

9416 SAO PAULA DR

01521133

1/7/2008

duponbj

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

De[redacted]ent of Environment, Health, and Natural Resources
[redacted]on of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 015-211-33
Lot #: 3
File #: 4879B
Code: 1

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Anita Roseboro
Applicant: Milbredt Builders, Inc.
Address: 1536 Newcastle St., Charlotte, N. C. 28216
Date Evaluated: 3/18/02
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .49a
Location of Site: 9416 Sao Paula Drive
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 2-6	0-4	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48"+	N/A/	NONE	PS, IV
		4-48+	SBK/C	FI/SEXP/S/P					.275G/DAY/FT^2
2	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-50	SBK/C	FI/SEXP/S/P					
3	"	0-5	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	"
		5-49	SBK/C	FI/SEXP/S/P					
4	"	0-4	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		4-49	SBK/C	FI/SEXP/S/P					
5	"	0-3	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		3-39	SBK/C	FI/SEXP/S/P					
		39-49	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.275G/D/FT^2	

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/18/02, W. R. Marlin
Others Present:

FILE # 48798

COMMENTS Does not appear to be prone to Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE S-SHOULDER SLOPE L-LINEAR SLOPE FS-FOOT SLOPE N-NOSE SLOPE H-HEAD SLOPE CC-CONCLAVE SLOPE CV-CONVEX SLOPE T-TERRACE FP-FLOOD PLAIN	I	S-SAND LS-LOAMY SAND	1.2-0.8
	II	SL-SANDY LOAM L-LOAM	0.8-0.6
	III	SI-SILT SICL-SILTY CLAY LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM	0.6-0.3
	IV	SC-SANDY CLAY SIC-SILTY CLAY O-ORGANIC	0.4-0.1

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE FR-FRIABLE FI-FIRM VFI-VERY FIRM EFI-EXTREMELY FIRM	NS-NON-STICKY SS-SLIGHTLYSTICKY S-STICKY VS-VERY STICKY NP-NON-PLASTIC SP-SLIGHTLYSTICKY P-PLASTIC VP-VERY PLASTIC

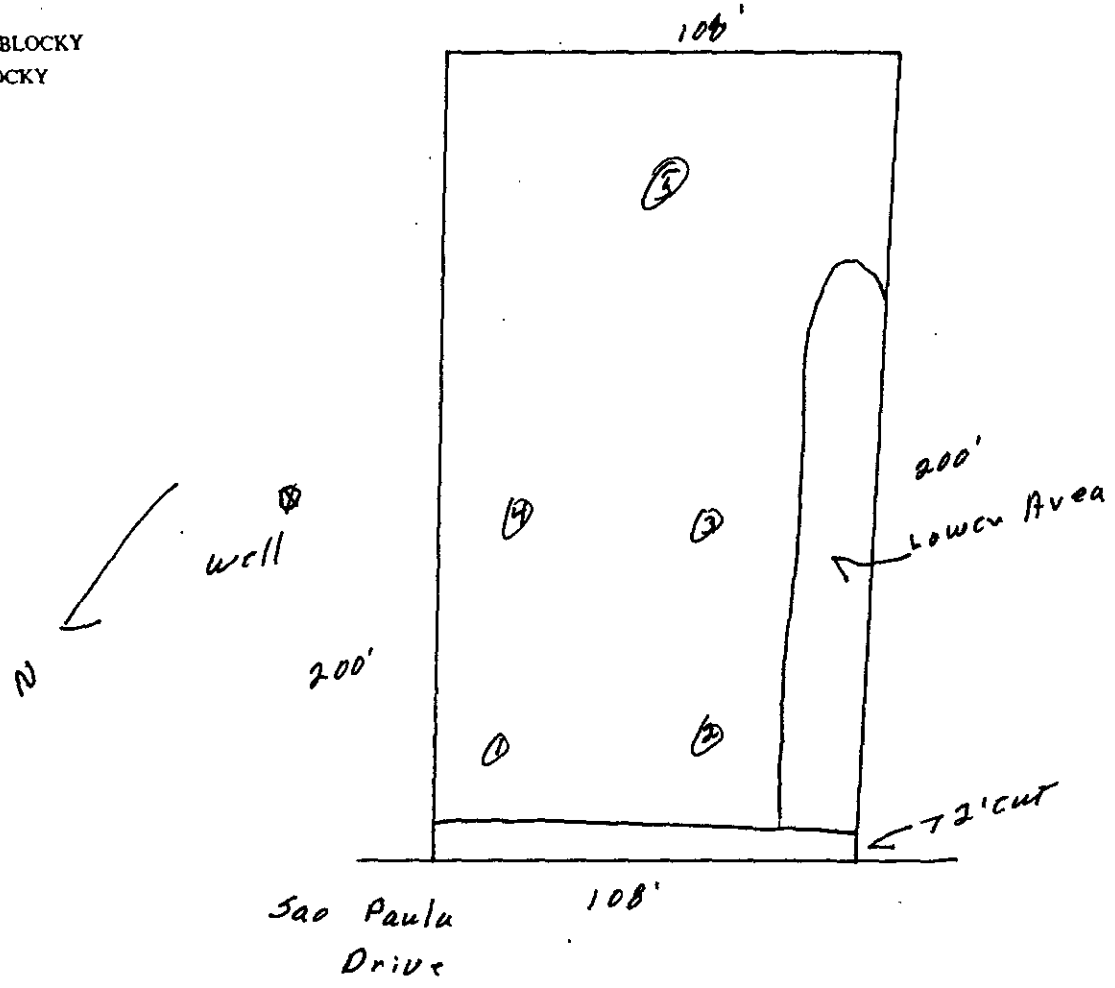
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4879B DATE: 5/30/02

TC: 015-211-33 ☐ L ☒ CRT

SERIAL Nº 18624

Name of Owner Milbredt Builders, INC. Juris.: _____

Address of Property 9416 Sao Paula Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 440

Number of Lines 8 @ 55'

Cover Depth 12-14"

Water Supply Source Municipal

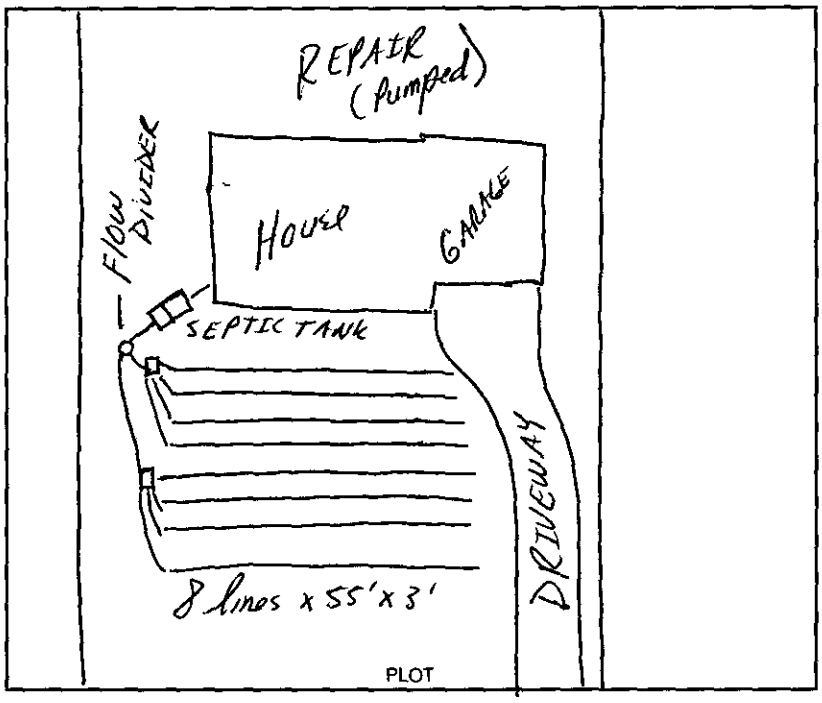
Distance to Water Source N/A >50'

Excavation Inspected 5/30/02

Tank(s) Inspected 5/30/02

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1500 ST, 1320 SFT, INV, Chambers CTR# 585

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 I5A 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 I5A 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: Four Bedroom House

8 lines x 55' x 3

Type III g Innovative Septic System

Jeremy P. Mickle R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

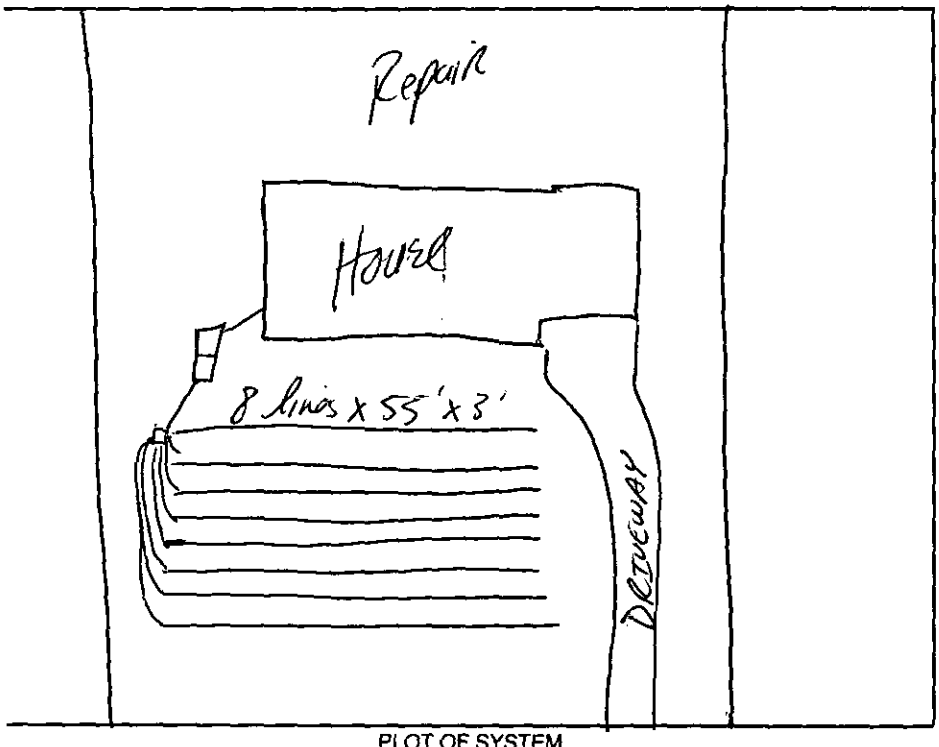
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4879B DATE: 5/28/02

TC: 015-211-53 ☒ L

SERIAL 19005

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 3-1-02. All work shall be completed on or before 6/28/02, 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

9416 Sao Paula Drive

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24-30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 440' feet

Number of Lines 8 X 55'

Depth of Stone N/A 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 Milbredt Builders, Inc.

LOCATION OF PROPERTY 9416 Sao Paula Drive

Comments: Four Bedroom House

Install 8 lines x 55' x 3'

1500 gallon Septic tank

Type IIIg Innovative System Tammy P. Nichols R.S.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 3/22/02 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: _____ PERMIT NO: 48798

PARCEL NO: 015-211-33

JOB LOCATION ADDRESS: 9416 Sao Paula Drive

PROPERTY OWNER: Kevin Milbradt

BUILDING CONTRACTOR: Kevin Milbradt (KMI Builders)

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Jimmy P. Nichols R.S. DATE: 3/20/02

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 48798, 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: 100% Repair not required
Agreement form on file before C.A. Rakes

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.

Kevin Milbradt 3-22-02

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 MAR 22 04:16 PM
BOOK:13399 PAGE:530-533 FEE:$20.00
INSTRUMENT # 2002057352

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 4879B
PARCEL # 015-211-33

The undersigned, _____, owner of property located at 9416 Sao Paulo, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Environmental Health Meck. Co.
Mail after recording to: 9050 Miriam Dr
Kevin Milbradt Huntersville NC 28078

Permit Number 4879B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 015-211-33

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

.375 Long-term acceptance rate	480 Max gallons/day wastewater flow	1308 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	436 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: 100% Repair Not required - Agreement forms

7 line x 62' x 3' Innovative System

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

1308 Absorption Area (Sq ft) 436 Total Trench Length (Ft)	NA Depth of Stone Trench	9 Trench spacing (min. on centers)	24" 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

Tammy P. Riddle R.S. 3/20/02
DEHNR Authorized Agent Date

Kevin Millwood 3-22-02
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

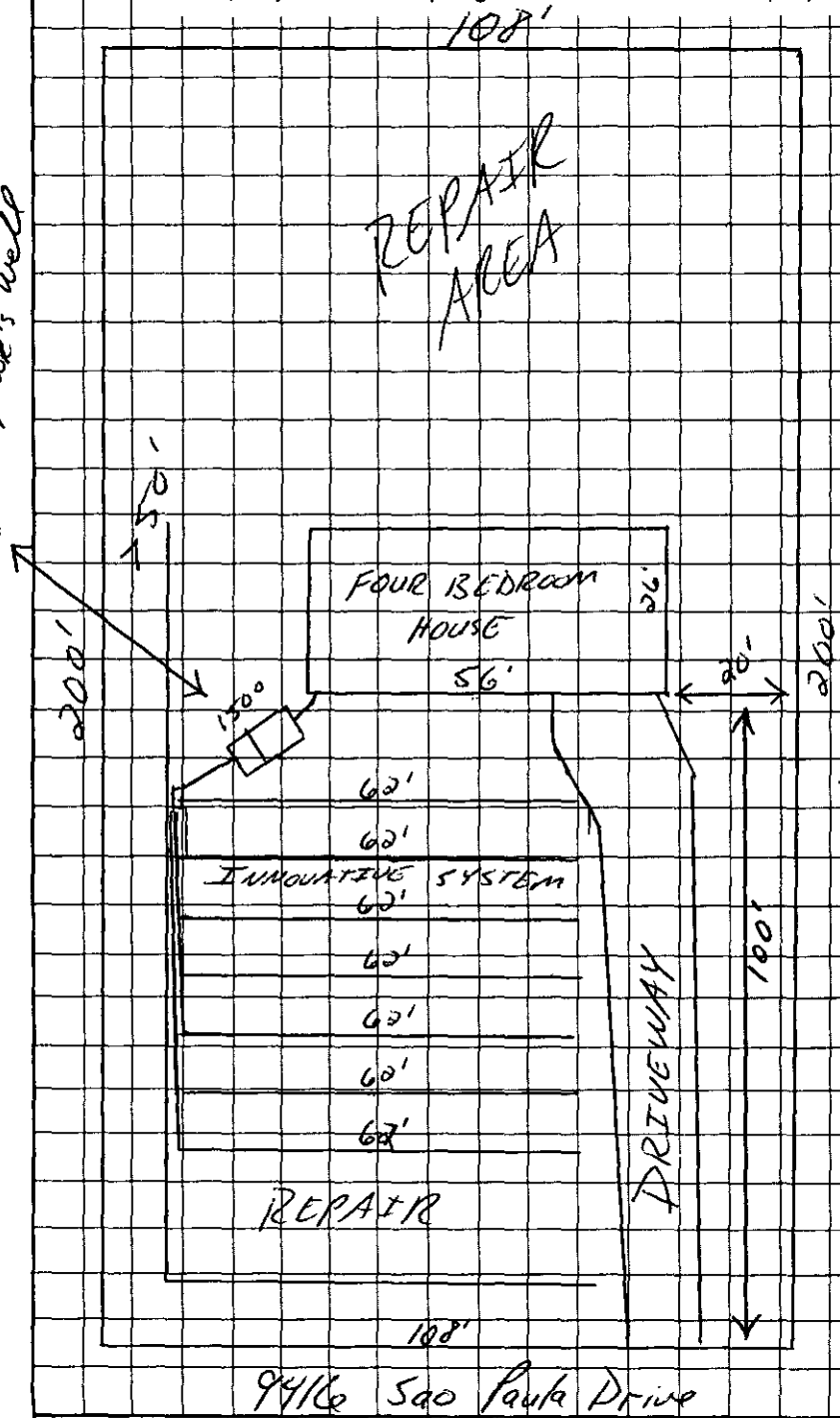
PROPOSED PLOT PLAN

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

FILE: 4879P

TC: 015-211-33

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

→ SCALE = 1" = 30'
→ Four Bedroom House
→ .275 LTAR
→ House located 100' off front property line and 20' off right property line
→ 7 lines x 62' x 3' (436 TLF)
→ 100% Repair not required
→ Type III innovative septic system
→ Agreement forms on file before C.O. release
→ Keep minimum of 50' from neighbor's well

Kevin Millwood
OWNER/AGENT SIGNATURE

DATE 3-22-02

APPROVAL DATE Jerry P. Medlin R.S. 3/22/02

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

PROPERTY DETAILS

Watch the construction of this beautiful new home in this prestigious neighborhood. This home is being built by Legacy Builders, a custom home builder. This home will feature 4 bedrooms, alot of detail work such as wainescoat in the dining room, crown molding on the first floor, hardwood floors in the dining room and foyer....many more features!!Only $169,500.

[redacted]

Area:	**09**	Bathrooms:	**2.5**
Style:		Bedrooms:	**4**
Stories:	**2**	Master:	**upstairs**
Square Feet:	**2156**	Bedroom #2:	**upstairs**
Lot Size:		Bedroom #3:	**upstairs**
Year built:	**2002**	Bedroom #4:	**upstairs**
Taxes:		Bedroom #5:	
Parking:	**2 c garage**	Living room:	**main**
Exterior:	**brick/vinyl**	Dining room:	**main**
Roof:		Family room:	**main**
Heating:	**gfha**	Kitchen:	**main 2/ bkft nook**
Air Conditioning:	**central**	Den:	
Fireplace(s):	**family room**	Laundry:	
Distance to school:		Other 1:	
Distance to transit:		Other 2:	

Please take a copy of the floor plan of this lovely home. Live outside of the city and yet so close to everything. Very accessible to the interstates.
This home will have insulated windows, a patio, city water with a septic tank. The master bedroom will feature a sitting area with large walk-in closets. Appliances will include a dishwasher, microwave, disposal, smoke detector, self-cleaning oven, electric range/oven, ice maker connection, exhaust fan, laundry room connections, wall to wall carpet, vinyl/linoleum floors.....
So much.....call Audrey with questions and great financing options.



Audrey Wallace
Hope Advantage Realty
8307 University Ex. Prk. Dr. 255
Business: 704-502-1334

Home:



FRONT ELEVATION – SLAB

SCALE: 3/16" = 1'-0"

FEATURES: BAY WINDOW, OPEN FOYER, GARDEN BATH 5', SGL. FRENCH DOOR IN FAMILY ROOM

Plans may include optional items that are not included in the house purchase price unless expressly provided for in the contract; elevations are included for illustrative purposes only and may vary from the actual construction practices of the builder.

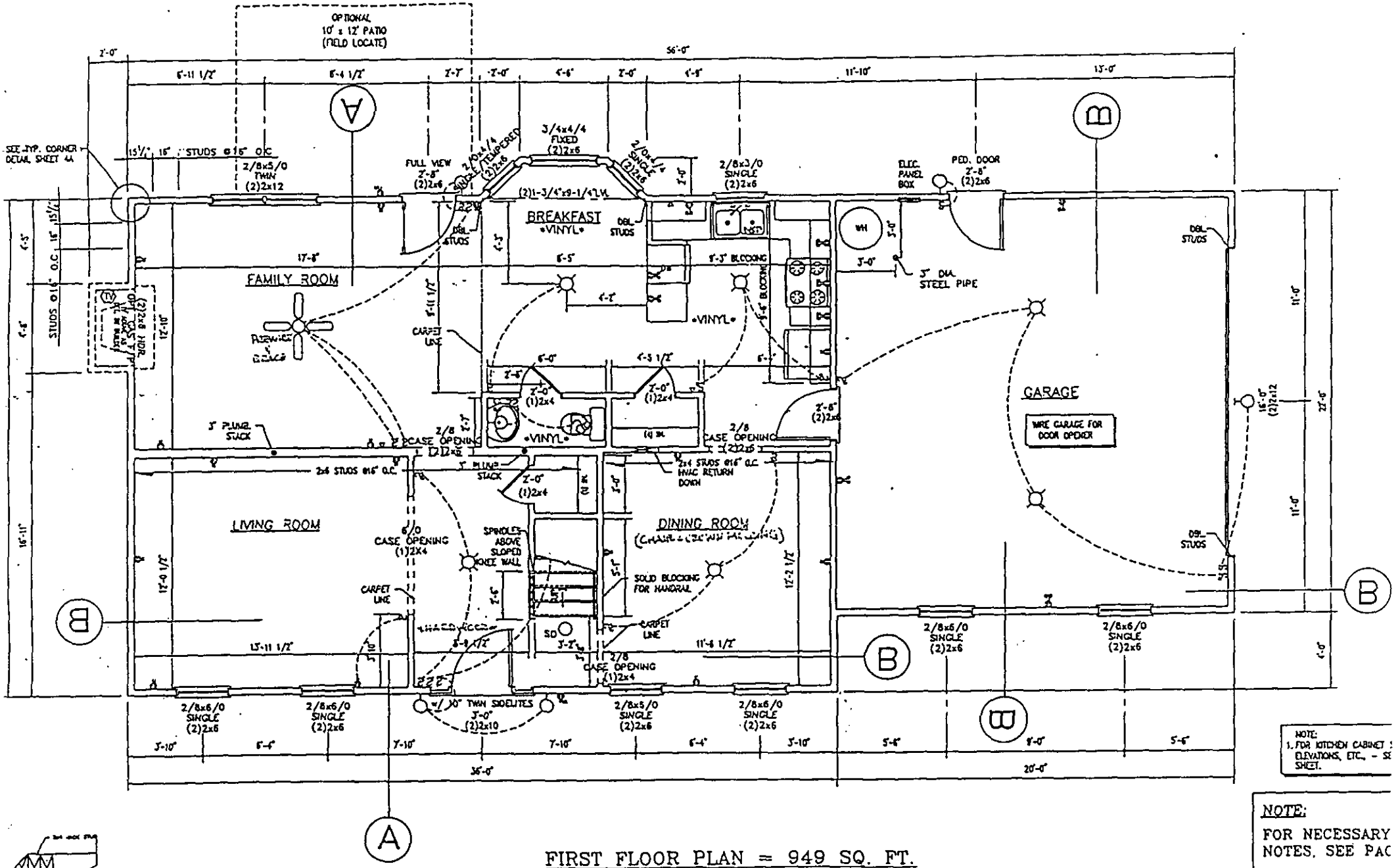
I DO HEREBY CERTIFY THAT THESE DRAWINGS, PLANS AND RELATED SPECIFICATIONS MEET ALL LOCAL CODE REQUIREMENTS AND ARE IN CONFORMITY WITH STATE HANDICAP PROPERTY REQUIREMENTS.

000500 WESTGATE NC

REVISIONS

SPEC HOME 01

H:\MstPlans\Westgate\NC\000500\elevis 3-2-98 10:47:37 am EST



FIRST FLOOR PLAN = 949 SQ. FT.

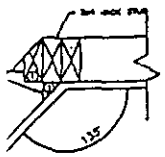
SCALE: 3/16" = 1'-0"

GARAGE = 440 SQ. FT.

NOTE:
1. FOR KITCHEN CABINET ELEVATIONS, ETC. – SHEET.

NOTE:

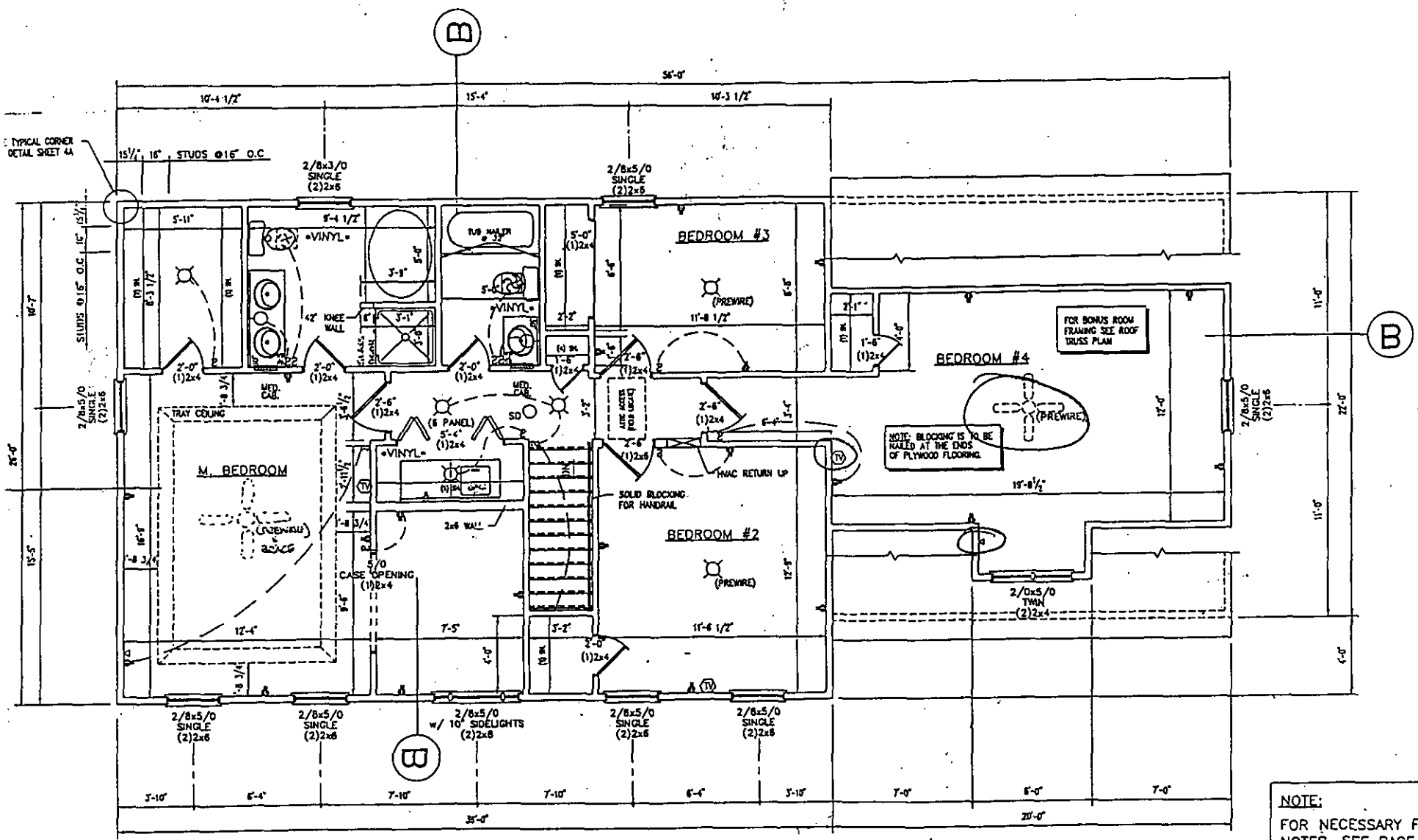
FOR NECESSARY NOTES, SEE PAC



ANGLE DETAIL
TO SCALE

STUD SPACING LEGEND

A = 16" O.C.
B = 16" O.C.
C = 12" O.C.



SECOND FLOOR PLAN = 1207 SQ. FT.

SCALE: 3/16" = 1'-0"

NOTE:

FOR NECESSARY FRAMING NOTES, SEE PAGE 4A.

STUD SPACING LEGEND:

A = 16" O.C.
B = 16" O.C.
C = 12" O.C.

*ALL INTERIOR WALLS 24" O.C. UNLESS OTHERWISE NOTE

FEE: 200 - 3/1/02 RD

DATE: 3-1-02

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

TYPE APPLICATION: ✓ 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 #: 4879B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 015-211-33

STREET ADDRESS: 9416 Sao Paula Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3

TOWNSHIP (CHECK ONE):

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

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2150

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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 __ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) Milbrett (FIRST) Builders Inc. (MI)

ADDRESS: 9050 Miriam Dr

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 201-9575

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Milbrett DATE: 3-1-02

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

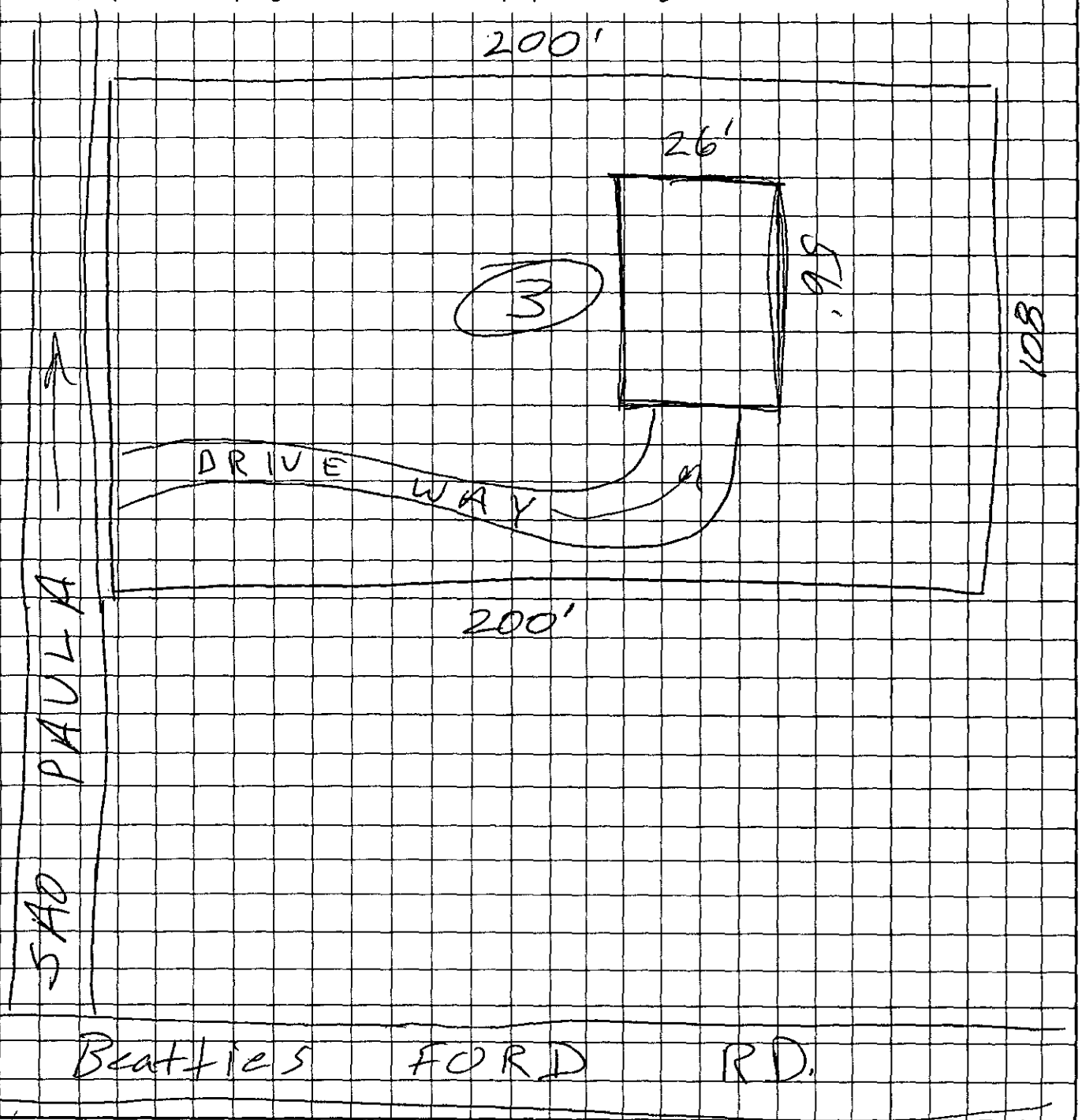
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 4879B

TC: 015-21-33

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.



K Kevin Millwater
OWNER/AGENT SIGNATURE

DATE 3-1-02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy