

4912 EL MUNDO ST

02513119

12/17/07

duponbj

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

245B D

Mecklenburg County
Health Department

April 12, 2002

Clark G. and Sabrina Dinkins
4912 Elmundo Street
Charlotte, NC 28216

Dear Mr. and Mrs. Dinkins:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 4912 Elmundo Street, Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 26, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

RSI

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Clark G. and Sabrina Dinkins
4912 Elmundo Street
Charlotte, NC 28216

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Clark G. and Sabrina Dinkins	4912 Elmundo Street	02513119	245B	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/15/02

Payment Due Date: 5/15/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

Z45B D

Mecklenburg County
Health Department

August 19, 2002

Clark G. Sabrina Dinkins
4912 Elmundo Street
Charlotte, NC 28216

Dear Mr. and Mrs. Dinkins:

Our records indicate that the fee payment for the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 4912 Elmundo Street, Charlotte, NC is past due.

Please return the enclosed bill with payment by 9/19/02.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius RSI

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

PAYMENT PAST DUE

Clark G. and Sabrina Dinkins
4912 Elmundo Street
Charlotte, NC 28216

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

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Clark G. and Sabrina Dinkins	4912 Elmundo Street	02513119	245B	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

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Billing Date: 4/15/02

Payment Due Date: 5/15/02 **PAST DUE**

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 245 B DATE: 4-16-97 6/4/97

TC: 025-131-19 ☐ L ☒ CRT

SERIAL Nº 17087

Name of Owner Rick Gelsinger Juris.:

Address of Property 4912 Elmundo Street

Inspection Data:

Tank Material PCC

Total Length of Drainfield 378

Number of Lines 7 @ 54'

Cover Depth 24"

Water Supply Source priv. well

Distance to Water Source 750'

Excavation Inspected 4-16

Tank(s) Inspected 4-16

Wash Line Inspected N/A

High Water Alarm Inspected 6-4

PLOT

Design 1997, 1500 ST, 1000 DT, P1, IIIG INNOV., T, sand backfill, cecil-like CTR# Propst Landscaping to be assigned

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: Type III B innovative "Infiltrator" brand used 4 bedrooms (7) 3'w x 54'L x 36"d

Larry D. Thompson Jr. R.S.
Environmental Health Specialist

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

Mecklenburg County
Health Department

April 17, 1997

Rick Gelsinger
459 Patrick Road
Gastonia, NC 28056

Re: 4912 El Mundo Street
File: 245B
Parcel: 025-131-19

Dear Mr. Gelsinger:

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.
Individual Water and Wastewater Systems

LT:gc

CO#7724 2460 DCRT

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 9-19-96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 9/18/96 PERMIT NO: 245B
4912 PARCEL NO: 025-131-19
JOB LOCATION ADDRESS: ~~4916~~ El Mundo Street
PROPERTY OWNER: Clark Dinkens
BUILDING CONTRACTOR: Rick Gelsinger
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: John B. Mialik, RS DATE: 9/18/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 245B, 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: See conditions of Improvement Permit & the associated plot plan. See reclassification form on file.

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.

George B. Gelsinger Jr. 9/19/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

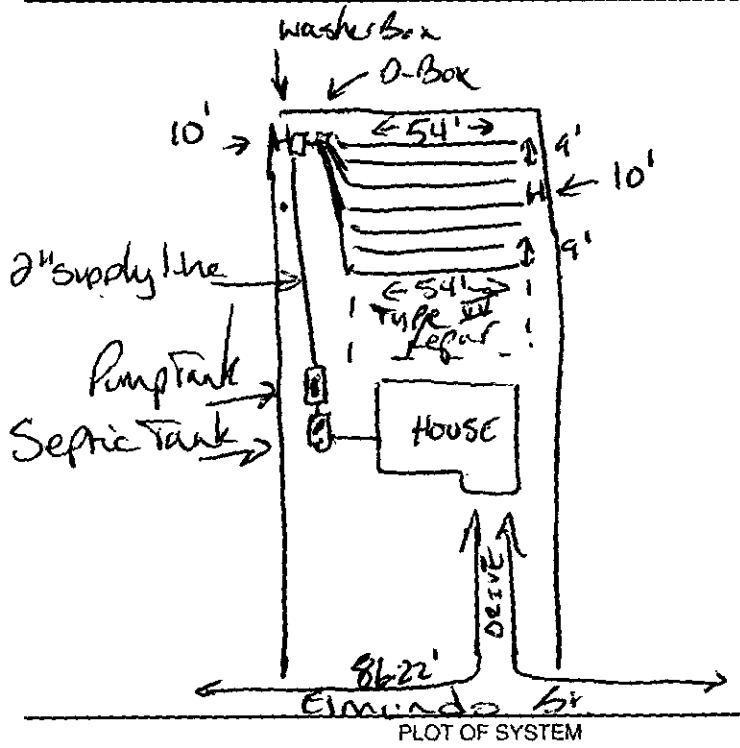
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 245B DATE: 3-21-97

TC: 025-131-19 ☐ L

SERIAL Nº 17064

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 8-30-96. All work shall be completed on or before 4-21-97, 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 1000 gallons

Tank Construction PVC

Trench Depth ≤ 36" as shallow as possible

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 378 feet

Number of Lines 7

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER Rick Gelsinger

LOCATION OF PROPERTY 4912 Elmundo St.

Comments: Type IIIg innovative 4 bedroom house
(7) 3'w x 54'L x ≤ 36'deep
* Use sand backfill if using chambered system.

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

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

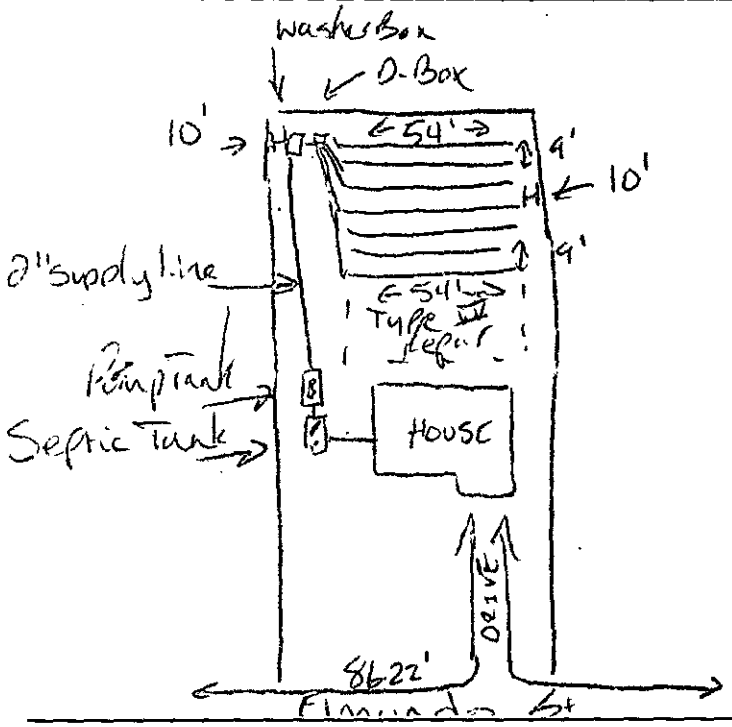
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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Total Line Length 378 feet

Number of Lines 7

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

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

NAME OF OWNER Rick Gelsinger

LOCATION OF PROPERTY 4912 Elmwood St

Comments: Type IIIa innovative 4 bedroom house
17 1' 3' w x 54' L x ≤ 36' deep
* Use sand backfill if using chambered system.

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

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

Reclassification forms — use similar report

FEE: 100.00 SS 044 710 — DATE: 08/30/96 — Rec

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

1 CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

COPY

FILE #: 2453

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-131-19

STREET ADDRESS: 4912 Elmundo ST

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 23 & 24

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2123

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

Term auto Polewarc
05 9/10

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
9/13 Reclass. form
mailed

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

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

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

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

PROPERTY OWNER: ✓

NAME: Dickens CLARK
(LAST) (FIRST) (MI)

ADDRESS: 4912 EL MUNDO St.

CITY: Charlotte STATE: N.C. ZIP:

DAYTIME PHONE: 704 399-6571

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: ✓

NAME: Gelsinger Rick Page 834 8341 8412
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 854-3256

459 Patrick Rd.

Gastonia N.C. 28056

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: Rick Gelsinger Jr DATE: 8/30/96

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

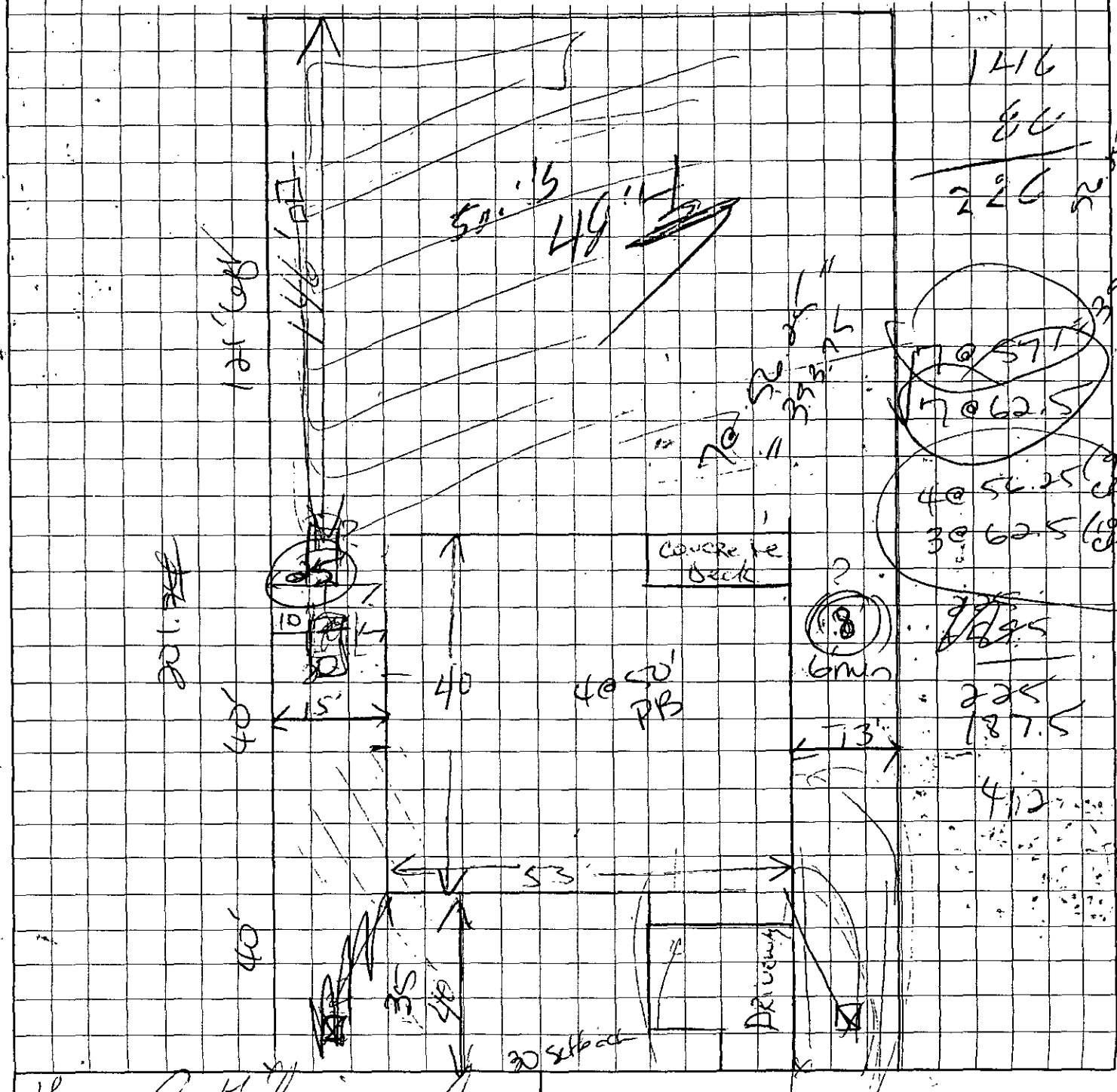
PROPOSED PLOT PLAN

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

FILE: 245B

TC: 025-131-19

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 Lynn K Helsinger

DATE 8/30/16

APPROVAL DATE

CHR Rock

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

FEE: 200 ~~.00~~ 024

DATE: 08/30/96

710

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

1 1 CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2450

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-131-19

STREET ADDRESS: 4912 El Mundo

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LOT NUMBER: 23 & 24

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✓ 0 MECKLENBURG __ 4 PINEVILLE
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CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
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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) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

PROPERTY OWNER: ✓

NAME: Dickens CLARK
(LAST) (FIRST) (MI)

ADDRESS: 4912 EL MUNDO St.

CITY: Charlotte STATE: N.C. ZIP:

DAYTIME PHONE: 704 379-6571

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: ✓

NAME: Gelsinger Rick
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 854-3256

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Gastonia N.C. 28056

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SIGNED: George R. Gelsinger Jr. DATE: 8/30/96

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

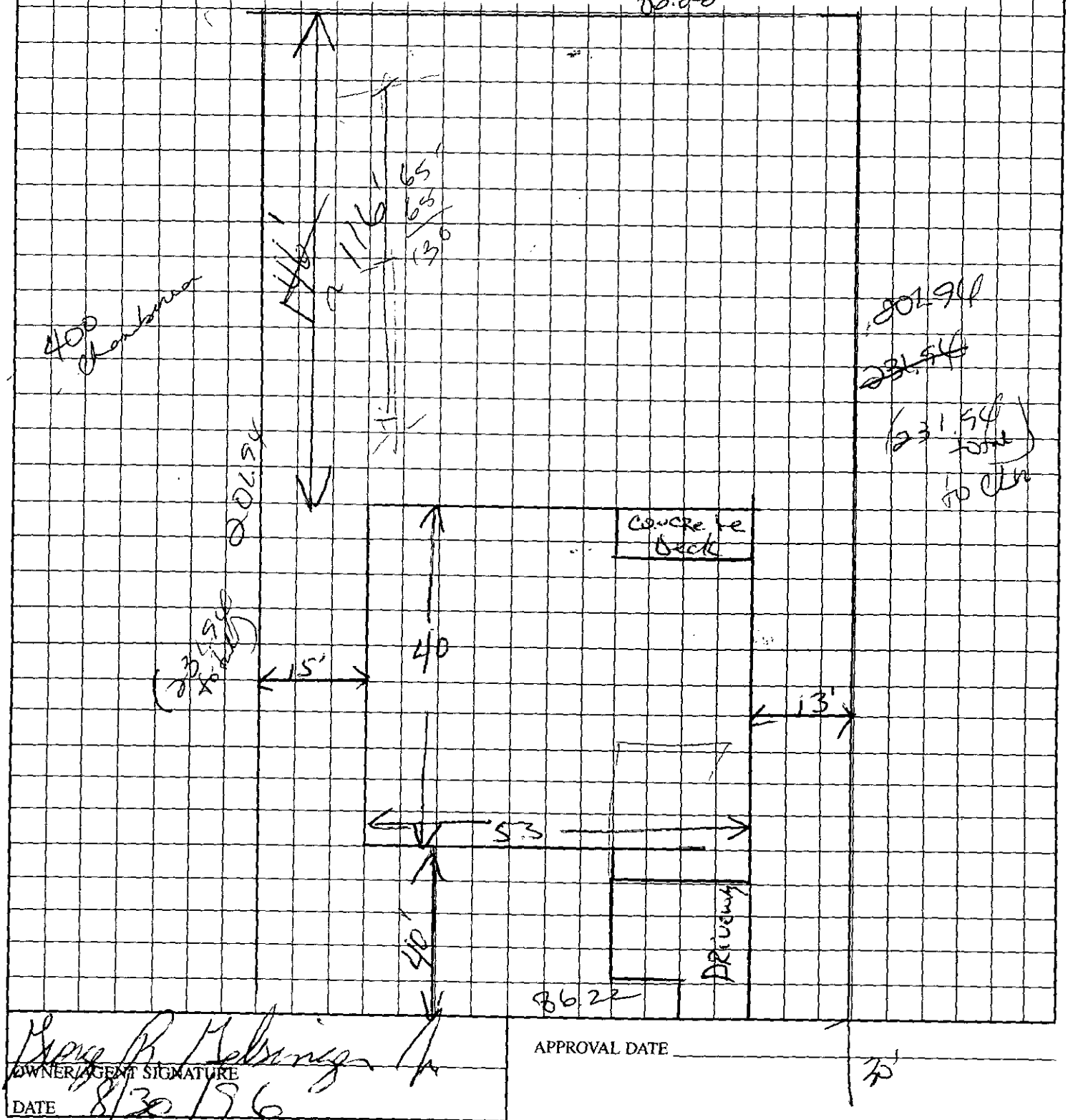
PROPOSED PLOT PLAN

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

FILE: 245B

TC: 025-131-19

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OWNER/AGENT SIGNATURE Gene R. Helsinger

DATE 8/30/96

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19926

File: B137 A / 245 B Action 1

Parcel: 025-V31-29 ☐ PC

Location: 4916 EL MUNDO ST

Subdivision:

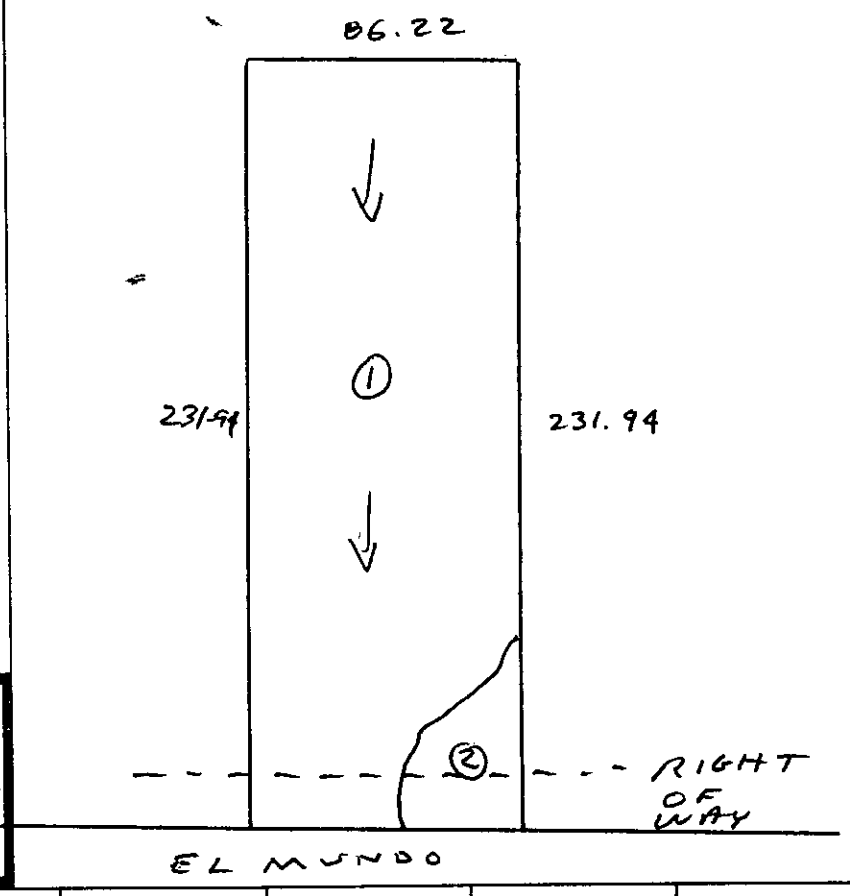
Lot: 24-23 Block: Acres: .45

Owner: EDWARD E BREWER
Address: 5235 ELDER BANK DR
CHARLOTTE NC 28216

Comments: 100% REPAIR

Described by: Kelly Rumfelt

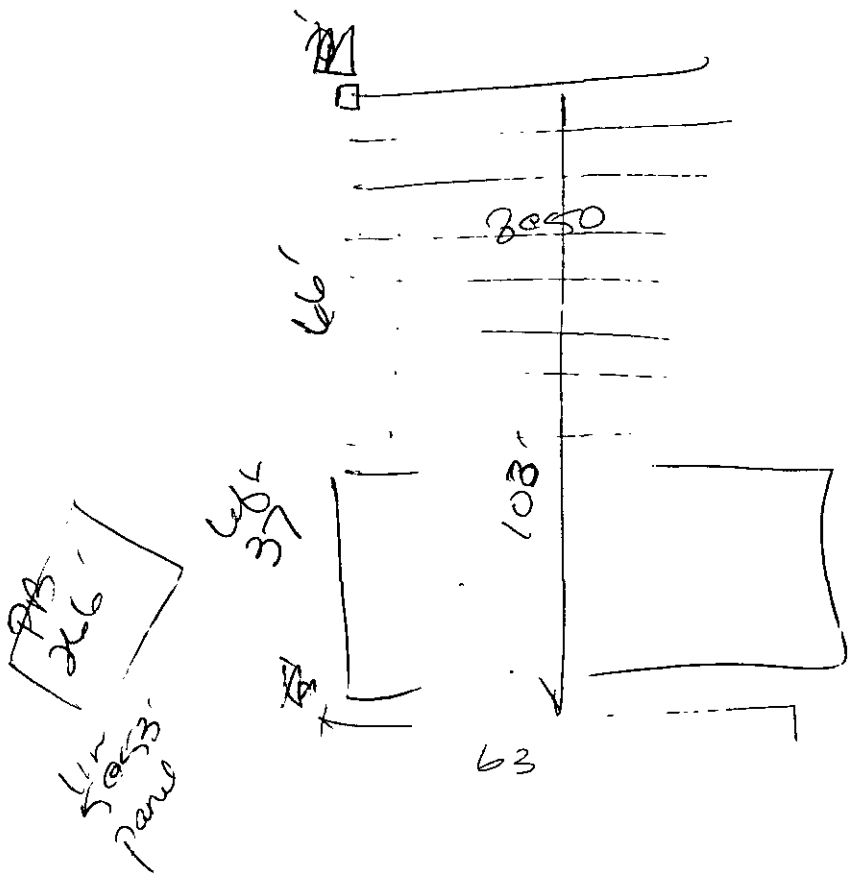
Date: 4-20-92

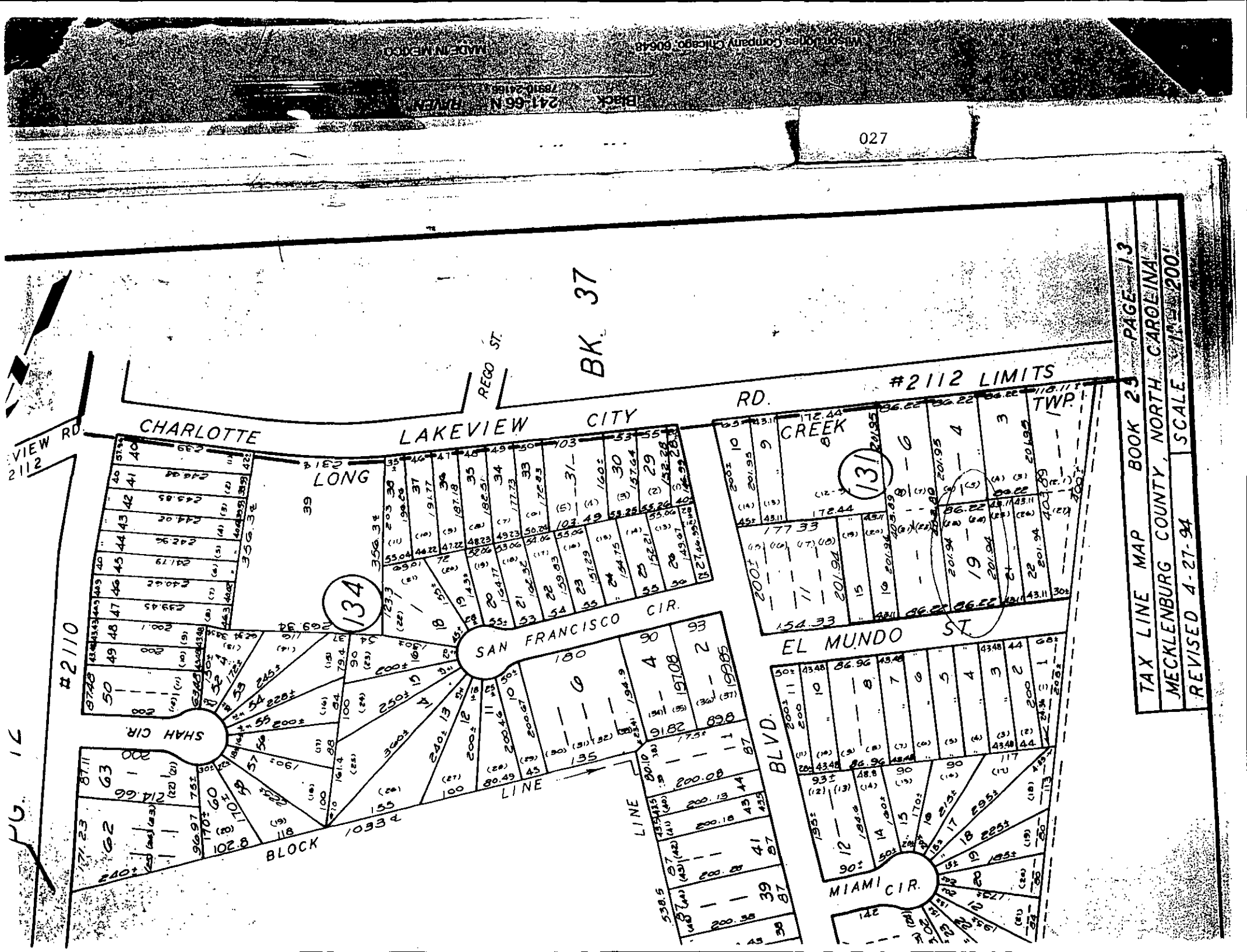


*** EVALUATION KEY ***

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	S PS (U) SLIGHT DEPRESSION	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 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	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	CECIL	SLIGHT DEPRESSION				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U


3@50
46'
103'
46'
37'
63'


027
BK. 37
REGO ST.
#2112 LIMITS
CHARLOTTE
LAKEVIEW
CITY
RD.
TWP.
CREEK
LONG
SAN FRANCISCO CIR.
EL MUNDO ST.
SHAH CIR.
MIAMI CIR.
BLVD.
BLOCK
LINE
LINE
#2110
#2112
134
131
TAX LINE MAP
BOOK 23 PAGE 13
MECKLENBURG COUNTY, NORTH CAROLINA
SCALE 1" = 200'
REVISED 4-27-94

MECKLENBURG COUNTY HEALTH DEPARTMENT File: B137 A / 245 B Action: 1
SITE EVALUATION REPORT
SERIAL NUMBER 19926 Parcel: 025-V31-19 ☐ PC

Location: 4916 EL MUNDO ST

Subdivision:

Lot: 24-23 Block: Acres: .45

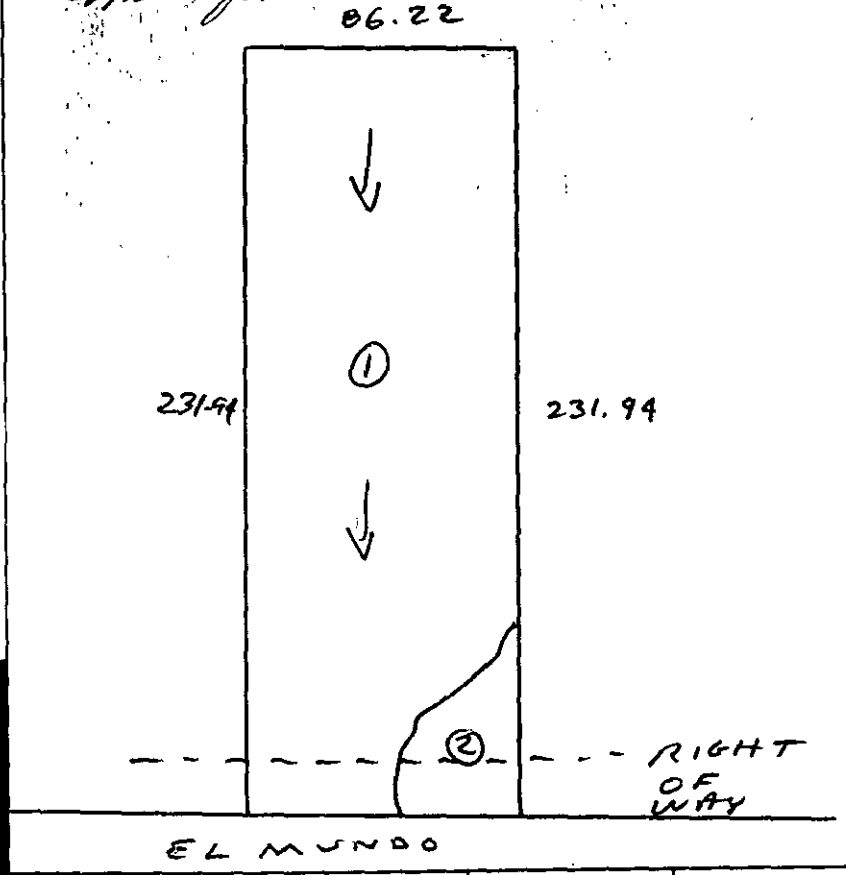
Owner: EDWARD E BREWER
Address: 5235 EDGE BANK DR
CHARLOTTE NC 28216

Comments: 100% REPAIR
lot inspected 9-5-96-
soils 46" deep- W.R.M.
9-5-96

Described by: Kelly Randall

Date: 4-20-92

Lot unsuitable w/ respect to available space for 4BR structure - W.R.M.



***** 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	S PS (U) SLIGHT DEPRESSION	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 >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	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	CECIC	SLIGHT DEPRESSION				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Permit Number: 2455 Tax Number: [illegible]

4912 E. Mundo Street

- 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: 25% reduction system
- ___ IWWS-93-1
- ___ IWWS-93-2
- ___ IWWS-94-1

.3 Long-term acceptance rate	480 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 Group I, II, or III soil backfill to manufacturers specifications	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: ① Well shall be maximum feasible distance from the sewage disposal system + its designated repair area that is, no less than 50 feet.
② Consult the Dept. of Environment Management @ 663-1699 regarding any other setback requirements (ETC) for well.

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

534 Absorption Area (Sq ft) 267 Total Trench Length (Ft)	NA Depth of Stone Trench Group I, II, or III soil backfill	8 Trench spacing (min. on centers)	40" Maximum Trench Depth

For existing system, enter the year originally installed: NA

Note: In the event that a repair to the system must be installed - a certified operator contract must be obtained

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
- Improvement Permit Valid 5 years from date of issuance.
- This Improvement permit is transferable.

Lisa B. Mialik RS 9/18/96 — George R. Helsinger 9/19/96

DEHNR Authorized Agent Date — 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

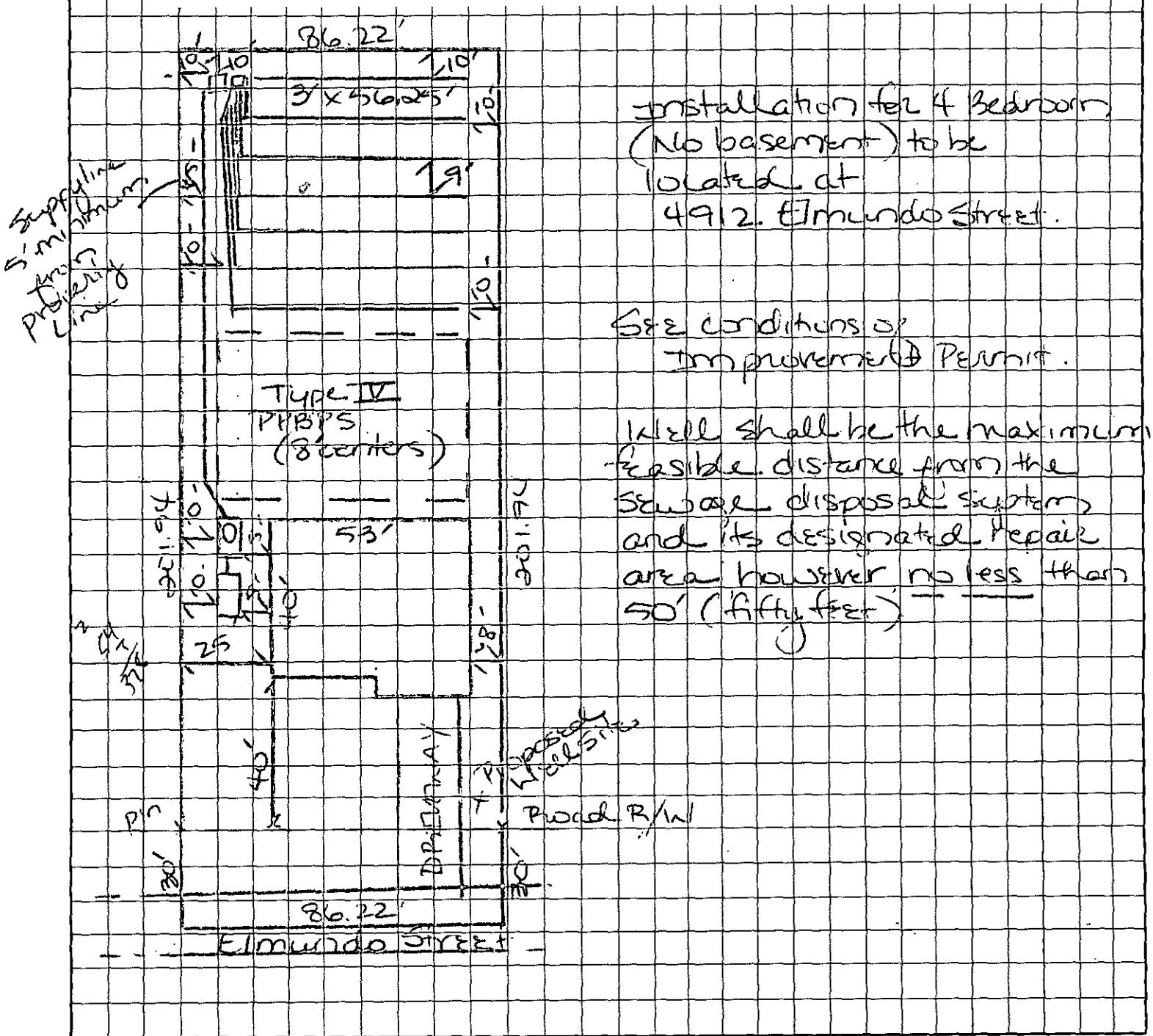
PROPOSED PLOT PLAN

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

FILE: 245B

TC: 025-131-19

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.



Installation for 4 Bedroom (No basement) to be located at 4912 Elmundo Street.

See conditions of Improvement Permit.

Well shall be the maximum feasible distance from the sewage disposal system and its designated repair area however no less than 50' (fifty feet)

OWNER/AGENT SIGNATURE Howard R. Helsinger Jr

DATE 9/19/96

APPROVAL DATE 9/18/96 Thomas B. Middleton RS

PS 1 of 2

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

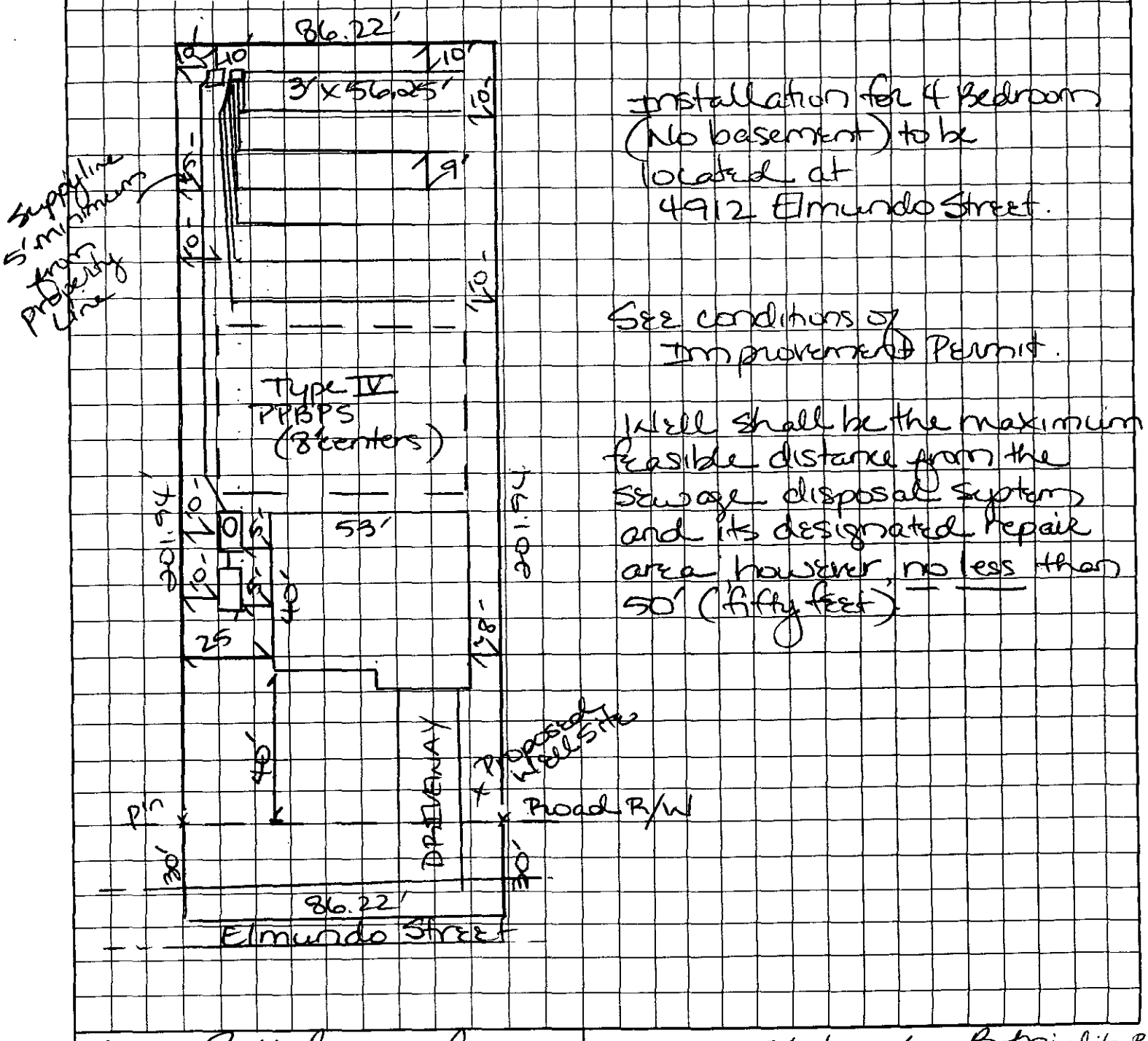
PROPOSED PLOT PLAN

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

FILE: 245B

TC: 025-131-19

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.



Installation for 4 Bedroom (No basement) to be located at 4912 Elmundo Street.

See conditions of Improvement Permit.

Well shall be the maximum feasible distance from the sewage disposal system and its designated repair area however no less than 50' (fifty feet)

OWNER/AGENT SIGNATURE George R. Helsinger Jr

DATE 9/19/96

APPROVAL DATE 9/18/96 Joan B. Trialik RS

PB 1 92

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 245B

Tax Number: 025-131-19

4912 E Mundo Street

- 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	WAR Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: 25% reduction system	___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	480 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 Group I, II, or III soil backfill to manufacturers specification		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: ① Well shall be maximum feasible distance from the sewage disposal system + its designated repair area (but not less than 50 feet) ② Consult the Dept. of Environment Management @ 663-1699 regarding any other set back requirements (ETC) for well.				

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	
534 Absorption Area (Sq ft) 267 Total Trench Length (Ft)	NA Depth of Stone Trench Group I, II or III soil backfill to manufacturers specification	8 Trench spacing (min. on centers)	40" Maximum Trench Depth	
For existing system, enter the year originally installed: NA	Note: In the event that a repair to the system must be installed - a certified operator contract must be obtained			

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.
- Improvement Permit Valid 5 years from date of issuance.
- This Improvement permit is transferable.

Lora B. Mialik RS 9/18/96
DEHNR Authorized Agent Date

George R. Helsinger 9/19/96
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

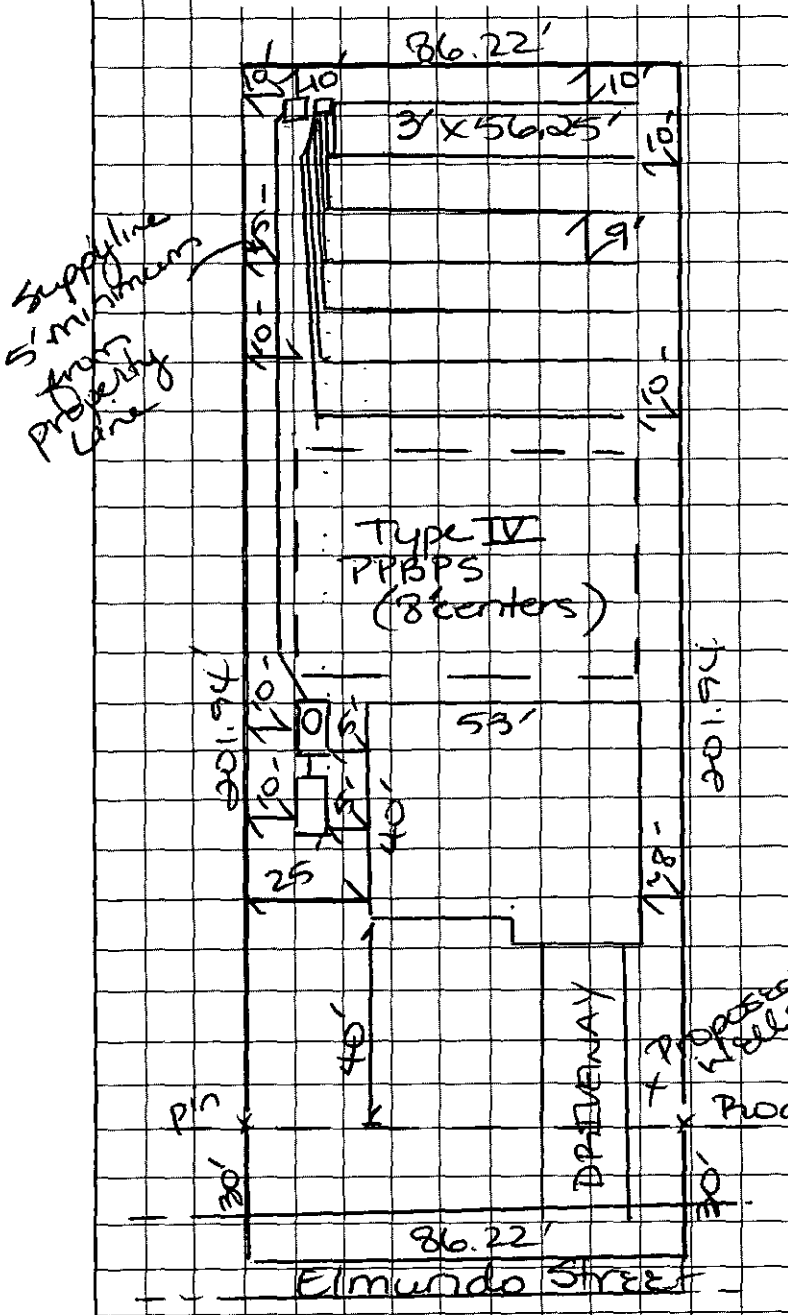
PROPOSED PLOT PLAN

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

FILE: 245B

TC: 025-131-19

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.



Installation for 4 Bedroom (No basement) to be located at 4912 Elmundo Street.

See conditions of Improvement Permit.

Well shall be the maximum feasible distance from the sewage disposal system and its designated repair area however no less than 50' (fifty feet).

Henry B. Helsinger Jr
OWNER/AGENT SIGNATURE

DATE 9/19/96

APPROVAL DATE 9/18/96 Jhoa B. Trialik RS

PS 1 of 2

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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 # 245B
PARCEL # 025 131-19

The undersigned, CLARK G. DINKINS, owner of property located at 4916 ELMUNDO ST., (the "site") and described in an instrument recorded in Book 6864 at Page 428, 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: County Health Dept.
Mail after recording to: Meck County Health Dept.

BK: 08743 PG: 0283/0285 $:0742 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 09/18/96 15:04

- 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 17th day of Sept., 1996.

Clerk C Dunkins

Sabrina D Dunkins _____ (SEAL)

~~(Corporate Name)~~

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, David H Garris, a Notary Public for said County and State, do hereby certify that Clerk C Dunkins, SABRINA D. DUNKINS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 17 day of SEPT, 1996.

David H Garris
Notary Public

My Commission Expires:
10-25-2000

DAVID H. GARRIS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of David H. Garris

Notary(ies) Public is/are certified to be correct.

This 18th day of September, 1996

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Brenda L. McClain Deputy Register of Deeds

RBCWM:24751_1/8-30-95

FEE: 100.00 -024

DATE: 08/30/96

710 Rec

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

1 1 CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2453

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-131-19

STREET ADDRESS: ~~4916~~ ~~4918~~ 4912 El Mundo

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 23 & 24

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: 2123

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

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

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

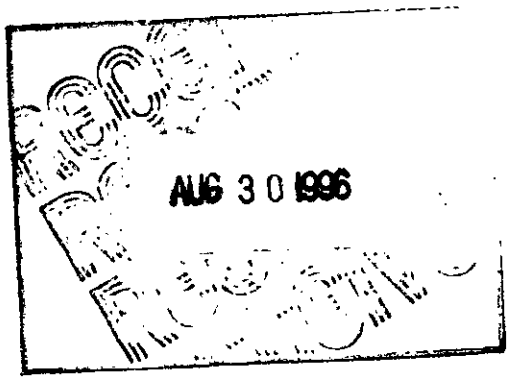
PROPERTY OWNER: ✓	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: ✓
NAME: Dinkens CLARK (LAST) (FIRST) (MI)	NAME: Gelsinger Rick (LAST) (FIRST) (MI)
ADDRESS: 4912 EL MUNDO St.	DAYTIME PHONE: 704 854- 3256
CITY: Charlotte STATE: N.C. ZIP:	459 Patrick Rd
DAYTIME PHONE: 704 399- 6571	Gastonia N.C. 28056

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: George R. Gelsinger Jr DATE: 8/30/96

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


AUG 30 1996

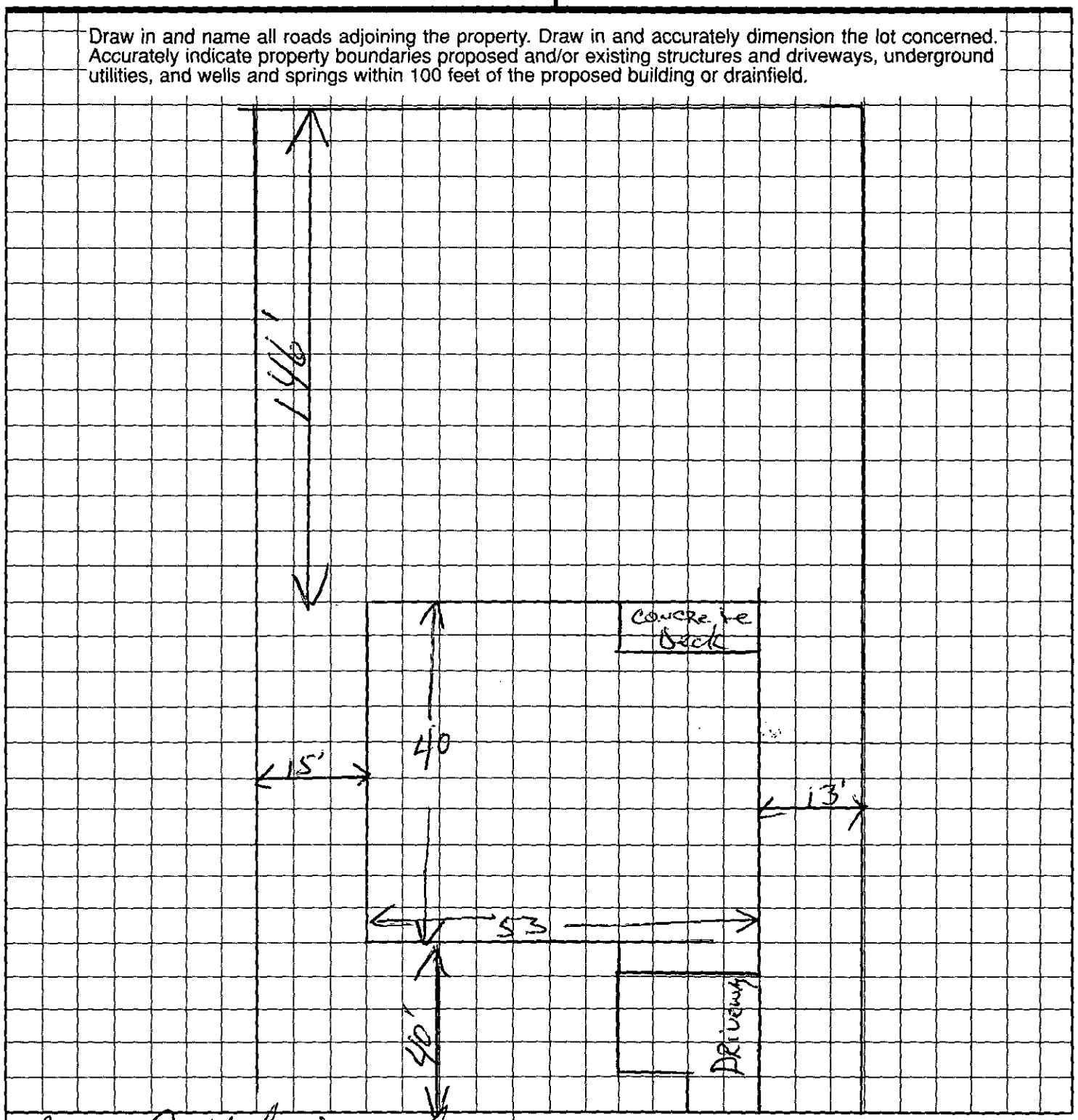
PROPOSED PLOT PLAN

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

FILE: 245B

TC: 025-131-19

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 Bryce R Helsinger

DATE 8/30/96

APPROVAL DATE _____

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

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 COPY

FILE # 245B
PARCEL # 025 131-19

The undersigned, CLARK G. DINKINS, owner of property located at 4916 ELMUNDO ST., (the "site") and described in an instrument recorded in Book 6861 at Page 428, 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: County Health Dept.
Mail after recording to: Meck County Health Dept.

BK: 08743 PG: 0283/0285 #:0742 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 09/18/96 15:04

- 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.

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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 17th day of Sept., 1996.

Clerk C Dinkins

Sabrina D Dinkins

~~(Corporate Name)~~

_____ (SEAL)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, David H Garris, a Notary Public for said County and State, do hereby certify that Clerk C Dinkins, SABRINA D. DINKINS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 17 day of SEPT, 1996.

x David H Garris
Notary Public

My Commission Expires:
10-25-2000

DAVID H. GARRIS NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of _____

_____

_____

Notary(ies) Public is/are certified to be correct.

This _____ day of _____, 19 _____.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Brenda L. McClain Deputy Register of Dee

RBCWM:24751_1/8-30-95

MECKLENBURG COUNTY REGISTER OF DEEDS
JUDITH A. GIBSON - REGISTER

CUSTOMER RECEIPT: 09/18/96

Date	Time	Inst #	Type	Book	Page	Trx	Amount
09/18/96	03:04	742	PERMIT	8743	283	FEE	12.00
09/18/96	03:04	742	PERMIT	8743	283	COPY	1.05
09/18/96	03:04					TOT	13.05
09/18/96	03:04					CASH	13.05

DATE 8/30/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

MECIC

JURISDICTION Cross

025 131 19
PARCEL NUMBER

4912 El Mundo St.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: SF & DECK

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: JLM

REVISED 1/91

File 245B

FAX COVER SHEET

[redacted]

9/10/96

[redacted] 356-6997

[redacted] ☐ [redacted] ☐ [redacted] ☒ Please review ☐ For your information

[redacted] 2

[redacted]

Lisa

the [redacted] could not tell me where the [redacted] for the [redacted] was on [redacted] Lot. But I will [redacted] to have a copy of Survey. I [redacted] back from [redacted]. Thank You

Gelsinger

MARCH 19 96 AN ACTUAL
ON THIS PLAT, AND THAT THE BOUNDARY LINES
DOES NOT MEET NCGS 47-30 STANDARDS AND IS

R. B.

Chuck Dinkins
EL MUN AO DR

LOT 5 LOT 4

N.I.P.

File 245B

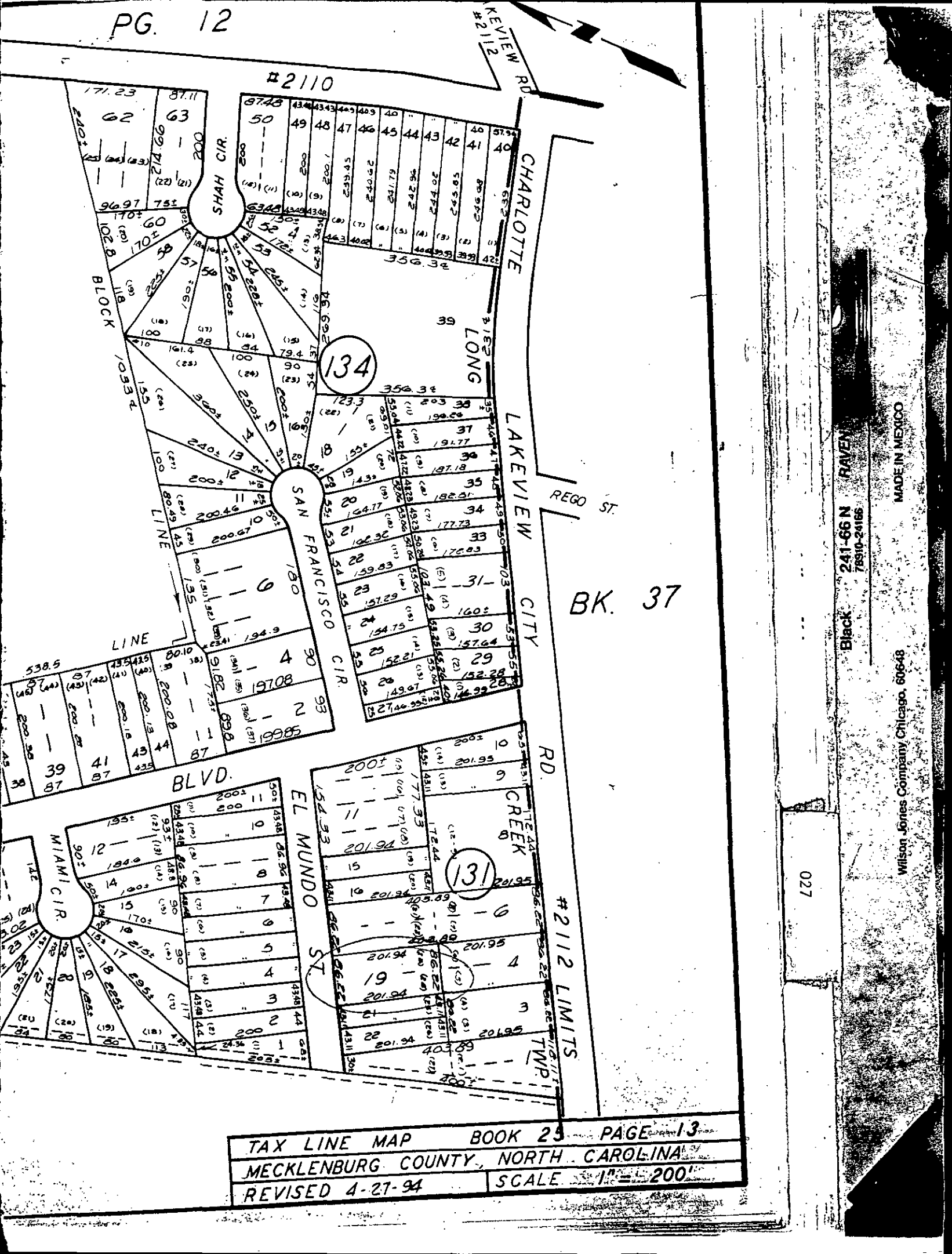
LOT 24 LOT 25

N 29° 54' 00" W
201.94'
231.94' (TOTAL)

N.I.P.

30.00'

N 60° E


PG. 12
#2110
KEVIEW RD #2112
SHAH CIR.
CHARLOTTE
LAKEVIEW
CITY
REGO ST.
BK. 37
BLOCK 10334
LINE
SAN FRANCISCO CIR.
LONG
134
131
CREEK
EL MUNDO ST.
MIAMI CIR.
BLVD.
RD.
#2112 LIMITS TWP
TAX LINE MAP BOOK 25 PAGE 13
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 4-27-94
SCALE 1" = 200'
RAVEN Black 241-66 N 78910-24166 MADE IN MEXICO
Wilson Jones Company, Chicago, 60648
027

FEE: 100.00 + 20.00 (710)
DATE: 08/30/96

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

#1

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2458

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 025-131-19

STREET ADDRESS: 4912 ELMUNDO

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 23 & 24

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2123

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X 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

CLOSING DATE_____

turn over to Interrance use initial report of violations
WRM 9-5-96

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)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER: ✓	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: ✓
NAME: Dickens CLARK (LAST) (FIRST) (MI)	NAME: Gelsinger Rick (LAST) (FIRST) (MI)
ADDRESS: 4912 EL MUNDO St.	DAYTIME PHONE: 704 554-3256
CITY: Charlotte STATE: N.C. ZIP:	457 Patrick Rd.
DAYTIME PHONE: 704 379-6571	Gastonia N.C. 28056

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: Rick Gelsinger Jr DATE: 8/30/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

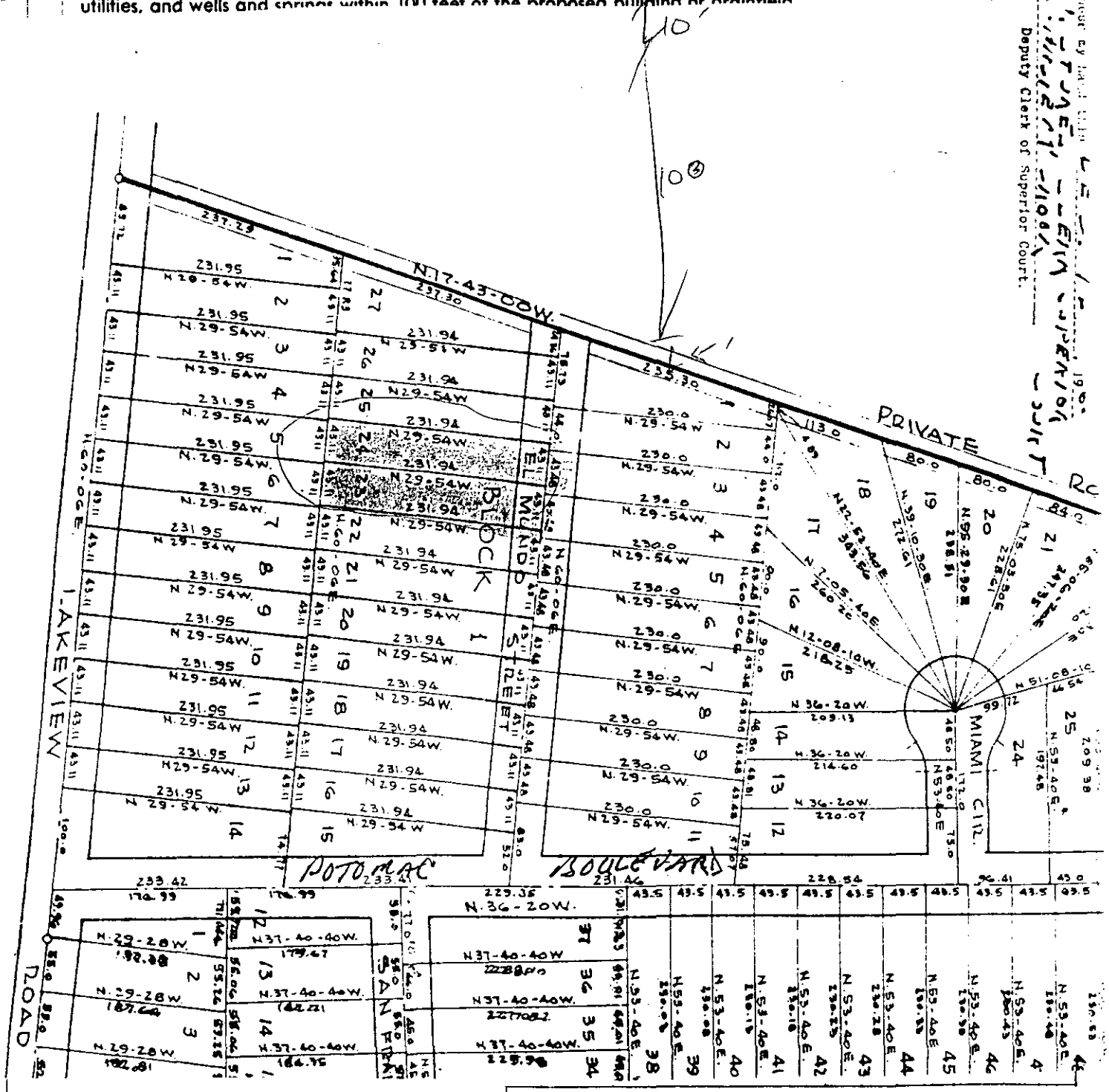
PROPOSED PLOT PLAN

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

FILE: 8137A/2457B.

TC: 025-131-19

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.



APPROVAL DATE _____

Mecklenburg County

Health Department

April 22, 1992

Betty S. Snow, R.N., M.A.
Health Director

Edward E. Brewer
5235 Elder Bank Drive
Charlotte, NC. 28216

RE: Property located on 4916 Elmundo Street
FILE: 8137A/245B
PARCEL: 025-131-19

Dear Mr. Moser:

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 19926) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact me at 336-5573.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
GW:lw

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19926

File: B137 A / 245 B Action 1

Parcel: 025-V31-29 ☐ PC

Location: 4916 EL MUNDO ST

Subdivision:

Lot: 24-23 Block: Acres: .45

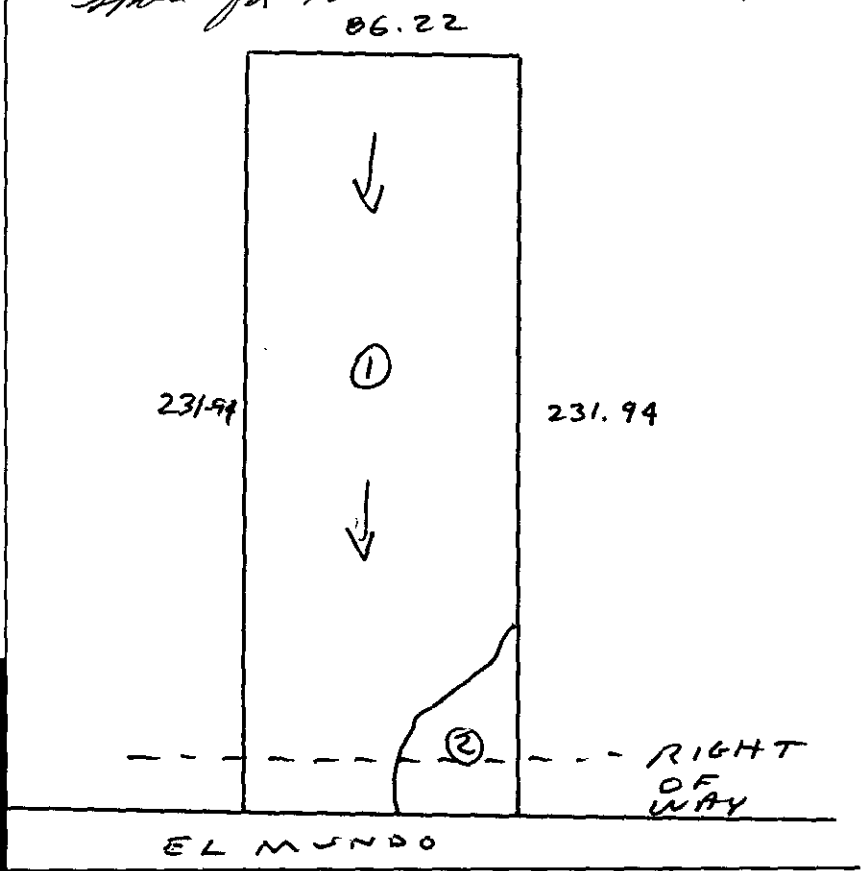
Owner: EDWARD E BREWER
Address: 5235 ELDER BANK DR
CHARLOTTE NC 28216

Comments: 100% REPAIR
Lot inspected 9-5-96-
soils 46" deep - W.R.M.
9-5-96

Described by: Kelly Rumfelt

Date: 4-20-92

Not suitable w/ respect to available space for 4BR dwelling - WRM



***** 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	S PS (U) SLIGHT DEPRESSION	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 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	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	CECIL	SLIGHT DEPRESSION				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19926

File: E137 A / 245 B Action 1

Parcel: 025-131-19 ☐ PC

Location: 49 VE L MUNDO ST

Subdivision:

Lot: 24.23 Block: Acres: .41

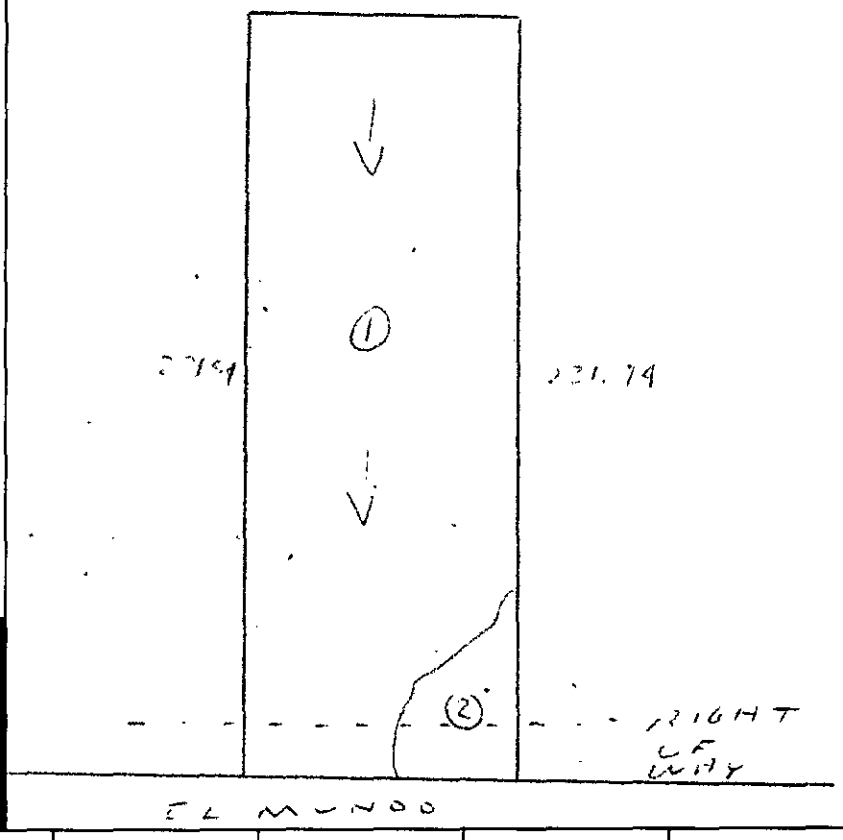
Owner: EDWARD E BUTLER
Address: 5234 EDGEWATER DR
CHARLOTTE NC 28216

Comments: 1.0% 100-24.2
lot rechecked 9-5-96-
soils 46" deep- W.R. Jm
9-5-96

Described by: Neely, Randall

Date: 4-20-92

Lot unsuitable w/ respect to available space for 4BR structure - W.R.Jm 9.6.22



***** 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	S PS (U) SLIGHT DEPRESSION	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 SLIGHT	S PS U "	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36"	S PS U "	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 72"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	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	[illegible]	SLIGHT DEPRESSION				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Pd 5000 CK 1229 Wtr 3-26-92

40 [X]

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

8137A/245B

[ ] CRT

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: Dinkins (last) Clark (first) G. (mi)

ADDRESS: c/o Carey A. Sellers 428 E. 4th St. Suite 101 PHONE: (704) 377-1504

CITY: Charlotte STATE: NC ZIPCODE: 28202-2431

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 025-131-19

STREET ADDRESS: 4916 El Mundo Street

Charlotte, NC

ZONING: R 9

PROPERTY OWNER:

NAME: Brewer Edward E. / Brewer Martha Y. (last) (first) (mi)

ADDRESS: 5235 Elderbank Dr. PHONE: (704) 394-1794 ✓

CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: Americana Park #1

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

LOT NUMBER: 23 & 24 LOT SIZE (in acres): .397

TYPE APPLICATION (check one):

[X] 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) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 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 (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Edward E Brewer Date: 3-26-92

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

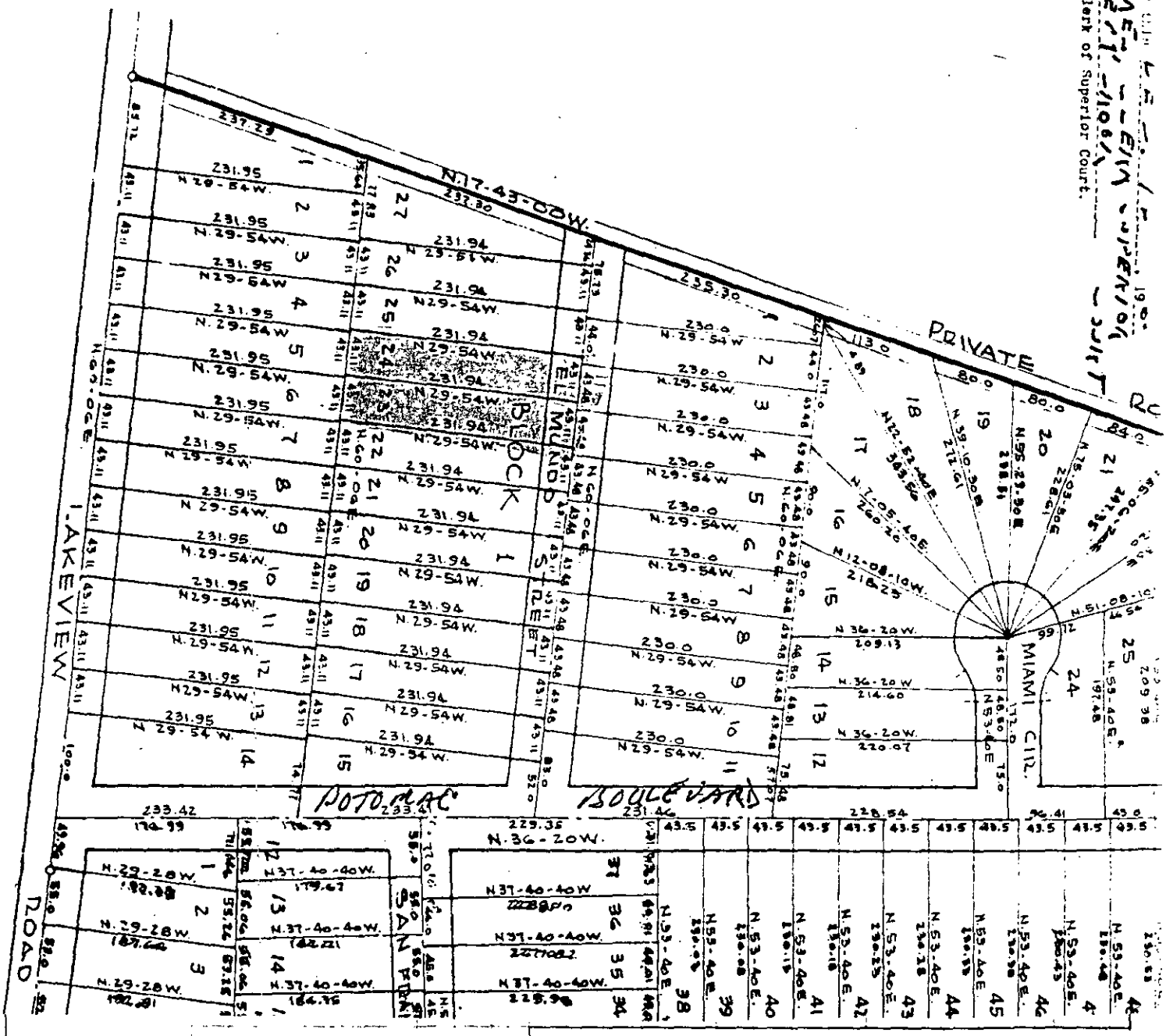
PROPOSED PLOT PLAN

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

FILE: 8137A/245B

TC: 025-131-19

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



APPROVAL DATE _____

White - Health Department; Canary - Customer; Pink - Owner's Copy

CAREY A. SELLERS
ATTORNEY AT LAW

KARRO, SELLERS, LANGSON & GORELICK
428 EAST FOURTH STREET, SUITE 101, CHARLOTTE, N. C. 28202
704-377-1504
FAX 704-377-1507

245B D

Mecklenburg County
Health Department

April 12, 2002

Clark G. and Sabrina Dinkins
4912 Elmundo Street
Charlotte, NC 28216

Dear Mr. and Mrs. Dinkins:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 4912 Elmundo Street, Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 26, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

RST

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

AGREEMENT

Owner and Contractor

State of North Carolina
County of Mecklenburg

THIS AGREEMENT was made this 17th day of MAY, 1996 by and between Clark and Sabrina Dinkens, herein known as the "Owner" and Gelsinger Builders and Property Management, herein known as the "Contractor".

WITNESSETH:

1. That the Contractor shall furnish all labor and materials needed for constructing a House located on the Owners property located on 4916 Elmundo Street, Charlotte, North Carolina.

2. That changes may be made in the Plans and Specifications only by a written change order signed by Contractor and Owner. Contractor and Owner agree to execute such a change order prior to implementing any change. The change order shall provide for an adjustment in the purchase price and the completion date.

3. Contractor agrees to commence the construction work upon the execution of the agreement, or upon satisfaction of the contingency set forth in Paragraph 10, whichever shall last occur. The construction work shall thereafter proceed as rapidly as is consistent with good construction practices. Contractor shall complete the dwelling within 270 days; provided that such time for completion shall be extended for delays caused by abnormal weather conditions, lack of unavailability of materials or labor, casualty losses or other causes not within Contractor's reasonable control. The dwelling shall be deemed to be "completed" when it is substantially completed (although very minor items or work, not affecting habitability, may remain to be performed).

4. Owner warrants to Contractor that he/she has marketable fee simple absolute ownership of above described real estate, free and clear of all liens, interests, judgments and encumbrances, excepting the lien of mortgage or deed of trust securing the loan for payment of the construction cost. Owner agrees to indemnify and hold Contractor harmless from all loss, damage or liability resulting from a breach of this warranty. Owner agrees to furnish copies of any deed restrictions, set back requirements or Development Associations requirements.

5. The Contractor shall obtain and pay for all permits necessary to the prosecution of the work. He shall comply with all laws or regulations bearing on the conduct of the work, and shall notify Owner if the drawings or specifications are at variance therewith, or if unforeseen conditions arise. In all instances, the Contractor shall bring building up to any local, state, or mortgage loan standards.