


15354 N C 73 HY

00938110

6/11/2007

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: 6120-A DATE: 8/6/90

TC: 009 012 15 ☐ L ☐ CRT

SERIAL Nº 13431

Name of Owner JAMES NORKET Juris.:

Address of Property 15354 Hwy 73

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 204'

Number of Lines 3 @ 68'

Cover Depth 6"

Water Supply Source P/WELL

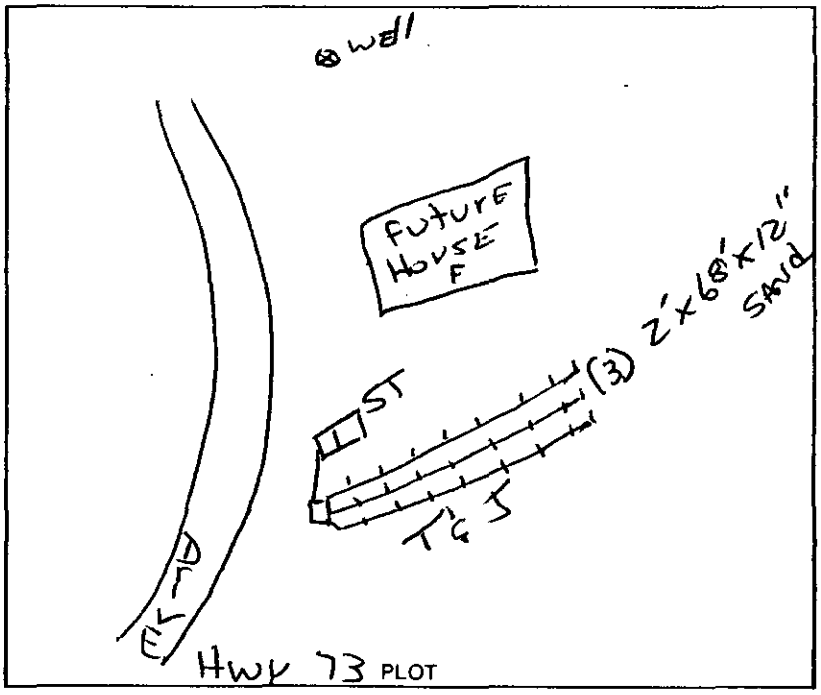
Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected ~

High Water Alarm Inspected ~




Design: 1,500 ST, mod. T&J, 408 SFT, 12" SAND CECIL CTR# 74

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: T&J for 2 bedroom (3) 2'x68'x12" SAND, installed according to plan, septic tank moved to opposite side for gravity feed.

Tim Whittaker, R-S.
Environmentalist

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

# INSTALLATION, T & J CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

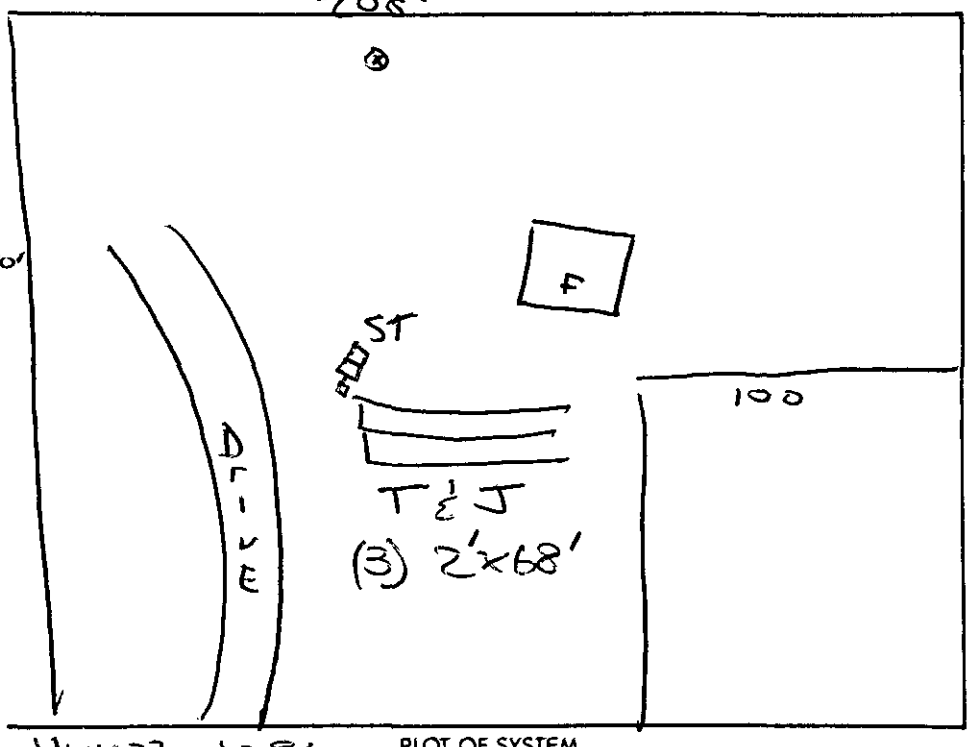
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6120 A DATE: 8/31/90

TC: 009 012 15 ☐ L

SERIAL Nº 14801

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 3/15/90. All work shall be completed on or before 9/6/90, 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 — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 204' feet

Number of Lines (3) 68'

Depth ~~of Stone~~ Sand 12 24" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER James Norket

LOCATION OF PROPERTY 15354 Hwy. 73

Comments: T & J for 2 bedrm. Install According to plans submitted. (Installation permit written after completion) for records.

Division or Section Head

Tim Whittaker, 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.

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 4/2/90

Name/Company: Carol Nakat

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: insp - new
6120A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 2 1990

ck # 3812

Fee: $ 200.00 $200.00

NOTICE:

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

Carol Nakat
Completed by

Collected by

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 2 [illegible]

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: 6120A
TC:
SERIAL: № 19173

ENVIRONMENTAL HEALTH DIVISION ☐ L ☑ CRT

## JOB LOCATION

① ADDRESS: 15354 Hwy. 73 (STREET NO.) Huntersville, N.C. 28078 (STREET) ② FILE:
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 00901215
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

## OWNER

⑧ NAME: James (FIRST) Michael (MIDDLE) Norket (LAST)
⑨ MAILING ADDRESS: 15354 Hwy. 73
⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 704-892-7800 ⑭ (HOME) 704-875-8517

## 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? 2
㉕ Type?
㉓ Maximum occupancy? 3
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: James Michael Norket
Date: 3-15-90

## 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.

Modified System Also Approved

Environmentalist — Date: 7-18-90

Director or Authorized Section Head — Date

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

PRESENTED FOR REGISTRATION

90 JUL 18 AM 8:37

ANNE A. POWER
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

FILE NO. U120A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, James Michael NORKET & Carol S. NORKET

owner of property located at 15354 Hwy. 73 Huntersville, N.C. 28078

("the site") and described in an instrument recorded in Book 5950 at Page 0492, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 18th day of July, 1990.

James Michael Norket (SEAL)

Carol S. Norket (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Wise, a Notary Public for said County and State, do hereby certify that James Michael Norket + Carol S. Norket personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 18th day of July, 1990.

Marlene Wise
Notary Public

My Commission Expires: 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____
Notary Public

My Commission Expires: _____

# Mecklenburg County
## Health Department

July 10, 1990

James Norket
15354 Hwy 73
Huntersville, NC 28078

RE: Property located at 15334 Hwy 73
FILE: 6120A
PARCEL: 00901215

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.
- Pump tank may be needed to overcome gravity.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

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

# Mecklenburg County
## Health Department

April 18th, 1990

James Norket
15354 Hwy 73
Huntersville, NC 28078

RE: Property located at 15334 NC Hwy. 73
FILE: 6120A
PARCEL: 00901215

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17751) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

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

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 17751

File: 6120A Action 2

Parcel: PO 009-012-15 ☐ PC

Location:

Subdivision:

Lot: Block: Acres: Approx .75

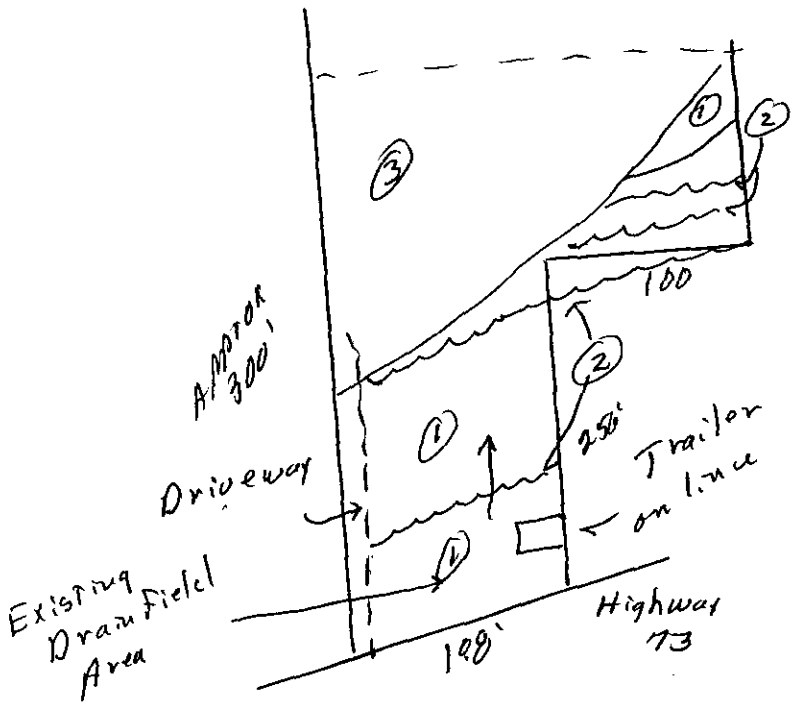
Owner:
Address:

Comments: 100% Repair, pump might be needed

Described by: William R. Marks

Date: 4-18-90

*** 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 8-15% | S PS (U) complex slopes | S PS (U) Depression | S PS U | S PS U | S PS U |
| Texture | S (PS) U clay | S PS U — | S PS U — | S PS U | S PS U | S PS U |
| Structure | S (PS) U Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U 7-36" To water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 36" + | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 7-36" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S PS (U) Restricted | 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 | IV Cecil-1.4% | Complex slopes | Depression | | | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 3/27/90

Name/Company: Carol Norkett

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test

10 acres

6120A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 28 1990

CR# 3804

Fee: $ 40.00 #40.00

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

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6120A

TC: _____

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 2 [illegible]
ENVIRONMENTAL HEALTH
DIVISION

**JOB LOCATION**

① ADDRESS: 15354 Hwy. 73 Huntersville, NC 28078

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

⑤ PARCEL REFERENCE: BOOK NO.: 009 PAGE NO.: 012 PARCEL NO.: 15

⑥ DEED REFERENCE: BOOK NO.: 5950 PAGE NO.: 0492

**OWNER**

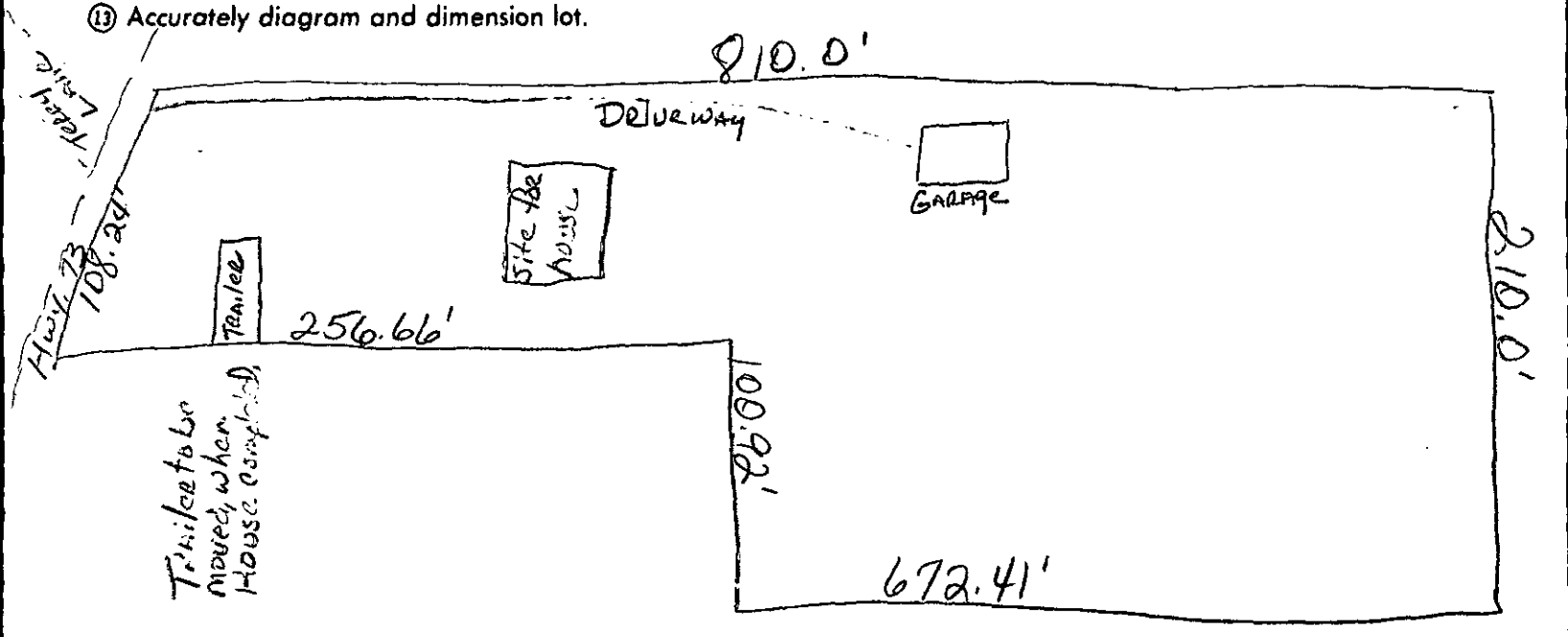
⑦ NAME: James (FIRST) Michael (MIDDLE) Norket (LAST)

⑧ MAILING ADDRESS: 15354 Hwy. 73

⑨ CITY: Huntersville ⑩ STATE: N.C. ⑪ ZIP: 28078

⑫ PHONE: (WORK) 892-7800 (HOME) 875-8577

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: James & Michael Norket

Date: 3/15/90

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

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

**CHARGE SLIP**

Date: 9/11/89

Name/Company: James M. Nokes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: / Amp - Add
#612071

MECK[illegible]
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 11 1989

#3576

Fee: $25.00 $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

BILLING -- WHITE [redacted]

# 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: 6120A
TC: _____
SERIAL: № 19172
☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 15334 (STREET NO.) NC Hwy 73 (STREET) Huntersville NC 28078 ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 009-012-15
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: James (FIRST) Michael (MIDDLE) Norket (LAST)
⑨ MAILING ADDRESS: 105 Nicholas Dr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28213
⑬ PHONE: (WORK) 892-7800 ⑭ (HOME) 597-9304

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Addition - Garage

**DESIGN CRITERIA**

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 1
㉕ Type? _____
㉓ Maximum occupancy? 2
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: James Michael Market
Date: 9-11-89

## 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

Philip A. Walker, 9/15/89
Environmentalist — Date

_____, 9-15-89
Director or Authorized Section Head — Date

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

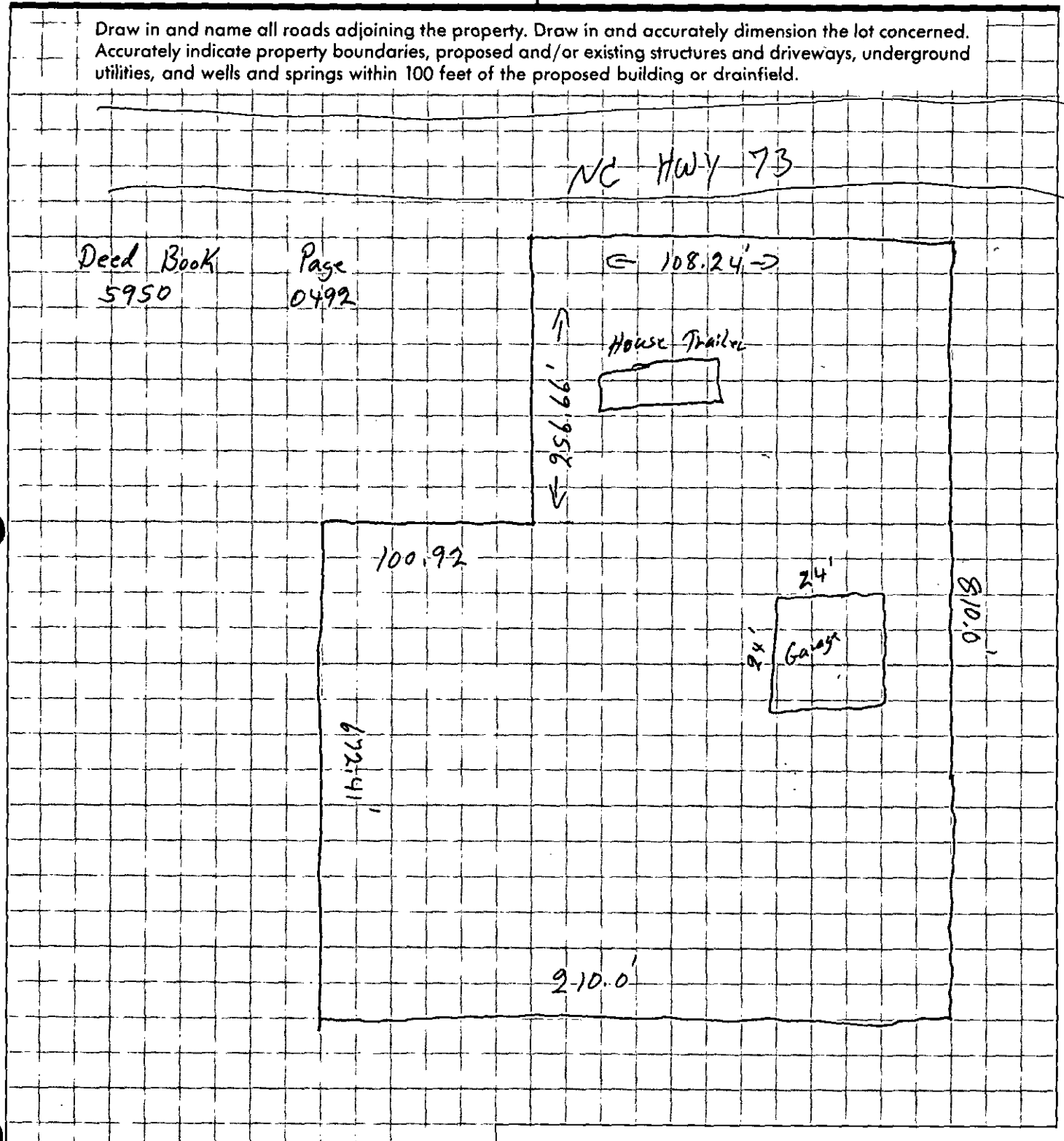
# PROPOSED PLOT PLAN

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

FILE: 10120A

TC: _____

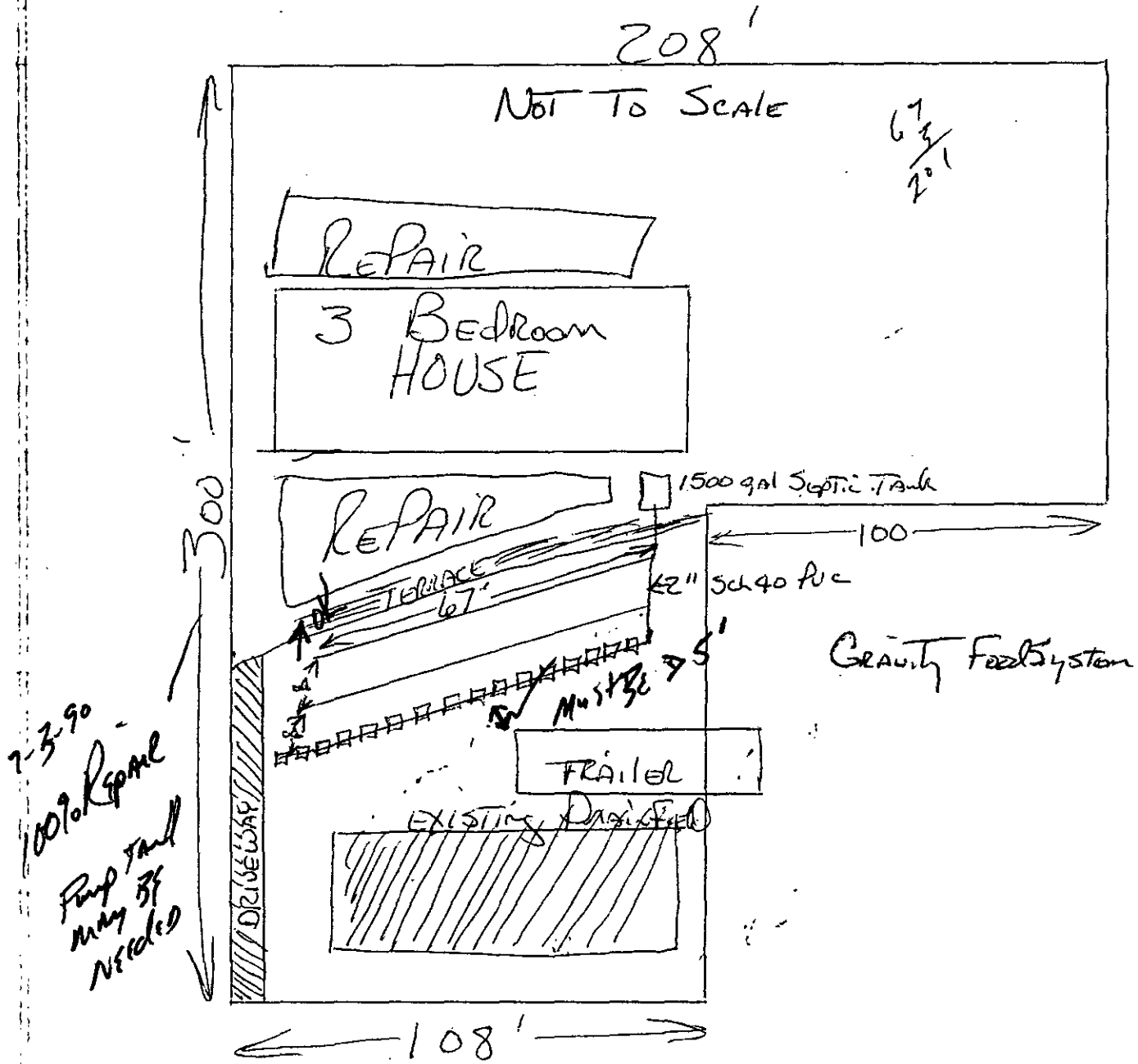
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Signed: James Michael Norbet

Date: 9-11-89

# T & J Panel System




File # 6120 A

Parcel # PO 009-012-15

James Norket

15354 Hwy 73

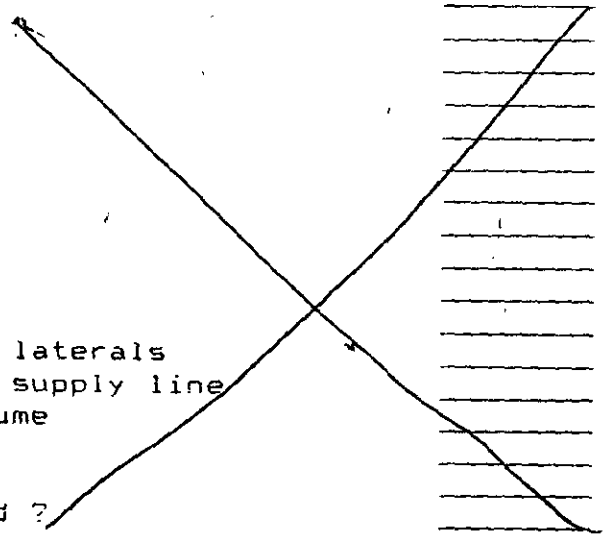
Huntesville N.C. 28078

File # 6120 A
Parcel # PO 009-012-15

James Norket
15354 Hwy 73
Huntersville N.C. 28078

# DESIGN SPECIFICATIONS

| | | |
|---|---|---|
| Daily waste flow | 360 | gal. |
| Septic tank size | 1500 | gal. |
| Pumping tank size | ——— | gal. |
| Effluent loading rate | —— | gal/ft²/day |
| Absorption area | 1200 | ft. |
| Total length of laterals | 201 | ft. |
| Lateral diameter | 2 | in. |
| Lateral configuration | 3 | No. and length of lines 67' 16 Panels |
| Supply line length | 30 | ft. |
| Supply line diameter | 2 | in. |
| Manifold placement | | |
| Hole size* | | in. |
| Hole spacing | | ft. |
| Number of holes | | |
| Flow per hole | | gpm |
| Total flow | | gpm |
| Elevation head | | ft. |
| Friction head | | ft. |
| Pressure head | | ft. |
| Total head | | ft. |
| Pump requirements | | gpm @ ____ ft. of head |
| Storage volume in laterals | | gal. |
| Storage volume in supply line | | gal. |
| Total storage volume | | gal. |
| Dosing volume | | gal. |
| Dosing depth | | in. |
| Check valve needed ? | | |



* Note: Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Effluent Loading Rate for LPP Systems (.16) unless otherwise specified by this department.

262

DEED BOOK PAGE
5950 0492

PRESENTED FOR REGISTRATION
89 JAN 23 PM 3:41
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

Excise Tax -0- Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 009-012-10

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

by .....

FEE 8.00
<> 8.00
CASH 8.00

Mail after recording to A. Neal Brumley 8:14 #8866 000
P. O. Box 26486 Charlotte, NC 28221

This instrument was prepared by A. Neal Brumley

Brief description for the Index

# NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 20th day of January, 1989, by and between

| GRANTOR | GRANTEE |
|---|---|
| JAMES M. NORKET<br>Mecklenburg County, North Carolina | JAMES M. NORKET and wife,<br>CAROL S. NORKET<br>105 Nicholas Dr.<br>Charlotte, NC 28213 |

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 ....., Lemley Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at a point in N. C. Highway # 73 near its intersection with Terry Lane, common corner of Grantor and Robert L. Osborn (Book 2735, Page 427), and runs thence with the dividing line between Grantor and said Osborn S. 73-30 E. 810.0' to a set # 5 rebar, corner of Ernest Cook (Book 1958, Page 97); thence with Cook's line S. 00-24-47 E. 210.0' to a set # 5 rebar, corner of Bobbie Kerns Norket (Book 1228, Page 251); thence with the latter's line N. 73-30 W. 672.41' to a set # 5 rebar; thence N. 16-08-51 E. 100.92' to a set # 5 rebar; thence N. 71-30-50 W. 256.66' to a point in N. C. Highway #73; thence N. 49-11-02 E. 108.24' to the point of Beginning, being 3.464 acres according to survey by Rufus J. Love, N.C.R.L.S., dated November 23, 1988.

Being the same property conveyed to Grantor by deed filed January 18, 1989.

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Printed by Agreement with the N.C. Bar Assoc -1981.

DEED BOOK PAGE

5950 0493

The property hereinabove described was acquired by Grantor by instrument recorded in .....

.....

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:

7.10.91 8

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.

USE BLACK INK ONLY

| | |
|---|---|
| ..... (Corporate Name) | James M. Norket (SEAL) |
| By: ..... | JAMES M. NORKET (SEAL) |
| .....President | ..... (SEAL) |
| ATTEST: | ..... (SEAL) |
| .....Secretary (Corporate Seal) | ..... (SEAL) |

SEAL-STAMP

NOTARY PUBLIC

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that James M. Norket Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 20th day of January, 1989.

My commission expires: 9/29/91 Kay Sims Notary Public

SEAL-STAMP

Use Black Ink

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 .....

.....

.....

is/are certified to be correct. This instrument and first page hereof.

.....

By .....

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Kay Sims

.....

.....

a Notar(y) (ies) Public (is) (are) certified to be correct.

This 23rd day of January 19 89.

Anne A. Powers, Register of Deeds

By: Colleen T. Steele Deputy

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