

9007 CHEYENNE DR

01727501

12/19/2007

duponbj

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

10465

BK: 07377 PG: 0449/0452 MA#:0023 13.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/15/93 08:42

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this _____ day of _____, 19____, by and between

GRANTOR	GRANTEE
MATTHEW LAMM, JR.	Matthew Lamm Jr.

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration ~~paid by the Grantee, the receipt of which is hereby acknowledged,~~ has and by these presents does hereby reserve unto himself an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of _____, Long Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 241 Block _____ of WILDWOOD GREEN recorded in Map Book 15 Page 55 (if applicable)
Deed Book 3694 Page 172
See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of himself as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Long Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

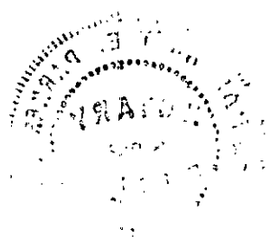
Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 242 Block _____ of WILDWOOD GREEN recorded in Map Book 14 Page 473 and 475 (if applicable)
See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said easement shall enable the Grantor to place, ~~if, as and when needed, such need~~ to be determined by the Grantor in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantor shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantor ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

This instrument was prepared by: Dana C. Hall

Mail after recording to: Department of Environmental Health 700 North Tryon St. Suite 211 Charlotte, NC 28202

CN



Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ Matthew T Lamm Jr (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)

_____ President

_____ (SEAL)

ATTEST:

_____ _____ (SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Matthew T. Lamm, Jr., Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 14 day of July, 1993.

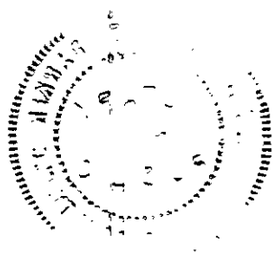
My Commission Expires: 11-12-94 Margaret E Parker
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires: _____ _____
Notary Public

0000 PAGE 0450



_____ _____(SEAL)
(Corporate Name)

BY:_____ _____(SEAL)

_____ President

_____(SEAL)

ATTEST:

_____ _____(SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires:_____ _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires:_____ _____
Notary Public

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

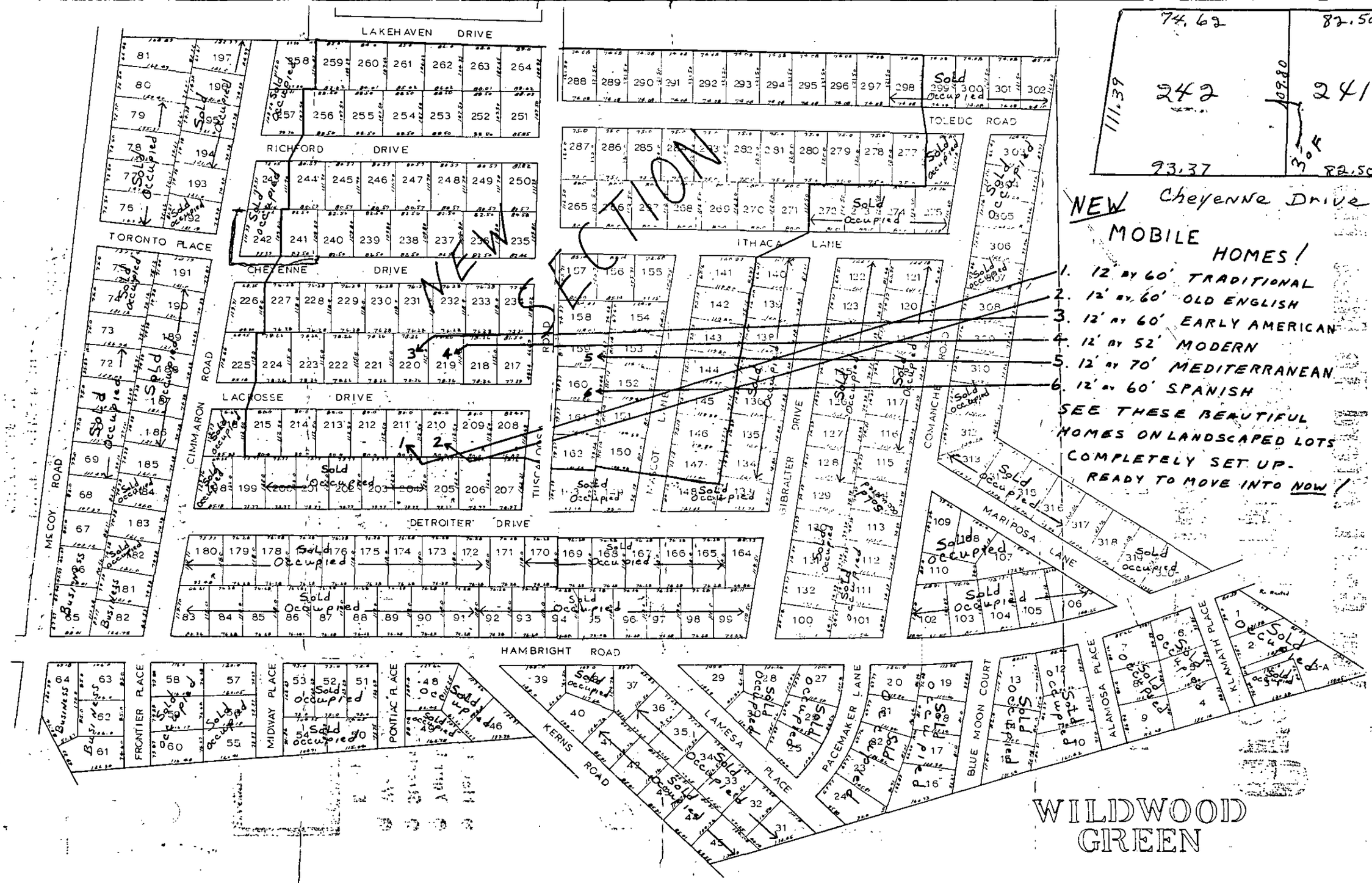
BY:_____ DATE:_____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

6256p

0000 7377 0451


LAKEHAVEN DRIVE
RICHFORD DRIVE
CHEYENNE DRIVE
TORONTO PLACE
LACROSSE DRIVE
DETROITER DRIVE
HAMBRIGHT ROAD
TOLEDO ROAD
ITHACA LANE
MARIPOSA LANE
KERNS ROAD
LAMESA PLACE
PACEMAKER LANE
BLUE MOON COURT
ALAMOSA PLACE
KLAMATH PLACE
MIDWAY PLACE
PONTIAC PLACE
FRONTIER PLACE
MCCOY ROAD
CIMARRON ROAD
COMANCHE ROAD
GIBRALTER DRIVE
TUSCALOOSA
NEW SECTION
74.62
82.50
111.39
109.80
242
241
93.37
82.50
NEW Cheyenne Drive
MOBILE HOMES!
1. 12' BY 60' TRADITIONAL
2. 12' BY 60' OLD ENGLISH
3. 12' BY 60' EARLY AMERICAN
4. 12' BY 52' MODERN
5. 12' BY 70' MEDITERRANEAN
6. 12' BY 60' SPANISH
SEE THESE BEAUTIFUL HOMES ON LANDSCAPED LOTS COMPLETELY SET UP- READY TO MOVE INTO NOW!
WILDWOOD GREEN

BK: 7377 PG: 452+A

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Margaret E. Parker

Notary(ies) Public is/are certified to be correct.

This 15th day of July, 19 93.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: _____ Deputy Register of Deeds

99701

CERTIFICATE OF COMPLETION/OPERATION PERMIT

405

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

FILE: 1046B/9018A DATE: 7/20/93

TC: 017 275 01 ☐ L ☐ CRT

SERIAL Nº 15396

Name of Owner Matthew Tommie Lamm Jr Juris.:

Address of Property 9007 Cheyenne Dr

Inspection Data:

Tank Material PCL

Total Length of Drainfield 400'

Number of Lines 3+3 @ 67'

Cover Depth 10"

Water Supply Source com well

Distance to Water Source 710'

Excavation Inspected 7/20/93

Tank(s) Inspected 7/20/93

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1993, 1500 ST, CON, 1200 SFB, 18" stone ceil CTR# 80'

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: septic system designed for 3 bedroom house
Easement on file

Typed

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

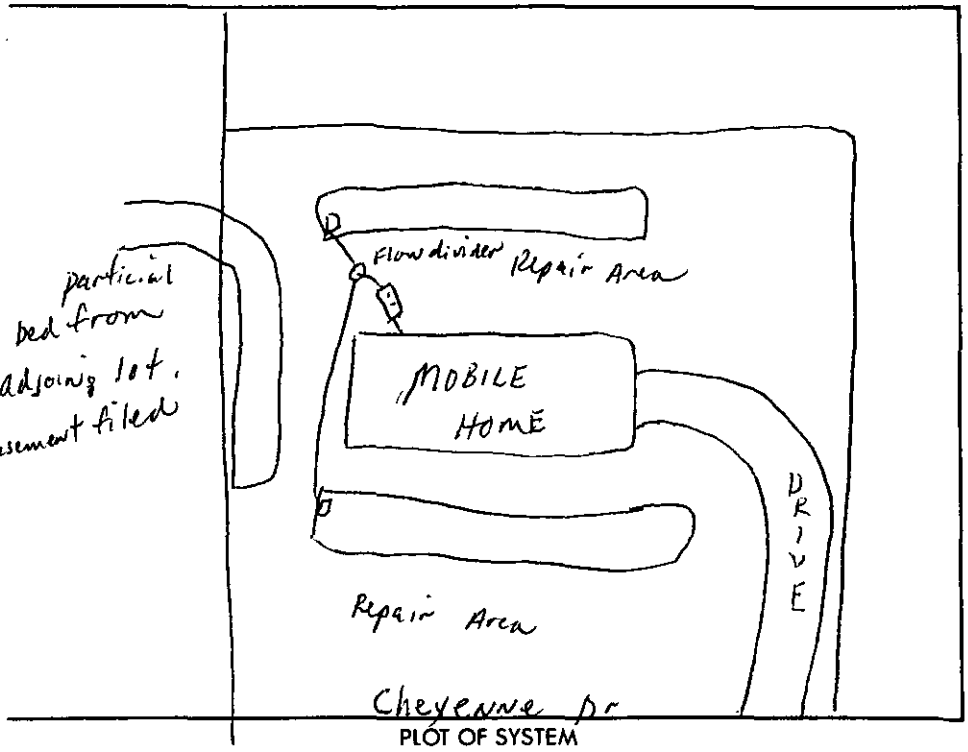
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 1046B/9018A DATE: 7/1/93

TC: 017 275 01 ☐ L

SERIAL Nº 15235 400

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 6/12/93. All work shall be completed on or before 8/1/93, 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:
Bed Trench Width 9'+9' feet

Total Line Length 400' feet

Number of Lines 3+3

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well com well feet

NAME OF OWNER Matthew Tommie Lamm Jr.

LOCATION OF PROPERTY 9007 Cheyenne Dr

Comments: Bed system designed because of lot configuration and repair access (Lot deeded before 1983) Bed System 2 beds 9'wd x 67'long x 3'wd x 18" stone | Easement to be obtained for adjoing lot drainfield

Judy J. Kuser R.S.
Division or Section Head

Philo 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

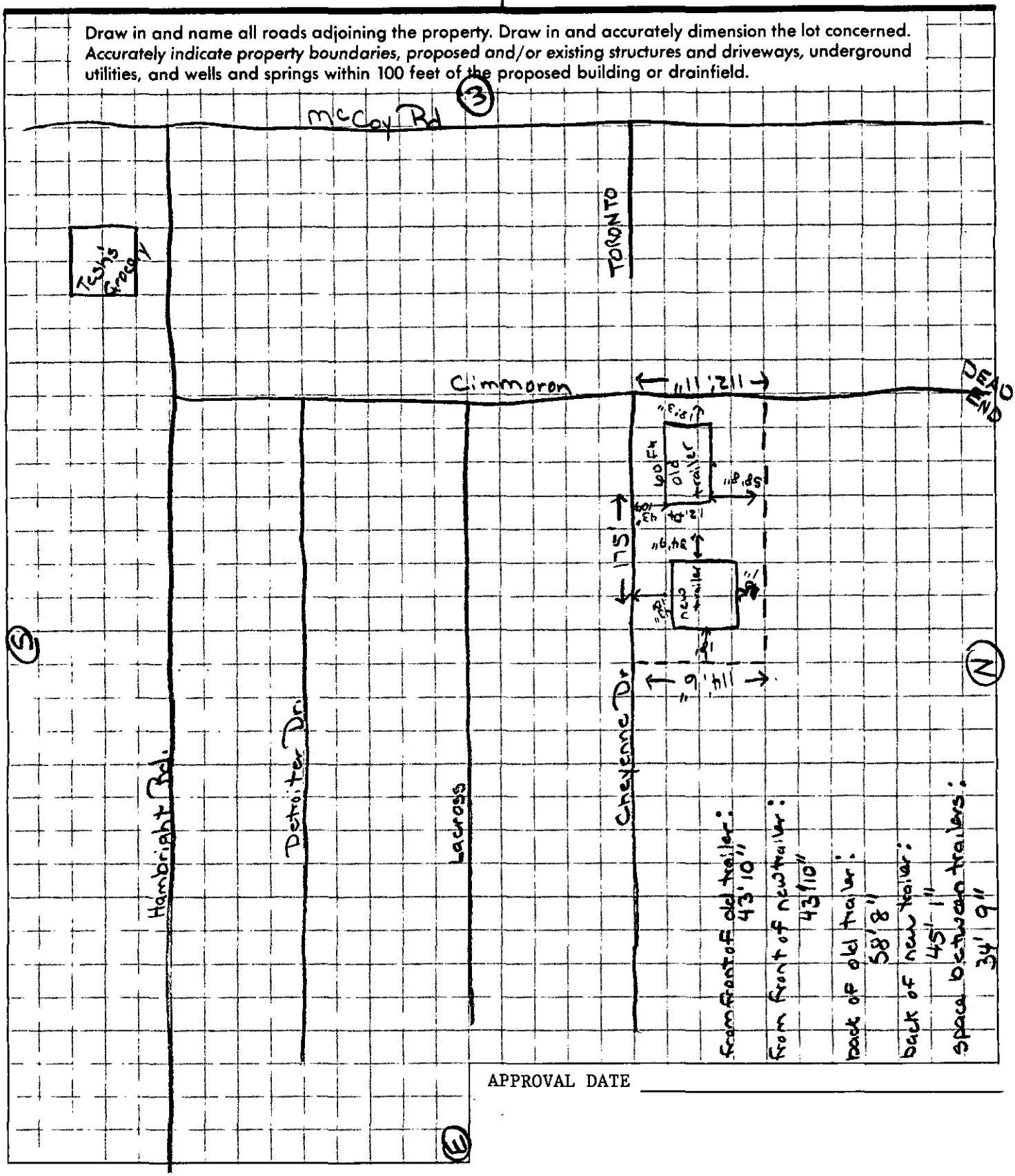
PROPOSED PLOT PLAN

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

FILE: 1046B1 9018A

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

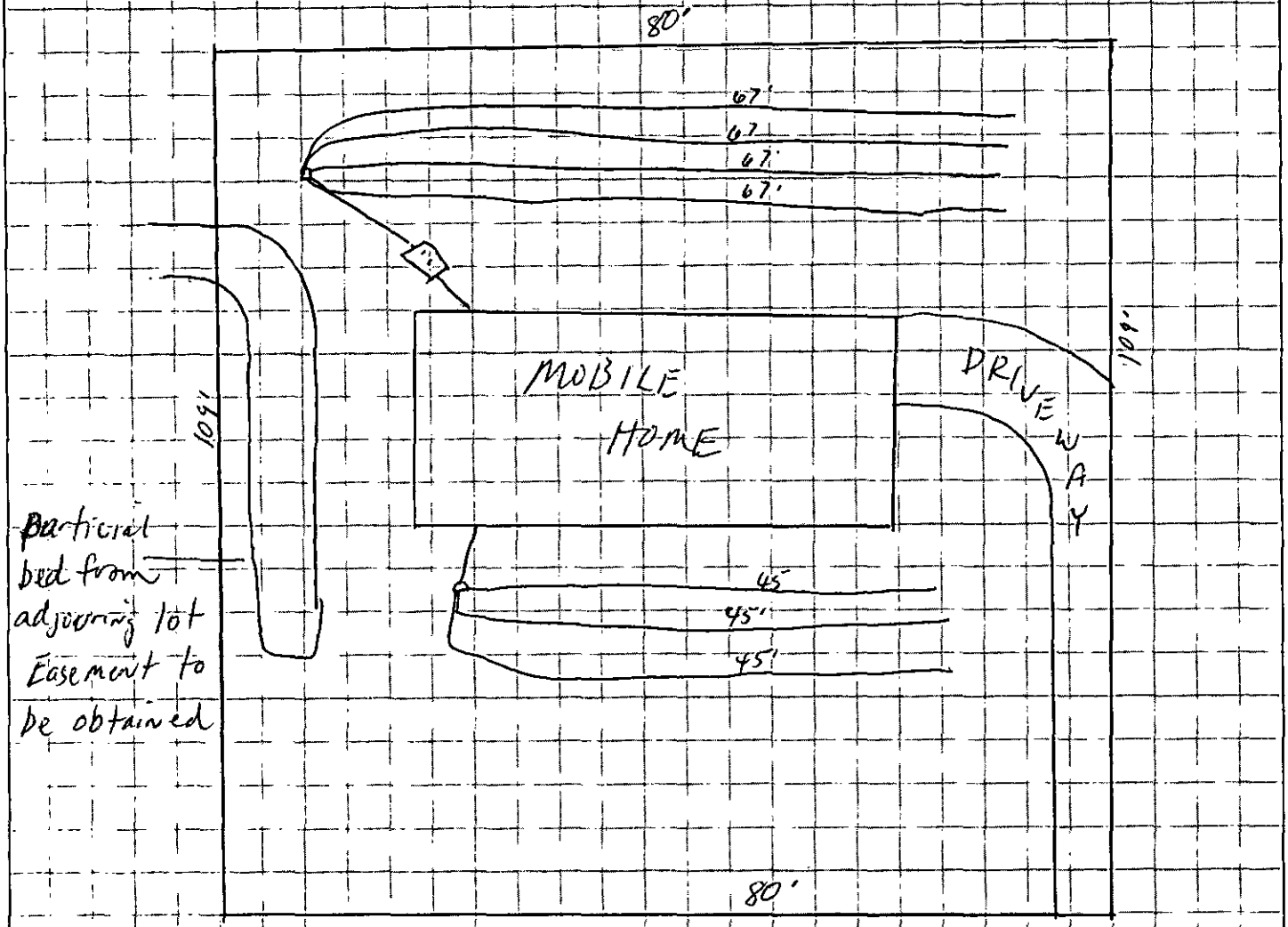
PROPOSED PLOT PLAN

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

FILE: 1046B | 9018A

TC: 017 275 01

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.



Particial bed from adjoining lot Easement to be obtained

1500 ST — Cheyenne Dr

Septic 4 lines x 67' long x 3' wd x 12" stone

Lot does not require 100% Repair

Washer 3 lines x 45' long x 3' wd x 12" stone

Drainfield lines to be installed on 7' centers.

Septic 270
Washer 135
405 TLF

Easement to be obtained before approval

M T Lanier 6-28-93

APPROVAL DATE RW 7/

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19367

File: [illegible] Action 2

Parcel: [illegible] ☐ PC

Location: [illegible] Cheyenne Dr.

Subdivision:

Lot: 141 Block: Acres: [illegible]

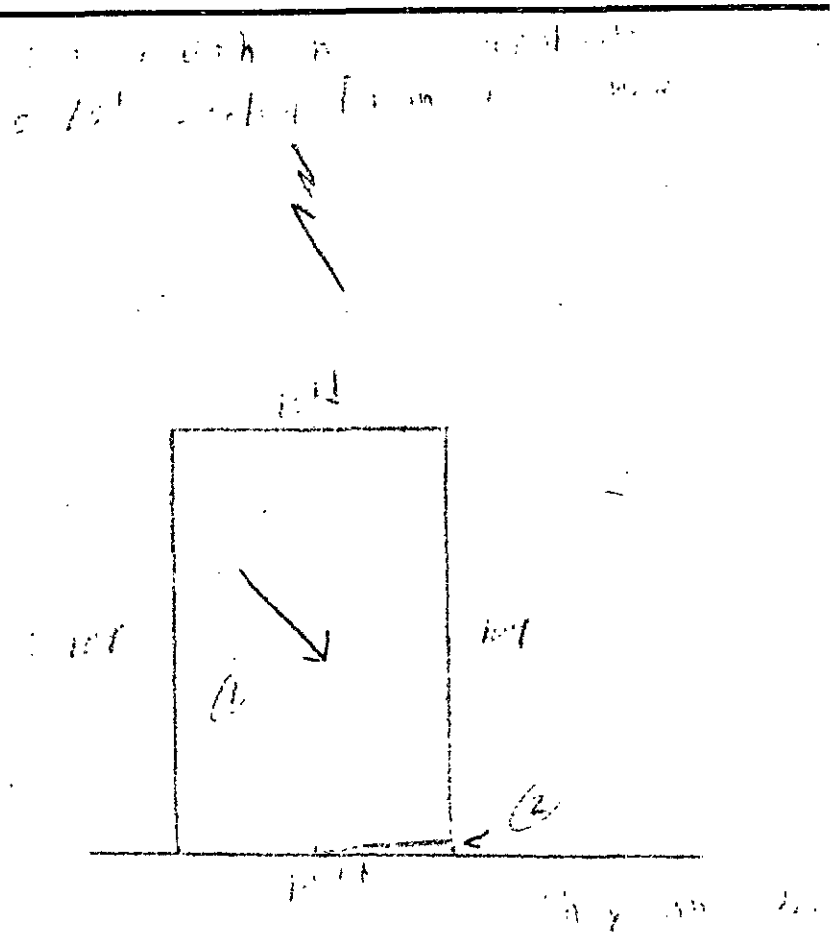
Owner: Matthew T. Newman Jr.

Address: [illegible] Cheyenne Dr.
Huntersville, NC 28078

Comments: 3 soil borings, LIMR
must have 12" to rock
depth must be shallow
for pressurization

Described by: [illegible]

Date: 6-10-93



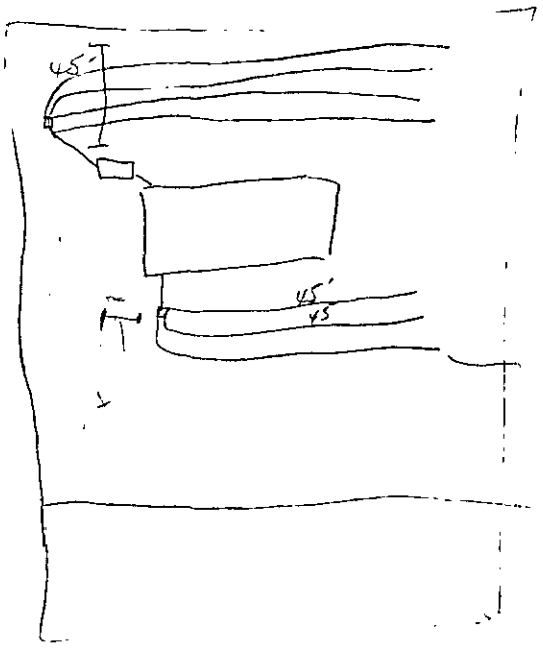
***** EVALUATION KEY *****

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 2-10%	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U
Texture	S PS U slightly Extremely clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U 24" water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 48"	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	[illegible]	[illegible]				

septic contractor (check for registration)
Dwight Avery 483-3838 Build/builder

septic 4 lines x 67' x 3' x 12" stone on 7' centers



washer line
3 lines x 45' long x 3' wd x 12" stone
on 7' centers

need easement for mobile home lot #

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 07/15/93

Date	Time	Inst #	Type	Book	Page	Trx	Amount
07/15/93	08:42	23	PERMIT	7377	449	FEE	12.00
07/15/93	08:42	23	PERMIT	7377	449	COPY	1.40
07/15/93	08:42					TOT	13.40
07/15/93	08:42					CASH	20.00
07/15/93	08:42					CHNG	6.60

10466

BK: 07377 PG: 0449/0452 #:0023 13.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 07/15/93 08:42

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this _____ day of _____, 19____, by and between

GRANTOR	GRANTEE
MATTHEW LAMM, JR.	

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration ~~paid by the Grantee, the receipt of which is hereby acknowledged,~~ has and by these presents does hereby reserve unto himself an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of _____, Long Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 241 Block _____ of WILDWOOD GREEN recorded in Map Book 15 Page 55 (if applicable)
Deed Book 3694 Page 172
See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of himself as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Long Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 242 Block _____ of WILDWOOD GREEN recorded in Map Book 14 Page 473 and 475 (if applicable)
See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said easement shall enable the Grantor to place, if, as and when needed, such need to be determined by the Grantor in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantor shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantor ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

This instrument was prepared by: Dana C. Hall

Mail after recording to: Department of Environmental Health
700 North Tryon St. Suite 211 Charlotte, NC 28202

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ Matthew T. Lamm Jr (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)

_____ President

_____ (SEAL)

ATTEST:

_____ _____ (SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Matthew T. Lamm, Jr., Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 14 day of July, 1993.

My Commission Expires: 11-12-94 Margaret E Farrer
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires: _____ _____
Notary Public

_____ _____(SEAL)
(Corporate Name)

BY:_____ _____(SEAL)

_____ President

ATTEST: _____(SEAL)

_____ _____(SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires:_____ _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires:_____ _____
Notary Public

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

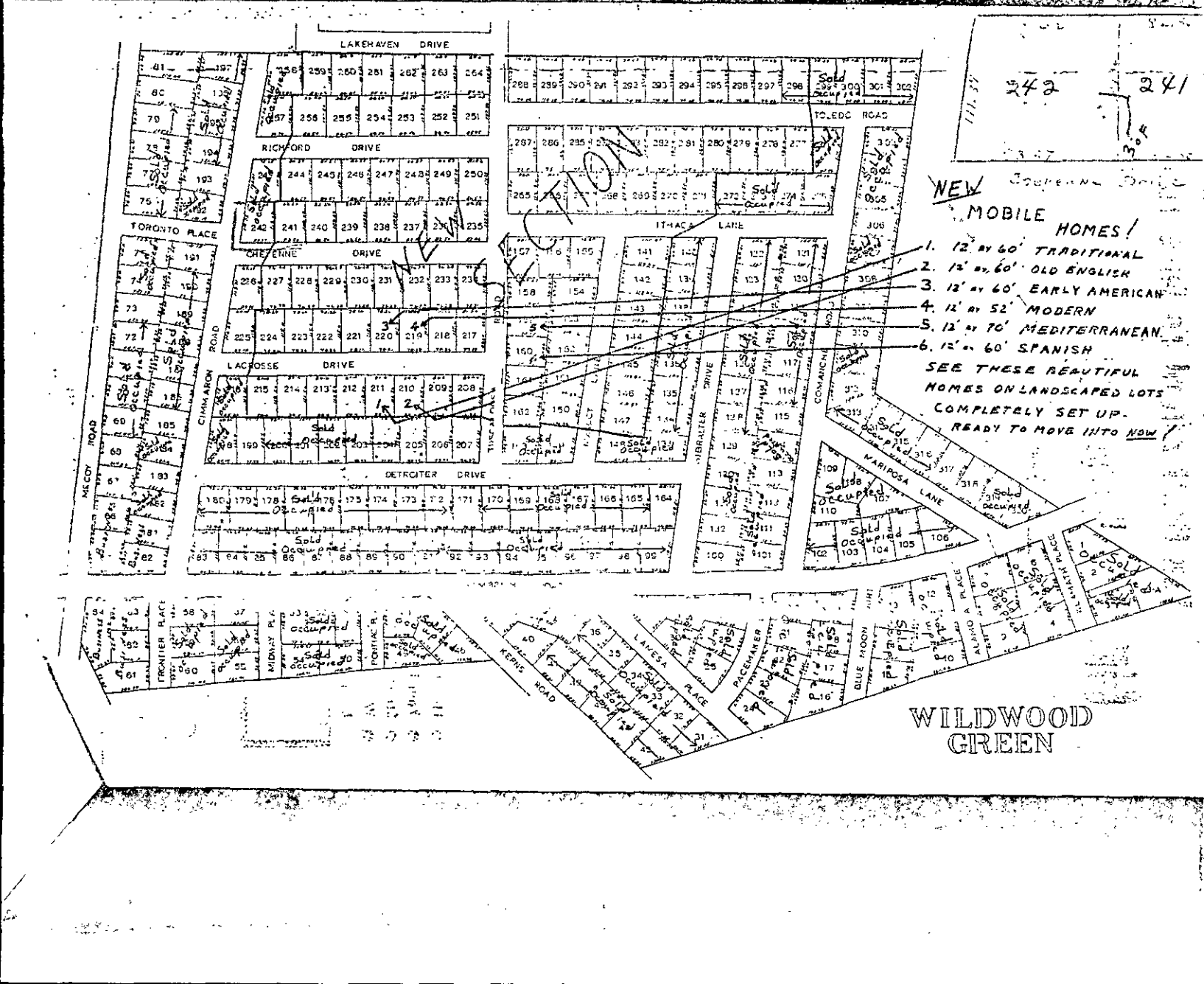
MECKLENBURG COUNTY HEALTH DEPARTMENT

BY:_____ DATE:_____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

6256p


LAKEHAVEN DRIVE
RICHFORD DRIVE
CHEYENNE DRIVE
LACROSSE DRIVE
DETROITER DRIVE
TOLEDO ROAD
ITHACA LANE
TORONTO PLACE
CIMMARON ROAD
MACOY ROAD
GIBRALTER DRIVE
COMANCHE
MARIPOSA LANE
KERNS ROAD
LANESA PLACE
PACEMAKER
BLUE MOON
ALAMO PLACE
FRONTIER PLACE
MIDWAY PL.
PONTIAC PL.
242
241
NEW MOBILE HOMES!
1. 12' BY 60' TRADITIONAL
2. 12' BY 60' OLD ENGLISH
3. 12' BY 60' EARLY AMERICAN
4. 12' BY 52' MODERN
5. 12' BY 70' MEDITERRANEAN
6. 12' BY 60' SPANISH
SEE THESE BEAUTIFUL HOMES ON LANDSCAPED LOTS COMPLETELY SET UP. READY TO MOVE INTO NOW!
WILDWOOD GREEN

1046B/9018A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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: Lamm Jr. (last) Matthew (first) Tommie (mi)
ADDRESS: 9001 Cheyenne Dr PHONE: Dot 875-1205
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Lamm Jr. (last) Matthew (first) Tommie (mi)
ADDRESS: 9001 Cheyenne Dr PHONE: Dot 875-1205
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-275-01
STREET ADDRESS: 9001 Cheyenne Dr
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 241 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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):
[X] Community (C) [ ] Shared Well (S)
[ ] 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: Matthew T Lamm Jr Date: 6-12-93

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

Phillip S. Walker 6/20/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

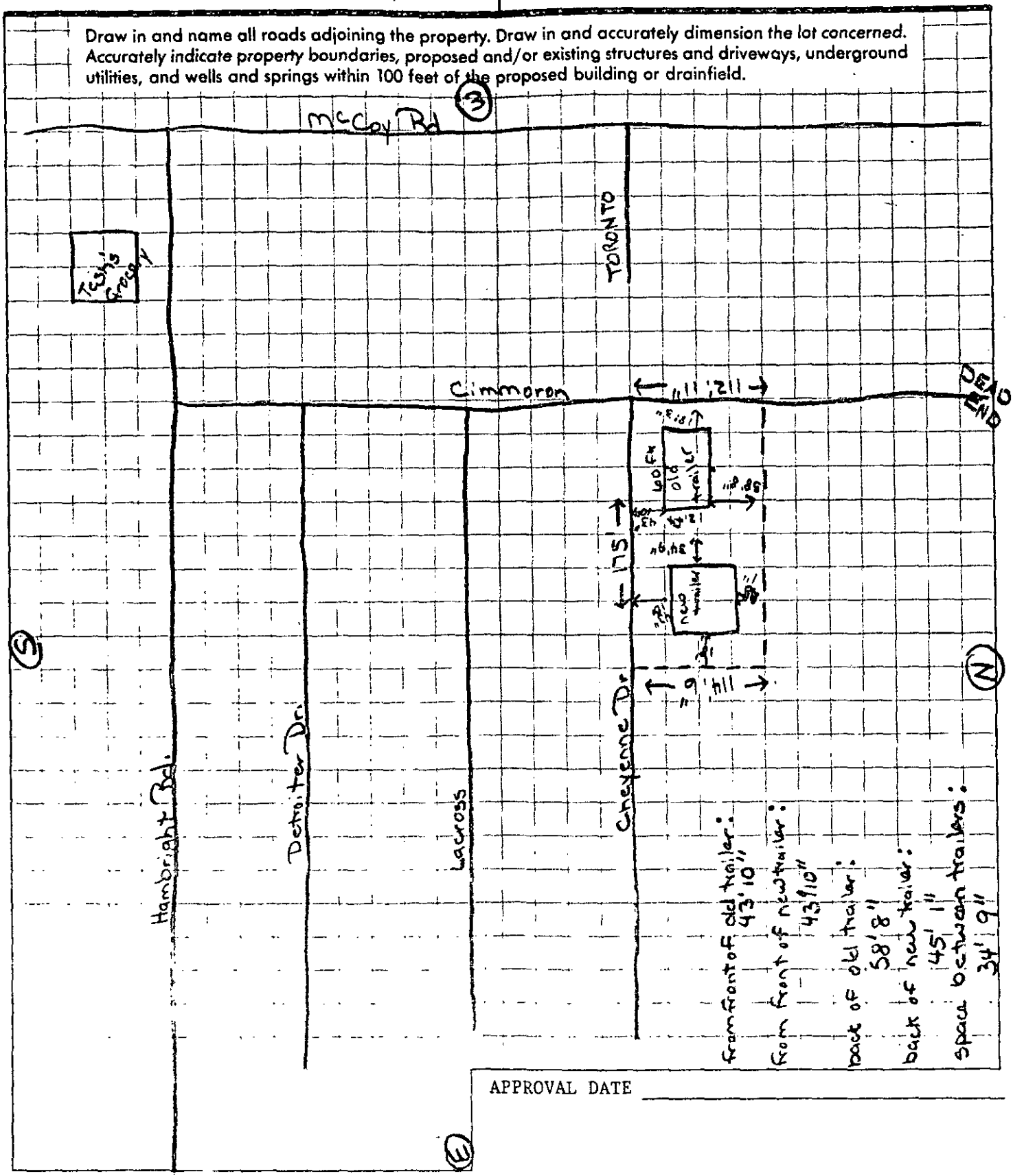
PROPOSED PLOT PLAN

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

FILE: 1046B| 9018A

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 _____

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

DATE: 6/14/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mck

PARCEL NUMBER # 017-275-01

ASSIGNED ADDRESS 9007 Cheyenne Dr

EXISTING ADDRESS _____

PROJECT NAME NA

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: Address Verified

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 DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County

Health Department

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

June 10, 1993

Matthew T. Lamm, Jr.
9001 Cheyenne Drive
Huntersville, NC 28078

Re: Property located at 9007 Cheyenne Drive
File: 1046B/9018A
Parcel: 017-275-01P0

Dear Mr. Lamm:

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. 19367) 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 336-5574.

Sincerely,

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

KR/lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19367

File: 1046B/9019A Action 2

Parcel: po 017-275-01

Location: 9001 Cheyenne Dr.

Subdivision:

Lot: 241 Block: Acres: .19

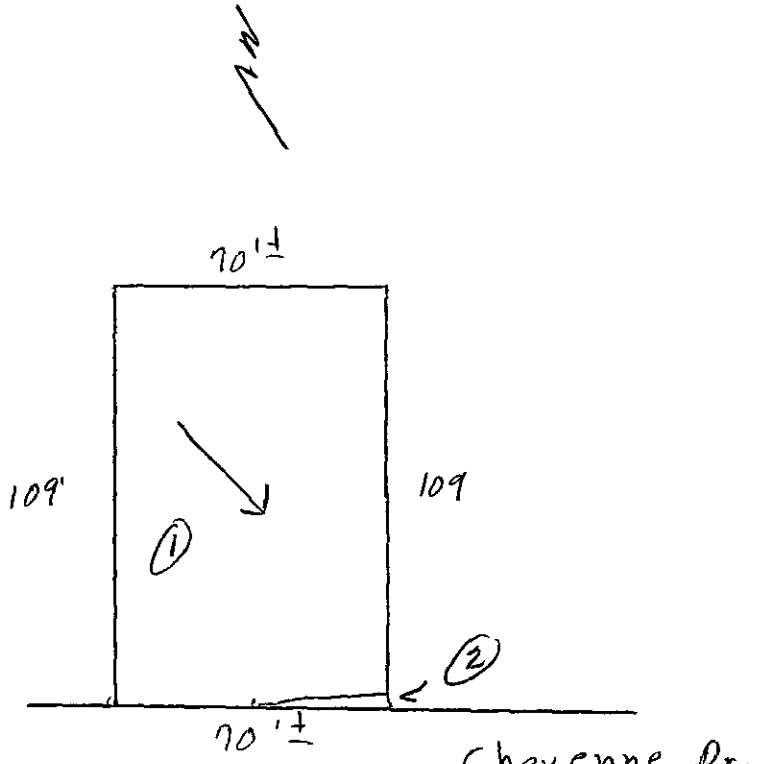
Owner: Matthew T. Jarvis, Jr.
Address: 9001 Cheyenne Dr.
Huntersville, N.C. 28078

Comments: 3 bd/ 1 1/2 bath/ 1 car
not sure of lot width
deed needs to be checked
for verification

Described by: William A. Marlin

Date: 6-10-93

Lot width not supplied-
@ 70' scaled from Tax Map



***** 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 2-10%	S PS (U) slight Depression	S PS U	S PS U	S PS U	S PS U
Texture slightly Expansive	(S) PS U 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 40" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 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	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IIe Cecil-Like	Slight Depression				
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 19367

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

1046B/9018A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#50 ck 6/7/93 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

COPY

PERSON FILING APPLICATION:

NAME: Lamm (last) Matthew (first) T. JR. (mi)

ADDRESS: 9001 Cheyenne Dr PHONE: (704) 875-1205

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: June 3, 1993

PROPERTY OWNER:

NAME: Lamm (last) Matthew (first) T. JR. (mi)

ADDRESS: 9001 Cheyenne Dr. PHONE: (704) 875-1205

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-275-01

STREET ADDRESS: 9007 Cheyenne Dr.

ZONING: R-11

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

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green

LOT NUMBER: LOT SIZE (in acres):

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 (M)
[ ] 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)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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):
[X] Community (C) [ ] Shared Well (S)
[ ] 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 [X] 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.

X Signed: Matthew T Lamm JR Date: 6-3-93

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

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

1046B/9018A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50 ck 6/7/93 [ ] 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: Lamm (last) Matthew (first) T. JR. (mi)

ADDRESS: 9001 Cheyenne Dr PHONE: (704) 875-1205

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: June 3, 1993

PROPERTY OWNER:

NAME: Lamm (last) Matthew (first) T. JR. (mi)

ADDRESS: 9001 Cheyenne Dr. PHONE: (704) 875-1205

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-275-01

STREET ADDRESS: 9007 Cheyenne Dr.

ZONING: R-11

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

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green

LOT NUMBER: LOT SIZE (in acres):

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)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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):
[X] Community (C) [ ] Shared Well (S)
[ ] 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 [X] 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: Matthew T Lamm JR Date: 6-3-93

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

WATER : 122791

PROPOSED PLOT PLAN

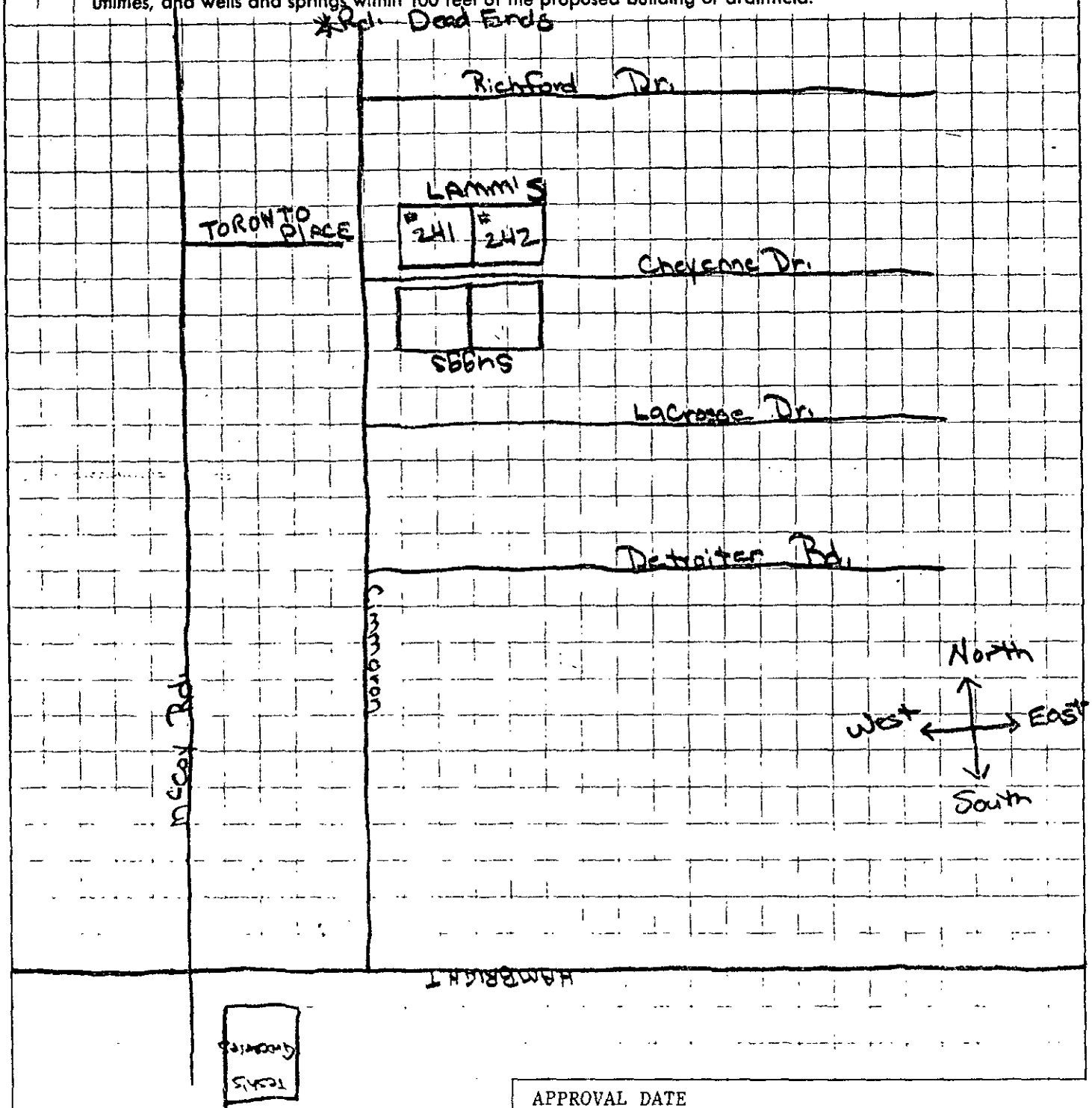
COPY

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

FILE: 10468/9018A

TC: 017-275-01

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 _____

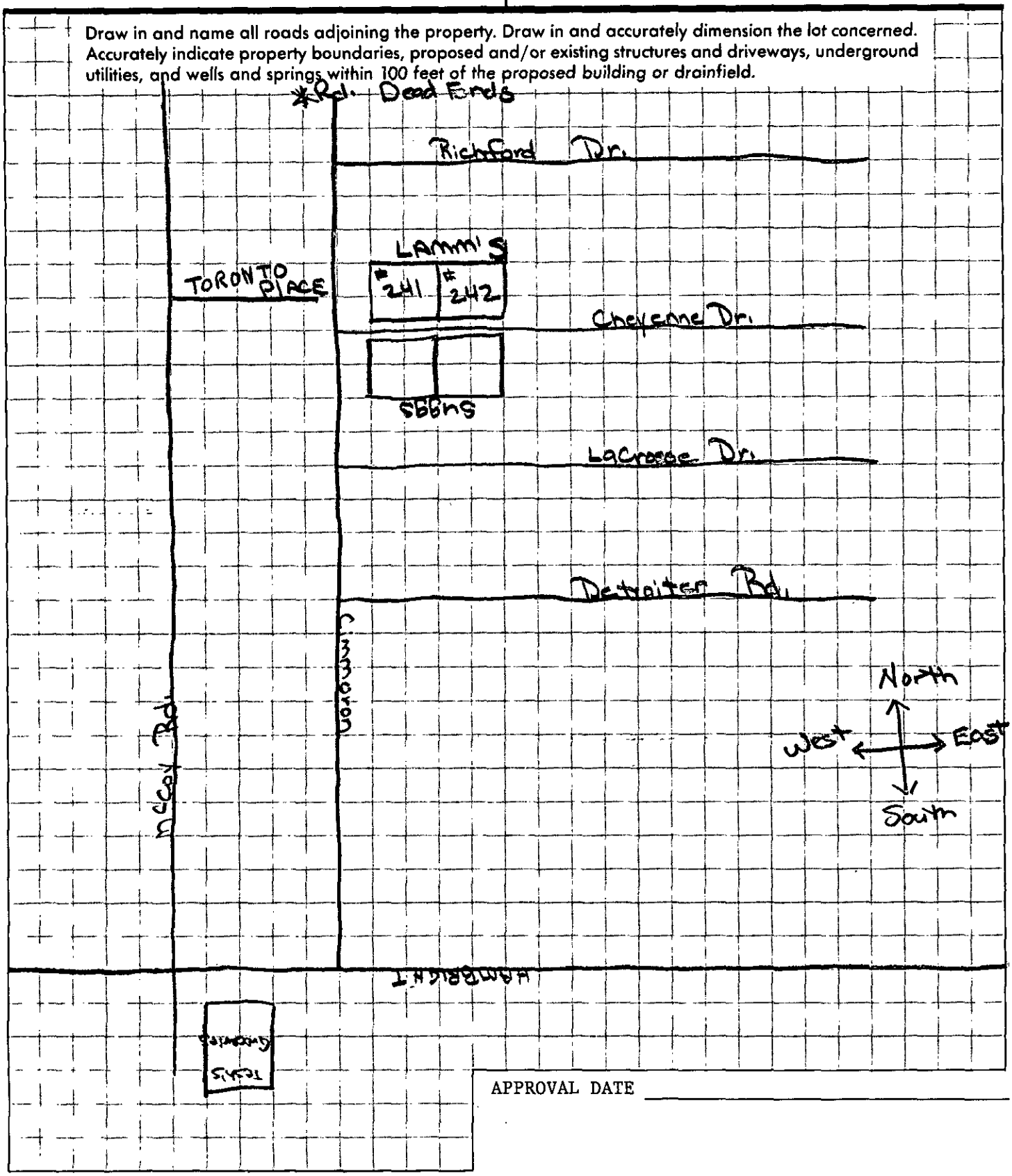
PROPOSED PLOT PLAN

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

FILE: 1046B/9018A

TC: 117-275-01

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

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

DATE: 6-3-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mec k

PARCEL NUMBER 017-275-01

ASSIGNED ADDRESS 9007 Cheyenne Dr

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: 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 DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100