

4860 BRIGHT RD

11307335

6/28/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

June 21, 2005

Anne Preslar
4860 Bright Road
Charlotte, NC 28214

Dear Mrs. Preslar:

Re: Bacteriological Well Resample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 44860 Bright Road on June 15, 2005. The laboratory analysis of the well water sample was reported to be NEGATIVE for Total Coliform and E. COLI-PA bacteria.

It is recommended that you perform an annual bacteriological analysis for your private well. Please contact our office if you have questions or need assistance with your well in the future.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosure: (1)

7339A

CHARLOTTE

Laboratory Analysis Report
Report Date: 6/20/2005 10:37 AM

LABORATORY SERVICES DIVISION

LOCATION: Preslar
LOC ID: G-GWS
SAMPLE DATE-TIME: 6/15/2005 12:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB39689
CHAIN OF CUSTODY #: 05060319

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB39689	E. COLI-PA	absent	P/A		SM 9223B	6/16/2005 8:42	KEK
AB39689	Total Coliform	absent	P/A		SM 9223B	6/16/2005 8:42	KEK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 4860 Bright Rd., Charlotte, NC 28214

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05060319

Sampled By (Print Name): Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
AB:91689 GWS-Preslar	TCT	6/15/2005 12:20		N						X	100 ml		1						X	X	X											

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: **3-DAY TAT REQUESTED**

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	06-16-05	0835
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

May 2, 2005

Anne Preslar
PO Box 669672
Charlotte, NC 28266

Dear Ms. Preslar:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 4860 Bright Road on April 26, 2005.

The laboratory analysis of the well water sample was reported to be POSITIVE for total coliform bacteria.

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for resampling your well, one time, for total and fecal coliform bacteria.

A copy of the septic system inspection report is also being included for your review.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (3):

CHARLOTTE.

Laboratory Analysis Report
Report Date: 4/29/2005 01:50 PM

LABORATORY SERVICES DIVISION

LOCATION: 7339A
LOC ID: G-GWS
SAMPLE DATE-TIME: 4/26/2005 12:25
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB34609
CHAIN OF CUSTODY #: 05040510

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB34609	E. COLI-PA	Absent	P/A		SM 9223B	4/27/2005 9:38	KK
AB34609	Total Coliform	Present	P/A		SM 9223B	4/27/2005 9:38	KK

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 4860 Bright Rd., Charlotte, NC

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05040510

Sampled By (Print Name): Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
7339A	PCT	12:25	4/26/2005	N		4.1 °C				X	100 ml		1						X		X												
				N																													
				N																													
				N																													
				N																													

3460q

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	4/27/05	0845
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Preslar Residence **Name of Establishment**	7339A **Permit/Project No.**
4860 Bright Rd., Charlotte **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
Anne Preslar **Owner/Agent**	Same as location address **Address**	(704) 399-0799 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	4/5/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	3.b. Secure riser lid.
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured <4" of solids in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	5.A.d. Junction box is below grade.
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	6.e. Clear drain field of large
f. Protected from traffic, destructive uses?	☒	☐	☐	vegetation & maintain.
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at time of inspection.
2. No sewage observed on ground surface at time of insepction.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Secure pump tank riser lid with stainless steel bolts to prevent unauthorized entry into the tank.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

1. Raise electrical j-box above grade (minimum of 12").

DATE: 4/27/2005

SIGNED: _____ RST AGENT
Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/07/05
Receipt #: 33038
Check / Auth #: CHECK 3517
Received By: AIDOOJK

Amount: 85.00
Tendered: 85.00
Returned: 0.00

7339A

Account Information

Account #: 200000
Contractor: PRESLAR ANNE B.
Attn:
Address: BOX 669672
Address:
City/State/Zip: CHARLOTTE, NC 28266

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 4860 BRIGHT ROAD-704-399-0799		1	85.00	85.00

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

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

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

III b

Microbiological Analyses

Owner, System or Establishment: Angela Presslar

Address: 4860 Bright Road

Charlotte Zip: 28214

Collected By: L. Thompson

Date Collected: 4-7-99 Time: 10:00 AM (PM)

Sample Source: sink faucet

Date Delvd. to Lab: 4-7-99 Time: 3:25 AM (PM)

Delivered By: LBT ☒ Received on Ice Initials LBT

Type of Sample

Potable Water

☒ Individual Well ☐ Non-Community

☐ Community ☐ City

☐ Other (specify)

Treatment ☐ chlorinated ☒ nonchlorinated

☒ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify) _____

Nonpotable Water

☐ Surface

☐ Storm ☐ Other (specify) _____

Analysis Requested: ☒ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ Pseudomonas aeruginosa

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ✓ _____ Colilert _____ Multiple Tube Fermentation

Total Coliform	Absent /100 ml.	Non-Coliform	/100 ml.
Fecal Coliform	Absent /100 ml.	Plate Count	/gm. or ml.
Fecal Strep	/100 ml.	Coliform Count	/gm. or ml.
Enterococcus	/100 ml.	Pseudomonas aeruginosa	/100 ml.

Laboratory Comments:

Date Received: 4-7-99 Date Reported: 4-8-99

Received By: MW Analyst: MW Lab #: 85

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

pd 85.00 ck# 23560 VMC 3-18-99

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Anne B. Presslar
~~4860 Bright Road~~ PO Box 669672
Charlotte, NC ~~28214~~ 28266

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	# of Bedrooms	System Type
Anne B. Presslar	4860 Bright Road	113-073-35	7339A	3	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

4-7-99
OSV - H_2O taken
Control panel ~ 10" above grade but other than this - looks good.
Pump tank H_2O very clear
house has one occupant

BILL INFORMATION

Billing Date	Payment Due Date
3/4/99	4/5/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☑ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

N. C. DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

INSPECTION OF ENGINEERED SUBSURFACE SEWAGE SYSTEM

Mecklenburg Co. — Health Department
Name of Establishment: residence
Permit/Project No.: 7339-A
Location: 4860 Bright Road
Type of Establishment
Design Flow: 360 gpd
Owner/Agent: Anne B. Presslar, P.O. Box 669672, Charlotte, NC 28266 — Address — Phone
Operator: N/A — Address — Phone
Remarks: III b

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	One person in home - recommended checking tank for sludge at 7 years
4. RAW SEWAGE LIFT STATION (If Present):			
Required pumps present, operating, and cycling properly?	☐	☐	Pump tank H2O was very clear -
High-water alarm present and operating properly?	☐	☐	No solids.
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	Below grade in watertight box
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	Looks good
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: System looks good

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 4-7-99 SIGNED: Larry B. Thompson Jr., R.S. AGENT
Division of Environmental Health

DEHNR 3702 (Revised 9/91)
Environmental Health Services Section (Review 9/95)

SUMMARY OF IMPROVEMENTS NEEDED (*Continued*)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke *(circle one)* your operation permit/certificate of completion *(circle one)* 60 days from this date for the following violations:

_____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation *(circle one)* of your operation permit/certificate of completion *(circle one)* for the following violations: _____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 ____

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of sanitary sewage systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface sewage systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the Environmental Health Services Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N. C. Division of Archives and History.

Additional forms may be ordered from: Environmental Health Services Section
Division of Environmental Health
P. O. Box 27687
Raleigh, NC 27611-7687
(Courier 52-01-00)

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this _____ day of _____, 19____, by and between

GRANTOR	GRANTEE

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 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 an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of _____, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. This Easement shall automatically expire should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

This instrument was prepared by: _____

Mail after recording to: _____

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ _____(SEAL)
(Corporate Name)

BY:_____ _____(SEAL)

_____ President

_____(SEAL)

ATTEST:

_____ _____(SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires:_____ _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly 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

_____ _____(SEAL)
(Corporate Name)

BY:_____ _____(SEAL)

_____ President

_____(SEAL)
ATTEST:

_____ _____(SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires:_____ _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly 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

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY:_____ DATE:_____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

6256p

(TO BE TYPED ON ATTORNEY'S LETTERHEAD)

Mecklenburg County Health Department
Environmental Health Division
1200 Blythe Boulevard
Charlotte, North Carolina 28203

ATTN: On Premises Waste Disposal and Water Supply

RE: Septic Tank Drain Field Easement on Mecklenburg Tax Parcel _____

The undersigned licensed North Carolina attorney hereby certifies that the enclosed Septic Tank Drain Field Easement (the "Easement") is recorded in Book _____ at Page _____ in the Mecklenburg County Public Registry, that all parties who would be required to execute or consent to the Easement in order for it to be a valid and effective grant of easement rights have executed or consented to the execution and recordation of the Easement, and that there are no mortgages, deeds of trust, or other instruments of record affecting the status of title of the above-referenced parcel on which the Easement has been created, which if foreclosed or otherwise exercised, would result in the extinguishment of said Septic Tank Drain Field Easement.

BY:_____
(Print Name)

_____
(Signature)

DATE:_____

6262p

Mecklenburg County
Health Department

March 4, 1999

Anne B. Presslar
4860 Bright Road
Charlotte, NC 28214

Dear Ms. Presslar:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

4/0054

7339A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 4/6/93
2000-4157
MK

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

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Paulas Eugene E.
(last) (first) (mi)

ADDRESS: 9029 Stubbers PHONE: ( ) 5883235

CITY: Charlotte STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-073-35

STREET ADDRESS: 4860 Bright Road

ZONING:

PROPERTY OWNER:

NAME: Same
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: # | LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Eugene E Paulas Date: 4/6/93

NOTICE:

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

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

...This permit is not transferable.

...Pump required
...1984 System designed change to 3 bedroom home
Approval of system for 3 bedroom home

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

Environmentalist Date 5/3/93

Director or Authorized Section Head Date

WATER : 122791

(see 7358A - for Easement Info)

Prop #
99242

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7339A DATE: 8/9/94

TC: 13-073.35 ☐ L ☒ CRT

SERIAL Nº 14318

Name of Owner Eugene Preslar Juris.:

Address of Property 4860 Bright Rd

Inspection Data:

Tank Material PC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 60' to Line
400' to drainfield

Excavation Inspected 8/9/94

Tank(s) Inspected 8/9/94

Wash Line Inspected

High Water Alarm Inspected 8/9/94

PLOT

Design: 1994 Gen. 1200SFT, 12" G. Cecil CTR# Jimmy Frye

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: System designed for 3 bedroom home
Type III

J Newell

Judy J Kiser RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Approval

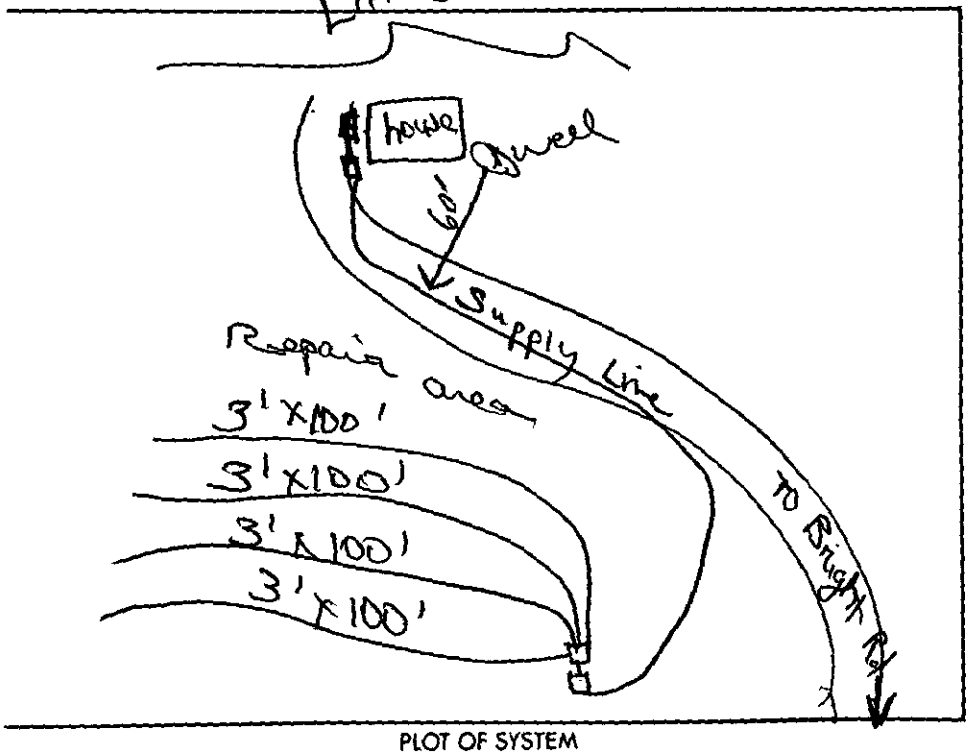
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7339A DATE: 2/8/94

TC: 113-073.35

SERIAL Nº 15672

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 5/2/93. All work shall be completed on or before 3/8/94 after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ 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

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 60' feet

NAME OF OWNER Eugene Preslar

LOCATION OF PROPERTY 4860 Brigh Rd

Comments: INSTALL 2 D-BOXES, 4 trenches 3'x100'x12 Stone.

T. Walker R.S. for S. Daniel 2/14/94
Division or Section Head

Judy J. Rice R.S.
Environmentalist

* 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

7339A

ARTICLE X

SEPTIC EASEMENT

Section 1. Septic Easement. Declarant hereby grants, establishes, dedicates and imposes, for the benefit of the Owner of Lot 1 shown on the Phase 2 Map, an easement over, across and under that certain area located on Lot 2 and labeled as "Drain Field" on the Phase 2 Map (the "Drain Field"), for the construction, maintenance, repair, replacement and operation of a septic drain field to serve Lot 1. The easement herein granted over, across and under the Drain Field is referred to herein as the "Septic Easement". The Septic Easement shall be an appurtenance to and run with the title to Lot 1. Any deed, deed of trust, mortgage, transfer or other conveyance of said Lot 1 shall also transfer or convey the Septic Easement, even if not expressly included therein.

The Septic Easement herein granted shall include the right to construct, install, excavate, dig, build, maintain, operate, remove and reinstall a septic system, including septic lines, over, across and under the Drain Field, and to clear (and continue to clear as necessary) all trees, brush and other plants and to remove all rocks if necessary for the proper construction, installation and maintenance of said system, all at the sole expense of the Owner of Lot 1. Except for damage caused by the negligent or willful act of the Owner of Lot 2, its heirs, successors and assigns, agents, employees, members, invitees or licensees, the Owner of Lot 1, its successors or assigns, shall promptly and reasonably restore any portion of the surface of the Drain Field (but not trees, brush or other plants, except grass) disturbed by the installation or maintenance of said septic system.

The Owner of Lot 1 shall be responsible for obtaining all necessary environmental permits and other permits for the use of said septic system and shall hold the Owner of Lot 2, its heirs, successors and assigns, harmless from any loss, damage or liability relating to the installation and use of said septic system, except to the extent that such loss, damage or liability results from the negligent or willful act of the Owner of Lot 2, its heirs, successors and assigns, agents, employees, members, invitees or licensees. Prior to the installation of a septic system on the Drain Field to serve Lot 1, the Owner of Lot 1 shall have the proposed location of such septic system (which shall be within the Drain Field) staked and approved by the appropriate governmental authorities, and such septic system shall be approved by and constructed and maintained in accordance with all regulations and requirements of all governmental authorities and regulatory agencies having jurisdiction thereover.

ARTICLE X

SEPTIC EASEMENT

Section 1. Septic Easement. Declarant hereby grants, establishes, dedicates and imposes, for the benefit of the Owner of Lot 1 shown on the Phase 2 Map, an easement over, across and under that certain area located on Lot 2 and labeled as "Drain Field" on the Phase 2 Map (the "Drain Field"), for the construction, maintenance, repair, replacement and operation of a septic drain field to serve Lot 1. The easement herein granted over, across and under the Drain Field is referred to herein as the "Septic Easement". The Septic Easement shall be an appurtenance to and run with the title to Lot 1. Any deed, deed of trust, mortgage, transfer or other conveyance of said Lot 1 shall also transfer or convey the Septic Easement, even if not expressly included therein.

The Septic Easement herein granted shall include the right to construct, install, excavate, dig, build, maintain, operate, remove and reinstall a septic system, including septic lines, over, across and under the Drain Field, and to clear (and continue to clear as necessary) all trees, brush and other plants and to remove all rocks if necessary for the proper construction, installation and maintenance of said system, all at the sole expense of the Owner of Lot 1. Except for damage caused by the negligent or willful act of the Owner of Lot 2, its heirs, successors and assigns, agents, employees, members, invitees or licensees, the Owner of Lot 1, its successors or assigns, shall promptly and reasonably restore any portion of the surface of the Drain Field (but not trees, brush or other plants, except grass) disturbed by the installation or maintenance of said septic system.

The Owner of Lot 1 shall be responsible for obtaining all necessary environmental permits and other permits for the use of said septic system and shall hold the Owner of Lot 2, its heirs, successors and assigns, harmless from any loss, damage or liability relating to the installation and use of said septic system, except to the extent that such loss, damage or liability results from the negligent or willful act of the Owner of Lot 2, its heirs, successors and assigns, agents, employees, members, invitees or licensees. Prior to the installation of a septic system on the Drain Field to serve Lot 1, the Owner of Lot 1 shall have the proposed location of such septic system (which shall be within the Drain Field) staked and approved by the appropriate governmental authorities, and such septic system shall be approved by and constructed and maintained in accordance with all regulations and requirements of all governmental authorities and regulatory agencies having jurisdiction thereover.

For so long as the Development is not serviced by a public or private sewer line, no fence, building or improvement of any kind shall be constructed on the Drain Field, and no use shall be made of the Drain Field which is inconsistent with or may interfere in any way with the use of the Drain Field for septic purposes.

The Septic Easement hereby granted shall run with the title to Lot 1 and Lot 2 and shall be in full force and effect until such time as the Development is serviced by a public or private sewer line fully servicing Lot 1, such that there is no need for a septic system servicing Lot 1. At such time as Lot 1 is connected to a public or private sewer line and is fully serviced thereby, then the Septic Easement granted hereby shall terminate and shall thereafter be null and void and of no further force and effect.

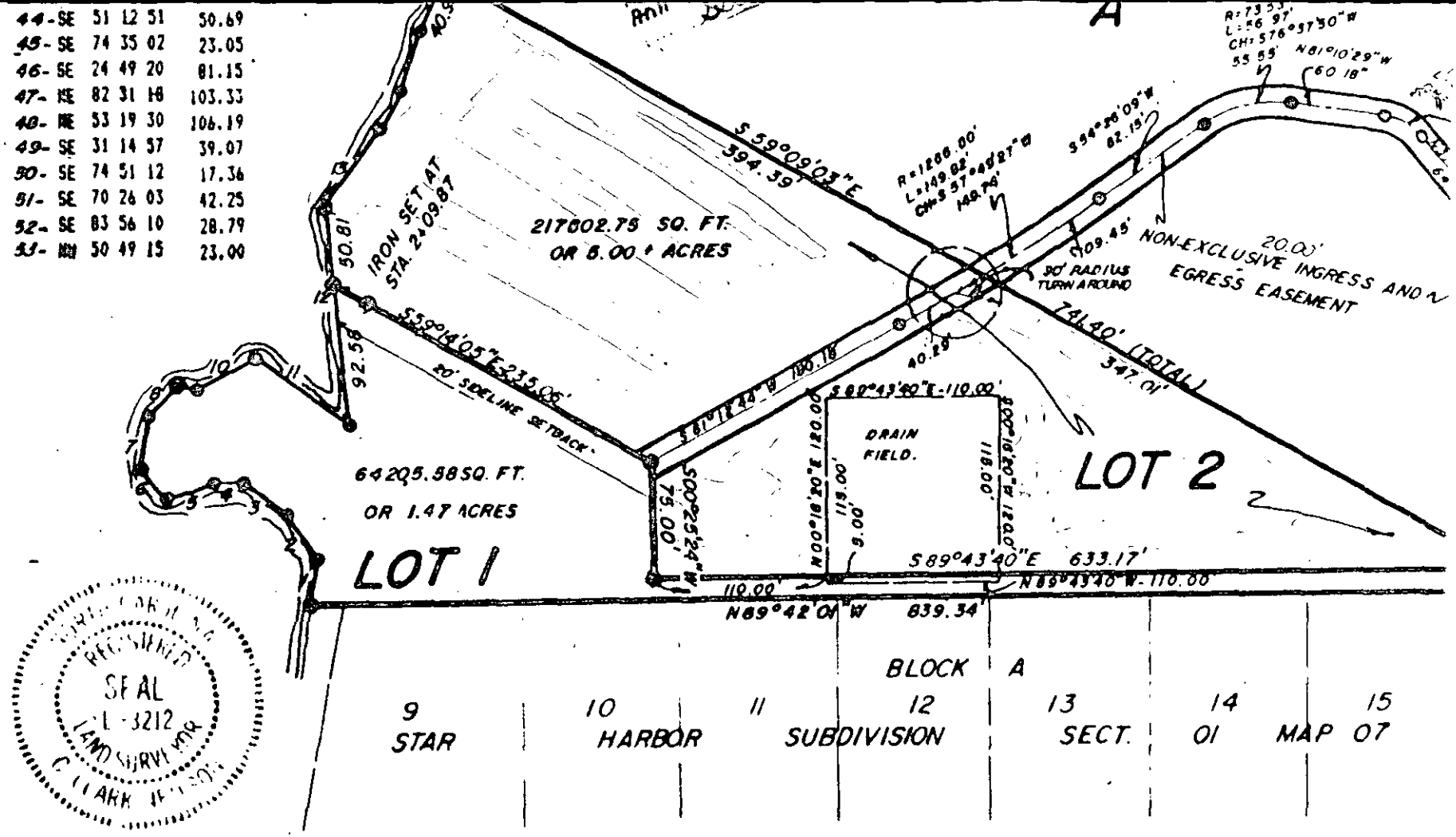
The Owner of Lot 1, its successors or assigns, shall have such right of ingress, egress and access over and upon any portion of Lot 2 adjacent to or in the vicinity of the Drain Field as may be essential to the use thereof for the aforesaid purposes, if adequate access thereto is not provided by established means of approach.

XI

MISCELLANEOUS

All capitalized terms not otherwise defined in this Supplemental Declaration shall have the same meaning as in the Declaration. Except as amended or modified hereby to reflect specific differences in character of the Additional Property, all covenants, conditions, restrictions, and easements established by and contained in the Declaration shall remain in full force and effect and apply to the Additional Property. In no event, however, shall this Supplemental Declaration revoke, modify or add to the substance of the covenants, conditions, restrictions and easements contained in the Declaration with the respect to the Property, nor revoke, modify, change or add to the covenants, conditions, restrictions and easements established therein, nor shall this Supplemental Declaration be construed as an amendment as described in Article IV, Section 3 of the Declaration.

44-	SE	51	12	51	50.69
45-	SE	74	35	02	23.05
46-	SE	24	49	20	81.15
47-	NE	82	31	18	103.33
48-	NE	53	19	30	106.19
49-	SE	31	14	37	39.07
50-	SE	74	51	12	17.36
51-	SE	70	26	03	42.25
52-	SE	83	56	10	28.79
53-	NW	50	49	15	23.00



SEAL L-3212 LAND SURVEYOR

State of North Carolina
County of Mecklenburg
The undersigned surveyor, Being duly sworn deposes and says that the plat upon which this certificate appears was prepared in accordance with G.S. 47-30 as amended, is in all respects correct according to the best of his knowledge and belief, and was prepared from an actual survey made by him on the 10th day of April, 1991 with a maximum linear error of closure of 1/10,000 and a field error of angular closure of 7.5 sec. per angle.

Signed: C. Clark Holtron
N.C. Registered Land Surveyor.

I, a notary public of the county and state aforesaid, certify that C. Clark Holtron, A Registered Land Surveyor, personally appeared before me this day and acknowledge the execution of the foregoing instrument, witness my hand and official stamp or seal, this 10th Day of April 1991

Signed: Shirley L. Johnson
Notary Public
My Commission expires May 22nd, 1995.

SHIRLEY L. JOHNSON NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

BRIGHT
S.R. No. 13

R=1
L=5
CH=

263.
OR

D
D

EXHIBIT A
TO
SUPPLEMENTAL DECLARATION OF
COVENANTS, CONDITIONS AND RESTRICTIONS
FOR HARBOUR WOODS ESTATES

ADDITIONAL PROPERTY

LYING AND BEING in Berryhill Township, Mecklenburg County, North Carolina and being that certain 64,468.80 square foot or 1.49 acre tract shown and described as "Lot 1", that certain 217,802.75 square foot or 5.00 acre tract shown and described as "Lot 2", and that certain 653686.14 square foot or 15.00 acre tract shown and described as "A", all on that plat entitled "Revision of Map 1 of Harbour Woods Estates" prepared by R.B. Pharr and Associates, P.A. dated August 10, 1991 and recorded in Map Book 24, Page 334, Mecklenburg County Public Registry.

ARTICLE X

SEPTIC EASEMENT

Section 1. Septic Easement. Declarant hereby grants, establishes, dedicates and imposes, for the benefit of the Owner of Lot 1 shown on the Phase 2 Map, an easement over, across and under that certain area located on Lot 2 and labeled as "Drain Field" on the Phase 2 Map (the "Drain Field"), for the construction, maintenance, repair, replacement and operation of a septic drain field to serve Lot 1. The easement herein granted over, across and under the Drain Field is referred to herein as the "Septic Easement". The Septic Easement shall be an appurtenance to and run with the title to Lot 1. Any deed, deed of trust, mortgage, transfer or other conveyance of said Lot 1 shall also transfer or convey the Septic Easement, even if not expressly included therein.

The Septic Easement herein granted shall include the right to construct, install, excavate, dig, build, maintain, operate, remove and reinstall a septic system, including septic lines, over, across and under the Drain Field, and to clear (and continue to clear as necessary) all trees, brush and other plants and to remove all rocks if necessary for the proper construction, installation and maintenance of said system, all at the sole expense of the Owner of Lot 1. Except for damage caused by the negligent or willful act of the Owner of Lot 2, its heirs, successors and assigns, agents, employees, members, invitees or licensees, the Owner of Lot 1, its successors or assigns, shall promptly and reasonably restore any portion of the surface of the Drain Field (but not trees, brush or other plants, except grass) disturbed by the installation or maintenance of said septic system.

The Owner of Lot 1 shall be responsible for obtaining all necessary environmental permits and other permits for the use of said septic system and shall hold the Owner of Lot 2, its heirs, successors and assigns, harmless from any loss, damage or liability relating to the installation and use of said septic system, except to the extent that such loss, damage or liability results from the negligent or willful act of the Owner of Lot 2, its heirs, successors and assigns, agents, employees, members, invitees or licensees. Prior to the installation of a septic system on the Drain Field to serve Lot 1, the Owner of Lot 1 shall have the proposed location of such septic system (which shall be within the Drain Field) staked and approved by the appropriate governmental authorities, and such septic system shall be approved by and constructed and maintained in accordance with all regulations and requirements of all governmental authorities and regulatory agencies having jurisdiction thereover.

Mecklenburg County
Health Department

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

April 30, 1993

Mr. Eugene F. Preslor
4860 Bright Road
Charlotte, North Carolina 28217

Re: File No. 7339A
4860 Bright Road (Tax Parcel No. 113-073-35)

Dear Gene:

As our telephone conversion on Monday April 26, 1993, I am listing the following activities that are not allowed in Septic drainfield easement areas. These items were not specifically addressed in your easement. They are as follows:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area.
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

A copy of this letter should be shared with the property owner of Lot 2.

If you have any questions concerning this matter, please do not hesitate to call me at 336-5571.

Sincerely,

Judy J. Kiser R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems Section

JK:lw

(b) to be given notice by the Association of the call of any meeting of the Association's membership, and to designate a representative to attend all such meetings;

(c) to be given prompt written notice of default under the Declaration, the Supplemental Declaration, the Bylaws or any rules and regulations promulgated by the Association by any Phase 2 Owner owning a Phase 2 Lot encumbered by a Mortgage held by the Mortgagee, such notice to be sent to the principal office of such Mortgagee or the place which it may designate in writing;

(d) to be given prompt written notice of any casualty loss or loss by eminent domain or other taking of the Common Areas or any Phase 2 Lot encumbered by a Mortgage held by the Mortgagee;

(e) to be given prompt written notice of any lapse, cancellation or material modification of any insurance policy or fidelity bond maintained by the Association;

(f) to be given prompt written notice of any eminent domain or condemnation proceeding affecting the Property; and

(g) to be given prompt written notice of any action which requires the consent of all or any portion of the Mortgagees as specified herein.

Whenever any Mortgagee desires the provisions of this Article IX, Section 2 to be applicable to it, it shall serve or cause to be served written notice of such fact upon the Association by Certified Mail, return receipt requested, addressed to the Association and sent to its address stated herein, identifying the Phase 2 Lot or Lots upon which any such Mortgagee holds any Mortgage or identifying any Phase 2 Lot owned by it, together with sufficient pertinent facts to identify any Mortgage which may be held by it and which notice shall designate the place to which notices are to be given by the Association to such Mortgagee.

Section 3. Books and Records. Any Mortgagee will have the right to examine the books and records of the Association during any reasonable business hours.

Section 4. Payment of Taxes. The Mortgagees may, jointly or singly, pay taxes or other charges which are in default and which may or have become a charge or lien against the Common Areas and the persons, firms or corporations making such payments shall be owed immediate reimbursement therefor from the Association.

73394

PROPOSED PLOT PLAN

Kiser
Judy Kiser

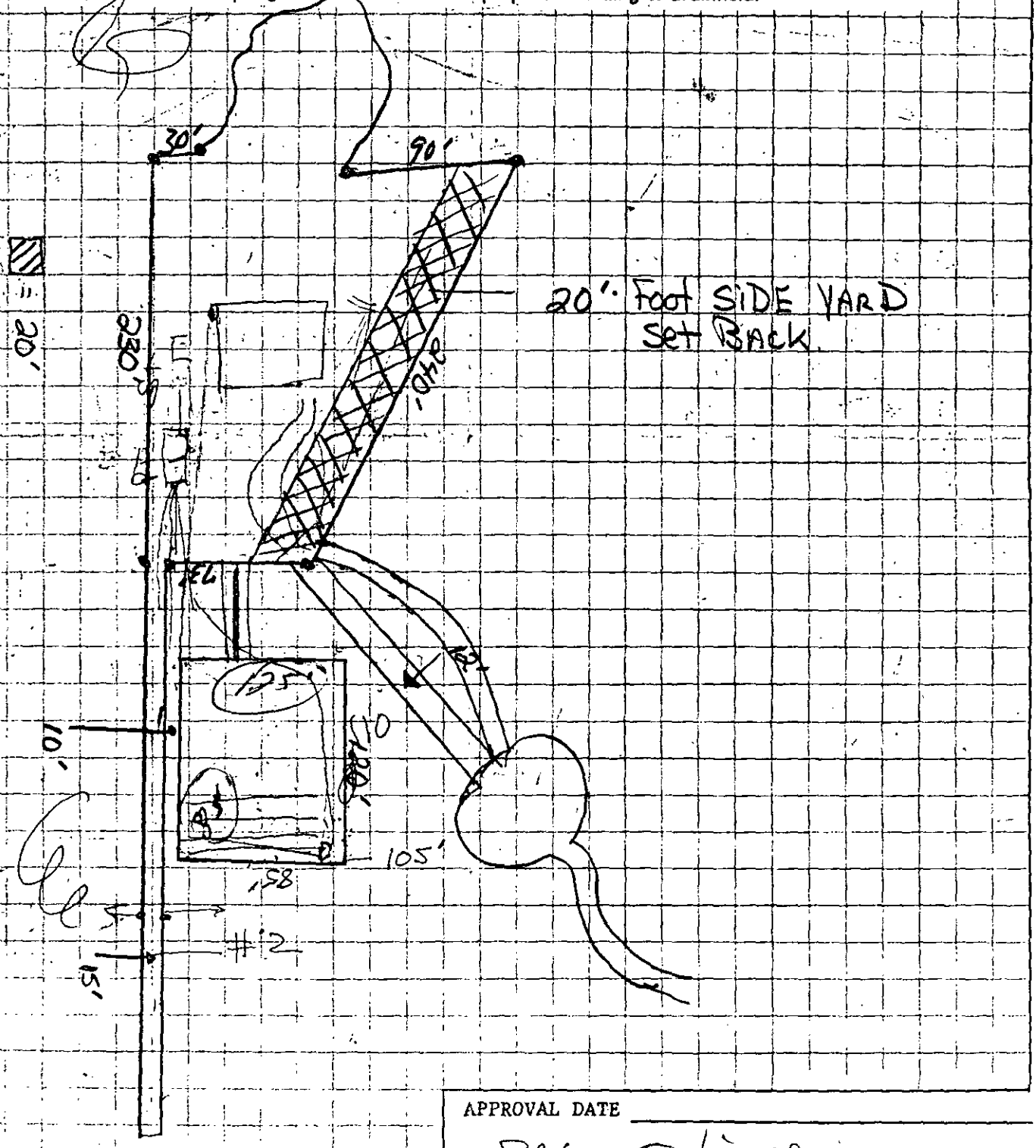
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: _____

TC: _____

Plot Level

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



APPROVAL DATE _____

39' x 5 Lines.

1-1500 Rail tank
1-1000 Lbs #4C pipe
2" pipe Nuclear
400' Nuclear
5' from the
Family Unit

3'
3'

30'

water - septic tank drainage

TB59A

Map Book 24

...ON OF MAP 1 OF HARBOUR WOODS E...

BERRYHILL TOWN...

N 87°03'37"E 120.73'

N 87°05'11"E 224.42'

R=1888.40'

S 87°46'13"W 116.05'

N05°46'13"E (RADIAL) 50.00'

R=1814.29'

MAIN TRACK

℄ SOUTHERN RAILROAD RIGHT OF WAY

200'

217820.92 SQ. FT. OR 5.00± ACRES

217802.75 SQ. FT. OR 5.00± ACRES

298.87'

S19°50'01"W

8

7

6

23.70'

50.75'

S 37°09'58"W 293.94'

1-	NE	13 17 26	31.88	54-	NW	78 43 45	53.41	85-	NW	65 35 56	36.71	98-	SW	54 32 04	13.98
2-	NW	34 00 30	33.60	55-	NW	40 03 43	25.05	86-	SW	89 20 27	74.45	99-	SW	88 39 09	85.06
3-	NW	51 54 37	35.00	56-	NW	16 52 38	47.52	87-	SW	68 05 24	43.54	100-	SW	88 10 57	46.96
4-	SW	89 39 18	19.07	57-	NW	75 34 54	37.83	88-	SW	88 19 51	63.01	101-	NW	82 25 22	30.41
5-	SW	71 51 14	32.01	58-	NW	34 42 46	75.99	89-	NW	86 52 40	31.41	102-	NW	57 44 17	26.03
6-	NW	38 04 41	25.07	59-	NW	21 25 07	27.84	90-	NW	74 55 11	24.67	103-	NW	23 38 43	10.24
7-	NE	7 55 06	34.84	60-	NW	0 23 00	28.25	91-	NW	49 37 04	32.96	104-	NW	7 22 33	50.60
8-	NE	45 36 07	25.98	61-	NW	17 54 01	44.09	92-	NE	40 19 19	21.45	105-	NE	13 22 24	23.98
9-	SE	84 09 28	13.47	62-	NW	64 27 45	56.32	93-	NE	4 46 17	41.59	106-	NE	9 11 51	31.08
10-	NE	61 33 35	41.82	63-	NW	10 25 1[illegible]	41.95	94-	NW	16 07 26	51.11	107-	NE	24 38 19	29.43
11-	SE	52 32 18	73.83	64-	NE	16 49 13	46.53	95-	NE	82 46 28	12.67				
12-	NW	5 17 40	143.39	65-	SW	52 [illegible] 25	19.29	96-	NW	12 26 01	22.05				
13-	NE	34 52 49	60.83	66-	SW	4 57 50	23.30	97-	NW	69 47 51	33.18				
14-	NE	29 30 13	28.07	67-	NW	73 02 36	39.93								
15-	NE	18 17 35	40.31	68-	SW	78 41 10	54.85								
16-	NE	26 22 22	60.01	69-	SW	74 00 20	45.69								
17-	NE	43 55 26	58.28	70-	NW	66 27 03	23.54								
18-	NE	33 17 23	29.61	71-	NW	82 57 49	25.49								
19-	NE	54 59 14	69.05	72-	NW	67 02 00	43.50								
20-	NE	39 00 53	67.36	73-	NW	74 30 26	53.49								
21-	NE	50 43 08	77.79	74-	NW	12 55 24	27.33								
22-	NE	85 59 37	29.12	75-	NW	81 51 27	10.48								
23-	SE	47 05 30	11.66	76-	NW	19 48 15	30.42								
24-	SE	60 57 30	40.80	77-	NW	59 24 29	28.13								
25-	NE	87 54 10	20.62	78-	NW	78 55 21	35.08								
26-	NE	74 41 42	35.21	79-	NW	51 54 11	35.18								
27-	NE	62 04 19	31.06	80-	NW	75 53 59	19.98								
28-	NE	38 09 21	20.23	81-	NW	50 32 40	32.04								
29-	NE	75 34 45	43.97	82-	NW	76 18 25	25.67								
30-	SE	70 17 34	62.57	83-	SW	83 56 21	15.24								
31-	SE	34 14 22	6.78	84-	NW	68 45 55	31.08								
32-	NE	69 13 21	9.67												
33-	SE	60 53 12	45.48												
34-	SE	32 24 37	7.73												
35-	SE	86 24 36	11.04												
36-	SE	26 02 37	11.87												
37-	SE	84 55 31	17.05												
38-	SE	41 05 23	79.81												
39-	SE	72 24 20	46.62												
40-	SE	83 49 53	35.92												
41-	NE	85 57 59	24.70												
42-	SE	78 01 13	24.69												
43-	SE	42 30 28	72.16												
44-	SE	51 12 51	50.69												
45-	SE	74 35 02	23.05												
46-	SE	24 49 20	81.15												
47-	NE	82 31 18	103.33												
48-	NE	53 19 30	106.19												
49-	SE	31 14 57	39.07												
50-	SE	74 51 12	17.36												
51-	SE	70 26 03	42.25												
52-	SE	83 56 10	28.79												
53-	NW	50 49 15	23.00												

LAKE WYLIE
CATAWBA RIVER

NOTE—

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Shirley L Johnson
A Notary Public (is) (are) certified
to be correct this 14th day of May 1991
Ann Powers, Register of Deeds
By: Serena W. Treasvant Deputy

653686.14 SQ. FT. OR 15.00 ACRES

A

R=7353'
L=56.97'
CH=S76°37'30"W
55.55'
N81°10'29"W 60.18'
R=37.04'
L=28.51'
CH=N59°07'52"W 27.81'
R=1266.80'
L=149.82'
CH=S 57°45'27"W 149.74'
S54°20'09"W 82.15'
S59°09'03"E 394.39'
IRON SET AT STA. 2+09.87
50.81'
92.58'
217802.75 SQ. FT. OR 5.00± ACRES
509.45'
30' RADIUS TURN AROUND
20.00' NON-EXCLUSIVE INGRESS AND EGRESS EASEMENT
741.40' (TOTAL)
347.01'
40.28'
S59°14'05"E 235.06'
20' SIDELINE SETBACK
S61°14'44"W 100.18'
S89°43'40"E 110.00'
DRAIN FIELD.
N00°16'20"E 120.00'
115.00'
S00°25'24"W 75.00'
64205.58 SQ. FT. OR 1.47 ACRES
LOT 1
LOT 2
S89°43'40"E 633.17'
N89°43'40"W 110.00'
110.09'
N89°42'01"W 839.34'
S44°40'32"E 94.43'
N30°33'[illegible]
S.89
N00°25'24"E 186.35'
BLOCK A
9 STAR | 10 HARBOR | 11 | 12 SUBDIVISION | 13 SECT. | 14 01 | 15 MAP 07 | 16 PG.

SEAL L-3212 LAND SURVEYOR C. CLARK MELTON

State of North Carolina
County of Mecklenburg
The undersigned surveyor, Being duly sworn deposes and says that the plat upon which this certificate appears was prepared in accordance with G.S. 47-30 as amended, is in all respects correct according to the best of his knowledge and belief, and was prepared from an actual survey made by him on the 10th day of April 1991 with a maximum linear error of closure of 1/10,000 and a field error of angular closure of 7.5 sec. per angle.

Signed: C. Clark Melton
N.C. Registered Land Surveyor

I, a notary public of the county and state aforesaid, certify that C. Clark Melton, A Registered Land Surveyor, personally appeared before me this day and acknowledge the execution of the foregoing instrument, witness my hand and official stamp or seal, this 10th Day of April 1991

Signed: Shirley L. Johnson
Notary Public
My Commission expires May 22nd, 1995.

SHIRLEY L. JOHNSON NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

BRIGHT RD. 60'R/W
S.R. No. 1349

R=153.59'
L=51.15'
CH=N62°05'02"W 50.92'
263.22 SQ.FT. OR 0.01 AC.

12
BLOCK M.07 PG.80

DUKE POWER CO.
DB.3125 PG.312

1337A

7339A

STATES (PROPERTY OF DAVANT COMMERCIAL AND INVESTMENT COMPANY)
HIP, MECKLENBURG COUNTY, NORTH CAROLINA.

THIS MAP WAS PREVIOUSLY RECORDED IN M.B. 023 PG. 944. THIS MAP WAS REVISED TO CREATE LOT 1 AND LOT 2 FROM PARCEL A. APRIL 10, 1991.

R.B. PHARR AND ASSOCIATES, P.A.
REGISTERED LAND SURVEYORS.
212 E. INDEPENDENCE BLVD.
CHARLOTTE, NORTH CAROLINA.
28204. (704) 376-2186.

C.S.X TRANSPORTATION 364-117 (NOW OR FORMERLY)

Δ=29°58'27"

Δ=20°47'37"

R=1759.29

L=380.74'

Δ=12°23'59"

S 64°06'30"E 190.98'

S 89°19'43"W 214.78'

217810.61 SQ. FT. OR 5.00± ACRES

S 59°55'15"E 544.46'

N 59°55'15"W 392.63'

N 68°55'15"W 360.00'

S 16°49'13"W 6.19'

TIE N 21-19-42E 179.94'

N 68°17'44"W 542.81'

S 64°06'30"E 185.03'

N 64°06'30"W 160.29'

N 09°13'23"E 392.77'

N 09°13'23"E 236.31'

N 53°26'58"E 680.71'

N 53°26'58"E 240.00'

N 53°26'58"E 233.33'

H. OSTROW 3684-0369 (NOW OR FORMERLY)

PROPERTY LINE FOLLOWS CONTOUR ELEV. 370.00

DUKE POWER COMPANY RIGHT OF WAY

SOLID WASTE BURIAL

S 89°43'40"E 80.00'

S 89°43'40"E 469.85'

S 89°43'40"E 328.64'

S 89°43'40"E 337.45'

S 89°43'40"E 346.22'

N 89°43'40"W 268.17'

N 89°43'40"W 366.01'

DRAIN FIELD

TOWER

R=470.00 L=148.02 CH. 18-32-41W 49.02

R=88.0 L=51.65 CH. N.4-40-15W 50.88

R=133.08' L=222.81' CH=N 08°38'28"E 197.66'

R=150.30 L=99.685 CH. N.6-52-08W 97.87

N 11°35'39"W 100.00'

S 11°35'39"E 100.00'

S 72-18E. 130

N 17-42E 100.00'

N 26-08E 105.00'

N 02°44'36"W 187.37'

N 02°44'36"W 191.33'

N 02°44'36"W 125.13'

S 02°44'36"E 191.09'

N 87°48'42"E 4.57'

S 89-34-36E. 403.78'

S.S. LAT. R/W

N 89-34-36W 402.44'

N 89°37'30"W 36.63'

N 11°35'00"E 53.67'

N. 79-30E.

S. 79-30W.

N 48°22'48"E 59.35'

N. 4-08-00E 175.27'

S 02°16'20"W 305.12'

N 11°35'00"E 305.12'

N 11°35'00"E 252.72'

S. 26-15E. 99'

N 11°35'39"W 100.00'

S 11°35'39"E 100.00'

S. 26-15E. 99'

(22.14)

D. R. BROWDER 3418-0433 (NOW OR FORMERLY)

LAKE WYLIE CATAWBA RIVER

SITE

GASTON CO.

MECK. CO.

BRIGHT RD. NO. 1349

JAMES SMITH RD. NO. 1104

VICINITY MAP (N.T.S.)

APPROVED AS TO DESIGN AND TO THE SUBDIVISION ORDINANCE OF NORTH CAROLINA

PLANNING COMMISSION

5/13/91 DATE

APPROVED IN ACCORDANCE WITH THE ... REQUIREMENTS OF THE ... OF MECKLENBURG ... A.

MECKLENBURG COUNTY ENGINEERING DEPT.

ENGINEER

5/9/91 DATE

DEED NORTH 3418-0433.

100 50 0 100 200 300

SCALE IN FEET

SCALE = 1"=100'
DATE = AUGUST 07, 1990.
TOTAL AREA = 1869391.97
SQ. FT. OR 36.49 ACRES
F.B. No. 122

IRON PINS AT ALL CORNERS UNLESS OTHERWISE NOTED
TAX No. 113-073-18 (PART OF), AND 113-073-25.
ZONE R.R.

State of North Carolina, County of Mecklenburg
I Anne A. Powers, Register of Deeds for aforesaid County and State, hereby certify that the foregoing is a true copy as the same found in the office of the Register of Deeds of Mecklenburg County, North Carolina, in Book 24 Page 334.
Witness my hand and official seal, this 8th day of May, 1991.
Anne A. Powers, Register of Deeds
By: Brenda W. Greene Deputy

ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

XX-1283 (SEE W-8206)

7359A

RUFF, BOND, COBB, WADE & McNAIR
ATTORNEYS AT LAW
TWO FIRST UNION CENTER
SUITE 2100
CHARLOTTE, NORTH CAROLINA 28282-8283
TELEPHONE (704) 377-1634

THOMAS C. RUFF
LYN BOND, JR.
JAMES O. COBB
HAMLIN L. WADE
WILLIAM H. McNAIR, P.A.
MARVIN A. BETHUNE
MOSES LUSKI
FRANCIS W. STURGES
ROBERT S. ADDEN, JR.
JAMES H. PICKARD
SUZANNE E. HARLEY*
PAUL R. SAYNARD**

*ALSO ADMITTED IN SOUTH CAROLINA
**ALSO ADMITTED IN GEORGIA

PAUL C. WHITLOCK
1878-1959

HENRY C. DOCKERY
1887-1965

TELECOPIER
(704) 342-3306

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY COLLECT TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Judy Kiser TELECOPIER #: 336-6894

TO: _____ TELECOPIER #: _____

TO: _____ TELECOPIER #: _____

FROM: Marvin Bethune

DATE: 4-15-93

NUMBER OF PAGES TRANSMITTED: 1 (including cover sheet)

COMMENTS: Mr Preslar needs (i) to get the owner of lot 2 to re-create the septic tank easement using the County form + (ii) to obtain the title certification from his attorney - Call if you have questions

If you do not receive all pages, please call us as soon as possible at the following number: (704) 377-1634.

[X] Original will not follow [ ] Original will follow via:

[ ] Regular Mail [ ] Overnight Delivery

[ ] Hand Delivery [ ] Other

8037p
File No.: _____

("open copy" — I have put enough in the folder")

7359A

RUFF, BOND, COBB, WADE & McNAIR
ATTORNEYS AT LAW
TWO FIRST UNION CENTER
SUITE 2100
CHARLOTTE, NORTH CAROLINA 28282-0283
TELEPHONE (704) 377-1634

...IAD C. RUFF
...BOND, JR.
...ES D. COBB
...MUN L. WADE
WILLIAM H. McNAIR, P.A.
MARVIN A. BETHUNE
MOSES LUSKI
FRANCIS W. STURGES
ROBERT S. ADDEN, JR.
JAMES H. PICKARD
SUZANNE E. HARLEY*
PAUL R. DAZZARD**

*ALSO ADMITTED IN SOUTH CAROLINA
**ALSO ADMITTED IN GEORGIA

PAUL C. WHITLOCK
1878-1959

HENRY C. DOCKERY
1887-1965

TELECOPIER
(704) 342-0308

TELECOPIER TRANSMITTAL COVER SHEET

*** N O T I C E ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY COLLECT TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Judy Kiser TELECOPIER #: 336-689X

TO: _____ TELECOPIER #: _____

TO: _____ TELECOPIER #: _____

FROM: Marvin Bethune

DATE: 4-15-93

NUMBER OF PAGES TRANSMITTED: 1 (including cover sheet)

COMMENTS: Mr Proslar needs (i) to get the owner of lot 2 to re-create the septic tank easement using the County form + (ii) to obtain the title certification from his attorney - Call if you have questions

If you do not receive all pages, please call us as soon as possible at the following number: (704) 377-1634.

/X/ Original will not follow / / Original will follow via:

/ / Regular Mail / / Overnight Delivery

/ / Hand Delivery / / Other

8037p
File No.: _____

DATE 4/6/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-073-35
PARCEL NUMBER

4860 Bright Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	✓ JWRT 4/6/93 APPROVED	____NOT APPROVED
3. EROSION CONTROL REGULATIONS	/ APPROVED	____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	/ APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____YES	NO

FLOODWAY ELEVATION CERTIFICATE REQUIRED

REMARKS: sf home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: JWR

REVISED 1/91

Mecklenburg County
Health Department

March 26th, 1991

Eugene M. Davant
528 W. Tenth St.
Charlotte, NC 28202

RE: Property located at Bright Rd. (off of) Lot 1
FILE: 7339A
PARCEL: 113-073-25

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 17074) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17074

File: 7339A
Parcel: 113-073-25

Action 1
PC

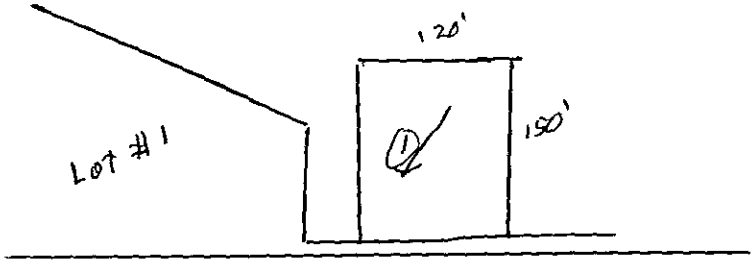
Location:
Subdivision: Bright Rd. (off of)
Lot: for 1 Block: Acres: Approx. .41

Owner:
Address:
Eugene M. Davant
528 W. Tenth St.
Charlotte, NC 28202

Comments: 100% Repair - will need easement & lift pump additional area possibly available if needed

Described by: William R. Marlin

Date: 3-25-91



N

Bright Road

***** 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	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 7-9" TO water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 45"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-9"	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	IV Cecil-Lloyd					
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 17074

File:

Action _____

Parcel:

☐ PC

Location:

Subdivision:

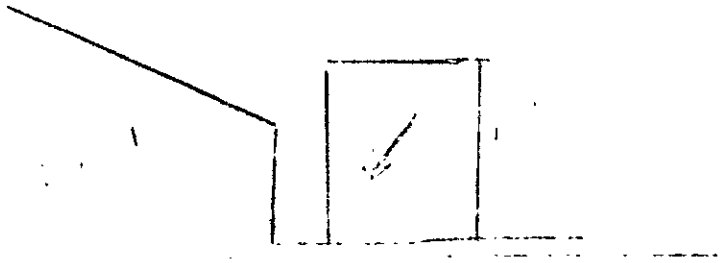
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____



***** 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	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: 7339A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: OFF Bright Road

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

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 073 PARCEL NO.: 25

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

⑦ NAME: Eugene (FIRST) M (MIDDLE) Dauant (LAST)

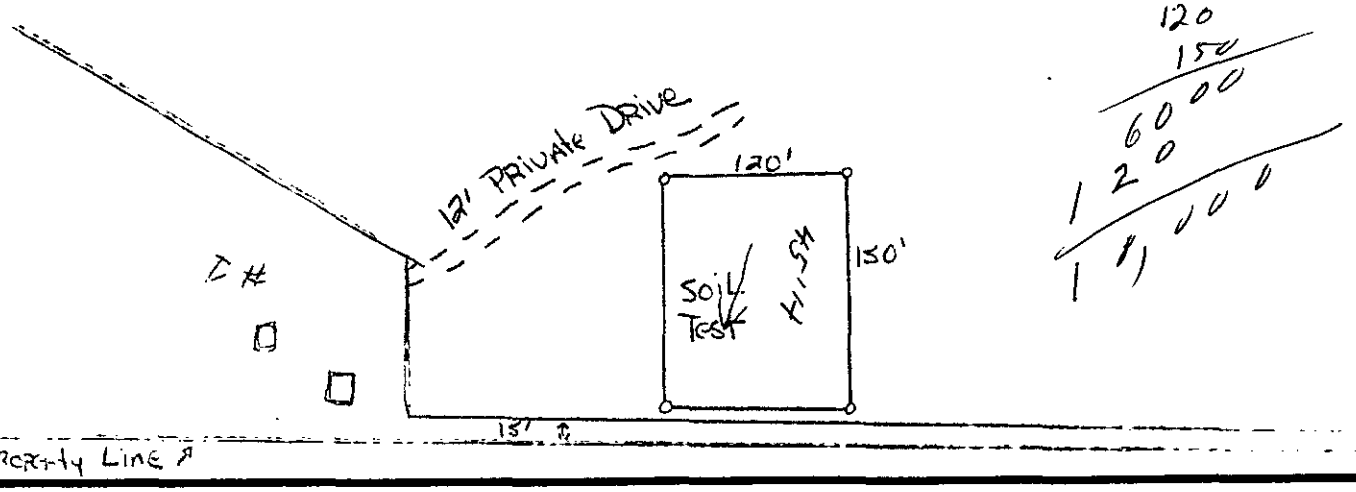
⑧ MAILING ADDRESS: 528 W. Tenth St.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28202

⑫ PHONE: (WORK) 376-3591 (HOME) 366-4438

⑬ Accurately diagram and dimension lot.

100% Repair Area additional area may be available



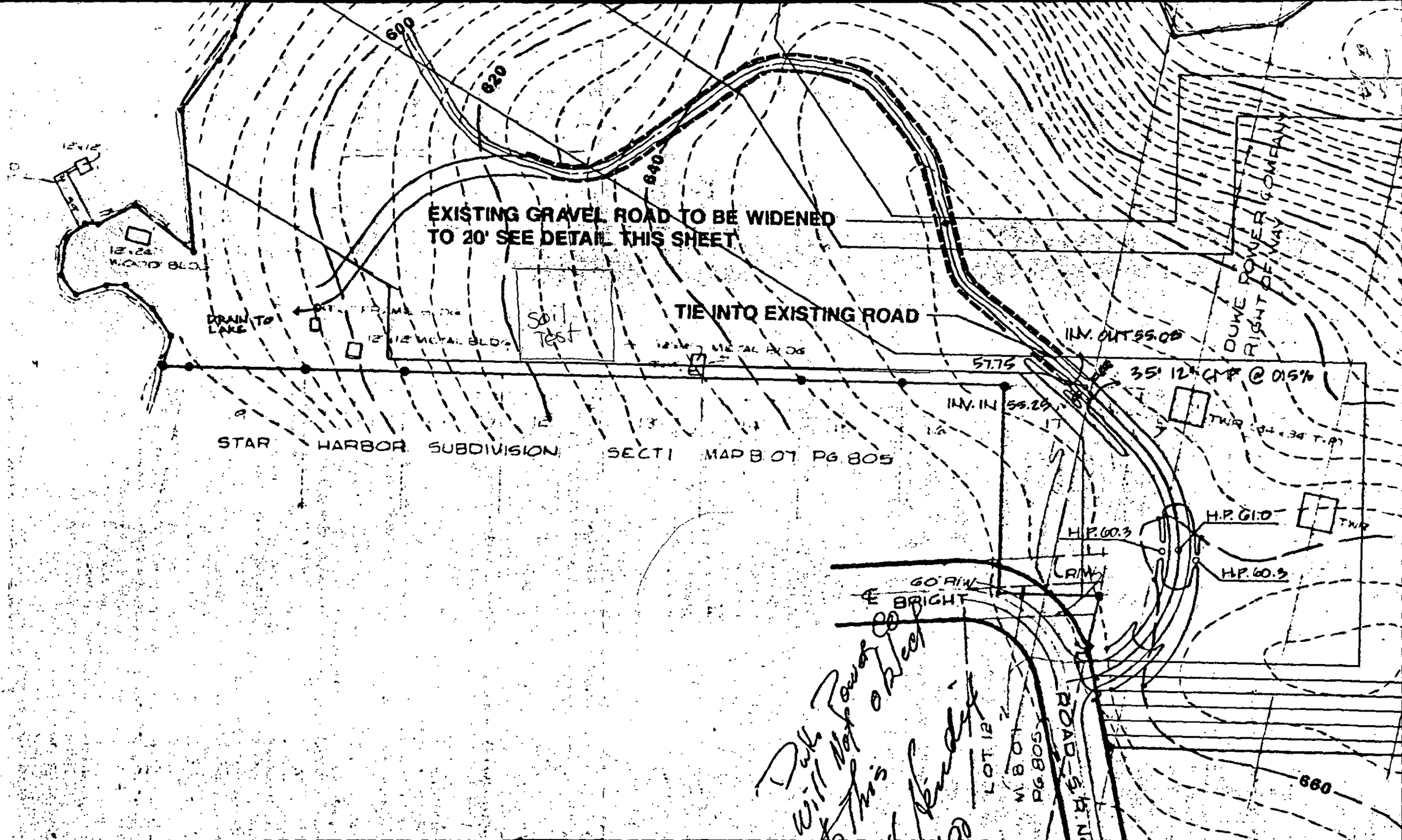
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Eugene M Dauant

Date: 3/21/91

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


600
620
640
660
EXISTING GRAVEL ROAD TO BE WIDENED
TO 20' SEE DETAIL THIS SHEET
TIE INTO EXISTING ROAD
DRAIN TO LAKE
12.24 METAL BLDG
12"/12 METAL BLDG
SOIL TEST
INV. OUT 55.05
57.75
INV. IN 55.25
35' 12" CMP @ 0.5%
DUKE POWER COMPANY RIGHT OF WAY
STAR HARBOR SUBDIVISION SECT I MAP 8 07 PG 805
H.P. 61.0
H.P. 60.3
H.P. 60.3
60' R/W
℄ BRIGHT
℄ R/W
LOT 12
LOT 8
PG 805
ROAD "A"
Duke Power will not object to this fence

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7339A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: OFF Bright Road

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

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 073 PARCEL NO.: 25

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

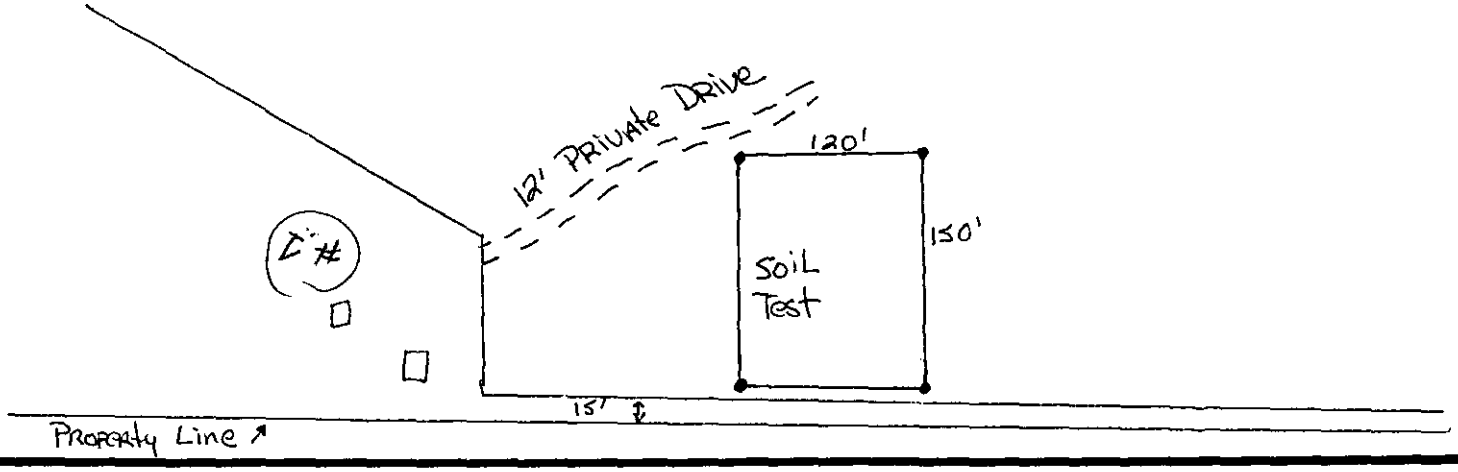
⑦ NAME: Eugene (FIRST) m (MIDDLE) Davant (LAST)

⑧ MAILING ADDRESS: 528 W. Tenth St.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28202

⑫ PHONE: (WORK) 376-3591 (HOME) 366-4438

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: Eugene m Davant

Date: 3/21/91

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

File #
~~6324A~~

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-21-91

Name/Company: Eugene M. Durant

Sanitation _____

Vector Control _____

O.P.W.D. ✓

$ Service: 50:1
App. Imp. Invest. (Incorp.)
(off of) Bright Rd.
TP 113-073-15
File: 7339A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 21 1991

CK# 2845

Fee: $ 50.00

TP 50.00

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