

4431 KEMPER LN

13721199

12/26/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1636B DATE: 4-6-99

TC: 137-211-99 ☐ L ☒ CRT

SERIAL Nº 18005

Name of Owner HELEN SWICER Juris.: _____

Address of Property 4431 KEMPER LANE

Inspection Data:

Tank Material PCC 1500 gal

Total Length of Drainfield 300

Number of Lines 4 @ 75

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 75'

Excavation Inspected 4-6-99

Tank(s) Inspected 4-6-99

Wash Line Inspected NA
SJ Supervised

High Water Alarm Inspected 4/29/99

SEE INSTALLATION PERMIT.

PLOT

Design 1500 SJ 1000 NJ 1200 SFT INNOVATIVE (EZEE LAY CTR# REIDE RUDY

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: (1) TYPE III - G - CONTRACTOR INSTALLED "E ZEE LAY"

(2) NEMA 4X BOX NOT INSTALLED @ TIME OF INSPECTION -

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

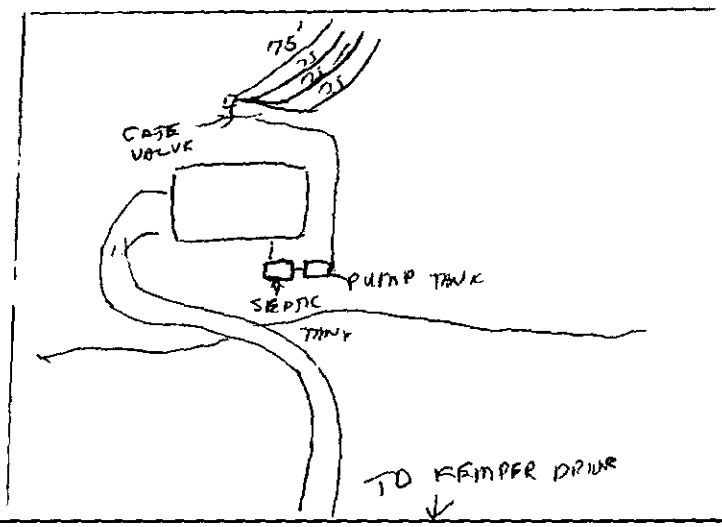
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1636B DATE: 3-16-99

TC: 130-211-99 KL

SERIAL Nº 18009

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 11-5-96. All work shall be completed on or before _____, 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 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 4

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 75' feet

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

NAME OF OWNER HELEN SWIGER

LOCATION OF PROPERTY 4431 KEMPER LANE, KEMPER DOWNS LOT 8

Comments: (1) SEPTIC TANK CONTRACTOR SHALL INSTALL ANY TYPE OF TYPE III-C INNOVATIVE SYSTEM.

E. Andrew Walth RS

Environmental Health Specialist

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

Mecklenburg County
Health Department

April 14, 1999

Helen Swiger
3309 Dan Hood Road
Matthews, NC 28105

RE: 4431 Kemper Lane
File: 1636B
Parcel: 137-211-99

Dear Ms Swiger:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal System. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure though the water proof, gas proof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weather proof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5573 to discuss any question you may have concerning this matter.

Sincerely,

J. Andrew Walker, R.S.
Individual Water and Wastewater Systems

oo chc#1186 400

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/7/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1/21/97

PERMIT NO: 1636B
PARCEL NO: 137 211 99

JOB LOCATION ADDRESS: 4431 Kemper Ln
PROPERTY OWNER: Helen Swiger
BUILDING CONTRACTOR: -
SUBDIVISION NAME: Kemper Downs
AUTHORIZATION ISSUED BY: Thilo A. Walker DATE: 1/21/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1636B, 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 filed before const authorization release

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITION 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 FO REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

x Tim Whittaker 1/29/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1636B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 137211 99

- 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	1000 Gallon pump tank	NA Depth of stone		

Any surface waters present: yes Type: creek Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Innovative Septic System Agreement forms to be on file before Cons Authorization release. PPBPS Repair

Repair Area System Type Type (circle one): I II (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	
400' Absorption Area (Sq ft) 200' Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	42" 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.

Phila L. Walker R.S. 1/21/97
DEHNR Authorized Agent Date

× Tim Whitaker 1/24/97
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

FILE: 05-96-0044 APP #

DATE: 11-5-96 4437

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

COPY 1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 1636B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137 - 211 - 99

STREET ADDRESS: 4931 Kemper LN.

SUBDIVISION OR MOBILE HOME PARK NAME: Kemper Downs

LOT NUMBER: 8 Tract 1

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
X 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: 2500 +

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE: _____

11/4/97 Met T. Whittaker on property. Will be drawing plan for new system + repair (1-BR/S)

5/12/98 Met w/ Builder see comments on plan

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 __ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Swigar HELEN (LAST) (FIRST) (MI)	NAME: whittaker, Tim (LAST) (FIRST) (MI)
ADDRESS: 3309 Dan Hood Rd.	DAYTIME PHONE: ( ) 866 - 9540
CITY: Matthews STATE: NC ZIP:	
DAYTIME PHONE: ( ) 847-9556 28105	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? UNK.

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: Tim Whittaker for H.S. DATE: 11/5/96

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

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

1636 PROPERTY ID #: Sheet ___ of ___
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 PO 137-21-99

OWNER: Helen Swinger APPLICANT: _____
ADDRESS: 3309 Dan Nichols Road, Maxton APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd / PROPERTY SIZE: Approx 1.0A
LOCATION OF SITE: 4431 Kemper Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope 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	PROFIL CLASS & LTAT
1	LS	0-4"	gr/sc l	Fr/sExP/ss/sp	>33" To Chroma 2 Color	33"	N/A	None	us IV .3g/Ps
		4-33"	sBK/sc-c	Fr-Fi/sExP/s/p					
2	LS	0-6"	gr/sc l	Fr/sExP/ss/sp	>48" To Chroma 2 Color	48"	N/A *	None	PS III .3g/F
		6-48"	sBK/c	Fr-Fi/sExP/s/p					
3	LS	0-9"	gr/sc l	Fr/sExP/ss/sp	>48" To Chroma 2 Color	48"	N/A ~~Acce~~	None	PS III .3g/F
		9-48"	sBK/c	Fr-Fi/sExP/s/p					
4	LS	0-4"	gr/sc l	Fr/sExP/ss/sp	>44" To Chroma 2 Color	44"	N/A	None	PS .3g/ IV
		4-44"	sBK/c	Fr-Fi/sExP/s/p					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.R. Marlin, LSS - 12-30-96
OTHER(S) PRESENT: _____

S. 2002 Agenda

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)

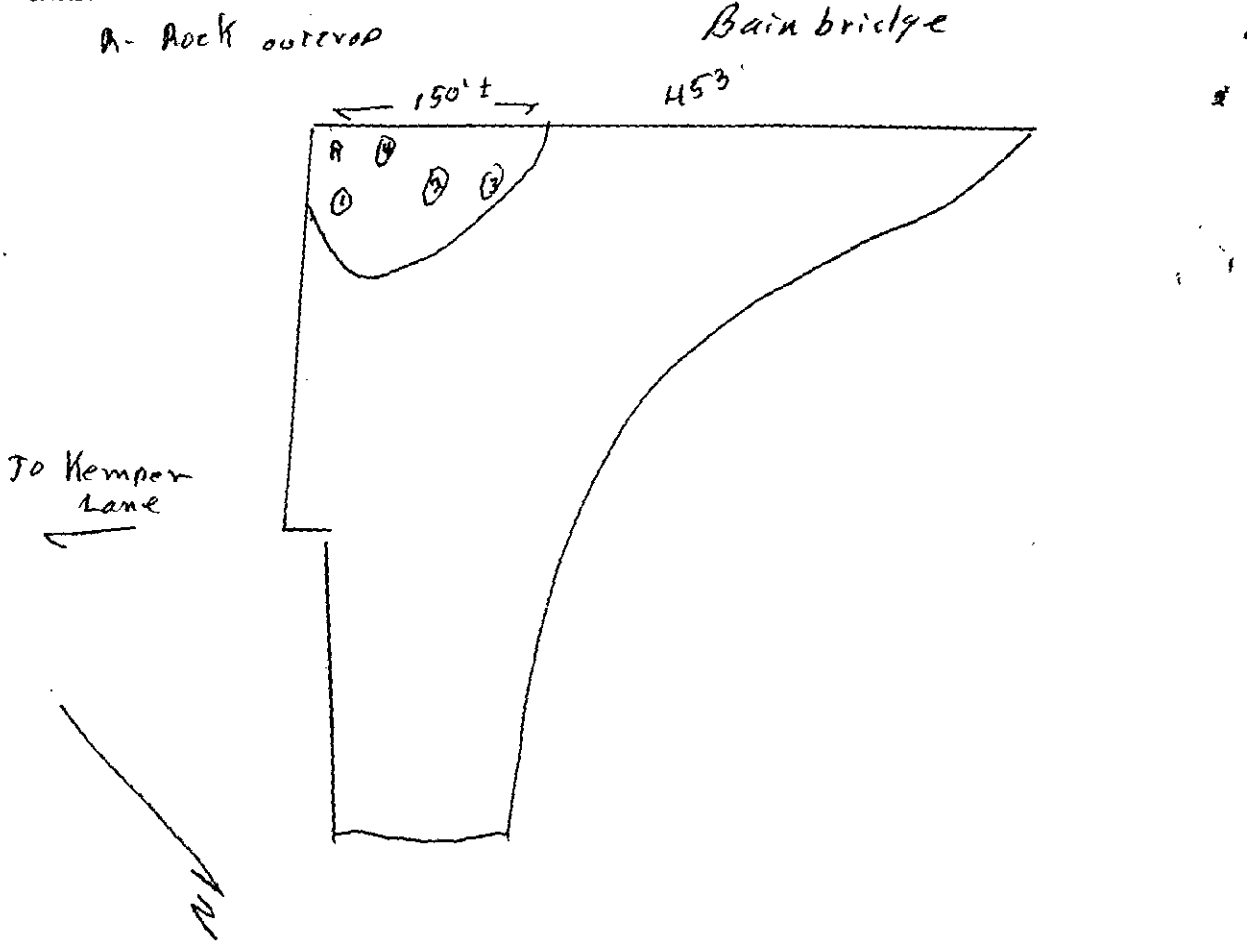
OTES

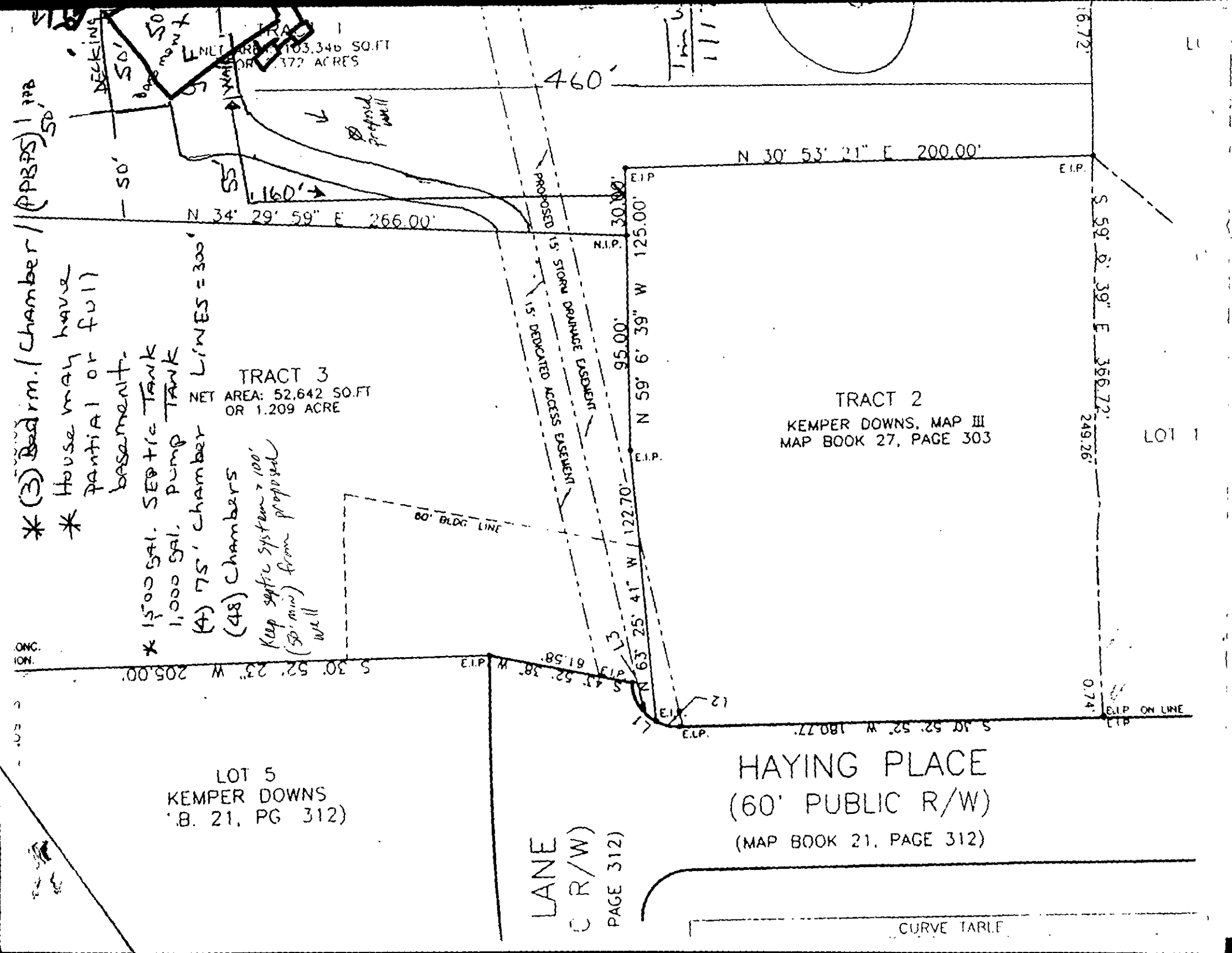
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

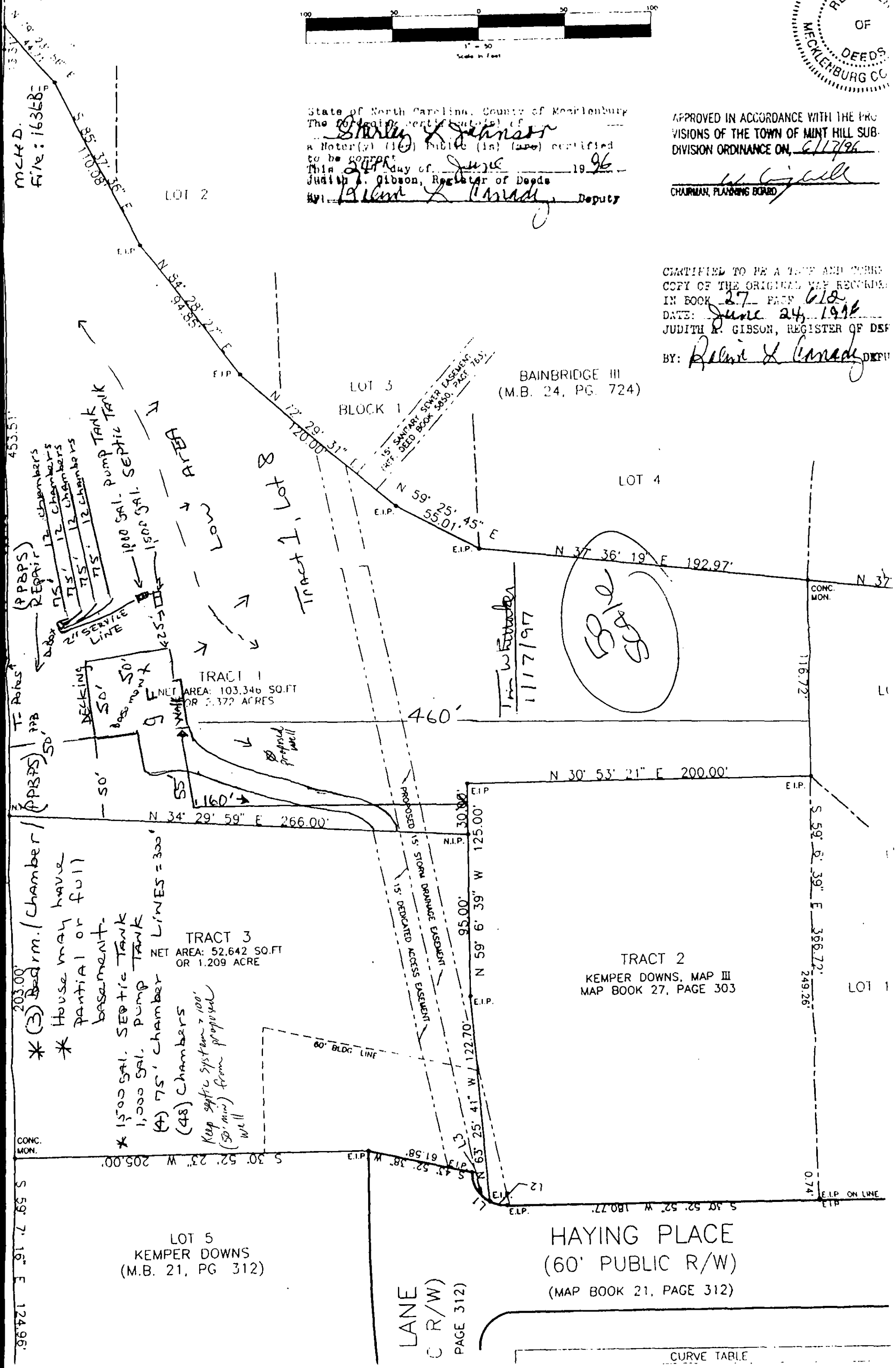
valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).




TRACT 1
NET AREA: 103,346 SQ.FT
OR 2.372 ACRES
460'
N 30° 53' 21" E 200.00'
E.I.P.
N 34° 29' 59" E 266.00'
N.I.P.
30.00'
125.00'
95.00'
N 59° 6' 39" W
122.70'
S 59° 6' 39" E 366.72'
249.26'
0.74'
E.I.P. ON LINE
S 30° 52' 23" W 205.00'
S 30° 52' 38" W 61.58'
S 10° 52' 52" W 180.27'
N 63° 25' 41" W
L3
L2
L1
TRACT 3
NET AREA: 52,642 SQ.FT
OR 1.209 ACRE
TRACT 2
KEMPER DOWNS, MAP III
MAP BOOK 27, PAGE 303
LOT 1
PROPOSED 15' STORM DRAINAGE EASEMENT
15' DEDICATED ACCESS EASEMENT
60' BLDG. LINE
* (3) Bedrm. / Chamber / (PRPS) 1 PPB
* House may have partial or full basement.
* 1500 gal. Septic Tank
1,000 gal. pump Tank
(4) 75' chamber LINES = 300'
(48) Chambers
Keep septic system > 100' (50' min) from proposed well
Proposed well
DECKING
50'
55'
160'
LOT 5
KEMPER DOWNS
(B. 21, PG 312)
LANE
(60' R/W)
PAGE 312)
HAYING PLACE
(60' PUBLIC R/W)
(MAP BOOK 21, PAGE 312)
CURVE TABLE



State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of
Shirley L. Johnson
a Notary(s) (Is) (Are) Public (Is) (Are) certified to be correct.
This 24th day of June 1996
Judith A. Gibson, Register of Deeds
By: Deputy

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE TOWN OF MINT HILL SUBDIVISION ORDINANCE ON 6/17/96
CHAIRMAN, PLANNING BOARD

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL MAP RECORDED IN BOOK 27 PAGE 618
DATE: June 24, 1996
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Deputy

CURVE TABLE				

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

400 1636B

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 PO 137-21-99

OWNER: Helen Deringer APPLICANT: ___
ADDRESS: 3309 Dan Thrash Road, Marshville APPLICATION DATE: ___ DATE EVALUATED: ___
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: Approx 1.0A
LOCATION OF SITE: 4431 Kemper Lane PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope 5-6% .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	0-4"	gr/sc l	Fr/sExP/ss/sp	>33" To Chroma 2 Color	33"	N/A	None	US IV .39/P2
		4-33"	sBK/sc-c	Fr-Fi/sExP/s/p					
2	LS	0-6"	gr/sc l	Fr/sExP/ss/sp	>48" To Chroma 2 Color	48"	N/A	None	PS IV .39/P2
		6-48"	sBK/c	Fr-Fi/sExP/s/p					
3	LS	0-2"	gr/sc l	Fr/sExP/ss/sp	>48" To Chroma 2 Color	48"	N/A	None	PS IV .39/P2
		2-48"	sBK/c	Fr-Fi/sExP/s/p					
4	LS	0-4"	gr/sc l	Fr/sExP/ss/sp	>44" To Chroma 2 Color	44"	N/A	None	PS .39/P2 IV
		4-44"	sBK/c	Fr-Fi/sExP/s/p					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.R. Marlin, LSS - 12-30-96
OTHER(S) PRESENT: ___

OMMENTS: 100% Aspects

LEGEND

use the following standard abbreviations

ANDSCAPE 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)		SLC (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)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						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
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	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)

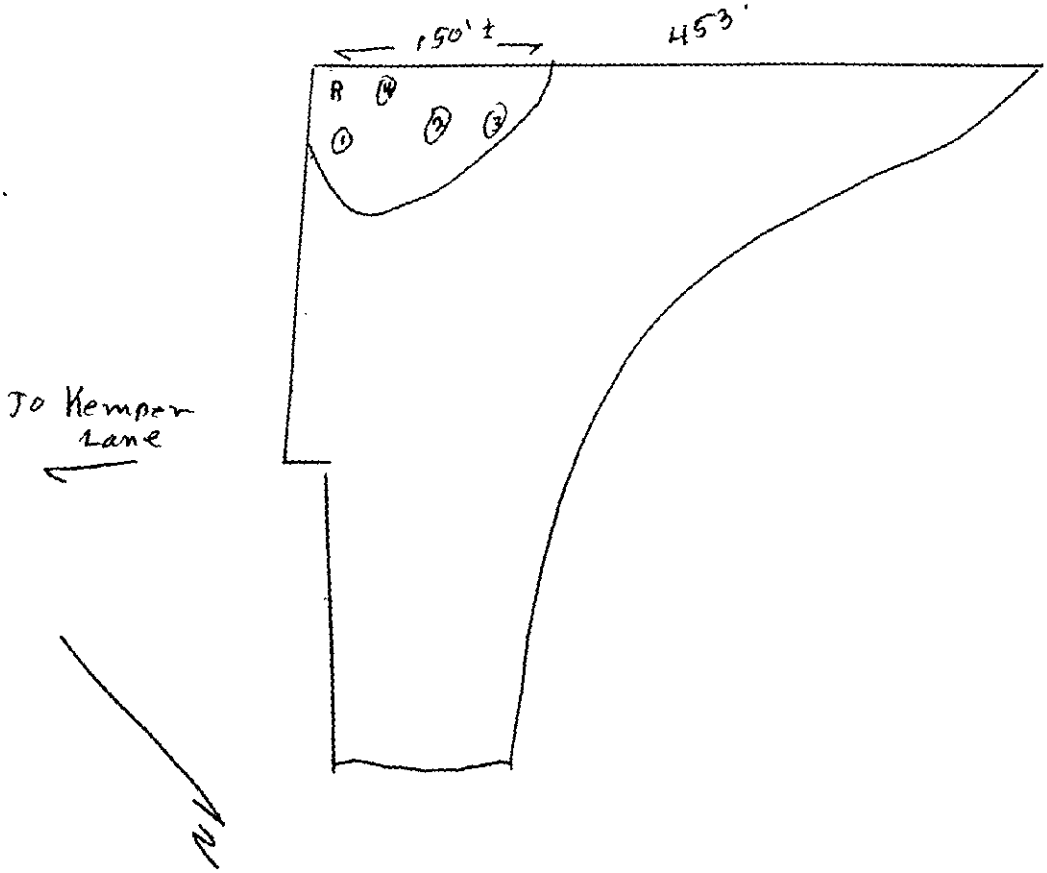
valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

R- Rock outcrop

Bainbridge

1636



PROPOSED PLOT PLAN

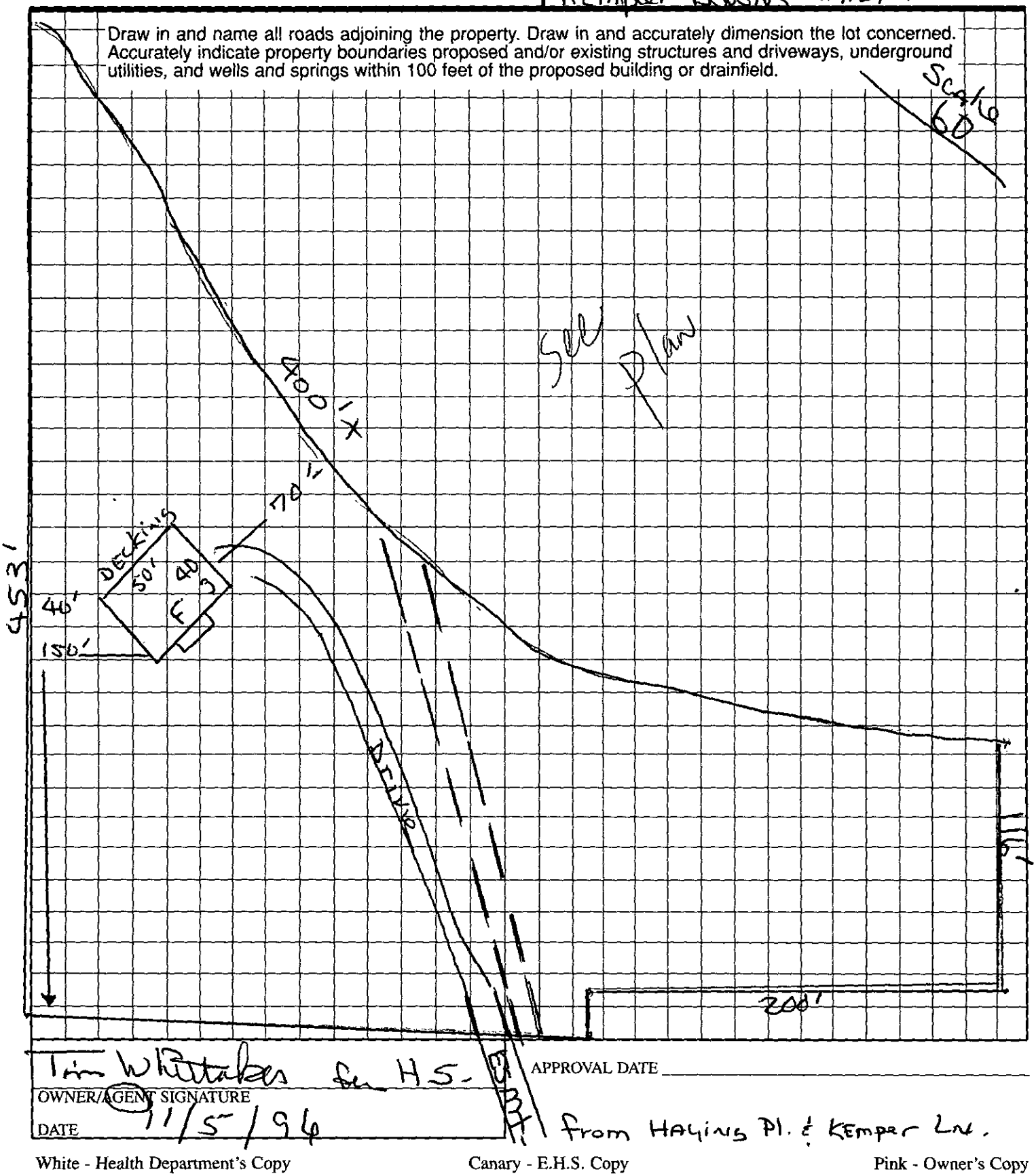
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1636B

TC: 137-211-99

Kemper Downs Tract 1 Lot 8

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.



Tim Whittaker for H.S.B.T.
OWNER/AGENT SIGNATURE

APPROVAL DATE

DATE 11/5/96

from Haying Pl. & Kemper Ln.

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

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of
Shirley L Johnson
a Notary(s) (Public) (Public) certified
to be correct.
This 24th day of June 19 96
Judith A. Gibson, Register of Deeds
By: Robert L Conrad Deputy

JUDITH A. GIBSON
REGISTER
OF
DEEDS
MECKLENBURG CO

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE TOWN OF MINT HILL SUBDIVISION ORDINANCE ON 6/17/96

CHAIRMAN, PLANNING BOARD

CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL MAP RECORDED IN BOOK 27 PAGE 610
DATE: June 24, 1996
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Robert L Conrad DEPUTY

LOT 1

LOT 2

LOT 3
BLOCK 1
BAINBRIDGE III
(M.B. 24, PG. 724)

LOT 4

TRACT 1
NET AREA: 103,346 SQ.FT
OR 2.372 ACRES

TRACT 3
NET AREA: 52,642 SQ.FT
OR 1.209 ACRE

TRACT 2
KEMPER DOWNS, MAP III
MAP BOOK 27, PAGE 303

LOT 5
KEMPER DOWNS
(M.B. 21, PG 312)

HAYING PLACE
(60' PUBLIC R/W)
(MAP BOOK 21, PAGE 312)

LANE
(60' R/W)
(MAP BOOK 21, PAGE 312)

CURVE TABLE

N 34° 29' 59" E 266.00'
N 12° 29' 31" E 120.00'
N 59° 25' 55.01.45" E
N 37° 36' 19" E 192.97'
N 30° 53' 21" E 200.00'
S 85° 37' 36" E 110.08'
N 34° 28' 21" E 94.85'
S 30° 52' 23" W 205.00'
N 59° 6' 39" W 95.00'
N 63° 25' 41" W 122.70'
S 30° 52' 52" W 180.77'
S 59° 6' 39" E 249.26'
460'
160'
125.00'
50'
50'
50'
50'
30'
15' DEDICATED ACCESS EASEMENT
15' STORM DRAINAGE EASEMENT
15' SANITARY SEWER EASEMENT REF. DEED BOOK 5850, PAGE 765
CONC. MON.
E.I.P.
N.I.P.
PROPOSED
DECKING
WALK
SERVICE LINE
2" SERVICE LINE
80' BLDG. LINE
Tract 1 Lot 8
Lawn Area
Proposed well
Existing well
Repair area
1,000 GAL. PUMP TANK
1,500 GAL. SEPTIC TANK
12 chambers
12 chambers
12 chambers
75'
75'
75'
1117/97
68
68

* (3) Bedrm. / Chambers
* House may have partial or full basement.
* 1,500 gal. Septic Tank
1,000 gal. pump Tank
(4) 75' chamber Lines = 300'
(48) Chambers
Keep septic system > 100' (50' min.) from proposed well

Ck -

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 # 1636-B
PARCEL # 137-211-99 Tract-1 Lot 8

The undersigned, Helen K. Swiger, owner of property located at 4431 Kemper Lane, (the "site") and described in an instrument recorded in Book 5428 at Page 0356, 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.

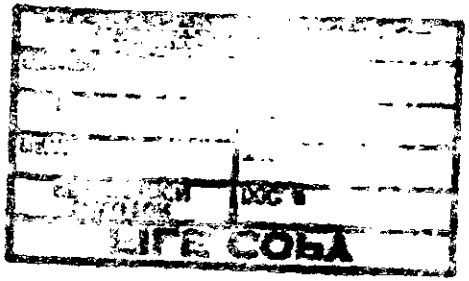
The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents 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.

FILE COPY
FILED FOR REGISTRATION
DOC # 309
TIME 4:07
PAGE 383
REC FEE $12.00
DATE 1/16/97
BOOK 8
STAMPS
JUDITH A. GIBSON CAMPBELL REGISTER OF DEEDS MECKLENBURG COUNTY, NC

This instrument was prepared by: Helen K. Swiger
Mail after recording to: 3309 Dan Nodd Rd
Matthews NC 28105


LIFE COBA

- 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 15th day of January, 1997.

(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Helen K. Swiger (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Marcus E Cottingham, a Notary Public for said County and State, do hereby certify that Helen K Swiger personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 15 day of January, 1997.

Marcus E Cottingham
Notary Public

My Commission Expires:
11/1/97

FEE: 100.00 ck # 44437
DATE: 11-5-96

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 1636B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-211-99

STREET ADDRESS: 4931 Kemper LN.

SUBDIVISION OR MOBILE HOME PARK NAME: Kemper Downs

LOT NUMBER: 8 , Tract 1

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500±

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
\ CRAWL SPACE
opt. WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

__ 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 \ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
\ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Swiger HELEN (LAST) (FIRST) (MI)	NAME: whittaker, Tim (LAST) (FIRST) (MI)
ADDRESS: 3309 Dan Hood Rd.	DAYTIME PHONE: ( ) 866 - 9540
CITY: mathews STATE: NC ZIP:	
DAYTIME PHONE: ( ) 847-9556 28105	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? unk.

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: Tim Whittaker for H.S. DATE: 11/5/96

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

TRANSFER OF OWNERSHIP

Permit #: 1636B
Job Location Information:
Tax Parcel #: 137-21-99
Street Address: 4431 Kemper Lane

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: Swiger Helen (last) (first) (mi) Date Issued: 11/24/97

Address: 3309 Dan Hood Rd.
City: Matthews State: NC Zip: 28105
Daytime Phone: (704) 847-9556

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: McDonald Michael (last) (first) (mi)

Address: 10622 Williams Rd
City: Charlotte State: NC Zip: 28227
Daytime Phone: ( ) 545-9311

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: Monte N. Warren Date: 5/7/98

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: _____

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

1636B

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 PO 137-21199

OWNER: Helen Swenson
APPLICANT: ___
ADDRESS: 3309 Dan Thrash Road / Matthews
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd / PROPERTY SIZE: Approx 1.0A
LOCATION OF SITE: 4431 Kemper Lane
PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slope % S-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	PROFIL CLASS & LTAT
1		LS	0-4"	gr/scl	Fr/sExP/ss/sp	>33" To Chroma 2 color	33"	N/A	None	US IE .3g/Ft
			4-33"	sBK/sc-c	Fr-Fi/sExP/sp					
2		LS	0-6"	gr/scl	Fr/sExP/ss/sp	>48" To Chroma 2 color	48"	N/A *	None	PS IE .3g/Ft
			6-48"	sBK/c	Fr-Fi/sExP/sp					
3		LS	0-9"	gr/scl	Fr/sExP/ss/sp	>48" To Chroma 2 color	48"	N/A	None	PS IE .3sp
			9-48"	sBK/c	Fr-Fi/sExP/sp					
4		LS	0-4"	gr/scl	Fr/sExP/ss/sp	>44" To Chroma 2 color	44"	N/A	None	PS .3g/. IE
			4-44"	sBK/c	Fr-Fi/sExP/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.R. Marlin, LSS - 12-30-96
OTHER(S) PRESENT: ___

COMMENTS: 1002 Repairs

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)		SLC (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)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	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.

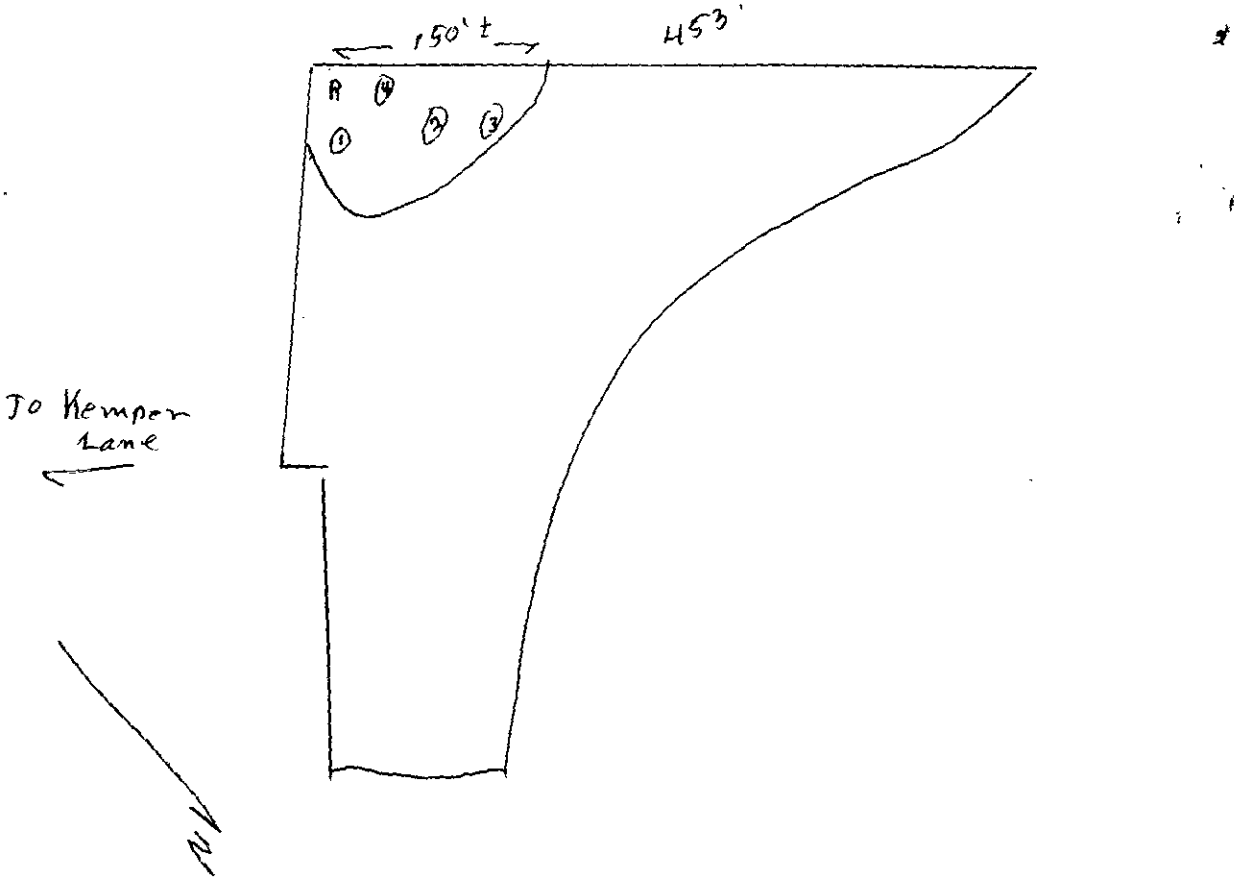
ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

A- Rock outcrop

Bainbridge

1036



DATE 11/5/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

137-21-99
PARCEL NUMBER

4431 Kenilen Dr 11/5/96
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Tract 1 Lot 28
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91