

4551 BEATTIES FORD RD

03929204

6/3/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7926 DATE: 12/2/05

TC: 039-292-04 ☑ L ☐ CRT

SERIAL Nº 20041

Name of Owner MARTIN MARIETTA Juris.: _____

Address of Property 4551 BEATTIES FORD ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 555'

Number of Lines 6 @ 92'

Cover Depth 12"

Water Supply Source MUNICIPAL

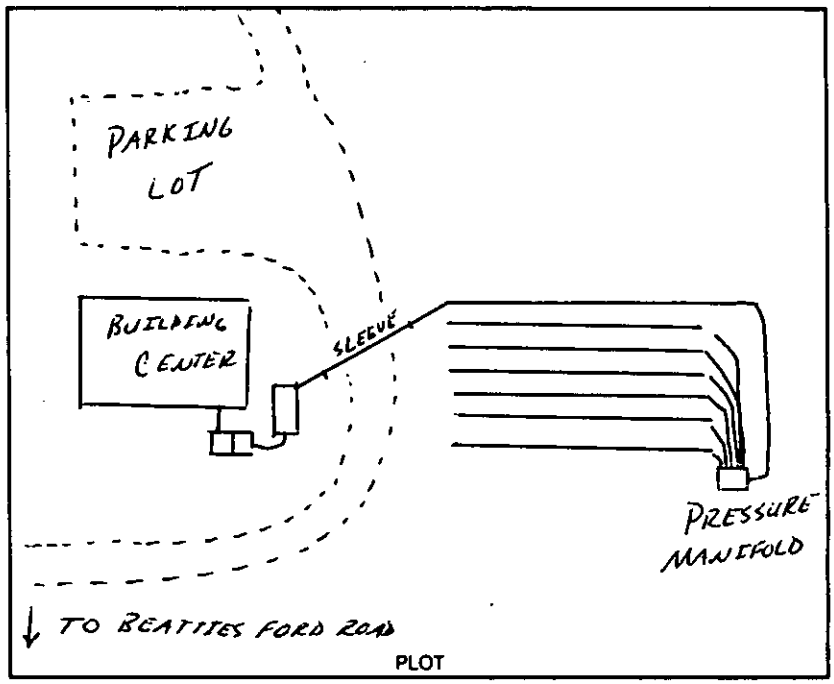
Distance to Water Source NA

Excavation Inspected 12/2/05

Tank(s) Inspected 12/2/05

Wash Line Inspected —

High Water Alarm Inspected 12/2/05



PLOT

Design 1500 ST, 1000DT, P1, 1656 SFT, CON, P.M. CTR# RCS

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: 20 EMPLOYEE MEETING CENTER

6 lines x 92' x 3' x 12" STONE

TYPE IIIb Pump To Convent-Panac System

Tommy Mecks, R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

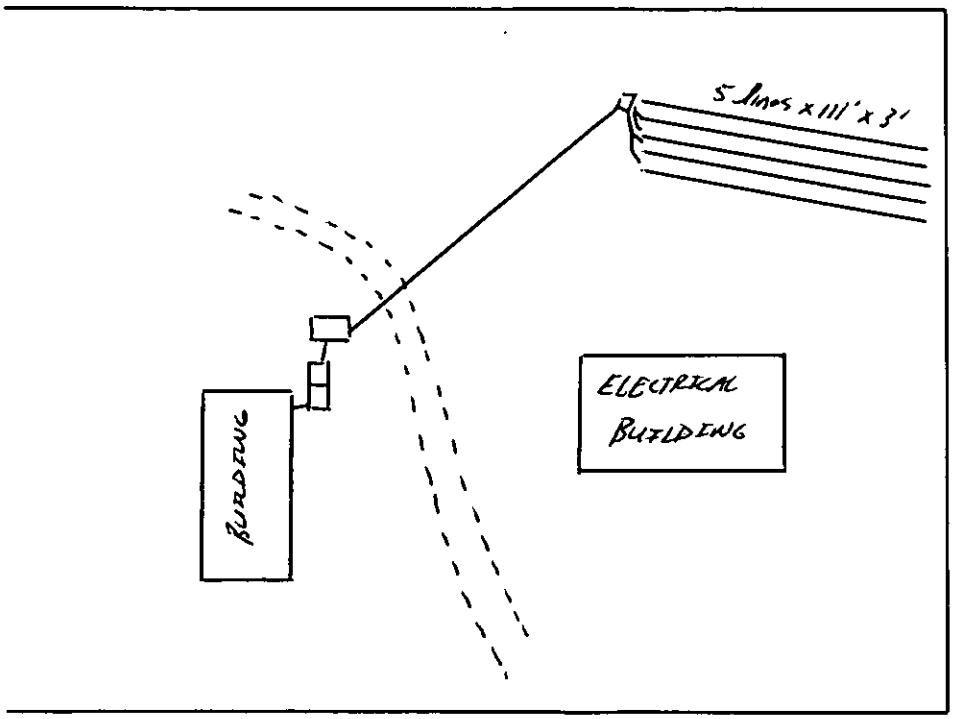
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7926 DATE: 11/7/05

TC: 039-292-04 ☑ L

SERIAL 19885

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 5/14/03. All work shall be completed on or before 12/7/05, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 555' feet

Number of Lines 5 x 111'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER MARTIN MARIETTA MATERIALS

LOCATION OF PROPERTY 4551 BEATTIES FORD ROAD

Comments: 20 EMPLOYEE BUILDING CENTER

INSTALL 5 LINES X 111' X 3' X 12" STONE W/ PRESSURE MANIFOLD

TYPE IIIb PUMP TO CONVENTIONAL SYSTEM

Tommy Mickle, R.S.
Environmental Health Specialist

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

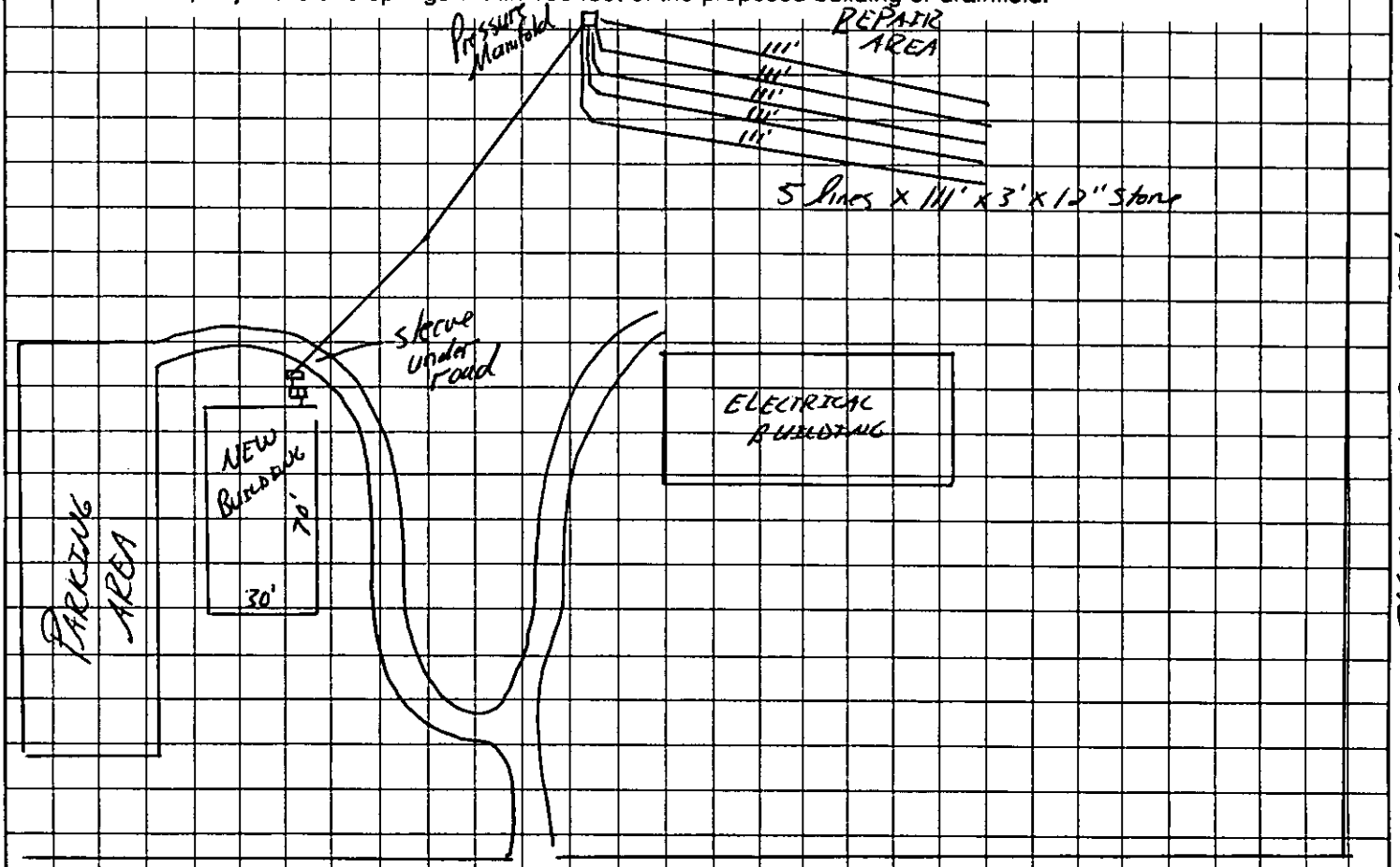
PROPOSED PLOT PLAN

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

FILE: 7926

TC: 039-292-04

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.



Comments:

→ System designed for a 20 employee building center (500 Gallons Per Day)
→ 1500 gallon septic tank, 1000 gallon Pump Tank
→ Install 5 lines x 111' x 3' x 12" stone (555 LF) w/ Pressure Manifold
→ Type III b Pump to Conventional System and Repair

A H Barksdale
OWNER/AGENT SIGNATURE

DATE 13 JUN 03

APPROVAL DATE Jimmy Mickle R.S.
6/13/03

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

Paid total 6/11/03

FEE: 51 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS
DATE: **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 13 Jun 03 PERMIT NO: 7926
PARCEL NO: 039-292-04

JOB LOCATION ADDRESS: 4551 Beatties Ford Road
PROPERTY OWNER: Martin Marietta Materials, Inc.
BUILDING CONTRACTOR:
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Terry Mecklin R.S. DATE: 6/13/03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7926, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

A K Barksdale 13 Jun 03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 7926

Tax Number: 039-292-04

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	500 Max gallons/day wastewater flow	1665 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	555 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence 20 employee building	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions:				

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1665 Absorption Area (Sq ft) 555' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t
Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in eff
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 Departme
- This Improvement permit is transferable.

Tommy Mecklen R.S. 6/13/03

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 039-292-04
Lot #:
File #: 7926
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Martin-Marietta Materials, Inc.
Applicant: Drew Barksdale
Address: PO Box 24063, Charlotte, N. C. 28224
Date Evaluated: 06/10/2003
Proposed Facility: Employee center
Design Flow (.1949): 500gpd
Property Size: .25a. Inv.
Location of Site: 4551 Beatties Ford Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-6	GR/SCL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	N/A	NONE	PS, IV
		6-49	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-4	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		4-49	SBK/C	FI/SEXP/S/P					
3	"	0-7	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		7-49	SBK/C	FI/SEXP/S/P					
4	"	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		7-48	SBK/C	FI/SEXP/S/P					
5	"	0-7	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		7-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

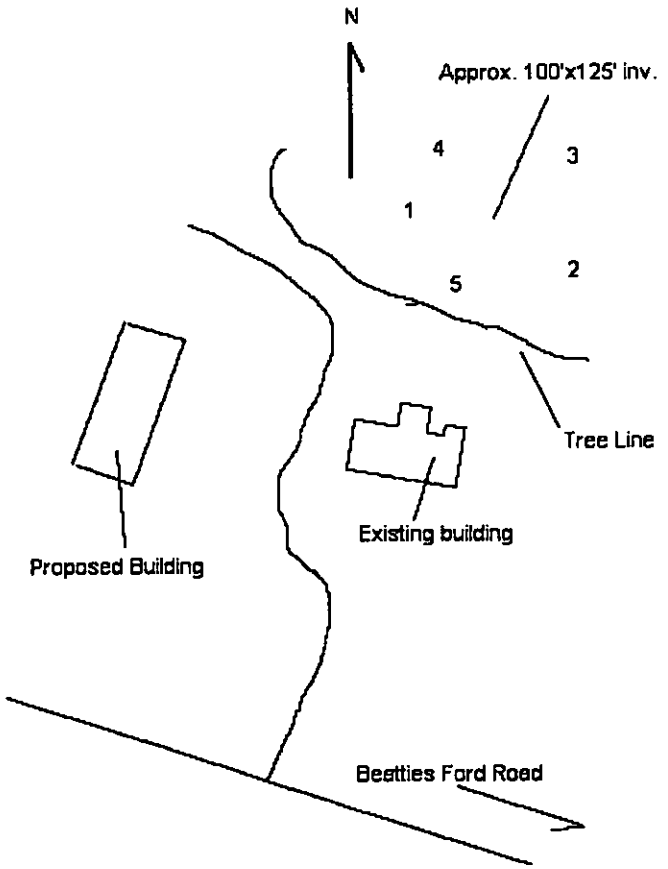
Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/11/2003. W. R. Marlin
Others Present: G. Craig, D. Barksdale

FILE # 7926

COMMENTS: Not sure if 100% repair required

LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



Customer's Account
was credited for
$400.00 on 6/14/05

6/13/05 charged $400 To account nsb

GWS- COM. APP 12/04

PERMIT APPLICATION FOR A COMMERCIAL / INDUSTRIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

EHSI

FILE # 7926

SEPTIC FEE: $400.00
DATE: 6/13/05
CRT [ ] X88770 nsb

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM : ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: : ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION

PROJECT TRACKING #:
TAX/PARCEL #: 03929204
STREET ADDRESS: 4551 Beaties Ford Rd.
CITY: Charlotte
STATE: NC ZIP: 28216
LOT #:
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

DESCRIBE TYPE OF BUSINESS:

☒ COMMERCIAL ☐ INDUSTRIAL
SQUARE FOOTAGE OF FACILITY: 1840
NUMBER OF EMPLOYEES PER SHIFT: 18
NUMBER OF SHIFTS: 1
TYPE OF WASTEWATER:
☒ SEWAGE ☐ INDUSTRIAL PROCESS WASTEWATER
HOW WILL WATER BE USED IN THE FACILITY?:
☒ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION WILL BE REQUIRED.

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☒ YES	☐ NO	DESIGNATED WETLANDS	☒ YES	☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☒ YES	☐ NO

PROPERTY OWNER:

NAME: MARTIN MARIETTA
ADDRESS: PO Box 1446
CITY: Charlotte
STATE: NC ZIP: 28241
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-363-0015 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Legar Corp.
ADDRESS: 9940 Monroe Rd.
CITY: Matthews
STATE: NC ZIP: 28105
HOME PHONE: WORK PHONE: 704-849-9339
MOBILE PHONE: 704.363.0015 FAX: 704-849-9337

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 6/13/05 Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX:704-336-6894

CREDIT MEMO

Credit Memo Number: CM06285

Credit Memo Date: 06/15/05

Credit
To: LEGER CORP
9940 MONROE RD
SUITE 202
28105 MATTHEWS
NC

Ship
To: LEGER CORP
9940 MONROE RD
SUITE 202
28105 MATTHEWS
NC

Customer ID B87170
P.O. Number

Ship Date
Apply to Type Invoice
Apply to Number 35117

SalesPerson

Item No.	Description	Unit	Quantity	Unit Price	Total Price
4735	Improv Permit Appl-Comm Adj 4551 BEATTIES FORD ROAD	Each	1	400.00	400.00

Amount Subject to Sales Tax	Amount Exempt from Sales Tax
0.00	400.00

Subtotal:	400.00
Invoice Discount:	0.00
Sales Tax:	0.00
Total:	400.00

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/13/05	**Amount:**	400.00
Receipt #:	35117	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: B87170
Contractor: LEGER CORP
Attn:
Address: 9940 MONROE RD
Address: SUITE 202
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm 4551 Beatties Ford Road		1	400.00	400.00

Account Credited CM06285

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
829.41	30.39	3,039.05			

FEE: 700.00 Check # 261055
DATE: 5/14/03 JC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 7926

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 039-292-04

STREET ADDRESS: 4551 Beatties Ford Road

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER: —

DESCRIBE TYPE OF BUSINESS: Quarry/Mine

Square Footage of Facility:

NUMBER OF EMPLOYEES: _____
PER SHIFT: ___ ___ ___

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

- ✓ TOLIETS/URINALS
- ✓ HANDSINK
- ✓ SHOWERS
- ___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
- ✓ SEWAGE
- ___ INDUSTRIAL PROCESS WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
Adding a 2336 sf building for employee use

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ✓ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

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 WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Martin Marietta Materials, Inc. (LAST) (FIRST) (MI)	NAME: Barksdale Drew (LAST) (FIRST) (MI)
ADDRESS: P. O. Box 240635	DAYTIME PHONE: (704) 409-1461
CITY: Charlotte STATE: NC ZIP: 28224	
DAYTIME PHONE: (704) 409-1461	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2-15-1994

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: A H Barksdale

DATE: 14 MAY 03

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/14/03	**Amount:**	700.00
Receipt #:	16387	**Tendered:**	700.00
Check / Auth #:	CHECK 2610	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: MARTIN MARIETTA MATERIALS
Attn:
Address: P O BOX 30013
Address:
City/State/Zip: RALEIGH, NC 27622

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm 4551 BEATTIES FORD ROAD		1	400.00	400.00
0734	Auth for Waste Wtr Sys Constr 4551 BEATTIES FORD ROAD		1	150.00	150.00
0703	Installation/Final Approval 4551 BEATTIES FORD ROAD		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

ESP ASSOCIATES, P.A.
P.O. Box 7030
CHARLOTTE, NORTH CAROLINA 28241

(704) 583-4949

LETTER OF TRANSMITTAL

DATE	JOB NO.
5-14-03	R018

ATTENTION

RE:

TO Mecklenburg Co. Health Department

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			Application for Improvement Permit
1			Check No. 00261055 for $700.00

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

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REMARKS _____

COPY TO File

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
03929204	NON-NC CORP		

Owner(s)

Owner Name	Mailing Address	City/State
MARTIN MARIETTA MATERIALS INC	PO BOX 7446	CHARLOTTE NC 28241-7446

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
NA	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	LONG CREEK	523.65

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
190800	3570000	23700	3784500				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Feb 15 1994	0			IMP	07667 - 632	DEED STAMPS	07667-632	

Land Use

Use	Units	Type	Neighborhood	Assessment
I600	66	AC	OF10	1078100
I600	457.65	AC	OF10	2491900

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Office	OFFICE	1960	4551 BEATTIES FORD RD UNINC
2	Warehouse	WAREHOUSE	1964	BEATTIES FORD RD UNINC
3	Warehouse	WAREHOUSE	1955	BEATTIES FORD RD UNINC
4	Warehouse	WAREHOUSE	1974	BEATTIES FORD RD UNINC
5	Warehouse	WAREHOUSE	1974	BEATTIES FORD RD UNINC
				BEATTIES FORD RD UNINC
7	SUPERIOR STONE CO. Commercial	RETAIL	1900	4551 BEATTIES FORD RD UNINC
8	Single-Fam	RES	1900	4551 BEATTIES FORD RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1360	1360	SLAB-COM	CONC BLOCK -	GOOD 01	12200
2	1 STORY	0	1280	1280	SLAB-COM	CONC BLOCK -	BELOW AVG 03	14700
3	1 STORY	1	3600	3600	SLAB-COM	SIDG NO SHTG -	BELOW AVG 03	30600
4	1 STORY	1	2049	1640	SLAB-COM	SIDG NO SHTG -	AVERAGE 03	33500
5	2.0 STORY	1	4200	4200	SLAB-COM	CONC BLOCK -	AVERAGE 03	83500
7	1 STORY	1	900	900	CRAWL SPACE	EXT PLYWOOD -	BELOW AVG 03	3100
8	2.0 STORY	1	2830	2390	CRAWL SPACE	EXT PLYWOOD -	AVERAGE 03	13200

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC		AC-CENTRAL	3	0	0		0
2	BASEBOARD	ELECTRIC		AC-NONE	10	0	0		0
3	AIR-NO-DUCT	GAS		AC-NONE	2	0	0		0
4	AIR-NO-DUCT	GAS		AC-NONE	2	0	0		0
5	HEAT - NONE	NONE		AC-NONE	3	0	0		0
7	HEAT - NONE	NONE		AC-NONE		0	0		0
8	HEAT - NONE	NONE	1 - FP3	AC-NONE		4	1		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1360
2	BASE (FIRST FLOOR)	1280
3	BASE (FIRST FLOOR)	3600
4	BASE (FIRST FLOOR)	1640

4	UTILITY - FINISHED	360
4	UTILITY - UNFINISHED	49
5	BASE (FIRST FLOOR)	2800
5	STORE DISPLAY AREA	1400
7	BASE (FIRST FLOOR)	900
8	BASE (FIRST FLOOR)	1668
8	PORCH - OPEN - FINISHED	440
8	UPPER STORY - FINISHED	722

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 70%				RV - 90%
2	AV - 69%				
3	AV - 70%				
4	AV - 53%				
5	AV - 53%				
7	AV - 70%				RV - 90%
8	AV - 65%				RV - 90%

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1960	CH LNK FENCE	1	1280	4500
1	1960	ASPH PAVING	1	44176	17000
4	1974	MEZZANINE	1	360	1400
7	1900	ASPH PAVING	1	2150	800
7	1900	STORAGE	1	1	0

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Dec 16 2003	2003	Reviewed - No change in value	3784500	0
Mar 21 2003	2003	Countywide Revaluation	3783700	0
Sep 3 2002	2002	Revised Notice	3137300	
Mar 30 2000	2000	Building Demolished	3123700	
Oct 1 1998	1998	Combining of Real Estate Parcels	3179260	
Jun 13 1998	1998	Correction of Land Area: Acreage/Sw ftg/	3139830	
Apr 17 1998	1998	Countywide Revaluation	3139830	
Sep 2 1997	1997	Division of Real Estate and/or New Parce	3388920	
Jun 28 1996	1996	Division of Real Estate and/or New Parce	3195450	
Mar 22 1996	1996	Combining of Real Estate Parcels	3173200	
Jan 13 1992	1991	Equalization of Value	3190230	
Jan 2 1991	1991	Countywide Revaluation	3734180	

ESP ASSOCIATES, P.A.
P.O. Box 7030
CHARLOTTE, NORTH CAROLINA 28241

(704) 583-4949

LETTER OF TRANSMITTAL

DATE	JOB NO.
5-23-03	RD 18
ATTENTION Bill Marlin	
RE: Martin Marietta	

TO Health Department
700 N. Tryon Street
Charlotte NC 28202

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
2			Site Plans

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REMARKS The Number of Employees is 20 people

COPY TO File

SIGNED: Barry D Moore

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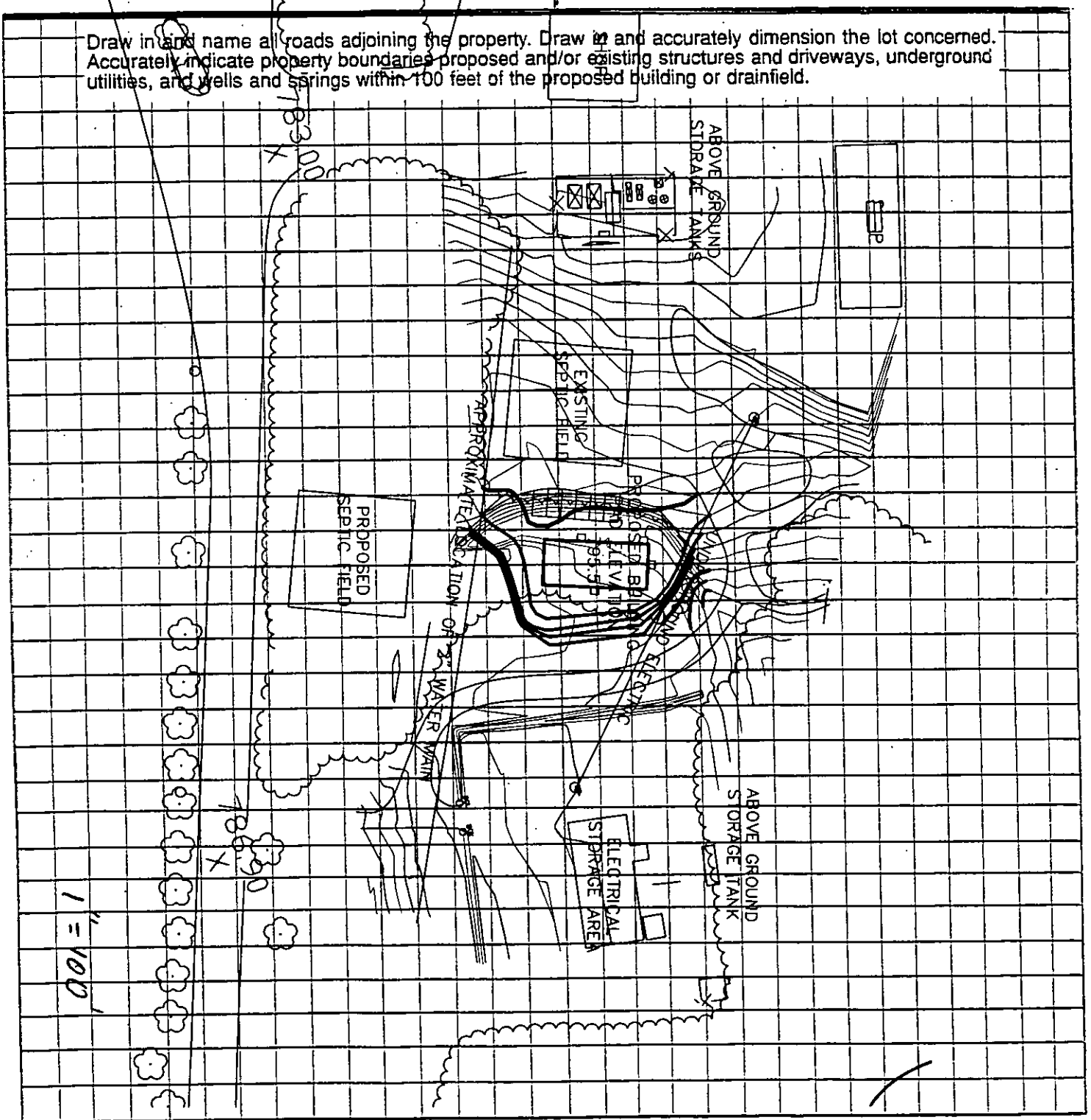
PROPOSED PLOT PLAN

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

FILE: 7926

TC: 039-292-04

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.



Brad Mitchell PE

OWNER/AGENT SIGNATURE

DATE 5-22-03

APPROVAL DATE _____

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

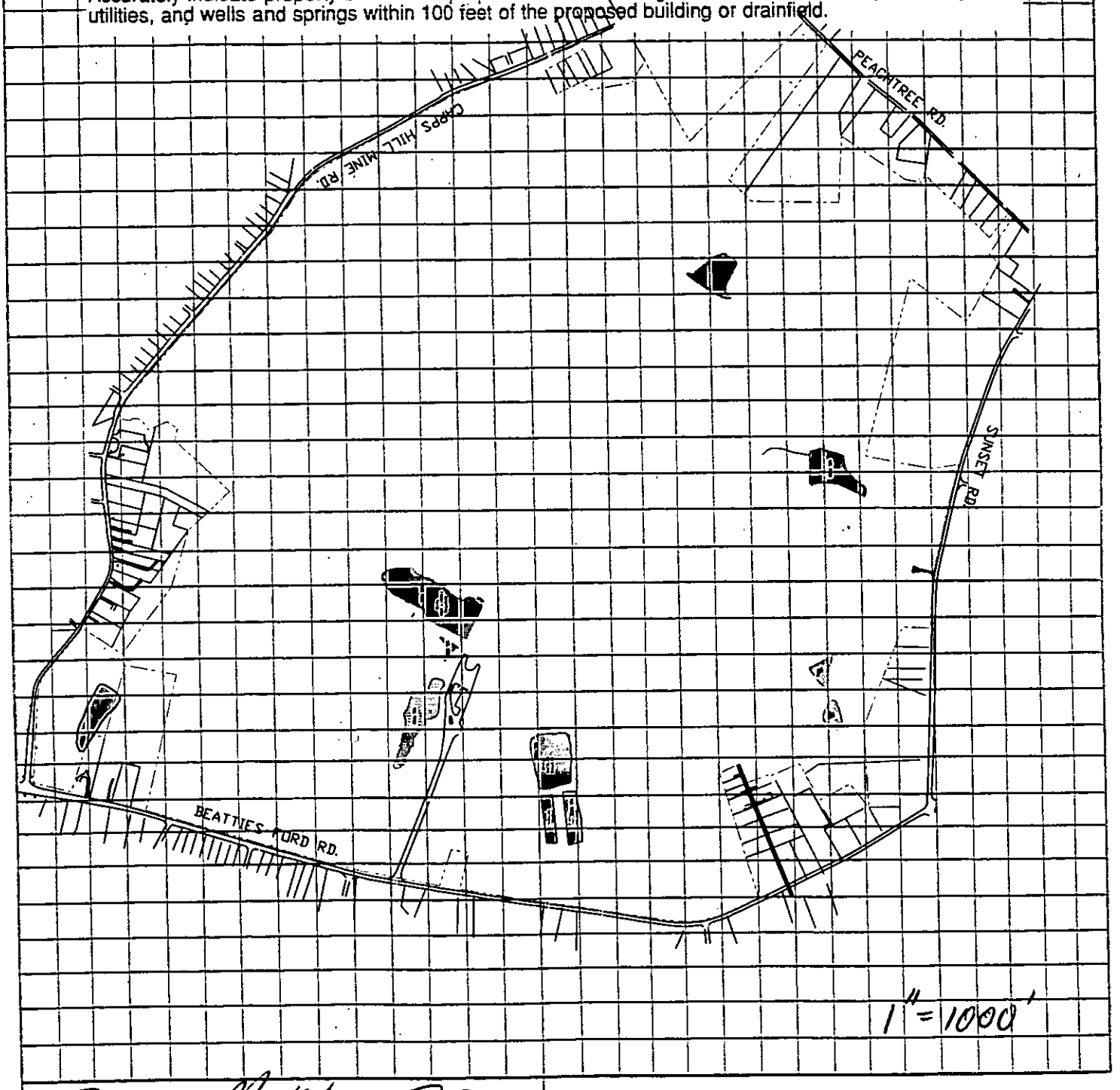
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Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Barry D. Miller PE
OWNER/AGENT SIGNATURE

DATE 5-22-03

APPROVAL DATE _____

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Canary - E.H.S. Copy

Pink - Owner's Copy