

1208 SAM NEWELL RD

12/27/2007

duponbj

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

Mecklenburg County

Health Department

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

November 16, 1993

Wayne Plybon
421 Lakenheath Lane
Matthews, NC 28105

RE: Property located at Sam Newell Road
FILE: 2001B/9172A
PARCEL: 193-231-16PO

Dear Mr. Plybon:

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 Number 20098) is enclosed.

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 .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20098

File: 2001 B / 9172 A Action 2

Parcel: PO 193-231-16 PC

Location: Sam Newell Road

Subdivision:

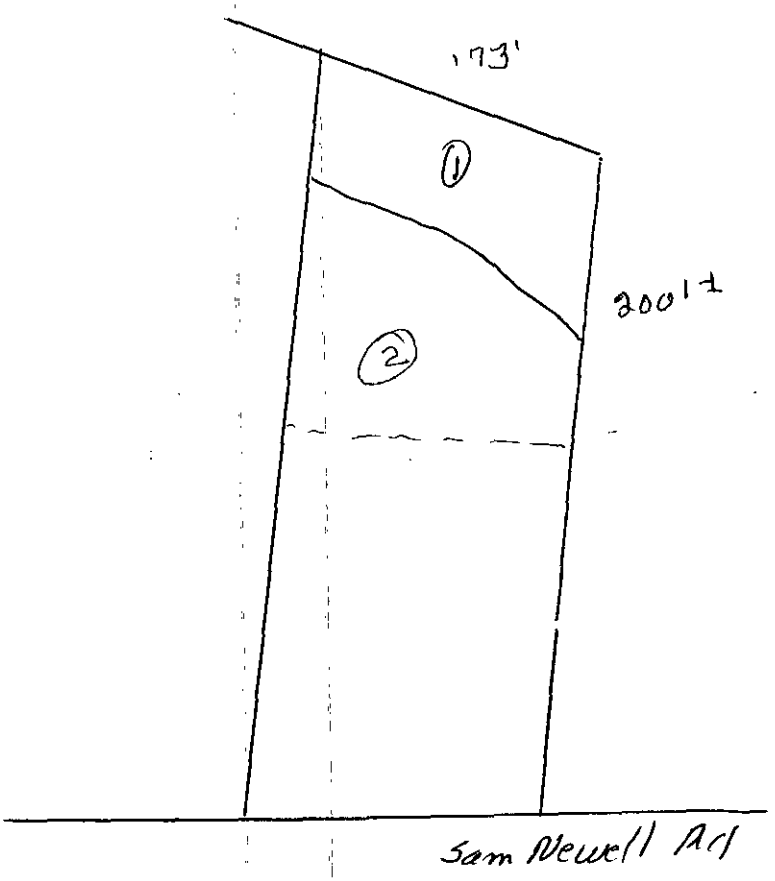
Lot: Block: Acres: .75

Owner: Wayne Playbon
Address: 421 Fahenheith Farm
Matthews, N.C. 28105

Comments: .3 gal/ft²/day LTAR

Described by: William A. Marlin

Date: 11-15-93



***** 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 2-6%	(S) PS U 2-8%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay loam	S (PS) U clay	S PS U	S PS U	S PS U	S PS U
Structure	S PS (U) Massive	S (PS) U subl Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7½" to water	S (PS) U 7½" to water	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) cut	S PS (U) 20-34"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7½"	S (PS) U 7½"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U limited	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	Cut Area	Portol T/ Cut				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20098

File: 20 18 / 9171A Action 2

Parcel: pt 193-231-16 ☒ ☐PC

Location: Sam Newell Trail

Subdivision:

Lot: Block: Acres: .15

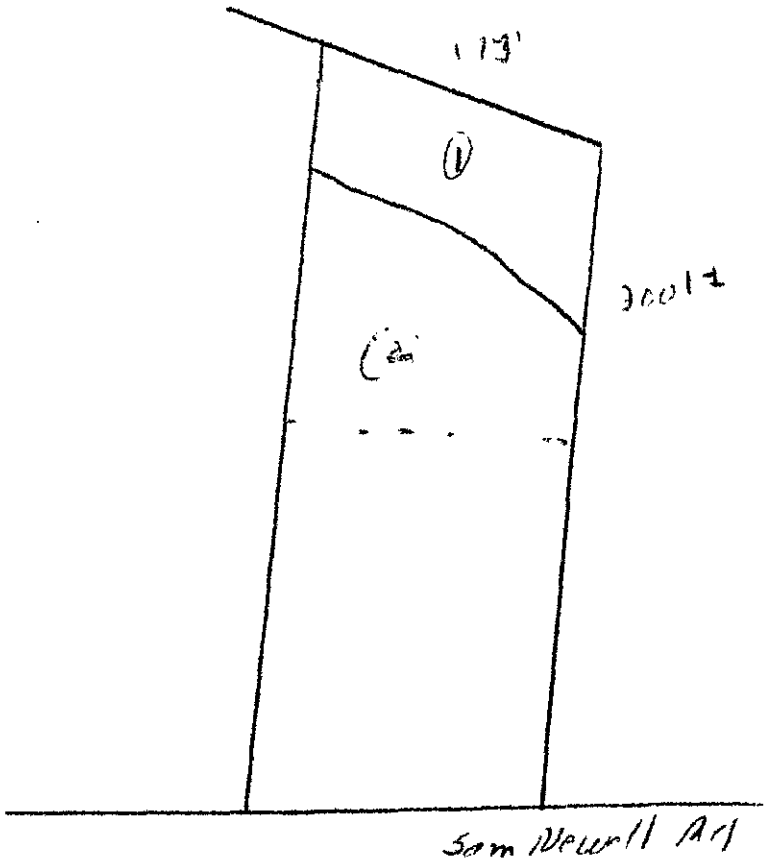
Owner: Lyon Lyon

Address: 411 Schenkenth Farm
Matthews, N.C. 28105

Comments: 3 bedroom (a) 1 BA

Described by: William A. Marsh

Date: 11-15-73



***** 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 (2-4%)	S PS U (2-8%)	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay loam	S (PS) U clay	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Massive	S (PS) U Blocky	S PS U	S PS U 4	S PS U	S PS U
Drainage	S PS U Fair to poor	S PS U Fair to poor	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) cut	S PS (U) 20-34"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 24"	S PS U 24"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U limited	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	Cut Area	Permit/ Cut				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Just a Note...

FROM
WAYNE PLYBON

10/30

Bill,

As per our discussion, enclosed is a resubmission for a perk test on Tract "B" of enclosed map. Our back line runs along the tree line in back altho I couldn't immediately find any markers.

Instead of trying test towards the front portion where they took more dirt, please try back near the tree line.

I had a sewage line evaluation done as you suggested and our bill would be $32,000 for the 1300 feet to run the line. Any questions call me or my wife Sue at 847-1400 (our business).

Thanks

Wayne Plybon

Resubmission 10/11 — 2nd site — PD 11/2/93 50' WL 3 77 [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2001B/912A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: Plybon (last) Wayne (first) (mi)
ADDRESS: 421 Lakeneath Lane PHONE: W 847-7400
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 9/17/93

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-231-16
STREET ADDRESS: Sam Newell Road - ½ M. fm Independence & Fair Forest
ZONING: R-15MF

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

SUBDIVISION OR MOBILE HOME PARK NAME: Vacant land

LOT NUMBER: LOT SIZE (In acres): 1.93 A.

TYPE APPLICATION (check one):
[x] 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: 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) Water lines within year

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: Wayne Plybon Date: 9/17/93

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.

...

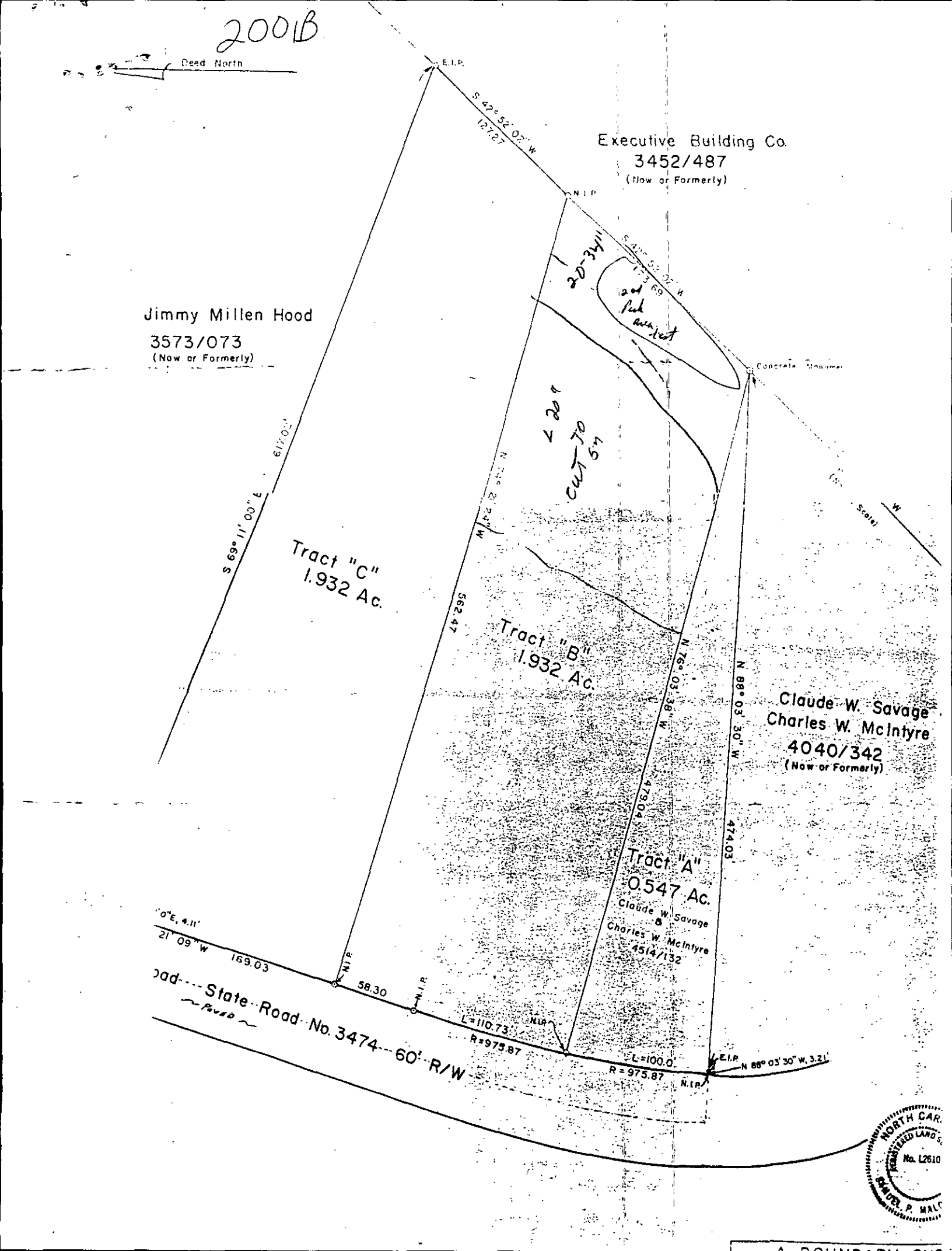
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

N.T.: Land "perked" several years ago but top layer removed for [illegible]


200B
Deed North
E.I.P.
S 42° 52' 02" W
1272.7
Executive Building Co.
3452/487
(Now or Formerly)
N.I.P.
S 42° 52' 02" W
173.69
20-34"
2nd Park entrance
Concrete Monument
Jimmy Millen Hood
3573/073
(Now or Formerly)
S 69° 11' 00" E
617.02'
Tract "C"
1.932 Ac.
N 21° 24' W
562.47
Cut 20 ft
Cut 5 ft
Tract "B"
1.932 Ac.
N 26° 03' 38" W
470.4
N 88° 03' 30" W
474.03'
Claude W. Savage
Charles W. McIntyre
4040/342
(Now or Formerly)
Tract "A"
0.547 Ac.
Claude W. Savage
&
Charles W. McIntyre
4514/132
0"E, 4.11'
21' 09" W
169.03
N.I.P.
58.30
N.I.P.
L=110.73'
R=975.87
N.I.P.
L=100.0'
R = 975.87
E.I.P.
N 88° 03' 30" W, 3.21'
N.I.P.
oad---State Road No. 3474--60' R/W
Road
NORTH CAR
No. L2610

Resubmission 10/11 — 2nd site — PD 11/2/93 50' ok JR 3 77 [] CRT

2001B/9172A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Plybon (last) Wayne (first) (mi)
ADDRESS: 421 Lakeneath Lane PHONE: W/K 847-7400
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 9/17/93

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-231-16
STREET ADDRESS: Sam Newell Road - ½ M. fm Independence & Fisk Farm
ZONING: R-15MF

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

SUBDIVISION OR MOBILE HOME PARK NAME: Vacant land

LOT NUMBER: LOT SIZE (in acres): 1.93 A.

TYPE APPLICATION (check one):
[X] 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: 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) Water lines within year

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: Wayne Plybon Date: 9/17/93

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

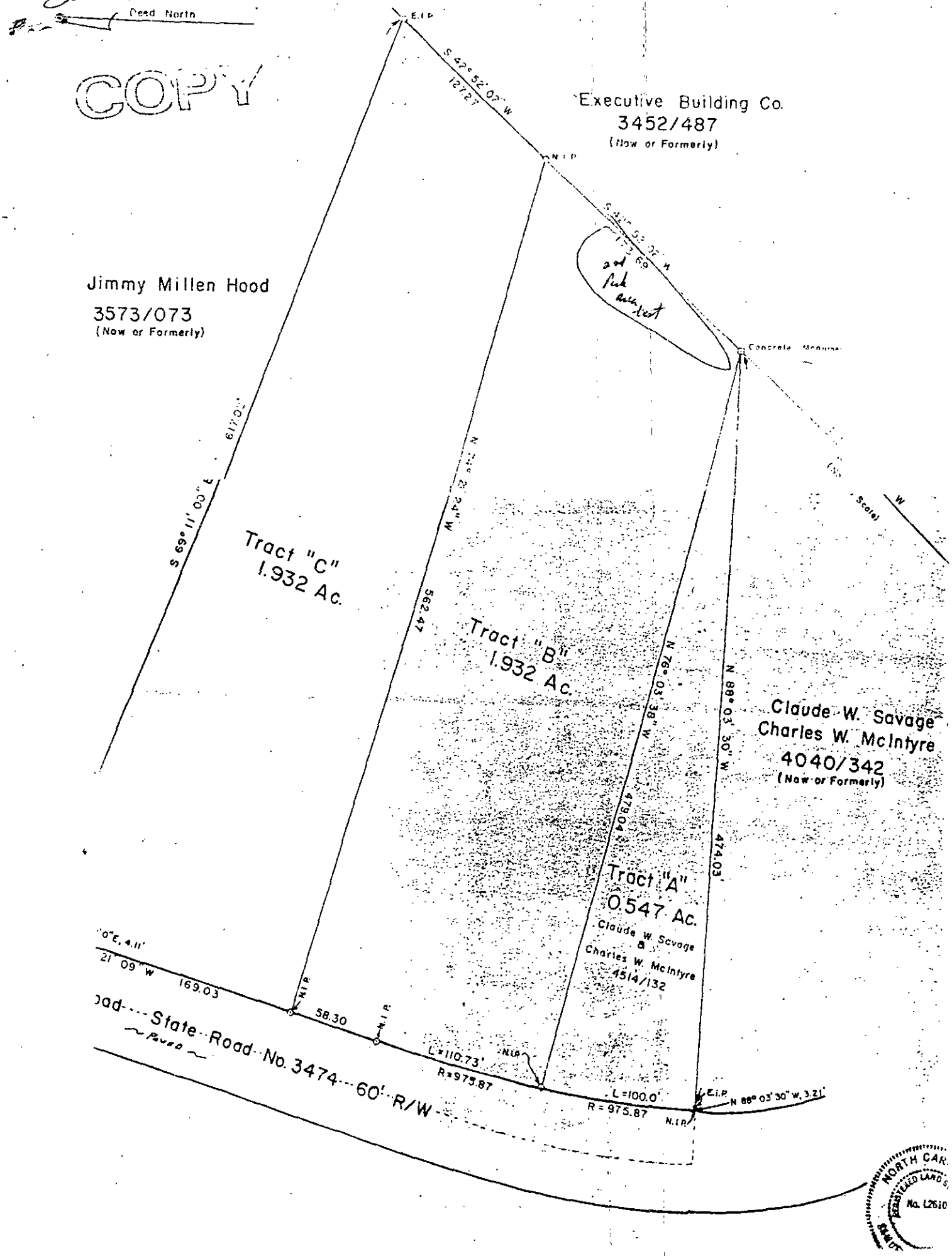
WWATER : 122791

Note: Land "perked" several years ago but top layer removed for Matthews bypass and we want to see if still OK so it can be put up for sale.

2001B

Deed North

COPY



NORTH CAR
REGISTERED LAND S
No. L2610

Mecklenburg County

Health Department

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

October 8, 1993

Wayne Plybon
421 Lakenheath Lane
Matthews, NC 28105

RE: Property located at Sam Newell Road
FILE: 2001B/9172A
PARCEL: 193-231-16P0

Dear Ms. Plybon:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as **UNSUITABLE** under criteria as set forth in 15A NCA 18A .1900 of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, August 1, 1991. Evaluation Report (Serial Number 19490) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware. If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150B-23.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

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

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19490

File: 2001 B/9172A Action 3

Parcel: PO 193-231-16 ☐ PC

Location: Sam Newell Road

Subdivision:

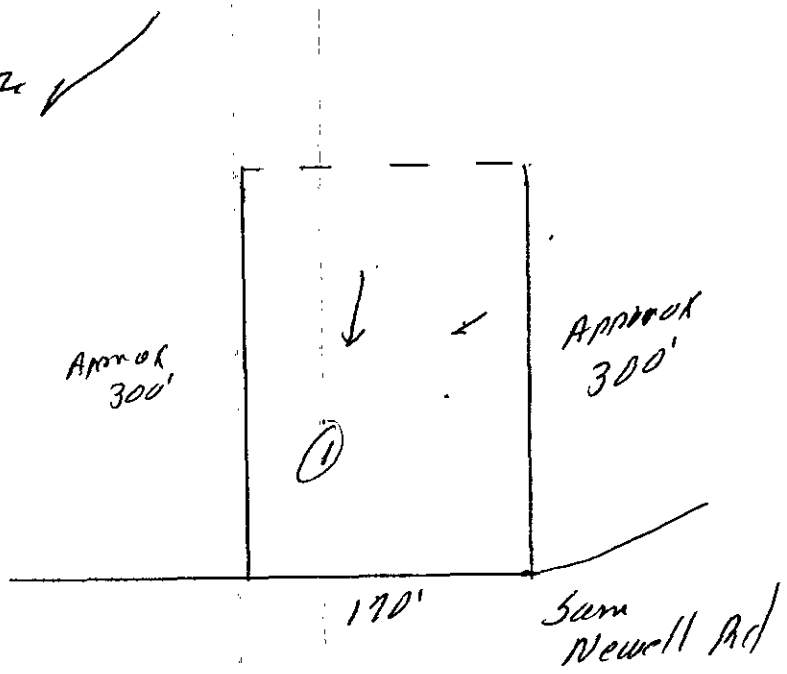
Lot: Block: Acres: 1.0

Owner: Wayne Blyboon
Address: 421 Lakenheath Lane
Matthews, N.C. 28105

Comments:

Described by: William A. Marks

Date: 10-8-93



***** 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 2-6 %	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	(S) ~~PS~~ U clay loam	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS (U) massive	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) cut - saprolite @ surface	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U > 48"	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	Cut / Saprolite					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19490

File: Action

Parcel: PC

Location:

Subdivision:

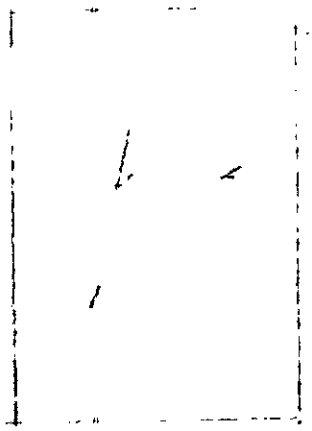
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date:



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

200/BY/9/92-A

P&50" Lot 373 9/27/93 [ ] 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: Plybon (last) Wayne (first) (mi)

ADDRESS: 421 Lakeneath Lane PHONE: W/H 847-7400

CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 9/17/93

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 193-231-16

STREET ADDRESS: Sam Newell Road - ½ M. from Independence & Fair Forest

ZONING: R-15MF

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

SUBDIVISION OR MOBILE HOME PARK NAME: Vacant land

LOT NUMBER: LOT SIZE (in acres): 1.93 A.

TYPE APPLICATION (check one):

[X] 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: 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) Water lines within year

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: Wayne Plybon Date: 9/17/93

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.

...

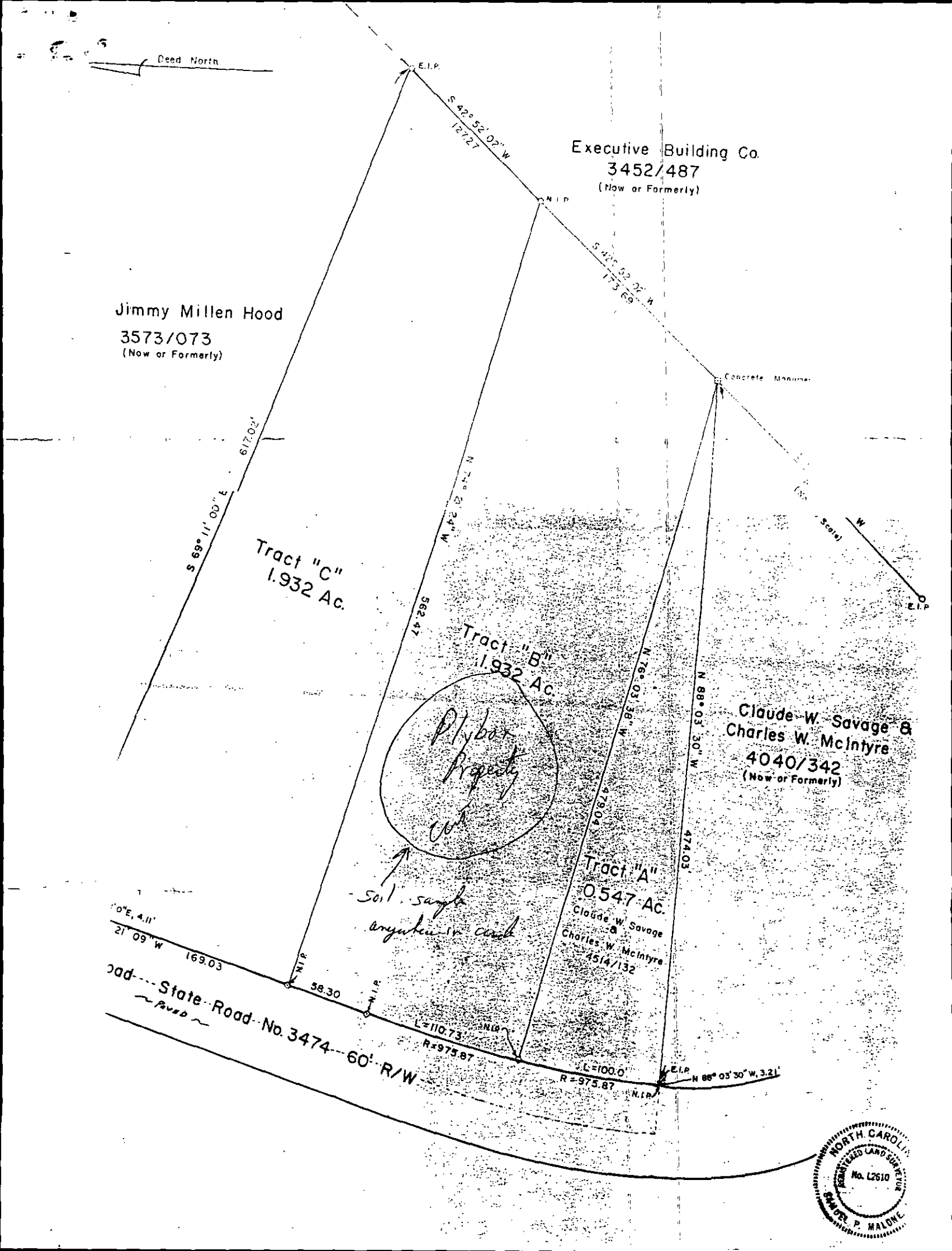
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Note: Land "perked" several years ago but top layer removed for Matthews bypass and we want to see if still OK, so it can be put up for sale.


Deed North
E.I.P.
S 42° 52' 02" W
127.27
Executive Building Co.
3452/487
(Now or Formerly)
N.I.P.
S 42° 52' 02" W
173.69
Concrete Monume
Jimmy Millen Hood
3573/073
(Now or Formerly)
S 69° 11' 00" E
617.02'
N 24° 12' 42" W
562.47'
Tract "C"
1.932 Ac.
Tract "B"
1.932 Ac.
Plybon Property
Soil sample
anywhere in circle
N 76° 03' 38" W
479.04'
N 88° 03' 30" W
474.03'
Tract "A"
0.547 Ac.
Claude W. Savage &
Charles W. McIntyre
451/4/132
Claude W. Savage &
Charles W. McIntyre
4040/342
(Now or Formerly)
Scale
E.I.P.
0"E, 4.11'
21' 09"W
169.03
58.30
N.I.P.
L=110.73'
R=975.87'
N.I.P.
L=100.0'
R=975.87'
E.I.P.
N 88° 03' 30" W, 3.21'
N.I.P.
oad---State Road No. 3474---60' R/W
Road
NORTH CAROLINA
REGISTERED LAND SURVEYOR
No. L2610
SAMUEL P. MALONE

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2001B / 9172A PD 50' M 373 9/27/93 [] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Plybon (last) Wayne (first) (mi)
ADDRESS: 421 Lakenheath Lane PHONE: JOK 847-7400
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 9/17/93

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193-231-16
STREET ADDRESS: Sam Newell Road - ½ M. from Independence next to Fisk Farm
ZONING: R-15MF

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

SUBDIVISION OR MOBILE HOME PARK NAME: Vacant land

LOT NUMBER: LOT SIZE (in acres): 1.93 A.

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 6 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: 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) Water lines within year?

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: Wayne Plybon Date: 9/17/93

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.

...

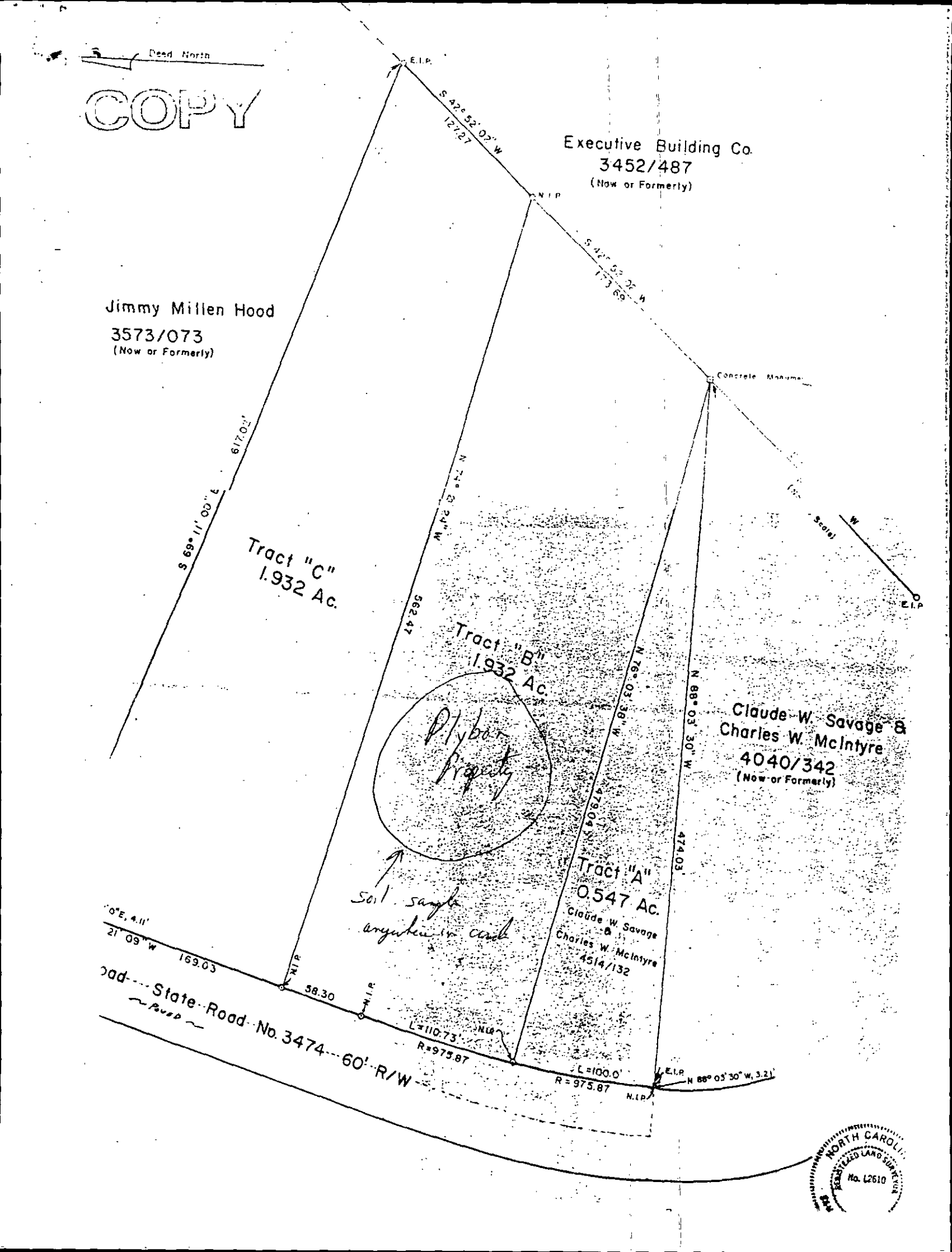
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Note: Land "perked" several years ago but top layer removed for Matthews bypass and we want to see if still OK so it can be put up for sale.


Deed North
COPY
E.I.P.
S 42° 52' 02" W
127.27
N.I.P.
Executive Building Co.
3452/487
(Now or Formerly)
Jimmy Millen Hood
3573/073
(Now or Formerly)
617.02'
S 69° 11' 00" E
Tract "C"
1.932 Ac.
N 74° 23' 24" W
562.47
Tract "B"
1.932 Ac.
Polybar Property
Soil sample anywhere in area
N 76° 03' 30" W
479.04'
Tract "A"
0.547 Ac.
Claude W. Savage & Charles W. McIntyre
4514/132
N 88° 03' 30" W
474.03'
Claude W. Savage & Charles W. McIntyre
4040/342
(Now or Formerly)
E.I.P.
21' 09" W
169.03
38.30
N.I.P.
L=110.73'
R=975.87
N.I.P.
L=100.0'
R=975.87
E.I.P.
N 88° 03' 30" W, 3.21'
N.I.P.
Road - State Road No. 3474 - 60' R/W
NORTH CAROLINA
REGISTERED LAND SURVEYOR
No. L2610