

15103 N C 73 HY

00102315

5/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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400 LF

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4558A DATE: 2/3/93

TC: 001 023 15 ☐ L ☐ CRT

SERIAL № 15613

Name of Owner DON Edwards Juris.:

Address of Property 15103 N.C. Hwy 73

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 14"

Water Supply Source existing well

Distance to Water Source 750

Excavation Inspected 2/3/93

Tank(s) Inspected 2/3/93

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1993, 1500ST, CON, 1200SFT, 12" stone ceil CTR# 74

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: Septic system designed for 3 bedroom house

System Type II

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

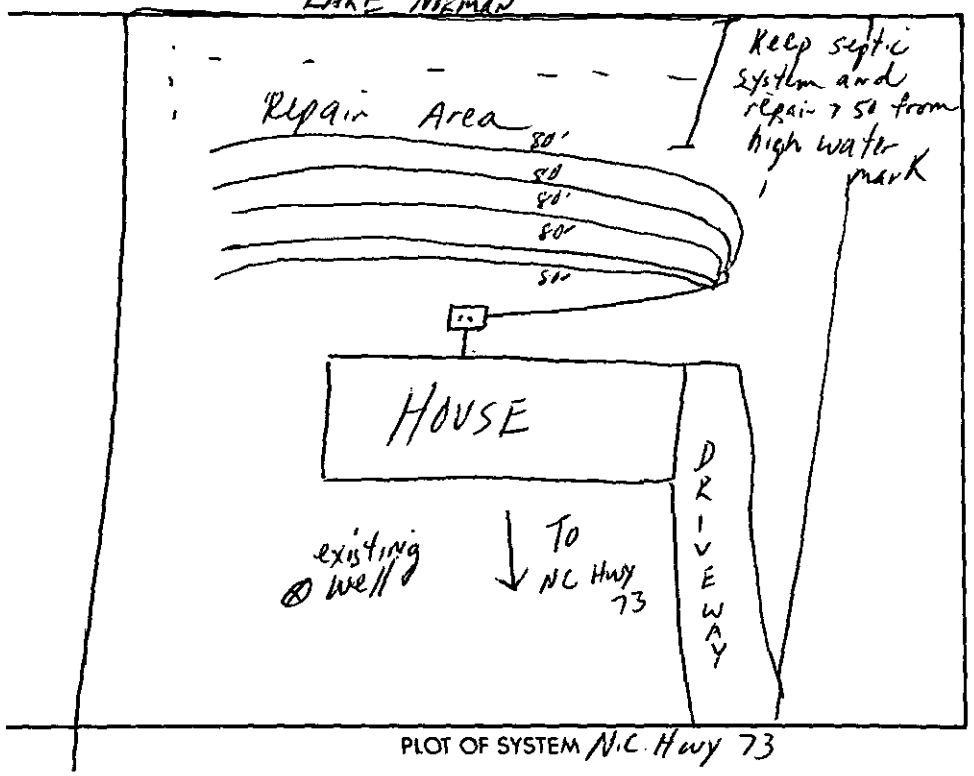
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4558A DATE: 1/7/93

TC: 001 023 15 ☐ L

SERIAL Nº 13599 400 ft

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 7/17/92. All work shall be completed on or before 2/7/93, 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 N.C. Hwy 73

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5 (80') ~~4~~

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Don Edwards

LOCATION OF PROPERTY 15103 N.C. Hwy 73

Comments: ~~5~~ lines x 80'long x 3'wid x 12"stone / Keep septic system and repair >50 from high water mark. / Keep lines on contour of land / Keep septic system >50 from well.

Division or Section Head

Phillip 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

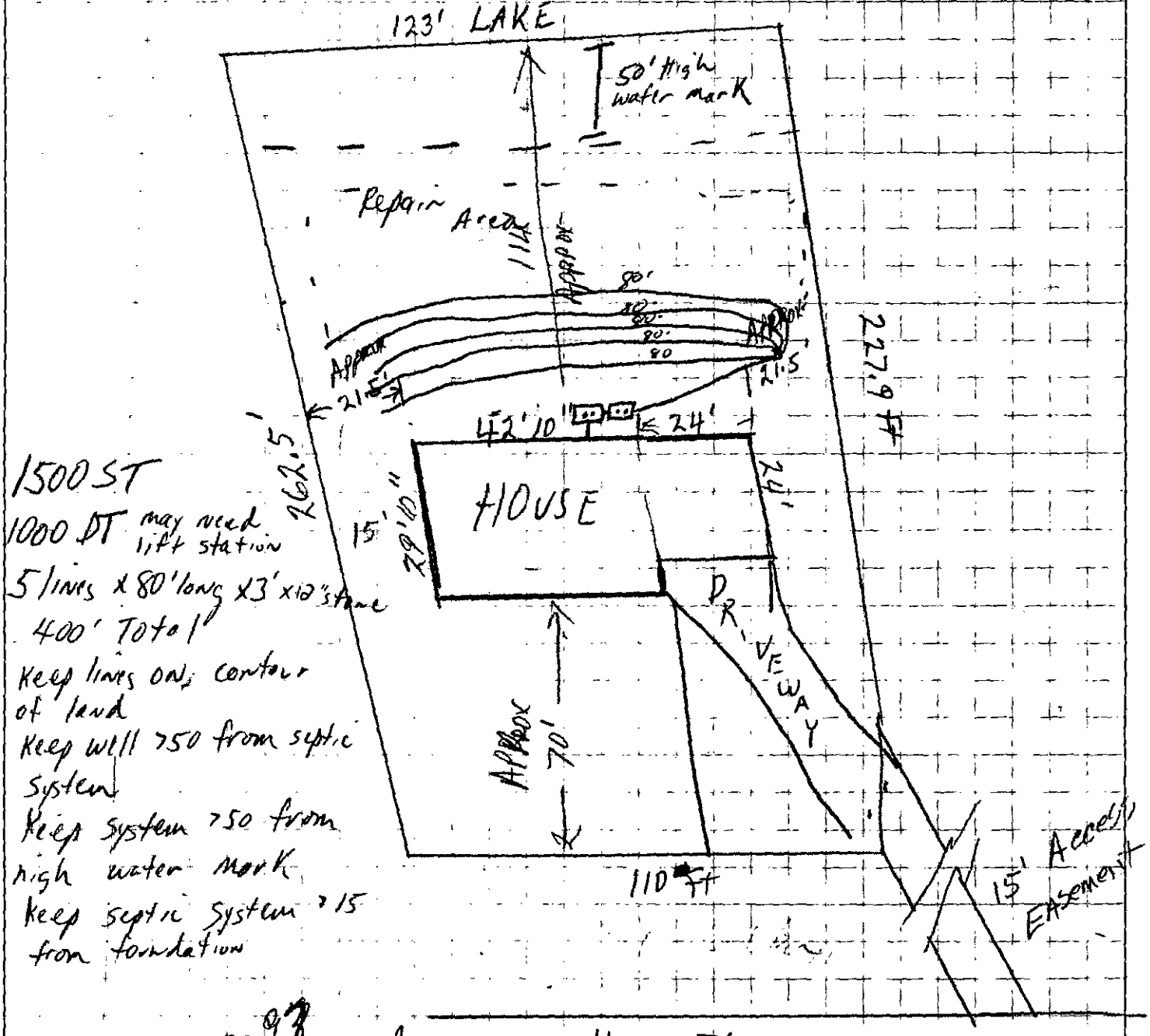
PROPOSED PLOT PLAN

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

FILE: 4558A

TC: 001-023-15.

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 may need lift station
5 lines x 80' long x 3' x 10" stone
400' Total
Keep lines on contour of land
Keep well >50 from septic system
Keep system >50 from high water mark
Keep septic system >15 from foundation

7-20-92
Don A Edwards

APPROVAL DATE DSW appr 7/20/92

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

File # 4558A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $200 7-17-92 CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Edwards, Don H.
(last) (first) (mi)

ADDRESS: 102 Higgins CT PHONE: (704) 875-9706

CITY: Huntersville, STATE: NC ZIPCODE: 28681

Date: 7-17-92

PROPERTY OWNER:

NAME: _____
(last) (first) (mi)

ADDRESS: Same PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-023-15

STREET ADDRESS: 15103 NC Hwy 73 Huntersville, NC 28078

ZONING: R3

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: 1 LOT SIZE (in acres): 0.6

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) 3
[ ] 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)
[ ] _____ 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: 3 NUMBER OCCUPANTS: 4

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)
[X] 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 [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: Don H Edwards Date: 7-17-92

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

Phila S Walker 7/20/92
Environmentalist Date

7-20-92
Director or Authorized Section Head Date

WATER : 122791

NC 73 Hy

MECKLENBURG COUNTY
Department of Environmental Health

June 2nd, 1988

VEL Enterprises, Inc.
P. O. Box 13563
Greensboro, NC 27415

RE: Property located at Hwy 73 1
FILE: 4558A
PARCEL: 00102315

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 15216) 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 I may be of assistance, please do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15216

File: 4558A Action 1

Parcel: 00102315 ☐ PC

Location: Hwy 73

Subdivision:

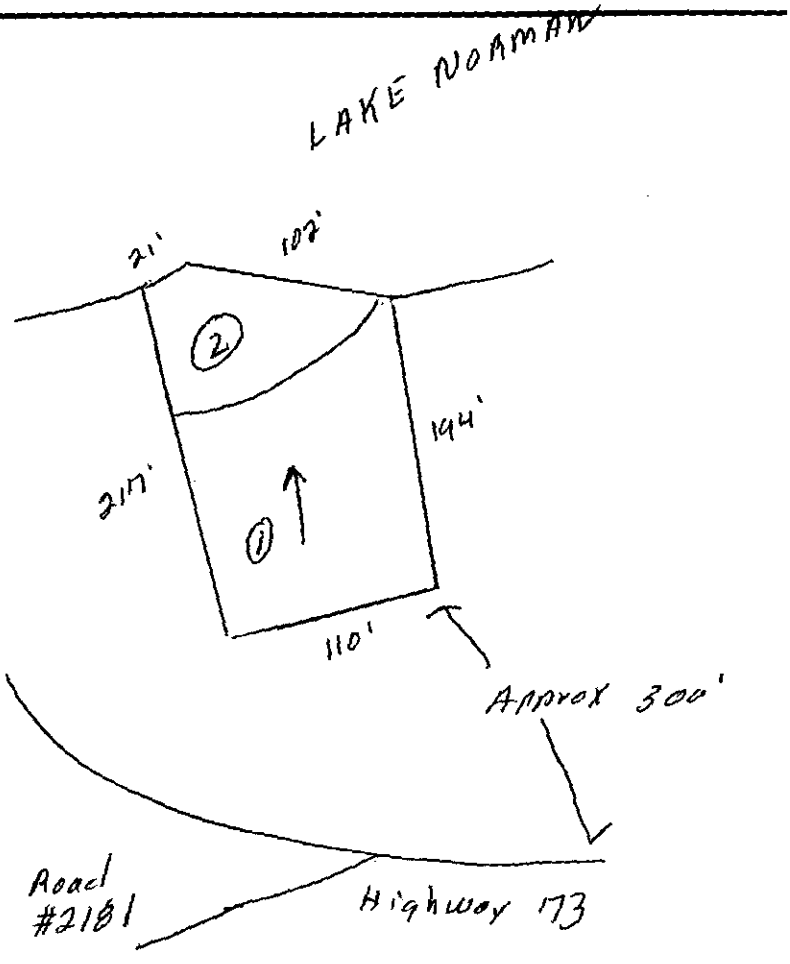
Lot: 1 Block: Acres: .55

Owner: VEL Enterprises, Inc.
Address: P. O. Box 13563
Greensboro, NC 27415

Comments: May need lift pump

Described by: William A. Martin

Date: 6-2-99



***** 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 8-15%	(S) PS U 2-8%	S PS U	S PS U	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 Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U To >36" water	S PS (U) seasonal water 24"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS (U) Restricted	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	IVA Cecil-Lloyd	IVB Helena-Vance				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

5/10/88 pd 30-
OK#1713 JR

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4558A

TC:

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

RECEIVED
MAY 1 1988
MECKLENBURG COUNTY
HEALTH DEPT.
ENVIRONMENTAL HEALTH
DIVISION

ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: Hwy 73

② SUBDIVISION: Tranquil Cove Sec. 1 ③ LOT: #1 ④ BLOCK: 023

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: _____ PARCEL NO.: 15

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

OWNER

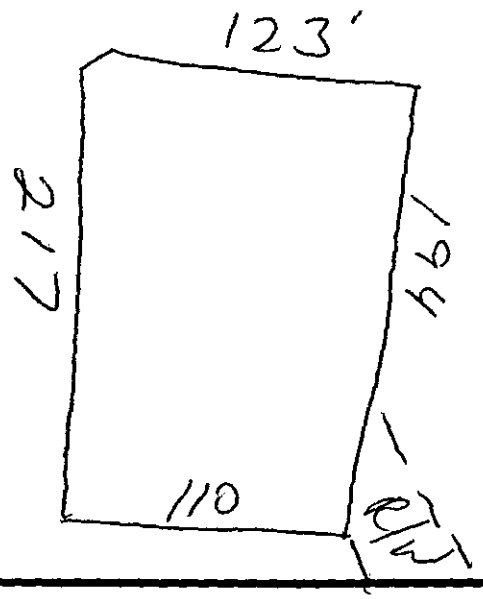
⑦ NAME: VEL (FIRST) Enterprises (MIDDLE) A N.C. General Partnership (LAST)

⑧ MAILING ADDRESS: P.O Box 13563

⑨ CITY: Greensboro, N.C. ⑩ STATE: NC ⑪ ZIP: 27415

⑫ PHONE: (WORK) 1-919-275-8586 (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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: X Thomas L. Whitley

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

Date: 5/2/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Excise Tax | Recording Time, Book and Page

Tax Lot No. 001-023-15 Parcel Identifier No. .....

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

by .....

Mail after recording to .....

.....

This instrument was prepared by William L. Auten, Suite 1240 UCB Bldg., Charlotte, N.C. 28281

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 3rd day of December, 1987, by and between

GRANTOR	GRANTEE
JOSEPH L. KEISTLER and wife, SHIRLEY A. KEISTLER Route 2 Box 718 Huntersville, N.C. 28078	V E L ENTERPRISES, A North Carolina General Partnership P. O. Box 13563 Greensboro, NC 27415

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

BEING all of Lot 1 of the Subdivision known as TRANQUIL COVE, Section One, as the same is shown on a map thereof recorded in the Mecklenburg Public Registry in Map Book 11 at Page 217, reference to said map being hereby made for a more particular description.

AND BEING in all respects the same property conveyed to Grantor by Deed of R. James Hubbard (Unmarried) duly filed of record on March 4, 1970 in Book 3169 at Page 102 in said Registry.

N.C. Bar Assoc. Form No. 3 © 1976

TOGETHER WITH a perpetual easement for driveway purposes across lands now owned by Grantor, located and described as follows: The southerly margin of said easement shall begin at a point in the center line of North Carolina Highway No. 73 which is the point at which begins the southernmost boundary of that certain parcel conveyed to Grantor by Deed of Murray G. Kelly and wife, Margaret W. Kelly, recorded in Book 3816 at Page 46 of said Registry, and runs thence with said boundary N. 72-59 W. a distance of 312.63 feet to the easterly corner of said Lot 1 of TRANQUIL COVE. The northerly margin of said easement shall begin at second point in the center line of said Highway, this point being N. 43-54 E. a distance of 15 feet from the first point in said center line and run thence exactly parallel to the southerly margin of the easement to a terminus in the northeasterly boundary of said Lot 1.

The property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

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

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

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

The lien of 1987 Mecklenburg County ad valorem taxes and all easements, conditions, and restrictions of record.

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

Joseph L. Keistler ..... (SEAL)

Shirley A. Keistler ..... (SEAL)

..... (SEAL)

..... (SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, COUNTY OF Mecklenburg

I, Jeanne Elise Deal a notary public of said county do hereby certify that Joseph L. Keistler and wife, Shirley A. Keistler 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 December 19 87

My commission expires: November 12, 1992 Jeanne Elise Deal Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, COUNTY OF ----------

I, ----------, a Notary Public of the County and State aforesaid, certify that ----------, personally came before me this day and acknowledged that ----- he is ----- Secretary of ---------- a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ---------- President, sealed with its corporate seal and attested by ---------- as its ----------Secretary.

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

My commission expires: ---------- Notary Public

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

.....

.....

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.

----------REGISTER OF DEEDS FOR----------COUNTY

By ----------Deputy/Assistant - Register of Deeds

LAKE NORMAN (CATAWBA RIVER)

ISLAND

PG. 20

PG. 01

PG. 2

BK. 13

BK. 09

001

TAX LINE MAP BOO

MECKLENBURG COUNTY, N