

11417 MOORES CHAPEL RD

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 35588 DATE: 5-31-95

TC: 053-184-13 ☐ L ☐ CRT

SERIAL № 12945

Name of Owner Jim Beatty

Address of Property 10417 Moores C

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 3 @ 100

Cover Depth —

Water Supply Source N/A

Distance to Water Source 10' OFF WATER LINE

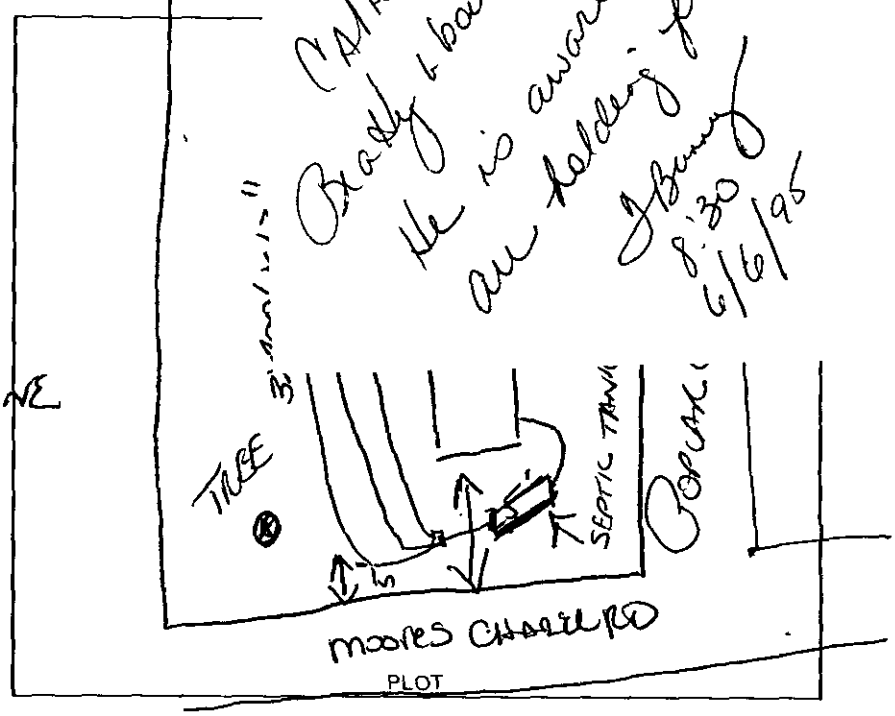
Excavation Inspected 5/31/95

Tank(s) Inspected 5/31/95

Wash Line Inspected —

High Water Alarm Inspected —

Called Mr. Beatty about he is aware we are holding final. J Bunn 8:30 6/6/95



Design: 1500 ST, 900 SQ FT, T, 12"G, Cast-Iron. CTR# Dennis Joye

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

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 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: Repair Area not required.

Type II B

M Coleman for Dennis Program Chief 6-6-95

Jane Higgins Bunn, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

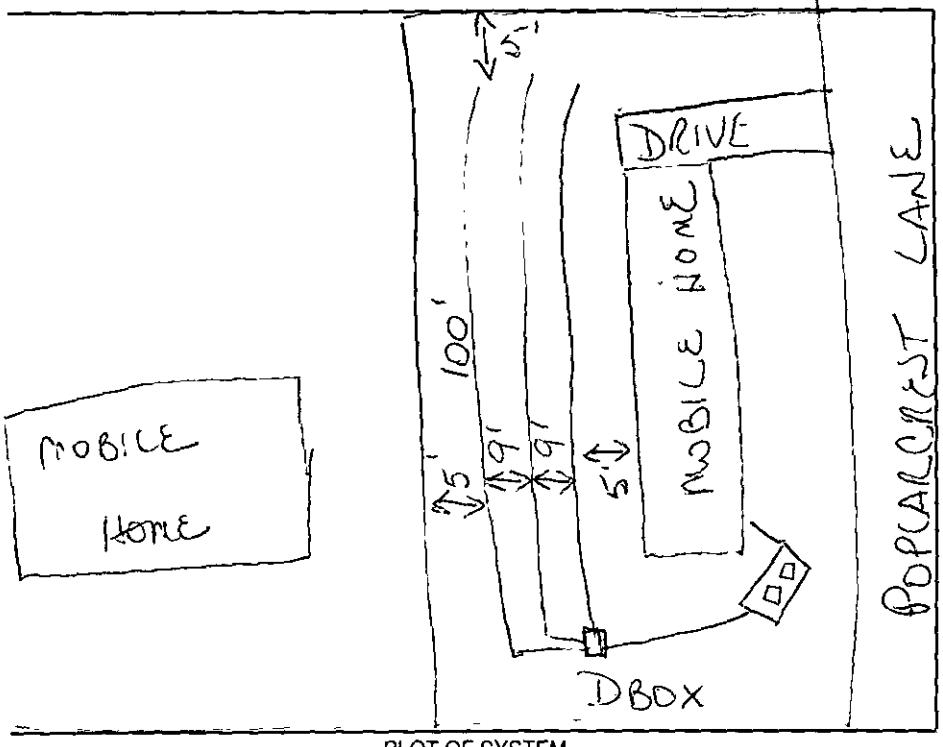
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3558B DATE: 5/31/95

TC: 053-184-13 L

SERIAL Nº 16224

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 5/31/95. All work shall be completed on or before 6/30/95, 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

Moores Chapel Rd.

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width ~~24"~~ 3' feet

Trench Walls Scored and Porous NO

Total Line Length 300' feet

Number of Lines 3

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well N/A feet

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

NAME OF OWNER Jim Beatty

LOCATION OF PROPERTY 10417 Moores Chapel Rd.

Comments: 1500 SEPTIC TANK @ 3 x 100' x 12", (1) DBOX, INSTALL SYSTEM ON CONTOUR

Waiver of Sanitarian's Liability 6-6-95

Joni Higgins-Bunn R.S.
Environmental Health Specialist

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

(704) 399-1397

Jim Beatty & Associates

Real Estate Sales

Jim Beatty
Broker in Charge

P.O. Box 667397-7397
Charlotte, N.C. 28266

3558B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: BEATY (last) JAMES (first) M. (mi)
ADDRESS: 10121 MOORES CHAPEL RD. PHONE: (W) 359-1397
CITY: CHAR. N.C. STATE: ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-184-13
STREET ADDRESS: 417 Moores Chapel Rd
ZONING:

PROPERTY OWNER:
NAME: BOLTON (last) JOHN (first) B. (mi)
ADDRESS: 3646 ENFIELD RD. PHONE: (704) 391-8015
CITY: CHAR. STATE: N C ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME: WESTWOOD FOREST

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

LOT NUMBER: #69 LOT SIZE (in acres):

TYPE APPLICATION (check one):
- [x] 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)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 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):
- [x] Community (C)
- [ ] Municipal (M)
- [ ] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [x] None
- [ ] 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: Jim Beaty Date: 4-27-95

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.

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

...Install 267 of conventional drainage

(3) 3'w x 89' x 12" Type IIa

100% repair not required

lots recorded in 1968

Danny B. Thomas R.S. 5-15-95
Environmentalist Date

S Bateman for S Daniel Program Chief 5-24-95
Director or Authorized Section Head Date

See deed in file 3557B copy

WATER · 12/91

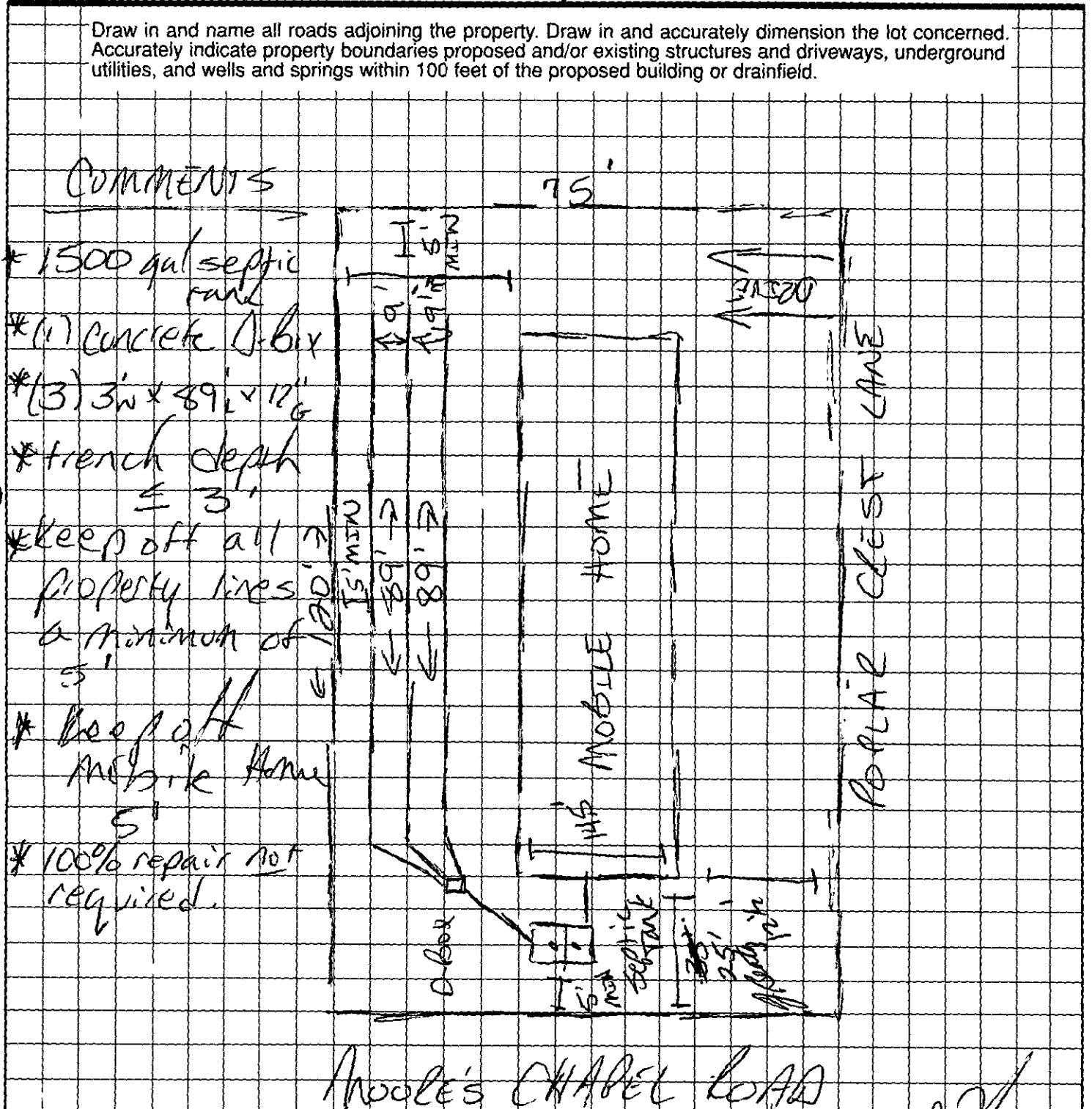
PROPOSED PLOT PLAN

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

FILE: 3558B

TC: 053-184-13

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 Jim Keith

DATE 5-15-95

APPROVAL DATE 5-15-95 R. Thompson

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028571

File: 3558 B Action 1

Parcel: 053-184-13 ☐ PC

Location: Moores Chapel Road

Subdivision:

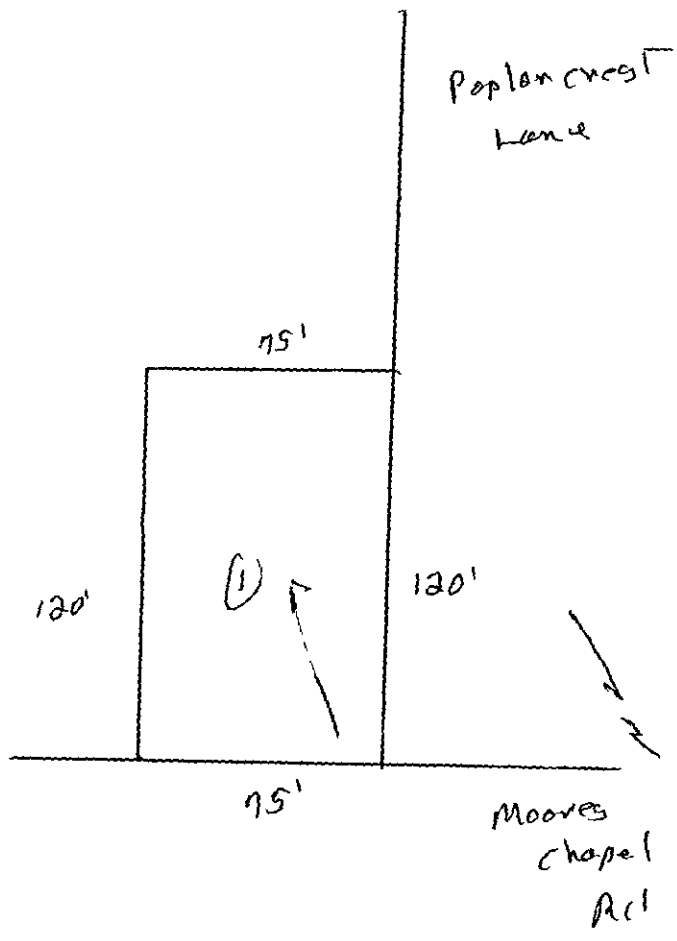
Lot: 69 Block: Acres: .21

Owner: John B. Dalton
Address: 3646 Enfield Road
Charlotte, N.C. 28205

Comments: .3gal/ft²/day LTAR

Described by: William R. Marlin

Date: 5-10-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Ex. clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >45" soil to wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 45"H	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >45"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	XL Cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028571

File: [illegible] Action _____

Parcel: 153-164-13 ☐ PC

Location:

Subdivision:

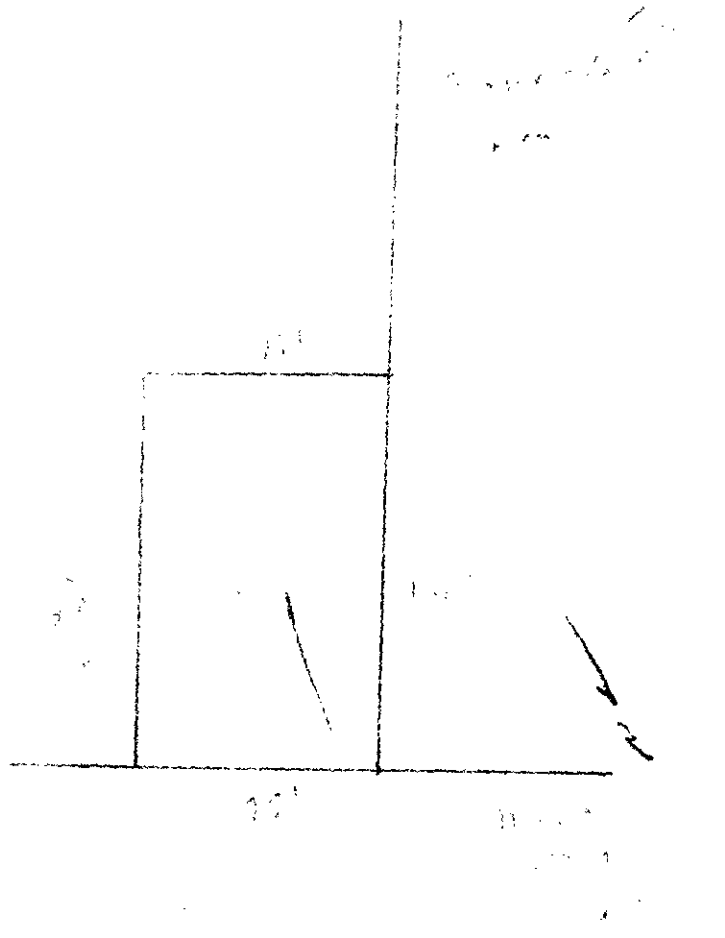
Lot: | Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: 5-16-25



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/16/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER # 053-184-13

ASSIGNED ADDRESS 11417 Moores Chapel Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Mobile Home Hook up

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

LOT #69