

3431 BACK CREEK CHURCH RD

05119124

5/16/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 4/16 SA

PERSON FILING APPLICATION: 1 DOYLE CONST & REAL EST, INC (40)

NAME: DOYLE CHRISTOPHER (last) (first) (mi)

ADDRESS: 3451 BACK CREEK CH RD PHONE: 704 598-2535

CITY: CHARLOTTE STATE: NC ZIPCODE: 28213

Date:

PROPERTY OWNER:

NAME: DOYLE CHRISTOPHER (last) (first) (mi)

ADDRESS: 12825 CALDWELL RD PHONE: 704 5982535

CITY: CHARLOTTE STATE: N.C ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 051-191-24

STREET ADDRESS: 3451 Back Creek CH Rd

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) rec room

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: 3 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: Christopher Doyle Date: 6-2-98

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.

... Approval granted for a rec Room ; Use existing System

[] 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

Phillip S. Walker RS 6/3/98
Environmentalist Date

WATER : 122791

RW

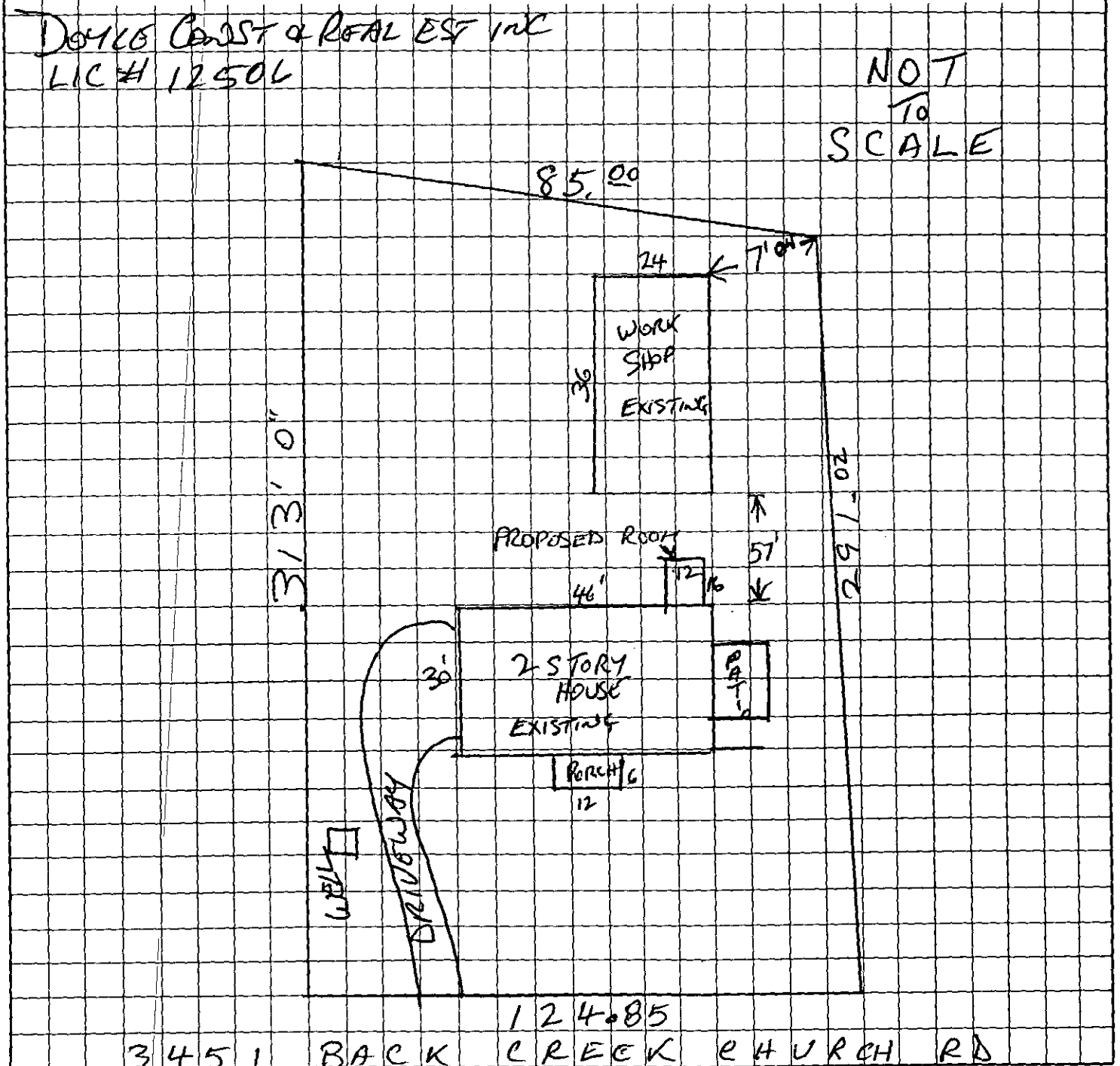
PROPOSED PLOT PLAN

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

FILE: 4165A

TC: 051-191-24

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.



Christopher Doyle
OWNER/AGENT SIGNATURE

DATE 6-2-98

APPROVAL DATE _____

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

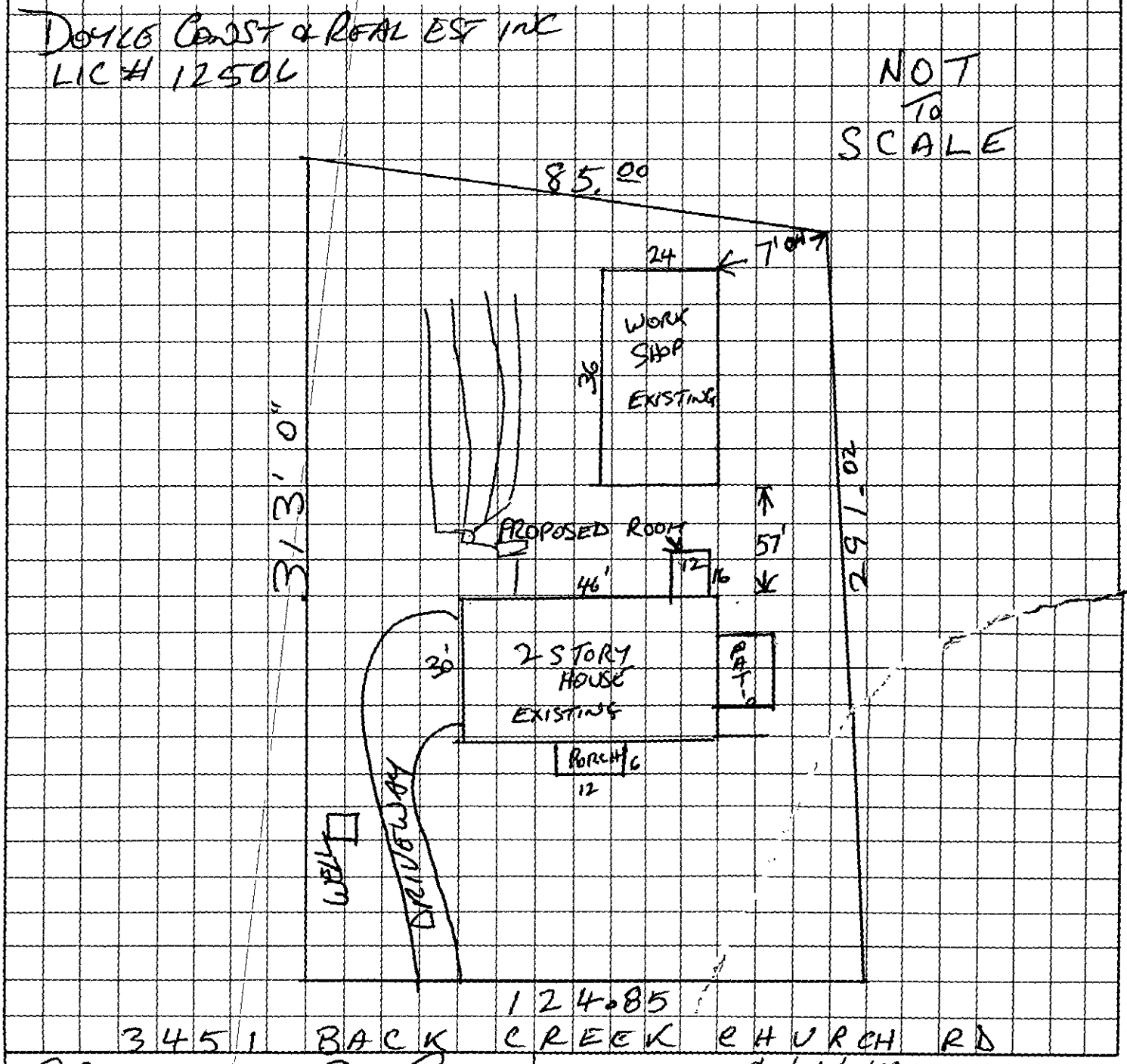
PROPOSED PLOT PLAN

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

FILE: 4165A

TC: 051-191-24

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.



Christopher Doyle
OWNER/AGENT SIGNATURE

DATE 6-2-98

APPROVAL DATE Wed 6/3/98

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

BF

Pd. 6/21/91
Ck. # 5742
Amt. 25.00

PROPOSED PLOT PLAN

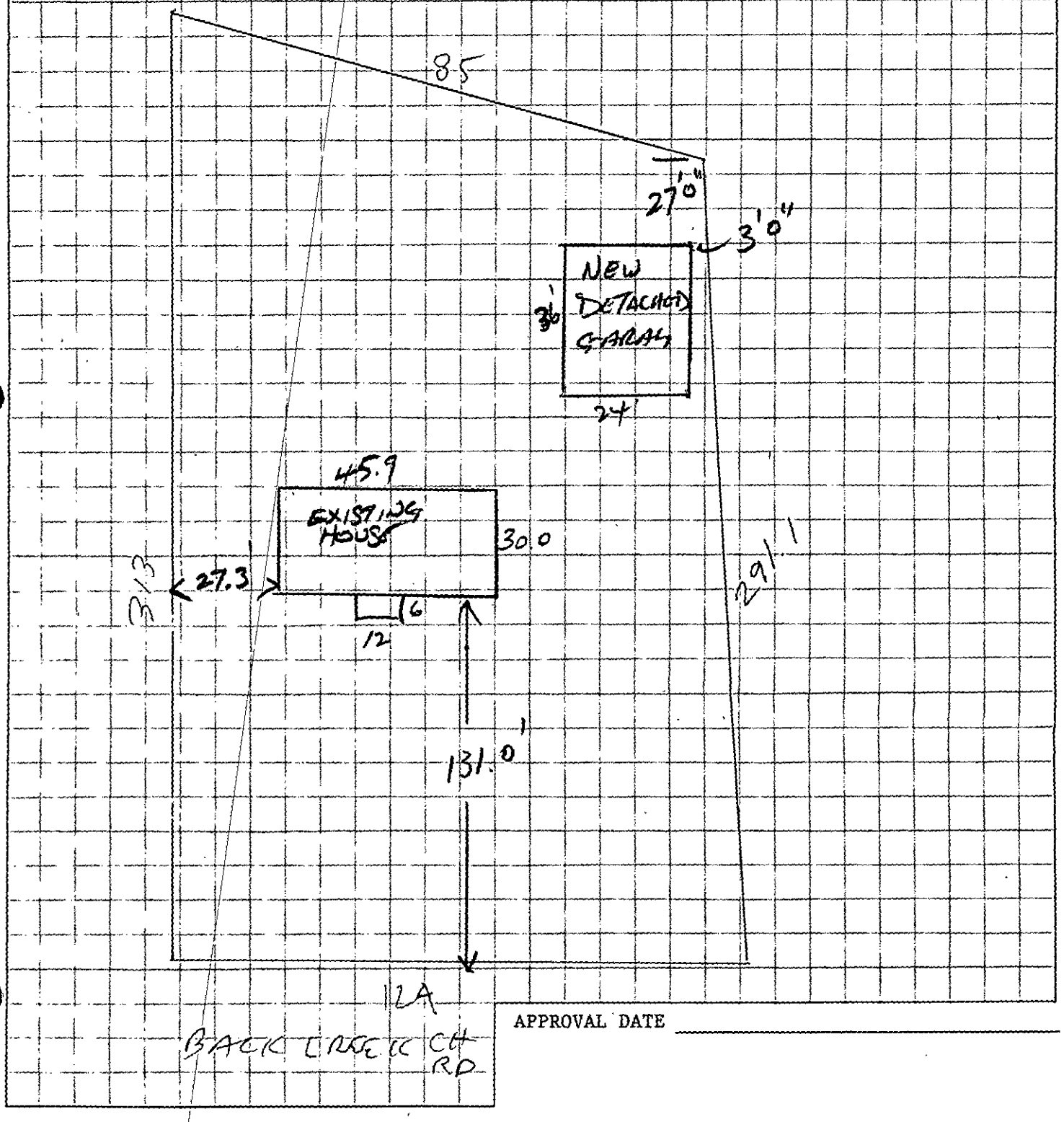
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4165 A

TC: 051 191-24

Lot 2.

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

BF

Pd. 6/21/91
Ck. # 5742
Amt 25.00

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4165 A
TC: 051-191-24
SERIAL: № 21668
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 3451 BACK CREEK CHURCH RD (STREET NO. / STREET) ② FILE: 4165-A
③ JURISDICTION: ④ TAX PARCEL NO.: 051-191-24
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: CHRISTOPHER (NMN) DOYLE (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 3451 BACK CREEK CHURCH RD
⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28213
⑬ PHONE: (WORK) ⑭ (HOME) 596-1655

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) DETACHED GARAGE

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 1
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

USE EXISTING SYSTEM

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

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

Signed: [signature]
Date: 6/17/91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

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

D. R. Ferguson
Environmentalist — Date 6-24-91

Director or Authorized Section Head — Date 6-25-91

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4165-A DATE: 8-3-89

TC: 051-191-24 ☐ L ☑ CRT

SERIAL № 11984

Name of Owner Doyle Construction Co. Juris.:

Address of Property 3451 Back Creek Church Rd

Inspection Data:

Tank Material PVC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 18" - 24"

Water Supply Source well

Distance to Water Source > 50'

Excavation Inspected 8-3-89

Tank(s) Inspected 8-3-89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989, 1600ST, CON, 1200SFT, 12G, Cecil CTR# 74

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

☑ installed or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Installed for 3 bedrooms

B. R. Ferguson
Environmentalist

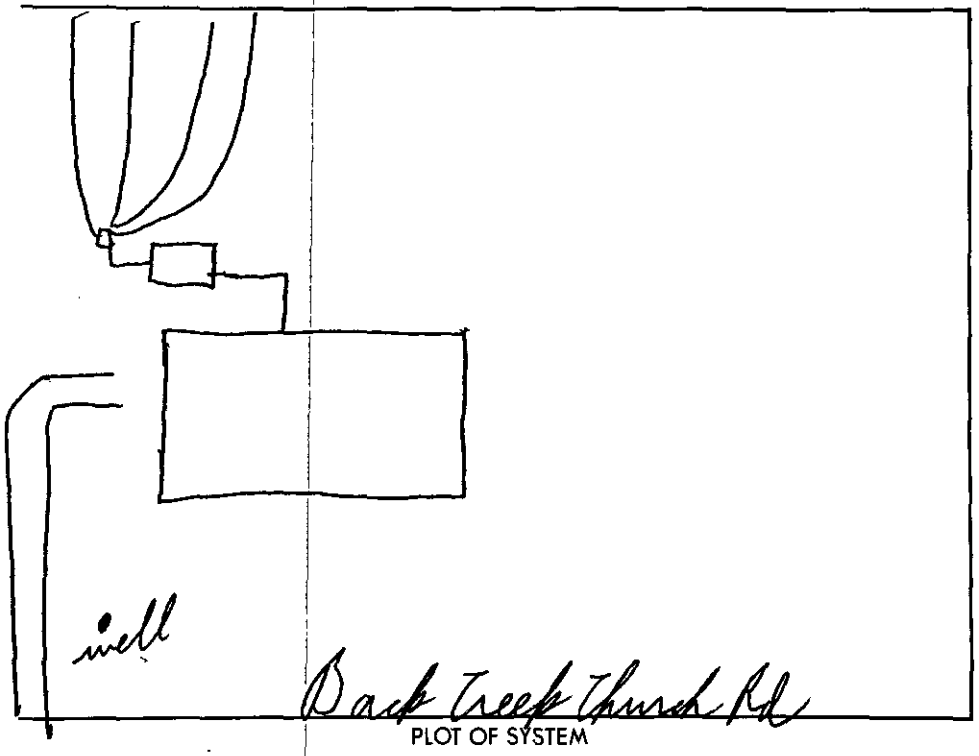
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: 4165-A DATE 8-1-89
TC: 051-191-24 ☐ L
SERIAL № 12849

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 5-8-89. All work shall be completed on or before 9-1-89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. *The issuance of this permit does not in any way guarantee that the system* anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction PCC
Absorption and/or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400 feet
Number of Lines 4
Depth of Stone 12 inches
Distance from House 5 feet
Distance from Property Line 10 feet
Distance from Well >50 feet

NAME OF OWNER Doyle Construction Co.
LOCATION OF PROPERTY 3451 Back Creek Church Rd.
Comments: 4 lines 3'X100'X12" stone

Jim Graves
Division or Section Head

B. R. Ferguson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/11/89

Name/Company Doyle Construction + Real Estate

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Engineering 4165A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 11 1989

Fee: $ 150.00

Completed by

Collected by

700 N. Tryon St.

DATE: 5/10/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mk

PARCEL NUMBER # 051-191-24

ASSIGNED ADDRESS 3451 Back Creek Church Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	**NO**
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	**NO**
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank & well

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

SIGNED: PM

OPWEAR 02/86
☆ new address

150.00

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4165A
TC: _____
SERIAL: № 18400 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3451 (STREET NO.) BACK CREEK CHURCH RD (STREET) ② FILE: _____
③ JURISDICTION: MECK ④ TAX PARCEL NO.: #051-191-24
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: CHRISTOPHER DOYLE (PRESIDENT) DOYLE CONSTRUCTION + REAL ESTATE INC (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: P.O. BOX 1243
⑩ CITY: SALISBURY ⑪ STATE: N.C. ⑫ ZIP: 28144
⑬ PHONE: (WORK) (704) 857-3838 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3. ㉕ Type? _____
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well PROPOSED
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

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

Signed: Chris Doyle President
Date: X MAY 8th 1989

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

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

B.R. Ferguson 5-19-89
Environmentalist Date

Director or Authorized Section Head 5-19-89 Date

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

MECKLENBURG COUNTY

Department of Environmental Health

December 7th, 1987

Thomas Scott Luttrell
3425 Back Creek Church Road
Charlotte, NC 28213

RE: Property located at Back Creek Church Road
FILE: 4165A
PARCEL: 05119124

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 14830) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

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

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

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

enclosure

1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

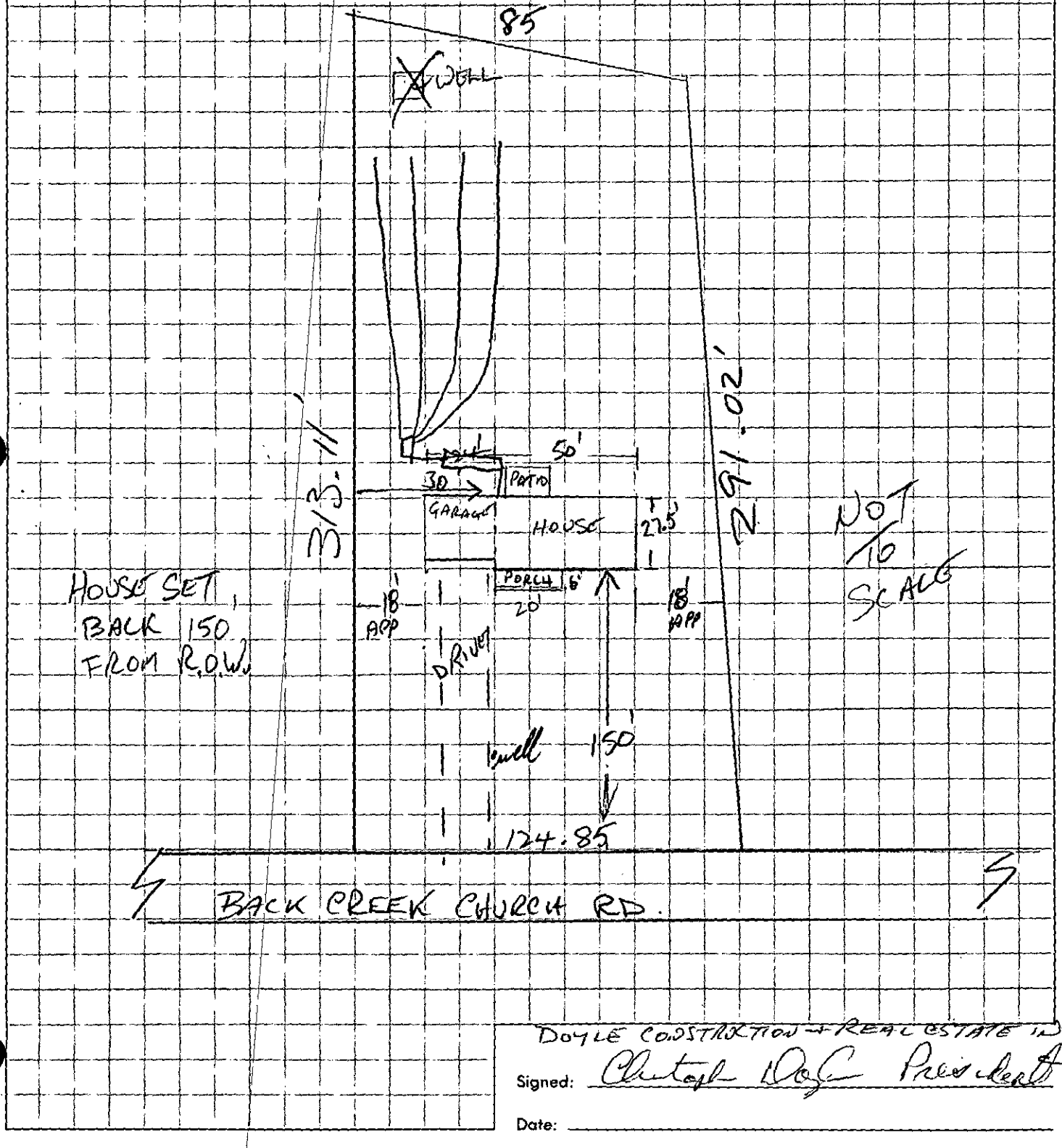
PROPOSED PLOT PLAN

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

FILE: 416SA

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.



DOYLE CONSTRUCTION + REAL ESTATE INC.

Signed: Christopher Doyle President

Date: _____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14830

File: 4165A Action 4

Parcel: 05119124 ☐ PC

Location: Back Creek Church Road

Subdivision:

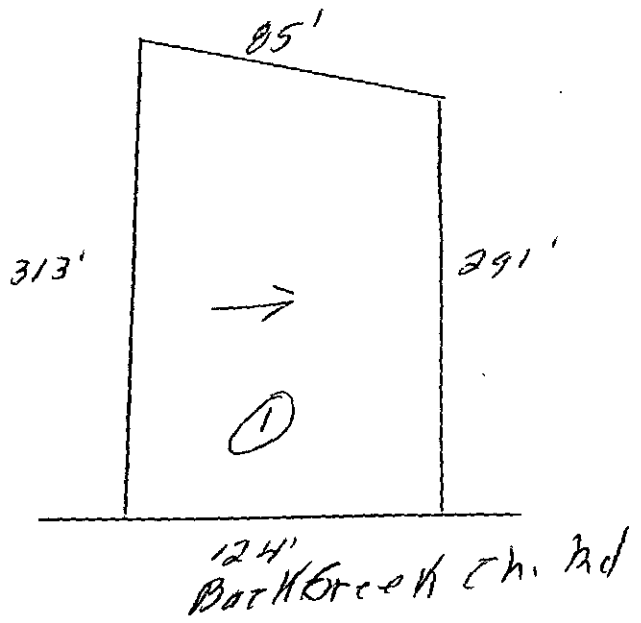
Lot: Block: Acres: .72

Owner: Thomas Scott Luttrell
Address: 3425 Back Creek Church Road
Charlotte, NC 28213

Comments: _____

Described by: William R. Mauldin

Date: 12-7-87



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7.36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10A Cpr. 1-1.4%					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

11/25/87 pd 3000
ck# 1693 JR

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

(OFFICE USE ONLY)

FILE: 4165A

TC: _____

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
NOV 25 [illegible]
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: BACK CREEK CHURCH ROAD

② SUBDIVISION: _____ ③ LOT: 10 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 051 PAGE NO.: 191 PARCEL NO.: 24

⑥ DEED REFERENCE: BOOK NO.: 3697 PAGE NO.: 729

OWNER

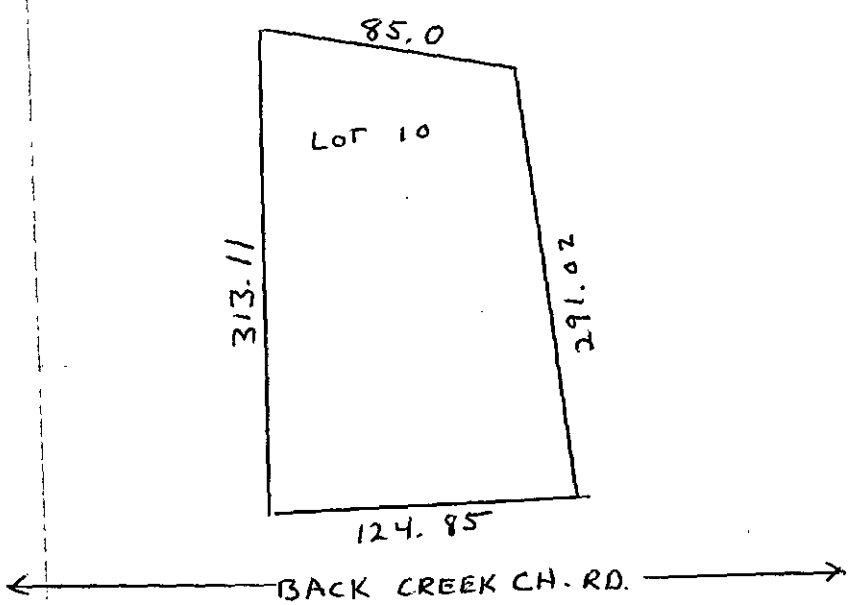
⑦ NAME: THOMAS (FIRST) SCOTT (MIDDLE) LUTTRELL (LAST)

⑧ MAILING ADDRESS: 3425 BACK CREEK CHURCH ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) 704-382-2072 (HOME) 704-598-8529

⑬ Accurately diagram and dimension lot.



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

Signed: Thomas Luttrell

Date: 11/19/87

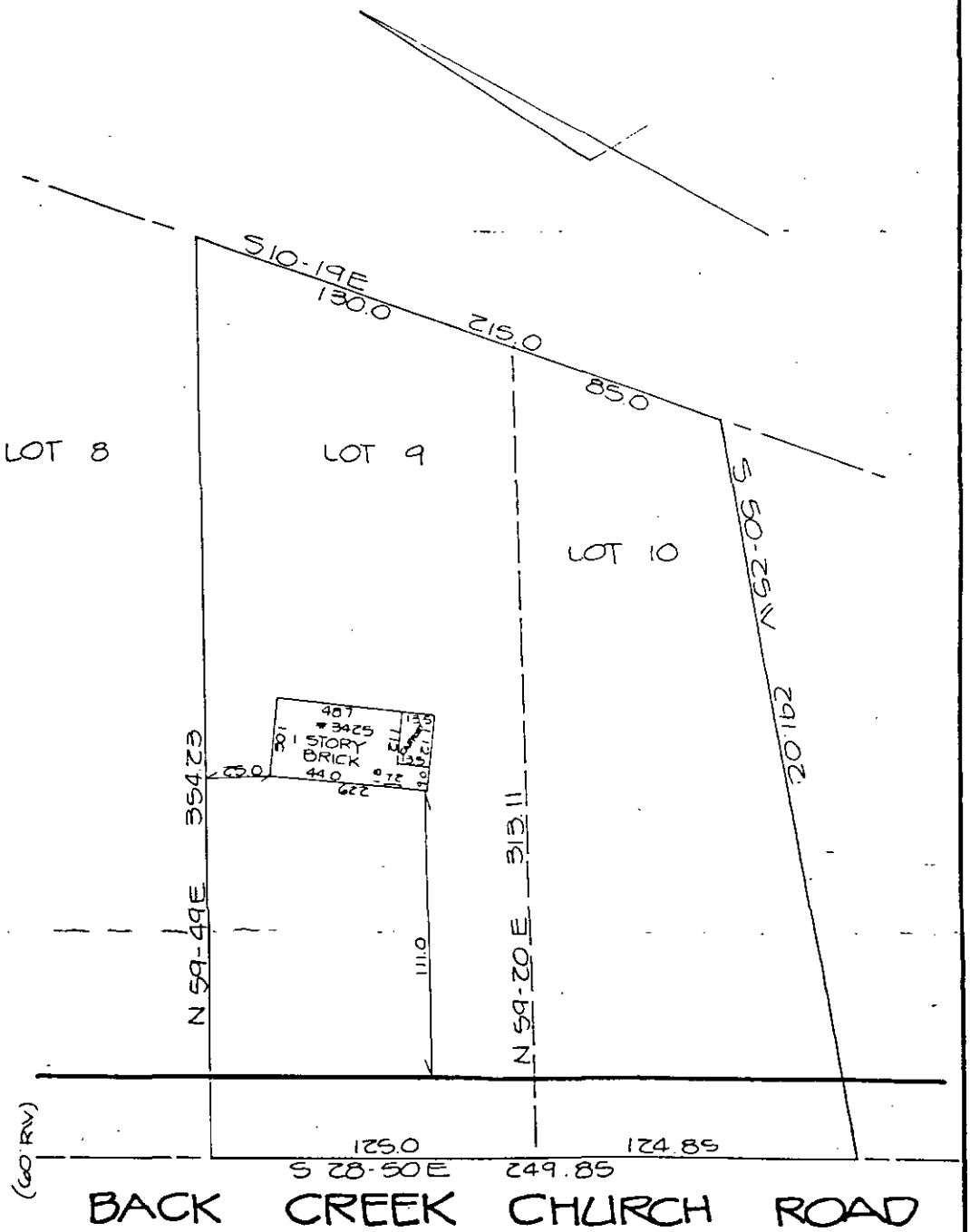
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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

THIS IS TO CERTIFY THAT ON THE 7TH DAY OF JUNE 1984 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.

SIGNED R.B. PHARR

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS



PHYSICAL SURVEY

OF

PROPERTY AS SHOWN

CRAB ORCHARD TOWNSHIP, MECK. CO., N.C.

CHARLOTTE, N. C.

SCALE 1" = 50'

THE PROPERTY OF THOMAS S. LUTTRELL & wf. MARY C. LUTTRELL

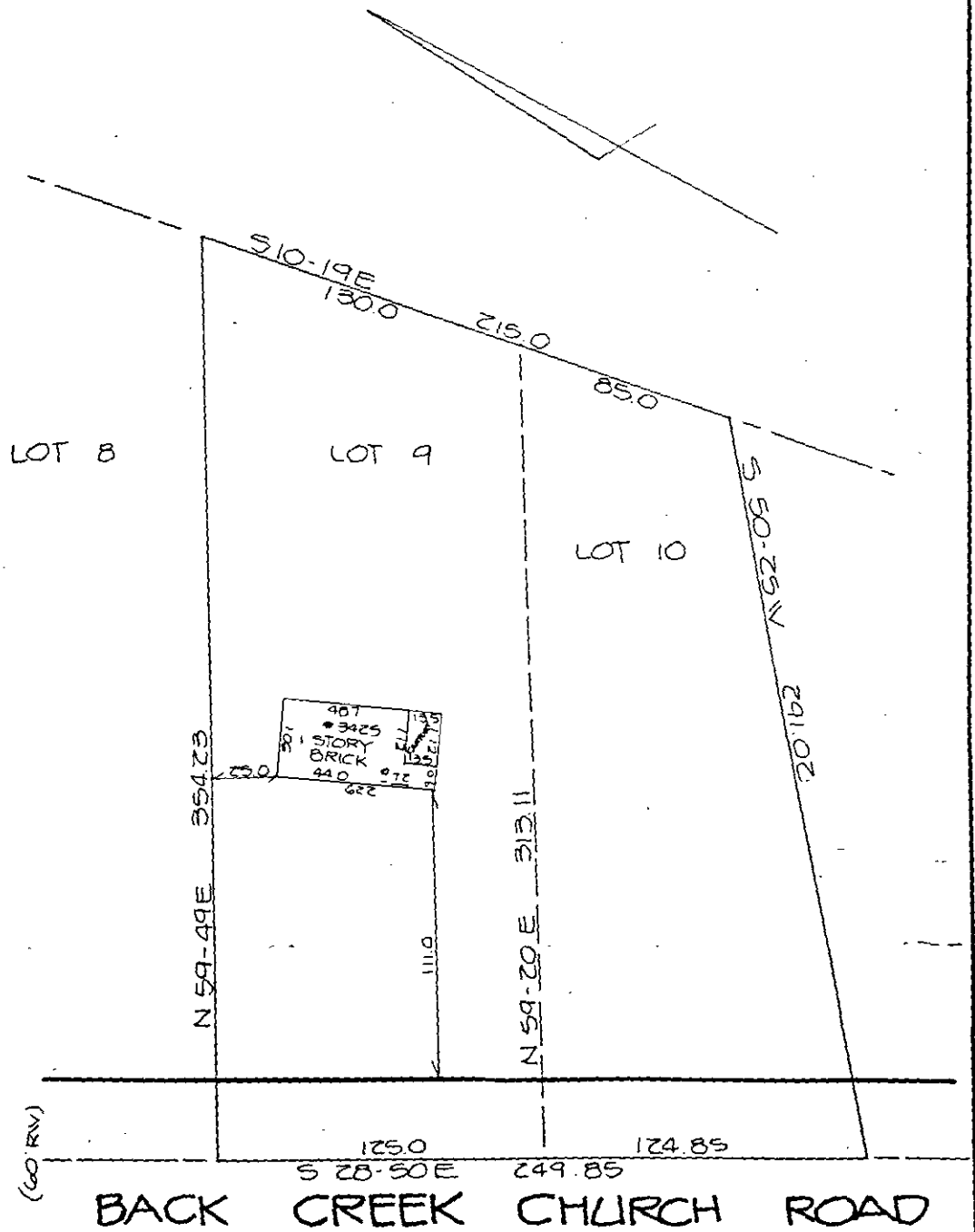
MAP RECORDED IN BOOK ____ AT PAGE ____ DEED RECORDED IN BOOK 3547 487 PAGE 729

DRAWING 40-77 77208-9

THIS IS TO CERTIFY THAT ON THE 7TH DAY OF JUNE 1984 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.

SIGNED R. B. PHARR

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS



PHYSICAL SURVEY OF

PROPERTY AS SHOWN

CRAB ORCHARD TOWNSHIP, MECK. CO., N.C.

SCALE 1" = 50'

CHARLOTTE, N. C.

THE PROPERTY OF THOMAS S. LUTTRELL & wf. MARY C. LUTTRELL

MAP RECORDED IN BOOK ____ AT PAGE ____ DEED RECORDED IN BOOK 3547 487 PAGE 169

DRAWING NO. 77-08

