

13309 HUNTERSVILLE-CONCORD RD

01923101

5/30/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

5205A

Mecklenburg County, NC
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 2/27/2006 2:02:08 PM

Parcel ID #: 01923101 GIS ID #: 01923101	
Owner Name:	DONALD R SHEW
Mailing Address:	PO BOX 1248 HUNTERSVILLE, NC 28078
Property Characteristics	
Legal Desc.:	U/M TR &M36-79
Land Area:	41.66AC
Fire District:	18-HUNTERSVILLE / CRAIGHEAD
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	VACANT
Deed Reference(s) and Sales Price	
07715-197 (3/25/1994) $0.00	
Situs Addresses Tied to This Parcel	
13309 HUNTERSVILLE-CONCORD RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department
ETJ Area: HUNTERSVILLE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 63.01	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	370478067E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Regulated Watershed Information	
Watershed Name:	CLARKE
Watershed Class:	

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

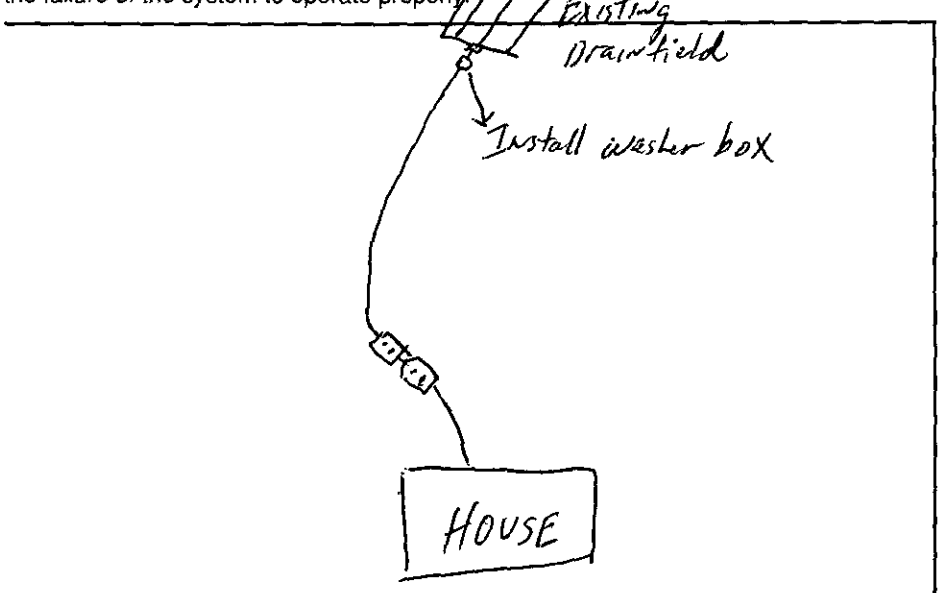
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5205A DATE: 1/16/01

TC: 0192301 ☐ L

SERIAL Nº 18590

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 12/23/99. All work shall be completed on or before 2/16/00, 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 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth Existing

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous _____

Total Line Length _____ feet

Number of Lines Use Existing Drainfield

Depth of Stone _____ inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well > 100' feet

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

NAME OF OWNER Donald Shew

LOCATION OF PROPERTY 13309 Huntersville-Concord Rd

Comments: Install 1500ST, 1000 Pump Tank, Washer box
Keep the septic system > 100' from any well

Phil A. Walker RS

Environmental Health Specialist

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5205A DATE: 3/21/01

TC: 019 231 01 ☒ L ☒ CRT

SERIAL Nº 18571

Name of Owner Donald Shew Juris.:

Address of Property 13309 Huntersville - Concord Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield Existing

Number of Lines Existing @

Cover Depth Existing

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 3/21/01

Tank(s) Inspected 3/21/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected 3/21/01

PLOT

Design 2001, Alteration, 1500ST, 1000DT, PI, use existing drainfield CTR# Don Shew property owner

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☐ Operation Permit

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

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

COMMENTS: Septic System designed for a 3 bedroom residence Type IIIb Alteration to the existing system

Philo S. Walker RS.
Environmental Health Specialist

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

FEE: 300.00
DATE: 12-23-99

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

I ICRT

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 #: 52054

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-231-01

STREET ADDRESS: 13309 Huntersville - Concord Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1700 +

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE 3/22/01

A

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
House - New Location on same Land -
Storage Building - No Septic

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: Shew (LAST) Donald (FIRST) R. (MI)

ADDRESS: 13309 Huntersville-Concord Rd.

CITY: Huntersville STATE: NC ZIP: 28070

DAYTIME PHONE: ( ) 875 - 3774

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: Vicki Shew DATE: 12-23-99

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS

DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 5205 - A

PARCEL NO: 019-231-01

JOB LOCATION ADDRESS: 13309 Huntersville-Concord Rd

PROPERTY OWNER: Donald R. Shew

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: J. A. Knight DATE: 12/31/99

REHR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5205 - A, 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: _____

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.

Donald R. Shew

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5205-A

Tax Number: 019-231-01

- 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	X Yes	____ No	____ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI Existing	____ 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
____ Long-term acceptance rate	____ Max gallons/day wastewater flow	____ Absorption Area (sq ft)	____ Trench spacing (min. on centers)
____ Serviced by private well	1500 Gallon septic tank	____ Total trench length (ft)	____ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
____ Bedrooms in residence	1000 Gallon pump tank	____ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Alteration to the existing system, Install 1500 ST, 1000 DT, 1 Washer box. Pump effluent to the existing drainfield (House relocated on the property)			
Repair Area System Type Type (circle one): I (II) III IV V VI	X 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
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth
For existing system, enter the year originally installed:			

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

DEHS Authorized Agent — Date 12/3+/99 PSW 1/16/01

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-100125

ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 13309 STREET NAME Huntersville-Concord Rd. (AV,RD,ST, etc)

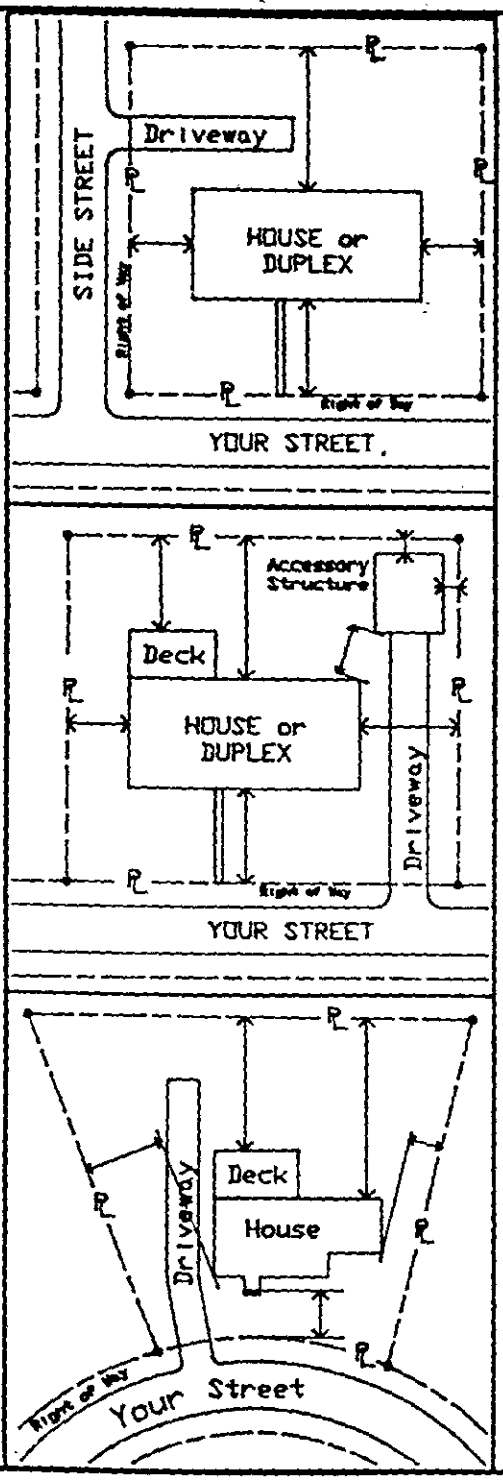
SUITE/UNIT(S):

PERMIT # 5 20 04

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

TAX PARCEL # 019-231-01 JOB #

EXAMPLES/PLOT PLAN

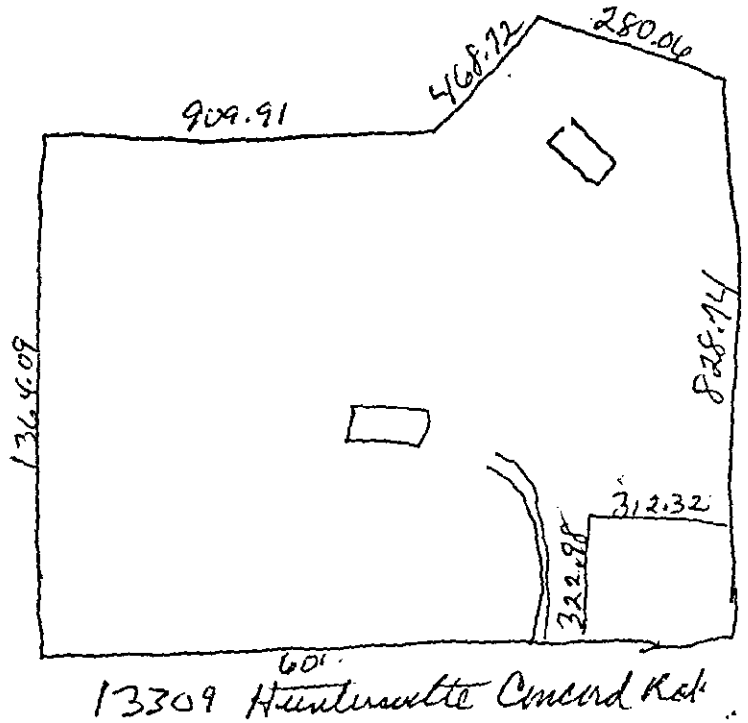


- INSTRUCTIONS -

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

Don Shew 12-10-99 Don Shew

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

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

B-83

ORIGINAL

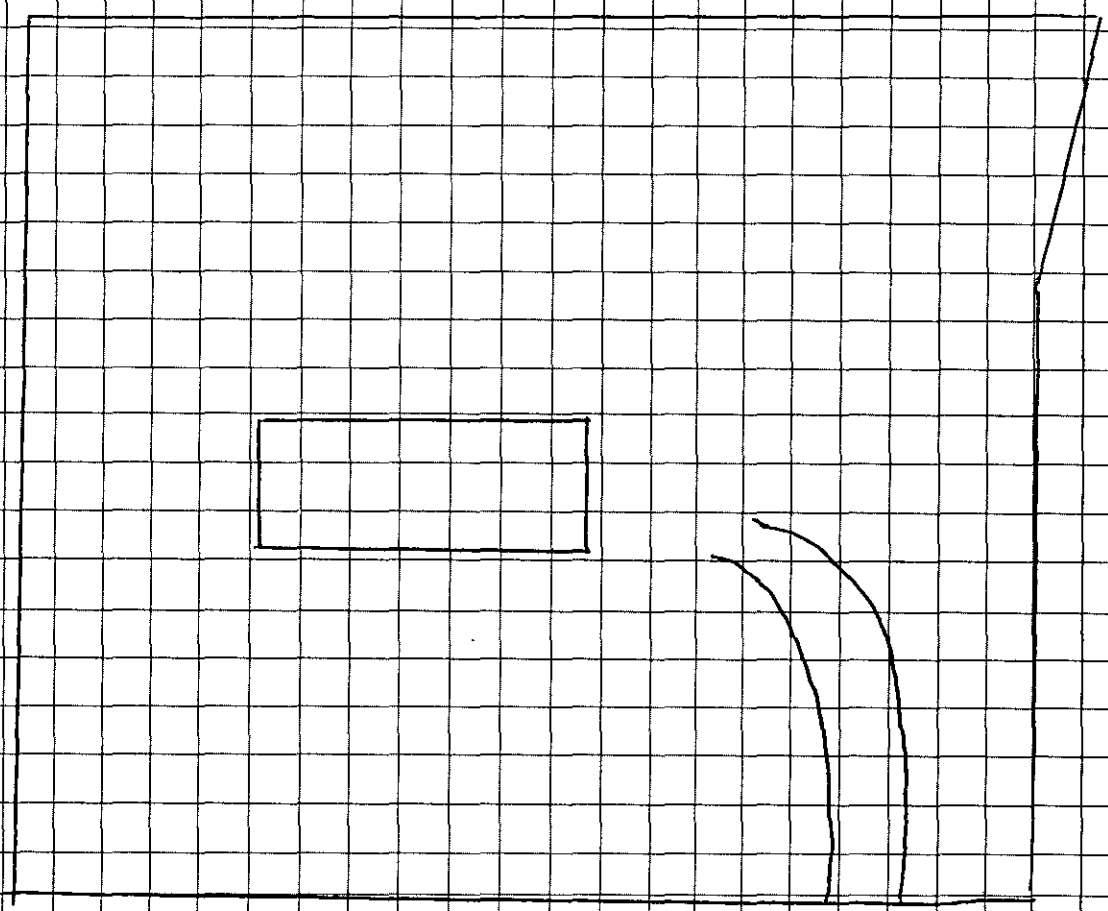
PROPOSED PLOT PLAN

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

FILE: 5205A

TC: 019-231-01

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.



Dan Shew
OWNER/AGENT SIGNATURE

DATE 7-23-99

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

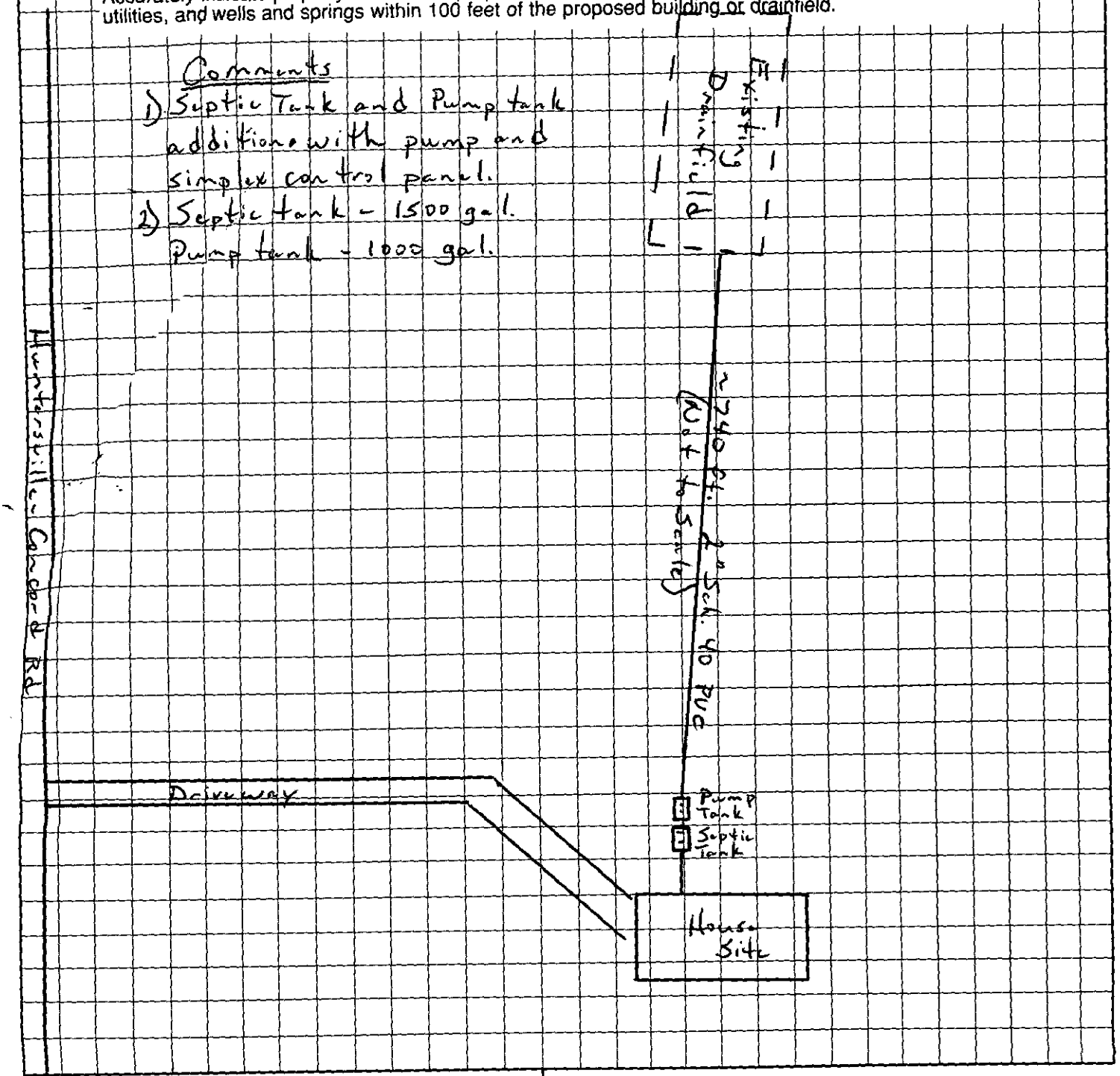
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5205-A

TC: 019-231-01

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.

Comments
1) Septic Tank and Pump tank additions with pump and simplex control panel.
2) Septic tank - 1500 gal.
Pump tank - 1000 gal.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5205A DATE: 6/27/89

TC: 01923101 ☑ L ☑ CRT

SERIAL № 11992

Name of Owner Donald Shew Juris.:

Address of Property 13309 Huntersville - Concord Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 500'

Number of Lines 5 @ 100'

Cover Depth 8"

Water Supply Source well

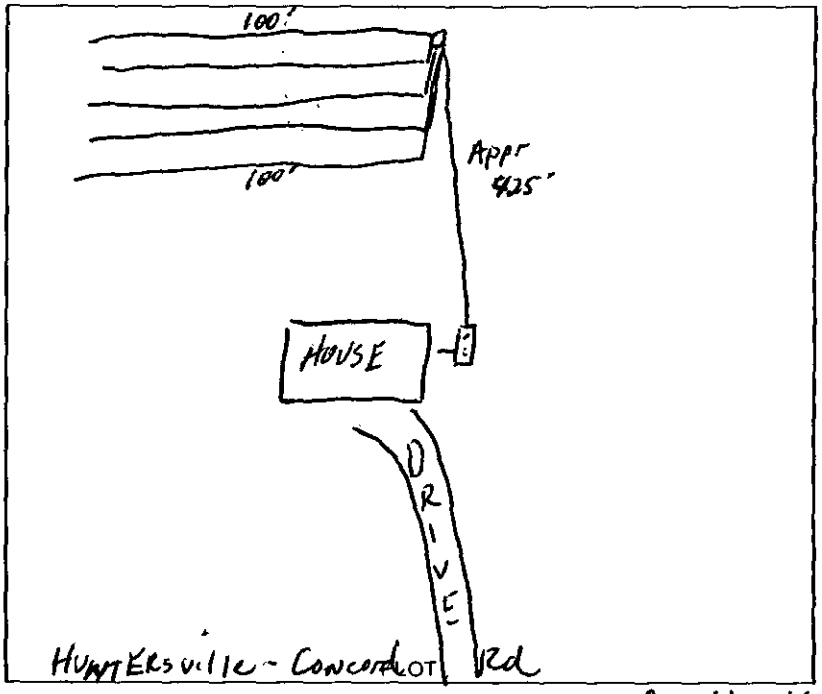
Distance to Water Source 7100

Excavation Inspected 6/27/89

Tank(s) Inspected 6/27/89

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1500SF, 5 x 100' x 3', CON, 1500SF, T, 12"G CTR# Donald Shew (home owner)
1989, 1500ST, con, 1500SFT, 12'G, COCIT

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:

Philo S. Walker
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

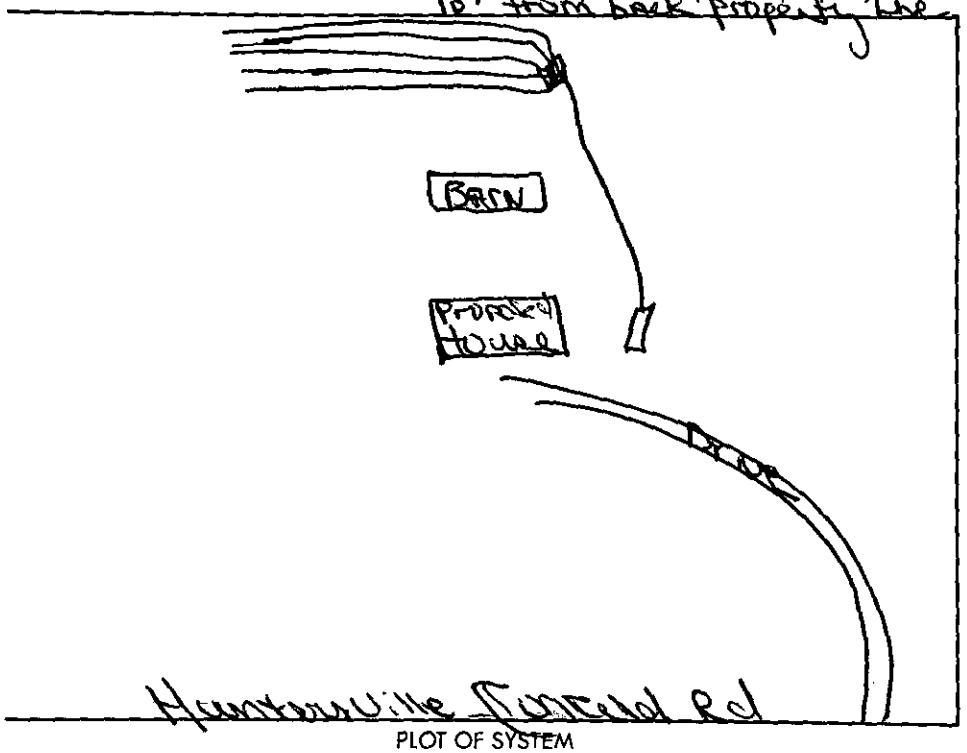
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5205A DATE: 6/22/89

TC: 019 231.01 ☐ L

SERIAL Nº 12742

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 6/16/89. All work shall be completed on or before 7/22/89, 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 RCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 100' feet

NAME OF OWNER Shew Donald

LOCATION OF PROPERTY 3309 Huntersville Concord Rd

Comments: Install 5 Trenches 3' x 80' 12" Stone Straw Cover

Jim Ervin
Division or Section Head

Judy J. Kuei R.S.
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

5205A

TOWN OF HUNTERSVILLE

P.O. BOX 664 PHONE 875-6541
HUNTERSVILLE, NORTH CAROLINA 28078

June 20, 1989

To Whom It May Concern:

Property identified as tax parcel 019-231-01 is subject to the Zoning Ordinance of the Town of Huntersville, which ordinance exempts bona fide farms from any and all regulatory requirements of zoning. Based on the proposed use of the property, as described by the owner, Karen A. Shew, the Huntersville Zoning Ordinance would consider this parcel to be a bona fide farm, and not subject to zoning regulation.

Ann Hammond
Planner

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 13 1989

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: 5205A

TC: _____ ENVIRONMENTAL HEALTH DIVISION ☐ L ☐ CRT

SERIAL: № 18632

JOB LOCATION

① ADDRESS: 13309 (STREET NO.) Huntersville-Concord Rd (STREET) ② FILE: 5205A

③ JURISDICTION: Meck. Co. ④ TAX PARCEL NO.: 019-231-01

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Donald (FIRST) & Karen R. (MIDDLE), A. Shew (LAST)

⑨ MAILING ADDRESS: 346 Northwest Dr

⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036

⑬ PHONE: (WORK) 875-3774 ⑭ (HOME) 892-8608

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) Temporary mobile home while building new home

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? 4

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 on the property for the purpose of processing this request.

Signed: Karen A. Shew

Date: 6-16-89

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.

_____ / _____

Environmentalist Date

_____ / _____

Director or Authorized Section Head 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 HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 6/19/89

NAME/COMPANY: [illegible]

Sanitation _____

Vector Control ✓

OPWD _____

SERVICE: [illegible]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 19 1989

5205A

FEE: 20.00

CK# 657
$20.00

Completed By

Collected By

File # 5205 A

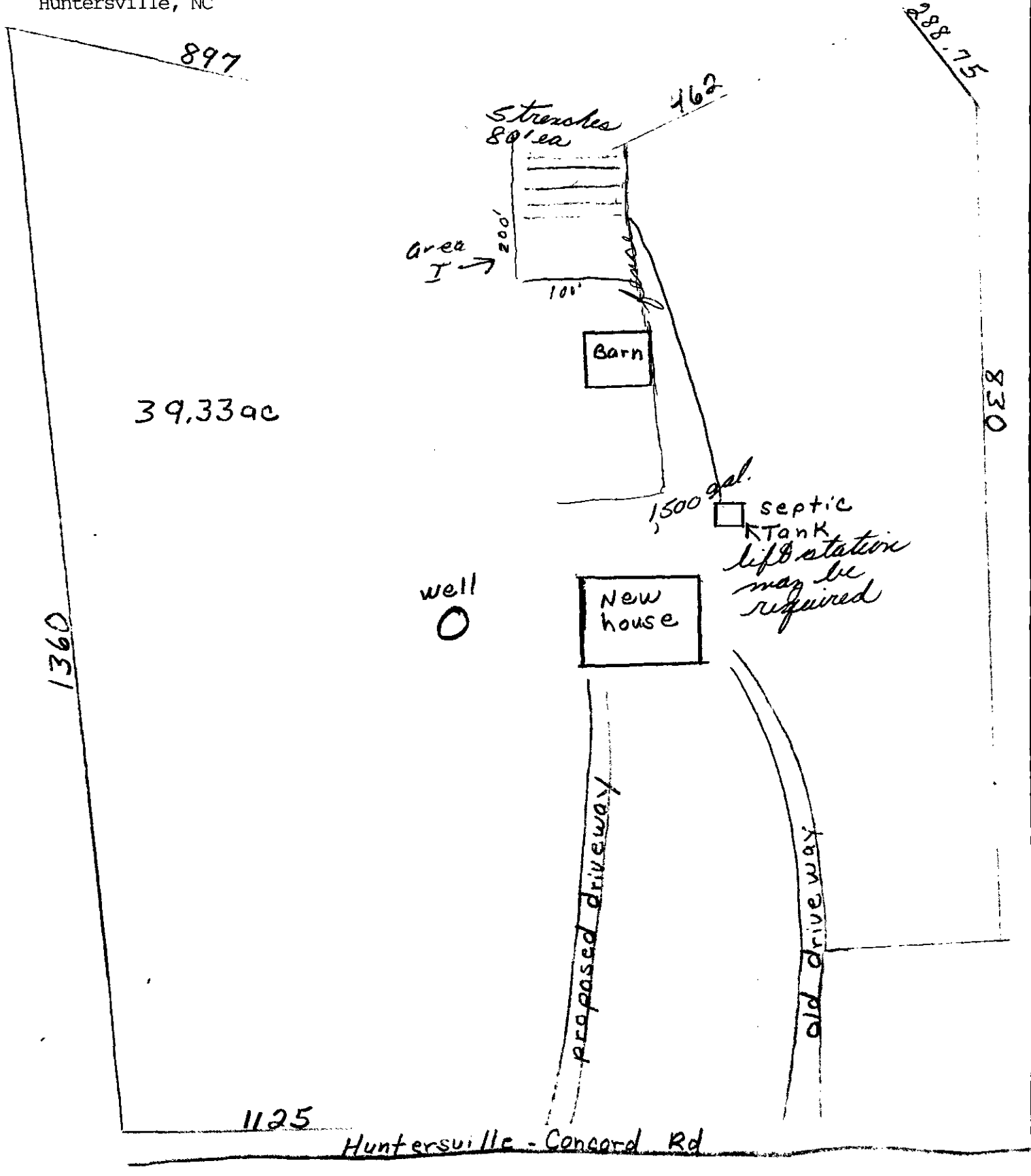
Parcel # 01902301

Name-Don & Karen Shew

Address 13309 Huntersville-Concord Rd.
Huntersville, NC

Date 1-30-89

Signed
Karen A. Shew



DATE: Jan. 20, 89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 019-231-01

ASSIGNED ADDRESS 13309 Huntersville-Concord 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: Demo + Rebuild

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: PRM

OPWEAR 02/86

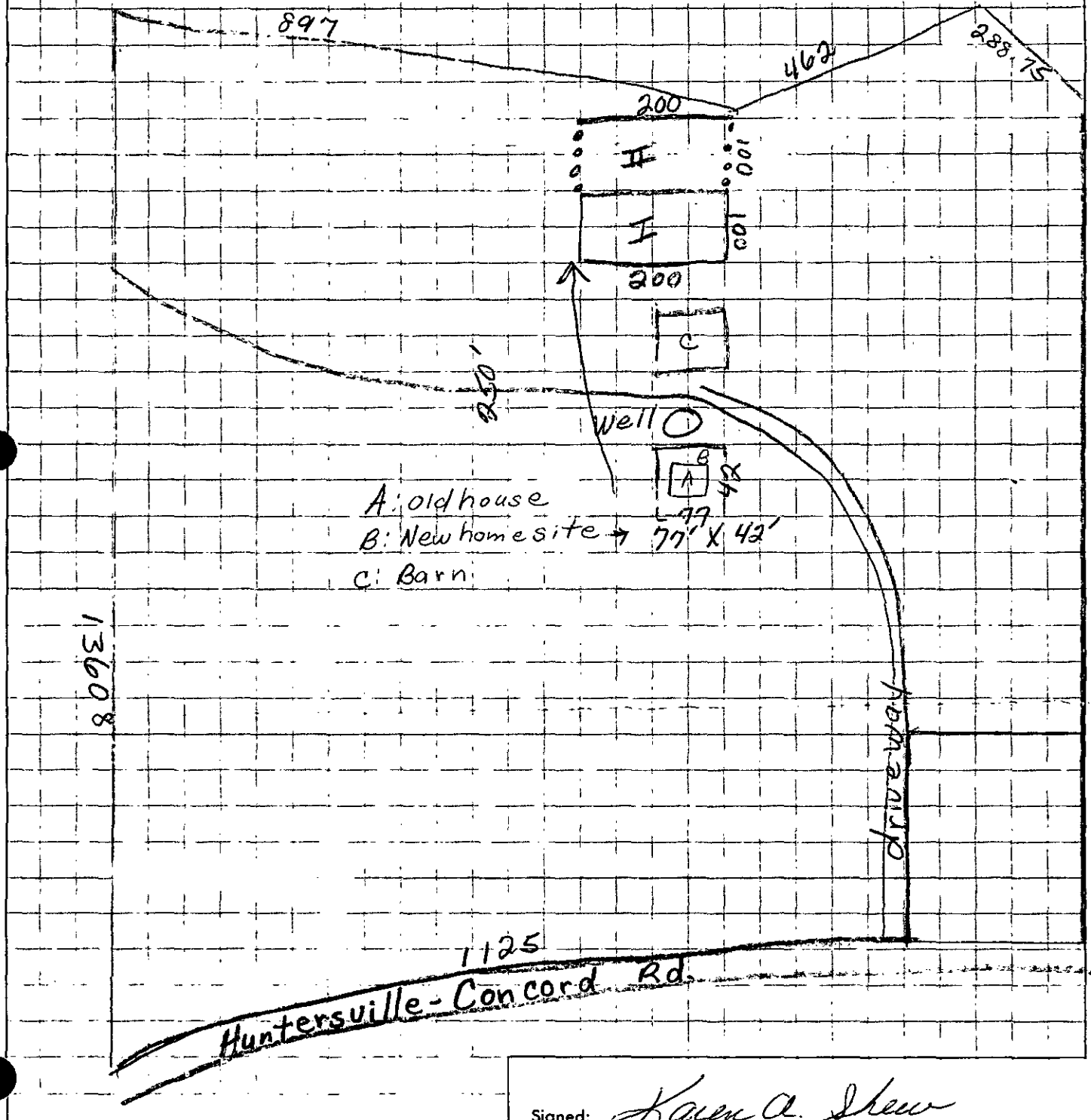
PROPOSED PLOT PLAN

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

FILE: S2054

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.



Signed: Karen A. Shaw

Date: 1-20-89

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: 5205A

TC: _____

SERIAL: No. 17307 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 13309 Huntersville-Concord Rd. (STREET NO. / STREET) ② FILE: 5205A

③ JURISDICTION: ~~Mecklenburg Co.~~ ④ TAX PARCEL NO. 019-231-01

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Donald R. & Karen A. Shew (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: ~~346 Northwest Dr.~~

⑩ CITY: Davidson ⑪ STATE: NC ⑫ ZIP: 28036

⑬ PHONE: (WORK) 704-875-3774 ⑭ (HOME) 704-892-8608

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) new house

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? 4 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: Karen A. Shew

Date: 1-12-89

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.

Lift station maybe required

Environmentalist 1-30-89 Date

Director or Authorized Section Head RS 1-31-89 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 HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

File #5205A

CHARGE SLIP

Date 1-20-89

Name/Company Karen A. Shaw

Sanitation _____
Vector Control ✓
O.P.W.D. _____

Service: New House - I P
13309 Huntersville Concord Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 20 1989

Fee: $150.00 CR# 503 $150.00

Jackie Abernethy
Completed by

Collected by

Mecklenburg County
Health Department

Basil G. Dalla, M.D., M.P.H.
Health Director

November 18th, 1988

Donald R. Shew
346 Northwest Drive
Davidson, NC 28036

RE: Property located at Huntersville-Concord Road
FILE: 5205A
PARCEL: 01902301

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15775) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

DEED BOOK PAGE

5641 0110

PRESENTED FOR REGISTRATION

Nov 16 3 19 PM '87

CHARLES E. ROWDER REGISTER OF DEEDS MECKLENBURG CO. N.C.

218

Recording Time, Book and Page

STATE OF NORTH CAROLINA NOV 16 '87 P.B. 10709 Real Estate Excise Tax 120.00

Excise Tax

Tax Lot No. 019-231-01 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

STAMPS 120.00
FEE 8.00
128.00
CASH 128.00

Mail after recording to Donald R. Shew and wife, Karen A. Shew

346 Northwest Drive, Davidson, N. C. 28036

This instrument was prepared by Lacy W. Blue, Attorney at Law

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 13th day of November, 19 87, by and between

GRANTOR	GRANTEE
ESTELLE GIBSON ALEXANDER (Widow) JANIE GIBSON (Single) GRACE GIBSON (Single)	DONALD R. SHEW and wife, KAREN A. SHEW 1750 Rocky River Road Huntersville, NC 28078

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Huntersville Township, Mecklenburg County, North Carolina and more particularly described as follows:

FIRST TRACT: BEGINNING at a Pine on the Belle Brown Corner and running thence S 13 W 80 poles to a stone on the old road; thence with said road N 89 E 37 poles to a stone; thence N 21 E 65 1/2 poles to a Pine; thence N 64 W 54 poles to the BEGINNING - Containing 20-3/4 Acres, more or less.

SECOND TRACT: BEGINNING at a Pine, corner of Lot No. 6, and running thence S 21 W 65 1/2 poles to a stone in the road; thence with said road 70 poles to a Black Gum; thence N 55 W 17 1/2 poles to a Persimmon; thence S 61 1/2 W 28 to the BEGINNING - Containing 20-3/4 acres, more or less

EXCLUDING THE FOLLOWING: There is reserved and excepted from this conveyance so much of said property as has been conveyed to Jessie L. Gibson and wife, Ellen Gibson, by Deed dated March 11, 1971, and recorded in Book 3314, Page 429, in the Mecklenburg Public Registry; and the property described in Deed dated August 16, 1955, to Jessie L. Gibson and wife, Ellen Gibson, which is recorded in Book 1791, Page 105, in the Mecklenburg Public Registry.

This Deed conveys 39.33 acres, more or less.

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc.-1981.

DEED BOOK PAGE

5641 0111

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2190 at Page 467

A map showing the above described property is recorded in Plat Book ..... page .....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

1.00
7.00
8.00

120.00

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

(Corporate Name)

By: .....

.....President

ATTEST:

.....Secretary (Corporate Seal)

USE BLACK INK ONLY

ESTELLE GIBSON ALEXANDER (SEAL)

JANIE GIBSON (SEAL)

GRACE GIBSON (SEAL)

(SEAL)

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Estelle Gibson Alexander, Janie Gibson, and Grace Gibson Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 12th day of November, 19 87

My commission expires: 6/30/91 Rebecca Yvonne Privett Notary Public

SEAL-STAMP

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that .....

personally came before me this day and acknowledged that ..... he is ..... Secretary of ..... a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ..... President, sealed with its corporate seal and attested by ..... as its ..... Secretary.

.....day of ....., 19.....

..... Notary Public

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Rebecca Yvonne Privett

a Notar(y) (ies) Public (is) (are) certified to be correct.

This 16th day of November 19 87.

Charles E. Crowder, Register of Deeds

By: Barbara A. Foster Deputy

The foregoing Cer .....

.....

.....

is/are certified to first page hereof.

.....

By .....

.....

.....

.....

id in the Book and Page shown on the

.....COUNTY

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977

POOLE PRINTING CO., INC. P.O. BOX 17376 RALEIGH, N.C. 27619

Printed by Agreement with the N.C. Bar Assoc.-1981.

Section 21. Effective Date

This ordinance shall take effect and be in force from and after the 26th day of April, 1984.

Duly adopted by the Town Council of the Town of Huntersville, North Carolina, this the 25th day of April, 1984.

ARTICLE III

ESTABLISHMENT OF DISTRICTS

Section 30. Use Districts Named

For the purposes of this ordinance, the Town of Huntersville and its extra-territorial jurisdiction is hereby divided into nine (9) use districts designated below:

R-L Low Density Residential District
R-S Single Family Residential District
R-M Medium Density Residential District
R-G General Residential District
N-B Neighborhood Business District
C-B Central Business District
H-B Highway Business District
L-I Light Industrial District
H-I Heavy Industrial District

Section 31. Bona Fide Farms Exempt R L

The provisions of this ordinance shall not apply to bona fide farms. This ordinance does not exercise any controls over crop lands, timber lands, pasture lands, idle or other farm lands, nor over any farm house, barn, poultry house, or other farm buildings including tenant or other houses for persons working on said farms as long as such houses shall be in the same ownership as the farm and located on the farm. Such agricultural uses maintain the openness of the land and achieve the purposes of this ordinance without the need for regulation. Residences for non-farm use or occupancy and other non-farm uses shall be subject to the provisions of this ordinance.

Section 32. District Boundaries

The boundaries of these districts are hereby established as shown on a map entitled "Official Zoning Map, Huntersville, North Carolina", adopted by the Town Council and certified by the Town Clerk. Said map and all explanatory matter thereon is hereby incorporated into and made a part of this ordinance. Said map shall be retained in the office of the Town Manager.

Section 33. Rules Governing Boundaries

Where uncertainty may exist with respect to the boundaries of any of the aforesaid districts as shown on the zoning map, the following rules shall apply:

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 5205A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 13309 Huntersville-Concord Rd, Huntersville

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

⑤ PARCEL REFERENCE: BOOK NO.: 19 PAGE NO.: 23 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: 5641 PAGE NO.: 0110

OWNER

⑦ NAME: Donald R. & Karen A. Shew
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 346 Northwest Dr

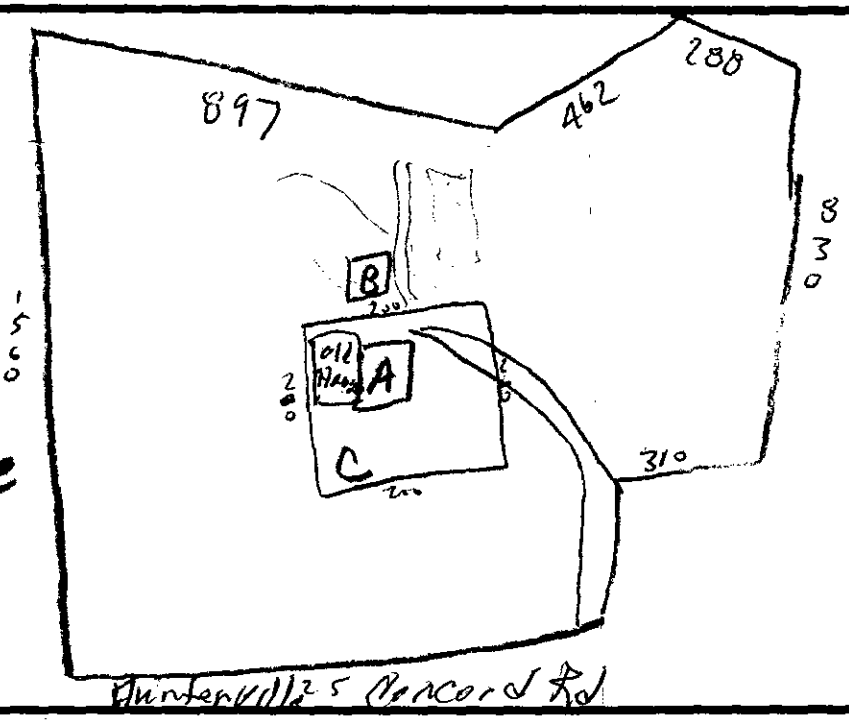
⑨ CITY: Davidson ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 875-3774 (HOME) 892-8608

⑬ Accurately diagram and dimension lot.

See attached sheet

A: Old House
B: Barn
C: New Home Site



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: Don Shew

Date: 10-20-88

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 11/16/88

Name/Company Darlene Stew

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Lice Test

#5205A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

NOV 16 1988

Fee: $ 30

Ck # 420
$30.00

Completed by Rose Ludd

Collected by _____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15775

File: 5205A

Action 1

Parcel: 01902301

☐ PC

Location: Huntersville-Concord Road

Subdivision:

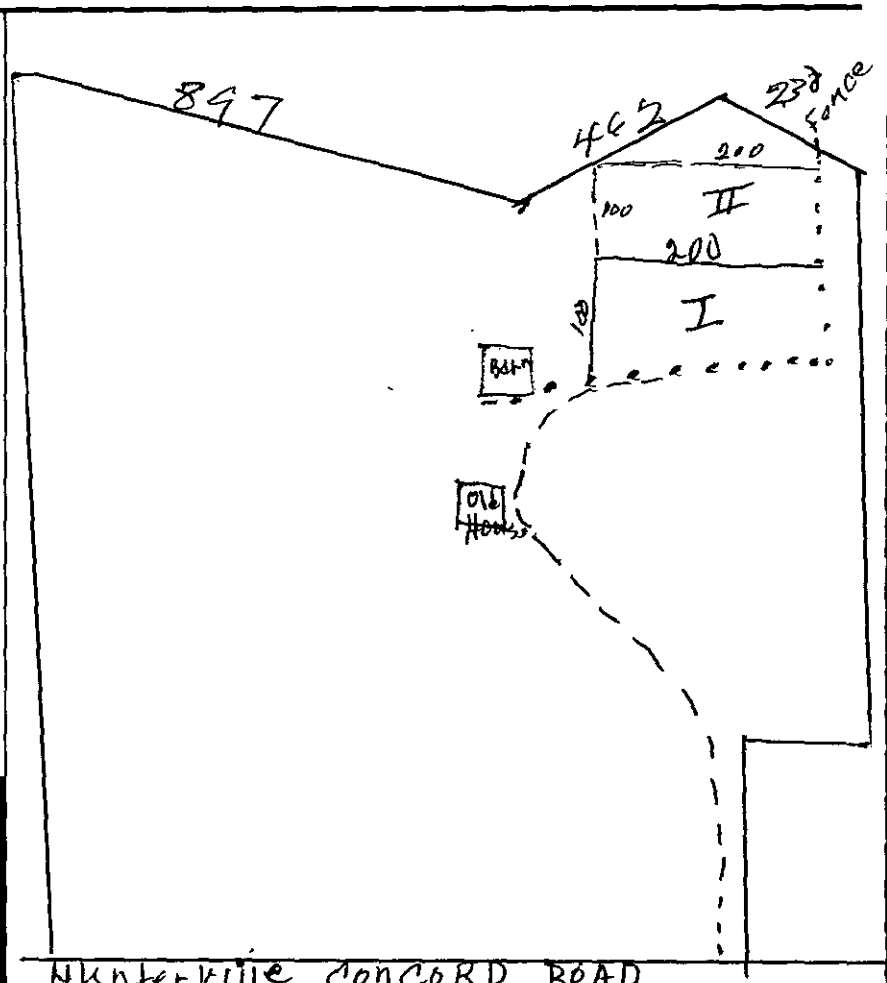
Lot: Block: Acres 1.00

Owner: Donald R. Shew
Address: 346 Northwest Drive
Davidson, N. C. 28036

Comments: Lift Station will Be Required

Described by: W. B. Ramsey

Date: 11-17-88



***** 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 8-6	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS (U) Mixed Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS (U) Weak Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS (U) Slow	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS (U) 25-30	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
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	~~IVa~~ Cecil	~~IVa~~ IVe Mecklenburg Fredonia variety				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5205A DATE: 6/27/89

TC: 01923101 ☐ L ☑ CRT

SERIAL № 11992

Name of Owner Donald Shew Juris.:

Address of Property 13309 Huntersville - Concord Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 500'

Number of Lines 5 @ 100'

Cover Depth 8"

Water Supply Source Well

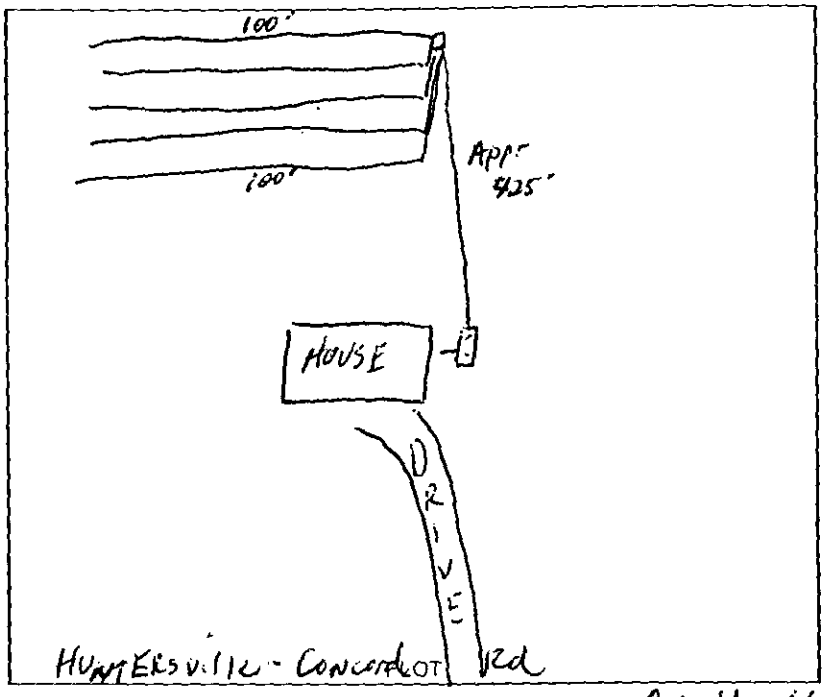
Distance to Water Source 7100

Excavation Inspected 6/27/89

Tank(s) Inspected 6/27/89

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1500SF, 5 x 100' x 3' CON, 1500SF, T, 12"G CTR# Donald Shew (home owner)
1989, 1500ST, con, 1500SFT, 12'G, Cecil

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:

Philo S Walker
Environmentalist

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5205A

[ ] 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: Shew (last) DON (first) R. (mi)
ADDRESS: 13309 Huntersville Concord Rd. PHONE: (704) 875-3974
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 7-23-99

PROPERTY OWNER:
NAME: Shew (last) DON (first) R. (mi)
ADDRESS: 13309 Huntersville Concord Rd. PHONE: (704) 875-3974
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 19-231-01
STREET ADDRESS: 13309 Huntersville-Concord Rd
ZONING:

Township (check one):
[ ] 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):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y) 14X5 3BDRM HOUSE
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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: 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 [X] 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: Don Shew Date: 7-23-99

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.

... OK to use existing system.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Jeff A. Knight 8/4/99
Environmentalist Date

WATER : 122791