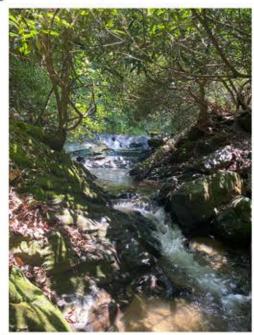
87+ acres with Frontage on Big Laurel Creek





- 87+ acres with frontage on Big Laurel Creek, a designated trout creek.
- · There is also another creek on the property.
- 20 minutes to the mountain towns of Hot Springs or Marshall and 40 minutes to Asheville.
- · Pastures, woods, trails throughout
- · A nature lover's or hunter's paradise. Wildlife abounds!
- · Privacy with great home sites. Fiber internet available.
- Power and phone on property. Springs. A well has also been installed.
- · Everything is ready for your mountain and creek retreat or homestead!



Offered for \$495,000 MLS#3480518







Mountain Home Properties www.mountaindream.com
Contact: Steve DuBose - sdubose@mountaindream.com 828-622-3222
Cindy DuBose - cdubose@mountaindream.com 828-734-9158

Land Property Client Full

3619 Lonesome Mountain Road, Marshall NC 28753

List Price: \$495,000 MLS#: 3480518 Lots/Acres/Farms Parcel ID: 8891-50-1924 Category:

Active Tax Location: Madison Status: County: Madison Zoning Desc: Subdivision: none Tax Value: \$292,220

Zoning: R-A

Legal Desc: PB5 P.751 87.037 acres

2000-2500 ft. Elev., 2500-3000 ft. Elev. Elevation:

> **General Information** School Information

Acreage Type: Elem: **Brush Creek** Can be Divided?: Madison Middle: No \$/Acres: \$5,687.24 High: Madison

Deed Reference: 533-340

Utility/Plan Information **Land Information**

Approx Acres: 87.04 Sewer: Septic Needed, Other-see Acres Cleared: Spring, Well Installed Water:

Acres Wooded: Outbuildings: Νo Approx Lot Dim: Dwellings: No

Bedrooms Septic: Min Sqft To Build: Prop Foundation:

Creekfront, Level, Long Range View, Mountain View, Pasture, Lot Desc: Private, Riverfront, Rolling, Stream/Creek, Trees, Water view,

Waterfront, Wooded

Additional Information

Prop Fin: Cash, Conventional

Transaction Type: For Sale Ownership:

Seller owned for at least one year Special Conditions:

None

Road Responsibility: **Publicly Maintained Road**

Features

Fixtures Exceptions: Nο

Comm Features: **Walking Trails**

Exterior Feat: **Wired Internet Available**

Gravel Road, Privately Maintained Rd. Access: Gravel

Improvements:

Gardening, Orchard, Pasture/Grazing, Private Estate, Recreational/2nd House, Residential Suitable Use:

Association Information Subj to CCRs: No Subject To HOA: None HOA Subj Dues:

Remarks

87+ acres with direct frontage on Big Laurel Creek, a beautiful designated trout creek. There is also another creek running thru middle of the property. Pastures, woods, trails throughout. A nature lover's or hunter's paradise. Public Remarks:

Wildlife abounds! Privacy with great home sites. Mountain Views form upper ridges of property with some clearing. Power and phone on property. Fiber internet available. Springs. A well has also been installed. Two locations already approved for septic systems. Everything is ready for your mountain and creek retreat or homestead. 15

minutes to the mountain towns of Hot Springs or Marshall and 40 minutes to Asheville.

From Hot Springs, take HWY 25/70 towards Marshall, left on Lonesome Mtn. Rd. to Left just before stop sign at Directions:

Revere Rd to drive way. Driveway dead ends into property From Asheville or Marshall take Hwy. 25-70 to right on

Lonesome Mtn. Rd. to left at sign just before stop sign at Revere Rd.

Listing Information DOM: 730 CDOM: 730 Closed Dt: SIr Contr: UC Dt: DDP-End Date: Close Price:

Prepared By: Cynthia DuBose

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Land Property Photo Gallery

3619 Lonesome Mountain Road, Marshall NC 28753 List Price: \$495,000



MLS#: 3480518





Trout Creek













Trout creek in Winter



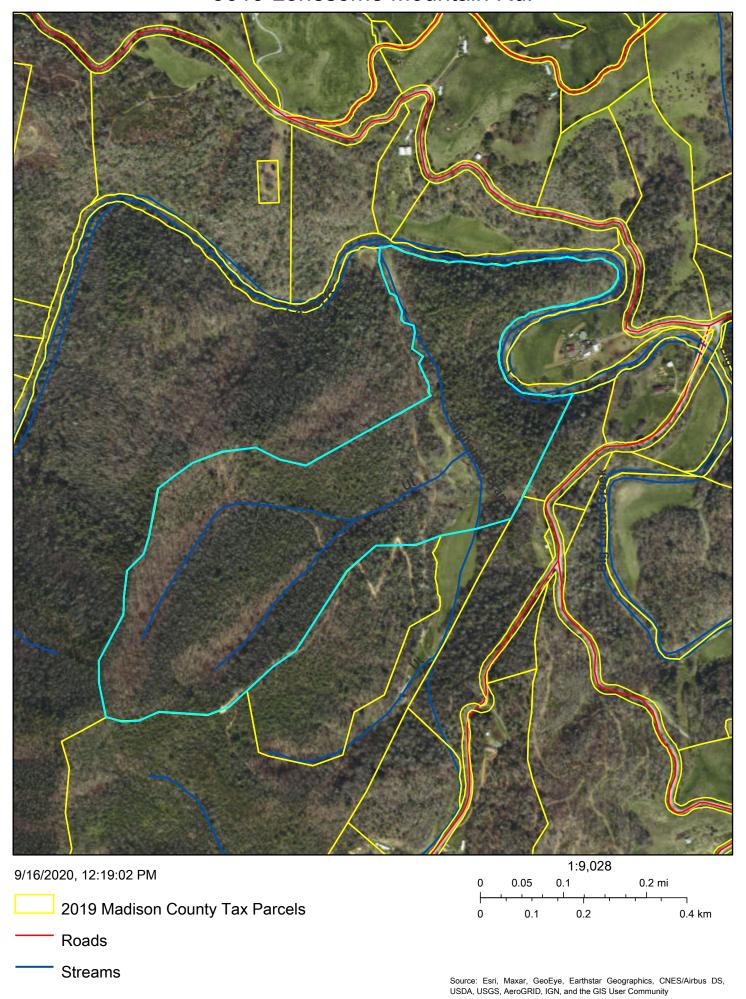




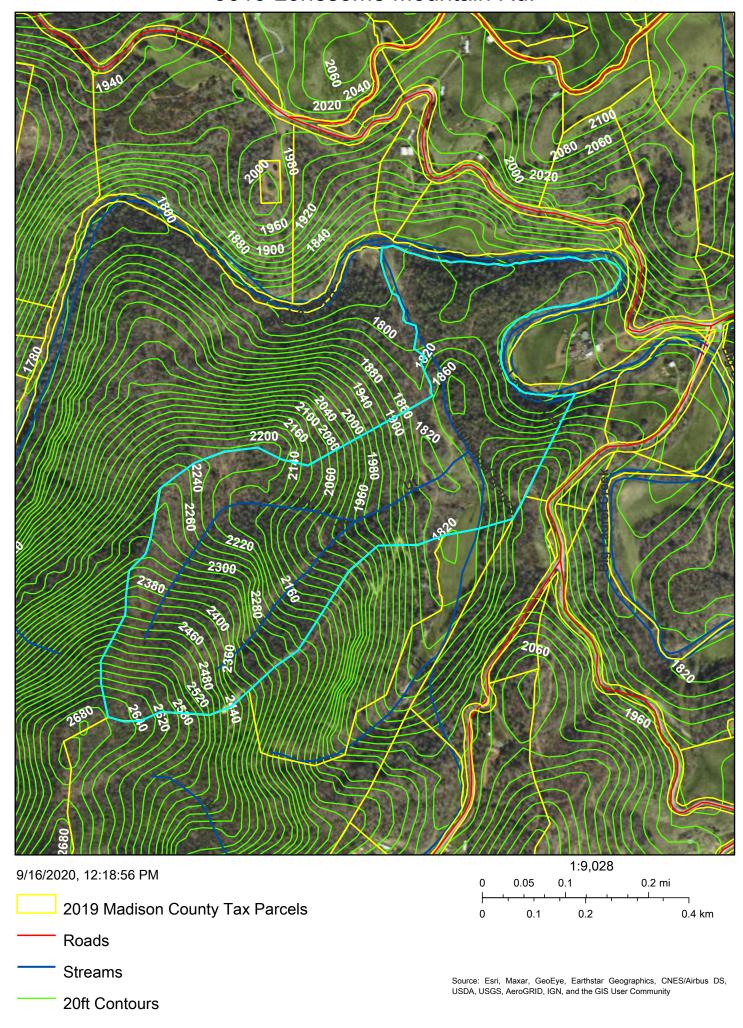




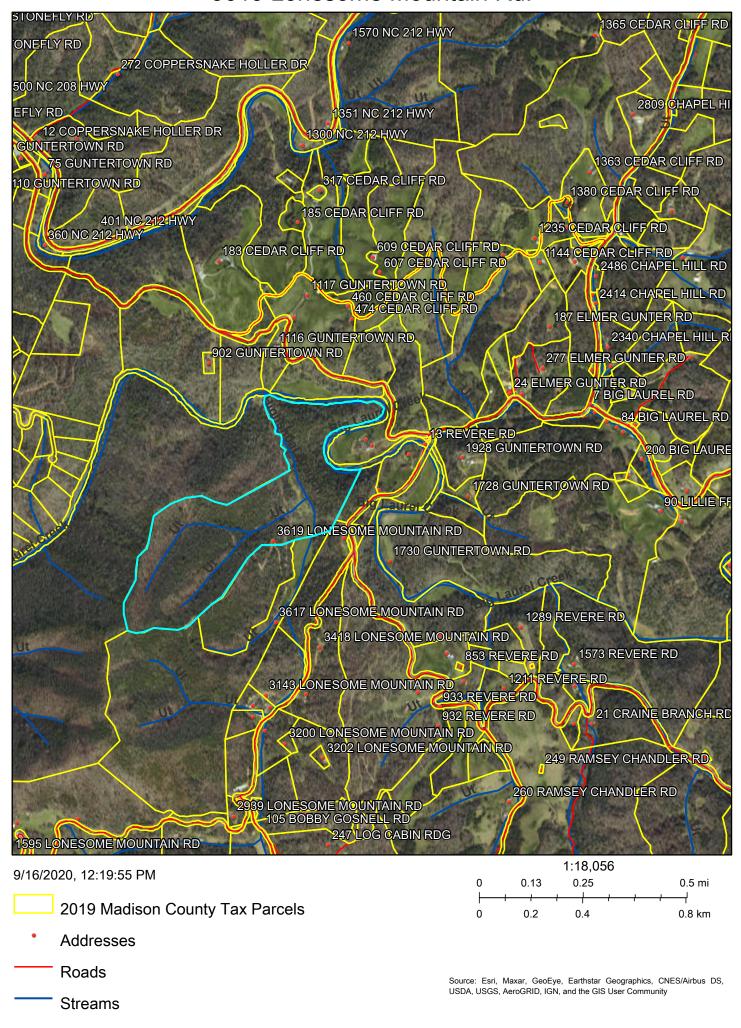
3619 Lonesome Mountain Rd.

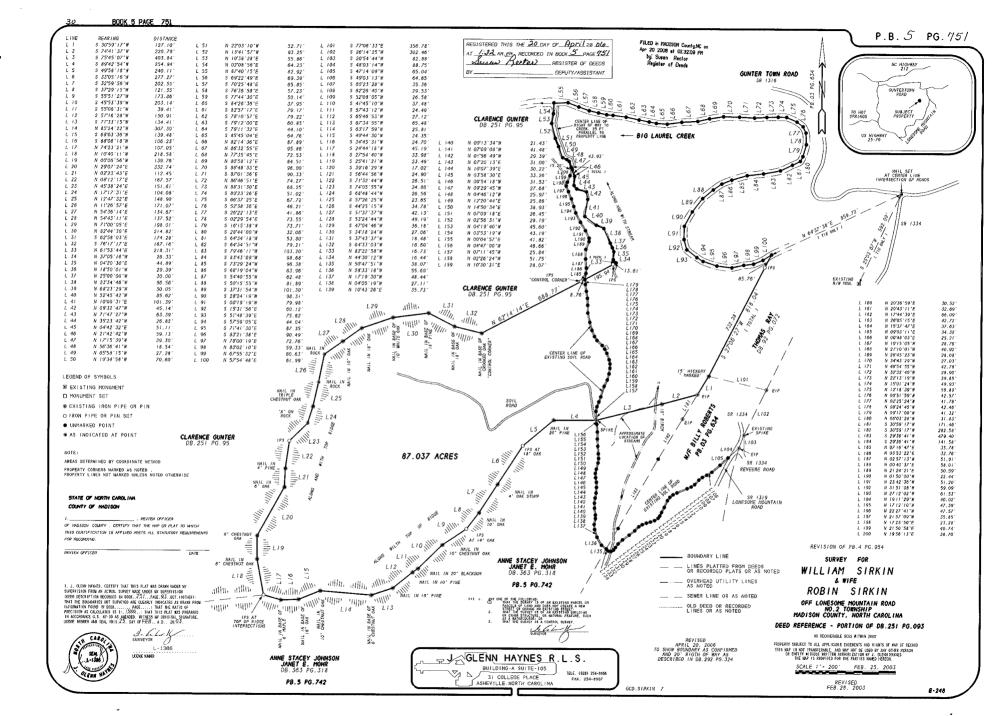


3619 Lonesome Mountain Rd.



3619 Lonesome Mountain Rd.





CUITO FIXUO FICIT AUTHORIZATION

Madison County Health Department 493 Medical Park Drive

Phone: 828-649-9598 Fax: 828-649-9370

*CDP File Number 79376 - 3

County ID Number: 8891-50-1924

Evaluated For:

NEW

Township:

Marshall

NC

28753

PERMIT VALID UNTIL:

5 / 1 7 / 2 Ø 2 2

Applicant:

James L Vann

Address:

213 Boylston Ave

City:

Daytona Beach

State/Zip:

FL

32218

Phone #:

Property Owner: James L Vann

Address:

213 Boylston Ave

City:

Daytona Beach

State/Zip:

FL

32218

Phone #:

Property Location & Site Information

Address/Road #:

Subdivision:

Phase:

Lot:

Lonesome Mountain Rd.

Marshall

Structure:

NC 28753 **Directions**

SINGLE FAMILY

of Bedrooms:

3 3

of People:

travel Hwy 25/70 North; turn Right onto Lonesome Mountain Rd; go to the end of the road (Revere Rd connects). Go through red gate on the left to enter

property.

*Water Supply: N/A

System Specifications

Site Classification:	Provisi	onall	y Su	itable			Minimum Trend	ch Depth:	1 8	<u>}</u>	Inc	hes	
Saprolite System?	ΟY	es	×	No			Minimum So	oil Cover:	6	<u>)</u>	Inc	hes	\
Design Flow:		3	6	Ø			Maximum Trend	ch Depth:	2 6	<u>.</u>	Inc	hes	
Soil Application Rate:	Ø		4				Maximum So	oil Cover:	1 4	<u>.</u>	Inc	hes	
*System Classification							*Distributi	ion Type:	GRA\	/ITY - SI	ERIAL		
TYPE III G. OTHER N	10N-C	ONV	'. TR	ENCH	ISY	'STEMS	Sep	tic Tank:	1	Ø	ØØ	Gallons	S
*Proposed System: 25	% RED	ouc	4OIT	1			Pump Required:	1-Piece: Yes	⊖Y∈ ⊗N	_	No May Be	. Pequir	red
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No. Drain Lines		3		•		<u> </u>		1-Piece:	○Yes	10	No	, Ganoi	113
Total Trench Length:		J	4	Ø	ft.			G	PMv	s		ft.	TDH
Trench Spacing:		9	. – .	Ø	Ø	○Inches O.C. ⊗Feet O.C.	Dosing Volume:			_		Ga	llons
Trench Width:		3	. – .	Ø	Ø	◯Inches . ⊗Feet	Grease Tr	an:			Gallo		
Aggregate Depth:		Ø	inc	hes			Pre-Treatme	·	SF (OTS-		TS-II	/
				Se	nti	c Tank Installer (Grade Level Require	-d: ○1 (\otimes II \otimes	\bigcirc III \bigcirc	\bigcirc IV		

County ID INUMBER:

Repa	ir System Re	90.100										
Repair System *Site Classification: Pro	ovisionally Suital	nla.	Trench Spacin	ng:		9	Ø	Ø		Inche Feet		
		Trench Width:	3	- <u> </u>	Ø	Ŏ	Inche					
Design Flow:	360	→	Aggregate De	pth:		Ø;		.~	Ø	Feet		
Soil Application Rate:	Ø. <u>4</u>		Minimum Trenc	h Denth	·		nches	5				
System Classification/E* TYPE III G. OTHER NO	•					8		Inc	hes			
TYPE III G. OTHER NO	IN-CONV. I REN	ICH 2121EM2	Minimum So			6		Inc	hes			
*Proposed System: 25	% REDUCTION		Maximum Trenc	h Depth:	2	6		Inc	hes			
Nitrification Field	9	Ø Ø Sa. ft.	Maximum So	il Cover:	1	4		Inc	hes			
_ No. Drain Lines	3	Ø Ø Sq. ft.	*Distribution	on Type:								
 Total Trench Length:			Pump Required:	○Yes	Ø	No	○ Ma	ау Ве	e Re	quire	ed	
	240	_ ft.	Pre-Treatment:	ONS		OTS	_	ОТ		•	,	/
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⊗ Hand Drawing ○ Import Drawing **Site Plan/Drawing attached.** Page 2 of 3

Madison County Health Department 493 Medical Park Drive CDP File Number: 19316 - 3

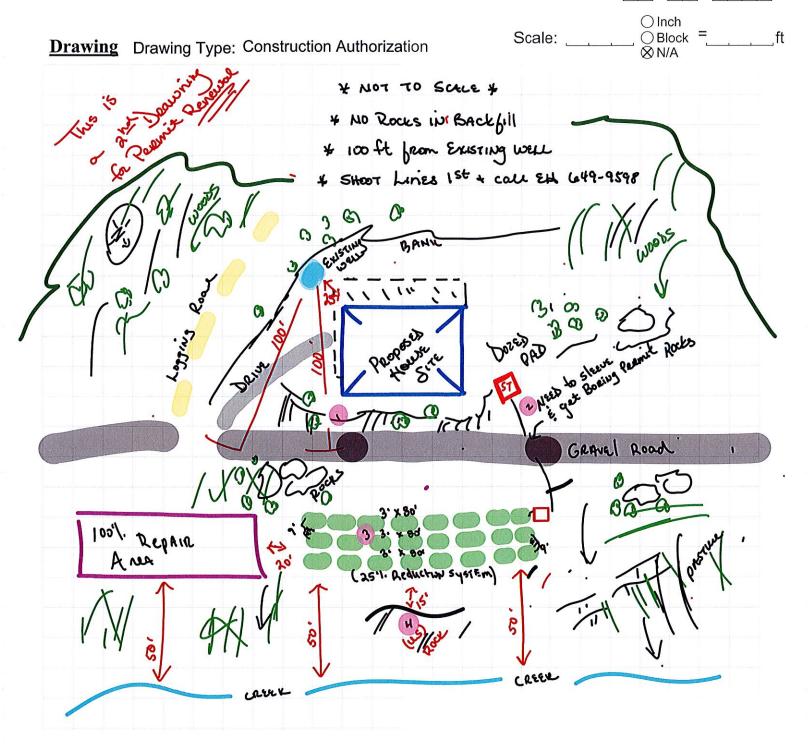
County File Number: 8891-50-1924

Marshall

NC

28753

Date: 05 / 17 / 2017



AUTHORIZATION

Madison County Health Department 493 Medical Park Drive

Phone: 828-649-3531 Fax: 828-649-9078

*CDP File Number 239351 - 1

County ID Number: 8891-50-1924

Evaluated For:

NEW

Township:

Marshall

NÇ

28753

PERMIT VALID UNTIL:

05/30/2022

Applicant: James L Vann

Address:

213 Boylston Ave

City:

Daytona Beach

State/Zip:

FL

32218

Phone #:

Property Owner: James L Vann

Address:

213 Boylston Ave

City:

Daytona Beach

State/Zip:

FL

32218

Phone #:

Property Location & Site Information

Address/Road #:

Subdivision:

Phase:

Lot:

Lonesome Mountain Road

Marshall

NC 28753

<u>Directions</u>

Structure:

SINGLE FAMILY

s: 3

of Bedrooms: # of People:

SINGLE FAIVILT

*Water Supply: EXISTING WELL

Travel Hwy 25/70 North; turn right onto Lonesome Mountain Road; go to the end of the road (Revere Road connects) Go through red gate on the left to enter property.

System Specifications

Site Classification:	Provisional	ly Suita	able		Minimum Trend	ch Depth:	1 8	Inches	
Saprolite System?	i <u>X</u> Yes	ा	Vo.		Minimum So	oil Cover:	6_	Inches	\
Design Flow:	3	6	Ø		Maximum Trend	ch Depth: -	1 8	Inches	
Soil Application Rate:		5			Maximum So	oil Cover:	6	Inches	
*System Classification	•		NCH S	YSTEMS		ion Type: etic Tank:		/ - PARALLEL (eq.	. d-box)
*Proposed System: 25	% REDUC	TION			Pump Required:	1-Piece: ☐ Yes		<i>Ø Ø Ø</i> Ga	llons
Nitrification Field			7 2	Ø Sq. ft.		mp Tank:	Q.I.o		alions
No. Drain Lines	3					1-Piece: (⊖Yes		anorio
Total Trench Length:	1	8	Ø _{ft.}			GF	PMvs		ft. TDH
Trench Spacing:	9		ØØ	○ Inches O.C ⊗ Feet O.C.	Dosing Volume:				Gallons
Trench Width:	3 6		ØØ	⊗Inches _ ○Feet	Grease Tr	an.		Gallons	-
Aggregate Depth:		inch		to Table Install	Pre-Treatme	nt: ONS		ТS-I ОТS	S-II /
			Sept	acı ank installer (Grade Level Require	ea: OT v	ווע		

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*Site Classification: Provisionally Suitable: Design Flow: 3 6 0 Soil Application Rate: 5 System Classification: Provisionally Suitable: Trench Width: 3 6 0 Aggregate Depth: inches Minimum Trench Depth: Trench Depth: *System Classification: Provisionally Suitable: *Proposed System: *Proposed System: *Proposed System: *Proposed System: *Proposed System: *Proposed System: *Trench Length: 1 8 0 ft. Pump Required: *Premit Conditions Total Trench Length: 1 8 0 ft. Pump Required: *Pre-Treatment: *NSF	Repa	ir Syst	tem Re	quire	d:⊗Yes ⊝1	√lo ○No, but ha	s Availa	able	e Sp		pen l	Pump	Syst	em S	hee
Design Flow: Soil Application Rate: 5 *System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS Minimum Trench Depth: 1 8 Inches Maximum Trench Depth: 1 8 Inches Maximum Soil Cover: 6 Inches Maximum Soil Cover: 6 Inches Maximum Soil Cover: 6 Inches Maximum Soil Cover: 7 2 0 Sq. ft. No. Drain Lines Total Trench Length: 1 8 0 ft. Pump Required: Pump Required: Pre-Treatment: NSF TS-I TS-II *Site Modifications No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department is responsible for checking with appropriate governing bodies in meeting their requirements. The issuance of this permit by the Health Department in no way guarantees the sauance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. The construction authorization is based for 3(37-5) 25% residued affiliates for the intellines for the inte	/					Trench Spacir	ıg:		a	а	Ø		nches	0.0	\
Soil Application Rate:		Provisionally Suitable		, ,						⊗lı	nches				
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS **Minimum Trench Depth: 1 8 Inches **Minimum Soil Cover: 6 Inches **Maximum Trench Depth: 1 8 Inches **Maximum Trench Depth: 1 8 Inches **Maximum Soil Cover: 6 Inches **No. Drain Lines 3 Total Trench Length: 1 8 Ø ft. **Pump Required: **Oyes **ONO ** May Be Required **Pre-Treatment: **ONSF OTS-I OTS-II **Site Modifications **No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department **Permit Conditions The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies filmes for the initial and the repair without approval of Health Department **Permit Conditions The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies filmes for the initial and the repair mental in the contractor shall locate and field stake the drainfield and schedule a preconstruction meeting. The well must be located > 100 from the oriste wastewater systemand repair area. *This Authorization for Wastewater System Construction shall be valid for a person equal to the period of validity of the improvement Permit, not to exceed five years, and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction of orthogonal period of validity of the Construction	_	<u> </u>			Aggregate De	oth:				•	. () F) Feet			
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No. Drain Lines No. Drain Lines 3	*Proposed System: 25	% REDI	UCTION						8		ln	ches			
Total Trench Length: 180 ft. Pump Required:	Nitrification Field		7	ລ	Ø Sa fi	Maximum So	il Cover:		6		In	ches			
Total Trench Length: 180 ft. Pump Required: Yes No May Be Required Pre-Treatment: NSF TS-I TS-II *Site Modifications No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department is responsible for checking with appropriate governing bodies in meeting their requirements. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. The construction authorization is issued for 3/3×75) 25% reduced drainlines for the initial and the repair. The contractor shall locate and field stake the drainfield and schedule a preconstruction meeting. The well must be located >100' from the onsite wastewater systemand repair area. This Authorization for Wastewater System Construction shall be valid for a person equal to the period of validity of the improvement Permit, not to exceed five years, and may be issued at the same time the improvement Permit issued (NGGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is aftered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (1/337(g)). The person owing or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1/38(b)). Applicant/Legal Reps. Signature: Date:	No. Drain Lines	3	<u> '</u>		<u>ဗ</u> ၁ၦ. ၊ၬ.	*Distributi	on Type:	GF	RAVIT	Y - PAR	ALLE	L (eq. d	d-box)		
*Site Modifications No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department is responsible for checking with appropriate governing bodies in meeting their requirements. The construction authorization is issued for 3(3/x5) 53% reduced drainlines for the initial and the repair. The contractor shall locate and field stake the drainfield and schedule a preconstruction meeting. The well must be located >100′ from the onsite wastewater systemand repair area. This Authorization for Wastewater System Construction shall be valid for a person equal to the period of validity of the Improvement Permit, not to exceed five years, and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1938(b)). Applicant/Legal Reps. Signature Required? Yes No Applicant/Legal Reps. Signature:	 Total Trench Length:		201	£ı		Pump Required:	○Yes	C)No	⊗M	ау В	e Rec	uired		
*Permit Conditions The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. The construction authorization is issued for 3(3x75) 5% reduced drainlines for the repair. The contractor shall locate and field stake the drainfield and schedule a preconstruction meeting. The well must be located > 100° from the onsite wastewater systemand repair area. This Authorization for Wastewater System Construction shall be valid for a person equal to the period of validity of the Improvement Permit, not to exceed five years, and may be issued at the same time the Improvement Permit issued (NGCS 1304-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the Information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1938(b)). Applicant/Legal Reps. Signature: Date: Date of Issue: Date of Issue: Date of Issue: Date of Issue:	_		. 0 0	_ π.			ONSI		\circ	S-I	01	ΓS-II			/
to exceed five years, and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1938(b)). Applicant/Legal Reps. Signature Required? Yes No Applicant/Legal Reps. Signature: Date: Date: Date of Issue: Date of Issue:	is responsible for checking , The construction authorization	y with a n is issu	approp ed for 3(riate 3'x75']	epartment in no governing bodio) 25% reduced drai	way guarantees the es in meeting their re nlines for the initial and	equireme the repair.	ents. The	contr	actor sh	all lo	cate an			
	to exceed five years, and may completed during the period of Authorization is found to have invalid, and may be suspende with the laws, rules, and perm (1938(b)). Applicant/Legal Reps. Signal of the perment of the p	be issu if validit been it d or rev it condi	ed at the ty of the ncorrect roked (.1 itions re	e sam Cons , falsi 937(g gardir ired?	e time the Improve truction Permit, the fied or changed, o)). The person own ng system location	ement Permit issued (Ne information submitter the site is altered, the ning or controlling the interest in the stallation, operation	CGS 130A d in the ap permit or system sh n, mainten	-336 pplic Con all be ance	(b)). If ation istruc e resp e, mor	the ins for a pe tion Aut oonsible nitoring	tallat ermit thoriz tor a repo	ion has or Con ation s assurin orting a	s not b structi shall b g com nd rep	een ion ecome pliane	e ce
	*Issued By:	Castello	e, Ken			Date o	flssue:	Ø	5	/ <u>3</u>	Ø	/ _3	Q	1	7
	•	γ/	10	_											

⊗ Hand Drawing ○ Import Drawing **Site Plan/Drawing attached.** Page 2 of 3

Madison County Health Department 493 Medical Park Drive

Marshall

NC

28753

CDP File Number: 239351 - 1

County File Number: 8891-50-1924

Date: 0.5 / 3.0 / 2.0.17

○ Inch ○ Block ⊗ N/A =____ft Scale:

<u>Drawing</u> Drawing Type: Construction Authorization

