

2047 KIMWAY DR

21518122

6/26/2007

duponbj

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

LD85139 Project 82196

Phila AC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM APPLICATION FOR SERVICES

$110 CK# 3648 6/15/04 JC [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 7187A

Date:

PERSON FILING APPLICATION:
NAME: Macias (last) Jaime (first) (mi)
ADDRESS: 2047 Kimway Dr. PHONE: (704) 847-6244
CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-181-22
STREET ADDRESS: 2047 Kimway Dr
ZONING:

PROPERTY OWNER:
NAME: Macias (last) Jaime (first) (mi)
ADDRESS: 2047 Kimway Dr. PHONE: (704) 847-6244
CITY: Matthews STATE: N.C. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] Deck/Patio [ ] Bedrooms [X] Other (Deck and Sunroom)

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: Jaime Macias Date: 6/11/04

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... Approval granted for Sunroom and deck addition

Use existing system

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo J. Walker RS 6/17/04
Environmentalist Date

WWATER : 122791

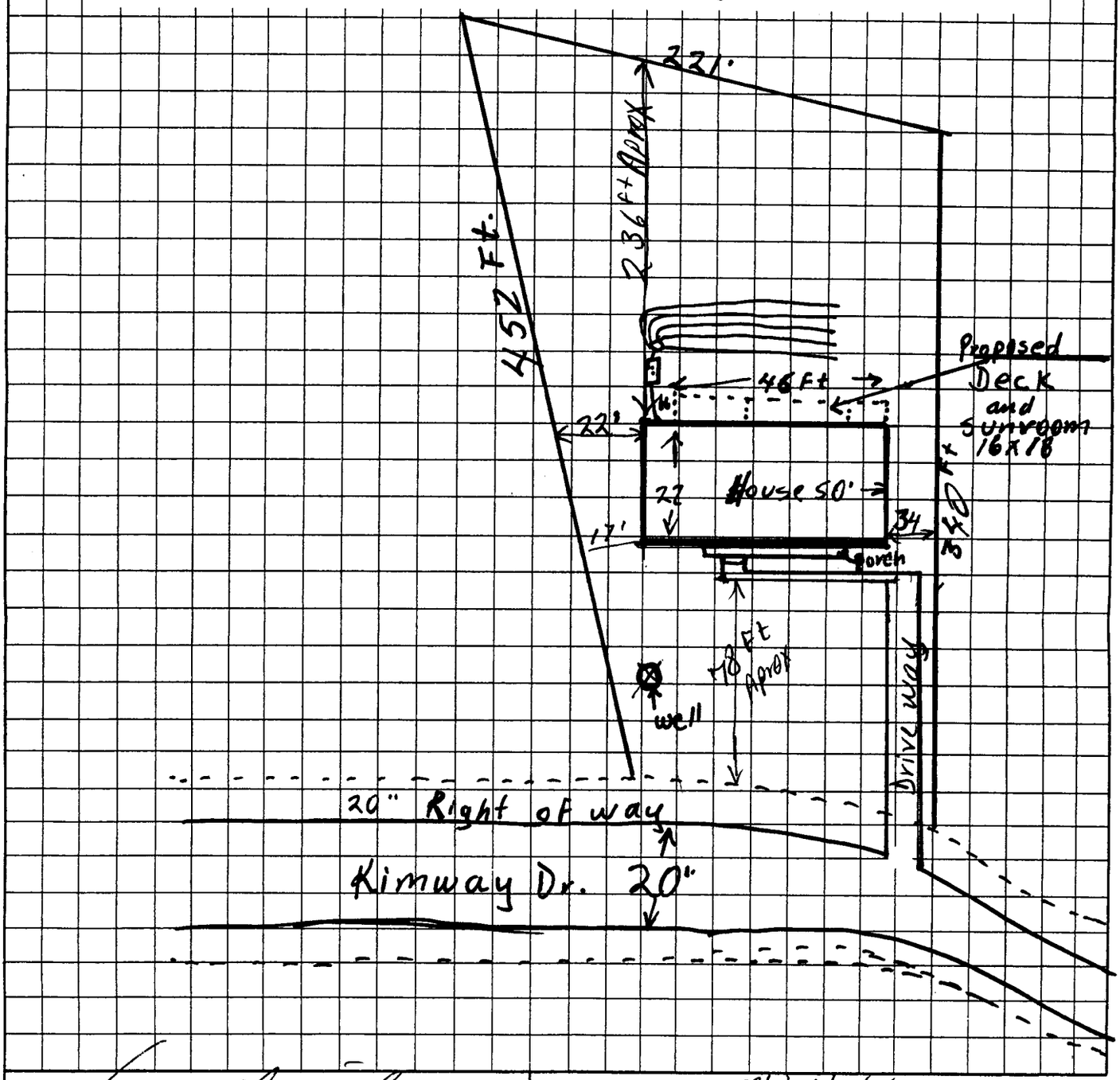
PROPOSED PLOT PLAN

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

FILE: 7187A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 7hw 6/17/04

OWNER/AGENT SIGNATURE _____

DATE 6/11/04

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7187-A DATE: 8-24-92

TC: 215-101-22 ☒ L ☐ CRT

SERIAL Nº 14114

Name of Owner CHARLES CAPUTO Juris.:

Address of Property 2047 KINWAY DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80

Cover Depth 18"

Water Supply Source Well NOT INSTALLED

Distance to Water Source KEEP 100'+

Excavation Inspected 8-24-92

Tank(s) Inspected 8-24-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1992 1500 ST CON 1200SFT 12G LEGAL CTR# BACK CREEK GRAD.

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: TYPE II

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

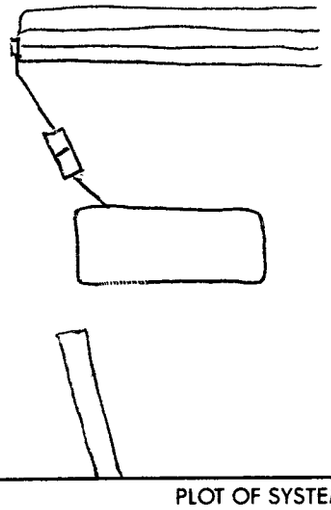
FILE: 7187A DATE: 8/13/92

TC: 02518102 ☒ L

SERIAL № 14369

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 8-13-92. All work shall be completed on or before 9-13-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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.

Repair



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 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

NAME OF OWNER Charles Caputo

LOCATION OF PROPERTY 2047 Kimway Dr.

Comments: Install 1500g ST, 4 Lines @ 3'x100', Conv. Sys.

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

W4460

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7187-A DATE: 8-24-92

TC: 215-101-~~22~~ ☒ L ☐ CRT

SERIAL Nº 14114

Name of Owner CHARLES CAPUTO Juris.:

Address of Property 2047 KIMWAY DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80

Cover Depth 18"

Water Supply Source WELL NOT INSTALLED

Distance to Water Source ~~100'~~ 100'+

Excavation Inspected 8-24-92

Tank(s) Inspected 8-24-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1992 1500 ST CON 1200SFT 12G LEGL CTR# BACK CREEK GRADING

The undersigned has inspected the Septic Tank System described above, and certifies it has been

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☒ in accordance with the permit issued ☐ as detailed in the plot above

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COMMENTS: TYPE II

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

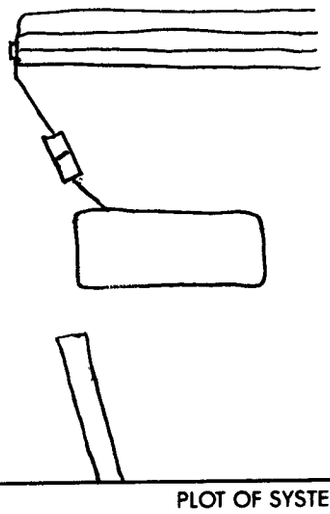
FILE: 7187A DATE: 8/13/92

TC: 025181020 ☒ L

SERIAL Nº 14369

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 8-13-92. All work shall be completed on or before 9-13-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County 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.

Repair



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 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

NAME OF OWNER Charles Caputo

LOCATION OF PROPERTY 9047 Kimway Dr.

Comments: Install 1500g ST, 4 lines @ 3'x100', Conv Sys.

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

File #7187A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $200 8-7-92 BOK #1301

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Caputo (last) Charles (first) (mi)
ADDRESS: 2301 C Crown Point Ex. Dr. PHONE: (704) 845-8824
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Ventures Inc (last) Crown (first) (mi)
ADDRESS: 2301 C Crown Point Ex Dr PHONE: (704) 845-8824
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-181-22
STREET ADDRESS: 2047 Kimway Dr.
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Charles Caputo Date: 8/5/92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 8/13/92 Date

Director or Authorized Section Head Date

WATER : 122791

Margaret COX

APPLICATION FOR BUILDING PERMIT

82196

TYPE PERMIT: [X] Single Family [ ] Two Family [ ] Commercial [ ] Mobile Home [ ] Modular

PERMIT #

ADDRESS

STREET # (N,S,E,W) | STREET NAME | (AV, RD, ST, etc)

2047 | Kimway | Dr.

SUITE/UNIT(S):

TAX JURISDICTION (Check One): [ ] 0-Mecklenburg [ ] 1-Charlotte [ ] 2-Davidson [ ] 3-Cornelius [ ] 4-Pineville [ ] 5-Matthews [ ] 6-Huntersville [ ] 7-Mint Hill

82196

SITE DATA

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT #

OWNER Jaime Macias ADDRESS 2047 Kimway Dr.

CITY Matthews STATE N.C ZIP 28105 PHONE # 704) 847-6244

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

ZONING R-12 JURIS _____ MAP # _____ PARCEL # _____

CENSUS (Circle) C D M P S FLOOD PLAIN [ ] Yes FLOOD ELEV _____ FIRE DIST. [ ] Yes APP'D

LOT [ ] CORNER [ ] THROUGH FRONT SHEET (If Shown) _____

MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ TOTAL SIDE _____ REAR _____ REQ. PLANS [ ]

PROJECT

APP. # _____

INSPDC # _____

PURPOSE _____

OCC. TYPE _____

CONST. _____

TYPE WORK: [ ] New [ ] Addition [ ] Accessory [ ] Upfit [ ] Shell [ ] Demolish [X] Other Deck & Sunroom

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # Sunroom 480 - Deck

AREA (sq. ft.): Heated 256 | Unheated X | Deck(s) 736 | Tot. Sq. Ft. | # STORIES | BASEMENT [ ] Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS _____ # BEDROOMS _____ # BATHS _____

Work includes: [ ] Attached Carport [ ] Attached Garage [ ] Masonry Fireplace(s)

SPRINKLERS [ ] Yes | # UNITS | MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL

Power Company _____ Service: [ ] New [ ] Existing Total Amps _____ # Circuits _____

Connections 120 Volts _____ # Connections over 120 Volts _____

MECHANICAL:

Gas Company _____ # Gas Conn _____ # Appliances _____ [ ] Heat Only [ ] Central A/C Only [ ] Heat and A/C

[ ] 1-Heat Pump [ ] 2-Central A/C [ ] 3-Elect. Baseboard [ ] 4-Elect. Furnace [ ] 5-Elect. Ceiling [ ] 6-Gas/Oil Furnace

[ ] 7-Gas/Oil Steam [ ] 8-Gas Pack [ ] 9-Pre-Fab Fireplace [ ] 10-Chimney [ ] 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) | # of Appliances (Dishwasher, Water Heater, etc.)

UTILITIES: Public: [ ] New [ ] Existing 1-Individual Meter/Connection 2-Master Meter/Connection [ ] Water [ ] Sewer [ ] Water [ ] Sewer

Private: 3-Individual [X] Well [X] Septic; 4-Community [ ] Well [ ] Septic

CONTRACTORS

ACCT # _____

CONTRACTOR(S): (Name/Address as appears on license)

CONTRACT COST Nearest $100

Bldg Jaime Macias Phone _____ Lic # _____ Bldg $ 3000.00

Add _____ City/St _____ Zip _____

Elect _____ Phone _____ Lic # _____ Elect. $

Add _____ City/St _____ Zip _____

Mech _____ Phone _____ Lic # _____ Mech. $

Add _____ City/St _____ Zip _____

Plbg _____ Phone _____ Lic # _____ Plbg. $

Add _____ City/St _____ Zip _____

PLANS [ ] Arch./Eng _____ Phone _____ Lic # _____ Total Const. Cost $

Add _____ City/St _____ Zip _____

OTHER

[ ] [ ] TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ FT FEE $

REMARKS: Elec EXISTS OTHER FEES $

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

Jaime Macias — APPLICANT'S SIGNATURE

5/27/04 — DATE

Jaime Macias — PRINT APPLICANT'S NAME

METHOD OF PAYMENT [ ] CASH/CHECK [ ] ACCOUNT

FEES	ENTERED BY	APPROVED BY	ISSUED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

PERMIT

PROPOSED PLOT PLAN

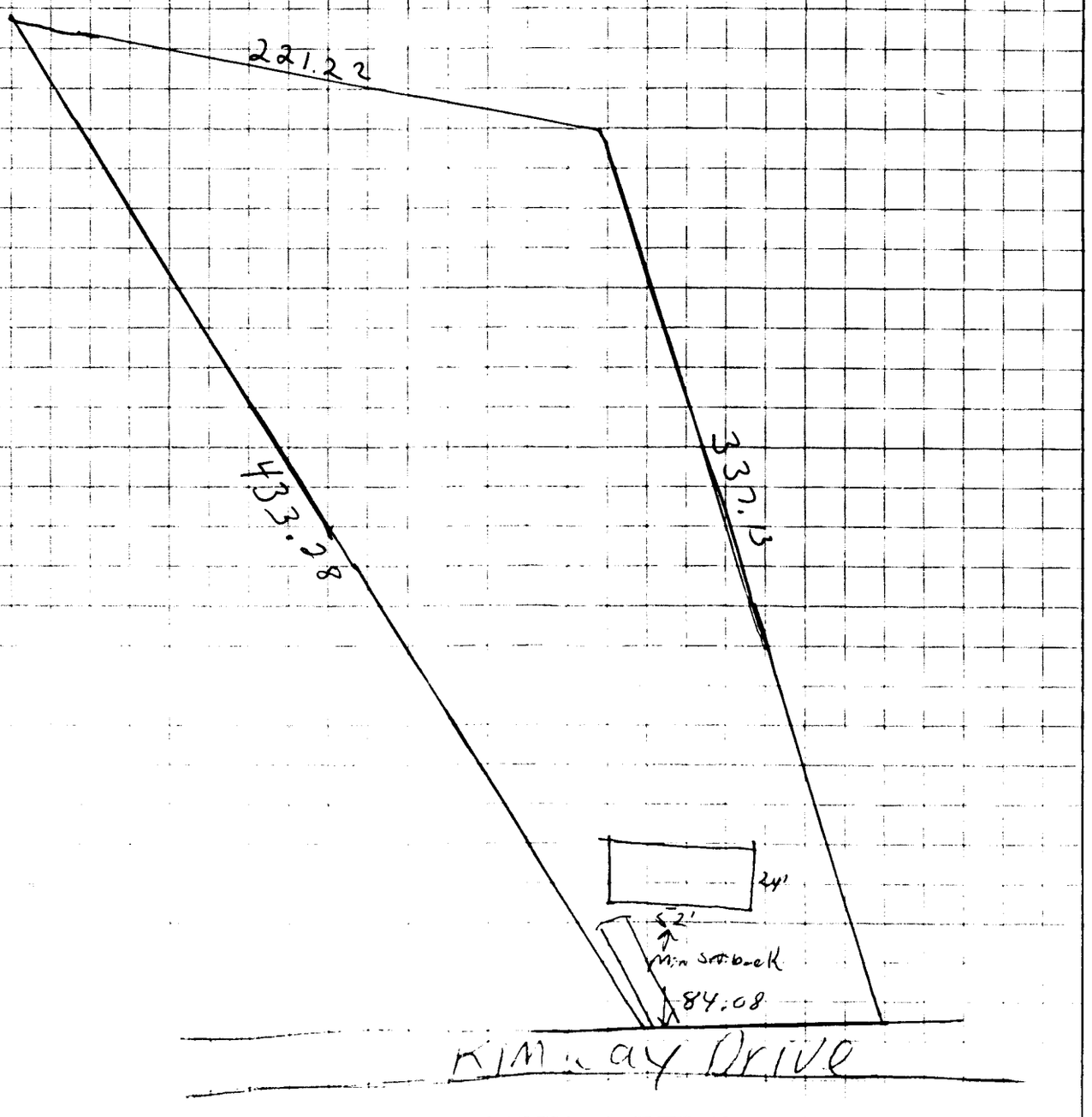
DRAFT

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

FILE: 7187A

TC: 215181-22

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 _____

400 LY

$50.00 03/18/93

7187A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#0840

[X] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 3/18/93

PERSON FILING APPLICATION:

NAME: Macias (last) Jaime (first) (mi)

ADDRESS: 2047 Kimway Dr. PHONE: (704) 847-6244

CITY: Matthews STATE: N.C. ZIPCODE: 28105

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TAX/PARCEL NUMBER: 215-181-22

STREET ADDRESS: 2047 Kimway Dr

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ADDRESS: 2047 Kimway Dr PHONE: 704 847-6244

CITY: Matthews STATE: N.C. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [X] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 1 LOT SIZE (in acres): 1.11

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Porch
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
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Signed: Jaime Macias Date: 3/18/93

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[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Dwight Newell, RS 3/25/93
Environmentalist Date

Wally Randall 3-29-93
Director or Authorized Section Head Date

WWATER : 122791

"See Note attached"

Mecklenburg County
Health Department

December 20th, 1990

Haney Realty Company
Carol P. Horne
P. O. Box 25311
Charlotte, NC 28229

RE: Property located at 2047 Kimway Drive Lot 1
FILE: 7187A
PARCEL: 215-181-22

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 16885) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16885

File:

Action 1

Parcel: 7187A
215-181-22

☒ PC

Location:

Subdivision: 2047 Kimway Drive

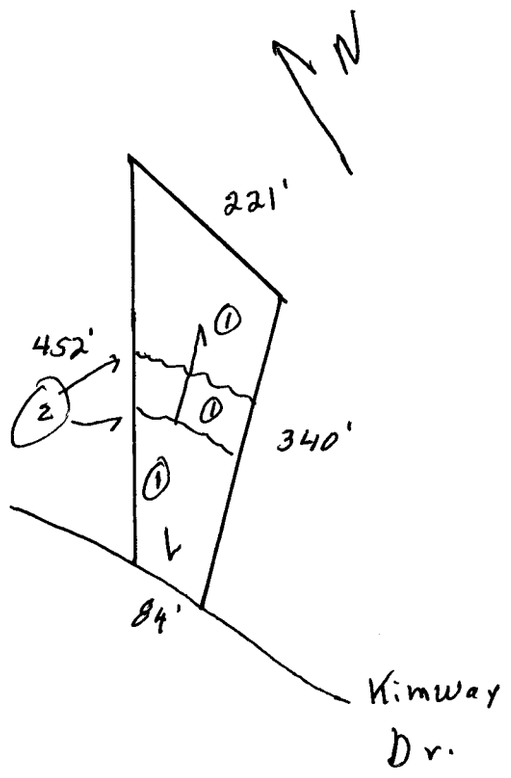
Lot: Block: Acres: .86

Lot 1
Owner:
Address:
Carol P. Horne
P. O. Box 25311
Charlotte, NC 28229

Comments: Does not appear to need 100% Repair

Described by:

Date:



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) Old Terraces	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 40" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilly	Old Terraces				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16885

File:

Action 1

Parcel:

☐ PC

Location:

Subdivision: 2047 Kimway Drive

Lot: Block: Acres: .81

Lot 1

Owner:

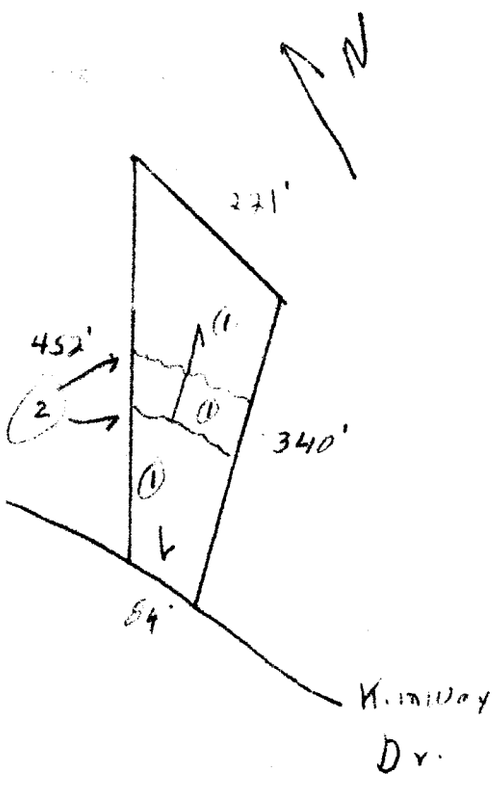
Address:

Carol P. Horne
P. O. Box 25311
Charlotte, NC 28229

Comments: Lot and septics
to meet 1102 Regs

Described by:

Date:



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-10%	S PS U Old Terrace	S PS U	S PS U	S PS U	S PS U
Texture	S PS U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U 740' Lower	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	B Cecil	Old Terrace				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7187A

TC: 215-181-22

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 2047 KIMWAY DR.

② SUBDIVISION: _____ ③ LOT: 1 ④ BLOCK: 3(?)

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

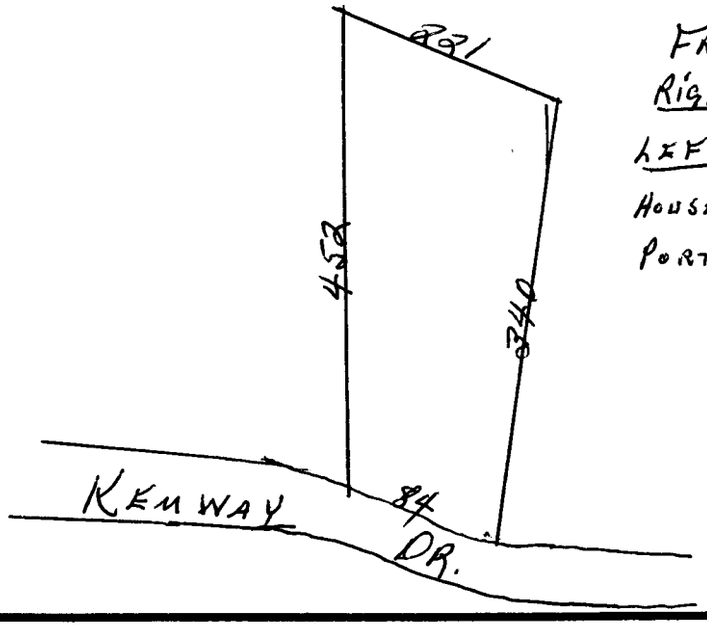
⑦ NAME: CAROL (FIRST) P. (MIDDLE) HORNE (LAST)

⑧ MAILING ADDRESS: % HANEY REALTY CO. P.O. BOX 25311

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28229

⑫ PHONE: (WORK) 536-2100 (HOME) _____

⑬ Accurately diagram and dimension lot.



FROM ROAD LOOKING AT LOT RIGHT SIDE & REAR ARE FENCED. LEFT SIDE IS FENCED BACK TO HOUSE - THEN IT IS OPEN THE REMAINING PORTION.

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Carol P. Horne

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

Date: _____

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 11-15-90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Matt

PARCEL NUMBER 215-181-22

ASSIGNED ADDRESS 2047 Kinway Dr

EXISTING ADDRESS _____

PROJECT NAME _____ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: perk & soil test. Septic

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-7-90

Name/Company: Carol P. Horne

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Eval. — .86 acres
2047 Kimway Drive
Tax # 215-18X-22
File # 7187A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 7 1990

CK # 4660

Fee: $ 50.00 50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

W. Thompson
Completed by

Collected by

SPECIAL NOTES

Other Approvals Required

- Approval may be required from other agencies or towns prior to issuing a permit.

Payments and Charges

- Bonded accounts are required to cover fees and damage to public property
- Inspections disapproved may result in extra inspection charges.

Expiration of Permits

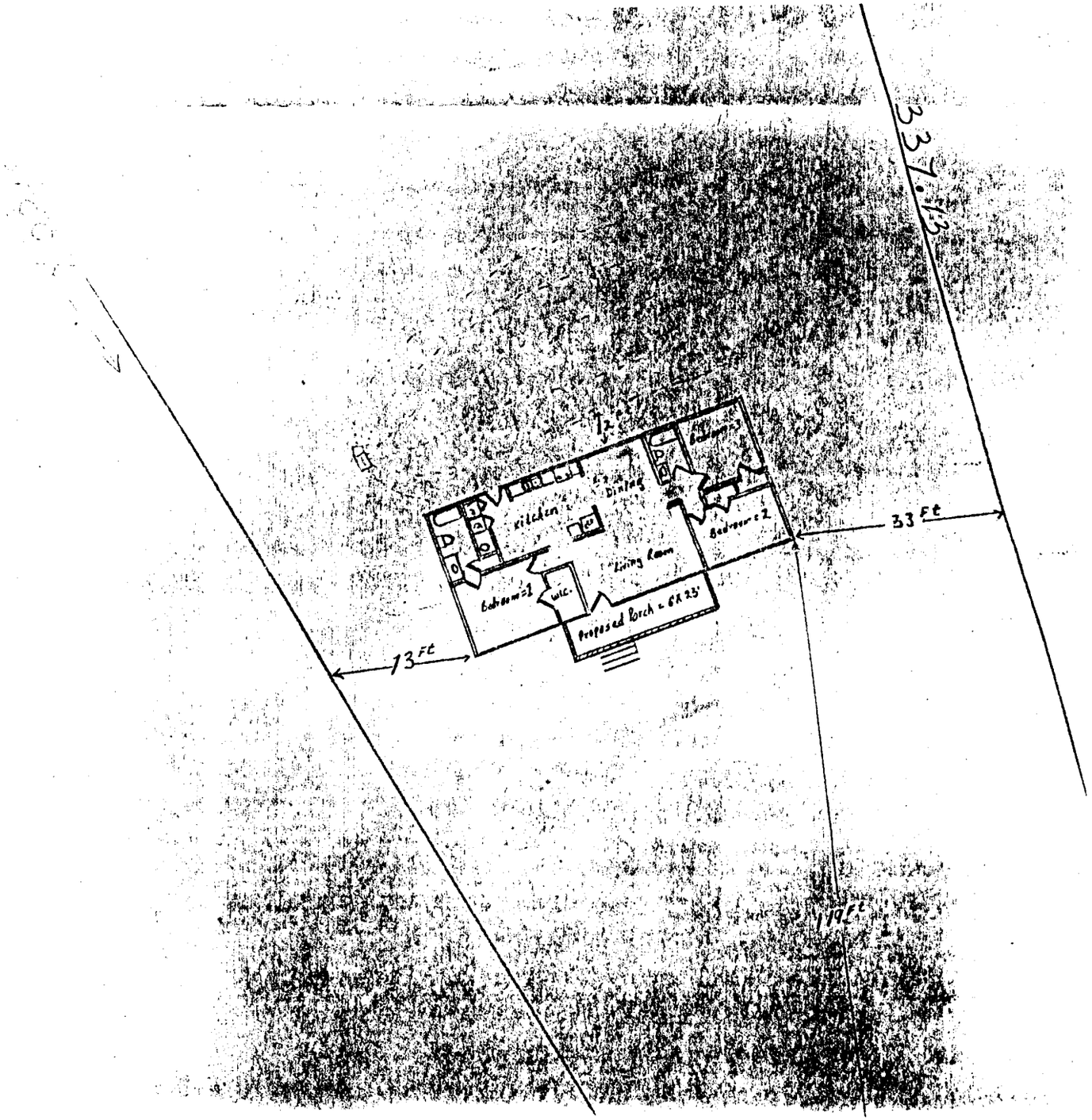
- This permit will expire:
  - if work has not started and been inspected within 6 months, or
  - if work has been discontinued for a period of 12 months.
- No refunds will be given after expiration.

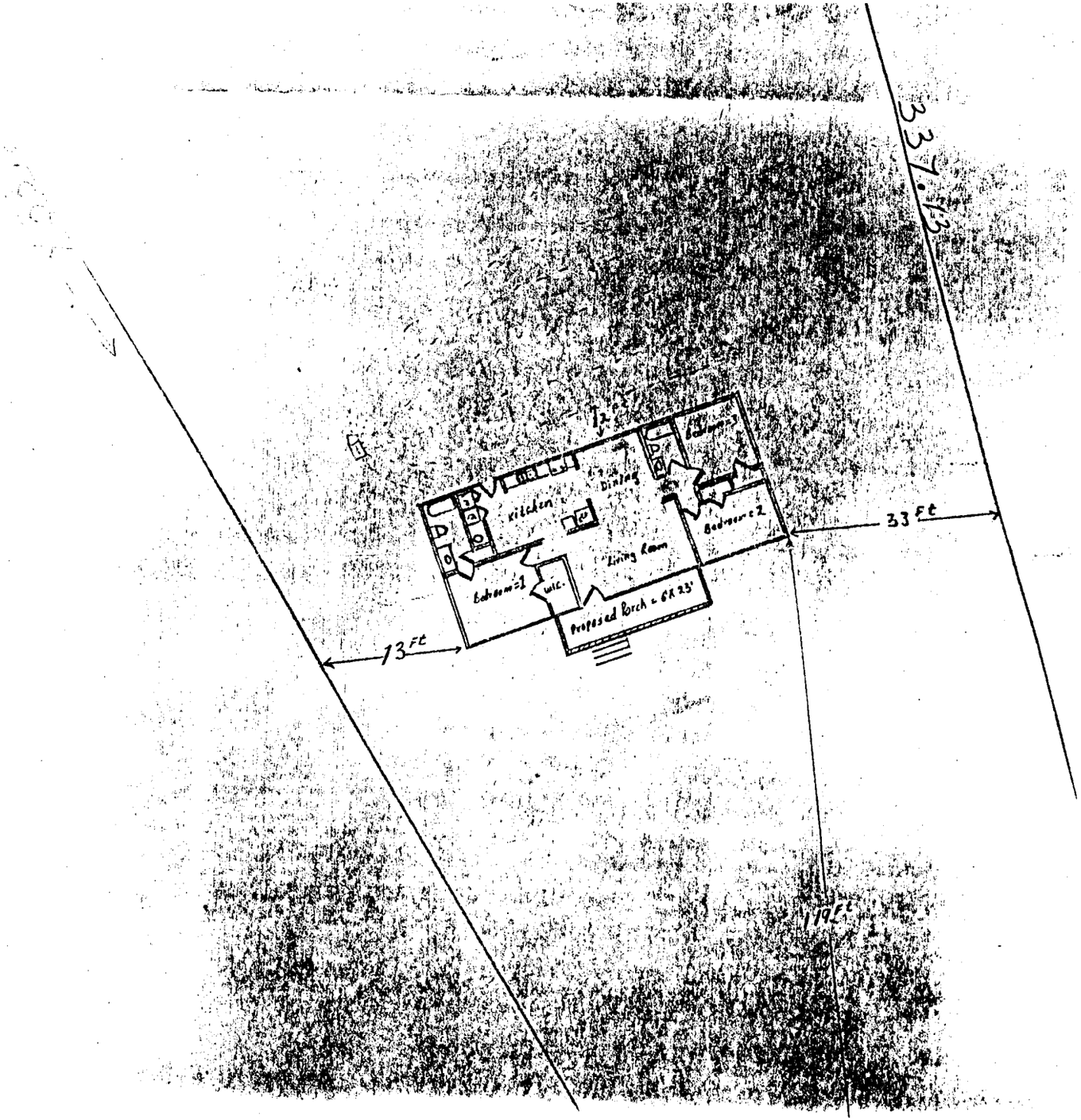
Inspections

- The contractor or individual responsible for the work must call for inspection(s) at proper stages of completion.
- Work is subject to removal at contractor's expense:
  - if done prior to obtaining a required permit, or
  - if concealed prior to inspection.

Questions, Change of Contractor(s), or Change(s) in Work Permitted

- Please call the Department for information (336-2831).


337.72
Kitchen
Dining
Bedroom 2
Living Room
Bathroom 1
W.C.
Proposed Porch = 6X25'
33 Ft
13 Ft
119 Ft


337.12
Kitchen
Dining
Bedroom-3
Bedroom-2
Living Room
Bedroom-1
W.I.C.
Proposed Porch = 6ft 23'
33 Ft
13 Ft
192 Ft