Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 37093 WASPS App #: 3405

Primary ES assigned to project: YJ

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☐	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☑
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 6 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR .275	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: IR Date performed: 4-8-08

well to SC

FILE NUMBER: 7709B

Revised On: August 31, 2007

APPLICATION NUMBER: 3405

SEPTIC FEE: 200 DATE: 3/31/08 CK 2462

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: 400 DATE: 3/31/08 CK 3464

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 197-111-12

STREET ADDRESS: ~~8230~~ Brief Road

CITY: Mint Hill,

STATE: NC ZIP: 28227

SUBDIVISION NAME: N/A

LOT #: LOT SIZE (acres):

TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☒ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☐ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 1,800

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

	☒ ANY TYPE	☒ CONVENTIONAL	☐ ACCEPTED	☐ INNOVATIVE	☐ ALTERNATIVE	☐ OTHER _____
8A. RANK:		1				

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER:

NAME: Darren Kjos + Helen Newman
ADDRESS: 8230 Brief Rd.
CITY: Mint Hill
STATE: NC ZIP: 28227
HOME PHONE: 704.573.2109 WORK PHONE: 704.594.6274
MOBILE PHONE: 704.323.9788 FAX: 704.594.6290

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5.23.05
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 5.1.08 / ASAP

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Darren Kjos + Helen Newman 3.26.08
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Darren Kjos + Helen Newman 3.26.08
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

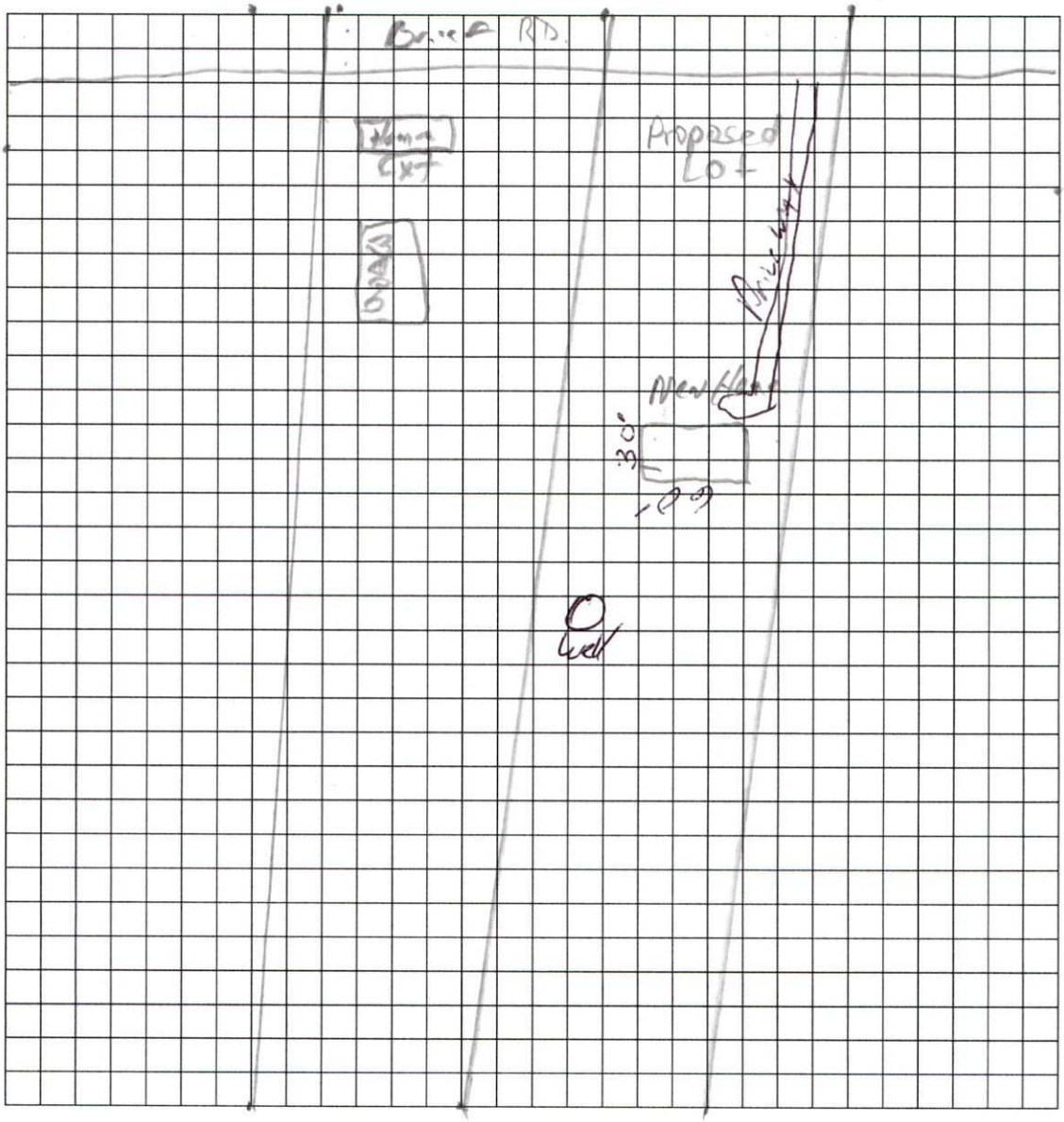
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 7709B
Date _____

See attached Lot survey

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Helen Newman
Date	3.31.08

LBC 12/15/04

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

Sheet: 1 of 2
Property ID: PO 197-111-12
Lot #:
File #: 7709B
AppID: 3405

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Darren Kjos & Helen Newman
Applicant:
Address: 8230 Brief Road, Mint Hill, N. C. 29227
Date Evaluated: 4/3/2008
Proposed Facility: Rresidence
Design Flow (.1949) 360gpd
Property Size: 1.72a
Location of Site: Brief Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] 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	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	NS, 6	0-4	GR/CL	FR/SEXP/S/SP	>50" TO SOIL WETNESS	50+	N/A	NONE	PS, IV
		4-40	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT^2
		40-50	SBK/CL	FR/SEXP/S/SP					
2	"	0-7	GR/CL	"	>49" TO SOIL WETNESS	49+	"	"	"
		7-35	SBK/ABK/C	FI/SEXP/S/P					
		35-49	SBK/CL	FR/SEXP/S/SP					
3	"	0-5	GR/CL	"	>48" TO SOIL WETNESS	48+	"	"	"
		5-30	SBK/ABK/C	FI/SEXP/S/P					
		30-48	SBK/CL	FR/SEXP/S/SP					
4	"	0-8	GR/SCL	"	"	"	"	"	"
		8-45	SBK/ABK/C	FI/SEXP/S/P					
		45-48	SBK/CL	FR/SEXP/S/SP					
5	"	0-7	GR/CL	"	"	"	"	"	"
		7-41	SBK/ABK/C	FI/SEXP/S/P					
		41-48	SBK/CL	FR/SEXP/S/SP					
6	NS, 8	0-4	GR/CL	"					
		4-44	SBK/ABK/C	FI/SEXP/S/P					
		44-48	SBK/CL	FR/SEXP/S/SP					
					SITE LTAR .275GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	lia	lia
Site LTAR	0.275	0.275

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 4/3/2008.
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michael
Others Present:

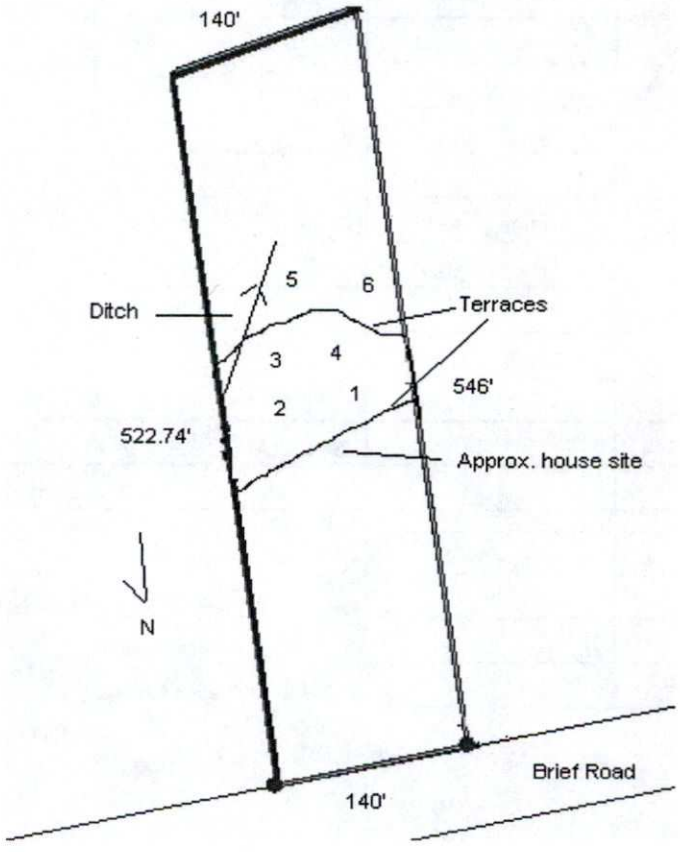
Jeremy Michael

COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations

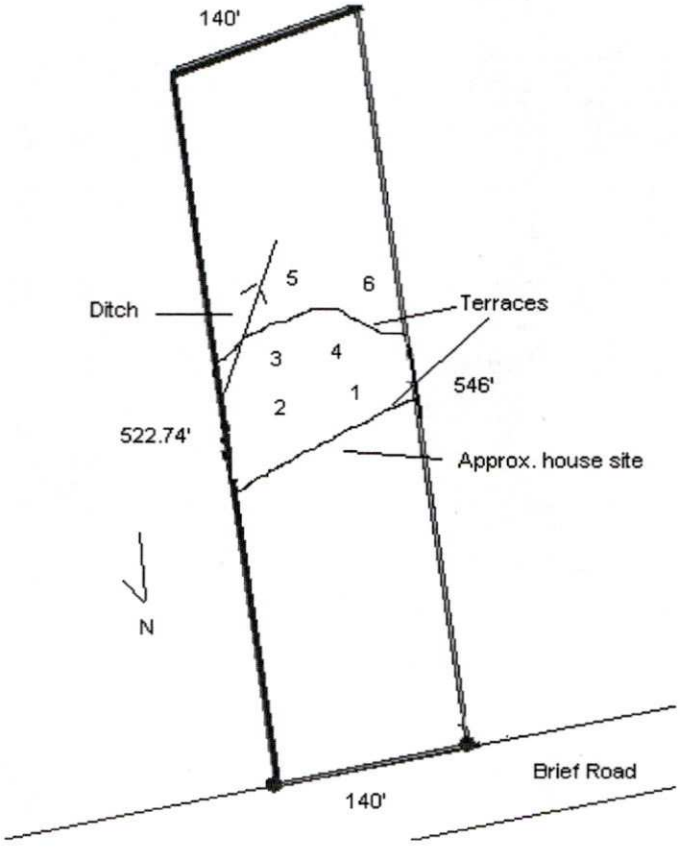


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Sketch of Soil Evaluation Locations



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

Sheet: 1 of 2
Property ID: PO 197-111-12
Lot #:
File #: 7709B
AppID: 3405

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

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Location of Site: Brief Road
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Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

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		40-50	SBK/CL	FR/SEXP/S/SP					
2	"	0-7	GR/CL	"	>49" TO SOIL WETNESS	49+	"	"	"
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		35-49	SBK/CL	FR/SEXP/S/SP					
3	"	0-5	GR/CL	"	>48" TO SOIL WETNESS	48+	"	"	"
		5-30	SBK/ABK/C	FI/SEXP/S/P					
		30-48	SBK/CL	FR/SEXP/S/SP					
4	"	0-8	GR/SCL	"	"	"	"	"	"
		8-45	SBK/ABK/C	FI/SEXP/S/P					
		45-48	SBK/CL	FR/SEXP/S/SP					
5	"	0-7	GR/CL	"	"	"	"	"	"
		7-41	SBK/ABK/C	FI/SEXP/S/P					
		41-48	SBK/CL	FR/SEXP/S/SP					
6	NS, 8	0-4	GR/CL	"					
		4-44	SBK/ABK/C	FI/SEXP/S/P					
		44-48	SBK/CL	FR/SEXP/S/SP					
					SITE LTAR .275GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 4/3/2008. W. R. Marlin
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30003405** GWS File #: **7709B** Tax Parcel #: **197-111-12**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 4/7/2013

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 1800 # Bedrooms: 3 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Conventional **System Classification:** IIa

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Conventional **System Classification:** IIa

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1309	Total Trench Length (ft):	436
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 4/7/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30003405** GWS File #: **7709B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

Date Issued: 4/7/2008

Owner/Legal Agent:_____
Print Name

Signature:_____

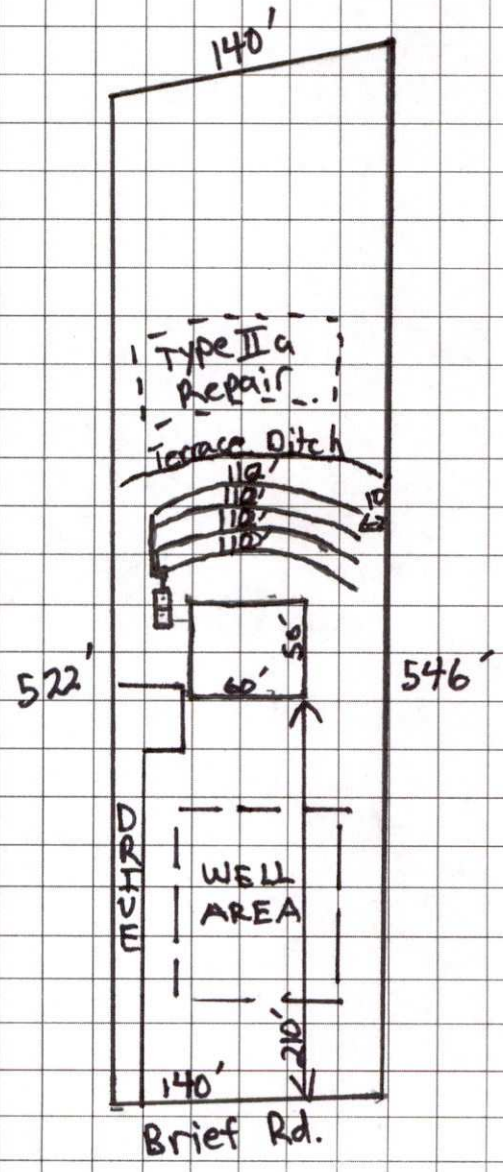
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7709B

TC: PO 197-111-12

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.



SCALE = 1" = 100 ft

360 GPD Residence
0.275 LTAR.
436 Total L.F of conventional drain line.
Install (4) Lines at 110 ft
D-Box Distribution
1500 gal Septic Tank
Conventional Stone system IIa
Feed Lines Equal

Setbacks
10' off property line
100' off well area
5' off structure

Install drain lines 9' on centers and level with the contour of land.

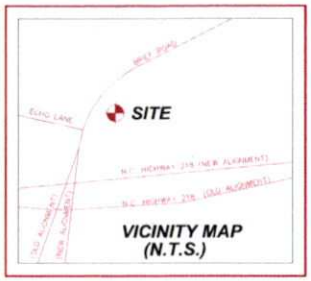
APPROVAL DATE 04-08-2008 Jeremy Michael

OWNER/AGENT SIGNATURE

DATE

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

WORKING DRAWING



LINE TABLE		
LINE	LENGTH	BEARING
L1	29.65	N58°03'58"W
L2	30.73	N57°06'04"W
		N51°50'56"W
		N51°50'56"W

STATE OF NORTH CAROLINA
COUNTY OF UNION
THE UNDERSIGNED SURVEYOR, BEING DULY SWORN DEPOSES AND SAYS THAT THE PLAT UPON WHICH THIS CERTIFICATE APPEARS WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. IS IN ALL RESPECTS CORRECT ACCORDING TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND WAS PREPARED FROM AN ACTUAL SURVEY MADE UNDER HIS SUPERVISION WITH A MAXIMUM LINEAR ERROR OR CLOSURE OF 1:10000 AND A MAXIMUM FIELD ERROR OF CLOSURE OF 7.5 SECONDS PER ANGLE

SIDNEY M. SANDY
NCPLS L1396

NORTH CAROLINA PROFESSIONAL SEAL L-1396 LAND SURVEYOR SIDNEY M. SANDY

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE TOWN OF MINT HILL SUBDIVISION ORDINANCE ON:_____

_____
CHAIRMAN, PLANNING BOARD

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I _____, REVIEW OFFICER OF MECKLENBURG COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING

_____ _____
DATE REVIEW OFFICER





LEGEND

M = METERS
R = RADIUS
L = LENGTH
EIR = EXISTING IRON REBAR
SMN = SET MAG NAIL
SIR = SET IRON REBAR
R/W = RIGHT OF WAY
N.T.S. = NOT TO SCALE
C/L = CENTERLINE
NMFS = NO MONUMENT FOUND OR SET
ERWD = EXISTING R/W DISC

NOTES

1. OTHER UTILITIES MAY EXIST BUT THEIR LOCATIONS ARE NOT KNOWN.
2. THIS SURVEY MAY BE SUBJECT TO THE FINDINGS OF A FULL TITLE SEARCH.
3. THIS PROPERTY MAY BE SUBJECT TO RIGHT OF WAYS, EASEMENTS OR RESTRICTIONS EITHER RECORDED OR IMPLIED.
4. ATTORNEY TO VERY COMPLIANCE WITH ZONING, RESTRICTIVE COVENANTS OR OTHER REQUIREMENTS OF RECORD.
5. DEED REFERENCE: 4348-14
7. TAX NUMBER: 197-111-12
8. ZONING = R (MINT HILL)
9. ALL ADJOINING LANDOWNERS WERE TAKEN FROM CURRENT TAX RECORDS AND ARE CONSIDERED AS NOW OR FORMERLY.
10. THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.
11. SUBJECT PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA PER FEMA, COMMUNITY PANEL NUMBER 370158 0130 B, DATED: FEBRUARY 3, 1993.



REVISIONS

DIVISION OF A PORTION OF THE
DARREN D. KJOS, PROPERTY
LOCATED IN:
TOWN OF MINT HILL
MECKLENBURG COUNTY, NORTH CAROLINA

S. M. SANDY SURVEYING

SCALE:	DATE:
1" = 100'	03/10/08
ACAD FILE:	D.C. FILE:
BR-DDK.DWG	BR-DDK.ASC

17058