

11815 TIMBER RIDGE RD

05118111

6/28/2007

duponbj

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

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

IIIb

Microbiological Analyses

Owner, System or Establishment: Alfred Buchanan

Address: ~~2017~~ 11815 Timberlodge

Charlotte Zip: 28213

Collected By: L. Thompson

Date Collected: 5-20-99 Time: 2:15 AM (PM)

Sample Source: Outside tap

Date Delvd. to Lab: 5-20-99 Time: 3:55 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.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

Laboratory Comments:

Date Received: 5/20/99 Date Reported: 5/21/99

Received By: JVG Analyst: JVG Lab #: 392

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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

100.00
CK #8547
VW
5-12-99

Alfred MacRae & Nezzie Sharpe Buchanon
12017 Timber Ridge Road
Charlotte, NC 28213

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 #	# Bedroom	System Type
Alfred MacRae & Nezzie Sharpe Buchanon	11815 Timber Ridge Road	051-181-11	7359A	3	IIIB

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

Bedrooms _____

5-20-99
OSV
looks good

BILL INFORMATION

Billing Date	Payment Due Date
4/29/99	5/31/99

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 — Health Department
9359A — Permit/Project No.
12017 Timber Ridge Road — Location
residence — Name of Establishment
Type of Establishment
360 — Design Flow
Alfred MacRae Buchanan, 12017 Timber Ridge Rd, Charlotte, 28213 — Owner/Agent / Address / Phone
N/A
Operator — 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?	☐	☐	Recommended pumping septic tank
4. RAW SEWAGE LIFT STATION (If Present):			
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?	☐	☐	
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?	☑	☐	
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?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☐	☐	Vegetation becoming dense - I told homeowner that this could cause future problems and that we recommend grass cover.
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: Looks good.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 5-20-99 SIGNED: Jamy B. Thompson Jr. LS 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)

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Alfred MacRae & Nezzie Sharpe Buchanon
12017 Timber Ridge Road
Charlotte, NC 28213

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

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Total Amount Due: $85.00

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Name _____

Site Address _____

_____

Bedrooms _____

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4/29/99	5/31/99

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

Mecklenburg County
Health Department

April 29, 1999

Alfred MacRae and Nezzie Sharpe Buchanan
12017 Timber Ridge Road
Charlotte, NC 28213

RE: 11815 Timber Ridge Road

Dear Mr. and Mrs. Buchanan:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 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.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

Draw last permit

Leave for pickup

BF
RW

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7359A
TC: _____
SERIAL: № 0019803

Well 85247
Tp 200'
09/12/91
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 11815 (STREET NO.) Timber Ridge (STREET) Rd ② FILE: _____

③ JURISDICTION: X ④ TAX PARCEL NO.: X 051-181-05

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: JANIE (FIRST) HUNT (MIDDLE) MITCHELL (LAST)

⑨ MAILING ADDRESS: 13600 BETHEL AVE EXT.

⑩ CITY: Midland ⑪ STATE: NC ⑫ ZIP: 28107

⑬ PHONE: (WORK) (704) 386-8740 ⑭ (HOME) (704) 573-2919

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 3 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or (proposed)):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Janie H. Mitchell

Date: 9/11/91

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Kelly will go out and spot area before installation permit issued.

PSW app 9/18/91

Environmentalist Date

Director or Authorized Section Head 9-19-91 Date

*This permit must be signed by the Director of Mecklenburg County Health

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7359A DATE: 1/21/92

TC: 051-181-05 ☑ L ☐ CRT

SERIAL Nº 14060

Name of Owner Janie H. Mitchel Juris.:

Address of Property 11815 Timber Ridge Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 8"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 1/21/92

Tank(s) Inspected 1/21/92

Wash Line Inspected NA

High Water Alarm Inspected —

system installed in accord with installation permit



Timber Ridge PLOT

Design: 1992, 1500ST, 1000DT, PI, MOD, 1200SFT, 12' stone ceil CTR# 174

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 house

1/2 hp Meyers pump

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

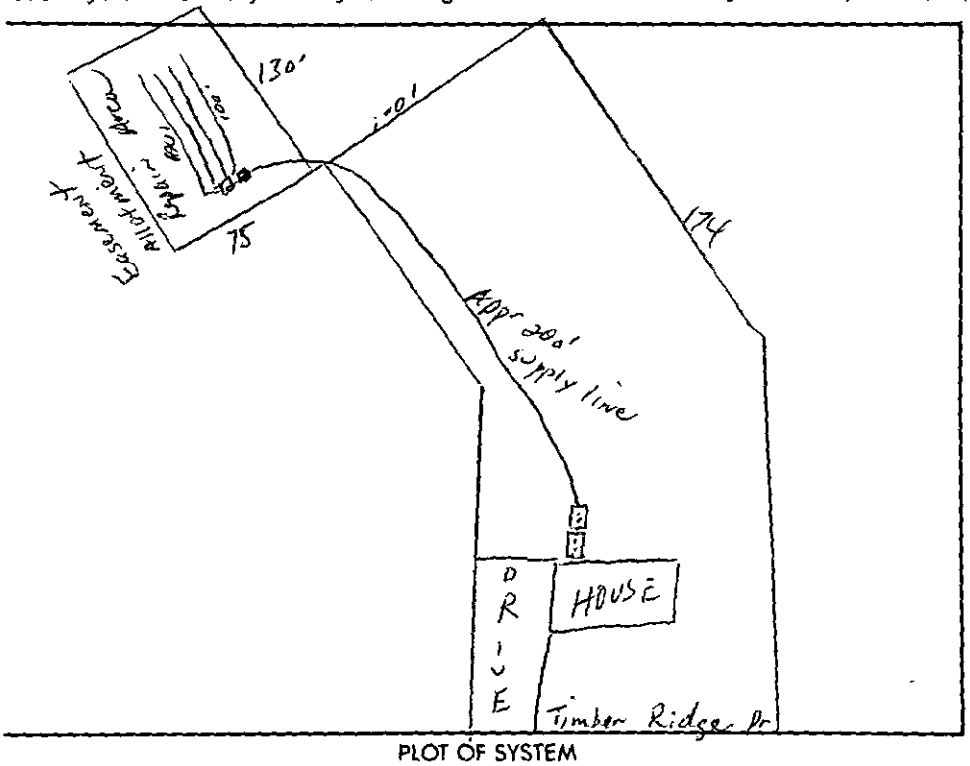
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7359A DATE: 11/8/91

TC: 051-181-05 ☑ L

SERIAL Nº 13850

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 9/11/91. All work shall be completed on or before 12/12/91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



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 (100')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Janie H. Mitchell

LOCATION OF PROPERTY 11815 Timber Ridge Rd

Comments: 4 lines x 100' long x 3' wd x 12" stone / Keep lines on contour of land / Lift station required / Set 2 D-Boxes Keep well > 50' from septic system

Division or Section Head

Philo S. Walker 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

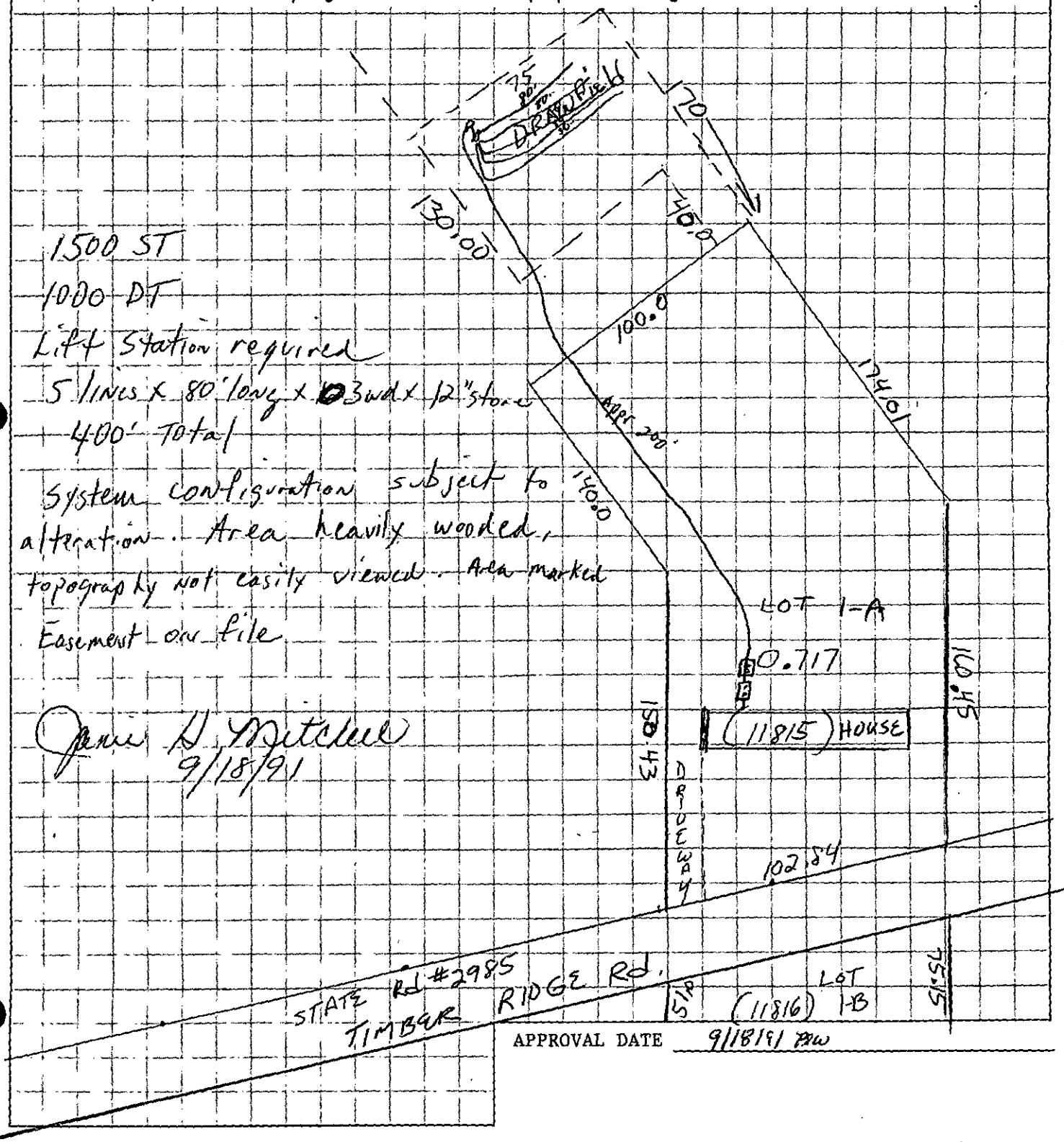
PROPOSED PLOT PLAN

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

FILE: 1359A

TC: _____

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



1500 ST
1000 DT
Lift Station required
5 lines x 80' long x 3' wide x 12" stone
400' Total

System configuration subject to alteration. Area heavily wooded, topography not easily viewed. Area marked. Easement on file.

Jennie D. Mitchell
9/18/91

APPROVAL DATE 9/18/91 JDM

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

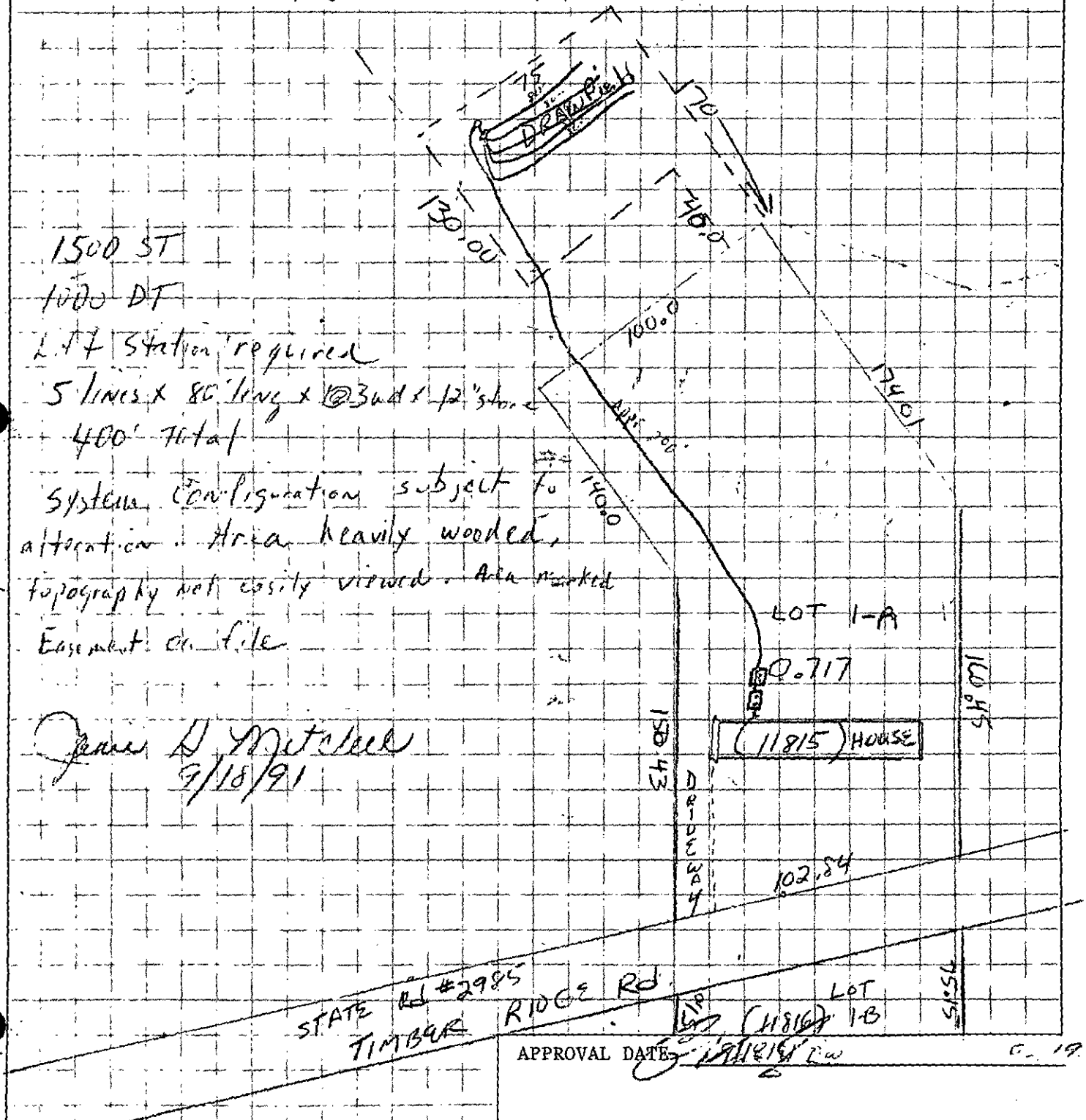
PROPOSED PLOT PLAN

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

FILE: 11259A

TC: _____

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



1500 ST
1000 DT
2 Lf Station required
5 lines x 80' long x @3' ad x 12" stone
400' Total
System configuration subject to alteration. Area heavily wooded, topography not easily viewed. Area marked Easement on file

James D Mitchell
7/18/91

APPROVAL DATE 7/18/91 LW

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17096

File: 7357-A Action _____

Parcel: [illegible] PC

Location: [illegible]

Subdivision:

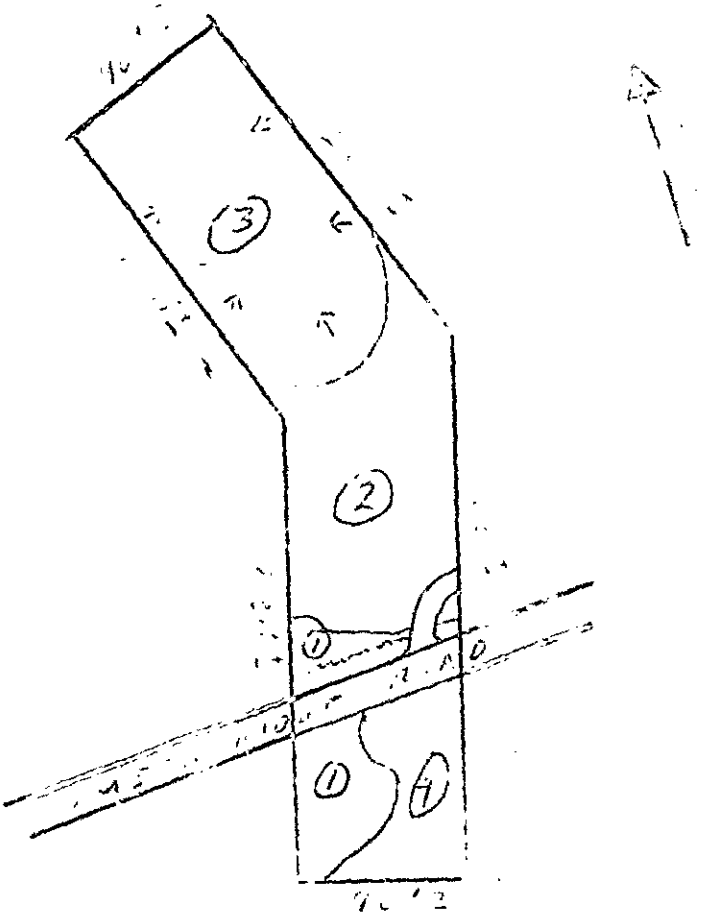
Lot: Block: Acres: [illegible]

Owner: [illegible]
Address: [illegible]

Comments: [illegible]

Described by: [illegible]

Date: 4-9-11



***** 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	[illegible]	[illegible]	[illegible]	[illegible]		
Area Classification	S PS U	S PS (U)	S PS U	S PS U	S PS U	S PS U

7359A

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

_____ (Corporate Name)

BY: Alfred M Buchanan

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

Alfred M. Buchanan (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Alfred M. Buchanan, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 7th day of November, 1991.

My Commission Expires August 1, 1993 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

BK: 06575 PG: 0850/0851 #:0054 8.00

NC EXCISE TAX: 6.50

REGISTERED JUL/05/1991 11:35AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

MECKLENBURG COUNTY JUL 5 91

[redacted] 6.50 TRAN 4

STATE OF NORTH CAROLINA

Real Estate Excise Tax

Excise Tax $6.50

Recording Time, Book and Page

Tax Lot No. A Portion Of 051-181-05 Parcel Identifier No. .....

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

by .....

Mail after recording to Kennedy Covington Lobdell & Hickman Box 47 RWL

This instrument was prepared by Kennedy Covington Lobdell & Hickman

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 3rd day of July, 19 91, by and between

GRANTOR	GRANTEE
ALFRED M. BUCHANAN AND WIFE, NEZZIE BUCHANAN	JANIE H. MITCHELL 13600 Bethel Ave. Extension Midland, N.C. 28107

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 Charlotte, ... Township, Mecklenburg County, North Carolina and more particularly described as follows:

Being all of Lots 1-A and 1-B as shown on the record map of a part of Alfred Buchanan Property, said map being recorded in Map Book 24 at Page 395 in the Mecklenburg County Public Registry, together with an appurtenant easement for drain field as shown on the record map of a part of Alfred Buchanan Property recorded in Map Book 24 at 395 in the Mecklenburg County Public Registry.

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc. (8/91)

188 728 BOOK 059

The property hereinabove described was acquired by Grantor by instrument recorded in Being a portion of the property referenced in a Deed obtained by Grantors recorded in Book 1678 at Page 156 of the Mecklenburg County Public Registry.

A map showing the above described property is recorded in Plat Book 24 page 395.

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

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

1) All valid and enforceable restrictions and covenants of record.

2) Ad Valorem Taxes for 1991 and subsequent years.

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

Alfred M. Buchanan (SEAL)
Alfred M. Buchanan

Nezzie Buchanan (SEAL)
Nezzie Buchanan

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, Gaston County.

I, a Notary Public of the County and State aforesaid, certify that Alfred M. Buchanan and wife, Nezzie Buchanan Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 3rd day of July, 19 91.

My commission expires: 3-13-96 Tracy D. Turner Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, _____ County.

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

personally came before me this day and acknowledged that he is _____ Secretary of _____ 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 _____, sealed with its corporate seal and attested by _____ as its _____ Secretary.

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

_____ Notary Public

The foregoing Certificate(

_____

_____

is/are certified to be corr first page hereof.

_____

By _____

State of North Carolina, County of Mecklenburg

The foregoing Certificate(s) of Tracy D. Turner

Notary(ies) Public is/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.

ANNE A. POWERS, REGISTER OF DEEDS

By Hazel L. Elmore Deputy - Register of Deeds

_____

_____

_____

Book and Page shown on the

_____ COUNTY

BK: 06575 PG: 0850/0851 #:0054 8.00

NC EXCISE TAX: 6.50

REGISTERED JUL/05/1991 11:35AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

MECKLENBURG COUNTY JUL 5.91

[redacted] 6.50 TRAN: 4

STATE OF NORTH CAROLINA

Real Estate Excise Tax

Excise Tax $6.50

Recording Time, Book and Page

Tax Lot No. A Portion Of 051-181-05 Parcel Identifier No. .....

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

by .....

Mail after recording to Kennedy Covington Lobdell & Hickman Box 47 RWL

.....

This instrument was prepared by Kennedy Covington Lobdell & Hickman

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 3rd day of July, 19 91, by and between

GRANTOR	GRANTEE
ALFRED M. BUCHANAN AND WIFE, NEZZIE BUCHANAN	JANIE H. MITCHELL 13600 Bethel Ave. Extension Midland, N.C. 28107

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 Charlotte, ... Township, Mecklenburg County, North Carolina and more particularly described as follows:

Being all of Lots 1-A and 1-B as shown on the record map of a part of Alfred Buchanan Property, said map being recorded in Map Book 24 at Page 395 in the Mecklenburg County Public Registry, together with an appurtenant easement for drain field as shown on the record map of a part of AlfredBuchanan Property recorded in Map Book 24 at 395 in the Mecklenburg County Public Registry.

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc. (98)

1988 7200 050

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A map showing the above described property is recorded in Plat Book 24 page 395.

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

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

1) All valid and enforceable restrictions and covenants of record.

2) Ad Valorem Taxes for 1991 and subsequent years.

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

Alfred M. Buchanan (SEAL)
Alfred M. Buchanan

Nezzie Buchanan (SEAL)
Nezzie Buchanan

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, Gaston County.

I, a Notary Public of the County and State aforesaid, certify that Alfred M. Buchanan and wife, Nezzie Buchanan Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 3rd day of July, 19 91.

My commission expires: 3-13-96 Tracy D. Turner Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____, personally came before me this day and acknowledged that ___ he is _____ Secretary of _____ 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 _____ sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

_____ Notary Public

The foregoing Certificate(

_____

_____

is/are certified to be corr first page hereof.

_____

By _____

State of North Carolina, County of Mecklenburg

The foregoing Certificate(s) of Tracy D. Turner

Notary(ies) Public is/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.

ANNE A. POWERS, REGISTER OF DEEDS

By Hayl L. Elmore Deputy - Register of Deeds

_____

_____

_____

: Book and Page shown on the

_____ COUNTY

N.C. Bar Assn. Form No. 3 © 1976, Revised 1977 Printed by Agreement with the N.C. Bar Assn. Poole Printing Co., Inc. P.O. Box 58487, Raleigh, N.C. 27658

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

_____ (Corporate Name)

BY: Alfred M. Buchanan

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

Alfred M. Buchanan (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Alfred M. Buchanan, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 7th day of November, 1991.

My Commission Expires August 1, 1993

Lorraine C. Wooten
(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

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

_____ (Corporate Name)

BY: Alfred M Buchanan

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

Alfred M. Buchanan (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Alfred M. Buchanan, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 14th day of November, 1991.

My Commission Expires August 1, 1993

Lorraine C. Wade
(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

APPLICATION FOR AN IMPROVEMENT PERMIT

Ck# 082347

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7359A
TC: _____
SERIAL: № 0019803

$200.00
09/12/91
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11815 (STREET NO.) Timber Ridge Rd (STREET) ② FILE: _____

③ JURISDICTION: X _____ ④ TAX PARCEL NO.: X 051-181-05

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Janie (FIRST) Hunt (MIDDLE) Mitchell (LAST)

⑨ MAILING ADDRESS: 13600 Bethel Ave Ext.

⑩ CITY: Midland ⑪ STATE: NC ⑫ ZIP: 28107

⑬ PHONE: (WORK) (704) 386-8740 ⑭ (HOME) (704) 573-2919

REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? _____

㉓ Maximum occupancy? 3

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Janie H. Mitchell

Date: 9/11/91

IMPROVEMENT PERMIT

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

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

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Lift station required

Philo S. Walker, 11/7/91
Environmentalist — Date

_____, 11-08-91
Director or Authorized Section Head — Date

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

Mecklenburg County
Health Department

April 11th, 1991

Alfred M. Buchanan
12017 Timberidge Road
Charlotte, NC 20213

RE: Property located at Timberidge Road
FILE: 7359A
PARCEL: 051-181-05

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17096) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

Mecklenburg County
Health Department

pd 4-15-91 50.00 ck. 4066

April 12th, 1991

Alfred M. Buchanan
12017 Timberidge Road
Charlotte, NC 20213

RE: Property located at Timberidge Road
FILE: 7359A
PARCEL: 051-181-05

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 17096) 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, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17109

File: 7359-A Action 1

Parcel: 051-181-05 ☐ PC

Location: TIMBERIDGE RD

Subdivision:

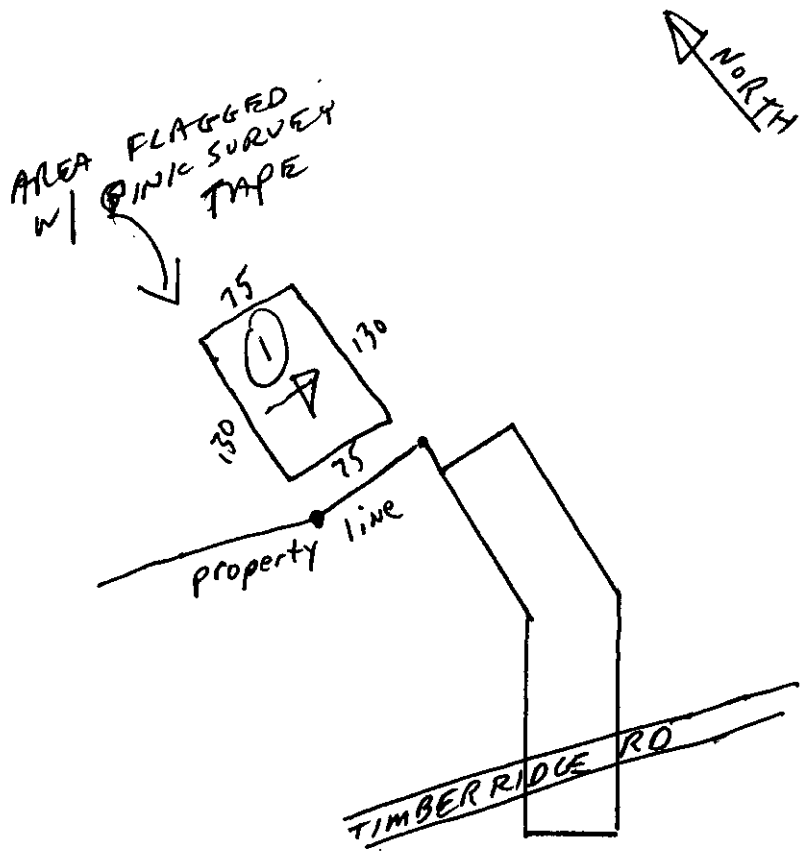
Lot: Block: Acres: .22

Owner: ALFRED M. BUCHANAN
Address: 12017 TIMBERIDGE RD.
CHARLOTTE NC 28213

Comments: 100% REPAIR
RECOMMEND SURFACE H2O DIVERSION UP SLOPE OF SYSTEM. MAY REQUIRE PUMP

Described by: Kelly Randall

Date: 4-11-91



***** 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 2-10%	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 BLOCK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 38"-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	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 LIKE					
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 17096

File: 7359-A Action 2

Parcel: 051-181-05 PC

Location: TIMBERIDGE RD

Subdivision:

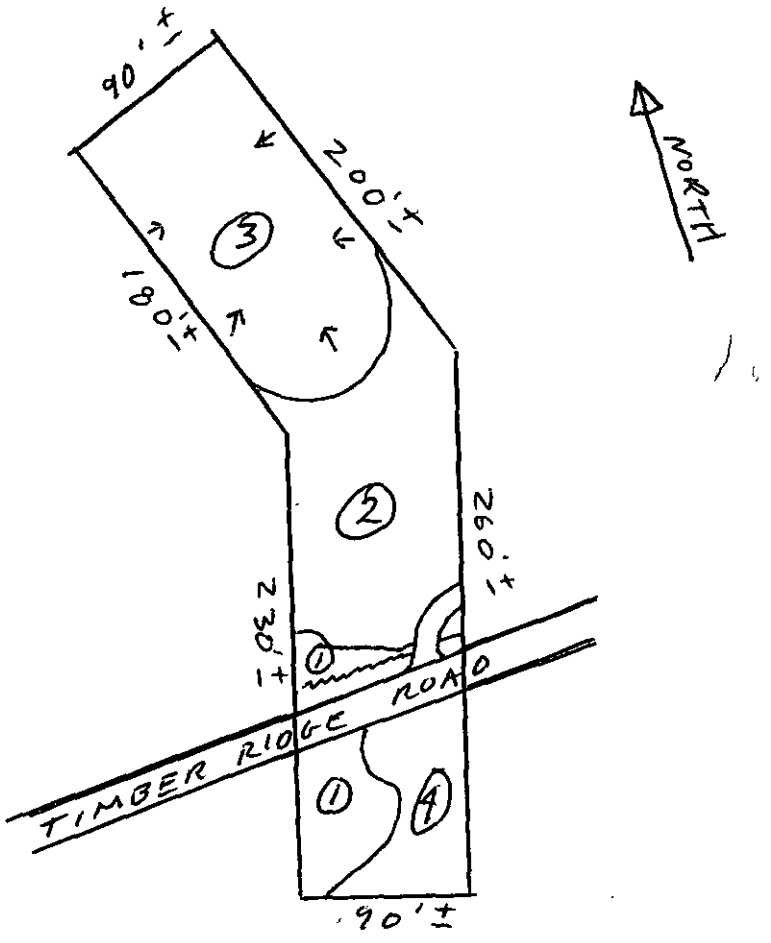
Lot: Block: Acres: .90

Owner: ALFRED M. BUCHANAN
Address: 12017 TIMBERIDGE RD
CHARLOTTE NC 28213

Comments: 100% REPAIR

Described by: Kelly Randall

Date: 4-9-91



***** 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 2-6%	(S) PS U 2-8%	S PS (U) DRAINAGEWAY DEPRESSION	S PS (U) COMPLEX SLOPES	S PS U	S PS U
Texture	S (PS) U CLAY	S PS (U) 2-1 CLAY	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U SUB ANG BLOCKY	S (PS) U SUB ANG BLOCK	S PS U —	S PS U —	S PS U	S PS U
Drainage	S PS (U) SEASONAL H2O AT 32"	S PS (U) MOTTLES AT 18"	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U >36"	S PS (U) 18"-26"	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U NONE	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) RESTRICTED	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 LIKE	HELENA LIKE	DRAINAGEWAY DEPRESSION	COMPLEX SLOPES		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

$50.00 per acre or less F.B.

APPLICATION FOR SOIL INVESTIGATION

Paid 04/04/91 #4072494 $150.00

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

(OFFICE USE ONLY)

FILE: 1359A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12017 TIMBER RIDGE RD

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

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 051-181-05

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

OWNER

⑦ NAME: Alfred M. Buchanan (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 12017 Timber Ridge Rd.

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 596-1290

⑬ Accurately diagram and dimension lot.

SEE ATTACHED

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: Alfred M. Buchanan

Date: 3/25/91

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7359A

TC:

☐ PC ☐ REPT

6/15/91
$50.00
ck#4066

JOB LOCATION

① ADDRESS: 12017 Timber Ridge Rd

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: 051-181-05

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

⑦ NAME: ALFRED M BUCHANAN (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 12017 TIMBER RIDGE RD

⑨ CITY: CHAR ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) (HOME)

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: Alfred M. Buchanan

Date: April 14, 1991

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