

5200 MT OLIVE CHURCH RD

11337214

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

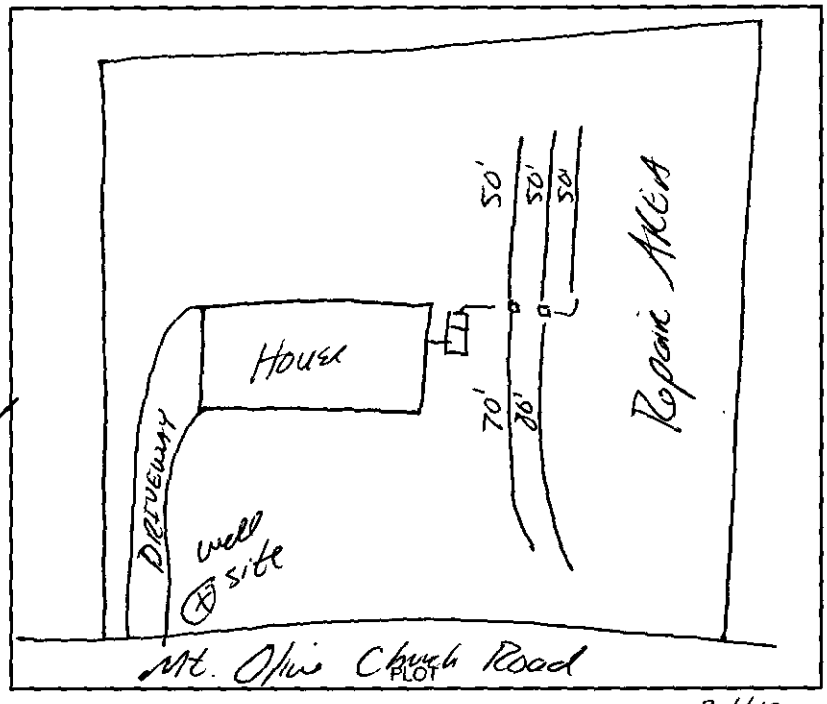
FILE: 4407B DATE: 7/11/01
TC: 113-372-14 ☒ L ☐ CRT
SERIAL Nº 18598

Name of Owner Marion Smith Juris.:

Address of Property 5200 Mt. Olive Church Road

Inspection Data:

Tank Material PCC
Total Length of Drainfield 300'
Number of Lines 5 @ varying Lengths
Cover Depth 24"
Water Supply Source well
Distance to Water Source Not yet drilled
Excavation Inspected 7/11/01
Tank(s) Inspected 7/11/01
Wash Line Inspected NA
High Water Alarm Inspected NA



Design 1500 ST, 900 SFT, INV, E-2 Flow, CTR# Robbie Ray

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☒ installed or constructed ☐ altered or repaired
☐ in accordance with the permit issued ☒ as detailed in the plot above
and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this
☐ Certificate of Completion ☒ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Three Bedroom Residence
5 lines x (50'x50', 50', 70', 80') x 3' with drop boxes
Type IIIg Innovative System

Jerry L. Mickler R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

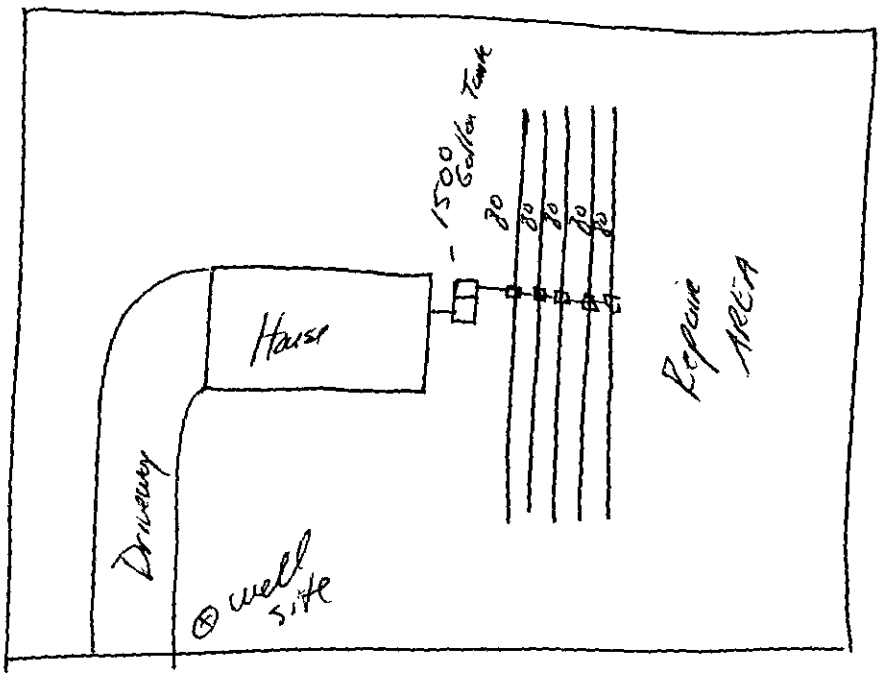
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4427B DATE: 7/10/01

TC: 113-372-14 ☐ L

SERIAL Nº 18632

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 10/11/00. All work shall be completed on or before 8/10/01, 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 NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 x 80'x3'x12"

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

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

NAME OF OWNER Marion Smith

LOCATION OF PROPERTY 5200 Mt. Olive Church Road

Comments: Three Bedroom Residence

Install 5 lines x 80' x 3' x 12" stone

Type II Conventional System

Tommy P. Nichols R.S.
Environmental Health Specialist

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

no 2/9/01 ckw - all AES

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2/12/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ **PERMIT NO:** 44278
PARCEL NO: 113-372-14

JOB LOCATION ADDRESS: 5200 Mt. Ohio Church Road
PROPERTY OWNER: Marion Smith
BUILDING CONTRACTOR: —
SUBDIVISION NAME: —
AUTHORIZATION ISSUED BY: Jeanny F. Mackie **DATE:** 10/11/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 44278, 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: Permit valid for 5 years.

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.

Marion Smith
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

mit Number 4427-B

Tax Number: 113-372-14

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	X 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

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: - Property does not require 100% Repair
- permit valid for 5 years

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

1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Tommy L. Mitchell 10/11/00
DEHNR Authorized Agent Date

Marvin Lunsford
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

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

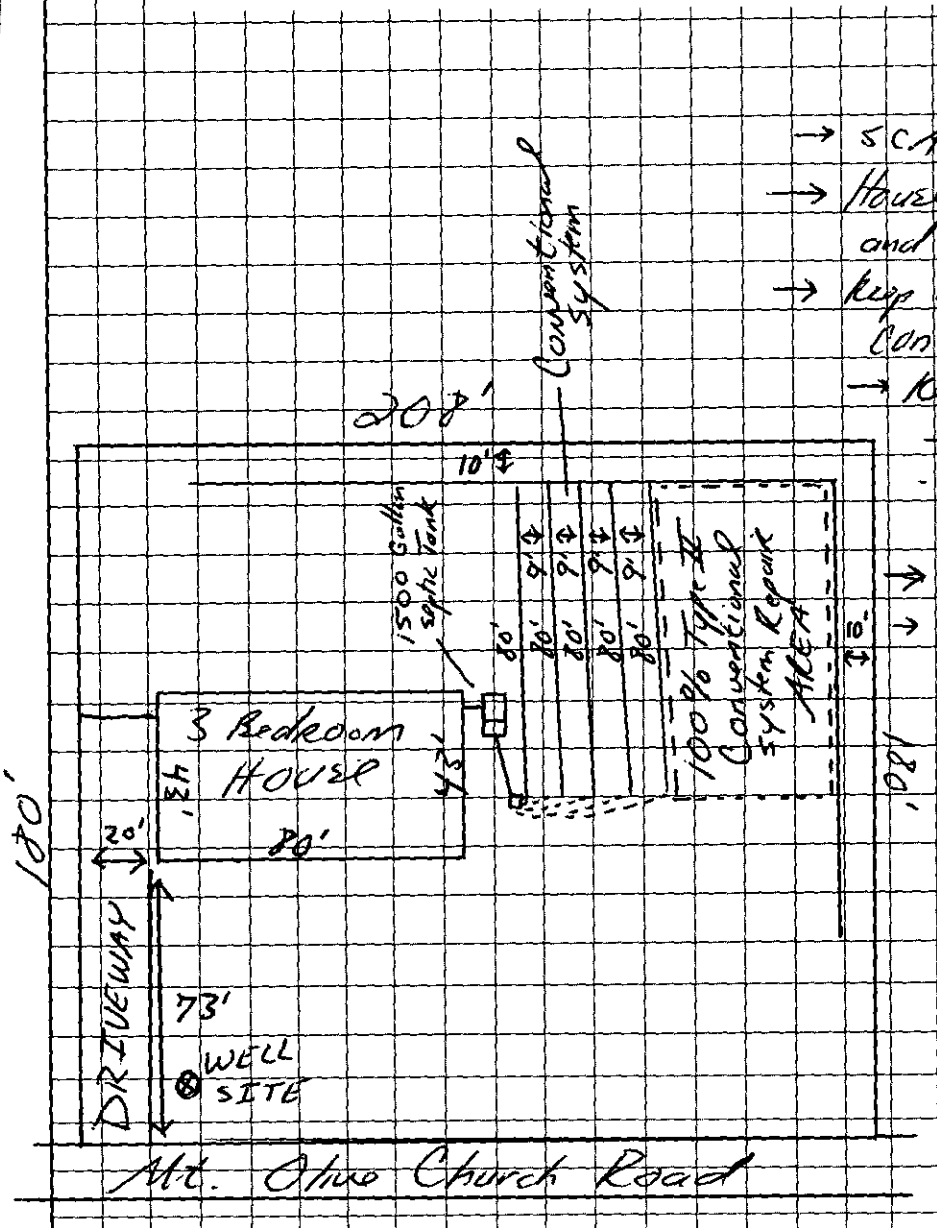
PROPOSED PLOT PLAN

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

FILE: 4427B

TC: 113-372-14

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



Comments

→ SCALE = 1" = 50'
→ House site 20' off left property and 73' off front property line
→ Keep trenches level and on contour of the land (24")
→ Keep all parts of septic system
- >5' from foundation
- >10' from property lines
- >100' from all wells
→ 1500 Gallon Septic Tank
→ Install 5 lines x 80' x 3' x 12" stone
Type II Conventional System (400 TCF)
→ Property does not require 100% Repair

Mario Smith
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Jimmy Mickle 10/11/00

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: _____
Property ID: 113-372-14
Lot #: _____
File #: 44213

#1 AC

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Melvin Smith, Sr. APPLICANT: _____
ADDRESS: 3234 Barringer Dr, Charlotte DATE EVALUATED: 9-26-06
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360 gpd PROPERTY SIZE: .86
LOCATION OF SITE: 5200 Mt. Olive Church Road PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .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/scl	Fr/SEXPl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .39/F2 IV
		3-41"	SBK/C	Fi/SEXPl S/P					
		41-48"	SBK/Cl	Fr/SEXPl SS/SP					
2	LS	0-2"	gr/scl	Fr/SEXPl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .39/F2 IV
		2-11"	SBK/scl	Fr/SEXPl SS/SP					
		11-48"	SBK/C	Fi/SEXPl S/P					
3	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	736" TO soil wetness	36"	N/A	None	PS .39/F2 III
		4-36"	SBK/SC	Fi/SEXPl S/P					
4	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	741" TO soil wetness	41"	N/A	None	PS .39/F2 IV
		4-28"	SBK/C	Fi/SEXPl S/P					
		28-48"	SBK/Cl	Fr/SEXPl SS/SP					
5	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .39/F2 IV
		4-32"	SBK/SC	Fi/SEXPl S/P					
		32-46"	SBK/scl	Fr/SEXPl SS/SP					
6	LS	0-7"	gr/scl	Fr/SEXPl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .39/F2 IV
		7-38"	SBK/C	Fi/SEXPl S/P					
		38-48"	SBK/scl	Fr/SEXPl SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.39/F2	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marlin LSS 9-28-06
OTHER(S) PRESENT: _____

FILE # 4427

COMMENTS Does not appear to be NRCS Report

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

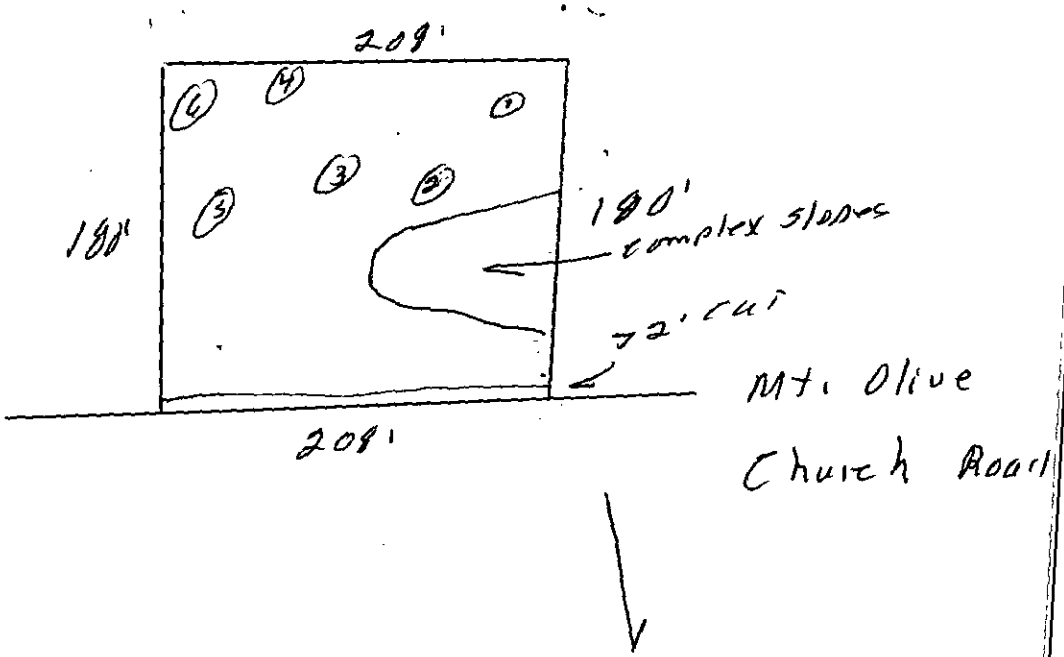
STRUCTURE

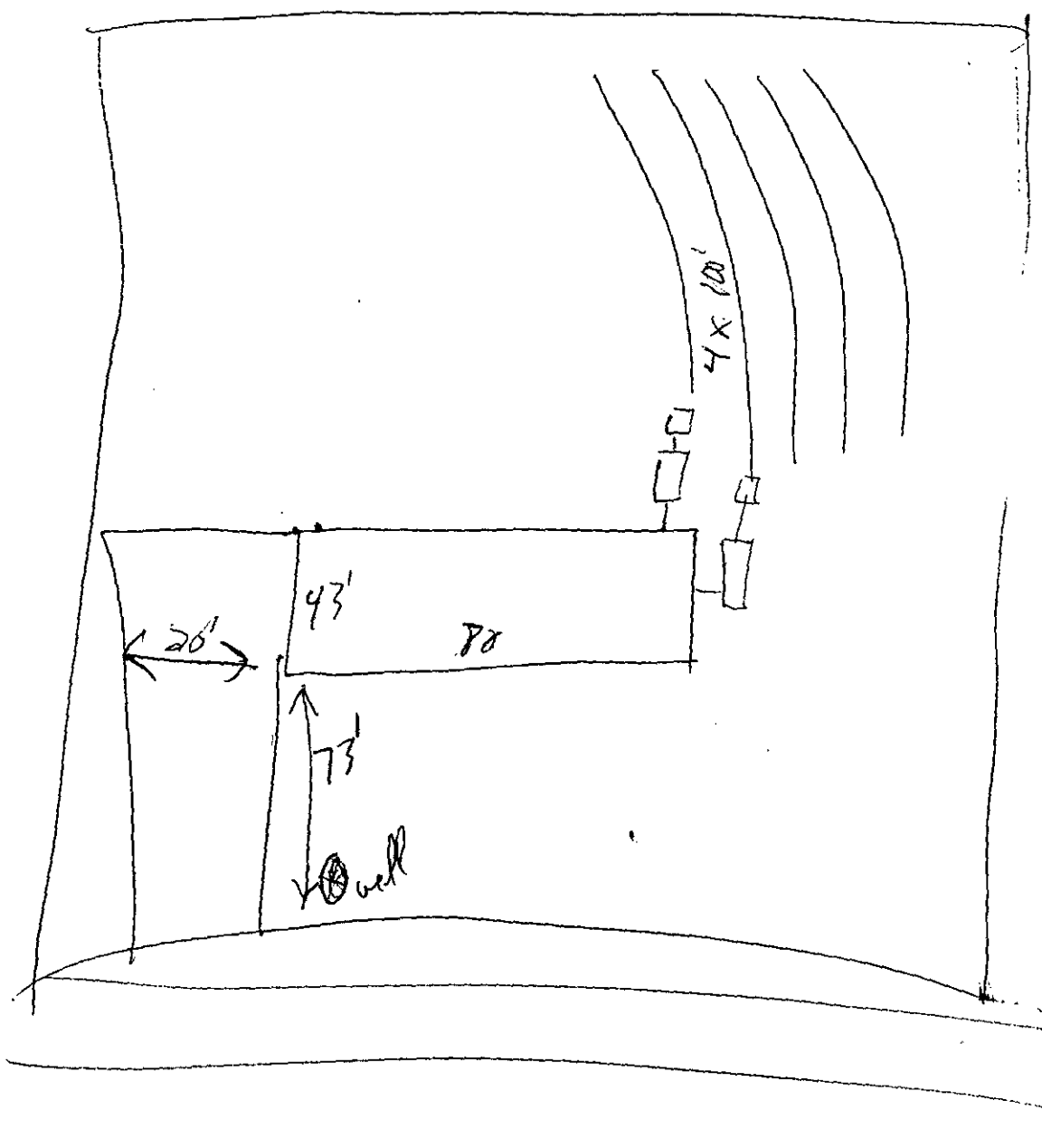
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE




4 x 100'
43'
70
20'
73'
well

FEES: 32.00
DATE: 9.14.00 Tax+Cell

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

[ ] CRT

TYPE APPLICATION: [X] 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 #: 4427B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: Mt Olive Church Rd. 5200

TAX/PARCEL NUMBER: 113-372-14 MT Olive Church

STREET ADDRESS: Directly Across From Mt Olive Church. Mt Olive Church Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

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: 3

NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT ON SLAB
[X] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

[ ] 0 MECKLENBURG
[X] 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)
[ ] MUNICIPAL (M)
[ ] OTHER 'SPRINGS' (O)
[X] PRIVATE WELL (P)

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Smith (FIRST) Melvin (MI) SR.	NAME: (LAST) Smith (FIRST) Marion (MI)
ADDRESS: 3234 Barringer Dr.	DAYTIME PHONE: (704) 525-3571
CITY: Charlotte STATE: N.C. ZIP: 28217	Pager (800) 864-8444
DAYTIME PHONE: (704) 334-6976	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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: Melvin Smith Marion Smith DATE: 9/14/00

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): MARIOS SMITH	Phone #:	Date Requested: 9/14/00	Date Filled:	
Account Name:	Cash	Charge	Account No.:	
I certify that I am authorized to charge this account for this service:				
Signature:	Printed Name:		Date:	

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by: TMc		Date: 9/14/00	Total:	200

MT. OLIVE CHURCH Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

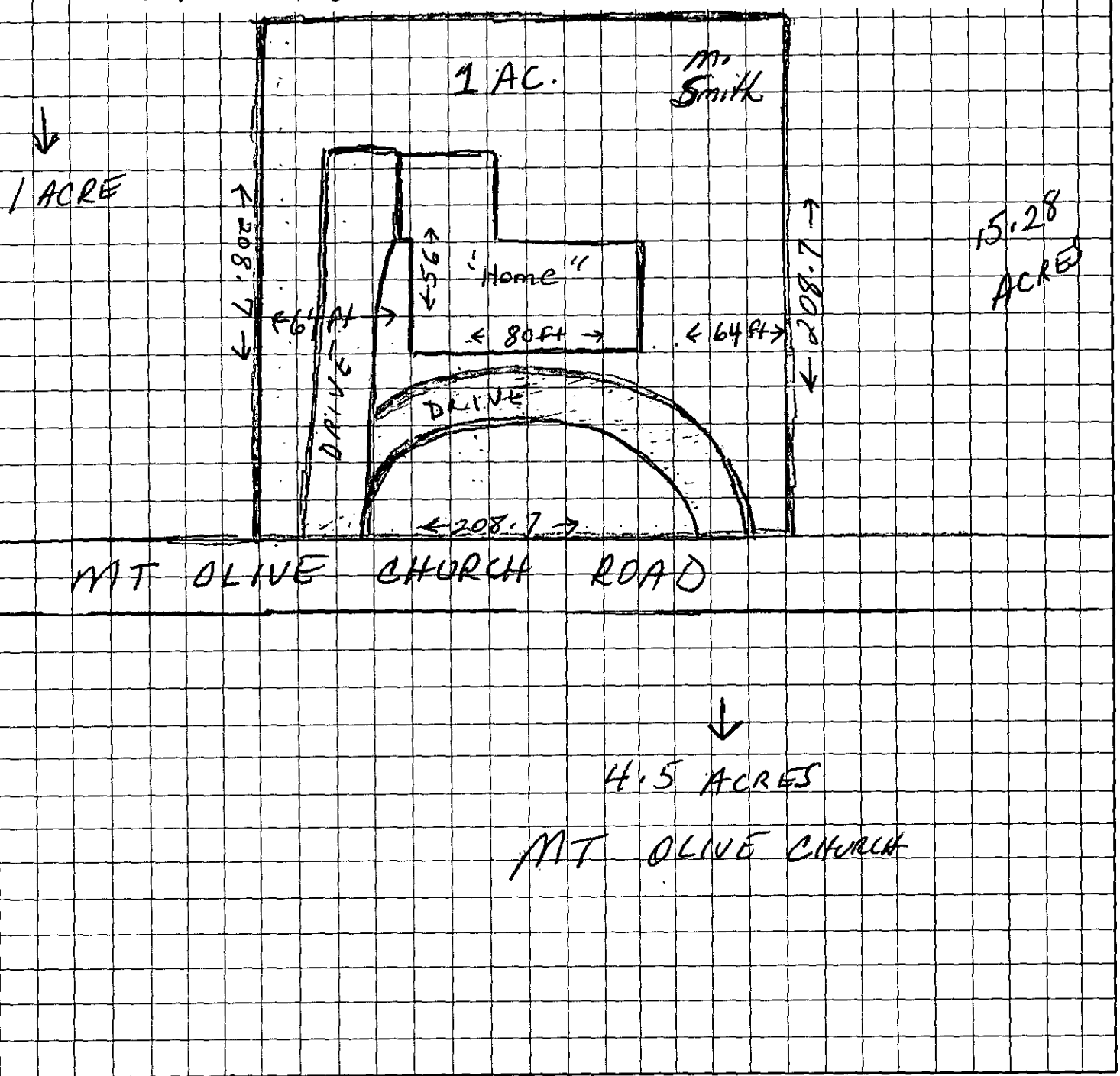
PROPOSED PLOT PLAN

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

FILE: 4428

TC: 113-372-14

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.

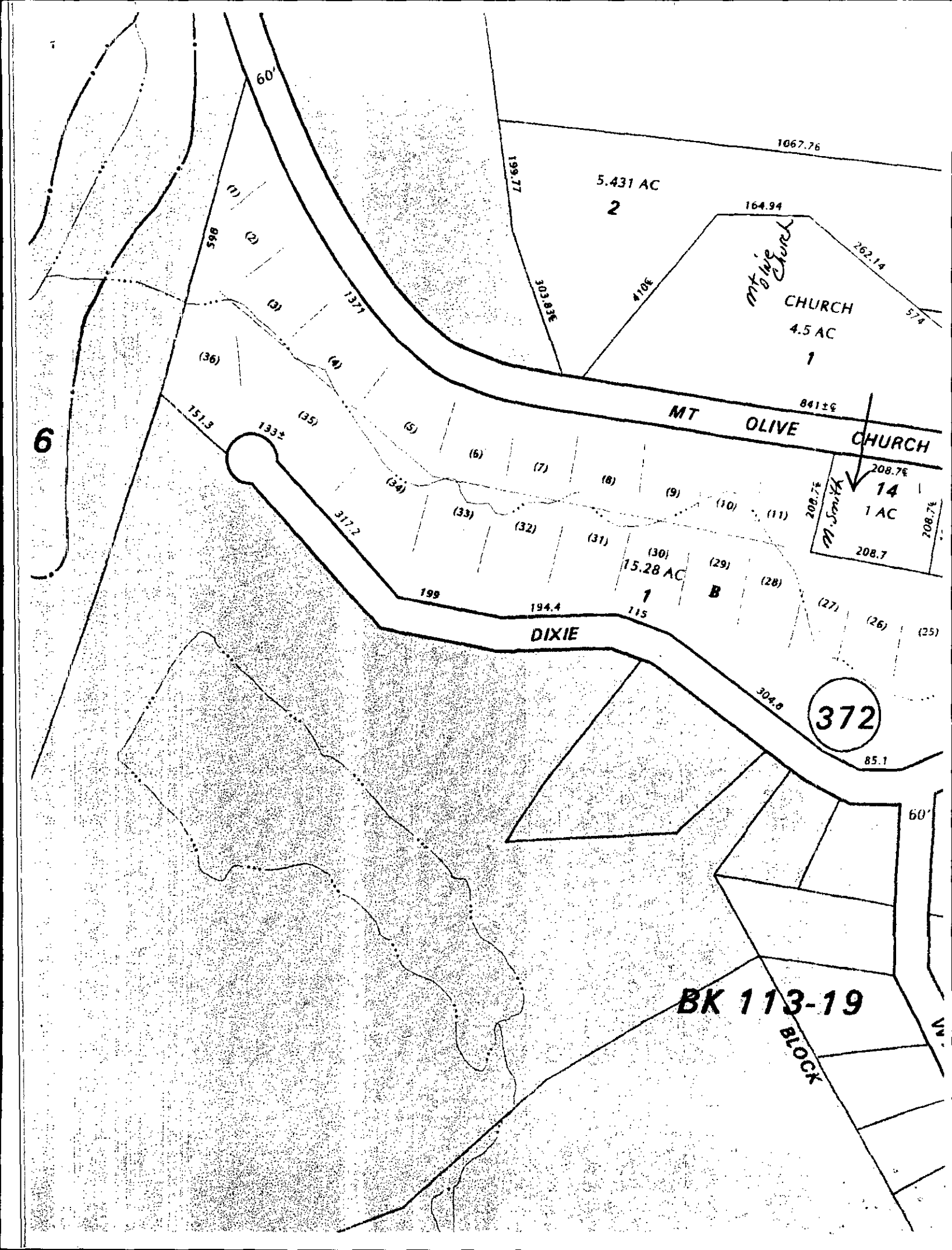


Marion Smith
OWNER/AGENT SIGNATURE

DATE 9/13/00

APPROVAL DATE _____

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


60'
1067.76
199.77
5.431 AC
2
164.94
262.14
410±
303.93±
Mt Olive Church
CHURCH
4.5 AC
1
574
598
1371
(1)
(2)
(3)
(4)
(36)
(35)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
(34)
(33)
(32)
(31)
(30)
15.28 AC
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(29)
B
(28)
(27)
(26)
(25)
151.3
133±
3177
841±¢
MT OLIVE CHURCH
208.7¢
14
1 AC
208.7¢
M. Smith
208.7
208.7¢
199
194.4
115
DIXIE
304.6
372
85.1
60'
6
BK 113-19
BLOCK

79

208
80
128

80

64

64

64

DEED BOOK | PAGE

4792 0316

200 300

STATE OF NORTH CAROLINA
FEB 23 '84
Real Estate Excise Tax
02.00
P.B. 0709

PRESENTED FOR REGISTRATION
FEB 23 4 15 PM '84
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

156

Excise Tax

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. .....

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

by .....

STAMPS	2.00
FEE	6.50
<>	8.50
CASH	8.50

Mail after recording to Lacy W. Blue, 701-B East Trade Street, Charlotte, NC 28202-3056

02/23/84

This instrument was prepared by Lacy W. Blue, Attorney at Law

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 21 day of February, 19 84, by and between

GRANTOR	GRANTEE
CALVIN SMITH, SR. and wife MACIE SMITH	MELVIN ANDREW SMITH and wife BESSIE R. SMITH 3234 Barringer Dr. Charlotte, NC 28210

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

ADJOINING the Mount Olive Church Lands and others, BEGINNING at a stone Southeast corner of the church lot and the old Walbridge corner and the corner of the school house lot and runs thence with the school house lot S. 10 W. 208.7 feet to a stake; thence N. 80 W. 208.7 feet to a stake; thence N. 10 E. 208.7 feet to a stone in the church line; thence with said line S. 80 E. 208.7 feet to the BEGINNING, containing one (1) acre.

1.00
5.50
6.50

DEED BOOK PAGE

4792 0317

2.00

The property hereinabove described was acquired by Grantor by instrument recorded in Deed Book 4352 at Page 0880

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:

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

Calvin Smith Sr. (SEAL)
CALVIN SMITH, SR.

Macie Smith (SEAL)
MACIE SMITH

.....(SEAL)

.....(SEAL)

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Calvin Smith, Sr. and wife, Macie Smith Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 21st day of February, 19 84.

My commission expires: 4/14/85 Jane S. Hinson Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ...County.

I, a Notary Public of the County and State aforesaid, certify that .....,

personally came before me this day and acknowledged that ..... he is ..... Secretary of .....

given and as the act of the corporation, the foregoing instrument was signed in its name by its ..... a North Carolina corporation, and that by authority duly President, sealed with its corporate seal and attested by ..... as its ..... Secretary.

Witness my hand and official stamp or seal

My commission expires: _____, 19____

_____ Notary Public

The foregoing Certificate(s) of Jane G. Hinson, a Notary Public for said County and State 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.

Charles E. Crowder

_____ REGISTER OF DEEDS FOR Mecklenburg COUNTY

_____ Deputy Register of Deeds

This 23rd day of February, 1984

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