

10929 TARA OAKS DR

19714130

6/1/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

January 24, 2005

Dean & Celeste Marcone
10929 Tara Oaks Dr.
Charlotte, NC 28227

Dear Mr. Marcone:

Re: Bacteriological Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 10929 Tara Oaks Drive on January 18, 2005.

The laboratory analysis of the well water sample was reported to be POSITIVE for total coliform bacteria.

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for sampling your well, one additional time, for coliform bacteria.

The inorganic water sample results are not yet available. I will forward a copy of those results to you as soon as they are available from the laboratory.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Celeste Marcone
704-573-9829

8 AM 1-24-05 MSG.
10:15 AM 1-31-05 MSG

Enclosures (2):

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 1/20/2005 04:45 PM
LOCATION: 10929 Tara Oaks Dr. 28227
LOC ID: G-GWS
SAMPLE DATE-TIME: 1/18/2005 16:00
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB25257
CHAIN OF CUSTODY #: 05010293

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB25257	**Total Coliform**	**Present**	**P/A**		SM 9223B	1/19/2005 12:05	RDW
AB25257	**E. COLI**	**Absent**	**P/A**		SM 9223B	1/19/2005 12:05	RDW

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

Hal Marshall Laboratory, 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

CHAIN OF CUSTODY RECORD

COC#: 0501623 PAGE 1 of 1

Sampled By (Print Name): Trevor Thomason

CLIENT: **MECKLENBURG COUNTY, LUESA - Groundwater & Wastewater Services**
FACILITY: **Potable Water**
PROJECT: Marcone Residence
10929 Tara Oaks Dr., Charlotte, NC 28227

Send Report To: GWS/ T Thomason
700 N Tryon St. Suite 211
Charlotte, NC 28202

AB25257

SAMPLE ID	Sample Collector's Initials	Collection Date and Time	Chlorinated System	Collection Temp	Relinquished Temp	Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Preservative: None	Preservative: HNO3	Preservative: H2SO4	Preservative: NaOH	Preservative: HCl	Preservative: Na2S2O3	Preservative: pH Correct	Chemical: BOD5	Chemical: CBOD5	Chemical: COD	Chemical: TOC	Chemical: TSS	Chemical: TDS	Chemical: TS	Chemical: Nutrients	Chemical: NOX	Chemical: Nitrite	Chemical: Alkalinity	Chemical: Hardness	Chemical: Turbidity	Chemical: Lead	Chemical: Total Coliform	Chemical: Fecal Strep	Chemical: Pest/PCB, EPA 608	Chemical: Herb, EPA 8151	Chemical: VOA, EPA 8260	Chemical: Semis, EPA 8270	Chemical: HEM 1164		
10929	TCT	1/18/2005 16:00	N		RCD					X	100 ml		1						X															X								

Relinquished By: (Signature) — Received By: (Signature) — 1-18-05 0835 Date & Time

Relinquished By: (Signature) — Received By: (Signature) — Date & Time

Relinquished By: (Signature) — Received By: (Signature) — Date & Time

Relinquished By: (Signature) — Received By: (Signature) — Date & Time

Form Revision 02; effective date 07/07/04

5510A

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

January 31, 2005

Dean & Celeste Marcone
10929 Tara Oaks Dr.
Charlotte, NC 28227

Dear Mr. and Mrs. Marcone:

Re: Well Sample Results – Inorganic Chemical Analysis

Enclosed you should find the laboratory analysis for the well water samples that were collected at 10929 Tara Oaks Drive on January 11, 2005.

The laboratory analysis of the well water samples was reported to be within the recommended limits for drinking water. Please retain these reports for future reference. If you have questions regarding these reports please contact me at (704) 336-5568.

Thanks again for your cooperation with the septic inspection and well sampling program. If you have questions or need assistance with your on-site wastewater system or private well please contact our office.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (2):

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM

Name of System: Marcone Residence
Address: 10929 Tara Oaks Dr.
Charlotte, NC
Zip: 28227
County: MECKLENB
Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: Trevor Thomason
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: T. THOMASON **Date:** 1/11/05 **Time:** 11:10:00 AM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	20	mg/l	1/14/05
Silver	<0.05	mg/l	1/14/05
Alkalinity as CaCO3	465	mg/l	1/14/05
Arsenic	0.003	mg/l	1/14/05
Barium	0.2	mg/l	1/14/05
Calcium	132.3	mg/l	1/14/05
Cadmium	<0.005	mg/l	1/14/05
Chloride IC	103	mg/l	1/14/05
Chromium	<0.01	mg/l	1/14/05
Copper	<0.05	mg/l	1/14/05
Fluoride	<0.20	mg/l	1/14/05
Iron	0.18	mg/l	1/14/05
Hardness as CaCO3 (Ca,Mg)	421	mg/l	1/14/05
Mercury	<0.0005	mg/l	1/14/05
Magnesium	21.9	mg/l	1/14/05
Manganese	0.53	mg/l	1/14/05
Sodium	29	mg/l	1/14/05
Lead	<0.005	mg/l	1/14/05
pH	7.6	Std. unit	1/14/05
Selenium	<0.005	mg/l	1/14/05
Sulfate	63	mg/l	1/14/05
Total Dissolved Solids	596	mg/l	1/14/05
Zinc	<0.05	mg/l	1/14/05

Date Received: 1/14/05 **Report Date:** 1/26/05 **Reported By:** D Howell
Today's Date: 1/26/05 **Ref:** 689 **Login Batch:** 05010034 **Sample Number:** AB21840

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Marcone Residence
Address: 10929 Tara Oaks Dr.
Charlotte, NC **Zip:** 28227
County: MECKLENB
Report To: Mecklenburg Co. Env. Health **ATTN:** T. Thomason
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
Courier: 05-16-21

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category: Regular

Collected By: T. THOMASON **Date:** 1/18/05 **Time:** 4:00:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	1/20/05
Nitrate as N	<1.0	mg/l	1/20/05

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: _____ °C
Date Received: 1/20/05 **Report Date:** 1/27/05 **Reported By:** DQ Moncol
Today's Date: 1/27/05 **Reference:** 856 **Login Batch** 05010045 **Sample Number:** AB22007

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below.

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.01 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department** 10929 Tara Oaks Dr. Charlotte, NC 28227 **Location**	Marcone Residence **Name of Establishment** 4-Bedroom House **Type of Establishment** Same as location address **Address**	5510A **Permit/Project No.** 480 GPD **Design Flow** (704) 573-9829 **Phone**
Dean & Celeste Marcone **Owner/Agent** N/A **Operator**	N/A **Address** 1/10/2010 **Next Inspection Due**	N/A **Phone**
IIIb **System Type**		

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	3.a. Extend pump tank riser.
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	3.c. Septic tank not uncovered for
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	inspection. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	3.d. See comments for 5.a.
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☐	☒	☐	5.a. Measured 5" of solids in pump tank
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☐	☒	☐	6.e. Clear large vegetation from drain
f. Protected from traffic, destructive uses?	☒	☐	☐	field and keep area mowed
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☐	☐	☒
b. No effluent standing in lower laterals?	☐	☐	☒
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒
d. Pressure head is properly adjusted?	☐	☐	☒

OVERALL CONDITION AND OPERATION OF SYSTEM:

No problems detected with system operation at time of inspection. No effluent observed on the ground at the time of inspection. Adjusted the high water alarm float during the inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

Have the septic tank and dosing tank pumped out. Measured 5" of soilds in the dosing tank.
*The MCHD recommends having the tanks pumped out every 3 to 5 years to prevent solids from building up inside the tanks.

***REPAIR WITHIN 90 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

Maintain vegetation over drain field. Remove small trees and mow area at least once a year.
Recommend extending riser on dosing tank to 12" above finished grade.

DATE: 1/11/2005

SIGNED: _____ AGENT
Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/20/04	**Amount:**	85.00
Receipt #:	30030	**Tendered:**	85.00
Check / Auth #:	CHECK 8474	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #: 200000
Contractor: MARCONE DEAN
Attn:
Address: 10929 TARA OAKS DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 10929 TARA OAKS DRIVE FILE 5510A		1	85.00	85.00

DEAN MARCONE
CELESTE A MARCONE
10929 Tara Oaks Dr
Charlotte, NC 28227

8474

66-21/530
BRANCH 77529

Dec 17 2004
Date

Pay to the Order of Mecklenburg County Health Dept. $ 85.00

Eighty five and no/100 Dollars

Security Features Details on Back.

WACHOVIA
Wachovia Bank, N.A.
wachovia.com

For MCHD File # 5510A / 704-573-9829 Celeste A Marcone

⑆053000219⑆ 2018645271049⑈ 8474

1/10/05 MSG. ON 1/6 AT 1:30

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Paid $180 4/18/02

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACJ [X] 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 5510A

PERSON FILING APPLICATION:
NAME: Kitfield (last) Daniel (first) J (mi)
ADDRESS: 2158 Tommy Lane PHONE: (704) 4515344
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: Marcone (last) celest (first) (mi)
ADDRESS: 10929 Tara Oaks Dr PHONE: (704) 377 1055
CITY: Mint Hill STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 19714130
STREET ADDRESS: 10929 Tara Oaks Dr.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 2½

TYPE APPLICATION (check one):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Porch

[redacted]

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: 4 NUMBER OCCUPANTS: 4

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 [] None
[] Garage [] Storage Building [X] 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: Daniel Kitfield Date: 4/18/02

NOTICE:

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

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

...This permit is not transferable.

...4-19-02 OK TO USE EXISTING SYSTEM

[] 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 4/19/02 Date

WATER : 122791

PROPOSED PLOT PLAN

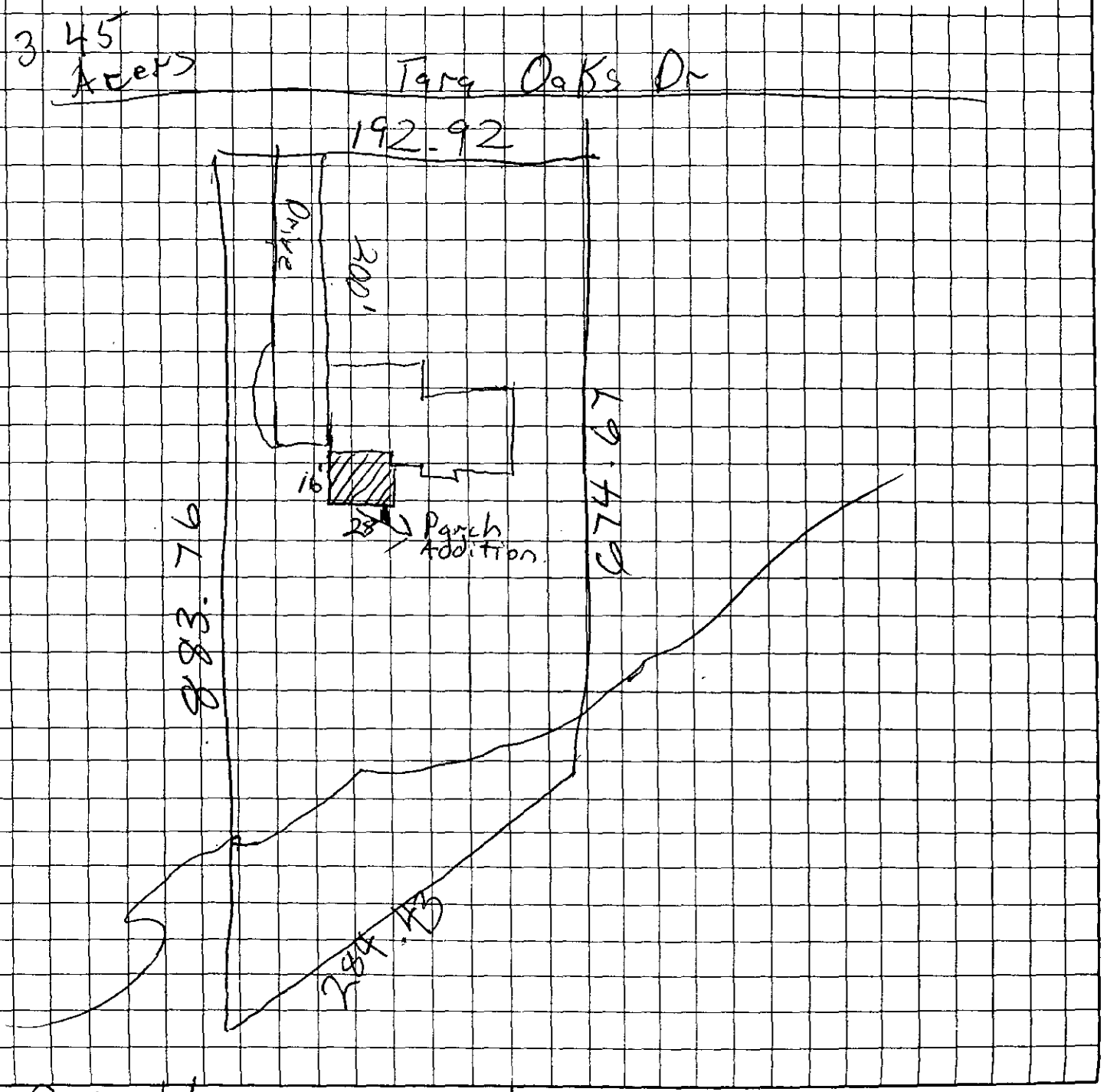
COPY

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

FILE: 5510A

TC: 197.141.30

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 7/16

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5510 A DATE: 1-7-2000

TC: 197-141-30 ☒ L ☒ CRT

SERIAL Nº 18234

Name of Owner Zaring Homes, Inc. Juris.: _____

Address of Property 10929 Tara Oaks Drive

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth _____

Water Supply Source Priv. well

Distance to Water Source _____

Excavation Inspected 12-29 LT

Tank(s) Inspected 12-31-99

Wash Line Inspected N/A

High Water Alarm Inspected 1-7-00

* Checked pressure manifold & drain field.
12-29-99 LT

PLOT

Design 1500 ST 1000 DT FNN" CTR# BOB McGARVER

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 III 4 bedrooms
Pressure Manifold - (4) 3'w x 100'l eee. 222 lay brand
pump is "ZOELLNER N-140"

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

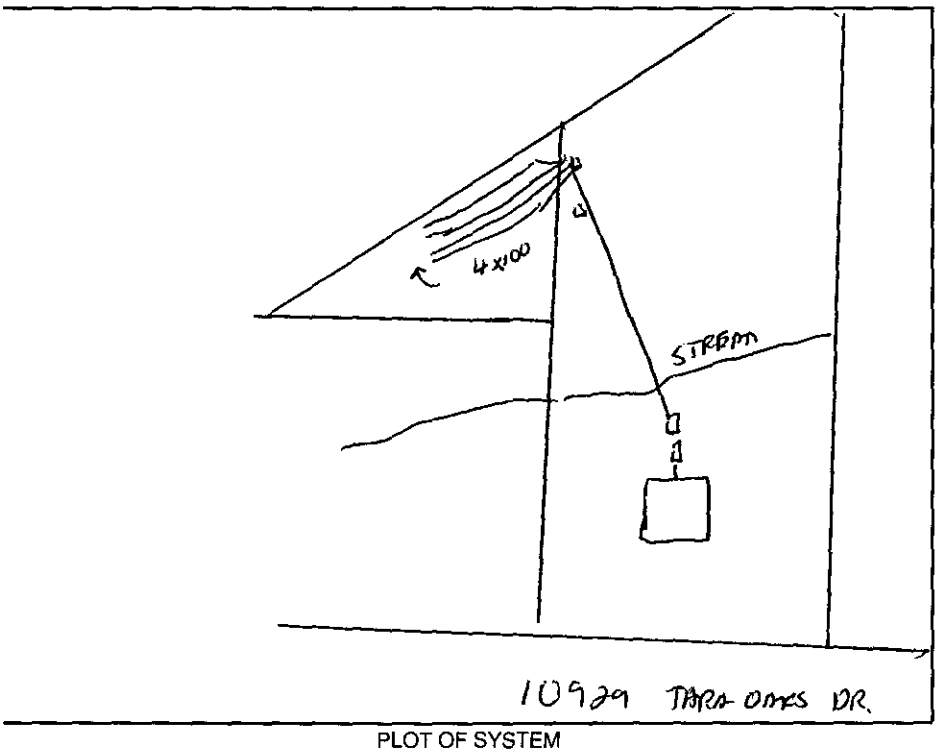
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5510A DATE: 11-30-99

TC: 190-141-30 ☒ L

SERIAL Nº 18352

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 9-27-99. All work shall be completed on or before 1-30-2000, 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 1000 gallons

Tank Construction PCC

Trench Depth 30'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 4

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER ZARING HOMES

LOCATION OF PROPERTY 10929 TARA OAKS DRIVE

Comments: (1) CONTRACTOR TO INSTALL TYPE III-G EZEE-222 LAY BRAND @ OWNERS REQUEST

(2) PIPE OVER STREAM TO BE SLEEVED IN SCHEDULE 80'

Environmental Health Specialist

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

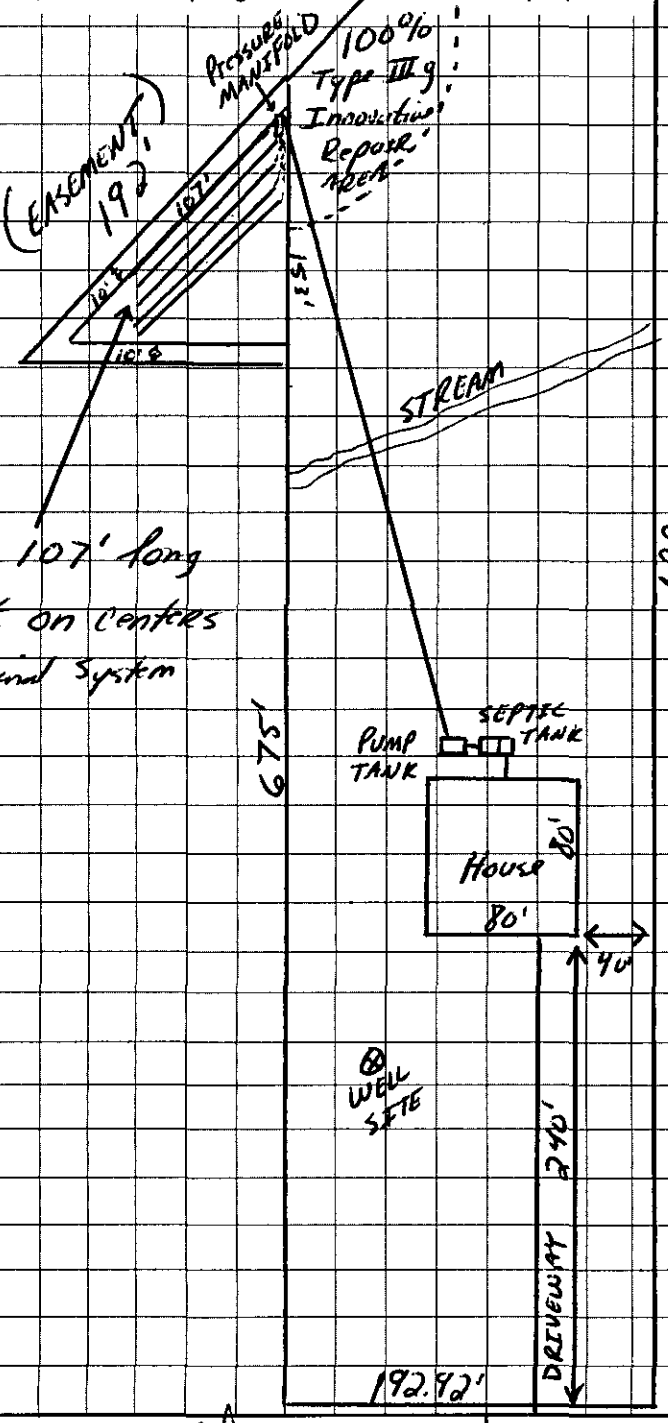
PROPOSED PLOT PLAN

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

FILE: 5510A

TC: 197-141-30

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.



Comments:

→ Scale = 1" = 100 feet

→ Keep lines level and on contour of land.

→ Keep trenches shallow (24")

→ Keep all parts of septic system:
5 feet from foundation
10 feet from property lines
100 feet from all wells

→ System designed for 4 Bedroom Residence.
5 lines 107 feet long Conventional system (Type III g)

→ Innovative Repair System

→ The supply line shall cross stream under the rules: .1950 (h)

→ All pump systems are required by state regulations to be inspected by the Local Health Department. Property owner shall be responsible for any fees

Jessica S. Wolfe
OWNER/AGENT SIGNATURE

DATE 10/7/99

APPROVAL DATE _____

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

ck # 12473 Sw 999 Pd 150.00 ck # 12646 10/7/99 pc / Pd in full

FEE: Pd 150 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/1/99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** KCS

DATE: 10-7-99 PERMIT NO: 5510 A
PARCEL NO: 197-141-30

JOB LOCATION ADDRESS: 10929 Tara Oaks Drive
PROPERTY OWNER: Bob L. Cashion
BUILDING CONTRACTOR: Zaring Homes Inc.
SUBDIVISION NAME: Tara Oaks
AUTHORIZATION ISSUED BY: Jeremy Nicholson DATE: 10-7-99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5510-A, 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.

Jessica S. Wolfe 10/7/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Jeremy Michelone
510-A



ZARING HOMES

To Whom It May Concern:
Zaring Homes, Inc. would like to request that the septic system be changed at 10929 Tara Oaks Dr. be changed from stone to an easy lay system. We have already discussed this with the inspector in charge of this area and he agreed.

Thank you,

Robert L. Cashion
General Manager
Zaring Design Gallery Homes

A Zaring National Company
NASDAQ: ZHOM

1043 East Morehead Street, Suite 200 • Charlotte, North Carolina 28204-2800
704.370.7707 • Fax 704.370.7710
http://www.zaring.com

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 OCT 21 03 38 PM
BOOK 10848 PAGE 184-188 FEE $14 00
INSTRUMENT # 1999190910

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 5510-A
PARCEL # 197-191-30

The undersigned, Zaring Homes Inc, owner of property located at 10934 Tara Oaks Dr, (the "site") and described in an instrument recorded in Book 21 at Page 553, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: _____
Mail after recording to: Zaring Homes Inc. 1043E. Morehead St. Suite 200 Charlotte NC 28204

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement 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.

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.

IN WITNESS WHEREOF, the undersigned 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, this 11 day of October, 1999.

Zaring Homes Inc. _____ (SEAL)
(Corporate Name)

By: Robert L Cashion Jr _____ (SEAL)

_____ President _____ (SEAL)

_____ (SEAL)

ATTEST:

Michele O. Easter
Assistant Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Michele O. Easter, a Notary Public for said County and State, do hereby certify that Robert L. Cashion, Jr. personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 11th day of October, 1999.

Michele O. Easter
Notary Public

My Commission Expires:
April 28, 2002

RBCWM:24751_1/8-30-95

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

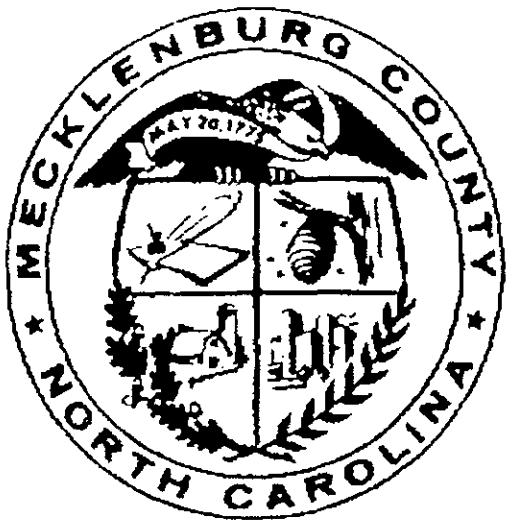
I, Sherry A Hoelle, a Notary Public for said County and State, do hereby certify that Michele O. Easter personally came before me this day and acknowledged that she is Asst Secretary of Zaring Homes, Inc, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal and attested by Michele O. Easter as its Asst Secretary.

WITNESS my hand and notarial seal, this 11th day of October, 1999.

Sherry A Hoelle
Notary Public

My Commission Expires:

SHERRY A. HOELLE
NOTARY PUBLIC
MECKLENBURG COUNTY, NC
My Commission Expires 9-22-2003



JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 10/21/1999 03:38 PM

Book: RE 10848 Page: 184-188

Document No.: 1999190910

PRMIT 5 PGS $14.00

Recorder: REBECCA MCGOWAN

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of SHERRY A. HOELLE Notary is certified to be correct. This 21 ST of October 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Rebecca B McGowan
Deputy/Assistant Register of Deeds

****

1999190910

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 5510-A

Tax Number: 197-141-30

- 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.

(10)

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	X 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

0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	533' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: Yes Type: Stream Minimum separation distance:

Site modifications required: Cross stream according to rule .1950 (H)

Additional Conditions: Agreement forms shall be signed before installation approval.

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	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Tommy Mickelson 10-7-99
DEHNR Authorized Agent Date

Jessica S Wolfe 10/7/99
Owner/Agent Signature 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

IWWS-100195

@150 Auth to Const 10-1-99 v/w CK# 1263

PROPOSED PLOT PLAN

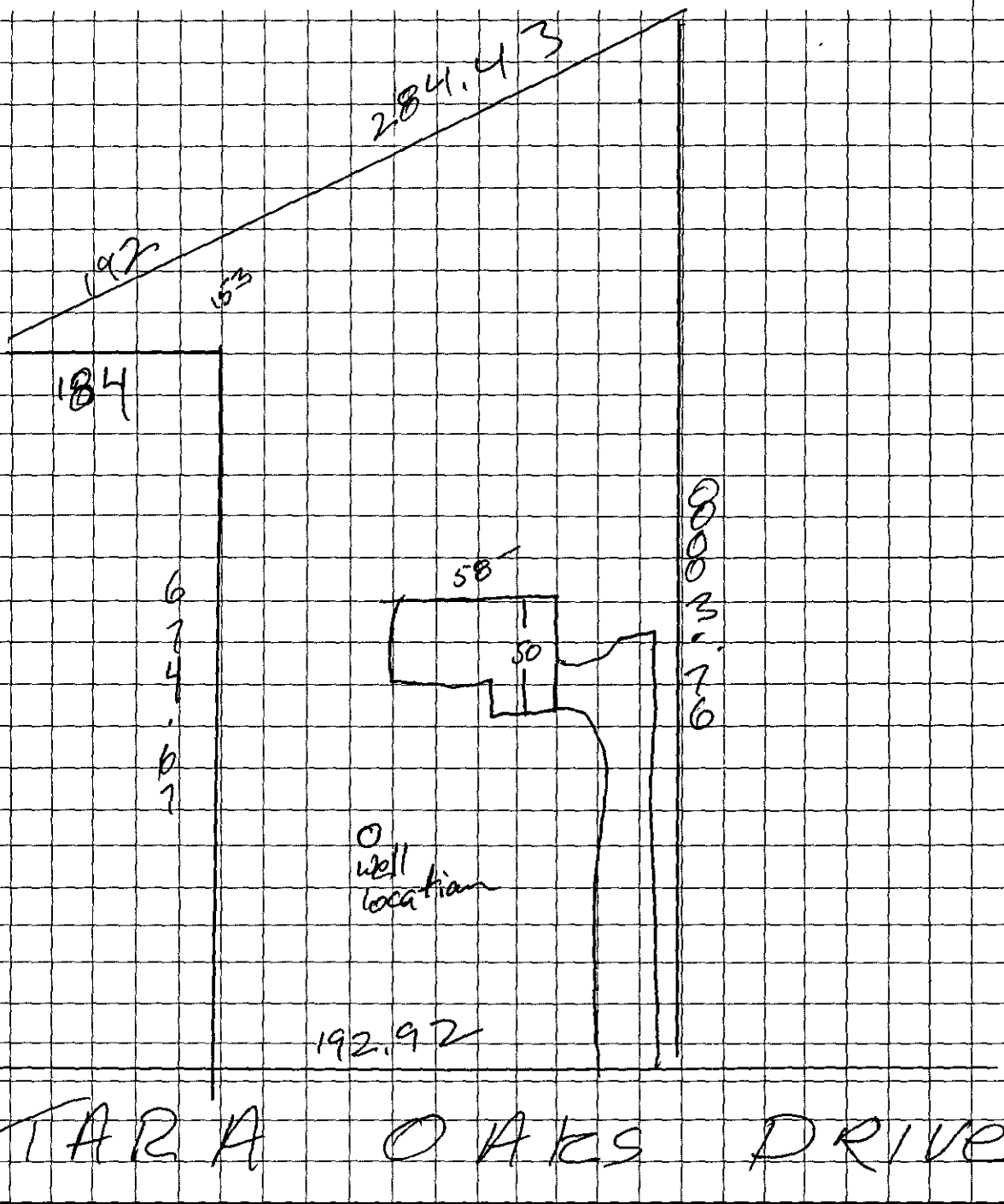
Design Gallery #11 10929 Tara Oaks Dr

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

FILE: _____

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.

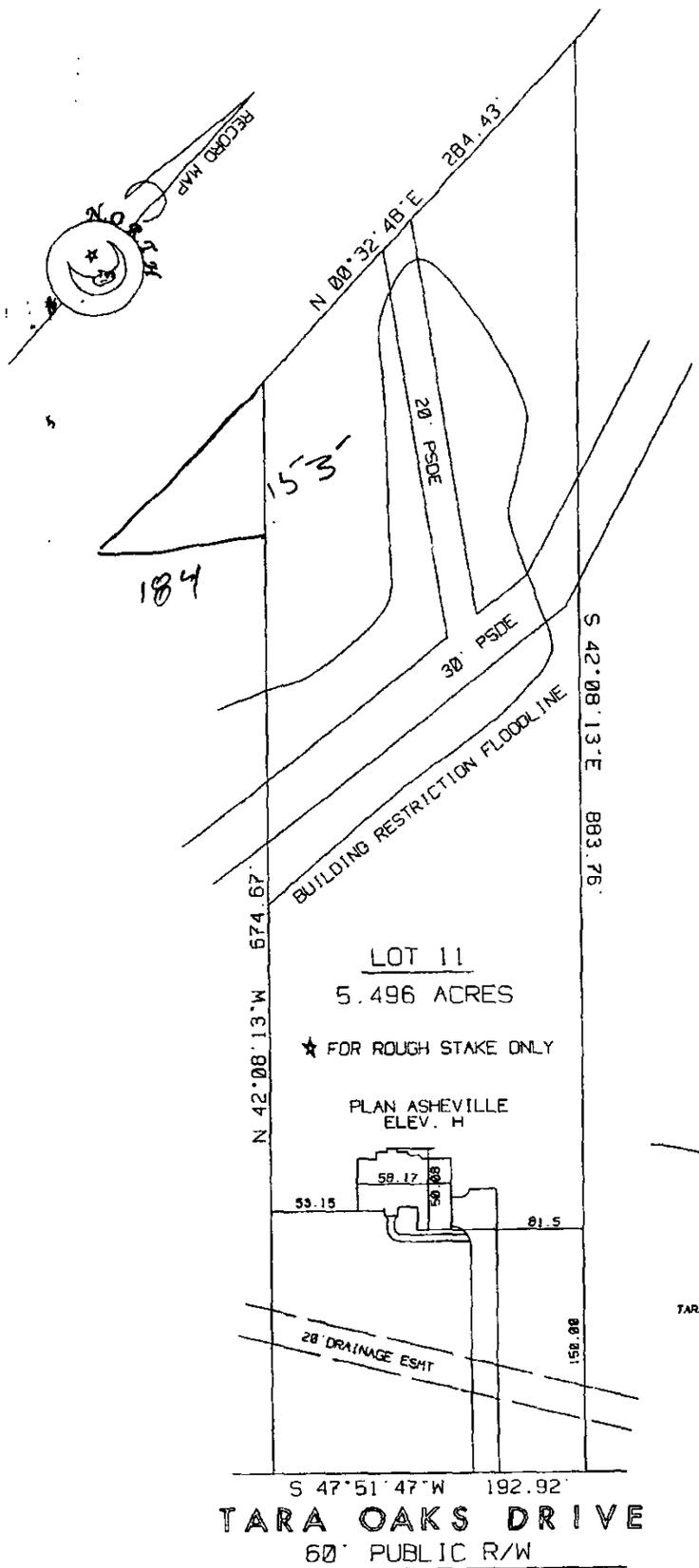


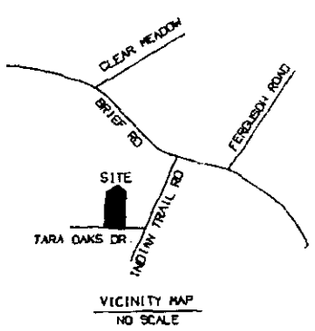
OWNER/AGENT SIGNATURE

DATE 9/1/99

APPROVAL DATE _____

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





DESIGN GALLERY HOMES

PLOT PLAN

OF

10929 TARA OAKS DRIVE
A PORTION OF LOT 10 OF TARA OAKS MAP 11
CLEAR CREEK TOWNSHIP, MECKLENBURG COUNTY, N.C.

SCALE: 1" = 100'

0 50 100 150 200

MAP RECORDED IN BOOK 21
AT PAGE 553
DB 6107 PG 066

REVISED 9/10/99
DATE : AUGUST 30, 1999
DSK DGH 1 TA10
DRAWN BY DJD

FEE: 200.00 Ck # 7937

DATE: 9-30-99

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

#9

[ ] CRT

COPY

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 55107

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 21021503 / 91-141.3

STREET ADDRESS: 10929 Tara Oaks Dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Tara Oaks

LOT NUMBER: 30

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

- __ SINGLE MOBILE HOME(S)
- __ DOUBLE WIDE (D)
- ✓ HOUSE (H)
- __ MODULAR HOME (M)
- __ MULTIPLE FAMILY (U)
- __ OTHER (O)

HEATED SQUARE FOOTAGE: 3,298

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

CLOSING DATE 4/27/00

10941 dues checked 9-30-99 - Use initial approval

Approved for 4 BR

9-30-99

FOUNDATION FOR RESIDENCE:

- __ WITHOUT BASEMENT
  - __ ON SLAB
  - ✓ CRAWL SPACE
- __ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- __ COMMUNITY (C)
- __ MUNICIPAL (M)
- ✓ PRIVATE WELL (P)
- __ SHARED WELL (S)
- __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	__ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Zaring Homes Inc. (LAST) Cashion (FIRST) Bob (MI) L.	NAME: (LAST) (FIRST) (MI)
ADDRESS: 1043 E. Morehead St. Suite 200	DAYTIME PHONE: ( ) N/A
CITY: Charlotte STATE: NC ZIP: 28204	
DAYTIME PHONE: 704 370-7707	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9/1/89

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: _____ DATE: 9/27/99

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

FEE: 200.00 CK#7237

DATE: 9-399

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 55107

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: [redacted] / 97-141-30

STREET ADDRESS: 10929 Tara Oaks Dr.

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

SUBDIVISION OR MOBILE HOME PARK NAME: Tara Oaks

LOT NUMBER: 30

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3,298

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

CLOSING DATE 4/27/00

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Zaring Homes Inc.
(LAST) Cashion (FIRST) Bob (MI) L.

ADDRESS: 1043 E. Morehead St. Suite 200

CITY: Charlotte STATE: NC ZIP: 28204

DAYTIME PHONE: 704 370-7707

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) N/A

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9/1/89

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 9/27/99

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

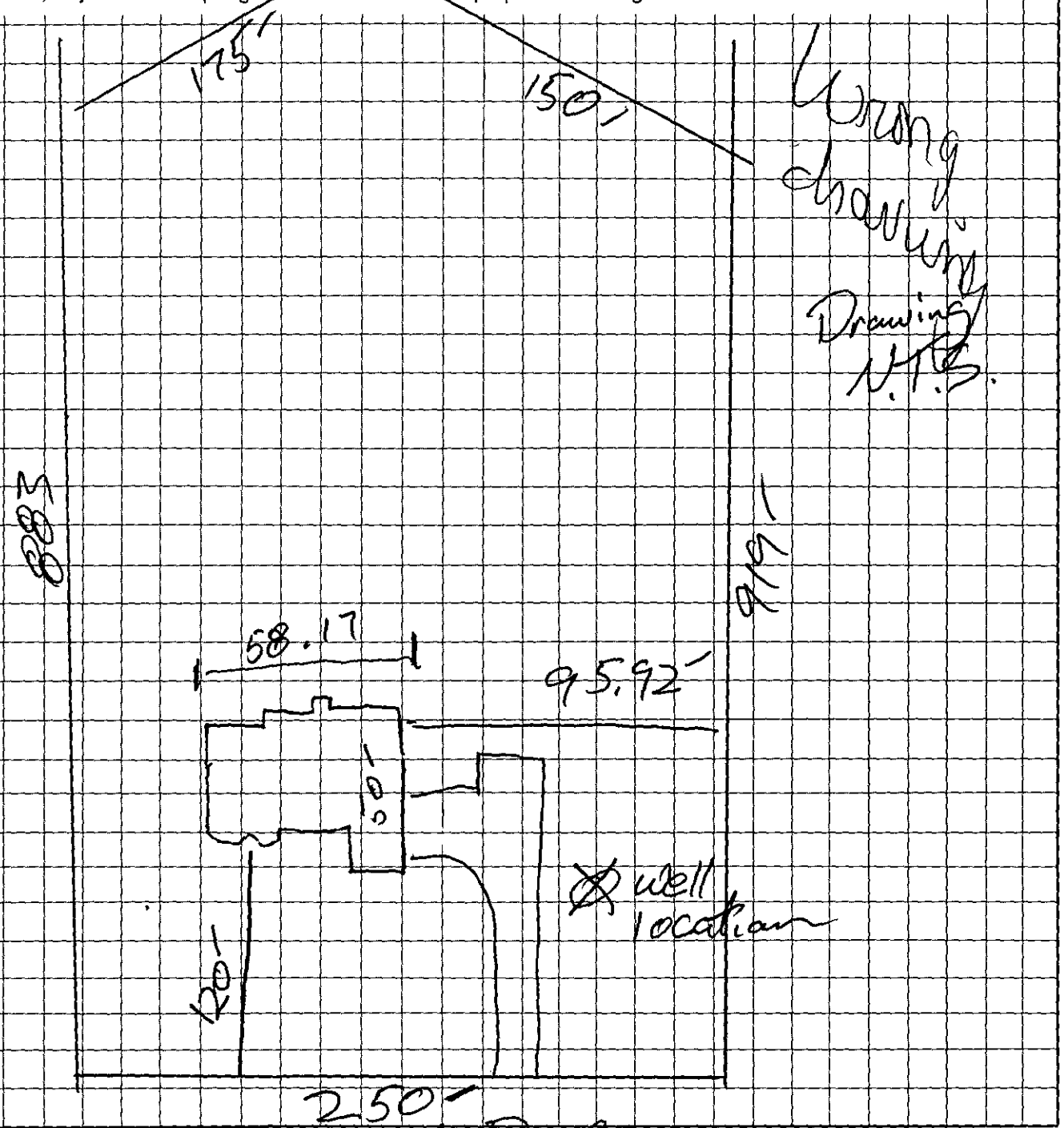
PROPOSED PLOT PLAN

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

FILE: 5510A

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE 9/1/99

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

OFFER TO PURCHASE AND CONTRACT

Dean & Celeste Marcone, as Buyer, hereby offers to purchase and Mr & Mrs Mike Phillips, as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such fixtures and personal property as are listed below (collectively referred to as the "Property"), upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of _____, County of Mecklenburg State of North Carolina, being known as and more particularly described as: Street Address LOT 30 Tara Oaks Zip 28227 Legal Description: LOT 10 MB 21 P 553
(☒ All ☐ A portion of the property in Deed Reference: Book _____, Page No. _____, _____ County.)
NOTE: Prior to signing this Offer to Purchase and Contract, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, and to read the Declaration of Restrictive Covenants, By-Laws, Articles of Incorporation, Rules and Regulations, and other governing documents of the owners' association and/or the subdivision, if applicable.

2. **FIXTURES:** The following items, if any, are included in the purchase price free of liens: any built-in appliances, light fixtures, ceiling fans, attached floor coverings, blinds, shades, drapery rods and curtain rods, brackets and all related hardware, window and door screens, storm windows, combination doors, awnings, antennas, satellite dishes and receivers, burglar/fire/smoke alarms, pool and spa equipment, solar energy systems, attached fireplace screens, gas logs, fireplace inserts, electric garage door openers with controls, outdoor plants and trees (other than in movable containers), basketball goals, storage sheds, mailboxes, wall and/or door mirrors, and any other items attached or affixed to the Property, EXCEPT the following items: n/a

3. **PERSONAL PROPERTY:** The following personal property is included in the purchase price: n/a

4. **PURCHASE PRICE:** The purchase price is $ 53,000.00 and shall be paid as follows:
(a) $ 500.00, EARNEST MONEY DEPOSIT with this offer by ☐ cash ☐ personal check ☐ bank check ☐ certified check ☐ other: _____ to be deposited and held in escrow by Allen Tate ("Escrow Agent") until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated. In the event: (1) this offer is not accepted; or (2) any of the conditions hereto are not satisfied, then all earnest monies shall be returned to Buyer. In the event of breach of this contract by Seller, upon Buyer's request, all earnest monies shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this contract, then all earnest monies shall be forfeited upon Seller's request, but receipt of such forfeited earnest monies shall not affect any other remedies available to Seller for such breach.
NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of earnest money held in escrow by a broker, the broker is required by state law to retain said earnest money in the broker's trust or escrow account until a written release from the parties consenting to its disposition has been obtained or until disbursement is ordered by a court of competent jurisdiction.
(b) $ n/a, ADDITIONAL EARNEST MONEY DEPOSIT to be paid to Escrow Agent no later than _____, TIME BEING OF THE ESSENCE WITH REGARD TO SAID DATE.
(c) $ n/a, BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum.
(d) $ n/a, BY SELLER FINANCING in accordance with the attached Seller Financing Addendum.
(e) $ 52,500.00, BALANCE of the purchase price in cash at Closing.

5. **CONDITIONS:** (State N/A in each blank that is not a condition to this contract.)
(a) Buyer must be able to obtain a __FHA __VA (attach FHA/VA Financing Addendum) __Conventional __Other: _____ loan at a __Fixed Rate __Adjustable Rate in the principal amount of n/a (plus any financed VA Funding Fee or FHA MIP) for a term of ____year(s), at an initial interest rate not to exceed n/a% per annum, with mortgage loan discount points not to exceed ____% of the loan amount. Buyer shall apply for said loan within __days of the Effective Date of this contract. Buyer shall use Buyer's best efforts to secure the lender's customary loan commitment letter on or before n/a and to satisfy all terms and conditions of the loan commitment letter by Closing. After the above letter date, Seller may request in writing from Buyer a copy of the loan commitment letter. If Buyer fails to provide Seller a copy of the loan commitment letter or a written waiver of this loan condition within five days of receipt of Seller's request, Seller may terminate this contract by written notice to Buyer at any time thereafter, provided Seller has not then received a copy of the letter or the waiver. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer, except if Seller is to pay any of the Buyer's Closing costs (including loan discount points), those costs are as follows: n/a
(b) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the Property for single family residential purposes.
(c) The Property must be in substantially the same or better condition at Closing as on the date of this offer, reasonable wear and tear excepted.
(d) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at Closing such that cancellation may be promptly obtained following Closing. Seller shall remain obligated to obtain any such cancellations following Closing.
(e) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of Closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. **SPECIAL ASSESSMENTS:** Seller warrants that there are no pending or confirmed governmental special assessments for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no pending or confirmed owners' association special assessments, except as follows: none
(Insert "None" or the identification of such assessments, if any.) Seller shall pay all owners' association assessments and all governmental assessments confirmed through the time of Closing, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows: _____

7. **PRORATIONS AND ADJUSTMENTS:** Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at Closing: (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of Closing; (b) Ad valorem taxes on personal property for the entire year shall be paid by the Seller unless the personal property is conveyed to the Buyer, in which case, the personal property taxes shall be prorated on a calendar year basis through the date of Closing; (c) All late listing penalties, if any, shall be paid by Seller; (d) Rents, if any, for the Property shall be prorated through the date of Closing; (e) Owners' association dues and other like charges shall be prorated through the date of Closing. Seller represents that the regular owners' association dues, if any, are $ N/A per _____.

8. **CLOSING EXPENSES:** Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at Closing.

9. **FUEL:** Buyer agrees to purchase from Seller the fuel, if any, situated in any tank on the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

10. **EVIDENCE OF TITLE:** Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the Effective Date of this contract, copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

11. **LABOR AND MATERIAL:** Seller shall furnish at Closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of Closing have been paid for and agreeing to indemnify Buyer against all loss from any cause or claim arising therefrom.

ADDITIONAL PROVISIONS ADDENDUM

NOTE: All of the following provisions which are marked with an "X" shall apply to the attached Offer to Purchase and Contract. Those provisions marked "N/A" shall not apply.

1. X **EXPIRATION OF OFFER:** This offer shall expire unless acceptance is delivered to Buyer or to _____ Shirlie Thompson of Zaring Homes, on or before 6 ☐AM ☒PM, on 8.20.99, or until withdrawn by the Buyer, whichever occurs first.

2. n/a **INTEREST BEARING TRUST ACCOUNT: Any earnest monies deposited by Buyer may be placed in the interest bearing trust account of the escrow agent named in the Offer to Purchase and Contract. Any interest earned thereon shall belong to the escrow agent in consideration of the expenses incurred by maintaining such account and records associated therewith.**

3. X **SEPTIC TESTS:** This contract is contingent upon Buyer obtaining an Improvement Permit from the County Health Department, that the Property is "SUITABLE" for a conventional ground absorption sewage system for a 4 bedroom home, or _____. All costs and expenses of such soil tests shall be borne by Buyer. If the Property is not suitable for the proposed development, at the option of the Buyer, this contract may be terminated and all earnest monies shall be refunded to Buyer. Buyer shall complete said tests or waive this condition in writing on or before midnight of 9.30.99.

4. n/a **SITE EVALUATION:** This contract is contingent upon Buyer obtaining a written site evaluation that the soil is suitable for _____. All costs and expenses of such soil tests shall be borne by Buyer. If the Property is not suitable for the proposed development, at the option of the Buyer, this contract may be terminated and all earnest monies shall be refunded to Buyer. Buyer shall complete said tests or waive this condition in writing on or before midnight of _____.

5. n/a **FLOOD HAZARD ZONE:** Buyer has been advised that the property is located in an area which the Secretary of HUD has found to have special flood hazards and that it will be necessary to purchase flood insurance in order to obtain any loan secured by the property from any federally regulated financial institution or a loan insured or guaranteed by an agency of the U.S. Government.

6. n/a **APPRAISAL:** The Property must appraise at a value equal to or exceeding the purchase price or, at the option of the Buyer, this contract may be terminated and all earnest monies shall be refunded to Buyer. In the event this contract is not subject to a financing contingency requiring an appraisal, Buyer shall arrange to have the appraisal completed no later than midnight of _____. In any event, the cost of the appraisal shall be borne by the Buyer.

7. n/a **CLOSING OF EXISTING CONTRACT CONTINGENCY:** This contract is contingent upon closing of an existing contract on the Buyer's real property located at: _____ on or before _____. Seller agrees not to continue to market the Property which is the subject of this Offer to Purchase and Contract and will not solicit for secondary offers. If this contingency is not removed on or before midnight of _____, Seller may terminate this contract and all earnest monies shall be returned to Buyer.

8. n/a **RENTAL/INCOME/INVESTMENT PROPERTY:** The Property is subject to existing leases and/or rights of tenants in possession under month-to-month tenancies. Seller agrees to deliver to Buyer on or before _____, true and complete copies of all existing leases, rental agreements, outstanding tenant notices, written statements of all oral tenant agreements, statement of all tenant's deposits, uncured defaults by Seller or tenants, and claims made by or to tenants, if any. This contract is contingent upon Buyer's approval of said documents. Buyer shall be deemed to have approved said documents unless written notice to the contrary is delivered to the Seller or Seller's agent within seven (7) days of receipt of same. If Buyer does not approve said documents and delivers written notice of rejection within the seven day period, this contract shall be terminated and all earnest monies shall be returned to Buyer.

9. n/a **COST OF REPAIR CONTINGENCY:** If the reasonable estimate of the cost of repairs required by the home inspection report as described in Paragraph 12 (b) and the wood destroying insect report as described in Paragraph 12 (c) of the Offer to Purchase and Contract equals or exceeds $_____ Buyer shall have the option to terminate this contract and all earnest monies shall be returned to Buyer.

IN THE EVENT OF A CONFLICT BETWEEN THIS ADDENDUM AND THE OFFER TO PURCHASE AND CONTRACT, THIS ADDENDUM SHALL CONTROL.

Buyer: _____ (SEAL) Date 8.19.99

Buyer: _____ (SEAL) Date 8.19.99

Seller: _____ (SEAL) Date 8-22-99

Seller: _____ (SEAL) Date 8-22-99

the quality builder®

ZARING

Addendum

The Purchase Agreement dated 6/28, 1999
between Dean & Celeste Marcone (Purchaser) and Zaring Homes, Inc. (Seller) for the purchase of a house located on Lot # 30 of Tara Oaks Subdivision includes the following:

Due to the involvement of a Third Party Lot seller: Seller shall cause the Lot to be in such a condition so as to permit normal residential construction and soil conditions for the building pad of the Lot to be suitable for normal residential construction. ~~If Purchaser is unable to obtain a building permit for the lot or if unsuitable soil conditions require~~ additional costs or engineered ~~footings to construct a house, Seller shall have the option (a) to pay additional construction costs necessary to allow for normal residential construction including, but not limited to, the costs of engineered footings required due to soil conditions, or (b) to refund the purchase price and accept reconveyance of the Lot. Within three business days of notification by Purchaser, Seller must notify Purchaser as to which option is acceptable.~~

~~In the event that Zaring discovers unsuitable rock or soil conditions that requires extraordinary excavation, compaction or piering, Zaring will notify Homebuyer of the extent of remediations. Homebuyer and Seller acknowledge that costs associated with lot remediations due to unsuitable~~ rock or soil conditions are not the responsibility of Zaring and one of the above mentioned ~~options will be pursued. In the event Seller exercises option (b), Zaring's contract with Homebuyer may be terminated. If Seller is unable to fulfill his contractual obligation, the Homebuyer will notify Zaring of its election to pay additional costs or terminate the Purchase~~ Agreement. ~~Upon such termination of the purchase Agreement, Homebuyer shall reimburse Zaring for all costs incurred in connection with the lot and house (including an overhead expense of 10% of all actual costs incurred) and Zaring shall reconvey the lot to the Homebuyer,~~ with Homebuyer responsible for all costs of such reconveyance.

Witness our hands _____, 19____

_____ x _____
Seller Homebuyer

SEE NEXT PAGE

Shirlee R Thompson
Zaring Representative

SELLER will Allow PURCHASER or BUILDER TO RUN SOIL TEST AND PERK TEST FOR DETERMINATION FOR ACCEPTABILITY FOR BOTH FOOTING CONDITION & SEPTIC TANK INSTALATION REQUIREMENTS PRIOR TO CLOSING BUT ONCE BUILDER CLOSES ON LOT ~~PURCHASER~~ SELLER will HAVE HAVE NO FURTHER OBLIGATIONS.

PURCHASER
Robert L Casburn Jr. Inc.
For Zaring Homes

SELLERS
Pamela A. Phillips

8-22-99

STATE OF NORTH CAROLINA
RESIDENTIAL PROPERTY DISCLOSURE STATEMENT

Instructions to Property Owners

1. North Carolina General Statute 47E requires owners of residential real estate (single-family homes and buildings with up to four dwelling units) to furnish purchasers a property disclosure statement. This form is the only one approved for this purpose. A disclosure statement must be furnished in connection with the sale, exchange, option and sale under a lease with option to purchase (unless the tenant is already occupying or intends to occupy the dwelling). A disclosure statement is not required for some transactions, including the first sale of a dwelling which has never been inhabited and transactions of residential property made pursuant to a lease with option to purchase where the lessee occupies or intends to occupy the dwelling. For a complete list of exemptions, see N.C.G.S. 47E-2.

2. You must check ☐ one of the boxes for each of the 20 questions on the reverse side of this form.

   a. If you check "Yes" for any question, you must describe the problem or attach a report from an engineer, contractor, pest control operator or other expert or public agency describing it. If you attach a report, you will not be liable for any inaccurate or incomplete information contained in it so long as you were not grossly negligent in obtaining or transmitting the information.

   b. If you check "No", you are stating that you have no actual knowledge of any problem. If you check "No" and you know there is a problem, you may be liable for making an intentional misstatement.

   c. If you check "No Representation", you have no duty to disclose the conditions or characteristics of the property, even if you should have known of them.

   * If you check "Yes" or "No" and something happens to the property to make your Statement incorrect or inaccurate (for example, the roof begins to leak), you must promptly give the purchaser a corrected Statement or correct the problem.

3. If you are assisted in the sale of your property by a licensed real estate broker or salesman, you are still responsible for completing and delivering the Statement to the purchasers; and the broker or salesman must disclose any material facts about your property which they know or reasonably should know, regardless of your responses on the Statement.

4. You must give the completed Statement to the purchaser no later than the time the purchaser makes an offer to purchase your property. If you do not, the purchaser can, under certain conditions, cancel any resulting contract (See **"Note to Purchasers"** below). You should give the purchaser a copy of the Statement containing your signature and keep a copy signed by the purchaser for your records.

Note to Purchasers

If the owner does not give you a Residential Property Disclosure Statement by the time you make your offer to purchase the property, you may under certain conditions cancel any resulting contract and be entitled to a refund of any deposit monies you may have paid. To cancel the contract, you must personally deliver or mail written notice of your decision to cancel to the owner or the owner's agent within three calendar days following your receipt of the Statement, or three calendar days following the date of the contract, whichever occurs first. However, in no event does the Disclosure Act permit you to cancel a contract after settlement of the transaction or (in the case of a sale or exchange) after you have occupied the property, whichever occurs first.

5. In the space below, type or print in ink the address of the property (sufficient to identify it) and your name. Then sign and date.

Property Address: 10929 TANA OAKS DR CHARLOTTE NC 28227

Owner's Name(s): MIKE & PAM PHILLIPS

Owner(s) acknowledge having examined this Statement before signing and that all information is true and correct as of the date signed.

Owner Signature: _____ Date May 21, 1999

Owner Signature: Pamela Phillips Date May 21, 1999

Purchaser(s) acknowledge receipt of a copy of this disclosure statement; that they have examined it before signing; that they understand that this is not a warranty by owner or owner's agent; that it is not a substitute for any inspections they may wish to obtain; and that the representations are made by the owner and not the owner's agent(s) or subagent(s). Purchaser(s) are encouraged to obtain their own inspection from a licensed home inspector or other professional.

Purchaser Signature: Robert L Caslen Jr for Date 8/24/99

Purchaser Signature: Zaring Homes Inc Date _____

NCREC 2/99
R PT DS Rev. 2/99

Property Address/Description: 10929 Tara Oaks Dr
Charlotte NC 28227

[Note: In this form, "property" refers only to dwelling unit(s) and not sheds, detached garages or other buildings.]

Regarding the property identified above, do you know of any problem (malfunction or defect) with any of the following:

	Yes*	No	No Representation
1. FOUNDATION, SLAB, FIREPLACES/CHIMNEYS, FLOORS, WINDOWS (INCLUDING STORM WINDOWS AND SCREENS), DOORS, CEILINGS, INTERIOR AND EXTERIOR WALLS, ATTACHED GARAGE, PATIO, DECK OR OTHER STRUCTURAL COMPONENTS including any modifications to them? N/A	☐	☐	☐
a. Siding is ☐ Masonry ☐ Wood ☐ Composition/Hardboard ☐ Vinyl ☐ Synthetic Stucco ☐ Other _____			☐
b. Approximate age of structure? _____			☐
2. ROOF (leakage or other problem)? N/A	☐	☐	☐
a. Approximate age of roof covering? _____			☐
3. WATER SEEPAGE, LEAKAGE, DAMPNESS OR STANDING WATER in the basement, crawl space or slab? N/A	☐	☐	☐
4. ELECTRICAL SYSTEM (outlets, wiring, panel, switches, fixtures, etc.)? N/A	☐	☐	☐
5. PLUMBING SYSTEM (pipes, fixtures, water heater, etc.)? N/A	☐	☐	☐
6. HEATING AND/OR AIR CONDITIONING?	☐	☐	☐
a. Heat Source is: ☐ Furnace ☐ Heat Pump ☐ Baseboard ☐ Other _____			☐
b. Cooling Source is: ☐ Central Forced Air ☐ Wall/Window Unit(s) ☐ Other N/A			☐
c. Fuel Source is: ☐ Electricity ☐ Natural Gas ☐ Propane ☐ Oil ☐ Other _____			☐
7. WATER SUPPLY (including water quality, quantity and water pressure)?	☐	☒	☐
a. Water supply is: ☐ City/County ☐ Community System ☒ Private Well ☐ Other _____			☐
b. Water pipes are: ☐ Copper ☐ Galvanized ☐ Plastic ☐ Other _____ ☐ Unknown _____			☐
8. SEWER AND/OR SEPTIC SYSTEM?	☐	☒	☐
a. Sewage disposal system is: ☒ Septic Tank ☐ Septic Tank with Pump ☐ Community System ☐ Connected to City/County System ☐ City/County System available ☐ Other _____			☐
9. BUILT-IN APPLIANCES (RANGE/OVEN, ATTACHED MICROWAVE, HOOD/FAN, DISHWASHER, DISPOSAL, etc)? N/A	☐	☐	☐
10. OTHER SYSTEMS AND FIXTURES: CENTRAL VACUUM, POOL, HOT TUB, SPA, ATTIC FAN, EXHAUST FAN, CEILING FAN, SUMP PUMP, IRRIGATION SYSTEM, TV CABLE WIRING OR SATELLITE DISH, OR OTHER SYSTEMS? N/A	☐	☐	☐
11. DRAINAGE, GRADING OR SOIL STABILITY OF LOT?	☐	☒	☐
12. PRESENT INFESTATION, OR DAMAGE FROM PAST INFESTATION OF WOOD DESTROYING INSECTS OR ORGANISMS which has not been repaired? N/A	☐	☐	☐

Also regarding the property identified above, do you know of any:

13. ROOM ADDITIONS OR OTHER STRUCTURAL CHANGES ? N/A	☐	☐	☐
14. ENVIRONMENTAL HAZARDS (substances, materials or products) including asbestos, formaldehyde, radon gas, methane gas, lead-based paint, underground storage tank, or other hazardous or toxic material (whether buried or covered), contaminated soil or water, or other environmental contamination?	☐	☒	☐
15. COMMERCIAL OR INDUSTRIAL NUISANCES (noise, odor, smoke, etc.) affecting the property?	☐	☒	☐
16. VIOLATIONS OF BUILDING CODES, ZONING ORDINANCES, RESTRICTIVE COVENANTS OR OTHER LAND-USE RESTRICTIONS ?	☐	☒	☐
17. UTILITY OR OTHER EASEMENTS, SHARED DRIVEWAYS, PARTY WALLS OR ENCROACHMENTS FROM OR ON ADJACENT PROPERTY?	☐	☐	☐
18. LAWSUITS, FORECLOSURES, BANKRUPTCY, TENANCIES, JUDGMENTS, TAX LIENS, PROPOSED ASSESSMENTS, MECHANICS LIENS, MATERIALMEN'S LIENS OR NOTICE FROM ANY GOVERNMENTAL AGENCY that could affect title to the property?	☐	☒	☐
19. OWNERS' ASSOCIATION OR "COMMON AREA" EXPENSES OR ASSESSMENTS?	☐	☒	☐
20. FLOOD HAZARD or that the property is in a FEDERALLY-DESIGNATED FLOOD PLAIN?	☐	☒	☐

If you answered "Yes" to any of the above questions, please explain (Attach additional sheets, if necessary): _____

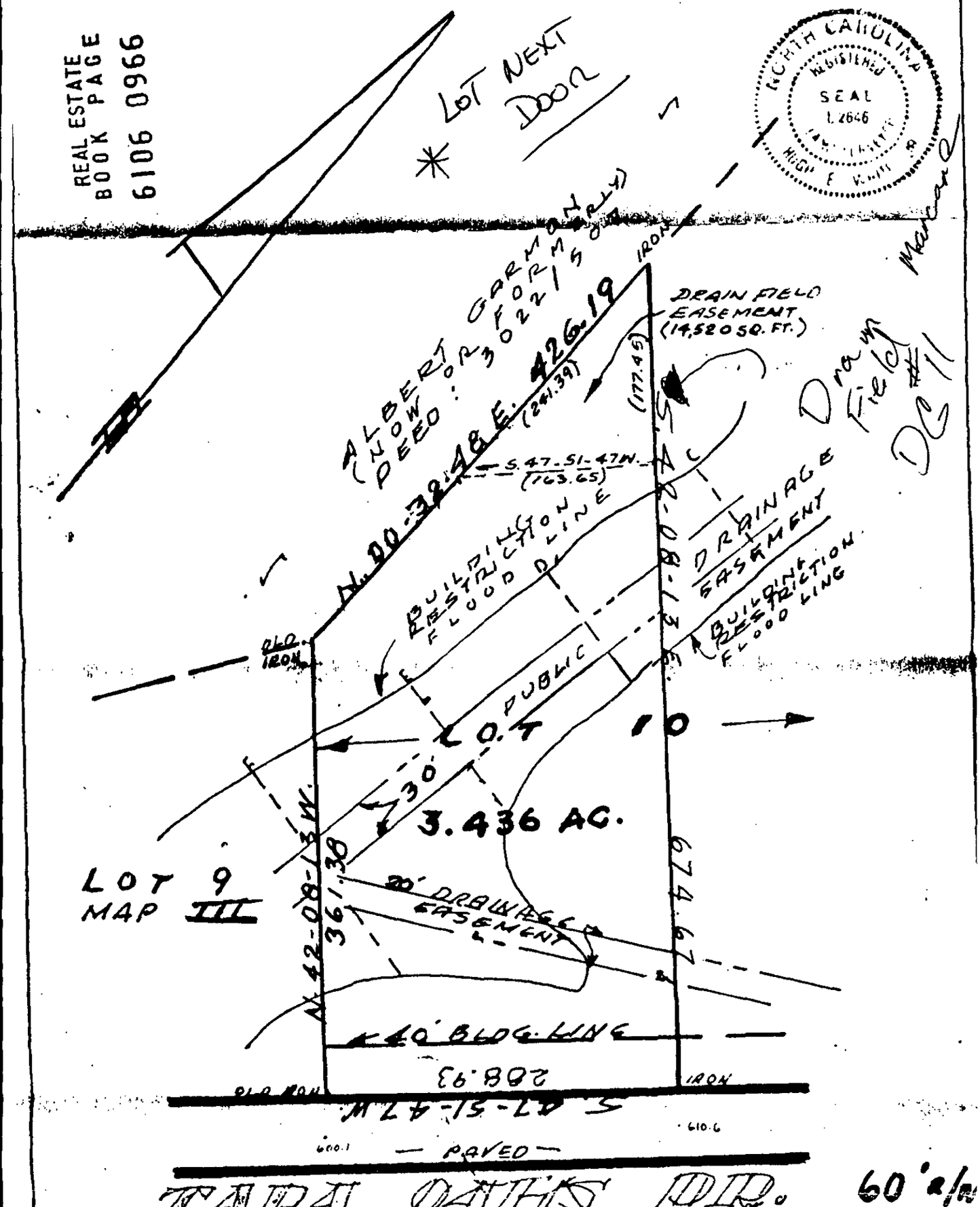
ERTY SHOWN ON THIS PLAT. TO THAT THE TITLE LINES AND THE W LS OF THE BUILDINGS IF ARE AS SHOWN HEREON.

EVISED: 8/21/89 TO SHOW RAIN FIELD EASEMENT

SIGNED Kyle E. Whitlock REGISTERED SURVEYOR

REAL ESTATE BOOK PAGE 6106 0966

NORTH CAROLINA REGISTERED SEAL L-2646 HUGH E. WHITLOCK



Boundary SURVEY OF

A PORTION OF LOT 10, TARA OAKS MAP III

CLEAR CREEK TOWNSHIP MCDOWELL COUNTY, N.C.

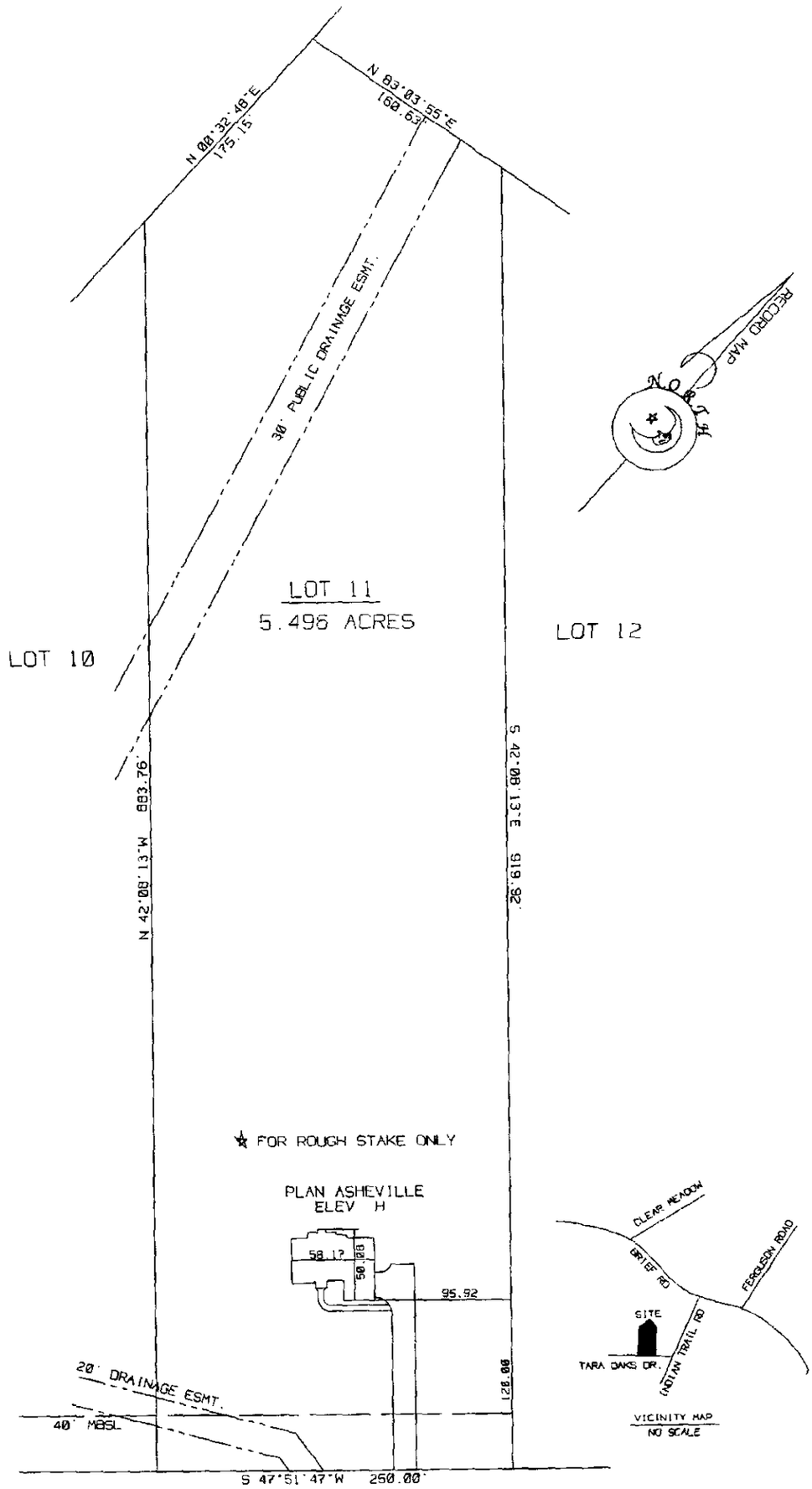
CAROLINA SURVEYORS, INC. P.O. BOX 267 MINEVILLE N.C. 28754

SCALE 1" = 100'

THE PROPERTY OF WILLIAM M. WEDDING, JR. & WIFE ALONA S. WEDDING

MAP RECORDED IN BOOK 21 AT PAGE 553 DEED RECORDED IN BOOK ____ PAGE ____

DRAWN BY RR FIELD WORK N/A FIELD BOOK # -



TARA OAKS DRIVE

60' PUBLIC R/W

DESIGN GALLERY HOMES

PLOT PLAN

OF

10929 TARA OAKS DRIVE
LOT 11 OF TARA OAKS MAP 11
CLEAR CREEK TOWNSHIP, MECKLENBURG COUNTY, N.C.

SCALE: 1" = 100'

0 50 100 150 200

MAP RECORDED IN BOOK 21
AT PAGE 553

DATE : AUGUST 30, 1999
DSK DGH / TAII
DRAWN BY DJD

000029

PRESENTED FOR REGISTRATION
1989 SEP -5 AM 9:56
REGISTER OF DEEDS MECKLENBURG CO., N.C.

REAL ESTATE BOOK 6106 PAGE 0965

Drawn by and mail to:
Purser & Fussell (BOX 896)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

EASEMENT AGREEMENT

THIS EASEMENT AGREEMENT, made and entered into this 1st day of September, 1989, by and between WILLIAM M. WEDDINE, JR. and wife, ALONA S. WEDDINE (hereinafter referred to as "Grantors") and MICHAEL K. PHILLIPS and wife, PAMELA A. PHILLIPS (hereinafter referred to as "Grantees"), all of Mecklenburg County, North Carolina.

WITNESSETH:

WHEREAS the aforesaid Grantors are all the owners of that certain strip or parcel of land, hereinafter described, over which a sewer drainfield easement is required by Grantees for a sewer drainfield to serve the property owned by Grantees adjacent to the property owned by Grantors.

NOW THEREFORE THE GRANTORS HERETO, for and in consideration of one ($1.00) dollar and other good and valuable consideration, receipt of which is hereby acknowledged, do by these presents, grant, bargain, sell and convey unto the Grantees, their heirs and assigns, an exclusive perpetual right and easement to construct and maintain across the land of the Grantors described in the attached Exhibit "A", incorporated herein by reference, a drainfield and related facilities and the right to go upon said lands whenever the same is reasonably necessary for the purpose of inspecting, maintaining and repairing said drainfield and related facilities; provided, that Grantees shall remove all surplus earth, make level the surface of the ground above said drainfield and interfere as little as is reasonably possible with any plants, fences or other improvements upon the land of Grantors.

The property over which said easement is granted is described as the "drainfield easement" in the attached survey by Hugh E. White, Jr. dated April 17, 1987 in the northerlymost corner of the property owned by Grantors herein.

TO HAVE AND TO HOLD the aforesaid easement and all privileges and appurtenances thereto belonging to the said Grantees herein, their heirs and assigns, to their only use and behoof forever.

IN TESTIMONY WHEREOF, the said grantors to these presents have hereunto set their hands and seals, the day and year first above written.

William M. Weddine Jr. (SEAL)
WILLIAM M. WEDDINE, JR.

Alona S. Weddine (SEAL)
ALONA S. WEDDINE

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Brenda R. Litaker, a Notary Public in and for said county and state aforesaid, do hereby certify that WILLIAM M. WEDDINE, JR. and ALONA S. WEDDINE personally appeared before me this day and duly acknowledged the execution of the foregoing Easement Agreement. WITNESS my hand and Notarial seal, this 1st day of September, 1989.

My commission expires: 8/12/90

Brenda R. Litaker
Notary Public

FFF 8.00
<> 8.00
CASH 8.00

9:38 #2730 000
09/05/89

REAL ESTATE
BOOK PAGE
6106 0967

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Brenda R. Litaker

Notary(ies) Public is/are 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.

ANNE A. POWERS, REGISTER OF DEEDS
By Amy K. Privett Deputy - Register of Deeds

1107
2/3/
2/8

EXHIBIT "A"

THIS IS TO CERTIFY THAT ON THE 11 DAY OF April 19 87 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

REVISED: 8/21/89 TO SHOW DRAIN FIELD EASEMENT

SIGNED _____ REGISTERED SURVEYOR

REAL ESTATE BOOK 6106 PAGE 0966

NORTH CAROLINA REGISTERED SEAL L-2646 LAND SURVEYOR HUGH E. WHITE

ALBERT GARMON (NOW OR FORMERLY) DEED: 302/507

IRON

DRAIN FIELD EASEMENT (14,520 SQ. FT.)

N. 20-32-48 E. 426.19 (241.39)

(177.45)

S. 47-51-47 W. (163.65)

BUILDING RESTRICTION & FLOOD LINE

DRAINAGE EASEMENT

OLD IRON

PUBLIC

LOT 10

3.436 AC.

30'

N. 42-08-13 W. 361.30

20' DRAINAGE EASEMENT

LOT 9 MAP III

40' BLDG. LINE

208.93

OLD IRON

IRON

N. 47-15-29 E. 610.6

PAVED

TARA OAKS DR. 60' R/W

Boundary SURVEY OF

A PORTION OF LOT 10, TARA OAKS MAP III

CLEAR CREEK TOWNSHIP, MECKLENBURG COUNTY, N. C.

CAROLINA SURVEYORS, INC. P. O. BOX 267 PINEVILLE, N. C. 28134

SCALE 1" = 100'

THE PROPERTY OF WILLIAM M. WEDDING, JR. & WIFE ALONA S. WEDDING

MAP RECORDED IN BOOK 21 AT PAGE 553 DEED RECORDED IN BOOK ___ PAGE ___

DRAWN BY RR FIELD WORK N.H. FIELD BOOK ___

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16201

File: 5510A Action 2

Parcel: 197-141-30 ☐ PC

Location: Tara Oaks Drive

Subdivision: Tara Oaks Dr. Portion Lot #10

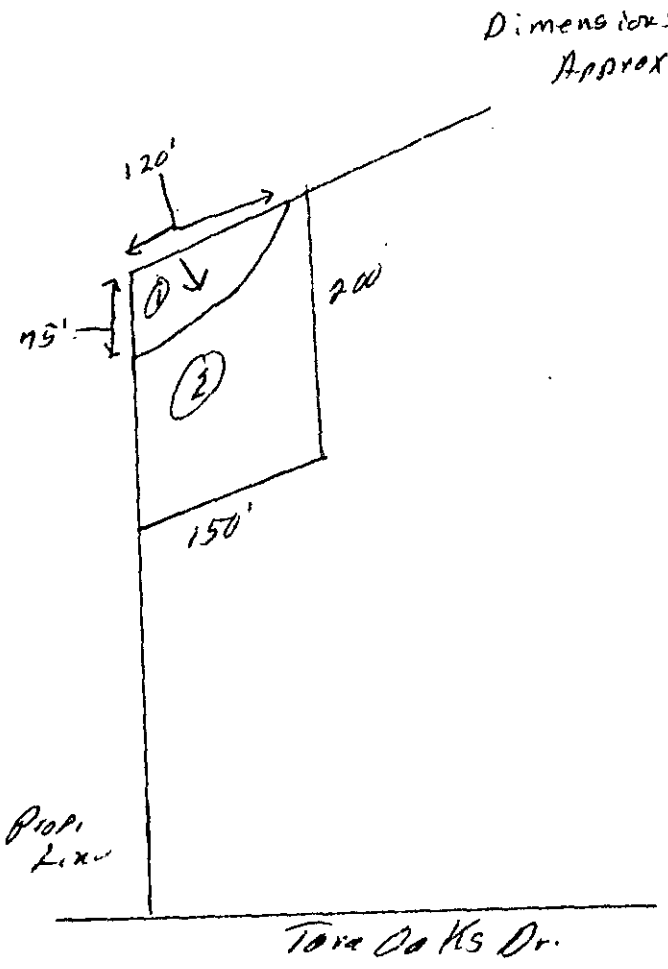
Lot: 10 Block: Acres: Approx. .5 Sum .7

Owner: Tommy Albert McBride
Address: 2906 Butterchurn Ln.
Matthews, N. C.

Comments: could possibly be some shallow spots in Area #1

Described by: William R. Marlin

Date: 6-23-99



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

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

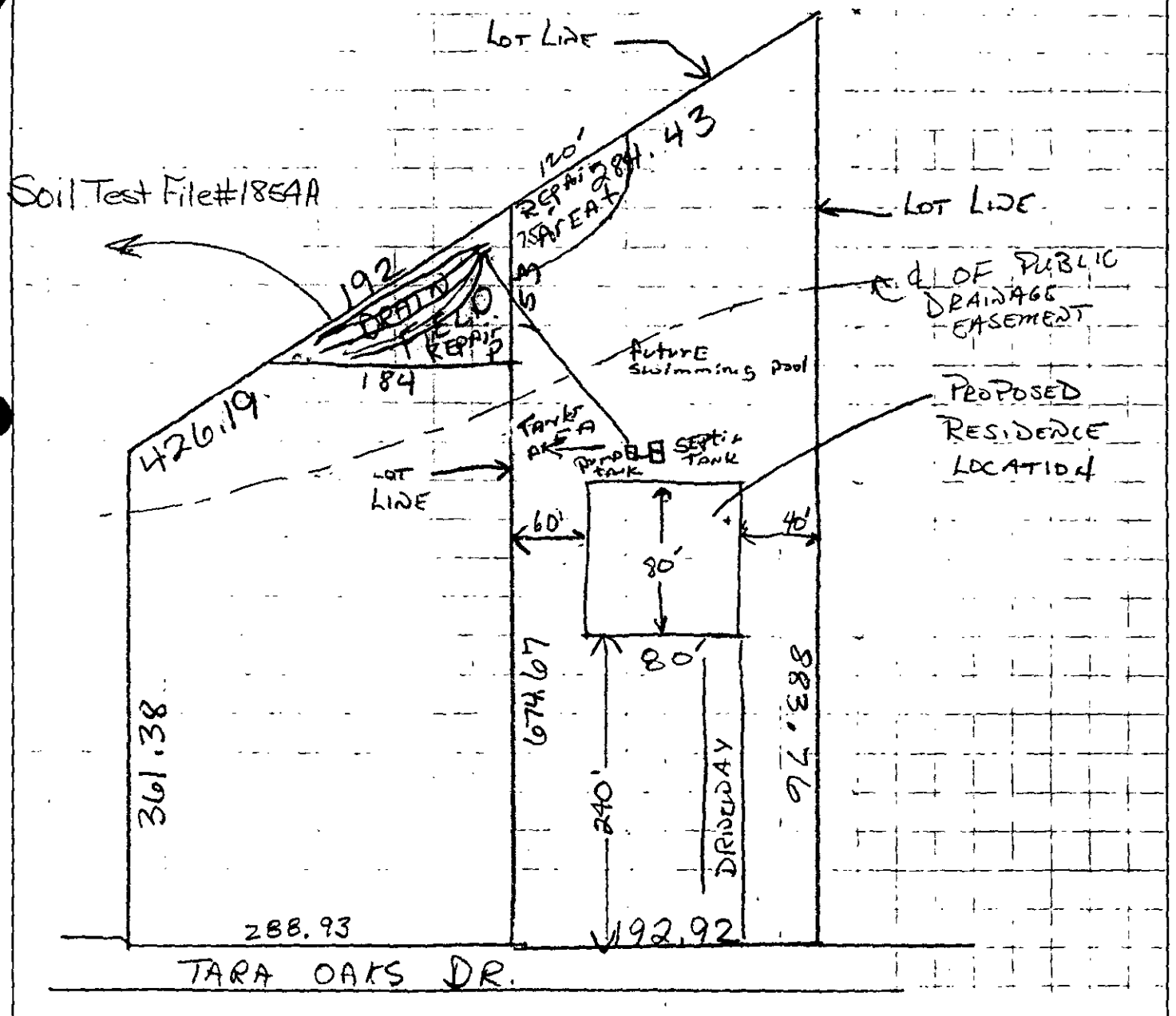
FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 6-20%	S PS (U) Drainageway Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >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 See Note	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	1VA Georgeville	Drainageway Depression				

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

FILE: 5510A

TC: 197-141-30

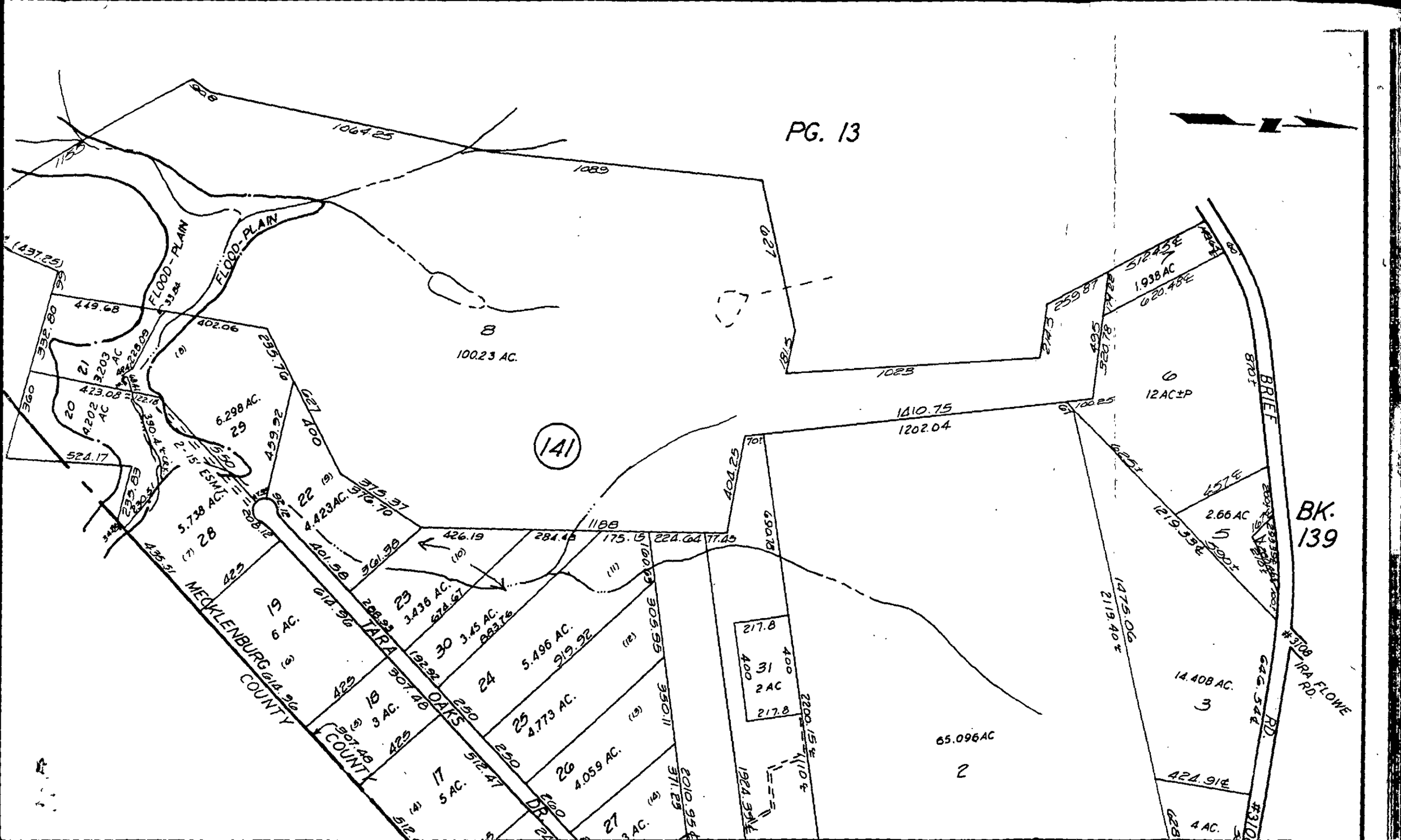
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: [signature] T.W.

Date: 4/15/89 8/16/89

(1)


PG. 13
BK. 139
141
BRIEF
#3108 IRA FLOWE RD.
MECKLENBURG COUNTY
TARA OAKS DR.
FLOOD-PLAIN
FLOOD-PLAIN
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1.938AC
12AC±P
2.66AC
14.408 AC.
4 AC.
6 AC.
3 AC.
5 AC.
2 AC
2119.40±
1475.06
1410.75
1202.04
1064.25
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2010.95
2200.15±
1110±
424.91±
642.54±
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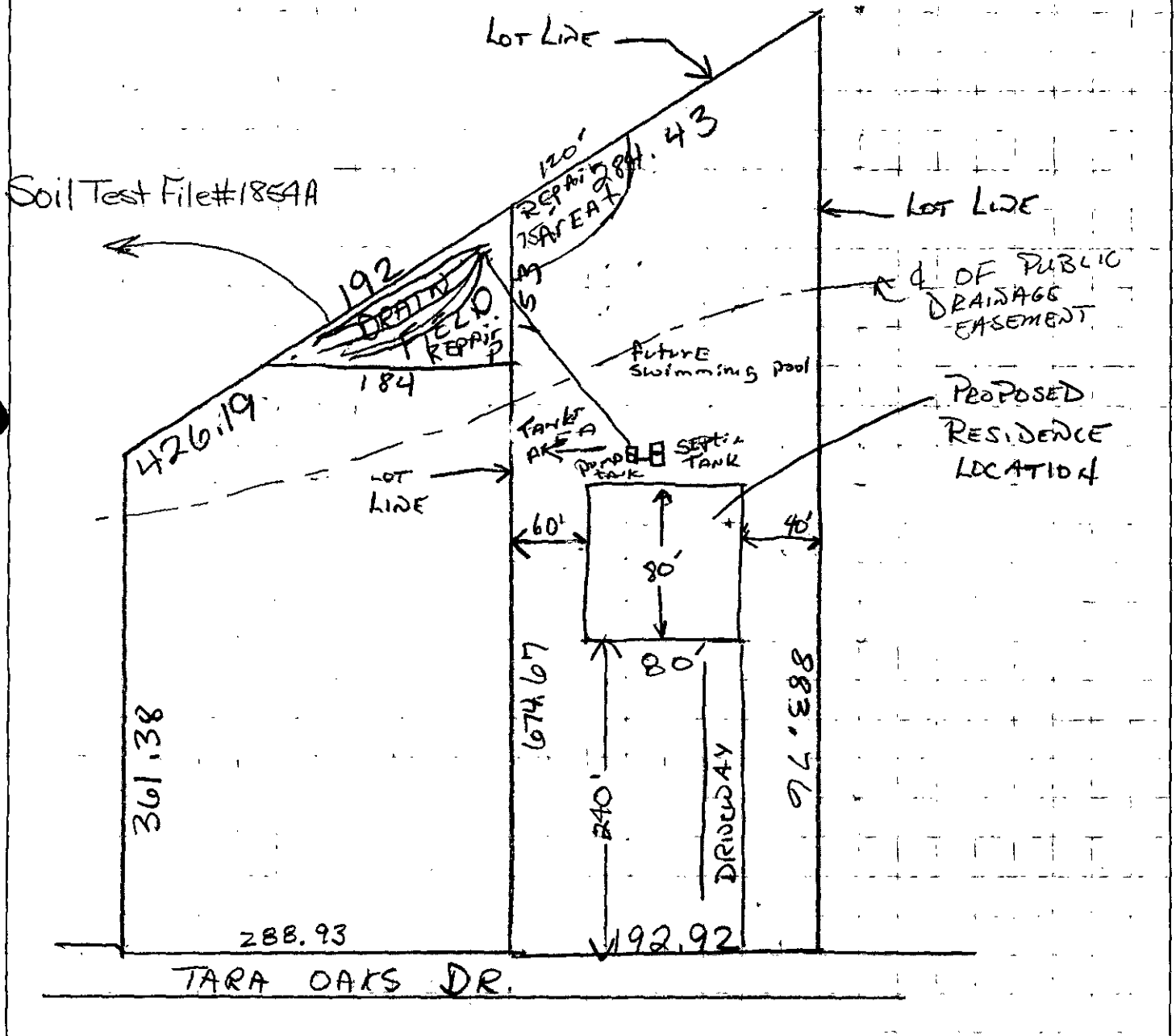
PROPOSED PLOT PLAN

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

FILE: 5510A

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: [signature] T.W.

Date: 4/15/89 8/16/89

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16201

File: 5510A

Action 2

Parcel: 197-141-30

☐ PC

Location: Tara Oaks Drive

Subdivision: Tara Oaks Dr. Portion Lot #10

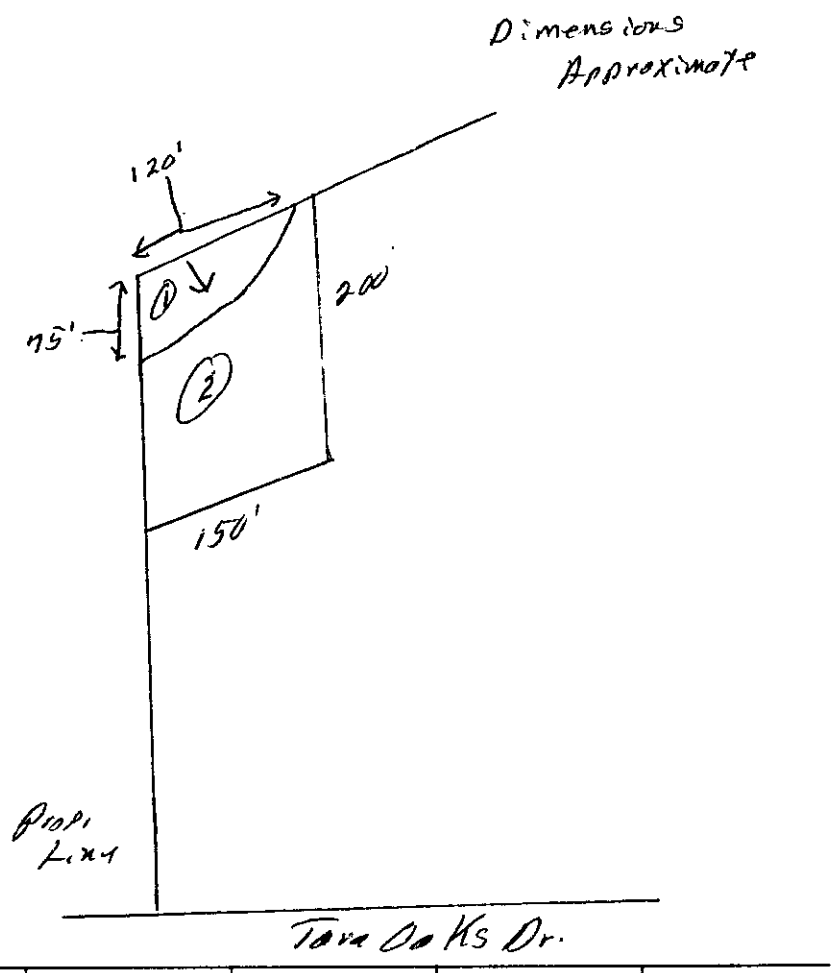
Lot: 10 Block: Acres: Approx. .7 Mol

Owner: Tommy Albert McBride
Address: 2906 Butterchurn Ln.
Matthews, N. C.

Comments: Could possibly be some shallow spots in Area #1

Described by: William R. Marlin

Date: 6-23-99



*** 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 6-20%	S PS (U) Drainageway Depression	S PS U	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 >36" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >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 See Note	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	1VA Georgeville	Drainageway Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

#5510A

Mecklenburg County
Health Department

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

August 2, 1989

Tommy McBryde
2906 Butterchurn Lane
Matthews, NC 28105

Dear Mr. McBryde:

When applying for an Improvement Permit the following steps should be taken:

1. Have the single yellow sheet of paper completed by the Mecklenburg County Engineering Department, 700 N. Tryon Street.
2. Complete the "Application For An Improvement Permit".
3. The "Proposed Plot Plan" should show the dimensions of your property plus the area of the property beside yours which you will be utilizing. You should show the number of feet from the road to the house and from the side line of the property to the house. The dimensions of the house including any porches, decks, or patios should also be indicated.

The above forms should be sent to this department with your check for $200.00. Allow time for this to be received and contact Bill Ferguson between 4:00-5:00 p.m.

When this is approved, it will be necessary for an easement to be filed with the Register of Deeds (a stamped copy to our office) indicating the right for your septic system and repair to be on the adjoining property.

If you should have any questions regarding this procedure please do not hesitate to contact Iris Rhinehardt or me.

Very truly yours,

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

SDD/ir

Enclosure

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: 5510 A
TC: _____
SERIAL: № 19035 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 10929 (STREET NO.) TARA OAKS (STREET) DR. ② FILE: _____
③ JURISDICTION: Meck ④ TAX PARCEL NO.: 197-141-30
⑤ SUBDIVISION: TARA OAKS ⑥ LOT: 30 ⑦ BLOCK: _____

OWNER

⑧ NAME: MICHAEL (FIRST) KEITH (MIDDLE) PHILLIPS (LAST)
⑨ MAILING ADDRESS: 14020 HACKAMORE DR.
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) 547-6082 ⑭ (HOME) 847-1475

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? 4 ㉕ Type? _____
㉓ Maximum occupancy? 4 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: _____

Date: 8/15/89

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.

* EASEMENT AGREEMENT TO INCLUDE NO IMPROVEMENTS ON SAID PROPERTY

_____ / _____
Environmentalist Date

_____ / _____
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.

Mecklenburg County
Health Department

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

June 23rd, 1989

Tommy A. McBride
2906 Butterchurn Lane
Matthews, NC 28105

RE: Property located at Tara Oaks Drive
FILE: 5510A
PARCEL: 19714130

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 16201) 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,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Mecklenburg County
Health Department

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

April 24th, 1989

Tommy A. McBride
2906 Butterchurn Lane
Matthews, NC 28105

RE: Property located at Tara Oaks Drive
FILE: 5510A
PARCEL: 19714130

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results or this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division or Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 12049) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12049

File: 5510A Action 3

Parcel: P0197-141-30 ☐ PC

Location: Tara Oaks Dr.

Subdivision: Tara Oaks

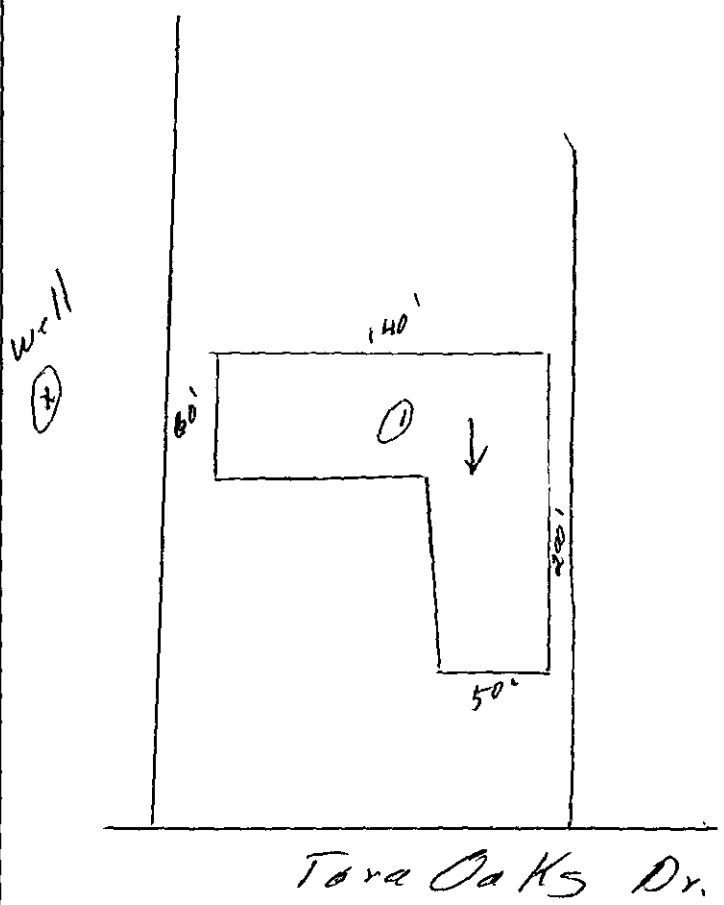
Lot: Block: Acres: Approx .37 ac.

Owner: Tommy McBride
Address: 2906 Butterchurn Ln
Matthes, NC 28105

Comments: _____

Described by: William A. Marlin

Date: 4-24-97



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

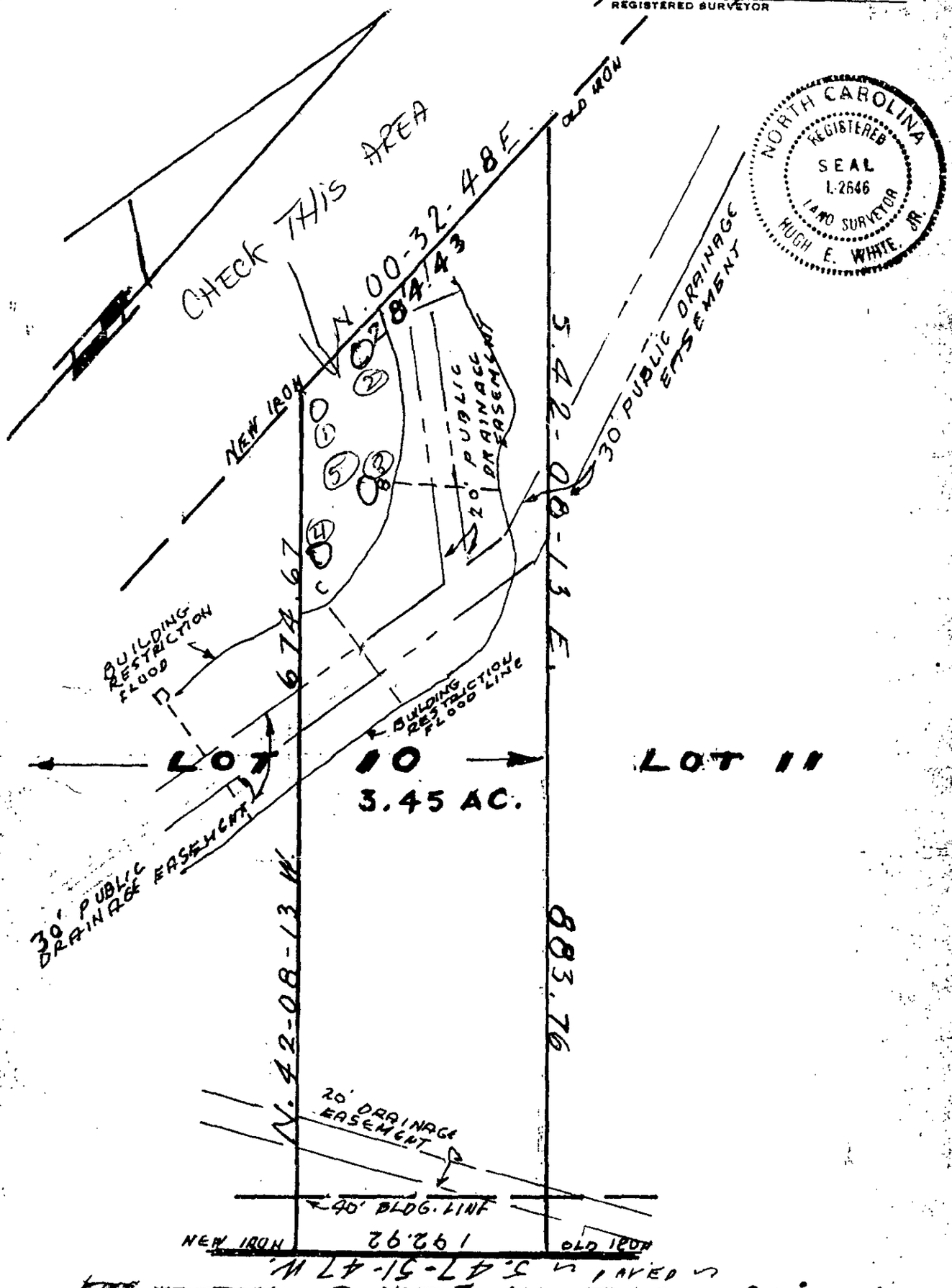
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 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) perched water 6-18"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVB Lignum-Iredell					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

THIS IS TO CERTIFY THAT ON THE 17TH DAY OF APRIL 19 87 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED Hugh E. White
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-2646 LAND SURVEYOR HUGH E. WHITE, JR.



BOUNDARY SURVEY
OF

A PORTION OF LOT 10, TARA OAKS MAP II

CAROLINA SURVEYORS, INC.
P O BOX 267
PINEVILLE N C 28134

SCALE 1" = 100' CLEAR CREEK TOWNSHIP MECKLENBURG COUNTY, N.C.

THE PROPERTY OF TOMMY A. McBRIDE & WIFE ANNE H. McBRIDE

MAP RECORDED IN BOOK 21 AT PAGE 353 DEED RECORDED IN BOOK ____ PAGE ____

DRAWN BY RR FIELD WORK NH FIELD BOOK # -

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 24 1989
ENVIRONMENTAL HEALTH
DIVISION

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

(OFFICE USE ONLY)

FILE: 5510A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: TARA OAKS DRIVE, CHARLOTTE NC

② SUBDIVISION: TARA OAKS DR. ③ LOT: PORTION LOT #10 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 21 PAGE NO.: 553 PARCEL NO.: 19714130

⑥ DEED REFERENCE: BOOK NO.: 5534 PAGE NO.: 0555

OWNER

⑦ NAME: TOMMY (FIRST) ALBERT (MIDDLE) MSBRIDE (LAST)

⑧ MAILING ADDRESS: 2906 BUTTERCHURN LN

⑨ CITY: MATTHEWS ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 704-541-2622 (HOME) 704-846-1117

⑬ Accurately *diagram* and dimension lot.

PLEASE CHECK THE AREA ON THE ATTACHED MAP DESIGNATED BY NUMBERS 1, 2, 3, 4, + 5.

THANKS

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: Tommy A. MSBride

Date: 5-23-89

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5510A

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
ENVIRONMENTAL HEALTH
DIVISION

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: TARA OAKS DR., CHAR. NC.

② SUBDIVISION: TARA OAKS ③ LOT: Portion of #10 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 21 PAGE NO.: 553 PARCEL NO.: 19714130

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

OWNER

⑦ NAME: Tommy (FIRST) A. (MIDDLE) McBRIDE (LAST)

⑧ MAILING ADDRESS: 2906 BUTTERCHURN LN.

⑨ CITY: MATTHEWS ⑩ STATE: NC ⑪ ZIP: 28105

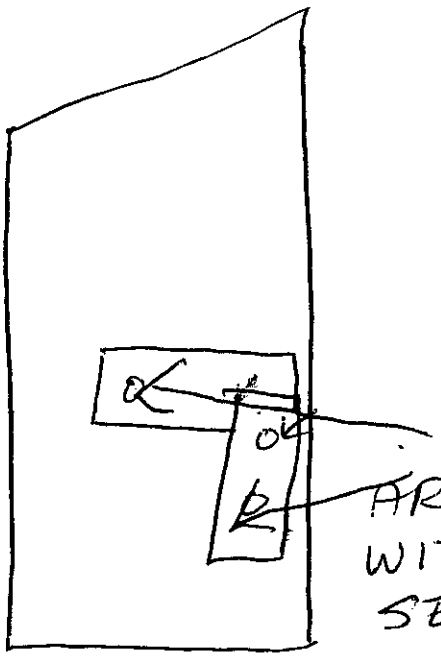
⑫ PHONE: (WORK) 541-2622 (HOME) 846-1117

⑬ Accurately diagram and dimension lot.

SEE ATTACHED

I REQUEST YOU CONSIDER A LOW-PRESSURE SYSTEM FOR THESE AREAS,

THANKS



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: Tommy A. McBride

Date: 4-14-89

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

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

March 20th, 1989

Tommy A. McBride
2906 Butterchurn Lane
Matthews, NC 28105

RE: Property located at Tara Oaks Drive
FILE: 5510A
PARCEL: 19714130

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 16029) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware.

If I can be of assistance, please do not hesitate to call.

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 16029

File: 5510A Action 3

Parcel: 19714130 ☐ PC

Location: Tara Oaks Drive

Subdivision:

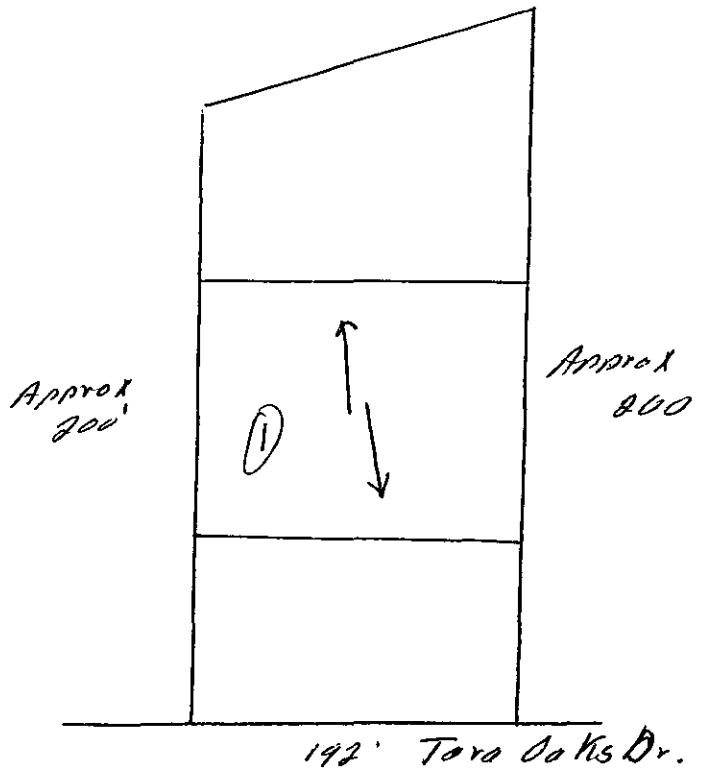
Lot: Block: Acres: Approx. 1.0

Owner: Tommy A. McBride
Address: 2906 Butterchurn Lane
Matthews, NC 28105

Comments:

Described by: William R. Medlin

Date: 3-20-89



***** 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 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 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) Perched water 12-20"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 10-30"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	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	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVB Lignum-Iredell					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5510A

TC: 197-141-30

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: TARA OAKS DR.

② SUBDIVISION: TARA OAKS SUBDIVISION ③ LOT: PORTION OF #10 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: PD#21 PAGE NO.: 553 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: ~~#~~1 5534 PAGE NO.: 0555

OWNER

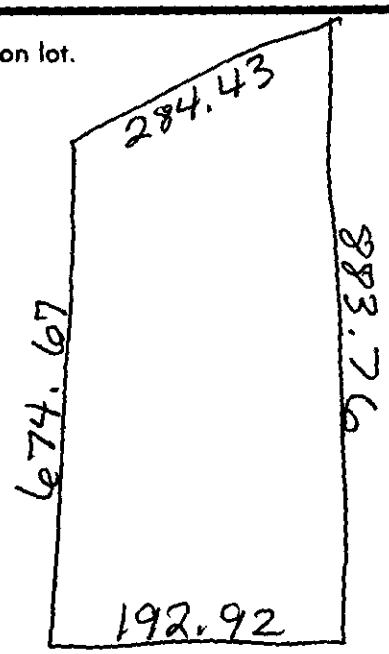
⑦ NAME: TOMMY (FIRST) A. (MIDDLE) MCBRIDE (LAST)

⑧ MAILING ADDRESS: 2906 BUTTERCHURN LN

⑨ CITY: MATTHEWS ⑩ STATE: NC ⑪ ZIP: 28105

⑫ PHONE: (WORK) 541-2622 (HOME) 846-1117

⑬ Accurately diagram and dimension lot.



see file 1854A

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: Tommy A McBride

Date: 2-27-89

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

DEED BOOK PAGE

5534 0555

PRESENTED FOR REGISTRATION

JUN 26 10 56 AM '87

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

76

82649

STATE OF NORTH CAROLINA

Real Estate

Excise Tax $22.50

Recording Time, Book and Page

Tax Lot No. 197-141-10 Parcel Identifier No.

Verified by County on the day of , 19

by

Mail after recording to MYERS, HULSE & BROWN

122 North McDowell Street, Charlotte, North Carolina 28204

This instrument was prepared by R. Kent Brown

Brief description for the Index A Portion of Lot 10 TARA OAKS

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 25th day of June , 19 87 , by and between

GRANTOR	GRANTEE
WILLIAM M. WEDDINE, JR., and wife, ALONA S. WEDDINE	TOMMY A. McBRIDE and wife, BELINE ANNE H. McBRIDE 2906 Butterchurn Lane Matthews, North Carolina 28105

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

See Exhibit A attached hereto and incorporated herein.

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 – James Williams & Co., Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. – 1981

DEED BOOK PAGE

5534 0556

The property hereinabove described was acquired by Grantor by instrument recorded in Book 4887 at Page 123 of the Mecklenburg County Public Registry and Book 382, Page 1 of the Union County Public Reigstry, being the same property conveyed to William M. Weddine, Jr. and wife, Alona S. Weddine immediately preceeding this conveyance.

A map showing the above described property is recorded in Plat Book 21 page 553.

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:

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

William M. Weddine, Jr. (SEAL)

Alona S. Weddine (SEAL)

(SEAL)

(SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, Gaston County.

I, a Notary Public of the County and State aforesaid, certify that William M. Weddine, Jr. and wife, Alona S. Weddine Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 25th day of June, 19 87

My commission expires: 9-9-91 Kathleen N Bain 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 Kathleen Bain, a Notary Public of Gaston County and State of North Carolina

is/~~are~~ 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 Wanda B. Allen Deputy, ~~Assistant~~ Register of Deeds

This 26th day of June, 1987.

See pages 557-558

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 James Williams & Co., Inc., Box 127, Wadesboro, N. C. 28170
Printed by Agreement with the N. C. Bar Assoc. 1983

EXHIBIT A

DEED BOOK PAGE

5534 0557

Being a portion of Lot 10 of TARA OAKS subdivision, as the same is shown in TARA OAKS Map II and recorded in Map Book 21 at Page 553 of the Mecklenburg County Public Registry, to which reference is made for a more particular description; said portion of property being conveyed having the following meets and bounds description:

Beginning at a point in the margin of Tara Oaks Drive, The Northeasternmost corner of the said Lot 10 at its common corner with Lot 11 of TARA OAKS and running along Tara Oaks Drive South 47-51-47 West 192.92 feet to a point, thence North 42-08-13 West 674.67 feet to a new iron, thence with the rear line of the said Lot 10 North 00-32-48 East 284.43 feet to an old iron being the Northernmost corner of the said Lot 10 a common corner with Lot 11, thence with the division line between Lots 10 & 11 South 42-08-13 East 883.76 feet to the point and place of beginning, all as being shown on that certain survey dated April 17, 1987 attached hereto as Exhibit B and incorporated herein by reference.