

9621 SURREY RD

13926236

4/30/08

marliwr

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: 2366A DATE: 3/10/97

TC: 139 262 36 ☐ L ☒ CRT

SERIAL Nº 17054

Name of Owner Randy G. Medlin Juris.: _____

Address of Property 9621 Surrey Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 6 @ 50'

Cover Depth 18"

Water Supply Source well

Distance to Water Source >100' not installed

Excavation Inspected 3/10/97

Tank(s) Inspected 3/10/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 1997, 1500ST, INOV, 300' chamber system, Cecil CTR# RCS

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: Septic System designed for 3 bedroom residence

Type III Repair Area Type III

Phila S. Walker 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

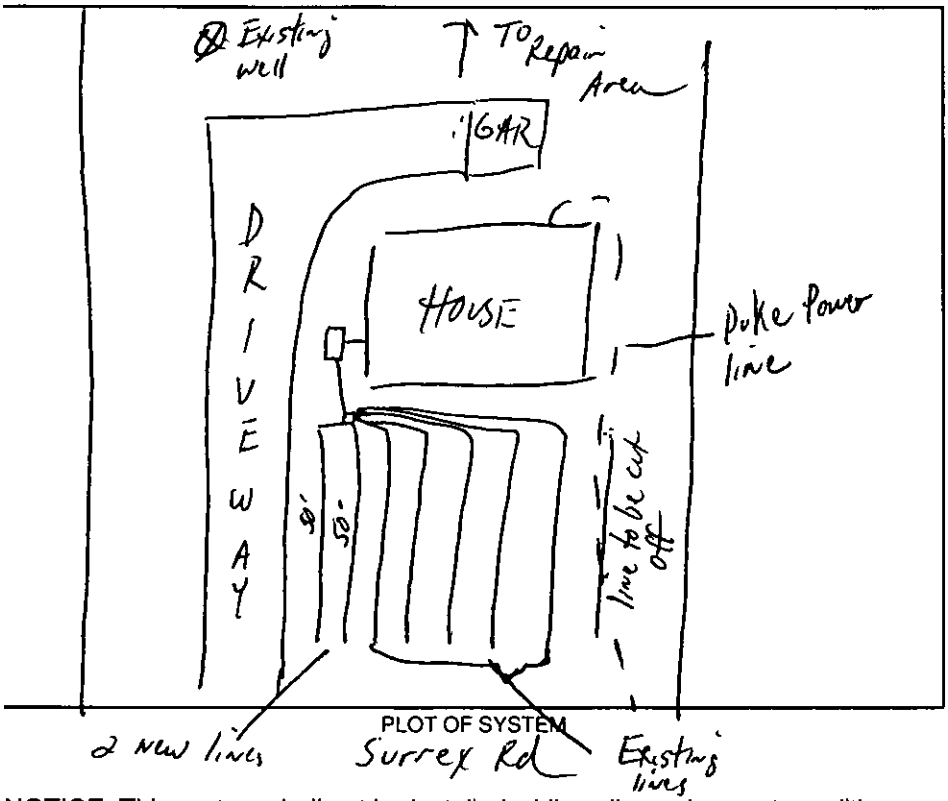
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2366A DATE: 6/11/97

TC: 139 26 [illegible] 4

SERIAL Nº 17145

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 10/28/96. All work shall be completed on or before 7/11/97, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone NA 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 Randy G Medlin

LOCATION OF PROPERTY 9621 Surrey Rd

Comments: Duke Power cut thru last chamber line / Cut off line entirely at the D-Box / Check supply line for damage. Install 2 lines x 50' long x 3' end. Keep septic system >50' from well. Existing repair area damaged must use repair area in back of lot for future

Philip A. Walker R.S.
Environmental Health Specialist

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2366A DATE: 6/20/97

TC: 139 263 03 ☑ CL ☐ CRT

SERIAL Nº 17195

Name of Owner Randy G. Medlin Juris.: _____

Address of Property 9621 Surrey Rd

Inspection Data:

Tank Material Existing

Chamber bed
Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 24"

Water Supply Source well

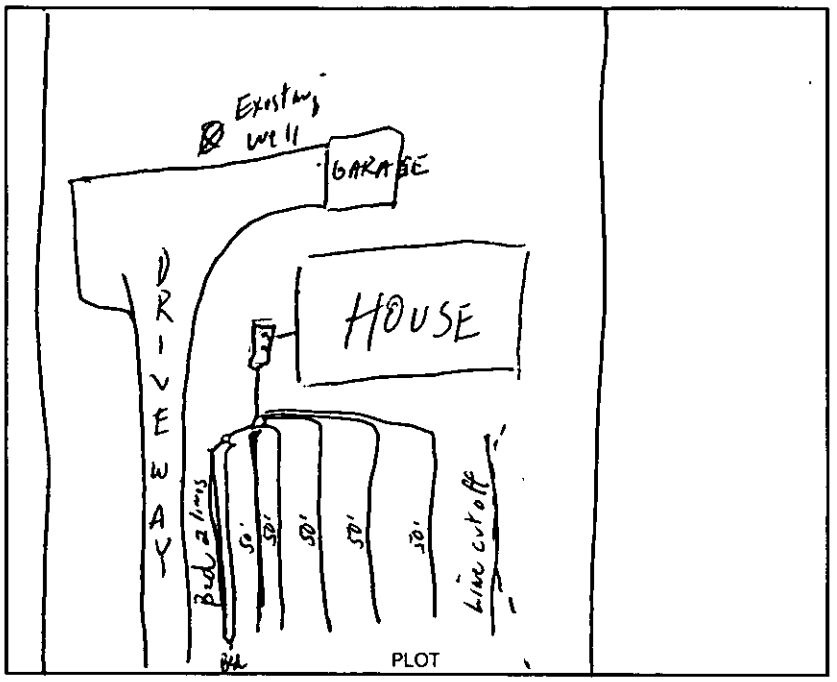
Distance to Water Source 52'

Excavation Inspected 6/20/97

Tank(s) Inspected Existing

Wash Line Inspected plumbed to tank

High Water Alarm Inspected NA



Design 1997, Repair, 100' Chamber System Bed Cecil CTR# RCS

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: Last line disconnected (damage by Duke Power), Installed 100' chamber system bed. 5 lines + 1 bed line 6' wd x 50' long

Philo A. Walker
Environmental Health Specialist

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

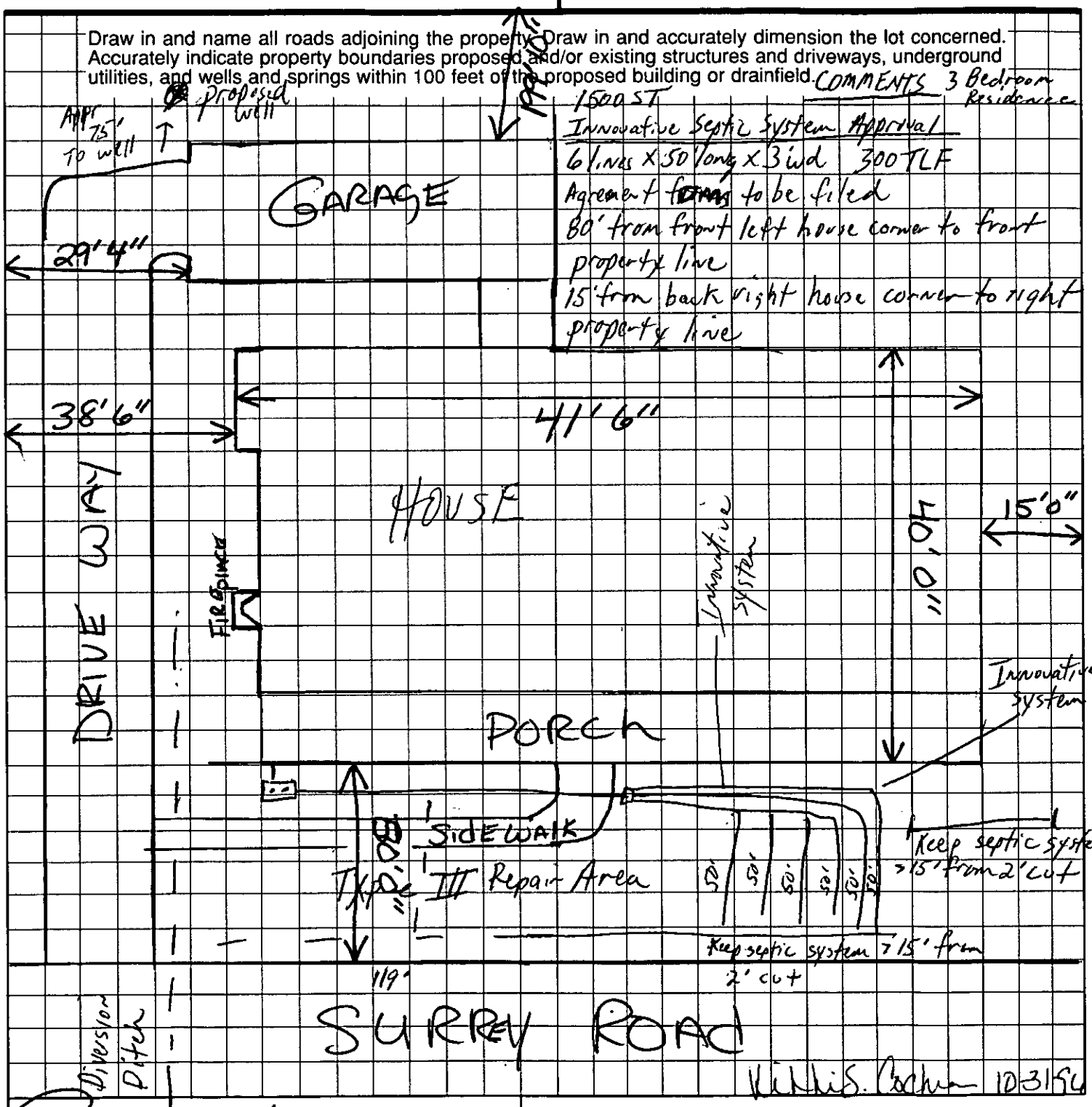
PROPOSED PLOT PLAN

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

FILE: 2366A

TC: 139-262-36

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 3 Bedroom Residence
1500 ST
Innovative Septic System Approval
6 lines x 50' long x 3' wd 300 TLF
Agreement ~~forms~~ to be filed
80' from front left house corner to front property line
15' from back right house corner to right property line

Nellis Cochran 10-31-96

Lanny Medlin Const.
OWNER/AGENT SIGNATURE

DATE 10-28-96

APPROVAL DATE _____

Additional Comments
Keep septic system > 100' (50' min) from any wells
Type III Repair Area (Shallow placed)
Diversion ditch to be installed

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

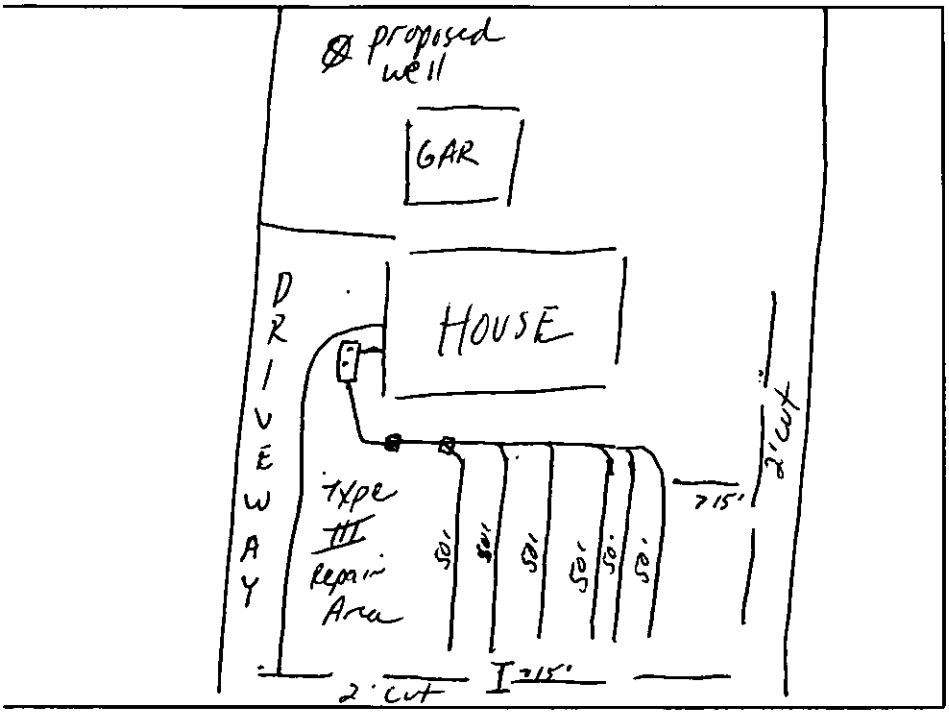
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2366A DATE: 2/11/97

TC: 139 262 36 ☐ L

SERIAL Nº 17088

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 10/28/96. All work shall be completed on or before 3/11/97, 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

Surrey Rd

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines 6 (50')

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

50' min

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

NAME OF OWNER Randy G. Medlin

LOCATION OF PROPERTY 9621 Surrey Rd

Comments: 1500ST INNOVATIVE System 6 lines x 50' long x 3' wd
Keep septic system > 100' (50' min) from proposed well / Keep drainfield > 15' from any 2' cuts

Phillo S. Walker R.S.
Environmental Health Specialist

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

FEE: 200.00
DATE: 10/28/96
CK # 244

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

#2 for recheck
10-29-96
[ ] 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

COPY

FILE #: 2366A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-262-36

STREET ADDRESS: 9621 SURREY ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: FOX RIDGE

LOT NUMBER: 23

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: 1814

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE

use existing report w/ modification new

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
X ON SLAB
__ 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)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
X PRIVATE WELL (P)

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
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: MEDLIN RANDY G
(LAST) (FIRST) (MI)

ADDRESS: P.O. BOX 949

CITY: MONROE STATE: N.C. ZIP: 28111

DAYTIME PHONE: 704 289-1360

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N.A.

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: Randy Medlin Const. DATE: 10-28-96

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11507

File: 2366A Action: 1

Parcel: 139-263-03 ☐ PC

REVISED REPORT

Location: Surrey Road

Subdivision: Fox Ridge Estates

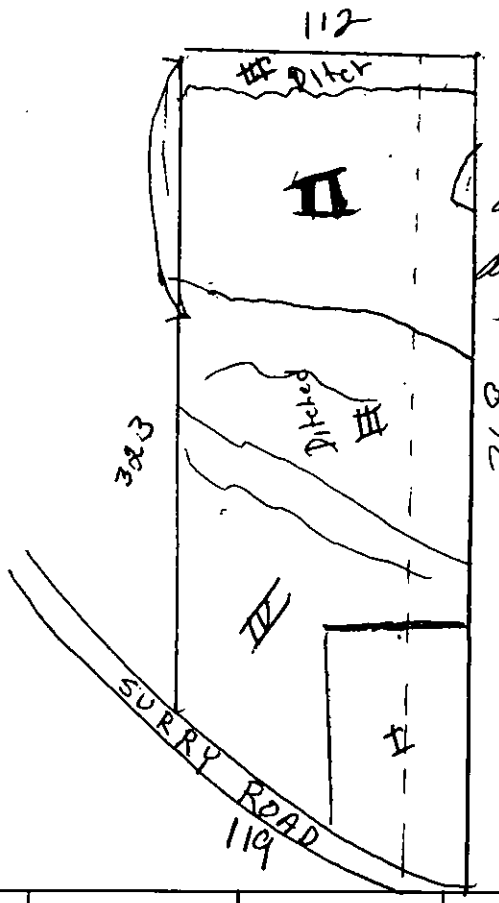
Lot: 23 Block: II Acres: .38

Owner: Fox Ridge, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, N. C. 28205

Comments: (1) Revised Lot Lines
(2) Area TWO Has deeper soils
Would Need A Diversion Ditch
For Surface Water

Described by: W. B. Ramsey

Date: 2-5-87



Lot recheck 10-29-96 - soils descriptions correspond to original report. Area II appears to be 50-60' wide. W.A.R. 10-29-96

- area of PS soil is excluded

***** 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 2-6	S (PS) U 2-8	S PS (U) Ditched	S (PS) U 2-8	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Depth	S (PS) U 33-36	S (PS) U 38-45	S PS (U) 5-35	S PS (U) 26-30	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U 90'X90' Area	S PS (U)	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U Need Division Ditch	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	~~IIc~~ Cecil	IIIc Cecil	IIIc Cecil Eroded			
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13060

File: 2366A Action C

Parcel: 13926303 ☐ PC

Location: Surrey Road

Subdivision:

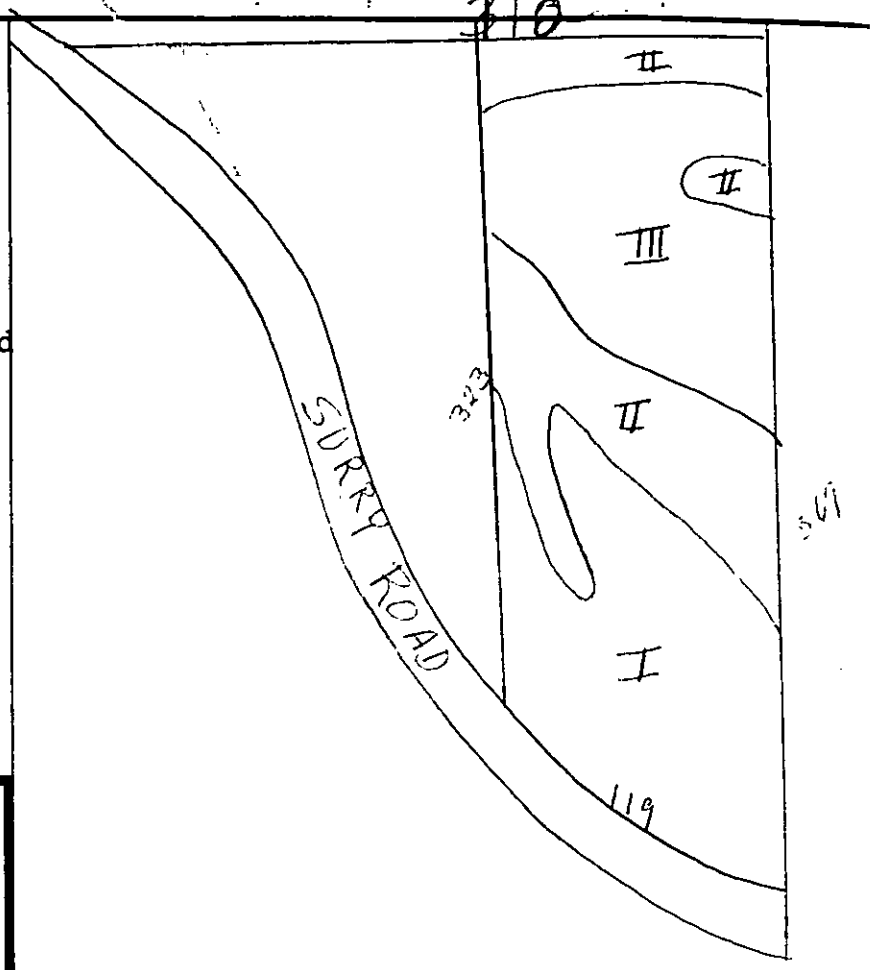
Lot: L23 BII Block: Acres: .72

Owner: Fox Ridge, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: _____

Described by: W. B. Ramsey

Date: 9-16-86



***** 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 2-6	S PS (U) Ditched	S (PS) U 2-6	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Depth	S PS (U) 26-30	S PS (U) 5-35	S (PS) U 40-45	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	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	IVa Cecil	IVa Enon/Cecil	IVa Cecil			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

WET DUG

FEE: 200.00 CK #2513 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11-4-96 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 10/31/96 PERMIT NO: 2366A

PARCEL NO: 139 262 36

PROPERTY OWNER: Randy G. Medlin

BUILDING CONTRACTOR: ~~9621 Surrey Rd~~

JOB LOCATION ADDRESS: 9621 Surrey Rd

SUBDIVISION NAME: Fox Ridge

AUTHORIZATION ISSUED BY: Philo A. Walker R.S. DATE: 10/31/96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2366A, 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: Agreement forms to be of file before Cons Auth, release

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.

Vikki S. Cochran 10-31-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

BK: 08808 PG: 0225/0227 $:0328 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/04/96 15:11

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 # 2366A
PARCEL # 139-262-36

The undersigned, Randy G Medlin Const., owner of property located at 9629 Surrey Rd., (the "site") and described in an instrument recorded in Book 21 at Page 788, 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: Randy Medlin
Mail after recording to: P.O. Box 949
MONROE N.C. 28111

- 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.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 4 day of NOV., 1990.

_____ Randy Medlin (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DEBRA A. SAUNDERS, a Notary Public for said County and State, do hereby certify that RANDY MEDLIN personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 4TH day of NOV., 1996.

Debra A. Saunders
Notary Public

My Commission Expires:
12.16.97

DEBRA A. SAUNDERS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

Permit Number: 2366A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139262 36

- 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	900' Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone		

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

Site modifications required: Diversion ditch

Additional Conditions: Innovative septic system approval, Type III Keep septic system 15' from 2' cut, Shallow placed Innovative septic system approval

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	
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	16" 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.

Philo S. Walker R.S. 10/31/96
DEHNR Authorized Agent Date

Willis S. Cook 10-31-96
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

IWWS:100195

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13060

File: 2366A Action 2

Parcel: 13926303 ☐ PC

Location: Surrey Road

Subdivision:

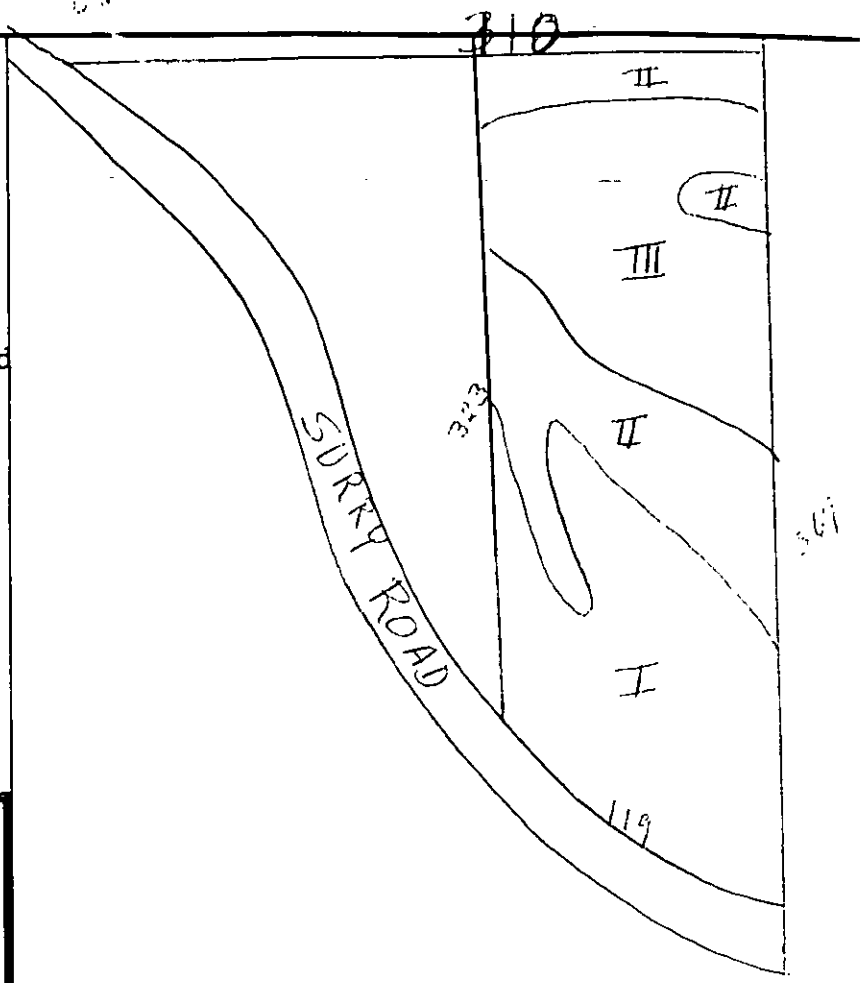
Lot: L23 BII Block: Acres: .22

Owner: Fox Ridge, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: _____

Described by: W. B. Kennedy

Date: 9-16-86



*** 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 2-6	S PS (U) Ditched	S (PS) U 2-6	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Depth	S PS (U) 26-30	S PS (U) 5-35	S (PS) U 40-45	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	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	IVa Cecil	IVa Enon(Cecil)	IVa Cecil			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11507

File: 2366A Action 1

Parcel: 139-263-03 ☐ PC

REVISED REPORT

Location: Surrey Road

Subdivision: Fox Ridge Estates

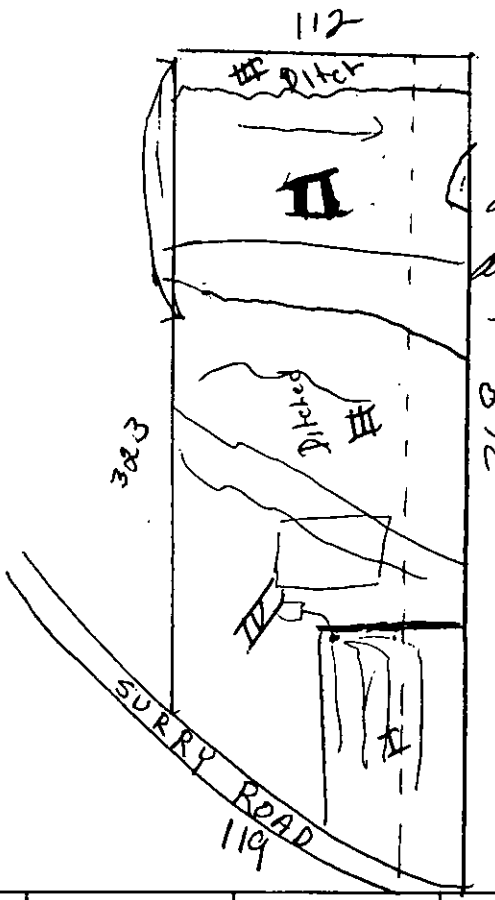
Lot: 23 Block: II Acres: .88

Owner: Fox Ridge, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, N. C. 28205

Comments: (1) Revised Lot Lines
(2) Area TWO Has deeper soils
Would Need A DIVERSION Ditch
For Surface Water

Described by: W. B. Ramsey

Date: 2-5-87



Lot reduction 10-29-96 - soils descriptions correspond to original results Area II appears to be 50-60' wide. W.A.R. 10-29-96

- Area of PS soil is excluded

*** 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 2-6	S (PS) U 2-8	S PS (U) Ditched	S (PS) U 2-8	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Depth	S (PS) U 33-36	S (PS) U 38-45	S PS (U) 5-35	S PS (U) 26-30	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U 90'x90' Area	S PS (U)	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U Need Division Ditch	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	~~IIIc~~ Cecil	IIIc Cecil	IIc Enodo Cecil			
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11507

File: 2366A Action 1

Parcel: 139-263-03 ☐ PC

REVISED REPORT

Location: Surrey Road

Subdivision: Fox Ridge Estates

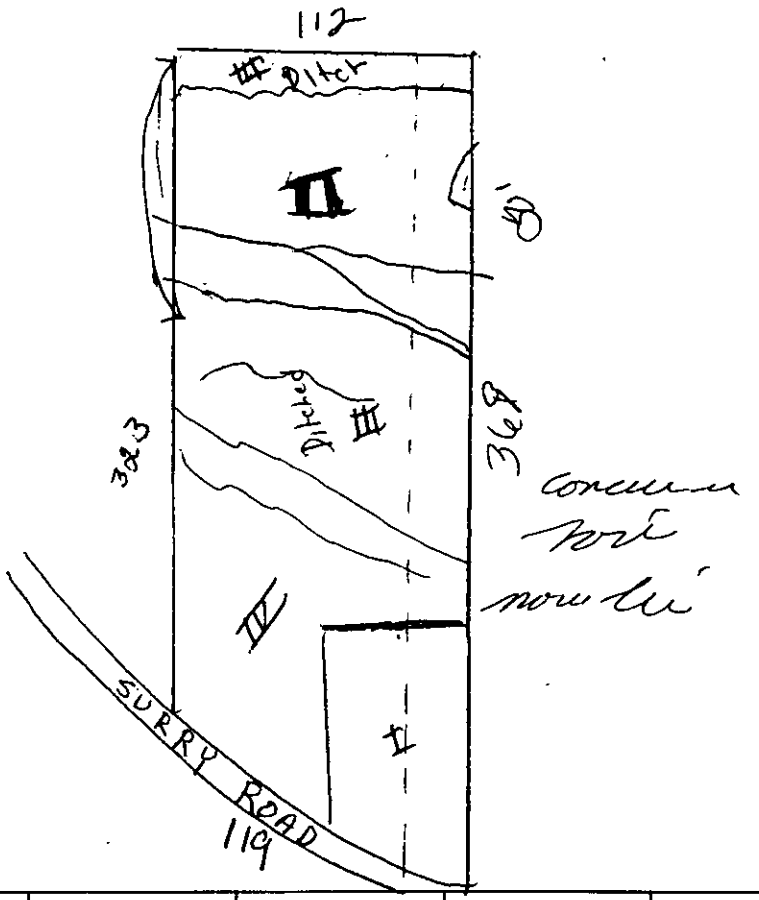
Lot: 23 Block: II Acres: .38

Owner: Fox Ridge, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, N. C. 28205

Comments: (1) Revised Lot Lines
(2) Area TWO Has deeper soils
Would Need A Diversion Ditch
For Surface Water

Described by: W. B. Ramsey

Date: 2-5-87



***** 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 2-6	S (PS) U 2-8	S PS (U) Ditched	S (PS) U 2-8	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Depth	S (PS) U 33-36	S (PS) U 38-45	S PS (U) 5-35	S PS (U) 26-30	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U
Available Space	S (PS) U	S (PS) U, 90X90 Area	S PS (U)	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U Need Division Ditch	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	~~IIc~~ Cecil	IIc Cecil	IIc Cecil/Enon			
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U

FEE: 100.00
DATE: 10/28/96
CK # 244

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 #: 2366A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-262-36

STREET ADDRESS: 9621 SURREY ROAD

SUBDIVISION OR MOBILE HOME PARK NAME: FOX RIDGE

LOT NUMBER: 23

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: 1814

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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

PROPERTY OWNER:

NAME: MEDLIN RANDY G
(LAST) (FIRST) (MI)

ADDRESS: P.O. BOX 949

CITY: MONROE STATE: N.C. ZIP: 28111

DAYTIME PHONE: 704 289- 1360

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

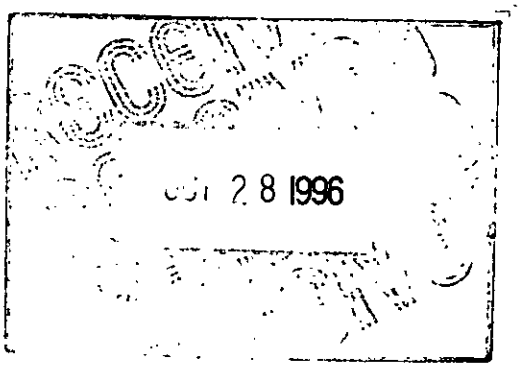
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? N.A.

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: Randy Medlin Const. DATE: 10-28-96

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


OCT 28 1996