

11045 BEATTIES FORD RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

17188 ACS 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: Schwaiger Nancy S. (last) (first) (mi)
ADDRESS: 11045 Beatties Ford Rd PHONE: 704 875-1687
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Nancy S. Schwaiger (last) (first) (mi)
ADDRESS: 11045 Beatties Ford Rd PHONE: 704 875-1687
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-031-02
STREET ADDRESS: 11045 Beatties Ford Rd Huntersville N.C. 28078
ZONING: Residential

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):

[redacted]
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Will Raise
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER Will Raise

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: Re-Construction
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] 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: Nancy S. Schwaiger Date: 1-21-2000

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.

... Approval granted for a well house. Use existing system

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

Linda S. Walker RS 1/27/00
Environmentalist Date

WWATER : 122791

Serial No. 4589

Date Issued 3/20/81

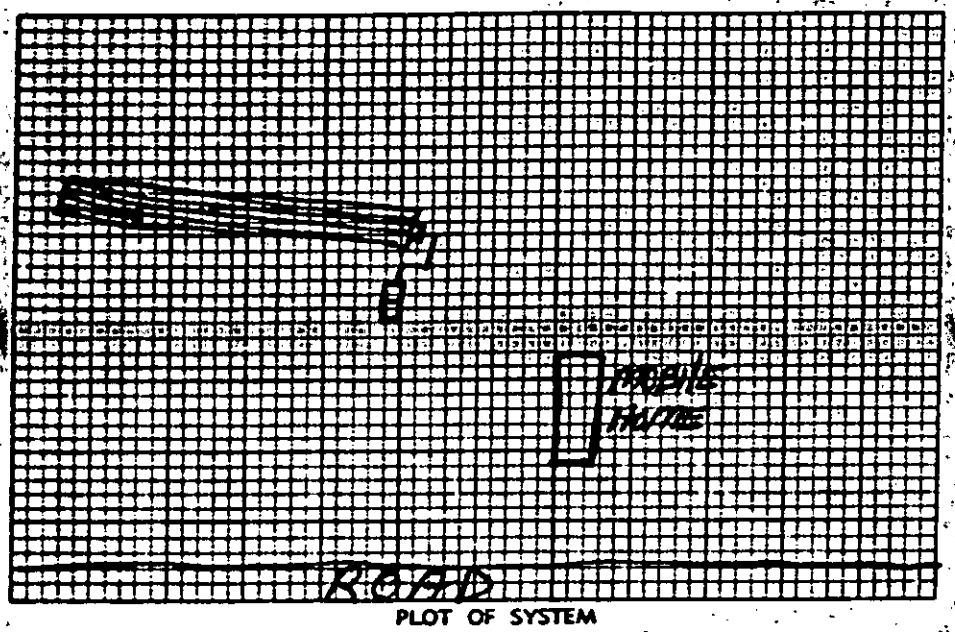
ICAR (S) Permit No. 17188

T. C. No. 023-031-0

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 17188 dated 1/5/81 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4/15/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate UNSUITABLE

Liquid Capacity of Tank 1500gal

Tank Construction P/C

Absorption and/or Nitrification Lines:

Total Line Length 495'

Number of Lines 5

Distance from House >10'

Distance from Property Line >10'

Distance from Well 100'

NAME OF OWNER George B. Schwaiger

LOCATION OF PROPERTY BARKLEY Rd. (OFF BEATTIES FORD)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

15'X99'X17" @ STONE + 6" @ SAND

Comments: use schedule 40 pipe between SEPTIC TANK & D-BOX

Division or Section Head

Environmentalist Adam Wakefield

*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.

Issued [illegible] Environmental Health Department, City

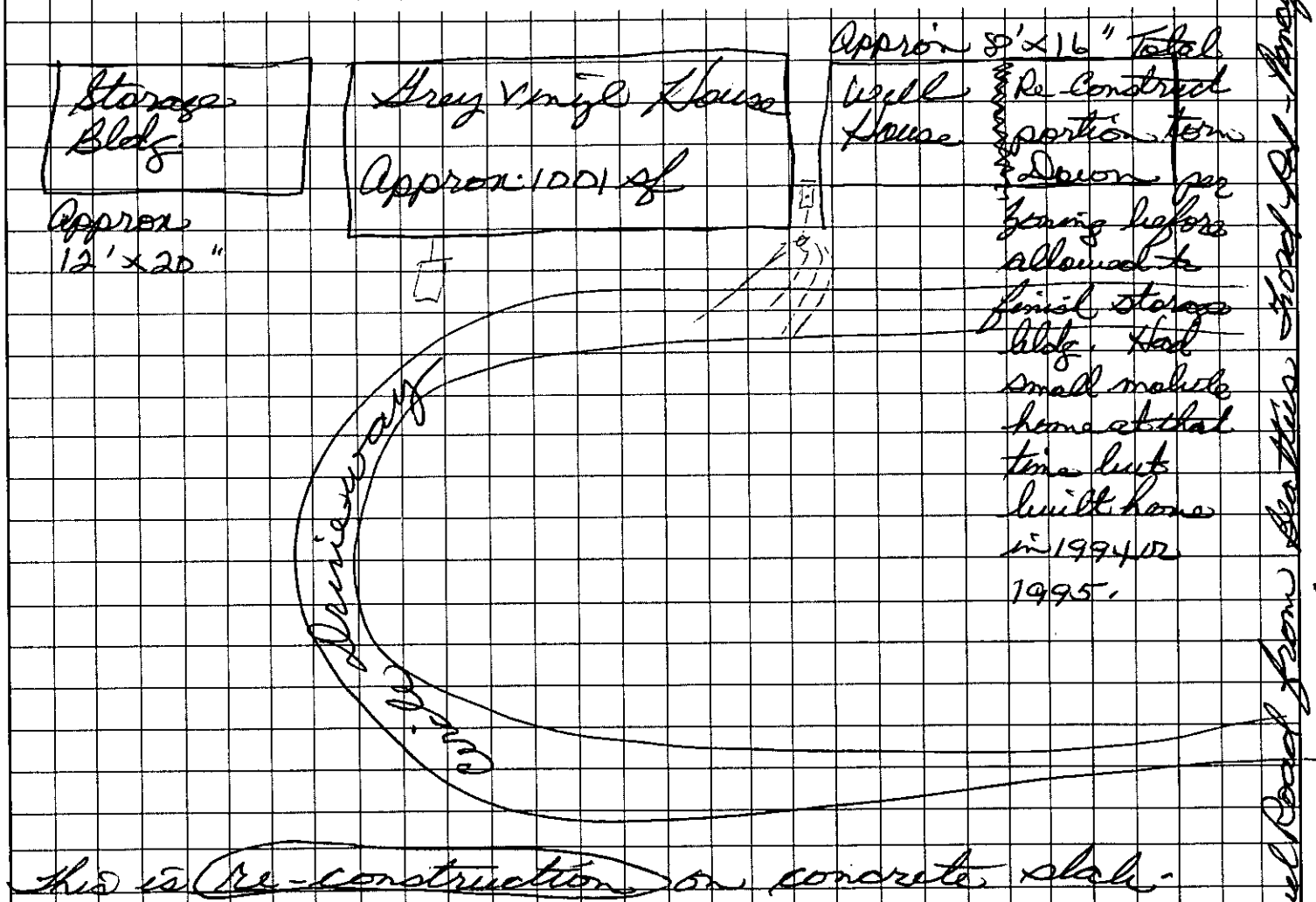
PROPOSED PLOT PLAN

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

FILE: 17188

TC: 123-03-02

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.



This is Re-construction on concrete slab.

Nancy at dead end on left - Grey Vinyl House
5.06 Acres Beatties Ford Road

Nancy S. Schwaiger
OWNER/AGENT SIGNATURE

DATE 1-21-2000

APPROVAL DATE PW

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

Mecklenburg County
Health Department

COPY

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: May 16, 1994

Ref: File #17188/11045 Beatties Ford Road

SUBJECT: Refund

(Mr./Mrs./Co.) Hanley Reynolds originally paid $150.00 for Improvement Permit/change in Septic System on May 5, 1994 check #5707.

A refund should be issued for $100.00 because there was no change in the septic system or lines and the $50.00 fee applies for no change in system.

Please make check payable to: Hanley E. Reynolds
6819 Linda Lake Drive
Charlotte, NC 28215

17,188

Dep #102.00 Rec'd

$150.00

Ck #5707 5/5/94 [ ] 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

Date: MAY 5 1994

PERSON FILING APPLICATION:

NAME: REYNOLDS (last) HANCEY (first) E (mi)

ADDRESS: 6819 LINDA LAKE DR. PHONE: (704) 536-4943

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-031-02

STREET ADDRESS: 11045 BEATTIES FORD RD.

HUNTERSVILLE N.C.

ZONING:

PROPERTY OWNER:

NAME: SCHWALGER (last) NANCY (first) (mi)

ADDRESS: 11045 BEATTIES FORD RD. PHONE: (704) 875-1687

CITY: HUNTERSVILLE STATE: N.C. ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: Lot 1 & 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] 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: Stanley E. Reynolds Date: May 5, 1994

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

Homeowner responsible for fall to septic drainfield.

[ ] 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 S. Walker 5/10/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

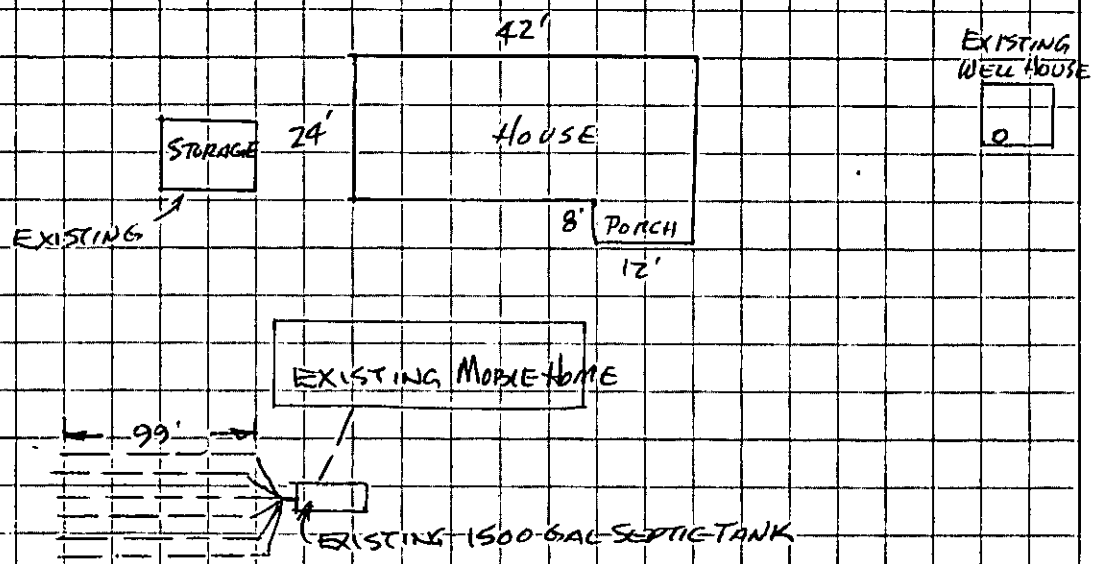
PROPOSED PLOT PLAN

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

FILE: 17188

TC: 023-031-02

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 JW UES 5/10/94

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

PROPOSED PLOT PLAN

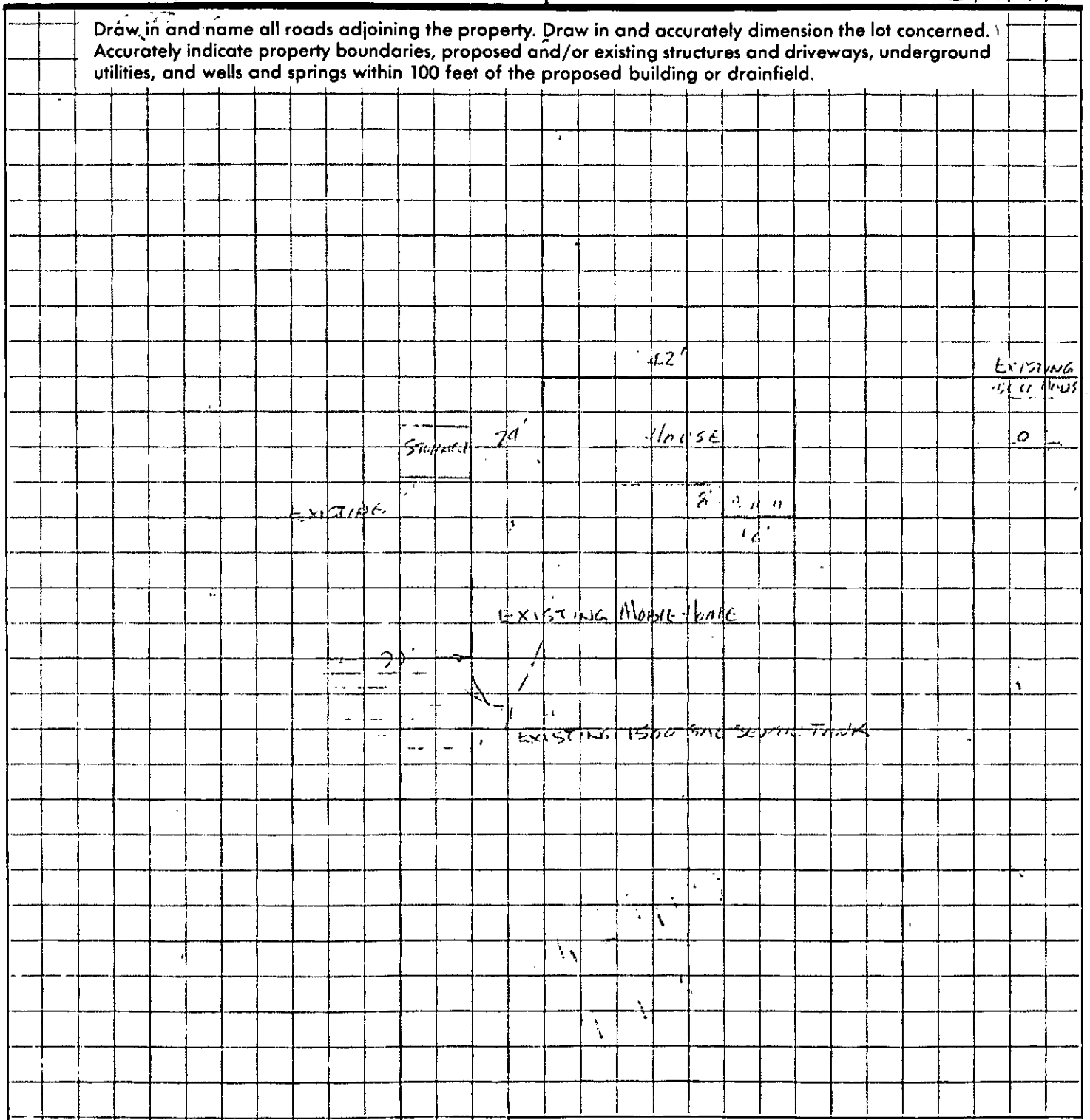
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 17181-02

TC: A23-APP-02

5/5/94

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 RAU UES 5/16/94

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

C of A (s) No. 17188

Date Issued 5/22/81 Serial 4520 T. C. No. 023-031-02

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner: Schwaiger (LAST) George (FIRST) B. (MIDDLE)

Location of Property: Barkley Road

Application Number: 17188 Permit Number: 17188

Inspection Dates:

Liquid Capacity of Tank: 150 gal. Tank Material: precast

Total Length of Drain Tile: 1995' Number of Lines: 5

Depth of Filter Material: 17"+6" Cover Depth: 18"

Water Supply Source: well Distance from Water Source: (100') NOT IN YET

Excavation Inspected: — Tank Inspected: 5/22/81 (DATE)

Nitrification Field Inspected: 5/22/81 (DATE)

Washing Machine Line Inspected, If Applicable: 5/22/81 (DATE)

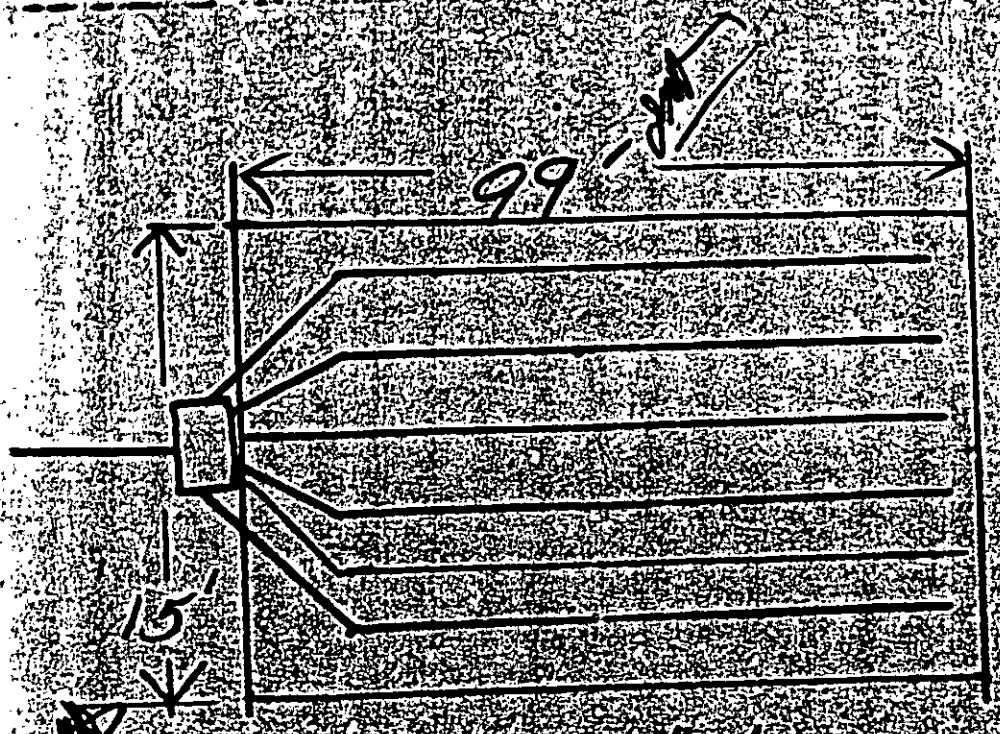
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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:

Approved

HD-3-76

S. I. R.



SEPTIC TANK DRAINFIELD

___ DRAIN PIPE _____ LONG

3 FT. ON CENTERS.

_____ SQUARE FOOT BOTTOM AR

WASHING MACHINE DRAINFIELD

___ DRAIN PIPE _____ LONG

3 FT. ON CENTERS

1365 SQUARE FOOT BOTTOM ARE

9 Bed. 4" Pipe, 17" Stone 6" Sand. 5 Lines. For 3 Bed Room House Latte

Now for 2 Bed Room Tr



Std" MINIMUM COVER

1" STONE OVER PIPE

4" DRAIN PIPE

12" STONE UNDER PIPE

6" SAND

SUBMITTED FOR CONSIDERATION AND APPROVAL:

1045 Beattie

PROPERTY LOCATION

L B Schwager 131

OWNER'S SIGNATURE DATE

334 4302

1919 Bay St.

Charlotte NC

28204

3/20/81

Serial No. 4589

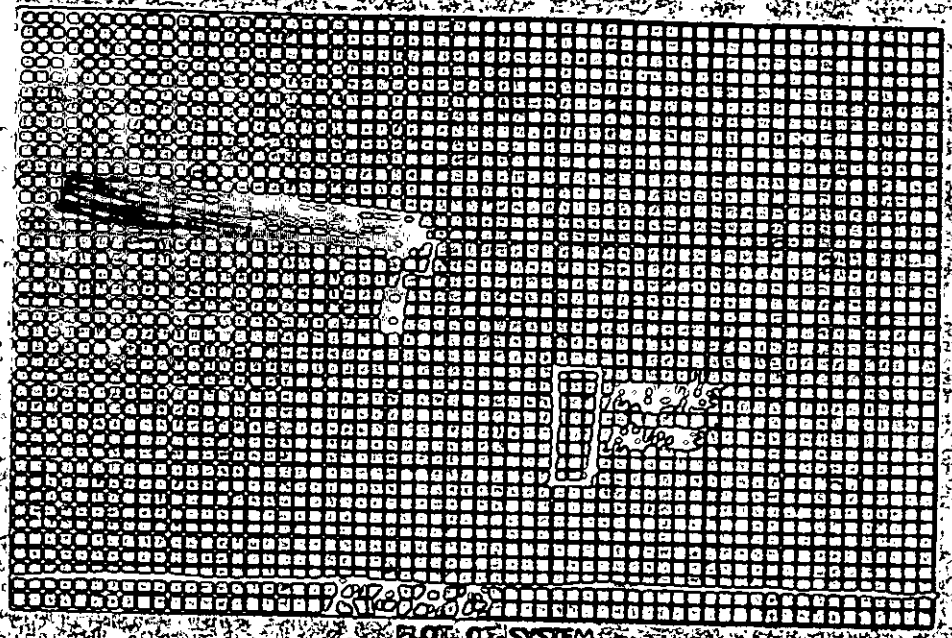
ICAR(S) Permit No 17188

T. C. No. 023-05-

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X Install or Construct, ___ Alter or Repair the individual septic tank waste-water disposal system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 17188 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4/15/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate unsuitable

Liquid Capacity of Tank 1500 gal

Tank Construction P/C

Absorption and/or Nitrification Lines:

Total Line Length 495'

Number of Lines 5

Distance from House >10'

Distance from Property Line >10'

Distance from Well 100'

NAME OF OWNER George B. Schwinger

LOCATION OF PROPERTY Barkley Rd. (off Beatties Ford)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered inaccessible or can be used. The issuance of this permit does not in any way guarantee that the system as it is 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.

[illegible] 1/2 mile N.E. of State Rd 1160 and

[illegible] Rt. 3 Box [illegible]

[illegible] John Whitfield

[illegible] by the division or a representative of the En-

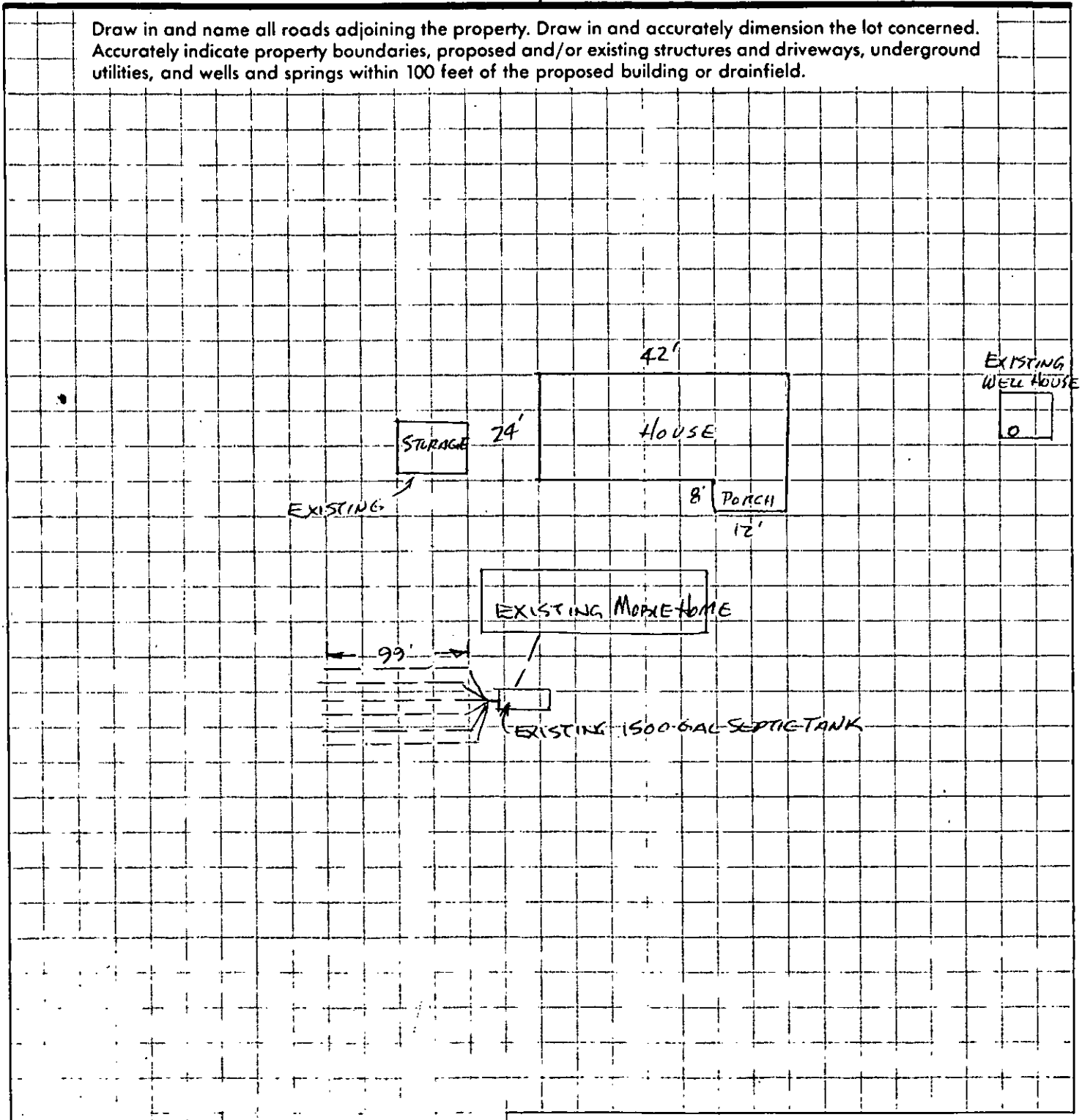
PROPOSED PLOT PLAN

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

FILE: 17188

TC: 023-031-02

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