

11120 BEATTIES FORD RD

01517119

5/19/08

marliwr

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

967 jsm

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

~~9434A~~ / ~~3063B~~

Cash $50.00 2-14-96

[ ] 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: Agent - Freedom Homes

NAME: Cameron (last) Michael (first) L. (mi)

ADDRESS: 1018 Charlotte Hwy PHONE: (704) 528-9449

CITY: Troutman STATE: NC ZIPCODE: 28166

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 015-171-19

STREET ADDRESS: 11120 Beatties Ford Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PROPERTY OWNER:

NAME: Caldwell (last) Ruby (first) L (mi)

ADDRESS: 11120 Beatties Ford Rd PHONE: (__) _____

CITY: Huntersville STATE: NC ZIPCODE: 28078

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] ~~SOIL TEST - INDIVIDUAL LOT (D)~~
[ ] ~~NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)~~
[X] 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)
[ ] ~~REPAIR OR UPGRADE (R)~~

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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: Michael L. Cameron Date: 2-14-96

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.

...2/23/96 OSW - Michael Cameron + Ruby Caldwell present; advised on use of existing system per 1962.

Use existing system for 2 bedroom mobile home per 1962. jsm

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

Lisa B. Mialik, RS 2/23/96
Environmentalist Date

S. B. Tennant for S. Daniel, Program Chief 2-26-96
Director or Authorized Section Head Date

WATER : 122791

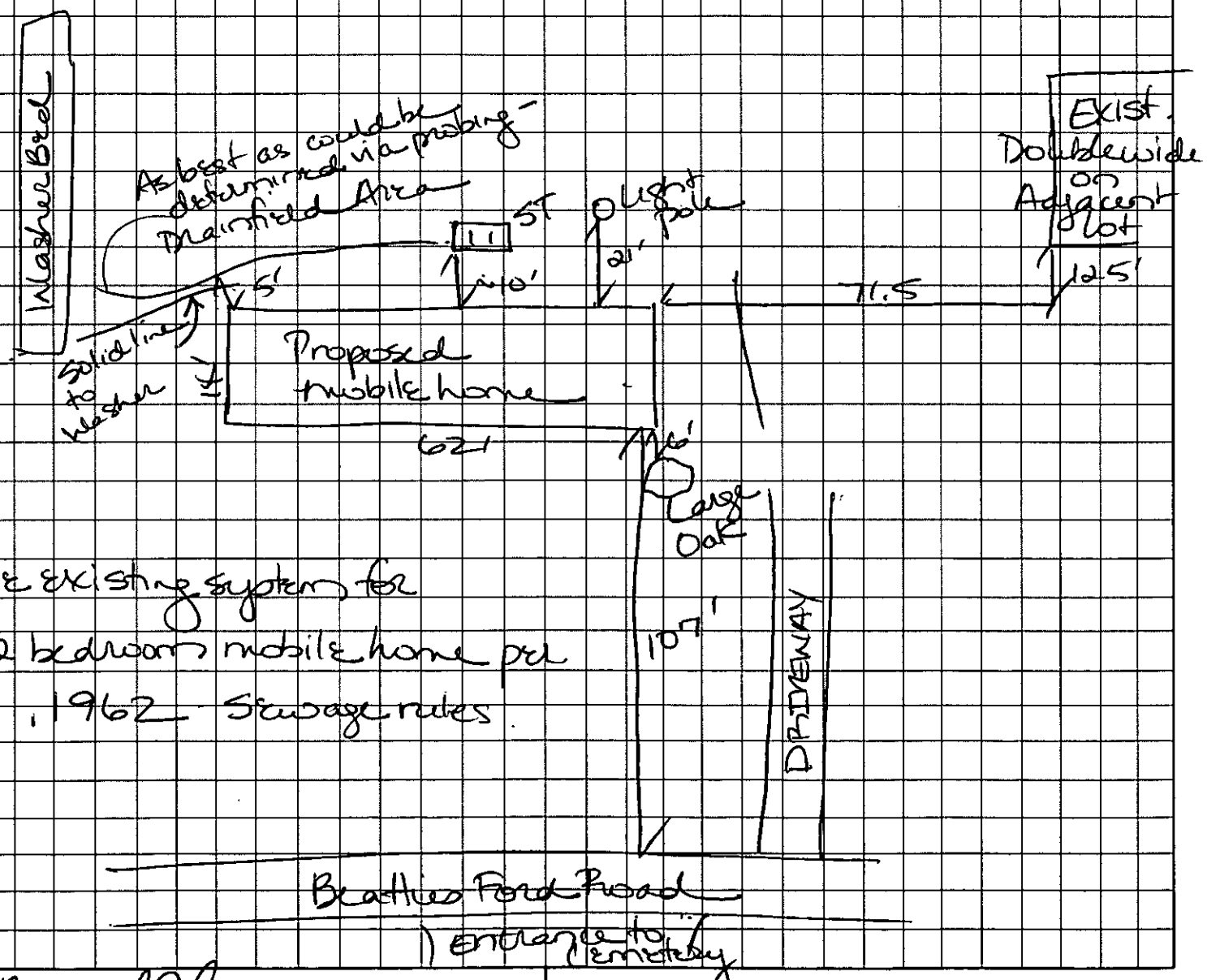
PROPOSED PLOT PLAN

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

FILE: 967

TC: 05-171-19

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.



Use existing system for 2 bedroom mobile home per 1962 Sewage rules.

Michael R. Romero
OWNER/AGENT SIGNATURE

DATE 2-23-96 Ruby Caldwell 2-23-96

APPROVAL DATE 2/23/96
Lisa B. Mialik, RS

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20468

File: ~~3063B~~ 967 Action 1

Parcel: PO 015-171-02 ☐ PC

Location: Beatties Ford Road

Subdivision:

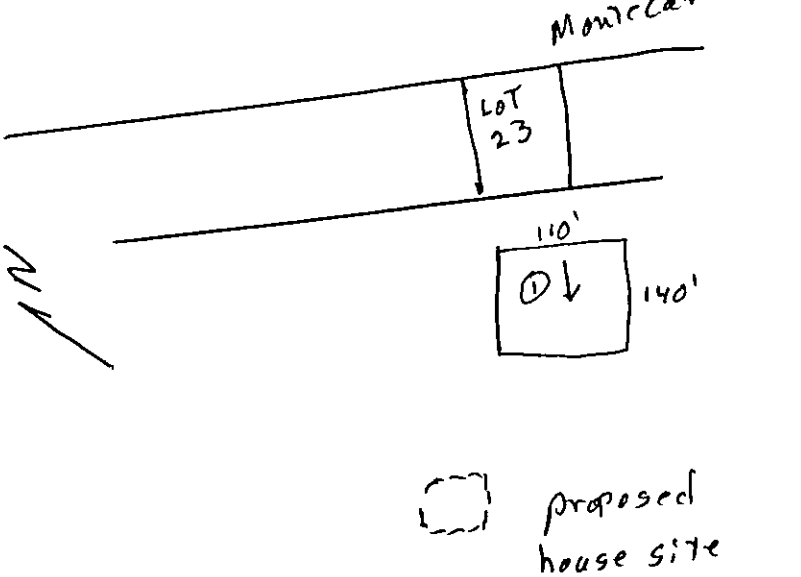
Lot: Block: Acres: .35

Owner: Clyde W. Forrest
Address: 11120 Beatties Ford Road
Henderson ville, N.C. 28070

Comments: 1000 Regular, .3 gal/ft 2/ day LTAR, system would require pump

Described by: William A. Marks

Date: 9-13-94



***** 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	S PS U	S PS U	S PS U	S PS U
Texture slightly Expansive clay	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure subt Blocky	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage 740" To soil wetness	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	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	TL Series Not Determined					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

967
~~30638~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4/15 pd 8/16/94 Jr. # 065

[] 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

PERSON FILING APPLICATION:
NAME: DETCHEMENDY DUTCH
(last) (first) (mi)
ADDRESS: 19300 STATESVILLE Rd PHONE: 704 892-6556
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 8/11/94

PROPERTY OWNER:
NAME: FORREST CLYDE W
(last) (first) (mi)
ADDRESS: 11120 BEATTIES FORD Rd PHONE: 704 875-3354
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-171-02
STREET ADDRESS: ~~HAMBRIGHT RD~~ 11120 BEATTIES FORD Rd
HUNTERSVILLE NC 28078
ZONING: R3

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] 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 (Z)
[] 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: 4 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 [X] 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: [signature] Date: 8/11/94

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.

...

[X] 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

WATER : 122791

APPL #1

COPY

PG. 20

PG. 19



Century 21.
HECHT REALTY, INC.
"Lake Norman Specialists"
Rt. 2 Box 43 Hwy 21, 19300 Statesville Rd.
Davidson, North Carolina 28036
Business (704) 892-6556
Residence (704) 892-5988
Voice Pager (704) 337-0792
Fax (704) 892-5307
"DUTCH"
Broker

AREA HAS BEEN INSPECTED BY GUY PAINTS - POSTS & LOCATIES SATISFACTORY AREA IS FLAGGED

PLEASE CALL I WILL MEET YOU THERE THANK U Patch

2089.81

1325.52

85.322AC.

4

2397.21

1452

200'

1036

10

42 AC.

171

DUKE POWER CO. R/W

792

DR.

MONTECARLO DR.

1547.16

467

5.0377 AC.

14

747.88

6.4709 AC.

15

1007.49

589.34

547.92

372.77

(TR.-B)

13

5.1477 AC.

16

(TR.-E)

5.7487 AC.

570.17

568.31

34.99AC.

2

200

413.17

(TR.-A)

3

5.3065 AC.

413.36

17

(TR.-F)

5.0070 AC.

1.37AC.

11

570.03

593.02

HAMBRIGHT RD. #2117

1030.24±

BEATTIES FORD RD.

297.79±

283±

402.24±

3.831AC.

6

6.884 AC.

7

12

CHURCH

19.16 AC.

9

HISTORIC PROPERTY

#2074

SAMPLE RD. #2125

PG. 16

PG. 21

BK. 23

251

TAX LINE MAP	BOOK 15	PAGE 17
MECKLENBURG COUNTY, NORTH CAROLINA		
REVISED 3-1-93	SCALE 1" = 400'	

FOR TAX PURPOSES ONLY

Mecklenburg County
Health Department

April 14, 1994

Betty S. Snow, R.N., M.A.
Health Director

Mr. Clyde W. Forrest
11120 Beatties Ford Road
Huntersville, NC 28078

RE: Property located on Hambright Road
FILE: 3063B/9434A
PARCEL: 015-171-02PO

Dear Mr. Forrest:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 20318) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

Enclosure

KR:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20318

File: 3063 B/9434 A Action 3 (Wes)

Parcel: PO 015 - 171-02 ~~PC~~

Location: Hambright Road

Subdivision:

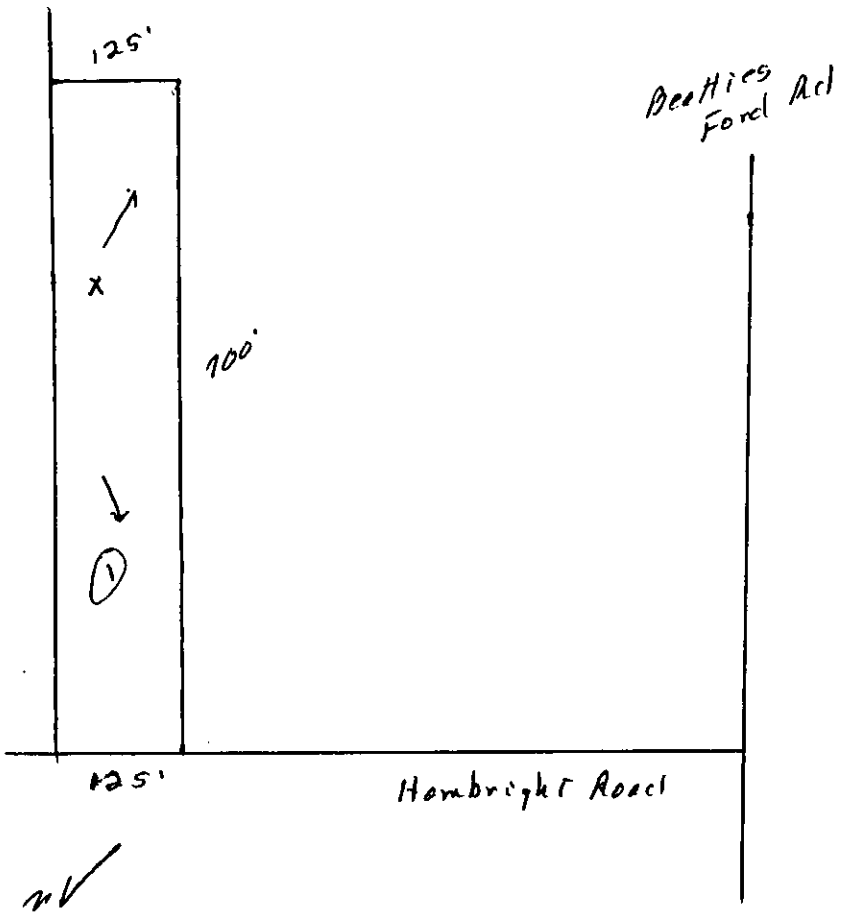
Lot: Block: Acres: 2.0

Owner: Clyde W. Forrest
Address: 11120 Beatties Ford Road
Huntersville, N.C. 28078

Comments: well drained
X- approx site of one boring 40" more desirable clay mineralogy, does not appear to be extensive

Described by: William R. Marlin

Date: 4-14-94



***** 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 2-8%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U 1 2 3 ab 4 Block 1	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 12-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	Mecklenburg Like					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

3063B19434A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #100. (with acres) Ck. # 0563 3/24/94

[] 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: DEPCHEMENDY (last) DUTCH (first) (mi)

Century 21 Hecht Realty

ADDRESS: 19300 Statesville Rd PHONE: (704) 892-6556

CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 015-171-02

STREET ADDRESS: 11120 Beatties Ford RD

Huntersville NC 28078

ZONING: R3

PROPERTY OWNER:

NAME: FORREST (last) CLYDE (first) W (mi)

ADDRESS: 11120 Beatties Ford Rd PHONE: (704) 875-3354

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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Signed: Clyde M. Forrest Date: 3-25-94

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:

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...This permit is not transferable.

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[] 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

WATER : 122791

PG. 19

PG. 20

PG. 18

PG. 20

PG. 16

PG. 21

BK. 23

MONACO DR.

MONTECARLO DR.

HAMBRIGHT RD. #2117

BEATTIES FORD RD.

#2074

SAMPLE RD. #2125

DUKE POWER CO. R/W

DUKE POWER CO. R/W

2089.81

1325.52

2397.21

85.322AC.

4

1547.16±

658.30±

210.24

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1620.3

1067.43

747.00

AG7

(TR.-C)

5.0377 AC.

14

34.99AC.

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(TR.-D)

6.4709 AC.

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589.34

655.21

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13

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5.7487 AC.

570.17

568.31

415.17

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300±

1.37AC.

11

(TR.-A)

5.3065 AC.

9

415.36

577.25

17

(TR.-F)

5.0070 AC.

570.03

593.02

935.39±

889.70

999.92

1030.24±

672.80±

228.16±

3.831AC.

6

297.79±

283±

456.37±

6.884 AC.

7

A02.24±

1056

10

42 AC.

(1)

171

1452

200'

253.57

710±

450.23

676.55

315.8

471.67

291.67±

100'

360±

12

MHP

CHURCH

19.16 AC.

9

HISTORIC PROPERTY

530±

730±

1140±

250±

200'

FOR TAX PURPOSES ONLY

TAX LINE MAP BOOK 15 PAGE 17
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 3-1-93 SCALE 1" = 400'

251