

4025 CHERRYBROOK DR

13935134

5/21/07

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

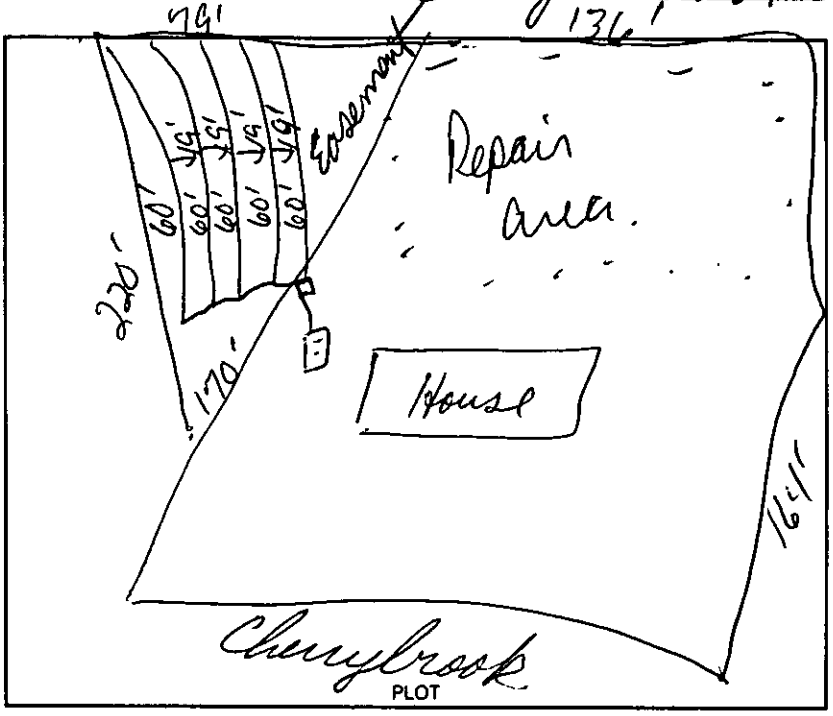
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4544A DATE: 10-24-03
TC: 139-351-18 ☑ L ☑ CRT
SERIAL 19387

Name of Owner Nikita Chodoekwsky Juris.: _____
Address of Property Lot 5 Fourthrook. 4025 Cherybrook Dr.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 300'
Number of Lines 5 @ 60
Cover Depth 12"-24"
Water Supply Source Comm
Distance to Water Source >100'
Excavation Inspected 10-24-03
Tank(s) Inspected Covered. Inspected 10/25/03
Wash Line Inspected N/A
High Water Alarm Inspected N/A



Design 2003 1500ST 900SFT FNV P.S. CTR# B. McCarter

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 III G system designed for a (3) bedroom design unit.

Joshua R. Sellers R.S. 18645
Environmental Health Specialist

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

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: 4544A DATE: 10/22/03

TC: 139-351-B ☐ L

SERIAL 19545

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 ____. All work shall be completed on or before ____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

PROCEED AS PLAN DESCRIBES.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 6

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 200' feet

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

NAME OF OWNER NIKITA CHODOBINSKIY

LOCATION OF PROPERTY 4025 CIDER BROOK DRIVE

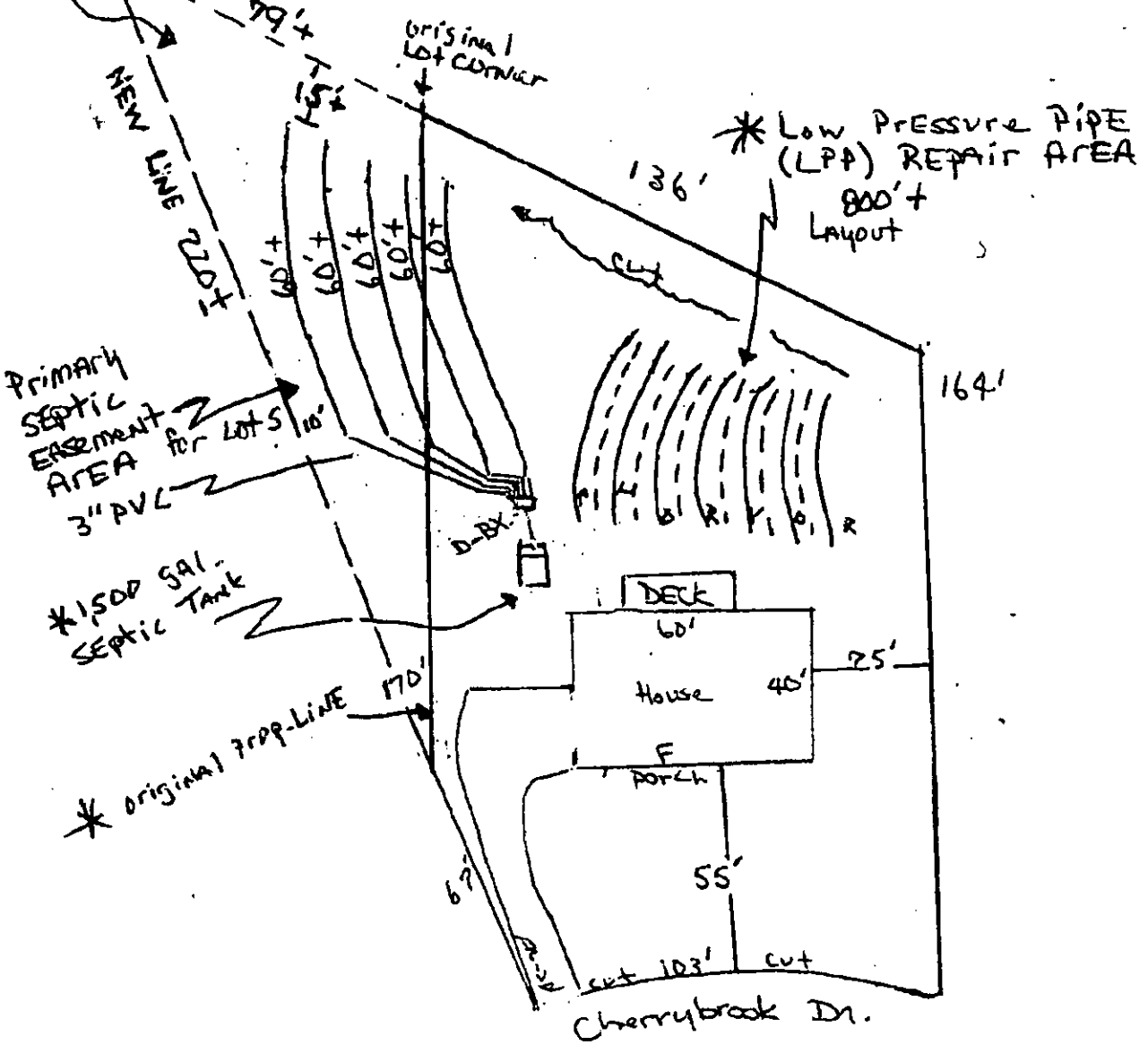
Comments: ____

Environmental Health Specialist

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

MCHD
File: 4544-A
Lot 5
Forestbrook Sub.

*(3) Bedrm. Septic Sys. Plan:
Gravity Easy Flow Chamber
With (LPP) Repair.
*Easement on Lot 6 for Primary
Septic Sys. for Lot 5.



* Primary Septic Sys.
(5) 60' chamber (Easy Flow) Lines = 300'
(6) Chamber Units per Line = 30 units

6-12-02
APPROVED -

T. Whittaker
866-9540
5/40

WO 464462 ACS

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 8/5/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/2/02

PERMIT NO: 4544A
PARCEL NO: 139-351-34

JOB LOCATION ADDRESS: 4025 CHERRY BROOK DRIVE
PROPERTY OWNER: ALEKSANDER KHODOCHINSKY
BUILDING CONTRACTOR:
SUBDIVISION NAME: CHERRY BROOKE LOT #5
AUTHORIZATION ISSUED BY: _____ DATE: 10/2/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4544A, 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: _____

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 _____ 10/02/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 7544A

Tax Number: 139-351-34

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	X 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	X 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)	
NO Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	28" 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	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Condition's: (1) REQUIRES AGREEMENT FORMS ACKNOWLEDGING THE INSTALLATION OF AN INNOVATIVE DRAINFIELD AND (2) REPAIR AREA TO BE LOW PRESSURE PIPE SYSTEM				
Repair Area System Type Type (circle one): I II III (IV) V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	X Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
4000 Absorption Area (Sq ft) 600 Total Trench Length (Ft)	18" Depth of Stone Trench	5' Trench spacing (min. on centers)	12" 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 th 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 effe 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 Departmer

... This Improvement permit is transferable.

DEHNR Authorized Agent — Date: 6-12-02

X — Owner/Agent Signature — Date: 10/02/02

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: _____

DATE: _____

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

[ ] CRT

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

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

FILE #: 454411

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-351-34

STREET ADDRESS: 4025 Cherry brook Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 5

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

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

PROPERTY OWNER:

NAME: Khodochinskiy Aleksandr N. Apt 1614
(LAST) (FIRST) (MI)

ADDRESS: 8010 Woodway Oak cir.

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: (704) 293-68-58.

LEGAL AGENT FOR PROPERTY OWNER:

NAME: Mr. and Mrs. Aleksandr Khodochinskiy

ADDRESS: 8010 Woodway Oak Circle
Apt. 16-14

CITY: Matthews, North Carolina 28105

Page 1 of 4

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature]

DATE: 10/02/02

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 JUN 13 12:34 PM
BOOK: 13694 PAGE: 42-45 FEE: $20.00
INSTRUMENT # 2002114202

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 4544-A (Lot 5)
PARCEL # 139-351-34

The undersigned, Aleksandr Khodochinskiy and wife, Vera Khodochinskaya, owner of property located at 4025 Cherrybrook Drive, Charlotte, NC 28227, (the "site") and described in an instrument recorded in Book 13694 at Page 38, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: Tony C. Johnson, Attorney at Law
Mail after recording to: Mr. and Mrs. Aleksandr Khodochinskiy
8010 Woodway Oak Circle
~~Apt. 16-14~~
Matthews, North Carolina 28105

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 12th day of June, 1961. 2002

(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)
Aleksandr Khodochinskiy

_____ (SEAL)
Vera Khodochinskaya

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, the undersigned, a Notary Public for said County and State, do hereby certify that Aleksandr Khodochinskiy and Vera Khodochinskaya personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 12th day of June, 1999 2002

_____
Notary Public

My Commission Expires:
12/10/04

JANE C. JOHNSON NOTARY PUBLIC MECKLENBURG CO., NC

TRANSFER OF OWNERSHIP

Permit #: 4544A
Job Location Information:
Tax Parcel #: 139-351-34
Street Address: 4025 Cherrybrook Drive

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Lombardi (last) Lawrence (first) R (mi) Date Issued: _____

Address: 1277 SW 5 ST
City: Boca Raton State: FL Zip: 33486
Daytime Phone: (561) 368-9341

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Khodochinskiy (last) Aleksandr (first) N. (mi)

Address: 8010 Woodway Oak cir APT-1614
City: Matthews State: NC Zip: 28105
Daytime Phone: (704) 293-6858

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: 10/02/2025

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Khodochinskaya (last) Vera (first) D. (mi)

Address: 8010 Woodway Oak. cir. APT-1614
City: Matthews State: NC Zip: 28105
Daytime Phone: (704) 532-2400

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____

Mecklenburg County
Health Department

March 18, 2002

Lawrence R. Lombardi
1277 SW 5th Street
Boca Raton, FL 33486-4401

Re: Application for improvement permit for
Property Site: Cherrybrook Drive
Health Department file no. 4544A

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on March 14, 2002 evaluated the above-referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a 3-bedroom residence, with a design wastewater flow of ___360____gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

____X___Unsuitable soil topography and/or landscape position (Rule .1940)
_____Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
____X___Unsuitable soil wetness condition (Rule .1942)
____X____Unsuitable soil depth (Rule .1943)
_____Presence of restrictive horizon (Rule .1944)
____X____Insufficient space for septic system and repair area (Rule .1945)
_____Unsuitable for meeting required setbacks (Rule .1950)
_____Other (Rule .1946)

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is March 18, 2002. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do no wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

J. Andrew Walker, R.S.
Authorized Agent - DENR

Encl: (2)

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Cathy Wicks TELECOPIER # 704-543-7382

FROM: Susan Craig DATE 3/19/02
Env. Health

NUMBER OF PAGES TRANSMITTED: 9 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

CK# 1004

FILE: 5938.00

DATE: 11/18/01

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

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

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

FILE #: 4544-A 139-351-34

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-02112 PO

STREET ADDRESS: 4025 Cherrybrooke Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Forestbrooke 139-351-34

LOT NUMBER: # 5

TOWNSHIP (CHECK ONE): 1554

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

CLOSING DATE: _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

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

N/A

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASEMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER: 954-325-0274

NAME: (LAST) Lombardi (FIRST) Lawrence (MI) R.

ADDRESS: 1277 SW 5 St

CITY: Boca Raton STATE: fl ZIP: 33486

DAYTIME PHONE: (561) - 368-9341

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI) N/A

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/16/95

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: Lawrence R. Lombardi DATE: 11/18/01

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

PROPOSED PLOT PLAN

lot # 5

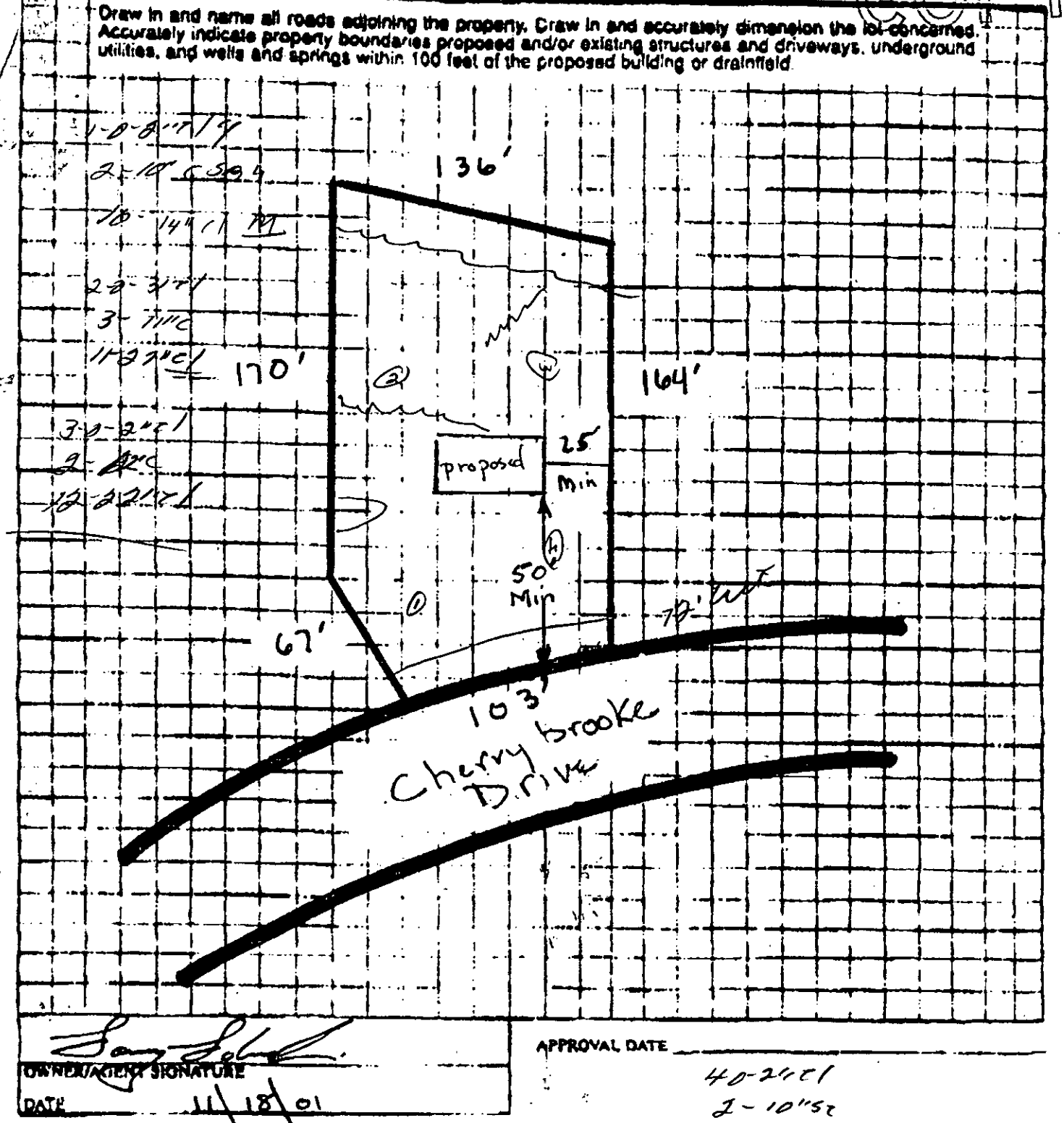
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4544 A

TC: _____

COPY

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



OWNER/AGENT SIGNATURE _____

DATE 11/18/01

APPROVAL DATE _____

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

COLDWELL BANKER

FLOUHOUSE, REALTORS®

COPY

7907 PROVIDENCE RD., SUITE 200
CHARLOTTE, NC 28277
BUS. (704) 541-6100
FAX (704) 543-7382

January 8, 2002

Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

Enclosed are two Applications for Improvement Permit for Residential Site Individual Water and Wastewater Systems, one for 4025 Cherrybrooke Dr. and one for 4017 Cherrybrooke Dr. along with a check for $400.00. We are making this request on behalf of our client Larry Lombardi. Both parcels have been staked as required.

If you have any questions, please feel free to contact me at 704-541-6100.

Thank you,

Joann Berlak
Closing Coordinator

Enclosures

CHAIRMAN'S COLDWELL BANKER CIRCLE

Each Office Is Independently Owned And Operated.

Unparalleled Success Through Exceptional Service

INTERSTATE DEVELOPMENT CORPORATION
Of Charlotte, Inc.

4544A

Waiting for new Proposal we met w. Ward and found area on lot 6 that may be large enough for a system

June 22, 1989

Mr. Jim Ericson
Dept. of Environmental Health
1200 Blyte Blvd.
Charlotte, NC

Dear Jim:

Enclosed you will find information on file #'s 4544A and 4545A. The last time Bill Ferguson and Cathy Hudson of RCS walked this lot, Mr Ferguson noted a question on the soil types in the area of the proposed system. In talking with Cathy, she said that perhaps new soil samples should be done by Mr. Ramsey or Mr. Marland to clarify this matter. Please consult with Mr. Ferguson to see if he agrees.

Very truly yours;

Skip Bennett
INTERSTATE DEV. CORP.,INC.

cc: Bill Ferguson

5936 Monroe Road Charlotte, NC 28212

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 4544A & 4545A

TC: _____

SERIAL: No. 17735 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4025 CHERRYBROOK LN. (STREET NO. / STREET) ② FILE: 4544A 4545A

③ JURISDICTION: MINT ④ TAX PARCEL NO.: PO 139-021-12

⑤ SUBDIVISION: FORESTBROOK ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: INTERSTATE (FIRST) DEV. (MIDDLE) CORP. (LAST)

⑨ MAILING ADDRESS: 5936 MONROE RD.

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28212

⑬ PHONE: (WORK) 537-3847 ⑭ (HOME) —

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? 3

㉓ Maximum occupancy? 6

㉔ Basement? ☐ yes ☑ no

㉕ Type? —

㉖ Maximum number of employees? —

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 HEALTH DEPARTMENT to enter on the property for the purpose of processing this request.

Signed: Mark Maddalon - President

Date: 4/19/89

IMPROVEMENT PERMIT

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

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair 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 / Date

Director or Authorized Section Head / Date

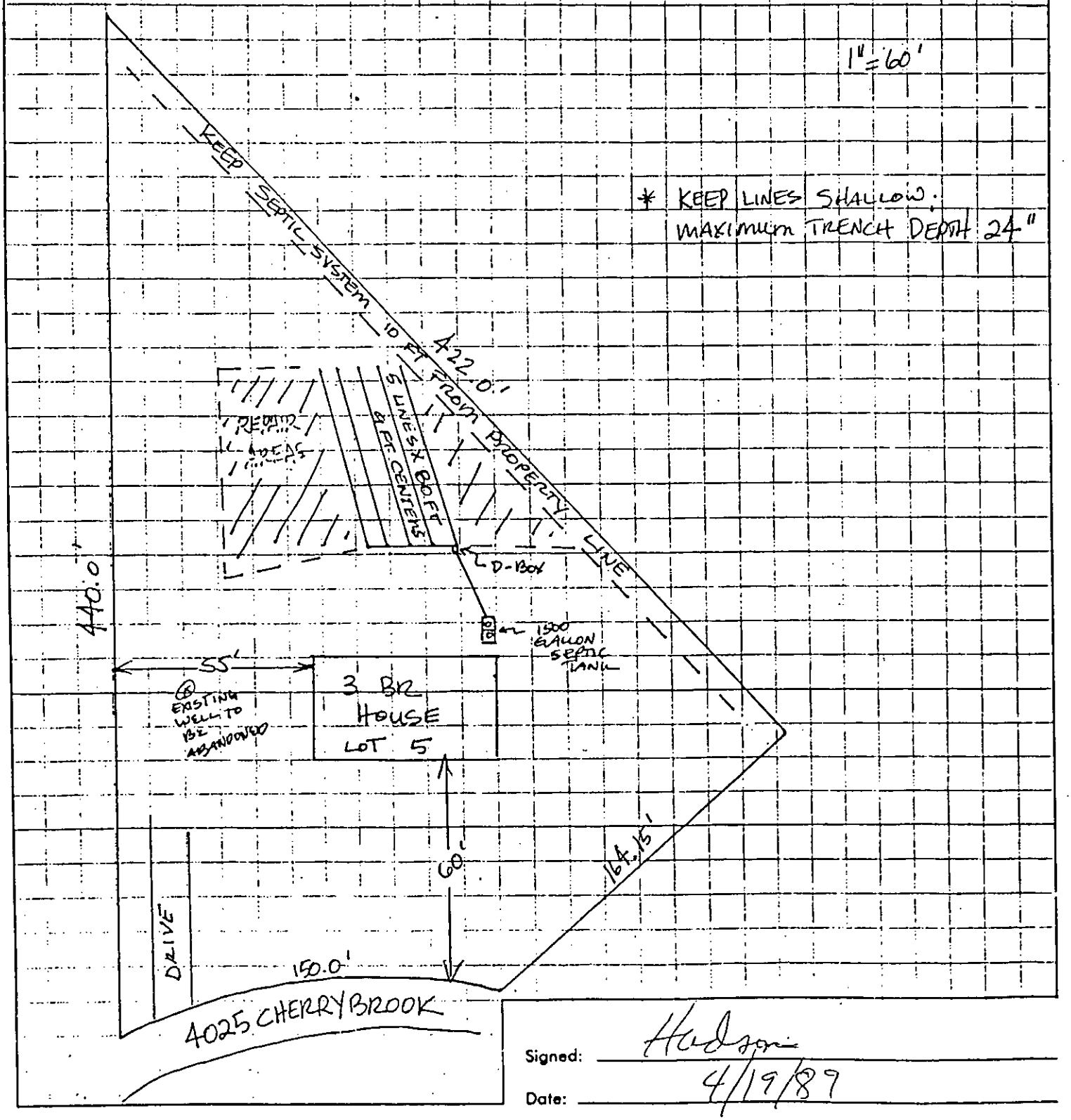
*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

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

FILE: 4544A & 4545A

TC: 139-021-12P0

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: Hudson

Date: 4/19/89

Mecklenburg County
Health Department

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

August 19th, 1986

Interstate Development Corp.
5936 Monroe Road
Charlotte, NC 28212

RE: Property located at Cherrybrook Drive 5
FILE: 4544A
PARCEL: 13902112 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 11866) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel

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

Enclosure (2)

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11866

File: 4544A Action 2

Parcel: 139-021-12P0 ☐ PC

Location: Cherrybrook Lane

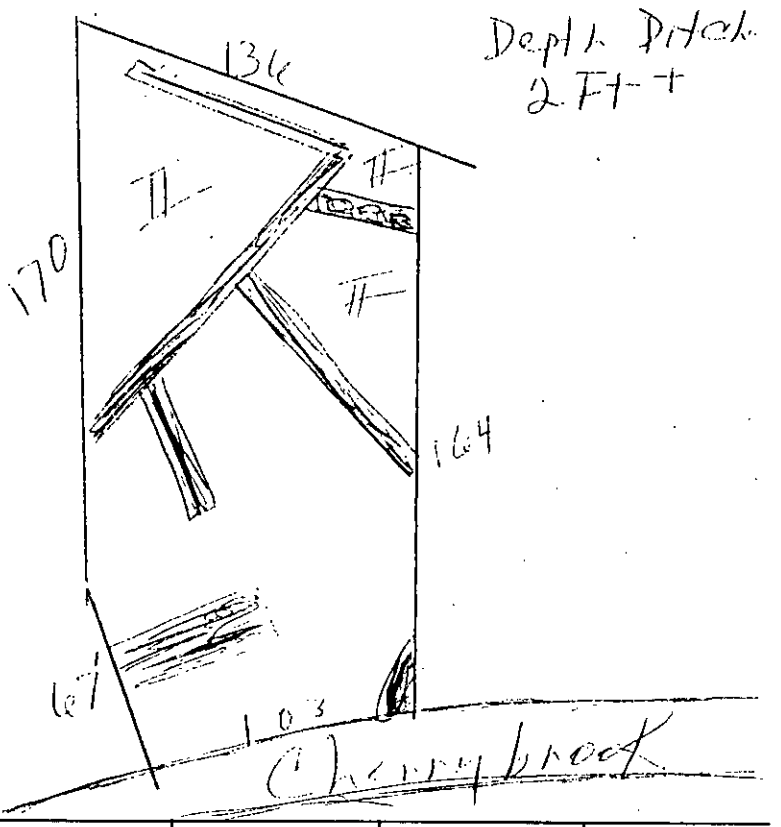
Subdivision:

Lot: 5 Block: Acres: .55

Owner: Interstate Development Corp.
Address: 5936 Monroe Road
Charlotte, N. C. 28212

Comments:

Described by: LO, BS, RA Date: 7-17-96



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-6	S (PS) U 2-6	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48	S (PS) U 20-24	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) Ditched	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	TaC (Cecil)	TaC (Cecil)				
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: _____

TC: 139-351-34

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 4025 CHERRYBROOK LN., CHAR., NC 28212

② SUBDIVISION: FORESTBROOK ③ LOT: 5 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 139 PAGE NO.: 021 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 5597 PAGE NO.: 403

OWNER

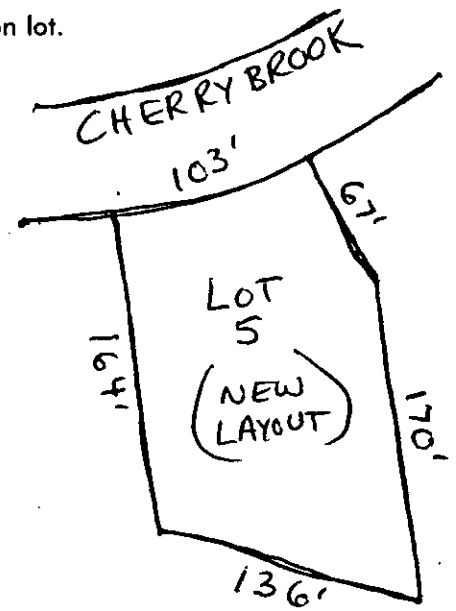
⑦ NAME: INTERSTATE DEV. CORP - MARK MADDALON - PRES.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5936 MONROE RD

⑨ CITY: CHAR ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-3847 (HOME) 364-7789

⑬ Accurately diagram and dimension lot.



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

Signed: Mark Maddalon

Date: 8-6-88

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

MECKLENBURG COUNTY
Department of Environmental Health

May 24th, 1988

Interstate Development Corp.
5936 Monroe Road
Charlotte, NC 28212

RE: Property located at Cherrybrook Drive 5
FILE: 4544A
PARCEL: 13902112 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15202) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15202

File: 4544A Action 2

Parcel: 13902112 PO ☐ PC

Location: Cherrybrook Drive

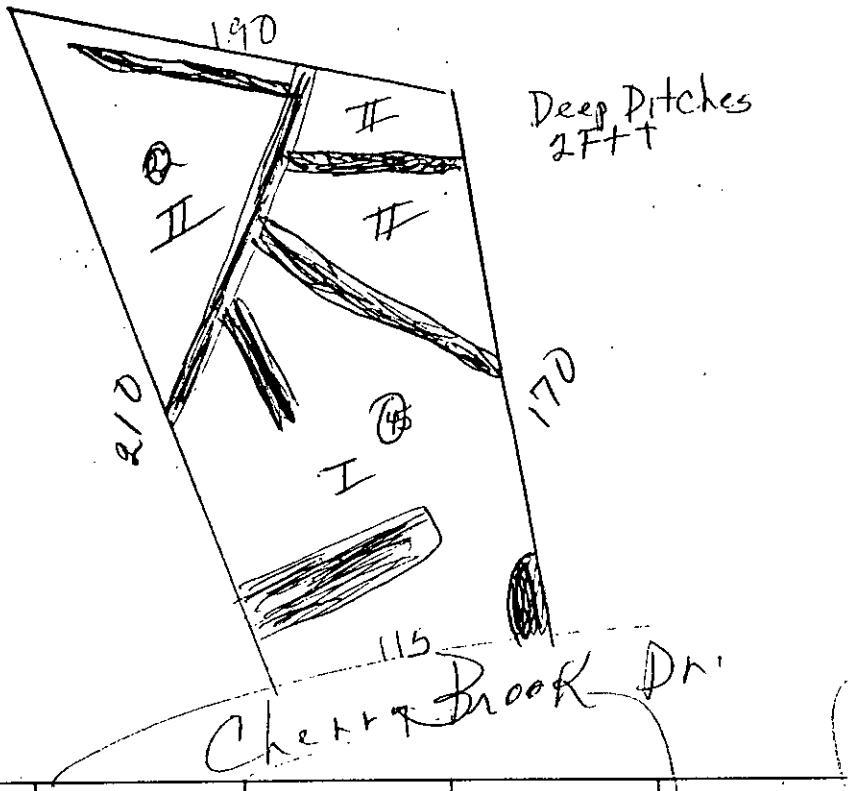
Subdivision:

Lot: 5 Block: Acres: .66

Owner: Interstate Development Corp.
Address: 5936 Monroe Road
Charlotte, NC 28212

Comments: Deeply Ditched IN Single Deep Pitches.
* Inadequate Level Space

Described by: W. B. Ramsey
Date: 5 - 18 - 88



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-6	S (PS) U 2-6	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-46"	S PS (U) 20-24	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	IIa Cecil	IIa Cecil				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 454A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: LOT 5 CHERRYBROOK DRIVE

② SUBDIVISION: FORESTBROOK ③ LOT: 5 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO139 PAGE NO.: 021 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 5597 PAGE NO.: 403

OWNER

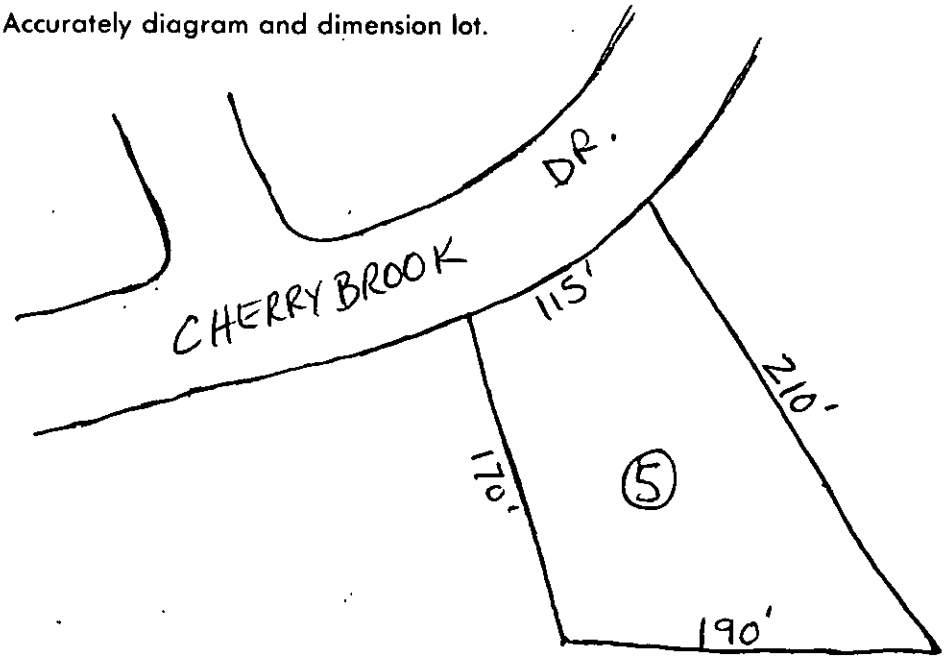
⑦ NAME: INTERSTATE DEVELOPMENT CORP - MARK MADDALON /PRES.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5936 MONROE ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-3847 (HOME) 364-7789

⑬ Accurately diagram and dimension lot.



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

Signed: Mark Maddalon - President

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

Date: 4-25-88

RICHARD WILLIAMS (AGENT) 283-6629

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

FEE: 200.00 DATE: 11/16/01 CK# 1004

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

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

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

FILE #: C-4544-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 139-35-37

TAX/PARCEL NUMBER: ~~13902112~~ PO

STREET ADDRESS: 4025 Cherrybrooke Dr.

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME: Forestbrooke

LOT NUMBER: # 5

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

TOWNSHIP (CHECK ONE):

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

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE: _____

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

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

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
X 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Lombardi (FIRST) Lawrence (MI) R.	NAME: (LAST) (FIRST) (MI) N/A
ADDRESS: 1277 SW 5 St	DAYTIME PHONE: ( ) -
CITY: Boca Raton STATE: fl ZIP: 33486	
DAYTIME PHONE: (561) - 368-9341	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/16/95

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: Lawrence R. Lombardi DATE: 11/18/01

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

COPY

FILE COPY

FILED FOR REGISTRATION	DOC. #
DATE 5.31.2002	TIME 15:46
BOOK 13653	PAGE 27
STAMPS	REC FEE

JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC

Excise Tax $60.00

Recording Time, Book and Page

Tax Lot No. 139-351-33 Parcel Identifier No. .....

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

by .....

Mail after recording to GRANTEE

This instrument was prepared by Tony C. Johnson, Attorney, P.O. Box 23297, Charlotte, NC 28227

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 21ST day of May, 2002, by and between

GRANTOR	GRANTEE
Lawrence R. Lombardi and wife, Kathryn E. Lombardi	Mark Mennitt and wife, Ellen Mennitt Grantee Mailing Address: 2309 Hunter Davis Court Monroe, North Carolina 28110

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.

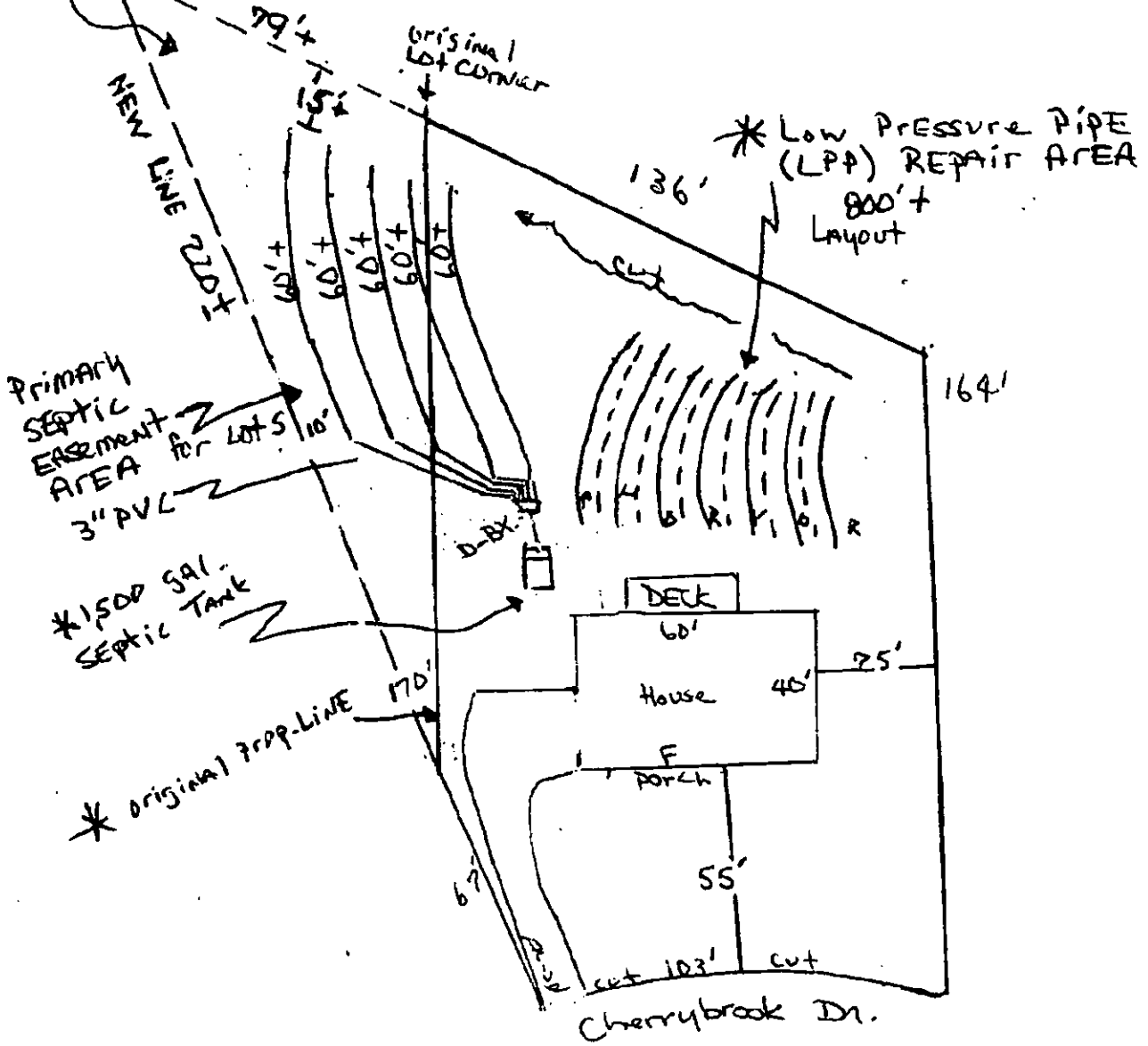
WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Mint Hill, Clear Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE

N.C. Bar Assn. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assn. 1981

MCHD
File: 4544-A
Lot 5
Forestbrook Sub.

*(3) Bedrm. Septic Sys. Plan:
Gravity Easy Flow Chamber
with (LPP) Repair.
*Easement on Lot 6 for Primary
Septic Sys. for Lot 5.



* Primary Septic Sys.
(5) 60' chamber (Easy Flow) Lines = 300'
(6) Chamber Units per Line = 30 units

6-12-02
Approved -

T. Whittaker
866-9540
5/40

The property hereinabove described was acquired by Grantor by instrument recorded in .....

Book 8146, at Page 187, Mecklenburg County Public Registry

A map showing the above described property is recorded in Plat Book 22 page 703

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

Any and all such valid and enforceable easements, conditions, reservations and restrictions as may appear of the public record; and the lien of ad valorem taxes for 2002 and subsequent years.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duty authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

USE BLACK INK ONLY

..... (Corporate Name)

By: .....

.....President

ATTEST:

.....Secretary (Corporate Seal)

Lawrence R. Lombardi (SEAL)

Kathryn E. Lombardi (SEAL)

..... (SEAL)

..... (SEAL)

SEAL-STAMP

FLORIDA
~~NORTH CAROLINA~~ Broward County.

I, a Notary Public of the County and State aforesaid, certify that Lawrence R. Lombardi and Kathryn E. Lombardi Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 21 day of May 2002

Judy A. Bailes
Commission # CC 808642
Expires Feb. 14, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

My commission expires: 2/14/03 Judy A. Bailes Notary Public

SEAL-STAMP

NORTH CAROLINA, ...County.

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

personally came before me this day and acknowledged that ..... he is ..... Secretary of

..... a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its .....

President, sealed with its corporate seal and attested by ..... as its ..... Secretary.

Witness my hand and official stamp or seal, this .....day of .....

My commission expires: ..... Notary Public

The foregoing Certificate(s) of .....

.....

.....

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

.....REGISTER OF DEEDS FOR.....COUNTY

By .....Deputy/Assistant - Register of Deeds

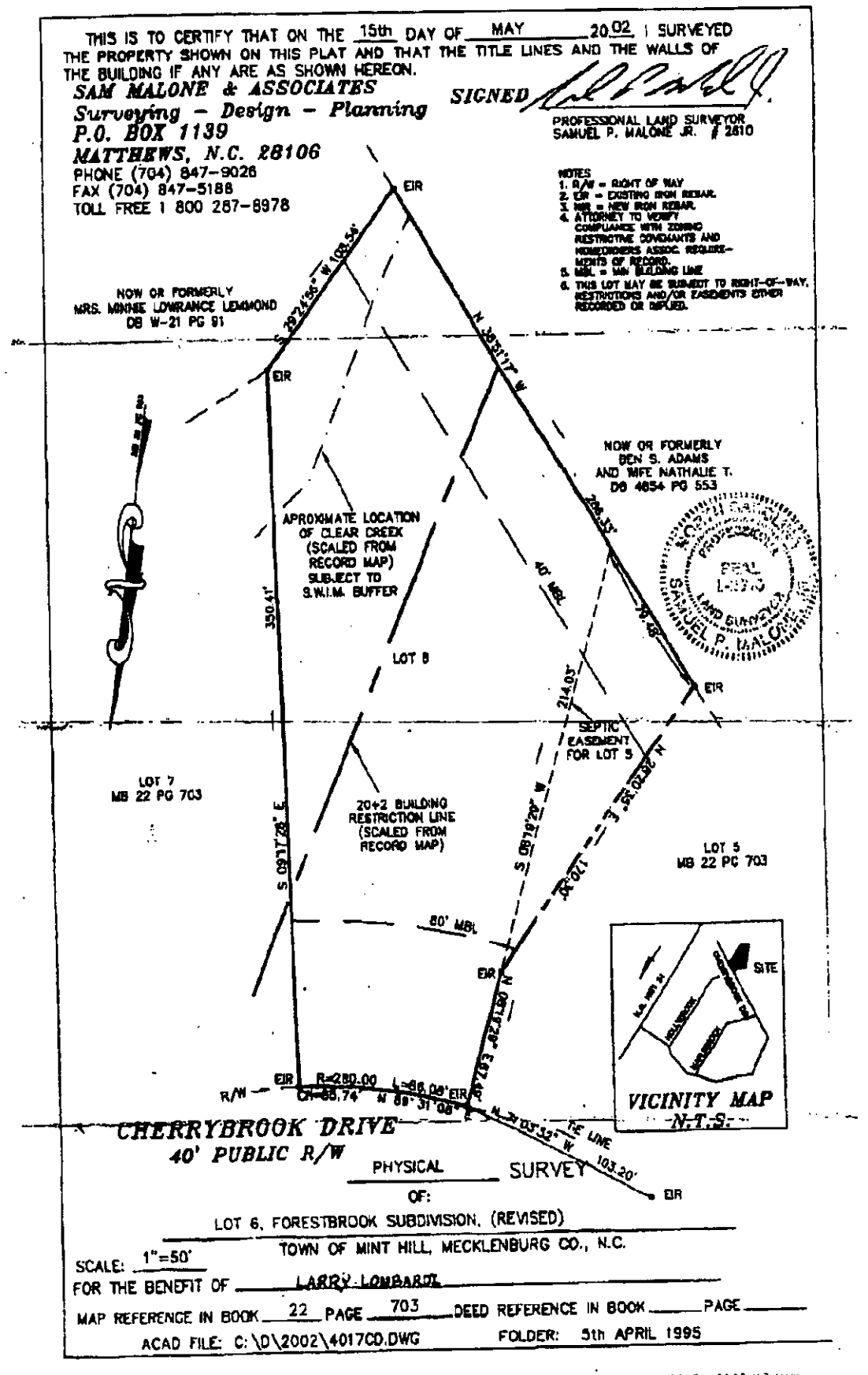
EXHIBIT "A"

BEING all of Lot 6 of FORESTBROOK as same is shown on a revision map thereof recorded in Map Book 22, at Page 703, in the Mecklenburg County Public Registry.

SUBJECT, HOWEVER, to a perpetual easement reserved and granted for the use and benefit of Lot 5 of FORESTBROOK for the purpose of constructing, maintaining and operating in and upon said premises in a proper manner a septic system and drainfield to serve Lot 5, and all necessary apparatus, fixtures and equipment in connection therewith, together with the right at all times to enter said premises for the purpose of inspecting said septic system and drainfield and making necessary repairs and alterations thereon and additions thereto; together with the right at all times to cut away, or by other means to keep clear of said septic system and drainfield, all trees, brush, structures, and other obstructions that may, in any way, endanger the proper maintenance and operation of the same. This reservation and grant of easement shall run with the land and be binding on all parties having the right, title or interest in such Lots, their heirs, successors and assigns. This reservation and grant of easement for the benefit of Lot 5 is made expressly subject to the condition that upon completion of any work on said premises or entry thereon, the premises shall be repaired and restored to its condition which existed prior to the commencement of such work or entry. The easement area is more particularly described as follows:

> BEGINNING at an existing iron rebar found in the common rear division corner between Lots 5 and 6 of FORESTBROOK as same is shown on a revision map thereof recorded in Map Book 22, at Page 703, Mecklenburg County Public Registry, and running thence from said BEGINNING with the common division line between said Lots 5 and 6, N. 28-20-35 E. 170.30 feet to an existing iron rebar; thence a new line through Lot 6, S. 08-19-29 W. 214.03 feet to a point in the southwesterly line of Lot 6; thence with the line of Lot 6, N. 38-51-17 W. 79.48 feet to the point and place of BEGINNING, the same being shown on survey by Samuel P. Malone, PLS, dated May 15, 2002, reference to said survey being hereby made for a more particular description.

BEING a portion of the property conveyed to Lawrence R. Lombardi by Deed recorded in Book 8146, at Page 187, Mecklenburg County Public Registry.


THIS IS TO CERTIFY THAT ON THE 15th DAY OF MAY 20 02 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING IF ANY ARE AS SHOWN HEREON.
SAM MALONE & ASSOCIATES
Surveying - Design - Planning
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847-5188
TOLL FREE 1 800 287-8978
SIGNED
PROFESSIONAL LAND SURVEYOR
SAMUEL P. MALONE JR. # 2810
NOTES
1. R/W = RIGHT OF WAY
2. EIR = EXISTING IRON REBAR.
3. NIR = NEW IRON REBAR.
4. ATTORNEY TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOC. REQUIREMENTS OF RECORD.
5. MBL = MIN BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO RIGHT-OF-WAY, RESTRICTIONS AND/OR EASEMENTS OTHER RECORDED OR IMPLIED.
NOW OR FORMERLY
MRS. MINNIE LOWRANCE LEMMOND
DB W-21 PG 91
EIR
S 39°24'56" W 108.54'
N 38°31'17" W
NOW OR FORMERLY
BEN S. ADAMS
AND WIFE NATHALIE T.
DB 4654 PG 553
APROXIMATE LOCATION OF CLEAR CREEK (SCALED FROM RECORD MAP) SUBJECT TO S.W.I.M. BUFFER
350.41'
40' MBL
LOT 8
214.05'
SEPTIC EASEMENT FOR LOT 8
LOT 7
MB 22 PG 703
20+2 BUILDING RESTRICTION LINE (SCALED FROM RECORD MAP)
S 09°19'28" E
S 09°19'28" W
R=120.00'
N 37°52'02" W
LOT 5
MB 22 PC 703
80' MBL
R/W
R=280.00
CH=88.74'
N 89° 31' 08" E
L=88.98'
N 80°17'39" E 89.79'
N 31°03'32" W
TIE LINE
103.20'
SITE
VICINITY MAP
N.T.S.
CHERRYBROOK DRIVE
40' PUBLIC R/W
PHYSICAL SURVEY
OF:
LOT 6, FORESTBROOK SUBDIVISION, (REVISED)
TOWN OF MINT HILL, MECKLENBURG CO., N.C.
SCALE: 1"=50'
FOR THE BENEFIT OF LARRY LOMBARDI
MAP REFERENCE IN BOOK 22 PAGE 703 DEED REFERENCE IN BOOK ____ PAGE ____
ACAD FILE: C:\D\2002\4017CD.DWG FOLDER: 5th APRIL 1995

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 139-351-34
Lot #: 5
File #: 4544A
Code: 3

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Lawrence R. Lombardi
Applicant:
Address: 1277 SW 5th St., Boca Raton, Fla., 33486
Date Evaluated: 2/8/02
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .55a
Location of Site: 4025 Cherrybrook Drive
Property Recorded:
Water Supply: [ ] Public [ ] Individual [x] Well, shared [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 .1941 Structure/ Texture	SOIL MORPHOLOGY 1941 .1941 Consistence Mineralogy	OTHER PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz	Profile Class & LTAR
1	LS, 8-15	0-2	GR/CL	FR/SEXP/SS/SP	>14" TO SOIL WETNESS	14	N/A	NONE	US, IV
		2-10	SBK/C	FI/SEXP/S/P					
		10-14	M/CL	FR/SEXP/SS/SP					
2	"	0-3	GR/CL	FR/SEXP/SS/SP	>27" TO SOIL WETNESS	27	"	"	US, IV .1G/DAY/FT^2 LPP
		3-11	SBK/C	FI/SEXP/S/P					
		11-27	SBK/CL	FR/SEXP/SS/SP					
3	"	0-2	GR/CL	FR/SEXP/SS/SP	>22" TO SOIL WETNESS	22	"	"	"
		2-12	SBK/C	FI/SEXP/S/P					
		12-22	SBK/CL	FR/SEXP/SS/SP					
4	"	0-2	GR/CL	FR/SEXP/SS/SP	>19" TO SOIL WETNESS	19	"	"	US, IV
		2-10	SBK/SC	FI/SEXP/S/P					
		10-19	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.1G/DAY/FT^2	.1G/DAY/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W.R. Marlin, LSS, 2/11/02, W. R. Marlin
Others Present:

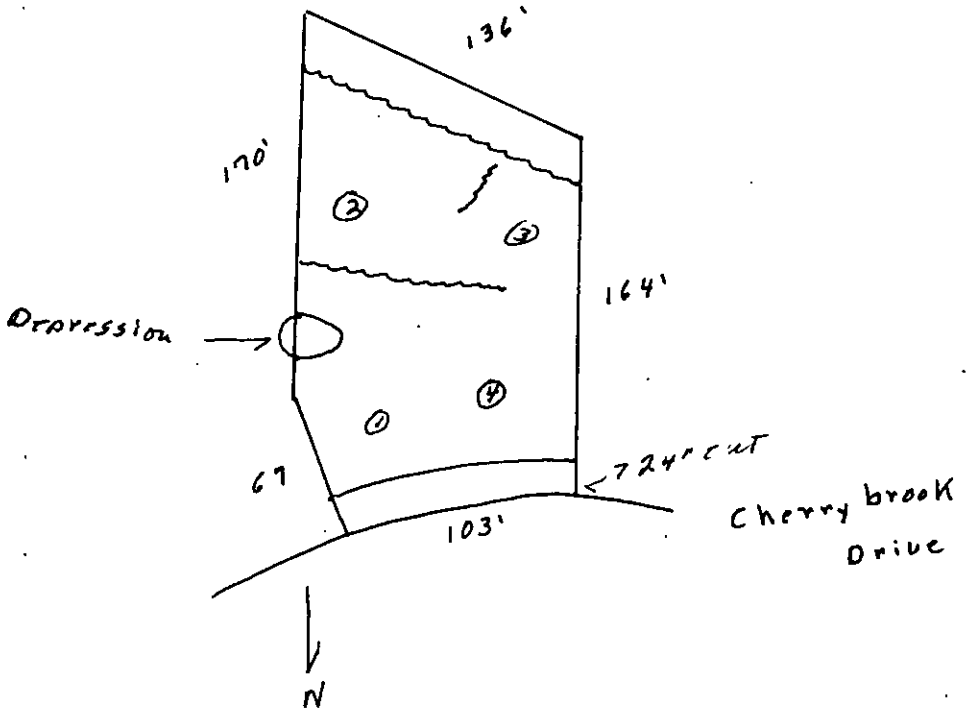
FILE # 4544A

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



PROPOSED PLOT PLAN

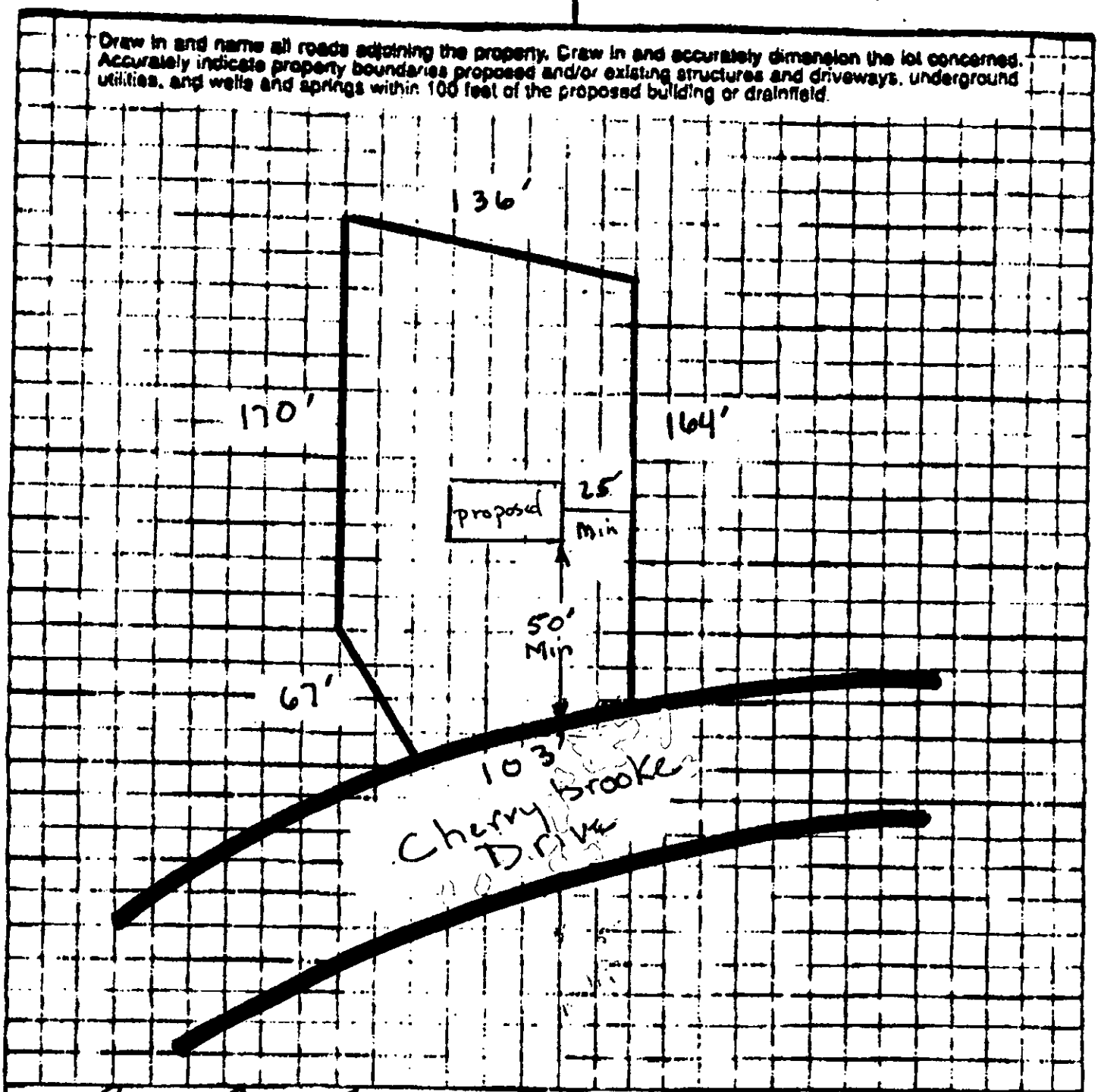
lot # 5

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

FILE: 4544 A

TC: 139.351.34

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



OWNER/AGENT SIGNATURE

DATE 11/18/01

APPROVAL DATE

White - Health Department's Copy

Canary - U.S.I.S. Copy

Pink - Owner's Copy

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/16/95 11:12
BK: 08146 PG: 0187/0188 : #:0168 10.00
NC EXCISE TAX: 72.00

MECKLENBURG COUNTY

[redacted]

STATE OF NORTH CAROLINA

Excise Tax $ 72.00

Real Estate Excise Tax

Recording Time, Book and Page

Tax Lot No.
Verified by _____ County on the _____ day of _____, 19____
by _____

Parcel Identifier No. 139-351-34 (LOT 5) & 139-351-33 (LOT 6)

Mail after recording to GRANTEE(S)
This instrument was prepared by Catherine C. Hunter

Brief Description for the index: LOTS 5 and 6 FORESTBROOK S/D

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made May 15, 1995, by and between

GRANTOR	GRANTEE
CHERRY HOMES, INC., a North Carolina corporation	LAWRENCE R. LOMBARDI 1277 S. W. 5th Street Boca Raton, FL 33486

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

BEING all of Lots 5 and 6 of FORESTBROOK Subdivision, as same is shown on Map thereof recorded in Map Book 22 at page 703 in the Mecklenburg County Public Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 7347, Page 911.

A map showing the above described property is recorded in Plat Book 22, Page 703.

COLDWELL BANKER

FLOUHOUSE,
REALTORS®

7907 PROVIDENCE RD., SUITE 200
CHARLOTTE, NC 28277
BUS. (704) 541-6100
FAX (704) 543-7382

January 8, 2002

Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

Enclosed are two Applications for Improvement Permit for Residential Site Individual Water and Wastewater Systems, one for 4025 Cherrybrooke Dr. and one for 4017 Cherrybrooke Dr. along with a check for $400.00. We are making this request on behalf of our client Larry Lombardi. Both parcels have been staked as required.

If you have any questions, please feel free to contact me at 704-541-6100.

Thank you,

Joann Berlak
Closing Coordinator

Enclosures

CHAIRMAN'S CIRCLE

Each Office Is Independently Owned And Operated.

Unparalleled Success
Through Exceptional Service