

11124 EVERETTE KEITH RD

01915127

1/4/2008

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: 4514B DATE: 4/27/01

TC: 019 151 27 ☒ L ☒ CRT

SERIAL Nº 18420

Name of Owner Edmond Keith Juris.:

Address of Property 11124 Everette Keith Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 8" - 12"

Water Supply Source well

Distance to Water Source Not installed >50'

Excavation Inspected 4/27/01

Tank(s) Inspected 4/27/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 2001, 1500 ST, conv, 1200SFT, 12" stone ceil CTR# Morrison & Son

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: Septic System designed for a 3 bedroom residence Type IIa

Philo S. Walker RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

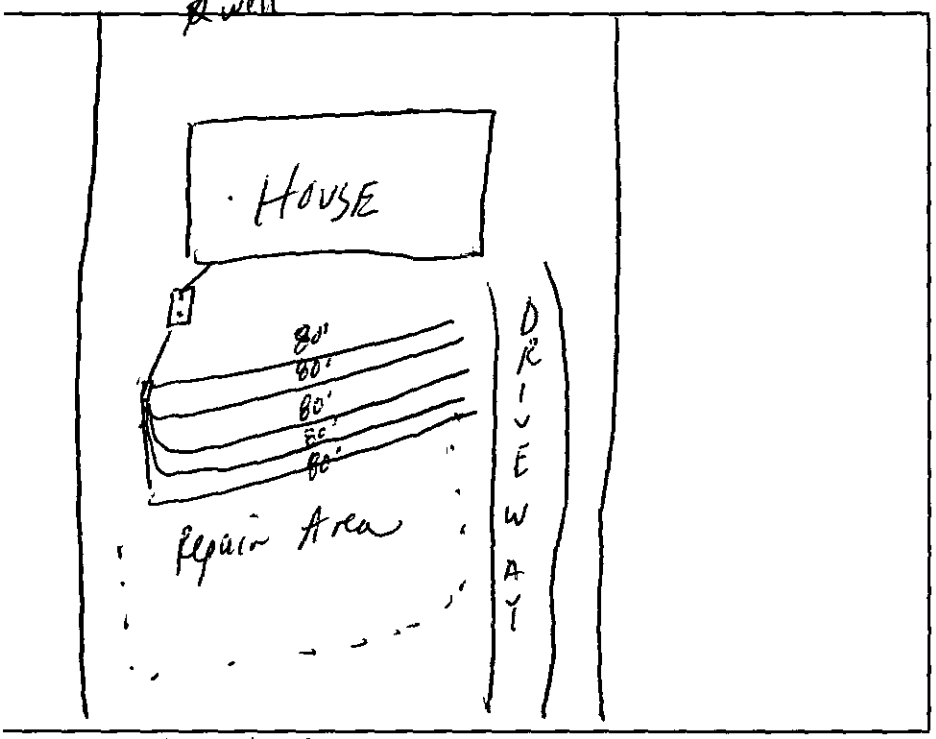
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4514B DATE: 4/20/01

TC: 019 151 27 ☒ L

SERIAL Nº 18737

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 1/5/01. All work shall be completed on or before 5/20/01, 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.



Everette Keith PLOT OF SYSTEM

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 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 400' feet

Number of Lines ~~4 (100')~~ 5 (80')

Depth of Stone 12" 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 Edmond Keith

LOCATION OF PROPERTY 11128 Everette Keith Rd

Comments: 1500 ST, 4 lines x 100'long x 3'wd x 12" stone / Keep the septic system > 50' from the proposed well

Phila A. Walker R.S.
Environmental Health Specialist

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

CLK# 1773 AOS

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/2/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/2/01 **PERMIT NO:** 4514B
PARCEL NO: 019-151-27

JOB LOCATION ADDRESS: 11124 Everette Keith Rd
PROPERTY OWNER: Barry Thornton
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Phillip S Walker **DATE:** 3/2/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4514B, 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: _____

OWNER CERTIFICATION

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

X Barry Thornton 3/2/01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4514B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 09 15127

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	400' 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	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Type IIb Repair				
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	
1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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 the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Phillip S. Walker R.S.
DEHNR Authorized Agent — Date

Richard D Keith Agent 1-19-01
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

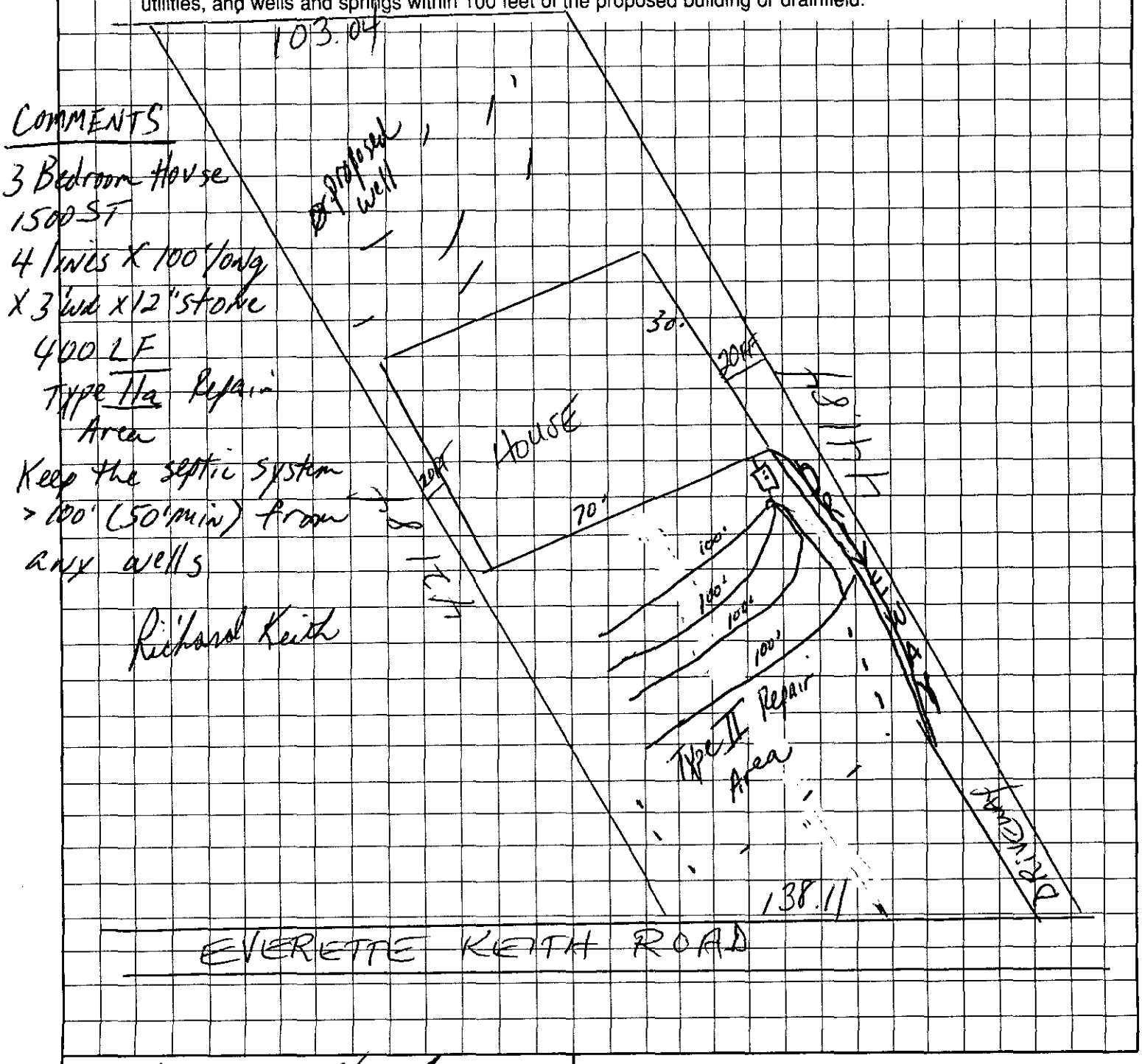
PROPOSED PLOT PLAN

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

FILE: 4514B

TC: 019-151-27

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.



Edmond B Keith
OWNER/AGENT SIGNATURE

DATE 1/5/01

APPROVAL DATE _____

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

TRANSFER OF OWNERSHIP

Permit #: 4514B
Job Location Information:
Tax Parcel #: 019-151-27
Street Address: 11124 Everette Keith Rd

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: Keith (last) Edmond (first) B (mi) Date Issued: _____

Address: 11108 Everette Keith Rd
City: Huntersville State: NC Zip: 28078
Daytime Phone: (704) 875-6485

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Thornton (last) Barry (first) (mi)

Address: 11118 Everett Keith Road
City: Huntersville State: NC Zip: 28078
Daytime Phone: (704) 947-9570

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: Barry Thornton Date: 3/2/01

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: _____

DATE 03-01-01

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

019-151-27 po
PARCEL NUMBER

11124 Everette Keith Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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. COMERCIAL 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 New Construction Permit - S.F House

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

x NEW ADDRESS

SIGNED: Rob

ACS

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1/19/01 PERMIT NO: 4514B
PARCEL NO: 019 15127

JOB LOCATION ADDRESS: _____
PROPERTY OWNER: Edmond Keith
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Phyllis S. Walker RS DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

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Richard Keith Agent 1-19-01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

#1 AC Farm

Sheet: _____
Property ID: PO 019-151-27
Lot #: _____
File #: 45143

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Edmond B. Keith
APPLICANT: _____
ADDRESS: 11108 Everette Keith Road, Henderson DATE EVALUATED: 1-15-01
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.01
LOCATION OF SITE: 11118 Everette Keith Road PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr/scl	Fr/SE/PS/SP	22" TO soil wetness	22"	N/A	None	US IV
		2-15"	SBK/c	F/SE/PA/SP					
		15-22"	SBK/scl	Fr/SE/PS/SP					
2	LS	0-3"	gr/scl	Fr/SE/PS/SP	25" TO soil wetness	25"	N/A	None	US IV
		3-25"	SBK/c	F/SE/PA/P					
3	LS	0-4"	gr/scl	Fr/SE/PS/SP	45" TO soil wetness	45"	N/A	None	PS .39 IV
		4-35"	SBK/sc	F/SE/PA/P					
		35-45"	SBK/scl	Fr/SE/PS/SP					
4	LS	0-4"	gr/scl ABK	Fr/SE/PS/SP	48" TO soil wetness	48"	N/A	None	PS .25 IV
		4-48"	SBK/c	F/SE/PA/P					
5	LS	0-9"	gr/scl	Fr/SE/PA/SP	48" TO soil wetness	48"	N/A	None	PS .37 IV
		9-48"	SBK/sc	F/SE/PS/P					
6	LS	0-6"	gr/sl	Fr/SE/PL/NS/NP	47" TO soil wetness	47"	N/A	None	PS .25 IV
		6-9"	gr/scl ABK	Fr/SE/PS/SP					
		9-47"	SBK/c	F/SE/PS/P					
7	LS	0-5"	gr/scl	Fr/SE/PS/SP	48" TO soil wetness	48"	N/A	None	PS .275 IV
		5-48"	ABK SBK/c	F/SE/PS/P					
8	LS	0-4"	gr/scl	Fr/SE/PS/SP	48" TO soil wetness	48"	N/A	None	PS .39 IV
		4-48"	SBK/c	F/SE/PS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.275 gal/ft²	.275 gal/ft²

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: M.A. Mueller LSS 1-15-01
OTHER(S) PRESENT: _____

FILE # 45148

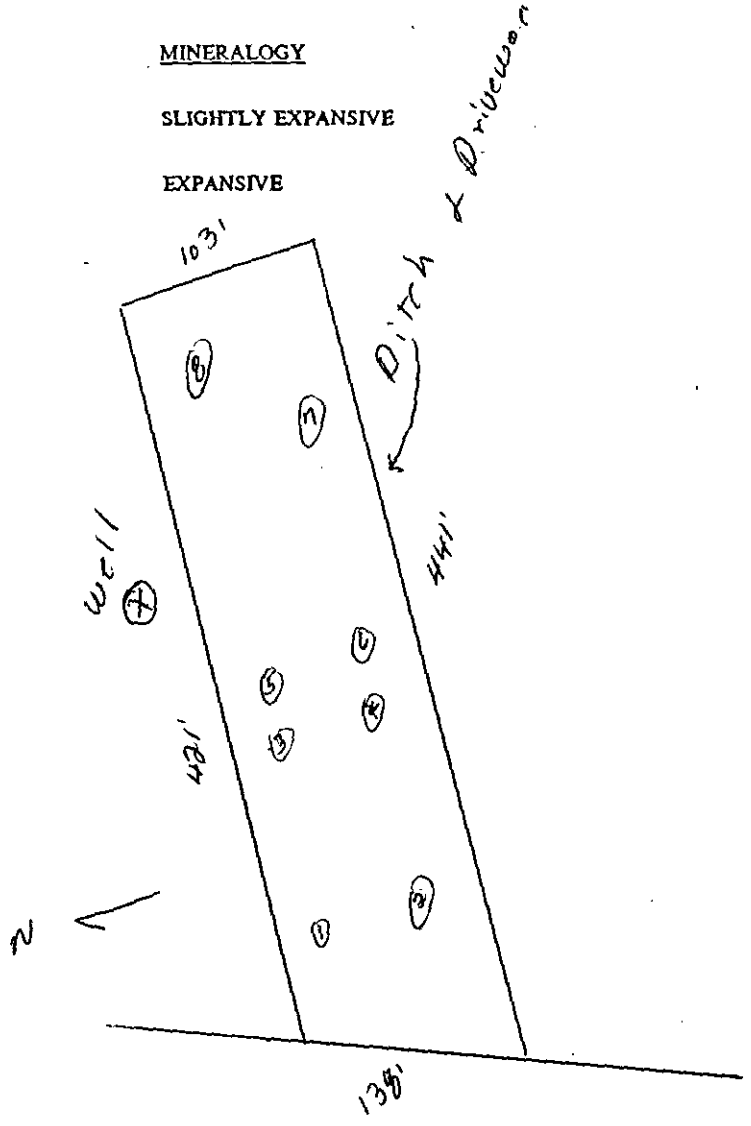
COMMENTS NCB Repair, use surface drains diversion, will likely need pump

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY
SLIGHTLY EXPANSIVE
EXPANSIVE



FEE: 200.00
DATE: 1:5:01 cRandall

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

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 #: 45143

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-151-27

STREET ADDRESS: 11108 EVERETTE KEITH RD.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
P 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	WELL, SPRINGS OR WATERLINES	__ YES X NO
EXISTING WASTEWATER SYSTEMS	__ YES X NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: KEITH (LAST) EDMOND (FIRST) B (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 11108 EVERETTE KEITH RD	DAYTIME PHONE: ( ) -
CITY: HUNTERSVILLE STATE: NC ZIP: 28078	
DAYTIME PHONE: 704 875-6485	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Edmond B Keith DATE: 11/5/01

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 HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): EDMUND KEITH	Phone #:	Date Requested: 1.5.01	Date Filled:
Account Name:	Cash Charge	Account No.:	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200 --
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by:		Date:	Total:	200 --

EVERETTE KEITH RD.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

4514B

22nd Day of July 1992

Signed Charles G Rust

REV Dec 21, 2000 TO SHOW 1.009 AC.

RDA Associates
1815 Park Drive
Charlotte, NC 28204
Tele: 704/333-5390

NORTH CAROLINA REGISTERED SEAL L-1670 LAND SURVEYOR CHARLES G. RUST

Reference DB 1853-191

TIMOTHY N. KEITH
4319-391

S 00-30-46 E 249.99 E.I.P.

130.09

E.I.P. 119.90 N.I.P.

LAKE

150.70 N 87-29-55 E

N.I.P.

ROBERT E. KEITH
4773-146

E.B. Keith

1010.89 To R/W

3.10 AC to R/W

1.01 AC

2.09 AC To R/W

939.09 ℄

N 87-32-32 E 908.05

N 87-32-32 E 421.84

5.06-34-40 W. 103.04 N.I.P.

N.I.P.

E.B. KEITH
4869-596

NELSON H. TENKINS
4147-584

N 89-25-04 E 967.61 To R/W

999.10 ℄

3.10 AC to R/W

Richard S. Keith

431 x 43 Brick well House

1.01 AC.

421.84 ℄

N 87-32-32 E 421.84

68.5

1-Story W/Vinyl Siding

28

35.8

17

18'

#11132

24.5

160.80

138.11

N.I.P.

5 17-00-57 W. 298.91

108.0

5 17-00-57 W. 300.0

60' R/W

EVERETTE KEITH ROAD

VICINITY MAP
Not To Scale

Everette Keith Rd.

Hwy 115

Alexanderana Rd

Eastfield Rd

DETAIL
Not To Scale

R/W 100

N 18-00-00 E 31.42

0 30 60 100 150

Physical SURVEY of

E.B. Keith Property

Huntersville Twnsp., Mecklenburg Co., N.C.

Property of

Scale 1" = 100' Deed Recorded 1853-191 Map Recorded

019-151-27

COPY

4514B

22nd Day of July, 1992

Signed Charles G Rust

REV Dec 21, 2000 To Show 1.009 AC.

RDA Associates
1815 Park Drive
Charlotte, NC 28204
Tele: 704/333-5390

NORTH CAROLINA REGISTERED SEAL L-1670 LAND SURVEYOR CHARLES G. RUST

Reference DB 1853-191

~ TIMOTHY N. KEITH ~ 4319-391

S.00-30-46 E. 249.99 E.I.P.

E.I.P. 119.90 N.I.P. 130.09

~ ROBERT E. KEITH ~ 4773-146

N.87-29-55 E. 150.70 N.I.P.

LAKE

~ E.B. Keith ~

~ NELSON H. JENKINS ~ 4147-584

999.10 ℄

N. 89-25-04 E. 967.61 To R/W

~ Richard S. Keith ~

3.10 AC to R/W

1010.89 To R/W

N. 87-32-32 E.

3.10 AC to R/W

1.01 AC

208.05 To R/W

939.09 ℄

N. 87-32-32 E.

908.05

S.06-34-40 W. 103.04 N.I.P.

~ E.B. KEITH ~ 4869-375

421.84 ℄

~ E.B. Keith ~

1.01 AC.

N. 87-32-32 E. 441.84 ℄

4.9 x 4.3 Brick well House

68.5

1-Story W/Vinyl Siding

28

135.8

17

76'

#11132

24.5

160.80

N.I.P.

138.11

N.I.P.

S.17-00-57 W. 298.91

108.0

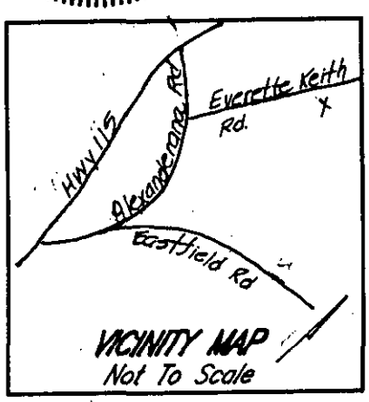
31.84

℄ S.17-00-57 W. 300.0

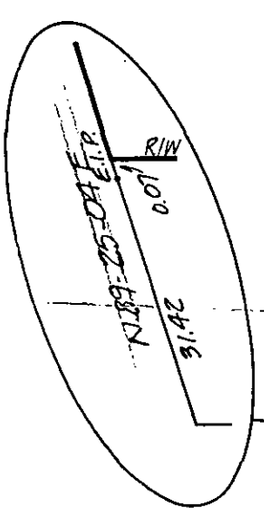
60' R/W

EVERETTE KEITH ROAD

VICINITY MAP
Not To Scale



DETAIL
Not To Scale



0 30 60 100 150

Physical SURVEY of

E. B. Keith Property

Huntersville Twnsp., Mecklenburg Co., N.C.

Property of

Scale 1" = 100' Deed Recorded 1853-191 Map Recorded

019-151-27