DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19193

T.C. NO. 197-82-11

(Ground Absorption Sewage Disposal)

OWNER: Richard Johnson
ADDRESS: % M. L. Long 6814 Long Rd Charlotte, NC 28212
LOCATION OF SITE: What Mine Lane

PLAT NO:
LOT SIZE: 36,225 ,83

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-20	S (PS) U 2-10	S (PS) U 2-10	S PS (U) Complex Slopes
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clayey	S (PS) U Clayey	S PS (U) Mixed Clay	S (PS) U Blocky
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS (U) Blocky To Dense	S (PS) U Blocky
4. SOIL DEPTH (inches)	S (PS) U 40-48"	S PS (U) 10-20"	S PS (U) 30-40	S PS (U) 10-20
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U None	S (PS) U None	S (PS) U None	S PS (U) None
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U Adequate	S (PS) U Adequate	S PS (U) Slow	S PS (U) Slow.
7. OTHER (Specify) Limited Area	S PS (U)	S PS U	S PS U	S PS U
8. SOIL GROUP	IVb	IVa	IVb	IVa
9. SITE CLASSIFICATION	Unsuitable	Unsuitable	Unsuitable	Unsuitable
10. SOIL SERIES	Cecil	Eroded Cecil	Helene	Complex Slope in Cecil

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

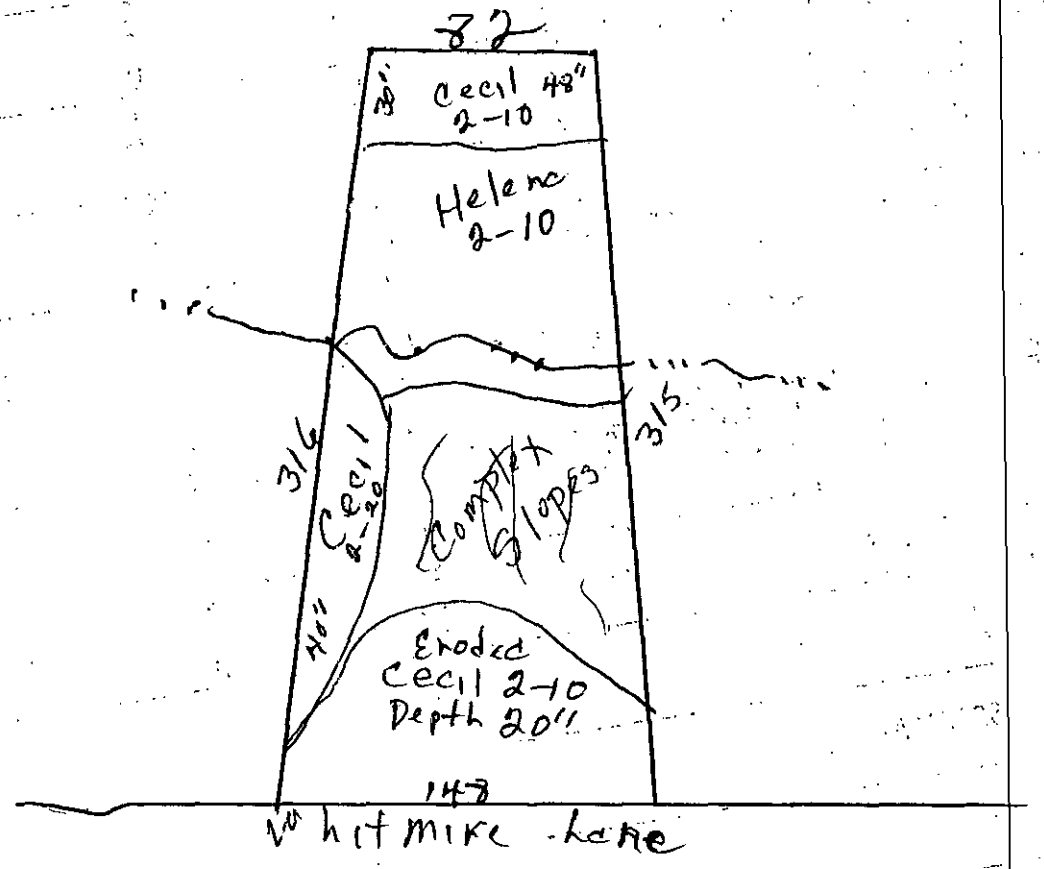
Recommendations/Comments: _

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 1-18-83

EHD 539 (Revised: 6/82)

Back side of site evaluation sheet not microfilmed originally -
MRM 1-12-93



NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S.I.R. NO. 15605
TC. P0137-132-08

(Ground Absorption Sewage Disposal)

OWNER: COLONIAL SERVICE CORP. DATE REQUESTED: 5-17-79
ADDRESS: PO BOX 10 MONROE, N.C. PLAT NO.:
COUNTY: UNION 28110 LOT SIZE: 20398
LOCATION OF SITE: BLAIR RD - BAIN BRIDGE GOLDSMITH LANE Lot 158

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-10 U	S PS 10-40 (U)	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1, Clay)	S (PS) Clayey U	S (PS) Cecil U	S PS U	S PS U
3. SOIL STRUCTURE (12.36 in.) (Clayey Soils)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) 47 U	S PS >48 (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Imprevious Strata, Rock)	S (PS) None U	S (PS) None U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S (PS) Adequate U	S (PS) Adequate U	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S (PS) moderate U	S (PS) moderate U	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
SOIL SERIES	Cecil	Pacolet		

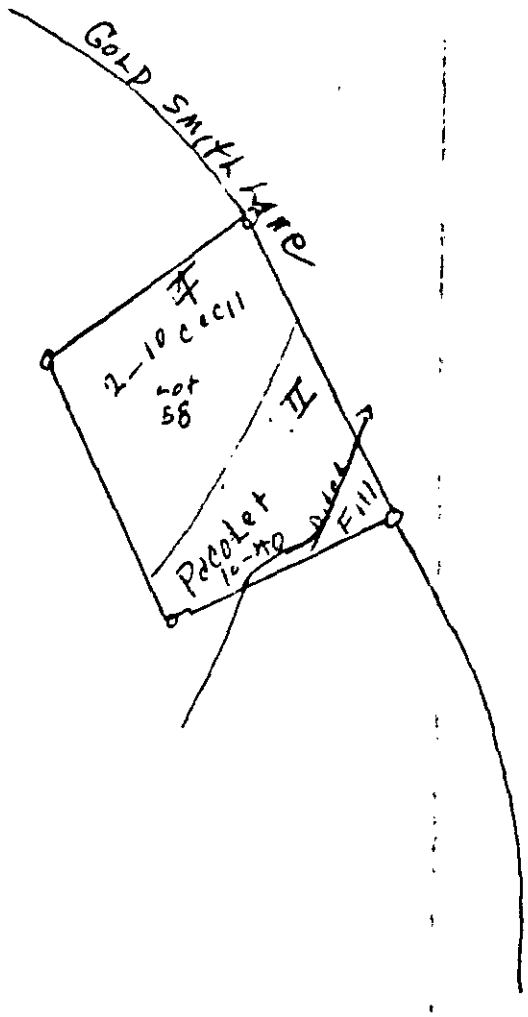
S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

Recommendations/Comments:

Described By: W. B. Ramsey
Title: Soil Scientist Date: 6-19-79

DHS Form 2601 (2/77)
Sanitation


GOLD SMITH AVE
2-10 Cecil
Lot
58
Pdc Dlet
10-MD
Fill

File 12 189

STATE of NORTH CAROLINA
DEPARTMENT of ENVIRONMENT, HEALTH, and NATURAL RESOURCES
MOORESVILLE REGIONAL OFFICE

James C. Martin, Governor
William W. Cobey, Jr., Secretary

Al Hilton, Director

TO: William Marlin, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn Regional Soil Specialist
Division of Environmental Health
On-Site Wastewater Section

SUBJECT: Bill Murphy property, lot #7 on Torrence Chapel Road

DATE: October 28, 1992

The above referenced property was evaluated for its suitability for a ground absorption sewage treatment and disposal system to serve a two bedroom residence. The site is Unsuitable under current laws and rules, 15A NCAC 18A .1900. The enclosed report gives a brief summary of the findings, conclusions, and recommendations.

If I can be of any assistance or you have any questions, contact me through the Mooresville Regional Office (704) 663-1699.

SOIL/SITE REPORT

GENERAL INFORMATION

COUNTY: Mecklenburg **DATE:** October 28, 1992

OWNER/APPLICANT: Bill Murphy

LOCATION: Torrence Chapel Road Lot #7 I. D. #001-292-07

TYPE OF FACILITY: Residence **DESIGN UNIT:** 240 gpd

PROPOSED WATER SUPPLY: Public

EVALUATED BY: Joe Lynn assisted by Bill Marlin using hand augers

DATE OF EVALUATION: September 18, 1992

OTHER(S) PRESENT: Dr. Cope, agent for Mr. Murphy

SITE INFORMATION

AREA/PRESENT USE: 9,100 sq. ft. / wooded

TOPOGRAPHY: (slope) 6 to 7 percent

LANDSCAPE POSITION: Linear slope

SITE LIMITATIONS: N/A

SOIL INFORMATION

SOIL TEXTURE: (surface) Sandy loam
(subsoil) Clay / clay loam

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Slightly expansive

SOIL DEPTH: 16 to 30 inches to unsuitable soil condition

SOIL WETNESS: N/A

RESTRICTIVE HORIZONS: None

SAPROLITE: 16 to 30 inches to unsuitable saprolite

AREA of S or PS SOIL: None found

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption sewage system due to:

1. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches.
2. Insufficient Available Space — Section .1945
   Not enough area for a sewage system.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule. Drainage will not be helpful.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. A low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. He may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. He may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1957 (c). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must receive adequate treatment.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.
5. The denial can be appealed under G. S. 130A-24 if requested within 60 days of the denial date.

File 13436

STATE of NORTH CAROLINA
DEPARTMENT of ENVIRONMENT, HEALTH, and NATURAL RESOURCES
MOORESVILLE REGIONAL OFFICE

James C. Martin, Governor
William W. Cobey, Jr., Secretary

Al Hilton, Director

TO: William Marlin, Soil Scientist
Mecklenburg County Health Department

FROM: Joe Lynn Regional Soil Specialist
Division of Environmental Health
On-Site Wastewater Section

SUBJECT: Robert Miles (jf 10-27-92) property, lot #3 on Sharp Drive

DATE: October 28, 1992

The above referenced property was evaluated for its suitability for a ground absorption sewage treatment and disposal system to serve a three bedroom residence. The site is Unsuitable under current laws and rules, 15A NCAC 18A .1900. The enclosed report gives a brief summary of the findings, conclusions, and recommendations.

If I can be of any assistance or you have any questions, contact me through the Mooresville Regional Office (704) 663-1699.

SOIL/SITE REPORT

GENERAL INFORMATION

COUNTY: Mecklenburg **DATE:** October 28, 1992

OWNER/APPLICANT: Robert Miles

LOCATION: Sharp Drive Lot #3

TYPE OF FACILITY: Residence **DESIGN UNIT:** 360 gpd

PROPOSED WATER SUPPLY: Community

EVALUATED BY: Joe Lynn assisted by Bill Marlin using hand augers

DATE OF EVALUATION: August 10, 1992

OTHER(S) PRESENT: N/A

SITE INFORMATION

AREA/PRESENT USE: 35,750 sq. ft. / Wooded

TOPOGRAPHY: (slope) 25 to 31 percent

LANDSCAPE POSITION: Linear slope

SITE LIMITATIONS: Stream / steep slopes

SOIL INFORMATION

SOIL TEXTURE: (surface) Silt loam / sandy loam / clay loam
(subsoil) Clay / clay loam / silty clay loam

SOIL STRUCTURE: (subsoil) Blocky

CLAY MINERALOGY: Expansive

SOIL DEPTH: 10 to 18 inches to unsuitable soil condition

SOIL WETNESS: N/A

RESTRICTIVE HORIZONS: None

SAPROLITE: 10 to 24 inches to unsuitable saprolite

AREA of S or PS SOIL: None found

CONCLUSIONS

This site is unsuitable for the installation of a conventional ground absorption sewage system due to:

1. Unsuitable Topography and Landscape Position — Section .1940
   Steep slopes greater than 30 percent
2. Unsuitable Soil Characteristics — Section .1941
   Expansive clay mineralogy
3. Insufficient Soil Depth — Section .1943
   Soil depths of less than 36 inches.
4. Insufficient Available Space Section .1945
   Not enough area for an initial sewage system and a repair.

The site is Unsuitable under Rule .1956 Modifications to Septic Tank Systems. Shallow trenches, large diameter pipe, nor porous block panel systems are options for this site. The saprolite is unsuitable by this rule. Drainage will not be helpful.

The site is Unsuitable under Rule .1957 Alternative Sewage Systems. A low pressure pipe system, fill system, nor an aerobic treatment unit are options for this site.

RECOMMENDATIONS

The owner has the following options that might allow the use of this property as desired:

1. He may purchase other Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
2. He may obtain an easement on a Suitable or Provisionally Suitable property to place the ground absorption sewage system on.
3. The Division of Environmental Management in Mooresville, N. C. at (704) 663-1699 may be contacted to pursue options available through that office.
4. A sewage system can be pursued under Rule 1957 (c). Written documentation must be submitted to your office showing that the proposed sewage system can be expected to function properly. The data must contain the following:
   A. The effluent must receive adequate treatment.
   B. The ground water and the surface water must not be contaminated by the effluent.
   C. The effluent must not be exposed to the ground surface or discharged to surface waters where it could come into contact with people, animals, or vectors.
5. The denial can be appealed under G. S. 130A-24 if requested within 60 days of the denial date.

W. K. BAUCOM, INC.

Waste Treatment • Pipe Laying • Pile Driving

P.O. BOX 23325 MINT HILL, N.C. 28212 (704) 545-4028

October 5, 1992

Mecklenburg County Health Department
700 North Tryon Street
Charlotte, NC 28202

Attention: Sylvia D. Daniel, RS
Supervisor
On Premises Waste Disposal & Water Supply

Subject: File # 16533
2800 Bard's Court
Mecklenburg County, NC

Dear Sylvia:

Over the past six to seven weeks, I have been working with Mr. Joe Spencer conducting a capacity test on the septic system drain fields of the subject residence. A summary of our activities is attached. It is my understanding that an Improvement Permit Application fee has been paid on this file. We are now asking you to consider, based on the results of the test we have run and the improvements we propose below, approving an Improvement Permit which will allow this residence to be occupied again.

We propose to take three steps to improve the existing system. These are as follows:

1) Locate, remove and replace the existing distribution box with a pressure manifold system that would distribute to each line an amount of effluent proportionate to its length.

2) Replace existing pump control float with a float positioned to dose 120 gallons per cycle.

3) Replace the three toilets, four sink faucets, and two shower heads with water conserving fixtures.

It is my opinion, based on the results of our testing, that these improvements will allow the septic system to function properly under the design loading required by state regulations. I would be happy to talk with you or meet with you to further discuss this request.

Sincerely,

Eddie L. Baucom

RESIDENTIAL DWELLING DRAIN FIELD CAPACITY TEST

INTRODUCTION

In an effort to define the conditions causing the reported drain field failure at 2800 Bards Ct. as well as the severity of failure, an extended test of the capacity of the drain field was conducted.

TEST CONDITIONS

The test was started on 8/18/92 with the meter reading 296512 and a timer set to come on at 7:00 AM and 7:00 PM for 36 min (to deliver 360 gallons per dose). Later meter checks indicated that the actual flow was 9.1 gpm.

On 8/28/92 the timer was changed to come on at 2:00 AM and 2:00 PM (for easier on site field monitoring).

On 9/7/92 the timer was changed to 72 minutes per dose (720 gallons).

On 9/10/92 the two 720 gallon doses were supplemented by an additional 365 gallons used in searching for any possible flow that could be going to the stream. No flow to the stream was found.

On 9/11/92 failure was observed after the 2:00 PM dose and the flow was cut back to 360 gallons per dose. Failure was at the lowest part of the drain field as water broke out to the surface.

Since 9/12/92 the flow has been 360 gallons per dose at 2:00 AM and 2:00 PM and no failure has occurred.

On 9/14/92 the meter read 319232 as the test continued successfully.

TEST RESULTS

1) There is adequate capacity to handle 2X the code requirement for a 3 bedroom dwelling.
2) The weakest point in the drain field was identified, so flow can be diverted from that area.
3) The tank pump is not cycling as it should, which can be easily remedied.
4) The system failed, then recovered, so there is no clogging problem that would have required the field to rest.

RECOMMENDATIONS

1) Change the distribution box to assure that flow is increased to the better soils at the upper end of the field.
2) Change the pump cycle to 2 - 3 times per day instead of the present short cycling.
3) Install water conserving fixtures in the dwelling (toilets, show and sink fixtures, etc.).

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 7-10-92 No. 28156

RECEIVED FROM: Keith M. Palmer

Nineteen Hundred Thirty Two Dollars 1 50/100 $ 1932 50

FOR: 4619 Lyte Oak Rd

4" Sewer tap

RECEIVED BY: Shirley Mc Clapp

CASH ☐

CHECK # 116

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: TC# 157-183-03 No. 28157

RECEIVED FROM: $

FOR:

RECEIVED BY:

CASH ☐

CHECK ☐

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: No. 28158

RECEIVED FROM: $

FOR:

RECEIVED BY:

CASH ☐

CHECK ☐

SENT BY:Xerox telecopier 7020 ; 7-10-92 ; 3:38PM ; 7043932 → 704 336 6894;# 2

07-10-92 04:40PM P02

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: [illegible] pd 20/

TC: _____

SERIAL: [illegible] ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6425 [illegible] (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: MECK ④ TAX PARCEL NO.: 113-082-25

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

OWNER

⑧ NAME: [illegible] T [illegible] (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: [illegible]

⑩ CITY: [illegible] ⑪ STATE: NC ⑫ ZIP: [illegible]

⑬ PHONE: (WORK) [illegible] ⑭ (HOME) [illegible]

REQUEST

This request is for a(n): 1/19/89 Spoke w/ Chuck Cox Const. They will recover & call me.

⑮ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) [illegible]

DESIGN CRITERIA

System will serve: Tank was found to be within the 50' setback from high water line - No area left to install system per installer. Owner is to call me.

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type? _____

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? _____

WATER SUPPLY

1/92 – No Further contact from Owner

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

IMPROVEMENT PERMIT

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

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

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

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Environmental Health or an

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

Signed: _____

Date: _____

Tom Pittman
7808 Haymarket Ln.
Raleigh, N.C. 27615

January 11, 1989

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JAN 1
ENVIRONMENTAL HEALTH
DIVISION

Mecklenburg County
Environmental Health
1200 Blythe Blvd.
Charlotte, N.C. 28203

Attn: Ms. Judy J. Kiser

Ref: 6425 Amos Smith Road

Dear Ms. Kiser:

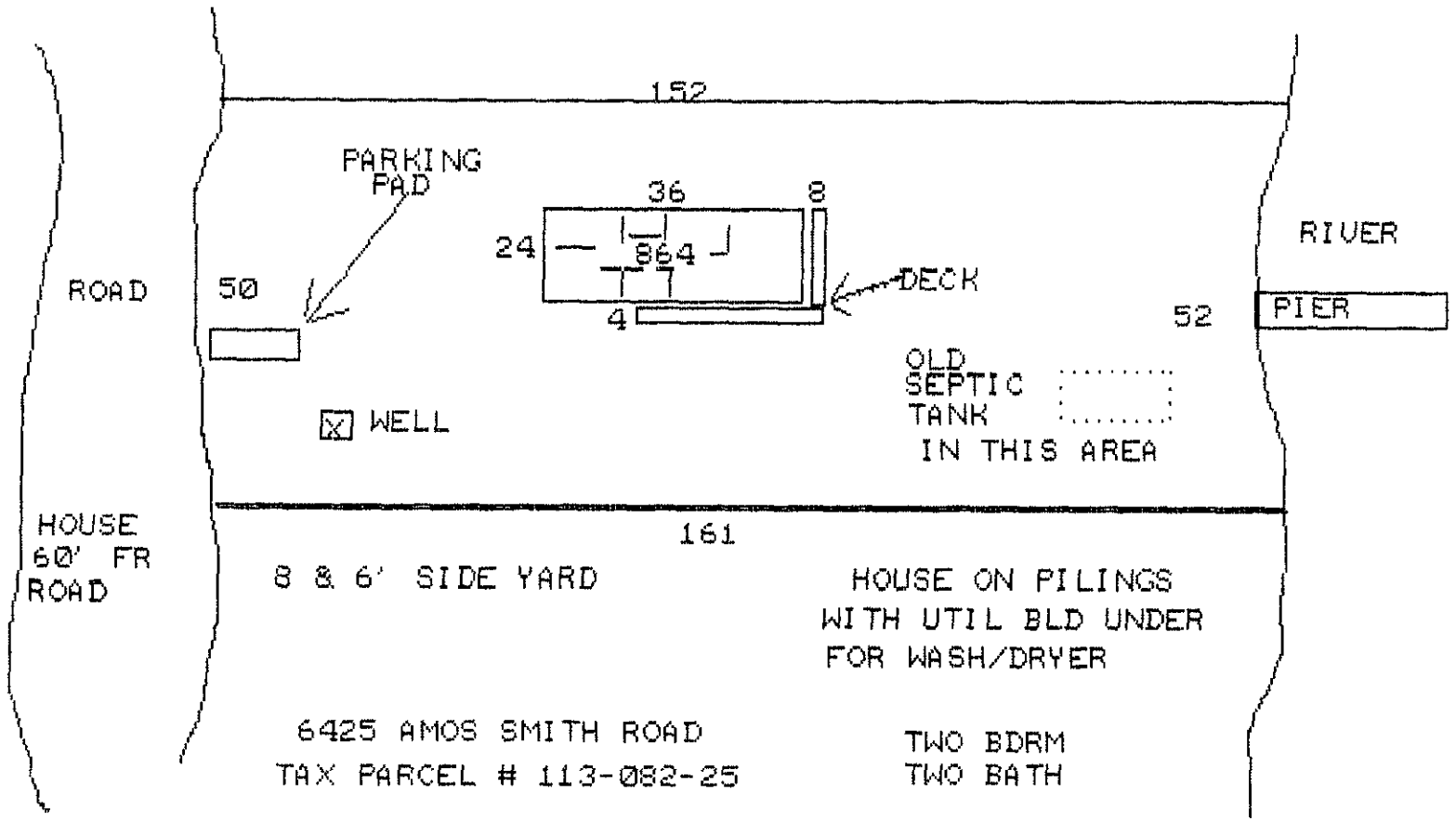
Enclosed is the application, site plan, and payment for the location we discussed on the telephone. On the site plan I have marked the general area that the present septic system is believed to be located in.

I have sent Chuck Myer at Cam Construction a copy of this letter, application, and site plan. Please contact him when you are ready to go to the location.

Thank you for you assistance,

Tom Pittman

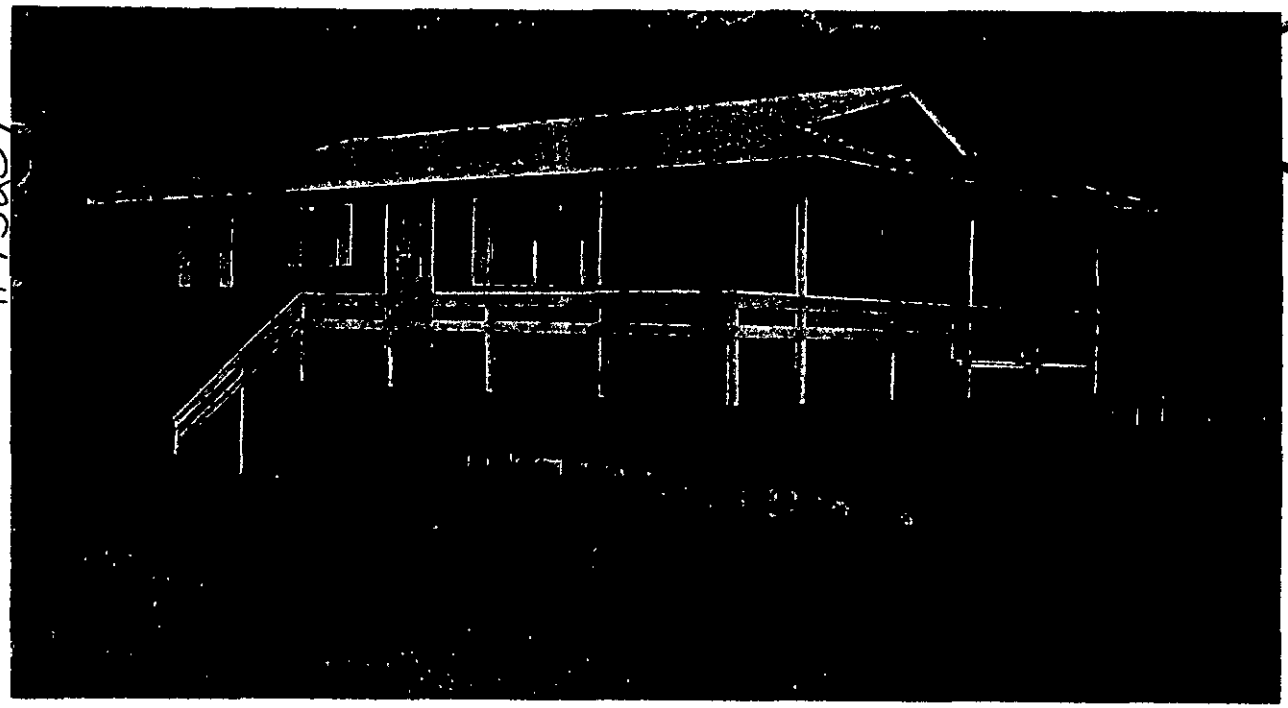
cc: C. Myer


152
PARKING PAD
36
8
24
864
DECK
RIVER
ROAD
50
52
PIER
OLD SEPTIC TANK IN THIS AREA
WELL
161
HOUSE 60' FR ROAD
8 & 6' SIDE YARD
HOUSE ON PILINGS WITH UTIL BLD UNDER FOR WASH/DRYER
6425 AMOS SMITH ROAD
TAX PARCEL # 113-082-25
TWO BDRM
TWO BATH

#15234

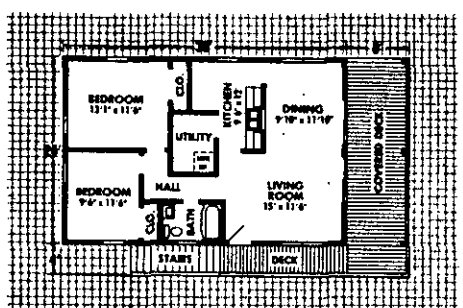
Mint & Carpet

#15234



2 Bedrooms - [redacted] Bath - 864 Sq. Ft. Living Area

Here is an extraordinary vacation home that can be constructed on the ground or up on piling. Its interesting outward appearance has been created by incorporating an exotic roofline, double sliding glass doors, spacious deck, and the rugged look of rough-sawn lap siding. When built on piling, you can add a screened patio underneath with plenty of room left for boat or cars.



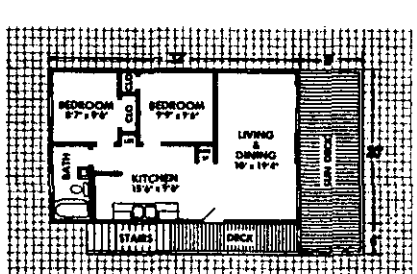
90%
427.50
400.00



[redacted]

2 Bedrooms - 1 Bath - 640 Sq. Ft. Living Area

An extraordinary, unusually attractive design discriminates this cottage on piling from the ordinary. Consider the two sets of sliding glass doors opening onto an ample sun deck. Underneath, a screened patio or another room can be added with plenty of additional sheltered parking space for your boat or car.



Photos depict a[redacted]nes and may include additions and personal items provided by the customer and/or options tha[redacted]t part of our standard offering. Shrubs and landscaping have been added. All room sizes are ap[redacted].e.)

187-091-11 File # 2199 microfilm

" Hook on Fee Receipt "

CHARLOTTE MECKLENBURG UTILITY DEPT. 244-32-7943

DATE: 6-24-92

No 27986

RECEIVED FROM: William F. Brown

Eighteen Hundred Thirty two Dollars & 59/100 $1832.59

FOR: 4" Sewer Tap

5901 Preston Ln
Onwell

Willie Mae Knapp
RECEIVED BY:

CASH ☐

CHECK ☒ 22

Fee #9901

KNOX, KNOX, FREEMAN & BROTHERTON
ATTORNEYS AT LAW
817 EAST TRADE STREET
POST OFFICE BOX 30848
CHARLOTTE, NORTH CAROLINA 28230-0848
(704) 372-1360
FAX (704) 372-7402

CHARLES E. KNOX
H. EDWARD KNOX
JOHN S. FREEMAN
ALLEN C. BROTHERTON
DIANNE TROGDON WALL
BOBBY L. BOLLINGER, JR.
EDWIN C. HAM
FRANCES S. KNOX

August 19, 1992

Mr. Gene Vaughn
c/o Meckenburg Co. Dept. of
Environmental Health
700 North Tryon Street
Charlotte, North Carolina 28202

Dear Mr. Vaughn:

Enclosed is a subpoena requiring your presence in court during the week of August 31 through September 4, 1992. Please call Mr. Bollinger between 9:00 a.m. and 4:45 p.m. during the week of August 24 to discuss your participation in this trial.

Yours very truly,

Elka R. Silvers

Elka R. Silvers
Assistant to Bobby L. Bollinger, Jr.

es
Enclosure

7038 Cedarbrook Dr.

STATE OF NORTH CAROLINA

Mecklenburg County

File No. 90-CVS-2715

In The General Court Of Justice

☐ District ☒ Superior Court Division

JIMMY W. MOSER and THERESA C. MOSER

VERSUS

PAUL T. HUDSON, GERALD F. CALLAHAN, and HELEN H. CALLAHAN

SUBPOENA

G.S. 1A-1, Rule 45

Party Requesting Subpoena:
☒ State/Plaintiff ☐ Defendant ☐ Other (specify)

TO

Name Of Person Subpoenaed: **GENE VAUGHN**

Name Of Second Person Subpoenaed:

Name Of Third Person Subpoenaed:

(Note: *A single subpoena may be used for as many as three persons if all have the same address. If documents are subpoenaed, only one person may be named.*)

Address: c/o Mecklenburg Co. Dept. of Environmental Health

City, State, Zip: Charlotte, N.C. 28202

Telephone No.: 336-5102

Alternate Address:

City, State, Zip:

Telephone No.:

YOU ARE COMMANDED TO:

(check all that apply)

☒ appear and testify, in the above entitled action, before the court at the place, date and time indicated below.

☐ produce for the court the following items, at the place, date and time indicated below:

Name And Location Of Court: (Courtroom 308) Civil Courts Building, 800 East Fourth Street, Charlotte, N.C. 28202

Date To Appear/Produce: August 31, 1992

Time To Appear/Produce: 10:00 ** ☒ AM ☐ PM

Name And Address Of Applicant's Attorney: Bobby L. Bollinger, Jr. * Knox, Knox, Freeman & Brotherton P.O. Box 30848, Charlotte, N.C. ~~28230-0848~~

Telephone No.: (704) 372-1360

Date:

Signature:

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court
☐ Magistrate ☐ Attorney ☐ Party

** Or as soon thereafter as case is called for trial. Call attorney for a more definite time to be present.

* NOTIFIED OF GENES VAUGHNS NEW LOCATION 8-25 92

AOC-G-100
Rev. 7/89

(Please See Reverse Side)

06/17/92 CR#153 $50.00 3888

3888

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: THOMPSON (last) HAL (first) L. (mi)

ADDRESS: 3231 WINDROW LANE PHONE: 704 847-9222

CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

Date: 6/17/92

PROPERTY OWNER:

NAME: THOMPSON (last) HAL (first) L. (mi)

ADDRESS: 3231 WINDROW LANE PHONE: (704) 847-9222

CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-161-15

STREET ADDRESS: 3231 WINDROW LANE

ZONING: MATTHEWS, N.C.

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

SUBDIVISION OR MOBILE HOME PARK NAME: WINDROW ESTATES

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 1/2 BATH
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2

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 [] 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: Hal K. Thompson Date: 6/17/92

NOTICE:

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

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

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

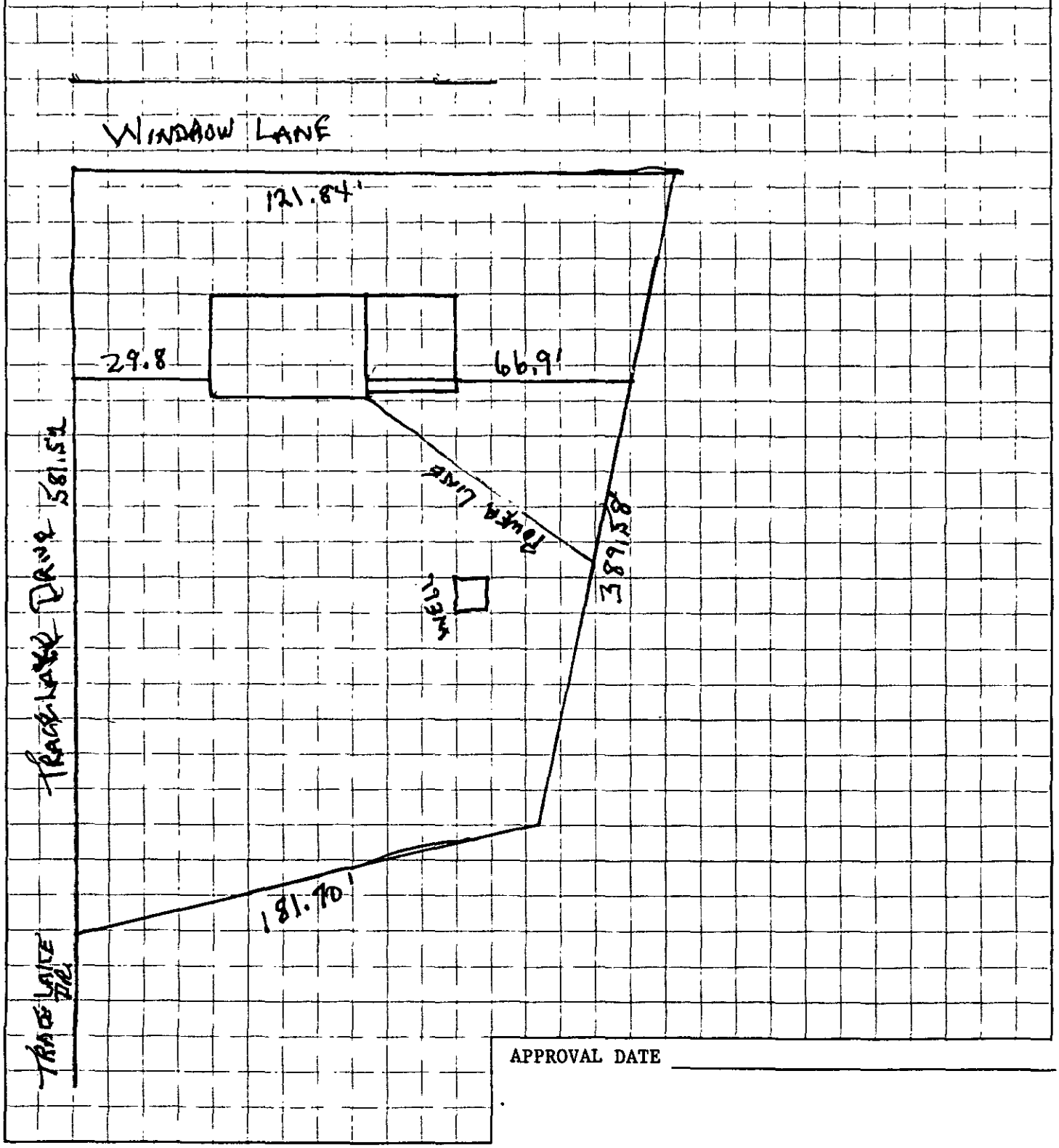
PROPOSED PLOT PLAN

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

FILE: 3888

TC: 215-161-15

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



APPROVAL DATE _____

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

3888

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

DRAFT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: THOMPSON (last) HAL (first) L. (mi)

ADDRESS: 3231 WINDSOR LANE PHONE: 704 847-9222

CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

Date: 6/17/92

PROPERTY OWNER:

NAME: THOMPSON (last) HAL (first) L. (mi)

ADDRESS: 3231 WINDSOR LANE PHONE: (704) 847-9222

CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-161-15

STREET ADDRESS: 3231 WINDSOR LANE

ZONING: MATTHEWS N.C.

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

SUBDIVISION OR MOBILE HOME PARK NAME: WINDSOR ESTATES

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 1½ BATH
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 2

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 [] 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: Hal L. Thompson Date: 6/17/92

NOTICE:

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

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

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

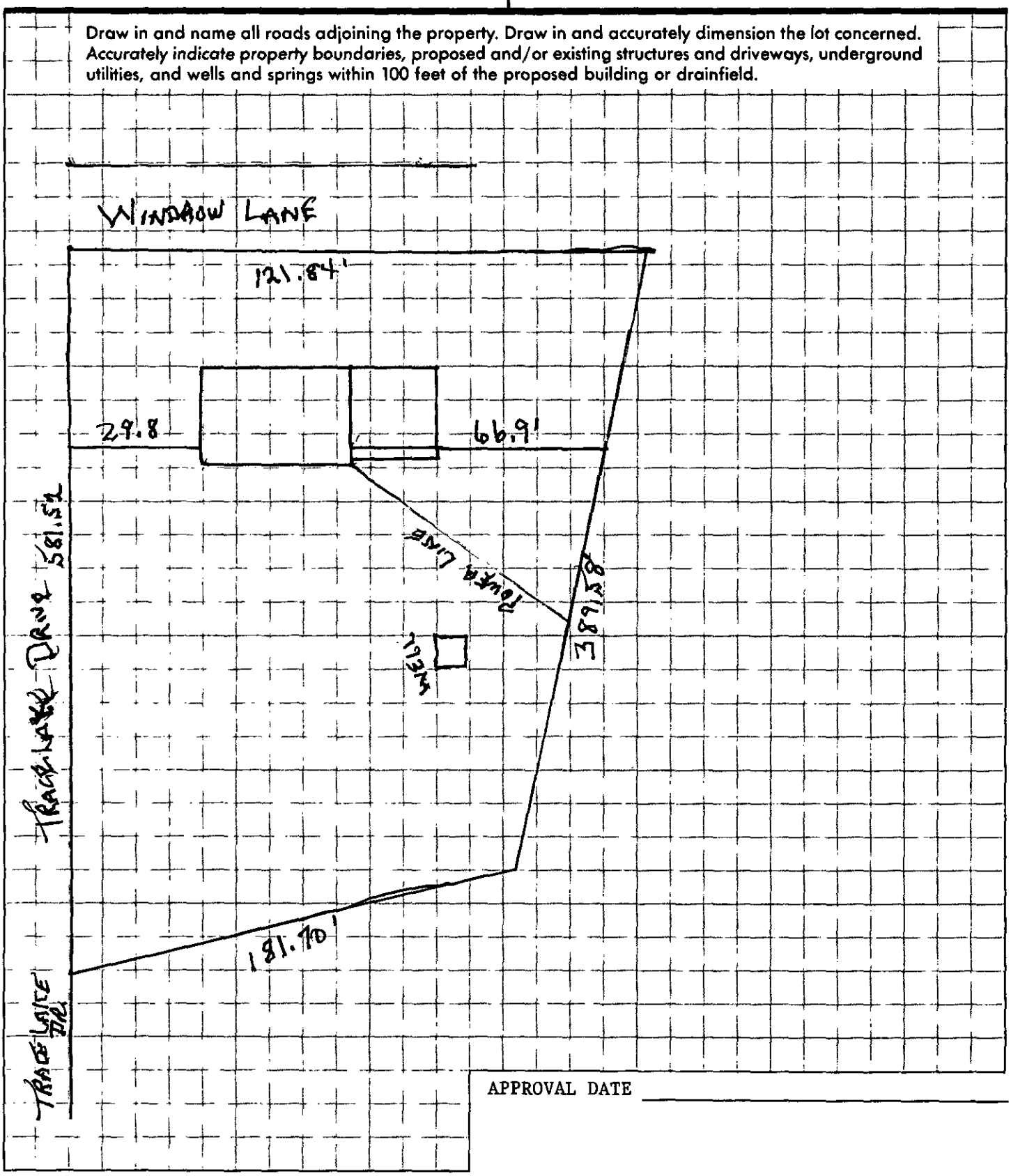
PROPOSED PLOT PLAN

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

FILE: 3888

TC: 215-161-15

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



APPROVAL DATE _____

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

Mecklenburg County
Health Department

MEMORANDUM

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

TO: Johnnie Waldo,
Building Standards

FROM: Sylvia Daniel,
Health Department

SUBJECT: 3231 Windrow Lane

DATE: June 18, 1992

Mr. Hal Thompson applied for an addition to his residence at the above address. Jeff Rudisell visited the site and informed this program that there is no increase in sewage flow at the residence, there is no increase in the number of residents, and he walked over the property and observed no malfunction of the sewage system. Therefore, to avoid duplication of services, we will accept the report of Mr. Rudisell and will not conduct a site evaluation.

Thank you.

Keep this
in Application

ROUTING SLIP

To: File #16183 Department: _____

9332 Windy Gap Road/Robert Isola Owner

PLEASE

- ☐ Note & have Sec'y file
- ☐ Note & return to me
- ☐ Note & see me about this
- ☐ For your approval
- ☐ Take appropriate action
- ☐ Make recommendations
- ☐ See me ☐ Call me
- ☐ Sign ☐ Please answer
- ☐ For your information
- ☐ Per our conversation
- ☐ Per your request
- ☐ Request further information

REMARKS: INFORMATION REGARDING REQUEST TO REMOVE MOBILE HOME AND BUILD 3 BEDROOM HOME

7/24/89 Initial site visit. Requested they uncover the tank for viewing in order to determine location and available land space for addition.

7/26 Revisited...they need to uncover further.

8/6/89 Permit issued to replace or add new d-box

8/15/89 Approval of repair to septic system on file.

NO DRAINFIELD WAS ADDED TO THE SYSTEM.... In order to permit the 3 bedroom home we determined we will need 67' addition to the existing system and 140' seperate washing machine line.

Judy Kiser
8/15/89 Judy Kiser

Date _____ From: _____

APPLICATION FOR AN IMPROVEMENT PERMIT

10:00

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: 4182

TC: _____

SERIAL: 18832

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: _____ (STREET NO.) _____ (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

OWNER

⑧ NAME: _____ (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: _____

⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____

⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n): 7/24 - Site visit * uncover tank & D-Box - will require 67' trench Addition 140 Washer lines ~~permit~~ 3/17 Total

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve: 7/26 Site Visit Further uncovering required

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 8/15/89 ㉕ Type? _____

㉓ Maximum occupancy? repair to Existing Line ㉖ Maximum number of employees? _____

㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats? _____

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

...e undersigned, owner of the property described above as the ...LOCATION" has read the foregoing application, acknow... ...that the contents of same are true, and authorizes agents of ...ECKLENBURG COUNTY HEALTH DEPARTMENT to enter ...he property for the purpose of processing this request.

_____

_____

IMPROVEMENT PERMIT

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

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

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

_____ / _____

Environmentalist Date

_____ / _____

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.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

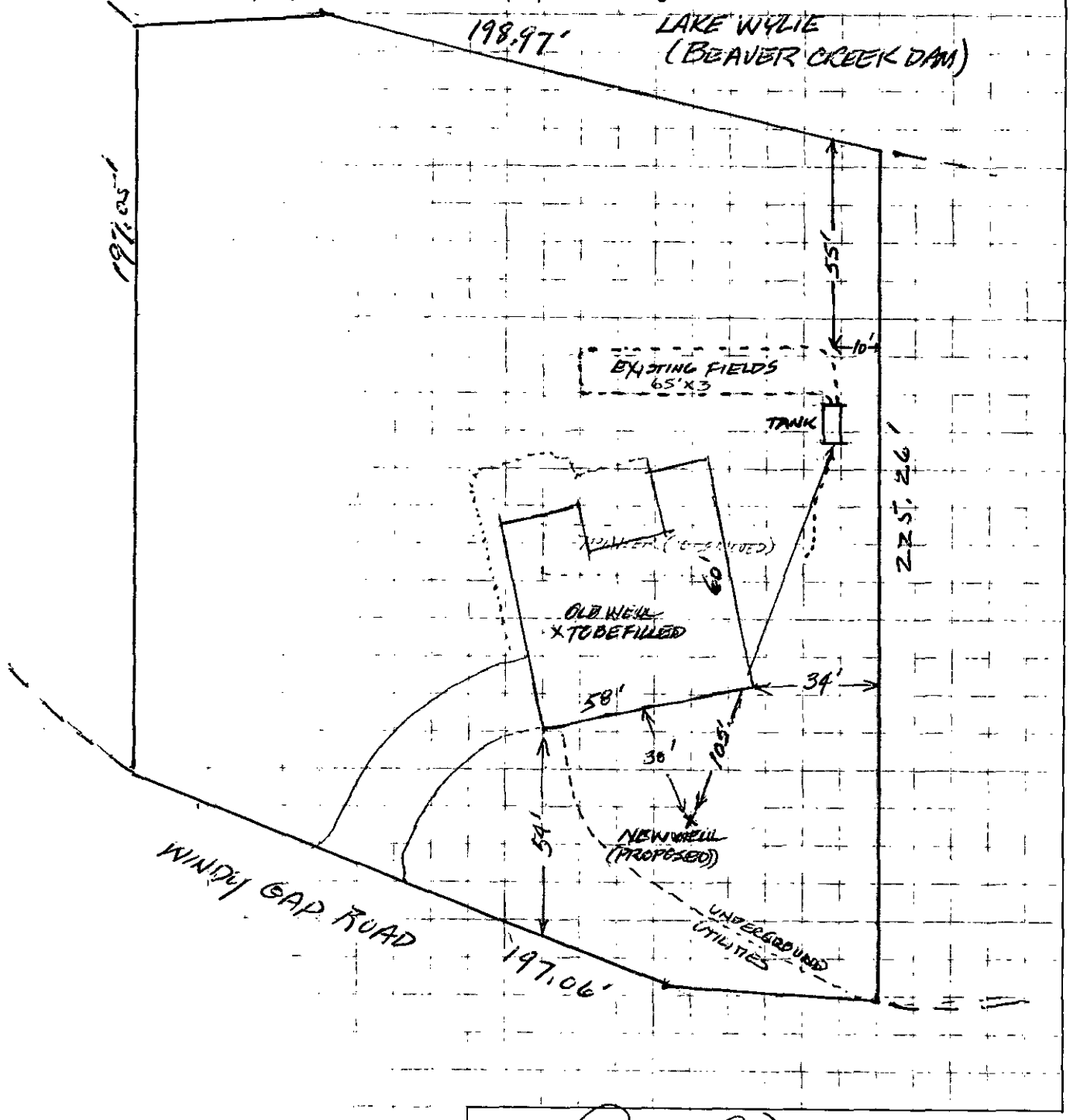
PROPOSED PLOT PLAN

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

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.



Signed: Samuel D. Scott

Date: 7/18/89

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12362

File: 134117 Action _____

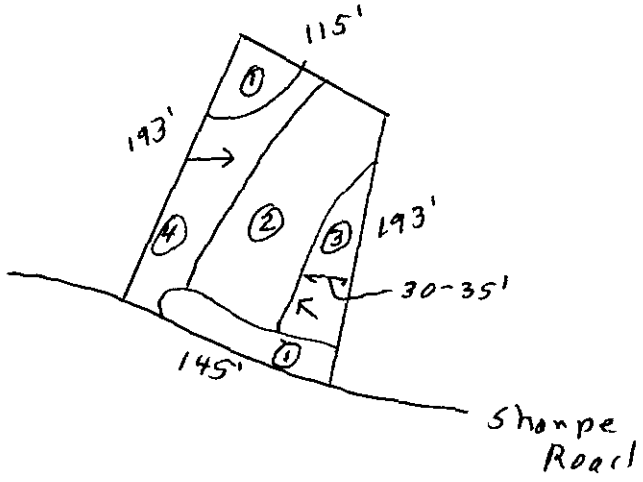
Parcel: 139-321-03 ☐ PC

Location: Sharpe Road
Subdivision: Country Hills
Lot: 3 Block: 4 Acres: .59
Owner: Hatch-Hill Enterprises
Address: Rt. 10, Box 477
Charlotte, N.C. 28213

Comments: _____

Described by: William A. Marlin
Date: 11-21-91

Original sketch of lot not microfilmed with it



***** 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 —	S PS (U) Drainageway/ Depression	(S) PS U 2-6%	(S) PS U 2-10%	S PS U	S PS U
Texture	S PS U —	S PS U —	S (PS) U slightly Ex-pansive clay	S PS (U) Expansive Clay	S PS U	S PS U
Structure	S PS U —	S PS U —	S (PS) U Sub-Blocky	S (PS) U L2 sub-Blocky	S PS U	S PS U
Drainage	S PS U	S PS U	S (PS) U >40" To water	S (PS) U 36" To water	S PS U	S PS U
Depth	S PS U	S PS U —	S (PS) U 38-40"	S PS (U) 24-36"	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S (PS) U 40"	S (PS) U 36"	S PS U	S PS U
Available Space	S PS U	S PS U	S PS (U) Restrictive	S PS (U) Restrictive	S PS U	S PS U
Other (specify)	S PS (U) Fill	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Fill	Drainageway/ Depression	IV Cecil-Lilo	Enon-Lilo		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER N° 12362

File: 13417 Action _____

Parcel: 131-321-03 ☐ PC

Location: Sharpe Road

Subdivision: Country Hills

Lot: 3 Block: 4 Acres: .59 ±

Owner: Heath-Hall Enterprises

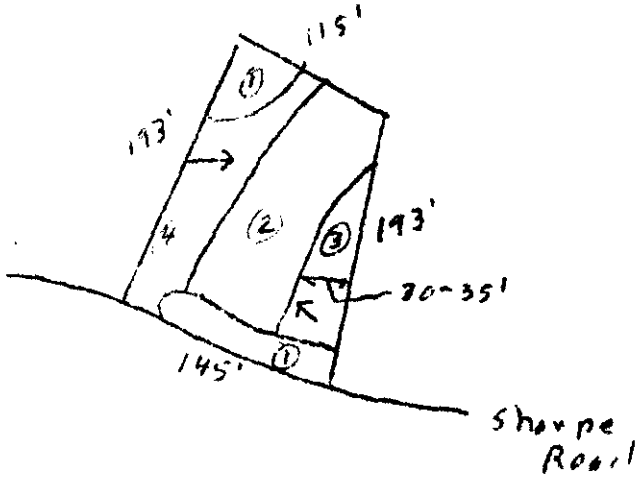
Address: P.O. Box 411
Charlotte, NC. 28213

Comments: _____

Described by: William L. Martin

Date: 11-21-11

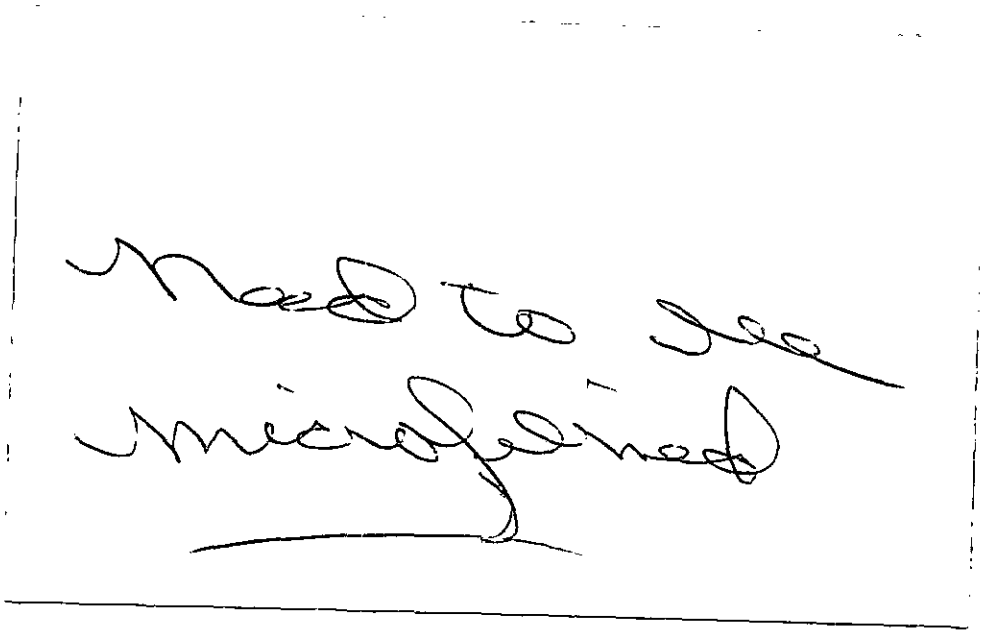
Original sketch of lot not microfilmed with WAs



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Topography	S PS U —	S PS (U) Drainageway/ Depression	(S) PS U 2-6%	(S) PS U 2-10%	S PS U	S PS U
Texture	S PS U —	S PS U —	S (PS) U slightly Ex-pansive clay	S PS (U) Expansive Clay	S PS U	S PS U
Structure	S PS U —	S PS U —	S (PS) U Subangular Blocky	S (PS) U Subangular Blocky	S PS U	S PS U
Drainage	S PS U —	S PS U —	S (PS) U 7 40" To water	S (PS) U 7 36" To water	S PS U	S PS U
Depth	S PS U —	S PS U —	S (PS) U 30-40"	S PS (U) 24-36"	S PS U	S PS U
Restrictive Horizons	S PS U —	S PS U —	S (PS) U 7 40"	S PS U 7 36"	S PS U	S PS U
Available Space	S PS U —	S PS U —	S PS (U) Restricted	S PS U Restricted	S PS U	S PS U
Other (specify)	S PS (U) F.11	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	F.11	Drainageway/ Depression	IV Pacolet-Lloyd	Enon-Lloyd		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U



MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12367

File: 13442 Action _____

Parcel: 139-322-11 ☐ PC

Location: Meadow Hollow Dr.

Subdivision: Country Hills

Lot: 11 Block: 5 Acres: .77

Owner: Hall-Hill Enterprises

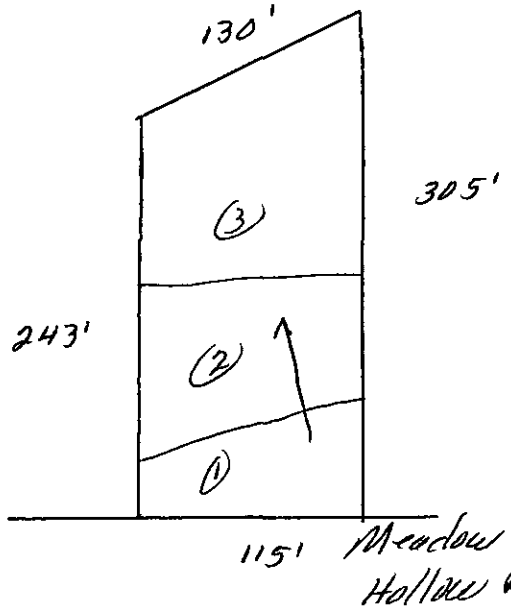
Address: Rt. 10, Box 4177
Charlotte, N.C. 28213

Comments: _____

Described by: William R. Marlin

Date: 11-21-91

Original sheet not microfilmed WHM



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

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FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	(S) PS U 2-6%	S PS (U) Drainageway Depression	S PS U	S PS U	S PS U
Texture	S PS (U) Expansive Clay	S PS (U) Expansive Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U 2 2 Subt Blocky	S (PS) U 2 2 Subt Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U > 36" TO water	S PS (U) perched water 16-20"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-38"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S (PS) U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S (PS) U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Enon Silt Lo	Helena Silt Lo	Drainageway Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12367

File: 13442 Action _____

Parcel: 139-322-11 ☐ PC

Location: Meadow Hollow Dr.

Subdivision: County Wells

Lot: 11 Block: 5 Acres: .77

Owner: Hart & Hall Enterprises

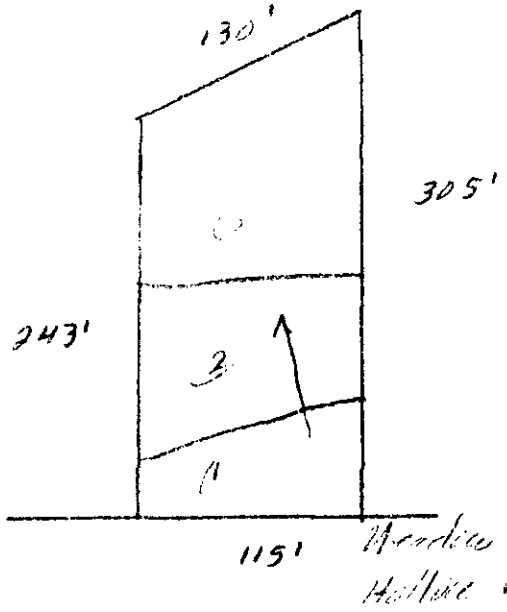
Address: P.O. Box 4077
Charlotte, N.C. 28213

Comments: _____

Described by: William R. Mackie

Date: 11-21-91

original - shallow soil morphology 11/94



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-8%	S PS U 2-6%	S PS U Drainage-way Depression	S PS U	S PS U	S PS U
Texture	S PS U Expansive Clay	S PS U Expansive Clay	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U 1-2 Subabl Blocky	S PS U 1-2 Subabl Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS U 7-36" water	S PS U Perched water 16-26"	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 36-38"	S PS U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 7-36"	S PS U 7-36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Enon L.Ub	Helena L.Ub	Drainageway Depression			
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12367

File: 13442 Action _____

Parcel: 139-322-11 ☐ PC

Location: Meadow Hollow Dr.

Subdivision: Country Hills

Lot: 11 Block: 5 Acres: .77

Owner: Hoit & Hall Enterprises

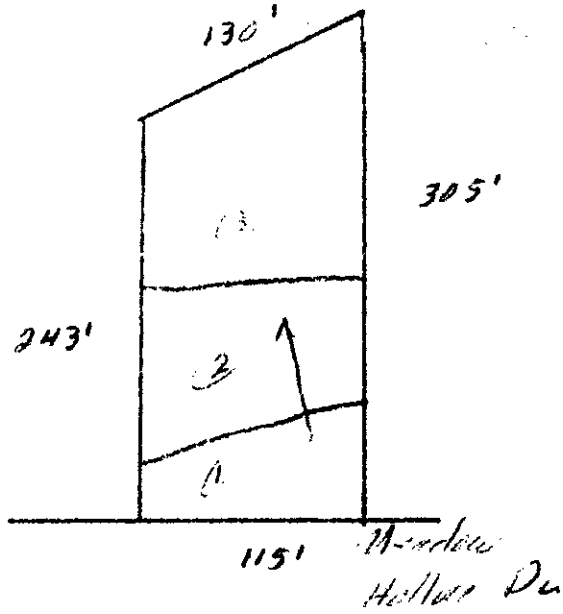
Address: P.O. Box 4177
Charlotte, N.C. 28213

Comments: _____

Described by: William R. Mecia

Date: 11-21-91

Original sheet not microfilmed here



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-6%	S PS U 2-6%	S PS U Depressionary Recession	S PS U	S PS U	S PS U
Texture	S PS U Expansive Clay	S PS U Expansive Clay	S PS U —	S PS U	S PS U	S PS U
Structure	S PS U Subsoil Blocky	S PS U Subsoil Blocky	S PS U —	S PS U	S PS U	S PS U
Drainage	S PS U 30" to water	S PS U Perched water 16-20"	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 36-38"	S PS U 36+"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 736"	S PS U 736"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Enon L.U.	Enon L.U.	Depressionary Recession			
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12363

File: 13442 Action _____

Parcel: 139-322-09 ☐ PC

Location: Meadow Hollow Dr.

Subdivision: Country Hills

Lot: 9 Block: 5 Acres: 1.2

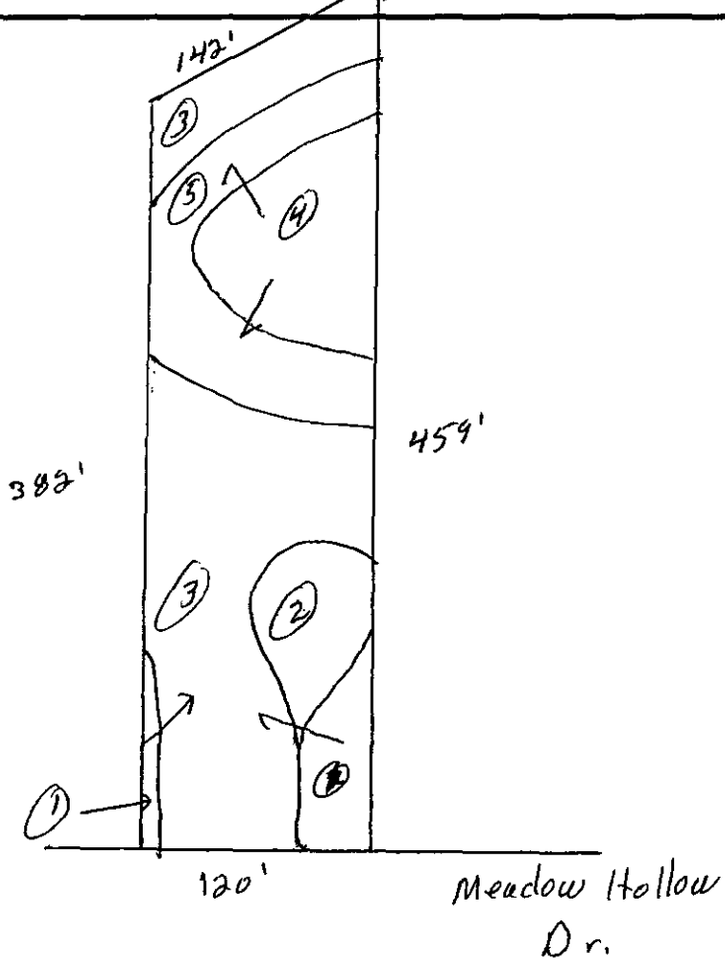
Owner: Wath-Hill Enterprises

Address: Rt. 10, Box 477
Charlotte, N.C. 28213

Comments: Original sketch of lot not microfilmed

Described by: William R. Marks

Date: 11-21-91



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) complex slopes	S PS (U) Drainageway/ Depression	(S) PS U 2-8%	(S) PS U 2-6%	S PS U
Texture Slightly Expansive	S (PS) U Clay	S PS U —	S PS U —	S PS (U) Expansive Clay	S PS (U) Expansive Clay	S PS U
Structure	S (PS) U Sub2 Blocky	S PS U —	S PS U —	S (PS) U Lt Blocky	S (PS) U Lt Sub Blocky	S PS U
Drainage	S (PS) U 7-40" To water	S PS U —	S PS U —	S (PS) U 7-36" To water	S PS (U) perched water 12-24"	S PS U
Depth	S (PS) U 36-40"	S PS U —	S PS U —	S (PS) U 7-36"	S (PS) U 36"	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U —	S (PS) U 7-36"	S (PS) U 7-36"	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U —	S (PS) U Limited	S PS (U) Restricted	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-Lilo	Complex Slopes	Drainageway/ Depression	Enon-Lilo	Helena-Lilo	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U

PROPOSED PLOT PLAN

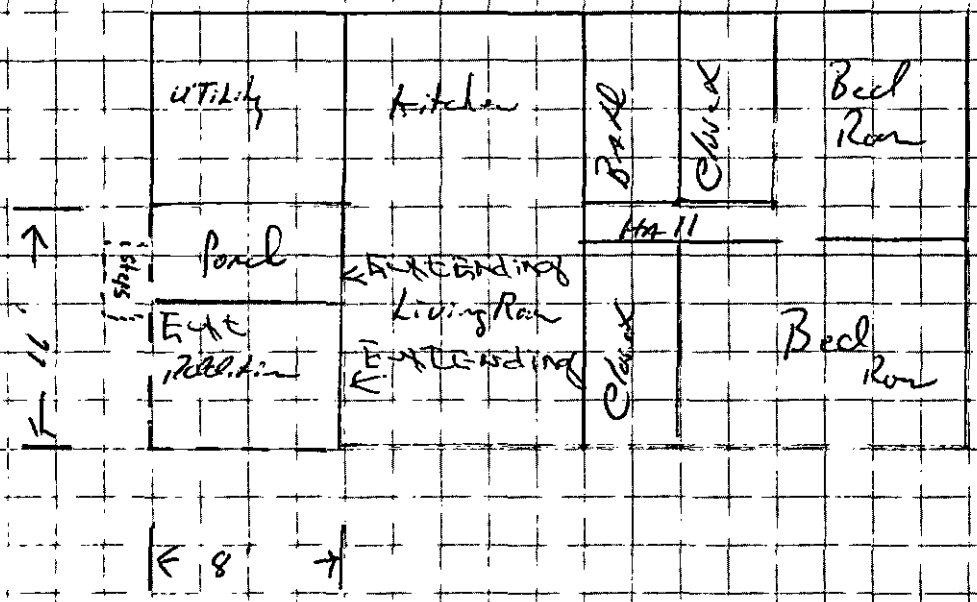
1420 Riverside
08/11/92 RK

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

FILE: 10494

TC: 031-162-19

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



APPROVAL DATE _____

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

UPDATE COMPLETE

Applicant BUTLER REX E Appl.Date 04/23/92 Updated 04/30/92
Mail Addr 5436 BARNSDALE LANE Phone 704 545-2797
City CHARLOTTE State NC Zipcode 28227
Prop Ownr BUTLER REX E
Mail Addr 5436 BARNSDALE LANE Phone 704 545-2797
City CHARLOTTE State NC Zipcode 28227 Township
Tax Map No. 13524210 Road 5436 BARNSDALE LANE Zoning
Sub/Mobil Sec Lot No. Lot Size .49
Type App R Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 03 No. Occupants 04 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. C Proposed Sewage E Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17035
Directions:

Date Appl. Recd. 04/23/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 011882 Operat. Permit (Y/N)
4/30/92 15:06:02
01-03 SA MW KS IM II S1 S1037498 KB

Repair Installation Permit Outstanding

Date of Investigation [illegible] 11682

Client [illegible]

Location of Property [illegible] P.O. 135 [illegible]

Soil Properties	Soil 1	Soil 2	[illegible]
1. Soil Series	[illegible]	[illegible]	
2. Soil Slope	[illegible]	[illegible]	
3. Soil Depth	[illegible] >4'	[illegible] >4'	
4. Soil Texture	[illegible]	[illegible]	
5. Soil Structure	[illegible]	[illegible]	
6. Restrictive Horizons	[illegible]		
7. Soil Drainage	[illegible]	[illegible]	
8. Soil Permeability (Percolation Rate)	[illegible]	[illegible] >12 min/in	
9. Other	[illegible]		
10. Overall Rating	[illegible]	[illegible]	

Comments: [illegible]

See attached on back [illegible]

3/15/75

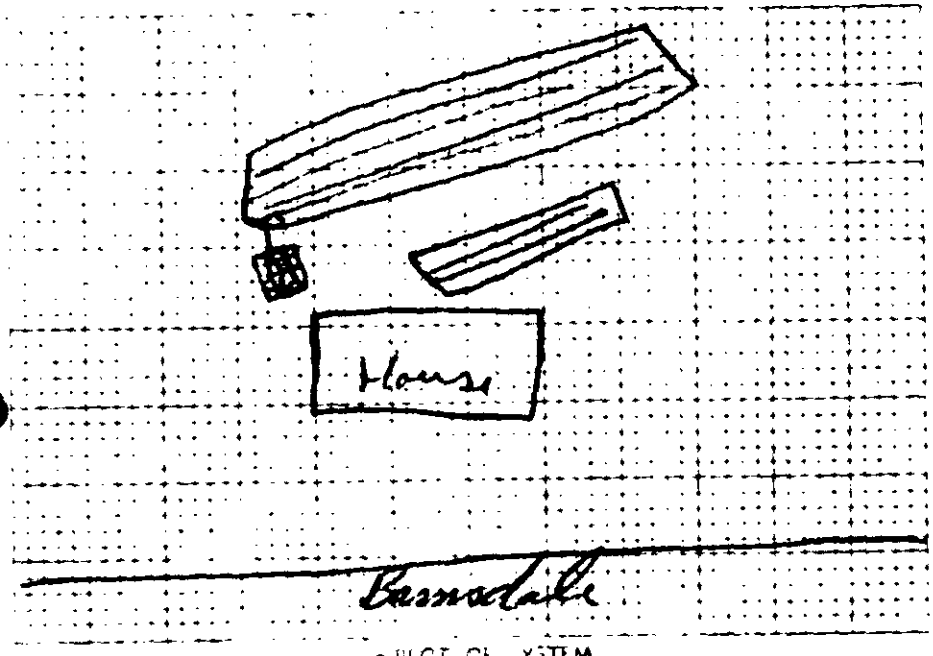
Serial No 1847

12437

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted ✓ to Install or Construct, Alter or Repair ... water treatment ... soil absorption effluent discharge ... scribed location. This permit is issued based upon the information supplied ... dated 3/24/77 ... permit shall be void and of no effect if the ... application for the ... All work shall be completed on or before 25 Jun ... date this permit shall be null and void

11852



PLOT OF SYSTEM

P.S.

1500 gal

Precast

660' & 167'

5 & 4

10'

10'

Community

NAME OF OWNER Jack Stevens, Jr.

LOCATION OF PROPERTY Barnsdale Ln. 205

... requirements as set forth in the Regulations of the Mecklenburg ... effect on the date of the granting of this permit. A certificate of ... Health Director before any system ... rendered inoperable or unusable. 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.

Comment (15'x132'x13' stone) (12'x43'x13' stone)

Stephen L. Wood
Environmentalist

Owner or Agent ... that

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

EHD-5-76

Environmental Health Department's Copy

Serial No. 1577

Issued 31 May 76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE # APPLE[illegible]

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Jack Stevens & Co. (LAST, FIRST, MIDDLE)

Location of Property Bunnedale Dr (205)

Application Number 11882 Permit Number 11882

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast

Total Length of Drain Tile 66' & 167' Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Community Distance from Water Source 100'+

Excavation Inspected 31 May (DATE) Tank Inspected 31 May (DATE)

Nitrification Field Inspected 31 May (DATE)

Washing Machine Line Inspected, If Applicable 31 May (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption of effluent discharge as described above and it has been installed / constructed altered or repaired in accordance with the permit issued and the regulations of Mecklenburg County Health Commission in effect on the date of issuance of the permit. This Certificate does not in any way guarantee that the system will [illegible] thereafter owning, using, or occupying such system from any [illegible] of the system to operate properly. This Certificate of Approval is issued subject to the requirements shown on the permit in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is found to be false or if any additions are made to the property which would increase the requirements for said system.

Comments

Environmentalist

EHD-5-76

Environmental Health Department's Copy

CHARLOTTE PEDIATRIC CLINIC
ABBEY PLACE
FAX (704) 521-9762
PHONE (704) 523 7732

FAX COVER
SHEET
DATE 4-27-93
NUMBER OF PAGES
(including this page) 2

TO: Toni Newell
Mecklenburg Co. Environmental Health

FROM: Jane Gorman
CHARLOTTE PEDIATRIC CLINIC

MESSAGE: Please release building permit for screened porch at 3325 Woodbine Lane
This cancelled check is to verify tap fee for sewer line has been paid.
I'd like to know what takes the city so long to perform service after the fee is paid!

CHARLOTTE, NC 28210

Pay To The Order Of City of Charlotte - CMUD $ 1932.50

One thousand nine hundred thirty two + 50/100 Dollars

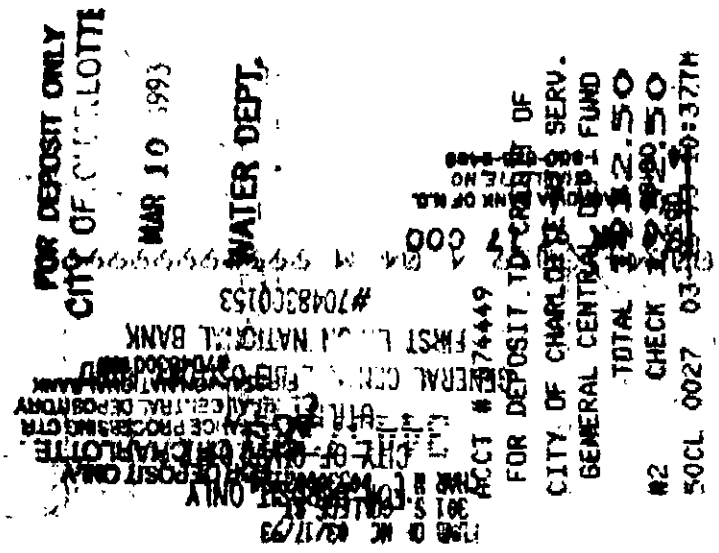
WACHOVIA

Wachovia Bank of North Carolina, N.A.
Charlotte, NC 28231-1608

Memo sewer tap at 3325 Woodbine Ln

Jane Z Gorman

⑆053000483⑆ 1866 302459⑈ 4427 ⑆0001932 50⑈



MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

February 15, 1993

Deloris Hairston
6000 Rockwell Church Road
Charlotte, N.C. 28269

Subject: Water/Sewer Program

Dear Ms. Hairston:

Enclosed is a copy of the Deed of Trust and Bond that you signed in connections with Mecklenburg County's Water/Sewer Program. This lien will be released on November 25, 2000, or upon payment in full of the loan amount which ever occurs first.

Should you have any questions, please feel free to call me at 336-4316.

Sincerely,

Wayne Johnson

Wayne Johnson, Community Development
Project Coordinator

833-SB.WP

6310 Rockwell
Church Road

Deloris Hairston
Owner

BK: 07136 PG: 0247/0250 #:0015 0.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/14/92 08:38

COPY

SATISFACTION: The debt secured by the within Deed of Trust together with the note(s) secured thereby has been satisfied in full.
This the _____ day of _____, 19___
Signed: _____

Recording: Time, Book and Page

Tax Lot No. _____ Parcel Identifier No. 043-012-13

Verified by Mecklenburg County on the 25 day of November, 1992

by _____

Mail after recording to Marvin A. Bethune, Ruff Bond Cobb Wade & McNair, Two First Union Center, Suite 2100, Charlotte, N.C. 28282

This instrument prepared by Sandra T. Bisanar, Associate County Attorney, P. O. Box 31787, Charlotte, NC 28231

Brief Description for the index 600 Rockwell Church Road

NORTH CAROLINA DEED OF TRUST

THIS DEED of TRUST made this 25 day of November, 1992, by and between:

GRANTOR	TRUSTEE	BENEFICIARY
Delores Hairston 600 Rockwell Church Rd. Charlotte, N.C. 28269	Marvin A. Bethune Ruff Bond Cobb Wade & McNair Attorneys at Law Two First Union Center Suite 2100 Charlotte, N.C. 28282	Mecklenburg County c/o County Manager P. O. Box 31787 Charlotte, N.C. 28231

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

The designation Grantor, Trustee, and Beneficiary 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 whereas the Grantor is indebted to the Beneficiary in the principal sum of Four Thousand Twenty and 00/100th Dollars ($ 4,020.00), as evidenced by a Promissory Note of even date herewith, the terms of which are incorporated herein by reference. The final due date for payment of said Promissory Note, if not sooner paid, is See Exhibit "A"

NOW, THEREFORE, as security for said indebtedness, advancements and other sums expended by Beneficiary pursuant to this Deed of Trust and costs of collection (including attorneys fees as provided in the Promissory Note) and other valuable consideration, the receipt of which is hereby acknowledged, the Grantor has bargained, sold, given, granted and conveyed and does by these presents bargain, sell, give, grant and convey to said Trustee, his heirs, or successors, and assigns, the parcel(s) of land situated in the City of _____, _____ Township, Mecklenburg County, North Carolina, (the "Premises") and more particularly described as follows:

All of that certain parcel of property acquired by Grantors as shown in Book 5552 Page 825 of the Mecklenburg County Public Registry.

Additional Conditions to this Deed of Trust are attached hereto as Exhibit "A", the terms of which are incorporated herein by reference.

After Recording, Please Return To: Mecklenburg County Community Development
P.O. Box 31097
Charlotte, NC 28231-1097

TO HAVE AND TO HOLD said Premises with all privileges and appurtenances thereunto belonging, to said Trustee, his heirs, successors, and assigns forever, upon the trusts, terms and conditions, and for the uses hereinafter set forth.

If the Grantor shall pay the Note secured hereby in accordance with its terms, together with interest thereon, and any renewals or extensions thereof in whole or in part, all other sums secured hereby and shall comply with all of the covenants, terms and conditions of this Deed of Trust, then this conveyance shall be null and void and may be cancelled of record at the request and the expense of the Grantor. If, however, there shall be any default (a) in the payment of any sums due under the Note, this Deed of Trust or any other instrument securing the Note and such default is not cured within ten (10) days from the due date, or (b) if there shall be default in any of the other covenants, terms or conditions of the Note secured hereby, or any failure or neglect to comply with the covenants, terms or conditions contained in this Deed of Trust or any other instrument securing the Note and such default is not cured within fifteen (15) days after written notice, then and in any of such events, without further notice, it shall be lawful for and the duty of the Trustee, upon request of the Beneficiary, to sell the land herein conveyed at public auction for cash, after having first giving such notice of hearing as to commencement of foreclosure proceedings and obtained such findings or leave of court as may then be required by law and giving such notice and advertising the time and place of such sale in such manner as may then be provided by law, and upon such and any resales and upon compliance with the law then relating to foreclosure proceedings under power of sale to convey title to the purchaser in as full and ample manner as the Trustee is empowered. The Trustee shall be authorized to retain an attorney to represent him in such proceedings.

The proceeds of the Sale shall after the Trustee retains his commission, together with reasonable attorneys fees incurred by the Trustee in such proceeding, be applied to the costs of sale, including, but not limited to, costs of collection, taxes, assessments, costs of recording, service fees and incidental expenditures, the amount due on the Note hereby secured and advancements and other sums expended by the Beneficiary according to the provisions hereof and otherwise as required by the then existing law relating to foreclosures. The Trustee's commission shall be five percent (5%) of the gross proceeds of the sale or the minimum sum of $ _____, whichever is greater, for a completed foreclosure. In the event foreclosure is commenced, but not completed, the Grantor shall pay all expenses incurred by Trustee, including reasonable attorneys fees, and a partial commission computed on five per cent (5%) of the outstanding indebtedness or the above stated minimum sum, whichever is greater, in accordance with the following schedule, to-wit: one-fourth (¼) thereof before the Trustee issues a notice of hearing on the right to foreclosure; one-half (½) thereof after issuance of said notice; three-fourths (¾) thereof after such hearing; and the greater of the full commission or minimum sum after the initial sale.

And the said Grantor does hereby covenant and agree with the Trustee as follows:

1. INSURANCE. Grantor shall keep all improvements on said land, now or hereafter erected, constantly insured for the benefit of the Beneficiary against loss by fire, windstorm and such other casualties and contingencies, in such manner and in such companies and for such amounts, not less than that amount necessary to pay the sum secured by this Deed of Trust, and as may be satisfactory to the Beneficiary. Grantor shall purchase such insurance, pay all premiums therefor, and shall deliver to Beneficiary such policies along with evidence of premium payment as long as the Note secured hereby remains unpaid. If Grantor fails to purchase such insurance, pay premiums therefor or deliver said policies along with evidence of payment of premiums thereon, then Beneficiary, at his option, may purchase such insurance. Such amounts paid by Beneficiary shall be added to the principal of the Note secured by this Deed of Trust, and shall be due and payable upon demand of Beneficiary. All proceeds from any insurance so maintained shall at the option of Beneficiary be applied to the debt secured hereby and if payable in installments, applied in the inverse order of maturity of such installments or to the repair or reconstruction of any improvements located upon the Property.

2. TAXES, ASSESSMENTS, CHARGES. Grantor shall pay all taxes, assessments and charges as may be lawfully levied against said Premises within thirty (30) days after the same shall become due. In the event that Grantor fails to so pay all taxes, assessments and charges as herein required, then Beneficiary, at his option, may pay the same and the amounts so paid shall be added to the principal of the Note secured by this Deed of Trust, and shall be due and payable upon demand of Beneficiary.

3. ASSIGNMENTS OF RENTS AND PROFITS. Grantor assigns to Beneficiary, in the event of default, all rents and profits from the land and any improvements thereon, and authorizes Beneficiary to enter upon and take possession of such land and improvements, to rent same, at any reasonable rate of rent determined by Beneficiary, and after deducting from any such rents the cost of renting and collection, to apply the remainder to the debt secured hereby.

4. PARTIAL RELEASE. Grantor shall not be entitled to the partial release of any of the above described property unless a specific provision providing therefor is included in this Deed of Trust. In the event a partial release provision is included in this Deed of Trust, Grantor must strictly comply with the terms thereof. Notwithstanding anything herein contained, Grantor shall not be entitled to any release of property unless Grantor is not in default and is in full compliance with all of the terms and provisions of the Note, this Deed of Trust, and any other instrument that may be securing said Note.

5. WASTE. The Grantor covenants that he will keep the Premises herein conveyed in as good order, repair and condition as they are now, reasonable wear and tear excepted, and will comply with all governmental requirements respecting the Premises or their use, and that he will not commit or permit any waste.

6. CONDEMNATION. In the event that any or all of the Premises shall be condemned and taken under the power of eminent domain, Grantor shall give immediate written notice to Beneficiary and Beneficiary shall have the right to receive and collect all damages awarded by reason of such taking, and the right to such damages hereby is assigned to Beneficiary who shall have the discretion to apply the amount so received, or any part thereof, to the indebtedness due hereunder and if payable in installments, applied in the inverse order of maturity of such installments, or to any alteration, repair or restoration of the Premises by Grantor.

7. WARRANTIES. Grantor covenants with Trustee and Beneficiary that he 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 he 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:

Encumbrances of Record

8. SUBSTITUTION OF TRUSTEE. Grantor and Trustee covenant and agree to and with Beneficiary that in case the said Trustee, or any successor trustee, shall die, become incapable of acting, renounce his trust, or for any reason the holder of the Note desires to replace said Trustee, then the holder may appoint, in writing, a trustee to take the place of the Trustee; and upon the probate and registration of the same, the trustee thus appointed shall succeed to all rights, powers and duties of the Trustee.

☐ THE FOLLOWING PARAGRAPH, 9. SALE OF PREMISES, SHALL NOT APPLY UNLESS THE BLOCK TO THE LEFT MARGIN OF THIS SENTENCE IS MARKED AND/OR INITIALED.

9. SALE OF PREMISES. Grantor agrees that if the Premises or any part thereof or interest therein is sold, assigned, transferred, conveyed or otherwise alienated by Grantor, whether voluntarily or involuntarily or by operation of law [other than: (i) the creation of a lien or other encumbrance subordinate to this Deed of Trust which does not relate to a transfer of rights of occupancy in the Premises; (ii) the creation of a purchase money security interest for household appliances; (iii) a transfer by devise, descent, or operation of law on the death of a joint tenant or tenant by the entirety; (iv) the grant of a leasehold interest of three (3) years or less not containing an option to purchase; (v) a transfer to a relative resulting from the death of a Grantor; (vi) a transfer where the spouse or children of the Grantor become the owner of the Premises; (vii) a transfer resulting from a decree of a dissolution of marriage, legal separation agreement, or from an incidental property settlement agreement, by which the spouse of the Grantor becomes an owner of the Premises; (viii) a transfer into an inter vivos trust in which the Grantor is and remains a beneficiary and which does not relate to a transfer of rights of occupancy in the Premises], without the prior written consent of Beneficiary, Beneficiary, at its own option, may declare the Note secured hereby and all other obligations hereunder to be forthwith due and payable. Any change in the legal or equitable title of the Premises or in the beneficial ownership of the Premises, including the sale, conveyance or disposition of a majority interest in the Grantor if a corporation or partnership, whether or not of record and whether or not for consideration, shall be deemed to be the transfer of an interest in the Premises.

10. ADVANCEMENTS. If Grantor shall fail to perform any of the covenants or obligations contained herein or in any other instrument given as additional security for the Note secured hereby, the Beneficiary may, but without obligation, make advances to perform such covenants or obligations, and all such sums so advanced shall be added to the principal sum, shall bear interest at the rate provided in the Note secured hereby for sums due after default and shall be due from Grantor on demand of the Beneficiary. No advancement or anything contained in this paragraph shall constitute a waiver by Beneficiary or prevent such failure to perform from constituting an event of default.

11. INDEMNITY. If any suit or proceeding be brought against the Trustee or Beneficiary or if any suit or proceeding be brought which may affect the value or title of the Premises, Grantor shall defend, indemnify and hold harmless and on demand reimburse Trustee or Beneficiary from any loss, cost, damage or expense and any sums expended by Trustee or Beneficiary shall bear interest as provided in the Note secured hereby for sums due after default and shall be due and payable on demand.

12. WAIVERS. Grantor waives all rights to require marshalling of assets by the Trustee or Beneficiary. No delay or omission of the Trustee or Beneficiary in the exercise of any right, power or remedy arising under the Note or this Deed of Trust shall be deemed a waiver of any default or acquiescence therein or shall impair or waive the exercise of such right, power or remedy by Trustee or Beneficiary at any other time.

13. CIVIL ACTION. In the event that the Trustee is named as a party to any civil action as Trustee in this Deed of Trust, the Trustee shall be entitled to employ an attorney at law, including himself if he is a licensed attorney, to represent him in said action and the reasonable attorney's fee of the Trustee in such action shall be paid by the Beneficiary and added to the principal of the Note secured by this Deed of Trust and bear interest at the rate provided in the Note for sums due after default.

14. PRIOR LIENS. Default under the terms of any instrument secured by a lien to which this Deed of Trust is subordinate shall constitute default hereunder.

15. OTHER TERMS.

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

Delores Hairston (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and state aforesaid, certify that _____

Delores Hairston Grantor,

personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 25 day of November, 19 92.

My Commission expires: 6/29/97 Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and state aforesaid, certify that _____

personally appeared before me this day and acknowledged that he is _____ Secretary of _____ a North Carolina corporation, and that by authority duly given and as an act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19 _____.

My Commission expires: _____ Notary Public

The foregoing Certificate(s) of _____

is 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.

_____ REGISTER OF DEEDS FOR _____ COUNTY

By: _____ Deputy Assistant-Register of Deeds

SATISFACTION: The debt evidenced by this Note has been satisfied in full this _____ day of _____, 19___

Signed: _____

PROMISSORY NOTE

COPY

Charlotte, N.C.

November 25, 19 92

$ 4,020.00

FOR VALUE RECEIVED the undersigned, jointly and severally, promise to pay to Mecklenburg County c/o County Manager, P. O. Box 31787, Charlotte, N.C. 28231 or order,

the principal sum of Four Thousand Twenty and 00/100th DOLLARS ($ 4,020.00), with interest from the date hereof, at the rate of zero per cent (0 %) per annum on the unpaid balance until paid or until default, both principal and interest payable in lawful money of the United States of America, at the office of the County Manager, 600 East Fourth Street, Charlotte, N.C. 28202 or at such place as the legal holder hereof may designate in writing. It is understood and agreed that additional amounts may be advanced by the holder hereof as provided in the instruments, if any, securing this Note and such advances will be added to the principal of this Note and will accrue interest at the above specified rate of interest from the date of advance until paid. The principal and interest shall be due and payable as follows:

This Promissory Note is subject to the same Additional Conditions to the Deed of Trust. The Additional Conditions are attached to this Promissory Note as Exhibit "A" and incorporated herein by reference as if fully set forth herein.

The purpose of this Promissory Note and Deed of Trust is to secure certain obligations for the water and sewer connection services of a residence owned by the undersigned, said residence located at 600 Rockwell Church Road in the Rockwell Park Community of Mecklenburg County, pursuant to the Mecklenburg County Water and Sewer Connection Program. If none of the conditions contained in the Additional Conditions are breached within eight (8) years from the date of completion of the water and sewer connection work, then the obligations created by this Promissory Note and the Deed of Trust which secures it shall be null and void and may be cancelled of record at the request of the undersigned.

If not sooner paid, the entire remaining indebtedness shall be due and payable on See Exhibit "A".

If payable in installments, each such installment shall, unless otherwise provided, be applied first to payment of interest then accrued and due on the unpaid principal balance, with the remainder applied to the unpaid principal.

Unless otherwise provided, this Note may be prepaid in full or in part at any time without penalty or premium. Partial prepayments shall be applied to installments due in reverse order of their maturity.

In the event of (a) default in payment of any installment of principal or interest hereof as the same becomes due and such default is not cured within ten (10) days from the due date, or (b) default under the terms of any instrument securing this Note, and such default is not cured within fifteen (15) days after written notice to maker, then in either such event the holder may without further notice, declare the remainder of the principal sum, together with all interest accrued thereon and, the prepayment premium, if any, at once due and payable. Failure to exercise this option shall not constitute a wavier of the right to exercise the same at any other time. The unpaid principal of this Note and any part thereof, accrued interest and all other sums due under this Note and the Deed of Trust, if any, shall bear interest at the rate of ----------0---------- per cent (0 %) per annum after default until paid.

All parties to this Note, including maker and any sureties, endorsers, or guarantors hereby waive protest, presentment, notice of dishonor, and notice of acceleration of maturity and agree to continue to remain bound for the payment of principal, interest and all other sums due under this Note and the Deed of Trust notwithstanding any change or changes by way of release, surrender, exchange, modification or substitution of any security for this Note or by way of any extension or extensions of time for the payment of principal and interest; and all such parties waive all and every kind of notice of such change or changes and agree that the same may be made without notice or consent of any of them.

Upon default the holder of this Note may employ an attorney to enforce the holder's rights and remedies and the maker, principal, surety, guarantor and endorsers of this Note hereby agree to pay to the holder reasonable attorneys fees not exceeding a sum equal to fifteen percent (15%) of the outstanding balance owing on said Note, plus all other reasonable expenses incurred by the holder in exercising any of the holder's rights and remedies upon default. The rights and remedies of the holder as provided in this Note and any instrument securing this Note shall be cumulative and may be pursued singly, successively, or together against the property described in the Deed of Trust or any other funds, property or security held by the holder for payment or security, in the sole discretion of the holder. The failure to exercise any such right or remedy shall not be a waiver or release of such rights or remedies or the right to exercise any of them at another time.

This Note is to be governed and construed in accordance with the laws of the State of North Carolina.

This Note is given pursuant to its terms and the terms of Exhibit "A", and is secured by a Deed of Trust of even date, Marvin A. Bethune, Trustee which is a _____ lien upon the property therein described.

IN TESTIMONY WHEREOF, each corporate maker has caused this instrument to be executed in its corporate name by its _____ President, attested by its _____ Secretary, and its corporate seal to be hereto affixed, all by order of its Board of Directors first duly given, the day and year first above written.

_____ (Corporate Name)

By: _____

_____ President

ATTEST: _____

_____ Secretary (Corporate Seal)

_____ (Corporate Name)

By: _____

_____ President

ATTEST: _____

_____ Secretary (Corporate Seal)

USE BLACK INK ONLY

IN TESTIMONY WHEREOF, each individual maker has hereunto set his hand and adopted as his seal the word "SEAL" appearing beside his name, the day and year first above written.

Delores Hairston (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

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APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: ~~1382 A~~

TC: 139 021 12/PO

JOB LOCATION

① ADDRESS: Blair Rd. NC Hwy 51, Mint Hill

② SUBDIVISION: Forest Bank ③ LOT: 12 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: PO 139 PAGE NO.: 021 PARCEL NO.: 12

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

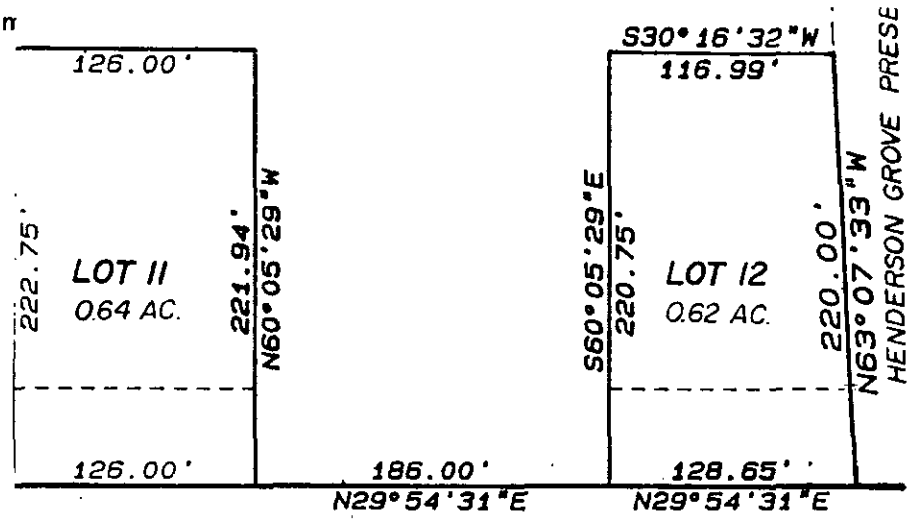
⑦ NAME: Mark IV (FIRST) Corporation (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28205

⑫ PHONE: (WORK) 704-372-2585 (HOME) _____

⑬ Accurately diagram



— Bill Sewer Road for Information

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

Signed: J.P. Neumann - Agent

Date: 1/23/86

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