

9048 S LAKEBROOK RD

05322214

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

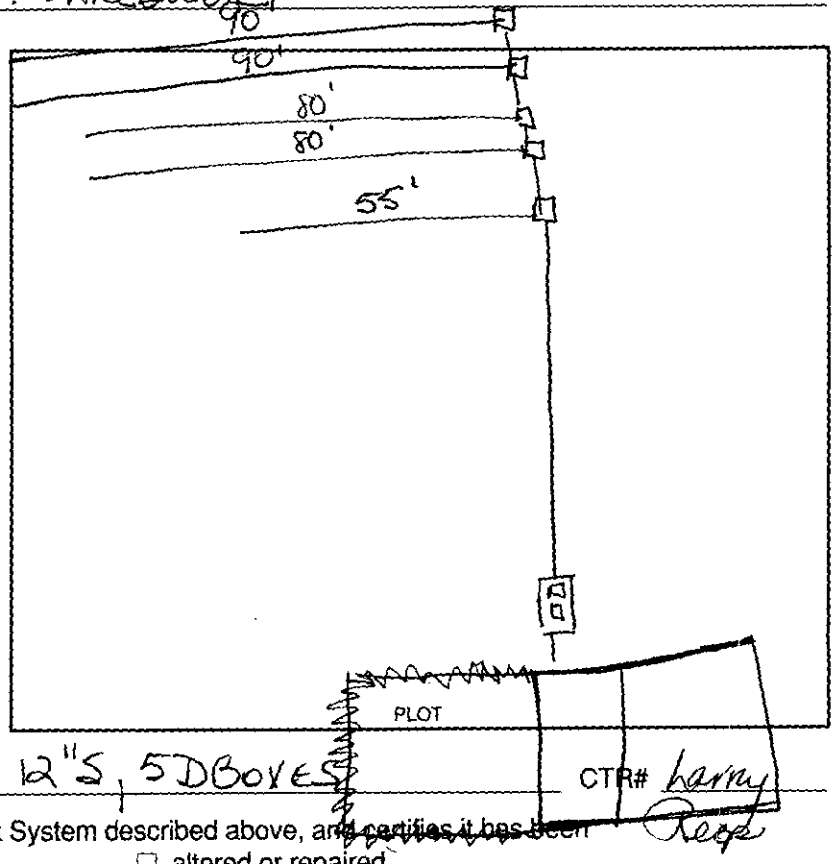
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1899B DATE: 7/21/97
TC: 053-157-14 ~~L~~ ☒ CRT
SERIAL Nº 17243

Name of Owner Milton Jennings Juris.:
Address of Property 9048 S. LAKEBROOK

Inspection Data:

Tank Material 1500
Total Length of Drainfield 400
Number of Lines 5 @ 80'
Cover Depth 12"
Water Supply Source EXISTING 67'
Distance to Water Source 67'
Excavation Inspected 7/21/97
Tank(s) Inspected 7/21/97
Wash Line Inspected —
High Water Alarm Inspected —



Design 1500ST, 1200 SQ FT, 12"S, 5 D BOXES CTR# Larry Rep

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

☐ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II - Three bedroom house -

Joni Higgins Bunney 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

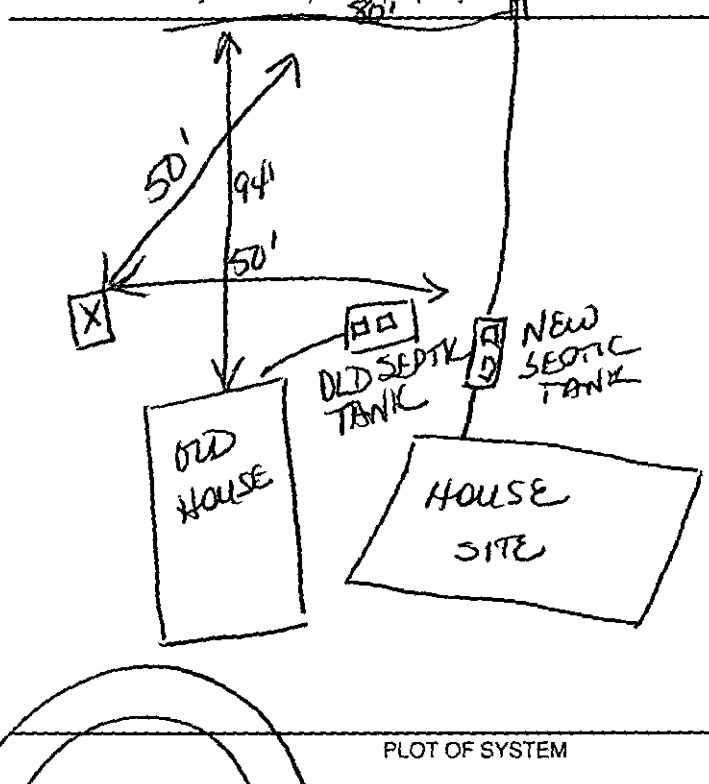
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1899Q DATE: 7/18/97

TC: 053-157-14

SERIAL Nº 17435

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 7/18/97. All work shall be completed on or before 8/18/97 after which date this permit shall be null and void. The system shall meet all of the ~~construction~~ requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion ~~or an Operation~~ Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into ~~service. The issuance~~ of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 36'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 450 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well 50' feet
FROM EXISTING & NEW WELL

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

NAME OF OWNER Milton Jennings

LOCATION OF PROPERTY 9048 S. Lake Brook

Comments: INSTALL SEPTIC TANK (1500), SYSTEM INSTALLED ON HILL 94' SOUTH OF OLD HOUSE, W/ DROP BOXES, ALL PARTS SHALL MAINTAIN 50' AWAY FROM EXISTING WELL.

Dori Higgins Bunn, RS
Environmental Health Specialist

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

chk#704 pd 100.00 ck#728 6/3/97 JC

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/14/97 JC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/7/97 **PERMIT NO:** 1899B
PARCEL NO: 053-157-14

JOB LOCATION ADDRESS: 9048 S. LAKE BROOKE RD.
PROPERTY OWNER: LAURAL + Milton Keith Jennings
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Lou Hayes Bunny, R.S. **DATE:** 5-14-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1899B, 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: INSTALLATION Approval Required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Milton K. Jennings 5/14/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1899B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 053-157-14

- 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)	
✓ Serviced by private well	1500 Gallon septic tank	900 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	~~1000~~ Gallon pump tank	12" Depth of stone		
Any surface waters present: NO	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) SEPTIC SYSTEM SHALL MAINTAIN 50' FROM ANY PART OF EXISTING WELL. (2) EXISTING SEPTIC TANK & SYSTEM SHALL NEED TO BE PROPERLY ABANDONED AND MAINTAIN 5' OFF OF BLDG. FOUNDATION.				
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	25% ✓ Innovative or Experimental: REDUCTION ___ IWWS-93-1 SYSTEM W/ PUMP ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	___ Depth of Stone Trench	9' Trench spacing (min. on centers)	~~18"~~ 36" Maximum Trench Depth	
For existing system, enter the year originally installed: PRIOR 1960				

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.

Lori Veggio Bunny 5-14-97 — DEHNR Authorized Agent — Date

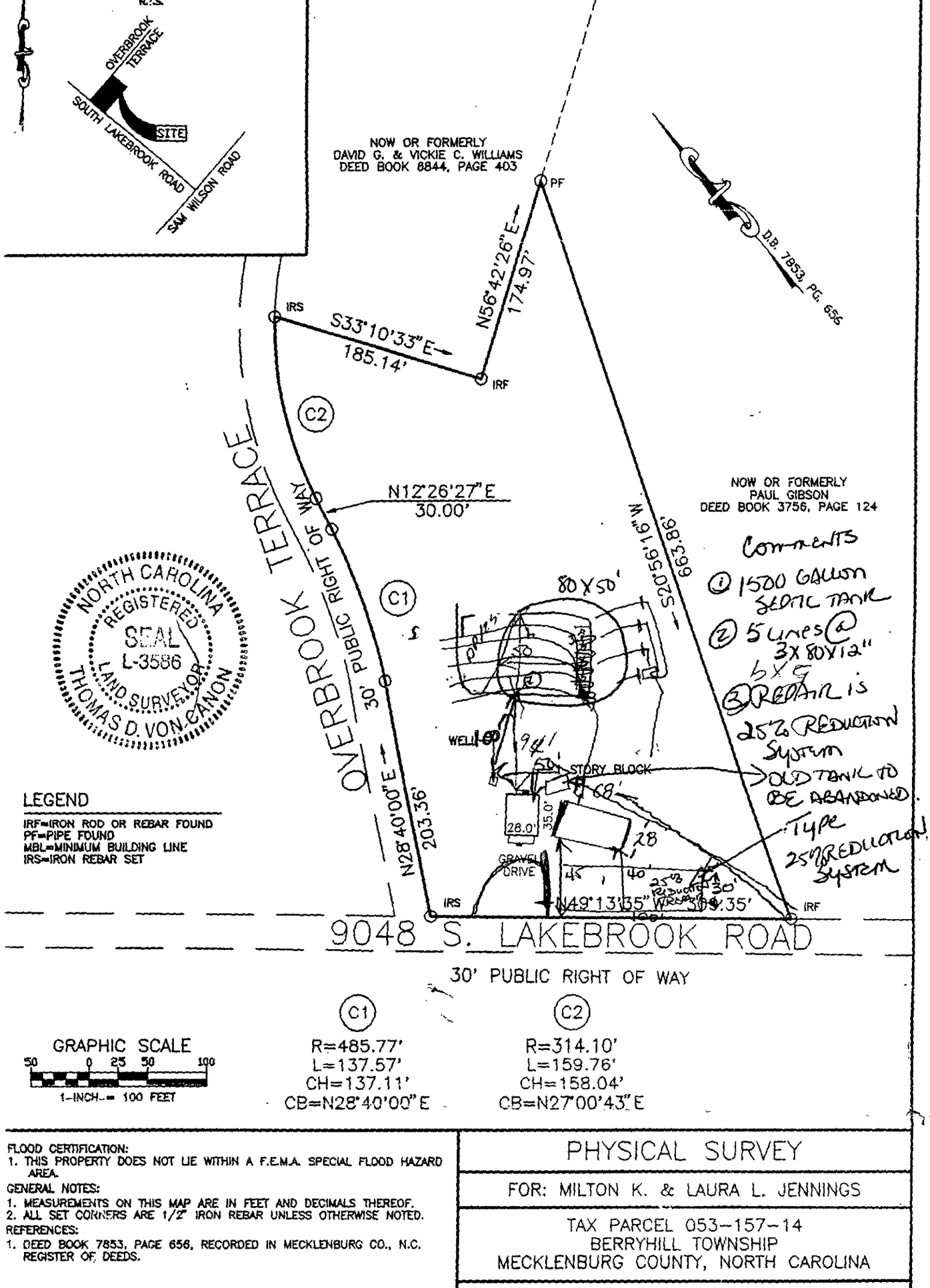
X Milton F. Clemmons Jr. 5/14/97 — Owner/Agent Signature — Date

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

1899B

053-157-14



Comments
① 1500 GALLON SEPTIC TANK
② 5 LINES @ 3'X 80'X 12" b x g
③ REPAIR IS 25% REDUCTION SYSTEM
OLD TANK TO BE ABANDONED.
TYPE 25% REDUCTION SYSTEM

FLOOD CERTIFICATION:
1. THIS PROPERTY DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA.

GENERAL NOTES:
1. MEASUREMENTS ON THIS MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 1/2" IRON REBAR UNLESS OTHERWISE NOTED.

REFERENCES:
1. DEED BOOK 7853, PAGE 656, RECORDED IN MECKLENBURG CO., N.C. REGISTER OF DEEDS.

THIS IS TO CERTIFY THAT ON FEBURARY 9, 1996, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON. THE AREA OF OF THIS PROPERTY IS 3.326 ACRES AS CALCULATED BY COORDINATE COMPUTATION METHOD AND THAT THE ERROR OF CLOSURE IS 1:10,000.

SIGNED Thomas D. Von Canon
THOMAS D. VON CANON L-3586

PHYSICAL SURVEY

FOR: MILTON K. & LAURA L. JENNINGS

TAX PARCEL 053-157-14
BERRYHILL TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA

V.C.S.
8238 MOORES CHAPEL ROAD
CHARLOTTE, N.C. 28214
TELE. (704) 393-8040
FAX. (704) 391-0450

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 9048 S. Lakebrook Road

File Number: 1899B

Parcel Number: 053-157-14

Owner/Agent Name: Milton K Jennings
(Please print)

Date: 5/14/97 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **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, you the** property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Environmental Health Specialist — Date: 5-14-97

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Property Owner Signature — Date: 5/14/97

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

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

0960 #2

Sheet 1 of
PROPERTY ID #: 1
COUNTY: 16998

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

PO 053-157-14

OWNER: Milton H. Jennings Heirs APPLICANT:
ADDRESS: 1636 Fieldridge Rd #65, APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: approx. 2.5
LOCATION OF SITE: 7046 S. La Mc Brooke Rd PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	slopes 5-15% .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/cl	Fr/SEXP/SS/SP	746" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		3-40"	SBK/c	Fi/SEXP/SP					
		40-48"	SBK/cl	Fr/SEXP/SS/SP					
2	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		4-48"	SBK/c	Fi/SEXP/SP					
3	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		3-48"	SBK/c	Fi/SEXP/SP					
4	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		5-48"	SBK/c	Fi/SEXP/SP					
5	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		4-31"	SBK/c	Fi/SEXP/SP					
		31-46	SBK/SCl	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): Unsuitable
EVALUATED BY: ~~Unsuitable~~ W. R. Wade 5-5-97
OTHER(S) PRESENT: LSS

COMMENTS: Not sure if test could be repeated

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)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SUC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

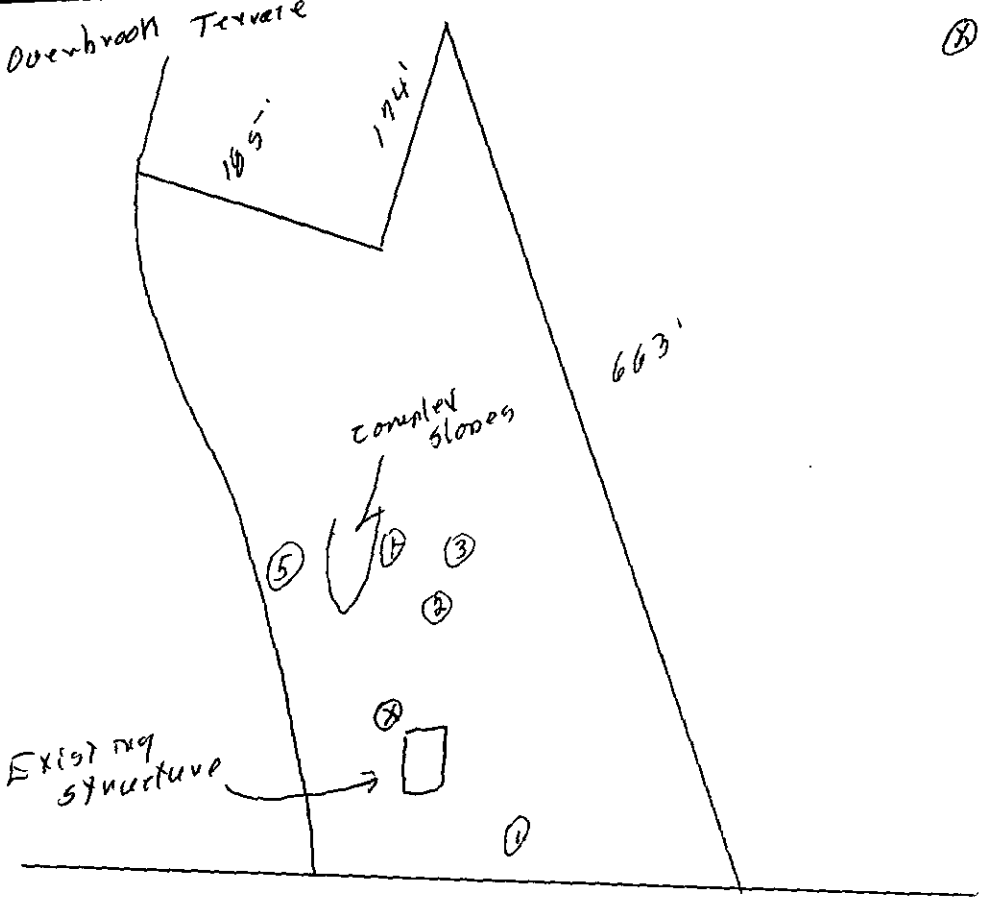
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ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from 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).



5. Lakebrook Rd

FEE: 100.00
DATE: 4-22-97
CO # 694

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

I J 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 #: 1899B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053-157-14

STREET ADDRESS: 9048 S. Lakebrooke Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
__ 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)
X MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 1881

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 5

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

PROPERTY OWNER:

NAME: Jennings Milton Keith
(LAST) (FIRST) (MI)

ADDRESS: 7638 Fieldridge Rd #65

CITY: Charlotte STATE: NC ZIP: 28214

DAYTIME PHONE: (704) 393-1586 or 330-5057

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

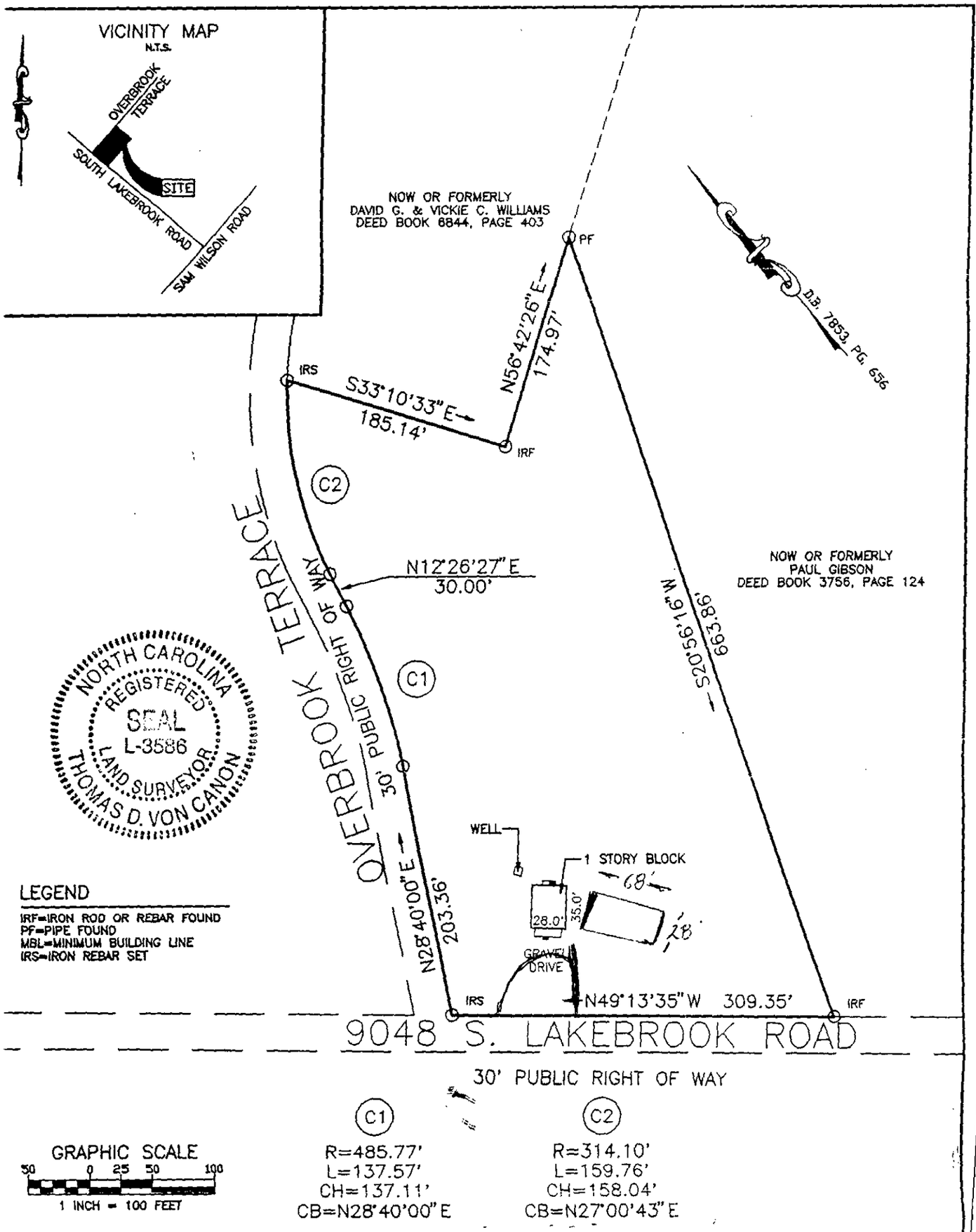
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: Laura L Jennings DATE: 4/22/97

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

1899B

053-157-14



NORTH CAROLINA REGISTERED SEAL L-3586 LAND SURVEYOR THOMAS D. VON CANON

LEGEND

IRF=IRON ROD OR REBAR FOUND
PF=PIPE FOUND
MBL=MINIMUM BUILDING LINE
IRS=IRON REBAR SET

GRAPHIC SCALE
50 0 25 50 100
1 INCH = 100 FEET

C1
R=485.77'
L=137.57'
CH=137.11'
CB=N28°40'00"E

C2
R=314.10'
L=159.76'
CH=158.04'
CB=N27°00'43"E

FLOOD CERTIFICATION:
1. THIS PROPERTY DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA.

GENERAL NOTES:
1. MEASUREMENTS ON THIS MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 1/2" IRON REBAR UNLESS OTHERWISE NOTED.

REFERENCES:
1. DEED BOOK 7853, PAGE 656, RECORDED IN MECKLENBURG CO., N.C. REGISTER OF DEEDS.

THIS IS TO CERTIFY THAT ON FEBURARY 9, 1998, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON. THE AREA OF OF THIS PROPERTY IS 3.326 ACRES AS CALCULATED BY COORDINATE COMPUTATION METHOD AND THAT THE ERROR OF CLOSURE IS 1:10,000.

SIGNED Thomas D. Von Canon
THOMAS D. VON CANON L-3586

PHYSICAL SURVEY

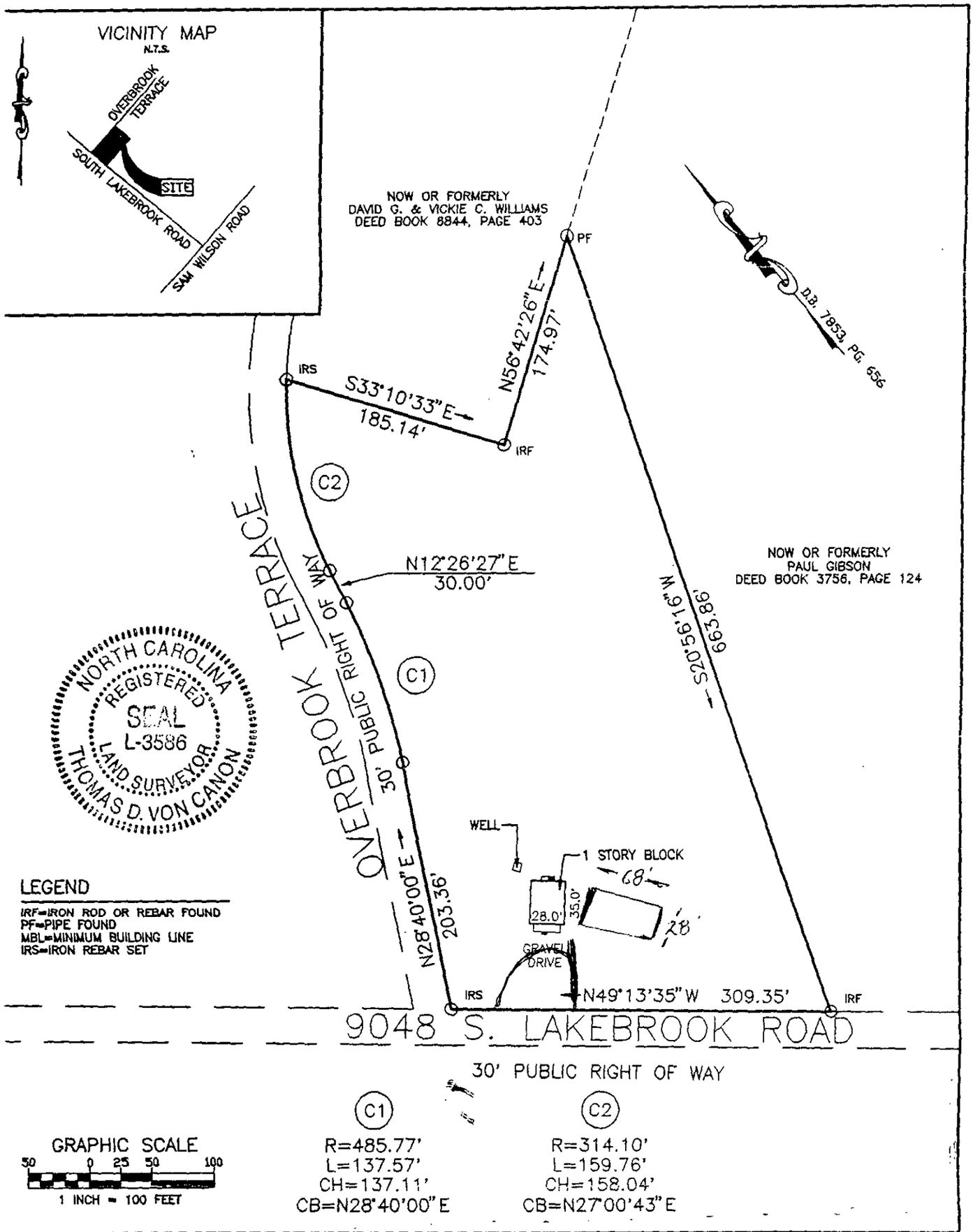
FOR: MILTON K. & LAURA L. JENNINGS

TAX PARCEL 053-157-14
BERRYHILL TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA

V.C.S.
8238 MOORES CHAPEL ROAD
CHARLOTTE, N.C. 28214
TELE. (704) 393-8040
FAX. (704) 391-0450

1899B

053-157-14



NORTH CAROLINA REGISTERED SEAL L-3586 LAND SURVEYOR THOMAS D. VON CANON

LEGEND

IRF=IRON ROD OR REBAR FOUND
PF=PIPE FOUND
MBL=MINIMUM BUILDING LINE
IRS=IRON REBAR SET

GRAPHIC SCALE
50 0 25 50 100
1 INCH = 100 FEET

C1
R=485.77'
L=137.57'
CH=137.11'
CB=N28°40'00"E

C2
R=314.10'
L=159.76'
CH=158.04'
CB=N27°00'43"E

FLOOD CERTIFICATION:
1. THIS PROPERTY DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA.

GENERAL NOTES:
1. MEASUREMENTS ON THIS MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 1/2" IRON REBAR UNLESS OTHERWISE NOTED.

REFERENCES:
1. DEED BOOK 7853, PAGE 656, RECORDED IN MECKLENBURG CO., N.C. REGISTER OF DEEDS.

THIS IS TO CERTIFY THAT ON FEBURARY 9, 1996, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON. THE AREA OF OF THIS PROPERTY IS 3.326 ACRES AS CALCULATED BY COORDINATE COMPUTATION METHOD AND THAT THE ERROR OF CLOSURE IS 1:10,000.

SIGNED Thomas D. Von Canon
THOMAS D. VON CANON L-3586

PHYSICAL SURVEY

FOR: MILTON K. & LAURA L. JENNINGS

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PROPOSED PLOT PLAN

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

FILE: 1899B

TC: 053-157-14

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 Attached

Laura L Summey
OWNER/AGENT SIGNATURE

DATE 4/22/97

APPROVAL DATE _____

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