

6808 NORMAN ISLAND DR

00103218

6/5/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5784-A DATE: 3/10/92

TC: 001-032-18 ☐ CRT

SERIAL № 13990

Name of Owner Ron Phares Juris.:

Address of Property 6808 Norman Island Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200' bed

Number of Lines 4 @ 50'

Cover Depth 18"

Water Supply Source city or community

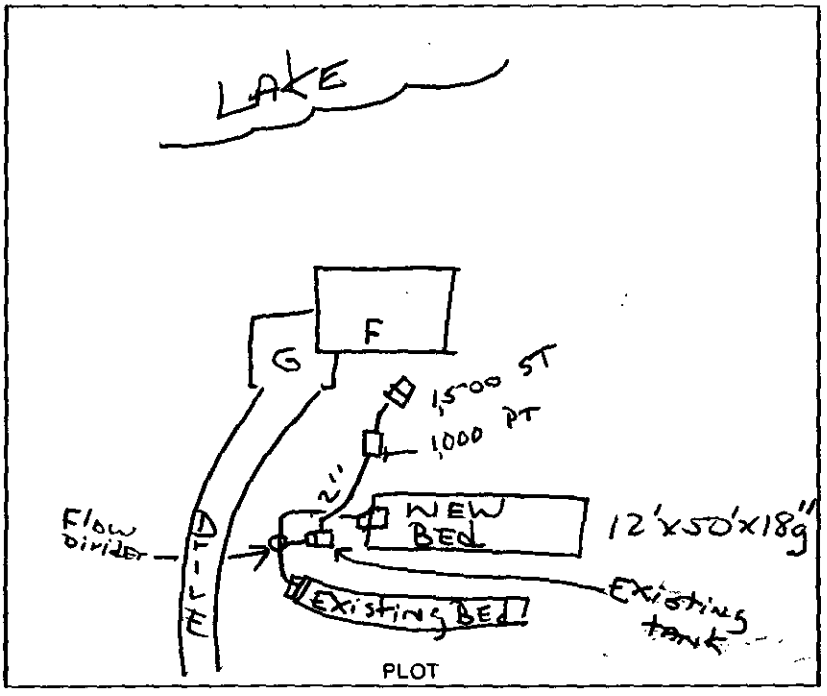
Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed



Design: 1500 ST, 1000 PT, Conv. 600' SFB, 18"g, Cecil like CTR# 68

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Installed as permitted, illustration above indicates flow divider position. Owner instructed not to pave or drive over any portion of septic system. 3 bedrm. system. Beds served equally.

ST III Tim Whitaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

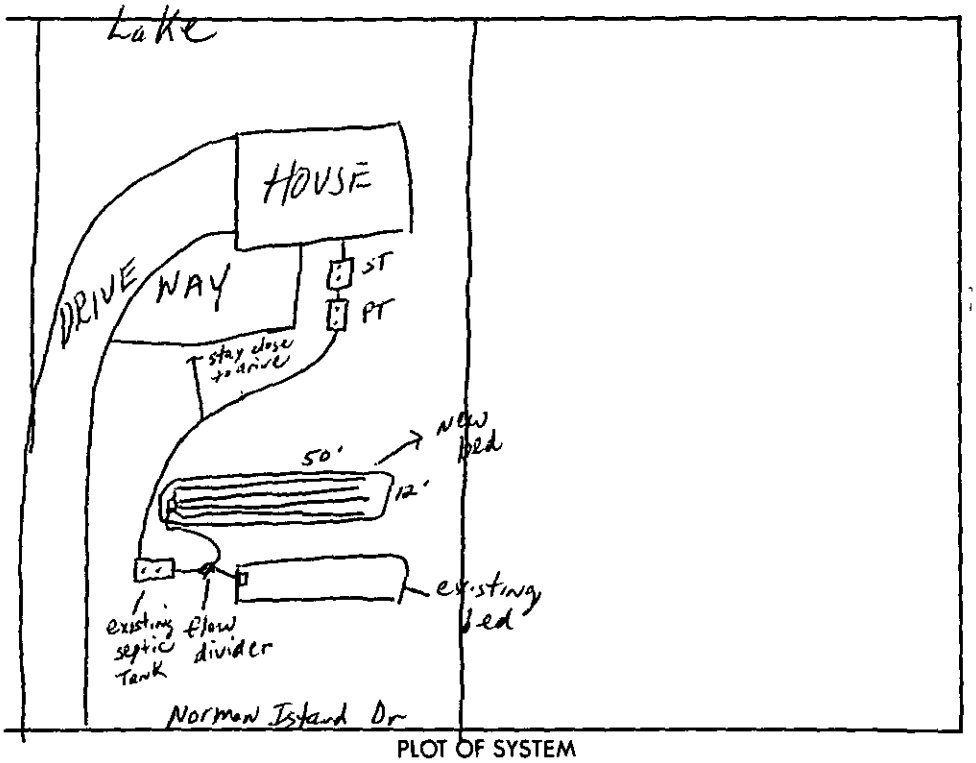
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5784A DATE: 2/26/92

TC: 001-032-18 ☐ L

SERIAL Nº 14139

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 4/3/91. All work shall be completed on or before 3/26/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Bed ~~Trench~~ Width 12 feet

Total Line ~~Length~~ Bed 200' feet

Number of Lines 4 (50')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well Com well feet

NAME OF OWNER Ronald C. Phares

LOCATION OF PROPERTY 6808 Norman Island Dr

Comments: Bed system 12'wd x 50'long x 18"stone / Pump to existing septic tank / Flow divider to be use to divide effluent into 2 bed systems /

Division or Section Head

Philo S. Walker R.S.
Environmentalist

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

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

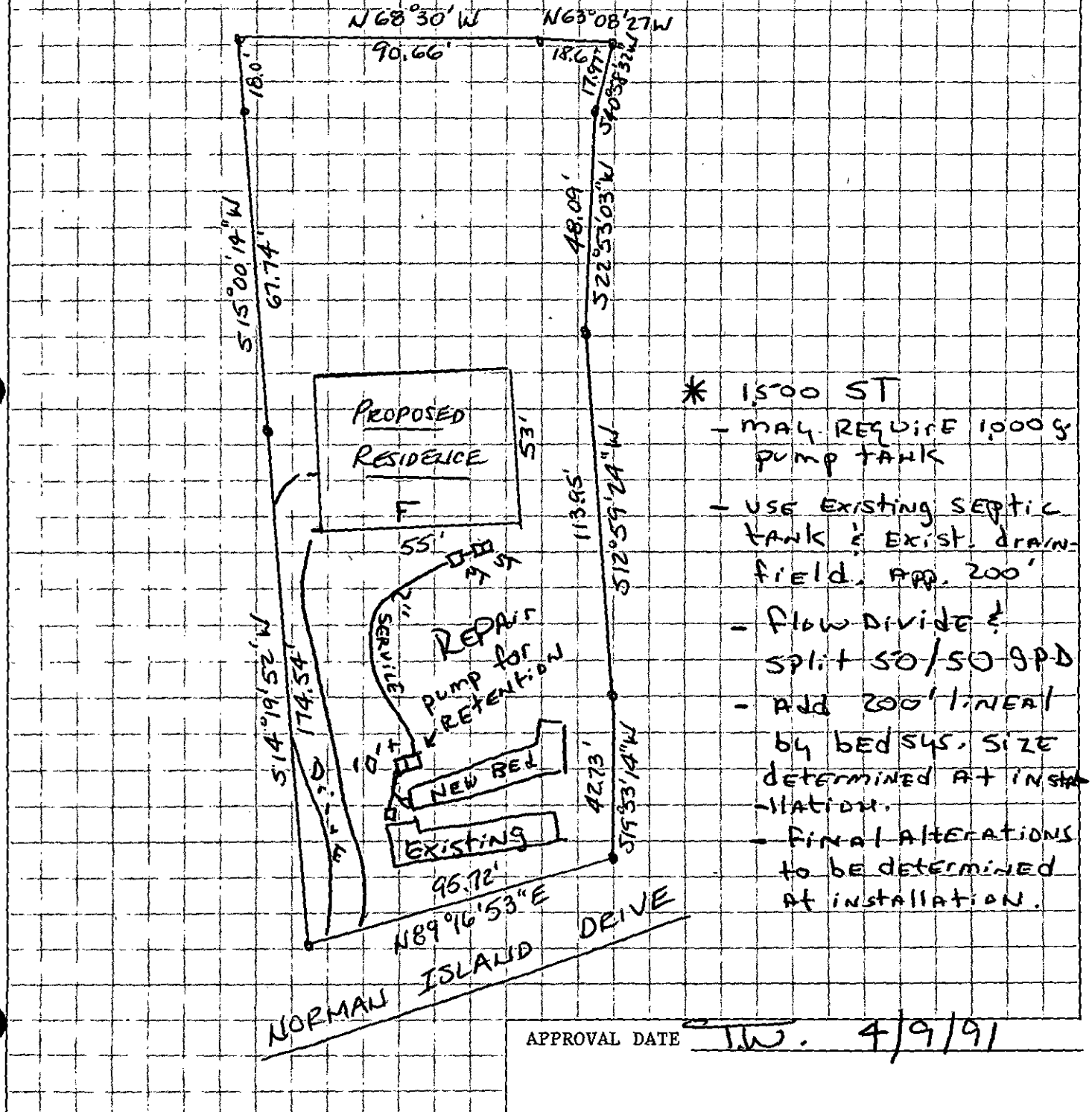
PROPOSED PLOT PLAN

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

FILE: 5784A

TC: 001 032 16

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.



* 1,500 ST
- MAY REQUIRE 1,000 g PUMP TANK
- USE EXISTING SEPTIC TANK & EXIST. DRAINFIELD. APP. 200'
- FLOW DIVIDE & SPLIT 50/50 GPD
- ADD 200' LINEAL BY BEDS. SIZE DETERMINED AT INSTALLATION.
- FINAL ALTERATIONS TO BE DETERMINED AT INSTALLATION.

APPROVAL DATE I.W. 4/9/91

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

APPLICATION FOR AN IMPROVEMENT PERMIT

4-3-91
Paid $25.00

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: 5784A ~~Check #~~ ____
TC: 001-032-18 Cash ____
SERIAL: № 21965 L CRT

JOB LOCATION

① ADDRESS: 6808 (STREET NO.) NORMAN ISLAND DRIVE (STREET) ② FILE: ____

③ JURISDICTION: ____ ④ TAX PARCEL NO.: ____

⑤ SUBDIVISION: ____ ⑥ LOT: 19A ⑦ BLOCK: ____

OWNER

⑧ NAME: RONALD (FIRST) C. (MIDDLE) PHARES (LAST)

⑨ MAILING ADDRESS: 16716 SPINNAKER LANE

⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 393-9120 ⑭ (HOME) 892-9936

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☑ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) ~~use existing system/I.C.~~ I.P.

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? ____

㉓ Maximum occupancy? 2

㉖ Maximum number of employees? ____

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats? ____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

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

Signed: Ronald C Phares

Date: APRIL 3, 1991

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 24 months from the date of issuance. use existing system to and alter existing system.

Tim Whittaker, Environmentalist — 4/9/91 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.

393-9284

PHONE: 455-3124

№ 0551

STEWART PUMP SERVICE, INC.

SALES AND SERVICE • WELL DRILLING

P.O. BOX 507 • HARRISBURG, N.C. 28075

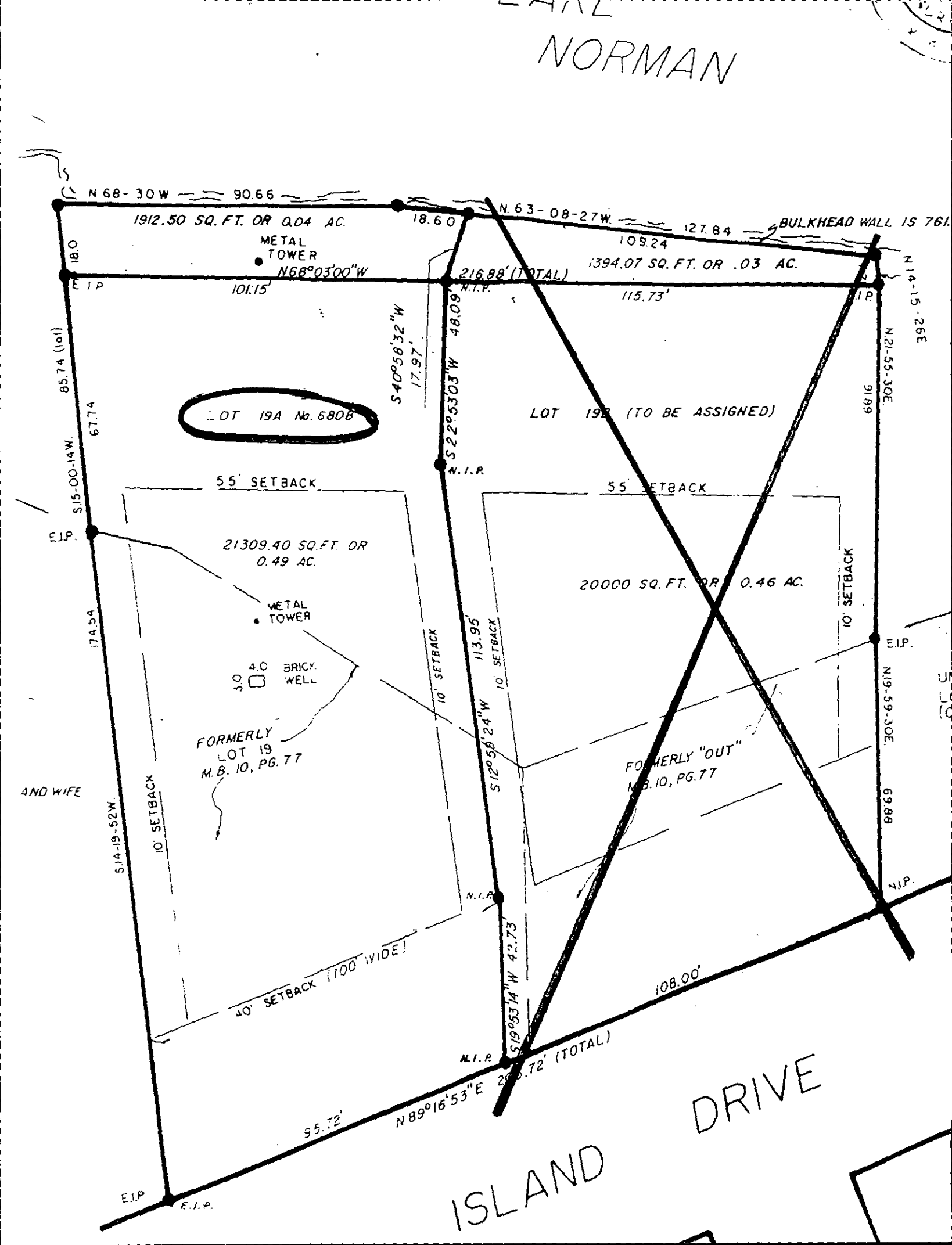
DATE 11-16 19 89

Mr. Avery Love
8800 Davis Lake Parkway
Charlotte, N. C. 28213

Office 598-0063

JOB:	Norman Island lots - Lake Norman	
11-14-89	Time and trip to remove pump, tank, pull out 2" packer type jet. Dig up concrete slab around well and dig down approximately 4 ft. below grade to aboard well as needed.	
	TOTAL CHARGES:	$492.00

TERMS - CASH


NORMAN
N 68-30 W 90.66
1912.50 SQ. FT. OR 0.04 AC.
18.60
N 63-08-27 W. 127.84
BULKHEAD WALL IS 761
109.24
1394.07 SQ. FT. OR .03 AC.
18.0
METAL TOWER
N66°03'00"W
101.15'
E I P
216.88' (TOTAL)
N.I.P.
115.73'
I P
N 14-15-39E
85.74 (161)
67.74
S.15-00-14W.
S40°58'32"W 17.97'
S 22°53'03"W 48.09
N.I.P.
N 12-55-30E
68.16
LOT 19A No. 6808
LOT 19 (TO BE ASSIGNED)
55' SETBACK
55' SETBACK
E.I.P.
21309.40 SQ.FT. OR 0.49 AC.
20000 SQ. FT. OR 0.46 AC.
METAL TOWER
4.0 BRICK WELL
3.0
10' SETBACK
113.95'
10' SETBACK
10' SETBACK
E.I.P.
174.54
FORMERLY LOT 19 M.B. 10, PG. 77
S12°58'24"W
FORMERLY "OUT" M.B. 10, PG.77
N 19-59-30E
69.88
AND WIFE
S.14-19-52W.
10' SETBACK
N.I.P.
V.I.P.
40' SETBACK (100' WIDE)
S19°53'14"W 42.73'
108.00'
N.I.P.
N 89°16'53"E 2[illegible].72' (TOTAL)
95.72'
E.I.P.
E.I.P.
ISLAND DRIVE

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 5784A
TC: _____
SERIAL: Nº 15396 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6808 (STREET NO.) NORMAN ISLAND DRIVE (STREET) ② FILE: 5784A
③ JURISDICTION: MECK ④ TAX PARCEL NO.: PO 00103218
⑤ SUBDIVISION: LAKE NORMAN ISLAND ⑥ LOT: 19A ⑦ BLOCK: D

OWNER

⑧ NAME: AVERY (FIRST) M. (MIDDLE) LOVE, JR. (LAST)
⑨ MAILING ADDRESS: 423 S. SHARON AMITY ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 282
⑬ PHONE: (WORK) 704/366-6667 ⑭ (HOME) _____

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 6
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

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

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

Signed: [signature] AS AGENT

Date: 7/18/89

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 authorized section head in order to be valid.

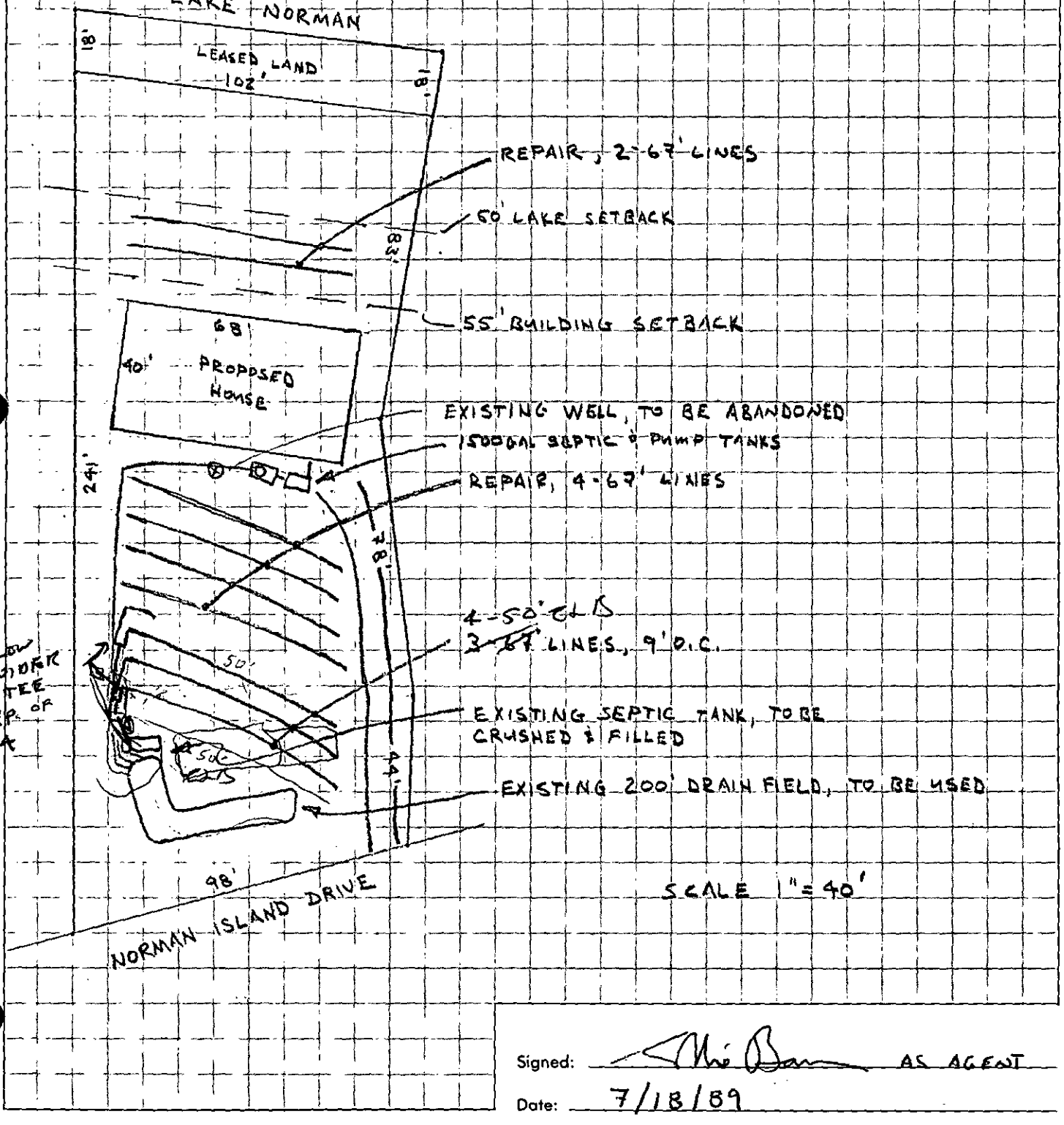
PROPOSED PLOT PLAN

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

FILE: 5784A

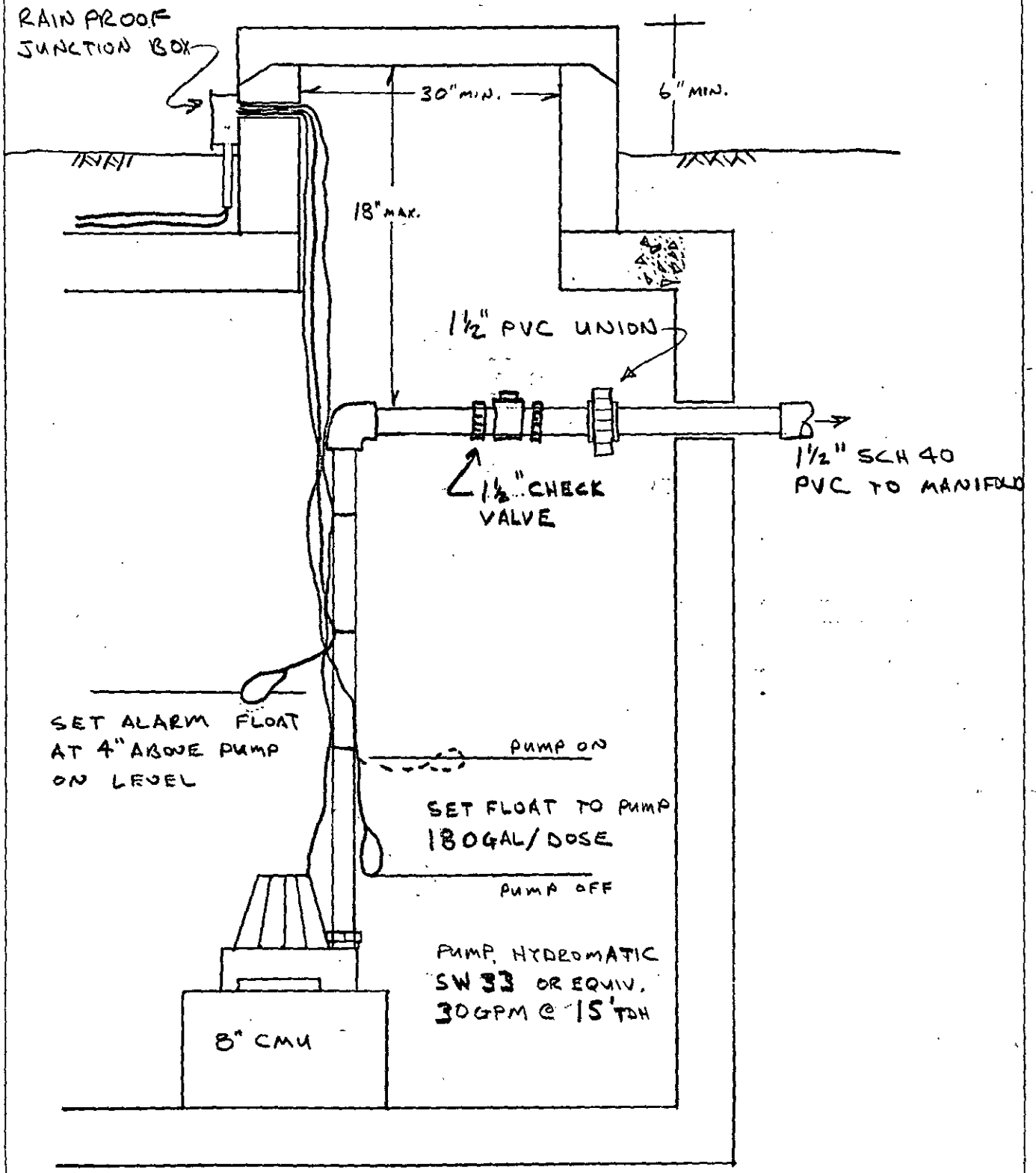
TC: PO 00103218

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



Signed: [signature] AS AGENT

Date: 7/18/89



PUMP TANK DETAIL

NTS

42-381 50 SHEETS 5 SQUARE
42-382 100 SHEETS 5 SQUARE
42-389 200 SHEETS 5 SQUARE
NATIONAL

BED DETAIL

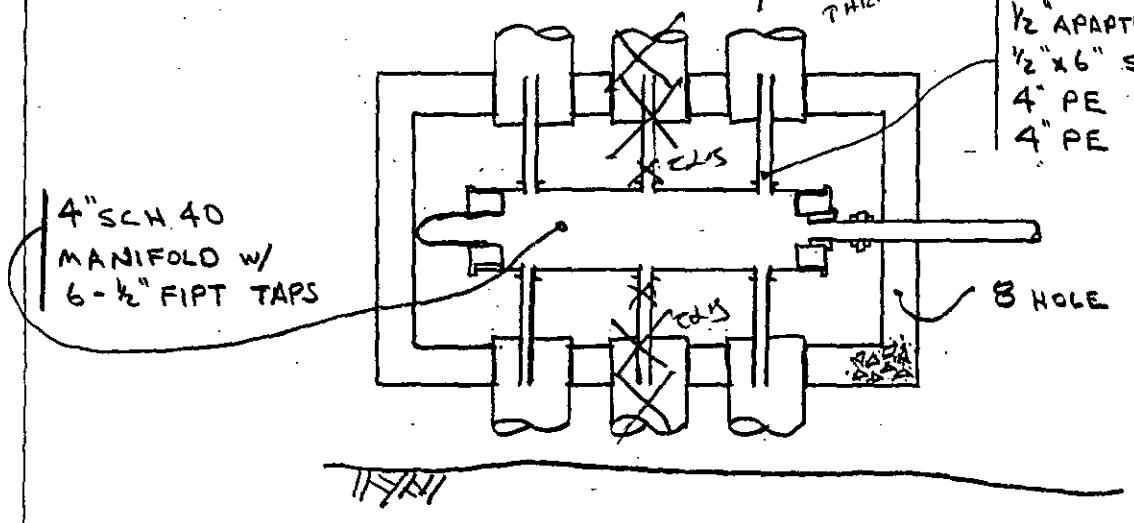
1" = 2'-6

↑ TO FLOW DIVIDER TEE, THEN DRAINFIELD

½" APADTER MIPT x SW
½" x 6" SCH 40 PVC
4" PE END CAP
4" PE PIPE (SOLID)

4" SCH 40
MANIFOLD w/
6 - ½" FIPT TAPS

8 HOLE D-BOX



4 x 2 BUSHING SW x SW
2" ELL SW x SW
2 x 1 BUSHING SW x FIPT
1" PLUG MIPT

4 x 2 BUSHING SW x SW
2 x 1½ BUSHING SW x SW
1½" UNION SW x SW
1½" SCH 40 SUPPLY

NOTE: MANIFOLD TO BE LEVEL AND 6" ABOVE HIGHER BED LINES.

MANIFOLD DETAILS

1" = 10"

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: July 17, 1989

NAME/COMPANY: Wanda Smith

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Insp/Inst
#5784A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 18 1989

FEE: 200

cash 246.3
9>200

Completed By

Collected By

Mecklenburg County
Health Department

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

June 16th. 1989

Wanda Smith
423 S. Sharon Amity Drive
Charlotte, NC 28211

RE: Property located at Norman Island Drive
FILE: 5784A
PARCEL: 00103218 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 16187) is enclosed.

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

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Jim Ericson

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

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16187

File: 5784A Action 2

Parcel: 00103218 PO ☐ PC

Location: Norman Island Drive

Subdivision:

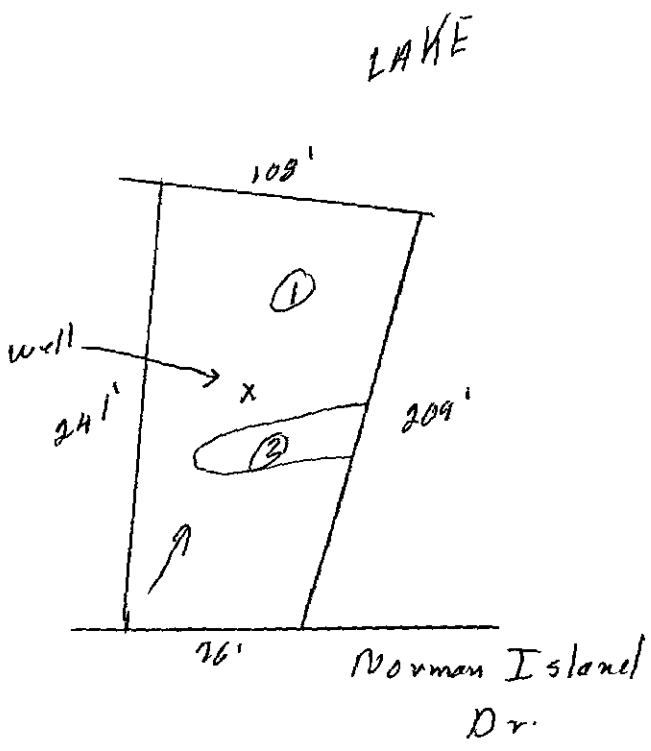
Lot: Block: Acres: .47

Owner: Wanda Smith
Address: 423 S. Sharon Amity Drive
Charlotte, NC 28211

Comments: Water main is in front of lot at road

Described by: William R Merlin

Date: 6-15-89



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Ctc.1-1.Ue	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5784A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 6800 Norman Island DR.

② SUBDIVISION: Norman Island ③ LOT: Portion of 18 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: 5871 PAGE NO.: 0001

OWNER

⑦ NAME: _____

⑧ MAILING ADDRESS: (FIRST) 423 (MIDDLE) S. (LAST) Sharon Amity Dr.

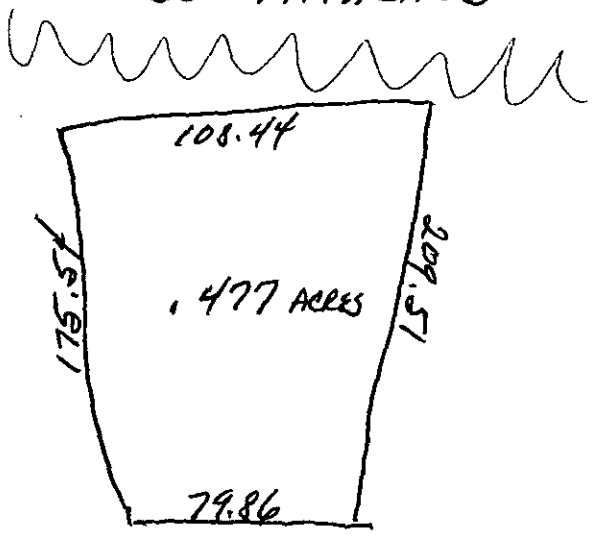
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28211

⑫ PHONE: (WORK) 366-6667 (HOME) 364-8820

⑬ Accurately diagram and dimension lot.

TAX ID
001-032-18

SEE ATTACHED



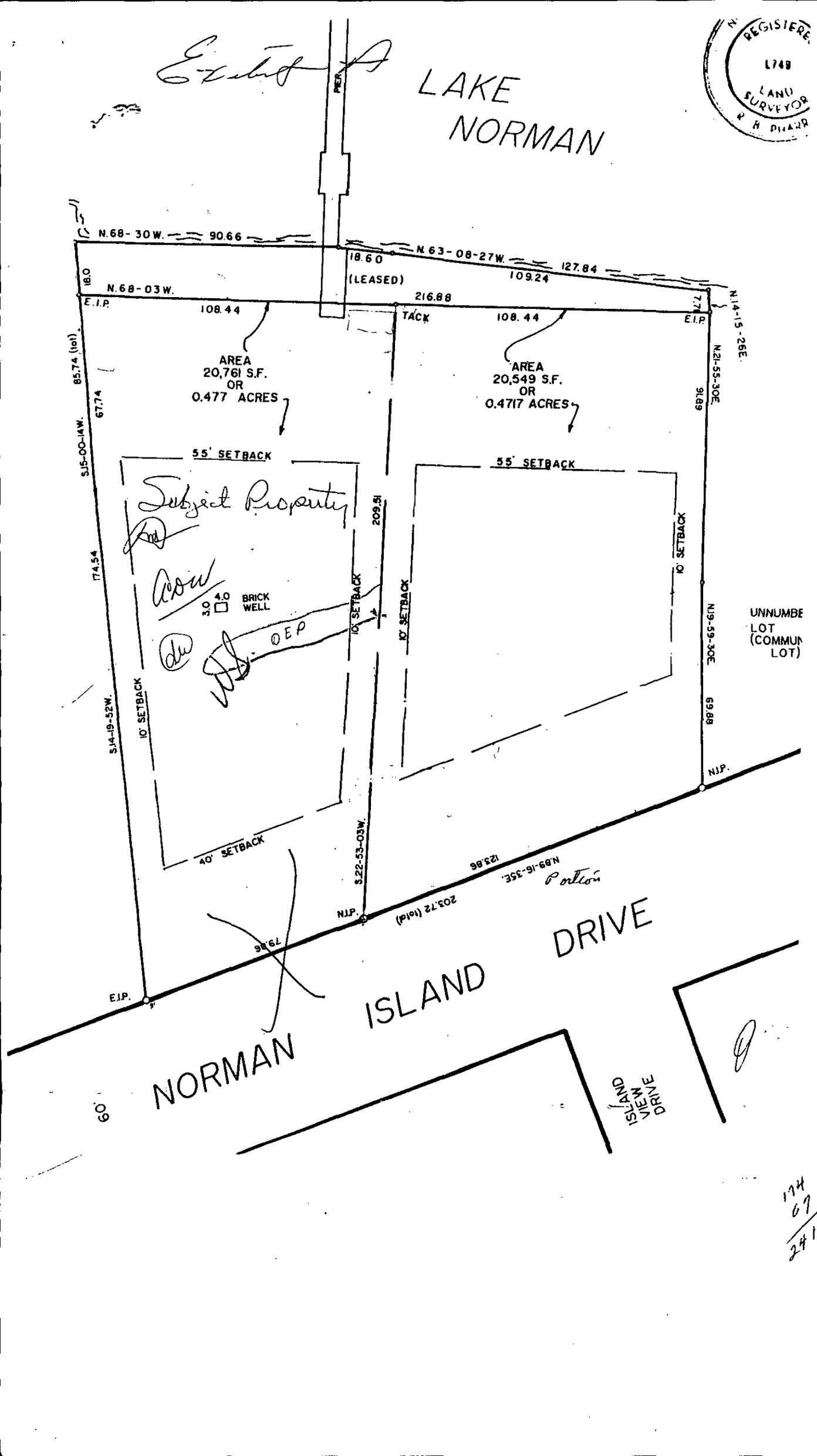
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Wanda Lee Smith / [illegible]

Date: 6/1/89

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

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


Exhibit A
LAKE NORMAN
PIER
N.68-30W. 90.66
18.0
N.68-03W.
E.I.P.
18.60
(LEASED)
N.63-08-27W. 127.84
109.24
216.88
108.44
TACK
108.44
E.I.P.
7.7
N.14-15-26E.
N.21-55-30E.
91.89
AREA
20,761 S.F.
OR
0.477 ACRES
AREA
20,549 S.F.
OR
0.4717 ACRES
55' SETBACK
55' SETBACK
Subject Property
209.51
10' SETBACK
10' SETBACK
10' SETBACK
3.0 4.0 BRICK WELL
OEP
85.74 (lot)
67.74
S.15-00-14W.
174.54
S.14-19-52W.
10' SETBACK
40' SETBACK
S.22-53-03W.
N.19-59-30E.
69.88
N.I.P.
UNNUMBE
LOT
(COMMUN
LOT)
123.86
N.89-16-35E.
Portion
N.I.P.
203.72 (old)
79.86
E.I.P.
NORMAN ISLAND DRIVE
60'
ISLAND VIEW DRIVE
REGISTERE
L749
LAND
SURVEYOR
R. H. PHARR
174
67
241

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date [illegible]

Name/Company [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 1 1989

CK # 560
$30.00

Fee: $30.00 xx

[illegible]
Completed by

[illegible]
Collected by

DEED BOOK PAGE
5871 0001

STATE OF NC Real Estate Excise Tax 207.00

PRESENTED FOR REGISTRATION
88 SEP 30 PM 1:20
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

299

Excise Tax 207.00

Recording Time, Book and Page

Tax Lot No. 001-032-18 Parcel Identifier No.

Verified by County on the day of , 19

by

STAMPS
FEE 5.00
215.00
CHECK 215.00

Mail after recording to Ervin, Kornfeld, MacNeill & Wilson (BOX 53)
8:47 #1445 000
Post Office Box 36878, Charlotte, NC 28236

This instrument was prepared by BRADLEY, GUTHERY, TURNER AND CURRY

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 29th day of September, 19 88, by and between

GRANTOR	GRANTEE
WILLIAM C. PARRIS and wife, JOETTA RILEY PARRIS	WANDA N. SMITH, an undivided one-half interest, and WACHOVIA BANK & TRUST CO., N. A. ASSET ADMINISTRATION FOR AVERY M. LOVE, JR.-I.R.A., an undivided one-half interest, as Tenants-In-Common 423 South Sharon Amity Road Charlotte, North Carolina 28211

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

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of , Lemley Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEGINNING at a point in the southerly right of way margin of Norman Island Drive, said beginning point being the common front corner between lots 18 and 19 in Block D of Norman Island as shown on a map thereof recorded in Map Book 10, Page 77 in the Mecklenburg County Public Registry, thence, from said Beginning point with the dividing line between said Lots 18 and 19 S. 14-19-52 W. 174.54 feet to an iron pin; thence, S. 15-00-14 W. 67.74 feet to an iron pin; thence, N. 68-03 W. 216.88 feet to an iron pin; thence, N. 21-55-30 E. 91.89 feet to an iron pin; thence, N. 19-59-30 E. 69.88 feet to an iron pin in the southerly right of way margin of Norman Island Drive; thence, with the southerly right of way margin of Norman Island Drive N. 89-16-35 E. 203.72 feet to the point or place of beginning, all as shown on a survey prepared by R. B. Pharr & Associates, Registered Surveyor, dated June 30, 1988.

Grantor herein assigns and conveys all right, title and interest Grantor has in and to any lease from Duke Power Company to Grantor for the lease of that property which is adjacent to and south of the above-described property and gives access to Lake Norman.

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DEED BOOK PAGE
5871 0002

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

Book 4913, at Page 165, in Book 5252, at Page 858 and in Book 5281, at Page 421 in the Mecklenburg Public Registry.

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

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

All such valid and enforceable easements, conditions, restrictions and covenants of record

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

(Corporate Name)

By: .....

.....President

ATTEST:

.....Secretary (Corporate Seal)

USE BLACK INK ONLY

William C. Parris (SEAL)
WILLIAM C. PARRIS

Joetta Riley Parris (SEAL)
JOETTA RILEY PARRIS

.....(SEAL)

.....(SEAL)

SEAL-STAMP

NORTH CAROLINA, MECKLENBURG County.

Use Black Ink

I, a Notary Public of the County and State aforesaid, certify that WILLIAM C. PARRIS and wife, JOETTA RILEY PARRIS Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 29th day of September, 1988.

My commission expires: June 30, 1991 Notary Public

SEAL-STAMP

NORTH CAROLINA, ...County.

Use Black Ink

I, a Notary Public of the County and State aforesaid, certify that .....,
personally came before me this day and acknowledged that ____ he is ..... Secretary of ..... a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its ..... President, sealed with its corporate seal and attested by ..... as its ..... Secretary.
Witness my hand and official stamp or seal, this .....day of ....., 19.....

My commission expires: ..... Notary Public

The foregoing Certificate(s) of .....
.....
.....

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

.....

By .....

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Mary W. James

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

This 30th day of September 19 88.

Charles E. Crowder, Register of Deeds

By: Colleen T. Waugh Deputy

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.....
.....
and Page shown on the

.....COUNTY

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