

19909 STOUGH FARM RD

00141221

6/6/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

T&J

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

FILE: 5850-A DATE: 7/20/90

TC: 001 412 21 ☒ L ☒ CRT

SERIAL Nº 13453

Name of Owner Richard Bodziony Juris.:

Address of Property 19909 Stough Farm Rd.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 240'

Number of Lines 3 @ 80'

Cover Depth 6"+

Water Supply Source P/Well

Distance to Water Source 150

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 ST, mod. T&J 480 SFT, 24"S, Cecil/Soil CTR# 84

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☐ Operation Permit

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

COMMENTS: 3 Bedrm. T&J panel installed according to plans submitted.

Tim Whittaker, R.S.
Environmentalist

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

T&J gravity

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

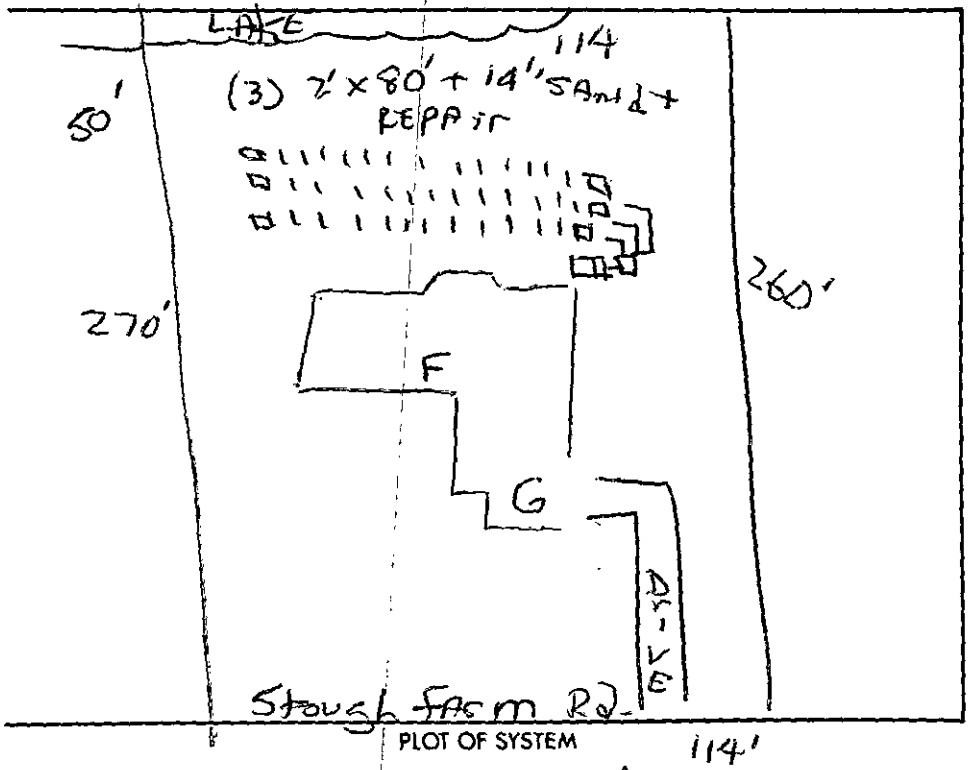
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5850-A DATE: 7/17/90

TC: 0014121 21 L

SERIAL Nº 13423

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 1/31/90. All work shall be completed on or before 8/15/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank gravity fed ~~1000~~ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 250/260 feet

Number of Lines 3

Depth of Stone 24" SAND + inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Richard Bodziony

LOCATION OF PROPERTY 19909 Stough Farm Rd

Comments: 3 bedrm T&J plan #545 - Install according to plans submitted - Rake & lime sidewalls. Low flush toilets Recommended -

Division or Section Head

Tim W Matthews R.S.
Environmentalist

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

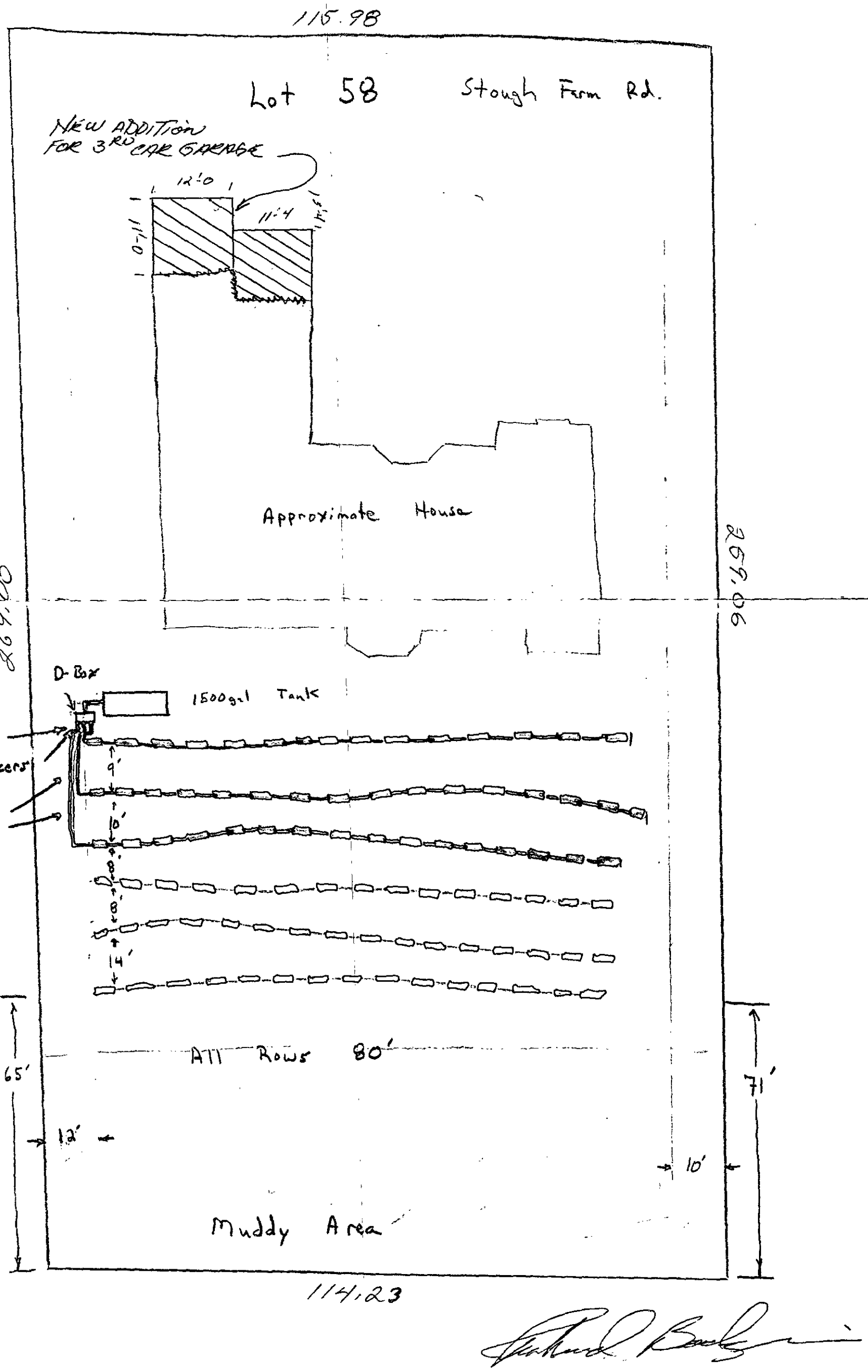
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Proposal - Install 1500 gal tank, D-Box, First 3 Rows of Panels. D-Box will have 4" PVC later reduced to 2" about 4' from Box. D-Box will be level & adjusted with speed levelers.

- For later repair add bull run valve & install last 3 rows of panels.

5880A
001-412-21

DRAWN BY:
WAYNE ORBISON



MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-14-90

Name/Company: Ricmar Custom Homes, Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: IP Addition
19909 Slough Farm Rd

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 14 1990

File # 5850

Fee: $ 25.00 CK# 244 $25.00

NOTICE:

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

Jackie Abernethy
Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5850-A
TC: 001-412-21
SERIAL: № 20815
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 19909 (STREET NO.) STOUGH FARM ROAD (STREET) ② FILE:
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 001-412-21
⑤ SUBDIVISION: PATRICKS PURCHASE II ⑥ LOT: 58 ⑦ BLOCK:

OWNER

⑧ NAME: RICHARD (FIRST) (MIDDLE) BODZIONY (LAST)
⑨ MAILING ADDRESS: 10619 CONISTON PL.
⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 892-0017 ⑭ (HOME) 892-0023

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) GARAGE ADDITION

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Richard Bodziony
Date: 5/14/90

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing Sys.

Tim Whitaker, Environmentalist — 5/14/90 (Date)

Director or Authorized Section Head — Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

FILE NO. S850

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Richard Bodziony, Pres of Ricmar Custom Homes

owner of property located at 19909 Stough Farm Road, Huntersville NC. 28078

("the site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 his responsibility 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 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 9 day of FEB, 1990.

Ricmar Custom Homes Inc (SEAL)

By: [signature] Pres (SEAL)

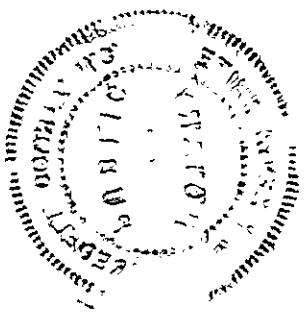
STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ IREDELL

I, Jay Kevin White, a Notary Public for said County and State, do hereby certify that Rick Bodziony, Pres. of Ricmar Custom Homes, Inc personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of February, 1990.

[signature]
Notary Public

My Commission Expires: 11/19/91



Mecklenburg County
Health Department

February 7, 1990

Richard Bodziony
10619 Conistan Place
Huntersville, NC 28078

RE: Property located at 19909 Stough Farm Road
FILE: 5850A
PARCEL: 001-412-21

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets must be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

PRESENTED FOR REGISTRATION
90 FEB -9 PM 2:23
JANE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

COPY

Excise Tax $71.00

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 001-412-21

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to Jay Kevin White, Attorney, P.O. Box 1422, Mooresville, NC 28115

This instrument was prepared by Richard J. Kline, Attorney at Law

Brief description for the Index Lot 58 Patrick's Purchase II

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 8th day of February, 19 90, by and between

GRANTOR	GRANTEE
Stough Farms Development Company, a North Carolina corporation	RICMAR CUSTOM HOMES, INC., a North Carolina Corporation 10619 Conistan Place Huntersville, North Carolina 28078

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Lemley Township, Mecklenburg County, North Carolina and more particularly described as follows:

Being all of Lot 58 of Patrick's Purchase Phase II as shown on a map thereof recorded in Map Book 21 at pages 898, 899 and 900 of the Mecklenburg County Public Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in .....

Deed Book 5123, Page 663, Mecklenburg County Public Registry

A map showing the above described property is recorded in Plat Book ..... page .....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

All easements, reservations and restrictions of record.

IN WITNESS WHEREOF, the Grantor 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, the day and year first above written.

Stough Farms Development Company (Corporate Name)

By: William A. Stough

Vice President

ATTEST: Richard J. Kline

Assistant Secretary (Corporate Seal)

USE BLACK INK ONLY

..... (SEAL)

..... (SEAL)

..... (SEAL)

..... (SEAL)

SEAL-STAMP

NORTH CAROLINA, ... County.

Use Black Ink

I, a Notary Public of the County and State aforesaid, certify that .....

..... Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this ..... day of ....., 19.....

My commission expires: ..... Notary Public

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

Use Black Ink

I, a Notary Public of the County and State aforesaid, certify that Richard J. Kline, personally came before me this day and acknowledged that he is Assistant Secretary of Stough Farms Development Company a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its Vice President, sealed with its corporate seal and attested by him as its Assistant Secretary. Witness my hand and official stamp or seal, this 8th day of February, 1990.

My commission expires: 12-15-91 Kimberly D. Kline (Comble) Notary Public

---

The foregoing Certificate(s) of .....

.....

.....

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

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

DATE 1/29/90

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mock

PARCEL NUMBER # 001-091-0170

ASSIGNED ADDRESS 19909 Mary Bedsy Ct

EXISTING ADDRESS Lot 59

PROJECT NAME Patricks Purchase Ph 2

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Address Verified

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

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

APPLICATION FOR AN IMPROVEMENT PERMIT

#200 check

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

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

(OFFICE USE ONLY)

FILE: 5850A

TC: 001-412-21

SERIAL: № 18052

☑ L ☒ CRT

JOB LOCATION

① ADDRESS: 19909 (STREET NO.) Stough Farm Road (STREET) ② FILE: 5850A

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 00141221

⑤ SUBDIVISION: Patrick's Purchase II ⑥ LOT: 58 ⑦ BLOCK: _____

OWNER

⑧ NAME: Richard (FIRST) (MIDDLE) Bodziony (LAST)

⑨ MAILING ADDRESS: 10619 Conistan Place

⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 892-0017 ⑭ (HOME) 892-0023

REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉓ Maximum occupancy? 4 (?)

㉔ Basement? ☐ yes ☒ no

㉕ Type? _____

㉖ Maximum number of employees? _____

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Richard Bodziony

Date: 1/31/90

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist _____ Date 2-12-90

Director or Authorized Section Head _____ Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-31-90

Name/Company: Richard Custom Homes, Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit

File # S880A

MECK. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 31 1990

Fee $ 200.00

CK # 147
$200.00

NOTICE:

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

Completed by

Collected by

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

July 19th, 1989

William Kimbrough
19529 Weavers Circle
Huntersville, NC 28078

RE: Property located at 19909 Stough Farm Rd.
FILE: 5850A
PARCEL: 00141221

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 16232) is enclosed for your information.

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

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16232

File: 5850A Action 1

Parcel: 00141221 ☐ PC

Location: 19909 Stough Farm Rd.

Subdivision:

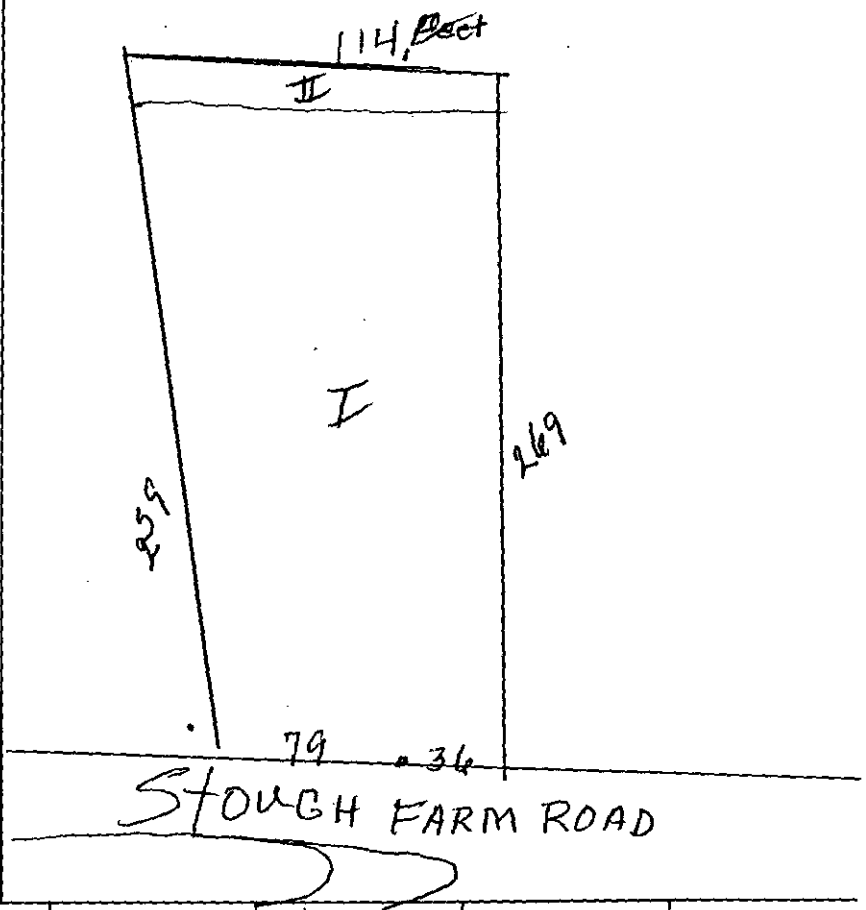
Lot: Block: Acres: 6.8

Owner: William Kimbrough
Address: 19529 Weavers Circle
Huntersville, NC 28078

Comments: _____

Described by: W. B. Ramsey

Date: 7-14-89



*** 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 2–4	S PS U	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) Drainageway	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40–48	S PS (U) Various	S PS U	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 Helena				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

30.00

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5850A

TC:

☐ PC ☐ REPT

See 5839A for charge slip

JOB LOCATION

① ADDRESS: 19909 STOUGH FARM RD. HUNTERSVILLE, N.C. 28078

② SUBDIVISION: PATRICKS PURCHASE PHASE II ③ LOT: 58 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: 001-412-21

⑥ DEED REFERENCE: BOOK NO.: 5123 PAGE NO.: 663

OWNER

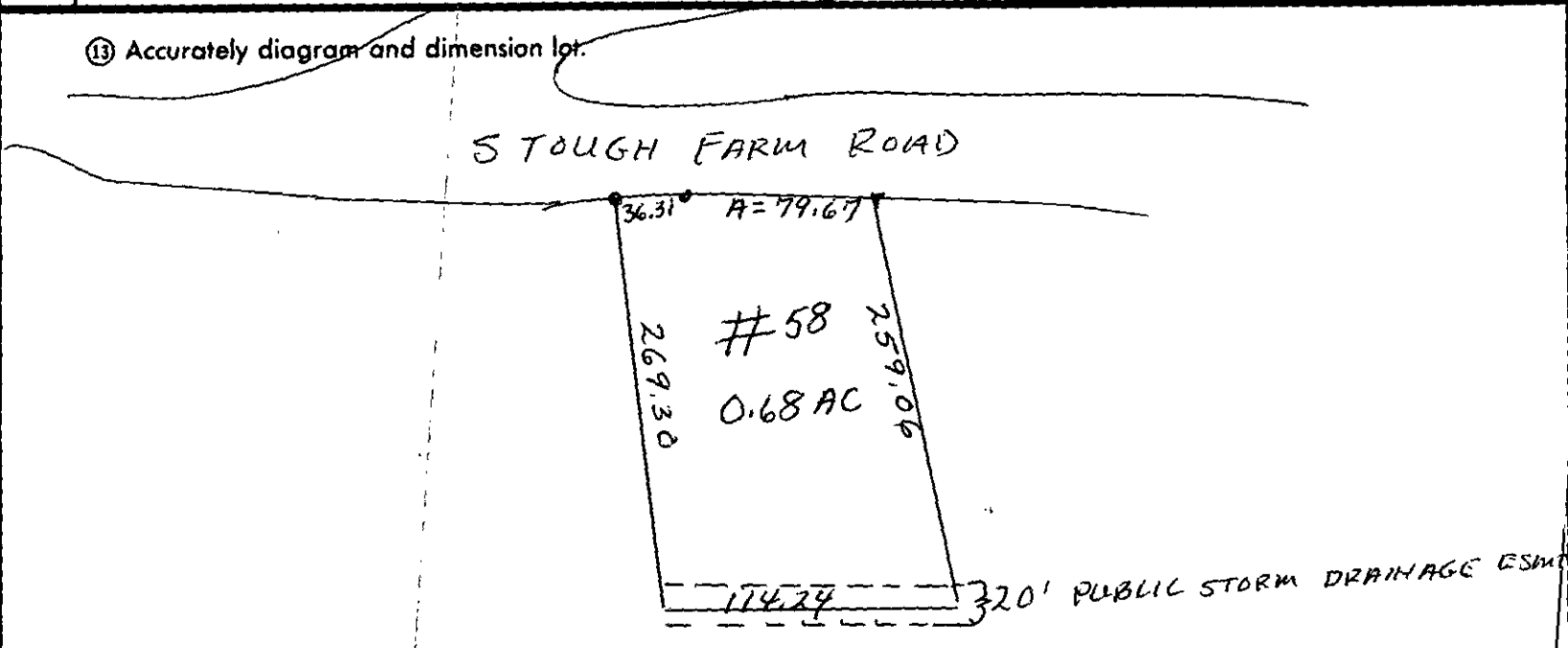
⑦ NAME: STOUGH FARM DEVELOPMENT CO
WILLIAM AUDREY KIMBROUGH
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 19529 WEAVERS CIRCLE

⑨ CITY: HUNTERSVILLE ⑩ STATE: N.C ⑪ ZIP: 28078

⑫ PHONE: (WORK) 892 3683 (HOME) 892 3683

⑬ Accurately diagram and dimension lot.



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

Signed: William A. Kimbrough

Date: 6-22-89

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

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