

9825 SURREY RD

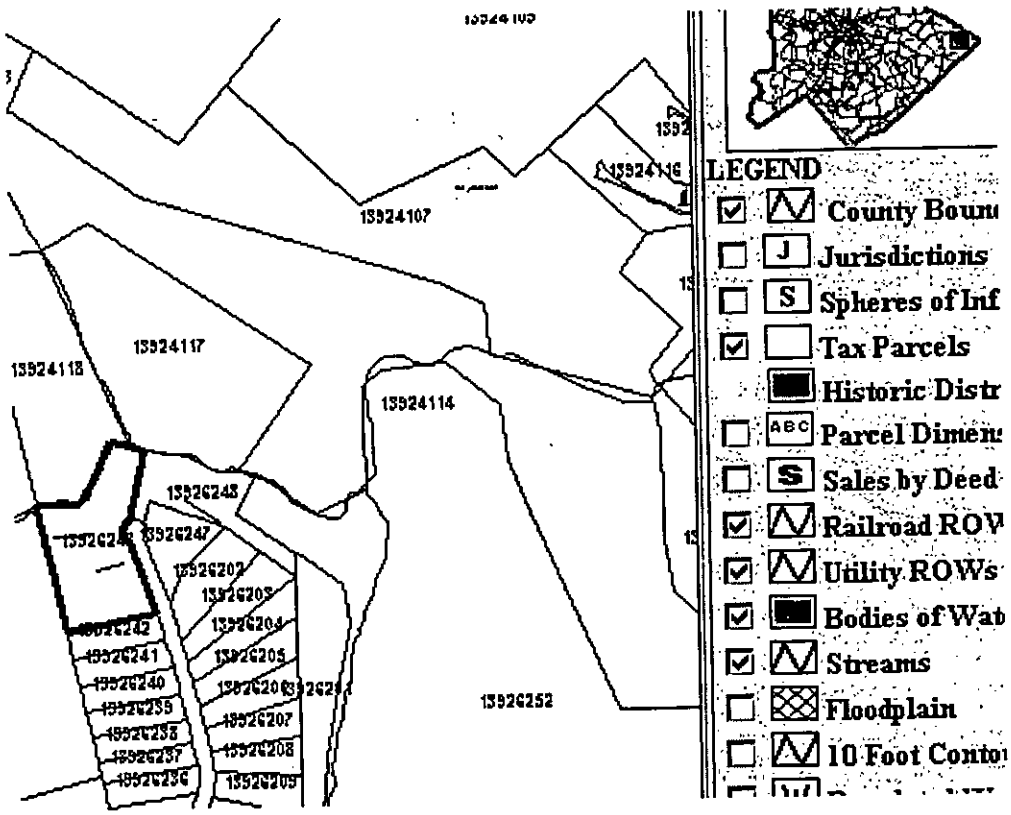
13926243

4/30/08

marliwr

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

Parcel-Id#: 13926243 GIS Map#: 13926243	Legal Desc.: L15 & 16 M21-561
Account Type: INDIVIDUAL	Deed Book/Page: 05409/278 Date: 12/2/1986
Owner: VOGEL KELLY JAMES	Sales Price: $12500
Add. Owner:	Sales Date: 12/2/1986 Qualified Sale: Y
Mailing: 9825 SURREY RD	Neighborhood Code: 13919
Address:	Historic Desig.: Farm Desig.:
City: CHARLOTTE	Deed Acreage: 4.53 Assessed Acreage: 4.536
State: NC ZIP: 28227	Assessed Land Value: $39830
Location: 9825 SURREY RD Get Directions	Total Assessed Value: $170330
Municipality: MECKLENBURG COUNTY	Tax Bill Information: Click Here!



PME INSPECTION 11/20/02 5-5:30

(W)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2359 & 7359A DATE: 11-11-94

TC: 139-262-4344 ☐ L ☒ CRT

SERIAL № 16013

Name of Owner Kelly Vogal Juris.:

Address of Property 9825 Surrey Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 1000

Number of Lines 4 @ 100

Cover Depth

Water Supply Source ≥50'

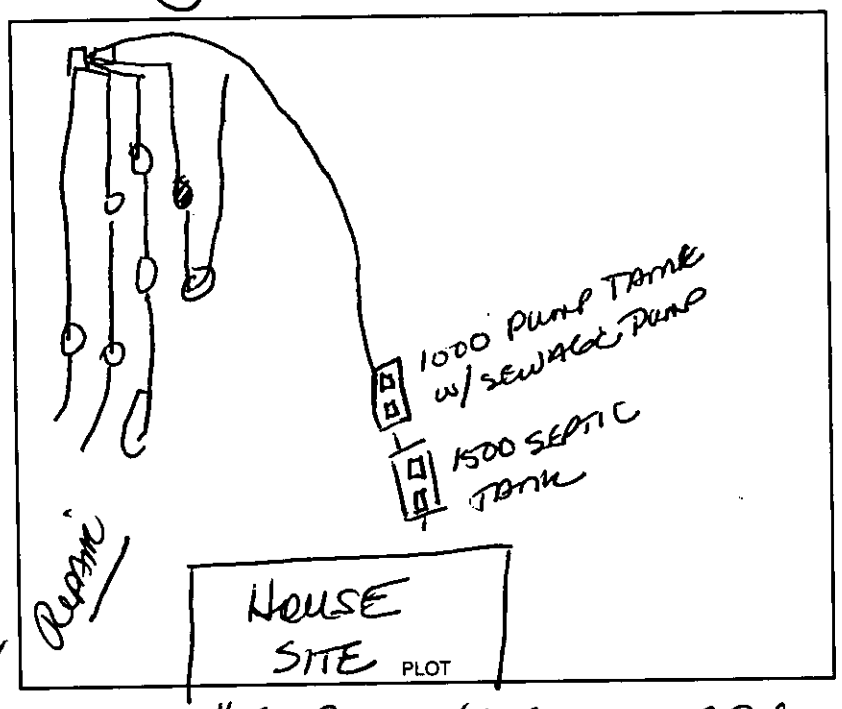
Distance to Water Source

Excavation Inspected

Tank(s) Inspected 11-11-94

Wash Line Inspected —

High Water Alarm Inspected 11-11-94



Design 1500 ST, 1000 PT, 1200 SQ FT, 12" G, CECIL-LIKE CTR# RC 3

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: Type IIIb - System installed with stepdowns.

Newell for S Oswald

Drew H Newell, R.S.
Environmental Health Specialist

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

MECKLENBURG COUNTY
Health Department

December 18, 2002

Kelly James Vogel
9825 Surrey Rd.
Charlotte, NC 28227

Dear Mr. Vogel:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9825 Surrey Rd., Charlotte, North Carolina, was completed on 11/5/02. The results of this inspection are enclosed.

During our inspection a bacteriological as well as two inorganic water samples were taken of your private water supply. The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The results of the inorganic analysis were within the acceptable range for private wells.

Our records indicate that the $85.00 fee for this service has not been received. Please return the enclosed invoice with your payment.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Report
Microbiological/Inorganic Analysis Results
Septic System Owner's Guide
Inspection Invoice

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
2359A — Permit/Project No.
9825 SURREY RD. — Location
RESIDENCE — Name of Establishment
Type of Establishment
360GPD — Design Flow
KELLY JAMES VOGEL — Owner/Agent
9825 SURREY RD., CHARLOTTE, NC 28227 — Address
Phone
N/A — Operator
Address
Phone
Remarks III b

	Yes	No	REMARKS
1. ESTABLISHMENT: Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM: No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present): Required pumps present, operating, and cycling properly?	☐	☐	N/A
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM: Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS: Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS: No evidence of overflow or siphon leakage?	☐	☐	N/A
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS: No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS: Turnups/cleanouts/valves intact and accessible?	☐	☐	N/A
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 11/20/02 SIGNED: _____ AGENT

Division of Environmental Health

– over –

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent

DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES AGENCY
ENVIRONMENTAL LABORATORY
SAMPLE FIELD DATA SHEET/CHAIN OF CUSTODY

Field I.D.#: 209544 Dept.: INNS
Project: PME
Site Sampled: KELLY JAMES VOGEL
Address: 9825 SURREY RD
Source Sampled: WELLHEAD ☒ Potable ☐ NonPotable
Source Treatment: ☐ Chlorinated ☒ Nonchlorinated ☐ Unknown
Sample Temperature: _____ °c

Sample Collected On:
Date: 11/20/02 Time: 5:30 ☐AM ☒PM
Collected By: _____ (Signature)

Relinquished to Lab On:
Date: 11/21/02 Time: 9:00 ☐AM ☒PM
Relinquished By: _____ (Signature)

Lab I.D. #: 8436
Rec'd By: Serkisova (Signature)
Date Rec'd: 11-21-02
Time: 14:00

Sample Condition:
Temperature: 3 °C
Remarks _____
Data Qualifiers _____

☐ Compliance Sample: Appropriate reporting forms must be completed, see laboratory.

Report Results To: DAVID CORNELIUS

ALL FIELD INFORMATION MUST BE RECORDED TO MAINTAIN CHAIN OF CUSTODY AND TO QUALITY ASSURE DATA

Analytical Data Qualifiers:
A-Quality Control Measure for Method Blank failed
B-Quality Control Measure for Method Detection Limit Standard failed
C-Quality Control Measure for External Standard failed
D-Quality Control Measure for Method Precision failed
E-Quality Control Measure for Method Accuracy failed
F-Daily Seed Blank did not recover within method limits
G-Daily Standard did not recover within method limits
H-Quality Control Measure for Surrogate Standards failed
J-Analysis conducted outside of Parameter holding time

Chain of Custody Data Qualifiers:
N-Field temperature of sample not documented
O-Chain of custody incomplete
P-Sample containers incomplete
Q-Sample containers overfilled
R-Parameter holding time exceeded upon receipt
S-Sample submitted with headspace
T-Preservative flushed from vial
U-Sample not dechlorinated in field
V-Sample Rejected
W-Insufficient Sample volume, data may not be valid.
X-Sample container not closed, data may not be valid.

Laboratory Certifications: N.C. DHHS Laboratory # 37527, N.C. DENR Certificate # 192

SHADED AREA FOR LAB USE ONLY

Bacteriologicals
Total coliform ☐ Absent Colonies /100 mL
Fecal coliform ☐ _____ Colonies /100 mL
Fecal strep ☐ _____ Colonies /100 mL
E. Coli ☐ Absent Colonies/100 mL
Enterococci ☐ _____ Colonies/100 mL
E = Estimated

Miscellaneous
Asbestos ☐ _____ %
Chlorophyll a ☐ _____ ppb

Aggregate Organics
BOD_5 ☐ _____ ppm
COD ☐ _____ ppm
Oil and Grease ☐ _____ ppm
Phenol ☐ _____ ppm
Surfactant ☐ _____ ppm
TOC ☐ _____ ppm
TOX ☐ _____ ppb

Organics
Acid Herbicide ☐ See Report
PCB ☐ See Report
Pesticide ☐ See Report
Semivolatile ☐ See Report
TPH:
Diesel ☐ _____ ppm
Gas ☐ _____ ppm
VOC ☐ See Report

Inorganic Non Metals
Acidity ☐ _____ ppm
Alkalinity ☐ _____ ppm
Chloride ☐ _____ ppm
Color ☐ _____ units
Cyanide, Total ☐ _____ ppm
Fluoride ☐ _____ ppm
Hardness ☐ _____ ppm
Nitrogen, Ammonia ☐ _____ ppm
Nitrogen, Nitrate + Nitrite ☐ _____ ppm
Nitrogen, Nitrate ☐ _____ ppm
Nitrogen, Nitrite ☐ _____ ppm
Nitrogen, Total Kjeldahl ☐ _____ ppm
pH ☐ _____ units
Phosphorus, Ortho ☐ _____ ppm
Phosphorus, Total ☐ _____ ppm
Residue, Filterable ☐ _____ ppm
Residue, Suspended ☐ _____ ppm
Residue, Total ☐ _____ ppm
Specific Conductance ☐ _____ µmho/cm
Sulfate ☐ _____ ppm
Sulfide ☐ _____ ppm
Turbidity ☐ _____ NTU

Mineral Metals

Al ☐	_____ ppm	_____ ppb
Ca ☐	_____ ppm	_____ ppb
Cu ☐	_____ ppm	_____ ppb
Fe ☐	_____ ppm	_____ ppb
Mg ☐	_____ ppm	_____ ppb
Mn ☐	_____ ppm	_____ ppb
K ☐	_____ ppm	_____ ppb
Si ☐	_____ ppm	_____ ppb
Na ☐	_____ ppm	_____ ppb
Zn ☐	_____ ppm	_____ ppb

Toxic Metals
TCLP Metals ☐

Sb ☐	_____ ppb	_____ ppm
As ☐	_____ ppb	_____ ppm
Ba ☐	_____ ppb	_____ ppm
Be ☐	_____ ppb	_____ ppm
Cd ☐	_____ ppb	_____ ppm
Cr ☐	_____ ppb	_____ ppm
Co ☐	_____ ppb	_____ ppm
Pb ☐	_____ ppb	_____ ppm
Hg ☐	_____ ppb	_____ ppm
Ni ☐	_____ ppb	_____ ppm
Se ☐	_____ ppb	_____ ppm
Ag ☐	_____ ppb	_____ ppm
Tl ☐	_____ ppb	_____ ppm
V ☐	_____ ppb	_____ ppm

Remarks: _____

NOV 25 2002
Date Completed: _____

Laboratory Director: D for JBarry

SAMPLE DELIVERY PROCEDURES:

-The following are procedures for submitting samples to the LUESA, Environmental Laboratory. The responsibility for adhering to these procedures lies with the individual(s) collecting and delivering the samples for analysis. North Carolina Administrative Code laboratory regulations specify sample collection, documentation, and delivery procedures to be utilized. In order to maintain our certification licenses with N.C. DENR we must comply with these regulations. Samples submitted to the lab that do not meet all these cited requirements will be qualified or will be rejected.

-All samples submitted to the Lab must be properly labeled and accompanied by a completed Field Data Sheet. All *field information* on the Field Data Sheet must be completed. The Field ID # must be written on each bottle submitted. The parameters requested for each site sampled are indicated by checking the appropriate block(s).

-All samples must be cooled (using ice) between the time of collection and submittal to the Lab.

-All samples must be collected in the bottles provided. Select the correct container from the "container type" column based on the parameters requested. Collect sufficient volume of sample as indicated in the "minimum volume to collect" column based on the parameters requested. With the exception of the 40 ML vials (see note B), fill all containers to 90% full-Do not overfill.

-Samples to be submitted for bacteriologicals must be arranged with laboratory staff by calling (704) 336-5599 prior to delivery. Samples for bacteriologicals can not be accepted on Fridays except in the event of emergencies.

-All samples must be submitted to the Lab as soon as possible and within the time limits indicated in the "holding time" column. Samples must be delivered to the Lab no later than 4:00 pm each day. Samples received later will be dated as received the next day and rejected if the holding time is exceeded. ALL samples with a 48 hour holding time must be submitted to the Lab no later than 12:00 noon on Fridays. In the case of *emergency field situations* or any situation requiring sample delivery outside of these time frames sample delivery must be coordinated through John Barry or Keith O'Neal.

-Samples are submitted to the Lab through the door to the walk-in cooler. Place samples (glass bottles must be cushioned) along with their respective data sheet(s) into the sample crate(s) provided and slide them down the roller rack.

SAMPLE COLLECTION:

For all types of samples: Drinking Water, Surface Water, Nondrinking Groundwater, Wastewater, Soils, Spills, Hazardous Waste-Use these bottles as specified.

PARAMETER	MINIMUM VOLUME TO COLLECT	HOLDING TIME	CONTAINER TYPE
ACIDITY	100 ML	28 DAYS	1000 ML-BLUE CAP
ALKALINITY	100 ML	28 DAYS	1000 ML-BLUE CAP
BACTERIOLOGICALS:			
FECAL COLIFORM-C	100 ML	6 HOURS	100 ML SNAP CAP
FECAL STREP-C	100 ML	6 HOURS	100 ML SNAP CAP
TOTAL COLIFORM-C	100 ML	28 HOURS	100 ML SNAP CAP
E. COLI-C	100 ML	28 HOURS	100 ML SNAP CAP
ENTEROCOCCI-C	100 ML	28 HOURS	100 ML SNAP CAP
BOD	1000 ML	48 HOURS	1000 ML-BLUE CAP
CHLORIDE	35 ML	28 DAYS	1000 ML-BLUE CAP
CHLORINATED PHENOXY ACID HERBICIDE	1000 ML	14 DAYS	1 LITER AMBER GLASS
CHLOROPHYLL A	250 ML	14 DAYS	PLASTIC-LC
COD	30 ML	28 DAYS	250 ML-ORANGE CAP
COLOR	50 ML	48 HOURS	1000 ML-BLUE CAP
CONDUCTIVITY	250 ML	28 DAYS	1000 ML-BLUE CAP
CYANIDE	1000 ML	14 DAYS	1000 ML-BLUE CAP
ETHYLENE GLYCOL-B	40 ML	7 DAYS	GLASS-LC
FLUORIDE	50 ML	28 DAYS	1000 ML-BLUE CAP
HARDNESS	30 ML	28 DAYS	250 ML-RED CAP
METALS:			
ALUMINUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ARSENIC	20 ML	6 MONTHS	500 ML-WHITE CAP
BARIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CADMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
CHROMIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
COPPER	20 ML	6 MONTHS	500 ML-WHITE CAP
IRON	20 ML	6 MONTHS	500 ML-WHITE CAP
LEAD	20 ML	6 MONTHS	500 ML-WHITE CAP
MAGNESIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
MANGANESE	20 ML	6 MONTHS	500 ML-WHITE CAP
MERCURY	100 ML	28 DAYS	500 ML-WHITE CAP
NICKEL	20 ML	6 MONTHS	500 ML-WHITE CAP
POTASSIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SELENIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
SILVER	20 ML	6 MONTHS	500 ML-WHITE CAP
SODIUM	20 ML	6 MONTHS	500 ML-WHITE CAP
ZINC	20 ML	6 MONTHS	500 MI-WHITE CAP
NITROGEN,AMMONIA-A	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,NITRITE	30 ML	48 HOURS	250 ML-ORANGE CAP
NITROGEN,NITRATE+	30 ML	28 DAYS	250 ML-ORANGE CAP
NITROGEN,KJELDAHL	30 ML	28 DAYS	250 ML-ORANGE CAP
OIL AND GREASE	2500 ML	28 DAYS	2 ½ LITER AMBER GLASS
PCB/PESTICIDES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
PH	100 ML	FIELD ANALYSIS	1000 ML-BLUE CAP
PHENOL	500 ML	28 DAYS	GLASS-LC
PHOSPHORUS,ORTHO	30 ML	48 HOURS	250 ML-ORANGE CAP
SEMIVOLATILES	2000 ML	7 DAYS/40 DAYS	1 LITER AMBER GLASS
SOLIDS,DISSOLVED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,SUSPENDED	250 ML	7 DAYS	1000 ML-BLUE CAP
SOLIDS,TOTAL	100 ML	7 DAYS	1000 ML-BLUE CAP
SULFATE	100 ML	28 DAYS	1000 ML-BLUE CAP
SULFIDE	100 ML	7 DAYS	1000 ML-BLUE CAP
SURFACTANT	500 ML	48 HOURS	1 LITER AMBER GLASS
TCLP METALS	250 ML	6 MONTHS	500 ML-WHITE CAP
TPH:			
DIESEL FRACTION	2000 ML	14 DAYS	1 LITER AMBER GLASS
GASOLINE-B	40 ML	14 DAYS	GLASS-LC
TURBIDITY	100 ML	48 HOURS	1000 ML-BLUE CAP
VOC-B	(2) 40 ML	14 DAYS	GLASS-LC

A=For this parameter, residual chlorine MUST be destroyed at time of collection. Samples received that contain residual chlorine will be rejected.

B=VOC samples, Ethylene glycol, and TPH: Gasoline Fraction are to be collected in duplicate, collect two (2) 40 ML round glass vials for each sample. Collect VOC samples with no air headspace above sample. The teflon side of the cap MUST face the sample.

C=Bacteriological samples ONLY. These are sterile containers that contain a sodium thiosulfate tablet for neutralizing residual chlorine. DO NOT flush the tablet from the container.

LC=Labeled Container. Use only the containers specifically prepared for these analyses.

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Payment Past Due

Kelly James Vogel
9825 Surrey Rd.
Charlotte, NC 28227

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Kelly James Vogel	9825 Surrey Rd.	13926243	2359A	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/31/02

Payment Due Date: 11/14/02 **Past Due**

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Vogel, Kelly James
Address: 9825 Surry Rd.
Charlotte, NC **Zip:** 28227
County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: David L. Corneliu
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Collected By: D.L. CORNELIUS **Date:** 10/20/02 **Time:** 5:30:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	11/22/02
Nitrate as N	<1.0	mg/l	11/22/02

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 5 °C
Date Received: 11/22/02 **Report Date:** 12/11/02 **Reported By:**
Today's Date: 12/11/02 **Reference:** 16096 **Login Batch** 02110046 **Sample Number:** AA85885

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Vogel, Kelly James
Address: 9825 Surry Rd.
Charlotte, NC **Zip:** 28227

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: David L. Cornelius
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: D.L. CORNELIUS **Date:** 10/20/02 **Time:** 5:30:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	13	mg/l	11/22/02
Silver	<0.05	mg/l	11/22/02
Alkalinity as CaCO3	102	mg/l	11/22/02
Arsenic	<0.001	mg/l	11/22/02
Barium	<0.1	mg/l	11/22/02
Calcium	45.9	mg/l	11/22/02
Cadmium	<0.005	mg/l	11/22/02
Chloride	5	mg/l	11/22/02
Chromium	<0.01	mg/l	11/22/02
Copper	<0.05	mg/l	11/22/02
Fluoride	<0.20	mg/l	11/22/02
Iron	0.26	mg/l	11/22/02
Hardness as CaCO3 (Ca,Mg)	138	mg/l	11/22/02
Mercury	<0.0005	mg/l	11/22/02
Magnesium	5.6	mg/l	11/22/02
Manganese	0.04	mg/l	11/22/02
Sodium	11	mg/l	11/22/02
Lead	0.006	mg/l	11/22/02
pH	7.4	Std. unit	11/22/02
Selenium	<0.005	mg/l	11/22/02
Zinc	1.97	mg/l	11/22/02

Date Received: 11/22/02 **Report Date:** 12/10/02 **Reported By:**
Today's Date: 12/11/02 **Ref:** 16086 **Login Batch:** 02110046 **Sample Number:** AA85875

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

2358A
2359A

Combined

Code #15 & #16

Redfile 2358A-Rd
2359A
10/17/94

October 31, 2002

MECKLENBURG COUNTY
Health Department

Kelly James Vogel
9825 Surrey Rd.
Charlotte, NC 28227

Dear Mr. Vogel:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9825 Surrey Rd., Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by November 14, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Kelly James Vogel
9825 Surrey Rd.
Charlotte, NC 28227

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Kelly James Vogel	9825 Surrey Rd.	13926243	2359A	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 10/31/02

Payment Due Date: 11/14/02

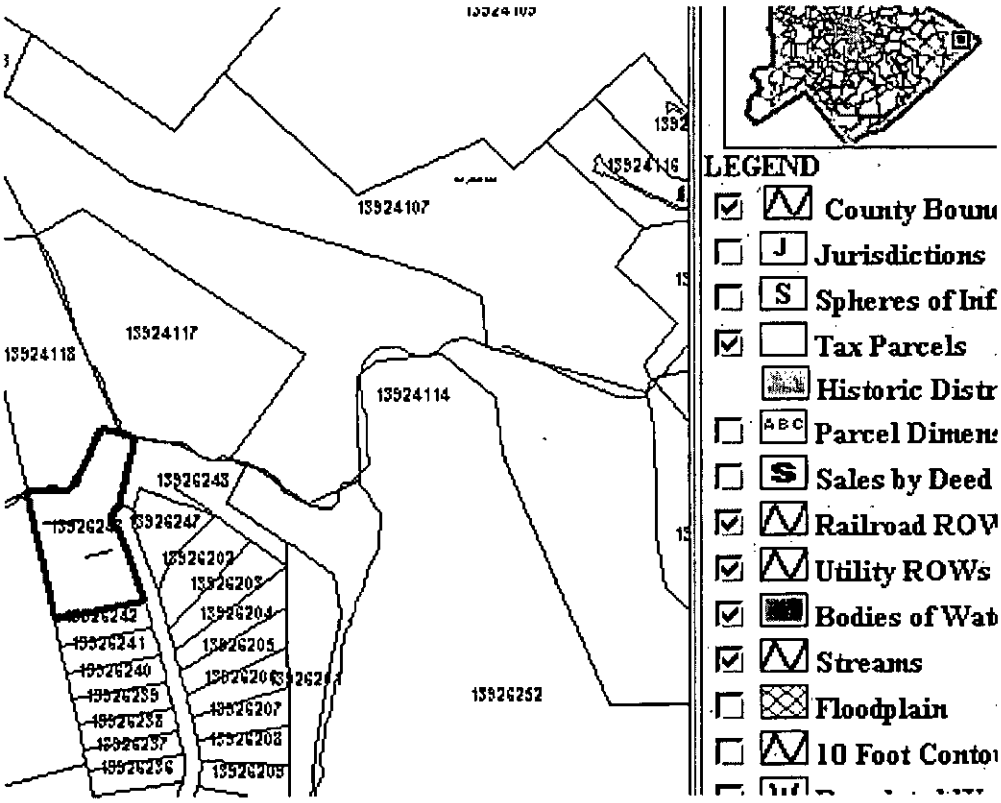
Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Parcel-Id#: 13926243 GIS Map#: 13926243	Legal Desc.: L15 & 16 M21-561
Account Type: INDIVIDUAL	Deed Book/Page: 05409/278 Date: 12/2/1986
Owner: VOGEL KELLY JAMES	Sales Price: $12500
Add. Owner:	Sales Date: 12/2/1986 Qualified Sale: Y
Mailing: 9825 SURREY RD	Neighborhood Code: 13919
Address:	Historic Desig.: Farm Desig.:
City: CHARLOTTE	Deed Acreage: 4.53 Assessed Acreage: 4.536
State: NC ZIP: 28227	Assessed Land Value: $39830
Location: 9825 SURREY RD Get Directions	Total Assessed Value: $170330
Municipality: MECKLENBURG COUNTY	Tax Bill Information: Click Here!



CERTIFICATE OF COMPLETION/OPERATION PERMIT

3X8D

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

FILE 2359 2359A & 7359A DATE: 11-11-94

TC: 139-262-43444 ☐ L ☒ CRT

SERIAL № 16013

Name of Owner Kelly Vogal Juris.:

Address of Property 9825 Surrey Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 1000

Number of Lines 4 @ 100

Cover Depth

Water Supply Source ≥50'

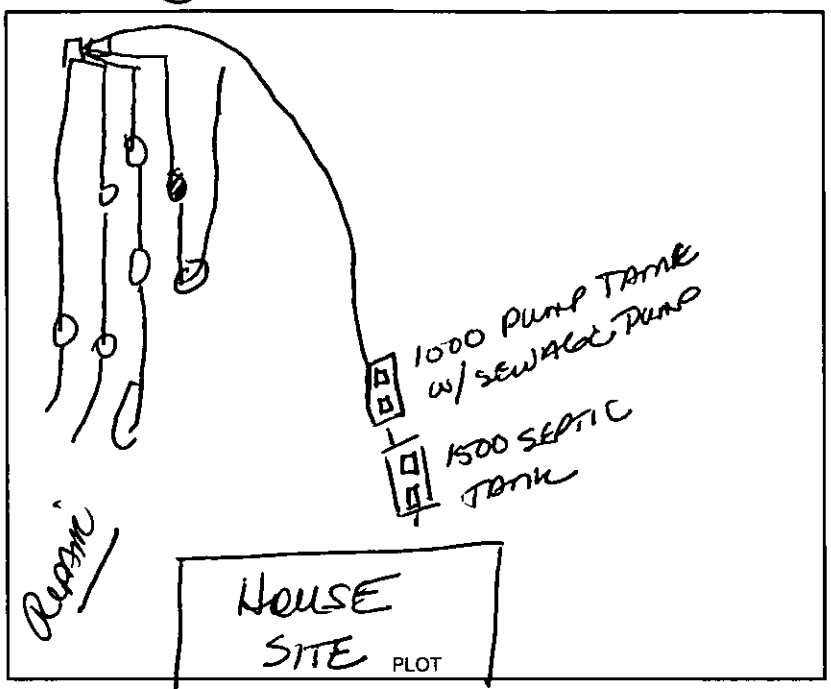
Distance to Water Source

Excavation Inspected

Tank(s) Inspected 11-11-94

Wash Line Inspected —

High Water Alarm Inspected 11-11-94



Design 1500 ST, 1000 PT, 1200 SQ FT, 12" G, CECIL-LIKE CTR# NCS

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: Type IIIb - System installed with stepdowns.

Newell for S Osmid

Jno H Newell, R.S.
Environmental Health Specialist

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

DX00

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

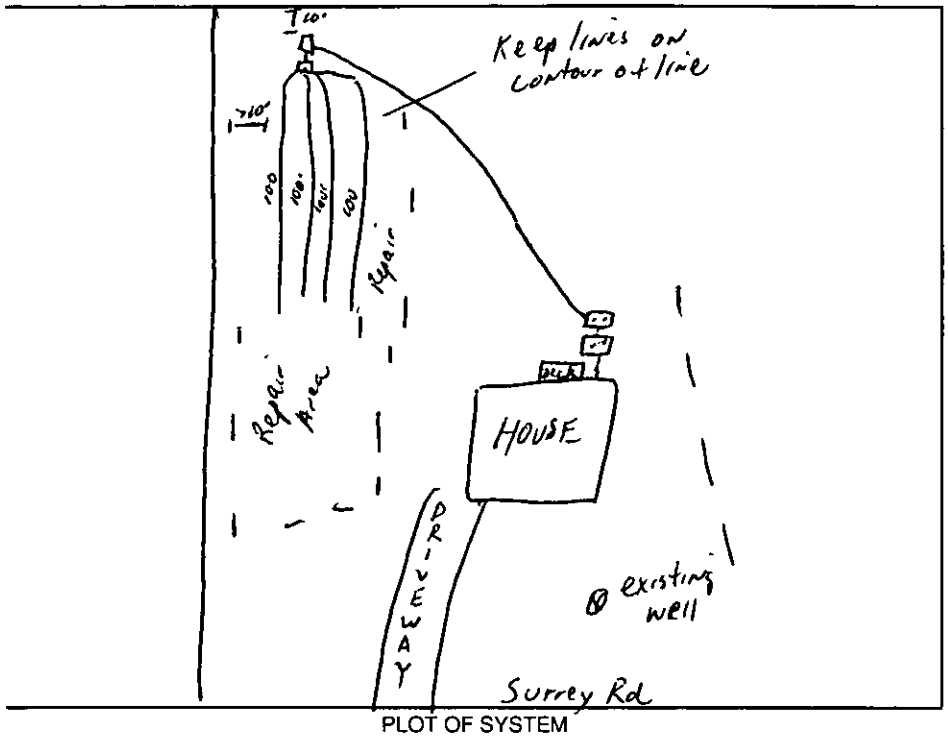
2359 A

FILE: 2359A ~~2360A~~ DATE: 10/6/94

TC: 139 262 43 ~~44~~ ☐ L

SERIAL Nº 16005

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 3/25/94. All work shall be completed on or before 11/6/94, 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 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous -

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House ≥ 15 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 Kelly Vogel

LOCATION OF PROPERTY 9825 Surrey Rd

Comments: 1500ST, 1000DT, P1, 4 lines x 100' long x 3' wd x 12" stone
Keep septic lines on contour of land. Set marker box & D-Box

JNewell for SDavis — Phyllis S. Walker R.S.

Environmental Health Specialist

Lot #15 & #16

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

2358A

2358A J

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $200.00 cash 3/25/94 CRT

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:

PERSON FILING APPLICATION:
NAME: Vogel (last) Kelly (first) J (mi)
ADDRESS: 8348 Houndstooth Dr PHONE: (704) 545-2483
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: Vogel (last) Kelly (first) J (mi)
ADDRESS: 8348 Houndstooth PHONE: (704) 545-2483
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-262-43
STREET ADDRESS: 9825 Amity Rd
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
X 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 (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] 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: 3 NUMBER OCCUPANTS: 3
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)
X Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] 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: Kelly J Vogel Date: 3-25-94

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.

... pump to conventional

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

Susan Gastelum 4-19-94
Environmentalist Date

P. Walter for L Denial 4/28/94
Director or Authorized Section Head Date

WWATER : 122791

COPY

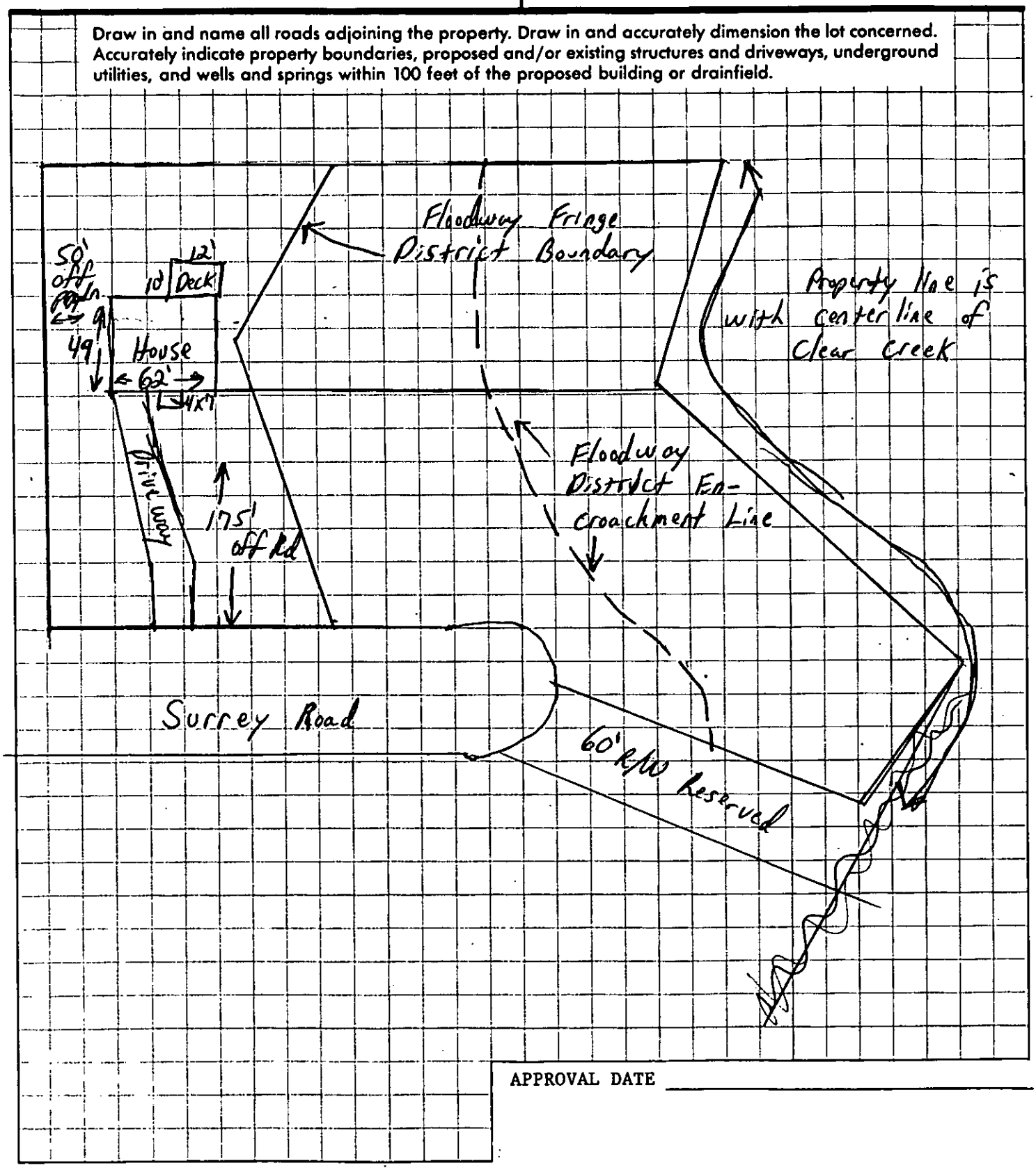
PROPOSED PLOT PLAN

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

FILE: 2359A

TC: 139-20-4443

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 _____

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

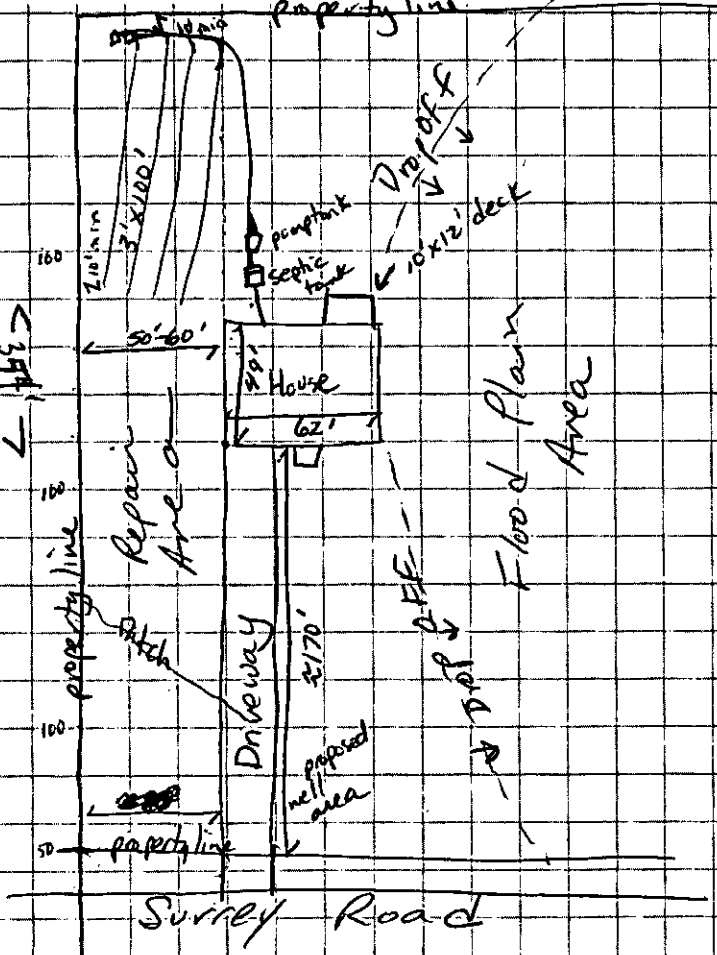
PROPOSED PLOT PLAN

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

FILE: 2359 A

TC: 139-262-44+43 combined

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.



1500 gallon septic tank
1000 gallon pump tank
1200 sq ft drain lines
at 4 lines at 3'x100'x12" stone each
Trench bottoms 24" deep (12" soil cover)

Supply line to go to large box such as "washer box" w/ downturn which then feeds into equal distribution box.

Install pump, pump controls & alarm according to current NC State Regulations.

If basement has plumbing property owner indicates he will use sump pump into main plumbing.

Do not grade or distrib soil in area for septic system or it's repair area.

Two lots to be combined into 1 lot and Appropriate documentation to be presented to Health Dept before installation approval will be granted.

Stephanie Vogel 4-25-94

APPROVAL DATE Property owner sign + date

4-19-94

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

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

DATE: 3-25-94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER #139-262-44,43

ASSIGNED ADDRESS 9825 Stanley Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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: S.F. Home.

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 DRIVEWAYS.

SIGNED: B. McCorkle

OPWEAR 06-88

NEW ADDRESS X *

FORM 100

MECKLENBURG COUNTY

Department of Environmental Health

September 22nd, 1986

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

RE: Property located at Surrey Road L15 BII
FILE: 2358A
PARCEL: 13926311

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 13052) 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 10 NCAC 10A .1948 (c) 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 ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewd, 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 I may be of any assistance, please feel free to call.

Sincerely,

John R. Adkisson

John R. Adkisson
Environmental Health Supervisor

Enclosure(2)

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 2358A

TC:

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 13 1986
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: Surrey Road

② SUBDIVISION: Fox Ridge Estates ③ LOT: 15 ④ BLOCK: II

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 263 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: — PAGE NO.: —

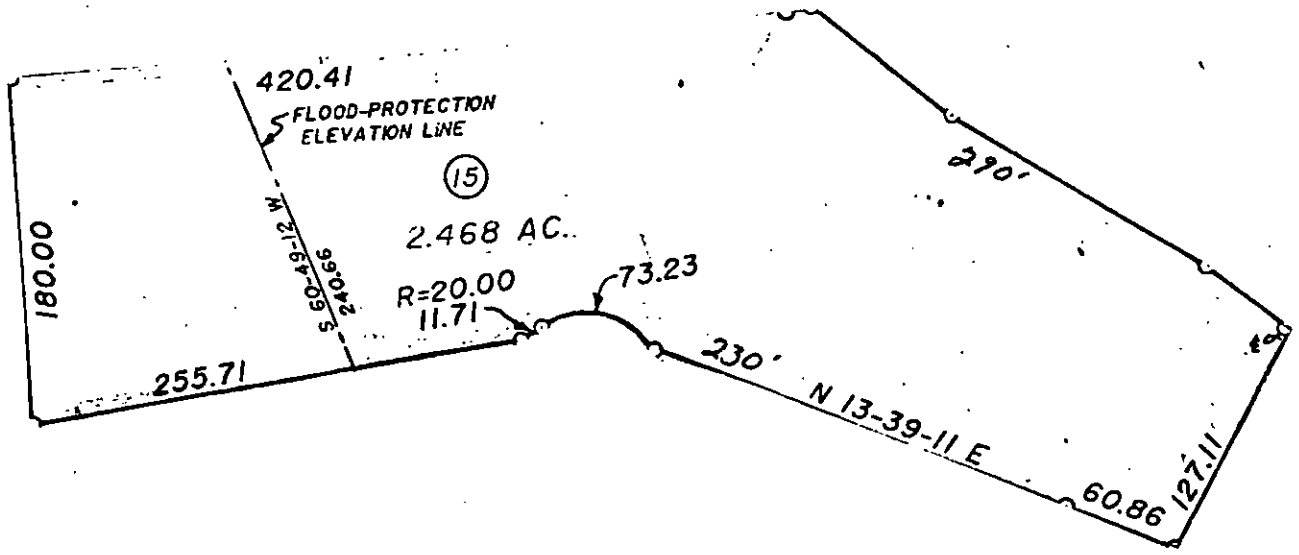
⑦ NAME: Fox Ridge Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) 704-372-2565 (HOME)

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: J. P. Newman Agent

Date: 8/13/86

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY ENVIR[redacted]TAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13052

File: 2358A Action 2

Parcel: 13926311 ☐ PC

Location: Surrey Road

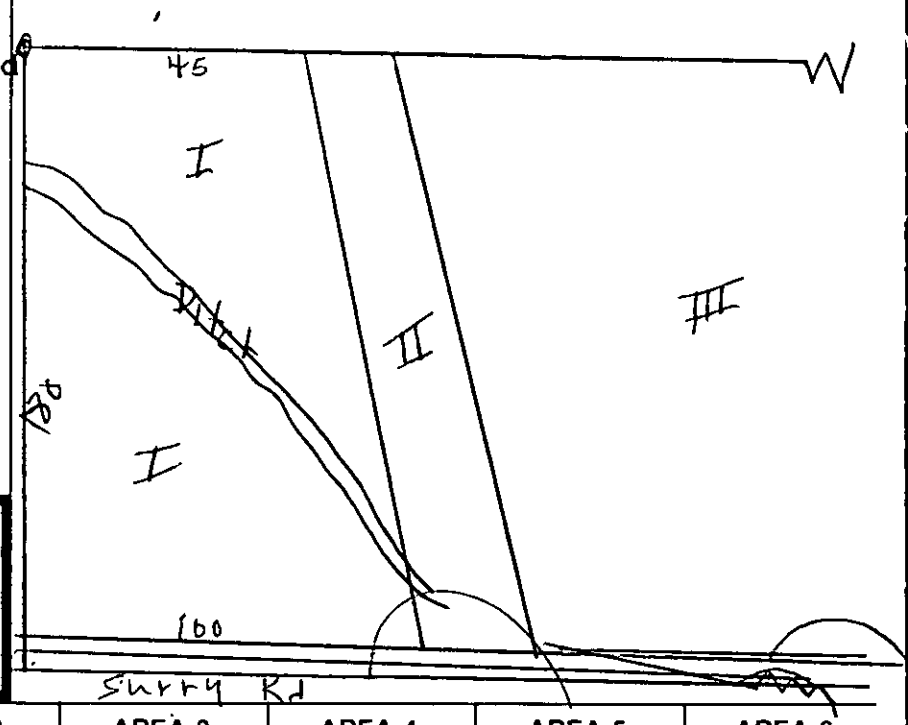
Subdivision:

Lot: L15 BII Block: Acres: 2.4

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

Comments: Restrictive & limit area
Uneven slopes

Described by: W. B. Ramsey
Date: 9-19-86



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

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) Uneven slopes Ditches	S PS (U) 40-45	S (PS) U 0-2	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) Flood plain	S PS U	S PS U	S PS U
Depth	S (PS) U 40-45	S PS (U) 10-30	S PS (U) 30-40	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 Pacolet	IVa Monacan			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY

Department of Environmental Health

September 22nd, 1986

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

RE: Property located at Surrey Road L16 BII
FILE: 2359A
PARCEL: 13926310

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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 13053) deliniating the soil types and there respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

John R. Adkisson

John R. Adkisson
Environmental Health Supervisor

enclosure

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 2359A

TC: _____

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 13 1986
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: Surrey Road

② SUBDIVISION: Fox Ridge Estates ③ LOT: 16 ④ BLOCK: II

⑤ PARCEL REFERENCE: BOOK NO.: 139 PAGE NO.: 263 PARCEL NO.: 10

⑥ DEED REFERENCE: BOOK NO.: — PAGE NO.: —

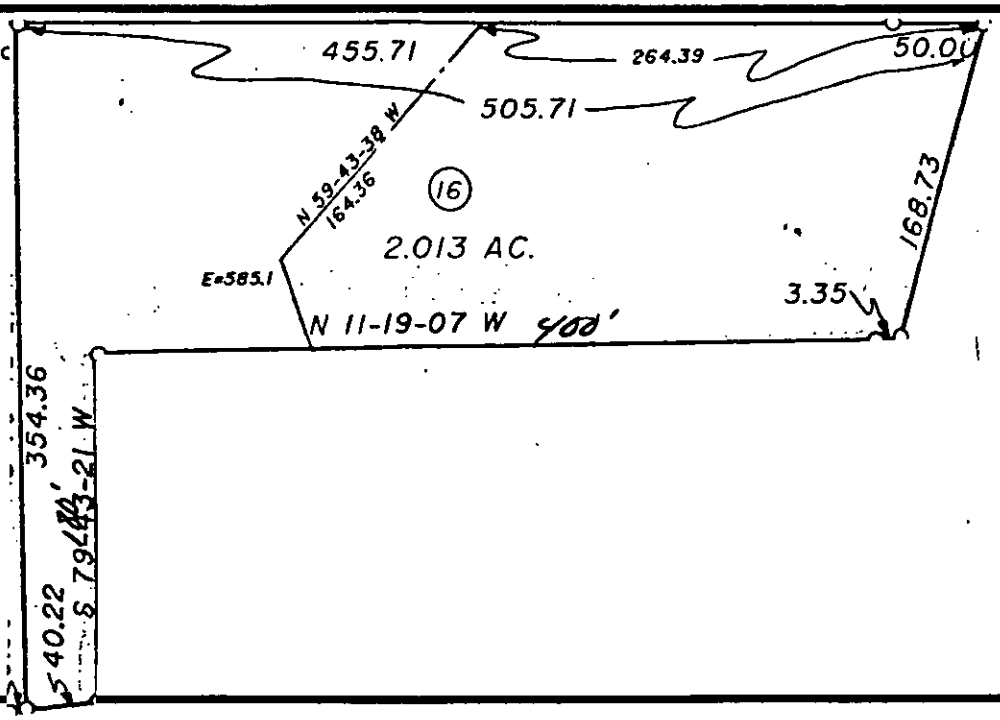
⑦ NAME: Fox Ridge Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) 704-372-2565 (HOME) _____

⑬ Accurately diagram c



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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: J. P. Mumm - Agent

Date: 8/13/86

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13053

File: 2359A Action 4

Parcel: 13926310 ☐ PC

Location: Surrey Road

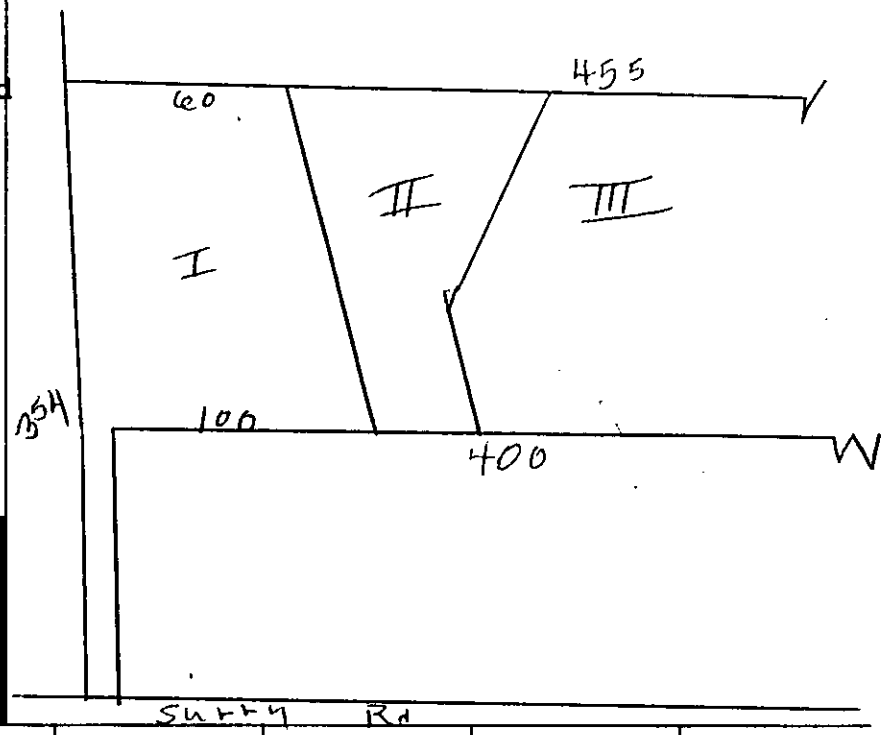
Subdivision:

Lot: L16 BI Block: Acres: 2.01

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

Comments: Somewhat Restrictive Area.

Described by: W. B. Ramsey
Date: 9-19-86



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

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-10	S PS (U) 10-45	S (PS) U 0-2	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) 12"-To Water Table	S PS U	S PS U	S PS U
Depth	S (PS) U 45-48	S PS (U) 10-35	S PS (U) 25-36	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	IIa Cecil	IIa Pacolet	IIa Monacan			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13053

File: 2359A Action 4
Parcel: 13926310 ☐ PC

Location: Surrey Road

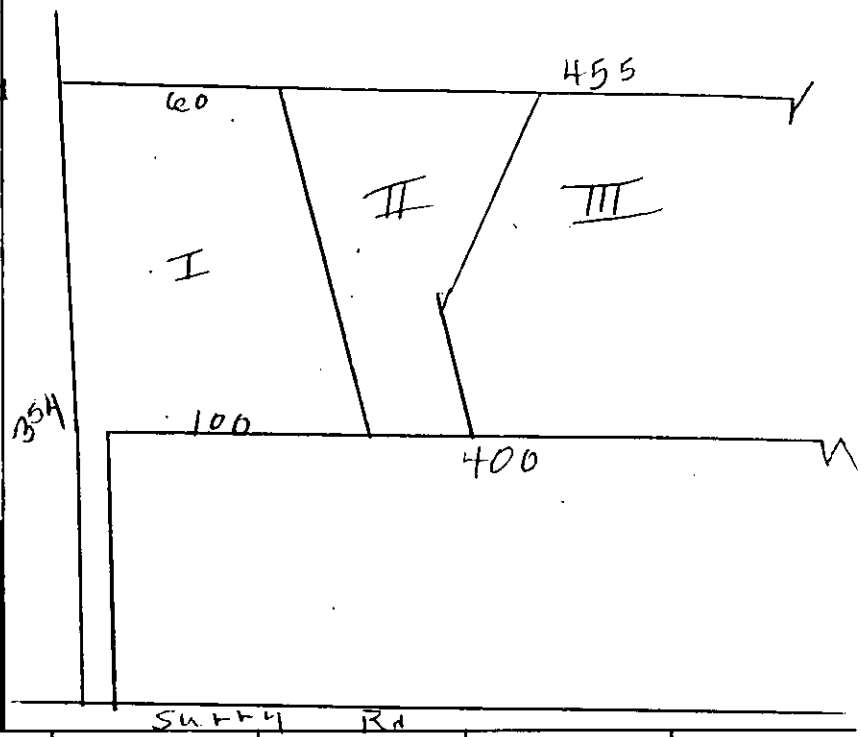
Subdivision:

Lot: L16 BII Block: Acres: 2.01

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

Comments: Somewhat Restrictive Area.

Described by: W. B. Ramsey
Date: 9-19-86



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

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-10	S PS (U) 10-45	S (PS) U 0-2	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) 12"-To Water Table	S PS U	S PS U	S PS U
Depth	S (PS) U 45-48	S PS (U) 10-35	S PS (U) 26-36	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	IIa Cecil	IIa Pacolet	IVa Monacan			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

File 23594

337

DEED BOOK PAGE

5409 0278

PRESENTED FOR REGISTRATION

JAN 16 4 18 PM '87

CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C

STATE OF NORTH CAROLINA
JAN 16 '87
P.B. 16709
Real Estate Excise Tax
25.00

Excise Tax 25.00

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 139-262-22

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

by .....

Mail after recording to Fox Ridge, Inc., 1740 East Independence Blvd., Charlotte, NC 28205

This instrument was prepared by Fox Ridge, Inc.

Brief description for the Index Tracts 15,16 (4.536 acres) Section II

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 2nd day of December, 19 86, by and between

GRANTOR	GRANTEE
FOX RIDGE, INC., a North Carolina corporation	KELLY JAMES VOGEL 2534 Gum Wood Court Matthews, North Carolina 28105

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 ....., Clear Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Tract 15 (2.378 acres) and Tract 16 (2.158 acres) as shown on survey of Fox Ridge Estates, Section II, as recorded in Map Book 21, page 561 in the Mecklenburg County Public Registry, reference to which is hereby made for a more complete description.

STAMPS	25.00
FEE	6.50
<>	31.50
CASH	31.50

17:17 #7225 000
01/16/87

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.

DEED BOOK PAGE

5409 0279

INCL 5.50 / 6.50

25.00

The property hereinabove described was acquired by Grantor by instrument recorded in Book 4891, page 905

A map showing the above described property is recorded in Plat Book 21 page 561.

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 enforceable easements, rights-of-way, restrictions and covenants of record.

NORTH CAROLINA FOX RIDGE, INC. CORPORATE SEAL

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.

FOX RIDGE, INC. (SEAL)
(Corporate Name)

By: William G. Allen, Jr.
Vice President

ATTEST: Vivian Whitley
Vivian Whitley
Secretary (Corporate Seal)

USE BLACK INK ONLY

(SEAL)
(SEAL)
(SEAL)
(SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, _____ County.

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 NOTARY PUBLIC MECKLENBURG COUNTY NORTH CAROLINA

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

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

personally came before me this day and acknowledged that S he is Secretary of Fox Ridge, Inc. 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 her as its Secretary.

Witness my hand and official stamp or seal, this 2nd day of December, 19 86

My commission expires: 4/3/88 Marie Johnston Notary Public

The foregoing Certificate(s) of XX Marie Johnston, a Notary Public for said County and State

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.

Charles E. Crowder REGISTER OF DEEDS FOR Mecklenburg COUNTY

By Mary A. Posey ~~XXXX~~ Deputy/Assistant - Register of Deeds

This 16th day of January, 1987

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 13052

File: 2358A Action R

Parcel: 13926311 ☐ PC

Location: Surrey Road

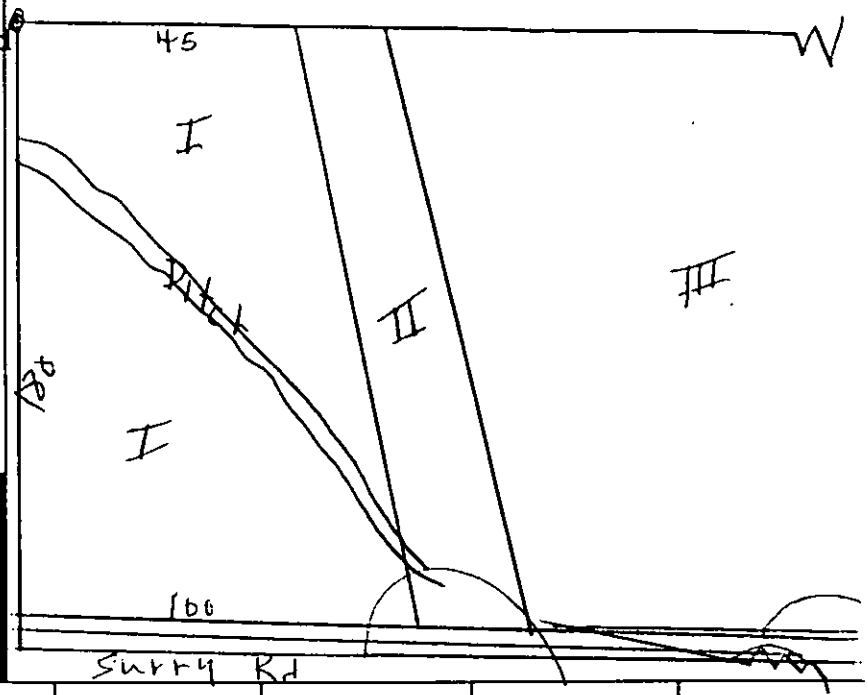
Subdivision:

Lot: L15 BII Block: Acres: 2.4

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

Comments: Restrictive Horiz Area
Uneven Slopes

Described by: W. B. Ramsey
Date: 9-19-86



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

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) Uneven slopes Ditches	S PS (U) - HD - 45	S (PS) U 0 - 2	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S (PS) U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U) Floodplain	S PS U	S PS U	S PS U
Depth	S (PS) U 40 - 48	S PS (U) 10 - 30	S PS (U) 30 - 40	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 Pacolet	IVa Monacan			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U