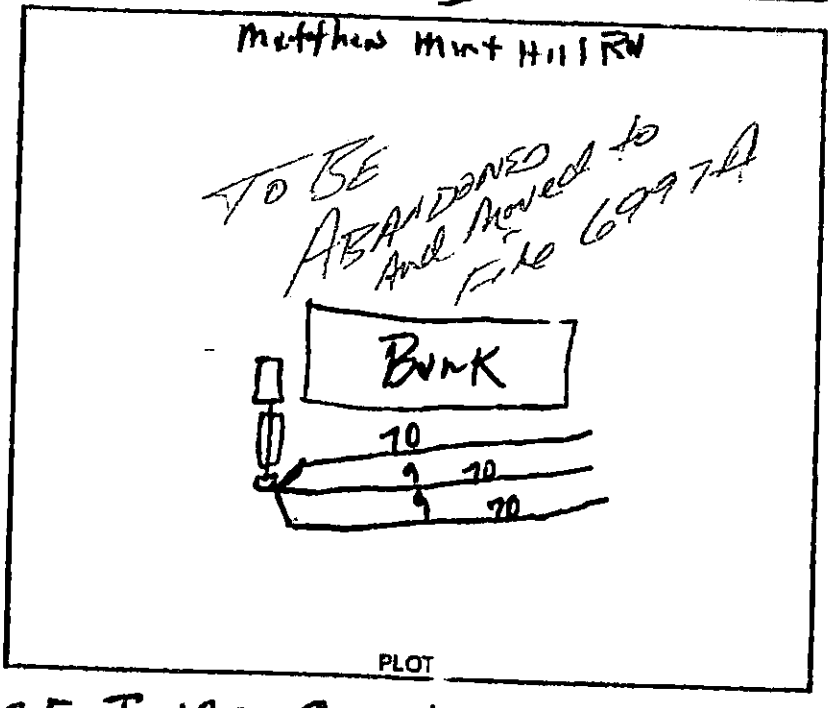
Distance to Water Source 100'+

Excavation Inspected 4/18/89

Tank(s) Inspected 4/18/89

Wash Line Inspected —

High Water Alarm Inspected —



PLOT

Design: 1500ST, Con, 210SF, T, 123, Cec, 1 CTR# _____

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

- ☒ installed or constructed
- ☒ in accordance with the permit issued
- ☐ altered or repaired
- ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

- ☒ Certificate of Completion
- ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: _____

W. B. Ramsey
Environmentalist

Mecklenburg County
Health Department

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

November 11, 1988

American Commercial Savings Bank
P. O. Box 23745
Charlotte, NC 28212

Dear Sir:

RE: Property located at 7609 Matthews-Mint Hill Road
FILE: 18622
PARCEL: 137-066-41

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the site evaluation report (Serial No. 15713) is enclosed for your information.

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

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

5713 Map: 137-066-41 DPC

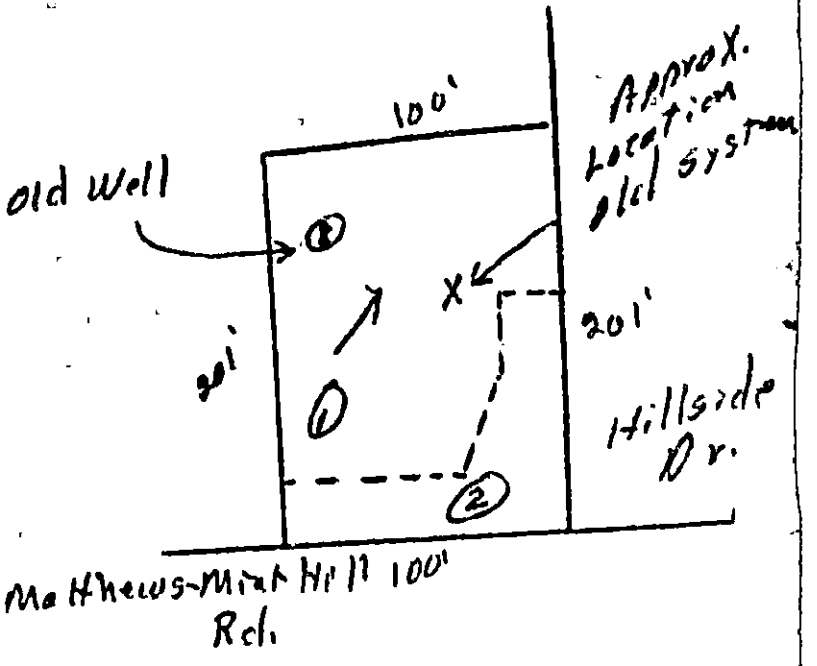
Matthews-Mint Hill Road

Block: Acres: .36

American Commercial Savings Bank, Inc.
P. O. Box 23745
Charlotte, N. C. 28212

Comments: old well (may not have been properly abandoned) and septic tank system on lot.

Described by: William A. Marlin
Date: 11-7-88



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S S U
Structure	S (PS) U Block	S PS U	S PS U	S PS U	S PS U	S S U
Drainage	S (PS) U 36" To Water	S PS U	S PS U	S PS U	S PS U	S S U
Depth	S (PS) U 36-48"	S PS U	S PS U	S PS U	S PS U	S S U
Restrictive Horizons	S (PS) U 36"	S PS U	S PS U	S PS U	S PS U	S S U
Available Space very limited	S (PS) U	S PS U	S PS U	S PS U	S PS U	S S U
Other (specify)	S PS U	S PS (U) A/W	S PS U	S PS U	S PS U	S S U
Soil Group/Series	IVA Cecil-like	A/W				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16656

File: Action:

Parcel: ☐ PC

Location: Hwy. 51 + corner of Hillside

Subdivision:

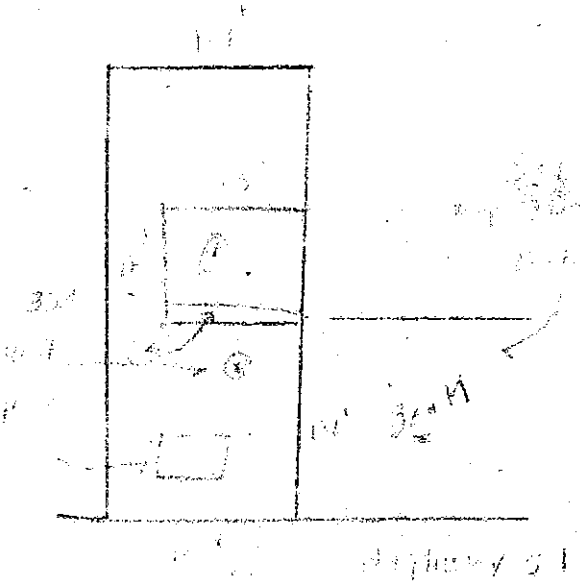
Lot: Block: Acres:

Owner: Charles Bruce Hayden
Address: Piedmont Commercial Savings Bank
P.O. Box 23745
Charlotte, NC 28212

Comments:

Described by:

Date:



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

August 28th, 1990

Charles Bruce Haigler (Owner)
American Commercial Savings Bank
P.O. Box 23745
Charlotte, NC 28212

RE: Property located at Hwy. 51 (& Corner of Hillside)
FILE: 6997A
PARCEL: 137-066-40

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 16656) is enclosed for your information.

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

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

Very truly yours,

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

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16656

File: 6997A Action 1

Parcel: PO 137-066-40 ☑ PC

Location: Hwy. 51 + corner of Hillside

Subdivision:

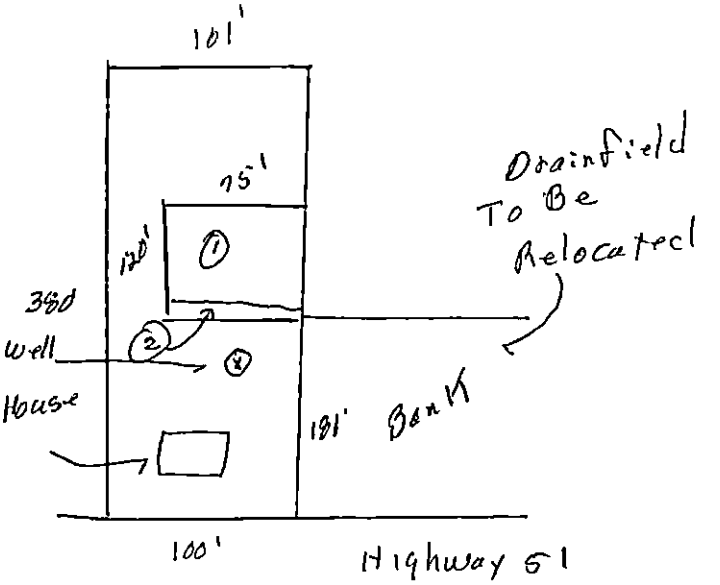
Lot: Block: Acres: .2 inc.

Owner: Charles Bruce Hayden
Address: American Commercial Savings Bank
P.O. Box 23745
Charlotte, NC 28212

Comments: Would need easement

Described by: William B. Marlin

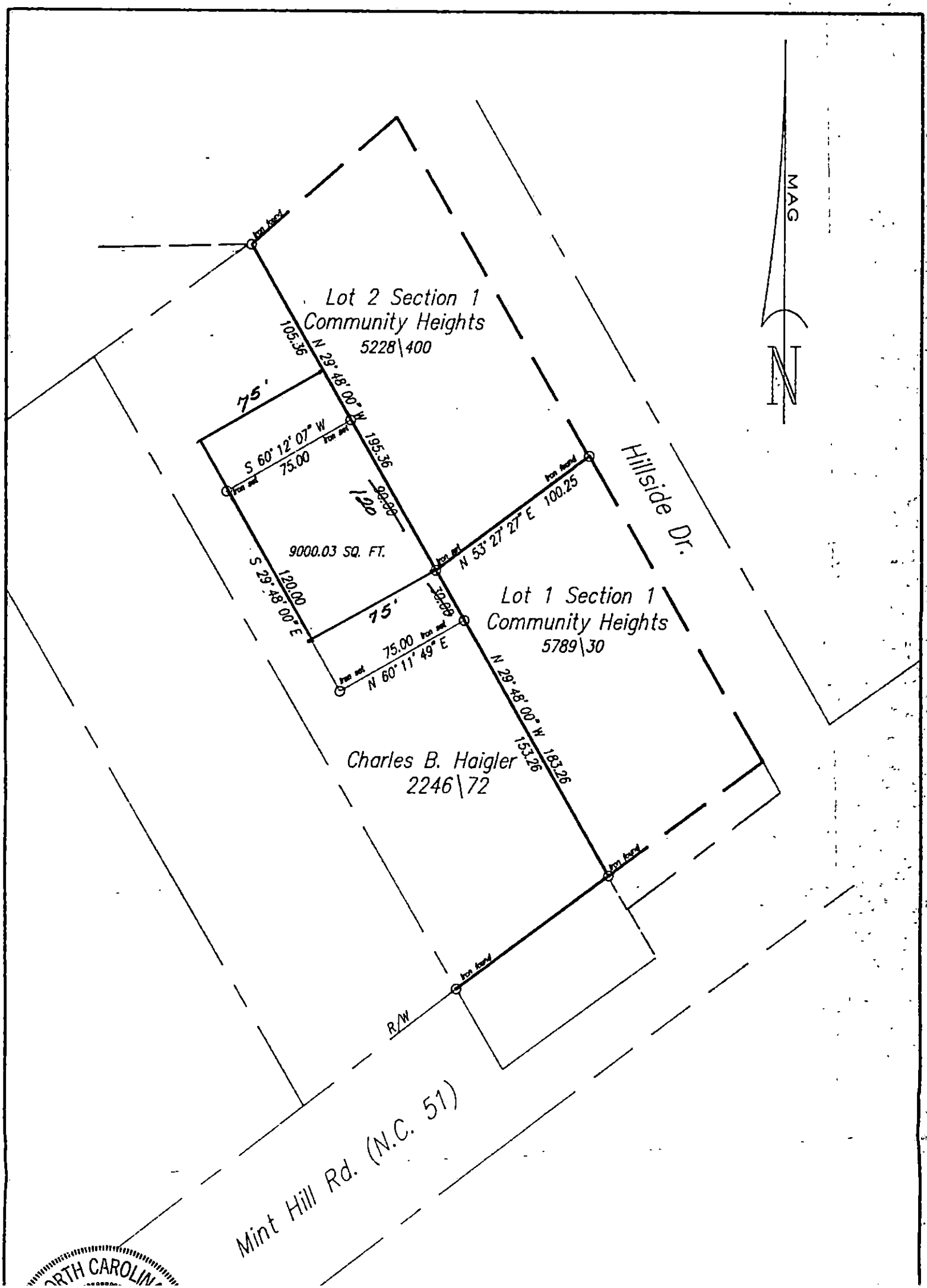
Date: 8-23-90



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 36" to water	S (PS) U 7 36" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 38-40"	S PS (U) 30"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilly	IV Parcelot-Lilly				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U


MAG
N
Lot 2 Section 1
Community Heights
5228\400
105.36
N 29° 48' 00" W
195.36
75'
S 60° 12' 07" W
75.00
iron set
iron set
120
90.00
9000.03 SQ. FT.
S 29° 48' 00" E
120.00
iron found
N 53° 27' 27" E 100.25
Hillside Dr.
Lot 1 Section 1
Community Heights
5789\30
75'
30.00
75.00
iron set
N 60° 11' 49" E
iron set
N 29° 48' 00" W
153.26
183.26
Charles B. Haigler
2246\72
iron found
iron found
R/W
Mint Hill Rd. (N.C. 51)