

13340 SAM FURR RD

01107318

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Jeremy

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 3042B

Date: 7-15-2003

PERSON FILING APPLICATION:

NAME: Smith (last) George (first) JR (mi)

ADDRESS: 1611 Arbor Way PHONE: (704) 361-8212

CITY: Albemarle STATE: NC ZIPCODE: 28001

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-073-18

STREET ADDRESS: 13340 Sam Furr Rd

ZONING:

PROPERTY OWNER:

NAME: Whitley (last) Lynn (first) (mi)

ADDRESS: 13340 SAM FURR RD PHONE: (704) 895-1119

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) - Screen Porch w/ Deck Extension

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: 1

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 [ ] None
[ ] 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: [signature] Date: 7-15-2003

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.

... O.K. to use existing system for a dock and screened porch addition.

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

[signature] R.S. 7/16/03
Environmentalist Date

WATER : 122791

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/15/03	**Amount:**	100.00
Receipt #:	17412	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X35683
Contractor: CLASSIC STRUCTURES LIMITED
Attn:
Address: 1611 ARBOR WAY
Address:
City/State/Zip: ALBEMARLE, NC 28001

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 13340 Sam Furr Road/File 3042B		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

COPY

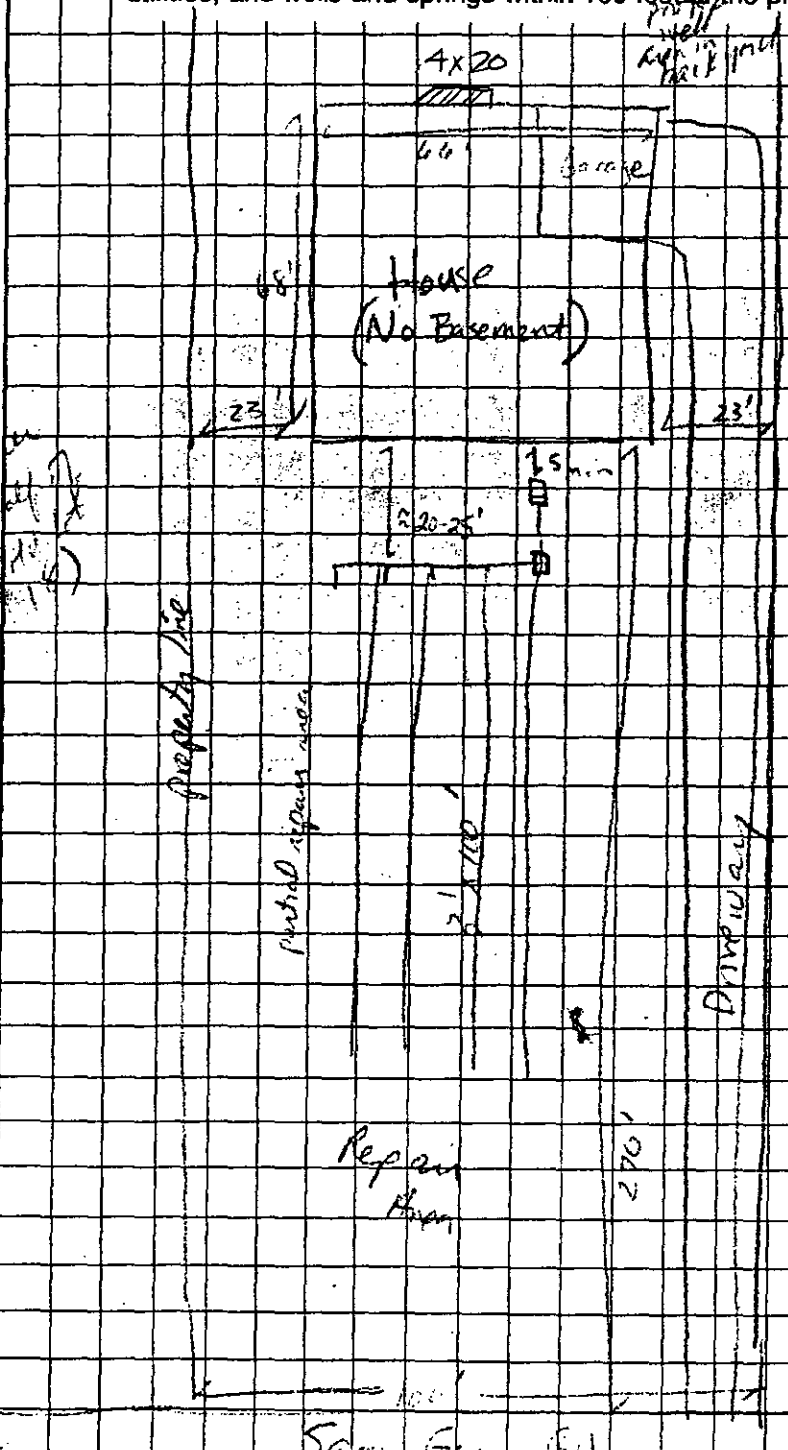
PROPOSED PLOT PLAN

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

FILE: 3042 B

TC: 011-073-18 PO

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.



3 bd/room design
1500 g septic tank
1200 sqft drainfield
at 4 lines at 3'x20'
Trench bottom to be 24" deep
Keep area min 100' from any part of septic system or repair area
Keep more off any property line
with septic tank system
Existing barn to be removed

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 1-10-95

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

400 D

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

fld 50° chlf* 3685 4/14/97 CRT

3042 B

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: WHITLEY (last) THOMAS (first) A (mi)
ADDRESS: 13340 SAM FURR Rd PHONE: (704) 895-1119
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: WHITLEY (last) THOMAS (first) A (mi)
ADDRESS: 13340 SAM FURR Rd PHONE: (__) 4951119
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011 073 18
STREET ADDRESS: 13340 Sam Furr Rd
ZONING: R-3

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):

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

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 [] 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: Thomas A Whitley Date: 4-14-97

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.

... Use existing septic system for detached garage addition

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

Jerry B. Thompson M.J. R.S. 4-16-97
Environmentalist Date

WATER : 122791

COPY

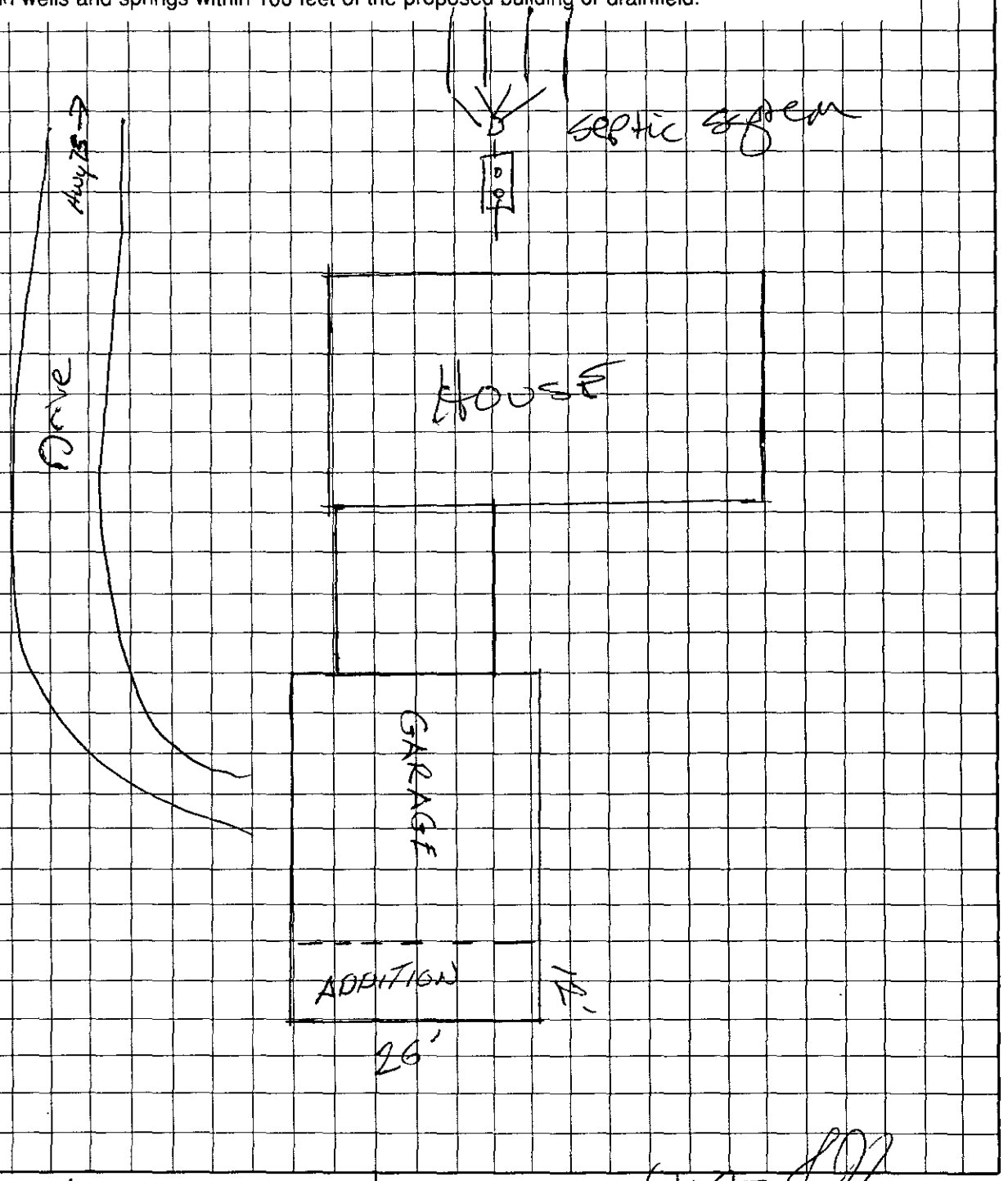
PROPOSED PLOT PLAN

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

FILE: 3042B

TC: 011-073-18

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.



OWNER/AGENT SIGNATURE Thomas A Whitley

DATE 4-14-97

APPROVAL DATE 4-16-97

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 30428 DATE: 6/27/95

TC: 011-073-18 ☐ L ☒ CRT

SERIAL № 14397

Name of Owner Thomas Whitley Juris.:

Address of Property 13340 Sam Furr Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield ~432'

Number of Lines 4 @ 108'

Cover Depth 10"-16"

Water Supply Source Well

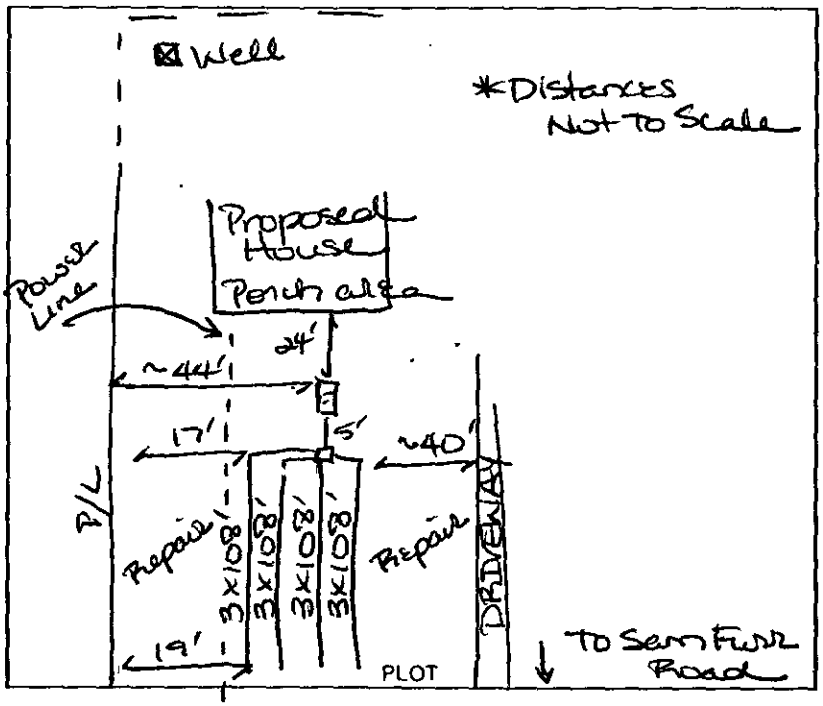
Distance to Water Source 150'+

Excavation Inspected 6/27/95

Tank(s) Inspected 6/27/95

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1995 CON, 1500gST, 1200ft²+, 12"G, cecil-like CTR# Gerald Tucker

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: Installation for 3 bedroom house to be built.

Do not allow any construction traffic over any portion of the sewage disposal system & its required repair area.

Type II

A Bateman for Daniel, Program Chief 7-3-95

Floa B. Mialik
Environmentalist

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

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

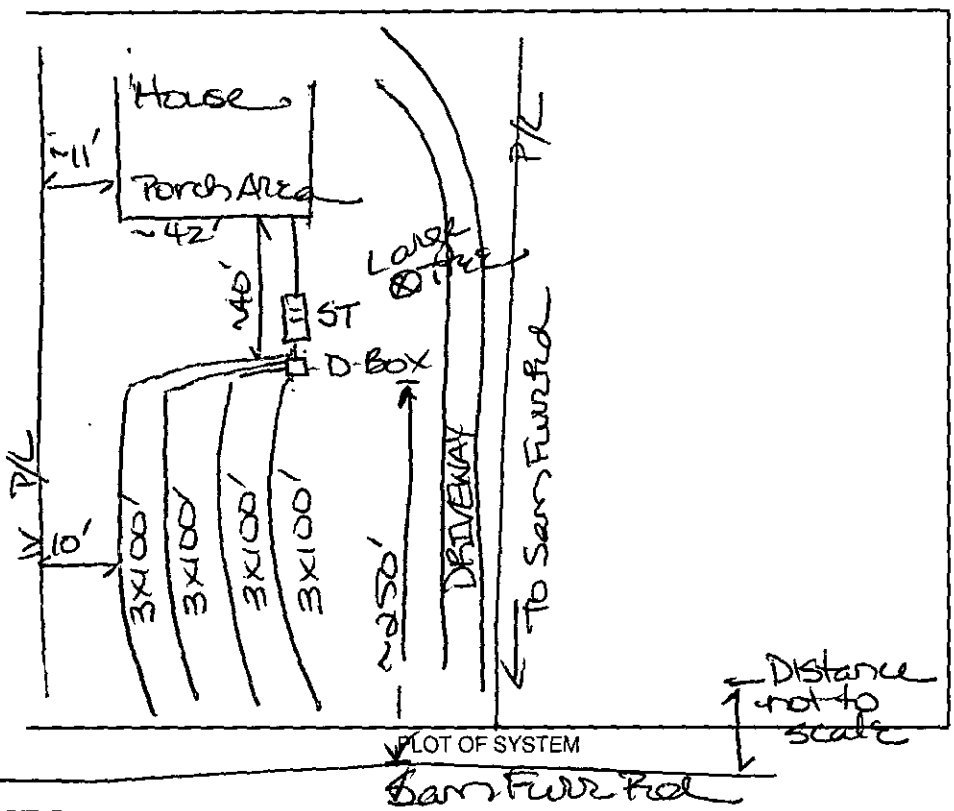
OK

FILE: 3042B DATE: 5/24/95

TC: 011-073-18 ☐ L

SERIAL Nº 16062

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 12/2/94. All work shall be completed on or before 6/24/95, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 4@100' each

Depth of Stone 12 inches

Distance from House 5' min. feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER Thomas Whitley

LOCATION OF PROPERTY 13340 (13400) Sam Furr Rd

Comments: Set septic tank shallow in order to obtain 1/8" per foot fall from septic tank to D-Box & fall to nitrification lines ~~also~~ with a maximum trench depth of 24". Keep nitrification lines on contour.

for S. Daniel, Program Chief 5-31-95

Lisa B. Malik, RS
Environmental Health Specialist 5/24/95

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

3042 B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CBT

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: WHITLEY (last) THOMAS (first) A (mi)
ADDRESS: P.O. Box 503 PHONE: (704) 782 2884
CITY: CONCORD STATE: NC ZIPCODE: 28026

Date: 12-2-94

PROPERTY OWNER:
NAME: WHITLEY (last) THOMAS (first) A (mi)
ADDRESS: P O Box 503 PHONE: (704) 782 2884
CITY: CONCORD STATE: NC ZIPCODE: 28026

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 011-073-18p0
STREET ADDRESS: ~~13310~~ 13310 SAM FURR RD
HUNTERSVILLE NC 28078
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): 2.3

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

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (N) ☐ 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)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☒ Garage ☒ Storage Building ☒ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Thomas A. Whitley Date: 12-2-94

NOTICE:

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...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 1-10-95 Date

Director or Authorized Section Head Date

WATER : 122791

1" = 60'

011-073-18

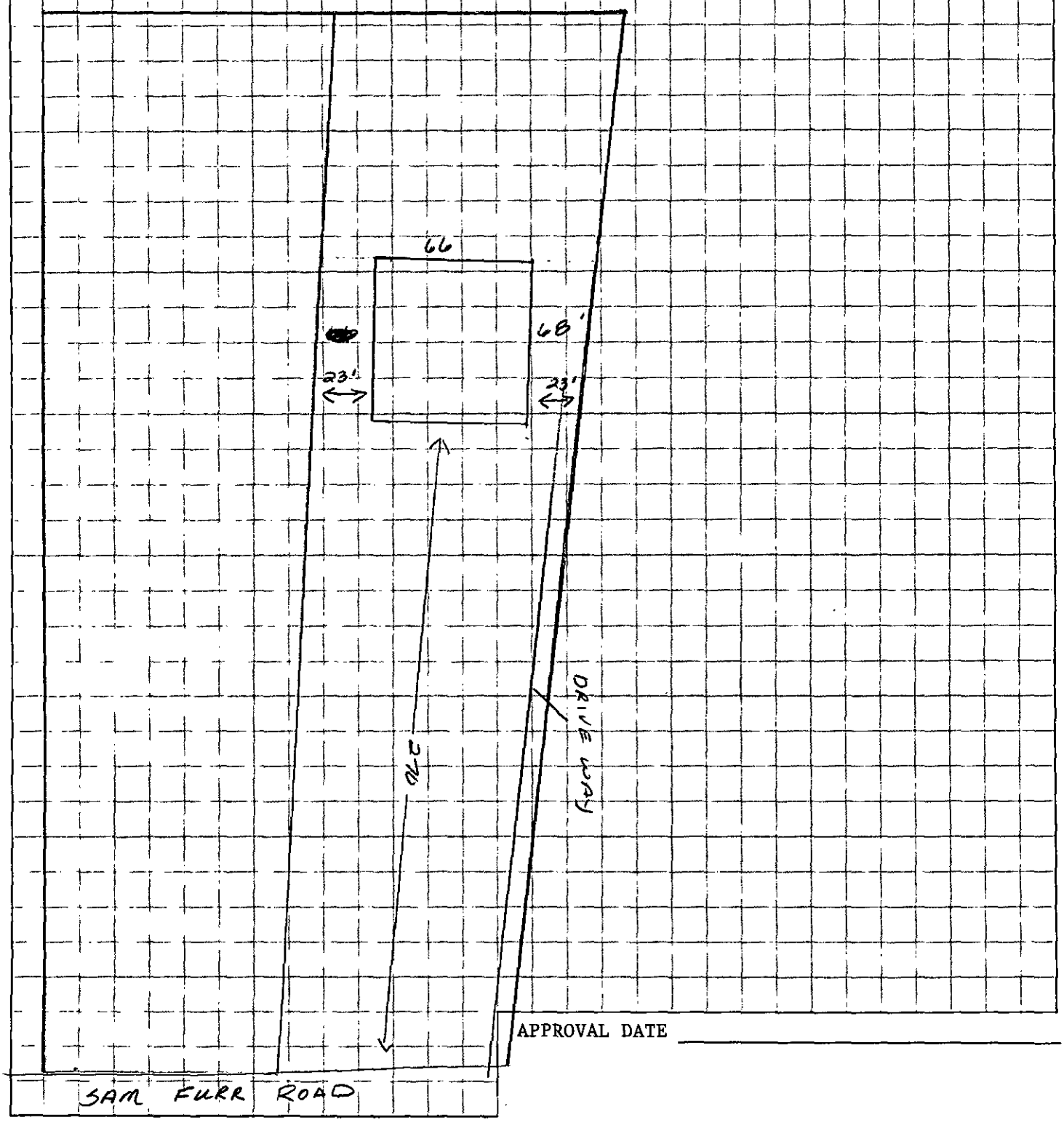
PROPOSED PLOT PLAN

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

FILE: 3042B

TC: 011-073-18 & 18

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

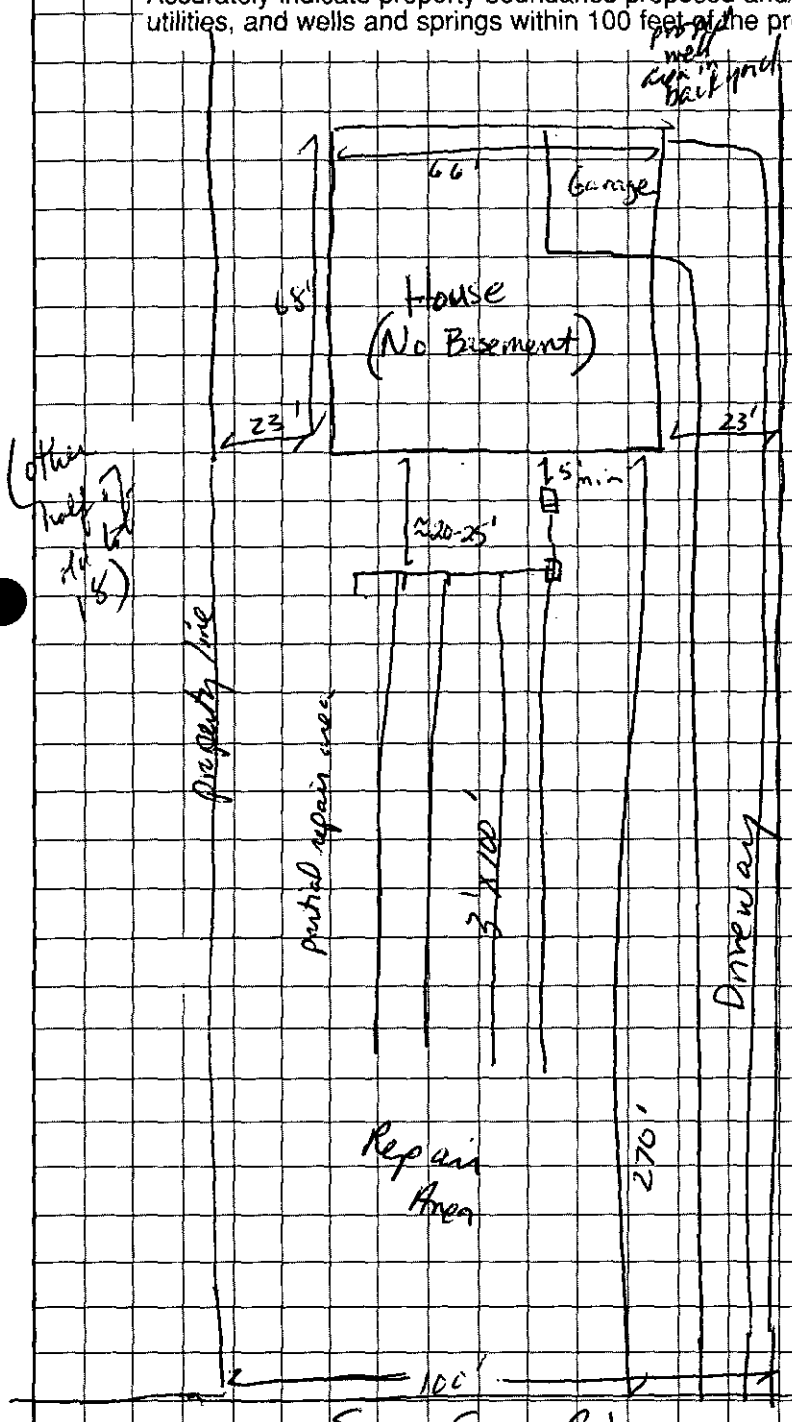
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3042B

TC: 011-073-18 PO

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.



3 bedroom design
1500 g septic tank
1200 sq ft drainfield
at 4 lines at 3'x100' x 12" stone each
Trench bottom to be 24" deep.
Keep well min 100' from any part of septic tank system or its repair area.
Keep min 10' off any property line with septic tank system.
Existing Barn to be removed.

Thomas A. Whitley
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE S Bateman 1-10-95

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 8/2/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Muck

PARCEL NUMBER 011-073-18p0

ASSIGNED ADDRESS 13340 Sum Furr Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: _____

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

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

April 5, 1994

Louis A. LeBlanc
30 Villa Lane
Davidson, NC 28036

RE: Property located on Sam Furr Road (Lot #1)
FILE: 3042B/9413A
PARCEL: 011-073-18PO

Dear Mr. LeBlanc:

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 20285) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20285

File: 304281 9413A

Action 1

Parcel: PO 011-073-18

☐ PC

Location: Sam Furr Road

Subdivision:

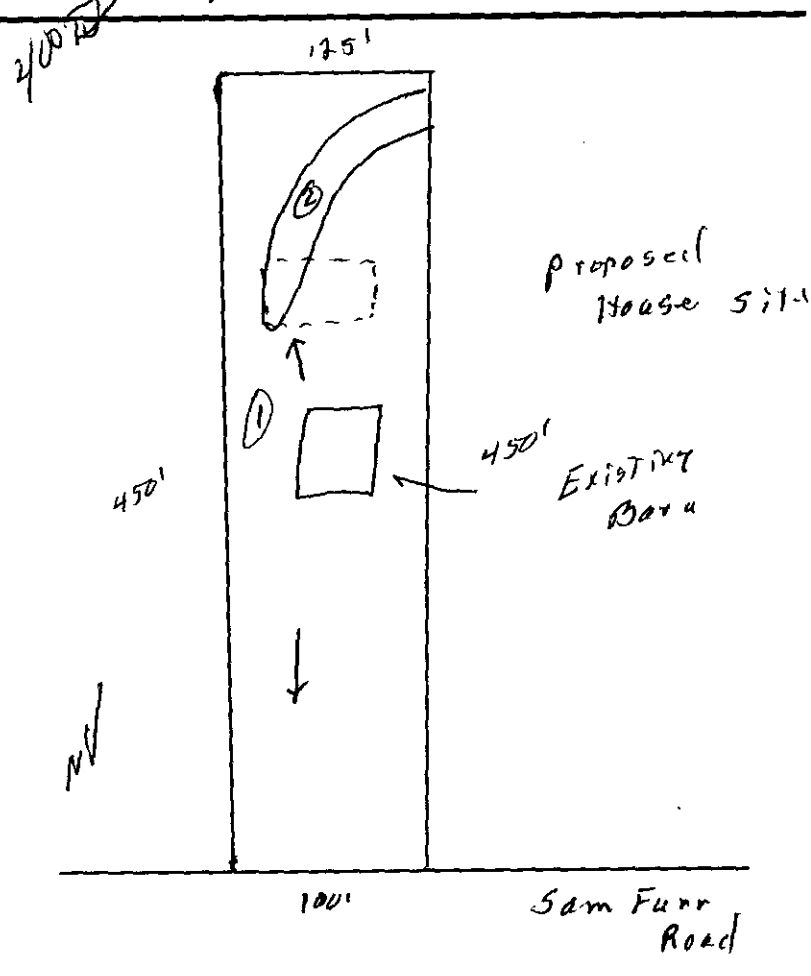
Lot: 1 Block: Acres: Approx 1.0

Owner: Louis A. LeBlanc
Address: 30 Villa Jane
Davidson, N.C. 28036

Comments: 100% Repair, 3 gal/ft/day LTAR

Described by: William R. Mack

Date: 4-5-94



***** 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 6-12%	S PS (U) old terrace	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub & Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" 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	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	IIw Cecil silt	Old Terrace				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

9413A

304261

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

COL

PERSON FILING APPLICATION:

NAME: Whitley, (last) Thomas (first) A. (mi)

ADDRESS: 600-33 E. Henry St. PHONE: 704 827-3175

CITY: Belmont STATE: NC ZIPCODE: 28012

Date: 3-21-94

PROPERTY OWNER:

NAME: LeBlanc (last) Louis (first) A. (mi)

ADDRESS: 30 Villa Lane PHONE: 704 896-0964

CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 011-073-18

STREET ADDRESS: 2.3 a/Sam Furr Road
Huntersville, NC 28078

ZONING: R-3

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: ----

LOT NUMBER: #1 LOT SIZE (in acres): ~~2.3 MOL~~ 1 AC MOL

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [X] MODULAR HOME (N) [] 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) PROPOSED

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[X] Garage [X] Storage Building WITH CARPORT [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: Louis A. LeBlanc Date: 3-15-94

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 system until an installation/for Repair approval is

...This permit

...

Copy 2 mailed to applicant

[] 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

P11-013-18
2.3 ACRES
SAM FURR RD
HUNTERSVILLE NC 28036

SELLERS: LUCAS A. LEBLANC
+ WIFE
JOAN S. LEBLANC

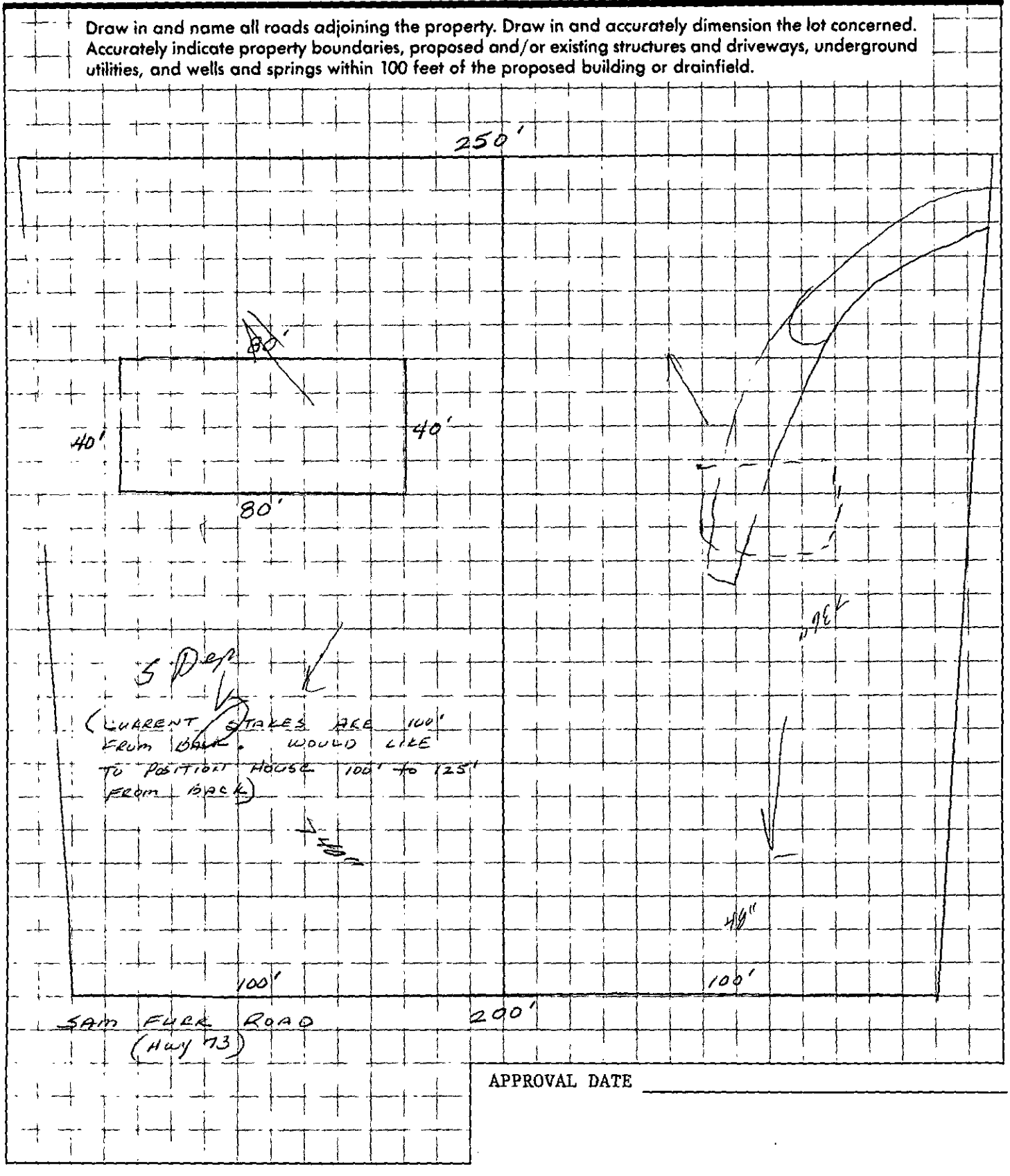
PROPOSED PLOT PLAN

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

FILE: 302B/1413A

TC: 011-013-18

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

Century 21

Hecht Realty, Inc.
A CENTURION® Office - 1993
885 N. Hwy. 16
Denver, North Carolina 28037
Commercial / Investment Div. (704) 483-4118 / 333-0640
Fax (704) 483-3808
Business (704) 483-3651 / 333-7547

19300 Statesville Road
Davidson, North Carolina 28036
Fax (704) 892-5307
Business (704) 892-6556 / 664-3165

DIRECTIONS: I-77 N. Exit 25. Stay on Hwy 73 (Sam Furr Rd) for about 4 miles. Knox Realty sign on right.

Bill Marlin
Mecklenburg County Environmental Health **March 19, 1994**
700 N. Tryon Street, Suite 229
Charlotte, NC 28202-2236

Dear Bill:

Per our telephone conversation Friday a.m., purchasers have picked up updated forms for seller to sign for soil analysis for 2.3 acres (MOL) Sam Furr Road, directly across from Page's Pond. This property is listed by Knox Realty and the sign is on the right side of the highway.

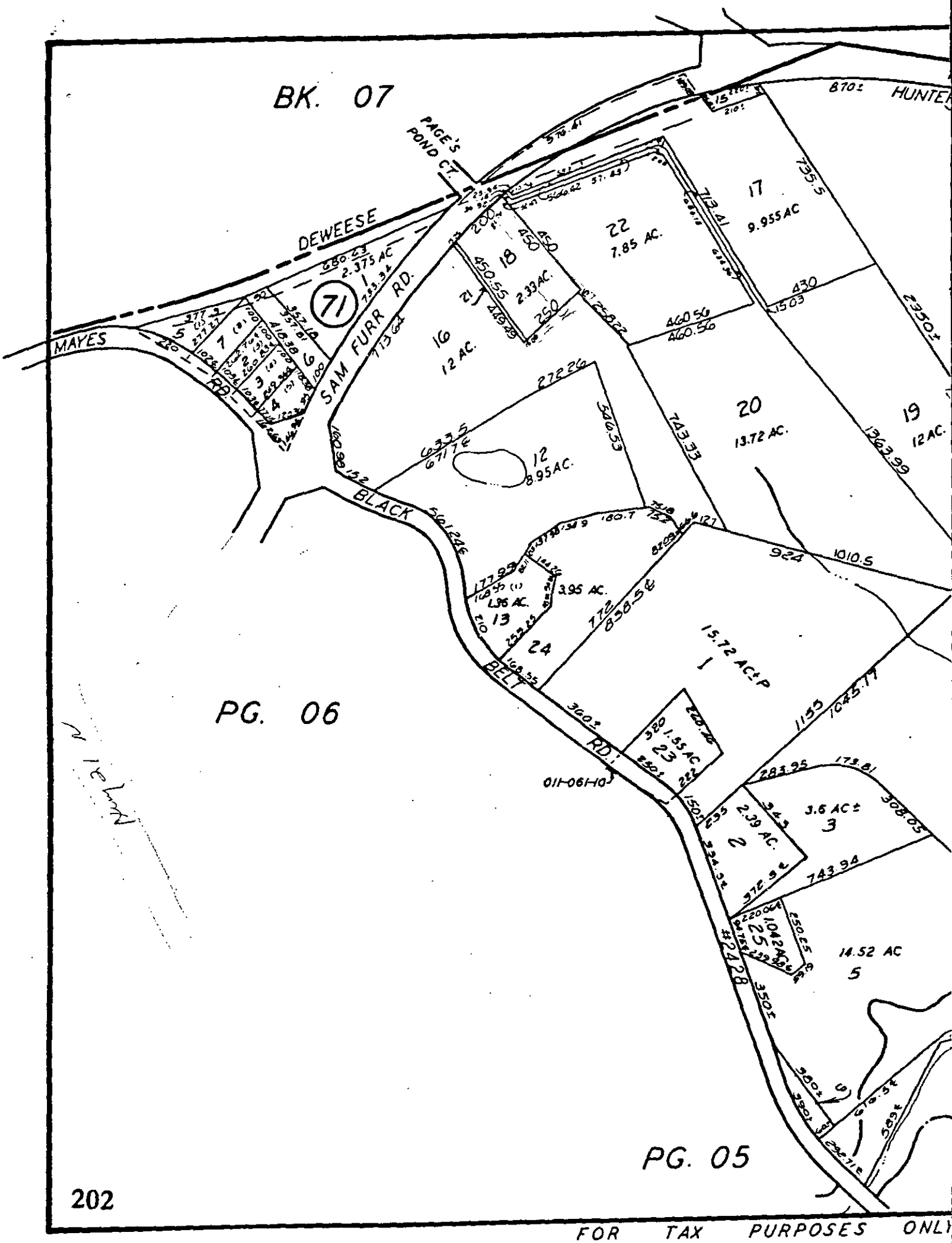
The Purchase Contract is contingent upon being able to divide the property down the middle so the purchasers with have two 1 acres tracts, MOL. The property has been flagged and the purchasers have staked out where they want their structure to be. We need two soil tests and the Whitley's will provide you with the necessary information on the new forms. They are planning to submit these forms Monday, March 21. After we know whether the property is suitable, they will go for their loan.

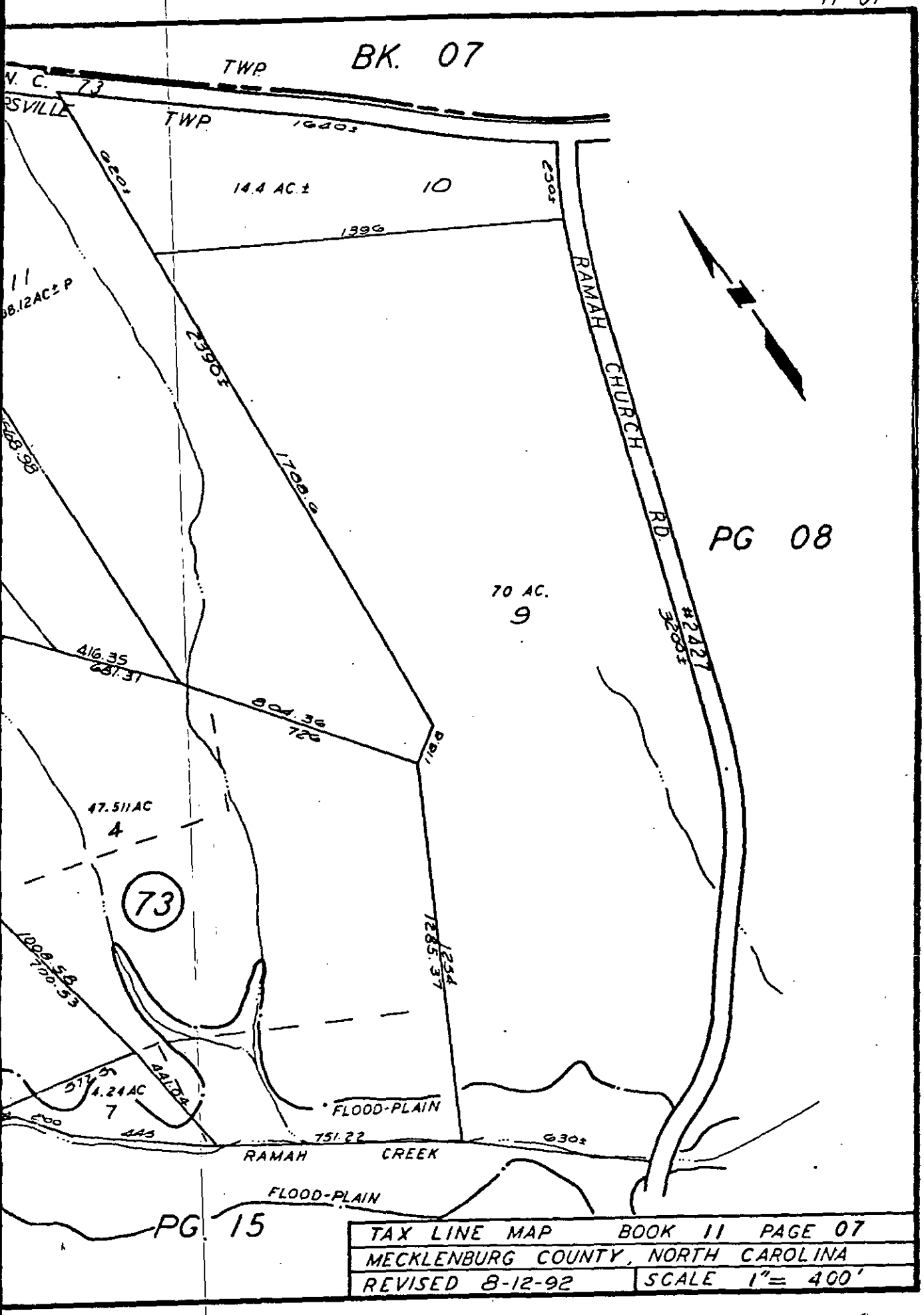
I have enclosed a copy of the tax map and a copy of the map with the new proposed four-lane highway in front of the subject property. If you want the buyers to meet you at the site, that can be arranged. (Their phone number is on the form). Mine is on my business card.

Thank you for you help. Any questions, give me a call.

Sincerely,

Joyce Lyon
Realtor


BK. 07
PAGE'S POND CT.
DEWEESE
MAYES
RD.
SAM FURR RD.
BLACK
BELT
RD.
HUNTER
870±
570.41
735.5
17
9.955 AC
713.41
22
7.85 AC.
18
2.33AC.
450
450
450.55
200
250
250
21
16
12 AC.
460.56
460.56
430
1503
2350±
20
13.72 AC.
743.33
19
12 AC.
1363.99
272.26
506.53
603.5
671.7±
12
8.95AC.
160.98
132
560.24±
924
1010.5
177.93
108.55
1.96 AC.
3.95 AC.
13
24
210
252.45
168.55
856.5±
772
15.72 AC±
1
1155
1045.17
360.2
320
1.55 AC
23
220.46
550.1
222
011-06H0
283.25
173.81
308.05
3.6 AC±
3
2.39 AC.
2
150±
235
324.32
372.92
743.94
220.04
1.042 AC
25
250.25
#2428
14.52 AC
5
350±
300±
390±
296.71±
PG. 06
PG. 05
202
FOR TAX PURPOSES ONLY



TAX LINE MAP	BOOK 11 PAGE 07
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 8-12-92	SCALE 1"= 400'

9413A

30420

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: Whitley, (last) Thomas (first) A. (mi)

ADDRESS: 600-33 E. Henry St. PHONE: 704 827-3175

CITY: Belmont STATE: NC ZIPCODE: 28012

Date: 3-21-94

PROPERTY OWNER:

NAME: LeBlanc (last) Louis (first) A. (mi)

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CITY: Davidson STATE: NC ZIPCODE: 28036

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Huntersville, NC 28078

ZONING: R-3

Township (check one):
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[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: ----

LOT NUMBER: #1 LOT SIZE (in acres): ~~2.3 MOL~~ 1 AC MOL

TYPE APPLICATION (check one):

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[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) X MODULAR HOME (M) [] OTHER _____ (O)

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SYSTEM CLASSIFICATION:

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

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[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
X Private Well (P) Proposed

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
X Garage X Storage Building WITH CARPORT 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: Joan S. LeBlanc Date: 3-19-94

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

011-073-18
2.3 ACRES
SAM FUER RD
HUNTERSVILLE NC 28036

SELLERS: LUCAS A. LEBLANC
+ WIFE
JOAN S. LEBLANC

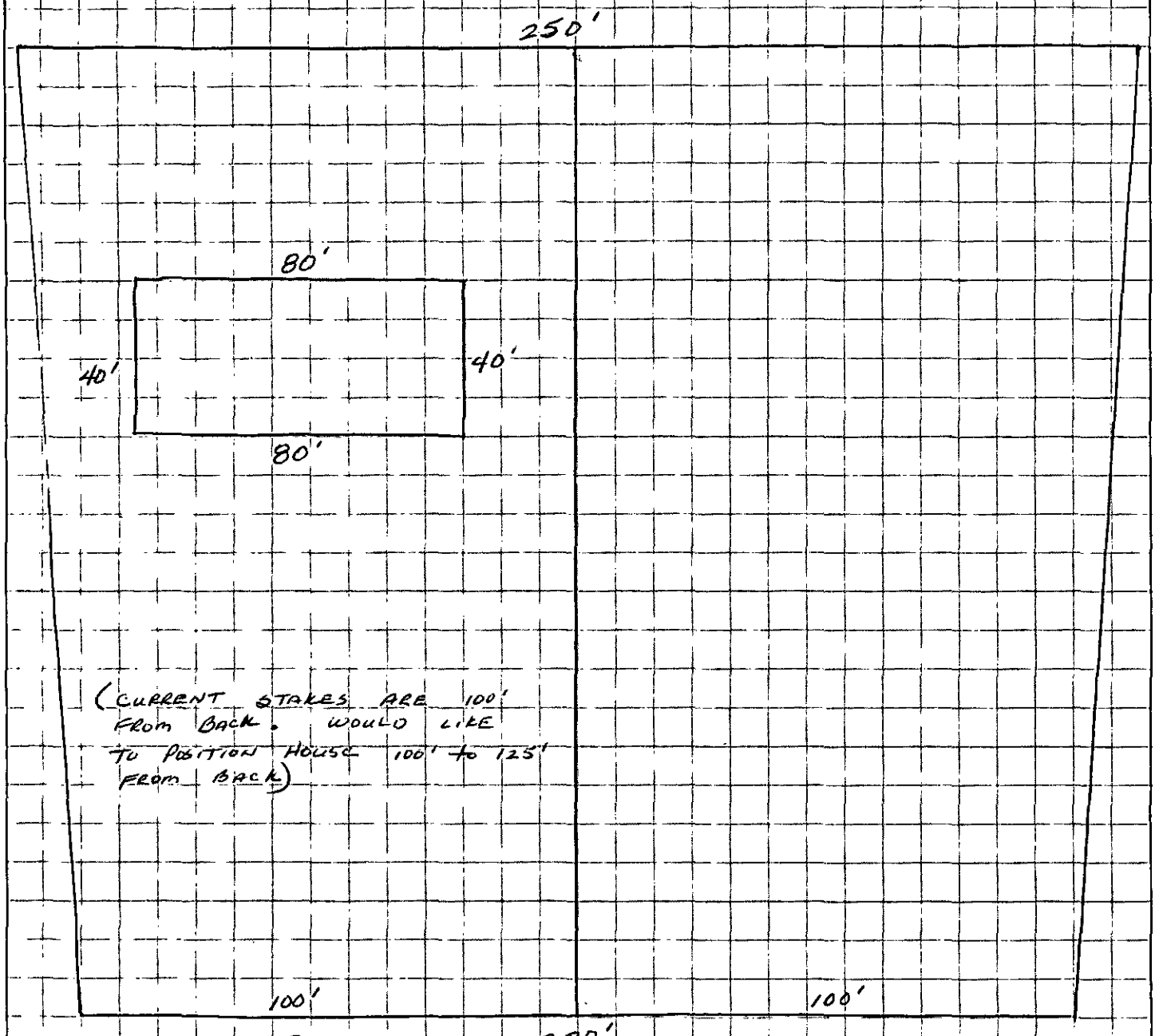
PROPOSED PLOT PLAN

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

FILE: 3042B/1413A

TC: 011-073-18

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

-011-013-18
2.3 ACRES
SAM FULK RD
HUNTERSVILLE NC 28036

SELLERS: LUCAS H. LEDBETTER + WIFE
JOHN S. LEDBETTER

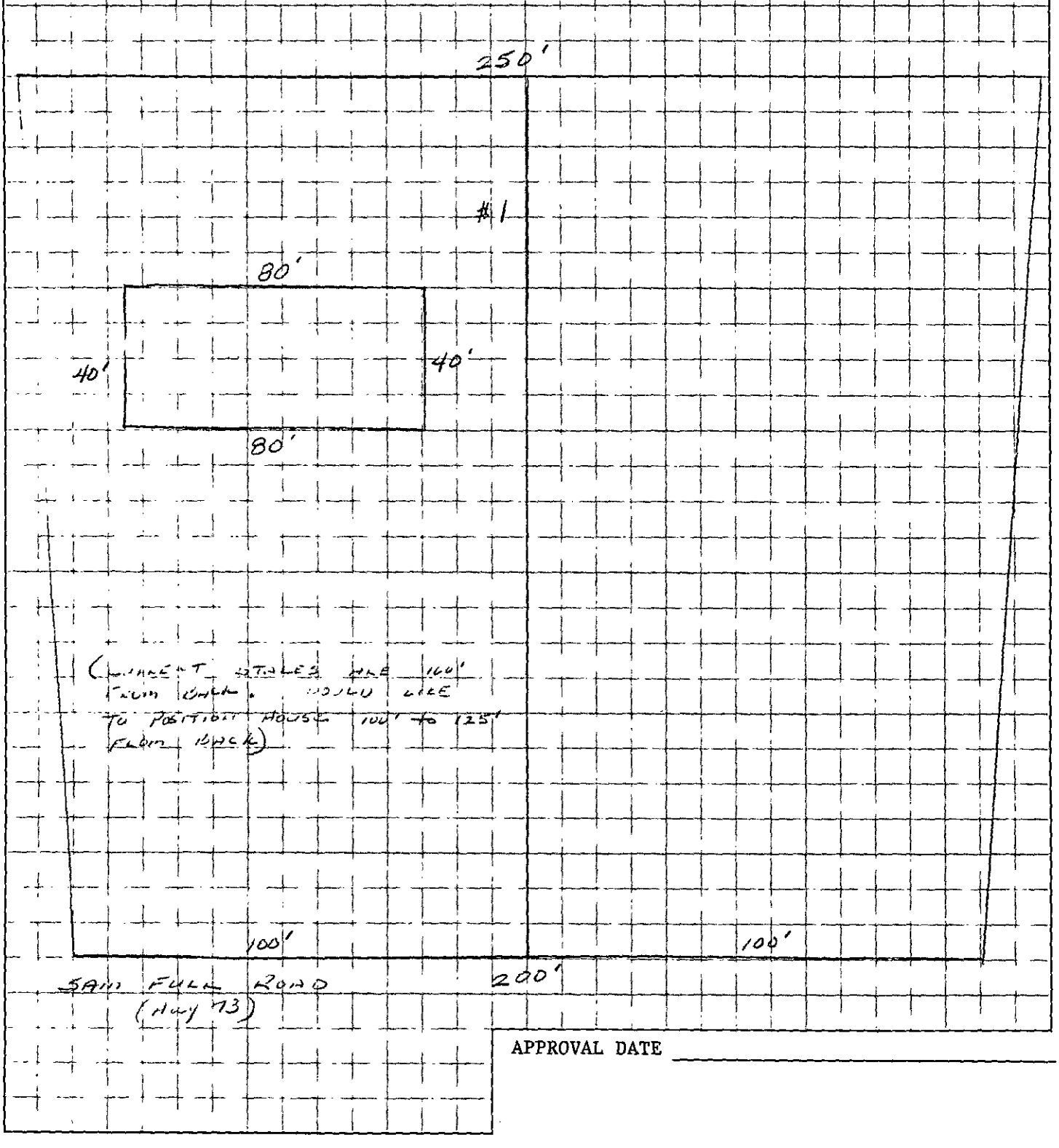
PROPOSED PLOT PLAN

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

FILE: 3093113134

TC: 11-13-17

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

H-842-8313

Bill Marlin

Century 21
Hecht Realty, Inc.
"Lake Norman Specialists"
19300 Statesville Road
Davidson, North Carolina 28036
Fax (704) 892-5307
Business (704) 892-6556 Ext. 222

MLS



Million Dollar Club

Joyce Piper
REALTOR®

Each Office Is Independently Owned And Operated

DAVIDSON LAND CO.

WILLIAM E. MORRIS

JAMES L. BREWER

63

DWIGHT S. CROSS

65

-Y- PC 10+29.22

-Y- PT 10+88.46

BEGIN CONSTRUCTION

-Y- STA 11+23.71

DITCH CLEAN OUT

CLASS 'B' STONE

REMOVE EX. 18"

DITCH BLOCK

200' FULL LANE

57

-L- POC 185+14.00=

-Y- POT 12+69.19

ROBERT J. KNOX

LOUIS LeBLANC

58

59

ROBERT J. KNOX

PRELIMINARY PLAN

SUBJECT TO CHANGE WITHO

DATE PRINTED 3-16-94

TRANSMITTED BY

TRANSMITTED

Century 21
MLS
Hecht Realty, Inc.
"Lake Norman Specialists"
19300 Statesville Road
Davidson, North Carolina 28036
Fax (704) 892-5307
Business (704) 892-6556 Ext. 222



MILLION DOLLAR CLUB
Joyce Piper
REALTOR®

Each Office Is Independently Owned And Operated

E BIRCH TERRACE 20' EST
N 34°25'45" W 116.32'
DAVIDSON LAND CO.
N 66°47'17" E 317.91'
WOODS
N 34°32'34" W 20.04'
TRANSFORMER
EIP
-Y- PC 10+29.22
N 38°54'00" W 35.46'
WILLIAM E. MORRIS
R=319.67' A=86.55' C=N21°41'45"W 86.47'
-Y- PT 10+88.46
BEGIN CONSTRUCTION
-Y- STA 11+23+/-
N 71°14'58" E 279.77'
DWIGHT S. CROSS, III
65
WOODS
185
N 08°50'29" E
N 06°18'24" W
119.67'
JAMES L. BREWER
63
DITCH CLEAN OUT
EIP
160.00'
9'57" E
LASS 'B' STONE
R=1959.86' A=348.58' C=S76°30'09"W 349.22'
R=1959.86' A=71.39' C=N82°38'36"E 71.39'
R=20.00' A=31.39' C=N38°41'06"E 28.28'
STONE WALL
REMOVE EX. 18"
35' R
R=319.67' A=81.69' C=S81°29'49"E 81.47'
WOODS
R=20.00' A=30.92' C=S44°11'03"E 27.97'
CAT-1
2-TEL CABLE U/G
2CI TYPE 10'
200' FULL LANE
DITCH BLOCK
5' R
90' R
12"
15" CONC
8' P.S.
S 01°00'59" E 21.69'
S 01°00'59" E 33.10'
EDWIN H. SI
H. THOMAS TRIMBL
GLENN H. COGGINS
ROBERT J. KNOX
57
58
59
-L- POC 185+14.00=
-Y- POT 12+69.19
LOUIS LeBLANC
B
S 01°00'42" W 449.49'
S 01°00'42" W 450.55'
S 05°22'23" E 450.96'
N 84°37'38" E 234.86'
84°37'38" E 15.09'
N 84°37'38" E

PRELIMINARY PLAN
SUBJECT TO CHANGE WITHO
DATE PRINTED 3-16-94
TRANSMITTED BY
TRANSMITTED