

5235 EAGLE LAKE DR S

14108228

5/31/2007

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: 5405-A DATE: 9/27/00

TC: 141-082-28 ☒ L ☒ CRT

SERIAL Nº 18483

Name of Owner Christopher Poindexter Juris.: _____

Address of Property 5235 Eagle Lake Drive South

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 5 @ 60'

Cover Depth 12"

Water Supply Source Municipal

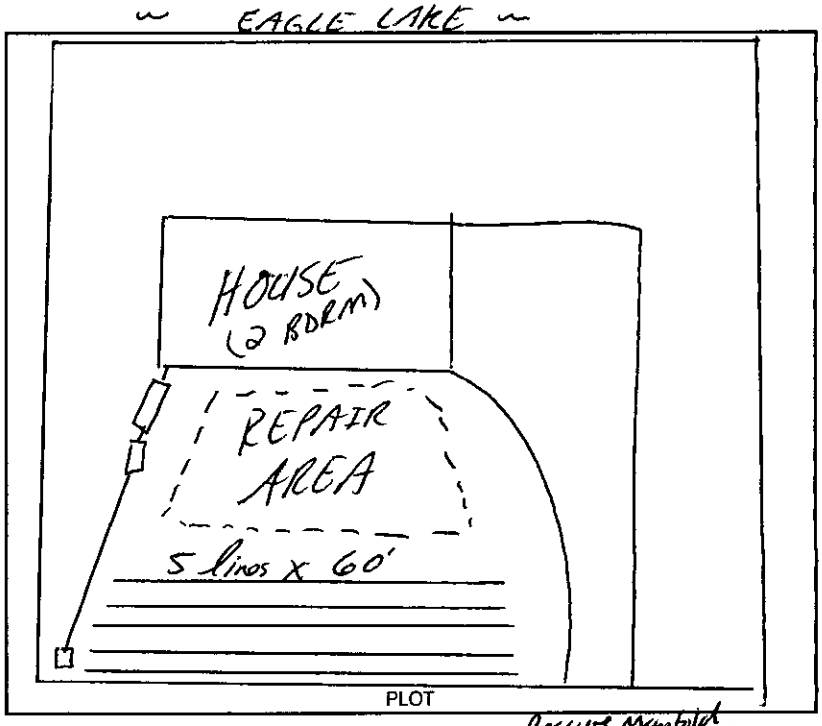
Distance to Water Source NA

Excavation Inspected 9/13/00

Tank(s) Inspected 9/13/00

Wash Line Inspected NA

High Water Alarm Inspected 9/27/00



Design 2000, 1500ST, 1000DT, P2, CON, 900SFT, 12" Stone, Pressure Manifold CTR# Autrey

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: Two (2) Bedroom House

5 lines x 60' x 3' x 12" stone (Type IIIb system)

Pressure Manifold - Nema 4X Simplex Control Panel

Jimmy L. Mullen
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

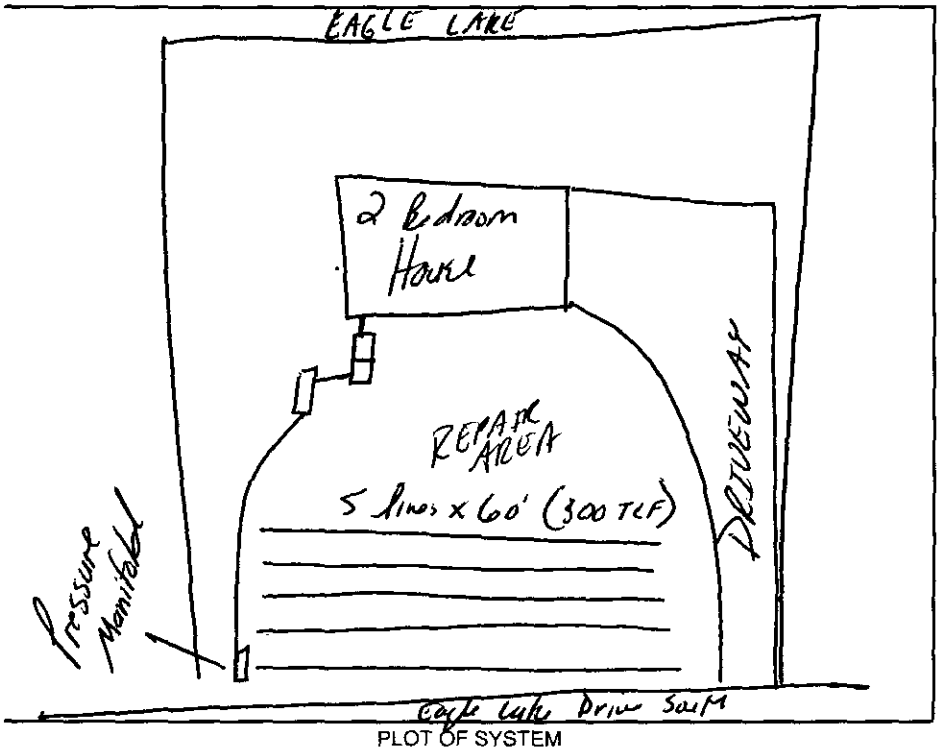
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5405 A DATE: 9/5/00

TC: 141-082-28 ☒ L

SERIAL Nº 18445

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 7-1-1999. All work shall be completed on or before 10/5/00, after which date *this permit shall be null and void. The system shall meet all of the construction* requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this *permit does not in any way guarantee* that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of *Dosing Tank* 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' *feet*

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 5 lines x 60'

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well N/A feet

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

NAME OF OWNER Christopher Poindexter

LOCATION OF PROPERTY 5235 Eagle Lake Drive South

Comments: 2 Bedroom House

Install 5 lines x 60' x 3' x 12" Stone

Use a 4x Simplex Control Panel

Pressure Manifold

Jerry L. Mickler
Environmental Health Specialist

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

Charged to acct. pd in full

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** ACS X
DATE: 7/16/99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/12/99 PERMIT NO: 5405A

PARCEL NO: 141 082 28

JOB LOCATION ADDRESS: 5235 Eagles Lake Dr
PROPERTY OWNER: Christopher B. Poindexter
BUILDING CONTRACTOR: " " "
SUBDIVISION NAME: Eagle Lake
AUTHORIZATION ISSUED BY: Philo S. Walker RS DATE: Y
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5405A, 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: Lift pump required

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE 7-20-99

Permit Number: 5405A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 141 082 28

- 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.

(8)

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	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO 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	1000 Gallon pump tank	12" Depth of stone		

Any surface waters present: yes Type: Lake Minimum separation distance: >50'

Site modifications required:

Additional Conditions: Community well, Keep the septic system > 100' from the community well. Lift pump required, Keep the septic system >50' from the lake. Pressure manifold distribution >10' from any

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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

Philo S. Walker RS. 7/12/99
DEHNR Authorized Agent Date

Owner/Agent Signature 7-16-99
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

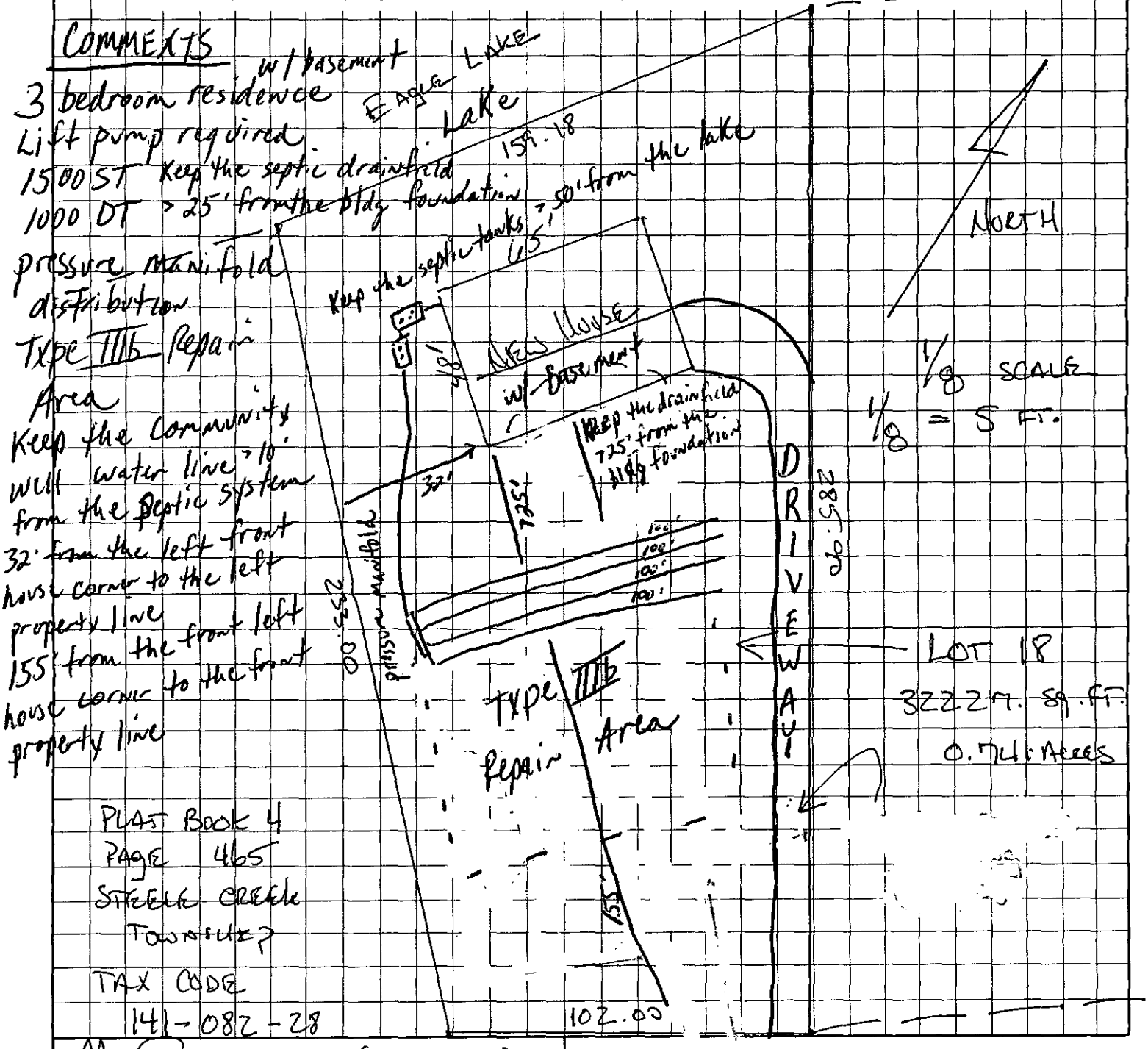
PROPOSED PLOT PLAN

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

FILE: 5405A

TC: 141-082-28

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.



(578-3390)

OWNER/AGENT SIGNATURE

DATE 7-1-1999

APPROVAL DATE

EAGLE LAKE DR. SOUTH (PRIVATE ROAD)

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

FEE: 100.00 CK# 3377
DATE: 7/6/99 sc

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

thanks for the prior work 5/31/96

FILE #: 5960 59

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-082-28

STREET ADDRESS: 5235 EAGLE LAKE DR. S.

SUBDIVISION OR MOBILE HOME PARK NAME: EAGLE LAKE

LOT NUMBER: 18

TOWNSHIP (CHECK ONE): STEELE CREEK

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

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1650

NUMBER OF BEDROOMS: #3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: CBS.

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [X] YES [ ] NO TYPE: CONSTRUCTION MANAGMENT

WATER SUPPLY (CHECK ONE): [X] 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 [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:

NAME: POINDEXTER CHRISTOPHER BRYAN
(LAST) (FIRST) (MI)

ADDRESS: 2000 HOPEDALE AVE.

CITY: CLT STATE: NC ZIP: 28207

DAYTIME PHONE: 704 578-3390

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: N/A

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9-10-98 BK: 8631 PG: 0865

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: C.M. [signature] DATE: 7-1-1999

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 ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15952

File: 5405A Action 1

Parcel: 14108228 ☐ PC

Location: Eagle Lake Drive

Subdivision:

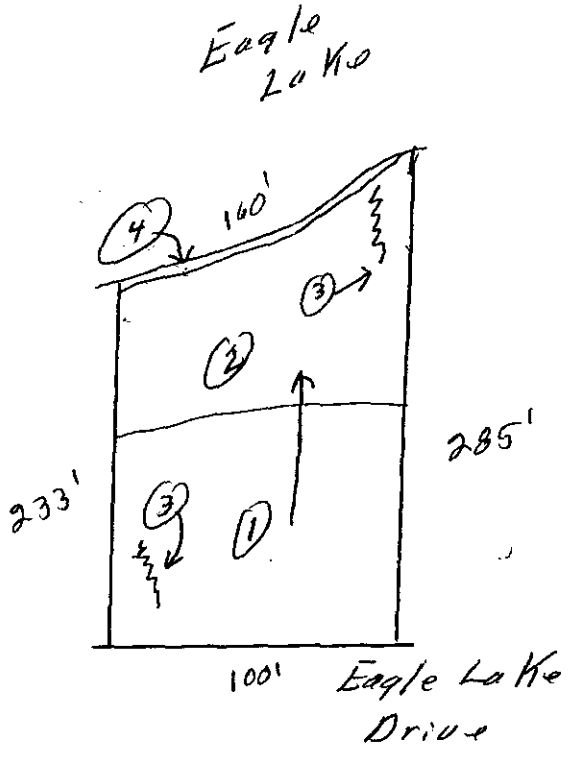
Lot: Block: Acres: .58

Owner: Steven Craig Cook
Address: P. O. Box 36145
Charlotte, NC 28236

Comments: System may require
lift pump

Described by: William R. Marlin

Date: 1-24-89



*** 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 8-15%	S (PS) U 15-25%	S PS (U) complex slopes	S PS (U) >30%	S PS U	S PS U
Texture	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To water	S (PS) U >48" To water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48"	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U See Note	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 Cecil-like	IVA Cecil-like	Complex Slopes	>30%		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

PROPOSED PLOT PLAN

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

FILE: 54054

TC: 141-082-28

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:

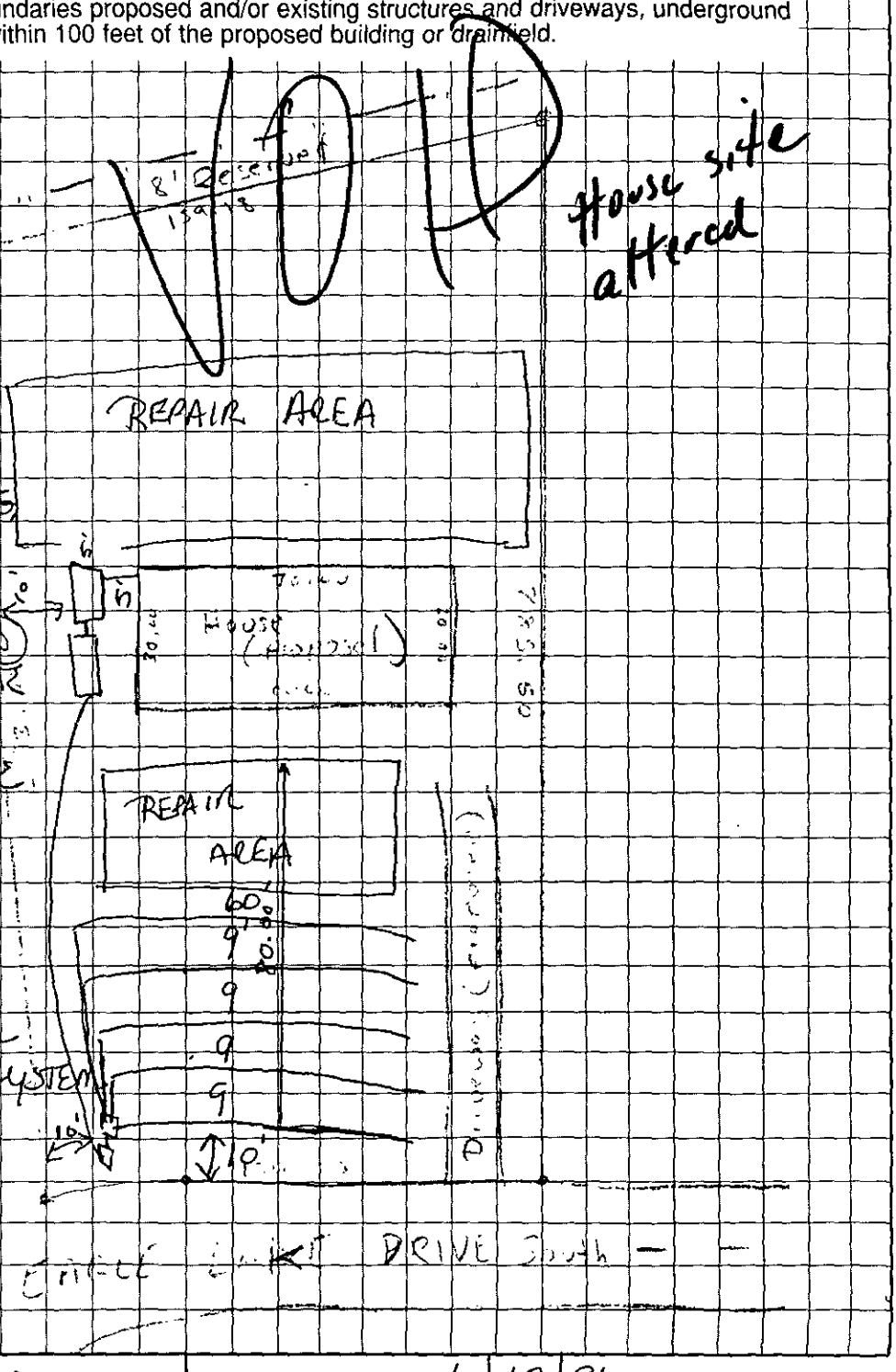
(1) 1500 SEPTIC TANK

(2) 1000 PUMP TANK

(3) PROPERTY OWNER REQUESTS USE OF CHAMBERED SYSTEM. 5 BEDROOM @ ~~5X60X~~ 5 at 60' OR CONVENTIONAL TRENCHING @ 4X6 7'X12" COULD BE SEPTIC TANK OPTION. PUMP TANK (2) 750 GALLON TANK

(4) SHALLOW PLACED REPAIR AREA AVAILABLE FOR WATER-SIDE OF LOT

(5) THERE SHALL BE NO DRIVING OR PARKING OVER DRAINFIELD OR ANY PART OF SEPTIC SYSTEM



Christopher Lewis Affrice
OWNER/AGENT SIGNATURE

DATE 6/12/96

APPROVAL DATE 6/12/96

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

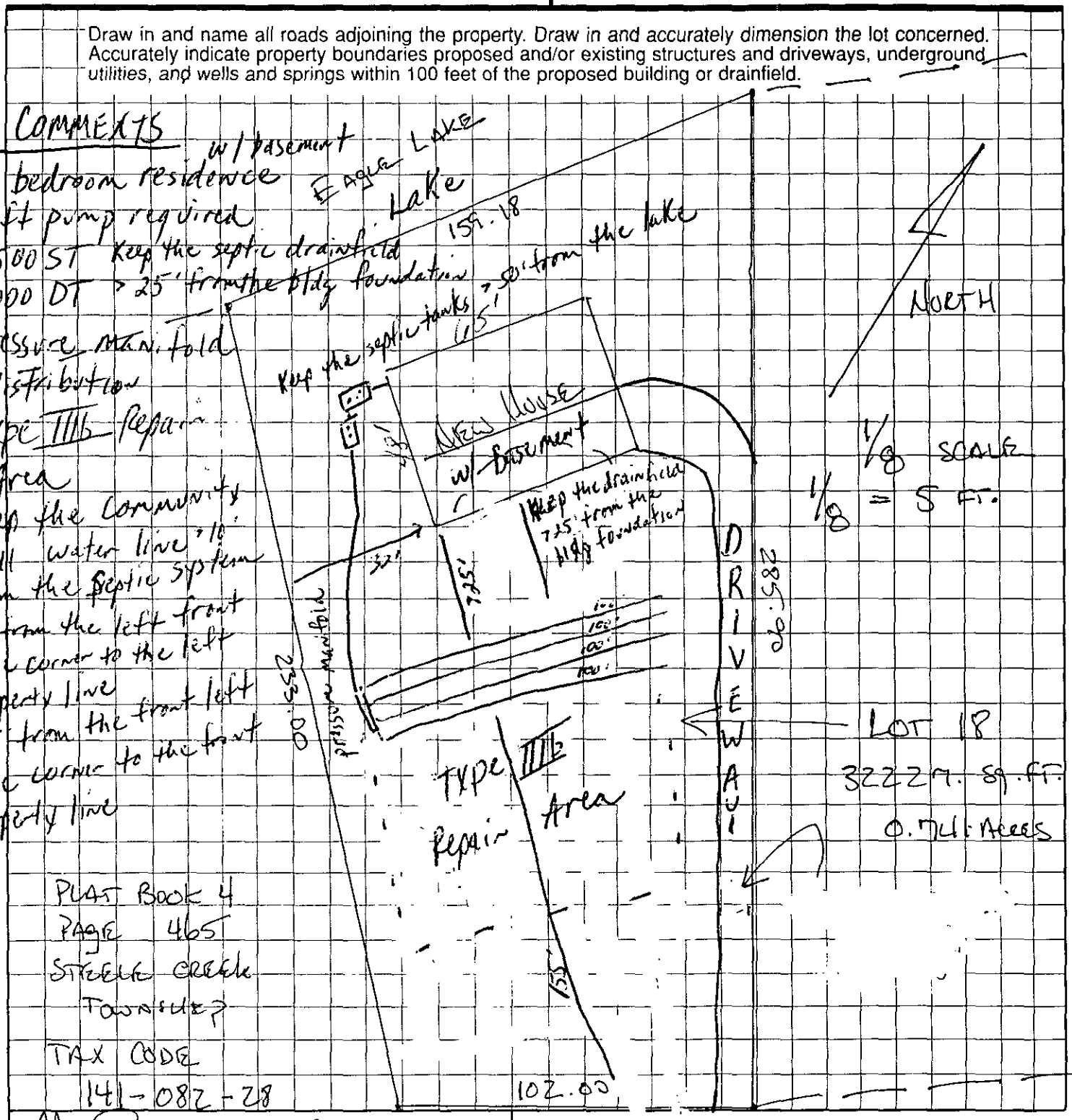
PROPOSED PLOT PLAN

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

FILE: 5405A

TC: 141-082-28

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.



(518-3390)

OWNER/AGENT SIGNATURE

DATE 7-1-1999

APPROVAL DATE

EAGLE LAKE DR. SOUTH (PRIVATE ROAD)

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

TRANSFER OF OWNERSHIP

Permit #: 5405A
Job Location Information:
Tax Parcel #: 141-082-28
Street Address: 5235 Eagle Lake Dr

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change or if information submitted in this application is falsified or changed.

Property Owner Improvement Permit Originally Issued to:

Name: Jeffries Sean Date Issued: _____
(last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: (704) 590 - 1384

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: Poindexter Christopher B
(last) (first) (mi)

Address: 2000 Hopedale Ave
City: CLT State: NC Zip: 28207
Daytime Phone: (704) 578 - 3350

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: _____ Date: 7-6-99

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: _____
(last) (first) (mi)

Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: ( ) ___ - _____

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated _____ has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: _____ Date: _____

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 6/12/96 PERMIT NO: 5405A

PARCEL NO: 141-082-28

JOB LOCATION ADDRESS: 5235 Eagle Lake Drive

PROPERTY OWNER: Jean Jeffries

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Eagle Lake, Lot 18

AUTHORIZATION ISSUED BY: Jane Diggs Burney DATE: 6-12-96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5405A, 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: Installation Approval shall be met.

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 5405A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 141-082-28

- 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	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	300 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	~~1000~~ 750 Gallon pump tank	N/A Depth of stone		
Any surface waters present: yes Type: LAKE TYPE IV Minimum separation distance: 50'				
Site modifications required: PUMP WILL BE REQUIRED.				
Additional Conditions: HOMEOWNER REQUESTS TO UTILIZE INNOVATIVE SYSTEM.				
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	
— Absorption Area (Sq ft) 300 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.

Joni Leggett Bunn RS. 6/12/96

DEHNR Authorized Agent Date

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

Hold for
Signatures
of Appropriate
forms.

TNB
6/26/96

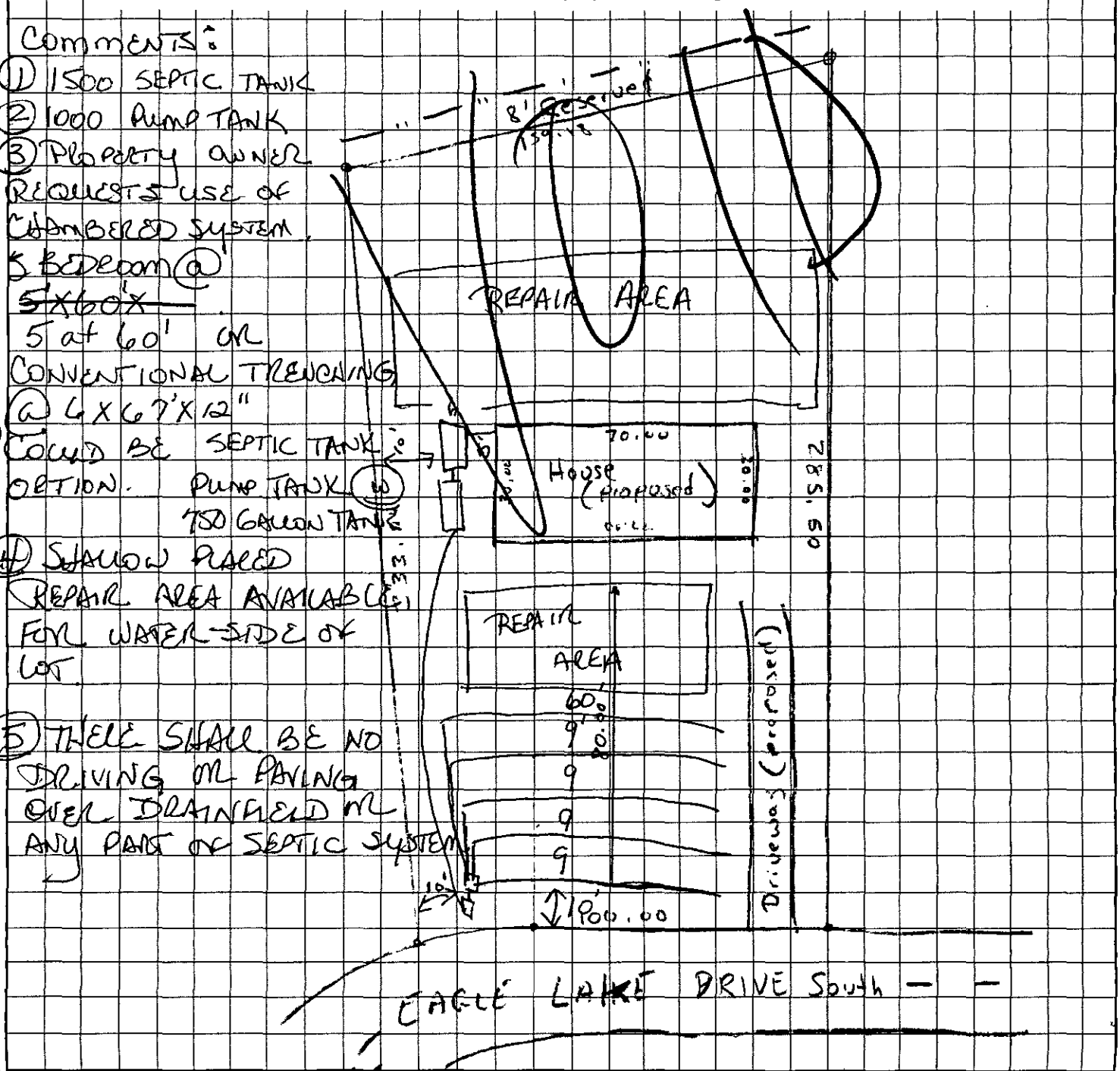
PROPOSED PLOT PLAN

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

FILE: 5405A

TC: 141-082-28

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.



Christopher Jason Affrice
OWNER/AGENT SIGNATURE

DATE 6/12/96

APPROVAL DATE 6/12/96

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

FEE: 100.00 CK# 1083

DATE: 5/31/96

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

#1

( ) 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

6/12 Wed - 4:30pm

FILE #: 590SA

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 141-082-28

STREET ADDRESS: 5235 Eagle lake Dr. South

SUBDIVISION OR MOBILE HOME PARK NAME: Eagle Lake

LOT NUMBER: 18

TOWNSHIP (CHECK ONE):

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

Lot selected 6-7-96
use initial report letter

Closing June 26, 1996

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2100

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

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

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

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

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

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

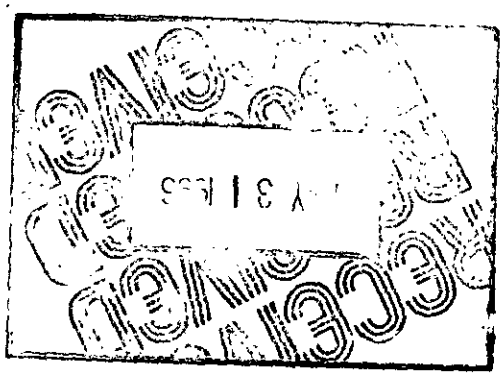
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Cook (LAST) Steven (FIRST) C (MI)	NAME: Jeffcoat (LAST) Christopher (FIRST) Sean (MI)
ADDRESS: 1209-D North Main St.	DAYTIME PHONE: (704) 590 - 1384
CITY: High Point STATE: NC ZIP: 27262	Home 587-0601
DAYTIME PHONE: (910) 883 - 7410	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/13/1988

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: Christopher Sean Jeffcoat DATE: 5/31/96

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



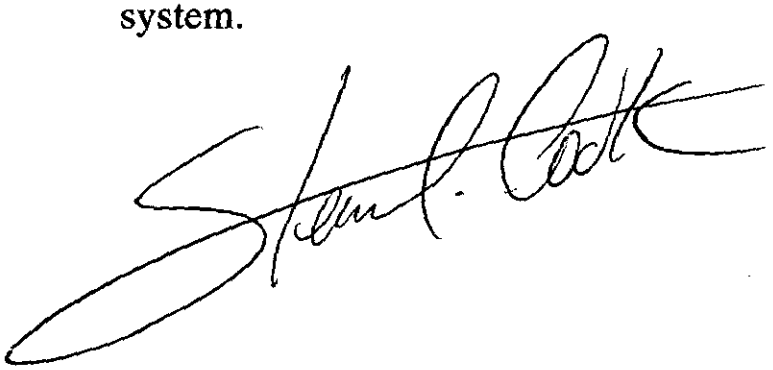
5405A

STEVEN CRAIG COOK
1209-D North Main Street
High Point, North Carolina 27262

May 8, 1996

To Whom it May Concern:

I Steven Craig Cook do here by give permission to Shawn Jeffries and Mecklenburg County Health Department to enter my land to do a test to determine the site suitability for the installation of a ground absorption sewage disposal system.



Klak

3405A

SURVEYOR'S INSPECTION REPORT

THIS IS TO CERTIFY, that I have made an accurate survey of the premises standing in the name of Sean Jeffries

situated at Mecklenburg NC
City County State

known as Street Numbers 5235 Eagle Lake Drive (South)

and shown on the accompanying survey entitled Property of above owner

I made careful personal inspection of said premises and of the building located thereon at the time of making such survey, and from such inspection I found _____ to be in possession of said premises as _____
(tenant) or (owner)

I further certify as to the existence or non-existence of the following:

1 Rights of way, old highways or abandoned roads, lanes or driveways, drains, sewer or water pipes over and across said premises: None

2 Springs, streams, rivers, drainage ditches, ponds or lakes located, bordering on or running through said premises. See plat

3. Cemeteries or family burying grounds located on said premises: None visible on property

4. Telephone telegraph or electric power poles, wires or lines, and pipe lines of every character, or railroad lines, located on or crossing said premises: None

5. Disputed boundaries or encroachments. (Specify definitely whether buildings on surveyed premises encroach on adjoining properties and whether buildings on adjoining properties encroach upon surveyed premises). None

6. Are there any indications of building construction, alterations or repairs within recent months? None

7. Description of present improvements: None

8. Building or possession lines (In case of city or town property specify definitely as to whether or not walls are independent walls or party walls and as to all easements of support or "beam rights "
In case of county property report as to fence lines) None

9. Any change in street lines either completed or officially proposed: None

(a) Are there indications of recent street or sidewalk construction or repairs? None

10. If any zoning or other municipal regulations affect the use of survey premises, do the improvements on the premises and the use made of them comply with such? N/A

11. If the surveyed premises are subject to restrictive covenants, do the improvements, use and occupancy comply with such? (If premises are subject to restrictive covenants, have the examining attorney furnish you verbatim copy of them):
N/A

Dated at 3p.m. this 22 day of May 96

Robert A. Burns
Civil Engineer

NORTH CAROLINA REGISTERED L1201 LAND SURVEYOR ROBERT A. BURNS

(OVER)

Recorder Form No 12195

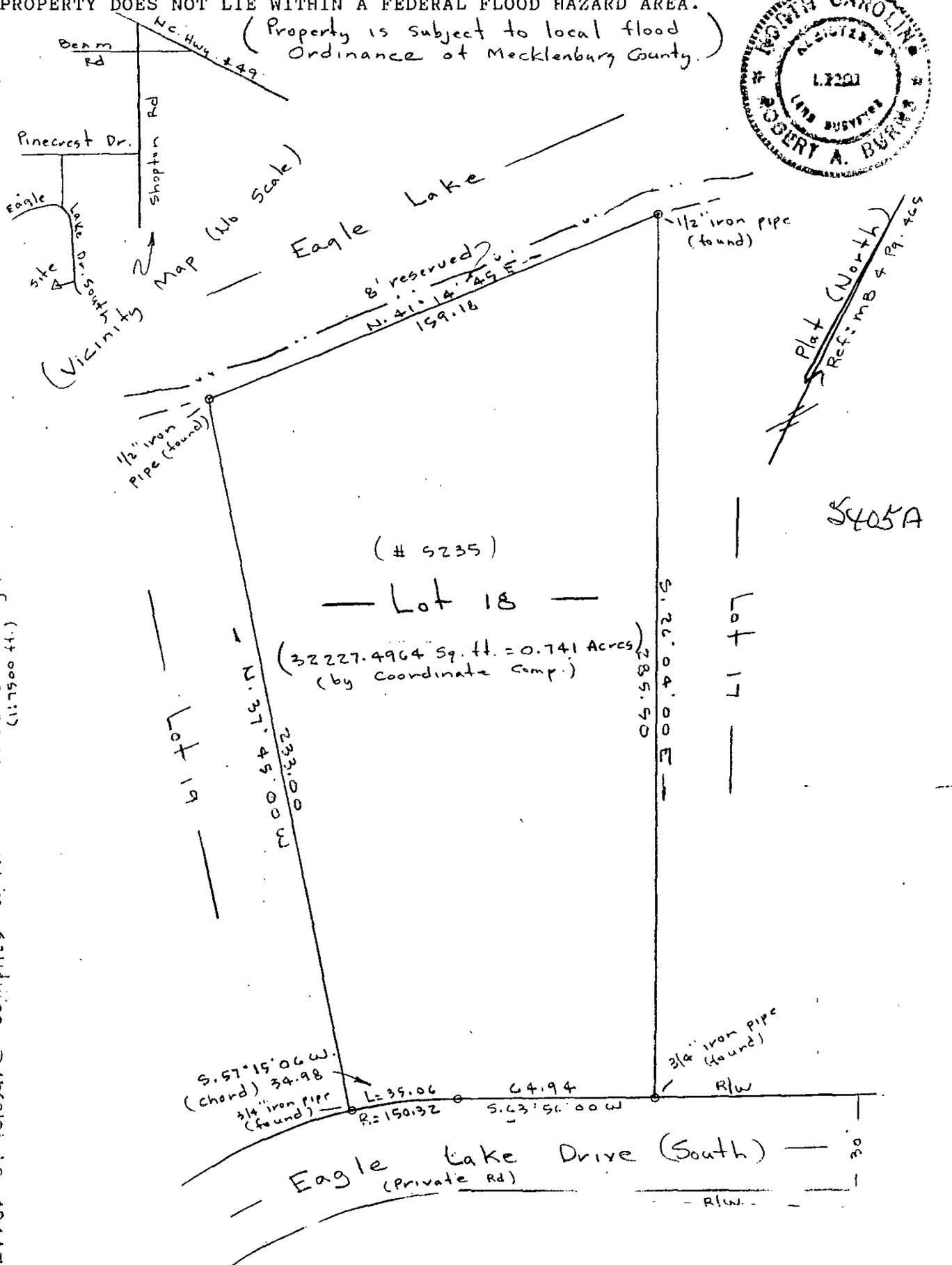
This plat is not in compliance with G.S.47-30 as amended. (DO NOT RECORD).

"I, ROBERT A. BURNS certify that on May 22, 1996, I surveyed the property shown on this plat. Do not use this survey or plat for future additions, plantings, fences, Real Estate sale packets, etc., without consulting with signed Surveyor.

Robert A. B

PROPERTY DOES NOT LIE WITHIN A FEDERAL FLOOD HAZARD AREA.
(Property is subject to local flood Ordinance of Mecklenburg County.)

NORTH CAROLINA L-1201 LAND SURVEYOR ROBERT A. BURNS



$405A

PROPERTY OF

Sean Jeffries

LOT NO. 18 MAP OF Eagle Lake Fishing Club Inc. BLOCK NO. _____

(formerly Property of Steven C. Cook PLAT BOOK 4 PAGE 465

DB 5758 Pg. 40

Tax Code: 141-082-28

MECKLENBURG COUNTY, N. C.

Steele Creek Township

Robert A. Burns L-1201

3819 Dunlanwood Circle, Charlotte, NC 704-542-7215

SCALE: 1 INCH = 40 FEET

JOB NO. _____

Mecklenburg County
Health Department

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

January 27th, 1989

Steven Craig Cook
P. O. Box 36145
Charlotte, NC 28236

RE: Property located at Eagle Lake Drive
FILE: 5405A
PARCEL: 14108228

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 property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15952) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

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

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

File # 5405 A

18 EAGLE LAKE FISHING CLUB INC

4 465 TAX CODE 141-082-28

STEELE CREEK TOWNSHIP

40

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JAN 13
ENVIRONMENTAL HEALTH
DIVISION

FILE: 5405A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 5235 Eagle Lake Drive Charlotte, N.C.

② SUBDIVISION: _____ ③ LOT: 18 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 4 PAGE NO.: 465 PARCEL NO.: 141·082·28

⑥ DEED REFERENCE: BOOK NO.: 5758 PAGE NO.: 0040

OWNER

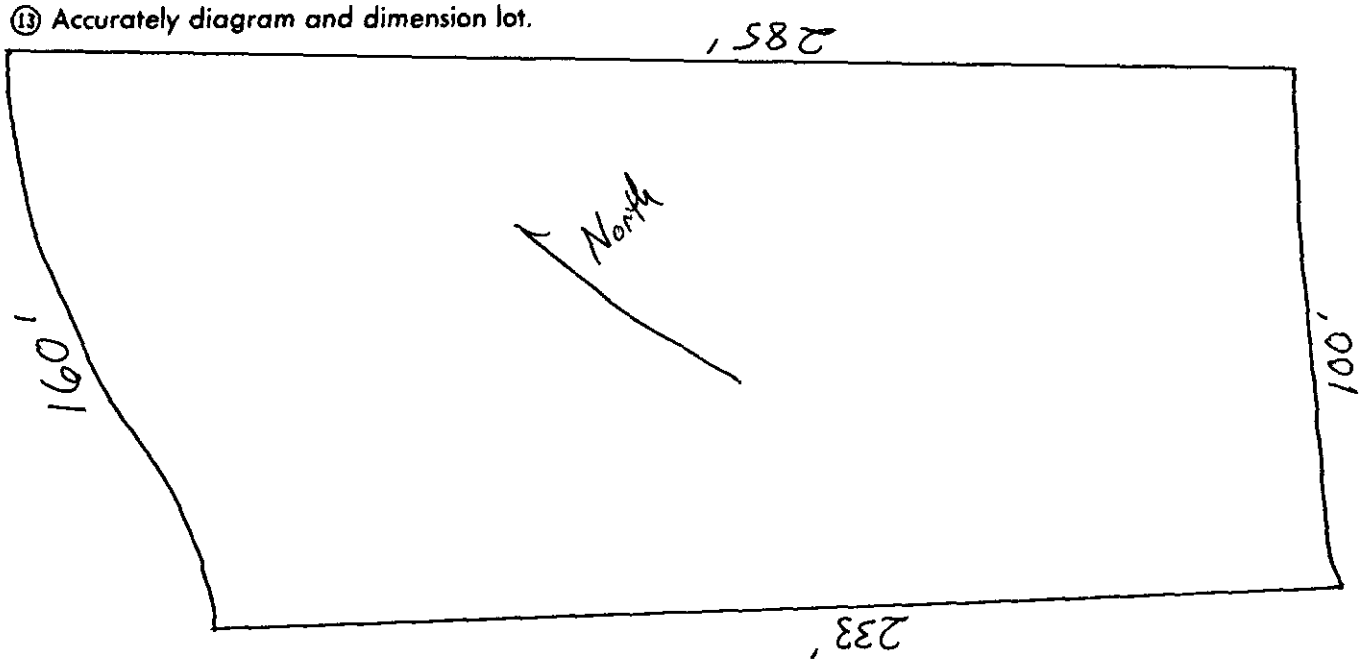
⑦ NAME: Steven (FIRST) Craig (MIDDLE) Cook (LAST)

⑧ MAILING ADDRESS: P.O. Box 36145

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28236

⑫ PHONE: (WORK) 704·376·3374 (HOME) 704·342·4636

⑬ Accurately diagram and dimension lot.



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: Steven C. Cook

Date: 13 Jan 89

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 11/9/89

Name/Company Steven C. Cook Photography

Sanitation ____
Vector Control ____
O.P.W.D. ✓

Service: Soil Test
#5405A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 19 1989

Fee: $30 — CC# 3241 11:20

Completed by

Collected by

DEED BOOK PAGE
5683 009

DEED BOOK PAGE
5756 0040

PRESENTED FOR REGISTRATION
JAN 20 2 09 PM '88
CHARLES F. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.
219

194526 STATE OF NORTH CAROLINA Real Estate Excise Tax
JAN20'88 R.B.10709 $12.50

Excise Tax | Recording Time, Book and Page

Tax Lot No. 141-082-28 Parcel Identifier No.

Verified by County on the day of , 19

by

Mail after recording to F. Brad Bush, Suite 210 One N. McDowell, Charlotte, N.C. 28204
(Box 44)

This instrument was prepared by F. Brad Bush

Brief description for the Index

FEE	7.00
<>	7.00
CASH	7.00

19:56 #3489 000
01/05/88

CORRECTION NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 13th day of January , 19 88 and between

GRANTOR	GRANTEE
JAKKI TISDALE and husband, ALVIN CLIVE TISDALE, JR. of Mecklenburg County, N.C.	STEVEN C. COOK (unmarried) Address: P.O. Box 36745 Charlotte, N.C. 28236

PRESENTED FOR REGISTRATION MAY 5 1 43 PM '88 REGISTER OF DEEDS MECKLENBURG CO. N.C.

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

Being all of Lot No. 18 as shown on the map of the property of the Eagle Lake Fishing Club, Incorporated, said map recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Map Book 4 at Page 465, to which map reference is hereby made for a more particular description.

Being the same property conveyed to Jakki Tisdale by deed from Kathryn C. Preyer and husband, Norris W. Preyer, dated September 16, 1985, and recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 5086 at Page 783.

This instrument has been corrected and re-recorded by the drafting attorney to correct a typographical error made in the reference to the deed from Kathryn C. Preyer and husband, Norris W. Preyer to Jakki Tisdale.

F. Brad Bush

STAMPS	12.50
FEE	8.00
<>	20.50
CASH	20.50

18:18 #8064 000
01/20/88

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc. - 1981

5405A

DEED BOOK PAGE
5663 0029

DEED BOOK PAGE
5758 0041

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

Deed Book 5086 at Page 783 of the Mecklenburg County Public Registry.

A map showing the above described property is recorded in Plat Book 4 page 465.

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 valid and enforceable easements and restrictions of record and the lien of the 1988 ad valorem taxes.

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)

SEAL-STAMP

USE BLACK INK ONLY

Jakki Tisdale (SEAL)
Jakki Tisdale

_____ (SEAL)

Alvin Clive Tisdale, Jr. (SEAL)
Alvin Clive Tisdale, Jr.

_____ (SEAL)

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Jakki Tisdale and husband Alvin Clive Tisdale, Jr. Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 13th day of January, 1988.

My commission expires: 5/2/90 Phyllis C. Spillman (Collins) Notary Public

SEAL-STAMP

NORTH CAROLINA. _____ County.

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

Use Black Ink

My commission expires: _____ Notary Public

The foregoin

_____

_____

is/are certifi
first page her

_____

By _____

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Phyllis C. Spillman (Collins)

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

This 20th day of January 19 88.

Charles E. Crowder, Register of Deeds

By: Colleen I. Keough Deputy

_____

_____

_____

me and in the Book and Page shown on the

_____ COUNTY

Deeds

N.C. Bar Ass

XLE PRINTING CO., INC. P.O. BOX 17378 RALEIGH, N.C. 27619

Printed by Agreement with the N.C. Bar Assn. (1/81)

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5405-A DATE: 9/27/00

TC: 141-082-28 ☒ L ☒ CRT

SERIAL Nº 18483

Name of Owner Christopher Poindexter Juris.:

Address of Property 5235 Eagle Lake Drive South

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 5 @ 60'

Cover Depth 12"

Water Supply Source Municipal

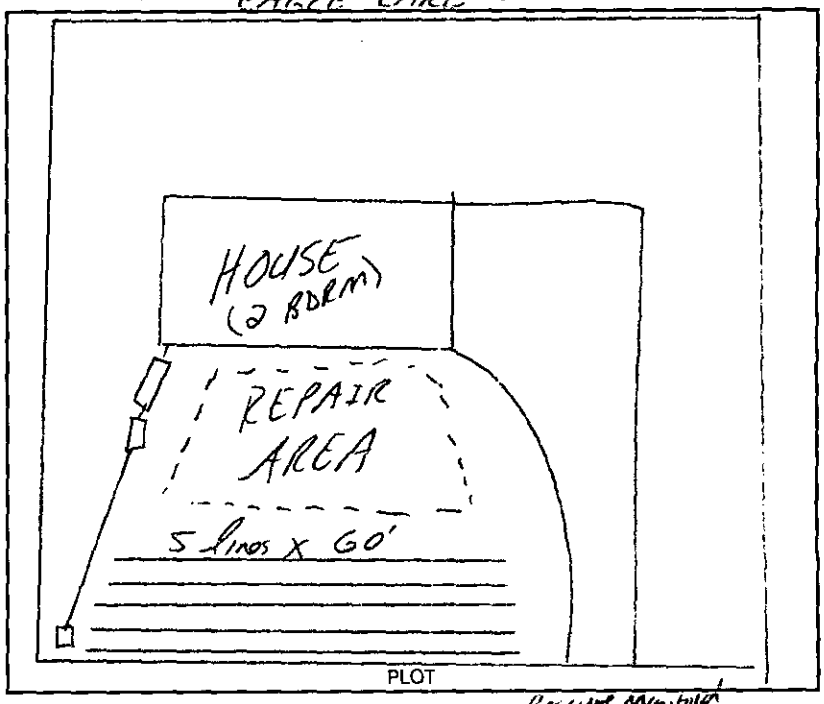
Distance to Water Source N/A

Excavation Inspected 9/13/00

Tank(s) Inspected 9/13/00

Wash Line Inspected N/A

High Water Alarm Inspected 9/27/00



Design 2000, 1500ST, 1000DT, P2, CON. 900SFT, 12" Stone Pressure Manifold CTR# Autrey

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: Two (2) Bedroom House

5 lines x 60' x 5' x 12" Stone (Type III b System)

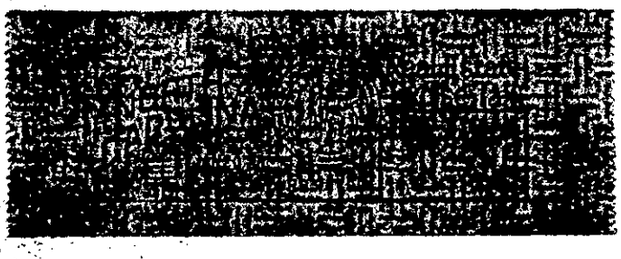
Pressure Manifold - Norra 4X Simplex Control Panel

James P. Mueller

Environmental Health Specialist

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

DEED BOOK PAGE
5683 0019



DEED BOOK PAGE
5758 0040

PRESENTED FOR REGISTRATION
JAN 20 2 09 PM '88
CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

191

$ 219

Excise Tax | Recording Time, Book and Page

Tax Lot No. 141-082-28 Parcel Identifier No.

Verified by County on the day of , 19

by

Mail after recording to F. Brad Bush, Suite 210 One N. McDowell, Charlotte, N.C. 28204 (Box 44)

This instrument was prepared by F. Brad Bush

Brief description for the Index

FEE 7.00
<> 7.00
CASH 7.00

19:56 #3489 000
05/05/88

CORRECTION

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 13th day of January, 1988, and between

GRANTOR	GRANTEE
JAKKI TISDALE and husband, ALVIN CLIVE TISDALE, JR. of Mecklenburg County, N.C.	STEVEN C. COOK (unmarried) Address: P.O. Box 36145 Charlotte, N.C. 28236

PRESENTED FOR REGISTRATION
MAY 5 1 43 PM '88
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

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

Being all of Lot No. 18 as shown on the map of the property of the Eagle Lake Fishing Club, Incorporated, said map recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Map Book 4 at Page 465, to which map reference is hereby made for a more particular description.

Being the same property conveyed to Jakki Tisdale by deed from Kathryn C. Preyer and husband, Norris W. Preyer, dated September 16, 1985, and recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 5086 at Page 783.

This instrument has been corrected and re-recorded by the drafting attorney to correct a typographical error made in the reference to the deed from Kathryn C. Preyer and husband, Norris W. Preyer to Jakki Tisdale.

F. Brad Bush

STAMPS 12.50
FEE 8.00
<> 20.50
CASH 20.50

18:10 #8064 000
01/20/88

N.C. Bar Assoc. Form No. 3 © 1976, Revised 1977.
Printed by Agreement with the N.C. Bar Assoc.-1981.

DEED BOOK PAGE
~~5683~~ 0020

DEED BOOK PAGE
5758 0041

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

Deed Book 5086 at Page 783 of the Mecklenburg County Public Registry.

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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 valid and enforceable easements and restrictions of record and the lien of the 1988 ad valorem taxes.

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)

SEAL-STAMP

USE BLACK INK ONLY

Jakki Tisdale (SEAL)
Jakki Tisdale

(SEAL)

Alvin Clive Tisdale, Jr. (SEAL)
Alvin Clive Tisdale, Jr.

(SEAL)

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a *Notary Public* of the County and State aforesaid, certify that Jakki Tisdale and husband Alvin Clive Tisdale, Jr. Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 13th day of January, 1988.

My commission expires: 5/2/90 Phyllis C. Spillman (Collins) Notary Public

SEAL-STAMP

Use Black Ink

NORTH CAROLINA, ...County.

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

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

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

My commission expires: ..... Notary Public

The foregoin... .....

.....

.....

is/are certifi... first page he...

.....

By .....

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Phyllis C. Spillman (Collins)

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

This 20th day of January 19 88.

Charles E. Crowder, Register of Deeds

By: Colleen I. Crowder Deputy

.....

.....

.....

me and in the Book and Page shown on the

.....COUNTY

Deeds

N.C. Bar Ass...

Printed by Agreement with the N.C. Bar Assoc.-1981.

ILE PRINTING CO., INC. P.O. BOX 17376 RALEIGH, N.C. 27619

OPINION ON TITLE FOR

Wachovia Bank & Trust Company, N.A. and Steven C. Cook
Owner, proposed owner, mortgagee, title insurer

The undersigned has carefully examined the record title on the Mecklenburg County (and municipal if within a municipality) records for the period shown below relative to title to the real property described below, and, in our opinion, Jakki Tisdale (married)

is/are the owner(s) of (state interest or estate - marketable fee simple or otherwise) a marketable fee simple

therein subject only to the Special Information and Exceptions hereinafter enumerated or referred to and subject to the Standard Exceptions shown on the reverse side hereof

PROPERTY DESCRIPTION: (Set forth as in instrument creating interest or estate to be insured, attaching copy of instrument or additional sheet as necessary.)

Being all of Lot No. 18 as shown on the map of the property of the Eagle Lake Fishing Club, Incorporated, said map recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Map Book 4 at Page 465, to which map reference is hereby made for a more particular description.

SPECIAL INFORMATION AND EXCEPTIONS

1. Ad valorem taxes are paid through and including those for the year 1986; ad valorem taxes for subsequent years are a lien as of January 1 of each year and are excepted herefrom. Subject property is listed for ad valorem taxes for the year 1987 in the name of Jakki Tisdale and is described on the tax records as tax code #141-082-28 at a tax valuation of $10,500.00 along with personal property valued at $-0-.

2. The subject property is (X) is not ( ) subject to Restrictive Covenants. The Restrictive Covenants do ( ) do not (X) contain a reversionary clause; require a front set-back of 15 feet and a side set-back of 10 feet; were recorded on December 2, 19 42 in Book 1083, page 423; and, according to the survey attached, are ( ) are not ( ) violated. A copy of the Restrictive Covenants is (X) is not ( ) attached.

3. There is (X) is not ( ) a plat recorded in Map Book 4, Page 465, Registry of Mecklenburg County. The recorded plat does ( ) does not (X) show a building set back line of ____ feet and such setback, according to the survey attached, is ( ) is not ( ) violated.

4. The subject property does (X) does not ( ) have direct means of access to an adjoining public right of way. The subject property does (X) does not ( ) have means of access to a public right of way over a private easement which is described above.

5. Standard Exceptions numbered none and initialed on the reverse side hereof are deleted.

6. Unpaid taxes, special assessments, state or federal tax liens, mortgages or deeds of trust, judgments, recorded mechanics' or materialmen's liens, decedent's debts and estate or inheritance taxes and unadministered estates for decedent's dying within two years, lis pendens and related pending suits, easements, party wall agreements, oil and mineral rights, matters revealed by any indicated additional investigation made of items 2 through 5 of Standard Exceptions, and other liens, objections or defects, that are enumerated below:

(a) 1987 ad valorem taxes due in the amount of $61.85 plus interest.

(b) A 50 foot setback from the 8 foot strip of land surrounding or encircling Eagle Lake as shown on the above-mentioned recorded plat and as provided for in the aforementioned restrictive covenants.

This opinion of title is an instrument of service to the parties to whom it is furnished, is not transferable, and shall not be used by any other person or entity without the prior written consent of the undersigned.

The Search Period was for/from 60 years to January 11, 1988 at 12:30 P. M.

Address: F. Brad Bush
Suite 210 One N. McDowell
Charlotte, N. C. 28204
376-7461

By: F. Brad Bush
Attorney

Any final opinion supplementing the above opinion is or will be set forth on the reverse side hereof.

N.C. Bar Assoc. Form No. 1 © 1975, Revised 1977

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MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Christopher Poindexter	Phone #: 525-3311	Date Requested: 7/16/99	Date Filled: 7/16/99
Account Name: Christopher R. Poindexter	☐ Cash ☒ Charge	Account No.: B95330	
I certify that I am authorized to charge this account for this service.			
Signature: [signature]	Printed Name: CHRISTOPHER POINDEXTER	Date: 7-16-99	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy* CLEARING AREA	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
0705		Other: Installation) & Final	300.00	300.00
		Other:		
Payment received by: Val Watkins		Date: 7-16-99 By: VLW	Total:	300.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

54105A / 5235	Eagles Lake Drive	

B-216NS 8/95

DIVISION