

20432 STAGHORN CT

00171124

6/18/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 11350 DATE: 1/13/00

TC: 001 7124 ☒ L ☒ CRT

SERIAL Nº 17720

Name of Owner Tom Lubatty Juris.: _____

Address of Property 20432 Staghorn Court

Inspection Data:

Tank Material PCC

Total Length of Drainfield NA

Number of Lines NA @ NA

Cover Depth 3"

Water Supply Source Municipal

Distance to Water Source -

Excavation Inspected 1/3/00

Tank(s) Inspected 1/3/00

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design 1999, Alteration, Replace tank CTR# Barry Sigmon

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 I5A 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 I5A 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: Tank location altered for house addition

Type IIa

Phillip S. Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

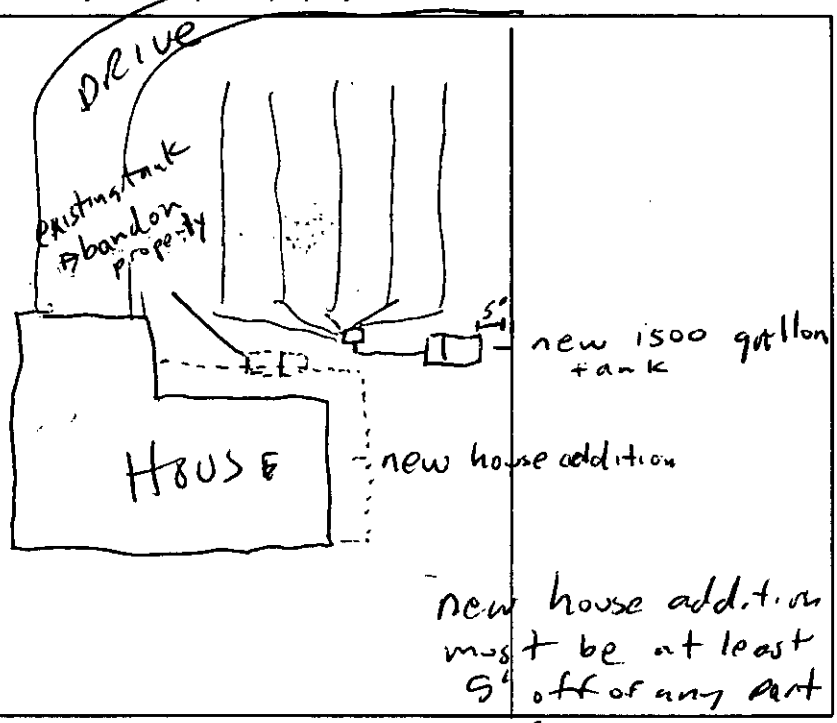
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11350 DATE: 1-12-00

TC: 001-711-24 ☐/L

SERIAL Nº 18336

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 12-17-99. All work shall be completed on or before 2-12-00, 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 replace with 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth existing

Absorption and/or Nitrification Lines:

Trench Width 1' feet

Trench Walls Scored and Porous "

Total Line Length ' feet

Number of Lines '

Depth of Stone " inches

Distance from House ' feet

Distance from Property Line " feet

Distance from Well " feet

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

NAME OF OWNER TOM LUBATTY

LOCATION OF PROPERTY 2032 STAGHORN COURT

Comments: _____

Environmental Health Specialist

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

PD 100 chk 1050 12/23/99

FEE: 100.00 CK#1251 DATE: 12/17/99 VW

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

PD 100.00 CC 1/10 10% CRT

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

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

FILE #: 11350

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-711-24

STREET ADDRESS: 20432 STAGHORN Ct. Cornelius, NC 28031

SUBDIVISION OR MOBILE HOME PARK NAME: Heathridge

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2650 → ~4000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE 9/2/99 house

1/14/99 Approval granted for footprint expansion, master bed/bath expansion. Use existing system

Philo S. Walker RS 1/14/99

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Complete renovation - will expand the footprint of the house to allowable set back lines on left side (SW) for master bed/bath expansion. Update kitchen. Turn first floor bedroom into dining room, Add this bedroom upstairs

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	X YES ___ NO	WELL, SPRINGS OR WATERLINES	X YES ___ NO
EXISTING WASTEWATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	X YES ___ NO		

PROPERTY OWNER:

NAME: LUBATTY THOMAS A.
(LAST) (FIRST) (MI)

ADDRESS: 20432 STAGHORN Ct

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: 704 892-5350 Cell 724 3837

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: Thomas A. Lubatty DATE: 12/17/99

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

MBR 8X14 112
12X13 156
17X8 136
17X9 153
10X24 240
797 extra Footprint

300
260
+560
Upstairs

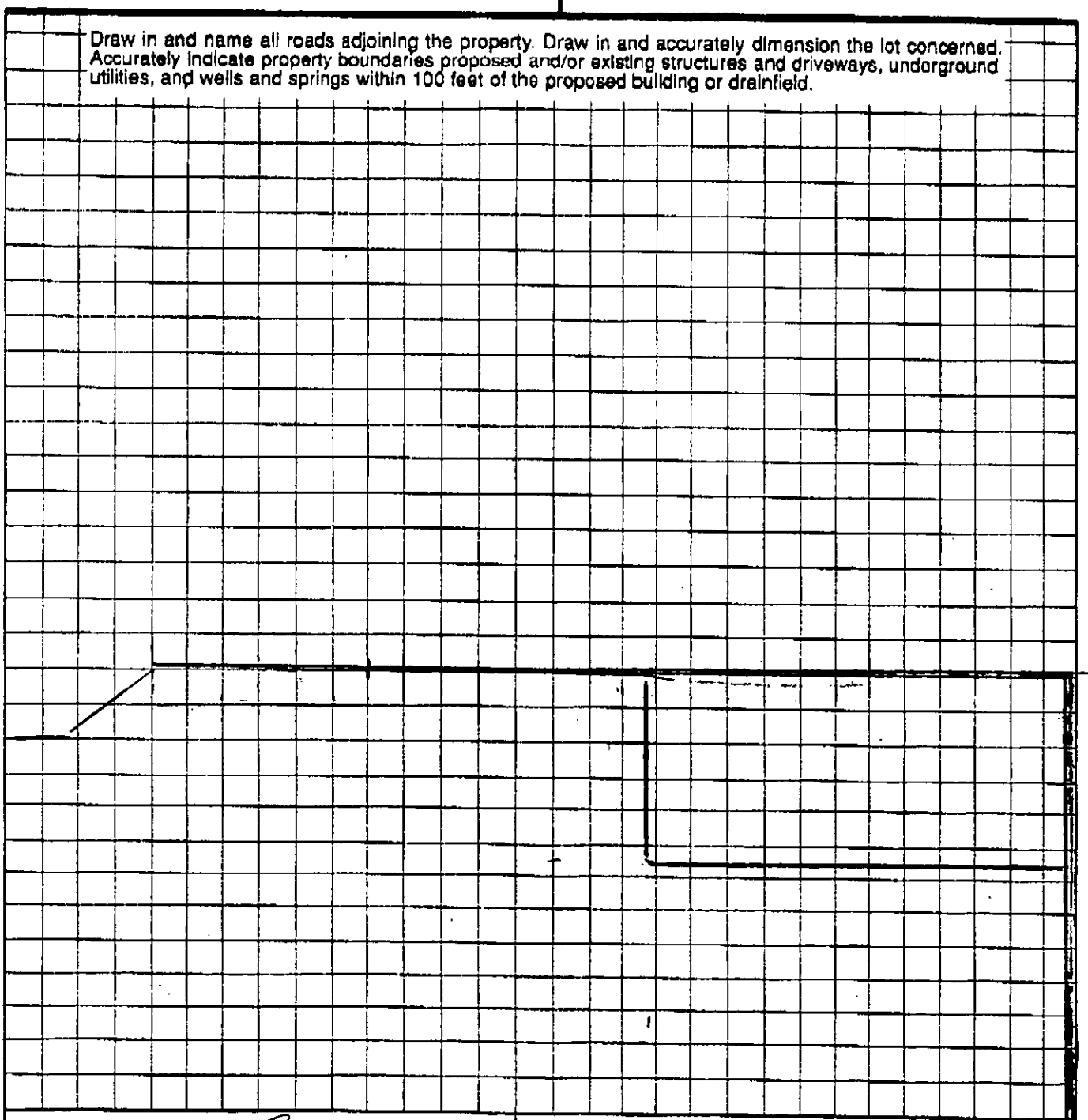
PROPOSED PLOT PLAN

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

FILE: 16350

TC: 001-711-24

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 12/17/99

APPROVAL DATE

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

R. S. Hollifield land surveying / subdivision planning ~ P. O. Box 1036 Troutman, NC 28166
phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holiron@vvi.net

SITE
STAG HORN CT.
BETHEL CH. RD.
W. CATAWBA AVE.

30 0 30 60
SCALE : 1" = 30'

Note: Setbacks are taken from M. B. 17-587 and current zoning setbacks per the Town of Cornelius. No search for restrictive covenants, regarding HEATHRIDGE, was made by me.

P.B. 17-587

Pier

Lake Norman

Existing 760 Contour Line in Riprap

Approximate 761 Contour Line (Floodline)

S 69°42'59" E 149.05'

S 60°47'05" E 48.61'

S 28°02'03" E 14.70

S 15°38'04" E 23.76'

EX REBAR AT 9.00'

10' Public Drainage E'ment

S 07°38'30" E 99.30'

Lot 7

Concrete Drive

8' Building Line

EX REBAR

N 00°00'00" E 233.22'

S 89°39'49" E 90.14'

EX REBAR

EX REBAR

Patio

24.39'

61.36'

50' Building Line

Lot 6

One & One Half Story Residence, Stucco finish
F.F. ELEV. = 765.4

32.00'

Patio

19.7'

32.20'

27.36'

Line of Lot 6

40' Building Line

R. = 50.00'
A = 44.69'
CH = 43.22'
S 86°35'46" E

S 74°14'29" E 27.00'

N 51°38'38" E 6.91

8' Building Line

40.00'
N 27°56'07" W

EX IRON PIN AT 0.08'

STAGHORN COURT
60' Public R/W

EX NAIL AT T-HOOK IRON

157.59'
N 53°02'00" W

100.30'
N 17°56'37" W

EX REBAR

N 81°49'33" W 23.34'

EX REBAR

EX REBAR AT 23.20'

N 16°23'58" E 6.06

Lot 5

(1) = Proposed expansion
(2) = alternate expansion
(3) = 2nd Floor Bedroom (Replaces BR on 1st Fl)
(4) = 2nd Floor Sitting Room

I, Ronald S. Hollifield, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in book 9074, page 0189; map recorded in book 17, page 587); that the boundaries not surveyed are shown as broken lines platted from information as shown; that this plat was prepared in accordance with G. S. 47-30 as amended, minimum angular closure is 7.5 seconds per angle, minimum linear closure is 1:10,000.

Witness my original signature, registration number, and seal this 26th of July, 1999.

Ronald S. Hollifield, NCPLS 1404

NORTH CAROLINA PROFESSIONAL SEAL L-1404 LAND SURVEYOR RONALD S. HOLLIFIELD

No USGS monument found within 2000'.

This property is located in a Special Flood Hazard Area designated by the F. I. A. Flood Hazard Boundary Maps.
See panel 370158 0015C (08/03//98)

This plat is of a survey of an existing parcel.

Boundary and Physical Survey

0.6607 Acre
20432 Staghorn Court
Lot 6 HEATHRIDGE and Adjoining Parcel

Lemley Township (Town of Cornelius) Mecklenburg Co., NC
Tax Parcel 001-711-24 ~ D. B. 9074-189 ~ M. B. 17-587

Property of Thomas A. Lubatty and wife, Jacqueline E.

R. S. Hollifield land surveying / subdivision planning ~ P. O. Box 1036 Troutman, NC 28166
phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holiron@wvi.net

I, Ronald S. Hollifield, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in book 9074, page 0189; map recorded in book 17, page 587): that the boundaries not surveyed are shown as broken lines platted from information as shown; that this plat was prepared in accordance with G. S. 47-30 as amended, minimum angular closure is 7.5 seconds per angle, minimum linear closure is 1:10,000.

Witness my original signature, registration number, and seal this 26th of July, 1999.

Ronald S. Hollifield, NCPLS 1404

NORTH CAROLINA PROFESSIONAL SEAL L-1404 LAND SURVEYOR RONALD S. HOLLIFIELD

No USGS monument found within 2000'.

This property is located in a Special Flood Hazard Area designated by the F. I. A. Flood Hazard Boundary Maps. See panel 370158 0015C (08/03//98)

This plat is of a survey of an existing parcel.

SITE
STAG HORN CT.
BETHEL CH. RD.
W. CATAWBA AVE.

30 0 30 60
SCALE : 1" = 30'

Note: Setbacks are taken from M. B. 17-587 and current zoning setbacks per the Town of Cornelius. No search for restrictive covenants, regarding HEATHRIDGE, was made by me.

P.B. 17-587

Lake Norman

Pier

Lot 7

Lot 6

Lot 5

10' Public Drainage E'ment

8' Building Line

50' Building Line

40' Building Line

Concrete Drive

Patio

One & One Half Story Residence, Stucco finish F.F. ELEV. = 765.4

Existing 760 Contour Line in Riprap

Approximate 761 Contour Line (Floodline)

Line of Lot 6

EX REBAR

EX IRON PIN AT 0.08'

EX NAIL AT T-HOOK IRON

STAGHORN COURT
60' Public R/W

Boundary and Physical Survey

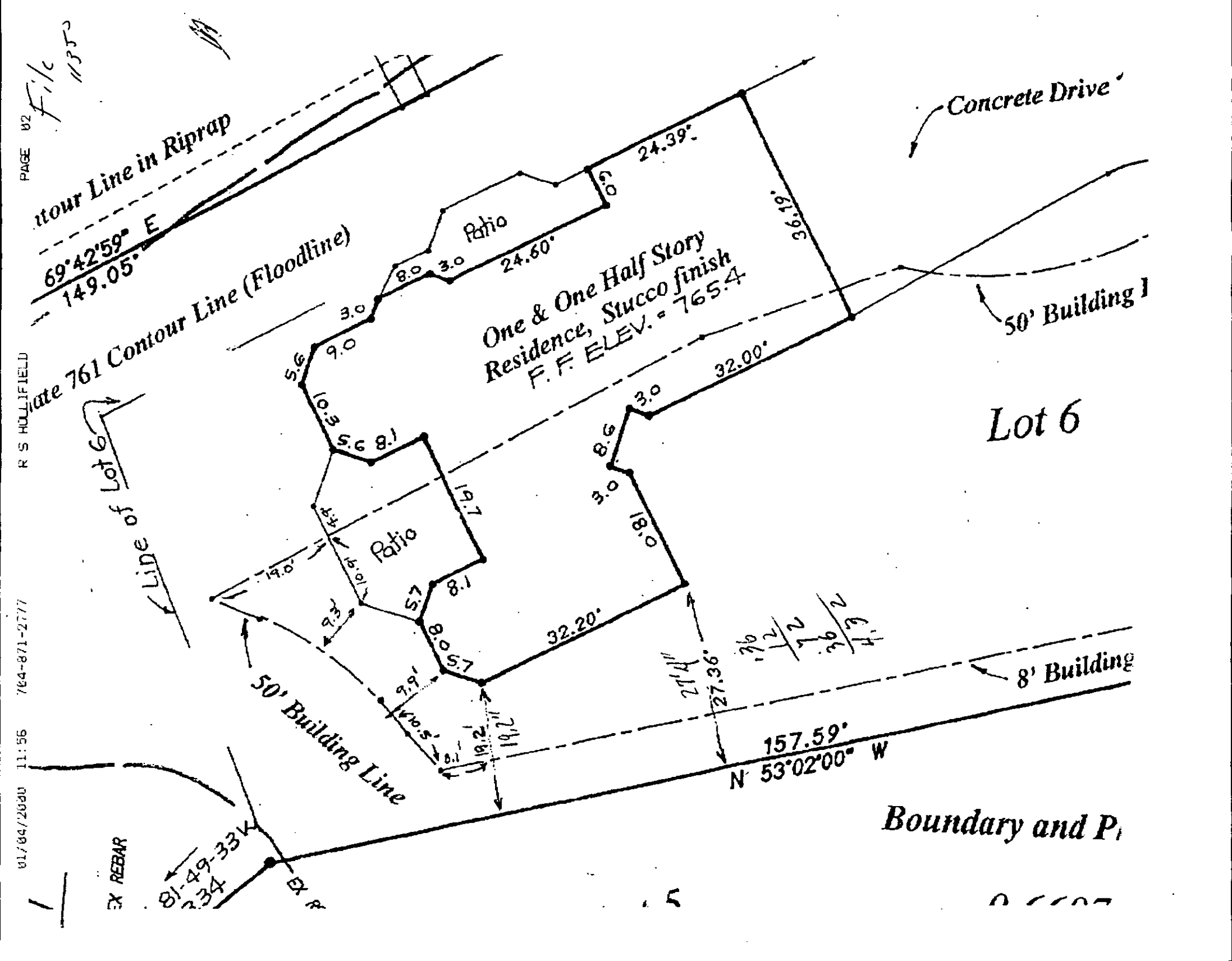
0.6607 Acre
20432 Staghorn Court
Lot 6 HEATHRIDGE and Adjoining Parcel

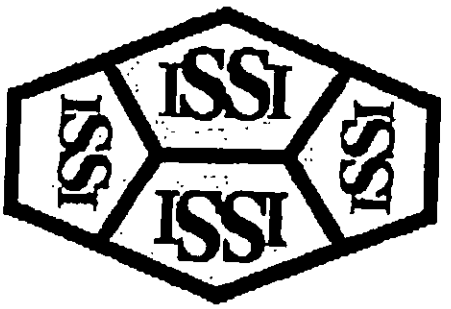
Lemley Township (Town of Cornelius) Mecklenburg Co., NC
Tax Parcel 001-711-24 ~ D. B. 9074-189 ~ M. B. 17-587

Property of Thomas A. Lubatty and wife, Jacqueline E.

COPY

(1) = Proposed expansion
(2) = alternate expansion
(3) = 2nd floor Bedroom (Replaces Workshop)
(4) = 2nd floor sitting room


Concrete Drive
itour Line in Riprap
69°42'59" E
149.05'
ate 761 Contour Line (Floodline)
Patio
24.39'
24.60'
36.19'
One & One Half Story
Residence, Stucco finish
F. F. ELEV. = 765.4
50' Building
32.00'
Lot 6
Line of Lot 6
Patio
32.20'
50' Building Line
8' Building
157.59'
N 53°02'00" W
Boundary and P
EX REBAR
81-49-33K
234



Imaging Solutions and Services, Inc

The following is a

Poor Original

The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

To: Jeff Knight 12/22/99

From: Tom Lubaty - 20432 Stagborn Ct.

2 Pages total including this cover.

1) Is it possible to meet me at the house on Thurs 12/23 AM?

2) Is this drawing from Barry Simon sufficient for getting approval?

3) Does Barry Simon have to be present at lot when we are there?

4) Is my original application plus this sheet sufficient, along with the additional application fee, to get approval so my architect can begin drawing AGAIN?

5) Kindly call me ASAP 892-5350
724-3837

Thanks for your help & understanding

Tom Lubaty

Tom Lubaty
20432 Shackleford Dr

Addition
Room

20'

new Tank

new D.W.

Reconnect
old lines

Tank may go in
on Angle To connect
old lines

Existing Tank 2,000 Gal

Septic Tank

House

Street

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12/05/94 D ✓ CRT

11350

Cash $50.00

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: KNIGHT (last) C (first) E (mi)
ADDRESS: 20432 STAGHORN CT PHONE: (__) 892 4000
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 12-5-94

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-711-24
STREET ADDRESS: 20432 STAGHORN CT
DAVIDSON
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5 LOT SIZE (in acres): 2/3

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)
[X] 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)
[X] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

Garage Addition

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: 2 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):
[ ] 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 [X] 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: [signature] Date: 12-5-94

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 system. Records indicate system designed for use by 3 bedroom house. House will be 3 bedrooms when work completed. No additional outside building area being added.

[ ] 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

[signature] 12-5-94
Environmentalist Date

[signature] 12-8-94
Director or Authorized Section Head Date

WATER : 1227

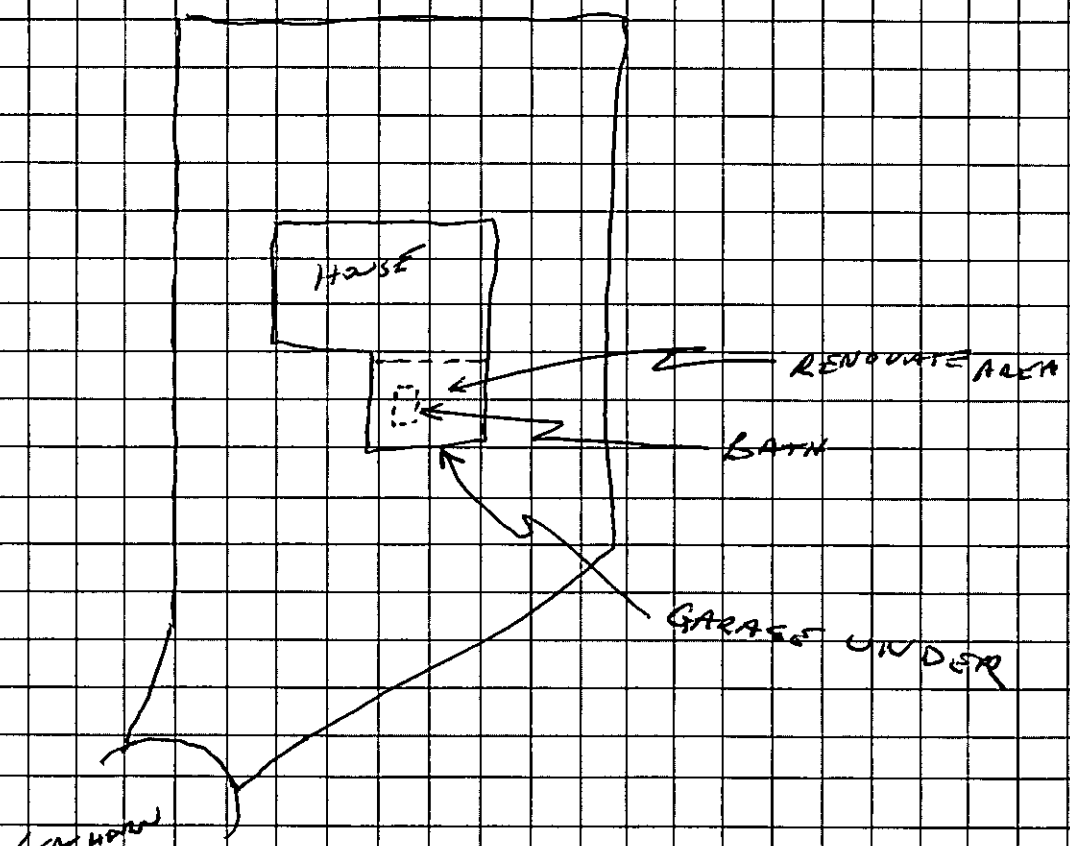
PROPOSED PLOT PLAN

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

FILE: 11350

TC: 001-711-24

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.



No change in outside bldg area. System originally designed to accomodate 3 bedroom house. House appears to be a 2 bdrm house presently + will add 1 room above garage.

APPROVAL DATE 12-5-94 SB

OWNER/AGENT SIGNATURE

DATE

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

-11350 (6)

DATE 12/5/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-711-24
PARCEL NUMBER

20432 Stachorn Ct
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

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: remodel

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: [signature]

REVISED 1/91