

13803 HAGERS FERRY RD

00101410

1/8/2008

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) 336-5103

FILE: 5164B DATE: 12/22/05

TC: 001-014-10 ☑ L ☑ CRT

SERIAL Nº 20043

Name of Owner CHUCK DIXON Juris.: _____

Address of Property 13803 HAGERS FERRY ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source MUNICIPAL

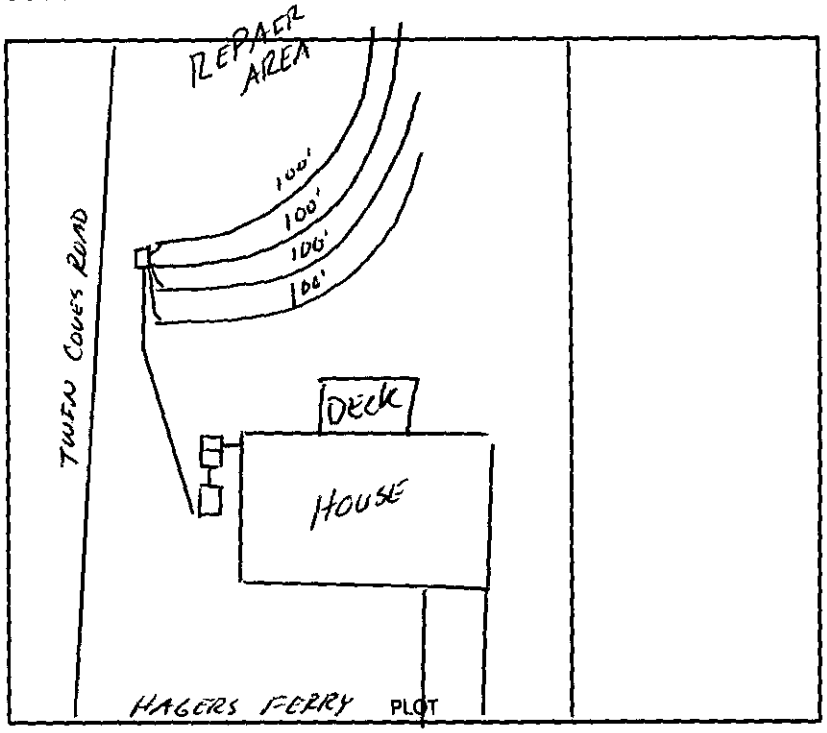
Distance to Water Source >100'

Excavation Inspected 12/12/05

Tank(s) Inspected 12/12/05

Wash Line Inspected —

High Water Alarm Inspected 12/22/05



Design 1500ST, 1000DT, 1200 SFT, INV, E-Z FLOW, PRESSURE MAN. CTR# DAVID JORDAN

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. 1900 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: FOUR BEDROOM HOUSE

4 LINES x 100' x 3'

TYPE III-B PUMP TO INNOVATIVE SYSTEM

→ APPROVED DECK 4/5/06.

NO SITE VISIT REQUIRED

Tommy Medlock RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

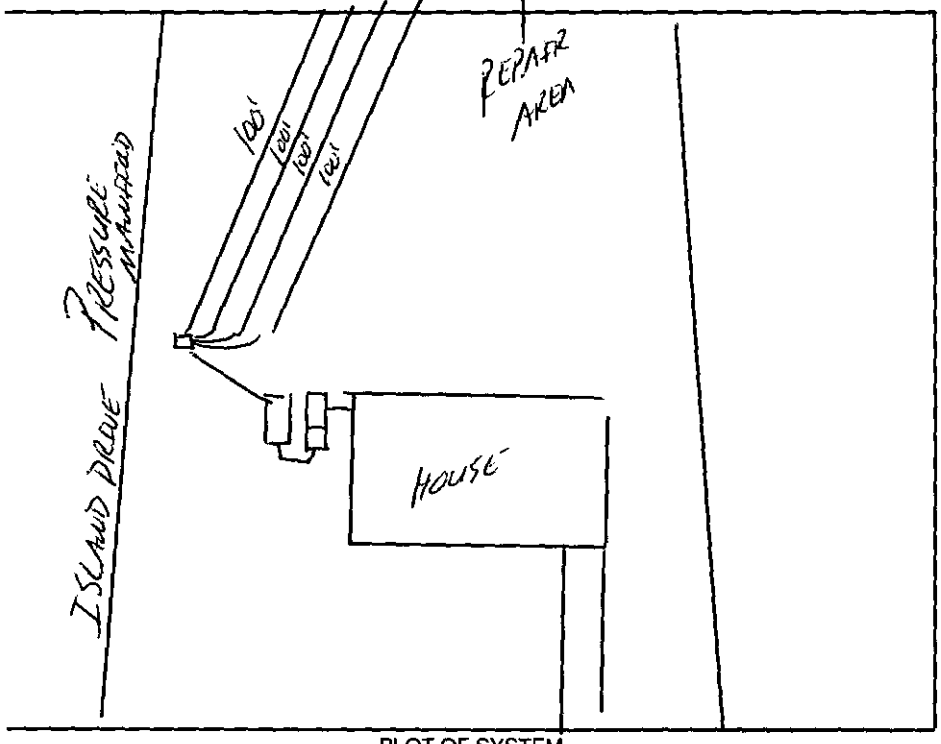
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 51648 DATE: 12/8/05

TC: 001-014-10 ☑L

SERIAL 19877

Permission is hereby given to ~~Install or~~ Construct, _____ After 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 5-7-05. All work shall be completed on or before 1/8/06, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

HAGERS FERRY ROAD

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24-30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 x 100'

Depth of Stone _____ 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 CHUCK DIXON

LOCATION OF PROPERTY 13803 HAGERS FERRY ROAD

Comments: 4 BEDROOM HOUSE

4 LINES x 100' x 3 (400 TOTAL)

PRESSURE MANIFOLD

Tommy Mullis, R.S.

Environmental Health Specialist

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

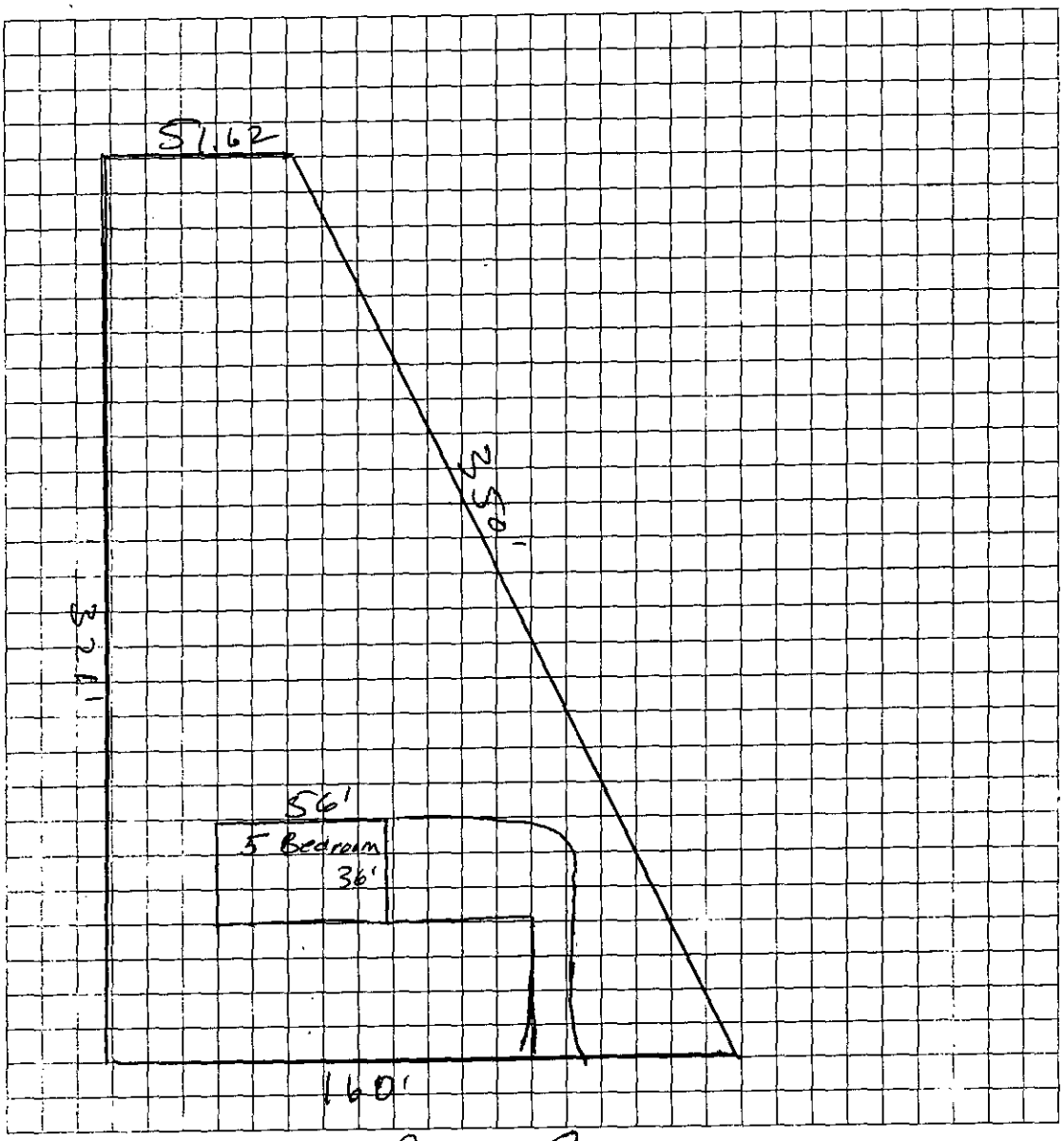
CKS
W/ Plot Plan
$100
8/25/05
Check
1026

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) 336-5894

File # 5164B
Date_____

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 [signature]
Date 8-24-05

LBC 12/15/04

0704

X38286

FEE: $300.00
DATE: 6/3/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

ACJ

Released IN LD 6/3/05 VAN

PERMIT NUMBER: 5164B
PARCEL NUMBER: 00101410

JOB LOCATION ADDRESS: 13803 Hagers Ferry Road ~~16200 Twin Cove Drive~~
PROPERTY OWNER: Chuck Dixon
BUILDING CONTRACTOR: Chuck Dixon
SUBDIVISION NAME: Twin Coves
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 03/28/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5164B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5164B** Tax Number: **00101410**

- 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

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	**480** Max gallons/day wastewater flow	**1200** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** *Gallon septic tank*	**400** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom *and unsuitable soil conditions.*)
4 Bedrooms in residence	**1000** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: **Install 4 lines x 100' x 3' with pressure *manifold.***

***Repair Area* System**

Type: ☐ 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:

1200 Absorption Area (ft^2) **400** *Total trench length* (ft)	**NA** Depth of stone (in)	**9** *Trench* spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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. The approval is granted in accordance with the *provisions of Laws and* Rules For Sewage Treatment, and Disposal Systems 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.

Tommy Mickle, R.S. 3/28/05
DENR Authorized Agent Date

6-23-05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

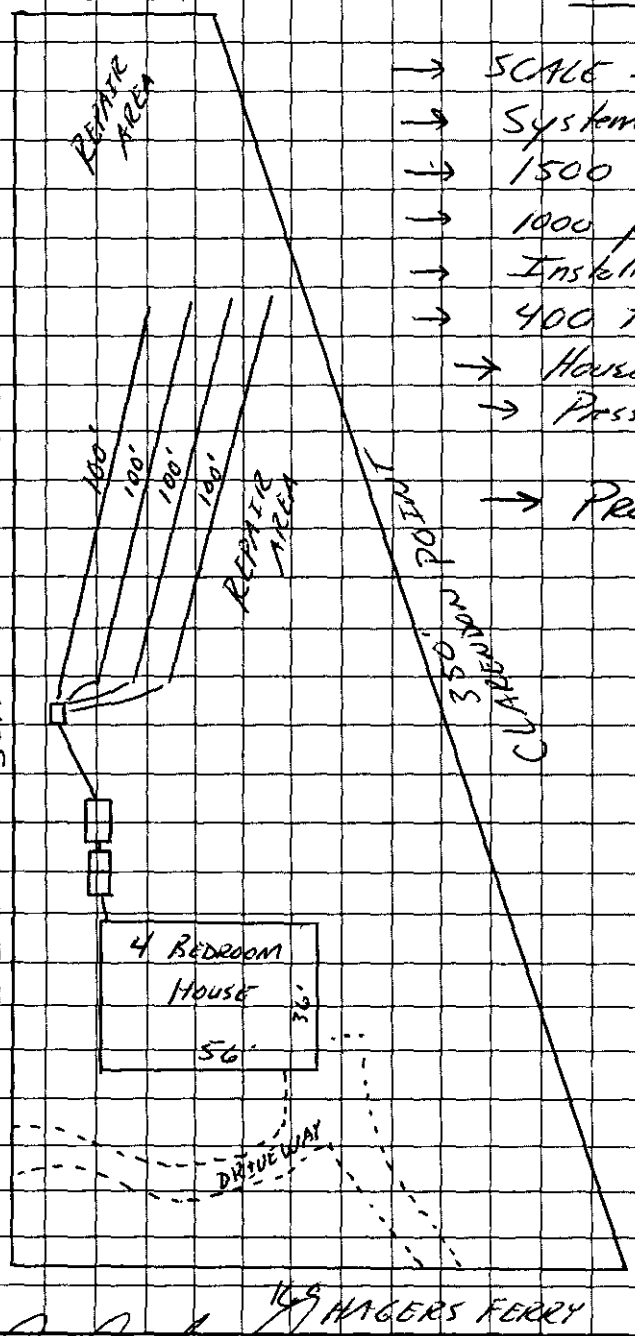
PROPOSED PLOT PLAN

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

FILE: 5164B

TC: 001-014-10

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.



COMMENTS:

→ SCALE = 1" = 60'
→ System designed for a 4 Bedroom House
→ 1500 septic tank
→ 1000 pump tank
→ Install 4 lines x 100' x 3
→ 400 TLF
→ House located 50' from Hagers Ferry Road
→ Pressure Manifold Distribution
→ PROPERTY DOES NOT REQUIRE 100% REPAIR

OWNER/AGENT SIGNATURE

DATE 6-23-05

APPROVAL DATE 3/28/05 Tommy Mullet, R.S.

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/03/05	**Amount:**	150.00
Receipt #:	34993	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X38286
Contractor: DIXON GENERAL CONTRACTORS IN
Attn:
Address: 1924 SHARON LN
Address:
City/State/Zip: CHARLOTTE, NC 28211

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval ~~16200 TWIN COVES DR LOT#1~~ 13803 Hagers Ferry Road		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/03/05	**Amount:**	150.00
Receipt #:	34991	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: X38286
Contractor: DIXON GENERAL CONTRACTORS IN
Attn:
Address: 1924 SHARON LN
Address:
City/State/Zip: CHARLOTTE, NC 28211

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr ~~16200 TWIN COVES DR LOT#1~~ 13803 Hagers Ferry Road		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
150.00					

CK# 1002 Soil Results the same as Previous Per BM

GWS – RES. APP 12/04

SEPTIC FEE: 200.00
DATE: 3/7/05
CRT [ ] JC

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

WELL FEE:
DATE:
CRT [ ]

FILE # 5/6415

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 00101410
STREET ADDRESS: ~~16200 Twin Cove Drive~~ 13803 Hagers Ferry Road
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

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

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: KITTY N. CLANTON
ADDRESS: 9525 DEVONSHIRE DR
CITY: Huntersville
STATE: NC ZIP: 28226
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Chuck Dixon
ADDRESS: 1924 Sharon Lane
CITY: Charlotte
STATE: NC ZIP: 28211
HOME PHONE: N/A WORK PHONE: 704-405-341
MOBILE PHONE: 704-650-7250 FAX: 704-365-2024

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-11-1996
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 3-30-05

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 3-7-05 Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

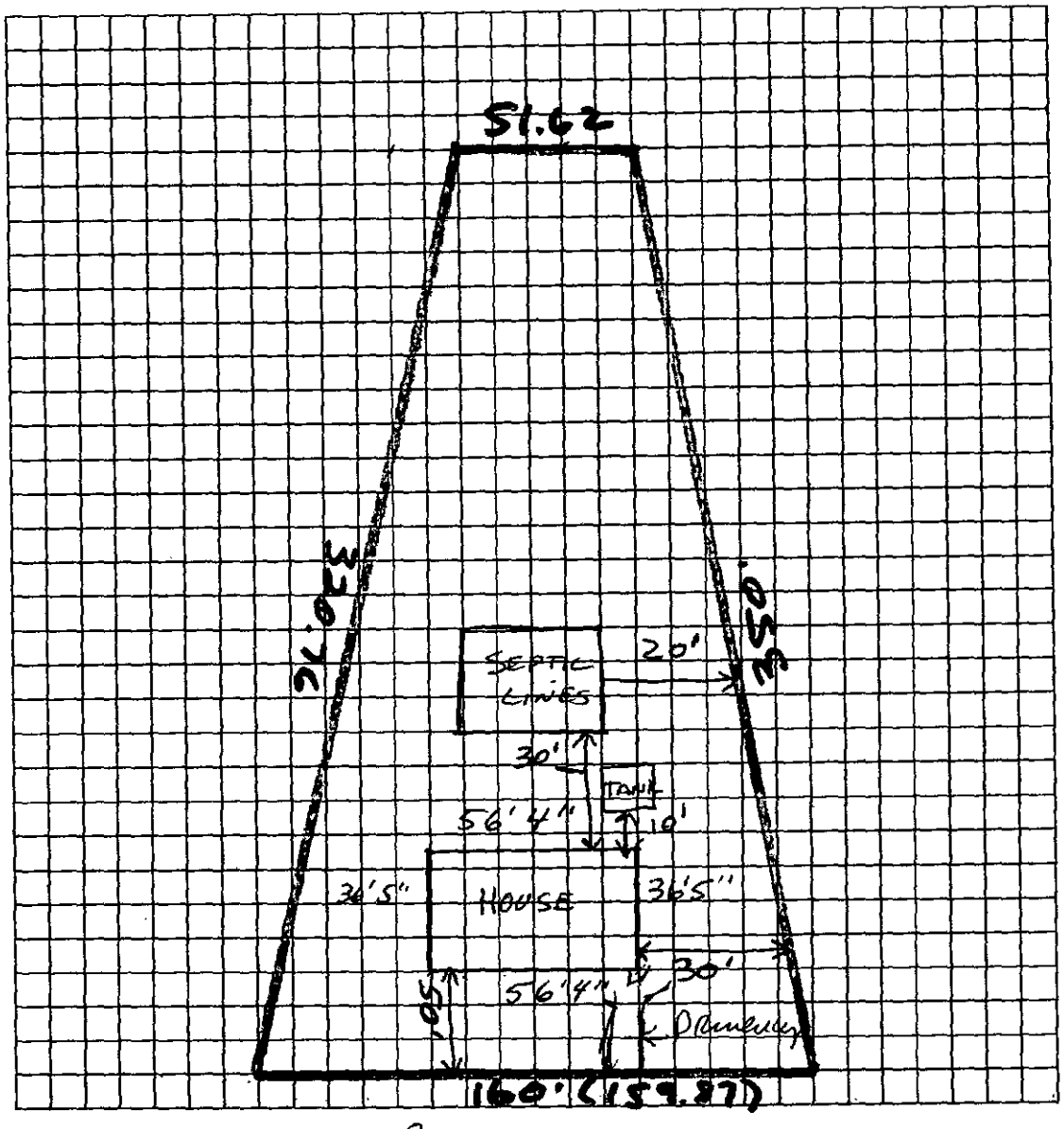
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 # 51643
Date
001-014-10

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	
Date	3-7-05

LBC 12/15/04

5164B

STATE OF NORTH CAROLINA

~~CATAWBA COUNTY~~ MECKLENBURG KNOX 3/4/05

AGREEMENT FOR PURCHASE OF REAL ESTATE

This agreement for Purchase and Sale of Real Estate (the "Agreement") is made as of the Effective Date between Seller and Purchaser.

A. TERMS:

As used throughout this Agreement the following terms shall have the meaning ascribed to them:

"Seller" shall mean **KITTY N. CLANTON**, whose address for correspondence is 9525 Devonshire Dr., Huntersville, NC 28126.

"Purchaser" shall mean **DIXON GENERAL CONTRACTORS, INC.**, whose address for correspondence is 1924 Sharon Lane, Charlotte, North Carolina 28211.

"Property" shall mean approximately .78 of an acre known as Lot 1, Twin Coves, Mecklenburg County, North Carolina (Parcel ID 00101410), being one of the parcels reflected in that certain deed recorded in Deed Book 8491 at Page 0162, Deed Records of Mecklenburg County, North Carolina.

"Purchase Price" shall mean the sum of $50,000.00.

"Binder" shall mean the sum of $500.00 paid with the complete execution of this contract. Payments are payable to Buyer's Attorney, Richard J. Kline, at 230 South Main Street, Davidson, North Carolina 28036, which shall be non-refundable, except for the conditions stated herein.

"Closing Dates" shall be on or before six days (60) days from the Effective Date, unless Seller and Purchaser agree upon an earlier date.

"Effective Date" shall mean the date the last party signs the Agreement as indicated on the signature page.

"Broker" shall mean none.

B. AGREEMENT:

1. Purchase and Sell. For and in consideration of the premises, the mutual covenants herein contained, the Binder, and other valuable consideration paid by each of the parties to the other, the receipt and sufficiency of which is hereby acknowledged, Seller does hereby agree to sell and convey, and Purchaser does hereby agree to purchase, the Property in accordance with the terms and subject to the conditions hereinafter set out.

2. Purchase Price. The Purchase Price shall be payable as follows:

   A. The Binder

   B. The balance of the Purchase Price will be cash, paid in full, at closing.

3. Closing. The Closings for the parcel shall consist of the execution and delivery by the Seller to Purchaser of a General Warranty Deed conveying title to the Property as shown on the Survey and a

lien waiver satisfactory to Purchaser's title insurance company in order to issue a policy of title insurance without exception to mechanic's or material men's liens and the payment to Seller of the balance of the Purchase Price.

a. Closing Location. The Closing shall take place at Richard J. Kline's office or other location as Purchaser shall designate.

b. Prorations and Costs. Real property ad valorem taxes for the year of Closing shall be prorated on a calendar year basis as of the Closing Date. Seller shall pay for deed stamps and deed preparation; Purchaser shall pay the recording costs for the Deed and other Closing costs. Each party will pay their separate legal costs.

4. Title to the Property. Seller warrants that Seller is the fee simple owner of the Property and at Closing Seller shall deliver to Purchaser a properly executed and recordable General Warranty Deed conveying the Property free of encumbrances, reservations, restrictions, and easements, but excepting restrictive covenants and easements that do not interfere with or prevent the development, sale or use of the Property for residential purposes, to the end that said title shall be good and marketable in fact so as to be insurable at standard rates on ALTA owner's forms by the Fidelity National Title Insurance Company or other title insurer acceptable to the Purchaser.

Prior to Closing, Purchaser shall notify Seller if Purchaser objects to the condition of title to the Property. If the title shall be unacceptable to Purchaser, Seller shall have the right, but not the obligation, to cure and defects to title. In the event any defect to which Purchaser has objected is not cured within thirty (30) days after notice thereof has been sent to Seller, Purchaser may accept such title as Seller is able to convey or, as its only remedy, Purchaser may terminate this agreement and recover all Binder monies paid hereunder.

5. Entry. Purchaser shall have the right after the Effective Date to enter upon the Property for the purposes of causing boring tests, surveys, and obtaining architectural, engineering, environmental studies, or other tests and studies, provided Purchaser shall not unreasonably interfere with any uses or tenancies of the Property. Purchaser agrees to indemnify and hold harmless the Seller from any injury to Purchaser's agents or contractors and to leave the property in the same condition as prior to Purchaser's entry, subject to minor changes caused by survey crews or soil borings.

6. Possession. Possession of the property shall be delivered to Purchaser at Closing.

7. Survival. If any provision herein contained, which by its nature and effect is required to be observed, kept or performed after the Closing, it shall survive the Closing and remain binding upon and for the benefit of the parties hereto until fully observed, kept or performed.

8. Default. In the event that the Seller does not perform its obligations hereunder, then the Purchaser shall have the option to either require the Seller to repay to Purchaser, without interest, the Binder or require Seller to perform its obligations hereunder by means of an action for specific performance. In the event the Purchaser does not pay, or tender, or cause to be paid or to be tendered, to the Seller, the amount of the purchase price in accordance with these terms or fails to perform any other obligation hereunder, Seller shall have the right to terminate this Agreement in which case the amount paid as Binder shall be forfeited and become full and complete liquidated damages.

9. Risk of Loss. Until the closing of title, the risk of loss or damage to the Property shall be borne by the Seller. The Property shall be in substantially the same condition at Closing as it presently exists.

10. Entire Agreement. This Agreement shall constitute the entire agreement between the parties and may not be modified or amended except by written instrument executed by the parties.

11. Covenants, Representations, and Warranties. Seller warrants that, to the best of Seller's knowledge: (i) the Property contains no hazardous substances, and (ii) no activities have been conducted on the Property that may have generated hazardous substances.

12. Construction. This Agreement shall be construed in accordance with the laws of North Carolina. This Agreement was at least, in part, drafted by Purchaser as a matter of convenience only and shall not be construed for or against either party on that account. The title in the paragraphs are inserted only as a matter of convenience and for reference and in no way define, limit or describe the scope of the Agreement or the intent of any provision thereof. If the expiration dates on any compliance period or the Closing Date falls on a Saturday, Sunday or legal holiday, the date will be extended to the next following business day.

13. Assignment. This Agreement shall bind and insure to the benefit of the personal representatives, successors and assigns of the respective parties hereof. KNC 3/4/05

14. Notices. All Notices are required to be given in writing and sent by registered mail or certified mail, return receipt requested, or by a national overnight courier (Federal Express, etc.) to the address listed above.

15. Due Diligence. Purchaser shall have 50 days after the effective Date to examine the property to determine its suitability to Purchaser. Should Purchaser notify Seller in writing on, or prior to, the 50 day expiration date the property is not suitable, this contract will become null and void at which time Seller shall agree to the release and return of the Binder to Purchaser.

16. Disclaimer: **The North Carolina Real Estate Commission requires the Seller be notified that the owner of the purchasing entity, Chalmer Dor Dixon is licensed (license #121084) in North Carolina as real estate broker and is representing only himself in this transaction.**

IN WITNESS WHEREOF, the parties hereto have set their hands and seal the day and year first above written.

SELLER:

Kitty N. Clanton (Seal) Date: 3/4/05

KITTY N. CLANTON

PURCHASER:

Chalmer Dor Dixon Date: 2-23-05

DIXON GENERAL CONTRACTORS, INC.
By: Chalmer Dor Dixon, President

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

Sheet: 1
Property ID: 001-014-10
Lot #: 1
File #: 5164B
Code: 1

ACJ

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Kitty N. Clanton
Applicant: Jay A. Young
Address: 9525 Devonshire Drive, Huntersville, N. C. 28226
Date Evaluated: 02/12/2003
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .78a
Location of Site: ~~16200 Twin Coves Drive~~ 13803 Hagers Ferry Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] 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	OTHER PROFILE FACTORS .1942 *Soil* Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr *Horiz*	Profile Class & LTAR
1	*LS, 10*	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .35GPD/FT^2
		3-24	SBK/C	FI/SEXP/S/P					
		24-48	SBK/CL	FR/SEXP/SS/SP					
2	"	0-2	GR/CL	"	"	"	"	"	PS, IV .3GPD/FT^2
		2-30	SBK/C	FI/SEXP/S/P					
		30-48	SBK/CL	FR/SEXP/SS/SP					
3	"	0-2	GR/CL	"	"	"	"	"	PS, IV .35GPD/FT^2
		2-20	SBK/C	FI/SEXP/S/P					
		20-48	SBK/CL	FR/SEXP/SS/SP					
4	"	0-2	GR/CL	"	"	"	"	"	"
		2-24	SBK/C	FI/SEXP/S/P					
		24-48	SBK/CL	FR/SEXP/SS/SP					
5	"	0-2	GR/CL	"	>45" TO SOIL WETNESS	45	"	"	PS, IV .3GPD/FT^2
		2-35	SBK/C	FI/SEXP/S/P					
		35-45	SBK/CL						

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.325GPD/FT^2	

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 2/14/2003. W. R. Marlin
Others Present:

FILE # 5164B

COMMENTS Not sure if 100% Repair system

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

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

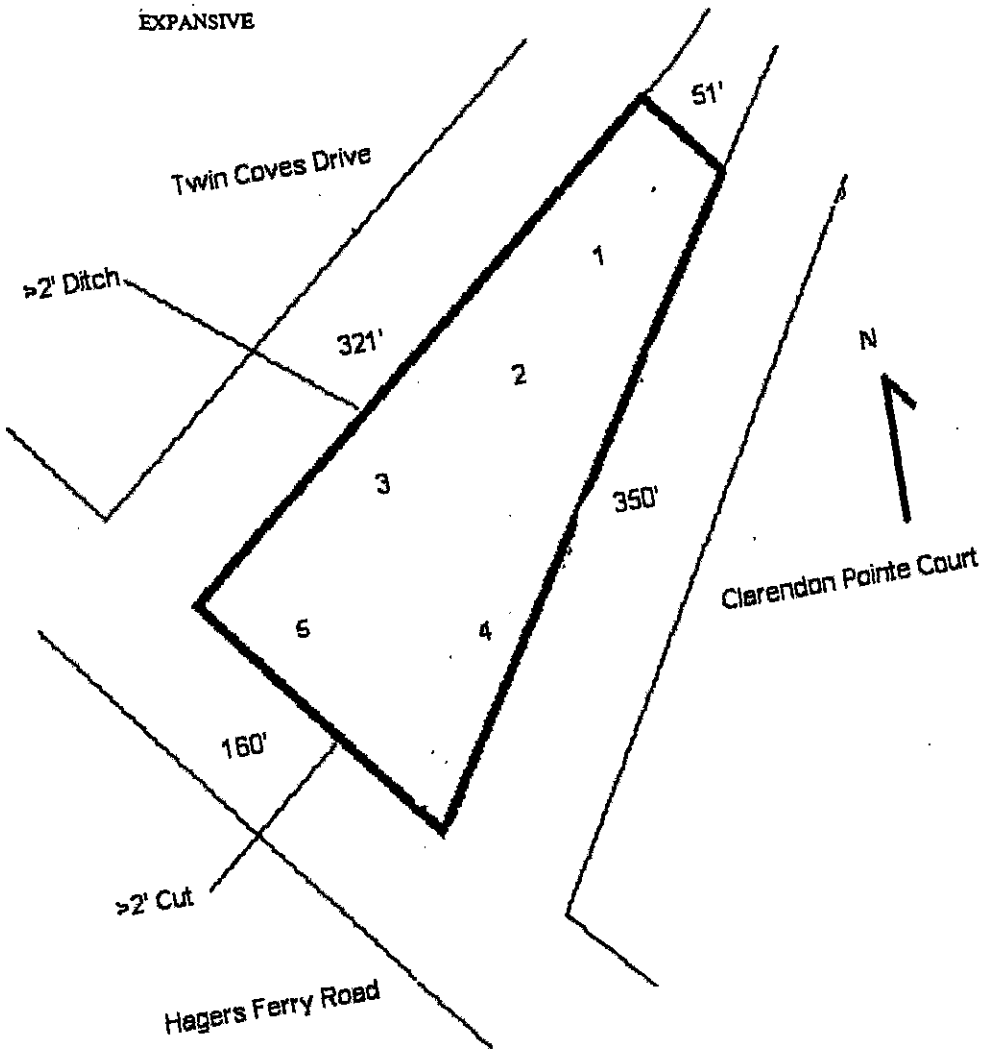
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 240
DATE: 2/7/03 MY

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

[ ] CRT

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

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

FILE #: 5146

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00101410

STREET ADDRESS: 13803 Hager's Ferry Road (~~16200 Twin Coves Dr, Huntersville~~)

SUBDIVISION OR MOBILE HOME PARK NAME: Twin Coves

LOT NUMBER: 1

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: (LAST) Clanton Giese (FIRST) Kitty (MI) N
ADDRESS: 9525 Devonshire Dr
CITY: Huntersville STATE: NC ZIP: 28226
DAYTIME PHONE: (704 --

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) YOUNG (FIRST) JAY (MI) A
DAYTIME PHONE: 704 895-2912

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/11/96

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: _____ DATE: 2-4-03

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/07/03	**Amount:**	200.00
Receipt #:	14142	**Tendered:**	200.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	JONESNY		

Account Information

Account #: 200000
Contractor: YOUNG, MARGARET
Attn:
Address: 16200 TWIN COVES DRIVE
Address: 9225 DEVONSHIRE DRIVE
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen ~~16200 TWIN COVES DR~~ 13803 Hagers Ferry Road		1	200.00	200.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

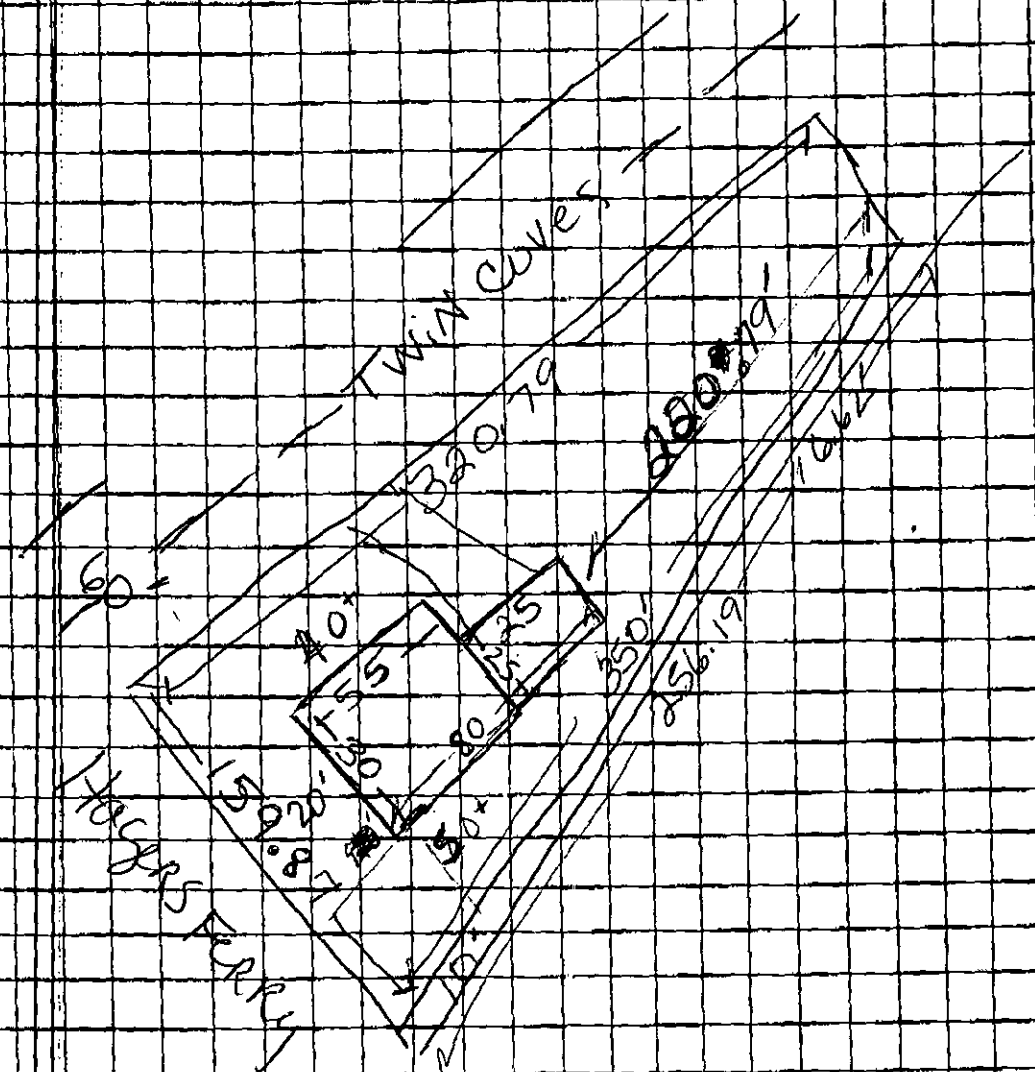
PROPOSED PLOT PLAN

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

FILE: 5164B

TC: 001-014-10

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

APPROVAL DATE

		Required By Hunt
Lot Size:	33,930.06 Sqft	20,000 sf
Width:	159.87	90' required
Front Yd:	40'	40' Req.
Rear yd	50'	50' Req.
Min Side	10	10
Corner Side	20	20

2/3/03

To Whom it May Concern

Young Builders has permission to perform a soil test on

001-014-10

located on corner of Hagers Ferry Road and Twin Cove Ct.

Kitty Nelson Clanton
704-894-0533