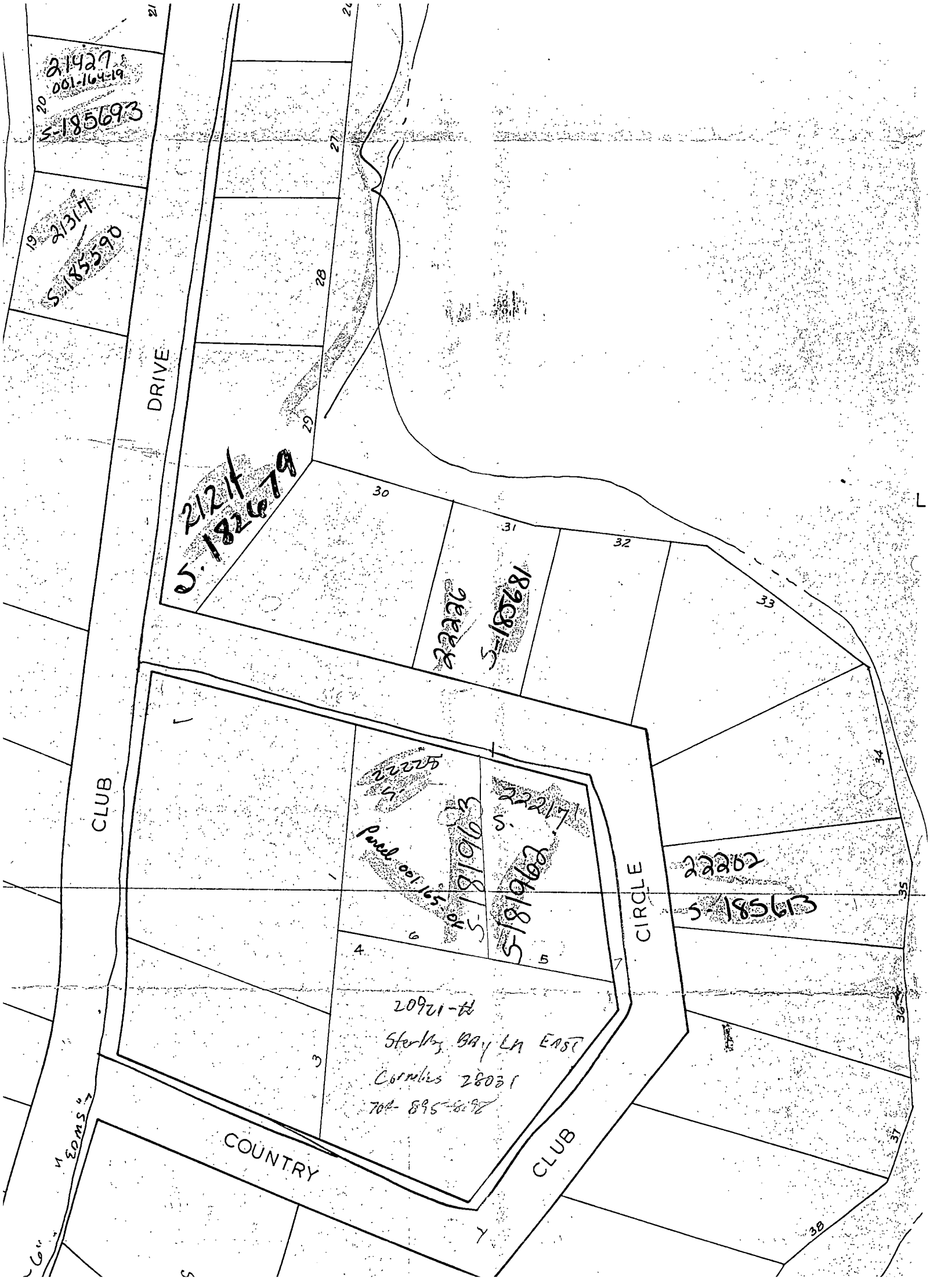


22112 COUNTRY CLUB CIR

6/13/2007

duponbj

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

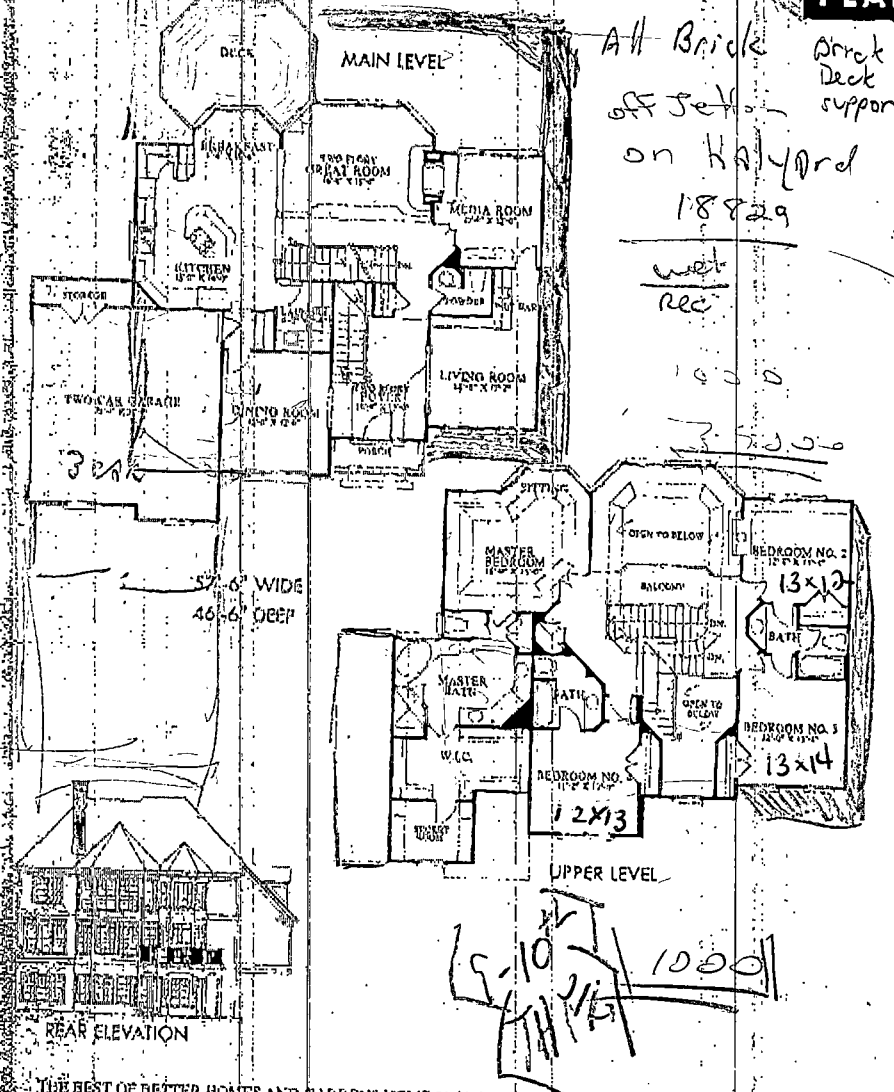

21427
001-164-19
S-185693
21317
S-185590
21211
S-182679
22222
S-185681
22222
S-181913
22217
S-181912
Parcel 001-165-29
22202
S-185613
20921-H
Sterling Bay Ln East
Cornelius 28031
704-895-6198
DRIVE
CLUB
CIRCLE
COUNTRY
CLUB
STEMS
21
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L

4 BEDROOMS 3½ BATHS



© Design Traditions

PLAN #BG9869 2,935 sq. ft.



IF YOU'VE ALWAYS WANTED A SECRET ROOM...

- The master suite includes an optional secret room behind the walk-in closet.
- 1,475 square feet on the main level; 1,460 square feet on the upper level
- The media room and the two-level great-room share a see-through fireplace.
- Two stairways, one from the foyer and the other from the kitchen, lead to the upper level.
- One upper-level bedroom features a private bath, while two other bedrooms share a bath.
- This home is designed with a basement foundation.
- Design by Design Traditions

FOR MORE INFORMATION AND TO ORDER PLANS, SEE PAGE 191 OR CALL 800/848-2550.

PRICE CODE: D

QUOTE ONE®
Our Quote One cost-estimating products are available for this plan. See page 192 for more information.

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11/14/89

NAME/COMPANY: Linda Wathen

Sanitation _____

Vector Control ✓

OPWD _____

SERVICE: Soil
Perc
6313A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

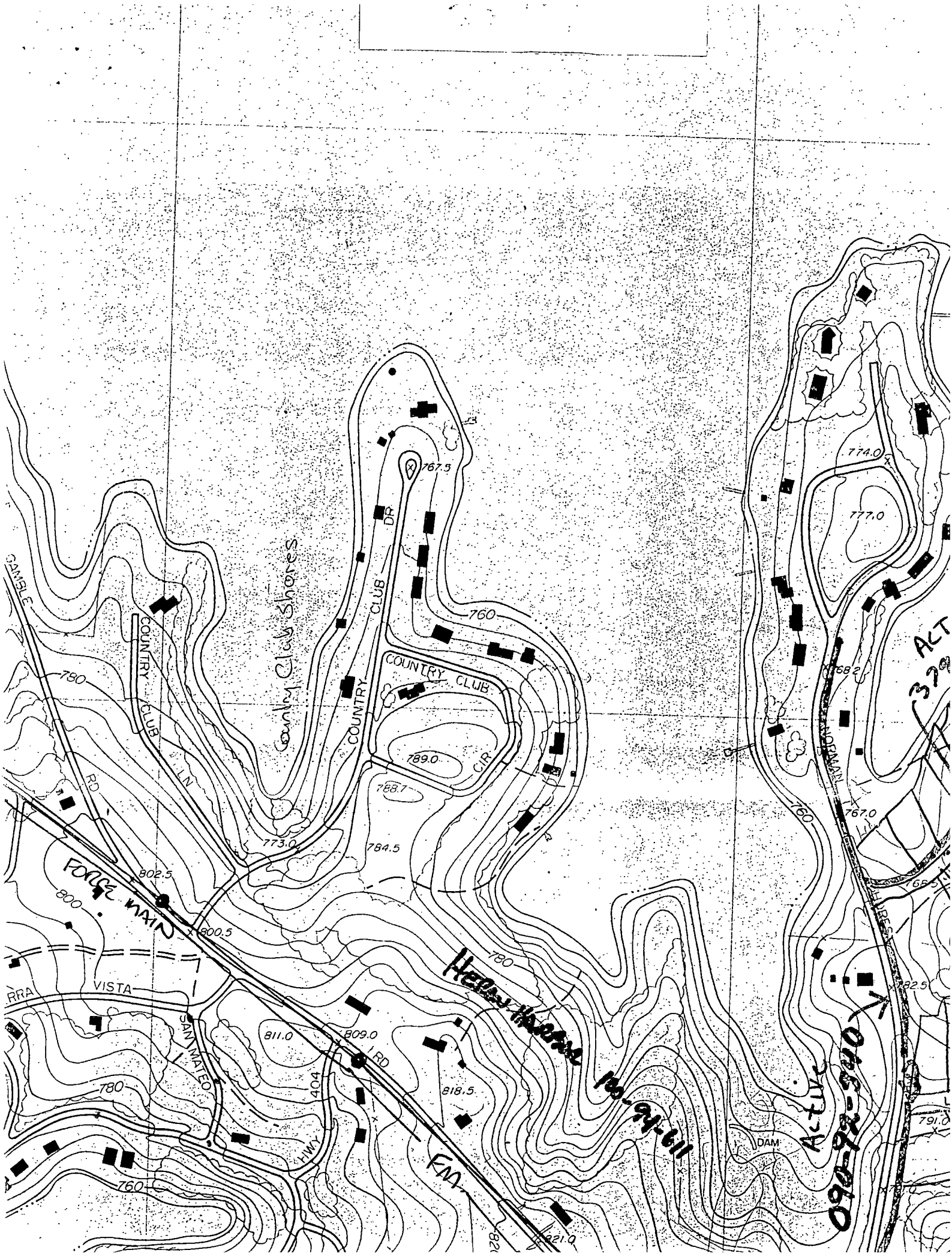
NOV 14 1989

FEE: 40.00

CR# 1369
11/40.00

Completed By

Collected By


COUNTRY CLUB SHORES
COUNTRY CLUB DR
COUNTRY CLUB
COUNTRY CLUB LN
GAMBLE
RD
FORCE MAIN
VISTA
SAN MATEO
RD
HWY
404
760
780
800
802.5
800.5
773.0
784.5
788.7
789.0
CIR
767.5
774.0
777.0
768.2
767.0
NORMAN
811.0
809.0
818.5
821.0
DAM
791.0
782.5
760

FEE: 108.00 CK # 1207

DATE: 6/22/98

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

400

12

[ ] CRT

TYPE APPLICATION: [X] 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 #: 63134

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-164-40

STREET ADDRESS: Country Club Circle

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

- [ ] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [X] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

HEATED SQUARE FOOTAGE: 4000 SF

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [ ] CRAWL SPACE
- [X] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

CLOSING DATE_____

Soil checked 6-29-98
Use Initial Report
NW

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- [ ] COMMUNITY (C)
- [X] 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	[X] YES [ ] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[X] YES [ ] NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Qutub (FIRST) Bob (MI)	NAME: (LA
ADDRESS: 20921 - H Sterling Bay Ln E.	DAYTIM
CITY: Cornelius STATE: NC ZIP: 28031	
DAYTIME PHONE: (704) - 895 - 8198	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? __

An Improvement Permit is subject to suspension or revocation if site plans or this application is falsified or changed. The undersigned, owner, or legal ager "Job Location" has read the foregoing application, acknowledges that the con Mecklenburg County Health Department to enter onto the property for the pu

SIGNED: [signature] DATE: 6-22-98

MICHAEL D. NEILSON
PRESIDENT

JOSHUA PARKER BUILDERS

A Quality Home for the Family

8401 UNIVERSITY EXECUTIVE PARK DRIVE
SUITE 104
CHARLOTTE, NC 28262

704-548-0060
PAGER 514-7720

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

Mecklenburg County
Health Department

December 6th, 1989

William Washam Jr.
7600-27 Woods Lane
Huntersville, NC 28078

RE: Property located at Country Club Circle
FILE: 6313A
PARCEL: 00116440

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 17410) 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 HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17410

File: 6313A
Parcel: 00116440
Action 1
☐ PC

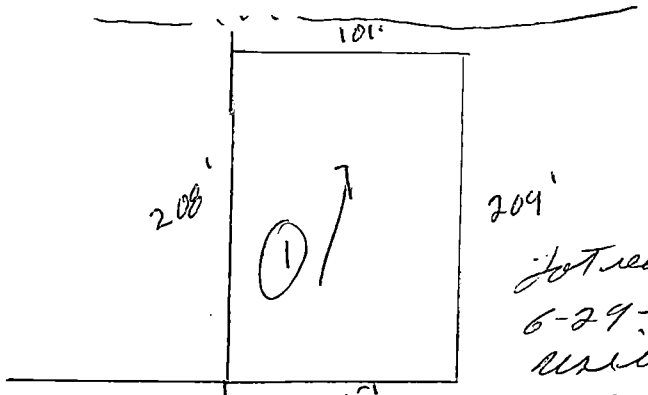
Location: Country Club Circle
Subdivision:
Lot: Block: Acres: .49

Owner:
Address: William Washam Jr.
7600-27 Woods Lane
Huntersville, NC 28078

Comments: Recommend surface water diversion - system may need lift pump

Described by: William R. Mauk
Date: 12-5-89

LW
LAKE NORMAN



Lot reckoned 6-29-96 residential report. W.R. Mauk
Country Club Circle 6-30-96

***** 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 2-10%	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"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 49"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 49"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited	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	10A Cecil-Lloyd					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

December 6th, 1989

William Washam Jr.
7600-27 Woods Lane
Huntersville, NC 28078

RE: Property located at Country Club Circle
FILE: 6313A
PARCEL: 00116440

Dear Sir:

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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

4080

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6313A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: (Off) Country Club Circle, Route #1, Davidson N.C.

② SUBDIVISION: Country Club Shores ③ LOT: 40 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 164 PARCEL NO.: 40

⑥ DEED REFERENCE: BOOK NO.: ~~708~~ 2974 PAGE NO.: 99

OWNER

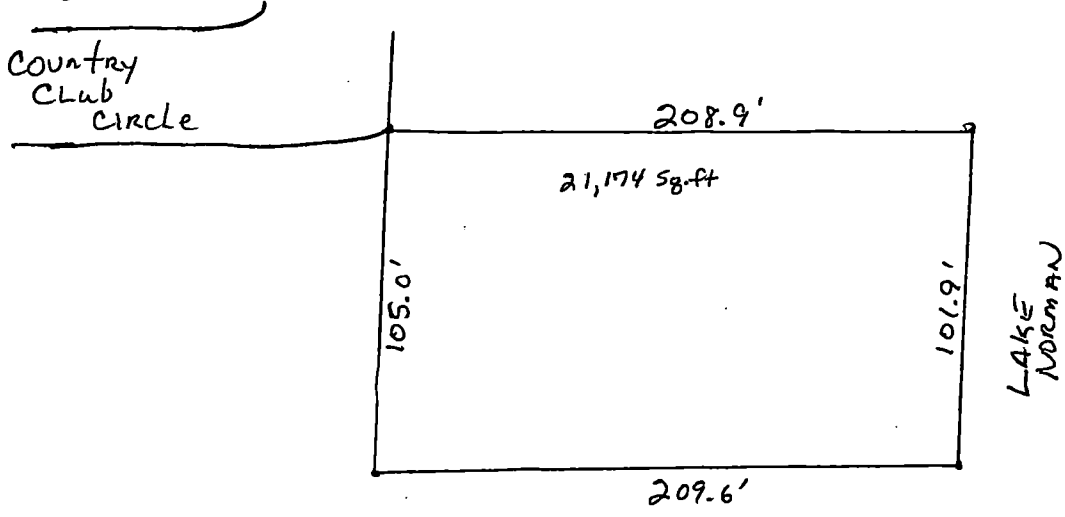
⑦ NAME: William (FIRST) R. (MIDDLE) Washam, JR. (LAST)

⑧ MAILING ADDRESS: 7600-27 Woods Lane

⑨ CITY: Huntersville ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) 378-0375 (HOME) 896-7888

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: W Washam

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

Date: Nov 14, 1989

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

FEE: 108.00 CK # 1207

DATE: 6/29/98

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

I CRT

TYPE APPLICATION: X 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 #: 60343A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: [redacted] 464-40

STREET ADDRESS: Country Club Circle

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
✓ HOUSE (H) __ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4000sf

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE [redacted]

Lot rechecked 6-29-98
Use entitled repair
N.R. Wallis 6-30-98

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT __ ON SLAB __ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Qutub (FIRST) Bob (MI)	NAME: (LAST) Nelson (FIRST) Michael (MI) D
ADDRESS: 20921 - H Sterling Bay Ln E.	DAYTIME PHONE: 704 548 - 0063
CITY: Cornelius STATE: NC ZIP: 28031	or 574-7720
DAYTIME PHONE: (704 - 895 - 8198	

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: [signature] DATE: 6-22-98

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

[illegible] 1998

To Whom It May Concern

[illegible] Nelson has my permission to act as agent to build on my property located at [illegible] Circle in Cornelius, North Carolina

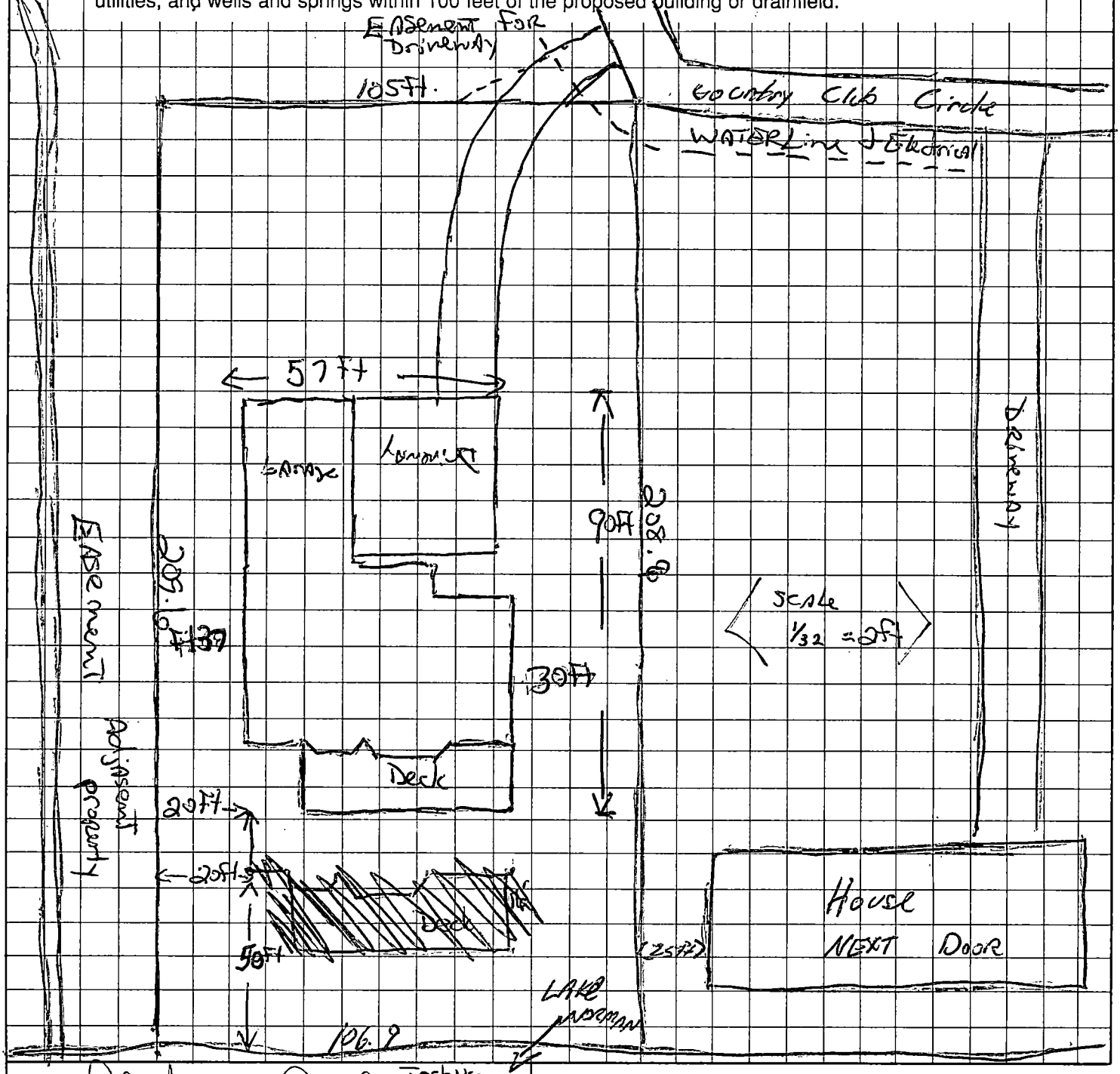
PROPOSED PLOT PLAN

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

FILE: 6313A

TC: 001-164-40

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.



Joshua Parker Builders

OWNER/AGENT SIGNATURE

APPROVAL DATE _____

DATE 6-22-98

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