

11016 TARA OAKS DR

19714117

4/17/08

thomatc

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

Land ACS
$100 in cc
app # 07847/11/02

Drew

INDIVIDUAL WATER AND WASTEWATER SYSTEM PROGRAM
APPLICATION FOR SERVICES

☐ CBT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 210
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5432

1853A

Date: 7-11-02

PERSON FILING APPLICATION: Julie
NAME: Hayes (Last) Jerry (First) Dennis (MI)
ADDRESS: 11016 Tara Oaks Dr PHONE: 704 545-1937
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: SAME ↑ (Last) (First) (MI)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING PLANS):
TAX/PARCEL NUMBER: 197-141-17
STREET ADDRESS: 11016 Tara Oaks Dr
Charlotte NC 28227
ZONING: Residential

Township (check one):
☑ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: TARA OAKS
LOT NUMBER: 4 LOT SIZE (in acres): 5 acres

TYPE APPLICATION (check one):
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (T)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☑ ADDITION GARAGE OR RENOVATION/NO FLOOR CHANGES (E)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 6

RESIDENTIAL PROPERTY (Type building, check one):
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D) ☐ MOBILE (M) ☐ REGULAR HOME (R) ☐ MULTIPLE FAMILY (U) ☐ OTHER ___ (O)

SYSTEM CLASSIFICATION: Low Pressure / Drip Field

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ___ # Employees ___ Per Shift: ___ ___ ___
Industrial Waste (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ___

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☑ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Garage ☐ Jacuzzi ☐ Storage Building ☐ Stable/Barn ☐ Deck/Porte ☐ Workshop ☐ Bathroom ☐ Room ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above on 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: Jerry Dennis Hayes Date: 7-11-02

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...7-15-02 OK TO USE EXISTING SYSTEM

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 7-15-02 Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/11/02
Receipt #: 9244
Check / Auth #: VISA 078441
Received By: CRAIGGY

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HAYES JERRY
Attn:
Address: 11016 TARA OAKS DRIVE
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 11016 TARA OAKS DRIVE		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28203

BATCH: 072
S-A-L-E-S D-R-A-F-T
73822355
000500158410

REF: 0002
CD TYPE: VISA
IR TYPE: MAIL/PHONE
IHV: 0502
DATE: JUL 11, 02 11:51:31

AVS: EXACT MATCH
CVV2: MATCH
TOTAL **$100.00***

ACCT: 4356003107156073 EXP: 10/02
AP: 078441

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

X _____

COPY

PROPOSED PLOT PLAN

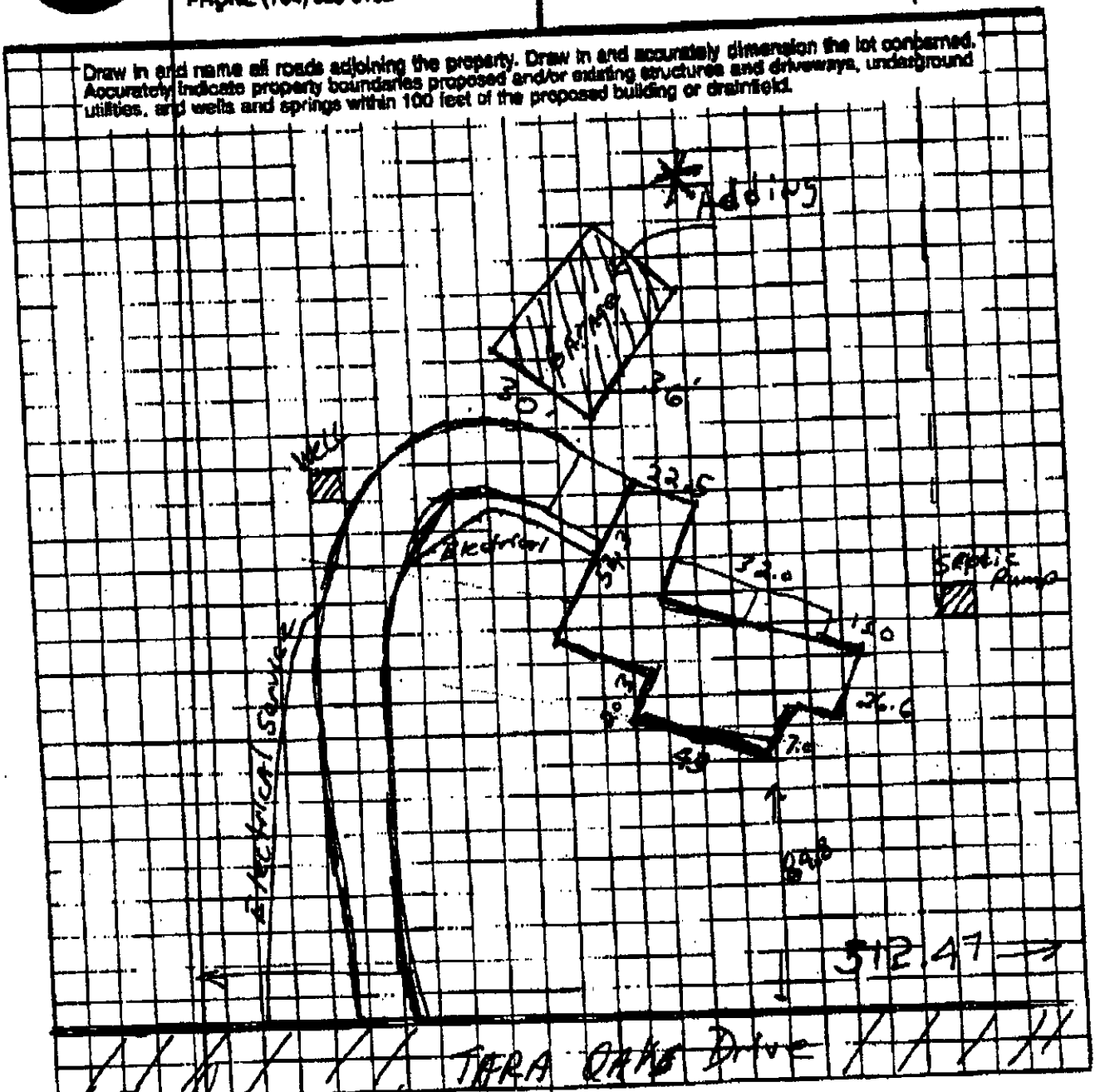
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1853A

TO: _____

To Septic Field

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.



OWNER/AGENT SIGNATURE

DATE 7-11-02

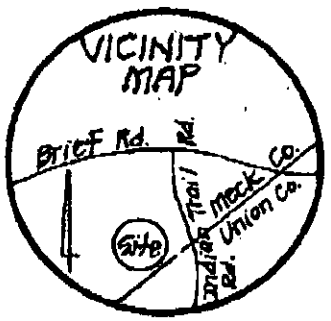
APPROVAL DATE _____

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

THIS IS TO CERTIFY . AT ON THE 24th DAY OF Sept 96 I. SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Bobby J Raye
REGISTERED SURVEYOR

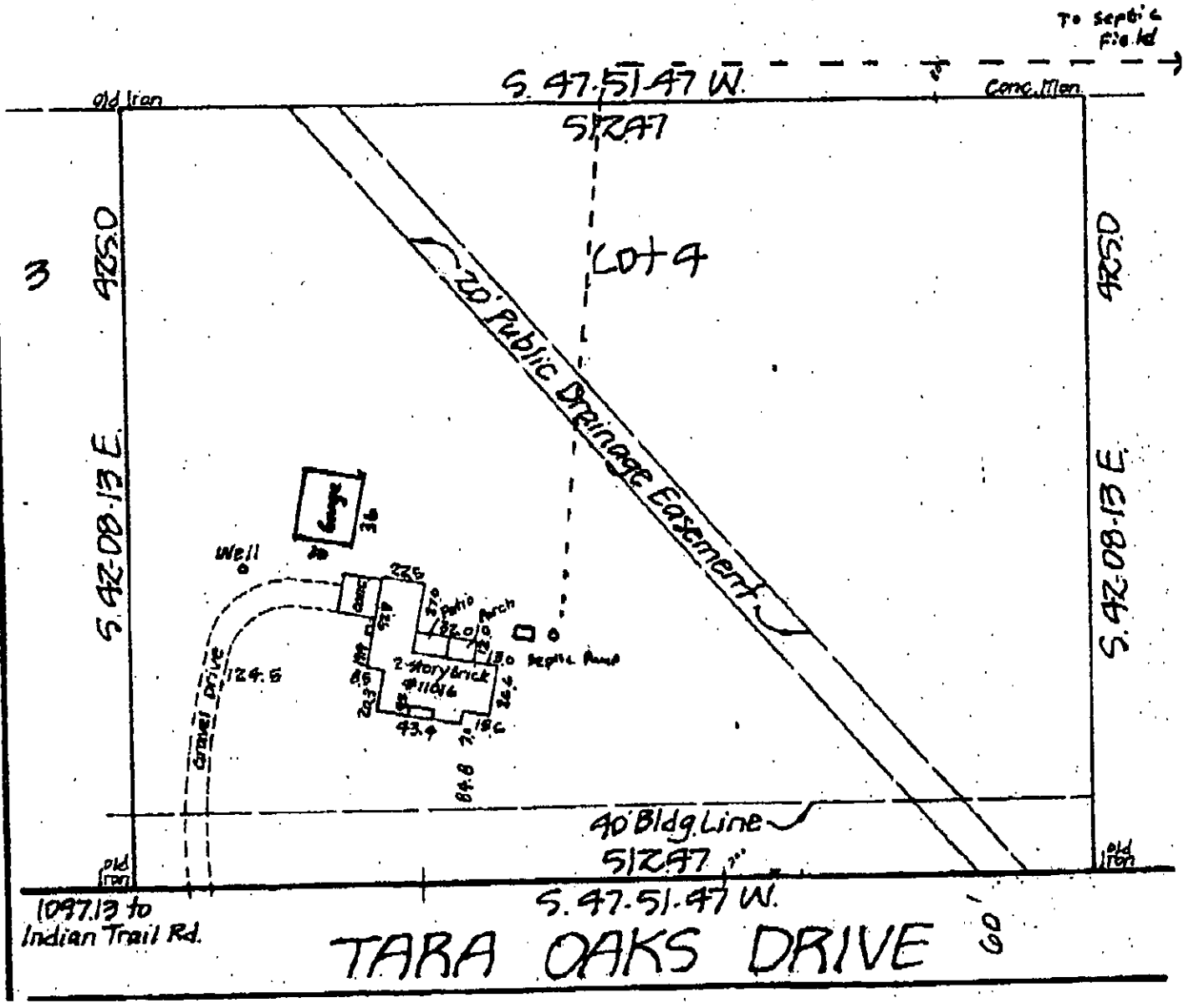
Ref Map: 21-308



BOBBY J. RAYE
N.C.R.L.S.
627 EASTWAY DRIVE
CHARLOTTE, NC 28205

NORTH CAROLINA REGISTERED SEAL L1108 LAND SURVEYOR BOBBY J. RAYE

SCALE 1" = 80'



CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1853A DATE: 8/20/96

TC: 197 141 17 ☐ L ☒ CRT

SERIAL Nº 16585

Name of Owner Jerry D. Hayes Juris.: _____

Address of Property 11016 Tara Oaks Dr

Inspection Data:

Tank Material 1500

Total Length of Drainfield 535'

Number of Lines 6 @ 90'

Cover Depth 8"-12"

Water Supply Source well

Distance to Water Source >100'

Excavation Inspected 8/14/96 TSW

Tank(s) Inspected 8/14/96 TSW

Wash Line Inspected plumb to tank

High Water Alarm Inspected 8/14/96

PLOT

Design 1996, 1500ST, 1000DT, PI, 1610SFT, CON, 12"stone cecil CTR# 82 WT Norwood

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: Septic system designed for 4 bedroom residence. Type III.

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

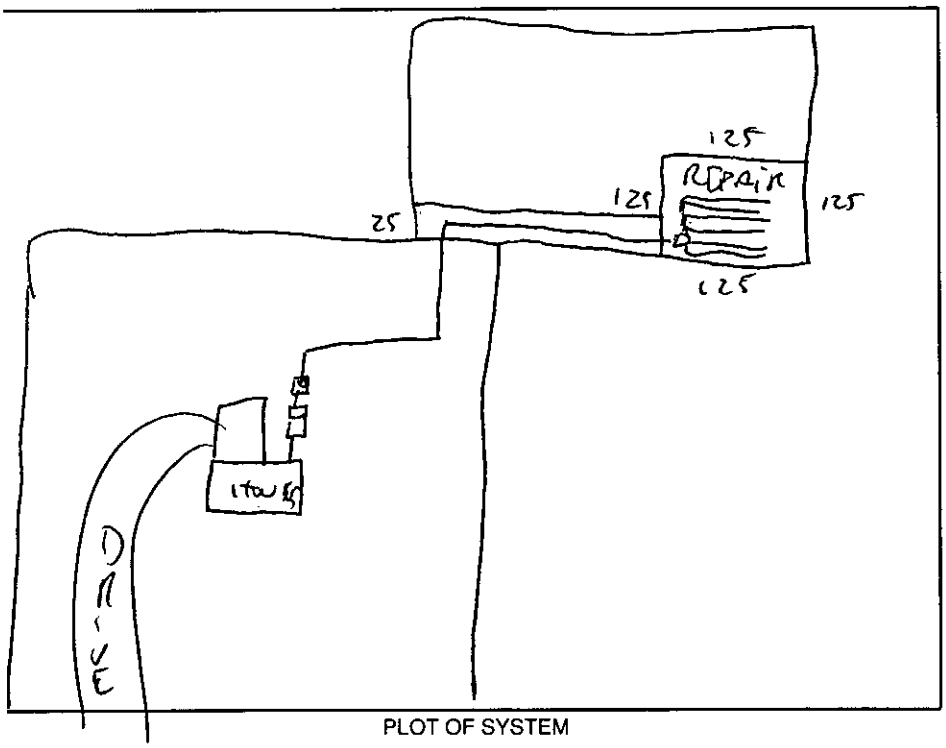
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1853-A DATE: 7-20-96

TC: 197-141-17 ☐ L

SERIAL No 16926

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4-26-94. All work shall be completed on or before 8-20-96, 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 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 @ 540 feet

Number of Lines 6 x 90

Depth of Stone 12" 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 JERRY ITAYES

LOCATION OF PROPERTY 11016 TARA OAKS DR

Comments: INSTALL LINES IN SAME AREA

6 LINES @ 90 each

Kelly Rowell
Environmental Health Specialist

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

1853A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #15 3/22/95 M. #5887

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 4-26-94

PERSON FILING APPLICATION:

NAME: Hayes (last) Jerry (first) Dennis (mi)

ADDRESS: 10908 Wiltshire Ln PHONE: (704) 549-1855

CITY: Charlotte STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ~~8-279-017~~ 197-141-17

STREET ADDRESS: ~~11016 Mill Grove Rd~~ TARA Oaks Lot #17 (Union Cty)

ZONING:

PROPERTY OWNER:

NAME: Hayes (last) Jerry (first) Dennis (mi)

ADDRESS: 10908 Wiltshire Ln PHONE: (704) 549-1855

CITY: Charlotte STATE: NC ZIPCODE: 28262

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: 197-141-17 (meck) 8-279-017 (Union) LOT SIZE (in acres): 5 acres (meck) 5.45 acres (Union)

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION: Type 3

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [X] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Jerry Dennis Hayes Date: 4-26-94

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... DEED EASEMENT ON FILE

PUMP TO CONVENTIONAL TYPE III

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Kelly Reel Date 9-28-95

Director or Authorized Section Head Date

WWATER : 122791

Charlotte, N.C.
28227
(704) 846-4581

Jerry Hildreth
399 / 917

James Queen
405 / 202

N 41°18'00" W 455.83'
315.57'
135.02'
15.06'
521.57'
0.581 Acres
4.866 Acres
N 47°47'50" E
S 47°47'50" E
Lot 6
Lot 5

LOCATION MAP
(NOT TO SCALE)
Site

NORTH CAROLINA
REGISTERED
SEAL
L-3600
LAND SURVEYOR
GREGORY S. FLOWE

Post-it™ Fax Note 7671 | Date 7/25 | # of pages ▶ 1
To KELLY RANDALL | From TED SIMPSON
Co. MECK CO. | Co. AMERIFIRST
Phone # | Phone # 845-2305
Fax # 336-6894 | Fax #

3/5/95

S 48°33'50" E 387.65'
512.15'
25.00'
N 42°12'10" W 425.00'
S 42°28'30" E 482.58'
422.81'
15.07'
1222.28' to Mill Grove Road
Gerald Givens
594 / 772
Dennis Hayes
Lot 4
Tara Oaks
Map Book: 21 / 388
Septic Tank
Well
100' MIN
N 47°47'30" E 430.71'
S 47°46'31" W 430.71'
S 42°12'10" E 425.00'

TARA OAKS DR
11016 TARA OAKS DR
DENNIS HAYES - OWNER

Tax Parcel: 8-278-017
C.C. = 1' : 10,000' +
Deed Ref: 737 / 767
395 / 740 ---30' Easement

Property Survey
For
J. Dennis Hayes
and wife
Julie Hayes
Goose Creek Township
Union County, N.C.

Drawing No 95120
Scale: 1" = 100'
January 20, 1995

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

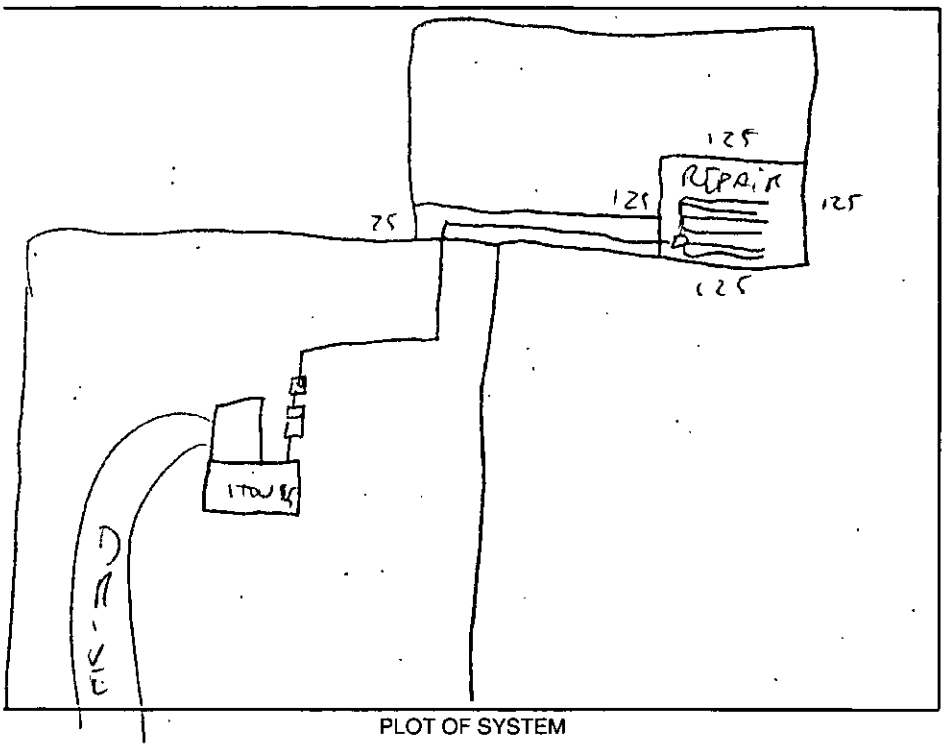
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1853-A DATE: 7-20-96

TC: 197-141-17 ☐ L

SERIAL No. 16926

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4-26-94. All work shall be completed on or before 3-20-96, 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 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 @ 540 feet

Number of Lines 6 x 90

Depth of Stone 12" 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 JERRY HAYES

LOCATION OF PROPERTY 11016 TARA OAKS DR

Comments: INSTALL LINES IN SAME AREA
6 LINES @ 90 each

Kelly Powell
Environmental Health Specialist

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

PROPOSED PLOT PLAN

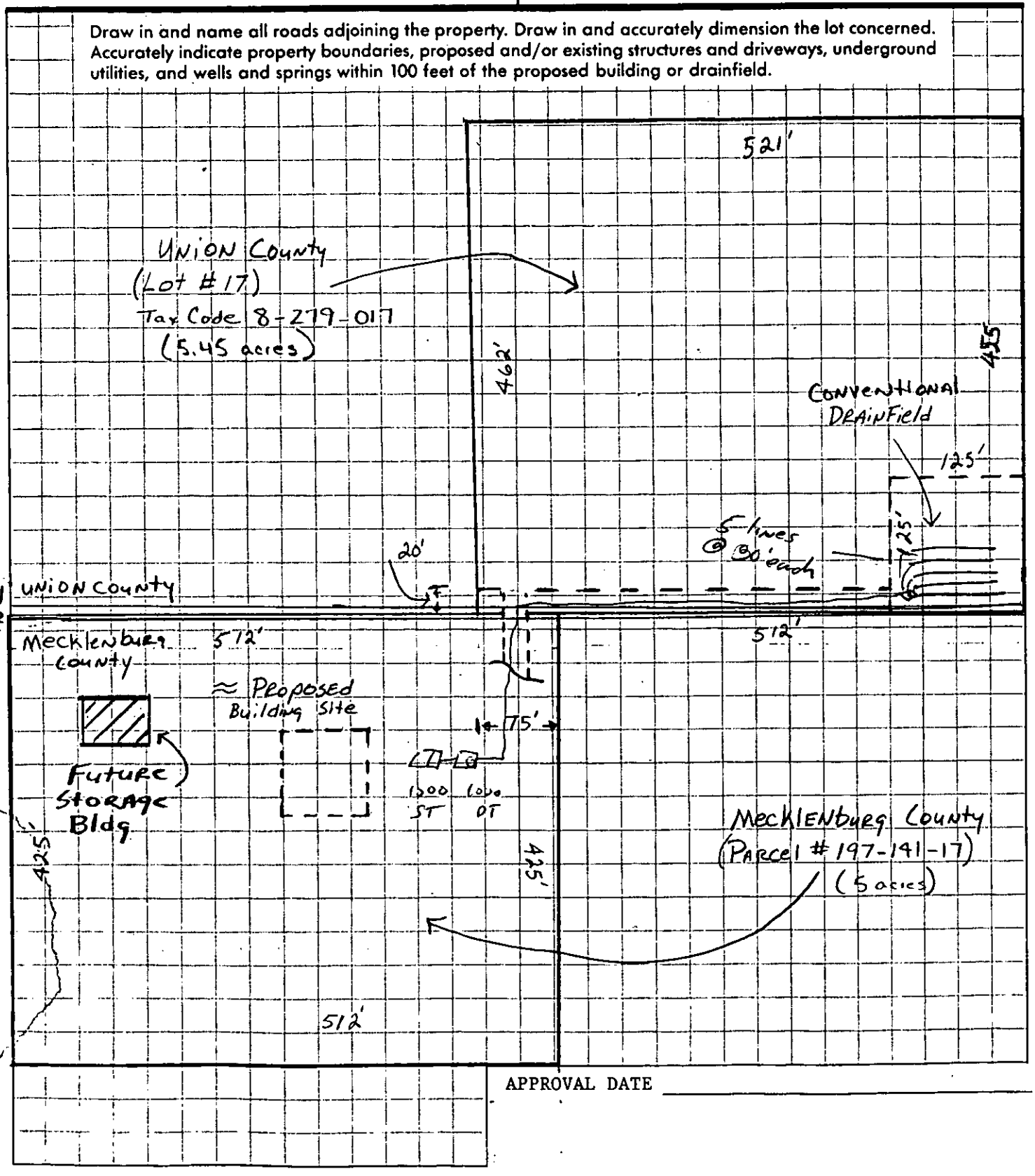
COPY

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

FILE: 1853A

TC: 197-141-17

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.



APPROVAL DATE _____

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10817

File: 1853A Action 2

Parcel: 19714101 ☐ P(

Location: 11016 Tara Oaks Drive

Subdivision:

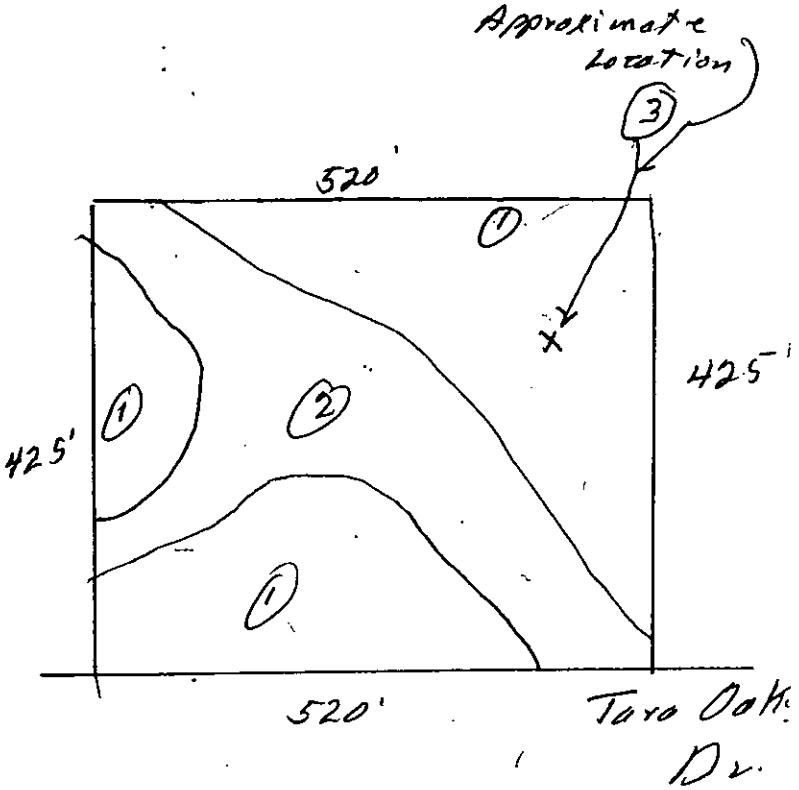
Lot: L4 Block: Acres: 5.1

Owner: Katherine L. Sikora
Address: 13617 Andulusian Drive
Matthews, NC 28105

Comments: appears to be only one small spot - Would need definite area marked if additional investigation is required

Described by: William A. Martin

Date: 9-9-96



***** 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 2-10%	S PS U —	(S) PS U 2-10%	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 Clay	S PS U —	S (PS) U Clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS (U) Drainageway Depression	S (PS) U >36"	S PS U	S PS U	S PS U
Depth	S PS (U) 12-28"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS (U) 12-28"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U See Note	S PS U	S PS U	S PS U
Soil Group/Series	10B Lignum-Lilo	Drainageway Depression	10A Tatum-Lilo			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 10817

File: 1853A Action 2

Parcel: 19714101 ☐ P

Location: 11016 Tara Oaks Drive

Subdivision:

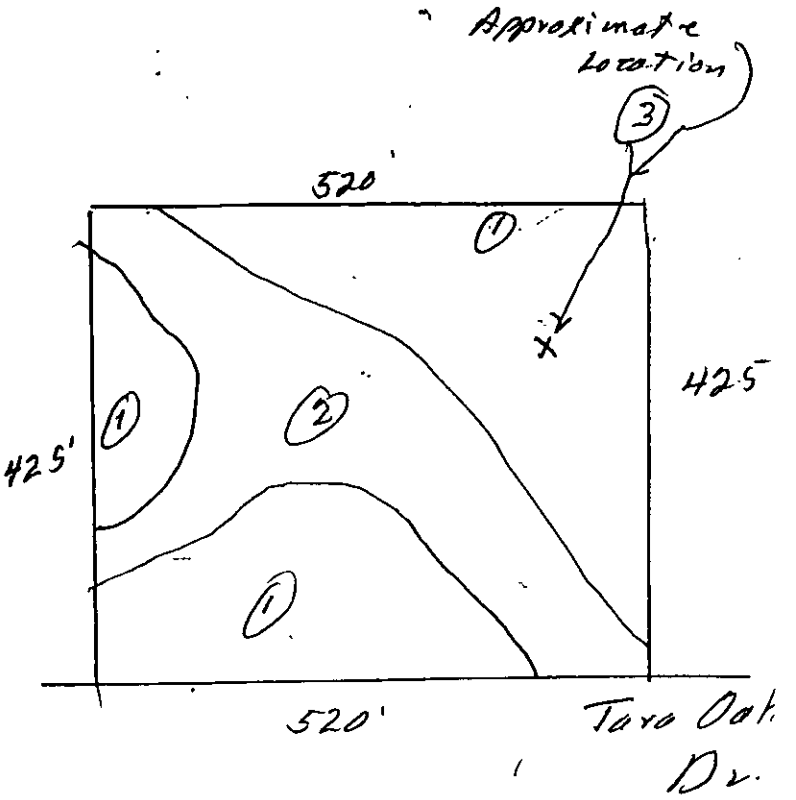
Lot: L4 Block: Acres: 5.1

Owner: Katherine L. Sikora
Address: 13617 Andulusian Drive
Matthews, NC 28105

Comments: appears to be only one small spot - Would need defined area marked if additional investigation is required

Described by: William A. Marlin

Date: 9-9-06



*** 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 2-10%	S PS U —	(S) PS U 2-10%	S PS U	S PS U	S PS U
Texture	S PS (U) 2-Clay	S PS U —	S (PS) U Clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS (U) Drainageway Depression	S (PS) U >36"	S PS U	S PS U	S PS U
Depth	S PS (U) 12-28"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S PS (U) 12-28"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U See Note	S PS U	S PS U	S PS U
Soil Group/Series	IVB Lignum - L-Ho	Drainageway Depression	IVA Tatum - L-Ho			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

BK795PG438

STATE OF NORTH CAROLINA — Excise Tax — JUL 11 95 — $49.00

Filed for record
Date 7-11-95
Time 10:47 o'clock A m
JUDY G. PRICE, Register of Deeds
Union County, Monroe, North Carolina

RECORDED and VERIFIED
BCS

Excise Tax $49.00

Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. Portion of 08-279-017

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

by .....

Mail after recording to Grantees, 10932 Tara Oaks Drive, Charlotte, NC 28227

This instrument was prepared by Yates W. Faison, III

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 19th day of June, 1995, by and between

GRANTOR	GRANTEE
J. DENNIS HAYES and wife, JULIE HAYES	KEITH R. MOORE and wife, TERRY D. MOORE
05-2C86	10932 Tara Oaks Drive Charlotte, NC 28227

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 , Goose Creek Township, Union County, North Carolina and more particularly described as follows:

BEGINNING at a point in the line of the property conveyed to Jerry R. Hildreth by deed recorded in Book 395, Page 743 of the Union County Registry and in the center line of a 30-foot private drive, the southernmost corner of the property conveyed to Gerald Givens by deed recorded in Book 594, Page 772 of the Union County Registry, and running thence with the line of Hildreth (now or formerly) and the center line of said private drive, S. 48-33-50 W. 396.57 feet to a point, a corner of the property conveyed to James M. Queen and wife; thence with three lines of Queen, as follows: (1) N. 41-18-00 W. 332.30 feet to an iron pin; (2) S. 47-'7-50 W. 125.02 feet to an iron pin; and (3) N. 41-18-00 W. 125.02 feet to an iron pin in the Mecklenburg-Union County line; thence with the Mecklenburg-Union County line and the lines of Lots 6, 5 and 4 of TARA OAKS, as shown on map thereof recorded in Map Book 21, Page 388 of the Mecklenburg Public Registry, N. 47-47-50 E. 512.15 feet to an iron pin in the line of said Lot 4, the westernmost corner of the Givens property above-described; thence with the line of Givens (now or formerly), S. 42-28-30 E. 462.58 feet to the point or place of BEGINNING, and containing 4.496 acres, more or less, all according to survey of Gregory S. Flowe, R.L.S., dated January 20, 1995.

There is retained, however, herefrom by Grantors, for themselves and their successors in title to that certain property known as Lot 4 of TARA OAKS as above-described a permanent easement, to run with the land, for the purpose of providing a septic system and drain field for said Lot 4, more particularly described as follows: BEGINNING at an iron pin in the line of said Lot 4, the westernmost corner of the property conveyed to Gerald Givens by deed recorded in Book 594, Page 772 of the Union County Registry,

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and running thence with the line of Givens (now or formerly), S. 42-28-30 E. 25.00 feet to a point; thence S. 47-47-50 W. 387.65 feet to an iron pin; thence S. 41-18-00 E. 100.01 feet to an iron pin, a corner of Queen; thence with two lines of Queen, as follows: (1) S. 47-47-50 W. 125.02 feet to an iron pin; and (2) N. 41-18-00 W. 125.02 feet to an iron pin in the Mecklenburg-Union County line; thence with the Mecklenburg-Union County line and the lines of Lots 6, 5 and 4 of TARA OAKS, as above-described, N. 47-47-50 E. 512.15 feet to an iron pin, the point or place of BEGINNING.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 737, Page 767 of the Union County Registry.

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

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

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

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

J. Dennis Hayes (SEAL)

Julie Hayes (SEAL)

..... (SEAL)

..... (SEAL)

SEAL-STAMP

NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

Use Black Ink

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that J. Dennis Hayes and Julie Hayes Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 19th day of June, 19 95

My commission expires: 2/20/98 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 foregoing Certificate(s) of Yates W. Faison, III, N.P. of Meck. Co., N.C.

.....

is/are 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.

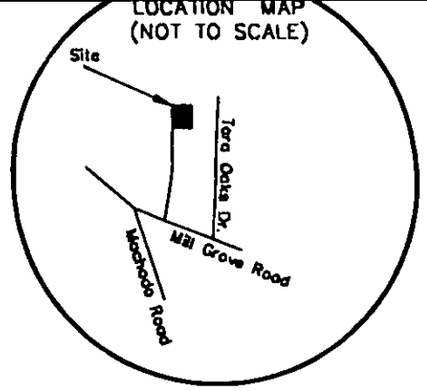
JUDY G. PRICE

..... REGISTER OF DEEDS FOR Union COUNTY

By ..... Deputy/Assistant - Register of Deeds

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545-4381



Road North
D.B. 737 / 767

James Queen
405 / 202

N 41°18'00" W
315.57'
455.65'
125.02'

Union County
Mecklenburg County

0.951 Acres

S 47°47'50" W
125.02'

Septic Tank
Repair Area

122.93'

300.00'
S 41°18'00" E
432.31'
100.01'

N 47°47'50" E

S 47°47'50" W
307.44'

4.496 Acres

512.15'

387.65'

Lot 6

Lot 5

NORTH CAROLINA
REGISTERED
SEAL
L-3600
LAND SURVEYOR
GREGORY S. FLOWE

Gregory S. Flowe
5/8/95

N 42°12'10" W
425.00'

81.78'

25.00'

422.51'
S 42°28'30" E
462.58'

Gerald Givens
594 / 772

Dennis Hayes
Lot 4
Tara Oaks
Map Book: 21 / 388

S 47°46'31" W
430.71'

N 47°47'50" E
512.47'

S 42°12'10" E
425.00'

Tax Parcel: 8-279-017

E.C. = 1' : 10,000' +

Deed Ref: 737 / 767
395 / 740 ---30' Easement

Property Survey
For

J. Dennis Hayes
and wife
Julie Hayes

Goose Creek Township
Union County, N.C.

95120

Scale: 1" = 100'

January 20, 1995

A SURVEY OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING
RT-ORDERED SURVEY OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

WK700

1853A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. # 150 3/22/95 Ck. #5387

CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Hayes (last) Jerry (first) Dennis (mi)

ADDRESS: 10908 Wiltshire Ln PHONE: (704) 549-1855

CITY: Charlotte STATE: NC ZIPCODE: 28262

Date: 4-26-94

PROPERTY OWNER:

NAME: Hayes (last) Jerry (first) Dennis (mi)

ADDRESS: 10908 Wiltshire Ln PHONE: (704) 549-1855

CITY: Charlotte STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 197-141-17 ~~8-279-017~~

STREET ADDRESS: ~~Mill Grove Rd~~ 11016 TARA OAKS

Lot #17 (Union Cty)

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
- [x] 0 Mecklenburg County
- [ ] 1 Charlotte
- [ ] 2 Davidson
- [ ] 3 Cornelius
- [ ] 4 Pineville
- [ ] 5 Matthews
- [ ] 6 Huntersville
- [ ] 7 Mint Hill

LOT NUMBER: 197-141-17 (meck) 8-279-017 (Union) LOT SIZE (in acres): 5 acres (meck) 5.45 acres (Union)

TYPE APPLICATION (check one):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [x] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
- [ ] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
- [ ] SINGLE MOBILE HOME (S)
- [x] HOUSE (H)
- [ ] MULTIPLE FAMILY (U)
- [ ] DOUBLE WIDE (D)
- [ ] MODULAR HOME (M)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5

SYSTEM CLASSIFICATION: Type 3

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
- [ ] Community (C)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Jacuzzi
- [ ] Stable/Barn
- [ ] Workshop
- [ ] None
- [ ] Garage
- [x] Storage Building
- [ ] Deck/Patio
- [ ] Bedrooms
- [ ] Other

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: Jerry Dennis Hayes Date: 4-26-94

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... EASEMENT ON FILE

- [x] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 9-29-95 Date

WWATER : 122791

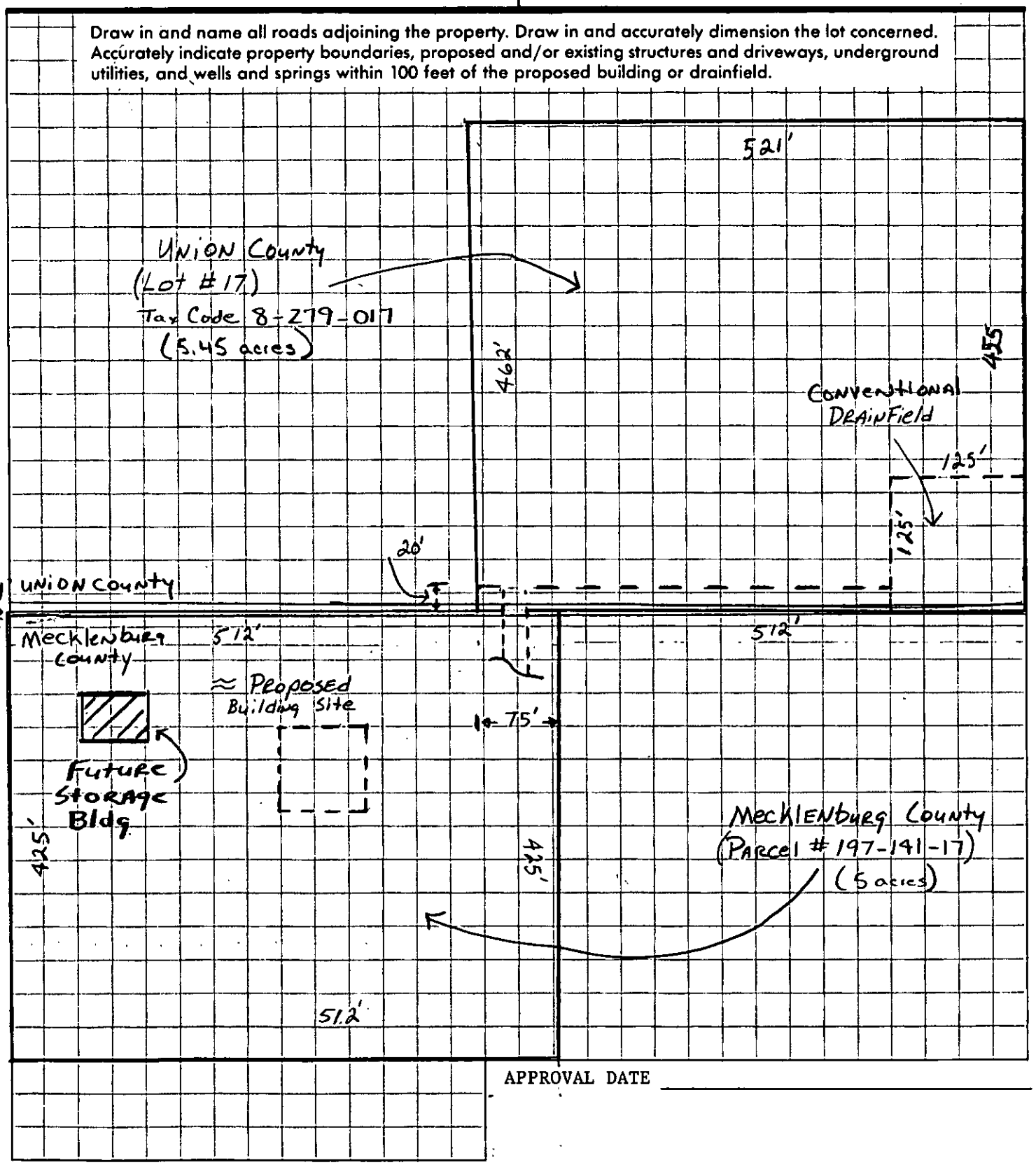
PROPOSED PLOT PLAN

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

FILE: 1853A

TC: 197-141-17

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.



APPROVAL DATE _____

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

12KFRO

PROPOSED PLOT PLAN

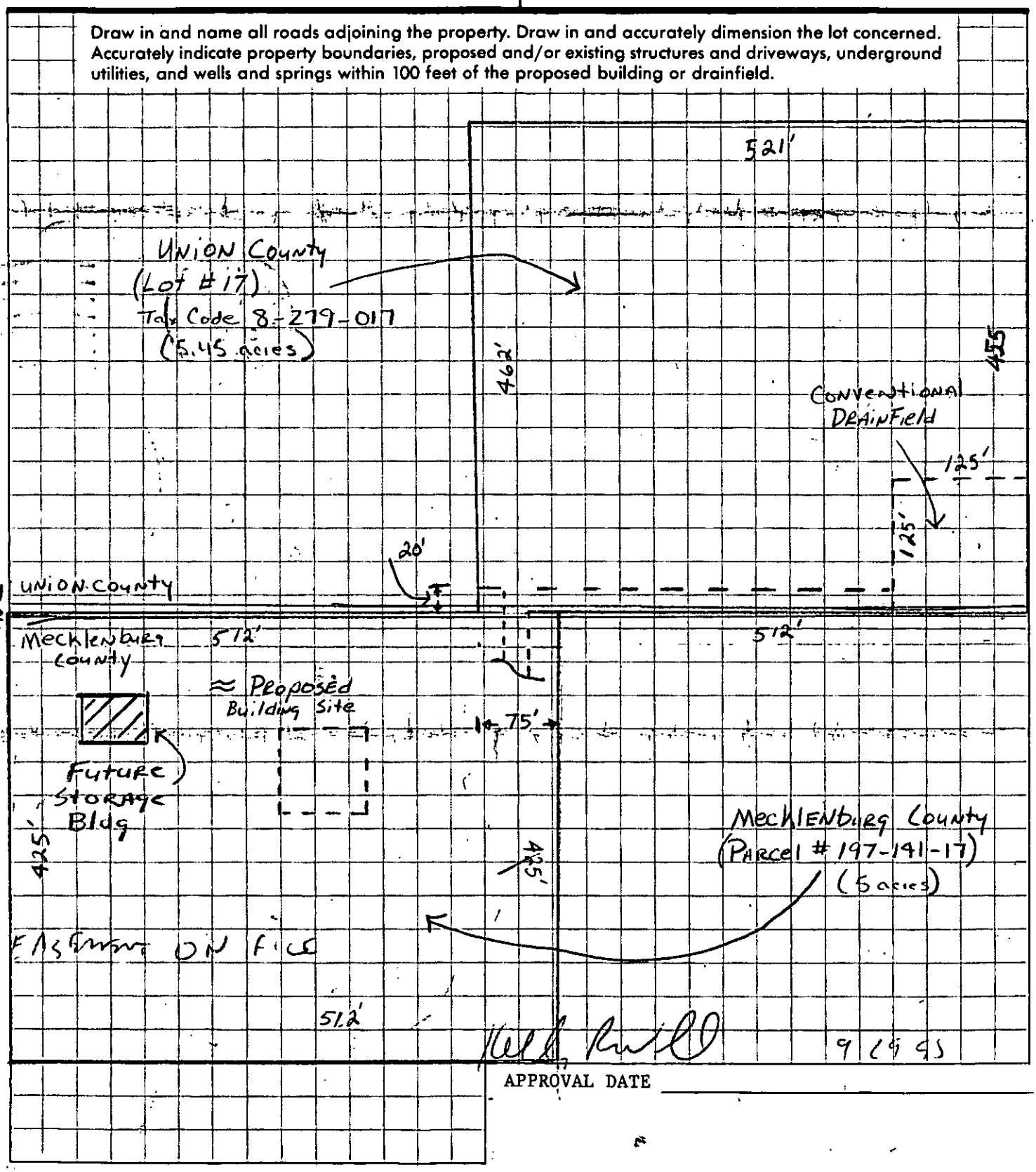
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1853A

TC: 197-141-17

X

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.



APPROVAL DATE 9/6/95

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

MECKLENBURG COUNTY
Department of Environmental Health

September 9th, 1986

Katherine L. Sikora
13617 Andulusian Drive
Matthews, NC 28105

RE: Property located at 11016 Tara Oaks Drive L4
FILE: 1853A
PARCEL: 19714101

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 10817) is enclosed.

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

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

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

Sincerely,

John R. Adkisson

John R. Adkisson
Environmental Health Supervisor

Enclosure(2)

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

RECEIVED
OCT 27 1986
ENVIRONMENTAL HEALTH

5340 0948

P

143

FILE NO. 1853-A

PRESENTED FOR REGISTRATION
OCT 17 1 08 PM '86
CHARLES E. BOWDEN
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, KATHERINE L. Sikora,
owner of property located at 11016 Tara Oaks Dr.
("the site") and described in an instrument recorded in Book 4887 at Page 123, Mecklenburg Public Registry,
hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 13th day of October, 1986.

10/17/86 9:24 #3492 000
FEE 5.00
<> 5.00
CASH 5.00

Prepared by: Katherine L. Sikora (SEAL)

Return to Dept. of Environmental. (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, ESILDA M. HARTZ, a Notary Public for said County and State, do hereby certify that KATHERINE L. Sikora personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13th day of October, 1986.

Esilda M. Hartz
Notary Public

My Commission Expires October 17, 1988

My Commission Expires: _____

NOTARY PUBLIC MECKLENBURG COUNTY, N.C. ESILDA M. HARTZ

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____
Notary Public

My Commission Expires: _____

5340 0949

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Esilda M. Hartz

a Notary(ies) Public of said County and State
is/are certified to be correct. This 17 day of October 1986
Charles E. Crowder, Register of Deeds, By: Mary A. Posey DEPUTY

MECK COUNTY DEPARTMENT OF