

21130 BETHEL CHURCH RD

00160151

12/19/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 874-B DATE: 11-27-96

TC: 001-601-51 ☐ L ☒ CRT

SERIAL Nº 16968

Name of Owner JAN BAICEY Juris.: _____

Address of Property 21130 BETHEL CHURCH RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 3 @ 100

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source /

Excavation Inspected 11-27-96

Tank(s) Inspected 11-27-96

Wash Line Inspected —

High Water Alarm Inspected /

PLOT

Design 1996 1500 ST INV 1 CTR# _____

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

☑ installed or constructed ☐ altered or repaired

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

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this —

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: _____

Environmental Health Specialist

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

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/24/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-29-96 PERMIT NO: 874-B
PARCEL NO: 001601-51

JOB LOCATION ADDRESS: 21130 BETHECHURCH RD
PROPERTY OWNER: JAN BAICET
BUILDING CONTRACTOR: CAROLINA BUILDER SERVICES
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Kelly Randall DATE: 5-29-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 874-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

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

X _____ 5-29-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 874-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-601-51

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	>200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	✓ Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required: NO				
Additional Conditions: LIFT STATION MAY BE REQUIRED				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12 Depth of Stone Trench	9 Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

5-29-96
DEHNR Authorized Agent — Date

5-29-96
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

TIE TO #4 REBAR
@ BASE OF SIGN
CORNER OF LOT #13

30 0 30 60 90
GRAPHIC SCALE - FEET

84-939 NORTH

PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAY OR EASEMENTS NOT OBSERVED.

FEMA INFORMATION:
COMM. PANEL #: 370158-0005B
EFFECT. DATE: 02/03/93
FFE: N\A
ZONE: "C"

13

N 80°00'13"W 113.27'

#4 REBAR

N 09°59'47"E 200.00'

#4 REBAR

4 lines @ 100' each x 3' wide
x 12" rock 9' on center

1520 SQ. FT.
2.5 BATH
3 BED.

22'

36

26

S 80°00'13"E 71.80'

DECK

GAR

CONC. WALK

0.489 ACRES
21,292 S.F.

REPAIR

12

7

90'

105'

23'

CONC. DRIVE

S 00°00'60"E 212.04'

CONCRETE MONUMENT

NEW #4 REBAR

#4 REBAR

#4 REBAR

BETHEL CHURCH ROAD - 60' PUBLIC R/W

N 80°00'13"W 124.00'

11

COURSE	BEARING	DISTANCE
L-1	N 69°33'26"E	17.22'
L-2	N 69°40'23"E	20.26'
L-3	N 69°39'18"E	23.54'

PHYSICAL SURVEY
FOR

JAN BAILEY

BEING LOT #12 OF "PINEHURST HARBOR"
21130 BETHEL CHURCH ROAD

APRIL 26, 1996	DB:	PG:
SCALE: 1" = 30'	DB:	PG:
	PB: 24	PG: 939

LEMLEY TOWNSHIP
MECKLENBURG COUNTY, N.C.

RONNIE DEDMON, SURVEYOR - P.A.

RONNIE DEDMON, REG. SURV. L-1222
CHUCK POOVEY, REG. SURV. L-3762

P.O. BOX 494 - DENVER, N.C. 28037
PHONE: (704)-483-4908
FAX: (704)-483-2170

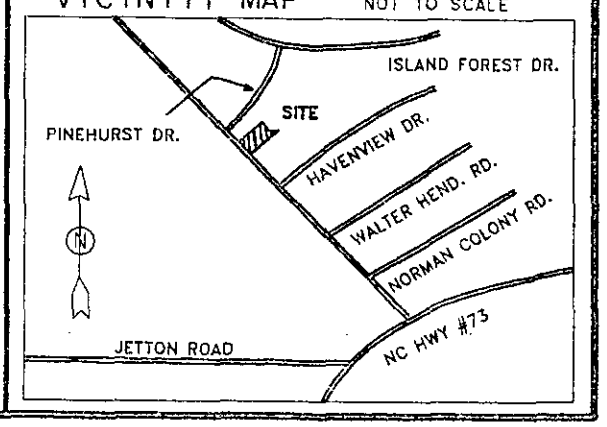
NORTH CAROLINA REGISTERED L-1222 LAND SURVEYOR RONNIE JETTON DEDMON

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

REG. LAND SURV. L-1222 LICENSE NO.

SURV. BY: ROB	DRAWN BY: ROB	JOB: Z181F12

VICINITY MAP NOT TO SCALE



FEE: 100.00 CK#19150 SC
DATE: 4/30/96

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

[ ] CRT

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

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

FILE #: 8749

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-601-51

STREET ADDRESS: 21130 BETHEL CHURCH RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT # 12

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2100 - 2200

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 1

TOWNSHIP (CHECK ONE):

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

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: HALL HARRY WATSON
(LAST) (FIRST) (MI)

ADDRESS: 20420 Island Forest Dr

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: BAILEY JAN
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) 599-7118 (WORK)

HOME - 896-7527 (LEAVE MESSAGE)

5/10 895-0045 ATTACH CONTRACT

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: JAN BAILEY DATE: 4/26/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

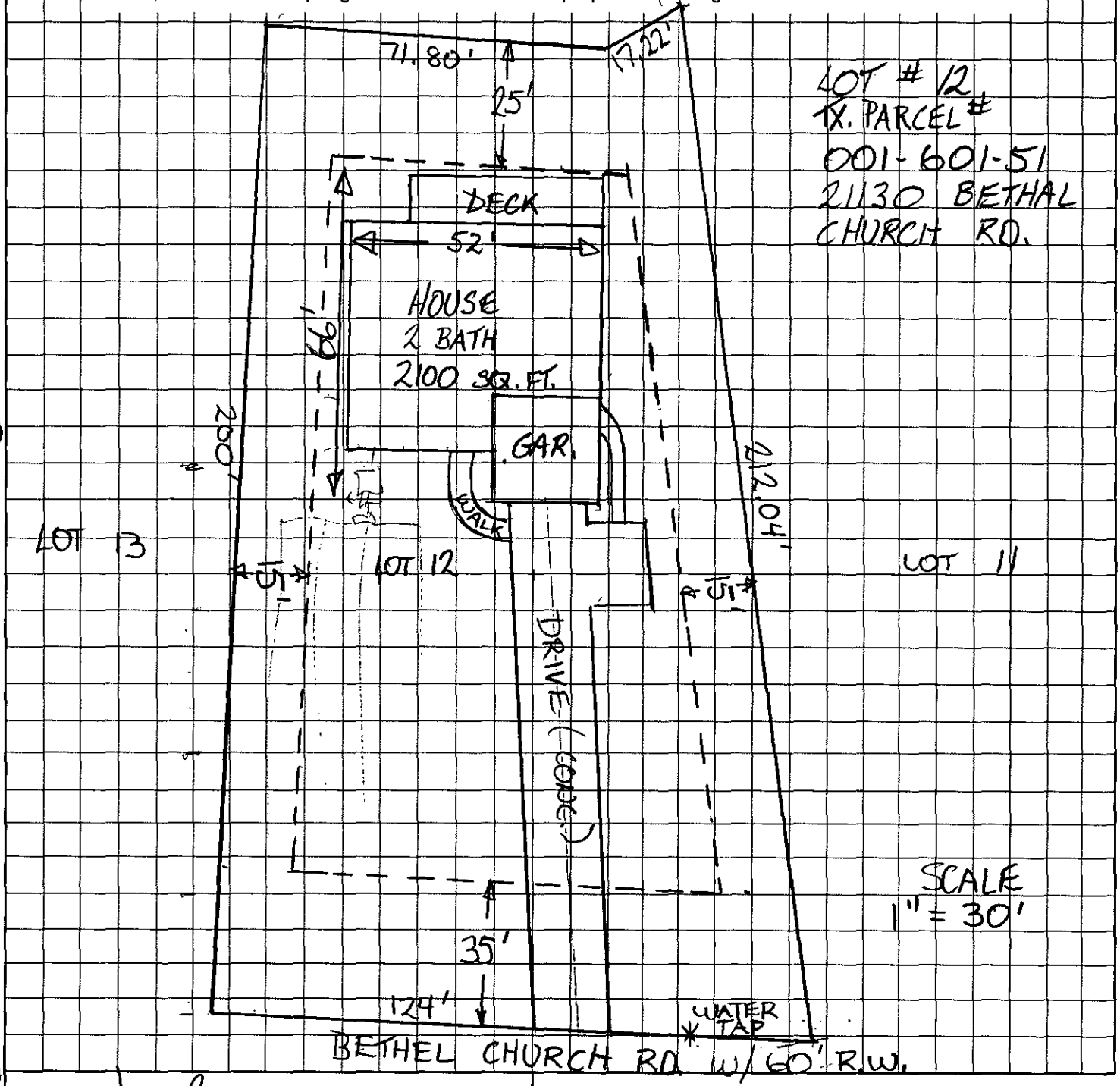
PROPOSED PLOT PLAN

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

FILE: 87B

TC: 001-601-51

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 JAN Rawson

DATE 04-24-96

APPROVAL DATE _____

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

8-74B/8745A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD CK 2/18/93
50 4176 DX [] CRT

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

(704)336-5102

Date: 2-10-93

PERSON FILING APPLICATION:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-51

STREET ADDRESS: 21130 Bethel Church Rd
Davidson, N.C. 28036

ZONING: R-4

PROPERTY OWNER:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 12 LOT SIZE (in acres): .49

[X] 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: 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)
[X] 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: Harry Watson Hall Date: 2-10-93

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

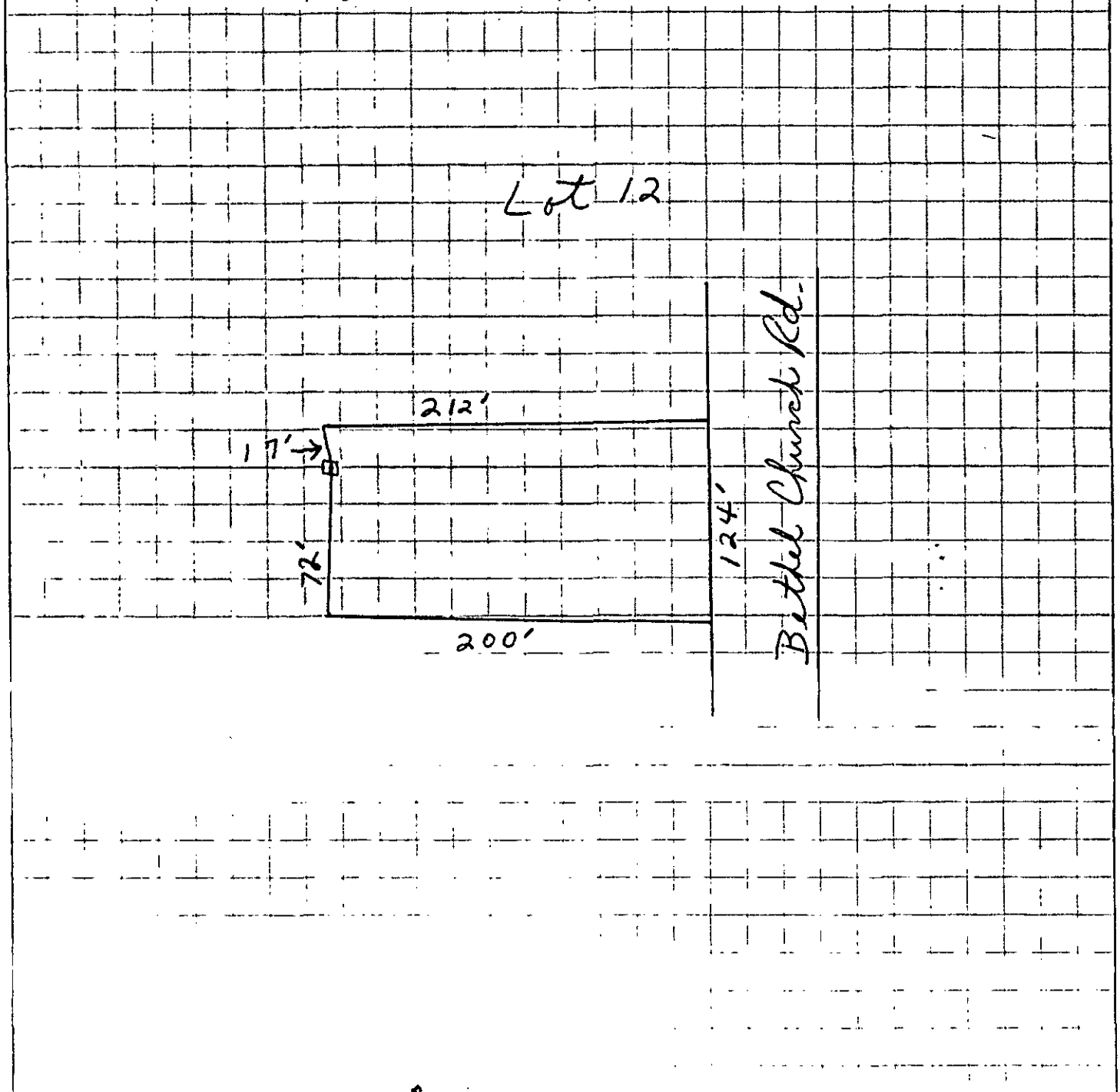
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8748/8745A

TC: 001-601-51

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



APPROVAL DATE _____

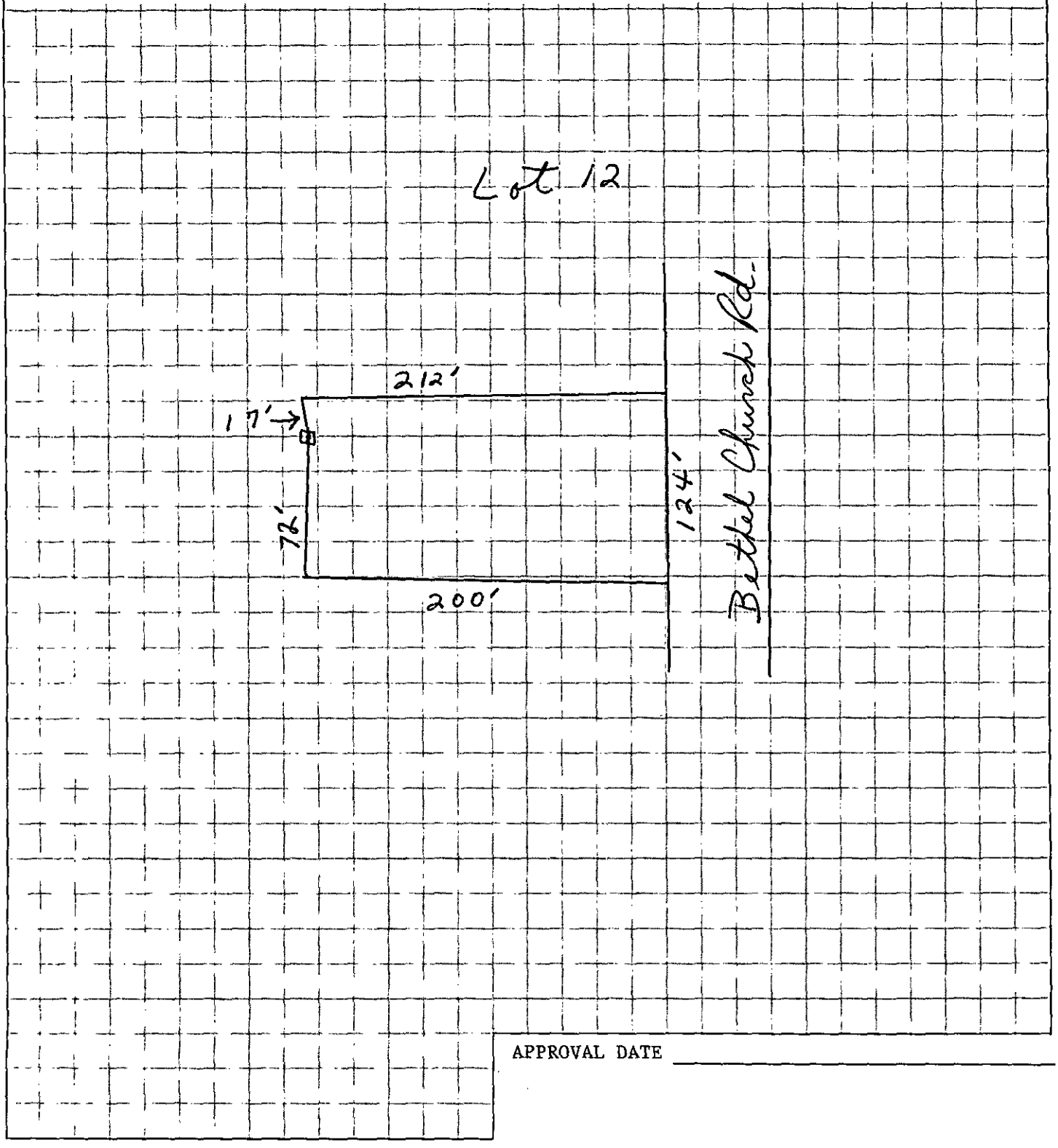
PROPOSED PLOT PLAN

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

FILE: 874B/874SA

TC: 001-601-51

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APPROVAL DATE _____

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

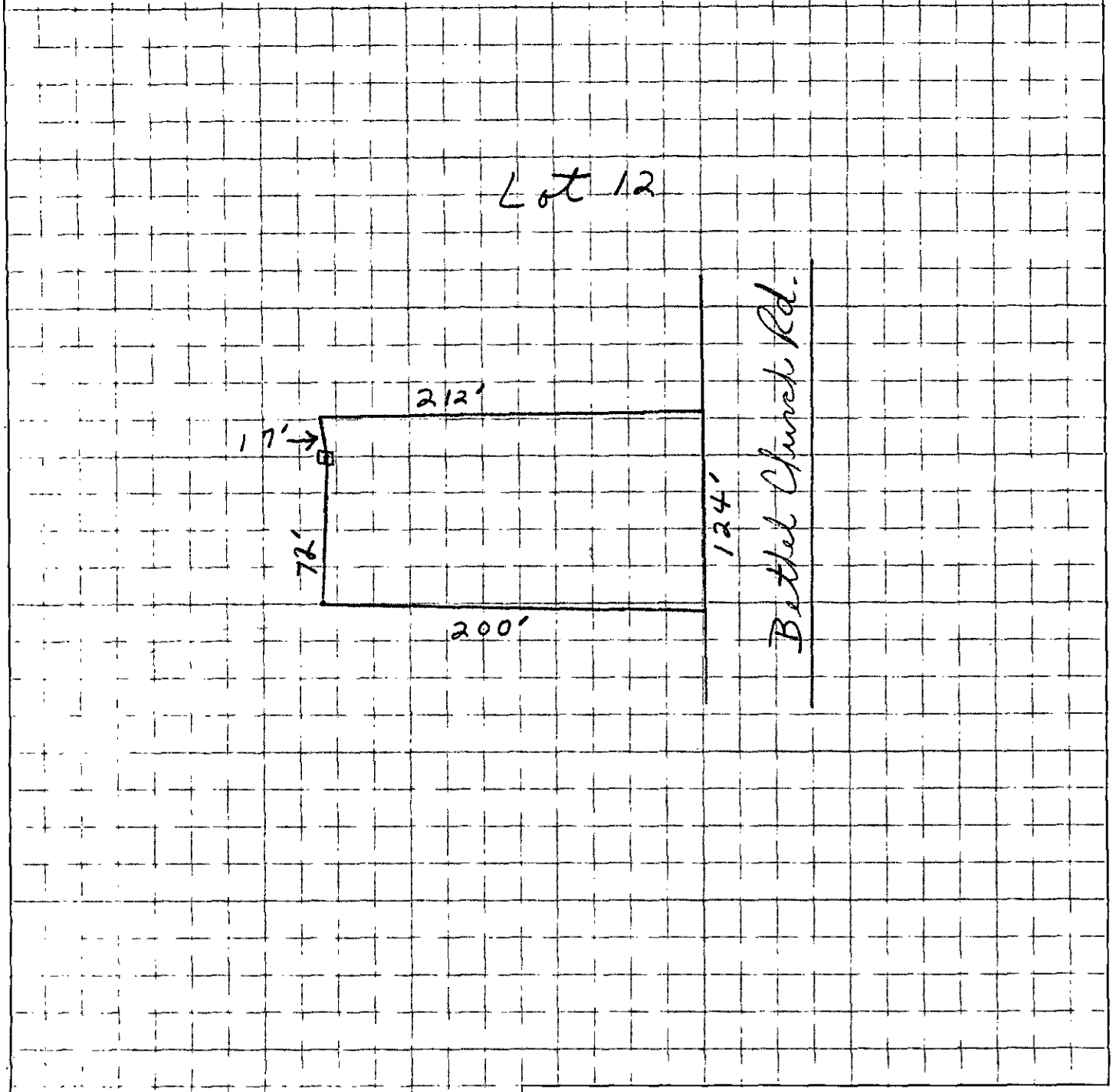
PROPOSED PLOT PLAN

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

FILE: 874B/8745A

TC: 001-601-51

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



APPROVAL DATE _____

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

$743 FK

OFFER TO PURCHASE AND CONTRACT

Jan Bailey as Buyer,
hereby offers to purchase and Harry Watson Hall as Seller,
upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of Cornelius, County of, Mecklenburg, State of North Carolina, being known as and more particularly described as:
Street Address LOT 12 Bethel Church RD. Zip 28031.
Legal Description L-12 M24-939 21130 Bethel Church RD

4/4/96

2. **PERSONAL PROPERTY:** N/A → 33,700 H/W/Z

3. **PURCHASE PRICE:** The purchase price is $ 33,700.00 and shall be paid as follows:
(a) $ 500.00, in earnest money paid by P. Chick (cash; bank, certified or personal check) with the delivery of this contract, to be held in escrow by Lake Properties LTD as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;
(b) $ N/A, by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;
(c) $ N/A, by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of N/A % per annum payable as follows: N/A
Prepayment restrictions and/or penalties, if any, shall be: N/A
Assumption or transfer rights, if any, shall be: N/A
H/W/Z 35,200
(d) $ ~~33,200.00~~, the balance of the purchase price in cash at closing.

4. **CONDITIONS:** (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)
(a) The Buyer must be able to obtain a firm commitment on or before 4-30-96, effective through the date of closing, for a Mortgage 100 loan loan in the principal amount of $ 33,700.00 for a term of 30 year(s), at an interest rate not to exceed 9.0 % per annum, with mortgage loan discount points not to exceed N/A % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: N/A.
(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed N/A % per annum fixed (or describe type of loan) N/A, with mortgage loan assumption and/or discount points not to exceed N/A % of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before N/A. Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: N/A.
(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for RESIDENTIAL purposes.

5. **ASSESSMENTS:** Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: NONE
(Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS:**
(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) 2, 3, 11

4/4/96
SEE ATTACHED ADDENDUM (A)
(JB) * House must be 2200 Sq' as per Covenants + Restrictions H/W/Z

IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before May 31, 1996, at a place designated by Buyer.
The deed is to be made to JAN BAILEY AT CLOSING

8. **POSSESSION:** Possession shall be delivered
In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ N/A per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. **COUNTERPARTS:** This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in 3 counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer: ~~X 4-4-96~~ Date of Acceptance: 4-12-96

Buyer X Jan Bailey (SEAL) SELLER ~~Harry Watson Hall H/W/Z~~ (SEAL)

Buyer _____ (SEAL) SELLER Harry Watson Hall (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date 4-4-96 Firm Lake Properties, LTD.
By: Tracey D. Boy

Selling Agent/Firm Lake Properties, LTD / Tracey D Boy 4/4/96 Acting as ☐ Buyer's Agent ☐ Seller's (sub)agent ☒ Dual Agent
Listing Agent/Firm Lake Properties (LTD) / ~~Tracey D Boy~~ Harry Hall Acting as ☐ Seller's (sub)agent ☒ Dual Agent 4/4/96

REALTOR®

This Standard Form has been approved jointly by the:
NORTH CAROLINA BAR ASSOCIATION as Form No. 4
NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. as Standard Form No. 301

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Mecklenburg County
Health Department

Application for
Inspection of Public Records

File 874-B

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: Tim Whittaker

Address: 1728 Armstrong Park Dr.

Description of public record requested: Perc

Street Name (or County Road): Beth Ch. Rd

Lot: 12 Block: ____

Parcel Number: 001-601-51

Owner's Name: Hall

Reason for Request:

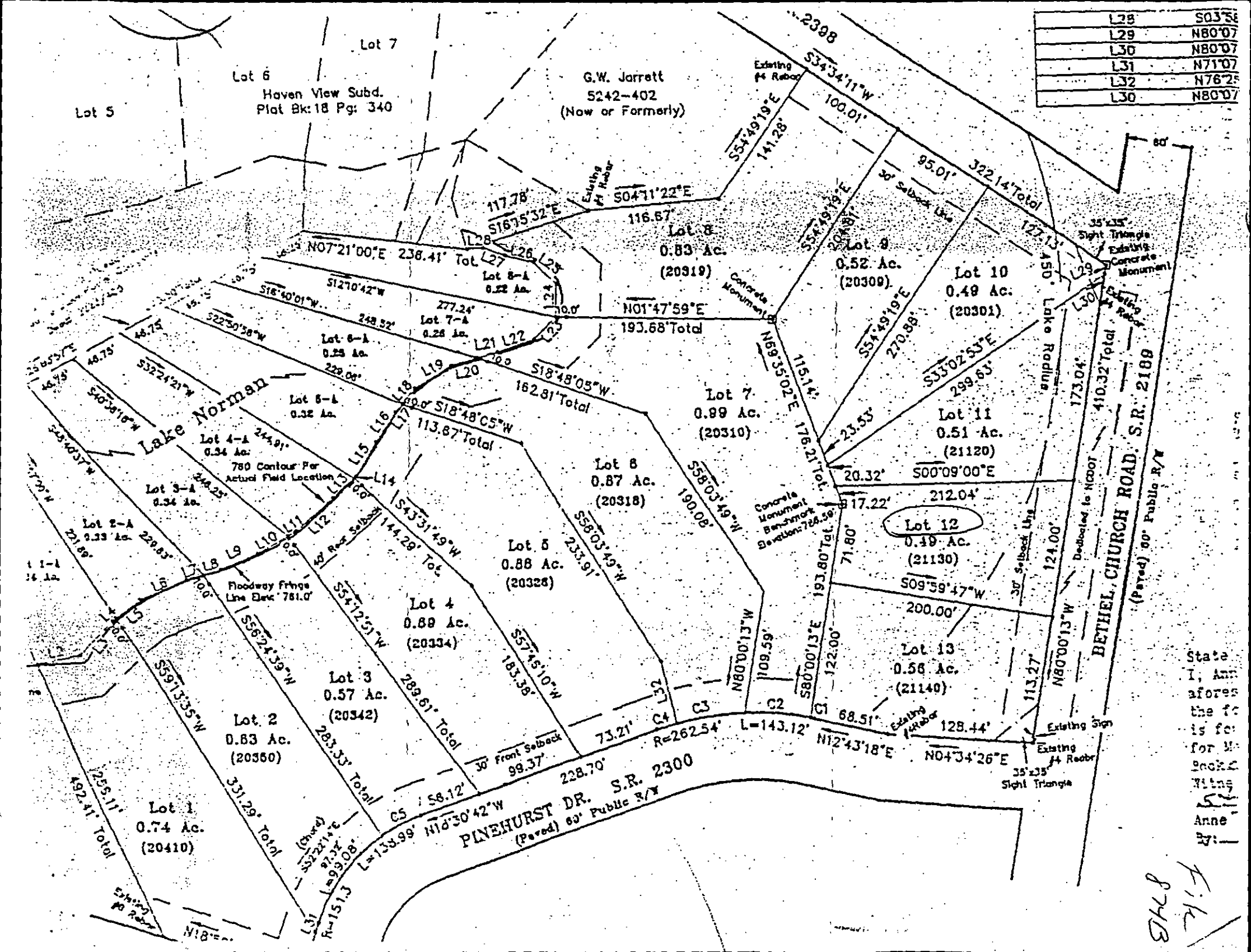
Septic options

Signature of Person Making Request: Tim Whittaker
4/18/96

Supervisory Person: ____

Date: ____ Time: ____

Environmental Health Division


Lot 7
Lot 6
Haven View Subd.
Plat Bk: 18 Pg: 340
Lot 5
G.W. Jarrett
5242-402
(Now or Formerly)
Existing #4 Rebar
S34°34'11"W
100.01'
S54°49'19"E
141.28'
95.01'
322.14' Total
60'
30' Setback Line
S54°49'19"E
204.81'
121.13'
450.
35'x35' Sight Triangle
Existing Concrete Monument
Existing #4 Rebar
L30
L29
S04°11'22"E
116.67'
117.78'
S16°15'32"E
N07°21'00"E 236.41' Tot.
L28
L27
L26
L25
Lot 8
0.83 Ac.
(20319)
Concrete Monument
N01°47'59"E
193.68' Total
Lot 8-A
0.22 Ac.
S12°10'42"W
277.24'
S16°40'01"W
248.52'
S22°50'58"W
229.06'
Lot 7-A
0.26 Ac.
Lot 6-A
0.25 Ac.
Lot 5-A
0.32 Ac.
Lot 4-A
0.34 Ac.
Lot 3-A
0.34 Ac.
Lot 2-A
0.33 Ac.
Lake Norman
780 Contour Per Actual Field Location
L21 L22 L23
L19 L20
L18
L17
L16
L15
L14
L13
L12
L11
L10
L9
L8
L7
L6
L5
L4
L3
L2
L1
S18°48'05"W
162.81' Total
S18°48'05"W
113.67' Total
Lot 9
0.52 Ac.
(20309)
Lot 10
0.49 Ac.
(20301)
Lake Rollins
S54°49'19"E
270.88'
S33°02'33"E
299.63'
173.04'
410.32' Total
Lot 7
0.99 Ac.
(20310)
N69°35'02"E
115.14'
176.21' Tot.
23.53'
Lot 11
0.51 Ac.
(21120)
20.32'
S00°09'00"E
212.04'
Lot 6
0.87 Ac.
(20318)
S58°03'49"W
190.08'
Concrete Monument
Benchmark Elevation: 786.58'
17.22'
Lot 12
0.49 Ac.
(21130)
71.80'
193.80' Tot.
S09°59'47"W
200.00'
Dedicated to NCDOT
30' Setback Line
124.00'
Lot 5
0.88 Ac.
(20328)
S58°03'49"W
233.91'
S43°31'49"W
144.29' Tot.
40' Rear Setback
Floodway Fringe Line Elev: 781.0'
Lot 4
0.89 Ac.
(20334)
S54°12'51"W
289.61' Total
S57°45'10"W
183.38'
N80°00'13"W
109.59'
S80°00'13"E
122.00'
Lot 13
0.56 Ac.
(21140)
N80°00'13"W
113.27'
BETHEL CHURCH ROAD, S.R. 2189
(Paved) 60' Public R/W
Lot 3
0.57 Ac.
(20342)
S56°24'59"W
283.33' Total
S59°13'35"W
331.29' Total
Lot 2
0.63 Ac.
(20350)
Lot 1
0.74 Ac.
(20410)
492.41' Total
(255.11')
Existing #6 Rebar
N18°...
(Chord) S32°21'14"E 97.32'
L=99.08'
R=151.3
L31
C5
58.12'
N11°30'42"W
L=138.99'
PINEHURST DR. S.R. 2300
(Paved) 60' Public R/W
228.70'
73.21'
C4
C3
C2
C1
R=262.54'
L=143.12'
N12°43'18"E
68.51'
Existing #4 Rebar
128.44'
N04°34'26"E
Existing Sign
Existing #4 Rebar
35'x35' Sight Triangle
L32
Front Setback
99.37'
30'
L28 S03°56
L29 N80°07
L30 N80°07
L31 N71°07
L32 N76°25
L30 N80°07

Mecklenburg County

Health Department

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

April 2, 1993

Mr. Harry W. Hall
20420 Island Forest Drive
Davidson, NC 28031

Re: Property located at 21130 Bethel Church Road
File: 874B/8745A
Parcel: 001-601-51

Dear Mr. Hall:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 19281) is enclosed for your information.

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 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

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

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT File: 87431 / 8745A Action 2

SITE EVALUATION REPORT

SERIAL NUMBER 19281 Parcel: 001-601-51 ☐PC

Location: 21130 Bethel Ch. Road

Subdivision:

Lot: 12 Block: Acres: .49

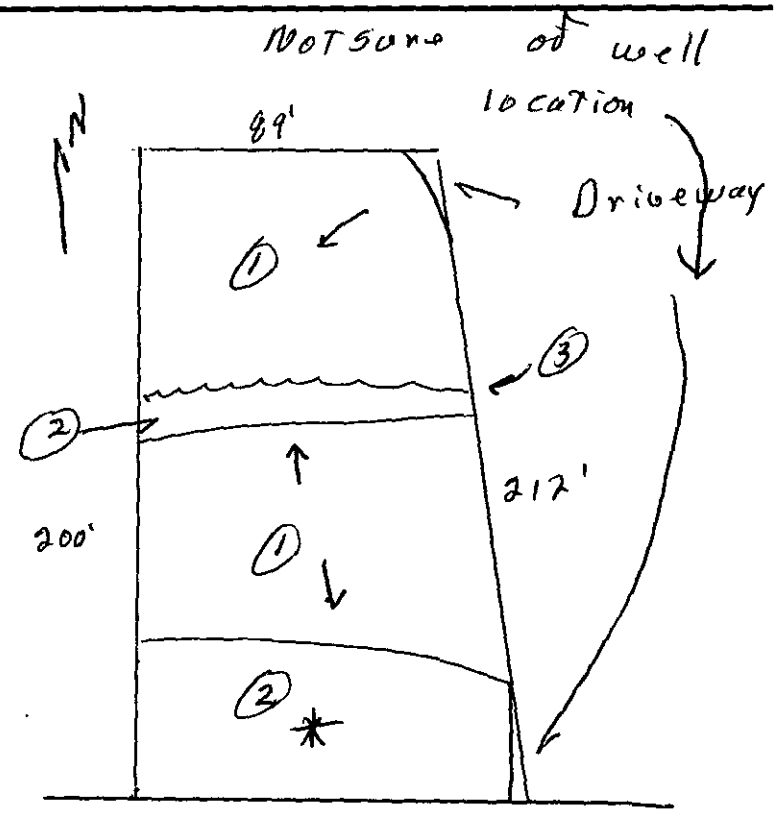
Owner: Harry W. Hall

Address: 20420 Leland Forest Dr. Davidson, N.C. 28036

Comments: 100% Repair, 3 gal/ft2/day

Described by: William R. Marlin

Date: 4-1-93



5-11-96 CR 124'

* area 2 soils 48"+ Bethel Ch. Road

Depression area can be utilized for drainfield area

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

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Depression	S PS (U) >2' cut	S PS U	S PS U	S PS U
Texture slightly Expansive clay	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure sub & blocky	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space Restricted	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lloyd	Depression	>2' Cut			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

COPY
874B/874SA.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd CK 50 4176 2/18/93 DX [] CRT

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

(704)336-5102

Date: 2-10-93

PERSON FILING APPLICATION:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-51

STREET ADDRESS: 21130 Bethel Church Rd
Davidson, N.C. 28036

ZONING: R-4

PROPERTY OWNER:

NAME: Hall (last) Harry (first) W (mi)

ADDRESS: 20420 Island Forest Dr PHONE: (704) 892 0487

CITY: Davidson STATE: N.C. ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 12 LOT SIZE (in acres): .49

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] 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: Harry Watson Hall Date: 2-10-93

NOTICE:

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

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

...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

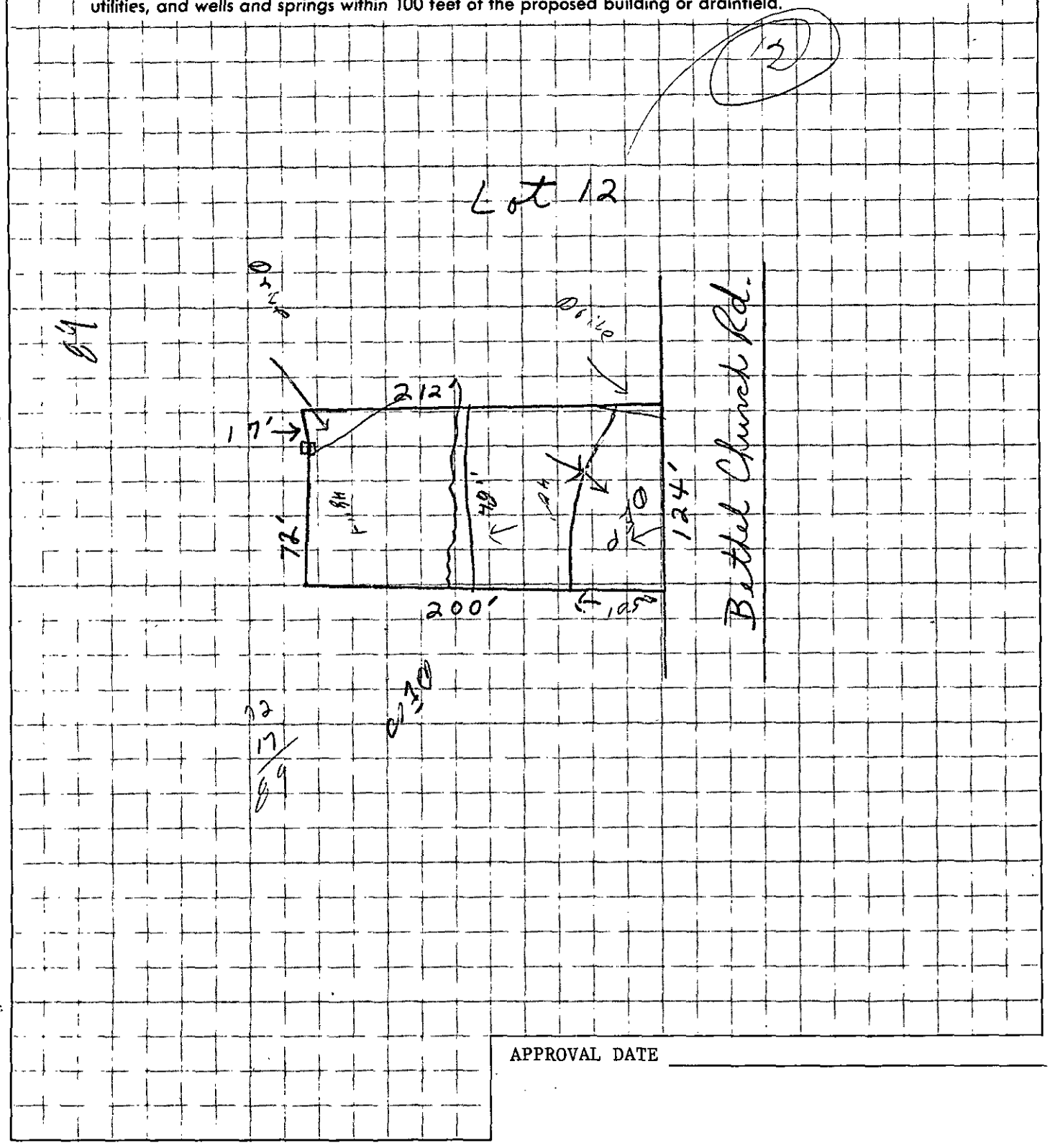
PROPOSED PLOT PLAN

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

FILE: 874B/874SA

TC: 001-601-51

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



APPROVAL DATE _____

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