

14911 DAVIS TRACE DR

19510215

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 42383,5 DATE: 8/12/03

TC: 195-101-E ☑ L ☐ CRT

SERIAL 19253

new added to LD tank permit

Name of Owner MARTY D. GRIFFIN Juris.:

Address of Property 14911 DAVIS TRACE DR.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 24"

Water Supply Source MUNICIPAL

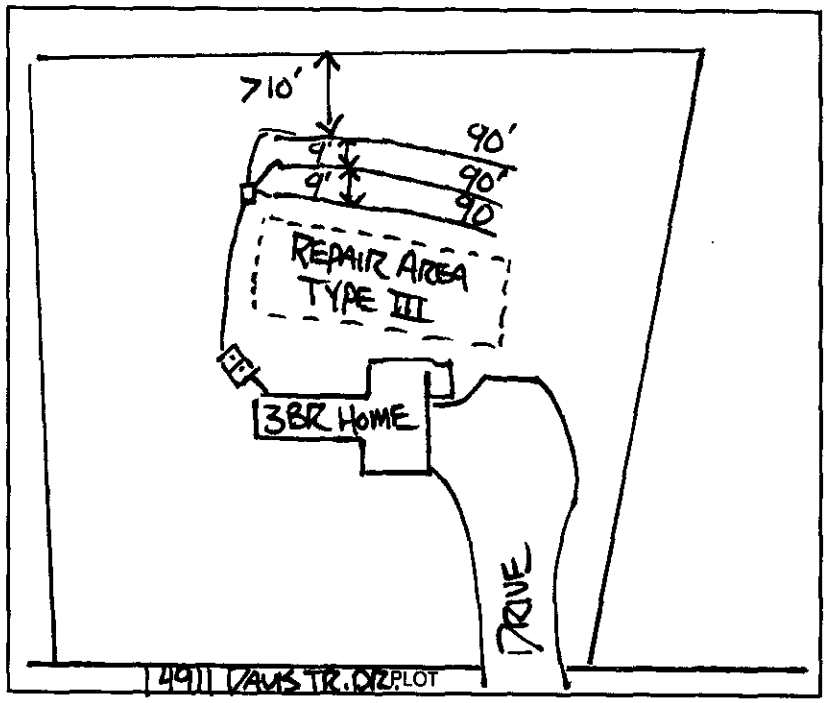
Distance to Water Source N/A

Excavation Inspected 8/12/03

Tank(s) Inspected 8/12/03

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2003, 1500ST, INV, E-Z FLOW, 810SF, T CTR# LANEY

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 15A 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 15A 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 g, 35% REDUCTION, SYSTEM E-Z FLOW

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

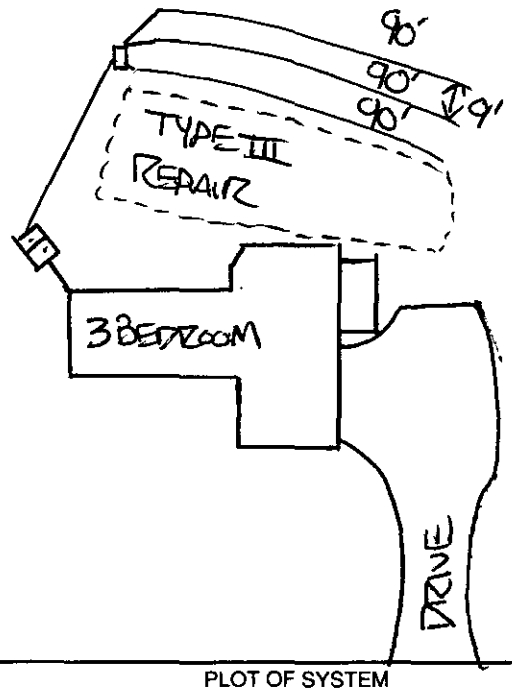
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4238B, 5 DATE: 8/12/03

TC: 195-101-17 ☑ L

SERIAL 19471

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 _____. All work shall be completed on or before 8/15/03, 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 N/A gallons

Tank Construction PCC

Trench Depth 3'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Y

Total Line Length 260 feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House 75' feet

Distance from Property Line 210' feet

Distance from Well 750 feet

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

NAME OF OWNER MARTY D. GRIFFIN

LOCATION OF PROPERTY 14911 DAVIS TRACE DR.

Comments: TYPE IIIg INNOVATIVE SYSTEM, 270 LINEAR FEET, AGREEMENT FORMS & WARRANTY FORMS ON FILE BEFORE RELEASE.

Environmental Health Specialist

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

ck # 6014

FEE: 300 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 1/29/03 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 01-29-03

PERMIT NO: 4238B
PARCEL NO: 195-10-17
5

JOB LOCATION ADDRESS: 14911 Davis Grace Dr.
PROPERTY OWNER: Marty Griffin
BUILDING CONTRACTOR: Same
SUBDIVISION NAME: Davis Grace
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. DATE: 01-29-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4238B, 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: Type #II System designed for a (3) bedroom design unit 35% Reduction Initial 1/4 25% to repair area Requires Agreement Forms and Warranty Forms.

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.

Marty R. Griffin 1-29-03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 42381B

Tax Number: 195-101-17

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.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System 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	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	780 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N Serviced by private well	1500 Gallon septic tank	260 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone		
Any surface waters present: NO	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Type III A 35% Reduction System Requires Agreement Forms to be on file before final Release and Warranty Forms to be on file.				
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	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" 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.

Joshua R. Sellers R.S. 01-29-03
DEHNR Authorized Agent Date

Owner/Agent Signature 1-29-03
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

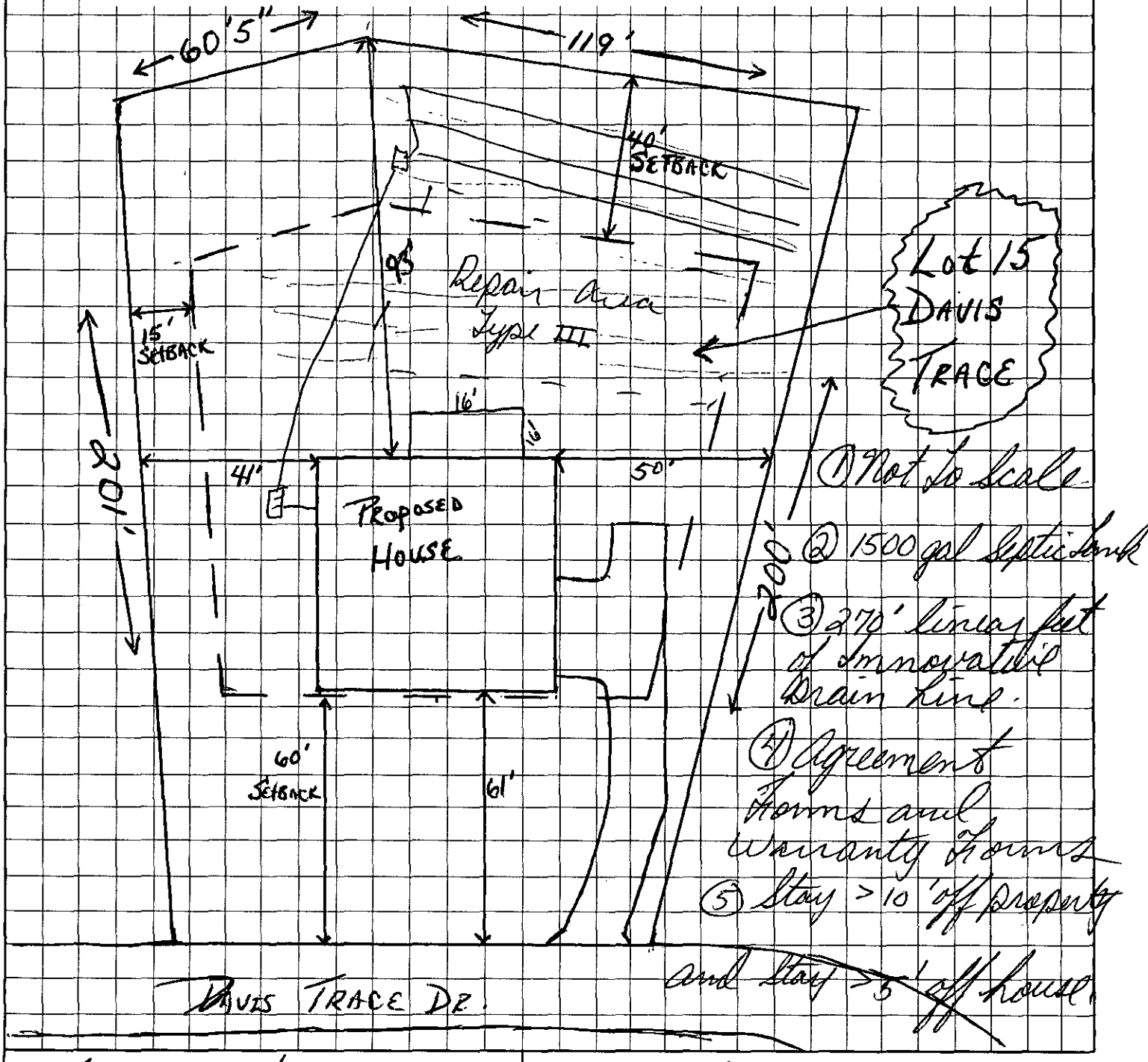
PROPOSED PLOT PLAN

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

FILE: 4238 B

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.



Marty D. Griffin
OWNER/AGENT SIGNATURE

DATE 1/16/03

APPROVAL DATE 01-29-03

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

FEE: 100 chk 6048

DATE: 1/17/03 gc

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

I | CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

Josh

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 42348

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-101-17

STREET ADDRESS: 14911 DAVIS TRACE DR

SUBDIVISION OR MOBILE HOME PARK NAME: DAVIS TRACE

LOT NUMBER: 15

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2850

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE: YES

__ 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:

NAME: GRIFFIN (LAST) MARTY (FIRST) D. (MI)

ADDRESS: 3617 GILBOA RD.

CITY: MARSHVILLE STATE: N.C. ZIP: 28103

DAYTIME PHONE: 704 400-2706

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/19/01

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: Marty D. Griffin DATE: 1-17-03

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

07

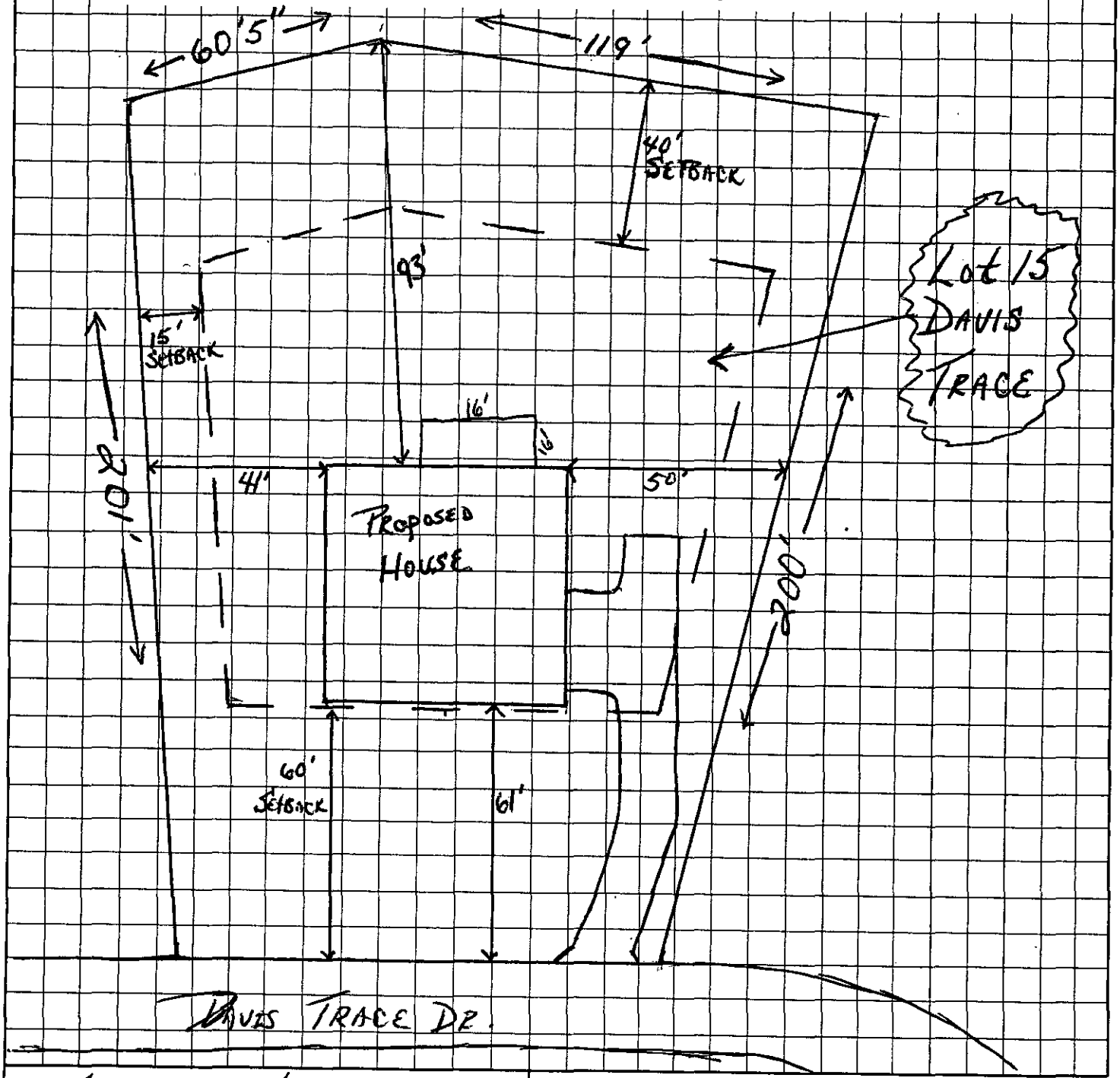
PROPOSED PLOT PLAN

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

FILE: 4238 B

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.



Marty D. Griffin
OWNER/AGENT SIGNATURE

DATE 1/16/03

APPROVAL DATE _____

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

NORTH CAROLINA
FIVE YEAR LIMITED WARRANTY
Approved Effective April 24, 2002

Ring Industrial Group ("Ring") hereby extends, for a period of FIVE (5) YEARS, the following Limited Warranty to the system owner who acquires through an authorized EZflow Brand drain field system installer a new EZflow Brand drain field system located in the State of North Carolina. The drain field system is warranted to be free from defective materials and workmanship and to perform in accordance with the state performance requirements (15A NCAC 18A Section .1900) in effect on the date of installation. This Limited Warranty applies only to those EZflow Brand drain field systems whose trench length modification has greater than a 25% reduction as compared to the sizing standard for a conventional gravel trench as permitted by the State of North Carolina. This Limited Warranty is subject to the terms and conditions stated below.

I. WARRANTY ELIGIBILITY:

The system owner is eligible for this Limited Warranty provided all of the terms and conditions of this Limited Warranty are strictly followed. The terms of this warranty shall transfer from the original system owner to subsequent system owners for the duration of this Limited Warranty. This Limited Warranty covers only the performance of the EZflow Brand drain field system as manufactured and installed in accordance with the manufacturer's design specifications and current state regulatory approval.

II. CONDITIONS OF LIMITED WARRANTY:

This Limited Warranty shall only apply if the EZflow Brand drain field system is installed for use with domestic strength effluent and located in the State of North Carolina and all of the following terms and conditions are satisfied:

(i) The design and installation of the EZflow Brand drain field system is according to all applicable plumbing and building codes, ordinances, requirements and regulations.

(ii) The design and installation of the EZflow Brand drain field system is strictly according to the rules and regulations of the North Carolina state agency or state-authorized agency that is responsible for inspection and approval.

(iii) The design and installation of the EZflow Brand drain field system is strictly according to all applicable permitting procedures for the EZflow Branddrain field systems adopted by the North Carolina state agency or state-authorized agency that is responsible for inspection and approval.

(iv) The EZflow Brand drain field system is subject to use permitted by the applicable North Carolina rules and regulations for on-site systems.

(v) Only an authorized EZflow Brand drain field system installer shall perform the installation of the EZflow Brand drain field system.

III. WHAT IS WARRANTED AND FOR HOW LONG:

The EZflow Brand prefabricated nitrification drain field system is warranted for FIVE (5) YEARS from the date of issuance of the Certificate of Occupancy, or the date of issuance of the Operation Permit, which ever is later.

If the EZflow Brand drain field system fails within the five (5) year period of this Limited Warranty and all of the terms, conditions and requirements of this Limited Warranty have been met, Ring shall provide all materials and labor that may be necessary to provide a fully functional wastewater system at no cost to the system owner. This section shall not be construed to require that a manufacturer warrant an innovative wastewater system that is not properly sized to meet the design load required for a particular use, that is improperly installed, or that is improperly operated and maintained, in accordance with 15A NCAC 1 SA . 1900 et, seq. Warranty repairs such as full replacement of the nitrification system, extension of the nitrification system or other repairs shall be completed pursuant to a repair Authorization to Construct to be issued by the local health department in accordance with 15A NCAC 18A .1900 et. seq. Rule .1961(1).

A system failure is defined by North Carolina 15A NCAC 18A .1900 rules.

IV. WHAT IS NOT COVERED BY THIS LIMITED WARRANTY:

1. The septic tank and all septic tank filters, unless required to make the system fully functional.
2. Effluent distribution box(es) and headers, unless required to make the system fully functional.
3. Improper installation.
4. Plastic pipe not authorized by Ring to be used with the EZflow Brand drain field system.
5. Failure due to excessive use or improper use as defined by state rules for on-site wastewater systems, including, but not limited to, excessive water usage, improper grease disposal, or failure to remove septic tank solids (digested sludge).
6. Landscaping costs other than those specified by rule.
7. Failure due to improper sizing as defined by state rules.
8. Repair work performed prior to a claim or which is done without Ring authorization.
9. This Limited Warranty does not extend to incidental, consequential, special, indirect or punitive damages.
10. Drain fields repaired or modified by an unauthorized EZflow installer.

V. RING OBLIGATIONS:

No representative of the company has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty applies to any party other than the original system owner or subsequent system owner.

VI. *OWNER'S OBLIGATION:*

1. Must have a signed and dated Operation Permit from the duly authorized representative of the North Carolina state agency or state-authorized agency that is responsible for EZflow Brand drain field system inspection and approval.
2. Must have a Warranty Certificate from an authorized EZflow Brand drain field system installer.
3. The system owner must notify the company in writing at its corporate headquarters within 90 days of being notified by an authorized agent of the state that the system has failed. Notice shall be sent to Ring Industrial Group, 65 Industrial Park Road, Oakland, TN 38060.
4. The system owner must have the septic tank solids (digested sludge) properly removed in accordance with state rules for on-site systems.

VII. DISCLAIMER AND LIMITATION ON IMPLIED WARRANTIES:

ALL WARRANTIES AND REMEDIES CONTAINED HEREIN ARE EXCLUSIVE AND THERE ARE NO OTHER WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE, IMPOSED ON THE SALE OF EZFLOW BRAND DRAIN FIELD SYSTEM TO THE NORTH CAROLINA SYSTEM OWNER, ARE, BY LAW, LIMITED TO FIVE (5) YEAR DURATION FOR THE EZFLOW BRAND DRAIN FIELD SYSTEM AND ITS CONSTITUENT PARTS, AND ARE SUBJECT TO THE TERMS AND CONDITIONS OF THIS LIMITED WARRANTY. THIS WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, DIRECT OR INDIRECT DAMAGES, WHETHER ARISING IN CONTRACT OR TORT. THE COMPANY SHALL NOT BE LIABLE FOR LOSS OR DAMAGE TO PERSONAL PROPERTY, PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFITS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE. SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO WATER DAMAGE, ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLECT; THE UNITS BE SUBJECTED TO STRESSES OR VEHICULAR TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS; FAILURE TO MAINTAIN THE MINIMUM GROUND COVERS SET FORTH IN THE OPERATION INSTRUCTIONS; THE SYSTEM FAILURES DETERMINED TO BE DUE TO NON-COMPLIANCE WITH THE ON-SITE WASTEWATER LAW OR RULES (130A-133, et. seq.; 15A NCAC 18A Section .1900) INCLUDING BUT NOT LIMITED TO IMPROPER SITING, EXCESSIVE WATER USAGE, IMPROPER GREASE DISPOSAL, PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM, IMPROPER OPERATION OR IMPROPER MAINTENANCE; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY. THIS PERMIT SHALL BE VOID IF THE SYSTEM OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SECTION II AND IV OF THIS WARRANTY.

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE ORIGINAL OR SUBSEQUENT SYSTEM OWNER(S), THE DRAIN FIELD SYSTEM, OR ANY THIRD PARTY RESULTING FROM SHIPMENT OF THE DRAIN FIELD SYSTEM, OR FROM ANY PRODUCT LIABILITY CLAIMS OF THE ORIGINAL OR SUBSEQUENT SYSTEM OWNER(S) OR ANY THIRD PARTY.

THIS LIMITED WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS. NORTH CAROLINA LAW MAY GIVE YOU CERTAIN SPECIFIC OTHER RIGHTS WHICH ARE NOT MENTIONED HEREIN.

VIII. TRANSFER OF WARRANTY

This warranty extends to the original system owner and to each subsequent owner of the system during the term of this Limited Warranty.

"I acknowledge to the company and the system owner that the wastewater system and the EZflow Brand drain field system have been installed in accordance with the installation instructions of the company, state wastewater laws and rules, the innovative wastewater system approval, the improvement permit and authorization to construct, and any conditions on the permit or authorization to construct, and other applicable laws and rules."

IX. INSTALLER CERTIFICATION

Robt Ray Landscape Septic — Robert Ramey

Business Name of Installer — Name of Person signing (Print)

Date 8-15-03 — 14911 Davis Trace Dr

This warranty is provided in triplicate. One copy shall go to Ring Industrial Group, one to the local health department, and one to the system owner.

Write: Ring Industrial Group
65 Industrial Park Road
Oakland, TN 38060
Toll Free Phone: (800) 280-6333

4/23 AB

Lot 15
NEED Before
Septic Goes
in!

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 JUL 15 02:44 PM
BK 15703 PG 101-104 FEE $20.00

INSTRUMENT # 2003158738

2003158738

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 # 42388
PARCEL # 195-101-17

The undersigned, Marty D. Griffin D.B.A. M.D. Griffin Company owner of property located at 14911 Davis Trace Drive, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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:

This instrument was prepared by: Mecklenburg County Environmental Health Dept.
Mail after recording to: 700 North Tryon St.
Charlotte N.C. 28202

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

-- 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 theDepartment, 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 10 day of July, 2003.

M.D. Griffin Company _____ (SEAL)
~~(Corporate Name)~~

_____ (SEAL)

By: Marty D. _____ (SEAL)

OWNER ~~President~~

_____ (SEAL)

ATTEST:

_____

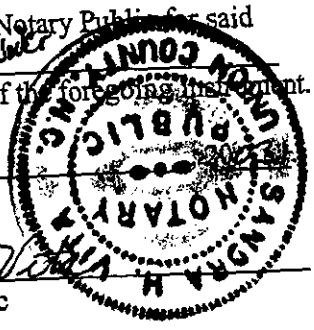
_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Sandra H. Vita, a Notary Public for said County and State, do hereby certify that Marty D. Griffin-Walker 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 July, 2005.



Sandra H. Vita
Notary Public

My Commission Expires:

Feb. 1, 2006.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby 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 and deed of said 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 notarial seal, this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02



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

****

Filed For Registration: 07/15/2003 02:44 PM

Book: RE 15703 Page: 101-104

Document No.: 2003158738

PRMIT 4 PGS $20.00

Recorder: SERENA ROSS

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of SANDRA H. VITA Notary is certified to be correct. This 15TH of July 2003

JUDITH A. GIBSON, REGISTER OF DEEDS By: Serena M. Ross
Deputy/Assistant Register of Deeds

****

2003158738

Lot 15
NEED Before
Septic Docs
in!

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 JUL 15 02:44 PM
BK:15703 PG:101-104 FEE:$20.00

INSTRUMENT # 2003158738



2003158738

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 # 42385
PARCEL # 195-101-17

The undersigned, Marty D. Griffin D.B.A. M.D. Griffin Company owner of property located at 14911 Davis Trace Drive, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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:

This instrument was prepared by: Mecklenburg County Environmental Health Dept
Mail after recording to: 700 North Tryon St.
Charlotte N.C. 28202

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

-- 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 theDepartment, 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 10 day of July, 2003.

M.D. Griffin Company (SEAL)
~~(Corporate Name)~~

By: Marty D. Griffin (SEAL)
OWNER ~~President~~

(SEAL)

(SEAL)

(SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Union

I, Sandra H. Vita, a Notary Public for said County and State, do hereby certify that Marty D. Griffin-Bowers 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 July, 2005.

Sandra H. Vita
Notary Public

My Commission Expires:

Feb. 1, 2006.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby 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 and deed of said 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 notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

8/20/02
Paid $1,000
Optional Site Visit
RF

Kris Axhoj Homes

Fine Custom Home Building

August 21, 2002

To: Josh Sellers
Ruby
Fax: 704-336-~~4569~~ 6894

From: Kris Axhoj
Fax: 704-321-9154
Office: 704-847-0595
Mobile: 704-995-7313

RE: Lot #15, Davis Trace Drive
File # 423873

The Lot is flagged and ready for you. Please call me if you have any questions.

Thank You,

Kris Axhoj

2 Pages Follow

8/22/02 Received Corrected application with owners signature and plot plan dimensions.

8/21
Left voicemail requesting return call
Will fax a new application with owner info & signature and copy of contract to purchase

*Placed into Josh's box 8/22/02 at 1:30pm RF

8/20/02
Paid $100 option Site Visit

Kris Axhoj Homes

Fine Custom Home Building

Date: August 17, 2002

To: Joshua Sellers
Fax: 704-336-6894

423 SB

From: Kris Axhoj
Phone: 704-321-5716
Fax: 704-321-9154

Subject: Septic Permit Application 195-10-25

Joshua,

Please review the following sheet for a new construction location in Davis Trace Subdivision. We are looking to purchase this lot for a client who would like a 4 bedroom house. I know the lot had a perk test completed before, but I would like to know if there is a chance the septic system would have to be modified for this lot (not conventional). I am concerned about the cost of this system before I purchase this lot and give a fixed bid for this property and proposed house.

Please let me know if we need to complete a new perk test staking out this house, or if we can look at the lot next door an have a reasonable feeling that there would not be any problems.

Please let me know your thoughts.

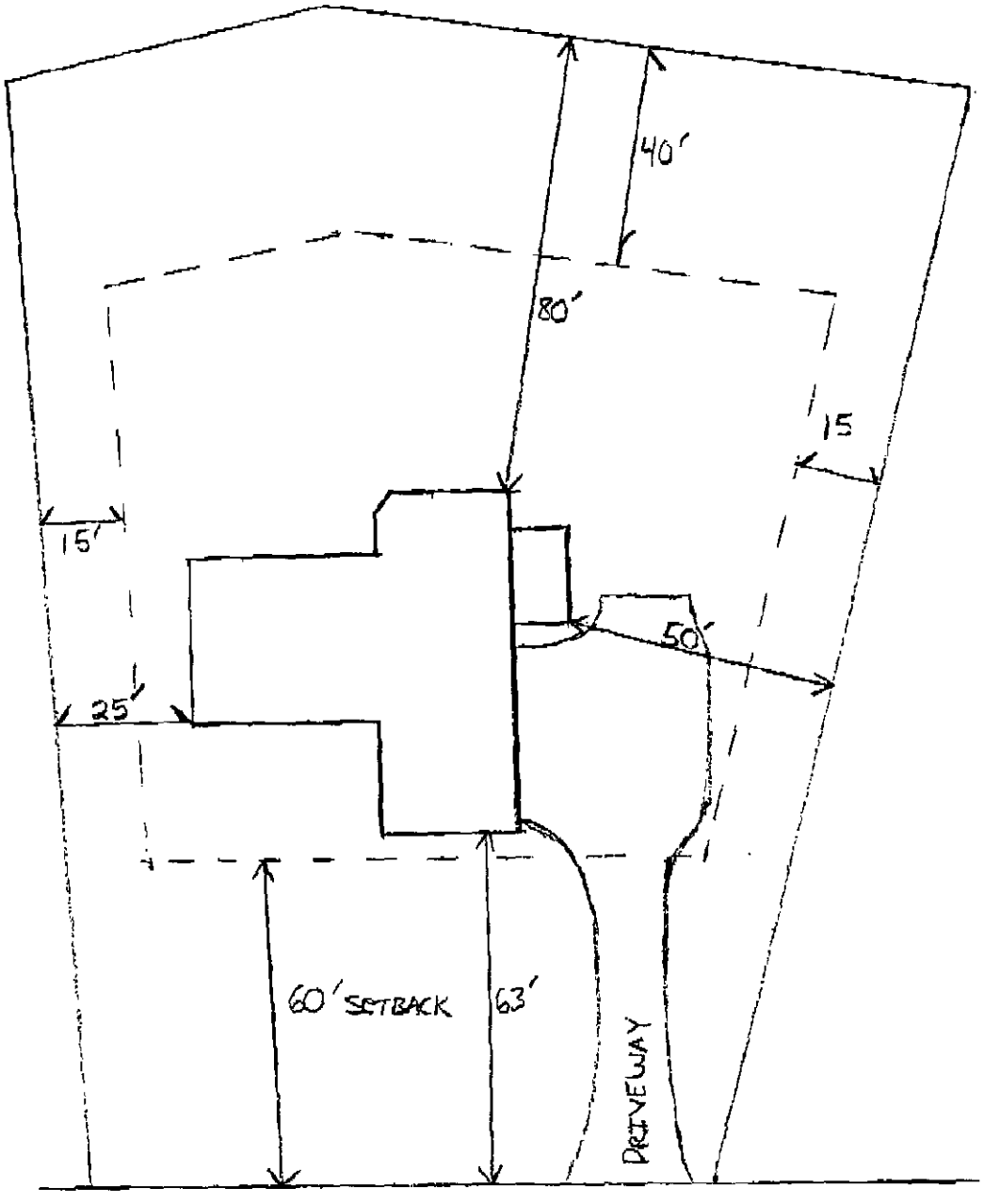
Thank You,

Kris Axhoj

There is 1 page to follow

LOT 15 DAVIS TRACE

The Borders
704-543-3040



DATE: 8/20/2002

FOR RESIDENTIAL SEWAGE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

PERMIT #

TYPE OF SYSTEM: X CONVENTIONAL — CHECK IF EXPANSION/ALTERATION OF EXISTING SYSTEM — TYPE OF EXISTING SYSTEM:

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPOSED FACILITY:
___ SINGLE MOBILE HOME (S)
___ DOUBLE WIDE (D)
X HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 3600

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:
___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT (PLUMBING)
___ WITH BASEMENT (NO PLUMBING)

PROJECT INFORMATION (FROM APPLICATION FOR IMPROVEMENT PERMIT)

LOCATION:

TAX/PARCEL NUMBER:

STREET ADDRESS: 14911 Davis Trace Drive

SUBDIVISION OR MOBILE HOME PARK NAME: DAVIS TRACE

LOT NUMBER: 15

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

CLOSING DATE: _____

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ SHARED WELL (S)
X MUNICIPAL (M)
___ OTHER "SPRINGS" (O)
___ PRIVATE WELL (P)

DO 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
EASEMENTS OR RIGHT-OF-WAYS — ✓ YES ___ NO
WELL, SPRINGS OR WATERLINES — ___ YES ✓ NO
DESIGNATED WETLANDS — ___ YES ✓ NO

PROPERTY OWNER(S):

NAME: (LAST) DAVIS TRACE LLC (FIRST) (MI)

ADDRESS: 14623 BARNEY DR

CITY: CHARLOTTE STATE: N.C. ZIP: 28277

DAYTIME PHONE: 704-847-6788

AGENT OR CONTRACTOR/PROPOSED OWNER - IF APPLICABLE:

NAME: (LAST) Axhe (FIRST) Kris (MI) T.

DAYTIME PHONE: (704) 996-7313

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Nov. 2000

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: Designer Construction Corp By: _____ (Title) DATE: 8/20/2002

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

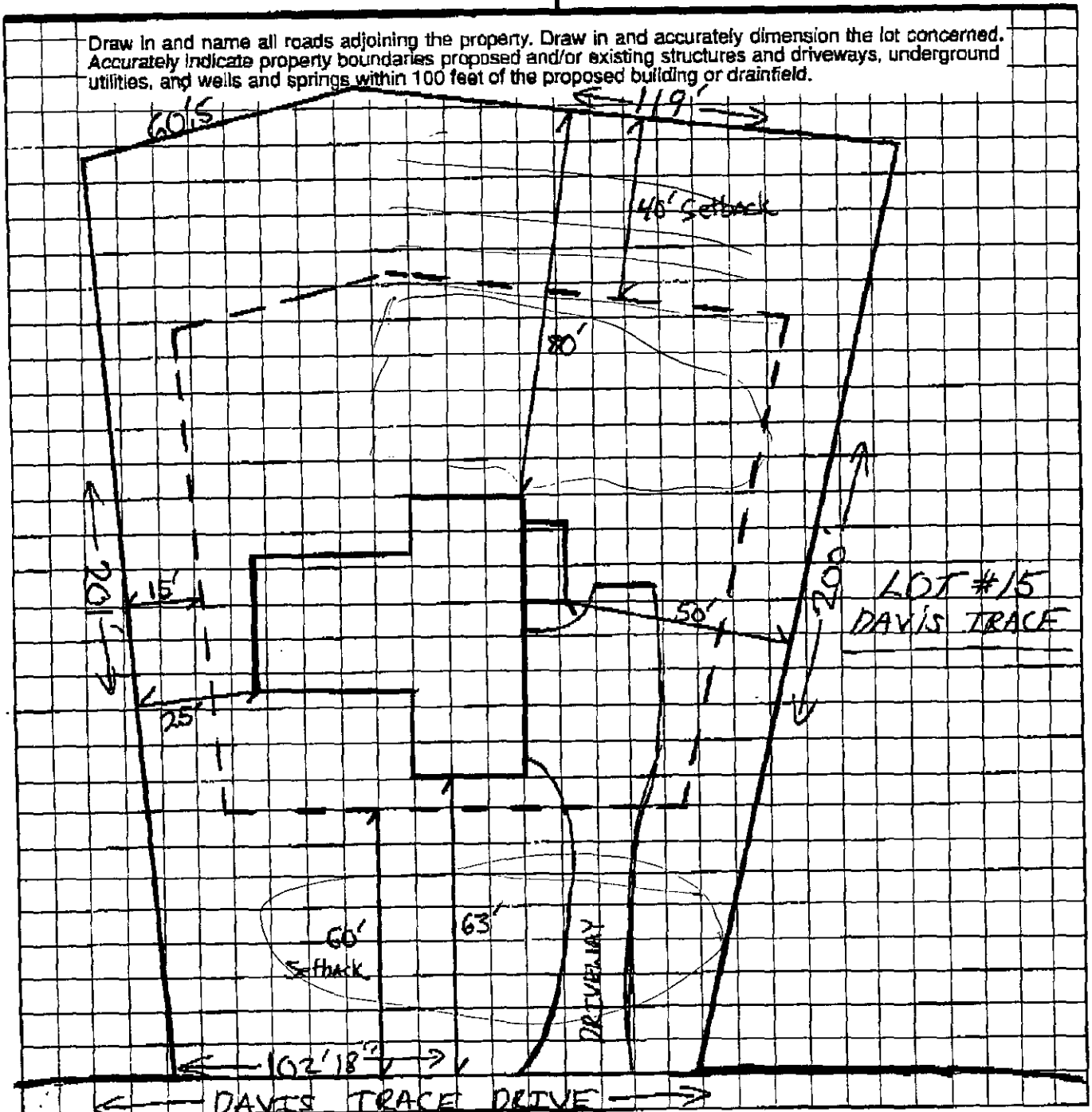
PROPOSED PLOT PLAN

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

FILE: 4238B

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.



Designee Construction Corp.
By _____
OWNER/AGENT SIGNATURE

DATE 8/20/2002

APPROVAL DATE _____

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

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet: 15

Property ID: 60195-102-TT

Lot #: 15

File #: 4239B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Davis Dean & Wade Co. APPLICANT: J. Brooks Davis

ADDRESS: 1035 Commercial Dr, Manteo DATE EVALUATED: 3-31-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .75

LOCATION OF SITE: Davis Trace Dr. PROPERTY RECORDED:

WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SE/Pl ss/sp	745" to soil wetness	45"	N/A	None	PS .251 Fz IV
		3-45"	SBK/C	Fi/SE/Pl s/p					
			some ABK						
2	LS	0-4"	gr/sc/l	Fr/SE/Pl ss/sp	748" to soil wetness	48"	N/A	None	PS .351 Fz IV
		4-48"	SBK/C	Fi/SE/Pl s/p					
3	LS	0-2"	gr/l	Fr/SE/Pl ss/sp	748" to soil wetness	46"	N/A	None	PS .391 Fz IV
		2-48"	SBK/c	Fi/SE/Pl s/p					
4	LS	0-3"	gr/sc/l	Fr/SE/Pl ss/sp	733" to soil wetness	33" poss. Floater Rock	N/A	None	US .275 Fz IV
		3-33"	SBK/c	Fi/SE/Pl s/p					
5	LS	0-2"	gr/sc/l	Fr/SE/Pl ss/sp	748" to soil wetness	48"	N/A	None	PS .391 Fz IV
		2-37"	SBK/C	Fi/SE/Pl s/p					
		37-48"	SBK/sc/l	Fr/SE/Pl ss/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.391 Fz	.391 Fz

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: Mark Mullis LSS 4-3-00

OTHER(S) PRESENT:

FILE # 42369

COMMENTS 10% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE

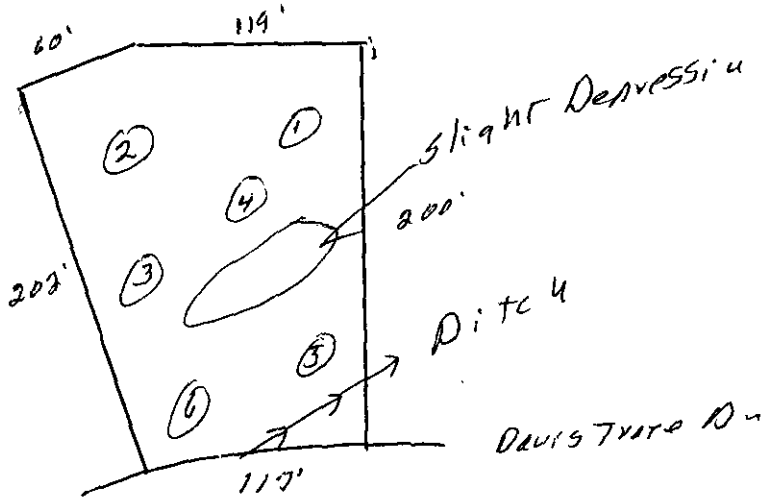
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

24



FEE: 200 DATE: 3/13/00 #4356 EO

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 #: 4238B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 15

TAX/PARCEL NUMBER: 195-102-17 P.O.

STREET ADDRESS: DAVIS TRACE DR

SUBDIVISION OR MOBILE HOME PARK NAME: STILLWELL PLACE PH 2

LOT NUMBER: 15

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500+

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ SHARED WELL (S)
M MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

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 X NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	X YES ___ NO		

PROPERTY OWNER:

NAME: (LAST) DAVIS (FIRST) STEEL & IRON Co. Inc (MI)

ADDRESS: 1035 COMMERCIAL DR

CITY: MATTHEWS STATE: N.C. ZIP:

DAYTIME PHONE: ( ) 704-821-7676

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) DAVIS (FIRST) J (MI) BROOKS

DAYTIME PHONE: ( ) 704-821-7676

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-14-96

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: J Brooks Davis DATE: 3-13-00

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

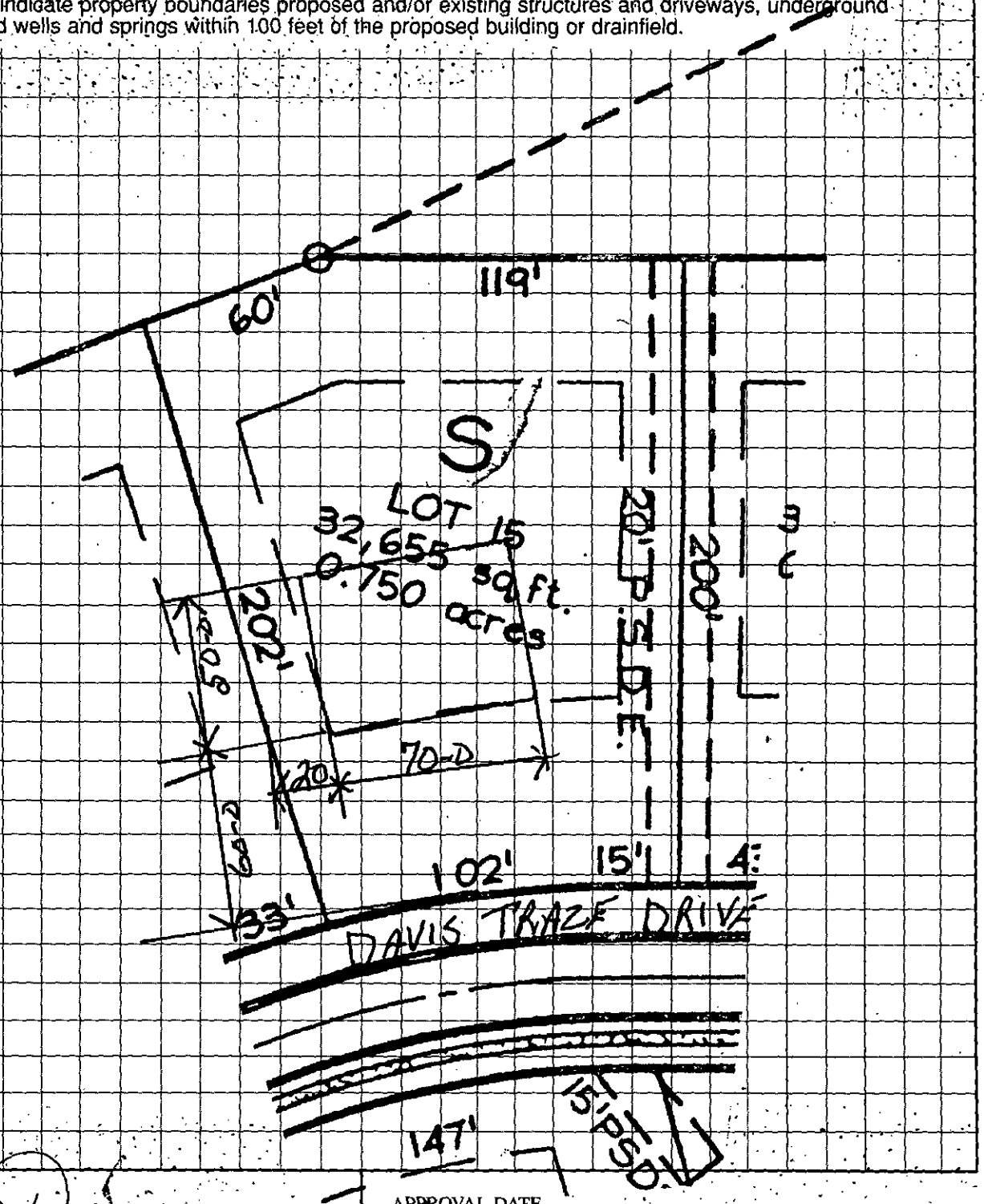
PROPOSED PLOT PLAN

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

FILE: 4238B

TC: 195-102-4290

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.



J. Brooks Davis
OWNER/AGENT SIGNATURE

DATE 3-13-02

APPROVAL DATE _____

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