

4720 BROOKSHIRE BV

03904101

12/26/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1681 B DATE: 1-29-97

TC: 039-041-01 ☐ L ☐ CRT

SERIAL Nº 16949

Name of Owner Benny L. Rogers Juris.: _____

Address of Property 4720 Brookshire Blvd.

Inspection Data:

Tank Material PLC

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 12-16"

Water Supply Source Municipal

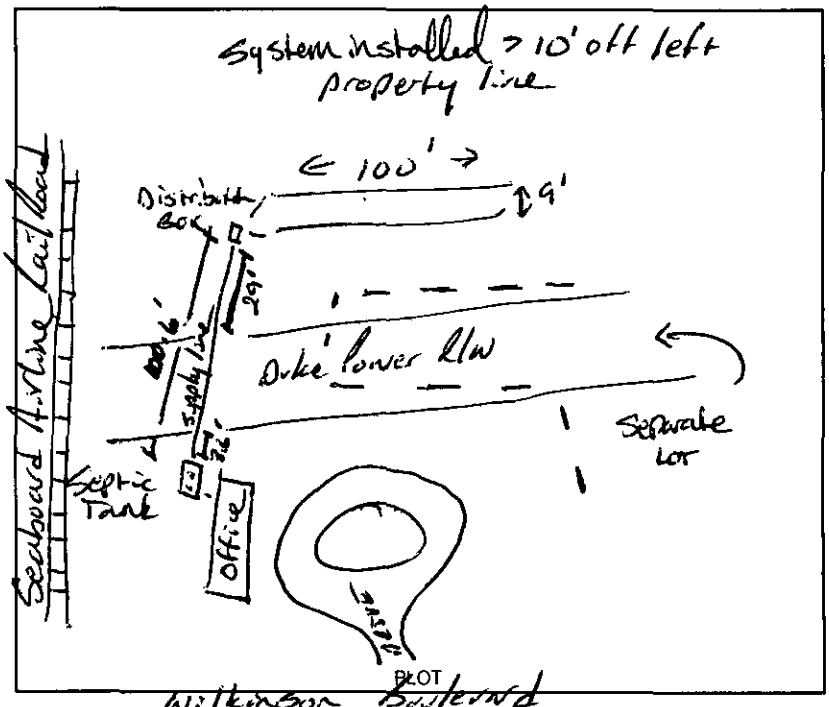
Distance to Water Source >10'

Excavation Inspected 1-29

Tank(s) Inspected 1-29

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 1997, 1500SF, CON, 600SF, 12G, cecil-like CTR# 67

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

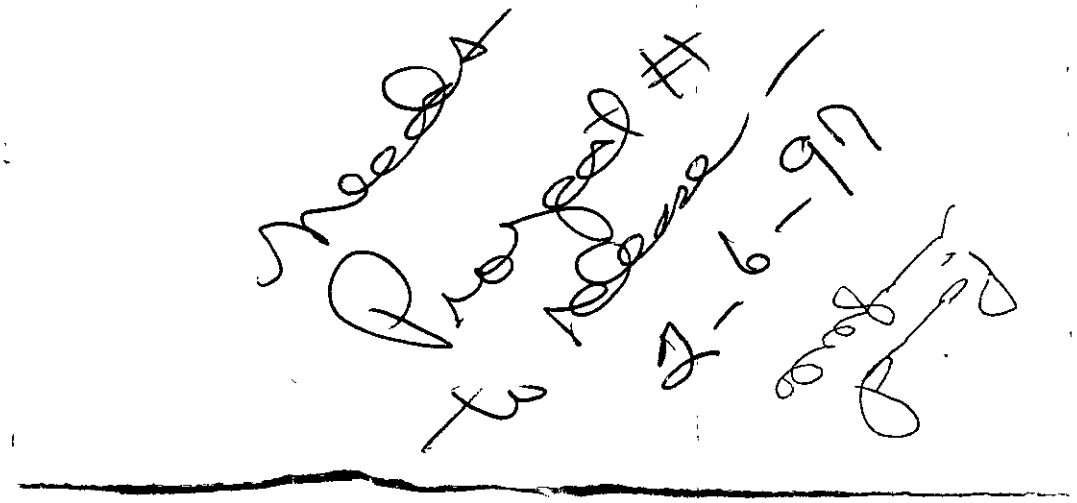
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown 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 a office 2 employees
(2) 3'W x 100'L x 12" stone

Larry B. Thompson, Jr., L.S.
Environmental Health Specialist

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



INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

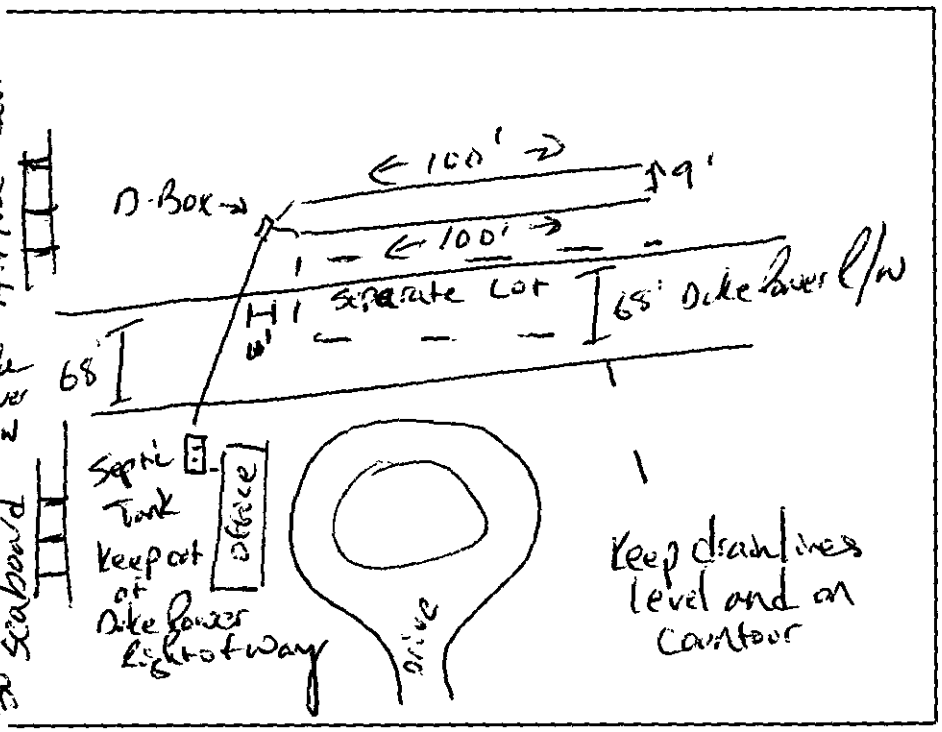
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16813 DATE: 1-24-97

TC: 039-041-01 ☐ L

SERIAL Nº 17056

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 12-30-96. All work shall be completed on or before 2-24-97, 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 N/A gallons

Tank Construction PCC

Trench Depth ≤ 3'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 5 feet feet

Distance from Property Line 10 feet

Distance from Well 750 feet

Power Line right of way = 68'

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

NAME OF OWNER Berry L. Rogers

LOCATION OF PROPERTY 4720 Brookshire Blvd.

Comments: Type II a office - Backyard buildings
(2) 3' W x 100' L x 12" stone
* Keep Tank - O-Box & Drainfield out of Duke Power Right of way
supply line should not cross R/W at less than a 30° angle.

Danny B. Thompson Jr. RS
Environmental Health Specialist

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

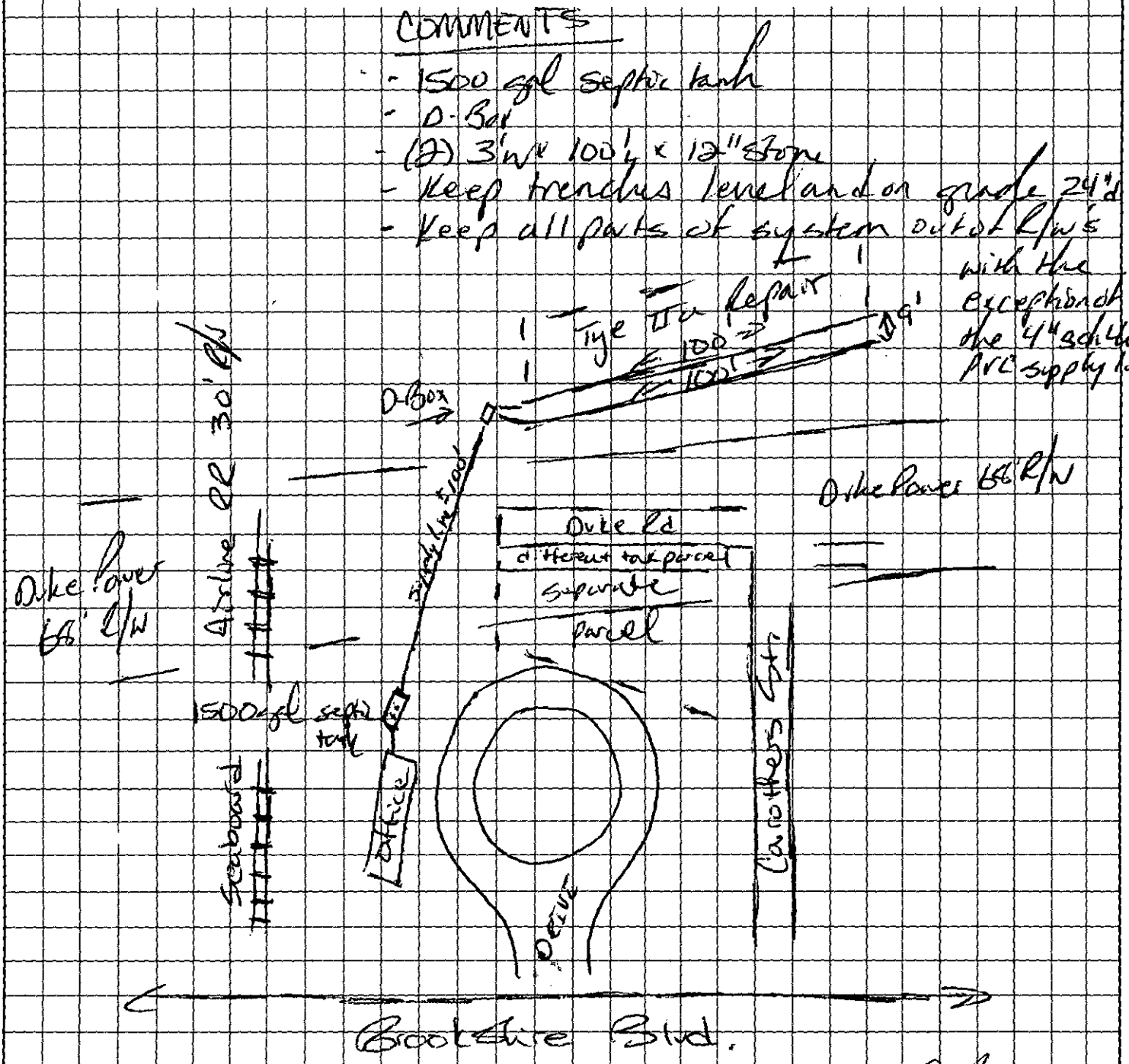
PROPOSED PLOT PLAN

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

FILE: 1681 B

TC: 039-041-01

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 1/7/97

APPROVAL DATE 1-7-97

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

Permit Number: 10816 CONDITIONS OF IMPROVEMENT PERMIT Tax Number: 039-041-01

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	180 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A Serviced by private well	1500 Gallon septic tank	200 Total trench length (ft)	≤3' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
N/A Bedrooms in residence business	N/A Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Keep all parts of septic system out of Rail Road and Duke Power Rights of way (with the exception of the supply which is to cross the Duke Row at no less than a 30° angle).				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
600 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	≤3' 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.

Larry B. Thompson Jr. L.S. 1-7-97 — DENR Authorized Agent — Date

97 C

B. J. Ryan — Owner/Agent Signature — 1/7/97 — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

ck# 4005 Rec'd

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/19/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-7-96 97 LT PERMIT NO: 16818
PARCEL NO: 039-041-01

JOB LOCATION ADDRESS: 4720 Brookshire Blvd.
PROPERTY OWNER: Margaret Godley
BUILDING CONTRACTOR: Bentley Cocoa
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Larry B. Thompson R.S. DATE: 1-7-96 97 LT
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 16818, 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.

Bentley Cocoa 1/7/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

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

Sheet ___ of ___
PROPERTY ID #: 5
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#1 1651B
039-04101

OWNER: Margaret Godley
APPLICANT: ___
ADDRESS: 125 Godley Lane, Clay
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: retail
PROPOSED DESIGN FLOW (.1949): 759 gpd
PROPERTY SIZE: 1.23 A
LOCATION OF SITE: 4720 Brookshire Blvd
PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 4-10% .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	0-8"	Compacted Fill		>48" To Chroma 2 color	48"	N/A	None	PS .35/Fz LL
		8-48"	SBM/C	Fi/SEXPl S/P					
2	LS	0-36"	compacted	Fill					US
3	LS	0-27"	compacted	Fill					US
4	LS	0-5"	compacted	Fill	>48" To Chroma 2	48"	N/A	None	PS .35/Fz LL
		5-48"	SBM/C	Fi/SEXPl S/P					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: WAM 1-9-97 W A Martin 1-9-97
OTHER(S) PRESENT: ___

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

16618

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS	0-4"	gr/sl	Fr/SE/SPl SS/SP	7 48"	46"	N/A	None	PS .39/F2 LL
		4-48"	SBK/C	Fr/SE/SPl/SP	TO Chroma 2				
6	LS	0-5"	gr/cl	Fr/SE/SPl SS/SP	7 48" to Chroma 2	46"	N/A	None	PS .39/F2 LL
		5-48"	SBK/C	Fr/SE/SPl/SP					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS: Tract deeded prior to 1-83 according to applicant

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

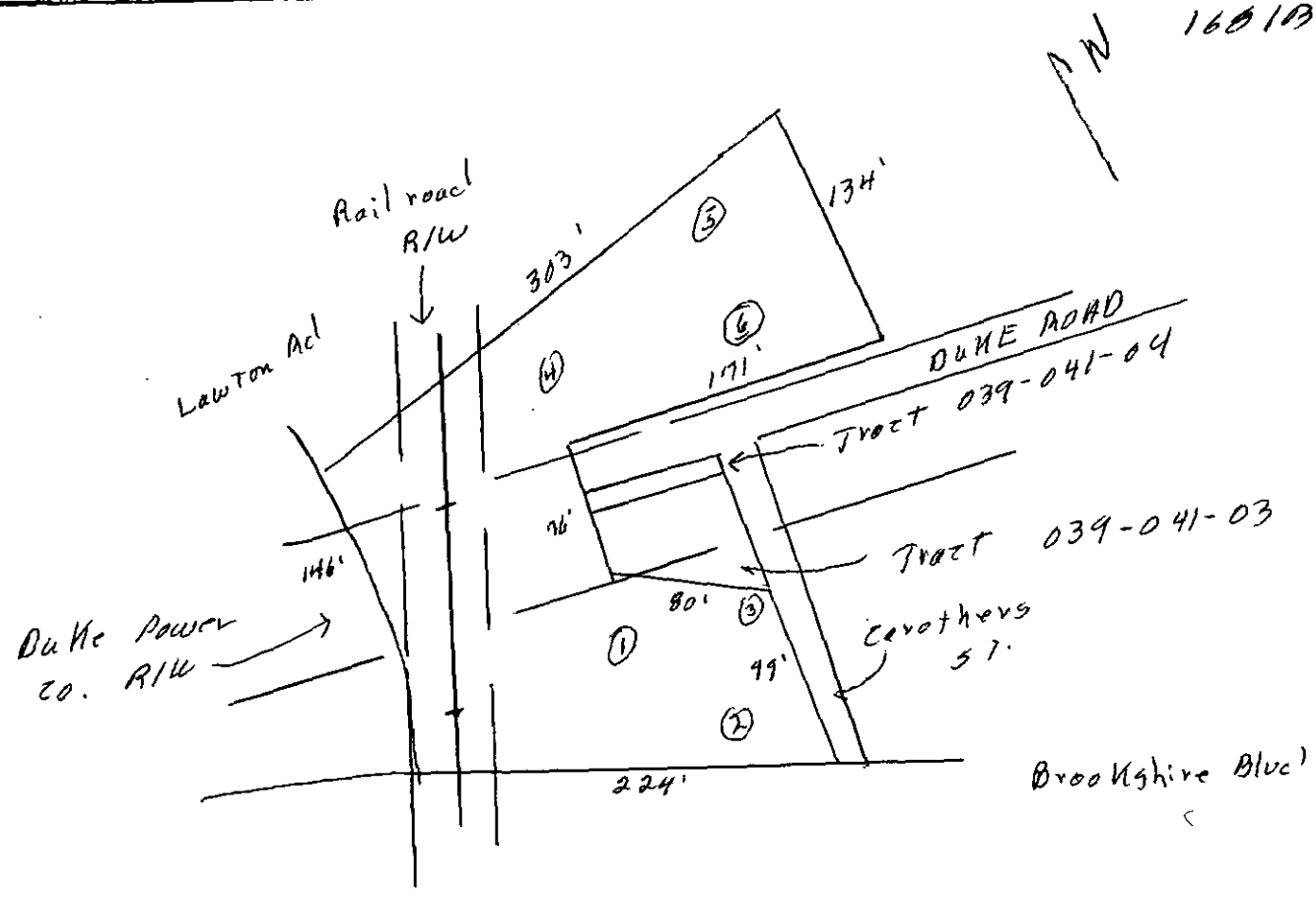
OTES

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).



FEE: 200.00

DATE: 12/30/96

Ck # 1011 (new acct)

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

[redacted]

[ ] 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 #: 1681B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 039-041-01

✓ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 4720 BROOKSHIRE BLVD.

DESCRIBE TYPE OF BUSINESS:

528
Square footage of facility

LOT NUMBER: LOT #1

TOWNSHIP (CHECK ONE):

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

NUMBER OF EMPLOYEES: 3
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOLIETS/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
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) GODLEY (FIRST) MARGARET (MI)	NAME: (LAST) ROGERS (FIRST) BENNY (MI) L.
ADDRESS: 125 GODLEY LN.	DAYTIME PHONE: ( ) 393-3475
CITY: CHAR. STATE: N.C ZIP: 28216	Paul Nelson 392-4451
DAYTIME PHONE: ( ) 399-9756	CAROLINA BACKYARD BUILDINGS AND ACCESSORIES INC.

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" 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: [signature] DATE: 12/30/96

PROPOSED PLOT PLAN

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

FILE: 1681B

TC: 039-041-01

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.

See Attach

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

576-9009 Mobile Jack Nolen
392-4457 Home

File 1681B

METROLINA COMMERCIAL BOARD OF REALTORS®

REALTOR®

COMMERCIAL LEASE AGREEMENT

THIS LEASE, made this 31st day of December 1996, by and between Margaret Godley 125 Godley Lane Charlotte NC 28216 (hereinafter called "Landlord"); and Carolina Backyard Buildings And Accessory's Inc (hereinafter called "Tenant"):

WITNESSETH:

PREMISES

1. Landlord, for and in consideration of the rents, covenants, agreements, and stipulations hereinafter mentioned, provided for and contained to be paid, kept and performed by Tenant, leases and rents unto Tenant, and Tenant hereby leases and takes upon the terms and conditions which hereinafter appear, the following described property (hereinafter called the "Premises"), to wit:

(Address:) 4720 Brookshire Blvd.

(Legal Description:) parcel # 039-041-01 1.25 acres Brookshire + Lawton Rd

☐ See attached Exhibit _____ for legal description/description of premises.

TERM

2. The Tenant shall have and hold the Premises for a term of Two years beginning on the 31st day of December, 1996, and ending on the 31st day of December, 1998, at midnight, unless sooner terminated as hereinafter provided. The first Lease Year Anniversary shall be the date twelve (12) calendar months after the first day of the first full month of the term hereof and successive Lease Year Anniversaries shall be the date twelve (12) calendar months from the previous Lease Year Anniversary.

RENTAL

3. Tenant agrees to pay to Landlord or its Agent without demand, deduction or set off, an annual rental of $2,400.00 per year payable in equal monthly installments of $200.00 per month in advance on the first day of each calendar month during the term hereof. Upon execution of this Lease, Tenant shall pay to Landlord the first full month's rent due hereunder. Rental for any period during the term hereof which is for less than one month shall be a prorated portion of the monthly rental due. On each Lease Year Anniversary the annual rental payable hereunder (and accordingly the monthly installments) shall be adjusted by any change in the Consumer Price Index, Urban Wage Earners and Clerical Workers, All Cities (CPI-W; 1982-1984 = 100) ("Index") by multiplying the then effective annual rental by the value of said Index for the month two months prior to the previous Lease Year Anniversary (in the instance of the first Lease Year Anniversary the value of the Index for the month two months prior to the first full month of the term hereof) and dividing the product by the value of said Index for the month two months prior to the Lease Year Anniversary. In the event the Index ceases to be published, there shall be substituted for the Index the measure published by the US Department of Labor which most nearly approximates the Index.

☐ If this box is checked, Tenant shall pay all rental to Landlord's Agent as designated in Paragraph 34 hereof.

LATE CHARGES

4. If Landlord fails to receive any rent payment within 15 days after it becomes due, Tenant shall pay Landlord as additional rental, a late charge equal to TEN percent (10 %) of the overdue amount. The parties agree that such late charge represents a fair and reasonable estimate of the costs Landlord will incur by reason of such late payment.

SECURITY DEPOSIT

5. Tenant shall deposit with Landlord or its Agent upon execution of this Lease $200.00 a security deposit which shall be held as security for the full and faithful performance by Tenant of each and every term, coven and condition of this Lease. If any of the rents or other charges or sums payable by Tenant shall be over-due and unpaid or sh payments be made on behalf of Tenant, or should Tenant fail to perform any of the terms of this Lease, then Landlord or its A may, at its option, appropriate and apply the security deposit, or so much thereof as may be necessary, to compensate toward payment of the rents, charges or other sums due from Tenant, or towards any loss, damage or expense sustained by Landlord resu from such default on the part of Tenant; and in such event Tenant shall upon demand restore the security deposit to the original deposited. In the event Tenant furnishes Landlord with proof that all utility bills have been paid through the date of Lease termin and performs all of Tenant's other obligations under this Lease, the security deposit shall be returned in full to Tenant within thirt days after the date of the expiration or sooner termination of the term of this Lease and the surrender of the Premises by Ten compliance with the provisions of this Lease. **The Security Deposit may be placed in an interest bearing account and any in thereon shall be the property of the party holding same.**

☐ If this box is checked, Agent shall hold the Security Deposit and shall be entitled to the interest thereon.

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Premises to generate, manufacture, store, dispose or release on, about, or under the Premises any hazardous substances which would result in the Premises not complying with any applicable environmental laws,

TIME OF ESSENCE

32. Time is of the essence of this Lease.

DEFINITIONS

33. "Landlord" as used in this Lease shall include the undersigned, its heirs, representatives, assigns and successors in title to the Premises. "Agent" as used in this Lease shall mean the party designated as same in Paragraph 34, its heirs, representatives, assigns and successors. "Tenant" shall include the undersigned and its heirs, representatives, assigns and successors, and if this Lease shall be validly assigned or sublet, shall include also Tenant's assignees or sublessees as to the Premises covered by such assignment or sublease. "Landlord", "Tenant" and "Agent" include male and female, singular and plural, corporation, partnership or individual, as may fit the particular parties.

NOTICES

34. All notices required or permitted under this Lease shall be in writing and shall be personally delivered or sent by U.S. Certified Mail, return receipt requested, postage prepaid. Notices to Tenant shall be delivered or sent to the address shown below, except that upon Tenant's taking possession of the Premises, then Premises shall be Tenant's address for such purposes. Notices to Landlord and Agent shall be delivered or sent to the addresses hereinafter stated, to wit:

Landlord: Margaret Godley
125 Godley Lane
Charlotte NC 28216

Agent:

Tenant: Carolina Backyard Buildings and Accessories Inc.
11534 Kenewick Dr
Charlotte NC 28216
704-392-4451

All notices shall be effective upon delivery. Any party may change its notice address upon written notice to the other parties.

ENTIRE AGREEMENT

35. This Lease contains the entire agreement of the parties hereto, and no representations, inducements, promises or agreements, oral or otherwise, between the parties, not embodied herein shall be of any force or effect. This Lease may not be modified except by a writing signed by all of the parties hereto.

SPECIAL STIPULATIONS SEE Attachment #1

36. Any special stipulations are set forth in the attached Exhibit _____. In so far as said Special Stipulations conflict with any of the foregoing provisions, said Special Stipulations shall control.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals, the date and year first above written.

LANDLORD:

Individual

Margaret L. Godley (SEAL)

_____ (SEAL)

Business Entity

_____
(Name of Firm)

By: Irene P Ramsey (SEAL)

My Commission Expires December 4, 2001

TENANT:

Individual

Paul W Nelson (SEAL)

_____ (SEAL)

Business Entity

Carolina Backyard Buildings + Accessories
(Name of Firm)

By: Paul W Nelson (SEAL)

Irene P Ramsey

My Commission Expires December 4, 2001

 ©1994 Metrolina Commercial Board of REALTORS

PG. 05

PG. 05

PG. 02

PG. 01

PG. 03

TENNESSEE AVE.

PLAINWOOD ST.

POWER LINE

BLACK AVE.

N. HOSKINS RD.

DUKE

DR.

DAKOTA

CLOUDMAN

HOSKINS RD.

THOMPSON ST.

BROOKSHIRE BLVD. (NC 16)

MANLEY ST.

GLENARDEN ST.

SEABOARD AIRLINE RAILROAD R/W

GLENN ST.

1.86AC ±P 1

2.203AC 2

445.69

2.12AC±P 2

7.119AC. 26

5.57AC±P 10

6.225 AC. (TR D) 25

49 45 46 47 48 41 42 43 44

(INSETS)
039-041-04
039-041-14

TAX LINE MAP BOOK 39 PAGE 04
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 5-17-95 JH | SCALE 1" = 200'

FOR TAX PURPOSES ONLY

045 043

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Roy Birmingham TELECOPIER # 382-1168
Duke Power

FROM: Larry Thompson DATE 1-9-97
336-5568

NUMBER OF PAGES TRANSMITTED: 6 (including cover sheet)

COMMENTS: File # 1681 B 4720 Brookshire Blvd.
"Supply line underneath 68' Duke Power R/W"

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

___	Original will not follow		Original will follow via:
	U.S. Mail		Hand Delivery

FEE: 200.00

DATE: 12/30/96

CK# 001 (Pursuant)

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

[redacted]

[ ] 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 #: 16813

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 039-041-01

STREET ADDRESS: 4720 BROOKSHIRE BLVD.

LOT NUMBER: LOT #1

TOWNSHIP (CHECK ONE):

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

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:

528

Specific Nature of Facility:

NUMBER OF EMPLOYEES: 3 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
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ 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: (LAST) GODLEY (FIRST) MARGARET (MI)

ADDRESS: 125 GODLEY LN.

CITY: CHARL. STATE: N.C ZIP: 28216

DAYTIME PHONE: ( ) 399-9756

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) ROGERS (FIRST) DENNY (MI) L.

DAYTIME PHONE: ( ) 393-3475

PAUL NELSON 392-4451

CAROLINA BACKYARD BUILDINGS AND ACCESSORIES INC

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" 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: [signature] DATE: 12/30/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

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TO: Kay Birmingham TELECOPIER # 382-1168
Duke Power

FROM: Larry Thompson DATE 1-30-97
336-5568

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

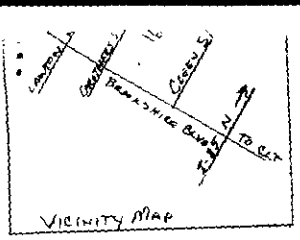
COMMENTS: File #1681B 4720 Brookshire Blvd.
Final Septic System Installation
layout.

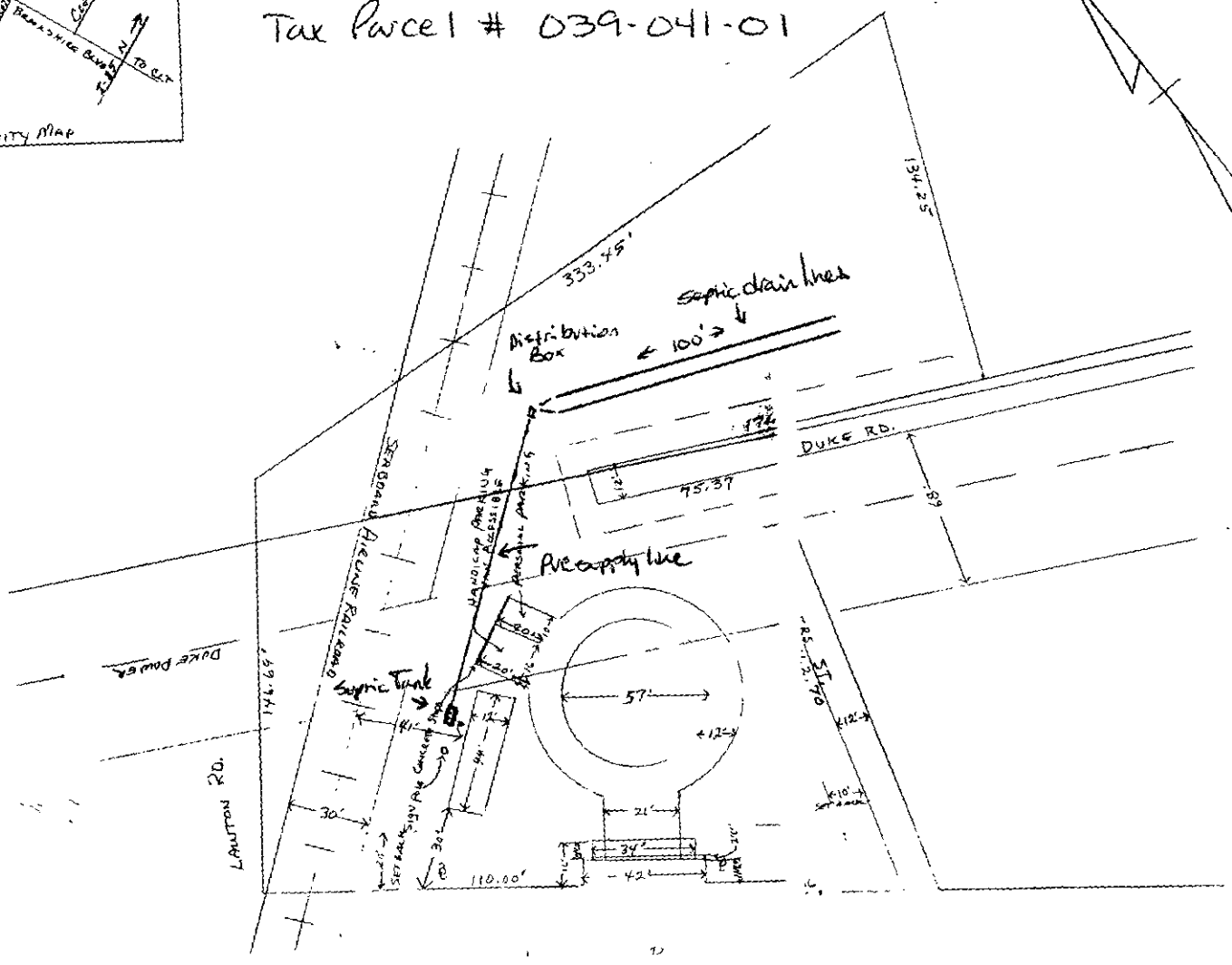
If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] _____

File # 1681 B
Tax Parcel # 039-041-01





1-29-97

Septic system installed as detailed above. The actual septic tank location is 4 feet out of the Duke Power right of way and the distribution box is located 29 feet out of said right of way. Total supply line length is 101 feet. Septic tank and supply line run parallel with the Seaboard Air line Railroad, the septic tank is located 16 feet out of the railroad right of way and supply line at 18.5 feet.

Jerry Thompson L.S.

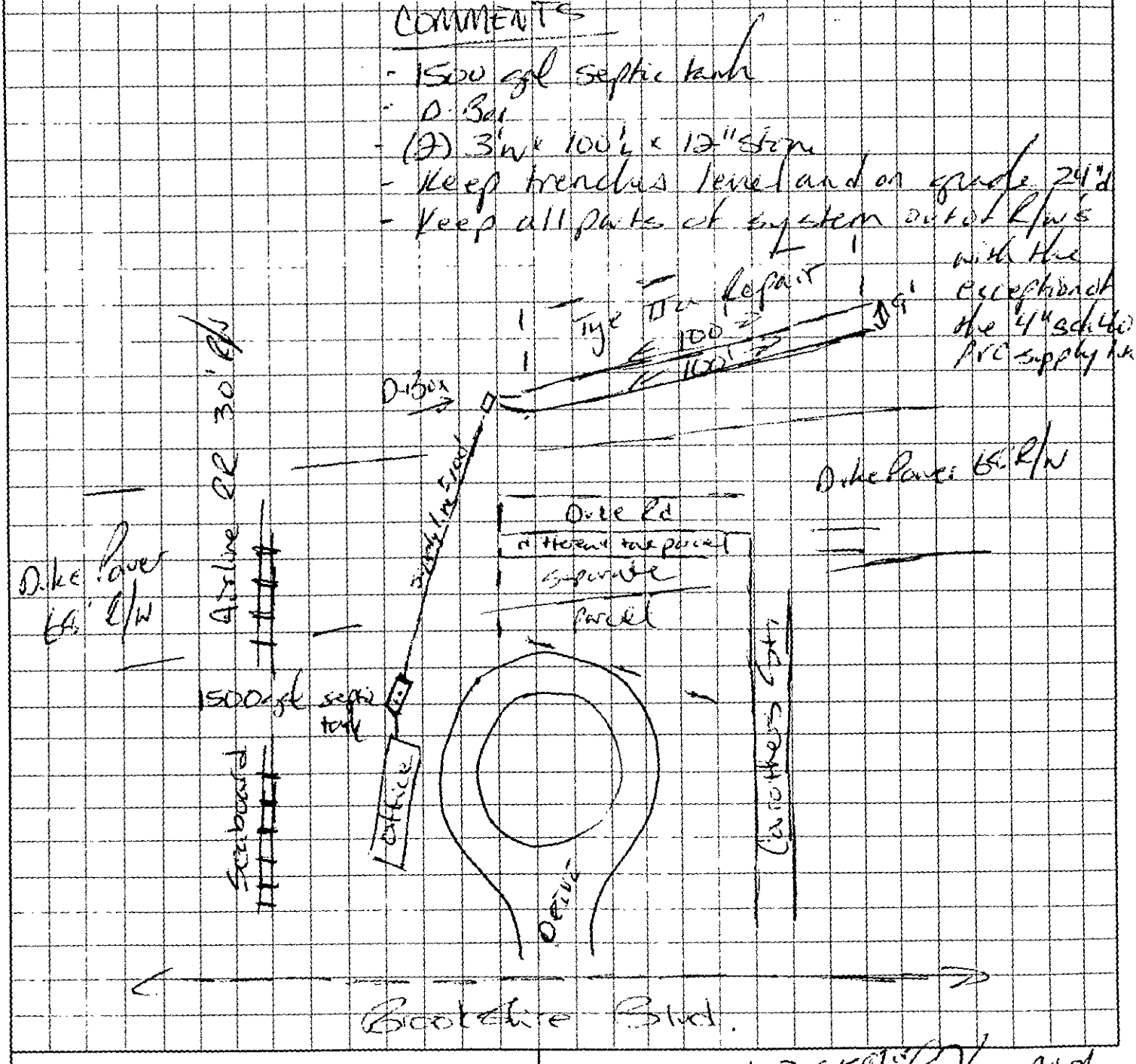
PROPOSED PLOT PLAN

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

FILE: 1681 B

TC: 039-041-01

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 1/7/97

APPROVAL DATE 1-7-97

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

Permit Number 16816 Tax Number 055-041-01

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	180 Max gallons/day wastewater flow	600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
N/A Serviced by private well	1500 Gallon septic tank	200 Total trench length (ft)	≤3' Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
N/A Bedrooms in residence Business	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep all parts of septic system out of Railroad and Duke Power Rights of Way (with the exception of the supply which is to cross the Duke R/W at no less than a 30° angle).

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

600 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	≤3' 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.

97 C

Lindsay S. Thompson, J.R.S. 1-7-96
DEHNR Authorized Agent Date

Owner/Agent Signature 1/7/97
Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-7-96 97 LT

PERMIT NO: 16818
PARCEL NO: 039-041-01

JOB LOCATION ADDRESS: 4720 Brookshire Blvd.
PROPERTY OWNER: Margaret Godley
BUILDING CONTRACTOR: Bentley Cooper
SUBDIVISION NAME: N/A
AUTHORIZATION ISSUED BY: Kenny B. Thompson, L.S. DATE: 1-7-96 97 LT
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 16818, 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.

B L Co — 1/7/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

Duke Power Company
P.O. Box 1006
Charlotte, NC 28201-1006

DUKE POWER

February 6,1997

Mr. Larry Thompson
Mecklenburg County Environmental Health
700 N. Tryon Street
Suite 211
Charlotte, N.C. 28202

Dear Mr. Thompson,

Subject: **4720 Brookshire Blvd.**
Septic Tank Connector Line
Riverbend to Lakewood 100Kv Line

We have reviewed the client's plans to cross our 68' transmission line R/W with a connector line between a septic tank and a distribution box. We do not object to these plans as long as neither the septic tank nor the distribution box are on the R/W. Also, when the work is completed, all disturbed areas within the R/W must be leveled and reseeded.

If I can be of further assistance, please contact me at 704-382-6551.

Yours Truly,

James G. Lawson
System Line Engineering

cc. Roy Birmingham

47210brok.doc

Printed on Tree Free Paper

JAMES G. LAWSON, EC08Q
Duke Power Company
Electric Center
P.O. Box 1006
Charlotte, NC 28201-1006

CHARLOTTE N.C. 282 21 932 D2 06 93 #2



DUKE POWER

MR. LARRY THOMPSON
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
700 N. TRYON STREET
SUITE 211
CHARLOTTE, N. C. 28202

28202>2236 13