

1232 MCCORKLE RD

05309316

12/19/2007

duponbj

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

4007

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 748 B/86 DATE: 3/5/93

TC: 053-093-16 ☐ L ☑ CRT

SERIAL № 15672

Name of Owner Tom Ehedistel Juris.:

Address of Property 1232 McCorkle Rd

Inspection Data:

Tank Material 1500 PCC

Total Length of Drainfield 1500

Number of Lines 5 @ 80

Cover Depth Greater than 12"

Water Supply Source & well

Distance to Water Source 50'

Excavation Inspected 3/5/92

Tank(s) Inspected 3/5/92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

1993 Design: 1500ST, 1200 sqft, 12"G, CECIL CTR# 140

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

☐ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

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

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 3 bedroom conventional Type III

David Newell, R.S.
Environmentalist

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

400 Ft

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

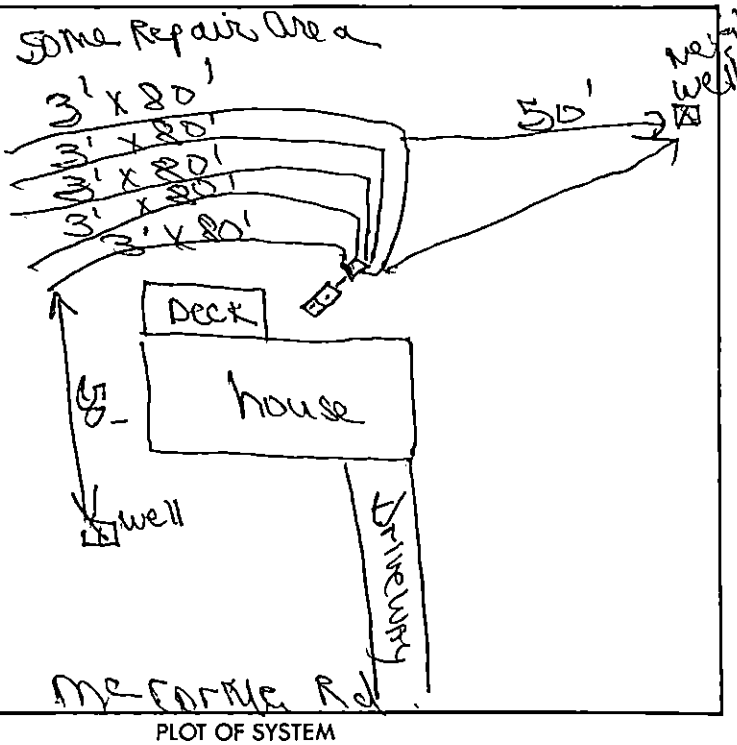
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7488/8619A DATE: 3/3/93

TC: 053-093-16 □/L

SERIAL Nº 13557

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 12/7/92. All work shall be completed on or before 4/3/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50 feet From neighbors well & This well

NAME OF OWNER Tom Chedister

LOCATION OF PROPERTY 1232 McCorkle Rd.

Comments: Install 5 Trenches 3' x 80' x 12" Stone - Depth of Trenches 36".

J. Klein for Sylvia Daniel
Division or Section Head

Judy J. Klein R.S.
Environmentalist

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

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

December 8, 1992

Mr. Thomas E. Chidester
1722 Deer Street
Charlotte, NC 28214

RE: Property located at 1232 McCorkle Road
FILE: 748B/8619A
PARCEL: 053-093-16

Dear Mr. Chidester:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12921) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems
KR/wpg

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 7489/8619A Action 1
SITE EVALUATION REPORT
SERIAL NUMBER 12921 2400 Parcel: 053-093-16 ☐ PC

Location: 12 32 Mc Corkle Road

Subdivision:

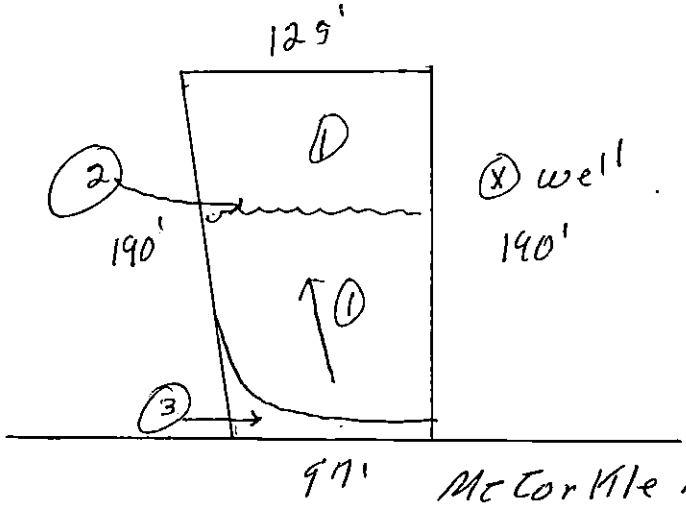
Lot: Block: Acres: .48

Owner: Thomas E. Chidester
Address: 1722 Deer St.
Charlotte, N.C. 28214

Comments: .3gal/ft²/day LTAR

Described by: William B. Marlin

Date: 12-4-92



***** EVALUATION KEY *****

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) Terrace	S PS (U) >2' cut	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Sub L Blocky	S PS U —	S PS U —	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" TO water	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil/Ue	Terrace	>2' cut			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

Lot # 148B (8619A) P&Q 50.00 Chk 11/20/92 D.T. [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

COPY

Date: 11-20-92

PERSON FILING APPLICATION:
NAME: McCURRY (last) RANDY (first) D. (mi)
ADDRESS: 8820 SINGING PINE Rd PHONE: (704) 392-9007
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-093-16
STREET ADDRESS: 1232 McCORKLE Rd
CHARLOTTE NC 28214
ZONING: R4

PROPERTY OWNER:
NAME: CHIDESTER (last) THOMAS (first) E (mi)
ADDRESS: 1722 DEER ST PHONE: (704) 399-7766
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: Randy D. McCurry Date: 10-20-92

NOTICE:

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

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

...This permit is not transferable.

...

[] 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

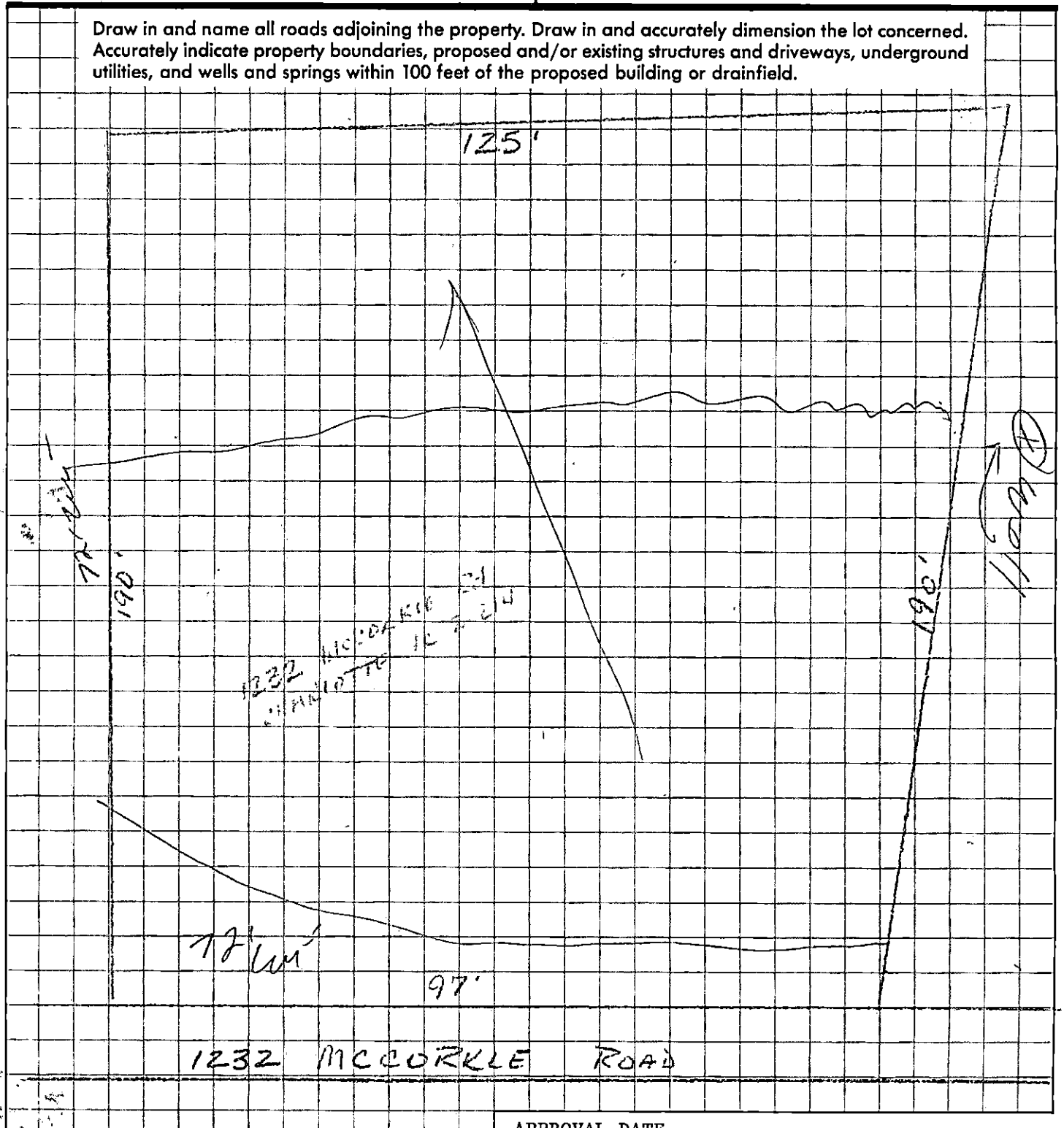
PROPOSED PLOT PLAN

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

FILE: 749B (8619A),

TC: 053-093-16

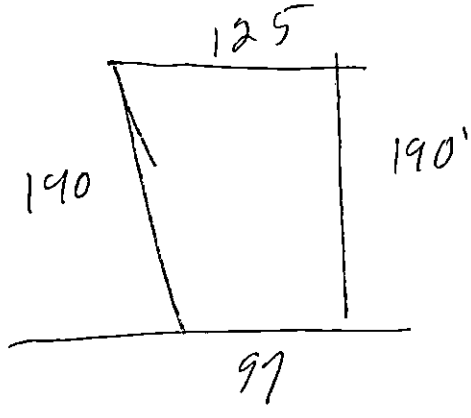
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

111

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


125
190
190'
97

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

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

(704)336-5102

Date: Dec. 7-92

PERSON FILING APPLICATION:

NAME: Chichester (last) Thomas (first) E. (mi)

ADDRESS: 1722 Deer St. PHONE: (704) 399-7766

CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY OWNER:

NAME: Chichester (last) Thomas (first) E. (mi)

ADDRESS: / PHONE: (___) ___

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053 09316

STREET ADDRESS: 1232 McGuire

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[x] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [x] 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: Thomas E. Chichester Date: Dec. 7-92

NOTICE:

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

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

...This permit is not transferable.

...

[ ] 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 1/11/93 Date

Director or Authorized Section Head Date

WWATER : 122791

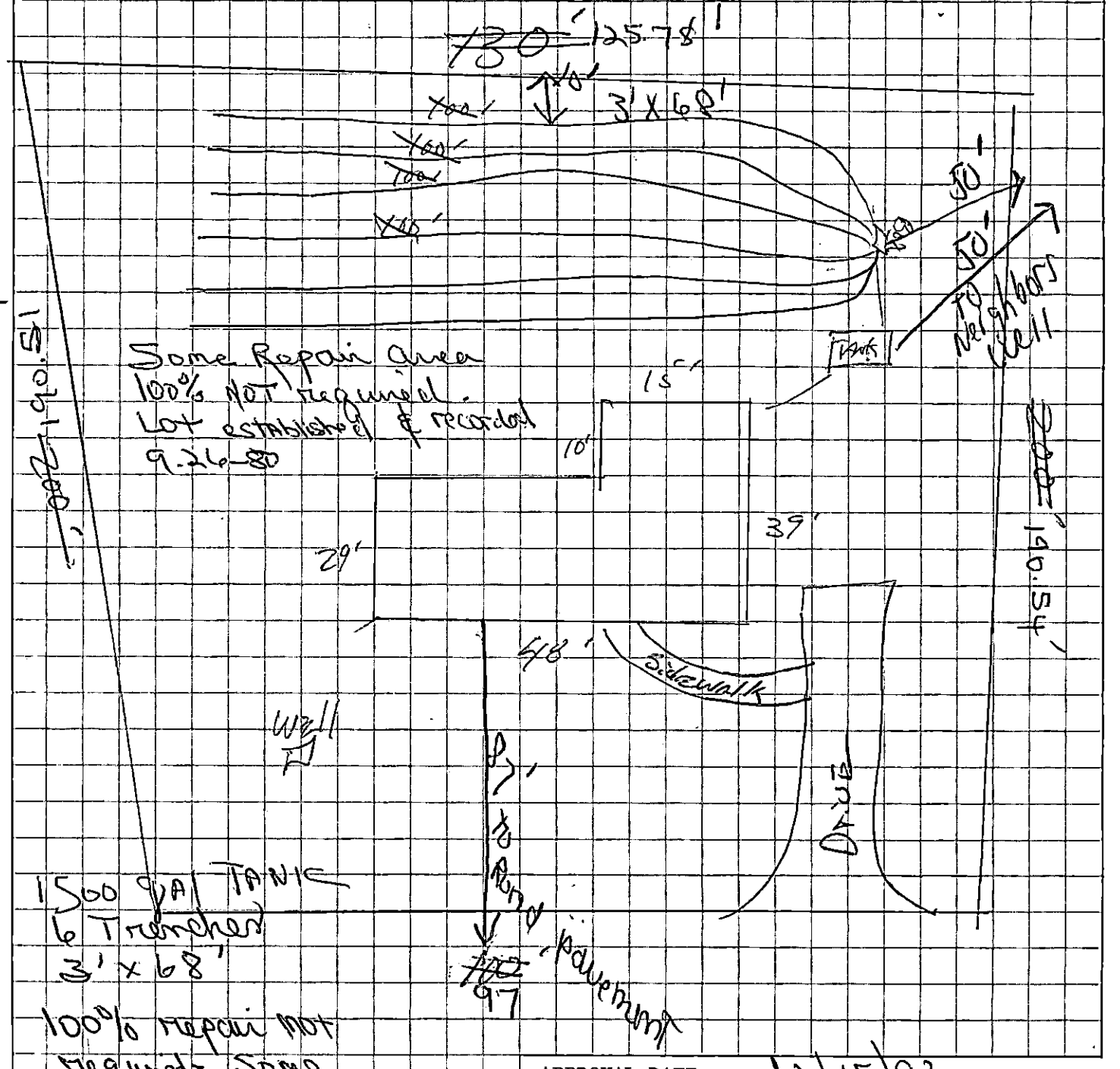
PROPOSED PLOT PLAN

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

FILE: 748-B (8619A)

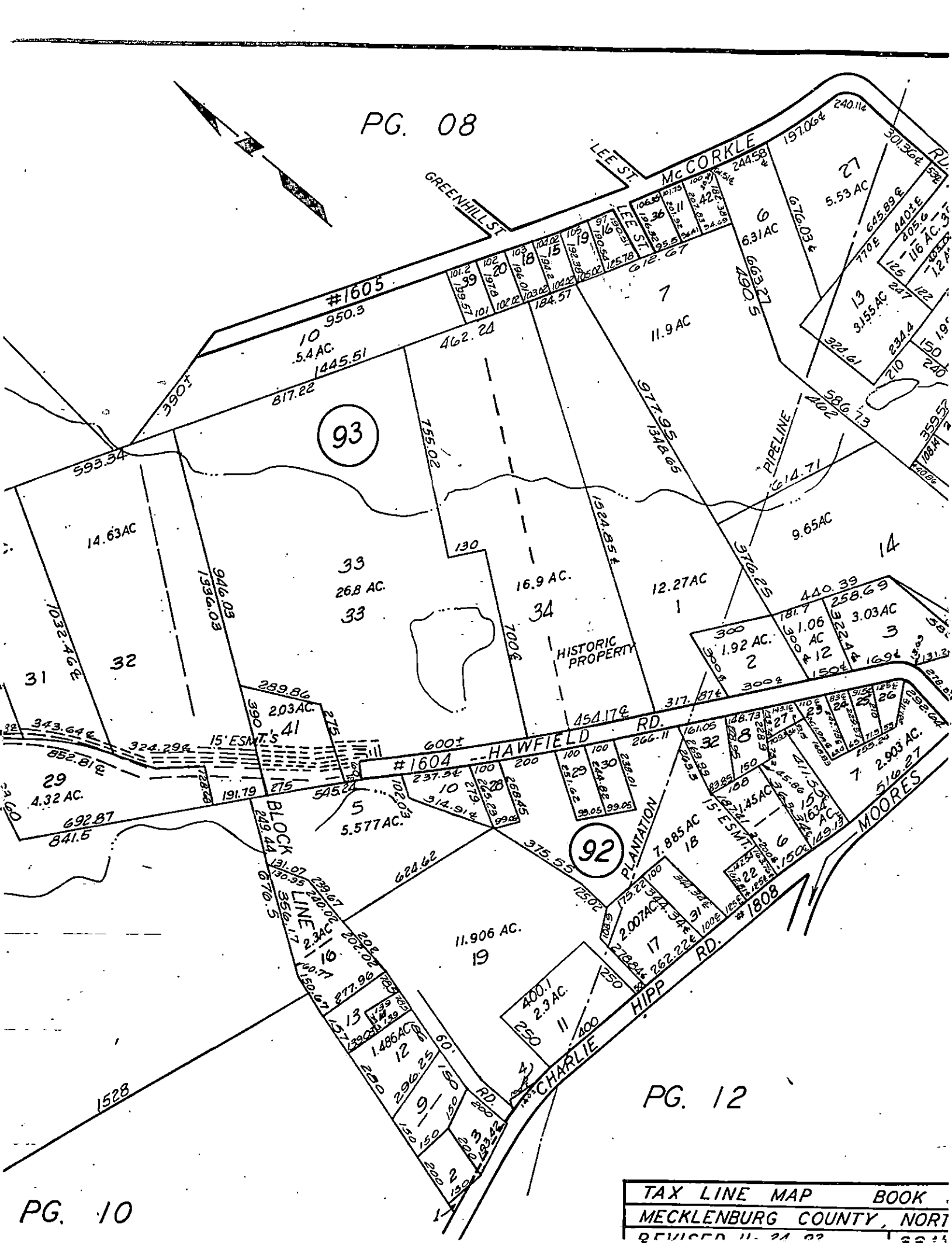
TC: 053-093-16

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.



APPROVAL DATE 12/15/92

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


PG. 08
GREENHILL ST.
LEE ST.
McCORKLE
#1605
950.3
5.4 AC.
1445.51
817.22
390±
593.34
462.24
755.02
977.95
1348.65
1924.85±
612.67
184.57
11.9 AC
6
6.31 AC
676.03±
645.89±
5.53 AC
27
301.36±
197.06±
240.11±
1.16 AC.
3.155 AC.
13
324.61
234.4
586.73
402
PIPELINE
614.71
9.65 AC
14
376.25
440.39
258.69
3.03 AC
1.06 AC
1.92 AC.
317.87±
454.17±
RD.
#1604 --HAWFIELD
600±
14.63 AC
946.03
1536.03
1032.46±
289.86
2.03 AC.
390
41
15' ESMT.'S
343.64±
324.29±
852.81±
191.79
275
545.24
102.03
314.91±
5.577 AC.
692.87
841.5
29
4.32 AC.
33
26.8 AC.
16.9 AC.
34
130
700±
HISTORIC PROPERTY
12.27 AC
1
32
31
2
3
12
7
8
1.45 AC.
7.885 AC
18
15' ESMT.
PLANTATION
92
375.55
624.62
125.02
BLOCK
249.44
131.07
130.95
239.67
220.02
356.17
676.5
LINE
2.3 AC.
16
202.02
277.96
11.906 AC.
19
2.007 AC.
17
344.34±
262.22±
278.84±
400.1
2.3 AC.
11
250
400
1808
HIPP
RD.
CHARLIE
1528
PG. 10
PG. 12
TAX LINE MAP BOOK
MECKLENBURG COUNTY, NORT

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

DATE: 12/7/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER #053-093-16

ASSIGNED ADDRESS 1232 MCCORKLE RD

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: S.F. Home.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: B. McCorkle

OPWEAR 06-88

NEW ADDRESS ✓*

FORM 100

Lot # 748B (8699A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P&Z 50.00 Chk 11/20/92 DJ

[ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: MCCURRY (last) RANDY (first) D. (mi)

ADDRESS: 8820 SINGING PINE Rd PHONE: (704) 392-9007

CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 11-20-92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-093-16

STREET ADDRESS: 1232 MCCORKLE Rd
CHARLOTTE NC 28214

ZONING: R4

PROPERTY OWNER:

NAME: CHIDESTER (last) THOMAS (first) E (mi)

ADDRESS: 1722 DEER ST PHONE: (704) 399-7766

CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
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LOT NUMBER: LOT SIZE (in acres):

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[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
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Signed: Randy D. McCurry Date: 10-20-92

NOTICE:

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_____
Environmentalist Date

_____
Director or Authorized Section Head Date

WWATER : 122791

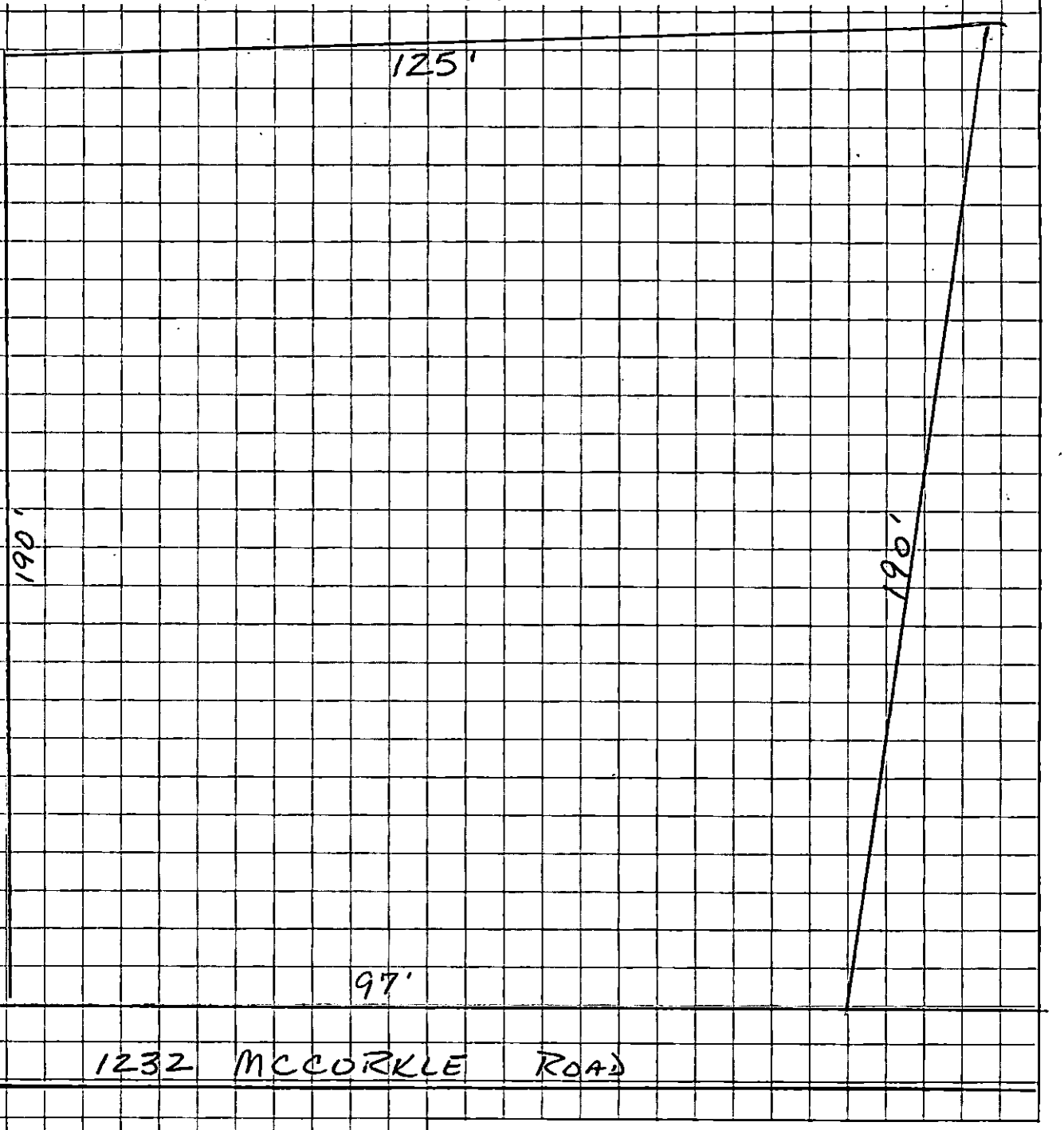
PROPOSED PLOT PLAN

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

FILE: 740B (8619A),

TC: 053-093-16

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.



APPROVAL DATE _____

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

748 B (8619A)

BEED BOOK PAGE

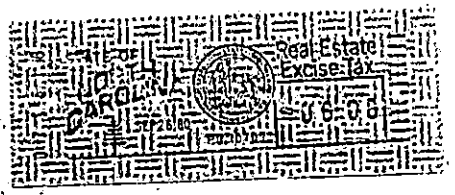
4348 0290

PRESENTED FOR REGISTRATION

SEP 26 11 48 AM '80

CHARLES G. CROWDER REGISTER OF DEEDS MECKLENBURG CO N.C.

279



Excise Tax

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 053-093-10

Verified by ..... County on the ..... day of ..... , 19.....

by .....

Mail after recording to Byrum, Byrum & Burris, Attorneys at Law, 1716 Johnston Building, Charlotte, North Carolina 28281

This instrument was prepared by Byrum, Byrum & Burris, Attorneys at Law

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 5th day of September, 19 80, by and between

GRANTOR	GRANTEE
MILDRED H. MILLER, Widow	MELVIN HUMPHRIES and wife, MILDRED S. HUMPHRIES

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Paw Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at an iron in the southerly margin of McCorkle Road with a 60 foot right of way (county road #1603), said point of beginning being in the Northeast corner of the Melvin Humphries property as described in Deed Book 3920, Page 179 of the Mecklenburg County Public Registry and said point of beginning also being 97.00 feet N. 58-52 W. from Lee Street as measured along the southerly margin of said McCorkle Road; thence from the point and place of beginning with the southerly margin of McCorkle Road S. 58-52 E. 97.00 feet to an iron at the intersection of McCorkle Road and Lee Street; thence with the westerly margin of Lee Street S. 22-27 W. 190.51 feet to an iron; thence N. 59-52-20 W. 125.78 feet to an iron in the southeast corner of the Melvin Humphries property as described in Deed Book 3920, Page 179 of the Mecklenburg County Public Registry; thence with the easterly property line of the said Humphries property N. 31-08 E. 190.54 feet to the point and place of BEGINNING.

All as shown on a boundary survey of the property of Melvin Humphries and wife, Mildred S. Humphries dated August 4, 1980, made by Thomas Jerome Orr, North Carolina Registered Surveyor, to which reference is hereby made for a more particular description.

BEING part of Tract 1 of the property conveyed to Melvin E. Miller and wife, Mildred H. Miller by deed recorded in Deed Book 3837, Page 211 of the Mecklenburg County Public Registry.

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.

DEED BOOK PAGE
4348 0231

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3837, Page 211 of the Mecklenburg County Public Registry.

A map showing the above described property is recorded in Plat Book ..... page .....

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

Restrictions and easements of record.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

..... (Corporate Name)

By: .....

..... President

ATTEST:

..... Secretary (Corporate Seal)

USE BLACK INK ONLY

Mildred H. Miller (SEAL)
MILDRED H. MILLER, Widow

..... (SEAL)

..... (SEAL)

..... (SEAL)

SEAL-STAMP

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that MILDRED H. MILLER, Widow Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 12 day of September 19 80

My commission expires: 4-8-84 Carey D. Latimer Notary Public

Use Black Ink

SEAL-STAMP

NORTH CAROLINA, ... County.

I, a Notary Public of the County and State aforesaid, certify that .....

personally came before me this day and acknowledged that he is ..... Secretary of ..... a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ..... President, sealed with its corporate seal and attested by ..... as its ..... Secretary. Witness my hand and official stamp or seal, this ..... day of ..... 19.....

My commission expires: ..... Notary Public

The foregoing Certificate(s) of Carey D. Latimer, A Notary Public of said County and State is

certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

Charles E. Crowder REGISTER OF DEEDS FOR Mecklenburg COUNTY

By M. Alease Hubbard Deputy Register of Deeds

This 26th Day of September, 1980

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.