


9209 SNOW RIDGE LN

14111127

5/31/2007

duponbj

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

# PROPOSED PLOT PLAN

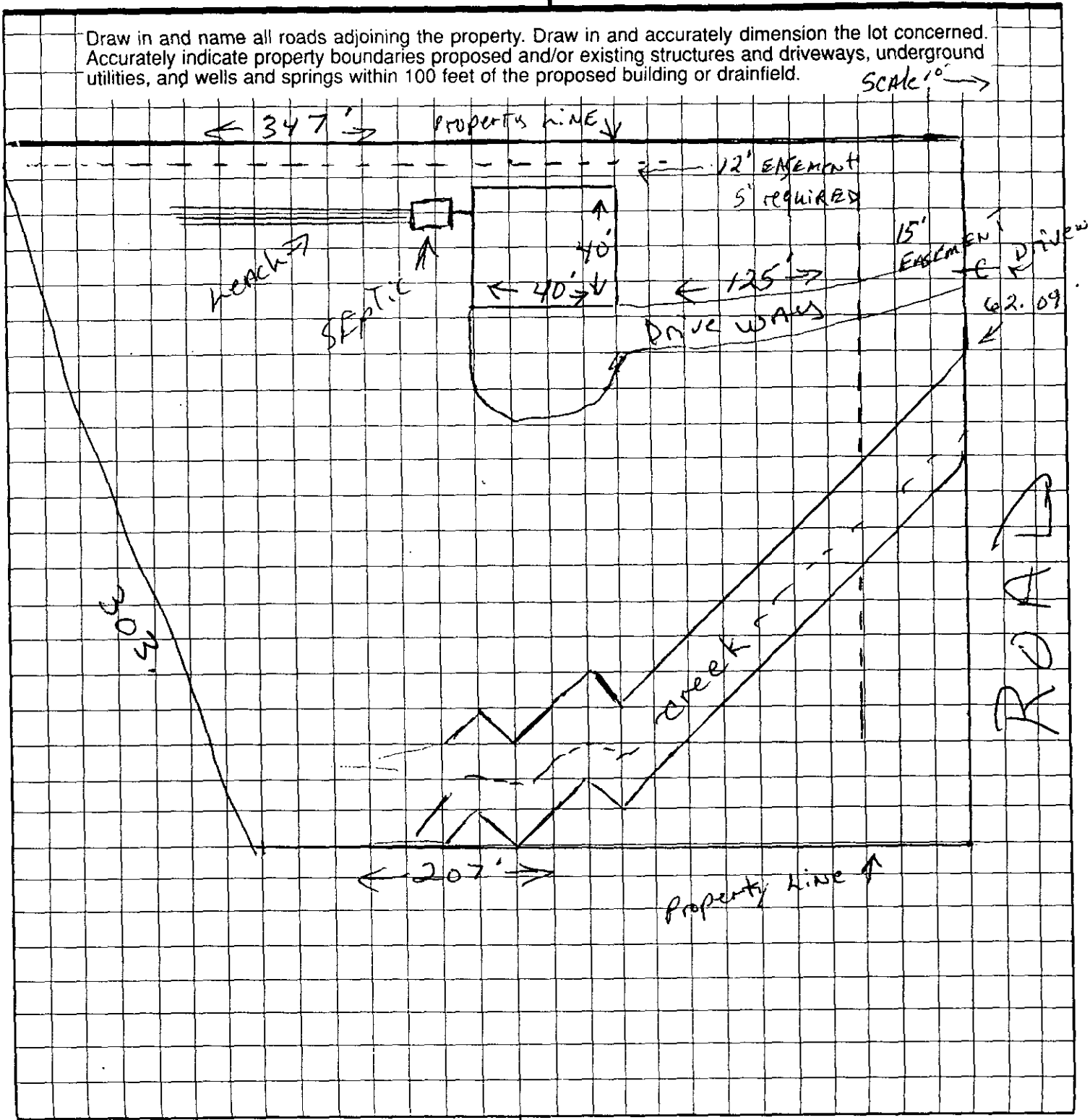
10 100' addl info needed CK # 8/14/00

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

FILE: 53248

TC: 14-111-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Wyman Fogg
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

lot #1 WELL LOCERT

FEE: 100.00 CK# 1661
DATE: 4/18/96

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 4-15-96 PERMIT NO: 5324A

PARCEL NO: 141-111-27

JOB LOCATION ADDRESS: 9209 Snow Ridge Drive

PROPERTY OWNER: Wyman Fogg

BUILDING CONTRACTOR:

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Jim Hegwood Westergaten Sanitarian
DEHNR AUTHORIZED AGENT

DATE: 4-15-96

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5324A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Pump will be necessary if gravity flow can not be established

## OWNER CERTIFICATION

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

Wyman Fogg
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE

4-18-96
DATE

BK: 08540 PG: 0851/0853 #:0267 12.00

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/18/96 15:01

336-2443

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE COPY

FILE # 5324A
PARCEL # 141-111-27

The undersigned, Wyman Fogg, owner of property located at 9209 Snow Ridge LANE, (the "site") and described in an instrument recorded in Book 5396 at Page 0135, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

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

*This instrument was prepared by:* Wyman Fogg
*Mail after recording to:* 9209 Snow Ridge Lane
Charlotte, N.C. 28208





brcc

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

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

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

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

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

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 18th day of April, 1996.

_____ (SEAL)
(Corporate Name)

Wyman Fogg (SEAL)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DEBRA A. SAUNDERS, a Notary Public for said County and State, do hereby certify that WYMAN FOGG personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18TH day of APRIL, 1996.

Debra A. Saunders
Notary Public

My Commission Expires:
12.16.99

DEBRA A. SAUNDERS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

## OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 9209 Snow Ridge Lane

File Number: 5324A

Parcel Number: 141-111-27

Owner/Agent Name: Wyman Fogg
(Please print)

Date: 4-15-96 Number of Bedrooms: 2

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, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, or .1969, 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.

Jon Higgins Burns — 4-19-96

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.

Wyman Fogg — 4-18-96

Property Owner Signature — Date

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

Permit Number: 5324A

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 141-111-27

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

| | | | |
|---|---|---|---|
| Basement | ✓ Yes | ___ No | ___ Partial Basement |
| Type Primary Wastewater System<br>Type (circle one):<br>I II III (IV) V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental: (HOMBERG)<br>___ IWWS-93-1<br>✓ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .34 / 246 Long-term acceptance rate | 240 Max gallons/day wastewater flow | 600 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| ✓ Serviced by private well | 1500 Gallon septic tank | 900 Total trench length (ft) | ___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 2 Bedrooms in residence | 1000 Gallon pump tank | N/A Depth of stone | |

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: SEVERE TOPOGRAPHY

Additional Conditions: (1) Pump will be required if gravity flow CAN not be established.
(2) Well required minimum 100' from ANY part of Septic System.

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II III (IV) V VI | ___ Conventional<br>✓ Prefabricated, permeable block panel system (pump will be required)<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .5 Absorption Area (Sq ft)<br>100 Total Trench Length (Ft) | N/A Depth of Stone Trench | 8' Trench spacing (min. on centers) | 40" Maximum Trench Depth |

For existing system, enter the year originally installed:

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

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

Joni Higgins Bunny RS. 4/15/96
DEHNR Authorized Agent Date

Wyman Fogg
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

IWWS:100195

File # 5324/A

# OFFER TO PURCHASE

Winterglen Inc., SELLER
5201 Monroe Road
Charlotte, N. C. 28205
704/567-9836

The Undersigned Wyman H. Fogg
has/have this day offered to purchase from or through Bryant Realty, Inc. that certain tract of land known as:
Tract(s) 1 (1.3AC) BK. 23, Pg 223 Subdivision 9209 Snow Ridge Lane, Winterglen
Township Steele Creek County Mecklenburg State No. Car.
Special Conditions: (1) Binder refundable if following not fulfilled: (1) Buyer to obtain up to 15 yr. bank financing for 75% of purchase price. (2) Environmental Health Dept. must approve for septic system to suit buyers bldg. needs, (3) If property does not perc at all, seller will re-imburse buyer fee of $100.00 pd. for application to Health Dept.
Terms and Conditions: Buyer fee of $100.00 pd. for application to Health Dept

| | | |
|---|---|---|
| Price ..... Land Only - Cash ..... | | $ 11,875. |
| Less: | | |
| Binder herewith ..... | $ 400.00 | |
| Balance of downpayment ..... | 11,475.00 | $ 11,875.00 |
| Sub total (Amount to be financed) ..... | | $ -0- |

Contract Finance Charge Rate ——— %. Monthly Payment $———, Payable in ——— equal consecutive payments, first payment due ———. It is understood and agreed that I/We will pay an origination fee of $——— at closing.

It is further understood and agreed that upon the full payment of the purchase price, a good and marketable title will be furnished. Deed and/or Real Estate Purchase Agreement to be made to as above

It is understood that binder money shall be returned to us on demand if this offer is not accepted by the owner within (3) Three days of the date of this offer. However, the said binder shall be forfeited as liquidated damages if I/We fail to comply with the above terms.

Closing to be on or about or before March 15, 1996.

PURCHASER(S) understands that the property will be conveyed subject to restrictive covenants and provisions of record affecting the property if Seller accepts this offer.

PURCHASER(S) agrees to consult with the local Health Department and confirm the property's ability to accept a county approved sewage disposal system within sixty (60) days of closing. If, within sixty (60) days of closing, the local Health Department determines that there is no place on the property suitable for any type of sewage disposal system, the Seller will refund all the monies paid by Purchaser(s) as the sole remedy and as full liquidated damages.

PURCHASER(S) has/have personally inspected this property. (Yes ✓ No ___)

It is understood that the acceptance of this offer may be contingent on my/our credit worthiness.

THIS OFFER constitutes the ENTIRE OFFER, and no waivers or modifications shall be valid unless written upon or attached to this OFFER.

Purchaser does ___ does not ___ want ——— an attorney, to ~~assist him/them in all matters~~ relating to the closing of this credit sale.

IN WITNESS WHEREOF, the said Purchaser(s) has/have hereto set their hands and seals this 25th day of Jan. 19 96

Jim McNally
Salesman—Witness
704-567-9886
or 338-0710

~~Witness~~

Reviewed by Winterglen Inc.
by Wiley Moore, V.P.
Seller

1-27-96
Date of Acceptance

x Wyman Fogg (SEAL)
Purchaser

——— (SEAL)
Co-Purchaser

8900 So. Tryon St.
Address

Charlotte, NC 28273
City & State Zip Code

704-588-5618
Telephone: Residence Business

(not SAME)

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

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

# SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#2
5324A
141-111-27

OWNER: Winterglen, Inc.
APPLICANT: ___
ADDRESS: 5201 Monroe Rd, Chas.
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: 1.23
LOCATION OF SITE: 9209 Snow Ridge Farm
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | NS 28% | 0-2" | SBK/cl | Fr/SEXP/SS/SP | > 54" to Chroma 2 Mottles | 54" | N/A | None | .3 II/F2 IV NS |
| | | 2-38" | SBK/c | Fr-Fi/SEXP/SS/P | | | | | |
| | | 38-54" | SBK/cl | Fr/SEXP/SS/SP | | | | | |
| 2 | LS 17% | 0-6" | SBK/cl | Fr/SEXP/SS/SP | 2.5Y 7/1 Mottles @ 25" | 25" | N/A | None | .3 F2 Wm PS US |
| | | 6-25" | SBK c | Fr-Fi/SEXP/SP | | | | | |
| | | 25"+ | | EXP | | | | | |
| 3 | LS 10% | 0-10" | SBK/cl | Fr/SEXP/SS/SP | > 48" to Chroma 2 Mottles | 48" | N/A | None | PS IV .3 F2 |
| | | 10-46" | SBK/c | Fr-Fi/SEXP/SP | | | | | |
| 4 | LS | 0-8" | SBK/cl | Fr/SEXP/SS/SP | 2.5Y 7/1 Mottles @ 33" | 34" | N/A | None | US |
| | | 8-31" | SBK/SC | Fr-Fi/SEXP/SP | | | | | |
| | | 31-34" | SBK/SC | Fi/EXP/SP | | | | | |

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William A Mucci 3-7-96
OTHER(S) PRESENT: ___

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

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

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

33241T

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 5 | NS 15% | 0-6" | SBK/SCL | Fr/SEXP/SS/SP | 748" TO Chroma 2 Mottles | 46" | N/A | None | PS IV .39/F2 |
| | | 6-30" | SBK/SC | Fr-Fi/SEXP/SIP | | | | | |
| | | 30-46" | SBK/SCL | Fr/SEXP/SS/SP | | | | | |
| 6 | 2% 2 5% | 0-6" | SBK/CL | Fr/SEXP/SS/SP | 753" TO Chroma 2 Mottles | 53" | N/A | None | PS IV .39/F2 |
| | | 6-46" | SBK/C | Fr-Fi/SEXP/SIP | | | | | |
| | | 46-53" | SBK/CL | Fr/SEXP/SS/SP | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS: 100% Repair

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR | LPP .1957 LTAR | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| C (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive) | G (Single Grain) |
| V (Convex Slope) | | LS (Loamy Sand) | | | SEXP (Slightly Expansive) | M (Massive) |
| (Drainage Way) | | | | | EXP (Expansive) | CR (Crumb) |
| S (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| P (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| S (Foot Slope) | | | | | | ABK (Angular Blocky) |
| (Head Slope) | III | SI (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| (Linear Slope) | | SICL (Silty Clay Loam) | | | | PR (Prismatic) |
| (Nose Slope) | | CL (Clay Loam) | | | MOIST | WET |
| (Ridge) | | SCL (Sandy Clay Loam) | | | | |
| (Shoulder Slope) | | SUC (Silt Loam Clay) | | | VFR (Very Friable) | NS (Non-sticky) |
| (Terrace) | | | | | FR (Friable) | SS (Slightly Sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FI (Firm) | S (Sticky) |
| | | SIC (Silty Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

OTES

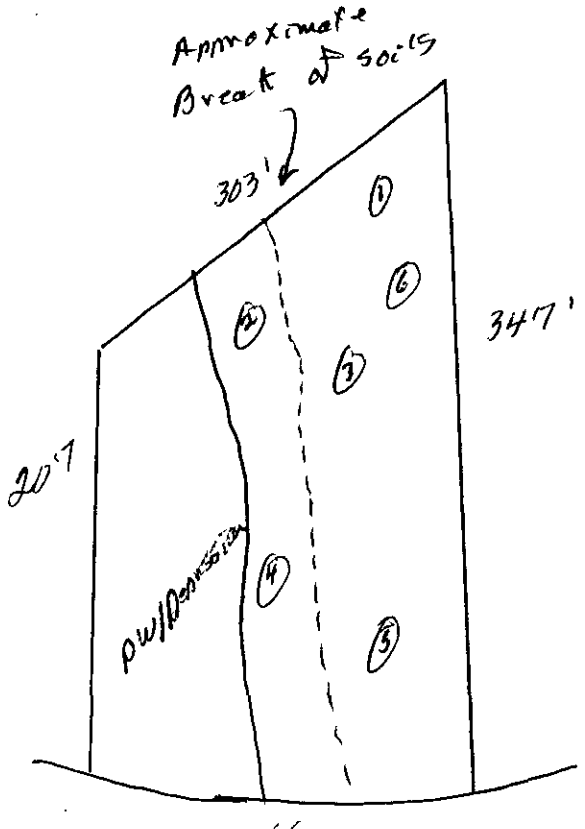
| | |
|---|---|
| ORIZON DEPTH | In inches below natural soil surface |
| EPTH OF FILL | In inches from land surface |
| ESTRICTIVE HORIZON | Thickness and depth from land surface |
| PROLITE | S(suitable) or U(unsuitable) |
| OIL WETNESS | Inches from land surface to free water or inches from land surface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

valuation of saprolite shall be by pits.

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

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

33244




166

2

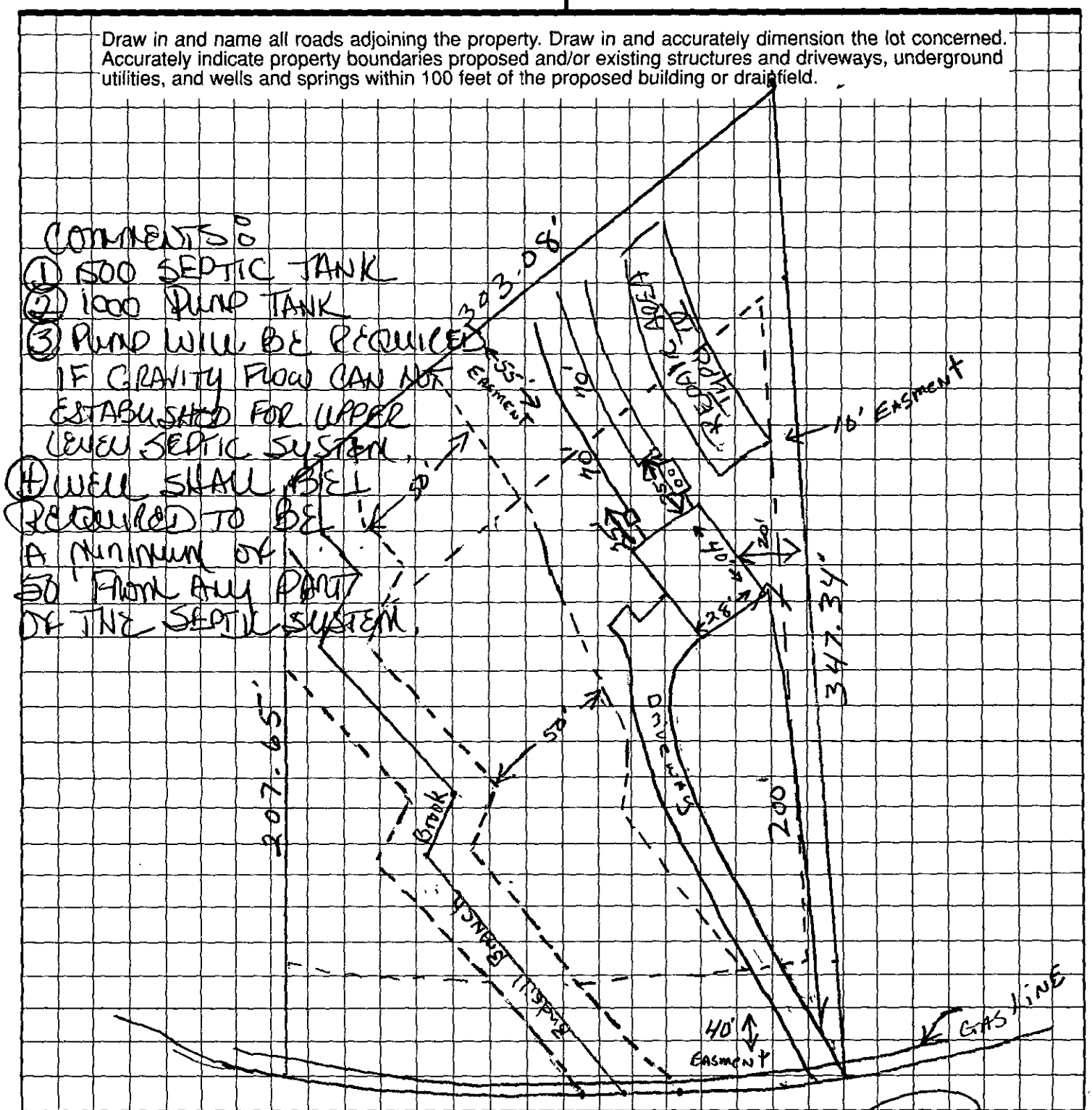
# PROPOSED PLOT PLAN

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

FILE: 5324A

TC: 141-111-27

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




OWNER/AGENT SIGNATURE Wynnette Fogg

DATE 2-9-96

APPROVAL DATE 4-15-96 (JHB)

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

FEE: 100.00 ck # 1606 JC
DATE: Feb 9, 1996

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

[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

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

FILE #: 53247

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-111-27

STREET ADDRESS: 9209 Snow Ridge Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Winterglen

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [ ] CRAWL SPACE
- [X] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

- [X] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [X] YES [ ] NO TYPE: Painting Contractor

WATER SUPPLY (CHECK ONE):

- [ ] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Winterglen Inc.
(LAST) (FIRST) (MI)

ADDRESS: 5201 Monroe Road

CITY: Charlotte STATE: N.C. ZIP: 28205

DAYTIME PHONE: (704) 567-9836 or 338-0710

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: McNally Jim
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 338-0710

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? July 13, 1989

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

SIGNED: Wyman Fogg DATE: 2-9-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

# Mecklenburg County
# Health Department

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

February 20th, 1989

Winterglen, Inc.
5201 Monroe Road
Charlotte, NC 28205

RE: Property located at 9209 Snow Ridge Lane 1
FILE: 5324A
PARCEL: 14111107 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15874) is enclosed for your information.

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

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 15874

File: 5324A Action 1

Parcel: 14111107 PO ☐ PC

Location: 9209 Snow Ridge Lane

Subdivision:

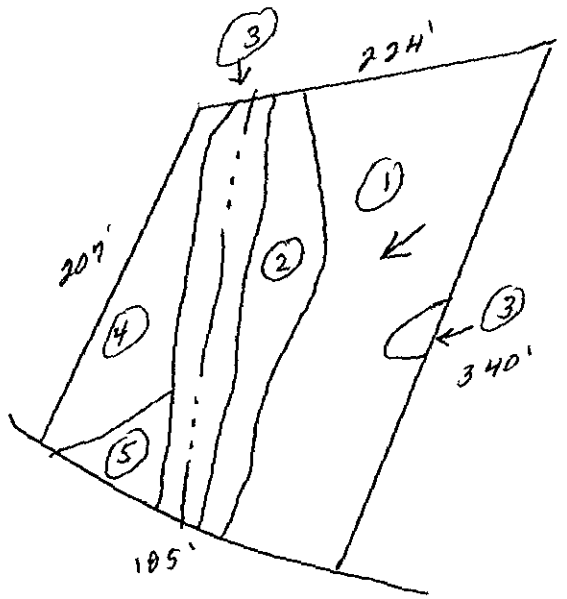
Lot: 1 Block: Acres: Approx 1.2

Owner: Winterglen, Inc.
Address: 5201 Monroe Road
Charlotte, NC 28205

Comments: System may need lift pump

Described by: William A. Marlin

Date: 2-20-89




Snow Ridge Lane

***** 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 15-30% | (S) PS U 8-15% | S PS (U) Drainageway Depression | (S) PS U 6-12% | S PS U — | S PS U |
| Texture | S (PS) U Clay | S (PS) U some 2:1 clay | S PS U | S (PS) U Clay | S PS U — | S PS U |
| Structure | S (PS) U Blocky | S (PS) U Blocky | S PS U — | S (PS) U Blocky | S PS U — | S PS U |
| Drainage | S (PS) U 736" To water | S PS (U) seasonal water 30-36" | S PS U — | S (PS) U 736" TO water | S PS U — | S PS U |
| Depth | S (PS) U 36-40" | S (PS) U 36"+ | S PS U — | S PS (U) 0 4-30" | S PS U — | S PS U |
| Restrictive Horizons | S (PS) U 736"+ | S (PS) U 736" | S PS U | S (PS) U 736" | S PS U — | S PS U |
| Available Space | S (PS) U limited | S PS (U) Restricted | S PS U | S PS (U) Restricted | S PS U — | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS (U) F:11 | S PS U |
| Soil Group/Series | WA Cecil-Like | WA Cecil-Helena | Drainageway Depression | WA Pardee-Like | F:11 | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS (U) | S PS (U) | S PS U |

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date 1/6/89

Name/Company Winterglen, Inc

Sanitation ____

Vector Control ✓

O.P.W.D. ____

Service: Lic Inst
~~#5324A, 5325A, 4046A,~~
~~3465A, 3466A, 3469A,~~
~~3472A 3473A 3475A, 3474A~~

RECEIVED
JAN 06 1989
MECKLENBURG COUNTY HEALTH DEPARTMENT
RESOURCE/ASST. SUPPORT

RECEIVED
JAN 6 1989
MECKLENBURG COUNTY HEALTH DEPARTMENT
RESOURCE/ASST. SUPPORT

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 6 1989
CK #1039

Fee: $ 300 —

Completed by

Collected by

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5324A

TC: 141-111-07 PO

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 9209 Snow Ridge Ln.

② SUBDIVISION: Winterglen ③ LOT: 1 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

**OWNER**

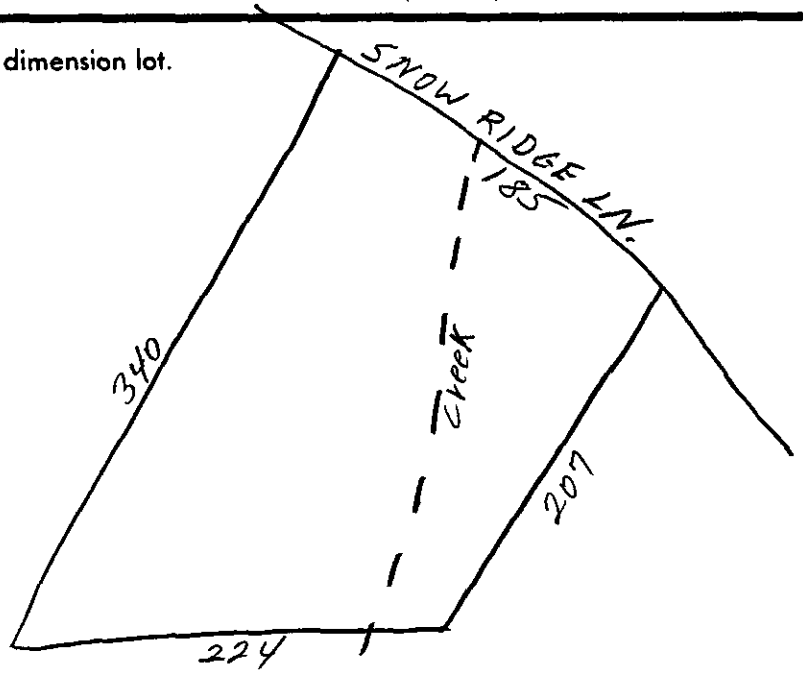
⑦ NAME: Winterglen, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5201 Monroe Road

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

⑫ PHONE: (WORK) 567-9836 (HOME) 366-8891

⑬ Accurately diagram and dimension lot.




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

Signed: _____, V.P.

Date: 1-5-89

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

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