

6701 CHERYL CR

13519208

6/6/2007

duponbj

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

FEE: 35.00
DATE: 2-7-96
CK # 3526

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

Construction
5926A [ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13519208 001

STREET ADDRESS: 6701 CHERYL CR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: L 52+53

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
✓ OTHER (O) NOT BUILDING

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER: PROP. UNDER CONTRACT

NAME: JACKS , DANIEL B.
(LAST) (FIRST) (MI)

ADDRESS: 6624 CHERYL CR

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: ( ) 334 - 6528

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

PRESENT OWNER:
MARY SHOEMAKER

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Daniel Bjacks DATE: 2/7/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

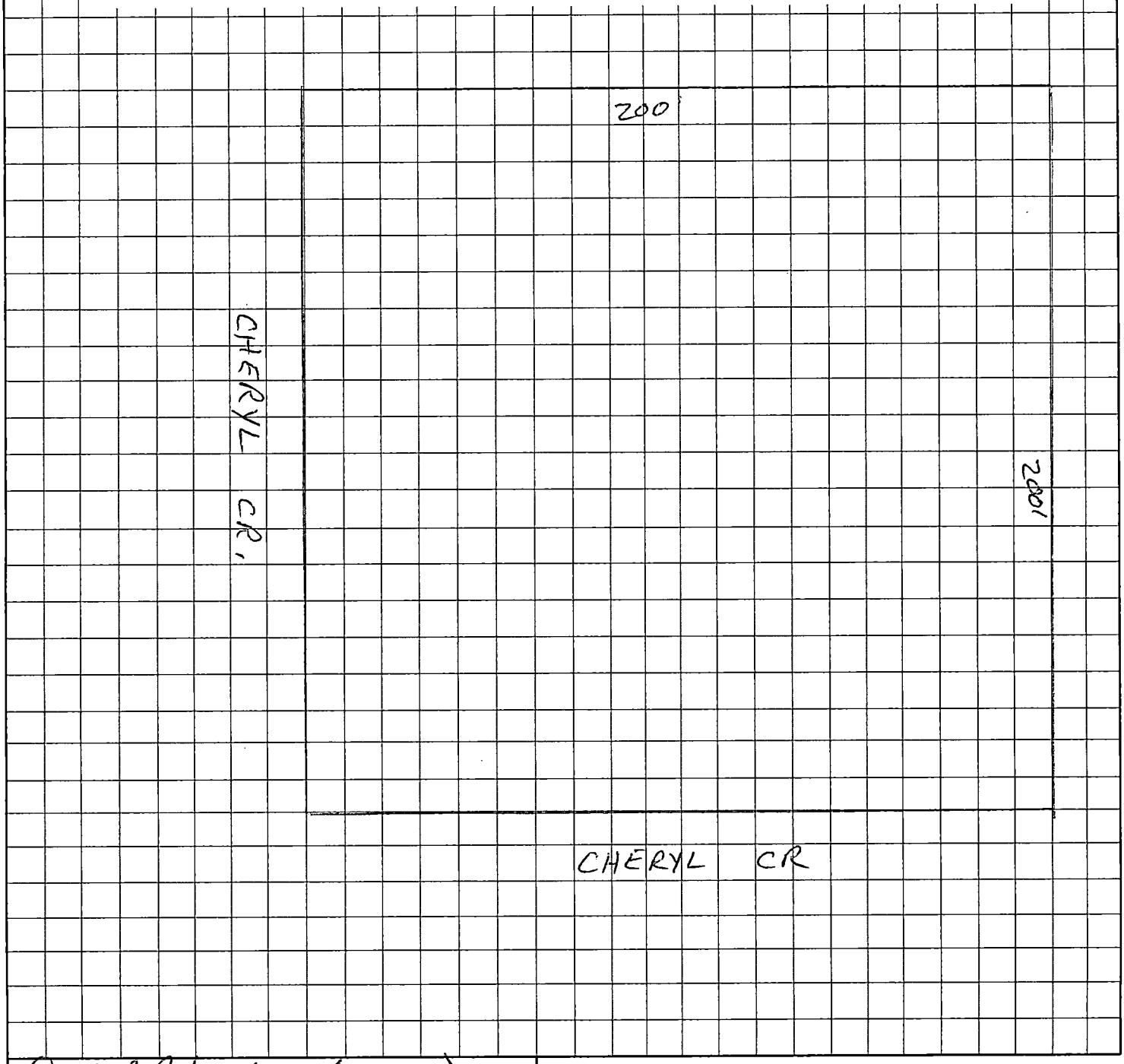
PROPOSED PLOT PLAN

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

FILE: 5926A

TC: 135-192-08

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.



Daniel Bjacks (BUYER)

OWNER/AGENT SIGNATURE

DATE 2/7/96

APPROVAL DATE _____

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

$ 20,000
$ 18,000 if it does not perk

BSN STATUS: A TYPE: 01/18/96 11:55:02 $24,000
AD: 6701 CHERYL 28209 AR:03 SA:03 V/P: /0 MLS:295098
TL: MH SC: NONE G#:NA TX#:13519208 001 ACRE: 0.918
LTSZ: 200X200 AGENCY:BOTH OA$ TXV: $16,200
L52&53 M7-849 6701 CHERYL CR TYPE:L ER SAC:5 BAC:5
WT : SEW: ZONE: R PROP: PF-1 PF-3 EXC: R

RST: N
RST:
RM :FROM LEBANON-MARGARET WALLACE, (L) ON CHERYL,(R) ON MARKAY,(L)W CHERYL
RM :CHERYL. DISCLOSURE: FANTASTIC PRIVATE LOT ON ALMOST 1 ACRE IN MINT HILL
RM :LEVEL LOT WITH A NUMBER OF TREES DOWN AN UNPAVED ROAD BUT WELL MAINTAINED
RM :OWNER WILL PERSONALLY FIANCE PURCHASE. NEAR ALL SCHOOLS AND SHOPPING CENTER
RM :BRING ALL OFFERS
RM :
RM :

MIN.SQFT TO BUILD: 0
LISTING DATE:01/04/96 EXPIRATION DATE:07/04/96 OFFICE INVENTORY CODE:

AGENCY-Both TAXLOC-Mint Hill WAT/SW-None PROP/F-Cash/Only
PROP/F-Conven PROP/F-Persn/Loan

LO : TATE, ALLEN COMPANY LA: RICHARD ROSKIND, R LAPH:704-364-4200
LOPH: 541-6200 SLR: MARY SHOEMAKER SPH:W/H
This information may be subject to errors and should be verified by the user.

Meck. tax = 130.41

Mint Hill = 21.87

My List

Mecklenburg County
Health Department

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

JANUARY 9,1990

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: $100.00

ORG/ACCOUNT # 462-3511

PAYABLE: VICKIE SMITH
3333 CHERYL CIRCLE
MATTHEWS, NORTH CAROLINA 28105

DATE OF ORIGINAL DEPOSIT: 10/03/89

REASON: (APPLICATION FOR IMP/INSTAL PERMIT FEE $200.00)
THE APPLICANT HAS DECIDED NOT TO BUILD. WE ARE CHARGING FOR ONE SERVICE, THE IMPROVEMENT PERMIT ONLY. REFUND IS FOR THE INSTALLATION PERMIT WHICH IS THE CERTIFICATE OF COMPLETION.

/Enclosures

Mecklenburg County
Health Department

January 4, 1990

MEMORANDUM

TO: Lorraine Whittaker

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

Please issue a refund in the amount $100.00 for an Application for an Improvement Permit at 6701 Cheryl Circle, file # 5926A. The applicant has decided not to build. Please make the refund payable to:

Vicki Smith
3333 Cheryl Circle
Matthews, NC 28105

Thank you for your prompt attention to this matter.

* I.S.F. was conducted @ site

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

STATE OF North Carolina
County of Mecklenburg } SS.

I, Vallaree Pellegrini, a Notary Public for said County and State do hereby certify that Everette B. Curlee and Virginia K. Curlee his wife, personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument.

~~Let the instrument and the certificate be registered.~~

WITNESS my hand and Notarial seal, this 17 day of January, A. D. 1969

Vallaree Pellegrini
Notary Public

My Commission expires: 12/13/1970

STATE OF
County of } SS.

I,
for said County and State do hereby certify that
and
wife, personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument.

Let the instrument and the certificate be registered.

WITNESS my hand and seal, this day of , A. D. 19

INDIVIDUAL

Deed

Everette B. Curlee and wife,

Virginia K. Curlee

TO

H. E. Shoemaker and wife,

M. L. Shoemaker

Mailing Address

3120 Sharon View Rd.
Charlotte, N. C.

Consideration . . . . . $100 & ovc

Dated 15th day of January, 1969

Filed for registration on the day of , 19 , at o'clock M., and registered in the office of Register of Deeds for Mecklenburg County, N. C. on the day of , 19 , at o'clock , in Book 3011 of Deeds, on Page 320, &c.

Register of Deeds

STATE OF North Carolina
County of Mecklenburg } SS.



FOR REGISTRATION
1969 JAN 17 AM 10 08
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

21

STATE OF NORTH CAROLINA
Mecklenburg COUNTY

INDIVIDUAL DEED

Printed and For Sale by
Kale-Lawing Co., Charlotte, N. C.

This Deed

Made this 15th day of January, A. D. 1969 by and between

Everette B. Curlee and wife, Virginia K. Curlee

FOR REGISTRATION
1969 JAN 17 AM 10 08
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.
PRESENTED FOR REGISTRATION

of the County of Mecklenburg and State of North Carolina Parties of the first part, and

H. E. Shoemaker and wife, M. L. Shoemaker

of the County of Mecklenburg and State of North Carolina part of the second part:

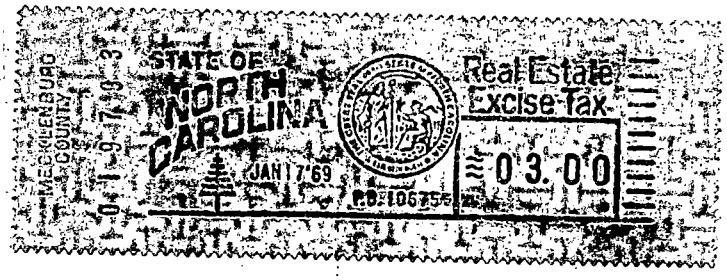
WITNESSETH, that the said parties of the first part, in consideration of One Hundred ($100.00) Dollars and other valuable considerations ~~Dollars~~ to them paid by the parties of the second part, the receipt of which is hereby acknowledged have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all those certain lots of land, situate, lying and being in Morning Star Township, Mecklenburg County, State of North Carolina, and more particularly described as follows:

Being all of Lots 52, and 53 of Elberta Downs as shown on a map thereof recorded in Map Book 7, Page 849 of the Mecklenburg Public Registry.

This conveyance is made subject to conditions, reservations and restrictions of record, including that restrictive agreement recorded in Book 1896, Page 303 in the Mecklenburg County Registry.

TO HAVE AND TO HOLD the aforesaid lots of land and all privileges and appurtenances thereto belonging to the said parties of the second part and their heirs and assigns, to their only use and behoof forever.

And the parties of the first part, for themselves their heirs, executors and administrators, covenant with the said parties of the second part their heirs and assigns, that they are seized of said premises in fee, and have right to convey the same in fee simple; that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.



IN TESTIMONY WHEREOF, the said parties of the first part to these presents have hereunto set their hands and seals, the day and year above written.

Signed, sealed and delivered in the presence of

Everette B. Curlee (Seal)
Everette B. Curlee

Virginia K. Curlee (Seal)
Virginia K. Curlee

_____ (Seal)

_____ (Seal)

This is to Certify that this is the original Copy of Individual

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10.3.89

Name/Company: C. Nolde & Wesley L. Smith

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: O.P. Mews
Filed 5926A
6701 Cheryl Circle

MECK... HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 3 1989

CR# 1015
$200.00

Fee: $ 200.00

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 Abernathy
Completed by

Collected by

BILLING — WHITE [redacted]

2002

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: 5926A

TC: _____

SERIAL: № 19263 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6701 (STREET NO.) Cheryl (STREET) Circle ② FILE: _____

③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 135-192-08

⑤ SUBDIVISION: Ellburta Downs ⑥ LOT: 53 & 52 ⑦ BLOCK: 6700

OWNER

⑧ NAME: Herman (FIRST) Eugene (MIDDLE) Shoemaker (LAST)

⑨ MAILING ADDRESS: 3333 Cheryl Circle

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) _____ ⑭ (HOME) 545-4438

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? 4

㉕ Type? _____

㉓ Maximum occupancy? 4

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mary E. Shoemaker

Date: 10/3/89

IMPROVEMENT PERMIT

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

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

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

August 23rd, 1989

Herman Eugene Shoemaker
3333 Cheryl Circle
Matthews, NC 28105

RE: Property located at Cheryl Circle 52 & 53
FILE: 5926A
PARCEL: 13519208

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 16279) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

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

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16279

File: 5926A
Parcel: 13519208
Action: 1
☐ PC

Location: Cheryl Circle

Subdivision:

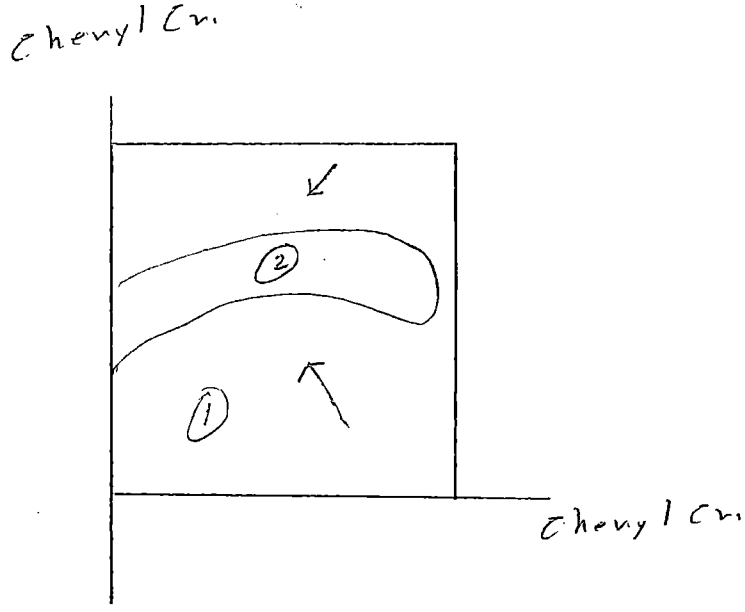
Lot: 52 & 53 Block: Acres: .92

Owner: Herman Eugene Shoemaker
Address: 3333 Cheryl Circle
Matthews, NC 28105

Comments: Lot rechecked 3-1-96 use septic report. WR 3-1-96

Described by: William R. Medlin

Date: 8-22-89



***** 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) Depression	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 7-36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	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	WA Cecil-Lilac	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

40.00

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5926A

TC: 135-192-08

☐ PC ☐ REPT

See file #5926A for check slip

JOB LOCATION

① ADDRESS: Cheryl Circle

② SUBDIVISION: Ellburta Downs ③ LOT: 52 & 53 ④ BLOCK: ____

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 192 PARCEL NO.: 08

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

OWNER

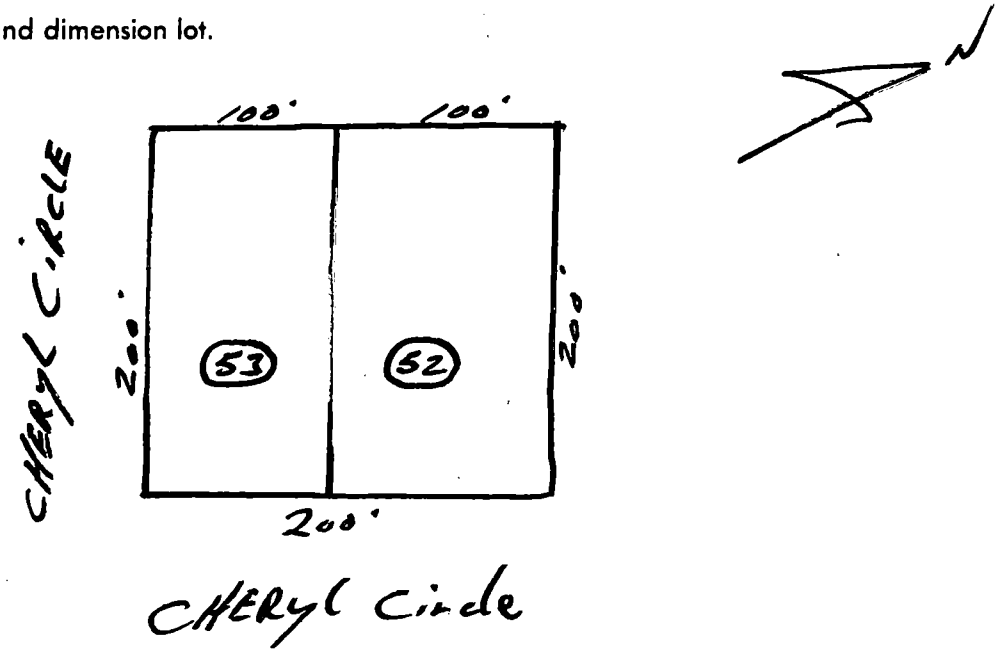
⑦ NAME: Herman (FIRST) Eugene (MIDDLE) Shoemaker (LAST)

⑧ MAILING ADDRESS: 3333 Cheryl Circle

⑨ CITY: Matthews ⑩ STATE: N.C. ⑪ ZIP: 28105

⑫ PHONE: (WORK) ____ (HOME) 545-4438

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Herman E. Shoemaker

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

Date: 2-20-89

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY