

15820 HUBBARD RD

01313123

6/20/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6742-A DATE: 8-3-90

TC: 013-131-23 ☑ L ☑ CRT

SERIAL Nº 13377

Name of Owner Sandra Bowen Juris.:

Address of Property 15820 Hubbard Rd.

Inspection Data:

Tank Material PVC

Total Length of Drainfield 268'

Number of Lines 4 @ 67'

Cover Depth 12"-48"

Water Supply Source well

Distance to Water Source not in

Excavation Inspected 8-3-90

Tank(s) Inspected 8-3-90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990, 1500 ST, con, 804SFT, 12", cecil CTR# 182

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS: Installed for 2 bedrooms, Installed as permitted

B. R. Ferguson
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

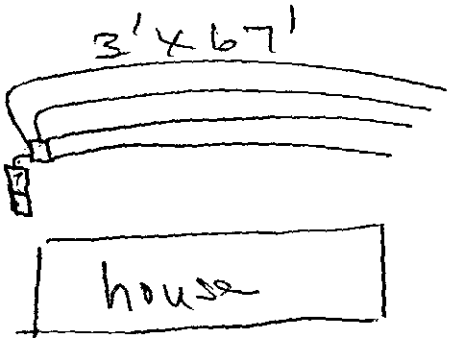
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6742A DATE: 8/2/90

TC: 013-131-23 ☑ L

SERIAL Nº 13437

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 7/6/90. All work shall be completed on or before 9/2/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.



Hubbard Rd.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NOT INSTALLED

NAME OF OWNER Sandra Lynn Houser

LOCATION OF PROPERTY 15820 Hubbard Rd

Comments: INSTALL 4 Trenches 3'x67', 12" Stone

Division or Section Head

Environmentalist R.S.

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 6742A
TC: 013-131-23
SERIAL: № 19940
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 15820 (STREET NO.) HUBBARD Rd (STREET) HUNTERSVILLE NC ② FILE: 6742A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 013-131-23
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: SANDRA (FIRST) LYNN (MIDDLE) HOUSER (LAST)
⑨ MAILING ADDRESS: 3920 SEAFORTH DRIVE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28205
⑬ PHONE: (WORK) 525-5321 ⑭ (HOME) 535-3407

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type? _____
㉓ Maximum occupancy? 2
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Sandra Lynn Houser
Date: 7-3-90

IMPROVEMENT PERMIT

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 Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Tim Whitaker, Environmentalist, 7/6/90 (Date)

_____, Director or Authorized Section Head, 7-25-90 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

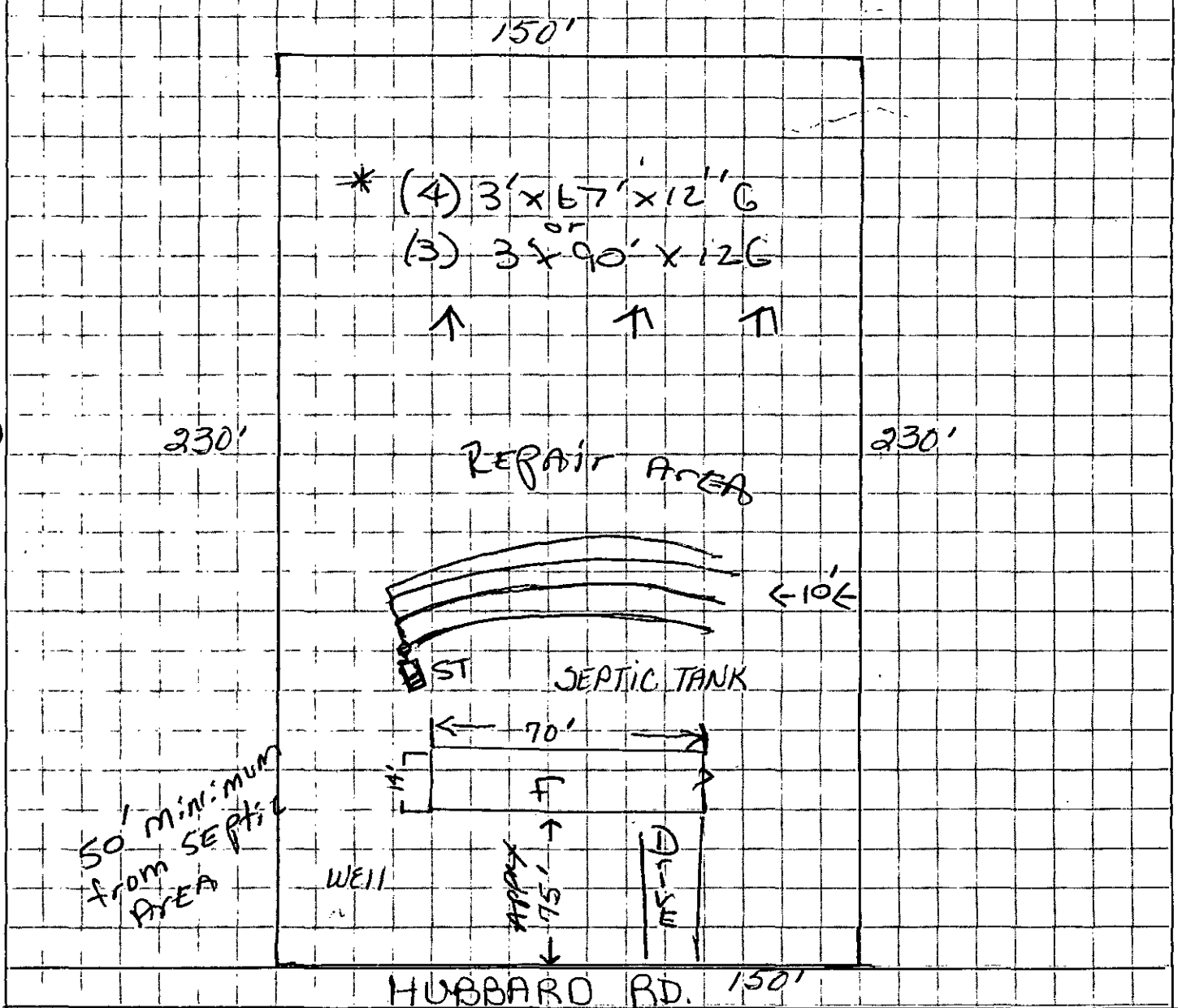
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6742A

TC: 013-131-23

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.



15820 Hubbard Rd.
Huntersville, N.C

APPROVAL DATE TW. 7/6/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17942

File:

Action 1

Parcel: 6742A

☐ PC

Location:

Subdivision: Hubbard Road

Lot: Block: Acres: .79

~~013131223~~
013-131-23

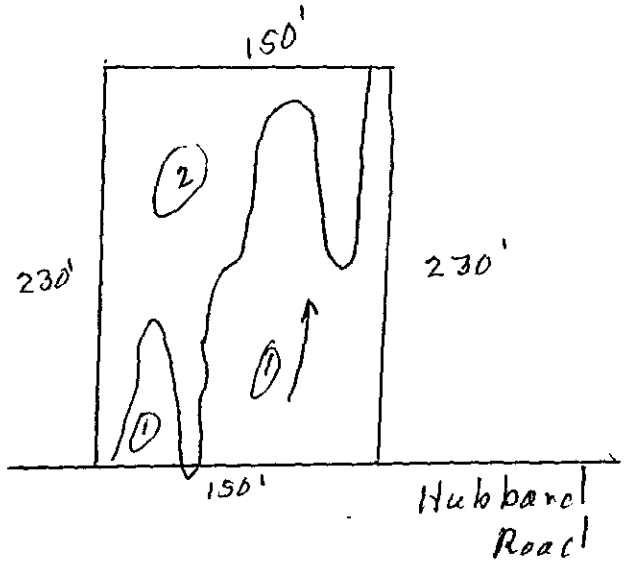
Owner:
Address:

Sandra Houser
3920 Seaforth Drive
Charlotte, NC 28205

Comments: System may need pump- does not appear to need 100% repair

Described by: William A. Marlin

Date: 7-7-90



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S PS (U) Complex Slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7.36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7.36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7.36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Ilo	Complex Slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7-3-90

Name/Company: Sandra L. Howser

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: Applic C Transf

Eg 6742 A

COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 3 1990

Fee: $ 200.00

CC# 671
#200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

D-12

BUILD/STAND 90 07/19 08:25

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☐ Single Family ☐ Two Family ☐ Commercial ☒ Mobile Home ☐ Modular

PERMIT #

ADDRESSING

STREET # (N,S,E,W) 15820 STREET NAME Hubbard Rd (AV,RD,ST, etc)

SUITE UNIT(S)

TAX JURISDICTION (Check One) ☒ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME PHASE SECTION PROJECT #

OWNER SANDRA LYNN HOUSER ADDRESS 15820 Hubbard Rd

CITY Huntersville STATE NC ZIP 28078 PHONE #

TAX PARCEL # 013-131-23 LOT # BLOCK # LAND AREA (sq ft)

CENSUS 6202

ZONING RM JURIS 0 MAP # 23 R/W 60'

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV FIRE DIST. ☐ Yes

LOT: ☐ CORNER ☐ THROUGH FRONT STREET (if different)

MINIMUM SETBACKS FRONT 40 LEFT SIDE 10 RIGHT SIDE 10' REAR 55' REQ PARK'G

APR'D PLC

PROJECT

JOB # 1

UBDC # 112

TYPE WORK: ☒ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office etc.) Mobile Home include Yr Make & Serial # RESIDENCE SN# 512047 1990 Oakwood model 074

AREA (sq. ft.) Heated 902 Unheated 0 Deck(s) 0 # STORIES 1 BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS 10 # BEDROOMS 2 # BATHS 2

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY # HANDICAP UNITS

SERVICES

ELECTRICAL:

Power Company CRESENT ELECT. Service ☒ New ☐ Existing Total Amps 200 Amp Circuits 24

Connections 120 Volts 20 # Connections over 120 Volts 4

MECHANICAL:

Gas Company # Gas Conn # Appliances ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☒ 2-Central A/C ☐ 3-Elect Baseboard ☒ 4-Elect Furnace ☐ 5-Elect Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) 8 # of Appliances (Dishwasher, Water Heater, etc.) 4

UTILITIES: ☒ New ☐ Existing

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer — Private: 3-Individual ☒ Well ☒ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer — 4-Community ☐ Well ☐ Septic

CONTRACTORS

CONTRACTOR(S): (Name/Address as appears on license)

				CONTRACT COST Nearest $100
Bldg	Owner as Contractor	Phone 535-3407	Lic #	Bldg $ 300
Add	Same As Above	City/St	Zip	
Elect	Clarence B. Dixon	Phone 394-8167	Lic # 553L	Elect $ 360
Add	3216 Boyd ST	City/St Charlotte NC.	Zip 28208	
Mech		Phone	Lic #	Mech $
Add	NA	City/St	Zip	
Plbg		Phone	Lic #	Plbg $
Add	NA	City/St	Zip	
Arch /Eng		Phone	Lic #	Total Const. Cost $ 660.00
Add		City/St	Zip	

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $

FT FEE $

REMARKS

OTHER FEES $

TOTAL FEE $ 10.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK

Sandra Lynn Houser 7-19-90 SANDRA LYNN HOUSER

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

KOLDS	PROC. CAT.	APPROVED BY	VALIDATION

CHARLOTTE MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704.336.2891

B-82 15M 3/89

ORIGINAL

Mecklenburg County
Health Department

July 2nd, 1990

Sandra Houser
3920 Seaforth Drive
Charlotte, NC 28205

RE: Property located at Hubbard Road
FILE: 6742A
PARCEL: 01313123

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17942) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17942

File: Action 1

Parcel: 67420 ☐ PC

Location:

Subdivision: Hubbard Road

Lot: Block: Acres: .77

Owner:
Address:

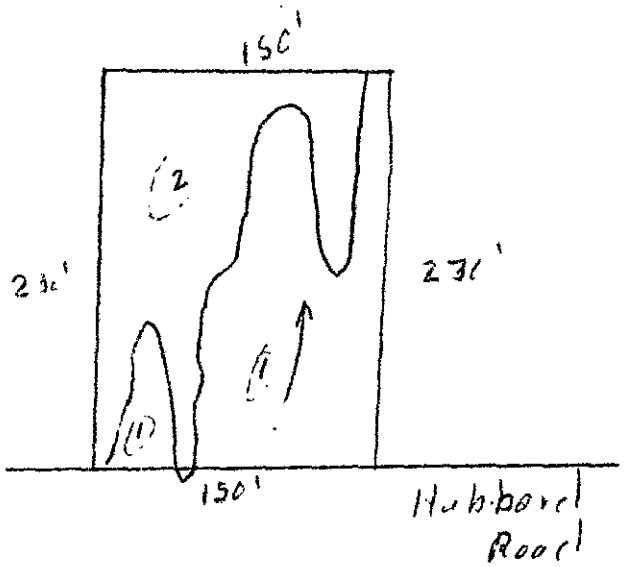
Sondra Houser
3920 Seagrath Drive
Charlotte, NC 28205

Comments:

Described by: [signature]

Date: 7-1-92

013-131-23



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	12 Cecil Ill.	Triplett Slopes				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17942

File:

Action 1

Parcel: 113-131-23

☐ PC

Location:

Subdivision:

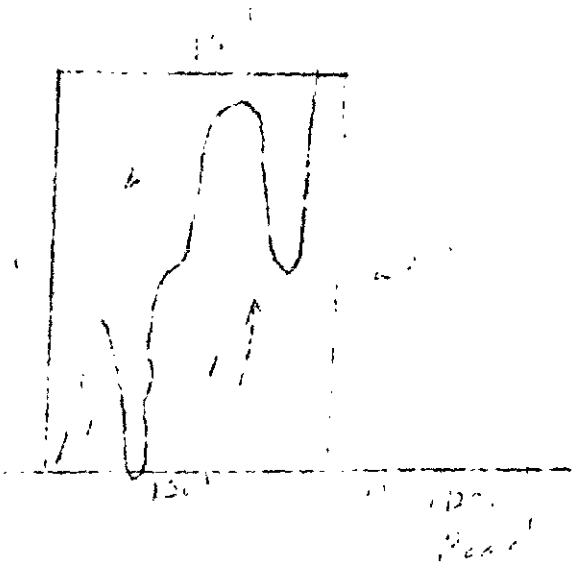
Lot: Block: Acres: .11

Owner:
Address:

Comments:

Described by:

Date:



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: [illegible]

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: [illegible]

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: [illegible]

⑥ DEED REFERENCE: BOOK NO.: [illegible] PAGE NO.: [illegible]

OWNER

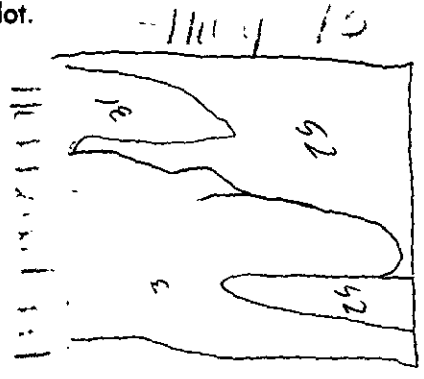
⑦ NAME: [illegible] (FIRST) [illegible] (MIDDLE) [illegible] (LAST)

⑧ MAILING ADDRESS: [illegible]

⑨ CITY: [illegible] ⑩ STATE: [illegible] ⑪ ZIP: [illegible]

⑫ PHONE: (WORK) [illegible] (HOME) [illegible]

⑬ Accurately diagram and dimension lot.



230
150
11500
230
23500
345

[illegible]

⑭ The undersigned, 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: [illegible]

Date: [illegible]

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

45

DEEDBOOK PAGE
6020 0336

BOX #23 PRESENTED FOR REGISTRATION
89 MAY -4 AM 10:02
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

Excise Tax | Recording Time, Book and Page

Tax Lot No. 013-131-23 Parcel Identifier No. .....

Verified by ..... County on the ..... day of ....., 19.....

by .....

Mail after recording to Mrs. A. W. Houser, 3920 Seaforth Drive, Charlotte, NC 28205

This instrument was prepared by Perry, Patrick, Farmer & Michaux, P.A.

Brief description for the Index: Tract I, Lemley Township

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this ..... day of ....., 1989, by and between

GRANTOR	GRANTEE
ARTHUR WESLEY HOUSER and wife, BONNIE T. HOUSER 3920 Seaforth Drive Charlotte, NC 28205	SANDRA LYNN HOUSER 3920 Seaforth Drive Charlotte, NC 28205

FEE 8.00
<> 8.00
CASH 8.00
12:30 #2876 000
05/04/89

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for natural love and affection and ~~a~~ valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Lemley Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at an iron located in the center line of Hubbard Road (N. C. State Road No. 2134), said beginning point being also located S. 4-42 E., 593.17 feet from the point of intersection of the southerly margin of Hager's Ferry Road (N. C. Highway No. 73) with the center line of Hubbard Road; and running thence from said beginning point N. 85-18 E., 230 feet to an iron; thence with a line of Tract No. III described in Deed recorded in Deed Book 3257 at page 116 in the Mecklenburg County, North Carolina Public Registry, S. 4-42 E., 149.93 feet to an iron; thence with the line of Duker Power Company S. 85-16-50 W., 230 feet to an old iron in the center line of Hubbard Road; thence with the center line of Hubbard Road N. 4-42 W., 150.01 feet to the point or place of BEGINNING, all as shown on a boundary survey thereof made by Bobby J. Rape on December 22, 1970.

Being all of Tract I which was conveyed to Arthur Wesley Houser and wife, Bonnie T. Houser, as tenants by the entirety, by Arthur Wesley Houser under Deed dated January 12, 1971 and recorded in Deed Book 3257 at page 116 in the Mecklenburg County, North Carolina Public Registry.

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. – 1981

DEEDBOOK PAGE

6020 0337

The property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

A map showing the above described property is recorded in Plat Book ..... page .....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

1. 1989 ad valorem taxes.

2. Easements and restrictive covenants of record.

IN WITNESS WHEREOF, the Grantor 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, the day and year first above written.

..... (Corporate Name)

By: .....

..... President

ATTEST:

.....

..... Secretary (Corporate Seal)

USE BLACK INK ONLY

Arthur Wesley Houser (SEAL)
ARTHUR WESLEY HOUSER

Bonnie T. Houser (SEAL)
BONNIE T. HOUSER

..... (SEAL)

..... (SEAL)

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Arthur Wesley Houser and wife, Bonnie T. Houser Grantor,S personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 2nd day of May, 1989.

My commission expires: February 27, 1990 Marcia L. Rushing Notary Public

Use Black Ink

SEAL-STAMP

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that .....,

personally came before me this day and acknowledged that ____ he is ..... Secretary of

..... given and as the act of the corporation, the foregoing instrument was signed in its name by its .....

President, sealed with its corporate seal and attested by ..... as its ..... Secretary.

Witness my hand and official stamp or seal, this .....day of ....., 19.....

My commission expires: ..... Notary Public

The foregoing Certificate(

.....

.....

is/are certified to be corr
first page hereof.

.....

By .....

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of

Marcia L. Rushing

a Notar(y) (ies) Public (is) (are) certified to be correct.

This 4 day of May 1989.

Anne A. Powers, Register of Deeds

By: Serena W. Measmer Deputy

.....

.....

.....

he Book and Page shown on the

.....COUNTY

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 — James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. – 1981

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: Jobb # 6742A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Hubbard Rd - Huntersville NC

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 013-131-23

⑥ DEED REFERENCE: BOOK NO.: 6020 PAGE NO.: 0336

OWNER

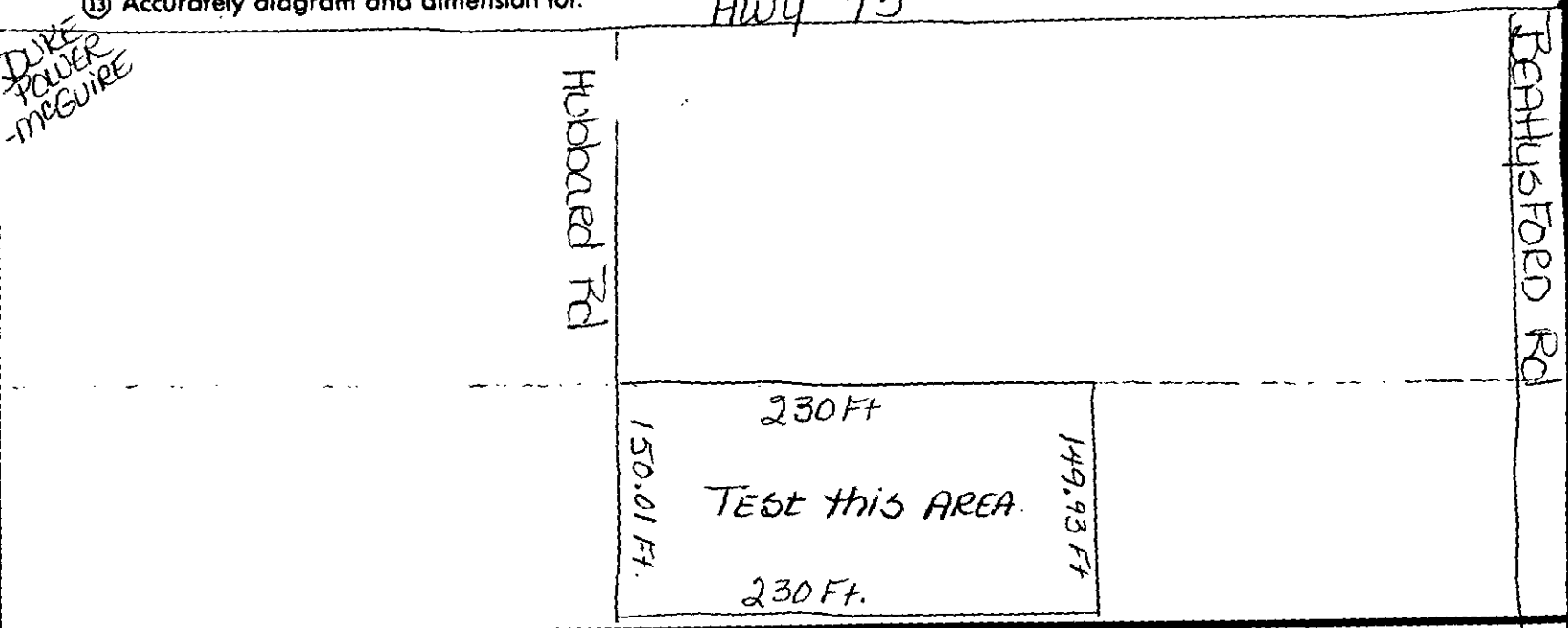
⑦ NAME: SANDRA (FIRST) LYNN (MIDDLE) HOUSER (LAST)

⑧ MAILING ADDRESS: 3920 SEAFORTH DRIVE

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28205

⑫ PHONE: (WORK) 525-5321 (HOME) 535-3407

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: Sandra Lynn Houser

Date: May 14, 1990

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-14-90

Name/Company: Sandra L. Hauser

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Soil Test
Hubbard Rd - Huntersville

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 14 1990

File # 6742A

Fee $ 40.00

CK # 642
$40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by