

9132 KEM ARBOR WY

13926224

12/17/07

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

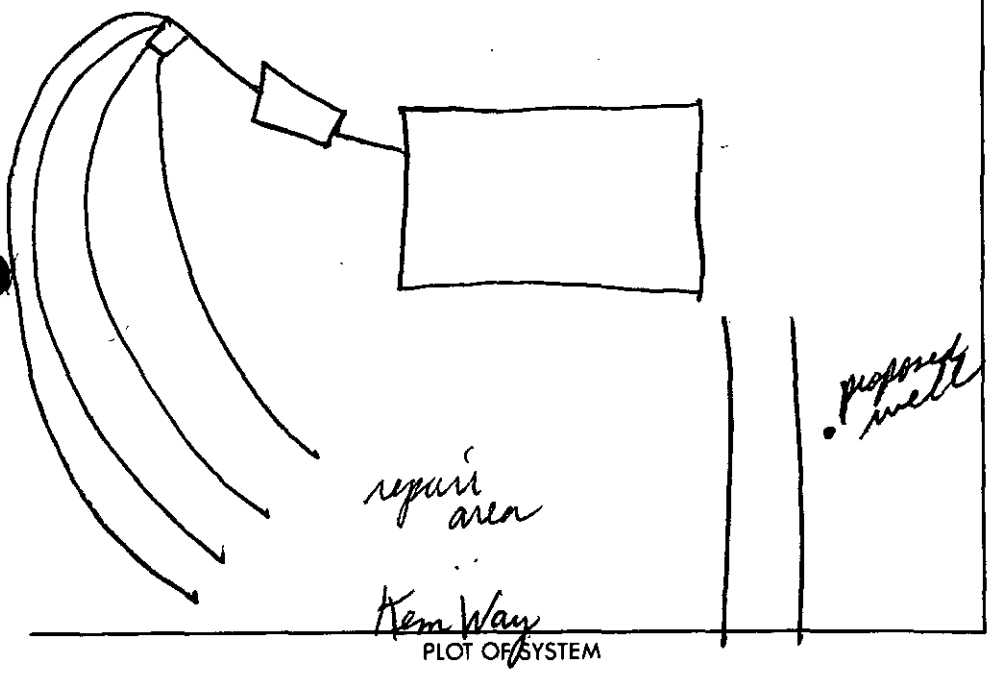
FILE: 131-B / 8021-A DATE: 8-21-92

TC: 139-262-24 X L

SERIAL Nº 15301

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 4-29-92. All work shall be completed on or before 9-11-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

repair area



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Kirby Smith

LOCATION OF PROPERTY 9132 Kem Way

Comments: 4 lines 3'X100'X12" stone

Division or Section Head

B. R. Ferguson
Environmentalist

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

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

~~4400~~ 5400

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

FILE: 131-B / 6021A DATE: 9-9-92

TC: 139-262-24 ☐ L ☑ CRT

SERIAL Nº 15526

Name of Owner Kirby Smith Juris.:

Address of Property 9132 Kem Way

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @100'

Cover Depth 12"-15"

Water Supply Source well

Distance to Water Source >50'

Excavation Inspected 9-9-92

Tank(s) Inspected 9-9-92

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1992/500 ST, con, 1200 SFT, 12", cecil CTR# 113

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

☑ installed or constructed ☐ altered or repaired

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

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

☑ Certificate of Completion ☐ Operation Permit

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

COMMENTS: Installed for 3 bedrooms

TYPE II

B. R. Ferguson
Environmentalist

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

400 M

Pd 200 Ck# 130
Of 4-2792

982A (131B)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

LOT

[] 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

PERSON FILING APPLICATION:

NAME: Smith (last) Kirby (first) H. (mi)

ADDRESS: 7342 Mossborough Ct. PHONE: 704 563-6727

CITY: Charlotte STATE: NC ZIPCODE:

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-262-24

STREET ADDRESS: 9132 Kem Way

ZONING:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: 18 LOT SIZE (in acres): 1.85 Ac

[] SOIL TEST - INDIVIDUAL LOT (U)
[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: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business N/A # 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 [X] 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: Kirby Smith Date: 4/27/92

NOTICE:

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

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

...This permit is not transferable.

...

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

B.R. Ferguson 5-6-92
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

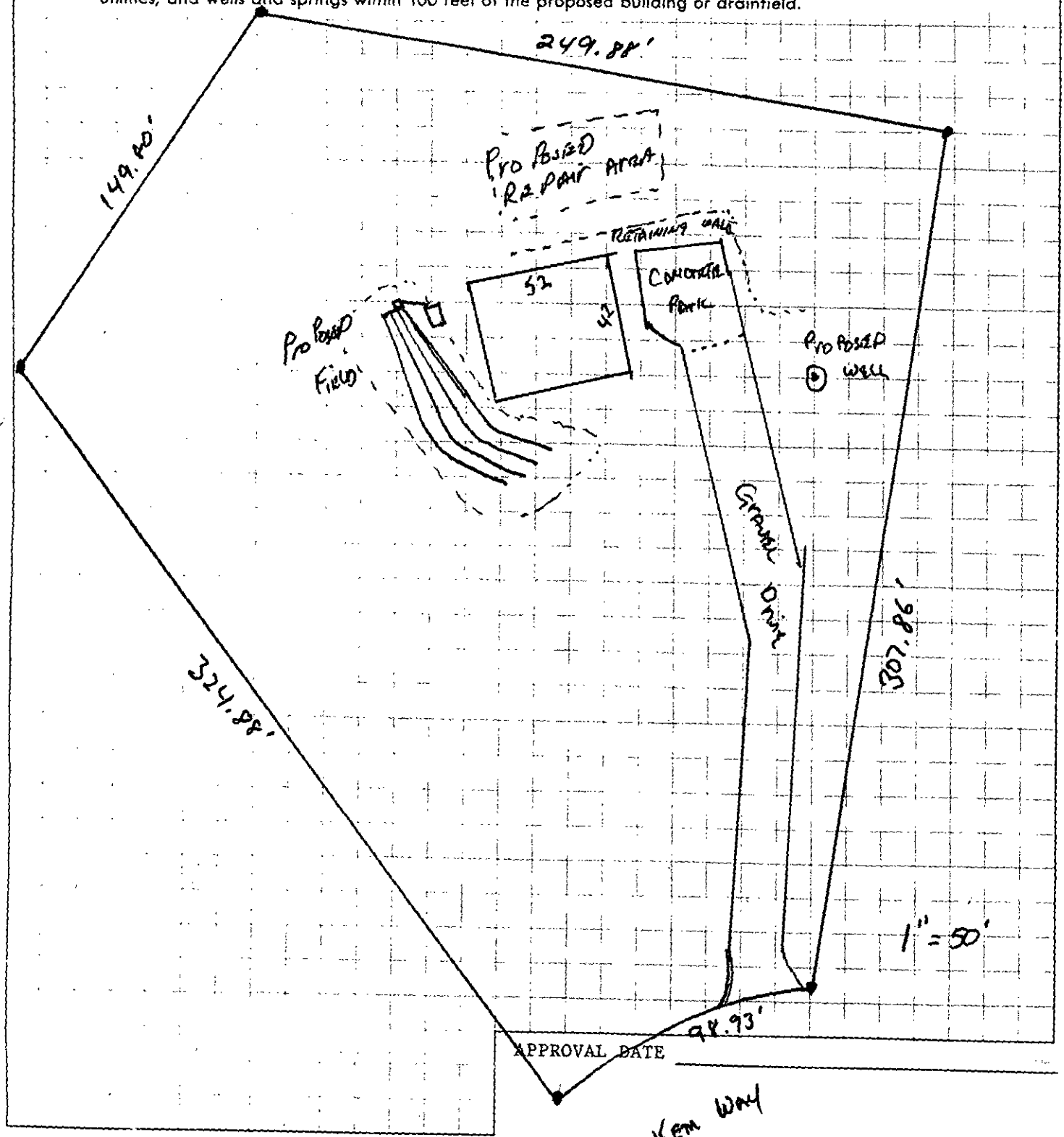
PROPOSED PLOT PLAN

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

FILE: 8021 A (131B)

TC: 139-262-24

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 _____

KEM WAY

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

400 ☑ Pd. 50.00 Cash 1-27-92 #43

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

8021A/131B Pc ☑ [] 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

PERSON FILING APPLICATION:

NAME: Smith (last) Kirby (first) H (mi)

ADDRESS: 7342 Mossborough Ct PHONE: (704) 563-6227

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-262-24

STREET ADDRESS: 9132 KENWAY

ZONING: R-15

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

SUBDIVISION OR MOBILE HOME PARK NAME: Fox Ridge ESTATES

LOT NUMBER: 18 LOT SIZE (in acres): 1.85 AC

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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):
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[] 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: Kirby Hatton Smith Date:

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

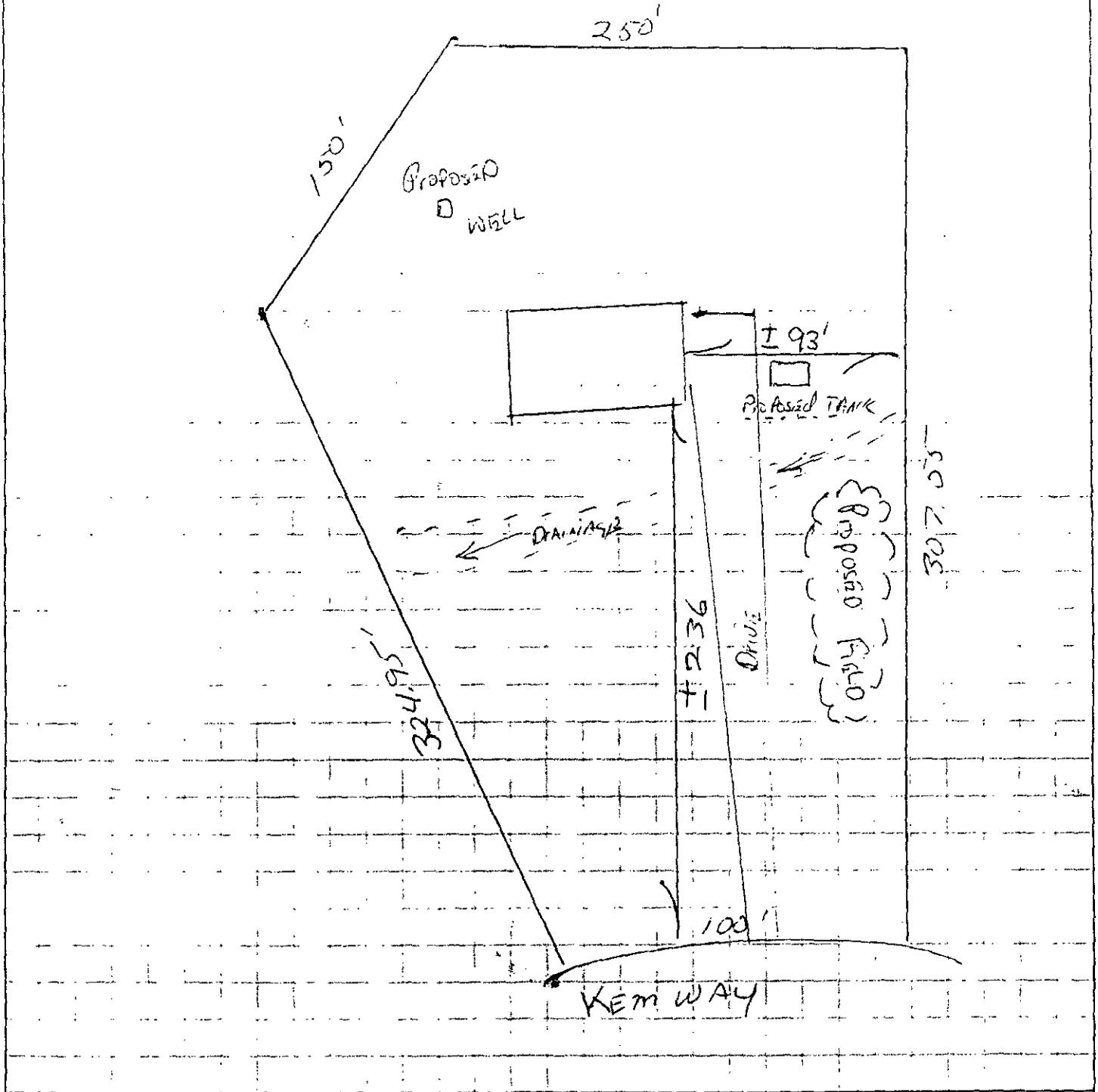
WWATER : 122791

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

FILE: 8021A / 131B

TC: 139-262-24

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.



Signed: Kirby Hatton Smith

Date:

Mecklenburg County
Health Department

February 18, 1992

Kirby H. Smith
7342 Mossborough Court
Charlotte, NC

RE: Property located on 9132 Kemway /Lot 18
FILE: 8021A (131B)
PARCEL: 139-262-24

Dear Mr. Smith:

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 12531) is enclosed for your information.

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 with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate 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. Furthermore, 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, please contact me at 336-5573.

Sincerely,

Kelly Randall

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12531

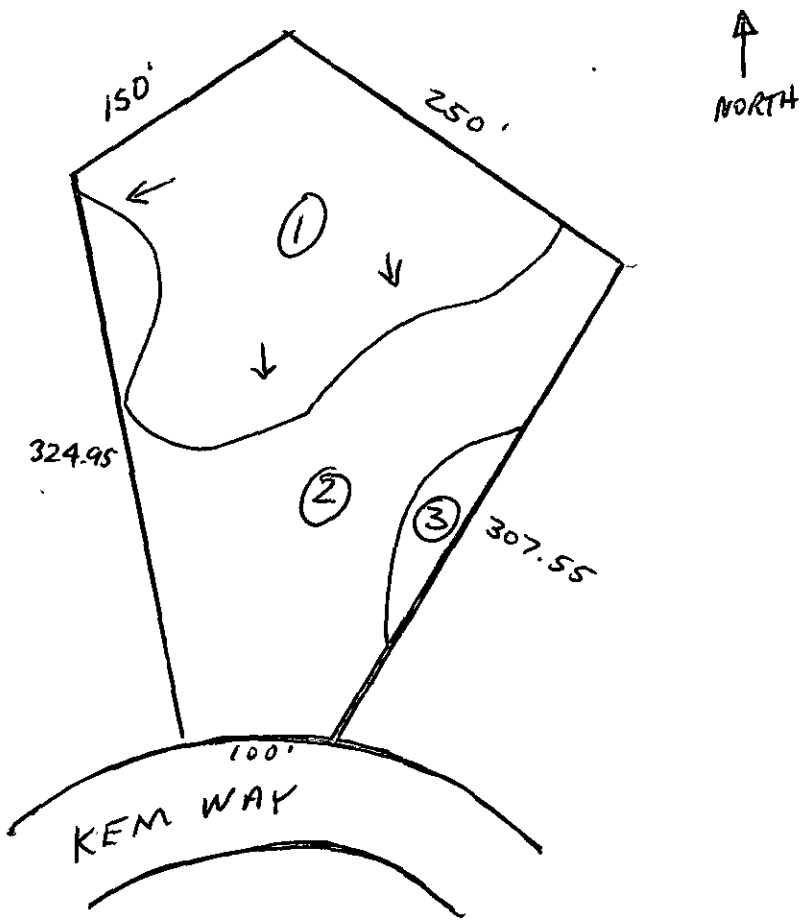
File: 8021-A / 1318 Action 1
Parcel: 139-262-24 ☑ PC

Location: 9132 KEMWAY
Subdivision:
Lot: 18 Block: Acres: 1.85

Owner: KIRBY H SMITH
Address: 7342 MOSSBOROUGH COURT CHARLOTTE

Comments: 100% REPAIR

Described by: Kelly Randall
Date: 2-17-92



*** 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	S PS (U) DRAINAGEWAY DEPRESSION	S PS (U) CUT	S PS U	S PS U	S PS U
Texture	S (PS) U SLIGHTLY EXPANSIVE CLAY	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U BLOCKY	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U >48"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	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	CECIL CLAE	DRAINAGEWAY DEPRESSION	CUT			
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 NE 12531

File: [illegible] A / 131B Action 1

Parcel: 139-262-24 ☑ PC

Location: 1112 KEMWAY

Subdivision:

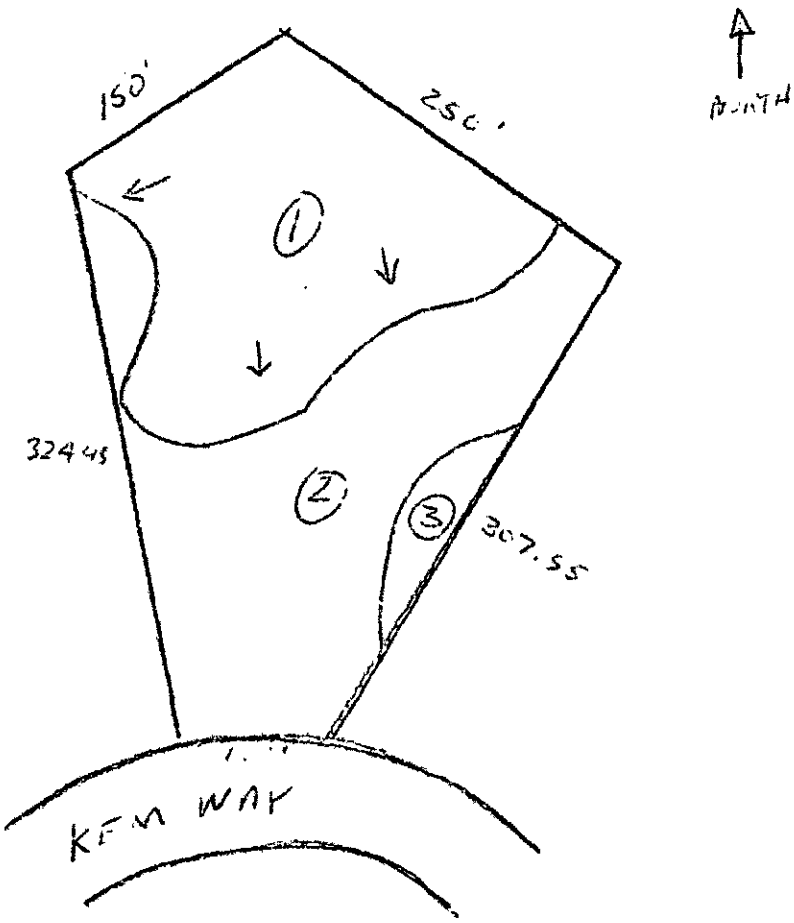
Lot: 1 Block: Acres: 1.85

Owner: [illegible]
Address: 2142 [illegible]
CHARLOTTE

Comments: 100% REPAIR

Described by: Libby Randall

Date: 2 12 12



***** 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	S PS (U) [illegible]	S PS (U) CUT	S PS U	S PS U	S PS U
Texture	S (PS) U [illegible]	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	S PS U	S PS U	S PS U
Depth	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	(S) PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	[illegible]	[illegible]	[illegible]			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 85A
TC: 139-262-24
SERIAL: № 11087
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 9132 (STREET NO.) Kem Way (STREET) ② FILE:
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 139-262-24
⑤ SUBDIVISION: ⑥ LOT: 18 ⑦ BLOCK:

OWNER

⑧ NAME: Ronald (FIRST) L (MIDDLE) Stiles (LAST)
⑨ MAILING ADDRESS: 12 Beacon Hill Lane
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) 333-9237 ⑭ (HOME) 364-8241

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? THREE ㉕ Type?
㉓ Maximum occupancy? 4 (FOUR) ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: Ronald L Stiles
Date: 7-7-86

IMPROVEMENT PERMIT

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

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

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

Environmentalist: [signature] Date: 7-10-86
Director or Authorized Section Head: [signature] Date: 7/11/86

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

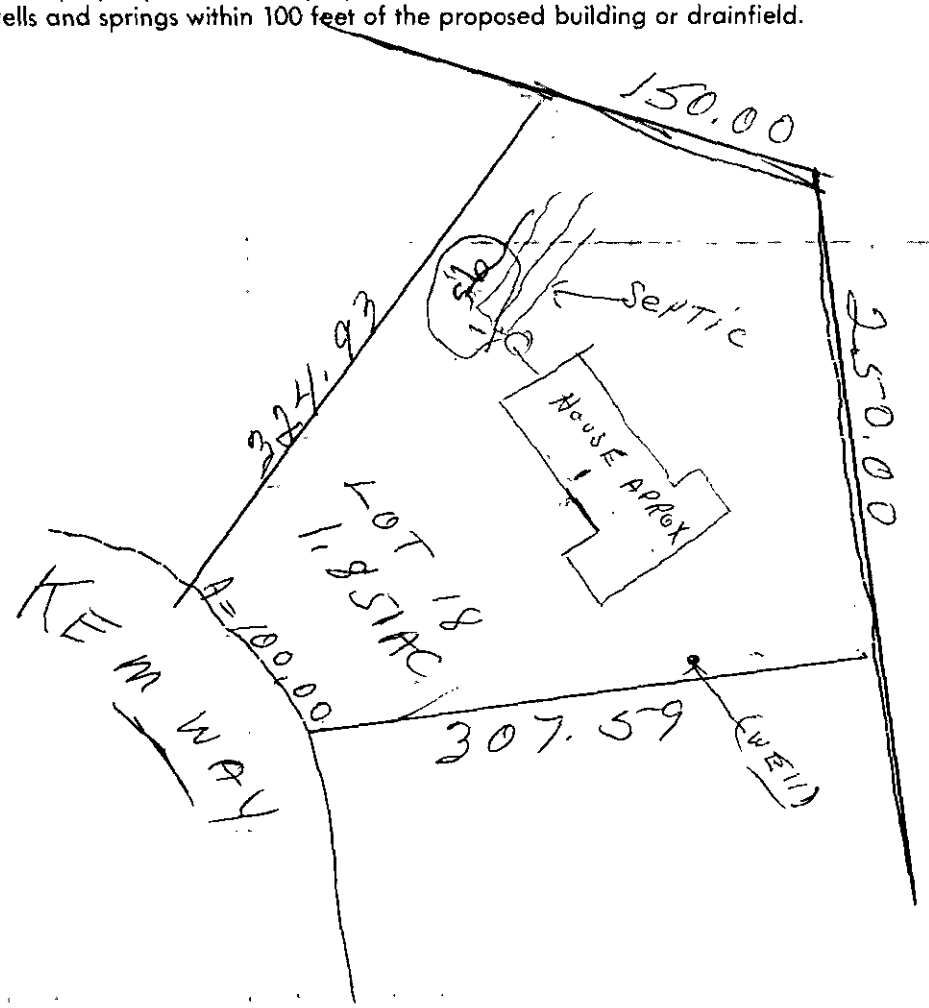
PROPOSED PLOT PLAN

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

FILE: 85-A

TC: _____

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



Signed: Ronald L Stitt

Date: 2-2-86

DATE: 7/7/86

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-262-24

ASSIGNED ADDRESS 9132 Kem Way

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☑
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

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

REMARKS: _____

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

SIGNED: DCM

OPWEAR 02/86

Gay

DATE: 7/7/86

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 139-262-24

ASSIGNED ADDRESS 9132 Kem Way (Lot 18)

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION H[illegible]

1. SUBDIVISION REGULATIONS
2. FLOODWAY REGULATIONS
3. EROSION CONTROL REGULATION
4. COMMERCIAL DRAINAGE PLAN
5. PUBLIC UTILITY EASEMENT
6. PROPERTY FRONTS ON THOROUG
7. DRIVEWAY PERMIT REQUIRED

Gay-
Is this correct or should it be 139-261-24?
Please aduise.
Thanks
Iris

* If checked, further investig
whether a building permit may
the site.

REMARKS: _____

7/7

NOTE: THIS FORM MUST BE TURNED [illegible]
STANDARDS WHEN PAYING PERMIT FEES
A CERTIFICATE OF OCCUPANCY WILL N
TRANSPORTATION DIVISION GRANTS FI

THE
/EWAY(S).

SIGNED: GCN

OPWEAR 02/86

704 336 3846 ENGINEERING '86 07/07 09:22 001

APPLICATION FOR SOIL INVESTIGATION

MECK COUNTY DEPARTMENT OF RECEIVED
JUN 30 1986
ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 85A

TC: 139-261-24

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Kimway Dr.

② SUBDIVISION: Three Springs ③ LOT: # 18 ④ BLOCK: F I

⑤ PARCEL REFERENCE: (PLAT BOOK) BOOK NO.: # 20 PAGE NO.: # 902 PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: # 5223 PAGE NO.: # 0733

OWNER

⑦ NAME: Ronald (FIRST) L. (MIDDLE) Stiles (LAST) and wife

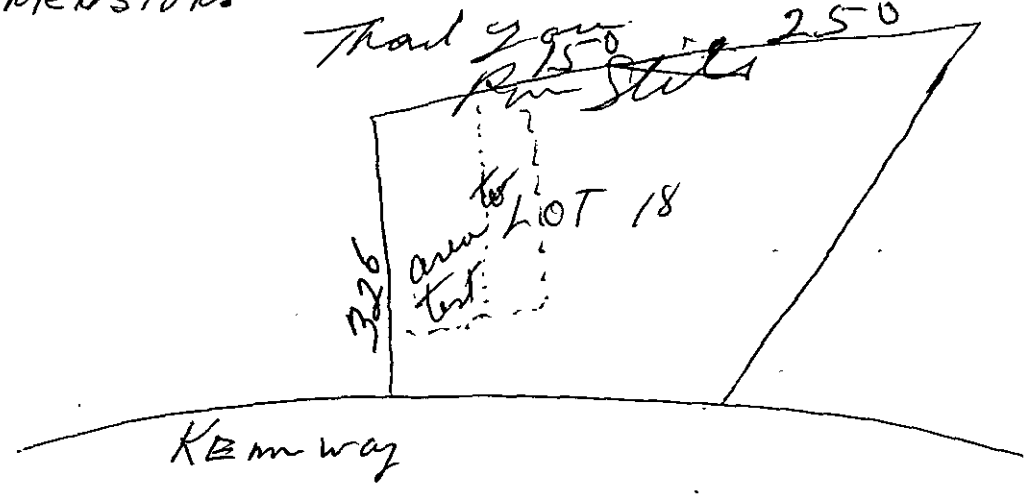
⑧ MAILING ADDRESS: #12 Beacon Hill Lane

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28226

⑫ PHONE: (WORK) 333-9237/333-9238 (HOME) 364-8241

⑬ Accurately diagram and dimension lot.

Attached is copy of previous testing - diagram and dimension.



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: Ronald L Stiles

Date: 6-26-86

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

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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 85A

TC: 139-261-24

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Kimway Dr.

② SUBDIVISION: Three Springs ③ LOT: # 18 ④ BLOCK: II I

⑤ PARCEL REFERENCE: (PLAT BOOK) BOOK NO.: # 20 PAGE NO.: # 202 PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: # 5223 PAGE NO.: # 0733

OWNER

⑦ NAME: Ronald (FIRST) L. (MIDDLE) Stiles (LAST) and wife

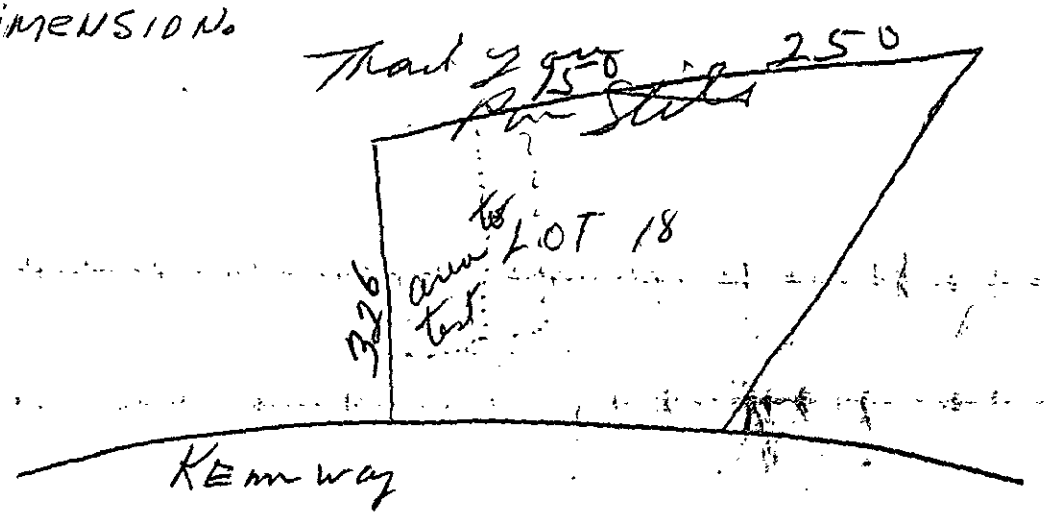
⑧ MAILING ADDRESS: #12 Beacon Hill Lane

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28226

⑫ PHONE: (WORK) 333-9237/333-9238 (HOME) 364-9241

⑬ Accurately diagram and dimension lot.

Attached is copy of previous testing - diagram and dimensions.



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Signed: Ronald L Stiles

Date: 6-26-86

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① ADDRESS: Kimway Dr.

② SUBDIVISION: Three Springs ③ LOT: # 18 ④ BLOCK: E I

⑤ PARCEL REFERENCE: (PLAT Book) BOOK NO.: # 20 PAGE NO.: ~~# 202~~ PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: # 5223 PAGE NO.: # 0733

OWNER

⑦ NAME: Ronald (FIRST) L. (MIDDLE) Stiles (LAST) and wife

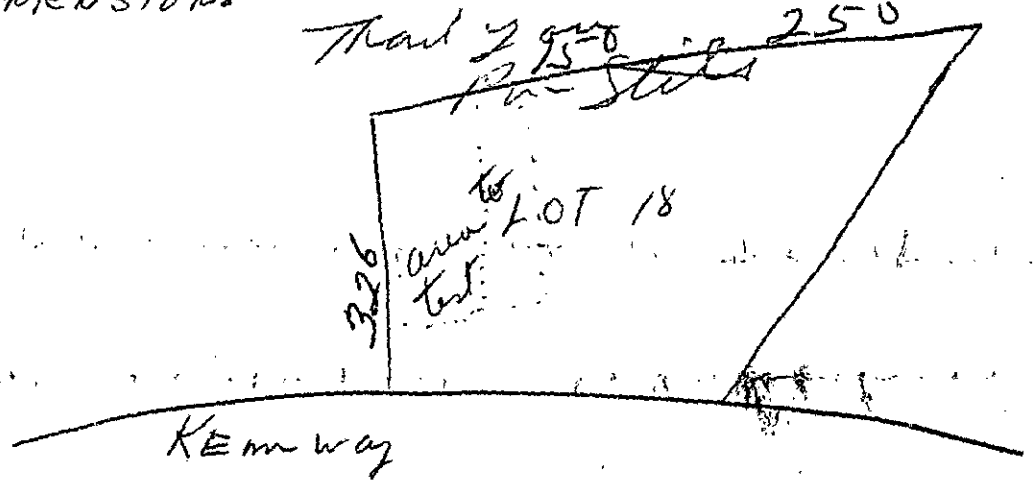
⑧ MAILING ADDRESS: #12 Rocky Hill Lane

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28226

⑫ PHONE: (WORK) 333-9237/333-9238 (HOME) 364-8241

⑬ Accurately diagram and dimension lot.

Attached is copy of previous testing - diagram and dimension.



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: Ronald L Stiles

Date: 6-26-86

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

Planner

Serial No. 6351

SIR No. _____

Date Issued _____

T. C. No. _____

Map Date _____

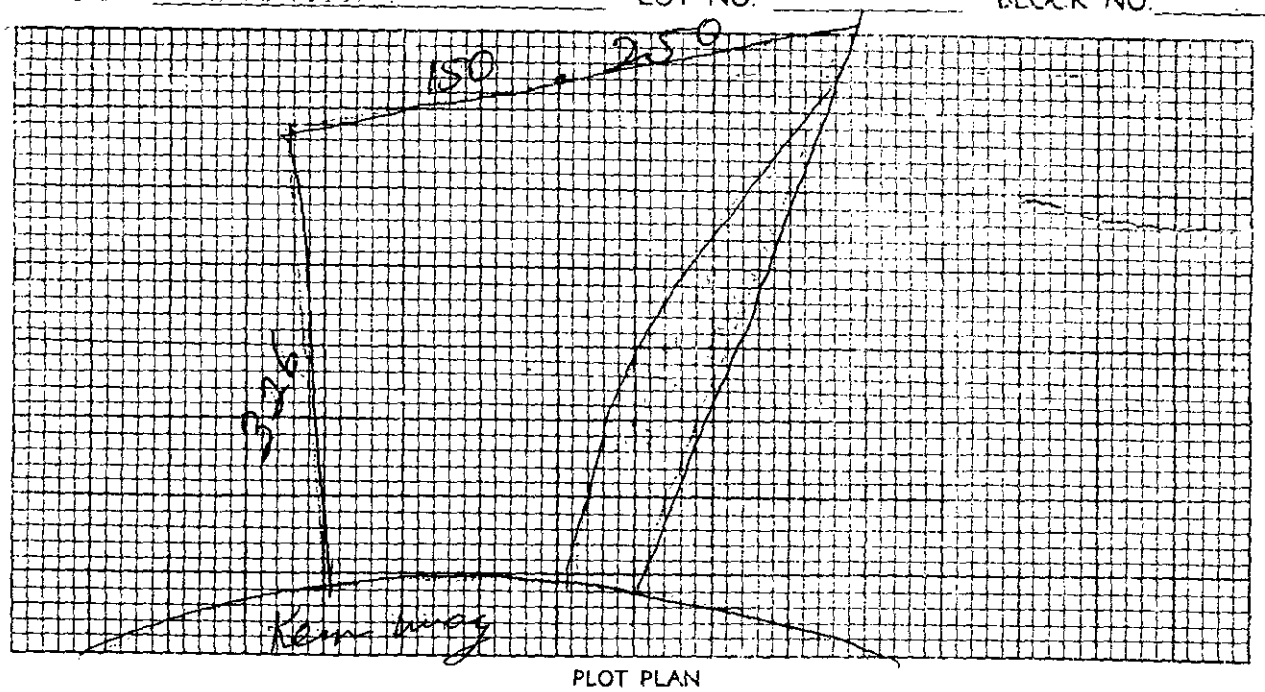
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER _____ (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER _____ ZIP _____

LOCATION OF PROPERTY _____ (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot.

The permeability rate determined by the investigation was Investigation Suitable. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

_____
Soil Scientist

_____
Environmental Health Director or
Authorized Section Head

EHD-5-76

Owner's Copy

DEED BOOK PAGE

5223 0733

STATE OF NORTH CAROLINA MAY (19'86) P.B. 10769 Real Estate Excise Tax ≈ 17.50

Excise Tax 17.50

PRESENTED FOR REGISTRATION

MAY 19 3 35 PM '86

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

244

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. .....

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

by .....

Mail after recording to Wayne M. Brendle, Atty BOX 76

This instrument was prepared by Fox Ridge, Inc.

Brief description for the Index Tract 18 (1.851 acres)

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 6th day of May, 19 86, by and between

GRANTOR	GRANTEE
FOX RIDGE, INC., a North Carolina corporation	RONALD L. STILES and wife, BONNIE ANN STILES #12 Beacon Hill Lane Charlotte, North Carolina 28226

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 18, containing 1.851 acres, as shown on survey of Fox Ridge as recorded in Map Book 20, page 902 in the Mecklenburg County Public Registry, reference to which is hereby made for a more complete description.

STAMPS	17.50
FEE	6.50
<>	24.00
CASH	24.00

10:19 #5068 000
05/19/86

Serial No. 6351

SIR No. 85A

T. C. No. 139-261-24

Date Issued June 4, 1985

Map Date /

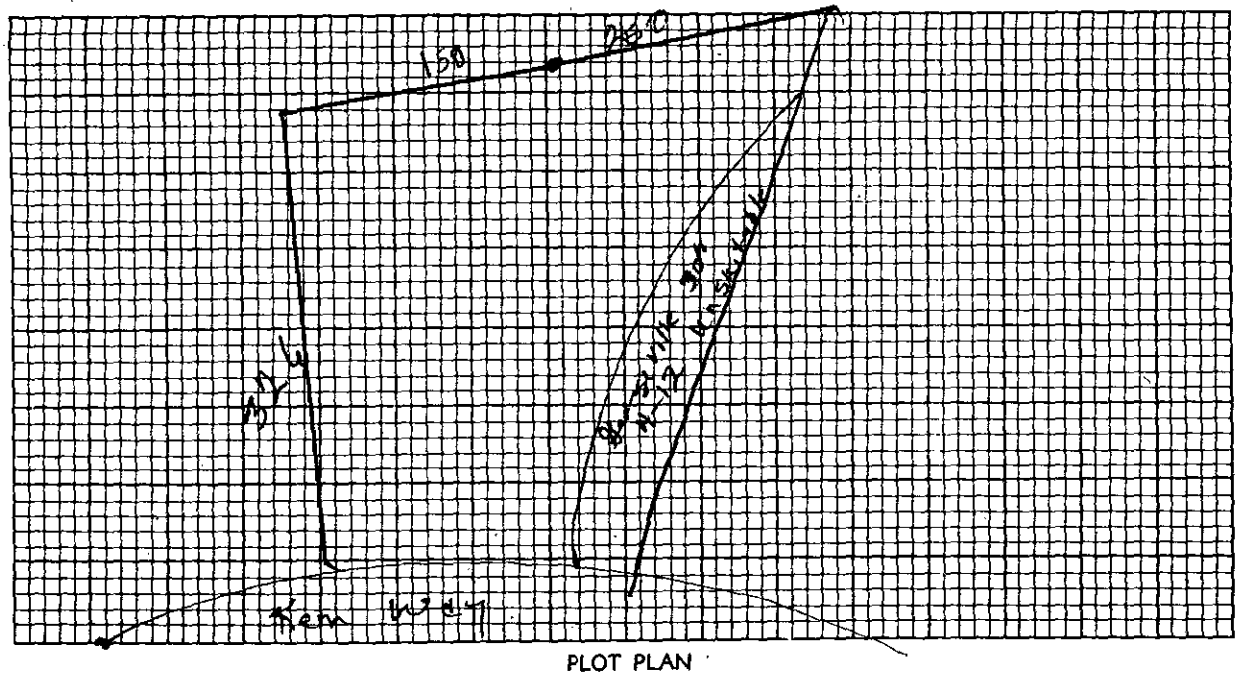
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Fox Ridge Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1740 E. Independence Blvd. Charlotte, NC ZIP 28205

LOCATION OF PROPERTY Kimway Dr.
(STREET OR COUNTY ROAD)

SUBDIVISION Three Springs LOT NO. 18 BLOCK NO. I



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot.

The permeability rate determined by the investigation was Provisionally Suitable. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

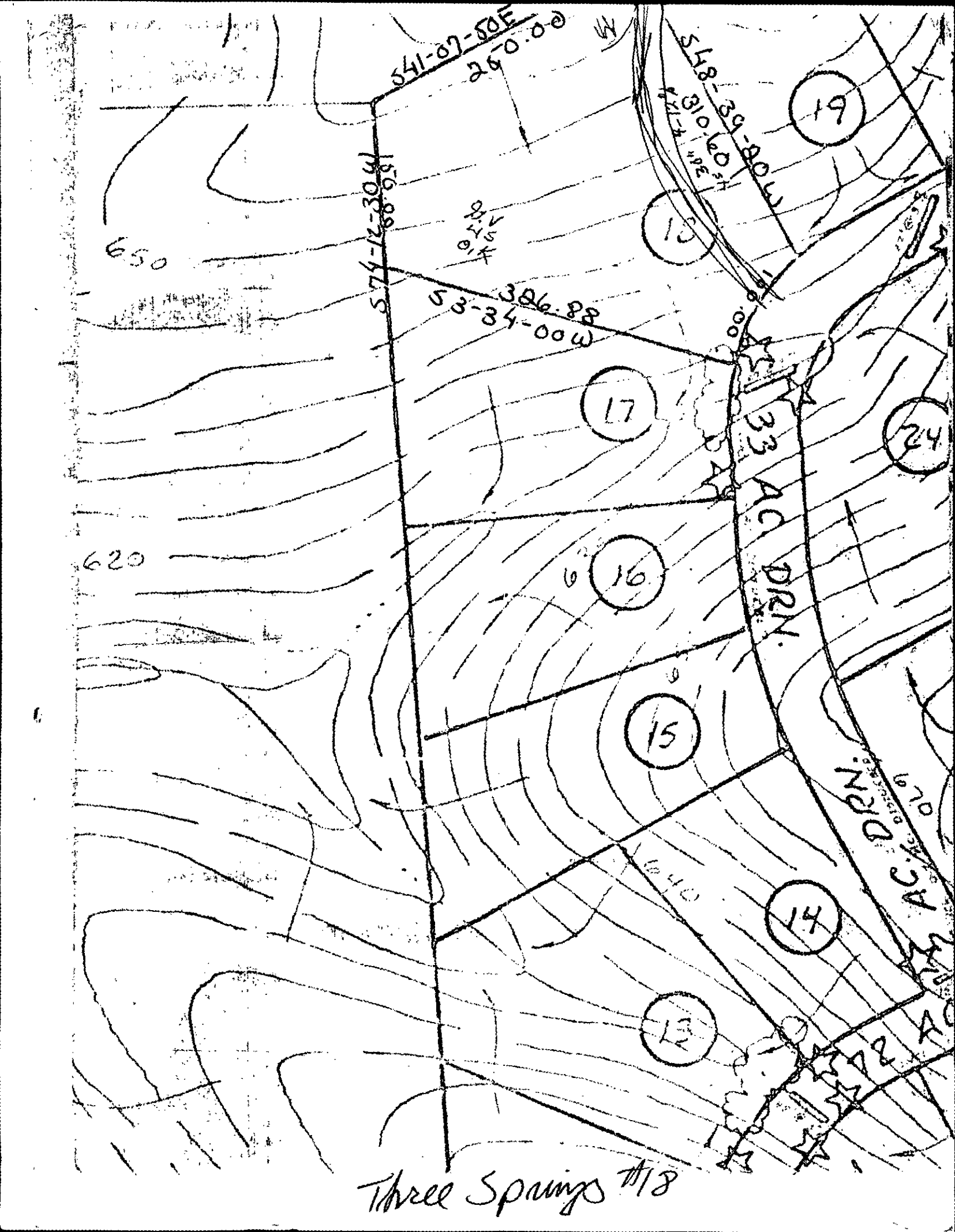
This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William Ramsey
Soil Scientist

Brice D. Huntington
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department's Copy



Three Springs #18

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 85A

T.C. NO. 139-261-24 L

(Ground Absorption Sewage Disposal)

OWNER: FOX RIDGE INC.
ADDRESS: 1740 E. INDEPENDENCE CHARLOTTE, N.C. 28205
LOCATION OF SITE: Kem Way Dr. Lot No 18

PLAT NO:
LOT SIZE: 1.31

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-12 U	S (PS) 4-12 U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey U	S (PS) Clayey U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-45 U	S (U) 20-30"	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) NONE U	S (PS) None U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) Adequate U	S (PS) Adequate U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIa	IVa		
9. SITE CLASSIFICATION	P. SUITABLE	Unsuitable		
10. SOIL SERIES	(Georgeville)	Georgeville		

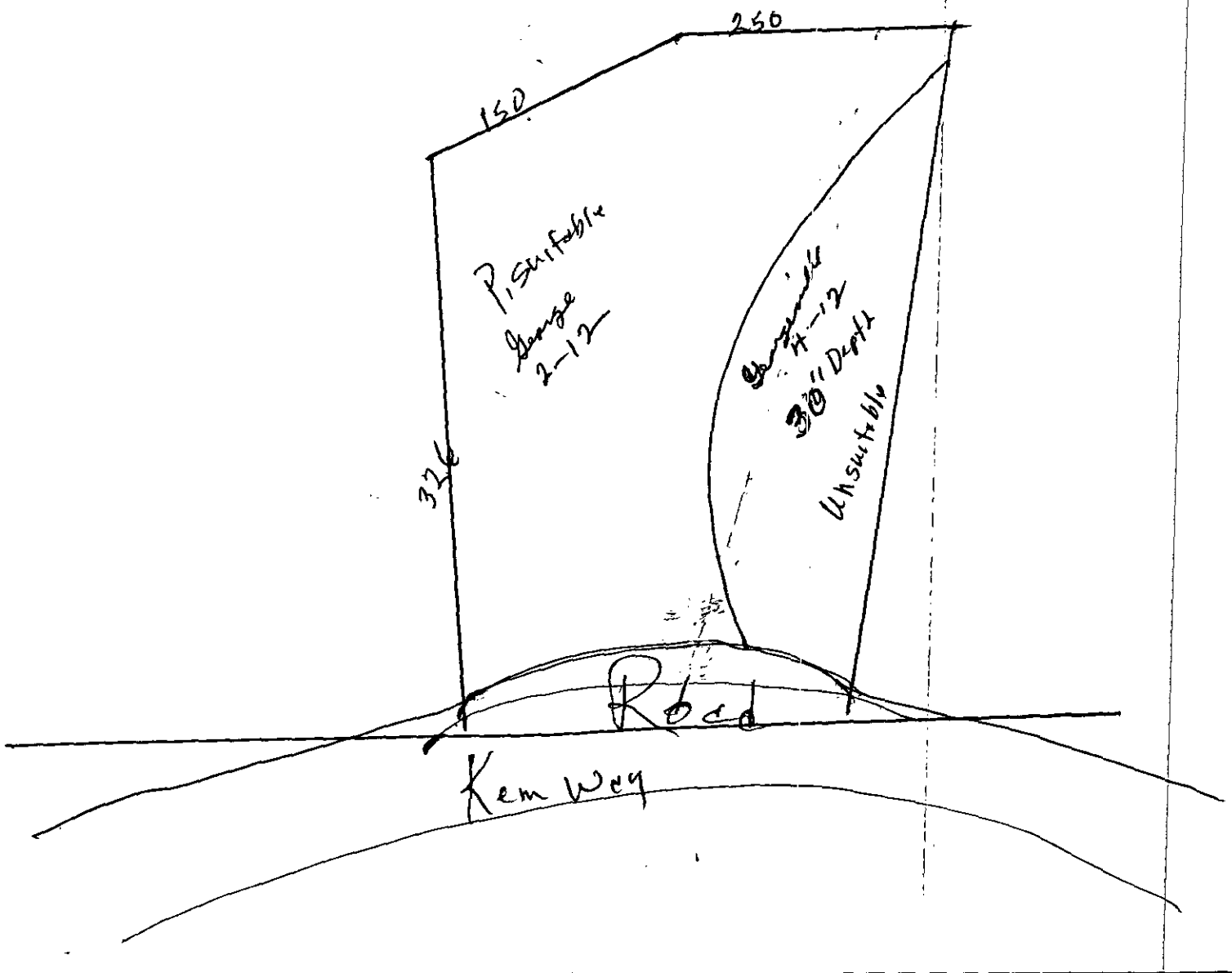
S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William B. Ramsey
Title: Soil Scientist

Date: 5-30-85


250
150
Pt Suitable
Grange
2-12
Unsuitable
4-12
30" Depth
336
Road
Kemsley

Date Received 3/12/65

RECEIVED
MAR 12 1965
ENVIRONMENTAL HEALTH

SIR No. 85 A

T. C. No. 139-26/-24

Map Date 4/1966

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Fox Ridge Inc
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 1710 E Independence Blvd Charlotte NC ZIP 28205

3) PHONE NO. Home _____ Office 372-2565

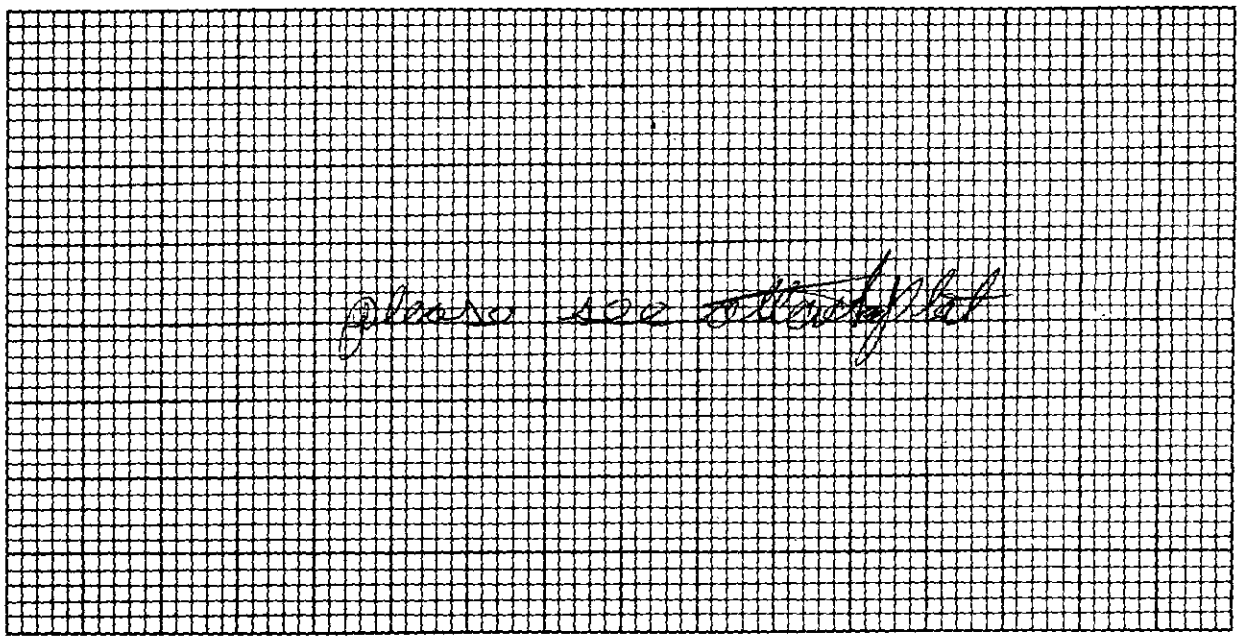
4) LOCATION OF PROPERTY Kem Way off Surrey Rd off Ira Flowe Between Ferguson + Brief Rd
STREET OR COUNTY ROAD

5) SUBDIVISION Three Springs LOT NO. 12 BLOCK NO. 1

MAP BOOK NO. 139 PAGE NO. 26

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

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

T. K. Norman
OWNER
Agent

EHD-5-76

Environmental Health Department's Copy