

18600 SHEARER RD

00749103

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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JIM HOPKINS

Hopkins & Hopkins Construction Inc.
11601 Statesville Rd.
P.O. Box 682

Phone 875-0680
Huntersville, NC 28078

$150.00 11/10/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Ck # 2998 [ ] CRT

3364B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: DAVIS (last) ROBBIE (first) A (mi) 664-7698
ADDRESS: 244 QUEENS COVE RD PHONE: (704) 663-7647
CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

Date:

PROPERTY OWNER:
NAME: HOWARD (last) HUBERT (first) (mi)
ADDRESS: 18400 SHEARER RD PHONE: (704)
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-222-12
STREET ADDRESS: 18600 SHEARER RD
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R) Owner Builder 10/4/96

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4S NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [X] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robbie A Davis Date: 11/10/94

NOTICE:

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

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

...This permit is not transferable.

...

...

...

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

Environmentalist

Director or Authorized Section Head

$$3\overline{)4000.0}\quad 1300\,0$$

$$3\overline{)13{,}000}\quad 4333$$

$$3\overline{)1500.0}\quad 5000$$

$$17\quad 9$$

$$17\quad 900$$

$$43\quad 900$$

$$3\overline{)5000}\quad 1666$$

Paid Receipt

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

3364B
FILE: ~~2998~~ DATE: 4-21-97

TC: 007-222-12X CRT

SERIAL Nº 16412

Name of Owner ROBBIE DAVIS Juris.: _____

Address of Property 18600 SHEARER ROAD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 5 @ 60

Cover Depth 12"

Water Supply Source well

Distance to Water Source 100'+

Excavation Inspected 4-21-97

Tank(s) Inspected 4-21-97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1997 1500 ST INV. TYPE III CTR# BOBBY MATTHEW

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: _____

10/21/200

Environmental Health Specialist

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

House

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

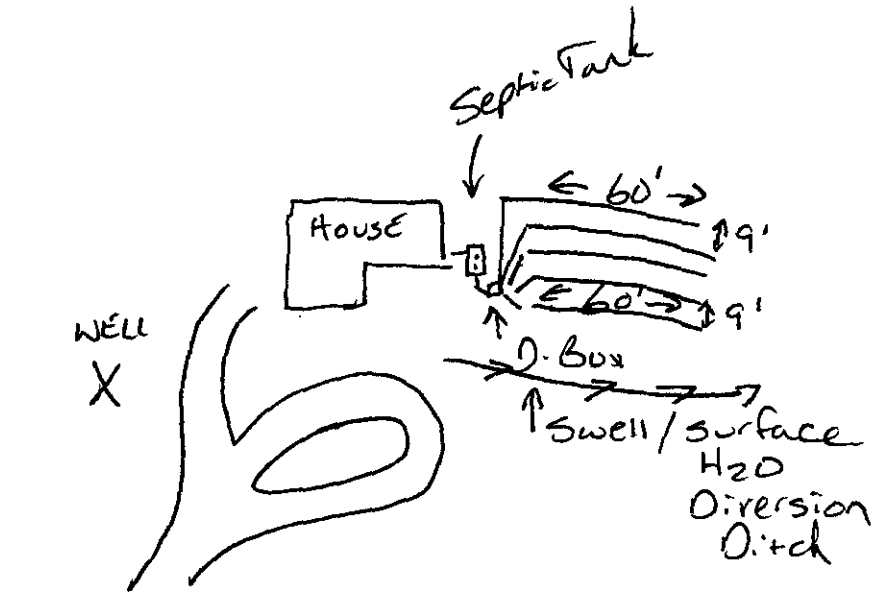
3364B

FILE: ~~2998~~ DATE: 4.16.97

TC: 007.222/12 ~~94~~

SERIAL Nº 17192

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 11.10.94. All work shall be completed on or before 5-16-97, 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 N/A gallons

Tank Construction PCC

Trench Depth 28"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 5

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 Robbie A. Davis

LOCATION OF PROPERTY 18600 Shearer Road

Comments: Type III per builder - 3 bedrooms ✓

(5) 3'w x 60'L x 28" deep

* Use sand backfill if using chambered system

- Route gutters downspouts away/around septic system.

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

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

$150 paid 11/10/94 (No fee for change of plot plan) D Howell 11/10/94

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10/7/96 **PERMIT NO:** 3364B
PARCEL NO: 007-222-12 PO
JOB LOCATION ADDRESS: 8600 Sheerer Road
PROPERTY OWNER: Robbie Davis
BUILDING CONTRACTOR: Jim Hopkins (Hopkins-Hopkins Construc. Inc.)
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Joab B. Mialik RS **DATE:** 10/7/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3364B, 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: Change of Plot Plan.
See conditions of Improvement Permit - Associated Plot Plan dated 10/7/96. for

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 [signature] X 10-7-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

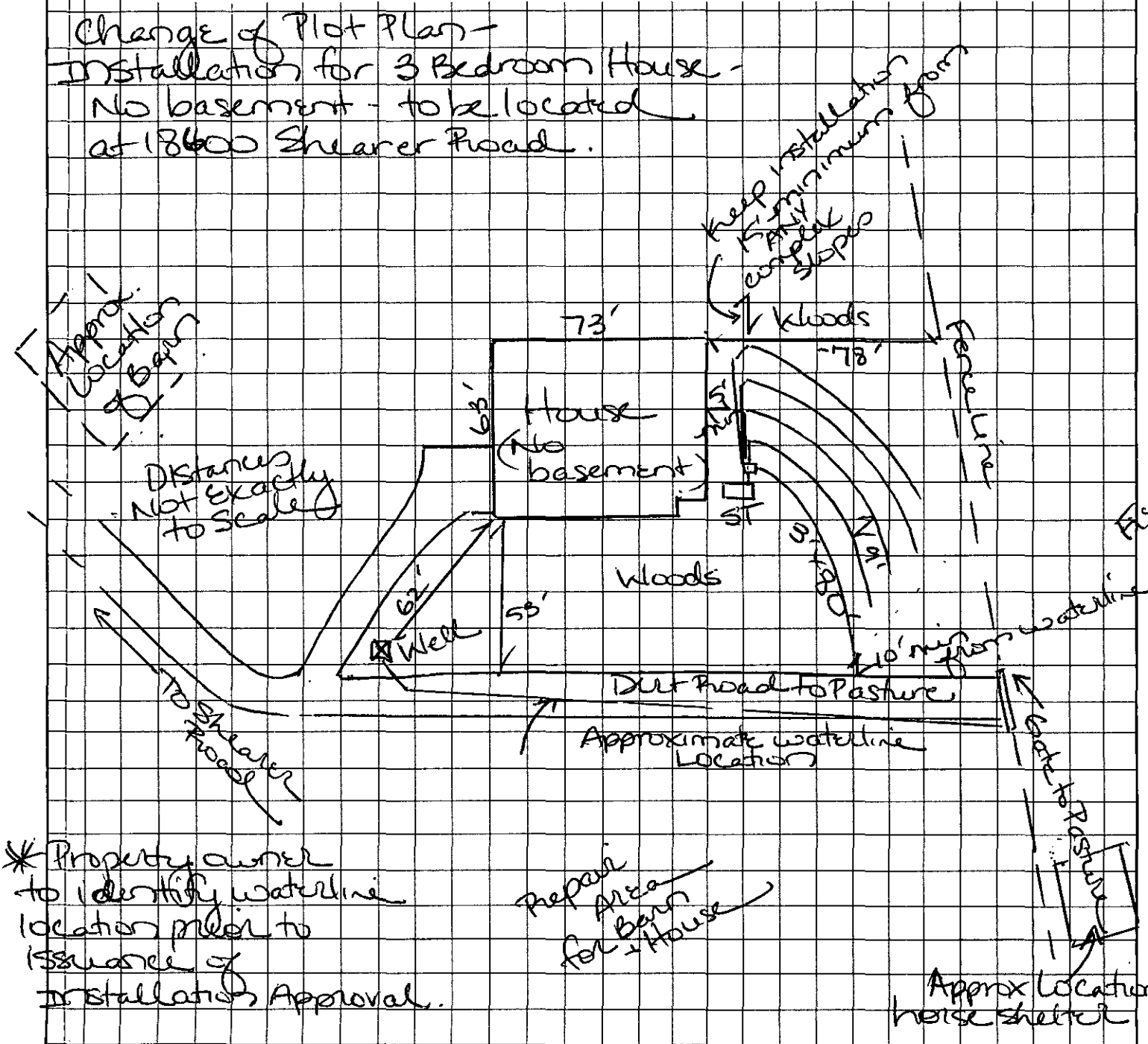
Replaces I.P. issued 3/24/95 JBR

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

FILE: 33648

TC: 007-222-12 PO

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.



* Property owner to identify waterline location prior to issuance of Installation Approval.

OWNER/AGENT SIGNATURE

DATE 10/7/96

APPROVAL DATE 10/7/96 Joab B. Mialik, RS

pg 1 of 2

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

Permit Number: 33648

007-222-12
Tax Number:

Change of plot plan. (No additional fee)

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	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft) 5 @ 80' each	28" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

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

Site modifications required:

Additional Conditions: (1) Keep installation 100' minimum from (any) well AND 10' minimum from any waterline. (2) Install nitrification lines on contour. * 15' minimum from any complex slope.

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

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	28" Maximum Trench Depth

For existing system, enter the year originally installed: NA

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.

Improvement Permit Valid 5 years from date of issuance. (10/7/96)

Lisa B. Mialik, RS 10/7/96
DEHNR Authorized Agent Date

10-7-96
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

IWWS-100195

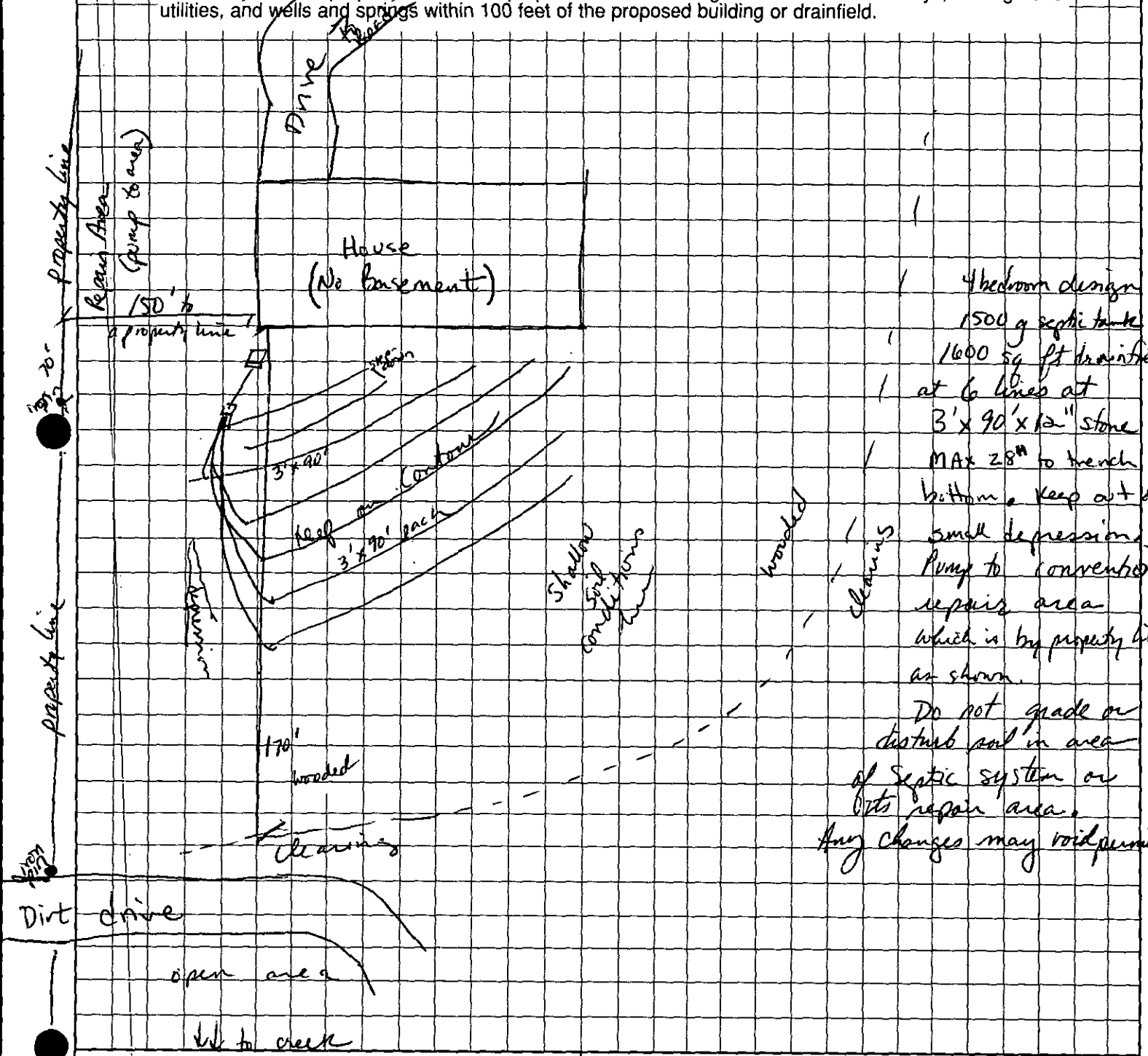
PROPOSED PLOT PLAN

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

FILE: 3364 B

TC: 007-222-12 PO

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.



Robbie A Davis
OWNER/AGENT SIGNATURE

DATE 4/5/95

APPROVAL DATE BB 3-24-95

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

FEE: [illegible]
DATE: [illegible]

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

[illegible] 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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-222-12

STREET ADDRESS: 18000 Shearers Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3358

NUMBER OF BEDROOMS: 4 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE_____

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	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: Davis Christopher
(LAST) (FIRST) (MI)

ADDRESS: 18000 Shearers RD

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: 704 875-0680

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Hopkins Hopkins Const
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 875 0680

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: [signature] DATE: 10796

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

File
3364B
10/7/96

State of North Carolina

Construction Contract

County of Iredell

This construction contract is made and entered into in duplicate originals, by and between Hopkins & Hopkins Construction Co., Inc., a North Carolina Corporation having the present street address of 11601 Statesville Rd. Huntersville, NC 28078 (mailing address: PO Box 682) and Christopher W. & Robbie A. Davis (individually and collectively "owner"), having the present street address of 18600 Shearers Rd. Davidson, N.C. 28036.

Recitals

A. Owner is the owner of that vacant residential lot located in Mecklenburg County, North Carolina, known as lot 18600 in block ___ of Shearers Rd., as same is shown on plat thereof recorded in the office of the Mecklenburg County Public Registry, the same being referred to herein as the "lot". Owner desires for builder to construct on the lot a single family dwelling identified as Plan Davis with specifications in accordance with the terms hereof.

B. Builder is duly licensed under the State of North Carolina to construct said dwelling and is willing to construct the same in accordance with the terms hereof.

In consideration of the matters set forth in the recitals which form an integral part hereof and in consideration of the provisions hereinafter stated, the parties agree as follows:

1. COST: The owner agrees to pay to builder the total construction cost of: $ 275,500.00

Payable as follows:

A. Earnest money paid to builder subject to collection and applied to construction cost.	$ 20,000.00
B. Proceeds of construction draws to be paid to builder.	$ per Lender's Draw schedule
TOTAL:	$ 275,500.00

2. FINANCING: Owner agrees to secure construction financing within 30 days at owner's sole cost and expense. Financing is to be secured through lender of owner's choice, subject to builder's approval, with construction draws (payments) made directly to builder no later than the eighth of each month, based upon lender's monthly inspection and draw schedule. All construction loan interest, closing costs and taxes are to be paid by owner. Failure to secure loan as stated will void this contract.

3. COMMENCEMENT/DILIGENT PROGRESS/COMPLETION: Upon receipt of executed construction contract and notification from lender of loan approval under terms set forth in paragraph #2 above, builder shall forthwith obtain the necessary permits from the appropriate governmental agencies to commence construction and, upon the obtaining of said permits, shall immediately commence the same, shall diligently pursue the same and shall complete construction approximately six months from start of framing, with delays caused by any and all of the following being excepted, namely: (A) Act or neglect on part of owner, (B) change orders, (C) material shortages, (D) adverse weather conditions, (E) delays of transportation which were not reasonably anticipated, or (F) Acts of God. Delays caused by one or more of said items shall extend the completion date for a reasonable time necessary to accommodate such delay(s).

4. SCHEDULE OF WORK:

A. Builder shall not be held responsible for, and is hereby released from all loss, liability or expense incurred by reason of any delay in completion due to inclement weather, fire, storm or other casualty, strikes, lockouts or other labor disputes affecting either builder or any of builder's suppliers of materials or labor, delay in issuance of permits, acts of war, emergency proclamation, governmental regulations, and any delay not due to any fault of builder.

B. Builder shall attempt to preserve natural trees and vegetation on the property to the extent possible. Owner acknowledges trees may be damaged or removed during the course of construction. Any trees in the immediate vicinity of the house which are determined to be dead prior to the closing will be cut down and removed by builder. Any trees which are determined to be dead following the closing shall be the responsibility of owner.

C. No alterations, changes or additions shall be made in the construction of the dwelling unit, nor shall any extra work be performed or materials added by builder, unless approved by a duly authorized agent of the builder, in writing, and arrangements, satisfactory to builder, for payment are made at the time of the request (s) by owner.

D. In the event owner enters subject residence prior to closing, owner acknowledges and agrees that owner is doing so at owner's own risk. Installation of materials of any sort by persons not employed by the builder is strictly prohibited, unless a written waiver of liability and hold harmless agreement is signed by the owner(s) and accepted and approved by a duly authorized agent of the builder.

5. INSPECTION AND WALK-THROUGH: Prior to closing and final settlement, within five (5) days notice from builder, owner shall inspect the house with the builder's agent specifying any work to be corrected or repairs to be made to conform the house to the plans and specifications.

6. CLOSING AND FINAL SETTLEMENT: The closing and final settlement shall occur within ten (10) working days of notice by builder that builder is prepared to close and construction of the residence has been substantially completed as evidenced by an occupancy permit or its equivalent. The fact that builder has still to complete the walk-through list shall not delay or otherwise affect the obligation of the owner to close and pay the balance of the total construction cost, provided however, final completion inspection of the property has been approved by the lender, nor shall it entitle owner to hold back or escrow any funds at the closing.

7. RISK OF LOSS: Loss or damage to the residence by fire, storm or other casualty between the date hereof and closing shall not void or impair this contract. Builder shall secure and pay for builder's risk insurance.

8. WARRANTIES: Owner recognizes that certain warranties are given by manufacturers of certain consumer goods, appliances and items of equipment included in the dwelling unit, which warranties are hereby assigned by the builder to the owner. Builder will provide a warranty of one (1) year from closing date covering all work performed by Hopkins & Hopkins Construction Co., Inc. and it's agents.

9. ASSIGNMENT: Owner shall not assign, sell or in any manner transfer this contract or any right, title or interest therein without first obtaining the written consent of the builder, but if assigned, then the terms, conditions, and covenants of this contract shall be binding upon and shall inure to the benefit of the heirs, personal representatives, successors in interest, and assigns of the respective parties hereto.

10. ENTIRE AGREEMENT: This instrument constitutes the entire agreement between the parties. No modification of the contract shall be valid or binding unless such modification is in writing, duly dated and signed by the parties. The parties shall not be bound by any terms, conditions, statements or representations oral or written, not herein contained.

11. NOTICE: The delivery of any item and the giving of notice in compliance with this contract shall be accomplished in writing by personal delivery or by certified mail addressed to the parties at the addresses set forth on the first page of this agreement. Any

Chris and Robbie Davis
Specifications

Attic:	Disappearing stairs with approximately 130 sq.ft. of subflooring
Cabinets & Countertops:	Cabinet allowance - $ 12,000.00 Kitchen Countertops: Laminate with 4" backsplash and wood edge Bath vanity tops: Cultured marble with 4" backsplash Cabinets, backsplash, counter & vanity tops selected from builder's samples Bookcase allowance for study - $3,000.00
Cable TV prewire:	Six outlets - Master bedroom, bedrooms 2 & 3, Study, Great room & Kitchen
Ceilings:	9' 0" smooth ceilings in first floor heated areas 8'3" smooth ceilings in second floor heated areas
Central vacuum:	$ 850.00 allowance for labor and materials
Closet Shelving:	Vinyl coated ventilated shelves located per plans - Allowance $500.00
Door Hardware:	Schlage Plymouth - Polished brass. Dead-bolt locks are installed on all exterior doors which open into heated areas.
Driveway & walk:	Concrete minimum 10' wide with two car pad at garage entrance; concrete sidewalk to front entry(40 yards concrete allowance), stone drive for construction
Exterior:	Brick with vinyl trim
Fans:	Overhead fixture is braced and prewired for a paddle fan in great room, master bedroom, and bedrooms 2 & 3. Exhaust fans in powder room & baths.
Fireplace:	Prefab with gas logs & 12" x 12" marble tile surround (tile allowance $800.00)
Floor Coverings:	Carpet allowance - $20.00 sq.yd.; vinyl tile allowance - $16.00 sq.yd. Carpet is standard in all rooms except: Laundry room is vinyl tile Master bath, Baths 2 & 3 floors are ceramic tile Hardwood floor in foyer, hall, dining room, powder room, study & kitchen/breakfast room.
Foundation:	Brick foundation with crawl space
Framing:	Individually stick built minimum 16" on center; floor joist minimum 2" x 10"
Garage:	Ceilings & walls are painted sheetrock; Insulated garage door with glass; electric door opener with two remotes

Gutters & Downspouts: Aluminum seamless gutters & downspouts

Heating /Cooling: Heil lp gas heat; 12 seer electric air conditioning - Two systems

Insulation:

Floors	(over unheated garage, crawl space or basement)	Fiberglass batts	6"	R-19
Walls	Exterior	Fiberglass batts	3.5"	R-13
Ceilings	Flat	Blown cellulose	8.3"	R-30
	Cathedral or Vaulted	Fiberglass batts	9.5"	R-30

Kitchen Appliances: Allowance - $ 2,000.00

Landscaping: All disturbed areas raked, seeded & strawed in front & side yards, up to 40' in rear yard. Wooded & natural areas are kept in their natural state. Allowance - $1,200.00

Lighting: $ 3,000.00 allowance for interior & exterior fixtures, bulbs, dimmers, spots, floods, door chimes, recessed fixtures & ceiling fans.

Mirrors: Plate glass over vanities in full baths.

Paint: Flat latex paint is used on all wall surfaces & semi-gloss on all woodwork(all trim is paint grade)

Porches: Front Pavers with 8" round wood columns per plans
Side Screened with brick pavers per plans

Plumbing:

Kitchen sink	Kohler K5942 white Brookfield cast iron; Moen 7385W white faucet with soap dispenser & pull out sprayer.
Pedestal sink	White Tropical Laufen #0628.662 white china; Delta 522PB polished brass faucet
Lavatories	White on white cultured marble with Delta #522 chrome faucet;Pol. brass in master bath.
Toilets	Elongated white 1.6 gallon with white flush levers
Master tub	Jacuzzi Tara or equal 60" x 60" white acrylic corner whirlpool with matching jets & air switch controls; Jacuzzi polished brass Rainbow tub valve & brass top-toe drain
Shower Stall	Ceramic tile with Delta #1424PB pol. brass pressure balanced valve with acrylic knob handles and brass drain
Tub/Shower	White americast with Delta # 1348 chrome pressure balance valve & drain
Shower enclosure	Stall showers have glass enclosures; Tub/shower have shower rods
Hose bibbs	Three outside faucets are installed per plans
water heater	Rheem 50 gallon energy efficient; gas. Electric low boy under master bath.
Other	Recessed washing machine and icemaker connection boxes

Roof: Architectural fiberglass shingles with 25 yr. warranty from manufacturer

Security System: All first floor windows and doors to heated areas are contacted; one key pad. Allowance - $850.00

Stairs: Oak treads with painted risers & carpet runner

Telephone Prewire:	All bedrooms, great room, kitchen/breakfast, study, garage & rec room Additional lines for computer

Trim:

Entry door	Wood with leaded glass - Allowance - $1,500.00
Exterior doors	Insulated metal
Interior doors	6 panel - see plans
Windows	Wenco clad tilt-out double glazed insulated glass; screens & oversized mullions on windows
Crown mold	Two piece in foyer, great room, dining room, study, kitchen & breakfast room
Casing	#445 for door, window & cased openings in all finished rooms
Chair rail	3 5/8" with backband in foyer, dining room, kitchen/breakfast room
Baseboard	5 1/2" with cap in all finished rooms

Wallpaper:	$ 1,000.00 allowance for labor and materials
Well & Septic tank:	$ 3,000.00 allowance for labor and materials
Wiring:	200 amp service; Two waterproof exterior outlets; Doorbells at front and rear doors; 220 Dryer receptacle. Wiring is all copper except from meter to panel, heat & air conditioning, cooktop and range (per code).
Wood deck:	Treated per plans; approximately 12' x 53'

Allowances include labor and materials for installation. In event of delivery delay or unavailability, builder may substitute any materials or products specified for those of equal or better quality.

Buyer

Buyer

Date

Hopkins & Hopkins Construction Co., Inc.

Witness

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20519

File: 3364B W460 Action 1

Parcel: PO 001-222-12 ☐ PC

Location: 18600 Shearer Rd

Subdivision:

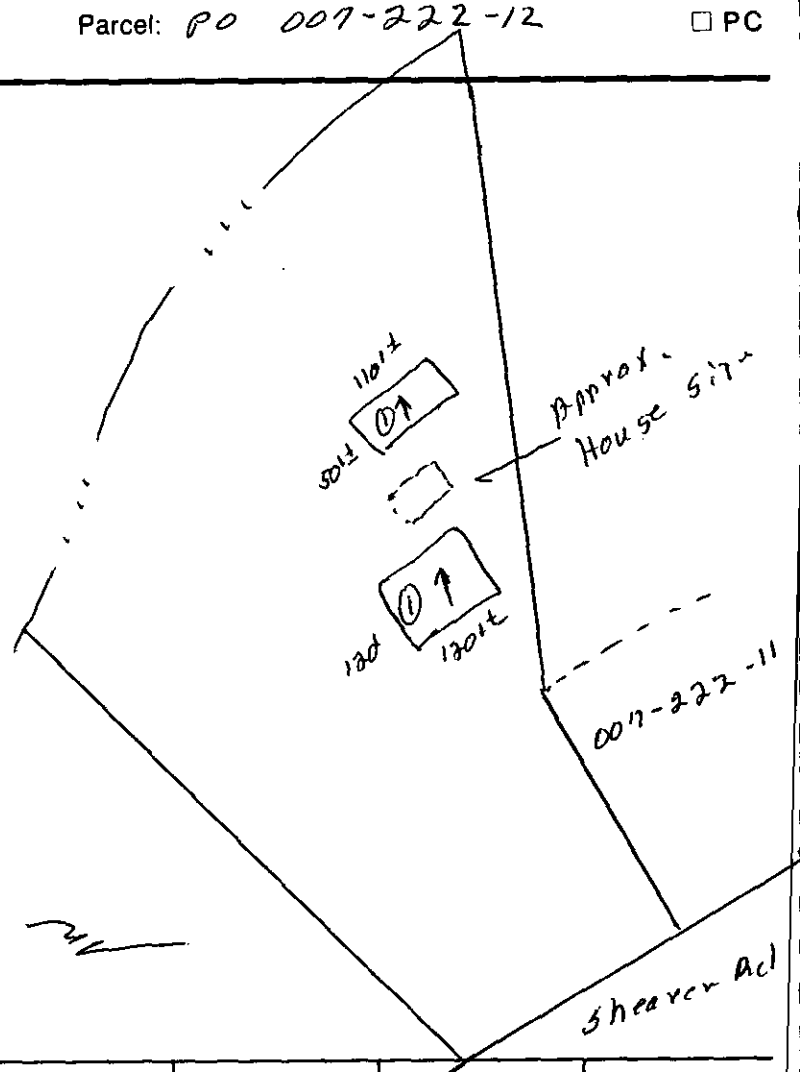
Lot: Block: Acres: Approx. .45

Owner: Hubert Howard
Address: 18400 Shearer Road
Davidson, N.C. 28036

Comments: 100% Repair, 3 bed/ 450 gpd LTAR repair would probably need pump

Described by: William A. Marlin

Date: 12-5-94



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay slightly Expansive	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub ± Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III cecil ± like					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

3364B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 11/10/94 CK # 2998 CBT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: DAVIS (last) ROBBIE (first) A (mi)

ADDRESS: 244 QUEENS COVE RD PHONE: (704) 663-7647

CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

Date:

PROPERTY OWNER:

NAME: HOWARD (last) HUBERT (first) (mi)

ADDRESS: 18400 SHEARER RD PHONE: (704) _____

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-222-12

STREET ADDRESS: 18600 SHEARER RD

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [X] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robbie A Davis Date: 11/10/94

NOTICE:

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

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

...This permit is not transferable.

... may need lift station

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

Susan Patterson 4-11-95
Environmentalist Date

Director or Authorized Section Head Date

for Sylvia Daniel

WWATER : 122

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: DAVIS (last) ROBBIE (first) A (mi)

ADDRESS: 244 QUEENSCOVE PHONE: (704) 663-7647

CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-22-12

STREET ADDRESS: 18600 Shearer Rd

ZONING:

PROPERTY OWNER:

NAME: DAVIS (last) CHRISTOPHER (first) W (mi)

ADDRESS: 18600 SHEARER RD PHONE: (704) 663-7647

CITY: DAVIDSON STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N) NEW BARN
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: BARN NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (N) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Robbie A Davis Date: 3/1/95

NOTICE:

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

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

...This permit is not transferable.

...

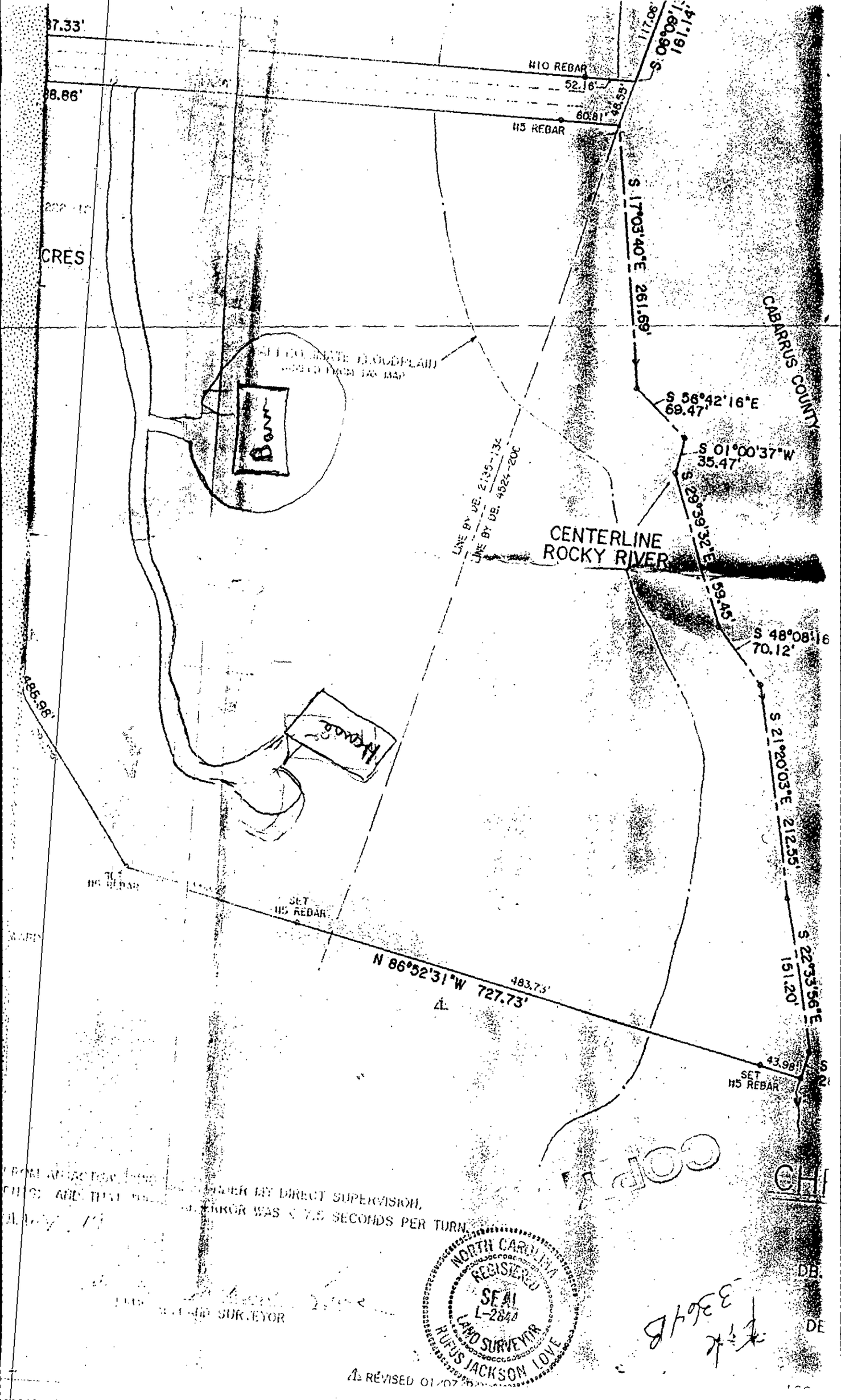
☒ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Susan Eatemon 4-11-95
Environmentalist Date

Lori Higgins Bunny, RS 4-18-95
Director or Authorized Section Head Date

for Sylvia Daniel

WATER : 122791


37.33'
N10 REBAR
52.16'
88.86'
60.81'
46.55'
N15 REBAR
S 80°00'19" E 117.06'
S 17°03'40"E 261.69'
CRES
CABARRUS COUNTY
S 56°42'16"E 69.47'
S 01°00'37"W 35.47'
S 29°39'32"E 59.45'
CENTERLINE ROCKY RIVER
LINE BY DE. 2135-134
LINE BY DE. 4524-206
Barn
S 48°08'16 70.12'
S 21°20'03"E 212.55'
S 22°33'56"E 151.20'
485.98'
SET 115 REBAR
N 86°52'31"W 727.73'
483.73'
43.98'
SET 115 REBAR
NORTH CAROLINA REGISTERED SEAL L-2840 LAND SURVEYOR RUFUS JACKSON LOVE
REVISED 01/07/76

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3364B DATE: 9/13/95

TC: PO 007-222-12 ☐ L ☒ CRT

SERIAL Nº 14386

Name of Owner Robbie Davis Juris.:

Address of Property 18600 Shearer Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 188'

Number of Lines 4 @ 47' each

Cover Depth 12"

Water Supply Source Well

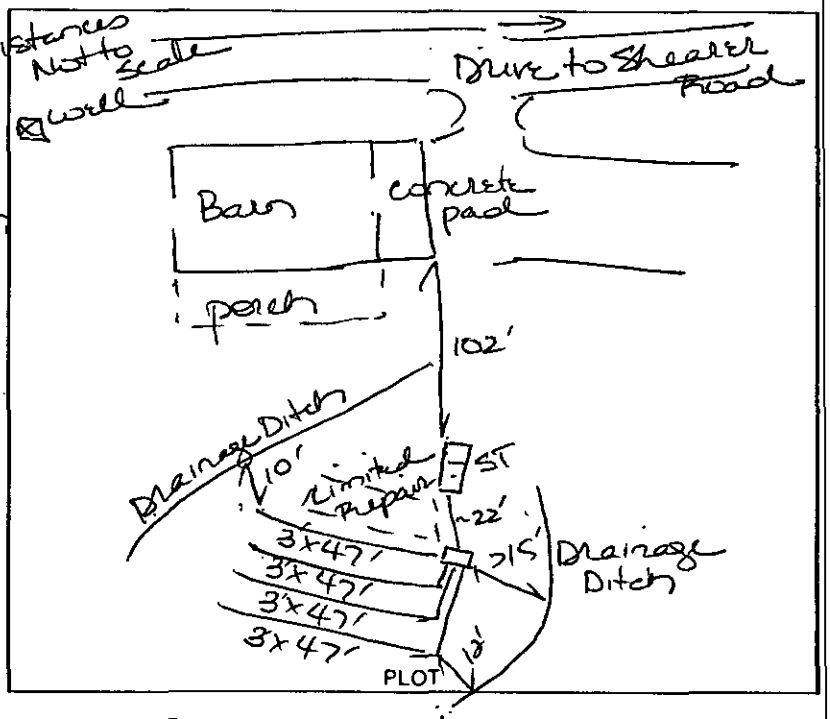
Distance to Water Source >100'

Excavation Inspected 9/13/95

Tank(s) Inspected 9/13/95

Wash Line Inspected NA

High Water Alarm Inspected NA



Design: 1995 CON, 1000gST, D-Box, 564ft², 12"G, cecil-like CTR# 10

Larry Beam

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

☑ installed or constructed ☐ altered or repaired

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

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Type II, Restroom in Barn

~50' of repair adjacent to installation; remainder of repair would require lift pump to area ~75' upslope from well.

*Recommend alteration of drainage ditches around drainfield to prevent erosion (i.e. rip rap)

Lisa B. Mialik RS
Environmentalist

Property owner, Robbie Davis, advised regarding drainage ditches. Present at Final.

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

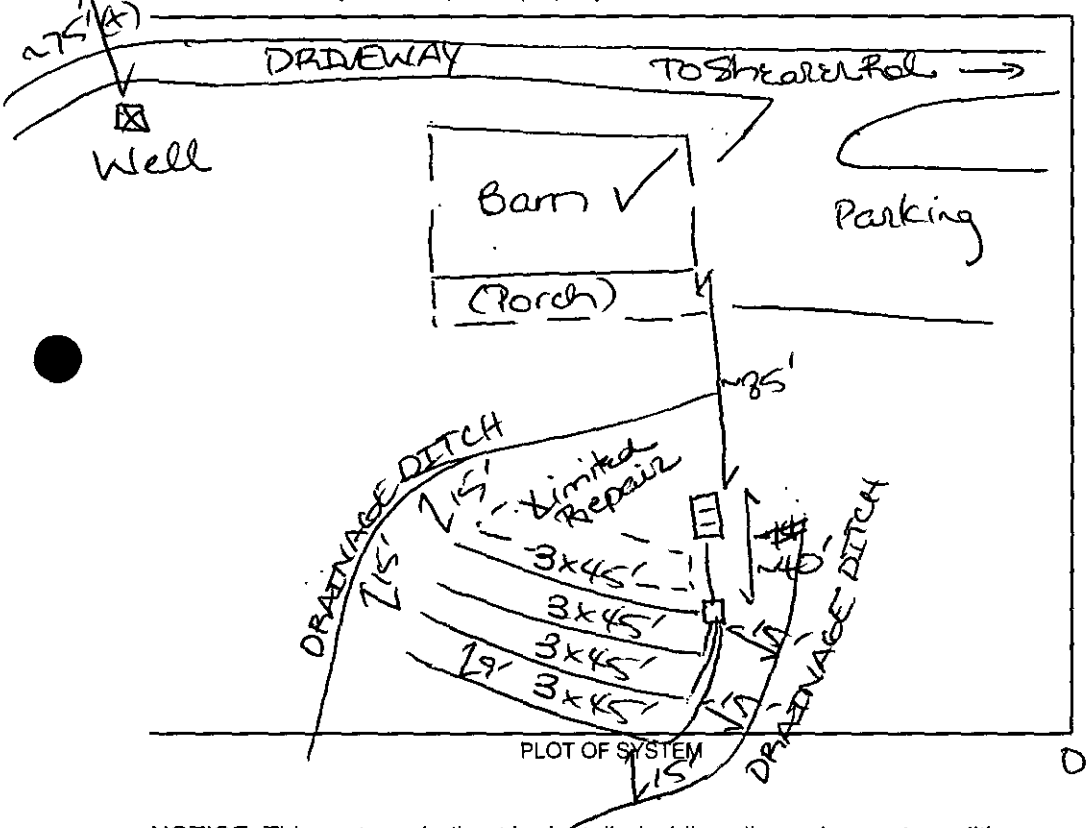
FILE: 3364 B DATE: 9/6/95

TC: 007-222-12 PO L

SERIAL Nº 16374

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 2/1/95. All work shall be completed on or before 10/6/95, 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.

Repair Area



Liquid Capacity of Septic Tank 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 24" maximum

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 180 feet

Number of Lines 4@45'

Depth of Stone 12 inches

Distance from ~~House~~ Barn/Porch 5 feet

Distance from Property Line 10 feet

Distance from Well >100 feet

Distance from any waterline 10 feet

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

NAME OF OWNER Robbie Davis

LOCATION OF PROPERTY 18600 Shearer Road

Comments: Keep septic system 15' minimum from any drainage ditch; Create ~~swale~~ berm at upper drainage ditch to divert water off of nitrification field.

[signature] for S. Caniff, Program Chief 9-6-95

Lisa B. Mialik, RS
Environmental Health Specialist

*Septic system location altered from improvement permit due to extensive grading to original site. New drainfield site approved by B. Marlin on 9/5/95.

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Diane Beam for Larry Beam TELECOPIER # 664-3840

FROM: Lisa Mialik DATE 9/6/95
Meck. Co. Health Dept. (336-5573)

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:
Phone call to follow in p.m. for Larry Beam.

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

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

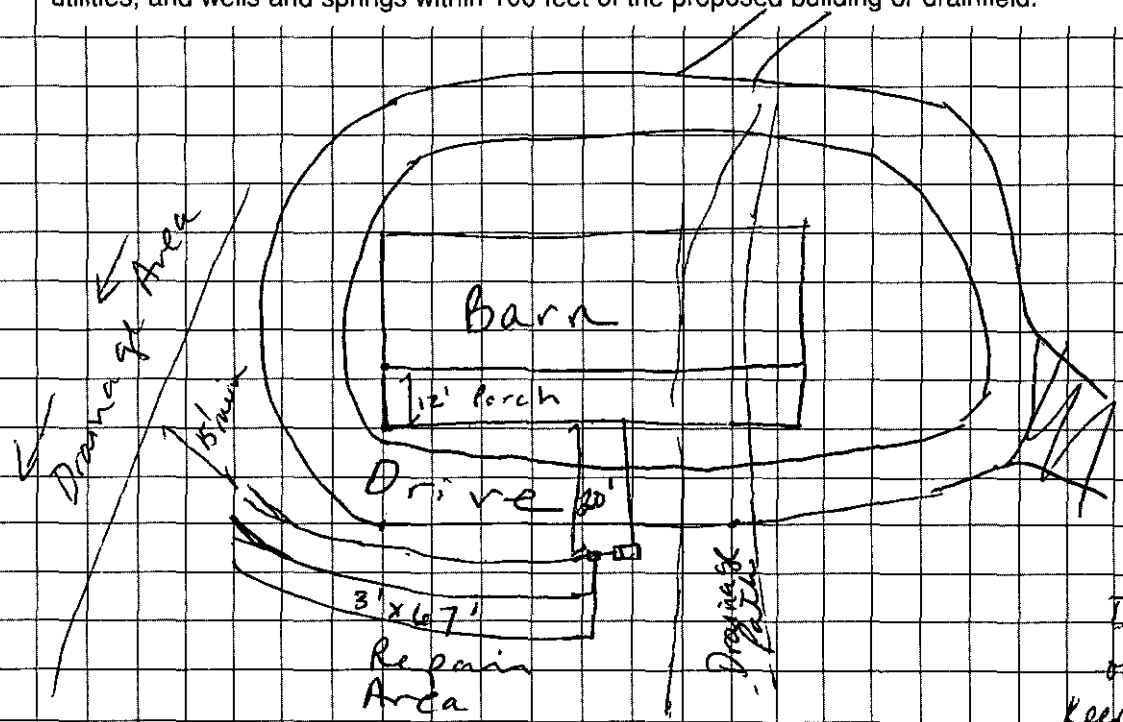
PROPOSED PLOT PLAN

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

FILE: 3364 B

TC: 007-222-12 PO

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.



1000 g septic tank
3 lines at
3'x67'x12" stone
each

Trench bottom to
be Maximum 36".

Keep drain lines
On contours

Domestic wastewater
only. 1 Bathroom inside

Keep out of drainage
areas with Septic
System.

Do not drive over septic
tank system or repair
area. Conventional
repair area.

Do not grade or disturb soil
in area of septic system or repair
Any changes may void permit.

Rec'd 4/5/95

Robin G Davis
OWNER/AGENT SIGNATURE

DATE 4/5/95

APPROVAL DATE S Bateman 3-24-95

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20585

File: 3364 B Action 2

Parcel: PO 007-222-12 ☐ PC

Location: 18600 Sheaver Road

Subdivision:

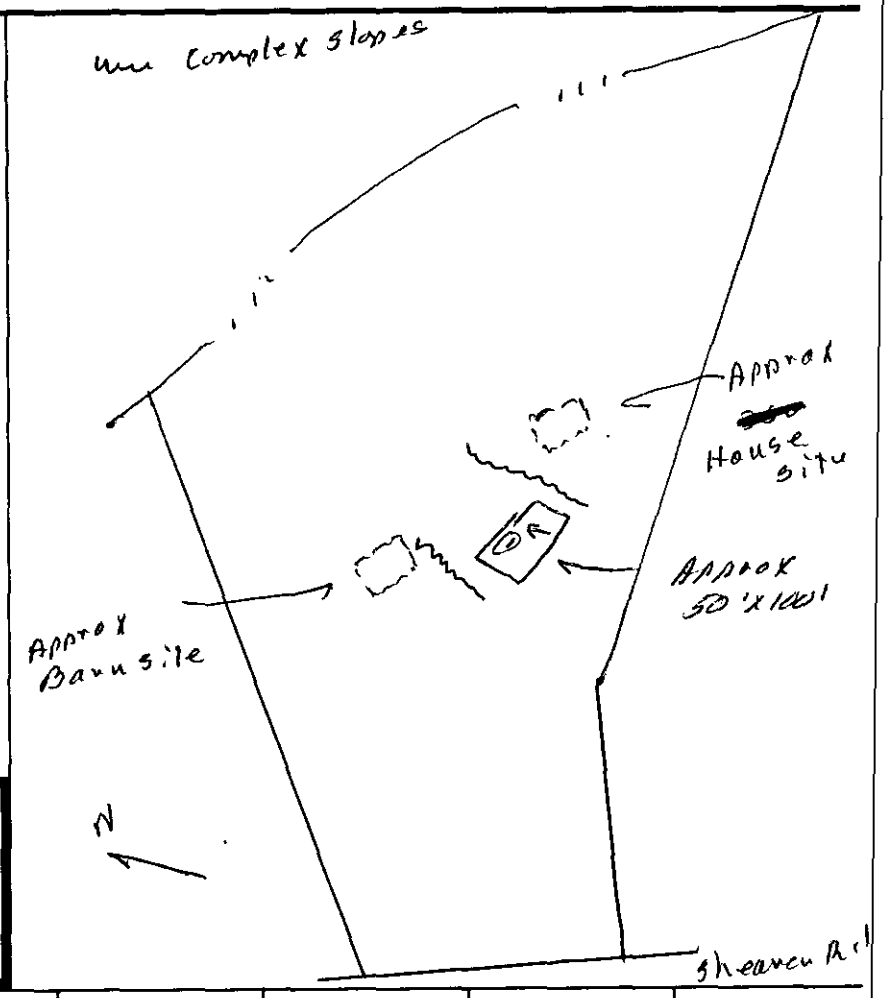
Lot: Block: Acres: Approx 1

Owner: Christopher W. Davis
Address: 244 Queenstowne Rd
Mooresville, N.C. 663-7647

Comments: 1200 Regen, 3gal/ft/hr
clay, will probably need
pump

Described by: William R. Marks

Date: 2-10-95



***** 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 2-12%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive 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 >48" To soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-Like	Complex slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

JIM HOPKINS

Hopkins & Hopkins Construction Inc.
11601 Statesville Rd.
P.O. Box 682

Phone 875-0680
Huntersville, NC 28078