

15144 MARSHALL VALLEY CT

13915431

12/31/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

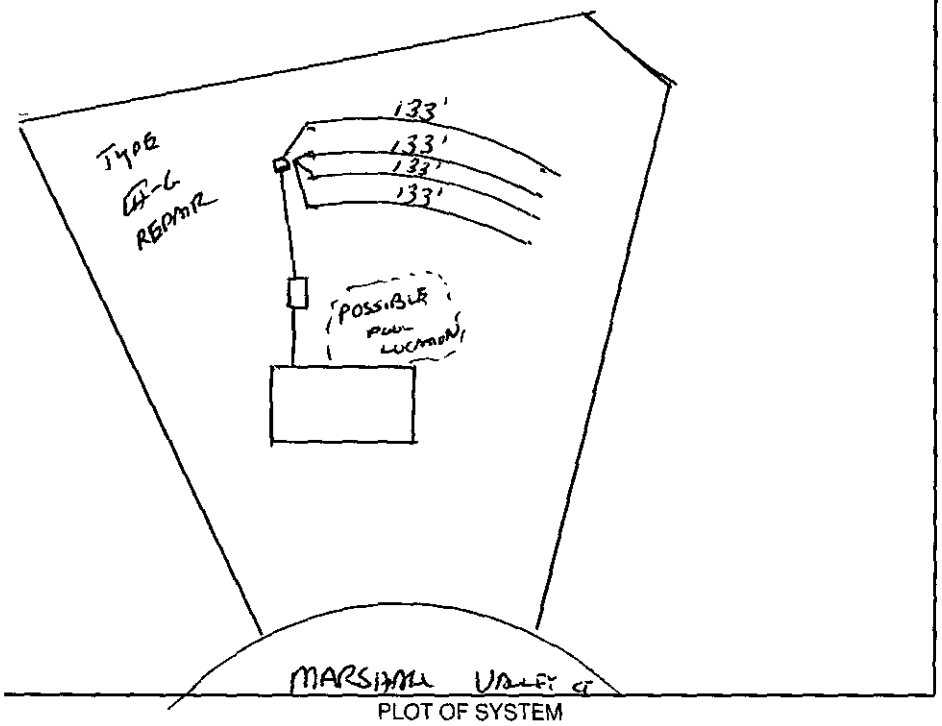
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2637 B DATE: 2-14-01

TC: 139-152-01 XL

SERIAL Nº 18680

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 8-20-98. All work shall be completed on or before 4-14-01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 533' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER ELIZOR MARTY MATOS

LOCATION OF PROPERTY 15144 MARSHALL VALLEY COURT

Comments: (1)

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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: 2637B DATE: 3-6-01

TO: ~~139-152-01~~ 139-154-31 ☒ L ☒ CRT

SERIAL NO. 18558

Name of Owner ELIZOR MARTY MAJOS Juris.:

Address of Property 15144 MARSHALL VALLEY COURT

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 533

Number of Lines 4 @ 134'

Cover Depth 12" SOIL

Water Supply Source COMM. WELL

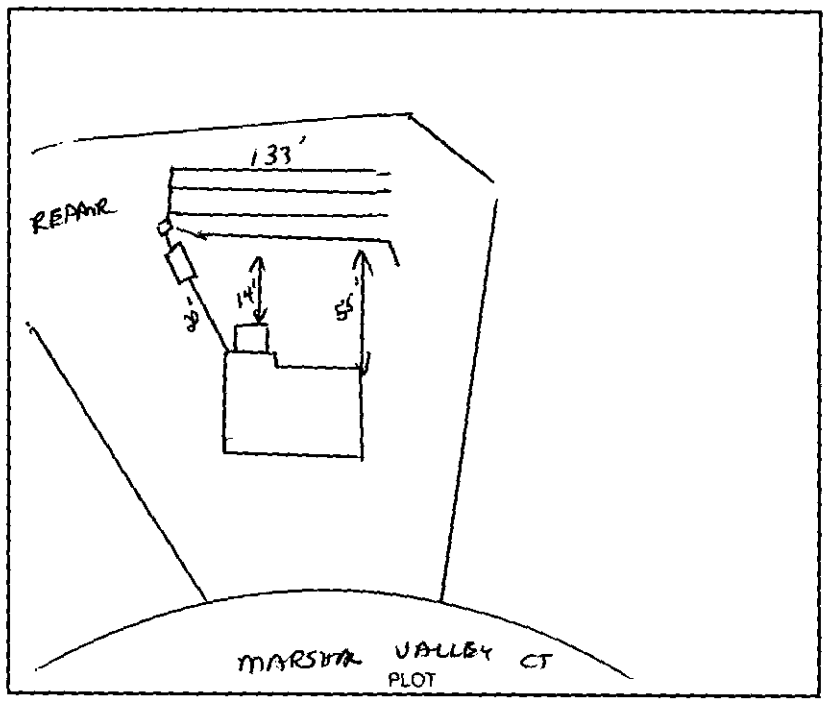
Distance to Water Source >10'

Excavation Inspected 3-6-01

Tank(s) Inspected 3-6-01

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST 1600 SFT CON 12G CTR# LARRY TUCKER SEPTIC TANK

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 15A 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 15A 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: TYPE II

Environmental Health Specialist

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

00 CC

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/27/1998 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-12-98 PERMIT NO: 2637 R
PARCEL NO: 139-152-01 P.O.
JOB LOCATION ADDRESS: 15144 MARSHAL VALLEY CT, 139-15[illegible]-31
PROPERTY OWNER: EUZOR MARY MAYS
BUILDING CONTRACTOR:
SUBDIVISION NAME: LEMMOND ACRES LOT #6
AUTHORIZATION ISSUED BY: Jack A. Wells DATE: 11-12-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2637 R, 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: _____

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.

X _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

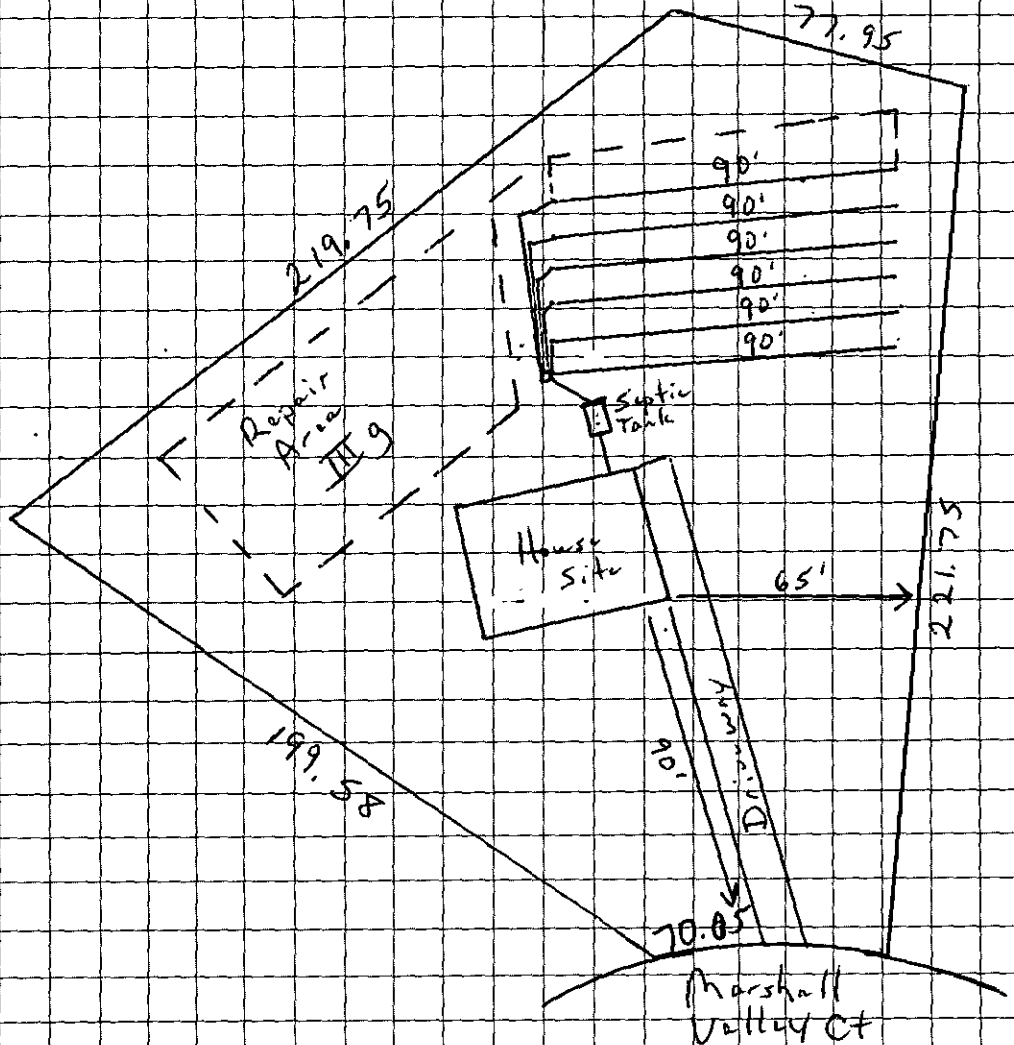
PROPOSED PLOT PLAN

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

FILE: 2637B

TC: 139-154-31

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.



Comments

1) Scale 1" = 50'
2) Keep lines level and on contour of land.
3) Keep trenches shallow - 28" maximum.
4) Keep all parts of septic system at least 15 ft from any building foundation.
5) Keep all parts of septic system at least 10 ft from any property line.
6) No construction of system shall take place while soil is in a wet condition.

X _____
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE John A Watts PS 11/12/98

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

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

#2 (460)

Sheet ____
PROPERTY ID #: PO 139-152-01
Lot # : 6
File # : 26379

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brian Helms
APPLICANT: Marty Mattox
ADDRESS: 6916 Irish Lane Ct. Marshall, N.C.
DATE EVALUATED: 9-29-98
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 600 gpd
PROPERTY SIZE: .75 ±
LOCATION OF SITE: 15144 Marshall Valley Ct.
PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☑ Other Community
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	3/10% 3-6% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-4"	gr/lcl	Fr/SE/SP/SS/SD	46" TO soil wetness	46"	N/A	None	PS .39 Fr IV
		4-30"	SBK/c	F:/SE/SP/SD					
		30-46"	SBK/cl	Fr/SE/SP/SS/SD					
2	LS	0-3"	gr/lcl	Fr/SE/SP/SS/SD	34" TO soil wetness	34"	N/A	None	~~PS~~ US .39 Fr IV
		3-24"	SBK/c	F:/SE/SP/SD					
		24-34"	SBK/cl	Fr/SE/SP/SS/SD					
3	LS	0-9"	gr/scl	Fr/SE/SP/SS/SD	32" 7~~34~~" TO soil wetness	9"	N/A	None	US ~~PS .39 Fr~~ IV .39 Fr
		9-27"	SBK/c	F:/SE/SP/SD					
		27-32"	SBK/cl	Fr/SE/SP/SS/SD					
4	LS	0-7"	gr/scl	Fr/SE/SP/SS/SD	38" TO soil wetness	38"	N/A	None	PS .39 Fr IV
		7-38"	SBK/c	F:/SE/SP/SD					
5	LS	0-6"	gr/cl	Fr/SE/SP/SS/SD	46" TO soil wetness	48"	N/A	None	PS .39 Fr IV
		6-41"	SBK/c	F:/SE/SP/SD					
		41-46"	SBK/cl	Fr/SE/SP/SS/SD					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

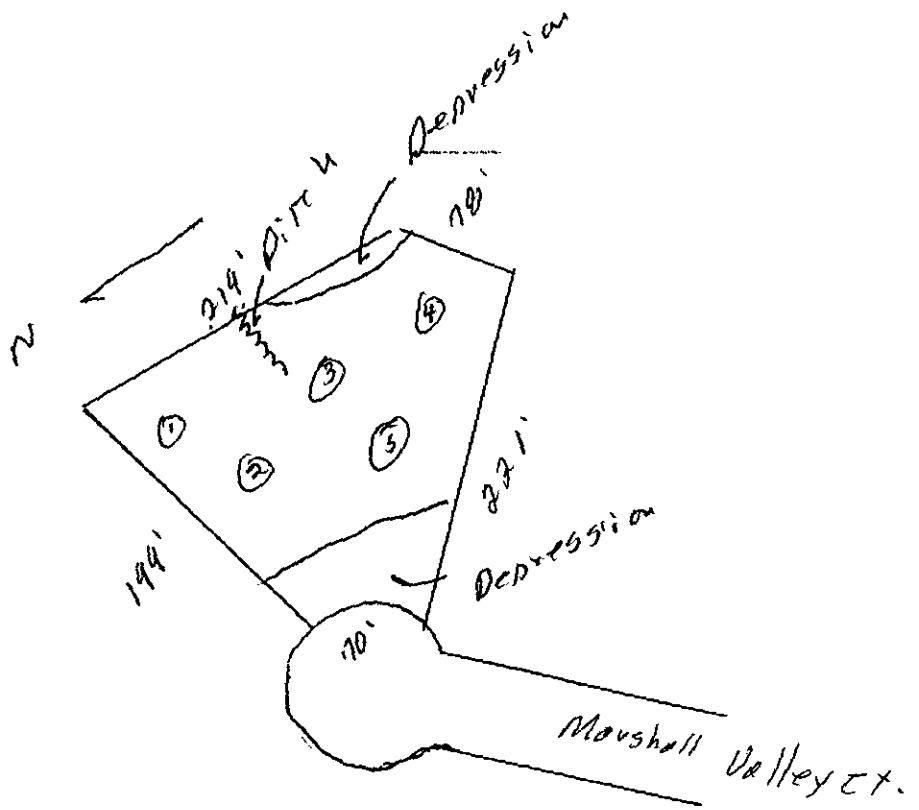
OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: Mark R. Mullis 9-30-98
OTHER(S) PRESENT: LSS

FILE # 26319

COMMENTS 1002 Dennis

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 2631B

Tax Number: 139-152-01

- 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	X Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
No Serviced by private well	1500 Gallon septic tank	540 Total trench length (ft)	28" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone		
Any surface waters present: ND Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: X See plot.				
Repair Area System Type 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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	N/A Depth of Stone Trench Sand Backfill	9 Trench spacing (min. on centers)	28" 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 the 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 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 Improvement permit is transferable.

Jean C. Wells 11/11/98

J. A. Knight 11/11/98

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

FEE: 100.00 CK 996
DATE: 8-20-98
VIII

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

[ ] 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

GOT

FILE #: 26378

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-152-01 P.O.

STREET ADDRESS: 15144 MARSHALL VALLEY

SUBDIVISION OR MOBILE HOME PARK NAME: LEMMOND ACRES M.BK 29 CT PG 276

LOT NUMBER: 6

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4,000

NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS: 7

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 _____

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 [X] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Helms (FIRST) Brian (MI)	NAME: (LAST) Matos (FIRST) Elizor (MI) Marty
ADDRESS: 6918 Link Sidecf.	DAYTIME PHONE: ( ) 704 - 363-8078
CITY: Charlotte STATE: N.C. ZIP 28277	2213 Shoyon Forest Dr.
DAYTIME PHONE: ( ) 704 - 309 - 4286	Charlotte N.C. 28212

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? JAN '98 TO PRO REALTY Deed. MAY, 1998 REC. MAP.

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: _____ DATE: 8-20-98

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

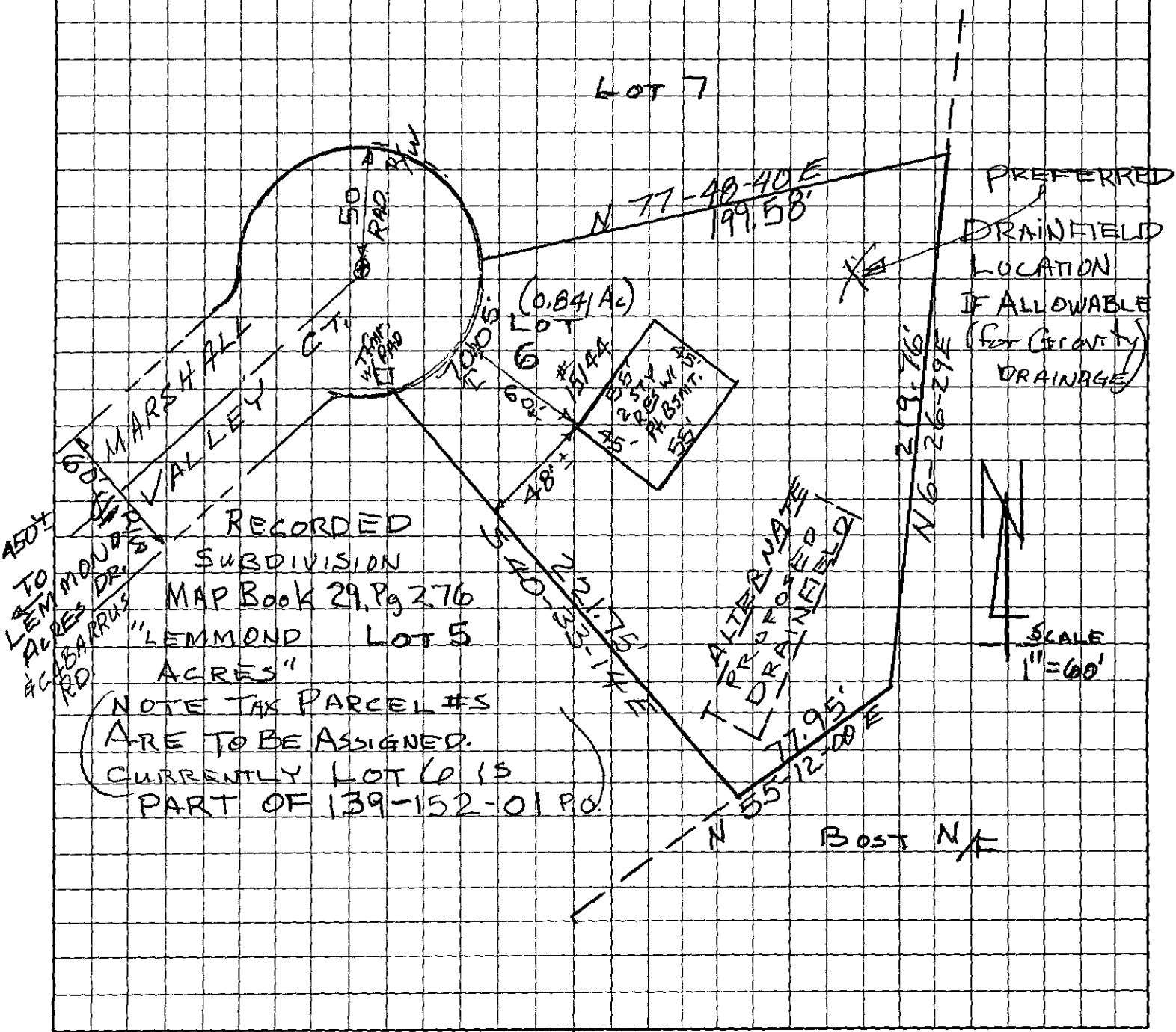
PROPOSED PLOT PLAN

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

FILE: 2637 B

TC: 139-152-01 P.O.

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 8-20-98

APPROVAL DATE _____

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

Map-Check Manual Entry

2:	N 29x00'00"W	964.000						
3:	N 86x00'00"W	693.000						
4:	N 31x00'00"W	1518.000						
5:	N 22x00'00"E	1980.000						
6:	N 70x00'00"E	55.000						
7:	S 20x00'00"E	726.000					170.	
8:	N 70x30'00"E	1551.000					NSBR	
9:	S 17x00'00"E	825.000					CNBC	
10:	S 70x00'00"W	848.000					STOL	
11:	S 30x00'00"E	1551.000					EFCY	
12:	S 24x00'00"W	528.000						
13:	S 22x00'00"W	1069.000					CMRC	

LINE:	BEARING	DISTANCE	RADIUS	ARC-LEN	CHORD	CENTRAL-ANG	CD	DESC
14:								

Enter the new value:
Press <ESC> to end input.
Enter Brg. for line or non-tangent curve, press <ENTER> if tangent curve.

Editing Map-Check File

LINE:	BEARING	DISTANCE	RADIUS	ARC-LEN	CHORD	CENTRAL-ANG	CD	DESC
2:	N 77x48'40"E	199.580						
3:	S 06x26'29"W	219.760						
4:	S 55x12'00"W	77.950						
5:	N 40x33'14"W	221.750						

BARRY MATOS LOT 6
LEMMOND ACRES off
MARSHALL VALLEY CT. CABARRUS RD.

Select Option:
-7913
<C>-Copy File <W>-Write Block <M>-Move Block <R>-Read File <B>-Block delete

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Map-Check TEMPFILE 7/15/98 17:42:48 Factor: 1.0000000

Correct Ending Coordinates, North: 2000.00000 East: 2000.00000
Ending Coordinates, North: 1947.76306 East: 1962.24446
Error, N: -52.237 E: -37.756 Total: 64.453 Brg: N 35-51-30 E
Distance Traversed: 719.040 Closure: 11

No Adjustment

Bearing	Distance	North	East	Elevation	Pt.No.
		2000.00000	2000.00000	0.000	226
N 77-48-40 E	199.580	2042.13837	2195.08084	0.000	227
S 06-26-29 W	219.760	1823.76569	2170.42667	0.000	228
S 55-12-00 W	77.950	1779.27856	2106.41809	0.000	229
N 40-33-14 W	221.750	1947.76306	1962.24446	0.000	230

Sq. Feet: 37158 Acres: 0.8530

Intersects TEMPFILE 7/15/98 17:45:01 Factor: 1.0000000

Pt.No.	Bearing	Distance	Offset	Elev.	Code	Pt.No.
230	N 14-00-40 W	50.000	0.000	0.000		231
226	S 85-43-41 W	50.000	0.000	0.000		231

N: 1996.27549 E: 1950.13891 Desc: CC

Traverse TEMPFILE 7/15/98 17:46:55 Factor: 1.0000000

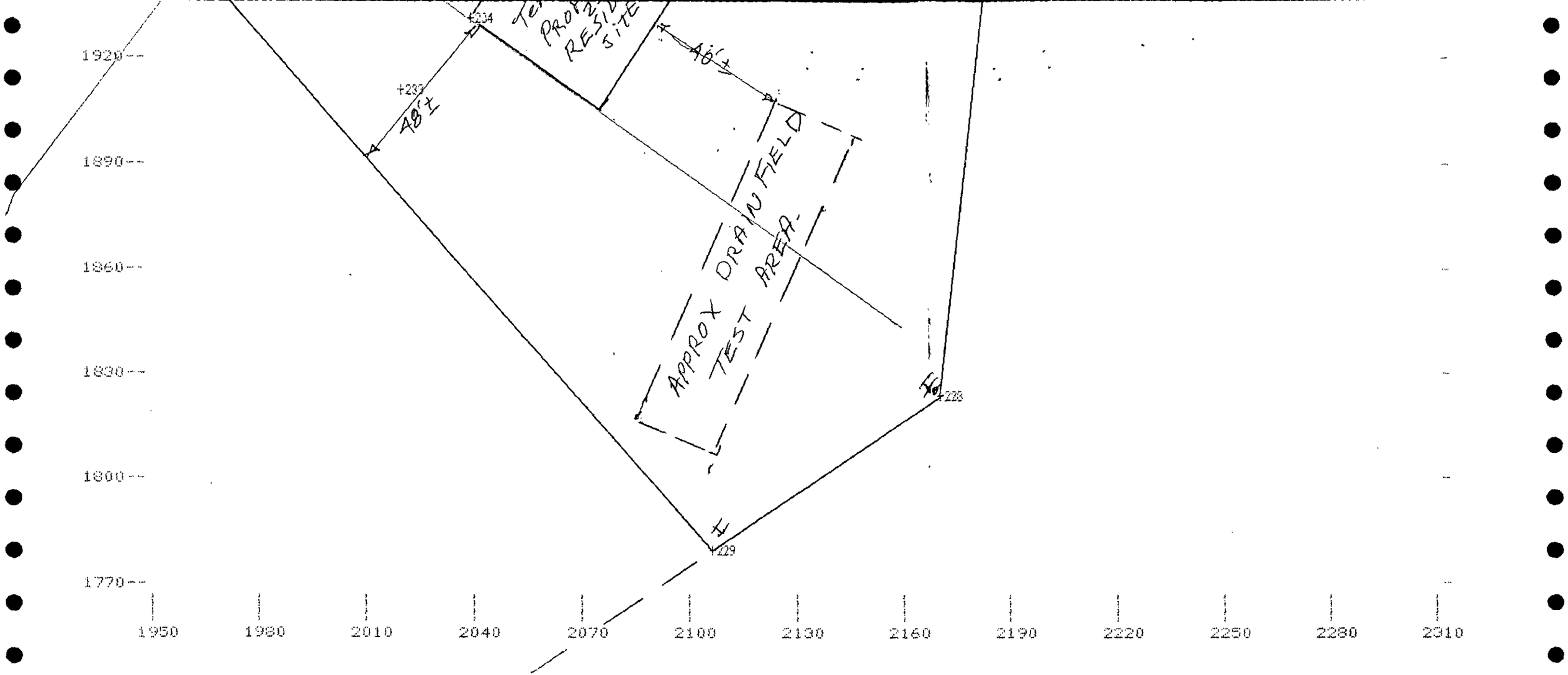
Intersects TEMPFILE 7/15/98 17:47:31 Factor: 1.0000000

Pt.No.	Bearing	Distance	Offset	Elev.	Code	Pt.No.
226	S 82-53-53 E	60.539	20.000	0.000		232
231	S 88-02-27 E	110.000	0.000	0.000		232

N: 1992.51514 E: 2060.07462 Desc: FSB

230	S 57-35-46 E	68.242	-20.000	0.000		233
231	S 39-20-00 E	110.000	0.000	0.000		233

N: 1911.19353 E: 2019.86022 Desc: FSB


1920
1890
1860
1830
1800
1770
1950
1980
2010
2040
2070
2100
2130
2160
2190
2220
2250
2280
2310
+234
+233
+229
+228
48'±
46'±
APPROX DRAINFIELD TEST AREA
PROPOSED RESIDENCE SITE

Inverse TEMPFILE 7/15/98 17:51:15 Factor: 1.0000000

Pt-No.	Bearing	Distance	Pt-No.
232	S 26-18-46 W	90.722	233
231	N 85-43-41 E	50.000	226
231	S 14-00-40 E	50.000	230

Traverse TEMPFILE 7/15/98 17:54:16 Factor: 1.0000000

Inst#	Inst.Elev.	+UP	B.S.#	P.Height	Azimuth	Distance	Vert.Angle
231	0.000	0.000	226	0.000	125-51-31	110.000	

Pt.No.	Bearing	Distance	North	East	Elev.	Pt.No.
231	S 54-08-29 E	110.000	1931.83891	2039.29006	0.000	234

Desc: FSB

Inverse TEMPFILE 7/15/98 17:56:58 Factor: 1.0000000

Pt-No.	Bearing	Distance	Pt-No.
226	S 82-53-53 E	60.539	232
226	S 29-57-38 E	78.674	234
226	S 12-36-21 E	91.000	233
226	S 35-51-30 W	64.453	230
230	S 57-35-46 E	68.242	233
230	S 78-19-20 E	78.674	234
230	N 65-25-06 E	107.580	232

Date: 7/15/98 Time: 17:59:06
Job: TEMPFILE H.Scale: 1 in. = 30 ft. V.Scale: 1 in. = 30 ft. Page: 1

