

9750 HARKERS CT

01730128

8/26/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 4000

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

FILE: 20197 DATE: 2/7/96

TC: 017 - 301 - 28 ☐ L ☐ CRT

SERIAL Nº 16496

Name of Owner George Blevins Juris.:

Address of Property 9750 Harkers Court

Inspection Data:

Wash Box + D-Box

~~Tank~~ Material PCC

Total Length of Drainfield 140'

Number of Lines 2 @ 70'

Cover Depth 9-20"

Water Supply Source Well

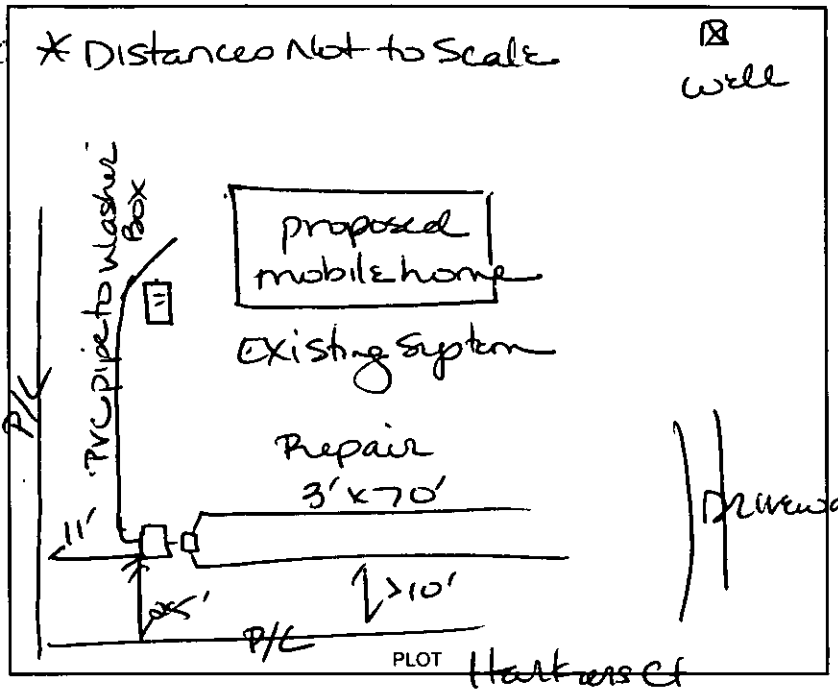
Distance to Water Source >100'

Excavation Inspected 2/7/96

Tank(s) Inspected NA

Wash Line Inspected 2/7/96

High Water Alarm Inspected NA



Design 1996 Alteration, Wash. Box, D-Box, 420ft², 12" @, cecil-like CTR# Claudius Morrison

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: Alteration to system - Washer Line in order to locate 3 bedroom mobile home onto property - existing system installed 3/85 for a 2 bdrm home.

Joe B. Mialik, RS
Environmental Health Specialist

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

FEE: 150.00 chk # 1019
DATE: 1/23/96

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 #: 20197

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-301-28

STREET ADDRESS: 9750 Harkers Court

SUBDIVISION OR MOBILE HOME PARK NAME: Yorkdale Section 2

LOT NUMBER: 33

TOWNSHIP (CHECK ONE): Long Creek

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 960

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

replace existing mobile home

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~~

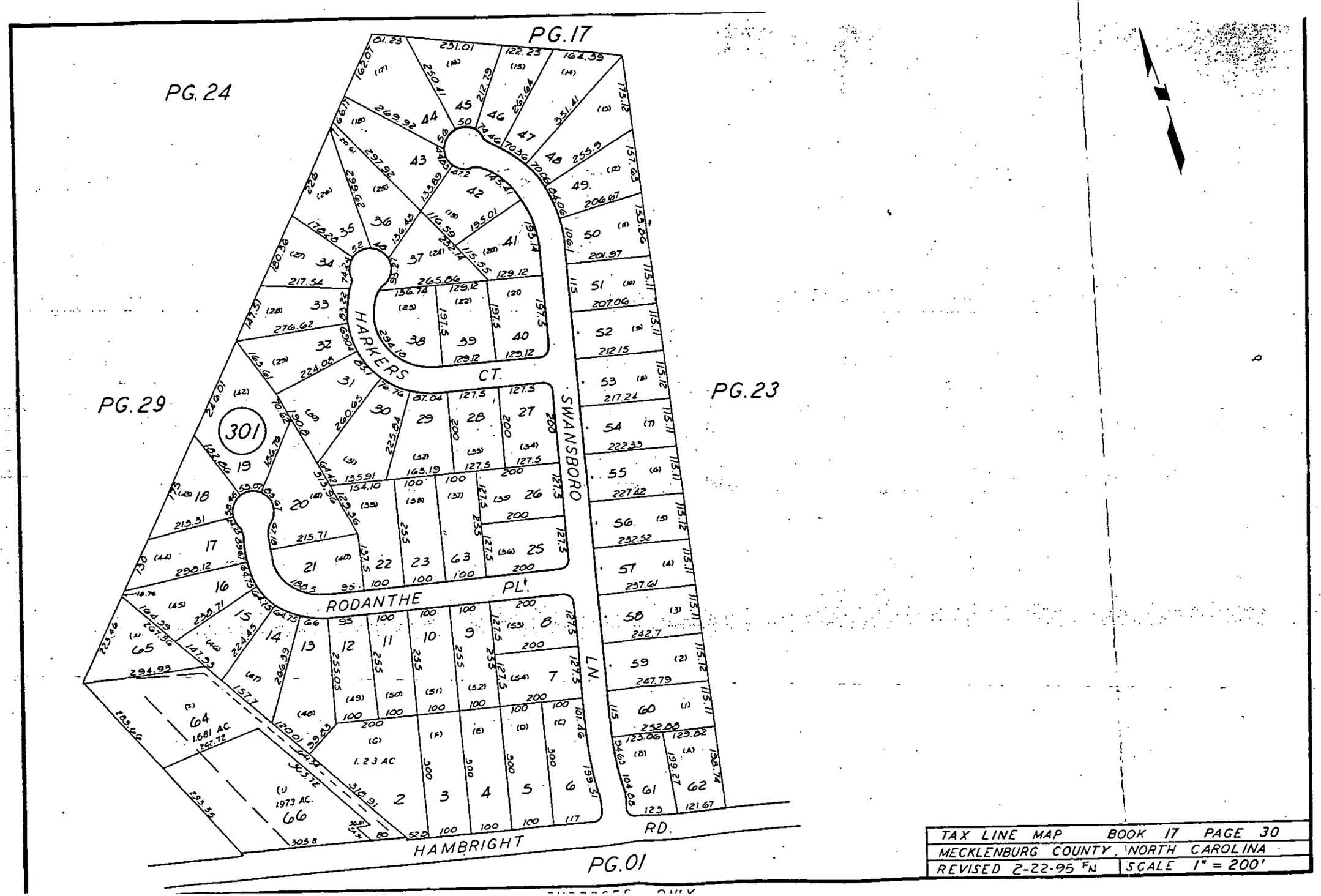
PROPERTY OWNER: George Blevins	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Blevins George (LAST) (FIRST) (MI)	NAME: Lam Ventures (LAST) (FIRST) (MI)
ADDRESS: 9750 Harkers Ct.	DAYTIME PHONE: ( ) 535-0120
CITY: Huntersville STATE: NC ZIP:	Cynthia Lazarowicz
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Cyl Lazarowicz DATE: 1/23/96

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


PG. 17
PG. 24
PG. 29
PG. 23
PG. 01
HARKERS CT.
SWANSBORO LN.
RODANTHE PL.
HAMBRIGHT RD.
301
64
1.681 AC.
65
66
1.973 AC.
1.23 AC.
TAX LINE MAP BOOK 17 PAGE 30
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 2-22-95 FN
SCALE 1" = 200'

EXO

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

DATE: 1/25/96 PERMIT NO: 20197
PARCEL NO: 017-301-28

JOB LOCATION ADDRESS: 9750 Harkers Court
PROPERTY OWNER: & George Blevins
BUILDING CONTRACTOR: L+M Ventures, Wanda Mullis
SUBDIVISION NAME: Yordale
AUTHORIZATION ISSUED BY: Linda B. Mialik, RS DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 20197, 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 alteration approval - conditions of Improvement Permit.

No building permit approval

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.

George C Blevins Current Prop. owner 1/25/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

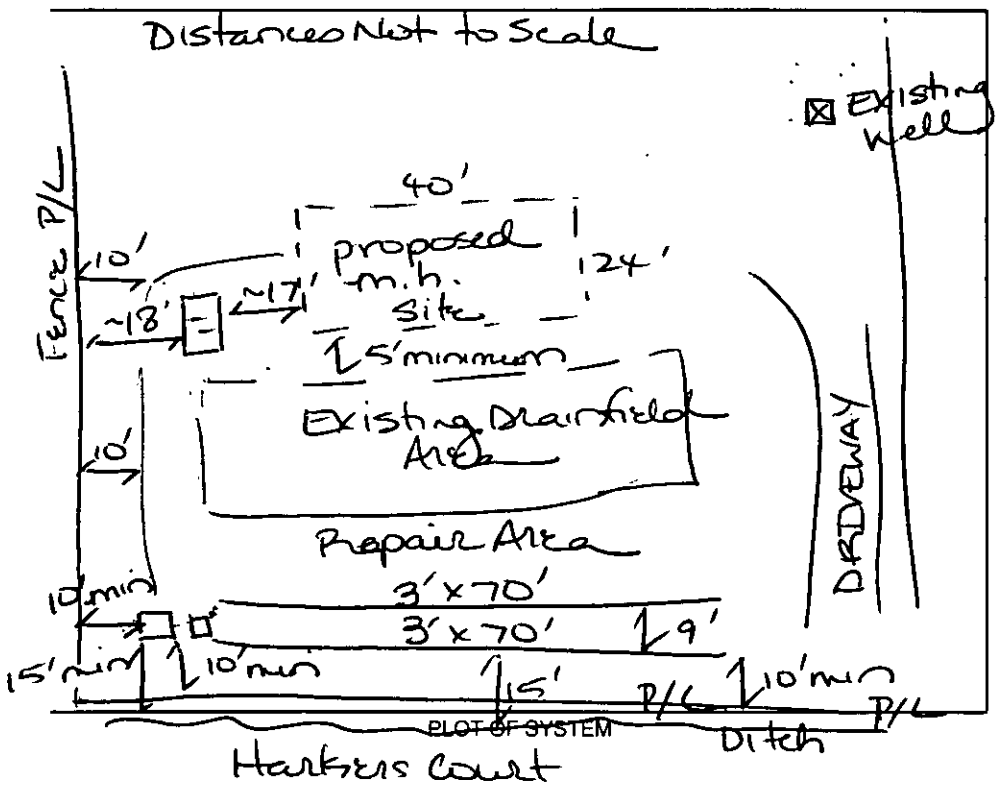
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 20197 DATE: 1/25/96

TC: 017-301-28 ☐ L

SERIAL Nº 16616

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 1/23/96. All work shall be completed on or before 2/27/96, 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.



Liquid Capacity of Septic Tank NA gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction Large Washer Box PCC

Trench Depth ~24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 140 feet

Number of Lines 2@70' each

Depth of Stone 12" inches

Distance from House >5 feet

Distance from Property Line 10 feet

Distance from Well 750' feet

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

NAME OF OWNER George Blevins

LOCATION OF PROPERTY 9750 Harkers Court

Comments:

Alteration to system - Washing machine drainfield installed to upgrade septic system from 2 bedroom to 3 bedroom (daily sewage flow).

Plumbing from home to washer box shall meet current N.C. Plumbing Code - consult building standards.

Line from washer box to D-Box shall be min. of 3" sch. 40 PVC.

Ilona B. Mielik, RS
Environmental Health Specialist

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

LM

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

20197

PD 5" JMH 10 1/9/96 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

Date: 1/9/96

PERSON FILING APPLICATION:
NAME: L & M Ventures Inc (last) (first)
ADDRESS: 4879 N Hwy 16 PHONE: 704 (__) 483-6815 535-0126 (mi) or
CITY: Denver STATE: NC ZIPCODE: 28037

PROPERTY OWNER:
NAME: George Bleuin (last) (first) (mi)
ADDRESS: 9750 Harkers Ct PHONE: (__) _____
CITY: Huntersville Charlotte STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-301-28
STREET ADDRESS: 9750 Harkers Ct Huntersville, NC
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] ~~SOIL TEST - INDIVIDUAL LOT (S)~~
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ~~SOIL TEST DEVELOPMENT (P)~~
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] ~~MOBILE/ADDITION/ALTERNATIVE OR RENOVATION - 4 BEDROOMS (E)~~
[ ] ~~REPAIR TO SYSTEM (R)~~

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Cyt Lazarz Date: 1/9/96

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...See application for alteration to system (to upgrade system to accommodate 3 bedroom home) submitted 1/23/96

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

Lisa B. Mialik RS 2/7/96
Environmentalist (Final on alteration) Date

Director or Authorized Section Head Date

WATER : 122791

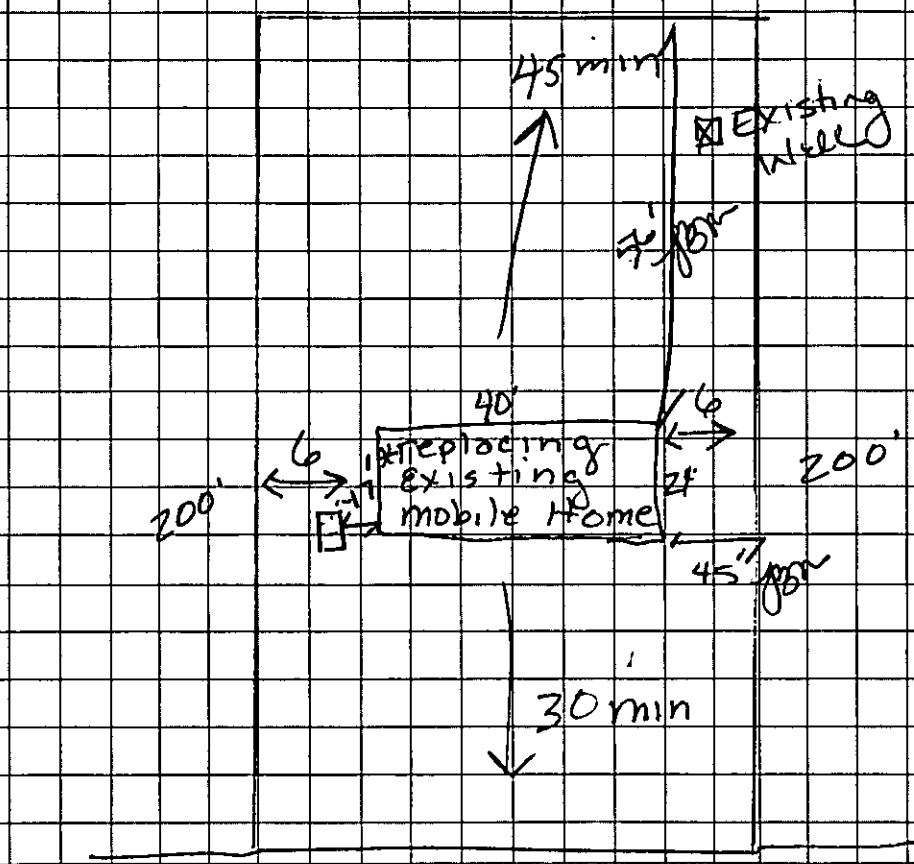
PROPOSED PLOT PLAN

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

FILE: 20127

TC: 017-301-28

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.



* mobile home shall be 5' minimum from any portion of sewage disposal system.

Hank Mullis 1-25-96
Construction Manager

OWNER/AGENT SIGNATURE

DATE 1-9-96

APPROVAL DATE 2/7/96 Joan B. Mialik

Use existing system with alteration for 3 bedroom mobile home.

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 20197

Tax Number: 017-301-28

- 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
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
✓ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: Alteration to system - Washing machine drainfield. to be installed in order to accommodate 3 bedroom residence Keep installation >50' from any well.			
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
420 Absorption Area (Sq ft) 140 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth Install w/ 24"
For existing system, enter the year originally installed: ~~8/8/85~~ 8/8/85			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t 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 effe 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 Departme
- This Improvement permit is transferable.

Lisa B. Mialik, RS 1/25/96
DEHNR Authorized Agent — Date

Owner/Agent Signature — 1/25/96 Date
Current property Owner

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

File 2097

BK: 07540 PG: 0854/0855 #:0592 10.00
NC EXCISE TAX: 18.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/12/93 17:55

MECKLENBURG COUNTY
[redacted] 18.00 TRSN 90
STATE OF NORTH CAROLINA Real Estate Excise Tax

Excise Tax $18.00

Tax Lot No. _____ Parcel Identifier No. 017-301-28
Verified by _____ County on the _____ day of _____, 19____
by _____

Mail after recording to Carey A. Sellers
Box 99
This instrument was prepared by Carey A. Sellers
Brief description for the Index: Lot 33, YORKDALE, Section 2

07540 0854

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 12th day of November, 19 93, by and between

GRANTOR	GRANTEE
PAULA McCAIN SEITZ (unmarried)	GEORGE C. BLEVINS and wife, BRENDA P. BLEVINS 9750 Barkers Court Huntersville, North Carolina 28078

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

BEING all of Lot 33 of YORKDALE Subdivision, Section 2 as shown upon a map thereof, recorded in Map Book 20, Page 468 in the Office of the Register of Deeds of Mecklenburg County.

N. C. Bar Assn. Form No. 3 © 1976, Revised © 1977 – [illegible]

1800 sqm

File 20197

[redacted]

4815 0282

PRESENTED FOR REGISTRATION 2:50
Apr 6 4 53 PM '84
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

Excise Tax $7.50

Tax Lot No. 017-232-02 (portion thereof) Parcel Identifier No.

Verified by County on the day of 19

by

STAMPS 1.00
FEE
COSH 14.50

Mail after recording to JORDAN, GRIMM, WILSON & YOUNG, 2450 First Union Plaza, Charlotte, NC 28

This instrument was prepared by Samuel A. Wilson, III 9:93 88559.000

Brief description for the index Lot 33, KENDALE, Section 2 04/06/84

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 30th day of March, 1984, by and between

GRANTOR	GRANTEE
DONCO PROPERTIES, INC., a North Carolina Corporation	PAULA McCAIN SEITZ (unmarried) 3730 North Sharon Amity Road Apartment L-2 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 Long Creek, Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Lot 33 of KENDALE Subdivision, Section 2 as shown upon a map thereof recorded in Map Book 20, Page 468 in the Office of the Register of Deeds of Mecklenburg County.

N.C. Bar Assn. Form No. 3 © 1976, Revised 1977. Printed by Commonwealth Printers, Inc.

File 20197

LAZNER INVESTMENT CORP.

FACSIMILE MESSAGE

LAZNER INVESTMENT CORP.
FAX # 704-535-0050

TO: LISA

FROM: Cyndi Lazarowicz

DATE: 1/19/96

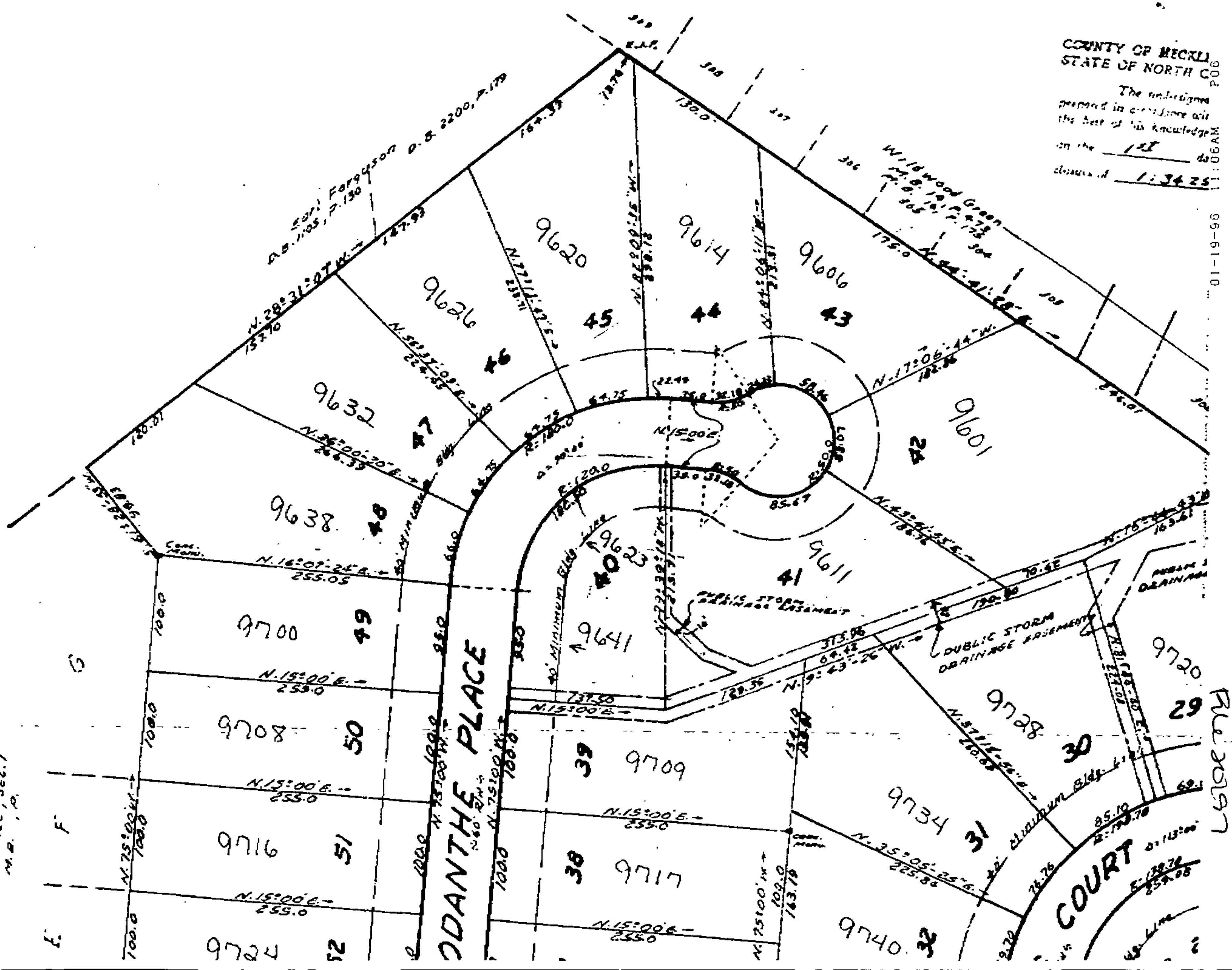
TOTAL PAGES INCLUDING THIS ONE. 7

NOTE: IF YOU DO NOT RECIEVE ALL THE PAGES, PLEASE TELEPHONE IMMEDIATELY! (704) 535-0120

Questions? Call me @ 535-0120 or page me @ 356-1903

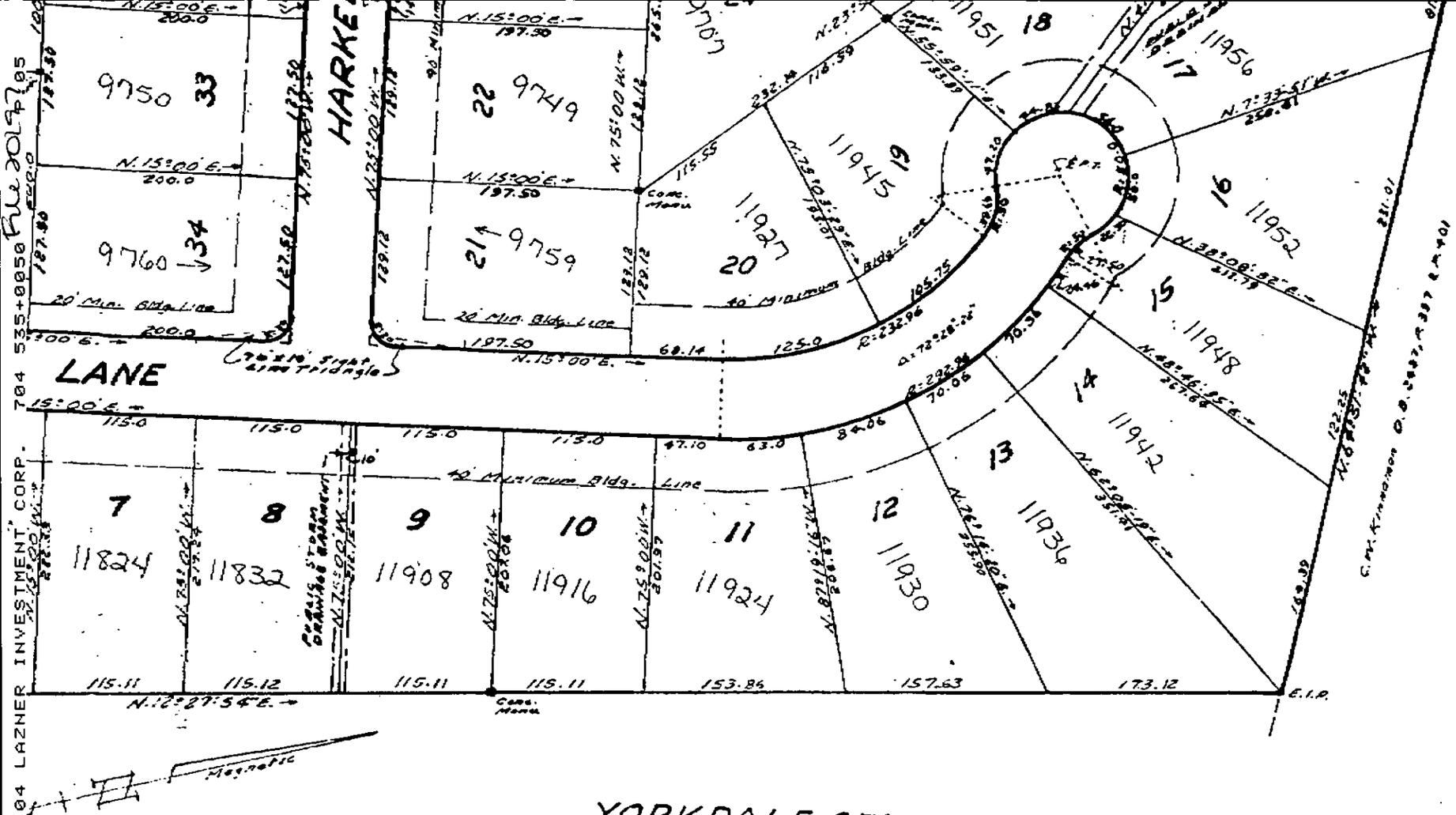
7904 Saddleview Court / Charlotte, NC 28215 / 704-535-0120

State of North Carolina, County of Mecklenburg
The foregoing certificate[redacted] of Thomas B. Toppins
a Notary[redacted] Public of Mecklenburg County and State North Carolina
is [redacted] certified to be correct. This 9th day of December, 1993
Charles E. Crowder, Register of Deeds, By: [signature] [redacted] Assistant



COUNTY OF MECKL
STATE OF NORTH C
The undersigned
prepared in accordance wit
the best of his knowledge
on the 1st da
closure of 1:34 25

JAN-19-96 FRI 11:04 LAZNER INVESTMENT CORP. 704 535+0050 File 20197105
01-19-96 11:06AM P05



Note:
1. Iron pin placed at each lot corner and points of curve except where concrete monuments are installed.
2. All block corners subject to 20' radius or indicated, however, drainage can be interior to block.
3. No garage on this property is located to flood plain site.

YORKDALE, SECTION 2

PROPERTY OF

DONCO PROPERTIES, INC.

Long Creek Twsp. Mecklenburg County, N.C.
Scale: 1"=100'
November 14, 1983

Gravelly Scale

Survey and plat by: Keith R. Moon, N.C.R.L.S. L585
Charlotte, N.C.

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

PROPOSED SUBDIVISION ROAD
CONSTRUCTION STANDARDS CERTIFICATION

APPROVED _____
DISTRICT ENGINEER

DATE 12-9-83

Book 20 Page 468

STATE OF NORTH CAROLINA

The undersigned surveyor, being duly sworn, deposes and says that this plat was prepared in accordance with G.S. 47-30 as amended, and is in all respects correct according to the best of his knowledge and belief and was prepared from an actual survey made by him on the 1st day of December, 19 82, with a linear error of closure of 1:34257 and an angular error of the type of 2 sec and a precision of

Keith R. Moen
N. C. Registered Surveyor
L-585

KEITH R. MOEN L-585
SEAL
REGISTERED
LAND SURVEYOR
NORTH CAROLINA

PRESENTED FOR REGISTRATION
Dec 9 4 28 PM '83
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

COUNTY OF Mecklenburg
STATE OF NORTH CAROLINA

I, Thomas R. Topping, a Notary Public for the County of Mecklenburg and State of North Carolina, do hereby certify that Keith R. Moen, surveyor, personally appeared before me this day and acknowledged the due execution of the foregoing certificate and, upon his oath, swore to the truth of the statements set forth therein.

Witness my hand and notarial seal this 1st day of December, 1983

Thomas R Topping
Notary Public

My Commission Expires: September 13, 1986

THOMAS R. TOPPING
NOTARY PUBLIC
MECKLENBURG COUNTY, N. C.

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