

11101 LIMEHURST PL

19921304

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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13430

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 David

(704)336-5102 3973B

PERSON FILING APPLICATION:
NAME: Tillman (last) Angelo (first) C. (mi)
ADDRESS: 5304 FALL CI PHONE: (704) 556-8112
CITY: Charlotte STATE: N.C ZIPCODE: 28212

Date: March 21 04

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-213-04
STREET ADDRESS:
ZONING:

PROPERTY OWNER:
NAME: Coyne (last) Tracey (first) (mi)
ADDRESS: 11101 Limehurst Dr PHONE: (704) 587-3691
CITY: Char STATE: N.C ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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

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: [signature] Date: March 21 04

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.

...Addition Approved. O.K. To use Existing System.

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

[signature] 3/23/04
Environmentalist Date

WWATER : 122791

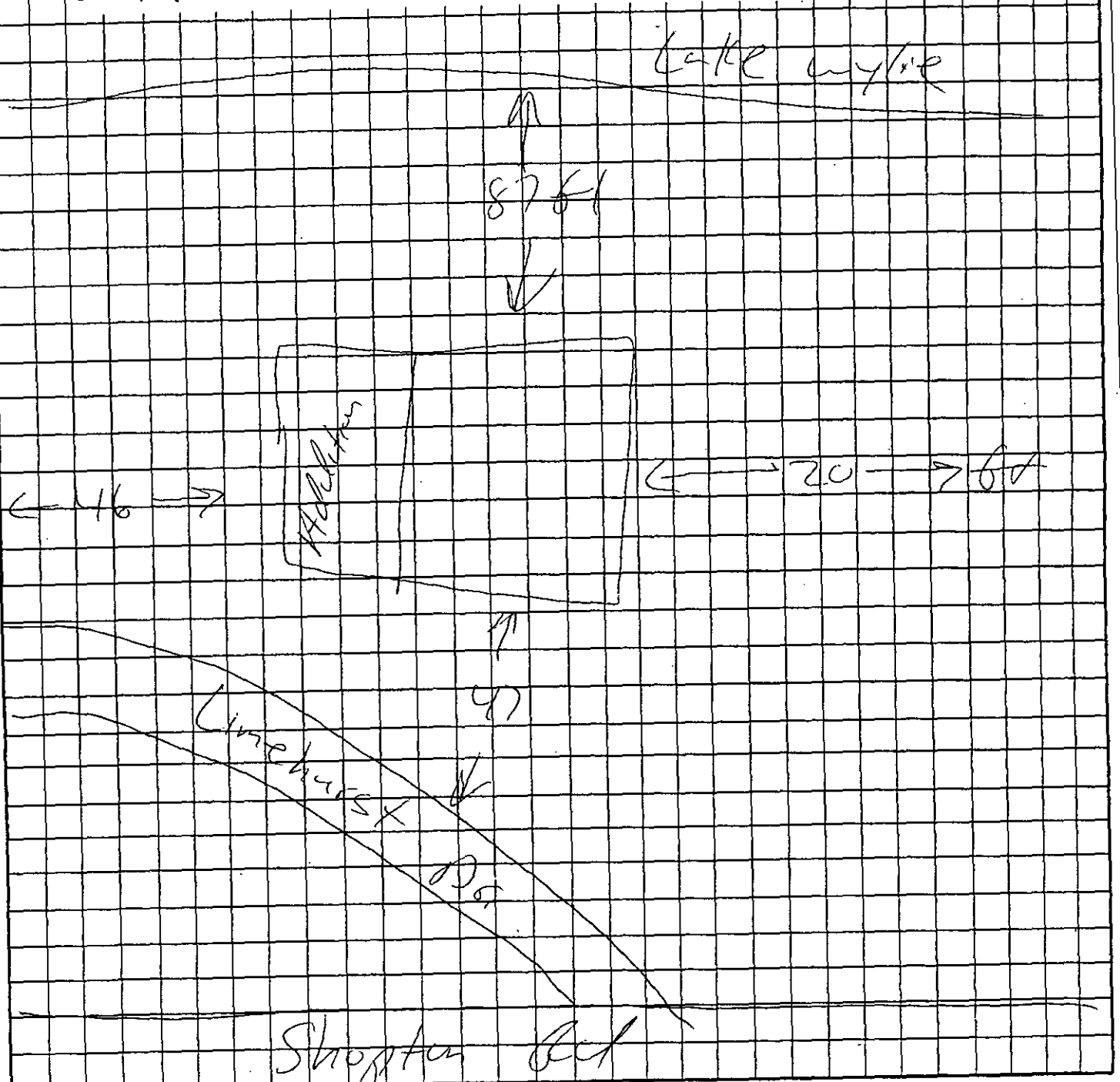
PROPOSED PLOT PLAN

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

FILE: 397313

TC: 199-213-04

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

DATE March 21/04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3973B DATE: 9/2/99

TC: 199 213 04 ☐ L ☒ CRT

SERIAL Nº 17716

Name of Owner James Lewter Juris.: _____

Address of Property 11101 Linchurst Pl

Inspection Data:

Tank Material Existing

Total Length of Drainfield 135'

Number of Lines 3 @ 45'

Cover Depth 12"

Water Supply Source New well

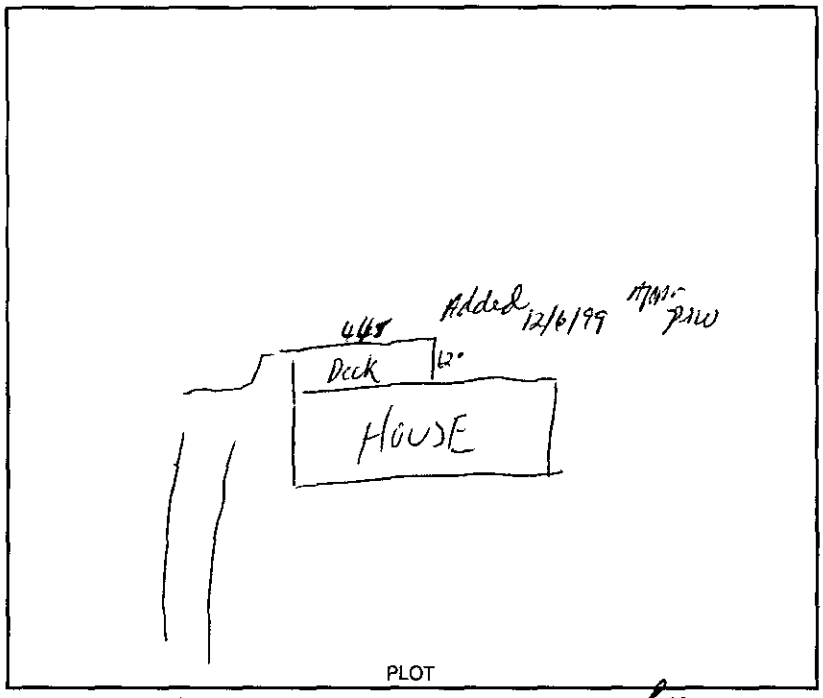
Distance to Water Source > 50'

Excavation Inspected 9/2/99

Tank(s) Inspected Existing

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Design 1999, Alteration, CON, 1355FB, 18"stone CTR# Loser ~~prop~~

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Septic alteration approved for a 3 bedroom residence Type IIa

Philo J. Walker RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

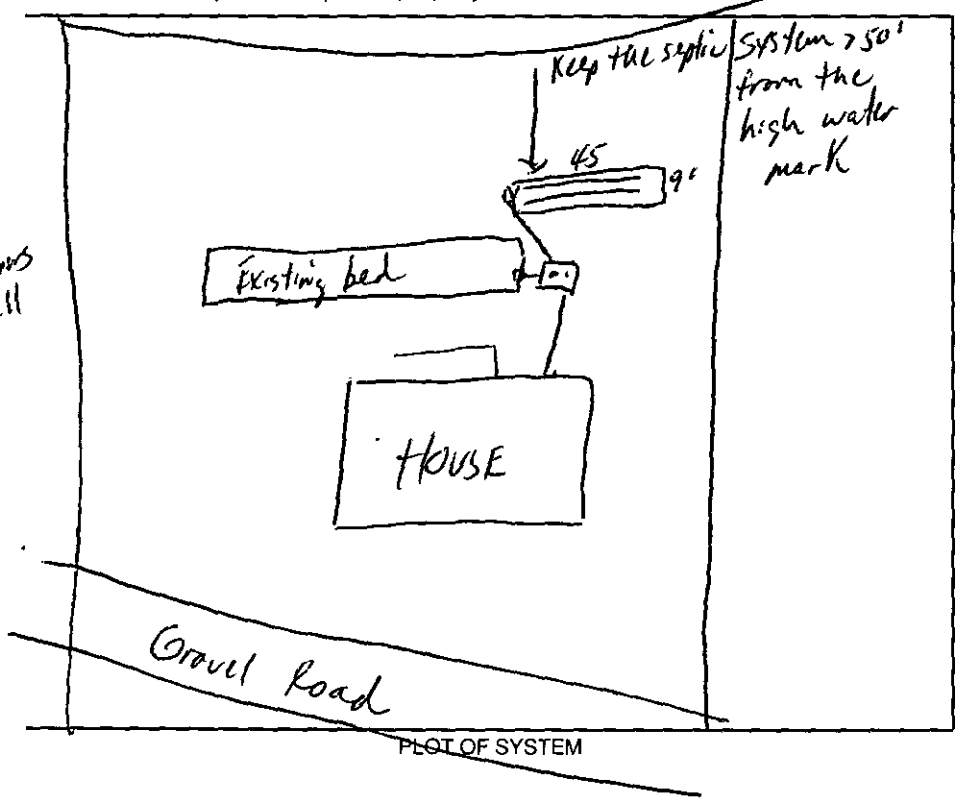
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3973B DATE: 9/24/99

TC: 199 213 04

SERIAL Nº 17848

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 6/11/99. All work shall be completed on or before 9/24/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed Trench Width 9' feet

Trench Walls Scored and Porous yes

Total Line Length 135' feet

Bed Number of Lines 3(45')

Depth of Stone 18" inches

Distance from House 5' 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 James Lewter

LOCATION OF PROPERTY 11101 Limehurst Pl

Comments: Bed system alteration 9'wd x 45'long x 18"stone
Keep the septic system >50' from the lake high water mark

Phila J. Walker R.S.
Environmental Health Specialist

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/24/99 PERMIT NO: 3973B
PARCEL NO: 199 213 04

JOB LOCATION ADDRESS: 11101 Limehurst Pl
PROPERTY OWNER: James Newton
BUILDING CONTRACTOR: -
SUBDIVISION NAME: -
AUTHORIZATION ISSUED BY: Phillip S Walker DATE: 8/24/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3973B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Alteration for a 3 bedroom residence

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: $200.00 CK # 1170
DATE: 6-11-99

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 5991149 3973E

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: Deed Ref BK 5931 PG 16 PLAT BK 17 PG 648

TAX/PARCEL NUMBER: 197-013-01

STREET ADDRESS: 11101 Limehurst Place

SUBDIVISION OR MOBILE HOME PARK NAME: Crescent Land & Timber Corp Subd

LOT NUMBER: 43

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1352 SQFT

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

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

CLOSING DATE _____

9/2/99 Alteration for 3 bedroom residence upgrade

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

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:

NAME: Lawter James O
(LAST) (FIRST) (MI)

ADDRESS: 11101 Limhurst Place

CITY: Charlotte STATE: NC ZIP: 28214

DAYTIME PHONE: 391 - 3505 EXT 303

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ashwell Joseph F
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 391 - 3505 EXT 303

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: Joseph F Ashwell III DATE: 6-11-99

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

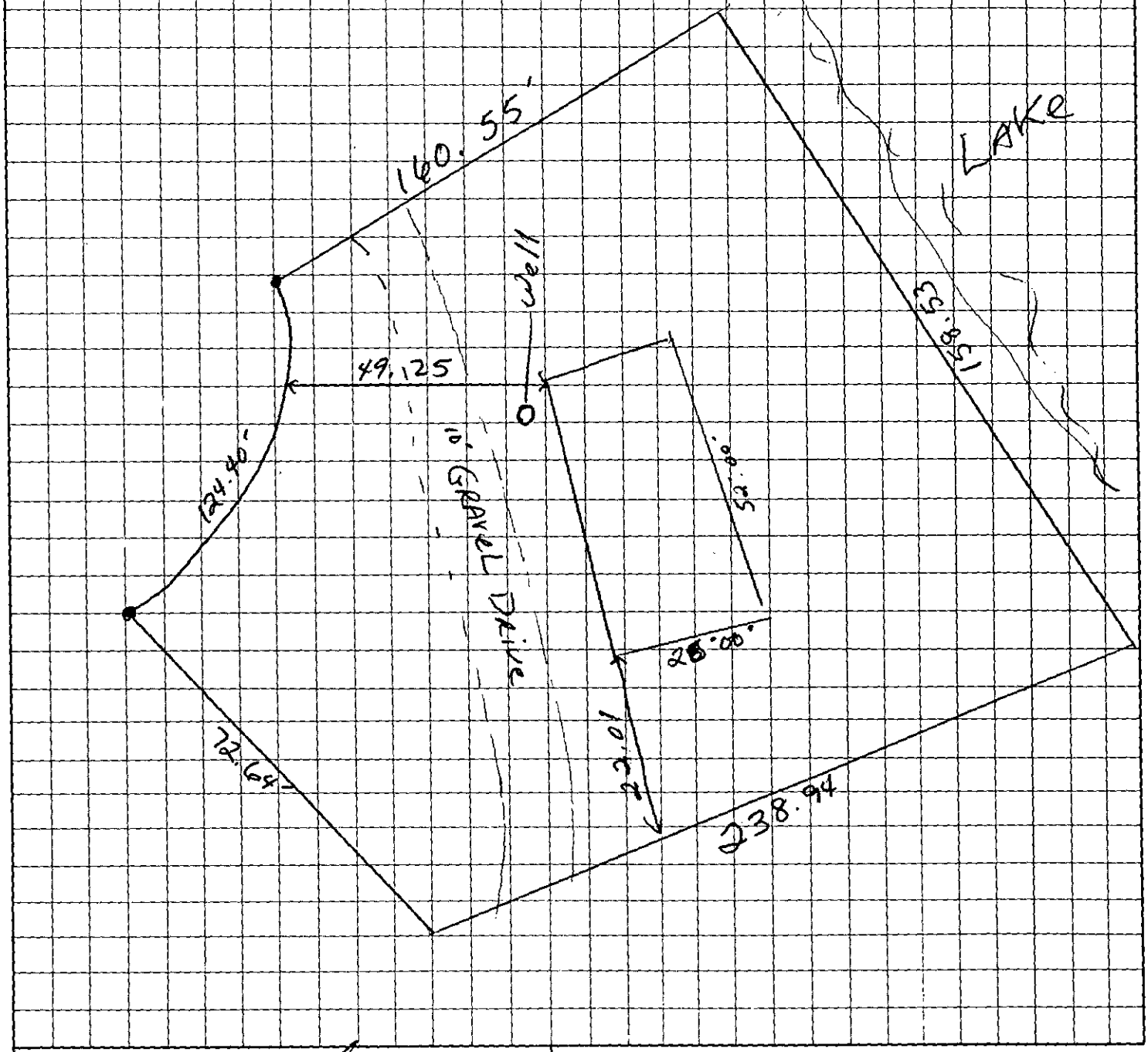
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: [redacted] 3975

TC: 199-213-04

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.



Joseph F Ashwell III
OWNER/AGENT SIGNATURE

DATE 6-11-99

APPROVAL DATE _____

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

Permit Number: 3973B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 199 213 04

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Alteration to the existing system, Install bed system 9'wd x 45'long x 18"stone. Keep the septic system > 50' from any wells and the lake high water mark.

Repair Area System Type (Alteration) Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
405' Absorption Area (Sq ft) 135' Total Trench Length (Ft)	18" Depth of Stone Trench	NA Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departme
- This Improvement permit is transferable.

Phila S. Walker R.S. 8/24/99
DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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



Print

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Parcel Information

Parcel ID	Account	Parent	Previous
19921304	INDIVIDUAL		19916104
19921304	INDIVIDUAL		19921304

Owner(s)

Owner Name	Mailing Address	City/State
GOGO PROPERTIES LLC	PO BOX 240772	CHARLOTTE NC 28224

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L43 SEC39 M17-648	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	0
L43 SEC39 M17-648	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
158700	275000	4100	437800				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Jul 17 2006	365000	730.00000		IMP	20755 - 67	WARRANTY D	20755-67	COYNE, TRACIE H
Aug 4 2003			UNDER REVIEW	VAC	15850 - 47	SPEC WARRNTY	15850-47	LEWTER,JAMES OLIVE
Dec 21 1988	0			VAC	05931 - 026		05931-026	

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1.00	WF	T902	275000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1999	11101 LIMEHURST PL UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2286	1998	CRAWL SPACE	ALUM,VINYL -	AVERAGE 06	158700

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	HEAT PUMP	ELECTRIC	1 - FP2	AC-CENTRAL		4	3		0

Sub Areas

Bldg	Description	Size
1	PORCH - SCREENED - UNFINISHED	288
1	BASE (FIRST FLOOR)	1998

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 12.00%				

Notes

Tax Year	Notes	Note Date

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1900	BOATHOUSE	1	12X30	2300
1	1900	PIER	1	5X26	700
1	1900	BOAT RAMP	1	5X17	100
1	1999	DECK	1	12X10	700
1	1999	TERRACE	1	4X7	300

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	437800	0
Apr 12 2005	2005	Remodeled and/or New Addition	283600	0
Apr 12 2005	2005	Remodeled Improvements and/or New Additi	283600	0
Jan 17 2003	2003	Countywide Revaluation	257200	0
Mar 30 2000	2000	New Improvement	208810	