

13560 SAM FURR RD

01107319

6/14/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

6446A
FILE: ~~12/10/91~~ DATE: 12/12/91

TC: 011-073-19 ☑ L ☒ CRT

SERIAL № 13910

Name of Owner Amity Builders Inc. Juris.:

Address of Property 13560 Sam Furr Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750

Excavation Inspected 12/12/91

Tank(s) Inspected 12/12/91

Wash Line Inspected NA

High Water Alarm Inspected NA

system installed in accord with approved permit.

PLOT

Design: 1991, 1500ST, CON, 1200SFT, 12" stone cecil CTR# Orbison

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: system designed for 3 bedroom house

Phil S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

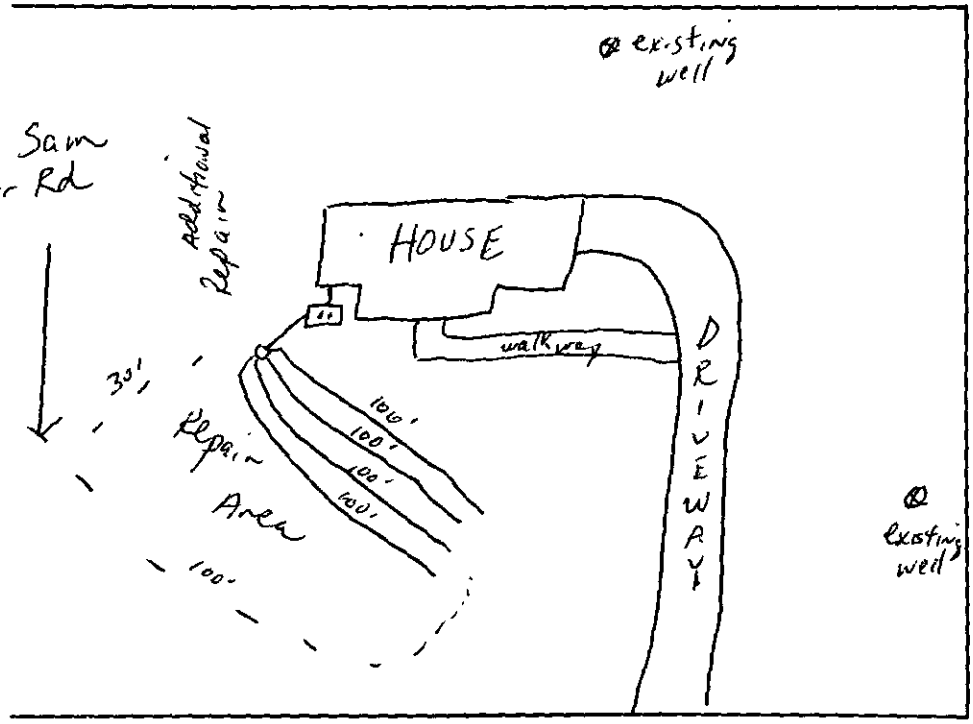
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6446A DATE: 11/25/91

TC: DII 073 19 ☑ L

SERIAL Nº 13730

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 4/4/91. All work shall be completed on or before 12/25/91, 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 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.



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 4 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Amity Builders INC

LOCATION OF PROPERTY 13560 Sam Furr Rd

Comments: 4 lines x 100' long x 3' wd x 12" stone | Keep lines on contour of land | System designed altered because of contour | Keep septic system >50 from existing wells

Division or Section Head

Phila S. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

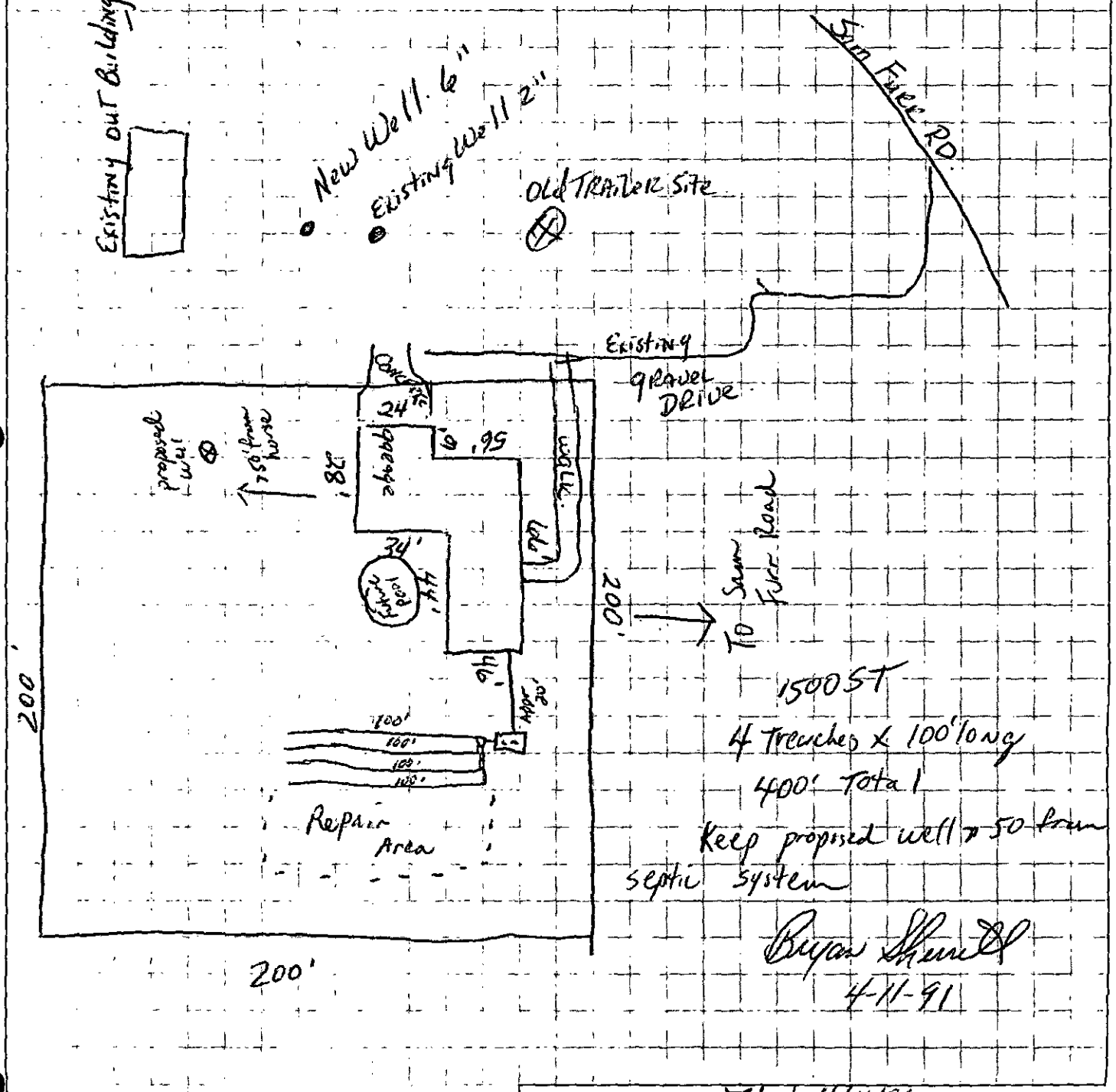
PROPOSED PLOT PLAN

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

FILE: 6446 A.

TC: 011-073-19.

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 TSW 4/11/91

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

4-4-91 Paid $200.00 Check # 00394

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: 6446A
TC: _____
SERIAL: No. 21974
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 13560 (STREET NO.) Sam Furr Rd. (STREET) ② FILE: 6446A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: # 011-073-19
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Amity Builders Inc. C. (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: Box 1138.
⑩ CITY: Cornelius ⑪ STATE: NC. ⑫ ZIP: 28031.
⑬ PHONE: (WORK) 892-3170 ⑭ (HOME) 892-7187.

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? 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: Bryan N. Merritt Pres.
Date: 4-4-91.

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 60 months from the date of issuance.

Philo S. Walker, 4/12/91
Environmentalist — Date

_____, 4-12-91
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.

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

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Merk

PARCEL NUMBER # 011-073-19

ASSIGNED ADDRESS 13560 San Juan Rd

EXISTING ADDRESS _____

PROJECT NAME NA

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: Septic

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 DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

March 12th, 1990

Grayson O. Stamey, Jr.
PO Box 278
Kannapolis, NC 28081

RE: Property located at Sam Furr Rd.
FILE: 6446A
PARCEL: 01107319

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 17633) 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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17633

File: 6446A Action 1

Parcel: PO 011-073-19 ☐ PC

Location: Tract #19
Sam Furr Rd.

Subdivision:

Lot: Block: Acres: Approx. 1.0

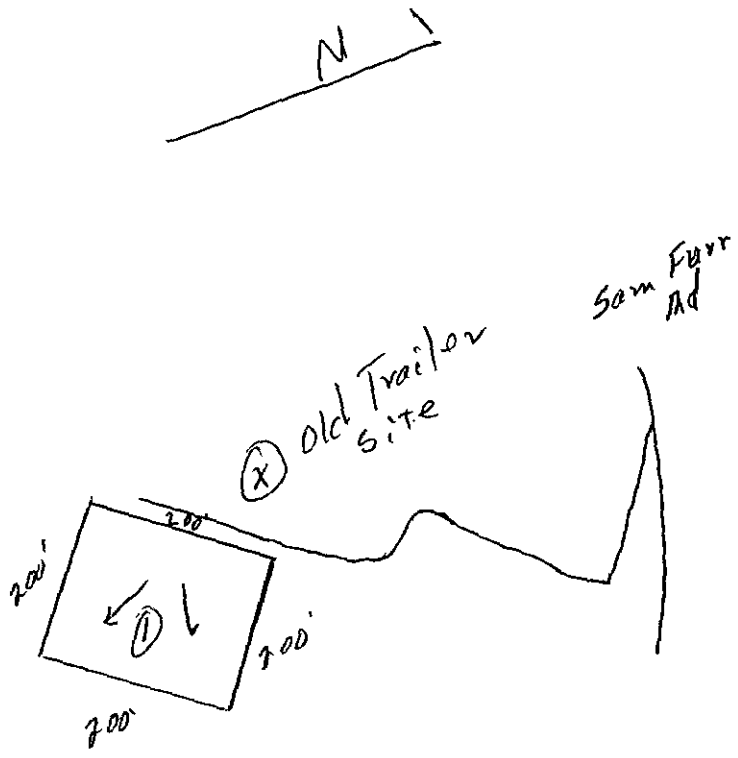
Owner:
Address: Grayson O. Stamey, Jr.
PO Box 278
Kannapolis, NC 28081

Comments: _____

Described by: William A. Marsh

Date: 3-9-90

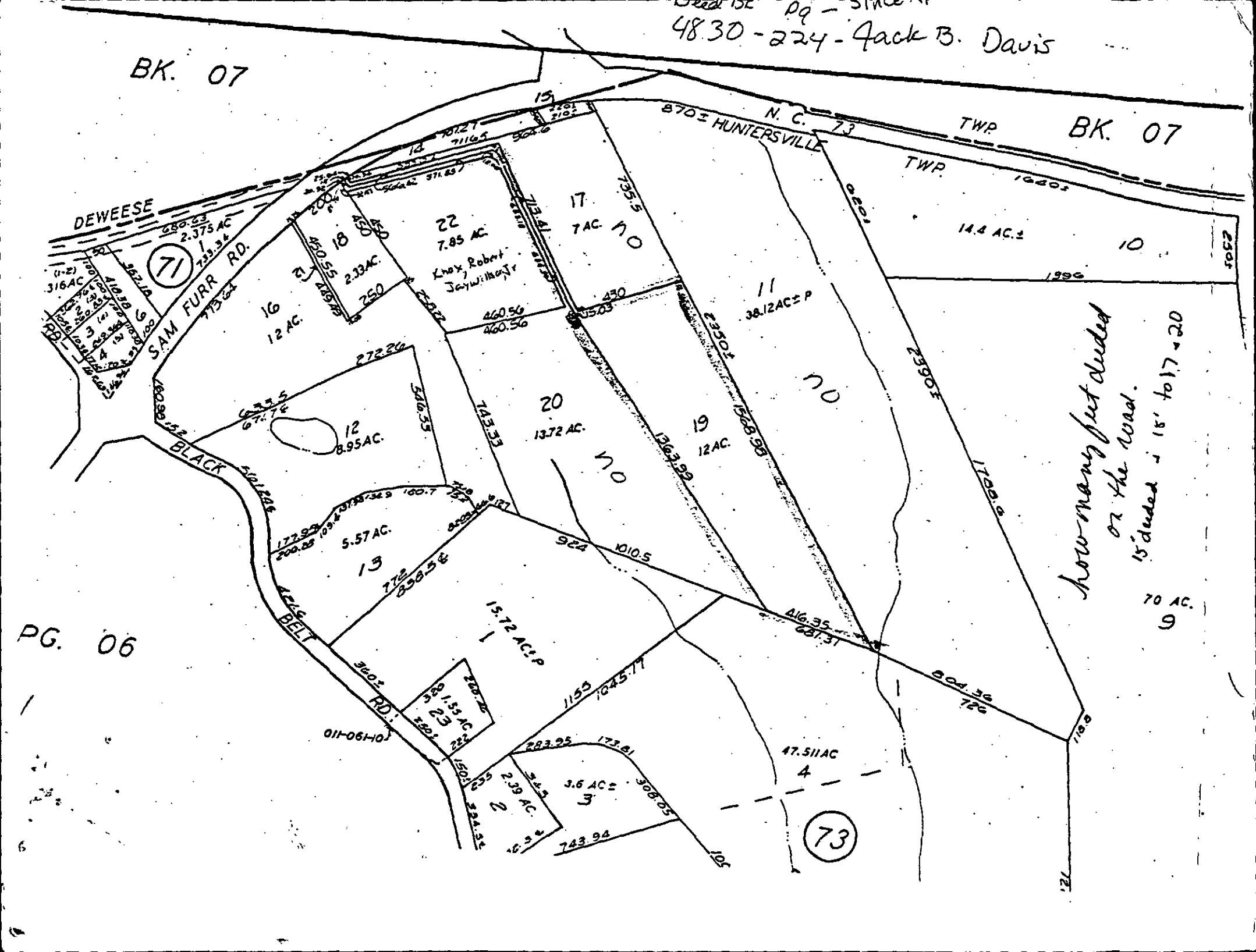
Dimensions Approximate

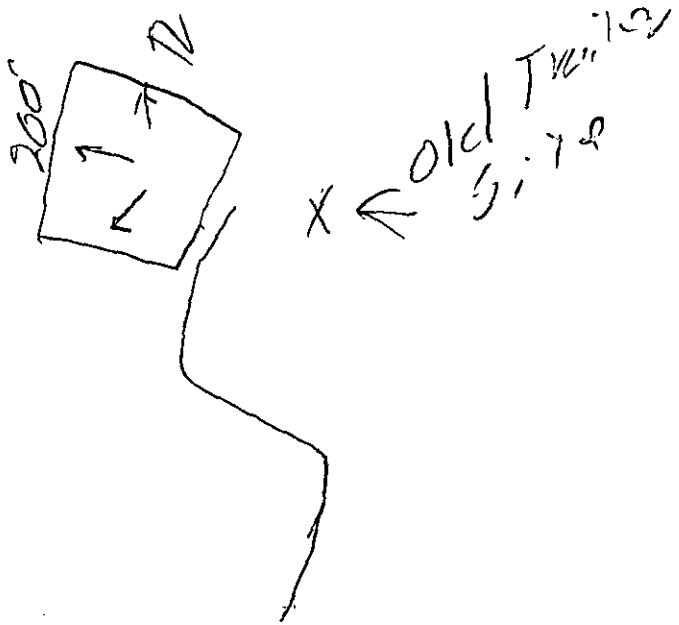


***** EVALUATION KEY *****

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	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 Cer.I-1.H-					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U


BK. 07
4830-224-Jack B. Davis
BK. 07
TWP.
N. C. 73
870± HUNTERSVILLE
TWP.
DEWEESE
SAM FURR RD.
BLACK
BELT
RD.
011-06140
PG. 06
Knox Robert Jay Wilbert Jr
7.85 AC.
2.33AC.
12 AC.
8.95AC.
5.57 AC.
15.72 AC± P
1.53 AC.
2.39 AC.
3.6 AC±
7 AC.
38.12AC± P
12 AC.
13.72 AC.
14.4 AC.±
47.511AC
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70 AC.
Know many feet divided
or the road.
15' divided ; 15' to 17 - 20


200'
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X
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5.7 ?

OFFER TO PURCHASE AND CONTRACT

G.Thomas Trimble and Karen P. Trimble, as Buyer, hereby offers to purchase and S & S Properties (Odell Stamey and Fred Suther), as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of n/a, County of Mecklenberg, State of North Carolina, being known as and more particularly described as:
Street Address 12.25 ac. Sam Furr Rd. Zip _____.
Legal Description tract #19

2. **PERSONAL PROPERTY:** none

3. **PURCHASE PRICE:** The purchase price is $ 110,000 and shall be paid as follows:
(a) $ 2,500 in earnest money paid by personal check (cash; bank, certified, or personal check) with the delivery of this contract, to be held in escrow by Lake Properties Limited, as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;
(b) $ _____ by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;
(c) $ _____ by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of _____ % per annum payable as follows: _____
Prepayment restrictions and/or penalties, if any, shall be: _____
Assumption or transfer rights, if any, shall be: _____
(d) $ 107,500 the balance of the purchase price in cash at closing.

4. **CONDITIONS:** (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)
(a) The Buyer must be able to obtain a firm commitment on or before 21 Feb. 90, effective through the date of closing, for a conventional loan in the principal amount of $ 90,000 for a term of 30 year(s), at an interest rate not to exceed 10 % per annum, with mortgage loan discount points not to exceed 1 % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: none
(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 5(b) above for the remainder of the loan term, at an interest rate not to exceed _____ % per annum fixed (or describe type of loan) n/a, with mortgage loan assumption and/or discount points not to exceed _____ % of the loan balance. (See Standard Provision No. 2). If such assumption requires the lender's approval, approval must be granted on or before n/a. Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: none
(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for residential purposes.

5. **ASSESSMENTS:** Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: none (Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS:**
(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) 2,3,11,9
Property must be perked in three (3) sites for building site. Right of way into tract must be deeded. Appraisal = Sales Price. Verification of property boundary lines to coinside with attached map. Buyer will incur cost of survey.
IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before 15 March 90, at a place designated by buyer.
The deed is to be made to G. Thomas Trimble and Karen P. Trimble.

8. **POSSESSION:** Possession shall be delivered at closing.
In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ n/a per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. **COUNTERPARTS:** This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in 4 (four) counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any. AO

Date of Offer: 3 Feb 90 — Date of Acceptance: 2-6-90

Buyer: G. Thomas Trimble (SEAL) — Seller: S & S Properties (SEAL)

Buyer: Karen P. Trimble (SEAL) — Seller: Fred W. Suther (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date: 3 Feb. 90 — Firm: Lake Properties Limited
By: Lake Properties Limited

Name of Selling Agent/Firm: Lake Properties Limited
Name of Listing Agent/Firm: Lake Properties Limited

REALTOR®

This Standard Form has been approved jointly by the:

NORTH CAROLINA BAR ASSOCIATION
NORTH CAROLINA ASSOCIATION OF REALTORS®, INC.

Standard Form No. 2
Copyright © 1987

A.C. to be tested

GLL & Associates, Inc.

MORTGAGE BANKERS

$40 fee for soil evaluation

per: Geri Mayhew

12 Ac tract #19

Sam Furr Rd.

Winston-Salem 760-4911 | Greensboro 271-3221 | Statesville 878-6461

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-27-90

Name/Company: Terri J. Mayhew

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test - 1 AC
Sams Fuller Rd
Tract #19

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
P.C.D.

Sale #6446A

Cle # 1250
$40.00

Fee: FEB 27 1990 $ 40.00

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6446A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Tract #19 Sam Furr RD.

② SUBDIVISION: none 12 Ac. ③ LOT: #19 ④ BLOCK: #19

⑤ PARCEL REFERENCE: BOOK NO.: BK. 07 PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 4830 PAGE NO.: 224

OWNER

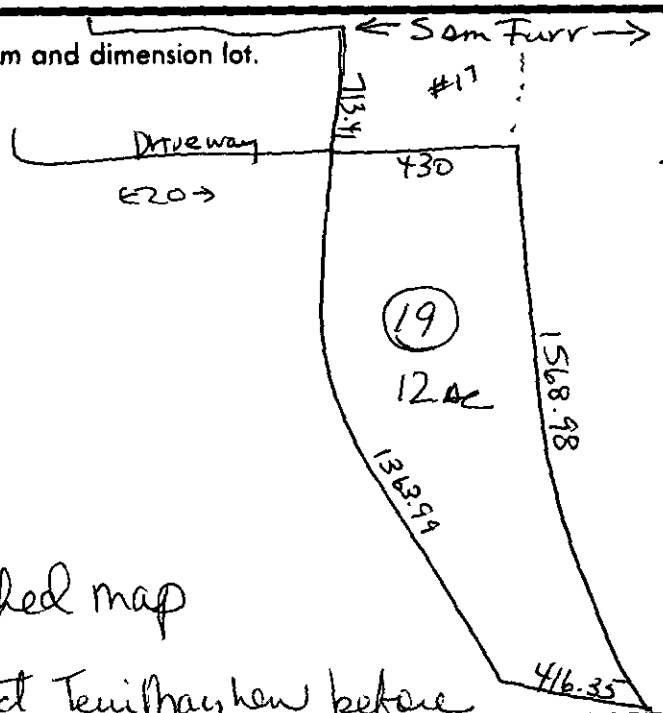
⑦ NAME: S+S PROPERTY Guy (FIRST) Grayson O (MIDDLE) Stamey JR (LAST)

⑧ MAILING ADDRESS: PO Box 278

⑨ CITY: Mooresville ⑩ STATE: NC ⑪ ZIP: 28081

⑫ PHONE: (WORK) 932-6195 (HOME) 663-1518

⑬ Accurately diagram and dimension lot.



*See attached map

*Please contact Teri Mayhew before soil test are done. Buyer would like to be present.

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: 2-12-96

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