

5333 MT OLIVE CHURCH RD

11315201

12/27/2007

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: 2316B DATE: 9/21/98

TC: 113 15201 ☒ L ☐ CRT

SERIAL № 17683

Name of Owner Roger Malcom Juris.:

Address of Property 5433 Mt Olive Church Rd
5333

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source well not installed

Distance to Water Source >50' not installed

Excavation Inspected 9/21/98

Tank(s) Inspected 9/21/98

Wash Line Inspected 3/imb to tank

High Water Alarm Inspected NA

PLOT

Design 1998, 1500ST, CON, 1200SFT, 12"stone ceil CTR# #3 steve Autry

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: Septic system designed for a 3 bedroom residence Type II

Phillip S Walker RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

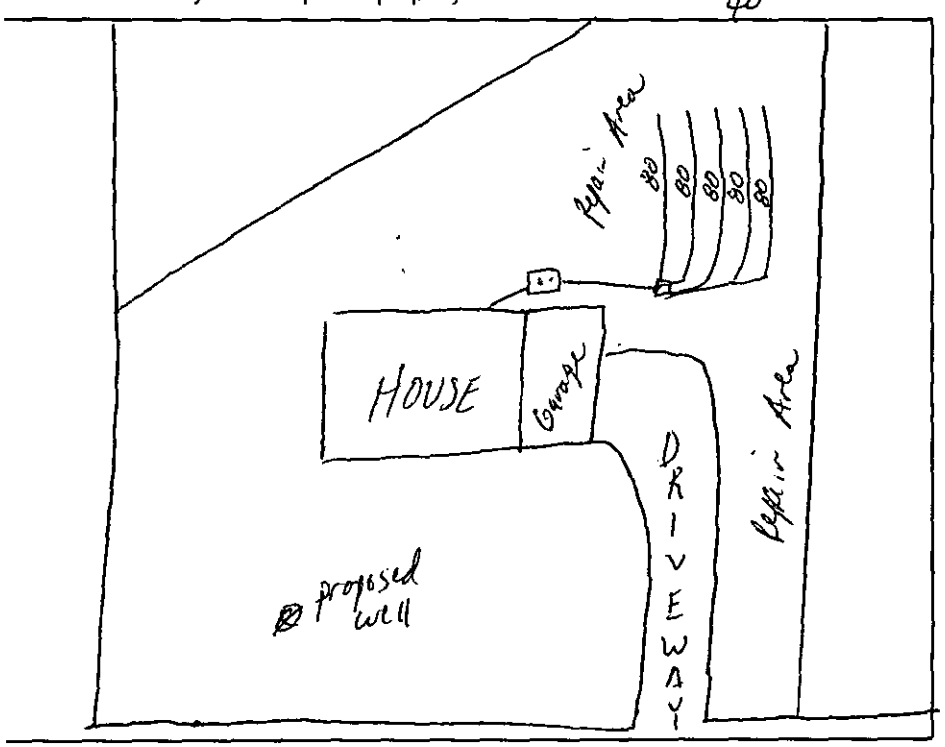
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2316 B DATE: 9/15/98

TC: 113 152 01 ☒ L

SERIAL No 17811

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 5/5/98. All work shall be completed on or before 10/15/98, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 (80')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > feet

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

NAME OF OWNER Roger Malcom

LOCATION OF PROPERTY 5833 Mt Olivet Church Rd

Comments: 1500 ST, 5 lines x 80' long x 3' wd x 12" stone
Keep septic system > 50' from the proposed well

Philo A. Walker RS.
Environmental Health Specialist

to CLK-1/2005

FEE: 200 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 5/6/98 KW VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 5/5/98 PERMIT NO: 2316B

PARCEL NO: 113-152-01

JOB LOCATION ADDRESS: 5333 Mt Olive Church Rd
PROPERTY OWNER: Roger Malcolm
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Jan E Higgins RS DATE: 5/5/98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2316B, 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: ① Installation Approval Required.
② Well shall be minimum of 50' away from any septic 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.

Roger A. Malcolm 5-6-98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 2316B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 113-152-01

- 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	X 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	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)		9 Trench spacing (min. on centers)
✓ Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)		36 Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	— Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: ① WELL SHALL BE MINIMUM OF 50' FROM ANY PART OF SEPTIC SYSTEM. ② THIS PERMIT WILL BE VALID FOR 5 YEARS FROM TIME OF ISSUANCE. ③ LOT WAS ESTABLISHED IN 1975.				
(NOT REQUIRED) SECTION 1945 LOT 6A 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) 180(?) Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)		36" 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.

Lori Higgins Burney 12-1-97
DEHNR Authorized Agent — Date

X Roger A. Malcolm 12/11/97
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

PROPOSED PLOT PLAN

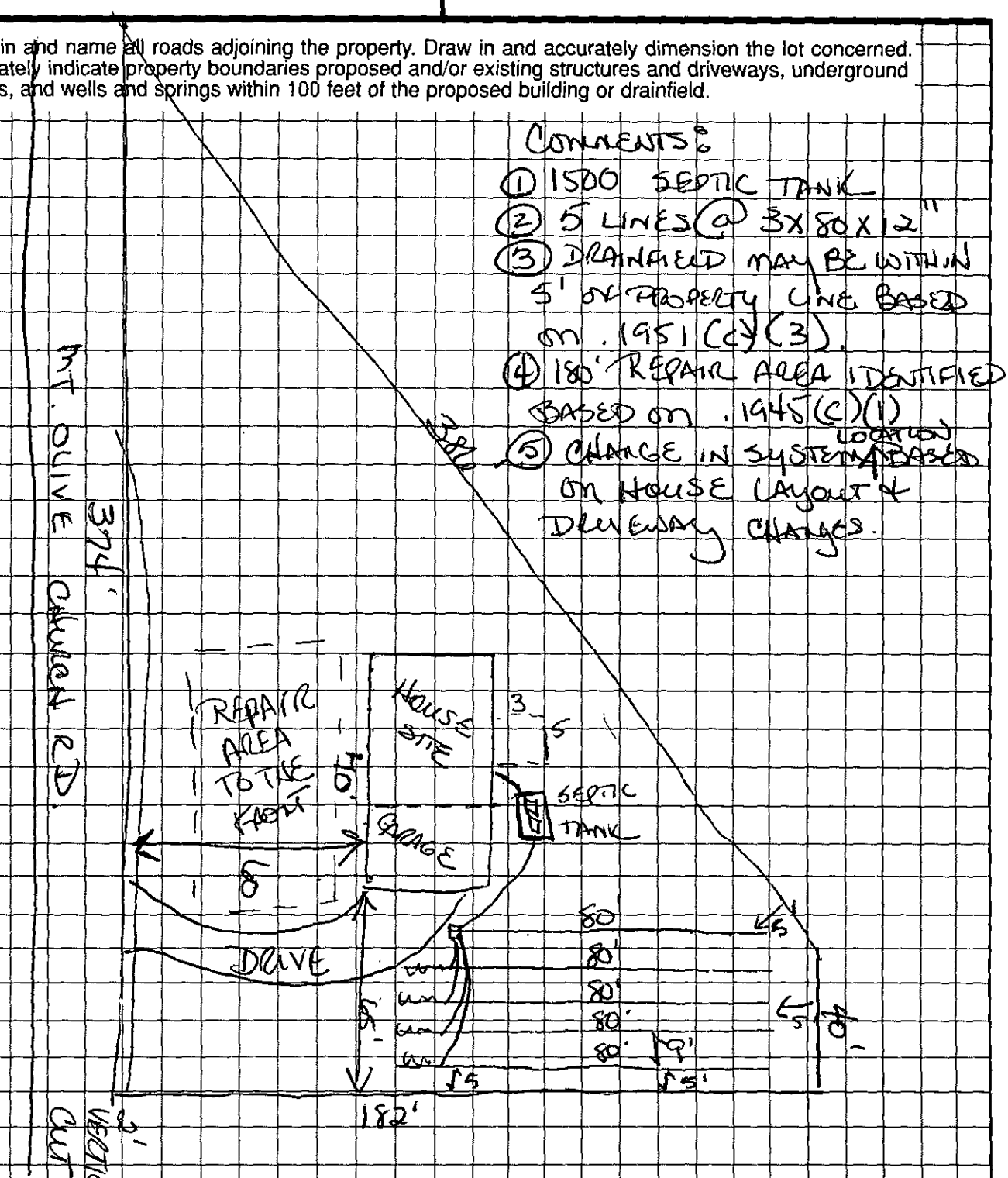
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2316 B

TC: 113 - 152-01

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.

COMMENTS:
1. 1500 SEPTIC TANK
2. 5 LINES @ 3' X 80' X 12"
3. DRAINFIELD MAY BE WITHIN 5' OF PROPERTY LINE BASED ON .1951(c)(3).
4. 180' REPAIR AREA IDENTIFIED BASED ON .1945(c)(1)
5. CHANGE IN SYSTEM LOCATION BASED ON HOUSE LAYOUT & DRIVEWAY CHANGES.



OWNER/AGENT SIGNATURE Roger A. Malcolm

DATE 5-6-98

APPROVAL DATE 5/5/98

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

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

400 #1 COUNTY: 23168 135-152-01

OWNER: Gladys F. Brodt APPLICANT:
ADDRESS: % W. Mann, 219 E. Memphis Ave, Mer APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE: .78
LOCATION OF SITE: 5333 Mt. Olive Church Rd PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 2-10% .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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	A	0-4"	gr/scl	Fri/SEXP/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .39/F2 IV
		4-40"	SBK/C	Fi/SEXP/SP					
		40-48"	SBK/ SBK/ cl	Fr/SEXP/SS/SP					
2	LS	0-15"	gr/scl	Fri/SEXP/SS/P	>46" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		15-48"	SBK/SC	Fi/SEXP/SP					
3	LS	0-3"	gr/scl	Fr/SEXP/SS/SP	>39" TO soil wetness	39"	N/A	None	PS .39/F2 IV
		3-22"	SBK/C	Fi/SEXP/SP					
		22-39"	SBK/ scl	Fr/SEXP/SS/SP					
4	LS	0-4"	gr/scl	Fr/SEXP/SS/SP	>46" TO soil wetness	46"	N/A	None	PS .39/F2 IV
		4-20"	SBK/SC	Fi/SEXP/SP					
		20-46"	SBK/SCl	Fr/SEXP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W. R. Merrell 11-24-97
OTHER(S) PRESENT: LSS

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

23163

OWNER: _____ APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	R	0-3"	gr/scl	Fr/S EXPlss/so	7.5 YR 6/4 TO 10YR 6/1 WETNESS	48"	N/A	Dm+	PS .391 Fr IV
		3-38"	SBK/sc	F/S EXPlsp					
		38-46"	SBK/scl	Fr/S EXPlss/p					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS:

Does not appear to be WPC Area

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

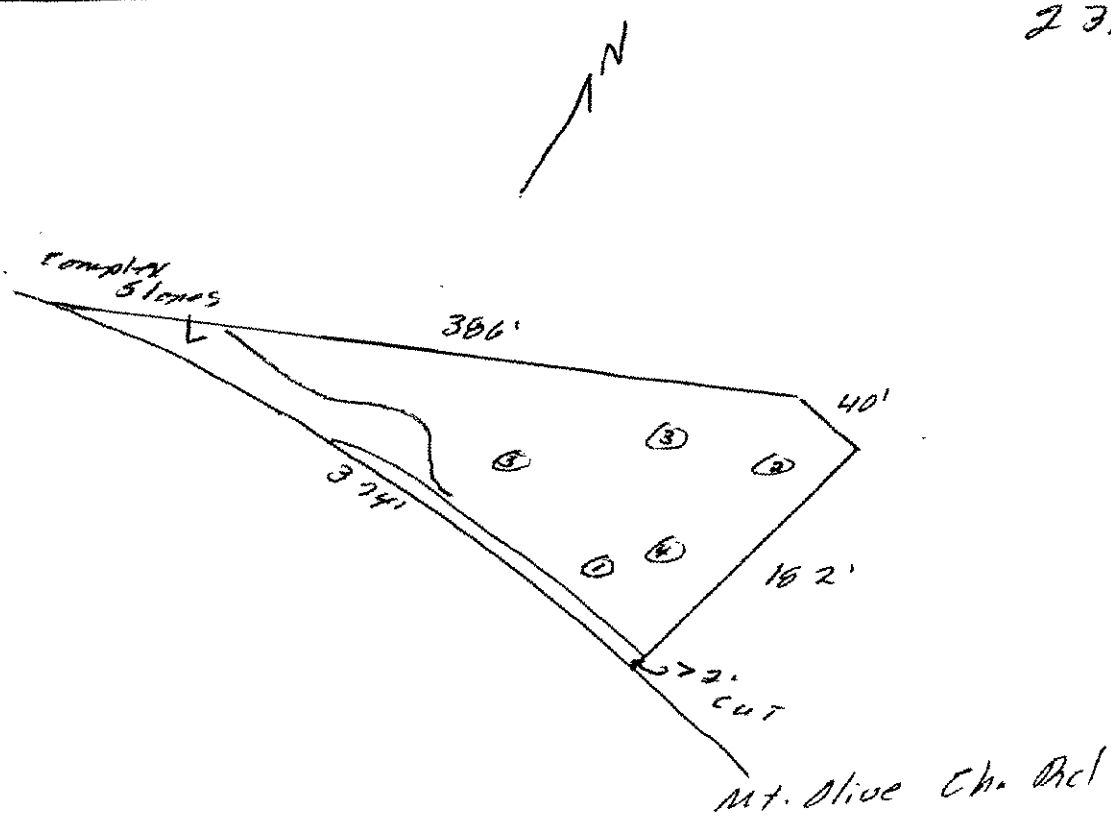
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designati
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

2316B



FEE: 100.00 chk # 1023
DATE: 11/11/97 JC

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 #: 23163

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-152-01

STREET ADDRESS: 5333 Mt. Olive Ch. Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1.

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: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE 11/20/97

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)
___ 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 ✓ 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:

NAME: Brodt (LAST) Gladys (FIRST) F (MI)

ADDRESS: care of: Walter Kearns 219 E. Kingston Ave

CITY: Charlotte STATE: NC ZIP: 28203

DAYTIME PHONE: ( ) 342 - 2089 Fax

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Malcolm (LAST) Roger (FIRST) A (MI)

DAYTIME PHONE: ( ) 391-2285

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: Roger A. Malcolm DATE: 11/11/97

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

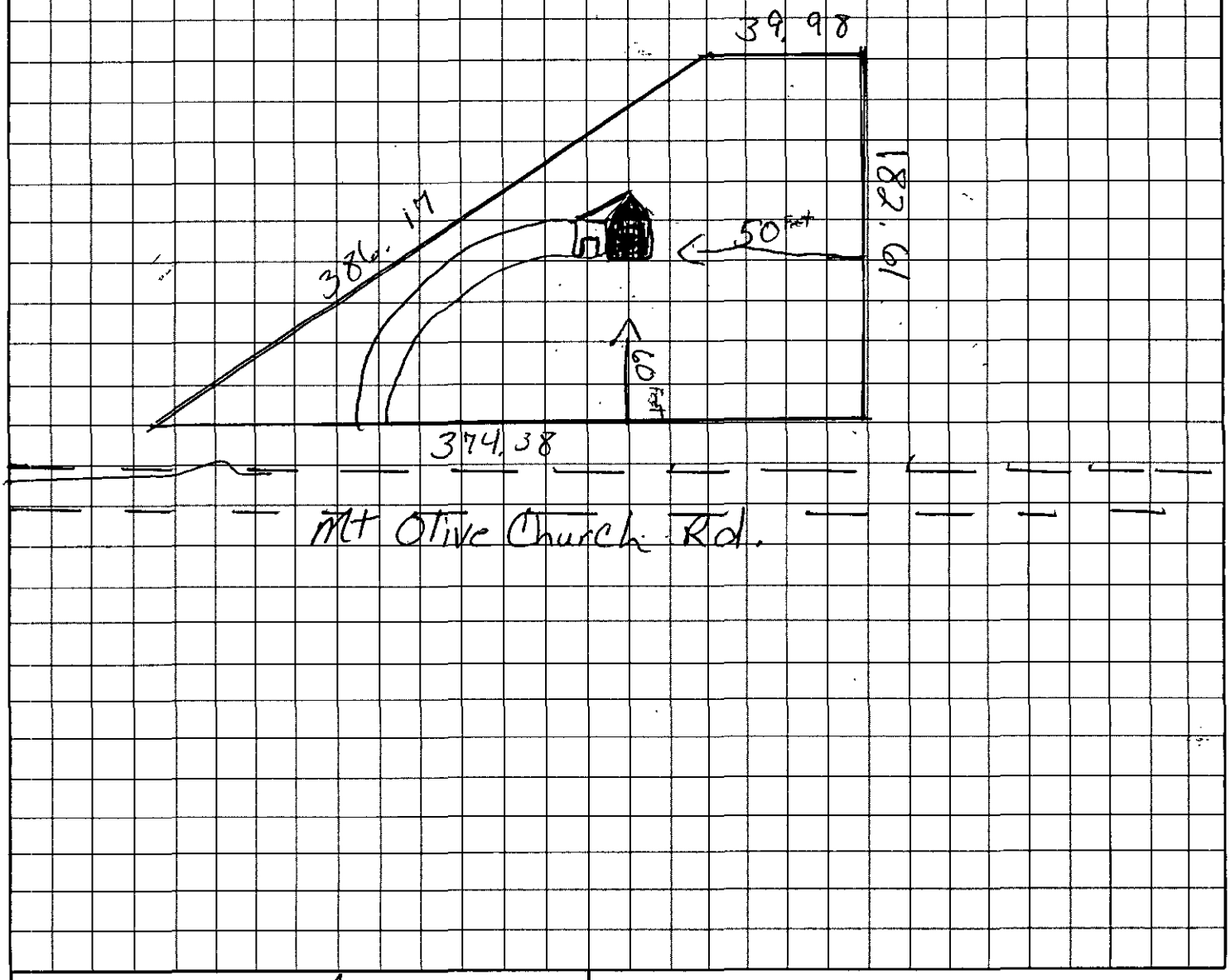
PROPOSED PLOT PLAN

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

FILE: 2316B

TC: 113-152-01

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.



Roger A. Malcolm
OWNER/AGENT SIGNATURE

DATE 11-11-97

APPROVAL DATE _____

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

2316B

STATE OF NORTH CAROLINA

File No. 97-E-2730

MECKLENBURG County

In The General Court Of Justice
Superior Court Division
Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name
GLADYS F. BRODT

LETTERS
TESTAMENTARY

G.S. 28A

113-152.01

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20. 1775
APRIL 12. 1776
ESSE QUAM VIDERI

Name And Title Of Fiduciary 1 Walter Kearns - Executor	Date Of Qualification September 25, 1997
Address 219 E. Kingston Avenue	Clerk Of Superior Court MARTHA H. CURRAN
City, State, Zip Charlotte, North carolina 28203	EX OFFICIO JUDGE OF PROBATE
Name And Title Of Fiduciary 2	Date Of Issuance October 22, 1997
City, State, Zip	Signature Brenda B. Whitley ☒ Deputy CSC ☐ Assistant CSC

Post-it® Fax Note 7671 | Date | # of pages ▶
To Judy Kiser | From Walter Kearns
Co./Dept. | Co.
Phone # | Phone #
Fax # | Fax #

OFFER TO PURCHASE AND CONTRACT

332-3019 Hamp

Roger Malcomb as Buyer,
hereby offers to purchase and Gladys Bradt Estate by Walter Reams as Seller,
upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY**: Located in the City of Char., County of Mck, State of North Carolina, being known as and more particularly described as:
Street Address 5333 Mt Olive Ch. Rd. Zip
Legal Description provided by Closing Fax #03-152-01

2. **PERSONAL PROPERTY**: None

3. **PURCHASE PRICE**: The purchase price is $ 80000.00 and shall be paid as follows:

(a) $ 500 in earnest money paid by Personal Ck. (cash, bank, certified or personal) with the delivery of this contract, to be held in escrow by Steve Smith as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;

(b) $ N/A by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;

(c) $ 6,000.00 by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of 10 % per annum payable as follows: $52.65 monthly amortized over 360 months with 5 yr balloon
Prepayment restrictions and/or penalties, if any, shall be: None
Assumption or transfer rights, if any, shall be: None

(d) $ 1500 the balance of the purchase price in cash at closing.

4. **CONDITIONS**: (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)

(a) The Buyer must be able to obtain a firm commitment on or before N/A, effective through the date of closing for a N/A loan in the principal amount of $ N/A for a term of N/A years), at an interest rate not to exceed N/A % per annum, with mortgage loan discount points not to exceed N/A % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: N/A

(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed N/A % per annum fixed (or describe type of loan) N/A with mortgage loan assumption and/or discount points not to exceed N/A % of the loan balance. (See Standard Provision No. 2) If such assumption requires the lender's approval, approval must be granted on or before N/A. Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: N/A

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

5. **ASSESSMENTS**: Seller warrants that there are no special assessments, or hereafter confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: None
(Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS**:

a. All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be deleted: (If none are to be deleted, state "None".) 2 D, 9 11

Buyer will maintain property "AS IS" during financing period. Sale is contingent upon [illegible] approval from county