

6924 ORR RD

09723102

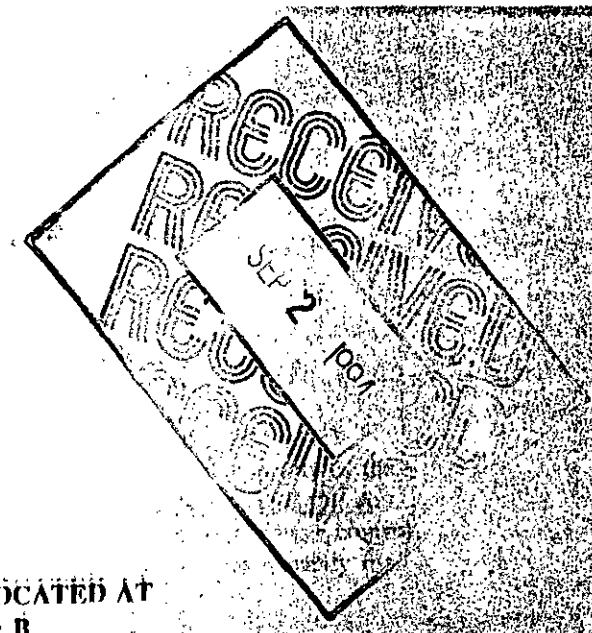
6/6/2007

duponbj

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

Verified 4-16-99

CHARLOTTE
July 28, 1994



Mr. Ronald Reaves
Bollag International Corporation
6924 Orr Road
Charlotte, N.C. 28213

SUBJECT: SANITARY SEWER TO SERVE THE PROPERTY LOCATED AT 2924 ORR ROAD, TAX PARCEL 097-021-59 A & B

Dear Mr. Reaves:

Thank you for the interest you've expressed in connecting to the Charlotte-Mecklenburg Utility Department's sanitary sewer system. A study of the subject site has been completed and the following applies:

SEWER 1:
To serve the subject site with this department's Street Main Extension Policy will require approximately 1,200 linear feet of 8-inch sewer main along Orr Road. This extension would qualify for funding under our department's 50/50 Extension Policy . The petitioning party/parties will fund one half the estimated cost of this extension ($ 60,000.00), which is **$ 30,000.00**. This extension may require the applicant to use of a private pumping operation .

The cost for a service connection is additional and it is not included and is based on the size of the water meter desired.

Please note that an applicant for a sewer extension may not cancel a service or extension request once the applicable fees have been paid. Extensions costs, connection fees, and capacity charges are not refundable.

SEWER 2:
To provide gravity sewer service to the subject site would require the extension of approximately 1,350 linear feet of sewer trunk main, which ties into the outfall West of Sunfield Drive and runs North to the Southern end of the property. This extension will be 100% funded by the petitioning party/parties under the current extension policy. The estimated cost of this proposed extension is **$ 85,000.00.**

If you desire a sewer extension contract for the above trunk main, please so state in a formal letter of request to Mr. Douglas O. Bean, Director of the Charlotte-Mecklenburg Utility Department. All sewer extension contracts to serve new development are subject to review by the Planning Commission and final approval by the City Council.

Also enclosed is a copy of a sewer petition for extensions made under the 50/50 Extension Policy. It should be signed by everyone participating in the extension and returned with a check for $ 30,000.00, which excludes the service connection charges.

PAID
1000 SEP 16 1994

(continued)

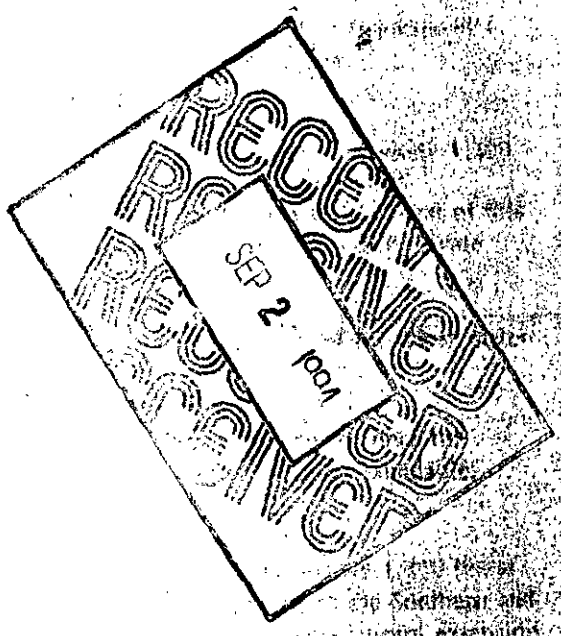
Jeff Mills
said Bollag Corp
paid fee on 9-16-94
SA

The C-MUD agrees to accept the sewage flow from this project for transmission to the Mallard Creek Wastewater Treatment Plant for treatment. This acceptance of flow is based on the existing capacity of the designated publicly owned treatment works; and contingent upon final acceptance and ISSUANCE OF A DISCHARGE PERMIT form the appropriate local, State, or Federal Agency, whichever might have control. Connection to the C-MUD system is accepted on a FIRST-COME, FIRST-SERVED basis; as capacity for future projects cannot be guaranteed.

Thank you for your inquiry and should you have and questions please call Bobby Spires or myself at 399-2551.

Sincerely,
CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

Jeffrey K. Mills
Customer Service Manager



BOLLAG INTERNATIONAL CORP.
SWEEP ACCOUNT
P.O. BOX 99 704-596-2932
NEWELL, NC 28126

1067

Sept: 16, 19 94

PAY TO THE ORDER OF C.M.U.D

$ 30,000.00

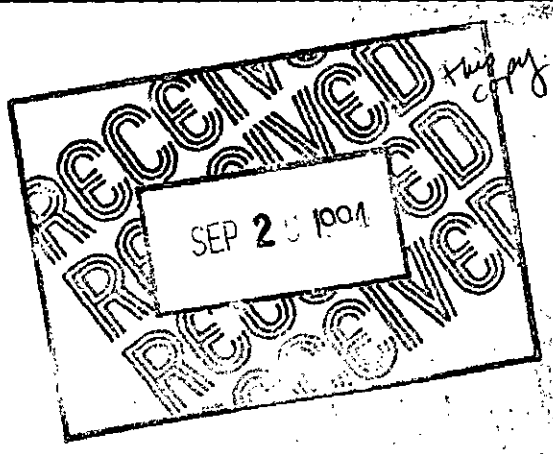
Thirty Thousand Dollars and No Cents DOLLARS

NationsBank
NationsBank of North Carolina, N.A.
Charlotte, NC 28255

FOR

⑈001067⑈ ⑆053000196⑆ 000386979⑈

COPY COPY COPY



N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Mitch Bollag MAILING ADDRESS 6924 Orr Road, Charlotte 28213

OCCUPANT Bollag International Corp. LOCATION ~~6924 Orr Road~~

☐ RESIDENCE ☒ BUSINESS ☐ OTHER tax parcel #097-021-59

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5102/336-5569 70.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

or

☒ Other Repairs (*specify*) Connect to C.M.U.D. sewer line. Submit copy of extension fee receipt ~~to Mecklenburg County Health Dept.~~

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance (*specify*) _____

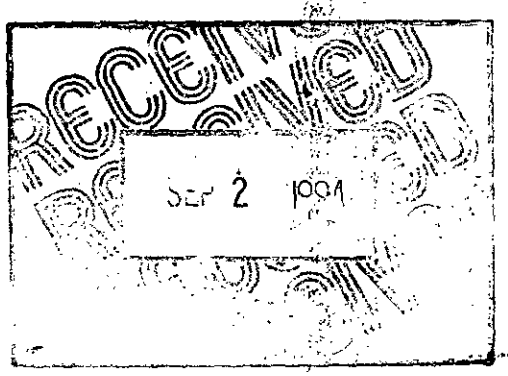
☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by October 7, 1994, appropriate legal action will be taken.

Notice Issued September 7, 1994 (Date) Signed Susan M. Bateman, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)



File
5946A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 09702159

STREET ADDRESS: _____

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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 (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) [] HOUSE (N) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 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):
[] 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 [] 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: _____ Date: _____

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

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

RECEIVED
SEP 2 1004

Environmentalist _____ Date

Director or Authorized Section Head _____ Date

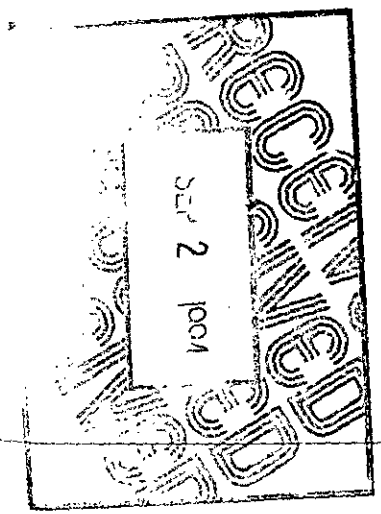
WATER : 122791

Mecklenburg County
Health Department
700 North Tryon Street
Suite 211
Charlotte, North Carolina 28202-2236

CHARLOTTE N.C 282 12:05 09/07/94 #4

CHARLOTTE SEP 07'94 NC

=029=



MITCH BOLLAG
6924 ORR ROAD
CHARLOTTE, NC 28213

ESP ASSOCIATES, P.A.
engineering•surveying•planning
landscape architecture

January 29, 1991

Mr. Gene Vaughan
Mecklenburg County
Health Department
Environmental Health Division
1200 Blythe Blvd.
Charlotte, N. C. 28203

Re: Bollag International located on Orr Road
File 5946A
Parcel 09702111 PO

Dear Mr. Vaughan:

As a duly registered Professional Engineer in the State of North Carolina, I was authorized to periodically observe the construction of the septic system for the referenced project by the property's owner. I hereby state that, to the best of my abilities, due care and diligence was used in the observation of the septic systems construction such that the construction was observed to be built within substantial compliance and intent of the approved plans and specifications.

If you should have any questions, feel free to give me a call.



Sincerely,

Marc A. Houle, P.E.

MAH:pk

10100 Park Cedar Drive, Suite 190, Charlotte, NC 28210 (704) 542-7317
P.O. Box 700 Pineville, NC 28134

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5946A DATE: 11/21/90

TC: 097-021-11 ☐ L ☑ CRT

SERIAL № 13632

Name of Owner Bollag, Mitch S. & Linda M Juris.:

Address of Property 6824 Orr Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 700'

Number of Lines 7 @ 100'

Cover Depth 18"

Water Supply Source WELL

Distance to Water Source >100'

Excavation Inspected 11/16/90

Tank(s) Inspected ~~1,000 gal SR~~
TANKS Not Viewed - Riser Only

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design 1990 1500 ST, 1000 ~~ST~~ PT, Con, 2100 SFT, 12" G, Recd CTR# 154

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: Engineer to Submit Letter of Certification

Audrey J. Klein 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: 5946 A DATE: 9/27/90

TC: 097-021-11 L

SERIAL Nº 14809

Permission is hereby given to ✓ Install or Construct, HA 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 2/13/90. All work shall be completed on or before 10/27/90, 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.

See Approved plan in file for System Location

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 694 feet

Number of Lines See plan

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥50' feet

NAME OF OWNER Mitch S. + Linda M. Bollag

LOCATION OF PROPERTY 6924 Orr Rd

Comments: System to be installed in accordance with approved designed plan on file. Installer will refer to plan for specific details. System utilizes lift pump station with pressure manifold.

Division or Section Head

Judy J. Kisor 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

Mecklenburg County
Health Department

September 12th, 1990

Mitch S. Bollag
P. O. Box 99
Newell, NC 28126

RE: Property located at Orr Road
FILE: 5946A
PARCEL: P0097-021-59

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 16684) 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.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16684

File: 5946A Action 1

Parcel: PO 097-071-59 ☒PC

Location: Orr Rd

Subdivision:

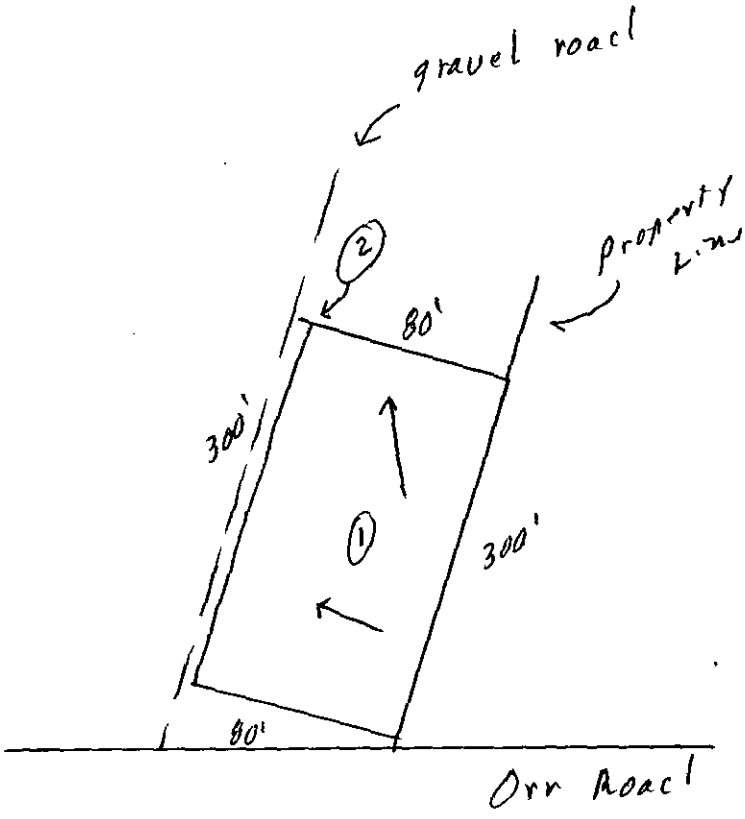
Lot: Block: Acres: .55

Owner: Mitch Bolleg
Address: PO Box 99
Newell, NC 28126

Comments: Would need pump

Described by: William R. Medlin

Date: 9-11-90



*** 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' cut	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40" +	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	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	III Cecil-like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

ESP ASSOCIATES, P.A.
10100 Park Cedar Drive Suite 190
P.O. Box 700
PINEVILLE, NORTH CAROLINA 28134

(704) 542-7317

LETTER OF TRANSMITTAL

DATE	JOB NO.
9/7/90	

ATTENTION

RE: BOLLAG INTERNATIONAL
ORR RD.

TO BILL MARLIN
MECKS. CO. HEALTH DEPT.
1200 BLYTHE BLVD.

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			APPL SOIL INVEST.
1			CHECK $50
1			REVISED PLOT PLAN FOR IMPROVEMENT

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit_____copies for approval
☐ For your use ☐ Approved as noted ☐ Submit_____copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return_____corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Bill,
I CHECKED WITH THE SURVEYOR AND THE GRASS AREA ON THE OTHER SIDE OF THE GRAVEL DRIVE IS ON THE ORIGINAL TRACT. THE PROPERTY LINE BETWEEN THE TWO TRACTS IS THE TREE LINE.

CALL IF YOU HAVE ANY QUESTIONS,

THANKS,

COPY TO _____

SIGNED: Marc A. Rauch

PRODUCT 240-3 NEBS Inc., Groton, Mass. 01471.

If enclosures are not as noted, kindly notify us at once.

Mecklenburg County
Health Department

September 7th, 1990

Mitch S. Bollag
P. O. Box 99
Newell, NC 28126

RE: Property located at Orr Road
FILE: 5946A
PARCEL: 09702158,59PO

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 16675) 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.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-7-90

Name/Company: Ballas International Corp.

Sanitation _____

Vector Control _____ RECEIVED

O.P.W.D. ✓ 1990

Service: Soil Test - [redacted]
6924 Ohr Road
File # 5946-A
Tax # 097-021-11

Fee: $ 50.00 Paid in Cash

Paid #012367 09-07-90 $50.00 CB

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

W Thompson — Completed by

Jameel J Bennett — Collected by

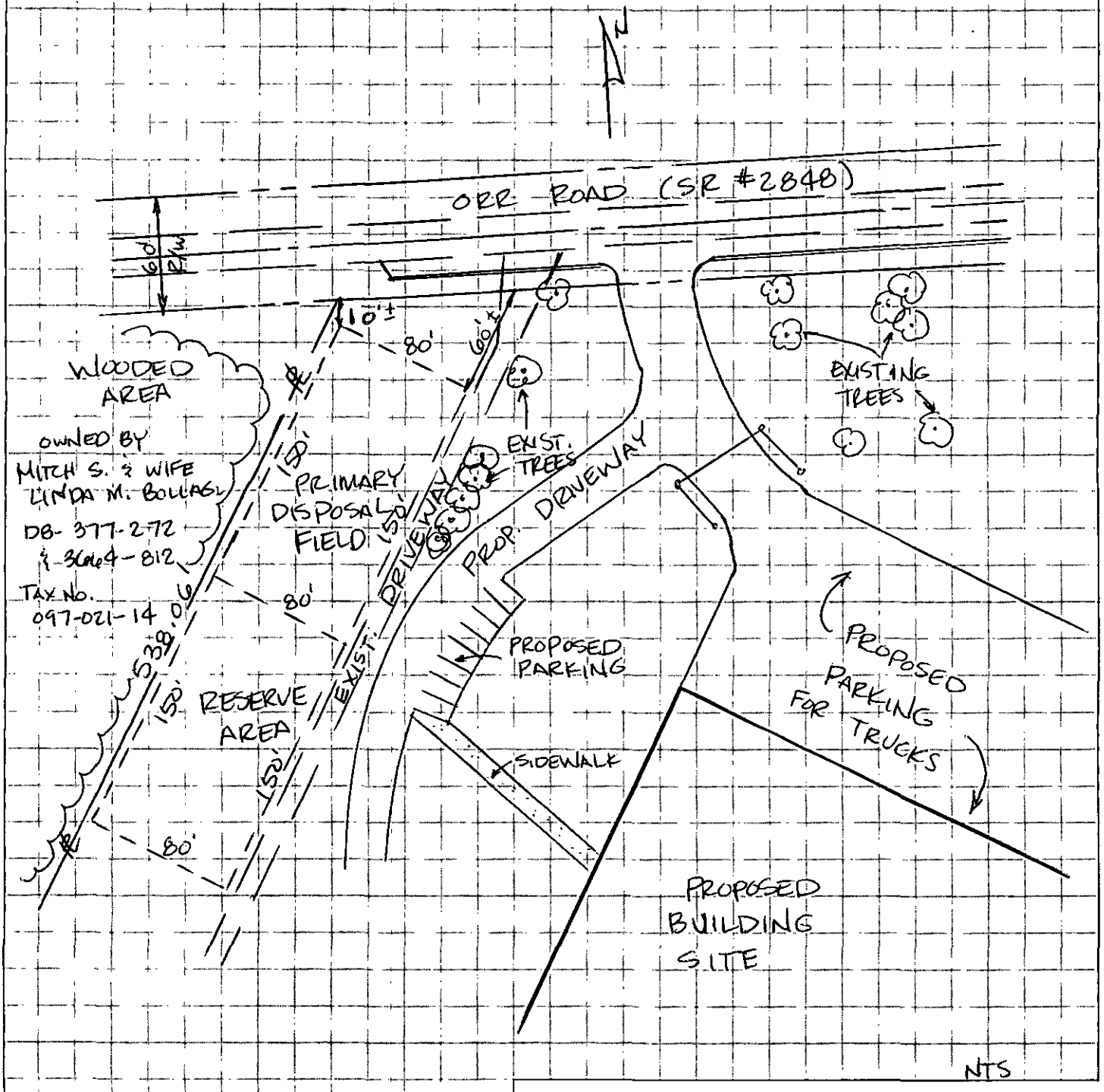
PROPOSED PLOT PLAN

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

FILE: 5946A

TC: 097-021-11

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.



Signed: _____

Date: _____

came in-ref soil investigation
9-7-90 WRM

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16675

File: 5946A Action 1

Parcel: PO 097-021-44 58, 59 PC

Location: Property at ORR Road

Subdivision:

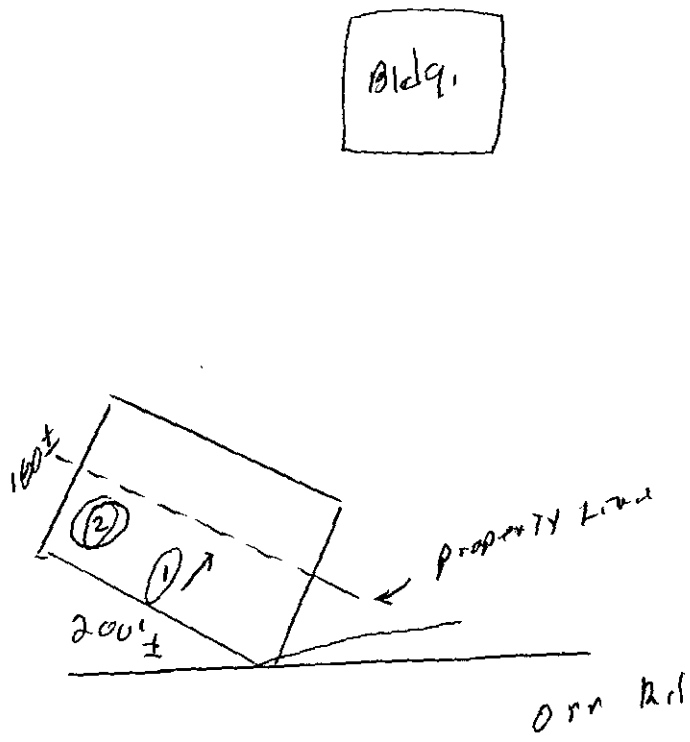
Lot: Block: Acres: Approx .9

Owner: Mitch S. Ballab
Address: P.O. Box 99
Newell, NC
28126

Comments: _____

Described by: William R. Marlin

Date: 9-5-90



*** 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	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 7-36" To water	S (PS) U 7-36" To water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+38"	S PS (U) 30-32"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S (PS) U 7-36"	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	Mc Cecil-Appling	Vance-Lilo				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-29-90

Name/Company: Bollag Internat. Corp // Mitch Bollag

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test - lacre App.

6924 Orr Rd.

File # 5946A

MECK. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 29 1990

Fee $ 50.00

Ck # 1302
$50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

$50.00 RB

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5946A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6924 Orr Road

② SUBDIVISION: n/a ③ LOT: n/a ④ BLOCK: n/a

⑤ PARCEL REFERENCE: BOOK NO.: 097 PAGE NO.: 021 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 755 & 3664 PAGE NO.: 272 & 812

OWNER

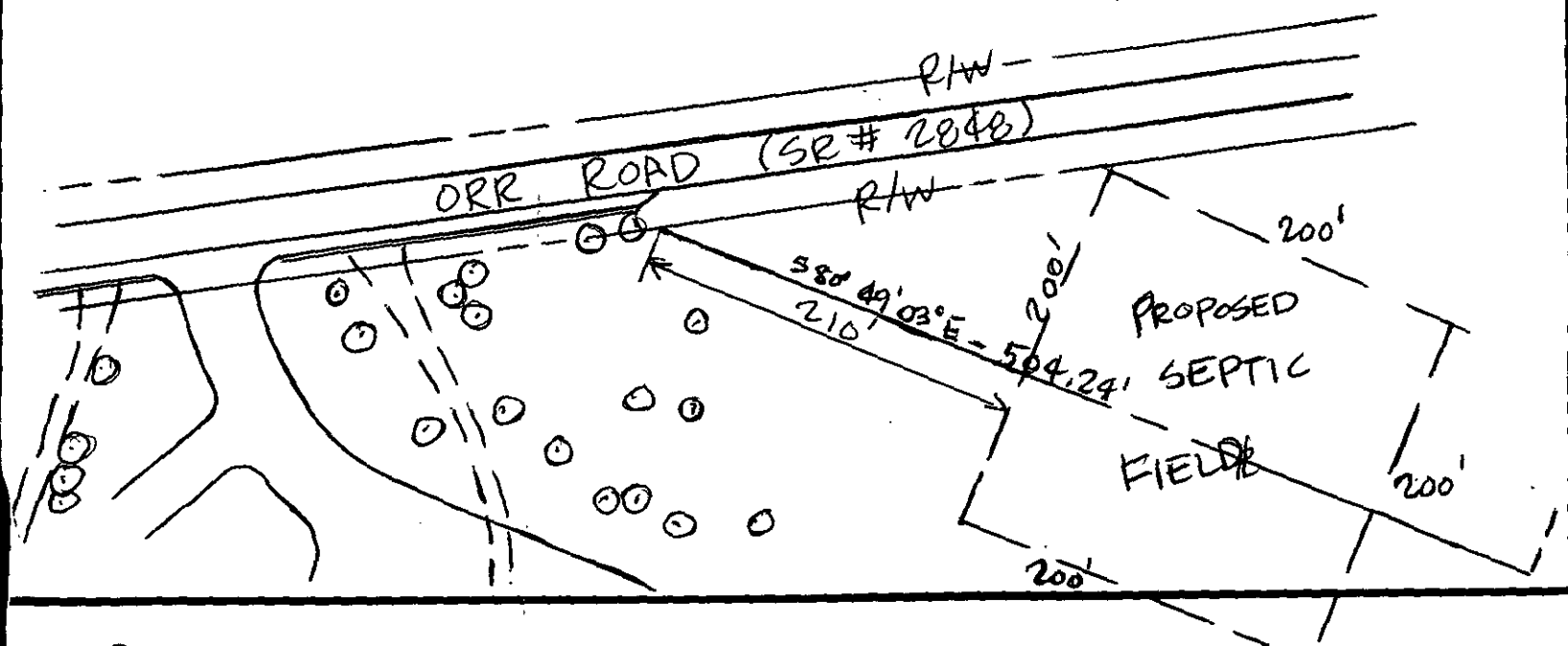
⑦ NAME: Mitch (FIRST) Station (MIDDLE) Bollag & Linda M. Bollag (LAST)

⑧ MAILING ADDRESS: P.O. Box 99

⑨ CITY: Newell ⑩ STATE: NC ⑪ ZIP: 28126

⑫ PHONE: (WORK) (704) 596-2932 (HOME) (704) 455-6319

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: 8-29-90

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

August 28th, 1990

Mitch S. Bollag
P. O. Box 99
Newell, NC 28126

RE: Property located at Orr Road
FILE: 5946A
PARCEL: 09702111 PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16630) is enclosed.

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 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

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 call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

ESP ASSOCIATES, P.A.
10100 Park Cedar Drive Suite 190
P.O. Box 700
PINEVILLE, NORTH CAROLINA 28134

(704) 542-7317

AUG 28

LETTER OF TRANSMITTAL

DATE	JOB NO.
8/28/90	
ATTENTION	
RE: BOLLAG-INTERNATIONAL	

TO WES DIXON
GODLEY BUILDERS

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			SOIL INVESTIGATION

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS WES,
GET MITCH TO SIGN AND CHECK, TO BILL MARLIN. I'M GOING TO MEET HIM IN THE FIELD TO VERIFY LOCATION.

THANKS,

COPY TO _____

SIGNED: _____

PRODUCT 240-3 NEBS Inc. Groton, Mass. 01471.

If enclosures are not as noted, kindly notify us at once.

GODLEY BUILDERS, INC.

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

AUG 2 . 1

ENVIRONMENTAL HEALTH
DIVISION

August 24, 1990

Mr. Gene Vaughan, R. S.
Mecklenburg County
Health Department
1200 Blythe Blvd.
Charlotte, N. C. 28203

Re: Bollag International
6924 Orr Road

Dear Mr. Vaughan:

This is to confirm that the undersigned hand delivered to your office this morning a letter from Mitch Bollag of Bollag International Corporation stating that he would have 25 employees and work one shift at the above location.

Please advise if additional information is needed.

Yours very truly,

W. Weston Dixon

WWD/vjh

Enclosure

415 Minuet Lane - Suite D, Charlotte, North Carolina 28217 - 704/522-6146

bollag international corp.

P.O. Box 28123
Queens Village, N.Y. 11427 USA
Telephone (718) 523-7900
Telex: 422025 (BOLL UI)
Fax: (718) 523-7903

P.O. Box 99
Newell, NC 28126
(704) 596-2932
Telex: 3772265 (BIC)
Fax: (704) 598-8478

August 24, 1990
Charlotte, NC

Mr. Gene Vaughan, R.S.
Mecklenburg County
Health Department
1200 Blythe Blvd.
Charlotte, NC 28203

Re: Proposed Septic Field for
Bollag International
6924 Orr Road
File: 59464

Dear Mr. Vaughan:

This letter is to confirm that the referenced project will consist of service for 25 employees working one shift only. We are currently providing the same service at our existing facility. The useage for one year at our current facility has been submitted for your review. Thank you for your assistance in this matter.

If you should have any questions, please feel free to call Mr. Marc Houle at 542-7317.

Sincerely,
BOLLAG INTERNATIONAL CORPORATION

Mitchel Bollag

MB:bt

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16630

File: 5946 A Action 2

Parcel: PO 097-021-11 PC

Location: Orr Road

Subdivision:

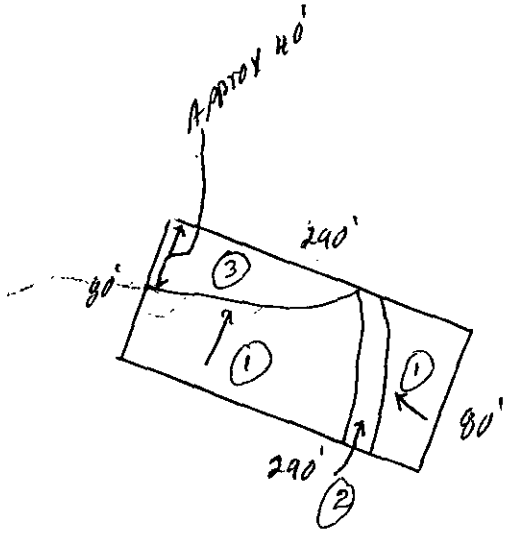
Lot: Block: Acres: .53

Owner: Mitch D. Ballay
Address: P.O. Box 99
Newell, NC 28126

Comments: Not sure about 100% repair

Described by: William R. Marlin

Date: 8-17-90



Orr Rd

***** 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) slight depression	(S) PS U 2-6%	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS (U) 2-1 clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" TO water	S PS U —	S (PS) U >36" TO water	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S (PS) U 36"+	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S (PS) U >36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	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	IV Cecil-Lilo	slight Depression	Enon-Lilo Expansive clay			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-15-90

Name/Company: Bollag International Corp.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Preliminary Soil Invest
6924 Orr Rd
049-021-11 PO
5946A

MECK... COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 15 1990

Fee: $ 40.00

Ck# 1118
$40.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

4002

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5946A

TC: 097-021-11 PO

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6924 Orr Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 097 PAGE NO.: 021 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 446

OWNER

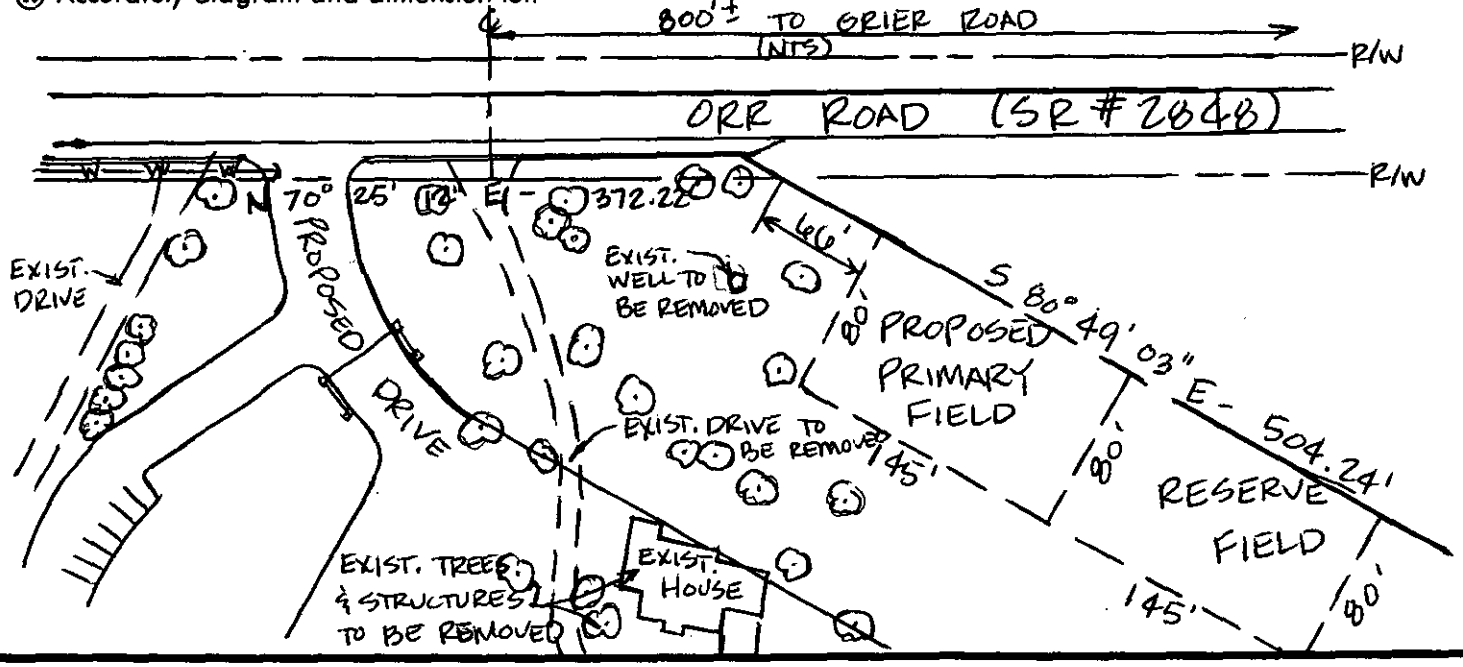
⑦ NAME: Mitch (FIRST) Stanton (MIDDLE) Bollag & Linda M. Bollag (LAST)

⑧ MAILING ADDRESS: P.O. Box 99

⑨ CITY: Newell ⑩ STATE: N.C. ⑪ ZIP: 28126

⑫ PHONE: (WORK) (704) 596-2932 (HOME) (704) 455-6319

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Mitch Bollag - Bollag International Corp

Date: Aug 15, 1998

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

GODLEY BUILDERS, INC.

August 14, 1990

Health Department
Environmental Health Division
1200 Blythe Blvd.
Charlotte, N. C. 28203

Attention: Judy Kiser

Dear Ms. Kiser:

By messenger, we are delivering to you an application for a soil investigation, a $40.00, and a plat of the property with the notation updated 7-06-90. This is for the Bollag property located at 6924 Orr Road, Charlotte, N. C., 28213.

We would appreciate your expediting this investigation, and if further information is needed, please call the undersigned.

Yours very truly,

W. W. Dixon

W. Weston Dixon

WWD/vjh

Enclosures 3

415 Minuet Lane - Suite D, Charlotte, North Carolina 28217 - 704/522-6146

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

August 9th, 1989

Mitch S. Bollag
P. O. Box 99
Newell, NC 28126

RE: Property located at Orr Road
FILE: 5946A
PARCEL: 09702111 PO

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 12156) 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.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12156

File: 59 46A Action 1

Parcel: PO 099-021-11 ☐ PC

Location: Orr Rd.

Subdivision:

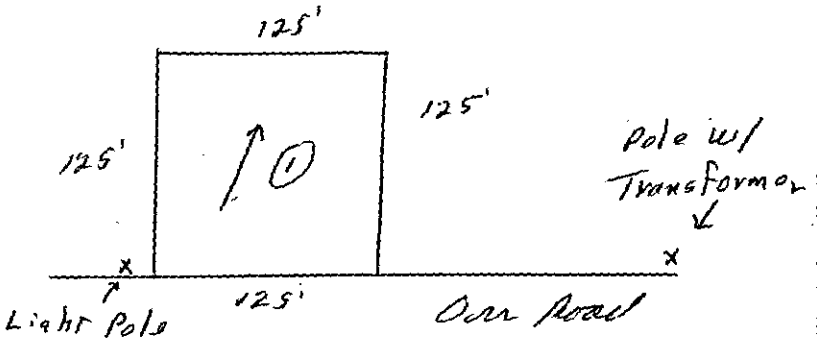
Lot: Block: Acres: Appx 1.35 Ac.

Owner: Mitch Bollag
Address: PO Box 99
Newell, NC 28126

Comments: System would need lift pump

Described by: William A. Mackie

Date: 8-9-99



***** 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 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	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	10A Cecil-Urban					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

ES ASSOCIATES, P.A.
10 Park Cedar Drive Suite 190
P.O. Box 700
PINEVILLE, NORTH CAROLINA 28134

(704) 542-7317

LETTER OF TRANSMITTAL

DATE	JOB NO.
8/6/90	

ATTENTION

RE: BOLLAG INTER. CORR RD

TO JUDY KISER
MECK CO. HEALTH DEPT
1200 BLYTHE BLVD

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☑ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1			1 YR METER READINGS

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

THANKS

COPY TO _____

SIGNED: Marc W. Luke

PRODUCT 240-3 NEBS Inc., Groton, Mass. 01471.

If enclosures are not as noted, kindly notify us at once.

WA41/07/07/189750/005
MWA31 ** WATER-SEWER MASTER RECORD ** 12/21/89 10:13:39
ZBS: 07/07/189750 3 SF: 1 SV: 085421 TA: C SN: 1 TS: 1 METER: 13030152I
NAME: BOLLAG INTERNATL CORP LOC: 2401 000 UNIVERSITY COMMERCL PL
CURR-READ: 728 11/29/89 R/C: C I-ON N I-OFF: N JURIS: ZIP: 28213
PREV-READ: 702 10/27/89 REG: 000 SPEC-SEWER: DEP#: 85/026Y8
WATER-USAGE: 12 %: 100 SEWER-USAGE: 19 PRIV-NTRS: DEP-$: 7.00
BILL-DATE: 12/15 DUE-DATE: 1/09 IU: PREV-BILL: 11/15 STATUS: ACTIVE

	CURRENT	REBATE	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WAT-FIX	1.45		.00	.00	.00	1.45
-VAR	12.92					12.92
REBATE		.00		.00		
SEW-FIX	1.45		.00	.00	.00	1.45
-VAR	17.86		.00	.00	.00	17.86
LAT-FIX	.00		.00	.00	.00	.00
-VAR	.00		.00	.00	.00	.00
SER-CHG	.00		.00	.00	.00	.00
TOTAL-$	33.68	.00	.00	.00	.00	33.68

2/01	509	5/01	606	8/04	660	10/27	702
3/02	522	5/30	624	8/25	673	11/29	728
4/04	582	6/27	640	9/29	692	1/04	546

NAME: REM:
ADDR: 00000 000 P O BOX 330 HOLD: N U/S DAT LDAT SDAT
CITY: NEWELL NC 28126 AN: 14 C/O-SW: 12/06 4/04
WA41/07/07/189750/005 12/21/89 10:13:46
MWA35 WATER SEWER HISTORY RECORD
ZBS: 07/07/189750 SV: 085421 SX: 01 SN: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000709 10/27/89 100% BILL-DATE: 11/15/89 LAST-PAY-DATE: 12/06/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	17	13.01	.00	.00	13.01	.00
REBATE		.00		.00		
SEWER	17	17.43	.00	.00	17.43	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		30.44	.00	.00	30.44	.00

ZBS: 07/07/189750 SV: 085421 SX: 01 SN: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000692 09/29/89 100% BILL-DATE: 10/16/89 LAST-PAY-DATE: 11/07/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	19	14.37	.00	.00	14.37	.00
REBATE		.00		.00		
SEWER	19	19.31	.00	.00	19.31	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		33.68	.00	.00	33.68	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE
WA51/07/07/189750/005 12/21/89 10:14:08
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 07/07/189750 SV: 085421 SX: 01 SN: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000673 08/25/89 100% BILL-DATE: 09/15/89 LAST-PAY-DATE: 10/06/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	13	10.29	.00	.00	10.29	.00
REBATE		.00		.00		
SEWER	13	13.67	.00	.00	13.67	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		23.96	.00	.00	23.96	.00

ZBS: 07/07/189750 SV: 085421 SX: 01 SN: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000660 08/04/89 100% BILL-DATE: 08/16/89 LAST-PAY-DATE: 09/06/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	20	15.05	.00	.00	15.05	.00
REBATE		.00		.00		
SEWER	20	20.25	.00	.00	20.25	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		35.30	.00	.00	35.30	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE
WA51/07/07/189750/005 12/21/89 10:14:21
MWA35 WATER-SEWER HISTORY RECORD
ZBS: 07/07/189750 SV: 085421 SX: 01 SN: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000640 06/27/89 100% BILL-DATE: 07/18/89 LAST-PAY-DATE: 08/08/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	16	11.85	.00	.00	11.85	.00
REBATE		.00		.00		
SEWER	16	15.32	.00	.00	15.32	.00

LATE		.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00
TOTAL-$		27.22	.00	27.22	.00

ZBS: 07/07/189750 SV: 085421 SX: 01 SM: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000624 05/30/89 100% BILL-DATE: 06/16/89 LAST-PAY-DATE: 07/07/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	18	13.15	.00	.00	13.15	.00
REBATE		.00		.00		
SEWER	18	17.11	.00	.00	17.11	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		30.26	.00	.00	30.26	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE
WAS1/07/07/189750/003 12/21/89 10:14:34
MWAS5 WATER-SEWER HISTORY RECORD
ZBS: 07/07/189750 SV: 085421 SX: 01 SM: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000606 05/01/89 100% BILL-DATE: 05/17/89 LAST-PAY-DATE: 06/07/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	17	12.50	.00	.00	12.50	.00
REBATE		.00		.00		
SEWER	17	16.24	.00	.00	16.24	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		28.74	.00	.00	28.74	.00

ZBS: 07/07/189750 SV: 085421 SX: 01 SM: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000589 04/04/89 100% BILL-DATE: 04/17/89 LAST-PAY-DATE: 05/10/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	17	12.50	.00	.00	12.50	.00
REBATE		.00		.00		
SEWER	17	16.24	.00	.00	16.24	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		28.74	.00	.00	28.74	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE
WAS1/07/07/189750/003 12/21/89 10:14:47
MWAS5 WATER-SEWER HISTORY RECORD
ZBS: 07/07/189750 SV: 085421 SX: 01 SM: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000572 03/02/89 100% BILL-DATE: 03/16/89 LAST-PAY-DATE: 04/04/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	14	10.55	.00	.00	10.55	.00
REBATE		.00		.00		
SEWER	14	13.63	.00	.00	13.63	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		24.18	.00	.00	24.18	.00

ZBS: 07/07/189750 SV: 085421 SX: 01 SM: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000550 02/01/89 100% BILL-DATE: 02/15/89 LAST-PAY-DATE: 03/08/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	12	9.25	.00	.00	9.25	.00
REBATE		.00		.00		
SEWER	12	11.89	.00	.00	11.89	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		21.14	.00	.00	21.14	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE
WAS1/07/07/189750/005 12/21/89 10:14:52
MWAS5 WATER-SEWER HISTORY RECORD
ZBS: 07/07/189750 SV: 085421 SX: 01 SM: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000546 01/04/89 100% BILL-DATE: 01/17/89 LAST-PAY-DATE: 02/07/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	19	13.80	.00	.00	13.80	.00
REBATE		.00		.00		
SEWER	19	17.98	.00	.00	17.98	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		31.78	.00	.00	31.78	.00

ZBS: 07/07/189750 SV: 085421 SX: 01 SM: 1 TS: 1 TA: C CDC: 3 R/C: 0
NAME: BOLLAG INTERNATL CORP LOC: 02401 000 UNIVERSITY COMMERCL PL AN: 14
CURR-READ: 0000527 11/30/88 100% BILL-DATE: 12/14/88 LAST-PAY-DATE: 01/04/89

	USAGE	CURRENT	PREVIOUS	ADJUSTMENT	PAYMENT	BALANCE
WATER	17	12.50	.00	.00	12.50	.00
REBATE		.00		.00		
SEWER	17	16.24	.00	.00	16.24	.00
LATE		.00	.00	.00	.00	.00
SERV-CHG		.00	.00	.00	.00	.00
TOTAL-$		28.74	.00	.00	28.74	.00

PF2-NEXT PAGE PF3-END PF7 PREVIOUS PAGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 7-18-90

Name/Company: Bollag Int'l

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Appl for Int Ren

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 18 1990

AG 5946A

con# 017693

Fee: $ 200.00

#200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5946A
TC: 097-021-11
SERIAL: № 19969
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6924 Orr Road (STREET NO. / STREET) ② FILE: 5946A
③ JURISDICTION: Charlotte ④ TAX PARCEL NO.: 097-021-11 PO
⑤ SUBDIVISION: n/a ⑥ LOT: n/a ⑦ BLOCK: n/a

OWNER

⑧ NAME: Mitch (FIRST) Station (MIDDLE) Bollag & Linda M. Bollag (LAST)
⑨ MAILING ADDRESS: P.O. Box 99
⑩ CITY: Newell ⑪ STATE: NC ⑫ ZIP: 28126
⑬ PHONE: (WORK) (704) 596-2932 ⑭ (HOME) (704) 455-6319

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉒ Number of bedrooms? _____
㉓ Maximum occupancy? _____
㉔ Basement? ☐ yes ☐ no

㉑ ☒ Business or place of public assembly
㉕ Type? Warehouse
㉖ Maximum number of employees? 25/ shift
㉗ Maximum number of seats? 7

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☒ Municipal system
C ☐ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: X _____

Date: X 7/13/90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date 9/27/90

Director or Authorized Section Head — Date 9-12-90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5946-A

TC: 097-021-11

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6924 Orr Road

② SUBDIVISION: N/a ③ LOT: N/A ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: 097 PAGE NO.: 021 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 755 & 3664 PAGE NO.: 272 & 812

OWNER

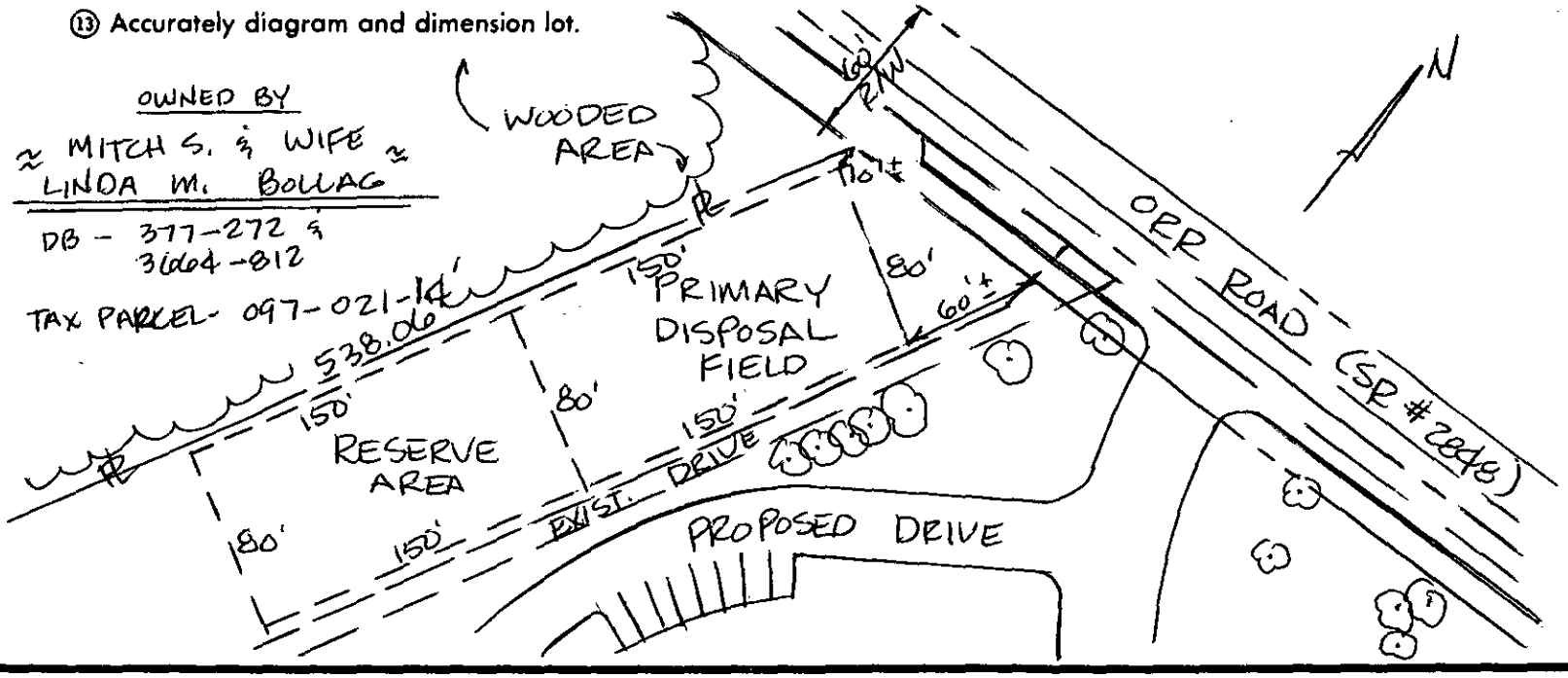
⑦ NAME: Mitch (FIRST) Station (MIDDLE) Bollag & Linda M. Bollag (LAST)

⑧ MAILING ADDRESS: P.O. Box 99

⑨ CITY: Newell ⑩ STATE: NC ⑪ ZIP: 28126

⑫ PHONE: (WORK) (704) 596-2932 (HOME) (704) 455-6319

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: X (Mitchel Bollag)

Date: X 9/6/90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY.

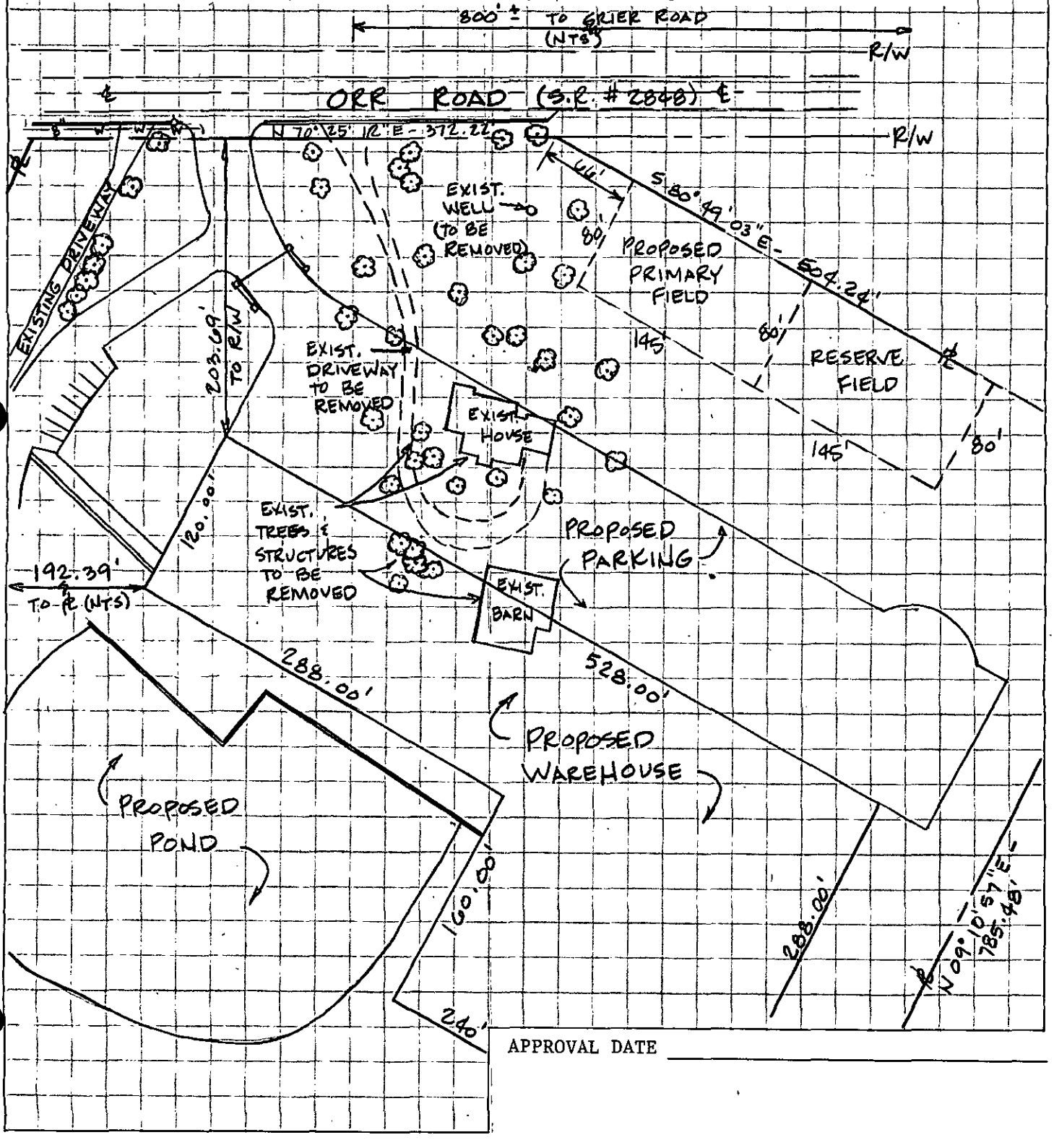
PROPOSED PLOT PLAN

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

FILE: 59464

TC: 097-024-11

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 _____

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

Mecklenburg County
Health Department

January 30th, 1990

Mitch S. Bollag
P. O. Box 99
Newell, NC 28126

RE: Property located at Orr Road
FILE: 5946A
PARCEL: 09702111 PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17532) is enclosed.

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 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

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 call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17532

File: 5946A Action 2

Parcel: 09702111 PO ☐ PC

Location: Orr Road

Subdivision:

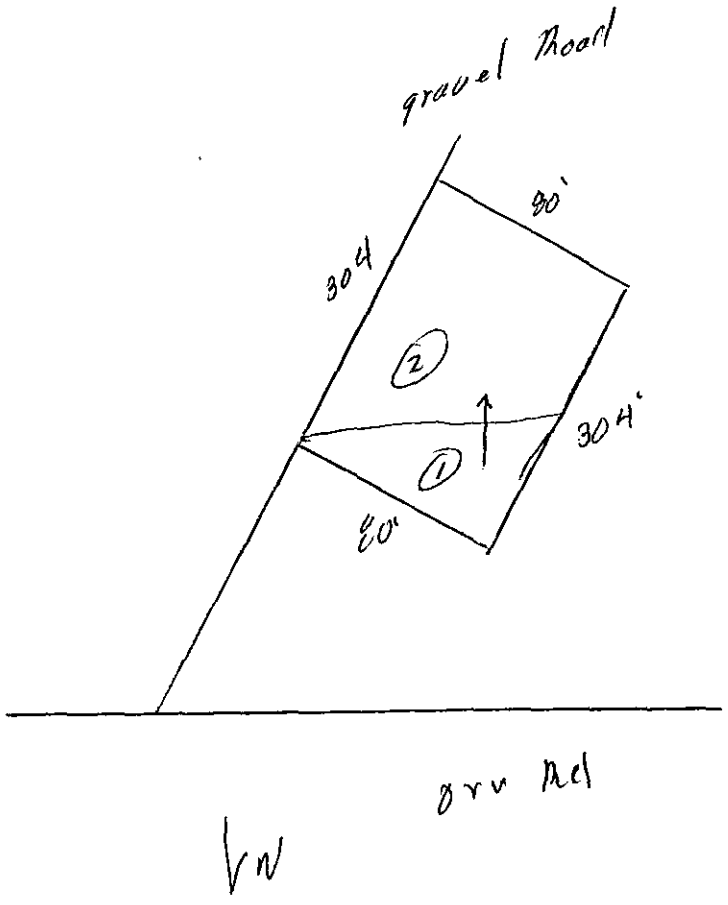
Lot: Block: Acres: .56

Owner: Mitch S. Bollag
Address: P. O. Box 99
Newell, NC 28126

Comments: _____

Described by: William McMinn

Date: 1-30-90



***** 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 6-10%	(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 7-36" to water	S (PS) U 7-36" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	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 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U Expansive	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	Mecklenburg Lilo				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

1

Date: 1-9-90

Name/Company: Bollag -

Sanitation _____

Vector Control _____

O.P.W.D. —

Service: Soil Investigation

FY6 5946A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 9 1990

Fee: $ 40.00

~~CR#~~ 013584
~~$~~40.00

NOTICE:

- *A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5946A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6924 Orr Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 097 PAGE NO.: 021 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 446

OWNER

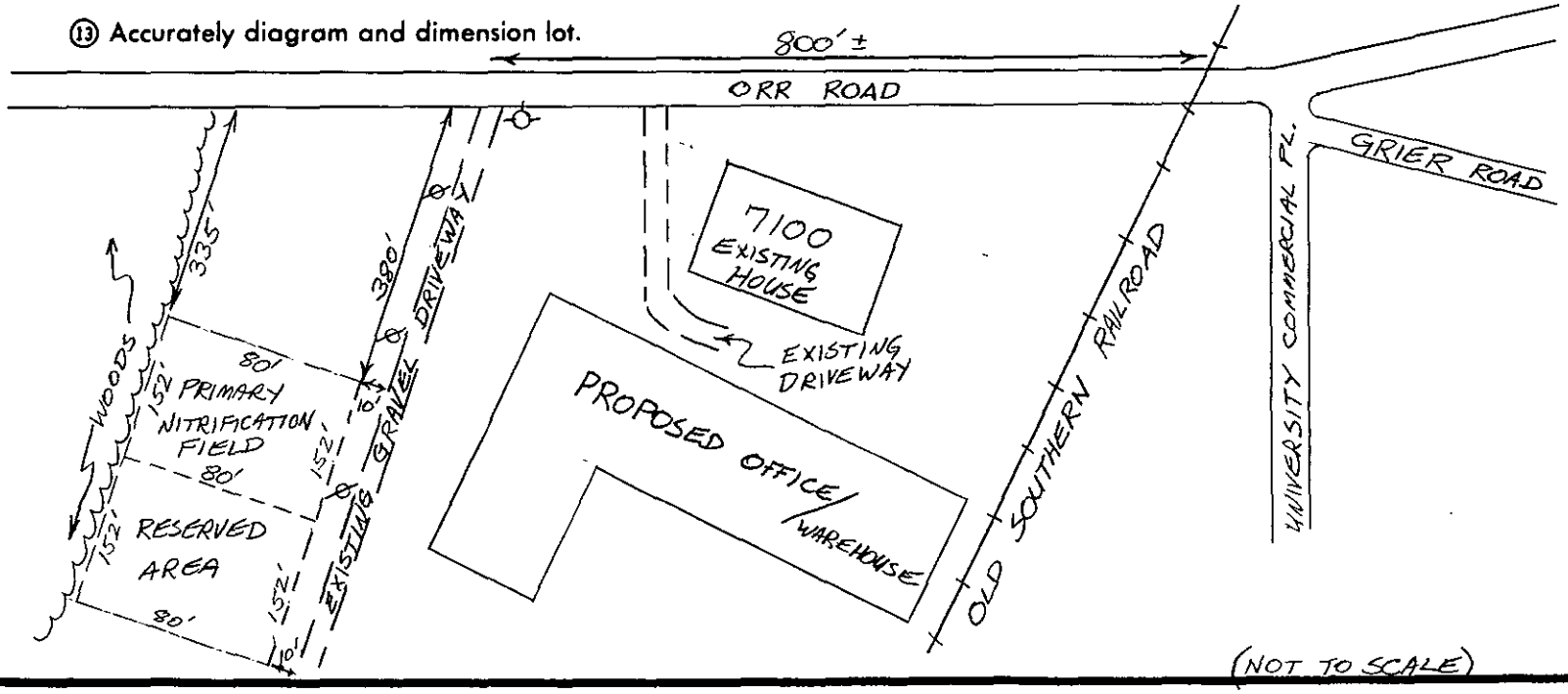
⑦ NAME: Linda Mitch (FIRST) M. Stanton (MIDDLE) Bollag Bollag (LAST)

⑧ MAILING ADDRESS: P. O. Box 99

⑨ CITY: Newell ⑩ STATE: NC ⑪ ZIP: 28126

⑫ PHONE: (WORK) 596-2932 (HOME) 455-6319

⑬ Accurately diagram and dimension lot.



(NOT TO SCALE)

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Linda Bollag

Date: 1/5/90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

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

DATE 11-29-89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Char

PARCEL NUMBER 097-021-11 po

ASSIGNED ADDRESS 6924 Orr Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

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: New Structure

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 DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

October 31st, 1989

Mitch S. Bollag
P. O. Box 99
Newell, NC 28126

RE: Property located at Orr Road
FILE: 5946A
PARCEL: 09702111 PO

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 16289) 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.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16289

File: 5946A
Parcel: 09702111 PD
Action 1
☐ PC

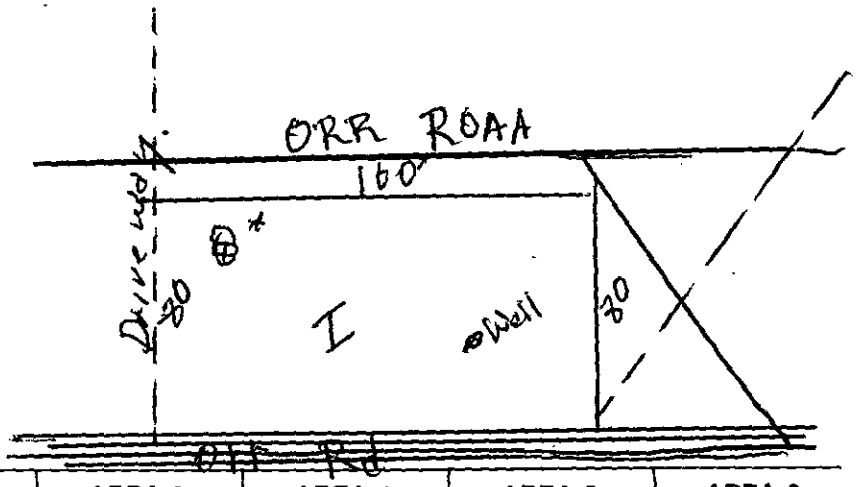
Location:
Subdivision: Orr Road
Lot: Block: Acres: 1.7

Owner:
Address: Mitch S. Ballag
P. O. Box 99
Newell, NC 28126

Comments: Could Be unsuitable on space Depending on Hse usage.

Described by: W. B. Ramsey
Date: 10-30-89

*** 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 2-4	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Depend on use *	S PS U	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 Appling					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-25-89

Name/Company: E. S. & Associates, P.A

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: S/T

7100 Orr Road

1 AC

File # 5946 A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Fee: PAID $ 40.00

Ck # 4331
$ 40.00

OCT 25 1989

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

BILLING — WHITE

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5946A

TC: PO 097-021-11

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Orr Road - 7100 Orr Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: Tax Account # BOOK NO.: 097 PAGE NO.: 021 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 446

OWNER

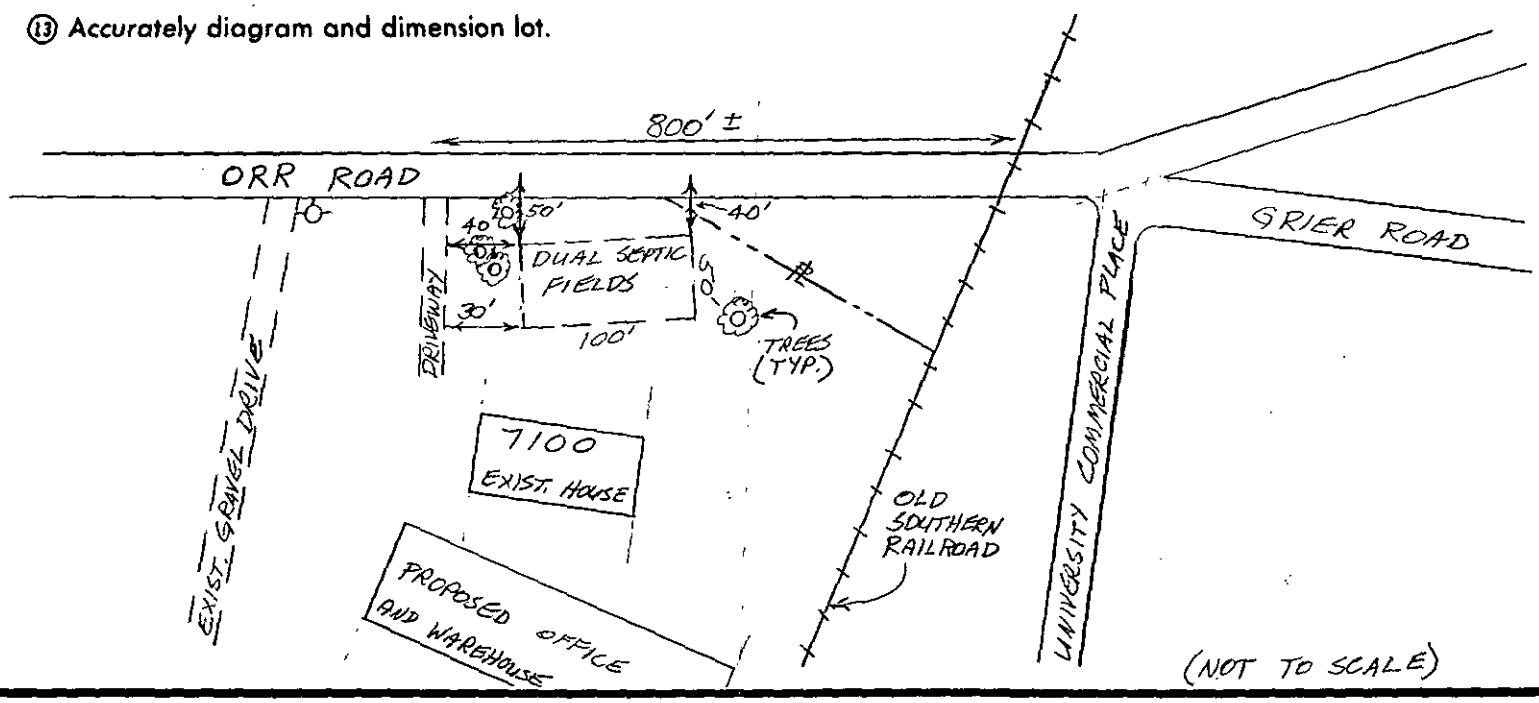
⑦ NAME: Mitch (FIRST) Stanton (MIDDLE) Bollag (LAST) & Linda M. Bollag

⑧ MAILING ADDRESS: P. O. Box 99

⑨ CITY: Newell ⑩ STATE: NC ⑪ ZIP: 28126

⑫ PHONE: (WORK) 596-2932 (HOME) 455-6319

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Linda M. Bollag

Date: 10/9/87

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 8/2/89

NAME/COMPANY: Pilot Engineering

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Soil Eval. - 1 ac.

#5916M

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 2 1989

FEE: 40 —

CR # 012049
$40.00

Completed By

Collected By

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5946A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: ORR ROAD - 7100 ORR RD

② SUBDIVISION: ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: TAX ACCOUNT # BOOK NO.: 097 PAGE NO.: 021 PARCEL NO.: 11 ~~FF~~

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 446

OWNER

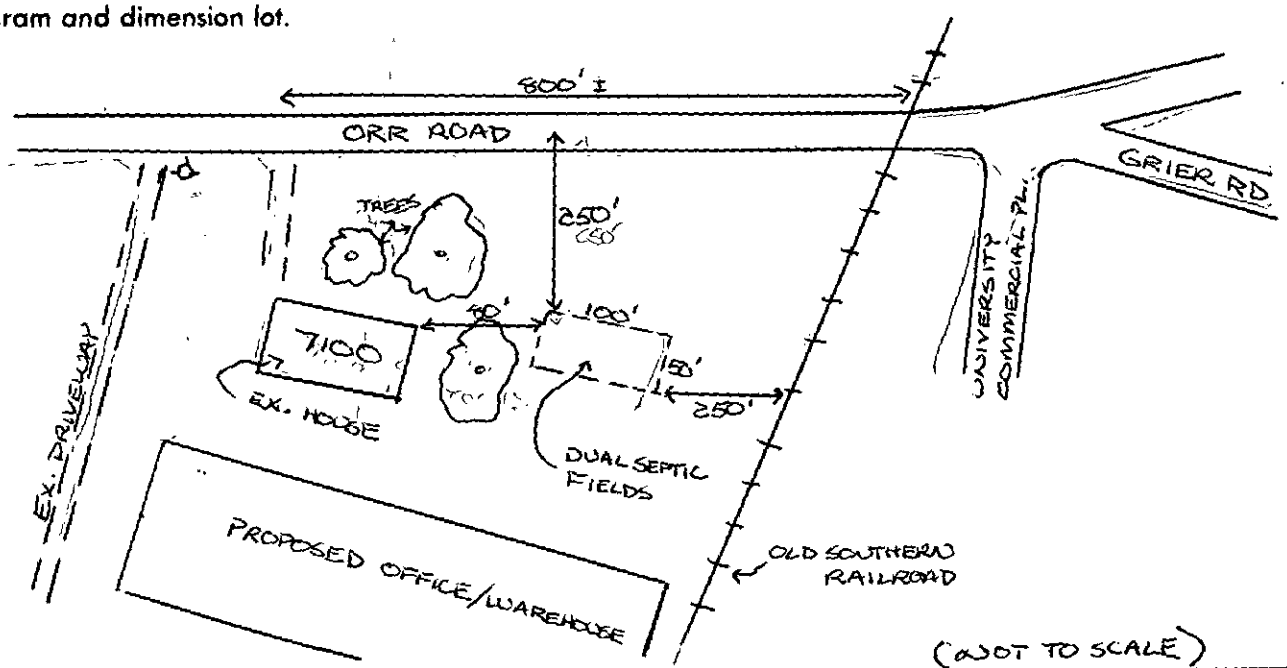
⑦ NAME: Mitch (FIRST) Stanton (MIDDLE) Bollag (LAST) & Linda M. Bollag

⑧ MAILING ADDRESS: P.O. Box 99

⑨ CITY: Newell ⑩ STATE: NC ⑪ ZIP: 28126

⑫ PHONE: (WORK) 596-2932 (HOME) 455-6319

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Linda Bollag

Date: 7/24/89

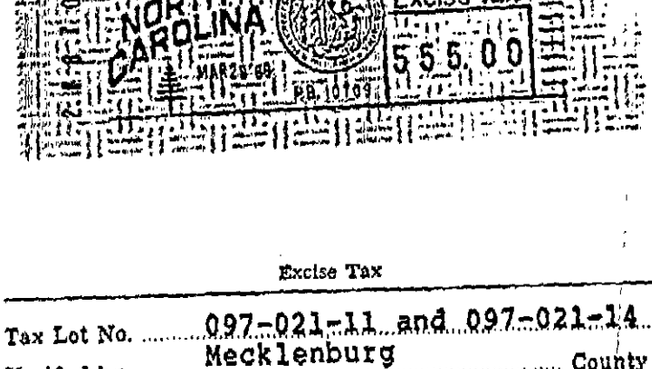
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

DEEDBOOK PAGE

5992 0446

250



PRESENTED FOR
REGISTRATION

89 MAR 29 PM 3:02

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

Excise Tax

Recording Time, Book and Page

Tax Lot No. 097-021-11 and 097-021-14 Parcel Identifier No.

Verified by Mecklenburg County on the day of March, 19

by

STAMPS 555.00
FEE 12.00
567.00
CASH 7.5 567.00

Mail after recording to Donald S. Gillespie Jr., Attorney, 1001 Elizabeth Avenue, Suite 1-D, Charlotte, North Carolina 28204

This instrument was prepared by William G. Robinson, Attorney 8:30 #4000 000 03/29/89

Brief description for the Index 050 44.32 acres, 7100 Orr Road

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 29th day of March, 19 89, by and between

GRANTOR	GRANTEE
Samuel Robert Fowler, widower (aka S. R. Fowler)	Mitchel S. Bollag and wife, Linda M. Bollag P.O. Box 99 Newell, North Carolina 28126

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Charlotte, Township, Mecklenburg County, North Carolina and more particularly described as follows:

See Attached Exhibit "A"

DEEDBOOK PAGE

5992 0447

The property hereinabove described was acquired by Grantor by instrument recorded in See Exhibit "A" and Mecklenburg County Superior Court, Estates File, 79 E 1047 for Anna W. Fowler, deceased.

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:

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

Samuel Robert Fowler (SEAL)
by Audrey Fowler Northup
Attorney In Fact (SEAL)

Samuel Robert Fowler (SEAL)
by Samuel R. Fowler Jr.
Attorney in Fact (SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that .....

..... Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this ..... day of ....., 19.....

My commission expires: ..... Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ... County.

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 .....

.....

DEEDBOOK PAGE

5992 0448

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, Candace L. Cook, Notary Public, do hereby certify that Audrey Fowler Northup, attorney-in-fact for Samuel Robert Fowler, personally appeared before me this day, and being by me duly sworn, says that she executed the foregoing and annexed instrument for and in behalf of Samuel Robert Fowler, and that her authority to execute and acknowledge said instrument is contained in an instrument duly executed, acknowledged, and recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina in Deed Book 5968 at Page 137, on the 29th day of March, 1989, and that this instrument was executed under and by virtue of the authority given by said instrument granting her power of attorney; that the said Audrey Fowler Northup acknowledged the due execution of the foregoing and annexed instrument for the purposes therein expressed for and in behalf of the said Samuel Robert Fowler.

WITNESS my hand and official seal, this 29th day of March, 1989.

Candace L. Cook
Notary Public

My commission expires: 7-22-91

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, Candace L. Cook, Notary Public, do hereby certify that Samuel R. Fowler, Jr., attorney-in-fact for Samuel Robert Fowler, personally appeared before me this day, and being by me duly sworn, says that he executed the foregoing and annexed instrument for and in behalf of Samuel Robert Fowler, and that his authority to execute and acknowledge said instrument is contained in an instrument duly executed, acknowledged, and recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina in Deed Book 5968 at Page 137, on the 29th day of March, 1989, and that this instrument was executed under and by virtue of the authority given by said instrument granting him power of attorney; that the said Samuel Robert Fowler, Jr., acknowledged the due execution of the foregoing and annexed instrument for the purposes therein expressed for and in behalf of the said Samuel Robert Fowler.

WITNESS my hand and official seal, this 29th day of March, 1989.

Candace L. Cook
Notary Public

My commission expires: 7-22-91

DEEDBOOK PAGE

5992 0449

Exhibit A
Description of property:

Land situate, lying and being in the City of Charlotte, Mecklenburg County, State of North Carolina, and being described more particularly as follows:

Being two (2) tracts combined into one (1) tract.
The first (1st) tract is a portion of that property conveyed to S.R.Fowler and wife, Anna W. Fowler, by deed of J.H. Little, dated August 25, 1939, recorded in Deed Book 933, Page 271 of the Mecklenburg Registry. The first (1st) tract has been known as tax parcel number 097-021-11. and
The second (2nd) tract is a portion of that property conveyed to S.R. Fowler, by deed of Lloyd C. Caudle, dated April 2, 1974, recorded in Deed Book 3664, Page 812 of the Mecklenburg Registry. The second (2nd) tract has been known as tax parcel number 097-021-14.

The combined tracts being described as BEGINNING at an old iron which is the common corner of Lots 13 and 14 of Eastbrook Woods, Section 4, Map Book 14, Page 557 and of property owned (now or formerly) by Charlotte Park and Recreation Commission and of Lot 4 of Eastbrook Woods, Section 6, Map Book 15, Page 231; thence on a line 748.23 feet N.35-43-20 W. to a stone; thence on a new line 855.15 feet N.19-25-39 W., said line passing over four (4) old irons at various points in the line, to a nail in the center of the road right of way for Orr Road (State Road 2848), a sixty (60) foot wide right of way; thence with the center line of Orr Road 1900.89 feet N.70-25-12 E. to another nail in the center of said road; thence on a new line 1585.14 feet S.9-10-57 W. to an old iron, passing over an old iron in said line and said line being the center line of a railroad right of way for a portion of the 1584.14 feet; thence on a new line 399.90 feet N. 80-51-09 W. to a new iron at a point on the bank of a creek, said point being the northern corner of Lot 11 of Eastbrook Woods, Section 6, Map Book 15, Page 231; thence on a new line 506.27 feet S.31-49-22 W. to an old iron, passing over an old iron in said line; and thence on a new line 195.69 feet S.52-21-16 W. to the point of BEGINNING.

EXCLUDING, HOWEVER, that parcel of land conveyed to Franklin Short Wyatt and wife by deed recorded in Book 1511, Page 277 of the Mecklenburg Registry (said parcel containing 2.00 acres, more or less) AND EXCLUDING that parcel of land conveyed to David Mercer Hinson and wife by deed recorded in Book 2286, Page 128 of the Mecklenburg Registry (said parcel containing 1.360 acres, more or less).

The property conveyed herein (from grantor, Samuel Robert Fowler, also known as S.R. Fowler, a widower, unto grantees, Mitchel S. Bollag and wife, Linda M. Bollag) contains 44.32 acres according to an un-recorded boundary survey map prepared, on March 29, 1989, by Spratt & Brooks, Land Surveying, for Mitchel S. Bollag and wife, Linda M. Bollag.

DEEDBOOK PAGE

5992 0450

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1100

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Candace L. Cook

a Notar(y) (ies) Public (is) (are) certified to be correct.

This 29th day of March 19 89.

Anne A. Powers, Register of Deeds

By: _____ Deputy