

12610 SUSANNA DR

03122109

5/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5398-A DATE: 4-17-90

TC: 031-221-34 ☑ L ☑ CRT

SERIAL Nº 13182

Name of Owner Treely Harold Juris.:

Address of Property 12610 Susanna Dr.

Inspection Data:

Tank Material PVC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 18"-21" J.K.

Water Supply Source well

Distance to Water Source 100'

Excavation Inspected 3-22-90 J.K.

Tank(s) Inspected 4-17-90

Wash Line Inspected

High Water Alarm Inspected 4-17-90

PLOT

Design: 1990, 1500ST, 1000DT, PI, con, 1200SFT, 12", cecil CTR# 154

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: Installed for 3 bedrooms

B. R. Ferguson
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 5398A
TC: 031-221-34
SERIAL: № 19829 L CRT

JOB LOCATION

① ADDRESS: 12618 (STREET NO.) SUSANNA (STREET) DR ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: TREELY (FIRST) M. (MIDDLE) HARROLD (LAST)
⑨ MAILING ADDRESS: 12618 SUSANNA DR.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 394-0118 ⑭ (HOME) 394-3599

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

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

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Treely M. Harrold
Date: 6-13-90

IMPROVEMENT PERMIT

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

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

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

B. R. Ferguson, Environmentalist — 6-14-90 (Date)

Director or Authorized Section Head — 6-14-90 (Date)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-13-90

Name/Company: Treely M Harrold

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Injunct + Rent

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 13 1990

EH # 5398A

Fee: $ 25.00 Cash 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

DATE 6/13/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

031-221-34
PARCEL NUMBER

12618 Susanna Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

12610 Susanna Dr
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS		APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS		APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS		APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN		APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT		PRESENT	NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE		YES	NO
7.	DRIVEWAY PERMIT REQUIRED		YES	NO

REMARKS: Carport / Attached

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

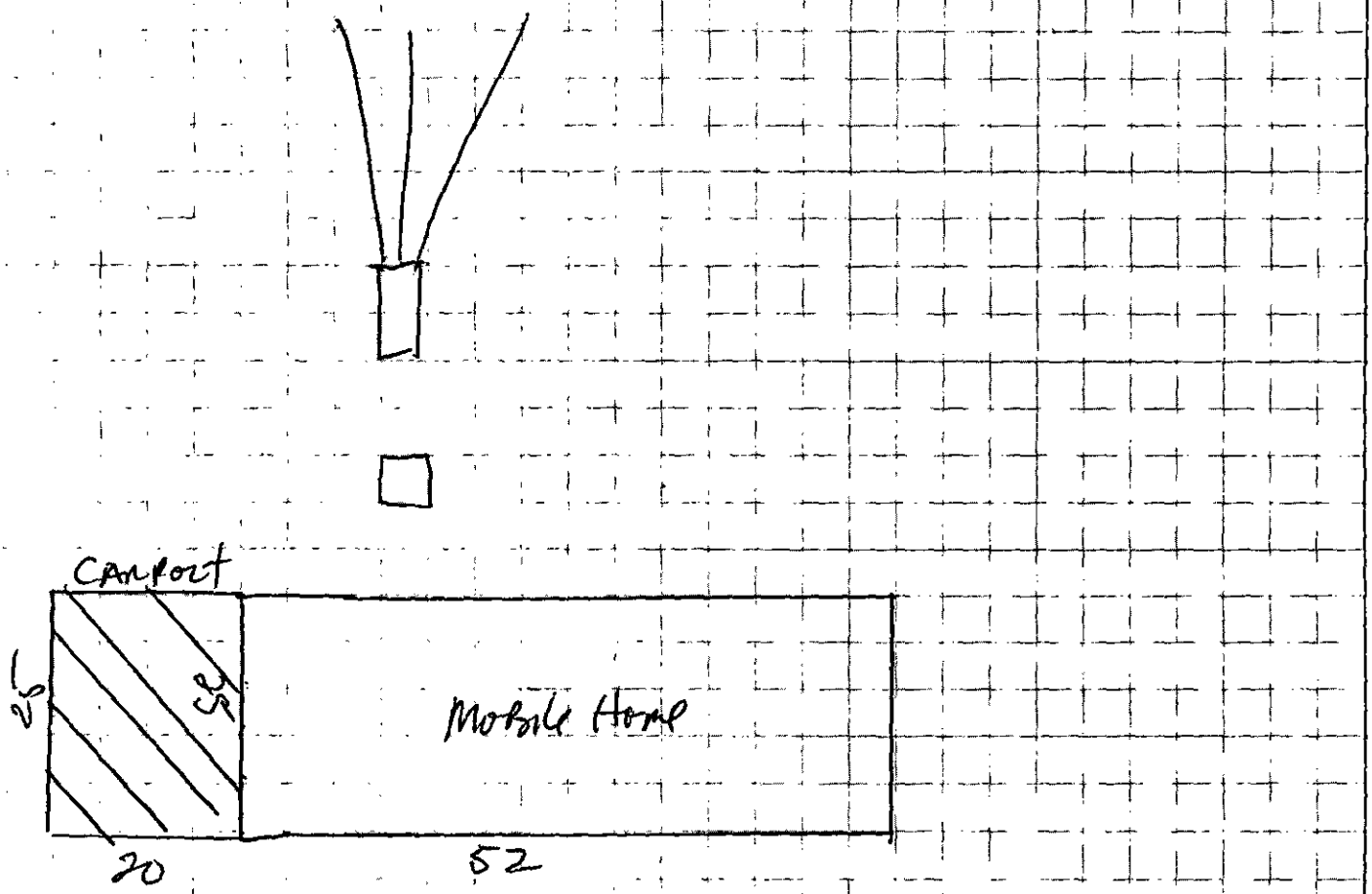
PROPOSED PLOT PLAN

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

FILE: 5398A

TC: 031-221-34

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 6-13-90

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

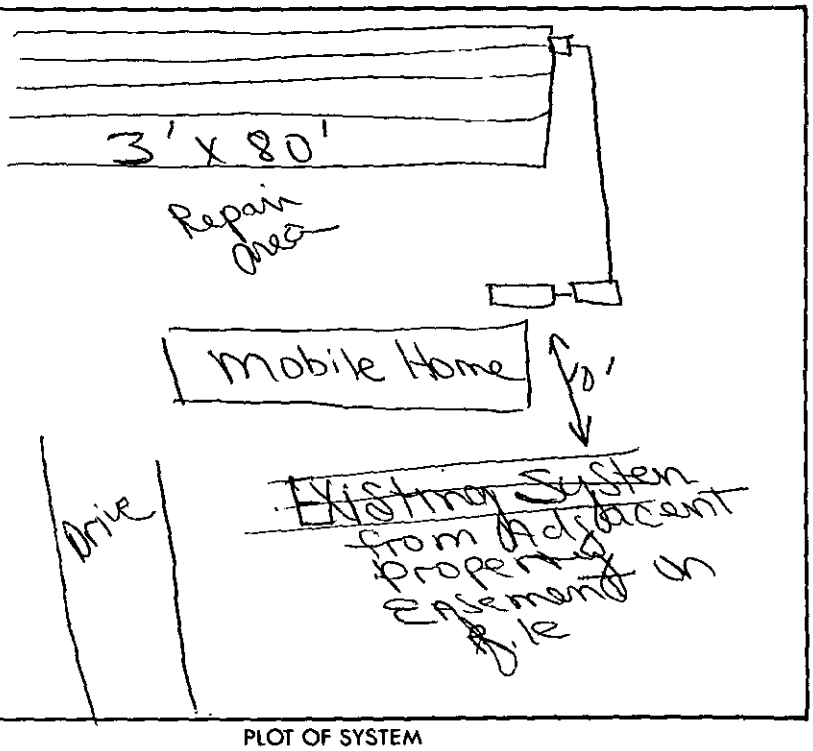
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5398A DATE: 3/20/90

TC: 031-221.34 A L

SERIAL Nº 13151

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 8/22/89. All work shall be completed on or before 4/20/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 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 100' feet

NAME OF OWNER Harold Treely M.

LOCATION OF PROPERTY 12610 Susanna Drive

Comments: Install 5 trenches 3' X 80' 12" Stone Straw Cover. Lift Pump Station w/Pump & Riser

Division or Section Head

Environmentalist Judy J. Lowe R.S.

* 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

150

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 5398A

TC: 081-221-34

SERIAL: No 17671 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12610 SUSANNA Drive (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 031-221-89

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Treely (FIRST) M. (MIDDLE) HARROld (LAST)

⑨ MAILING ADDRESS: 12610 SUSANNA Drive

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214

⑬ PHONE: (WORK) 394-1181 ⑭ (HOME) 394-0223

REQUEST

This request is for a(n):

⑮ ☒ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉓ Maximum occupancy? 2

㉔ Basement? ☐ yes ☒ no

㉕ Type? _____

㉖ Maximum number of employees? _____

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Treely Merdie Harrold

Date: _____

IMPROVEMENT PERMIT

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

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

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

Environmentalist Date 8/22/89

Director or Authorized Section Head Date 8-22-89

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/12/88

Name/Company Neely Harrold

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Impoundment permit
5398A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 12 1988

Fee: $ 150.00

Ck # 1555
11 150.00

K Carleton
Completed by

Collected by

COPY
PRESENTED FOR REGISTRATION
89 AUG 14 AM 10:26
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

NORTH CAROLINA

DEED OF EASEMENT

MECKLENBURG COUNTY

THIS DEED OF EASEMENT, Made and entered into this the 2nd day of June, 1989, by and between TREELY MERDIE HARROLD of Cleveland County, North Carolina, party of the first part; and TREELY MERDIE HARROLD of Cleveland County, North Carolina, party of the second part;

W I T N E S S E T H:

That Treely Merdie Harrold is the owner of Lots 9 and 10 in Block K of the Subdivision known as Riverhaven as shown on that map thereof recorded in the Office of the Register of Deeds of Mecklenburg County in Map Book 8 at Page 407; and,

Whereas, Treely Merdie Harrold has installed a septic tank on Lot 10 which includes a drain field which drains into Lot 9; and,

Whereas, party of the first part has hereby agreed to allow party of the second part to come upon the lands of Lot 9 to service and repair the septic tank drain field.

NOW, THEREFORE, in consideration of the sum of One Dollar ($1.00) paid to the party of the first part by the party of the second part, the receipt of which is hereby acknowledged, party of the first part has given and granted and by these presents does give, grant and convey to the party of the second part, its successors and assigns, a perpetual right and easement for the septic tank drain field to remain on Lot 9 together with the right of ingress and egress granted to the party of the second part for the right to enter and re-enter upon said land for the purposes of servicing and maintaining said septic tank which is located upon Lot 9 in Map Book 8 at Page 407 of the Mecklenburg County Registry.

TO HAVE AND TO HOLD the aforesaid rights and easement to it, the party of the second part, its successors and assigns, in title forever; it being agreed that the rights and easement hereby granted is appurtenant to and runs with Lot 10 in Block K of Riverhaven Subdivision as shown in Map Book 8 at Page 407 of the Mecklenburg Public Registry.

And the party of the first part covenants with the party of the second part that it is seized of the above described lands in fee simple in which the aforesaid rights and easement are granted and they have the right to convey such rights and easement, that the same is free and clear of all encumbrances, and that they will forever warrant and defend the title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, the party of the first part has hereunto set his hand and seal the day and year first above written.

Treely Merdie Harrold (SEAL)
Treely Merdie Harrold

JAMES W. STANCIL
ATTORNEY AT LAW
129 W. CATAWBA AVE.
MOUNT HOLLY, N. C. 28120
(704) 827-3941

NORTH CAROLINA
GASTON COUNTY

I, Nancy D. Marze, a Notary Public of said County and State, do hereby certify that Treely Merdie Harrold personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and notarial seal, this the 2nd day of July, 1989.

Nancy D. Marze
NOTARY PUBLIC

My Commission Expires: 5-5-91

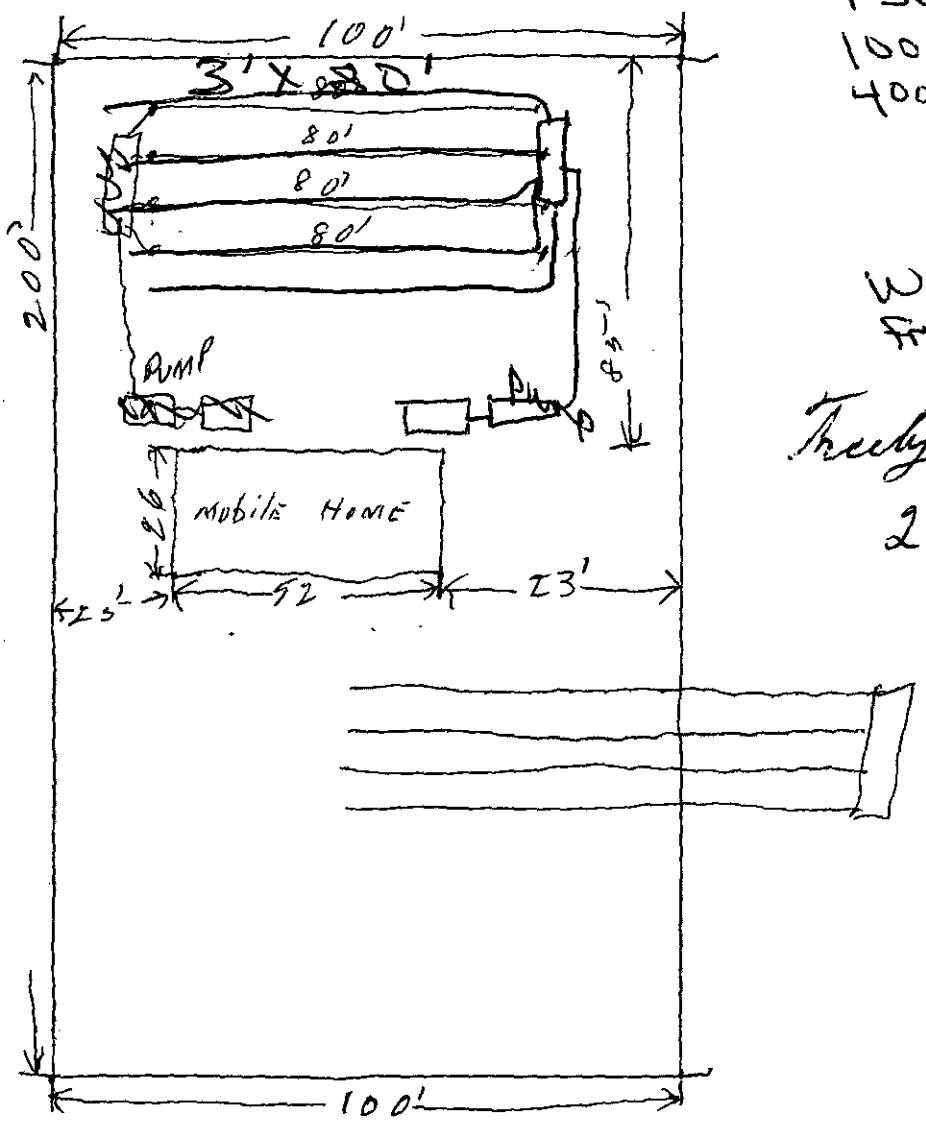
PROPOSED PLOT PLAN

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

FILE: 5398A

TC: _____

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



1500 GAL. Septic TANK
1000 GAL L.P
400' drainfield

WATER Supplied from NEXT door

Treeby Merdie Harrold
2-27-89

Signed: Treeby Merdie Harrold

Date: _____

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department
Febuary 13, 1989

Health Department
Environmental Health Division
1200 Blythe Boulevard
Charlotte, NC 28203

Subject: Mobile Home Verification

Dear

The parcel of land located at 12610 Susanna Drive and further identified by tax parcel number 031-221-09 is zoned RV, (rural district).

Permited uses include mobile homes as a principle building on a lot.

If this office can be of any further assistance, please contact us.

Sincerely,

Joel W. Shytle

Joel W. Shytle
Zoning ~~Inspector~~ Technician

Form B-150 NS
10/84 59/b

Zoning - need letter for M/H 700 N. Tryon

DATE: 1-30-89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 031-221-09

ASSIGNED ADDRESS 12610 Susanna Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

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

REMARKS: Land for mobile Home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

OFWEAR 02/86

Mecklenburg County
Health Department

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

January 25th, 1989

Treely Merdie Harrold
12610 Susanna Drive
Charlotte, NC 28214

RE: Property located at Susanna Drive
FILE: 5398A
PARCEL: 03122109 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The 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 15948) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15948

File: 5398A Action 1

Parcel: 03122109 PO ☐ PC

Location: Susanna Drive

Subdivision:

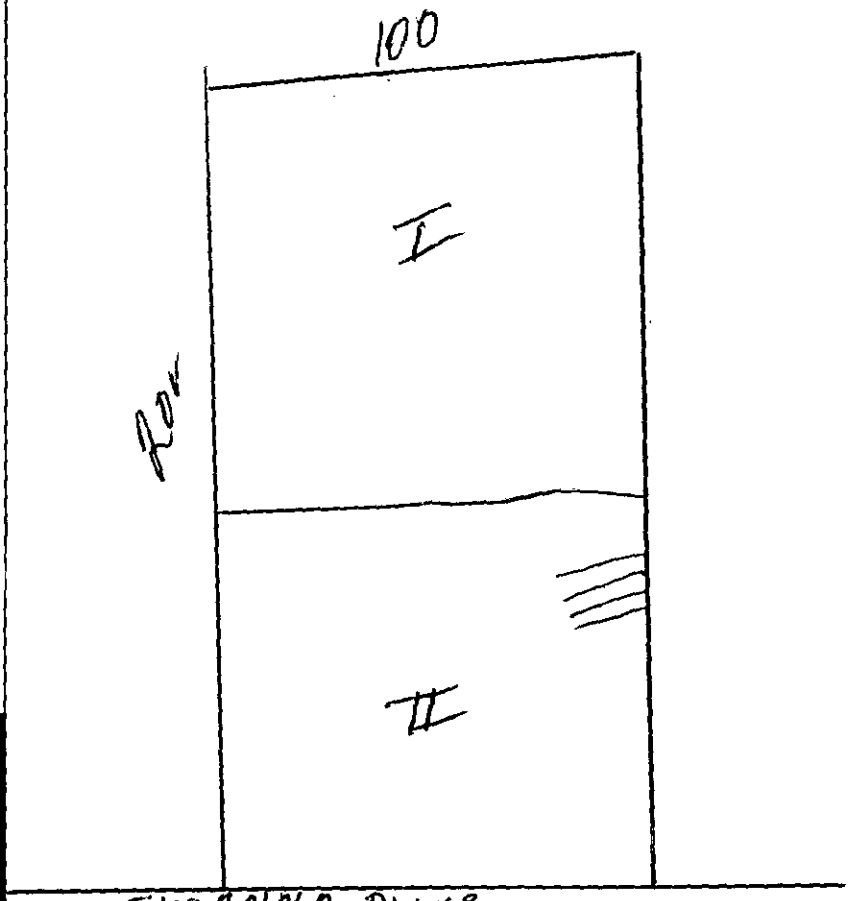
Lot: Block: 147 Acres:

Owner: Treely Merdie Harrold
Address: 12610 Susanna Drive
Charlotte, NC 28214

Comments: Limited Area if new hot.

Described by: W. B. Ramsey

Date: 1-23-89



***** 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 4-6	S PS (U) Complex	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 43-47	S PS (U) Various	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U *	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Fill Ent	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVa Appling	IVa Eroded Appling Fill				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

See file 16747

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

(OFFICE USE ONLY)

FILE: 5398A

TC: 031-221-09P0

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: ~~12612~~ SUSANNA DRIVE

② SUBDIVISION: _____ ③ LOT: 9 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

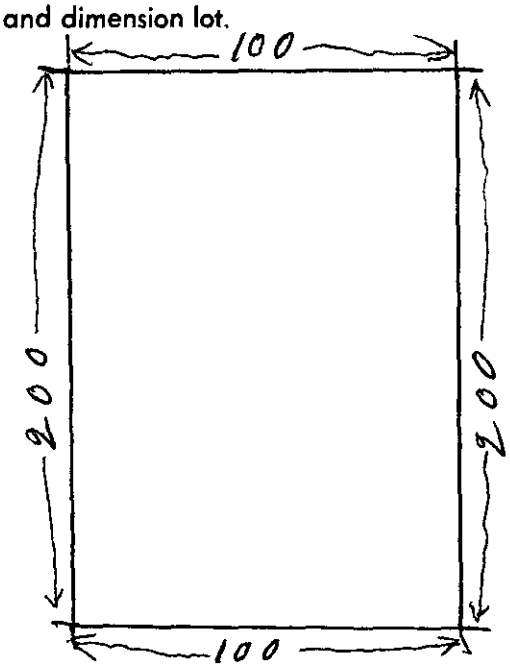
⑦ NAME: Treely (FIRST) MERDIE (MIDDLE) HARROld (LAST)

⑧ MAILING ADDRESS: 12610 SUSANNA DRIVE RT 14

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 394-1181 (HOME) 394-0223

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Treely Merdie Harrold

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

Date: _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/18/89

Name/Company Treely M. Harrold

Sanitation _____

Vector Control ✓

O.P.W.D. _____

Service: Soil Test
#153987

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 18 1989

Fee: $ 30 — Cash $30.00

Completed by

Collected by

Prepared By: E. Scott Cloninger, Attorney, Kings Mountain, N.C. 28086

Mail To: Grantee - 7115-63 Belhaven Blvd Char. N.C. 28216

WARRANTY DEED -Form WD-601 Printed and for sale by James Williams & Co., Inc., Yadkinville, N. C.

STATE OF NORTH CAROLINA, MECKLENBURG County

THIS DEED, Made this 2nd day of May, 19 80, by and between A.H. FLOWERS and wife, RUBY A. FLOWERS of Cleveland County and state of North Carolina, hereinafter called Grantor, and TREELY MERDIE BARROLD of Cleveland County and State of North Carolina, hereinafter called Grantee, whose permanent mailing address is 7115-63 Belhaven Blvd., Charlotte, N.C. 28216

WITNESSETH: That the Grantor, for and in consideration of the sum of One Hundred & No/100 ($100.00)---------- Dollars and other good and valuable considerations to him in hand paid by the Grantee, the receipt whereof is hereby acknowledged, has given, granted, bargained, sold and conveyed, and by these presents does give, grant, bargain, sell, convey and confirm unto the Grantee, his heirs and/or successors and assigns, premises in Paw Creek Township, Mecklenburg County, North Carolina, described as follows:

BEING all of Lots 9, 10, & 11 in Block K of the Subdivision known as Piverhaven, as same is shown on map thereof recorded in the Mecklenburg Public Registry in Map Book 8 at Page 407, reference to said map being hereby made for a more particular description.

Being the same property conveyed to Burgin W. Murray and wife, by R. E. Barrett and wife, and Henry Ray Bumgarner and wife, as recorded in the Mecklenburg County Registry.

This conveyance is made subject to deed of trust recorded in Book 2967, Page 495, and deed of trust recorded in Book 3025, Page 103 in the Mecklenburg County Registry.

Title Reference: Deed Book 3234, Page 40 in the Mecklenburg County Registry.

BOOK 4300 PAGE 821

STATE OF NORTH CAROLINA Real Estate Excise Tax MAY-5'80 P.B. 1070 3 $07.00

PRESENTED FOR REGISTRATION MAY 5 2 03 PM '80 REGISTER OF DEEDS MECKLENBURG CO N.C.

The above land was conveyed to Grantor by _____. See Book No. _____, Page _____.

TO HAVE AND TO HOLD The above described premises, with all the appurtenances thereunto belonging, or in any wise appertaining, unto the Grantee, his heirs and/or successors and assigns forever.

And the Grantor covenants that he is seized of said premises in fee, and has the right to convey the same in fee simple; that said premises are free from encumbrances (with the exceptions above stated, if any); and that he will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

When reference is made to the Grantor or Grantee, the singular shall include the plural and the masculine shall include the feminine or the neuter.

IN WITNESS WHEREOF, The Grantor has hereunto set his hand and seal, the day and year first above written.

A. H. Flowers (SEAL) Ruby A. Flowers (SEAL)

A. H. Flowers (SEAL) Ruby A. Flowers (SEAL)

STATE OF NORTH CAROLINA Cleveland COUNTY.

I, Kay A. Tignor, a Notary Public of said County, do hereby certify that A. H. Flowers and wife, Ruby A. Flowers

Grantor, personally appeared before me this day and acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal, this the 2nd day of May, 19 80.

My Commission Expires: 5-22-83 Kay A. Tignor N. P. [SEAL]

STATE OF NORTH CAROLINA _____ COUNTY.

I, _____, a Notary Public of said County, do hereby certify that _____

Grantor, personally appeared before me this day and acknowledged the execution of the foregoing deed.

Witness my hand and notarial seal, this the _____ day of _____, 19____.

My Commission Expires: _____ _____, N. P. [SEAL]

STATE OF NORTH CAROLINA, Mecklenburg COUNTY.

The foregoing certificate(s) of Kay A. Tignor, a Notary Public for Cleveland County, State of N. C. is (are) certified to be correct. This instrument was presented for registration this 5th day of May, 19 80, at _____ A. M., P. M., and duly recorded in the office of the Register of Deeds of Mecklenburg County, North Carolina, in Book 4300, Page 821

This the 5th day of May, A. D., 19 80.

Charles E. Crowder Register of Deeds By Mary L. Brice Assistant-Deputy Register of Deeds

This Deed drawn by _____