

16201 TINNAHINCH RD

21732208

12/31/2007

duponbj

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

AES

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

DATE: _____ PERMIT NO: 2429B

PARCEL NO: 217-201-52 PO
217-322-08

JOB LOCATION ADDRESS: 16201 Timberlinch Road
PROPERTY OWNER: Jaycee Freedom Foundation
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Terry P. Mackie DATE: 8/22/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2429B, 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: See Conditions of Improvement Permit

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.

Bob Elliott 8/22/00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 2429B

Tax Number 217-201-52P0

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
495 Serviced by private well	1500 Gallon septic tank	535' Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: Yes Type: Lake Wylie		Minimum separation distance: 50'		
Site modifications required:				
Additional Conditions: Type III b system Install 5 lines x 107' x 3' trench x 12" Stone				
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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1600 Absorption Area (Sq ft) 535' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for 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.

Jimmy L. Mabe 8/22/00
DEHNR Authorized Agent Date

Owner/Agent Signature 6/22/00
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

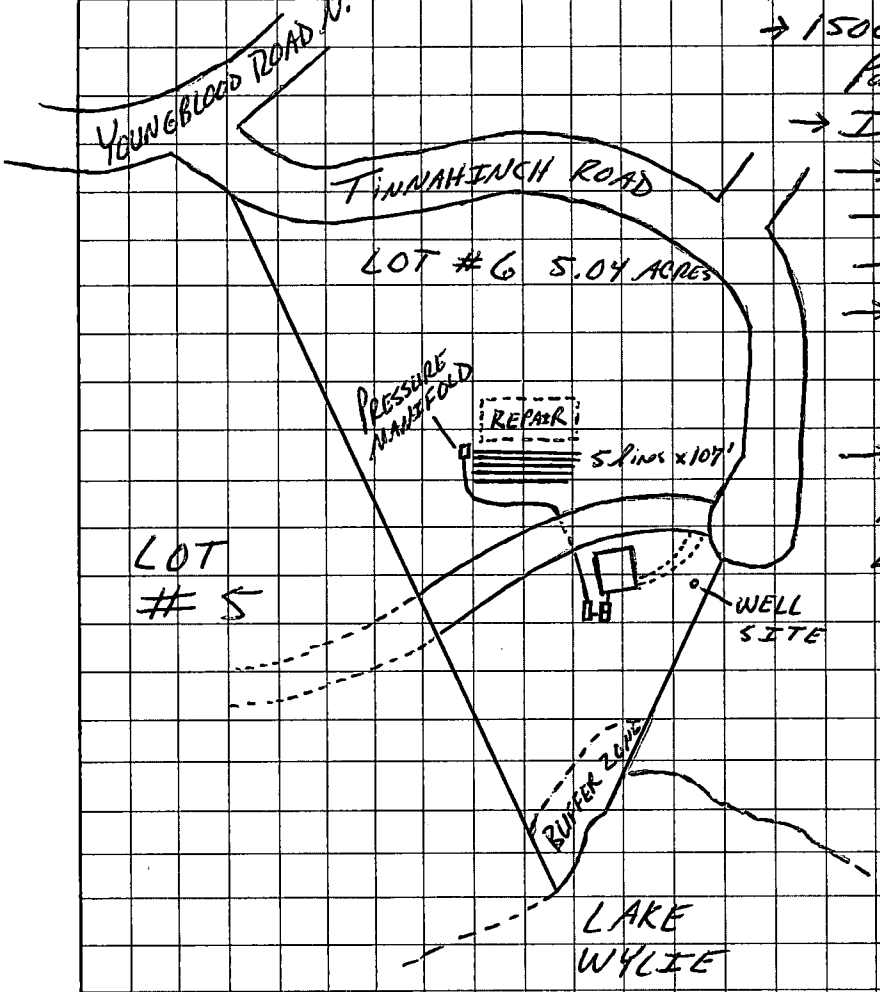
PROPOSED PLOT PLAN

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

FILE: 2429 B

TC: 217-201-52 PO

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

→ System designed for four (4) Bedroom House w/ Basement.
→ 1500 Gallon Septic Tank / 1000 Gallon Pump Tank
→ Install 5 lines x 10' x 3' x 12" Stone
→ Pressure Manifold
→ Keep 100' from all wells
→ Type III b Conventional System
→ Type III b Conventional System Repair System

→ All pump systems shall be inspected by the Local Health Dept a minimum of every five years as required by the State of N. C.

APPROVAL DATE Jerry P. Riddle 8-22-00

OWNER/AGENT SIGNATURE

DATE

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

DATE 8-22-00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

217-322-08
PARCEL NUMBER

16201 Tinnahinch Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	____APPROVED	____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7. DRIVEWAY PERMIT REQUIRED	____YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	____NO

REMARKS: New Single Family

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/97

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION (404) #1 24298
for ON-SITE WASTEWATER SYSTEM

PO 217-201-52
Lot 46

OWNER: Yager Freedom Foundation APPLICANT: _____
ADDRESS: 600 Toone Center Blvd, Jeneralle APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: Approx. 3
LOCATION OF SITE: Munson Hill Road PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-6% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-3"	gr/sl	Fr/SEXP/SS/SP	7.5YR 40 TO 60:1 wetness	46"	N/A	None	PS .39/F2 IV
		3-40"	SBK/ c	Fr/SEXP/SP					
2	LS	0-4"	gr/ sl	Fr/SEXP/SS/SP	7.5YR 40 TO 60:1 wetness	46"	N/A	None	PS .39/F2 IV
		4-46"	SBK/ c	Fr/SEXP/SP					
3	LS	0-8"	gr/sl	Fr/SEXP/SS/SP	7.5YR 40 TO 60:1 wetness	46"	N/A	None	PS .39/F2 IV
		8-46"	SBK/sc	Fr/SEXP/SP					
4	LS	0-5"	gr/sl	Fr/SEXP/SS/SP	7.5YR 53 TO 60:1 wetness	53"	N/A	None	PS .39/F2 IV
		5-35"	SBK/ c	Fr/SEXP/SP					
		35-53"	SBK/ sl	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marlin 4-1-98
OTHER(S) PRESENT: LSS

COMMENTS: 1000 Repeat

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) I (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

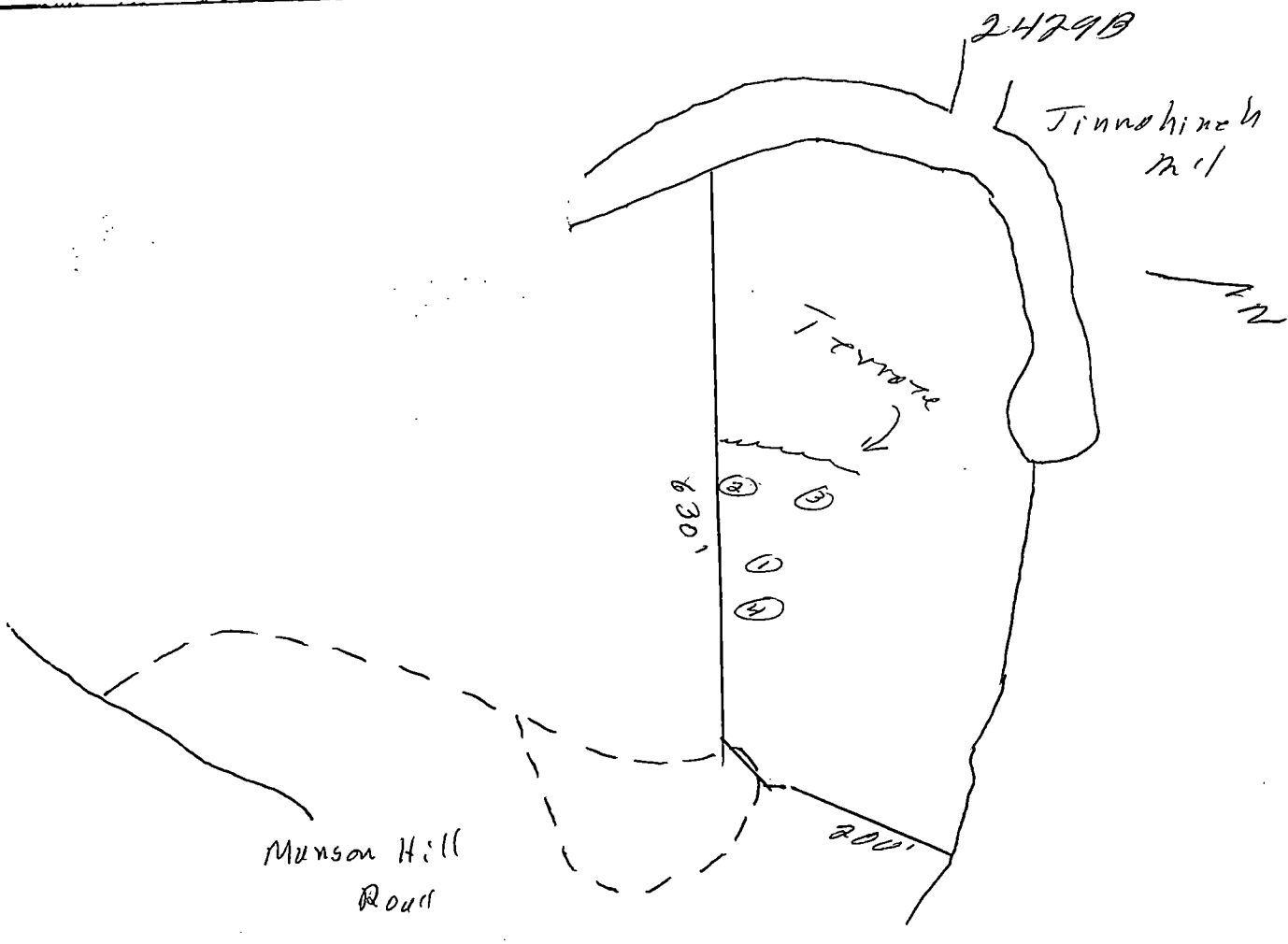
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



FEE: 200.00 CHK #4344
DATE: 3/12/98 SC

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

1 1 CRT

TYPE APPLICATION: 1 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

FILE #: 24396

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-201-52 PR

STREET ADDRESS: 4 Munson Hill Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #46

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
X 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 2500

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X 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) Yager (FIRST) Freedom (MI) Foundation	NAME: (LAST) / (FIRST) (MI)
ADDRESS: 6010 Towne Centre Blvd	DAYTIME PHONE: ( ) -
CITY: Pineville STATE: N.C. ZIP: 28134	
DAYTIME PHONE: ( ) - 889-2500	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Chip McKenzie DATE: 3-12-98

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: 2429B

TC: 2/7-201-5202

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.

SEE Plat #4

OWNER/AGENT SIGNATURE

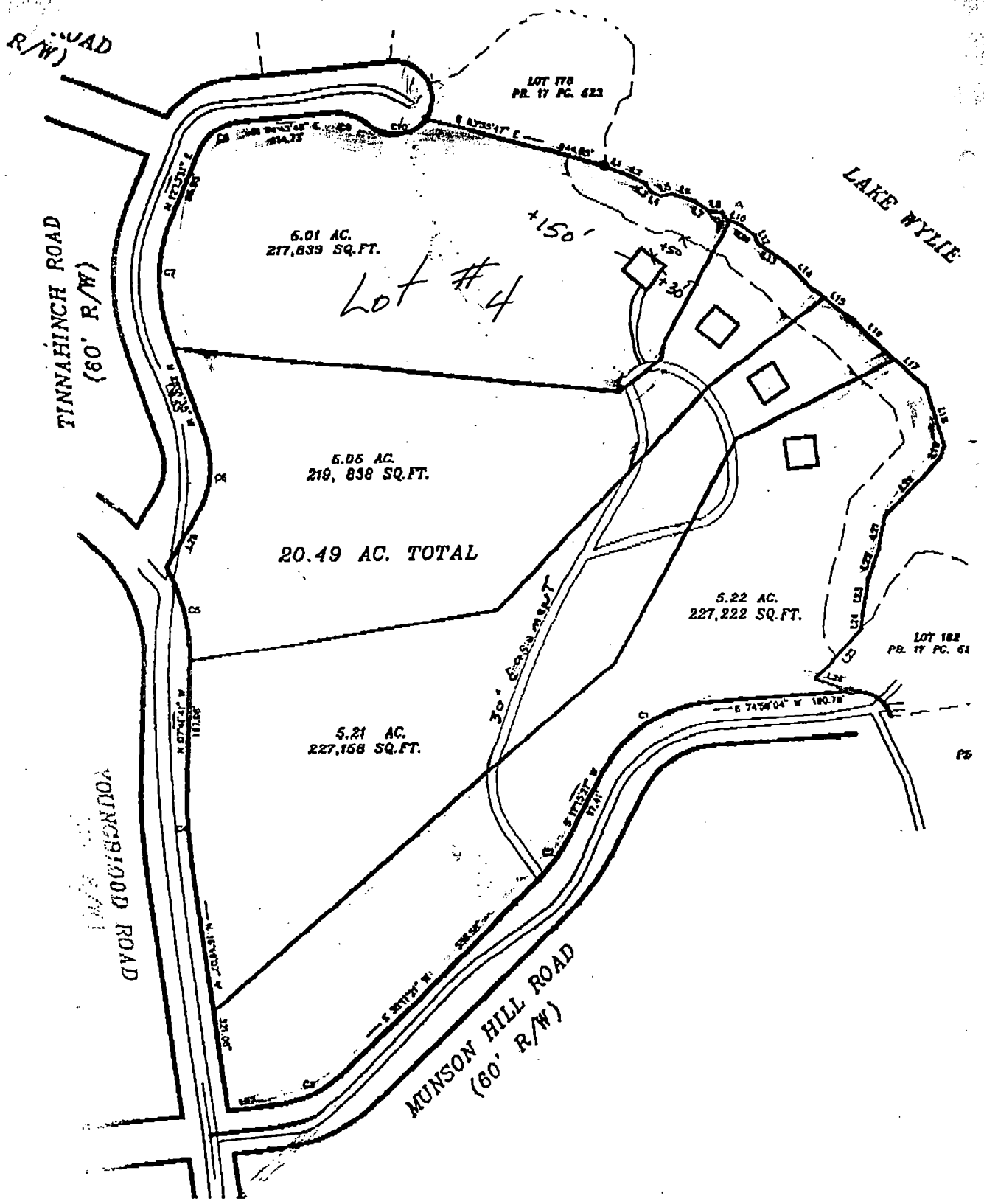
DATE

APPROVAL DATE

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

2423B

To Jerry
From Chris.



DATE: _____

FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

APPLICANT

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

PERMIT #:

PROPERTY INFORMATION (FROM "JOB LOCATION" SECTION FOR JOB LOCATION):

TAX/PARCEL NUMBER: 217-322-08

STREET ADDRESS: 16201 Tinnahinch Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
X 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE _____

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:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
X WITH BASEMENT PLUMBING
___ WITH BASEMENT (NO PLUMBING)

Being all those certain tracts or parcels of land lying and situated in Mecklenburg County, North Carolina and being more particularly described as follows:

Being all those tracts of land as shown on the plat entitled "Recorded Plat Survey A Revision of Plat Book 31, Page 307 Yager Freedom Foundation, Inc. Map 2" and recorded in Map Book 31 at Page 387 in the Mecklenburg County Public Registry.

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: Residence

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: Shull April A
(LAST) (FIRST) (MI)

ADDRESS: 16201 Tinnahinch Road

CITY: Charlotte STATE: N.C. ZIP: 28278

DAYTIME PHONE: (704) 588-6500

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Ann Itzy for septic approval only
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 357-1250

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned owner, or legal agent for the owner, of the property described above as the "Job Location" has read this entire application and 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: April L Shull DATE: 8-1-2000

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

TO: Steve Fax: Burch

AUG-29-2000 09:53 PM RICHARD+YAGER 704 504 1638 P.01

DATE	DESCRIPTION	FEE	PAYMENT	ADJUSTMENT	BALANCE	PREVIOUS BALANCE	NAME
3/16/98	New - 4	400 00	400 00	0	0	0	Yager Const Co Inc

This is your RECEIPT for the amount
This is a STATEMENT of your account to date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5100

09759

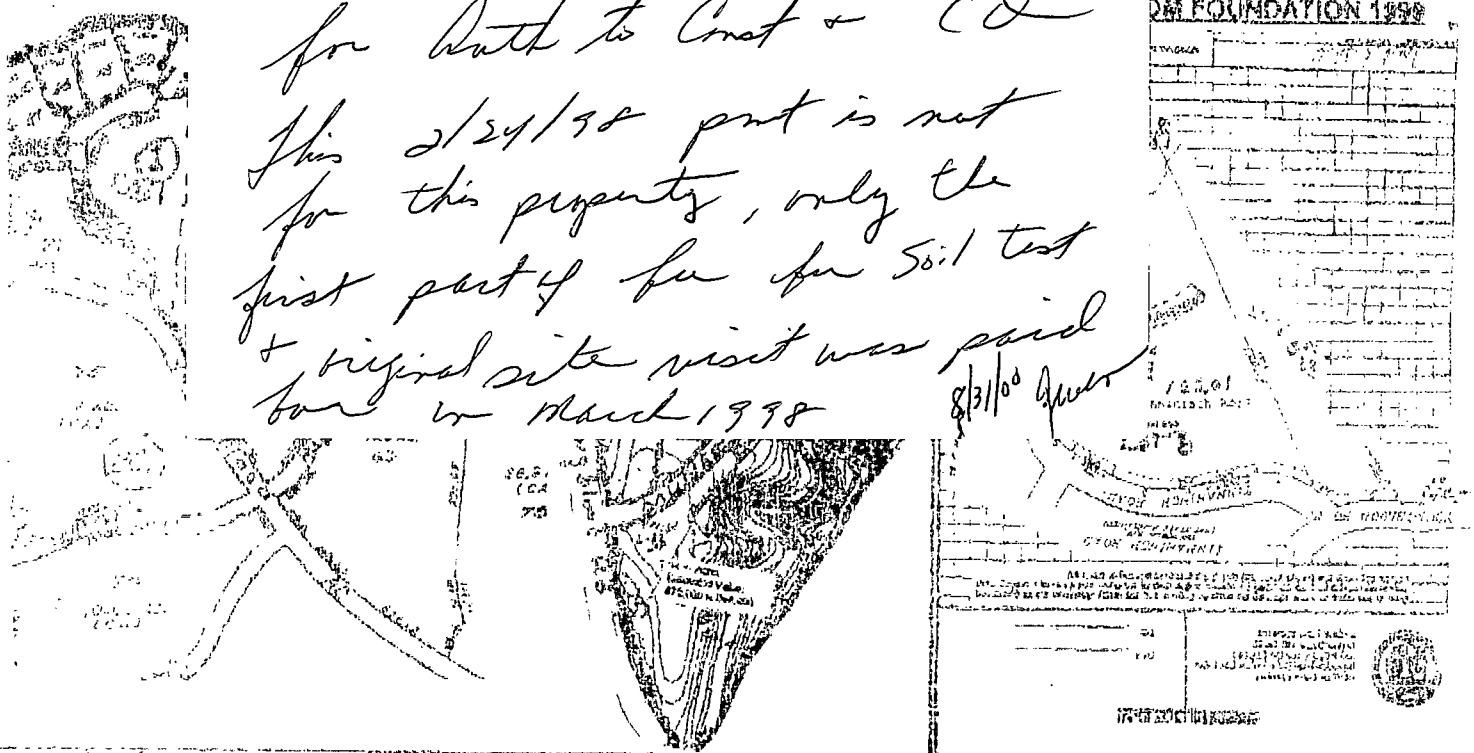
DATE	DESCRIPTION	FEE	PAYMENT	ADJUSTMENT	BALANCE	PREVIOUS BALANCE	NAME
3/24/98	Eval Fee	300 00	300 00	0	0	0	Yager Const Co Inc

This is your RECEIPT for the amount
This is a STATEMENT of your account to date

09715

To: Steve
From: Rick

Owes $300 for Auth to Const + CO
This 3/24/98 pmt is not for this property, only the first part of fee for soil test + original site visit was paid for in March 1998
8/31/00 Rick



DATE		VENDOR	AMOUNT	
2/24/98	4021	North City Environmental	200.00	Perrapa
2/24/98	1015	Mecklenburg Cty Health Dept.	400.00	Permits

NOTE:
YAGER CHRISTMAS FOUNDATION 1997
Yager Const filed for septic approval for Yager Freedom Foundation.
Area (1) is approved for septic and Yager Freedom Foundation separates this 5.04 acre parcel from the 20.6 acre parcel and parcel (1) becomes LOT # 6.
YAGER FREEDOM FOUNDATION 1998
Area (1) becomes lot 6 and sold to April and Tyrone Shull with septic approval for a 4 bedroom house.
2000 April and Tyrone begin process to build a new house.

YAGER CONSTRUCTION COMPANY, INC.
4344
Mecklenburg County Environmental Health Dept. 2/24/98
Paul Moreland, Agent
Yager Const Co Inc

YAGER CONSTRUCTION COMPANY, INC.
4353
Mecklenburg County Environmental Health Dept. 3/16/98
Paul Moreland, Agent
Yager Const Co Inc

AUTRY'S
8918 BYRUM DR.
CHARLOTTE, N.C.
28217

FAX COVER SHEET

TO: Jeanne

FROM:

NOTES:

TOWN NUMBERS: 704-1671249
704-357-3075 FAX

28217
7949
8918

To: STeve
From: Beatch

357-3075 FAX
504-3804 FA

WAS Approved
IN 1998?

[illegible] MECK CO HLTH DEP BAR

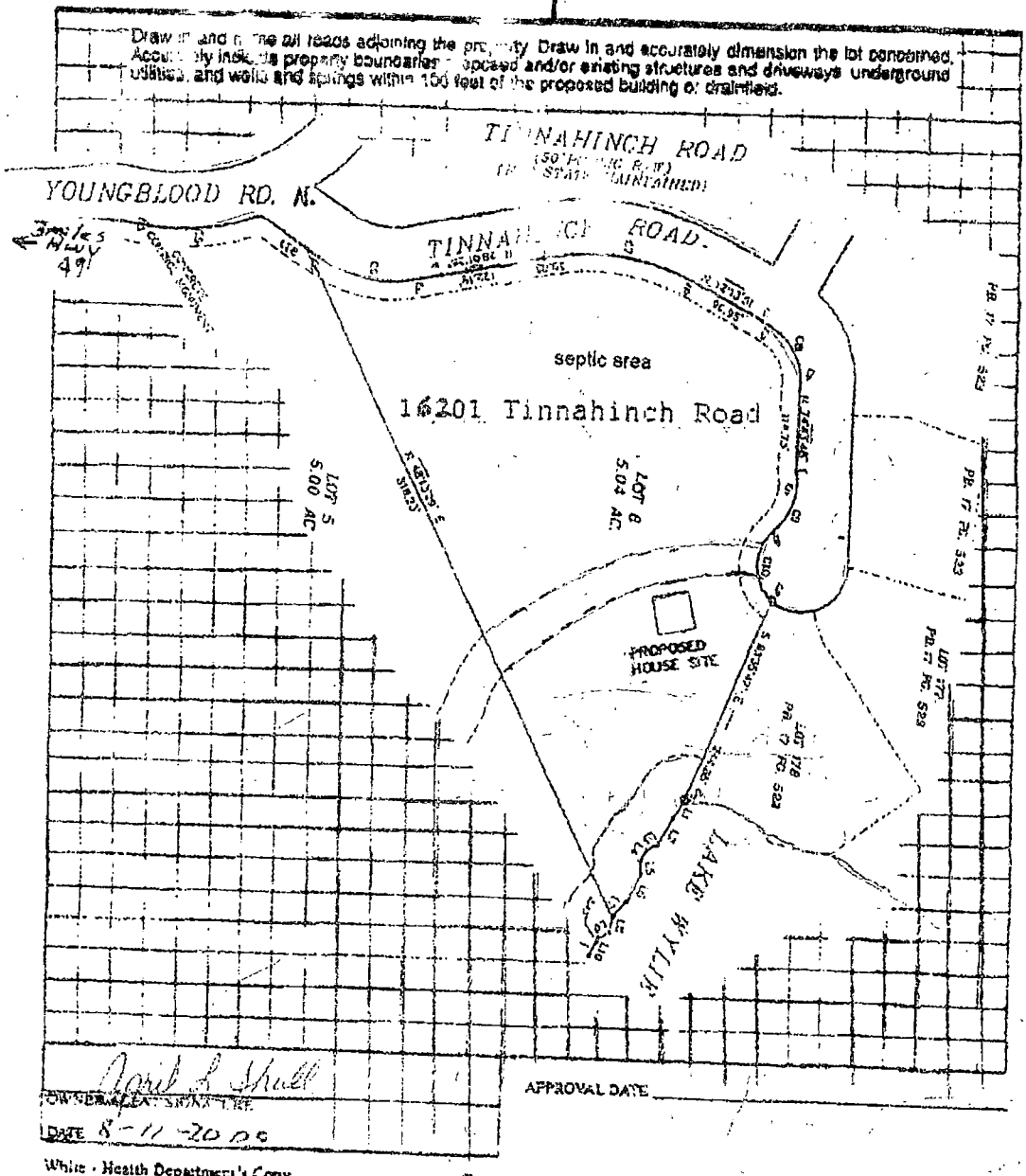
PROPOSED PLOT PLAN

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

FILE: _____

TO: _____

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 8-11-2000

APPROVAL DATE _____

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

DATE		FEE	PAYMENT	ADJUST-MENT	BALANCE	✓	PREVIOUS BALANCE	NAME	QUICK CLAIM NUMBER	RECEIPT NUMBER	
								◆ IF USING MORE THAN ONE PAGE TODAY ◆ PLACE PRECEEDING PAGE TOTALS ON THIS LINE			
2/6/98	Sagrolite wsl	75 00	75 00	0	0		0	All South Bldrs Sp	3621	M	1
2/6/98	Addition	50 00	50 00	0	0		0	Donald Broderick	3623	9714	2
2/6/98	Inst 110	200 00	200 00	0	0		0	Yazoo Cost. Coton	3621	9715	3
2/6/98	Imp. Permit	100 00	100 00	0	0		0	Lisa P. Stanley	3621	9716	4
2/6/98	Sagrolite 2nd wsl	150 00	150 00	0	0		0	Arthur Killian	3621	9717	5
											6
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											27

PAGE TOTALS	575.00	575.00	
TODAY'S GRAND TOTALS	575.00	575.00	
PREVIOUS DAY M-T-D TOTALS			
MONTH-TO-DATE TOTALS			

Carry totals to top of next page if more than one page is used per day

SYSTEM QUESTIONS?
CALL YOUR SAFEGUARD DISTRIBUTOR

TODAY'S PROOF OF POSTING		RECEIPTS PROOF	
Column E Total	$	Column 5 (Cr. Card)	$
+ Column A Total	$	+ Column 6 (Cash)	$
− Column B Total	$	+ Column 7 (Checks)	$
− Column C Total	$	= Column B (Paym't)	$
= Column D Total	$		

IF THE TOTAL ADJUSTMENT AMOUNT IS BRACKETED (), ADD THIS AMOUNT RATHER THAN SUBTRACT.

DAY SHEET
RECORD OF CHARGES AND PAYMENTS

SAFEGUARD AMBASSADOR LINE®
AJHC-2-2

Safeguard Business Systems
LANCELOT PA ICS ANGELES-CHICAGO ATLANTA
Form No. AJHC-2-2

1	2	
13360	K	1
12106		2
Jones		3
10844		4
Mac	Wa	5

© Safeguard Busines
REORDER FROM YOUR LOC
IF THE NUMBER HAS BEEN