

10828 GREEN HERON CT

19935338

LOT100

1/10/2008

duponbj

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

#1693

GWS – RES. APP 07/05

SEPTIC FEE: 200.00 ck #594
DATE: 4/25/06
CRT [ ]
JC

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 64516

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19935302 10
STREET ADDRESS: Green Heron Court
CITY: Charlotte
STATE: NC **ZIP:** 28278
SUBDIVISION OR MOBILE HOME PARK NAME: The Sanctuary
LOT #: 100
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☒ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:

NAME: The Sanctuary of Lake Wylie, LLC
ADDRESS: 11104 Limehurst Place
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: — WORK PHONE: 704-295-1106
MOBILE PHONE: — FAX: —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Paul Penninger, SITME, Inc
ADDRESS: 385 Timber Rd Suite 104
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: WORK PHONE: 662-8625
MOBILE PHONE: 996-6330 FAX: 662-8735

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ~ 120 Days

*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 the Mecklenburg County Health Department to enter ~~onto the property~~ for the purpose of processing this request.

4-24-06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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

Sheet: 1 of 2
Property ID: PO 199-353-02
Lot #: 100
File #: 6451B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Applicant: Paul Penninger
Address: 11104 Limehurst Place, Charlotte, N. C. 28278
Date Evaluated: 7/3/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: Approx. .5a inv.
Location of Site: Green Heron Ct.
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS, 25	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-34	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
		34-48	SBK/CL	FR/SEXP/SS/SP					
	BORINGS	2 & 3	IN COS ON	WEST END OF GREEN	HERON CT.				
2	LS, 10	0-6	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
3	"	0-5	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		5-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/CL	FR/SEXP/SS/SP					

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

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R.Marlin, LSS, 7/6/2006, W. R. Marlin
Others Present:

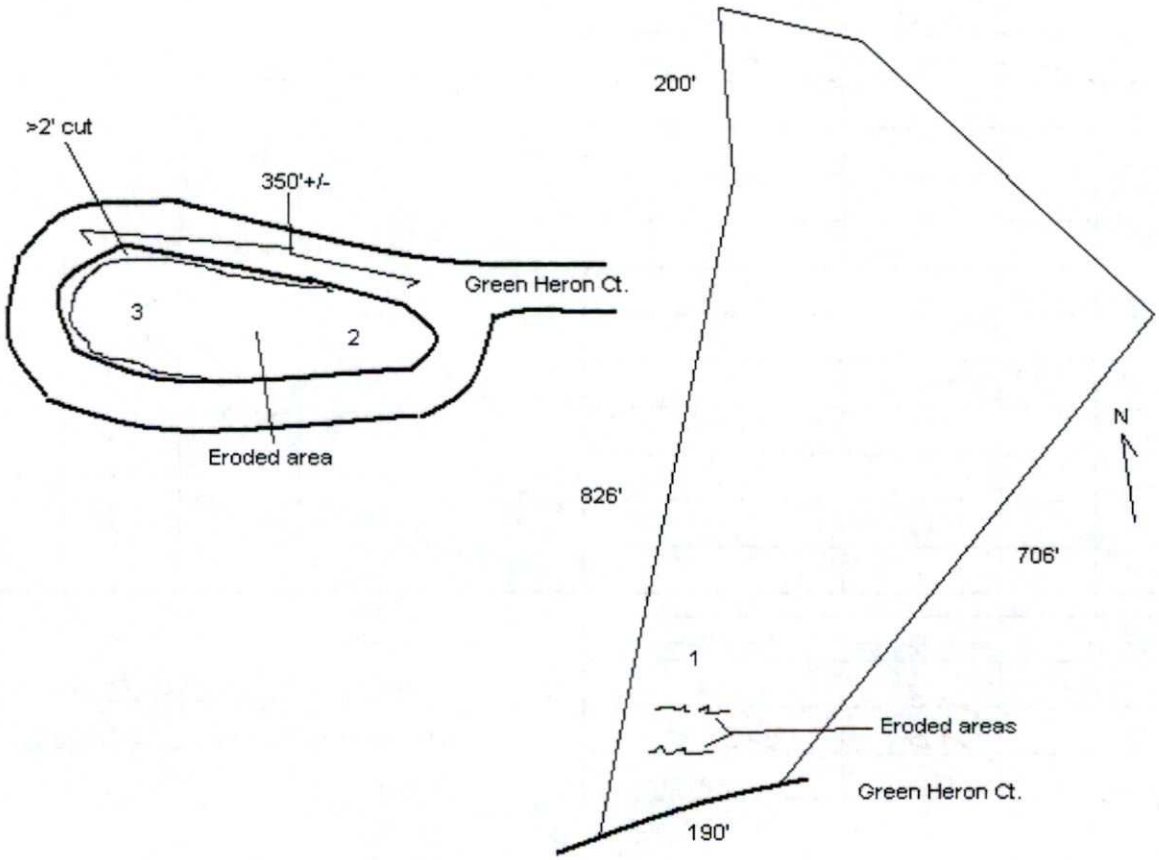
COMMENTS:

100% repair, area in COS at end of Green Heron to be used

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000693** GWS File #: **6451B** Tax Parcel #: **199-353-02**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 8/2/2011

Type of Installation: Residential - New System Lot Number: 100

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 3

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.325	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1385	Total Trench Length (ft):	462
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVb

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.325	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	924	Total Trench Length (ft):	308
Maximum Trench Depth (in):	42	Depth of Media (in):	30	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Zach Petersen

Signature: Zach Peterson ESHS

Date Issued: 8/2/2006

Owner/Legal Agent: PAUL PENNINGTON
Print Name

Signature: Paul Pennington

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30000693** GWS File #: **6451B**

IV. Permit Conditions/Comments:

- Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Zach Petersen

Signature: Zach Petersen

Date Issued: 8/2/2006

Owner/Legal Agent: Paul Pennington

Print Name

Signature: Paul Pennington

S&ME

Condition on IP: Agreement Form b/4 Installation Approval

Date: July 17, 2006

To: Mr. Zach Petersen, R.S.
Mecklenburg County Env. Health Dept.

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

RE: Request for an Improvement Permit for Lot 100 at The Sanctuary:
MCHD File #6451B

The Sanctuary at Lake Wylie is requesting an Improvement Permit for the above referenced lot. **This lot will utilize an off-site septic area for the septic system drainfield.** Mr. Bill Marlin has evaluated the soils (see attached MCHD soil sheets) and S&ME, Inc. has flagged the system and repair on the septic area. The septic lines have been located by the surveyor and are shown on the attached maps. The attached sketch and specifications are not an Improvement Permit and are intended only to assist the MCHD in permitting the referenced lot at The Sanctuary.

We understand that a building permit cannot be issued until your office issues an Authorization to Construct (ATC). The buyer will apply for the ATC. If the buyer's house pad does not fit in the "building envelope" shown on the Improvement Permit, we understand that the proposed system may have to be modified prior to your office issuing the ATC. **No grading shall take place on the lot prior to obtaining the ATC from the MCHD.**

Tri-County Wastewater (TCWW) is under contract to supply maintenance services for each septic system installed at The Sanctuary. TCWW will have a list of preferred septic contractors for the subdivision and will also have requirements for septic system installation that are greater than the MCHD and State requirements. It will be the responsibility of TCWW to enforce any requirements above State requirements or the MCHD conditions on the Improvement Permit.

Please review the attached system sketch and design specifications for the Improvement Permit. Any additions or revisions you feel are necessary can be made on the Improvement Permit. Please call in you have and questions or comments.

Design Specifications for Lot 100 at The Sanctuary
MCHD File # 6451B

Daily Design Flow:	600 gpd
Number Bedrooms:	5 bedroom
Basement or Crawl Space:	Basement
Septic Tank Size:	1500 gal
Pump Tank Size:	1500 gal
Primary System Loading Rate:	**0.3 gpd/ft^2**
Primary System:	**25% reduction**
Number and length of laterals:	2 @ 148 ft. 2 @ 102 ft.
Total ft. of primary system:	500 ft.
Flow Rate through system:	22 gpm – use (2) ½ in. SCH 80 taps and (2) ½ in. SCH 40 taps with 2 ft. head pressure on pressure manifold (see detail sketch)
Pump Requirements:	to be calculated by installer when specific house and pump tank locations are available
Dosing Volume:	approx. 270 gal. – 2.2 doses/day at design flow
Depth of effluent pumped per dose:	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Check Valve:	yes
Siphon break hole:	yes
Repair System Loading Rate:	**0.3 gpd/ft^2**
Repair System:	**LP PPBPS**
Total ft. of repair	380+ ft. (334 required)

Notes: This lot utilizes an off-site septic area for the drainfield.

Division of Environmental Health
On-site Wastewater Section

Property ID: PO 199-353-02
Lot #: 100
File #: 6451B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: The Sanctuary of Lake Wylie, LLC
Address: 11104 Limehurst Place, Charlotte, N. C. 28278
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: Green Heron Ct.
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Paul Penninger
Date Evaluated: 7/3/06
Property Size: Approx. .5a inv.
Property Recorded:

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
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System Type(s)		
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Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Merlin, LSS, 7/6/2006. W. R. Merlin
Others Present:

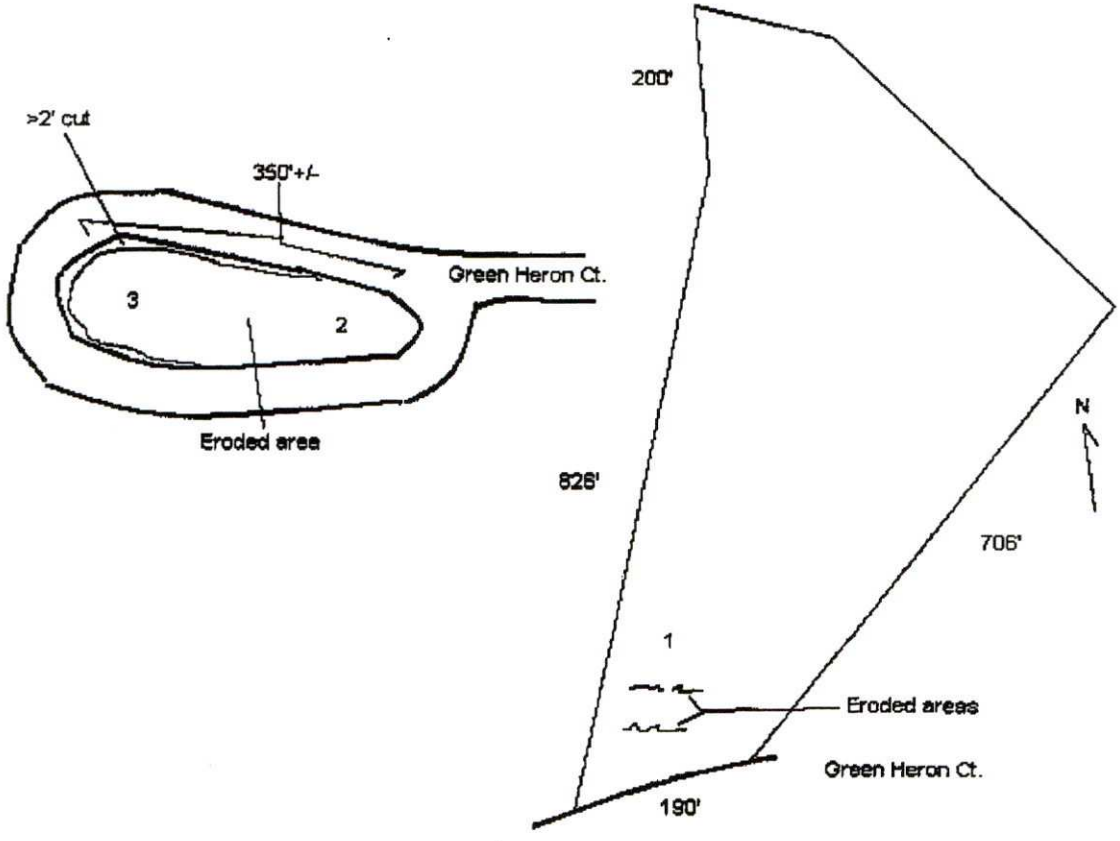
Sheet: 2 of 2
FILE #: 6451B

COMMENTS:
100% repair, area in COS at end of Green Heron to be used

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EFI-Extremely Firm	NP-Non-Plastic	
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	VP-Very Plastic	

Sketch of Soil Evaluation Locations

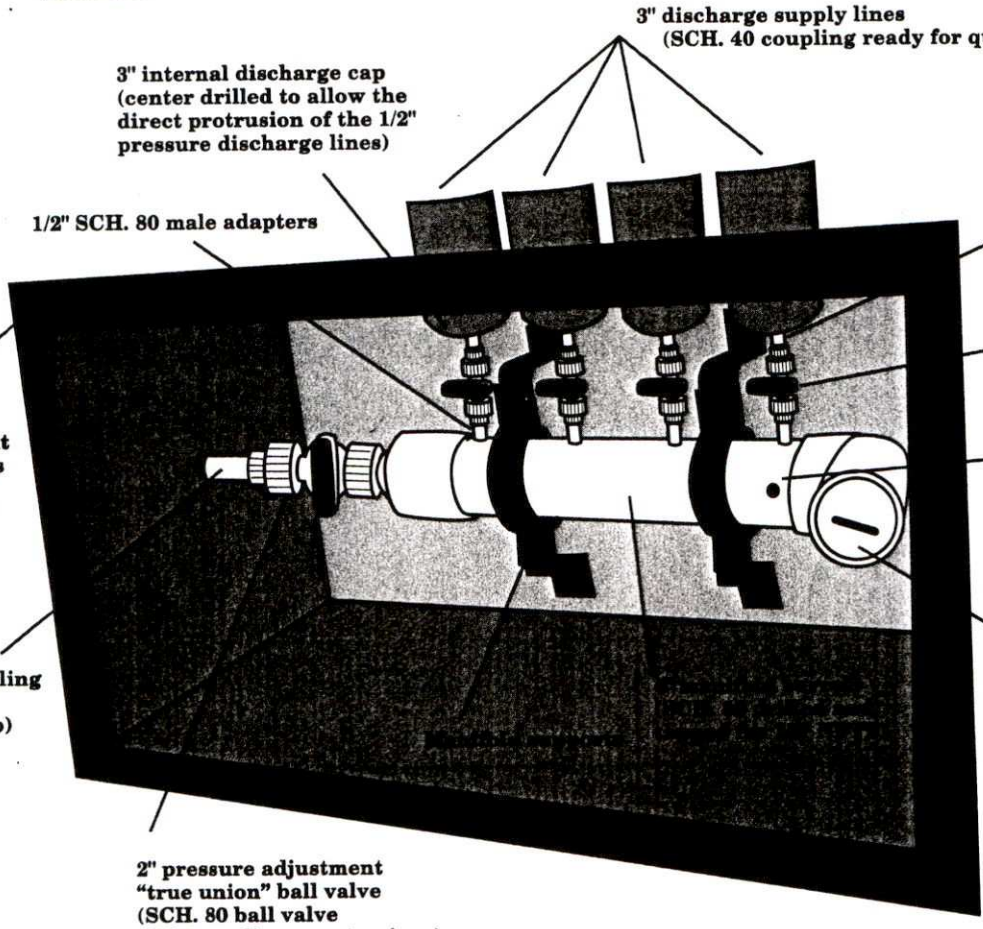


pressbox
Pressure Manifold

Be in the winner's circle!

- Compact and lightweight fiberglass unit - 22" x 24" x 46" Weight____
- Built to commercial standards for long-term life and quality performance
- Uniquely designed Floating Barrel eliminates stress points leading to cracked fittings, leaks and pressure losses
- Adjustable 1/2" SCH. 80 pressure discharges
- Install 1-8 drainlines with total flow control (Up to 16 drainlines may be installed using splitter tees)
- No assembly required
- Custom units available upon special order

Lot 100 REQUIRES Custom MANIFOLD →



PressBox QUATRO UNIT

- 4 Taps with SCH. 80 fittings, valves and 1/2" pressure discharges
- 4 Expansion ports drilled, tapped and plugged (expansion kits complete with fittings, valves and discharge hook-ups sold separately)
- 4" Cleanout
- 4" SCH. 80 barrel
- 2" SCH. 80 pressure adjustment valve
- 3" Discharge hook-ups

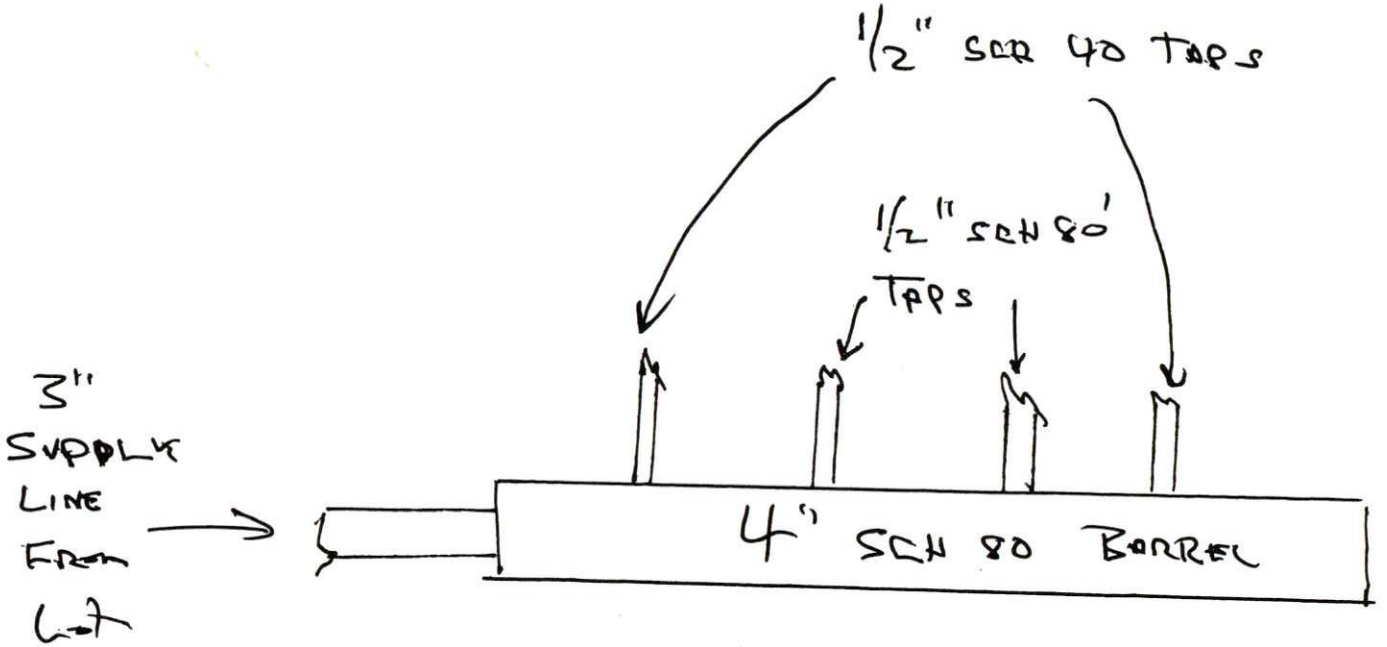
PressBox QUATRO X2 UNIT

- QUATRO UNIT features plus an added 8 taps with fittings, valves and discharge hook-ups

TRI-COUNTY WASTEWATER

Telephone: 1.800.448.1298

Be in the winner's circle!



PRESSURE MANIFOLD TAP SIZE SKETCH.

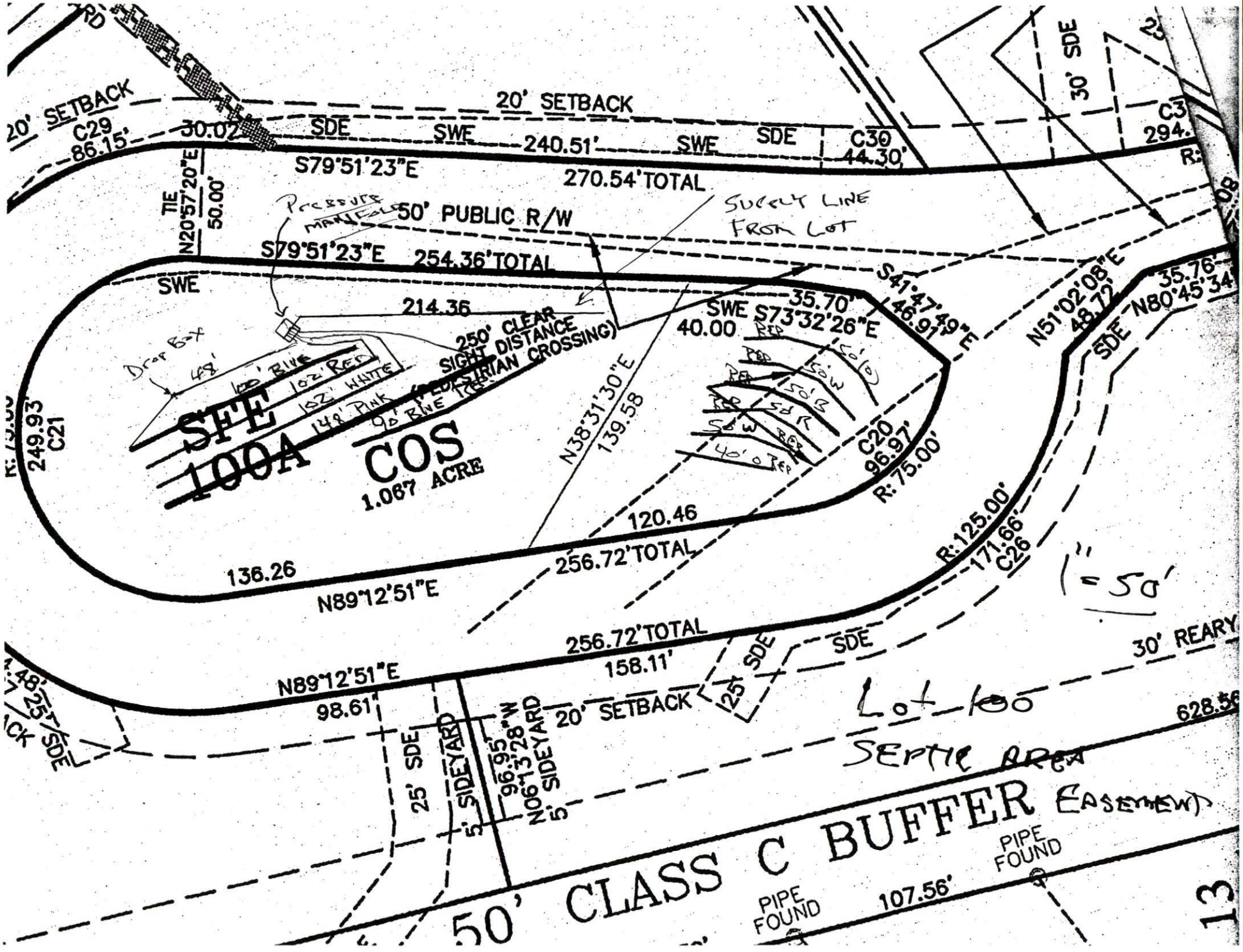

20' SETBACK
C29
86.15'
30.02'
SDE
SWE
240.51'
SWE
SDE
C30
44.30'
20' SETBACK
30' SDE
C3
294.
S79°51'23"E
270.54'TOTAL
TIE
N20°57'20"E
50.00'
50' PUBLIC R/W
S79°51'23"E 254.36'TOTAL
SWE
214.36
35.70'
SWE S73°32'26"E
40.00
S41°47'
46.91'
N51°02'08"E
48.72'
35.76'
N80°45'34"
SDE
250' CLEAR SIGHT DISTANCE (PEDESTRIAN CROSSING)
Drop Box
48'
100' BLUE
102' RED
102' WHITE
148' PINK
90' BLUE
SFE
100A
COS
1.067 ACRE
N38°31'30"E
139.58
249.93'
C21
C20
96.97'
R: 75.00'
120.46
136.26
N89°12'51"E
256.72'TOTAL
R:125.00'
171.66'
C26
1"=50'
256.72'TOTAL
158.11'
N89°12'51"E
98.61'
25' SDE
5' SIDEYARD
N06°13'28"W
96.95'
5' SIDEYARD
20' SETBACK
25' SDE
SDE
30' REARY
Lot 100
SEPTIC AREA
628.56
50' CLASS C BUFFER EASEMENT
PIPE FOUND
107.56'
PIPE FOUND

Exhibit A



Parcel ID#: 19935302 **GIS ID#:** 19935302

Owner Name:	SANCTUARY AT LAKE WYLIE LLC
Mailing Address:	PO BOX 1003 CHARLOTTE, NC 28201-1003
Legal Desc.:	M40-303 &307
Land Area:	205.16AC
Fire District:	24-STEELE CREEK #2
Special District:	FIRE SERVICE A
Account Type:	NC CORP
Municipality:	0-MECKLENBURG COUNTY-UNINCORP.
Property Use:	VACANT

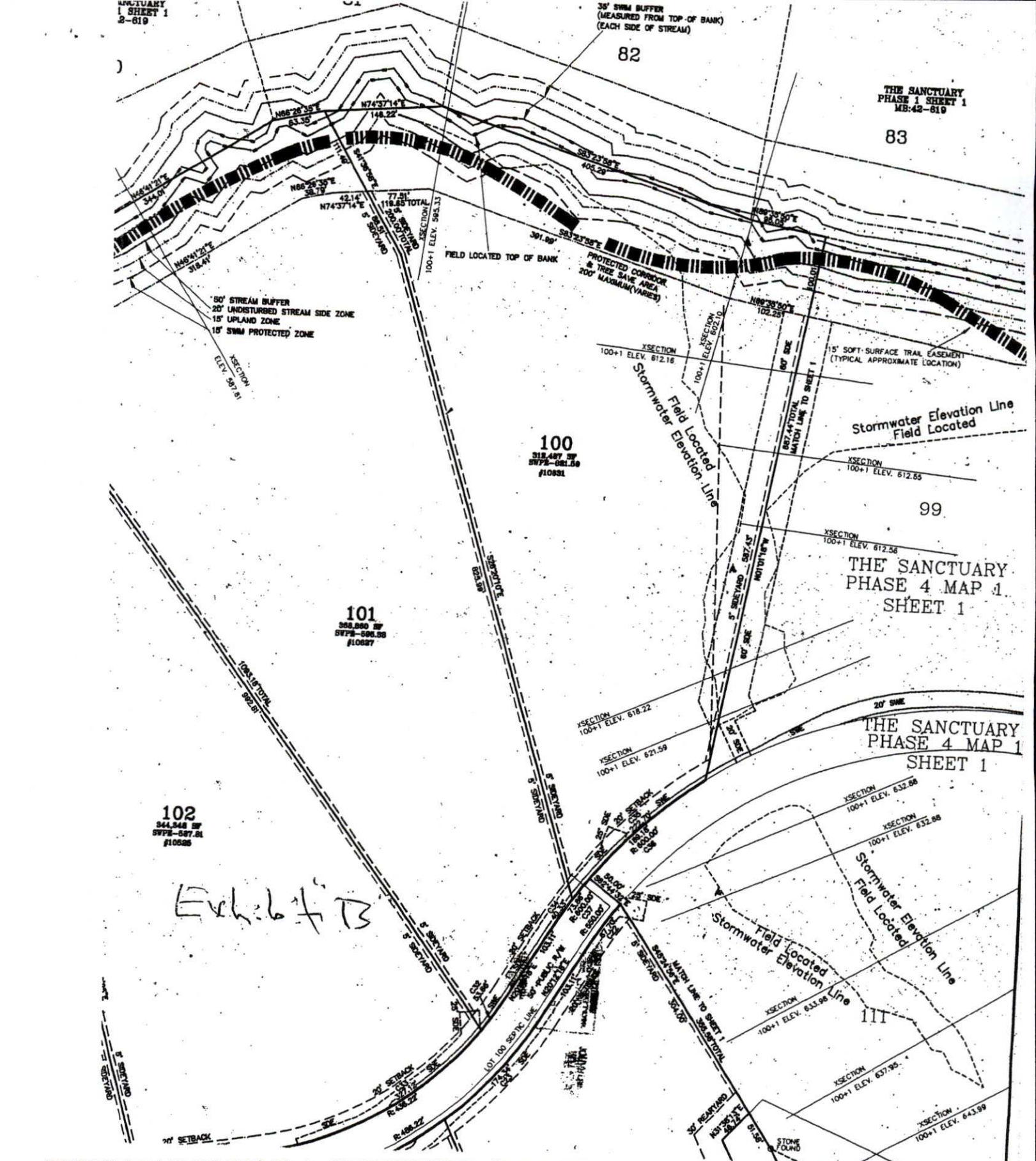
16493-360 (11/26/2003) $0.00
07606-475 (12/28/1993) $0.00

◉ ISLAND POINT RD

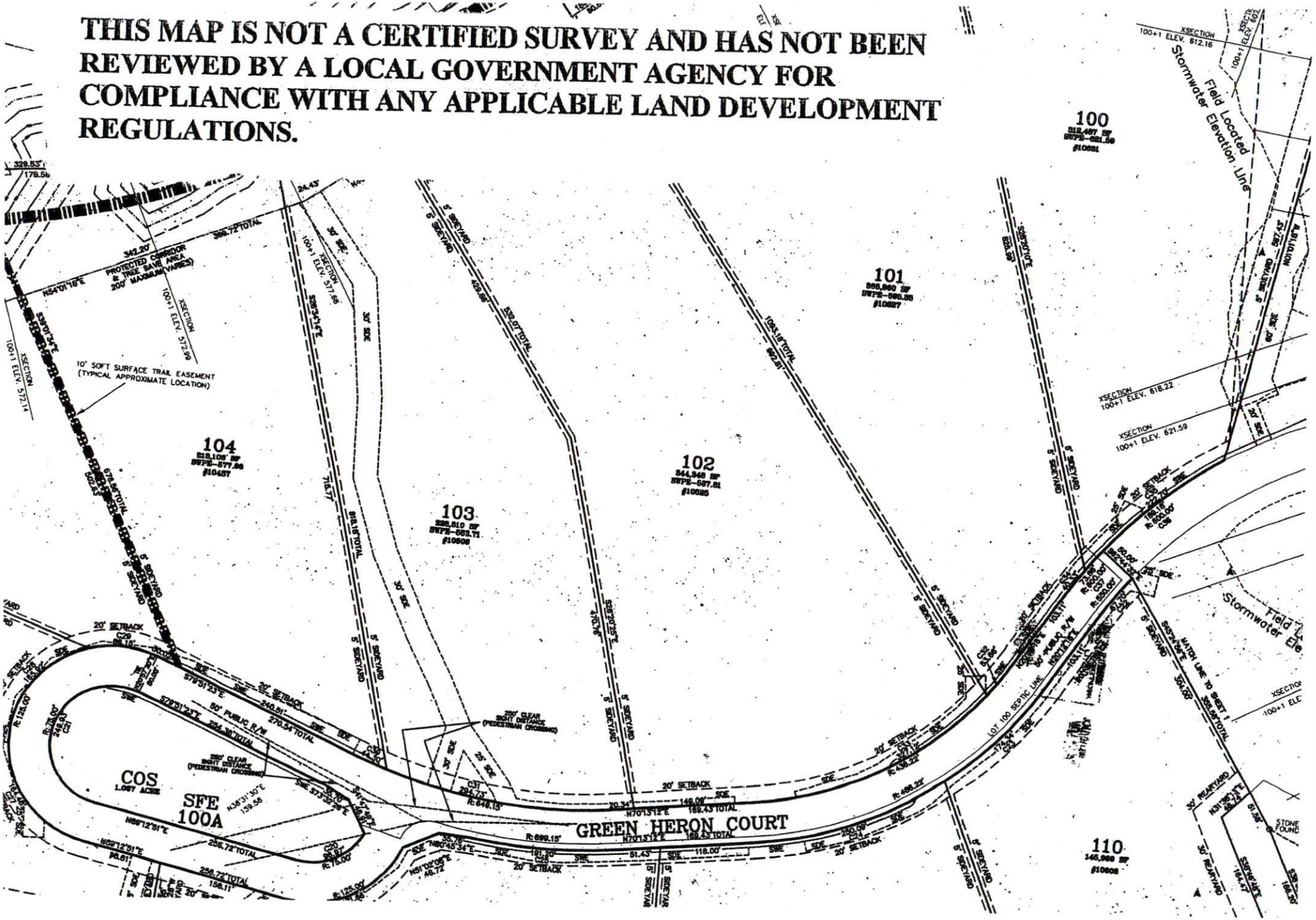
Where to Go Vote | School Districts
Parks Within 3 Miles | Get Directions

FEMA, Zoning, Etc. Adjoining Owners
Tax Values & Building Info. Tax Bill Info.

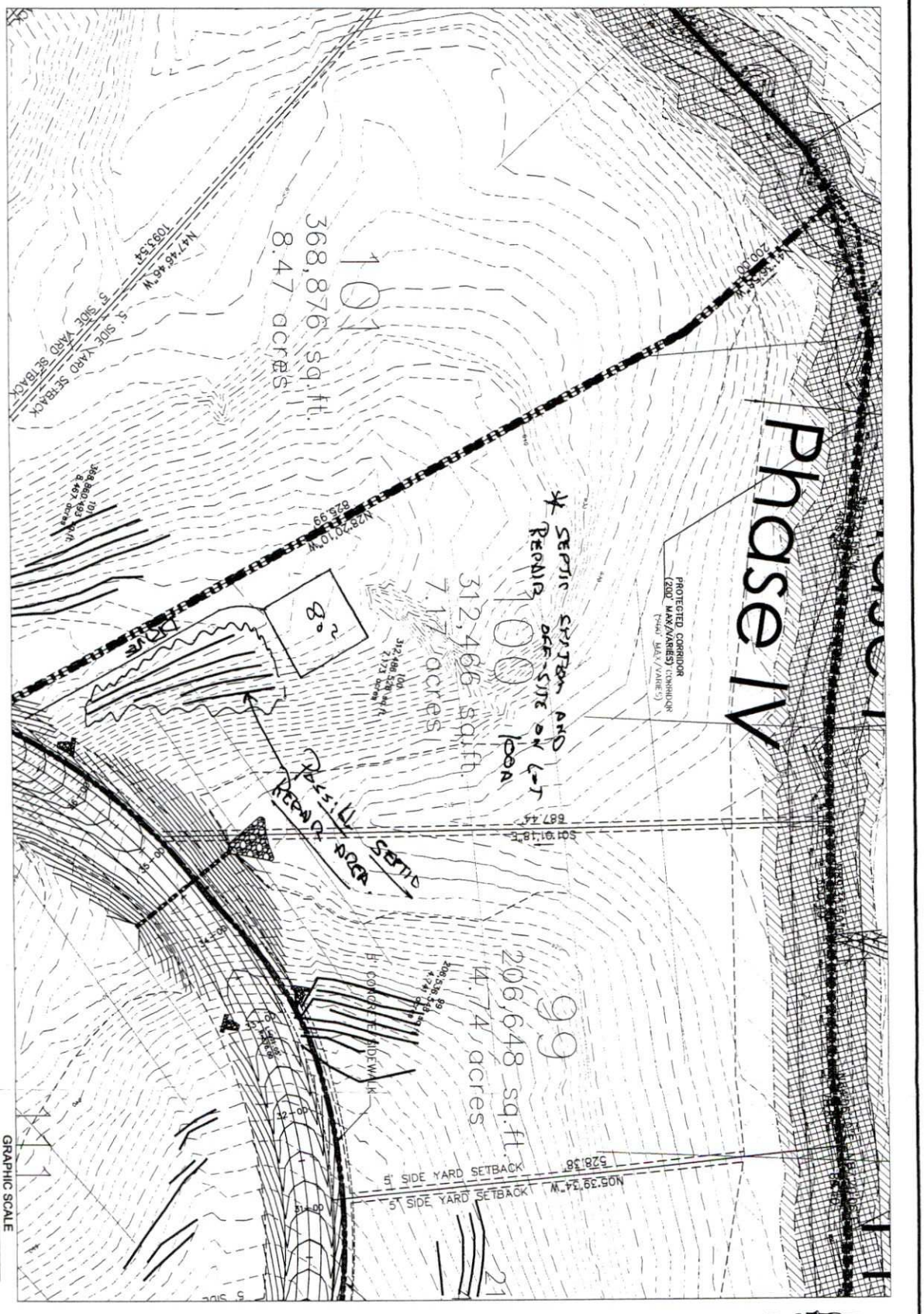
THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.


35' SWIM BUFFER
(MEASURED FROM TOP OF BANK)
(EACH SIDE OF STREAM)
82
THE SANCTUARY
PHASE 1 SHEET 1
MB:42-619
83
50' STREAM BUFFER
20' UNDISTURBED STREAM SIDE ZONE
15' UPLAND ZONE
15' SWIM PROTECTED ZONE
FIELD LOCATED TOP OF BANK
PROTECTED CORRIDOR
& TREE SAVE AREA
200' MAXIMUM(VARIES)
15' SOFT SURFACE TRAIL EASEMENT
(TYPICAL APPROXIMATE LOCATION)
Stormwater Elevation Line
Field Located
100
312,487 SF
SWPE=581.58
#10831
99
THE SANCTUARY
PHASE 4 MAP 1
SHEET 1
101
358,880 SF
SWPE=586.58
#10827
102
344,548 SF
SWPE=587.81
#10826
Exhibit B
111
STONE FOUND
THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.



"Exhibit B"



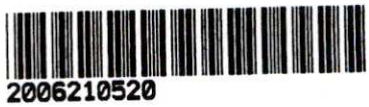
S&ME
ENGINEERING · TESTING
ENVIRONMENTAL SERVICES

LOT 100
THE SANCTUARY
MECKLENBURG COUNTY, NORTH CAROLINA

SCALE: AS SHOWN	DRAWN BY: JBP	CHECKED BY: PGP
JOB NO. 1588-05-067	DATE: JUNE, 2006	FIGURE NO. 1

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2006 OCT 09 01:25 PM
BK:21183 PG:562-570 FEE:$35.00

INSTRUMENT # 2006210520



2006210520

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 5th day of October, 20 06, by and between

GRANTOR	GRANTEE
The Sanctuary at Lake Wylie, LLC, a Delaware limited liability company 11104 Limehurst Place Charlotte, NC 28278	The Sanctuary at Lake Wylie, LLC, a Delaware limited liability company 11104 Limehurst Place Charlotte, NC 28278

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

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

WITNESSETH, that the Grantor, for a valuable consideration paid by Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land upon that certain lot or parcel of land owned by Grantor and located in the city of _____, Steele Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

This instrument was prepared by: James F. Martin

Mail after recording to: Grantor

Mecklenburg Tax Parcel No. P/O 199-353-02 as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 100 A Block Phase 4 of The Sanctuary recorded In Map Book 46 Page 719 (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled threon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Steele Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. P/O 199-353-02 as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 100A Block Phase 4 of The Sanctuary recorded In Map Book 46 Page 719 (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefited Parcel."

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee 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 components of said septic system and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee 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 Grantee ever hook up the structure located or to be located on the Benefited Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor 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 Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

The Sanctuary at Lake Wylie, LLC _____ (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)
Vice President

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, Mecklenburg County

I, Judy B. Mills, a Notary Public of the County and State aforesaid, certify that James F. Martin, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 5th day of October, 20 06.

My Commission Expires: 9/18/09 _____
(Notary Public)

JUDY B. MILLS NOTARY PUBLIC N.C. MECKLENBURG COUNTY

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____
(Notary Public)

GRANTEE

The Sanctuary at Lake Wylie, LLC _____ (SEAL)
(Corporate Name)

BY: _____ _____ (SEAL)
Vice President

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, Judy B. Mills, a Notary Public of the County and State aforesaid, certify that James F. Martin, Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 5th day of October, 20 06.

My Commission Expires: 9/18/09 _____
(Notary Public)

JUDY B. MILLS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

SEAL-STAMP

North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____

(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: Kelly Rudd

Kelly Rudd

(Print Name)

DATE: 10 9 0C

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 & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration:	**10/09/2006 01:25 PM**
Book:	**RE 21183 Page: 562-570**
Document No.:	**2006210520**
	ESMT 9 PGS $35.00
Recorder:	**LYVANH PHETSARATH**



2006210520