

15015 BEATTIES FORD RD

01312230

6/25/2007

duponbj

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

$400

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7057-A DATE: 3/27/92

TC: 013 122 11 ☐ L ☐ CRT

SERIAL № 13992

Name of Owner JAMIE STALLINGS Juris.:

Address of Property 15015 BEATTIES ford Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400, 3 90'

Number of Lines 3 WL @ 45'+

Cover Depth 12"

Water Supply Source P/WELL

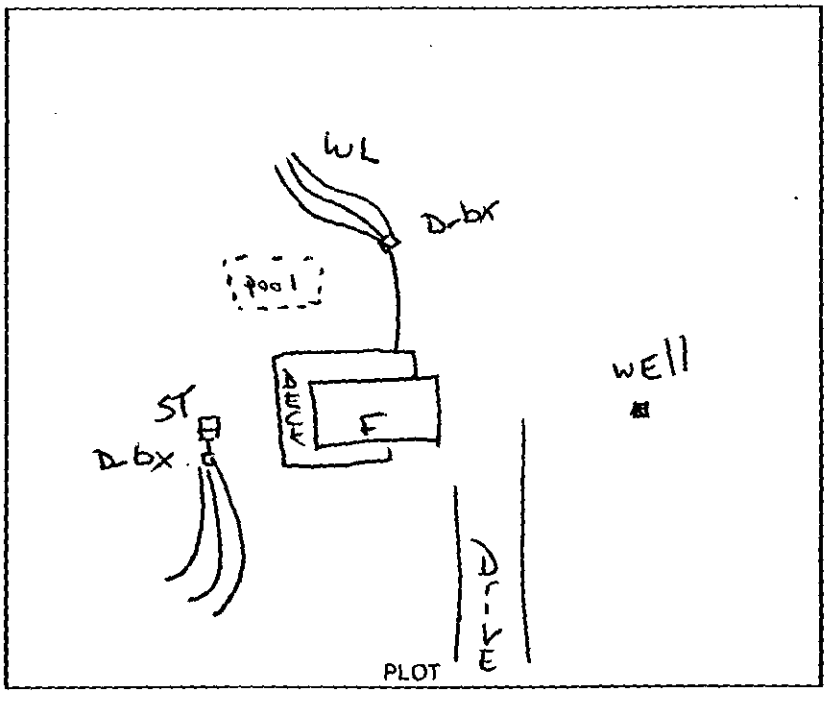
Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected Y

High Water Alarm Inspected —



Design: 1500 ST, CON. 1200 SFT, 12"g, CECIL like CTR# 80

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: 3 bedrm. (3) 3'x90'x12"g, (3) 3'x45'x12"g.

may install swimming pool in future.

ST 2

Tim Whittaker, R.S.
Environmentalist

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

LL4700

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

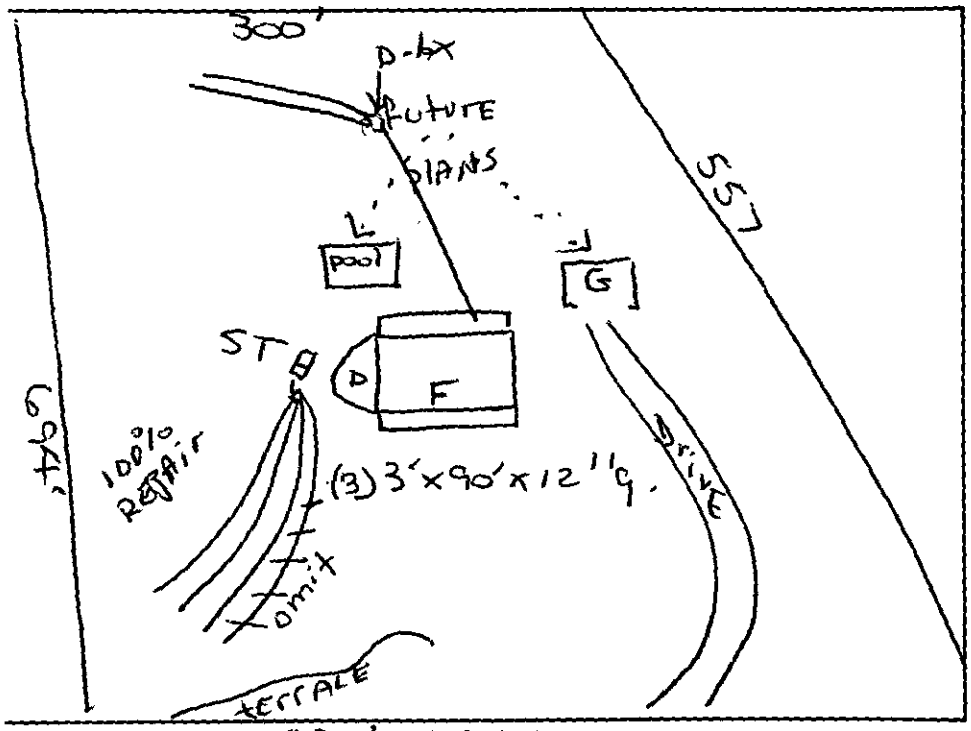
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7057-A DATE: 3/5/92

TC: 013-122-11 ☐

SERIAL Nº 14163

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 6/30/91. All work shall be completed on or before 4/5/92, 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 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4 (100)

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER Jamie Stallings

LOCATION OF PROPERTY 15015 Beatties Ford Rd.

Comments: 3 bedrm. ~~(4)~~ 3'x90'x12"g. Plumbing Stub out to be RElocated & raised. Trees removed as necessary. Owner optioned to install (2) 3'x70'x12"g washer lines, or comparable on (EHS) approval.

Tim Whittaker, R.S.

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 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.

Pd. 8/5/91
Ck # 3916
Amt. 200.00

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: 7057A
TC: 013-122-11 p.o.
SERIAL: № 21710
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 15015 (STREET NO.) Beatties Ford Rd (STREET) ② FILE: 7057A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 013-122-1100
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Jamie (FIRST) Derwin (MIDDLE) Stallings (LAST)
⑨ MAILING ADDRESS: Rt 6 Box 37
⑩ CITY: Concord ⑪ STATE: NC ⑫ ZIP: 28025
⑬ PHONE: (WORK) 554-1411 ⑭ (HOME) 455-5369

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

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: Jamie Stallings
Date: 6-30-91

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. Detached garage & pool construction planned in future.

Tim Whittaker, Environmentalist, 8/27/91 (Date)

Director or Authorized Section Head, 8-28-91 (Date)

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

NW

Rec. 8/5/91
Ck # 3916
Amt. 200.00

Please call me @ (704) 455-5369 to notify me a day in advance of your coming on the property. Thanks. Jamie Stallings

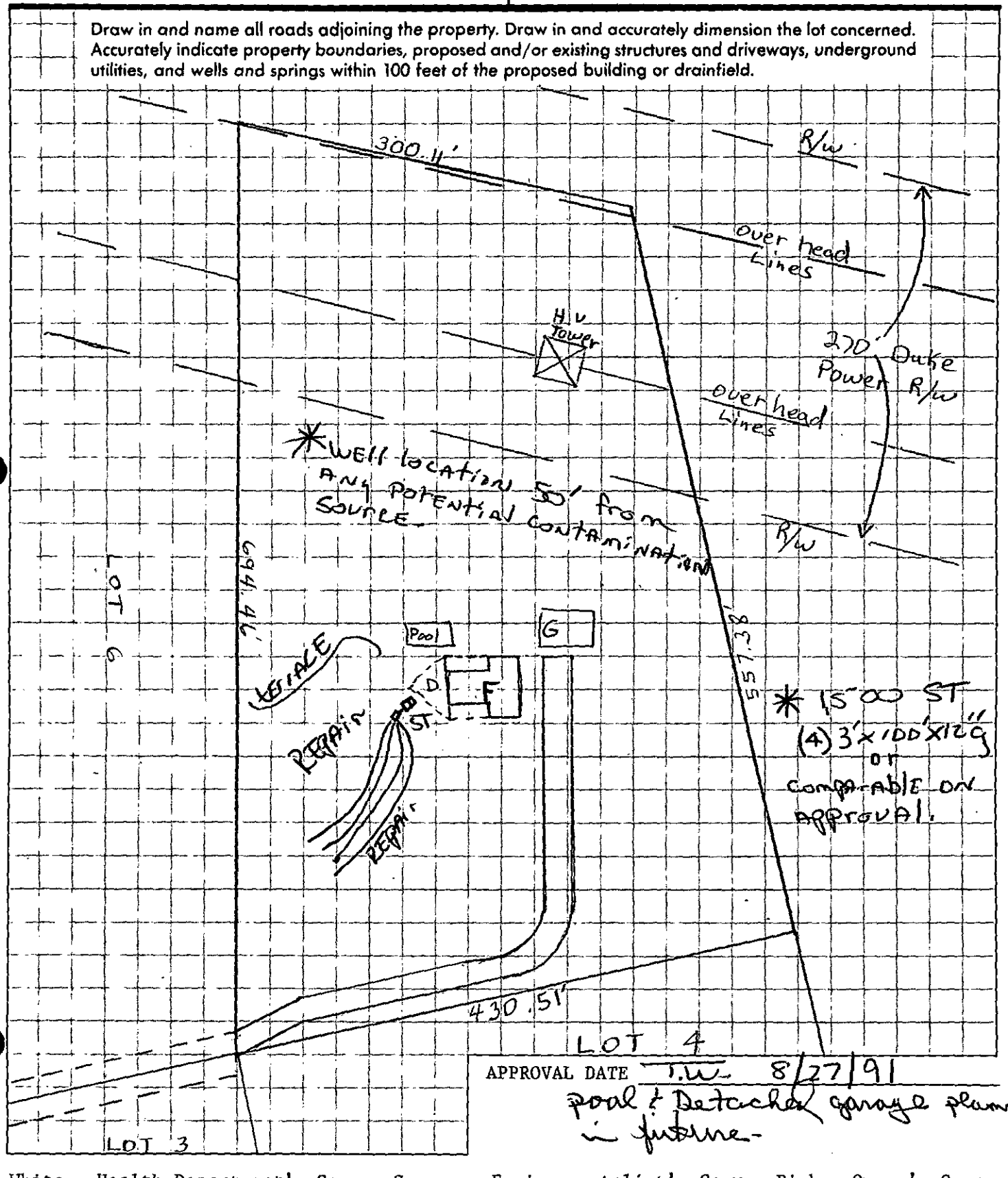
PROPOSED PLOT PLAN

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

FILE: 7051A

TC: 013-122-11 P.O.

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 T.W. 8/27/91

pool & Detached garage planned in future.

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

Mecklenburg County
Health Department

October 8th, 1990

Thomas E. Regans, Attorney-in-fact
7010 Foxglove Drive
Charlotte, NC 28226

RE: Property located at Beatties Ford Rd. 5
FILE: 7057A
PARCEL: PO 013-122-11

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 16752) 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
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16752

File: 7057A Action 1

Parcel: PO 013-122-11 ~~PC~~

Location: off Beatties Ford Road

Subdivision:

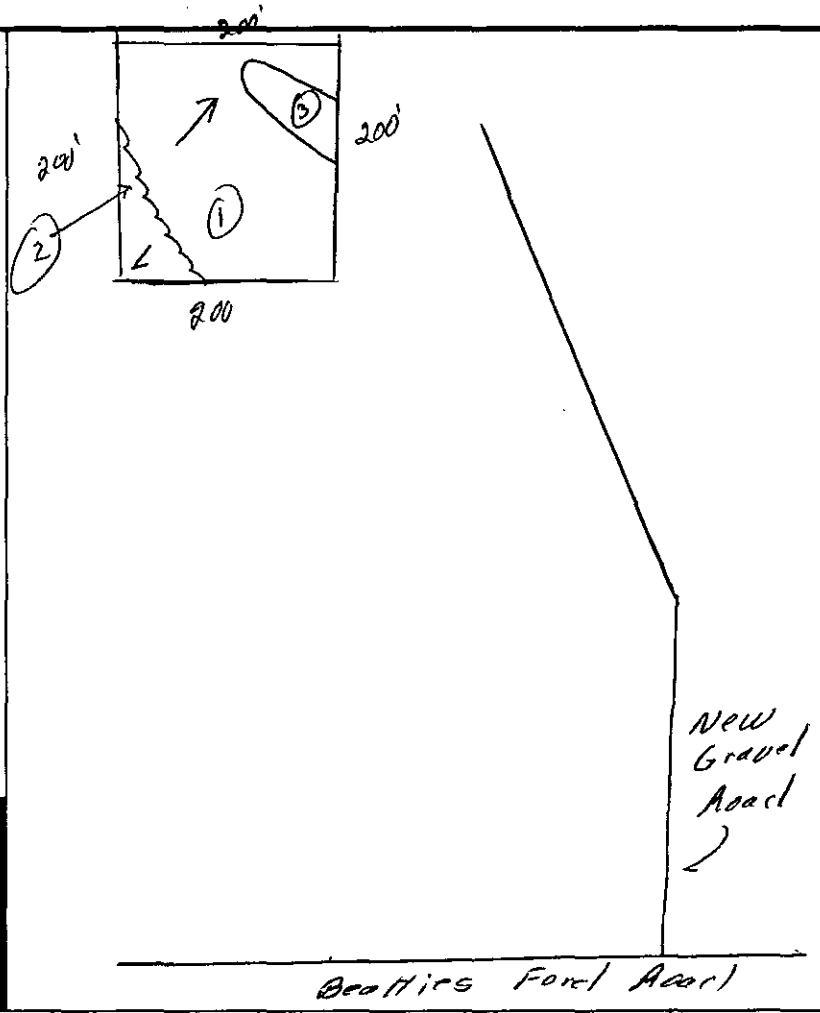
Lot: 5 Block: Acres: 1.0

Owner: Thomas E. Regans A-I-F
Address: 7010 Foxglove Dr.
Charlotte, N.C. 28226

Comments: 100% Repair
additional area available

Described by: William A. Martin

Date: 10-2-90



***** 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 2-8%	S PS (U) old Terrace	S PS (U) complex Eroded slopes	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 PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-40" to water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U 7-40"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	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	VB Cecil-like	old Terrace	complex Slopes			
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 16752

File: Action

Parcel: ☐ PC

Location:

Subdivision:

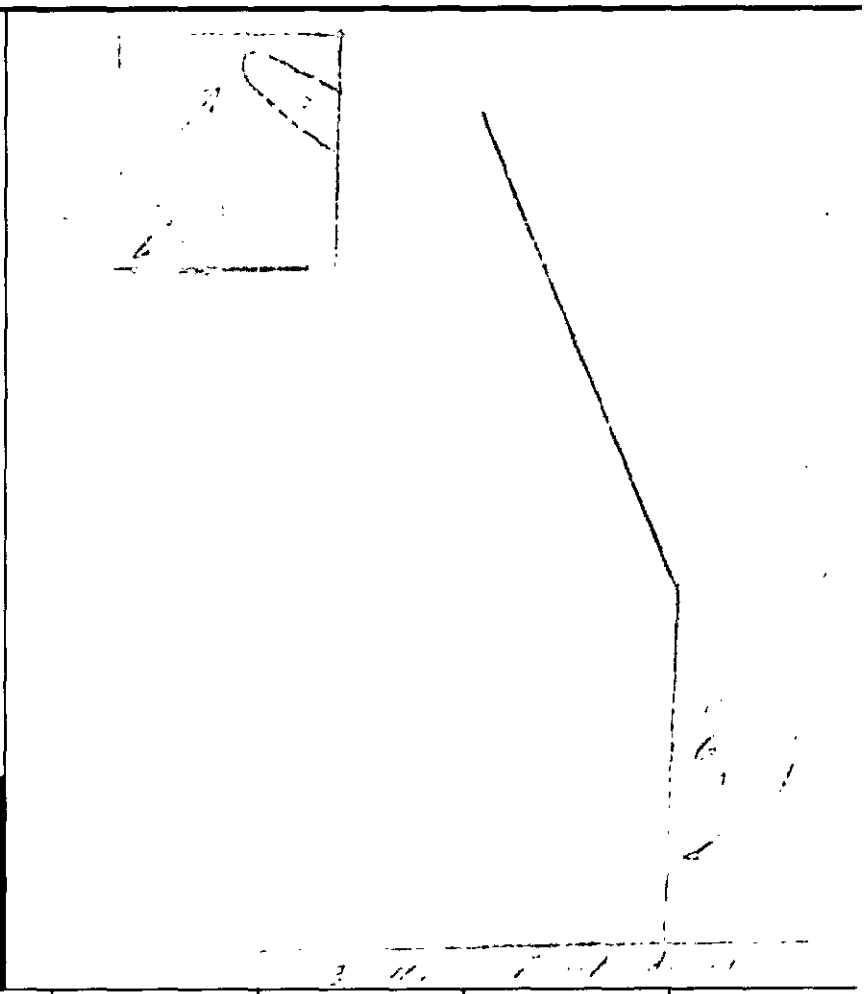
Lot: Block: Acres:

Owner: Thomas E. Regans A-I-F
Address: 7010 Foxglove Dr.
Charlotte, N.C. 28226

Comments:

Described by:

Date:



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

S = Suitable U = Unsuitable
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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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 6/28/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 013-122-11p0

ASSIGNED ADDRESS 15015 Bentwood Ford Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ N/*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ N/
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ N/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

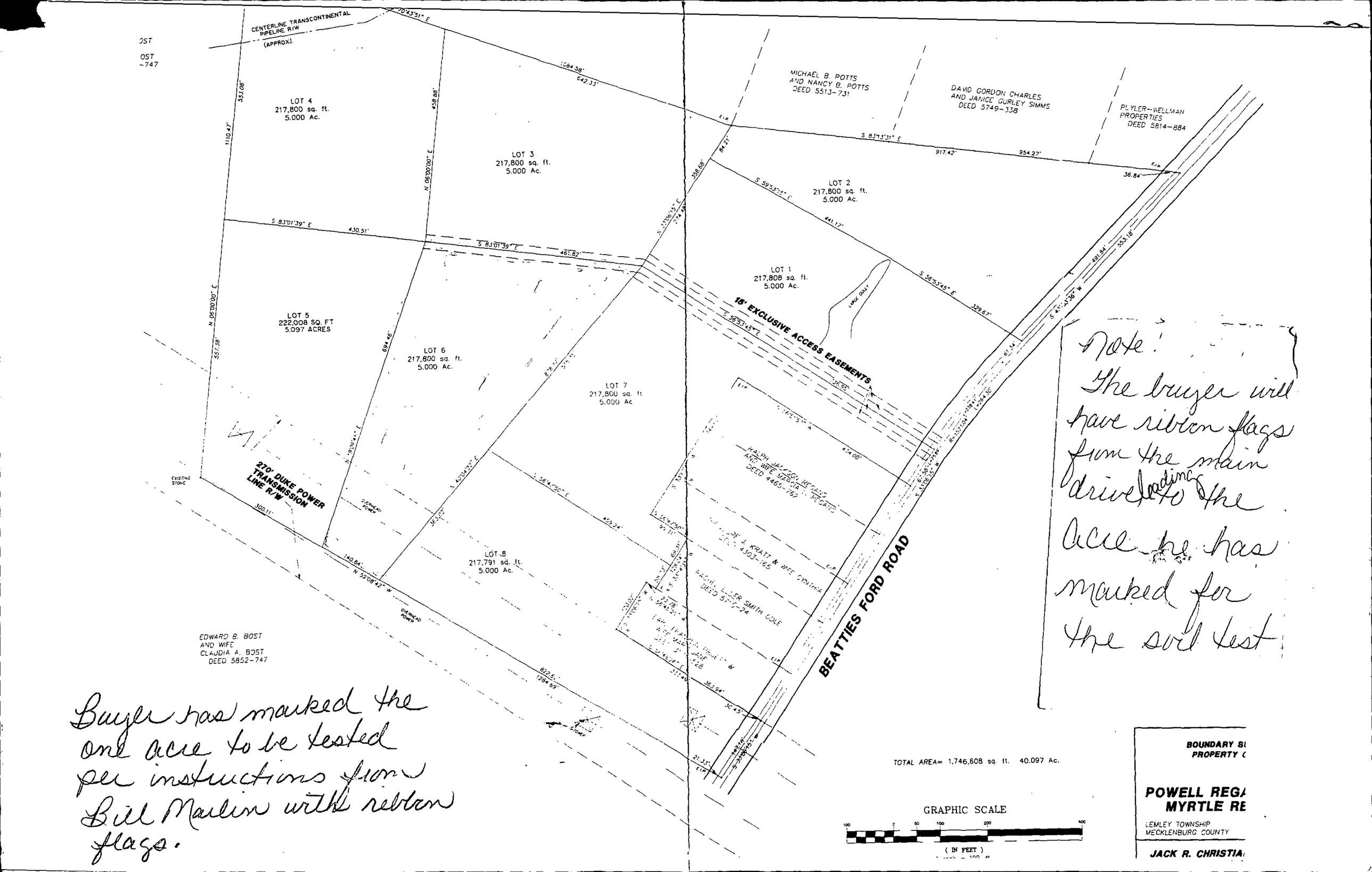
NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS N/A

FORM 100



Note:
The buyer will have ribbon flags from the main drive leading to the acre he has marked for the soil test

Buyer has marked the one acre to be tested per instructions from Bill Mallin with ribbon flags.

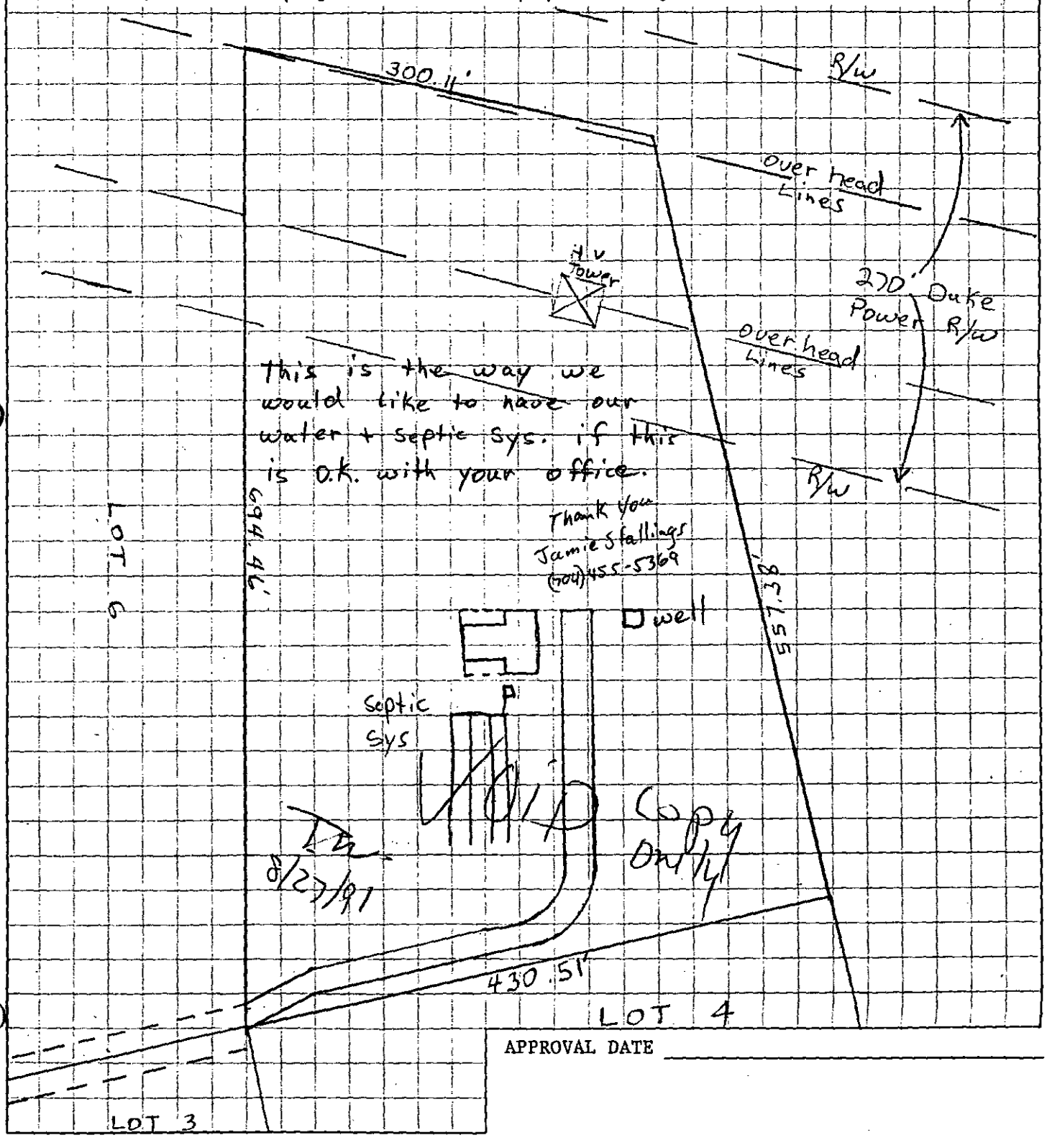
PROPOSED PLOT PLAN

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

FILE: 7051A

TC: 013-22-11pM-

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 _____

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

The site for this investigation was changed from lot 6 to lot 5. The area marked on the land was on lot 5.

W. A. Marlin

10-9-40

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7052A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Beatties Ford Road approx 14750 B.F. Road

② SUBDIVISION: Not named ③ LOT: 6 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 013 PAGE NO.: 122 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 4465 PAGE NO.: 762

OWNER

⑦ NAME: Thomas E Regans, A-I-F Myrtle A. Regans To Kitty Hesse
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 7010 Foxglove Drive

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28226

⑫ PHONE: (WORK) 366-1032 (HOME) 366-7152

⑬ Accurately diagram and dimension lot.

attached survey

Lot is marked

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: Thomas E Regans (Attorney in Fact)

Date: Sept. 12, 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: 9-12-90

Name/Company: Thomas E. Regans

c/o name of: Kirby N. Brown

Sanitation _____ 7010 Fairforest Dr Cha 28226

Vector Control _____

O.P.W.D. ✓

Service: Soil Test (2) 1 acre each

Beatties Ford Rd. Lot 1

Beatties Ford Rd Lot 6

70594

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 12 1990

70597

Fee 100.00

Ck# 1010

#100.00

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-11-90

Name/Company: ~~James W. Clay~~ Mary Lynn Hager

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test - 1 acre ~~1 lot~~
Blackberry Hills Drive

File No. 7056A

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 11 1990

Fee $ ~~25.00~~ 50.00

ck # 1792
$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

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