

11713 JOHNSON-DAVIS RD

02302416

1/8/2008

duponbj

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) 336-5102

FILE: 5578B DATE: 3/18/04

TC: 023-024-16 L ☐ CRT

SERIAL 19439

Name of Owner Sammie Johnson Juris.: _____

Address of Property 11713 Johnson-Davis Road

Inspection Data:

Tank Material existing

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 24"

Water Supply Source well

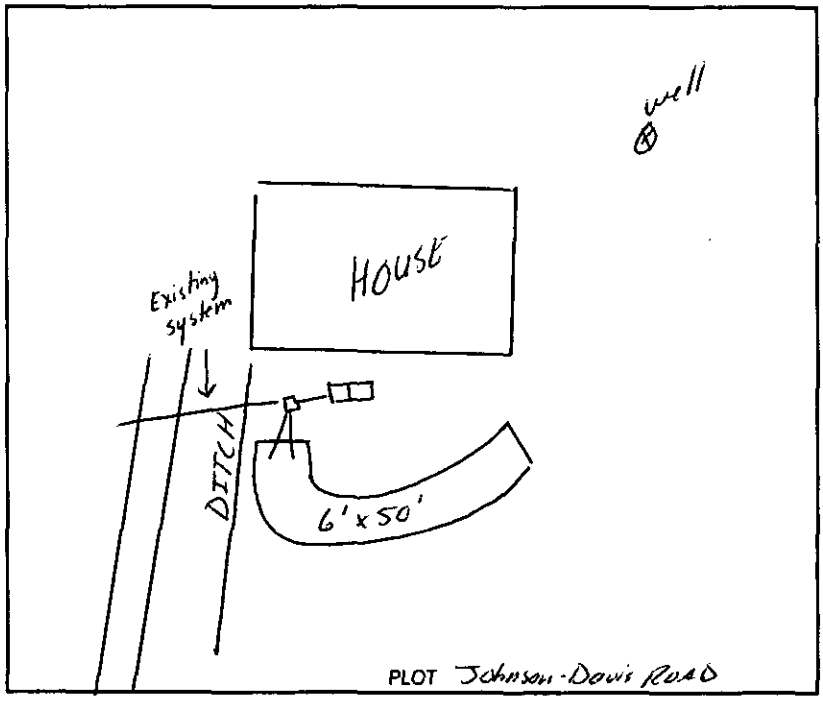
Distance to Water Source >50'

Excavation Inspected 3/18/04

Tank(s) Inspected existing

Wash Line Inspected —

High Water Alarm Inspected —



Design 2004 Repair, 300 SFB, INV, E-2 FLOW CTR# Autrey

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: Repair to 3 Bedroom

6'x50' Bed

Type III innovative system

Tommy Mullis 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

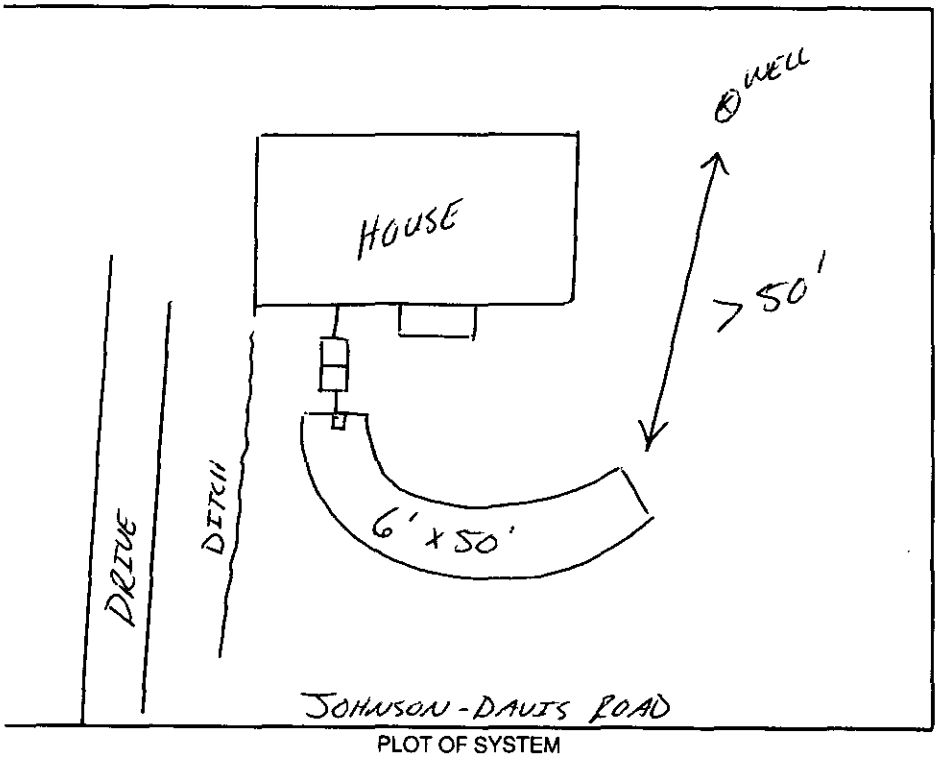
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5578B DATE: 3/18/04

TC: 023-024-16 ☐ L

SERIAL 19626

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 3/18/04. All work shall be completed on or before 4/18/04, 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 existing gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 24-36"

Absorption and/or Nitrification Lines:

Trench Width 6' x 50' feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 2 x 50'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

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

NAME OF OWNER Sammie Johnson

LOCATION OF PROPERTY 11713 Johnson-Davis Road

Comments: Repair to 3 Bedroom House
Install 6' x 50' Bed
Type IIIg Innovative system

Tommy Mecklenburg R.S.
Environmental Health Specialist

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

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

( ) CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 55788

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-024-16

STREET ADDRESS: 11713 Johnson-Davis Road

SUBDIVISION OR MOBILE HOME PARK NAME: —

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 1200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
X PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES X YES ___ NO
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS X YES ___ NO

PROPERTY OWNER:

NAME: Johnson Sammie
(LAST) (FIRST) (MI)

ADDRESS: 6039 Queensborough Court

CITY: Charlotte STATE: NC ZIP: 28216

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: [signature] DATE: 3/18/04

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

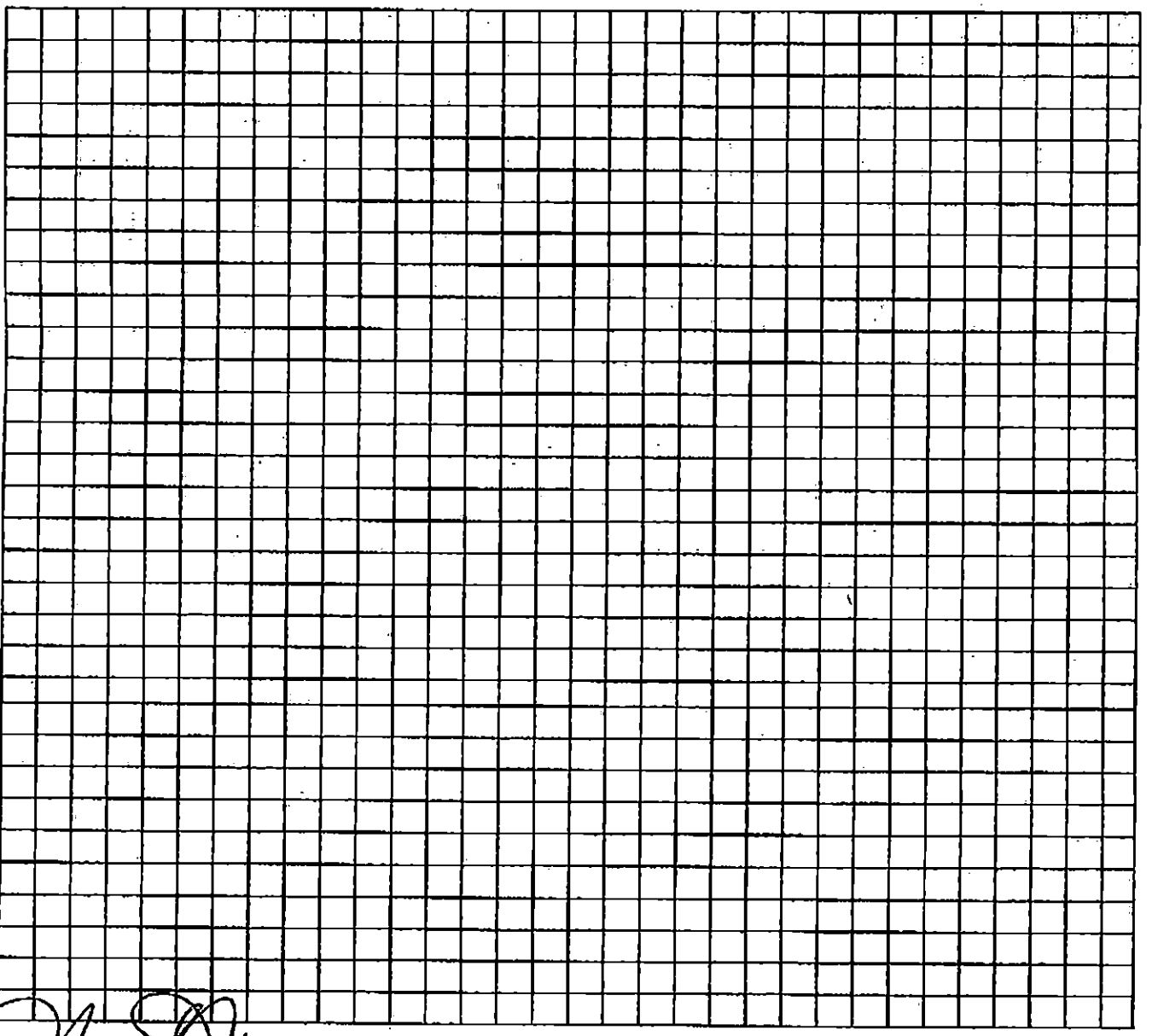
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 11713 Johnson Davis Rd Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



Property Owner's or Owner's Legal Representative Signature

8-13-15
Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103, FAX: 704-336-5894

Revised on: 12/15/10

11713 Johnson Davis Rd, Huntersville, NC 28078-8389, Mecklenburg County



N/A	N/A	20,909	$35,000	Active Listing
Beds	Bldg Sq Ft	Lot Sq Ft	MLS List Price	
N/A	N/A	SFR	07/17/2015	
Baths	Yr Built	Type	MLS List Date	

Location Information

School District :	Charlotte-Mecklenburg Schools	Carrier Route:	R012
Subdivision:	Tract C	Zoning:	R
Township:	County	Neighborhood Code:	Mountain Island-C301
Census Tract:	62.13		

Tax Information

Parcel ID:	023-024-16	Tax Area:	12
Legal Description:	PTR C MB-7		

Assessment & Tax

Assessment Year	2014	2013	2012
Assessed Value - Total	$33,200	$33,200	$33,200
Assessed Value - Land	$33,200	$33,200	$33,200
YOY Assessed Change ($)	$0	$0	
YOY Assessed Change (%)	0%	0%	
Market Value - Total	$33,200	$33,200	$33,200
Market Value - Land	$33,200	$33,200	$33,200

Tax Year	Total Tax	Change ($)	Change (%)
2012	$344		
2013	$352	$8	2.27%
2014	$352	$0	0%

Characteristics

Land Use - Universal :	SFR	Lot Acres:	0.48
Land Use - County :	Single Family Residential	Lot Sq Ft:	20,909

Courtesy of Shad Gaither, CAROLINA MULTIPLE LISTING SERVICES INC

FAX COVER SHEET

DATE: August 13, 2015

TO: Loretta Ellis

FROM: Marc S. Jacobson

FAX NUMBER: 704-336-5103

PHONE NUMBER: (727) 361-8254

E-MAIL ADDRESS: MSJACOBSONFL@MSN.COM

NUMBER OF PAGES (INCLUDING COVER SHEET): 6

SUBJECT: Application

Marc S. Jacobson

2618 Cove Cay Drive Apt 606

Clearwater, FL 33760

August 13, 2015

Loretta Ellis

Mecklenburg County Health Dept

700 N. Tryon St, Ste 211

Charlotte, NC 28202

Dear Ms. Ellis:

As per our phone conversation today, I have attached the completed application for the determination of a sceptic drain field and well water for the property I am interested in purchasing. This property is listed for sale through Realtor. com and I have had conversations with the real estate agent listing this property.

This vacant lot is located at 11713 Johnson Davis Road, Huntersville, NC 28078. The Plat No. is 023-024-16. The lot size is .48 acres.

I want to know if this parcel will be approved for a sceptic drain field which would support a four-bedroom modular house and well water.

I look forward to hearing from you.

Regards,

Marc S. Jacobson

Mobile phone: 727-361-8254

E-mail Address: msjacobsonfl@msn.com

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: MARC JACOBSON

Bill To:

MARC JACOBSON
2618 COVE CAY DR

Clearwater, FL 33760

Single Payment

Transaction Date: 08/14/2015 12:02 PM Pacific Time
Pay Method: VISA **********9433
Approval #: 014149
Trace Number: 511f43e1-17d6-430c-8de9-865604904400
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

DocuSign Envelope ID: E357B7F4-204C-40DB-9EED-CE47C74C6D68

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Shari Gaither of Keller Williams UNV is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 11713 Johnson Davis Rd, Huntersville, NC 28078 PID 023-24-16

Number Street Town
(Or Parcel Number)

Sammie Johnson	DocuSigned by: Sammie Johnson	8/13/2015
Deborah Johnson	Deborah Johnson	8/13/2015
Property Owner (print name)	Property Owner (signature)	

Date

Supervisor/Administrative Professional Checklist

New Septic ☒ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) LE 8/14/15 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

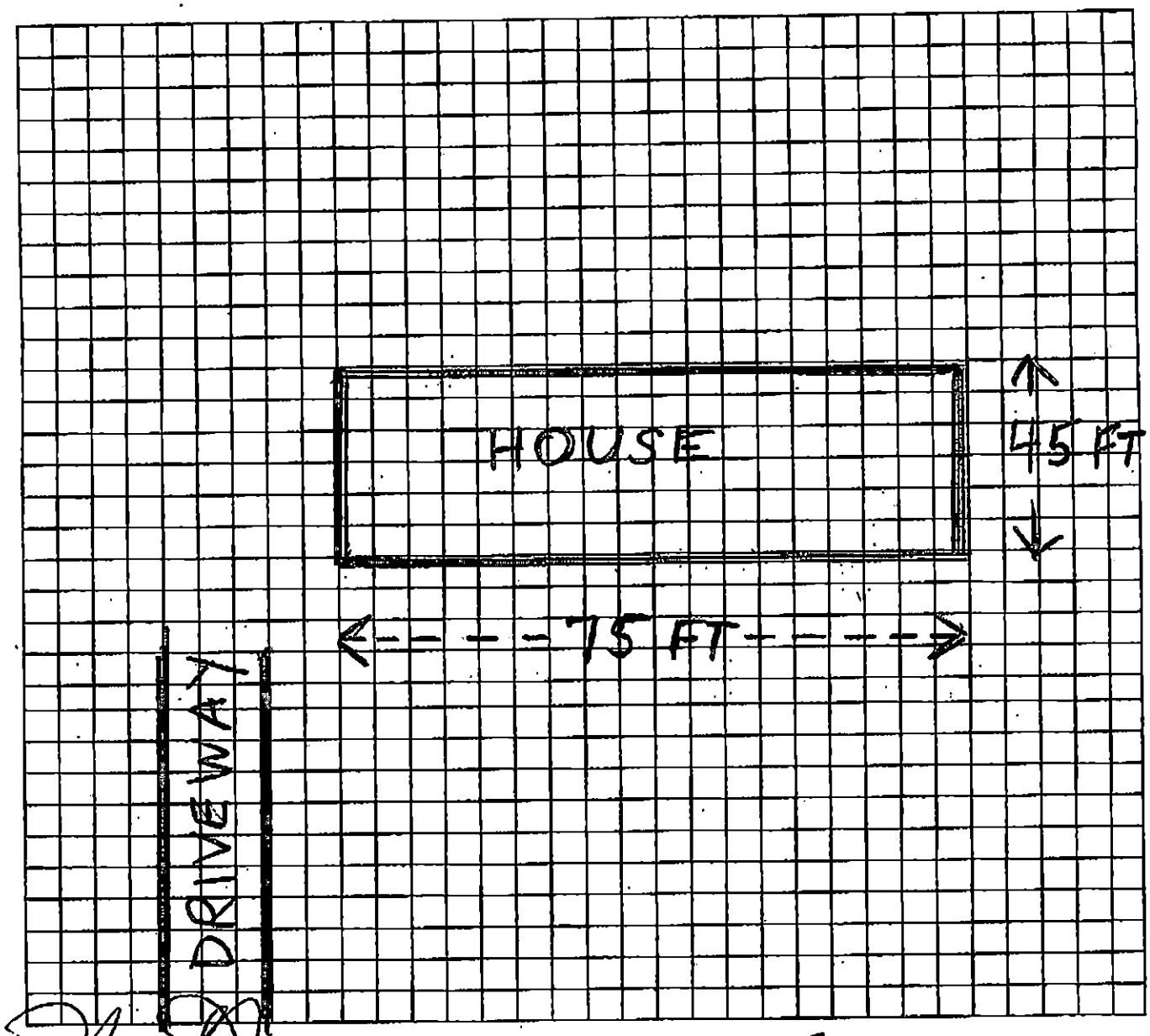
File #: _____

PROPOSED PLOT PLAN

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Street Address: 11713 Johnson Davis Rd Tax Parcel #: APN 023-024-16

Subdivision Name: Mountain Island Lake Lot #: _____



Property Owner's or Owner's Legal Representative Signature

8-13-15
Date

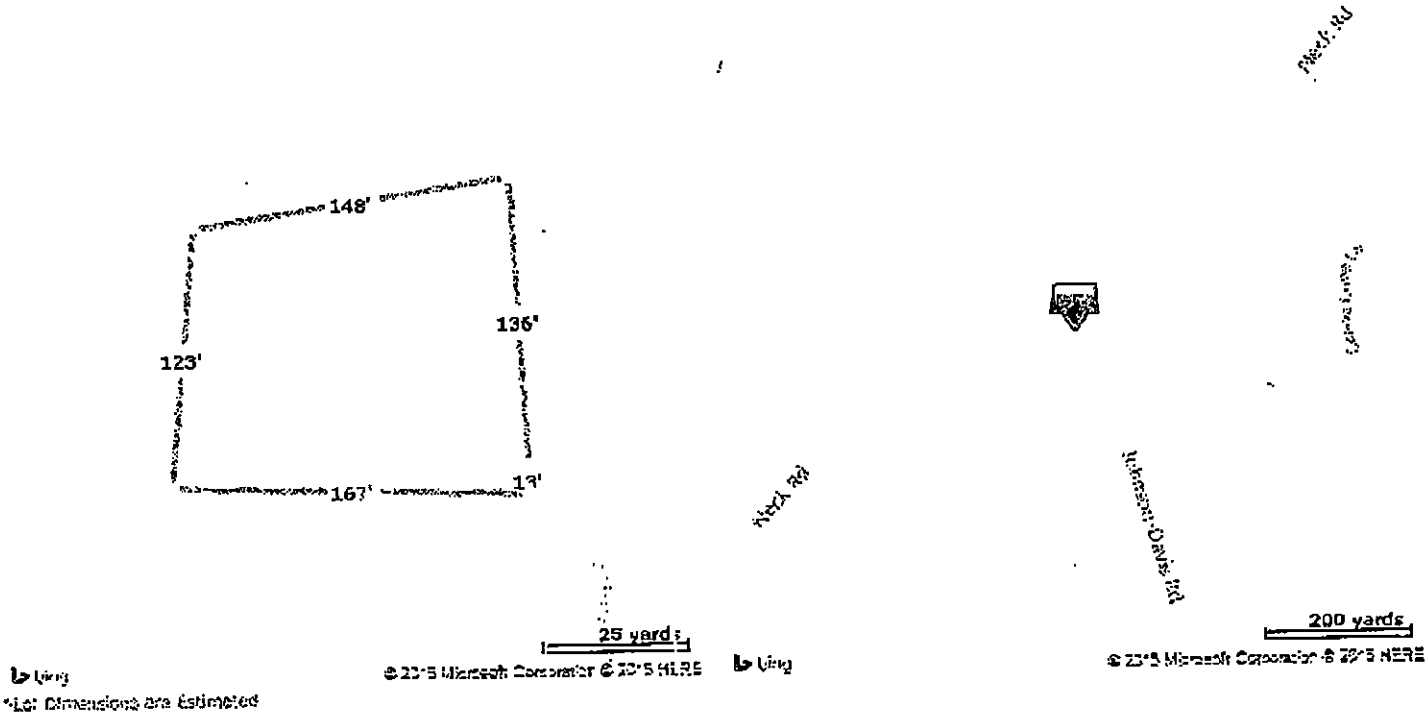
Marc S. Jacobson

HOUSE DIMENSIONS
75 FT X 45 FT

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST, SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8894

Revised on: 12/15/10

Property Map



*Lot Dimensions are Estimated

11713 Johnson Davis Rd
Huntersville, NC 28078

APN: 023-024-16

FAX COVER SHEET

DATE: August 17, 2015

TO: Loretta Ellis

FROM: Marc S. Jacobson

FAX NUMBER: 704-336-6894

PHONE NUMBER: (727) 361-8254

E-MAIL ADDRESS: MSJACOBSONFL@MSN.COM

NUMBER OF PAGES (INCLUDING COVER SHEET): 3

SUBJECT: Proposed Plot Plan

DocuSign Envelope ID: FD3C42FE-9296-44C6-9CFA-AA8350EAF704

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Instal[illegible]on
Abandonment or Repair of Existing [illegible]otic System

8/17/15 Second request for plat plan via email WM + LE

Your signature below confirms the fo[illegible]

1. The information on the applicatio[illegible]
2. Authorized county and state officia[illegible]y to conduct necessary inspections to determine compliances with appli[illegible]es.
3. I acknowledge that Marc S. Jacobson is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

11713 Johnson Davis Rd, Huntersville, NC 28078 PID 023-24-16
Number Street Town
(Or Parcel Number)

DocuSigned by:
Sammie Johnson
DocuSigned by:
[illegible]
8/14/2015

Sammie Johnson
Deborah Johnson
Property Owner (print name)

8/14/2015
Property Owner (signature)

Date