

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3873-B DATE: 9-17-98

TC: 001-34171 ☒ L ☒ CRT

SERIAL Nº 17741

Name of Owner TOM TRANTHAM Juris.: _____

Address of Property 16616 YACHT RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 8 @ 50

Cover Depth _____

Water Supply Source well

Distance to Water Source 50 +

Excavation Inspected _____

Tank(s) Inspected _____

Wash Line Inspected _____

High Water Alarm Inspected 9-17-98

PLOT

Design _____ CTR# _____

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

☑ installed or constructed ☐ altered or repaired

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

and meets the provisions of 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: _____

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: 3873 B DATE: 1-2-98

TC: 001-341-11 ☒L

SERIAL Nº 17569

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 1-12-96. All work shall be completed on or before 2-2-98, 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.

Install According To Approved Plans On File

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 8

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

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

NAME OF OWNER Tom Trantham

LOCATION OF PROPERTY 16616 Yacht Road

Comments: Type IIIb 4 bedrooms

(8) 3'w x 50'L x ≤ 36"d use group I, II or III soil backfill

Larry B. Thompson Jr. RS,
Environmental Health Specialist

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

Mecklenburg County
Health Department

January 20, 1998

Thomas C. Trantham
1019 Southwest Drive
Davidson, NC 28036

Re: 16616 Yacht Road
File: 3873B
Parcel: 001-341-11

Dear Mr. Trantham:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5568 to discuss any question you may have concerning this matter.

Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

LT:gc

MCHD.
File: 3873-B

THE INFILTRATOR™

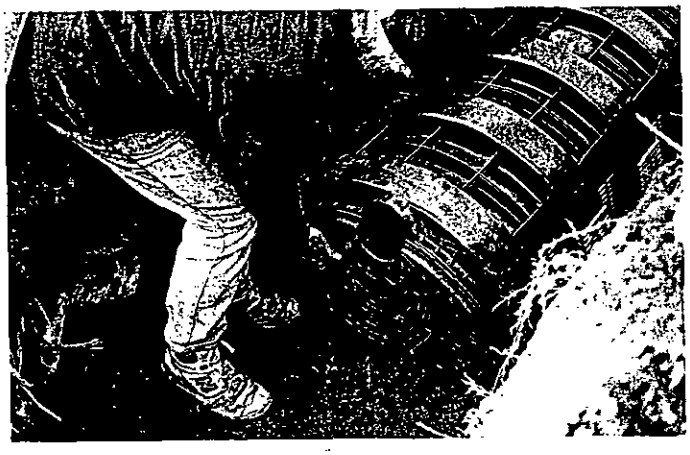
SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

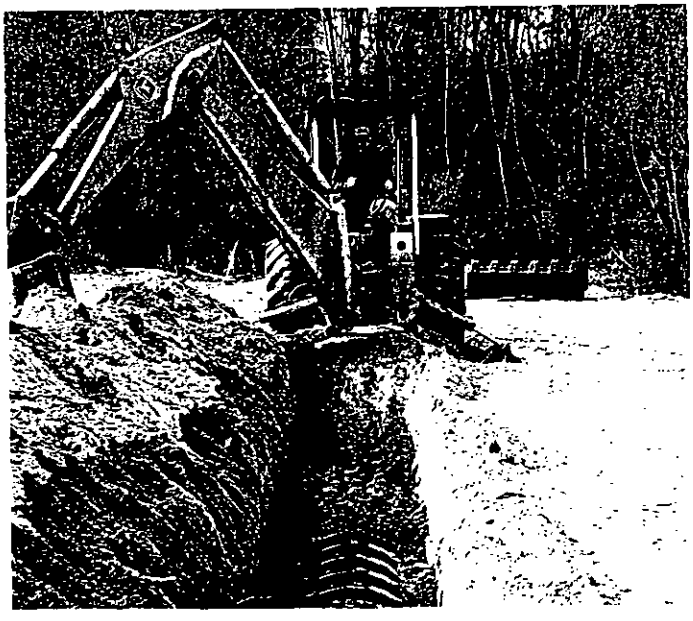
b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

MCHD
File: 3873-B
Lot 7
Williams Sub.

* (4) Bedrm. Pumped Infiltrator Plan
  Repair Area = (PPBPS) (280'+)
  (8) 50' Infiltrator Lines = 400'
  (8) Chambers per Line = 64 Chambers

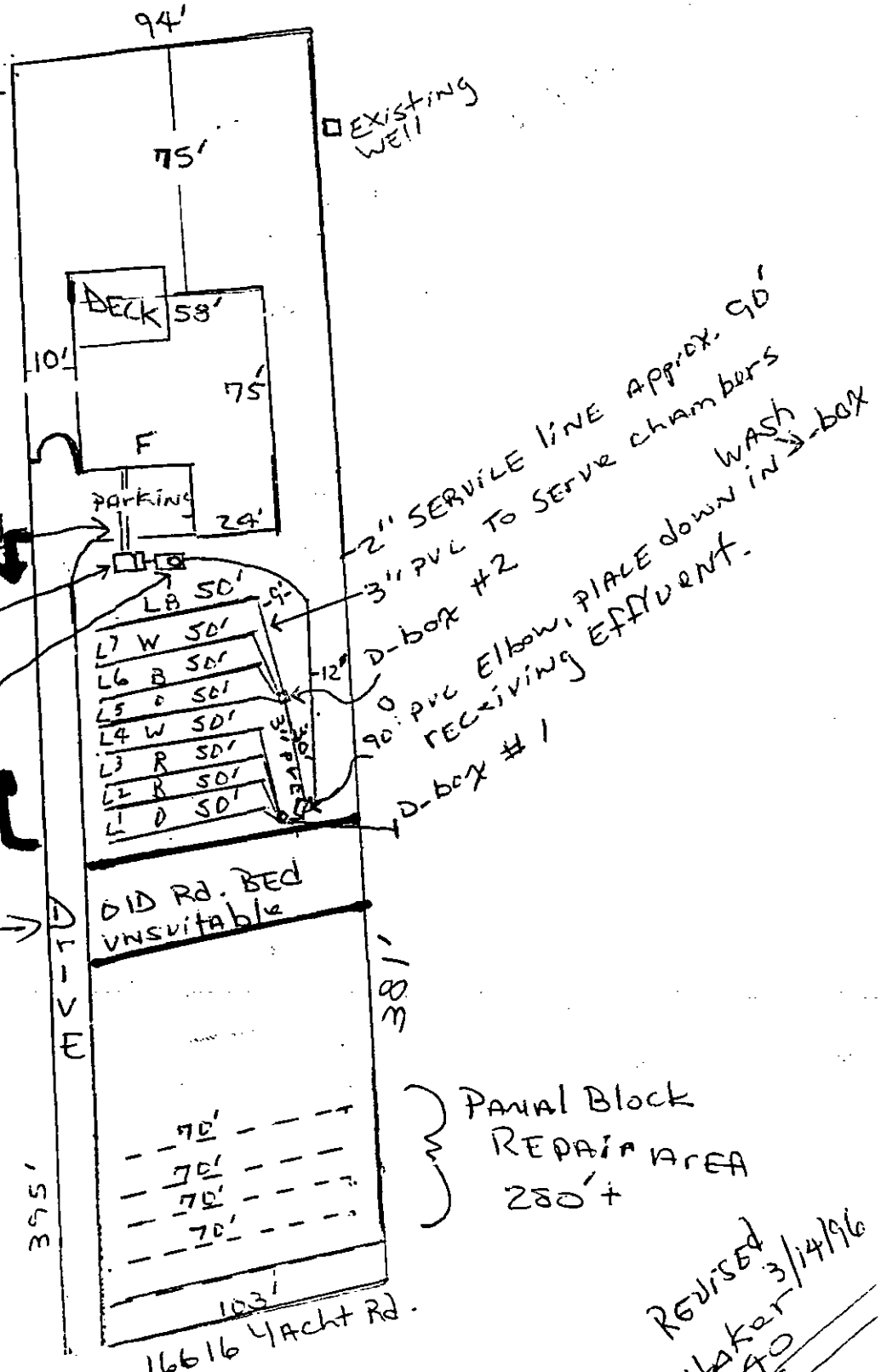
* Builder responsible for gravity flow from house to Septic Tank.

* House can only be moved to the minimum Left Property line setback of 10'.

* Sleeve Driveway with 6" sleeve

* 1,500 gal. Septic Tank
  1,000 gal. Pump Tank

* Drainfield not to Extend > 90'± beyond front of garage. Avoid old Rd. Bed.



Revised 3/14/96
T. Whitaker
866-9540
SCALE
50

MCHD

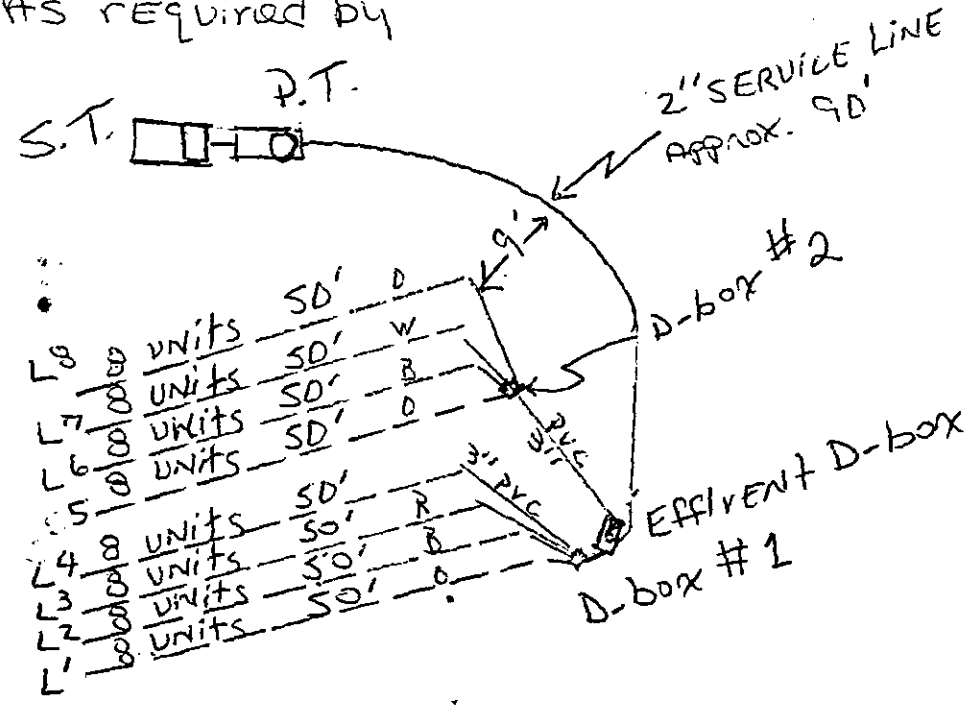
File: 3873-B
Lot 7
Williams Sub.

(4) Bedrm. Pumped Infiltrator Septic System Plan & Repair Area (PPBPS)

SPECS: pump into WASH-box, place 90° PVC Elbow into WASH-box, (55 GAL. or 75 GAL. WASHER box receiving Effluent). Equally divide flow into D-boxes 1 & 2. At 50% each.

* Trench Depth Standard 36" Installment.

* Speed Level As required by M.C.H.D.



SPECS:

1,500 GAL. SEPTIC TANK.
1,000 GAL. PUMP TANK
(8) 50' Infiltrator LINES = 400'
(8) CHAMBERS PER LINE = 64' CHAMBERS
(8) SPEED LEVELS } if REQUIRED
(1) 55 GAL. or 75 GAL. WASHER BOX
(2) DISTRIBUTION BOXES

NO SCALE

Paid by Check 6400

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** CERT
DATE: 3/8/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

CK.# 1007

DATE: 3-22-96 **PERMIT NO:** 3873-B

PARCEL NO: 001-341-11

JOB LOCATION ADDRESS: 16616 YACHT RD

PROPERTY OWNER: TOM TRANTHAM

BUILDING CONTRACTOR: TOM TRANTHAM

SUBDIVISION NAME: WILLIAMS SUBDIVISION

AUTHORIZATION ISSUED BY: Wally Rull **DATE:** 3-22-96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3873-B, 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: Agreement form must be recorded prior to installation Approval - certified operator required when system is repaired. - use innovative system as per 1969 rule.

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 Thomas R Trantham 3-22-96

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3073-B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-341-11

- 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 NO	___ 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	400 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)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: YES Type: LAKE Norman Minimum separation distance: 50' +

Site modifications required: YES

Additional Conditions: Agreement form must be recorded prior to issuance of Installation Approval, certified operator must be used when system is repaired - use innovative system as per .1969 rules

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

540' Absorption Area (Sq ft) 270' 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.

[signature] 3-22-96
DEHNR Authorized Agent Date

[signature] 3-22-96
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

FEE: 100.00
DATE: 1/12/96
CK # 3910

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

I / 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 #: 3813B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-341-11

STREET ADDRESS: 16616 Yacht Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Williams Subdivision

LOT NUMBER: 7

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3092

NUMBER OF BEDROOMS: 3 4 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: TW. 3/5/96

___ WITHOUT BASEMENT ON SLAB
X 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 X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) X 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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS X YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: Bernstein Harris J.
(LAST) (FIRST) (MI)

ADDRESS:

CITY: STATE: New Jersey ZIP:

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Trantham Thomas C (buyer)
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 892-7297

1019 Southwest Dr.

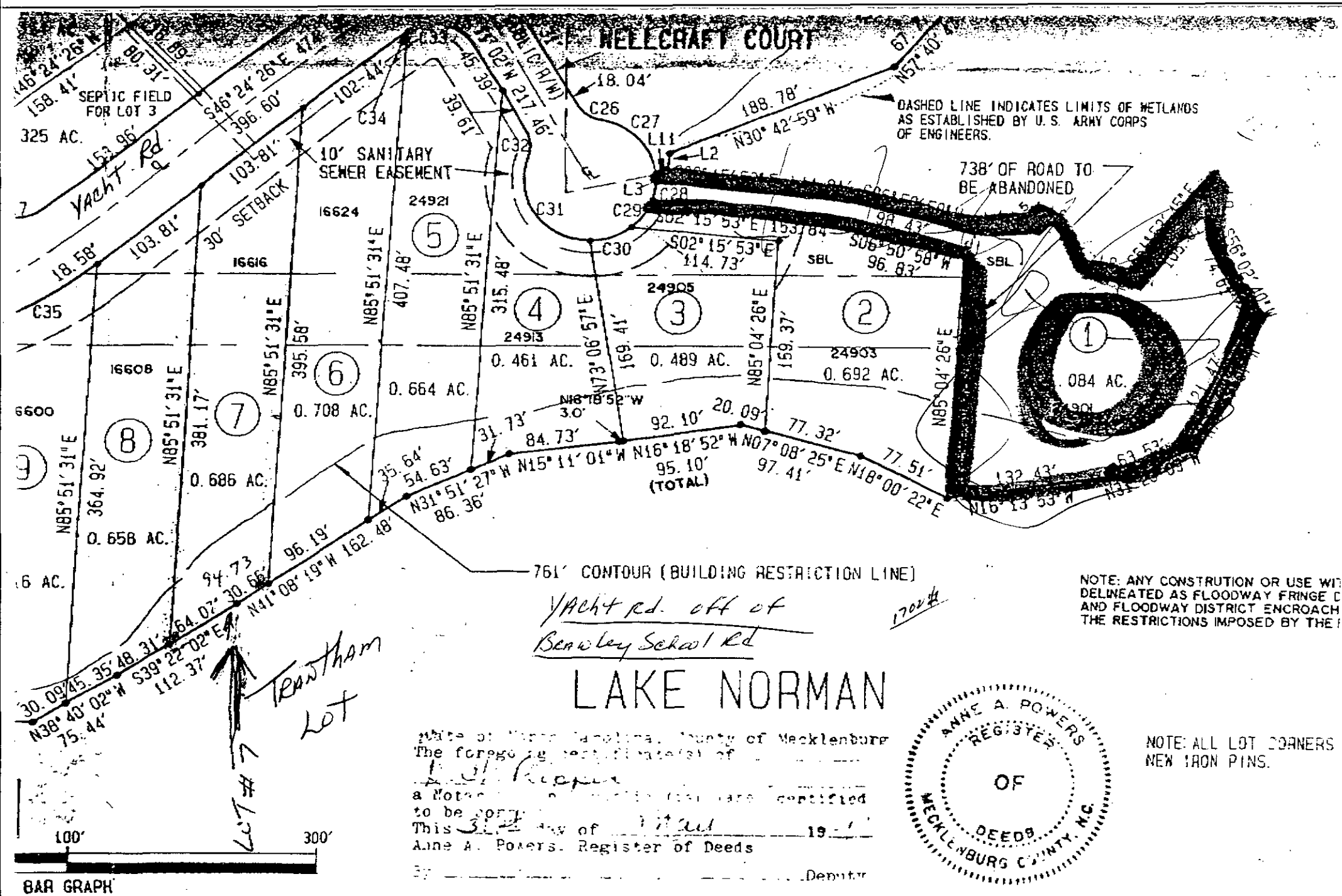
Davidson NC 28036

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1991

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: Thomas C Trantham DATE: 1-12-96

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



NOTE: ANY CONSTRUTION OR USE WI
DELINEATED AS FLOODWAY FRINGE D
AND FLOODWAY DISTRICT ENCROACH
THE RESTRICTIONS IMPOSED BY THE

NOTE: ALL LOT CORNERS
NEW IRON PINS.

ANNE A. POWERS
REGISTER
OF
DEEDS
MECKLENBURG COUNTY, N.C.

State of North Carolina, County of Mecklenburg
The foregoing [illegible]
a Notary Public [illegible] certified
to be correct
This 31st day of March 19 91
Anne A. Powers, Register of Deeds
By _____ Deputy

ATE, & ASSOCIATES
ERS - SURVEYORS

SCALE	DATE
1" = 100'	3/11/90

OWNED AND DEVELOPED BY:
ELAK WILLIAMS & WIFE RUTH O.
TOM WILLIAMS ET AL

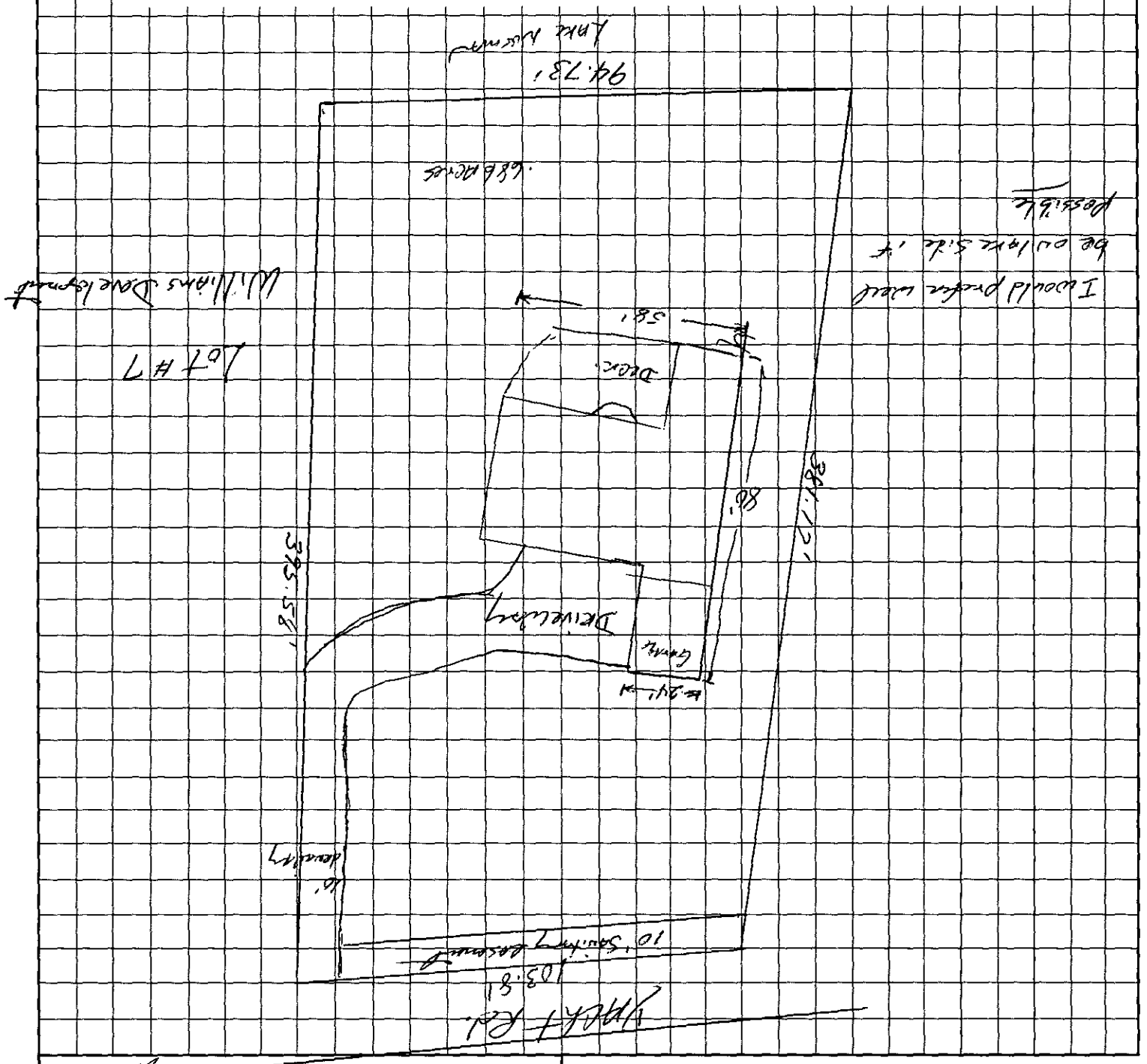
PROPOSED PLOT PLAN

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

FILE: 3873B

TC: 001-341-11

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.



OWNER/AGENT SIGNATURE

DATE 1-12-96

APPROVAL DATE _____

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

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: T. Whitaker

Address: 1728 Armstrong Park Dr.

Description of public record requested: mcHD files

Street Name (or County Road): _____

Lot: _____ **Block:** _____

Parcel Number: Unk. Files: 6081-A, 3413-B, 3873-B

Owner's Name: Unk.

Reason for Request:
Review files chg. # Bedrms. from 3 to 4. 3/5-/96

Signature of Person Making Request: Tim Whitaker
2/7/96
3/5/96

Supervisory Person: ~~Environmental Health Division~~

BK: 08569 PG: 0163/0166 #:0229 15.05

#10

JUDITH A. GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/08/96 12:44

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

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

FILE # 3873B
PARCEL # 001-341-11

FILE COPY

The undersigned, Thomas C. Trantham, owner of property located at 16616 Youth Rd, (the "site") and described in an instrument recorded in Book 8568 at Page 155 196, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

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

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

This instrument was prepared by: Thomas C. Trantham
Mail after recording to: 1343 Brawley School Rd
Mooresville NC 28115

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

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

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

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

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

_____ (SEAL)
(Corporate Name)

Thomas C. Trantham (SEAL)

Shirley W. Trantham (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Julian G. Wood, a Notary Public for said County and State, do hereby certify that Thomas C. Trantham; Shirley W. Trantham personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 6th day of May, 1996.

Julian G. Wood
Notary Public

My Commission Expires:
12-26-2000

Sheila B. Kerr
Notary Public

My Commission Expires

JULIAN G. WOOD NOTARY PUBLIC MECKLENBURG CO.

SHEILA B. KERR NOTARY PUBLIC MECKLENBURG CO., N.C.