

8250 SAM FURR RD

00921112

12/18/2007

duponbj

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

17402

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4543/8326A DATE: 9-16-92

TC: 009 011 02 ☒ L ☐ CRT

SERIAL № 15565

Name of Owner EDWARD B BOST Juris.:

Address of Property 8250 SAM FIELD RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 10"

Water Supply Source -

Distance to Water Source -

Excavation Inspected 9-16-

Tank(s) Inspected 9-16

Wash Line Inspected -

High Water Alarm Inspected -

UNABLE TO LOCATE FILE. MS

PLOT

Design: 1992, 1500 GAL, CONC, 1200 SQ FT, 10" GRAVEL, CONC BOX - CTR# SINGLE LAMB.

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: TYPE II

Environmentalist

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

454B/8326A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

BOK 7-2-92
WFC #200 [ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: BOST (last) EDWARD (first) B (mi)

ADDRESS: 16116 NORTH POINT RD PHONE: (704) 875-0559

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date: 7-2-92

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 009-211-12

STREET ADDRESS: 8250 SAM FURR RD HUNTERSVILLE, NC 28078

ZONING: R-3

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: PLYLER PROPERTIES

LOT NUMBER: 1 LOT SIZE (in acres): .0523

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) (MOVE ON)
[ ] 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: ± 4

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)
[X] 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 [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: Edward B Bost Date: 7-2-92

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.

...Lift Station required

V-Ditch to be installed

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

Thilo S. Walker 7/9/92
Environmentalist Date

7-10-92
Director or Authorized Section Head Date

WWATER : 122791

EDWARD B. BOST
16116 North Point Road
Huntersville, N. C. 28078

July 1, 1992

DRAFT

Mecklenburg County Health Department
Environmental Health Division
c/o Hal Marshall Center, Suite 211
700 North Tryon Street
Charlotte, North Carolina 28202

Re: 8250 Sam Furr Road
File 454B/8326A

Gentlemen:

Enclosed is Application for an Improvement Permit for the above referenced location which was originally classified as unsuitable.

Several modifications have been made which should justify a reclassification to suitable.

First of all, a smaller house is being used so that it is placed differently on the lot, allowing more space for the drain fields.

The enclosed plan was developed with the assistance and approval of Mr. Larry E. Henkle who is experienced in septic tank installation, both conventional and panel systems.

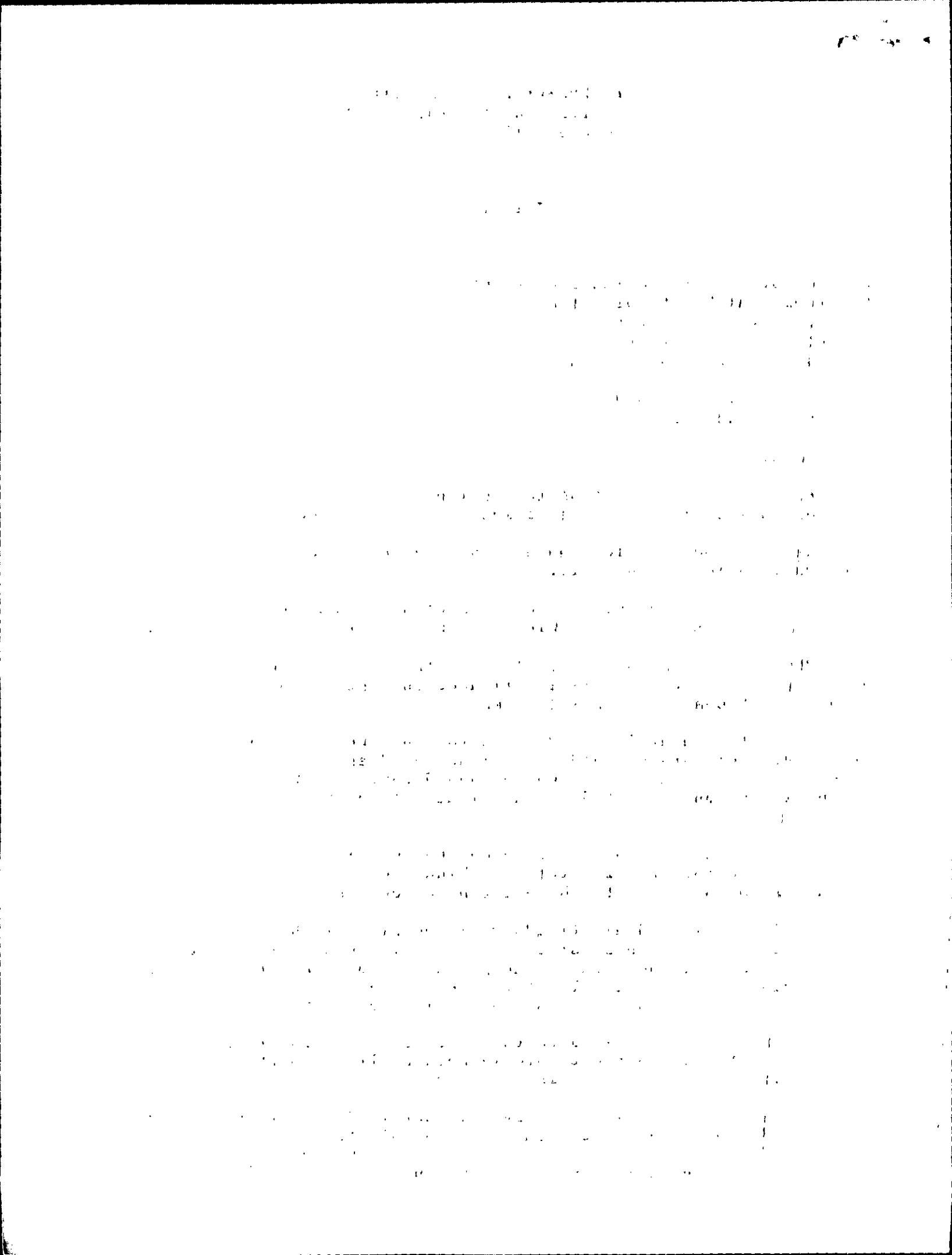
a. A french drain is proposed for the uphill (west) side of the property. This drain would be at least as deep as the drain field lines, and would catch any underground downhill flow before reaching the drain fields, and diverted to an existing catch basin on the downhill side of property.

b. A swale is also proposed on the uphill side of the property to divert any surface water before reaching the drain fields. This water would also be diverted to the existing catch basin.

c. The primary drain fields would consist of three 100 foot lines located toward the uphill side of property. Repair area would be three 100 foot lines to the left of the primary area. An alternate repair area would also be available at the rear of house in an area aproximately 60' by 60'. This area would accomodate five 60 foot lines.

Water will be provided to this location, and is provided to all adjoining lots, by Charlotte-Mecklenburg Utility Department, so there are no wells or proposed wells required.

We believe that with this system installed the effluent will receive adequate treatment, will not contaminate ground or surface water, and will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals or vectors.



We shall appreciate your reviewing these plans, and if found to be suitable, issue your approval and reclassification.

We would also appreciate your expediting this process as much as possible. We are trying to meet the time requirements of the Airport Authority for moving a house which was purchased from them.

Thank you very much for your favorable consideration.

Yours very truly,

Edward B. Bost

Enclosure

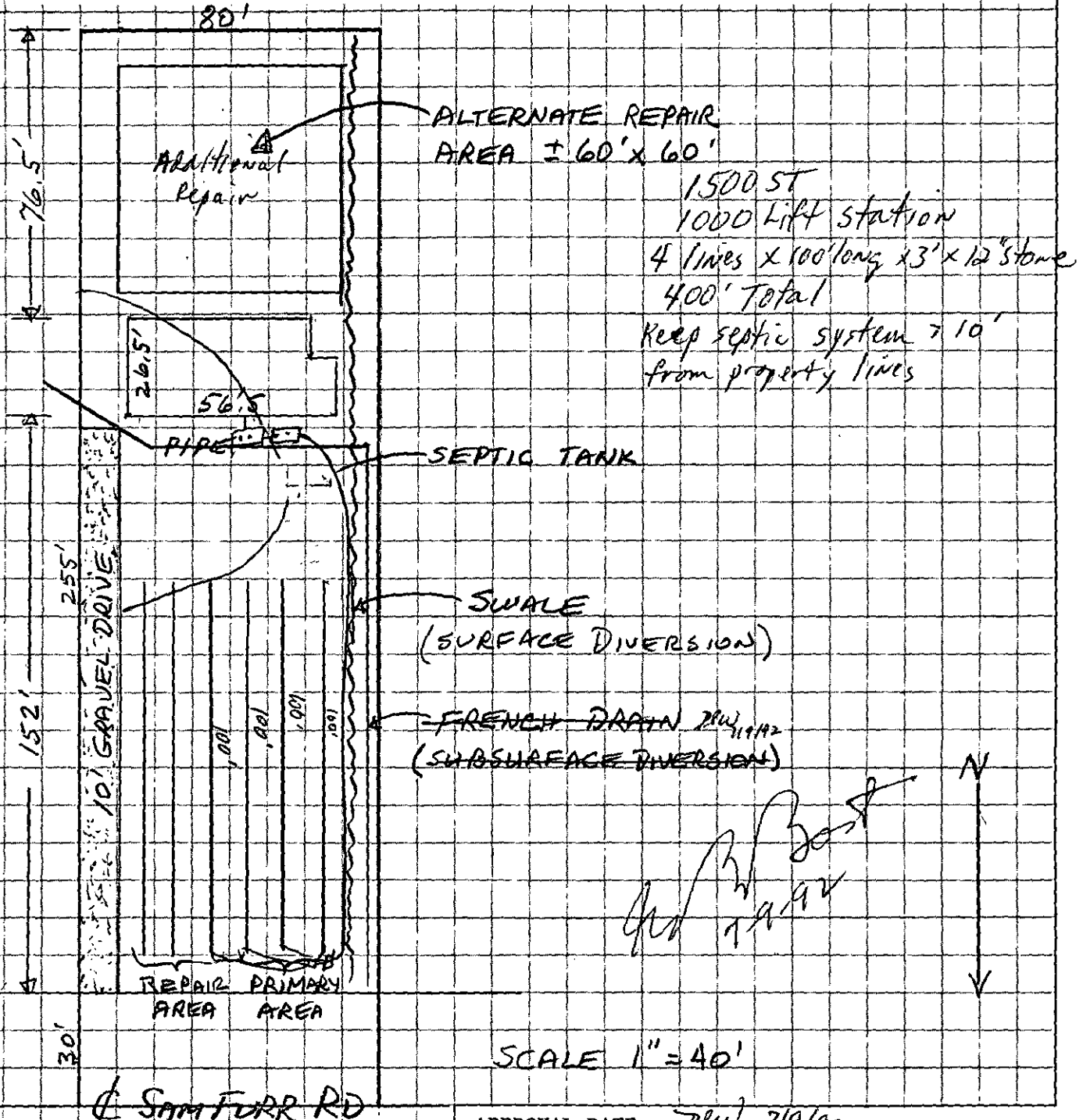
PROPOSED PLOT PLAN

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

FILE: 454B/8326A

TC: 009-211-12

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 JSW 7/9/92

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

12460

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

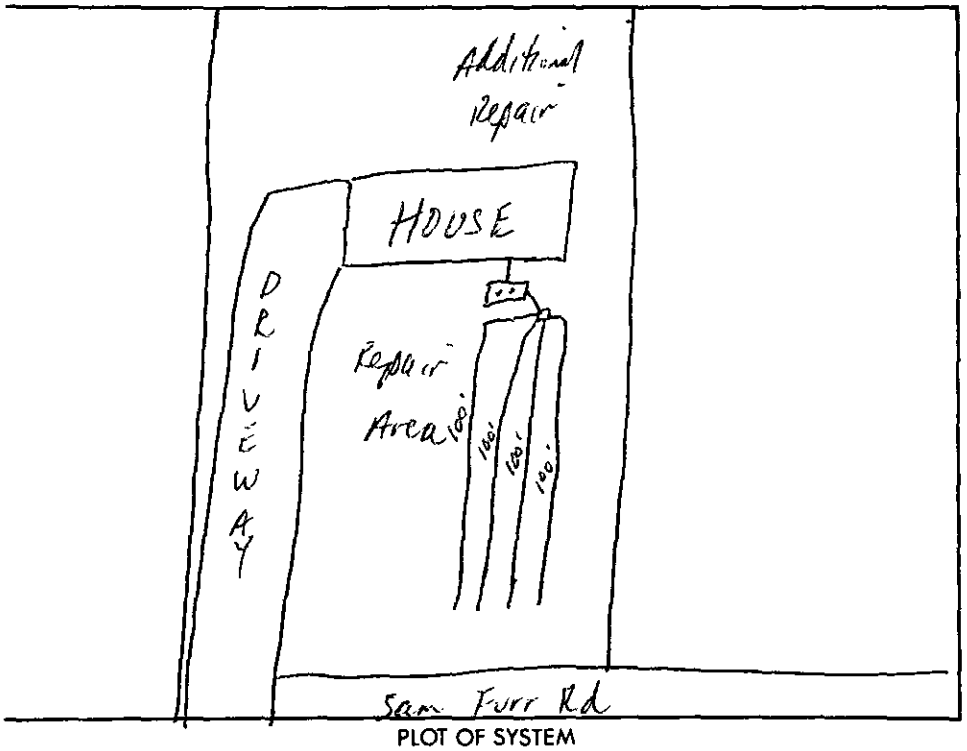
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 454B/8326A DATE: 9/10/92

TC: 009 21 12

SERIAL Nº 14388

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 specifjed herein at the described location. This permit is granted based upon the information supplied in the application dated 7/2/92. All work shall be completed on or before 10/10/92, 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 PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Edward B. Bost

LOCATION OF PROPERTY 9250 Sam Furr Rd

Comments: 4 lines x 100' long x 5' wd x 12" stone Keep lines as shallow as possiable / Keep lines on Contour of land

Division or Section Head

Phila S. Walker 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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

June 18, 1992

Edward B. Bost
16166 North Point Road
Huntersville, NC 28078

Re: Property located at 8250 Sam Furr Road
File: 454B/8326A
Parcel: 009-211-12

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12686) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5573.

Sincerely,

Kelly Randall, R.S.,Soil Scientist
Individual Water & Wastewater Systems

KR:lw
Enclosure (2)

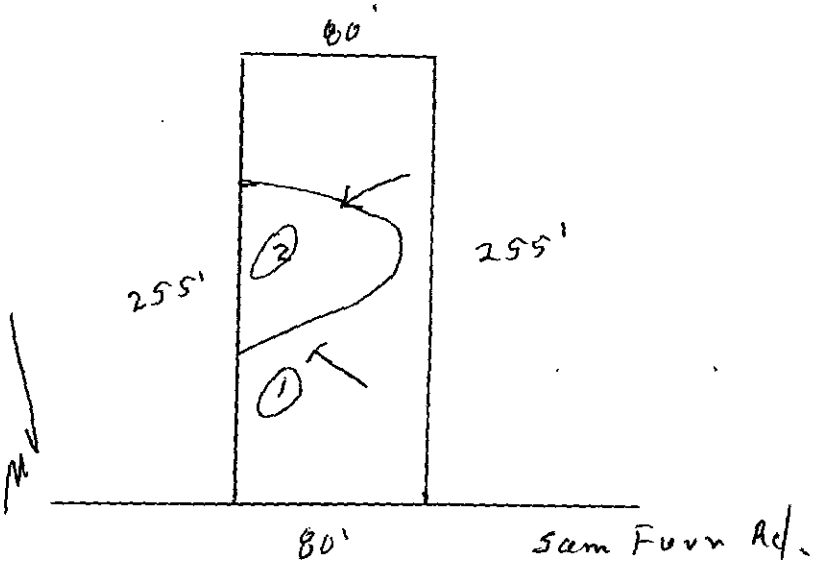
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 4548193264 Action 2
SITE EVALUATION REPORT
SERIAL NUMBER 12686 Parcel: 004-211-12 ☐ PC

Location: 8250 Sam Furr Road
Subdivision: Pfyler Properties
Lot: 1 Block: Acres: .47

Owner: Edward B. Bost
Address: 16116 North Point Road
Huntersville, N.C. 28078

Comments: .3 gal/FT²/day LTAR - 100% Repair, would need surface water diversion, subsurface interception possibly

Described by: William R. Marlin
Date: 6-26-92



***** 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 2-9%	S PS U —	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub⊥ Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7 40" TO water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7 40"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7 40"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) F:11	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Lilla	F:11				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Ck# 1290.00
$250.00
06/16/92

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

DRAFT

(OFFICE USE ONLY)

FILE: 4548 8326A

TC: _____

☐ PC ☐ REPT

009-141-01

JOB LOCATION

① ADDRESS: 8250 SAM FURR ROAD

② SUBDIVISION: PLYLER PROPERTIES ③ LOT: 1 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 009 PAGE NO.: 211 PARCEL NO.: 12

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

OWNER

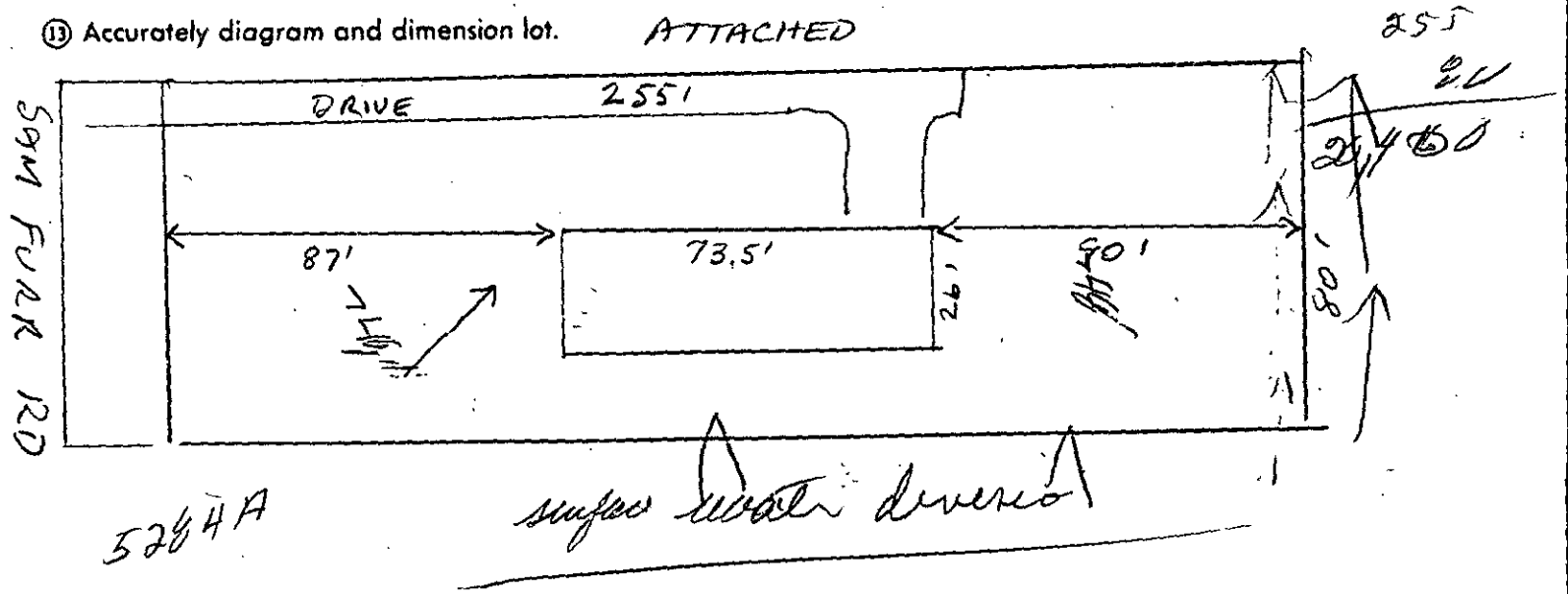
⑦ NAME: EDWARD (FIRST) B. (MIDDLE) BOST (LAST)

⑧ MAILING ADDRESS: 16116 NORTH POINT ROAD

⑨ CITY: HUNTERSVILLE ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) (MOBILE) 533-2572 (HOME) 875-0559

⑬ Accurately diagram and dimension lot. ATTACHED



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: [signature]

Date: 6-16-92

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

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

THIS IS TO CERTIFY THAT ON THE 13th DAY OF DECEMBER 1988 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

FOUNDATION PHYSICAL MARCH 3, 1989

MAP UPDATED JULY 18, 1990.

PHYSICAL UPDATE AUG 10, 1990

1" = 40'

SIGNED _____ REGISTERED SURVEYOR

LOT 7

N 82°37'10" W 80.00'

N 82°37'10" W 80.00'

N 82°37'10"W 80.00'

E.I.P.

55' LINE

WOODEN DECK

16.0' 6.0' WELL HOUSE 13.5'

50.3' #8304 ONE STORY FRAME 27.7' 27.7'

50.3' 13.6'

16.0' 20.0' 6.0'

WOODEN DECK

52.3' #8256 ONE STORY FRAME 25.7' 25.7'

15.2' 16.0' 6.0' 16.25' 20.05' 6.0'

WELL HOUSE

S 7°06'35"W 255.00'

255.00'

255.00'

255.00'

255.00'

N 7°06'35"E 285.00'

LOT 3 0.523 AC.

152.0'

162.2'

10' GRAVEL DRIVE

10' SIDE SETBACK

10' SIDEYARD SETBACK

10' GRAVEL DRIVE

10' Sideyard Setback

73.5'

26'

87' ±

LOT 2 0.523 ACRES

40' LINE

LOT 5 A BELL

80.00'

80.00'

E.I.P.

30.00'

30.00'

30.00'

30.00'

009-211-12

80.00'

80.00'

80.00'

S 82°37'10"E

S 82°37'10"E

S 82°37'10"E

SAM FURR RD. 8250

R/W

VICINITY MAP

332
Street Lores

5301A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Parcel 36 [] 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

PERSON FILING APPLICATION:

NAME: Ward (last) Phil (first) (NCDOT) (mi)

ADDRESS: 5701 Executive Center Drive Suite 300, Rutherford Bldg. PHONE: (704) 537-1541

CITY: Charlotte STATE: N.C. ZIPCODE: 28212

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 009-211-13

STREET ADDRESS: 8300's Sam Furr Road Huntersville, N.C.

ZONING: R-3

PROPERTY OWNER:

NAME: Bost (last) Edward (first) B. (mi)

ADDRESS: 16116 North Point Road PHONE: (704) 875-0559

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

TYPE APPLICATION (check one):

LOT NUMBER: 13 LOT SIZE (in acres): .52Ac.

[] 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)
[X] 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: 1

SYSTEM CLASSIFICATION: Pump

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)
[X] 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: [signature] Date: 5-3-93

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

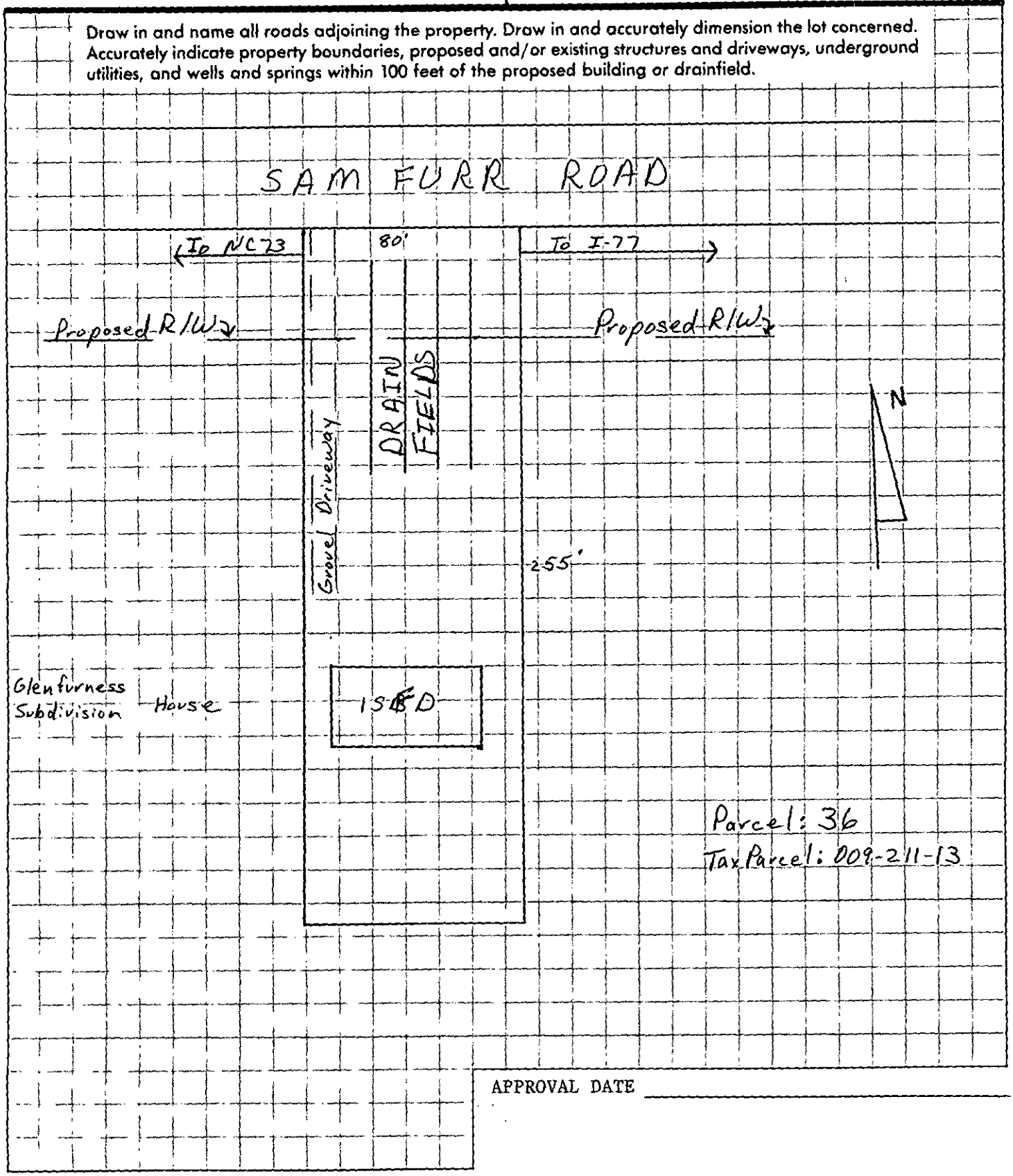
PROPOSED PLOT PLAN

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

FILE: _____

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

5 30 1A

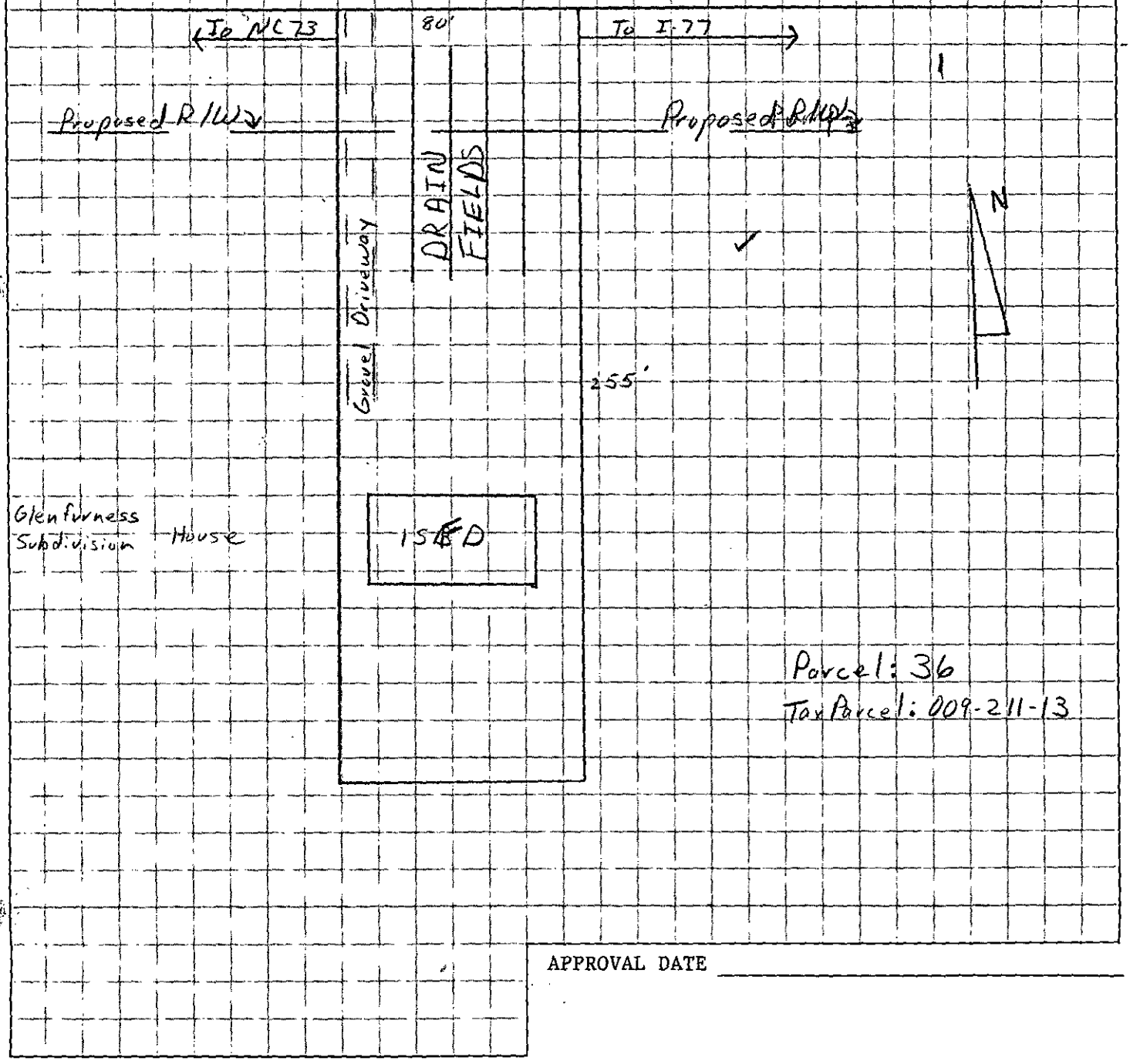
PROPOSED PLOT PLAN

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

FILE: _____

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.



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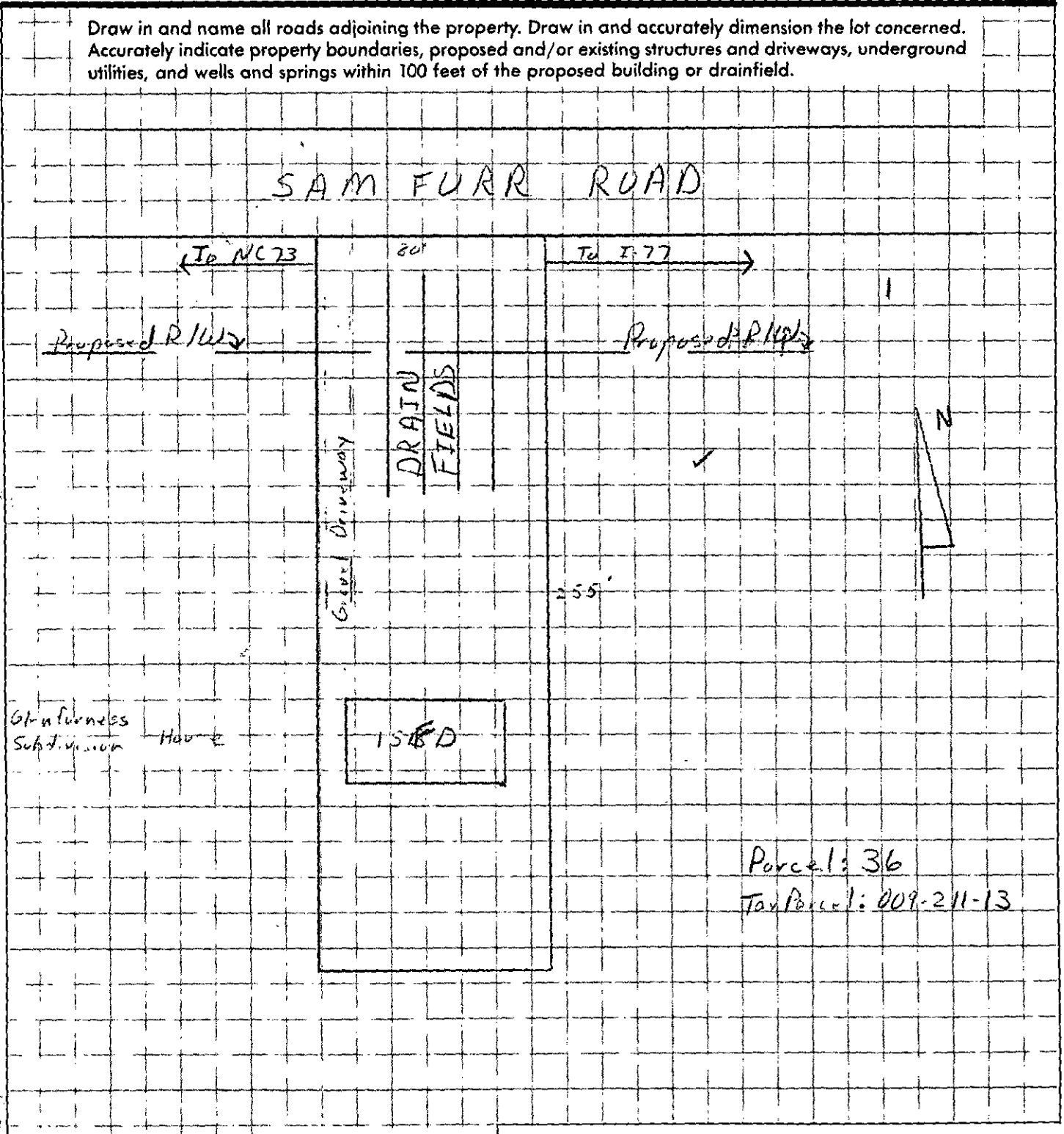
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: _____

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

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

JAMES B. HUNT, JR.
GOVERNOR

SAM HUNT
SECRETARY

Charlotte, N. C.
April 30, 1993

STATE PROJECT: 8.2672401
F. A. PROJECT: STP-2145(2)
I. D. #: R-2624
COUNTY: Mecklenburg

DESCRIPTION: SR 2145 (Sam Furr Road) from West of SR 2144 to I-77

MEMORANDUM TO: MR. BOB SHEETS

FROM: PHIL WARD, STAFF APPRAISER

SUBJECT: Request for Soil Test Fee for Parcels # 35, 36, and 38 (Edward B. Bost)

The Mecklenburg County Environmental Health Department normally requires a Soil Investigation ($50 per acre) along with an application for improvement ($50 per property to alter an existing system) in order to alter an existing system. The existing septic system located on the above mentioned parcels will require alteration due to the improvement or widening of Albemarle Road. Mr. Bill Marlin has agreed to waive the application fee but will require the $50 fee for a Soil Investigation. This soil investigation will determine whether or not a septic system can be located on the remaining portion of these properties which is vital to the appraisal of these properties. A total of 3 soil tests at a cost of $150 is requested. Therefore, the following information is provided to allocate a soil test fee for each of these properties:

Parcel	Owner	Address	Soil Test Fee
35	Edward B. Bost	8300's Sam Furr Road	$50
36	Edward B. Bost	8300's Sam Furr Road	$50
38	Edward B. Bost	8300's Sam Furr Road	$50
Total			$150

Attached is a fee schedule indicating the current $50 fee for soil investigation. This soil test is vital in determining whether or not these property owners will be considered relocatees. Your

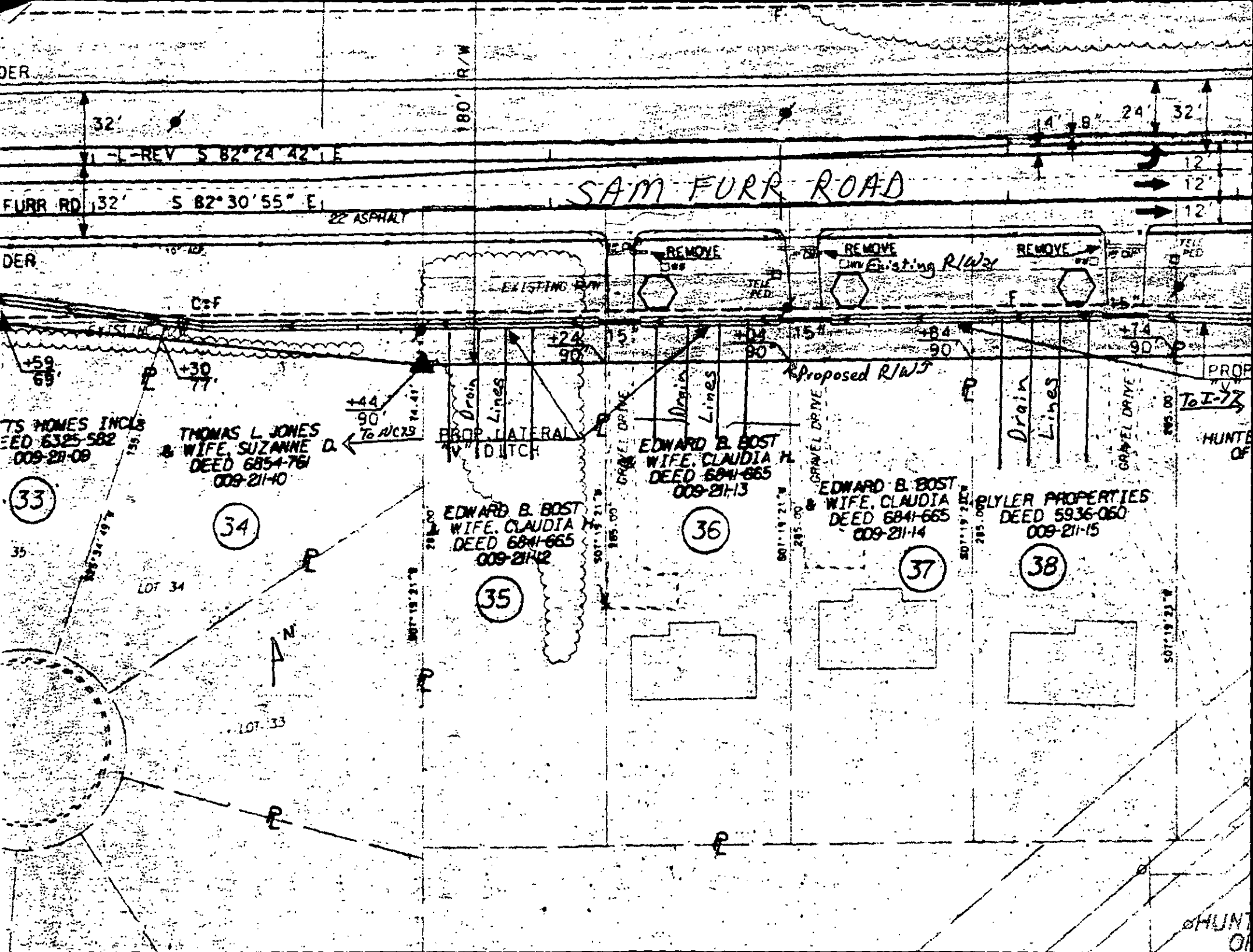
State Project 8.2672401
F. A. Project STP-2145(2)
I. D. # R-2624
Mecklenburg County
Parcels # 35, 36, and 38

consideration in advancing a check in the amount of $150 made payable to "Mecklenburg Environmental Health Department" will be greatly appreciated.

An application for a soil investigation for each of the above referred to properties is attached to this letter for your information. If any further information is desired, please advise.

HPW/dr

Attachments


SAM FURR ROAD
32'
-L-REV S 82°24'42" E
FURR RD 32' S 82°30'55" E
22' ASPHALT
180' R/W
REMOVE
REMOVE
REMOVE
Existing R/W
Proposed R/W
EXISTING R/W
C&F
+59
65'
+30
77'
+44
90
To AVCB
+24
90
+04
90
+84
90
+74
90
To I-77
PROP. LATERAL "V" DITCH
Drain Lines
GRAVEL DRIVE
TS HOMES INC
EED 6325-582
009-211-09
33
THOMAS L. JONES
& WIFE, SUZANNE D.
DEED 6854-761
009-211-10
34
EDWARD B. BOST
WIFE, CLAUDIA H.
DEED 6841-665
009-211-12
35
EDWARD B. BOST
WIFE, CLAUDIA H.
DEED 6841-665
009-211-13
36
EDWARD B. BOST
& WIFE, CLAUDIA H.
DEED 6841-665
009-211-14
37
PLYLER PROPERTIES
DEED 5936-060
009-211-15
38
LOT 34
LOT 33
N

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

Ck# 1290 $50.00 06/16/92

FILE: 4548 8326A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8250 SAM FURR ROAD

② SUBDIVISION: PLYLER PROPERTIES ③ LOT: 1 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 009 PAGE NO.: 211 PARCEL NO.: 12

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

OWNER

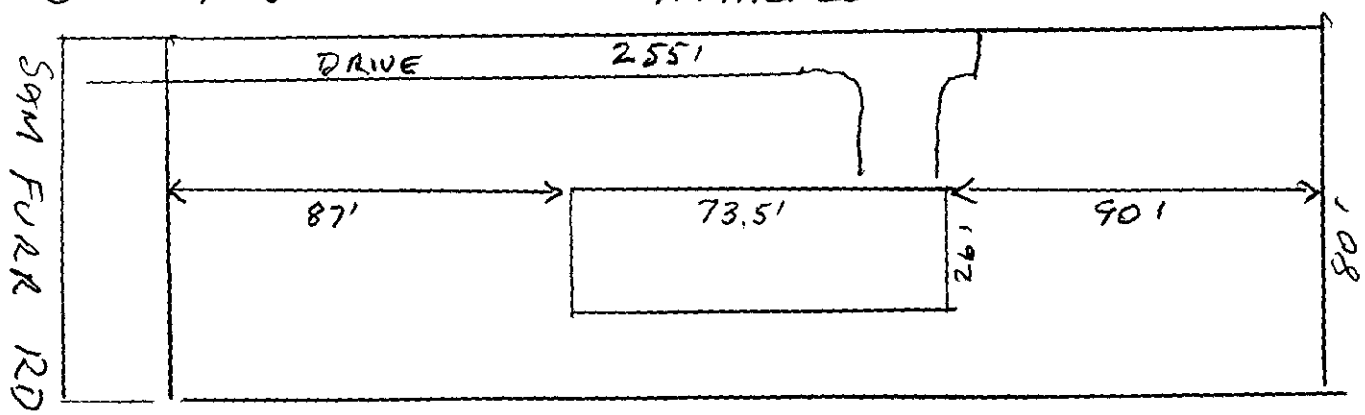
⑦ NAME: EDWARD (FIRST) B. (MIDDLE) BOST (LAST)

⑧ MAILING ADDRESS: 16116 NORTH POINT ROAD

⑨ CITY: HUNTERSVILLE ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) (MOBILE) 533-2572 (HOME) 875-0559

⑬ Accurately diagram and dimension lot. ATTACHED



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: [signature]

Date: 6-16-92

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

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

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

DATE 6-16-92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 009-211-12

ASSIGNED ADDRESS 8250 Sam Furr 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: move on home Septic

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 DRIVEWAY(S).

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100



PHIL WARD
STAFF APPRAISER, STATE CERTIFIED
GENERAL REAL ESTATE APPRAISER
NO. A292

DIVISION OF HIGHWAYS
NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

5701 EXECUTIVE CTR. DR.
CHARLOTTE, N. C. 28212

RUTHERFORD BLDG., SUITE 300
OFFICE: (704) 537-1541