

4312 OLDE ROXBURY DR

23118202

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: 3633-B DATE: 12-3-97

TC: 231-182-02 ☒ L ☒ CRT

SERIAL Nº 17116

Name of Owner PAMALA MACALUSO Juris.: _____

Address of Property 4312 OLDE ROXBURY DRIVE

Inspection Data:

Tank Material 1500 P.C.C.

Total Length of Drainfield 400'

Number of Lines 4 INNOVATIVE @ 100

Cover Depth 12" SOIL

Water Supply Source MUNICIPAL

Distance to Water Source _____

Excavation Inspected 12-3-97

Tank(s) Inspected 12-3-97

Wash Line Inspected NA

High Water Alarm Inspected NA

* INSTALLED ACCORDING TO PERMIT

PLOT

Design 1500 ST INNOVATIVE 1200 SF T APPLING-LIKE CTR# STANLEY

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: TYPE II C 4 BEDROOMS, 4 LINES, INNOVATIVE, (100') INFILTRATOR TYPE

Jack A. Adkins RS

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: 36338 DATE: 12-3-97

TC: 231-182-02 ☐L

SERIAL Nº 17377

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2-28-96. All work shall be completed on or before 1-3-98, 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.

INSTALL AS INDICATED ON PERMIT

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction _____

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone NA inches

Distance from House _____ feet

Distance from Property Line _____ feet

Distance from Well 100' feet

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

NAME OF OWNER PAMALA MACALUSO

LOCATION OF PROPERTY 4312 OLD ROXBURY DRIVE

Comments: INSTALL DRAINLINES 24" DEEP. AND ON CONTOUR

Environmental Health Specialist

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

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/19/97 11:09
BK: 09358 PG: 0652/0655 #:0128 15.40

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 3633B
PARCEL # 231-182-02

The undersigned, Pamela B. Macaluso, owner of property located at 4312 Olde Boxbury Drive, (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Pamela B. Macaluso
Mail after recording to: 428 Hickswood Lane
Charlotte, NC 28270

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned 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, this 18 day of Nov, 1997.

Book Construction, Inc.
(Corporate Name)

By: Pamela B. Maccaluso

President

ATTEST:

Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Brenda A. Hilton, a Notary Public for said County and State, do hereby certify that Pamela B. Maccaluso personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18 day of November, 1997.

Brenda A. Hilton
Notary Public

My Commission Expires:
11/2/99

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Brenda A. Hilton, a Notary Public for said County and State, do hereby certify that Larry E. MacWilson personally came before me this day and acknowledged that he is Secretary of Back Construction, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by him as its _____ Secretary.

WITNESS my hand and notarial seal, this 18 day of November, 1997.

Brenda A. Hilton
Notary Public

My Commission Expires:
[illegible]/99

BRENDA A. HILTON NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

CK#1467 Rec'd $400 DART

FEE: 300- **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 1-21-91 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2-28-96 PERMIT NO: 3637 B

PARCEL NO: 231-182 02

JOB LOCATION ADDRESS: 4312 OLD ROXBURY DR.

PROPERTY OWNER: George Chapman

BUILDING CONTRACTOR: George Chapman

SUBDIVISION NAME: ROXBURY

AUTHORIZATION ISSUED BY: Kelly Randall DATE: 2-28-96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3637B, 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: Agreement form must be recorded prior to installation 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.

Geo. W. Chapman 2/28/96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Limit Number 3633-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 231-182-02

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	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
No Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	/ Gallon pump tank	N/A Depth of stone	

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

Site modifications required:

Additional Conditions: - agreement form must be recorded prior to installation approval
- house site cannot be moved from plot plan depiction

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

___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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

Pamela Macaluso 7/21/97
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 213
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

D CRT 4600

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

DATE: 2-21-97 **PERMIT NO:** 3633-B

JOB LOCATION ADDRESS: 4312 OLDE ROXBURY DR **PARCEL NO:** 231-182-02

PROPERTY OWNER: Pam Macaluso

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ **DATE:** 2-28 97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3633-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: - agreement form must be recorded prior to installation approval
- house site cannot be moved from plot plan depiction.

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.

Pamela Macaluso 2/21/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

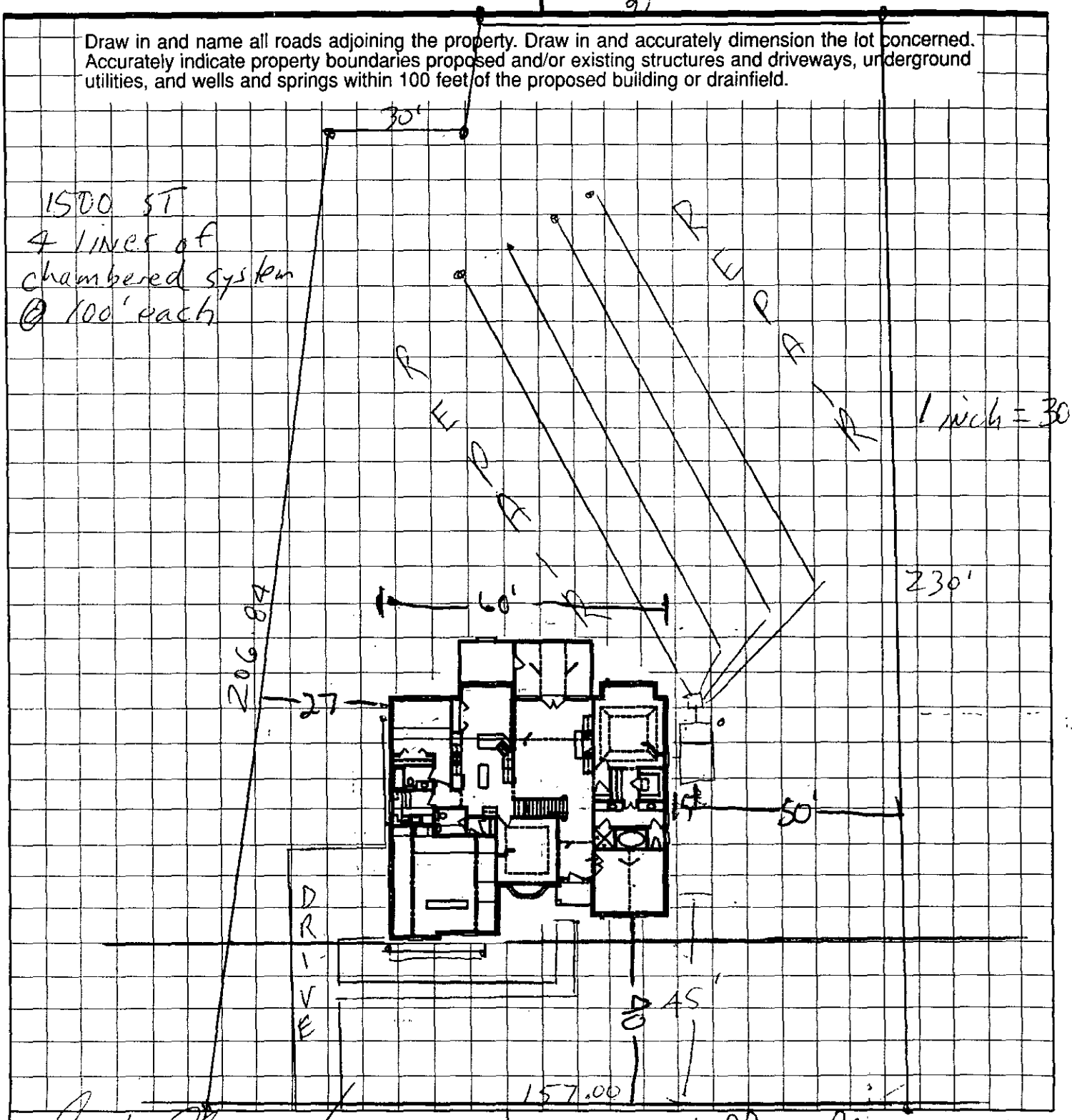
PROPOSED PLOT PLAN

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

FILE: 3633-B

TC: 231-182-02

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.



OWNER/AGENT SIGNATURE Geo. W. Chapman

DATE 2/28/96

APPROVAL DATE Hall, Hall 2-28-96

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

F: 320.00 Rec'd
DATE: 7-16-97
Ck # 1462

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

Charge to Pat Barr [ ] 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 #: 3633B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 4312 Olde Roxbury Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Roxbury

LOT NUMBER: 43

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: 3594

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 6

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 7/21/97

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

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

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Macaluso (LAST) Pamela (FIRST) B. (MI)	NAME: Macaluso (LAST) Pamela (FIRST) B (MI)
ADDRESS: 428 Sunnywood Lane	DAYTIME PHONE: 704 845-1627
CITY: Charlotte STATE: NC ZIP: 28270	
DAYTIME PHONE: 704 845-1627	

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: Pamela B. Macaluso DATE: 7/16/97

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

PROPOSED PLOT PLAN

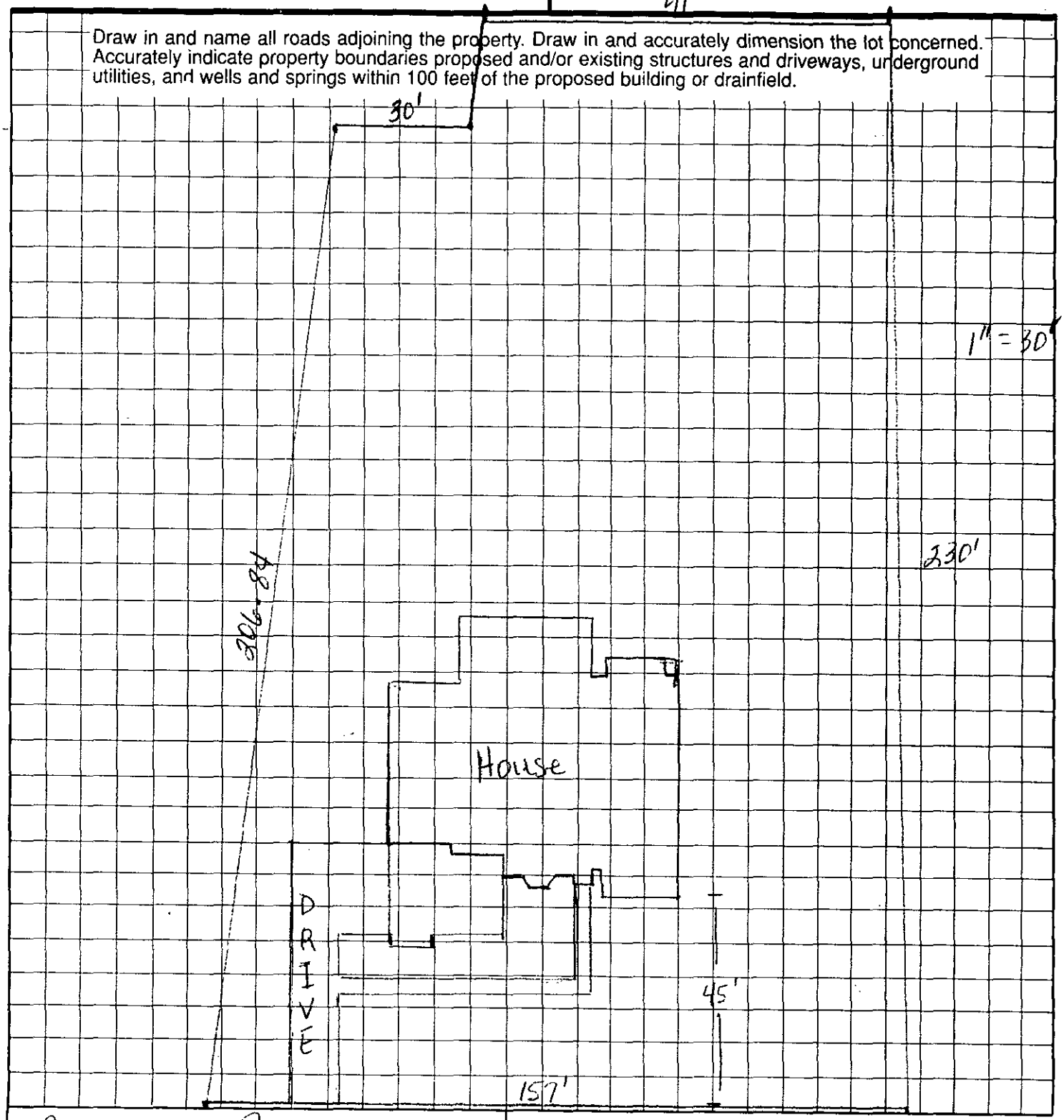
Change of Plot Plan —

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

FILE: 3639B

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.



Pamela B. Graccalusso
OWNER/AGENT SIGNATURE

DATE 7/17/97

APPROVAL DATE _____

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

FEE: 180.00
DATE: 7/10/96
CK. #8577

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION 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 #: 26338

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 231-182-02

STREET ADDRESS: 4312 OLD ROXBURY DR.

SUBDIVISION OR MOBILE HOME PARK NAME: ROXBURY

LOT NUMBER: 48

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: ~~2600~~ 3042

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:
Modified System: Infiltration

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

WATER SUPPLY (CHECK ONE): X 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 X NO	WELL SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTE WATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES X NO		

PROPERTY OWNER:

NAME: AmeriFirst Development Corp.
(LAST) (FIRST) (MI)

ADDRESS: 3141 Cutchin Dr.

CITY: Charlotte STATE: NC ZIP: 28210

DAYTIME PHONE: ( ) 552 --7753

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5/8/89

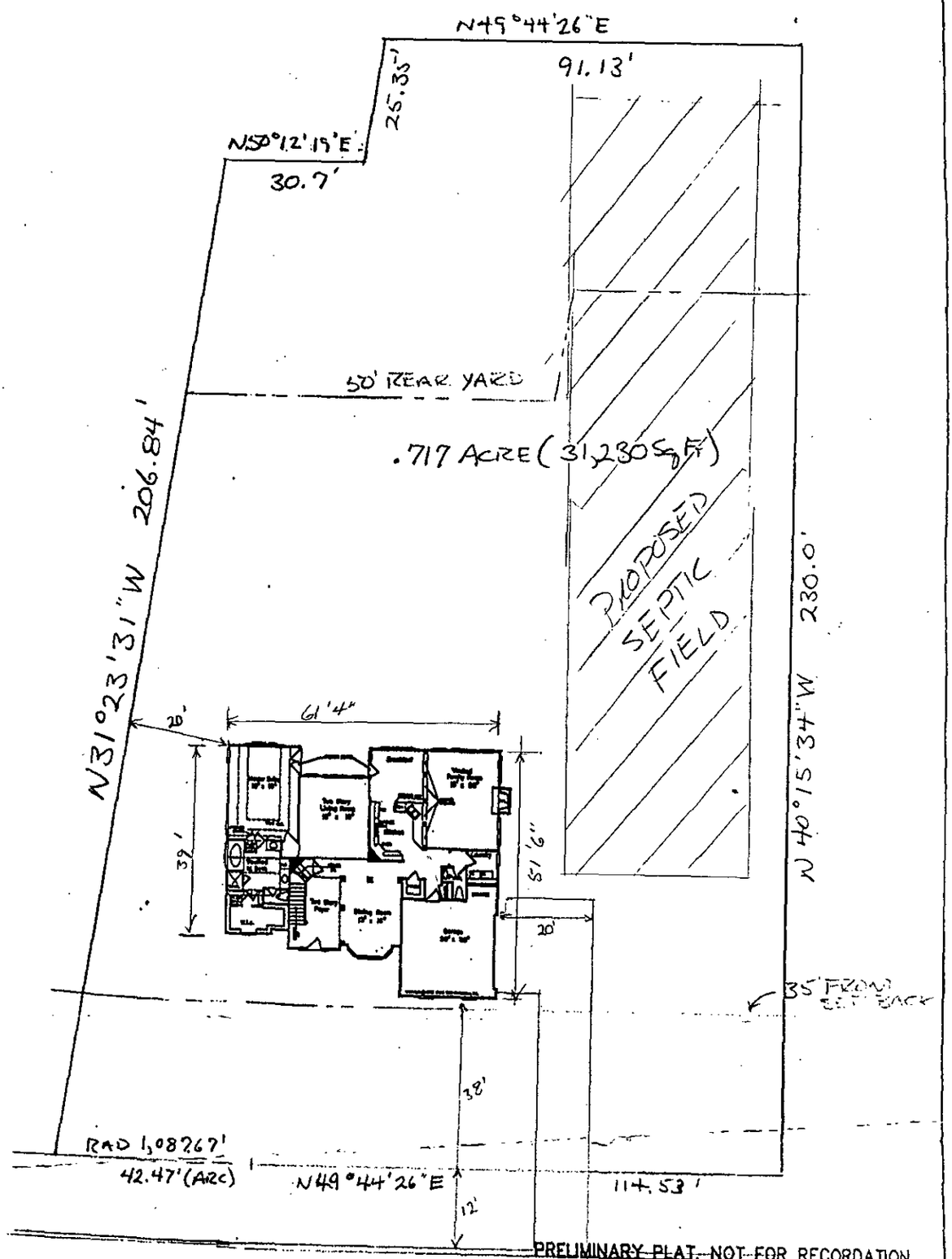
THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: George W. Chapman Jr., President DATE:

Geo. W. Chapman Jr.

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

3633B



PRELIMINARY PLAT, NOT FOR RECORDATION, CONVEYANCES OR SALES.

SCALE: 1" = 30'

EXHIBIT

of

4312 OLDE ROXBURY DRIVE

Mecklenburg County, N.C.

LOT 43 BLOCK ____ MAPBOOK 25 PAGE 77

SUBDIVISION ROXBURY

DEED REFERENCE _____

SURVEYED: DATE:

DRAWN: UPDATE:

SEAL

PROPOSED PLOT PLAN

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

FILE: 3633B

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.

SEE Attached

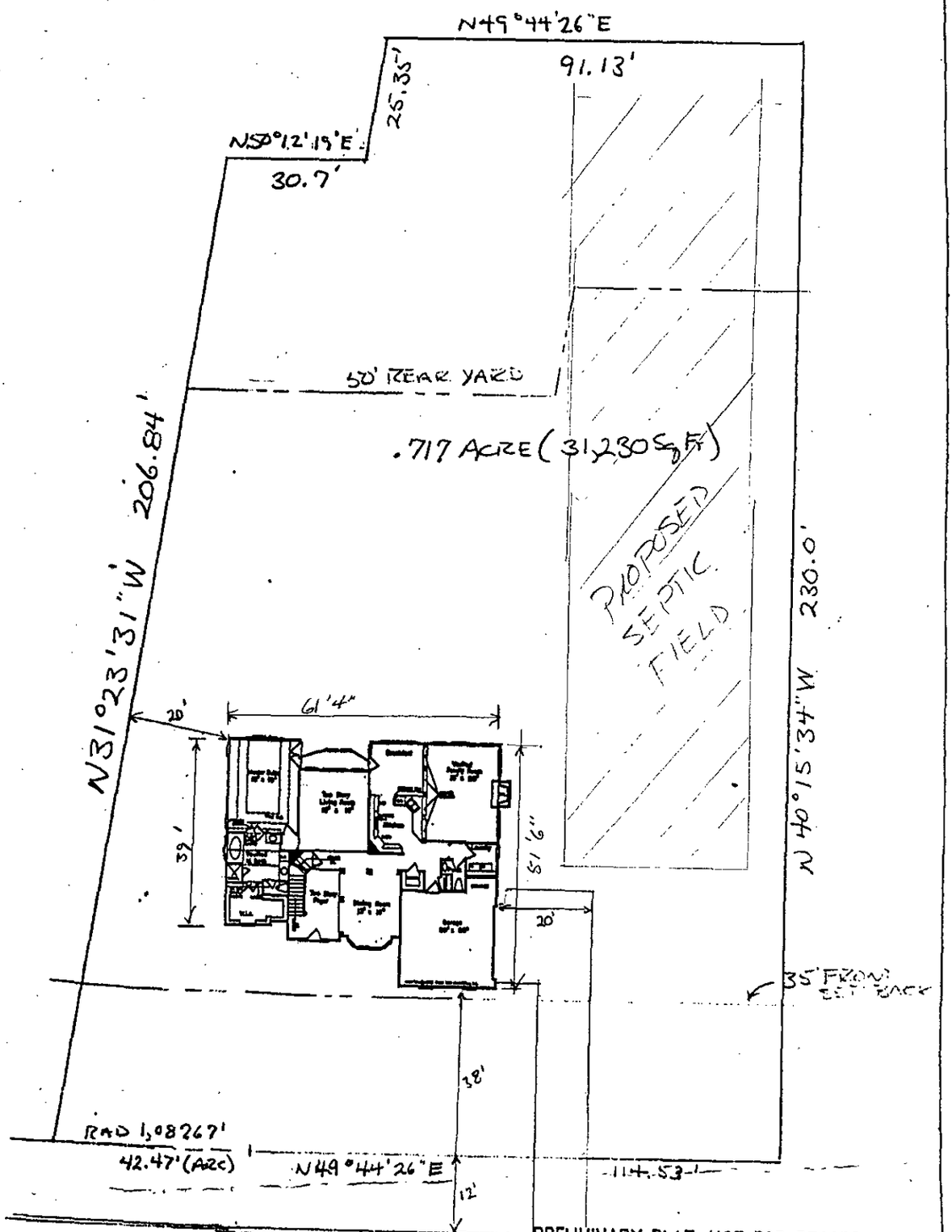
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

3633B



PRELIMINARY PLAT, NOT FOR RECORDATION, CONVEYANCES OR SALES.

SCALE: 1" = 30'

EXHIBIT

of

4312 OLDE ROXBURY DRIVE

Mecklenburg County, N.C.

LOT 43 BLOCK ___ MAPBOOK 25 PAGE 77

SUBDIVISION ROXBURY

DEED REFERENCE ___

SURVEYED: DATE:

DRAWN: UPDATE:

SEAL

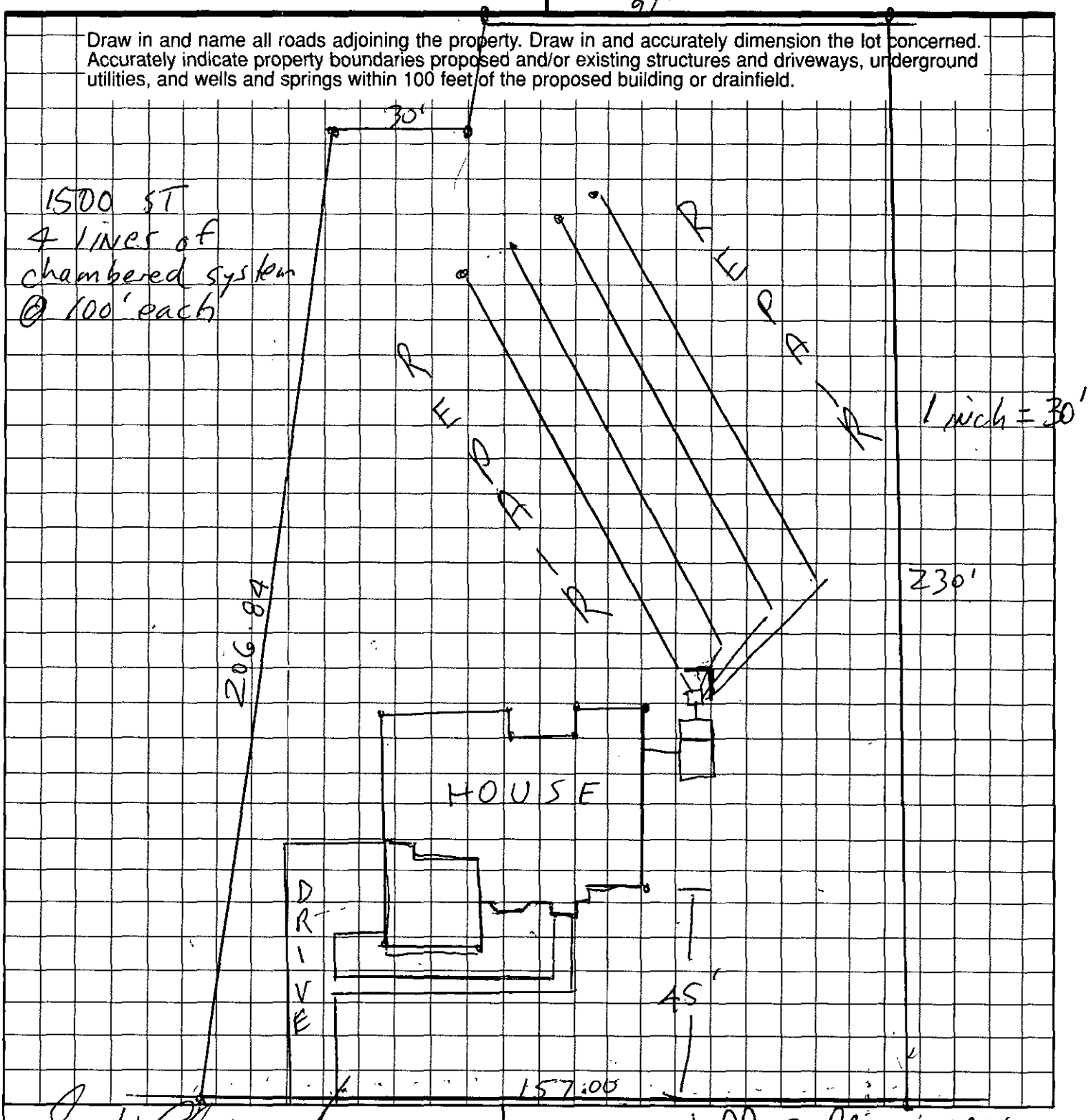
PROPOSED PLOT PLAN

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

FILE: 3633-B

TC: 231-182-02

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.



Geo. W. Chapman
OWNER/AGENT SIGNATURE

DATE 2/28/96

APPROVAL DATE Holly Hill 2-28-96

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Permit Number: 3633-S

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 231-192-02

- 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	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
No Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	28" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Agreement forms must be recorded prior to installation approval				
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	
1605 Absorption Area (Sq ft) 535 Total Trench Length (Ft)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)	22" 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 th 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 effec 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 Departmen
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 2-20-96

Agent: First Development Corp.
Geo. W. Champ
Owner/Agent Signature — Date 2/28/96

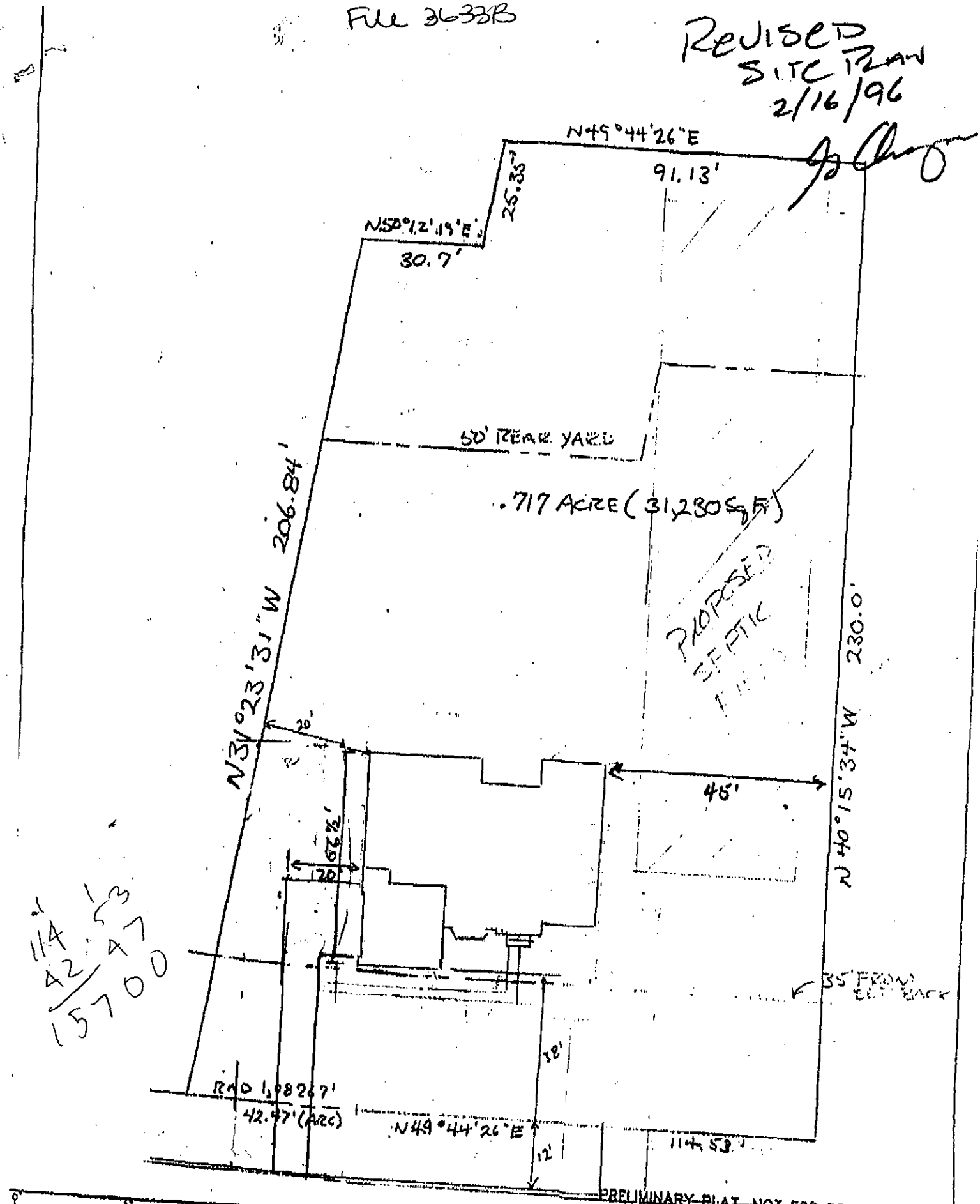
MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

IWWS:100195

File 3633B

REVISED SITE PLAN 2/16/96



PRELIMINARY PLAT - NOT FOR RECORDATION, CONVEYANCES OR SALES.

SEAL

EXHIBIT

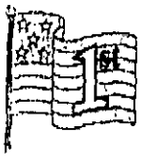
of

4312 OLDE ROXBURY DRIVE.

Mecklenburg County, N.C.

LOT 43 BLOCK ___ MAPBOOK 25 PAGE 77

SUBDIVISION ROXBURY



AMERIFIRST

3141 Cutchin Dr.
Charlotte, N.C. 28210
Tele/FAX (704) 552-7793

DATE: 2/16/96
TIME: 12:00 N

ATTENTION: Kelly Rundell

COMPANY NAME: Meck Co. Environmental Health

FAX NUMBER: (___) 336-6894

NUMBER OF PAGES (Excluding Cover Sheet): 1

REFERENCE: Revised Site Plan Lot 43 Roxbury

SPECIAL INSTRUCTIONS: _____

FROM: George Chapman

AMERIFIRST DEVELOPMENT CORP.
3141 CUTCHIN DR.
CHARLOTTTE, N. C. 28210

TELEPHONE AND FAX NO. 704-552-7793

REVISED
SITE PLAN
2/16/96
N49°44'26"E
91.13'
25.33'
N5°12'19"E
30.7'
50' REAR YARD
.717 ACRE (31,230 SqFt)
PROPOSED
SEPTIC
N31°23'31"W 206.84'
N 40°15'34"W 230.0'
20'
45'
22.99'
120'
35' FROM
38'
R=0 1,98267'
42.47' (Arc)
N49°44'26"E
114.53'
12'
PRELIMINARY PLAT NOT FOR RECORDATION,
CONVEYANCES OR SALES.
SCALE: 1" = 30'
EXHIBIT
of
4312 OLDE ROXBURY DRIVE.
Mecklenburg County, N.C.
LOT 43 BLOCK MAPBOOK 25 PAGE 77
SUBDIVISION ROXBURY
DEED REFERENCE
SURVEYED:
SEAL

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 7/3/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 231-182-02

ASSIGNED ADDRESS 4312 Olde Roxbury Dr

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	
6. PROPERTY FRONTS ON THOROUGHFARE	*	
7. DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028637

File: 3633B Action 2

Parcel: 231-182-02 ☐ PC

Location: 4312 Olde Roxbury

Subdivision:

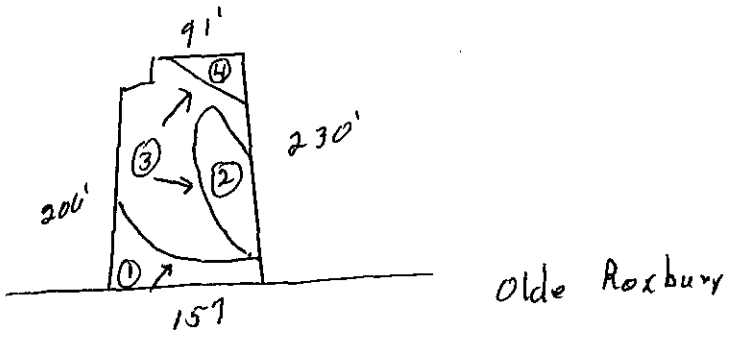
Lot: 43 Block: Acres: .7

Owner: Joseph Ameroyal
Address:

Comments: 100% Repair, .3gal/ft² LTAR

Described by: William A. Marlin

Date: 7-26-95



***** 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 2-8%	(S) PS U 2-8%	S PS (U) Depression	S PS U	S PS U
Texture	S PS (U) Expansive clay	S (PS) U slightly Ex. clay	S (PS) U slightly Ex. clay	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U	S PS U
Drainage	S (PS) U 36" to water	S (PS) U 40" to wetness	S (PS) U 36" to soil wc	S PS U —	S PS U	S PS U
Depth	S PS (U) 20-24"	S (PS) U 36-40"	S PS (U) 24-34"	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U 40"	S (PS) U >36"	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	S PS (U) Restricted	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	Enon-Lilla	IV Appling-Lilla	IV series Not Determined	Depression		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County
Health Department

August 3, 1995

Brian K. Beaublen
P.O. Box 471941
Charlotte, NC 28247

Dear Mr. Beaublen:

Re: 4312 Olde Roxbury
File: 3633B
Parcel: 231-182-02

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1943 SOIL DEPTH
(a) Soil depths to saprolite, rock, or parent material greater than 48 inches shall be considered SUITABLE as to soil depth. Soil depths to saprolite, rock, or parent material between 36 inches and 48 inches shall be considered PROVISIONALLY SUITABLE as to soil depth. Soil depths to saprolite, rock, or parent material less than 36 inches shall be classified UNSUITABLE as to soil depth.
(b) Where the site is UNSUITABLE with respect to depth, it may be reclassified PROVISIONALLY SUITABLE after a special investigation indicates that a modified or alternative system can be installed in accordance with Rule .1956 or Rule .1957 of this Section.
.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

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 reasonable 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 contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.

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

LT:gf

Mecklenburg County
Health Department

~~December 13, 1994~~ Aug 01, 1995

~~Three C's LLC~~
~~14709 Thompson Road~~
~~Charlotte, NC 28227~~

Brian K. Beaublen
P.O. Box 471941
Charlotte, N.C. 28247

Re: ~~9900 Newell Hickory Grove~~ Road 4312 Olde Roxbury
File: ~~3072B~~ 36333
Parcel: ~~105-013-11~~ 231-182-02

Dear Sirs:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1943 SOIL DEPTH
(a) Soil depths to saprolite, rock, or parent material greater than 48 inches shall be considered SUITABLE as to soil depth. Soil depths to saprolite, rock, or parent material between 36 inches and 48 inches shall be considered PROVISIONALLY SUITABLE as to soil depth. Soil depths to saproline, rock, or parent material less than 36 inches shall be classified UNSUITABLE as to soil depth.
(b) Where the site is UNSUITABLE with respect to depth, it may be reclassified PROVISIONALLY SUITABLE after a special investigation indicates that a modified or alternative system can be insatlled in accordance with Rule .1956 or Rule .1957 of this Section.

→ Add A .1945 Available Space (see 2nd page)

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met.

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.

June 10, 1994

Maxton G. Redding, Jr.
7208 Applecross Lane
Charlotte, NC 28215

Re: 20908 Tuskarora Trail
File: 7028A
Parcel: 001-391-72

Dear Mr. Redding:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met.

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 contact me at 336-5570.

Sincerely,

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

Dis

Arcadia HOMES

Facsimile Cover Sheet

To: KELLY RANDELL
Company: MECK. CO. HLTH. DEPT.
Phone:
Fax: 336-6894

From: DAN GOETZ
Company: Arcadia Homes, Inc.
Phone: (704) 889-4663
Fax: (704) 889-6959

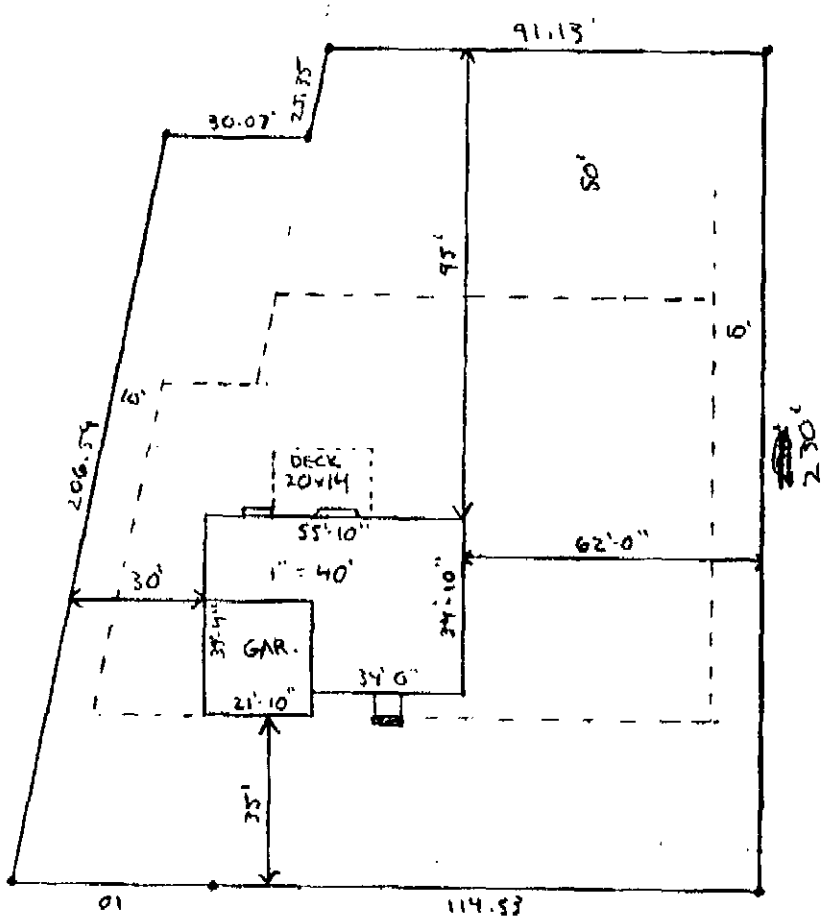
Date: 7-27-95
Pages including this cover page: 3

Comments: MR. RANDELL PLEASE LOOK THIS PLAT OVER TO SEE IF DRAIN FIELD THAT MR. MARLIN FOUND 4 HOLES FOR, WILL FIT TO RIGHT SIDE OF HOUSE. I KEPT HOUSE LOCATION TO FORWARD PROP. SETBACK AND 30' MIN OFF ~~REAR~~ SIDE OF GARAGE, ALLOWING YOU AN AREA OF ~~45'~~ APPROXIMATELY 62' x 230'

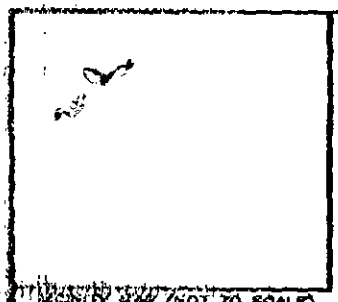
IF YOU CAN GIVE ME ANY INFO TODAY POSITIVE OR NEGATIVE I WOULD REALLY APPRECIATE ~~THE~~ A CALL BECAUSE THE CONTRACT IS HINGING ON GETTING A DRAIN FIELD AND I WOULD LIKE TO TELL HOMEOWNER (FUTURE HOMEOWNER) TONIGHT

THANKS
DAN

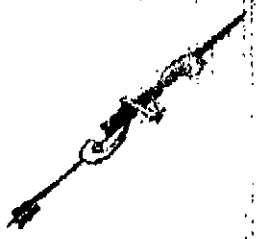
P.O. Box 471941, Charlotte, NC 28247 • (704) 889-4663 • Fax (704) 889-6959



OLDE ROXBURY DRIVE



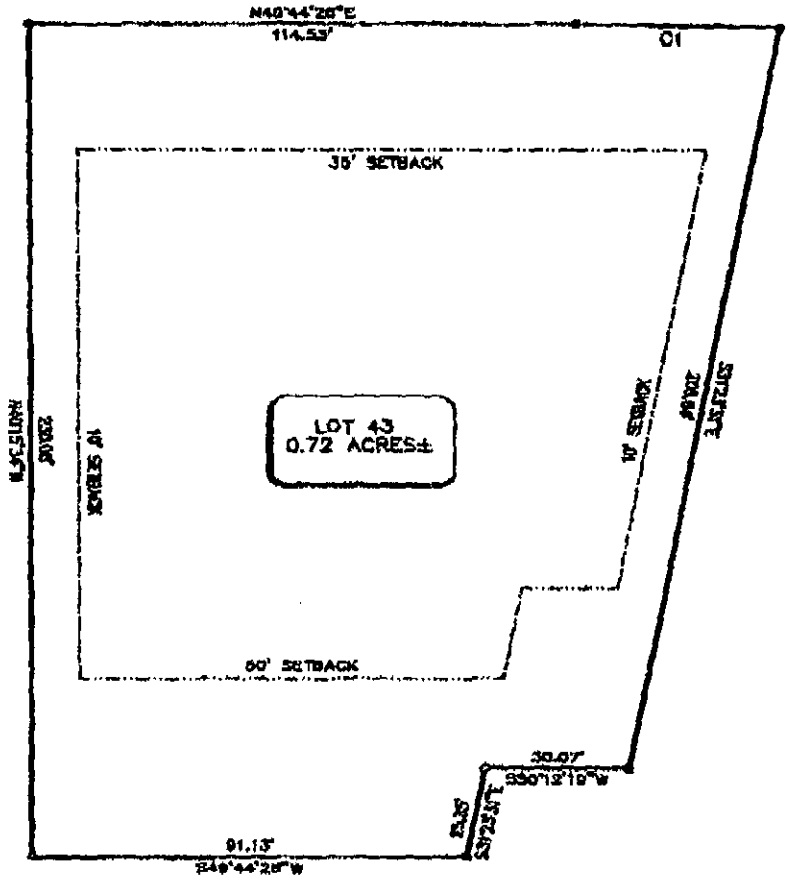
(VICINITY MAP (NOT TO SCALE))



LEGEND :
EIP - EXISTING IRON PIN
R/W - RIGHT OF WAY
IPS - IRON PIN SET
D.B. - DEED BOOK

NOTES :

OLD ROXBURY DRIVE
(50 PUBLIC R/W)



CURVE	RADIUS	LENGTH	TANGENT	CHORD	BEARING	DELTA
C1	1067.67'	42.45'	21.23'	42.44'	N51°07'38"E	02°16'09"

40 20 0 40 120

BAR GRAPH

I, David L. Gray, a Registered Land Surveyor (L-3088), hereby certify that to the best of my knowledge, this map is correct and that the buildings shown thereon are as shown, and that except as noted, there are no encroachments of other structures onto this lot. The ratio of precision for this map exceeds 1:10,000. Witness my hand and official seal, this 10th day of May, 1994. This plat is valid for 90 days from the above date. This plat was prepared for the use of the person or persons named hereon, and of this plat by any unnamed third party shall render this plat invalid.

David L. Gray, RLS L-3088

GPA
PROFESSIONAL LAND SURVEYORS
"EXCELLENCE AS A NORM"
P.O. BOX 36916, CHARLOTTE, N.C. 28236-6916
(704) 335-8600 (800) 334-4051
FAX (704) 335-8655

SUBDIVISION:
LOT No. BLOCK N/A
PLAT BOOK PAGE

SCALE 1" = 40'
DATE: 07/27/95
JOB No.
DRAWN BY:

PROPERTY OF :

WHOEVER
ADDRESS

CITY OF CHARLOTTE MECKLENBURG COUNTY, N.C.

, as Buyer,

, as Seller,

purchase and sale of certain parcel of land described below, together with all improvements located thereon (such fixtures and personal property as are hereinafter excluded being collectively referred to as "the Property"), upon the following terms and conditions:

SALE PROPERTY: Located in the City of , County of , State of North Carolina, being known as and more particularly described as: Zip 28105

, Page No. , County.)

Prior to signing this offer, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, Zoning Laws, Ancillary Jurisdiction, Rules and Regulations, and other governing requirements.

(a) The following items of personal property now located on the Property are included in this sale: range/oven, refrigerator, dishwasher, disposal, trash compactor, ceiling fans, attached lighting fixtures, bathroom mirrors, window treatments, combination doors, awnings, shutters, satellite dishes, security and fire detection systems, heating systems, built-in fireplace screens, gas logs, fireplace inserts, central vacuum cleaning systems and accessories, wall-to-wall carpeting, installed outdoor plants, mailbox, detached outbuildings, permanently installed playground equipment, swimming pool and its accessories, fencing, outdoor cooking units, basketball goals, storage sheds, bulkheads, wharves, docks, piers, and all other property owned by Seller and attached to the Property, EXCEPT the following items: N/A

(b) FIRST PROPERTY: The following items of personal property now located on the Property which may be subject to a lease or a security interest retained by a third party will be conveyed to Buyer, if at all, only in accordance with the terms of Paragraph 3(a) below:

2. PURCHASE PRICE: The purchase price to be paid by Buyer for the Property is $ N/A and shall be paid as follows:

(a) $ EARNEST MONEY DEPOSIT in the form of ☐ personal check ☐ cash ☐ certified check ☐ other CHECK to be held in escrow by GRANDEY REALTY as escrow agent (Escrow Agent) upon receipt of both parties hereto and delivered to Escrow Agent upon closing; and

(b) $ balance at closing.

3. CONDITIONS: Buyer's obligation to purchase the Property is conditioned upon the following:

(a) Buyer's examination and approval of the following items within ten days after the Effective Date: (i) a survey of the Property prepared by a licensed surveyor; (ii) any leases affecting the Property; (iii) the Owners' Association documents and budget; (iv) the physical condition of the Property; (v) zoning and other governmental regulations affecting the Property; and (vi) other: . Buyer shall have the right to terminate this offer if any of the foregoing items are not satisfactory to Buyer in Buyer's sole discretion. Buyer must notify Seller in writing of Buyer's disapproval of any of the foregoing items within the time specified or Buyer's right to object to such item shall be waived. In the event of such timely disapproval, this offer shall be void and all earnest money deposits shall be returned to Buyer. In the event of breach of this contract by Seller, Buyer's disapproval of any of the foregoing items shall not affect any other remedies available to Buyer for such breach of contract. If this offer is accepted and Buyer breaches this contract, all earnest money deposits shall be forfeited upon Seller's request, but such forfeiture shall not affect any other remedies available to Seller for such breach.

(b) Seller's ability to deliver marketable title and to convey the Property in accordance with the terms of this offer. If Seller is unable to convey marketable title and to deliver possession of the Property in accordance with the terms of this offer, Seller shall refund all earnest money deposits to Buyer, and thereupon all obligations of the parties hereto shall cease and this contract shall be void and of no further effect. Upon refund of the earnest money deposits to Buyer, Buyer shall be entitled to demand return of the earnest money held in escrow by a broker, the broker is required to retain the earnest money in escrow until it receives written authorization from the parties consenting to its disposition but in the event a closing does not occur and either Buyer or Seller demands return of the earnest money, the broker may, after giving written notice to Buyer and Seller of the broker's intent to do so, pay the earnest money into the clerk of superior court of the county in which the Property is located and the broker shall not be liable for any party's attorney's fees or costs in connection with any interpleader action brought by the broker.

4. ASSUMPTION: Buyer will pay Seller at closing the sum of $ NOT to be paid to escrow agent nor later than and Buyer will assume and agree to timely perform all obligations of Seller in the existing loan(s) secured by the Property as listed in the Loan Assumption Addendum. Buyer will pay a transfer fee not to exceed $ N/A and Buyer will pay an assumption fee not to exceed $ N/A. Interest, rents, and reserves under the existing loan(s) will be prorated through the date of closing. Buyer will deliver to Seller at closing a completed Loan Assumption Addendum.

5. NEW FINANCING: This offer is conditioned upon Buyer obtaining a commitment for a new loan as follows: Buyer will apply for the commitment within five days after the Effective Date of this contract and will provide Seller with written evidence of the commitment within days after the Effective Date of this contract. Buyer will pay a loan origination fee not to exceed $ N/A and Buyer will pay loan discount points not to exceed $ N/A. Buyer will deliver to Seller at closing a completed New Financing Addendum.

☐ FHA ☐ VA (attach FHA/VA Financing Addendum) ☐ Conventional ☐ Other

loan at a ☐ Fixed Rate ☐ Adjustable Rate ☐ Other: N/A in the principal amount of N/A for a term of year(s), at an interest rate not to exceed % per annum, with mortgage loan discount points not to exceed % of the loan amount. Buyer agrees to use his best efforts to secure such commitment. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer, except if Seller is to pay any of the Buyer's loan closing costs including discount points, those costs are as follows: N/A

In the event Buyer fails to provide Seller with written evidence of the loan commitment within five days after receipt of a written request from Seller (but such request may not be made before the loan commitment date listed above), then Seller may terminate this contract unless Buyer waives the loan commitment condition.

(b) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for RESIDENTIAL purposes.

(c) The Property must be in substantially the same or better condition at closing as on the date of this offer, reasonable wear and tear excepted.

(d) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at closing such that cancellation may be promptly obtained following closing. Seller shall remain obligated to obtain any such cancellations following closing.

(e) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. SPECIAL ASSESSMENTS: Seller warrants that there are no governmental special assessments, either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no owners' association special assessments, except as follows: PROPERTY TO BE ANNEXED BY CITY OF CHARLOTTE 7/1/97

(Insert "None" or the identification of such assessments, if any.) Seller shall pay all confirmed owners' association assessments and all confirmed governmental assessments, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows: N/A

7. PRORATIONS AND ADJUSTMENTS: Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of closing; (b) Ad valorem taxes on personal property for the entire year shall be paid by the Seller unless the personal property is conveyed to the Buyer, in which case, the personal property taxes shall be prorated on a calendar year basis through the date of closing. (c) All late listing penalties, if any, shall be paid by Seller. (d) Rents, if any, for the Property shall be prorated through the date of closing. (e) Owners' association dues, and other like charges shall be prorated through the date of closing. Seller represents that the regular owners' association dues, if any, are $ 225.00 per YEAR.

8. CLOSING EXPENSES: Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at closing.

9. FUEL: Buyer agrees to purchase from Seller the fuel, if any, situated in any tank on the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

10. EVIDENCE OF TITLE: Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the acceptance of this offer, copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

11. LABOR AND MATERIAL: Seller shall furnish at closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 150.00 ck 101 5/3/95 NJ CRT

36338

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:

PERSON FILING APPLICATION:
NAME: BEAUBIEN (last) BRIAN (first) K (mi)
ADDRESS: PO Box 471941 PHONE: (704) 889-4663
CITY: CHARLOTTE STATE: NC ZIPCODE: 28247

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-182-02
STREET ADDRESS: 1312 OLDE ROXBURY
ZONING: MATTHEWS, NC

PROPERTY OWNER:
NAME: AKEROYD (last) JOSEPH (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME: ROXBURY

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

LOT NUMBER: 43 LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:
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):
[X] 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 [X] 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: Brian K Beaubien Date: 7-3-95

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 12/94

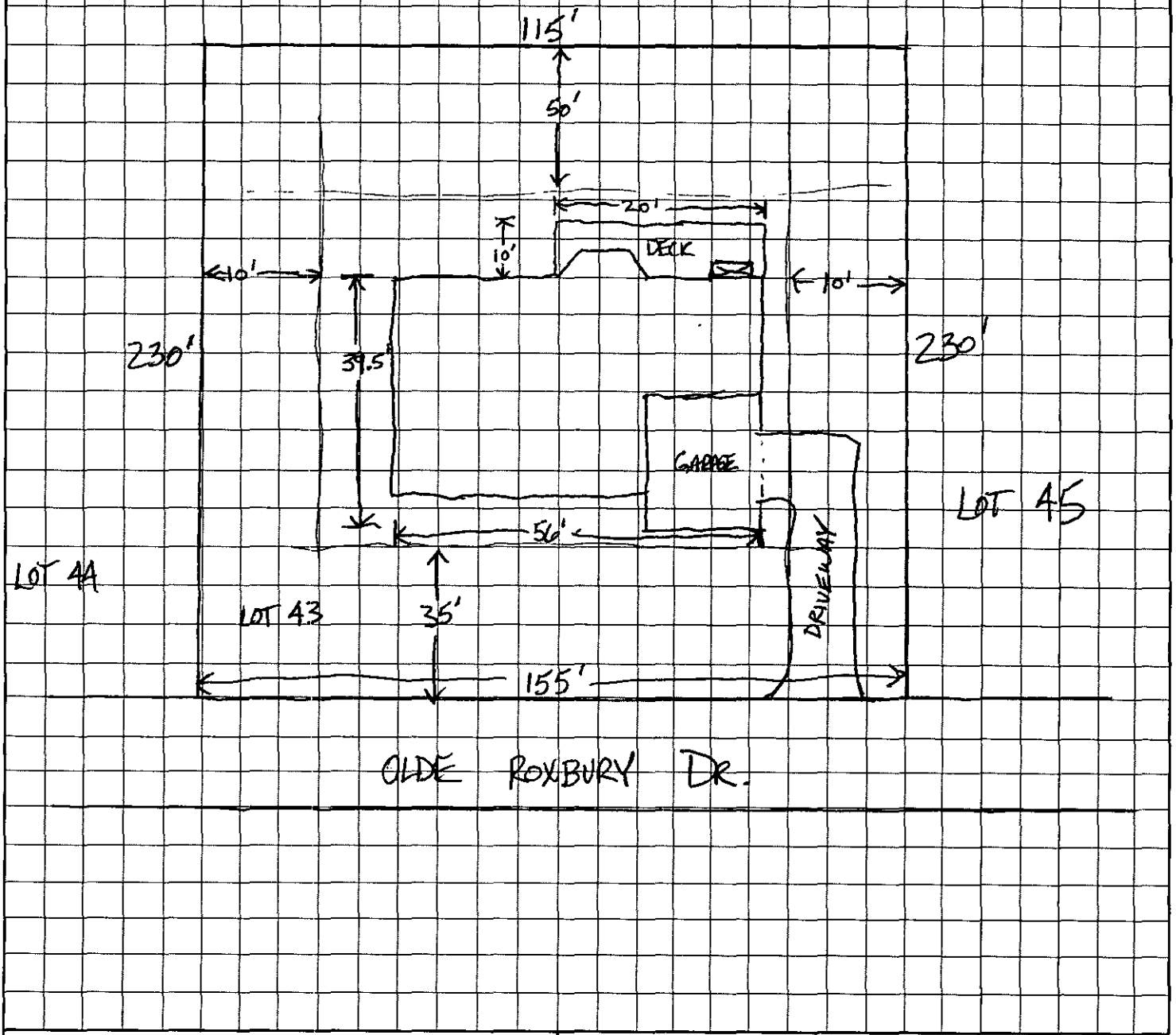
PROPOSED PLOT PLAN

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

FILE: 3633B

TC: 231-182-02

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



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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