

7117 BEATTIES FORD RD

03709105

5/20/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Philo AG Paid 4/25/01 RF AP 074570 $100 [X] 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 2400

PERSON FILING APPLICATION:
NAME: SLACHOLAK (last) JOHN (first) D. (mi)
ADDRESS: 7117 Beatties Ford Rd PHONE: (704) 398/2053
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

Date:

PROPERTY OWNER:
NAME: SLACHOLAK (last) JOHN (first) D (mi)
ADDRESS: 7117 Beatties Ford Rd PHONE: (704) 398-2053
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-09-105
STREET ADDRESS: 7117 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):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION, GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Decks

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: 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):
[ ] 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 [X] 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: John D. Slacholak Date: 4/25/01

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 deck addition

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

Philo A. Walker RS. 5/1/01
Environmentalist Date

WATER : 122791

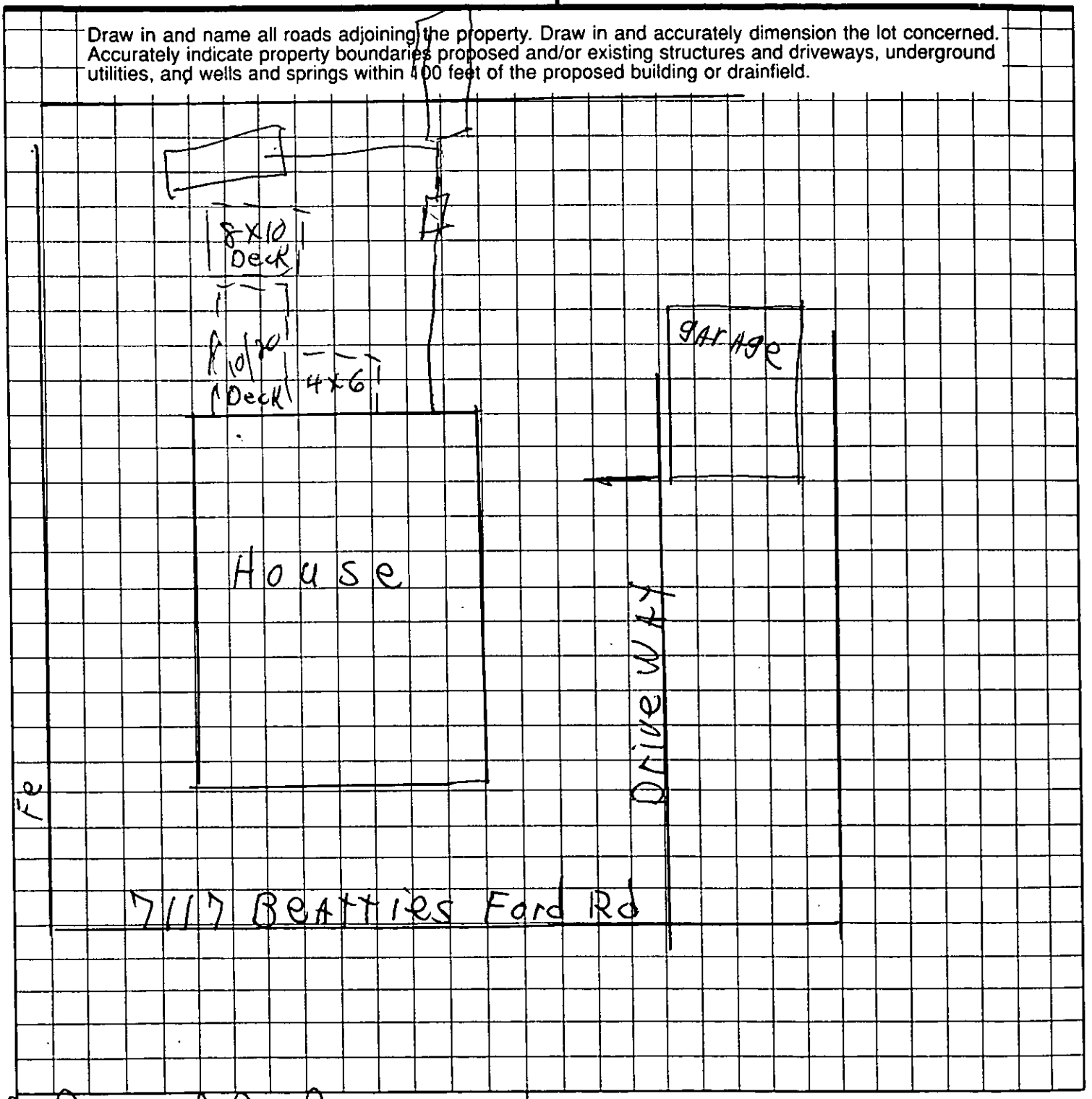
PROPOSED PLOT PLAN

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

FILE: 2400

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 400 feet of the proposed building or drainfield.



John O. Hedrick
OWNER/AGENT SIGNATURE

DATE 4/25/01

APPROVAL DATE _____

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

Serial No

MECKLENBURG COUNTY HEALTH DEPARTMENT

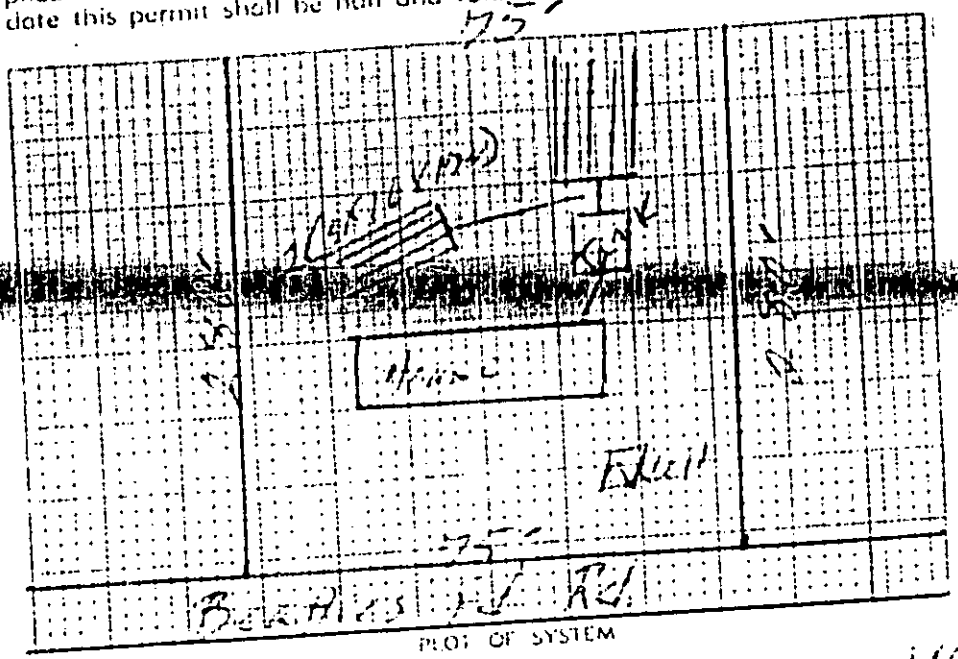
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Disposal

File

Permit is hereby given to [illegible] to Install or Construct, Alter or Repair [illegible] water treatment system with subsurface, soil absorption effluent discharge [illegible] scribed location. This permit is granted based upon the information supplied on the application dated 3/4/71 and this permit shall be void and of no effect if the information in the application is not true or is erroneous. All work shall be completed on or before 2-4-71 date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption Area

Total Line Length

Number of Lines

Distance from

Distance of Lines to

Distance from

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system [illegible] to be constructed in accordance with requirements as set forth [illegible] Certificate of Approval [illegible] by the Health Department [illegible] Mecklenburg County Board of Health.

Comments:

2 (5' x 16' x 51")

2

Serial No. 133

Date Issued 11/15/71

2400.
037-091 05
~~2400~~

11/18/71

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Moore, Helen Wallace
LAST FIRST MIDDLE

Location of Property Beatties Ford Rd.

Application Number 2400 ~~1483~~

Permit Number 1483

Inspection Data:

Liquid Capacity of Tank ———

Tank Material ———

Total Length of Drain Tile 100'

Number of Lines 2 (5'X16'X1')

Depth of Filter Material 51"

Cover Depth 1½'

Water Supply Source Well

Distance from Water Source 50'

Excavation Inspected 11/15/71
DATE

Tank Inspected ———
DATE

Nitrification Field Inspected 11/15/71
DATE

Washing Machine Line Inspected, If Applicable ——— DATE

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption of 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 Board of Health 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. The Certificate of Approval shall be null and void if any information contained in the application is incorrect or if any changes are made to the property which would increase the requirements for said system.

Comments:

Sanitarian

SEE INSTRUCTIONS ON BACK

Date Received [illegible] 71

ICAR(S) Application No [illegible]

T. C. No

Map Date

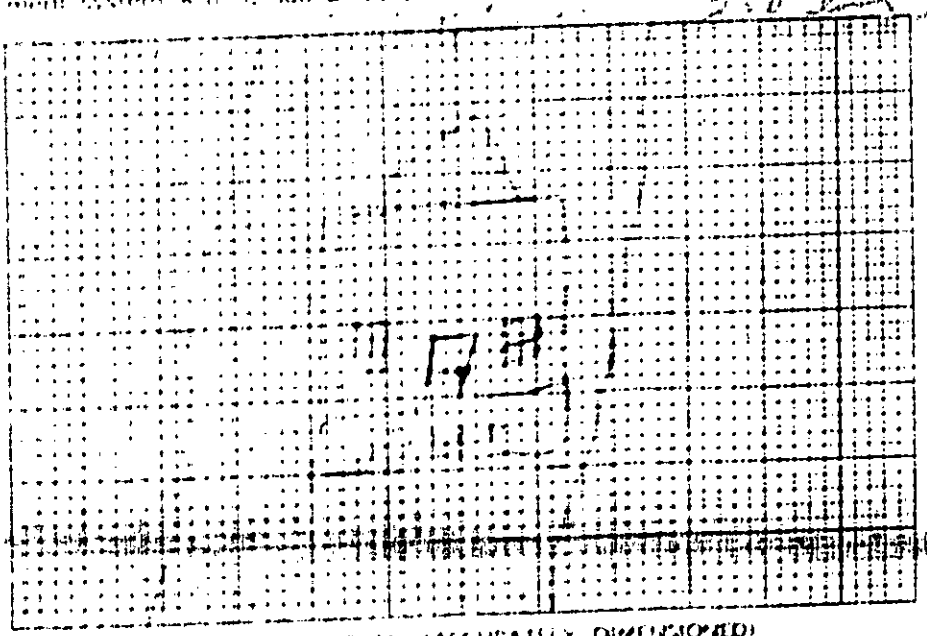
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

The owner of real property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1 Install or Construct 2 Alter or Repair an individual septic tank wastewater treatment system with a sub surface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees

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 [illegible] FIRST MIDDLE

14) ADDRESS OF OWNER [illegible] Office

15) PHONE NO. [illegible]

16) LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17) SUBDIVISION Lot No Block No

18) DEED BOOK Page No

19) PLAT BOOK AT PAGE

20) WILL SYSTEM BE CONNECTED TO PUBLIC SEWER IN THE FUTURE? YES X NO DATE RUN

21) [illegible]

I, the undersigned, certify that he has read the foregoing application and that the contents thereof are correct to the best of his knowledge and belief, and that any permit applied for herein shall be void and of no effect if any of the statements herein are not true.

OWNER

DATE OF APPLICATION

DEPARTMENT'S COPY