

9200 BOB BEATTY RD

02753253

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2867 B DATE: 12-14-99
TC: 022-532-53 ☒ L ☒ CRT
SERIAL Nº 18143 ☐ CRT

Name of Owner CHM - MECK HISTORICAL LAND MARKS Juris.: _____

Address of Property 9200 BOB BEATTY RD

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 416 FT

Number of Lines 4 @ 104'

Cover Depth 12" SOIL

Water Supply Source MUNICIPAL

Distance to Water Source 210'

Excavation Inspected 12/14/99

Tank(s) Inspected 12/14/99

Wash Line Inspected _____

High Water Alarm Inspected ✓

SEE INSTRUCTION

PLOT

Design 1500 ST 1200 SFT COND 12C CTR# STEVEAMPT

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

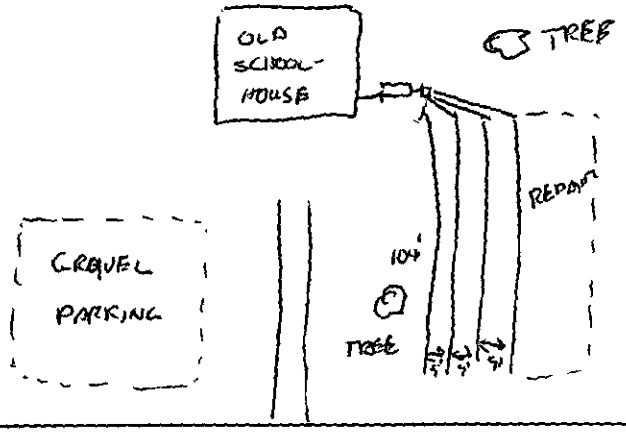
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2867 B DATE: 11-22-99

TC: 002-532-53 XL

SERIAL Nº 18283

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 2-15-99. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 416 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CHAR-MECK HISTORICAL LANDMARKS

LOCATION OF PROPERTY 9200 BOB BEATTY Road

Comments: (1) PROPOSED USE FOR OFFICE SPACE, 10 EMPLOYEES @ 25 gpd = 250 ÷ 2 = 1250 ÷ 3 = 416 TOTAL LINEAR FEET

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Permit B7628 Proj # 000974556

FEE: 250 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/24/99 cc **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** X

DATE: 4-14-99 **PERMIT NO:** 8867B1
PARCEL NO: 091-532-53

JOB LOCATION ADDRESS: 9200 BOB BEATTY Rd
PROPERTY OWNER: CHAR-MECK HISTORIC LANDMARKS COMMISSION
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: D. Andrew Wells JR **DATE:** 4-14-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. **WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO.** 8860R **, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.**

2. **AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.**

3. **ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.**

4. **OTHER CONDITIONS:** (1) REQUIRES TYPE III-C INNOVATIVE DESIGN THAT MUST HAVE AN AGREEMENT FORM TO BE RECORDED WITH THE REGISTER OF DEEDS OFFICE

11/24/99 SYSTEM SIZED TO 416' OF CONVENTIONAL PIPE TO REDUCTION OF EMPLOYEES D. Wells

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Michelle Bentley 11-2-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE **DATE**

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print):	Phone #:	Date Requested: 11/2/15	Date Filled:
Account Name:	☐ Cash ☒ Charge		Account No.: 570280
I certify that I am authorized to charge this account for this service.			
Signature:	Printed Name:		Date: 11/2/15

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
0713	1	Other: Limited Soil Erosion Permit	250.00	250.00
		Other:		
Payment received by:		Date: By:	Total:	

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

1200 Old Pineville Rd		

B-216NS 8/95

DIVISION

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2362B

Tax Number: 027-53253

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
2 Long-term acceptance rate	450 Max gallons/day wastewater flow	2250 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
MUNICIPAL Serviced by private well	1500 Gallon septic tank	562 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence BUSINESS W/ 45 EMPLOYEES	___ Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) REQUIRES AN INNOVATIVE DESIGN THAT ALLOWS FOR 25% REDUCTION IN TOTAL LINEAR FEET				
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0250 Absorption Area (Sq ft) 562 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 4-14-99

X Michelle Bentley — Owner/Agent Signature — Date 10-2-99

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

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

PROPOSED PLOT PLAN

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

FILE: 2867 B

TC: 027-532-53

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.

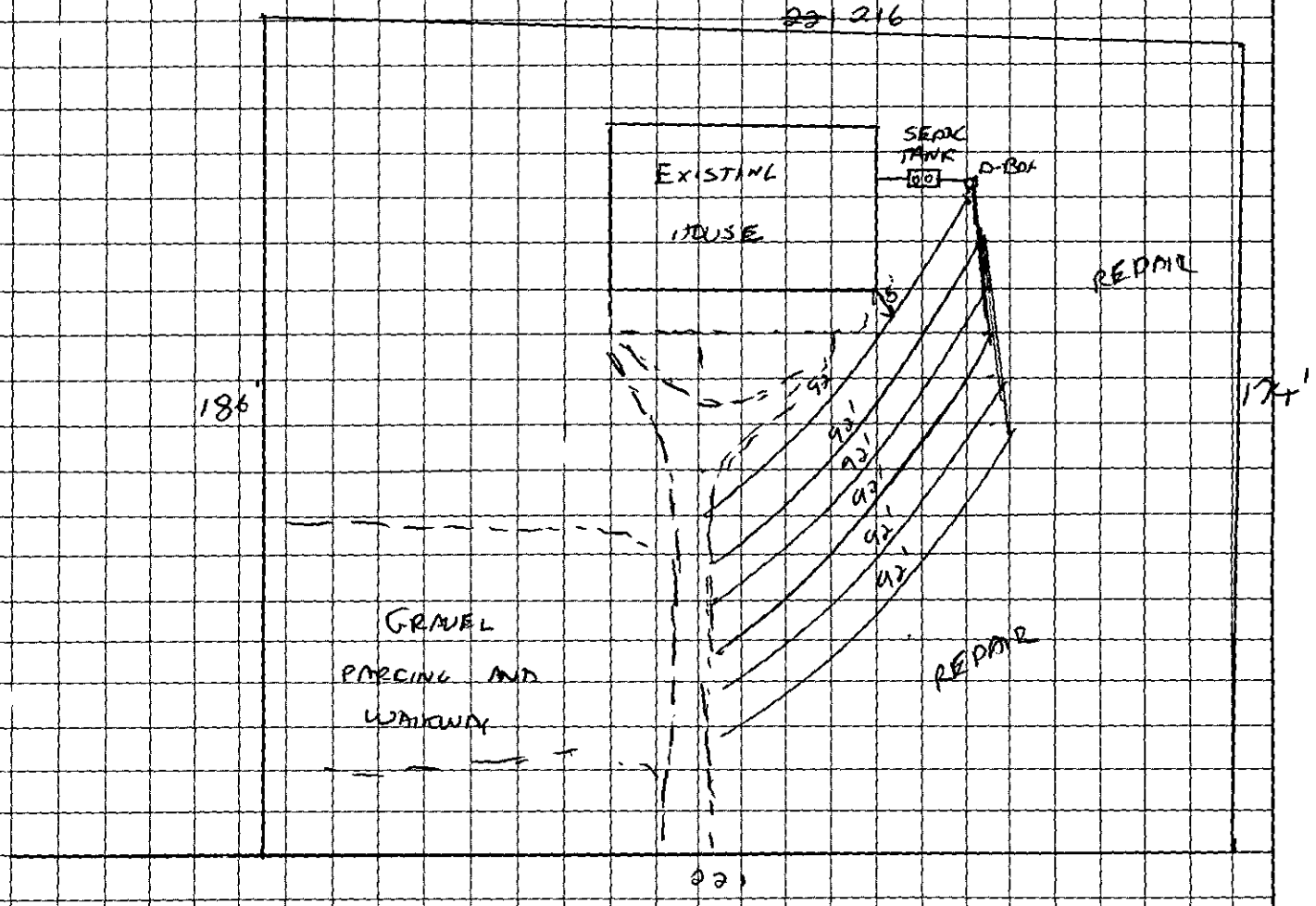
SCALE 1" = 40'

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 100' FROM ALL EXISTING WELLS.

(2) INSTALL DRAINLINES SHALLOW @ 4' AND ON CONTOUR.

(3) DESIGN WILL REQUIRE A TYPE III-G INNOVATIVE

(4) AGREEMENT FORMS MUST BE SIGNED, ~~BY~~ AND RECORDED WITH THE REGISTER OF DEEDS OFFICE PRIOR TO ISSUING THE IMPROVEMENT PERMIT



Michelle Bentley
OWNER/AGENT SIGNATURE

DATE 11-2-99

APPROVAL DATE 4-14-99

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

FEE: 100.00 CK# 1356
DATE: 2-18-99

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

[ ] CRT

TYPE APPLICATION: [✓] 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 #: 28678

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-532-53

[✓] COMMERICAL [ ] INDUSTRIAL

STREET ADDRESS: 9200 BOB BEATTY RD.

DESCRIBE TYPE OF BUSINESS:
OFFICE
Square Footage of Facility: 3550

LOT NUMBER: #3

NUMBER OF EMPLOYEES: 18
PER SHIFT: _____

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG
[✓] 1 CHARLOTTE
[ ] 2 DAVIDSON
[ ] 3 CORNELIUS
[ ] 4 PINEVILLE
[ ] 5 MATTHEWS
[ ] 6 HUNTERSVILLE
[ ] 7 MINT HILL

09844 459

HOW WILL WATER BE USED IN THE FACILITY:

[✓] TOILETS/URINALS
[✓] HANDSINK
[ ] SHOWERS
[ ] FLOOR DRAINS

OTHER, PLEASE DESCRIBE: WATER FOUNTAIN

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
[✓] SEWAGE
[ ] INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
NONE

WATER SUPPLY (CHECK ONE): [ ] 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 [✓] NO	WELL SPRINGS OR WATERLINES	[ ] YES [✓] NO
EXISTING WASTE WATER SYSTEMS	[ ] YES [✓] NO	DESIGNATED WETLANDS	[ ] YES [✓] NO
EASEMENTS OR RIGHT-OF-WAYS	[✓] YES [ ] 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: CHAR.-MECK. HISTORIC LANDMARKS COMM.

NAME: MORRILL (LAST) DAN (FIRST) L. (MI)

ADDRESS: 2100 RANDOLPH RD.

CITY: CLT STATE: NC ZIP: 28207

DAYTIME PHONE: (704) 376-9115

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BROOKS (LAST) ALLEN (FIRST) L. (MI)

DAYTIME PHONE: (704) 333-7004

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? APR. 5, 1994

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: 18 FEB 99

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

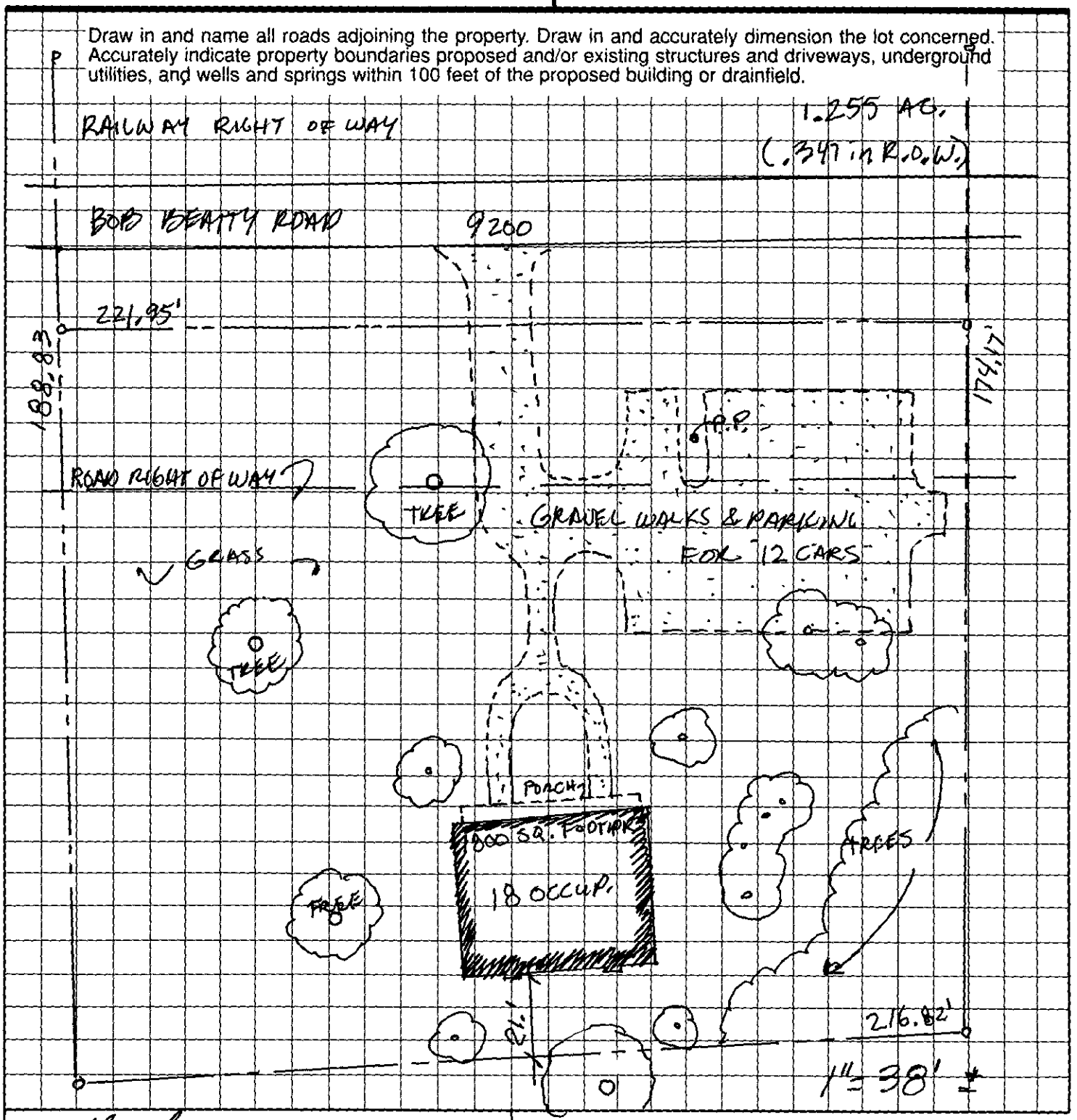
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 9867B

TC: 027-532-53

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 18 FEB 99

APPROVAL DATE _____

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

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

Sheet: _____
Property ID: 021-532-53
Lot #: _____
File #: 26613

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Charlotte Mecklenburg Historical Landmarks Comm. APPLICANT: _____
ADDRESS: 210 Randolph Road, Charlotte DATE EVALUATED: 3-4-99
PROPOSED FACILITY: office PROPOSED DESIGN FLOW (.1949) 450gpd PROPERTY SIZE: .9
LOCATION OF SITE: 9200 PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☒Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope % (slopes 4-10%)	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SE/SP/SSP	46" to soil wetness	46"	N/A	None	PS .3gpf2 IV
		3-46"	SBK/c	Fi/SE/SP/SP					
2	LS	0-3"	gr/cl	Fr/SE/SP/SSP	32" to soil wetness	32"	N/A	None	US .2gpf2 IV
		3-32"	SBK/c	Fi/SE/SP/P					
3	LS	0-24"	gr/cl	Fr/SE/SP/SSP	37" to soil wetness	37"	N/A	None	PS .2gpf2 IV
		24-37"	SBK/c	Fi/SE/SP/P					
4	LS	0-3"	gr/cl	Fri/SE/SP/SSP	40" to soil wetness	40"	N/A	None	PS .25gpf2 IV
		3-40"	SBK/c	Fi/SE/SP/P					
5	LS	0-4"	gr/cl	Fr/SE/SP/SSP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Medlin 3-5-99
OTHER(S) PRESENT: LSS

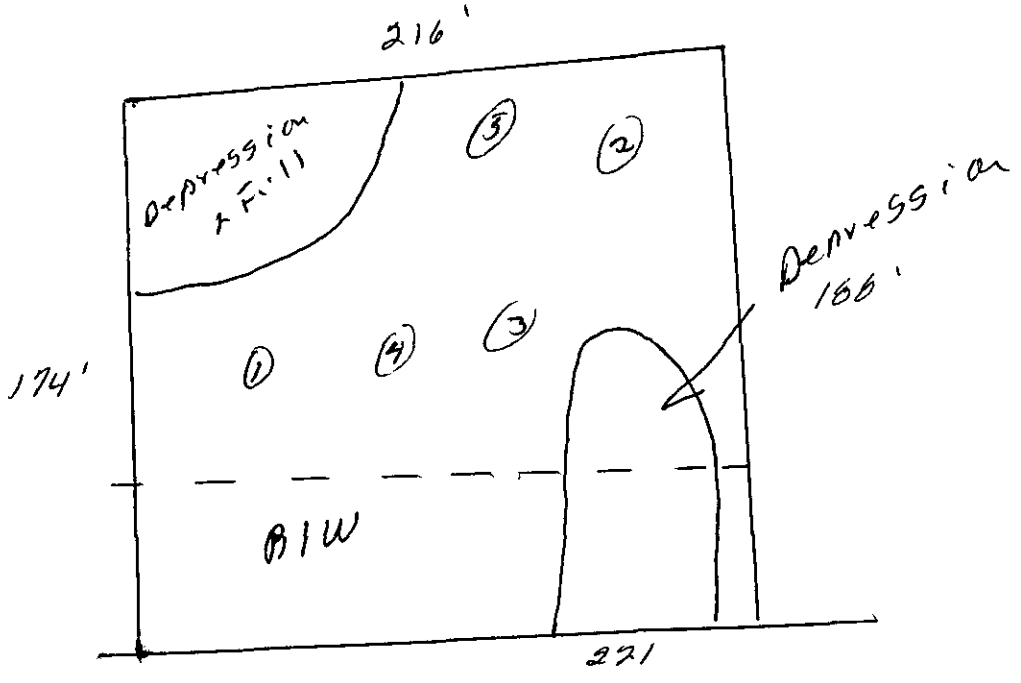
FILE # 28613

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	



Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 2867B WASPS App #: 5656

Primary ES assigned to project: Jeremy Michelone

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ USE EXISTING ☑

I. File Review:

Rule or Law	Permit Application				
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐	
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐	GW Permit
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐	
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐	
	Site Evaluation Information				
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☑	
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☑	
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐	
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐	
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐	
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐	
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐	
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐	
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐	
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐	
.1937(m)	Are the Profile Locations Shown?				
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐	
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐	
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐	
	Improvement Permit/Construction Authorization				
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐	
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐	
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐	
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐	
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐	
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐	
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐	
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐	
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐	

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☒
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☒
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☒
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☒
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☒
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☒
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☒
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☒
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☒

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

USE Existing Denied

IA issued date: _____

OP issued date: _____

Review performed by: JAM Date performed: 6-22-2012

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

June 21, 2012

Croft Properties LLC
9200 Bob Beatty Road
Charlotte, NC 28269

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 2867B
Health Department file number:

Dear Property Owner or Owner's Agent:

On June 19, 2012 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated June 15, 2012, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Jerry Mark Reis

Environmental Specialist

Encl: (1) Application

2867B

MECKLENBURG COUNTY HEALTH DEPARTMENT App.# 5656

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
(●) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Croft Properties LLC ANGIE LAUER
ADDRESS: 9200 Bob Beatty Road C-D
CITY: Charlotte
STATE: NC ZIP: 28269
PHONE: (704) 506-6540
ALTERNATE PHONE:
E-MAIL: lauerarch@aol.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 02753253
STREET ADDRESS: 9200 Bob Beatty Road
CITY: Charlotte
STATE: NC **ZIP:** 28269

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: (●) N/A
( ) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: Office/Private School
EMPLOYEES ~~PER SHIFT~~: 60 ADULTS - 36 KIDS
OF SHIFTS: N/A

INDUSTRIAL WASTES? ( ) YES (●) NO
UNDERGROUND STORAGE TANKS? ( ) YES (●) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☒ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Angie F Lauer — 6/14/12
Owner's/Agent's Signature — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 9200 Bob Beatty Road Tax Parcel #: 02753253

SEE ATTACHED INFORMATION

*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Use Existing System. They have decided to connect to city sewer

REHS Signature Date 6/21/12

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

Charter Service for Mecklenburg Historical Landmarks Permit # 2867B

FEE: _____
DATE: _____

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

[redacted]

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 #: 2867B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER 027 - 53053

STREET ADDRESS: 9200 Bow Beatty Rd.

LOT NUMBER

TOWNSHIP (CHECK ONE):

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

X COMMERCIAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Business
Square Footage of Facility
[redacted]
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

X TOILET FLUSHINGS
X HANDSINK
___ SHOWERS
___ FLOOR DRAINS
OTHER, PLEASE DESCRIBE

TYPE OF WASTEWATER
X SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION N/A

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) X 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 ___ NO
EXISTING WASTE WATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ 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 (LAST) Charl-Meck Historical Landmarks (FIRST) Commission (MI)
ADDRESS 2100 Randolph Road
CITY Charlotte STATE: NC ZIP: 28207
DAYTIME PHONE: (704) 376- 9115

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE

NAME: (LAST) Mann Contractors (FIRST) (MI)
DAYTIME PHONE: (336) 334- 1986
Joe Mann or
Michelle Bentley

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: Michelle Bentley
Mann Contractors, Inc.

DATE: 11/23/95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
CHARLES R. MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202 - (704) 336-5102

Permit B7628.0 Proj # 0009745556

FEE: 250/ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11-24-99 c **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** X

DATE: 4-14-99 **PERMIT NO:** 8867-B1
PARCEL NO: 027-532-53

JOB LOCATION ADDRESS: 9200 BOB BEATTY Rd
PROPERTY OWNER: CHAR-MECK HISTORIC LANDMARKS COMMISSION
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: J. Andrew Wells Jr **DATE:** 4-14-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 8867R, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: (1) REQUIRES TYPE IV-C INNOVATIVE DESIGN THAT MUST HAVE AN AGREEMENT FORM TO BE RECORDED WITH THE REGISTER OF DEEDS OFFICE

11/24/99 SYSTEM CHANGED TO 416' OF CONVENTIONAL PVC TO REDUCTION OF EMPLOYEES D. Wells

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Michelle Bentley 11-2-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Michelle Bentley	Phone # 334-1986	Date Requested: 11/2/99	Date Filled:
Account Name: Mann Contractors, Inc. ☐ Cash ☒ Charge			Account No.: 870280

I certify that I am authorized to charge this account for this service.

Signature: Michelle Bentley Printed Name: Michelle Bentley Date: 10/2/99

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
0703	1	Other: Rutledge Court, Footing + Final	250.00	250.00
		Other:		
Payment received by:		Date: By:	Total:	

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

9200 Rutledge Rd		

B-216NS 8/95

DIVISION

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2867B

Tax Number: 029-53253

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
2 Long-term acceptance rate	450 Max gallons/day wastewater flow	2250 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
MUNICIPAL Serviced by private well	1500 Gallon septic tank	562 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence BUSINESS W/ 45 EMPLOYEES	___ Gallon pump tank	NA Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: (1) REQUIRES AN INNOVATIVE DESIGN THAT ALLOWS FOR 25% REDUCTION IN TOTAL LINEAR FEET			
Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
0250 Absorption Area (Sq ft) 562 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth
For existing system, enter the year originally installed:			

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 4-14-99

X Michelle Bentley — Owner/Agent Signature — Date 10-2-99

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

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

PROPOSED PLOT PLAN

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

FILE: 2867 B

TC: 027-532-53

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.

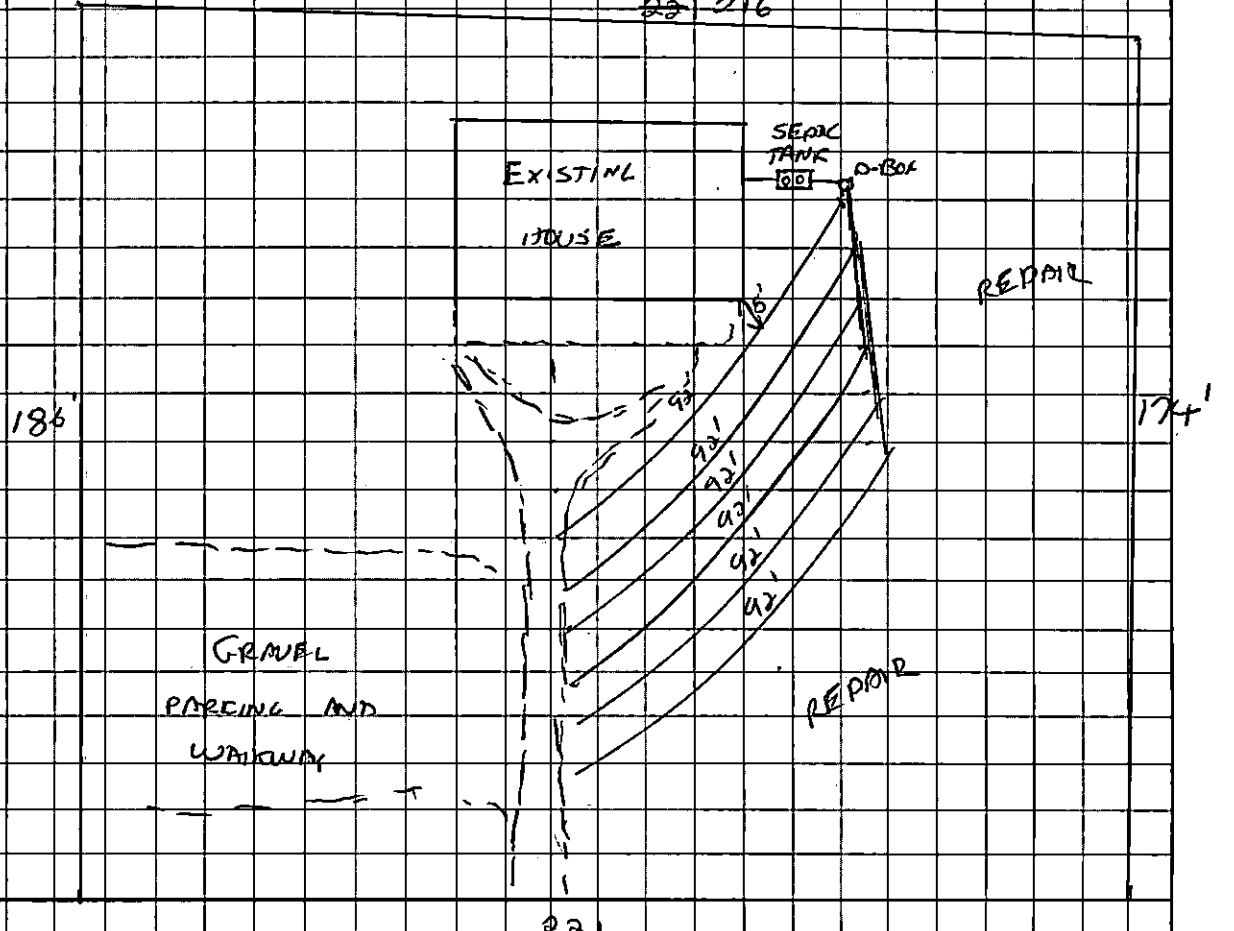
SCALE 1" = 40'

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 100' FROM ALL EXISTING WELLS.

(2) INSTALL DRAINLINES SHALLOW @ 4' AND ON CONTOUR.

(3) DESIGN WILL REQUIRE A TYPE III-G INNOVATIVE

(4) AGREEMENT FORMS MUST BE SIGNED, ~~BY~~ AND RECORDED WITH THE REGISTER OF DEEDS OFFICE PRIOR TO ISSUING THE APPROVEMENT PERMIT

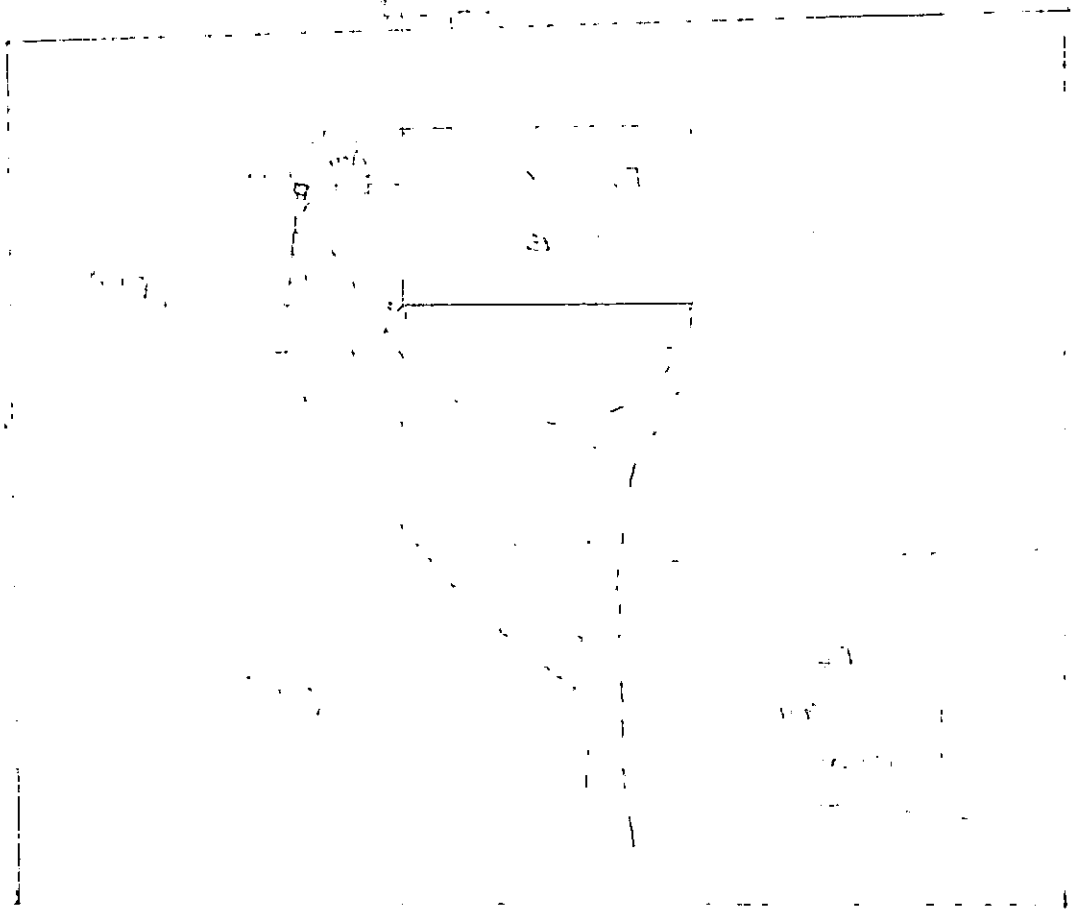


Michelle Bentley
OWNER/AGENT SIGNATURE

DATE 11-2-99

APPROVAL DATE 4-14-99 D. Del Clark

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





9200 BOB BEATTY RD

02753253

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2867 B DATE: 12-14-99
TC: 027-532-53 ☐ L ☒ CRT
SERIAL Nº 18143 ☐ CRT

Name of Owner CHAR-MECK HISTORICAL LAND MARKS Juris.: _____

Address of Property 9200 BOB BEATTY ROAD

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 416 FT

Number of Lines 4 @ 104'

Cover Depth 12" SOIL

Water Supply Source MUNICIPAL

Distance to Water Source 210'

Excavation Inspected 12/14/99

Tank(s) Inspected 12/14/99

Wash Line Inspected _____

High Water Alarm Inspected ✓

SEE INSTRUCTION

PLOT

Design 1500 ST 1200 SFT COND 12G CTR# STEVE AUST

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

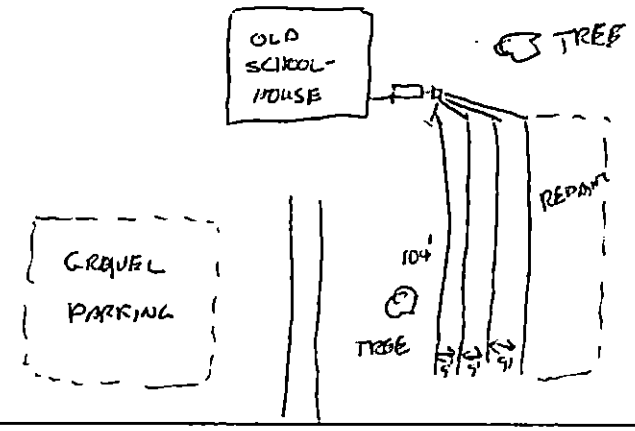
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2867B DATE: 11-22-99

TC: 082-532-53 TAL

SERIAL Nº 18283

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 2-18-99. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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.



9200 BOB BEATTY Rd

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 416 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER CHAR-MECK HISTORICAL LAND MARKS

LOCATION OF PROPERTY 9200 BOB BEATTY ROAD

Comments: (1) PROPOSED USE FOR OFFICE SPACE, 10 EMPLOYEES @ 25 gpd = 250 ÷ .2 = 1250 ÷ 3 = 416 TOTAL LINEAR FEET

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 100.00 CK# 1356

DATE: 2-18-99

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

[redacted]

[ ] CRT

TYPE APPLICATION: [✓] 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 #: 28678

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-532-55

STREET ADDRESS: 9200 BOB BEATTY RD.

[✓] COMMERICAL [ ] INDUSTRIAL

LOT NUMBER: #3

DESCRIBE TYPE OF BUSINESS:
OFFICE

Square Footage of Facility: 3550

NUMBER OF EMPLOYEES: 18

PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG
[✓] 1 CHARLOTTE
[ ] 2 DAVIDSON
[ ] 3 CORNELIUS
[ ] 4 PINEVILLE
[ ] 5 MATTHEWS
[ ] 6 HUNTERSVILLE
[ ] 7 MINT HILL

09844 459

HOW WILL WATER BE USED IN THE FACILITY:

[✓] TOILETS/URINALS
[✓] HANDSINK
[ ] SHOWERS
[ ] FLOOR DRAINS

OTHER, PLEASE DESCRIBE: WATER FOUNTAIN

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
[✓] SEWAGE
[ ] INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
NONE

WATER SUPPLY (CHECK ONE):
[ ] 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 [✓] NO	WELL SPRINGS OR WATERLINES	[ ] YES [✓] NO
EXISTING WASTE WATER SYSTEMS	[ ] YES [✓] NO	DESIGNATED WETLANDS	[ ] YES [✓] NO
EASEMENTS OR RIGHT-OF-WAYS	[✓] YES [ ] 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: CHAR.-MECK. HISTORIC LANDMARKS Comm.

NAME: MORRILL (LAST) DAN (FIRST) L. (MI)

ADDRESS: 2100 RANDOLPH RD.

CITY: CLT STATE: NC ZIP: 28207

DAYTIME PHONE: (704) 376-9115

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BROOKS (LAST) ALLEN (FIRST) L. (MI)

DAYTIME PHONE: (704) 333-7004

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? APR. 5, 1994

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: 18 FEB 99

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

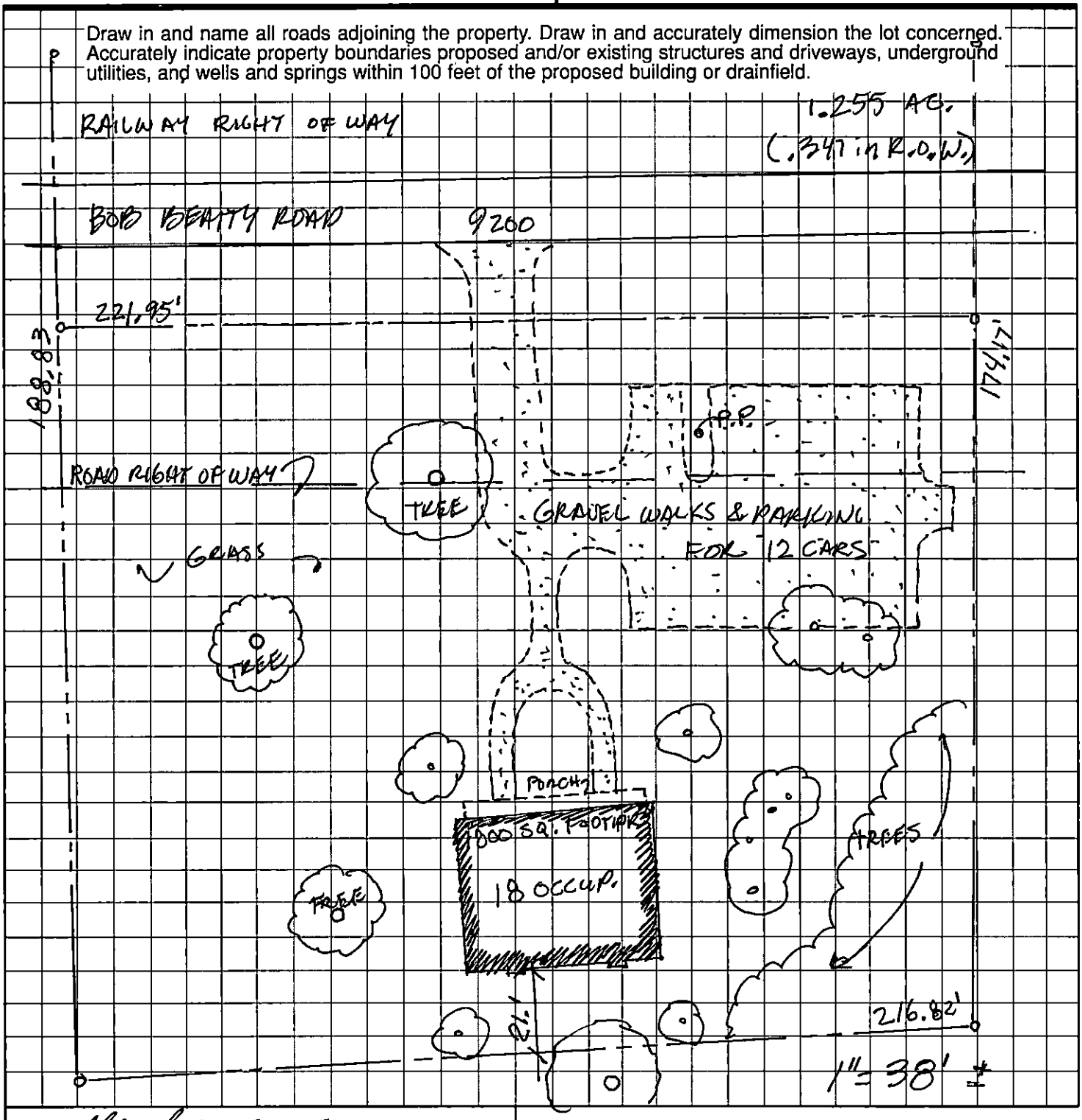
PROPOSED PLOT PLAN

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

FILE: 9867B

TC: 027-532-53

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 18 FEB 99

APPROVAL DATE _____

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

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

Sheet: _____

Property ID: 027-532-53

Lot #: _____

File #: 26613

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Charlotte Mecklenburg Historical Landmarks Comm APPLICANT: _____

ADDRESS: 200 Randolph Road, Charlotte DATE EVALUATED: 3-4-99

PROPOSED FACILITY: offices PROPOSED DESIGN FLOW (.1949) 450gpd PROPERTY SIZE: .9

LOCATION OF SITE: 9200 PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	1940 Landscape Position/ Slope % (510DPS 4-10%)	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	0-3"	gr/cl	Fr/SEXP/SS/SP	7.5YR 46" TO 5Y 6/1 wetness	46"	N/A	None	PS .3gpd/ft² IV
		3-46"	SBK/c	Fi/SEXP/SLP					
2	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	7.5YR 32" TO 5Y 6/1 wetness	32"	N/A	None	US .2gpd/ft² IV
		3-32"	SBK/c	Fi/SEXP/SLP					
3	LS	0-24"	gr/cl	Fr/SEXP/SS/SP	7.5YR 37" TO 5Y 6/1 wetness	37"	N/A	None	PS .2gpd/ft² IV
		24-37"	SBK/c	Fi/SEXP/SLP					
4	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	7.5YR ~~34~~ 40" TO 5Y 6/1 wetness	40"	N/A	None	PS .25gpd/ft² IV
		3-40"	SBK/c	Fi/SEXP/SLP					
5	LS	0-4"	gr/cl	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W.A. Medlin 3-5-99

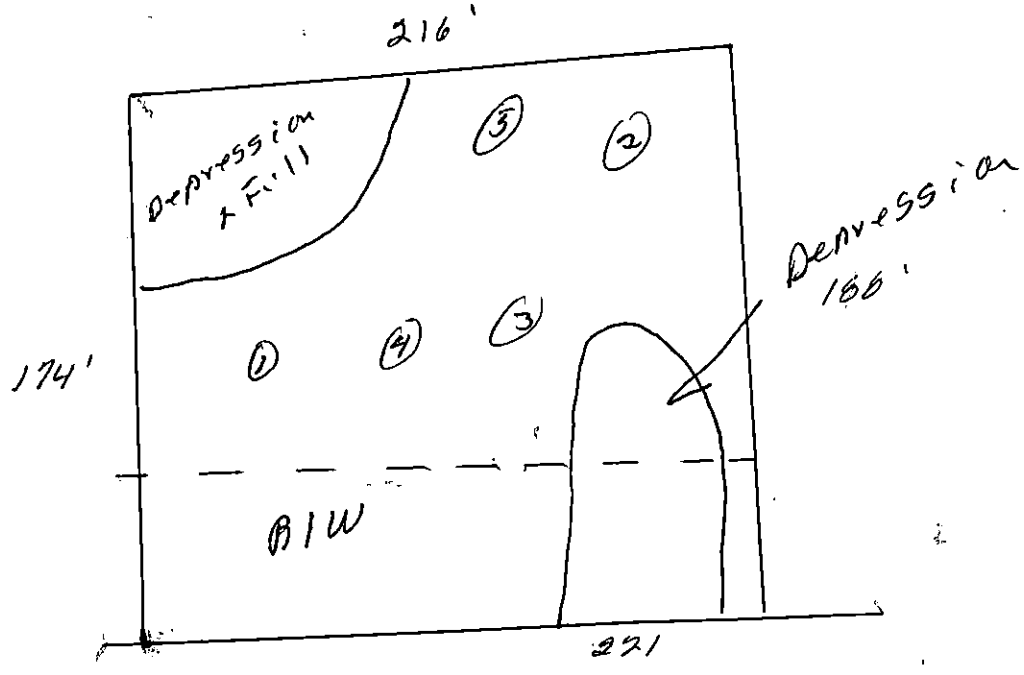
OTHER(S) PRESENT: LSS

FILE # 28613

COMMENTS

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

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



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/15/12	**Amount:**	100.00
Receipt #:	78635	**Tendered:**	100.00
Check / Auth #:	MC 030192	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: 200000
Contractor: BROOKS, ALLEN
Attn:
Address: 9200 BOB BEATTY 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 9200 BOB BEATTY ROAD #02753253		1	100.00	100.00

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

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

Not on Project

list

~~# 000 00276~~

00974556



Architecture, PA

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Allen Brooks