

11936 PUMP STATION RD

02310126

1/7/2008

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: 5087B DATE: 7/21/03

TC: 023-101-26 ☐ L ☒ CRT

SERIAL 19237

Name of Owner Johnny Storey Juris.: _____

Address of Property 11936 Pump Station Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Municipal

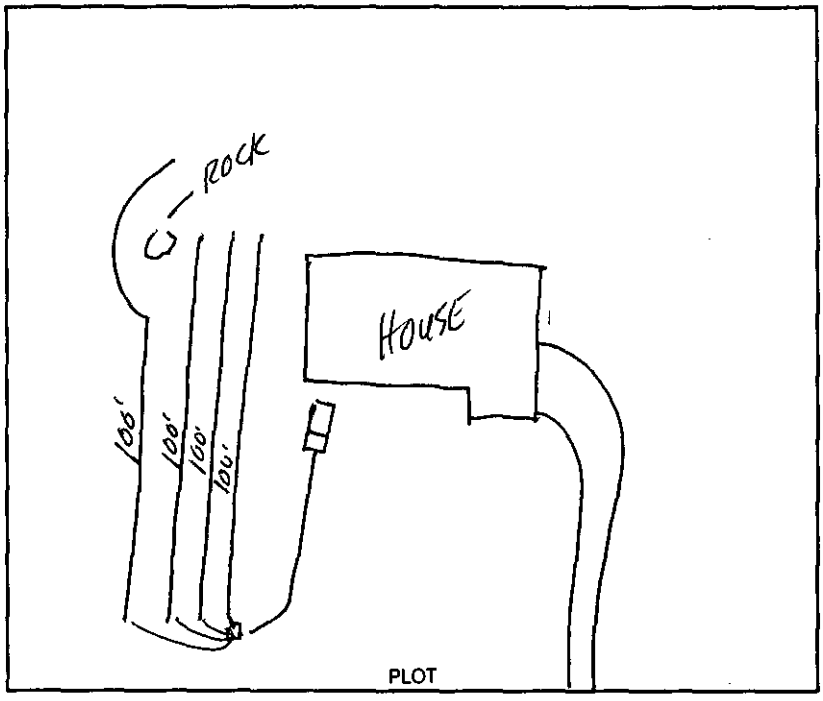
Distance to Water Source 2100'

Excavation Inspected 7/21/03

Tank(s) Inspected 7/21/03

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500ST, 1200SFT, INV, E-2 FLOW CTR# Ron Plyler

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 I5A 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 I5A 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: Four Bedroom House

4 Lines x 100' x 3'

Type IIIg Innovative System

Tommy Mullis R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

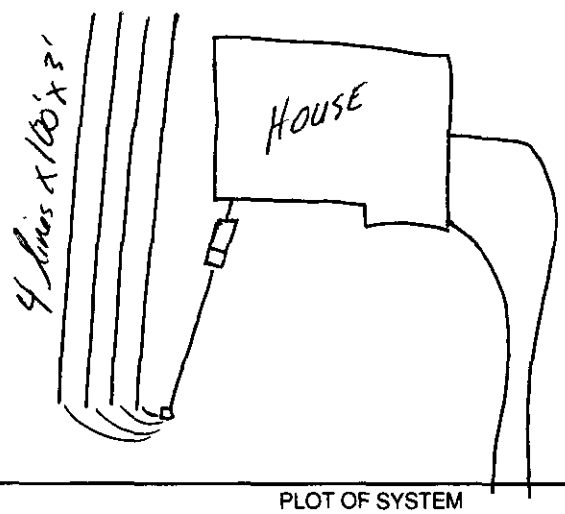
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5087B DATE: 7/21/03

TC: 023-101-26 ☒ L

SERIAL 19285

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 10/8/02. All work shall be completed on or before 8/21/03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 x 100'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Johnny Storey

LOCATION OF PROPERTY 11936 Pump Station Road

Comments: Four Bedroom House
Install 4 lines x 100' x 3'
Type IIIg Innovative System

Tommy Mickler R.S.
Environmental Health Specialist

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

chk #1143

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** paid 11/25
DATE: 11/21/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 5087B

PARCEL NO: 023-101-26

JOB LOCATION ADDRESS: 11936 Pump Station Road
PROPERTY OWNER: Johnnie D. Starey
BUILDING CONTRACTOR: Pisces Custom Built Homes
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Terry Michelle R.S. DATE: 11/15/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5087B, 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 forms on file before C.A. Release
25% Reduction System

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.

X Roy H. Hill 11/21/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 50878 CONDITIONS OF IMPROVEMENT PERMIT Tax Number: 023-101-26

- 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	
0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" 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 on file before C.A. Release				

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	
1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for I 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 eff 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.

Tommy Mobley R.S. 11/15/02
DEHNR Authorized Agent Date

X Roy H. Hill 11/21/02
Owner/Agent Signature Date

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

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

IWWS-100195

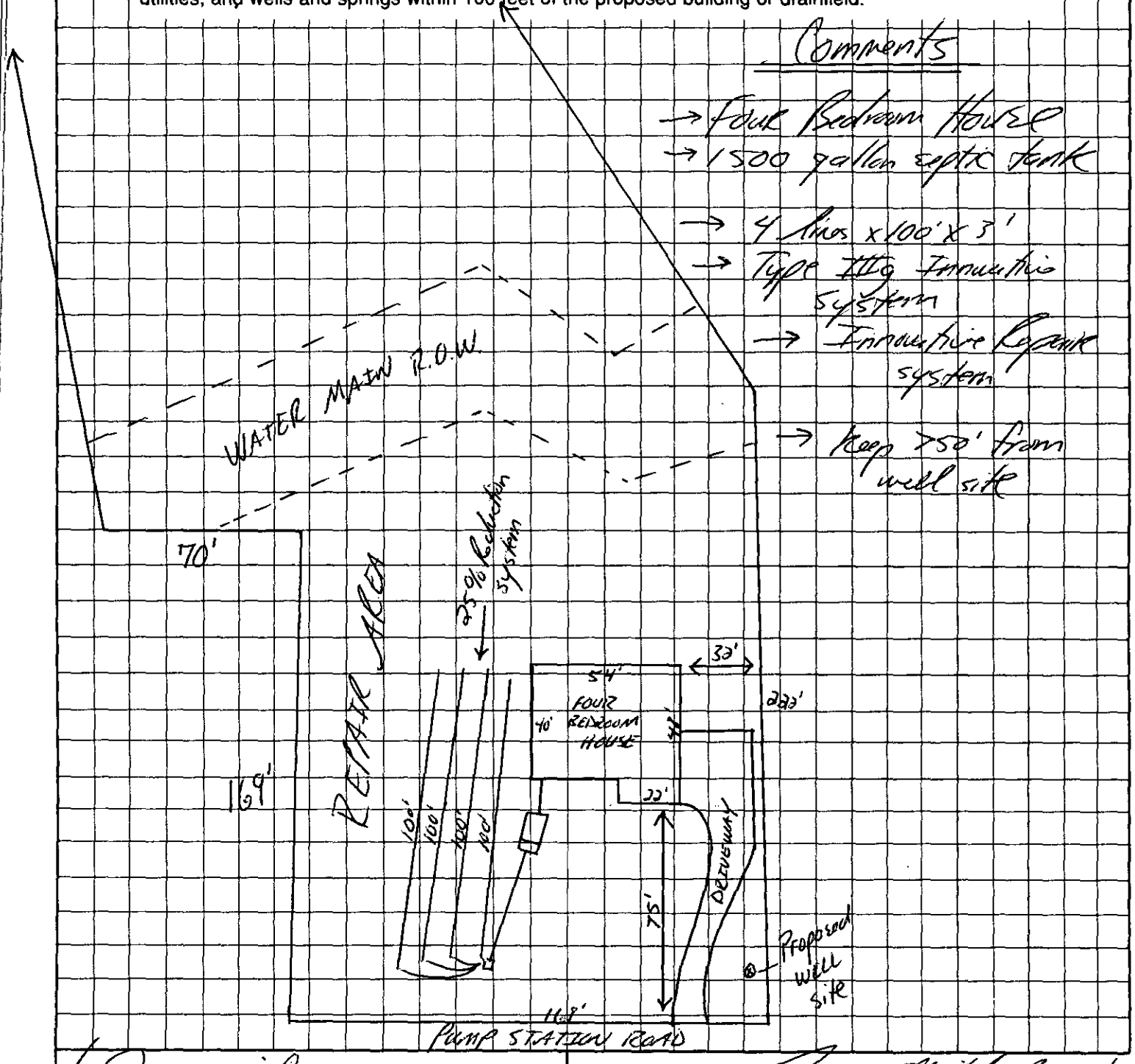
PROPOSED PLOT PLAN

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

FILE: 5087B

TC: 023-101-26

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.



X Roy H. Hill
OWNER/AGENT SIGNATURE

DATE 11/21/02

APPROVAL DATE Jenny Mueller R.S. 11/15/02

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FEE: 200 —
DATE: 10/8/02

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 #: 5087D Rock Hill 1391B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-101-26 ~~05~~

STREET ADDRESS: ~~11924~~ 11935 Pump Station Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Wilson Haven Map 1

LOT NUMBER: #3

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2515

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

CLOSING DATE 5/30/03

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ 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: Storey (LAST)	Johnnie (FIRST)	D. (MI)	NAME: Pisces Custom Built Homes, Inc. (LAST)	(FIRST)	(MI)
ADDRESS: 4451	Millbridge Dr.		DAYTIME PHONE: (704) 283 - 8931		
CITY: Charlotte	STATE: NC	ZIP: 28208			
DAYTIME PHONE: (704) 394 - 4743					

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/15/99 Book 30, Page 401

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: Roy H. Hill DATE: 10/8/02

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 023-101-26
Lot #: 3
File #: 5087B
Code: 2

AC

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Johnnie D. Storey
Applicant: Pisces Custom Built Homes
Address: 4451 Millbridge Drive, Charlotte, N. C. 28208
Date Evaluated: 11/13/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.0a inv.
Location of Site: 11936 Pump Station Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-3	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV .3GPD/FT^2
		3-27	SBK/C	FI/SEXP/S/P					
		27-48	SBK/SCL	FR/SEXP/SS/SP					
2	LS, 12	0-4	GR/CL	"	>32" TO SOIL WETNESS	32	"	"	US, IV .3GPD/FT^2
		4-24	SBK/C	FI/SEXP/S/P					
		24-32	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-5	GR/SCL	"	>48" TO SOIL WETNESS	48	"	"	PS, IV .3GPD/FT^2
		5-48	SBK/C	FI/SEXP/S/P					
4	"	0-4	GR/SCL	FR/SEXP/SS/SP	>47" TO SOIL WETNESS	47	"	"	"
		4-21	SBK/C	FI/SEXP/S/P					
		21-47	SBK/SCL	FR/SEXP/SS/SP					
5	"	0-4	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		4-45	SBK/C	FI/SEXP/S/P					
		45-48	SBK/SCL	FR/SEXP/SS/SP					
6	"	0-5	GR/SCL	"	"	"	"	"	"
		5-48	SBK/C	FI/SEXP/S/P					
7	"	0-5	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		5-36	SBK/C	FI/SEXP/S/P					
		36-48	SBK/SCL	FR/SEXP/SS/SP					
8	"	0-4	GR/SCL	"	"	"	"	"	"
		4-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.3GPD/FT^2	.3GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 11/13/02, W. R. Marlin
Others Present:

FILE # 50878

COMMENTS 1007c Repair

LANDSCAPE POSITION

R-RIDGE
S-SHOULDER SLOPE
L-LINEAR SLOPE
FS-FOOT SLOPE
N-NOSE SLOPE
H-HEAD SLOPE
CC-CONCLAVE SLOPE
CV-CONVEX SLOPE
T-TERRACE
FP-FLOOD PLAIN

GROUP	TEXTURE	.1955 LTAR
I	S-SAND LS-LOAMY SAND	1.2-0.8
II	SL-SANDY LOAM L-LOAM	0.8-0.6
III	SI-SILT SICL-SILTY CLAY LOAM CL-CLAY LOAM SCL-SANDY CLAY LOAM	0.6-0.3
IV	SC-SANDY CLAY SIC-SILTY CLAY O-ORGANIC	0.4-0.1

CONSISTENCE

MOIST

VFR-VERY FRIABLE
FR-FRIABLE
FI-FIRM
VFI-VERY FIRM
EFI-EXTREMELY FIRM

WET

NS-NON-STICKY
SS-SLIGHTLYSTICKY
S-STICKY
VS-VERY STICKY
NP-NON-PLASTIC
SP-SLIGHTLYSTICKY
P-PLASTIC
VP-VERY PLASTIC

STRUCTURE

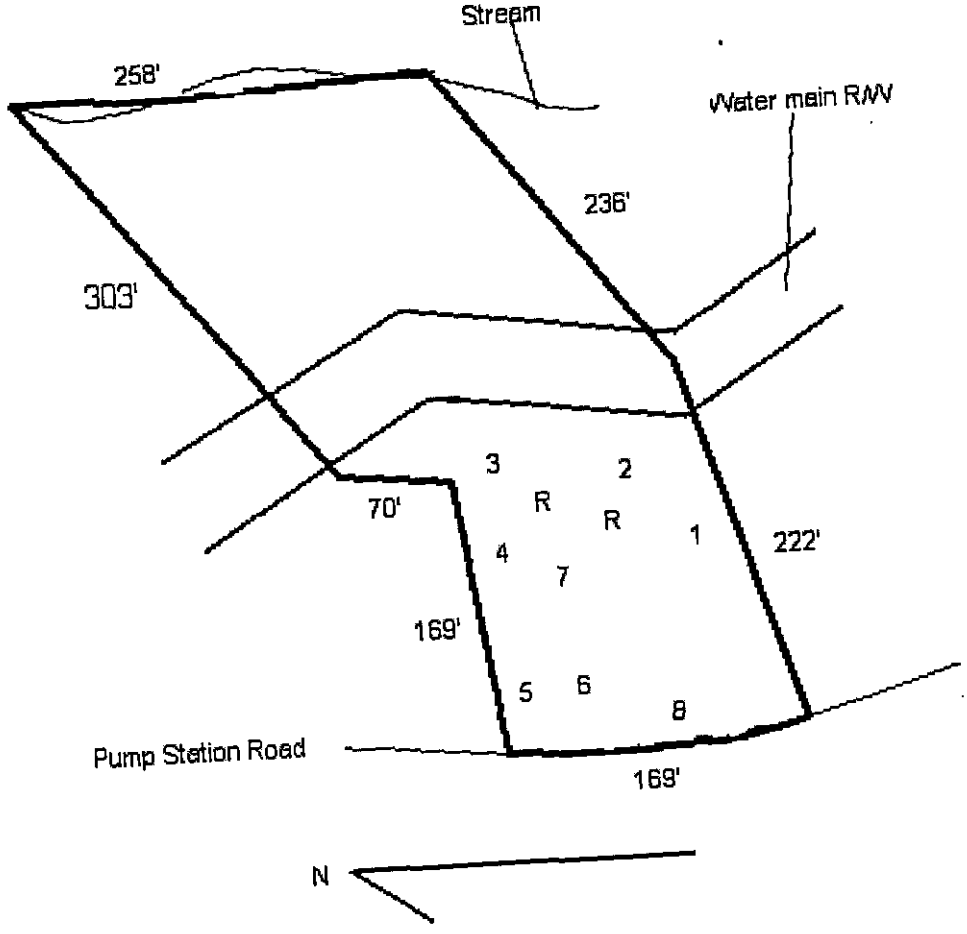
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

R- rock outcrop



FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 DEC 03 03:37 PM
BOOK: 14493 PAGE: 276-279 FEE: $20.00
INSTRUMENT # 2002241264

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 # 50878
PARCEL # 023-101-26

The undersigned, Pisces Custom Built Homes Inc, owner of property located at 11936 Pump Station Rd, (the "site") and described in an instrument recorded in Book 11522 at Page 722, 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:

This instrument was prepared by: Tony Hill
Mail after recording to: 2530 W Roosevelt Blvd
Monroe, NC 28110

REGISTER OF DEEDS MECKLENBURG COUNTY

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

-- 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 theDepartment, 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 27th day of November, 2002.

Pisces Custom Built Homes Inc _____(SEAL)
(Corporate Name)

_____(SEAL)

By: _____ _____(SEAL)

_____ President _____(SEAL)

DORIS E. NOOMOO NOTARY PUBLIC UNION COUNTY, N.C.

REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

ATTEST:

Paul Neal Helms

_____ Secretary

(Corporate Seal)

PISCES CUSTOM BUILT HOMES, INC. NORTH CAROLINA CORPORATE SEAL

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Doris A. Norwood, a Notary Public for said County and State, do hereby certify that Roy H. Hill personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 21st day of November, 2002

Doris A. Norwood
Notary Public

DORIS A. NORWOOD NOTARY PUBLIC UNION COUNTY

My Commission Expires:

2/5/06

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Doris A. Norwood, a Notary Public for said County and State, do hereby certify that Paul Neal Helms personally came before me this day and acknowledged that he is _____ Secretary of Pisces Custom Built Homes, 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 Paul Neal Helms as its _____ Secretary.

WITNESS my hand and notarial seal, this 3rd day of December, 2002

Doris A. Norwood
Notary Public

DORIS A. NORWOOD NOTARY PUBLIC UNION COUNTY

My Commission Expires:

2/5/06

REVISED 8-13-02

Judith A. Gibson, Register of Deeds
720 E. Fourth Street, Room 103
Charlotte, North Carolina 28202
704-336-2443

State of North Carolina
County of Mecklenburg

I do hereby certify this to be a true copy of the attached document filed and recorded in the aforesaid county as evidenced in Instrument/Book No. 14493 Page No. 276 and ends with Page No. 279

Witness my hand and seal this 3rd day of Dec, 2002

Judith A. Gibson

Register of Deeds, Assistant or Deputy Register of Deeds

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 12/03/2002 03:37 PM

Book: RE 14493 Page: 276-279

Document No.: 2002241264

PRMIT 4 PGS $20.00

Recorder: MARILYN SMITH

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of DORIS A NORWOOD Notary is certified to be correct. This 3 RD of December 2002

JUDITH A. GIBSON, REGISTER OF DEEDS By: _____
Deputy/Assistant Register of Deeds

****

2002241264

JUDITH A. GIBSON REGISTER OF DEEDS MECKLENBURG COUNTY

356-6894

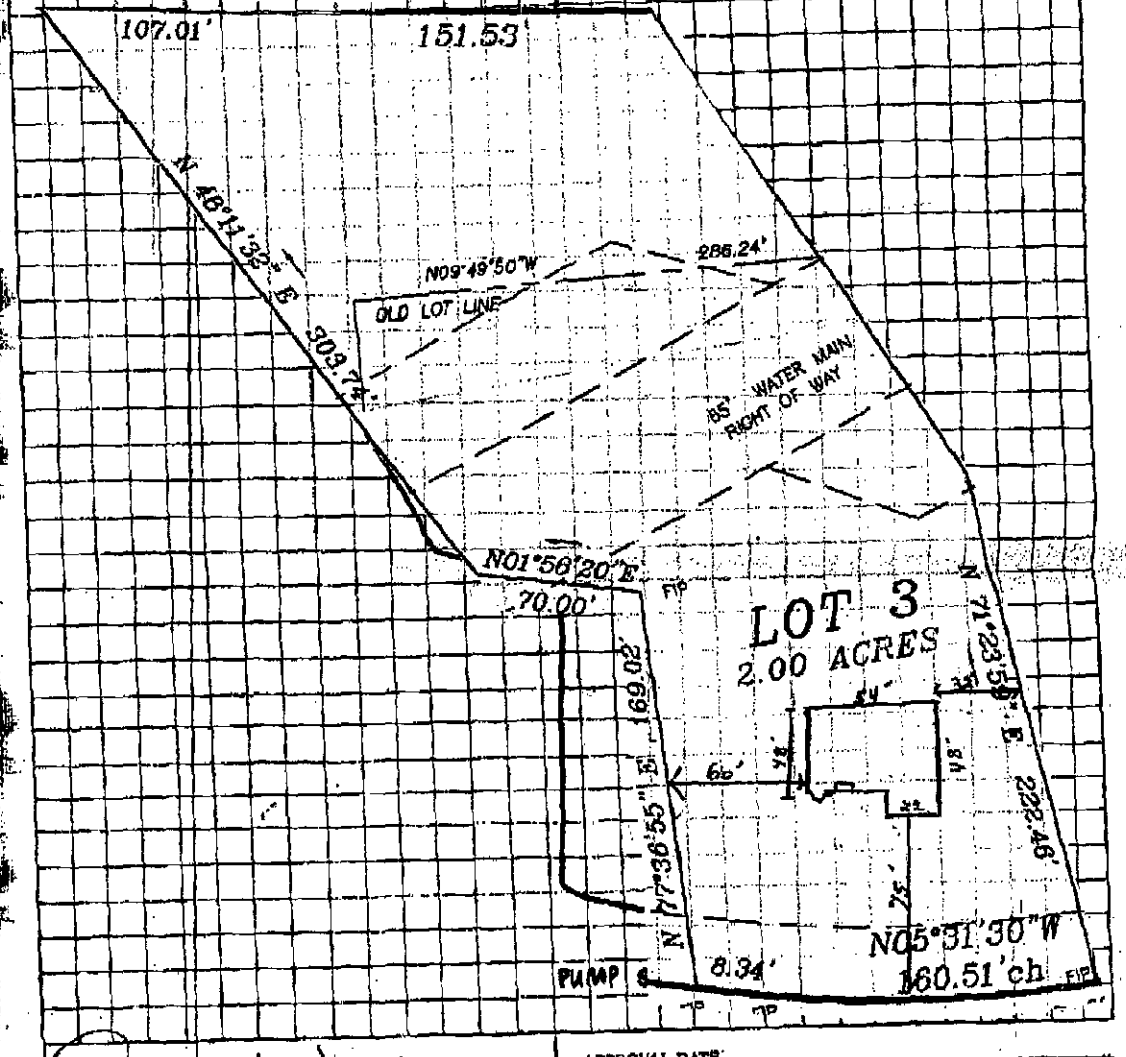
PROPOSED PLOT PLAN

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

FILE: _____

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.



Ronald Hill
OWNER/AGENT SIGNATURE

DATE 10-7-02

APPROVAL DATE _____

Pink - Owner's Copy

SCALE → 1" = 60'

EACH square = 15'

1/4 = 3.75'

DATE: 10/8/2002 10/8/2002

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK
CHAR(ETJ)

023-101-26 023-101-26

PARCEL NUMBER

11936 PUMP STATION RD 11936 PUMP STATION RD

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

LOT 3 LOT 3

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A N/A

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____ APPROVED	____NOT APPROVED
2. FLOODWAY REGULATIONS	_____ APPROVED	____NOT APPROVED
3. WATERSHED PROTECTION	_____ APPROVED	____NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	_____ APPROVED	____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____ PRESENT	____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____ YES	____NO
7. DRIVEWAY PERMIT REQUIRED	_____ YES	____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	_____ YES	____NO

Remarks:

ADDRESS VERIFICATION- FOR SEPTIC PERMIT ONLY ADDRESS VERIFICATION- FOR SEPTIC PERMIT ONLY

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMAS OBSOLETE
— NEW ADDRESS
REVISED 1/91

SIGNED: _____