

7023 BEATTIES FORD RD

03709103

1/2/2008

duponbj

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

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☐

OR

REFUND ☑

1. Property Owner's Name: Janette Skyers
2. Permit Number: _____
3. Address: 7023 Beatties Ford Rd
4. Date Issued: 6/18/04
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____ ☑ Other (Specify) connecting to City Sewer
6. Account Name: _____ Account # _____
7. *If Refund*, Check payable to: Janette Skyers (Please Print)
8. Phone 947-5058
9. Address: 3914 Green Pasture Rd (Street) Charlotte (City) NC (State) 28269 (Zip)
10. Signature: Customer Request 11. Printed Name J. 12. Date: 6/24/04

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

# Of made Inspections	B	E	M	P	F	L

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials_____ Date_____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100%	$	$100	$ 100
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials_____ Date_____

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund / Charge on account	88---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval:_____ Date_____

Finance Approval: _____ Date_____

_____ Refund from Account #

_____ Check #

Sent to Revenue Collection on 6/24/04

Daily Counter Transactions - Environmental Health

Printed On June 18, 2004 3:06 PM
Printed By Aidoojk

Transaction Date 06/18/04

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
26391	200000	KNOPP TOM	0705 MH Exc/Add/Repl w/o System Mod	9401 DOGWOOD RIDGE DR/FILE 278B	CHECK	4778	CRAIGGY	100.00
26392	200000		0736 Pool Late Fee	SEASONAL-SWIM	CHECK	3012	JONESNY	120.00
26396	200000	GREENWAY VILLAGE	0736 Pool Late Fee	GREENWAY VILLAGE	CASH		AIDOOJK	120.00
26400	200000	JOYNER YVONNE P	0722 Home Day Care Eval/Annl Fee	9319 EDGEVALE DR/LUCILLE TATE H	CHECK	351	CRAIGGY	40.00
26404		SILVERLININGS POOL SERVICE INC	Deleted Document				CRAIGGY	0.00
26405	X36615	SILVERLININGS POOL SERVICE INC	0718 Residential Pool Permit	2616 LATHAM DRIVE	CHARGE		CRAIGGY	75.00
26407	200000	MMD LEASING LLC	0734 Auth for Waste Wtr Sys Constr	9940 BRIEF ROAD/FILE 5516B	CHECK	1035	CRAIGGY	150.00
26408	200000	MMD LEASING LLC	0703 Installation/Final Approval	9940 BRIEF ROAD/FILE 5616B	CHECK	1035	CRAIGGY	150.00
26409	200000	BABIES IN A BASKET	0722 Home Day Care Eval/Annl Fee	2300 CATALINA AVE	CHECK	1008	JONESNY	40.00
26410	200000	SKYERS JANETTE D	0705 MH Exc/Add/Repl w/o System Mod	7023 BEATTIES FORD RD	VISA	150229	CRAIGGY	100.00
26411	200000	WIDRICK KEITH A	0718 Residential Pool Permit	8821 ISLAND POINT ROAD	CHECK	2528	CRAIGGY	75.00
26412	X31983	BLUE HAVEN POOLS OF NC INC	0718 Residential Pool Permit	17202 JETTON ROAD	CHARGE		CRAIGGY	75.00

Total for Transaction Date 06/18/04: 1,045.00

To: Septic Tank Officer 336-6894 (fax)
Fr: Janette Skyers

June 22, 2004

Re: 7023 Beatties Ford Rd. / Conversion from septic tank to city sewer

Please refund the $100 fee which I paid on Friday, June 18 for a septic tank Improvement Permit. I decided to convert to city sewer, so it is no longer necessary to send anyone to view the tank.

Attached is a receipt from Charlotte-Mecklenburg Utilities for the conversion from septic tank to city sewer.

If necessary, you may reach me at (704) 947-5058.

Yours truly,

Janette Skyers
Janette Skyers

CHARLOTTE-MECKLENBURG UTILITIES 73172

DATE: 6-22-04

RECEIVED FROM: Janette Skyers
Two thousand four hundred fifteen & 00/100 $2415.00

FOR: 4" SS
7023 Beatties Ford Rd

RECEIVED BY: JP Montgomery

CASH ☐
CHECK ☒ #1013

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$100 CC APP 150225 6/18/04 CRT

Jeremy

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

(704)336-5102 3151B

Date: 6/18/04

PERSON FILING APPLICATION:
NAME: Skyers (last) Janette (first) D (mi)
ADDRESS: 3914 Green Pasture Rd PHONE: (704) 947-5058
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 03709103
STREET ADDRESS: 7023 Beatties Ford Rd. Charlotte NC 28216
ZONING:

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 1.945

TYPE APPLICATION (check one):
[ ] CONSTRUCTION PERMIT - NEW SYSTEM (C) Change in use to Home Day Care [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: 12 children 2 Adults
Type Business Daycare # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

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

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

Signed: Janette D. Skyers Date: 6/18/04

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

WWATER : 122791

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/18/04	**Amount:**	100.00
Receipt #:	26410	**Tendered:**	0.00
Check / Auth #:	VISA 150229	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	SKYERS JANETTE D
Attn:	
Address:	3914 GREEN PASTURE ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28269

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 7023 BEATTIES FORD RD		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid ck# 0107 6/1/01 RP ACS X CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

3/51B

PERSON FILING APPLICATION:
NAME: Albert (last) G (first) Frank (mi)
ADDRESS: 7023 Beatties Ford Rd PHONE: 704 398-9325
CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 6-1-01

PROPERTY OWNER:
NAME: Albert (last) G. (first) Frank (mi)
ADDRESS: 7023 Beatties Ford Rd PHONE: 704 398-9325
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-091-03
STREET ADDRESS: 7023 Beatties Ford Rd
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 2.1

TYPE APPLICATION (check one):

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

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
bathroom and detached Storage bldg

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: J. Frank Albert Date: 6-1-01

NOTICE:

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

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

...This permit is not transferable.

... Approval granted for a bathroom & detached Storage bldg addition use existing System

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

Phila J Walker RS. 6/6/01
Environmentalist Date

WWATER : 122791

731 125 709 129

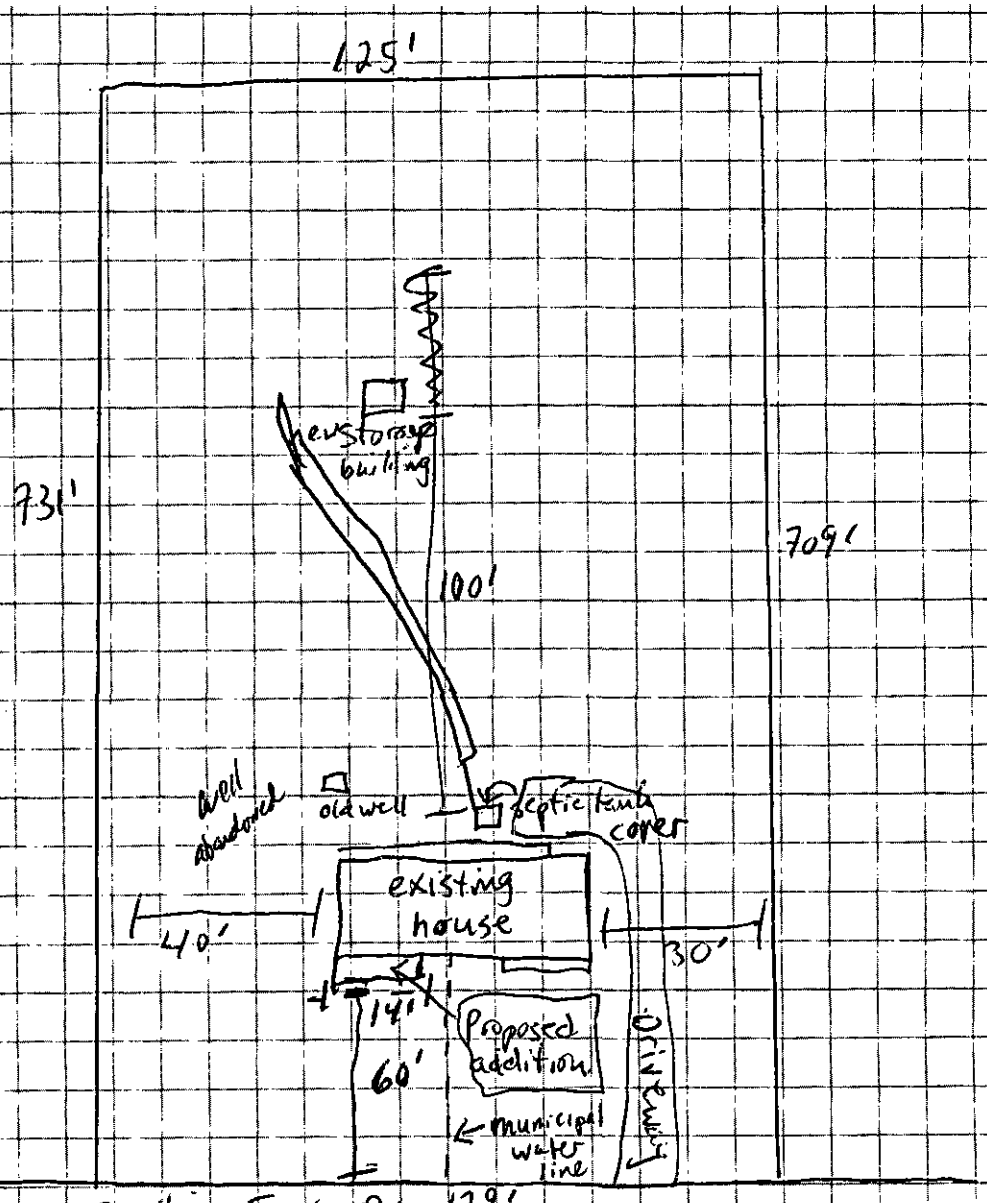
PROPOSED PLOT PLAN

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

FILE: 3151B

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 PSW 6/6/01

G. Frank Allen

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

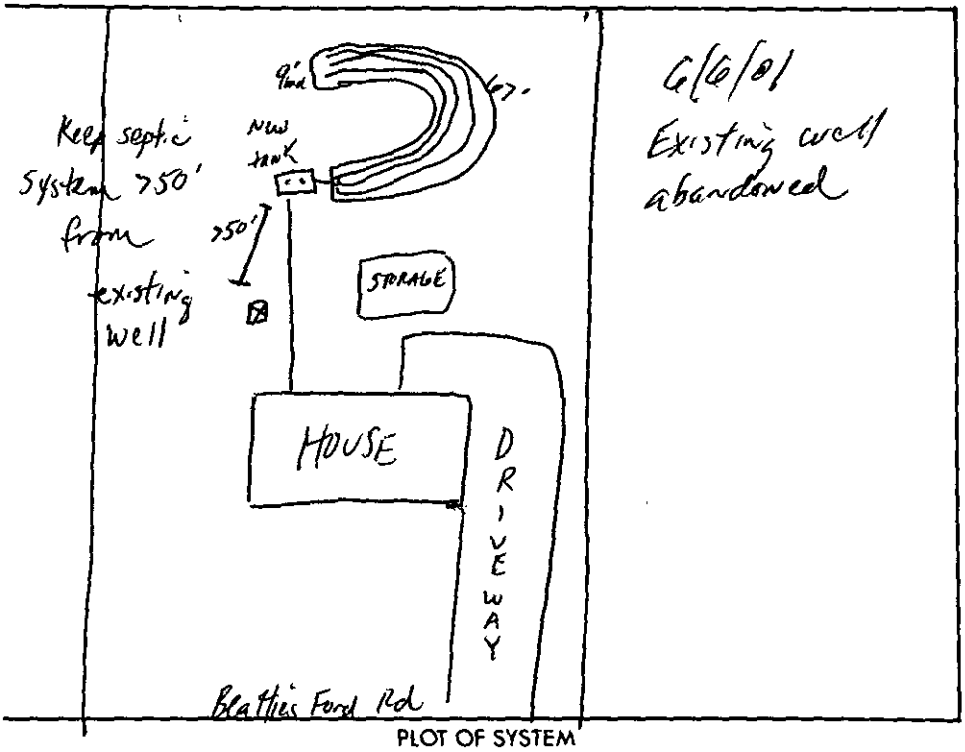
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3151B DATE: 6/23/94

TC: 037-051-03 ☐ L

SERIAL № 15779

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 5/94. All work shall be completed on or before 7/94, 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

~~Trench~~ Bed Width 9 feet

Total Line Length 200' feet

Number of Lines 3

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line >10' feet

Distance from Well >50' feet

NAME OF OWNER Anna Watson

LOCATION OF PROPERTY 7023 Beatties Ford Rd

Comments: 1500ST, Bed system 9'wd x 67'long x 18" stone | New septic system to be >50' from existing well | Old septic system to be properly abandoned. Existing system less than 50' from well

Division or Section Head

Philo S. Walker
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.

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

Repair

3151B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Watson (last) Anna (first) M (mi)
ADDRESS: 7023 Beatties Ford Rd PHONE: (704) 399-5616
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-091-03
STREET ADDRESS: 7023 Beatties Ford Rd
ZONING:

PROPERTY OWNER:
NAME: Watson (last) Elbert (first) (mi)
ADDRESS: 7111 Beatties Ford Rd PHONE: (704) 392-1580
CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (2)
[X] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

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

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

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

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

Signed: Anna M. Watson Date: 5-10-94

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

No file