

6600 LAKE RD

13709509

6/25/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7065A DATE: 9/2/97

TC: 137 095 09 ☒ L ☒ CRT

SERIAL Nº 16998

Name of Owner Robert M. Reed Juris.:

Address of Property 6600 Lake Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 240'

Number of Lines 4 @ 60'

Cover Depth 12"

Water Supply Source well

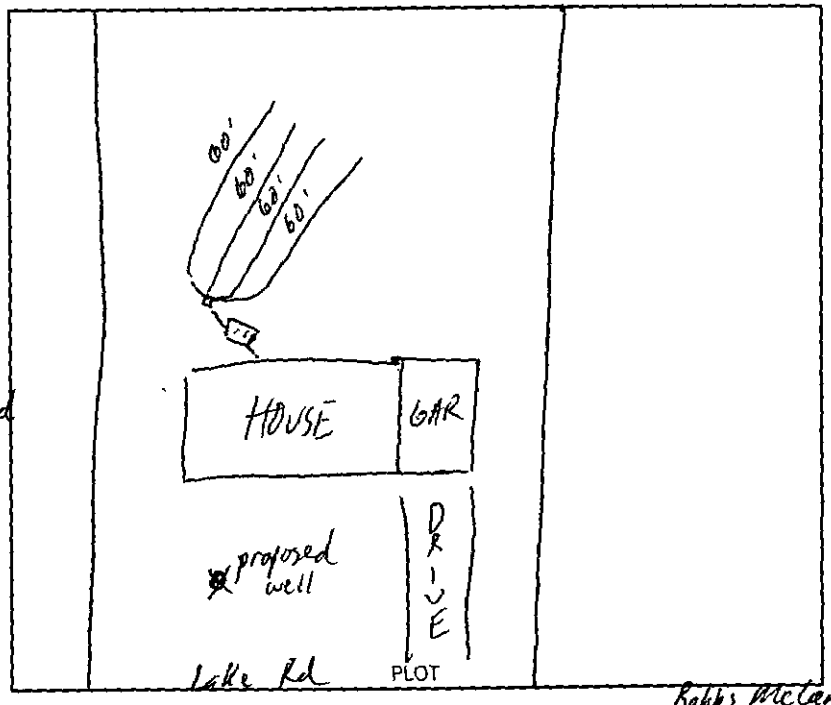
Distance to Water Source >100' NOT installed

Excavation Inspected 9/2/97

Tank(s) Inspected 9/2/97

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Bobby McClenon

Design 1997, 1500 ST, INNOV, 240' Chamber System CTR#

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

☒ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☒ Operation Permit

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

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

COMMENTS: Septic System designed for 2 Bedroom Residence Type III-A (See file for comments)

Philip S. Walker R.S.
Environmental Health Specialist

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

COMMENTS 9/2/97

Original drainfield area was excavated appr 10" in the back of property and field dirt relocated in the front yard appr 3' - 5' deep. Bill Martin preformed a soil re-evaluation on the property 8/8/97 and found a suitable area for a shallow placed septic system located on the back of the property. The repair area is very limited and soils are limited to saprolite at appr 16" deep in repair area.

Viola S. Walker

7/15/97 Met w/ Bobby McCraven, R. Reid, Dave Mullin (Env. Health) on lot. Lot had been graded down appr 10" in the septic area. Informed Mr Reed that lot would need to be re-evaluated. Field had been relocated to the front of lot.

7/28/97 Met Bill Martin on lot. He suggested backhoe trenches be dug.

8/8/97 Met Bill M. on lot. Area located in the back of lot for a shallow placed septic system.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

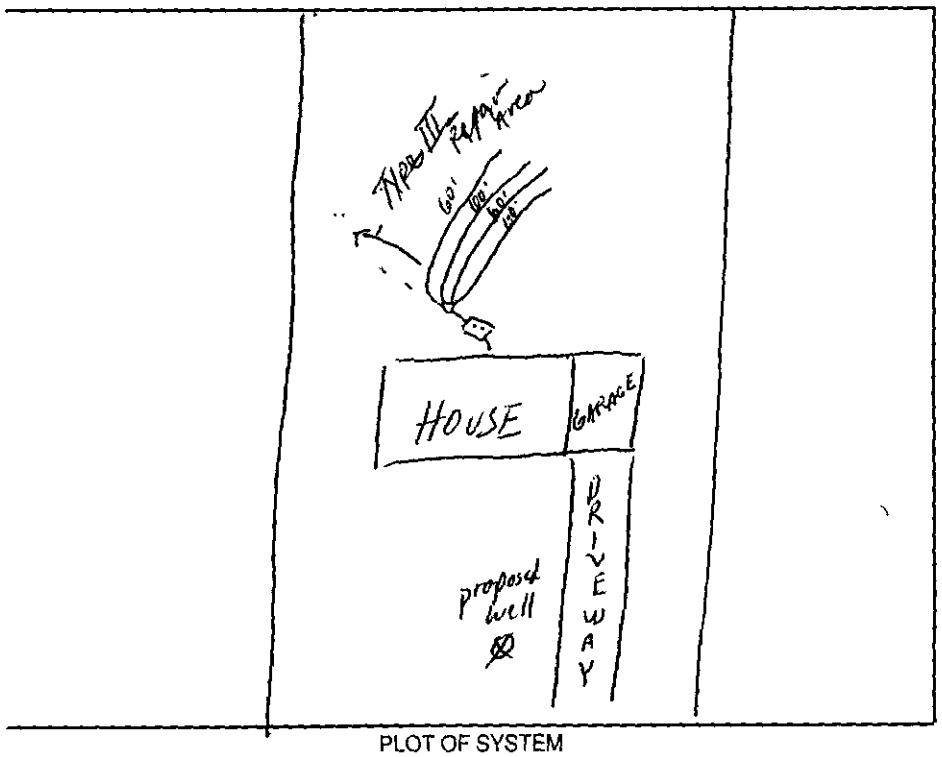
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7065A DATE: 8/12/97

TC: 137 095 09 ☒ L

SERIAL Nº 17324

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 12/5/96. All work shall be completed on or before 9/12/97, 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 – gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length ~~360~~ 240 feet

Number of Lines ~~5(72')~~ 4(60')

Depth of Stone NA inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >100' feet
50' min

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

NAME OF OWNER Robert M. Reid

LOCATION OF PROPERTY 6600 Lake Rd

Comments: Innovative System Installation, 1500ST, 4 lines x 60' long x 3' wd | Keep septic system >50' from proposed well. Original plot plan altered due to lot being graded down appr 5'-12' in back and field dirt relocated in the front 3'-5' deep.

Phila A. Walker R.S.
Environmental Health Specialist

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

FEE: 100.00 CK 44 77
DATE: 12/5/96 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: X 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 #: 10651

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-095-09

STREET ADDRESS: 6600 LAKE ~~Wylie~~ CHARLOTTE NC 28227

SUBDIVISION OR MOBILE HOME PARK NAME: WILLGROVE FARMS

LOT NUMBER: 09

TOWNSHIP (CHECK ONE): CLEAR CREEK

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

CLOSING DATE 12-5-96

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1440

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

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

PROPERTY OWNER:

NAME: (LAST) REID (FIRST) ROBERT (MI) M

ADDRESS: REID ROBERT M. 6603 Dwight Wade Blvd

CITY: CHARLOTTE STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) 537-7846

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Robert M. Reid DATE: 12-5-96

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


5 1996

Lot 36022

FEE: 210.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/4/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12/31/96 PERMIT NO: 7065A
PARCEL NO: 137-095-09

JOB LOCATION ADDRESS: 6600 Lake Rd ~~Ford~~
PROPERTY OWNER: Robert Reid
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Wilgrove Farms
AUTHORIZATION ISSUED BY: Philip S. Walker R.S. DATE: 12/31/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7065A, 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: Lift pump required

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.

Robert M Reid 12-31-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 7065A

Tax Number: 137 095 09

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	240 Max gallons/day wastewater flow	888 Absorption Area (sq ft)	9" Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	270 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
2 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions:

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

888 Absorption Area (Sq ft) 270 Total Trench Length (Ft)	12" Depth of Stone Trench	9" Trench spacing (min. on centers)	24" 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.

Thilo S. Walker R.S. 12/31/96
DEHNR Authorized Agent Date

Robert M Reed 12-31-96
Owner/Agent Signature Date

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

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

PROPOSED PLOT PLAN

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

FILE: 7065A

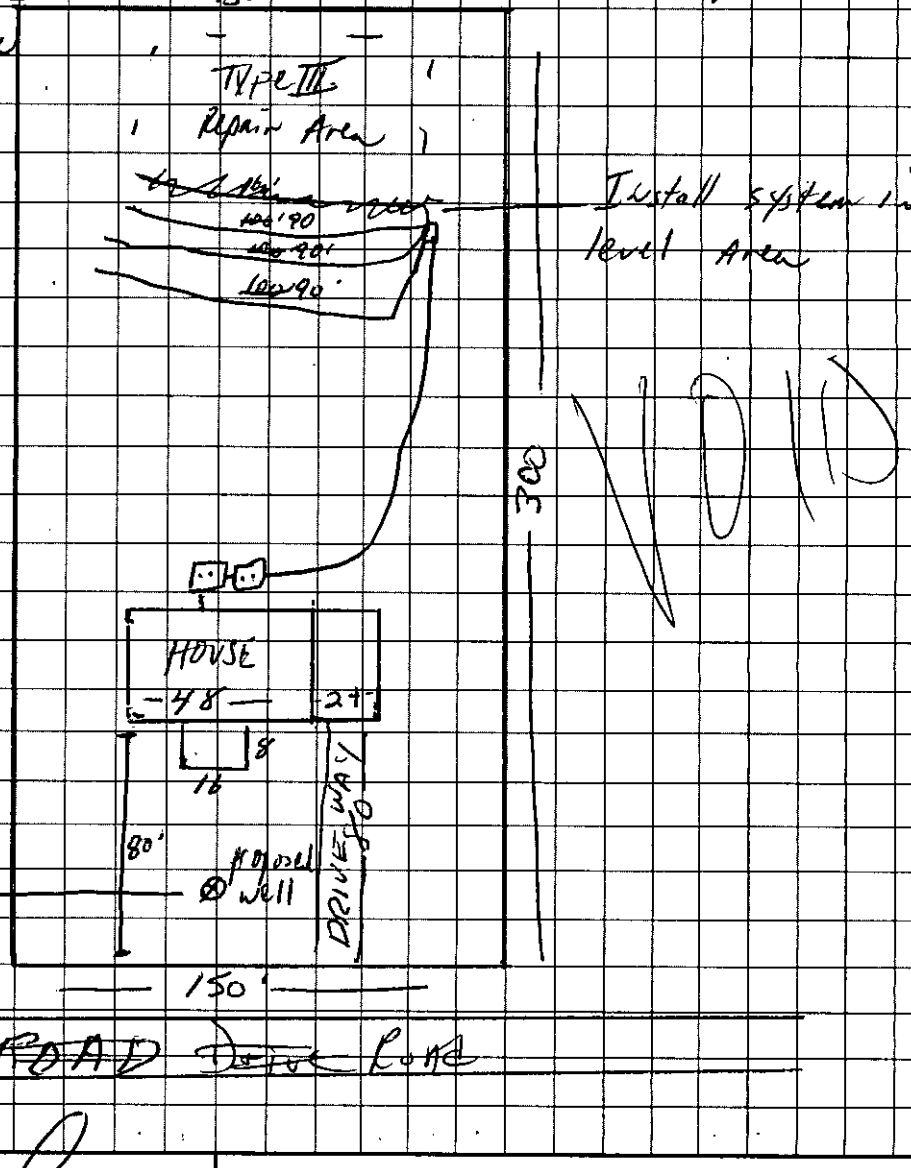
TC: 137-095-09

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

COMMENTS

3 bedroom residence
1500 ST, 1000 DT Lift pump required, 3 lines x 90' long 43' wd
Keep lines on contour of land x 12" Stone 400 TLF
80' from front left house 270'
corner to front property line
Keep septic system >100'
50' min from proposed
well

Robert M Reid



SCALE
1" = 15 FT

Robert M Reid
OWNER/AGENT SIGNATURE

DATE 12-5-96

APPROVAL DATE _____

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

Mecklenburg County
Health Department

September 26th, 1990

J. P. Chapman
6524 Williams Rd.
Charlotte, NC 28215

RE: Property located at 6600 Lake Road
FILE: 7065A
PARCEL: 137-095-09

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 16732) 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
Individual Water and Wastewater Systems

Enclosure (2)

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

Mecklenburg County
Health Department

September 26th, 1990

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6524 Williams Rd.
Charlotte, NC 28215

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PARCEL: 137-095-09

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Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16732

File: 7065A Action 2

Parcel: 137-095-09 PC

Location: 6600 Lake Road

Subdivision:

Lot: Block: Acres: 1.1

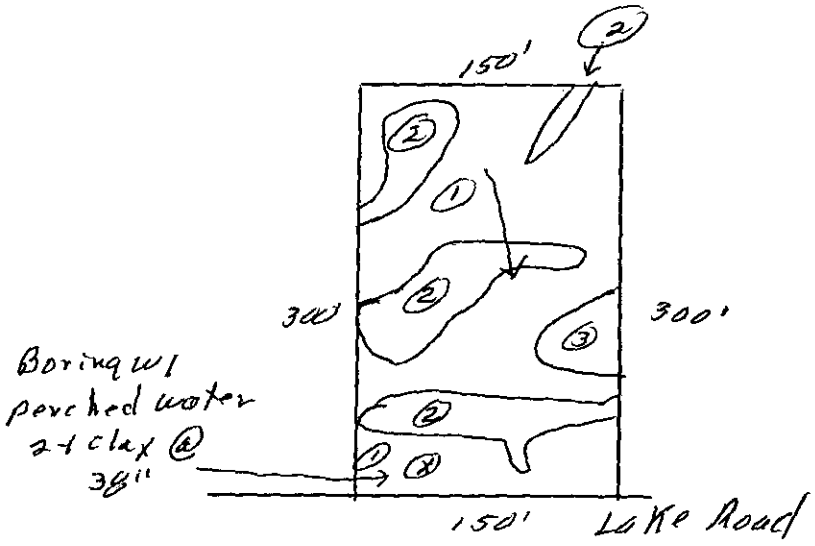
Owner:
Address:

Comments: _____

Described by: William A. Mulis

Date: 9-25-96

Lot rechecked 12-11-96
Use initial report
AW Arm



***** 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 6-12%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS (U) Expandable 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" to 40"	S PS U	S (PS) U 36-40"	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-Pacolet	complex slopes	Mecklenburg Urban			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16732

File: Action

Parcel: ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

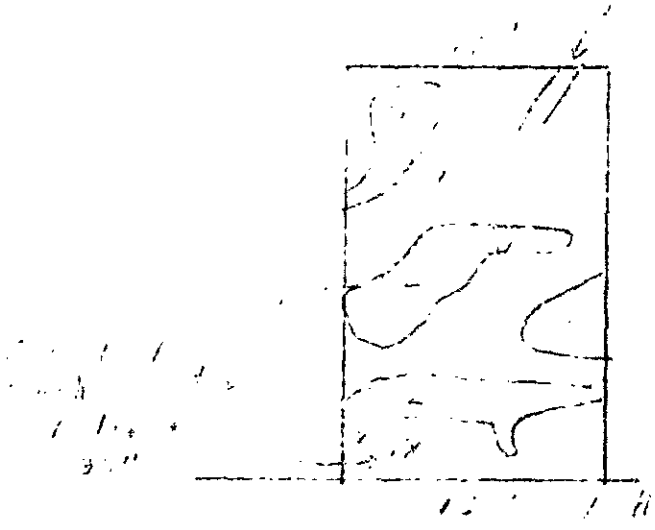
Owner:
Address:

Comments:

Described by:

Date:

Lot reached 12-11-96
Use initial report
W.A.M.



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
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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	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	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	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

$250 3/13 A.

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7065A

TC: _____

☑ PC ☐ REPT

✓

JOB LOCATION

① ADDRESS: 6600 Lake Road

② SUBDIVISION: Wilgrove Farms ③ LOT: 36, 37, 38 ④ BLOCK: D

⑤ PARCEL REFERENCE: BOOK NO.: 137 PAGE NO.: 095 PARCEL NO.: 09

⑥ DEED REFERENCE: BOOK NO.: 1551 PAGE NO.: 436

OWNER

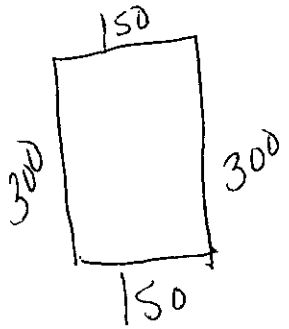
⑦ NAME: J (FIRST) P (MIDDLE) CHAPMAN (LAST)

⑧ MAILING ADDRESS: 6524 Williams RD.

⑨ CITY: Charlotte ⑩ STATE: NC. ⑪ ZIP: 28215

⑫ PHONE: (WORK) SAME AS HOME (HOME) 704-537-2378

⑬ Accurately diagram and dimension lot.



* Closing to be 9/28/90

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: J.P. Chapman

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

Date: 9-15-90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-19-90

Name/Company: J. P. Chapman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test App.
6600 Lake Rd.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 19 1990

T.P: 137-095-09

Cash # 0132

Fee: $ 75.00 PD 75.00

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

436

Book No. 1551 Revenue Stamp affixed $.55

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 9th day of May A. D., 1952, by and between N. A. Trexler and wife Georgie V. Trexler of the County of ~~Mecklenburg~~ Rowan and State of North Carolina, part ies of the first part, and J. P. Chapman and wife, La Vada Chapman of the County of Mecklenburg and State of North Carolina, part ies of the second part,

WITNESSETH, That the said part ies of the first part, in consideration of ~~Dollars~~ Ten Dollars and other considerations - - - to them paid by the part ies of the second part, the receipt of which is hereby acknowledged, ha ve bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all those certain lots of land, situate, lying and being in - - - - Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Lying about 10 miles east from Charlotte, N. C., and being Lots Nos. 36, 37 and 38 in Block "D" as shown by Map of Wilgrove Farms, recorded in Map Book 6, page 395, and being a part of property by deed from P. M. Phillips to N. A. Trexler, recorded in Deed Book 1434, page 196, in the Office of the Register of Deeds for Mecklenburg County, N. C.

RESTRICTIONS: No building or dwelling, except private garage, shall be built on the above described property to cost less than twenty-five hundred dollars ($2500.00).

TO HAVE AND TO HOLD the aforesaid lots of land and all privileges and appurtenances thereto belonging, to the said parties of the second part, their heirs and assigns, to their only use and behoof forever.

And the parties of the first part for themselves their heirs, executors and administrators, covenant with the said parties of the second part, their heirs and assigns, that they are seized of said premises in fee and ha ve right to convey the same in fee simple; that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, The said part ies of the first part to these Presents ha ve hereunto set their hand s and seal s the day and year above written.

Signed, Sealed and Delivered in presence of

N. A. Trexler (Seal)

Georgie V. Trexler (Seal)

(Seal)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ Rowan } ss.

I, Myrtle Trexler a Notary Public for said County and State, do hereby certify that N. A. Trexler and Georgie V. Trexler, his wife personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 9th day of May A.D., 1952

Myrtle Trexler, Notary Public

My Commission Expires July 27, 1953

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

The foregoing (or annexed) Certificate of Myrtle Trexler, a Notary Public for ~~said~~ Rowan County and State is adjudged to be correct. Let the instrument and the certificate be registered.

This 23th day of June A.D., 1952.

J. Lester Wolfe, Clerk Superior Court, By: Naomi G. Meske Deputy, Clerk Superior Court

Filed at 11:20 o'clock A M., on the 23th day of June A.D., 1952

Recorded at 9:10 o'clock A M., on the 1st day of July A.D., 1952

and verified J. R. RENFROW, Register of Deeds.

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16732

File: 70654 Action: C

Parcel: 137-045-09 PC

Location: 6600 Lake Road

Subdivision:

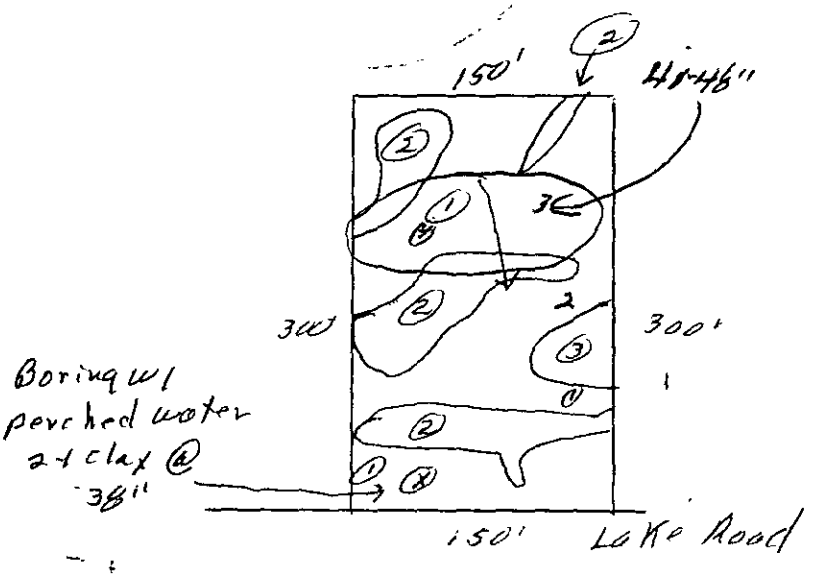
Lot: Block: Acres: 1.1

Owner:
Address:

Comments: _____

Described by: William A. Mullis

Date: 9-25-90



***** 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 6-12%	S PS (U) complex slopes	(S) PS U 2-8%	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS (U) Expanding 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" + 40"	S PS U	S (PS) U 38-40"	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	III Cec-A-1.40	complex slopes	Mecklenburg Like			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U