

16024 SUNSTED DRIVE

12/19/2007

duponbj

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

FEE: 150 + add'l #335 DATE: 12/19/95

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

2465

X 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION/ ALTERATION 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 #: 1120B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-391-30

STREET ADDRESS: 16024 Sunsted Dr

SUBDIVISION OR MOBILE HOME PARK NAME: Lemley Township

LOT NUMBER: 294

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3795

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

Existing house 3 bedroom with washing machine - alteration not required. Approval to use existing system per 1962 at owner's request for new 3 bedroom house. 2/7/96 JKM

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: See plot plan dated 2/7/96

Existing house to be moved and new house built

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

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X 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
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Irons, George (LAST) (FIRST) (MI)	NAME: Spivey, Willis (LAST) (FIRST) (MI)
ADDRESS: 9224 Hunting Ct.	DAYTIME PHONE: ( ) 478-5771
CITY: Matthews STATE: NC ZIP: 28105	
DAYTIME PHONE: ( ) 347-2046	

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: Willis Spivey DATE: 12-18-95

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

Lemley Twp 5279 7119730804 #58 01

"Well in advance"

Refund?

Hold until notified
by Mr Spivey? —
may request alteration
to septank before house
complete.

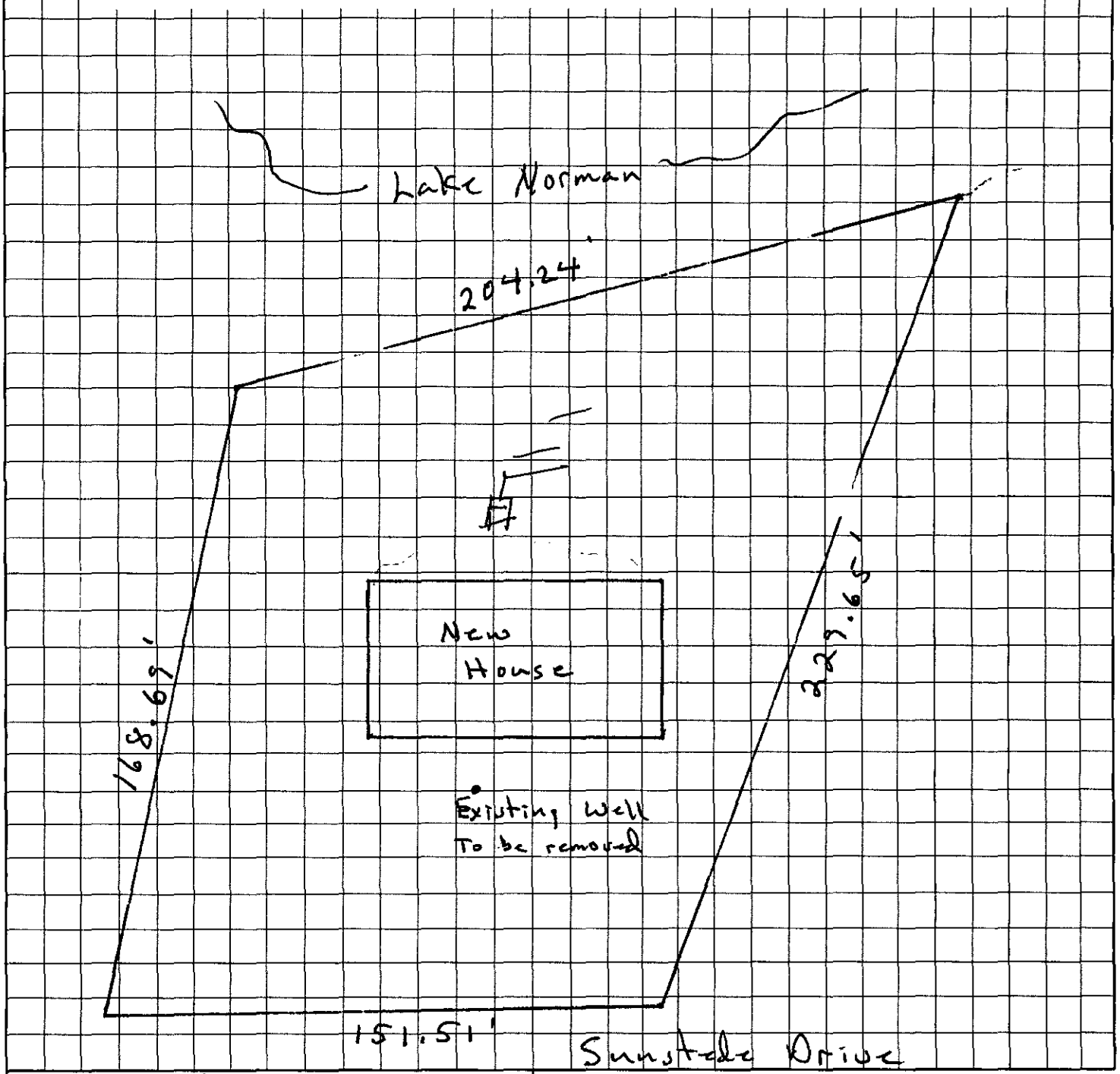
PROPOSED PLOT PLAN

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

FILE: 1120B

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.



Willis Spivey
OWNER/AGENT SIGNATURE

DATE 12-18-95

APPROVAL DATE _____

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

File 1120B
T.C. 001-391-30

Retain as part of File 1120B

1/19/96 OS w/S. Bateman - 1st knowledge of service request
N/A S. Bateman

1/22/96 OSV. B. Mallin completing soils work. - PS upslope w/ PB depth.
Willis Spivey OS - per walk-through of house - 3 bdrm w/ washer connection.

1/23/96 OC w/P. Walker

1/25/96 OC w/S. Bateman

1/26/96 PC w/DR Evans. Discussed approval, however, cautioned about agg/limited sys. DR Evans to consult Mr Spivey - entity of choice - use existing or alt. system

2/6/96 VM from Mr Spivey
PC w/Mr Spivey - to stake deck - owner wants to use existing system.

2/7/96 OSV. Mr Spivey present. 5' setback met. Approval to use existing system for new 3 bedroom house.

FEE: 150 - ck# 1335 DATE: 12/19/95

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

1 1 CRT

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

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X 0 MECKLENBURG
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___ 3 CORNELIUS
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___ 5 MATTHEWS
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___ DOUBLE WIDE (D)
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EASEMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES X YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: Irons, George (LAST) (FIRST) (MI)

ADDRESS: 9224 Hunting Ct.

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: ( ) 347-2046

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Spivey, Willis (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 478-5771

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SIGNED: Willis Spivey DATE: 12-18-95

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

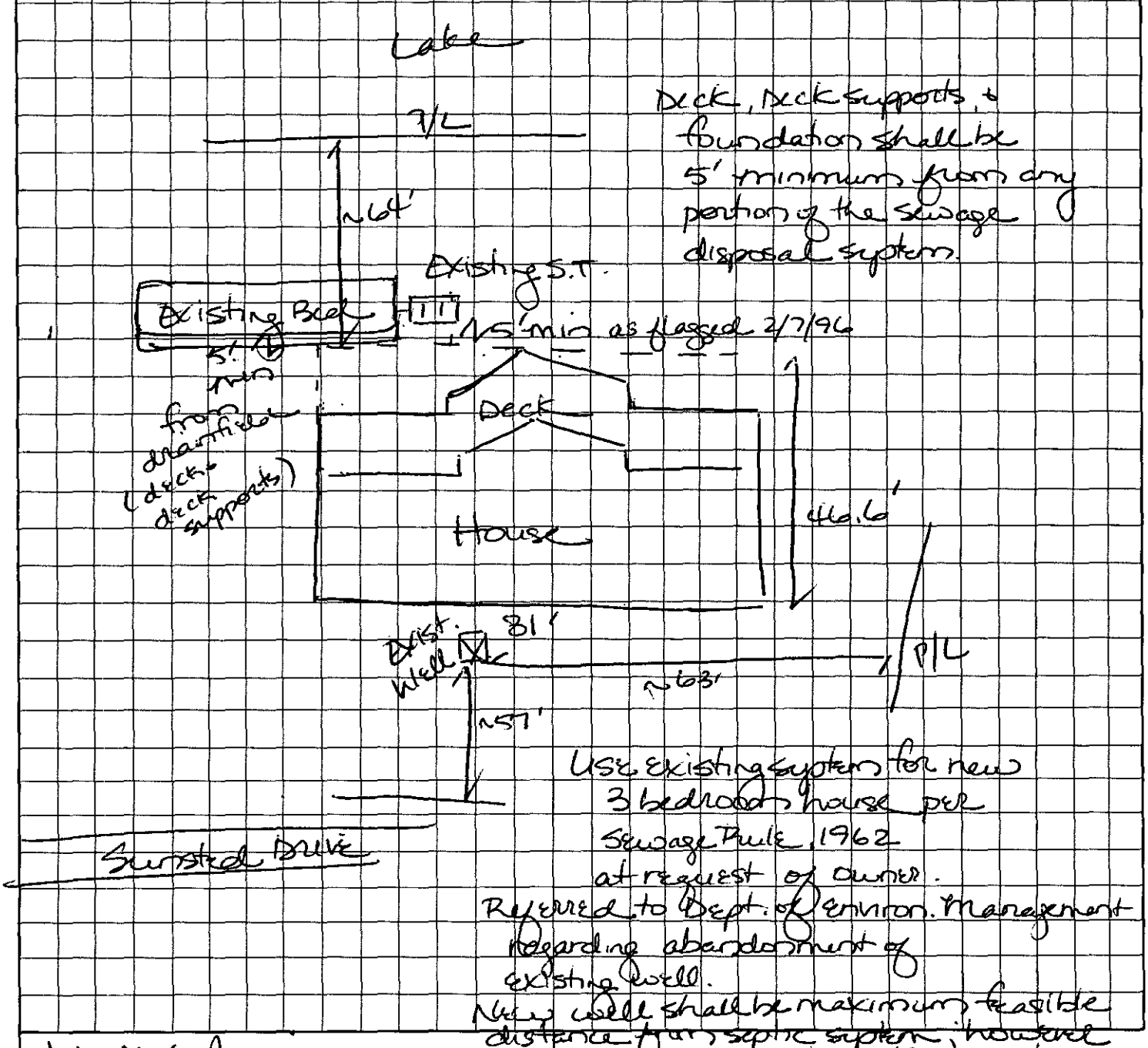
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 1120B

TC: 001-391-30

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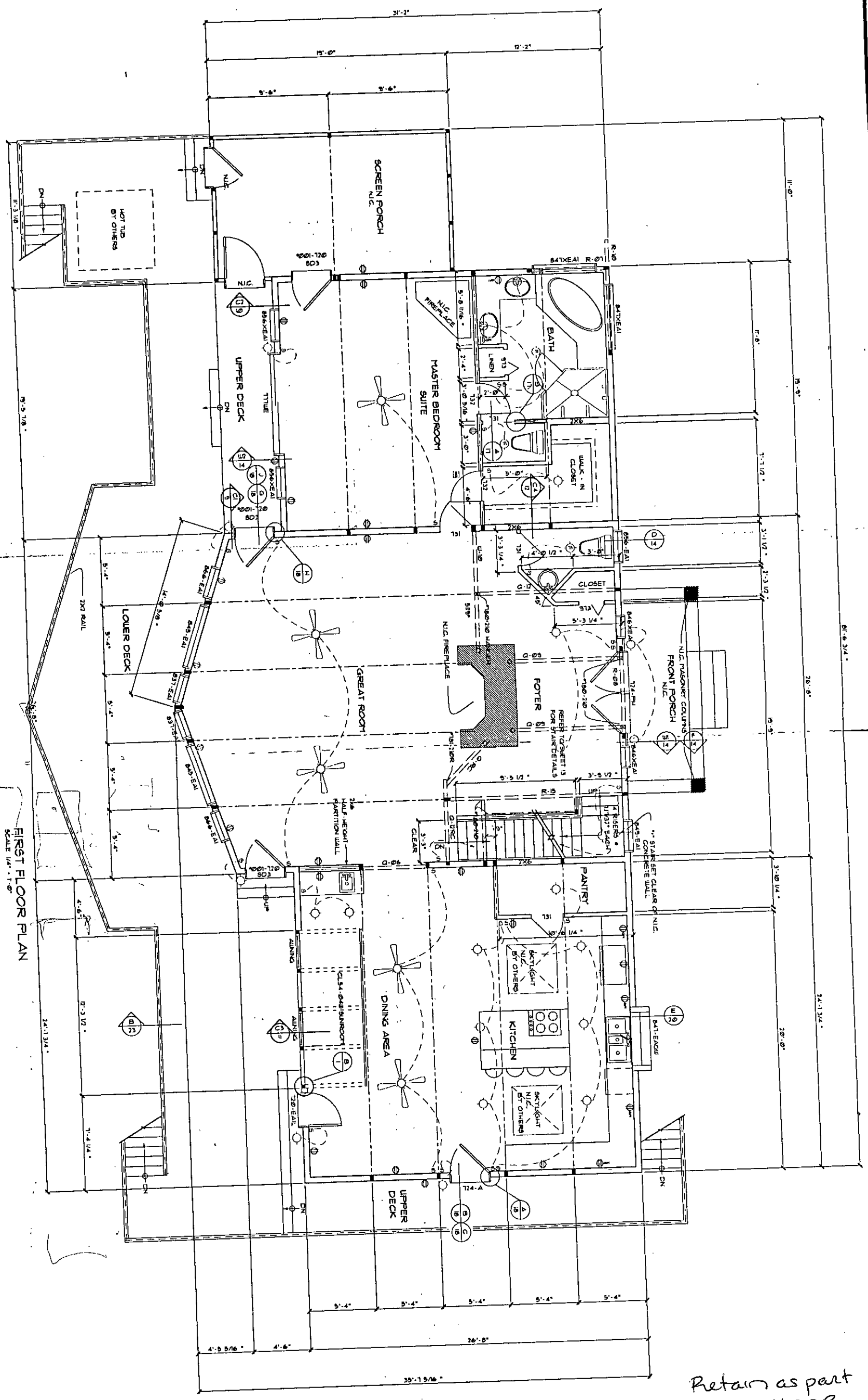


OWNER/AGENT SIGNATURE William Spivey

DATE 2-7-96

APPROVAL DATE 2/7/96 Joe B. Mialik

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



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NOTES

1. LOFT FLOOR BEAMS

SYMBOL	SIZE
Q	3 1/8" x 9" GLULAM
R	3 1/8" x 16 1/2" GLULAM
U	3 1/8" x 7" GLULAM
*U	2x10 S.P.F. #2 TRIM

2. L.C.H. IS NOT RESPONSIBLE FOR ANY DESIGN AND/OR MATERIALS CALLED OUT AS N.I.C. (NOT IN CONTRACT) OR BY OTHERS.

3. ALL ELECTRICAL WIRING & FIXTURES, PLUMBING FIXTURES, APPLIANCES, AND CABINETS ARE N.I.C. AND ARE SHOWN FOR REFERENCE ONLY.

4. ALL PARTITIONS ARE 3 1/2" WIDE UNLESS OTHERWISE NOTED.

5. REFER TO DOOR AND WINDOW INSTALLATION PAGES FOR DETAILS.

6. INTERIOR WALL LINER IS N.I.C. 1/2" GYPSUM WALLBOARD, TYPICAL. N.I.C. GREENBOARD IS USED BEHIND PLUMBING FIXTURES FROM FLOOR LEVEL TO 4' ABOVE FLOOR LEVEL AND THROUGHOUT TUB & SHOWER ENCLOSURES.

7. INTERIOR ROOF LINER IS N.I.C. 5/8" GYPSUM WALLBOARD.

8. CEILING LINER BELOW LOFT FLOOR JOISTS IS N.I.C. 5/8" GYPSUM WALLBOARD.

9. DO NOT DRILL HOLES THROUGH POSTS OR BEAMS.

10. F.S. INDICATES RANDOM LENGTH WINDOW FRAME STOCK SUPPLIED BY L.C.H. TO BE JOB-CUT. GLAZING FOR FRAME STOCK WINDOWS IS N.I.C.

Retain as part of File 11208

2/7/96 JBM

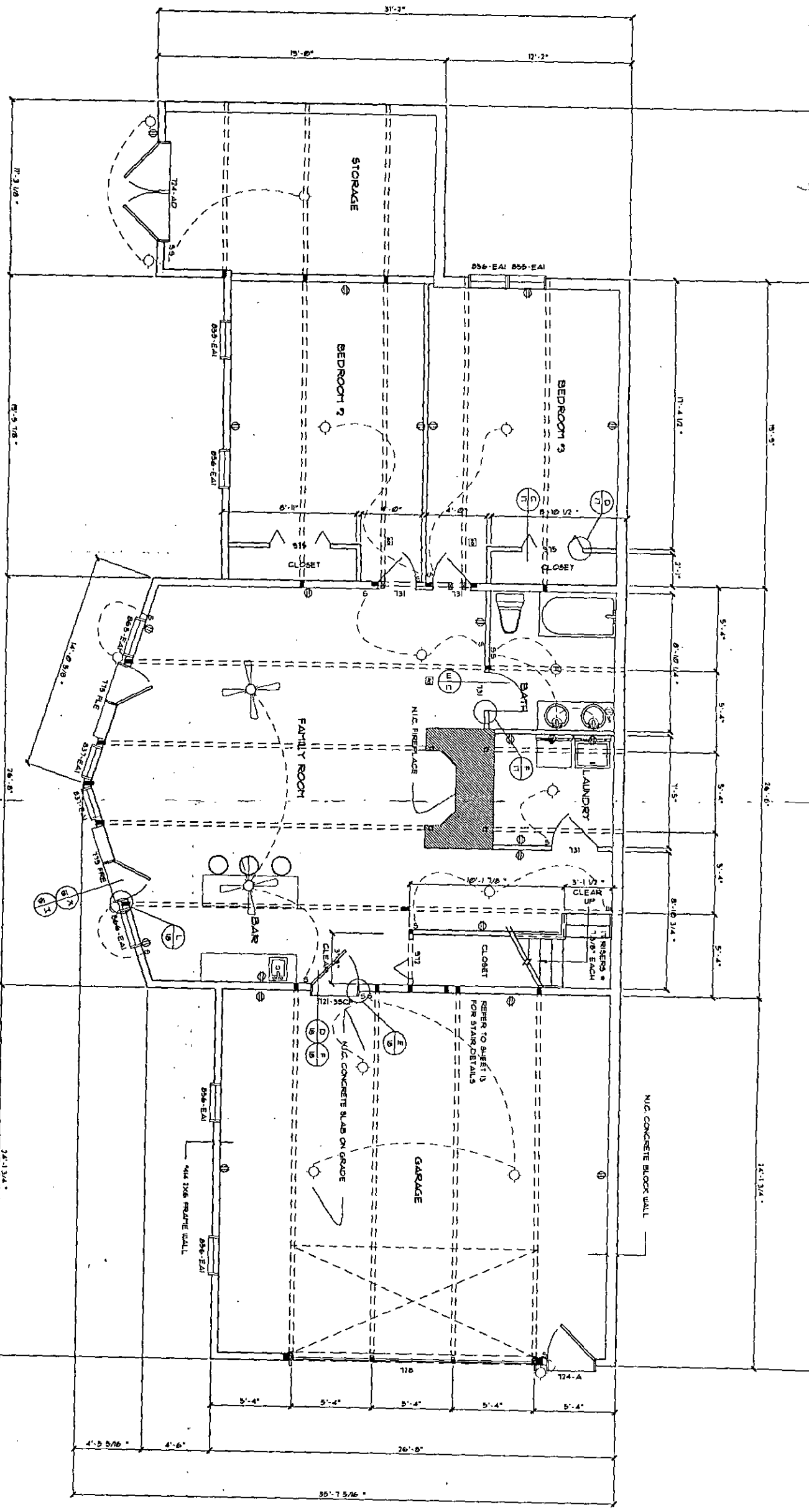
ORDER NUMBER	K-310005
PAGE	01
HOMEOWNER	IRONS
DISTRIBUTOR	CAROLINA CUSTOM HOMES
SERIES	PROW STAR
MODEL	CUSTOM
ORIGINAL SHEET SIZE	22" x 34"
DRAWN BY	ALB
DATE	10/15/92
PLOT SPECS	4
DRAWING NUMBER	FL310005F

SEE NATIONAL EVALUATION SERVICE REPORT NO. 461 FOR ALLOWABLE VALUES AND/OR CONDITIONS OF USE CONCERNING MATERIAL PRESENTED IN THIS DOCUMENT. IT IS SUBJECT TO RE-EXAMINATION, REVISIONS AND POSSIBLE CLOSING.

"This drawing is considered proprietary. It is not to be reproduced, nor is the information contained to be used to produce products, unless written consent is first obtained from Lindal Cedar Homes."

Lindal Cedar Homes

DATE	REVISIONS	BY
03/16/93	REVISED PER AMENDMENT RECEIVED 03/15/93	LYN



BASEMENT FLOOR PLAN

SCALE 1/4" = 1'-0"

NOTES

1. MAIN FLOOR BEAMS

	SYMBOL	SIZE
G		3 1/8" x 9" GLULAM
R		3 1/8" x 10 1/2" GLULAM
E		3 1/8" x 12" GLULAM
X		3 1/8" x 13 1/2" GLULAM
HUB		2x10 S.P.F. 2 TRIM

2. L.C.H. IS NOT RESPONSIBLE FOR ANY DESIGN AND/OR MATERIALS CALLED OUT AS N.I.C. (NOT IN CONTRACT) OR BY OTHERS.
3. ALL ELECTRICAL WIRING & FIXTURES, PLUMBING FIXTURES, APPLIANCES AND CABINETS ARE N.I.C. AND ARE SHOWN FOR REFERENCE ONLY.
4. ALL PARTITIONS ARE 3 1/2" WIDE UNLESS OTHERWISE NOTED.
5. CEILING LINER BELOW MAIN FLOOR JOISTS IS N.I.C. 5/8" GYPSUM WALLBOARD.
6. DO NOT DRILL HOLES THROUGH POSTS OR BEAMS.

7. F.S. INDICATES RANDOM LENGTH WINDOW FRAME STOCK SUPPLIED BY L.C.H. TO BE JOB-CUT. GLAZING FOR FRAME STOCK WINDOWS IS N.I.C.

Retain as part of
File 1120B
2/7/96 JBM

ORDER NUMBER K-31005	HOMEOWNER IRONS	ORIGINAL SHEET SIZE 22" x 34"	SEE NATIONAL EVALUATION SERVICE REPORT NO. 461 FOR ALLOWABLE VALUES AND/OR CONDITIONS OF USE CONCERNING MATERIAL PRESENTED IN THIS DOCUMENT. IT IS SUBJECT TO RE-EXAMINATION, REVISIONS AND POSSIBLE CLOSING.	Lindal Cedar Homes	DATE 09/16/95 — REVISED PER AMENDMENT R
PAGE 04	DISTRIBUTOR CAROLINA CUSTOM HOMES	DRAWN BY JLB — DATE 10/15/92	"This drawing is considered proprietary. It is not to be reproduced, nor is the information contained to be used to produce products, unless written consent is first obtained from Lindal Cedar Homes."		
	SERIES PROW STAR	PLOT SPECS 4			
	MODEL CUSTOM	DRAWING NUMBER BF31005F			

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$ 1120B/9092A PD 50.00 7/21/93 CK 5279 [X] 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

COPY

Date:

PERSON FILING APPLICATION:
NAME: IRONS (last) GEORGE (first) V - JR. (mi)
ADDRESS: 9224 HUNTING CT. PHONE: (704) 847-9089
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE: 20246

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 201-391-30
STREET ADDRESS: 16034 Sunstede Dr
ZONING:

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:

LOT NUMBER: 294 LOT SIZE (in acres): .73

1350 - lot 265
1610 lot 266
10674 - lot 269
11482 - lot 270
8149 - lot 295
11472 - lot 273
14233 - lot 292
10939 - lot 274

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Replace w/ home with new WKS
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (A)
[] 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: 2-4
SYSTEM CLASSIFICATION: 5820 - lot 296

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 [X] Other NEW HOME

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: 7/21/93 Builder

Willis Spivey 478-5771

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:

- ... shall be conducted on the septic tank system until ... installation, construction, alteration and/or repair approval is granted by this Department.

...This permit is not transferable.

... 7/6/94 Met Mr Irons on lot. Suffecient area not located for house replacement as is. Mr Irons stated he would adjust house and possible abandonment and relocation of well if necessary. Will contact when final house plans complete.

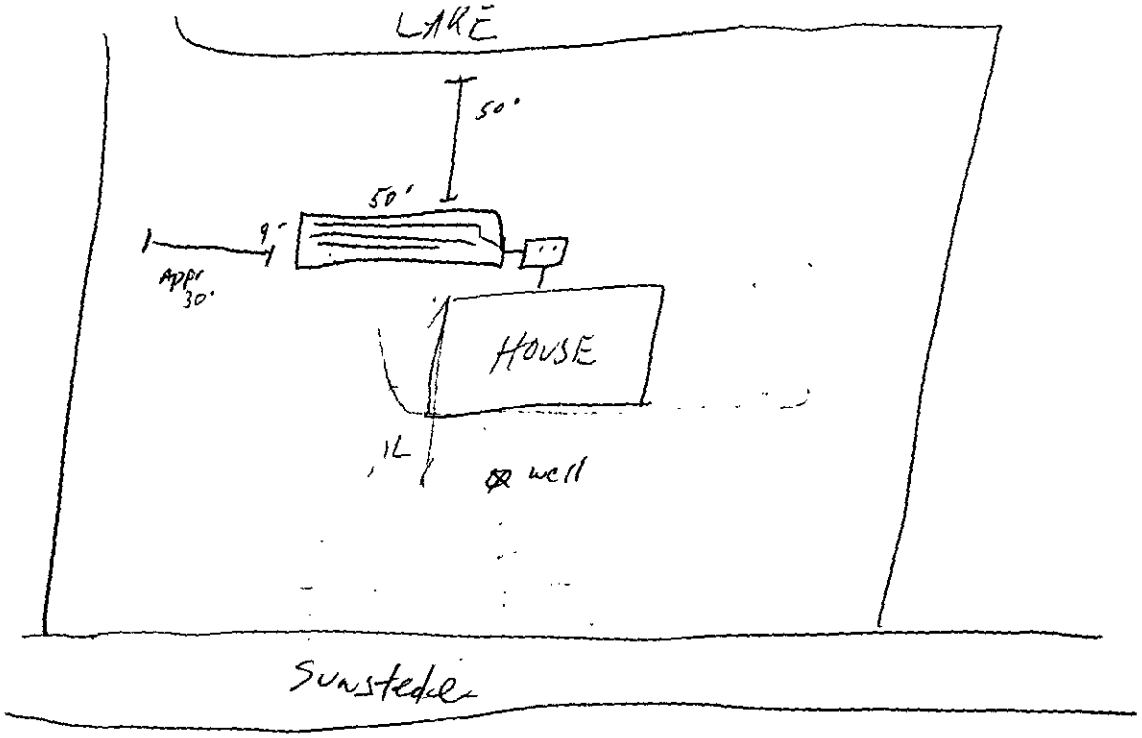
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

1/19 OSV w/S. Bateman
1/22 OSV w/B. Martin; Willis Spivey route from Brawley School Rd. Almost across from Thunderhill Rd.
1/23 OC w/S. Davis regarding use of exist. sys. - current 5/0 lot 294 home - walkthrough 3bdrm w/washer.



1) Appr 150' LF drainfield

DIRECTIONS TO IRONS LAKE HOUSE

TAKE I 77 N

TAKE EXIT 33 AND TURN L IMMEDIATELY

GO 2½ MILES TO INTERSECTION WITH BRAWLEY SCHOOL RD

CHURCH WITH STEEPLE ON R AT INTERSECTION

TURN L ONTO BRAWLEY SCHOOL RD. DRIVE 7½ MILES.

TURN R ONTO TUSCARORA JUST BEYOND MECK. CO. LINE

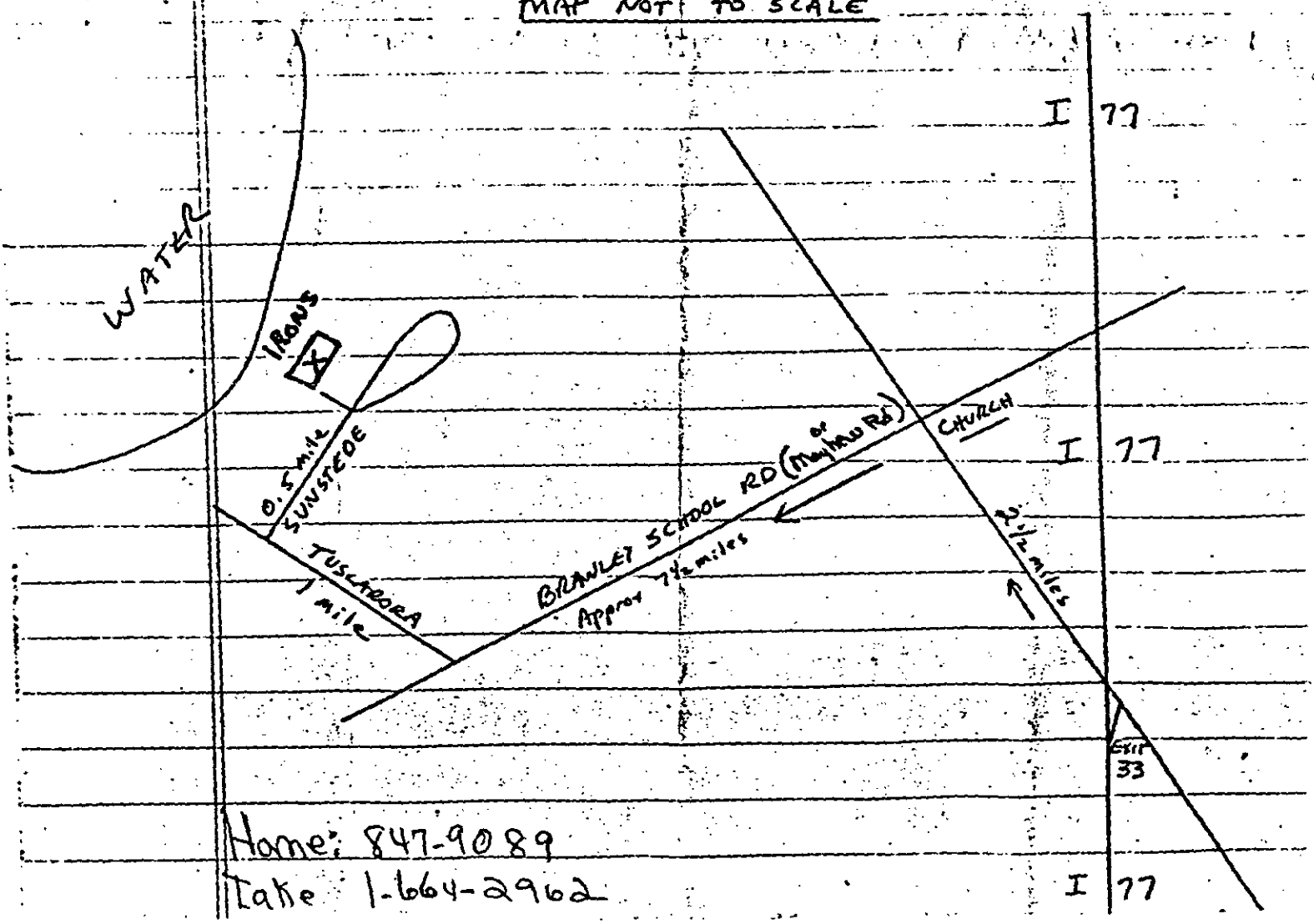
DRIVE 1 MILE ON TUSCARORA TO SUNSTEDE.

TURN R ONTO SUNSTEDE (DIRT ROAD)

GO 0.5 MILES DOWN SUNSTEDE TO BROWN HOUSE ON

LEFT WITH IRONS SIGN AT ENTRANCE TO DRIVEWAY

MAP NOT TO SCALE



Home: 847-9089

Lake 1-664-2962

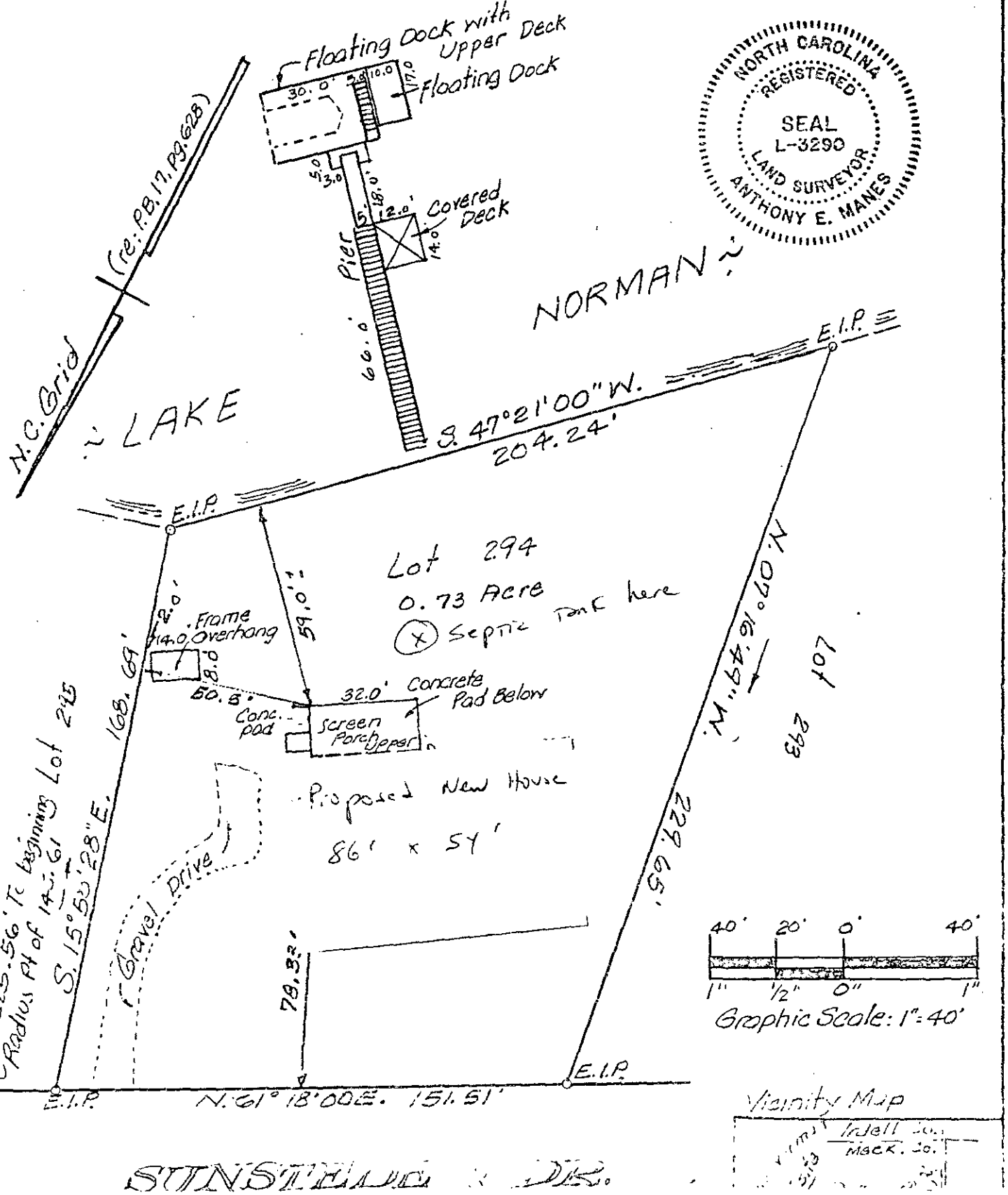
The Property of: Dr. George V. Irons, Jr. & Wife Linda J.

I Hereby certify that the ratio of precision of the field survey is 1':10,000' as shown hereon and the area was determined by D.M.D. method.

Anthony E. Manes

Anthony E. Manes
NCRLS #L3290
Associates Surveyors & Land Planners
478 Blucher Circle
Lake Wylie, S.C. 29710 831-7019

NORTH CAROLINA REGISTERED SEAL L-3290 LAND SURVEYOR ANTHONY E. MANES



Mecklenburg
Cardiovascular
Consultants, P.A.

William M. Herndon, Jr., M.D.
George V. Irons, Jr., M.D.
Robert S. Iwaoka, M.D.
Mark S. Kremers, M.D.
Jonathan O. McLean, M.D.
Gary S. Niess, M.D.
John A. Pasquini, M.D.
Bernard M. Reen, III, M.D.
William S. Roberts, M.D.
Kenneth D. Weeks, Jr., M.D.
Daniel E. Wise, M.D.

David W. White, M.B.A.
Clinic Administrator

June 15, 1993

001-39-30
[redacted] Sunsteed Rd
16024
Built 1968

Mecklenburg County Health Department
Division of Septic Tank and Well Inspection
IWWS
700 North Tryon Street
Charlotte, NC 28202

Dear Ladies and Gentlemen:

I am writing to officially request an inspection of my well and septic tank which are located at our lake house on Sunsteed Road in the Mecklenburg neck area of Lake Norman. A map is enclosed.

After leaving I-77, go down Brawley School Road for approximately 7½ miles, turn right on Tuskarora, go one mile, turn right on Sunsteed and about ½ mile down on the left is a brown house with the name plaque IRONS out front. There are no numbers.

unable to determine

We would like the well inspected for adequacy of water supply, bacterial content, and mineral content.

We would also like the septic tank inspected as to adequacy, particularly with the idea of building another house on the property. - Need Dump Permit to LXS

We can be contacted in Matthews at 847-9089 during the day or at Lake Norman 664-2962.

We understand there is a fee for this service and we will be glad to remit it when appropriate.

With thanks for your assistance in this matter.

Sincerely,

George V. Irons, Jr., M.D., F.A.C.C., F.A.C.P.

GVI/ec

No Check Received
6/22/93
Spoke w Miss on 6/23/93
She will respond

1718 East 4th St., Suite 501
Charlotte, North Carolina 28204
(704)343-9800 FAX:(704)347-2011

June 30, 1993

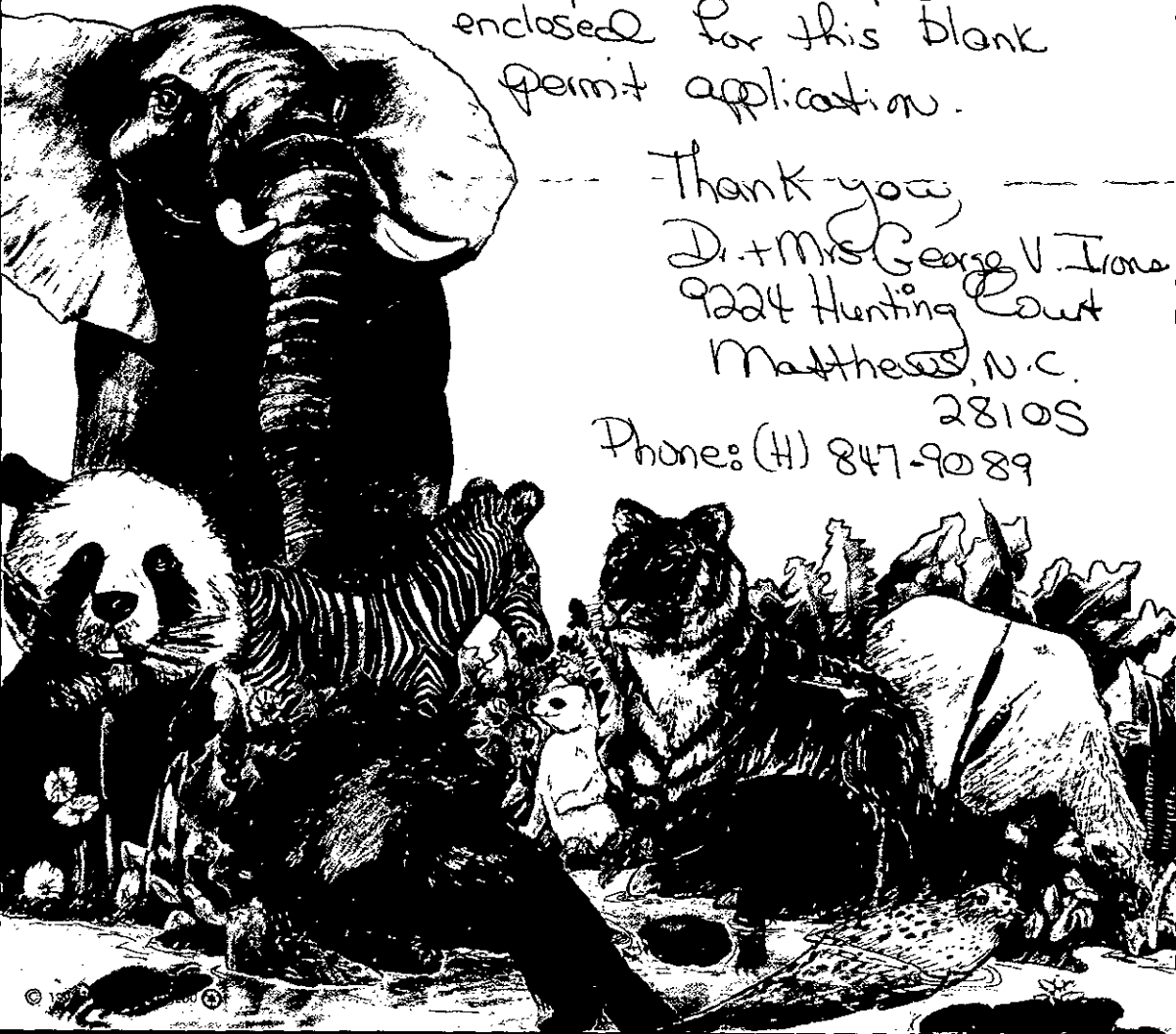
Dear I.W.W.S, Att: Gwen

Please send an improvement perm.t application in order to have our Septic Tank on our Lake Norman property checked for size etc. for purposes of building a new home.

A $50.00 check and a self-addressed stamped envelope is enclosed for this blank perm.t application.

Thank you,

Dr. + Mrs. George V. Irons
9224 Hunting Court
Matthews, N.C.
28105
Phone: (H) 847-9089



1120B/9092A

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APPLICATION FOR SERVICES

PD 50.00 7/21/93
CK# 5279 [X] CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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(704)336-5102

Date:

PERSON FILING APPLICATION:

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CITY: MATTHEWS STATE: NC ZIPCODE: 28105

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

ADDRESS: PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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[ ] 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: 2-4

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)
[ ] 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 [X] Other NEW HOME

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: 7/21/93

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

BOUNDARY & PHYSCIAL SURVEY OF
LOT 294, CRESCENT LAND & TIMBER CORP.
0.73 Acres
Lemley Twp., Mecklenburg County, N.C.
Scale: 1"=40' August 10, 1992

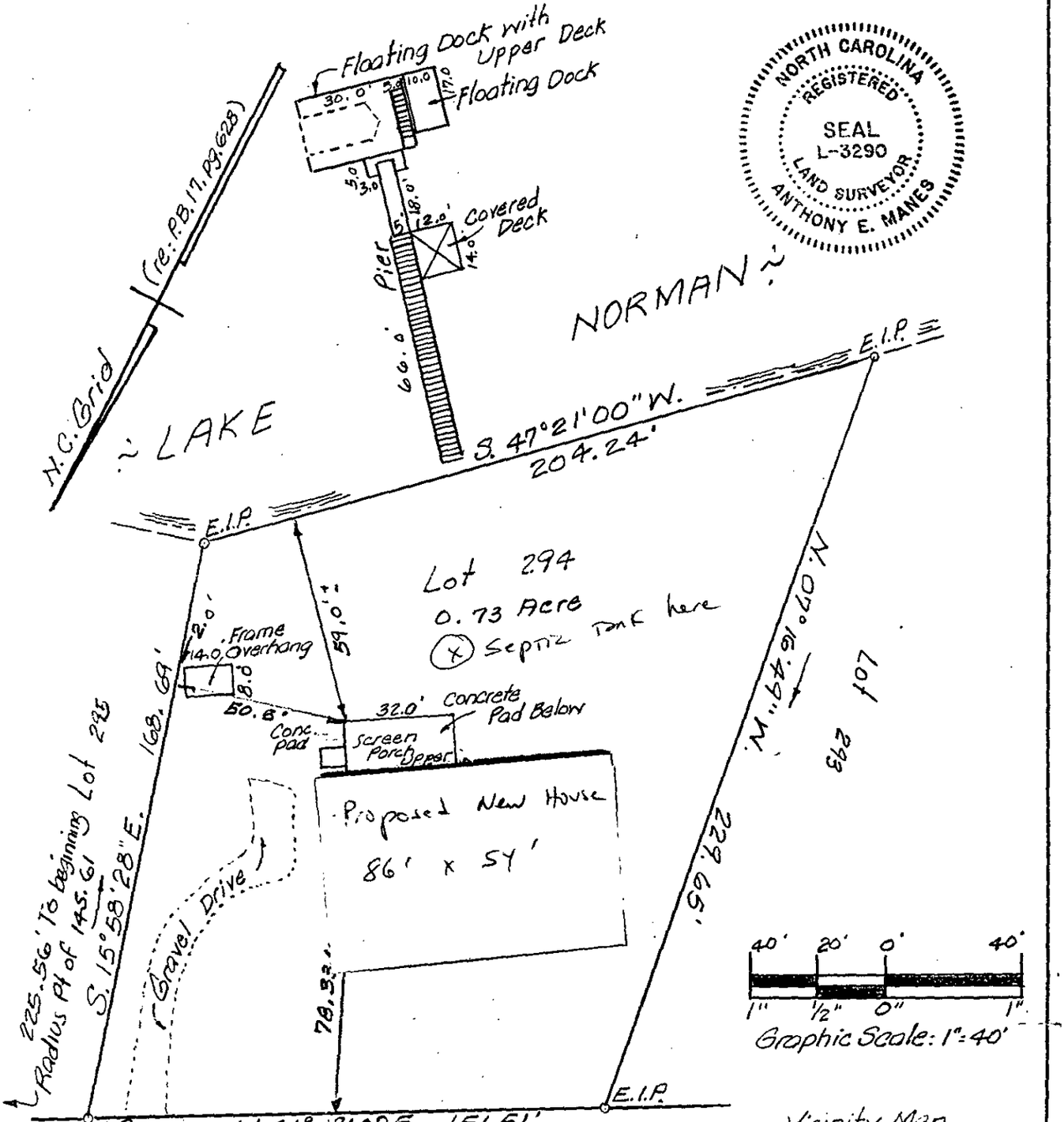
The Property of: Dr. George V. Irons, Jr. & Wife Linda J.

I hereby certify that the ratio of precision of the field survey is 1':10,000' as shown hereon and the area was determined by D.M.D. method.

Anthony E. Manes

Anthony E. Manes
NCRLS #L3290
Associates Surveyors & Land Planners
478 Blucher Circle
Lake Wylie, S.C. 29710 831-7019

NORTH CAROLINA REGISTERED SEAL L-3290 LAND SURVEYOR ANTHONY E. MANES



SUNSTEDE DR.

Vicinity Map

