

9001 SNOW RIDGE LN

14111143

12/20/2007

duponbj

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

pd 100.00 cash VLW 5-28-98

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1349B DATE: 5/12/98 &

TC: 141-111-43 ☐ L ☒ CRT

SERIAL Nº 17625

Name of Owner: Thomas Pinner, Jr. & Belinda Lacy Juris.: _____

Address of Property 9001 Snow Ridge Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source City

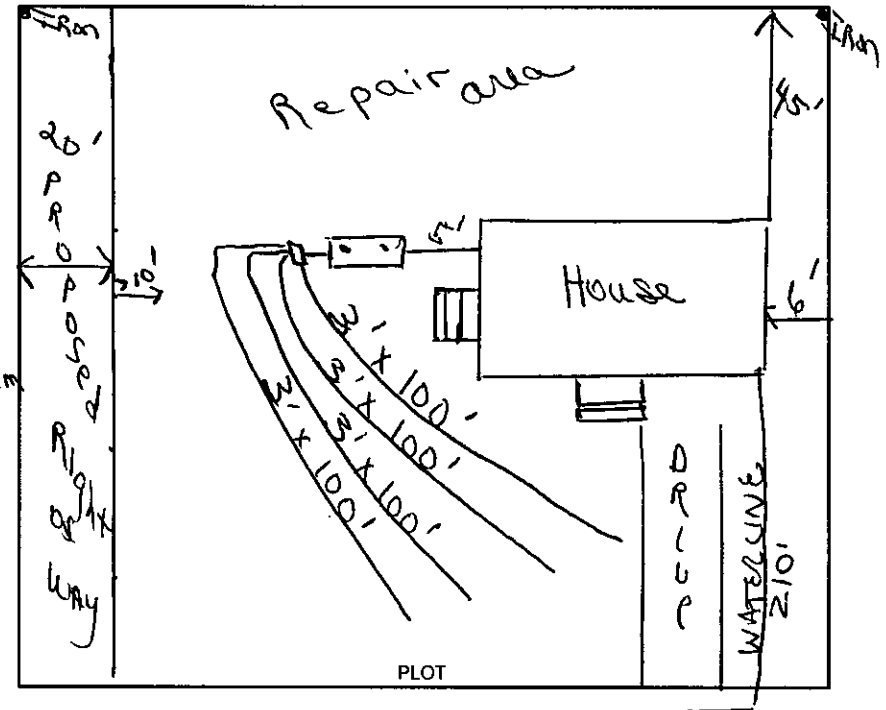
Distance to Water Source 10' to line (must be minimum)

Excavation Inspected 5/8 & 5/12

Tank(s) Inspected 5/12

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1998 1500 St Con. 1200 SFT, 12" S Cecil CTR# PRPST

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: Type II a System - System designed for 3 bedroom home

Post-it® Fax Note 7671	Date 12/12/03	# of pages ▶ 1
To BEN TAUBERT	From J. Ardoo	
Co./Dept.	Co. Meck County	
Phone #	Phone # 336-5103	
Fax #	Fax #	

Jeffrey J. Ardoo R.S.
Environmental Health Specialist

able without regard to ethnic origin, sex, or disability.

TRANSFER OF OWNERSHIP

Permit #: 13498
Job Location Information:
Tax Parcel #: _____
Street Address: _____

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: CABARRUS Pines (last) (first) (mi) Date Issued: _____

Address: 5701 Monroe Rd.
City: Charlotte State: N.C. Zip: 28205
Daytime Phone: (704) 547-9836

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: LARRY Belinda B. (last) (first) (mi)

Address: 9001 Snow Ridge Ln.
City: Charlotte State: N.C. Zip: 28208
Daytime Phone: (704) 588-3691

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: Belinda B. Larry Date: 5-28-98

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___-_____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____

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: 13498 DATE: 4/14/98

TC: 141-411 PL

SERIAL No 43 17685

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 4/14/98. All work shall be completed on or before 5/14/98, 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.

See PLAN for details - - -

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet
10' from 20' EASEMENT

Distance from Well 50 feet
from Any well

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

NAME OF OWNER Catawba River Dev / Belinda Lacey

LOCATION OF PROPERTY 9001 Snow Ridge Rd

Comments: Install per approved plan on file. 5 trenches 3' x 80' x 12" Stone - Solid wall pipe or PVC from box to head of Trench - use Speed levers.

Judy J. Rivers R.S.
Environmental Health Specialist

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

OFFER TO PURCHASE

Cabarrus Pines, Inc., SELLER

5201 Monroe Road
Charlotte, N. C. 28205
704/567-9836

The Undersigned Belinda B. Larry (and husband on final papers Richard S. Larry) has/have this day offered to purchase from or through Bryant Realty, Inc. that certain tract of land known as

Tract(s) C (.482AC) Subdivision Huntington II - Map Bk 29 Pg 625

Township Steele Creek County Mecklenburg State N.C.

Special Conditions: Binder refundable if buyer not approved for home-land package through America's Home Place, W.T. Harris Blvd. Chtte N.C., representative is Butch - 598-5800 or "Wendy" (CMUD Water tap fee of $673.00 not included w/ land)

Terms and Conditions: land only

Price		$ 17,400.00
Less:		
Binder herewith	$ 200.00	
Balance of downpayment	17200.00	$ 17,400.00
Sub total (Amount to be financed)		$ -0-

Contract Finance Charge Rate ____ %. Monthly Payment $____, Payable in ____ equal consecutive payments, first payment due ____. It is understood and agreed that I/We will pay an origination fee of $____ at closing.

It is further understood and agreed that upon the full payment of the purchase price, a good and marketable title will be furnished. Deed and/or Real Estate Purchase Agreement to be made to as above.

It is understood that binder money shall be returned to us on demand if this offer is not accepted by the owner within three days of the date of this offer. However, the said binder shall be forfeited as liquidated damages if I/We fail to comply with the above terms.

Closing to be @ wtf 45 days; if not binder to be increased to a total of $1760.00 (Four Hundred)

PURCHASER(S) understands that the property will be conveyed subject to restrictive covenants and provisions of record affecting the property if Seller accepts this offer.

PURCHASER(S) agrees to consult with the local Health Department and confirm the property's ability to accept a county approved sewage disposal system within sixty (60) days of closing. If, within sixty (60) days of closing, the local Health Department determines that there is no place on the property suitable for any type of sewage disposal system, the Seller will refund all the monies paid by Purchaser(s) as the sole remedy and as full liquidated damages.

PURCHASER(S) has/have personally inspected this property. (Yes ✓ No ____)

It is understood that the acceptance of this offer may be contingent on my/our credit worthiness.

THIS OFFER constitutes the ENTIRE OFFER, and no waivers or modifications shall be valid unless written upon or attached to this OFFER.

Purchaser does ____ does not ____ want ____ an attorney, to assist him/them in all matters relating to the closing of this credit sale.

IN WITNESS WHEREOF, the said Purchaser(s) has/have hereto set their hands and seals this 3rd day of Nov., 1997.

Jim Wendell
Salesman - Witness
567-9836

x Belinda B. Larry (SEAL)
Purchaser

Witness

(SEAL)
Co-Purchaser

Reviewed by

2236 Kuss Rd
Address

Seller

Chtte NC 28208
City & State Zip Code

Date of Acceptance

704-391-2814
Telephone: Residence Business

Permit Number: 1349 B Lot C

Tax Number: 141-111-~~88~~ 43

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	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A Serviced by private well	500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	— Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) THIS PERMIT IS VALID FOR 5 YEARS.				

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	OR ✓ Innovative or Experimental: 25% Reduction ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 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.

Doni Higgins Bunny Rd 9/16/96 — DEHNR Authorized Agent — Date

Jim McNeely Agent 7-28-97 — 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

$100

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

DATE: 9-16-96 PERMIT NO: 1349B
PARCEL NO: 141-111-~~93~~ PC

JOB LOCATION ADDRESS: 9001 Snow Ridge Lane
PROPERTY OWNER: Cabarrus Pines, Inc.
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Winterlen PH II
AUTHORIZATION ISSUED BY: Joni Wiggins Bowley, R.S. DATE: 9-16-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1349B, 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 Installation Approval which is a required part of the 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.

Belinda Barry 5-28-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100.00
DATE: 4/12/96
C.K. #1078

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

Cash & Credit
CC#13468 9-10-96
100.00
[ ] 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

FILE #: 13498

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-111-~~28~~ 43 ~~PO~~

STREET ADDRESS: 9001 Snow Ridge Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Winterglen II

LOT NUMBER: C

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1280+

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

598-5800
Appleseed Home Plans, Inc

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)
__ SHARED WELL (S)
X MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES: X YES __ NO
EXISTING WASTEWATER SYSTEMS: __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS: X YES __ NO
WELL, SPRINGS OR WATERLINES: __ YES X NO
DESIGNATED WETLANDS: __ YES X NO

PROPERTY OWNER:

NAME: Cabarrus Pines, Inc. (LAST) (FIRST) (MI)

ADDRESS: 5201 Monroe Road

CITY: Charlotte STATE: NC ZIP: 28205

DAYTIME PHONE: (704 567 - 9836

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jones Wiley W. (LAST) (FIRST) (MI)

DAYTIME PHONE: 704 567 - 9836 Ext. 229

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? December 30, 1986

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: Wiley Jones DATE: 4-12-96

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



TOMMY ADCOCK

CONSTRUCTION SUPERINTENDENT

5009 SUITE E,
WEST W.T. HARRIS BOULEVARD
CHARLOTTE, NORTH CAROLINA 28269
TELEPHONE: (704) 598-5800
FACSIMILE: (704) 598-5700
PAGER: (704) 677-2678
www.americashomeplace.net

PROPOSED PLOT PLAN

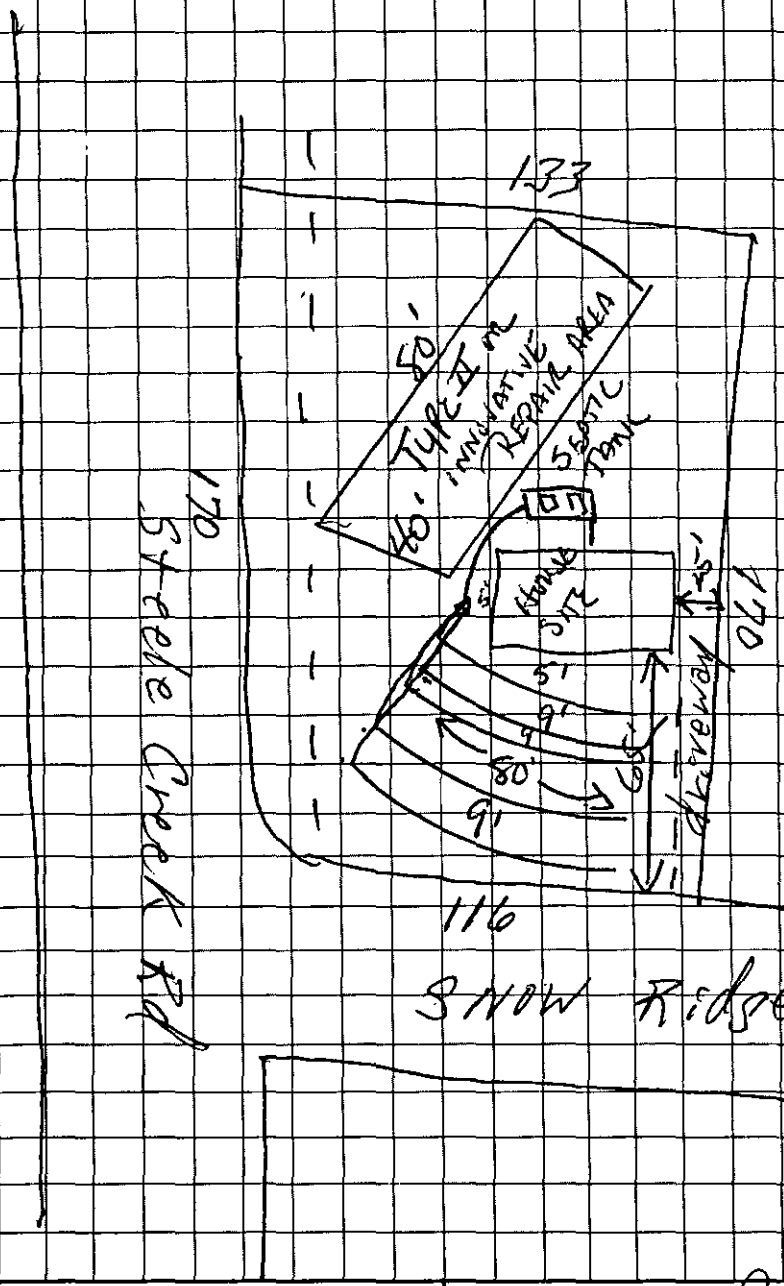
Lot C

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

FILE: 13498

TC: ~~900 Snow R~~ 11-111-98 pp

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.



APPROVAL DATE 9/16/96 JHB

OWNER/AGENT SIGNATURE

DATE

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

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: 13498 DATE: 4/14/98

TC: 141-111 [illegible] PL

SERIAL No 43 17685

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 4/19/98. All work shall be completed on or before 5/14/98, 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.

See PLAN For details...

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet
10' from 20' EASEMENT

Distance from Well 50 feet
from Any Well

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

NAME OF OWNER Catawba River Dev. / Belinda Lavoy

LOCATION OF PROPERTY 9001 Snow Ridge Rd

Comments: Install per approved plan on file. 5 trenches 3' x 80' x 12" Stone - Solid wall pipe or PVC from box to head of Trench - use Speed levels

Judy J. Kiser R.S.
Environmental Health Specialist

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

PH# 332-4763 ★ FAX# 376-0127

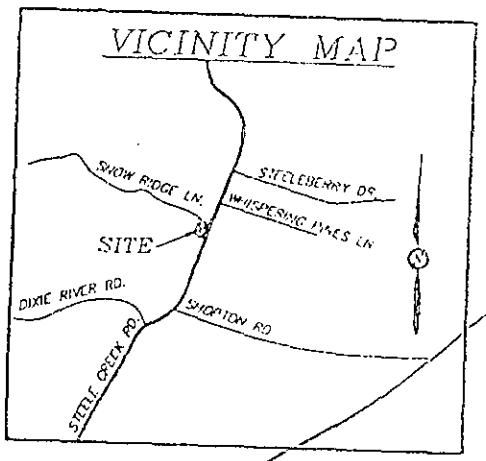
THIS IS TO CERTIFY THAT THIS [redacted] 11TH DAY OF MARCH, 19[redacted] THE PROPERTY SHOWN ON THIS PLAT [redacted] AND THE IMPROVEMENTS IF ANY ARE SHOWN THEREON.

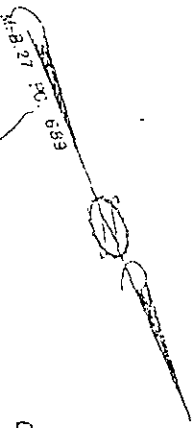
Jack R. Christian
REGISTERED SURVEYOR
[redacted] & ASSOCIATES
[redacted] AVENUE, P.A. CHARLOTTE, N.C.
[redacted] 332-4763

SNOW9001
FB 286

NORTH CAROLINA REGISTERED SEAL L-2624 LAND SURVEYOR JACK R. CHRISTIAN

VICINITY MAP





LOT B

STEELE CREEK RD.
(N.C. HWY 160)
60' PUBLIC R/W

E.I.P. N 65°01'00" W 132.82' E.I.P.

LOT C
21,006 SQ. FT.
0.48 ACRES

LOT D

47.14'

S 19°10'59" W 152.90'

20' PROPOSED R/W

40' SETBACK

PARKING SETBACK

20' PROPOSED SETBACK

40.0'
FOUNDATION ONLY
9001
25.6'
25.6'
40.0'

5.52'

N 24°59'00" E 170.00'

30' SETBACK

E.I.P.

N 22°59'31" W CHD=26.78'
L=29.34'
R=20.00'

E.I.P.

S 65°01'00" E 97.08'

E.I.P.

SNOW RIDGE LN.
40' PUBLIC R/W

GRAPHIC SCALE
30 0 15 30

SURVEY

SCALE 1" = 30'

LOT C, CABARRUS PINES
CITY OF CHARLOTTE, MECKLENBURG COUNTY, NORTH CAROLINA

THE PROPERTY OF RICHARD LARRY
MAP RECORDED IN BOOK 27 AT PAGE 689 SITE RECORDED IN BOOK ____ PAGE ____

Mike McClintock | NCDOT
NCDOT
596-6900
R/w 30' off either side of centerline

Kevin Andrews | Jack Thurston Surveyor
Info for 20' right of way taken from
map book 27 page 489
N.C. Public Registry map-
20' R/w for Road widening
30' R/w this lot for 160 hwy.

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

4400

Sheet ___ of ___
PROPERTY ID #: 13496
COUNTY: ~~Person~~ Orange

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 ~~13949~~ 13496 Orange
PID 141-111-43
Lot C

OWNER: Calvarius Perry, Dec.
APPLICANT: ___
ADDRESS: 5201 Monroe Rd, Char.
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): ___
PROPERTY SIZE: .48
LOCATION OF SITE: 9001 Snow Ridge Lane
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE % (Slopes 2-5%)	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	A	0-30"	sBK/c	Fr-Fi/sExP/sP	7.5YR 7/6 Chroma 2 Colors	46"	N/A	None	PS .3/F2 III
		30-48"	sBK/c	Fr/sExP/ss/sP					
2	A	0-4"	gr/cl	Fr/sExP/ss/sP	7.5YR 7/6 Chroma 2 Colors	46"	N/A	None	PS .3/F2 III
		4-33"	sBK/c	Fr-Fi/sExP/sP					
		33-46"	sBK/c						
3	A	0-6"	gr/cl	Fr/sExP/ss/sP	7.5YR 7/6 Chroma 2 Colors	46"	N/A	None	PS .3/F2 III
		6-36"	sBK/c	Fr-Fi/sExP/sP					
		36-46"	sBK/c	Fr/sExP/ss/sP					
4	A	0-4"	gr/cl	Fr/sExP/ss/sP	7.5YR 7/6 Chroma 2 Colors	46"	N/A	None	PS .3/F2 III
		4-46"	sBK/c	Fr-Fi/sExP/sP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marlin 3-17-94
OTHER(S) PRESENT: ___

LEGEND

use the following standard abbreviations

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

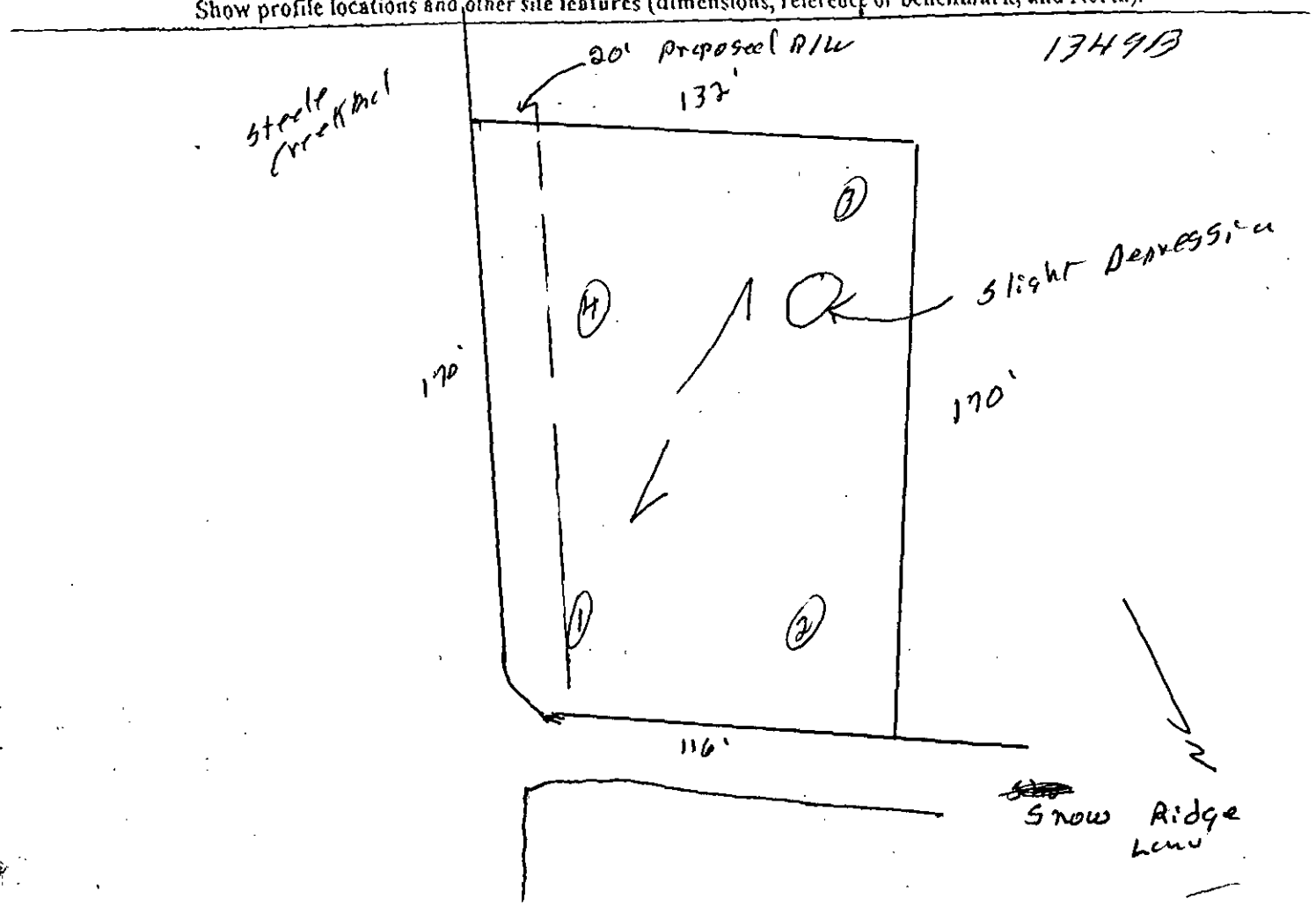
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRUCTIVE 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 designatio
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).



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

4400

Sheet ___ of ___
PROPERTY ID #: 13498
COUNTY: #1 ~~13949~~ Wake
PID 1411-111-43
Lot C

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

OWNER: Calvarries Pereira, Dr. APPLICANT: _____
ADDRESS: 5201 Monroe Rd, Char. APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: .48
LOCATION OF SITE: 9001 Snow Rule & Farm PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.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	A Slopes 2-5%	0-30"	sBK/c	Fr-Fi/sExP/sP	7.5YR 46" to Chroma 2 Colors	46"	N/A	None	PS .39/ft² III
		30-48"	sBK/c	Fr/sExP/ss/po					
2	A	0-4"	gr/cl	Fr/sExP/ss/sP	7.5YR 46" to Chroma 2 Colors	46"	N/A	None	PS .39/ft² III
		4-33"	sBK/c	Fr-Fi/sExP/sP					
		33-46"	sBK/cl						
3	A	0-6"	gr/cl	Fr/sExP/ss/sP	7.5YR 46" to Chroma 2 Colors	46"	N/A	None	PS .39/ft² III
		6-36"	sBK/c	Fr-Fi/sExP/sP					
		36-46"	sBK/cl	Fr/sExP/ss/sP					
4	A	0-4"	gr/cl	Fr/sExP/ss/sP	7.5YR 46" to Chroma 2 Colors	46"	N/A	None	PS .39/ft² III
		4-46"	sBK/c	Fr-Fi/sExP/sP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. A. Marlin 3-17-94
OTHER(S) PRESENT: _____

COMMENTS: 100% Repair

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) (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		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

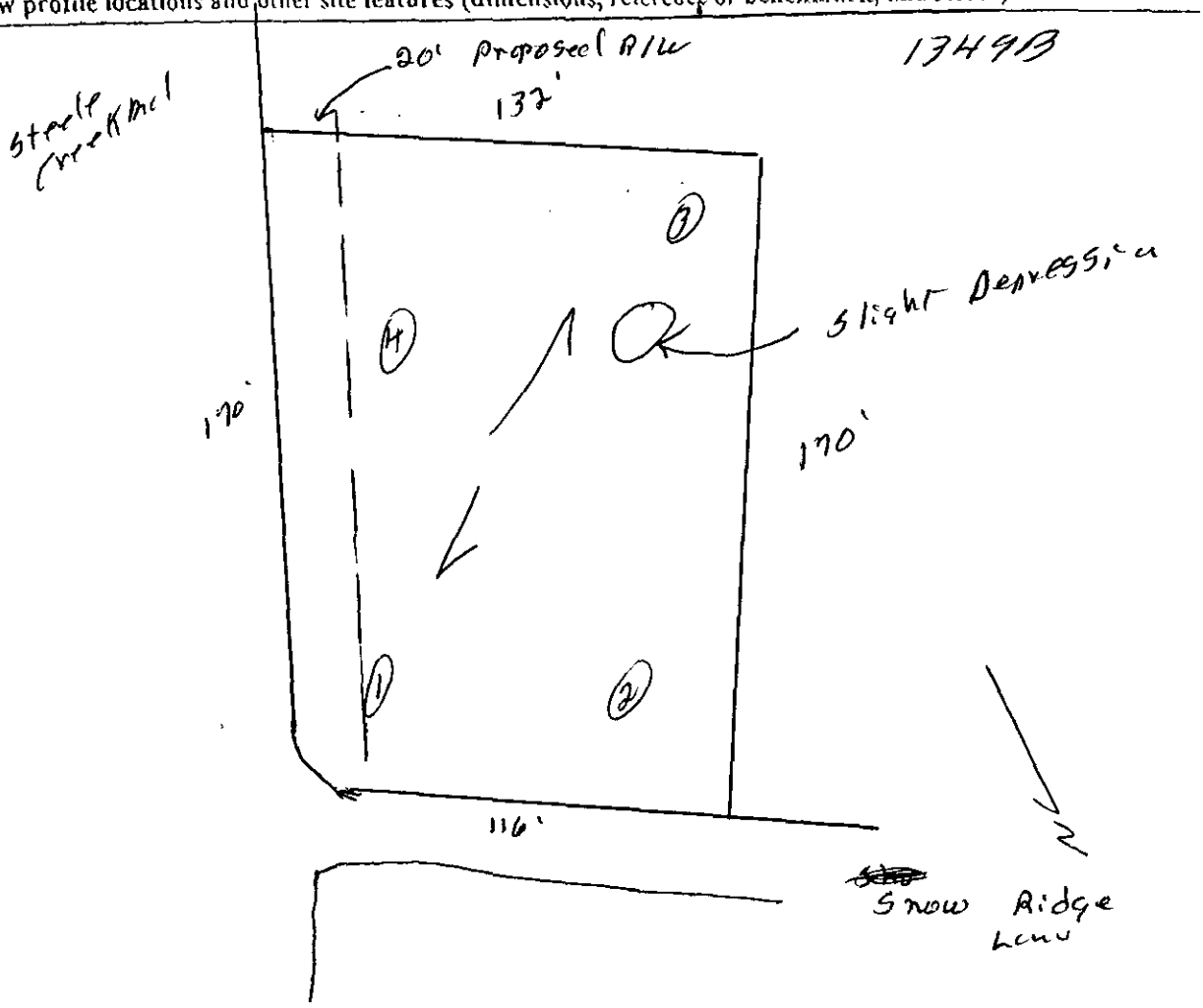
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LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

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: 700.00
DATE: 4/12/96
C.K. # 1078

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

Rec'd from Cmtl. ck#13468 9-10-96 $100 [ ] 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

FILE #: 13498

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-111-~~98~~ ~~PO~~ 43

STREET ADDRESS: 9001 Snow Ridge Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Winterglen II

LOT NUMBER: C

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):

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

HEATED SQUARE FOOTAGE: 1280+

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

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)
__ SHARED WELL (S)
X MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES X YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS X YES __ NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Cabarrus Pines, Inc. (LAST) (FIRST) (MI)

ADDRESS: 5201 Monroe Road

CITY: Charlotte STATE: NC ZIP: 28205

DAYTIME PHONE: (704 567 - 9836

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Jones (LAST) Wiley (FIRST) W. (MI)

DAYTIME PHONE: 704 567 - 9836 Ext. 229

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? December 30, 1986

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: Wiley W Jones DATE: 4-12-96

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

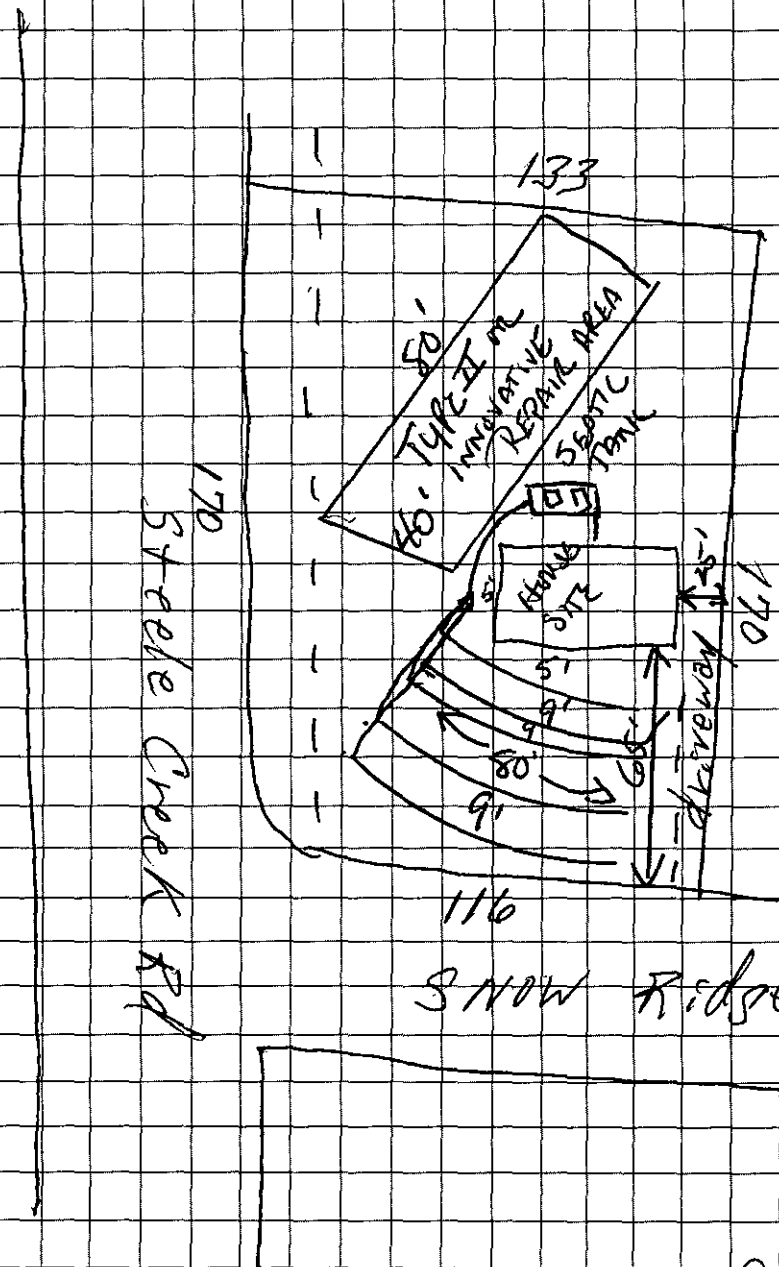
Lot C

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

FILE: 13490

TC: 7001 Snow Ridge Ln 11-11-98 pp

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.



APPROVAL DATE 9/16/98 JHB

OWNER/AGENT SIGNATURE

DATE

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