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Groundwater and Wastewater Services File Imaging Project

May 2007

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3207B

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

Pd $50.00 6/22/94 Jr. #345

[ ] 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

Date: 6-20-94

PERSON FILING APPLICATION:

NAME: BOST (last) EDWARD (first) B (mi)

ADDRESS: 16116 NORTH POINT ROAD PHONE: (704) 875-0559

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-044-47

STREET ADDRESS: SAM FURR ROAD HUNTERSVILLE NC

ZONING: R-2

PROPERTY OWNER:

NAME: RAYMER, (last) JOHN (first) M (mi)

ADDRESS: P.O. BOX 588 PHONE: (704) 892-1322

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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

LOT NUMBER: LOT SIZE (in acres): 1.074 AC.

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[ ] 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: 2 NUMBER OCCUPANTS:

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' (Q)
[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: John M. Raymer Date: 6-20-94

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.

...

[ ] 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

WATER : 122791

# PROPOSED PLOT PLAN

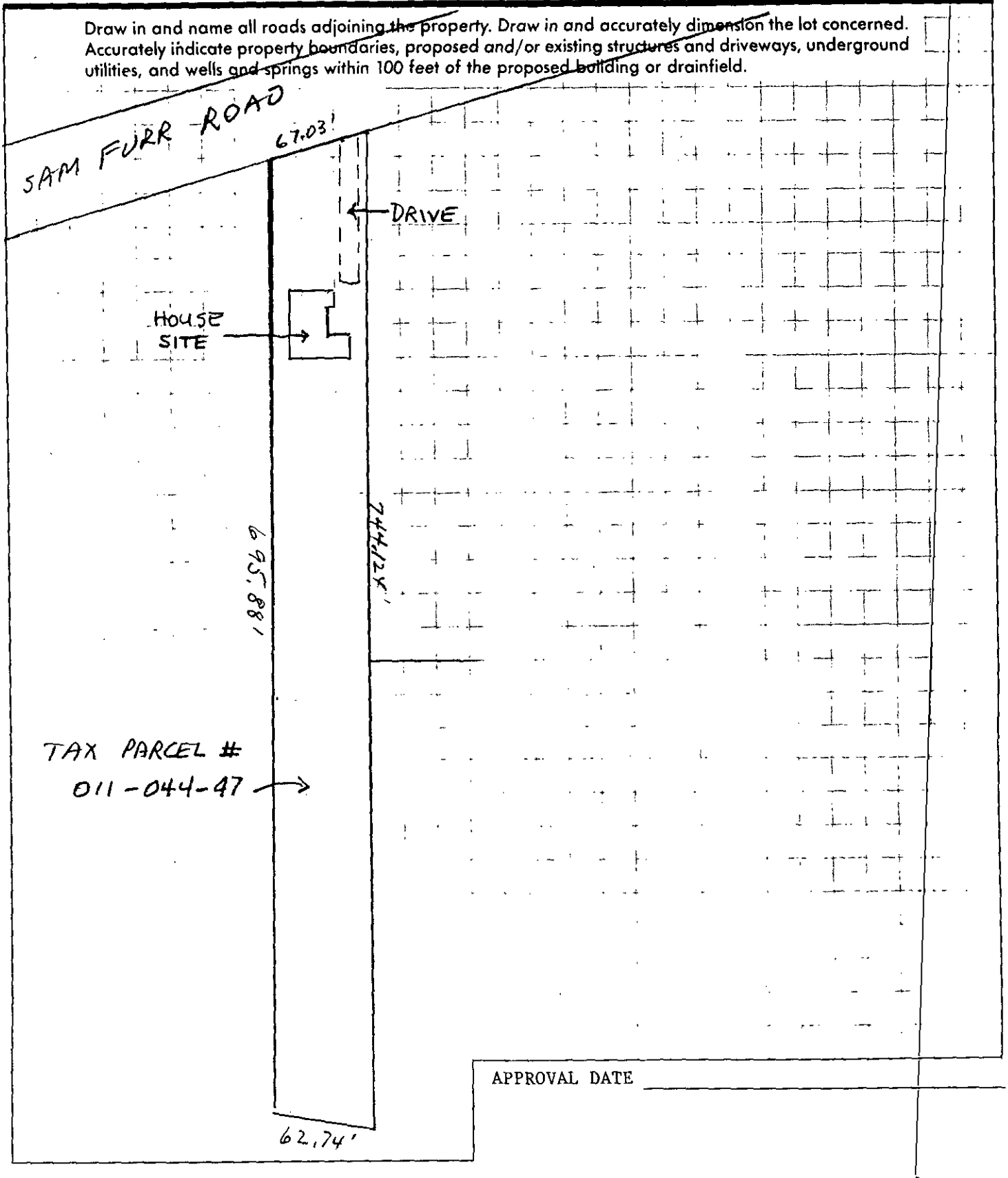
COPY

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

FILE: 3212B

TC: 011-044-47

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

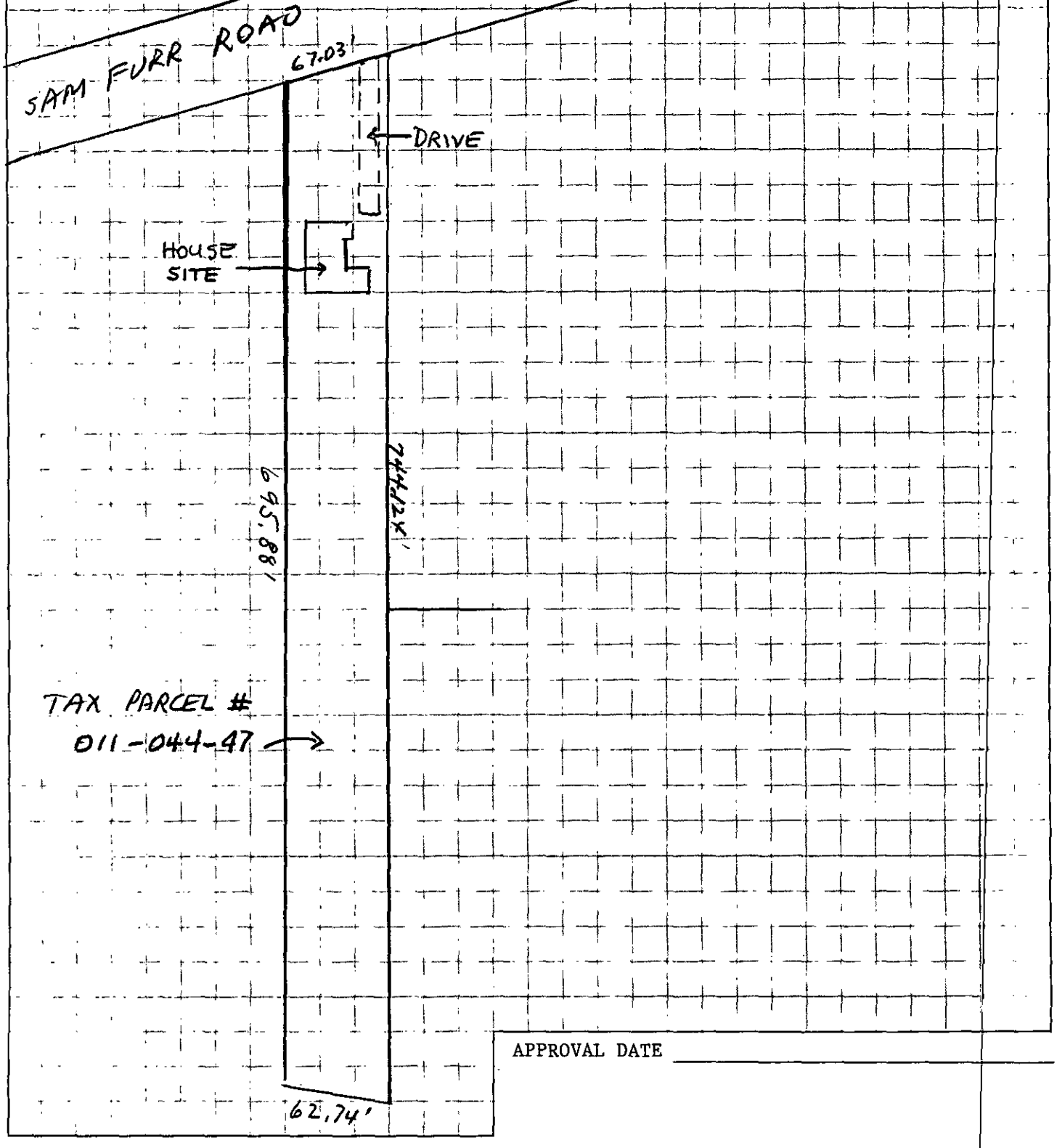
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3217B

TC: 011-044-47

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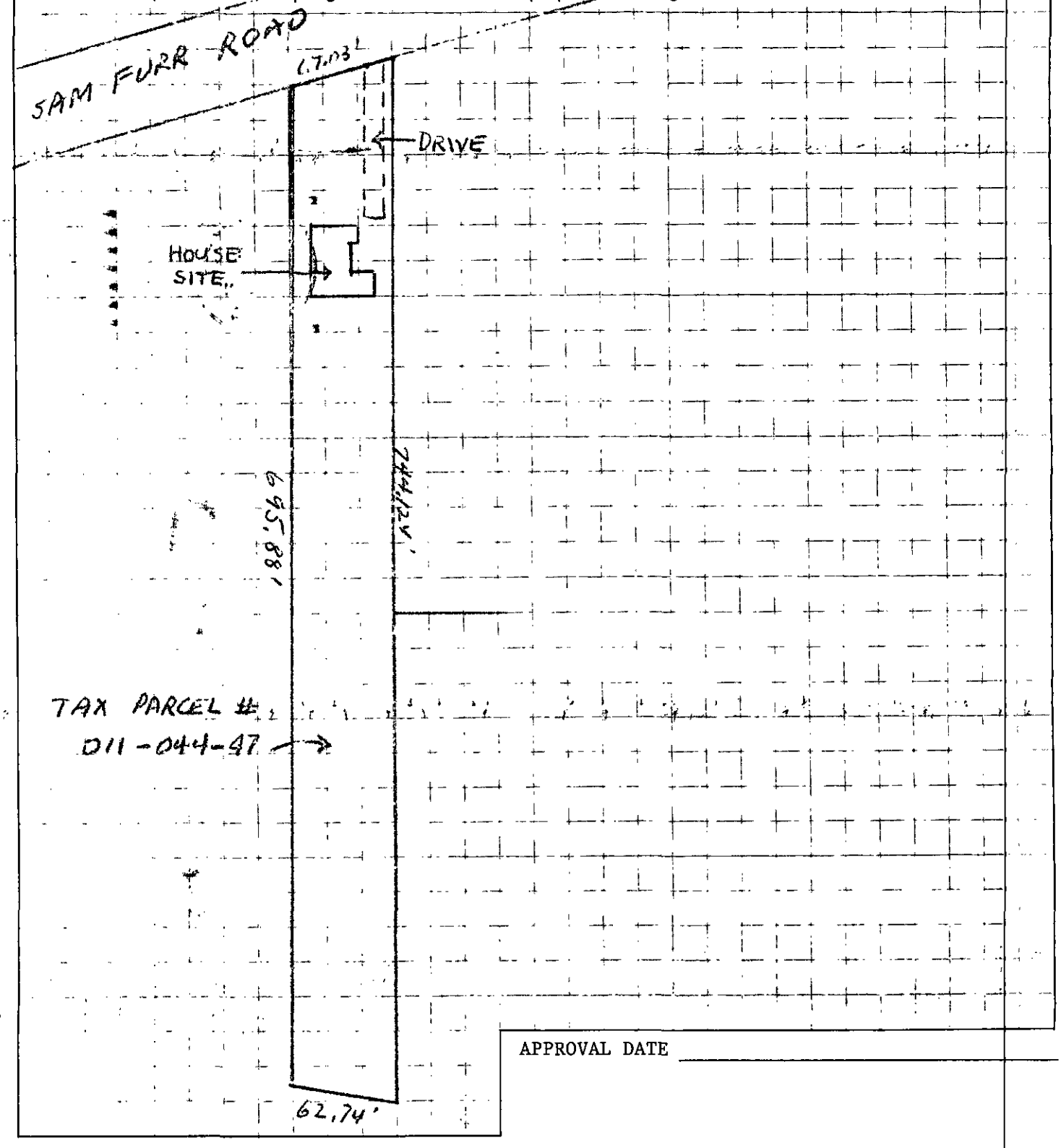
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Pd $50.00 6/22/94 #3456

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Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

applicant cannot use lot for building as he would like to - is withdrawing request for soil investigation and requests refund WM 6-22-94

# Mecklenburg County

## Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: June 28, 1994

Ref: 3207B/Sam Furr Road

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Edward Bost originally paid $50.00

for a soil test on June 22, 1994

A refund should be issued for $50.00 because

Applicant canceled the request before it was processed by the Soil Scientist.

Please make check payable to: Edward Bost

16116 North Point Road

Huntersville, NC 28078

Requested refund
before testing was
done

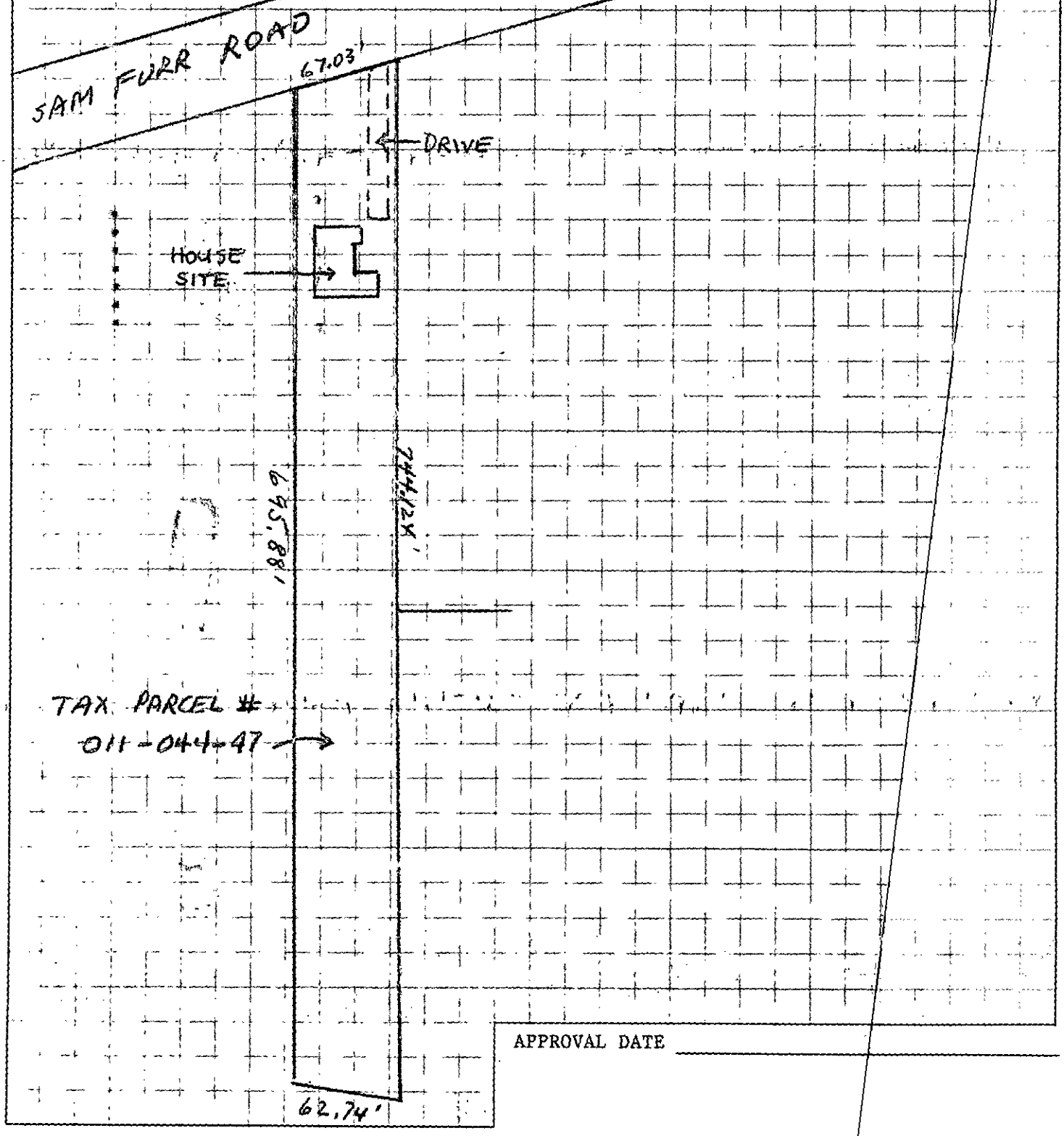
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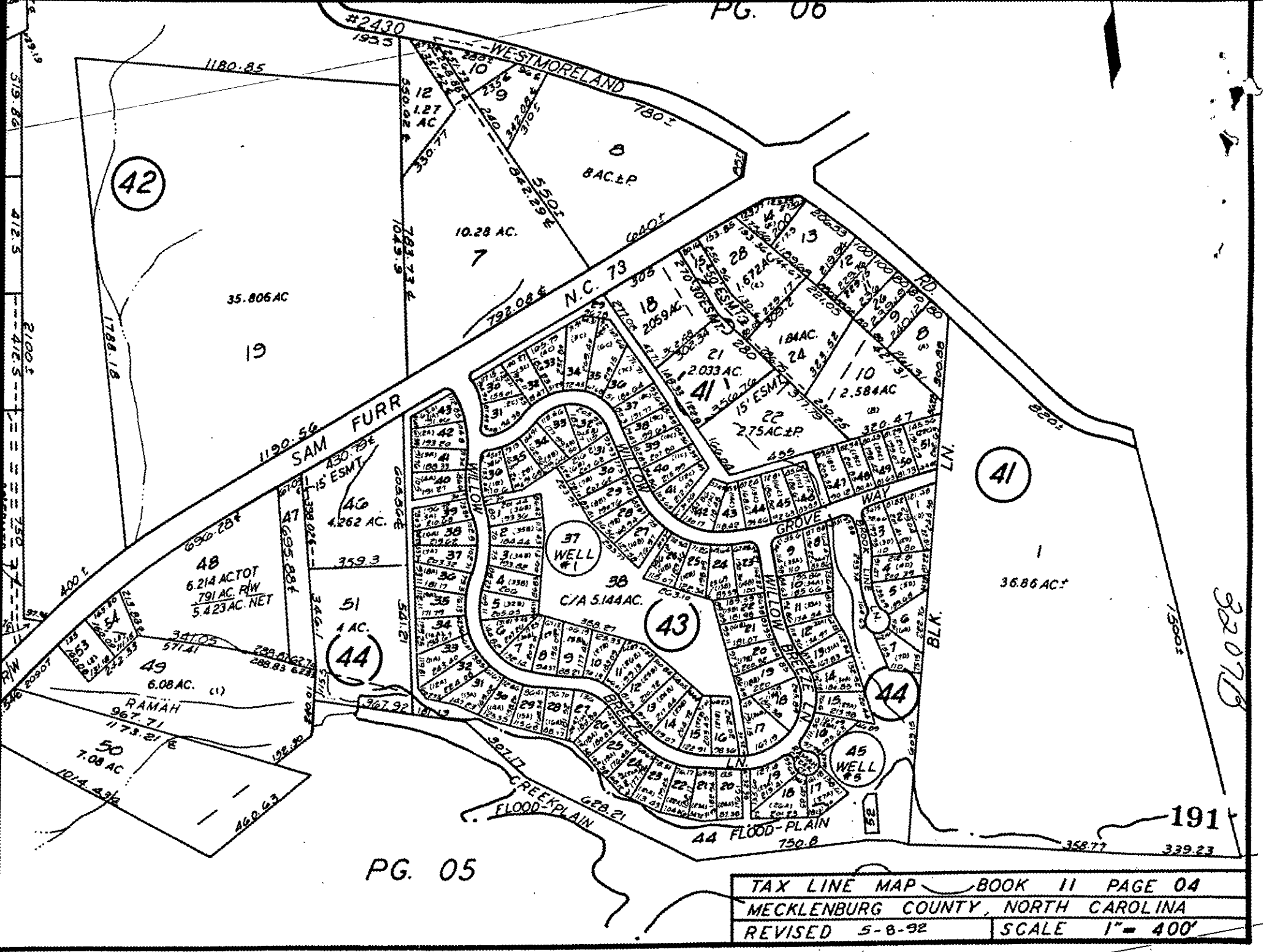
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PG. 06
#2430
1955
WESTMORELAND
1180.85
780'
42
8
8AC.±P.
10.28 AC.
7
35.806 AC
19
N.C. 73
SAM FURR
1190.56
1788.18
783.73'
1043.9'
792.08'
640'
550'
842.29'
2100'
412.5
379.86
330.77
550.62'
1.27 AC
12
10
9
235'
240'
342.04'
310'
18
2.059AC
15' ESMT.
270.30' ESMT.
1.672AC
28
21
2.033 AC.
41
1.84AC.
24
2.584AC
10
22
2.75AC±P.
455'
320.47
WILLOW
GROVE
WAY
BROOK
LINE
BLK.
LN.
41
1
36.86 AC±
8208
7500'
820'
37
WELL
#1
38
C/A 5.144AC.
43
44
45
WELL
#2
WILLOW BREEZE LN.
BREEZE LN.
46
4.262 AC.
47
695.88'
GOSSAGE
430.75'
15' ESMT.
338.026'
359.3
51
4 AC.
541.21'
48
6.214 AC TOT
.791 AC. R/W
5.423 AC. NET
630.28'
400'
54
53
49
6.08 AC. (1)
571.41
288.83'
RAMAH
967.71
1173.21'
50
7.08 AC
1014.43'
460.63
367.92
397.17
628.21
FLOOD-PLAIN
44
750.8
358.77
339.23
191
52
PG. 05
TAX LINE MAP — BOOK 11 PAGE 04
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 5-8-92
SCALE 1" = 400'
FOR TAX PURPOSES ONLY