

14621 MAJESTIC OAK DR

21701219

5/22/2007

duponbj

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

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4678A Permit #: 4678A Tax Parcel #: 217-012-14

Property Owner: WENDELL C. SMITH

Job Location Address: 14621 MAJESTIC OAK DR

City: CHARLOTTE State: NC Zip Code: 28278

Operation Permit Issuance Date: 5/17/06 Contractor Name: STANLEY

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 EX. gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 180 feet

# of Lines: 2 @ 90 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 6+ inches

Distribution Device: DISTRIBUTION BOXES (4)

Inspection Dates

Tank(s) Inspected: N/A

Excavation Inspected: 5/17/06

Pump & Controls Inspected: N/A

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

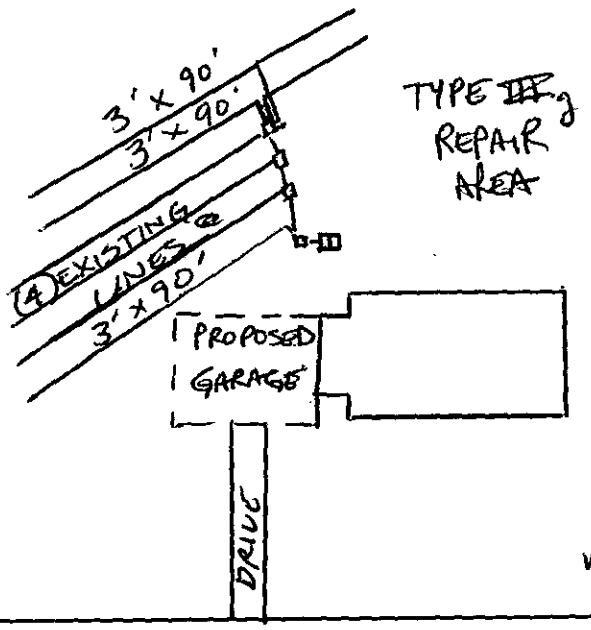
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☑ repaired as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to these restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: TYPE III, J REPAIR / CHAMBERED QUICK-4 SYSTEM W/ D REDUCTION

HR Authorized Agent: Chris Sherrill, RS, CSS Signature: _____

① CHANGE # BR's TO 4
— INITIAL ON APPLICATION

② OWES $200 FOR ALTERATION
FEE.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4678 A DATE: 9-13-95

TC: 217-012-14 L CRT

SERIAL Nº 16025

Name of Owner ABNER FORTNER, JR. Juris.: _____

Address of Property 14621 MAJESTIC OAK DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533'

Number of Lines 6 @ 90'

Cover Depth —

Water Supply Source WELL

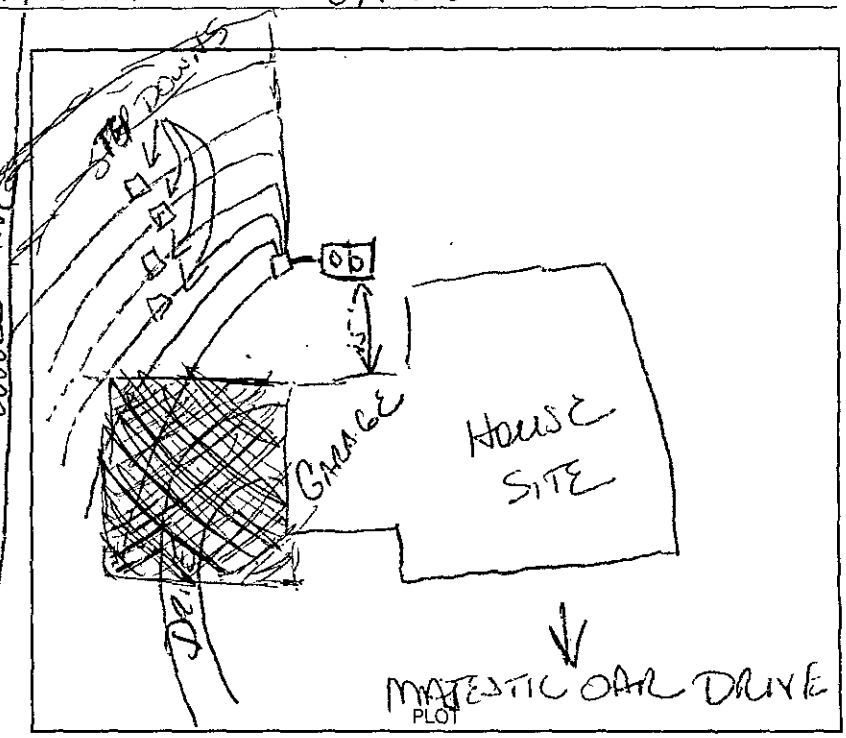
Distance to Water Source ≥50'

Excavation Inspected 9-13-95

Tank(s) Inspected 9-13-95

Wash Line Inspected —

High Water Alarm Inspected —



Design 1995, 1600 sq ft, 1500 Septic tank, T, 12" ACK CTR# RCS 90

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

- [X] installed or constructed
- [X] in accordance with the permit issued
- [ ] altered or repaired
- [X] 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

- [X] 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 II System.

Toni Higgins Burney, RS.
Environmental Health Specialist

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

FEE $ 150.00
DATE 4/4/06
CR# 5114

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE # 4621A

Application #622 Project # 173950

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Wendell C. Smith
ADDRESS: 14621 MAJESTIC OAK DR
CITY: CHARLOTTE
STATE: N.C ZIP: 28278
PHONE: 704-588-2089 FAX
ALTERNATE PHONE: 980-722-1026

PROPERTY OWNER:

NAME: Wendell C. Smith
ADDRESS: 14621 MAJESTIC OAK DR
CITY: CHARLOTTE
STATE: N.C ZIP: 28278
PHONE: 704-588-2089
ALTERNATE PHONE: 980-722-1026

JOB LOCATION INFORMATION

TAX/PARCEL #: 2170219
STREET ADDRESS: 14621 MAJESTIC OAK DR.
CITY: CHARLOTTE
STATE: N.C ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME: ROYAL OAKS
LOT #: 39

TOWNSHIP:

- ☒ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 6
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Wendell C Smith — Owner's/Agent's Signature
4-4-06 — Date

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

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

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

EHS Signature — Date

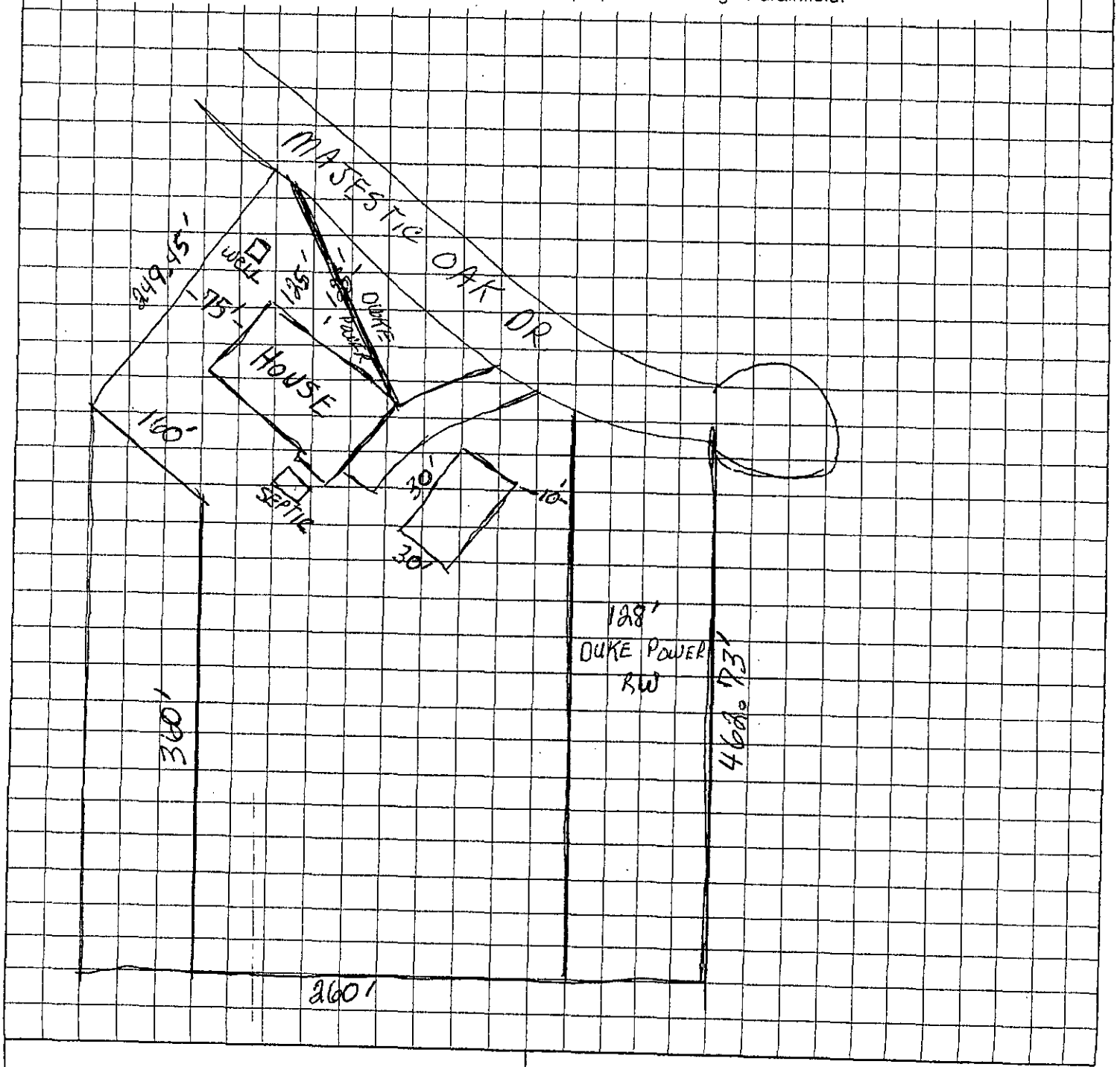
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: _____

TC: _____

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

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4678 A DATE: 9-13-95

TC: 217-012-14 ☐ L ☒ CRT

SERIAL Nº 16025

Name of Owner ABNER FORTNER, JR. Juris.: _____

Address of Property 14621 MAJESTIC OAK DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533'

Number of Lines 6 @ 90' LINE

Cover Depth —

Water Supply Source WELL

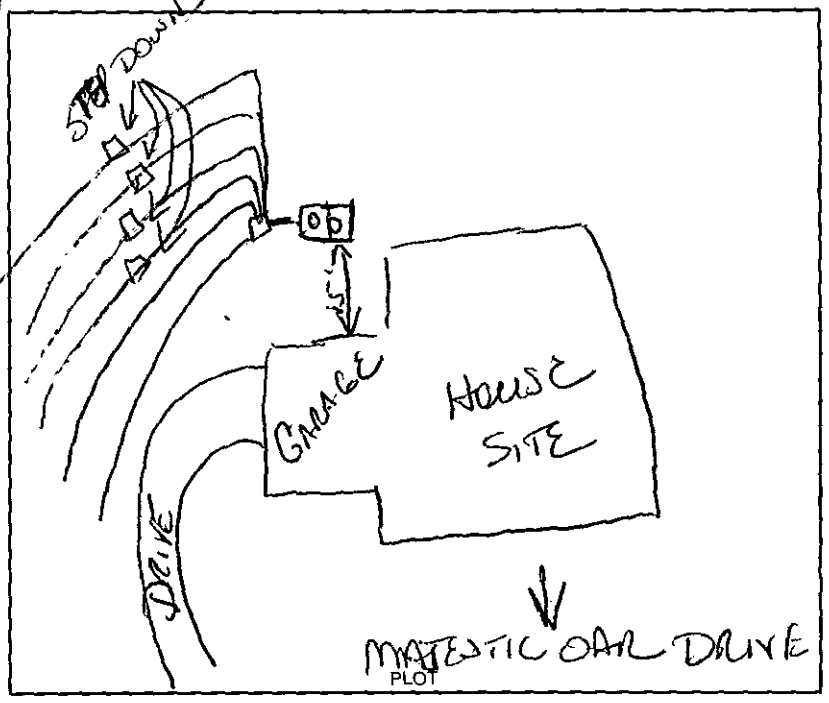
Distance to Water Source ≥50'

Excavation Inspected 9-13-95

Tank(s) Inspected 9-13-95

Wash Line Inspected —

High Water Alarm Inspected —



Design 1995, 1600 sq ft, 1500 Septic tank, T, 12" ACIC CTR# RCS 90

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

☐ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II System.

Joni Huggins Barney, R.S.
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: 4678A DATE: 9-12-95

TC: 217-012-19 L

SERIAL Nº 16259

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 11/15/93. All work shall be completed on or before 10-12-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 36+

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous NO

Total Line Length 533 feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House 70 (15 BASEMENT) feet

Distance from Property Line 10 feet

Distance from Well NOT INSTALLED feet
405
MINIMUM 50'

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

NAME OF OWNER ABNER FORTNER, JR.

LOCATION OF PROPERTY 14621 Majestic Oaks Drive

Comments: 1500 Septic tank (15' from BASEMENT) with 6@3'x90'x12" - Keep trenches shallow and on contour.

Jimi Higgins-Bunn, R.S.
Environmental Health Specialist

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

4678A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: FORTNER (last) ABNER (first) B. Jr. (mi)

ADDRESS: 1327/1406 BEACON Ridge Rd PHONE: (704) 553 1480

CITY: CHARLOTTE, N.C. STATE: ZIPCODE: 28210

Date: 11/15/93

PROPERTY OWNER:

NAME: Childers, Melvin D. (last) (first) (mi)

ADDRESS: 7112 Baltusrol Ln. PHONE: (___) 552-2633

CITY: Charlotte STATE: N.C. ZIPCODE: 28210

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-019-19

STREET ADDRESS: 14521 Majestic Oak Dr. Royal Oak Subdivision Lot #39

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 39 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building, check one):

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 8

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)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: M D Childers Date: 11/15/93

NOTICE:

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

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

...This permit is not transferable.

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

...System designed for 4 bedroom home - House has basement
Setback will be 15' from house
Foundation - well will be at least 50 from system + 25' from house - 100% repair area requirement is met.
Lift pump may be required if plumbing stub out is too low.

Environmentalist Date 12/8/93

Director or Authorized Section Head Date 12/9/93

WATER : 122791

PROPOSED PLOT PLAN

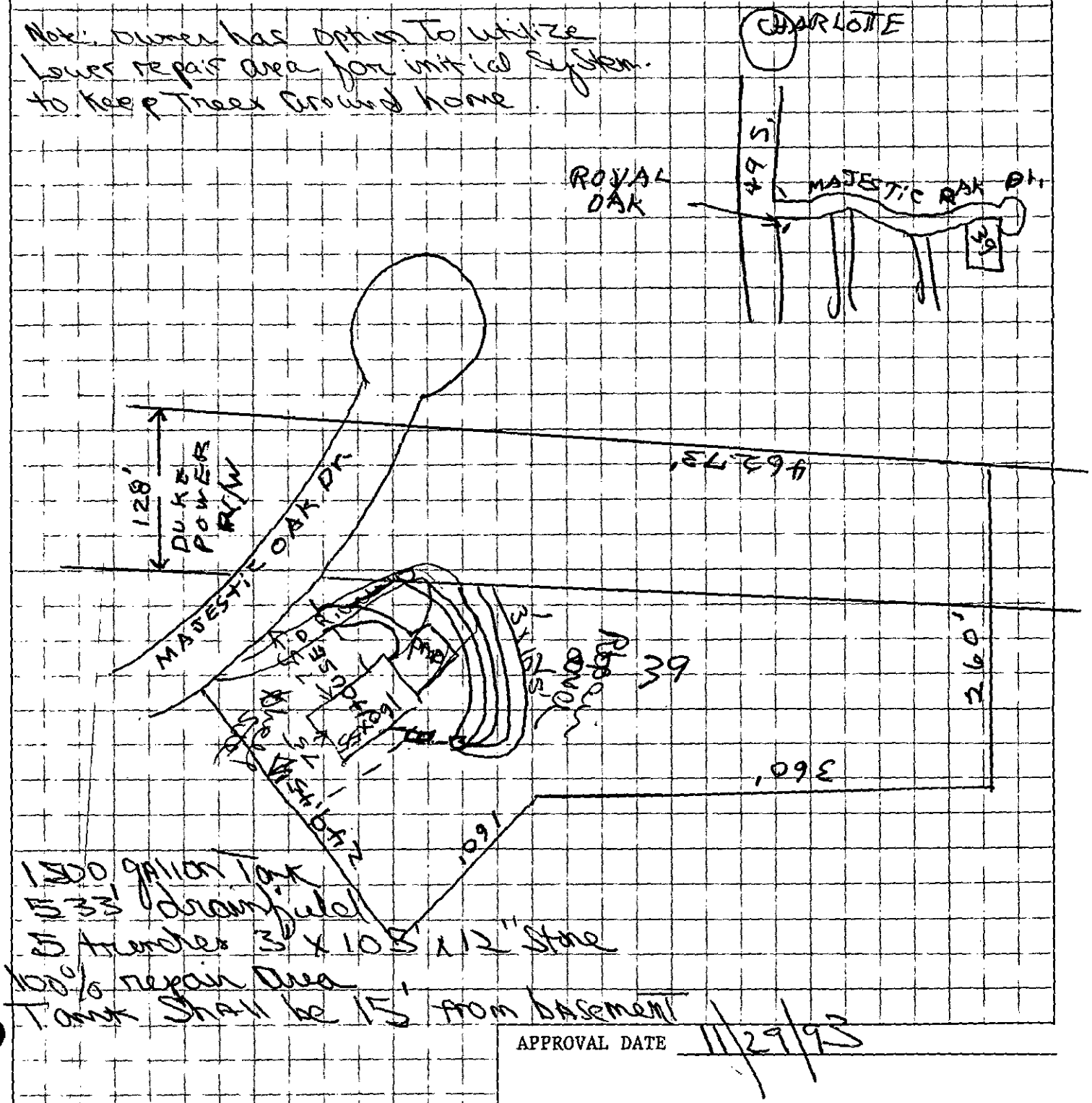
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4678A

TC: 217-012-19

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.

Note: Owner has option to utilize lower repair area for initial system. to keep Trees around home.



APPROVAL DATE 11/29/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

Basil G. Velta, M.D., M.P.H.
Health Director

August 2nd, 1988

Performance Investments, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Majestic Oak Drive 39
FILE: 4678A
PARCEL: 21701202 PO

Dear Sir:

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 15462) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15452

File: 4678A Action 1

Parcel: 21701202 PO ☐ PC

Location: Majestic Oak Drive

Subdivision:

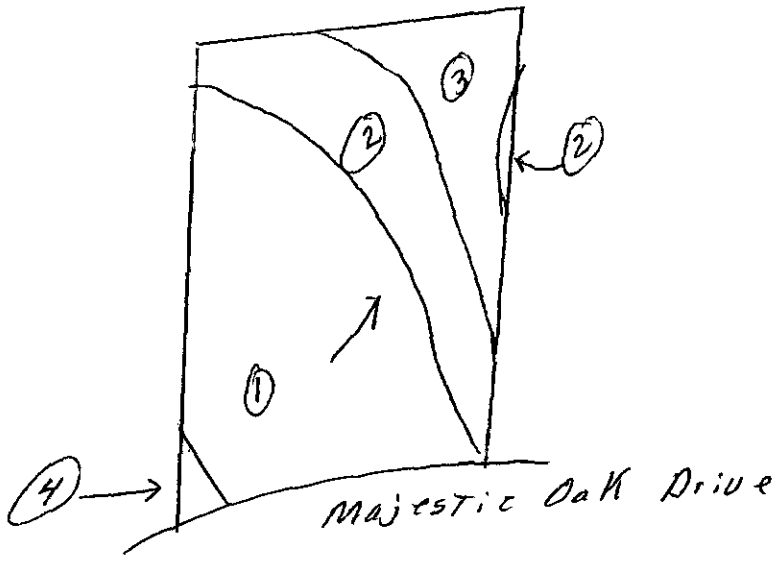
Lot: 39 Block: Acres: .90

Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: _____

Described by: William A. Marlin

Date: 8-2-95



*** EVALUATION KEY ***

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S (PS) U 15-30%	S PS (U) Drainageway Depression	S PS U —	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U clay	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" To water	S (PS) U >36" To water	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 36" +	S (PS) U 36" +	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U —	S PS U —	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U limited	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) Duke Power R/W	S PS U	S PS U
Soil Group/Series	IVA Cecil-Lilly	IVA Cecil-Lilly	Drainageway Depression	B/W		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

6/17/88
Pd ck #54
$30.00

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4678A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Yack Road at Pleasant Hill Road/Majestic Oak Drive

② SUBDIVISION: Royal Oaks ③ LOT: 39 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: PO 217 PAGE NO.: 012 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

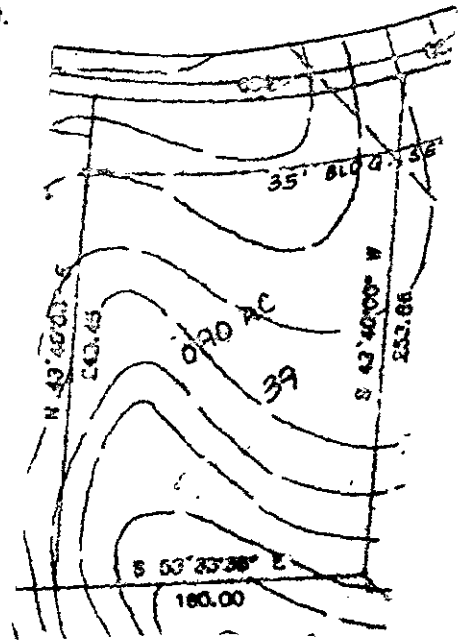
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 1/19/88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

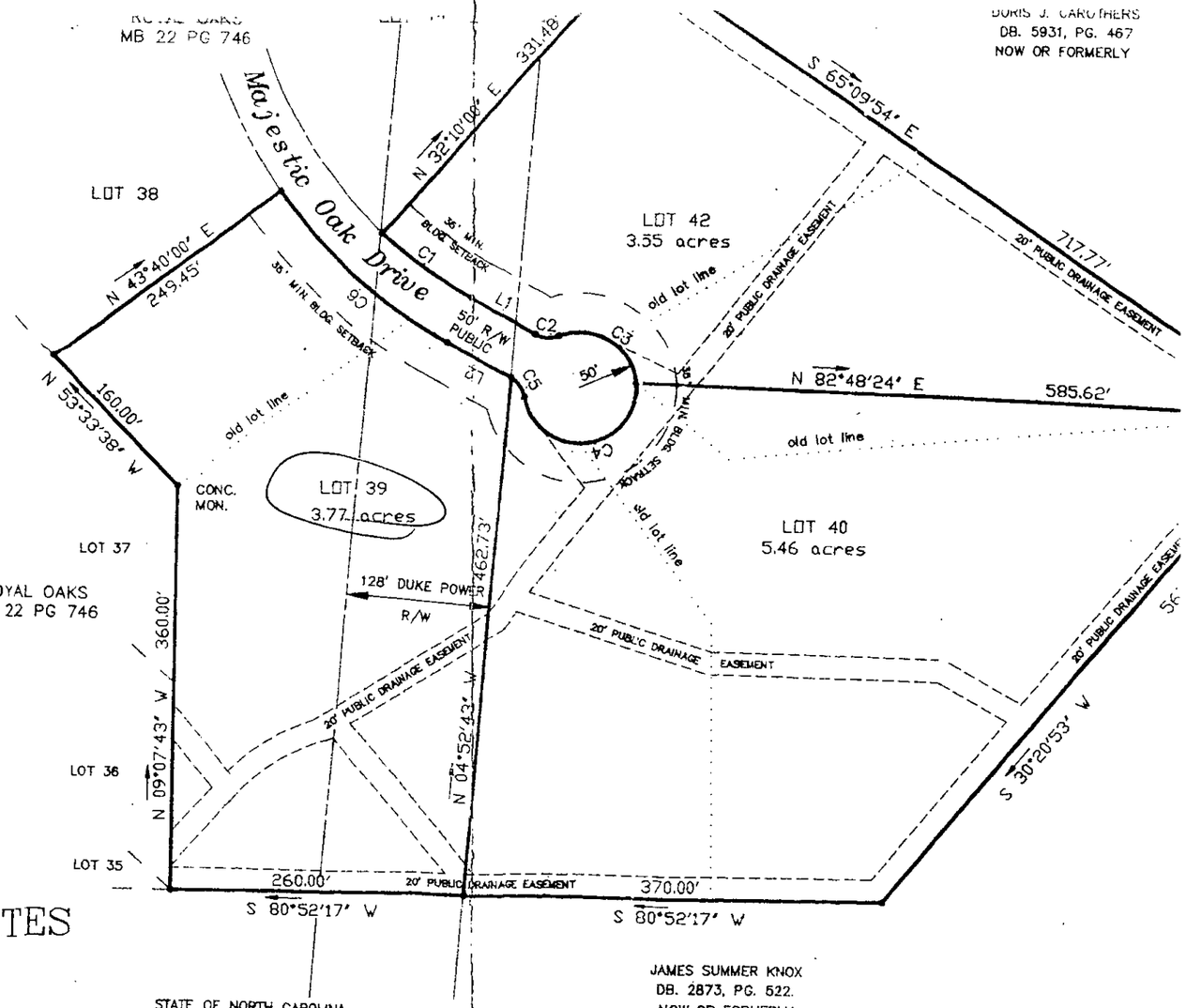
4678A

APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT.
WITNESS MY HAND AND OFFICIAL STAMP OF SEAL, THIS 23 DAY OF MAY 19 91

MY COMMISSION EXPIRES
Russell 9-18-93

NOTARY PUBLIC

NOTES:
1. LOTS ARE SUBJECT TO EASEMENT FOR SLOPE FROM ROAD FOR MAXIMUM OF 2:1 SLOPE.
2. ALL PROPERTY OWNERS ARE NOW OR FORMERLY
3. R/W = RIGHT OF WAY
4. TOTAL AREA IN LOTS 12.78 ACRES.
5. ZONED R-15.
6. IRONS SET AT ALL LOT CORNERS AND ANGLE POINTS UNLESS OTHERWISE NOTED.
7. THESE LOTS WERE PREVIOUSLY RECORDED AS LOTS 39, 40, 41, 42, & 43, IN MAP BOOK 22, PAGE 746.
8. THE PURPOSE OF THIS REVISED MAP IS TO MAKE LOTS 39, 40, & 42 LARGER, AND TO DELETE LOTS 41 & 43.
9. THE RECORDING OF THIS REVISED MAP SUPERCEDES AND REPLACES ALL PREVIOUSLY RECORDED MAPS FOR THESE LOTS.
10. REAR AND SIDE LOT LINES SUBJECT TO A 10' DRAINAGE EASEMENT EITHER SIDE IN ADDITION TO THE ONES SHOWN.



SURVEYED BY:

SAM MALONE & ASSOCIATES
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STATE OF NORTH CAROLINA
COUNTY OF MECLENBURG

OF
A NOTARY PUBLIC OF SAID COUNTY AND STATE IS/ ARE CERTIFIED TO BE CORRECT.
THIS DAY OF 19
RECORDED IN BOOK , PAGE
AND VERIFIED.
ANNE A. POWERS, REGISTER OF DEEDS
BY
DEPUTY

JAMES SUMMER KNOX
DB. 2873, PG. 522.
NOW OR FORMERLY