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) PD 6/15/88
FILE: 20336 Ck# 2930 $50.00
TC:
SERIAL: № 16395 ☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 5901 Beatties Ford Rd. Charlotte (STREET NO / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 037-116-12
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Robert (FIRST) Earl (MIDDLE) GREENE (LAST)
⑨ MAILING ADDRESS: 5833 Crestwood Dr.
⑩ CITY: Charlotte, NC ⑪ STATE: NC ⑫ ZIP: 28216
⑬ PHONE: (WORK) 399-4045 ⑭ (HOME) 568-0661

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Addition

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly (after renovation completed)
㉒ Number of bedrooms? DAYCARE
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? DAYCARE 62 Children 7 Employees 8-5
㉖ Maximum number of employees? 7 Employees
㉗ Maximum number of seats? 5

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: Robert E Greene
Date: 6/15/88

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 the Department.

... This permit is not transferable, and shall become null and void 5 years 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.

SEE INSTRUCTIONS ON BACK

Date Received 12-2-83

ICAR(S) Application No. 20336

T. C. No. 037-116-12

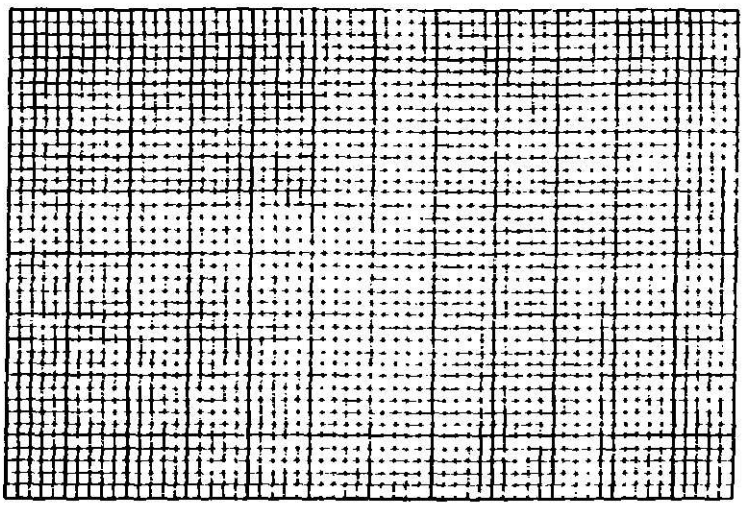
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to 20' X 37' room additions to be added

NA. 1) ___ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes___No
Residence ___Yes___No

4) No of Bedrooms _____
5) Business Use — Max No Employees → Children - 43
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___Yes X No
8) Dishwasher ___Yes X No
9) Water Supply
A) Individual Well X
B) Governmental System _____
C) Community System
1 Well source _____
2 Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ___Yes X No
House located within 200 feet of community sewer ___Yes X No
11) FHA Case No _____
12) VA Case No. _____

13) NAME OF OWNER Aaron (LAST) Ethel (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER ~~5901 Beatties Ford Rd~~ 4631 Belle Plaine Ln 282

15) PHONE NO. Home 535-8627 Office 399-4045

16) LOCATION OF SYSTEM 5901 Beatties Fd Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? Y YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

12/1/83
DATE OF APPLICATION

Ethel W. Aaron
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BI 12-12-83

Date Issued 12-9-83

Serial No. 7046

SIR No. 20336

T. C. No. 037-116-12

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Aaron, (LAST) Ethel (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 4631 Belle Plaine Dr., Charlotte, NC ZIP 28215

LOCATION OF LOT 5901 Beatties Ford Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20336. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*** USE EXISTING SYSTEM ***

R Phelps
Environmentalist

Bill D. Hamilton Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

JUL 15 1985
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY) 20336
FILE: 685A
TC: 037-116-12
L

JOB LOCATION

① ADDRESS: 5901 (STREET NO) Beatties Ford Rd. (STREET) ② FILE:
③ CITY: Charlotte, N.C. ④ TAX PARCEL NO.: 037-116-12
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Ethel (FIRST) Warren (MIDDLE) Aaron (LAST)
⑨ MAILING ADDRESS: P.O. Box 16452
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) 399-4045 ⑭ (HOME) 374-0182

REQUEST

This request is for a(n):

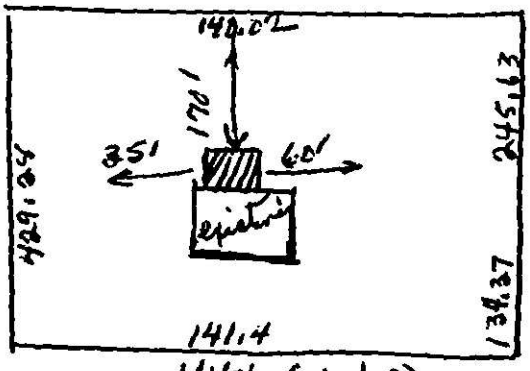
⑮ ☐ New installation permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Authorization for expansion

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☐ no
㉕ Type? Day Care
㉖ Maximum number of employees? 6 Adults 44 children Age 6wk - 5y
㉗ Maximum number of seats? 5

Beattie's Ford Rd.



Move on addition (shaded)

㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉚ The undersigned, owner of the property described above at "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ethel W. Aaron
Date: July 12, 1985

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

6/21/88 PD or # 645 $30.00

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 20336

TC: 037-116-12

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5901 Bottis Ford. Rd.

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

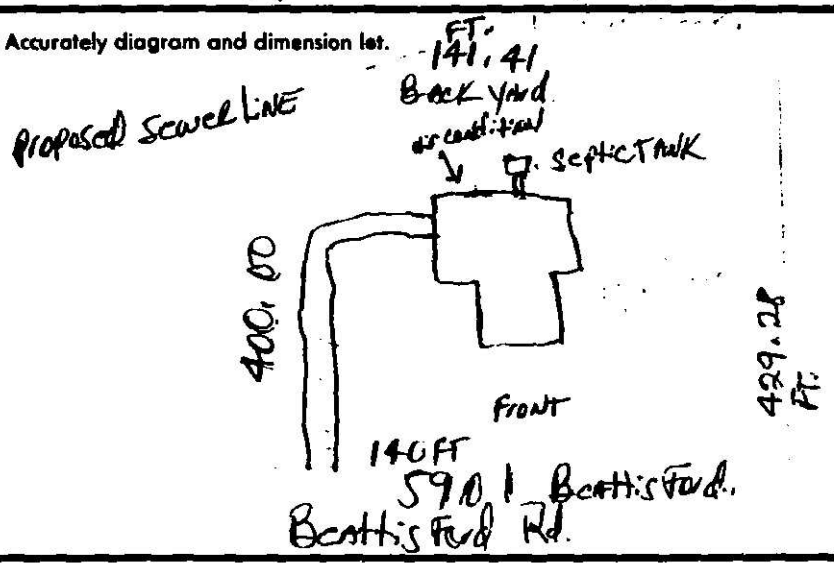
⑦ NAME: Robert (FIRST) E (MIDDLE) Greene. (LAST)

⑧ MAILING ADDRESS: 5833 Crestwood Dr.

⑨ CITY: Charlotte ⑩ STATE: N.C ⑪ ZIP: 28216

⑫ PHONE: (WORK) 399-4045 (HOME) 398 0661

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Robert E Greene.

Date: 6-21-88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Mecklenburg County
Health Department

Basil G. Deitz, M.D., M.P.H.
Health Director

June 23, 1988

Robert E. Greene
5833 Crestwood Drive
Charlotte, NC 28216

Dear Mr. Greene:

RE: Property located at 5901 Beatties Ford Road
FILE: 20336
PARCEL: 037-116-12

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 No. 11826) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11826

File: 20 336 Action 1

Parcel: 037-16-12 ☐ PC

Location: 5901 Beatties Ford Road

Subdivision:

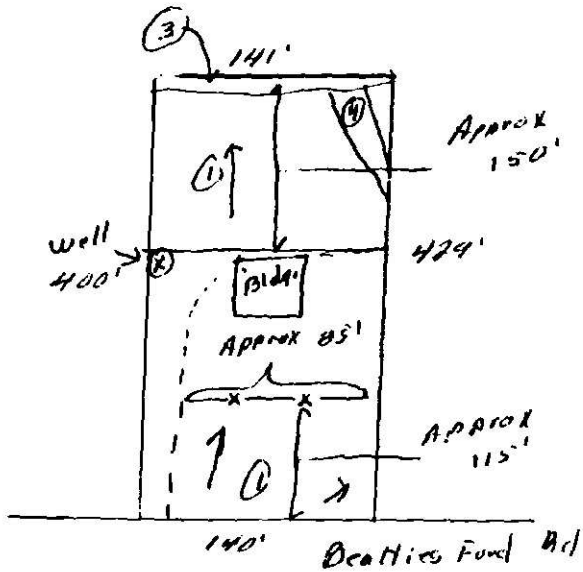
Lot: Block: Acres: Approx .71

Owner: Rober E. Greene
Address: 5833 Crestwood Drive
Charlotte, N. C. 28216

Comments: System may need lift pump

Described by: William R. Martin

Date: 6-23-88



***** 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 10-20 %	(S) PS U 6-12 %	S PS (U) Complex slopes	S PS (U) Depression	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" to water	S (PS) U >36" to water	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	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	WA cecil-like	WA cecil-like	Complex slopes	Depression		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

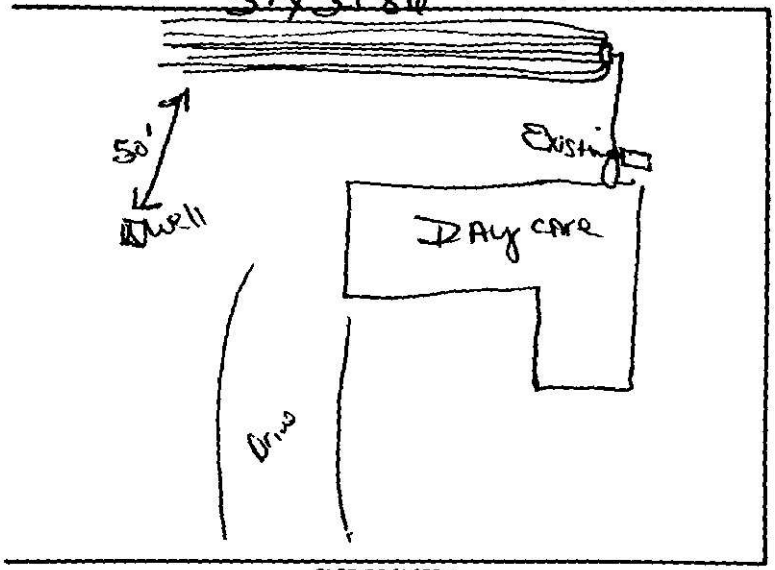
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20336 DATE: 6/27/88

TC: 037-116-12 ☑ L

SERIAL № 12007

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/15/88. All work shall be completed on or before 7/2/88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health 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 ___ gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction ___

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length ~~602~~ 623 feet

Number of Lines 7

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5' feet

Distance from Well 50' feet

NAME OF OWNER Greene, Robert E

LOCATION OF PROPERTY 5701 Beatties Ford Rd

Comments: INSTALL 7 Trenches 3' x 3' x 89' 12" Stone Straw Cover. Tie into existing System with "Y" A Tank outlet utilizing Old System. Distribution to be even ~~into~~ INTO old & new lines

Jim Greene
Division or Section Head

Judy J Kiser RS
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20336 DATE: 7/6/88
TC: 037-116-12 ☒ L ☐ CRT
SERIAL № 11286

Name of Owner Greene, Robert E. Juris.:

Address of Property 5901 Beatties Ford Rd

Inspection Data:

Tank Material Pre Cast

Total Length of Drainfield 623

Number of Lines 7 @ 89'

Cover Depth 24"

Water Supply Source Well

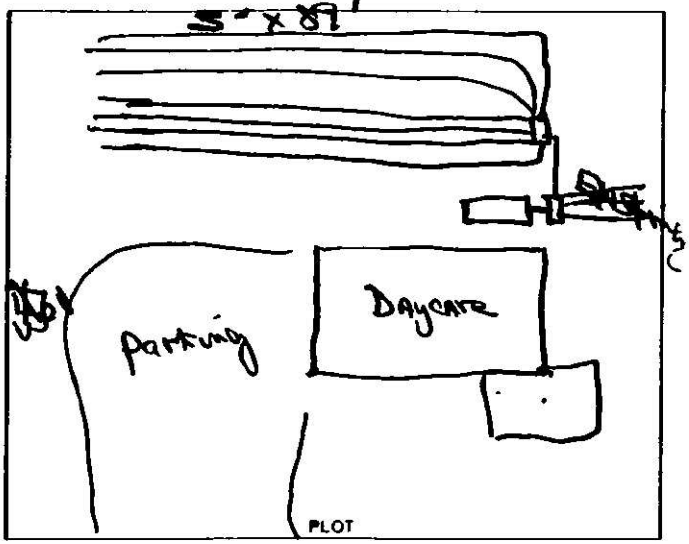
Distance to Water Source 55'

Excavation Inspected 7/6/88

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



Design: 1988 Repair 1869 SFT, 12" Bo, Recil. CTR# 80

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 de~~tailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System upgraded to enlarge daycare License

Judy J Kier, R.S.
Environmentalist

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

Mecklenburg County
Health Department

Basil G. Kelta, M.D., M.P.H.
Health Director

July 7, 1988

MEMORANDUM

TO: Russell Stepp, R.S.
Food, Institution and Lodging

FROM: Judy Kiser, R.S.
On Premises Waste Disposal & Water Supply

RE: Hyde Park Child Development Center
5901 Beatties Ford Road
Charlotte, North Carolina
OPWD File #20336

An installation permit was issued on June 27, 1988 to increase the septic system drainfield by 623 feet to allow for an increase in the day-care license to 62 children and 7 employees. The final approval and certificate of completion was issued on July 6, 1988.

Please note this increase in drainfield does not include additions to the kitchen, i.e. dishwasher, pre-wash.

JK/ir

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: 20336
TC: _____
SERIAL: № 18395

☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5901 Beattsford Rd. Charlotte, NC (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 137-116-12

⑤ SUBDIVISION: NEAR Hyde Park Estate ⑥ LOT: _____ ⑦ BLOCK: 576 Ft. from Corner of Alley

OWNER

⑧ NAME: Robert (FIRST) Earl (MIDDLE) Greene (LAST)

⑨ MAILING ADDRESS: 5833 Crestwood Dr

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28216

⑬ PHONE: (WORK) 394-4015 ⑭ (HOME) 398-0661

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) 2 Classrooms + Office

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? _____

㉓ Maximum occupancy? (69) 62 Kids 7 Adults

㉕ Type? Day Care Center

㉖ Maximum number of employees? 7

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats? 6

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: Robert E Greene

Date: 5-9-89

IMPROVEMENT PERMIT

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

... No work shall be conducted on the septic tank system until a... stallation, Construction, Alteration and/or Repair permit is issued b... Department.

... This permit is not transferable, and shall become null and voi... months from the date of issuance.

Use existing system

Environmentalist — Date

Director or Authorized Section Head — Date 5-25-

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/9/89

Name/Company [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: imp - addition
20336

[illegible]RTMENT
[illegible]MENTAL HEALTH DIVISION
PAID

MAY 9 1989 CK #555

Fee: $ 20.00

[illegible] Completed by

[illegible] Karres Collected by