

9329 MISENHEIMER RD

5/30/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5103-A DATE: 3-28-89

TC 111-143-10 ☐ L ☒ CRT

SERIAL № 11757

Name of Owner Wanda K. Hambright Juris.:

Address of Property 9325 Misenheimer Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400' + 100'

Number of Lines 4 + 2 @ 100' + 50'

Cover Depth 18" - 24"

Water Supply Source City

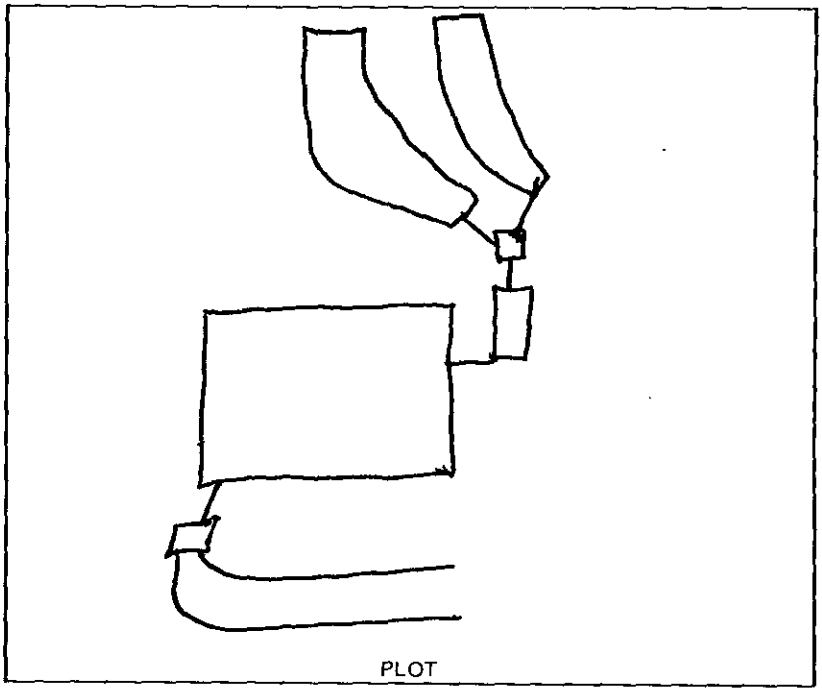
Distance to Water Source —

Excavation Inspected 3-28-89

Tank(s) Inspected 3-28-89

Wash Line Inspected 3-28-89

High Water Alarm Inspected —



PLOT

Design: 1989, 1000ST, CON, 1200SFB, 12", cecil, 300WL CTR# 113

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: 2 beds 6'X100'X12" stone-septic / Septic system changed
2 lines 3'X50'X12" stone-wash / due to well next door

B. R. Ferguson
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

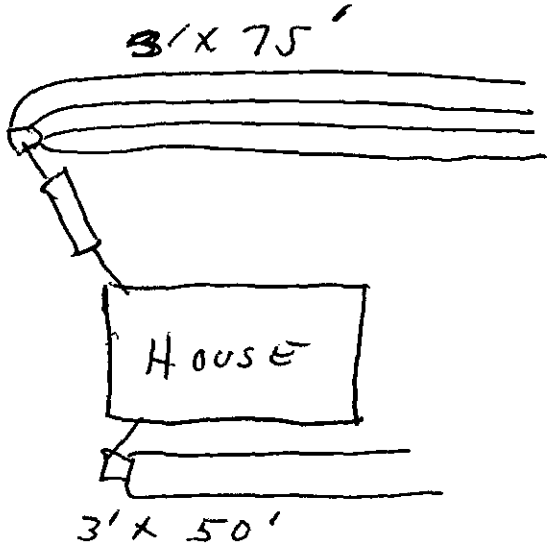
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5103A DATE: 12/29/88

TC: 111-143=10 ☐ L

SERIAL Nº 12456

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 12/12/88. All work shall be completed on or before Feb 30, 1989, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction P.C.C.

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4 x 2

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well County Water feet

NAME OF OWNER Wanda Kay Hambright

LOCATION OF PROPERTY 9325 Mountain Island Road

Comments: Four lines 75'x3' long 12" Stone + 1500 gal Tank for Septic System - Two lines 3'x50' for Washing Machine Drain.

Division or Section Head

Bob Wilson
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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 12/13/88

Name/Company Wanda Hambright

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Irrig Unit
#5103A

ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 13 1988

Fee: $ 150 -

Completed by

Collected by

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: 5103A
TC: _____
SERIAL: No 17369
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9325 (STREET NO.) MISENHEIMER ROAD (STREET) ② FILE: 5103A
③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 11114310
⑤ SUBDIVISION: — ⑥ LOT: 167-170 ⑦ BLOCK: —

OWNER

⑧ NAME: WANDA (FIRST) KAY (MIDDLE) HAMRIGHT (LAST)
⑨ MAILING ADDRESS: 133 STOURBRIDGE COURT
⑩ CITY: WEST CHESTER ⑪ STATE: PA. ⑫ ZIP: 19380
⑬ PHONE: (WORK) 215-692-8579 ⑭ (HOME) 215-436-8400

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? —
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 on the property for the purpose of processing this request.

Signed: Sandra Adair Agent for WANDA HAMRIGHT

Date: 12-12-88

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.

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date 1-17-89

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

DATE: 12-12-88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 5103A JURISDICTION CODE _____

PARCEL NUMBER 1111 4310

ASSIGNED ADDRESS 9325 MISENHEIMER RD.

EXISTING ADDRESS VACANT LAND

PROJECT NAME _____

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: _____

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: Sandra Adair - Agent for Wanda Hamright

OPWEAR 02/86

PROPOSED PLOT PLAN

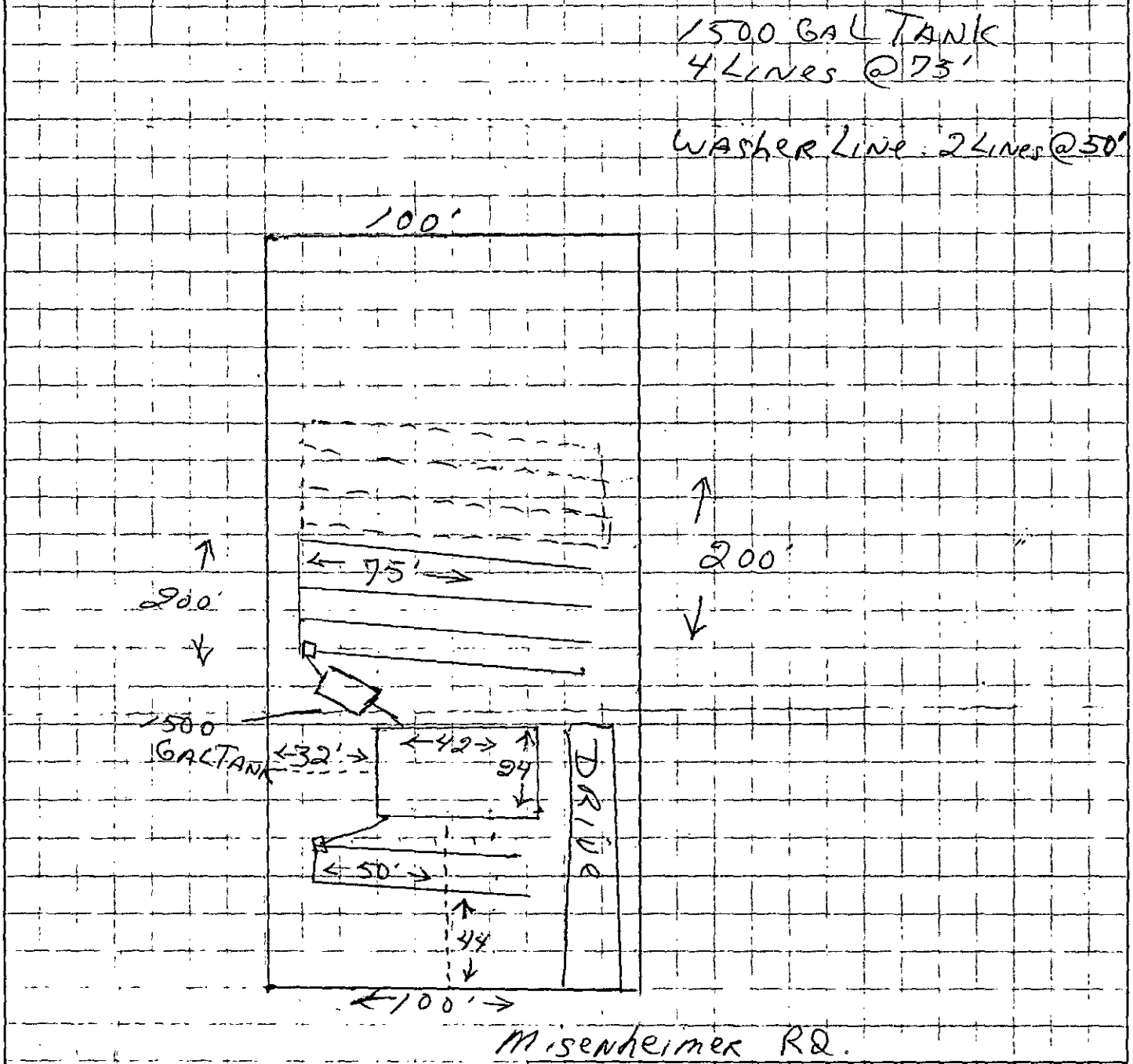
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 5103A

TC: _____

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.



Signed: Richard Williams

Date: 12-7-88

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

November 15th, 1988

Wanda Kay Hambright
133 Stourbridge Court
West Chester, PA 19380

RE: Property located at Misenheimer Road 167-170
FILE: 5103A
PARCEL: 11114310

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 15705) 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,

Sylvia D. Daniel, 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 ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15705

File: 5103A Action 1

Parcel: 11114310 ☐ PC

Location: Misenheimer Road

Subdivision:

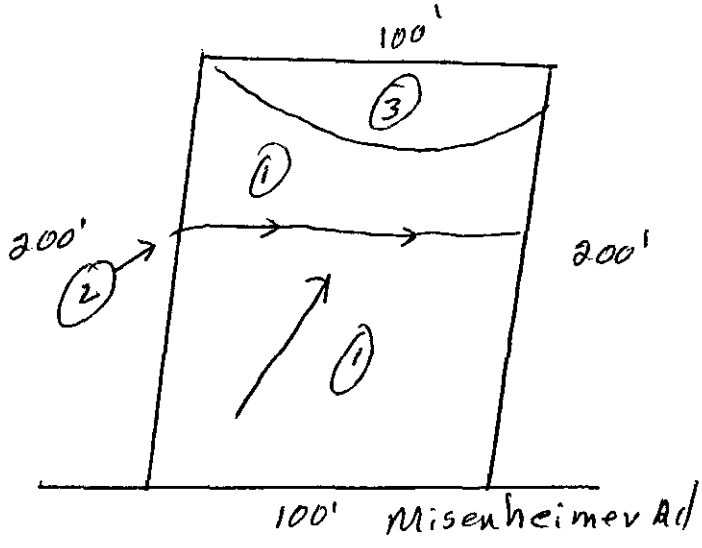
Lot: 167-17 Block: Acres: .46

Owner: Wanda Kay Hambright
Address: 133 Stourbridge Court
West Chester, PA 19380

Comments: System may need pump

Described by: William R. Marlin

Date: 11-15-95



*** 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 6-15%	S PS (U) Ditch	S PS (U) Depression	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 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	WA Cecil/Hillo	Ditch	Depression			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 10/13/88

Name/Company Wanda Hambright

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
#5103A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 18 1988

Fee: 30 - ck # 801
cash 30.00

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APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

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

(OFFICE USE ONLY)

FILE: 5103A

TC: _____

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 9325 Misenheimer Road Charlotte, N.C.

② SUBDIVISION: C.K. Thomas ③ LOT: 167-170 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 111 PAGE NO.: 143 PARCEL NO.: 10

⑥ DEED REFERENCE: BOOK NO.: 5674 PAGE NO.: 578

OWNER

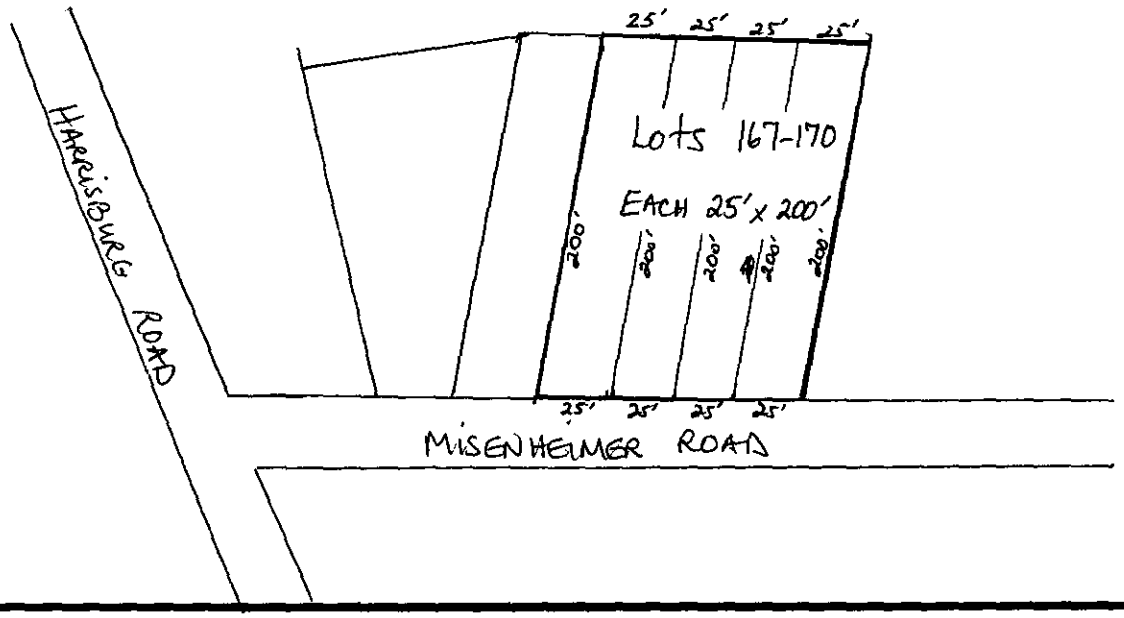
⑦ NAME: WANDA (FIRST) KAY (MIDDLE) HAMRIGHT (LAST)

⑧ MAILING ADDRESS: 133 Stourbridge Ct.

⑨ CITY: West Chester ⑩ STATE: PA ⑪ ZIP: 19380

⑫ PHONE: (WORK) 215-436-8400 (HOME) 215-692-8579

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: Wanda K Hamright

Date: 10-3-88

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

DEED BOOK PAGE
5674 0078
578

PRESENTED FOR REGISTRATION
JAN 5 2 31 PM '88
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.
185

Excise Tax | Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. .....
Verified by ..... County on the ..... day of ....., 19 .....
by .....

Mail after recording to F. Brad Bush, Suite 210 One N. McDowell, Charlotte, N. C. 28204

This instrument was prepared by F. Brad Bush

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 30th day of December, 19 87, by and between

GRANTOR	GRANTEE
CARRIE SIMPSON MORRIS (unmarried) formerly *Carrie Simpson*	WANDA K. HAMRIGHT 133 Stourbridge Court West Chester, Pennsylvania 19380

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Charlotte, Township, Mecklenburg County, North Carolina and more particularly described as follows:

Being all of Lots 167, 168, 169 and 170 of the C. K. Thomas Subdivision as same is shown in Map Book 5 at Page 61 of the Mecklenburg County Public Registry.

Being the same property conveyed to Dave Simpson and wife, Carrie Simpson by Deed recorded in Book 1292 at Page 471 of the Mecklenburg County Public Registry. Dave Simpson died in Mecklenburg County, North Carolina in 1949.

FEE	8.00
	8.00
	8.00

22:19 #5673 000
01/05/88

N.C. Bar Assoc Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc. - 1981

The property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

A map showing the above described property is recorded in Plat Book ..... page .....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

All valid and enforceable easements and restrictions of record.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

..... (Corporate Name)

By: .....

..... President

ATTEST:

.....

..... Secretary (Corporate Seal)

USE BLACK INK ONLY

Carrie Simpson Morris (SEAL)
Carrie Simpson Morris

..... (SEAL)

..... (SEAL)

..... (SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that .....

Carrie Simpson Morris (unmarried) Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 30th day of December 19 87

My commission expires: 5/2/90 Phyllis C. Spillman (Collins) Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that .....

personally came before me this day and acknowledged that .... he is ..... Secretary of

..... a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its .....

President, sealed with its corporate seal and attested by ..... as its ..... Secretary.

Witness my hand and official stamp or seal, this .....day of ..... 19.....

My commission expires: ..... Notary Public

The foregoing Certificate(s) of

.....

.....

is/are certified to be correct. first page hereof.

.....

By .....

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Phyllis C. Spillman (Collins)

a Notar(y) (ies) Public (is) (are) certified to be correct.

This 5th day of January 19 88.

Charles E. Crowder, Register of Deeds

By: Mary A. Posey Deputy

.....

.....

.....

ok and Page shown on the

.....COUNTY

N.C. Bar Assoc Form No. 3 © 1

Printed by Agreement with the N.C. Bar Assoc. 1981

P.O. BOX 17376 RALEIGH N.C. 27619