

9301 SNOW RIDGE LN

14111132

5/9/08

marliwr

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Lanave Residence	3467A
Health Department	**Name of Establishment**	**Permit/Project No.**
9301 Snow Ridge Ln., Charlotte, NC 28208	Three Bedroom House	360 GPD
Location	**Type of Establishment**	**Design Flow**
Victoria Lanave	Same as location address	704-968-7177
Owner/Agent	**Address**	**Phone**
Clay Oaks		
Operator	**Address**	**Phone**
IV	01/10/2007	December 2009
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5. Measured < 5" of solids in dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.A.d. Corrosion inside panel.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☐	☒	☐	6.c. Improve surface water drainage
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	along left property line.
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☒	☐	6.A.a. Could not locate all valve
b. No effluent standing in lower laterals?	☒	☐	☐	boxes.
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	6.A.c.d. Work to be performed by your
d. Pressure head is properly adjusted?	☐	☐	☒	certified operator.

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.
2. No sewage observed on ground surface at the time of inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*Please visit http://groundwater.charmeck.org for additional information.

1. Install duct seal in conduit to control panel. Corrosion observed on control panel contacts.
2. Improve site drainage along left property line to prevent flow across drainfield & tank areas.

Pump FLA = 9.2 amps, RLA = 8.6 amps

***Recommend pumping tanks every 3 to 5 years to remove excess solids.

DATE: 01/11/2007

SIGNED: _____, R.S. AGENT
Division of Environmental Health

Trevor Thomason, (704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

3467A

Date and Time: 12/4/2006 3:22:40 PM

Parcel ID #: 14111132 GIS ID #: 14111132	
Owner Name:	VICTORIA LANAVE
Mailing Address:	9301 SNOW RIDGE LN CHARLOTTE, NC 28278
Property Characteristics	
Legal Desc.:	L6 M23-223
Land Area:	1 LT
Fire District:	14-STEELE CREEK #1
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM

Deed Reference(s) and Sales Price

10721-652 (8/27/1999) $102,000.00
10224-341 (2/1/1999) $99,000.00
08783-877 (10/18/1996) $75,000.00
08127-776 (4/28/1995) $14,500.00

Situs Addresses Tied to This Parcel

9301 SNOW RIDGE LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 59.01	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701590203E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	Lower Lake Wylie
Watershed Class:	PA

Building Photography

PHOTO #1
Location: 9301 SNOW RIDGE LN



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

VICTORIA 704-968-7177

~~704-968-7177~~

8AM 1/10/07

(CITY WATER)

R-LIGHT

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

COPY

MECKLENBURG COUNTY

Land Use and Environmental Serivces Agency

Groundwater and Wastewater Services

December 4, 2006

Lanvane, Victoria

9301 Snow Ridge Lane

Charlotte NC 28208

Dear Property Owner:

The North Carolina Administrative Code [G.S. 130A-335(a) 15A NCAC 18A .1961(a)(2)(b)(j)] requires Groundwater and Wastewater Services to conduct routine inspections for all Type IIIb, IV, V, and VI septic systems installed or repaired, in Mecklenburg County, after July 1, 1992. You may obtain a copy of the regulations by visiting our web site at http://groundwater.charmeck.org. A copy of the regulations may also be purchased at our office.

Our records indicate that the Type **IV** septic system serving the property located at:

9301 Snow Ridge Lane
Charlotte NC 28208
MCHD File Number: 3467A

is due for inspection on: **12/15/06**

The fee for this inspection is $85.00. Your payment should be received in our office no later than December 19, 2006. The system inspection will not be scheduled until payment is received in our office. Failure to comply with these requirements may result in legal action being taken against you.

Please mail payment or present in person to:
Mecklenburg County Health Department, 700 N. Tryon Street, Suite 211, Charlotte, NC 28202
Make checks payable to the Mecklenburg County Health Department. Please include your phone number and the MCHD File Number listed above on the check. Do not mail CASH payment.

After submitting your payment, please contact me at (704) 336-5568 to schedule an inspection time. I encourage you to be present during the inspection. This will allow an opportunity for you to observe the inspection process, receive information regarding your septic system, and ask any questions you may have about your system.

Upon completion of the inspection you will be supplied with a copy of the inspection report. The report will include an assessment of the system's operation and recommendations to ensure your septic system operates in a safe and efficient manner. In addition, if you are served by a private well, a bacteriological sample will be collected and analyzed to assess the quality of your water supply source. This water analysis will be performed at no additional cost.

The septic system inspection and private well sampling programs are important initiatives intended to protect the public's health and groundwater resources in our community. Your cooperation in these efforts is greatly appreciated. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

0743

- AVE 4" SOLIDS IN PT
- DUCT SEAL / CORROSION IN BOX
- IMPROVE DRAINAGE IN REAR YARD
  DIVERT S.W.
- CO REQUIRED / VALVE BOXES

PUMP

FLA 9.2
RLA 8.7

$150.00 Pd 9/25/98

Carolina Builders Corp

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3467A DATE: 12/15/97

TC: 141-111-32 ☒ L ☒ CRT

SERIAL Nº 17422

Name of Owner Paul Elvin Juris.:

Address of Property 9301 Snow Ridge

Inspection Data:

Tank Material PCC

Total Length of Drainfield 210

Number of Lines 3 @ 70

Cover Depth 18"

Water Supply Source Municipal

Distance to Water Source 10'

Excavation Inspected 12/15/97

Tank(s) Inspected 12/15/97

Wash Line Inspected —

High Water Alarm Inspected 12/15/97

PLOT

210 X3 630

Design 1500 Septic Tank, 630 sq ft, 50% Reduction CTR# 99

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

☐ 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: 3 bedroom – Panel Block Type ~~III~~ IV a

Based on plan on file

Doug Heggie Bunn RS

Environmental Health Specialist

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

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE
9/25	IWWS	150 00	150 00	-0-	-0-

PREVIOUS BALANCE	NAME
-0-	Carolina Builders

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

11376

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

Thank you

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 9/25/98

Name/Company: ~~Betty McCrorey~~ Carolina Builder

Sanitation _____

Vector Control _____

IWWS ✓

Service: 9301 Snow Ridge Rd
3467A

Fee: $ 150.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

9/25/98
Received 150.00
Check Amt 88805

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: 3467-A DATE: 12-8-97

TC: 141-111-32 ☐ L

SERIAL Nº 17567

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4-6-95. All work shall be completed on or before 1-8-98, 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.

INSTALL W/ PLAN ON FILE

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 40"

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Trench Walls Scored and Porous Yes

Total Line Length 200 feet

Number of Lines 3

Depth of ~~Stone~~ SAND 30" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER PAUL ERVIN

LOCATION OF PROPERTY 9301-SNOW RIDGE CT

Comments: _____

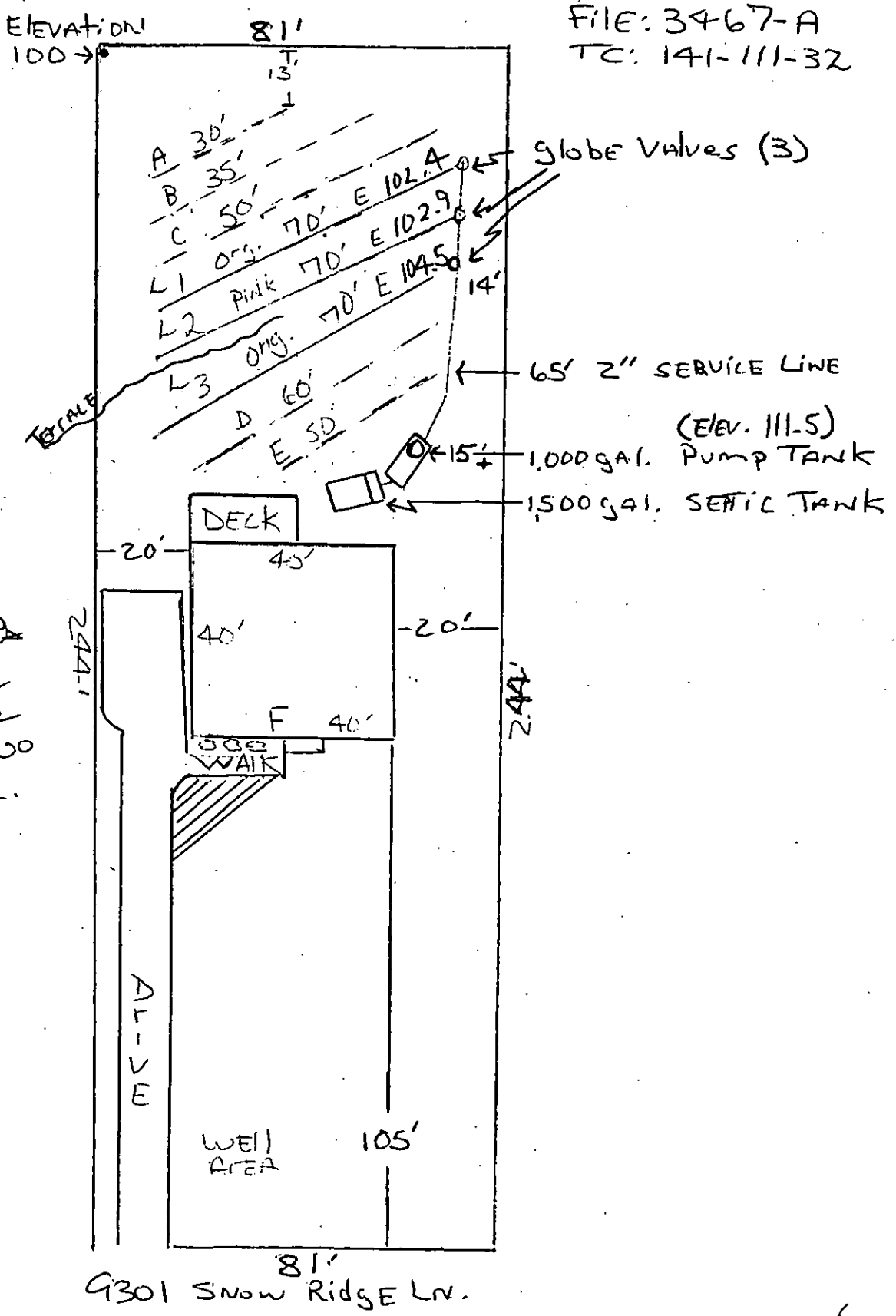
Environmental Health Specialist

043 1750

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

#3 Proposed System

MCHD
File: 3467-A
TC: 141-111-32



ELEVATIONS

L A	101.3
L B	101.9
L C	102.2
L 1	102.4
L 2	102.9
L 3	104.5
L D	107.2
L E	108.5

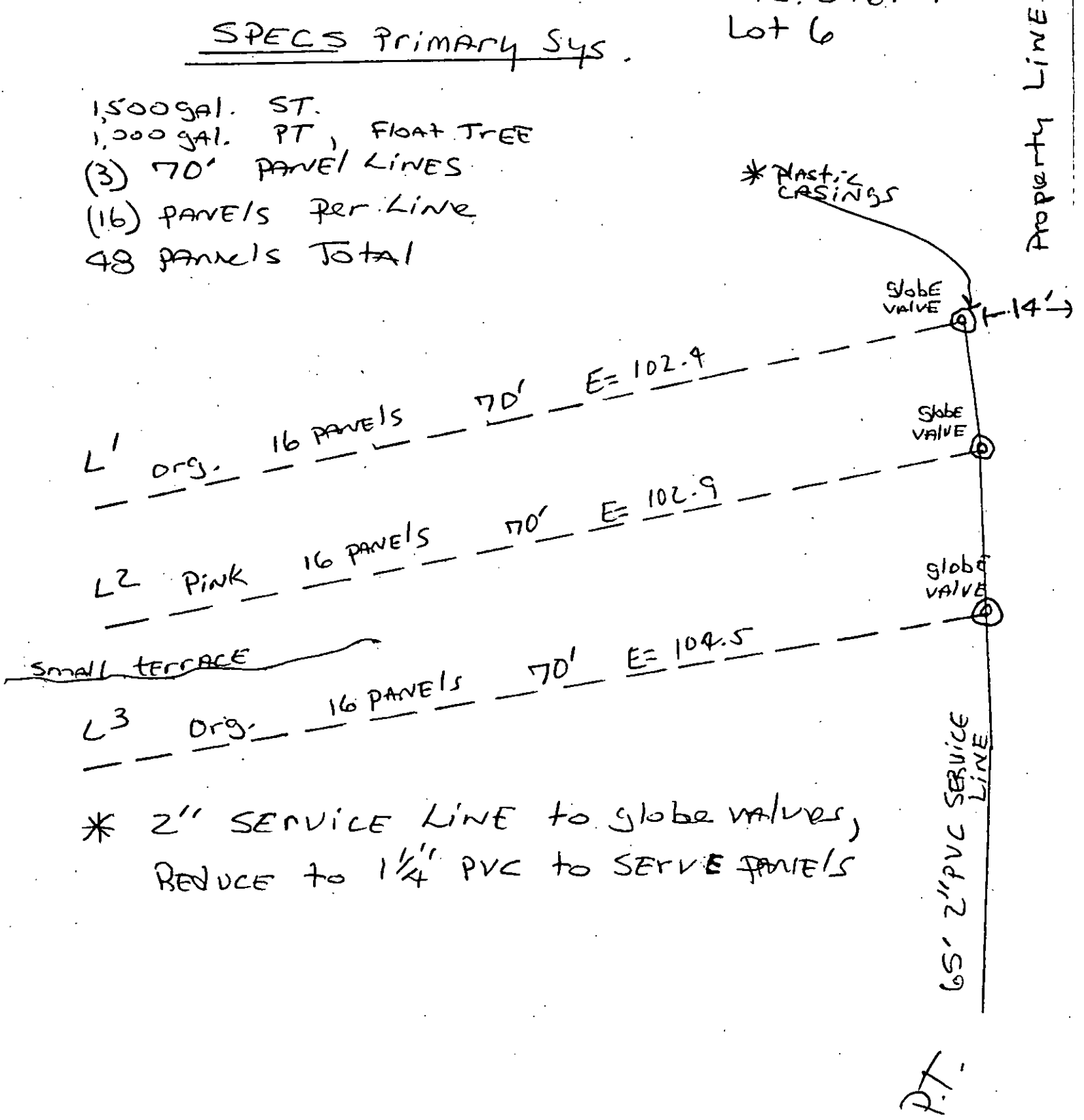
* I am assuming that this operates under 2' of head pressure - these are the only two sheets on file.

T. Whittaker
866-9540
Scale 30

MCHD
File: 3467-A
Lot 6

SPECS Primary Sys.

1,500 gal. ST.
1,000 gal. PT, Float Tree
(3) 70' Panel Lines
(16) Panels Per Line
48 Panels Total



* 2" Service Line to globe valves, Reduce to 1¼" PVC to serve panels

Not Scaled

CLAY'S WASTEWATER SERVICES
INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Name of Establishment | Permit/Project No.

Location: VICKI BLACKBURN | Type of Establishment: 9301 SNOWBIRD LN

Owner: CLAY OAKS | Address: 9001 SIMMONS FIN. RD | Phone: 361-4359

Operator

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

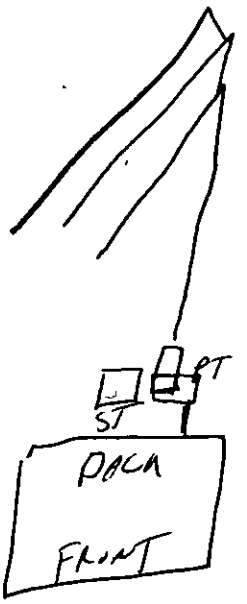
INSPECTION FREQUENCY

Annual | Quarterly

~~Bi-Annual~~ | Yearly

Other

SITE LOCATION MAP



OVERALL CONDITION AND OPERATION OF SYSTEM: COMPLIANT

IMPROVEMENT: * HAVE TO PUMP OUT BOTH PUMP & SEPTIC TANKS ETC

DATE: 4-3-02 **SIGNED:**

NEED TO REPLACE SCREEN INTO PROPER TANK ETC

* ALL PLUMBING IS GOING INTO PUMP TANK

STATE OF NORTH CAROLINA

COUNTY OF MECK

INSPECTION AND MAINTENANCE AGREEMENT (rev. 3/91)

this agreement is made and entered into this 30 day of MARCH 2002 by and between VICKI BLACK BEAN (hereinafter the "Owner") and CLAY OAKS (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV-A system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Adm. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IV-A system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 9301 SUDLEY RIDGE LN

a. The contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV-A System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2) INSPECT & REPORT 2X PER YR TO CMHD
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV-A system.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractors shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractors shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type HA System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $220 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than 5 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1 percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, the Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type ~~IV~~ A system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of the default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner:
VICKI BLACK Bran
9301 SAGE RIDGE Ln
CLT NC

To the Contractor:
CIAK OAKS
9001 SIMS Ing Place LD
CLT NC 28214

To the Local Health Department:
CMHD
700 E Trade ST
STE 200 CLT NC

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted deliver, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina.

notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such actions, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

Victoria Blackburn
(Owner)

Attest:

_____

_____
(Contractor)

Attest:

_____

Mecklenburg County
Health Department

March 11, 2002

Victoria Lanave
9301 Snow Ridge Lane
Charlotte, NC 28208

Dear Ms. Lanave:

A required inspection of the type IVa septic system, which serves as the wastewater treatment and disposal system for the residence located at 9301 Snow Ridge Lane, Charlotte, North Carolina, is past due.

A review of our files indicates that the required maintenance contract for this system has expired. Periodic maintenance of this type wastewater system is an important factor in extending the life of the drain field as well as a requirement found in the General Statutes of North Carolina to protect public health. 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."

Enclosed is a copy of the information that we have on file. Please submit a new contract with a certified operator to our office by April 10, 2002.

A list of certified operators in the immediate vicinity of Mecklenburg County is attached. If I can be of further assistance in this matter please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius R.S.I.

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

Enclosure: Certified Operators List
Notice of Cancellation

TO: Meck. County DEH

TRI-COUNTY WASTEWATER

May 8, 2001

Victoria Lanave
9301 Snow Ridge Lane
Charlotte, NC 28278

NOTICE OF CANCELLATION

Effective 05/22/01 your Ipp septic system maintenance contract will cancel without further notice for non-payment of renewal fees. A copy of this cancellation will be sent to the Department of Environmental Health as required by law.

Tri-County Wastewater values your business and would like to continue to serve you as a customer. Your immediate attention is needed to continue service. The loss of your business will be missed.

If financial arrangements need to be made please contact our office at (704) 821-8841.

Tim Bannister
Tri-County Wastewater Management

P.O. Box 1830
Indian Trail, NC 28079

704.821.8841
800.448.1298
Fax: 704.821.8892
E-Mail: wwm@interlink-cafe.com

3467A

SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM

14-111-32

Name and Address of System Manager

TRI-COUNTY WASTEWATER

P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 2-6-01

☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Mck

System Classification & Type: IV

Victoria LaNave
9301 Snow Ridge Lane
Charlotte NC 28278

Location of System

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?				
Signs of infiltration?		Septic Tank		
Tanks and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Septic Tank Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?				
Signs of infiltration?		Grease Trap		
Grease trap and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	
Evidence of leakage, blockage in discharge lines?		Corrected Today	
Pressure head is properly adjusted?		Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	
Laterals free of excess solids?	M		
Laterals flushed this inspection?	NA		
Pressure head is properly adjusted?	NA	Corrected Today	✓

Pump Tank Size 1000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime N Level Begin N Level End N Flow Amount _____ (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	0'	3'
2	2		4'	
3	3		0'	

RECOMMENDATIONS TO OWNER: Flushed all lines, set pressures. Need to pump both tanks out, there was a lot of scum in pump tank.

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Gurley

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
8037 Fairview Road, Suite G
Charlotte, NC 28227
(704) 545-1711

Date of Inspection: 8-15-00

☒ 6 Mo. ☐ Follow-up
☐ 12 Mo. ☐ Service Call

County: Mecklenburg

System Classification & Type: LV

Victoria LaNave
9301 Snow Ridge Lane
Charlotte NC 28278

Location of System

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	✓			
Signs of infiltration?	✓	Septic Tank		
Tanks and access structurally sound?	✓	Water Depth		
Sanitary tee(s) in good condition?	✓	Septic Tank Needs Pumping		
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?	✓			
Signs of infiltration?	✓	Grease Trap		
Grease trap and access structurally sound?	✓	Water Depth		
Sanitary tee(s) in good condition?	✓	Grease Trap Needs Pumping		
Effluent filter cleaned?	✓			
Effluent filter in good condition?	✓			

EFFLUENT DOSING STATION:

Tank Riser Height?		Filter Cleaned	
Signs of Infiltration?		Filter in Good Condition	
Required pumps present and operating properly?		Elapsed Time Readings:	
High water alarm operating properly?		Pump #1	
Floats, pipes, valves, disconnects in good condition?		Pump #2	
Control panel enclosure/components in good condition?		Pump #3	
Effluent appears clear and free of solids?		Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?		
Surface water being effectively diverted away?		
Line cover & vegetative cover maintained properly?		
Protected from traffic, destructive uses?		
Distribution devices in good working condition?		
Repair area properly reserved, maintained?		

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	✓	Corrected Today	
Evidence of leakage, blockage in discharge lines?	✓	Corrected Today	
Pressure head is properly adjusted?	✓	Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?		Corrected Today	
Laterals free of excess solids?			
Laterals flushed this inspection?			
Pressure head is properly adjusted?		Corrected Today	

Pump Tank Size 1000? gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime ~ Level Begin ~ Level End ~ Flow Amount _____ (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	3'	3'
2	2	↓	↓	↓
3	3			

RECOMMENDATIONS TO OWNER: Septic tank and pump tank need pumping, heavy sludge amount in pump tank. All lateral lines have sludge, flushed lines set pressure. When ready to pump contact Vicki at 821-5841 ask for number to pumper service.

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Gourley

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
8037 Fairview Road, Suite G
Charlotte, NC 28227
(704) 545-1711

Date of Inspection: 2-25-00
☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Meck
System Classification & Type: IV

Victoria LaNave
9301 Snow Ridge Lane
Charlotte NC 28278

Location of System: same

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?				
Signs of infiltration?		Septic Tank		
Tanks and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Septic Tank Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?				
Signs of infiltration?		Grease Trap		
Grease trap and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓	
Surface water being effectively diverted away?	✓	
Line cover & vegetative cover maintained properly?	✓	
Protected from traffic, destructive uses?	✓	
Distribution devices in good working condition?	✓	
Repair area properly reserved, maintained?		

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	
Evidence of leakage, blockage in discharge lines?		Corrected Today	
Pressure head is properly adjusted?		Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	yes		
Pressure head is properly adjusted?	✓	Corrected Today	✓

Pump Tank Size 1000 gallons
Level Begin Dose N Level End Dose N Dose Amount (Gallons) _____
Run Tiime 1.5 Level Begin 59.5 Level End 60 Flow Amount _____ (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	3'	3'
2	2	↓	3.5'	3.5'
3	3	↓	3.5'	3.5'

RECOMMENDATIONS TO OWNER:

Looks Good

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Gunkler

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER
8037 Fairview Road, Suite G
Charlotte, NC 28227
(704) 545-1711

Date of Inspection: 6-1-99
☒ 6 Mo. ☐ Follow-up ☐ 12 Mo. ☐ Service Call

County: Meck
System Classification & Type: IV

Carolina Builders Corporation
8800 Monroe Road
Charlotte NC 28212

Location of System: 9301 Snow Ridge lane

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?				
Signs of infiltration?		Septic Tank		
Tanks and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?	N/A	Septic Tank Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?				
Signs of infiltration?		Grease Trap		
Grease trap and access structurally sound?		Water Depth		
Sanitary tee(s) in good condition?		Grease Trap Needs Pumping		
Effluent filter cleaned?				
Effluent filter in good condition?				

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?		Corrected Today	
Evidence of leakage, blockage in discharge lines?		Corrected Today	
Pressure head is properly adjusted?		Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	ND		
Pressure head is properly adjusted?	X	Corrected Today	✓

SWDSMR 3/99

Pump Tank Size 1000 gallons
Level Begin Dose N Level End Dose N Dose Amount (Gallons) N
Run Tiime N Level Begin N Level End N Flow Amount N (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	0'	3'
2	2	↓	↓	↓
3	3			

RECOMMENDATIONS TO OWNER:

System looks good

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Pontaglist

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028545

File: 3467A Action 2

Parcel: 141-111-32 ☐ PC

Location: 9301 Snow Ridge Lane

Subdivision:

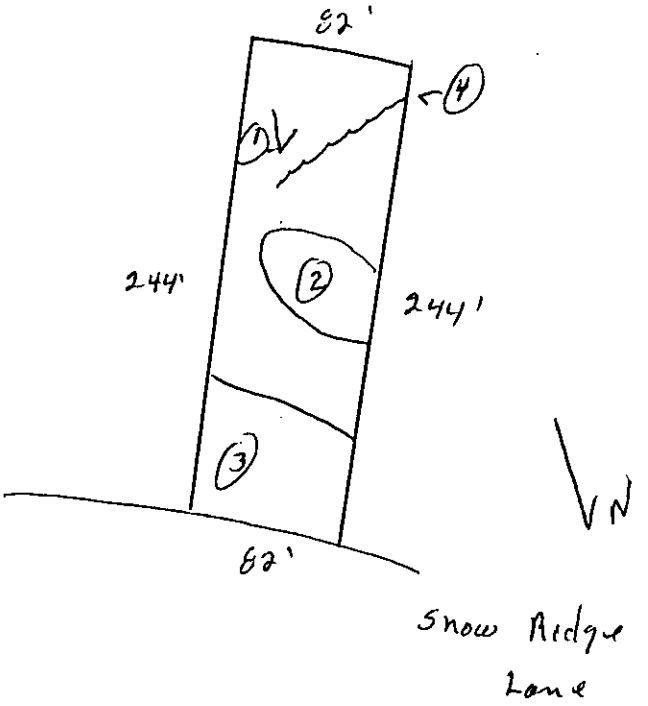
Lot: #6 Block: Acres: .46

Owner: Paul Ervi
Address: 4444 Darrenby Ct.
Charlotte, N.C. 28226

Comments: 100% Repair, .3gal/ft/day LTAR- System may require pump

Described by: William R. Marks

Date: 5-2-95



*** 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 6-15%	S PS (U) Depression	S PS U —	S PS (U) Terrace	S PS U	S PS U
Texture	S (PS) U Slightly Expansive Clay	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U Fossil 74" Wetness	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 40-45"	S PS U —	S PS (U) Cut	S PS U ~	S PS U	S PS U
Restrictive Horizons	S (PS) U 74"	S PS U —	S PS U	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	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	EV Cecil-Like	Depression	Cut	Terrace		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County
Health Department

May 9, 1995

Paul Ervin
4444 Daventry Court
Charlotte, NC 28226

Re: 9301 Snow Ridge Lane, Lot 6
File: 3467A
Parcel: 141-111-32

Dear Mr. Ervin:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met.

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 contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

TB:gf

Mecklenburg County
Health Department

D75

March 31, 1995

Evelyn Harbin
1754 Edgewater
Charlotte, NC ~~28210~~ 28226

Paul Erwin
1444 Derventry Court

Re: ~~8717 West Dixie Drive~~ 9301 Snow Ridge Lane, Lot 6
File: ~~3480B~~ 3467A
Parcel: ~~113-194-10~~ 141-111-32

Dear Ms. Harbin:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met.

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 contact me at 336-5572.

Sincerely,

Toni H. Bunney, R.S.

Toni H. Bunney, R.S.
Individual Water and Wastewater Systems

TB:gf

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028545

File: 3467A Action 2

Parcel: 141-111-32 ☐ PC

Location: 9301 Snow Ridge Lane

Subdivision:

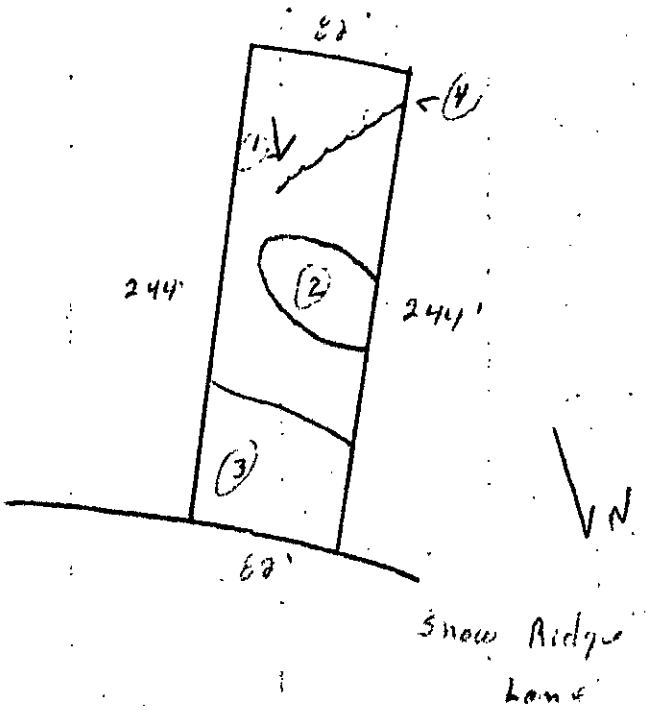
Lot: #6 Block: Acres: .46

Owner: Paul Errii
Address: 4444 Davenbridge Ct.
Charlotte, N.C. 28226

Comments: 100% Repair. 300 gal/day LTAR. System shall require pumping

Described by: William A. Marlin

Date: 5-2-95



*** 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 6-15%	S PS (U) Depression	S PS U	S PS (U) Terrace	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U Possible 740" wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-45"	S PS U	S PS (U) cut	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 740"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	(B) Cecil/Lilo	Depression	Cut	Terrace		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

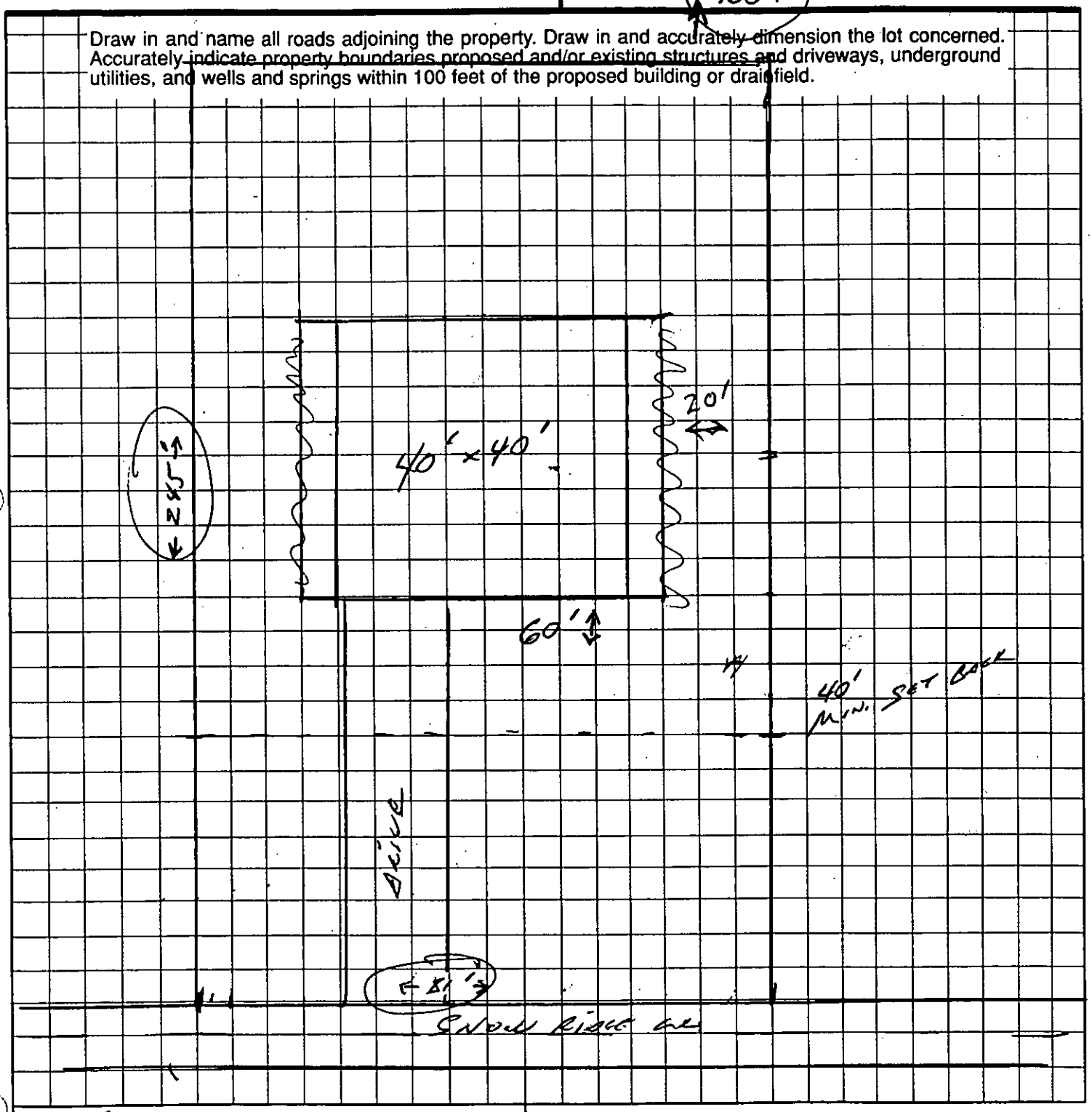
PROPOSED PLOT PLAN

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

FILE: 3467A

TC: _____

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

Permit #0518-156 $400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3467A 4/6/95 Ck# 6725 $150.00

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Eacins R. Jack
(last) (first) (mi)
ADDRESS: 9301 Snowy Ridge Ct. PHONE: (704) 568-4569
CITY: Chtt. STATE: NC. ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 141-111-32
STREET ADDRESS: 9301 Snowy Ridge Ct.
ZONING:

PROPERTY OWNER:
NAME: Same
(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 Matthews ☐ 7 Mint Hill

TYPE APPLICATION (check one):
LOT NUMBER: #6 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 (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
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: 4/6/95

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.

...PBDS TYPE IV

AGREEMENT FORM ON FILE

CERTIFIED OPERATOR REQUIRED

☒ 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 _____ 9-2-95 Date

WATER : 12/91

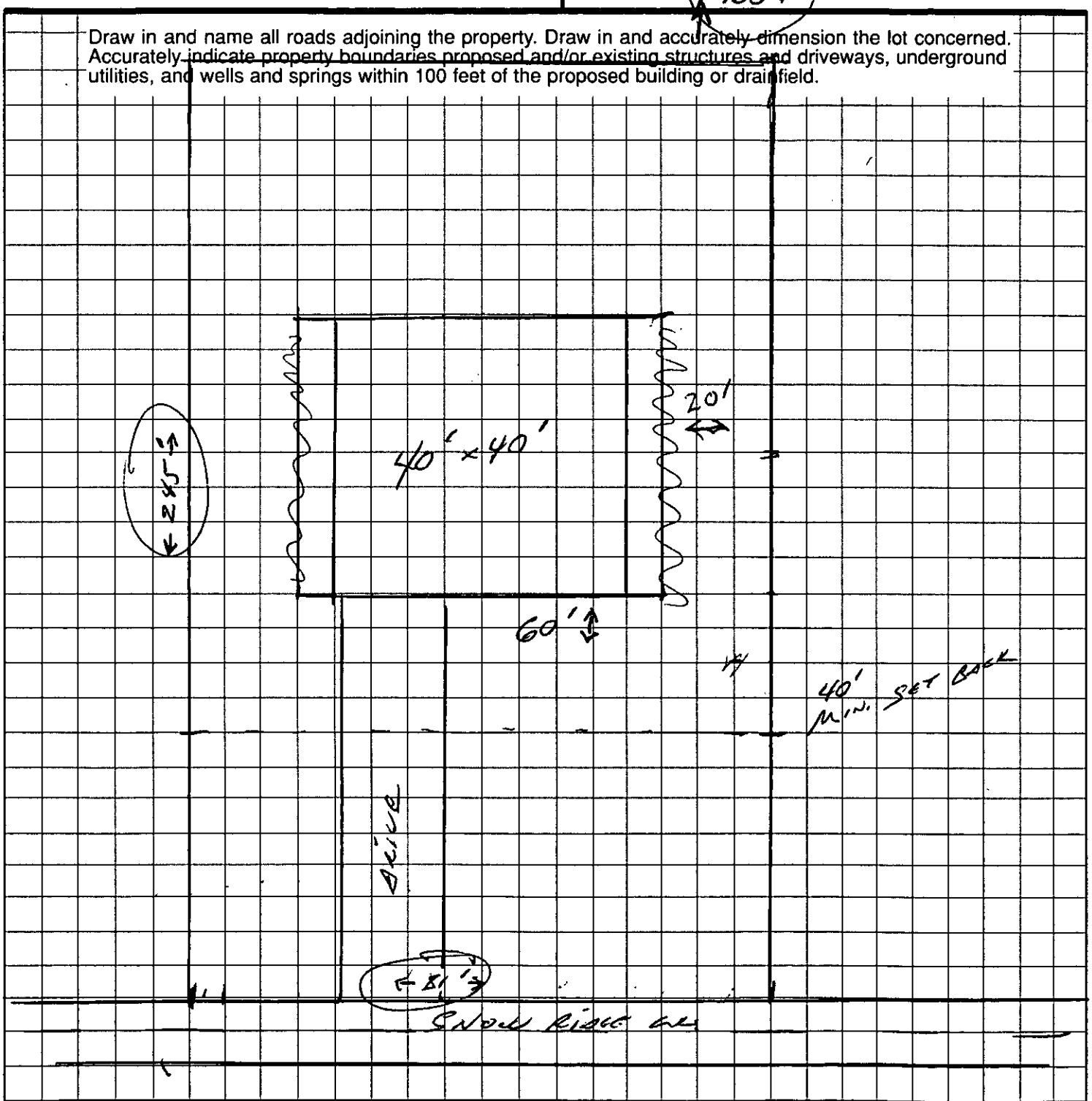
PROPOSED PLOT PLAN

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

FILE: 3467A

TC: _____

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



OWNER/AGENT SIGNATURE _____

DATE _____

APPROVAL DATE _____

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

Parcel # 10515-136

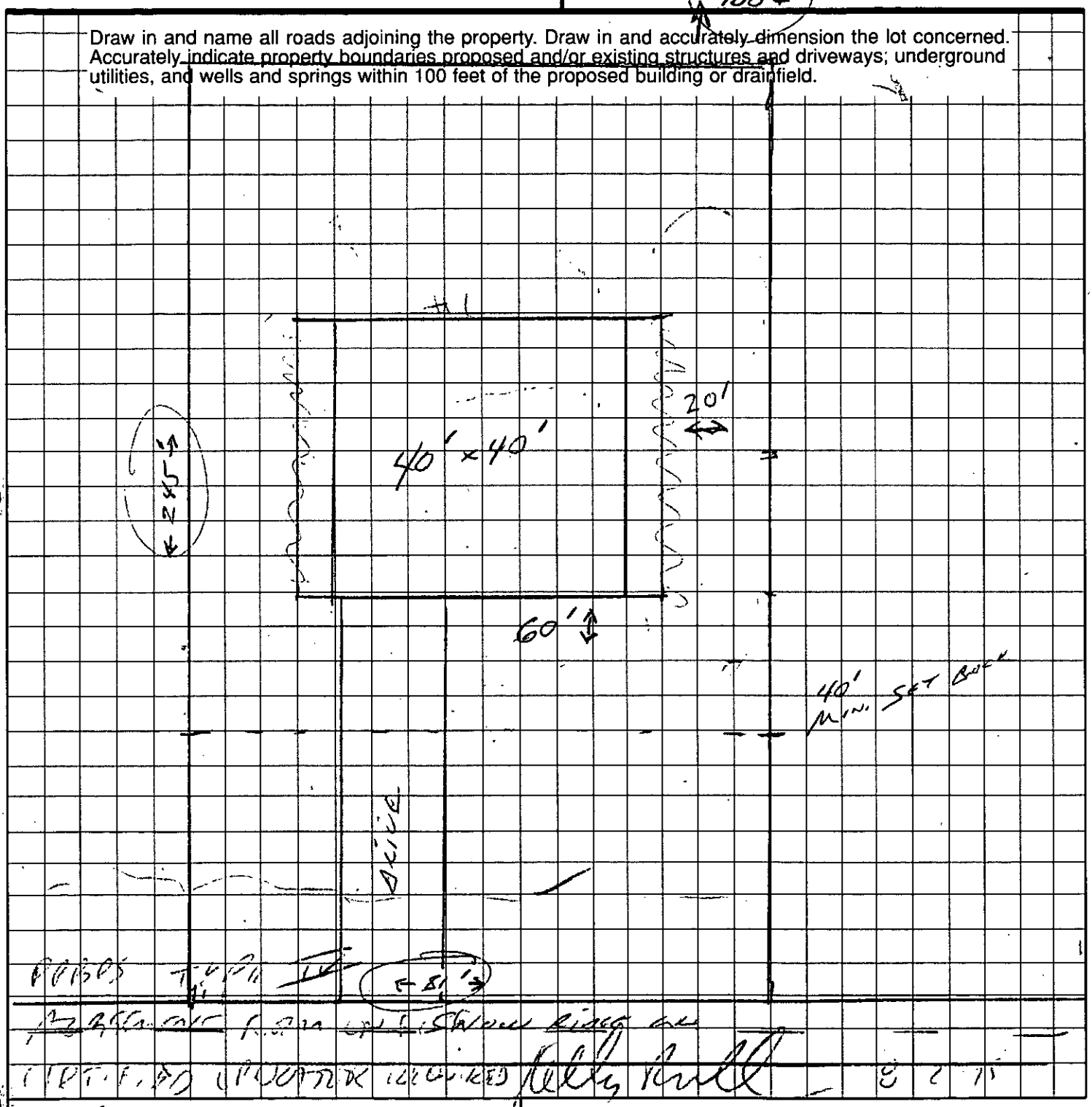
PROPOSED PLOT PLAN

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

FILE: 3467A

TC: _____

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

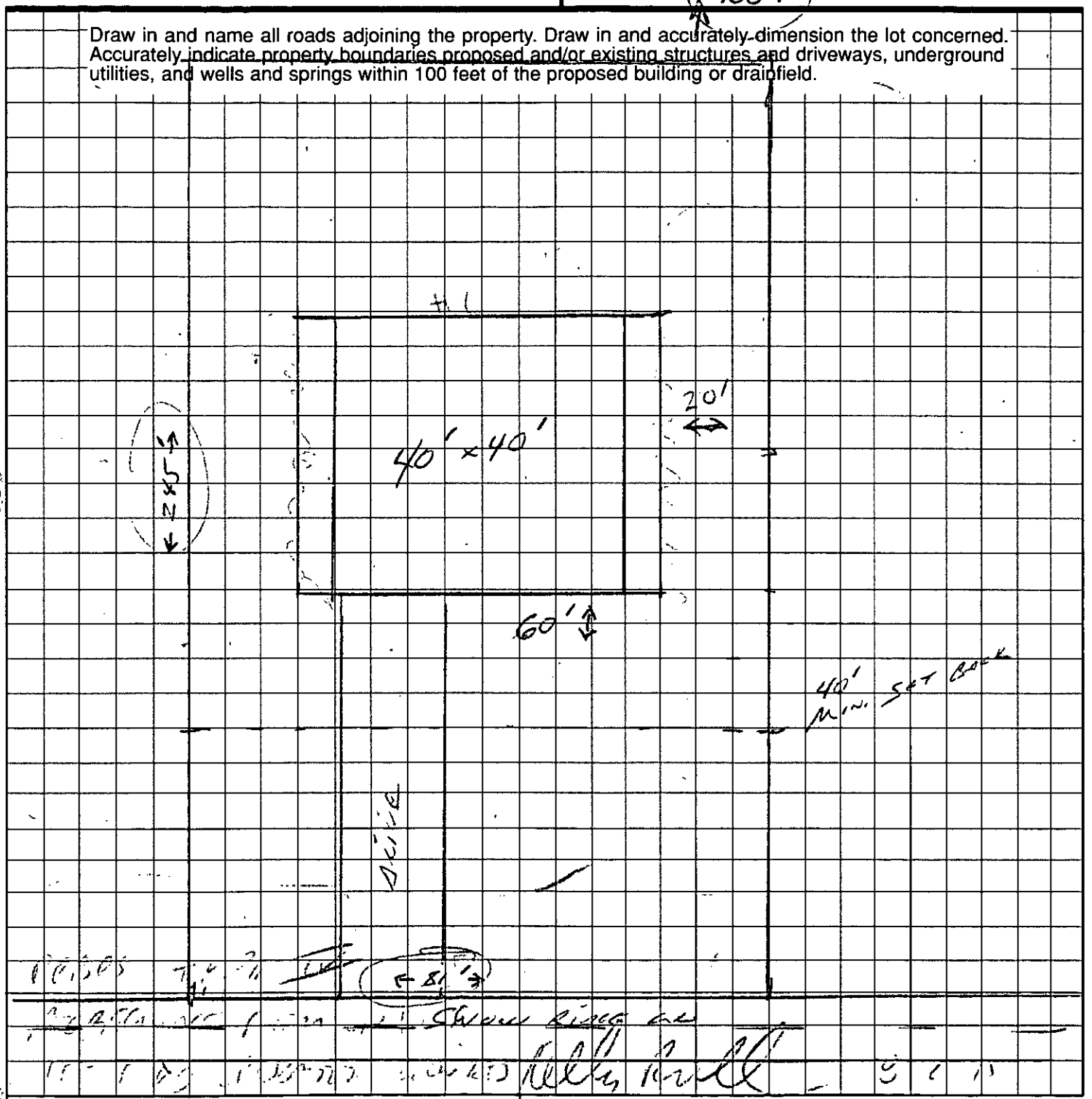
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3467A

TC: _____

100+

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

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

TRANSFER OF OWNERSHIP

Permit #: 3467 A
Job Location Information:
Tax Parcel #: 141-111-32
Street Address: 9301 SNOW RIDGE LANE

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: ERVIN PAUL (last) (first) (mi) Date Issued: _____

Address: 4444 DAVENTRY COURT
City: CHAR State: NC Zip: 28226
Daytime Phone: ( ) ____-____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Carolina Builders Corp. (last) (first) (mi)

Address: 8800 MONROE Rd.
City: Charlotte State: NC Zip: 28205
Daytime Phone: (704) 535-6940

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: John for by D.H. Downing for Carolina Builder Corp Date: 11/6/96

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ____-____

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

July 19, 1995

Paul M. Ervin
4444 Davemtry Court
Charlotte, NC 28226

Dear Mr. Ervin:

Re: 9301 Snow Ridge Lane
File: 3467A
Parcel: 141-111-32

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Effectively rake and lime all trench sidewalls.

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

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

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 336-575.

Sincerely,

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

Enclosure(s)

Mecklenburg County
Health Department

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

PAUL M. ERVIN
4444 DAVENTRY COURT
CHARLOTTE NC 28226

Re: 9301 SNOW RIDGE LN.
File 3967-A
Parcel 141-111-32

Dear Mr Ervin

Mecklenburg County
Health Department

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The plans as submitted are approved with the following comments:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

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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.

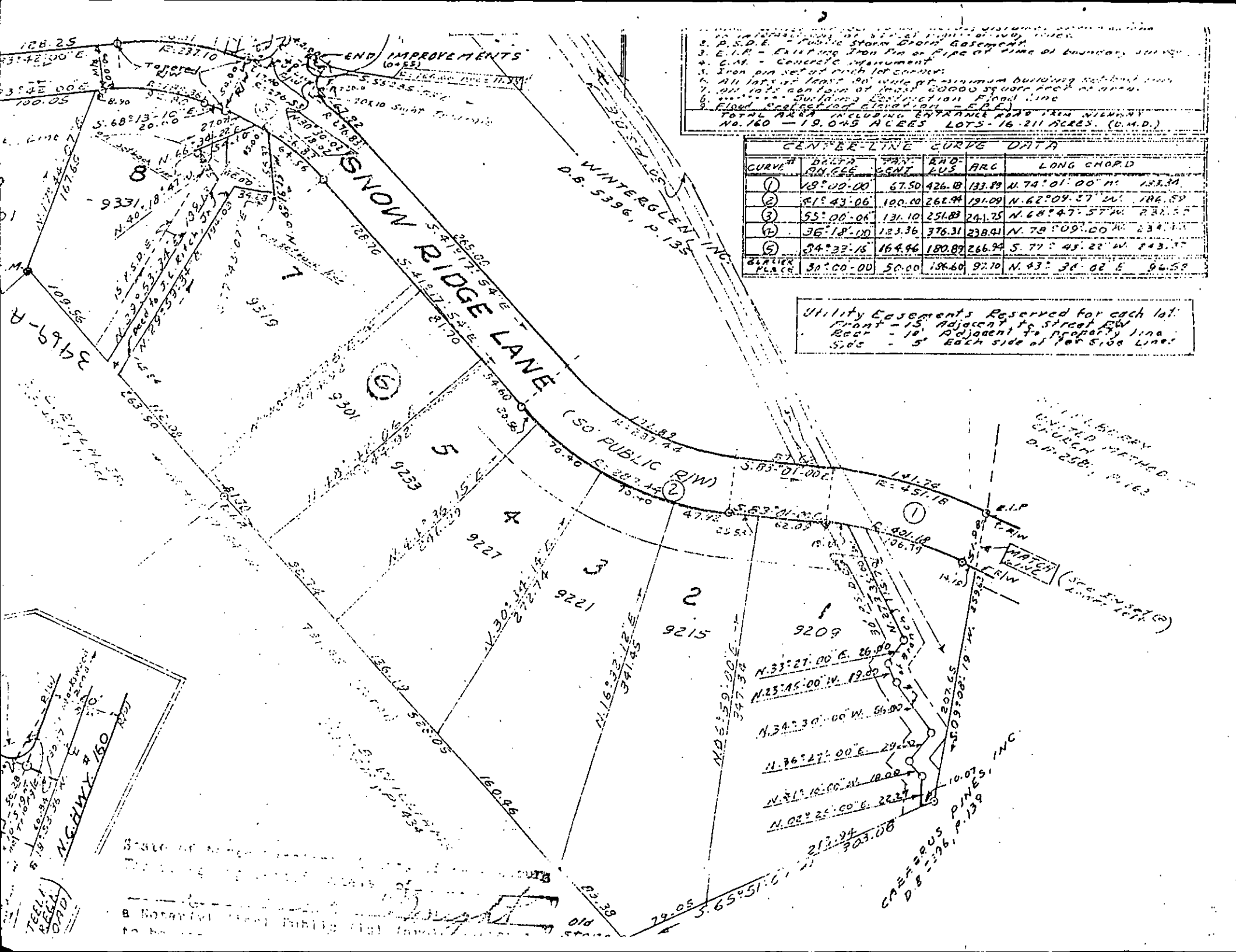
Sincerely,

Kelly Randall

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

Enclosure(s)

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


SNOW RIDGE LANE
(50' PUBLIC R/W)
WINTERGLEN INC
D.B. 5396, P. 135
END IMPROVEMENTS
(0+55)
Topsoil
S.68°13'10"E.
20.00
S.41°17'54"E.
265.00
S.41°17'54"E.
21.70
S.83°01'00"E.
141.74
R = 451.16
L = 401.18
CH = 396.79
S.63°01'00"E.
62.03
R = 237.10
L = 134.89
CH = 133.09
R = 237.10
L = 137.92
CH = 135.98
R = 176.83
L = 64.56
CH = 64.19
R = 30.00
L = 18.92
CH = 18.61
R = 30.00
L = 47.12
CH = 42.43
R = 30.00
L = 39.58
CH = 36.84
R = 30.00
L = 18.54
CH = 18.24
R = 30.00
L = 20.07
CH = 19.68
R = 30.00
L = 18.92
CH = 18.61
R = 30.00
L = 36.37
CH = 34.22
R = 30.00
L = 54.10
CH = 46.90
R = 30.00
L = 34.22
CH = 32.43
R = 30.00
L = 27.04
CH = 26.14

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15866

File: 4 . 1 Action 1

Parcel: [illegible] 141-111.17 ☐ PC

Location: 9307 Snow Ridge Lane

Subdivision: Winterglen Lot 7

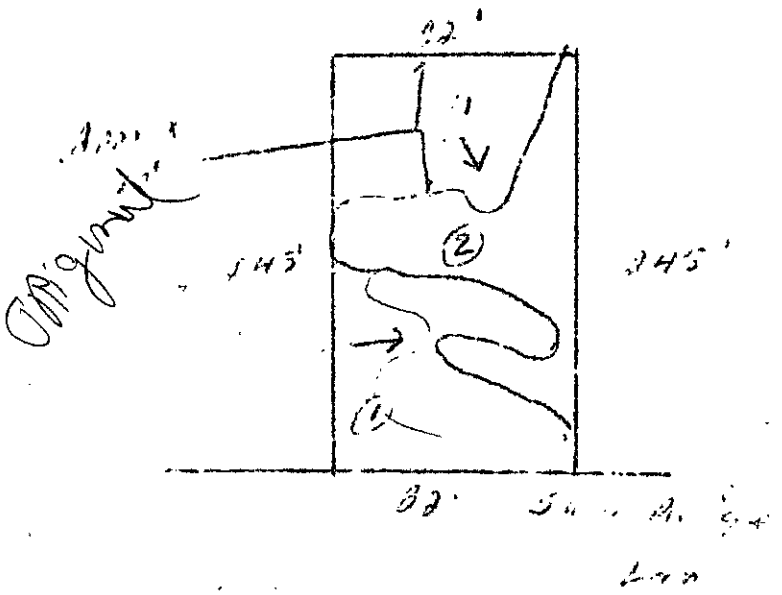
Lot: 1 Block: Acres: .45

Owner: Winterglen, Inc.
Address: 5201 Monroe Rd
Charlotte, N. C. 28205

Comments: _____

Described by: [illegible]

Date: 1-9-84



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U Fair	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 60"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U Fair	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Medium	S PS U	S PS U	S PS U	S PS U	S PS U
[illegible] (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	I-4 Enon/Iredell	2 Enon/Iredell				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

SUBSTITUTE TRUSTEE'S DEED

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

FILE COPY

FILED FOR REGISTRATION

DATE 10/18/96
AT 12:23
BOOK 8763
PAGE 0877

JUDITH A. GIBSON
MECKLENBURG COUNTY, N. C.
REGISTER OF DEEDS

Drawn by and mail to:
Mitchell, Rallings, Singer, McGirt & Tissue, PLLC, Attorneys at Law
1800 Carillon
227 West Trade Street
Charlotte, NC 28202
(704) 376-6574 - (REGISTRY BOX 62)

tax parcel # of property conveyed: 141-111-32
deed stamps: $150.00

THIS SUBSTITUTE TRUSTEE'S DEED, made on October 18, 1996, by and between

LESLIE H. MILLER, Substitute Trustee in the Deed of Trust hereinafter described, of Mecklenburg County, North Carolina, hereinafter referred to as "Grantor"; and

CAROLINA BUILDERS CORPORATION, a North Carolina corporation, whose address is P.O. Box 1016, Matthews, North Carolina 28106, hereinafter referred to as "Grantee"

WITNESSETH

Circumstances:

The proceedings which have resulted in this Substitute Trustee's Deed are more fully documented in Mecklenburg County Special Proceeding file 96-SP-1359;

Paul Ervin Construction, Inc. executed and delivered unto Thomas B. Rallings, Jr. as Trustee, a certain Deed of Trust which was duly recorded on April 28, 1995, in the Mecklenburg County, North Carolina, Public Registry in Book 8127 at Page 0778 (the "Deed of Trust");

Grantor was substituted as Trustee under the Deed of Trust by instrument filed August 8, 1996, in the Mecklenburg County, North Carolina, Public Registry in Book 8692 at Page 0696;

Default having occurred in payment of the indebtedness secured by the Deed of Trust or in the performance of conditions therein set forth, the holder of the indebtedness secured by the Deed of Trust made demand that the Grantor foreclose and sell the property then subject to the Deed of Trust;

The Grantor, in accordance with the terms of the Deed of Trust and after due advertisement as required by law and the terms of the Deed of Trust did, at 12:00 o'clock p.m. on October 2, 1996, expose the property then subject to the Deed of Trust, to sale at public auction at the usual place of sale at the Mecklenburg County Civil Courts Building in the city of Charlotte;

Carolina Builders Corporation became the last and highest bidder at that public sale with a bid of $75,000.00;

Grantor herein duly reported that sale to the Clerk of Superior Court of Mecklenburg County and thereafter the sale remained open ten days and no upset bid was placed within the time allowed by law;

The last and highest bid price of $75,000.00, has been fully paid;

The Trustee's Final Report has been duly filed, audited, and approved by the Clerk of Superior Court;

Grant and conveyance:

NOW, THEREFORE, in consideration of the premises and of the payment of the last and highest bid price by the Grantee herein, and pursuant to the authority vested in him by the terms of the Deed of Trust, the Grantor as Substitute Trustee does hereby bargain, sell, and convey unto the Grantee in fee simple, all of that certain lot or parcel of land situated in Steele Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Lot 6 of WINTERGLEN Subdivision, PHASE 1, as same is shown on map thereof recorded in the Mecklenburg County, North Carolina Public Registry in Map Book 23, at Page 223.

HAVE AND TO HOLD the said lot or parcel described above together with all the rights, privileges and appurtenances thereunto belonging, unto said Grantee in fee simple, its successors and assigns, forever, in as full and ample manner as the Grantor, Substitute Trustee, is authorized and empowered to convey the same.

THE GRANTOR MAKES NO WARRANTIES, EXPRESS OR IMPLIED, AS TO THE TITLE TO THE PROPERTY CONVEYED BY THIS SUBSTITUTE TRUSTEE'S DEED.

IN WITNESS WHEREOF, Leslie H. Miller, Substitute Trustee has hereunto set his hand and seal on this\ the 18th day of October, 1996.

Leslie H. Miller (SEAL)
Leslie H. Miller
Substitute Trustee

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, a Notary Public of the County and State aforesaid, certify that Leslie H. Miller, Substitute Trustee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal this 18th day of October, 1996.

Notary Public
My Commission Expires:
10/10/99

COPY

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 .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3467A
PARCEL # 111-111-32

The undersigned, Paul Ervin Const., owner of property located at 9301 Snow Ring Lane, (the "site") and described in an instrument recorded in Book 5336 at Page 135, 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 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 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: Paul Ervin

Mail after recording to: _____

_____

BK: 08238 PG: 0664/0667 #:0405 14:00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 08/02/95 14:33

- 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.

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.

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 2 day of August, 1995.

PAUL ERVIN CONST. INC.
(Corporate Name)

By: P. PAUL ERVIN

President

ATTEST:

STEVE KLOVSTAD

Secretary

(Corporate Seal)

_____ (SEAL)

STEVE KLOVSTAD (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, BRENDA F. MEYFOHRT, a Notary Public for said County and State, do hereby certify that PAUL ERVIN AND STEVE KLOVSTAD personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 2ND day of AUGUST, 1995.

Brenda F. Meyfohrt
Notary Public

My Commission Expires:

OFFICIAL SEAL
Notary Public, North Carolina
BRENDA F. MEYFOHRT
Mecklenburg County
My Commission Expires July 13, 1999

RBCWM:2662_1/3-14-94

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, BRENDA F. MEYFOHRT, a Notary Public for said County and State, do hereby certify that STEVE KLOVSTAD personally came before me this day and acknowledged that he is ASST. Secretary of PAUL ERVIN CONSTRUCTION, INC., a North Carolina corporation, 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 _____ President, sealed with its corporate seal and attested by HIM as its ASST. Secretary.

WITNESS my hand and notarial seal, this 2ND day of AUGUST, 1995.

Notary Public

My Commission Expires:

OFFICIAL SEAL
Notary Public, North Carolina
BRENDA F. MEYFOHRT
Mecklenburg County
My Commission Expires July 13, 1999

DATE 8-2-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

#141-111-32
PARCEL NUMBER

9301 Snow Ridge Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

lot #6
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: S.F. Home.

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McCraw

REVISED 1/91

3/7/02

TAX PARCEL ID# 141 111 32

VICTORIA LANAJE
9301 SWAN RIDGE LN.
CHARLOTTE, NC 28208
704-968-7177

