

21708503

1/2/2008

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: 3103B DATE: 10-16-97

TC: ~~217-085-03~~ 217-085-16 ☐ L ☒ CRT

SERIAL N° 17249

Name of Owner Robert S. Kahlkin Juris.: _____

Address of Property 16804 Youngblood Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400'

Number of Lines 4 @ 100

Cover Depth _____

Water Supply Source WELL

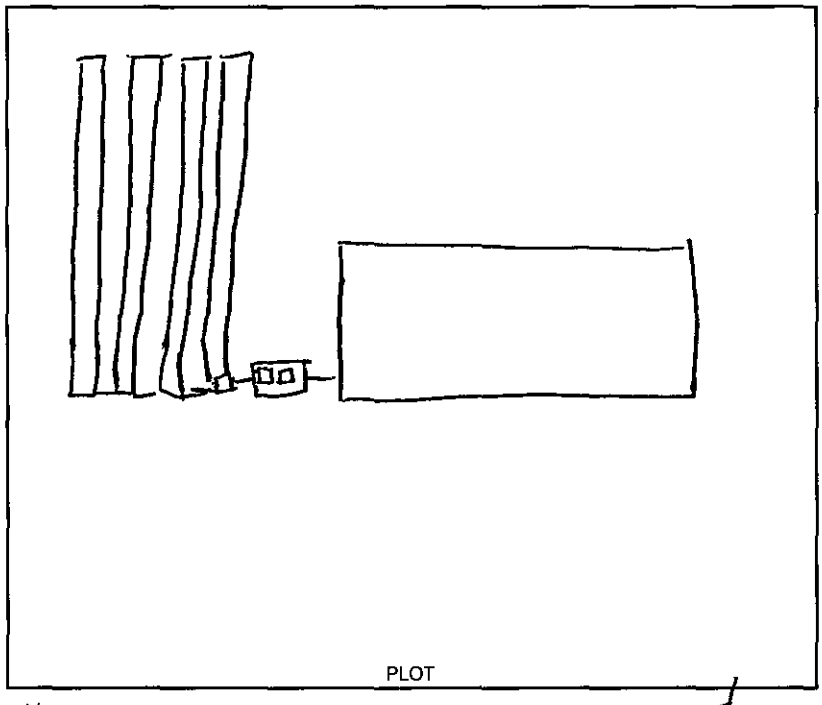
Distance to Water Source 75'

Excavation Inspected 10/16/97

Tank(s) Inspected _____

Wash Line Inspected —

High Water Alarm Inspected —


PLOT

Design 1500 ST, 1200 SQFT, 12"G, CECIL-UKE CTR# 5

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: Job was ~~twist~~ being installed as I faxed Type II installation to Steve Autry. Trenches at least 30" were installed deeper than 18". Mr. Autry indicated that this was an a cleared dry property owner based on Judy Kain's plot plan. Topography would not allow for consistent depth on trenches from beginning to end.

Jane Hayes Bey, R.S.
Environmental Health Specialist

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

BK: 08041 PG: 0015/0018 #:0276 15.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 01/27/95 14:52

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE COPY

FILE # 3103B/9474A
PARCEL # 217-085-03 (part of)

The undersigned, ROBERT SCOTT KUHLKIN, owner of property located at 16804 Youngblood Rd., (the "site") and described in an instrument recorded in Book 4954 at Page 299, 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 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 acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by: ROBERT S. KUHLKIN
Mail after recording to: 13701 LOCH LOYAL DR
CHARLOTTE NC 28273

- 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.

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.

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 10TH day of JUNE, 1994.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

ROBERT SCOTT KUHLKIN (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Cheryl Blethen, a Notary Public for said County and State, do hereby certify that Robert Scott Kuhlkin personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 10th day of June, 1994.

Cheryl Blethen
Notary Public

My Commission Expires:
[illegible] Commission

CHERYL BLETHEN NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

RBCWM:2662_1/3-14-94

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

3103B/5474A

Pd 50.00 chk 1113 4/18/94 BK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 4-16-94

PERSON FILING APPLICATION:

NAME: KUHLKIN (last) ROBERT (first) SCOTT (mi)

ADDRESS: 13701 LOCH LOYAL DRIVE PHONE: (704) 588-3272

CITY: CHARLOTTE STATE: NC ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217085210

STREET ADDRESS: 16804 YOUNGBLOOD RD CHARLOTTE

ZONING:

PROPERTY OWNER: H. E. Kiser Family Trust

NAME: Freeland, Curtis L. (Trustee) (last) (first) (mi)

% WM. H. REULE & ASSOCIATES

ADDRESS: 900 Havel Ct. PHONE: 704 366-2716

CITY: Charlotte, STATE: NC ZIPCODE: 28211

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 4 LOT SIZE (in acres): 6.54

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [X] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] Deck/Patio [ ] Bedrooms [ ] Other

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: Curtis L. Freeland Date: 4/12/1994

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUA
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

Refer to 6807A for prelim soil work

WATER : 122

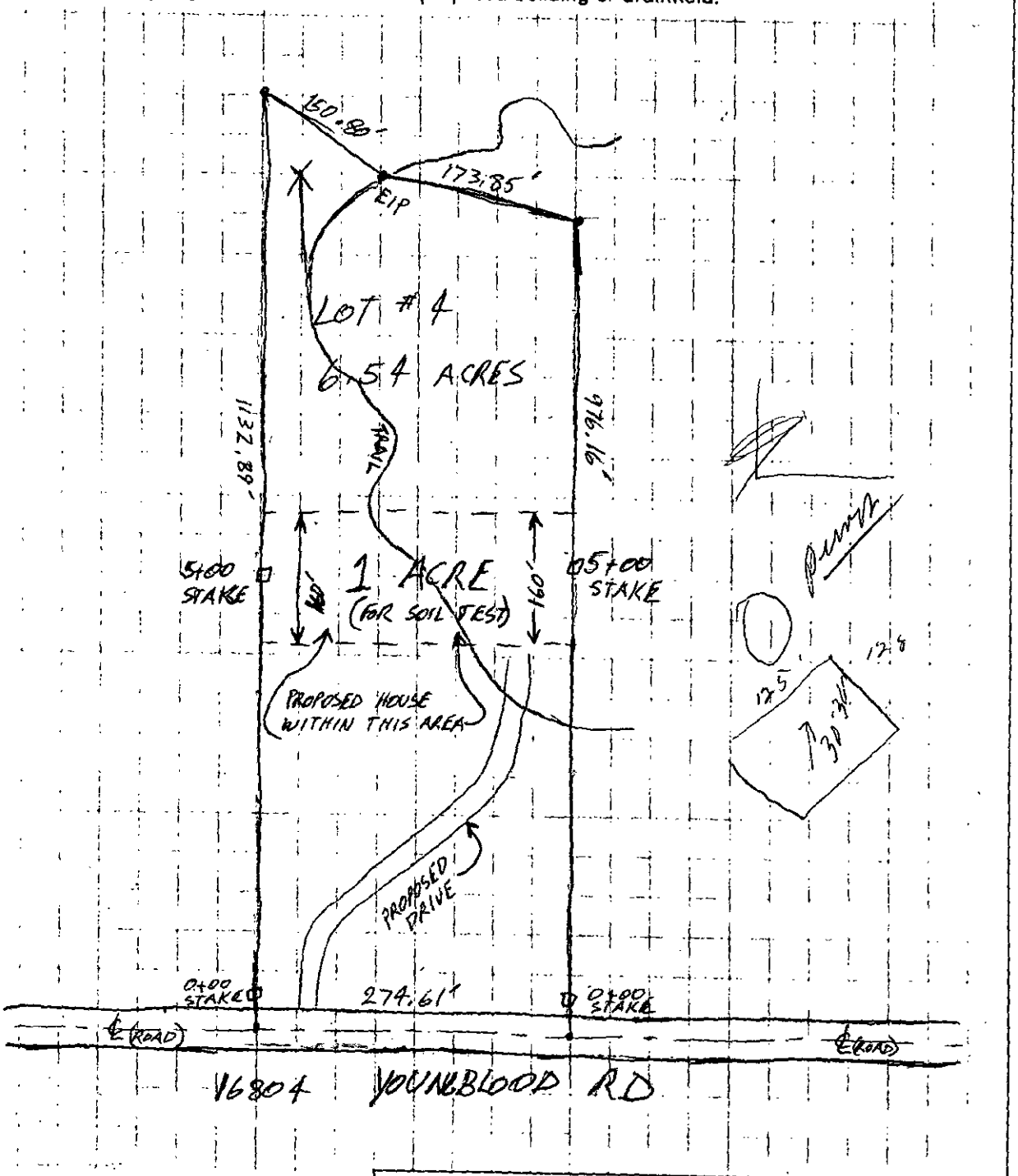
PROPOSED PLOT PLAN

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

FILE: 3103B/9474A

TC: 217-085-03RO

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.



APPROVAL DATE _____

copy

3103B/9474A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd # 300.00 6/10/94 Ck # 1141

[] co

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

ater

PERSON FILING APPLICATION:

NAME: Kuhlkin, Robert S. & Sherry A. (last) (first) (mi)

ADDRESS: 13701 Loch Loyal Dr. PHONE: 704-588-3272 (HOME) 704-346-2500 (WORK)

CITY: Charlotte STATE: NC ZIPCODE: 28273

ROPERTY INFORMATION (FROM ENGINEERING FORM):

AX/PARCEL NUMBER: 217-085-03

TREET DDRESS: 16804 Youngblood Rd.
Charlotte, NC

ONING: R-3

PROPERTY OWNER: Being purchased from H. E. Kiser Family Trust

NAME: Freeland, Curtis L. (Trustee) (last) (first) (mi)

ADDRESS: _____ PHONE: _____

CITY: STATE: ZIPCODE:

UBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 4 LOT SIZE (in acres): 6.54 acres

YPE APPLICATION (check one):

] SOIL TEST - INDIVIDUAL LOT (O)
X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SI
] COMMERCIAL OR INDUSTRIAL (N)

[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES

ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS SYSTEM (R)

401 Sewage Treatment 6/24/94

ESIDENTIAL PROPERTY (Type Building, check one):

] SINGLE MOBILE HOME (S) [X] HOUSE (N) [] M
] DOUBLE WIDE (D) [] MODULAR HOME (N) [] O

ROOMS: 3 NUMBER OCCUPANTS: 2

SSIFICATION:

OMMERCIAL/INDUSTRIAL PROPERTY:

ype Business _____ # Employees ___

ndustrial Wastes (Y/N) ___

nderground Storage Tanks On Property (Y/N) ___ Type

.Y (check one):

unity (C) [] Shared Well (S)
cipal (M) [] Other 'spring' (O)
ate Well (P)

UTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[X] Swimming Pool [X] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: [signature] Date: 6-10-94

OTICE:

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 the Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subje 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 permit is not transferable.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUA
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER - 122

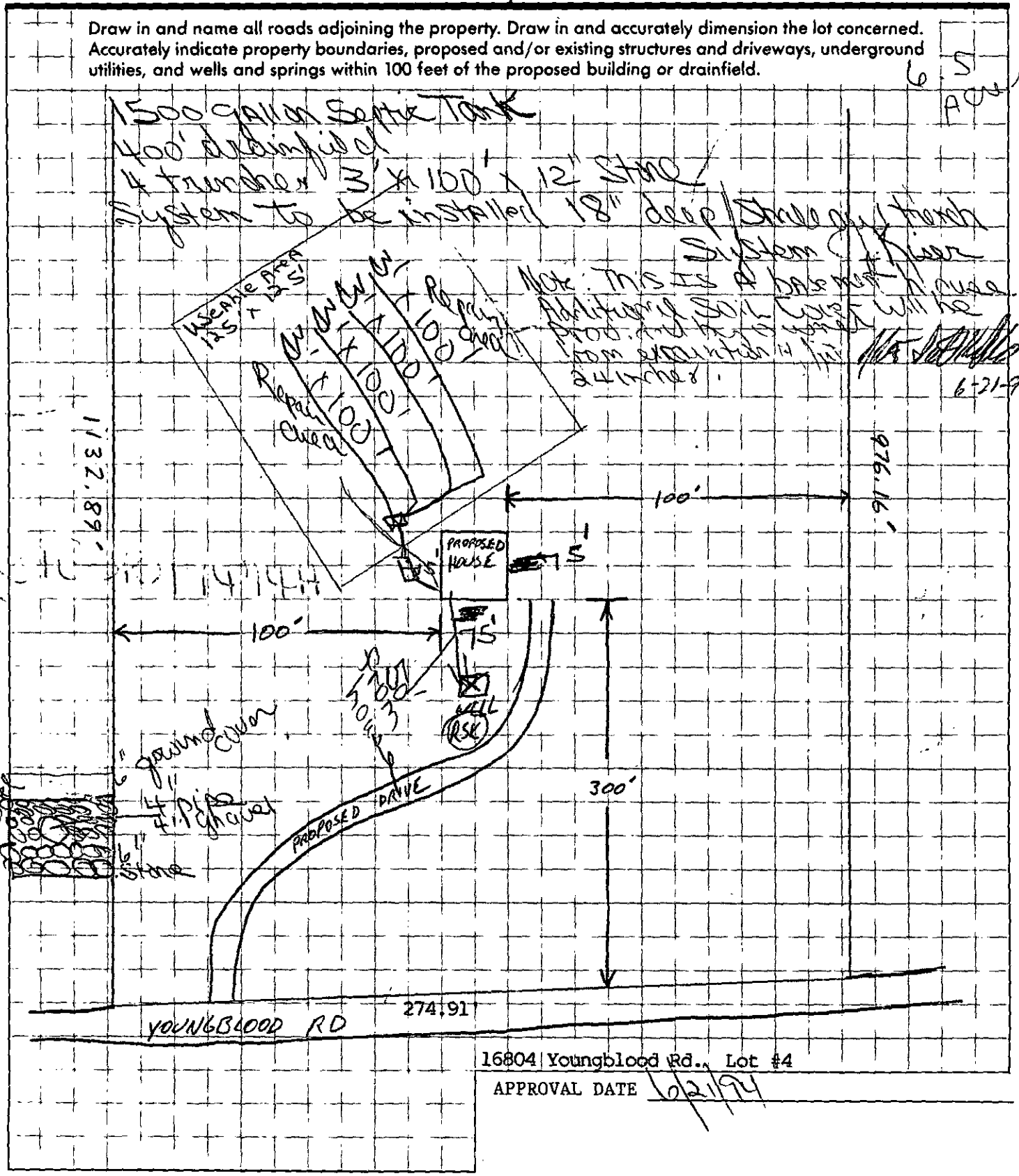
PROPOSED PLOT PLAN

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

FILE: 3103B/9474A

TC: _____

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.



16804 Youngblood Rd., Lot #4

APPROVAL DATE 6/21/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20331

File: 31' 33 [illegible] Action 2

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision:

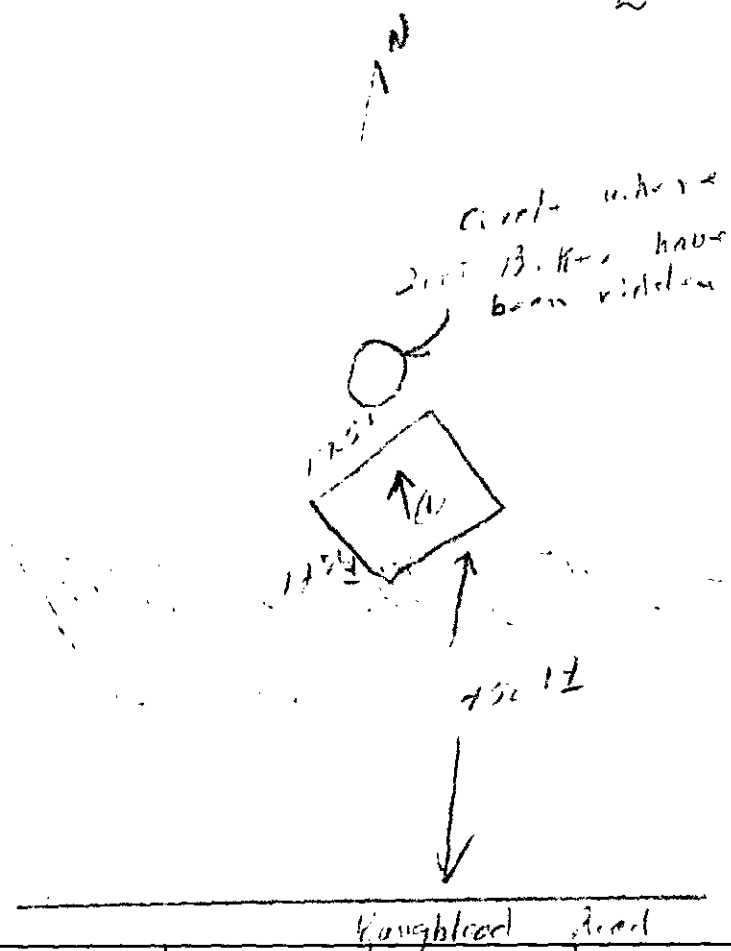
Lot: 24 Block: Acres: 1.31

Owner: W. E. Reid Family Trust
Address: % Comm. & Mech. Assoc.
[illegible] Beard Ct.
Charlotte, NC.

Comments: [illegible] Type I, II, III, IV, ETAB
[illegible]
[illegible] Spec. comp

Described by: William F. Marks

Date: 5-5-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
P = 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 2-7%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U Highly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U with Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U 48" wet	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 30"-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 72"	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	III Tarrata Urban					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

3103B/9474A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd # 300.00 6/10/94 Rec. # 1141

X (c)

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Original

ote:

PERSON FILING APPLICATION:

NAME: Kuhlkin, Robert S. & Sherry A.
(last) (first)

ADDRESS: 13701 Loch Loyal Dr. (HOME) PHONE: 704-588-3272 (WORK) 704-~~588-2500~~

CITY: Charlotte STATE: NC ZIPCODE: 28273

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Charlotte, NC

ONING: R-3

PROPERTY OWNER: Being purchased from H. E. Kiser Family Trust

NAME: Freeland, Curtis L. (Trustee)
(last) (first) (mi)

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIPCODE: _____

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LOT NUMBER: 4 LOT SIZE (in acres): 6.54 acres

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[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS
[ ] REPAIR TO SYSTEM (R)

ESIDENTIAL PROPERTY (Type Building, check one):

[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

OMMERCIAL/INDUSTRIAL PROPERTY:

ype Business _____ # Employees ___ Per Shift ___ ___ ___
ndustrial Wastes (Y/N) ___
nderground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

UTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[X] Swimming Pool [X] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
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Signed: Robert Scott Kuhlkin Date: 6-10-94

OTICE:

e 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 the 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 approval is granted by this Department.

.This permit is not transferable.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUA
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Improvement Permit Approved for 3 bedroom home

Judy J Kiser RS 2/15/95
Environmentalist Date

Agreement forms Signed Received A copy on file Rec'd 2/13/95

Dana Higgins-Bunny RS 2/15/95
Director or Authorized Section Head Date

WATER - 122

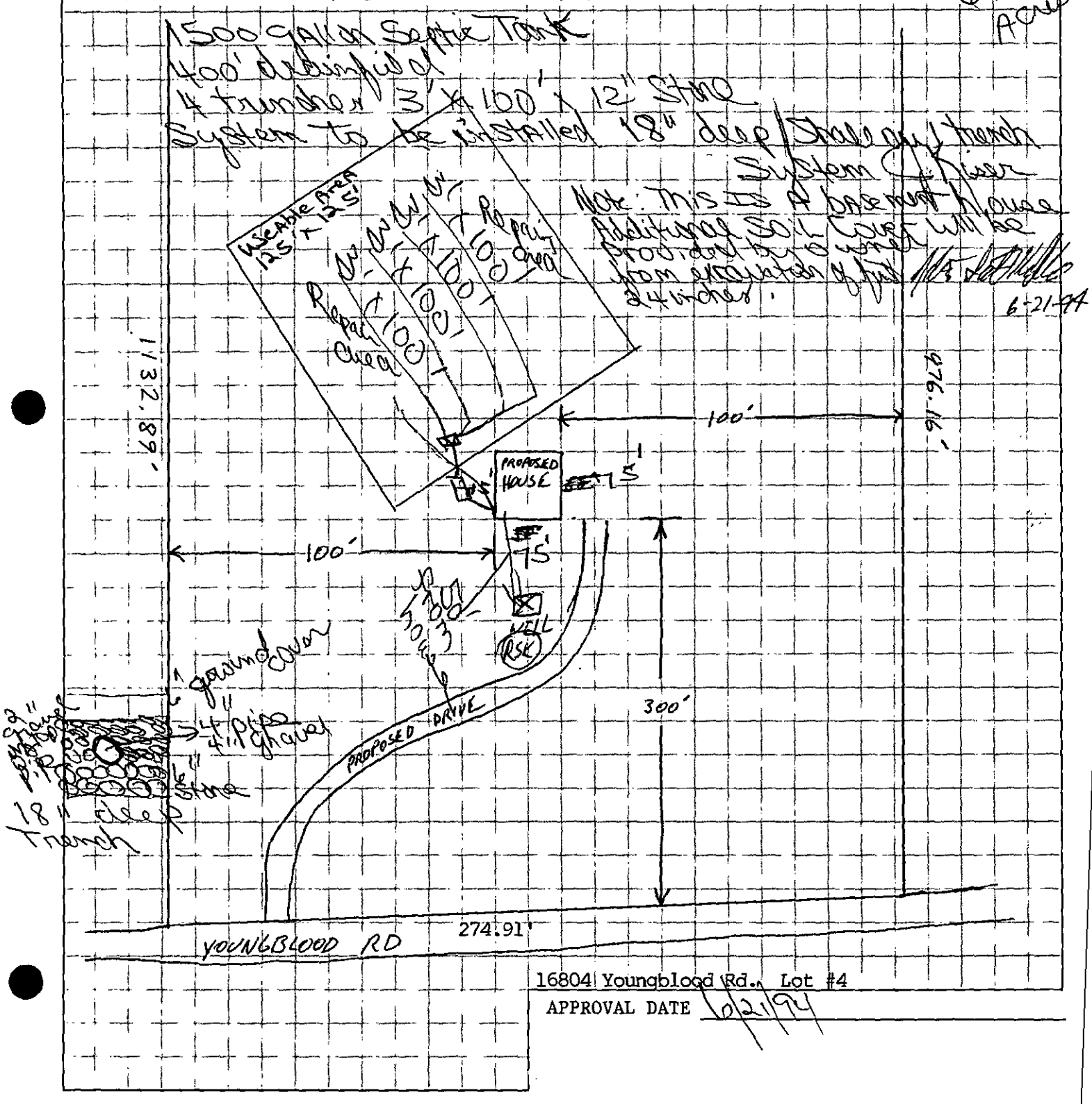
PROPOSED PLOT PLAN

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

FILE: 3103B/9474A

TC: 217-085-03

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.



16804 Youngblood Rd., Lot #4

APPROVAL DATE 6/21/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 16804 Youngblood Rd.

File Number: 3103B/9474A

Parcel Number: 217-085-03 (part of)

Owner/Agent Name: Robert S. Kuhlkin & Sherry A. Kuhlkin
(Please print)

Date: 6-10-94 Number of Bedrooms: 3

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

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

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

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

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **"ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

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

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

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

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

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

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

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

Environmental Health Specialist _____ Date _____

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

[signature] _____ 6-10-94
Property Owner Signature Date

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

06-22-94

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3103B/9474A
PARCEL # 217-085-03 (part of)

The undersigned, ROBERT SCOTT KUHLKIN, owner of property located at 16804 Youngblood Rd., (the "site") and described in an instrument recorded in Book 4954 at Page 299, 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 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 acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by: _____
Mail after recording to: _____

06/22/94 07:29 ☎704 846 8772 MIHOMESPOLOYLEW
06/22/94 07:30 ☎704 846 8772 MIHOMESPOLOYLEW
001

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

o not grade, cut, fill, pave, construct a building or deck, dig a well, stall a swimming pool or otherwise cover or disturb the soil (except r planting and maintaining grass or other ground covers) in a manner hich will adversely affect the repair area or area where the septic tank stem is located.

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the time repairs to the sewage treatment and disposal system are to made or a replacement system installed, the regulations in effect hat time will govern the repairs or installation of a replacement tem.

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

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

Use of t gular masculine pronoun forms herein shall be deemed to also include the plural a inine forms as the context may require.

This doc shall be placed on the public records of the Register of Deeds of Mecklenburg County a dexed therein under the Grantor Index in the name or names of the undersig nd the foregoing acknowledgements shall henceforth be binding on all persons claiming ight, title, or interest in the site.

IN WITN WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate caused this instrument to be signed in its corporate name by its duly authorize cers and its seal to be hereunto affixed by authority of its Board of Directors, this 10 y of JUNE, 1994.

(Corporate Name)

By: _____

_____ President

ATTEST:

_____ Secretary

(Corporate Seal)

ROBERT SCOTT KUHLKIN (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Cheryl Blethen, a Notary Public for said County and State, do hereby certify that Robert Scott Kuhlkin personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 10th day of June, 1994.

Cheryl K Blethen
Notary Public

My Commission Expires:

_____

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20331

File: 31038/94114A Action 2

Parcel: PO 217-085-03 40° ☐PC

Location: 16804 Youngblood Road

Subdivision:

Lot: #4 Block: Acres: .36

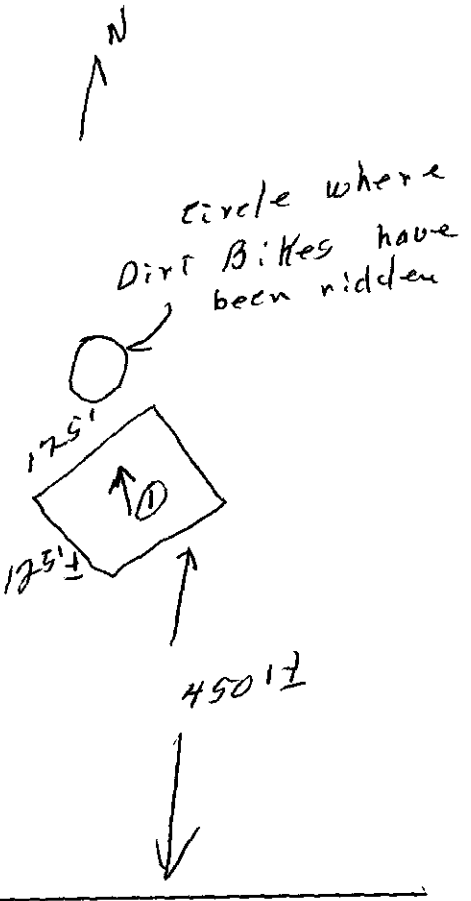
Owner: Curtis L. Fredaval, Trustee
H. E. Klein Family Trust

Address: c/o Wm. H. Neuhof Assoc.
900 Board St.
Charlotte, NC.

Comments: 100% Repair, .3 gal/ft²/day LTAR additional area possibly available, may require pump

Described by: William R. Marks

Date: 5-5-91



***** 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	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 30-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	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	IV Potolot-Lilo					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

May 5, 1994

Betty S. Snow, R.N., M.A.
Health Director

H. E. Kiser Family Trust
Curtis L. Freeland, Trustee
c/o William H. Reule & Associates
900 Havel Court

RE: Property located at 16804 Youngblood Road (Lot #4)
(FILE: 3103B/9474A
PARCEL: 217-085-03

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20331) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw

Enclosure(s) 2

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

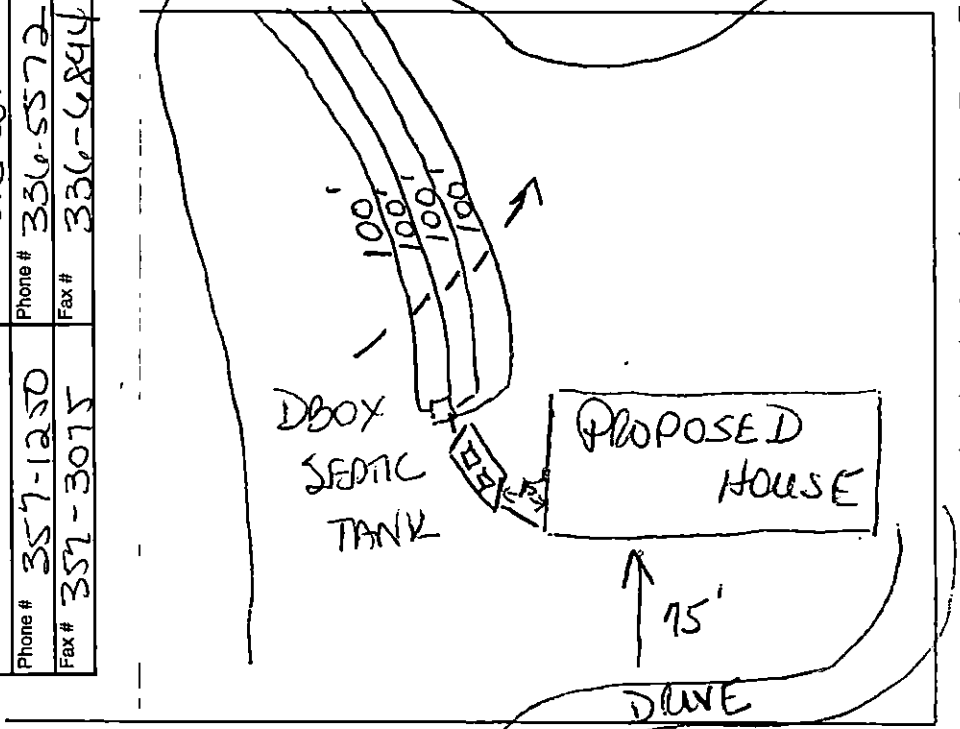
FILE: 3103B DATE: 10-6-97

TC 217-085-03 ☐ L

SERIAL Nº 17419

Permission is hereby given to ✓ (Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10-6-97. All work shall be completed on or before 11-6-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the system to operate properly.

Post-it® Fax Note 7671 | Date 10/6 | # of pages ▲ 1
To Steve 8:00AM | From Tom
Co./Dept. | Co. Meck Co.
Phone # 357-1250 | Phone # 336-5572
Fax # 357-3075 | Fax # 336-6844



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 18"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line BASEMENT 10' feet

Distance from Well 75' feet

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

NAME OF OWNER Robert S. Kuhlkin

LOCATION OF PROPERTY 16804 Youngblood Rd.

*Comments: 1500 SEPTIC TANK SHALL BE LOCATED AT TOP OF GROUND TRENCHES SHALL BE PLACED EXACTLY ON GROUND LEVEL TRENCH MAXIMUM DEPTH 18" = WITH 8" MINIMAL COVER OVER TRENCHES.

Dawn Liggins Barney, R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

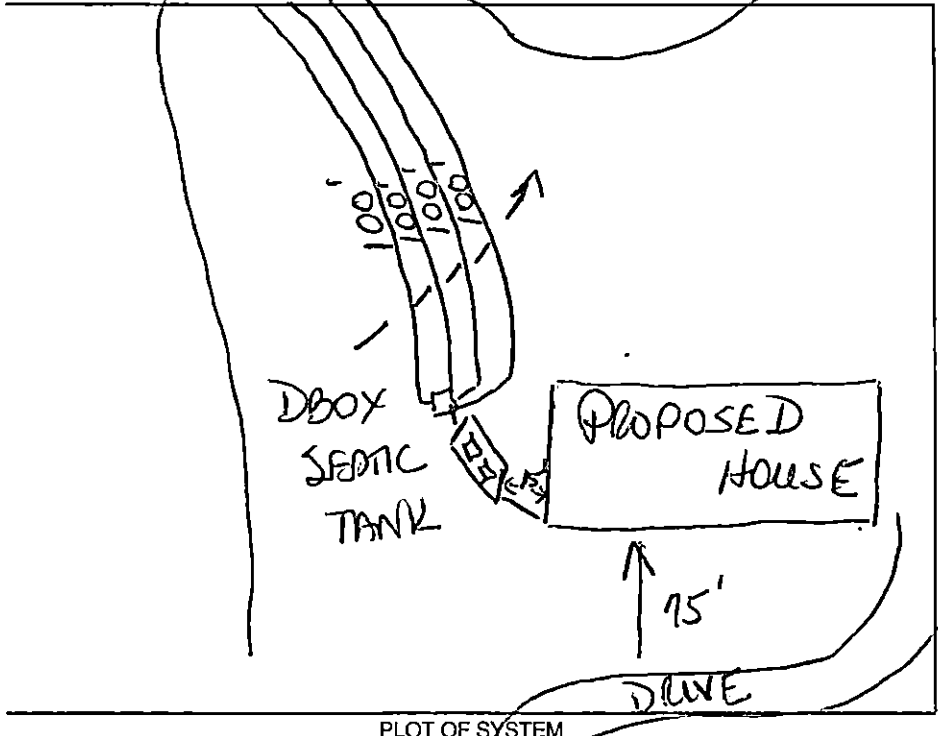
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3103B DATE: 10-6-97

TC 217-085-03 ☐ L

SERIAL Nº 17419

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PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 18"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 15' feet

Distance from Property Line (BASEMENT) 10' feet

Distance from Well 75' feet

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

NAME OF OWNER Robert S. Kuhlkin

LOCATION OF PROPERTY 16804 Youngblood Rd.

Comments: 1500 SEPTIC TANK SHALL BE LOCATED AT TOP OF GROUND TRENCHES SHALL BE PLACED EXACTLY ON GROUND LEVEL TRENCH MAXIMUM DEPTH 18" = WITH 8" MINIMAL ~~ADDITIONAL~~ COVER OVER TRENCHES.

John Higgins Burney, RS.
Environmental Health Specialist