

14830 JUNE WASHAM RD

00743105

1/7/2008

duponbj

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: 5097B DATE: 10-1-04

TC: 007-431-05 P.O. ☑ L ☑ CRT

SERIAL 19501

Name of Owner LLOYD HARTSELL Juris.: _____

Address of Property 14830 JUNE WASHAM ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 18"

Water Supply Source MUNICIPAL

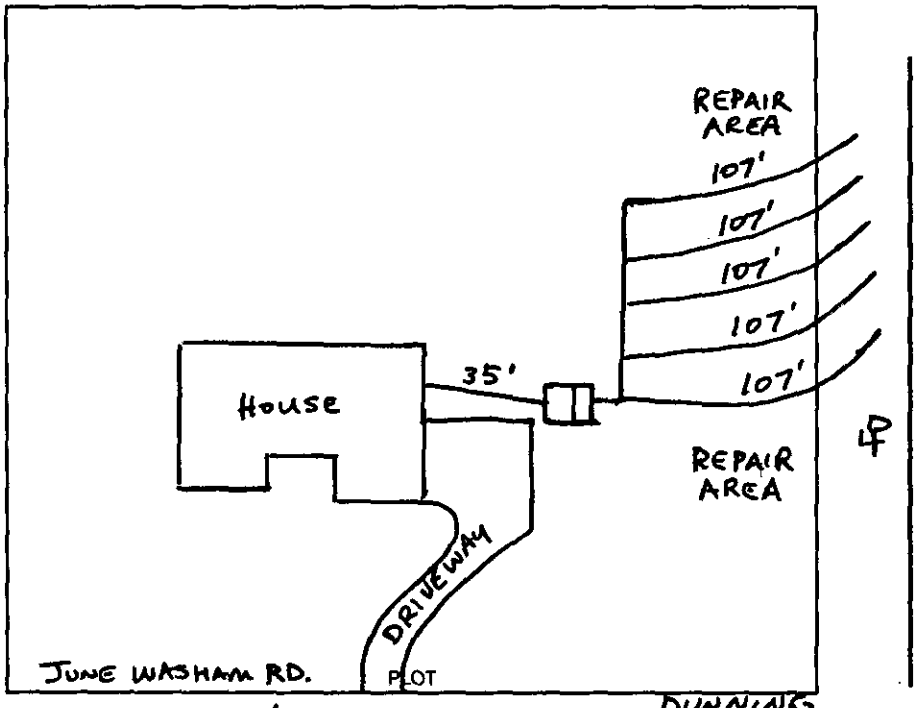
Distance to Water Source N/A

Excavation Inspected 10-1-04

Tank(s) Inspected 9-30-04

Wash Line Inspected N/A

High Water Alarm Inspected N/A



4P

Design 2004/1500 S.T./1605 S.F.T./12"STONE/DROP TEES CTR# DUNNING CONSTRUCTION

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: SYSTEM DESIGNED FOR A 4 BEDROOM HOUSE. INSTALLED 5 LINES AT 107'x3'x12" STONE W/ SERIAL DISTRIBUTION. TYPE IIa SEPTIC SYSTEM.

Tom Thomas, RSI 10-1-04
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

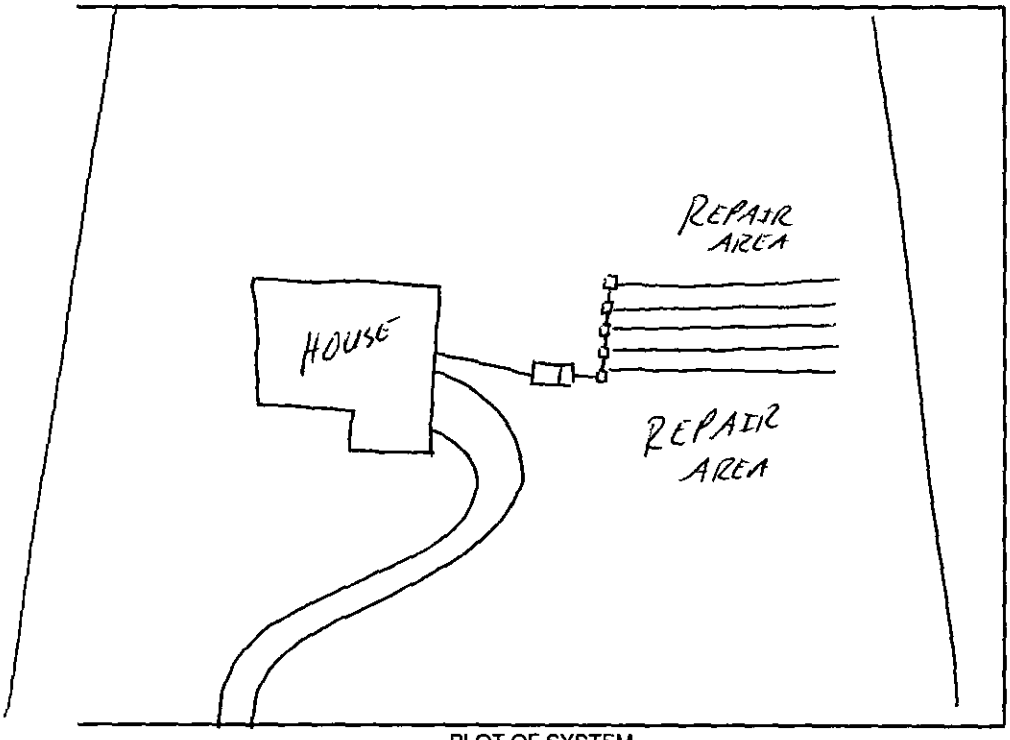
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 50978 DATE: 9/29/04

TC: 007-43105PGL

SERIAL 19769

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 10/29/02. All work shall be completed on or before 10/29/04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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

JUNE WASHAM ROAD

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction PCC

Trench Depth 24-30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 535' feet

Number of Lines 5 x 107'

Depth of Stone 12" 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 Lloyd HARTSELL

LOCATION OF PROPERTY ~~720 Davidson Rem Lane~~ 14830 June Washam Road

Comments: House changed to 4 Bedroom House / no Basement

Install 5 lines x 107' x 3' x 12" Stone

Type II Conventional System

Tommy Medlin R.E.
Environmental Health Specialist

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

Clk # 5341

FEE: 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACSLD
DATE: 3/17/04 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ **PERMIT NO:** 5097B

JOB LOCATION ADDRESS: 14830 June Washam Rd. ~~720 Davidson Farm Lane~~ **PARCEL NO:** 007-431-05 PO

PROPERTY OWNER: Stan & Valerie Phillips

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Davidson Farms

AUTHORIZATION ISSUED BY: Tammy Michels R.S. **DATE:** 11/18/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5097B, 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: Pressure Manifold

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 Lloyd E. Hyde — SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

X 3/16/04 — DATE

P# 70594

Permit Number: 50978

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 007-431-05

- 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	
0.3 Long-term acceptance rate	600 Max gallons/day wastewater flow	2000 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	667' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
5 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: 6 lines x 111' x 3' x 12" Stone

Repair Area System Type 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
2000 Absorption Area (Sq ft) 667 Total Trench Length (Ft)	12" Depth of Stone Trench	9' 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 I 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 eff 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 Departme
- This Improvement permit is transferable.

Tammy Mecklin R.S. 11/18/02
BEHNR Authorized Agent — Date

X Lloyd E Hall X 3/16/04
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

IWWS-100195

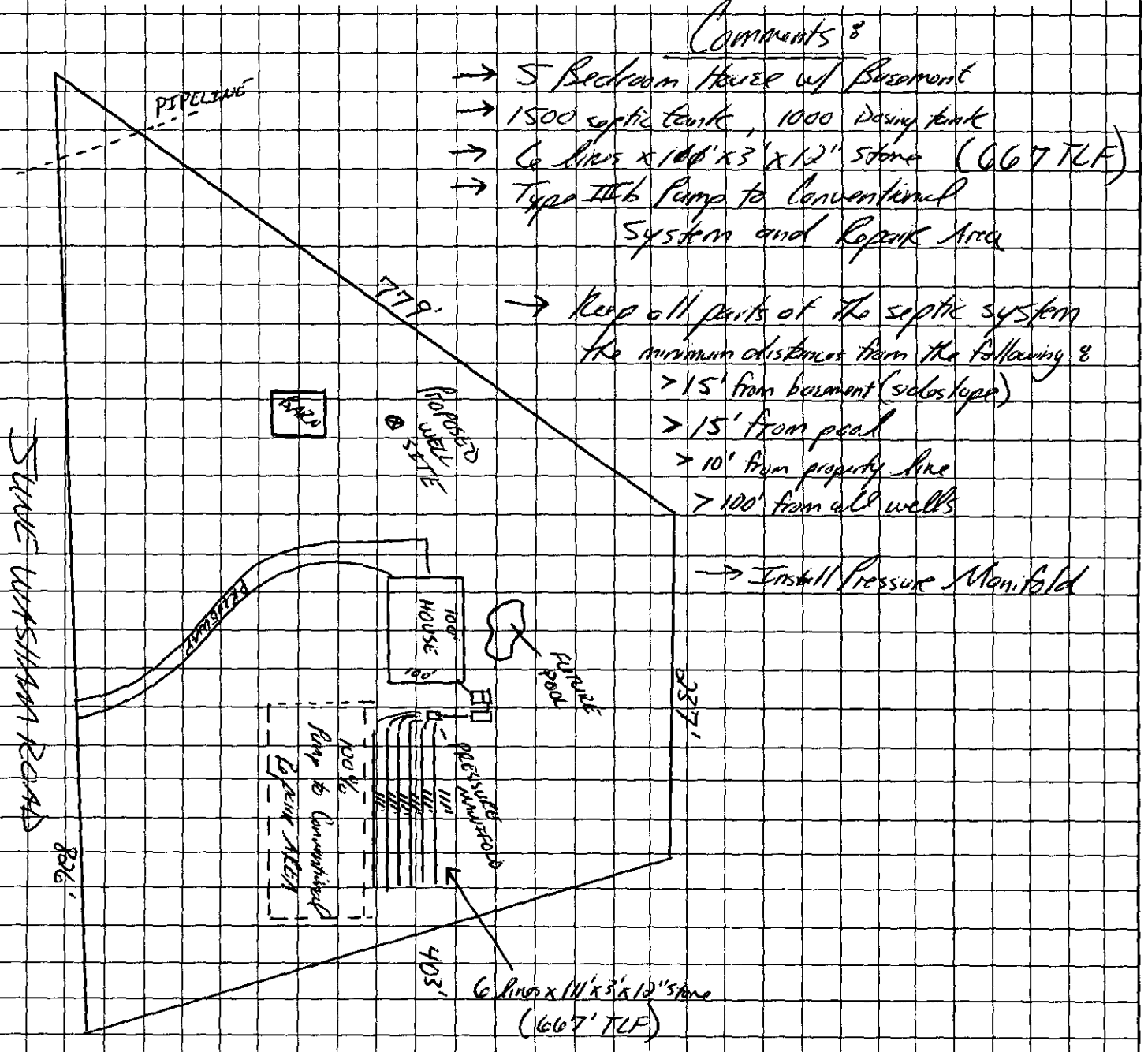
PROPOSED PLOT PLAN

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

FILE: 50978

TC: 007-431-05 PC

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 Lloyd E. Hall

DATE 3/16/04

APPROVAL DATE Jenny Nichols R.S.
11/18/02

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 007-431-05
Lot #: 6
File #: 5097B
Code: 1

PCS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Wahl LLC
Applicant: Lou Ann Blankenship
Address: 14707 June Washam Road, Davidson, N. C. 28036
Date Evaluated: 11/08/2002
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: .5a inv.
Location of Site: 720 Davidsopn Run Lane
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-8	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		8-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-6	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		6-36	SBK/C	FI/SEXP/S/P					
		36-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-2	GR/CL	"	>46" TO SOIL WETNESS	46	"	"	"
		2-30	SBK/C	FI/SEXP/S/P					
		30-46	SBK/CL	FR/SEXP/SS/SP					
4	"	0-3	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		3-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-6	GR/CL	"	"	"	"	"	"
		6-41	SBK/C	FI/SEXP/S/P					
		41-48	SBK/CL	FR/SEXP/SS/SP					
6	"	0-4	GR/CL	"	"	"	"	"	"
		4-41	SBK/C	FI/SEXP/S/P					
		41-48	SBK/CL	FR/SEXP/SS/SP					
7	"	0-3	GR/CL	"	"	"	"	"	"
		3-38	SBK/C	FI/SEXP/S/P					
		38-48	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/1102, W. R. Marlin
Others Present:

FILE # 5073

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

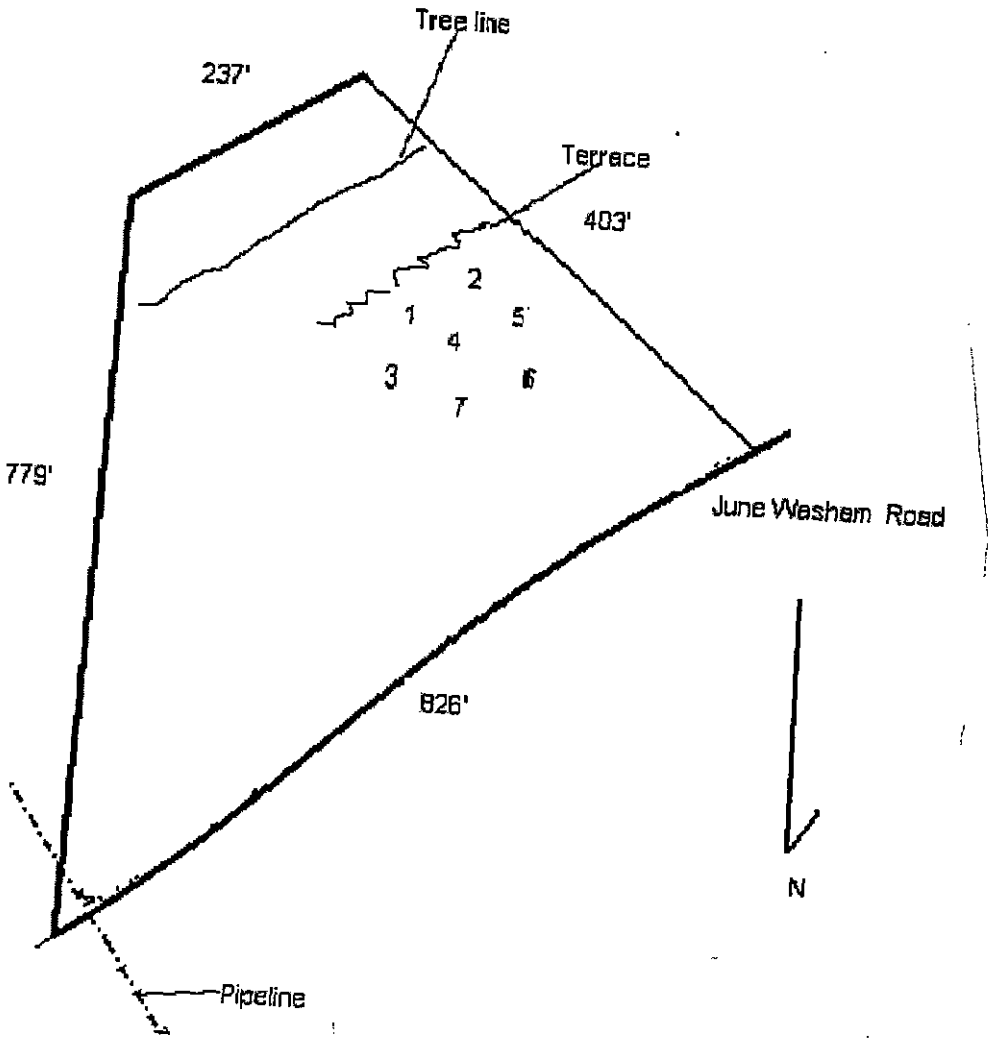
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



DATE: 10/29/02 PP 200' CAK 5200

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 #: 50278

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00743105 PP

STREET ADDRESS: 720 Davidson Run Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Davidson Farms

LOT NUMBER: Lot 6

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ 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
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 5000

NUMBER OF BEDROOMS: 5 | NUMBER OF OCCUPANTS:

CLOSING DATE 12-31-02

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:

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

WATER SUPPLY (CHECK ONE):

___ 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
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Wan I LLC
(LAST) (FIRST) (MI)

ADDRESS: 14707 June Washam Rd.

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Lou Ann Blankenship
(LAST) (FIRST) (MI) Carolina Realty of Cornelius

DAYTIME PHONE: (704) 634-9981

Permit to Stan & Valerie Phillips

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11-27-01

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: Lou Ann Blankenship DATE: 10-29-02

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

PROPOSED PLOT PLAN

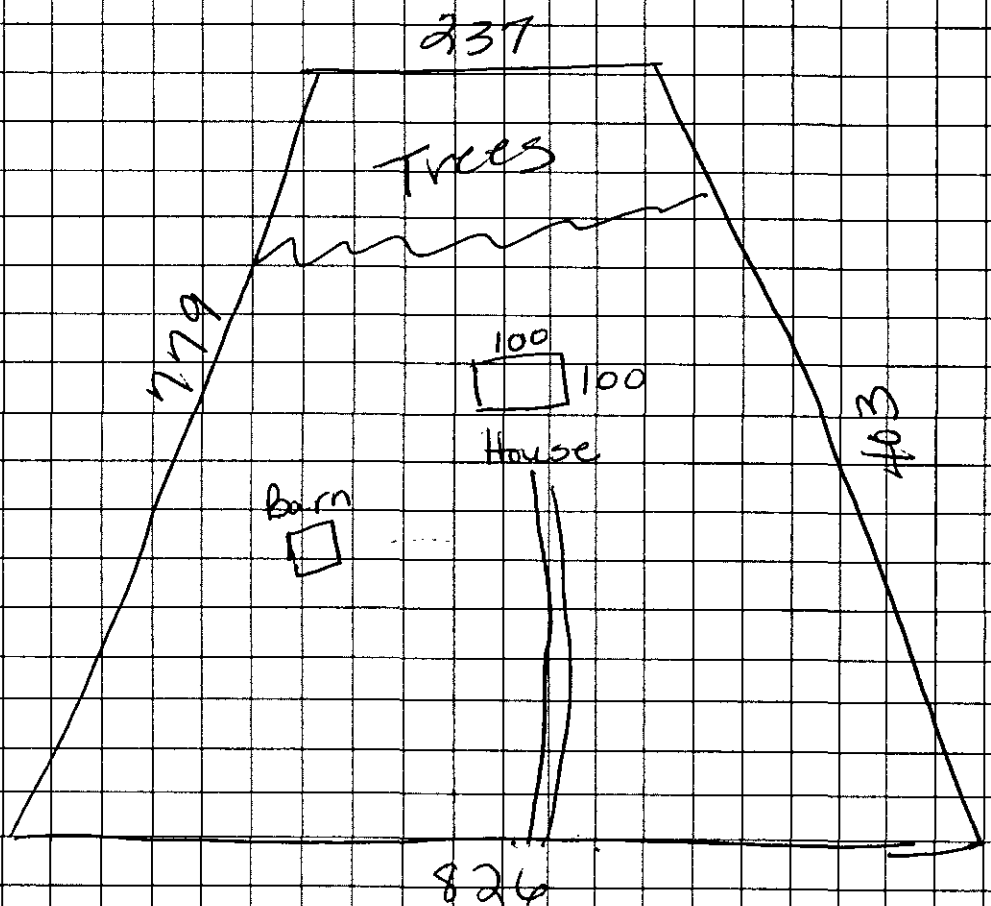
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Reducing lot size from 9.896 acres to 6.5 Acres

FILE: 50978

TC: 00743105 PP

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.

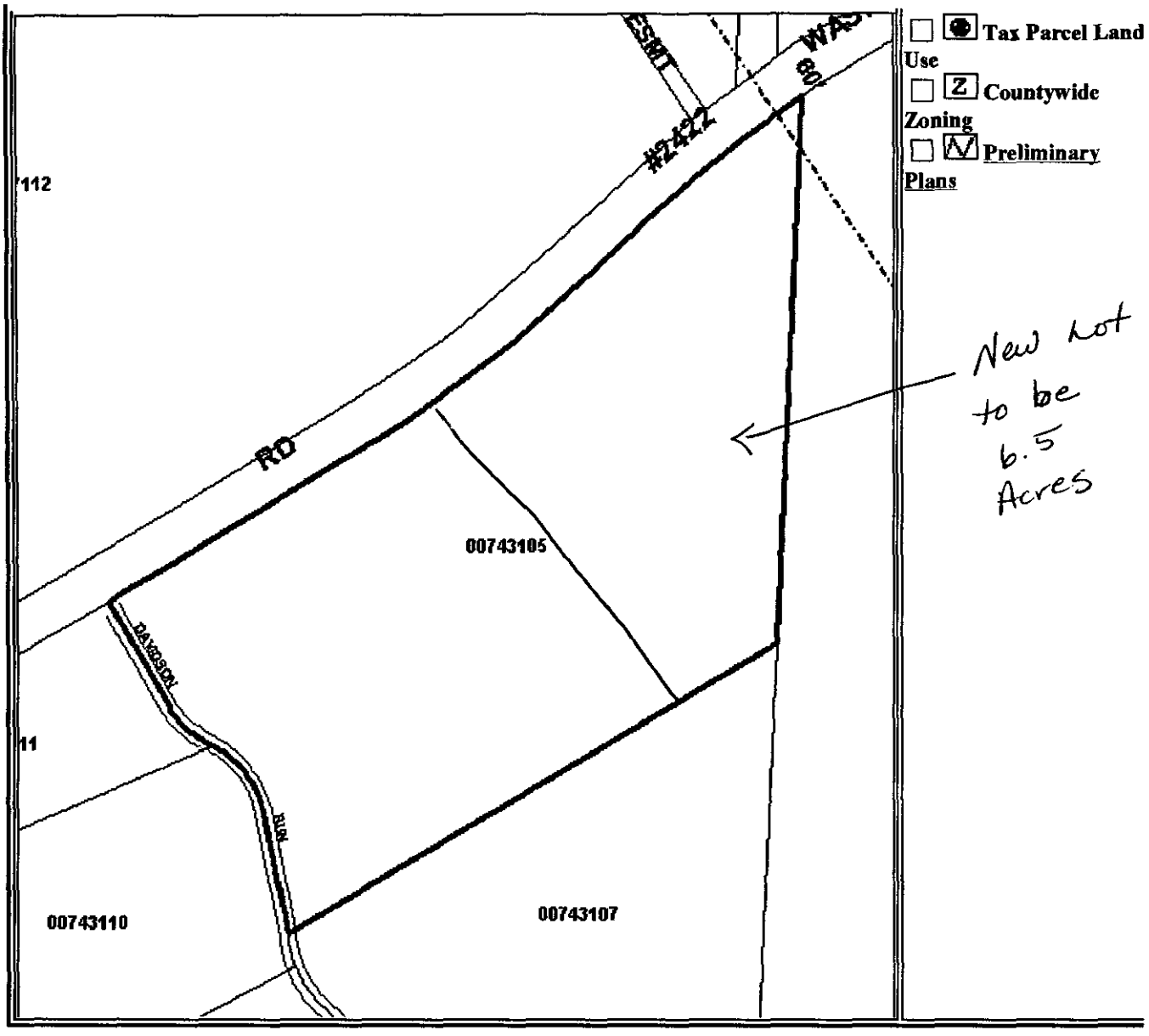


Lou Ann Blakeney
OWNER/AGENT SIGNATURE

DATE 10-29-02

APPROVAL DATE _____

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



Click here to submit questions or comments about the information shown on this page.

Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

Map Scale: 1 Inch = 209 Feet Date and Time Stamp 10/28/2002 2:07:12 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

****BUILDING PHOTOS ARE NOW AVAILABLE! SEE MAJOR IMPROVEMENT SECTION BELOW FOR LINK.****

***** Images of real estate documents from the Register of Deeds are available from 11/9/1998 to the present. *****

Parcel-Id#: 00743105 GIS Map#: 00743105 **Account Type: DOMESTIC CORPORATION**	**Legal Desc.:L6 M35-963** GET PLAT! **Deed Book/Page: 12939/001** GET DEED! **Date: 11/27/2001**

Owner: WAHL LLC **Add. Owner:** **Mailing:** 14707 JUNE WASHAM RD **Address:** **City:** DAVIDSON **State:** NC **ZIP:** 28036 **Location:** DAVIDSON RUN LN **Municipality:** MECKLENBURG COUNTY	**Sales Price:** $0 **Sales Date:** 11/27/2001 **Qualified Sale:** N **Neighborhood Code:** 00701 **Historic Desig.:** **Farm Desig.:** **Deed Acreage:** 9.986 **Assessed Acreage:** 9.896 **Assessed Land Value:** $350000 **Total Assessed Value:** $350000 **Tax Bill Information:** Click Here!

Site Location Information

Zoning: RPA **Fire District:** DAVIDSON **Voter District:** Click to Find Out **School District:** Click to Find Out **Reg. Watershed Class:** N/A	**Parks Within 3 Miles:** Click to Find Out **FEMA Flood Panel#:** 3701580025B More Flood Information **FEMA Flood Zone:** OUT **FEMA Flood Map Date:** 03/02/1993 **Census Tract Number:** 006401

Major Improvement Information

Parcel-Id# & Card#: 00743105-001 **Land-Use Type:** VACANT **Building Type:** SINGLE FAMILY RESIDENTIAL **Approximate Square Footage:** 0 **Actual Year Built:** 0 **Number of Stories:** **Bedrooms:** 0 **Bathrooms:** 0 **Restrooms:** 0	**Situs Location:** DAVIDSON RUN LN **Ext. Type:** **Heating Type:** **AC Type:** **Fireplace:** **Garage:** N **Basement:** N **Assessed Net Bldg. Value:** $0 **Total Assessed Bldg. Value:** $0

This site is powered by ESRI MapObjects2 Internet Map Server

This site was developed by Mecklenburg County GIS and was last updated on 10/21/2002 1:20:40 PM

Mecklenburg County
LUESA Department North Office
18335-K Old Statesville Road
Cornelius, NC 28031
Phone: (704) 432-2520
Fax (704) 432-2523

Mecklenburg County
LUESA NORTH

Fax

To: Jeremy **From:** Phyllis

Fax: 6-6894 **Date:** 8-11-04

Phone: **Pages Including Cover:**

Re: 14830 June Washam Rd **CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

This is the information you needed for the above referenced address per our phone conversation.

☺ Phyllis

08/03/2003 10:17 7044322523 LUESA NORTH PAGE 01/05

Permit # B1395144 Proj # 92896

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

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

509718

PERSON FILING APPLICATION:
NAME: Harbeck (last) Lloyd (first) E (mi)
ADDRESS: 2400 Vernon Dr. PHONE: (H) 704 363-5727 (W) 704-941-
CITY: Charlotte STATE: NC ZIPCODE: 28214

te: 8/11/04

PROPERTY OWNER:
NAME: Phillips (last) Stan (first) D (mi)
ADDRESS: 15828 Aegean Court Dr. PHONE: (704) 896-7775
CITY: Huntersville STATE: NC ZIPCODE: 28078

OPERTY INFORMATION (FROM ENGINEERING FORM):

X/PARCEL NUMBER: 00743105 - Lot 6
REET DRESS: 14830 Jamestown Rd

ONING:

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

UBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6 LOT SIZE (in acres): 7

YPE APPLICATION (check one):

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☑ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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: Lloyd E Harbeck Date: 8/11/04

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.

...

☐ 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

WATER : 122791

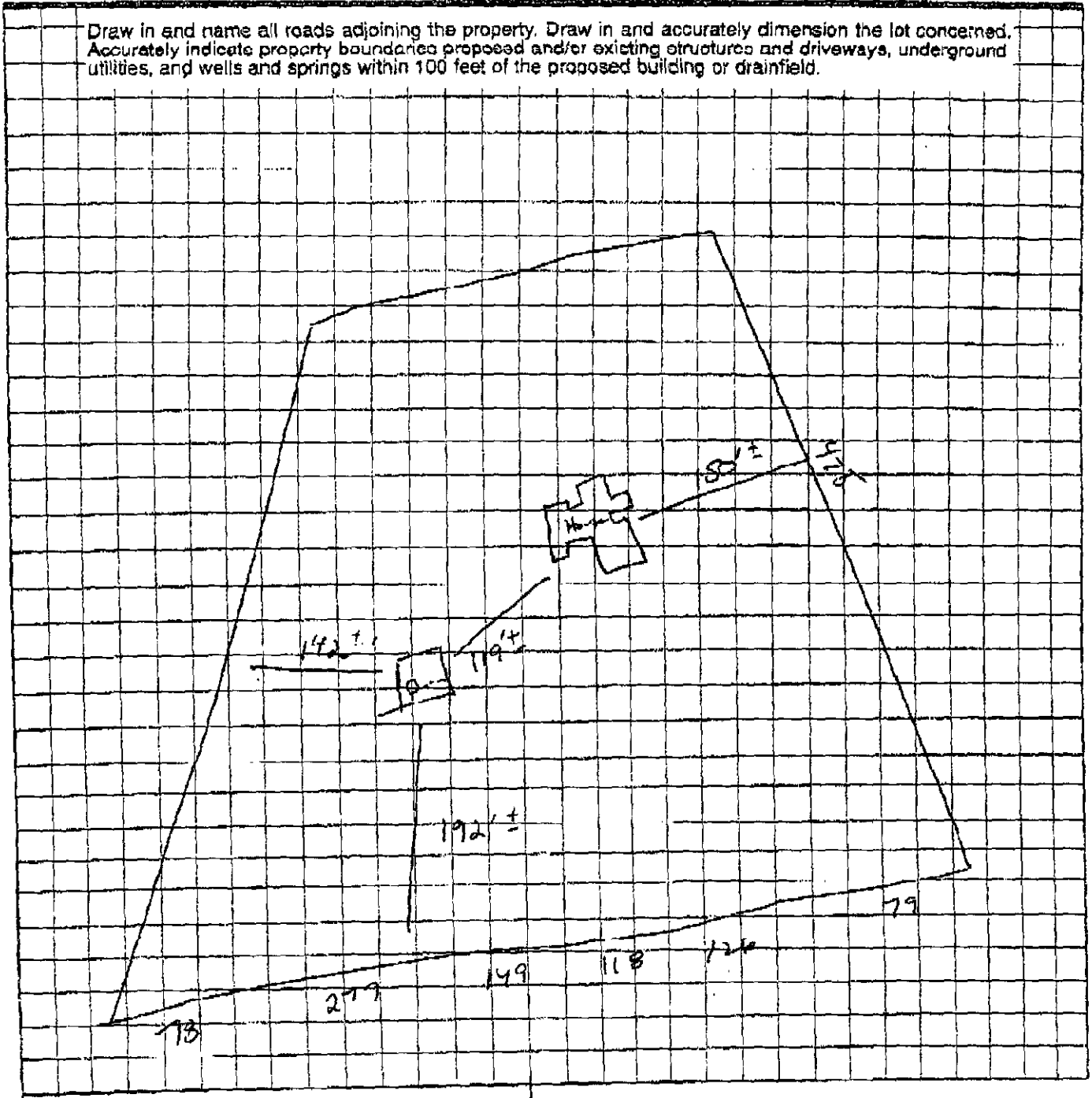
PROPOSED PLOT PLAN

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

FILE: _____

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.



Lloyd E. Hall
OWNER/AGENT SIGNATURE

DATE 8/11/04

APPROVAL DATE _____

Canary - E.H.S. Copy

Pink - Owner's Copy

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☐ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT # B1395144

ADDRESS

STREET # 14830 (N,S,E,W) STREET NAME June Washam Rd (AV,RD,ST,etc)

SUITE/UNIT(S): Tax Parcel 00743105 - Lot 6

TAX JURISDICTION (Check One): ☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME Davidson Farm Equestrian PHASE ____ SECTION ____ PROJECT # 92896

OWNER Stan + Valerie Phillips ADDRESS ____

CITY ____ STATE ____ ZIP ____ PHONE # ____

TAX PARCEL # CENSUS 007-431-05 LOT # 6 BLOCK # ____ LAND AREA (sq. ft.) ____

ZONING Rural JURIS DAV MAP # 1 R/W ____

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV ____ FIRE DIST. ☐ Yes

LOT ☐ CORNER ☐ THROUGH 150' FRONT SHEET (if different) ____

MINIMUM SETBACKS: FRONT ____ LEFT SIDE 5' RIGHT SIDE 5' REAR 5' REQ. PARK'G ____

10' min b/t house & barn

APP'D MAJ 8.6.04

PROJECT

JOB # ____ USBC # 328 PURPOSE ____ OCC. TYPE R CONST. 5

TYPE WORK: ☑ New ☐ Addition ☐ Accessory ☐ Uplit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home; include Yr./Make & Serial # Barn

AREA (sq. ft.): Heated ____ Unheated 2016 Deck(s) ____ # STORIES 1 BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS ____ # BEDROOMS ____ # BATHS ____

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS ____ MULTI-FAMILY: # HANDICAP UNITS ____

SERVICES

ELECTRICAL Power Company Energy United Service: ☑ New ☐ Existing Total Amps 200 # Circuits 15

Connections 120 Volts 6 # Connections over 120 Volts 2

MECHANICAL: Gas Company ____ # Gas Conn ____ # Appliances ____

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace ☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

PLUMBING: # of Fixtures (Sink, Water Closet, ect...) # of Appliances (Dishwasher, Water Heater, etc.)

UTILITIES: ☐ New ☒ Existing

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer; 2-Master Meter/Connection ☐ Water ☐ Sewer

Private: 3-Individual ☑ Well ☑ Septic; 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)				CONTRACT COST Nearest $100	APP'D FEES $
B 97472	Bldg Masters Barn Builders	Phone (336) 249-0490	Lic # 19626		Bldg	
	Add 615 East US Hwy 64	City/St Lexington N.C.	Zip 27292-2033		$ 58,000	
E 19420	Elect Taylor Made Lighting and Electrical Service	Phone 704 554-1808	Lic # 28241		Elect. $ 6300	
	Add 9600 Industrial Drive	City/St Pineville N.C.	Zip 28134			
	Mech ____	Phone ____	Lic # ____		Mech. $	
	Add ____	City/St ____	Zip ____			
	Plbg ____	Phone ____	Lic # ____		Plbg. $	
	Add ____	City/St ____	Zip ____			
PLANS ☐	Arch./Eng ____	Phone ____	Lic # ____		Total Const. Cost $	
	Add ____	City/St ____	Zip ____			

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ ____ FT FEE $ ____

REMARKS: ____ OTHER FEES $ ____

TOTAL FEES $ 628.75

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK. 8-11-04

Lloyd E. Hartzell 8/3/04 Lloyd E. Hartzell

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 · CHARLOTTE, NC 28231-1097 · 704/336-2831

ORIGINAL

08/03/2003 10:17 7044322523 LUESA NORTH PAGE 04/05

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc)

14830 | Dave Washam Rd

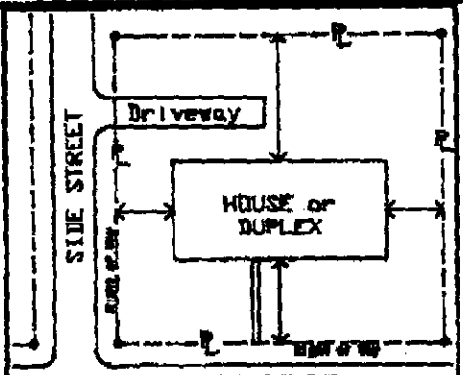
SUITE/UNIT(S): Lot 6 Tax Parcel 00143105

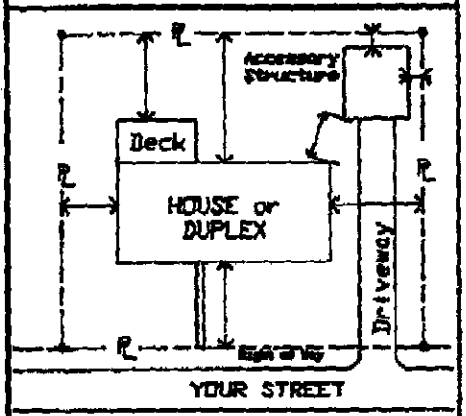
PERMIT # B1395144

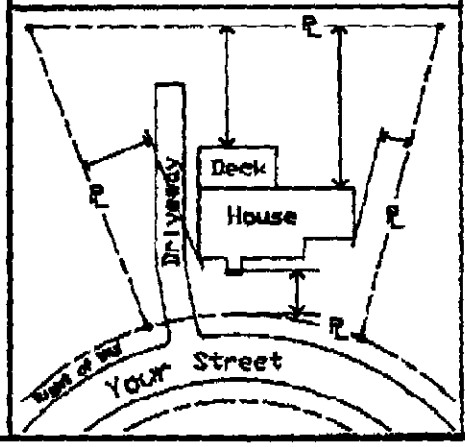
TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 001-431-05 | LOT #

EXAMPLES/PLOT PLAN





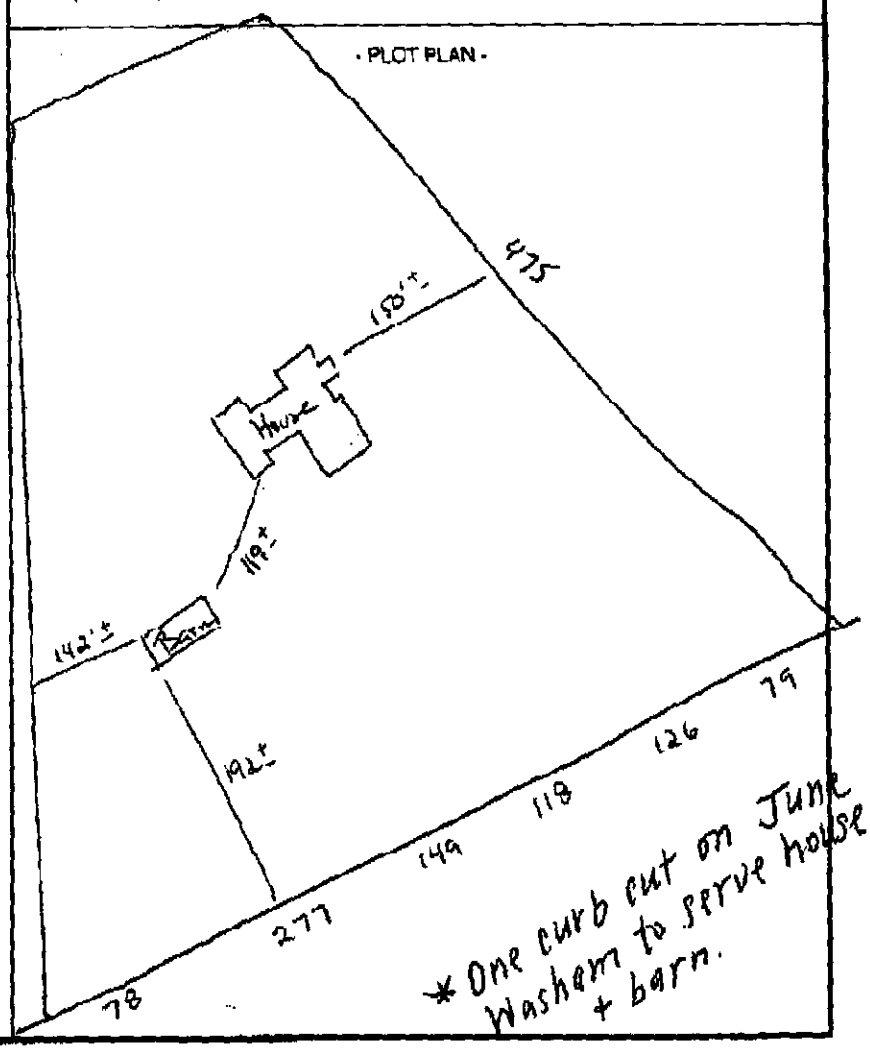


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Floyd E Hartsell | 8/3/04 | Floyd E. Hartsell
APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

APPROVED BY: MHJ 8-6-04

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

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