

9825 DRAWBRIDGE DR

10815120

12/31/2007

duponbj

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

2779B

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

June 8, 2005

James Smith
9825 Drawbridge Drive
Charlotte, NC 28212

Dear Mr. Smith:

Re: Bacteriological Well Resample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 9825 Drawbridge Drive on June 2, 2005. The laboratory analysis of the well water sample was reported to be NEGATIVE for Total Coliform and E. COLI-PA bacteria.

It is recommended that you perform an annual bacteriological analysis for your private well. Please contact our office if you have questions or need assistance with your well in the future.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosure: (1)

CHARLOTTE

Laboratory Analysis Report
Report Date: 6/6/2005 03:26 PM

LABORATORY SERVICES DIVISION

LOCATION: GWS-9825
LOC ID: G-GWS
SAMPLE DATE-TIME: 6/2/2005 11:40
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB38277
CHAIN OF CUSTODY #: 05060043

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB38277	E. COLI-PA	**Absent**	**P/A**		SM 9223B	6/2/2005 13:20	RDW
AB38277	Total Coliform	**Absent**	**P/A**		SM 9223B	6/2/2005 13:20	RDW

Comment:

Laboratory Supervisor: W Fowl

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 9825 Drawbridge Drive

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 05060043

Sampled By (Print Name): Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
GWS-9825	TM	6/2/2005 11:40		N		5.6				X	100 ml		2						X		X											

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
[signature]	[signature]	6-2-05	1310
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

May 18, 2005

James Smith
9825 Drawbridge Drive
Charlotte, NC 28202

Dear Mr. Smith:

Re: Well Sample Results – Inorganic Chemical Analysis

Enclosed you should find the laboratory analysis for the well water samples that were collected at 9825 Drawbridge Drive on April 25, 2005.

Please retain these reports for future reference. If you have questions regarding these reports please contact me at (704) 336-5568.

Thanks again for your cooperation with the septic inspection and well sampling program. If you have questions or need assistance with your on-site wastewater system or private well please contact our office.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (2):

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

2779B

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Smith, James
Address: 9825 Drawbridge Dr.
Charlotte, NC **Zip:** 28212

County: MECKLENB

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21

ATTN: Trevor Thomason
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: T. THOMASON **Date:** 4/25/2005 **Time:** 2:25:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	10	mg/l	4/27/2005
Silver	<0.05	mg/l	4/27/2005
Alkalinity as CaCO3	76	mg/l	4/27/2005
Arsenic	<0.001	mg/l	4/27/2005
Barium	<0.1	mg/l	4/27/2005
Calcium	21.6	mg/l	4/27/2005
Cadmium	<0.005	mg/l	4/27/2005
Chloride IC	<5.0	mg/l	4/27/2005
Chromium	<0.01	mg/l	4/27/2005
Copper	<0.05	mg/l	4/27/2005
Fluoride	<0.20	mg/l	4/27/2005
Iron	<0.05	mg/l	4/27/2005
Hardness as CaCO3 (Ca,Mg)	77	mg/l	4/27/2005
Mercury	<0.0005	mg/l	4/27/2005
Magnesium	5.7	mg/l	4/27/2005
Manganese	<0.03	mg/l	4/27/2005
Sodium	8	mg/l	4/27/2005
Lead	<0.005	mg/l	4/27/2005
pH	8.0	Std. unit	4/27/2005
Selenium	<0.005	mg/l	4/27/2005
Total Dissolved Solids	120	mg/l	4/27/2005
Zinc	<0.05	mg/l	4/27/2005

Date Received: 4/27/2005 **Report Date:** 5/12/2005 **Reported By:**
Today's Date: 5/13/2005 **Ref:** 4888 **Login Batch:** 05040056 **Sample Number:** AB25966

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

2779B

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Smith, James
Address: 9825 Drawbridge Dr.
Charlotte, NC **Zip:** 28212
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Other

Report To: Mecklenburg Co. Env. Health **ATTN:** Trevor Thomaso
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Collected By: T. THOMASON **Date:** 4/25/2005 **Time:** 2:25:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	4/27/2005
Nitrate as N	1.09	mg/l	4/27/2005

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 7.0 °C
Date Received: 4/27/2005 **Report Date:** 5/12/2005 **Reported By:**
Today's Date: 5/13/2005 **Reference:** 4893 **Login Batch** 05040056 **Sample Number:** AB25971

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

April 29, 2005

James Smith
9825 Drawbridge Dr.
Charlotte, NC 28212

Dear Mr. Smith:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 9825 Drawbridge Drive on April 25, 2005.

The laboratory analysis of the well water sample was reported to be POSITIVE for total coliform bacteria.

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for resampling your well, one time, for total and fecal coliform bacteria.

A copy of the septic system inspection report is also being included for your review.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (3):

CHARLOTTE.

Laboratory Analysis Report
Report Date: 4/28/2005 01:53 PM

LABORATORY SERVICES DIVISION

LOCATION: 2779B
LOC ID: G-GWS
SAMPLE DATE-TIME: 4/25/2005 14:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB34521
CHAIN OF CUSTODY #: 05040493

	Parameter	Result	Units	RL	Method	Start Date/ Time	Analyst
AB34521	E. COLI-PA	Absent	P/A		SM 9223B	4/26/2005 11:15	KGB
AB34521	Total Coliform	Present	P/A		SM 9223B	4/26/2005 11:15	KGB

Comment:

Laboratory Supervisor: W Kuegl

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water)

LOCATION / ADDRESS: 9825 Drawbridge Dr., Charlotte, NC 28212

LAB CODE (circle one): REAL PRIV NEW TNC MPL (PME) OTHER

Send Report To: Trevor Thomason, 700N Tryon St. Ste. 205, Charlotte, NC 28202

COC#: 0504193

Sampled By (Print Name): Trevor Thomason

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	HNO3	H2SO4	NaOH	HCl	Na2S2O3	pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
2779B	TCT	14:20	4/25/2005	N		8.2°C				X	100 ml		1						X		X												
				N																													
				N																													
				N																													
				N																													

3455 20
34521
KB

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS: ****3-DAY TAT REQUESTED****

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
		4/26/05	0845
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Relinquished By: (Signature)	Received By: (Signature)	Date	Time

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Smith Residence **Name of Establishment**	2779B **Permit/Project No.**
9825 Drawbridge Dr., Charlotte 28212 **Location**	3-Bedroom House **Type of Establishment**	360 GPD **Design Flow**
James & Janice Smith **Owner/Agent**	Same as location address **Address**	(704) 661-7496 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	4/11/2010 **Next Inspection Due**	

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	3.b. Secure riser lid.
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. Recommend pumping tanks.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured >6" of solids in the pump tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	6. Drain field is in good condition.
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	6.e. Shallow soil cover at end of drain
f. Protected from traffic, destructive uses?	☒	☐	☐	lines by driveway.
g. Distribution devices in good condition, working properly?	☒	☐	☐	* Monitor this area and contact our
h. Repair area properly reserved, maintained?	☒	☐	☐	office if problems develop.

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at time of inspection.
2. No sewage observed on ground surface at time of insepction.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

1. Have both tanks (septic & pump) pumped to remove excess solids.
2. Secure pump tank riser lid with stainless steel bolts to prevent unauthorized entry into the tank.

***REPAIR WITHIN 30 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

DATE: 4/27/2005

SIGNED: _____, RSI AGENT

Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date:	03/02/05	**Amount:**	85.00
Receipt #:	32930	**Tendered:**	85.00
Check / Auth #:	CHECK 1884	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: SMITH JAN
Attn:
Address: 9825 DRAWBRIDGE DR
Address:
City/State/Zip: CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 2779B/704-568-0497		1	85.00	85.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
75.00					

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2779B DATE: 4-12-00

TC: 108-151-20 ☒ L ☒ CRT

SERIAL Nº 18309

Name of Owner LEE EPPLEY Juris.:

Address of Property 9825 DRAWBRIDGE DRIVE

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source WELL

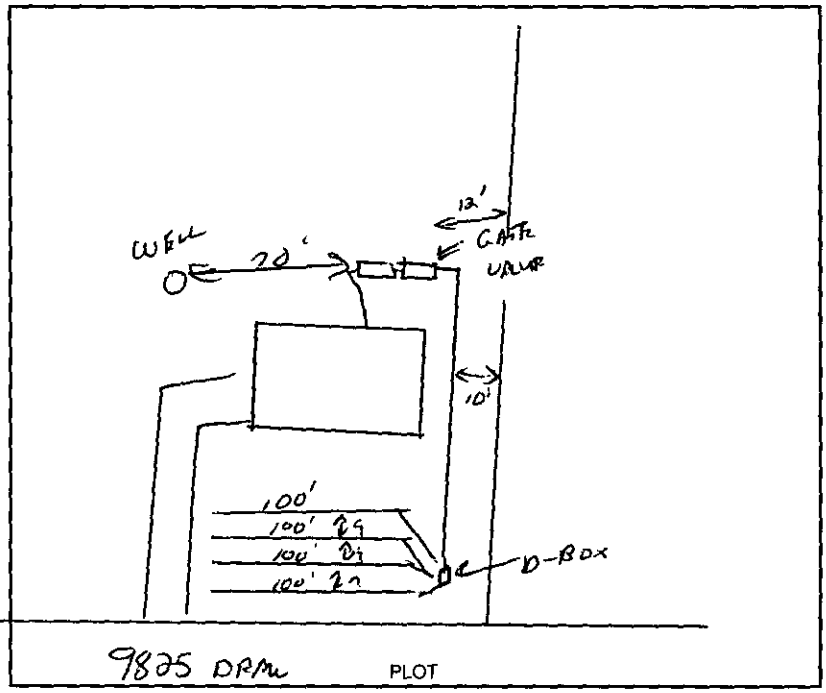
Distance to Water Source 20' ~~65'~~

Excavation Inspected 4-12-00

Tank(s) Inspected 4-12-00

Wash Line Inspected

High Water Alarm Inspected 4-12-00



Design 1500 ST 1000 DT 1200 SFT PC CTR# W.T. NORWOOD

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ ~~as~~ detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE III-B

PUMP IS HYDROMATIC "SHEF" 40

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

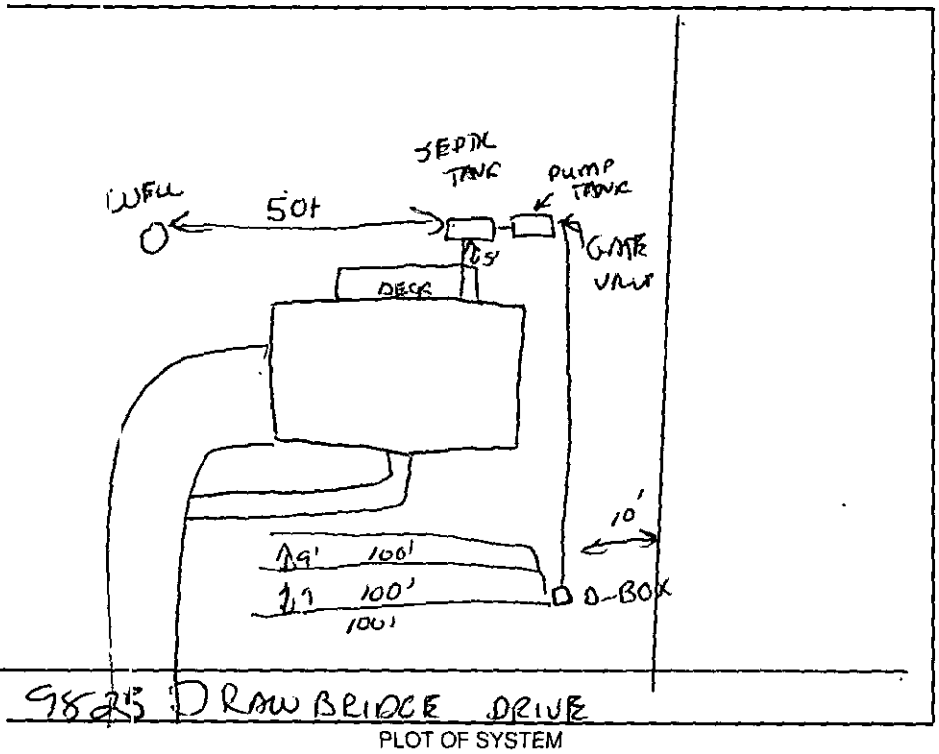
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2279B DATE: 3-15-2000

TC: 108-15120 X L

SERIAL Nº 18312

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 12-1-98. All work shall be completed on or before 5-15-2000, 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 1000 gallons

Tank Construction PCE

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 3

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' feet

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

NAME OF OWNER LEE EPPLEY

LOCATION OF PROPERTY 9825 DRAWBRIDGE DRIVE

Comments: (1) ~~SYSTEM DESIGN IS FOR A 3BRM TYPE III-6~~ "INNOVATIVE" ~~SYSTEM~~ 4/11/00 CHANGED TO 400 CONVENTIONAL

(2) INSTALL A GATE VALVE ON 2" LINE INSIDE RISER

Environmental Health Specialist

chk # 46514

FEE: 200 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/30/1999 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** AC

DATE: 6-30-99 PERMIT NO: 2779B

PARCEL NO: 108-151-19,20

JOB LOCATION ADDRESS: 9825 DRAWBRIDGE DRIVE

PROPERTY OWNER: REGGIE GETTYS

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: CASTLE GARDENS LOT 8,9

AUTHORIZATION ISSUED BY: _____ DATE: 6-30-99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2779B, 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: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ 6-30-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 27795 Tax Number: 108-151-19, 20

- 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	X 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)	
YES Serviced by private well	600 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: (1) EASEMENT IS REQUIRED ALLOWING ACCESS TO LOT 8 FROM LOT 9 FOR REPAIR AREA (2) AGREEMENT FORM IS ALSO REQUIRED TO BE EXECUTED AND RECORDED BEFORE INSTALLATION APPROVAL				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	30' Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

Reginald Beatty for Lee Eagley

DEHNR Authorized Agent — Date: 2/19/99

X — Owner/Agent Signature — Date: 2-24-99

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: 27798

TC: 108-151-19,20

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.

SCALE 1" = 40'

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM THE MAXIMUM FEASIBLE DISTANCE FROM ALL WELL LOCATIONS, BUT NEVER LESS THAN 50'

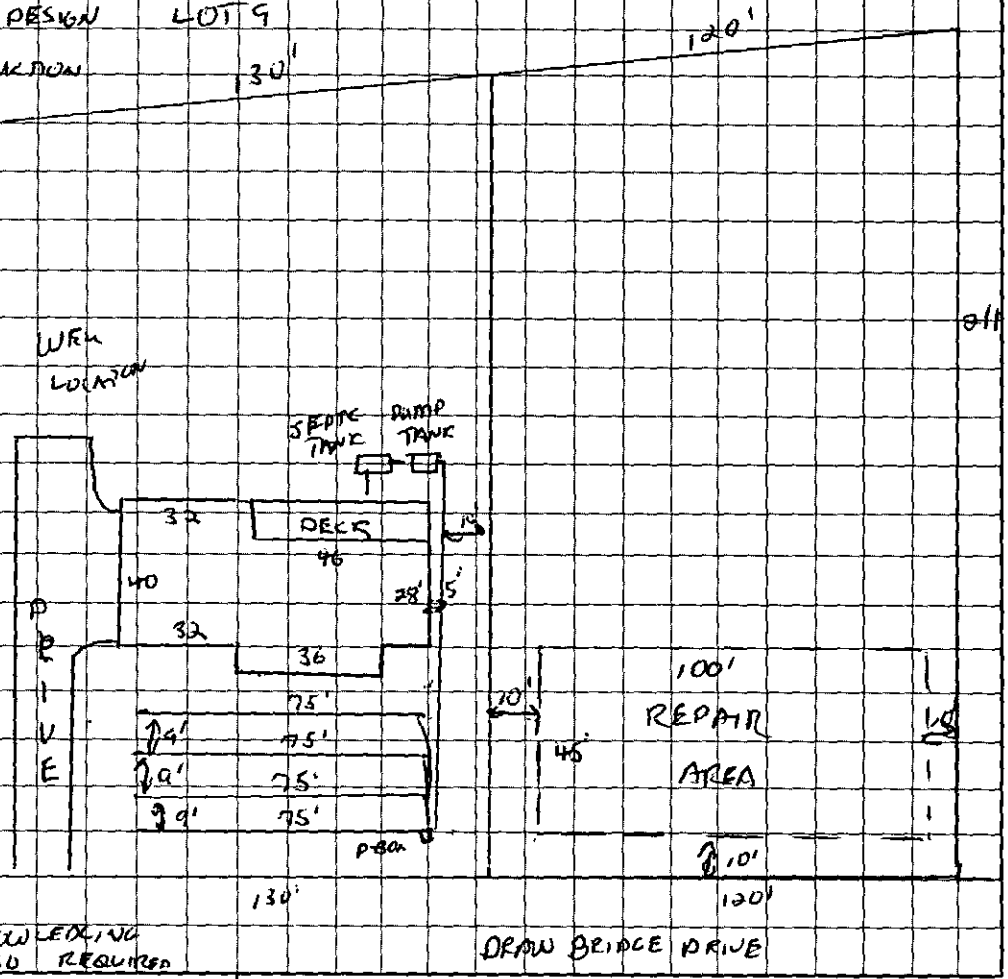
(2) DESIGN IS FOR AN INNOVATIVE TYPE III-G DESIGN THAT ALLOWS 25% REDUCTION IN DRAINLINE LENGTH

(3) AN EASEMENT IS REQUIRED TO ALLOW LOT 9 TO USE LOT 8 AS REPAIR AREA

(4) A COPY OF EASEMENT MUST BE IN FILE BEFORE IMPROVEMENT PERMIT CAN BE ISSUED.

(5) INSTALL RISER AND EFFLUENT FILTER OVER OUTLET END OF SEPTIC TANK.

(6) AGREEMENT FORM ACKNOWLEDGING INNOVATIVE SYSTEM IS ALSO REQUIRED



OWNER/AGENT SIGNATURE Reginald Beatty for Lee Eagleby

DATE 2-24-99

APPROVAL DATE 2-19-

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURSES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#2 1/00

Sheet: _____
Property ID: 108-157-19,20
Lot #: E29
File #: 27798

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Edna B. Nelms APPLICANT: Lee Eastlan
ADDRESS: 9320 Castle Harden Lane DATE EVALUATED: 12-31-98
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.16
LOCATION OF SITE: 9325, 9335 Drawbridge Dr PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .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	LS	0-8"	gr/cl	Fr/SE×P/SS/SP	730" TO soil wetness	30"	N/A	None	US .391 Fz IV
		8-30"	SBK/C	Fi/SE×P/S/P					
2	LS	0-5"	gr/cl	Fr/SE×P/SS/SP	737" TO soil wetness	37"	N/A	None	PS .391 Fz IV
		5-33"	SBK/C	Fi/SE×P/S/P					
		33-37"	SBK/Cl	Fr/SE×P/SS/SP					
3	LS	0-7"	gr/scl	Fr/SE×P/SS/SP	746" TO soil wetness	46"	N/A	None	PS .391 Fz IV
		7-42"	SBK/C	Fi/SE×P/SS/SP					
		42-46"	SBK/Cl	Fr/SE×P/SS/SP					
4	LS	0-6"	gr/scl	Fr/SE×P/SS/SP	743" TO soil wetness	43"	N/A	None	PS .391 Fz IV
		6-39"	SBK/C	Fi/SE×P/S/P					
		39-43"	SBK/Cl	Fr/SE×P/SS/SP					
5	LS	0-7"	gr/scl	Fr/SE×P/SS/SP	734" TO soil wetness	34"	N/A	None	US .391 Fz IV
		7-34"	SBK/C	Fi/SE×P/S/P					
6	LS	0-5"	gr/scl	Fr/SE×P/SS/SP	743" TO soil wetness	43"	N/A	None	PS .391 Fz IV
		5-38"	SBK/C	Fi/SE×P/S/P					
		38-43"	SBK/Cl	Fr/SE×P/SS/SP					
7	LS	0-4"	gr/scl	Fr/SE×P/SS/SP	748" TO soil wetness	48"	N/A	None	PS .391 Fz IV
		4-40"	SBK/C	Fi/SE×P/S/P					
		40-48"	SBK/Cl	Fr/SE×P/SS/SP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. R. Maulis 1-4-99
OTHER(S) PRESENT: LSS

2779A

COMMENTS no repair - will probably need pumps

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

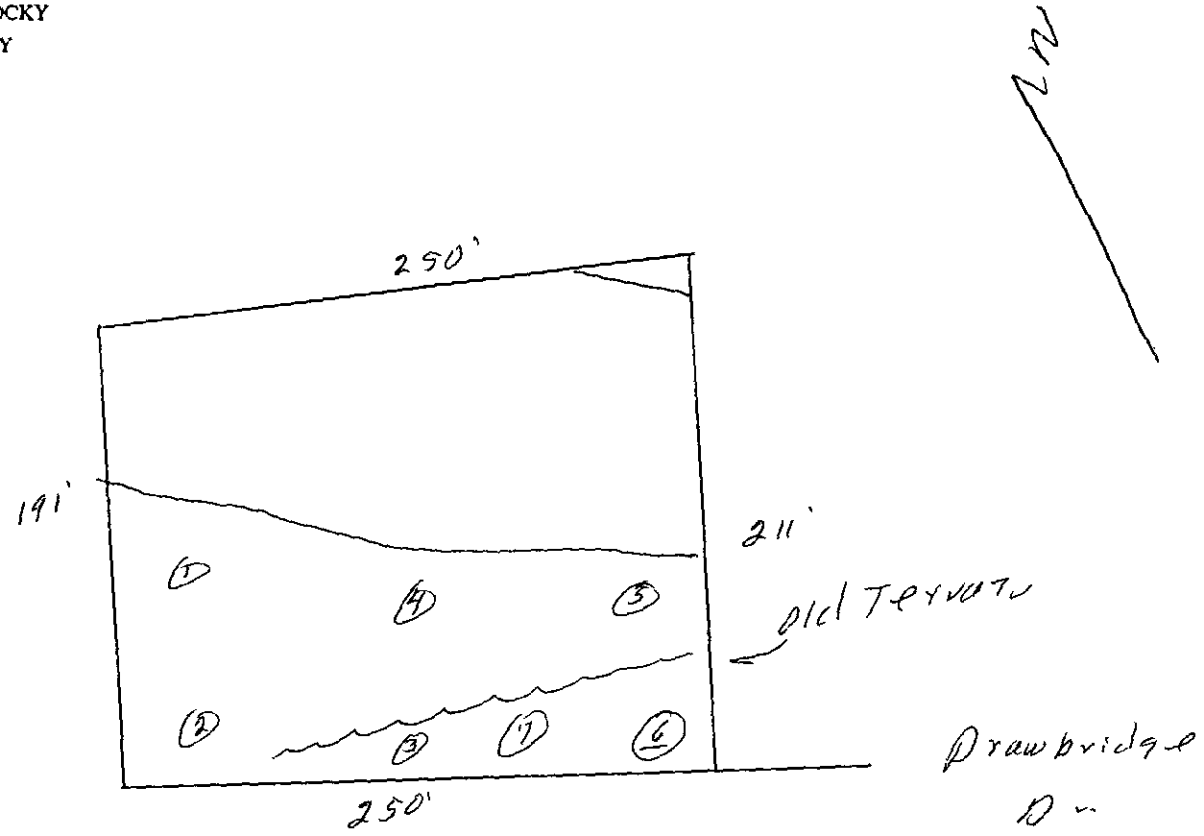
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



File #27RB

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 JUN 29 04:58 PM
BOOK:10580 PAGE:540-544 FEE:$14.00
INSTRUMENT # 1999115223

FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT DECLARATION AND AGREEMENT

This DECLARATION AND EASEMENT made this 29th day of June, 1999, by and between Betty Court Co. Inc. & Betty Court Co. Inc. ("Declarant"), and any and all persons, firms or corporations hereafter acquiring any of the lots referred to herein.

WITNESSETH:

WHEREAS, Declarant is the owner of the Easement Parcel and the Benefitted Parcel, as described herein; and

WHEREAS, Declarant wishes to create a Septic Tank Drain Field Easement to control the development and the use of the Easement Parcel and the Benefitted Parcel for the protection of the owner of the Benefitted Parcel and the future owners thereof.

NOW, THEREFORE, Declarant hereby declares that the Easement Parcel and the Benefitted Parcel, as hereinafter defined, shall be held, sold and conveyed subject to the following Easement, which shall run with such parcels and be binding on all parties having any right, title or interest in such parcels, their heirs, successors and assigns, and shall be binding upon each owner thereof.

Declarant hereby creates an Easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Declarant, referred to herein as the "Easement Parcel", and located in the City of Charlotte, North Carolina Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. ~~181~~ 108-151-19, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 9 & 8 Block A of Drawbridge Castle Gardens recorded in Map Book 25 Page 445 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Easement Parcel" and of the Septic Tank Drain Field Easement Area located thereon.

This instrument was prepared by: Reggie Getty (GETTYS)
Mail after recording to: Reggie Getty
7031 Alexander Rd
Charlotte, N.C. 28270

Declarant hereby imposes said Easement for the benefit of itself as the present owner and for the benefit of future owners of the following lot or parcel of land, referred to herein as the "Benefitted Parcel", situated in the City of Charlotte, N.C. Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. _____, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labelled thereon as the "Benefitted Parcel".

Said Easement shall enable the owner of the Benefitted Parcel to place, if, as and when needed, such need to be determined by the owner of the Benefitted Parcel in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, the owner of the Benefitted Parcel shall have the right to use said connector strip for access as needed. ***This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.*** This Easement shall automatically expire, however, should the owner of the Benefitted Parcel ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Declarant as the owner of the Easement Parcel acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites

-- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Declarant has hereunto set his/her/their hand(s) and seal(s), 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 the authority of its Board of Directors, the day and year first above written.

DECLARANT

Gettys Const. Co. Inc _____ (SEAL)
(Corporate Name)

BY: Bruce Gettys _____ (SEAL)
_____ President

_____ (SEAL)

ATTEST: Betty C. Gettys _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Betty C. Gettys, Declarant, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 29th day of June, 1999.

My Commission Expires: 8-15-2000 Kathy H. Ecton
(Notary Public)

SEAL-STAMP

North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Betty C. Gettys personally came before me this day and acknowledged that she is — Secretary of Gettys Construction Co., Inc., a NC 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 herself as its — Secretary. Witness my hand and official stamp or seal, this 29 day of June, 1999.

My Commission Expires: 8-25-2000 Kathy H. Ector
(Notary Public)

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

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

****

Filed For Registration: 06/29/1999 04:58 PM

Book: RE 10580 Page: 540-544

Document No.: 1999115223

ESMT 5 PGS $14.00

Recorder: LYNETTE FEELY

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of KATHY H. ECTOR Notary is certified to be correct. This 29TH of June 1999

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

****

1999115223

FILE COPY

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 JUN 29 04:58 PM
BOOK 10580 PAGE 535-539 FEE $14.00
INSTRUMENT # 1999115222

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 2779B
PARCEL # 108-151-19 20

The undersigned, Gettys Const. Co. Inc., owner of property located at 9825 and 9835 Drawbridge Dr., (the "site") and described in an instrument recorded in Book _____ at Page _____, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: Reggie Gettys (Gettys)
Mail after recording to: Reggie Gettys
7036 Alexander Rd.
Charlotte, NC. 28270

RBCWM 24751_1/8-30-95

2b

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 29th day of June, 1999

Gettys Construction Co. Inc _____ (SEAL)

(Corporate Name)

_____ (SEAL)

By: Bruce Gettys _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

Betty C. Gettys

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

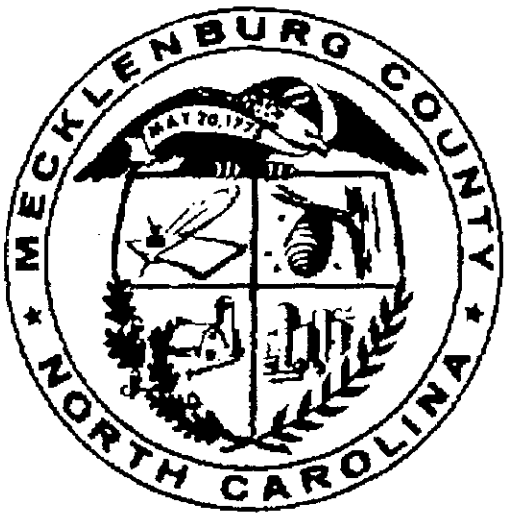
I, Kathy H. Ector, a Notary Public for said County and State, do hereby certify that Betty C. Gettys personally came before me this day and acknowledged that she is ——— Secretary of Gettys Construction Co., Inc ———, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its ——— President, sealed with its corporate seal and attested by herself as its ——— Secretary.

WITNESS my hand and notarial seal, this 29th day of June, 1999.

Kathy H. Ector
Notary Public

My Commission Expires:
8-15-2000





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

****

Filed For Registration: 06/29/1999 04:58 PM

Book: RE 10580 Page: 535-539

Document No.: 1999115222

PRMIT 5 PGS $14.00

Recorder: LYNETTE FEELY

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of KATHY H. ECTOR Notary is certified to be correct. This 29TH of June 1999

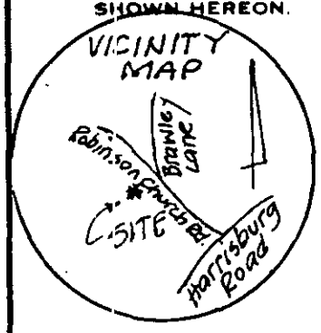
JUDITH A. GIBSON, REGISTER OF DEEDS By: _____
Deputy/Assistant Register of Deeds

****

1 1 1

1999115222

THIS IS TO CERTIFY THAT ON THE 12th DAY OF May 19 99 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

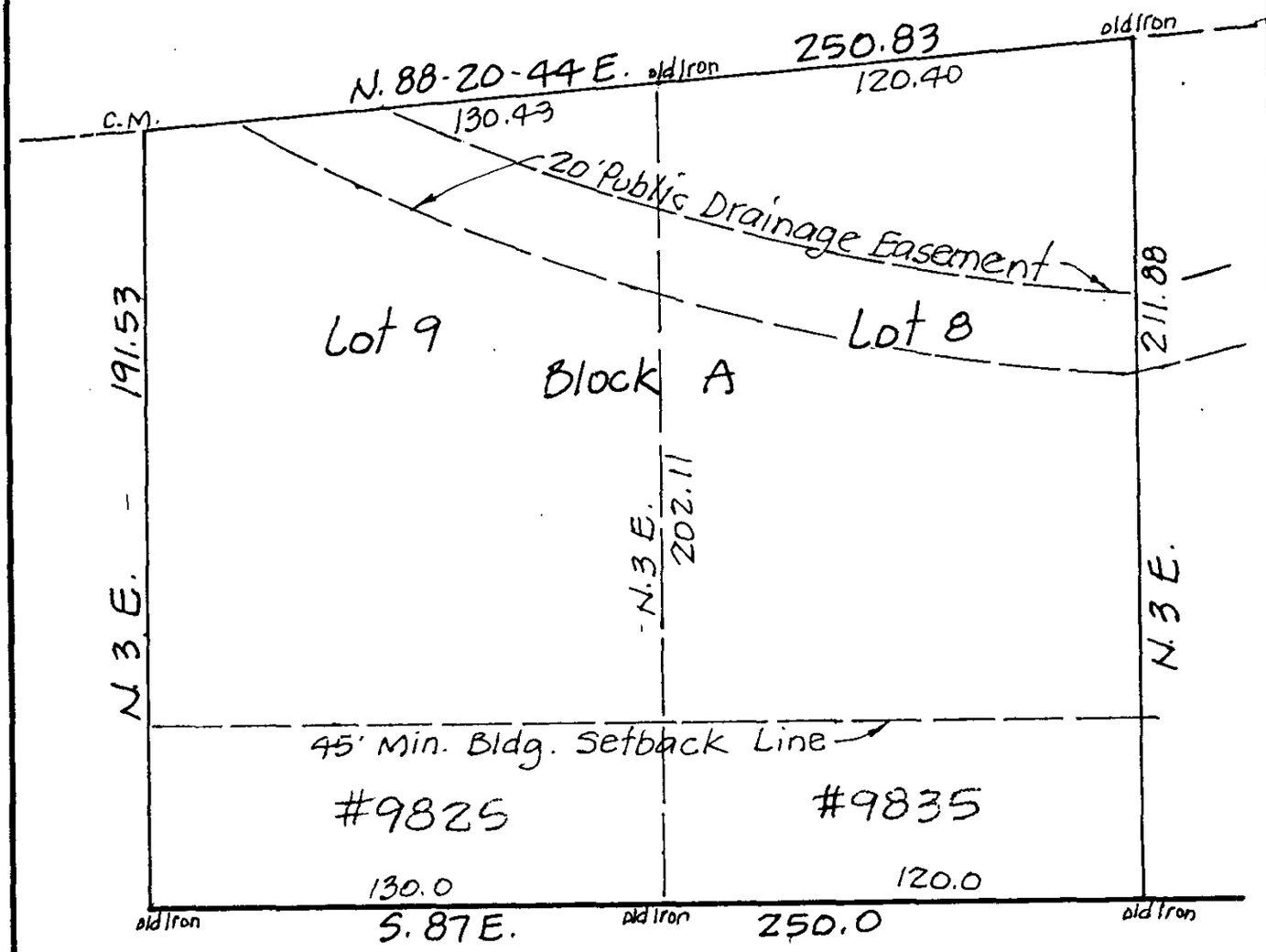


Ref. Map: 25-445

SIGNED Bobby J. Raye REGISTERED SURVEYOR

BOBBY J. RAYE
N.C.R.L.S.
627 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE



DRAWBRIDGE DRIVE 50'

3779B

Physical SURVEY OF

Lots 8 & 9 Block A Castle Gardens

SCALE: 1"=40' Crab Orchard Township, Mecklenburg Co., N.C.

THE PROPERTY OF Gettys Construction Company

MAP RECORDED IN BOOK 25 AT PAGE 445 DEED RECORDED IN BOOK PAGE

DUNCAN - PARNELL, INC. CHARLOTTE, NC 704-372-7768 N482025

FEE: 100.00 Cash
DATE: 12/1/98

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 #: 27798

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: LOT 9 (ISI) 108-152-20, LOT 8 108-152-19

STREET ADDRESS: 9825 AND 9835 DRAWBRIDGE DR.

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME: CASTLE GARDENS

LOT NUMBER: LOT 9 AND LOT 8

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2700

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

CLOSING DATE JAN. 4 '99

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB
✓ CRAWL SPACE __ 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: Landscape Maintenance

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

PROPERTY OWNER:

NAME: HELMS (LAST) EDNA (FIRST) B (MI)

ADDRESS: 9320 CASTLE GARDEN LN.

CITY: CHARLOTTE STATE: N.C. ZIP: 28215

DAYTIME PHONE: ( ) 531 - 1874

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: BUYER NAME

NAME: EPPLEY (LAST) LEE (FIRST) (MI) (BUYER)

DAYTIME PHONE: ( ) 577-0901

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? MARCH 18, '87

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.

BUYER

SIGNED: R Lee Eppley (BUYER) DATE: DEC 1, '98

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

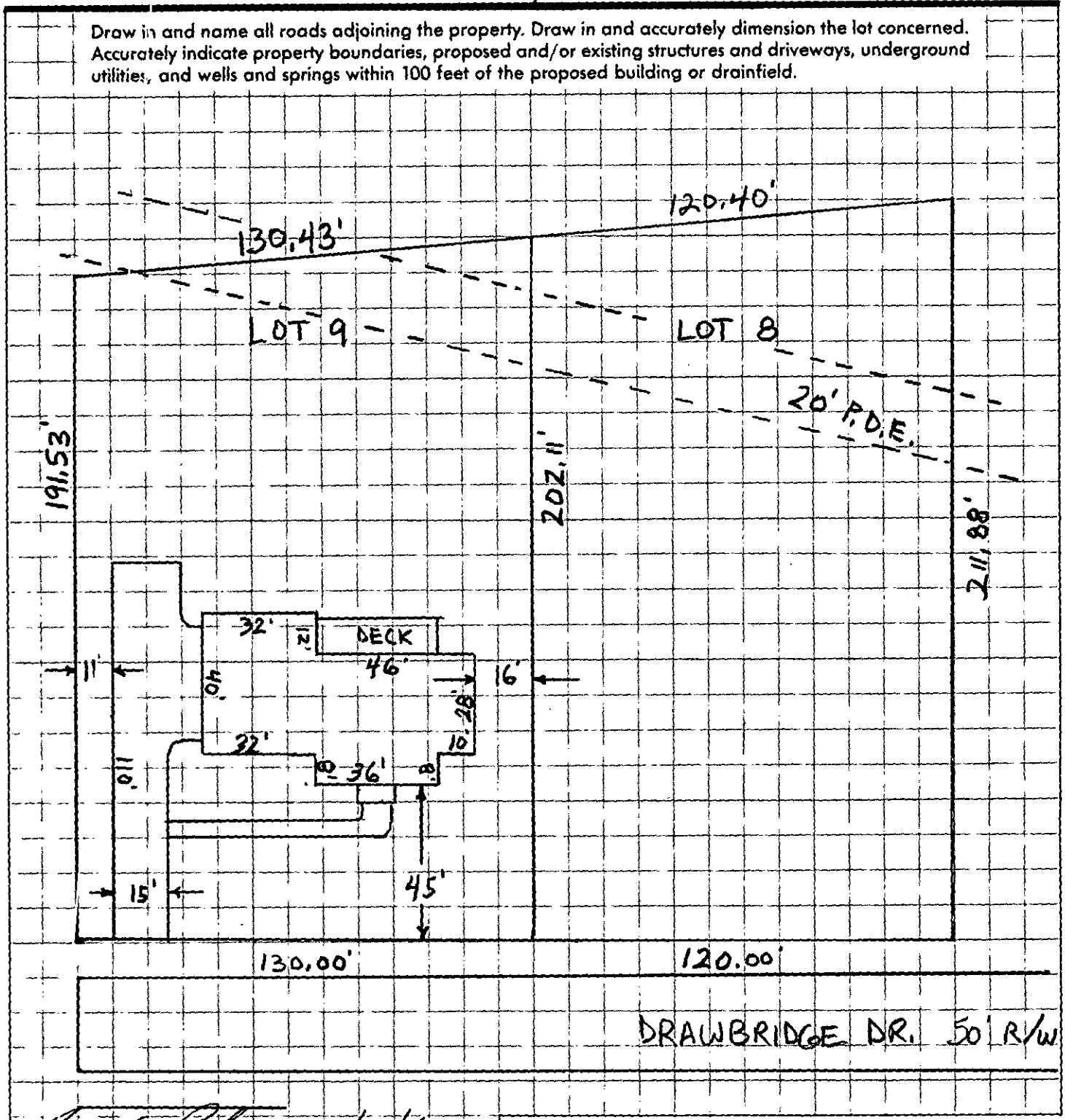
PROPOSED PLOT PLAN

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

FILE: 2779B

TC: 10 8-15 1-1920

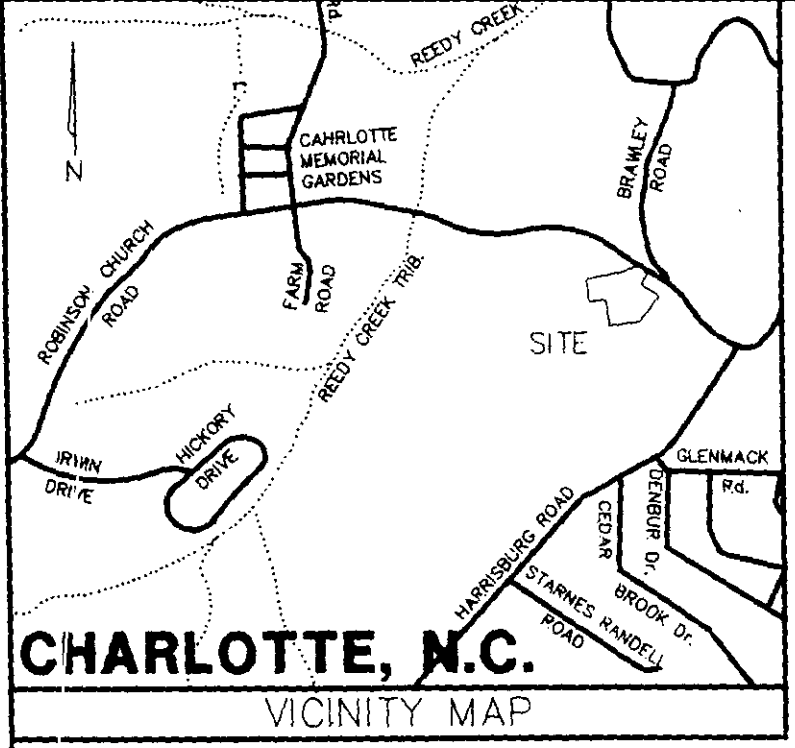
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



12/1/98

APPROVAL DATE _____

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



VICINITY MAP

APPROVED IN ACCORDANCE WITH THE
THE SUBDIVISION ORDINANCE OF MECKL
NORTH CAROLINA.
CHARLOTTE MECKLENBURG PLANNING

Richard B. Houston

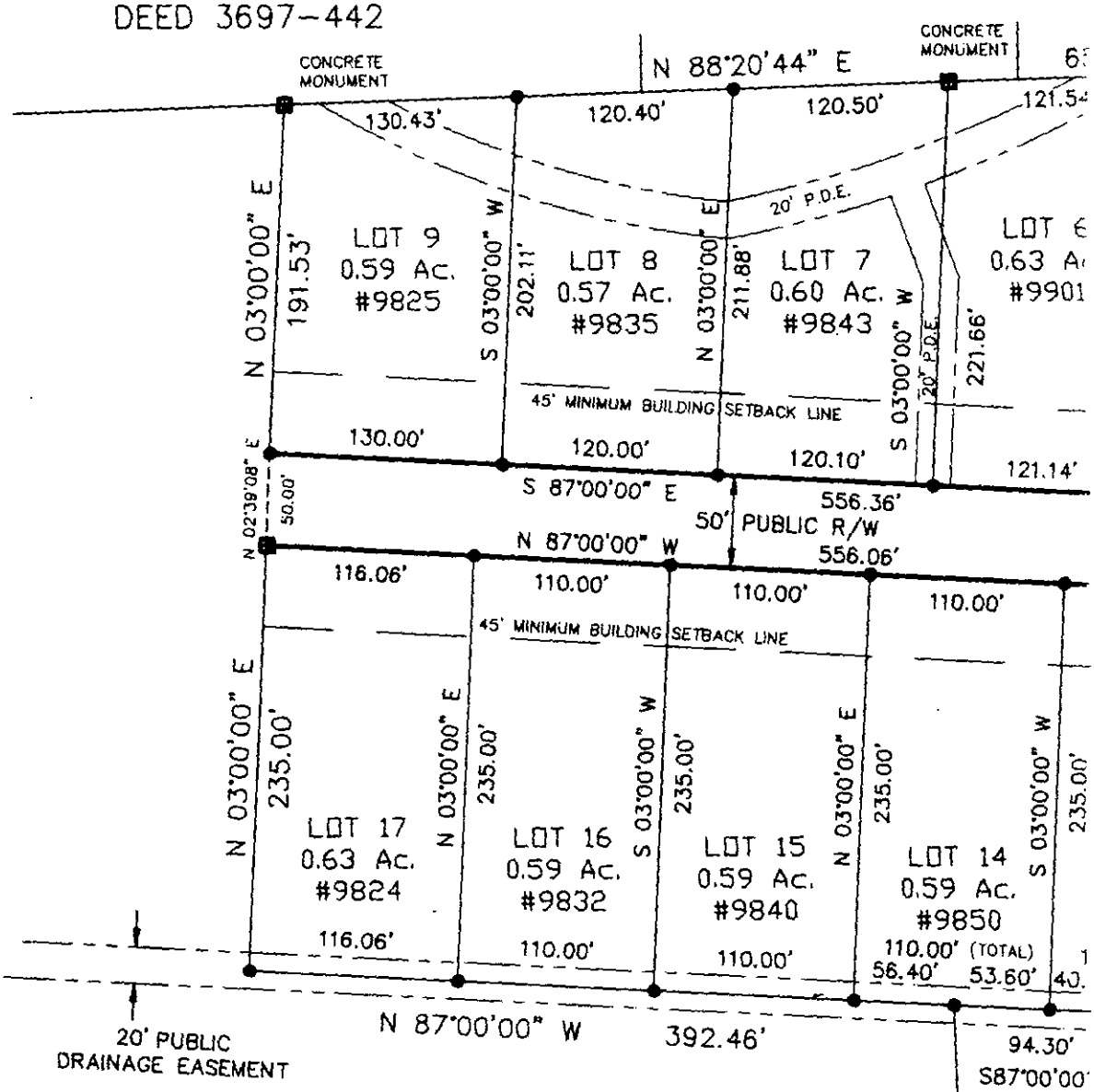
PLANNING COMMISSION STAFF

STATE OF NORTH CAROLINA, COUNTY OF
THE FOREGOING CERTIFICATE(S) OF
Gail M. Christ
A NOTARY(IES) PUBLIC (IS) (ARE) CERT
BE CORRECT
THIS 12th DAY OF M
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Serena W. Mason
(ASSISTANT) (DEPUTY

27798

RICHARD HOUSTON
DEED 4200-464

N.C.N.B. TRUSTIES
DEED 3697-442



EDNA B. HELMS
DEED 5140-769

2778B

DEC 1, '98

DEAR SIRS,

THE BUYER IS BUYING AND COMBINING TWO LOTS. IF AT ALL POSSIBLE HE WOULD LIKE TO HAVE THE SEPTIC SYSTEM AND WELL ON ONE LOT ONLY, NUMBER 9. IF THE DRAIN FIELD MUST BE ON LOT B THAT WILL BE UNDERSTANDABLE.

SINCERELY

DAVE A. PARKER
(BROKER)
537-2752

OFFER TO PURCHASE AND CONTRACT

COPY

LEE EPPLEY, as Buyer,

hereby offers to purchase and EDNA B. HELMS, 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 fixtures and personal property as are listed below (collectively referred to as "the Property") upon the following terms and conditions:

1. REAL PROPERTY: Located in the City of N/A, County of MECKLENBURG, State of North Carolina, being known as and more particularly described as:
Street Address 9835 DRAWBRIDGE DR. 108-151-19 AND 9825 DRAWBRIDGE DR 108-151-20 Zip 28215
Legal Description: 5140-0729 L8 BA M25-445 AND 5140-0769 L9 BA M25-445 FOR 108-151-2
(☐ All ☐ A portion of the property in Deed Reference: Book SEE, Page No. ABOVE MECKLENBURG County.)
NOTE: Prior to signing the Offer to Purchase and Contract, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, and to read the Declaration of Restrictive Covenants, By-Laws, Articles of Incorporation, Rules and Regulations, and other governing documents of the owners' association and/or the subdivision, if applicable.

2. FIXTURES: The following items, if any, are included in the purchase price free of liens: any built-in appliances, light fixtures, ceiling fans, attached floor coverings, blinds and shades including window hardware, window and door screens, storm windows, combination doors, awnings, antennas, satellite dishes and receivers, burglar/fire/smoke alarms, pool and spa equipment, solar energy systems, attached fireplace screens, gas logs, fireplace inserts, electric garage door openers with controls, outdoor plants and trees (other than in movable containers), basketball goals, storage sheds, mailboxes, wall, and/or door mirrors, and any items attached or affixed to the Property, EXCEPT the following items:
N/A, TWO VACANT LOTS

3. PERSONAL PROPERTY: The following personal property is included in the purchase price: NONE

4. PURCHASE PRICE: The purchase price is $ 50,000 and shall be paid as follows:
a) $ 500 EARNEST MONEY DEPOSIT by ☐ cash ☐ personal check ☒ bank check ☐ certified check ☐ other _____ to be deposited and held in escrow by HORIZON REALTY as escrow agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated. In the event: (1) this offer is not accepted, or (2) any of the conditions hereto are not satisfied, then all earnest monies shall be returned to Buyer. In the event of breach of this contract by Seller, upon Buyer's request, all earnest monies shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this contract, then all earnest monies shall be forfeited upon Seller's request, but receipt of such forfeited earnest monies shall not affect any other remedies available to Seller for such breach.
NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of earnest money held in escrow by a broker, the broker is required by state law to retain said earnest money in the broker's trust or escrow account until a written release from the parties consenting to its disposition has been obtained or until disbursement is ordered by a court of competent jurisdiction.
b) $ AT ELECTION OF BUYER ADDITIONAL EARNEST MONEY DEPOSIT to be paid to escrow agent no later than PRIOR TO CLOS
c) $ N/A BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan (s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum.
d) $ N/A BY SELLER FINANCING in accordance with the attached Seller Financing Addendum.
e) $ REMAINING BALANCE BALANCE of the purchase price in cash at closing.

5. CONDITIONS: (State N/A in each blank that is not a condition to this contract.)
a) The Buyer must be able to obtain a loan commitment on or before N/A effective through the date of closing, for a ☐ FHA ☐ VA (attach FHA/VA Financing Addendum) ☐ Conventional ☐ Other N/A loan at a ☐ Fixed Rate ☐ Adjustable Rate ☐ Other N/A in the principal amount of N/A for a term of N/A year(s), 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 obtain the loan commitment. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer except if Seller is to pay any of the Buyer's loan closing costs including discount points, those costs are as follows N/A
In the event Buyer fails to provide Seller with written evidence of the loan commitment within five days after receipt of a written request from Seller (but such request may not be made before the loan commitment date listed above), then Seller may terminate this contract unless Buyer waives the loan commitment condition.
(b) There must be no restrictions, easements, zoning or other governmental regulations that would prevent the reasonable use of the real property for TO COMBINE TWO LOTS FOR A SINGLE FAMILY RESIDENTIAL UNIT purposes.
(c) The Property must be in substantially the same or better condition at closing as on the date of this offer, reasonable wear and tear excepted.
(d) All deeds of trust, liens and other charges against the Property not assumed by Buyer must be paid and satisfied by Seller prior to or at closing such that cancellations may be promptly performed following closing. Seller shall remain obligated to perform any such cancellations following closing.
(e) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of closing), utility easements and unviolated restrictive covenants that do not materially affect the value of the Property and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. SPECIAL ASSESSMENTS: Seller warrants that there are no governmental special assessments either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements currently adjoining the Property, and no owners' association special assessments, except as follows:
NONE
(Insert "None" or the identification of such assessments that Seller shall pay in full.) Seller shall pay all confirmed owners' association assessments and all confirmed governmental assessments, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows:
NONE

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

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

9. FEE: Buyer agrees to pay to Seller the fee, if any, situated between the Property and the paved road in front of the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

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

11. LABOR AND MATERIAL: Seller shall furnish at closing any affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials furnished in connection with improvements to the Property within the time period allowed by law for the filing of claims of lien have been paid for and agreeing to indemnify Buyer against all loss from any claims or liens against the Property.

PERTY DISCLOSURE AND INSPECTIONS:

rty Disclosure:

☐ Buyer has received a signed copy of the Residential Property Disclosure Statement prior to the signing of this Offer to Purchase and Contract.
☐ Buyer has NOT received a signed copy of the Residential Property Disclosure Statement prior to the signing of this Offer to Purchase and Contract and shall have the right to terminate or withdraw this contract without penalty upon receipt of the Residential Property Disclosure Statement provided such termination or withdrawal notice is hand delivered or mailed to Seller or Seller's Agent within three days following receipt of same.
☒ Exempt from Residential Property Disclosure Statement because (SEE GUIDELINES): VACANT LAND
☐ The Property is residential and was built prior to 1978 (Attach Lead-Based Paint or Lead-Based Paint Hazards Disclosure Addendum.)

(b) Property Inspection: Unless otherwise stated herein, or as otherwise provided on an inspection addendum attached hereto, Buyer shall have the option of inspecting or obtaining at Buyer's expense, inspections to determine the condition of the Property. Unless otherwise stated herein, it is a condition of this contract that: (i) the built-in appliances, electrical system, plumbing system, heating and cooling systems, roof coverings (including flashing and gutters), doors and windows, exterior surfaces, structural components (including foundations, columns, chimneys, floors, walls, ceilings and roofs), porches and decks, fireplaces and flues, crawl space and attic ventilation systems (if any), water and sewer systems (public and private), shall be performing the function for which intended and shall not be in need of immediate repair, (ii) there shall be no unusual drainage conditions or evidence of excessive moisture adversely affecting the structure, and (iii) there shall be no friable asbestos or existing environmental contamination. Inspections must be completed on or before N/A, VACANT LAND. Buyer is advised to have any inspections made prior to incurring expenses for closing and in sufficient time to permit any required repairs to be completed by closing.

(c) Wood-Destroying Insects: Unless otherwise stated herein, Buyer shall have the option of obtaining, at Buyer's expense, a report from a licensed pest control operator or a standard form in accordance with the regulations of the North Carolina Structural Pest Control Committee, stating that there was no visible evidence of wood destroying insects and containing no indication of visible damage thereto. The report must be obtained in sufficient time so as to permit treatment, if any, and repairs, if any, to be completed prior to closing. All treatment required shall be paid for by Seller and completed prior to closing, unless otherwise agreed upon in writing by the parties. The Buyer is advised that the inspector report described in (c) may not always reveal either structural damage or damage caused by agents or organisms other than wood destroying insects. If new treatment is required, Seller shall provide a standard warranty of termite soil treatment.

(d) Repairs: Pursuant to any inspections in (b) and/or (c) above, if any repairs are necessary, Seller shall have the option of (i) completing them, (ii) undertaking to their completion, or (iii) refusing to complete them. If Seller elects not to complete or provide for the completion of the repairs, then Buyer shall have the option of (i) accepting the Property in its present condition, or (ii) terminating this contract in which case all earnest monies shall be refunded to Buyer unless otherwise stated herein or as otherwise provided on an inspection addendum attached hereto. Any items not covered by (b) (i), (b) (ii), (b) (iii), and (c) above are excluded from repair negotiations under this contract.

(e) Acceptance: CLOSING SHALL CONSTITUTE ACCEPTANCE OF EACH OF THE SYSTEMS, ITEMS AND CONDITIONS LISTED ABOVE IN THEIR THEN EXISTING CONDITION UNLESS PROVISION IS OTHERWISE MADE IN WRITING.

13. **REASONABLE ACCESS:** Seller will provide reasonable access to Buyer or Buyer's representatives for the purposes of appraisal, inspection, and evaluation. Buyer may conduct a walk through inspection of the Property prior to closing. DEC. 11, 1998 @ 2:30 P.M. EB.H.

14. **CLOSING:** Closing shall be defined as the date and time of recording of the deed. All parties agree to execute all closing documents and papers necessary for closing and transfer of title on or before OCT. 30, 1998. All monies payable by Buyer at closing shall be paid by cash, cashier's check or certified check unless otherwise agreed to by Seller. Deed shall be made to LEE EPPLEY OR AS DIRECTED.

15. **POSSESSION:** Unless otherwise provided herein, possession shall be delivered at closing. In the event possession is NOT to be delivered at closing, a rent or lease agreement is attached. OR, ☐ a seller possession after closing addendum is attached.

16. **ADDITIONAL PROVISIONS AND CONDITIONS:** (ITEMIZE ALL ADDENDA TO THIS CONTRACT AND ATTACHED HERETO. SEE LIST OF STANDARD FORM ADDENDA AVAILABLE.)

SEE ATTACHED ADDENDA, TWO PAGES

17. **RISK OF LOSS:** The risk of loss or damage by fire or other casualty prior to closing shall be upon Seller. If the improvements on the Property are destroyed or materially damaged prior to closing, Buyer may terminate this contract by written notice delivered to Seller, Seller's Agent and all deposits paid by Buyer hereunder shall be refunded to Buyer. In the event Buyer does NOT elect to terminate this contract, Buyer shall be entitled to the insurance proceeds payable on account of the damage or destruction applicable to the Property being purchased.

18. **Assignment:** This contract may not be assigned without the written consent of all parties, but if assigned by agreement then this contract shall be binding on the assignee and his heirs and successors.

19. **PARTIES:** This contract shall be binding upon and shall inure to the benefit of the parties hereto, Buyer and Seller, and their heirs, successors and assigns. As used herein, words in the singular include the plural and the use of any gender shall include all genders. If [illegible] is appropriate, the provisions hereof relating to the Buyer shall be observed and performed by Buyer's heirs, successors and assigns, and the provisions hereof relating to the Seller shall be binding upon and inure to the benefit of Seller's heirs, successors and assigns.

21. **ENTIRE AGREEMENT:** This contract contains the entire agreement of the parties and there are no representations, inducements or other provisions other than those [illegible] herein. This contract may not be modified or amended except by an agreement in writing signed by all parties hereto or their respective agents. THE PARTIES HEREBY ACKNOWLEDGE THAT TIME IS OF THE ESSENCE WITH RESPECT TO THIS CONTRACT AND ANY AMENDMENTS OR ADDENDA HERETO. Should any term or provision of this contract be held to be void, invalid, unenforceable or illegal by a court of competent jurisdiction, such provision shall be severed from this contract and the remaining terms and provisions of this contract shall remain in full force and effect and shall be interpreted to give effect to the intent manifested by the remainder. Any controversy or claim between the parties hereto arising out of or relating to this contract or any breach hereof shall be submitted to mediation in accordance with the Rules and Procedures of the North Carolina Real Estate Commission as a condition precedent to any other legal proceedings by any party hereto. Any mediation shall be conducted by a mediator certified by the North Carolina Real Estate Commission or any other mediator agreeable to the parties. Each party shall bear its own costs of mediation, including attorney's fees, and shall share equally the mediator's fee. Any agreement resulting from mediation shall be binding only if it is in writing and signed by all parties. Unless otherwise agreed, mediation shall occur in the county where the Property is located. This agreement to mediate shall survive any termination of this contract.

22. **EXECUTION:** This offer shall become a contract when it has been signed by Buyer and Seller as necessary, and a signed copy delivered to each party. This offer shall be void if not accepted by Seller on or before 5:00 P.M. (EST) on [illegible].

[illegible] ARE USED AS A FORM. REAL ESTATE BROKERS ARE NOT AUTHORIZED TO GIVE LEGAL ADVICE. IF YOU DESIRE LEGAL ADVICE, YOU SHOULD CONSULT AN ATTORNEY BEFORE YOU SIGN.

Buyer acknowledges having made an on site personal inspection of the Property prior to the making of this offer.

Buyer: Richard C. Eppley (SEAL) Seller: Edna B. Helms (SEAL)
SS/Tax ID#: 240-67-2847 SS/Tax ID#: 245-38-2892

Buyer: _____ (SEAL) Seller: _____ (SEAL)
SS/Tax ID#: _____ SS/Tax ID#: _____
Date: June 26, 1998 Date: _____

Buyer hereby acknowledges receipt of a fully executed copy of this offer to purchase and contract and agrees to the terms hereof.
Date: _____ Time: _____ Buyer: _____

Selling Agency/Phone: _____ Agent: _____
Listing Agency/Phone: _____ Agent: _____

☐ Buyer Agent ☐ Seller (sub)agent ☐ Listing Agent ☒ Seller (sub)agent ☐ Buyer Agent