

11324 MOUNT HOLLY RD

03144106

5/21/2007

duponbj

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

County 02-99317

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 11/4/93 CK 255 [ ] CRT

4511A

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

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Amos (last) MARVIN (first) O. (mi)

ADDRESS: 2517 TANGLEBROOK PHONE: (704) 391-2530

CITY: CHAR STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 031-143-10

STREET ADDRESS: 11324 Mt Holly Rd

ZONING:

PROPERTY OWNER:

NAME: MACKS (last) CONCENIENCE (first) STORE (mi)

ADDRESS: 11324 MT HOLLY RD PHONE: (__) _____

CITY: CHARLOTTE STATE: NC ZIPCODE:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] 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)
[X] 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) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Comm Sales # Employees 2 Per Shift 2
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/N) __ Type GAS

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: Marvin O. Amos Date: 11/4/93

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.

...Site visit. They have building staked out over System. Advised Mr Amos & Supervisor Owner. They want to buy and relocate and will recontact me. T Bell

[ ] 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

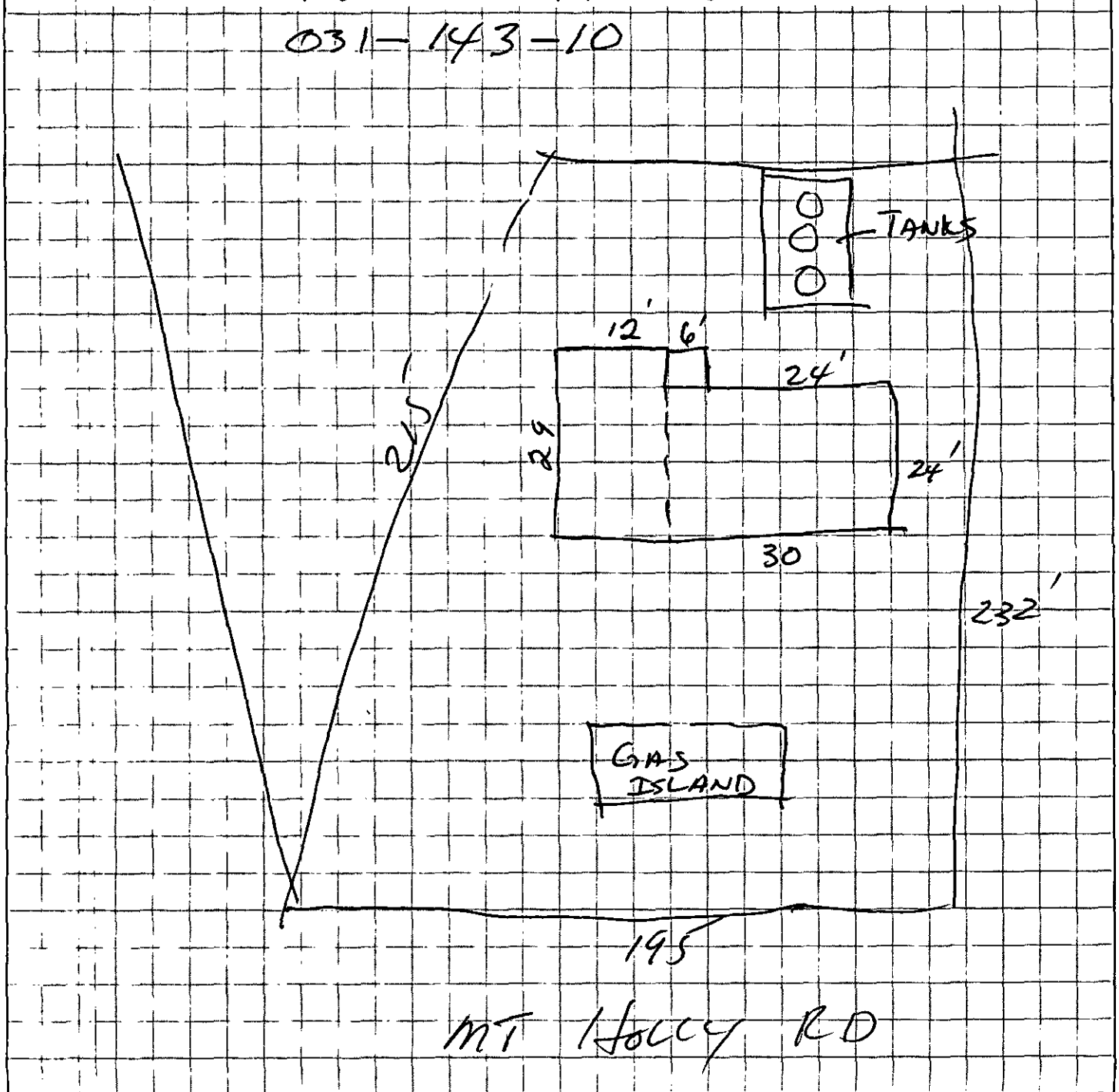
PROPOSED PLOT PLAN

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

FILE: 4511A

TC: 031-143-10

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 451/A DATE: 2/16/89

TC 031-143-10 ☐ L ☑ CRT

SERIAL № 11653

Name of Owner Johnston E. C. & Ray M. Cox Juris.:

Address of Property 11324 Mt. Holly Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 24"

Water Supply Source Well / NEXT DOOR

Distance to Water Source ≥ 50

Excavation Inspected 2/16/89

Tank(s) Inspected 2/16/89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989 1000 ST, Con. 600SFT, 12" G, Rock CTR# 67

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: Low flush toilet installed per Approved Plan.

Judy J. Kwiz RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4511A DATE: 2/14/89

TC: 031-143-10 ☐ L

SERIAL Nº 12494

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 _____. All work shall be completed on or before _____, 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 Department of Environmental Health 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.

PLAN Attached

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 3 feet

Total Line Length 200' feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 51 feet

Distance from Property Line 10' feet

Distance from Well 250' feet

NAME OF OWNER Johnston F C & Raymond Cly

LOCATION OF PROPERTY 11324 Mt. Holly Rd

Comments: Install Per Approved Plan on File. Copy Attached for Layout design, dimensions

S. D. Davis
Division or Section Head

Judy J. Kiser 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 28 1988
ENVIRONMENTAL HEALTH
DIVISION

PROPOSED ALTERNATE SEPTIC TANK SYSTEM

OWNER: Roy H. Cox

FILE # 4511A

ADDRESS: P. O. Box 106 Paw Creek, N. C. 28130

T.C.# 03114310

LOCATION OF JOB: 11324 Mt. Holly Road

DATE: June 27, 1988

DESCRIPTION OF PROPOSED SYSTEM: 1,000 gal septic tank, distribution box, 2 lines 3'x100'

TOTAL BOTTOM AREA: 600 sq. ft.

TOTAL LINE LENGTH: 200 linear ft

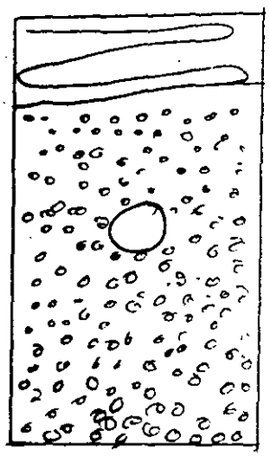
Note: Micro flush toilet to be used

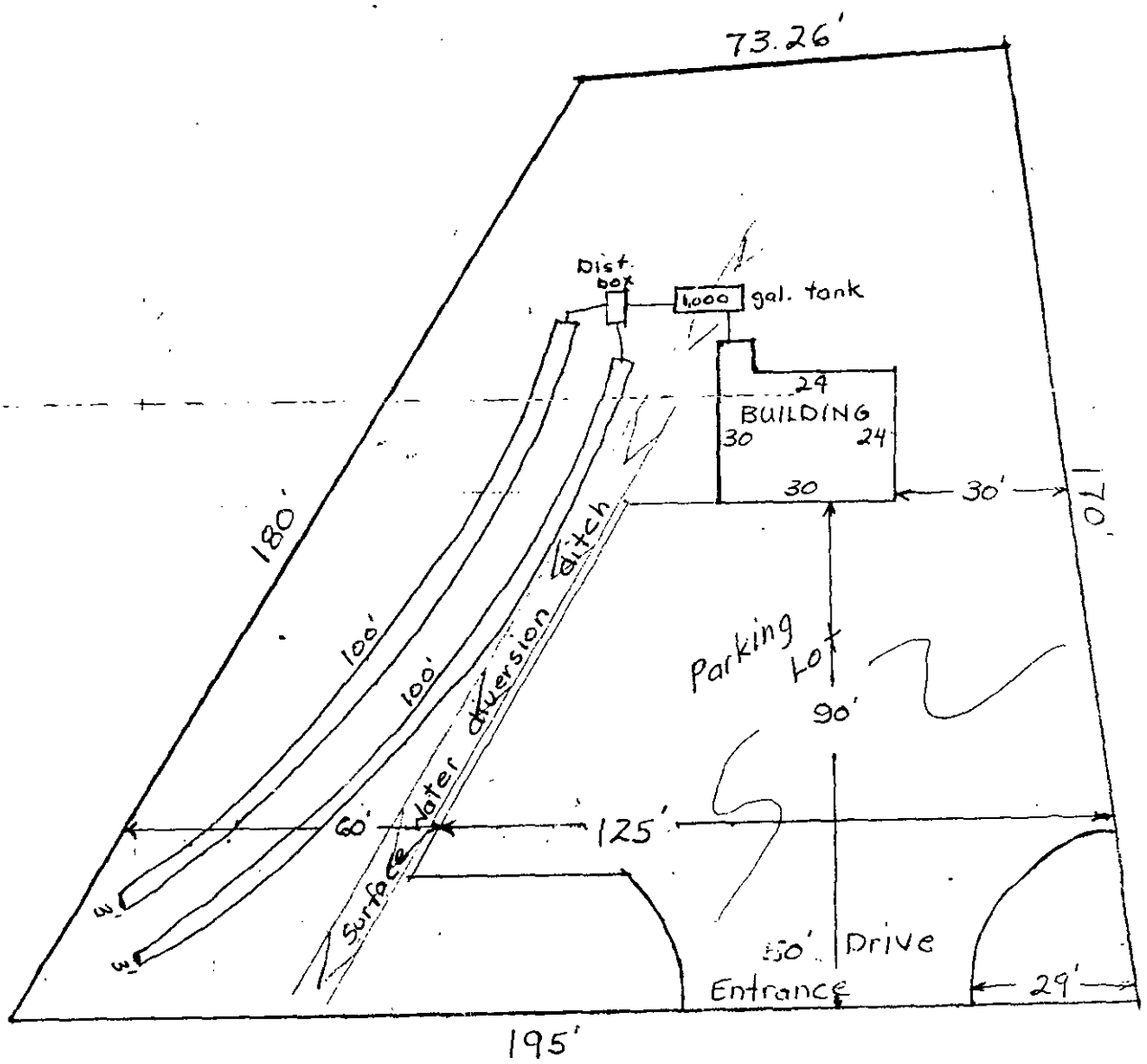
Water supply from adjacent property

12" over

1" over 4" Pipe

7 Rock Under

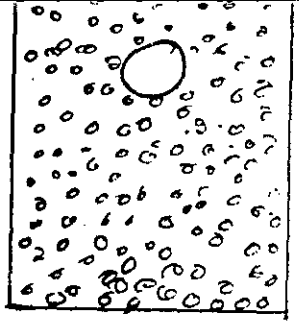


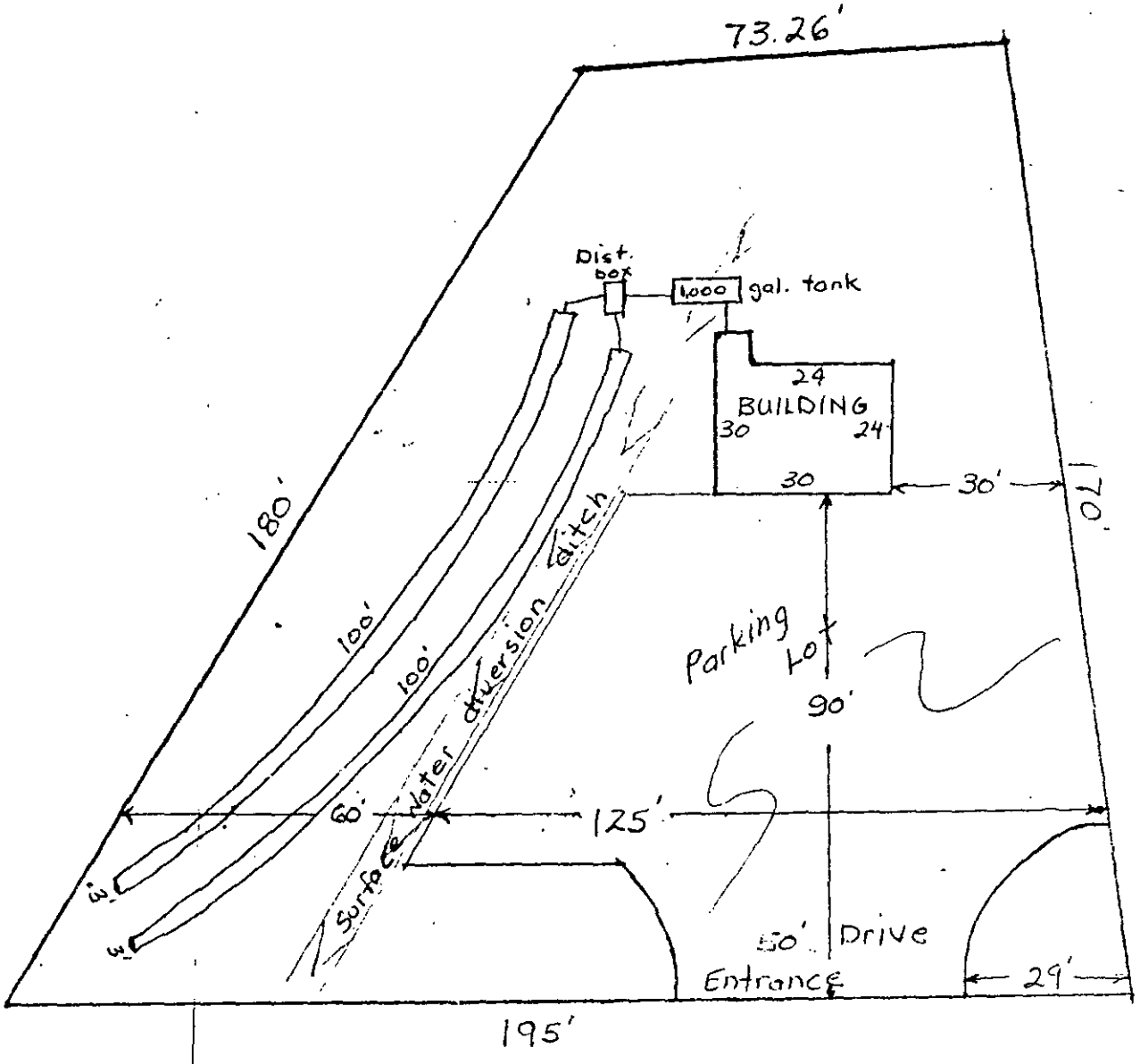


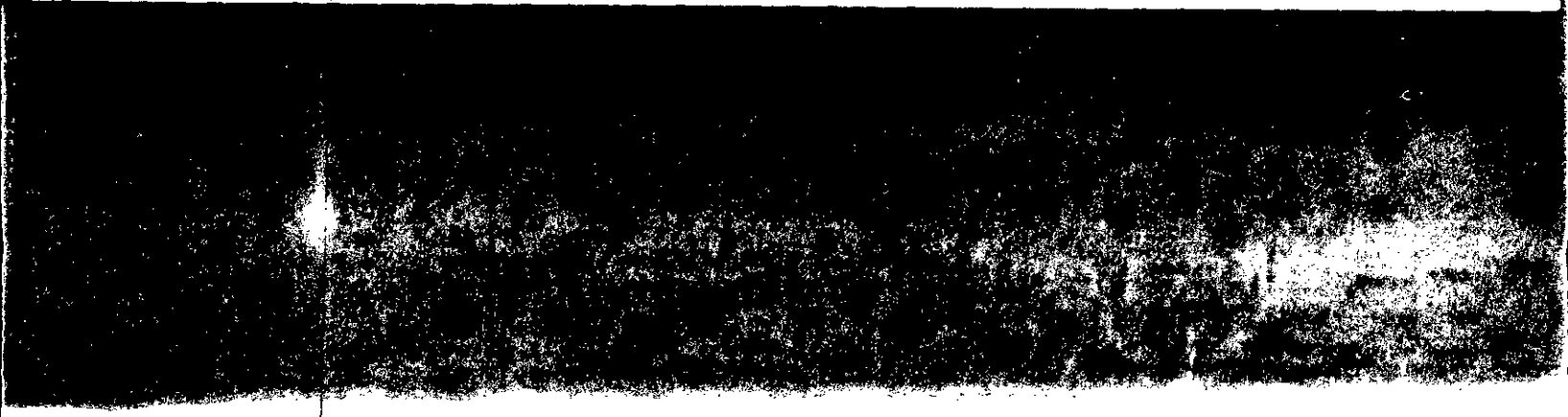
Water supply from adjacent property

1" over 4" Pipe

7 Rock Under







DATE: 6/14/88

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE _____

PARCEL NUMBER 031-143-10

ASSIGNED ADDRESS 11324 Mount Holly Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☑ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☑ *	☐

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

REMARKS: Septic Tank - Service Station

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: Sig

OPWEAR 02/86

Form 100

6/3/88 Paid Rec# 19847 $100.00 Rec'd

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: 4511A
TC: _____
SERIAL: No: 16174 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11324 (STREET NO.) Mt. Holly Rd. (STREET) ② FILE: 4511A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 03114310
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: E.C. Johnston & Wife - Roy H. Cox & Wife (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: P.O. Box 106
⑩ CITY: Pair Creek ⑪ STATE: N.C. ⑫ ZIP: 28130
⑬ PHONE: (WORK) 8276391 ⑭ (HOME) 399-1605 OR 392-8005

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? _____
㉕ Type? Convience Store
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? None

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well From Ajoining Property
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: E.C. Johnston
Date: 5-21-88

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.

Laura L. Johnson, RS 7/12/88
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.

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 020-993717
PROJECT NAME: MACKS CONVENIENCE AD **PHS:** **SEC:** **SUBMITTED DATE:** 10/14/93
TIME: 02:18 PM

CONTACT NAME: MARVIN
TITLE: CONT **PHONE #:** (704) 533-0142
TYPE OF PERMIT: ADDITION

COMMENTS: 11324 MT HOLLY RD / MECK / 03114310/

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	BUILDING	MIKE BURKHARD	336-3836	
	ELECTRICAL	MIKE BURKHARD	336-3836	
	MECHANICAL	MIKE BURKHARD	336-3836	
	PLUMBING	MIKE BURKHARD	336-3836	
	ZONING	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
	COUNTY-FIRE	MIKE BURKHARD	336-3836	
ENVIRONMENTAL HEALTH	SEPTIC TANKS	SYLVIA DANIEL	336-5565	

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

1127

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

The foregoing certificate(s)

of Christy Charlene Black,
Gaston

a Notary Public of ~~xxxx~~ County and State of North Carolina
is ~~xxx~~ certified to be correct.
This 9th day of April 19 73.

Recorded in Book 3559 Page 111 and Verified.
CHARLES E. CROWDER, Register of Deeds

By Marjorie King
Deputy

Mail To: DRAWN BY: ATTORNEYS CHILDERS AND FOWLER 62

WARRANTY DEED—Form WD-601 Printed and for sale by James Williams & Co., Inc., Yadkinville, N. C.

STATE OF NORTH CAROLINA, GASTON County.

THIS DEED, Made this 28th day of March, 19 73, by and between David L. Coon and his wife, Mary Frances A. Coon of [redacted] County and state of North Carolina, hereinafter called Grantor, and Edward C. Johnston and wife, Naomi H. Johnston Roy H. Cox & wife, Gladys W. Cox of Gaston County and State of North Carolina, hereinafter called Grantee.

WITNESSETH: That the Grantor, for and in consideration of the sum of Ten and no/100ths---------- Dollars and other good and valuable considerations to him in hand paid by the Grantee, the receipt whereof is hereby acknowledged, has given, granted, bargained, sold and conveyed, and by these presents does give, grant, bargain, sell, convey and confirm unto the Grantee, his heirs and/or successors and assigns, premises in Paw Creek Township, MECKLENBURG County, North Carolina, described as follows:

BEGINNING at an old iron in the northwesterly margin of the 60-foot right of way for Mt. Holly Road (N. C. Highway #27), said old iron marking the southwesterly corner of the property of Roy Cox and Edward C. Johnston (now or formerly) and running thence from said BEGINNING point and with the said northwesterly margin of the 60-foot right of way for Mt. Holly Road, two courses as follows: (1) S.60-40-17 W 73.18 feet to a point; (2) S. 65-40-18 W. 121.95 feet to an old iron, marking a corner of the property of Chalmers B. Beatty (now or formerly), two courses as follows: (1) N. 2-30-00 E. 199.79 feet to an old iron; (2) N 63-08-55 E. 73.26 feet to an old iron, marking a corner of the property of Roy Cox and Edward C. Johnston (now or formerly); thence, with a line of the property of Roy Cox and Edward C. Johnston (now or formerly), S 34-31-17 E. 177.94 feet to the point or place of Beginning, all as shown on blueprint of boundary survey, dated April 17, 1970, of the property of David L. Coon and wife, Mary Coon by H. E. McCauley, R. S., reference to which is hereby made.

STATE OF N.C. Real Estate Excise Tax APR-9'73 P.B. 10675 $2.00

PRESENTED FOR REGISTRATION
APR 9 1973
AT 1:35 P. M.
CHARLES E. CROWDER
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

The above land was conveyed to Grantor by _____. See Book No. 3190, Page 587.

TO HAVE AND TO HOLD The above described premises, with all the appurtenances thereunto belonging, or in any wise appertaining, unto the Grantee, his heirs and/or successors and assigns forever.

And the Grantor covenants that he is seized of said premises in fee, and has the right to convey the same in fee simple; that said premises are free from encumbrances (with the exceptions above stated, if any); and that he will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

When reference is made to the Grantor or Grantee, the singular shall include the plural and the masculine shall include the feminine or the neuter.

IN WITNESS WHEREOF, The Grantor has hereunto set his hand and seal, the day and year first above written.

_____ (SEAL) x David L. Coon (SEAL)

_____ (SEAL) x Mary Frances A. Coon (SEAL)

STATE OF NORTH CAROLINA Gaston COUNTY.

I, Christy Charlene Black, a Notary Public of said County, do hereby certify that David L. Coon and his wife, Mary Frances A. Coon Grantor, personally appeared before me this day and acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal, this the 2nd day of April, 19 73.

My Commission Expires: 6/5/77 Christy Charlene Black, N. P. (SEAL)

STATE OF NORTH CAROLINA _____ COUNTY.

I _____, a Notary Public of said County, do hereby certify that _____ Grantor, personally appeared before me this day and acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal, this the _____ day of _____, 19____.

My Commission Expires: _____, N. P. (SEAL)

STATE OF NORTH CAROLINA, Gaston COUNTY.

The foregoing certificate(s) of Christy Charlene Black, a N.P. of Gaston County is certified to be correct. This instrument was presented for registration this 2nd day of April, 19 73, at 1:35 P. M., and duly recorded in the office of the Register of Deeds of Gaston County, North Carolina, in Book _____, Page _____.

This the 2nd day of April, A. D., 1973.

Charles E. Crowder
Register of Deeds

By _____ Assistant, Deputy Register of Deeds

Deed drawn by RH

To Sylvia

Date 6/3/88 Time 3:10

WHILE YOU WERE OUT

M. Pam Lee

of

Phone 392-1038
Area Code Number Extension

TELEPHONED	X	PLEASE CALL	✓
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL			

Message

Karla –
See me
ASAP

DR
Operator

AMPAD EFFICIENCY®
23-000 50 SHT. PAD
23-001 250 SHT. DISPENSER BOX

PG. 15

PG. 10

CATAWBA RIVER

COUNTY

COUNTY

GASTON

MECKLENBURG

716

851

1124

970±

950±

1673.1

1716.2

1901.8

1915

325'

100'

445'

1654.4

1320.6

2011.3±

2021.6±

PIEDMONT NATURAL GAS

DUKE POWER CO. R/W

PIEDMONT NATURAL GAS LINE

7

59.92AC

141

5

64.35AC.

143

134.48 AC.±P.

3

2

451±

507.7

212.95±

444.85±

4

160

160

263

263

5

100

100

200

200

350±

400±

120±

8

75

272±

730±

903.84±

MOUNT HOLLY

BELMEADE DR. #1606

BLOCK

574.20±

321.42

228

11

225

10

195±

180±

1

335

515±

2

280±

220±

120±

3

139.25

154.33

153.5

MOUNT HOLLY-HUNTERSVILLE RD. #1666

382.95±

ST.

HILTON DR. #1607

N.C. 27

BK 53

TAX LINE MAP BOOK 31 PAGE 14

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED SCALE 1"= 400'

Roy Cox

"Used to be it was a man's world and a woman's place was in the home...

Karla -
For Bud Lee Corvette.
Store job.
SD

"They can kiss that shit goodbye.



DALE 630330©RPP, Inc

"Used to be it was a man's world and a woman's place was in the home... 7-5

Karla -
This should be staked —
Please check —
Will work - SD very little repair
space - definately not
"They can kiss that shit goodbye. 100%



DALE 630330©RPP, Inc.

PARCEL NO 03114310 B O-INDIVIDUAL
LEGAL DESCRIPTION VL HWY 27
JOHNSTON EDWARD C & ROY H COX &WVS
P O BOX 106 PAW CREEK, N.C. 28130

070973 DEED 3559-111
TWP 12 FIRE 11

TAX BILL 1048815
TAX PAID

LAND 12,000 IMPROVEMENT TOT. ASSESSMENT 12,000

****** APPRAISAL DATA ******

ZONE I1
LAND USE 04 ACRES .459
CITY
TYPE OWNER INDIVIDUAL
TYPE IMPROVEMENT UNITS
EFFECTIVE YEAR BUILT CONDITION
BASE SQ FEET
AUXILIARY SQ FEET
REASON CODE 25
LOCATION 11324 MT HOLLY RD

PF1=OWNER YR END, PF9=TSNA

REAL PROPERTY APPRAISAL

1987 REVALUATION

090886 8000

STREET NO.	STREET NAME (DIRECT NAME - RURAL ROUTE NO.)
11324	MT HOLLY RD

OWNER NAME	
JOHNSTON EDWARD C &	ROY H COX &

PROPERTY DESCRIPTION: VL HWY 27

BOOK	PAGE	LOT	INT.	C/CO
12	031	143	10	

TWP: C1701787 PARCEL NUMBER: 1 OF 1

DATE PRINTED: RECORDS IN PARCEL:

APPRAISED VALUE RECAP

	THIS RECORD	THIS PARCEL
IMPR.	0	0
LAND	12000	12000
TOTAL	12000	12000
ASSESSED VALUE →		12000

IMPROVEMENT DIMENSIONS

STRUCTURAL ELEMENTS

TOTAL POINTS	SHAPE FACTORS	SIZE FACTORS	ADJ. POINTS	BASE RATE	ADJ'D BASE RATE	IMPR. TYPE	ACTUAL YEAR BUILT	EFF. YEAR BUILT

DESIGN	WALL	ADJ'D SQ. FT. RATE	RATE		COST NEW EST.

BLDG. CALCULATIONS

BASE = AUX. = R.C.N. EST.

AGE	ADJUSTMENT(S) NON APPR.	ADJUSTMENT(S) SHORT TERM	ADJUSTMENT(S) FUNC.	ADJUSTMENT(S) ECON.	ADJUSTMENT(S) MKT. CORR.	% COND.	DEPR. IMPR. VALUE EST.

NO.	LAND USE	CD	DESCRIPTION EXTRA FEATURES / SITE IMPROVEMENTS	YR.	SIZE	UNIT PRICE	UNITS	VALUE EST.	NO. STORIES
1									
2									
3									
4									
5									
6									
7									
8									

TOTAL EXTRA FEATURES: 0 DEPR. IMPR. VALUE ESTIMATE: 0

TOTAL SITE IMPROVEMENT VALUE EST.: 0

TOTAL LAND VALUE EST.: 12000

TOTAL APPRAISED VALUE EST.: 12000

GENERAL PARCEL DATA

DATE LAND APPRAISED-BY	PARC. STATUS	PARC. REVIEW	TOPO
07 21 86 25	1	0	1

CITY	RVC	CENSUS TR-BLK	O.D.	PARC. TOTAL UNITS
00	25	0000 000	199	

TYPE OWNER	ROAD NO. & TYPE
0	00027 2

GENERAL RECORD DATA

DATE IMPR. APPRAISED-BY	SOURCE
07 21 86 25	IN

UTILITIES W	E	T	GAS	RMV MT. DOOR/WIND	UNITS
0	0	1	00	00	0

BATHS	HALF	X-FIX	YR. REM.-ADD.

LAND DESCRIPTION

	TYPE	USE	ZONING	OD	AREA	SIZE	SHAPE	TOPO	ACCESS	OTHER	ADJ'D COND.	UNIT LAND PRICE	ADJ'D UNIT LAND PRICE	LAND UNITS	LAND VALUE EST.
1	COMMERCIAL	04	11	F	20000						100	.60	.60	20000.00	12000
2															
3															
4															
5															
6															

INCOME APPROACH

CODE	INDICATED VALUE
EXCESS LAND VALUE →	
INDICATED TOTAL VALUE →	

NOTES

	NOTES	PERMIT (NUMBER)	MO.	YR.	AMOUNT
1					
2					
3					
4					

MARKET DATA

	BOOK	PAGE	V/I	Q	MO	YR.	PRICE
1							
2							
3							
4							

REV. 3-85

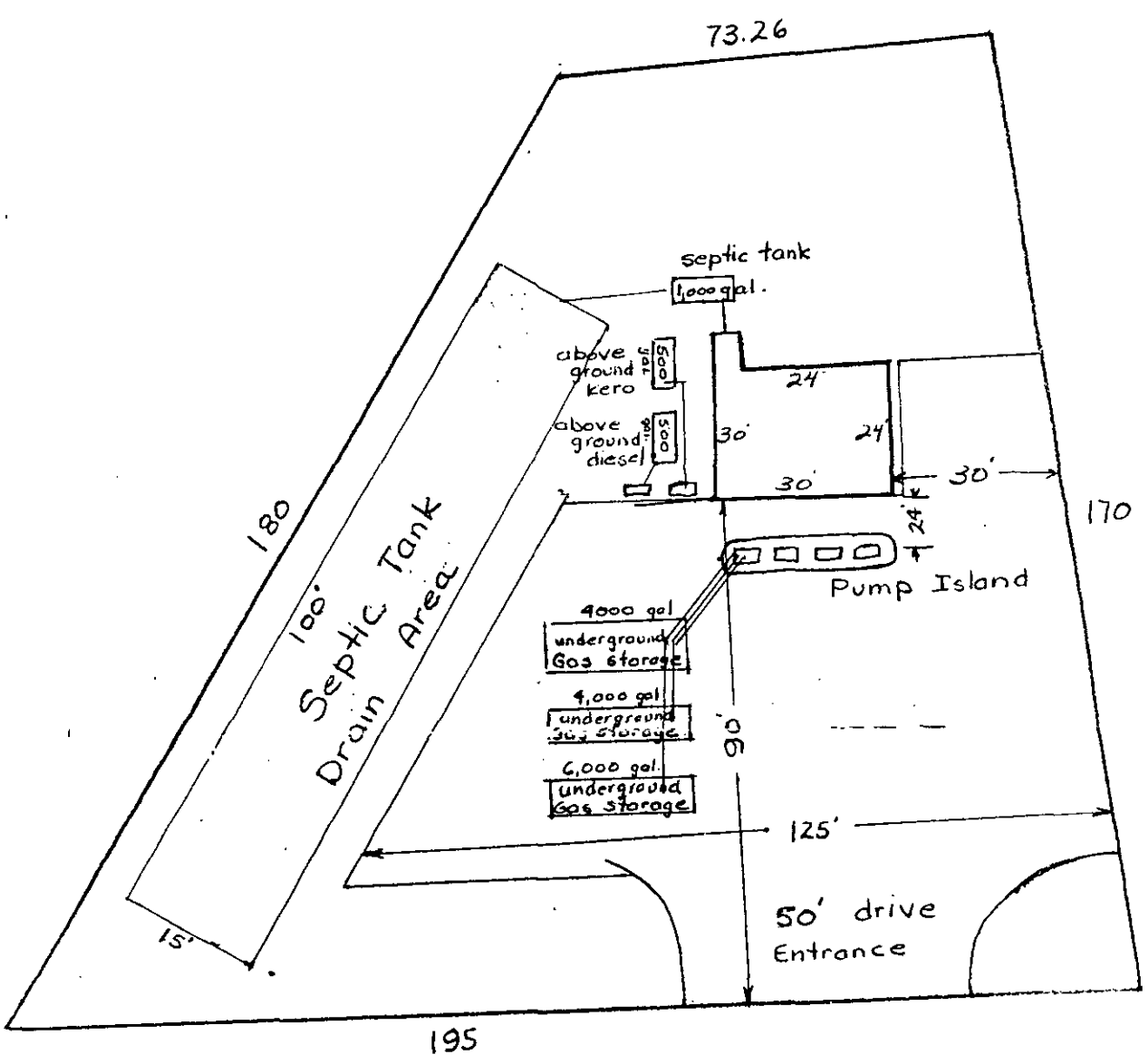
SITE PLAN

Roy H. Cox
P. O. Box 106
Paw Creek, NC 28130

PROPERTY LOCATION: **11324 MOUNT HOLLY ROAD**
CHARLOTTE, N.C.

Notes:

Water supply from adjacent property
Micro flush toilet to be used



MECKLENBURG COUNTY

Department of Environmental Health

May 4th, 1988

Roy H. Cox
P. O. Box 106
Paw Creek, NC 28130

RE: Property located at 11324 Mount Holly Road
FILE: 4511A
PARCEL: 03114310

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15190) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

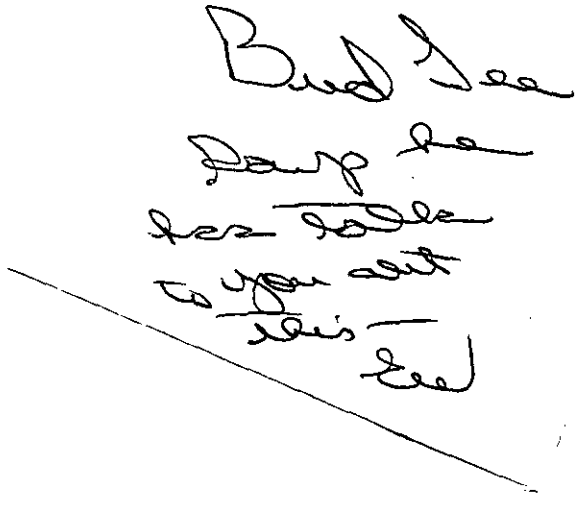
Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)


Bud See
Dave Re
Ken Tolle
to you all
this —
Ed

APPLICATION FOR SOIL INVESTIGATION

4/27/88 Pd 30-
Ck#19812 OK

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4511A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 11324 Mount Holly Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 031-143-10

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

OWNER

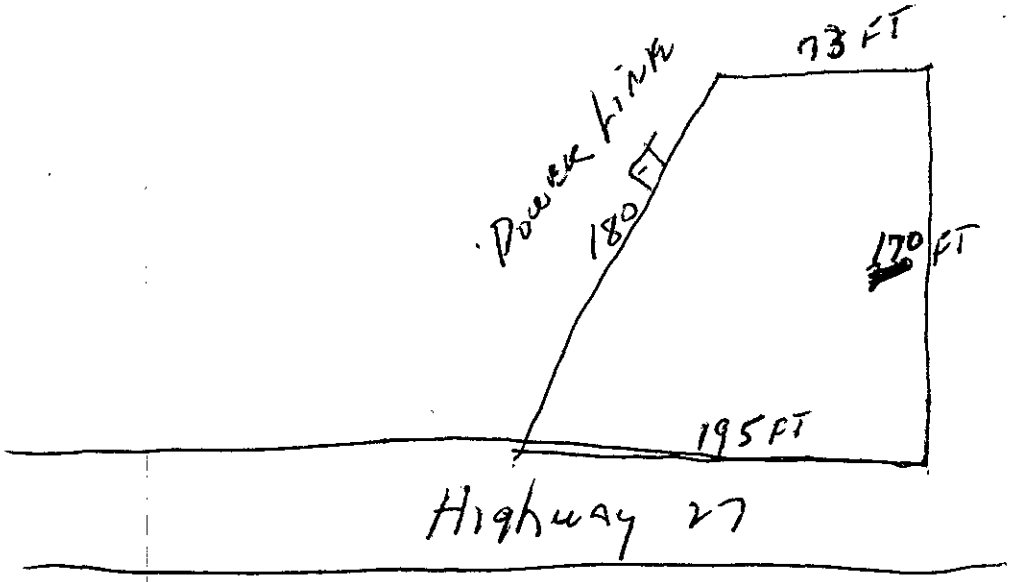
⑦ NAME: Roy (FIRST) H. (MIDDLE) Cox (LAST)

⑧ MAILING ADDRESS: P.O. 106

⑨ CITY: Paw Creek ⑩ STATE: N.C. ⑪ ZIP: 28130

⑫ PHONE: (WORK) 827-6391 (HOME) 399-1605

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

Signed: X Roy H. Cox

Date: 4.19.88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

376-4607

DATE: 4/19/88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 031-143-10

ASSIGNED ADDRESS 11324 Mount Holly Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. COMMERCIAL DRAINAGE PLAN		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	* YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	* YES	NO
7. DRIVEWAY PERMIT REQUIRED	*	

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

REMARKS: Perk Test

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: [signature]

OPWEAR 02/86

Form 100

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15190

File: 4511A
Parcel: 03114310

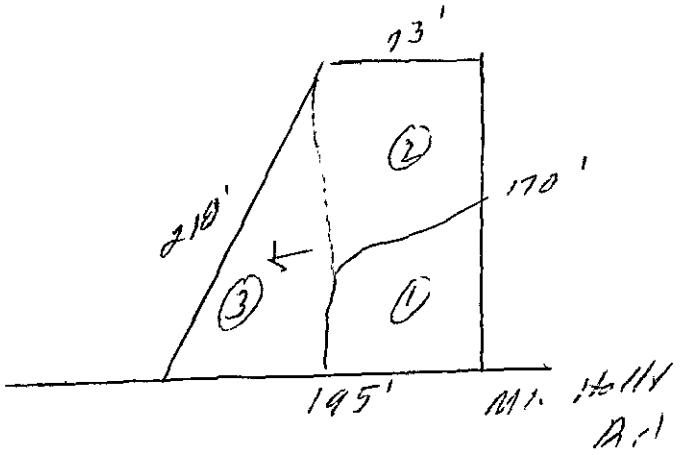
Action 2
☐ PC

Location: 11324 Mount Holly Road
Subdivision:
Lot: Block: Acres: Approx 1.5

Owner: Roy H. Cox
Address: P. O. Box 106
Paw Creek, NC 28130

Comments: _____

Described by: _____
Date: _____



***** 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 —	S PS U —	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	S PS U —	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U	S PS U
Structure	S PS U —	S PS (U) Compacted	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S PS U —	S (PS) U >30"	S (PS) U >30" To water	S PS U	S PS U	S PS U
Depth	S PS (U) Cut 20"	S PS (U) 24" Fill	S (PS) U 36"+	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U —	S PS U —	S (PS) U 36"+	S PS U	S PS U	S PS U
Available Space	S PS U —	S PS U —	S PS (U) Restricted	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	Cut	Fill	10B Cecil-Like			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U