

10900 BEATTIES FORD RD

01517117

1/3/2008

duponbj

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

JP #1425 12-16-96

CERTIFICATE OF COMPLETION/OPERATION PERMIT

$150.00

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

FILE: 3688B DATE: 8/14/96

TC: 015-171-17 ☐C ☒CRT

SERIAL Nº 16694

Name of Owner Bernice Herring Juris.:

Address of Property 10900 Beatties Ford Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'+

Number of Lines 5 @ 107'+

Cover Depth 12"

Water Supply Source Well

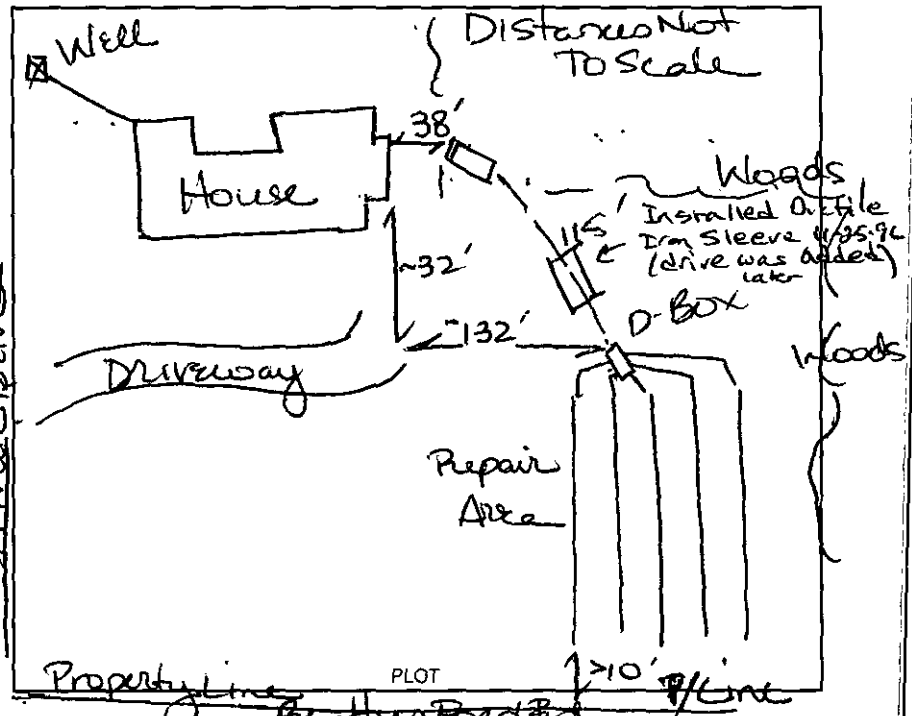
Distance to Water Source >100'

Excavation Inspected 8/14/96

Tank(s) Inspected 8/14/96

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 CON, 1500gST, 1605ft², 12"G, excl-11Fa CTR#

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

☐ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 15A 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. 1990 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: Type II, 4 Bedroom House.
Do not drive, park, or pave over any portion of the sewage disposal system.

Jiba B. Malik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

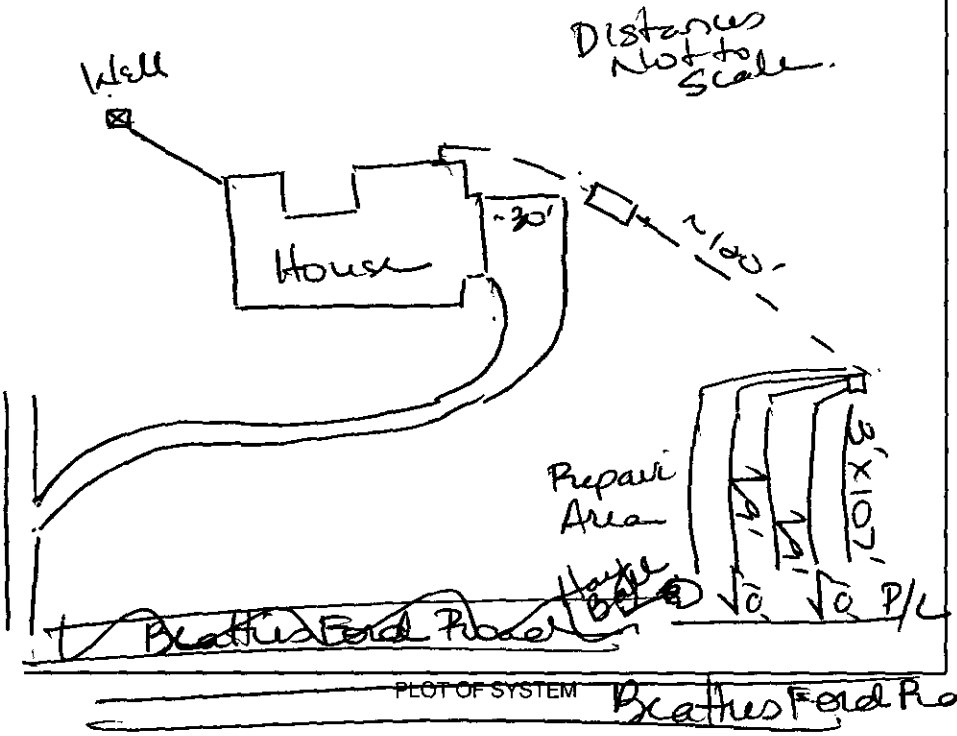
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3688 B DATE: 8/6/96

TC: 015-171-17 ☐ L

SERIAL Nº 16887

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 8/17/95. All work shall be completed on or before 9/6/96, 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 Beatties Ford Rd

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction PCC

Trench Depth 24-26"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 535 feet

Number of Lines 5 @107' each

Depth of Stone 12" inches

Distance from House 25 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 Bernice Herring

LOCATION OF PROPERTY 10900 Beatties Ford Road

Comments: If 1/8" per foot fall cannot be established from S.T. to D-Box + maintain maximum nitrification trench depth of 24"-26", then Lift station will be required.

S Patterson for S Daniel, Program Chief 8-9-96

Lisa B. Mialik, RS
Environmental Health Specialist

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

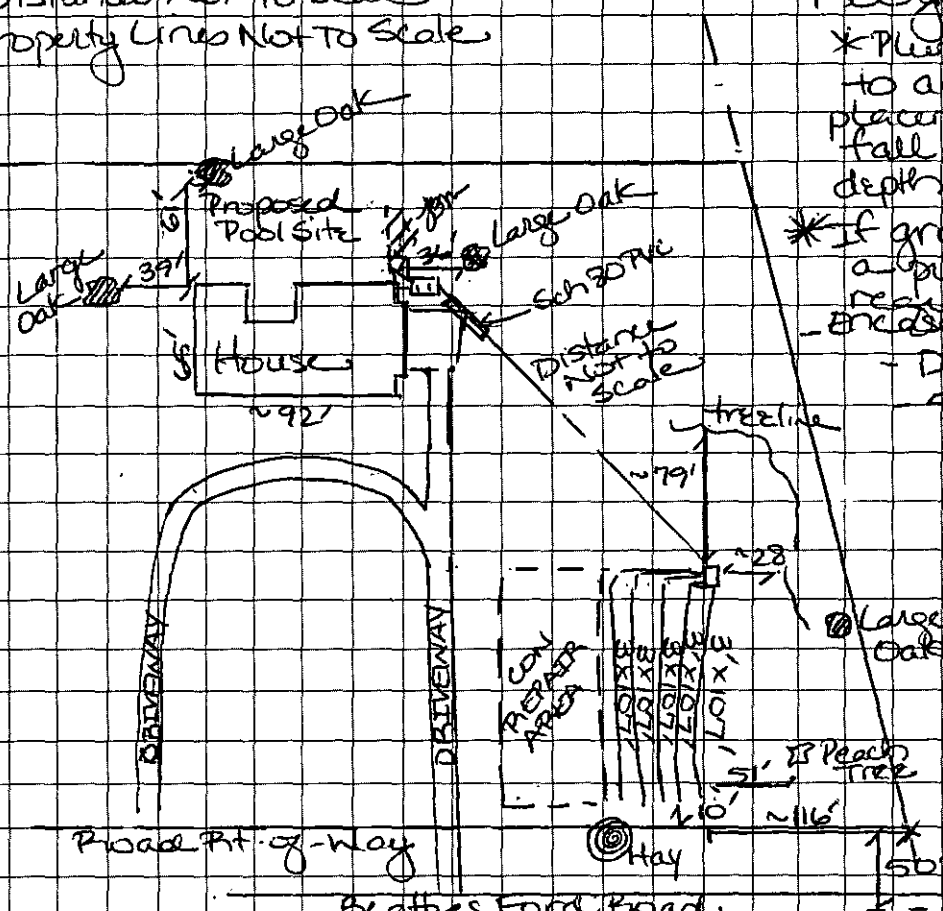
PROPOSED PLOT PLAN

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

FILE: 3688B

TC: 015-171-17

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.



* Distances Not To Scale
Property Lines Not To Scale

- Installation for 4 Bedroom House (No Basement) @ 10900 Beatties Ford Road
Install:
- 1000 gal Septic Tank
* Plumb house high in order to accommodate HIGH placement of septic tank, fall to D-Box & trench depth of nitrification lines - ~26".
* If gravity cannot be established, a pump tank & pump shall be required.
- Encase supply line under driveway in D-Box with Sch 80 PVC or Ductile Iron.
- 5 nitrification lines 3' x 107' x 12" gravel EACH
• Keep lines on contour
• Trench depth 24-26"
• 9' centers

COMMENTS:
- Keep well 100' from any part of septic system
- Permit valid 60 months
- Installation Approval Required
- Any site plans or intended use changes will make permit subject to revocation.
- Do not grade/disturb area for septic system or its designated repair area.
- Proposed pool shall be minimum of 15' from septic tank & any other part of system).

Mark Rice AGENT
OWNER/AGENT SIGNATURE

DATE 9-22-95

APPROVAL DATE 9/22/95 jsm

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

3688B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #1D 8/22/95 CK. #103

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: HERRING (last) BERNICE (first) A (mi)

ADDRESS: 421 FIELDING RD PHONE: (704) 394 0527

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date: 8-17-95

PROPERTY OWNER:

NAME: HERRING (last) BERNICE (first) A (mi)

ADDRESS: 421 FIELDING RD PHONE: (704) 394 0527

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 015 171 17

STREET ADDRESS: 10900 BEATTIES FORD RD HUNTERSVILLE N.C.

ZONING:

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: (TR.D) LOT SIZE (in acres): 5.0070 AC.

TYPE APPLICATION (check one):

☐ 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):

☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2

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)
● 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: B A Herring Date: 8/17/95

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.

...IP. for 4 bedroom house. CON w/ CON Repair area.

☑ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lora B. Mialik 9/22/95
Environmentalist Date

Barbara S. Daniel Program Chief 10-5-95
Director or Authorized Section Head Date

WATER : 122791

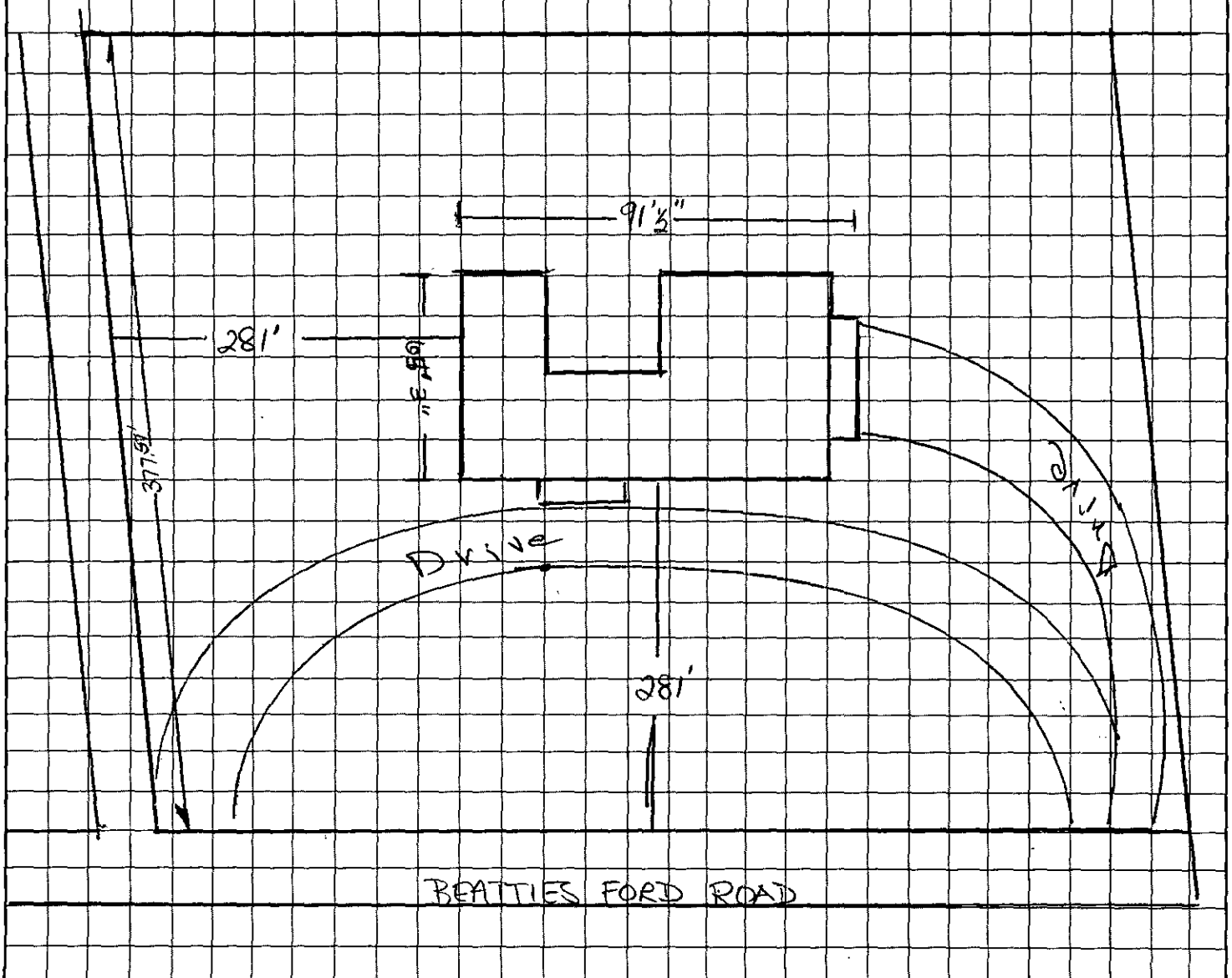
PROPOSED PLOT PLAN

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

FILE: 3688B

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 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

163 281

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028676

File: 3688 B Action ✓

Parcel: PO 015-171-17 ☐ PC

Location: 10900 Beatties Ford Rd

Subdivision:

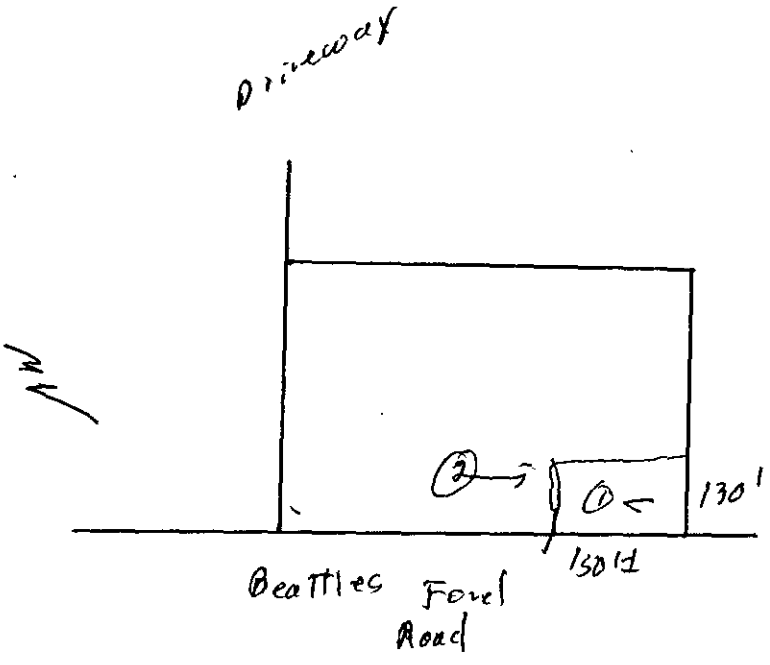
Lot: Block: Acres: Approx .46 ac.

Owner: Bernice A. Henning
Address: 421 Fielding Road
Charlotte, N.C. 28214

Comments: Probably 100% Repair, .3 gal/ft²/day LTAR may need pump

Described by: William R. Marlin

Date: 9-6-95



***** 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 2-8%	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Exp. Clay	S PS (U) Expansive 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 7-40" To soil wetness	S (PS) U 7-36" To soil wetness	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 39-41"	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S (PS) U 7-36"	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	IV Cecil-Lilo	Mecklenburg-Lilo				
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: 8/21/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 015-171-17

ASSIGNED ADDRESS 10900 Beatties Ford 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: Septic tank

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: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100