1213A

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☒ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 LE 7/7/15 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT

1213A Application # 7615

29 JUN '15 AM11:34

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Bruce Marschner
ADDRESS: 20237 Riverchase Drive
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 578-2875
ALTERNATE PHONE:
E-MAIL: bmarschner@bellsouth.net

PROPERTY OWNER: [☑] SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 00144177
STREET ADDRESS: 20237 Riverchase Drive
CITY: Cornelius
STATE: NC ZIP: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 4

WATER SUPPLY:
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 1

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: [ ] N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING ROOM [ ] LIVING ROOM [ ] DEN
[ ] GARAGE [ ] SUNROOM [ ] PORCH [ ] DECK [ ] OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
[ ] DETACHED GARAGE [ ] DETACHED GARAGE WITH PLUMBING [ ] POOL HOUSE [ ] SHOP [ ] BARN
[■] STORAGE SHED [ ] DETACHED PORCH / DECK [ ] OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Bruce Marschner [redacted] 6/29/15
Owner's/Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

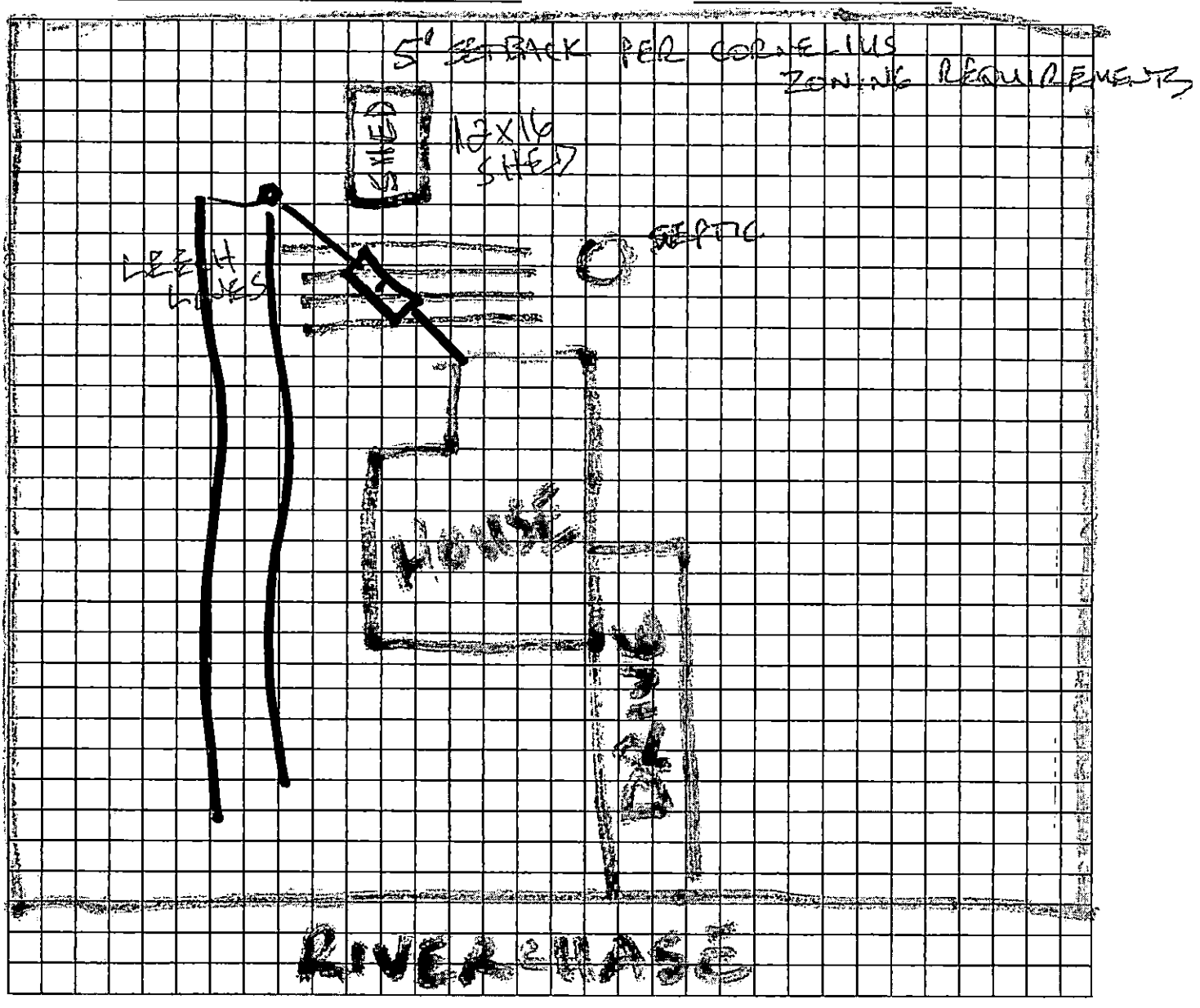
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 20237 Riverchase Drive Tax Parcel #: 00144177



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. TO USE FOR A STORAGE SHED ADDITION.

REHS Signature Date 7/10/15

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/07/15	**Amount:**	100.00
Receipt #:	95327	**Tendered:**	100.00
Check / Auth #:	MC 65869P	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: MARSCHNER,BRUCE
Attn:
Address: 20237 RIVERCHASE DR
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 20237 RIVERCHASE DR		1	100.00	100.00

----------Outstanding Balances----------

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: BRUCE MARSCHNER

Bill To:

BRUCE MARSCHNER
20237 RIVERCHASE DR

Cornelius, NC 28031

Single Payment

Transaction Date: 07/07/2015 12:08 PM Pacific Time
Pay Method: **********8656
Approval #: 65869P
Trace Number: 5a112a0e-90a4-489d-8f5e-30e8184f9ba2
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.



20237 RIVERCHASE DR

00144177

4/15/08

marliwr

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: 1213 A DATE: 8-13-01

TC: 001-441-77 ☑ L ☐ CRT

SERIAL Nº 17090

Name of Owner Robert B. Gay Juris.: _____

Address of Property 20237 Riverchase Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 2 @ 150'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source 710'

Excavation Inspected 8-8 - 1st 150' trench
8-11 - 2nd upper 150' lower trench

Tank(s) Inspected 8-8

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1997, 1500ST, IIIg inov, 600SF, T, sand back-fill, Cecil-like CTR# 136

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 I5A 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 I5A 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 IIIg 3 bedrooms
(2) 3'w x 150'L x 24" deep

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

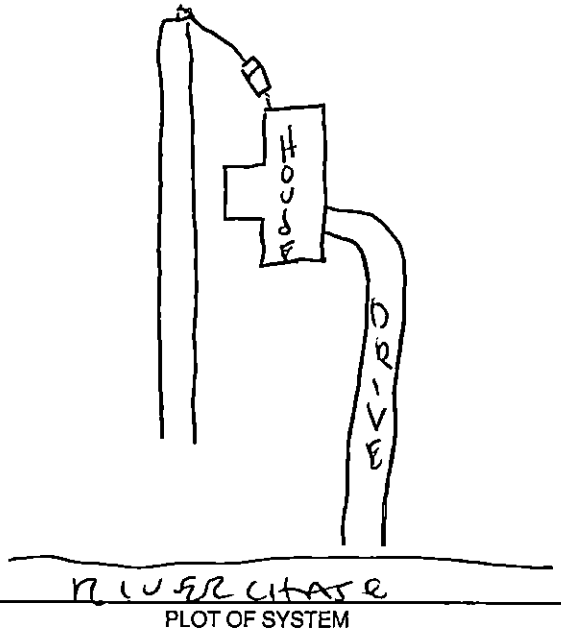
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1213-A DATE: 8-5-97

TC: 001-441-77 ☐ L

SERIAL Nº 17440

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 6-12-96. All work shall be completed on or before 9-5-97, 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 300 feet

Number of Lines 2 x 150

Depth of Stone N/A inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

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

NAME OF OWNER BOB GAY

LOCATION OF PROPERTY 20232 RIVERCHASE DR

Comments: 2 lines @ 150 use innovative system

Environmental Health Specialist

chk #1496 40.00 DEF

FEE: 210.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6/17/96 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6-17-96 PERMIT NO: 1213-A
PARCEL NO: 001-441-77

JOB LOCATION ADDRESS: 20237 Riverchase Dr.
PROPERTY OWNER: Roberts/Sullivan
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Riverchase Dr
AUTHORIZATION ISSUED BY: Kelly Randall DATE: 6-17-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1213-A, 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: Use innovative system w/ innovative repair
Copy of Wastewater Treatment and Disposal System Design Agreement Form (submitted for recording at Register of Deeds) shall be required prior to issuance of installation approval
12/30/96 for VOID Statement

OWNER CERTIFICATION Bob Day 12-30-96

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.

Bob Day 6-17-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 1213-A

Tax Number: 001-44-17

- 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	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
NO Serviced by private well	1500 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	✓ Gallon pump tank	✓ Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required: use innovative system				
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	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	✓ 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.

DEHNR Authorized Agent — Date 6-17-96

† Bob Day — Owner/Agent Signature — Date 6-17-96

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

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

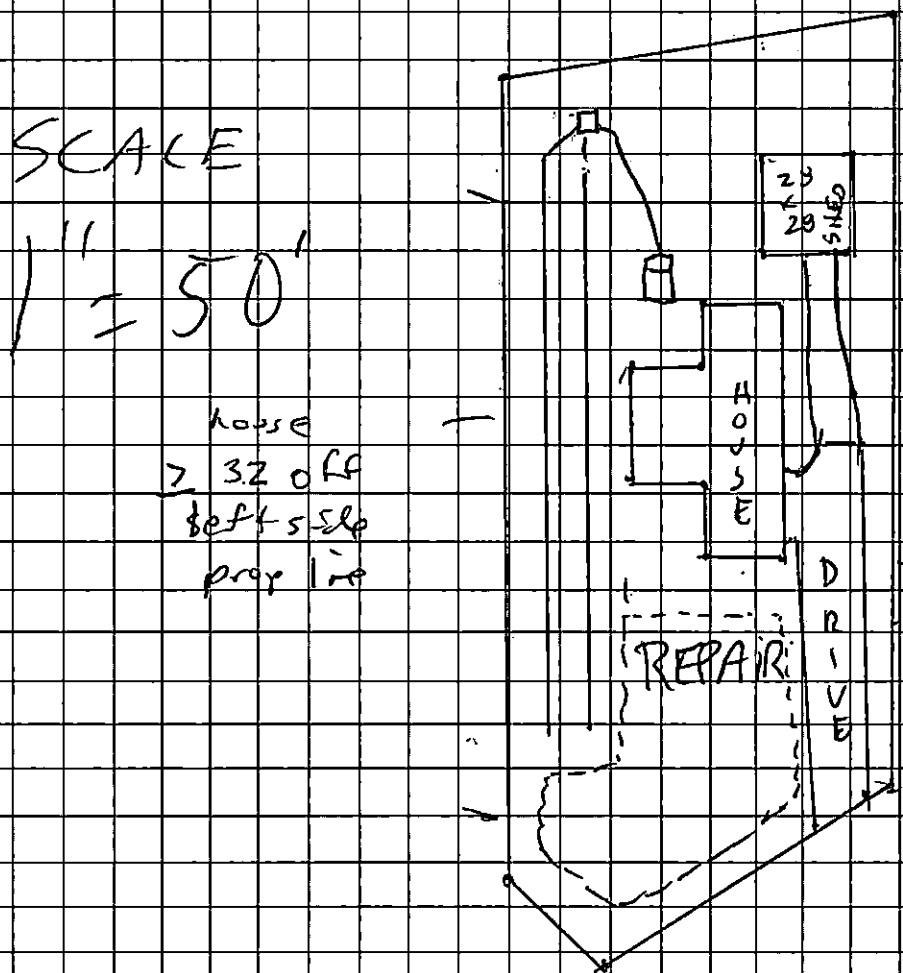
PROPOSED PLOT PLAN

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

FILE: 1213-A

TC: 001-441-77

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.



T Bob Day
OWNER/AGENT SIGNATURE

DATE 6-17-96

APPROVAL DATE 6-17-96

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

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

DATE: 6-17-96

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Corn.

PARCEL NUMBER 001-441-77

ASSIGNED ADDRESS 20237 RiverChase Dr

EXISTING ADDRESS Lt. 4

PROJECT NAME RiverChase

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	
6. PROPERTY FRONTS ON THOROUGHFARE	*	
7. DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: ojmk

OPWEAR 06-88

NEW ADDRESS ___ ___*

FORM 100

FEE: 100.00
DATE: 12/8/95
C.K. # 1255

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 #: 1213A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-441-77 001

STREET ADDRESS: 20237 Riverchase Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4

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: 5000

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

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)
___ SHARED WELL (S)
✓ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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
EASEMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Sullivan (FIRST) Robert (MI) B. Jr.	NAME: (LAST) Day (FIRST) Robert (MI) B.
ADDRESS: 353 Belmorrow Dr.	DAYTIME PHONE: 704 875- 3710
CITY: Charlotte STATE: NC ZIP: 28214	
DAYTIME PHONE: ( ) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-86

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: Bob Day DATE: 12-8-95

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

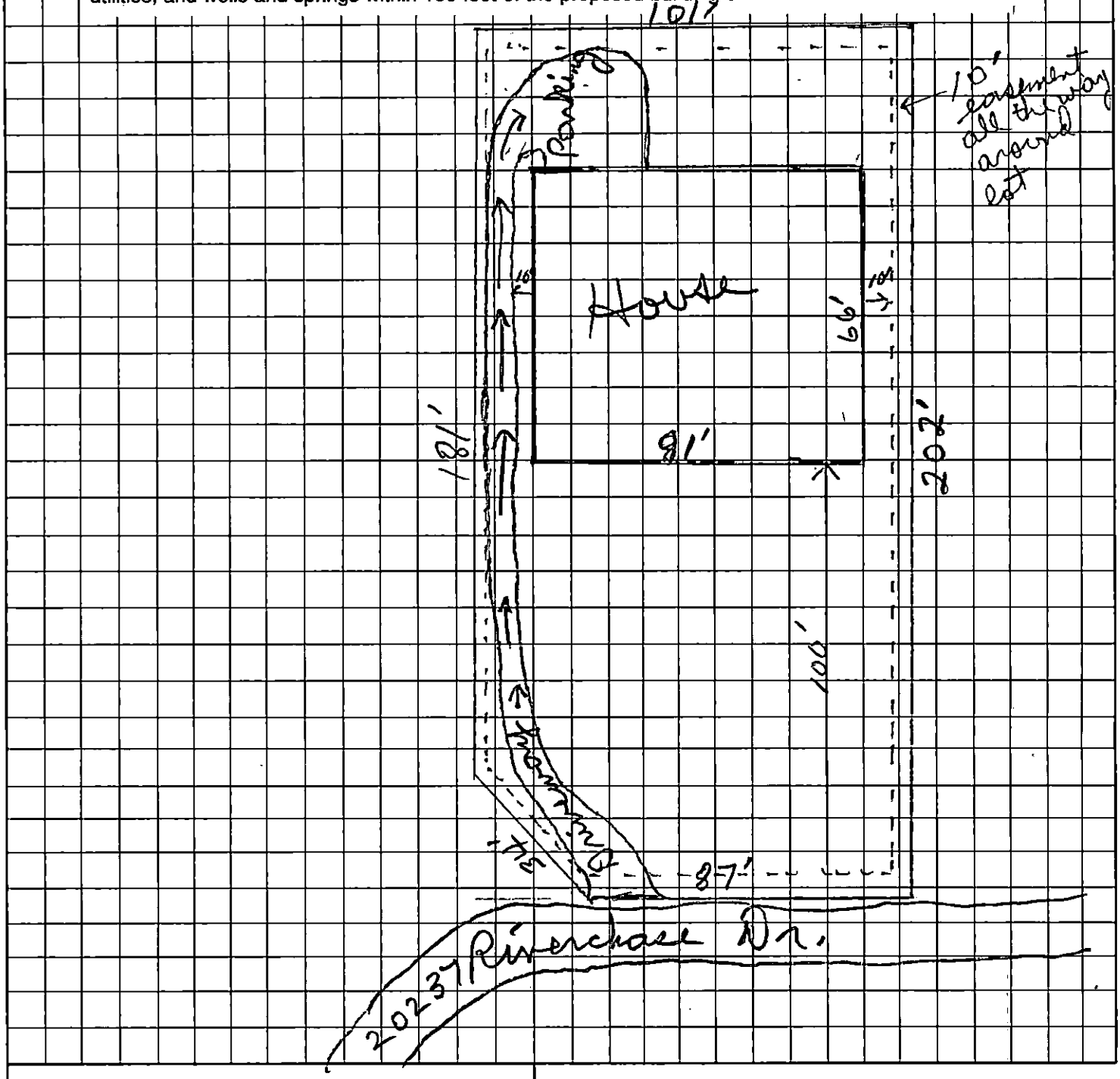
PROPOSED PLOT PLAN

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

FILE: 12/3A

TC: 001-441-77

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.



Bob Day
OWNER/AGENT SIGNATURE

DATE 12-8-95

APPROVAL DATE _____

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

MECKLENBURG COUNTY
Department of Environmental Health

January 28th, 1986

Dwight A. Sherrill
P.O. Box 713
Denver, NC 28037

RE: Property located at Walter Henderson Road L4 B1
FILE: 1213A
PARCEL: 00113101PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 10394) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an accurately dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Sincerely,

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10394

File: 1213-A

Action 1 H

Parcel: PO 001-131-01

☐ PC

Location: Walter Henderson Rd.

Subdivision: Riverchase

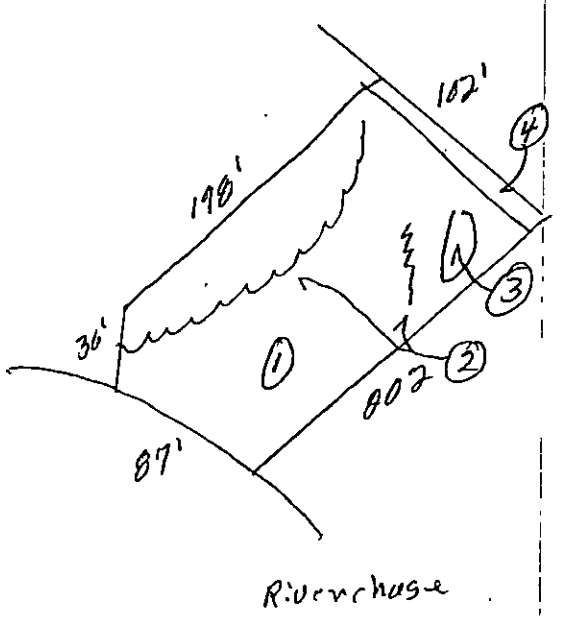
Lot: 4 Block: 1 Acres: .46

Owner: Dwight A. Sherrill
Address: P. O. Box 713
Denver, N. C. 28037

Comments: _____

Described by: William R. Martin

Date: 1-28-86



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2 TO 10%	S PS (U) Complex slopes	S PS U —	S PS U —	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS (U) Channel run off	S PS (U) Depression	S PS U —	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U	S PS U —	S PS U	S PS U
Available Space	S (PS) U Very limited Area	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) ROAD	S PS U	S PS U
Soil Group/Series	IVA Cecil-like	complex slopes	Depression	ROAD		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

OFFER TO PURCHASE AND CONTRACT

Robert B. and Cynthia L. Gay. as Buyer, hereby offers to purchase and Robert B. Sullivan Jr. and wife, Carolyn L. Sullivan as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of Cornelius, County of, Mecklenburg. State of North Carolina, being known as and more particularly described as:
Street Address 20237 Riverchase Dr. Zip 28036.
Legal Description Book 01 Page 44 L4M21. Deed Book 5228-0205.
Lot 4, RiverChase Subdivision. Tax # 001-441-77

2. **PERSONAL PROPERTY:** None.

3. **PURCHASE PRICE:** The purchase price is $ 30,000.00 and shall be paid as follows:

(a) $ 500.00, in earnest money paid by Peisonal Check (cash; bank, certified or personal check) with the delivery of this contract, to be held in escrow by C-21 Hackt as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF:

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

(c) $ N/A, by a promissory note secured by a purchase money deed of trust on the Property with interest prior to default at the rate of N/A % per annum payable as follows: N/A

Prepayment restrictions and/or penalties, if any, shall be: N/A

Assumption or transfer rights, if any, shall be: N/A

(d) $ 29,500.00, the balance of the purchase price in cash at closing.

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

(a) The Buyer must be able to obtain a firm commitment on or before Cash, effective through the date of closing, for a N/A loan 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 secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any loan closing costs, those costs are as follows: None.

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

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

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

6. **OTHER PROVISIONS AND CONDITIONS:**

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

(6)B. property to perk for a conventional system.

R.B.S. CS

IF THERE ARE ANY ADDENDA TO THIS CONTRACT, INDICATE ABOVE AND ATTACH HERETO.

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before As soon as possible 12/29/95 at a place designated by Buyer. The deed is to be made to As directed.

8. **POSSESSION:** Possession shall be delivered upon closing. In the event that Buyer has agreed that possession is not delivered at closing, then Seller agrees to pay to Buyer the sum of $ per day from and including the date of closing to and including the date that possession is to be delivered as above set forth.

9. **COUNTERPARTS:** This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

Date of Offer 12/2/95 Date of Acceptance:

Buyer (SEAL) Seller (SEAL)