

4901 BEATTIES FORD RD

03929120

12/17/07

duponbj

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

FEE: 100.00
DATE: 3-17-04
CRT(Check 3676 JICA

1955

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 8007A

AS

1178

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N) ND

PERSON FILING APPLICATION:
NAME: Monty Simmons (C.L. Helt, Architect)
ADDRESS: 1136 Greenwood Cliff
CITY: Charlotte
STATE: NC ZIP: 28204
PHONE: 704 342 1686
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Bernadette Torrence
ADDRESS: 2201 Heather Glen Ln
CITY: Charlotte
STATE: NC ZIP: 28208
PHONE: 704 398 3185
ALTERNATE PHONE: 704 577 3723

JOB LOCATION INFORMATION
TAX/PARCEL #: 03929120
STREET ADDRESS: 4901 Beatties Ford Rd
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

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

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☐ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS: Day Care Center
EMPLOYEES PER SHIFT: 4
OF SHIFTS: 1

INDUSTRIAL WASTES? ☐ YES ☒ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER – None

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER Non

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Monty Simmons — Owner's/Agent's Signature
3/17/05 — Date

*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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

O.K. to use existing system for 29 Children day care center.

EHS Signature Tommy Hewett R.S. — Date 3/23/05

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 8007-A/117-B DATE: 6-28-96

TC: 039-241-20 ☐ L ~~ORT~~

SERIAL Nº 16772

Name of Owner DOROTHY HOWARD Juris.:

Address of Property 4901 BEATTIES FORD RD

Inspection Data:

Tank Material EXISTING BLOCK

Total Length of Drainfield 275' + EXISTING BED

Number of Lines 5 @ 55

Cover Depth 6"

Water Supply Source CMUD

Distance to Water Source /

Excavation Inspected 6-27-96

Tank(s) Inspected 6-27-96

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1996 ALTERATION OF SEPTIC TO ACCOMODATE 29 CHILDREN. CTR# WILLIE CHRISTMAS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

- ☑ installed or constructed
- ☑ in accordance with the permit issued
- ☑ altered or repaired
- ☐ as detailed in the plot above

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

- ☐ Certificate of Completion
- ☑ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS:

Type IIIe PPBPS system plus existing bed.

Environmental Health Specialist

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

X400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

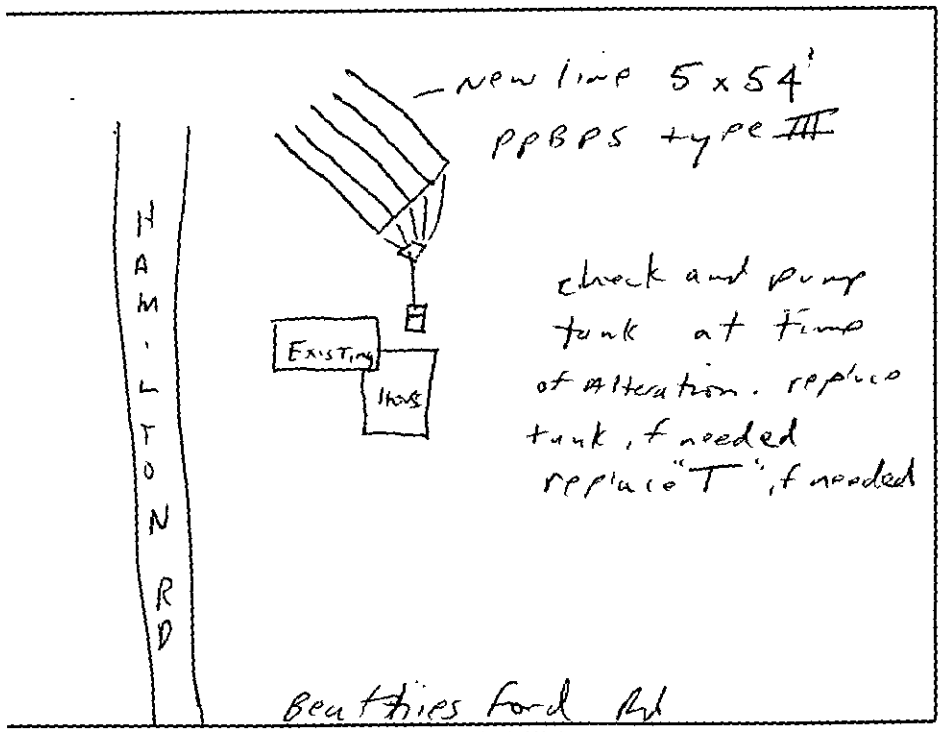
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8007-A/117B DATE: 2-14-96

TC: 039-291-20 ☐ L

SERIAL Nº 16631

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 11-10-95. All work shall be completed on or before 3-14-96, 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 gallon if needed gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction pcc

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Trench Walls Scored and Porous yes

Total Line Length 270 feet

Number of Lines 5

Depth of ~~Stone~~ 30" inches

Distance from House 5'+ feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER Dorothy Howard

LOCATION OF PROPERTY 4901 Beatties Ford Rd

Comments: _____

Environmental Health Specialist

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

FEE: 200.00
DATE: 11/10/95
OK # 193

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

CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 8007A/117B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 039-291-20

___ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 4901 BEATTIES FORD RD. CHARLOTTE N.C.

DESCRIBE TYPE OF BUSINESS:
DAY CARE CENTER
Square footage of facilities: 3,500 Sq. 332 Sq. 2

LOT NUMBER:

NUMBER OF EMPLOYEES: 7
PER SHIFT: (60 CHILDREN)

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

- ✓ TOLIETS/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:
CONVERTING FROM RESIDENCE TO DAY CARE CENTER

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: HOWARD (LAST) DORTHY (FIRST) P. (MI)

ADDRESS: 4901 BEATTIES FORD RD.

CITY: CHARLOTTE STATE: N.C. ZIP: 28216

DAYTIME PHONE: ( ) 704 - 394-9055

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: SAME (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Dorothy P. Howard DATE: NOV 10, 1995

* changed per Dot to Mrs. Dorothy Howard

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

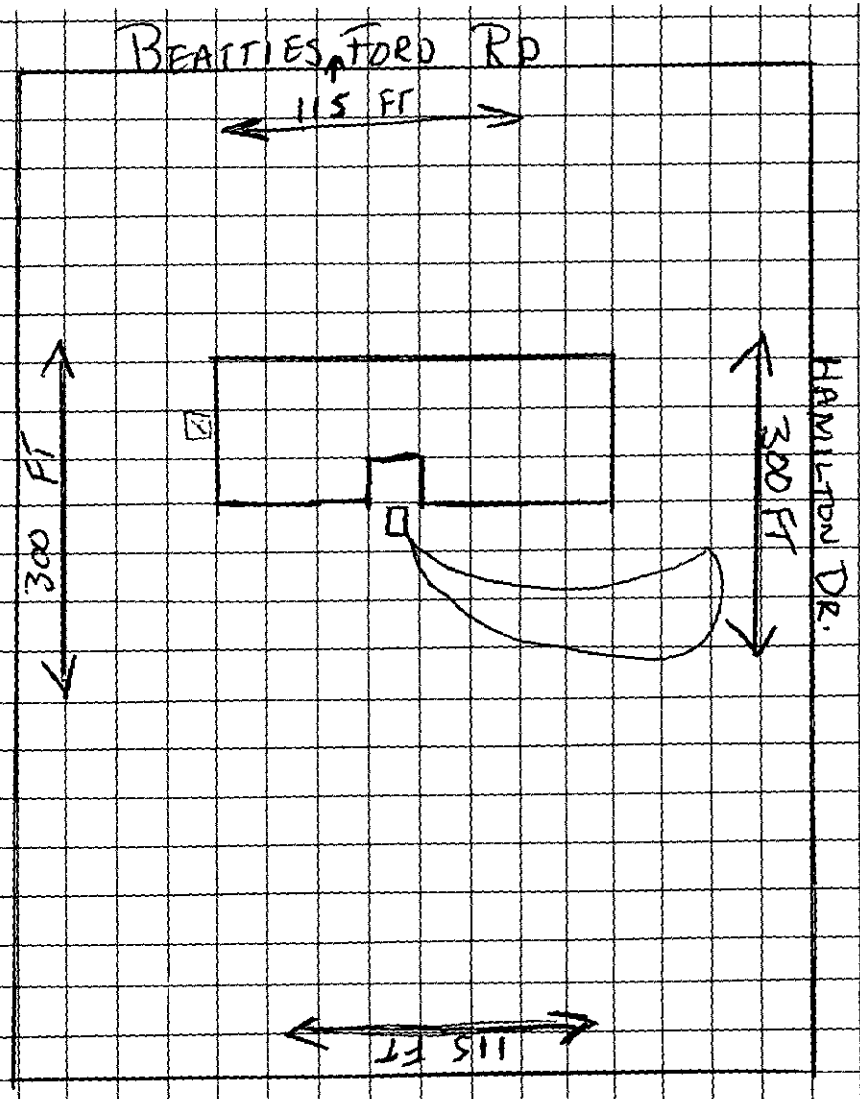
PROPOSED PLOT PLAN

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

FILE: 8007A/117B

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.



"SEE ATTACHED PLANS"

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

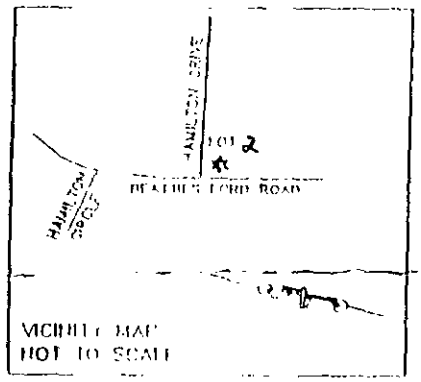
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

File 8007 A/117 B

THIS IS TO CERTIFY THAT ON THE 12 DAY OF OCTOBER 19 93 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Mecham

P. D. PHARR & ASSOCIATES, REGISTERED SURVEYORS
1900 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2188



REFERENCE: MAP BK. 8 - PG. 19

LOT 3

R/W

20.79'

N 21° 23' 00" W 115.00'
94.21'

E.I.P.

LOT 2

S 62° 37' 0" W 300.30'

BLDG.

35.1

17.5

7.4

9.7

UNCOV. 5.0

4.2

36.1

12.2

16.2

1-STORY BRICK & BLOCK NO. 4901

25.0

39.6

29.0

12.2

39.4

25.6

LOT 1

UNPAVED DRIVE

4901 Beatties Ford Rd.

33.3

ASPHALT

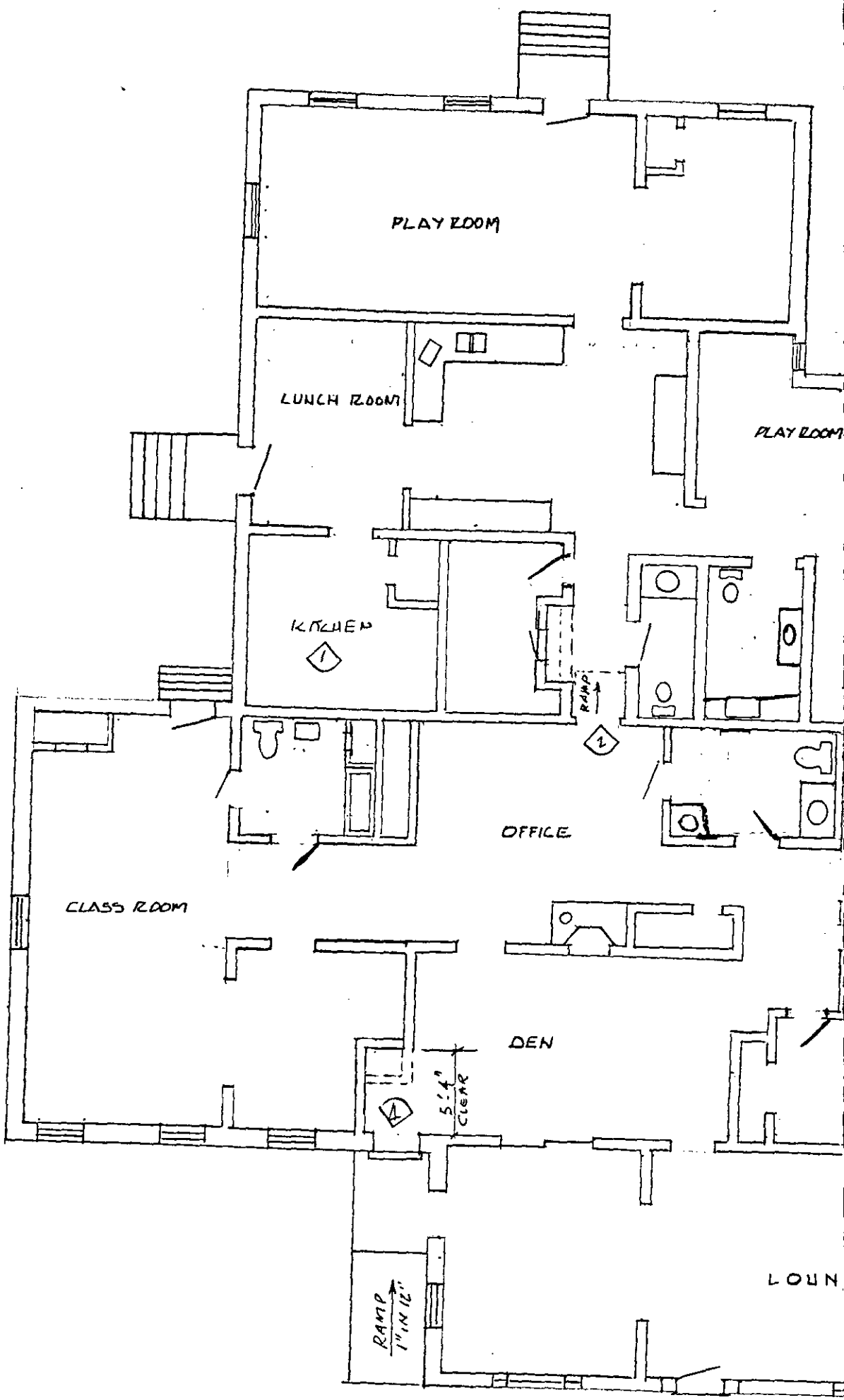
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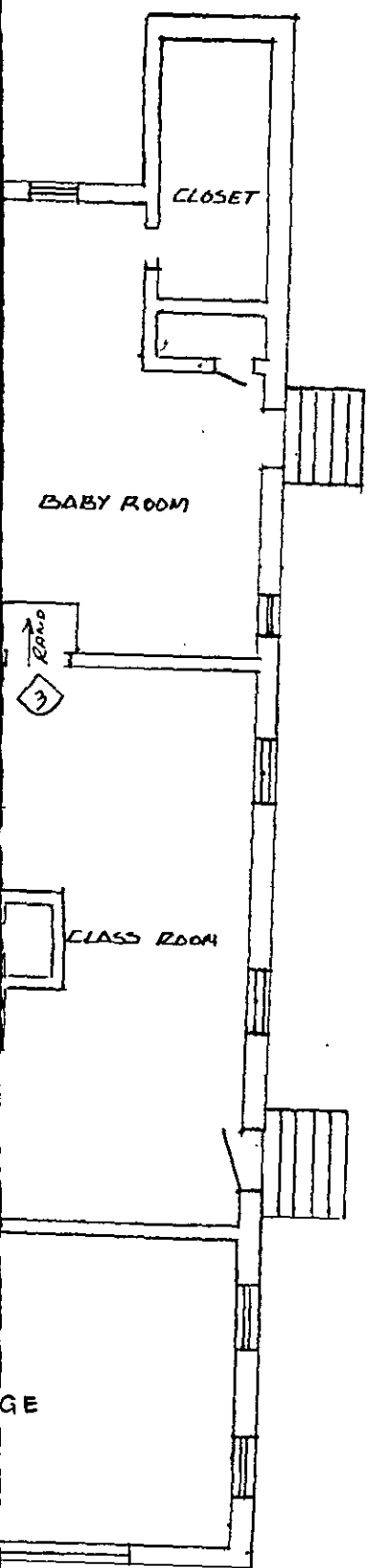
E.I.P.

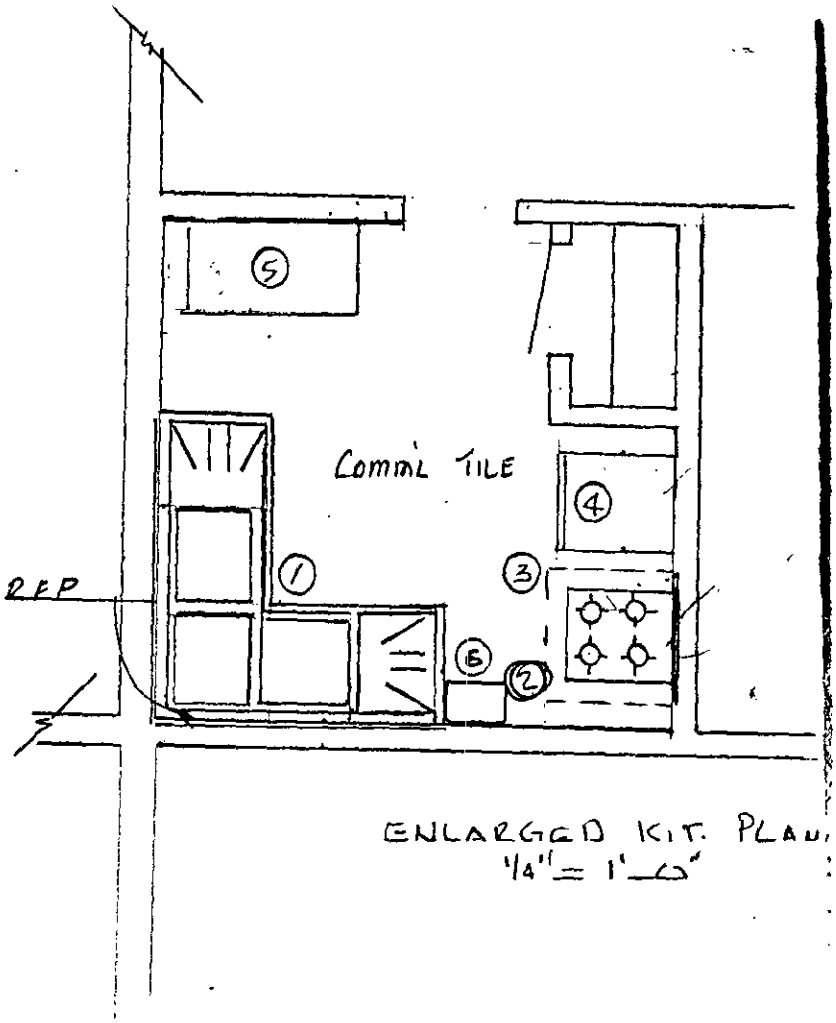
R/W

HAMILTON DRIVE
60' R/W

Dorothy P. Howard
704 394 9055


PLAY ROOM
LUNCH ROOM
PLAY ROOM
KITCHEN
1
RAMP
2
OFFICE
CLASS ROOM
DEN
4
5'-4" CLEAR
RAMP 1":1'-12"
LOUN





ENLARGED KIT. PLAN
1/4" = 1'-0"

KITCHEN EQUIPMENT LIST

NO	ITEM
1	3COMP SS SINK
2	GAS STOVE
3	HOOD
4	REF - NSF
5	24 x 48 SS WORK TABLE
6	HAND SINK

SCOPE OF WORK

FEE: 200.00
DATE: 11/10/95
OC # 193

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

[redacted]

| | CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 8007A/117B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 039-291-20

STREET ADDRESS: 4901 BEATTIES FORD RD. CHARLOTTE N.C.

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS:
DAY CARE CENTER
Square footage of facility: 3,500 sq

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: 7 PER SHIFT: (32 total 6 D CHILDREN)
67 total

HOW WILL WATER BE USED IN THE FACILITY: ⇒533ft

✓ TOLIETS/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: Donow
CONVERTING FROM RESIDENCE TO DAY CARE CENTER

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
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:
NAME: (LAST) HOWARD (FIRST) DORTHY (MI) P.
ADDRESS: 4901 BEATTIES FORD RD.
CITY: CHARLOTTE STATE: N.C. ZIP: 28216
DAYTIME PHONE: ( ) 704 -- 394-9055

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) SAME (FIRST) (MI)
DAYTIME PHONE: ( ) --

11/9/95 VM - mrs Howard
well request limited area.
well to (R) of house
well on properties to (rear & R)?

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: Dorothy P Howard

67 x 15 gpd person - 1005. = 1117 linear ft
553 BP

11/29 VM from Mrs. Howard DATE @ and pr. NC
11/30 per PC from Mrs. Howard wants residential kitchen
NOV 10, 1995 Received
(32 people total) - to serve
names + #s of neighbors regard. wells

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

12/8/95 OSV. Room for ~7 lines @ 60'
unable to locate drainfield.

4125 Hamilton — OSV @ property behind - unable to locate well. (Perk w/ Renee Cherry 12/6 - not aware of any well on property - on muni. water, gave permission for my OS inspection of property

4909 Beatties Ford — OSVe property, to (R). Linda Walker, present - stated her cousin owns house - neither of them are aware of any well on property. municipal water

OSe both w/metal detector. no activity in areas adj. to 4901 Beatties Ford Rd other than S.W. metal

Mecklenburg County
Health Department

December 18, 1995

Dorothy Howard
4901 Beatties Ford Road
Charlotte, NC 28216

Re: 4901 Beatties Ford Road
File: 8007A/117B
Parcel: 039-291-20

Dear Ms. Howard:

We received your application for an Improvement Permit for the above referenced property. A soil evaluation and site visit were conducted. Based on your request for a day care center with 60 children and 7 adults, the evaluation showed the site to be **UNSUITABLE** for a conventional wastewater treatment and disposal system under 15A NCAC 18A .1900, Rule .1945 Available Space.

For these reasons, the plans as submitted are disapproved.

A possible way to develop the site includes decreasing the maximum number of children and adults in the day care center. If you choose this option, please contact Kelly Randall, R.S. at 336-5575 for further information.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24.

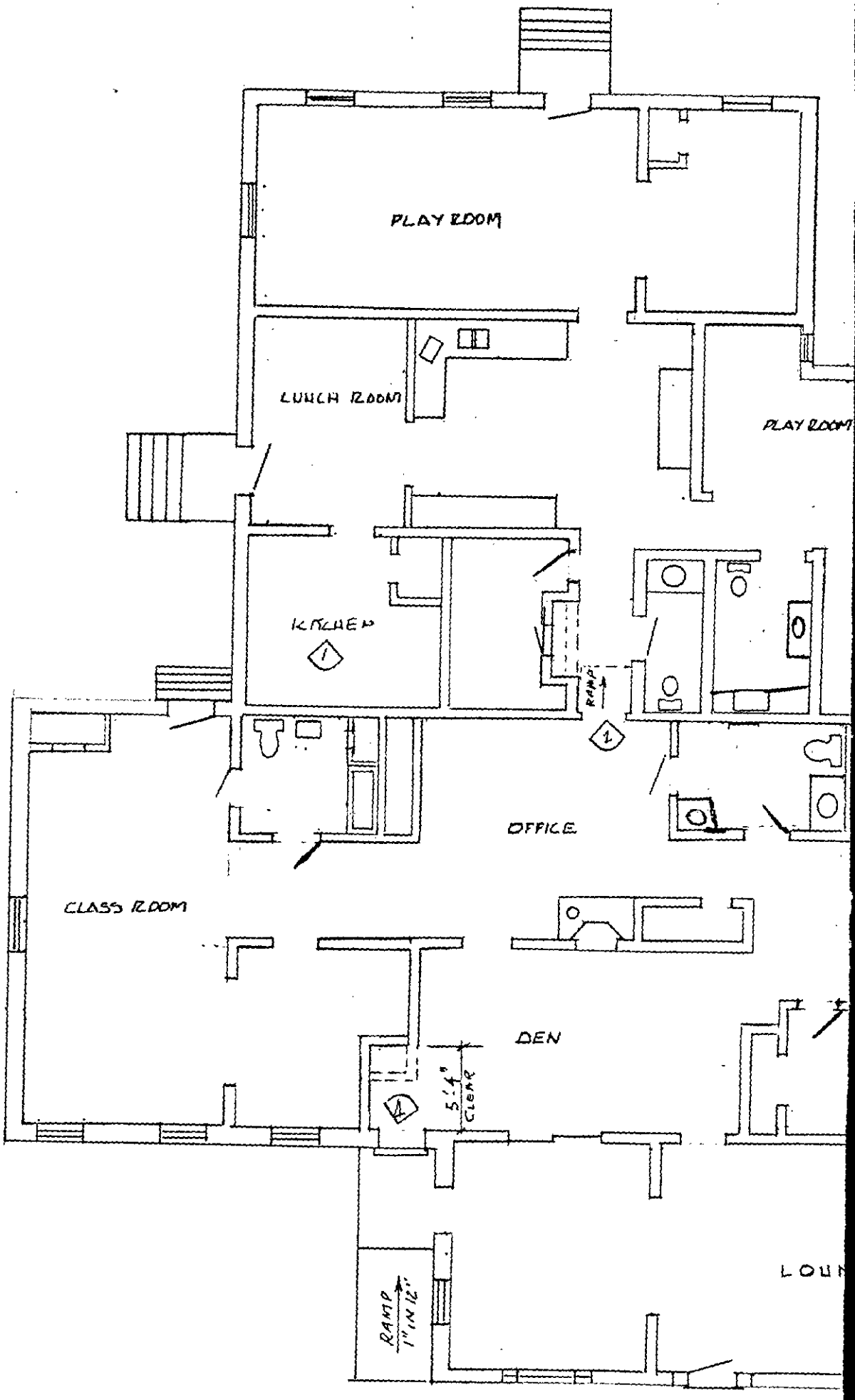
If you have any questions regarding this matter, please contact Kelly Randall at 336-5575 or me at 336-5573.

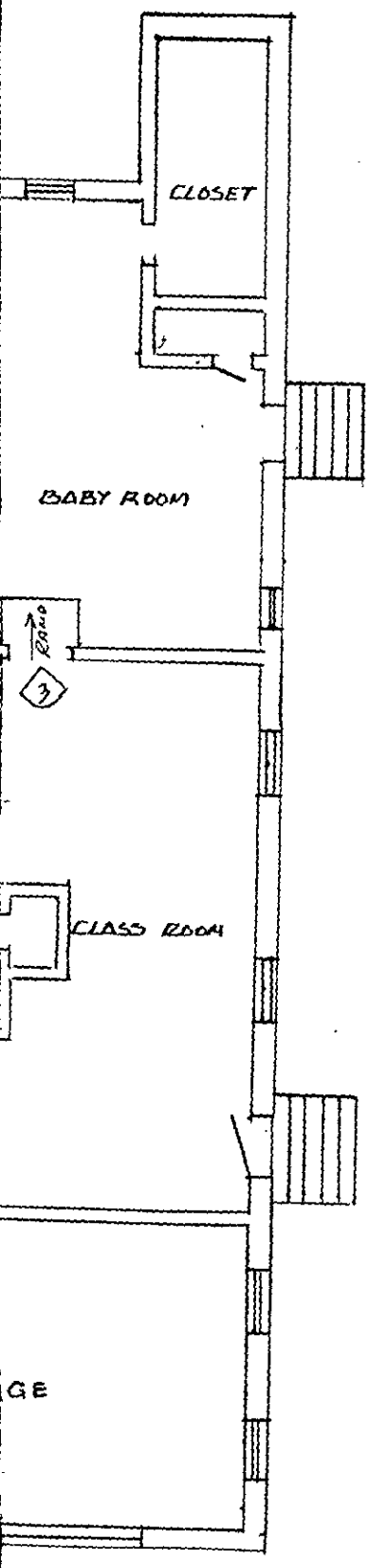
Sincerely,

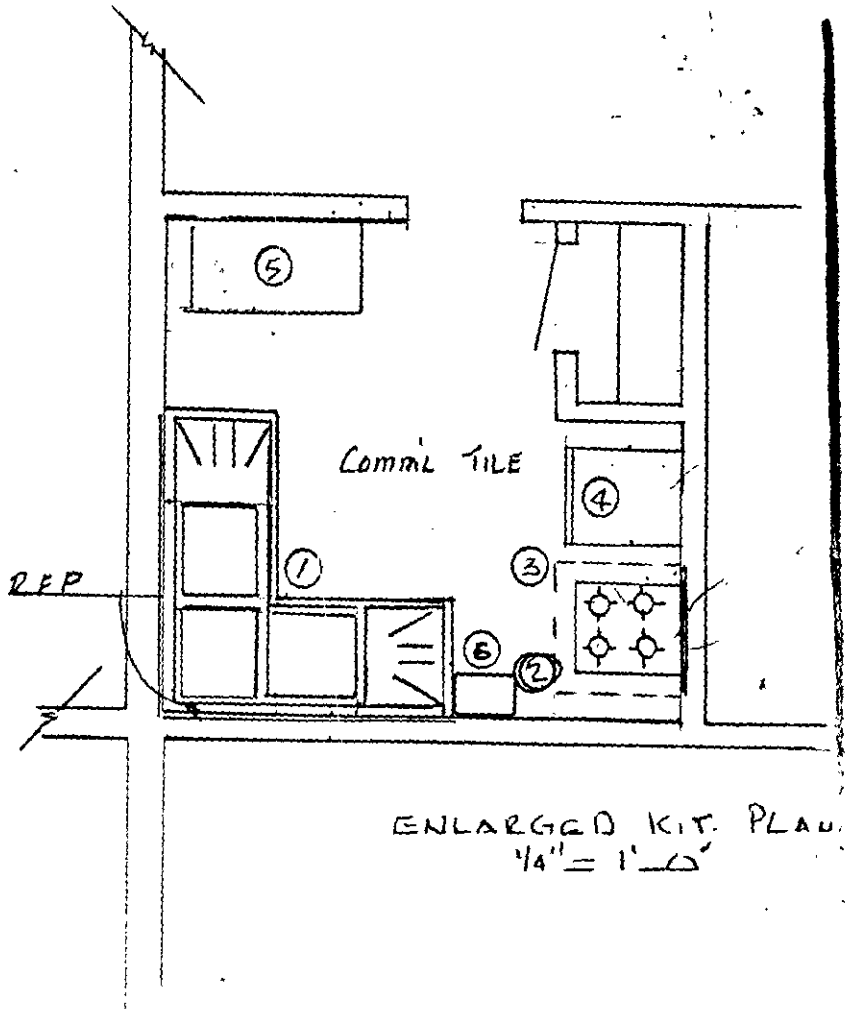
Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Kelly Randall, R.S.


PLAY ROOM
LUNCH ROOM
PLAY ROOM
KITCHEN
1
RAMP
1
OFFICE
CLASS ROOM
DEN
5'-4" CLEAR
4
RAMP 1" IN 12"
LOUN





ENLARGED KIT. PLAN
1/4" = 1'-0"

KITCHEN EQUIPMENT LIST

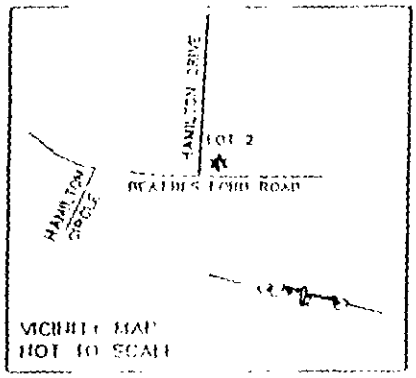
NO	ITEM
1	3COMP SS SINK
2	GAS STOVE
3	HOOD
4	REF NSF
5	24 x 48 SS WORK TABLE
6	HAND SINK

SCOPE OF WORK

THIS IS TO CERTIFY THAT ON THE 12 DAY OF OCTOBER 19 93 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Hilliard

F. D. HILLARD & ASSOCIATES, REGISTERED SURVEYORS
1908 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-7188



VICINITY MAP
NOT TO SCALE

REFERENCE: MAP BK. 8 PG. 19

LOT 3

R/W

20.79'

N 21° 23' 00" W 115.00'

94.21'

E.I.P.

72' Lin

1-0-11"

11-49

7-0-8"

6-46"

3 0-10"

10 4/8"

LOT 2

S 68° 37' 00" W 300.30'

BLDG.

35.1

BRICK V. S.

1-STORY BRICK & BLOCK NO. 4901

29.0

39.4

29.6

LOT 1

UNPAVED DRIVE

4901 Beatties Ford Rd.

ASPHALT

HAMILTON DRIVE
60' R/W

R/W

E.I.P.

Dorothy F. Howard
704 394 2045

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

Sheet ___ of
PROPERTY ID #: #1
COUNTY: 800 7A / 11 7B
039-291-20

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Donald M. Stevens APPLICANT: _____
ADDRESS: 4901 Beatties Ford Rd Char. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: Daycare PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 4901 Beatties Ford Rd PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.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	PRO CL .1
1	LS 4%	0-3"	gr/cl	Fr/SEXP/SS/SP	No chroma 2 observed TO 46"	46"	N/A	None	PS .3
		3-36	SBK/C	Fi/SEXP/SIP					
		36-46"	SBK/cl	Fr/SEXP/SS/SP					
2	LS 5%	0-4"	gr/cl	Fr/SEXP/SS/SP	No chroma 2 observed TO 46"	46"	N/A	None	.3 Fr cl PS
		4-46"	SBK/C	Fr-Fi/SEXP/SIP					
3	LS 2%	0-6"	gr/cl	Fr/SEXP/SS/SP	No chroma 2 observed TO 46"	46"	N/A	None	.3 Fr cl P
		6-46"	SBK/C	Fr-Fi/SEXP/SIP					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: William R. Marlin 11-30-05

OMMENTS:

LEGEND

use the following standard abbreviations

600 TA/1170
039-291-20

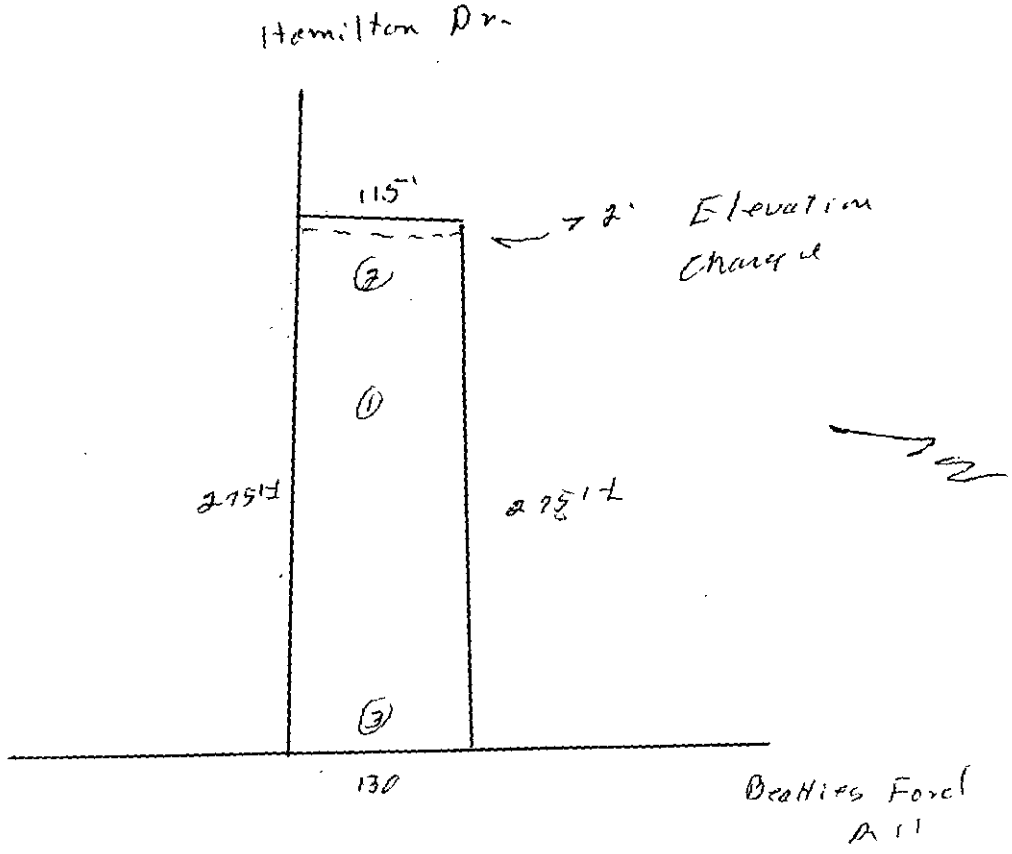
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy 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).

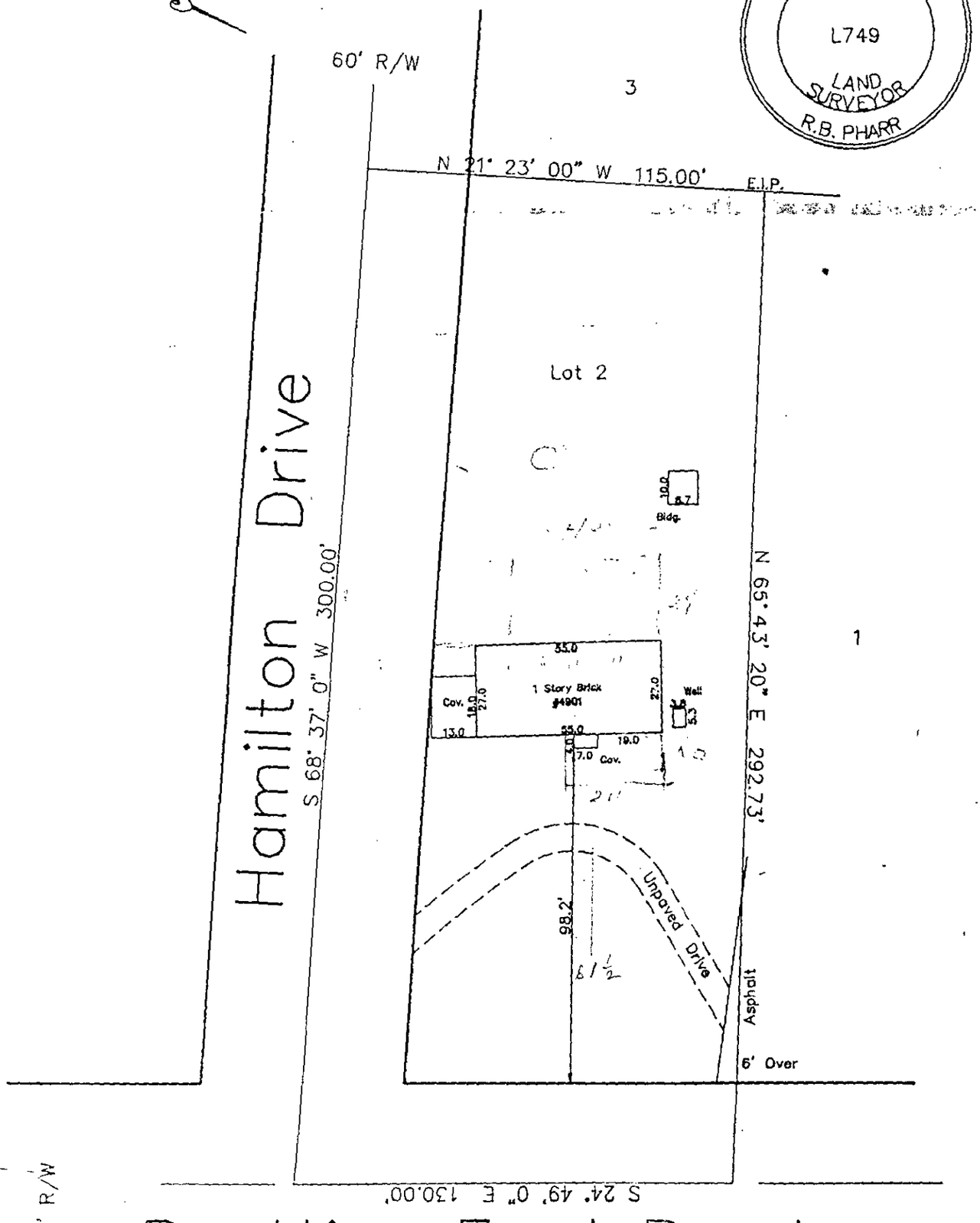


PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R. B. Pharr

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
812 EAST INDEPENDENCE BLVD.
CHARLOTTE, N.C. 28204
TEL. (704) 376-6196

NORTH CAROLINA REGISTERED L749 LAND SURVEYOR R.B. PHARR



Physical SURVEY

OF

Lot 2, Joe V. Hamilton Property

Long Creek Township, Mecklenburg County N.C.

CHARLOTTE N.C.

SCALE *1"=40'*

THE PROPERTY OF *Clarence W. Howard & Wife, Dorothy P. Howard*

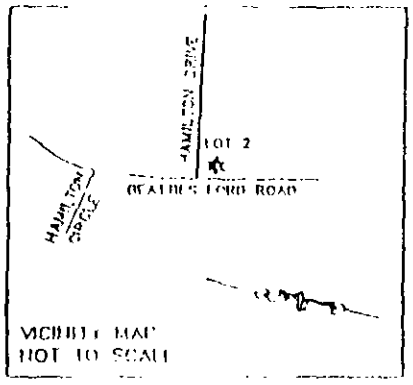
MAP RECORDED IN BOOK *8* AT PAGE *19* DEED RECORDED IN BOOK _____ PAGE _____

9708

THIS IS TO CERTIFY THAT ON THE 12 DAY OF OCTOBER 19 93 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED C. Clark Nelson

P. D. THARP & ASSOCIATES, REGISTERED SURVEYORS
1900 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2186



REFERENCE: MAP BK. 8 PG. 19

LOT 3

LOT 1

HAMILTON DRIVE
60' R/W

S 62° 37' 21" W 300.30'

21° 23' 00" W 115.00'

20.79'

1-STORY BRICK & BLOCK NO. 4901

UNPAVED DRIVE

ASPHALT

Limited repair

R/W

Schedules 4 stuff

Entry & Hallway for 3PM 2 5th

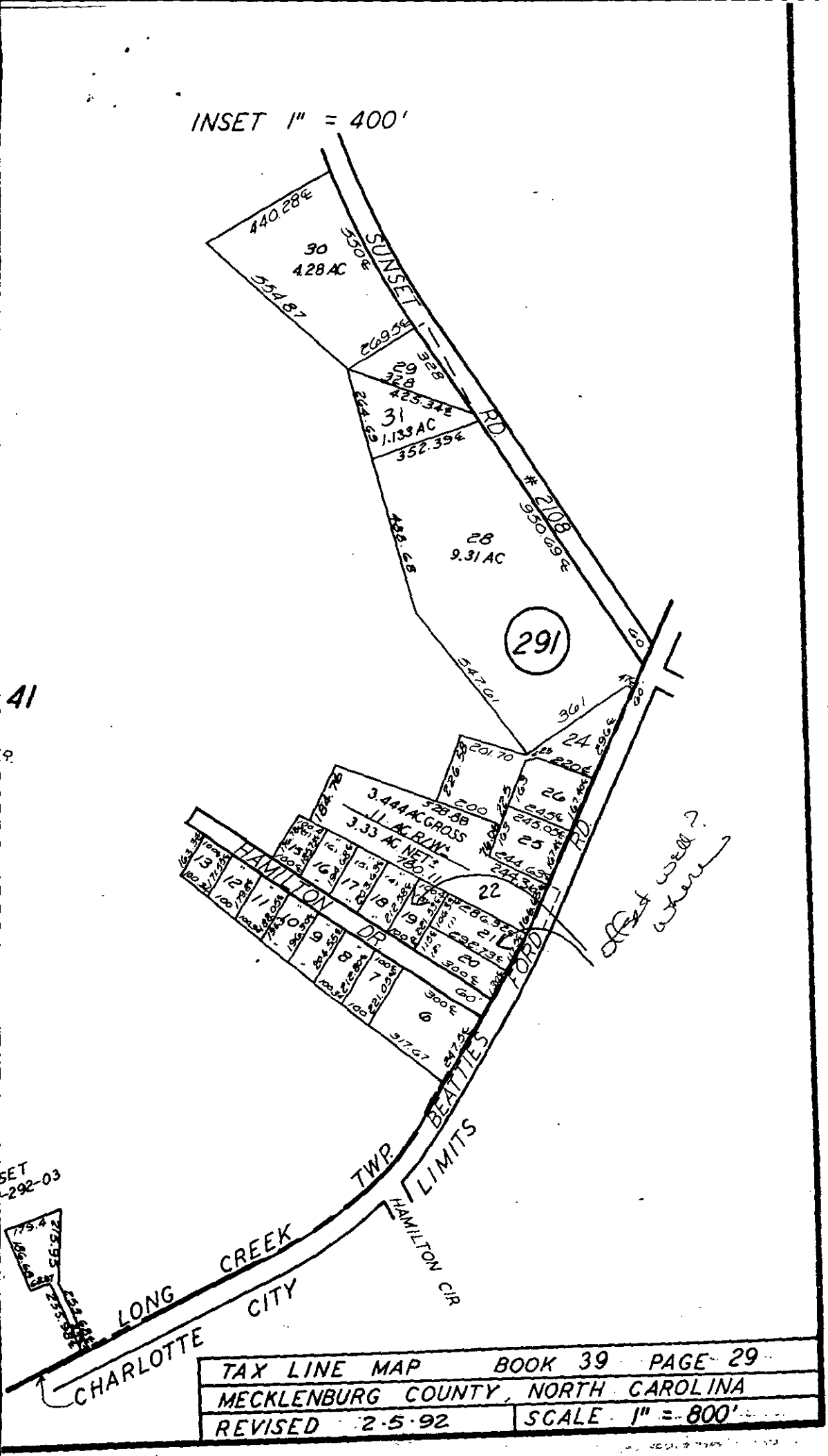
270 linear feet of panel block
5 @ 55'
No tank necessary - possibly
32 people total

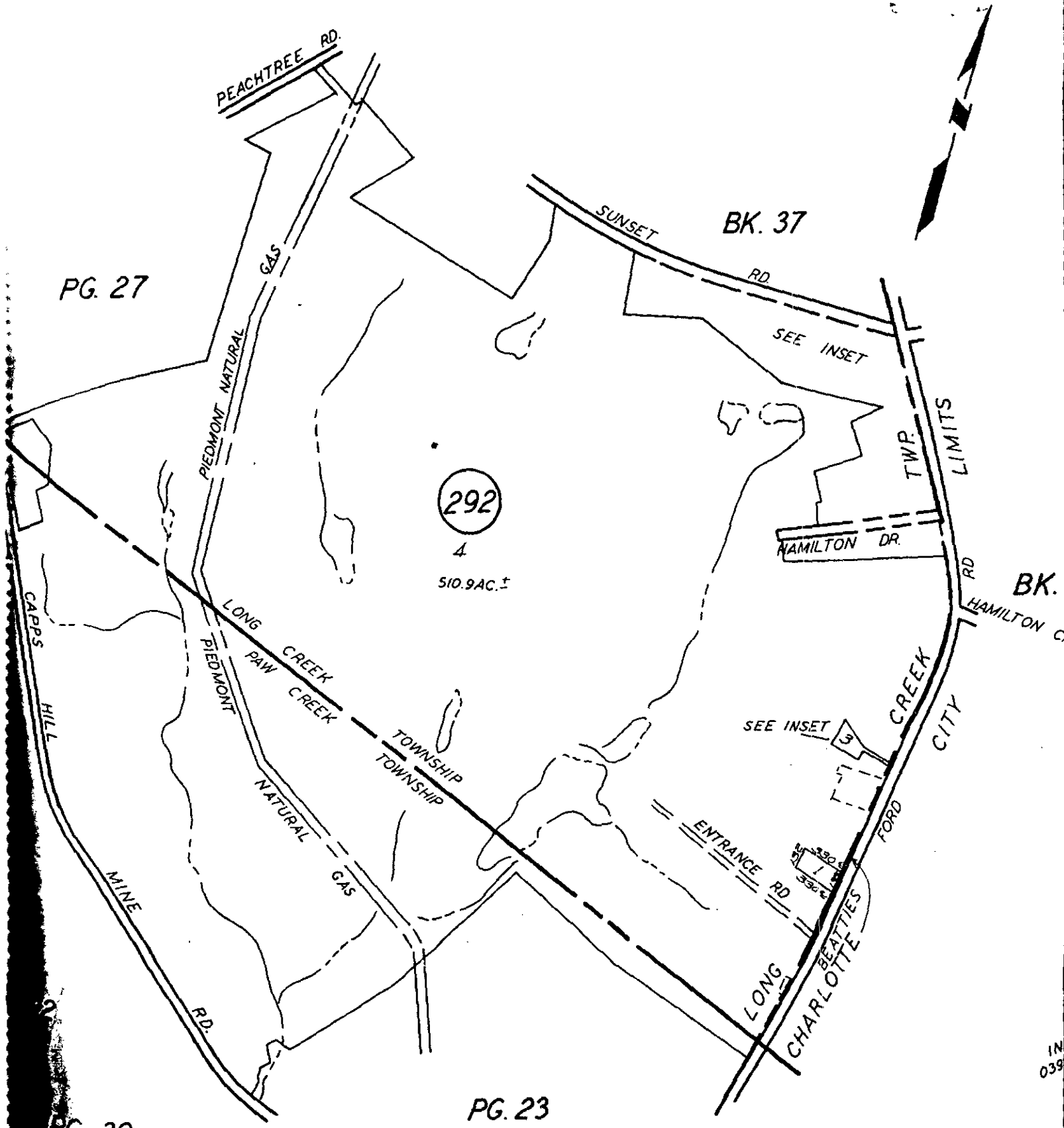
~~No~~

300 linear feet infiltrators
5 lines @ 60' each
24 people total

Johnson

Johnson


INSET 1" = 400'
SUNSET RD.
2108
950.69
440.28
30
4.28 AC
554.87
669.56
328
29
3.68
423.32
31
1.133 AC
264.63
352.39
482.68
28
9.31 AC
291
547.61
361
60
24
201.70
226.58
220
26
245.05
25
244.65
3.444 AC GROSS
3.33 AC NET
780.11
244.36
22
21
286.32
20
300
HAMILTON DR
FORDELL RD
13
12
11
10
9
8
7
6
317.67
BEATTIES FORD RD
TWP.
LIMITS
HAMILTON CIR
LONG CREEK
CITY
CHARLOTTE
045
043
41
SET
-292-03
TAX LINE MAP BOOK 39 PAGE 29
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 2-5-92
SCALE 1" = 800'


PEACHTREE RD.
SUNSET RD.
BK. 37
PG. 27
PIEDMONT NATURAL GAS
SEE INSET
TWP. LIMITS
292
4
510.9AC.±
HAMILTON DR.
BK.
HAMILTON CR
CAPPS HILL MINE RD.
LONG CREEK
PAW CREEK TOWNSHIP
PIEDMONT NATURAL GAS
SEE INSET 3
CREEK
CITY
FORD
ENTRANCE RD
BEATTIES
CHARLOTTE
LONG
PG. 23
PG. 30

Mecklenburg County
Health Department

December 18, 1995

Dorothy Howard
4901 Beatties Ford Road
Charlotte, NC 28216

Re: 4901 Beatties Ford Road
File: 8007A/117B
Parcel: 039-291-20

Dear Ms. Howard:

We received your application for an Improvement Permit for the above referenced property. A soil evaluation and site visit were conducted. Based on your request for a day care center with 60 children and 7 adults, the evaluation showed the site to be **UNSUITABLE** for a conventional wastewater treatment and disposal system under 15A NCAC 18A .1900, Rule .1945 Available Space.

For these reasons, the plans as submitted are disapproved.

A possible way to develop the site includes decreasing the maximum number of children and adults in the day care center. If you choose this option, please contact Kelly Randall, R.S. at 336-5575 for further information.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24.

If you have any questions regarding this matter, please contact Kelly Randall at 336-5575 or me at 336-5573.

Sincerely,

Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Kelly Randall, R.S.

Mecklenburg County

Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: June 13, 1994

Ref: 1176 8007B/ 4901 Beatties Ford Road

SUBJECT: Refund

(Mr./Mrs./Co.) Dorothy Howard originally paid $150.00 for Improvement Permit/addition with change in septic system on May 9, 1994 paid cash.

A refund should be issued for $100.00 because there was no change in the septic system and Improvement Permit with no change in septic system applies. Fee for this service is $50.00.

Please make check payable to: Ms. Dorothy P. Howard
4901 Beatties Ford Road
Charlotte, NC 28216





8007A

Dorothy Howard

Re: Need
$100.00
Refund

2007A/117B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd # 150 5/9/94 cash CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Howard (last) Dorothy (first) P. (mi)

ADDRESS: 4901 Beatties Ford Rd. PHONE: (704) 394-9055

CITY: Charlotte STATE: N.C. ZIPCODE: 28216

Date:

PROPERTY OWNER:

NAME: Howard (last) Dorothy (first) P. (mi)

ADDRESS: 4901 Beatties Ford Rd PHONE: (704) 394-9055

CITY: Charlotte STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 039-291-20

STREET ADDRESS: 4901 Beatties Ford Rd
Charlotte N.C. 28216

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business DAYCARE # Employees ___ Per Shift ___ ___ ___ CHILDREN 12
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/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 [ ] 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: Dorothy P. Howard Date: Dorothy P. Howard 5-9-94

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.

... Use Existing System

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

Philo A. Walker 5/13/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

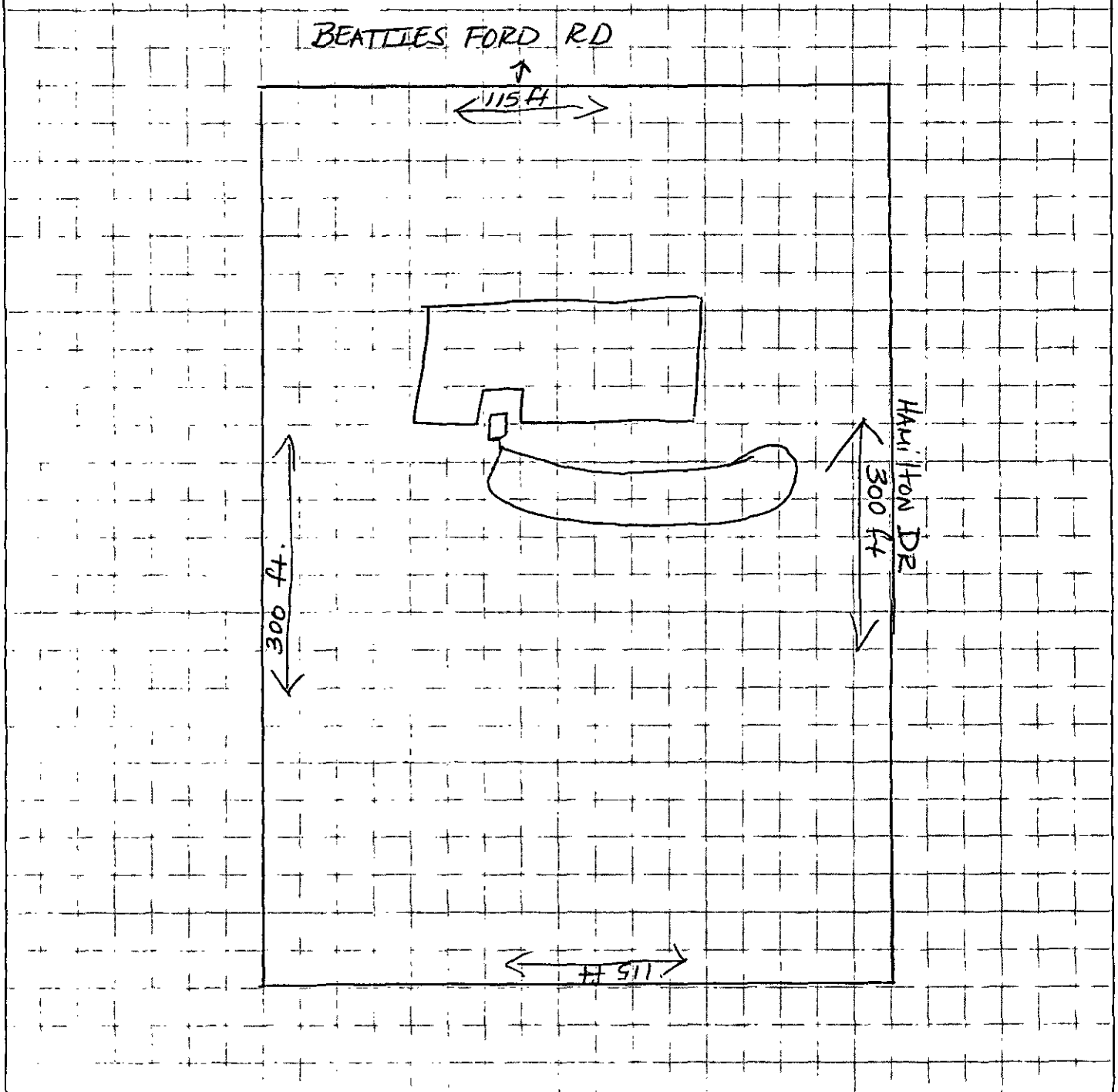
PROPOSED PLOT PLAN

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

FILE: 8005A/117B

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.



APPROVAL DATE JSW HES 5/13/94

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

Mecklenburg County
Health Department

December 18, 1995

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4901 Beatties Ford Road
Charlotte, NC 28216

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Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24.

If you have any questions regarding this matter, please contact Kelly Randall at 336-5575 or me at 336-5573.

Sincerely,

Lisa B. Mialik

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

cc: Kelly Randall, R.S.

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

2400 #1

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

Boone / 1170
039-291-20

OWNER: David M. Heavner
ADDRESS: 4901 Beaulieu Ford Rd Sparta
PROPOSED FACILITY: Day Care
LOCATION OF SITE: 4901 Beaulieu Ford Rd
APPLICANT: ___
APPLICATION DATE: ___
PROPOSED DESIGN FLOW (.1949): ___
DATE EVALUATED: ___
PROPERTY SIZE: ___
PROPERTY RECORDED: ___

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

PROFILE #	.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	PROF CLA & LI
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		3-36	sBK/c	Fr/sExp/s/p					
		36-46"	sBK/cl	Fr/sExp/ss/sp					
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		4-46"	sBK/c	Fr-Fi/sExp/s/p					
3	LS 2%	0-6"	gr/cl	Fr/sExp/ss/sp	No chroma 2 observed TO 46"	46"	N/A	None	.3 fr fr cl ps
		6-46"	sBK/c	Fr-Fi/sExp/s/p					
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Wellem A. Mauli 11-30-95
OTHER(S) PRESENT: ___

OMMENTS: _____

LEGEND

use the following standard abbreviations

800 TA / 1170
039-291-20

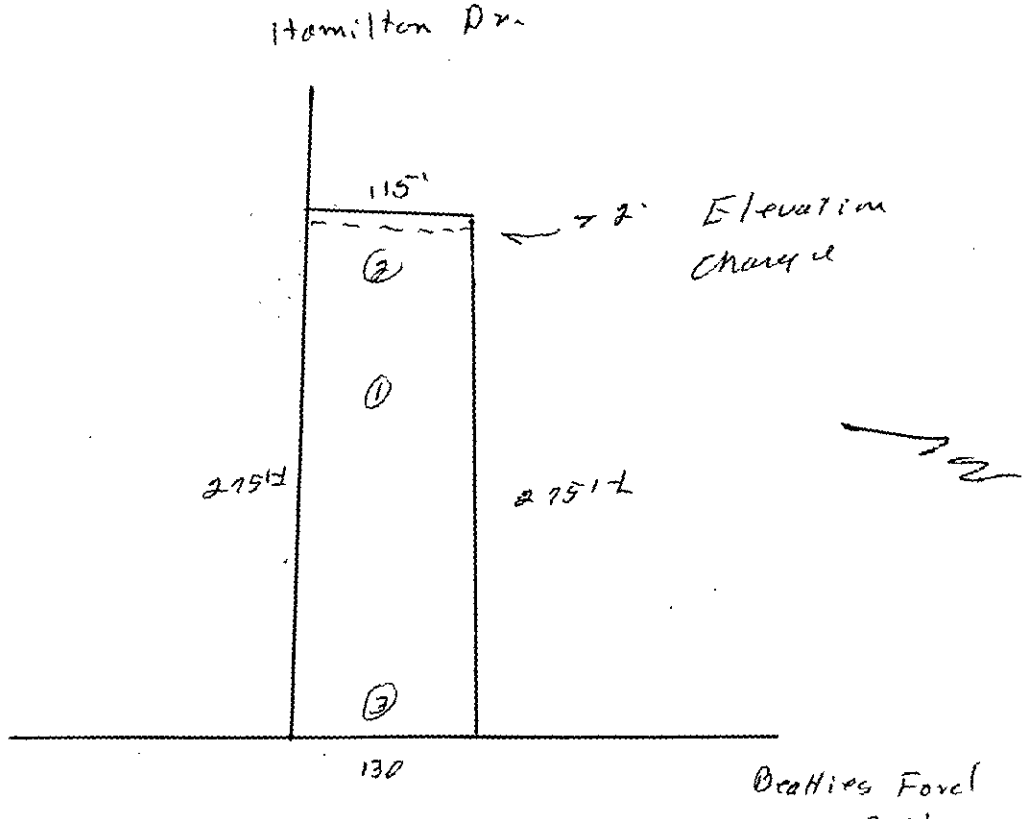
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V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
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P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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).



800TA (117B.) 400M

File # [illegible]

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50.00 Cash 1/25/93 DJK CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Howard (last) Dorothy (first) P. (mi)

ADDRESS: 7623 Lisa Circle PHONE: (704) 535-7137

CITY: Charlotte STATE: NC ZIPCODE: 28215

Date:

PROPERTY OWNER:

NAME: Howard (last) Dorothy (first) P. (mi)

ADDRESS: 4901 Beatties Ford Rd PHONE: (704) 394-5299

CITY: Charlotte STATE: NC ZIPCODE: 2[illegible]

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 039-291-20

STREET ADDRESS: 4901 Beatties Ford Rd

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Porch.
[ ] 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: 04 NUMBER OCCUPANTS: 04

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)
[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 [ ] 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: Dorothy P. Howard Date: 1/25/93

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.

...

Use existing system

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

Philo L. Walker 1/25/93
Environmentalist Date

Judy J. Klein 1/26/93
Director or Authorized Section Head Date

WATER : 122791

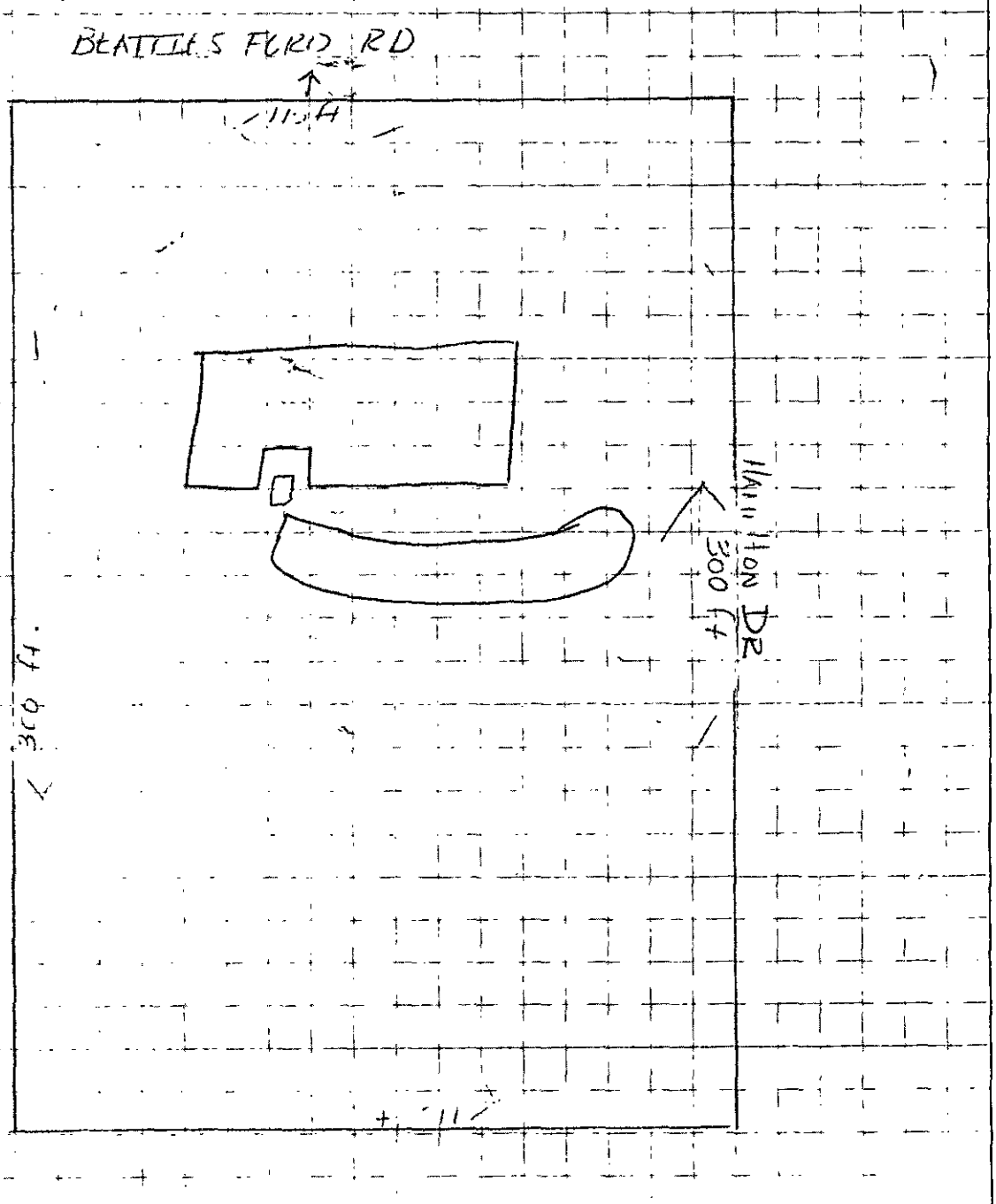
PROPOSED PLOT PLAN

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

FILE: 8087A / 117B

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.



APPROVAL DATE 7/N 01 S 5/1:84

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

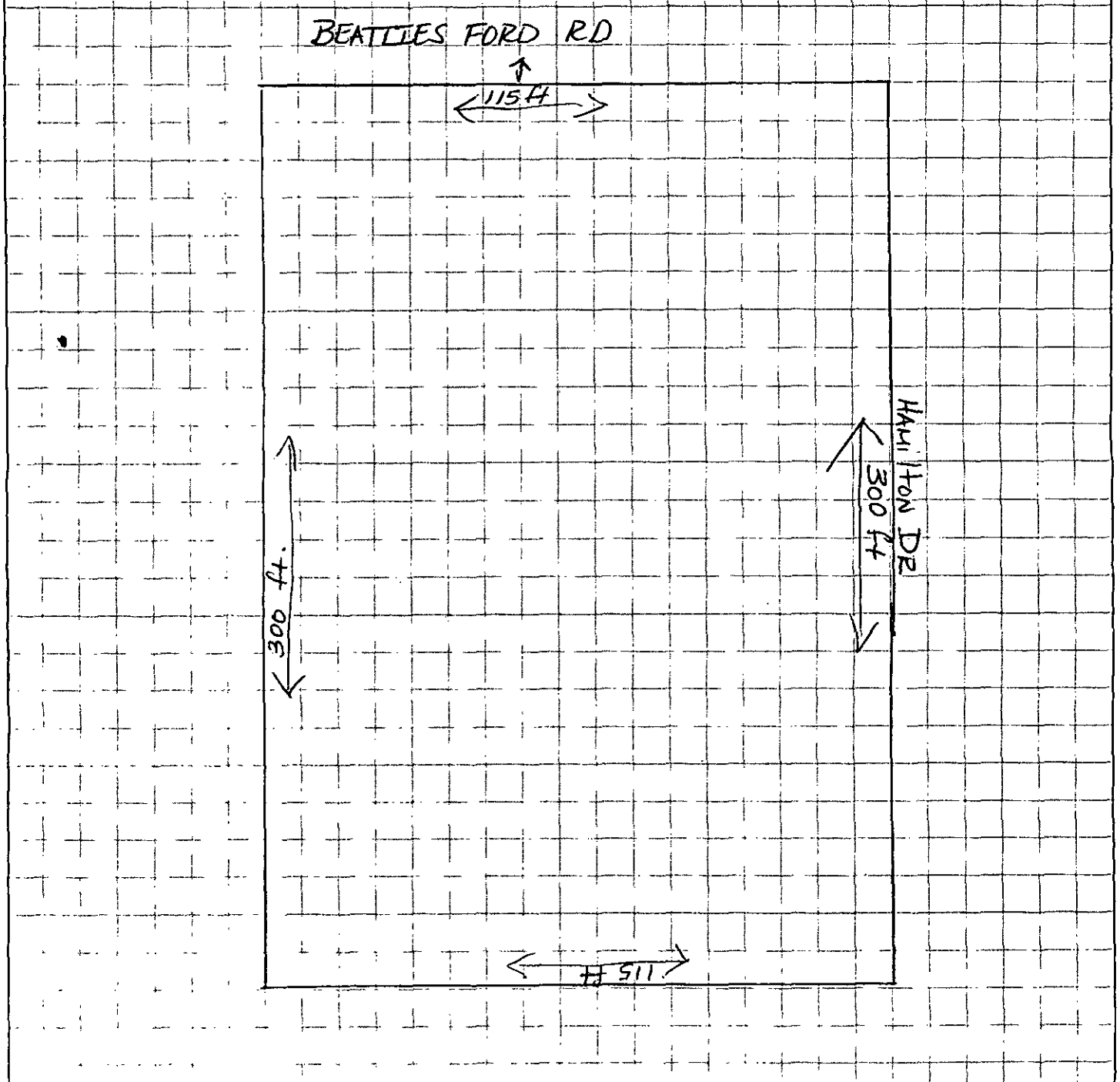
PROPOSED PLOT PLAN

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

FILE: 8057A / 117B

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.



APPROVAL DATE _____

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

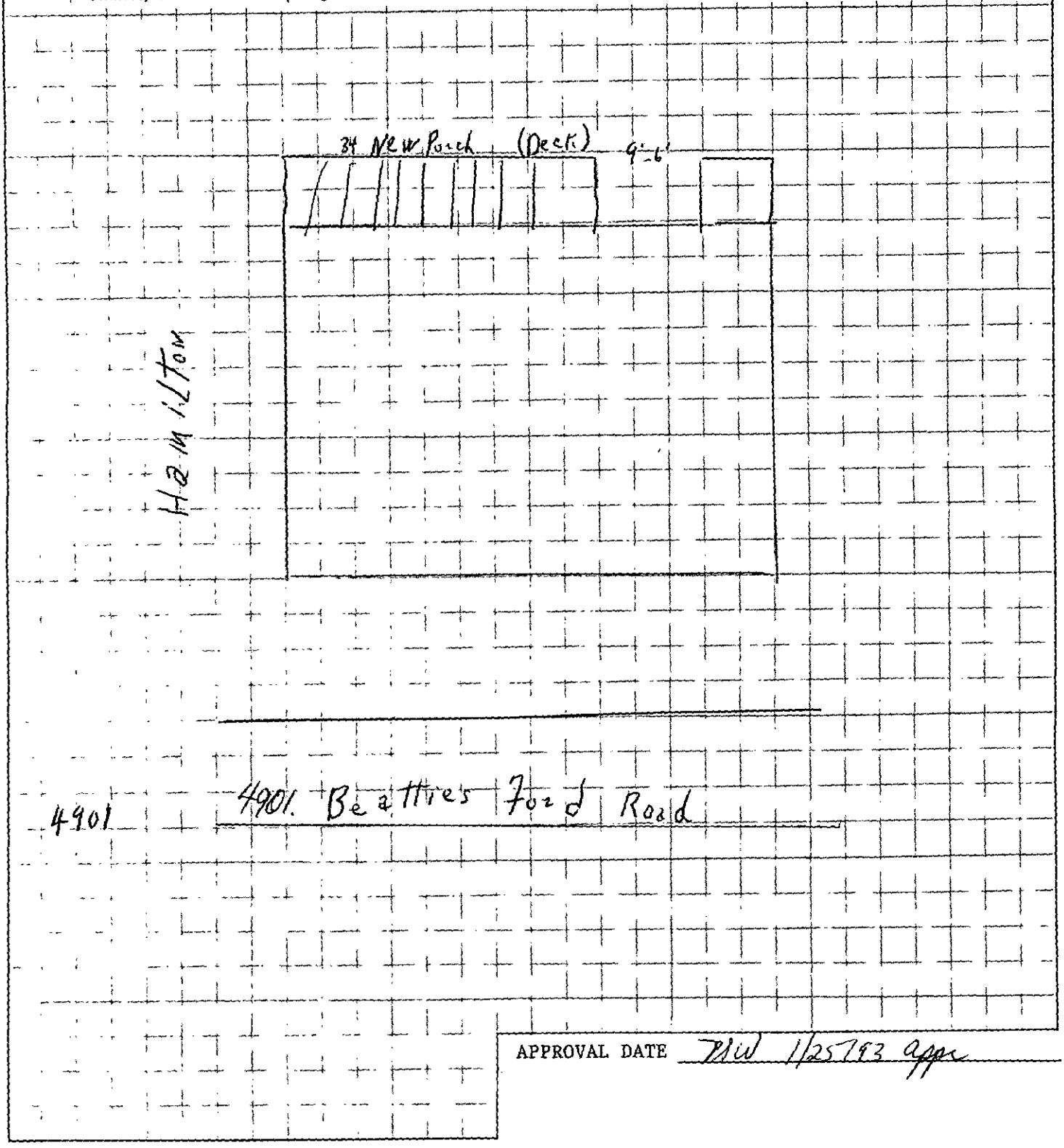
PROPOSED PLOT PLAN

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

FILE: 827B (8698A)

TC: 039-291-20

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 TRW 1/25/93 appr

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

8007A (117B) 1/16/92 Cash $125.00

400 ☒ PC ☒ CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Howard (last) Dorothy (first) P. (mi)
ADDRESS: 7623 Lisa Circle PHONE: (704) 535-7137
CITY: Charlotte STATE: N.C. ZIPCODE: 28215

Date: 1-16-92

PROPERTY OWNER:
NAME: Howard (last), Clarence + Dorothy (first) (mi)
ADDRESS: 4901 Beatties Ford Rd. PHONE: (704) 394-5299
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 039-291-20
STREET ADDRESS: 4901 Beatties Ford Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[☒] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Family Room Kitchen-Bath
[ ] 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: 3 NUMBER OCCUPANTS: 3

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)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Dorothy P Howard Date: 1/16/92

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.

... Use existing system

Foundation adjustment made and approved

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

Philo A. Walker 1/27/92
Environmentalist Date

1-29-92
Director or Authorized Section Head Date

WWATER : 122791

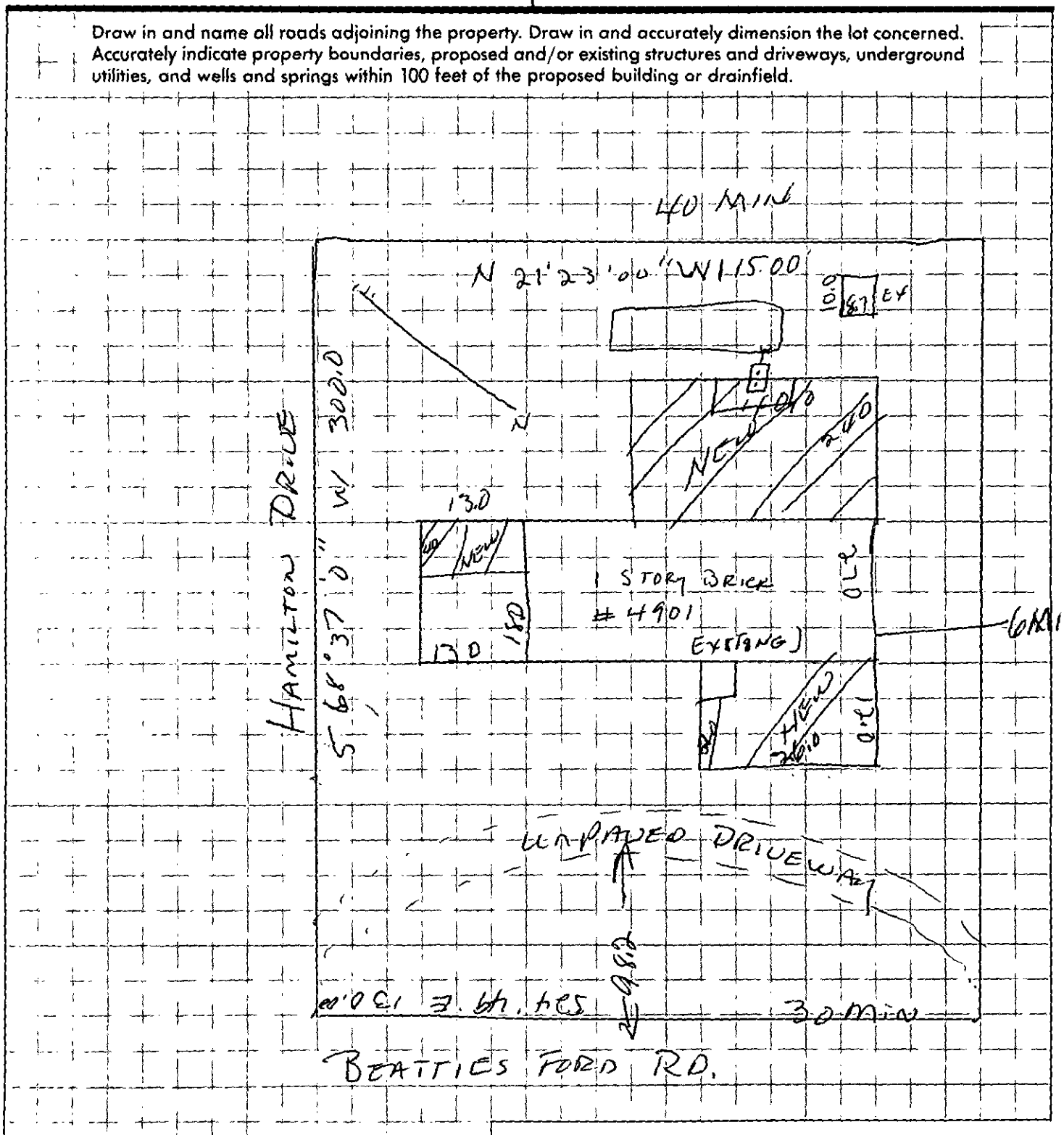
PROPOSED PLOT PLAN

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

FILE: 8007 A (11B)

TC: 039-291-20

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: Dorothy P Howard

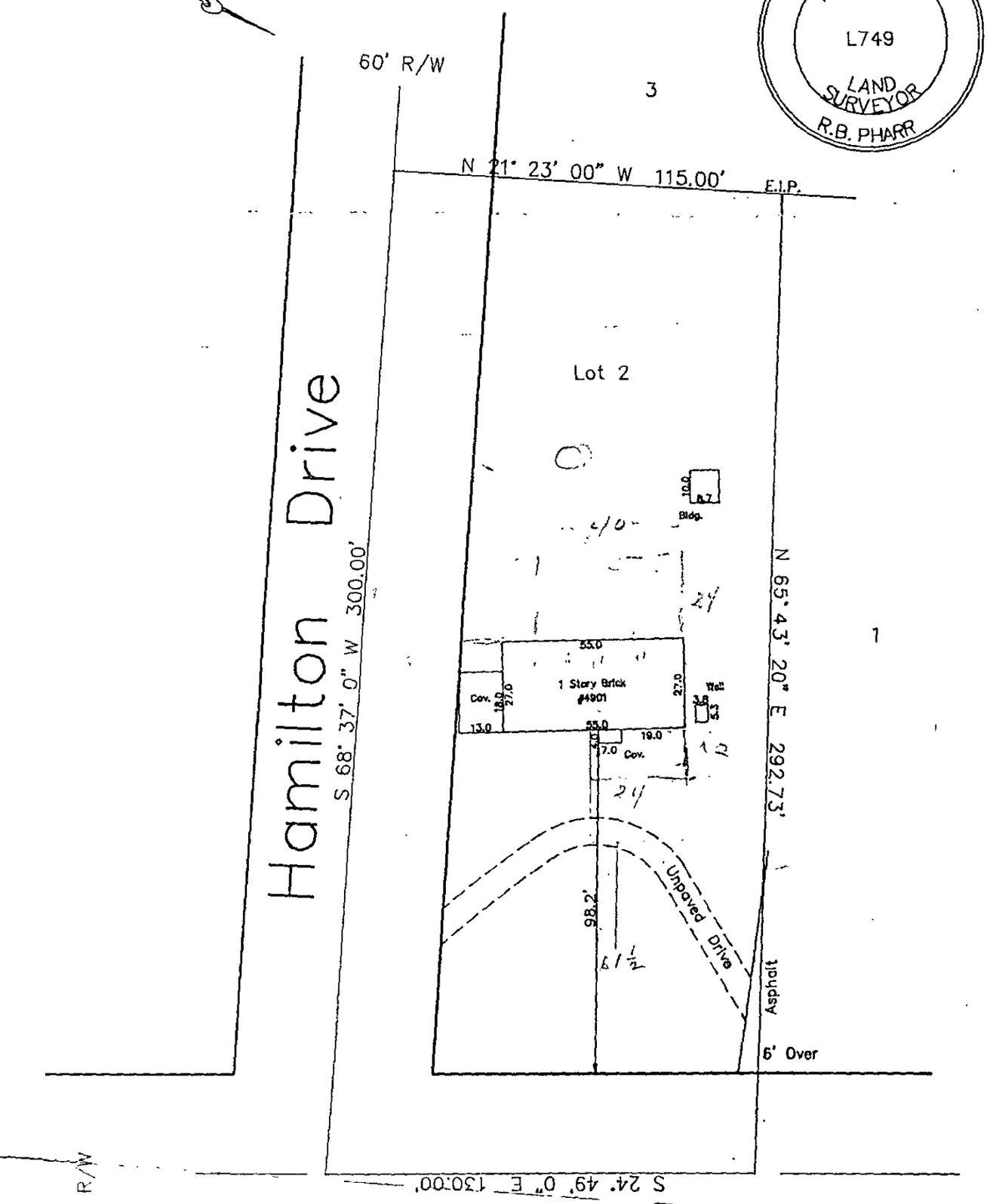
Date: 1/16/92 Appr 1/27/92 PSW

THIS IS TO CERTIFY THAT ON THE 13 DAY OF October 19 88 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R. B. Pharr

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
212 EAST INDEPENDENCE BLVD.
CHARLOTTE, N.C. 28204
TEL. (704) 376-6186

NORTH CAROLINA REGISTERED L749 LAND SURVEYOR R.B. PHARR



Physical SURVEY

OF

Lot 2, Joe V. Hamilton Property

Long Creek Township, Mecklenburg County N.C.

CHARLOTTE N.C.

SCALE 1"=40'

THE PROPERTY OF Clarence W. Howard & Wife, Dorothy P. Howard

MAP RECORDED IN BOOK 8 AT PAGE 19 DEED RECORDED IN BOOK PAGE

9708

Need (1)

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

B0132468

LOCATION

STREET # (N,S,E,W) 4901 — STREET NAME Beatties Ford — (AV,RD,ST, etc) Rd.

SUITE/UNIT(S):

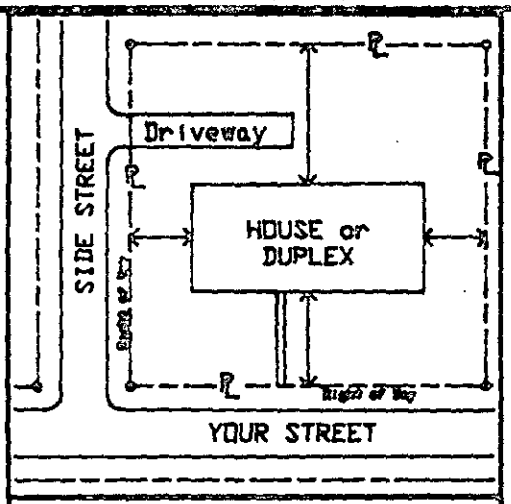
PERMIT #

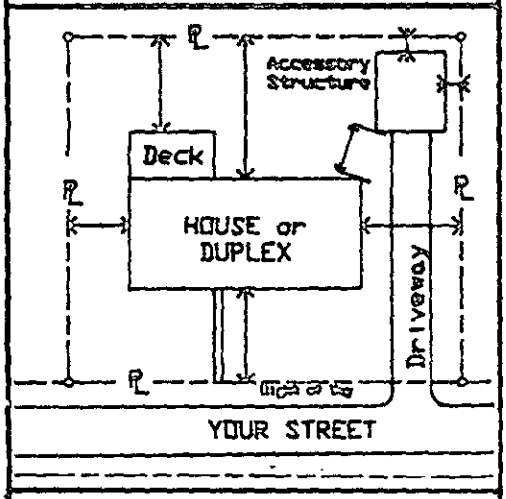
TAX JURISDICTION: (Check One)
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

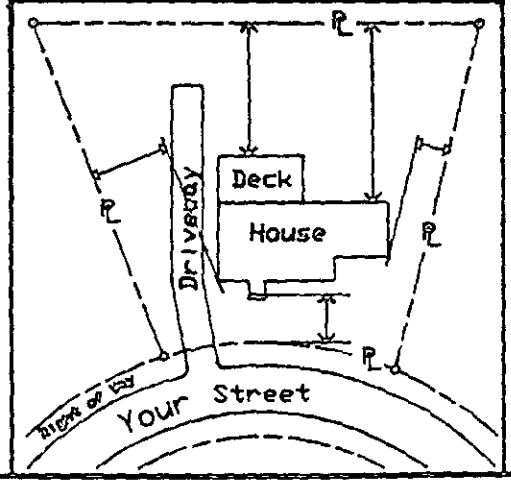
TAX PARCEL # 039-291-20

JOB # 2001

EXAMPLES-PLOT PLAN





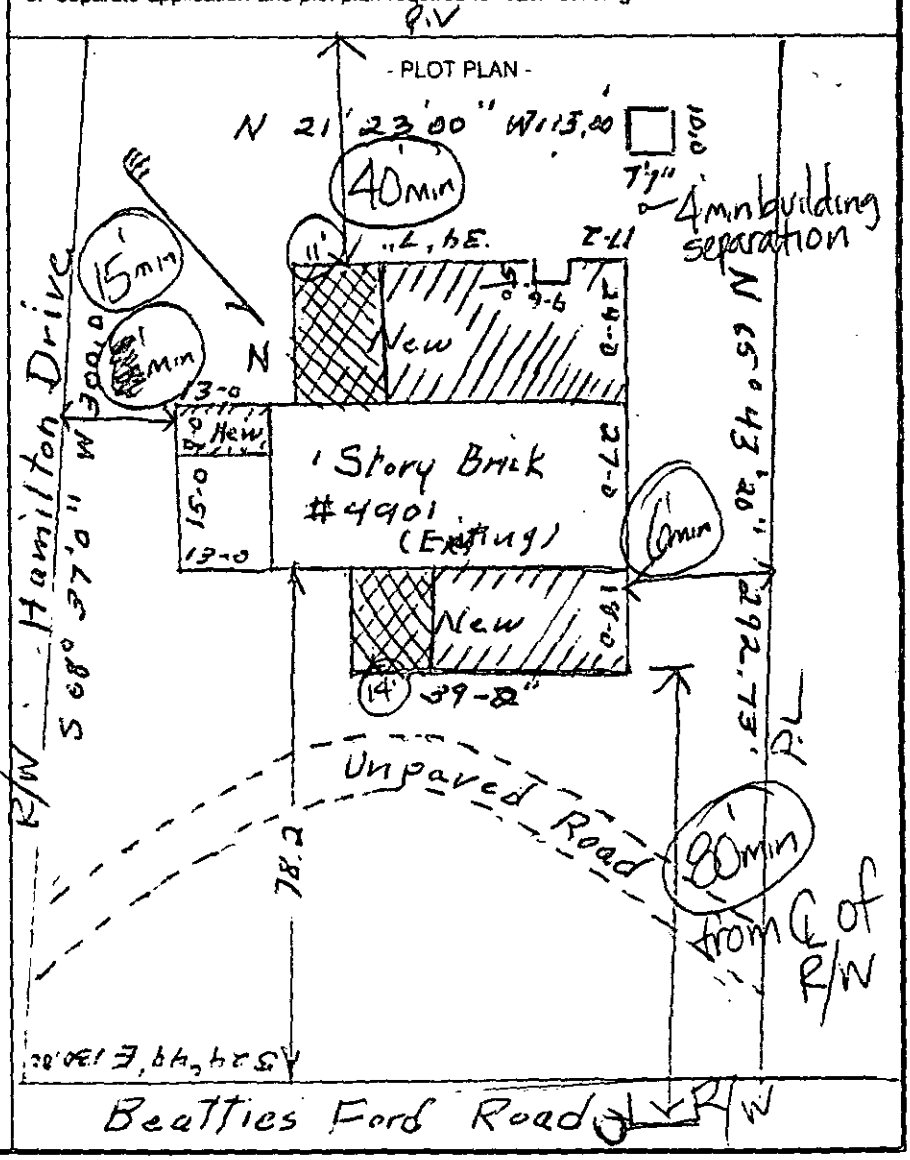


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Dorothy P. Howard

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097

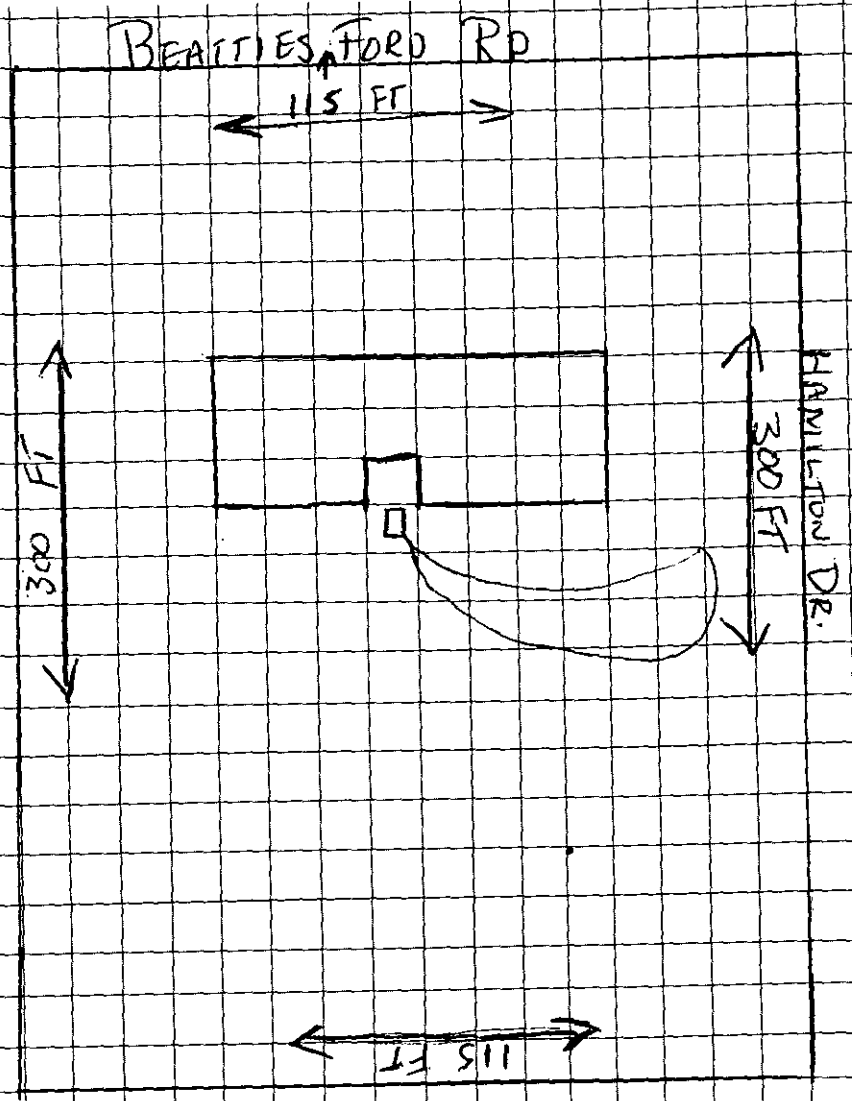
PROPOSED PLOT PLAN

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

FILE: 8007A / 1117B

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.



1" SEE Attached PLANS"

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

DATE 10-20-92

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

#039-291-20
PARCEL NUMBER

4901 Beatties Ford RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	___APPROVED	___NOT APPROVED
2. FLOODWAY REGULATIONS	___APPROVED	___NOT APPROVED
3. EROSION CONTROL REGULATIONS	___APPROVED	___NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	___APPROVED	___NOT APPROVED
5. PUBLIC UTILITY EASEMENT	___PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	✓ YES	___NO
7. DRIVEWAY PERMIT REQUIRED	___YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___YES	✓ NO

REMARKS: Room Addition to Existing Structure.

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McConico

REVISED 1/91