

9300 BOB BEATTY RD

02719116

6/21/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17984

File: Action /

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

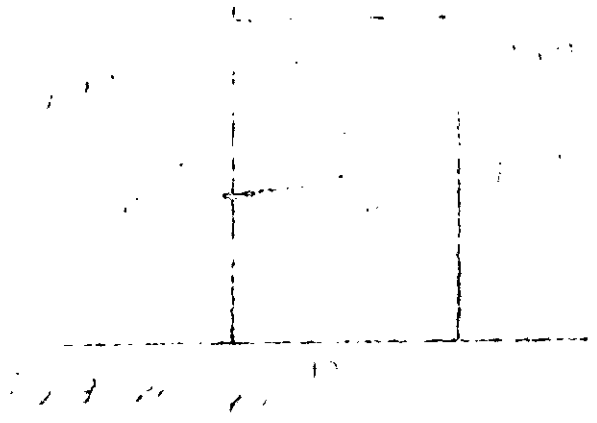
_____

_____

_____

Described by: _____

Date: _____



***** 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	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

12-17-96

Philo,

My plans for the banquet facility are close to being finalized. Here are the drawings that you requested to size a septic system.

- The entire facility will be 4,900 sq ft.
- The banquet room will be 3,250 sq ft
- Ladies room: 4 water closets
  2 lavatories
- Mens room: 1 water closet
  2 urinals
  2 lavatories
- The kitchen area will only have sinks and refrigeration, it will **not** have a stove or any food preparation equipment.

Please contact me at your earlier convenience so that we can discuss this.

Thanks for your time.

Domenic Polzella Jr.
554-6802

1500 ST

3,250 ÷ 15 = 216 persons x 3 gal = 650 ÷ .3 = 2166 ÷ .3 = 722 LF.

540 chamber system

6796A

WA41/07/07/153600/082 PF2=PG2 PF9=PAYPND PF11=SPRMK PF12=MTFILE
MWA31 ** UTILITIES MASTER RECORD ** 11/15/96 16:45:42
AREA: 14 ~~ZBS: 07/07/153600~~ 2 SF: 0 SV: 144753 SM: 3 TS: 1 TA: C STAT: ACTIVE
NAME: HISTORIC ROSEDALE A/R#: 0047024
LOC: ~~3427 00000 N TRYON~~ ST CH 28206 NM C/O SW:
MTR# T31629326 REG 000 R/C 0 P/MTRS SPEC SEWER: SEW-% 100 IW
CURRENT BILL-DATE: 11/13/96 DUE-DATE: 12/08/96 PREVIOUS BILL DATE: 10/15/96
PERIOD COVD: 10/03/96 10/30/96 FR/TO MTR RDGS: 460 483 USG: 23

	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	PAY DATE	BALANCE
STORMWATER	3.13	.00	.00	.00	10/28/96	3.13
WAT-FIX	1.45	.00	.00	.00	10/28/96	1.45
-VAR	22.54	.00	.00	.00		22.54
SEW-FIX	1.45	.00	.00	.00	10/28/96	1.45
-VAR	36.11	.00	.00	.00		36.11
W/S-LFIX	.00	.00	.00	.00	8/07/95	.00
-LVAR	.00	.00	.00	.00		.00
-SER-CH	.00	.00	.00	.00	0/00/00	.00
TOTAL-$	64.68	.00	.00	.00		64.68

2/12	273	5/08	290	8/03	404	10/30	483
3/01	273	6/11	330	8/30	435	12/06	270
4/08	276	7/13	375	10/03	460	12/27	271

NAME: REM: SENT INSP ON 12/15/5
ADDR: 00000 P O BOX 6212 LEH
CITY: CHARLOTTE NC 28207 0001 HOLD: N DEP#: 90/11730 $ 25.00

* USING WATER FOR IRRIGATION PURPOSES AS WELL!

WA51/07/07/153600/082 11/15/96 16:45:49
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000460 10/03/96 100% BILL-DATE: 10/15/96 LAST-PAY-DATE: 10/28/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	25	25.95	.00	.00	25.95	.00
REBATE		.00		.00		
SEWER	25	40.70	.00	.00	40.70	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		66.65	.00	.00	66.65	.00

ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000435 08/30/96 100% BILL-DATE: 09/16/96 LAST-PAY-DATE: 09/23/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	31	31.83	.00	.00	31.83	.00
REBATE		.00		.00		
SEWER	31	50.12	.00	.00	50.12	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		81.95	.00	.00	81.95	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/07/07/153600/082 11/15/96 16:45:54
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000404 08/03/96 100% BILL-DATE: 08/15/96 LAST-PAY-DATE: 08/28/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	29	29.87	.00	.00	29.87	.00
REBATE		.00		.00		
SEWER	29	46.98	.00	.00	46.98	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		76.85	.00	.00	76.85	.00

ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000375 07/13/96 100% BILL-DATE: 07/16/96 LAST-PAY-DATE: 07/31/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	45	43.75	.00	.00	43.75	.00
REBATE		.00		.00		
SEWER	45	69.85	.00	.00	69.85	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		113.60	.00	.00	113.60	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/07/07/153600/082 11/15/96 16:45:57
MWA3S WATER-SEWER HISTORY RECORD
ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000330 06/11/96 100% BILL-DATE: 06/14/96 LAST-PAY-DATE: 06/21/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	40	39.05	.00	.00	39.05	.00
REBATE		.00		.00		
SEWER	40	62.25	.00	.00	62.25	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		101.30	.00	.00	101.30	.00

ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000290 05/08/96 100% BILL-DATE: 05/16/96 LAST-PAY-DATE: 06/04/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	14	14.61	.00	.00	14.61	.00
REBATE		.00		.00		
SEWER	14	22.73	.00	.00	22.73	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		37.34	.00	.00	37.34	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/07/07/153600/082 11/15/96 16:45:59

MWA35 WATER-SEWER HISTORY RECORD

ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0

NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14

CURR-READ: 0000276 04/08/96 100% BILL-DATE: 04/17/96 LAST-PAY-DATE: 04/23/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	3	4.27	.00	.00	4.27	.00
REBATE		.00		.00		
SEWER	3	6.01	.00	.00	6.01	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		10.28	.00	.00	10.28	.00

ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0

NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14

CURR-READ: 0000273 03/01/96 100% BILL-DATE: 03/15/96 LAST-PAY-DATE: 03/21/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER		1.45	.00	.00	1.45	.00
REBATE		.00		.00		
SEWER		1.45	.00	.00	1.45	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		2.90	.00	.00	2.90	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/07/07/153600/082 11/15/96 16:46:02
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000273 02/12/96 100% BILL-DATE: 02/15/96 LAST-PAY-DATE: 02/21/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	2	3.33	.00	.00	3.33	.00
REBATE		.00		.00		
SEWER	2	4.49	.00	.00	4.49	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		7.82	.00	.00	7.82	.00

ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000271 12/27/95 100% BILL-DATE: 01/16/96 LAST-PAY-DATE: 02/01/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	1	2.39	.00	.00	2.39	.00
REBATE		.00		.00		
SEWER	1	2.97	.00	.00	2.97	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		5.36	.00	.00	5.36	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/07/07/153600/082 11/15/96 16:46:04
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000270 12/06/95 100% BILL-DATE: 12/12/95 LAST-PAY-DATE: 01/09/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	25	24.95	.00	.00	24.95	.00
REBATE		.00		.00		
SEWER	25	39.45	.00	.00	39.45	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		64.40	.00	.00	64.40	.00

ZBS: 07/07/153600 SV: 144753 SX: 00 SM: 3 TS: 1 TA: C CDC: 2 R/C: 0
NAME: HISTORIC ROSEDALE LOC: 03427 000 N TRYON ST AN: 14
CURR-READ: 0000245 11/04/95 100% BILL-DATE: 11/14/95 LAST-PAY-DATE: 11/30/95

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	17	17.43	.00	.00	17.43	.00
REBATE		.00		.00		
SEWER	17	27.29	.00	.00	27.29	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		44.72	.00	.00	44.72	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

~~410B~~ 6796A

WA41/22/02/023000/082 PF2=PG2 PF9=PAYPND PF11=SRRMK PF12=MTFILE
MWA31 ** UTILITIES MASTER RECORD ** 11/15/96 16:44:35
AREA: 16 ZBS: ~~22/02/023000~~ 3 SF: 0 SV: 010991 SM: 1 TS: 1 TA: 0 STAT: ACTIVE
NAME: CHARLOTTE WOMENS CLUB A/R#: 0118869
LOC: 1001 00000 E MOREHEAD ST CH 28204 NM C/O SW:
MTR# T30386309 REG 000 R/C 0 P/MTRS SPEC SEWER: SEW-% 100 IW
CURRENT BILL-DATE: 10/17/96 DUE-DATE: 11/11/96 PREVIOUS BILL DATE: 9/18/96
PERIOD COVD: 9/11/96 10/05/96 FR/TO MTR RDGS: 779 789 USG: 10

	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	PAY DATE	BALANCE
STORMWATER	26.01	.00	.00	26.01	11/07/96	.00
WAT-FIX	1.45	.00	.00	1.45	11/07/96	.00
-VAR	9.80	.00	.00	9.80		
SEW-FIX	1.45	.00	.00	1.45	11/07/96	.00
-VAR	15.70	.00	.00	15.70		.00
W/S-LFIX	.00	.00	.00	.00	2/14/96	.00
-LVAR	.00	.00	.00	.00		.00
-SER-CH	.00	.00	.00	.00	0/00/00	.00
TOTAL-$	54.41	.00	.00	54.41		.00

2/01	732	5/03	753	8/01	768	11/01	705
3/01	742	5/30	760	9/11	779	12/02	710
3/27	747	7/02	764	10/05	789	1/03	727

NAME: REM:
ADDR: 01001 00000 E MOREHEAD ST
CITY: CHARLOTTE NC 28204 2812 HOLD: N DEP#: 22/05684 $ 1.50

DOMENIC POLZELLA

9232+9300 OLD STATESVILLE RD

BANQUET FACILITY.

$91 \div 12 = 800 \times 7.50 = 6000 \div 30 \text{ Days}$

$= 200 \text{ GPD} \div .3 = 600 \div 3 = 222 \text{ LF}$

$232 \div 12 = 19{,}000 \times 7.50 = 14{,}250 \div 30 \text{ Days}$

$= 475 \text{ GPD} \div .3 = 1583 \div 3 = 527 \text{ LF}$

Char	Warren Club
9/96	11
8/96	4
7/96	4
6/96	7
5/96	5
4/96	5
3/96	10
2/96	5
1/96	5
11/95	8
10/95	4

91 ÷ 12 = 7.5 DAOC

Historic Fiscdale	
10/96	25
9/96	31
8/96	29
7/96	45
6/96	40
5/96	14
4/96	3
3/96	0
2/96	2
1/96	1
11/95	17

232 ÷ 12 = 19

GPF LF
9100 × 7.5 = 68250 - 12 mo

5687 ÷ 30 = 189 GPD

WA51/22/02/023000/082 11/15/96 16:44:50
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000779 09/11/96 100% BILL-DATE: 09/18/96 LAST-PAY-DATE: 09/27/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	11	12.23	.00	.00	12.23	.00
REBATE		.00		.00		
SEWER	11	18.72	.00	.00	18.72	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		30.95	.00	.00	30.95	.00

ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000768 08/01/96 100% BILL-DATE: 08/19/96 LAST-PAY-DATE: 08/26/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	4	5.37	.00	.00	5.37	.00
REBATE		.00		.00		
SEWER	4	7.73	.00	.00	7.73	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		13.10	.00	.00	13.10	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/22/02/023000/082 11/15/96 16:44:54
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000764 07/02/96 100% BILL-DATE: 07/18/96 LAST-PAY-DATE: 07/26/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	4	5.21	.00	.00	5.21	.00
REBATE		.00		.00		
SEWER	4	7.53	.00	.00	7.53	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		12.74	.00	.00	12.74	.00

ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000760 05/30/96 100% BILL-DATE: 06/18/96 LAST-PAY-DATE: 07/15/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	7	8.03	.00	.00	8.03	.00
REBATE		.00		.00		
SEWER	7	12.09	.00	.00	12.09	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		20.12	.00	.00	20.12	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/22/02/023000/082 11/15/96 16:44:57
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000753 05/03/96 100% BILL-DATE: 05/20/96 LAST-PAY-DATE: 06/17/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	6	7.09	.00	.00	7.09	.00
REBATE		.00		.00		
SEWER	6	10.57	.00	.00	10.57	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		17.66	.00	.00	17.66	.00

ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000747 03/27/96 100% BILL-DATE: 04/19/96 LAST-PAY-DATE: 05/16/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	5	6.15	.00	.00	6.15	.00
REBATE		.00		.00		
SEWER	5	9.05	.00	.00	9.05	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		15.20	.00	.00	15.20	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/22/02/023000/082 11/15/96 16:45:01
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: 0 CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000742 03/01/96 100% BILL-DATE: 03/19/96 LAST-PAY-DATE: 03/29/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	10	10.85	.00	.00	10.85	.00
REBATE		.00		.00		
SEWER	10	16.65	.00	.00	16.65	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		27.50	.00	.00	27.50	.00

ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: 0 CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000732 02/01/96 100% BILL-DATE: 02/19/96 LAST-PAY-DATE: 03/13/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	5	6.15	.00	.00	6.15	.00
REBATE		.00		.00		
SEWER	5	9.05	.00	.00	9.05	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		15.20	.00	.00	15.20	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/22/02/023000/082 11/15/96 16:45:04
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: 0 CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000727 01/03/96 100% BILL-DATE: 01/18/96 LAST-PAY-DATE: 02/14/96

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	17	17.43	6.15	.00	23.58	.00
REBATE		.00		.00		
SEWER	17	27.29	9.05	.00	36.34	.00
LATE		.23	.00	.00	.23	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		44.95	15.20	.00	60.15	.00

ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: 0 CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000710 12/02/95 100% BILL-DATE: 12/14/95 LAST-PAY-DATE: 12/12/95

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	5	6.15	.00	.00	.00	6.15
REBATE		.00		.00		
SEWER	5	9.05	.00	.00	.00	9.05
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		15.20	.00	.00	.00	15.20

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

WA51/22/02/023000/082 11/15/96 16:45:06
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000705 11/01/95 100% BILL-DATE: 11/16/95 LAST-PAY-DATE: 12/12/95

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	8	8.97	.00	.00	8.97	.00
REBATE		.00		.00		
SEWER	8	13.61	.00	.00	13.61	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		22.58	.00	.00	22.58	.00

ZBS: 22/02/023000 SV: 010991 SX: 00 SM: 1 TS: 1 TA: O CDC: 3 R/C: 0
NAME: CHARLOTTE WOMENS CL LOC: 01001 000 E MOREHEAD ST AN: 16
CURR-READ: 0000697 09/30/95 100% BILL-DATE: 10/19/95 LAST-PAY-DATE: 11/10/95

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	9	9.91	.00	.00	9.91	.00
REBATE		.00		.00		
SEWER	9	15.13	.00	.00	15.13	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		25.04	.00	.00	25.04	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

EXISTING TRUCK

60' DEDICATED PUBLIC R/W SR #183

ASPHALT PAVING

100' TAPER

L2 8.5' L3 L1 L8 TELEPHONE BOX L21 8.5' EXIST. EDGE

L20 L16 C3 C4

80

20.4' L5 POWER LINE 20.0' L19 16' L17 16.0' 9.8' L31

POLE

L8 18.5' L9 C24 10.3' 24.0' C21 L18 L30 POLE C23 L23 POWER LINE C20

12.0' L29 C19 L28 12.0' C17 C18 L24 L27 C16 C15 L38 L35 C14 L37

PAVED AREA

GRAVEL PARKING

HC HC HC

L1 L4 L36 L3

108.0'

18.5' 24.0' 18.5' 18.5' 24.0' 18.5'

24.0'

L12 C25 L10 16.9' 18.5' L11

L13 L14

12" MAGNOLIAS

POWER LINE

32" BLACK OAK 28" BLACK OAK 30" BLACK OAK

97.3' 97.3'

L32 L32 20' 16.0' 16.0' 32' L41 L40

14" CEDAR 30" POST OAK 28" POST OAK

18" HICKORY

36" POST OAK

20" POST OAK

24" HICKORY

BLOCK WALK STEPS 10' 18.8' L39

40 12" POPLAR PORCH L42

10" DOGWOOD 15.0' 70'

1 1/2 STORY FRAME

POLE 20'

PORCH 8' 20' 16.2'

44" WHITE OAK FRAME BUILDING

METAL BLDG.

ALL EXIST. TO BE RE

LOT 2

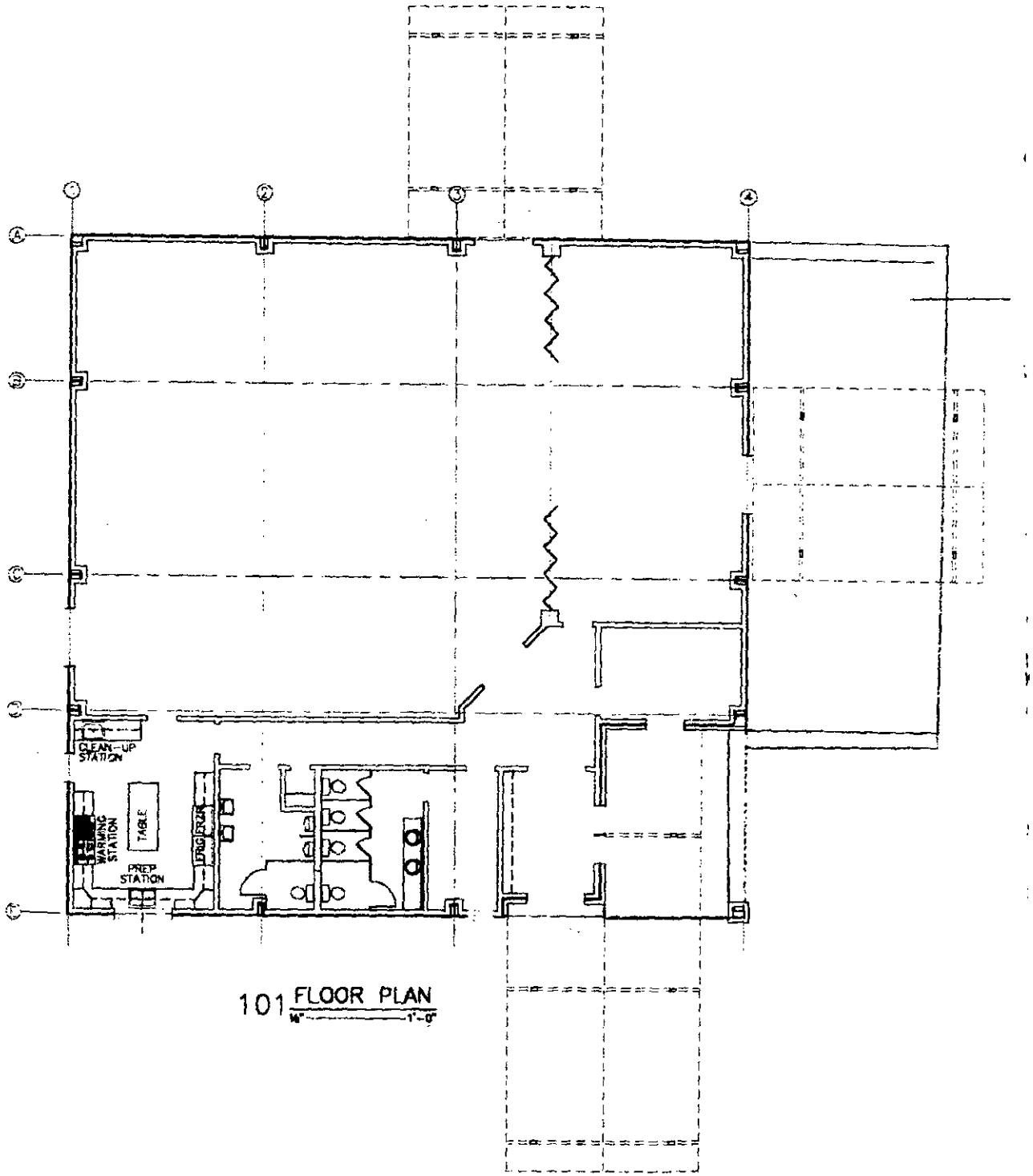
CURRY B. TODD PROPERTY

MAP BOOK 23, PAGE 621

S 77° 21' 31" E 624

S 77° 20

49349



101 FLOOR PLAN
1/4" = 1'-0"

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

PROPERTY ID #: #1 6 796A
COUNTY: PO 027-191-6, 22

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert Wathein
ADDRESS: Charlotte, N.C.
PROPOSED FACILITY: Reception Hall
LOCATION OF SITE: Bob Beverly Rd
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): ?
DATE EVALUATED:
PROPERTY SIZE: .5
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	10 153 .1940 LANDSCAPE POSITION/ SLOPE %	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	PROFI CLA & L.T.
1	LS	0-3"	gr/c/	Fr/SEXP/SS/SP	748" TO chroma 2	48"	N/A	None	PS .39/ IV
		3-48"	SBK/C	Fi/SEXP/SP					
2	LS	0-6"	gr/c/	Fr/SEXP/SS/SP	742" TO chroma 2	42"	N/A	None	PS .39/ IV
		6-33"	SBK/C	Fi/SEXP/SS/SP					
		33-42"	SBK/C/	Fr/SEXP/SS/SP					
3	LS	0-4"	gr/c/	Fr/SEXP/SS/SP	747" TO chroma 2	47"	N/A	None	PS .39/ IV
		4-30"	SBK/C	Fi/SEXP/SS/SP					
		30-47	SBK/C/	Fr/SEXP/SS/SP					
4	LS	0-4"	gr/c/	Fr/SEXP/SS/SP	724" TO chroma 2	24"	N/A	None	U
		4-24"	SBK/C	Fi/SEXP/SP					
5	LS	0-3"	gr/c/	Fr/SEXP/SS/SP	721" TO chroma 2	21"	N/A	None	U
		3-21"	SBK/C	Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin 10-11-94

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

Sheet
PROPERTY ID #:
COUNTY:

6796A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	5-10% slopes .1940 LANDSCAPE POSITION/ SLOPE %	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 & LTA
6	LS	0-3"	gr/cl	Fr/SE XP/SS/SP	> 48" To Chroma 2	48"	N/A	None	PS .39(1) IV
		3-48"	sBK/c	F/SE XP/SS/P					
1	LS	0-5"	gr/cl	Fr/SE XP/SS/SP	> 48" To Chroma 2	48"	N/A	None	PS .39(1) IV
		5-46"	sBK/c	F/SE XP/SS/P					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

OMMENTS: Will require additional area available

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

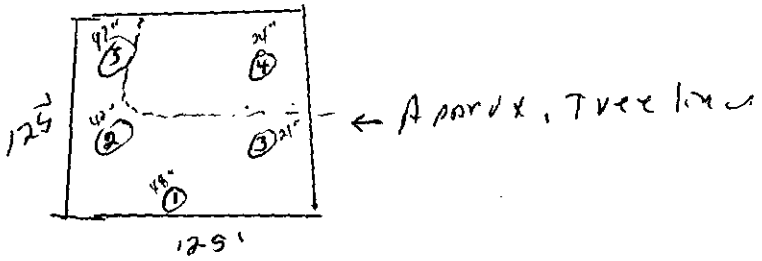
OTES

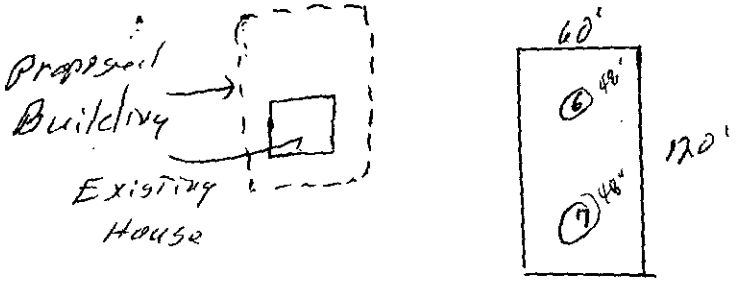
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

6796A





Bob Beatty Rd

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 1 1990
ENVIRONMENTAL HEALTH DIVISION

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

(OFFICE USE ONLY)

FILE: 6796A

TC: 027-191-16

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: BOB BEATTY RD

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 027 PAGE NO.: 19 PARCEL NO.: 16

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

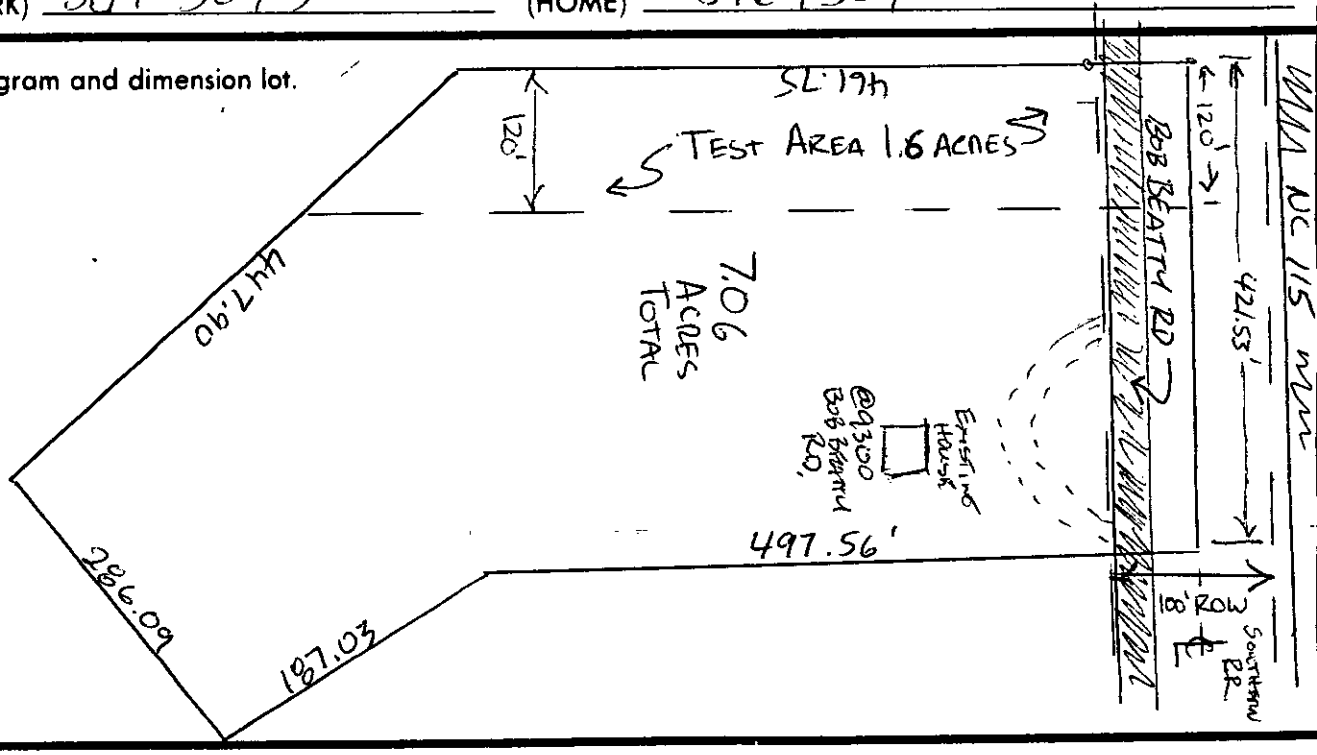
⑦ NAME: ROBERT (FIRST) _____ (MIDDLE) WATKINS (LAST)

⑧ MAILING ADDRESS: 9300 BOB BEATTY RD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) 357 3043 (HOME) 5969304

⑬ Accurately diagram and dimension lot.



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: Robert Watkins

Date: 5-31-90

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

$60.00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6/1/90

Name/Company: Solid Surface Products, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil
1/2 acres
6796A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 4 1990

ck # 2514
$60.00

Fee: $ 60.00

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 _____

File 6796A

OFFER TO PURCHASE AND CONTRACT

Domenic A. Polzella, Jr. as Buyer, hereby offers to purchase and Robert G. Watkins and wife Peggy J. Watkins as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY**: Located in the City of _____, County of, Mecklenburg State of North Carolina, being known as and more particularly described as:
Street Address 9232 - 9300 Old Statesville Road, Charlotte, N. C. Zip 28078
Legal Description: Mecklenburg County Tax Line Map Code Numbers: 027-191-16 and 22; Copy attached hereto as Exhibit A

2. **PERSONAL PROPERTY**: None

3. **PURCHASE PRICE**: The purchase price is $ 155,000.00 and shall be paid as follows:

(a) $ 1,000.00, in earnest money paid by personal check (cash; bank, certified or personal check) with the delivery of this contract, to be held in escrow by Roper Land Company as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;

(b) $ N/A, by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;

(c) $ N/A, by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of _____% per annum payable as follows: _____

Prepayment restrictions and/or penalties, if any, shall be: _____

Assumption or transfer rights, if any, shall be: _____

(d) $ 154,000.00, the balance of the purchase price in cash at closing.

4. **CONDITIONS**: (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)

(a) The Buyer must be able to obtain a firm commitment on or before sixty days (60), effective through the date of closing, for a land and Building loan in the principal amount of $ [illegible] for a term of [illegible] years, at any interest rate not to exceed [illegible]% per annum fixed, with mortgage loan discount points not to exceed [illegible]% of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: See Exhibit B attached hereto.

(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed N/A % per annum fixed (or describe type of loan) N/A, with mortgage loan assumption and/or discount points not to exceed N/A % of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before N/A. Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: N/A

(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for XXX commercial and industrial purposes.

5. **ASSESSMENTS**: Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: see Exhibit B attached hereto. (Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS:**

(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) 2, 3, 8, 9 and 11.

See Exhibit B, addendum for Balance of Other Provisions and Conditions, attached hereto.

IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. **CLOSING**: All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before December 15, 1996, at a place designated by Buyer. The deed is to be made to : to be designated.

8. **POSSESSION**: Possession shall be delivered on closing or at the latest, two (2) weeks after closing In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of ~~$15.00~~ $25.00 per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. **COUNTERPARTS**: This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in four (4) counterparts with a signed counterpart being retained by each party and the escrow agent, if any.

Date of Offer September 18, 1996 — Acceptance: 9-19-96

Buyer _____ (SEAL) SELLER Robert G. Watkins

Buyer _____ (SEAL) SELLER Peggy J. Watkins

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date 9/19/96 Firm Roper Land Co.

By: Sandy Roper

REALTOR® Selling Agent/Firm Danny Watts, D. Daniel Watts Real Estate Acting as ☑ Buyer's Agent ☐ Seller's (sub)agent ☐ Dual Agent

Listing Agent/Firm Sandy Roper, Roper Land Company Acting as ☐ Buyer's Agent ☑ Seller's (sub)agent ☐ Dual Agent

This Standard Form has been approved jointly by the: NORTH CAROLINA BAR ASSOCIATION as Form No. 2 NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. as Standard Form No. 301

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

PROPERTY ID #: #1 6 796A
COUNTY: PO 027-MK-K, 22

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert Wadheim
ADDRESS: Charlotte, N.C.
PROPOSED FACILITY: Reception Hall
LOCATION OF SITE: Bob Beatty Rd
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949): ?
DATE EVALUATED:
PROPERTY SIZE: .5
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	10158		SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH # (IN.)	1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTA
1	LS	0-3"	gr/c/	Fr/SEAP/SS/SP	748" TO chroma 2	48"	N/A	None	PS .35/A2 LL
		3-48"	SBK/C	F:/SEAP/S/P					
2	LS	0-6"	gr/c/	Fr/SEAP/SS/SP	742" TO chroma 2	42"	N/A	None	PS .38/A2 LL
		6-33"	SBK/C	F:/SEAP/SS/SP					
		33-42"	SBK/CL	Fr/SEAP/SS/SP					
3	LS	0-4"	gr/c/	Fr/SEAP/SS/SP	747" TO chroma 2	47"	N/A	None	PS .39/A2 LL
		4-30"	SBK/C	F:/SEAP/S/P					
		30-47	SBK/CL	Fr/SEAP/SS/SP					
4	LS	0-4"	gr/c/	Fr/SEAP/SS/SP	724" TO chroma 2	24"	N/A	None	US
		4-24"	SBK/C	F:/SEAP/S/P					
5	LS	0-3"	gr/c/	Fr/SEAP/SS/SP	721" TO chroma 2	21"	N/A	None	US
		3-21"	SBK/C	F:/SEAP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Moulis LSS 10-11-94

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

Sheet
PROPERTY ID #:
COUNTY:

6 796 A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	5-10% slopes .1940 LANDSCAPE POSITION/ SLOPE %	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	PROFIL CLASS & LTAR
6	LS	0-3"	gr/cl	Fr/SExP/SS/SP	> 48" To Chroma 2	48"	N/A	None	PS .35/F2 IV
		3-48"	sBK/c	F:/SExP/SP					
7	LS	0-5"	gr/cl	Fr/SExP/SS/SP	> 48" To Chroma 2	48"	N/A	None	PS .35/F2 IV
		5-48"	sBK/c	F:/SExP/SP					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS: With repair, additional area available

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

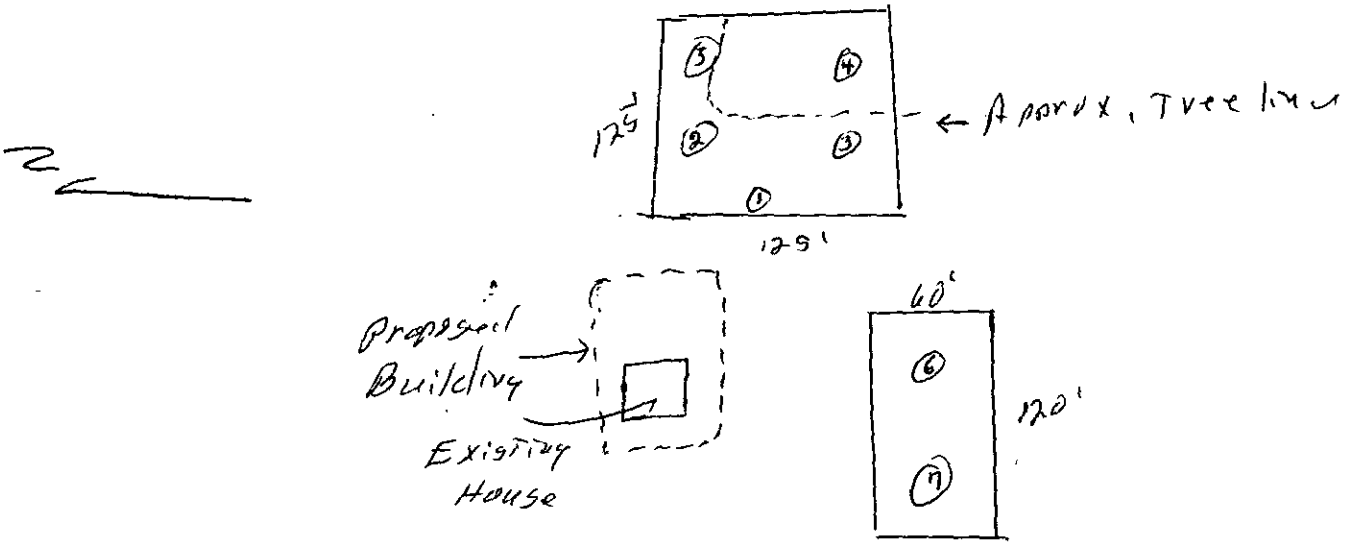
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRUCTIVE HORIZON	Thickness and depth from land surface
IPROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

6796A



Bob Beatty Rd

000981403 Prev. # 39

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6796A DATE: 8/26/97

TC: 027 191 16+22 ☒ L ☐ CRT

SERIAL Nº 17170

Name of Owner Dominique Pozella Juris.:

Address of Property 9300 Bob Beatty Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 720'

Number of Lines 5 @ 144'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source > 10'

Excavation Inspected 8/26/97

Tank(s) Inspected 8/26/97

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1997, 1500ST, CON, 2160SFT, 12"Stone Cecil CTR# C. Morrison

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: Septic system designed for 250 sqft Banquet Facility Type IIa

Philip A. Walker R.S.

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: 6796A DATE: 8/22/97

TC: 027 191 16 422 TL

SERIAL Nº 17293

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 11/15/97. All work shall be completed on or before 9/22/97, 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 NA 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 720' feet

Number of Lines 5 (144')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 7100' feet
CMUD water

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

NAME OF OWNER Dominique Pozella

LOCATION OF PROPERTY 9300 Bob Beatty Rd

Comments: Septic system to be installed in accordance with approved plot plan.

Philo S. Walker R.S.
Environmental Health Specialist

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

981403
SR#621

Project #137

DCRT

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3-17-94 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1/15/97 PERMIT NO: 6796A

PARCEL NO: 027 191 16 & 22

JOB LOCATION ADDRESS: 9300 B.O.B Beatty Rd

PROPERTY OWNER: Domenic Polzella Jr

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: NA

AUTHORIZATION ISSUED BY: Philo S. Walker R.S. DATE: 1/15/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6796A, 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: _____

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 _____ 1-15-97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

APPLICATION TO CHARLOTTE-MECKLENBURG FOR TEMPORARY UTILITY SERVICE

☑ ORIGINAL ☐ 1ST RENEWAL ☐ 2ND RENEWAL ☐ 3RD RENEWAL

Application is hereby made for _____ service. Date: _____, 19_____.
(electric/gas)

Service in the name of: _____

Location: 9300 Bob Beatty Road

Area: _____

Permit Number: B0596502 Parcel Number: 02719116

I, the undersigned, hereby request temporary service for 30 days from above date upon approval by the Charlotte-Mecklenburg Building Standards Department, and further request that on the following day after the temporary service expires, that the service be disconnected unless a Certificate of Occupancy has been issued or if a new application to extend temporary service has been approved. Temporary service is issued solely as a courtesy for the completion of construction and the **BUILDING IS NOT TO BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED.** Any violation of the above will automatically void temporary service. Temporary service is normally approved for only thirty (30) days.

I do hereby, release and agree to indemnify, save and hold harmless, Charlotte-Mecklenburg, its employees, and the Utility Company, from any and all liability due to or arising from the Charlotte-Mecklenburg Building Standards Department, causing the utility service to the above mentioned premises being disconnected.

Signature: _____ Telephone #: 704-528-3999
Owner or Authorized Agent

Fax #: 704-528-3992

Signature: _____
Electrical Contractor

Signature: _____
Mechanical Contractor

Signature: _____
Plumbing Contractor

FOR DEPT. USE ONLY

Approval: _____
Electrical Inspector

☐ CHARGE ☐ NO CHARGE

Approved for _____ days only

Approval: _____
Mechanical Inspector

☐ CHARGE ☐ NO CHARGE

Approved for _____ days only

DISCONNECTION DATE: Service may be extended by a new application.

913-435/ptp

FEE: $38.00 CK # 184

DATE: 9/30/96

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

[redacted] 1 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 #: 6796A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-191-16 & 22

STREET ADDRESS: 9300 Bob Beatty Road

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

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

___ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

Service Footage of Facility: 4900 DP

NUMBER OF EMPLOYEES: 1 1-14-97

PER SHIFT: 2 1-14-97

HOW WILL WATER BE USED IN THE FACILITY:

- ✓ TOILETS/URINALS
- ___ HANDSINK
- ___ SHOWERS
- ___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:

- ✓ SEWAGE
- ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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:

NAME: WATKINS Robt. (LAST) (FIRST) (MI)

ADDRESS:

CITY: Charlotte STATE: N.C. ZIP: 28105

DAYTIME PHONE: 704 564-0089

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Roper Sandy (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 564-0089

New owner Dominic Pozella 554-6802

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: Sandy Roper DATE: 9/30/96

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

6796A

COMMENTS

Septic system designed for
3250 sq ft Banquet facility

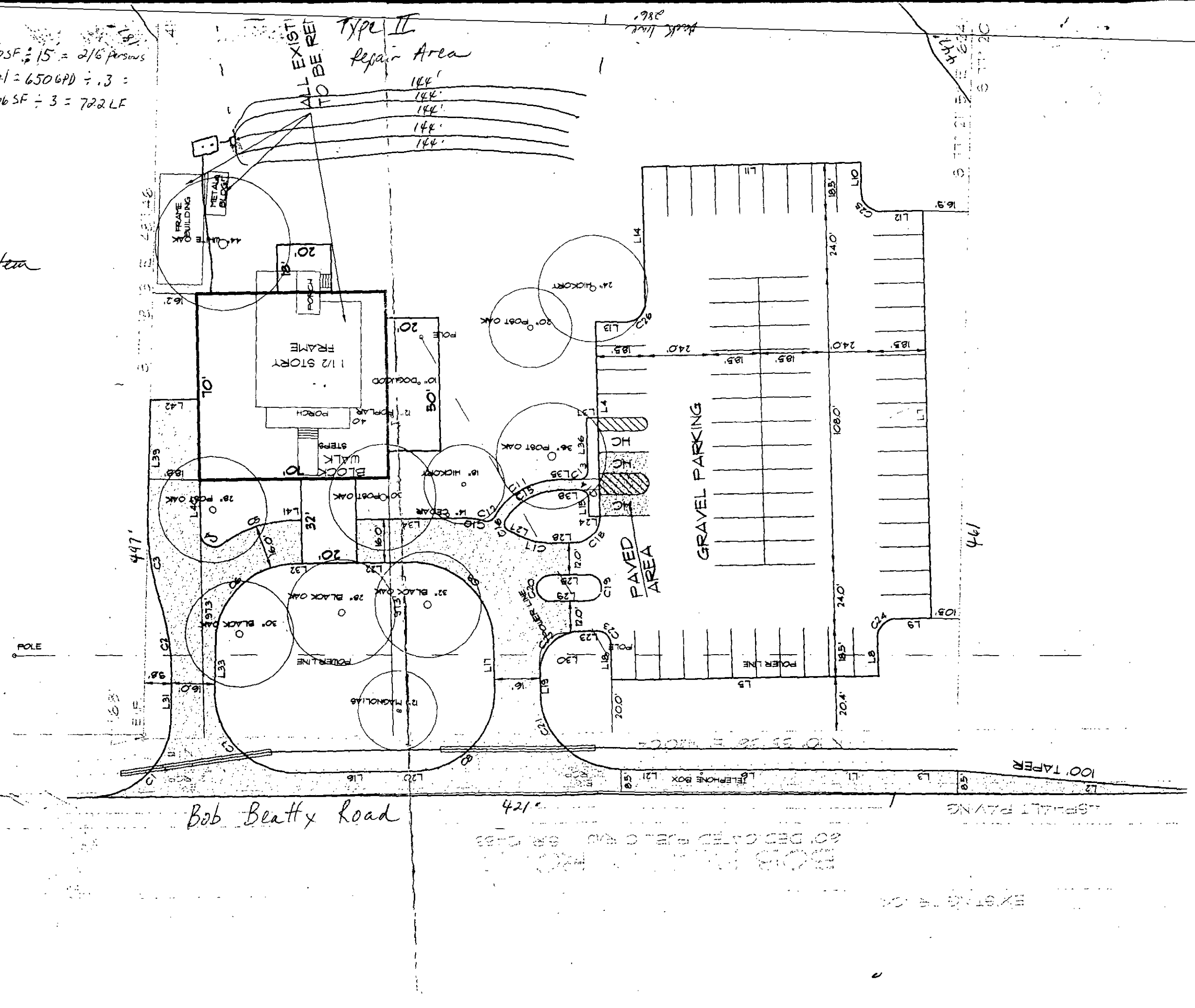
1500 ST
5 lines x 144'long x 3'wd x 12"stone
720 TLF

~~Keep propane well 100' from septic system~~

Type II Repair Area
100' from front left bldg corner to front property line
16' from back left bldg corner to left property line
CMUD water
No food preparation will be on site

1-15-97

3250SF ÷ 15 = 216 persons
x 3 gal = 650 GPD ÷ .3 =
2166 SF ÷ 3 = 722 LF



APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY HEALTH DEPT.

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

(OFFICE USE ONLY)

JUN 1 19[illegible]

FILE: 6796A

ENVIRONMENTAL HEALTH DIVISION

TC: 027-191-16

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Bob Beatty Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 027 PAGE NO.: 19 PARCEL NO.: 16

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

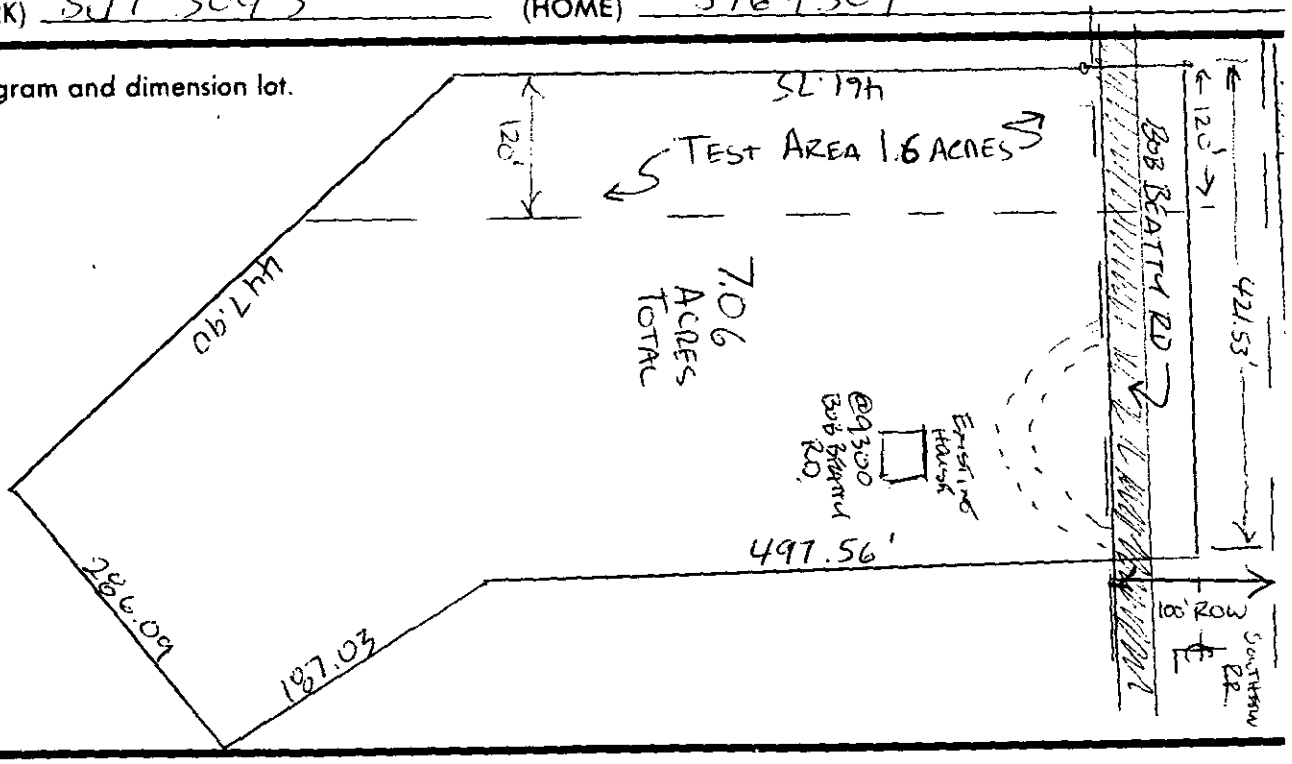
⑦ NAME: Robert (FIRST) (MIDDLE) Watkins (LAST)

⑧ MAILING ADDRESS: 9300 Bob Beatty Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) 357 3043 (HOME) 5969304

⑬ Accurately diagram and dimension lot.



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: Robert Watkins

Date: 5-31-90

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

#50.00

Permit Number 6796A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 027 191 16+22

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	✓ 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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	650 Max gallons/day wastewater flow	2166' Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO CMUD Serviced by private well	1500 Gallon septic tank	722' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
NA Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		

Any surface waters present: yes Type: pond Minimum separation distance: >50'

Site modifications required:

Additional Conditions: CMUD water

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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
2166' Absorption Area (Sq ft) 722' Total Trench Length (Ft)	12" 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:

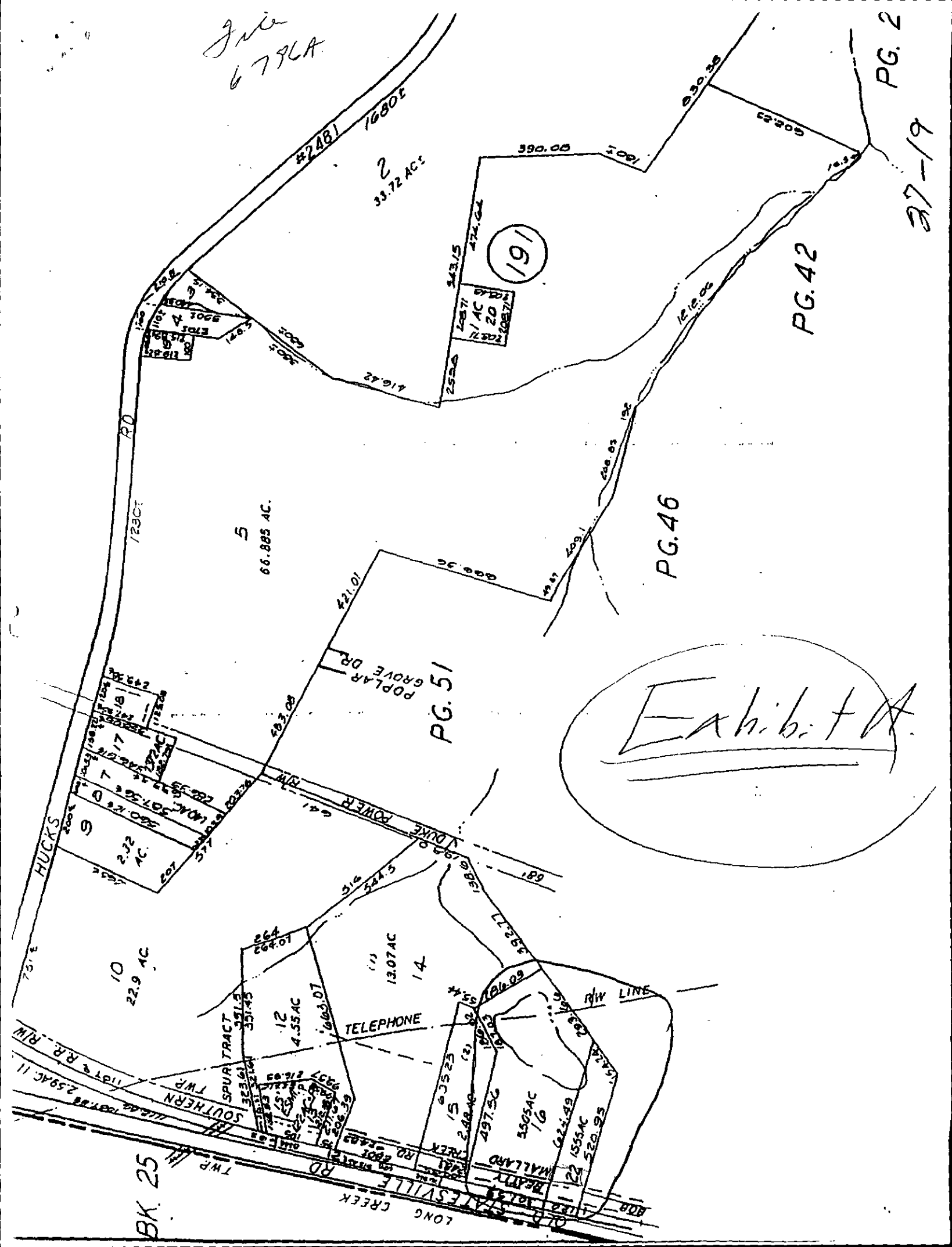
- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Philo S. Walker RS 11/5/97
DEHNR Authorized Agent Date

X _____ 1-15-97
Owner/Agent Signature Date

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


Jnc
67 PCA
#2481
16801
2
33.72 AC.
390.05
130.38
PG. 2
PG. 42
191
PG. 46
PG. 51
Exhibit A
HUCKS RD
12301
5
66.885 AC.
POPLAR GROVE DR.
DUKE POWER R/W
TELEPHONE
R/W LINE
SOUTHERN RR R/W
SPUR TRACT
TWP
SMALLARD
BEATTY
LONG CREEK
STATESVILLE RD
BK 25

6796A

9300 Bus. Beatty Rd

Judy,

Bill M. logged the soil test in his books in June — as-file # 6796A - will try to look for file later.

Tris

Exit 18 - Wal Mart

Right leg on 115

1/2 mile on right

Florida Steel Products Michigan

6796A

~~3346B~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PI # 150 07
10/20/94
CK # 2641

[ ] 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 ~~02-19-~~

Date: 10-5-94

PERSON FILING APPLICATION:
NAME: HARWELL, (last) DON (first) E. (mi)
ADDRESS: 120 KOINONIA LANE PHONE: 704 663-1470
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: BOOK 27, PAGE 19 LOT #22
STREET ADDRESS: OFF HWY 115 ON BOB BEATTY RD.
ZONING:

PROPERTY OWNER:
NAME: WATKINS, (last) ROBERT (first) G. (mi)
ADDRESS: 9336 BOB BEATTY RD PHONE: 704 599-0172
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: #22 LOT SIZE (in acres): 1.5 ac.

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)
[X] 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) [ ] HOUSE (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (N) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business OFFICE # Employees 2 Per Shift ___ ___ ___
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) N Type ____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Robert Watkins Date: 10-6-94

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

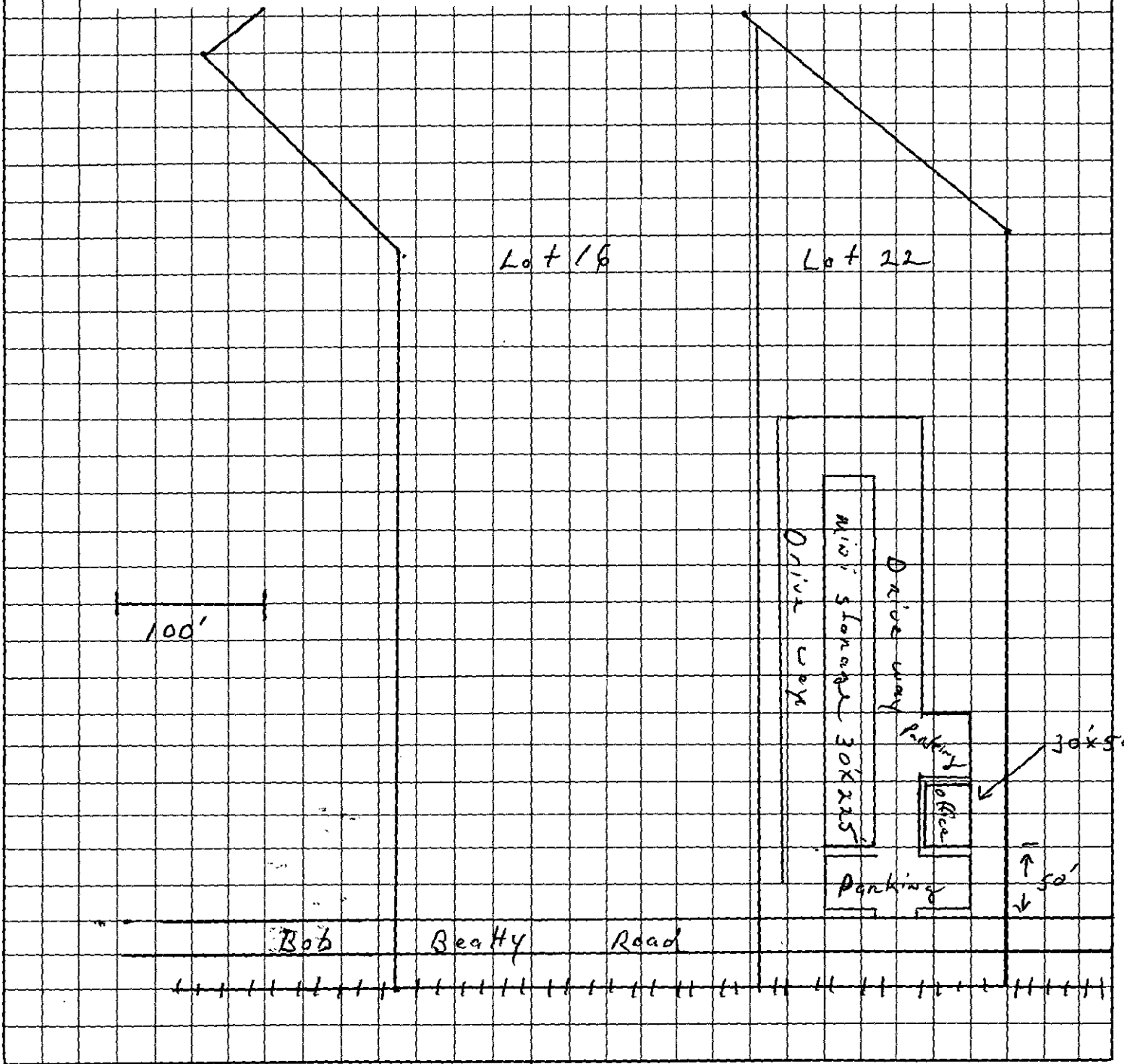
PROPOSED PLOT PLAN

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

FILE: 3346B

TC: 027-191-22

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.



Dan Harrell
OWNER/AGENT SIGNATURE

DATE 10/20/94

APPROVAL DATE _____

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

679614

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P/A $150.00 10/20/94 CK #3641 [ ] CRT

~~2 [illegible]~~

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

(704)336-5102 ~~10-19-94~~

Date: 10-5-94

PERSON FILING APPLICATION:
NAME: HARWELL, DON E.
(last) (first) (mi)
ADDRESS: 120 KOINONIA LANE PHONE: 704 663-1470
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: BOOK 27, PAGE 19 LOT ~~#20~~ #22
STREET ADDRESS: OFF HWY 115 ON BOB BEATTY RD.
ZONING:

PROPERTY OWNER:
NAME: WATKINS, ROBERT G.
(last) (first) (mi)
ADDRESS: 9336 BOB BEATTY RD PHONE: 704 599-0172
CITY: CHARLOTTE STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: ~~#~~ 22 LOT SIZE (in acres): 1.55 ac.

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)
[X] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Robert Watkins Date: 10-5-94

NOTICE:

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

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

...This permit is not transferable.

...679614

[ ] 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

10-28 Site visit. Mr Harwell indicates he is changing bldg plans System should be able to put in near road between ditch + bldg area. will call when brushhogged

10-28 + 10-31 left message I was at site

X Property owner never finalized his plans + signed for permit. Filed information

PROPOSED PLOT PLAN

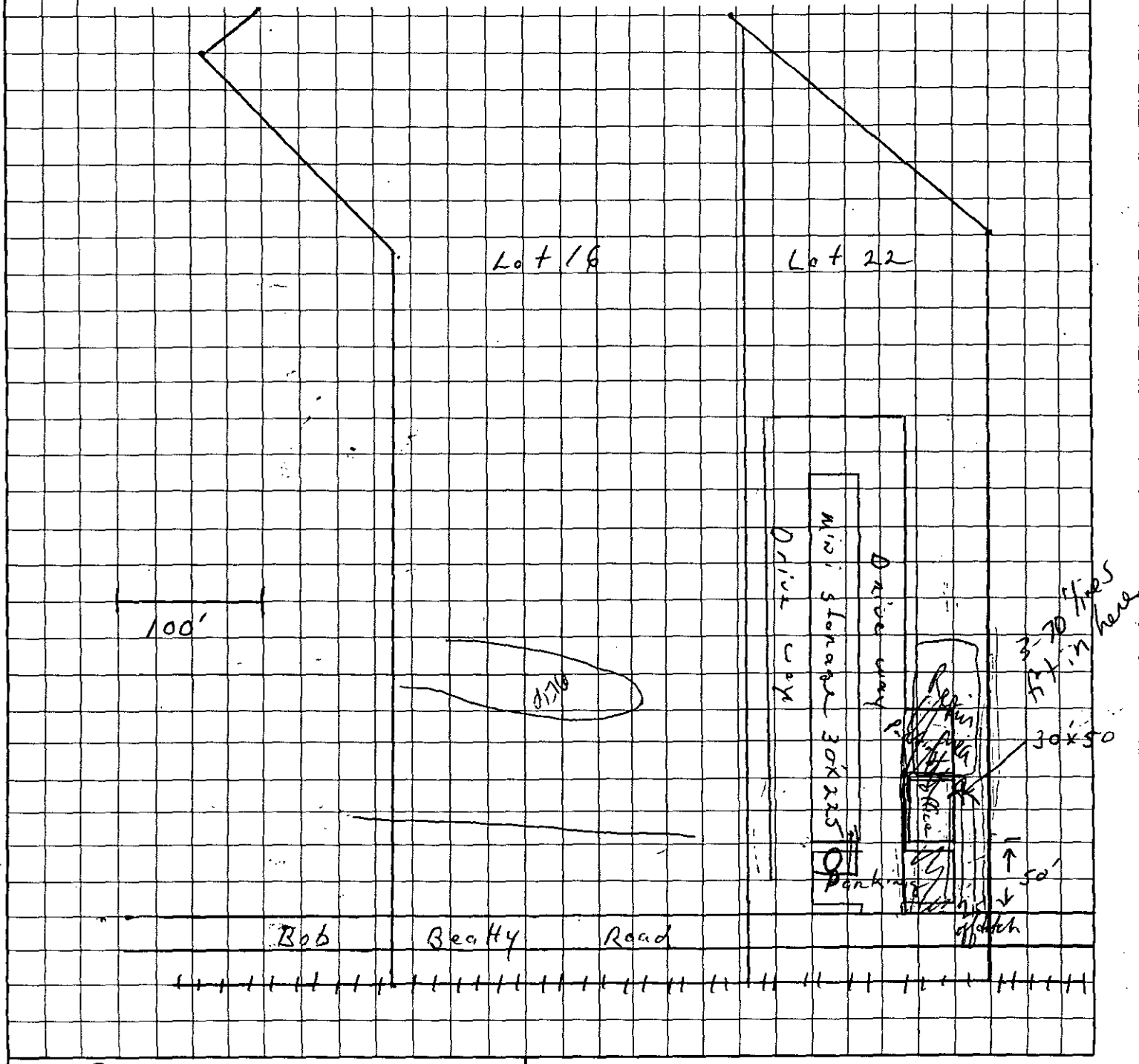
COPY

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

FILE: 3346B

TC: 027-191-22

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.



Don Harrell
OWNER/AGENT SIGNATURE

DATE 10/20/94

APPROVAL DATE _____

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

File
6 7964

Exhibit B Addendum for Balance of Other Provisions and Conditions
Dated September 19, 1996
(Revisions to Exhibit B made September 20, 1996)

With regard to: **9232 Old Statesville Rd. Charlotte, NC 28078**
9300 Old Statesville Rd. Charlotte, NC 28078

A. Seller to provide Buyer soil analysis report demonstrating that the subject soil will support a commercial septic system at preferred location.

B. Buyer and Seller agree to share the cost of the survey equally. Seller's share of the cost to be deducted at closing.

C. Subject property must appraise for no less than contract price.

D. Offer is subject to Buyer receiving approval of loan for land and building. Such approval to be secured within 60 days of signed contract.

E. Current zoning will allow full service banquet facility.

F. Seller to remove all engines, vehicles, farm tractor from property. Remaining refuse to be removed by Buyer with any costs to be deducted at closing. These costs to be approved by Seller prior to removal.

G. All trees on property must be remain in current satisfactory condition during removal of above items.

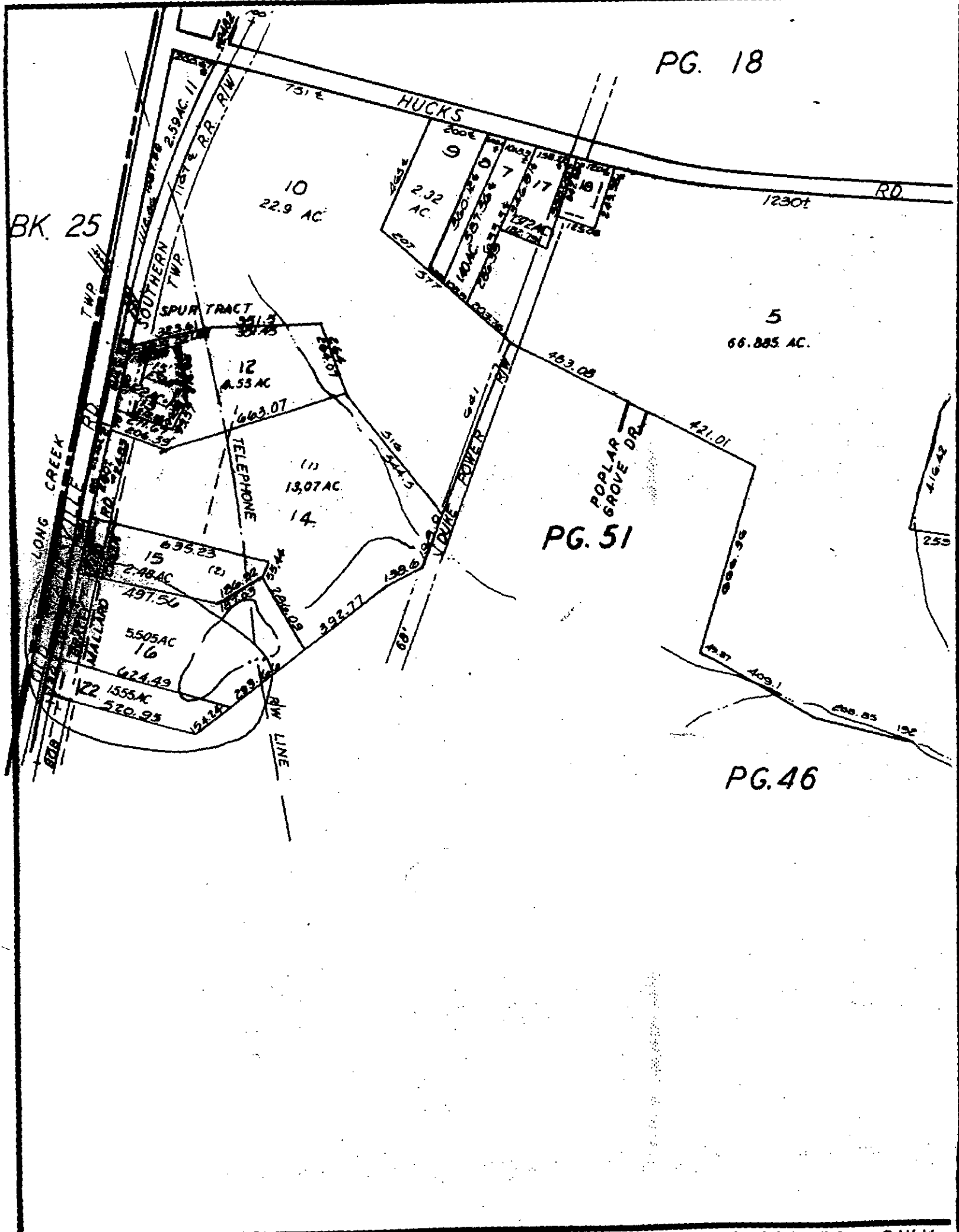
H. This offer is given for acceptance until 5:00 p.m., September 23, 1996; after which time if not accepted shall become null and void and Buyer's binder check returned.

I. Seller grants to buyer or his agent the right to enter on the premises to test for any environmental problems at buyers expense. If the Phase 1 inspection reveals possibilities of contamination, the Seller may either pay for cleaning up the property or void the contract and reimburse Buyer the sum of $450.00 for monies spent on Phase 1 testing. If either party voids the contract under this condition, the buyer's earnest money is to be returned.

J. Buyer to secure all permits prior to closing.

K. Buyer's financial obligation to road improvements to be obtained in writing prior to closing.

9-20-96


PG. 18
HUCKS
RD.
1230±
731±
BK. 25
SOUTHERN R.R. R/W
TWP
SPUR TRACT
10
22.9 AC.
9
2.32 AC.
7
17
10
1.22 AC.
5
66.885 AC.
12
8.55 AC
663.07
463.08
421.01
POPLAR GROVE DR.
DUKE POWER R/W
TELEPHONE
LONG CREEK
MALLARD
13.07 AC.
14
15
2.48 AC.
497.56
635.23
5.505 AC
16
624.49
1.22 1.555 AC
520.93
PG. 51
PG. 46
R/W LINE
FOR TAX PURPOSES ONLY

FEE: $350.00 CK # 184

DATE: 9/30/96

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 #: 6796A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-191-16 & 22

STREET ADDRESS: Bob Beatty Road

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS:

Service Industry Facility

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: _____
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

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:

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:

NAME: WATKINS Robt. (LAST) (FIRST) (MI)

ADDRESS:

CITY: Charlotte STATE: N.C. ZIP: 28105

DAYTIME PHONE: 704 564-0089

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Roper Sandy (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 564-0089

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: Sandy Roper DATE: 9/30/96

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

Phil,

We do not have a site plan or a figure on the number of people using the building (capacities of hall for weddings) etc.

The guy will call you when he has this

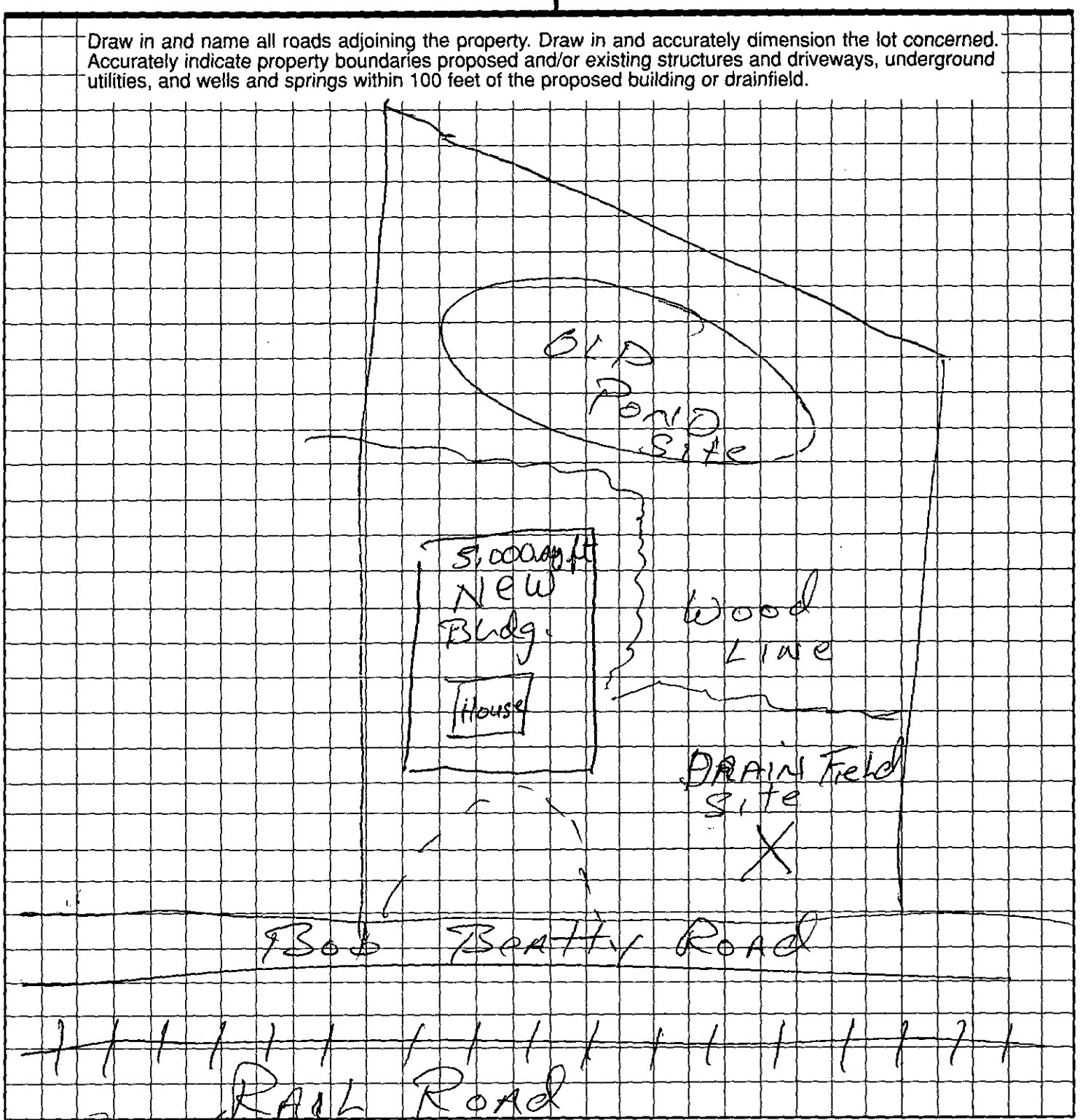
PROPOSED PLOT PLAN

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

FILE: 6796A

TC: 027-191-16,22

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.



Sandra Rogers
OWNER/AGENT SIGNATURE

DATE 9/30/96

APPROVAL DATE _____

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

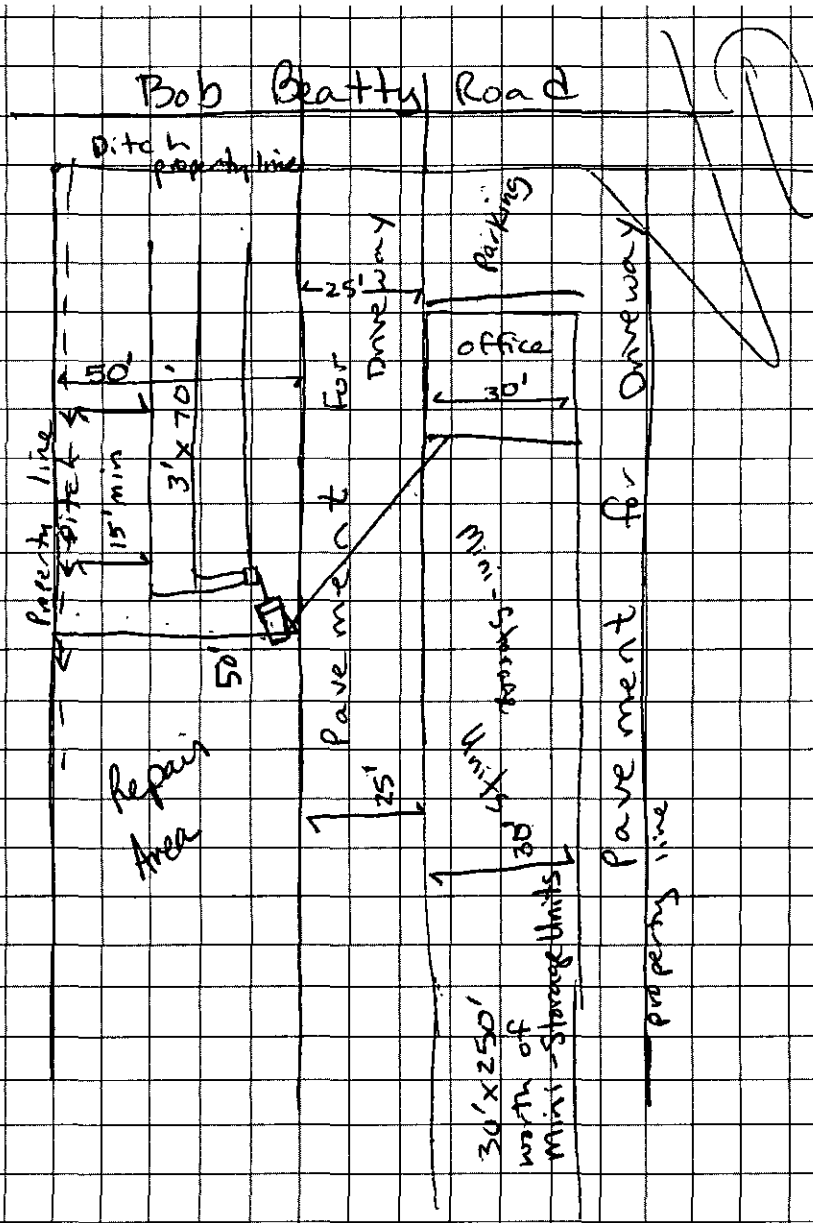
PROPOSED PLOT PLAN

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

FILE: 6796 A

TC: 027-191-22

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.



1 Business only; Domestic wastewater only
1000 g septic tank
630 sqft drainfield at
3 at 3' x 70' x 12" stone each
Domestic type wastewater only. Plumb to accomodate septic tank.
Trench bottoms to be 24-30" deep. Set tank to accomodate drainlines.
Repair area may be conventional drainlines and may require pressure manifold distribution.
Keep min. 15' from drainage ditch.
Do not drive, pave or compact soil in area of septic tank system or repair area.
Do not grade or disturb any part of area for septic system and its repair area.

APPROVAL DATE 11-10-94 SD

OWNER/AGENT SIGNATURE

DATE

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

TRANSFER OF OWNERSHIP

Permit #: _____
Job Location Information:
Tax Parcel #: _____
Street Address: _____

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: WATKINS (last) ROBERT (first) G (mi) Date Issued: 9-30-96

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) _____ - _____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: POLZELLA (last) DOMENIC (first) A (mi)

Address: 7108 MAPLERIDGE DR
City: CHARLOTTE State: NC Zip: 28210
Daytime Phone: (704) 554 6807

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 1-14-97 has read the foregoing application and Improvement Permit, 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: _____ Date: 1-14-97

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) _____ - _____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____

Mecklenburg County
Health Department

June 14th, 1990

Robert Watkins
9300 Bob Beatty Rd.
Charlotte, NC 28213

RE: Property located at Bob Beatty Rd
FILE: 6796A
PARCEL: 02717116

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 17984) 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
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17984

File: 6796A Action 1

Parcel: PO 027-191-16 ☐ PC

Location:

Subdivision:

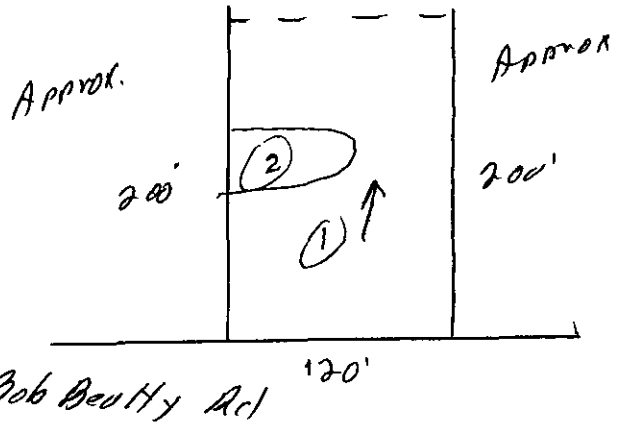
Lot: Block: Acres: Approx .56

Owner:
Address:

Comments: 100% Repair
additional area available

Described by: William A. Mullin

Date: 6-13-90



*** 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) Depression	S PS U	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 736" TO water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV Cecil-1,140	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

2000

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: 6796A
TC: _____
SERIAL: № 21016
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 9300 Bob Beaty Road - Char (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 027-191-16 PO
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Jon (FIRST) A. (MIDDLE) Lanclo (LAST)
⑨ MAILING ADDRESS: 1801-K Crossbeam Dr.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 357 3043 ⑭ (HOME) 892 7955

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? _____
㉕ Type? Fabrication Shop
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 6
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: See attached Application
Date: _____

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.

may be required Dist Pump

Environmentalist _____ Date 10/18/90

Director or Authorized Section Head _____ Date 10/18/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-16-90

Name/Company: Jon A. Lancto

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. -- New Bsn.
9300 Bob Beatty Rd.

File No. 6796A

ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 16 1990

Fee $ 200.00

CR #2632
$200.00

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

may be req

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: 6796A
TC: _____
SERIAL: [illegible] 21616
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 7300 BOB BEATY ROAD CHAR (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 027-191-16 PO
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: JON (FIRST) A. (MIDDLE) LANCTO (LAST)
⑨ MAILING ADDRESS: 1801-K CROSSBEAM DR.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 357 3043 ⑭ (HOME) 892 7955

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? _____
㉕ Type? FABRICATION SHOP
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 6
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: see attached Application
Date: _____

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. Night Pump Juned

Environmentalist _____ Date 10/18/90

Director or Authorized Section Head _____ Date 10-18-90

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

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: 1e796A
TC: _____
SERIAL: № 21016
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9300 Bob Beaty Road - Char (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 027-191-16 PO
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Jon (FIRST) A. (MIDDLE) Lanclo (LAST)
⑨ MAILING ADDRESS: 1801-K Crossbeam Dr.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) 357 3043 ⑭ (HOME) 892 7955

REQUEST

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⑮ ☒ New permit
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DESIGN CRITERIA

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㉒ Number of bedrooms? _____
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㉓ Maximum occupancy? _____
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㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
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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: _____
Date: 10/17

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.

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17984

File: [illegible] Action 1

Parcel: [illegible] ☐ PC

Location:

Subdivision:

Lot: Block: Acres: Approx .5Z

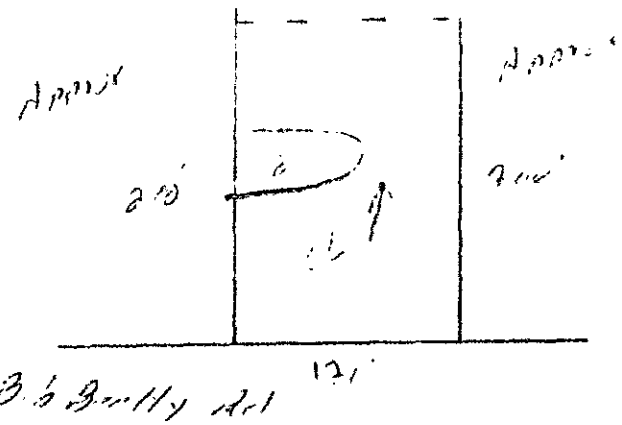
Owner:
Address:

Comments: [illegible]

Described by: [illegible]

Date: [illegible]

Original Copy Misplaced Keep This In File



***** 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	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 24"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 24"	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	IIe					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

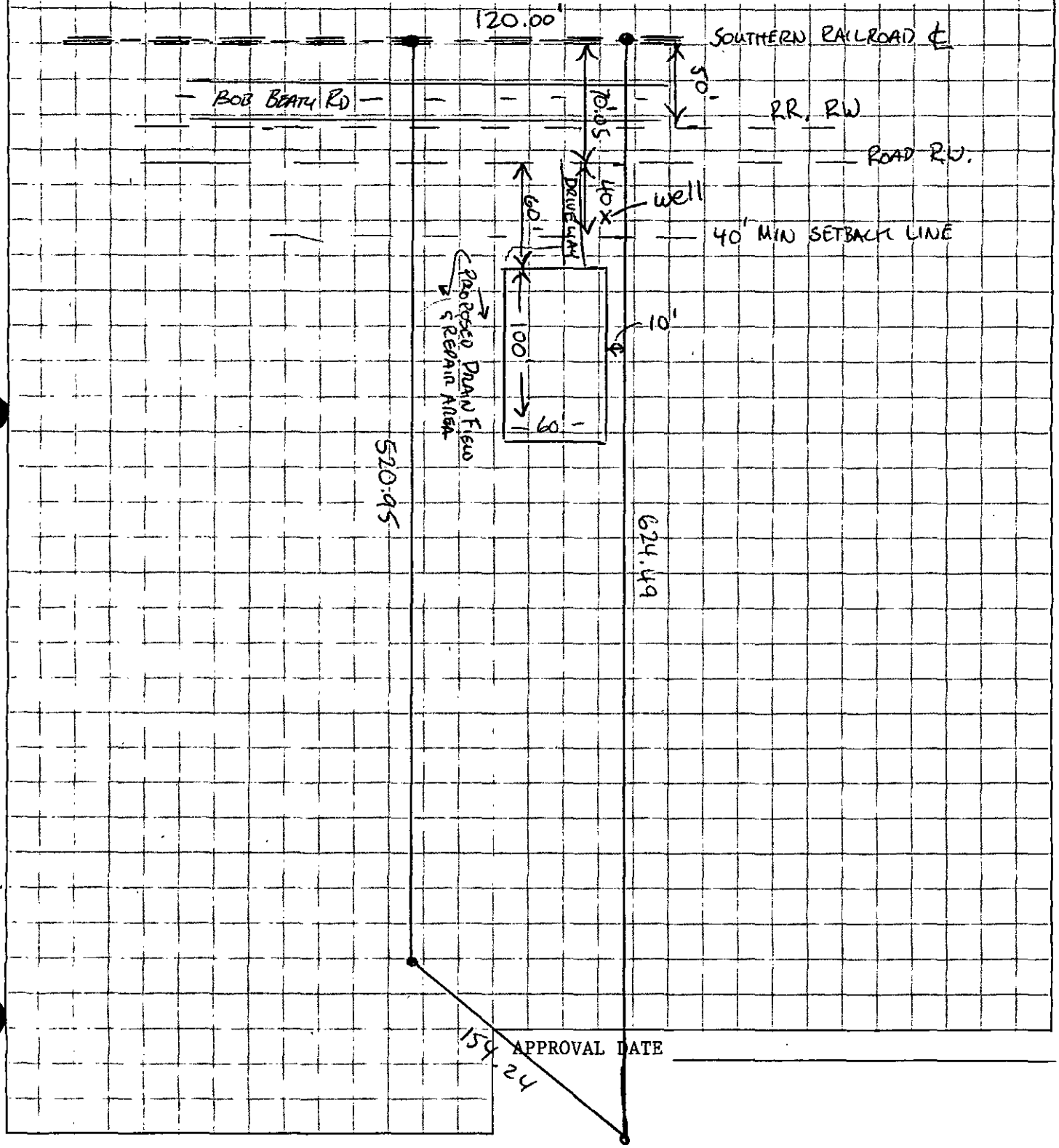
PROPOSED PLOT PLAN

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

FILE: 6796-A

TC: 027-191-16 PD

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