

15812 BAYSHORE DR

00101464

7/28/08

marliwr

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

Note to file

2 address have been assigned

have released for 2 addresses

each

Only 1 file for Bayshore Dr.

2/26/98

Dawn

project 23443

FEE: NA
DATE:
CRT [ ] 1

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES APP 01/05

FILE #: 15694

TYPE APPLCATION: WASP ID 2315

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Ted Cinker
ADDRESS: 15812 Bayshore Dr
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-947-1957
ALTERNATE PHONE: 704-526-9478

PROPERTY OWNER:
NAME: Ted Cinker
ADDRESS: 15812 Bayshore Dr.
CITY: Same
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 001-D14-64
STREET ADDRESS: 15812 Bayshore Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: X
LOT #: 20

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☒ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

2005

WATER SUPPLY:
☒ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☒ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☒ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 5-16-07

"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 y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

O.K. to use existing system for a deck addition

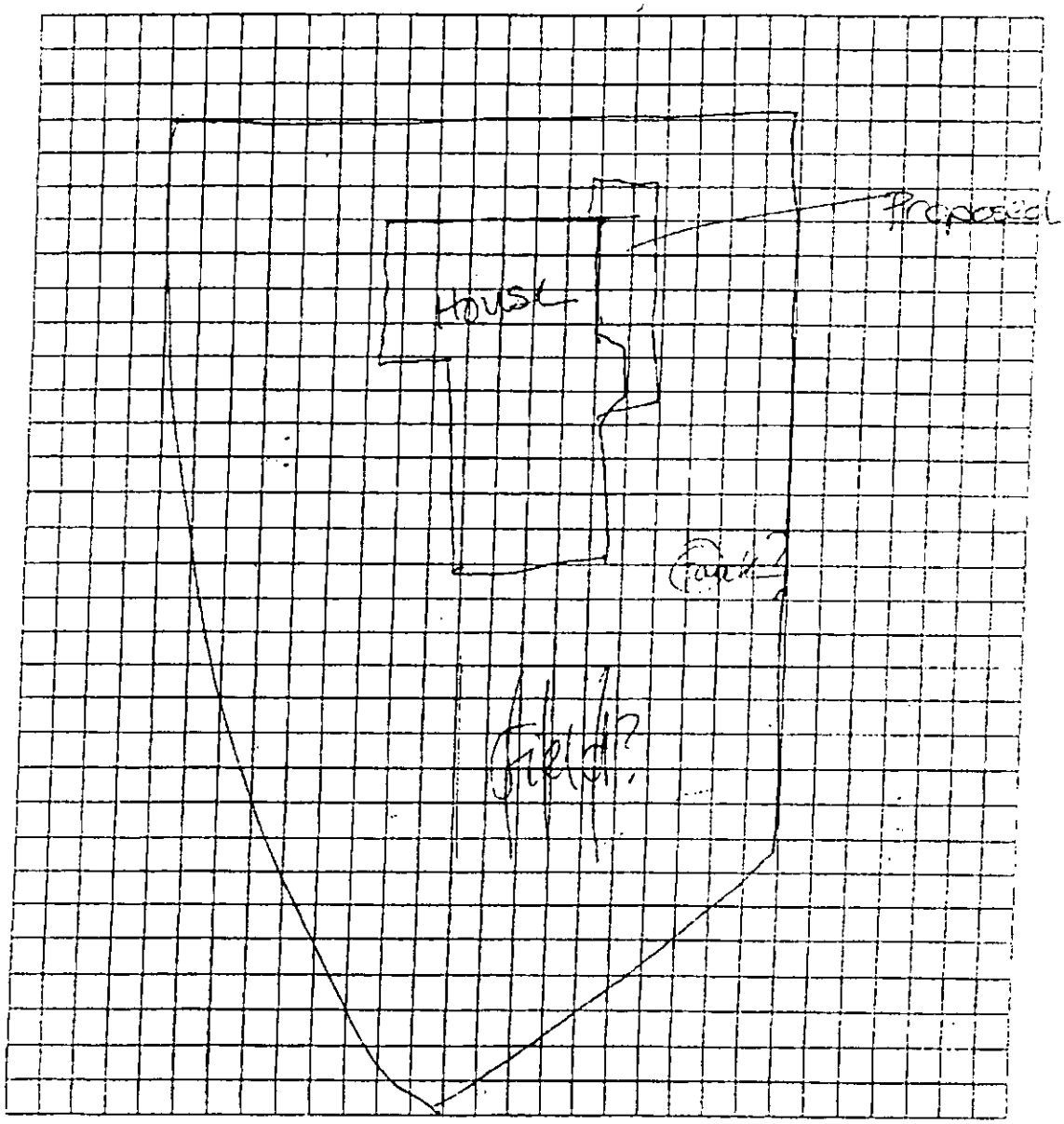
EHS Signature — Date: 5/21/07

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature _____

Date 5-16-07

LBC 12/15/04

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 15694 DATE: 5/23/05

TC: 001-014-64 ☑ L ☑ CRT

SERIAL 19606

Name of Owner TED CINKER Juris.: HUNTERSVILLE

Address of Property 15812 BAYSHORE DRIVE (LOT #20)

Inspection Data:

Tank Material 1500 GAL ST > PCC / 1000 GAL PT

Total Length of Drainfield 400'

Number of Lines 4 @ 70' / 2 @ 60'

Cover Depth 12"

Water Supply Source MUNICIPAL

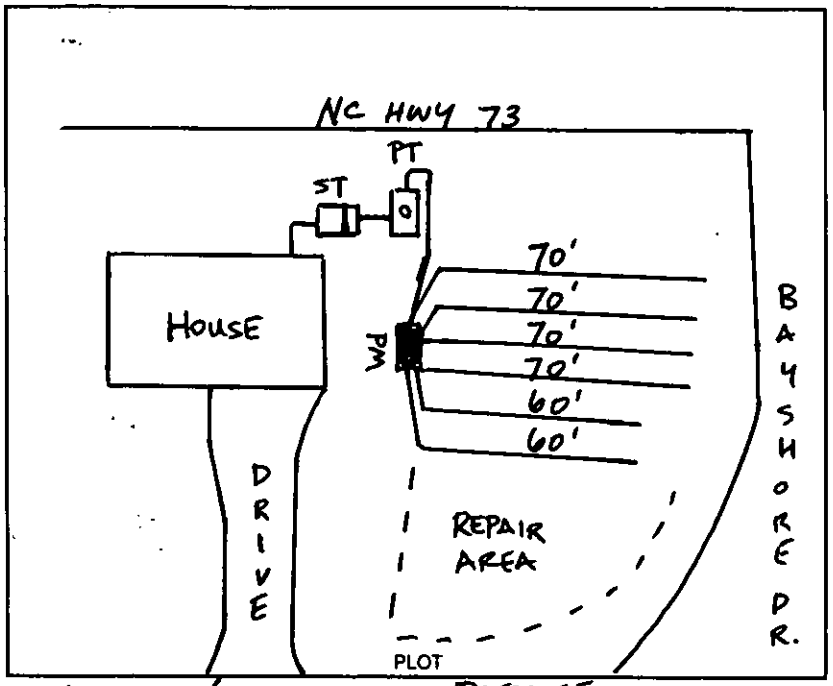
Distance to Water Source > 10'

Excavation Inspected 5/3/05

Tank(s) Inspected 5/3/05

Wash Line Inspected N/A

High Water Alarm Inspected 5/23/05



Design 2005 / 1500ST / 1000 PT / P1 / INOV / 1200 S.F.T. / PRESSURE MANIFOLD CTR# PIEDMONT SEPTIC TANK, INC.

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: SEPTIC SYSTEM INSTALLED FOR A 4-BEDROOM HOUSE. INSTALLED 4 LINES = 400' INNOVATIVE DRAINFIELD. (EZ-FLOW) TYPE III b,g SEPTIC SYSTEM. [P HOLD "CO" FOR CONTROL BOX & FLOAT TREE INSPECTION.

PUMP: ZOELLER
MODEL: N152-A
1/4 hp

Tony Mule, R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

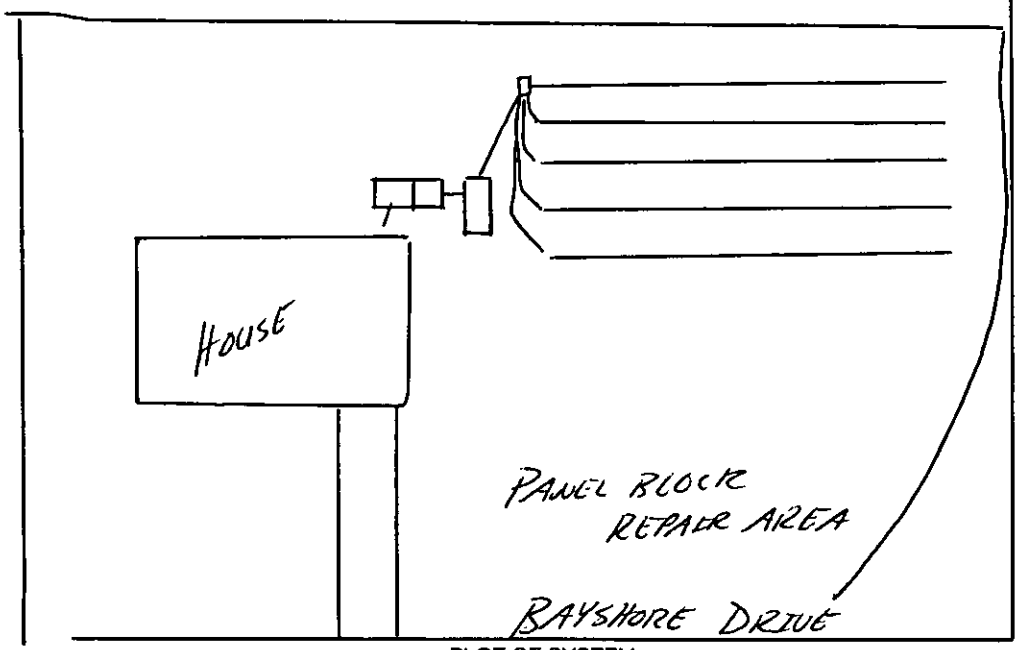
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 15694 DATE: 5/2/05

TC: 001-014-64 ☑ L

SERIAL 19849

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 11-4-04. All work shall be completed on or before 6/2/05, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24-36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 400' feet

Number of Lines 5 OR 6

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER TED CINKER

LOCATION OF PROPERTY 15812 BAYSHORE DRIVE

Comments: FOUR BEDROOM HOUSE

INSTALL 5 OR 6 LINES X 3' (400 TLF)

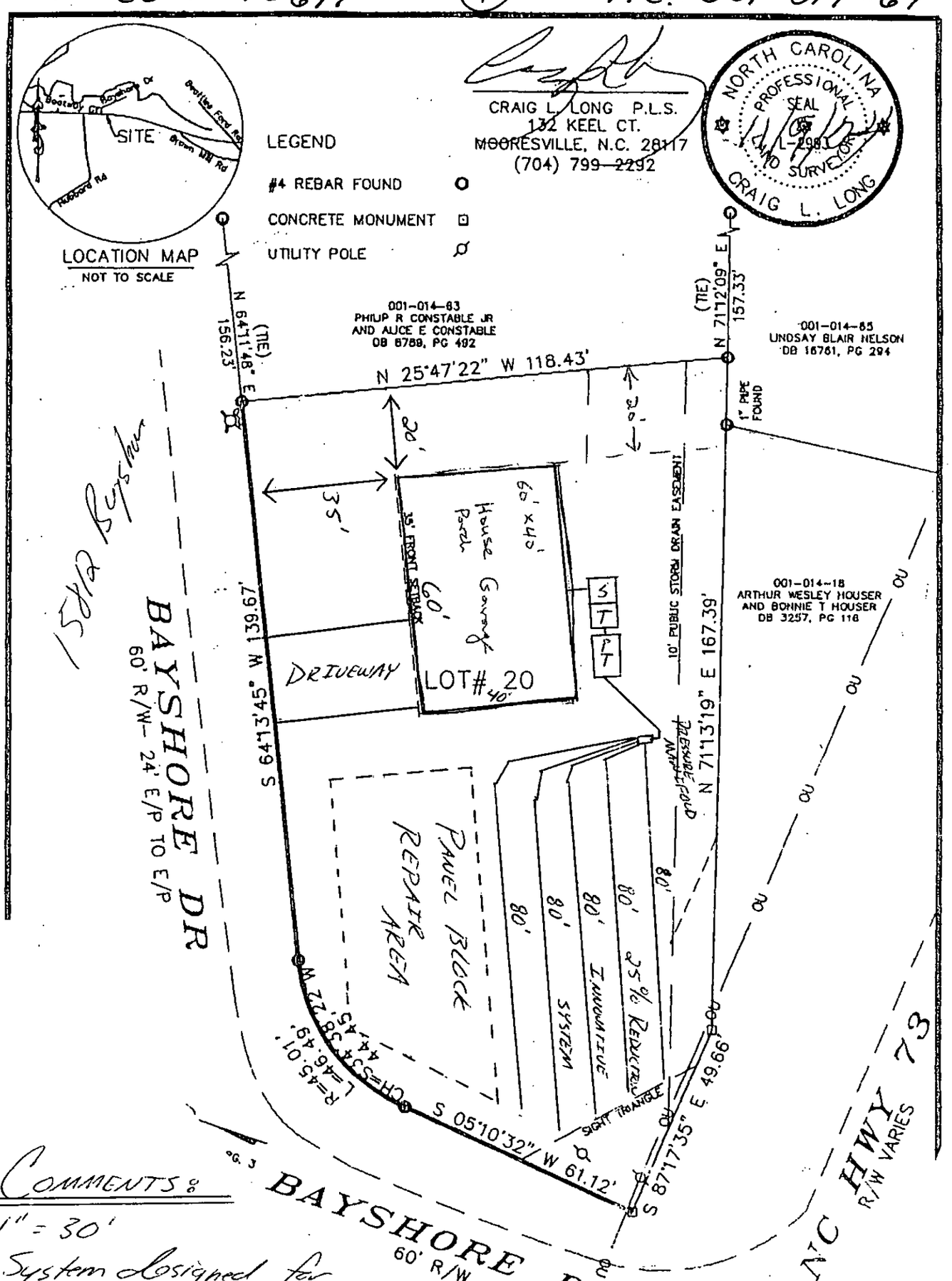
TYPE III 6 PUMP TO INNOVATIVE SYSTEM W/ PRESSURE MANIFOLD

NEMA 4X ALARM BOX

Tommy Mecke, R.S.
Environmental Health Specialist

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

FILE # 15694 (3PM) T.C. 001-014-64



COMMENTS:

→ 1" = 30'

→ System designed for four ~~five~~ bedroom house JPM 3/4/05

→ 1500 gallon septic tank, 1000 gallon pump tank

→ 5 lines x 20' x 3'

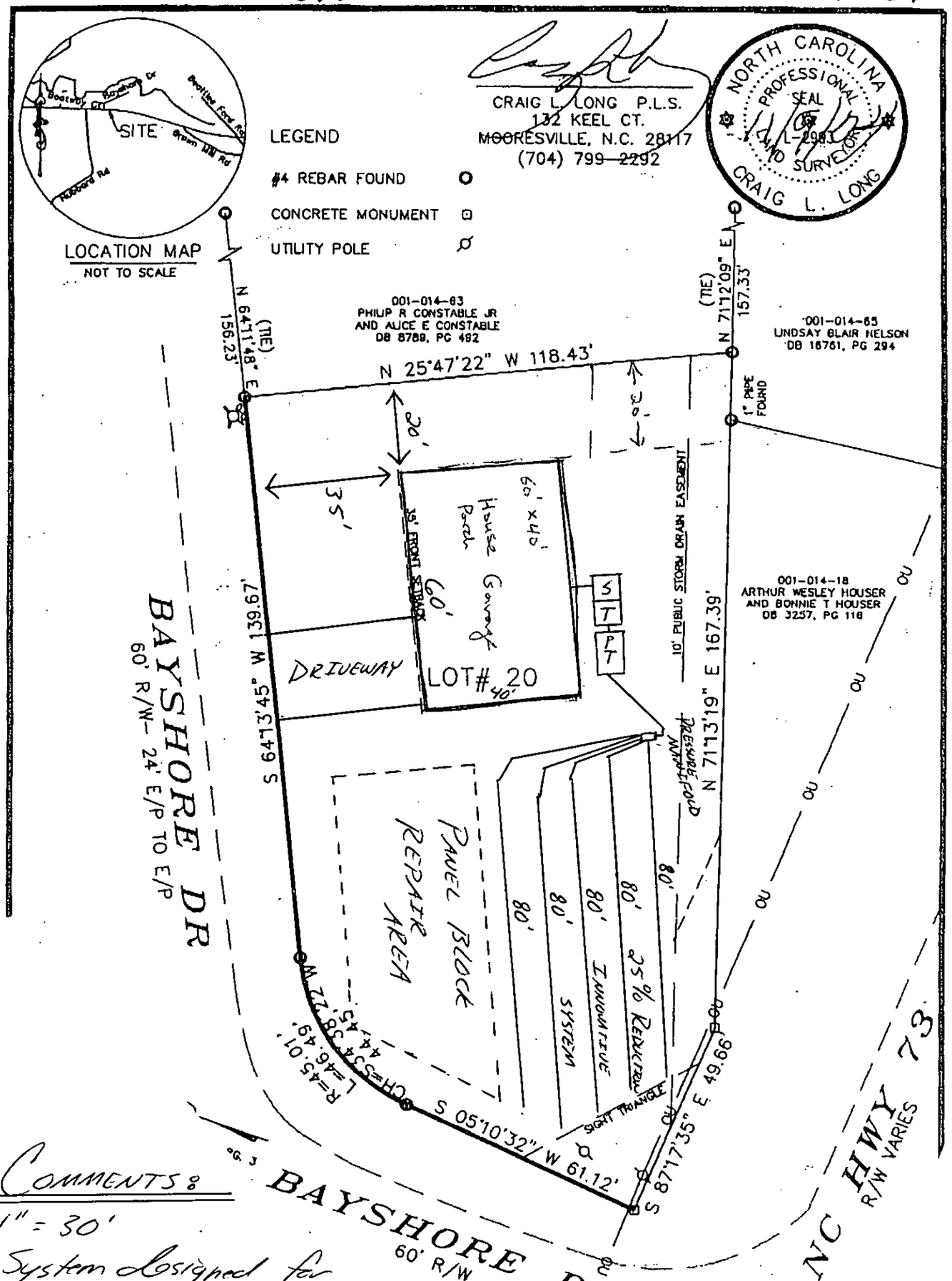
→ Type III b Pump to innovative septic system (400 TLF)

→ PAVER BLOCK REPAIR AREA

→ PRESSURE MANIFOLD

Jimmy Mabe, R.S.

FILE # 15694 T.C. 001-014-64



COMMENTS:

→ 1" = 30'

→ System designed for Four ~~three~~ bedroom House JPM 3/4/05-T

→ 1500 gallon septic tank, 1000 gallon pump tank

→ 5 lines x 80' x 3'

→ Type ~~III~~ 6 Pump to innovative septic system (400 TLF)

→ PAVED BLOCK REPAIR AREA

→ PRESSURE MANIFOLD

Jimmy Mudd, RS.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: 15694 Tax Number: 00101464

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	1500 Gallon septic tank	400 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone (in)	

Any surface water present: NO Type: Minimum separation distance (ft):

Additional conditions: **Agreement forms on file before CA release.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

800 Absorption Area (ft^2) 267 Total trench length (ft)	NA Depth of stone (in)	9 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Improvement permit is transferable.

Tommy Michie R.S. 11/9/04
DENR Authorized Agent Date

11/16/04
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**

DATE: 11/16/04 MC Payment - JKA

HD 105280

PERMIT NUMBER: 15694
PARCEL NUMBER: 00101464

JOB LOCATION ADDRESS: 15812 Bayshore Drive
PROPERTY OWNER: Ted Cinker
BUILDING CONTRACTOR: Ted Cinker
SUBDIVISION NAME: Bay Shores
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 11/09/04

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 15694, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN *INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL* MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
Agreement forms on file before CA release.

Returned to customer

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2004 NOV 16 12:37 PM
BK:18007 PG:180-183 FEE:$20.00

INSTRUMENT # 2004240538

2004240538

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 150694
PARCEL # 001-014-64

The undersigned, Ted Cinker, owner of property located at 15812 Bayshore Drive, (the "site") and described in an instrument recorded in Book 18007 at Page 36, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: Jeremy Micheloni
Mail after recording to: 10717 Westview Ave. (Ted Cinker)
Meadville PA 16335

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 20___.

_____ Ted Cinker (SEAL)

(Corporate Name)

Ted Cinker (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DEBRA S. SMITH, a Notary Public for said County and State, do hereby certify that TED CINKER personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 16TH day of NOV., 20 04.

Debra S. Smith
Notary Public

My Commission Expires:

12.16.09



STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said 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 notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02



JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration: 11/16/2004 12:37 PM

Book: RE 18007 Page: 180-183

Document No.: 2004240538

PRMIT 4 PGS $20.00

Recorder: LISA SHARPE

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of DEBRA S. SMITH Notary is certified to be correct. This 16TH of November 2004

JUDITH A. GIBSON, REGISTER OF DEEDS By: Lisa C. Sharpe
Deputy/Assistant Register of Deeds

****



2004240538

15694

SEP-07-04 07:26 AM P.02

FEE: 250.00 + 21.00

DATE: 10/27/04 JKA

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

FL 1 CRT

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

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

FILE #: 15694

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-014-64

STREET ADDRESS: 15812 Bayshore DR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 20

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE Nov. 23rd or latest

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Cinker Ted
(LAST) (FIRST) (MI)

ADDRESS: 10717 westview ave.

CITY: Meadville STATE: PA ZIP: 16335

DAYTIME PHONE: (814) 724-5206

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 10/27/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

File # 15694

THIS IS TO CERTIFY THAT ON THE 19TH DAY OF DECEMBER, 19 97, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE AS SHOWN HEREON. THAT THE AREA OF THIS PROPERTY IS 0.159 ACRE AS CALCULATED BY COORDINATE METHOD WITH A RATIO OF PRECISION OF 1: _____

SIGNED John D Campbell
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-1360 LAND SURVEYOR JOHN D. CAMPBELL

COPY

GRID N

LOT 19
BLOCK 1

S 25-45-00 E 118.46

80'
INNOVATIVE 80'
SYSTEM 80'
80'
80'
60'

35'
45'

FOUR BEDROOM HOUSE
60'

N 64-15-00 E 139.71

S 29-15-24 W 817.24

10' SAN. SEWER R/W

PRIVE

DRIVEWAY

PANEL BLOCK REPAIR AREA

PRU

L= 46.40
44.37

R= 45.00
Δ= 42-21

N 05-10-00 E

N 67-49-43 W

100' ROAD R/W

BOATWAY COURT

BAYSHORE DR.

N.C. HIGHWAY #73

Comments:
- FOUR BEDROOM HOUSE
- 1500 GALLON SEPTIC TANK
- 5 lines x 80' x 3'
- 400 TLF
- TYPE IIIg INNOVATIVE SYSTEM
- PANEL BLOCK REPAIR SYSTEM

Ted Cinker
11/16/04
Ted Cinker

Jimmy Mickle, R.S. 11/9/04

VICINITY MAP
LAKE NORMAN
BOATWAY
BAYSHORE DR.
N.C. HWY. 73
S.R. 2134
BRANTLEY FARM RD.

SITE PLAN SURVEY

OF

LOT 20, BAY SHORES

LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.

SURVEY FOR KEITH HAMMETT CONST. CO.

MAP RECORDED IN BOOK 19 AT PAGE 3 DEED RECORDED IN BOOK _____ PAGE _____

SCALE 1" = 40' DRAWN BY JDC FIELD WORK _____ FIELD BOOK # 21 35

PARCEL I.D. NO. 001-014-64 I.R.F. = IRON PIN FOUND I.R.S. = IRON PIN SET

File # 15694

THIS IS TO CERTIFY THAT ON THE 19TH DAY OF DECEMBER, 19 97 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE AS SHOWN HEREON. THAT THE AREA OF THIS PROPERTY IS 0.459 ACRE AS CALCULATED BY COORDINATE METHOD WITH A RATIO OF PRECISION OF 1: JPY

SIGNED John Campbell

REGISTERED NORTH CAROLINA LAND SURVEYOR SEAL L-1380 JOHN D. CAMPBELL

GRID N

LOT 19 BLOCK 1

LOT 20

35' MIN SET BACK

S 25-45-00 E 118.46

N 64-15-00 E 151.44

55

54.0

27.5

127.0

21.0

RAISED DUPLEX

CONC. DRIVE

ASPHALT DRIVE

PROP. DRIVEWAY

PROP. DRIVEWAY

PROP

N 05-00-00 E 61.69

N 63-00-43 W 98.62

S 71-45-00 E 857.24

50' SAN. SEWER R/W

100' ROAD R/W

PRIVE

BOATWAY COURT

BOATSHOP

N.C. HIGHWAY #73

- 1500 SF
- USE INNOVATIVE system.
- 5 lines @ 80 each x 3' wide w/ 25% reduction

NOTE

AREA HOUSE = 1,490.1 SQ.FT.
AREA DRIVEWAYS = 950.0 SQ.FT.
AREA PATIOS = 387.0 SQ.FT.
TOTAL IMPERVIOUS = 2,827.1 SQ.FT.
LOT AREA = 20,008.1 SQ FT
IMPERVIOUS AREA = 14.10 %

Sign Keith D Hammett

Date 12-22-97

VICINITY MAP

LAKE NORMAN
BOATWAY CT.
MAYHEW DR.
N.C. HWY. 73
SEATTLES CHAPEL RD.

SITE PLAN SURVEY

OF

LOT 20, BAY SHORES

LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.

SURVEY FOR KEITH HAMMETT CONST. CO.

MAP RECORDED IN BOOK 19 AT PAGE 3 DEED RECORDED IN BOOK ____ PAGE ____

SCALE 1" = 50' DRAWN BY JDC FIELD WORK ____ FIELD BOOK # 24 35

PARCEL I.D. NO. 001-014-64 I.R.F. = IRON PIN FOUND I.P.S. = IRON PIN SET

Permit Number: 15694

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-014-64

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	400 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
No Serviced by private well	1500 Gallon septic tank	400 Total Trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence 2 in each side of duplex	___ Gallon pump tank	N/A Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: use innovative system w/ 25% reduction. agreement form must be executed and recorded prior to installation approval				
Repair Area System Type Type (circle one): I II (III) IV V VI N/A	___ Conventional ✓ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
400 Absorption Area (Sq Ft) 200 Total Trench Length (Ft)	20" Depth of stone Trench SAME	3 Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, 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 Improvement permit is transferable.

Wally Rowell 1-9-98
DEHNR Authorized Agent — Date

X Kathleen Hemmett 1-22-98
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

400

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-9-98 **PERMIT NO:** 15694
PARCEL NO: 001-014-64

JOB LOCATION ADDRESS: 1582 Bayshore Dr
PROPERTY OWNER: Keith Hammett
BUILDING CONTRACTOR: Keith Hammett
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Randall **DATE:** 1-9-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 15694, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: use innovative system 25% reduction agreement forms must be executed and recorded prior to installation approval

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Keith B Hammett 1-22-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

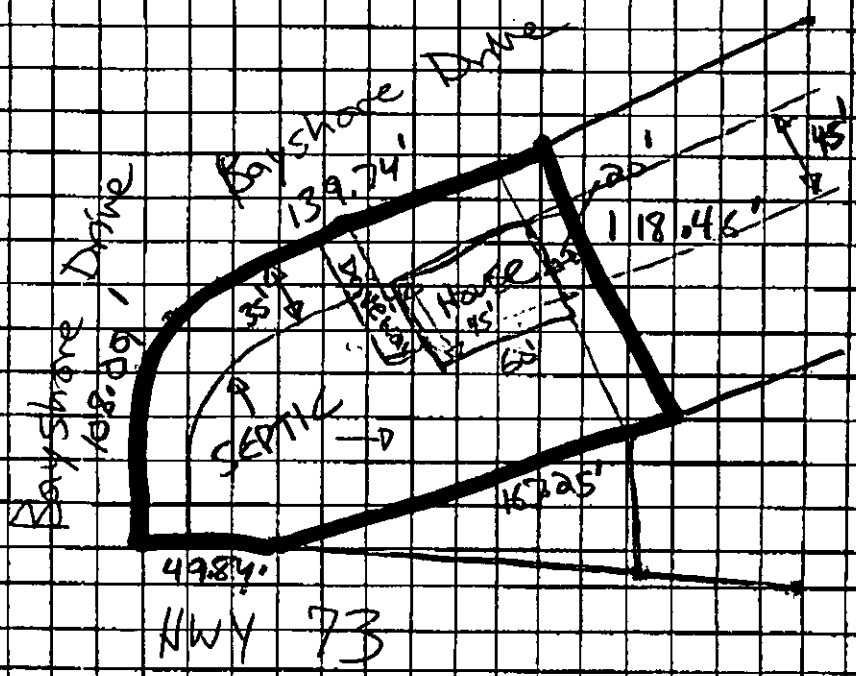
PROPOSED PLOT PLAN

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

FILE: 150944

TC: 001-014-64

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.

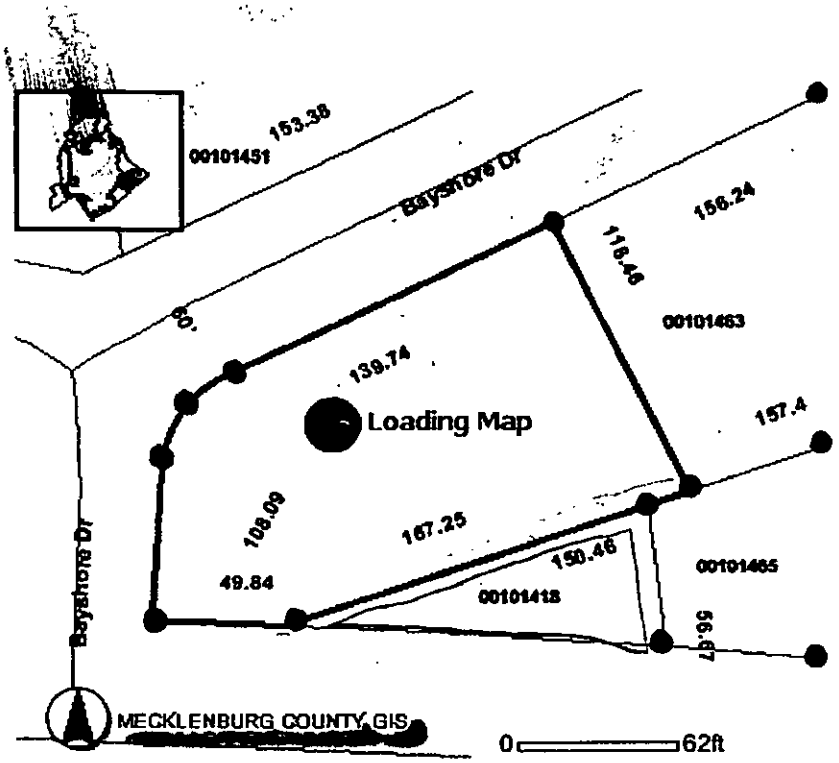


OWNER/AGENT SIGNATURE

DATE 10/27/04

APPROVAL DATE _____

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


153.38
00101451
Bayshore Dr
156.24
118.46
00101463
139.74
Loading Map
157.4
108.09
167.25
150.46
49.84
00101465
00101418
56.87
Bayshore Dr
MECKLENBURG COUNTY GIS
0
62ft

DATE Jan 23, 1998

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-014-64
PARCEL NUMBER

15812 Bayshore DR
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot # 20
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____APPROVED	____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	____NO

REMARKS: Duplex Unit

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Doug A. Hunn

REVISED 1/91

DATE Jan. 22, 1998

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-014-64
PARCEL NUMBER

14301 N C 73 Hy
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot # 20
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____APPROVED	_____NOT APPROVED
2. FLOODWAY REGULATIONS	_____APPROVED	_____NOT APPROVED
3. WATERSHED PROTECTION	_____APPROVED	_____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	_____APPROVED	_____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____PRESENT	_____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____YES	_____NO
7. DRIVEWAY PERMIT REQUIRED	_____YES	_____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	_____YES	_____NO

REMARKS: Duplex

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Dary A. Hunn

REVISED 1/91

Hammett Construction Company, Inc.

♦♦♦

Post Office Box 661 ♦ Paw Creek, NC 28130
Phone 704-892-7123 ♦ Fax 704-892-5907

To: Mecklenburg County Government
Health Department
Gwendolyn Craig

Re: Bayshore Dr. Addresses.

Date 1-23-98

Pages 3

FEE: 300.00 CK # 2922

DATE: 12/22/97 SC

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 15694

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-014-64

STREET ADDRESS: 13812 Bayshore Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 20

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
✓ OTHER (O) Duplex

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
✓ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

N/A

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

WATER SUPPLY (CHECK ONE): CMUD

__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO See Plat
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: Ervin Hager	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Hager Ervin (LAST) (FIRST) (MI)	NAME: Hammett Keith (LAST) (FIRST) (MI)
ADDRESS:	DAYTIME PHONE: 704 577 3396
CITY: Huntersville STATE: N.C. ZIP:	prospective buyer
DAYTIME PHONE: 704 577- 3396	Gen Contractor

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Keith D Hammett DATE: 12-22-97

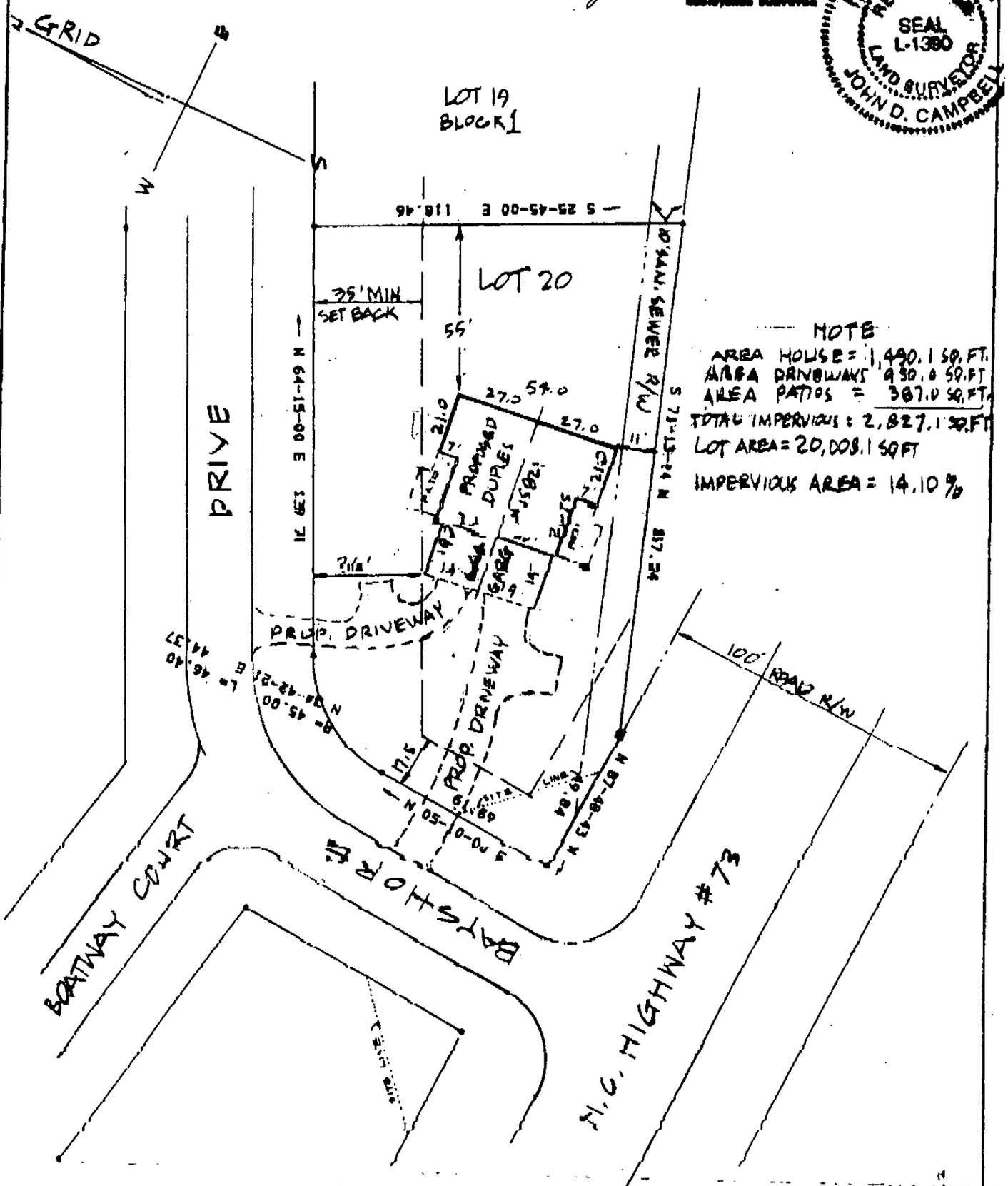
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

File # 15694

THIS IS TO CERTIFY THAT ON THE 19TH DAY OF DECEMBER, 19 97, I, [redacted], PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE AS SHOWN HEREON. THAT THE AREA OF THIS PROPERTY IS 0.459 ACRE AS CALCULATED BY COORDINATE METHOD WITH A RATIO OF PRECISION OF 1: _____

SIGNED John D Campbell

NORTH CAROLINA REGISTERED SURVEYOR SEAL L-1380 LAND SURVEYOR JOHN D. CAMPBELL

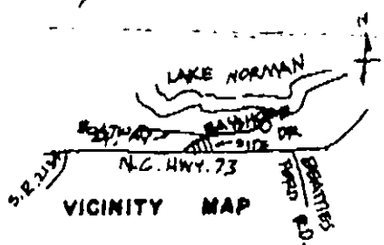


NOTE

AREA HOUSE = 1,490.1 SQ.FT.
AREA DRIVEWAYS 950.0 SQ.FT
AREA PATIOS = 387.0 SQ.FT.
TOTAL IMPERVIOUS : 2,827.1 SQ.FT
LOT AREA = 20,008.1 SQ FT
IMPERVIOUS AREA = 14.10 %

Sign: Keith D Hammett

Date: 12-22-97



VICINITY MAP

SITE PLAN SURVEY OF

LOT 20, BAY SHORES

LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.

SURVEY FOR KEITH HAMMETT CONST. CO.

MAP RECORDED IN BOOK 19 AT PAGE 3 DEED RECORDED IN BOOK _____ PAGE _____

SCALE 1" = 50' DRAWN BY JDC FIELD WORK _____ FIELD BOOK # 24 35

PARCEL I.D. NO. 001-014-64 I.R.R = IRON PIN FOUND I.R.S. = IRON PIN SET

File # 15694

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SIGNED John D Campbell
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-1380 LAND SURVEYOR JOHN D. CAMPBELL

COPY

GRID N

LOT 19
BLOCK 1

LOT 20

S 25-45-00 E 118.46

35' MIN SET BACK

55'

N 64-15-00 E 135.71

S 73-13-24 E 87.34

20' SAN. SEWER R/W

27.0 54.0 27.0

21.0

PROPOSED DUPLEX

1285 SQ. FT.

CRIPL

STOOP

PROP. DRIVEWAY

PROP. DRIVEWAY

PRIVE

BOATWAY COURT

BAYSHORE DR.

N.C. HIGHWAY #73

100' ROAD R/W

N 24-42-21 E 46.40

N 24-45-00 E 44.37

N 05-00-00 E 69.84

N 63-48-43 E 79.84

17.5

NOTE

AREA HOUSE = 1,490.1 SQ. FT.
AREA DRIVEWAYS = 950.0 SQ. FT.
AREA PATIOS = 387.0 SQ. FT.
TOTAL IMPERVIOUS = 2,827.1 SQ. FT.
LOT AREA = 20,008.1 SQ. FT.
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Sign Keith D Hammett
Date 12-22-97

VICINITY MAP

LAKE NORMAN
BAYSHORE DR.
N.C. HWY. 73
BRIARTIES ROAD S.R. 2134

SITE PLAN SURVEY OF

LOT 20, BAY SHORES

LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.

SURVEY FOR KEITH HAMMETT CONST. CO.

MAP RECORDED IN BOOK 19 AT PAGE 3 DEED RECORDED IN BOOK _____ PAGE _____

SCALE 1" = 40' DRAWN BY JDC FIELD WORK _____ FIELD BOOK # 2435

PARCEL I.D. NO. 001-019-64 I.R.F. = IRON PIN FOUND I.P.S. = IRON PIN SET