

3721 CHERRYBROOK DR

13935121

5/18/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 2400

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: AA61-A DATE: 3-8 94

TC: 139-351-21 ~~CL~~ X CRT

SERIAL№ 15869

Name of Owner CHERRY HOMES INC Juris.:

Address of Property 3721 CHERRY BROOK DR

Inspection Data:

Tank Material PCL

Total Length of Drainfield 200

Number of Lines 4 @ 50

Cover Depth 6"

Water Supply Source comm. well

Distance to Water Source 100'+

Excavation Inspected 3-8-94

Tank(s) Inspected 3-8 94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994 SCBPS TYPE III CTR# AT NORWOOD

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .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.

COMMENTS:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

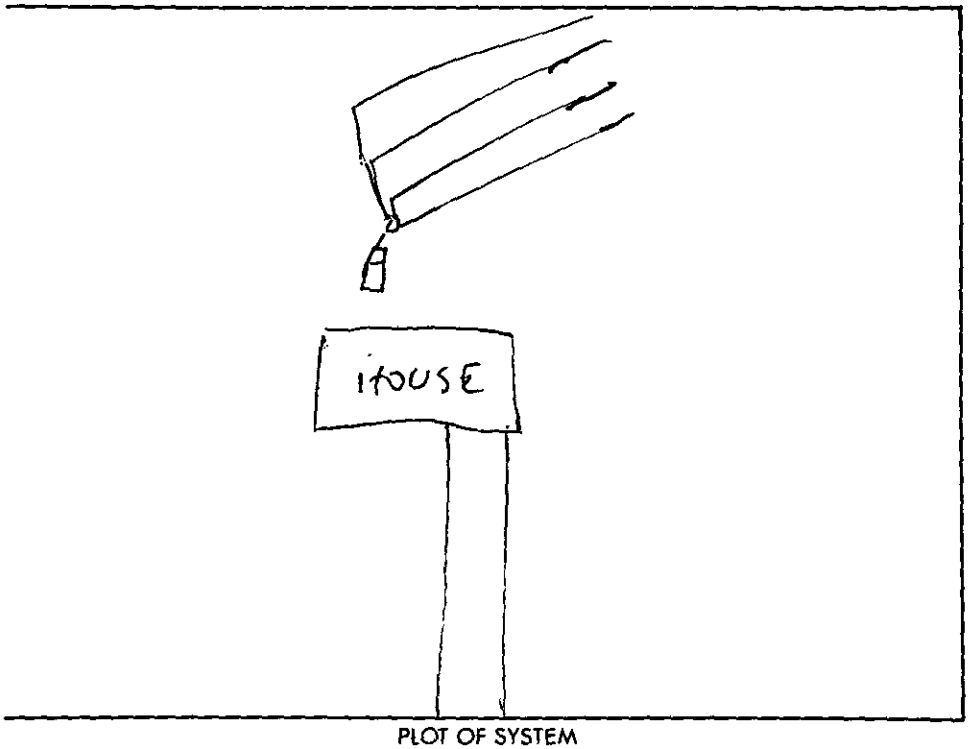
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4461-A DATE: 2-9-94

TC: 139-351-21 ☐ L

SERIAL Nº 15887

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 6-30-93. All work shall be completed on or before 3-9-94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 200 feet

Number of Lines 4

Depth of ~~Stone~~ Sand 30" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

NAME OF OWNER CHERRY HOMES

LOCATION OF PROPERTY 3721 CHERRY BROOK DR

Comments: INSTALL W/ PLAN ON FILE

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

400 ✓ Lot 18

4461A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES 10/14/93

AP#2467 $100.00 2365 6/30/93 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: 6-30-93

PERSON FILING APPLICATION:
NAME: BALLARD (last) DAVID (first) B (mi)
ADDRESS: 11407 E INDEPENDENCE PHONE: (704) 847-8300
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-021-12
STREET ADDRESS: 3721 Cherrybrook Dr Charlotte NC
ZONING:

PROPERTY OWNER:
NAME: CHERRY HOMES INC (last) (first) (mi)
ADDRESS: 11407 E INDEPENDENCE PHONE: (704) 847-8300
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 18 LOT SIZE (in acres): .47

[ ] 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) Tom Lewis

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: X3 NUMBER OCCUPANTS: X6
SYSTEM CLASSIFICATION: ~~CONV~~ MOD.

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] 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 [X] 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: David Ballard Date: 6-30-93

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.

...TYPE II PPBPS AGREEMENT FORM ON FILE

CERT. OPERATOR REQUIRED FOR REPAIR AREA

[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

Environmentalist Date

Director or Authorized Section Head Kelly Ranell 10-14-93 Date

WATER : 122791

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

DATE: 6/30/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 139-021-12 po

ASSIGNED ADDRESS 3721 Cherybrook Dr

EXISTING ADDRESS lot 18

PROJECT NAME Forestbrook 2

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: Pwc

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Lot 18 (11

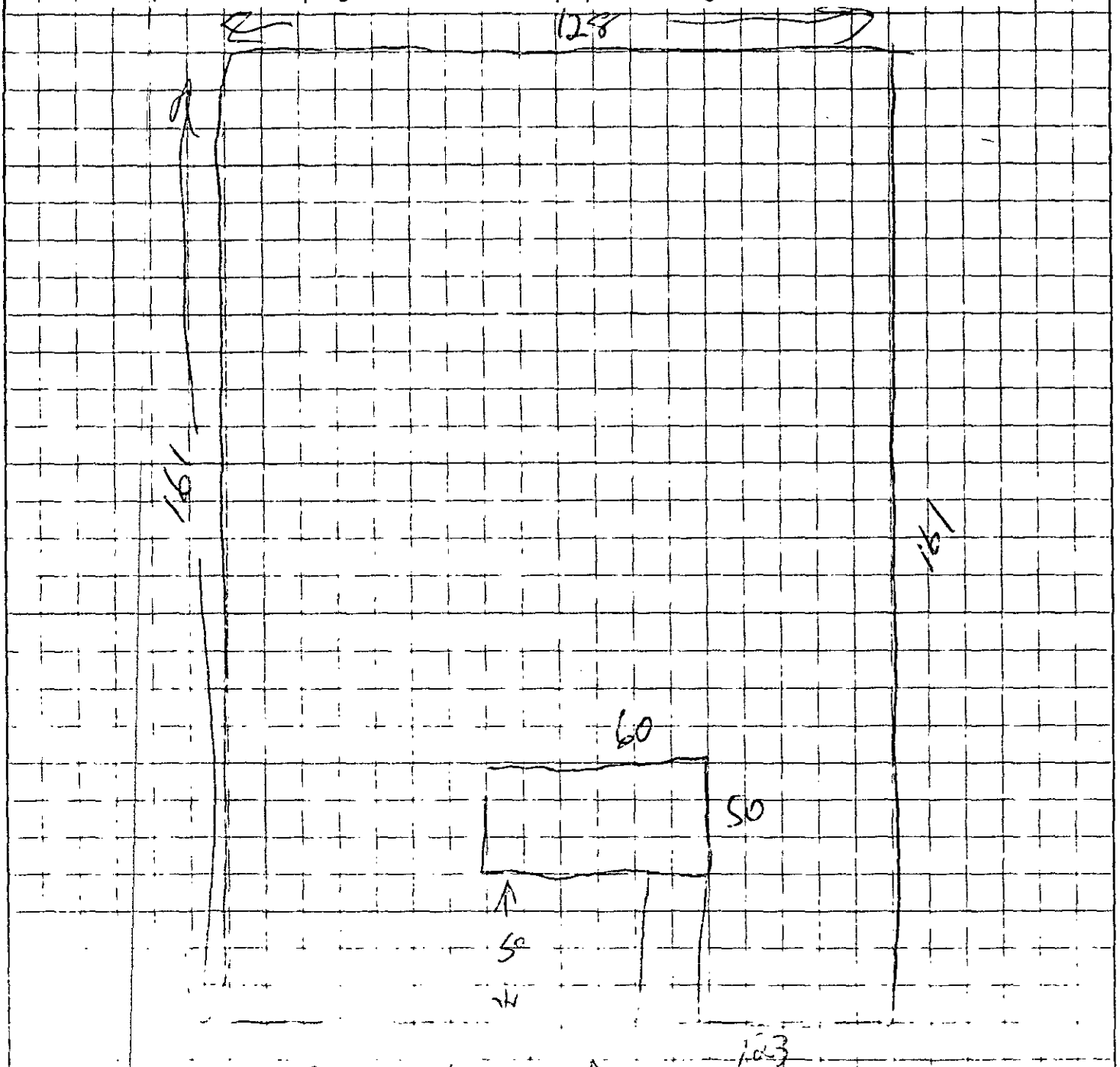
PROPOSED PLOT PLAN

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

FILE: 4461A

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.



Std. Chk/Rpt/Prod. Dr

APPROVAL DATE 6/30/92

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: 4461A
TC: _____
SERIAL: № 17733
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3711 ~~[illegible]~~ CHERRYBROOK DRIVE (STREET NO / STREET) ② FILE: 4461A & 4462A
③ JURISDICTION: MECK ④ TAX PARCEL NO.: PO 139-021-12
⑤ SUBDIVISION: FORESTBROOK ⑥ LOT: 18 & 19 ⑦ BLOCK: _____

OWNER

⑧ NAME: INTERSTATE DEV. CORP. (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 5936 MONROE RD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 537-3847 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 6 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☒ Community well
D ☐ Community system

㉙ 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 HEALTH DEPARTMENT to enter on the property for the purpose of processing this request.

Signed: Mark Maddela - President
Date: 3/10/89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MCHD
File: 4461-A 4461-A
TC: 139-021-12
Lot 18, Forestbrook

139-351-21 Lot 18

L\WORK\WORDS\DFS2P

DESIGN SPECIFICATION
FOR (3 bedrm.)
ON SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓16-INCH PPBPS-GRAVITY DISTRIBUTION (3) Bedroom
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
DISTRIBUTION BOX	EASEMENT
✓DIPPER BOX(1)	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 Septic tank
OTHER	

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
				PPBPS				
				PRIMARY				
L1	11	1				50'		
L2	11	1				50'		
L3	11	1				50'		
L4	11	1				50'		
Totals	44	PANELS				200'		
				REPAIR				
LA						45'		
LB						45'		
LC						45'		
LD						45'		
LE						45'		
LF						45'		
LG						35'		
LH						20'		

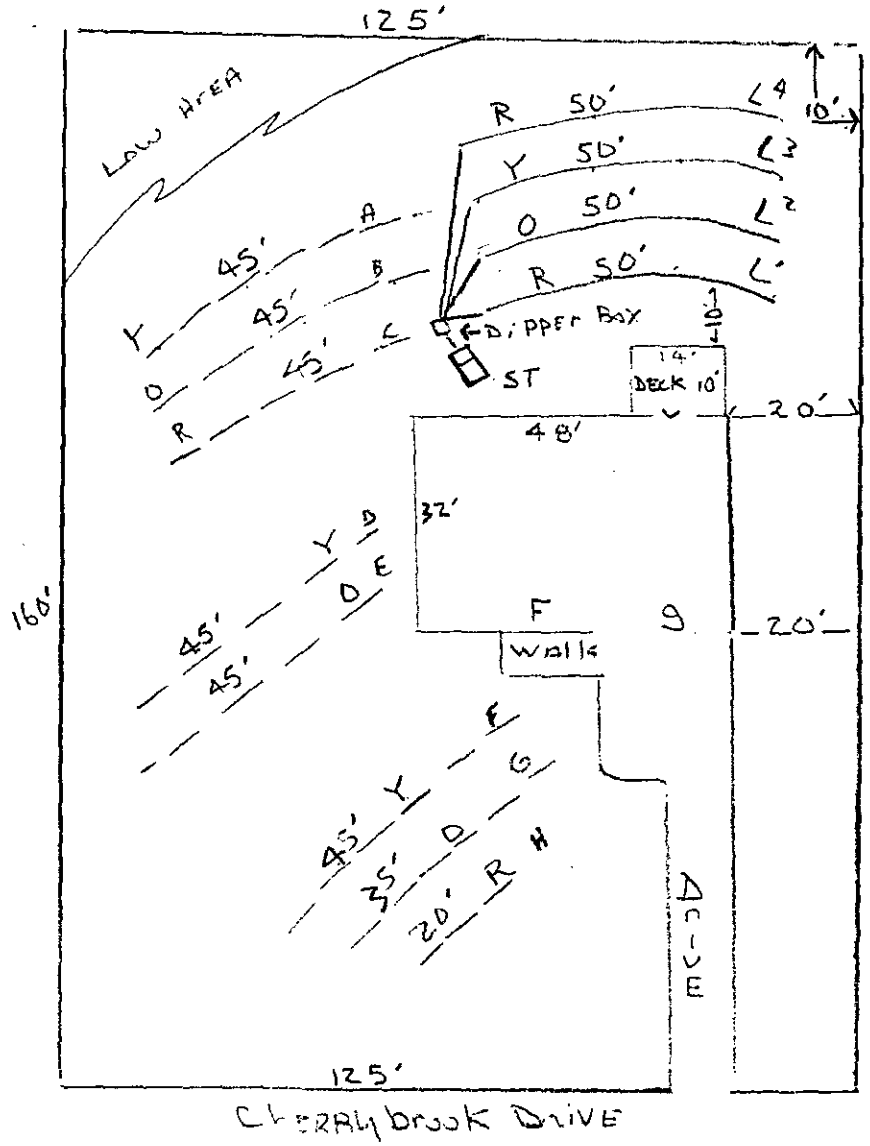
Total 325' Repair

MCHD

FILE: 4462-A

TC: 139-021-12

LOT 18, Forestbrook



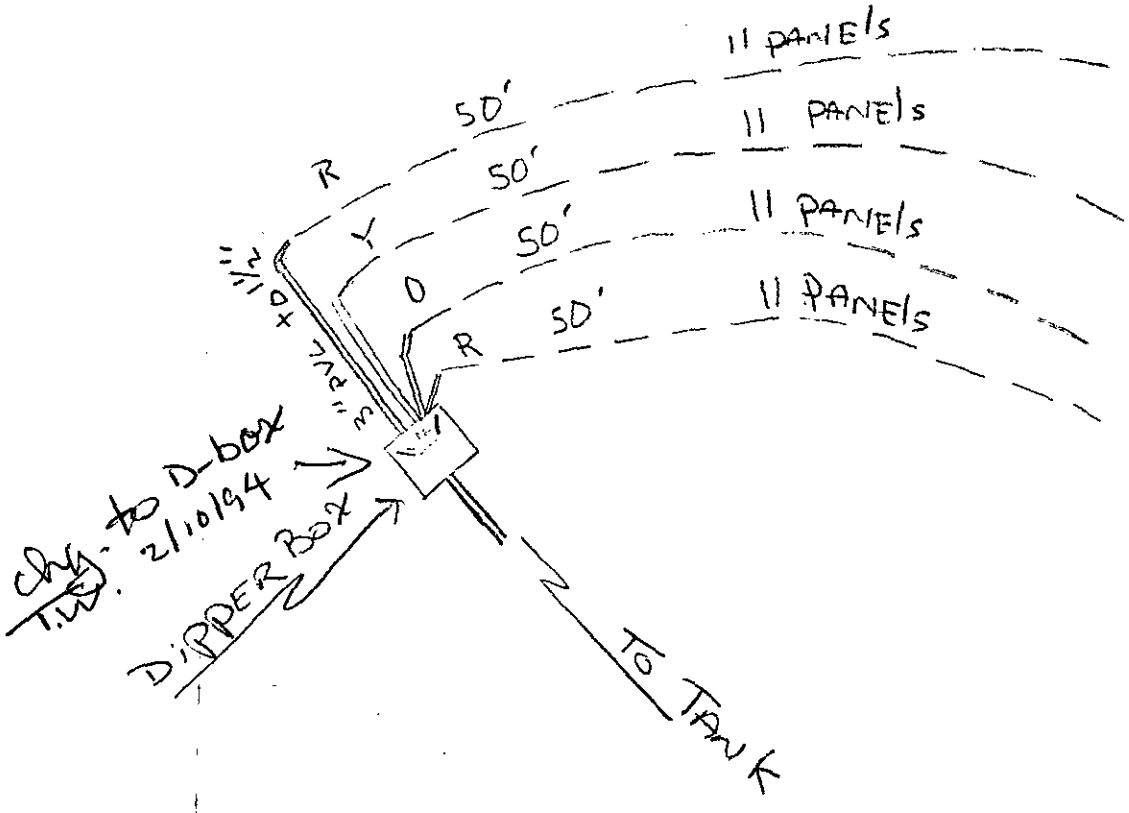
chg. to D. box
T.W. 2/10/94

APP/DATE _____

SCALE 30'

MCHD
FILE: 4462-A
TC: 139-021-12
Lot 18, Forestbrook

* SPECS/GRAVITY-PPBPS
3 BEDROOM



Mecklenburg County
Health Department

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

June 20th, 1988

Interstate Development Corp.
5936 Monroe Road
Charlotte, NC 28212

RE: Property located at Cherrybrook Drive 18
FILE: 4461A
PARCEL: 13902112 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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15147) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15147

File: 4461A Action 2

Parcel: 13902112 PO ☐ PC

Location: Cherrybrook Drive

Subdivision:

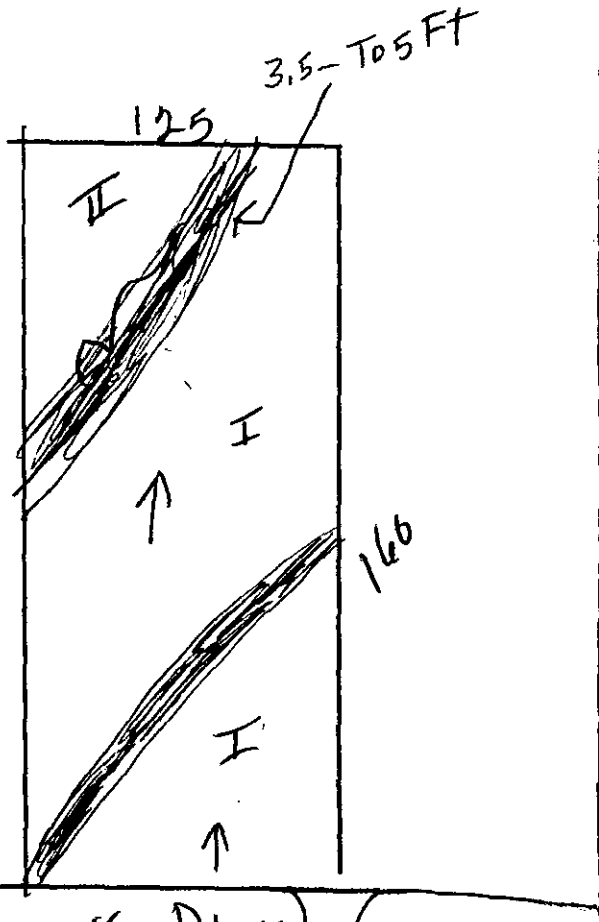
Lot: 18 Block: Acres: .47

Owner: Interstate Development Corp.
Address: 5936 Monroe Road
Charlotte, NC 28212

Comments: _____

Described by: W. B. Ramsey

Date: 6-16-88



*** 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 2-7	S (PS) U 2-6	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48	S PS (U) 12-13	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U)	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	IIa Cecil	IIa Enodu cab.				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

4/15/88 Paid $30.00 ck#0236 ew

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4461A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: LOT 18 CHERRYBROOK DRIVE

② SUBDIVISION: FOREST BROOK ③ LOT: 18 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PO 139 PAGE NO.: 021 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 5597 PAGE NO.: 403

OWNER

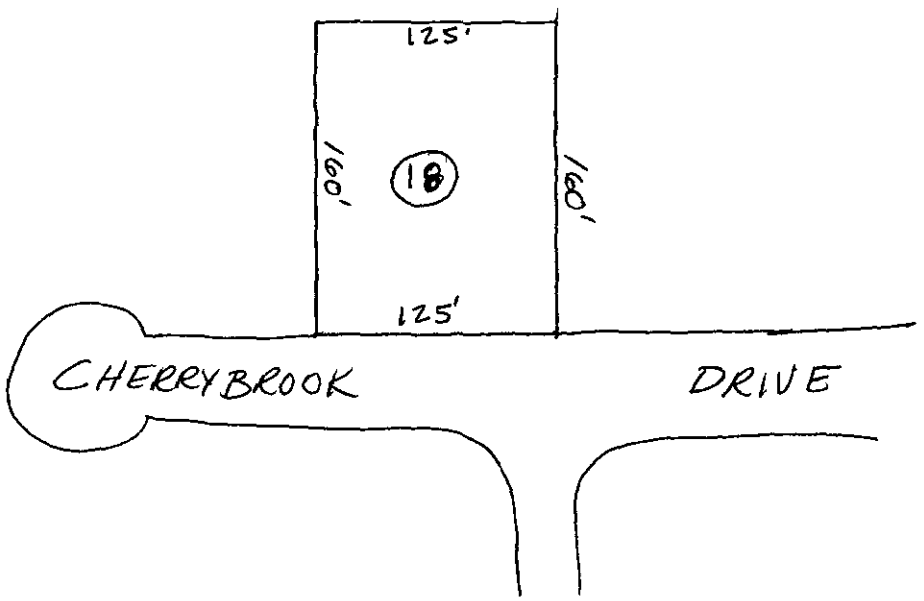
⑦ NAME: INTERSTATE DEVELOPMENT CORP. - MARK MADDALON / PRES.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5936 MONROE ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-3847 (HOME) 364-7789

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: Mark Maddalon - President

Date: 4-15-88

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

RICHARD WILLIAMS (AGENT) 283-6629

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

18

BK: 07488 PG: 0042/0043 #:0184 10.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 10/05/93 12:16

4461A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Cherry Homes, Inc owner of property located at 3721 Cherrybrook Dr., ("the site") and described in an *instrument recorded* in Book 7347 at Page 911/916 Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) 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 can reasonably be expected to *function satisfactorily* and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore *reclassified* the site as "provisionally suitable" and issued on 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 his responsibility 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 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*.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the *aforesaid permit* falls to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will *discontinue* use of said system immediately.

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.

This 5th day of October, 1993.

Cherry Homes, Inc.
Phil Cohn Pres (SEAL)

Cherry Homes Corporate Seal

Knitchel Herron Sect. (SEAL)
Cherry Homes, Inc.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

~~Phil Cohn~~ _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Debra F. Honeycutt, a Notary Public for said County and State, do hereby certify that

Phil Cohn personally came before me this day and acknowledged that he is

President of Cherry Homes, Inc, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by Knitchel Herron, Sect.

WITNESS my hand and notarial seal, this 5th day of October, 1993.

Debra F. Honeycutt
Notary Public

DEBRA F. HONEYCUTT NOTARY PUBLIC UNION COUNTY, N.C.

My Commission Expires January 31, 1996

Amended 07/93

Drawn By David Ballard

Return Original to Dept. of Environmental Protection

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Debra F. Honeycutt

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

This 5th day of October, 19 93.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Helen McGowan Deputy Register of Deeds

MECKLENBURG COUNTY, N.C.
OCT 13 12