

5343 SADDLEWOOD LN

5/17/2007

duponbj

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

4232A

THIS IS NOT A BILL 336358

Notice of Change In Real Property Appraised Value

OFFICE OF
MECKLENBURG COUNTY
TAX SUPERVISOR
COUNTY OFFICE BLDG.
720 E. 4TH STREET
CHARLOTTE, N.C. 28202
(See Reverse Side For Statute)
TELEPHONE - 336-6348

DEED REF.	PROPERTY DESCRIPTION/LOCATION	BOOK	PAGE	LOT
6070577	L2B2M22-126 5343 SADDLEWOOD LN	135	314	28

PARCEL NUMBER

This Value Change Is The Result Of:

NEW BUILDING

BUNN PHILIP E 545-0164

5501 SADDLEWOOD LN
CHARLOTTE, N.C. 28227

TOTAL APPRAISED VALUE ▼ (Total Appraised Value Includes Land And Any Improvements)

187,900

NOTICE DATE 04/10/90

1990 FOR YEAR

QUESTIONS CONCERNING THIS VALUE MUST BE DIRECTED TO THE TAX SUPERVISORS OFFICE. VALUES BECOME FINAL UPON ADJOURNMENT OF THE BOARD OF EQUALIZATION AND REVIEW ON OR BEFORE JULY 1ST.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

FILE: 4232-A DATE: 6-6-89

TC: 135-314-28 ☒ L ☒ CRT

SERIAL № 11829

Name of Owner Phil E. Dunn Juris.:

Address of Property 12819 Twilight Dr.

Inspection Data:

Tank Material Acc

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"-36"

Water Supply Source Comm.

Distance to Water Source —

Excavation Inspected 6-6-89

Tank(s) Inspected 6-6-89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989, 1500ST, Con, 1200SFT, 12G, Cecil 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: Installed for 3 bedrooms

D.R. Ferguson Jr.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

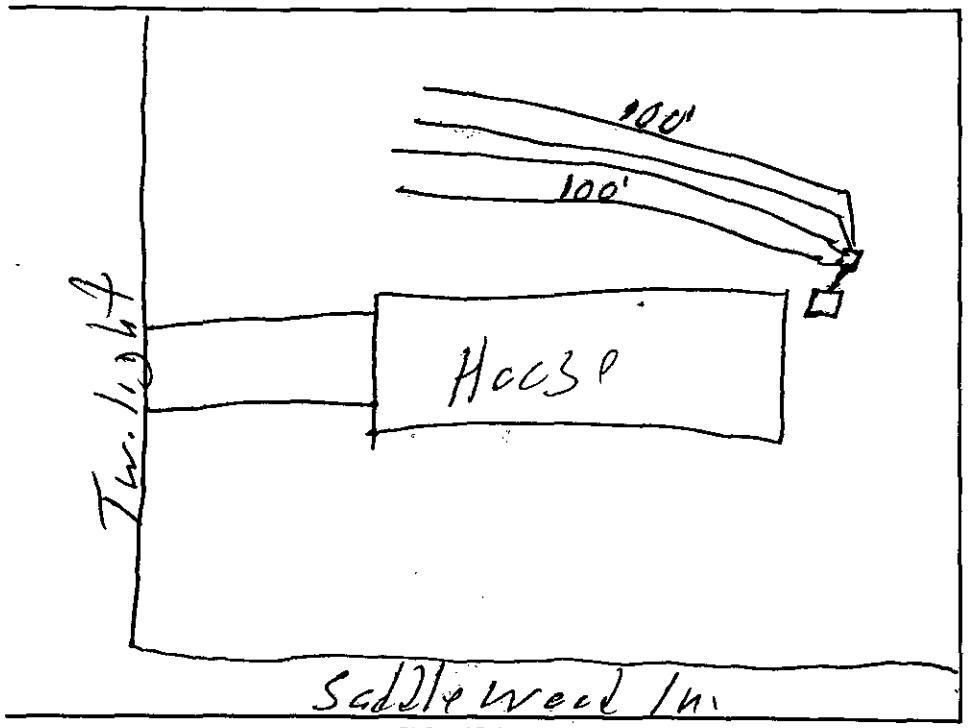
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4232-A DATE: 5-24-89

TC: 135-314-28 ☐ L

SERIAL № 12482

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 1-4-89. All work shall be completed on or before 6-24-89, 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 Four

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet Community

Distance from Well 100' well feet

NAME OF OWNER Phil E. Bunn

LOCATION OF PROPERTY 12819 Twilight Twi. light Dr.

Comments: Four Trenches 100'x3'x12" Stone

Jim Ervin
Division or Section Head

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

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: 4232A
TC: _____
SERIAL: № 17478 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: ~~5501 SADDLEWOOD LN~~ 12819 TWILIGHT DR. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: MINT ④ TAX PARCEL NO.: 135-314-28
⑤ SUBDIVISION: HIDDEN HILLS ⑥ LOT: 2 ⑦ BLOCK: 2

OWNER

⑧ NAME: PHIL (FIRST) E. (MIDDLE) BUNN (LAST)
⑨ MAILING ADDRESS: 3490 HY. 51
⑩ CITY: FORT MILL ⑪ STATE: S.C. ⑫ ZIP: 29715
⑬ PHONE: (WORK) 331-0165 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? 6
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: Andy B. Robeson
Date: JAN 4 / 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: 1-11-89

Director or Authorized Section Head — Date: 1-12-89

*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

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

January 9, 1989

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $150.00

ORG/ACCOUNT # 462-3511

PAYABLE: Design Builders
3490 Highway #51
Fort Mill, S. C. 29715
Attention: Nita Botzenmayer

DATE OF ORIGINAL DEPOSIT: (file #5307A) (file #4232A) 12/28/88 and 1/4/89

REASON: duplicate payment on same property.

/Enclosures

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/4/89

Name/Company Design Builders

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp/Inst
#42324

MECKL... HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 4 1989

Fee: $ 150 — CK#

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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FILE: 4232A
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SERIAL: № 17478 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: ~~5501 SADDLEWOOD LN~~ 12819 TWILIGHT DR. (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: MINT ④ TAX PARCEL NO.: 135-314-28

⑤ SUBDIVISION: HIDDEN HILLS ⑥ LOT: 2 ⑦ BLOCK: 2

OWNER

⑧ NAME: PHIL (FIRST) E. (MIDDLE) BUNN (LAST)

⑨ MAILING ADDRESS: 3490 HY. 51

⑩ CITY: FORT MILL ⑪ STATE: S.C. ⑫ ZIP: 29715

⑬ PHONE: (WORK) 331-0165 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? 6

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: Andy B. Roberson

Date: JAN 4/89

IMPROVEMENT PERMIT

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... 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

PROPOSED PLOT PLAN

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

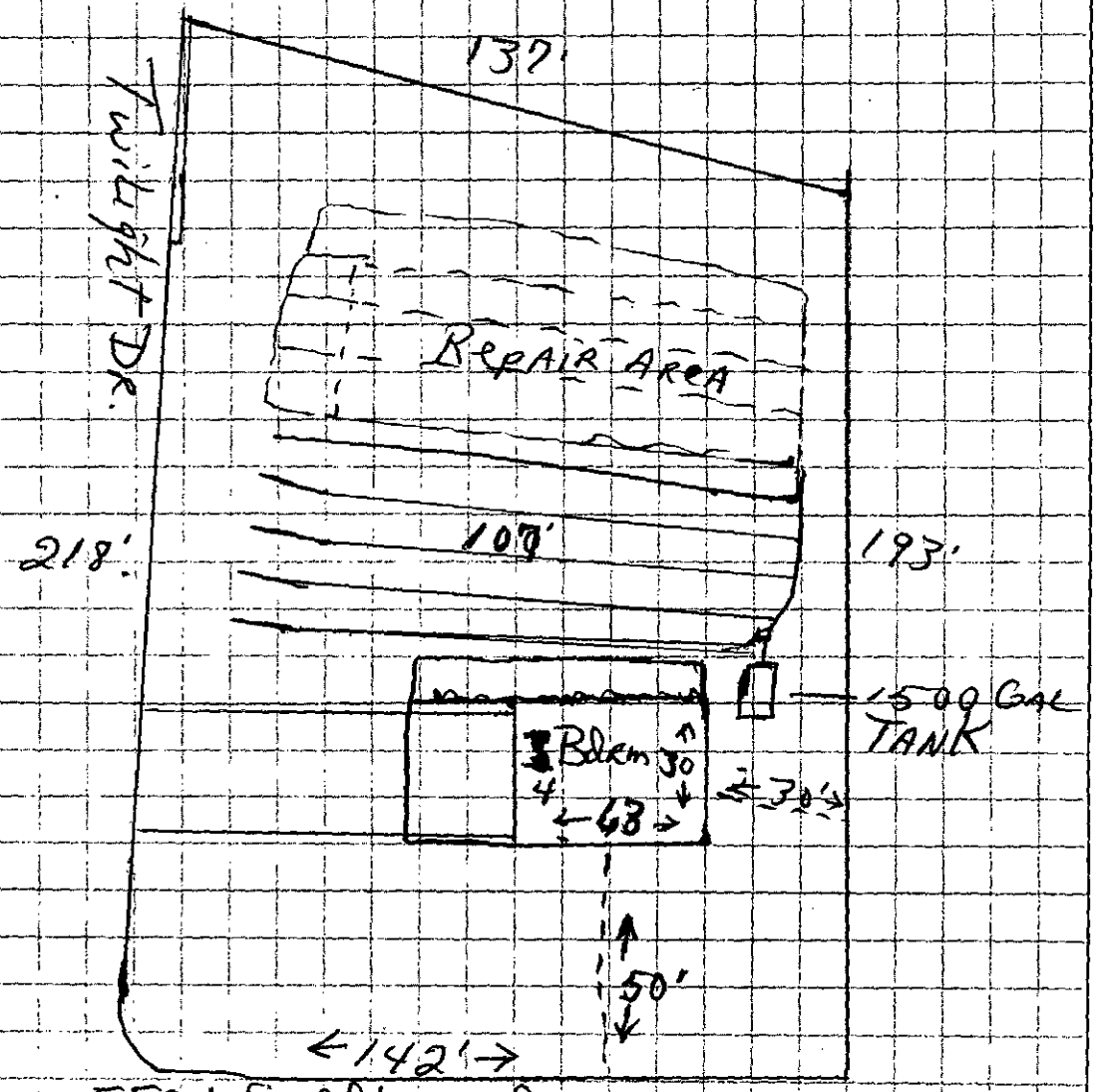
FILE: 4232-A ~~5807A~~

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.

1500 Gal Tank

5 Lines @ 107'



Block 2, Lt 2 5501 Saddlewood Ln.

Signed: Richard Williams

Date: 12-22-88

MECKLENBURG COUNTY

Department of Environmental Health

December 28th, 1987

Firstmark Development Corporation
6035 Florence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at 12819 Twilight Drive 2-2
FILE: 4232A
PARCEL: 13531212 PO

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 11728) 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.

Sincerely,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11728

File: 4232-A Action 1

Parcel: PO 136-3-12-42 ☐ PC

Location: 12819 Twilight Drive

Subdivision:

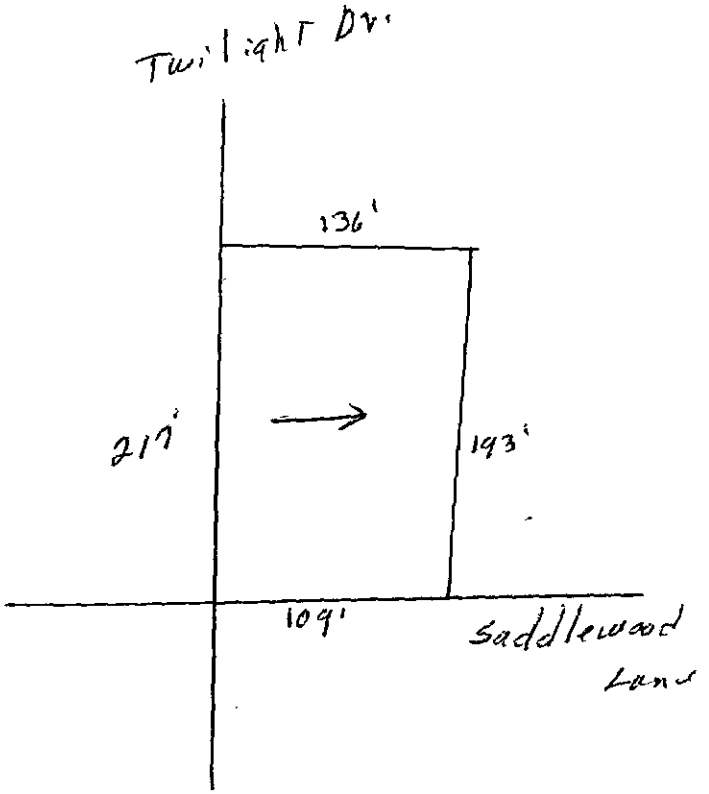
Lot: 2 Block: 2 Acres: Approx .58

Owner: Firstmark Development Corp.
Address: 6035 Florence Avenue
Charlotte, N. C. 28212

Comments: _____

Described by: William R. Marlin

Date: 12-28-87



***** 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 2-8%	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 >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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-Lille					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4232-A

TC: PO 135-312-12

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5501 SADDLEWOOD LANE

② SUBDIVISION: HIDDEN HILLS ③ LOT: 2 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

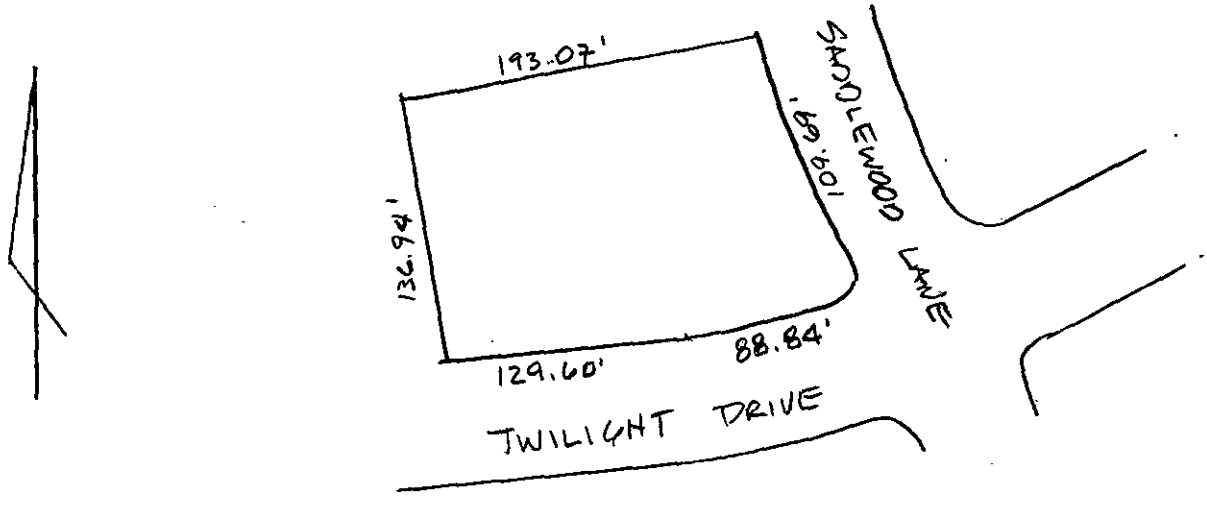
⑦ NAME: FIRSTMARK DEVELOPMENT CORPORATION
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6035 FLORENCE AVENUE

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536-1495 (HOME)

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: [signature]

Date: 12-23-87

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

12/15/87 Paid $30.00 Ck

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4232A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: ~~5501 Saddlewood Lane~~ 12819 Twilight Drive

② SUBDIVISION: Hidden Hills ③ LOT: 2 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

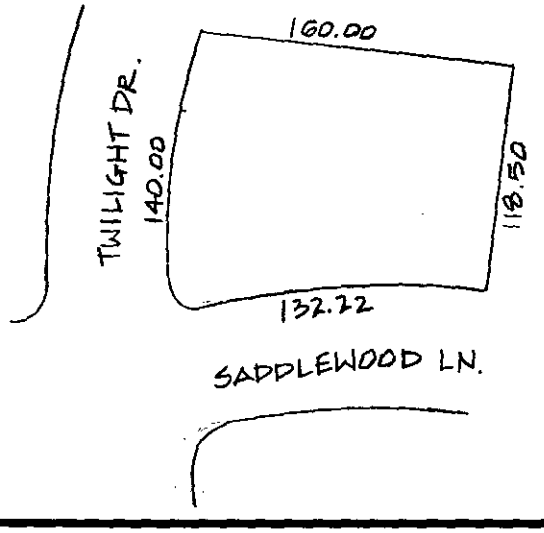
⑦ NAME: Firstmark Development Corporation
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6035 Florence Avenue, Suite 100

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536-1495 (HOME) _____

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: _____

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Date: 12.15.87

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

DATE: 12/15/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 135-312-12 PO

ASSIGNED ADDRESS 12819 Twilight Drive

EXISTING ADDRESS Lot 2, Blk 2

PROJECT NAME Hidden Hills

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

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: _____

OPWEAR 02/86