

4209 BEATTY DR

11306229

5/30/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 4 OF 4

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

FILE: 5190A DATE: 6/7/95

TC: 113-062-02 ☐ L ☒ CRT

SERIAL Nº 16775

Name of Owner TERRY WILLIAMS Juris.: _____

Address of Property 4209 Beatty Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth ≥36"

Water Supply Source Well

Distance to Water Source 100' 50' to NEIGHBOR

Excavation Inspected 6/7/95

Tank(s) Inspected 6/7/95

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1500 ST, 1200 SQ FT, 12" G, CECIL-LIKE CTR# DENNIS Taye

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 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

Virginia Bunney R.S.
Environmental Health Specialist

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

APPROVAL

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

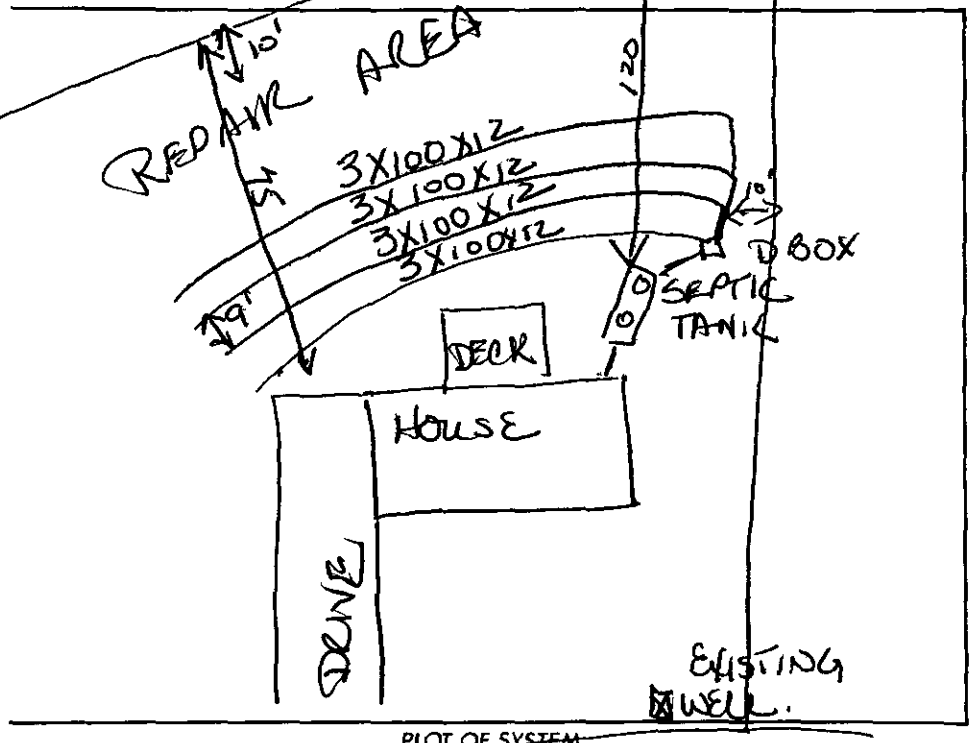
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5790A DATE: 9-14-94

TC: 113-062-02 ☐ L

SERIAL Nº 13904

Permission is hereby given to I 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 ____. All work shall be completed on or before 9/14/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 ____ gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100' feet
Neighbor's ≥50 ft.

NAME OF OWNER BEATTY RD Terry A. Williams

LOCATION OF PROPERTY 4300 Amos Smith Rd.

Comments: 1500 SEPTIC TANK - Install (1) DBOX WITH 4 TRENCHES @ 3X100'X12". ON CONTOUR. THERE SHALL BE NO DRIVEWAYS OVER ANY PART OF DRAINFIELD.

P Newell for T. Driel
Division or Section Head

Tom A Newell, R.S.
Environmentalist

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

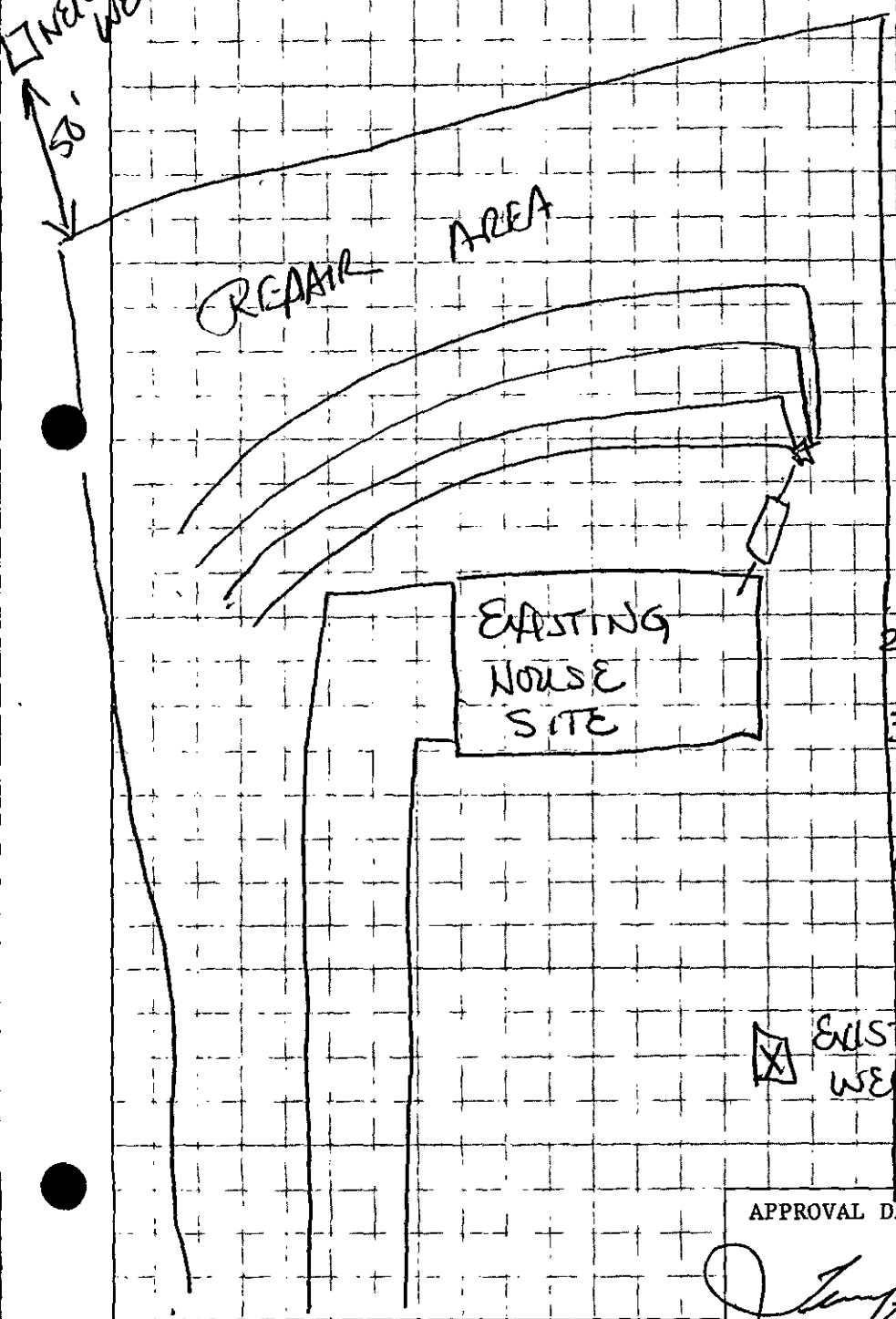
PROPOSED PLOT PLAN

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

FILE: 5790A

TC: 113062-02

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.



COMMENTS:
1 - 1500 SEPTIC TANK
2 - 4 TRENCHES @ 3 X 100' X 12"
3 - THERE SHALL BE NO CHANGES TO ANY PART OF SYSTEM.
4 - SEPTIC SYSTEM SHALL BE 100' MAXIMUM OR AWAY FROM WELL(S).

APPROVAL DATE 9/14/94

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

R4500

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 mail 8/31/94 #17581 CRT

5190A

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: Williams (last) Terry (first) A (mi)
ADDRESS: 4300 Amos Smith Rd PHONE: (W) 394-9482
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: Williams (last) Terry (first) A (mi)
ADDRESS: 4300 Amos Smith Rd PHONE: (__) 394-9482
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-062-02
STREET ADDRESS: 4209 Beatty Rd
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: 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) [X] 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: Terry A Williams Date: 8/31/94

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.

...3 bedroom conventional w/ 3 bedroom repair

[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

D W Newell, R.S. 9-14-94
Environmentalist Date

D Newell for S Dorn
Director or Authorized Section Head Date

WATER : 1227

Mecklenburg County
Health Department

July 17th, 1990

Terry A. Williams
4300 Amos Smith Road
Charlotte, NC 28214

RE: Property located at 4209 Beatty Road
FILE: 5190A
PARCEL: 11306202

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 18038) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18038

File: 5140A Action 1

Parcel: 10 113-062-02 ☐ PC

Location:

Subdivision:

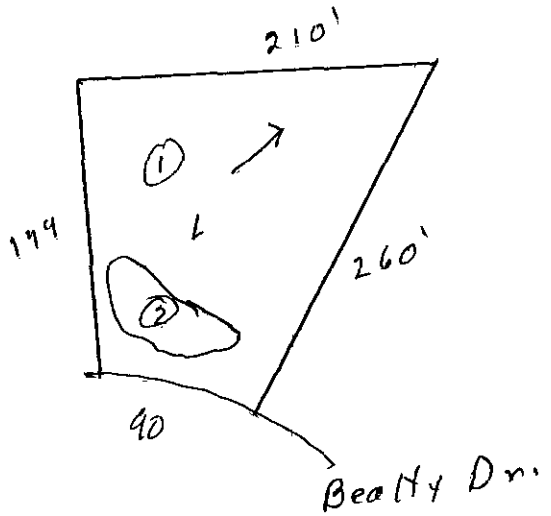
Lot: Block: Acres: .74

Owner:
Address:

Comments: 100% Repair

Described by: William R. Martin

Date: 7-17-90



***** 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%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U 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 >36" TO water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	IV Cecil-Urban	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Nadine Jackie

DATE 7-11-90

ENVIRONMENTAL PROTECTION/
HAZARDOUS WASTE

Meek

113-0102-0700

4703 Beatty Dr

N/A

11-15-44 MON 15:44

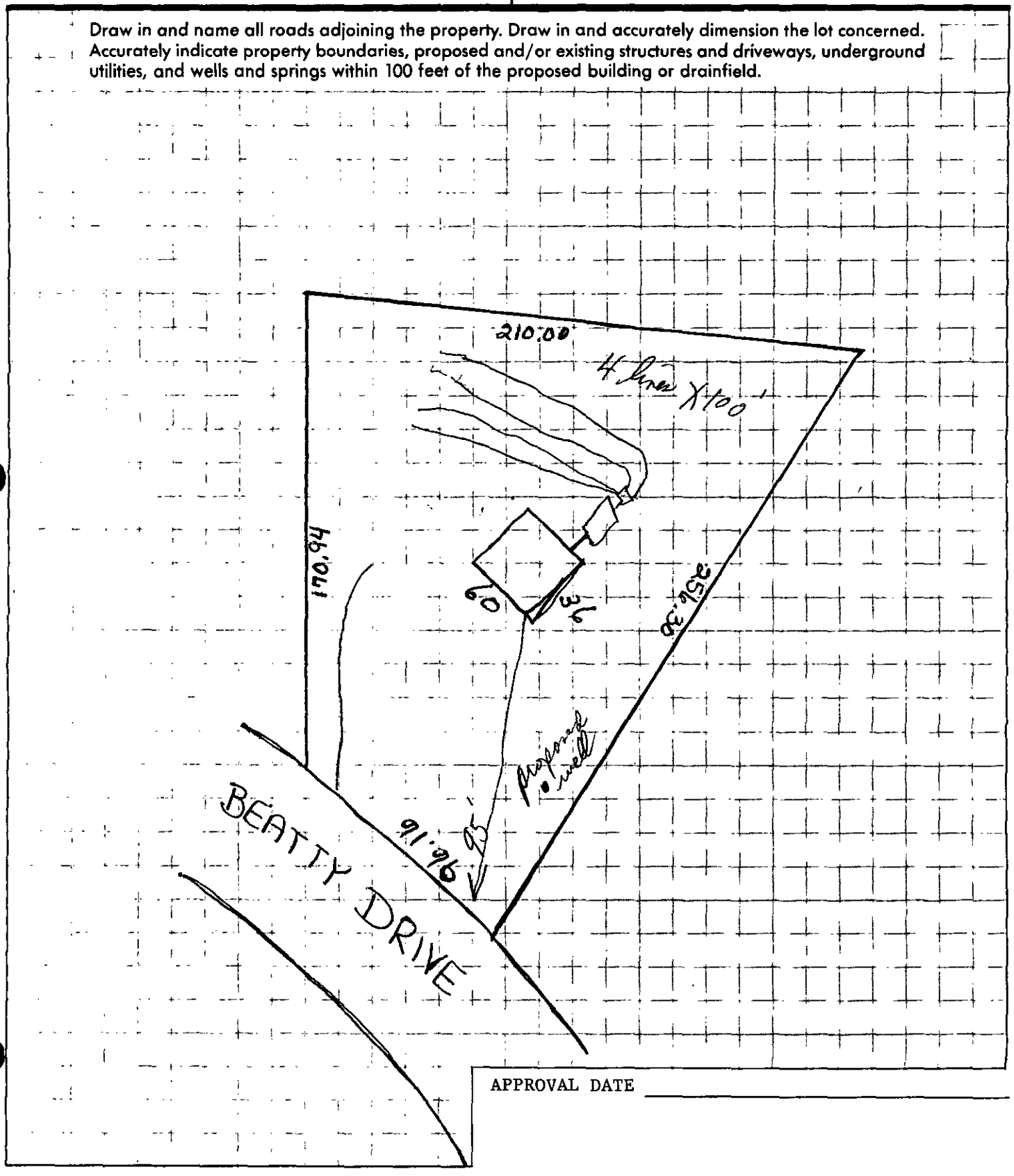
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5190A

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 _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 07/03/90

Name/Company: Tony A. Williams

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: ~~Drive~~ Permit

Drive

5190 A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 3 1990

Fee: $200.00 CK#5165 $200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

W. R. Mundis
Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)

FILE: 5190A

TC: _____

SERIAL: № 20870

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4209 (STREET NO.) Beatty Drive (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 113-062-02

⑤ SUBDIVISION: _____ ⑥ LOT: 4 ⑦ BLOCK: _____

OWNER

⑧ NAME: Terry (FIRST) A. (MIDDLE) Williams (LAST)

⑨ MAILING ADDRESS: 4300 Amos Smith Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214

⑬ PHONE: (WORK) _____ ⑭ (HOME) 394 9482

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Terry A. Williams

Date: 7/3/90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

B. R. Ferguson 7-17-90
Environmentalist Date

7-17-90
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-4-90

Name/Company: Terry A. Williams

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: S/T - 1 AC
Beatty Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 4 1990

File # 5190A

CR # 5056
$40.00

Fee: $ 40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5190A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Beatty Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 113-062-02

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

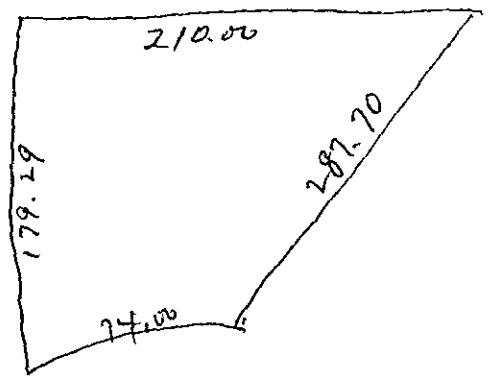
⑦ NAME: Terry (FIRST) A. (MIDDLE) Williams (LAST)

⑧ MAILING ADDRESS: 4300 Amos Smith Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28214

⑫ PHONE: (WORK) _____ (HOME) 394-9482

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: Terry A. Williams

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

Date: 6/4/90

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

5190A

Mecklenburg County
Health Department

Basil G. Velta, M.D., M.P.H.
Health Director

November 16, 1988

Terry A. Williams
4300 Amos Smith Road
Charlotte, NC 28214

Dear Mr. Williams:

A pre-preliminary investigation of soils and topography was made on the tract (parcel 113-062-02) located on Beatty Road. A soils map was prepared and a copy is enclosed.

The area shaded yellow on the enclosed map appears to be dominantly unacceptable for the installation of septic tank systems. This area is a slight depression that collects and channels surface runoff.

The unshaded areas appear to be dominantly acceptable for the installation of septic tank systems. These soils have clay subsoil horizons that are blocky with respect to structure. Depth to both saprolite and ground water is greater than thirty-six inches. Slopes range to approximately ten percent.

Based on this investigation, there are soils on the tract that appear to be dominantly acceptable for the installation of septic tank systems. Please note that this report does not express or imply individual lot approval for septic tank system installation. Individual lot approval is dependent in part on the satisfactory completion of an investigation of each lot with lot lines and corners established. No lots are currently established on the tract. Any lots established would require that a one hundred percent repair area be available for the system. Also, wells should be located one hundred feet from any part of a septic tank system. Note also that soil delineations may be subject to change pending additional investigation with established reference points.

Please contact me if there are any questions with regard to this report.

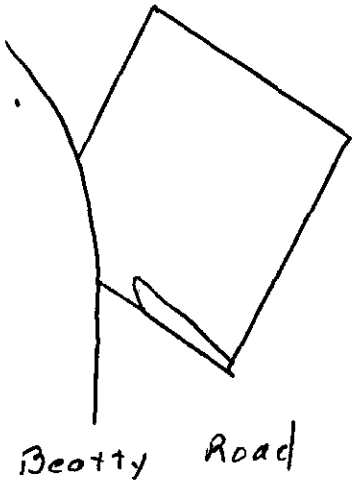
Sincerely,

William R. Marlin

William R. Marlin
Soil Scientist

WRM/ir
Enclosure

Pre- Preliminary 113-062-02



☐ Soils Appearing To Be Dominantly Acceptable For Septic Tank System Installation

☐ Soils Appearing To Be Dominantly Unacceptable For Septic Tank System Installation

W. R. Morlin Soil Scientist

11-16-88

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5190A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Beatty Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 11306202

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

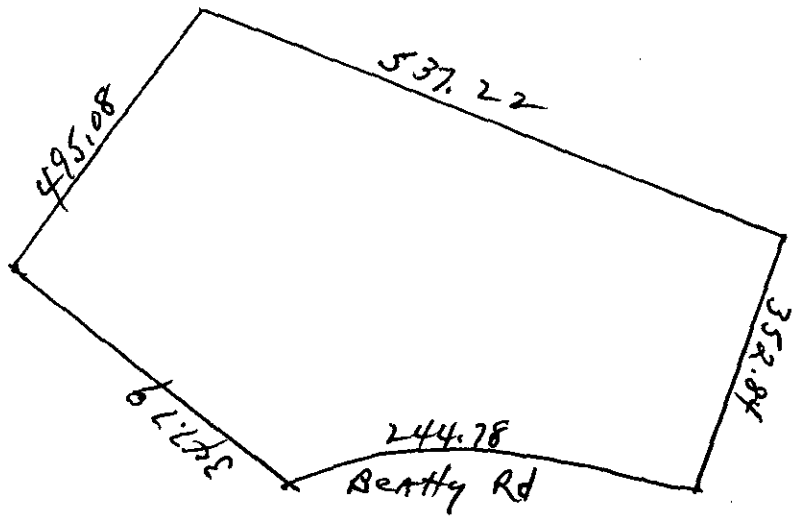
⑦ NAME: Terry (FIRST) A (MIDDLE) Williams (LAST)

⑧ MAILING ADDRESS: 4300 Amos Smith Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28214

⑫ PHONE: (WORK) _____ (HOME) 394 9482

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Terry A Williams

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

Date: 11/8/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 11/8/88

Name/Company Larry Williams

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Pre-Div. - Pre-Prel.

5.69 ac #5190A

5 ac X #15 = 75

1 ac X #15 = 5

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 8 1988

Fee: $ 80 —

2871

$ 80.00

Completed by

Collected by