

19701 SHEARWATER POINT DR

00109154

6/22/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

DC #200.00

7024A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File 7024A 4005 CRY

#0911 5/13/93

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: Johnson, Robert L. (last) (first) (mi)

ADDRESS: 105-A Northbend Dr. PHONE: (704) 548-2373 (day)

CITY: Charlotte STATE: NC ZIPCODE: 28262

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-091-50

STREET ADDRESS: 19701 Shearwater Pt. Drive

ZONING:

PROPERTY OWNER:

NAME: University Financial Service Corporation, Inc. (last) (first) (mi)

ADDRESS: 801 East Morehead St PHONE: (704) 335-4400

CITY: Charlotte STATE: NC ZIPCODE: 28202

SUBDIVISION OR MOBILE HOME PARK NAME: Shearwater Point

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

LOT NUMBER: 28 LOT SIZE (in acres): 1.19 acre

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (N) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 8

SYSTEM CLASSIFICATION: changed to 3 bedrooms RSW

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

WATER SUPPLY (check one):
[X] 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): initial building phase
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] Garage [ ] Storage Building [X] 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: Sandra A. Harlan Date: May 13, 1993

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...Met bld 2/22/94 on revised plans

Plans for 3 bedroom submitted 3/7/94 RSW

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

Phila S. Walker R.S. 5/21/93
Environmentalist Date

Director or Authorized Section Head R.S. 5/25/93 Date

WWATER : 122791

Please leave
~~file~~ file in my
box after builder leaves
alternate 3 bedroom
plans. Thanks
Philo Walker

SUNROOM/BRK

PATIO & GRADE

TWIN 2⁸×6⁴ DH

TWIN 2⁸×5⁶ DH

(2) 2⁸×6⁸ ATRIUM DOOR (FIXED)

OPEN ABOVE

BALCONY ABOVE

STL. FLITCH BM.

STL. FLITCH FP ABOVE (RAFTER TAIL)

BEAM ABOVE

FRENCH

W.MTD

(RAFTER TAIL) STL. FLITCH FL. FLUSH FRAME

TO FRONT & REAR EAVE LIGHTS (TIE TO KIT. SWITCH)

LIGHTS PUSH BUTTON & STEPS

EXT. JUNCT. BOX

2⁸×6⁸ TOP HALF GLASS

9' CLG. TILE

9' CLG SVT

IRONING BD.

2⁶×6⁸ TO EAVE LIGHTS

LIGHT

GREAT ROOM

9' CLG. HDWD.

OUTLET 5'-0" AFF & MANTEL

BRICK

48" OPENING

MASONRY FP BRK HRTH

GAS IGNITER STARTER

3" STEEL PIPE COL

FLOOR ESSEX

DECESS CAN

STEEL BEAM ABOVE

2x10s 16" OC ABOVE

STEPS

UP

HDWD w/CARPET TRIM

MASTER BED.

9' CEILING CARPET

2x10s ABOVE

KITCHEN

9' CEILING

TILE

CORIAN TOP

SINK

DW

SURFACE UNIT

KNEESPACE

CORIAN COUNTER TOP

WALL OVEN MICRO ABV

PANTRY

CORIAN T.T. & SPLASH

REF

2⁸×4⁶ CH

2⁸×6⁸ POCKET DR

HALLWAY

HDWD

2x6 WALL

HEADER ACROSS

DIAGONAL LINES INDICATE LOAD BEARING

NOTE: PROVIDE 12' HEADER ACROSS

PROVIDE 1x8 TOP & CUT w/1x3 TRIM & COV.

BOXED COV. MITRE CORNER

2x6 BOXED IN COV. WRAP W/1x12 TRIM PER VERT. EDGE (MITRE CORNER)

DINING ROOM

9' CEILING

HARDWD. FLR.

PENDANT

(2) 2⁸×6⁸ FRENCH POCKET W/MULLION

FOYER

HDWD.

3'×6⁸ EXT.

STUDY

9' CEILING

HDWD. FLR.

PULL PANEL PINE PANELING

F. ROOM

HDWD.

LIN. CUPB.

DRESS

11'-9"

BATH

9' CLG TILE

GEL DRAWER

DRESS

CULTURED MARBLE

CT GFI

KNEE SPACE

2⁸×4⁶ CH

W.P.

GLASS

PATIO/GARDEN TUB

FAN

4⁶×4⁶ FIXED GLASS (STAINED GL.)

CLOS.

FURR. CEIL

CLOS.

IRIS

6'-0" 6'-4" 6'-4" 18'-8" 3'-3" 7'-0" 3'-9" 6'-11"

7'-11" 12'-8" 6'-1" 6'-6" 6'-1" 14'-4" 6'-11"

12'-4" 19'-0" 14'-0" 7'-1"

12'-4" 13'-9" 6'-1" 6'-10" 15'-5" 6'-10" 3'-8" 2'-5" 5'-4" 6'-3" 5'-6"

6'-2" 4'-0" 5'-9" 4'-0" 6'-1" 6'-10" 3'-8" 2'-5" 4'-0" 5'-4" 11'-9" 6'-3" 5'-6"

CUSTOM RESIDENCE FOR:

6'-5" 3'-3" 3'-5" 6'-5" 7'-4" 13'-7"

TWIN 2"x6" F.G. W/ TWIN 2"x2" F.G. ABOVE

2"x6" F.G. W/ 2"x2" ABOVE

OPEN BELOW

4'-0"

2x6 W.O. CAP

42" HIGH LOW WALL

BUILDING LINE BELOW

6'-0"

SHELVES B. CAB. BELOW

ATTIC

STEEL FLITCH & BM. ABOVE OR MICRO-LAM

FURR FROM BELOW

16'-3"

REC ROOM

CARPET 9'CLG.

ATTIC

PROVIDE FOR 100 SF OF PLYWD. FLOORING FOR ATTIC STR.

2x6 CAP

LOW WALL

DN 16"

6'-4"

FAN

SVT

9'CLG

SHELVES B. CAB. BELOW

EXPOSED LVL COLUMNS W/ 1x12 TRIM (SAME AS LVL)

BLDG. LINE BELOW

3'-8" 4'-0" 6'-1" 6'-10" 3'-6" 2'-7" 2'-4"

2"x6"

2"x6"

LINEN

CULT. MARBLE

2"x6"

2"x6"

BEDROOM

9' CEILING CARPET

2

12'-3"

7'-0"

2"x6"

2"x6"

DRESS

9'CLG. SVT

2"x6"

2"x6"

IRIS

IRIS

5'-4"

2'-4"

2'-4"

BATH

CLOS. 6'-0" BIFOLD

CLOS. 6'-0" BIFOLD

CERAMIC PLANT SHF & WALL

BEDROOM

9'CLG. CARPET

3

12'-3"

9'-1"

6'-0"

6'-0"

6'-0"

2'-2"

2"x4" DH

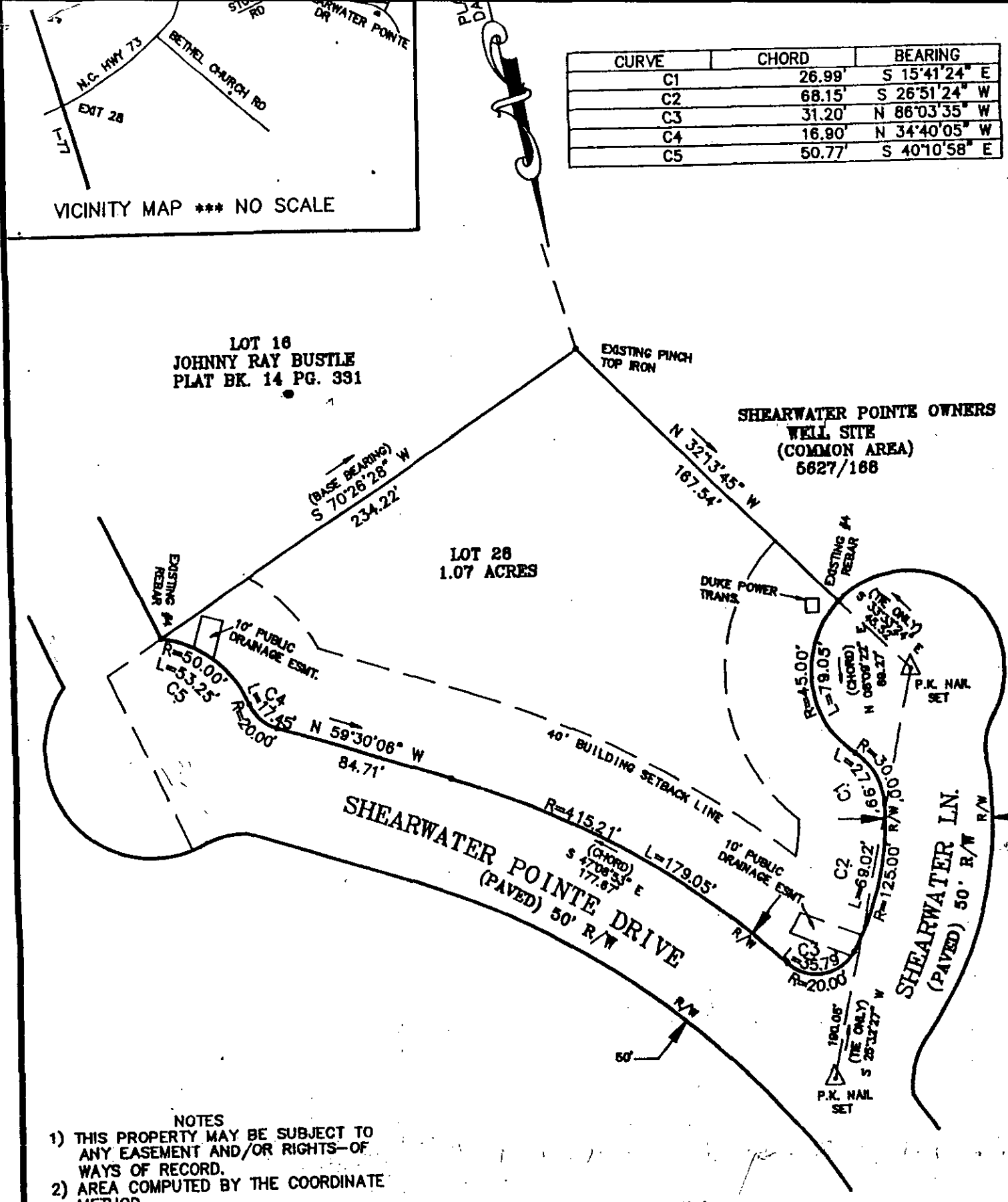
2"x4" DH

2"x4" DH

2"x4" DH

2"x4" DH

3'-11" 6'-6" 6'-10" 6'-10" 6'-6" 5'-11"



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER.

BOUNDARY SURVEY

OF

19701 SHEARWATER POINTE DR.

LOT 28 SHEARWATER POINTE (MAP 1)

SCALE 1"=60' LEMLEY TWSP., MECKLENBURG CO., N.C. FILE: PHY1\LOT28

ACQUIRED BY: ROBIN P. & LISA H. PEMBERTON TAX MAP NO: 001-091-54

PROPOSED PLOT PLAN

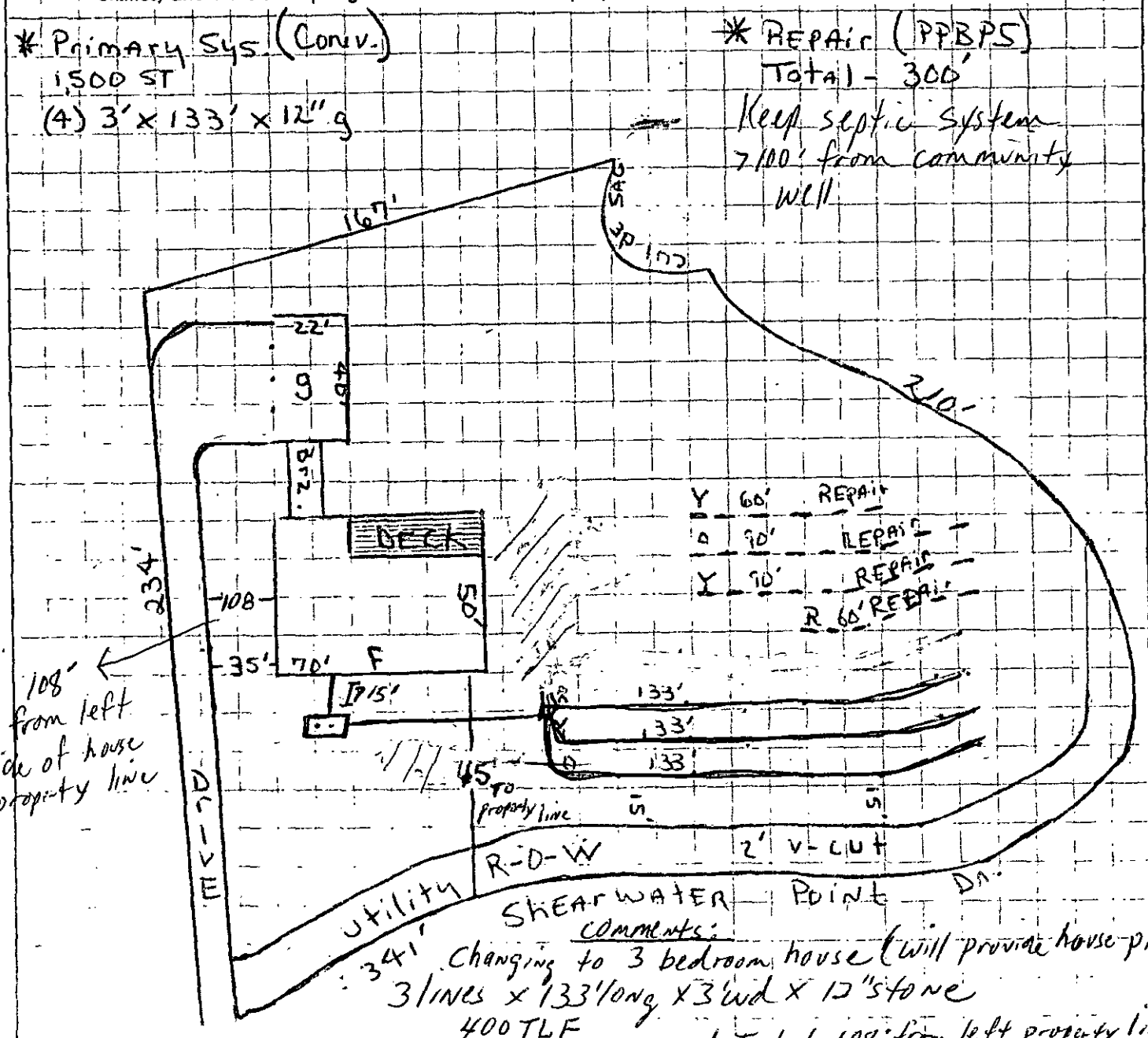
COPS
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7024-A

TC: 001-091-50

Lot 28 Shearwater Point

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:
Changing to 3 bedroom house (will provide house plan)
3 lines x 133' long x 3' wd x 12" stone
400 TLF
Adding basement moving house over 20' (Total 108' from left property line)
may need lift station. Met Craig Roseman (builder) and L. Hawkins on site 2/22/94 for proposed changes

Craig Roseman 2-22-94

SCALE 1" = 50'

APPROVAL DATE

Approval to be granted for 3 bedroom reduction after house plans submitted. RSW 2/22/94

PROPOSED PLOT PLAN

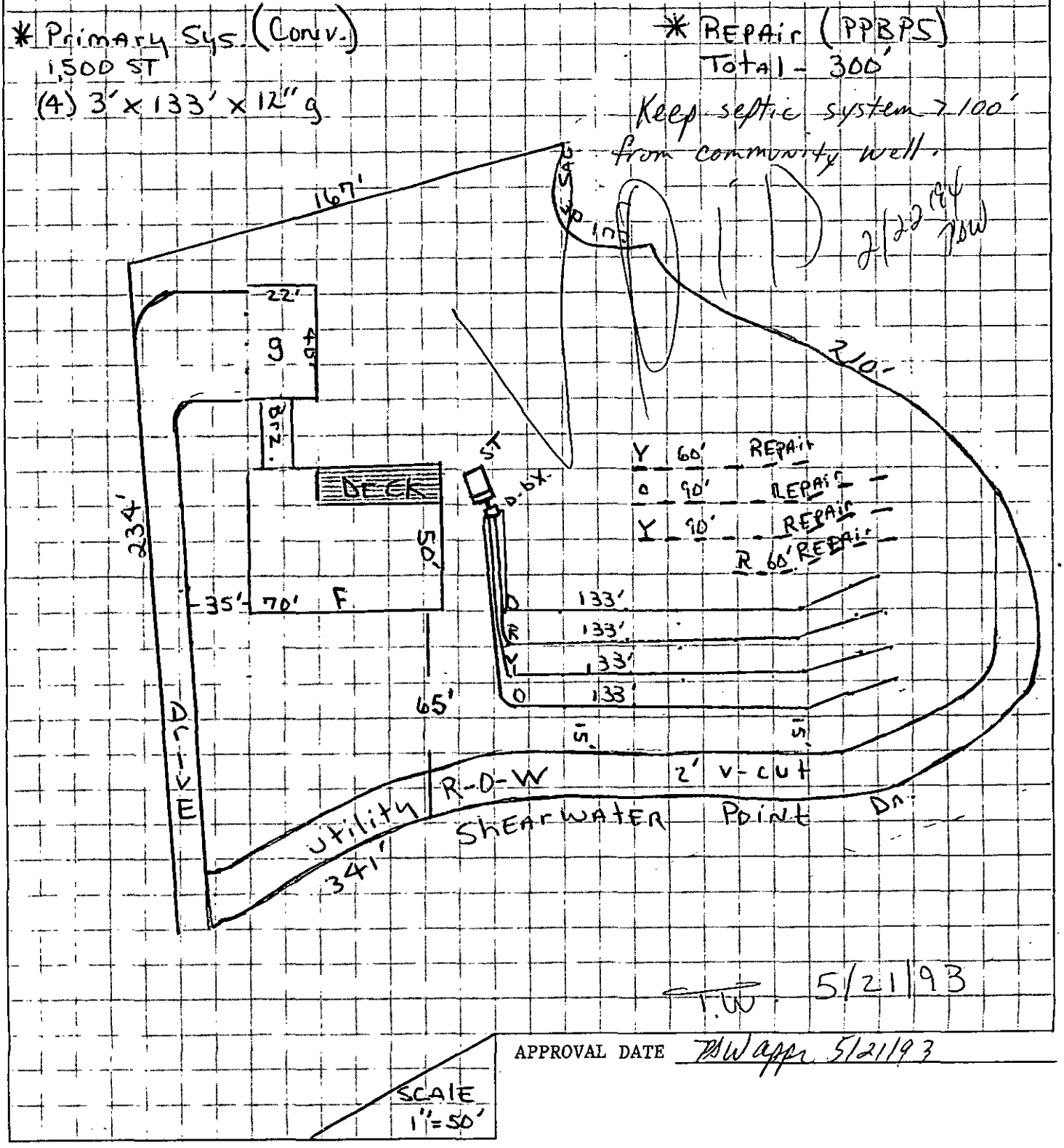
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)
got #25 mail
FILE: 7024 A
TC:
☐ PC ☐ REPT

2311A
1.19 Acres

JOB LOCATION

① ADDRESS: 19701 Shearwater Point DR. HUNTERSVILLE, NC ON LAKE NORMAN

② SUBDIVISION: Shearwater Point ③ LOT: #28 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 1 PAGE NO.: 91 LOT 54 PARCEL NO.: 001-[illegible]

⑥ DEED REFERENCE: BOOK NO.: [illegible] PAGE NO.:

OWNER

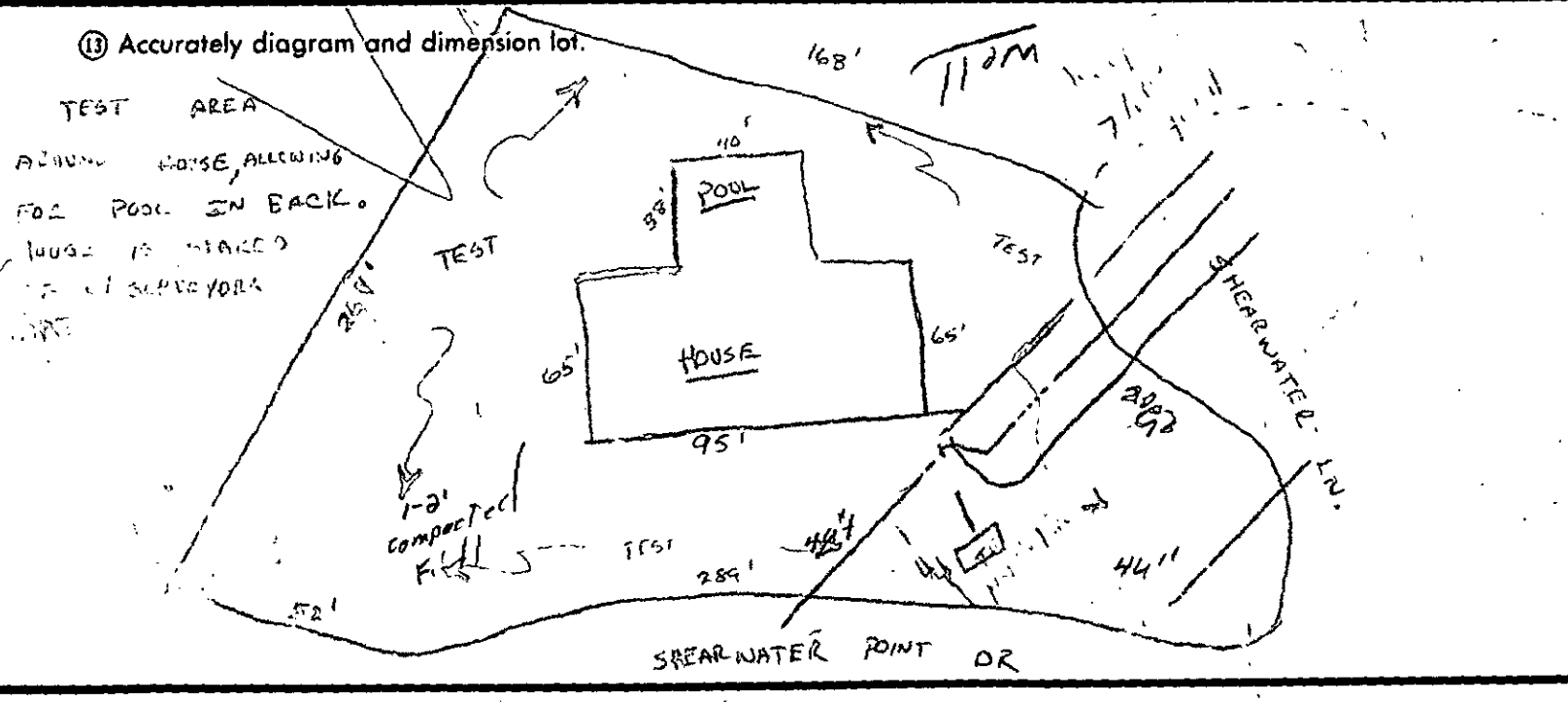
⑦ NAME: JAMES (FIRST) 21 M (MIDDLE) SMITH (LAST)

⑧ MAILING ADDRESS: P.O. BOX 1287

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

⑫ PHONE: (WORK) (704) 892-5334 (HOME) (704) 545-2428

⑬ Accurately diagram and dimension lot.



Property Owner Only

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: [signature]

Date: 8-31-90

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

September 20th, 1990

James M. Smith
PO Box 1287
Davidson, NC 28036

RE: Property located at 19701 Shearwater Point Dr. 28
FILE: 7024A
PARCEL: 001-091-50

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 16701) 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

LD400 04/28/92 R# 0164 $200.00

7024A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

LDL

[] 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: Pemberton (last) Lisa (first) H (mi)

ADDRESS: 19039 Mountainview PHONE: (704) 892-3765

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 4-27-92

PROPERTY OWNER:

NAME: Pemberton (last) Robin (first) P (mi)

ADDRESS: 19039 Mountainview PHONE: (704) 892-3765

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-091-54

STREET ADDRESS: 19701 Shearwater Pt. Dr. Huntersville,

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: Shearwater Point

LOT NUMBER: 28 LOT SIZE (in acres): 1.07 Acres

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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):
[X] 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):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [X] 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: Lisa P Pemberton Date: 4/27/92

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 approval is granted by this Department.

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

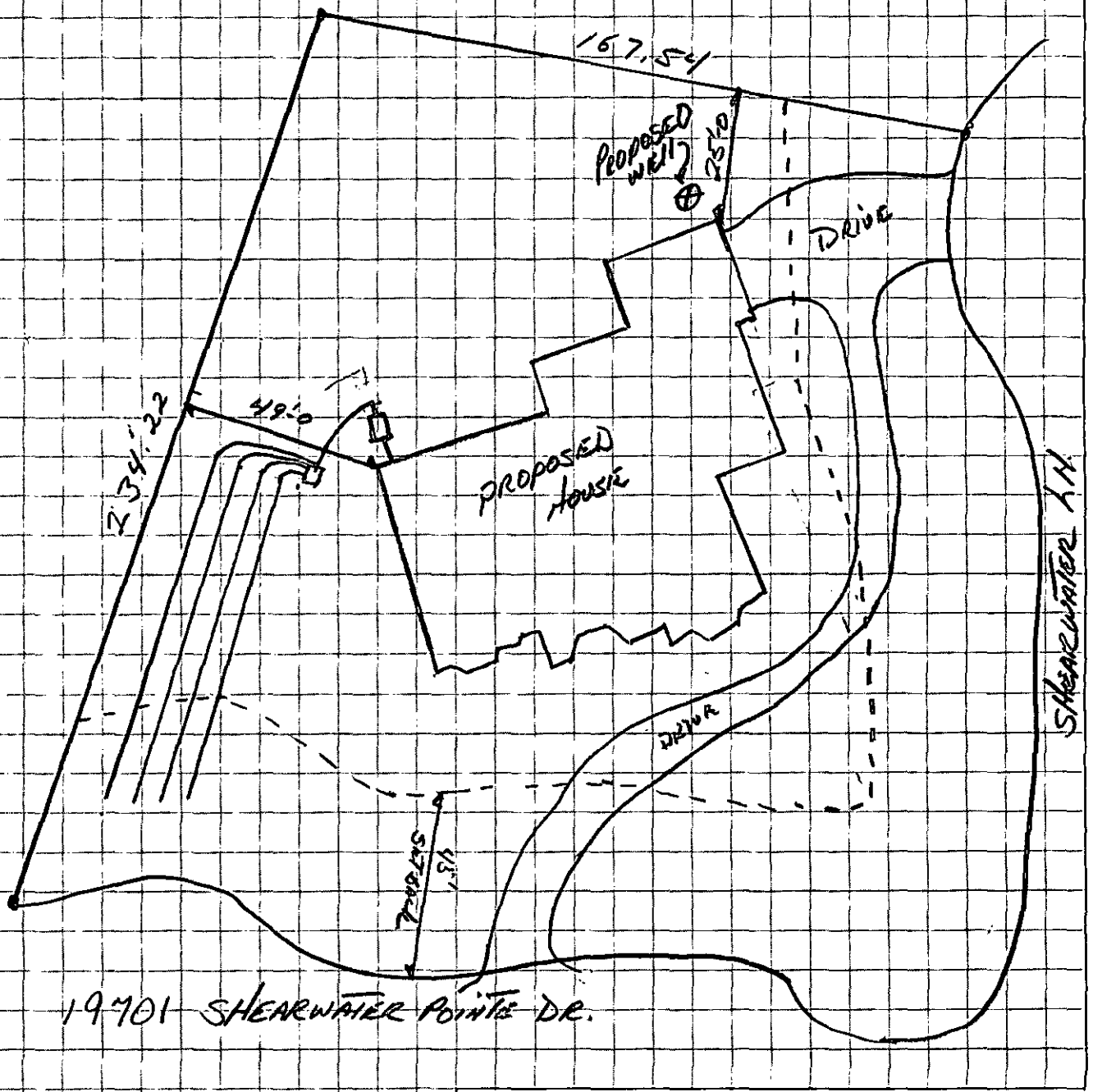
ck#0164 $260.00

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

FILE: 7024A

TC: 001-091-54

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

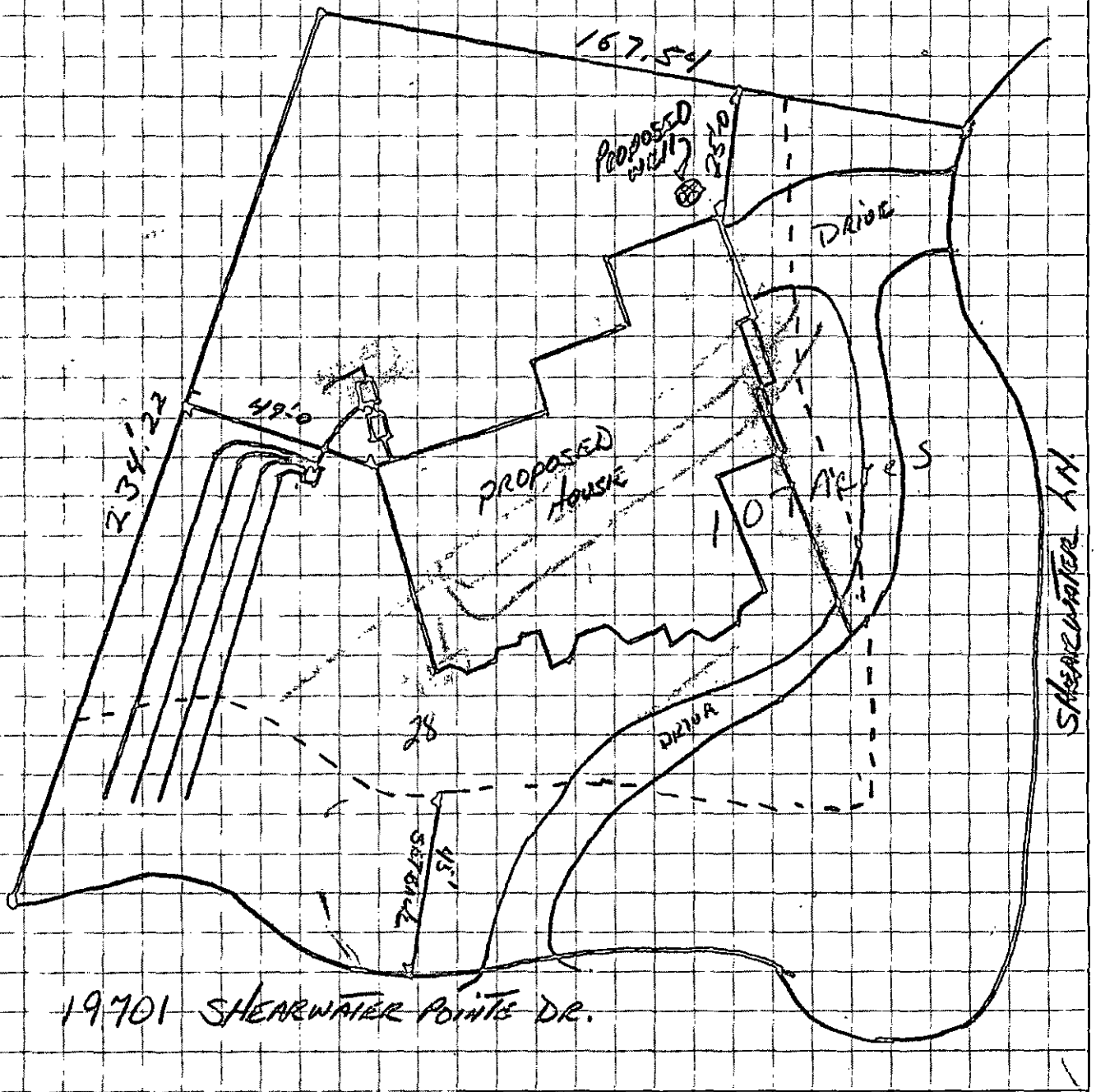
PROPOSED PLOT PLAN

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

FILE: 70244

TC: 001-091-54

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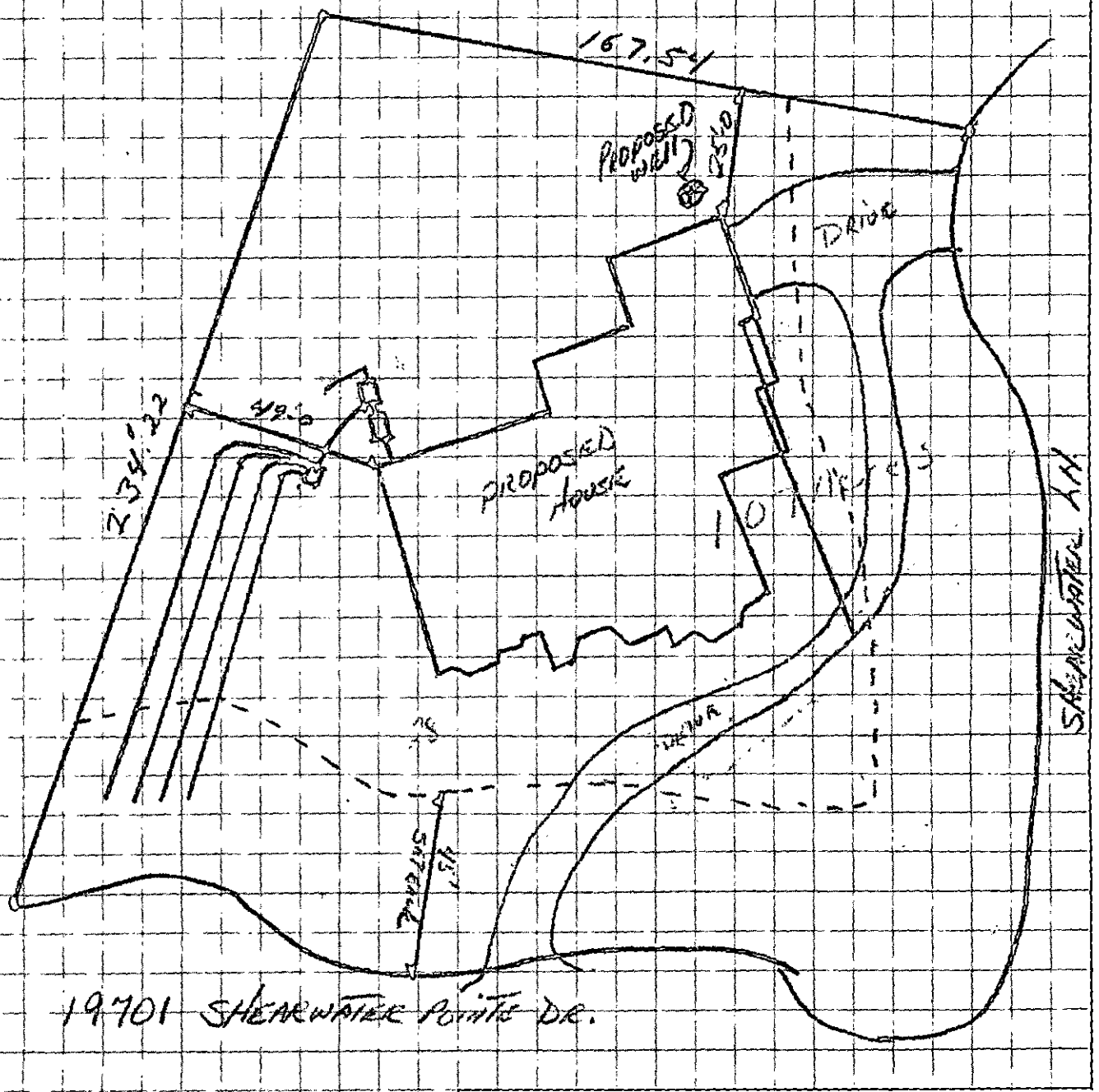
PROPOSED PLOT PLAN

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

FILE: 710-247

TC: 001-091-54

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19701 SHEARWATER POINTE DR.

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04/28/92 PD# 0164 $200.00

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...This permit is not transferable.

... Disapproved for conventional 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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

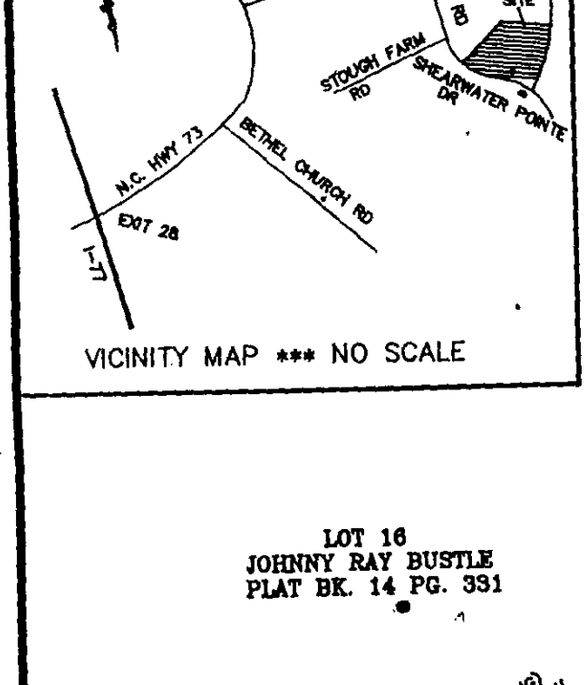
DAS DON ALLEN SURVEYORS, INC.

Rt 7 BOX 293 • MOORESVILLE, N.C. 28115 • (704) 664-7029

I, Donald Ray Allen, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 5440, page 664, and/or plat book 21, page 700, that the ratio of precision is 1':10,000+ that this map was prepared in accordance with the General Statutes of North Carolina Chapter 47-30 etc. my hand and seal on the 19, day of FEBRUARY, A.D. 19

Donald Ray Allen L-1131

REGISTERED LAND SURVEYOR DONALD RAY ALLEN



VICINITY MAP *** NO SCALE

PLAT BK. 21 PG. 700 DATED DEC. 1986

CURVE	CHORD	BEARING
C1	26.99'	S 15°41'24" E
C2	68.15'	S 26°51'24" W
C3	31.20'	N 86°03'35" W
C4	16.90'	N 34°40'05" W
C5	50.77'	S 40°10'58" E

LOT 16
JOHNNY RAY BUSTLE
PLAT BK. 14 PG. 331

EXISTING PINCH TOP IRON

SHEARWATER POINTE OWNERS WELL SITE (COMMON AREA) 5627/166

N 32°13'45" W 167.54'

(BASE BEARING) S 70°26'28" W 234.22'

EXISTING REBAR

LOT 28
1.07 ACRES

DUKE POWER TRANS.

EXISTING REBAR

10' PUBLIC DRAINAGE ESMT.

R=50.00' L=53.25' C5

C4 L=17.45' R=20.00'

N 59°30'06" W 84.71'

10' BUILDING SETBACK LINE

R=415.21' L=179.05' (CHORD) S 47°08'53" E 177.67

10' PUBLIC DRAINAGE ESMT.

R/W

SHEARWATER POINTE DRIVE (PAVED) 50' R/W

50'

R=45.00' L=79.05' (CHORD) N 08°04'22" E 69.27

P.K. NAIL SET

C1 L=27.69' R=300.00' R/W

C2 L=68.02' R=125.00' R/W

C3 L=55.79' R=20.00'

SHEARWATER LN. (PAVED) 50' R/W

60'

190.05' (TIE ONLY) S 29°34'27" W

P.K. NAIL SET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAYS OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER.

BOUNDARY SURVEY

OF

19701 SHEARWATER POINTE DR.

LOT 28 SHEARWATER POINTE (MAP 1)

SCALE 1"=60' LEMLEY TWSP., MECKLENBURG CO., N.C. FILE: PHY1\LOT28

ACQUIRED BY: ROBIN P. & LISA H. PEMBERTON TAX MAP NO: 001-091-54

CITY OF CHARLOTTE, NC
CHARLOTTE - MECKLENBURG UTILITY DEPARTMENT

APPLICATION FOR SANITARY SEWER CONNECTION PROJ NO: APPL NO: 32076
(WTR APPL NO: 00000)

DATE: SEP/22/1994 WATER SERVICE NO.: 164651 LOT: BLOCK: MAP: W2325

SIZE-CONNECTN: 4 TYPE-WASTE: RESIDENTIAL SERVICE: OUTSIDE STREET: PAVED

SEWER CONTRACT #: COST:$ 1,215.00 CAPACITY FEE:$ 350.00 TOTAL:$ 1,565.00

CAP. FEE. PD.: Y INSTALLED (D C): N DEPT-TRNSFR: N
LOCATION: 19701 SHEARWATER POINT DR APT- MECKLENBURG ON -S- SIDE

BETWEEN META RD AND CUL-DE-SAC

REMARKS: HOLD FOR EXTENSION 379-93-593
1-1/2" LOW PRESSURE SEWER TAP
P.S.REP:OS

Fee
7024A

I HEREBY MAKE APPLICATION FOR THE INSTALLATION OF SANITARY SEWER CONNECTION AT THE ABOVE NAMED LOCATION, AND AGREE TO ABIDE BY SUCH RULES AND REGULATIONS AS HAVE BEEN, OR THAT MAY BE ADOPTED BY THE CITY OF CHARLOTTE. ALL APPLICATIONS ARE SUBJECT TO FINAL VERIFICATION IN THE FIELD BY THE CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT.

SIGNED: _____ SIGNED: _____
PROPERTY OWNER APPLICANT

MAIL ADDITIONAL BILLING TO: NAME:

ADDRESS:

TELEPHONE: CITY:

APPLICANT:

NAME:

ADDRESS

METER NO. _____ READING _____

MAIL BILLS C/O:

NAME: ROBERT L JOHNSON JR

ADDRESS: 105-A NORTHBEND DR

CITY: CHARLOTTE NC 28262

DATE LATERAL INSTALLED: _____

LATERAL LOCATION _____ FLOW INDICATOR: _____

JOB REPORT NO: _____ CREW CHIEF: _____

Post-it brand fax transmittal memo 7671 | # of pages ▸ 1

To Lorraine Sapp	From Willie Mae Mapp
Co.	Co. CMUD
Dept.	Phone #
Fax #	Fax #

Plumbing Dept received to process
11/30/94

Mecklenburg County
Health Department

May 07, 1992

Betty S. Snow, R.N., M.A.
Health Director

Lisa and Robin Pemberton
19039 Mountainview Drive
Huntersville, NC 28078

File #: 7024A (19701 Shearwater Place Drive)
Parcel #: 001-091-54
Subject: Improvement Application Denial

Dear Ms. & Ms. Pemberton:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information,a review was made of the material on file and site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .1900, "Law and Rules for Sanitary Sewage Collection, Treatment and Disposal". The plans as submitted are disapproved because of failure to comply with the following rule(s):

(1) .1945 Available Space

a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these rules.

b) Sites shall have sufficient available space for a repair area equal to the area determined in RULE .1945 (A) of this section.

However, 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.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S
Individual Water and Wastewater Systems

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16701

File: 7024A
Parcel: 001-091-50

Action 2
~~PC~~

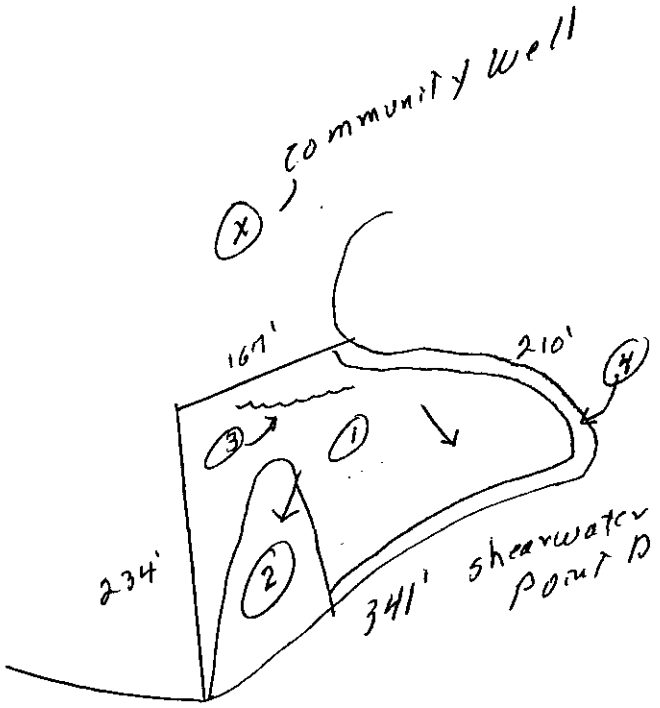
Location:
Subdivision: 19701 Shearwater Point Dr.

Lot: 28 Block: Acres: 1.19

Owner:
Address: James M. Smith
PO Box 1287
Davidson, NC 28036

Comments: 100% Repair

Described by: William A. Marlin
Date: 9-19-90



***** 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) complex slopes	S PS (U) >2' cut	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) compacted Fill	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U >30" TO water	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) Acceptable	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	IV cecil-1.4%	compacted Fill	complex slopes	>2' cut		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

$50.00 per lot R.B.

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7024 A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19701 Shearwater Point DR. HUNTERSVILLE, NC ON LAKE NORMAN

② SUBDIVISION: Shearwater Point ③ LOT: #28 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 1 PAGE NO.: 91 PARCEL NO.: LOT 54 001-091-54

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: JAMES (FIRST) M (MIDDLE) SMITH (LAST)

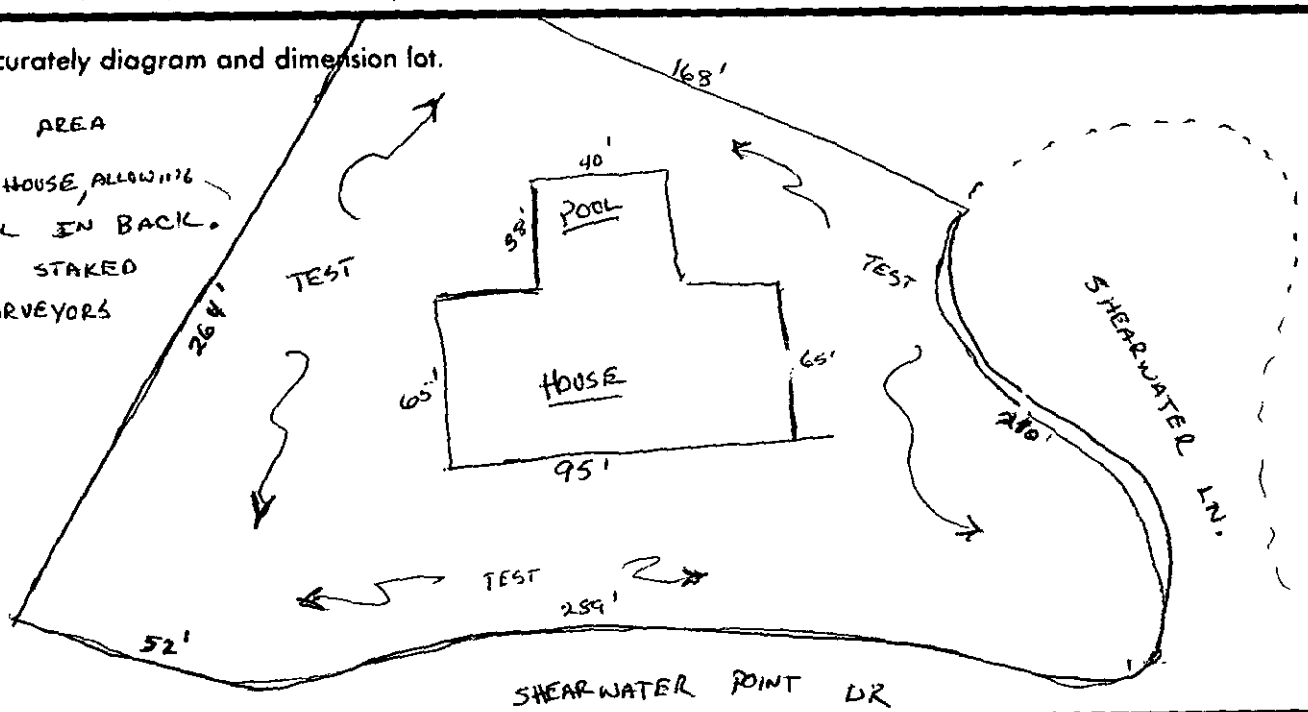
⑧ MAILING ADDRESS: P.O. BOX 1287

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

⑫ PHONE: (WORK) (704) 892-5334 (HOME) (704) 545-2428

⑬ Accurately diagram and dimension lot.

TEST AREA AROUND HOUSE, ALLOWING FOR POOL IN BACK. HOUSE IS STAKED OFF W/ SURVEYORS TAPE



current owner only

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: [signature]

Date: 8-31-90

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: 8-31-90

Name/Company: Construction Products Group

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: S/T 19701 Shearwater Point Dr.

1 Ac

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 31 1990

File # 7024A

Ck# 2526
$50.00

Fee: $ 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.

Jackie Abernethy
Completed by

Collected by

Mecklenburg County
Health Department

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

September 5 19 90

TO: James M. Smith

ADDRESS: P.O. Box 1287
Davidson, NC 28036

RE: Your Property at 19701 Shearwater Point Drive, Huntersville

Your request is being returned to you for the following reason(s):

____ Your check for _____ should be attached to your request and returned.

__X__ The amount of the check is incorrect. Please send a check in the amount of $25.00.

____ The information marked is incomplete or incorrect. Please correct and/or complete these items and return:

The Application for Soil Investigation on the property indicated was for 1.2 acres instead of 1 acre. Please mail your check for the remaining $25.00 needed to process your application.

Thank-you

Thank you for your prompt attention to this matter. If you should have any questions, please call 376-4603.

Very truly yours,

7024A

Kim Tarleton
On Premises Waste Disposal

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

SEP 1

ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-10-90

Name/Company: Construction Products Group, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: Soil Test
19701 Stearnwater
Point Dr.
Additional Fee

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 10 1990

2553 #

Fee: $ 25.00 P 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