

8531 GETALONG RD

10503506

5/29/2007

duponbj

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

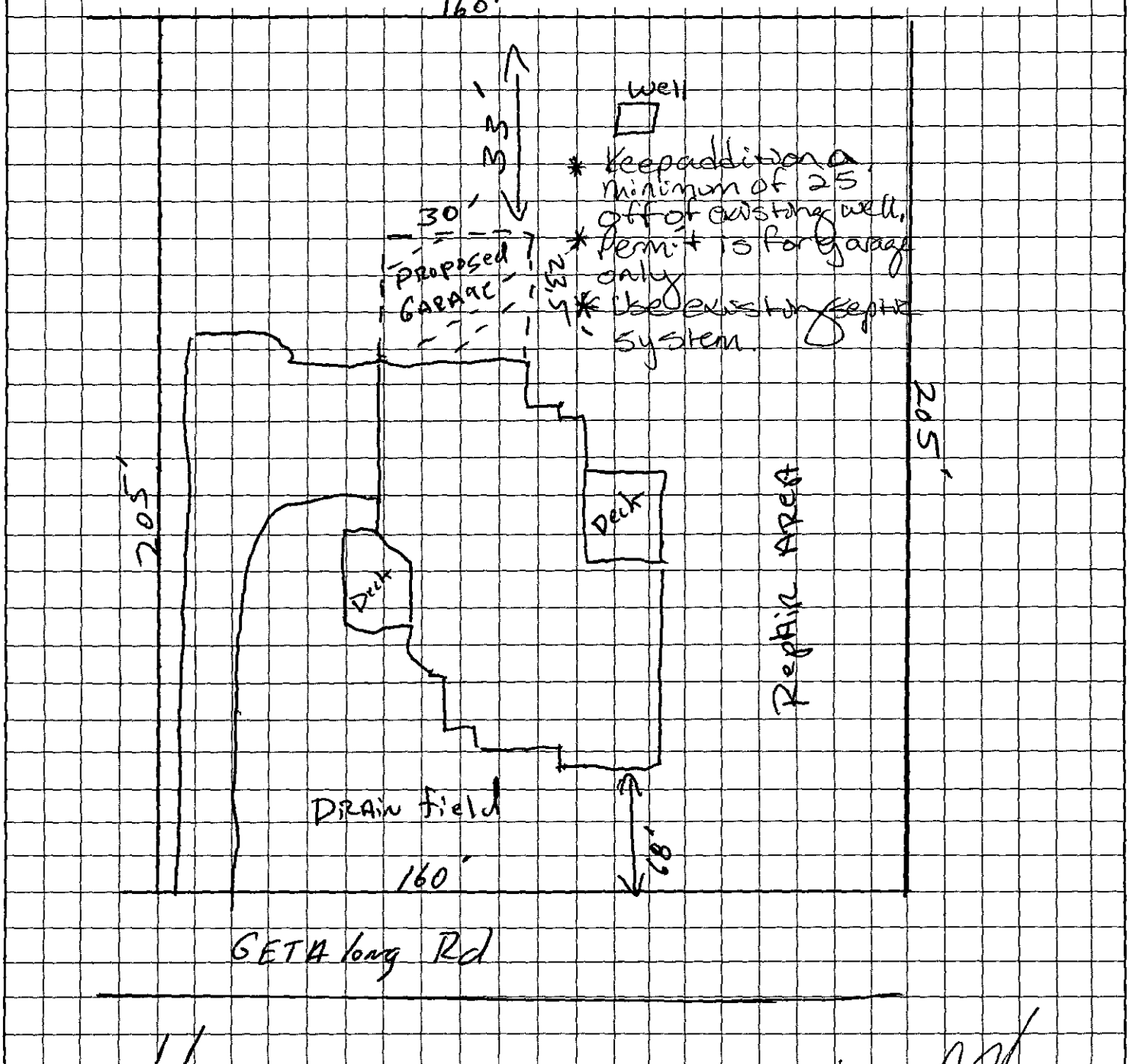
PROPOSED PLOT PLAN

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

FILE: 5045A

TC: 105-035-06

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.



OWNER/AGENT SIGNATURE

DATE 12/27/94

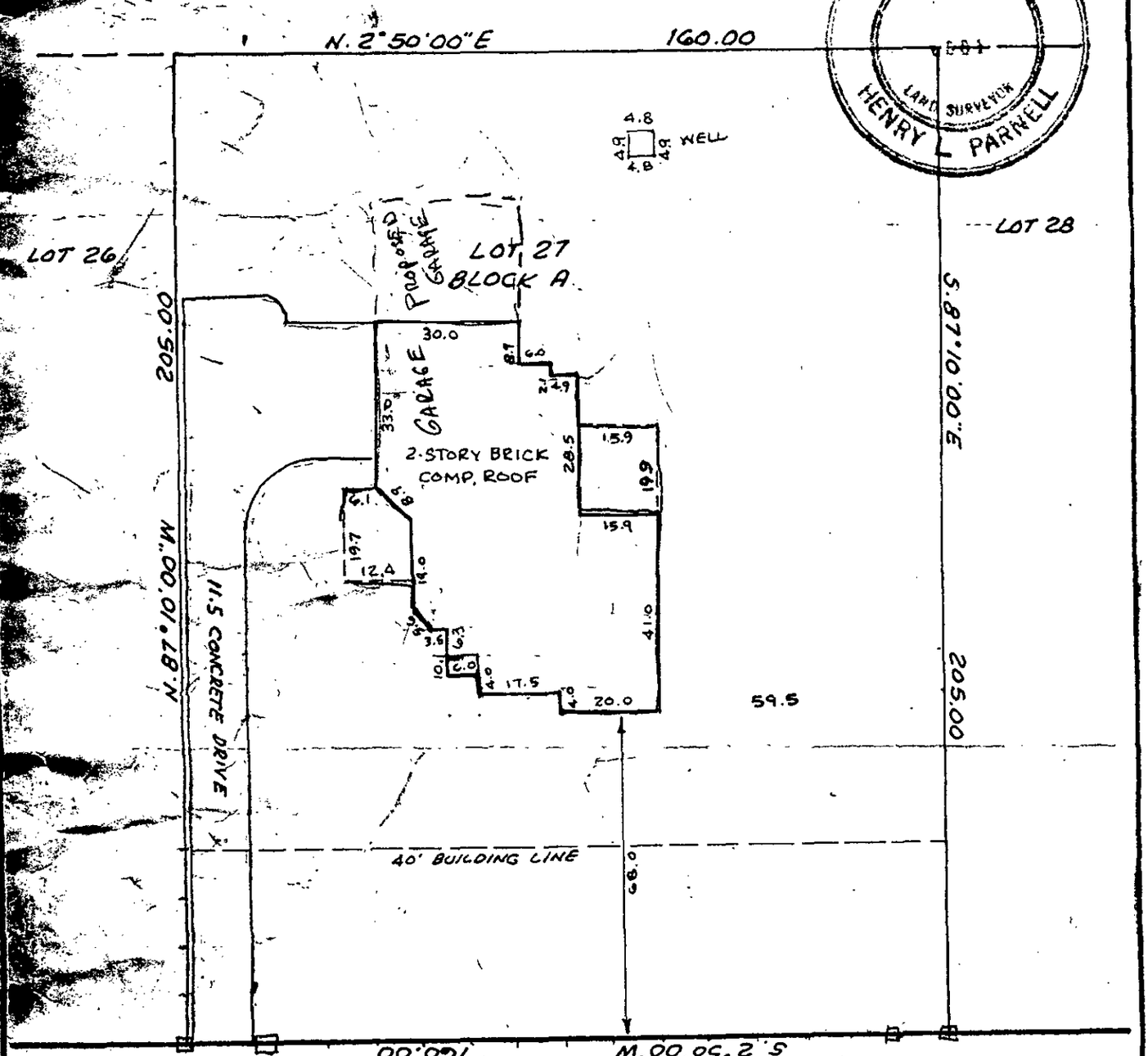
APPROVAL DATE 12/29/94

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

THIS IS TO CERTIFY THAT ON THE 16TH DAY OF DECEMBER 1991 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Henry L. Parnell
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED LAND SURVEYOR HENRY L. PARNELL



GETALONG ROAD
50' R/W

This is to certify that the property shown on this plat does not lie within the limits of any flood hazard area.

Signed Henry L. Parnell

PHYSICAL SURVEY
OF
8531 GETALONG ROAD
LOT 27, BLOCK A OF EASTERN HIGHLANDS SEC. TWO
CRAB ORCHARD TWP., MECKLENBURG COUNTY, N.C.

SCALE 1" = 30'
THE PROPERTY OF SCOTT SMITH

MAP RECORDED IN BOOK 22 AT PAGE 478 DEED RECORDED IN BOOK PAGE

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

504/5A

$84.50 12/27/94 ck # 0574 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

Date:

PERSON FILING APPLICATION:
NAME: Smith (last), Philip (first) M (mi)
ADDRESS: 8531 GetAlong Rd PHONE: 704 596 0702
CITY: CHAR STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105 035 06
STREET ADDRESS: 8531 GetAlong Rd
CHARlotte NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] 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)
[X] ADDITION - GARAGE/OR RENOVATION/NO MAJOR CHANGES (X) Attached Garage
[ ] 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: 4 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)

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: P M Smith Date: 12/28/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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.

... Use existing septic system

... Permit is for garage only.

... Keep garage a minimum of 25' off of existing well

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

Kenny B. Thompson Jr. 12/29/94
Environmentalist Date

L Burney 1-10-95
Director or Authorized Section Head Date

WATER : 12279

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5045A DATE: 8/22/90

TC: 105-034-01 PO ☒ L ☐ CRT

SERIAL Nº 13573

Name of Owner W.O. Construction Juris.:

Address of Property 8531 Getalong Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 540

Number of Lines 6 @ 90

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 8/22/90

Tank(s) Inspected 8/22/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1990, 1500ST, CON, 1000 SFT, 12"6 Ceil CTR# ~~125~~ 3

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: System installed for a 4 bedroom house

Philo A. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

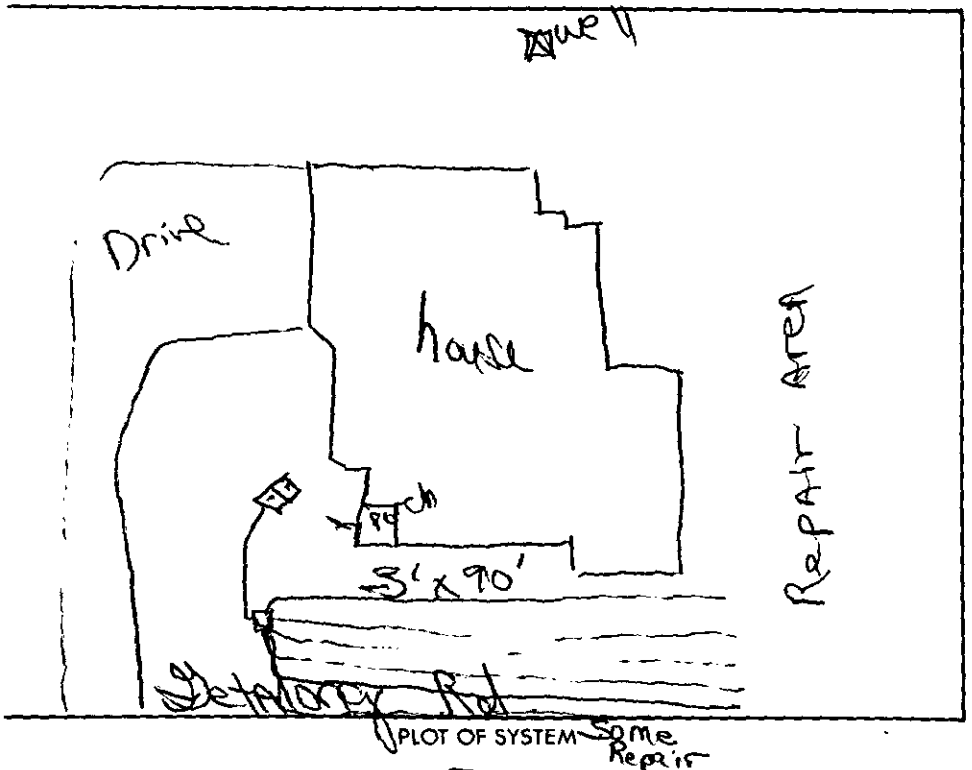
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5045A DATE: 8/15/90

TC: 105-034-01 PO ☐ L

SERIAL Nº 13447

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 8/14/90. All work shall be completed on or before 9/15/90, 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 Some Repairs

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 540' feet

Number of Lines 6

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NAME OF OWNER W.D. Construction

LOCATION OF PROPERTY 8531 Bethany Rd

Comments: INSTALL D-Box w/ 6 trenches 3'x90'x12" Stone

Division or Section Head

Environmentalist Judy J. Klein R.S.

* 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.

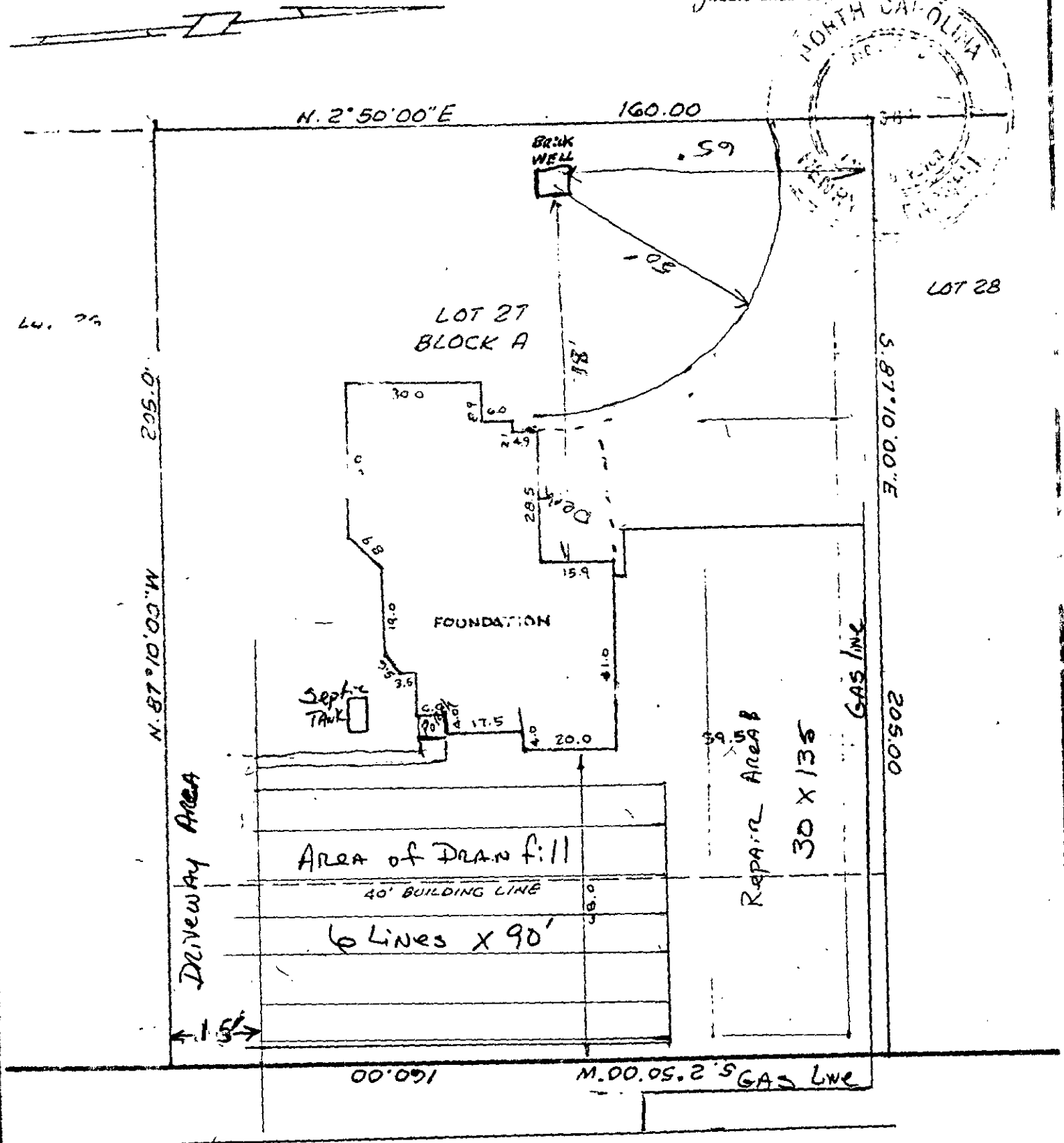
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

5045A

THIS IS TO CERTIFY THAT ON THE 12th DAY OF APRIL 1982 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Henry L. Parnell
REGISTERED SURVEYOR

NORTH CAROLINA



GETALONG ROAD
50' R/W

8/10 Scott with W.D. Construction is to reapply showing 4 bedrooms & write a letter to the department indicating same. (A visit inside the house shows 6 rooms with closets.) The above was discussed with Dave & Scott & the above conclusion reached. Site is to be marked showing system.

8/13 Site visit w/ Richard Abernathy & Tommy Williams, Co-Owner W.D Construction - plan for system was discussed. Application for Imp. Permit given to Mr. Williams to turn over to Scott. Also indicated they attach a plot plan showing septic tank, distribution lines, amount of repair, setbacks, etc.

J. Tiller
8/13/90

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5845A
TC: 105 034 01P0
SERIAL: № 21005
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 8531 (STREET NO.) Getalong (STREET) Rd ② FILE:
③ JURISDICTION: Newell ④ TAX PARCEL NO.: 105 031 01 P0
⑤ SUBDIVISION: Eastern Highland II ⑥ LOT: 27 ⑦ BLOCK:

OWNER

⑧ NAME: W D Construction (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 12808 Caldwell Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28213
⑬ PHONE: (WORK) 596 4215 ⑭ (HOME) 597-8358
Pager 371 9952

REQUEST

This request is for a(n):
⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:
⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 6 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):
A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date:

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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 permit is issued by this Department. Septic System designed for 4 Bedrooms

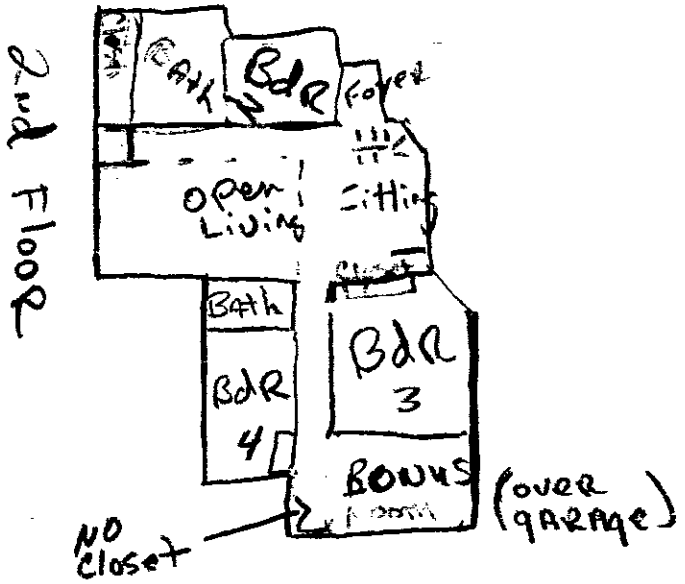
... This permit is not transferable, and shall become null and void 36 months from the date of issuance. ES Approved for a 4 bedroom home. Only Bdrms from recreation room and study are not to be considered as bedrooms. Plan Review

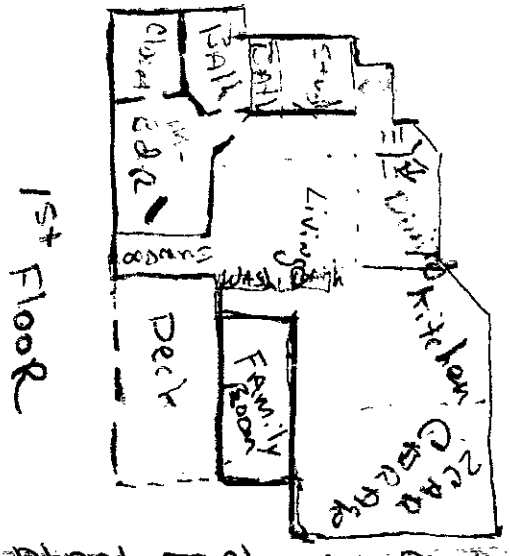
[signature] RS 8/14/90
Environmentalist Date

[signature] 8-15-90
Director or Authorized Section Head Date

* This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

8531 GetAlong Floor Plan





8/14/90 This ~~Floor Plan replaces Original House Plan~~ Changed by builder during Construction - ~~This Plan is to remain~~ ON File - Do NOT ~~remove~~ accompany Improvement Permit ~~to File as Permanent record~~

W D REALTY COMPANY

12808 CALDWELL RD.
CHARLOTTE, N.C. 28213
(704) 597-8358

TO WHOM IT MAY CONCERN:

The residential construction at 8531 Getalong Road is/was designed as a four(4) bedroom home. Therefore, the septic system installed is designed for a maximum four (4) bedroom use.

Respectfully,

P.M. Scott Smith
Asst to Secretary

August 13, 1990

Do not remove from File
To remain with Permanent
record
Judy Kiser, RS.
8/14/90

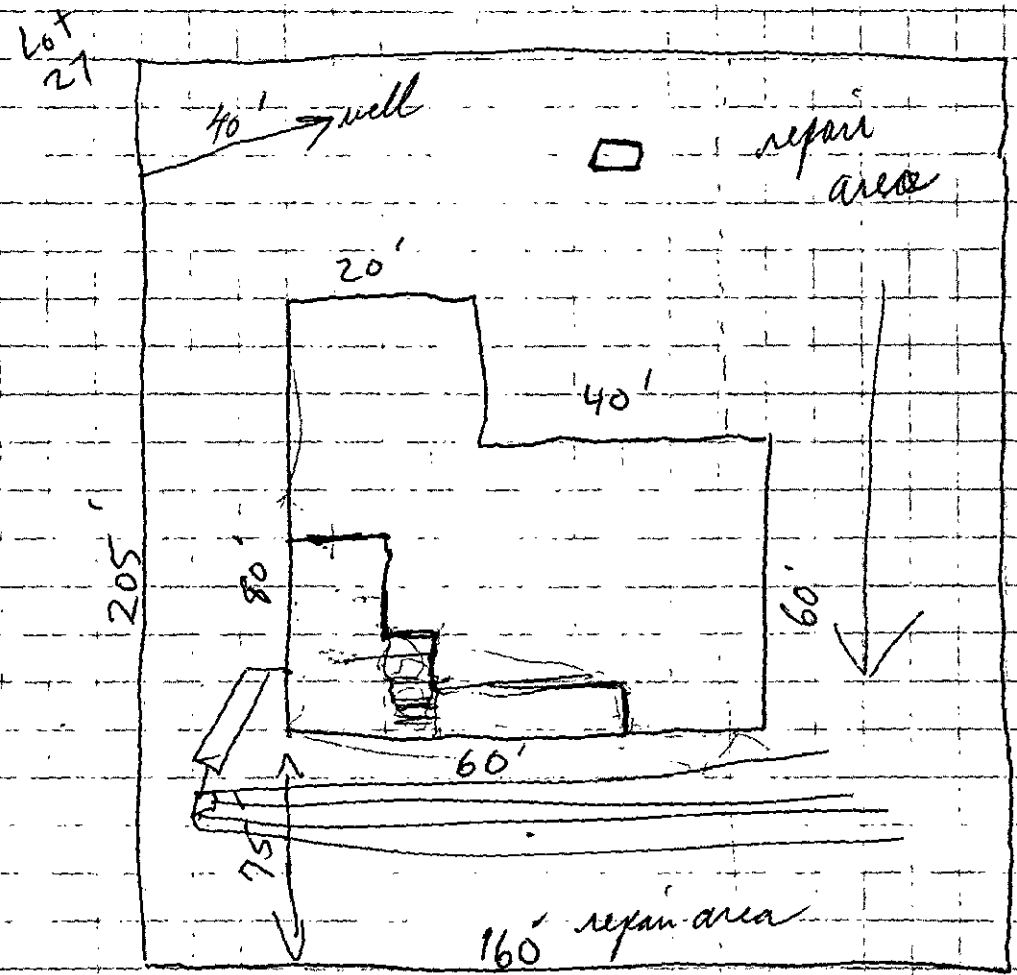
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5045A

TC: 105 034 01 80

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.



Get A Long

Signed: Scott

Date: 1-3-89

APPLICATION FOR AN IMPROVEMENT PERMIT

see file #5041A for sep. charge

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

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

(OFFICE USE ONLY)

FILE: 5045A

TC: 105 034-01 P0

SERIAL: № 17471 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8531 (STREET NO.) Getalong Rd (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 105 031 01 P0

⑤ SUBDIVISION: Eastern Highland II ⑥ LOT: 27 ⑦ BLOCK:

OWNER

⑧ NAME: W D (FIRST) Construction (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 12808 Caldwell Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28000

⑬ PHONE: (WORK) 5964215 ⑭ (HOME) 5978358

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 6 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date:

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

D R Ferguson 1-30-89
Environmentalist Date

[signature] RS 12-2-89
Director or Authorized Section Head/ Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

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

DATE 1/3/89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE MCCR

PARCEL NUMBER 105-034-01/00

ASSIGNED ADDRESS 8531 Getalong Rd

EXISTING ADDRESS Lot 27

PROJECT NAME Eastern Highlands Ph 2

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 Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

October 19th, 1988

Basil G. Delta, M.D., M.P.H.
Health Director

Baucom's Nursery Company
P.O. Box 25558
Charlotte, NC 28212

RE: Property located at Getalong Road 27
FILE: 5045A
PARCEL: 10503401 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15661) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15661

File: 5045A Action 4

Parcel: 10503401 PO ☐ PC

Location: Getalong Road

Subdivision:

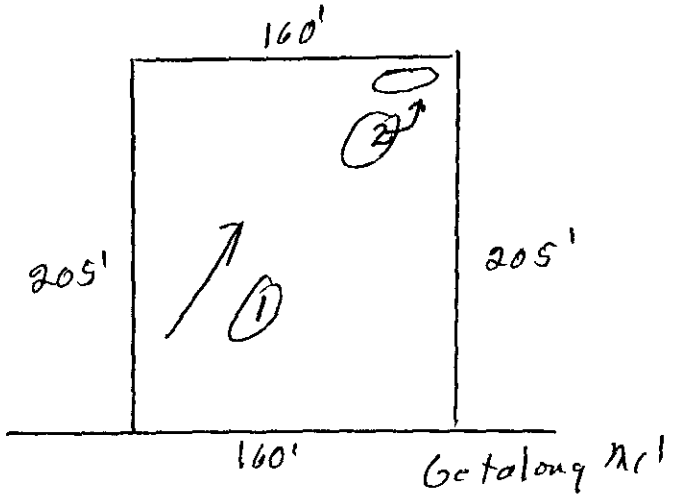
Lot: 27 Block: Acres: .75

Owner: Baucom's Nursery Company
Address: P.O. Box 25558
Charlotte, NC 28212

Comments: _____

Described by: William R. Martin

Date: 10-19-88



*** 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	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	IUA Cecil-Like	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
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/21/88

Name/Company Ledford

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sub Lot
#1 5045H

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 21 1988

Fee: $30 —

CR #8445
$30.00

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5045A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Getalong Road

② SUBDIVISION: _____ ③ LOT: 27 ④ BLOCK: A

⑤ PARCEL REFERENCE: BOOK NO.: 4160 PAGE NO.: 972 PARCEL NO.: _____

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

OWNER

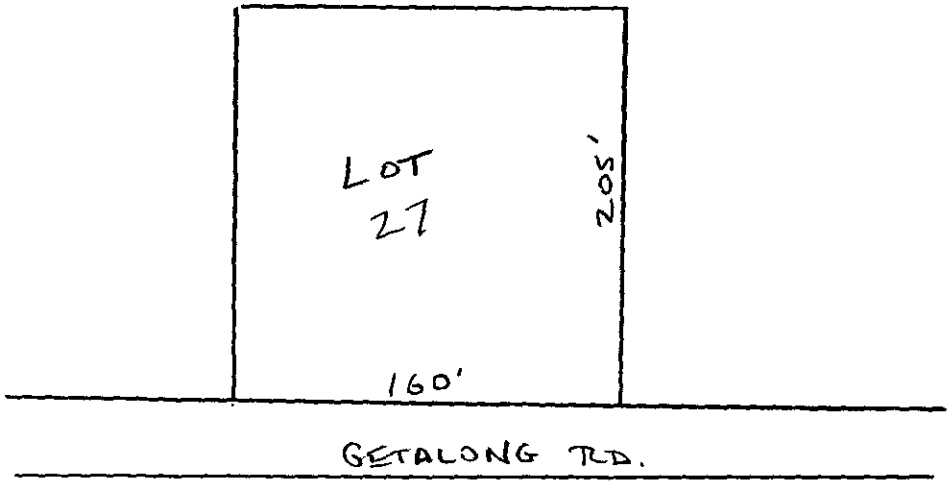
⑦ NAME: Bruce's Nursery Co.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P. O. Box 25558

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 704-596-3220 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Joseph Bruce Pres.

Date: 9-19-88

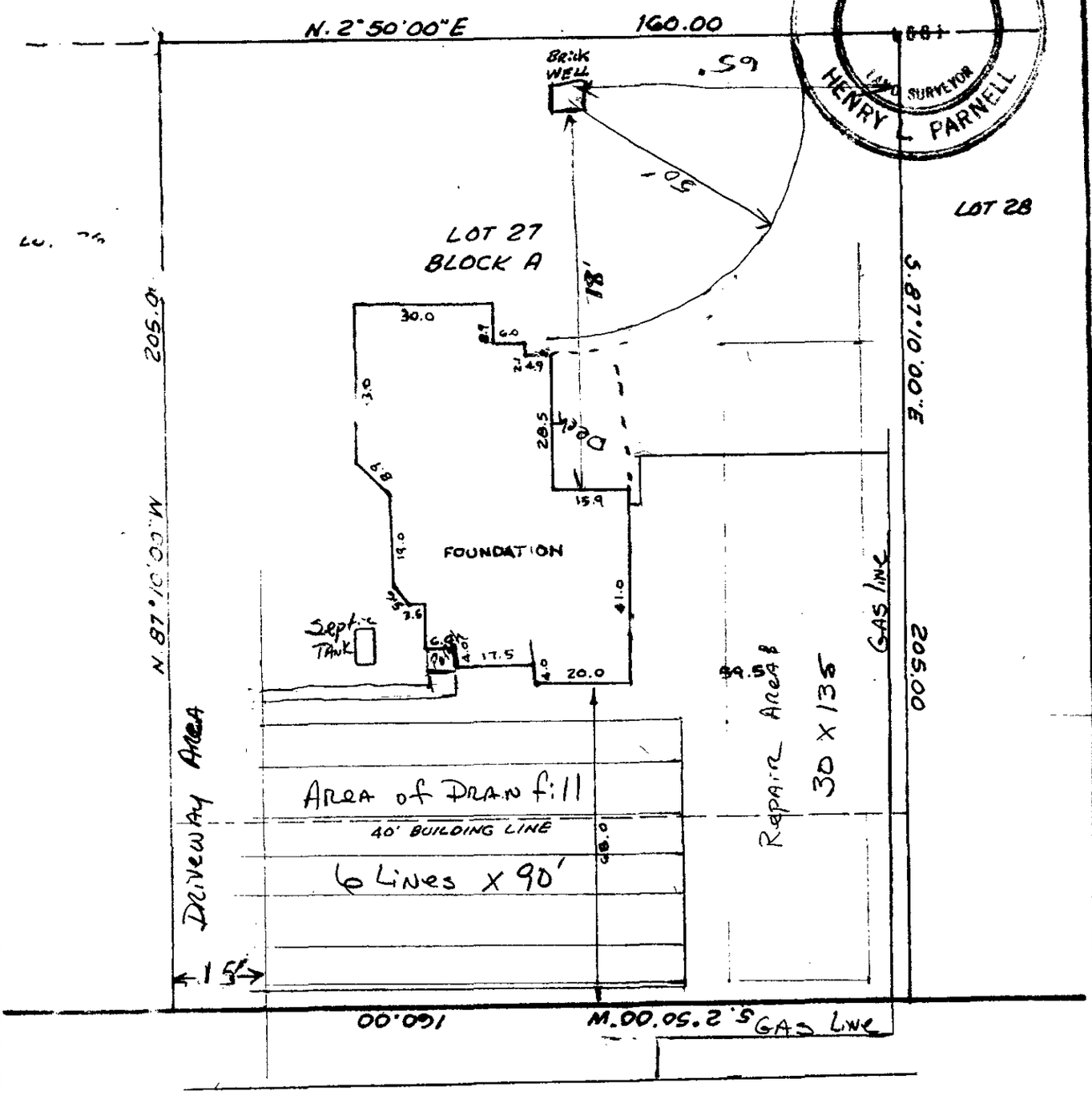
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

THIS IS TO CERTIFY THAT ON THE 12TH DAY OF APRIL 1989 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

SIGNED Henry L. Parnell
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED LAND SURVEYOR HENRY L. PARNELL



GETALONG ROAD

50' R/W

This is to certify that the property shown on this plat does not lie within the limits of any flood hazard area.

Signed Henry L. Parnell

PHYSICAL SURVEY

OF 21 GETALONG ROAD

LOT 2 BLOCK A OF EASTERN HIGHLANDS SEC. TWO

SITUATED IN CRAB ORCHARD TWP. MECKLENBURG COUNTY N.C.

THE PROPERTY OF WD CONSTRUCTION CO.

MAP RECORDED IN BOOK 23 AT PAGE DEED RECORDED IN BOOK PAGE