

3117 BEAMAN AV

20106120

7/22/08

marliwr

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

FEE: 100.00 CK# 9765
DATE: 5/17/99 SC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

15487
I J CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 15487

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 20106120. 001

STREET ADDRESS: 3117 BEAMAN

SUBDIVISION OR MOBILE HOME PARK NAME: LEBANON HEIGHTS

LOT NUMBER: ~~20~~ 10

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1600-2200

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

CITY WATER HOOK-UP ON BEAMAN AVE

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 WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: DEESE (LAST) DOROTHEA (FIRST) W. (MI)

ADDRESS: 1711 HWY. 17 So. #584054

CITY: SURFSIDE BEACH STATE: S.C. ZIP: 29575

DAYTIME PHONE: (843) 650-3892

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: KARRES (LAST) BETTY (FIRST) S. (MI)

DAYTIME PHONE: 704 522-0588

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? DECEMBER 27, 1961

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Dorothea W. Deese DATE: 4-1-99

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

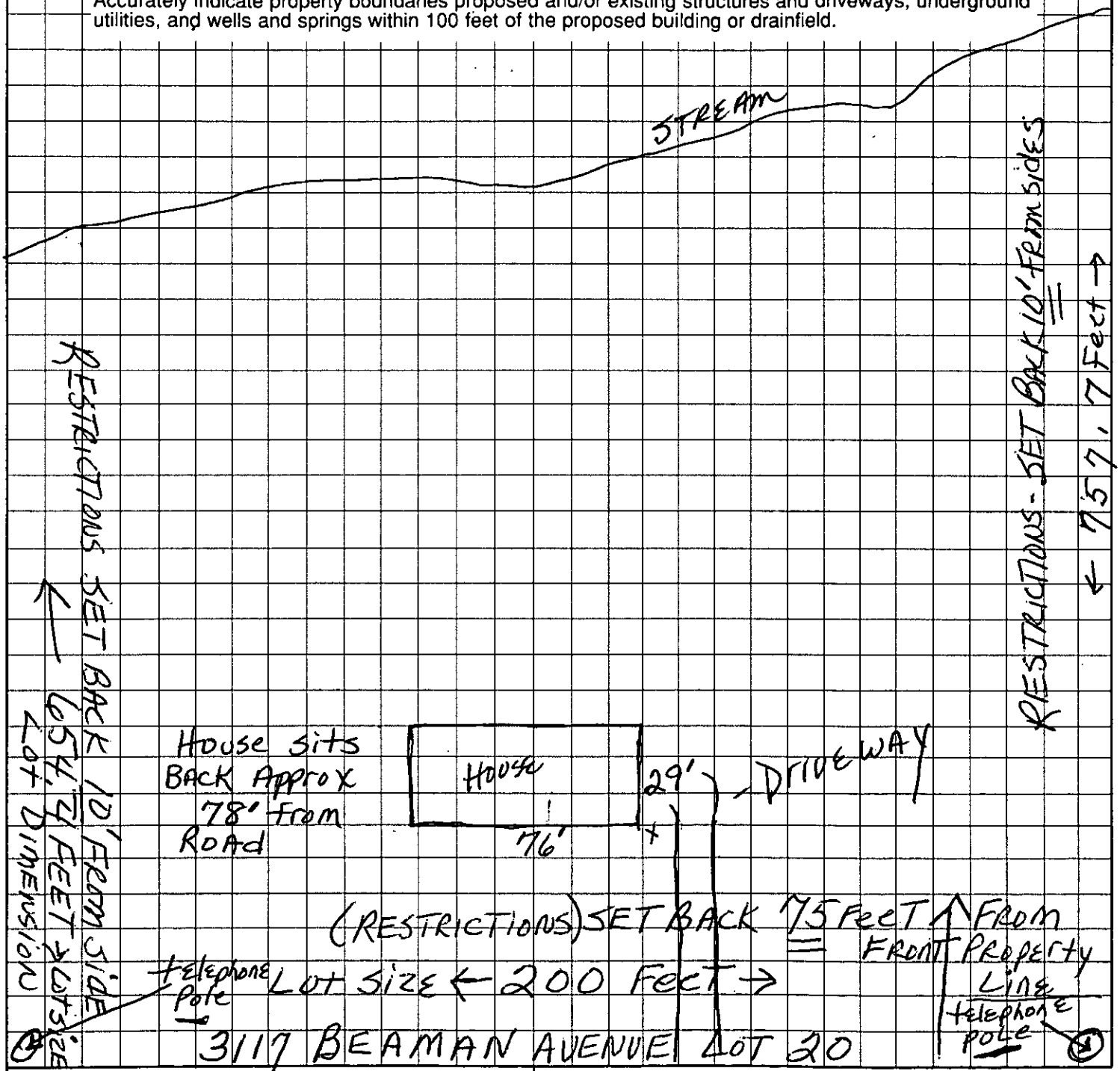
PROPOSED PLOT PLAN

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

FILE: 15487

TC: 201-061-20

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.



OWNER/AGENT SIGNATURE Betty Farris / Coldwell Banker Thouhouse

DATE 4/1/99

APPROVAL DATE _____

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

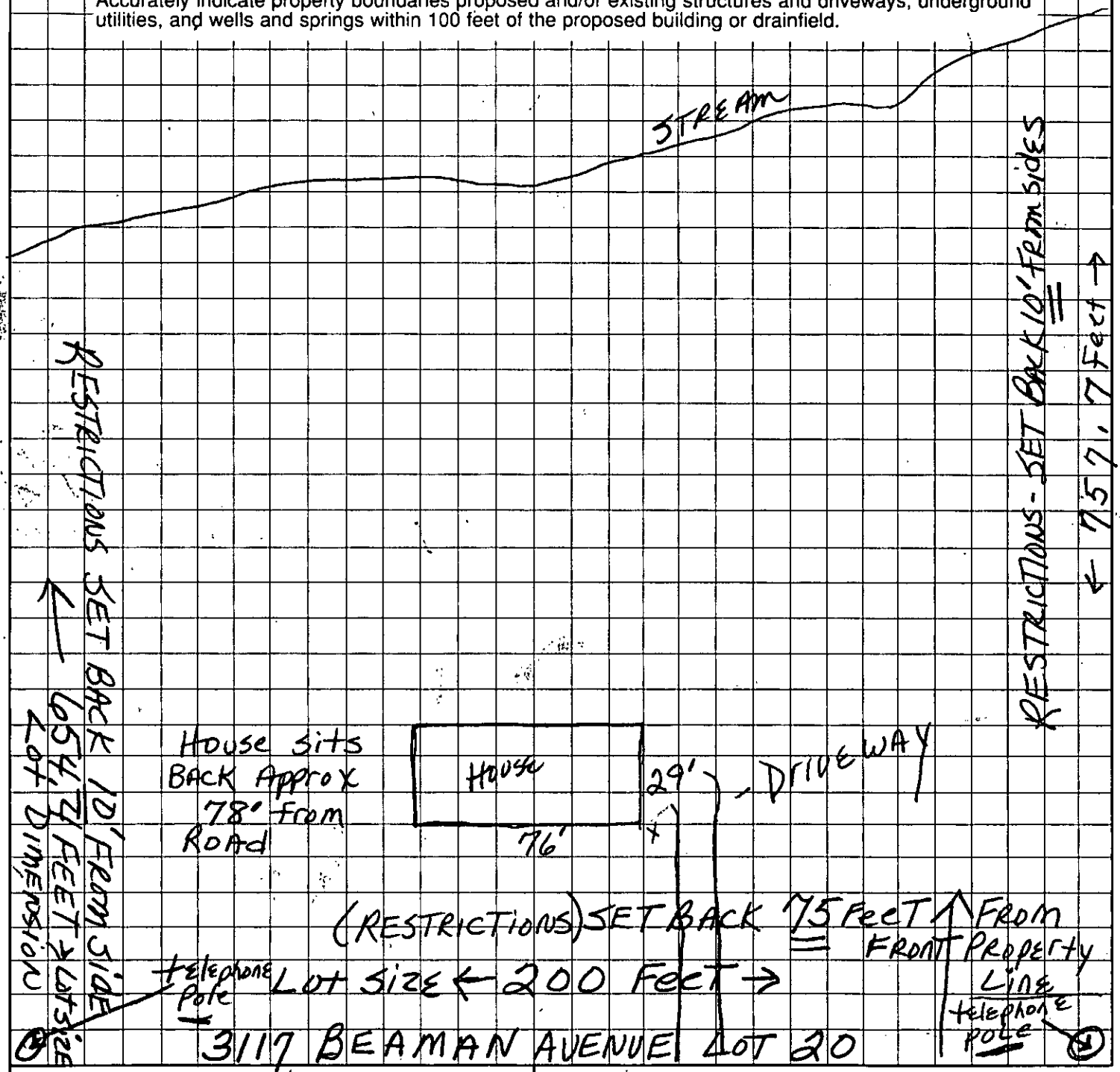
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Betty Farris / Coldwell Banker Thoroughbred

OWNER/AGENT SIGNATURE

DATE 4/1/99

APPROVAL DATE _____

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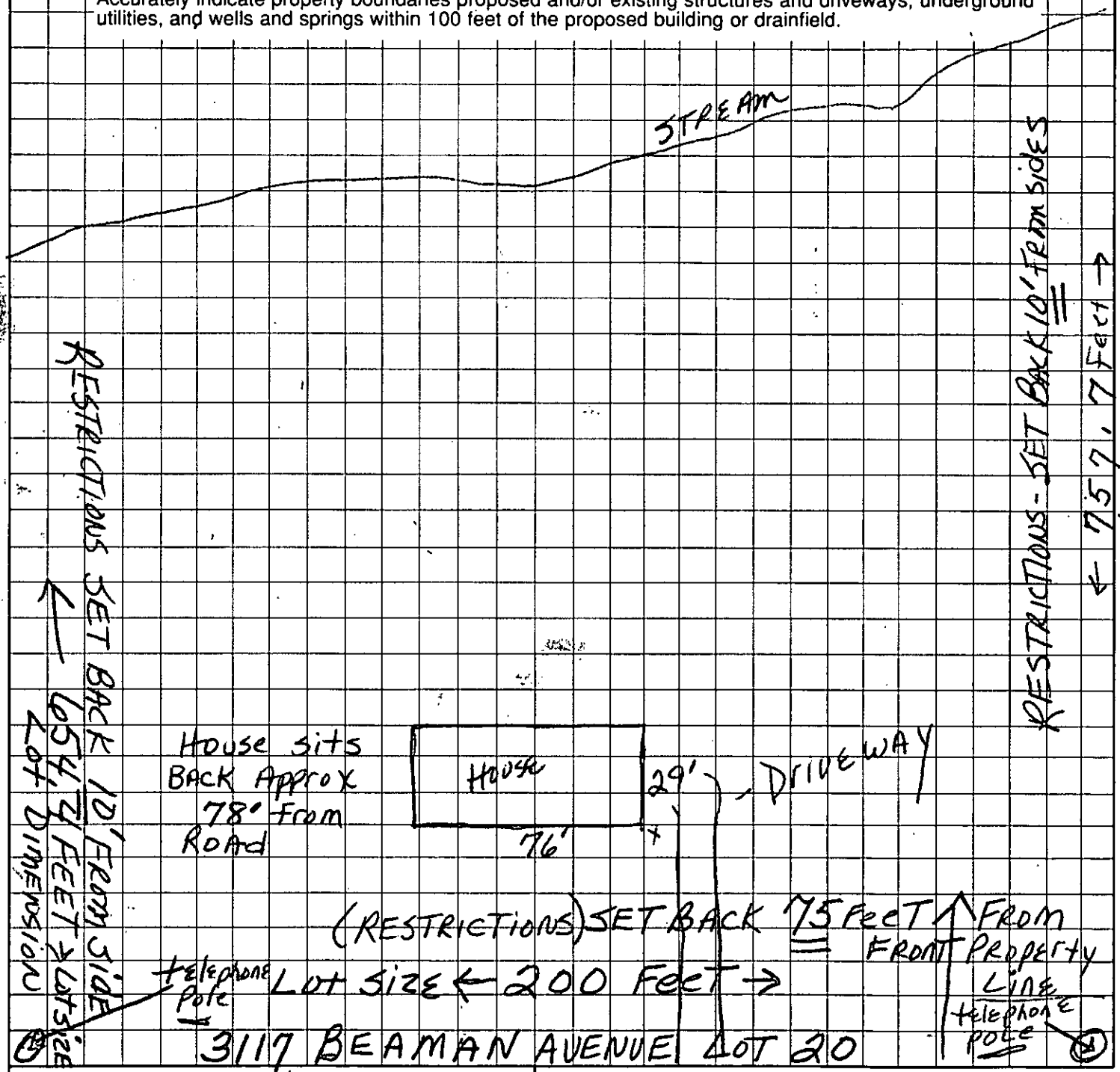
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Britt Farres / Coldwell Banker Houlouse
OWNER/AGENT SIGNATURE

DATE 4/1/99

APPROVAL DATE _____

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TAX PARCEL INFORMATION

PARCEL # 201-061-20 001 ADDRESS 3117 BEAMAN AV
OWNERS NAME DEESE ROBERT D SR &WF DOROTHEA W
MAILING ADDR 1711 HY 17 SOUTH #584 SURFSIDE BEACH SC 295754404
LEGAL DESC L6 BC M9-505

TAX LAND VALUE	40,500	ACRES 3.053	YEAR BUILT 0000
TAX BLDG VALUE	0	HEAT SF	0 ZONING R3
TAX OBLDG VALUE	0	AUX SF	0 PRES USE SINGLE FAMILY R
TAX TOTAL VALUE	40,500	TOT SF	0 FARM HISTORIC

	CURRENT SALE	PREVIOUS SALE	PREVIOUS SALE
SALE DATE	01/71	/	/
SALE PRICE	0	0	0
SOURCE	WD		
DEED BOOK/PAGE	0317 1610		

MUNICIPALITY	MECKLENBURG COU	RES BATH	0 A/C		RESTROOMS 0
TOWNSHIP	STEELE CREEK	RES HBATH		HEAT	FLOORS
SPECIAL TAX		RES BDRM	0	FUEL	APT UNITS 000
FIRE DISTRICT	STEELE CREEK #1	FIRE PLACE			

TAX PARCEL INFORMATION

PARCEL # 201-061-20 001 ADDRESS 3117 BEAMAN AV

BLDG SF	BLDG SF	STRUCTURAL ELEMENTS
0	0	STYLE
0	0	EXTERIOR WALL
0	0	EXTERIOR WALL
0	0	ROOFING STRUCTURE
0	0	ROOFING COVER
0	0	INTERIOR WALL
0	0	INTERIOR WALL
0	* DENOTES HTAR	FLOORING
		FLOORING

THIS INFORMATION MAY BE SUBJECT TO ERRORS AND SHOULD BE VERIFIED BY THE USER.

Mecklenburg County
Health Department

July 2, 1999

Dorothea Deese
1711 Hwy 17 S. #5840SV
Surfside Beach, SC 29575

Re: 3117 Beaman
File: 15487
Parcel: 201-061-20

Dear Property Owners:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY),** .1943 **SOIL DEPTH,** and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

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, and to have the appeal held in Mecklenburg County

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

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

Mecklenburg County
Health Department

Dorothea Deese
1711 Hwy 17 S. #59405
Surfside Beach SC 29575

Re: 3117 Beaman
File: 15407
Parcel: 201-061-20

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Sincerely,

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Individual Water and Wastewater Systems

FEE: NO CHK
DATE: 4/7/99

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ADDRESS: 1711 HWY. 17 So. #584051.

CITY: SURFSIDE BEACH STATE: S.C. ZIP: 29575

DAYTIME PHONE: (843) 650-3892

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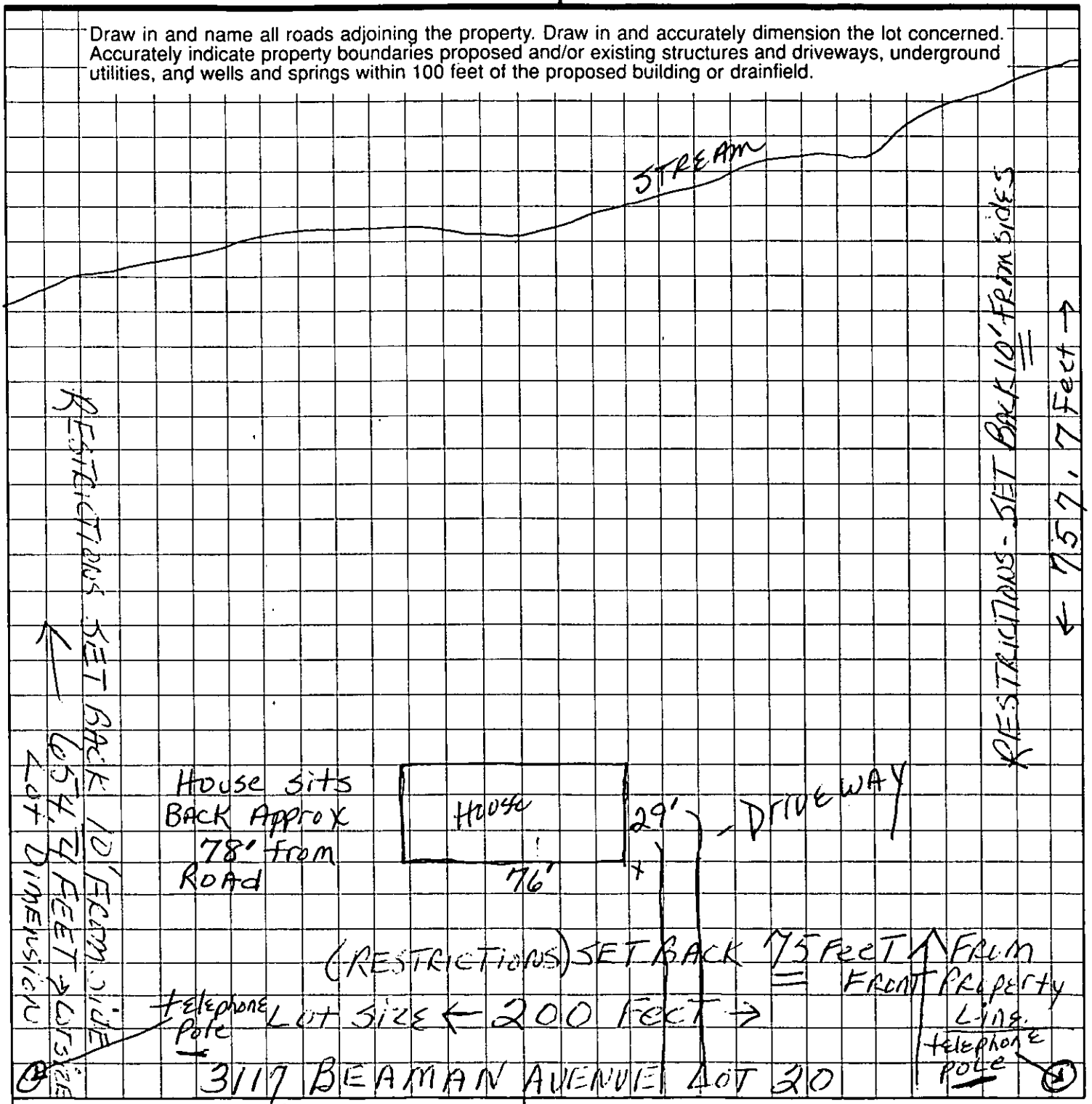
COPY

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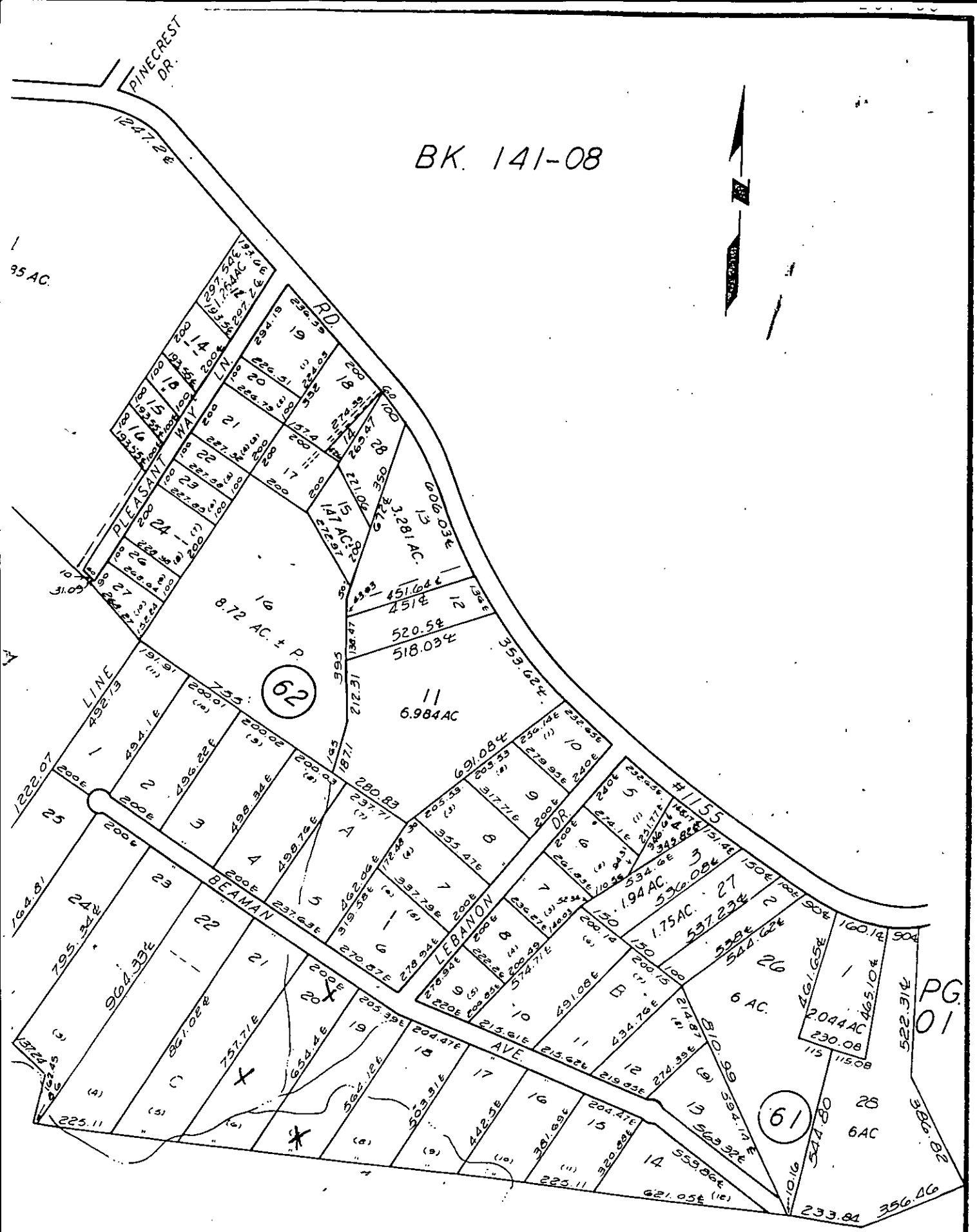
Britt Harris / Coldwell Banker Monteagle

OWNER/AGENT SIGNATURE

DATE 4/1/99

APPROVAL DATE _____

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



TAX LINE MAP BOOK 201 PAGE 06	
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED FEB. 26, 1998 LRG	SCALE 1" = 400'