

9319 SNOW RIDGE LN

14111133

5/9/08

marliwr

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

MECKLENBURG COUNTY
Health Department

May 1, 2003

Pamela Kay Frye
920 Falls Creek Ln. Apt. 7
Charlotte, NC 28209

Dear Ms. Frye:

The State required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 9319 Snow Ridge Ln. Huntersville, North Carolina, was completed on 3/21/03. The results of this inspection are enclosed.

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
Septic System Owner's Guide

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County **Health Department**	**Name of Establishment**	3468A **Permit/Project No.**
9319 Snow Ridge Ln. **Location**	Residence **Type of Establishment**	360 GPD **Design Flow**
Pamela Kay Frye **Owner/Agent**	920 Falls Creek Ln. apt 7, Charlotte, NC 28209 **Address**	**Phone**
N/A **Operator**	**Address**	**Phone**
IIIb **Type System**	March, 2008 **Next Inspection Due**	

	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?	☐	☐	N/A
Free of blockages/solids buildup in lines or manholes?	☐	☐	N/A
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☐	☒	Tank riser buried. Remove for reinspection.
Tanks and access manholes structurally sound, watertight?	☐	☐	Could not access pump tank.
Sanitary tee(s) in good working condition?.....	☐	☐	
Tanks pumped, cleaned out as needed?.....	☐	☐	We recommend pumping out tanks every 3-5 yrs.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly	☐	☐	N/A
High-water alarm present and operating properly?	☐	☐	N/A
Floats/pipe/valves/disconnects in good condition?	☐	☐	N/A
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	Could not remove pump tank riser lid,
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☐	☐	Could not access to inspect.
High-water alarm present and operating properly?	☐	☐	Could not access to inspect.
Floats/pipe/valves/disconnects in good working condition?	☐	☐	Could not access to inspect.
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?	☐	☐	N/A
Bells and vents free of debris and in good condition?	☐	☐	N/A
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/tiles 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?	☐	☐	N/A
Laterals free of excess solids, cleaned out as needed?	☐	☐	N/A
Pressure head is properly adjusted?	☐	☐	N/A

OVERALL CONDITION AND OPERATION OF SYSTEM No effluent surfacing

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	**Repair Within (Days)**
Remove pump tank lid for reinspection.	

DATE: 3/21/03 SIGNED: David Cornelius, RSI AGENT

Division of Environmental Health

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

FILE # 31168A
Due 7/16/02

Parcel Ownership Summary

Parcel ID #: **14111133** ***GIS ID #:*** **14111133**

Owner Name:	PAMELA KAY FRYE
Mailing Address:	920 FALLS CREEK LN APT 7 CHARLOTTE, NC 28209-4760

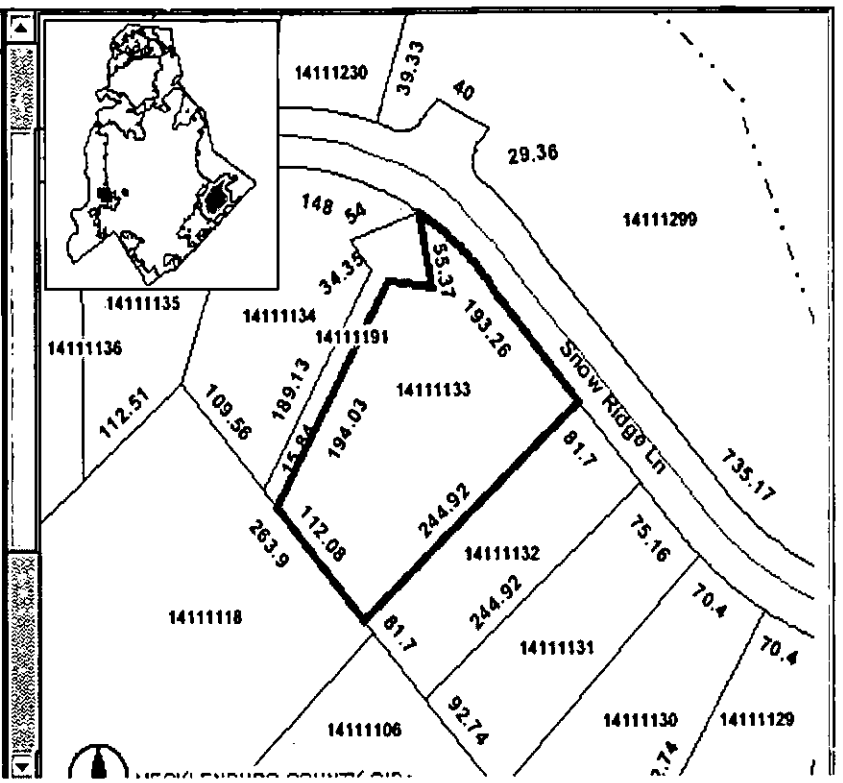
Property Characteristics

Legal Desc.:	L7 M23-223
Land Area:	1 LT
Fire District:	14-STEELE CREEK #1
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORP.
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

- 09110-622 (6/18/1997) $16,500.00

Situs Addresses Tied to This Parcel



FIRST NOTICE MAILED 2/10/03

Done 3/14/03 PUMP TANK BURIED

February 10, 2003

MECKLENBURG COUNTY
Health Department

Pamela Kay Frye
920 Falls Creek Lane Apt. 7
Charlotte, NC 28209-4760

Dear Ms. Frye:

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 9319 Snow Ridge Ln., 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 February 26, 2003 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

Pamela Kay Frye
920 Falls Creek Lane Apt. 7
Charlotte, NC 28209-4760

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
Pamela Kay Frye	9319 Snow Ridge Lane	14111133	3490B	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: 2/10/03

Payment Due Date: 3/10/03

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

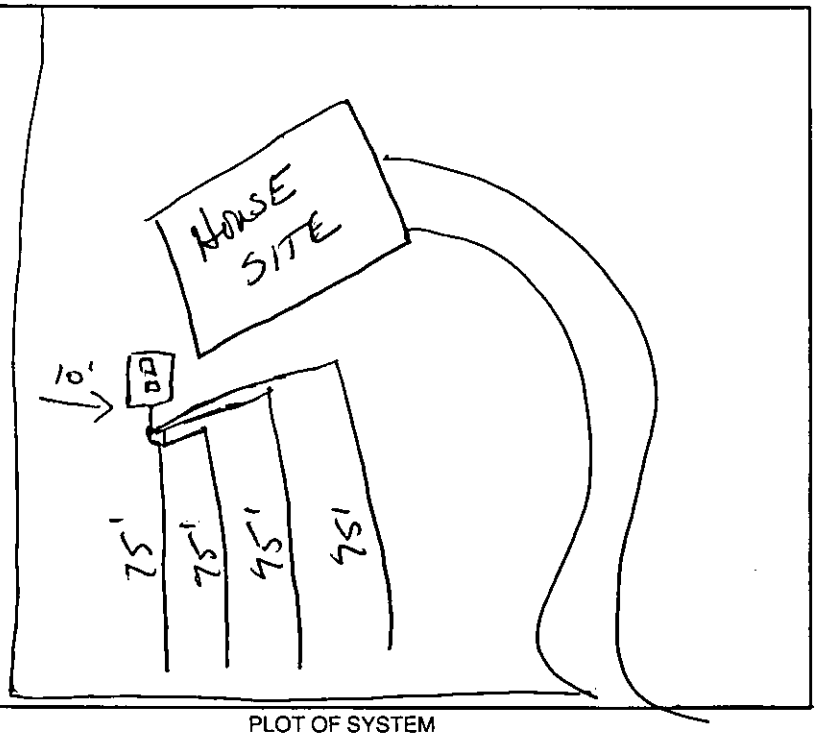
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3468A DATE: 7-14-97

TC: 141-111-33 X L

SERIAL Nº 17415

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 6/27/97. All work shall be completed on or before 7/27/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 — gallons

Tank Construction PCC

Trench Depth 36-48"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Municipal feet

SNOW RIDGE LANE

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

NAME OF OWNER Pamela K. Frye

LOCATION OF PROPERTY 9319 Snow Ridge Lane.

Comments: Install 1500 SEPTIC TANK, 25% REDUCTION SYSTEM on contour —

Jami Reggio Bunn, RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

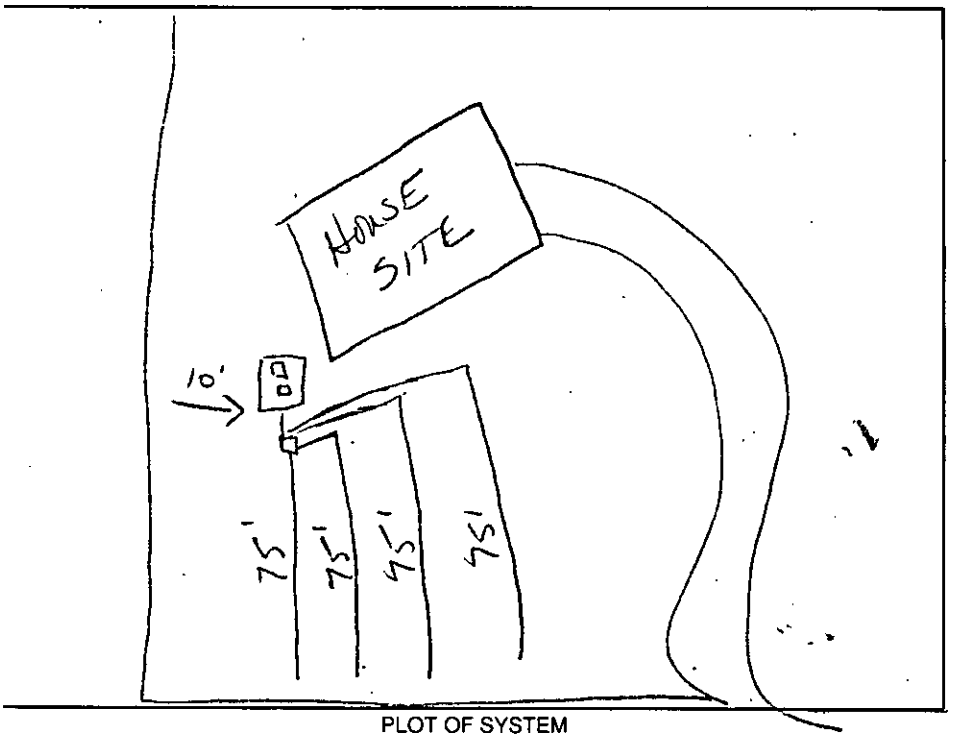
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3468A DATE: 7-14-97

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PLOT OF SYSTEM

SNOW RIDGE LANE

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PVC

Trench Depth 36-48"

Absorption and/or Nitrification Lines:

Trench Width 3. feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Municipal feet

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

NAME OF OWNER Pamela K. Frye

LOCATION OF PROPERTY 9319 Snow Ridge Lane.

Comments: INSTALL 1500 SEPTIC TANK, 25% REDUCTION SYSTEM ON CONTOUR. —

Jamie Maggio Bunn, RS.
Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3468A DATE: 7/16/97

TC: 141-111-33 ☒ L ☐ CRT

SERIAL Nº 17230

Name of Owner Pamela K. Frye Juris.: _____

Address of Property 9319 Snow Ridge Lane

Inspection Data:

Tank Material 1500

Total Length of Drainfield 300

Number of Lines 4 @ 15

Cover Depth 12

Water Supply Source Municipal

Distance to Water Source 10' off water line

Excavation Inspected 7/16/97

Tank(s) Inspected 7/16/97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1500 SEPTIC TANK, 25% REDUCTION SYSTEM CTR# LARRY REED

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 IIIe - 3 bedroom

Tom Viggiano Barney, RS.
Environmental Health Specialist

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

Pod

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** 40.00
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6/23/97 PERMIT NO: 3468A
PARCEL NO: 141-111-33

JOB LOCATION ADDRESS: ~~9307~~ 9319 Snow Ridge Lane
PROPERTY OWNER: _____
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Wintergken
AUTHORIZATION ISSUED BY: Jane Riggers Bunny RS. DATE: 6/23/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3468A, 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: 25% Reduction System —

OWNER CERTIFICATION

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

X David E Key 6/26/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3468A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 141-111-33

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	25% Reduction System ✓	✓ Innovative or Experimental: ___ IWWS-93-1 ✓ IWWS-93-2 ___ IWWS-94-1
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
~~400~~ NO Serviced by private well	1500 Gallon septic tank	270 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: ① PUMP TANK & 1000 GALLON SYSTEM MAY BE REQUIRED IF GRAVITY FLOW OR TRENCH DEPTH CAN BE ESTABLISHED. ② THERE IS NO CHANGE TO THIS PERMIT. NOT ③ AGREEMENT FORMS				
Repair Area System Type Type (circle one): I II (III) IV V VI	OR ✓ Conventional (PUMP-TO-CONVENTIONAL) AS DESIGNED IN 1994 APPROVAL PLAN ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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 Hinson Bunn 6/23/97
DEHNR Authorized Agent — Date

[signature] 6/26/97
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

FEE: 100.00
DATE: 6/23/97
COR # 1533 Eh

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 3468A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-111-33

STREET ADDRESS: 9319 Snow Ridge Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Winter Glen

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
✓ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

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

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

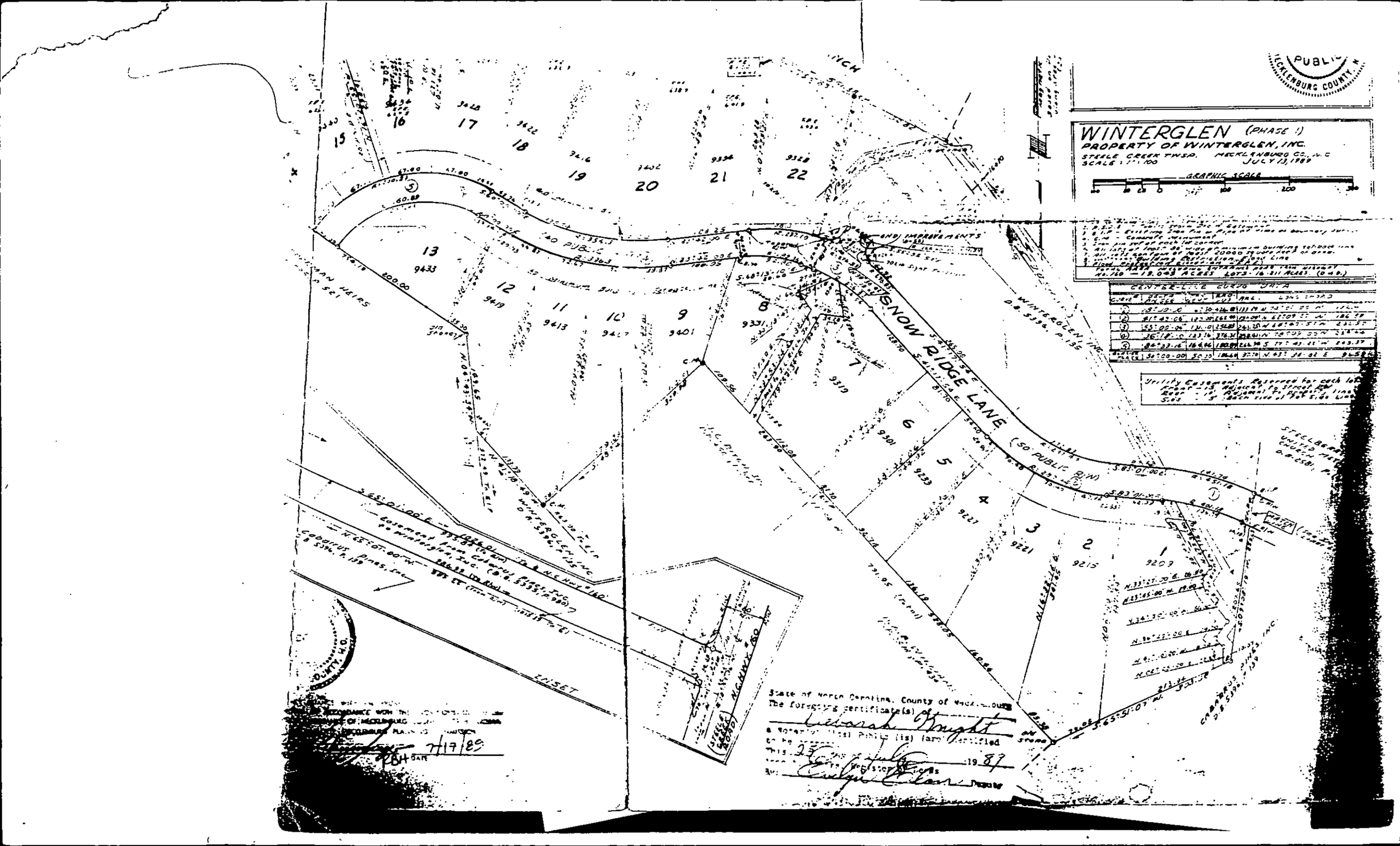
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Frye (FIRST) Pamela (MI) K	NAME: (LAST) KAY (FIRST) April (MI) E
ADDRESS: 920 Falls Creek Lane #7	DAYTIME PHONE: (704) 565-2098
CITY: Charlotte STATE: NC ZIP: 28209	
DAYTIME PHONE: (704) 565-2098	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June 18, 1997

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: Pamela Kay Frye DATE: 6-19-97

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


WINTERGLEN (PHASE I)
PROPERTY OF WINTERGLEN, INC.
STEELE CREEK TWSP. MECKLENBURG CO., N.C.
SCALE : 1" = 100'
JULY 13, 1989
GRAPHIC SCALE
SNOW RIDGE LANE (50' PUBLIC R/W)
WINTERGLEN (PHASE I)
WINTERGLEN, INC.
D.B. 5336, P. 139
CENTERLINE DATA
Utility Easements Reserved for each lot
Front - 15' Adjacent to Street R/W
Rear - 10' Adjacent to Rear Lot Line
Sides - 5' Each Side of Lot Lines
STEELE CREEK UNITED METHODIST CHURCH
D.B. 2581, P.
CAROLINA POWER & LIGHT CO.
D.B. 5336, P. 139
CADDIUS HOMES, INC.
D.B. 5336, P. 139
EASEMENT FROM CALDWELL FURNITURE CO. TO WINTERGLEN, INC. (D.B. 5331, P. 880)
EASEMENT FROM CALDWELL FURNITURE CO. TO WINTERGLEN, INC. (D.B. 5331, P. 880)
INSET
McKINLEY RD.
(STATE ROAD 4050)
MECKLENBURG COUNTY, N.C.
PUBLIC
State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of
Deborah Knight
a Notary Public (is) (are) certified
to be correct.
This 25 day of July 1989
Evelyn C. Clark, Deputy
7/17/89
PBH DATE

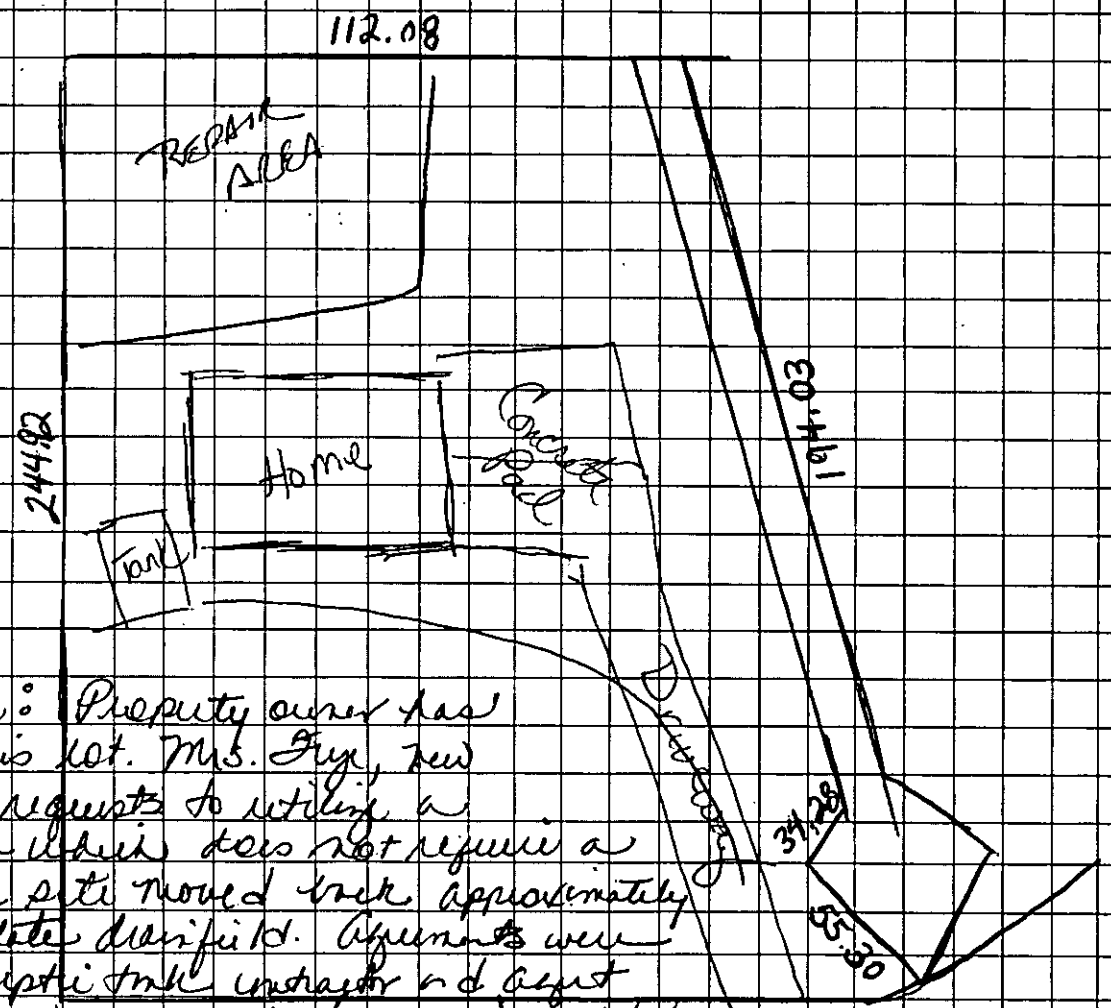
PROPOSED PLOT PLAN

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

FILE: 3468A

TC: 14-111-33

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.



Note to file: Property owner has changed on this lot. Mrs. Fix, new property owner requests to utilize a septic system which does not require a pump. House site moved back approximately 100' to accomodate drainfield. Agreements were reached by septic tank contractor and agent that house site & septic tank (193.26) would be set to insure gravity flow to tank. 25% Reduction/ INNOVATIVE would be required to be used due to site & space limitations and repair of PABBS in back of lot.

OWNER/AGENT SIGNATURE

DATE 06/23/97

APPROVAL DATE _____

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

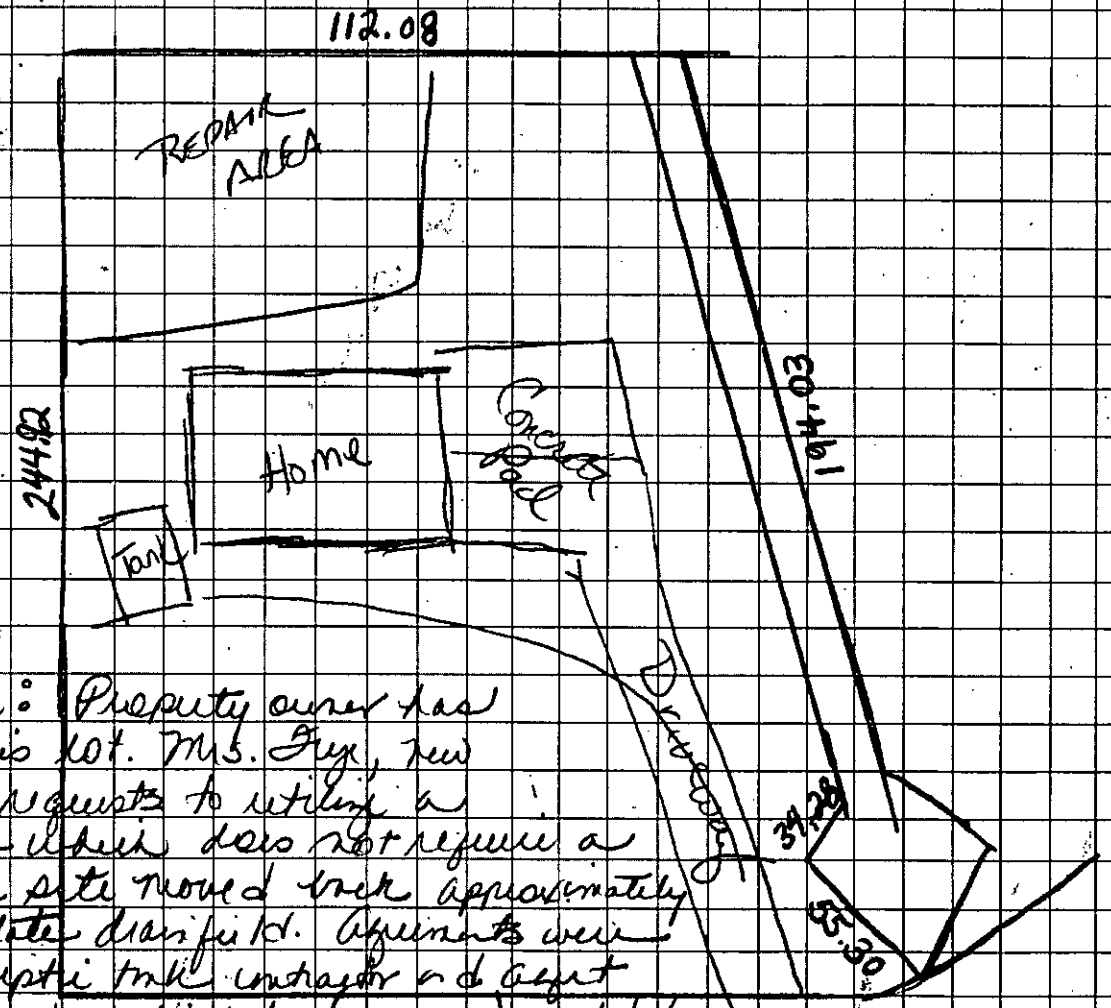
PROPOSED PLOT PLAN

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

FILE: 3468A

TC: 14-111-33

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.



Note to file: Property owner has changed on this lot. Mrs. Fox, new property owner requests to utilize a septic system which does not require a pump. House site moved back approximately 100' to accomodate drainfield. Arguments were used by septic tank contractor and agent that house site & septic tank (193.26) would be set to insure gravity flow to tank. 25% Reduction/ INNOVATIVE would be required to be used due to site & space limitations and repair of PPBGS in back of lot.

OWNER/AGENT SIGNATURE

DATE 06/23/97

APPROVAL DATE _____

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

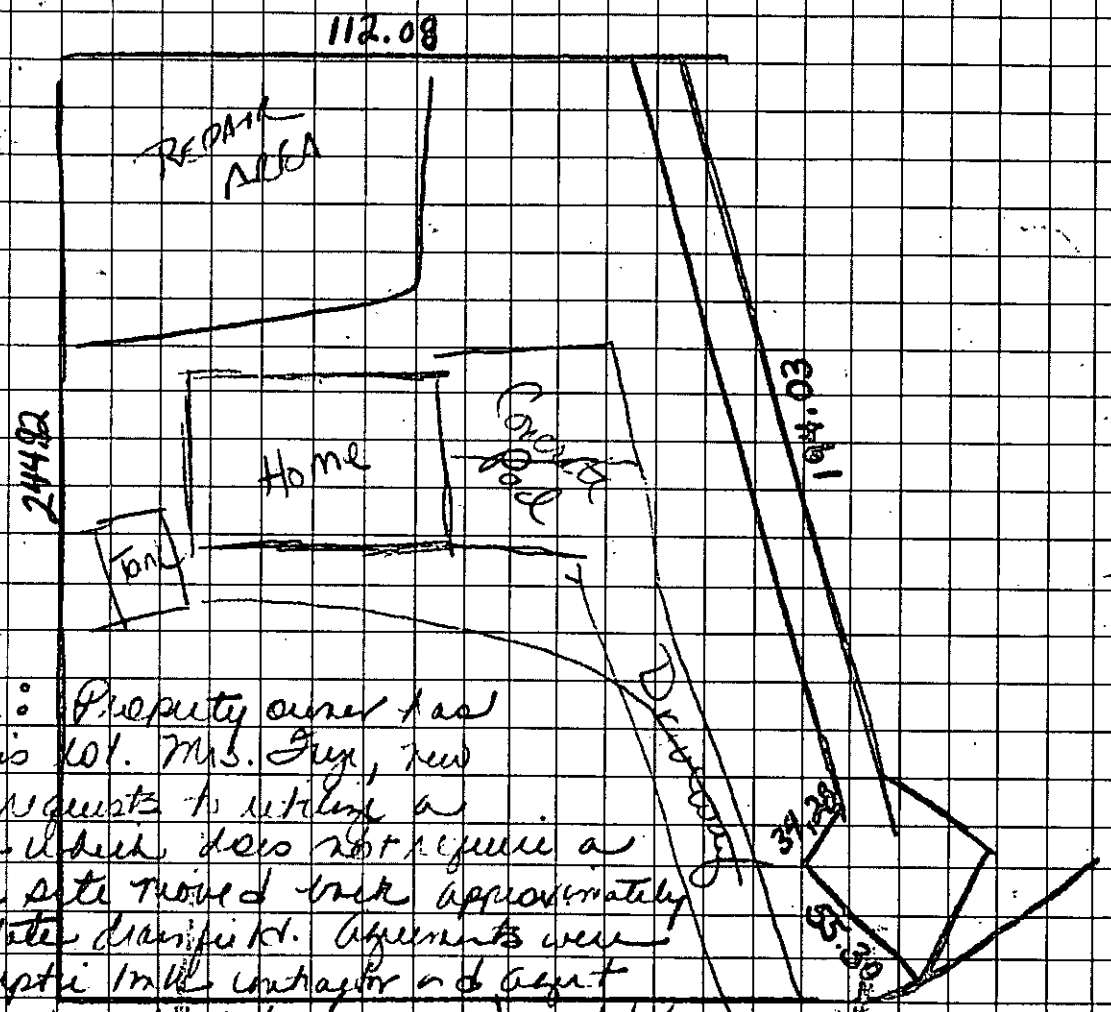
PROPOSED PLOT PLAN

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

FILE: 3461A

TC: 14-111-33

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.



Note to file: Property owner had changed on this lot. Mrs. Guy, new property owner requests to install a Septic system which does not require a pump. House site moved back approximately 100' to accommodate drainfield. Agreements were made by septic installer contractor and agent that house site & septic tank (193.26) would be set to insure county plan to link .25% Reduction/ Innovative would be required to be used due to site & space limitations and repair of PPBDS in back of lot.

OWNER/AGENT SIGNATURE

DATE 6/27/91

APPROVAL DATE _____

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

Transferred 100 from Previous owner

Written Permission received $100.00 6/1/93 chk 1069 DT

3468A Replace Orig (NA) Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: (588-4530 W)

NAME: BASTA (last) FRANK (first) J. (mi)

ADDRESS: 2205-C YAGER CR. DR PHONE: (704) 588-4238

CITY: CharLotte STATE: PA ZIPCODE: 28273

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 141-111-33

STREET ADDRESS: 9319 Sweet Ridge Rd

ZONING:

PROPERTY OWNER:

NAME: BASTA (last) FRANK (first) J. (mi)

ADDRESS: SAME 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

LOT NUMBER: 71 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 (A)
[] 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) [X] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: W/ Garage

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 [X] Deck/Patio [] Bedrooms [] Other

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

Signed: Frank J. Basta Date: 5-28-93

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.

[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

1. ...Approved for 3 bedroom home
2. See Approved Plot Plan in file for details of Septic System.
3. Lift Pump Shall be required.
4. Subsurface drains & Surface drains required in area above and to the RT Property Line to intercept and divert Lateral and Surface Water.

Judy J. Kuss RS 5/19/94
Environmentalist Date

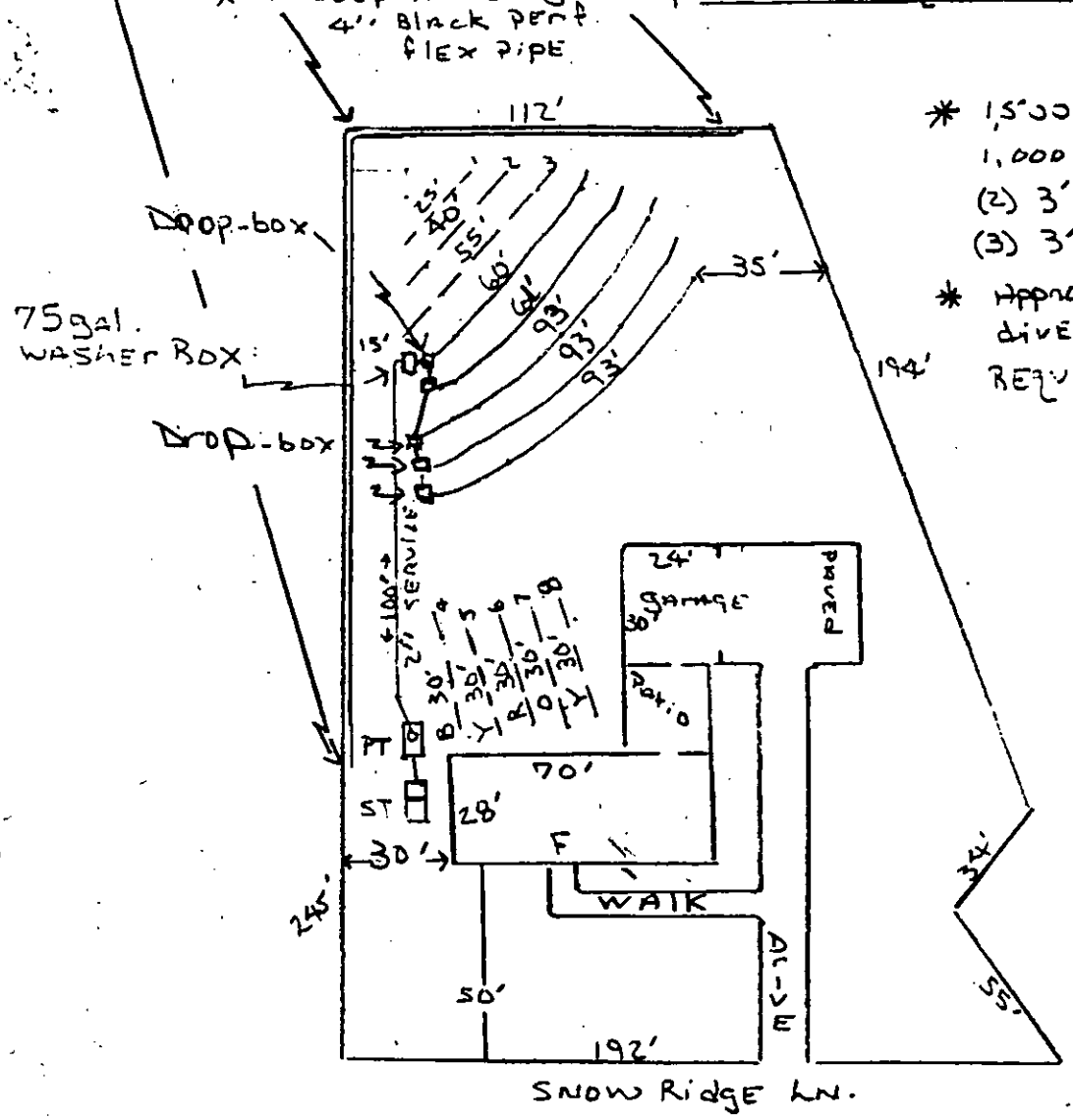
Director or Authorized Section Head Date

WATER : 122791

* 3 Bedroom / Conventional Drop Box Plant

MCHD
FILE: 3468-A
TC: 141-111-33
Lot 7, Winterglen

* Subsurface Diversion 8" x 4' deep x 36" gravel, or as required by MCHD
4" Black Perf Flex Pipe



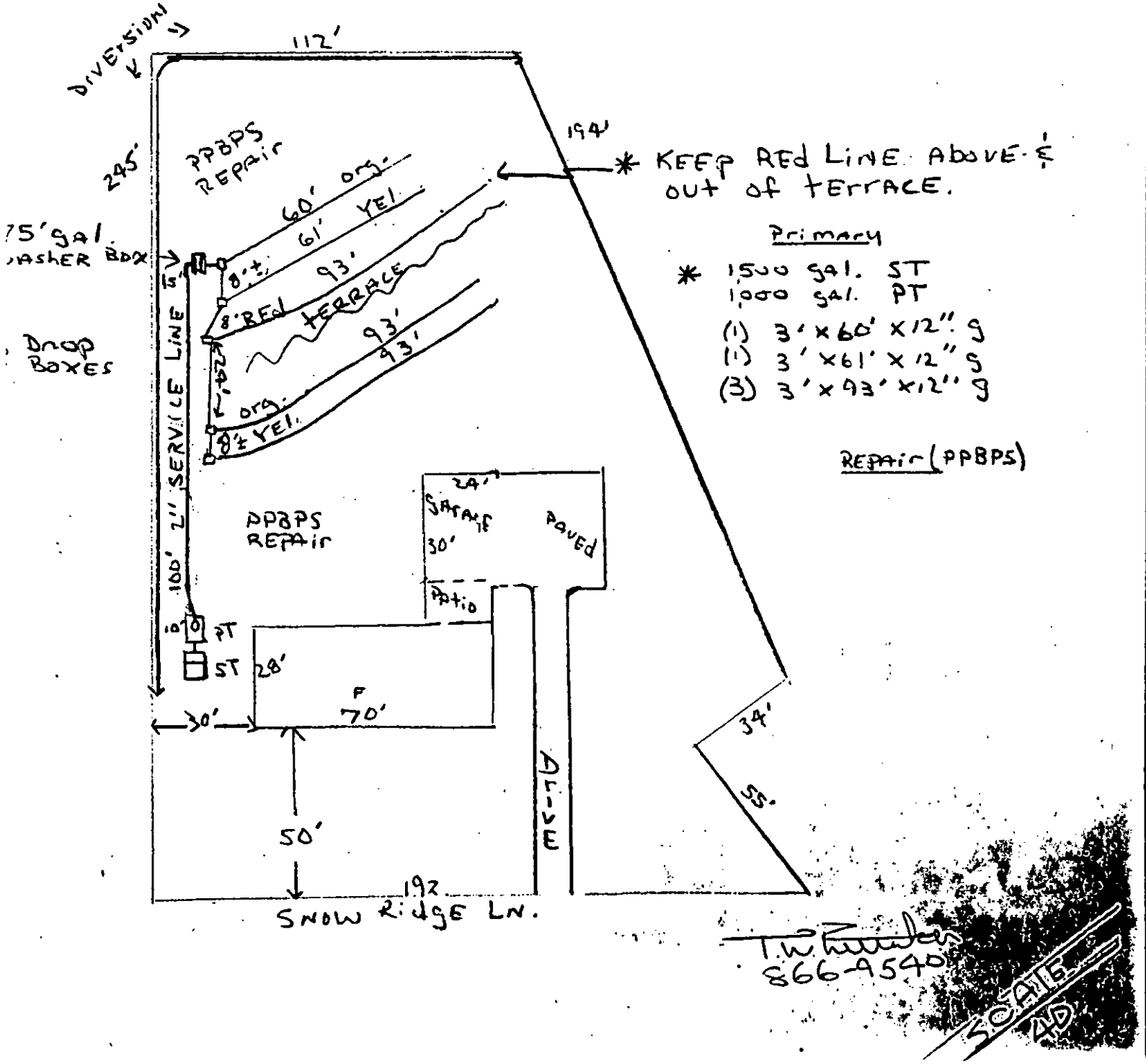
* 1,500 gal. ST
1,000 gal. PT
(2) 3' x 61' x 12" g
(3) 3' x 93' x 12" g
* Approx. 300' subsurface diversion or as required by MCHD.

SCALE
SD

* 3 Bedroom / Conventional Drop-Box Plan (Specs)

MCHD
File: 345-A
TC: 141-111-33.
Lot 7, Winterglen

* Feed 2" service line into 75gal. washer box; Drop box distribution from L¹ to L² to L³ to L⁴ to L⁵ as shown below.



MCHD
FILE: 3468-A
TC: 141-111-33
Lot 7, Winterglen

LWORKS\WORD\WORDPERF\SDP

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- ✓ CONVENTIONAL 3 Bedroom Plan / Drop Boxes
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

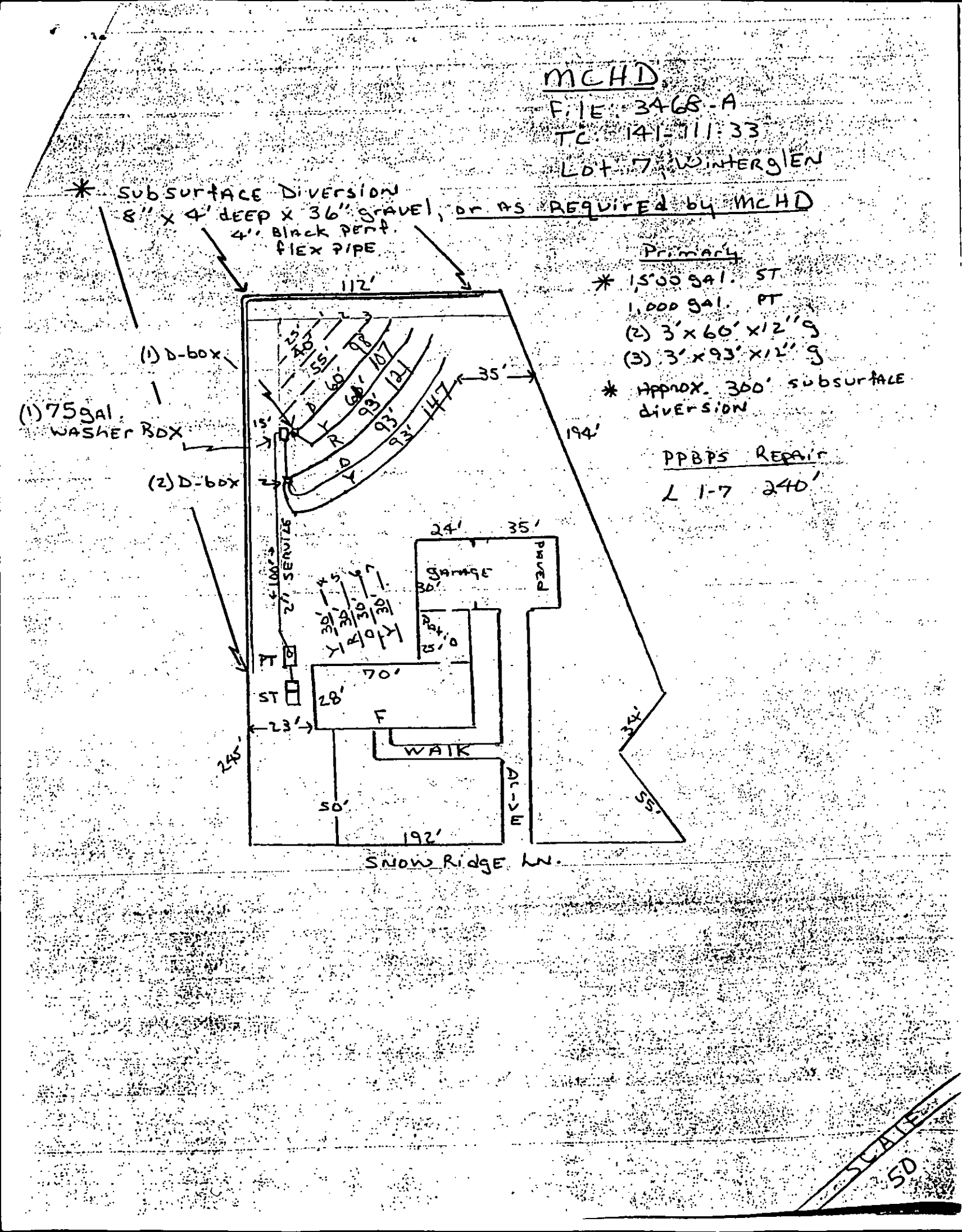
SPECIALIZED EQUIPMENT OR REQUIREMENTS:

- ✓ DROP BOXES (5)
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- ✓ WASH BOX - 75 gal. (1)
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER

- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- ✓ FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- ✓ PUMP TANK 1,000 gal.
- SAPROLITE TEST

1,500

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
Conventional / Primary Sys.								
						60'		
						61'		
						93'		
						93'		
						93'		
					Total	400'		
PPBPS / Repair Sys.								
						25'		
1						40'		
2						55'		
3						30'		
4						30'		
5						30'		
6						30'		
7						30'		
8						270'	PANEL	


MCHD
FILE: 3468-A
TC: 141-11-33
LOT 7 WINTERGLEN
* SUBSURFACE DIVERSION
8" x 4' DEEP x 36" GRAVEL, OR AS REQUIRED by MCHD
4" Black perf. flex pipe
Primary
* 1,500 gal. ST
1,000 gal. PT
(2) 3' x 60' x 12" ϕ
(3) 3' x 93' x 12" ϕ
* Approx. 300' subsurface diversion
PPBPS Repair
L 1-7 240'
112'
(1) D-box
(1) 750 gal. WASHER BOX
(2) D-box
15'
25'
40'
55'
68'
98'
107'
121'
147'
35'
194'
24'
35'
GARAGE
PAVED
30'
25'
70'
28'
F
23'
WALK
DRIVE
240'
50'
192'
34'
SS
100' ± SEPTIC
PT
ST
SNOW RIDGE LN.
SCALE
1" = 50'

3468A

Mecklenburg County
Health Department

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

October 28, 1993

Frank J. Basta
2205 C. Yager Cr. Drive
Charlotte, NC 28273

Re: Property located at 9319 Snow Ridge Lane
Tax Parcel #141-111-33

Dear Mr. Basta:

Receipt of the plans and specifications for a conventional system of sewage disposal for the primary system and a Prefabricated, Permeable Block Panel System (PPBPS) proposed as the future repair system 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, "Laws and Rules For Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1. The proposed layout is not a desirable design. Both the conventional system and the panel block system are stacked on the hillslope which could cause a strain on the soils permeability and cause a failure from hydraulic overloading. According to the design criteria required by the designer-manufacturer of the panel block system, the system as it is staked out on the lot, creates a "Window Effect," which is unacceptable according to construction requirements as outlined in their construction manual.

2. No provisions have been allowed for interceptor/surface drainage ditches which are required to divert both surface and lateral water movement away from the drainfield. This would further reduce the available land space for the system as is designed.

Possible alternatives for system location would be to locate a conventional system on the back of the lot and designate an area at the front of the property as the repair area using a conventional system . Or, you may locate the house back further into the lot, propose a conventional primary system at the front and a panel block system at the rear of the lot as the repair system.

Please be advised that you have the right to an informal review by this Department and the right of appeal under G.S. 130A-24.

If you have any questions regarding these matters, please do not hesitate to contact me at 336-5571.

Sincerely,

Kelly Randall FOR JUDY KISER

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems Program

PROPOSED PLOT PLAN

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

FILE: 3468-A

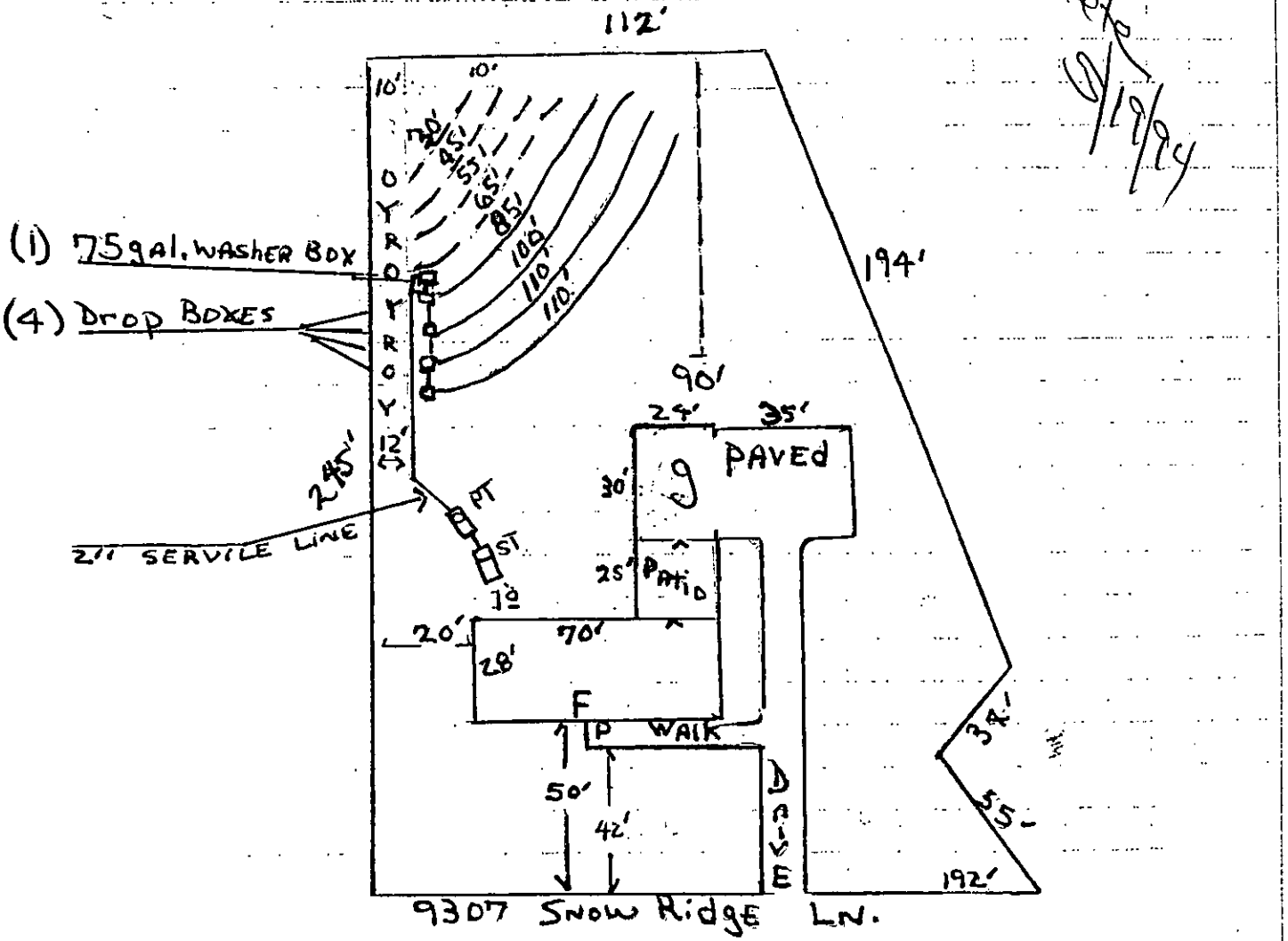
TC: 141-111-33

WINTERGLEN Lot 7

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.

CONVENTIONAL - 405+
PPBPS - Repair - 195'

Delete 9/19/24



SCALE 50

APPROVAL DATE _____

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

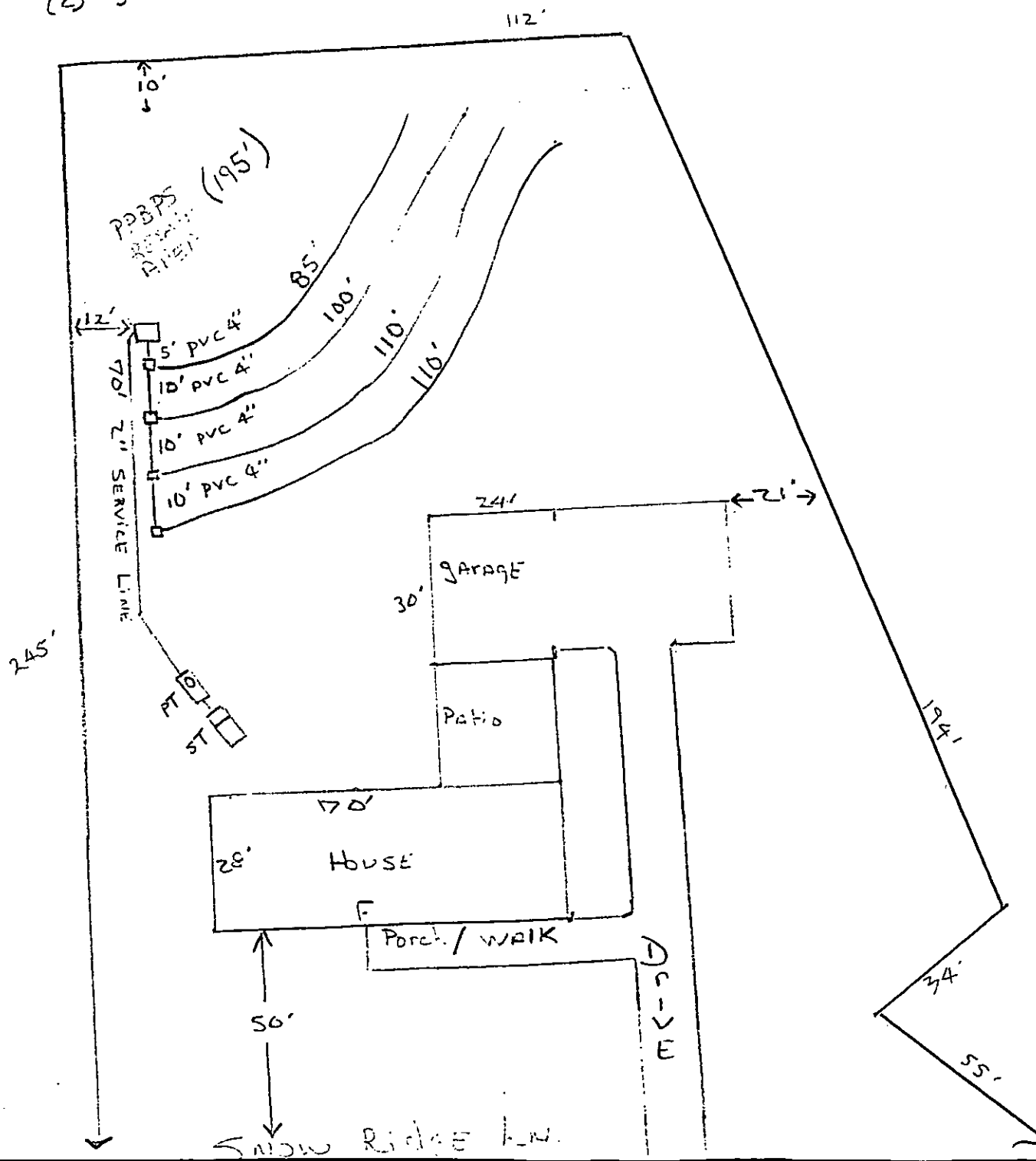
MCHD
File: 3468-A
TC: 141-111-33
Lot 7, Winterglen

* SPECS Sheet - Primary
(SCALE 30')

(3) Bedroom / Conventional / Primary
(3) " / PPBPS / Repair

1,500 ST, 1,000 PT, (1) 75 Gal. Washer Box, 4 drop Boxes

(1) 3' x 85' x 12" gravel
(1) 3' x 100' x 12" gravel
(2) 3' x 110' x 12" gravel
} Total 405'



PROPOSED PLOT PLAN CONVENTIONAL

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

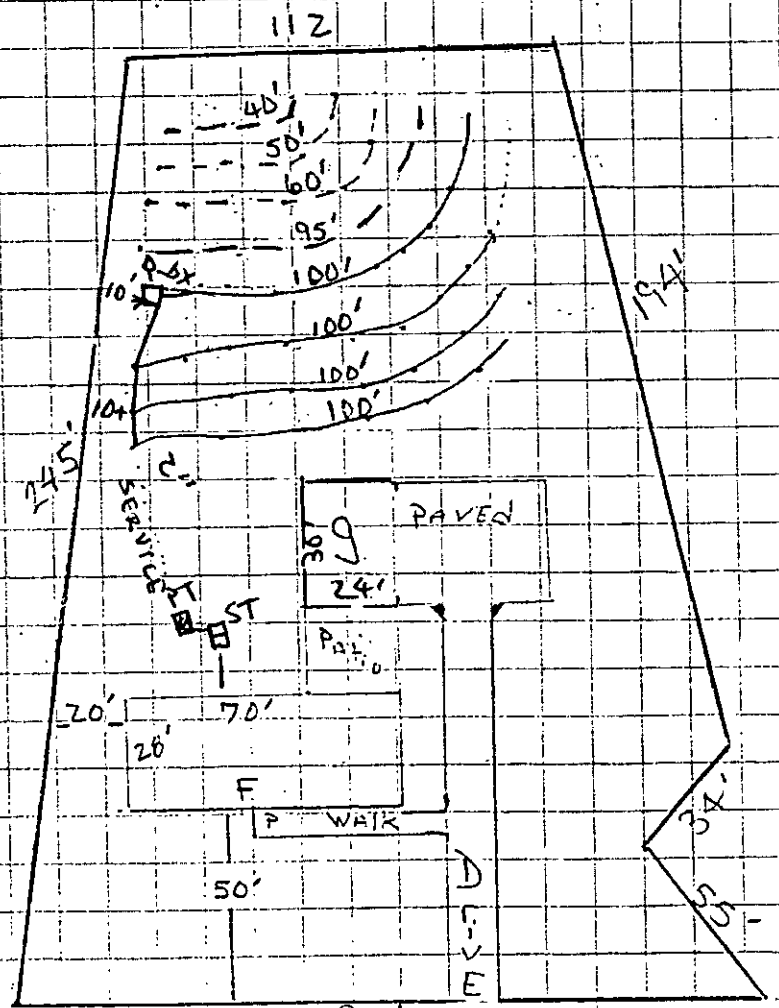
FILE: 3468-A

TC: 141-111-33

WINTERGLEN, LOT 7

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 GAL. ST
1000 GAL. PT
(4) 3' X 100' X 12" GRAVEL } Primary SYS.



REPAIR (PPBPS)
245'+

1"=50'

APPROVAL DATE _____

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

"3468A"

LOCATION

STREET # (N,S,E,W) 9319 STREET NAME 'Snow Ridge Lane (AV,RD,ST, etc)

SUITE/UNIT(S):

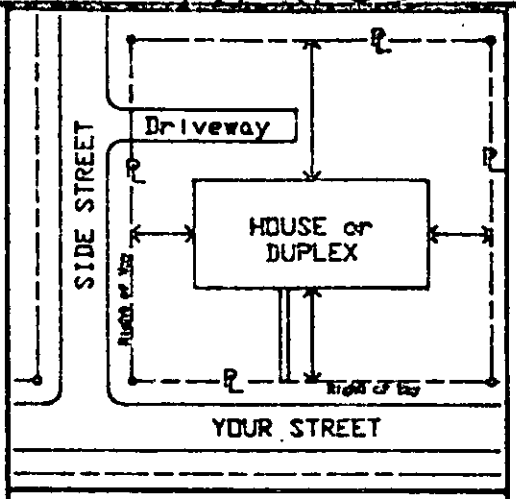
PERMIT #

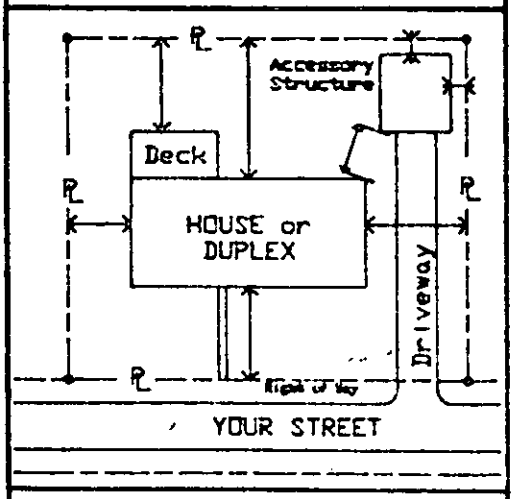
TAX JURISDICTION: (Check One)
- [X] 0-Mecklenburg
- [ ] 1-Charlotte
- [ ] 2-Davidson
- [ ] 3-Cornelius
- [ ] 4-Pineville
- [ ] 5-Matthews
- [ ] 6-Huntersville
- [ ] 7-Mint Hill

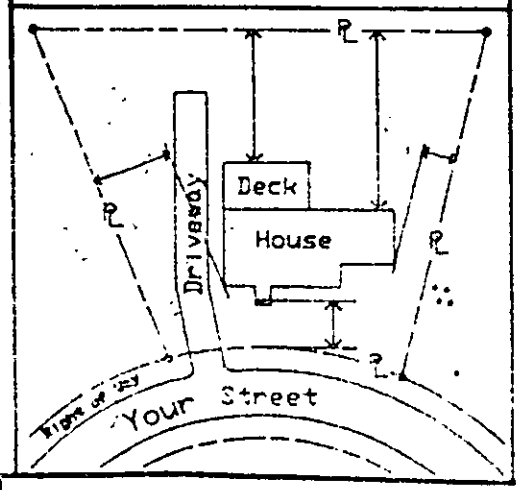
TAX PARCEL # 141 111 33

JOB #

EXAMPLES/PLOT PLAN





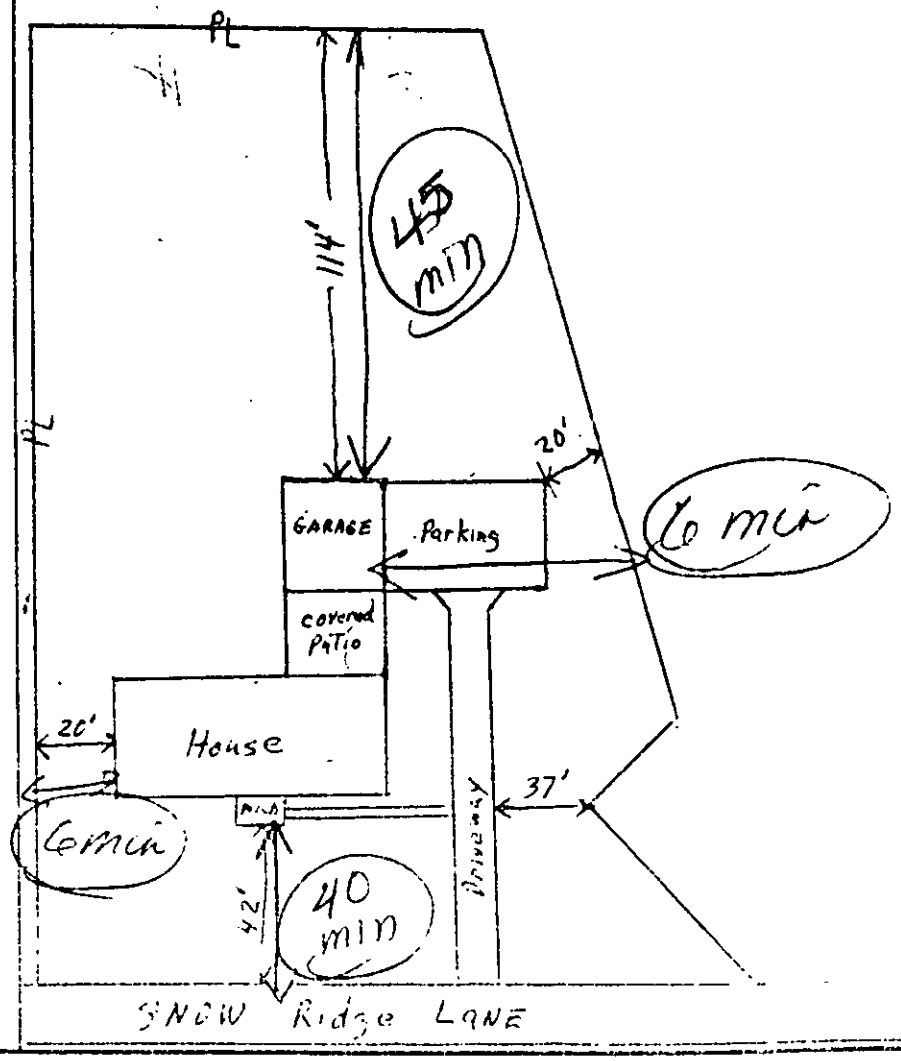


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Frank J. Basta 5/29/13 FRANK J. BASTA

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

Mecklenburg County
Health Department

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

10-14-03
Portrait Homes
8001 Raintree Lane Suite 100
Charlotte NC 28277

Re: 6228 Phyllis Ln.
File: 3849-A
Parcel: 135-271-12

Dear Sir,

Receipt of the plans and specifications for a ~~conventional~~ modified 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, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

(1) The proposed layout is not a desireable design. Lines 1 through 4 are stacked on the hillslope which could cause a strain on the soils permeability and cause a failure from hydraulic overloading.

For these reasons the plans as submitted are disapproved. Possible ways to develop the site include moving the house forward so the system can be spread out over a larger areal space. a reduction in daily design flow could also be utilized to enhance the development potential of this lot.

Please be advised that you have the right to an informal review by this Department and the right of appeal under G.S. 130A-24.

If you have any questions regarding these matters, please do not hesitate to contact me at 336-5575.

Sincerely,

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

cc Tim Whittaker
512 South Street
Gastonia NC 28052

October 20, 1994

Frank J. Basta
2205 C. Yager Cr. Drive
Charlotte, NC 28273

Re: Property located at 9319 Snow Ridge Lane
Tax Parcel #141-111-33

Dear Mr. Basta:

Receipt of the plans and specifications for a conventional system of sewage disposal for the primary system and a Prefabricated, Permeable Block Panel System (PPBPS) proposed as the future repair system 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, "Laws and Rules For Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1. The proposed layout is not a desirable design. Both the conventional system and the panel block system are stacked on the hillslope which could cause a strain on the soils permeability and cause a failure from hydraulic overloading. According to the design criteria required by the designer-manufacturer of the panel block system, the system as it is staked out on the lot, creates a "Window Effect," which is unacceptable according to construction requirements as outlined in their construction manual.

2. No provisions have been allowed for interceptor/surface drainage ditches which are required to divert both surface and lateral water movement away from the drainfield. This would further reduce the available land space for the system as is designed.

Please be advised that you have the right to an informal review by this Department and the right of appeal under G.S. 130A-24.

If you have any questions regarding these matters, please do not hesitate to contact me.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems Program

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
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FILE: 3468-A

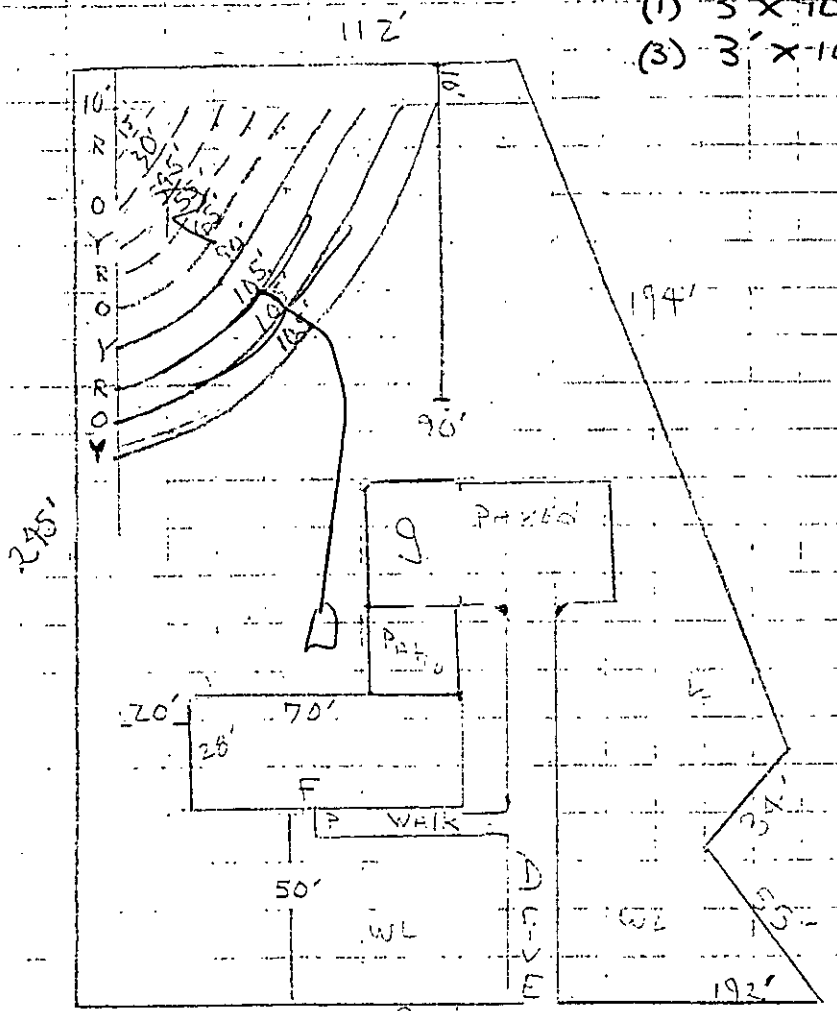
TC: 141-111-33

WINTERGLEN LOT 7

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.

* PPBPS Repair
R-15'
O-30'
Y-45'
R-55'
O-65'
210' PPBPS

* Primary Conven.
1,500 ST
1,000 PT
(1) 3' x 90' x 12" g
(3) 3' x 105' x 12" g



2
12 — 15
28 — 30
44 — 45
52 — 55
64 — 65
200

SCALE 1" = 50'

APPROVAL DATE _____

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

PROPOSED PLOT PLAN Conventional

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

FILE: 3468-A

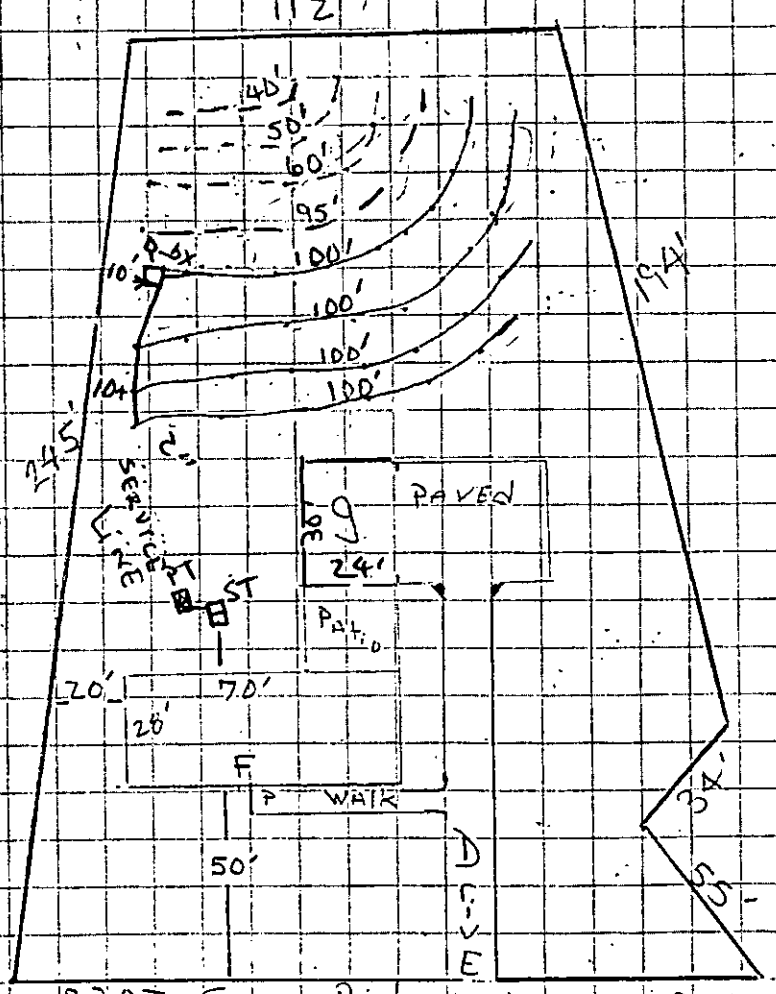
TC: 141-111-33

Winterglen, Lot 7

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 Sal. ST
1000 Sal. PT
(4) 3' x 100' x 12" grave

Primary Sys-



Repair (PPBPS)
245'+

1"=50'

APPROVAL DATE _____

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

3	287.44	14-02-02	70.40	N. 66° 26' 47" W.	70.23
4	287.44	14-02-02	70.40	N. 52° 24' 36" W.	70.23
5	287.44	4-05-51	20.56	N. 43° 20' 51" W.	20.55
7	226.83	16-18-26	64.56	N. 49° 27' 06" W.	64.34
DRIVE	226.83	3-47-23	15.00	N. 59° 30' 02" W	15.00
8	226.83	6° 49' 27"	27.02	N. 64° 48' 25" W.	27.00
	189.36	28° 04' 50"	92.80	N. 82° 15' 35" W.	91.88
9	396.31	5-37-11	38.87	S. 86° 30' 35" W.	38.85
10	396.31	10-30-22	72.67	N. 85° 25' 38" W.	72.57
11	396.31	10-30-22	72.67	N. 74° 55' 16" W.	72.57
12	396.31	9-40-05	66.87	N. 64° 50' 02" W.	66.79
13	160.89	94-33-16	237.43	S. 77° 43' 22" W.	216.46
14	200.89	19-06-34	67.00	N. 45° 00' 01" E.	66.69
15	200.89	19-06-35	67.00	N. 64° 06' 38" E.	66.69
16	200.89	19-06-34	67.00	N. 83° 13' 10" E.	66.69
17	200.89	19-06-35	67.00	S. 77° 40' 16" E	66.69
18	200.89	8° 07.00	28.45	S. 64° 03' 30" E.	28.43
19	356.31	17° 00' 13"	105.74	S. 68° 30' 07" E	105.35
20	356.31	19° 17' 47"	120.00	S. 83° 39' 06" E	119.44
22	237.10	23° 45' 21"	98.31	S. 84° 25' 20" E	97.60
	237.10	5° 18' 00"	21.93	S. 69° 53' 36" E.	21.93
	276.83	3° 36' 06"	17.40	S. 65° 26' 36" E.	17.40
GLACIER PLACE	206.60	3° 54-06	14.07	N 32° 27' 04" E.	14.07
	166.60	3° 54-06	11.34	S. 32° 27' 04" W.	11.34
	273.83	14° 03' 30"	67.92	S. 48° 19' 38" E.	67.75
	237.44	41° 43' 06"	172.89	S. 62° 09' 27" E.	169.09
	451.18	18° 00' 00"	141.74	S. 74° 01' 00" E.	141.16

vol boundary survey made under my supervision on the 15th day of Nov., 1986 with a maximum linear error of closure of 1:25000+ and a maximun angular error of closure of 5.5cc per angle

Keith R. Maen

N.C. Registered Land Surveyor
Reg. No. L 5285
1627 East Seventh St.
Charlotte, N.C. 28204

I, Deborah Knight, a Notary Public for the County of Mecklenburg and the State of North Carolina do hereby certify that KEITH R MAEDER Registered Land Surveyor, appeared personally before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal this 13th day of JULY 19 89.

Deborah Knight
Notary Public

My commission expires: 4-12-92

DEBORAH KNIGHT NOTARY PUBLIC MECKLENBURG COUNTY

WINTERGLEN (PHASE 1)

PROPERTY OF WINTERGLEN, INC.

STEELE CREEK TWSP. MECKLENBURG CO., N.C.
SCALE: 1" = 100' JULY 13, 1989

GRAPHIC SCALE
100 50 25 0 100 200

Notes:
1. Block Corner Subject to 20' radius; distances shown extend to intersections of street right-of-way lines.
2. P.S.D.E. - Public Storm Drain Easement
3. E.I.P. - Existing iron pin or pipe at time of boundary survey
4. C.M. - Concrete monument
5. Iron pin set at each lot corner.
6. All lots at least 80' wide at minimum building set-back line
7. All lots contain at least 20000 square feet or more.
8. ..... Building Restriction - F.P.E.
9. Flood protection elevation - F.P.E.

TOTAL AREA - INCLUDING ENTRANCE ROAD FROM HIGHWAY NO. 160 — 19.045 ACRES LOTS - 16-21 ACRES - (D.M.D.)

CENTER-LINE CURVE DATA

CURVE #	DELTA ANGLE	TANGENT	RADIUS	ARC	LONG CHORD
1	48° 00' 00"	61.50	426.18	133.49	N. 74° 01' 00" W. 133.3
2	41° 43' 06"	100.30	262.94	191.09	N. 62° 09' 27" W. 186.9
3	55° 00' 06"	131.10	256.83	241.75	N. 68° 47' 57" W. 232.
4	36° 18' 20"	123.36	376.31	238.41	N. 79° 09' 00" W. 234.
5	84° 33' 16"	164.46	180.89	266.92	S. 77° 43' 22" W. 243.
GLACIER PLACE	32° 00' 00"	50.00	196.60	97.70	N. 43° 30' 02" E. 96.

Utility Easements Reserved for each lot
Front - 15' Adjacent to street R/W
Rear - 10' Adjacent to property line
Side - 5' Each side of lot side line

ESTHER M. GEIER WILLS (See P.B. 41, P. 396)
RUDISILL BRANCH
S. 63-04-18" E. 551.38 C.M.
S. 63° 04' 18" E. 145.00
S. 63° 04' 18" E. 406.38
S. 63° 04' 18" E. 145.00
S. 63° 04' 18" E. 551.38 C.M.
N. 17° 49' 04" E. 329.16
N. 0° 02' 21" E. 269.28
N. 17° 49' 04" E. 329.16
N. 0° 02' 21" E. 269.28
N. 83° 42' 00" E. 100.05
N. 83° 42' 00" E. 128.25
S. 68° 13' 10" E. 20.00
S. 27° 43' 07" E. 194.09
S. 41° 17' 54" E. 265.00
S. 41° 17' 54" E. 81.70
S. 41° 17' 54" E. 171.83
S. 83° 01' 03" E. 141.78
S. 25° 08' 19" W. 207.65
S. 65° 51' 07" W. 213.24
S. 25° 08' 19" W. 305.08
S. 25° 08' 19" W. 50.00
S. 25° 08' 19" W. 731.95
S. 25° 08' 19" W. 525.05
S. 25° 08' 19" W. 160.96
S. 25° 08' 19" W. 83.38
S. 65° 51' 07" W. 79.05
N. 33° 27' 00" E. 20.00
N. 23° 45' 00" W. 19.00
N. 24° 30' 00" W. 50.32
N. 36° 47' 00" E. 49.42
N. 04° 24' 00" E. 22.27
N. 0° 02' 21" E. 269.28
N. 0° 02' 21" E. 21.18
N. 0° 02' 21" E. 62.12
N. 0° 02' 21" E. 34.60
N. 0° 02' 21" E. 34.60
N. 0° 02' 21" E. 62.12
N. 0° 02' 21" E. 21.18
N. 0° 02' 21" E. 269.28
N. 0° 02' 21" E. 329.16
N. 0° 02' 21" E. 329.16
N. 0° 02' 21" E. 329.16

2468

Approved
Septic Plan
5/19/94

mcHD
File: 3468-A
TC: 141-111-33
Lot 7, Winterglen

L:\WORK\WORDX\DESIGN

DESIGN SPECIFICATIONS
FOR
SEPTIC WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- ✓ CONVENTIONAL (3) Bedroom Conventional Plan
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION - Repair Area
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

- ✓ DROP BOX (4)
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- ✓ WASH BOX (1) 75 gal.
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER

- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- ✓ FRENCH/CURTAIN DRAINS - As required by mcH.D.
- GREASE INTERCEPTOR
- ✓ PUMP TANK 1,000 gal
- SAPROLITE TEST
- 1500 gal. Septic TANK

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
						Conventional / Primary		
L1						74'		
L2						91'+		
L3						114+		
L4						110+		
						389'+ Shown		
						PPBPS / Repair		
L1	7					28'		
L2	8					32'		
L3	9					37'		
L4	9					37'		
L5	9					37'		
						171+ Shown		

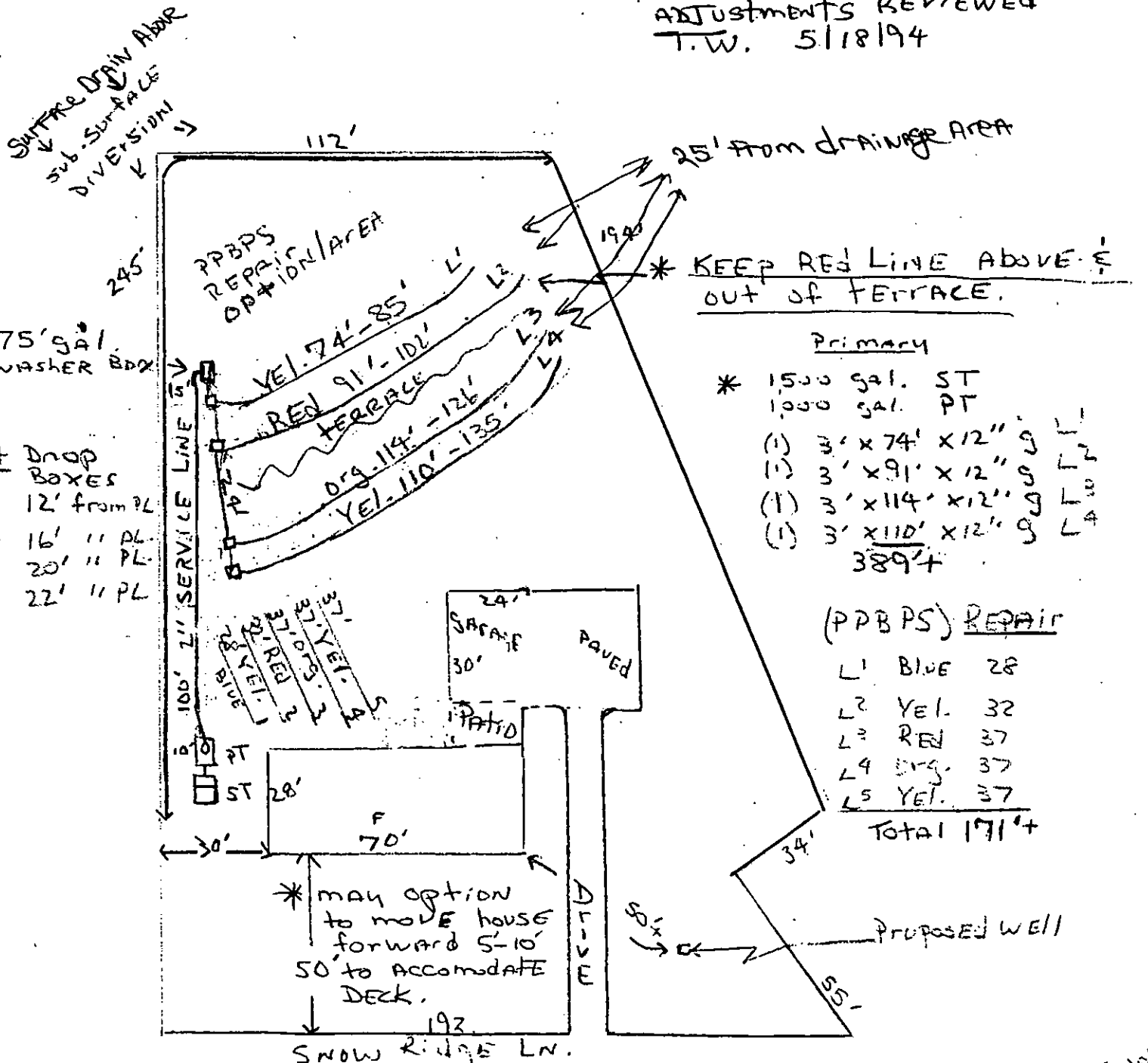
5/94

* 3 Bedroom / Conventional Drop-Box Plan (Specs)

MCHD
File: 3468-H
TC: 14/-111-33
Lot 7, Wintergien

*Feed 2" service line into 75gal. washer box; Drop Box Distribution from L¹ to L² to L³ to L⁴ As shown below.

Adjustments reviewed T.W. 5/18/94



T.W. Whitaker sketch
Scale 40

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooresville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Vivian Burke, Regional Manager

TO; KELLY RANDALL
MECKLENBURG COUNTY HEALTH DEPARTMENT

FROM: JOE LYNN
ON-SITE WASTEWATER

SUBJECT: FRANK BASTA PROPERTY

DATE: JANUARY 4, 1994

The ground absorption sewage system proposed by Tim Whittaker for Frank Basta, lot # 7 Winterglen Subdivision can not be permitted as shown. Surface and subsurface drains must be installed around the initial system and the repair system. The following conditions make drainage necessary. A large drainage feature is along the right property line. Chroma 2 mottles were found in initial system area and the site is on a very long slope. The design shows eight trenches stacked down the slope.

Some possible alternatives are as follows. The house location and configuration can be changed. The house could be located in the drainage feature. The detached garage could be attached to the house. A PPBPS (panel block) system can be used for both the initial and the repair system. An easement along the property lines would allow for the installation of the drains.

If you have any questions, call me at (704) 663-1699.

919 North Main Street, Mooresville, North Carolina 28115 Telephone 704-663-1699 FAX 704-663-6040
An Equal Opportunity Affirmative Action Employer 50% recycled/ 10% post-consumer paper

BK: 07739 PG: 0115/0115 #:0295 8.00 MCHD File: 3468-11

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

JUDITH A GIBSON REE
FILED FOR REGISTRA
DEEDS MECK NC
04/13/94 15:43

The undersigned, Frank J. Basta & Jeannette L. Basta owner of property located at 9307 SNOW RIDGE Lane, ("the site") and described in an instrument recorded in Book 7194 at Page 466 Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

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

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

This 21 ST day of March, 1994.

Frank J. Basta (SEAL)

Jeannette L. Basta (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Kathy H. Eller, a Notary Public for said County and State, do hereby certify that Jeannette L. BASTA FRANK J. BASTA personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 21st day of March, 1994.

Kathy H. Eller
Notary Public

KATHY H. ELLER NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

My Commission Expires 2-16-98

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

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

_____
Notary Public

My Commission Expires _____

Amended 07/93
C:WP51\SEPAGRFO

Judy

5/28/93

TO WHOM IT MAY CONCERN, Improvement Permit

IT IS OK TO TRANSFER THE ~~SOIL TEST~~ THAT WAS DONE ON 10/24/80, FILE # 3468A, CHECK # 1095 TO FRANK J. BASTA. FRANK J. BASTA IS THE NEW OWNER OF LOT 7 OF WINTERGLEN, PARCEL # 141-111-33.

THANK YOU,

V.P.

WINTERGLEN INC.

Mecklenburg County

Health Department

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

May 19, 1994

Frank J. Basta
2205-C Yager Circle Drive
Charlotte, North Carolina 28273

Re: 9319 Snow Ridge Lane
File 3468A, Tax Parcel #141-111-33

Dear Mr. Basta:

Receipt of the plans and specifications for a conventional system of sewage disposal for the primary system and a Prefabricated, Permeable Block Panel Systems (PPBPS) proposed as the future repair system 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, "Laws and Rules For Sanitary Sewage Collection, Treatment and Disposal". The plans as submitted are approved with the following comments:

.A surface drainage ditch is required above the sub-surface drainage ditch.

.Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter please contact me at 336-5575.

Sincerely,

Judy J. Kiser R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosures

MCHD
File: 3468-A
TC: 141-111-33
Lot 7, Winterglen

L:\WORKS\WORDS\DESIGN

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- ✓ CONVENTIONAL (3) BEDroom CONVENTIONAL PLAN
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION - REPAIR AREA
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:
- ✓ DROP BOX (4)
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- ✓ WASH BOX (1) 75 gal.
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- ✓ FRENCH/CURTAIN DRAINS - AS REQUIRED BY MCHD.
- GREASE INTERCEPTOR
- ✓ PUMP TANK 1,000 gal
- SAPROLITE TEST

1500 gal. SEPTIC TANK

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
						CONVENTIONAL / Primary		
L1						74'+		
L2						91'+		
L3						114+		
L4						110+		
						389'+ Shown		
						PPBPS / REPAIR		
L1	7					28'		
L2	8					32'		
L3	9					37'		
L4	9					37'		
L5	9					37'		
						171+ Shown		

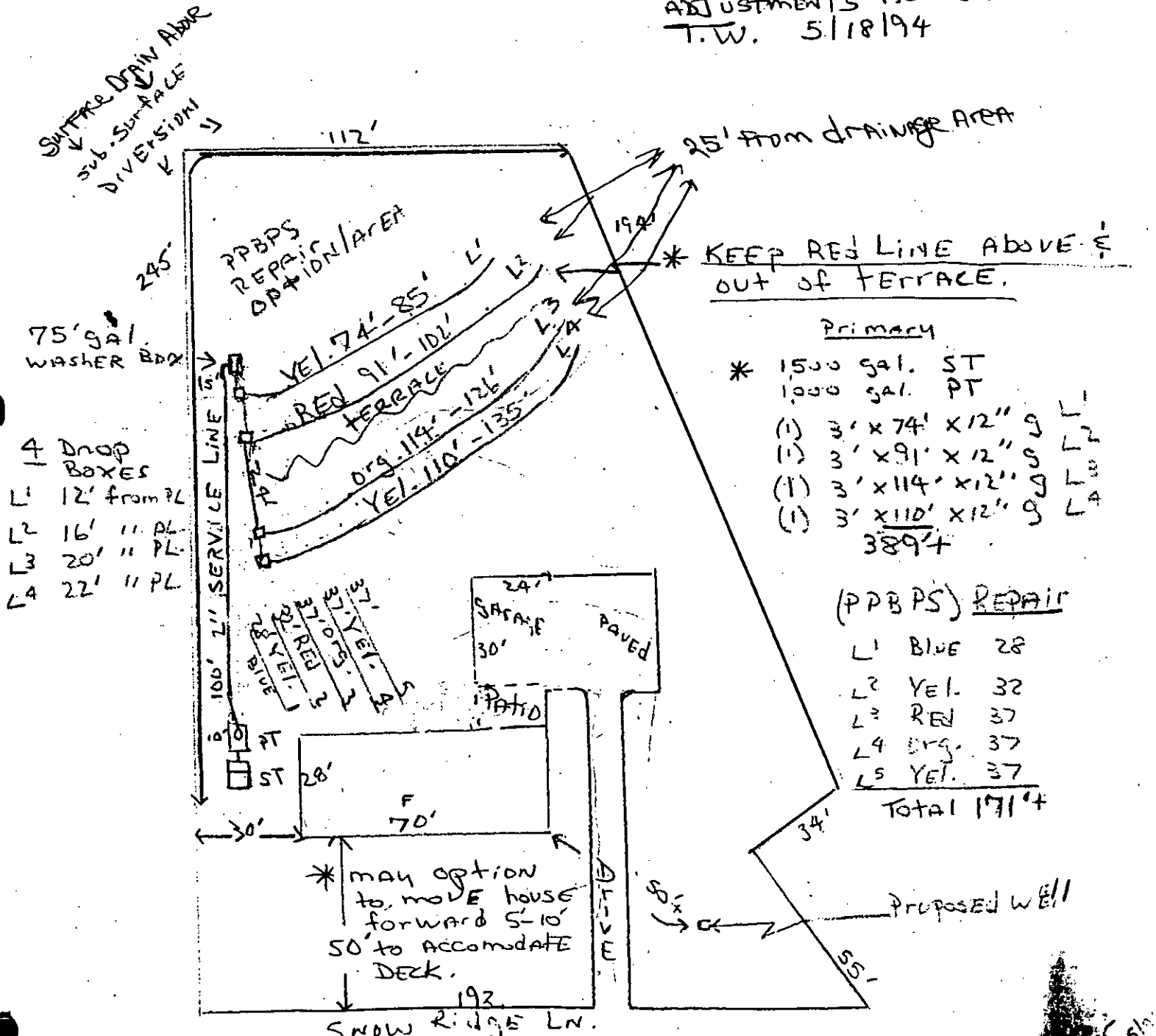
5/94

* 3 Bedroom / Conventional Drop-Box Plan (Specs)

MCHD
File: 3468-H
TC: 141-111-33
Lot 7, Winterglen

* Feed 2" service line into 75 gal. washer box; Drop Box Distribution from L¹ to L² to L³ to L⁴ as shown below.

Adjustments reviewed
T.W. 5/18/94



T.W. 5/18/94 Sketch

Upper Yellow 108 - 120 18

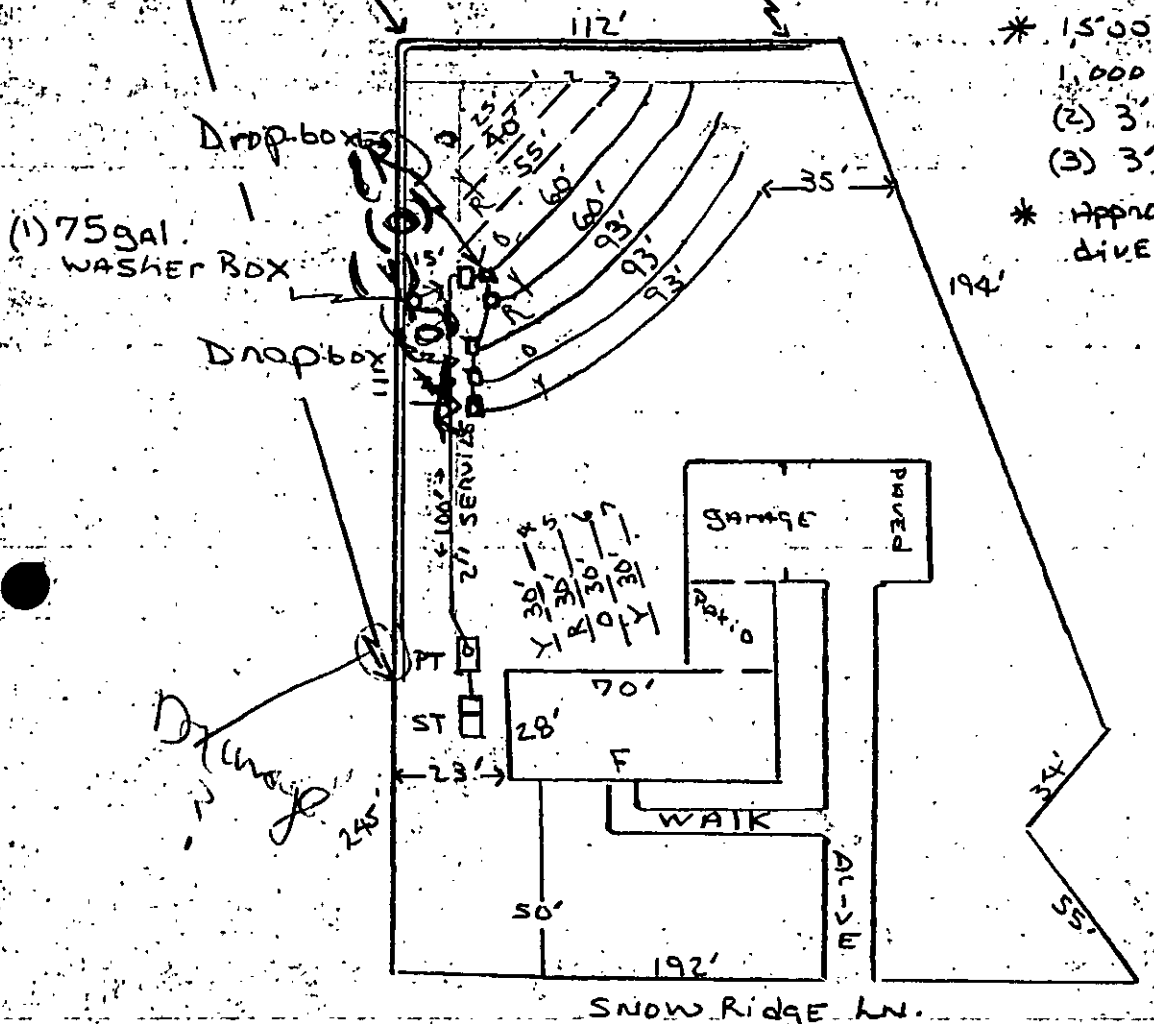
MCHD

FILE 3468-A

TC 141-111-33

LOT 7, WINTERGLEN

* Subsurface Diversion 8" x 4' deep x 36" gravel, 4" Black perf flex pipe, or as required by MCHD



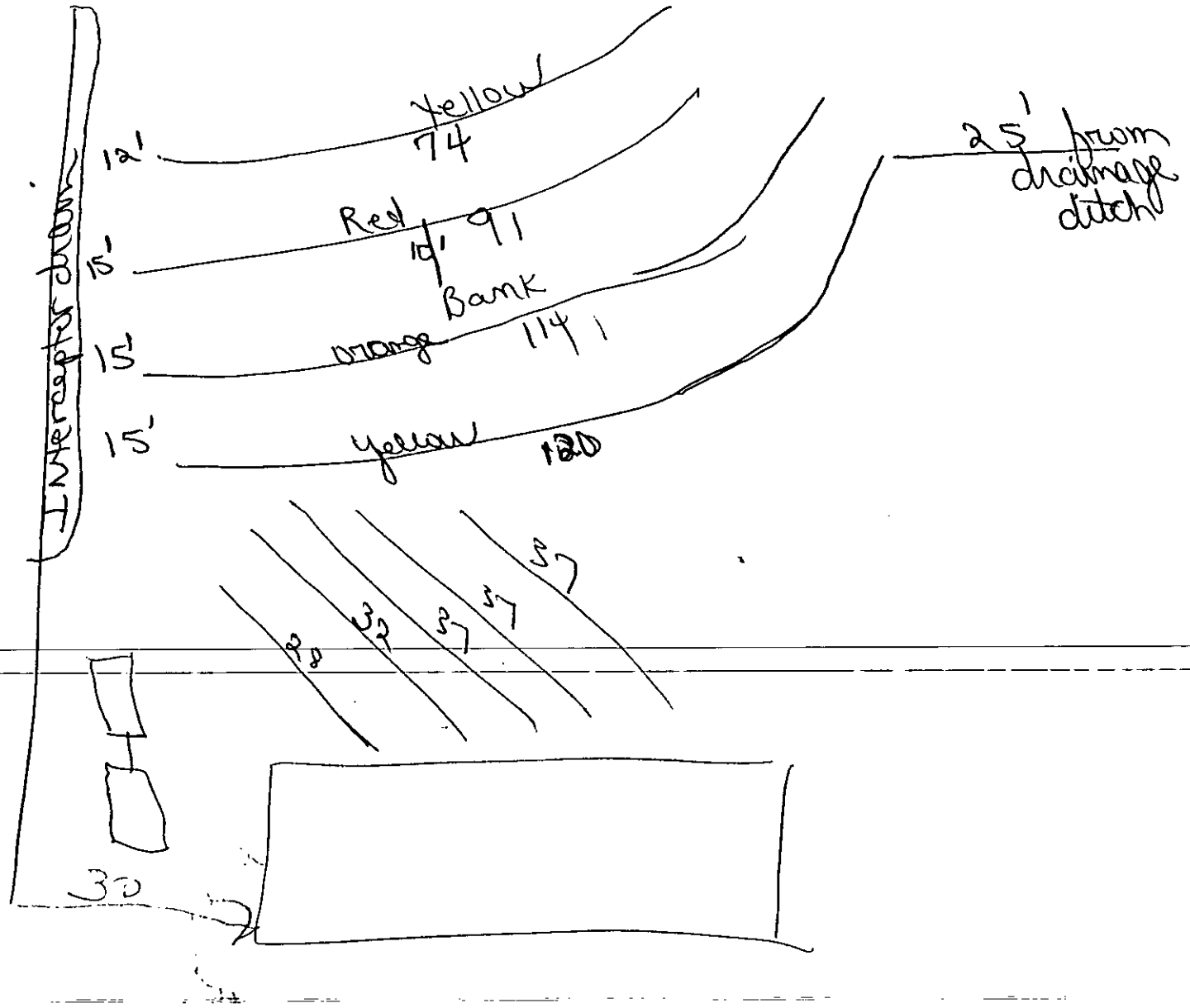
* 1,500 gal. ST
1,000 gal. PT
(2) 3' x 60' x 12" g
(3) 3' x 93' x 12" g

* Approx. 300' subsurface diversion

021

(1) Move house downhill to 30' off Left Line
Now at 21'

SCALE
50


Interceptor drain
12'
Yellow
74
15'
Red
19' 91
Bank
15'
Orange
114
15'
Yellow
120
25' from drainage ditch
30

MCHD
FILE: 3468-A
TC: 141-111-33
Lot 7, Winterglen

L:\WORK\WORDS\DESIP

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- ✓ CONVENTIONAL — 3 Bedroom Plan
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:
- ✓ DROP BOX (5)
- DISTRIBUTION BOX
- DIPPER BOX
- FLOW DIVIDER
- ✓ WASH BOX - 75 gal.
- SPECIAL FITTINGS
- PRESSURE MANIFOLD
- SIPHON
- MULTIPLE PUMPS
- OTHER
- WELL ABANDONEMENT
- EASEMENT
- LOT COMBINATION/SURVEY
- EARTHEN SURFACE SWELL
- ✓ FRENCH/CURTAIN DRAINS
- GREASE INTERCEPTOR
- ✓ PUMP TANK 1,000 gal.
- SAPROLITE TEST
- 1,500 Septic TANK

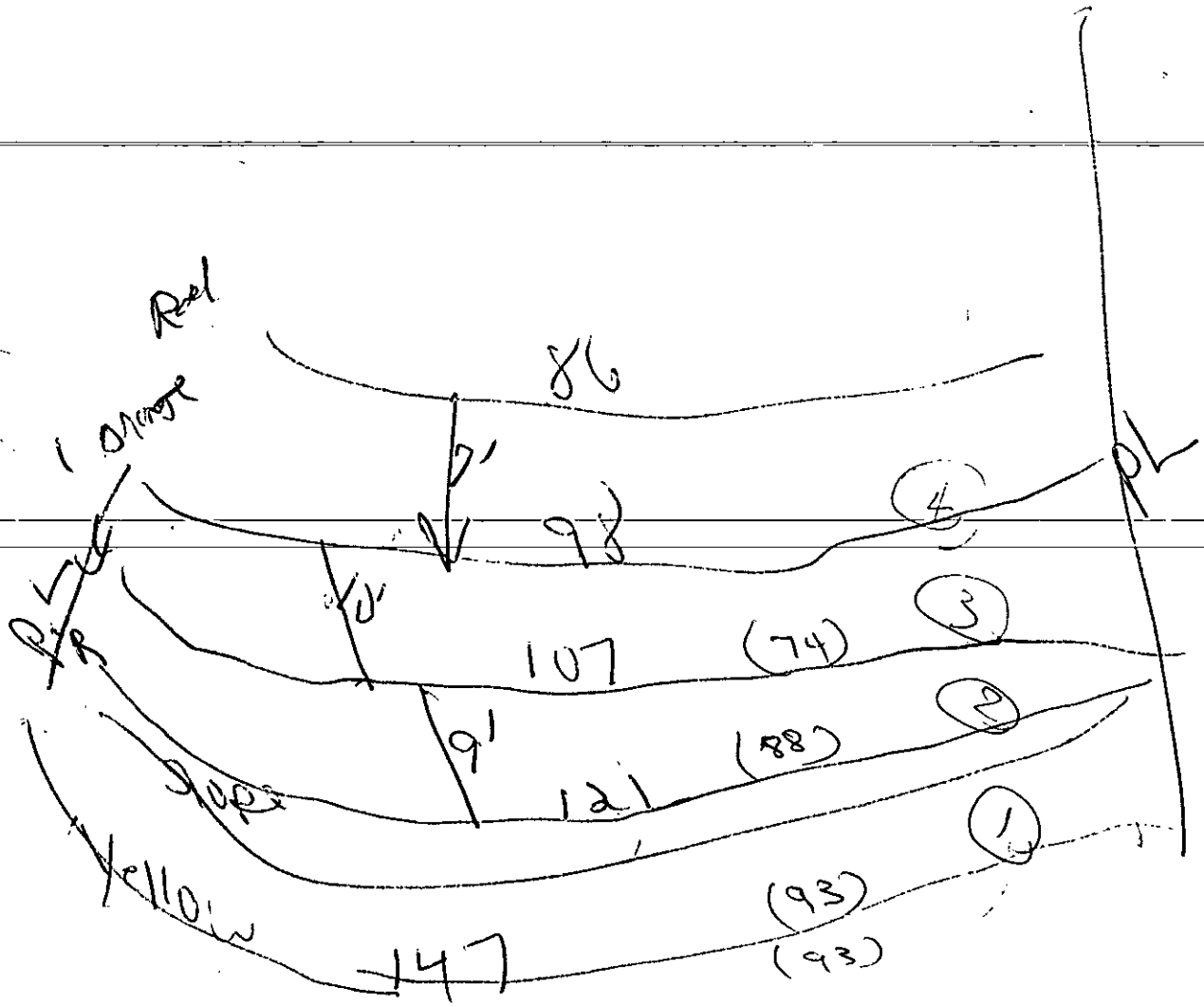
LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW

Conventional / Primary Sys.

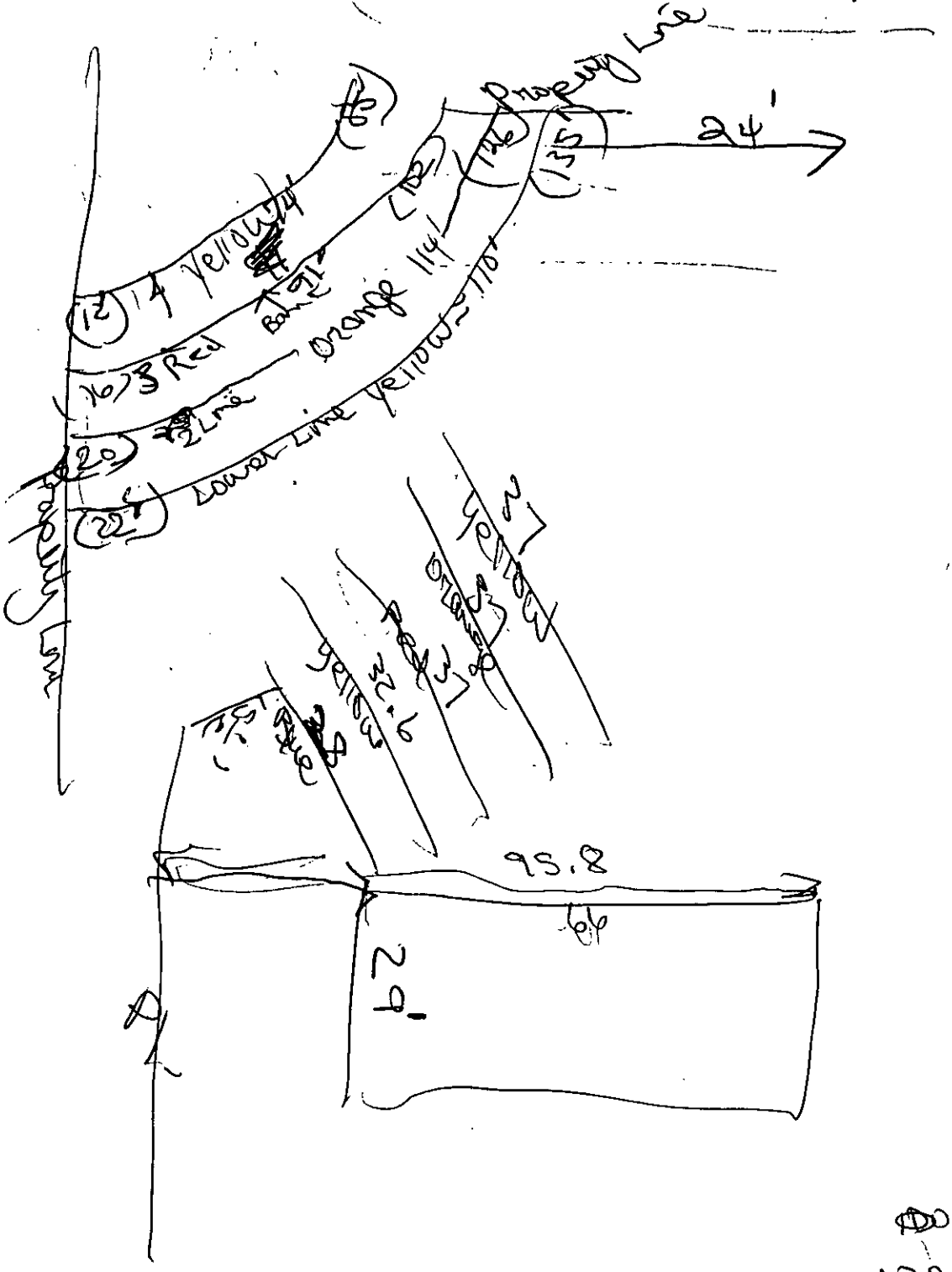
1	60'
	61'
	93'
	93'
	93'
Total	400'

PPBPS / Repair Sys.

1	25'
2	40'
3	55'
4	30'
5	30'
6	30'
7	30'
	240' PANEL



86 312
98 147
184 459
107
291
121
312



110
114
91
315
74
389

95.8
70.0
25.8

120
114
91
74
399

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: _____

STREET ADDRESS: _____

ZONING:

PROPERTY OWNER:

NAME: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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

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

WATER : 122791

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

DATE: 8/5/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 141-111-[redacted]34

ASSIGNED ADDRESS 9319 Snow Ridge LN LOT#

EXISTING ADDRESS ~~Lot #18~~

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. McConico

OPWEAR 06-88

NEW ADDRESS K *

FORM 100