

9824 DRAWBRIDGE DR

10815318

1/4/2008

duponbj

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

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? ( ) yes ( ) no

Date: 3-30-04 Parcel:_____

REQUESTING PERSON:_____ Phone_____

Address_____ City_____ Zip_____

PROPERTY CONCERNED: Facility Name RICHARD TORRES

Address 9824 DRAWBRIDGE DRIVE City_____ Zip_____

SERVICE REQUESTED: _____

ASSIGNED TO:_____ TAKEN BY:_____

DATE	ACTIVITY REPORT
3-30-04	P.S. FROM WILLIE CHRISTENBURY. HE HAD BEEN CONTACTED BY OWNER TO CORRECT SEPTIC PROBLEM.
3-30-04 10:30	OSU MR. TORRES, MR. CHRISTENBURY & TRACY PRESENT. ADVISED TO UNCOVER PT BOX, ACTUATE PUMP TO CHECK DISTRIBUTION, ADVISED A PRESSURE MANIFOLD MAY BE NECESSARY. I WILL MEET CONTRACTOR AT HIS SCHEDULE. SEWAGE (SMALL AMOUNT OBSERVED @ LOWEST LINE.

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ **RECALL DATE:** _____

Section Head's Signature Date

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

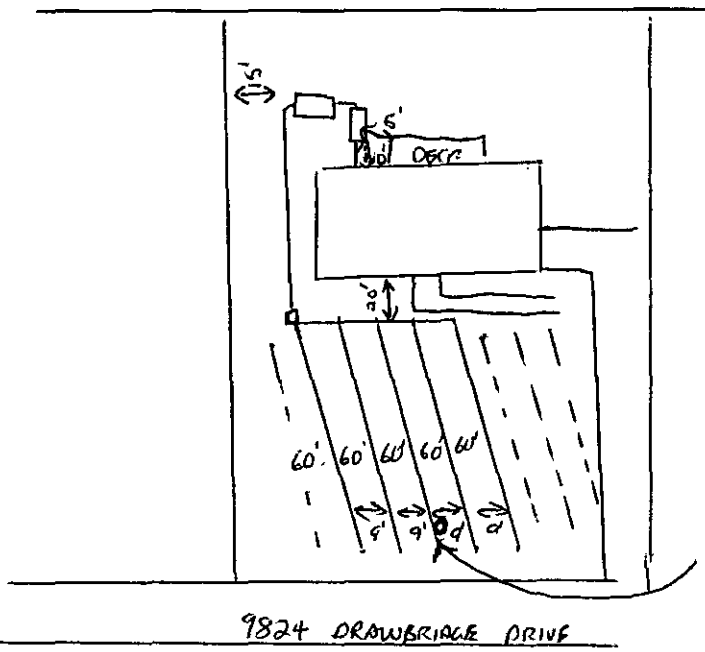
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4077B DATE: 9-26-00

TC: 108-153-18 ☒ L

SERIAL Nº 18534

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 9-1-99. All work shall be completed on or before 11-26-00, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 300 feet

Number of Lines 6 5

Depth of Stone NA 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 RICARDO TORRES

LOCATION OF PROPERTY 9824 DRAWBRIDGE DRIVE

Comments: (1) PERMIT DESIGN IS FOR TYPE III-G INNOVATIVE

(2) REPAIR IS FOR PRESSURE PANEL BLOCK DESIGN.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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: 4077B DATE: 9-27-00

TC: 108-153-18 ☒ L ☐ CRT

SERIAL Nº 18474

Name of Owner RICARDO TORRES Juris.:

Address of Property 9824 DRAWBRIDGE DRIVE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 5 @ 60'

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source NOT INSTALLED

Excavation Inspected 9-27-00

Tank(s) Inspected 9-26-00

Wash Line Inspected ~

High Water Alarm Inspected 9-27-00

SEE INSTALLATION

PLOT

Design 1500 ST 1000 DT 1000 SFT INNOVATIVE EEZE FLOW" CTR# BOB McCARTER

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 III - B, G ; INNOVATIVE

(1) HOLD FOR WELL ABANDONMENT FORM TO BE COMPLETED.

X _____
Environmental Health Specialist

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

PROPOSED PLOT PLAN

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

FILE: 4077B

TC: 108-153-18

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~~.

SCALE 1"=40

116'

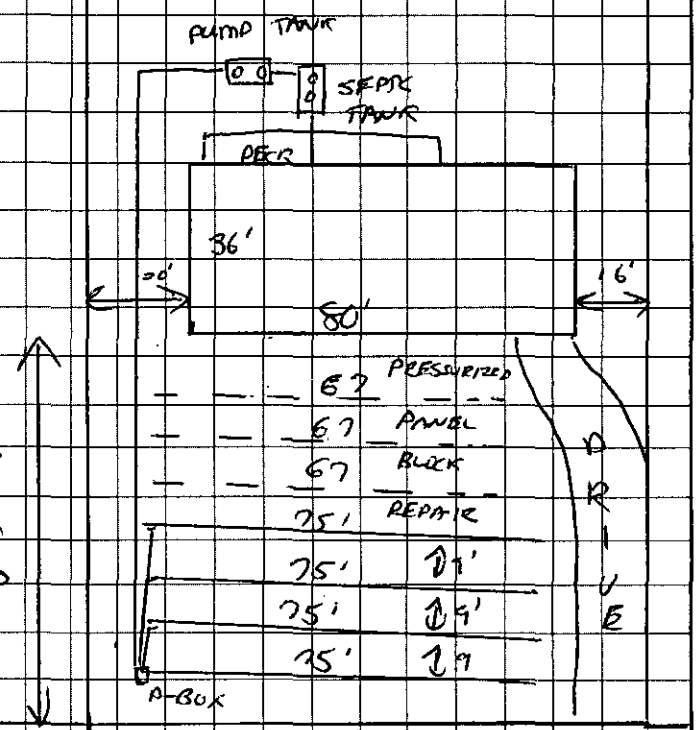
(1) INSTALL DRAINLINES SHALLOW 30" AND ON CONTOUR

(2) SYSTEM DESIGN IS FOR AN INNOVATIVE TYPE III-G USING A PUMP TANK AND HAVING PRESSURIZED PANEL BLOCK REPAIR. THIS WILL REQUIRE AN AGREEMENT FORM TO BE FILED W/ REGISTER OF DEEDS OFFICE AND COPY GIVEN TO THIS DEPT.

(3) HOUSE TO BE 80' FROM ROAD TO ALLOW ENOUGH SPACE FOR INSTALLATION OF SYSTEM.

(4) INSTALL GATE VALVE ON 2" SUPPLY LINE

CASTLE GARDENS
LOT 17



9824 DRAWBRIDGE DRIVE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

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

#2

Sheet: _____
Property ID: 108-153-18
Lot #: 17 B
File #: 4077B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Edna B. Helms APPLICANT: Ricardo Torres
ADDRESS: 9320 Castle Harden Lane, Charlotte DATE EVALUATED: 9-9-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .63
LOCATION OF SITE: 9824 Drawbridge Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-20% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-6"	gr|sl	Fr|SE XP| SS|SP	>27" TO 10YR 5/1 wetness	27"	N/A	None	US .125 S/PZ (LP) IV
		6-27"	SBK|C	Fi|SE XP| S|P					
2	LS	0-5"	gr|sl	Fr|SE XP| SS|SP	>48" TO 10YR 5/1 wetness	48"	N/A	None	PS .391/PZ IV
		5-48"	SBK|C	Fi|SE XP| S|P					
3	LS	0-5"	gr|sl	Fr|SE XP| SS|SP	>28" TO 10YR 5/1 wetness	28"	N/A	None	US .125 S/PZ IV
		5-28"	SBK|C	Fi|SE XP| S|P					
4	LS	0-4"	gr|sl	Fr|SE XP| SS|SP	>29" TO 10YR 5/1 wetness	29"	N/A	None	US .125 S/PZ IV
		4-29"	SBK|C	Fi|SE XP| S|P					
5	LS	0-6"	gr|sl	Fr|SE XP| SS|SP	>48" TO 10YR 5/1 wetness	48"	N/A	None	PS .391/PZ IV
		6-29"	SBK|C	Fi|SE XP| S|P					
		29-48"	SBK|CL	Fr|SE XP| SS|SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Recommended
EVALUATED BY: W. R. Marlow LSS 9-9-99
OTHER(S) PRESENT: R. Torres

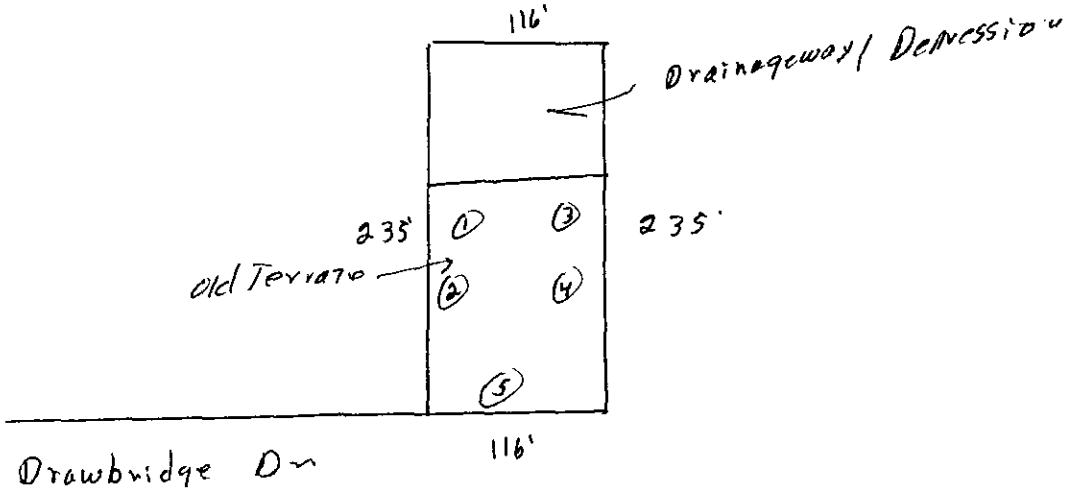
FILE # 40779

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 200.00 Cash
DATE: 9-1-99 JC

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 #: 4077B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 108-153-18

STREET ADDRESS: 9824 Drawbridge. DR.

SUBDIVISION OR MOBILE HOME PARK NAME: Castle Gardens.

LOT NUMBER: 17 BB

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2650.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

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

PROPERTY OWNER:

NAME: TORRES. Ricardo.
(LAST) (FIRST) (MI)

ADDRESS: 6300 Big oak Ln.

CITY: Charlotte. STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) 717-0194

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Helms Edna B
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

9320 Castle Gardens Ln
28215

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: Ricardo Torres DATE: 9-1-99

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

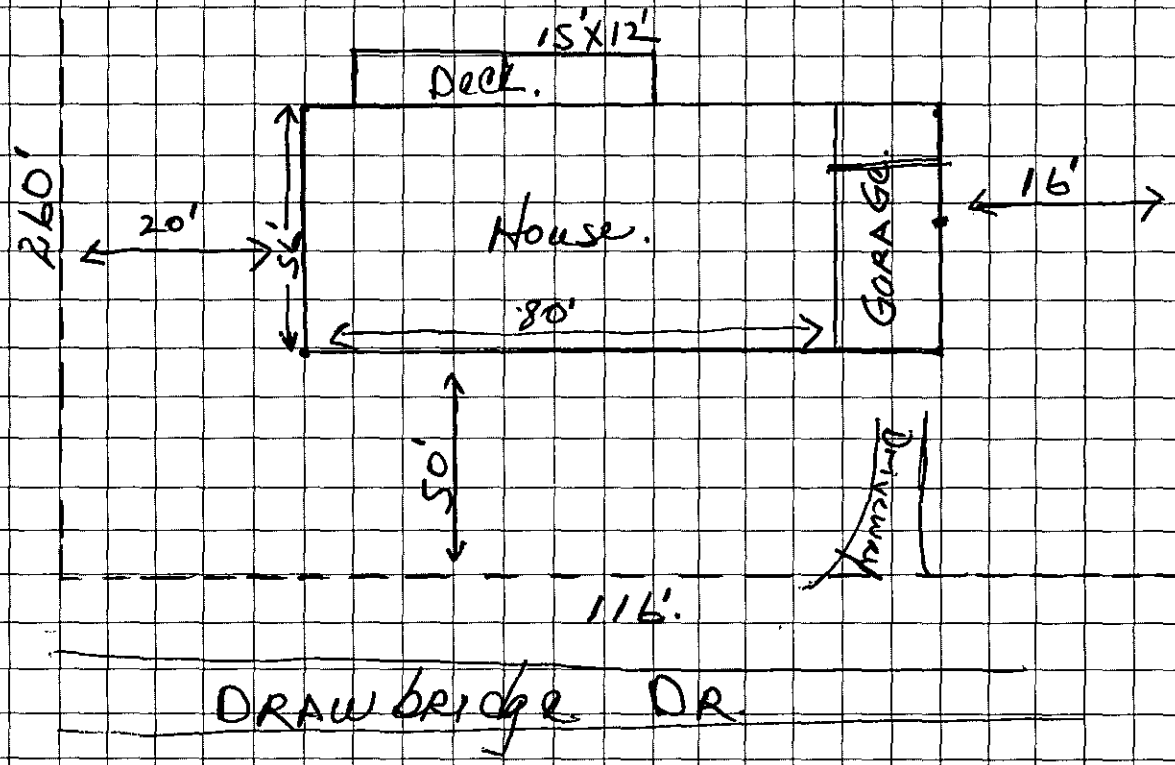
PROPOSED PLOT PLAN

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

FILE: 4077B

TC: 108-153-18

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.



Ricarde Torres
OWNER/AGENT SIGNATURE

DATE 9-1-99

APPROVAL DATE _____

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

OFFER TO PURCHASE AND CONTRACT

DOMINGO TORRES AND WIFE BERTHA TORRES, as Buyer, hereby offers to purchase and EDNA B. HELMS, as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such fixtures and personal property as are listed below (collectively referred to as "the Property"), upon the following terms and conditions:

1. REAL PROPERTY: Located in the City of N/A, County of MECKLENBURG, State of North Carolina, being known as and more particularly described as: Street Address 9824 DRAWBRIDGE DR. (VACANT LOT) Zip 28215
Legal Description: TAX PARCEL # 108-153-18, LOT 17 CASTLE GARDENS
(☐ All ☐ A portion of the property in Deed Reference: Book _____, Page No. _____, _____ County.)
NOTE: Prior to signing the Offer to Purchase and Contract, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, and to read the Declaration of Restrictive Covenants, By-Laws, Articles of Incorporation, Rules and Regulations, and other governing documents of the owners' association and/or the subdivision, if applicable.

2. FIXTURES: The following items, if any, are included in the purchase price free of liens: any *built-in appliances, light fixtures, ceiling fans,* attached floor coverings, blinds and shades including window hardware, window and door screens, storm windows, combination doors, awnings, antennas, satellite dishes and receivers, burglar/fire/smoke alarms, pool and spa equipment, solar energy systems, attached fireplace screens, gas logs, fireplace inserts, electric garage door openers with controls, outdoor plants and trees (other than in movable containers), basketball goals, storage sheds, mailboxes, wall and/or door mirrors, and any items attached or affixed to the Property, EXCEPT *the following items:*
N/A

3. PERSONAL PROPERTY: The following personal property is included in the purchase price: N/A

4. PURCHASE PRICE: The purchase price is $ 29,000 and shall be paid as follows:
(a) $ 500, EARNEST MONEY DEPOSIT by ☒ cash ☐ personal check ☐ bank check ☐ certified check ☐ other _____ to be deposited and held in escrow by HORIZON REALTY, as escrow agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated. *In the event: (1) this offer* is not accepted; or (2) any of the conditions hereto are not satisfied, then all earnest monies shall be returned to Buyer. In the event of breach of this contract by Seller, upon Buyer's request, all earnest monies shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this contract, then all earnest monies shall be forfeited upon Seller's request, but receipt of such forfeited earnest monies shall not affect any other remedies available to Seller for *such breach.*
NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of earnest money held in escrow by a broker, the broker is required by state law to retain said earnest money in the broker's trust or escrow account until a written release from the parties consenting to its disposition has been obtained or until disbursement is ordered by a court of competent jurisdiction.
(b) $ N/A, ADDITIONAL EARNEST MONEY DEPOSIT to be paid to escrow agent no later than _____.
(c) $ N/A, BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan (s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum.
(d) $ N/A, BY SELLER FINANCING in accordance with the attached Seller Financing Addendum.
(e) $ 28,500, BALANCE of the purchase price in cash at closing.

5. CONDITIONS: (State N/A in each blank that is not a condition to this contract.)
(a) The Buyer must be able to obtain a loan commitment on or before N/A, effective through the date of closing, for a ☐ FHA ☐ VA (attach FHA/VA Financing Addendum) ☐ Conventional ☐ Other N/A loan at a ☐ Fixed Rate ☐ Adjustable Rate ☐ Other: N/A in the principal amount of N/A for a term of N/A year(s), at an interest rate not to exceed N/A % per annum, with mortgage loan discount points not to exceed N/A % of the loan amount. Buyer agrees to use his best efforts to secure such commitment. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer, except if Seller is to pay any of the Buyer's loan closing costs including discount points, those costs are as follows: N/A.
In the event Buyer fails to provide Seller with written evidence of the loan commitment within five days after receipt of a written request from Seller (but such request may not be made before the loan commitment date listed above), then Seller may terminate this contract unless Buyer waives the loan commitment condition.
(b) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for SINGLE FAMILY RESIDENTIAL purposes.
(c) The Property must be in substantially the same or better condition at closing as on the date of this offer, reasonable wear and tear excepted.
(d) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at closing such that cancellation may be promptly obtained following closing. Seller shall remain obligated to obtain any such cancellations *following closing.*
(e) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. SPECIAL ASSESSMENTS: Seller warrants that there are no governmental special assessments, either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no owners' association special assessments, except as follows:
NONE
(Insert "None" or the identification of such assessments, if any.) Seller shall pay all confirmed owners' association assessments and *all confirmed* governmental assessments, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows:
N/A

7. PRORATIONS AND ADJUSTMENTS: Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of closing; *(b) Ad valorem taxes* on personal property for the entire year shall be paid by the Seller unless the personal property is conveyed to the Buyer, in which case, the personal property taxes shall be prorated on a calendar year basis through the date of closing. (c) All late listing penalties, if any, shall be paid by Seller. (d) Rents, if any, for the Property shall be prorated through the date of closing. (e) Owners' association dues, and other like charges shall be prorated through the date of closing. Seller represents that the regular owners' association dues, if any, are $ N/A per N/A.

8. CLOSING EXPENSES: Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at closing.

9. FUEL: Buyer agrees to purchase from Seller the fuel, if any, situated in any tank on the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

10. EVIDENCE OF TITLE: Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the acceptance of this offer, copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

11. LABOR AND MATERIAL: Seller shall furnish at closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh,N.C. 27699-1636-Phone (919) 733-3221

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: D. L. MULLIS
DRILLER REGISTRATION #: 2036, 2039
STATE WELL CONSTRUCTION PERMIT#: 346

1. **WELL USE (Check Applicable Box):** Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐
   Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:
2. WELL LOCATION: (Show sketch of the location below)
   Nearest Town: CHARLOTTE County: MECKLENBURG
   CASTLE GARDENS
   (Road, Community, or Subdivision and Lot No.)
3. OWNER JOSE Fuentes
   ADDRESS 9850 Drawbridge
   (Street or Route No.)
   Charlotte, NC
   City or Town State Zip Code
4. DATE DRILLED 10-3-2000
5. TOTAL DEPTH 310'
6. CUTTINGS COLLECTED YES ☐ NO ☑
7. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☑
8. STATIC WATER LEVEL Below Top of Casing: 30' FT.
   (Use "+" if Above Top of Casing)
9. TOP OF CASING IS 1 FT. Above Land Surface*

* **Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118**

10. YIELD (gpm): 6 METHOD OF TEST AIR
11. WATER ZONES (depth): 140' - 200'
12. CHLORINATION: Type HTH Amount 1pt
13. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 120'	Ft.	6⅛"	.188"	pvc
From	To	Ft.			
From	To	Ft.			

14. GROUT:

	Depth		Material	Method
From 0'	To 40'	Ft.	cement	poured
From	To	Ft.		

15. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft	in.	in.	
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

16. SAND/GRAVEL PACK:

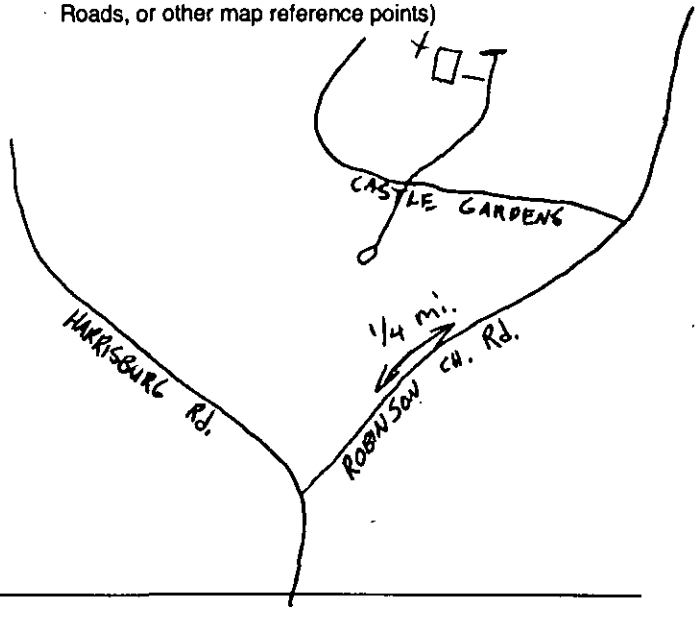
	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		

17. REMARKS:

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0 -	100'	clay
100' -	120'	Sand
120' -	310'	granite

If additional space is needed use back of form

LOCATION SKETCH
(Show direction and distance from at least two State Roads, or other map reference points)



I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

D. L. Mullis 10-3-00
SIGNATURE OF CONTRACTOR OR AGENT DATE

Submit original to Division of Water Quality and copy to well owner.

FOR OFFICE USE ONLY
Quad No.
Serial No.

GW-1 REV. 8/99

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4027B

Tax Number: 108-153-18

- 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.

TW

Basement	___ Yes	X 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	X 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)	~~4~~ 9' Trench spacing (min. on centers)
YES Serviced by private well	1,500 Gallon septic tank	300 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	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) MUST SUBMIT AGREEMENT FORMS BEFORE GETTING ~~CONSTRUCTION AUTHORIZATION~~ OPERATION PERMIT
(2) REPAIR AREA IS FOR THREE LINES 66 FEET LONG

dlw 1/28/99

Repair Area System Type Type (circle one): I II (III) IV V VI	X 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) 66 Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	96' 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.

DEHNR Authorized Agent — Date 9/24/99

Owner/Agent Signature — Date 9-28-99

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

ck # 1036

FEE: 150.00 / AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 9/28/99 / VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 9/28/99 PERMIT NO: 4077B
PARCEL NO: 108-153-18

JOB LOCATION ADDRESS: 9824 DRAW BRIDGE DRIVE
PROPERTY OWNER: RICARDO TORRES
BUILDING CONTRACTOR: JOSE FUENTES
SUBDIVISION NAME: CASTLE GARDENS
AUTHORIZATION ISSUED BY: [signature] DATE: 9/28/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

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

[signature] 9-28-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2001 JAN 16 11:49 AM
BOOK:11860 PAGE:879-882 FEE:$12.00
INSTRUMENT # 2001006619

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 4077B.
PARCEL # 108-153-18

The undersigned, JOSE. RAMON Fuentes, owner of property located at 9824 DRAWBRIDGE, DR., (the "site") and described in an instrument recorded in Book 10798 at Page 378, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: JOSE R. Fuentes.
Mail after recording to: 9824 DRAWBRIDGE DR. Charlotte. 28215

North Carolina
Department of Environment, Health, and Natural Resources
Division of Water Quality
P.O. BOX 29578 - Raleigh, N.C. 27626-0578

WELL ABANDONMENT RECORD

CONTRACTOR D. L. Mullis Well REG. NO. 346

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Charlotte County Mecklenburg

Cashe Gardens Quadrangle No. _____
(Road, Community, Subdivision, Lot. No.)

2. OWNER: Jose Fuentes

3. ADDRESS: 9840 Drawbridge

4. TOPOGRAPHY: draw, slope, hilltop, valley, and flat

5. USE OF WELL: private DATE: 9-28-00

6. TOTAL DEPTH: 200 DIAMETER: 6"

7. CASING REMOVED:

feet	diameter
104	6"

8. SEALING MATERIAL:

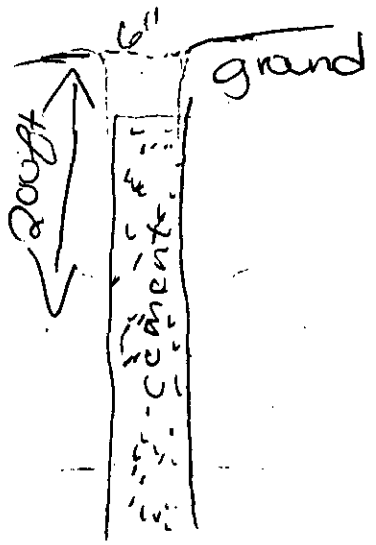
Neat cement		Sand cement	
bags of cement	____	bags of cement	____
gals. of water	____	yds. of sand	____
		gals. of water	____

Other

Type material Poured cement
Amount 2 yards

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
truck - poured

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

D. L. Mullis 9-28-00
Signature of Contractor or Agent Date

WELL LOCATION: Draw a location sketch showing the direction and distanceof the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, one copy to the Driller, and one copy to the Owner.

GW-30 Revised 9/10/96

N.C. Department of Environment & Natural Resources / Division of Environmental Health

NOTICE OF VIOLATION
ON-SITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☐ First Class Mail ☒ Hand Deliver

Owner: Augustine Cervantes

Mailing Address: 9824 Drawbridge Drive
Charlotte, NC 28215

Occupant: Augustine Cervantes

Location: 9824 Drawbridge Drive
Charlotte, NC 28215

☒ Residence ☐ Business ☐ Other

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance.

On September 10, 2014 an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation/s

Observed a discharge of sewage to the surface of the ground or surface water.
[G.S. 130A-335(a) 15A NCAC 18A. 1961(a)(1)(A)]

You are hereby ordered to bring your wastewater system into compliance by completing the following:

☒ Install / Repair wastewater system. You must obtain a repair permit from the local health department prior to the repair of your system.

☐ Other Repairs *(Specify):*

☒ Eliminate wastewater discharge and connect to an approved wastewater system.

☐ Perform Maintenance *(Specify):*

If the wastewater violation is not brought into compliance by **October 10, 2014** appropriate legal action will be taken.

Failure to comply with laws, rules, and this notice will subject you to the following legal remedies; Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130-25].

For questions regarding this notice you should contact Shelby Ledford at 704-432-1194.

Notice Issued: 9/10/2014 (Date) — Shelby Ledford (DENR/DEH Authorized Agent)

Compliance: 10/10/2014 (Date) — Shelby Ledford (DENR/DEH Authorized Agent)

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