

11100 LIMEHURST PL

19921303

6/27/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

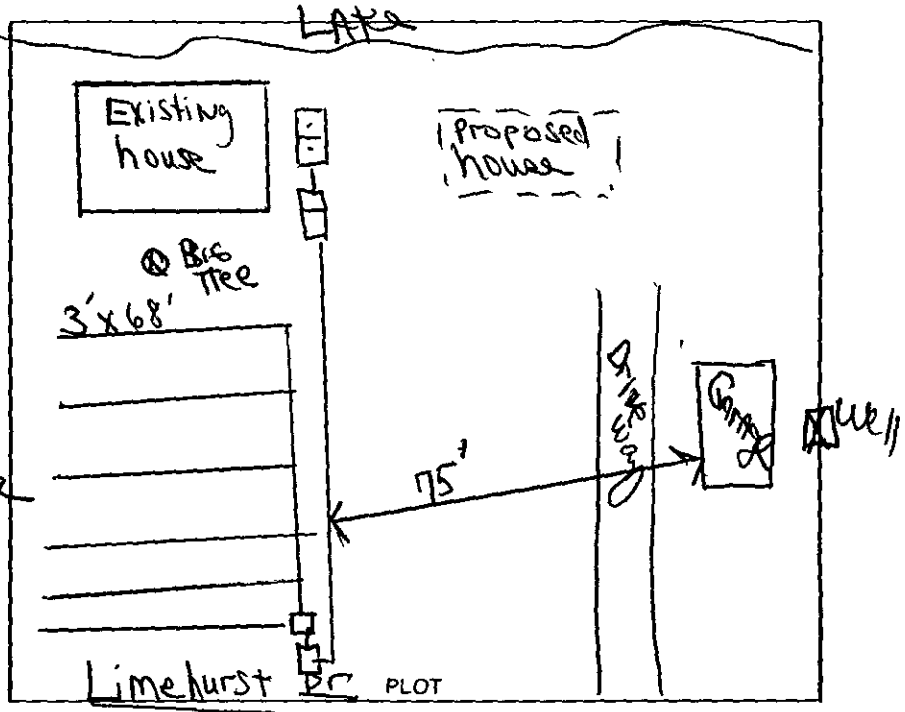
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7289A DATE: 1/28/92
TO: 99-161-05 ☒ L ☐ CRT
SERIAL № 14032

Name of Owner Kenneth W. Hufstetler Juris.:
Address of Property 11100 Linehurst Dr.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 6 @ 68'
Cover Depth 18"
Water Supply Source Well
Distance to Water Source 75'
Excavation Inspected 1/22/92 1/27/92
Tank(s) Inspected 1/27/92
Wash Line Inspected
High Water Alarm Inspected 1/27/92



Design: 1991 1500 St 1000 Gal Pl 1200 SFT 12"6 Feed CTR# 90

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☒ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this
☐ Certificate of Completion ☒ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System installed for 3 bedroom home.

GTO III

Judy S. Kuer R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

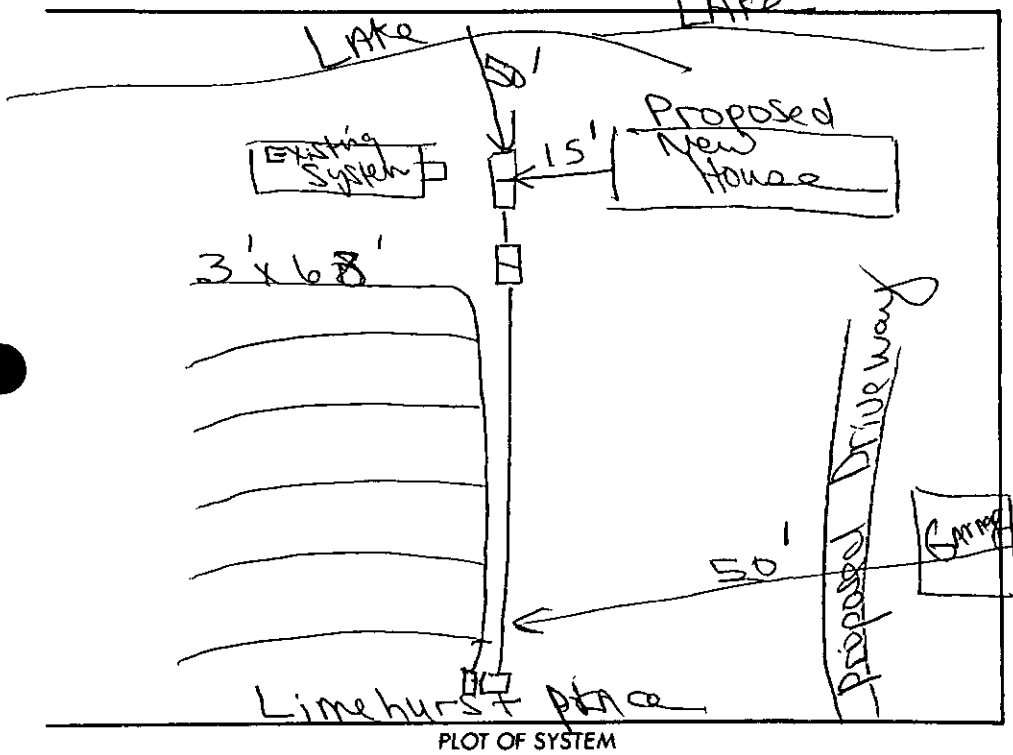
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7289A DATE: 1/29/93

TC: 99-161.05 D

SERIAL Nº 13891

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 1/29/93. All work shall be completed on or before 3/29/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

NAME OF OWNER Hufstetler, Kenneth W.

LOCATION OF PROPERTY 11100 Linehurst Pl.

Comments: Install Tanks w/Riser as required - Keep 15' from proposed house Foundation; Install 2 D-Boxes & 6 Trenches 3' x 68'; 12" Stone

Division or Section Head

Environmentalist Judy C. Kuri R.S.

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

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

400 ☒ 7289A.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#7289A Type [] 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

PERSON FILING APPLICATION:
NAME: Huffstetler (last) Kenneth (first) Wayne (mi)
ADDRESS: 11100 Linehurst PHONE: 704 392-6484
CITY: STATE: ZIPCODE:

Date: 1-2-92

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

PROPERTY INFORMATION
(FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-161-05
STREET ADDRESS: 11100 Linehurst Pl.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: Conventional

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)
☒ 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: Kenneth W. Huffstetler Date: 1-2-92

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 permit is issued by this Department.

...This permit is not transferable.

...Lift Pump Station

Required

☒ 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 R.S. 1/2/92 Date

Director or Authorized Session Head 1-3-92 Date

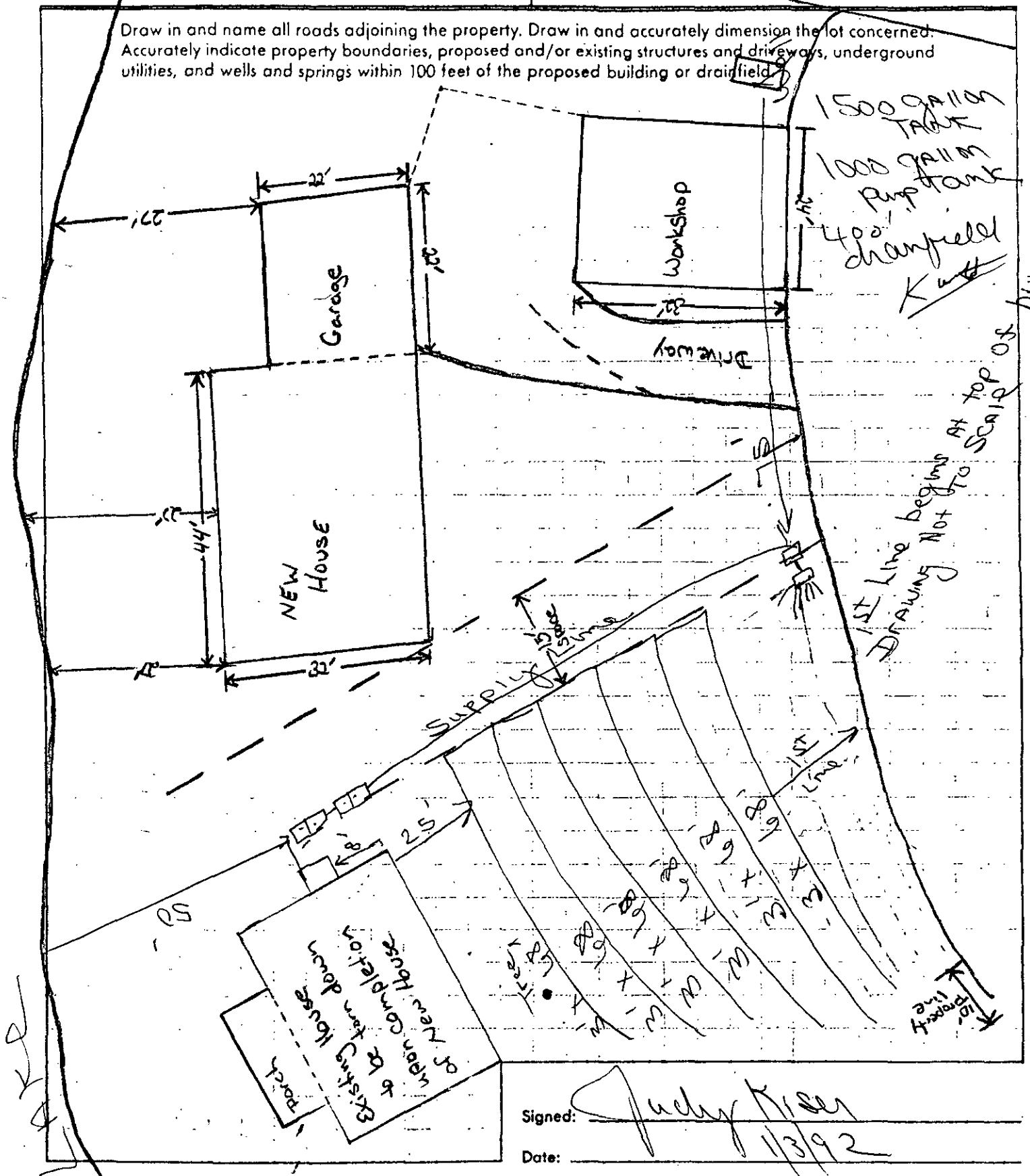
WWATER : 112991

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

FILE: 7289A

IC: _____

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.



Signed: Judy Riley

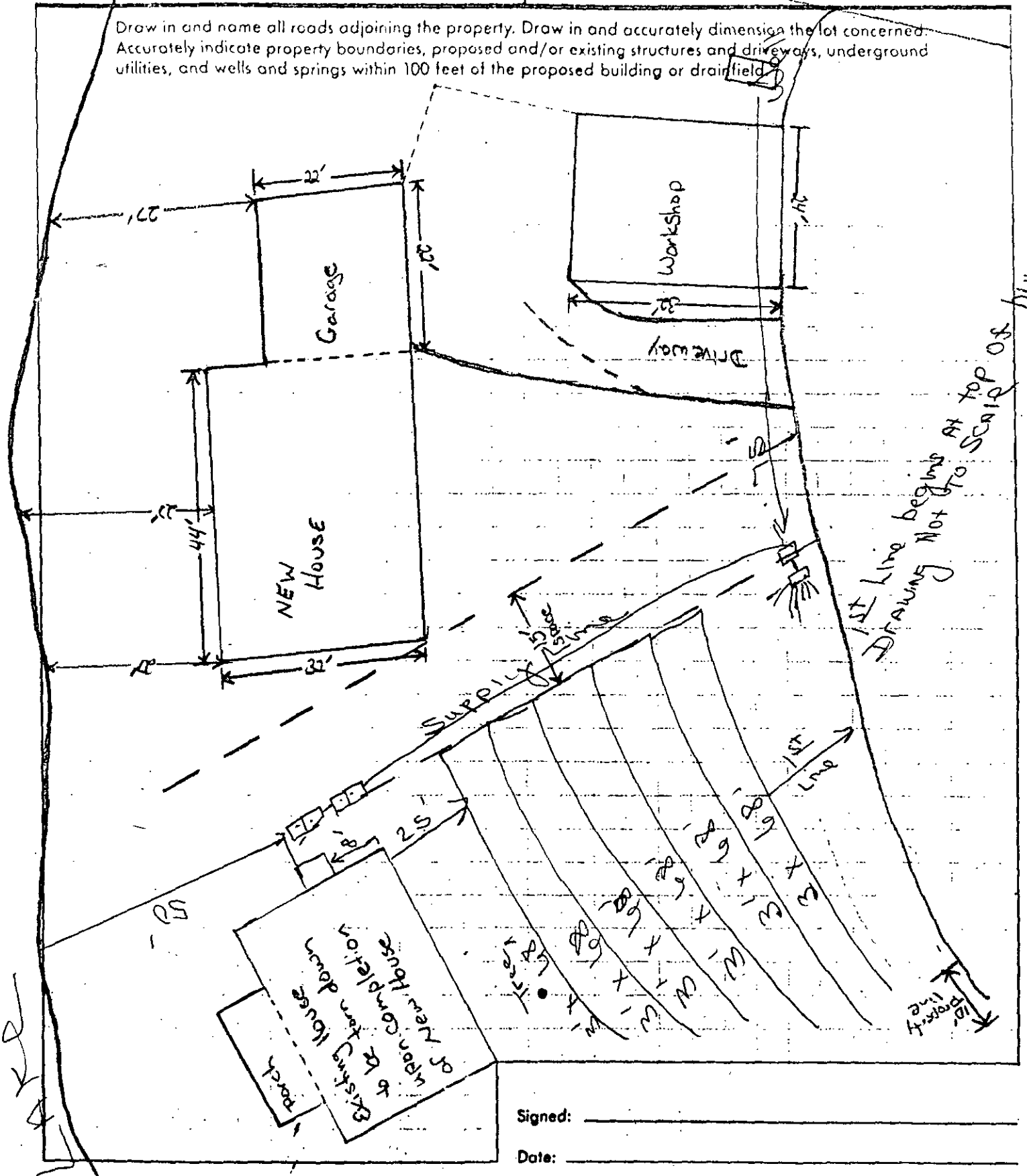
Date: 1/3/92

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

FILE: 7289A

I.C.:

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.



Signed: _____

Date: _____

KENNETH HUFFSTETLER
11100 LIMEHURST PL.
CHARLOTTE, NC 28278

01-86 12-19 19 91

0945

66-259/530

PAY TO THE ORDER OF Meck. County Health Dept. $ 125.00

One hundred Twenty five ^00 DOLLARS

Security Bank
Charlotte, NC 28213

FOR

⑆053002592⑆ 945 ⑈04837428⑈06

Pd. 12-19-91 KB

File # 7289A

11100 Limehurst Place

Mecklenburg County
Health Department

March 9th, 1991

Kenneth W. Huffstetler
2444 Wilkinson Blvd
Charlotte, NC 28208

RE: Property located at 11100 Limehurst Place L42/B39
FILE: 7289A
PARCEL: 19916105

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. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17010) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
~~SITE~~ EVALUATION REPORT
SERIAL NUMBER 17010

File:

Action Z

Parcel: 7289A

~~1991105~~

PC

Location:

Subdivision: 11100 Limehurst Place

Lot: Block: Acres: .8

42/39

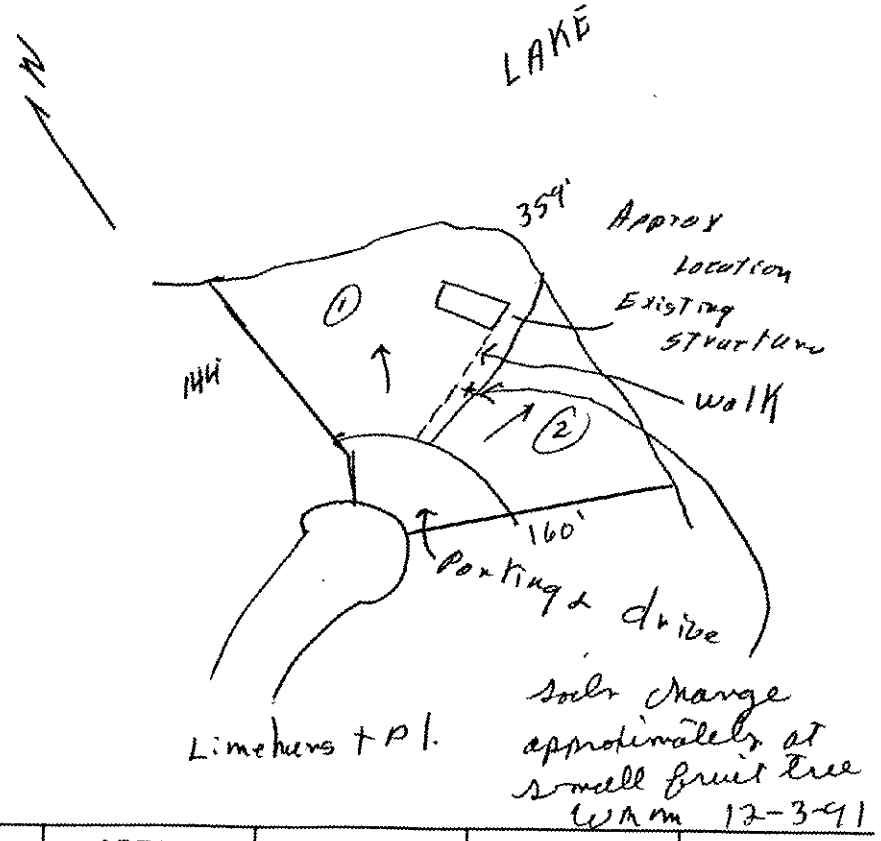
Owner:

Address:
Kenneth W. Huffstetler
2444 Wilkinson Blvd
Charlotte, NC 28208

Comments: House has existing system

Described by: William R. Murli

Date: 3-8-91



***** 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 8-15%	(S) PS U 8-15%	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS (U) 2-1 clay @ 24"	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36"	S (PS) U 7-36" To clayey	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-39"	S PS (U) 24"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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	IV Cecil-1-1.4%	Mecklenburg-material @ 24"				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Gene, there may
be a chance of doing
something here -
depending on what
their guy decides
to do. -

Bill

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: 7289A
TC: _____
SERIAL: № 19841
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 11100 (STREET NO.) Limehurst Pl. (STREET) 28278 ② FILE: _____
③ JURISDICTION: Steel creek ④ TAX PARCEL NO.: 199-161-05
⑤ SUBDIVISION: Lake wylie ⑥ LOT: 42 ⑦ BLOCK: Sect-n 39

OWNER

⑧ NAME: Kenneth (FIRST) Wayne (MIDDLE) Huffstetler (LAST)
⑨ MAILING ADDRESS: 2444 Wilkinson Blvd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28208
⑬ PHONE: (WORK) 392-6484 ⑭ (HOME) 588-7515

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Add on 1000 s.f. Addition Reg. Room & 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? 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
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: Kenneth W. Huffstetler
Date: 3-26-91

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. May use existing system for garage only NO plumbing

Environmentalist — Date 4/8/91

Director or Authorized Section Head — Date 4-8-91

*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 HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-26-91

Name/Company: Kenneth Wayne Huffstetler

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Insp. - (Add. on 2000 sq. ft.)
11100 Limehurst Place
TP: 199-161-05
Tax: 7289A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 26 1991

Fee: $ 25.00 CK#1099 #25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7289A

TC: 199-161-05

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11100 Lime hurst Pl.

② SUBDIVISION: Lake Wylie ③ LOT: 42 ④ BLOCK: Section 39

⑤ PARCEL REFERENCE: BOOK NO.: 17 PAGE NO.: 648 PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

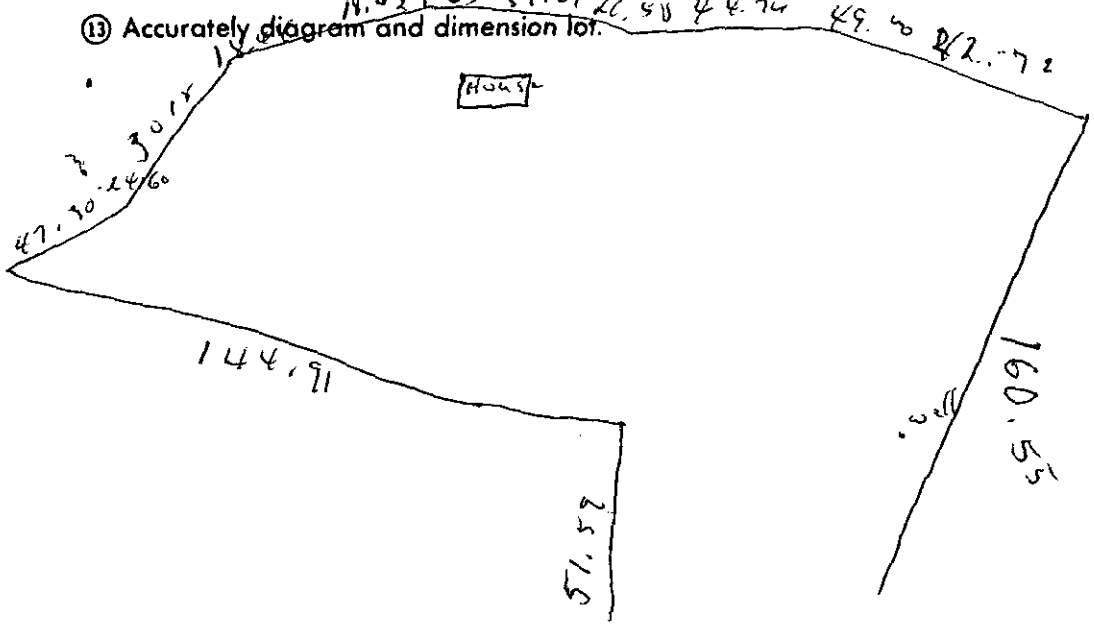
⑦ NAME: Kenneth (FIRST) Wayne (MIDDLE) Huffstetler (LAST)

⑧ MAILING ADDRESS: 2444 Wilkinson Blvd.

⑨ CITY: Char. ⑩ STATE: N.C. ⑪ ZIP: 28208

⑫ PHONE: (WORK) 392-6484 (HOME) 588-7515

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Kenneth W. Huffstetler

Date: 2.15.91

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-15-91

Name/Company: Kenneth Huffstetler

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sub-Lease - Space
11100 Limehurst Place
Tax # 199-161-05
File # 7289A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 15 1991

Fee: $ 50.00 CK # 1015 $50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

W M Thompson
Completed by

E. [illegible]
Collected by

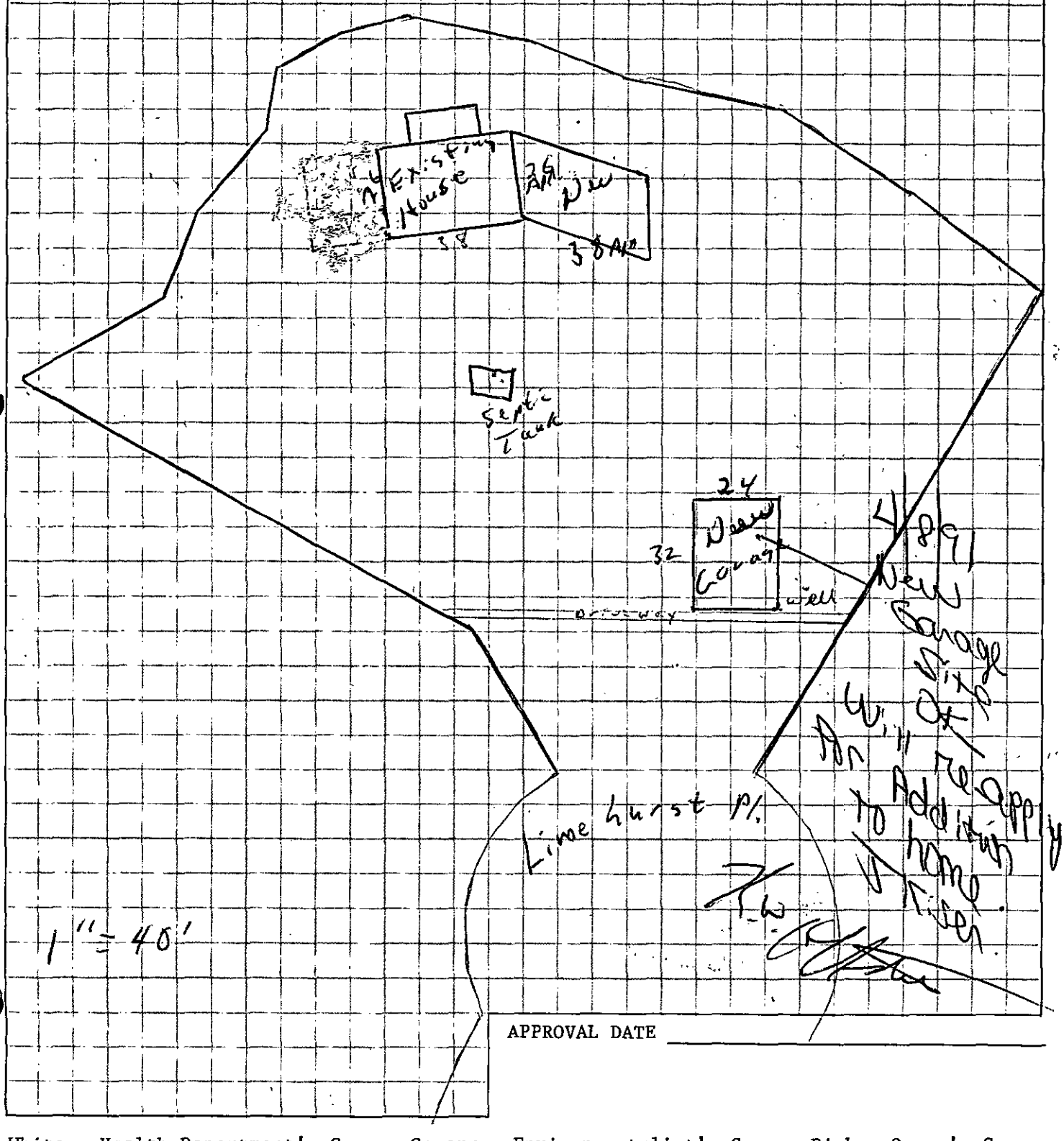
PROPOSED PLOT PLAN

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

FILE: 7289A

TC: 199-161-05

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.

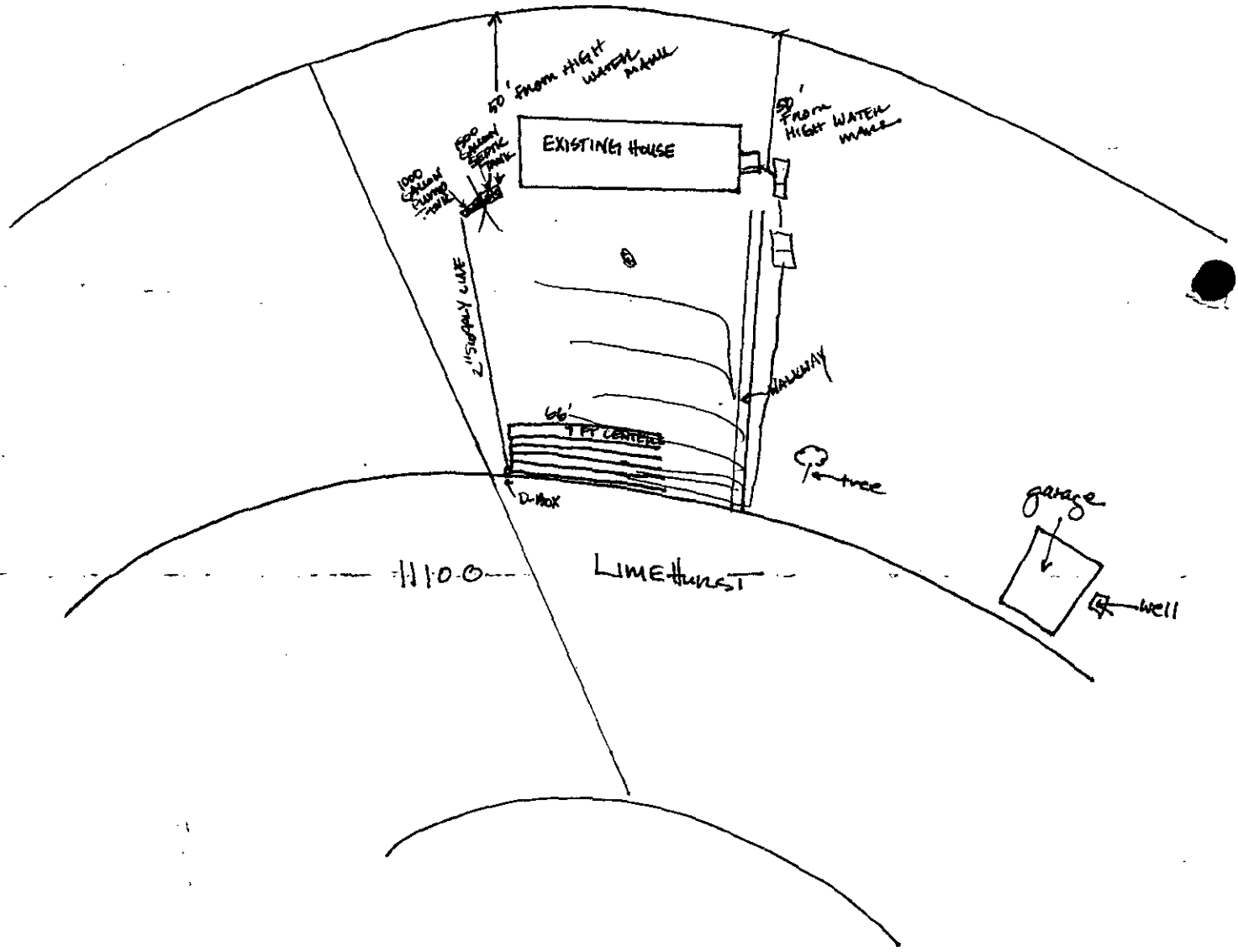


APPROVAL DATE _____

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

KEN HUFFSTETLER · 11100 LIMEHURST DRIVE · 392-6484 WORK

* NOT DRAWN TO SCALE



MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17010

File:

Action

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

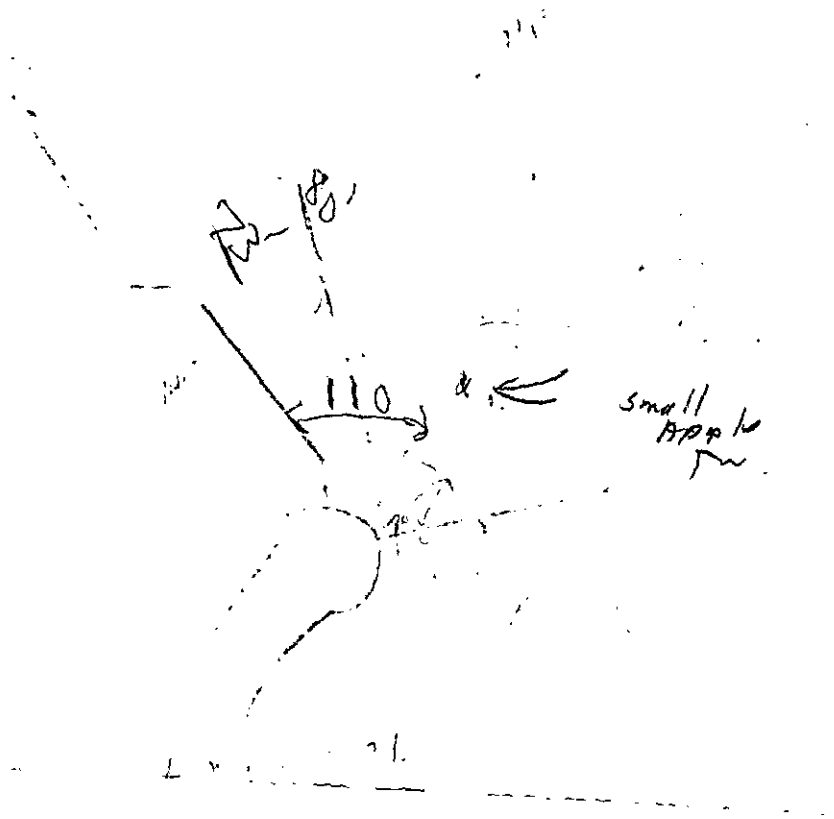
Comments:

Described by:

Date:

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
= *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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	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
er (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U