

15301 MARVIN RD

22313230

12/26/2007

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: 1591 B DATE: 12/14/98

TC: 223-132-26 ☒ L ☒ CRT

SERIAL Nº 17902

Name of Owner Thomas D. Hall Juris.: Charlotte

Address of Property 15301 Marvin Rd

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 400 ft

Number of Lines 5 @ 80 ft.

Cover Depth 12-24"

Water Supply Source Well

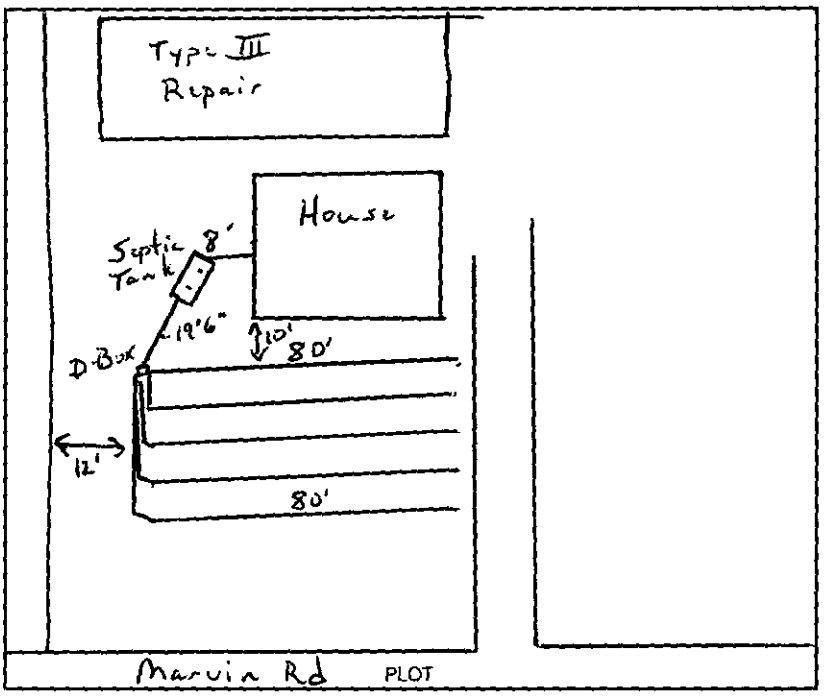
Distance to Water Source >100 ft

Excavation Inspected 12/14/98

Tank(s) Inspected 12/14/98

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1500 ST, Mod, 1200 S.F., T 12 G CTR# Steve Autry

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: Designed for 3 bedroom residence Type II w

Jeffrey A. Knight
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

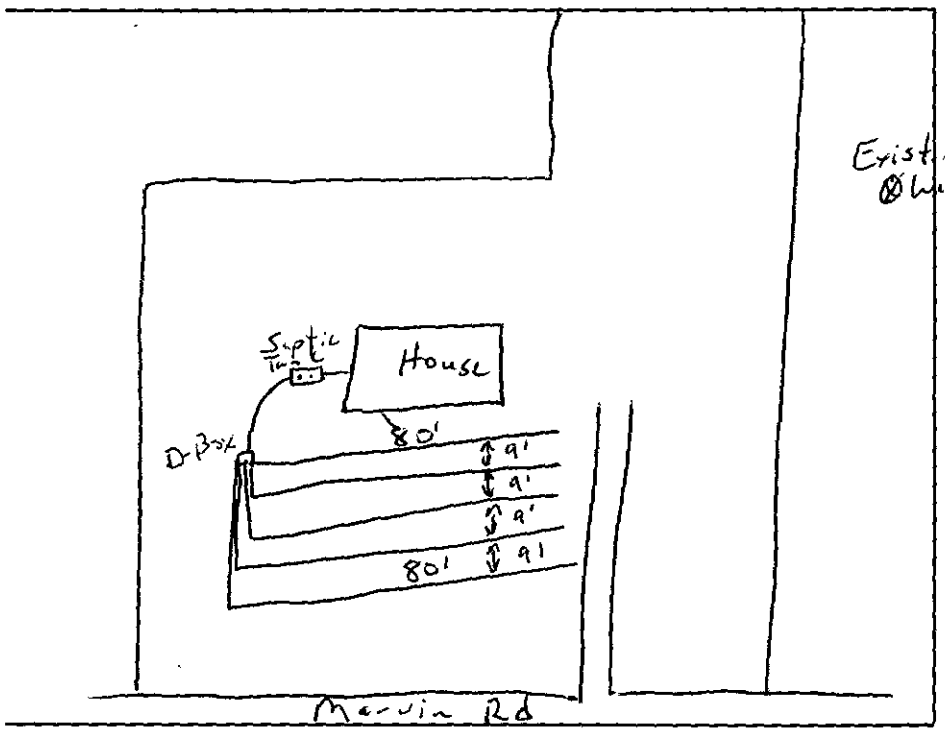
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1591 B DATE: 12/11/98

TC: 223-132-16 ☐ L

SERIAL No 17769

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 5/28/97. All work shall be completed on or before January 11, 1999, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction Pre-cast Concrete

Trench Depth 36 inches max.

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

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

NAME OF OWNER Thomas D. Hall

LOCATION OF PROPERTY 15301 Marvin Rd Charlotte, N.C

Comments: 1) Keep lines level and on contour. 2) Keep trenches shallow 36" maximum. 2) Keep all parts of system at least 5' from foundation.

Jeff Knight
Environmental Health Specialist

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

#2781

Improvement Permit from file # 1591B dated 10/2/92

FEE: **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/12/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6/12/97 **PERMIT NO:** 1591B
PARCEL NO: 223-132-26

JOB LOCATION ADDRESS: 15301 Marvin Road
PROPERTY OWNER: Thomas D. Hall
BUILDING CONTRACTOR:
SUBDIVISION NAME: NA
AUTHORIZATION ISSUED BY: Lisa B. Malick, RS **DATE:** 6/12/97
DEHNR AUTHORIZED AGENT

FEE 100.00 CK# 2366 11/23/98 for CO

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1591B, 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 & its associated plot plan.
Do not disturb/grade areas designated for the sewage disposal system & its repair space, otherwise, permit shall be subject to revocation.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X Thomas D Hall 12 June 97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

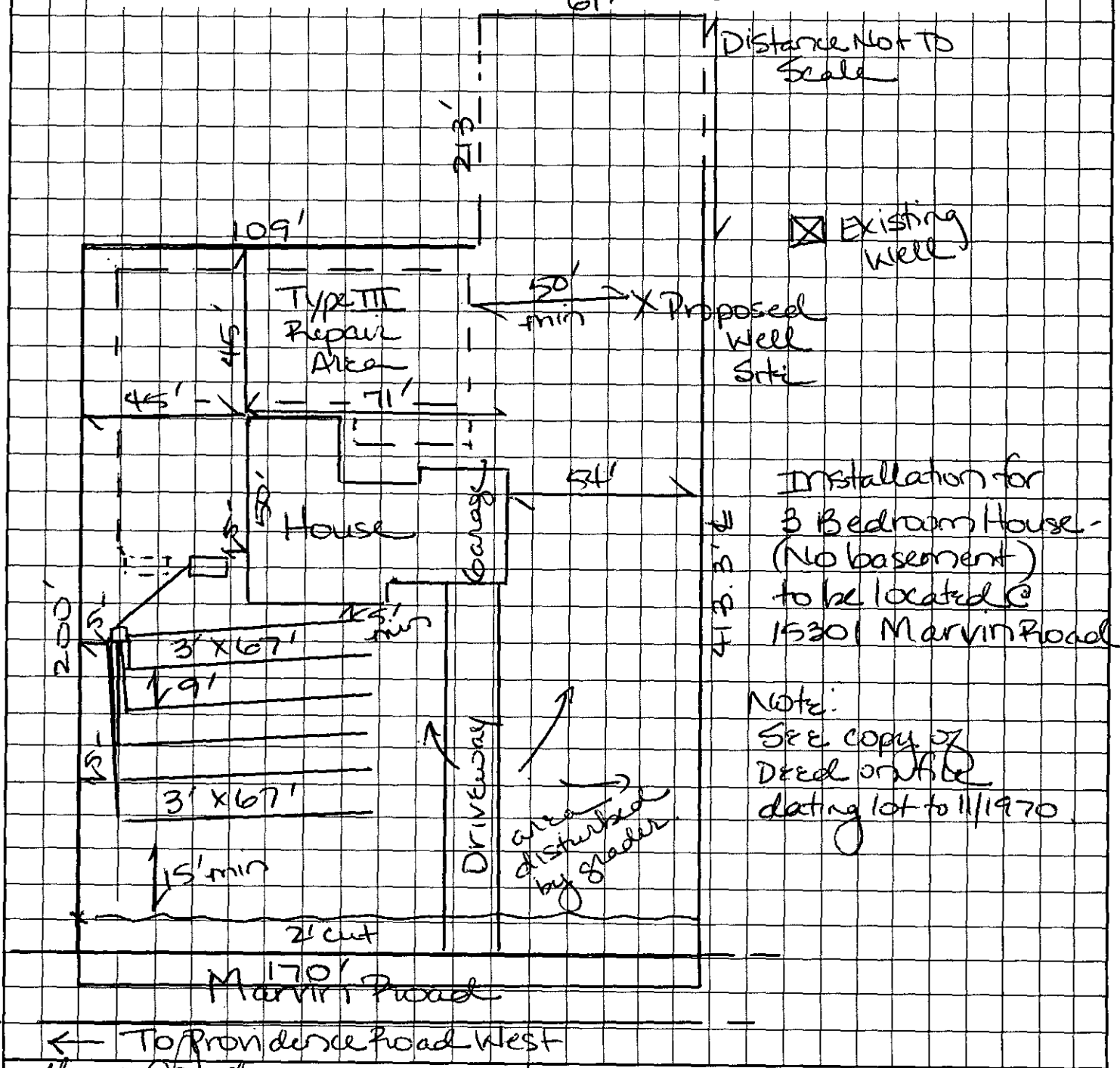
PROPOSED PLOT PLAN

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

FILE: 1591B

TC: 223-132-16

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.



Note: See copy of Deed on file dating lot to 11/1970.

OWNER/AGENT SIGNATURE

DATE 12 Jun 97

APPROVAL DATE 6/12/97 Joba B. Mialik, RS

Pg 1 of 2

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-5102

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: I mpr permit
IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 5918 TAX NUMBER 223-132-16

PROPERTY ADDRESS 15301 Marvin Rd

NAME OF ORIGINAL APPLICANT Dean Forsyth

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR ———

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT

_____ DATE 06-13-97

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSFEREE

_____ DATE 20 May 97

Permit Number: 1591B 15301 Marvin Road Tax Number: 223-132-26

- 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	1206 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	402 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone		

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

Site modifications required:

Additional Conditions: Well shall be 50' minimum from any portion of the sewage disposal system and its designated repair area
No further grading on-site — do not disturb/grade areas for the sewage disposal system and its designated repair space.
See copy of 11/1970 Deed on File

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	or ___ (Innovative or Experimental): ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
~1200 or less (CON) Absorption Area (Sq ft) ~400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	

For existing system, enter the year originally installed: NA

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Improvement Permit valid 5 years from date of issuance.

Lisa B. Malik, RS 6/12/97 X [signature] 12 Jun 97

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

FEE: 100.00 CHK #494

DATE: 9/25/96

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

1 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 15913

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 223-132-26

STREET ADDRESS: Marvin Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,100

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
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: McElhaney (LAST) Ellen (FIRST) P (MI)	NAME: Forsyth (LAST) Dean (FIRST) A (MI)
ADDRESS: 8932 Sharonbrook Dr.	DAYTIME PHONE: 704 541-0453
CITY: Charlotte STATE: NC ZIP: 28210	
DAYTIME PHONE: 704 552-2239	

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: _____ DATE: 09-23-96

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

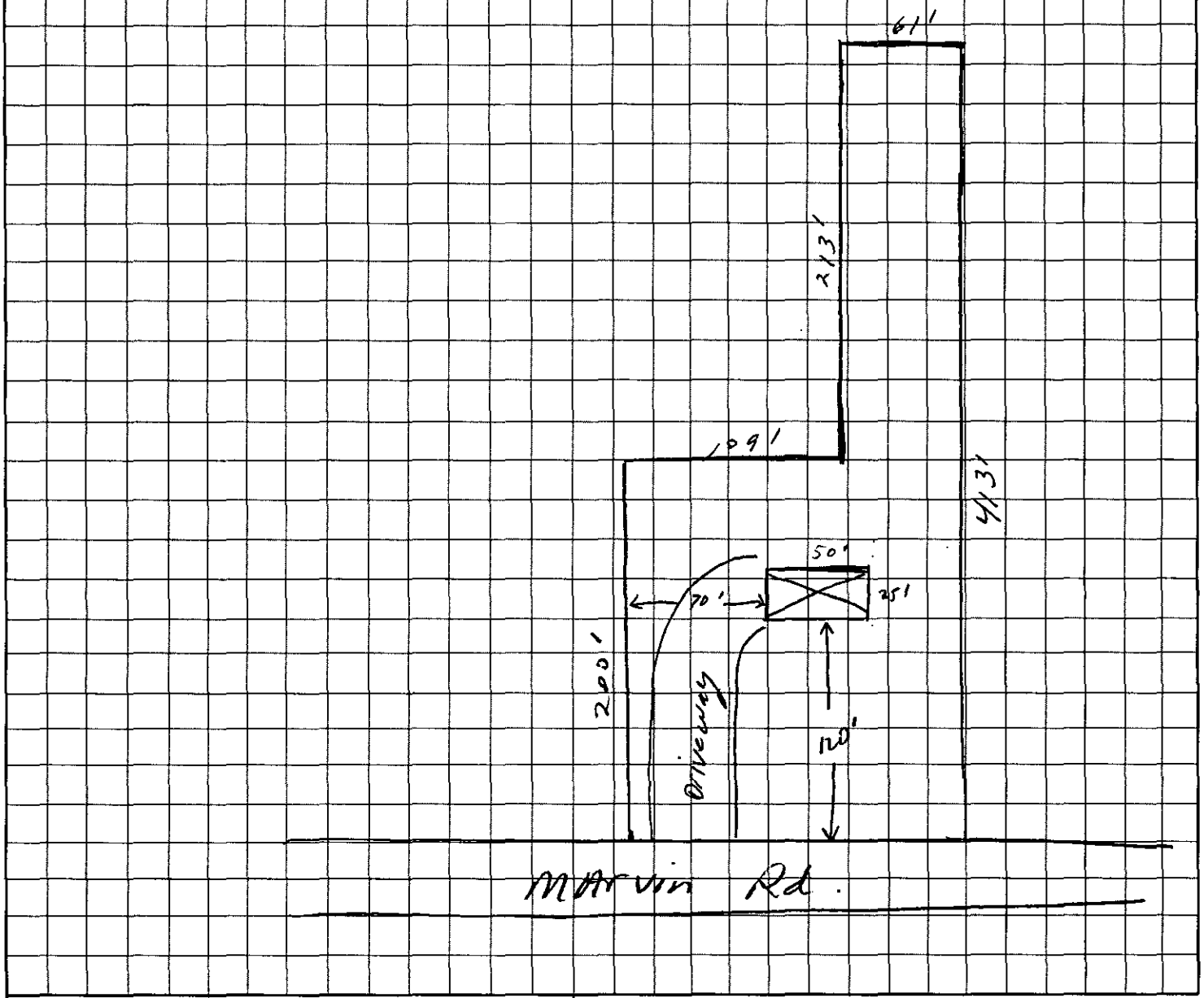
PROPOSED PLOT PLAN

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

FILE: 1591B

TC: 223-132-26

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 05-23-96

APPROVAL DATE _____

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

Filed
159B

09-17-96

Ellen McElhaney has named Dean Forsyth as an agent to summit an Improvement application for the property on Marvin Road in Charlotte. (Deed info: 3236-248)

Ellen McElhaney

Ellen McElhaney

FEE: See typed form / formerly from fax 5/23/96

DATE: 5/3/97

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

[ ] CRT

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

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

FILE #: 15818

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 223-132-26

STREET ADDRESS: 15301 Marvin Rd., Charlotte, NC 28277

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2,145

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

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

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

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
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: Hall Thomas D.
(LAST) (FIRST) (MI)

ADDRESS: 11511 Providence Road West

CITY: Charlotte STATE: NC ZIP: 28277

DAYTIME PHONE: 704 342 - 4546

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Thomas D Hall DATE: 28 May 97

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

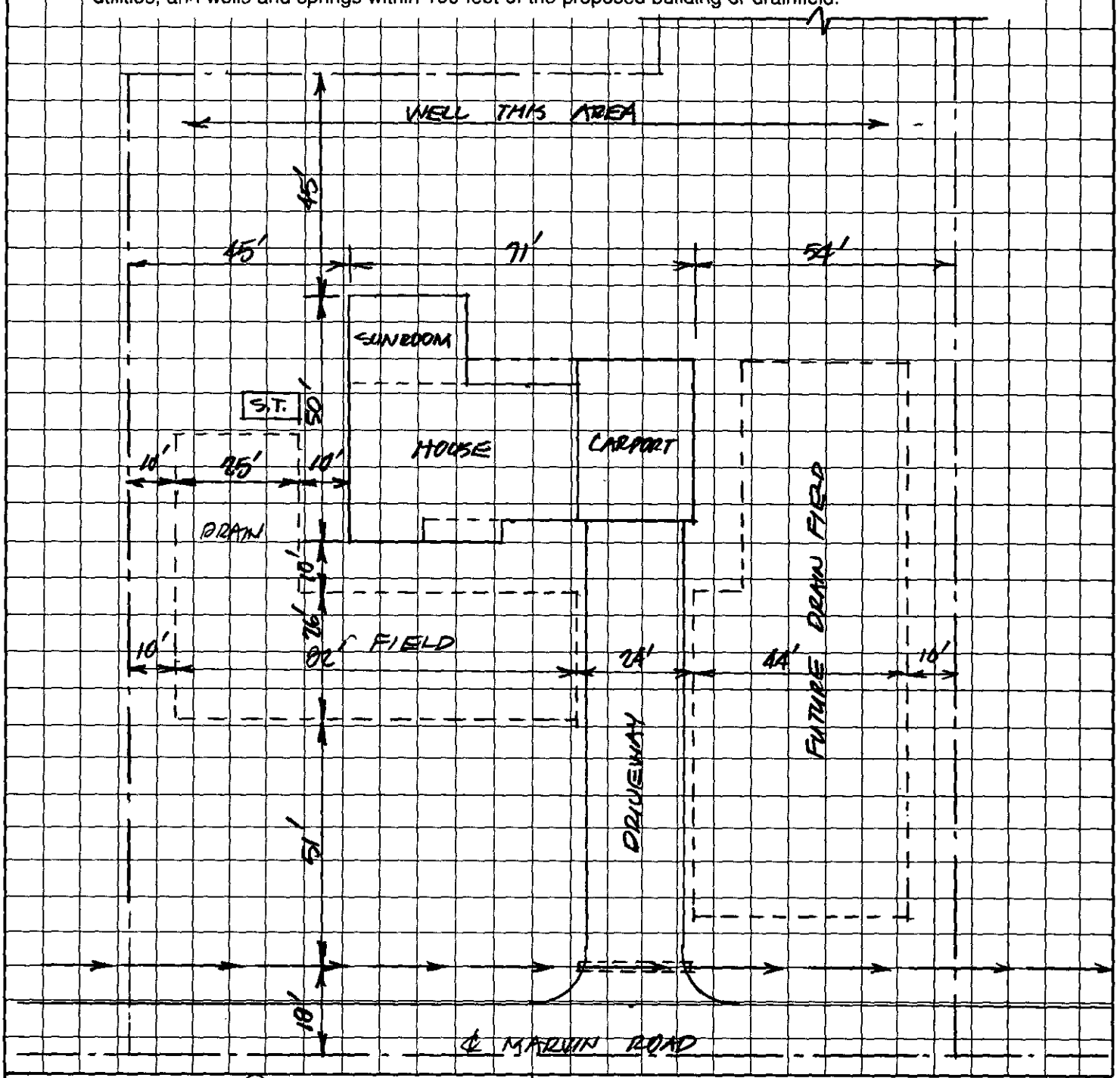
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1591 B

TC: 223-132-16

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.



Thomas D Dale
OWNER/AGENT SIGNATURE

DATE 28 May 97

APPROVAL DATE _____

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

File 1591B
Received 6/11/97

To: Lisa Mialik
From: Jan Dale
Date: 11 Jun 97
Subject: Verification of Lot Formation Date

Lisa: Attached is a copy of the deed from Brandeberg to McElhaney dated 20 Nov 70. The description will match the current tax map description, thus verifying that the lot was created prior to that date.

Thanks.
Jan Dale

File 1591B
Received 6/11/97 BBM

218

97

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

INDIVIDUAL DEED

1970 Nov 20 PM 4 25

Printed and For Sale by
OFFICE SUPPLY CO. INC.
CHARLOTTE, MECKLENBURG CO., N.C.

This Deed

Made this 20th day of November, A. D. 19 70 by and between

BILLY E. BRANDENBURG and wife, ANN C. BRANDENBURG

of the County of Mecklenburg and State of North Carolina Parties of the first part, and

WILLIAM MILLER McELHANEY and wife, ELLEN P. McELHANEY

of the County of Mecklenburg and State of North Carolina parties of the second part:

WITNESSETH, that the said parties of the first part, in consideration of One Hundred Dollars and Other Valuable Considerations ~~Dollars~~ to them paid by the parties of the second part, the receipt of which is hereby acknowledged have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part, their assigns and their heirs, all that certain parcel of land, situate, lying and being in Providence Township, Mecklenburg County, State of North Carolina, and more particularly described as follows:

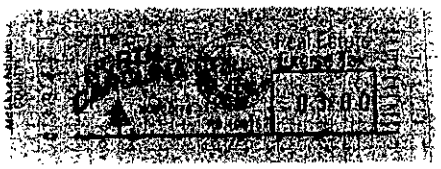
BEGINNING at a point in the center of Marvin Road, the Northwesterly corner of that certain property conveyed by Billy E. Brandenburg and wife, Ann C. Brandenburg to James Howard Boyd and wife, Betty Wolfe Boyd, as found in Deed Book 2937 at page 277 of the Mecklenburg County, North Carolina, Public Registry; and running from said Beginning point with the center of Marvin Road N 21-53 W 170 feet; thence leaving the center of said Marvin Road and running a new line N 68-00 E 200 feet to a point, said point being in the westerly line of the Neely property, now or formerly, as found in Book 2881 at page 209 of the Mecklenburg County, North Carolina, Public Registry; running thence with a portion of the Westerly line of said Neely property S 21-53 E 109 feet to a point; thence with the Southerly line of said Neely property N 68-00 E 213 feet to a point, said point being the southeasterly corner of said Neely property; thence a new line S 21-53 E 61 feet to a point, said point being the Northeasterly corner of the Boyd property, now or formerly, as found in Book 2937 at page 277 of the Mecklenburg County, North Carolina, Public Registry; thence with the Northerly boundary line of said Boyd property S 68-00 W 413.3 feet to the point and place of BEGINNING, and containing 1.1 acre, more or less.

BEING part of the property conveyed by Robert M. Whitesides and wife, Willie B. Whitesides to Billy E. Brandenburg and wife, Ann C. Brandenburg by deed in Book 2669 at page 494 of the Mecklenburg County, North Carolina, Public Registry.

File 1591B
Received 6/11/97
JBm

TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges and appurtenances thereto belonging to the said parties of the second part, their heirs and assigns, to their only use and behoof forever.

And the said parties of the first part, for themselves their heirs, executors and administrators, covenant with the said parties of the second part their heirs and assigns, that they are seized of said premises in fee, and have right to convey the same in fee simple; that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.



IN TESTIMONY WHEREOF, the said parties of the first part to these presents have hereunto set their hands and seals, the day and year above written.

Signed, sealed and delivered in the presence of

Billy E. Brandenburg (Seal)
Billy E. Brandenburg
(Seal)
Ann C. Brandenburg (Seal)
Ann C. Brandenburg
(Seal)

250

STATE OF NORTH CAROLINA }
County of MECKLENBURG } SS.

I, Pamela G. Alexander, a Notary Public for said County and State aforesaid do hereby certify that Billy E. Brandenburg and Ann C. Brandenburg his wife, personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument.

WITNESS my hand and notarial seal, this 20th day of November, A. D. 19 70

Pamela G. Alexander
Notary Public
My Comm. Exp: 3/16/75

STATE OF }
County of } SS.

I, _____ do hereby certify that
for said County and State _____
_____ and _____
_____ wi_____, personally appeared before me this day
and acknowledged the due execution of the foregoing (or annexed) instrument.

WITNESS my hand and _____ seal, this _____ day of _____, A. D. 19____

INDIVIDUAL

Deed

BILLY C. BRANDENBURG and wife
ANN C. BRANDENBURG
TO
WILLIAM MILLER McELHANEY and wife, ELLEN P. McELHANEY
Mail to, Name & Address
Griffin and Gerdes
823 Law Building
Charlotte, N. C. 28202

RECORDED IN BOOK _____
OF DEEDS ON PAGE _____
Register of Deeds

STATE OF North Carolina }
County of Mecklenburg } SS.

The foregoing (or annexed) certificate of Pamela G. Alexander, a Notary Public for said County and State is certified to be correct.

This 20th day of November, A. D. 19 70

Charles E. Gardner, Register of Deeds
By _____ Deputy

Recorded in Book _____ Page _____
and Verified

Drawn By: Griffin & Gerdes T-674G

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

4400

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 1591B
223-132-26

OWNER: Ellen P. Mc Elhaney APPLICANT:
ADDRESS: 8932 Shawbrooke Dr. Chas. APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd/ PROPERTY SIZE: 1.1
LOCATION OF SITE: Marion Road PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5-12% 1940 LAND-SCAPE 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	0-6"	gr/sc/	Fr/SEAP/SS/SP	>48" TO Chroma 2	48"	N/A	None	PS .39/F2 LV
		6-48"	sBK/C	Fr-Fi/SEXP/SP					
2	LS	0-4"	gr/sc/	Fr/SEXP/SS/SP	>48" TO Chroma 2	48"	N/A	None	PS .39/F2 LV
		4-48"	sBK/C	Fr-Fi/SEXP/SP					
3	LS	0-3"	gr/sc/	Fr/SEXP/SS/SP	>48" TO Chroma 2	48"	N/A	None	PS .39/A2 LV
		3-48"	sBK/C	Fr-Fi/SEXP/SP					
4	LS	0-4"	gr/sc/	Fr/SEXP/SS/SP	>48" TO Chroma 2	48"	N/A	None	PS .39/F2 LV
		4-48"	sBK/C	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marbi 10-596
LSS

OMMENTS: Not sure if 100 percent repair capable

LEGEND

use the following standard abbreviations

ANDSCAPE 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) SUC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

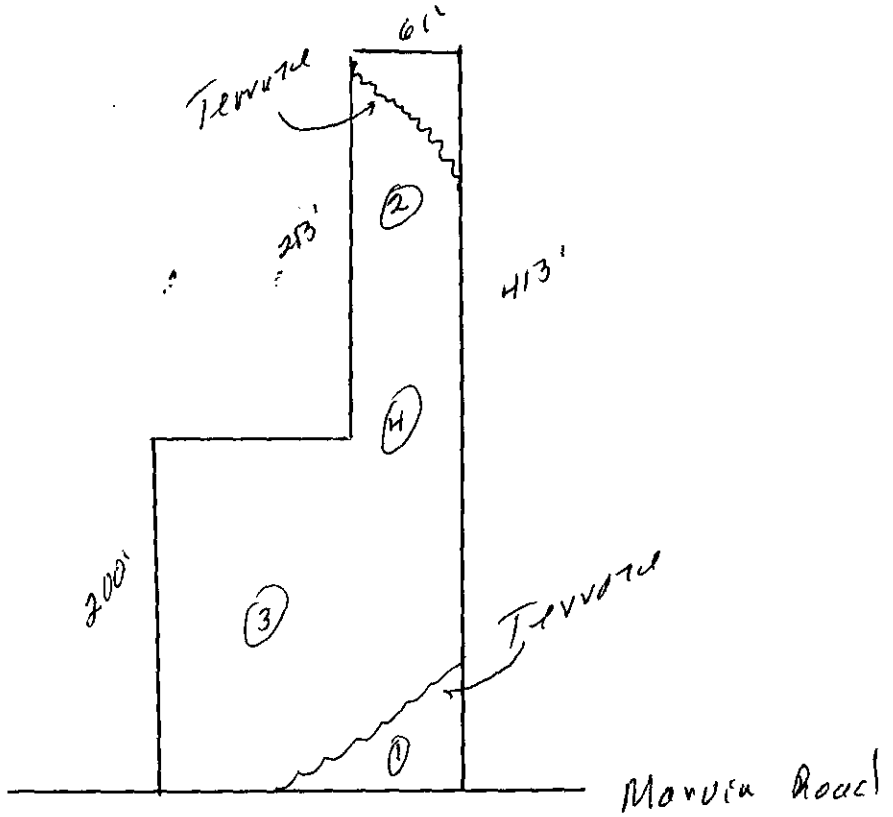
ORIZON DEPTH	In inches below natural soil surface
PTH OF FILL	In inches from land surface
STRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

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

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

15-91B



DATE 3-19-97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

#223-132-26
PARCEL NUMBER

15301 MARVIN 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: MOVE ON PERMIT

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

X NEW ADDRESS

SIGNED: B. McConico

REVISED 1/91

TRANSFER OF OWNERSHIP

Permit #: 1591B
Job Location Information:
Tax Parcel #: 223-132-26
Street Address: 15301 Marvin Road
Charlotte, NC 28277

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: McElhaney (last) Ellen (first) P. (mi) Date Issued: _____

Address: 8932 Sharonbrook Drive
City: Charlotte State: NC Zip: _____
Daytime Phone: ( ) ____-____

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Hall (last) Thomas (first) D. (mi)

Address: 11514 Providence Road West
City: Charlotte State: NC Zip: 28277
Daytime Phone: (704) 342-4596

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: Thomas D Hall Date: 7 May 97

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____ (last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ____-____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, 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: _____ Date: _____