

9336 BOB BEATTY RD

02719114

12/21/2007

duponbj

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

~~CERTIFICATE OF COMPLETION~~/OPERATION PERMIT

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

FILE: 1410B DATE: 1/27/97

TC: 097-191-14 ☒ WS ☐ CRT

SERIAL Nº 17005

Name of Owner Iris T. Todd Juris.:

Address of Property 9336 Bob Beatty Road (Residence)

Inspection Data:

Tank Material Existing

Total Length of Drainfield 6' x 50' Bed

Number of Lines 1 @ ~50'

Cover Depth 16-24"

Water Supply Source Municipal

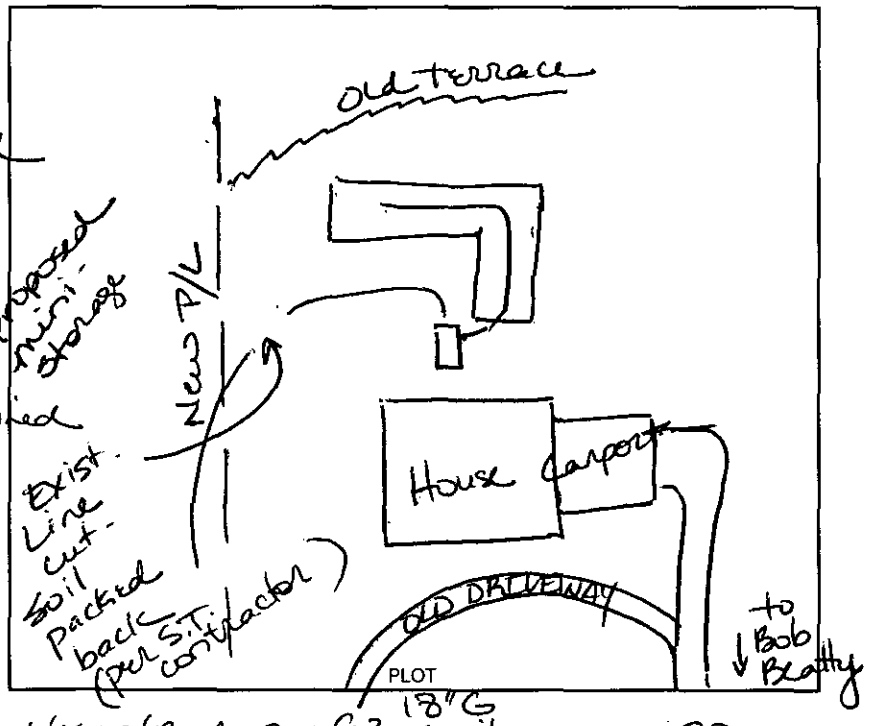
Distance to Water Source >10' as best as can be determined

Excavation Inspected 1/27/97

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1997 Repair/Alteration, 6'x50' Bed, 300ft², Cecil-18"G CTR# 192

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

- ☐ 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: Existing nitrification line crossed new property line for ~~at~~ proposed adjacent mini-storage facility

1 Bed - 6'W x 50'L x 18"G

Lora B. Mialik, RS
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

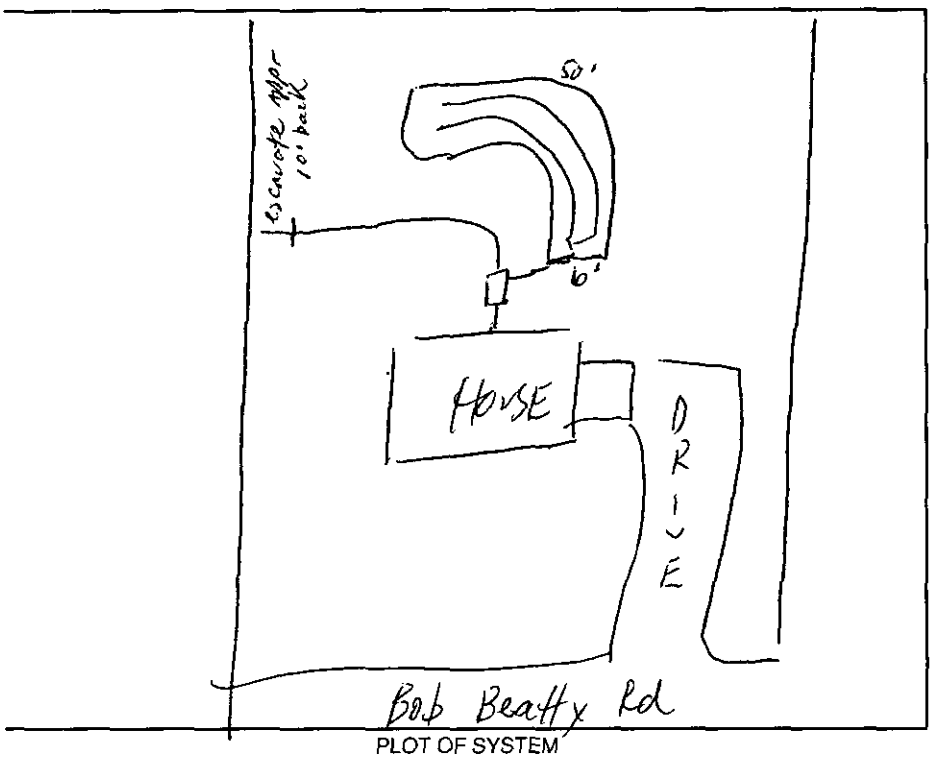
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 140B DATE: 1/21/97

TC: 027 191 14 ☐ L

SERIAL Nº 16858

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 1/21/97. All work shall be completed on or before 2/21/97, *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 Existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Bed
Trench Width 6' feet

Trench Walls Scored and Porous yes

Bed
Total Line Length 100' feet

Number of Lines 2 (50')

Depth of Stone 18" 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 Iris T. Todd

LOCATION OF PROPERTY 9336 Bob Beatty Rd

Comments: Bed system repair 6' wd x 50' long x 18" stone / Cut off existing bed >10' from property line and pack soil

Phillip S. Walker R.S.
Environmental Health Specialist

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

FEE: NA

DATE:

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

REPAIR

1 1 CRT

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

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

FILE #: 027-191-14 1410B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 9336 Bob Beatty 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:

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 1

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: (LAST) TODD (FIRST) IRIS (MI) T	NAME: (LAST) (FIRST) (MI)
ADDRESS: 9336 Bob Beatty Rd	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC 28269 ZIP:	
DAYTIME PHONE: 704 596-2370	

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: Iris T. Todd DATE: 1-21-97

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

No action for applied to exp for new system 6/3/96

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd $50.00 5/9/96 Jr. # 1911 [] CRT

14/10 B

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: Roper (last) Sandy (first) (mi)
ADDRESS: 300 Devonport Dr PHONE: (__) 821-7940
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 02-19-1996

PROPERTY OWNER:
NAME: Todd (last) IRIS (first) T (mi)
ADDRESS: 9336 Bob Beatty Rd PHONE: (__) 596-2370
CITY: Char. STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: Book 22 Page 19 Lot 14
STREET ADDRESS: 9336 Bob Beatty Rd
ZONING: I-1

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] Change in use House to office [] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Landscape # Employees 15 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: Sandy Roper Date: 5-9-96

NOTICE:

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 by this Department.

...This permit is not transferable.

...

[] 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 Date

WWATER : 122791

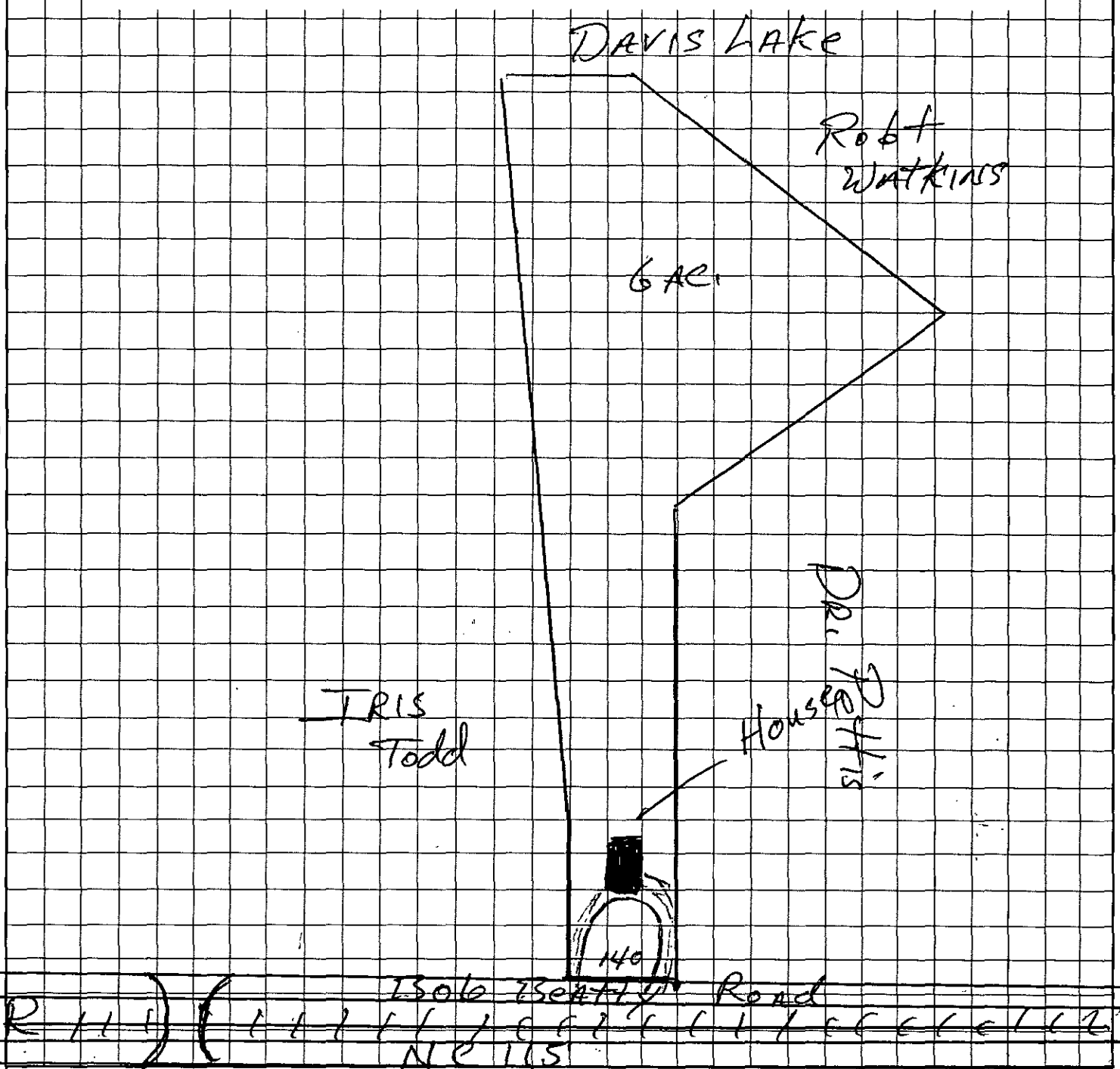
PROPOSED PLOT PLAN

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

FILE: 1410B

TC: 027-191-14P0

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 6-3-96

APPROVAL DATE _____

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

FEE: 50.00 CK 1324

DATE: 6/3/96 SC

Can file after Dist Mtg

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted]

1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 1410B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-191-14(B)

STREET ADDRESS: 9336 Bob Beatty Road

___ COMMERICAL ___ INDUSTRIAL

LOT NUMBER:

DESCRIBE TYPE OF BUSINESS:

Sporting Goods Facility

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: _____

PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
___ HANDSINK
___ SHOWERS
✓ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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 WASTE WATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: Todd IRIS T
(LAST) (FIRST) (MI)

ADDRESS: 9336 Bob Beatty Rd.

CITY: Char. STATE: N.C. ZIP: 28213

DAYTIME PHONE: 704 596-2370

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Roper Sandy
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 564-0089

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" H READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF TH MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST

SIGNED: Sandy Roper DATE: 6/3/96

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

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 1410B
PO 027-141-14

OWNER: Doris T. Todd
ADDRESS: 9336 Bob Beatty Rd Chas.
PROPOSED FACILITY: office
LOCATION OF SITE: 9336 Bob-Beatty Rd Chas

APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949):
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

DATE EVALUATED:
PROPERTY SIZE: .33
PROPERTY RECORDED:

PROFILE #	Slope 3-4% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.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/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 Colors	48"	N/A	None	PS .39/F2 IV
		6-48"	SBK/C	Fr-Fi/SEXP/SP					
2	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 Colors	48"	N/A	None	PS .39/F2 IV
		5-48"	SBK/C	Fr-Fi/SEXP/SP					
3	LS	0-6"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 Colors	48"	N/A	None	PS .39/F2 IV
		6-48"	SBK/C	Fr-Fi/SEXP/SP					
4	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	>48" To Chroma 2 Colors	48"	N/A	None	PS .39/F2 IV
		5-48"	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: W. A. Medlin 7/1/96
OTHER(S) PRESENT:

OMMENTS: 1007b Repair

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) SLC (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

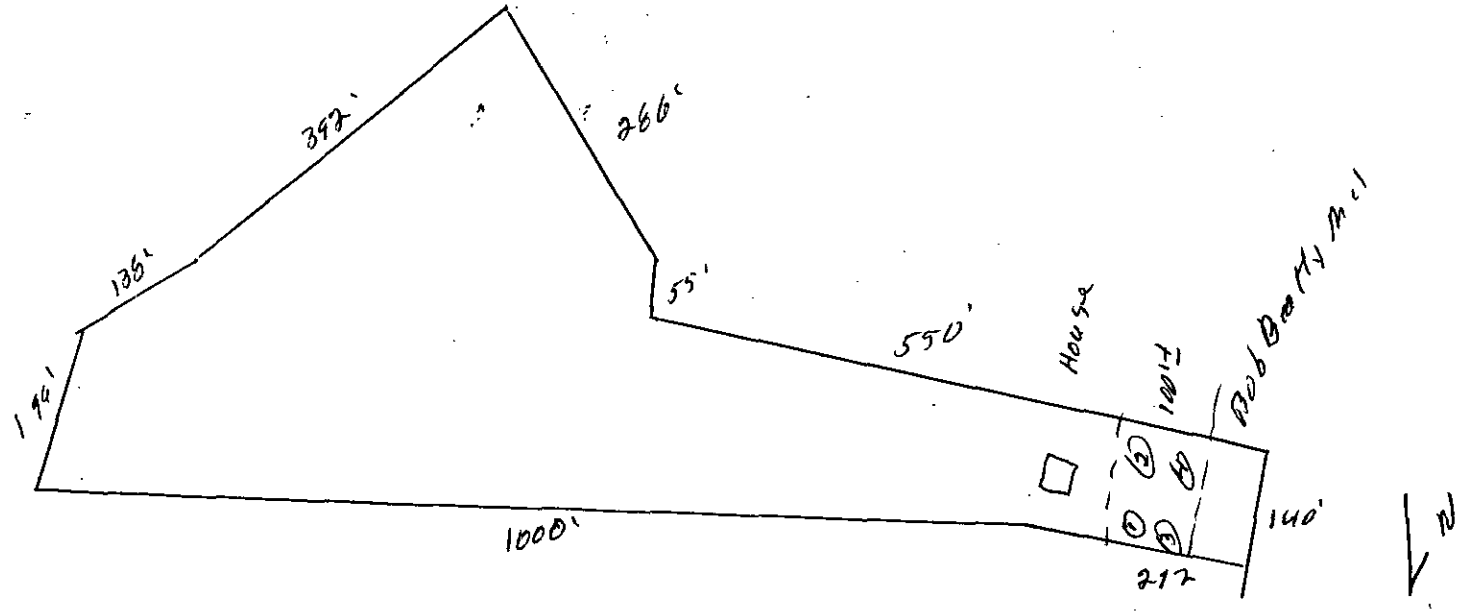
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - 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).

1410B



File 1410B

VICINITY MAP N.T.S.

ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG CO. N.C.

COPY

LOT 1

14.4 ACRE ±

13.1 AC.

LOT 2

2.48 ACRE

(S.R. 2483) BOB BEATTY RD.

existing Home

212'

S 75°22'41" E 212.38

N 20°21'32" E 99.58

N 18°28'36" E 183.18

N 8°59'20" E 183.64

N 12°28'32" E 148.58

S 77°58'28" E - 635.23 550.51

S 12°01'32" W 55.44

S 43°29'24" E 544.59

S 18°38'36" W 198.88

S 59°36'36" W 138.68

S.W.D. ASSOC. LTD. D.B. 3873-125

N 10°33'36" E 180.85

84.72

81.95

S 77°17'43" E - 497.56 415.81

DEDICATED 60' PUBLIC R/W TO N.C.D.O.T. (FOR LOT 2 ONLY)

S 57°25'22" W 156.92

WATKINS D.B. 3834-585

N 38°28'48" W 286.18

S 52°48'07" W 392.77

6.40 Ac.

NOTES :

1. REFERENCE DEEDS: 4238-720, 1388-275, 1815-392, 3484-448, 4028-194
2. AREA BY D.M.D. METHOD.
3. DASHED PROPERTY LINES NOT SURVEYED TO DATE.
4. RIGHT OF WAY FOR BOB BEATTY RD.: BACK OF DITCH TO BACK OF DITCH (FROM MR. SHUMAKER OF N.C.D.O.T. R/W DIVISION) - FOR LOT 1 ONLY
5. ● = E.I.P. ○ = N.I.P.
6. ZONING: I-1
7. SETBACKS: FRONT - 40' SIDE - 10' REAR - 20'

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of John Harold Russell
a Notary(ies) Public (is) (are) certified to be correct.
This 14th day of February 19 90
Anne A. Powers, Register of Deeds
By: Evelyn E. Evans Deputy

State of North Carolina, County of Mecklenburg
I, Anne A. Powers, Register of Deeds for aforesaid County and State, hereby certify that the foregoing is a true copy of Map as the same is found in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 2 Page 64.
Witness my hand and official seal, this the 15th day of February 19 90.
Anne A. Powers, Register of Deeds
By: Evelyn E. Evans Deputy

R. Stevenson 2/15/90

0 100 200

RECORD MAP

CAREY B. TODD PROPERTY

SCALE: 100 FEET/INCH	APPROVED BY:	DRAWN BY: RLN
DATE: FEBRUARY 12, 1990		REVISED

OWNER : CAREY B. TODD

ROPER LAND COMPANY

OFFER TO PURCHASE AND CONTRACT

GEM INCORPERATED, as Buyer, hereby offers to purchase and Iris T. Todd, 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.

1. REAL PROPERTY: Located in the county of MECKLENBURG, State of North Carolina, being known as and more particularly described as:
   Street Address Off Highway 115 on Bob Beatty Road.
   Legal Description TAX PARCEL BOOK 27, PAGE 19, LOT 14, (SOUTH 6+/- ACRES)

2. PURCHASE PRICE: The purchase price is $22,000/a.c shall be paid as follows:

(a) $1000.00 in earnest money paid by check with the delivery of this contract to be held in escrow by the Roper Land Company,Inc. as Agent, until the sale is closed, at which time, it will be credited to the Buyer, or until this contract is otherwise terminated.

(b) $ 131,000 the balance of the purchase price in cash at closing.

3. CONDITIONS: A new survey will be completed as soon as possible, to be paid by the buyer.

4. ASSESSMENTS: Seller warrants that there are no special assessments.

5. Soil test and approval for use of septic tank by Mecklenburg County Enviormental Department will be paid for by Buyer.

6. At Closing, the Sellers shall convey to the Buyer good, marketable and insureable title to the Property by North Carolina Bar Form General Warranty Deeds.

7. The title may be subject to current and future ad valorem property taxes, to be prorated between Buyer and Seller at Closing. At Closing, the Property shall be deeded to the Buyer free and clear of any: (a) mortgage, deed to secure debt, deed of trust, or security agreement and (b) leases, rental agreements or other rights of occupancy of any kind, whether written or oral.

8. Sellers agree to execute any and all documents and papers reasonable and necessary in connection with closing and transfer of title (the "Closing"). The exact date, time and place of Closing shall be determined by the Buyer's, giving notice thereof to the Sellers.

9. Buyer shall have sixty (60) day Inspection Period able to obtain suitable financing. Closing will be in 30 days or less after inspection period.

10 SELLER'S REPRESENTATIONS AND WARRANTIES: As of the Effective Date, Sellers represent and warrant, to the best of Seller's knowledge and belief, that:

(a) Sellers collectively hold fee simple title to the Property.

(b) The Property is currently zoned I-1 under the Mecklenburg County, North Carolina Zoning Ordinance. No notice or information has been received by Sellers indicating that consideration is being given to changing the zoning of the Property. No information has been received by Sellers indicating that the current zoning does not permit the intended use. When property is subdivided, no special conditions will be added to present (I-1) zoning.

(c) All ad valorem taxes through 1995 have been paid.

(d) Sellers' execution, delivery, and / or performance of this Agreement is not prohibited and will not cause a default under any other agreement, covenant, document or instrument.

(e) No unknown setbacks, watershed rules or other restrictions.

(f) This offer is void if the buyer has to make improvements to 115. (i.e turning lanes). Improvements on railroad crossing make this offer void.

11. ENVIRONMENTAL MATTERS: With respect to enviromental matters affecting the property. Sellers represent and warrant to the best of the knowledge and belief of each of the individuals and each of the officers of the corporate Sellers, that the Property is free of underground storage tanks, other storage tanks (excepting above ground fuel oil tanks used at the residential structure on the Property) and all asbestos, oil, petroleum products, methane, formaldehyde, PCBs and all other toxic carcinogenic, laws (collectively, "Hazardous Materials") and that no Hazardous Materials have ever been stored, disposed, treated, transported or located on or under the Property.

Date of Offer: MARCH 22, 1996 Date of Acceptance_____

BUYER: GEM, INC. (SEAL)

BY Jane E. Mitch PRES. (SEAL)

SELLER: Dan J. Todd (SEAL)

_____ (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

DATE: 3-22-96 FIRM: ROPER LAND COMPANY, INC.

BY: Sandy Roper