

3133 BEAMAN AV

20106121

7/13/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7881A DATE: 6/4/93
TC: 201-061-21 ☐ L ☐ CRT
SERIAL Nº 15288

Name of Owner Bruce McKeon Juris.:
Address of Property 3133 Beaman Ave.

Inspection Data:

Tank Material pcc
Total Length of Drainfield 399'
Number of Lines 3 @ 133'
Cover Depth 24" - 36"
Water Supply Source well
Distance to Water Source > 50'
Excavation Inspected 6/3/93 6/4/93
Tank(s) Inspected 6/3/93
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1993, 1500 gal. Con. 1197 SFT, 12" S, Rock CTR# 87

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: System designed for 3 bedroom home.
Step downs were not utilized.
Type II

Judy A. Klein R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

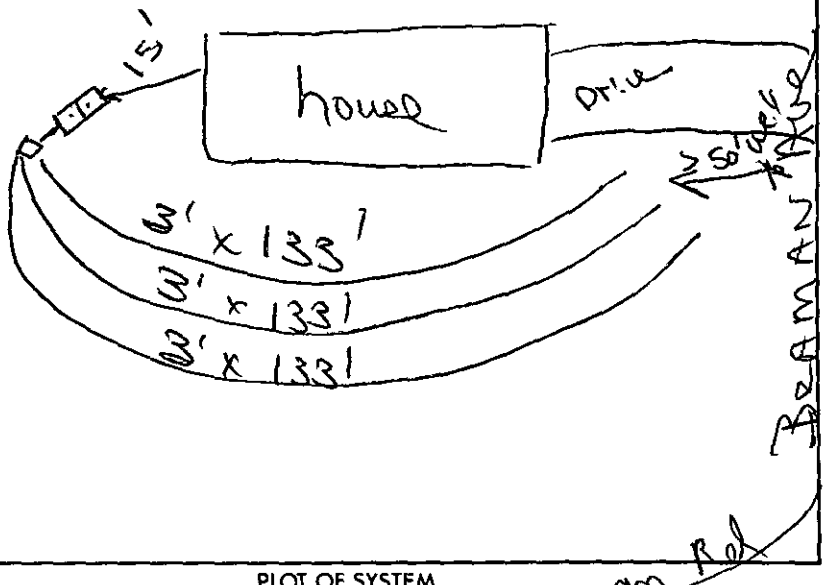
13195

FILE: 7881 A DATE: 5/24/93

TC: 201.061-21 ☐ L

SERIAL Nº 15364

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 6/3/92. All work shall be completed on or before 6/24/93, 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 Width 3' feet

Total Line Length 400' feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well ≥50' feet

NAME OF OWNER Brian McKeon

LOCATION OF PROPERTY 3133 Beaman Ave

Comments: INSTALL 3 trenches 3' x 133', 12" Stone
Keep 50' from well - Run Trenches on Contour

Judy J. Klein 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.

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

188HA 400 LR

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 200.00 CK 1050 3-19-92 WPG 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: McKeon (last) Brian (first) A. (mi)

ADDRESS: PO Box 667351 PHONE: (704) 329-9134 (work)

CITY: Charlotte, NC STATE: NC ZIPCODE: 28266-7351

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 201-061-21

STREET ADDRESS: 3133 BEAMAN AVE.

ZONING: R-15

PROPERTY OWNER:

NAME: CRAIG (last) ROGER (first) (mi)

ADDRESS: 133 Sulkirk Rd PHONE: (704) 553-2327

CITY: Charlotte STATE: NC ZIPCODE: 28210

SUBDIVISION OR MOBILE HOME PARK NAME:
LEBANON HEIGHTS

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 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)
[X] 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: 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):
[X] Swimming Pool [ ] Jacuzzi [X] Stable/Barn [ ] Workshop [ ] None
[X] 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: 3/19/1992

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

[signature] 6/3/92
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

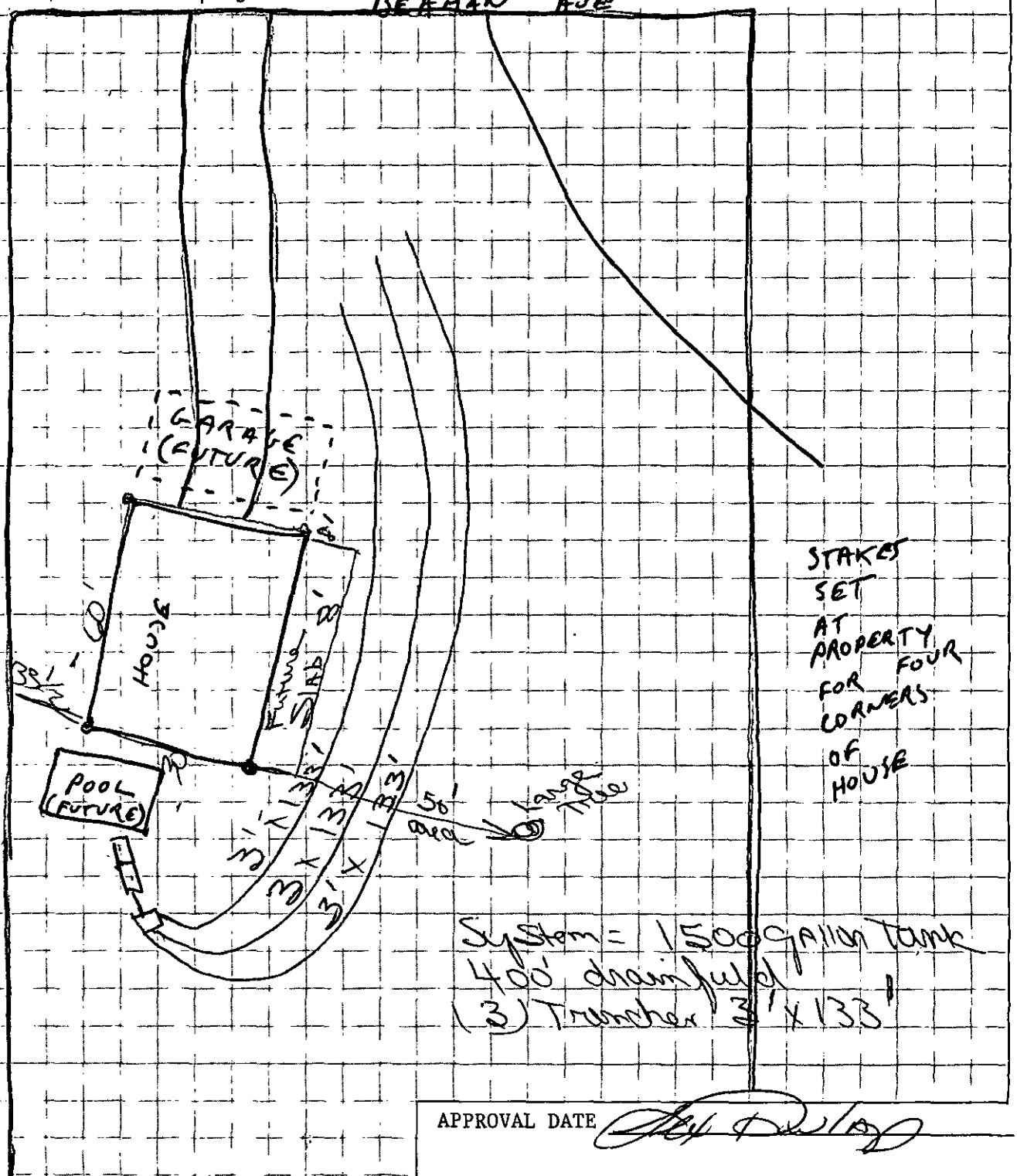
PAGE 1

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

FILE: 7881A

TC: 201-061-21

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

PROPOSED PLOT PLAN

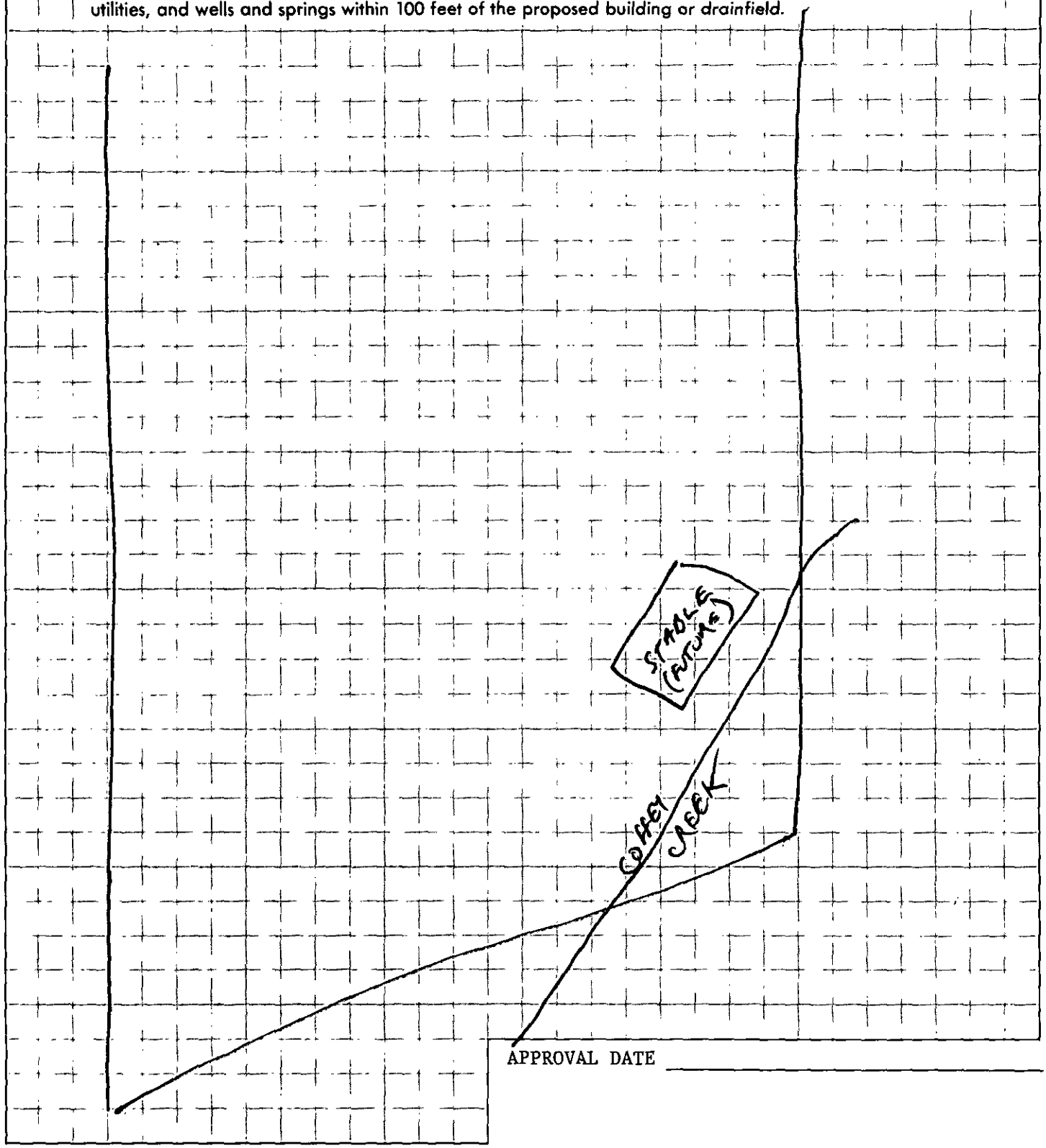
PAGE 2

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APPROVAL DATE _____

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

7881A

Mecklenburg County
Health Department

January 8, 1992

To: Susan Latimer

From: Sylvia Daniel, R.S
Program Chief
IWWS Division

The following refund is requested:

Amount: $65.00

Org/Account #462

Payable: Armando B. Flores
6924 Idlewild Road
Charlotte, NC 28212

Date of Original Deposit: 11-22-91

Reason: Mr. Flores was the potential buyer, but has now backed out of the deal.

Enclosures

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

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00 CK # 1925 11-22-91 HP

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

(OFFICE USE ONLY)

13195

FILE: 7881A Well new

TC: 201-062-21 W Thornton

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 3133 Belmead Ave. 28273

② SUBDIVISION: Lebanon Heights ③ LOT: #5 ④ BLOCK: C

⑤ PARCEL REFERENCE: MAP BOOK NO.: 143 9 PAGE NO.: 125 PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: 3422 PAGE NO.: 110

OWNER

⑦ NAME: Roger (FIRST) W. (MIDDLE) Craig (LAST)

⑧ MAILING ADDRESS: 4133 Suffolk Dr.

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28210

⑫ PHONE: (WORK) 553-2327 (HOME) 552-1207

⑬ Accurately diagram and dimension lot. See attached Survey

Armando B. Flores

6924 Idlewild Road
Charlotte
28212

Mr. Flores was the potential buyer, but has backed out of the deal, or at least is trying to; at this point. Initiate a refund and have the check mailed to him at the above address. W.R. Marlin 12-27-91

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: Roger Craig

Date: 11-21-1991

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

PROPOSED PLOT PLAN

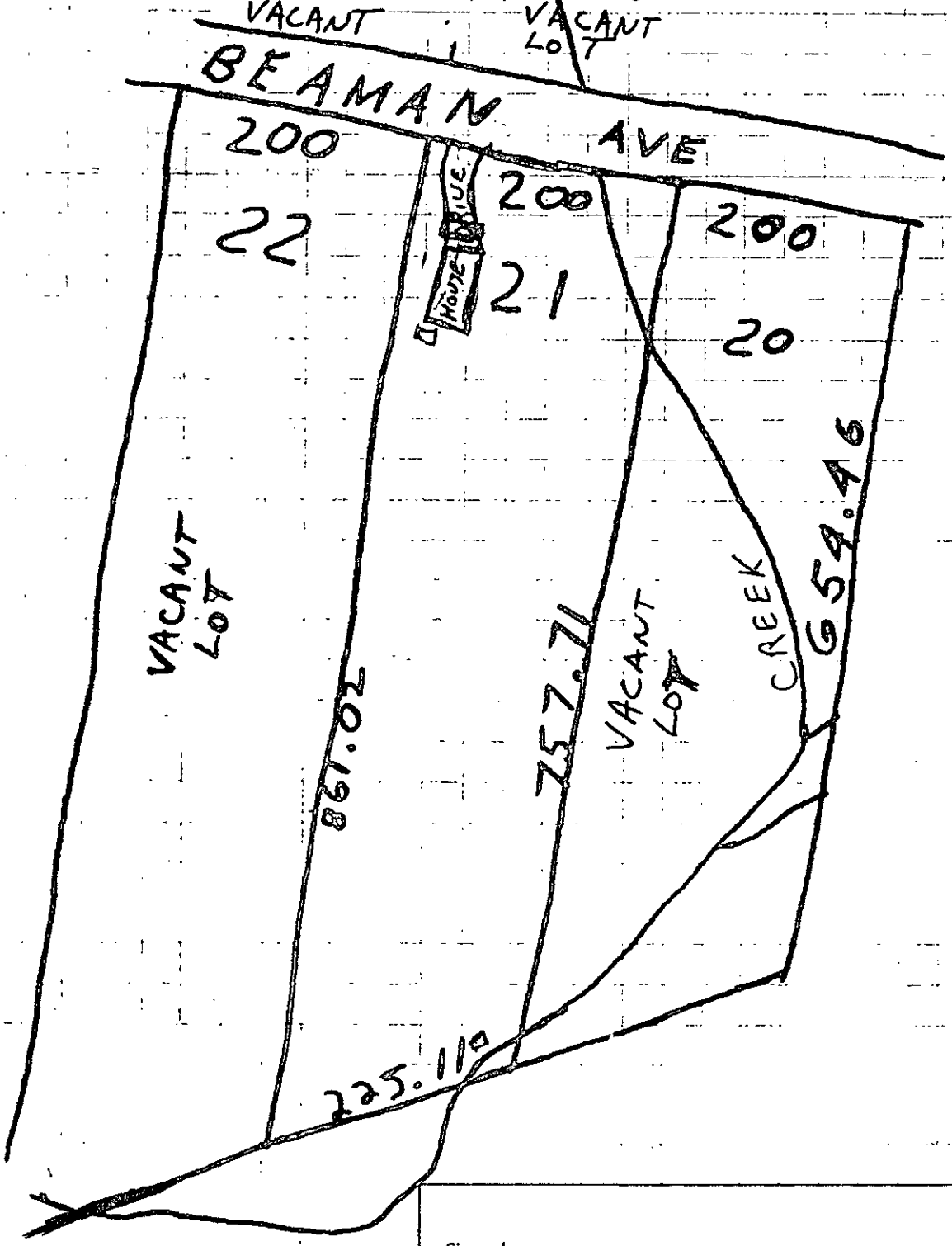
OVERALL VIEW (PAGE 3)

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

FILE: _____

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: _____

Date: _____

PROPOSED PLOT PLAN

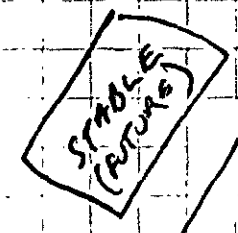
PAGE 2

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

FILE: 7881A

TC: 201-061-21

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COFFEY CREEK

APPROVAL DATE _____

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PROPOSED PLOT PLAN

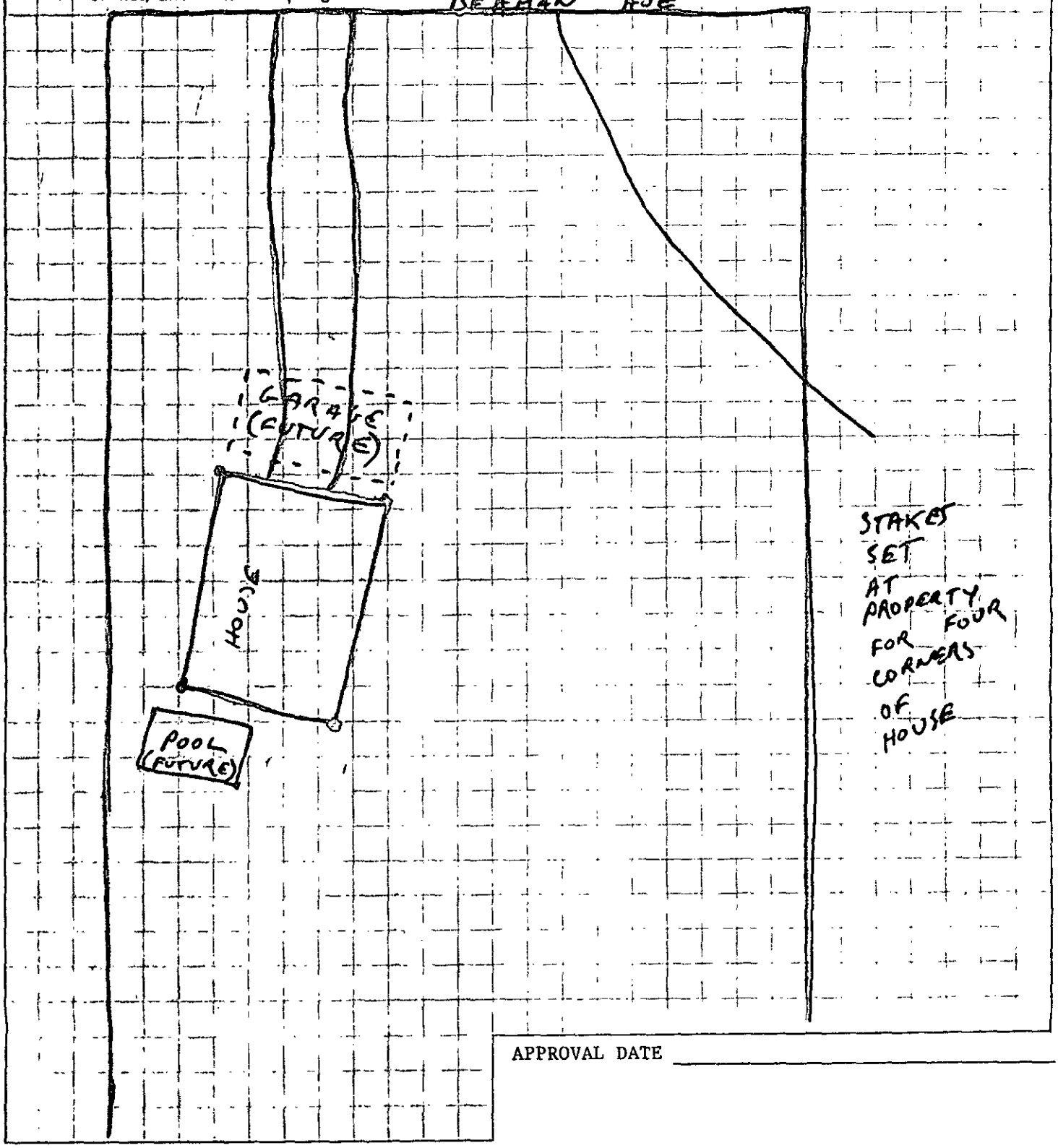
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CHARLOTTE, NC 28202
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TC: 201-061-21

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APPROVAL DATE _____

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Things to do Today!

11-21-91

Dear Bill

If possible please send Me on the Buyers a Copy of the request.

Darrell Jenkins

DIAMOND MORTGAGE CORPORATION

6827-C FAIRVIEW RD ◇ CHARLOTTE, NC 28210

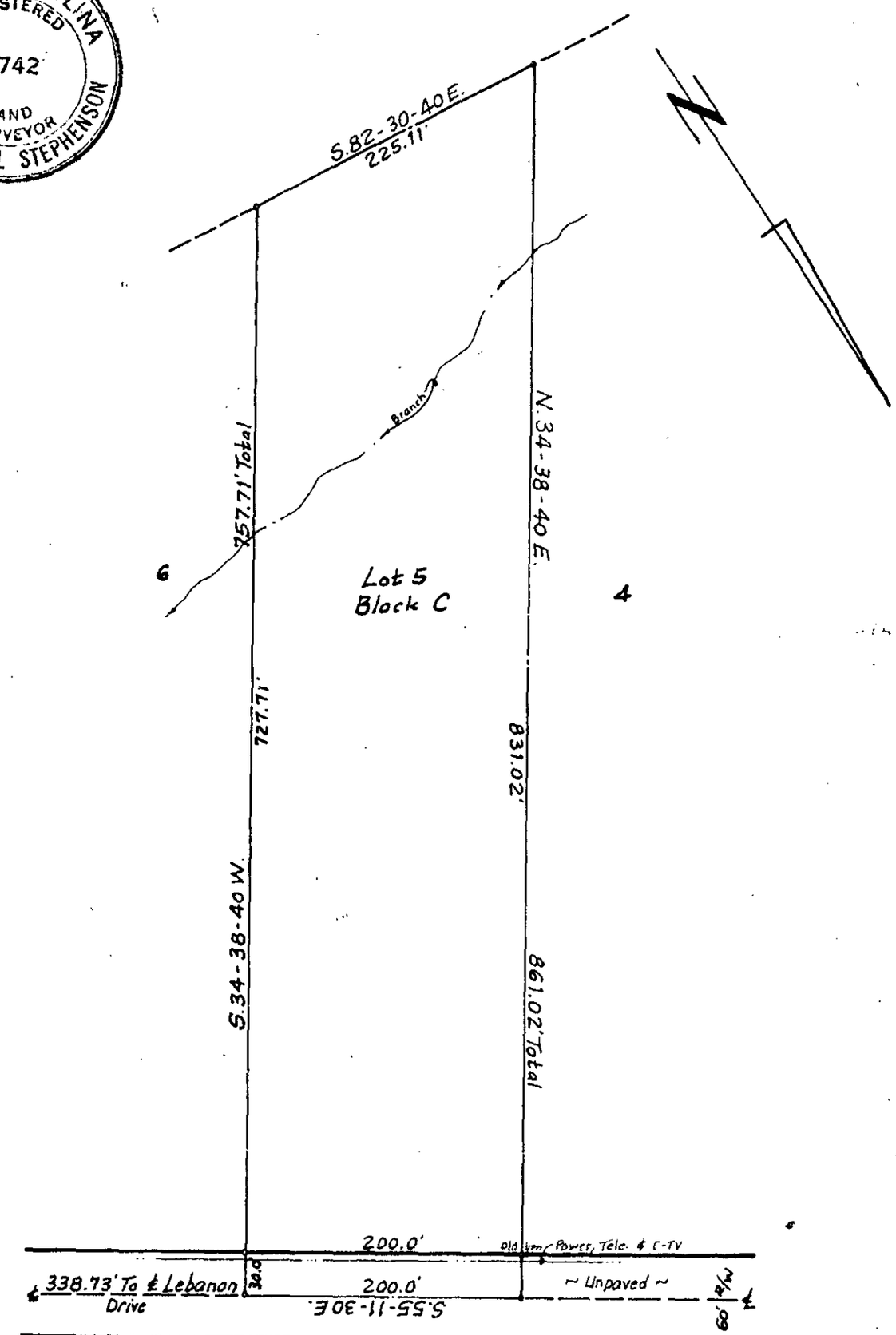
THIS IS TO CERTIFY THAT ON THE 24th DAY OF August 1987. I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS, AND BUILDINGS ARE AS SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

ROBERT EARL STEPHENSON

SIGNED: Robert Earl Stephenson

N.C. REG. LAND SURVEYOR L742

NORTH CAROLINA REGISTERED L742 LAND SURVEYOR ROBERT EARL STEPHENSON



BEAMAN AVENUE

PHYSICAL SURVEY

OF

Lot 5, Block C, Lebanon Heights, Steele Creek Township,

NEAR CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

PROPERTY OF

Roger Craig & wife, Mary Craig

SCALE: 1" = 100'

DEED BOOK: 3422 PAGE: 110

MAP BOOK: 9 PAGE: 505

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
CK # 0825
11-22-91
HB

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

(OFFICE USE ONLY)

FILE: 7881A

TC: 201-061-21

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 3133 Belmead Ave. 28273

② SUBDIVISION: Lebanon Heights ③ LOT: #5 ④ BLOCK: C

⑤ PARCEL REFERENCE: BOOK NO.: ~~3427~~ 9 PAGE NO.: ~~152~~ 5 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 3422 PAGE NO.: 110

OWNER

⑦ NAME: Roger (FIRST) W. (MIDDLE) Craig (LAST)

⑧ MAILING ADDRESS: 4133 Sulkirk Dr.

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28210

⑫ PHONE: (WORK) 553-2327 (HOME) 552-1207

⑬ Accurately diagram and dimension lot. See attached Survey

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: Roger Craig

Date: 11-21-1991

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APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00 CK # 02.. 11-22-91 HP

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

(OFFICE USE ONLY)

FILE: 7821A

TC: 201-061-21

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 4133 Rainbow Drive 28273

② SUBDIVISION: Rainbow Heights ③ LOT: # 5 ④ BLOCK: C

⑤ PARCEL REFERENCE: BOOK NO.: Map 213 PAGE NO.: 185 PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: 3922 PAGE NO.: 110

OWNER

⑦ NAME: Roger (FIRST) W. (MIDDLE) Craig (LAST)

⑧ MAILING ADDRESS: 4133 Sulkirk Dr.

⑨ CITY: Charlotte ⑩ STATE: N C ⑪ ZIP: 28211

⑫ PHONE: (WORK) 552-2322 (HOME) 552-1207

⑬ Accurately diagram and dimension lot. See attached Survey

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.

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