

16910 YOUNGBLOOD RD

21708520

12/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: 4/17/2003 4:42:59 PM



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

FEE: 100.00 CK# 1311
DATE: 7/2/96 SC

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 #: 14788

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-085-~~03~~ 20

STREET ADDRESS: 16910 Youngblood Road 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2

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: 2,200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 7/12/96

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

N/A

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Groom (FIRST) Amy (MI)	NAME: (LAST) Baney (FIRST) Pete (MI)
ADDRESS: c/o Reynolds Realty 6531 Tall Oaks Dr.	DAYTIME PHONE: (704) 948-4467
CITY: Charlotte, STATE: NC ZIP: 28210	P.O. Box 2368
DAYTIME PHONE: (704) 948-4467	Huntersville, NC 28070

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: [signature] DATE: 7-2-96

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

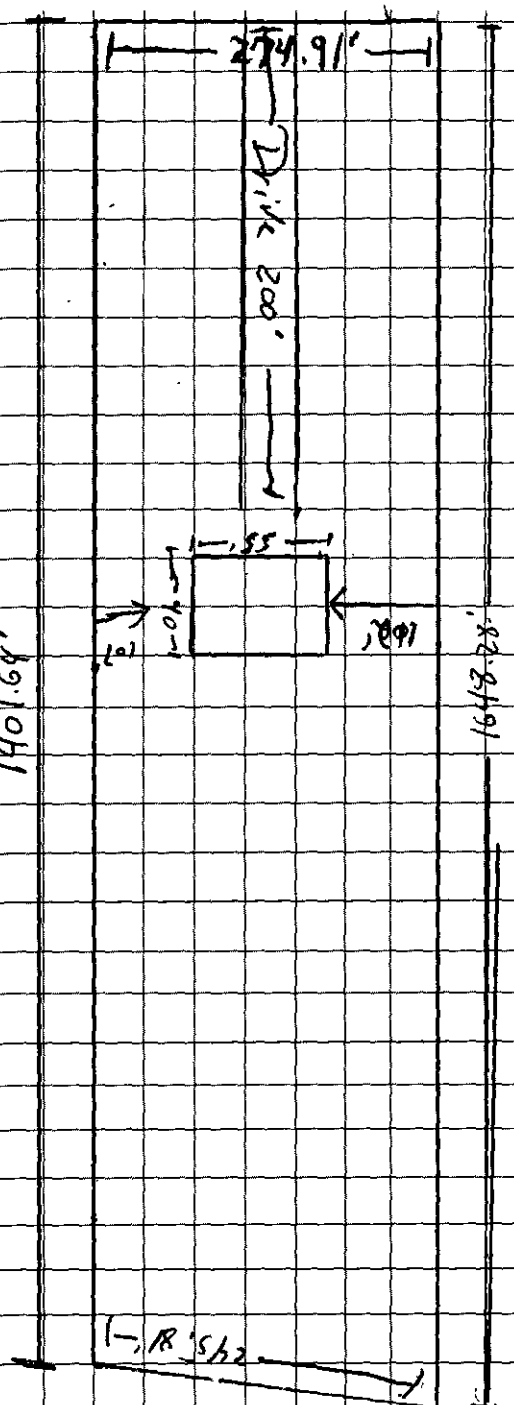
PROPOSED PLOT PLAN

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

FILE: 1478

TC: 217-085-~~83~~20

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.



Inside Lot:
1/4" = 20'

OWNER/AGENT SIGNATURE

DATE 7-2-96

APPROVAL DATE _____

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

1478

OFFER TO PURCHASE AND CONTRACT

AMY J. GROOM

~~I hereby~~ offers to purchase and H. E. KISER FAMILY TRUST, CURTIS L. FREELAND, TRUSTEE as Buyer, 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 NA, MECKLENBURG County of, State of North Carolina, being known as and more particularly described as:
Street Address 16910 YOUNGBLOOD ROAD Zip
Legal Description SEE EXHIBIT "A" LOT 2 HIGHLIGHTED IN YELLOW ATTACHED

2. **PERSONAL PROPERTY:** NONE

3. **PURCHASE PRICE:** The purchase price is $ 59,900.00 and shall be paid as follows:

(a) $ 1,000.00, in earnest money paid by PERSONAL CHECK (cash; bank, certified or personal check) with the delivery of this contract, to be held in escrow by WM H REULE & ASSOCIATES 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) $ NA, 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) $ NA, by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of NA % per annum payable as follows: NA

Prepayment restrictions and/or penalties, if any, shall be: NA

Assumption or transfer rights, if any, shall be: NA

(d) $ 58,900.00, 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 NA, effective through the date of closing, for a NA loan in the principal amount of $ NA for a term of NA year(s), at an interest rate not to exceed NA % per annum, with mortgage loan discount points not to exceed NA % 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: NONE

(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 NA % per annum fixed (or describe type of loan) NA with mortgage loan assumption and/or discount points not to exceed NA % of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before NA. 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: NONE

(c) There *must be no restriction*, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for RESIDENTIAL, SUBJECT TO RECORDED COVENANTS AND RESTRICTIONS, EXHIBIT "B" ATTACHED 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".) 2,3,8,9, & 11

BUYER TO OBTAIN A PERMIT FOR A STANDARD OR PROVISIONALLY SUITABLE SEPTIC SYSTEM PRIOR TO SING. IF A PROVISIONALLY SUITABLE SYSTEM CANNOT BE OBTAINED THEN THIS CONTRACT IS NULL AND D.

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 JULY 12, 1996, at a place designated by BUYER
The deed is to be made to AS DIRECTED

8. **POSSESSION:** Possession shall be delivered AT CLOSING
In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ NA 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 FOUR (4) ~~original, all-signed~~ counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer 6/23/96 Date of Acceptance: 6-26-96

Buyer Amy J. Groom (SEAL) SELLER Curtis Freeland (SEAL)

Buyer (SEAL) SELLER CURTIS L. FREELAND, TRUSTEE (SEAL)

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

ate 6/26/96 Firm WM. H. REULE & ASSOCIATES

By: William H Reule

REALTOR®

Selling Agent/Firm ABBEY N. GROOM / E.V. REYNOLDS REALTY Acting as ☒ Buyer's Agent ☐ Seller's (sub)agent ☐ Dual Agent

Listing Agent/Firm WILLIAM H. REULE / WM. H. REULE & ASSOCIATES Acting as ☒ Seller's (sub)agent ☐ Dual Agent

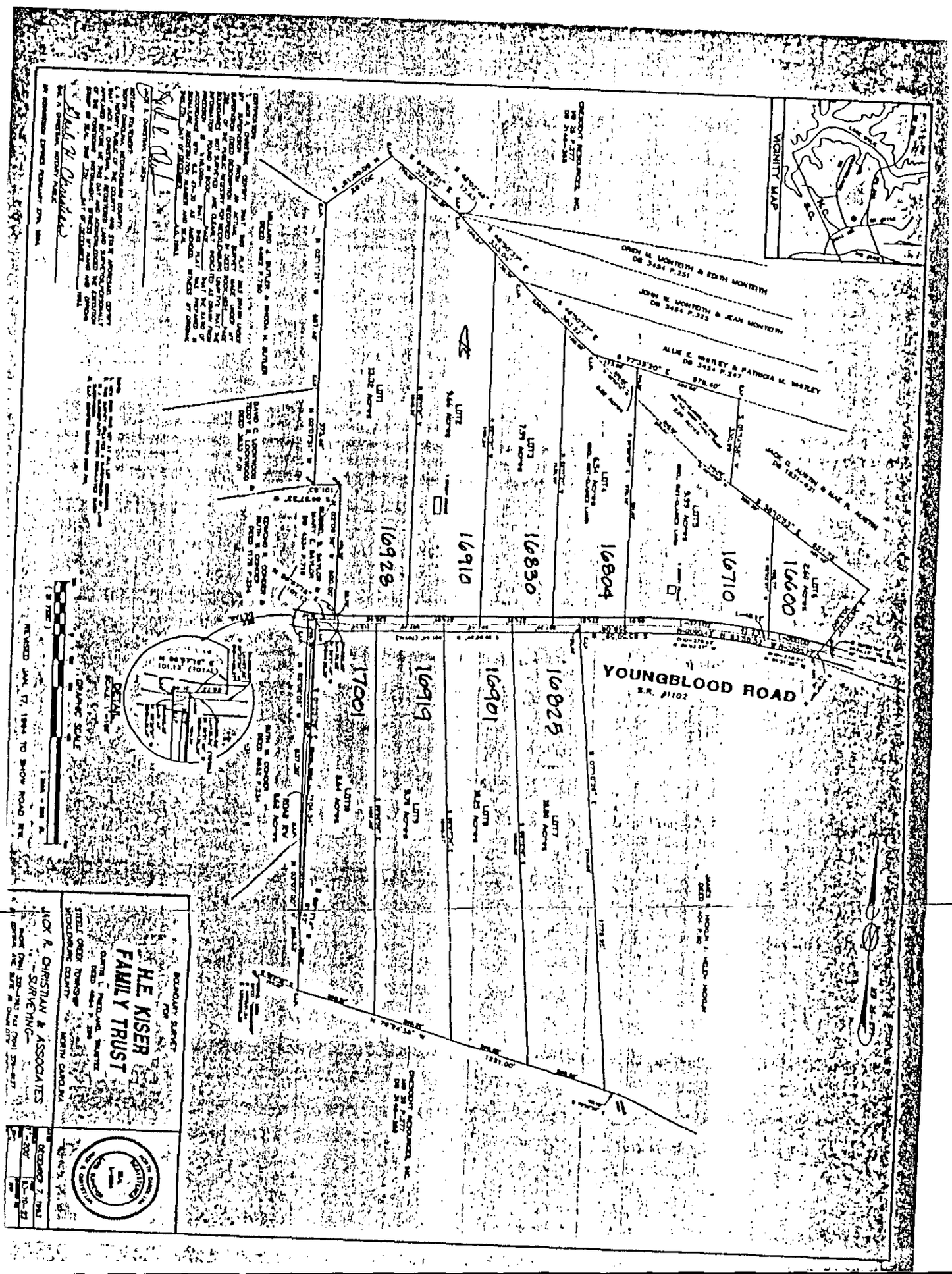
his Standard Form has been proved jointly by the:
NORTH CAROLINA BAR ASSOCIATION as Form No. 2
NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. as Standard Form No. 301

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1478

EXHIBIT "A"

WM. H. REULE & ASSOCIATES
900 HAVEL COURT
CHARLOTTE, NORTH CAROLINA 28211
(704) 366-2716
FAX (704) 366-2724



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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

#2 1476B
PO 217-085 20

OWNER: Amy Dixon c/ Reynolds Realty APPLICANT: _____
ADDRESS: 6531 Tall Oaks Ivy, Ebur APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: Approx. 4 ac.
LOCATION OF SITE: 16910 PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 4%	0-6"	gr/sl	Fr/SEXP/SS/SP	>43" To Drainage Mottles	43"	N/A	None	PS IV .35/P2
		6-43"	SBK/sc	Fr-Fi/SEXP/SS/P					
2	LS 2-6%	0-4"	gr/sl	Fr/SEXP/SS/SP	>43" To Drainage Mottles	43"	N/A	None	PS IV .35/P2
		4-8"	gr/scl	Fr/SEXP/SS/SP					
		8-43"	SBK/sc	Fr-Fi/SEXP/SS/P					
3	LS 2-6%	0-6"	gr/sl	Fr/SEXP/SS/SP	>40" To Drainage Mottles	40"	N/A	None	PS IV .35/P2
		6-40"	SBK/sc	Fr-Fi/SEXP/SS/P					
4	LS	0-4"	gr/sl	Fr/SEXP/SS/SP	>38" To Drainage Mottles	38"	N/A	None	PS .35/P2 LK
		4-38"	SBK/sc	Fr-Fi/SEXP/SS/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Restricted US	US
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: William R. Marlin 7-26-96
OTHER(S) PRESENT: _____

[redacted]NIS: 1007 Repair

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

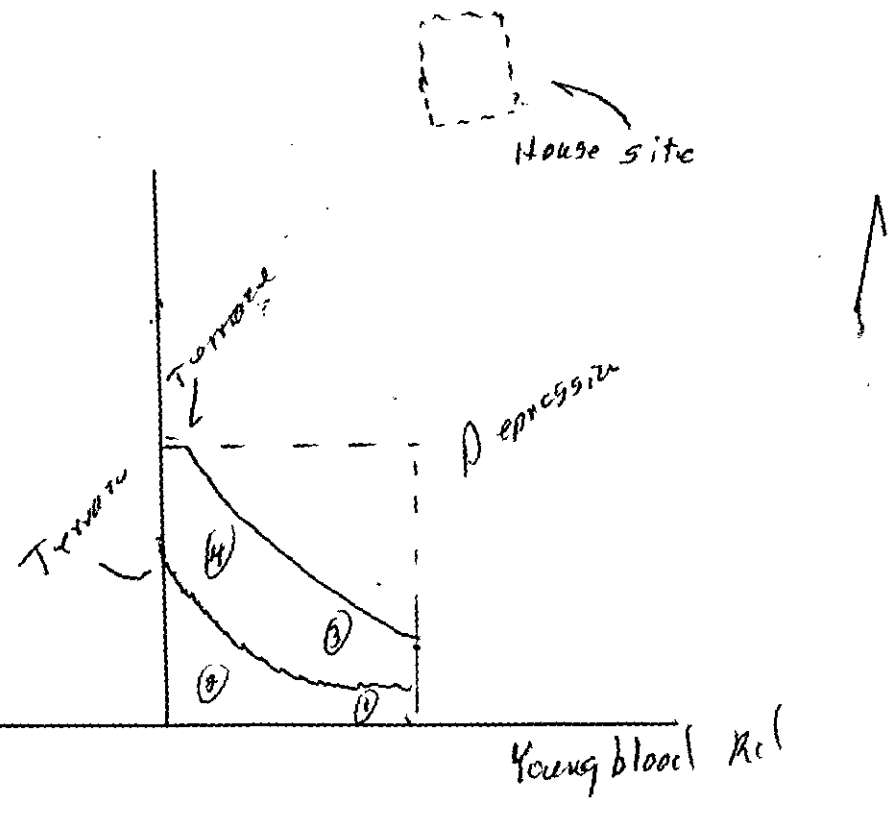
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

1478B



Permit Number: 1478B

Tax Number 217-071-02
217-085-20

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 PUMP TO
- ___ 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	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
YES Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions:
(1) IMPROVEMENT PERMIT VALID FOR 5 YEARS.
(2) ALL AGREEMENT & RE-CLASSIFICATION FORMS WILL BE REQUIRED PRIOR TO RELEASE OF IMPROVEMENT PERMIT.
(3) THERE WILL BE NO CHANGES OF AVAILABLE AREA FOR INITIAL OR REPAIR AREA.

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

600 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	N/A Depth of Stone Trench	8' Trench spacing (min. on centers)	25" 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.

DEHNR Authorized Agent — Date 8/26/96

Owner/Agent Signature — Date 11/8/97

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

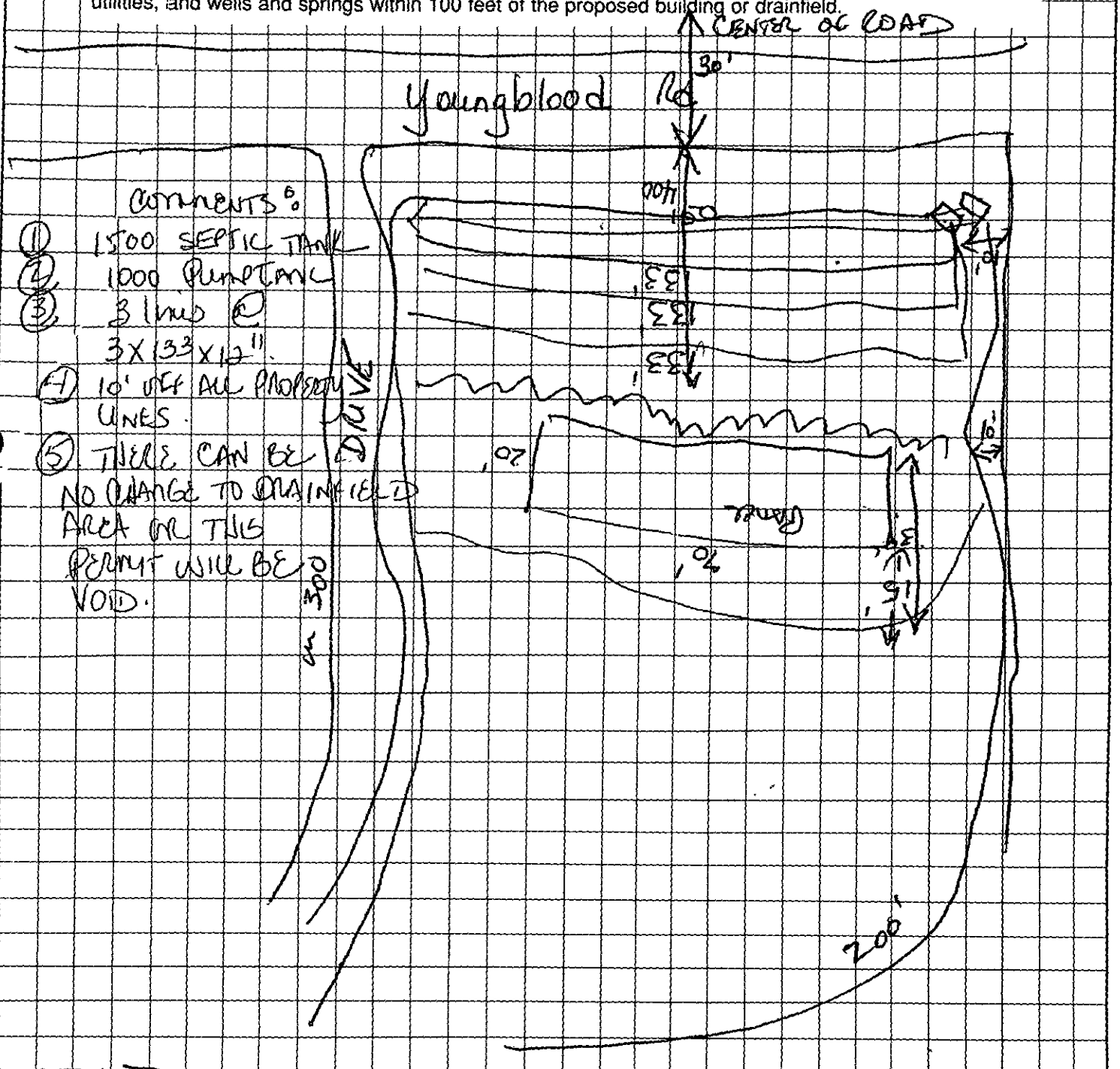
PROPOSED PLOT PLAN

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

FILE: 1478B

TC: 217-085-20

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 4-8-97

APPROVAL DATE 8/26/96

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

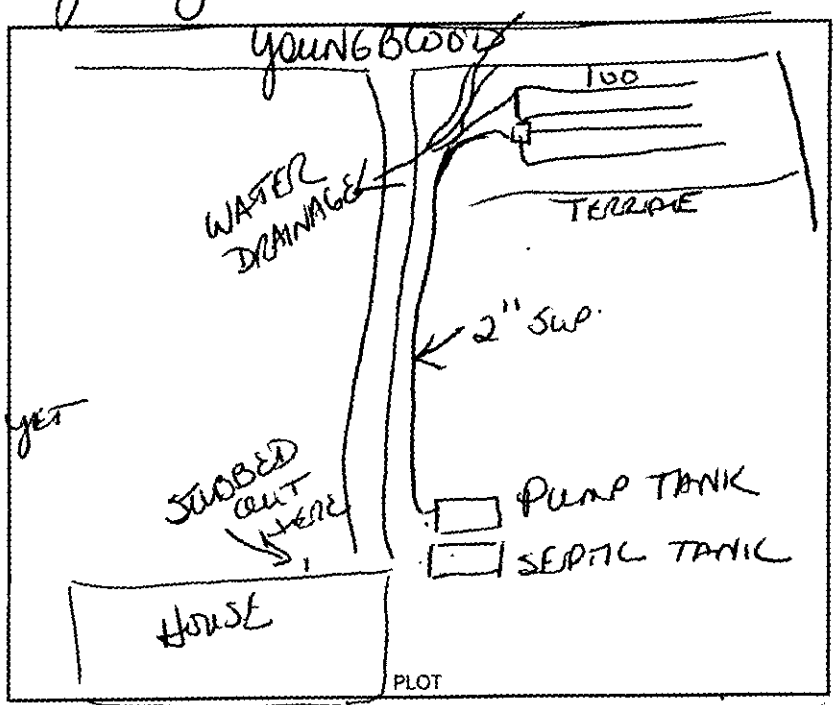
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1478B DATE: 2/4/98
TC 217-085-20 ☒ L ☒ CRT
SERIAL Nº 17421

Name of Owner Amy Groom Juris.:
Address of Property 1691b Youngblood Rd.

Inspection Data:

Tank Material 1500
Total Length of Drainfield 400
Number of Lines 4 @ 100
Cover Depth 12"-18"
Water Supply Source WELL
Distance to Water Source NOT INSTALLED YET
Excavation Inspected 2/4/98
Tank(s) Inspected 2/4/98
Wash Line Inspected —
High Water Alarm Inspected 5/6/98



Design 1500 ST, 1000 PT, 1200 SQ. FT, 12" G, CECIL-LIKE CTR# Richard Abernathy

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 I5A 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 I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Type III b-3 bedroom

Dave E Heggins R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

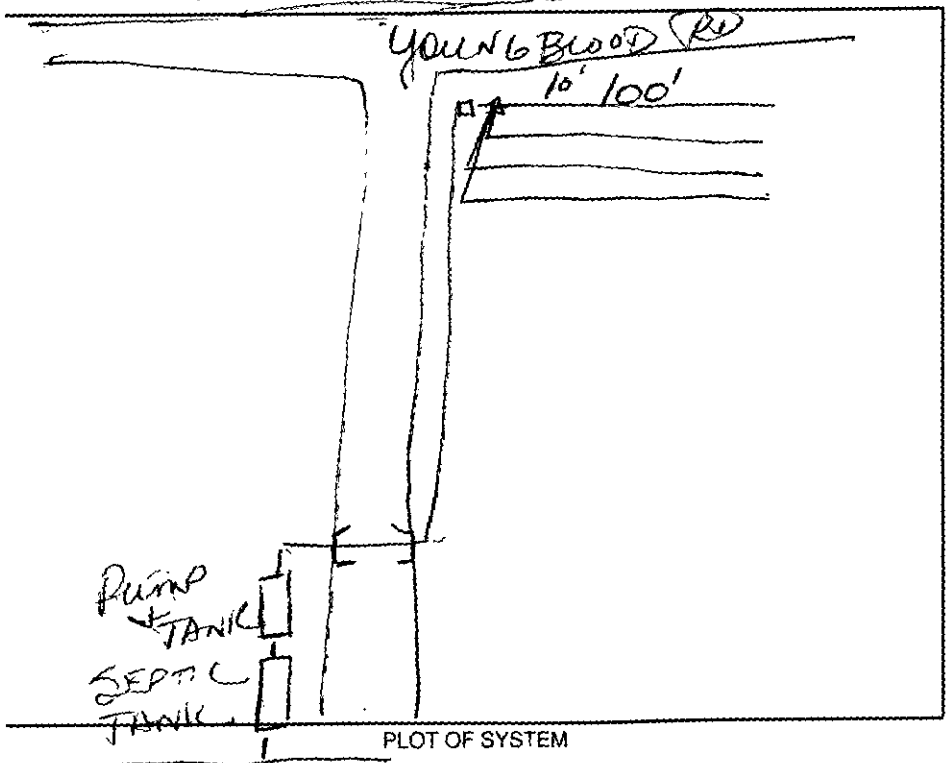
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1478B DATE: 1/26/98

TC: 217-085-20 X L

SERIAL Nº 17420

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 1/26/98. All work shall be completed on or before 2/26/98 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

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

NAME OF OWNER SITE Amy Groom

LOCATION OF PROPERTY 16910 Youngblood Rd.

Comments: 1500 SEPTIC TANK 1000 pump tank .1950 shall be followed for supply line under drive - Line installed on contour - 2 DROP BOXES required -

Lori E Griggs, RS
Environmental Health Specialist

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

CHC # 1939

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 4/4/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 1478B

PARCEL NO: ~~219-041-02~~ 217-085-20

JOB LOCATION ADDRESS: 16910 Youngblood Rd.

PROPERTY OWNER: Amy Gibson

BUILDING CONTRACTOR: Pete Barney

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Irene Higgins Barney DATE: 8-26-96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1478B, 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: Instalation Approval Required.

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 _____ 4/8/97

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department

February 4, 1998

Amy Groom
c/o Reynolds Realty
6531 Tall Oaks Trail
Charlotte, NC 28210

Re: 16910 Youngblood Road
File: 1478B
Parcel: 217-085-20

Dear Ms. Groom:

At your request, an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection, it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal Systems 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design and .1961 Maintenance of Sewage Systems. "Our comments follow:

1} (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (**NEMA 4X** or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finish grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2} (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (**NEMA 4X** or equivalent).

3} (1) After July 1, 1992, no Improvement Permit shall be issued for Type IV, Type V or Type VI systems, unless a management entity of the type specified in Table V(b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

4} (3) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit

that subsequent owners of the systems execute such a contract.

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5572 to discuss any questions you may have concerning this matter.

Sincerely,

Toni E. Higgins, R.S.
Individual Water and Wastewater Systems

TH:gc

Jun-07 Jun. 7. 2002 3:38PM

Post-it® Fax Note 7671	Date 6/6/02	# of pages ▶ 1	
To Willie Acker	From Gilead Greene		
Co./Dept.	Co. Env Health		
Phone #	Phone # 704 336-5203		
Fax # 704-541-4211	Fax # 704 336-6254		

If Well is Needed - FHA Loan
Express Loan evaluation - $200.00
(48 hour, beginning next business day after receipt)

8

Mecklenburg County
Health Department

Payment must be received prior to site visit

WELL AND SEPTIC REQUEST FORM

For more information contact Joshua R. Sellers @ (704) 336-5569 or By E-mail: sellejr@co.mecklenburg.nc.us

TAX PARCEL NUMBER: 21708520001

ADDRESS OF PROPERTY TO BE SERVICED: 16910 Youngblood Rd
Charlotte, NC 28278
Built 1997

OWNER OR AGENCY NAME & ADDRESS: Lori Hirsch (704) 309-2441
336-3672 (W)
321-0011 H
Buyer
1478B

ADDRESS FOR RESULTS TO BE MAILED: Willie Acker
c/o Coldwell Banker Flowhouse
6548 Carmel Rd
Charlotte, NC 28226

DAYTIME TELEPHONE & FAX NUMBER: (704) 564-0215 FAX (704) 541-4211

CLOSING DATE: ?

IS THE PROPERTY OCCUPIED? (Yes) ☐ No

☐ (Well Only) ☐ (Septic Only)

6/6/02
DATE

WILLIE ACKER, ABR
Broker
Licensed in North & South Carolina
(704) 564-0215 MOBILE
(704) 515-5465 PAGER
(704) 541-5111 BUSINESS
(704) 541-4211 FAX
(800) 849-9852 TOLL FREE
6548 CARMEL ROAD
CHARLOTTE, NC 28226

COLDWELL BANKER FLOWHOUSE, REALTORS®

Each Office Is Independently Owned And Operated.

LE • PRIDE • PROGRESS
nvironmental Health Division
• Suite 211 • Charlotte, North Carolina 28202-2236

PAR LABORATORIES, INC.
www.parlabs.com

PAR Laboratories, Inc.
2217 Graham Park Drive
PO Box 411483
Charlotte, NC 28241-1483
Phone: 704-588-8333; Fax: 704-588-8335
NC Cert # 20; SC Cert # 99003001

Lori Hirsch
217-085-20

REPORT OF ANALYSES

Attn: JOSH SELLERS
MECKLENBURG CO HEALTH DEPT
700 N. TRYON ST
SUITE 211
CHARLOTTE, NC 28202-

PROJECT NAME: JUN 02
DATE: 06/12/02

LAB No.	SAMPLE DATE	SAMPLE TIME	SAMPLER	DELIVERY TO LAB DATE	DELIVERY TO LAB TIME	MATRIX
41264	06/11/02	1408	JOSH SELLERS	06/11/02	1416	WA

SAMPLE ID: 16910 YOUNGBLOO
D DR
LAB #: 41264

TOTAL COLIFORM	ABSENT

LABORATORY DIRECTOR

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28203

BATCH: 058
S-A-L-E-S O-R-A-F-T
73822355
000500158410

REF: 0005
CD TYPE: MASTERCARD
TR TYPE: MAIL/PHONE
INV: 0502
DATE: JUN 10, 02 11:12:28

AVS: EXACT MATCH
TOTAL $85.00*

ACCT: 5490992151847641 EXP: 05/05
AP: 015269

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

X ----------

n

)/02

015269
IGGY

on

000
SCH LORI S

9 ANDREWS LINKS STREET

ARLOTTE, NC 28277

onventional
LOOD ROAD

Amount:	85.00
Tendered:	0.00
Returned:	0.00

Permit#	Quantity	Unit Price	Total Price
	1	85.00	85.00

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

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

COPY

Mecklenburg County
Health Department

June 14, 2002

Coldwell Banker Flohouse
C/O Willie Acker
6548 Carmel Road
Charlotte, NC 28226

RE: 16910 Youngblood Rd.

Dear Mrs. Acker:

At your request an investigation was made of the septic tank system and well water samples were taken at the property located at 16910 Youngblood Road, Charlotte, North Carolina on June 11, 2002.

At the time of the investigation there was no effluent on the surface of the ground.

The laboratory analysis of the well water was reported to be negative for coliform bacteria.

For your information, this office routinely samples for other regular parameters, to date, those sample results are not in, upon receipt, a copy of the lab reports for the other parameters sampled will be mailed to you.

It appears that the well may not be properly grouted. For questions concerning well construction standards please contact the Division of Water Quality at (704) 663-1699.

It should be noted that a camper trailer used for a residence is located on the property. No records or permits exist for this camper. This situation is a violation of 15A NCAC 18A. A violation notice for this situation has been issued and a copy enclosed.

If you have any questions regarding this matter, please call me at 704-336-5569.

Sincerely,

Joshua R. Sellers R. S.

Joshua R. Sellers RSEH/RS
Individual Water and Wastewater Systems

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

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

June 27

___Certified Mail
(Return Receipt)

___First Class Mail

___ Hand Deliver

Owner Patrick & Teresa Delehant

Mailing Address 2624 Sam Wilson Rd.
Charlotte, NC 28214

Occupant Patrick & Teresa Delehant

Location 16910 Youngblood Rd.

Residence Business Other _____

Mr. & Mrs. Delehant :
(Owner)

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On June 11, 2002, an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation	Law or Rule Cite
No Improvement Permit applied for camper	15NCAC 18A.1937 (C)
Camper not in compliance with rules	15NCAC 18A. 1938 (B)
Camper discharging sewage less than 50' from well	15NCAC 18A. 1950 (a)(

You are hereby ordered to bring your wastewater system into compliance by completing the following:

Install/Repair wastewater system. You must obtain a Repair Permit from the local health department prior to repair your system.

Eliminate wastewater discharge and connect to an approved wastewater system.

Other Repairs *(Specify)* Remove camper trail
or obtain proper permits.

Perform Maintenance *(Specify)* _____

If the wastewater violation is not brought into compliance by July 11,2002, appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at 700 N. Tryon St., Suite 211, Charlotte, NC 28202, (704) 336-5569, phone; (704)336-6894, fax).

Notice Issued 06-14-02. Signed Joshua R Sellers R.S. Agent
Date DENR/DEH

Compliance _____ Signed _____ Agent
Date DENR/DEH

Mecklenburg County
Health Department

July 16, 2002

Coldwell Banker Flouhouse
Attn: Willie Acker
6548 Carmel Road
Charlotte, NC 28226

Dear Mr. Acker:

This correspondence consists of a copy of the lab reports for the other parameters sampled but not enclosed with the original report for the property located at 16910 Youngblood Road, Charlotte, North Carolina.

If you have any questions concerning this matter, please contact me at 704-336-5569.

Sincerely,

Joshua R. Sellers R.S

Joshua R. Sellers, R.S.
Individual Water and Wastewater Systems

JRS:gc

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Hirsch, Lori
Address: 16910 Youngblood Rd.
Charlotte, NC **Zip:** 28270
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** Joshua R. Sellers
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: J.R. SELLERS **Date:** 6/12/02 **Time:** 1:30:00 PM
Location of sampling point: Outside Tap
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	3	mg/l	6/24/02
Silver	<0.05	mg/l	6/24/02
Alkalinity as CaCO3	82	mg/l	6/24/02
Arsenic	<0.001	mg/l	6/24/02
Barium	<0.1	mg/l	6/24/02
Calcium	15.1	mg/l	6/24/02
Cadmium	<0.005	mg/l	6/24/02
Chloride	8	mg/l	6/24/02
Chromium	<0.01	mg/l	6/24/02
Copper	0.76	mg/l	6/24/02
Fluoride	0.29	mg/l	6/24/02
Iron	<0.05	mg/l	6/24/02
Hardness as CaCO3 (Ca,Mg)	48	mg/l	6/24/02
Mercury	<0.0005	mg/l	6/24/02
Magnesium	2.4	mg/l	6/24/02
Manganese	<0.03	mg/l	6/24/02
Sodium	12	mg/l	6/24/02
Lead	<0.005	mg/l	6/24/02
pH	7.5	Std. unit	6/24/02
Selenium	<0.005	mg/l	6/24/02
Zinc	<0.05	mg/l	6/24/02

Date Received: 6/24/02 **Report Date:** 7/9/02 **Reported By:**
Today's Date: 7/9/02 **Ref:** 8608 **Login Batch:** 06251238 **Sample Number:** AA78555

DATE: Paid $200 9/4/02 FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM Caroline General Contractor I Inc JCRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 1478B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21108520

STREET ADDRESS: 16910 Youngblood Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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):

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

HEATED SQUARE FOOTAGE: 2551

NUMBER OF BEDROOMS: Currently 3 going to 4

NUMBER OF OCCUPANTS: 3

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

Old File = 1478B
New 3 Bedroom
4-8-97

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

Shop + Add (net gain) of 1 bedroom - 2yp take out 1 dwr

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: Dekhart (LAST) Erin (FIRST) P (MI)

ADDRESS: 2624 Sam Wilson Rd

CITY: Charlotte STATE: NC ZIP: 28214

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Suddreth (LAST) David (FIRST) C (MI)

DAYTIME PHONE: (704) 377-1979

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/18/99

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: 8/29/02

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** AC and X
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 14783

PARCEL NO: 217-08-520

JOB LOCATION ADDRESS: 16910 Caraybloom Road

PROPERTY OWNER: _____

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 9/17/02

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 14786, 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: Shop is ok to build. Approved for 1 bedroom addition totaling 4 bedrooms also approved for shop addition to be located in rear of house.

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 _____

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

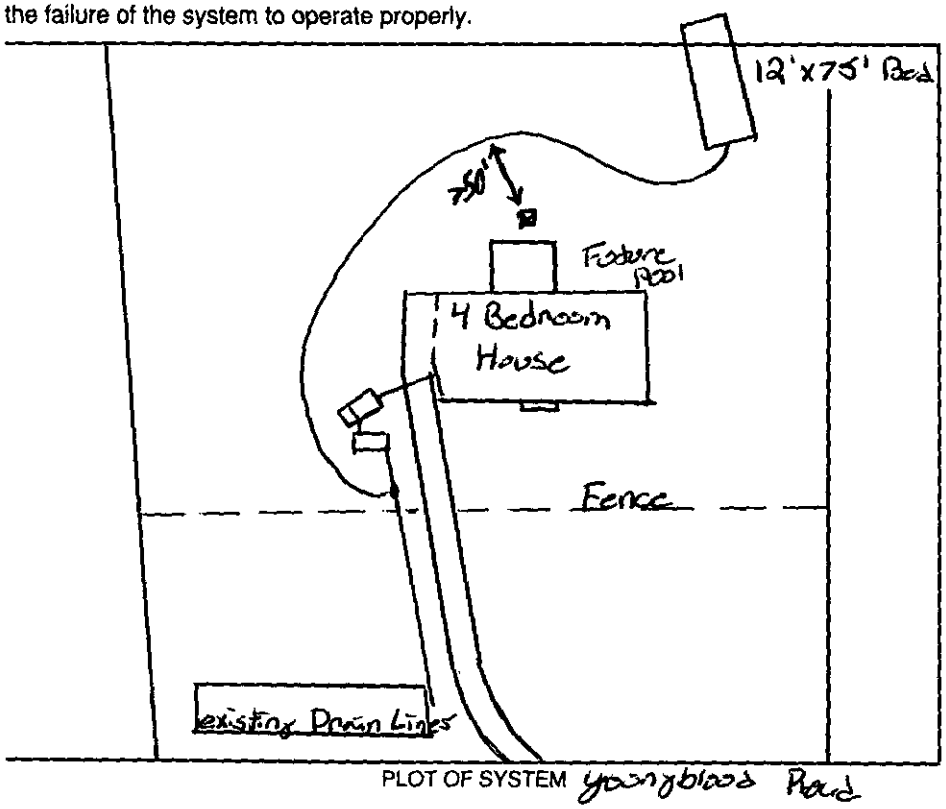
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1478B DATE: 11/11/02

TC: 217-08-520 Y L

SERIAL 19199

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM Youngblood Road

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank existing gallons

Tank Construction Pcc

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width Bed 12' feet

Trench Walls Scored and Porous Yes

Total Line Length 300' feet

Number of Lines 4 @ 75'

Depth of Stone 18" inches

Distance from House >100 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 Jim Pendergraph

LOCATION OF PROPERTY 16910 Youngblood Road

Comments: Install Bed 12' x 75' x 24" stone with 6" sand. Stay >50' from well + swimming pool locations.

Brandon Smith R.S.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

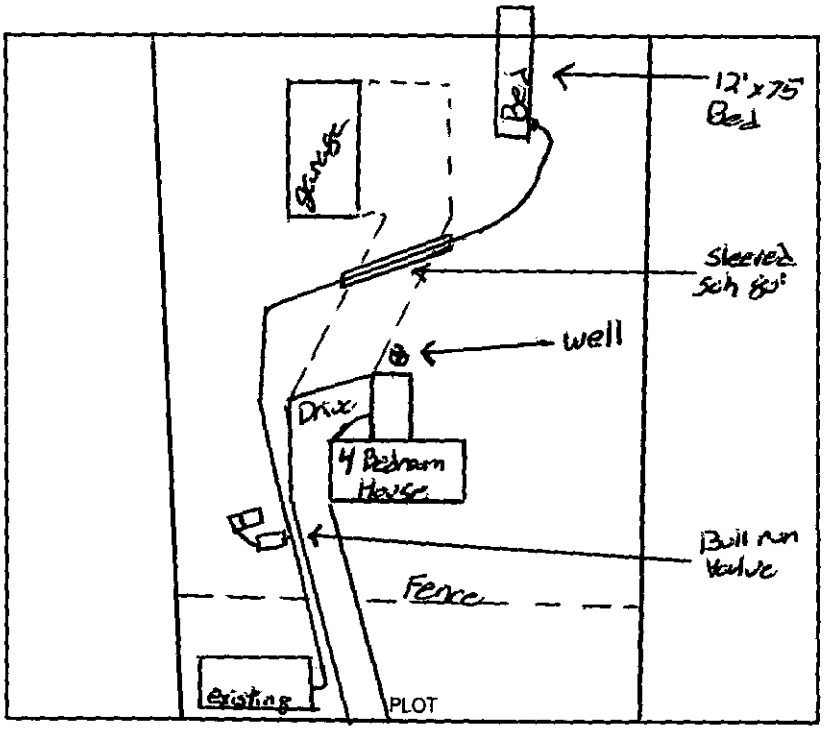
FILE: 14783 DATE: 11/27/02
TC: 217-08-520 ☒ L ☐ CRT
SERIAL 19068

Name of Owner Jim Pendergraph Juris.: _____

Address of Property 16910 Youngblood Road

Inspection Data:

Tank Material existing
Total Length of Drainfield 300'
Number of Lines Bed 4 @ 75'
Cover Depth 18"
Water Supply Source well
Distance to Water Source >50'
Excavation Inspected 11/15/02
Tank(s) Inspected 1 Existing
Wash Line Inspected N/A
High Water Alarm Inspected existing



Design 2002, Repair, Bed, 18" stone w/6" sand, Type III-b CTR# Steve Autry

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: _____

Brad Sorg RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

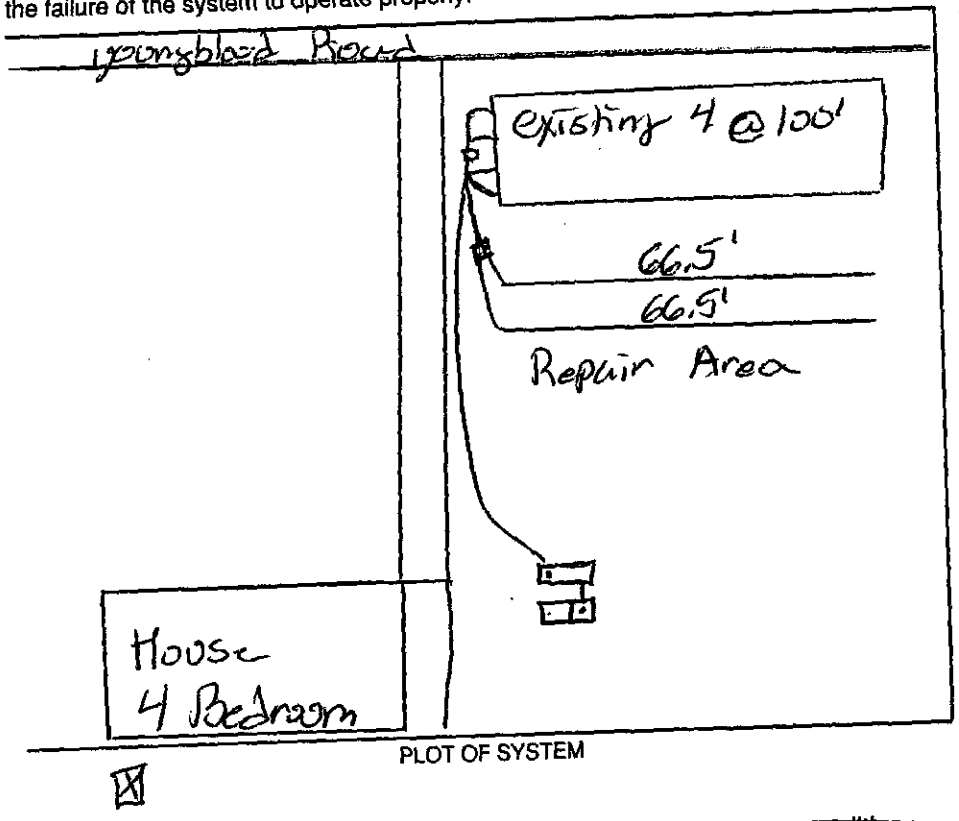
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1478B DATE: _____

TC: 217-08-520 ☐ L

SERIAL 19097

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 8/29/02. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank PCC/1500 gallons

Liquid Capacity of Dosing Tank existing gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 133' feet

Number of Lines 2

Depth of Stone 12" 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 Erin Patchett

LOCATION OF PROPERTY 16410 Youngblood Road

Comments: Install TLF 133', tie into ~~existing~~ D-Box, System will be sized for 4 Bedroom house

Environmental Health Specialist

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 14780 Tax Number: 217-05-3520

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

Basement	___ Yes	X No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	533/133 Total trench length (ft)	35" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: No	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:				
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	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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 I Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

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

DEHNR Authorized Agent Date 9/12/02

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

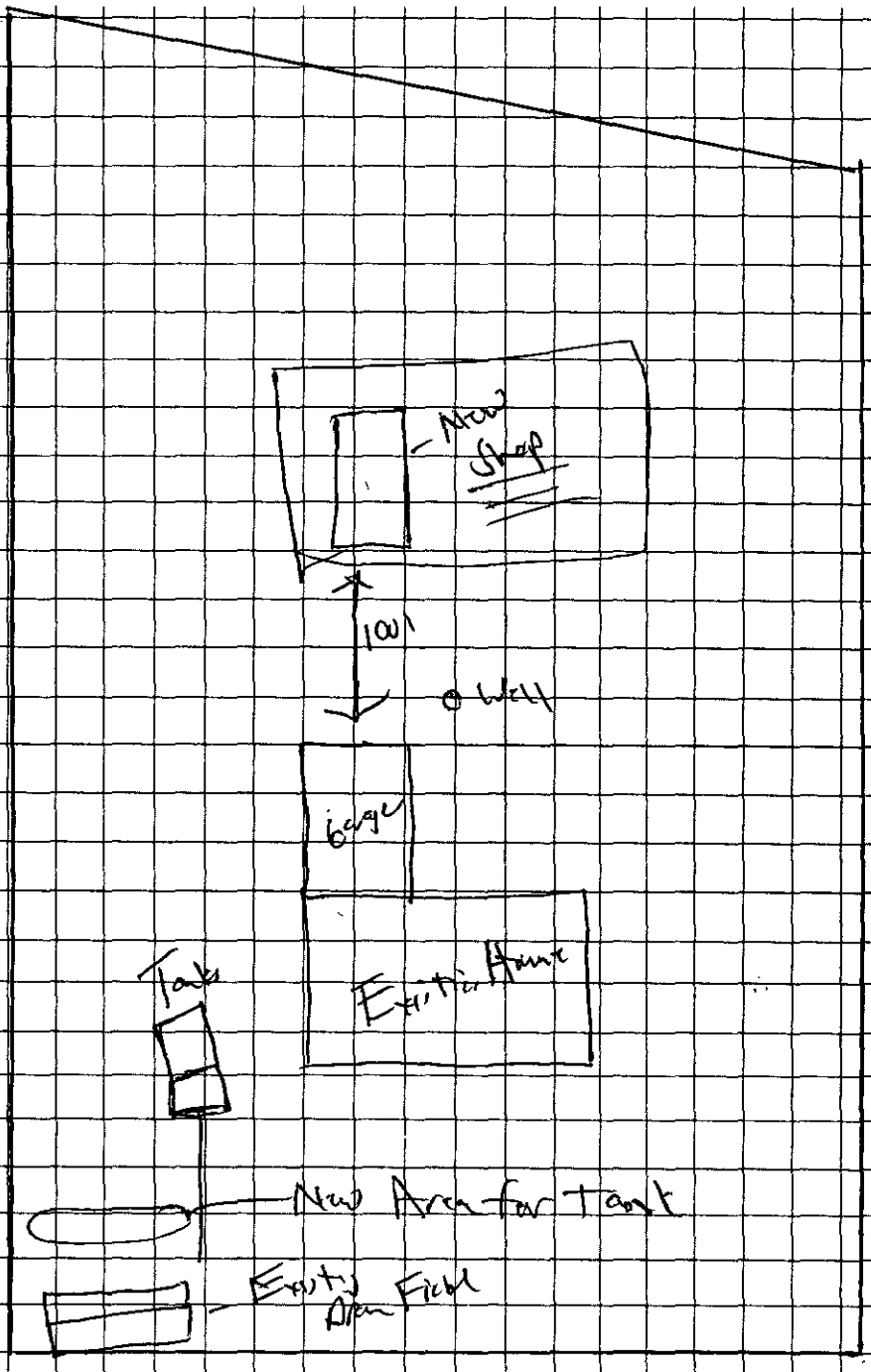
PROPOSED PLOT PLAN

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

FILE: 1478B

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 9/16/02

APPROVAL DATE _____

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

Print Close

Parcel ID	Account	Parent	Previous
21708520	INDIVIDUAL	21708503	

Owner Name	Mailing Address	City/State
HIRSCH LORETTA S	16910 YOUNGBLOOD RD	CHARLOTTE NC 28278

Legal	Municipality	Date Annexed	Special District	Fire District	Acrea
L2 M26-273	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	STEELE CREEK #2	9.66

Building	Land	Features	Total

Exemptions

Exemption	Year Approved	Review Date	Amount

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Sep 30 2002	379000	758		IMP	14153 - 415	WRNTY DEED	14153-415	DELEHANT,ERIN PATRIC
May 18 1999	290000			IMP	10480 - 528	DEED STAMPS	10480-528	GROOM AMY J
Aug 19 1996	60000			VAC	08704 - 549	DEED STAMPS	08704-549	FREELAND CURTIS (TRU

Use	Units	Type	Neighborhood	Assessment
R120	9.66	AC	YORK RD / YOUNGBLOOD RD	

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1997	16910 YOUNGBLOOD RD UNINC

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	3461	2551	CRAWL SPACE	FACE BRICK -	AVERAGE 05	

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Full Baths	3/4 Baths	1/2 Baths	Addl Baths
1	HEAT PUMP	ELECTRIC	1 - FP3	AC-CENTRAL		3		0	

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 4%				

Bldg	Built	Type	Quantity	Units	Value
1	1997	TERRACE	1	5X18	
1	1997	DECK	1	15X15	
1	1997	DECK	1	10X10	

Notice Date	Tax Year	Reason	Changed To	Deferred
Mar 26 1999	1999	Imp/Addn/Remod Completed for Tax Year	279580	
Apr 18 1998	1998	Bldg/Addn/Remod/Partially Completed	258850	
Mar 20 1998	1998	Countywide Revaluation	68200	
Apr 14 1995	1995	Division of Real Estate and/or New Parcel	57960	

FACSIMILE TRANSMITTAL SHEET

Charlotte-Mecklenburg Risk Management
400 East Second Street
Charlotte, North Carolina 28202-2343
Fax Number: (704) 336-7548

TO: Kelly Randall - Field Ops. Supv.

DATE: 1/27/03

FAX #: 336-6894 (704)

 # PAGES (Including Cover) 5

FROM:

ADMINISTRATION		Phone Numbers
___		(704) 336-4142
___	Linda L. Liles	(704) 336-3305
___	Tina Wallace	(704) 336-2428
AUTO/GENERAL LIABILITY		
___	Court Fulton	(704) 336-8855
✓	Judy U. Pitts	(704) 336-5815
___	David Brandt	(704) 336-7611
___	Karen Lowe	(704) 336-7609
___	Tara Johnson	(704) 336-3303
___	Tonie Richards	(704) 336-7634
___	Joan Teli	(704) 336-6832
___	Kimberly Weathers	(704) 336-3304
RISK CONTROL SECTION		
___	Daniel K. Rains	(704) 336-4143
___	Stephen Norman	(704) 336-7688
___	Laura Bunyan	(704) 336-2794
___	Bryan Leaird	(704) 336-6669
FINANCIAL COORDINATOR		
___	Darlene Brown	(704) 336-5813
___	Jayne Breisacher	(704) 336-7635

GCMC 050079

COMMENTS: Please provide a supervisor's report. Return to Judy Pitts. Thanks - Tonie

Serving the City of Charlotte, Mecklenburg County and the Charlotte-Mecklenburg Board of Education
CONFIDENTIALITY NOTICE: This document is intended only for the use of the addressee and contains information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that the dissemination, distribution, or copying of the communication is strictly prohibited.

GENERAL LIABILITY

Telephone: 704-336-3301
FAX: 704-336-7548

Name: James (First) I. (Middle) Pendergraph Hirsch (Last)

Address: 16910 Youngblood Road

City Charlotte State NC Zip Code 28278

Phone No.: Daytime: (704) 336-3672 Home: (704) 504-0153

Exact Location of Incident: (include street no. and landmarks): 16910 Youngblood Rd

Date of incident: June 11, 2002 Time of Day: _____ A.M. ☐ P.M. ☐

Weather at time of incident: Rainy ☐ Clear ☐ Dry ☐ Icy ☐ Windy ☐

What happened: Mecklenburg Co. Health Dept. was paid to inspect septic system and well @ 16910 Youngblood Rd. prior to our purchasing property. Septic system was inspected and was passed. (See Attached)

Was anyone injured? Yes ☑ No ☐ Describe injuries

Financially injured by inspection in error.

Witness Name/Address/Phone #:

Property damaged? [Enclose Est or invoice]

Please provide Name and Phone Number of any other person or department with whom you have been in contact.

I acknowledge that the above information is true and correct.

Signature: J. Pendergraph Date: 1/14/03

Return To: Risk Management Division
400 E. Second Street
Charlotte, North Carolina 28202-2343

(Continued from What Happened:)

Our realtor, Willie Acker, requested the inspection prior to purchase of house and property. We were given no indication, either in writing or verbally, that anything was in error with the septic system.

We were totally dependent on the Health Department for the inspection since I have no knowledge of a properly installed system. If we had any idea there was a potential problem with the septic system, we would have negotiated the repair with the owner or not purchased the property.

After the property was purchased, we acquired the proper building permits and were told by the County that we would have to add additional drain field lines to the septic system since we were adding another bedroom to the house. Autry Concrete Products, 8918 Byrum Drive, was hired to add the additional line. Immediately upon starting the work, Steve Autry stated the septic system was faulty and the soil was not conducive to the septic system ever working properly. Other people from the Health Department came and looked at the system and could not believe that this location would have been approved for the septic system. We had to move the entire drain field at a cost of $11,225.00.

DEC-02-02 08:31 AM P.01

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 14788 DATE: 11/27/02

TC: 217-08-520 ☐ L ☐ CRT

SERIAL 19068

Name of Owner: Tim Pendergraph Juris.:

Address of Property: 6910 Youngblood

Inspection Data:

Tank Material: Existing

Total Length of Drainfield: 300'

Number of Lines: Bed 4 @ 75'

Cover Depth: 18"

Water Supply Source: Well

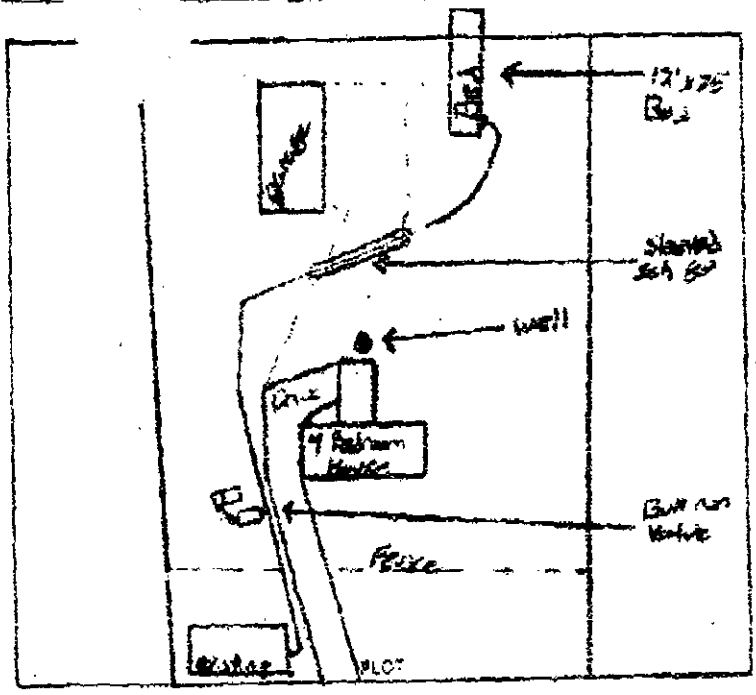
Distance to Water Source: >50'

Excavation Inspected: 11/15/02

Tank(s) Inspected: 1 Existing

Wash Line Inspected: N/A

High Water Alarm Inspected: existing



Design: 2002 Repair, Bed, 18" stone w/ 6" soil cover CTR# Steve Autry

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☐ installed or constructed ☐ ...red or repaired
☐ in accordance with the permit issued ...letailed in the plot above
and meets the provisions of 15A NCAC 18A .1900, "Law ... For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuanc
☐ 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:

Parcel ID# 21708520

White - Delivery Yellow - Customer Pink - File

AUTRY CONCRETE PRODUCTS

8918 BYRUM DRIVE PHONE 357-1250 CHARLOTTE, NC 28217

DRAIN TILE
SEPTIC TANKS

STEPS
DRIVEWAY AND PATIOS

PRE-CAST WORK
OUTDOOR TABLES

Late payment charge of 1 1/2% (18% ANNUALLY) will be charged on all past due accounts.

Deliver To

Address

Cust. Order No. Jim Pendergraph Date 12-4 20 02

Sold To

Address 16910 Youngblood Rd.

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUANTITY	DESCRIPTION	PRICE	AMOUNT	
	Loader chg for Clearing lot + hauling material		750	00
	Install 12 x 75' BED w/ 3/4" stone		5100	00
	Sand filter		600	00
	150' 2" pressure line		450	00
	1/2 Stall ball valve		225	00
	TOTAL		11225	00

All returns and returned goods MUST be accompanied by bill.

Rec'd By

TAX

TOTAL

19966

6 X 50

BK: 05005 PG: 0312/0314 $:0293 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/08/97 13:25

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 # 1478B
PARCEL # 217-085-~~03~~20

The undersigned, Amy Groom, owner of property located at 16910 Youngblood Rd., (the "site") and described in an instrument recorded in Book _____ at Page _____, 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: Pete Baney
Mail after recording to: P.O. Box 2368, Huntersville, NC 28070

- 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 1 day of July, 1996.

_____ (Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Amy J. Groom (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Lisa C. Miller, a Notary Public for said County and State, do hereby certify that Amy J. Groom personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 1 day of July, 1996.

Lisa C. Miller
Notary Public

My Commission Expires:
3-19-97

LISA C. MILLER NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

From: Kelly Randall
To: Sara L. Pressly
Date: 1/30/03 9:48AM
Subject: Sheriff Pendergraph Claim - 16910 Youngblood Rd.

The following is a synopsis on the Health Department's involvement concerning a claim submitted to Insurance and Risk Management (IRMA) by Sheriff Pendergraph.

The original system was installed 2/4/98. It was conventional installation in provisionally suitable soil with the required repair area accommodating a modified system. Reclassification forms were recorded at the register of deeds 4/8/97 (book 09005 - page 0312/0314). The reclassification forms were required because available space for the system and repair was unsuitable. The system was put into use and no problems were ever noted. Loretta S. Hirsch purchased the property 9/30/02. Ms. Hirsch's relationship to the Sheriff is unknown.

Ms. Hirsch applied for a well and septic inspection prior to closing the purchase. Her agent applied on 6/6/02. The inspection was performed and no malfunction was observed with the system. Standard procedures were followed pertaining to probing the drain fields and no problems were observed (either with effluent surfacing or drain lines under pressure). A letter was sent which read in part " At the time of the investigation there was no effluent on the surface of the ground".The date of the letter was 6/14/02.

On 8/29/02 David C. Suddreth applied for an alteration permit to the system. David Suddreth was acting as an agent/GC for the project. An alteration permit was necessary because of a net gain to the number of bedrooms in the home. The permit was issued and Steve Autry was hired to perform the permitted work. When Autry began the alteration he called the department to report that the drain fields were full of effluent and he could not install the extra drain field according to the permit. A site visit was made with Autry and he appeared agitated that original plans for the work could not be followed. He had evidently expressed his opinion to Suddreth et. al. that the system had been improperly installed originally on 2/4/98. My review of the file does not support his expression of that opinion.

Soil tests were done in the immediate area of the existing drain lines. This area proved to be unsuitable for the additional drain lines. It was decided that moving the drain lines to the back of the property was a better alternative because of more favorable soil conditions. Sheriff Pendergraph was consulted with on this matter and he agreed to the relocation of the drain lines.

At no time did the Sheriff indicate he thought this situation was something with which to find fault. The system had no history of leaking until Mr. Autry excavated into it. Mr. Autry alleged that Duke Power dug into a portion of the system at some time causing some type of damage (unknown).

What steps do you recommend before presenting this same information to IRMA?

Thanks for your attention to this matter.

Kelly Randall
(704) 336-5575

CC: Sylvia Daniel

1478

OFFER TO PURCHASE AND CONTRACT

AMY J. GROOM

hereby offers to purchase and H. E. KISER FAMILY TRUST, CURTIS L. FREELAND, TRUSTEE as Buyer, 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 NA, County of MECKLENBURG, State of North Carolina, being known as and more particularly described as: Street Address 16910 YOUNGBLOOD ROAD Zip _____
Legal Description SEE EXHIBIT "A" LOT 2 HIGHLIGHTED IN YELLOW ATTACHED

2. **PERSONAL PROPERTY:** NONE

3. **PURCHASE PRICE:** The purchase price is $ 59,900.00 and shall be paid as follows:

(a) $ 1,000.00, in earnest money paid by PERSONAL CHECK (cash; bank, certified or personal check) with the delivery of this contract, to be held in escrow by WM H REULE & ASSOCIATES 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) $ NA, 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) $ NA, by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of NA % per annum payable as follows: NA

Prepayment restrictions and/or penalties, if any, shall be: NA

Assumption or transfer rights, if any, shall be: NA

(d) $ 58,900.00, 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 NA, effective through the date of closing, for a NA loan in the principal amount of $ NA for a term of NA year(s), at an interest rate not to exceed NA % per annum, with mortgage loan discount points not to exceed NA % 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: NONE

(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 NA % per annum fixed (or describe type of loan) NA with mortgage loan assumption and/or discount points not to exceed NA % of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before NA. 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: NONE

(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for RESIDENTIAL, SUBJECT TO RECORDED COVENANTS AND RESTRICTIONS, EXHIBIT "B" ATTACHED 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".) 2,3,8,9, & 11

BUYER TO OBTAIN A PERMIT FOR A STANDARD OR PROVISIONALLY SUITABLE SEPTIC SYSTEM PRIOR TO SING. IF A PROVISIONALLY SUITABLE SYSTEM CANNOT BE OBTAINED THEN THIS CONTRACT IS NULL AND D.

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 JULY 12, 1996, at a place designated by BUYER. The deed is to be made to AS DIRECTED.

8. **POSSESSION:** Possession shall be delivered AT CLOSING. In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ NA 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 FOUR (4) counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer 6/23/96

Buyer Amy J. Groom (SEAL)

Buyer _____ (SEAL)

Date of Acceptance: 6-26-96

SELLER Curtis Freeland (SEAL)
CURTIS L. FREELAND, TRUSTEE

SELLER _____ (SEAL)