

2033 HART RD

03121406

1/7/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 48848 DATE: 11/22/02

TC: 031-21-406 ☒ L ☒ CRT

SERIAL Nº 18786

Name of Owner W.H. Keistler Juris.: _____

Address of Property 2033 Hart Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 4 @ 75

Cover Depth 18" - 24"

Water Supply Source Well

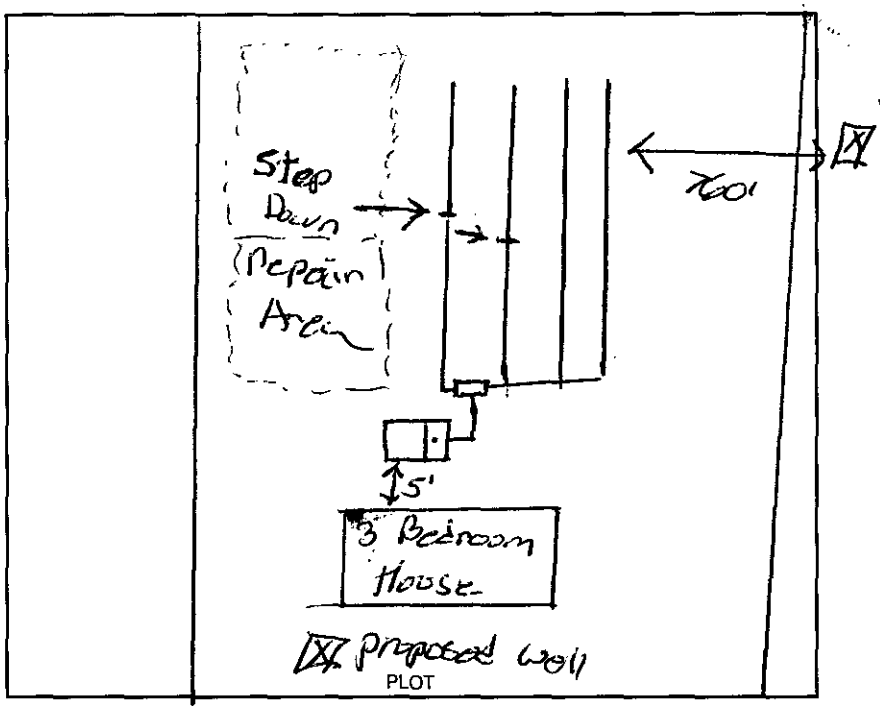
Distance to Water Source Not installed

Excavation Inspected 11/22/02

Tank(s) Inspected 11/22/02

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2002, Type III-G, 1500 SJ, Champer CTR# USCNC Chapman

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

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

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

COMMENTS: Well is not installed as of 11/22/02 Well is to be >100' from any part of the septic system

Randy Sox 11/22/02
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

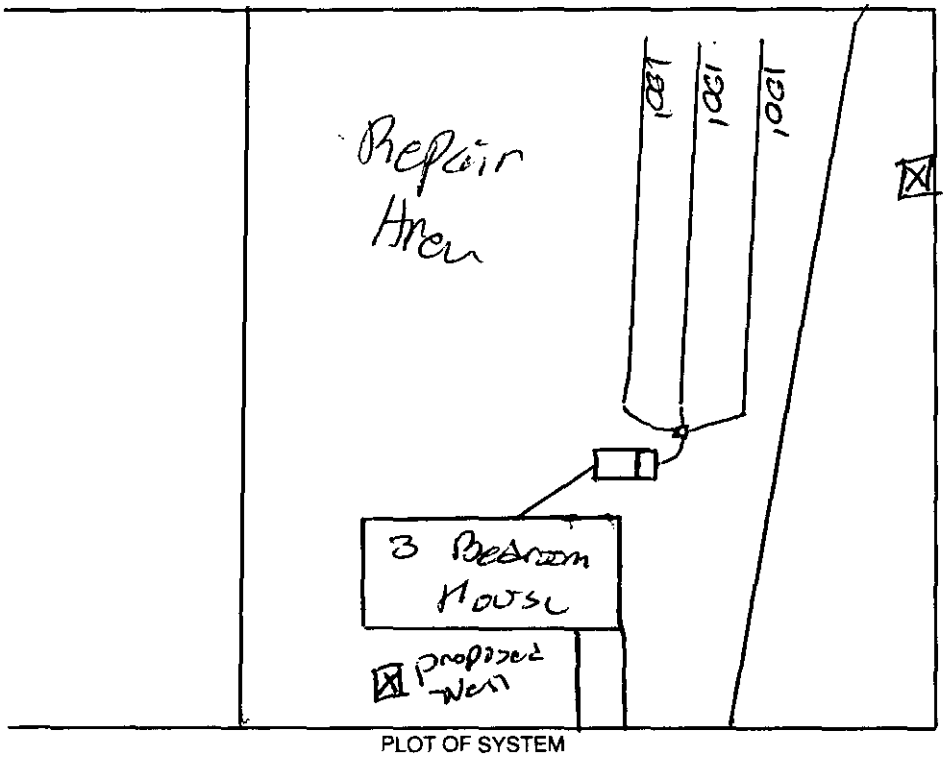
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 48844B DATE: 11/14/22

TC: 031-21-406 ☐ L

SERIAL 19200 X

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 2/11/22. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 N/A gallons

☒ Tank Construction RC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House 75' feet

Distance from Property Line 710' feet

Distance from Well 750' feet

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

NAME OF OWNER W.H. Kestler

LOCATION OF PROPERTY 2033 Hart Road

Comments: Type 3-S System instead of Type II per Home owner

Brandon Summey R.I.S.
Environmental Health Specialist

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

FEE: 300 00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** X ACS Land
DATE: 2/12/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4-30-02 **PERMIT NO:** 4884B
PARCEL NO: 031-214-06

JOB LOCATION ADDRESS: 2033 Hurt Road
PROPERTY OWNER: Keisthar Jr
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: _____ **DATE:** 4-30-02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4884B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: See permit and attached plot plan

OWNER CERTIFICATION

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

Michael L. Banks 2/12/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 48843 Tax Number: 031-214-06

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Number of bedroom units	360 Max gallons/day flow	1200 Absorption Area (sq ft)	4' Trench spacing (min. on centers)
425 Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

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

Site modifications required: No

Additional Conditions: See attached Plot Plan

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1200 Absorption Area (Sq ft) ___ Total Trench Length (Ft)	12" Depth of Stone Trench	4' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

Brent Gray 4-30-02
DEHNR Authorized Agent Date

Michael L. Boak 7/12/02
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST.
SUITE 241
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

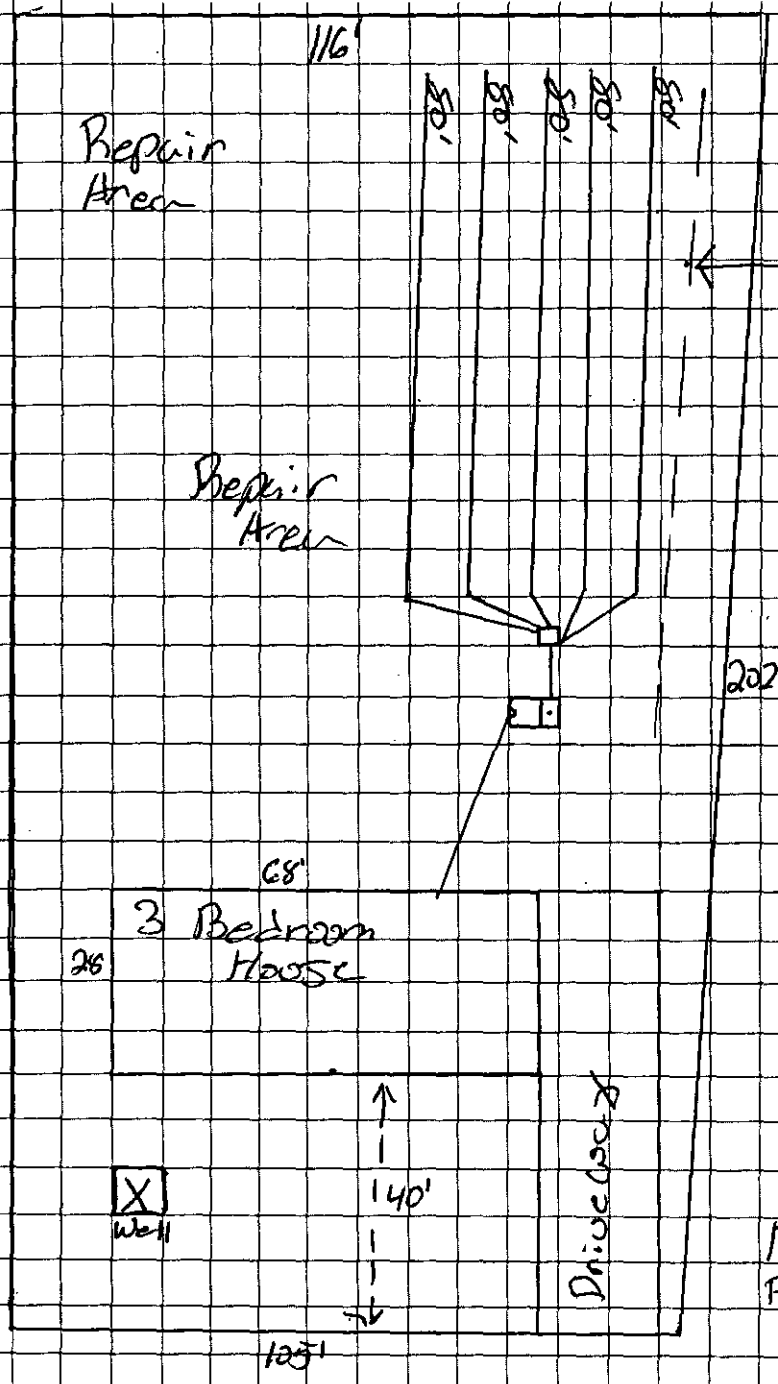
PROPOSED PLOT PLAN

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

FILE: 4884B

TC: 031-214-06

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



Comments:

1500 gallon Septic Tank
4100 TLF
5 lines @ 80' long x 3' wide
12" stone
Type II Conventional System

Keep System:
>50' from any Well
>5' from property line or house foundation

LTAR = .3
Scale 30 to 1

House is to be 40' from Front property line.

Michael L. Banks 2/12/02
OWNER/AGENT SIGNATURE
DATE

APPROVAL DATE _____

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

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

Sheet: 1
Property ID: PO 031-214-06
Lot #: 1
File #: 4884B
Code: 1

AC

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: W. H. Keistler, Jr.
Applicant: Michael Banks
Address: 302 Dakota St., Charlotte, N. C. 28216
Date Evaluated: 3/13/02
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .5a
Location of Site: 2033 Hart Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5-15	0-4	GR/SCL	FR/SEXP/NS/NP	>41" TO SOIL WETNESS	41	N/A	NONE	PS, IV .275G/DAY/FT^2
		4-11	WKSBK/SCL	FR/SEXP/SS/SP					
		11-30	SBK/SC	FI/SEXP/S/P					
		30-41	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-8	GR/SCL	FR/SEXP/SS/SP	48" TO SOIL WETNESS	48	"	"	"
		8-35	SBK/SC	FI/SEXP/S/P					
		35-48	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-8	GR/SCL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49	"	"	PS, IV .3G/DAY/FT^2
		8-41	SBK/SC	FI/SEXP/S/P					
		41-49	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-3	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	"	"	"
		3-8	WKSBK/SCL	FR/SEXP/SS/SP					
		8-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/SCL	FR/SEXP/SS/SP					
5	"	0-7	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		7-44	SBK/SC	FI/SEXP/S/P					
		44-48	SBK/SCL	FR/SEXP/SS/SP					
6	"	0-8	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		8-37	SBK/SC	FI/SEXP/S/P					
		37-48	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.3G/DAY/FT^2	

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 3/15/02, W. R. Marlin
Others Present:

FILE # 48648

COMMENTS Does not require 100% Repair

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

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

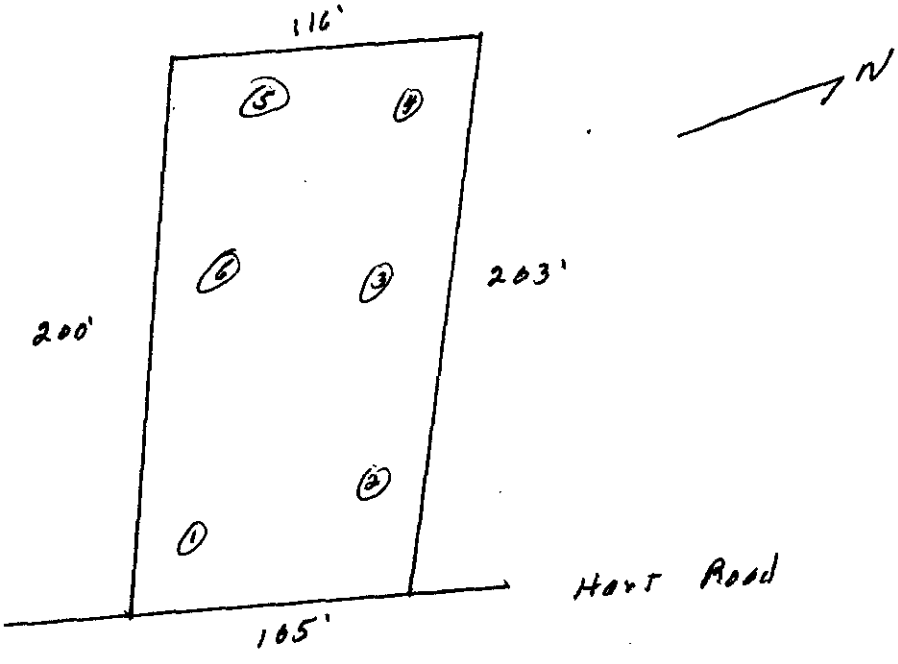
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200—
DATE: 3/6/02

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

[ ] CRT

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

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

FILE #: 4884B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 031-214-06 - P.O.

STREET ADDRESS: 2033 Hart Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #1

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1,400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE N/A

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

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

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Keistler Jr., W. H. (LAST) (FIRST) (MI)	NAME: Banks, Michael L. (LAST) (FIRST) (MI)
ADDRESS: 302 Dakota St.	DAYTIME PHONE: ( ) 704-763-8692
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: ( ) 704 - 399-1606	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? May 18, 1959

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

SIGNED: Michael L. Banks DATE: Feb, 11, 2002

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

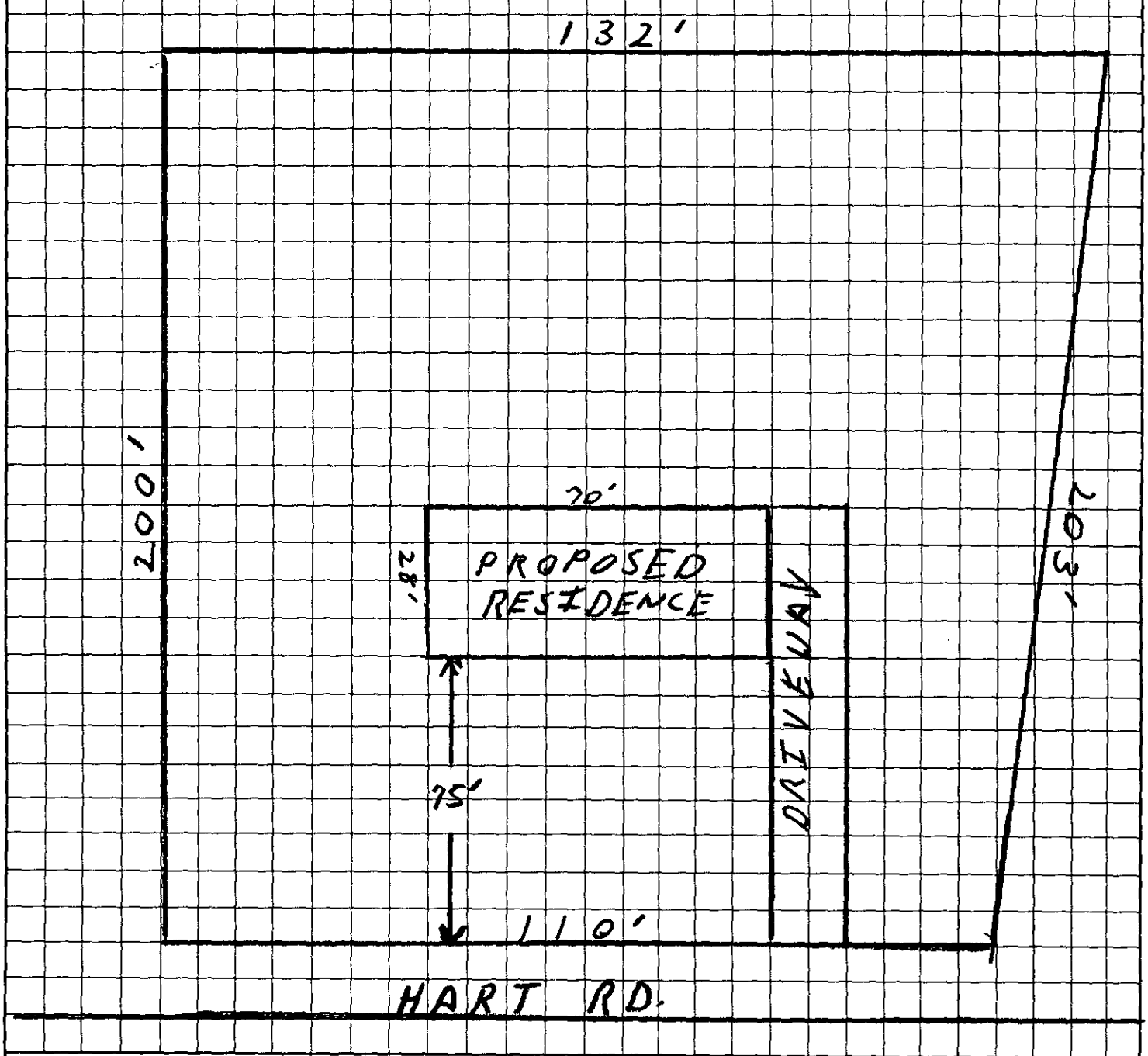
PROPOSED PLOT PLAN

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

FILE: 48848

TC: 031-214-06 P.O.

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.

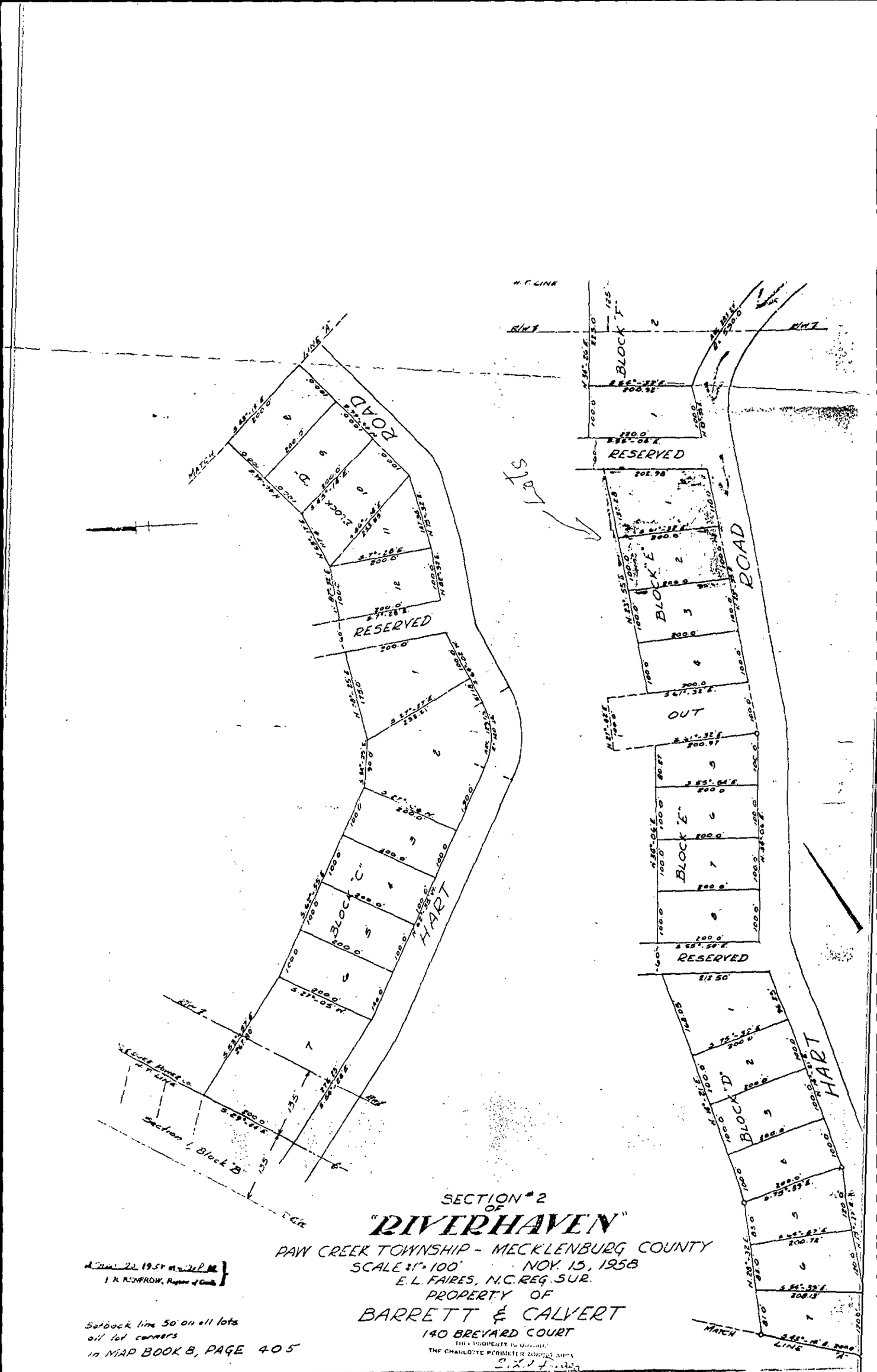


Michael L. Banks
OWNER/AGENT SIGNATURE

DATE Feb. 11, 2002

APPROVAL DATE _____

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



SECTION # 2
OF
"RIVERHAVEN"

PAW CREEK TOWNSHIP - MECKLENBURG COUNTY
SCALE 1" = 100' NOV. 13, 1958
E. L. FAIRES, N.C. REG. SUR.
PROPERTY OF
BARRETT & CALVERT
140 BREVARD COURT

THIS PROPERTY IS OUTSIDE THE CHARLOTTE PERIMETER ZONING AREA

Filed Dec. 22 1958 at 10:30 A.M.
J. R. RENFROW, Register of Deeds

Setback line 50' on all lots
all lot corners
in MAP BOOK 8, PAGE 405

Lot (1)

Trustee (SEAL)

TATE OF NORTH CAROLINA

OUNTY OF UNION

a Notary Public for said County and State, do hereby

ertify that James E. Griffin, Trustee, personally appeared before me this day and

cknowledged the due execution of the foregoing instrument.

itness my hand and Notarial Seal this 5 day of May 1959.

y commission expires:

FRED L. PLYLER, Notary Public
My commission expires
December 1, 1959

Notary Public

Filed
1959 MAY 14 AM 11 40
J. LESTER WOLFE, CLERK S.C.
BY DEPUTY

R. E. BARRETT AND WIFE, AND,

W. P. CALVERT AND WIFE

To

J. S. ADAMS

Mailing Address 3728 Rozzell Ferry Road
Charlotte, N. C.

Filed for registration on the 18th day of May, 1959, at 11:40 o'clock A M., and registered in the office of Register of Deeds for MECKLENBURG County, N. C., 18 day of May, 1959, at 9 o'clock A M., and recorded in Book 2073, Page 359, &c.

J. R. RENFROW
Register of Deeds
By Dpty.

1.00
.50
.50
Stamps 1.10
Paid

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

The foregoing certificates of L. G. Walter, Notary Public for said County and State and Fred L. Plyler, Notary Public for Union County, State of North Carolina are adjudged to be correct. Let the instrument and the certificates be registered.

Witness my hand this the 14th day of May 1959.

J. LESTER WOLFE, CLERK SUPERIOR COURT

BY: DEPUTY

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JAMES E. GRIFFIN, the Trustee in that certain deed of trust from R. E. Barrett and wife, Olivet W. Barrett, and, W. P. Calvert and wife, Betty B. Calvert, recorded in Book 2012, page 211, in the Mecklenburg Registry, for and in consideration of the sum of $212.00, does hereby release the property herein conveyed from the lien and operation of the said deed of trust but expressly reserving all other rights and liens under said deed of trust.

James E. Griffin (SEAL)
Trustee

STATE OF NORTH CAROLINA

COUNTY OF UNION

I, Joan M. Smith, a Notary Public for said county and state do hereby certify that James E. Griffin, Trustee, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal this 21st day of December 1959.

Joan M. Smith
Notary Public

My commission expires: 2-12-61.

JOAN M. SMITH NOTARY PUBLIC UNION COUNTY, N. C.

Revenue Stamp affixed $ 359

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 4th day of May A. D., 1959, by and between
R. E. BARRETT AND WIFE, OLIVET W. BARRETT, AND,
W. P. CALVERT AND WIFE, BETTY B. CALVERT
of the County of Mecklenburg and State of North Carolina, parties of the first part, and
J. S. ADAMS
of the County of Mecklenburg and State of North Carolina, party of the second part.

WITNESSETH, That the said parties of the first part, in consideration of
One Hundred dollars and other valuable considerations. ~~Dollars~~
to them paid by the party of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said party of the second part and his heirs, all
that certain lot
of land, situate, lying and being in Paw Creek Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Being lot number 1 Block E as shown on map of the RIVERHAVEN SUBDIVISION, Section 2, recorded in Map Book 8, page 405, in the Office of the Register of Deeds for Mecklenburg County.

Reference is made to Book of Deeds 2012, page 165, in the Mecklenburg Registry.

This conveyance is made subject to that certain restrictive covenant agreement recorded in Book 2019, page 1, in the Mecklenburg Registry.

DOCUMENTARY UNITED STATES INTERNAL REVENUE 10 ONE DOLLAR TEN CENTS

TO HAVE AND TO HOLD the aforesaid lot of land and all privileges and appurtenances thereto belonging, to the said party of the second part, his heirs and assigns, to his only use and behoof forever.

And the parties of the first part for themselves their heirs, executors and administrators, covenant with the said party of the second part, his heirs and assigns, that they are seized of said premises in fee and have right to convey the same in fee simple, that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, The said parties of the first part to these Presents have hereunto set their hands and seals the day and year above written.

R E Barrett (SEAL)

Olivet W. Barrett (Seal)

W P Calvert (Seal)

Betty B. Calvert (Seal)

STATE OF NORTH CAROLINA, COUNTY OF MECKLENBURG } ss.

I, L. G. Walter a Notary Public for said County and State, do hereby certify that R. E. Barrett and wife, Olivet W. Barrett, and, W. P. Calvert and wife, Betty B. Calvert personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 4th day of May A.D. 19 59

L. G. Walter Notary Public

My Commission Expires 11/27/60

STATE OF NORTH CAROLINA, COUNTY OF MECKLENBURG } ss.

The foregoing (or annexed) Certificate of _____ a Notary Public for said County and State, is adjudged to be correct. Let the instrument and the certificate be registered.

This _____ day of _____ A.D., 19____

_____ Deputy, Clerk Superior Court