

5435 BEATTIES FORD RD

03711233

12/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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: 1425B DATE: 8/13/96

TC: 037-112-33 ☒ CRT

SERIAL Nº 16886

Name of Owner Jerry L. Caton Juris.: _____

Address of Property 5435 Beatties Ford Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80' each

Cover Depth ~ 12"

Water Supply Source Well

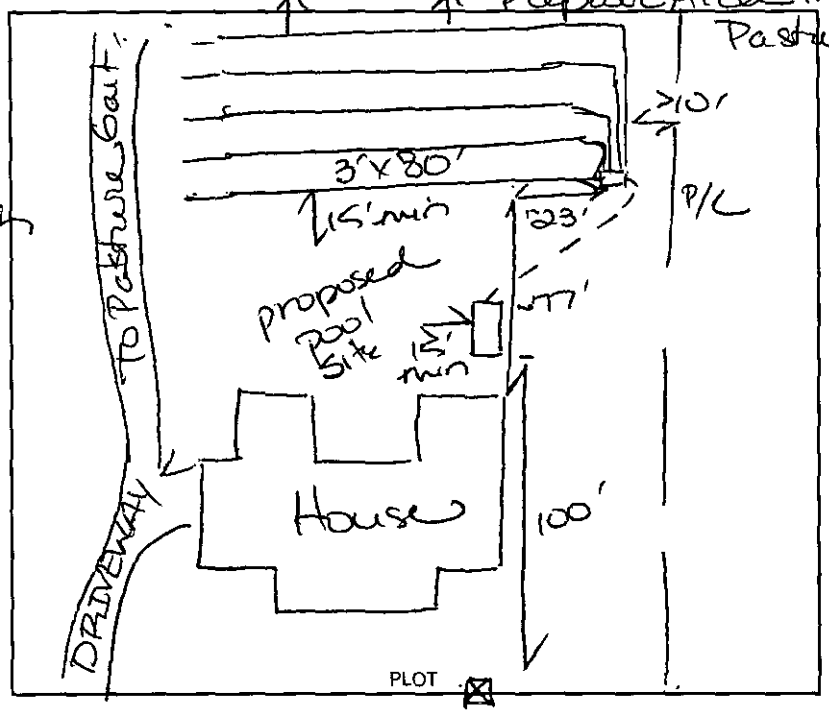
Distance to Water Source 100'+

Excavation Inspected 10/24/96

Tank(s) Inspected 10/24/96

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1996 CON, 1500g ST, D-Box, 1200ft² 12"G Cecil-like CTR# _____ Jack Stuart

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: 3 Bedroom House, Type II / Repair Area in Pasture.

① Do not drive, park, or pave over any portion of the sewage disposal system.

② Keep swimming pool 15' minimum from any portion of the sewage disposal system.

Lisa B. Trialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

D 700

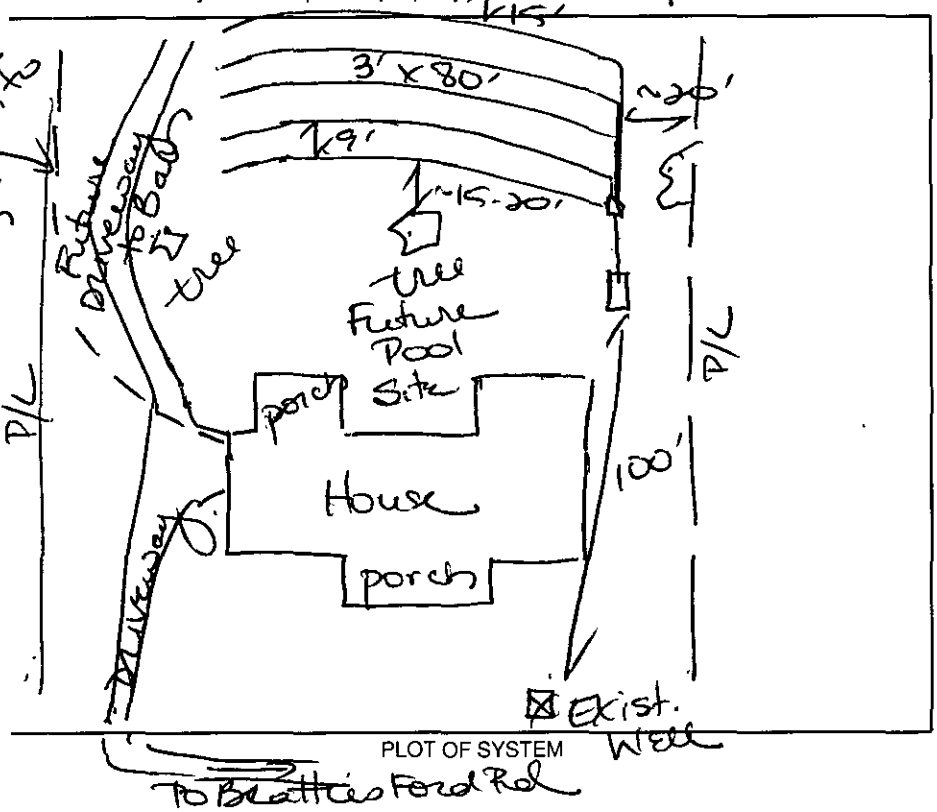
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1425 B DATE: 8/13/96

TC: 037-112-33 ☐ L

SERIAL Nº 16885

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 5/16/96. All work shall be completed on or before 9/13/96, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous ✓

Total Line Length 400 feet

Number of Lines 5@80' each

Depth of Stone 12" inches

Distance from House >10' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER Jerry L. Caton

LOCATION OF PROPERTY 5425 Beatties Ford Road

Comments: Property owner, Jerry Caton, present @ installation approval.
- Keep installation 15' minimum from stump hole (2' out)
- Future pool shall be 15' minimum from any portion of the sewage disposal system.

Acting for S. Ward, Program Chief 8/13/96 Ibar B. Mialik, RS
Environmental Health Specialist

- Any waterline shall be 10' minimum from any portion of the sewage disposal system & its repair area. (Repair area shifted beyond stump hole in fenced pasture)

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

chk # 2733 both +10C

400

FEE: 200.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 6/96 gc VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 6-4-96

PERMIT NO: 1425-B
PARCEL NO: 037-112-33

JOB LOCATION ADDRESS: 5435 BEATTIES FORD RD
PROPERTY OWNER: JOHN CATON
BUILDING CONTRACTOR: KEVIN SWARINGEN
SUBDIVISION NAME: GRIFFIN ESTATES
AUTHORIZATION ISSUED BY: Kelly Rowell DATE: 6-4-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1425-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: _____

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 Kevin M. Swaringen 6-5-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 1425-B

Tax Number: 037-112-33

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	___ Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	✓ Gallon pump tank	12" Depth of stone	

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

Site modifications required: NO

Additional Conditions: TYPE II CONVENTIONAL

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

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

DENR Authorized Agent — Date: 6-4-96

X Kevin M. Swaringen — Owner/Agent Signature — Date: 6-5-96

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

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

IWWS-100195

DATE 5/16/96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

037-112-33
PARCEL NUMBER

5435 Beatties Ford Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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: S F House

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: Rob

REVISED 1/91

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Mec

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: JERRY L. CATON APPLICANT: KEVIN SWARINGEN
ADDRESS: APPLICATION DATE: DATE EVALUATED: 5-29-96
PROPOSED FACILITY: 3 BDRM HOUSE PROPOSED DESIGN FLOW (.1949): 360 gal PROPERTY SIZE: 5 + Acres
LOCATION OF SITE: 5435 BEATTIES FORD ROAD PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other well existing
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-12	gr / cl	~~Fr~~ / SExP / NS/NP	No Chroma 2 to 40"	48"	NA	NONE	.3 gpd/ft PS
		12-48"	SBK / C	Fi / SExP / S/P					
2	LS	0-8	gr / cl	Fr / SExP / ~~NS~~ / NP	No chroma 2 to 42"	42"	NA	None	.3 gpd/ft PS
		8-42	SBK / C	Fi / SExP / ~~S~~ P					
3	LS	0-2	gr / cl	Fr / SExP / SS / SP	No Chroma 2 to 36"	36"	NA	NO	.3 gpd/ft PS
		2-36	SBK / C	Fi / SExP / S / P					
4	LS	0-6	Fill		No Chroma 2 to 36"	36"	NA	NO	.3 gpd/ft PS
		6-36	SBK / C	Fi / SExP / S / P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	CONV	CONV
Size LTAR	-3	-3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Wally Randall
OTHER(S) PRESENT:

COMMENTS:

100% Repair Required

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

NOTES

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable)

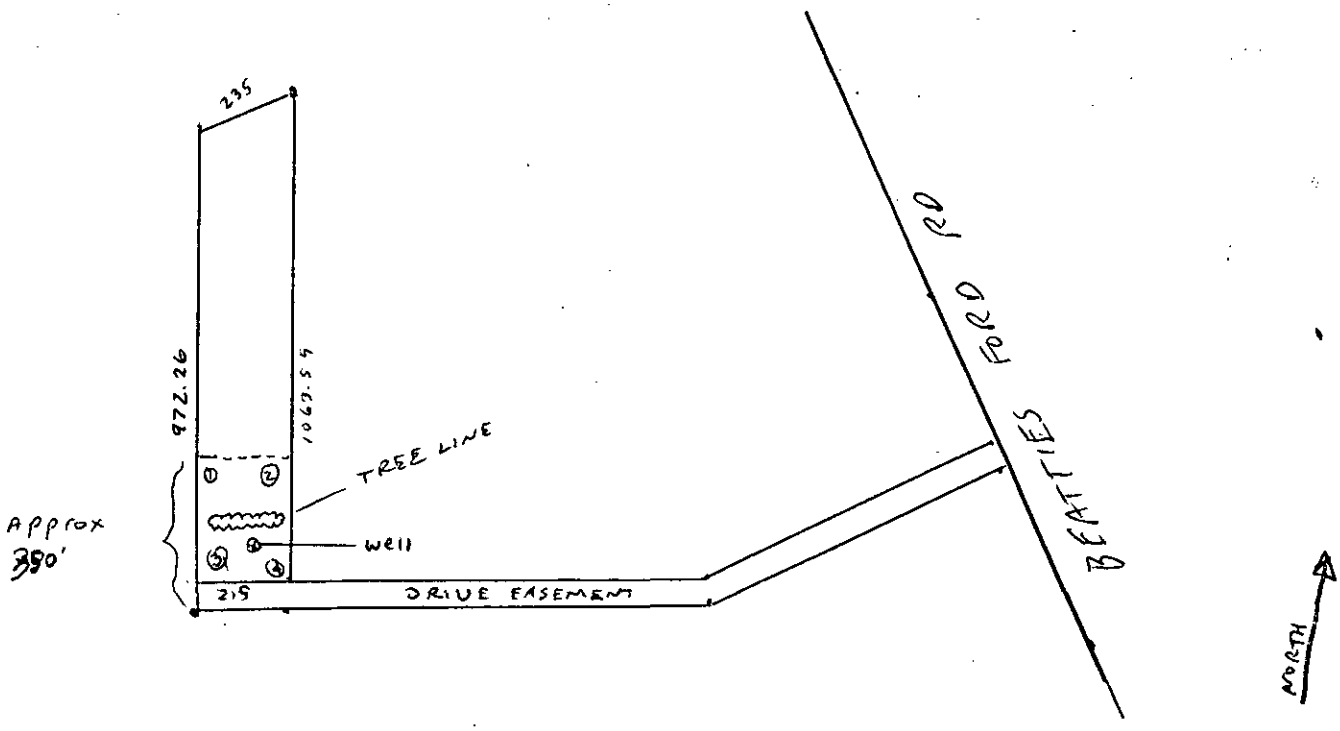
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatio

CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



FEE: 100.00 CK#2736

DATE: 5/16/96

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

1 1CRT

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 #: 1425B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 037 - 112 - 33

STREET ADDRESS: 5435 BEATTIES FORD RD.

SUBDIVISION OR MOBILE HOME PARK NAME: GRIFFIN ESTATES

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1967

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ 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
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES X YES __ NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: CATON, JERRY L
(LAST) (FIRST) (MI)

ADDRESS:

CITY: CHARLOTTE STATE: NC ZIP: 28216

DAYTIME PHONE: (704) 597 - 0684

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: SWARINGEN, KEVIN M
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 393 - 1779

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? MAY 13, 1996

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: Kevin M. Swaringen DATE: 5-16-96

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

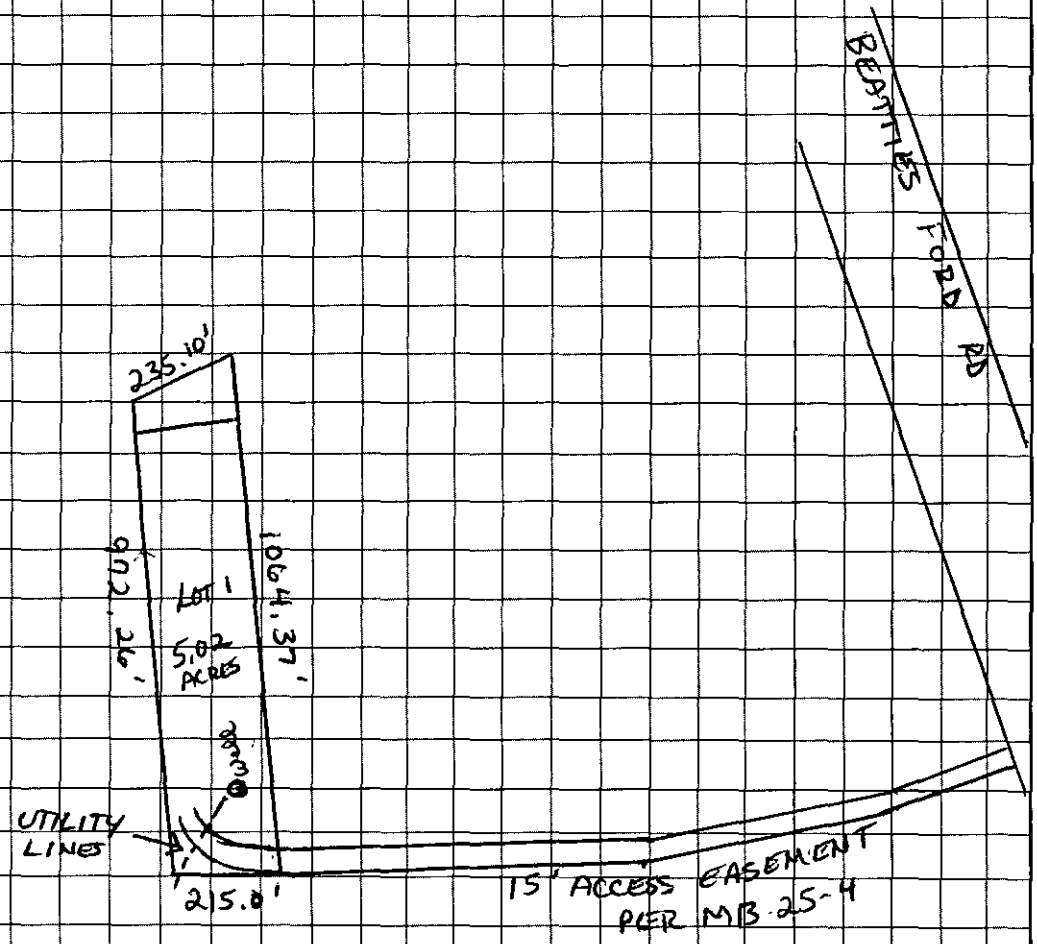
PROPOSED PLOT PLAN

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

FILE: 1425B

TC: 037-112-33

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.*



Kevin M. Swearingen
OWNER/AGENT SIGNATURE

DATE 5-16-96

APPROVAL DATE _____

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

1425B

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

DATE: 5/16/96

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 037-112-33

ASSIGNED ADDRESS 5435 Beatties Ford Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Septic tank

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

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

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

LARRY F. SWARINGEN HOMES, INC.
4705 LAKEVIEW ROAD
CHARLOTTE, NC 28216

704-393-1779

CONSTRUCTION AGREEMENT
CONTRACT

Parties:
LARRY F. SWARINGEN HOMES, INC., hereinafter referred to as ***BUILDER***
JERRY LEE CATON and
DINA C. CATON, hereinafter referred to as ***HOMEOWNER***

Project Identification: 5435 BEATTIES FORD

1. The ***BUILDER*** hereby agrees to manage the construction of, construct, or otherwise provide the ***HOMEOWNER*** with a home built in accordance with the specifications and/or blueprints signed on the front page lower right corner by the ***HOMEOWNER*** and any one (1) executive officer of the ***BUILDER***.

2. The ***BUILDER*** hereby states that the quoted price of the home will be based upon blueprints and/or specifications with the initial changes requested by the ***HOMEOWNER***. Also, the closing price may fluctuate due to changes requested by the ***HOMEOWNER*** after the signing of these documents.

3. The ***BUILDER*** hereby states that any and all changes made by the ***HOMEOWNER*** to the specifications and/or blueprints at a time after the signing of these documents will be duly noted on an official change order which will also include any additional cost to the ***HOMEOWNER***. The change order will be signed by the ***HOMEOWNER*** and one (1) executive officer of the ***BUILDER***.

4. The ***BUILDER*** hereby agrees to construct said home to 100% completion using high quality materials and in accordance with all state and local codes and building standards.

5. The ***BUILDER*** hereby agrees to construct said home for a quoted price of $approx. 106,078.00 (COST + 10%)

6. The ***HOMEOWNER*** hereby agrees to help the bank in any way possible to insure the timely transfer of funds to the ***BUILDER*** upon the completion of the three (3) phases as follows:

Under Roof.....40%
Drywall Hung.....40%
Completion.....20% (Percentages are negotiable based on acceptability of bank.)

7. The ***HOMEOWNER*** hereby understands that delays in the aforementioned transactions may postpone construction of said home.

8. The ***BUILDER*** hereby acknowledges that materials used to construct the aforementioned home will be a direct reflection of the Material List attached to this document.

9. The ***BUILDER*** hereby accepts no responsibility for theft of materials, fire on site and/or acts of God causing damage to aforementioned project.

10. The ***HOMEOWNER*** hereby accepts responsibility of all costs, site work, materials and labor on project plus management fee of 10 % which will be based on the sum of all costs.

11. The ***HOMEOWNER*** hereby acknowledges that he/she has read and fully understands each of the aforementioned segments of this contract and has bully agreed with each which bears his/her initials.

AGREED AND ACCEPTED

This the 15Th *day of* MAY, 19 96.

Kevin M Swaringen
Executive officer
LARRY F. SWARINGEN HOMES, INC.

x Larry L Colon
HOMEOWNER

D. C. Colon
HOMEOWNER