

4550 LOCHFOOT DR

11328133

1/3/2008

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: 3515-B DATE: 2-15-97

TC: 113-281-33 ☒ L ☒ CRT

SERIAL Nº 17078

Name of Owner PAUL WATKINS Juris.: _____

Address of Property 4550 LOCHFOOT DR

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 2'

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 4-5-97

Tank(s) Inspected 4-5-97

Wash Line Inspected —

High Water Alarm Inspected _____

PLOT

Design 1497-1500 ST 1000 OT PI CON ~~1000 LARGE ARMORED PIPE~~ CECIC CTR# WILLIE CHRISTENBURY

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

☒ 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: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

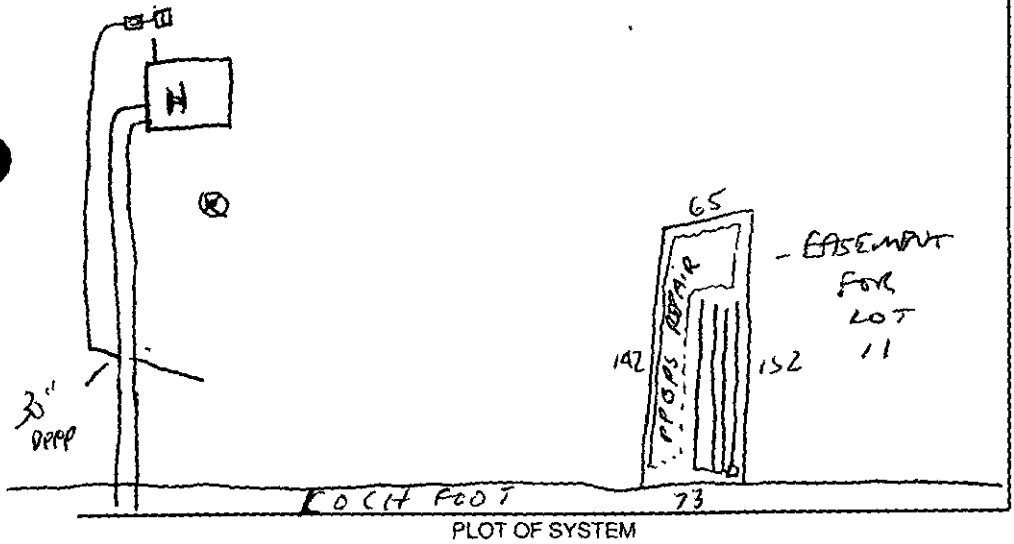
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3515 B DATE: 3-18-97

TC: 113-201-37 X L

SERIAL Nº 17181

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 6 26 96. All work shall be completed on or before 9-18-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PVC

Trench Depth 3'

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous YY

Total Line Length 400' feet

Number of Lines 4 x 100

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

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

NAME OF OWNER PAUL C. WATKINS

LOCATION OF PROPERTY 4550 LOCH FOOT DR.

Comments: 4 lines @ 100' each x 3' wide x 12" rock

Environmental Health Specialist

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

DATE: 7-2-96 PERMIT NO: 3515-B
PARCEL NO: 113-28133

JOB LOCATION ADDRESS: 4550 LOCHFOOT DR
PROPERTY OWNER: PAUL WATKINS
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Wally Randall DATE: 7-2-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3515 B, 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: X EASEMENT ON FILE CERTIFIED OPERATOR REQUIRED IF REPAIRED

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 7-15-96

Permit Number: 3515-B

Tax Number: 113-281-93-[illegible]

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

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: yes Type: Lake Wylie		Minimum separation distance: 50'		
Site modifications required: No				
Additional Conditions: EASEMENT on file CERTIFIED OPERATOR REQUIRED ~~for~~ REPAIRED				
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	
~~400~~ 200 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	30" Depth of ~~Stone~~ Sand Trench	8 Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

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

DEHNR Authorized Agent — Date

Owner/Agent Signature — 7-15-96 Date

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

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

FEE: 150.00 C/K #482

DATE: 6/28/96 JC

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

1 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 35158

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 28-33

TAX/PARCEL NUMBER: 113-~~22~~-01~~80~~

STREET ADDRESS: 4550 LOCKFOOT DR. 28208

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 17

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 7600 SQ. FT.

NUMBER OF BEDROOMS: 3 ~~2~~ NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: WATKINS (LAST) PAUL (FIRST) C. (MI)

ADDRESS: P.O. BOX 37151

CITY: CHARLOTTE STATE: NC ZIP: 28237

DAYTIME PHONE: ( ) 568-9289 EXT. 303

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? AUG. 1995

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

SIGNED: [signature] DATE: 6.26.1996

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5402

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: Improvement Permit
IMPROVEMENT PERMIT, SOIL TEST, E.G.
113-291-01 pd

FILE NUMBER 3515B TAX NUMBER 113-291-33

PROPERTY ADDRESS 4550 Lucketts Drive

NAME OF ORIGINAL APPLICANT _____

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR _____

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

X Judy C. Barefoot DATE 7-16-96

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

[illegible]

SIGNATURE OF TRANSFEREE

John C Wall DATE 7-15-96

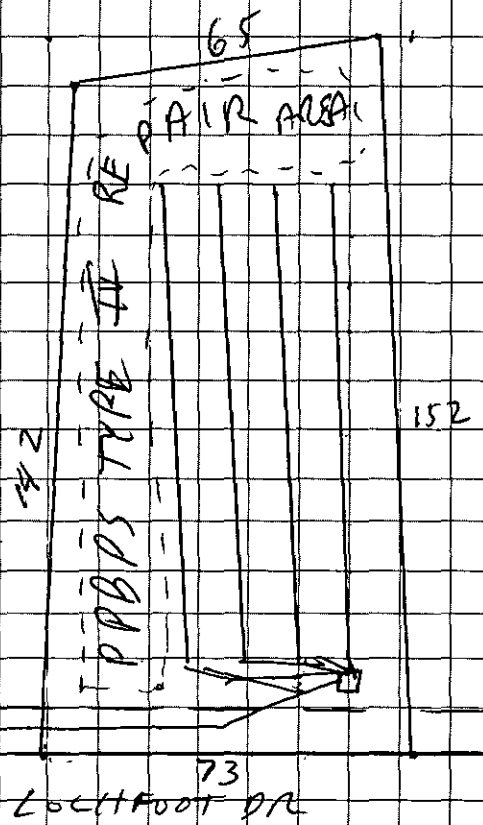
PROPOSED PLOT PLAN

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

FILE: 3515-B

TC: 113281-~~38~~-~~PE~~

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.



1500 ST INSTALLED ON HOUSE SIDE
1000 DT INSTALLED ON HOUSE SIDE

4 LINES @ 100' EACH x 3' wide x 12" stone

STEP DOWN WHERE NEEDED

20' EASEMENT
PIPE INSTALLED AND FINALED PREVIOUSLY

OWNER/AGENT SIGNATURE

DATE 7-15-96

APPROVAL DATE _____

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

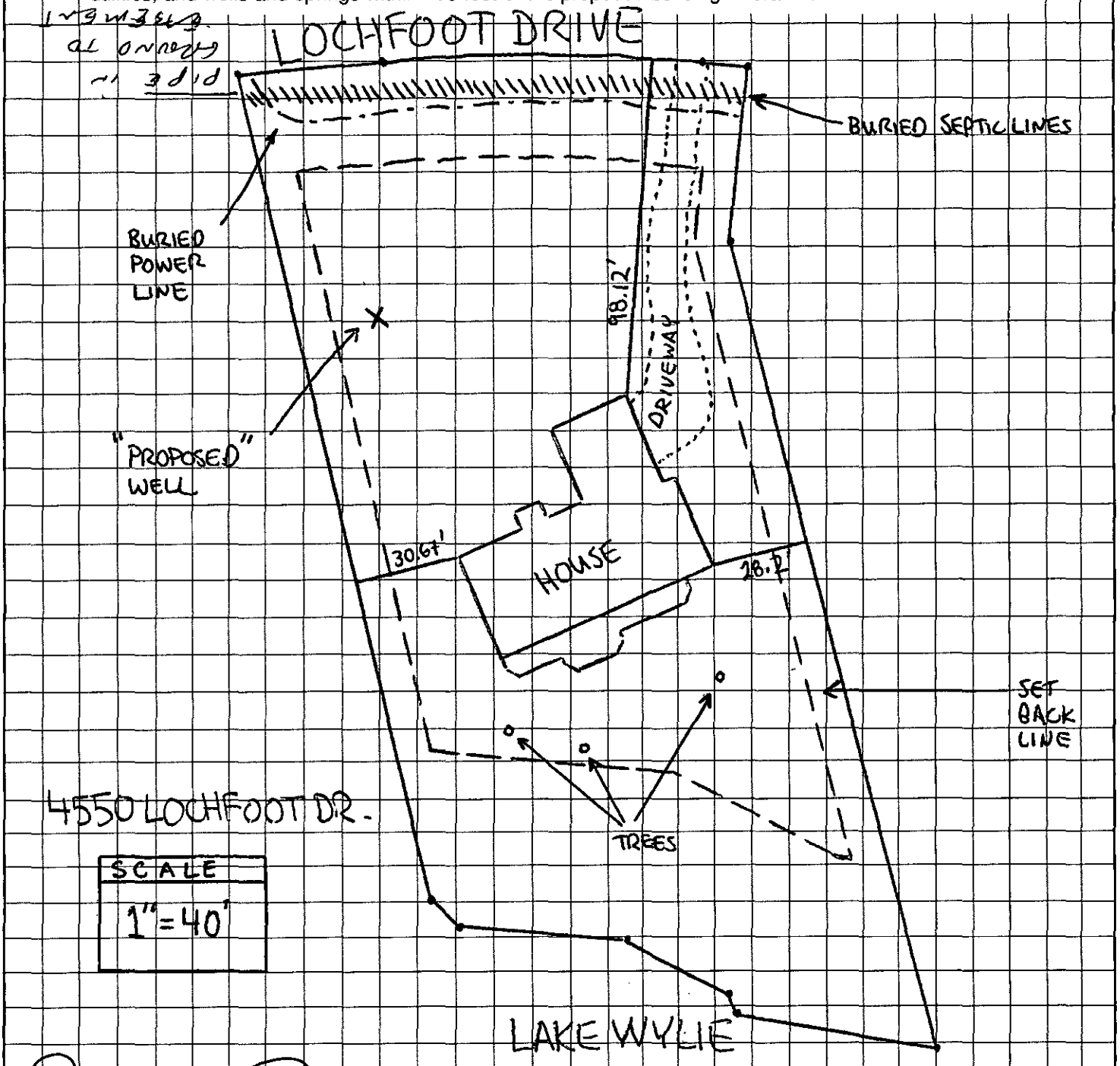
PROPOSED PLOT PLAN

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

FILE: 35150

TC: 113-281-88 P.J.

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.



4550 LOCHFOOT DR.

SCALE
1"=40'

OWNER/AGENT SIGNATURE

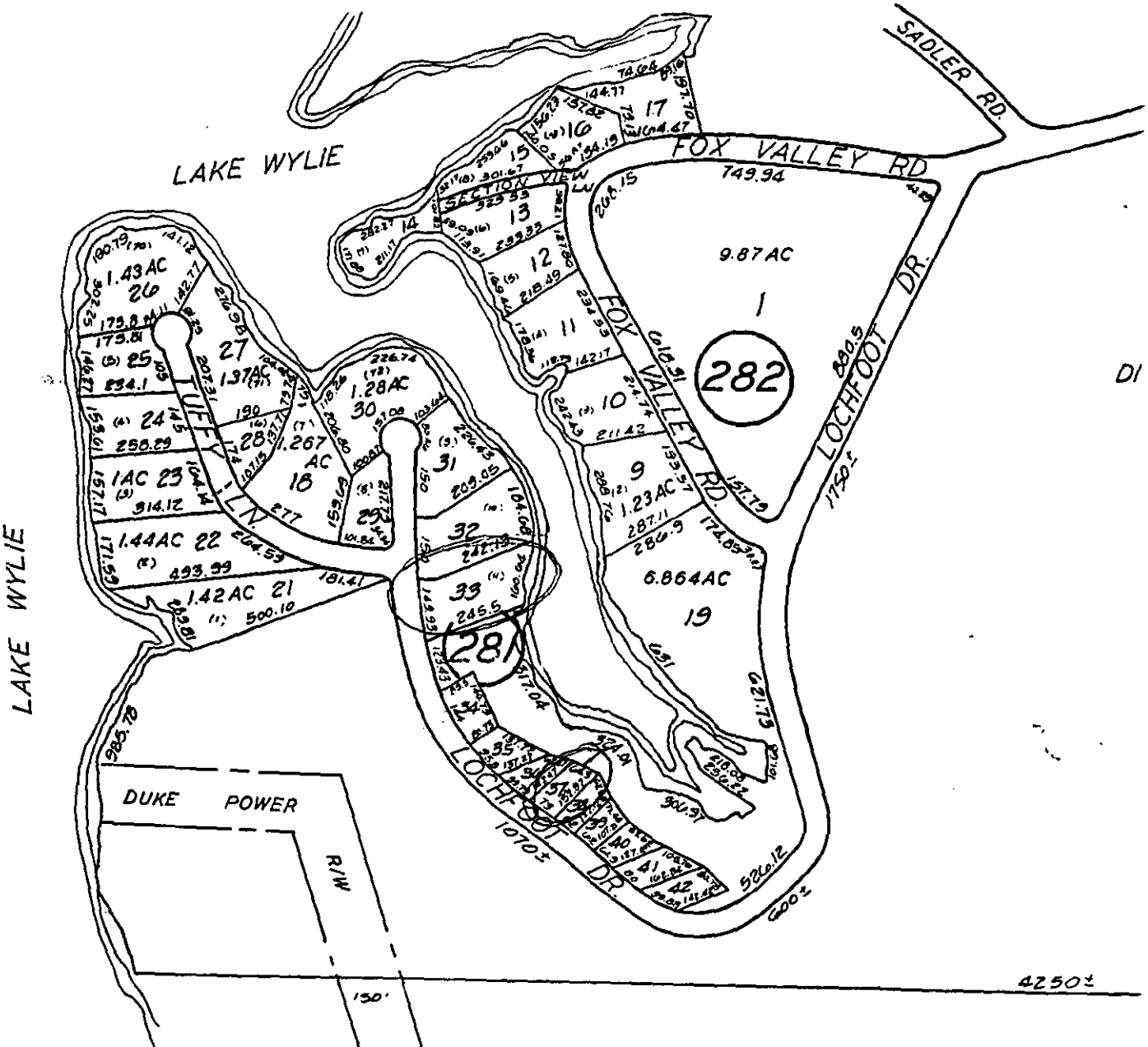
DATE 6.26.1996

APPROVAL DATE _____

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

Book
113-281-33

PG. 27



PG. 29

3515B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 150' WF 12/4/93.

☐ CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Barefoot (last) Jerry (first) C. (mi)

ADDRESS: 10432 Mallard Creek Rd PHONE: (__) 392-0901

CITY: City STATE: N.C. ZIPCODE: 28214

Date: 11-28-33

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-291-01 P.O.

STREET ADDRESS: 4550 Lochfoot Dr

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: Barefoot Lake Prop # 2

LOT NUMBER: 11 LOT SIZE (in acres): .83 ac.

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (O)
☒ 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 (M)
☐ 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) ☒ 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)
☒ 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: Jerry C. Barefoot Date: 4-3-95

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.

...

☐ 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

_____ Director or Authorized Section Head Date

WATER : '22 '91

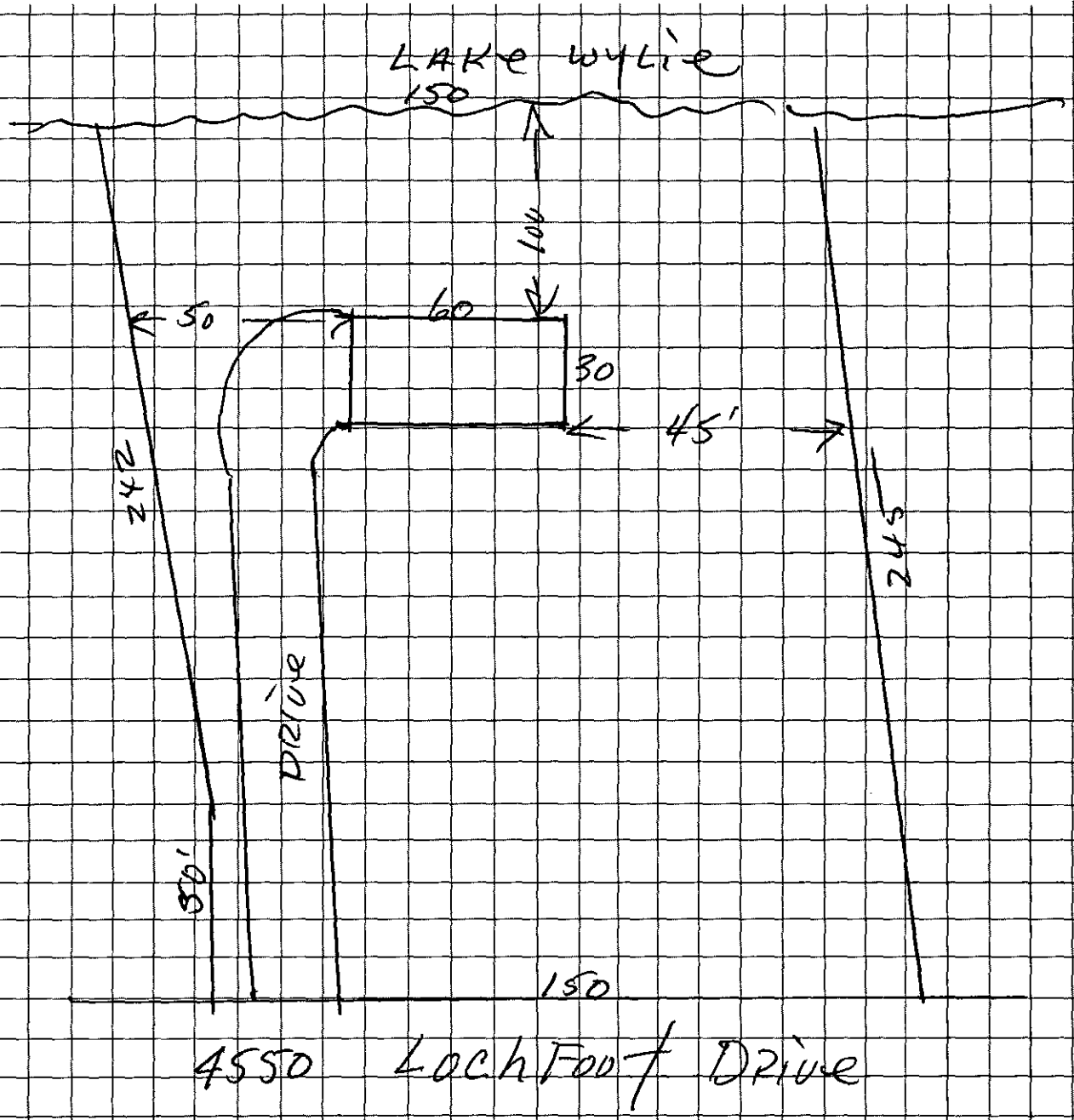
PROPOSED PLOT PLAN

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

FILE: 3515B

TC: ~~113-281-0188~~ 113-281-33

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.



Jerry C. Banfort
OWNER/AGENT SIGNATURE

DATE 4-3-95

APPROVAL DATE _____

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

DATE 4-4-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

#113-391-01 PO
PARCEL NUMBER

4550 LOCHFOOT DR
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	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	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

REMARKS: SEPTIC TANK / S.F. 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: B. McCoins

REVISED 1/91

Drawn by & mail to Wayne M Brendle, Atty Box 76

NORTH CAROLINA

AGREEMENT

MECKLENBURG COUNTY

This Agreement made this June 19, 1995 by and between JERRY C BAREFOOT and wife, SYBIL S BAREFOOT; JEFFREY D BAREFOOT and wife, SANDRA B BAREFOOT; KELLY J BAREFOOT; WALTER P BAREFOOT and wife, DEBRA S BAREFOOT; PETER B BARTEL and wife, PAMELA Q BARTEL; KENNETH B MORGAN and wife, WILMA A MORGAN; JOSEPH L THOMPSON, JR and wife, CHERIR M THOMPSON; and PAUL C WATKINS and wife, TANYA R WATKINS;

Witnesseth:

That whereas all of the parties to this Agreement constitute all of the current owners of Lots 1, 2, 3, 4, 5, 7, 9, 10, and 11, and all of the other unnumbered lots or parcels of land located within the bounds of BAREFOOT LANDING recorded in Map Book 26, Page 832 & 835 Mecklenburg County Registry; and Map Book 26, Page 840, Mecklenburg County Registry;

Whereas said map describes and indicates sewer line easements and septic plots which relate to lots within the bounds of the property on said map; and

Whereas all of the parties to this Agreement desire to set forth certain terms and conditions relative to said easements and septic plots and all said parties have agreed so to do;

Now, Therefore, in consideration of the terms and conditions set forth hereinbelow said parties do hereby agree, each with the other, as follows:

1 - All of said easements shall be used for and have access thereto for so long as the same is required for the construction, installation, inspection, repair, upkeep and maintenance of a sewer line and system and all other utilities, including but not limited to, water, telephone, electricity, natural gas, cable television and other communications.

2 - All of said easements and septic plots shall at all times be free of any obstruction which might hinder the use, construction, installation, inspection, repair, upkeep and maintenance of the same, and any party hereto, their heirs and assigns, shall be responsible for the easements and plot pretaining to their lot and shall be obligated to pay any expense required to make the same free of such obstruction, and shall be kept in a neat appearance.

3 - All parties hereto, their heirs and assigns, shall be responsible for the construction, installation, repair, upkeep and maintenance of the sewage system, or other utilities, servicing their lot or property, together with any tax imposed by any governmental authority on the same.

4 - Any lot owner shall have the right to call a meeting of all of the property owners involved by giving reasonable notice thereof, including but not limited to telephone notice, for the purpose of resolving any matter involving this agreement not resolved otherwise. Each lot or parcel on said map shall have one vote on any one issue and a simple majority vote shall determine such issue. All such decisions and determinations shall be final and binding on all owners and may be enforced by proper judicial process.

5 - This Agreement shall be binding upon all parties hereto, their heirs or assigns, and shall run with the land.

In Witness Whereof, the parties hereto have executed this Agreement as of the date first above written.

Jerry C Barefoot SEAL

Sybil S Barefoot SEAL

Kenneth B Morgan SEAL

Wilma A Morgan SEAL

Jeffrey D Barefoot SEAL

Sandra B Barefoot SEAL

Walter P Barefoot SEAL

Peter B Bartel SEAL

Pamela Q Bartel SEAL

Joseph L Thompson, Jr SEAL

Cherie M Thompson SEAL

Paul C Watkins SEAL

Tanya R Watkins SEAL

Deborah S Barefoot SEAL

Kelly J Barefoot SEAL

North Carolina
Mecklenburg County

I, a Notary Public for said County and State, do hereby certify that personally appeared before me this day Jerry C Barefoot and wife, Sybil S Barefoot; Peter B Bartel and wife, Pamela Q Bartel; Kenneth B Morgan and wife, Wilma A Morgan; Joseph L Thompson, Jr and wife, Cherie M Thompson; Paul C Watkins and wife, Tanya R Watkins; Jeffrey D Barefoot and wife, Sandra B Barefoot; Kelly J Barefoot; Walter P Barefoot and wife, Deborah S Barefoot, and acknowledged the due execution of the foregoing instrument. Witness my hand and notarial seal this 20 day of June, 1995.

Notary Public

My commission expires

2-20-00

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028758

File: 3515-B Action 1

Parcel: 113-291-01 PO ☐ PC

Location: EASEMENT PARCEL FOR 4550 LOCHFOOT DR
Subdivision:

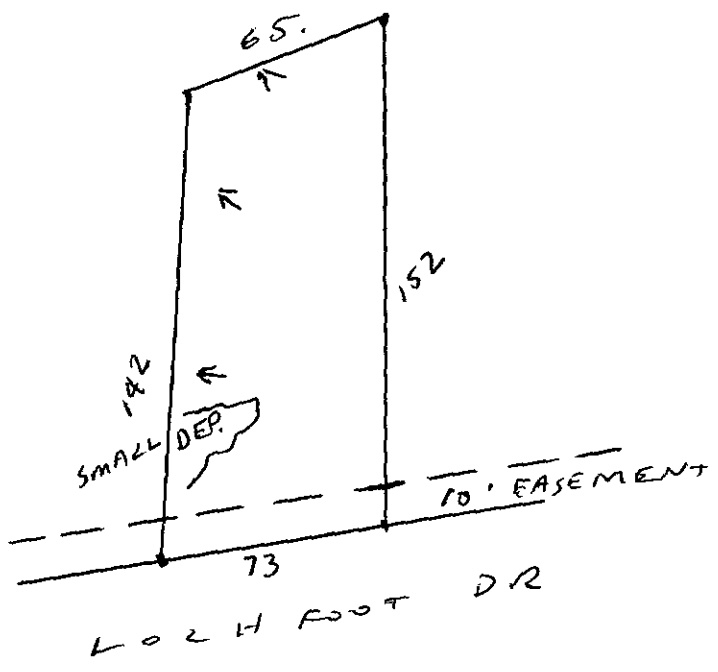
Lot: 11 Block: Acres:

Owner: PAUL WATKINS
Address: PO BOX 37151
CHARLOTTE NC 28237

Comments: .3 GPM / LTAR

Described by: Kelly Ward

Date: 7-2-96



***** 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 CLAY	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANG BLK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U > 40"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U > 90"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIM. TOO	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	CECIL CLICE					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

ELECTRA DATA BUSINESS FORMS • 704-596-7853

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 02758

File: 3515 B Action 1

Parcel: 113-291-01 PO ☐ PC

Location: EASEMENT PARCEL FOR 4550 LOCHFOOT DR
Subdivision:

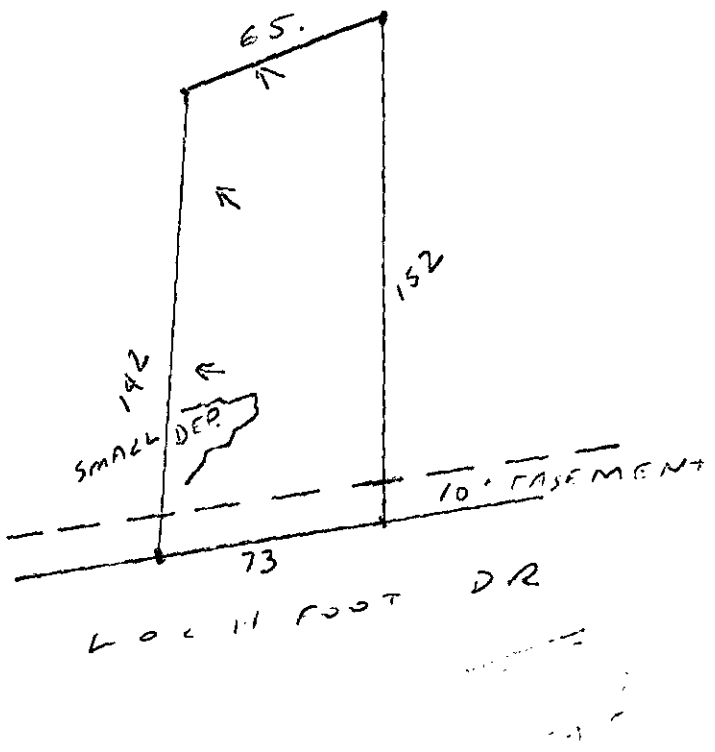
Lot: 11 Block: Acres:

Owner: PAUL WATKINS
Address: PO BOX 37151
CHARLOTTE NC 28237

Comments: .3 GPM / LTAR

Described by: [signature]

Date: 7-2-96



***** 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 CLAY	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANG BLK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U LIM. TOO	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	CECIL CLIFF					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

ELECTRA DATA BUSINESS FORMS • 704-596-7853

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028758

File: 3515 B Action 1

Parcel: 113 / 11 01 PO ☐ PC

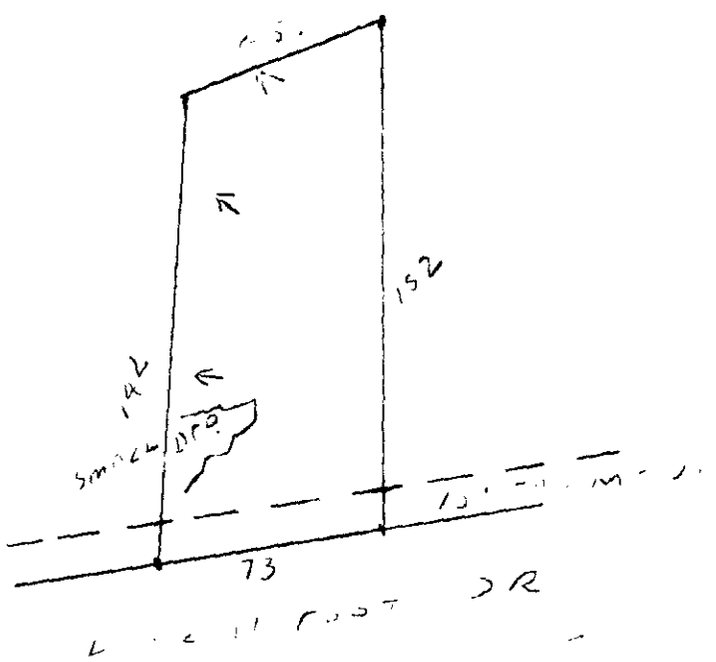
Location: [illegible]
Subdivision: [illegible]

Lot: 11 Block: Acres:

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: [illegible]
Date: 7 / 16



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

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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 [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SOIL APPEARS	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >4	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >9"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U [illegible]	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	[illegible]					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

ELECTRA DATA BUSINESS FORMS • 704-596-7853

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028758

File: Action

Parcel: ☐ PC

Location:

Subdivision:

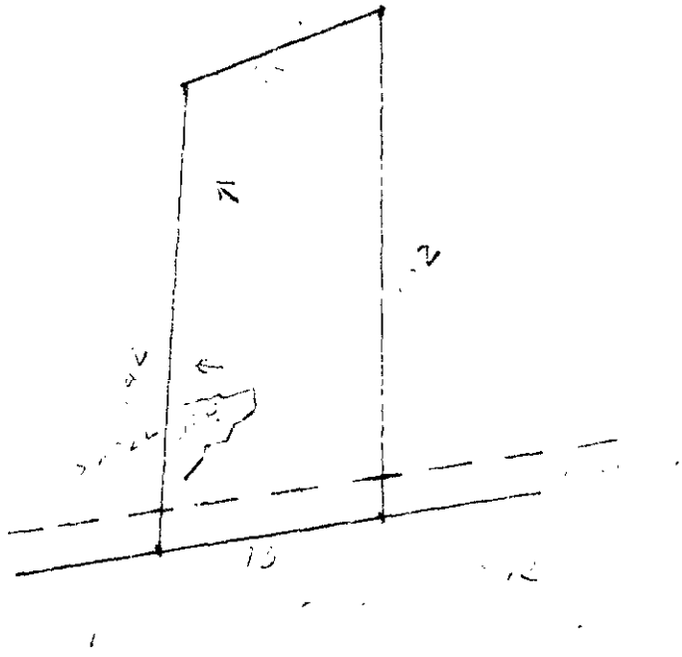
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date:



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

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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

ELECTRA DATA BUSINESS FORMS • 704-596-7853

JUDITH A GIBSON REG OF DEEDS MECK NC

**** NC EXCISE TAX: 40.00 ***
BK: 08187 PG: 0701/0704 #:0257 14.00
FILED FOR REGISTRATION 06/23/95 12:14

Excise Tax 40.00 Recording Time, Book and Page

COPY

Tax Lot No. out of 113-291-01 Parcel Identifier No. .....

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

by .....

Mail after recording to .....

Mail to &

This instrument was prepared by Wayne M Brendle, Atty Box 76

Brief description for the Index Lot 11, Barefoot Landing

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 19 day of June, 19 95, by and between

GRANTOR	GRANTEE
JERRY C BAREFOOT and wife, SYBIL S BAREFOOT	PAUL C WATKINS and wife, TANYA R WATKINS 3021 Commonwealth Avenue Charlotte, NC 28205

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 in fee simple, all that certain lot or parcel of land situated in the City of ....., Berryhill Township, Mecklenburg County, North Carolina and more particularly described as follows:

As set forth and described in Exhibit A attached hereto and made a part hereof.

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

The property hereinabove described was acquired by Grantor by instrument recorded in Book 8187 Page 440

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

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

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

As set forth and described in Exhibit B attached hereto and made a part hereof.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal; or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

..... (Corporate Name)

By: .....

..... President

ATTEST:

.....

..... Secretary (Corporate Seal)

USE BLACK INK ONLY

Jerry C. Barefoot (SEAL)
Jerry C Barefoot

Sybil S Barefoot (SEAL)
Sybil S Barefoot

..... (SEAL)

..... (SEAL)

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

Use Black Ink

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

Jerry C Barefoot and wife, Sybil S Barefoot Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 19 day of June, 19 95.

My commission expires: 2-20-00 Notary Public

SEAL-STAMP

NORTH CAROLINA, ... County.

Use Black Ink

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

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

The foregoing Certificate(s) of .....

.....

.....

are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

.....REGISTER OF DEEDS FOR.....COUNTY

.....Deputy/Assistant - Register of Deeds

Form No. 3 © 1976, Revised © 1977 - James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055

EXHIBIT A - Legal description of property and rights conveyed Watkins

BEING ALL OF LOT 11 OF BAREFOOT LANDING AS SHOWN ON MAP THEREOF RECORDED IN MAP BOOK 26, PAGE 832, IN THE OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY, NORTH CAROLINA, TO WHICH MAP REFERENCE IS HEREBY MADE.

ALSO CONVEYED HEREIN IS A PERPETUAL EASEMENT AND RIGHT OF WAY FOR SO LONG AS THE SAME IS REQUIRED FOR PURPOSES OF USE AND FOR THE CONSTRUCTION, INSTALLATION, REPAIR, INSPECTION, UPKEEP AND MAINTENANCE OF A SEWER LINE AND SYSTEM AND ALL OTHER UTILITIES, INCLUDING BUT NOT LIMITED TO, WATER, TELEPHONE, ELECTRICITY, NATURAL GAS, CABLE TELEVISION AND OTHER COMMUNICATIONS ALONG THE FRONT 15 FEET OF SAID LOT ABOVE CONVEYED AND ALL OTHER LOTS OR PARCELS AS SET FORTH, SHOWN OR DESCRIBED ON THE MAP ABOVE REFERENCED, TOGETHER WITH THE SEPTIC PLOT FOR SAID LOT AS SHOWN ON MAP THEREOF RECORDED IN MAP BOOK 26, PAGE 840, MECKLENBURG COUNTY REGISTRY, TO WHICH MAPS REFERENCE IS HEREBY MADE.

EXHIBIT B - Exceptions

1 - A perpetual easement and right of way for so long as the same is required for use and access for the construction, installation, inspection, repair, upkeep and maintenance of a sewer line and system and all other utilities, including but not limited to, water, telephone, electricity, natural gas, cable television and other communications along the front 15 feet of the lot of land hereinabove described and conveyed.

2 - All of those covenants and restrictions set forth and described in the deed of conveyance to the Grantor herein recorded in Book 8187, Page 440, Mecklenburg County Registry, and which are hereby imposed against said lot.

3 - Any dwelling constructed on said property shall contain at least 1400 square feet of heated area.

4 - Tents, shacks, campers, mobile homes, manufactured homes, or other structure of a temporary nature shall not be used as a dwelling or for habitation, either temporarily or permanently.

5 - Setback requirements shall be those described in the recorded map for said lot.

6 - Any outbuilding or storage structure shall be of new materials and their location on the lot shall require prior approval by Grantor or their assigns before being constructed or located on the lot.

7 - All vehicles and water craft located on the lot shall have at all times a valid license and shall be kept in good repair and operating condition.

8 - All improvements on the lot shall be kept at all times in a neat and well maintained condition so as to have an attractive appearance, pleasing not only to the owner of the lot but also all of the other lot owners in the areas adjacent to said lot.

9 - All of the easements for sewer systems together with the Septic Plots designated and shown on the recorded map in Map Book 26, Page 840 Mecklenburg County Registry, shall be used as such so long as the same is required. All of the owners of any property subject to said easements and sewer systems shall be obligated and responsible on a pro-rata basis for all expense in the repair, upkeep and maintenance of said areas as determined by a simple majority of the lot owners, with each lot owned on said map having one vote.

[redacted] To Purchase in favor of Duke Power Company or others within [redacted] of title, if any there are.

FEE: 150.00 CK #
DATE: 6/28/96 JC

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

[ ] CRT

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

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

FILE #: 3515B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 2A1-33

TAX/PARCEL NUMBER: 113-231-01 pt

STREET ADDRESS: 4550 LOCHFOOT DR. 28208

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 11

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: 2600 SQ.FT.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

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

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

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

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

PROPERTY OWNER:

NAME: WATKINS PAUL C.
(LAST) (FIRST) (MI)

ADDRESS: P.O. BOX 37151

CITY: CHARLOTTE STATE: NC ZIP: 28237

DAYTIME PHONE: ( ) 568-9289 EXT. 303

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? AUG. 1995

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

SIGNED: [signature] DATE: 6.26.1996

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