

13200 HUNTERSVILLE-CONCORD RD

01939102

6/11/2007

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: 6111A DATE: 11/18/98

TC: 019-221-12 ☒ L ☒ CRT

SERIAL Nº 17528

Name of Owner Russell E. Garrison Juris.: Mecklenburg

Address of Property 13200 Huntersville-Concord Rd. Huntersville, N.C.

Inspection Data:

Tank Material Existing

Total Length of Drainfield 140 ft

Number of Lines 2 @ 70 ft

Cover Depth 12 inches

Water Supply Source Private Well

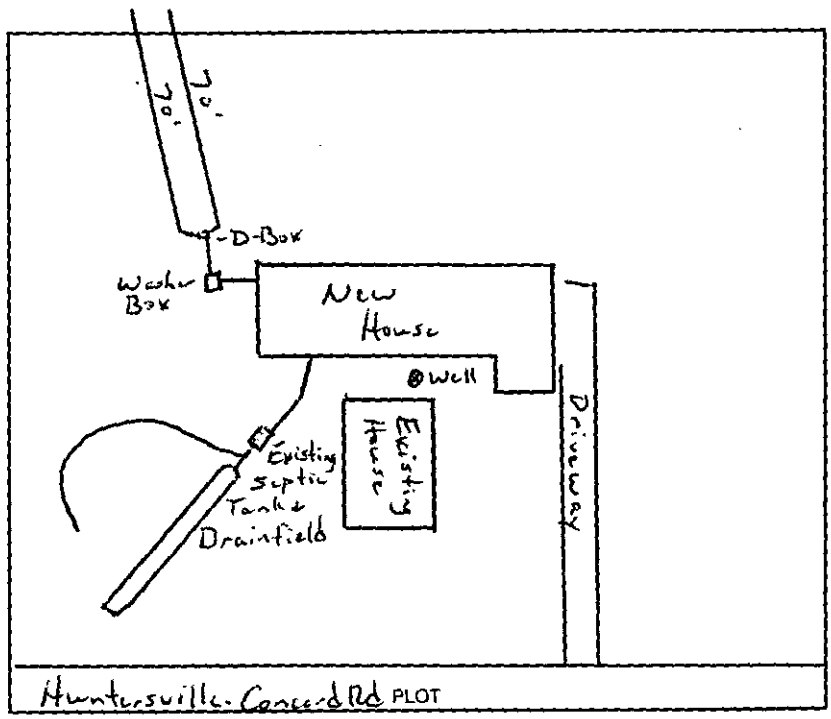
Distance to Water Source > 50'

Excavation Inspected 11/18/98

Washer Box
~~Tank(s)~~ Inspected 11/18/98

Wash Line Inspected 11/18/98

High Water Alarm Inspected N/A



Design Mod. 420 S.F. T. 12G 420 WL CTR# Bobby Mayhew

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: Washer line installation. Building new house and tearing down existing house. Using existing septic system. 3 bedroom house.

Kelly Ball / Jeff A. Knight

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

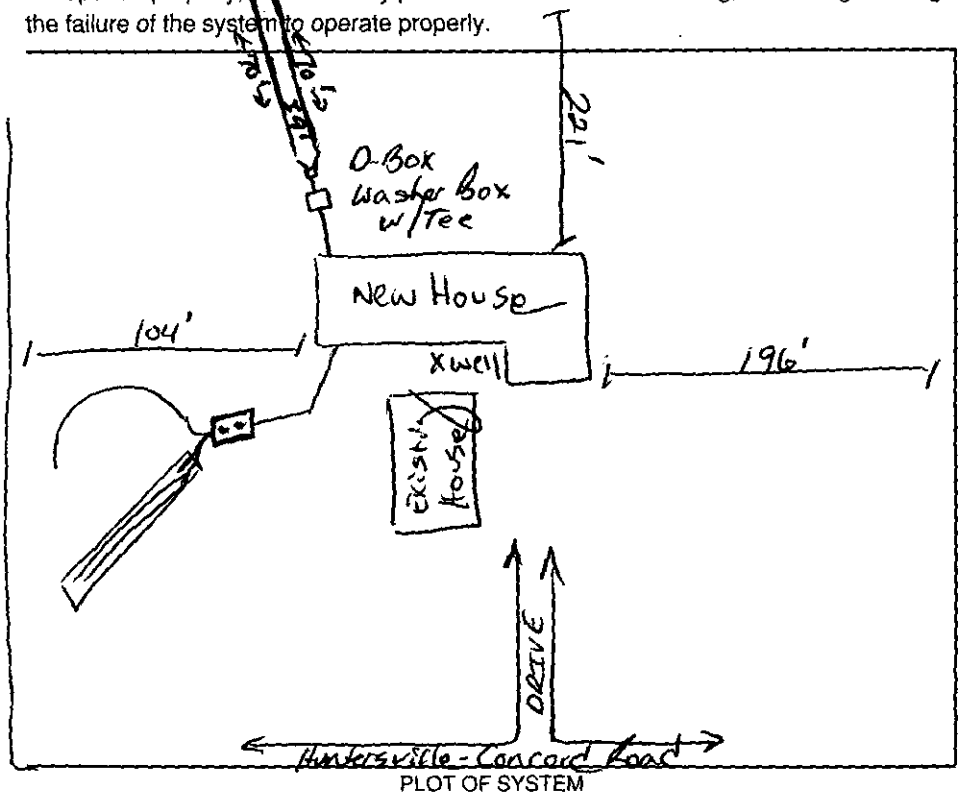
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6111A DATE: 11-7-97

TC: 019-221-12 XL

SERIAL Nº 17494

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 10-3-97. All work shall be completed on or before 12-7-97, 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 — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Trench Depth 5'

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous Yes

Total Line Length 140 feet

Number of Lines 2

Depth of Stone 12" stone 3' sand inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

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

NAME OF OWNER Russell E. Garrison

LOCATION OF PROPERTY 13200 Huntersville-Concord Rd.

Comments: Type IIIg "saprolite" 3 bedrooms
(2) 3'w x 70'l x 3' sand x 1' stone x 1' cover

Larry B. Thompson Jr. R.S.
Environmental Health Specialist

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

Permit Number: 6111A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 019-221-12

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	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
Yes Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence adding 3rd	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Washer Drainfield Alteration				
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 Saprolite	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
420 Absorption Area (Sq ft) 140 Total Trench Length (Ft)	12" Depth of Stone Trench 3' Sand	9' Trench spacing (min. on centers)	5' Maximum Trench Depth	
For existing system, enter the year originally installed: 60's				

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.

Larry B. Thompson, Jr. R.S. 11-7-97
DEHNR Authorized Agent Date

R E Hanson 7 Nov 97
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

FEE: 200.00 PJ Receipt attached Ck # 4314

DATE: 10/3/07

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

6111A

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 6111A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 019-221-12

STREET ADDRESS: 13200 Huntersville Concord Rd

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

CLOSING DATE_____

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:

Tear Down Existing Dwelling AFTER Building NEW ONE

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

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- ✓ PRIVATE WELL (P)
- ___ SHARED WELL (S)
- ___ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Garrison Russell E
(LAST) (FIRST) (MI)

ADDRESS: 3101 Terra Glen Ct.

CITY: Matthews STATE: NC ZIP: 28105

DAYTIME PHONE: 704 841 - 1688 PAGER 354-0918

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: R.E. Garrison DATE: 10/3/07

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

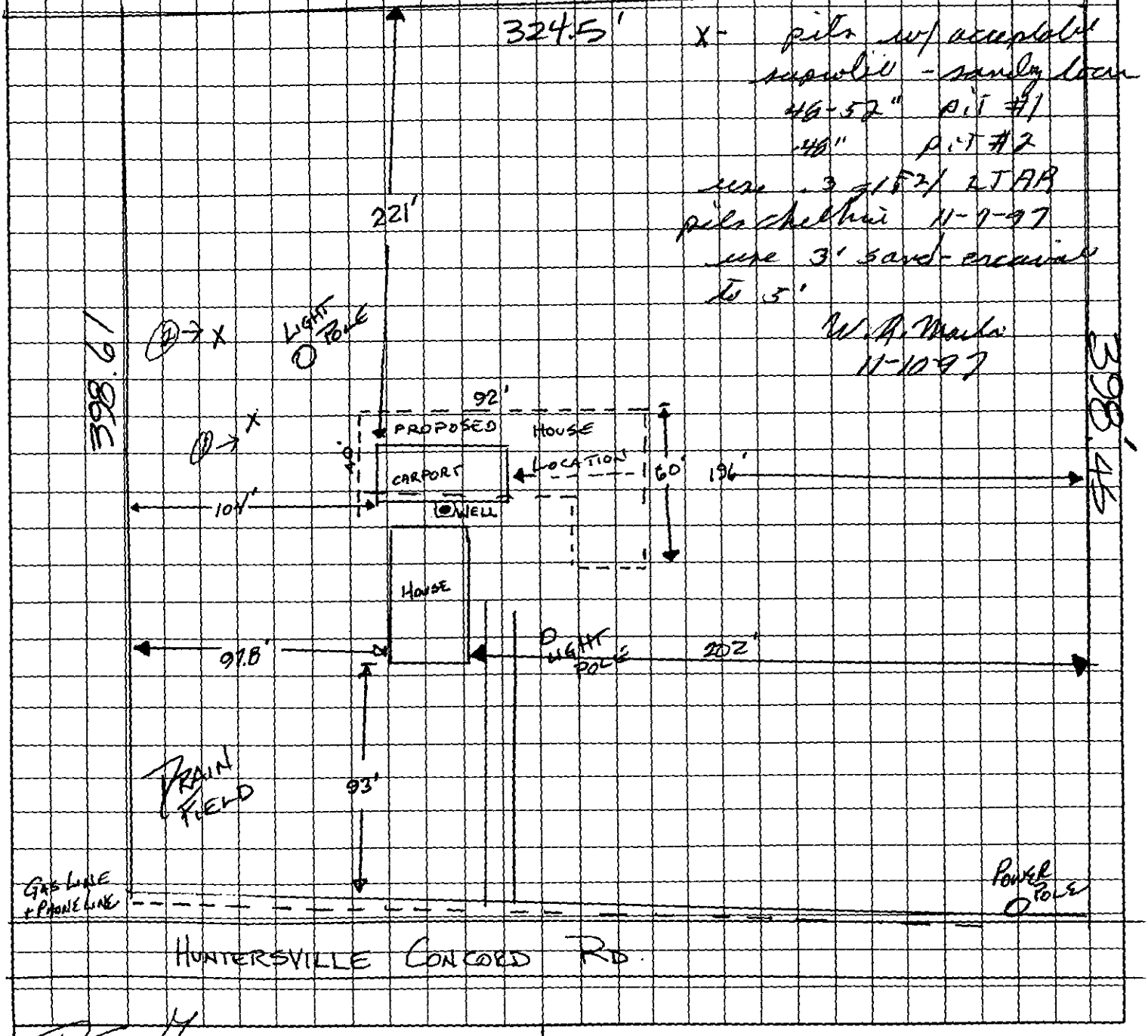
PROPOSED PLOT PLAN

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

FILE: 6111A

TC: 019-221-12

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.



R E Hanson

OWNER/AGENT SIGNATURE

DATE 10/3/97

APPROVAL DATE _____

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

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

DATE: 11-7-97 PERMIT NO: 6111A
PARCEL NO: 019-221-12

JOB LOCATION ADDRESS: 13200 Huntersville-Concord Rd
PROPERTY OWNER: Russell E. Garrison
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr. R.S. DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6111A, 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: See Conditions Of Improvement Permit

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.

R E Garrison 7 Nov 97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16416

File: 6111A Action 3

Parcel: 01922112 ☐ PC

Location: 13200 Huntersville-Concord Road

Subdivision:

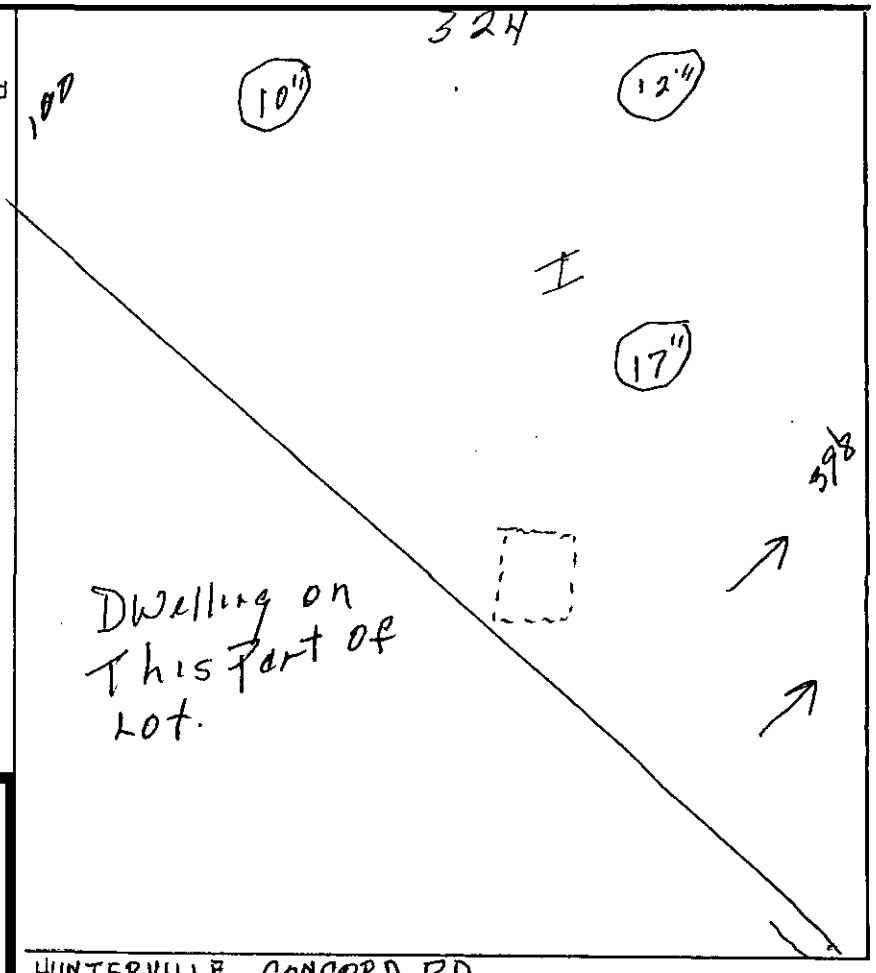
Lot: Block: Acres: 1

Owner: Wilbur Lee Rhodes
Address: 16434 Breckshire Drive
Huntersville, NC 28078

Comments: 100% Repair Area

Described by: W. B. Ramsey

Date: 9 – 18 -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	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 10 – 20"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	IVB ENON					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

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

September 20th, 1989

Wilbur Lee Rhodes
16434 Breckshire Drive
Huntersville, NC 28078

RE: Property located at 13200 Huntersville-Concord Road
FILE: 6111A
PARCEL: 01922112

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 16416) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

ON-SITE WASTEWATER SECTION

COUNTY: 61117

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

019-221-12

OWNER: Russell E Harrison APPLICANT: _____

ADDRESS: 3101 Terra Glen Ct. Matt APPLICATION DATE: _____ DATE EVALUATED: _____

PROPOSED FACILITY: residen PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: 13200 Huntersville Concord Rd PROPERTY RECORDED: _____

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

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

Carolina Ln.

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.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/SEXP/SS/SP	> 72"	> 72"	PS	N/A	PS .3 gl F3/cl II
		3-27"	sbk/c	vFr/EXP/VSS/VSP TO soil					
		27-46"	M/scl	Fr-Fi/SEXP/SS/SP wetness					
		46-72"	M/sl	Fr-Fi/SEXP/NSS/NSP					
2	LS	0-5"	gr/scl	Fr/SEXP/SS/SP	> 72" TO soil wetness	> 72"	PS	N/A	PS .3 gl F3/cl II
		5-23"	sbk/c	vFr/EXP/VSS/VSP					
		23-46"	M/scl	Fr/SEXP/SS/SP					
		46-72"	M/sl	Fr/SEXP/NSS/NSP					
3			Area to be used for Mulching Machine Driveway						
4									

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: D.R. Wade 11-10-99

OTHER(S) PRESENT: LSS

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) I (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None			

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatic
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

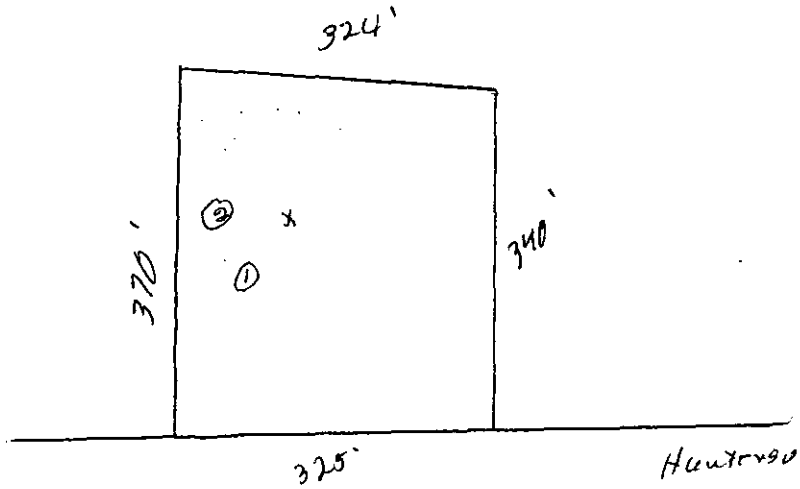
valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

X Light Pole

6111A



Huntersville Concord Rd

N

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6111A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 13200 Huntersville Concord Rd, Huntersville NC 28078

② SUBDIVISION: n/a ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 019-221-12

⑥ DEED REFERENCE: BOOK NO.: 6049 PAGE NO.: 567

OWNER

⑦ NAME: Wilbur (FIRST) Lee (MIDDLE) Rhodes (LAST)

⑧ MAILING ADDRESS: 16434 Brecksbire Dr.

⑨ CITY: Huntersville ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (~~WORK~~) home 892-1778 (~~HOME~~) work 343-3835 ask for Mrs. Whittington

⑬ Accurately diagram and dimension lot.

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: Judith A Whittington

Date: August 30, 1989

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 16111A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 13200 Huntersville Concord Rd, Huntersville NC 28078

② SUBDIVISION: n/a ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO: 109-221-12

⑥ DEED REFERENCE: BOOK NO.: 6041 PAGE NO.: 569

OWNER

⑦ NAME: Weihua (FIRST) Lei (MIDDLE) Khodent (LAST)

⑧ MAILING ADDRESS: 16434 Birchstream Dr.

⑨ CITY: Huntersville ⑩ STATE: NC ⑪ ZIP: 28078

⑫ PHONE: (WORK) home 892-1778 (HOME) work & 343-3835

⑬ Accurately diagram and dimension lot.

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: Weihua Lei Khodent

Date: August 30 1989

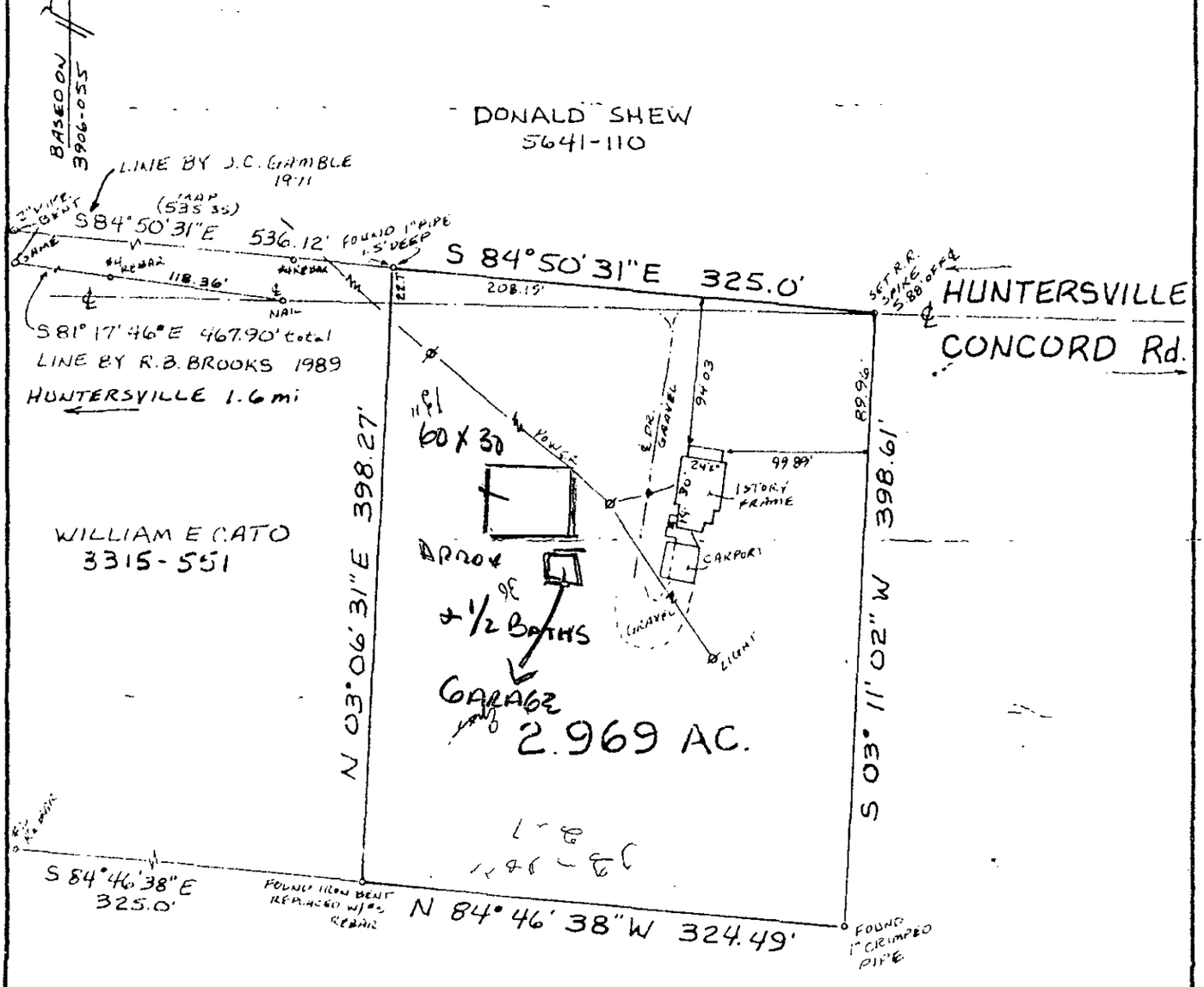
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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

THIS IS TO CERTIFY THAT ON THE 14th DAY OF JUNE 1989 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON

NOTES:
1. HOUSE & LOT ARE NOT IN A DESIGNATED FLOOD ZONE.
2. OLD LINE MAY BE NORTH OF LINES BY BOTH J.C. GAMBLE AND R.B. BROOKS.
3. SEPTIC LINE DOES NOT ENCROACH.

SIGNED [signature] REGISTERED SURVEYOR



Lot size 162 ft. front approx one acre
199 ft. side tract

BOUNDARY/PHYSICAL SURVEY

OF

EDITH H. EWART PROPERTY

HUNTERSVILLE TOWNSHIP, MECKLENBURG CO., N.C.

SCALE 1" = 100'

THE PROPERTY TO BE ACQUIRED BY W. L. RHODES

MAP RECORDED IN BOOK AT PAGE DEED RECORDED IN BOOK PAGE

PREVIOUS 3277-177

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/7/89

Name/Company: Judith A. Whittington

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil
#6111A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 7 1989

CK # 898
$40.00

Fee: $ 40

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

BILLING — WHITE CUSTOMER COPY — YELLOW

POWER OF ATTORNEY

STATE OF WEST VIRGINIA

COUNTY OF Kanawha, To-Wit:

KNOW ALL MEN BY THESE PRESENTS:

That I, Wilbur Rhodes, of 2152 Kay Neva Lane, Charleston, West Virginia, Kanawha County do hereby make, constitute, and appoint Judy Ann Whittington who resides at 16434 Breckenshire Drive, Huntersville, North Carolina 28078, State of North Carolina, my true and lawful Attorney-in-Fact for me and in my name, place, and stead, and on my behalf, and for my use and benefit:

1. To ask, demand, sue for, recover, and receive all manner of goods, debts, rents, interest, sums of money, monthly checks made payable to me, and any sums of money whatsoever, due or hereafter to become due and owing, or belonging to me, and to make, give, and execute receipts, releases, or other discharges for the same, whether under seal or otherwise;

2. To make, execute, endorse, accept, and deliver in my name or in the name of my said attorney all checks, notes, drafts, agreements and all other instruments in writing, of whatsoever nature, as to my said Attorney-in-Fact may see necessary to conserve my interest:

3. To execute, acknowledge and deliver any and all contracts, deeds, leases, assignments of mortgage, extensions of mortgage, releases of mortgage, subordination agreements, and any other instrument or agreement of any kind or nature whatsoever, in connection therewith, and affecting any and all property presently mine or hereafter acquired, located anywhere, which to my said Attorney-in-Fact may seem necessary or advantageous for my interest;

4. To enter into and take possession of any land, real estate, or any real property, belonging to me, that may become vacant or unoccupied or to the possession of which I may be or may become entitled, and to receive and take for me and in my name and to my use all or any rent, profits, of any real estate to me belonging and to let the same in such manner as to my attorney shall seem necessary and proper, and from time to time to renew agreements;

5. To take all steps and remedies necessary and proper for the conduct and management of my daily affairs, and for the obtaining, and holding possession of any land, rent, or real estate, goods and chattels, debts, interest, demands, sum or sums of money, monthly checks or any other thing whatsoever, located any where, that is, are, or shall be, by my said Attorney-in-Fact, thought to be due, owing, belonging to or payable to me in my own right or otherwise;

6. To receive, obtain, or deposit, any money, monthly checks or other thing of value to which the undersigned is, or may become, or may claim to be entitled to as the proceeds of any income that I receive each month and to conserve, invest, disburse, or utilize any and all monthly checks that I receive for the sole benefit of myself;

7. To execute, pay, compromise any and all monthly debts that I have or may incur as a part of my every day expenses;

8. To draw and endorse any checks on any bank in which I may have an account and to do any and all matters and things connected with any and all checking, savings accounts or any accounts of any nature whatsoever in which I may have an account which I might or could do in an effort to conserve my estate and see that it is utilized for the sole benefit of me while I am alive;

9. This instrument shall be construed and interrupted as a General Power of Attorney. The enumeration of specific items, rights, acts, or powers herein shall not limit or restrict, and is not to be construed or interrupted as limiting or restricting, the general powers herein granted to said Attorney-in-Fact. It is the specific intention of this document to see that my Attorney-in-Fact manages my

every day affairs specifically but not limited to my monthly income and my monthly living expenses.

The rights, powers, and authority of said Attorney-in-Fact granted in this instrument shall commence and be in full force and effect on the 31st day of May, 1989, and such rights, powers, and authority shall remain in full force and effect thereafter until I, Wilbur Rhodes, die or otherwise terminate the same by written document.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal this 31 day of May, 1989.

Wilbur Rhodes (SEAL)
Wilbur Rhodes

STATE OF WEST VIRGINIA,

COUNTY OF Kanawha, To-Wit:

I, Linda Ellen Ford, a Notary Public in and for the above aforesaid State, do hereby certify that Wilbur Rhodes did on this day acknowledge and execute this Power Of Attorney before me in my said jurisdiction.

Taken, subscribed and sworn to before me this 31st day of May, 1989.

My commission expires August 3, 1998.

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
LINDA ELLEN FORD
[illegible]

Linda Ellen Ford
NOTARY PUBLIC