

8616 BLAIR RD

13901151

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

pd 100.00 CASH

FEE:
DATE:
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APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 35840

LD 35840MB 12/9/03

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

PROPERTY OWNER:

NAME: Jessup Wayne Whitley
ADDRESS: 8616 Blair Rd.
CITY: Charlotte
STATE: N.C ZIP: 28227
PHONE: 704-545-8367
ALTERNATE PHONE: 704-363-1850

JOB LOCATION INFORMATION

TAX/PARCEL #: 139-011-51
STREET ADDRESS: 8616 Blair Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

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

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☑ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Wayne Whitley — Owner's/Agent's Signature
5-23-05 — Date

*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 y this Department.
- This permit is not transferable.

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

OR TO USP

EHS Signature — Date 6-1-05

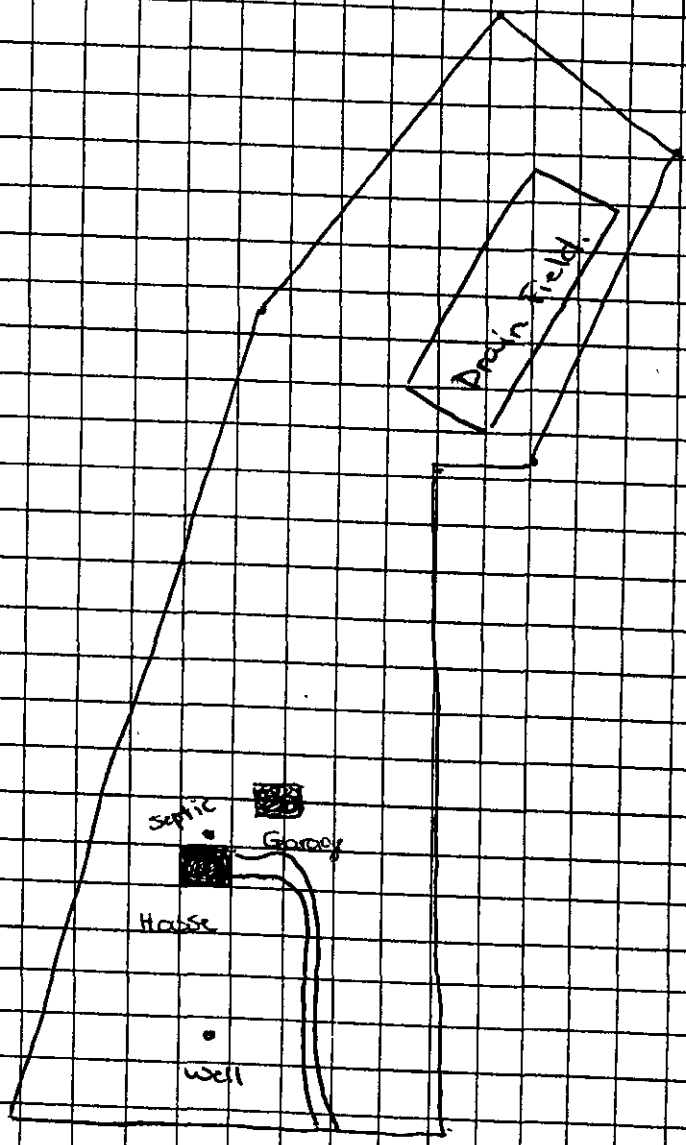
PROPOSED PLOT PLAN

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

FILE: 3584

TC: 139-011-51

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.



Wayne Whitley
OWNER/AGENT SIGNATURE

DATE 5-23-05

APPROVAL DATE 6-1-05

White - Health Department's Copy

pd 100.00 cash ck# 2/1-2/p.1

[redacted]

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MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6884

GWS – UES.APP 01/05

[redacted]

35848

TYPE APPLICATION:

- ☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

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NAME: Jessup Wayne Whitley
ADDRESS: 8616 Blair Rd.
CITY: Charlotte
STATE: N.C ZIP: 28227
PHONE: 704-545-8367
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STATE: NC ZIP: 28227
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LOT #:

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- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
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WATER SUPPLY:

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NUMBER OF OCCUPANTS: 4

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EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
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"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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Wayne Whitley
Owner's/Agent's Signature

5-23-05
Date

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- This permit is not transferable.

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

EHS Signature Date

5/23/05

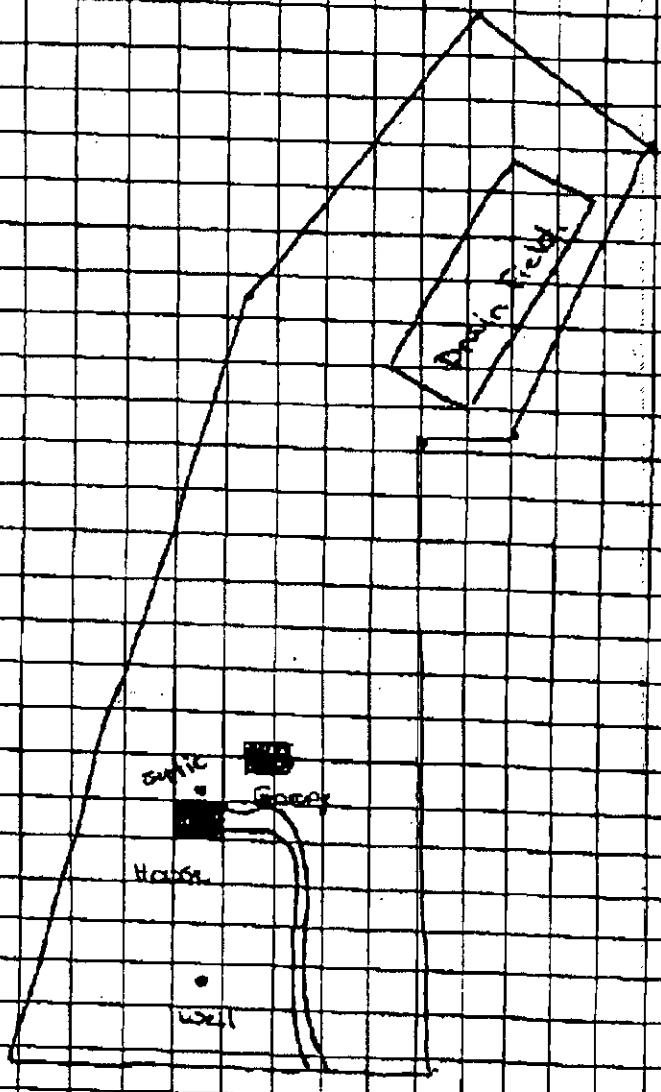
PROPOSED PLOT PLAN

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

FILE: 35848

TC: 139-011-51

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Wayne Whitley
OWNER/AGENT SIGNATURE

DATE 5-23-05

APPROVAL DATE

White - Health Department's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

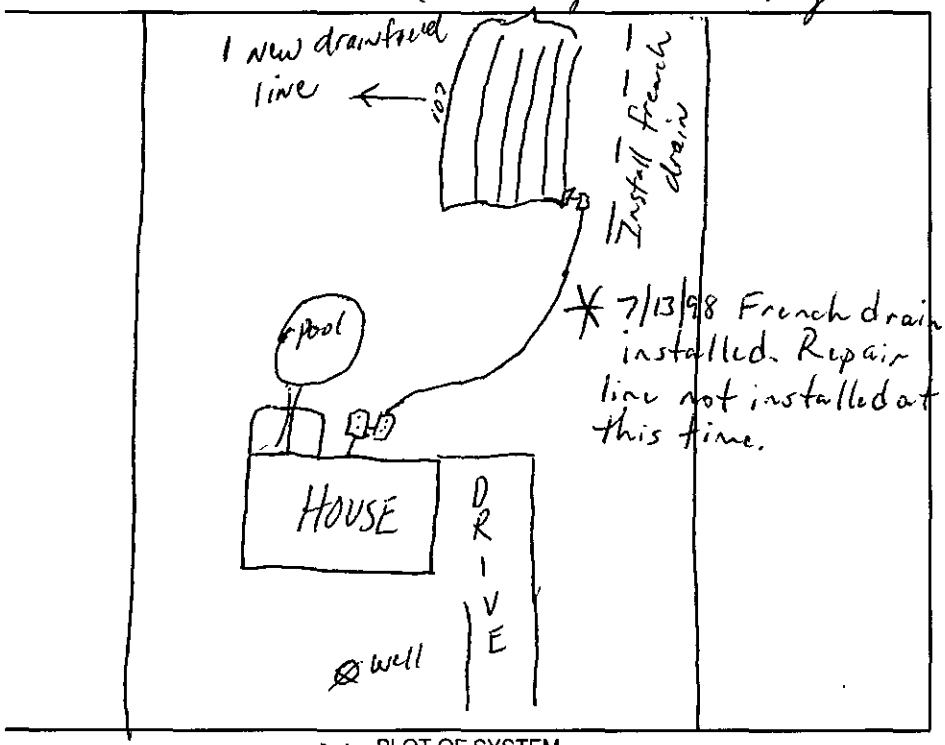
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3584B DATE: 6/26/98

TC: 139 011 03 ☑

SERIAL No: 17613

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 5/17/98. All work shall be completed on or before 7/26/98, 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: Existing gallons

Liquid Capacity of Dosing Tank: Existing gallons

Tank Construction: -

Trench Depth: 24"

Absorption and/or Nitrification Lines:

Trench Width: 3' feet

Trench Walls Scored and Porous: yes

Total Line Length: 100' feet

Number of Lines: 1 (100')

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: Marie B. Whitley

LOCATION OF PROPERTY: 8616 Blair Rd

Comments: Install French Drain appr 4' deep above existing drainfield Add 1 lines x 100'long x 3'wd x 12"stone | Make sure all lines feeding equal from D Box (Lower lines not feeding properly) | Lower float in pump tank

* 7/13/98 On-site visit, French Drain installed as prescribed by permit. Checked D-box. It appears that lines are feeding properly. New drainline was not added at this time. (JAK)

Phila S. Walker RS
Environmental Health Specialist

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

FEE: _____

DATE: _____

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

REPAIR

1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

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

FILE #: 3584B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139 011 03

STREET ADDRESS:

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

CLOSING DATE _____

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:

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	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: Whitley, Marie B.
(LAST) (FIRST) (MI)

ADDRESS: 8616 Blair Rd.

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704 545- 8367

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: Marie Whitley DATE: 5-17-96

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

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

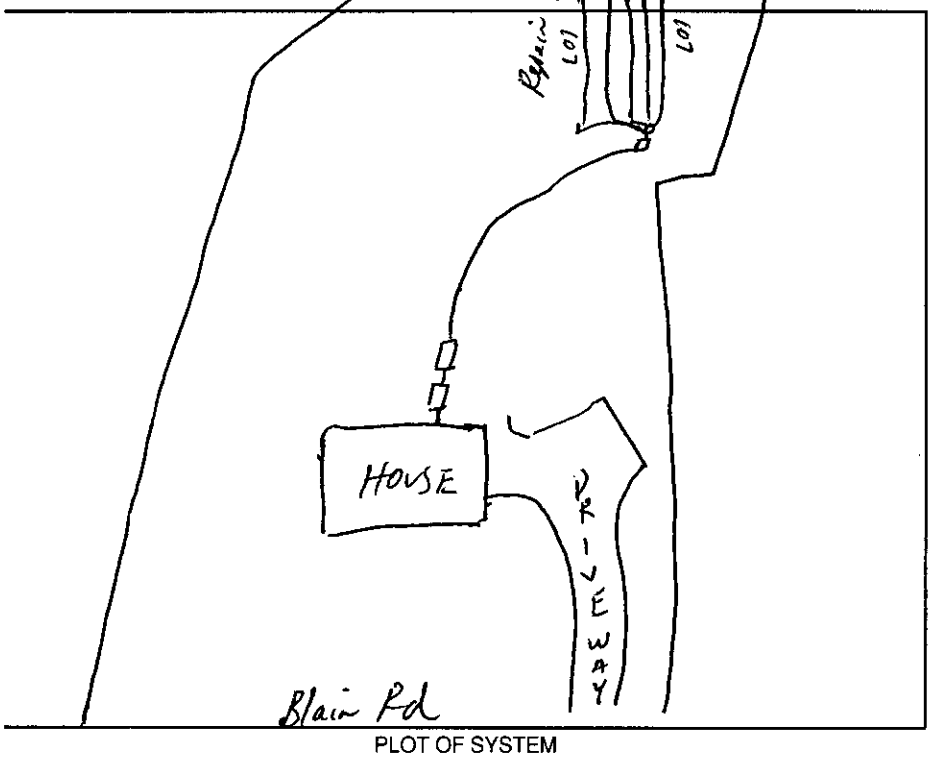
FILE: 3584B DATE: 7/18/96

TC: ~~139 011 03 PO~~ ☐ L ~~139 011 36~~

139-011-~~03~~80

SERIAL No 16844

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 3/25/96. All work shall be completed on or before 8/18/96, 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 535' feet

Number of Lines 5 (107')

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 Jessup Whitley. (~~8636~~ 8616)

LOCATION OF PROPERTY ~~8636~~ Blair Rd

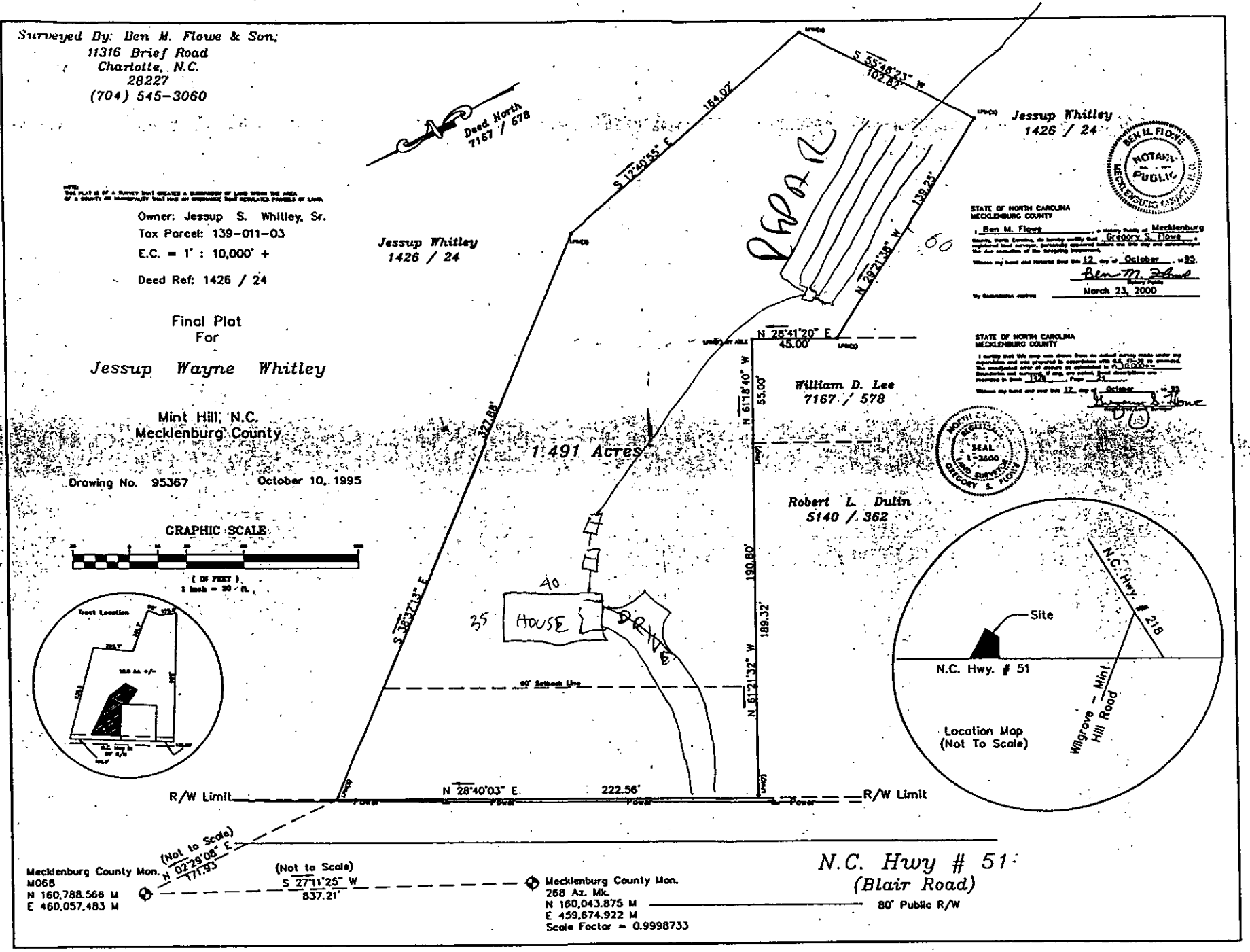
Comments: 1500 ST, 1000 DT, 5 lines x 107'long x 3'wid x 12" stone. Drainfield area to be flagged by K. Pendell before permit installation / Keep septic system >100' (50' min) from well

Stateman for S. Daniel, Program Chief 8-14-96

Phila S. Walker R.S.
Environmental Health Specialist

5 lines @ 107 each
x 3' wide x 12" wide

File 35848



CERTIFICATE OF COMPLETION/OPERATION PERMIT

~~$400~~ Ck# 3300 9/3/96 $150.00

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

FILE: 3584B DATE: 8-7-96

TC: 139-011-03P0 ☐ L ~~☐ CRI~~

SERIAL Nº 16778

Name of Owner Jessup Whitley Juris.:

Address of Property 8616 ~~8626~~ Blair Rd.

Inspection Data:

Tank Material 1500 5351

Total Length of Drainfield

Number of Lines 5 @ 107'

Cover Depth 10-12"

Water Supply Source Well

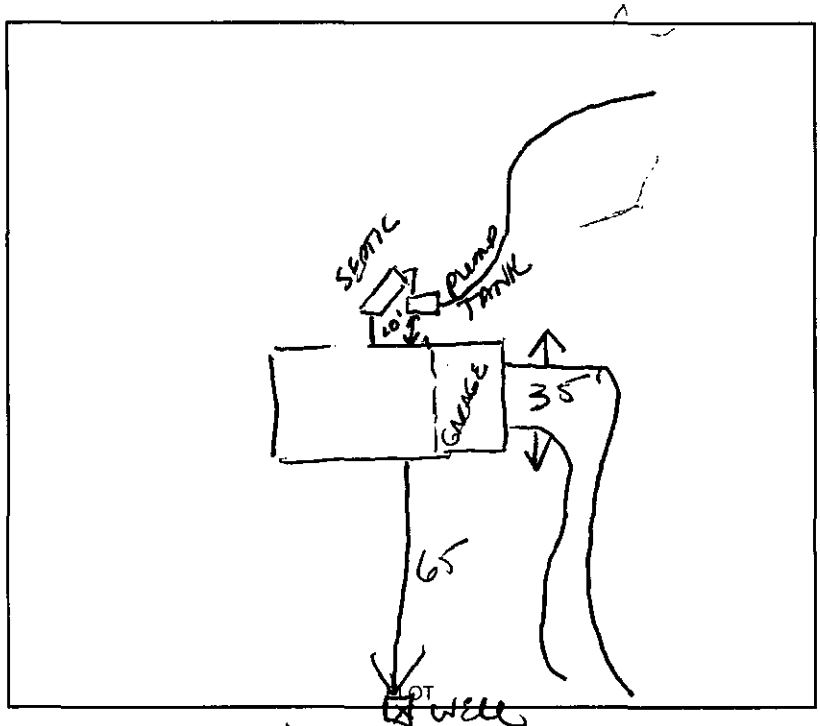
Distance to Water Source 105

Excavation Inspected 8/7/96

Tank(s) Inspected 8/7/96

Wash Line Inspected —

High Water Alarm Inspected 8/7/96



Design 1500 ST, 1000 PT, 1600 SQ FT, 12" G, T, CEIL CTR# RCS

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: Type II

Environmental Health Specialist

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

10400

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028607

File: 3584B Action ____

Parcel: PO 139-011-03

Location: Blair Road

Subdivision:

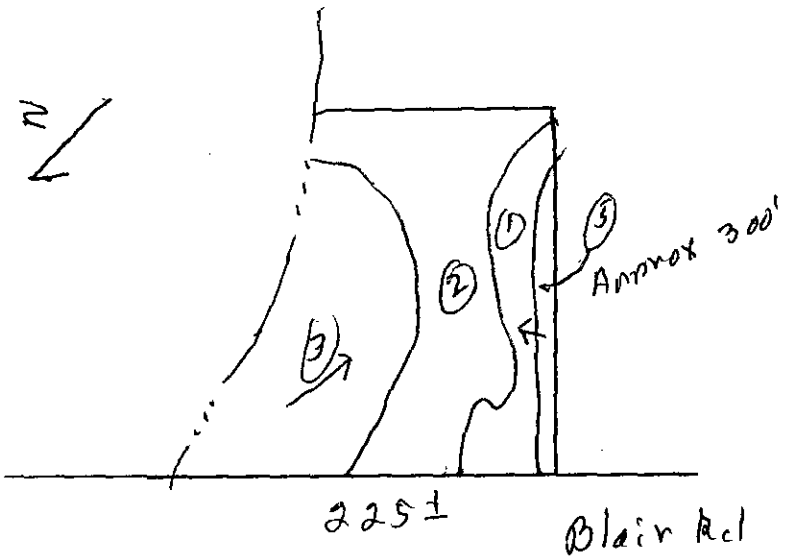
Lot: Block: Acres: 1.0

Owner: Jessup S. Whitley Sr.
Address: 8600 Blair Road
Charlotte, N.C. 28227

Comments: 100% Repair, 3 gal/ft²/LTAR

Described by: William R. Marks

Date: 5-25-95



***** 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 6 – 15%	S PS (U) Drainageway/ Depression	(S) PS U 2-10%	S PS U	S PS (U) Complex Slopes	S PS U
Texture	S (PS) U Slightly Ex. clay	S PS U —	S (PS) (U) Expansive	S PS U clay	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 7-46" S.W	S PS U —	S PS (U) soil wetness 15-24"	S PS U	S PS U —	S PS U
Depth	(S) PS U 7-46"	S PS U —	S PS (U) 14-20"	S PS U	S PS U —	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U —	S (PS) U 7-36"	S PS U	S PS U —	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U —	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilla	Drainageway/ Depression	Helena silt loam		Complex Slopes	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

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

DATE: 3-25-96 PERMIT NO: 3504-B
8616 PARCEL NO: 139-011-03 PO
JOB LOCATION ADDRESS: ~~8636~~ Blair Rd
PROPERTY OWNER: Jess-p Whitley
BUILDING CONTRACTOR: Dave Ballard
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Rowell DATE: 3-25-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3504-B, 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: TYPE III CONV.

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.

X Dave Ballard 3/25/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 3584-B

CONDITIONS OF IMPROVEMENT PERMIT

P.O. Tax Number: 139-011-03

- 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	400 Max gallons/day wastewater flow	1605 Absorption Area (sq ft)		9 Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	535 Total trench length (ft)		36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	12 Depth of stone		
Any surface waters present: No	Type:	Minimum separation distance:		
Site modifications required: No				
Additional Conditions: Type III conv.				
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
1605 Absorption Area (Sq ft) 535 Total Trench Length (Ft)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)		30" 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.

DEHNR Authorized Agent — Date: 3-25-96

Owner/Agent Signature — Date: 3/25/96

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

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

3584B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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: 4-6-95

PERSON FILING APPLICATION:

NAME: Whitley (last) Jessup (first) Wayne (mi)

ADDRESS: 5918 Lake Rd. PHONE: (704) 545-7730

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ~~[illegible]~~

STREET ADDRESS: off Blair Rd.

ZONING:

PROPERTY OWNER:

NAME: Whitley (last) Jessup (first) Shalar Sr. (mi)

ADDRESS: _____ PHONE: (704) 545-8913

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (D)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ 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: Wayne Whitley Date: 4-6-95

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.

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

9/28/94 K. Randall & L. Thompson met Dave Ballard builder on lot. Mr. Randall will design IWWS 93-2-R1
Will release permit after easement recorded.

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

2 options site evaluate

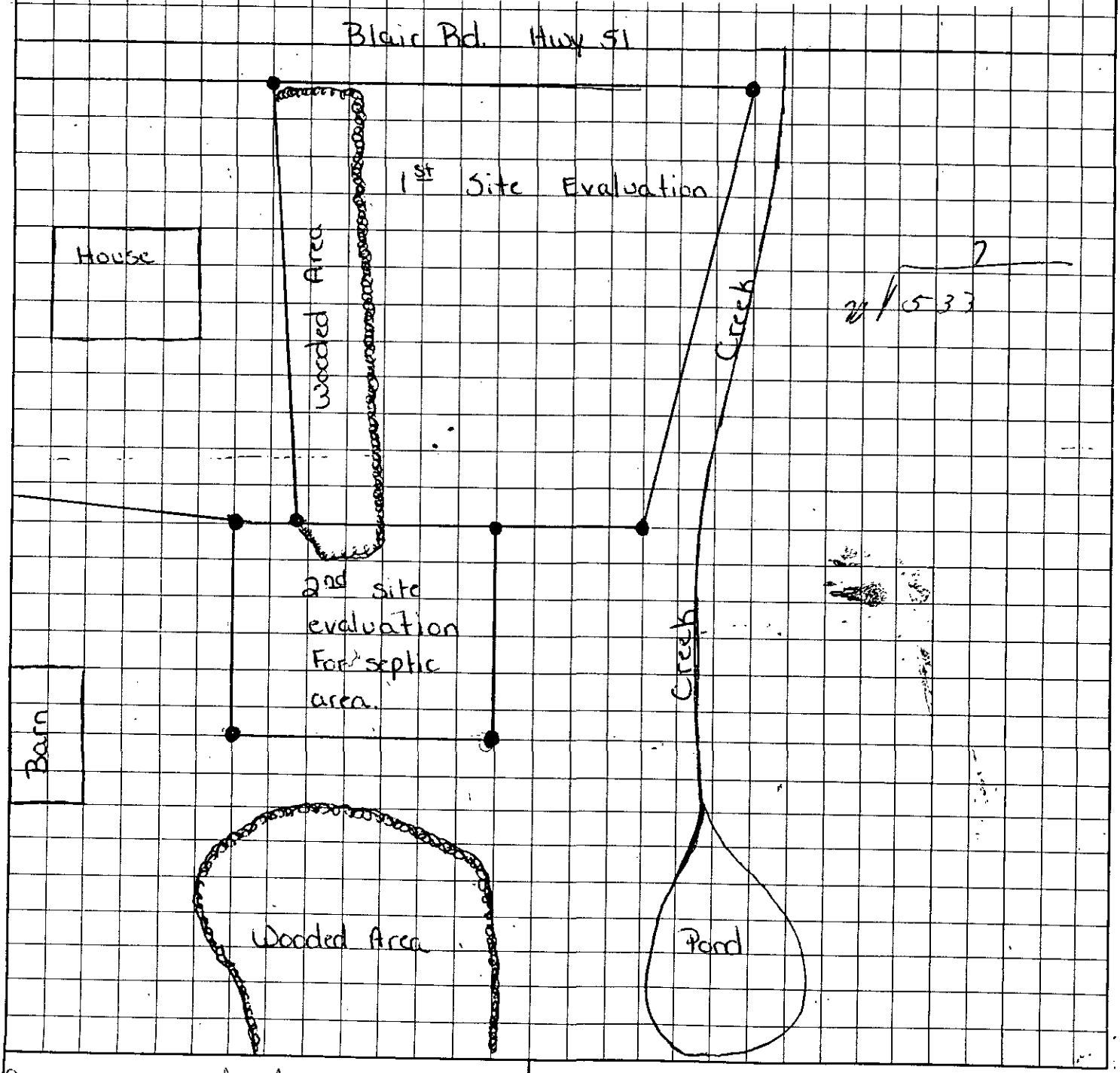
PROPOSED PLOT PLAN

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

FILE: 3584B

TC: 1398 11-03 PO

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.



Jesse S. Whitley, Sr.
OWNER/AGENT SIGNATURE

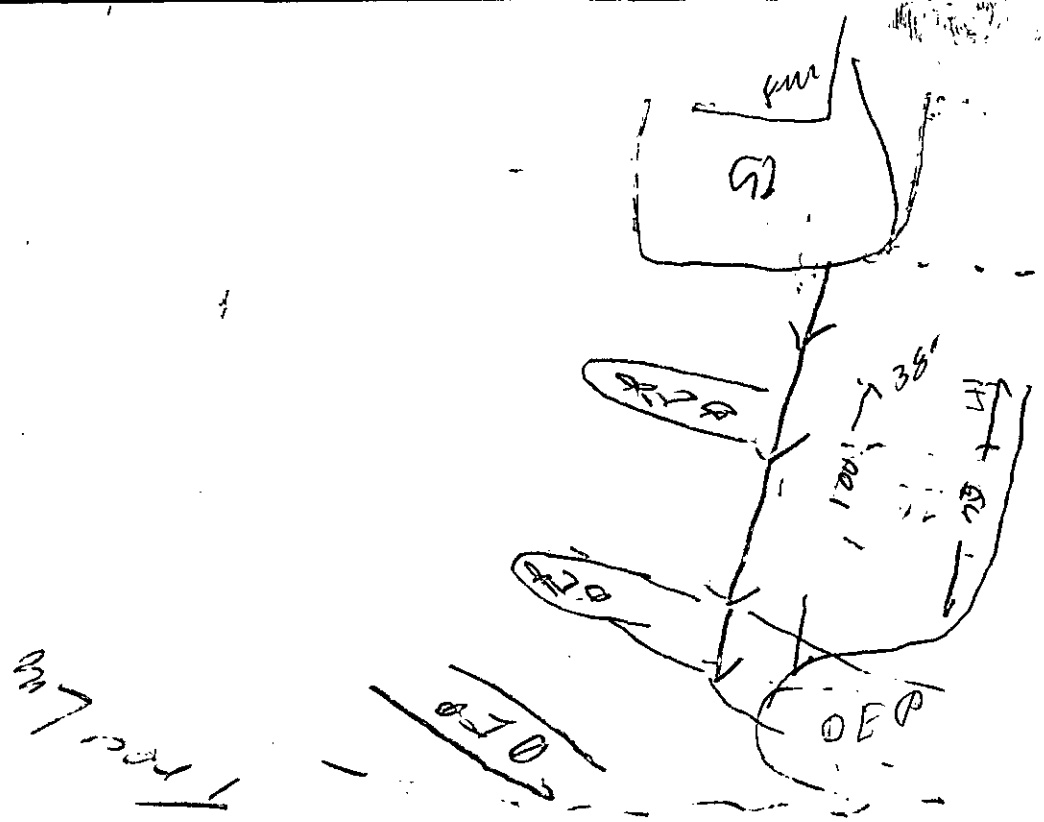
DATE 8/15/95

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



120
40
150
40
95
50
375

Walker

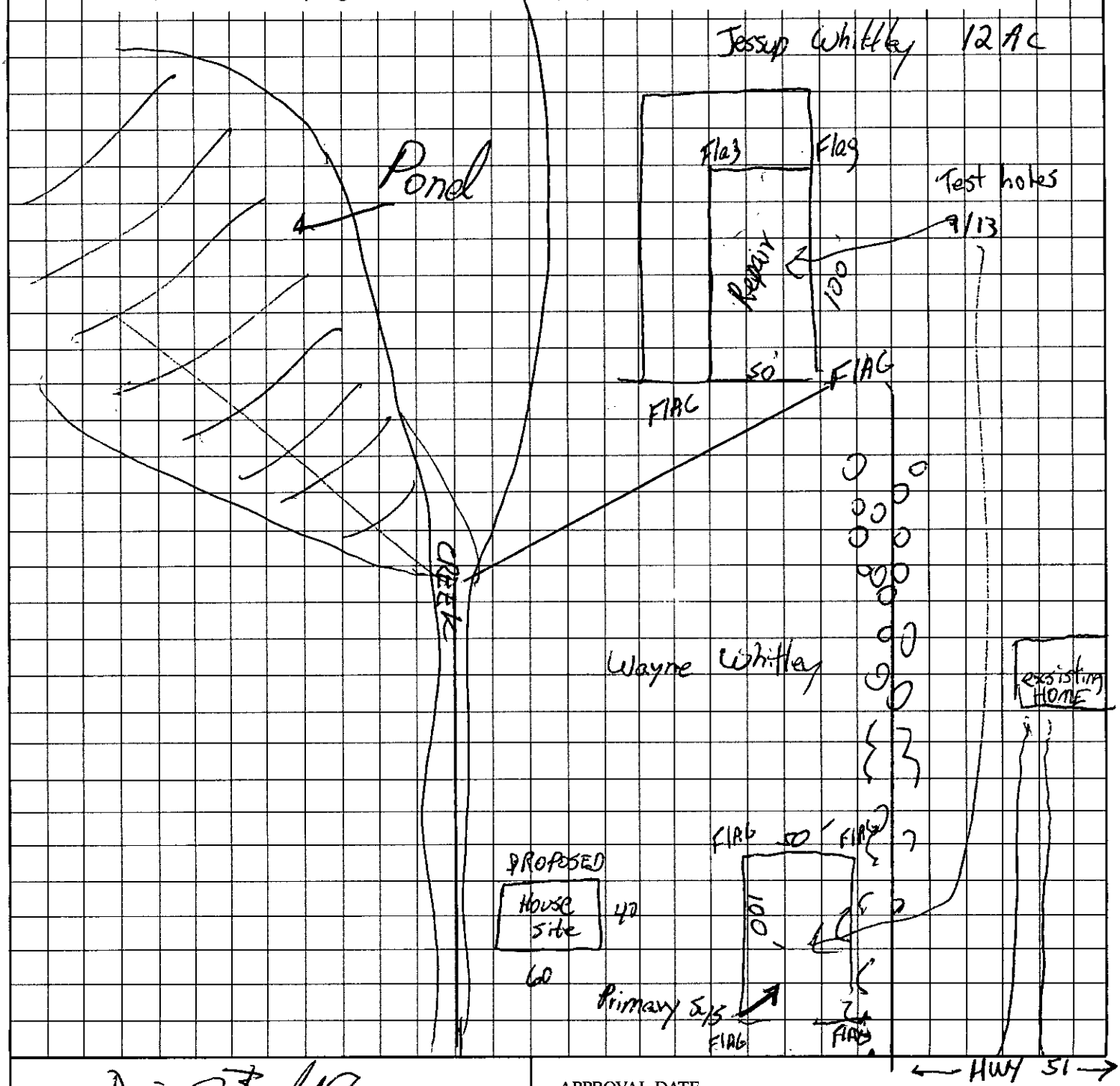
PROPOSED PLOT PLAN

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

FILE: 3584 B

TC: _____

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.



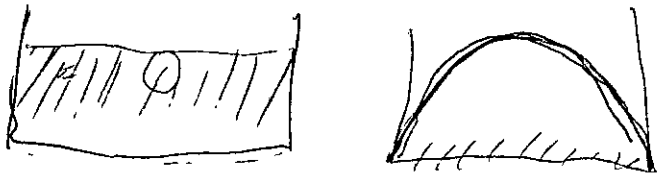
David Bell
OWNER/AGENT SIGNATURE

DATE 9/13/95

APPROVAL DATE _____

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

N E S



Mecklenburg County
Health Department

June 20, 1995

Mr. Jessup Whitley Sr.
8600 Blair Road
Charlotte, NC 28227

Dear Mr. Whitley:

Re: Blair Road
File: 3584B
Parcel: 139-011-03PO

4 bedroom

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met.

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

Other options for your consideration are listed below:

Submit an application for additional property to be soil tested for the possibility of an Improvement Permit. An easement may need to be obtained before an Improvement Permit could be issued if the area meets the states requirement.

You may also wish to obtain the services of a private consultant to collect the site-specific data and submit such a system design to the Health Department for technical review. A site may be reclassified to Provisionally Suitable provided written documentation, including engineering, hydrogeologic, geological, or soil studies indicates to the local Health Department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

If I may be of any assistance, please feel free to contact me at 336-5570.

Sincerely,

Philo S. Walker
Individual Water and Wastewater Systems

cc: Jessup Whitley

MECKLENBURG COUNTY HEALTH DEPARTMENT File: 3504 B Action 2
SITE EVALUATION REPORT 1st Evaluation Parcel: # 131-011-03 ☐ PC
SERIAL NUMBER 028607

Location: Blair Road

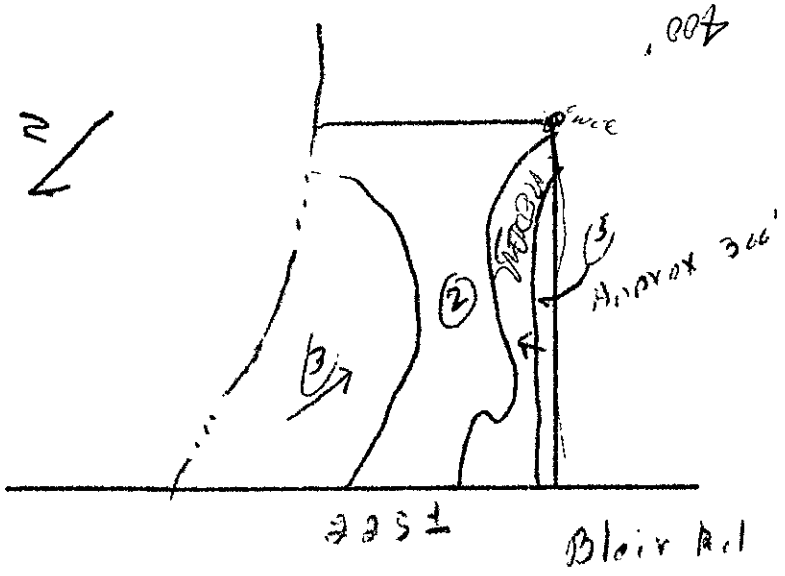
Subdivision:

Lot: Block: Acres:

Owner: Joseph S. Wiles, Sr.
Address: 5800 Blair Road
Charlotte, N.C. 28227

Comments: 100% Repair .3gal/ 1172/ LTAR

Described by: William A. Mackie
Date: 3-25-95



***** 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 6 - 12%	S PS (U) Drainageway/ Depression	(S) PS U 2-10%	S PS U	S PS (U) Complex Slopes	S PS U
Texture	S (PS) U Slightly Ex. clay	S PS U	S (PS) U Expansive	S PS U clay	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 7-48" s.w	S PS U	S PS (U) soil wetness 15-24"	S PS U	S PS U	S PS U
Depth	(S) PS U 7-48"	S PS U	S PS (U) 14-20"	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U	S (PS) U 7-36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Agricultural	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	IV Cecil-Lilo	Drainageway/ Depression	Helena Lilo		Complex Slope	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028687

File: 35240 Action 2

Parcel: PO 131-011-03 ☐ PC

Location: Blair Road

Subdivision:

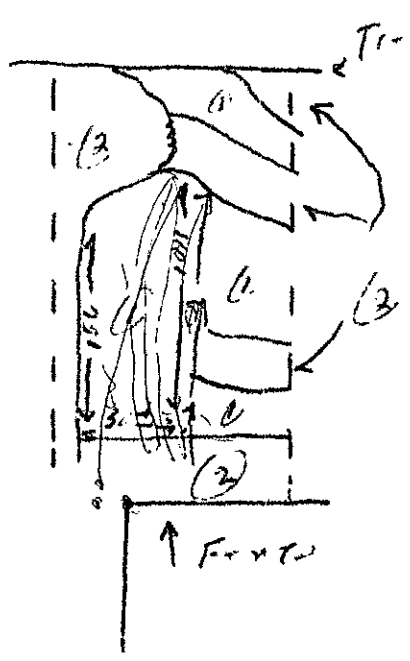
Lot: Block: Acres:

Owner: Jessup S. Whitley Jr.
Address: 900 Blair Road
Charlotte, N.C. 28211

Comments: 16" to Repair, 3 gal/ 1 1/2 hr LTAR

Described by: William A. Marlin

Date: 9-14-95

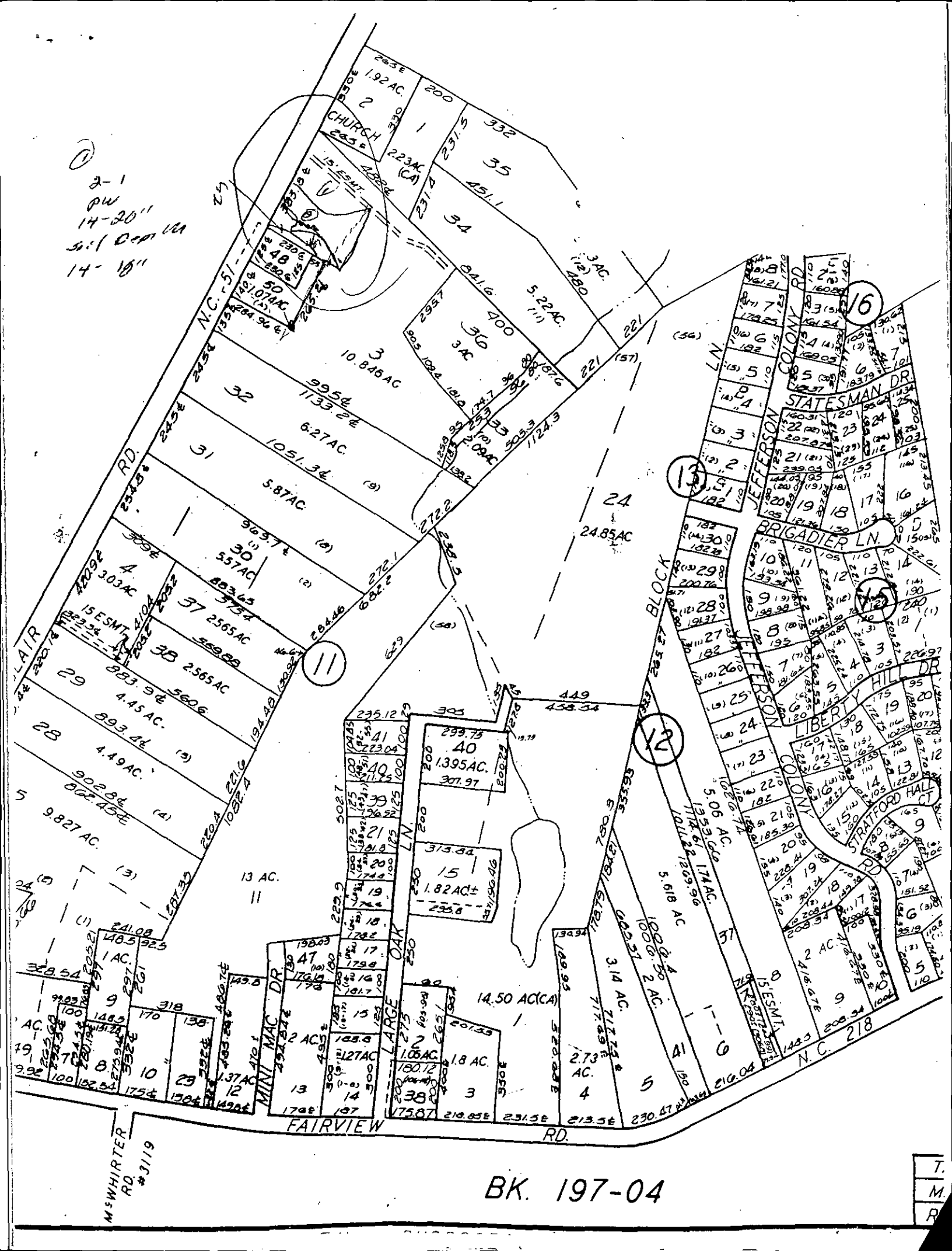


Blair Rd

***** 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 6-15%	S PS (U) Complex slopes/depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Exp clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-41" Soft wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-41"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-41"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Like	Complex Slope/depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U


N.C. 51
FAIRVIEW RD.
MINI MAC DR.
LARGE OAK LN.
JEFFERSON COLONY RD.
STATESMAN DR.
BRIGADIER LN.
LIBERTY HILL DR.
STRATFORD HALL CT.
N.C. 218
BLOCK
CHURCH
15' ESMT.
24.85AC
14.50 AC(CA)
BK. 197-04

D. Ballard Construction, Inc.

Residential Home Builder
2505-D Old Monroe Rd.
Matthews, NC 28105
(704) 821-9727 Pg. 513-7467

DAVE BALLARD Owner

2nd optional site evaluation

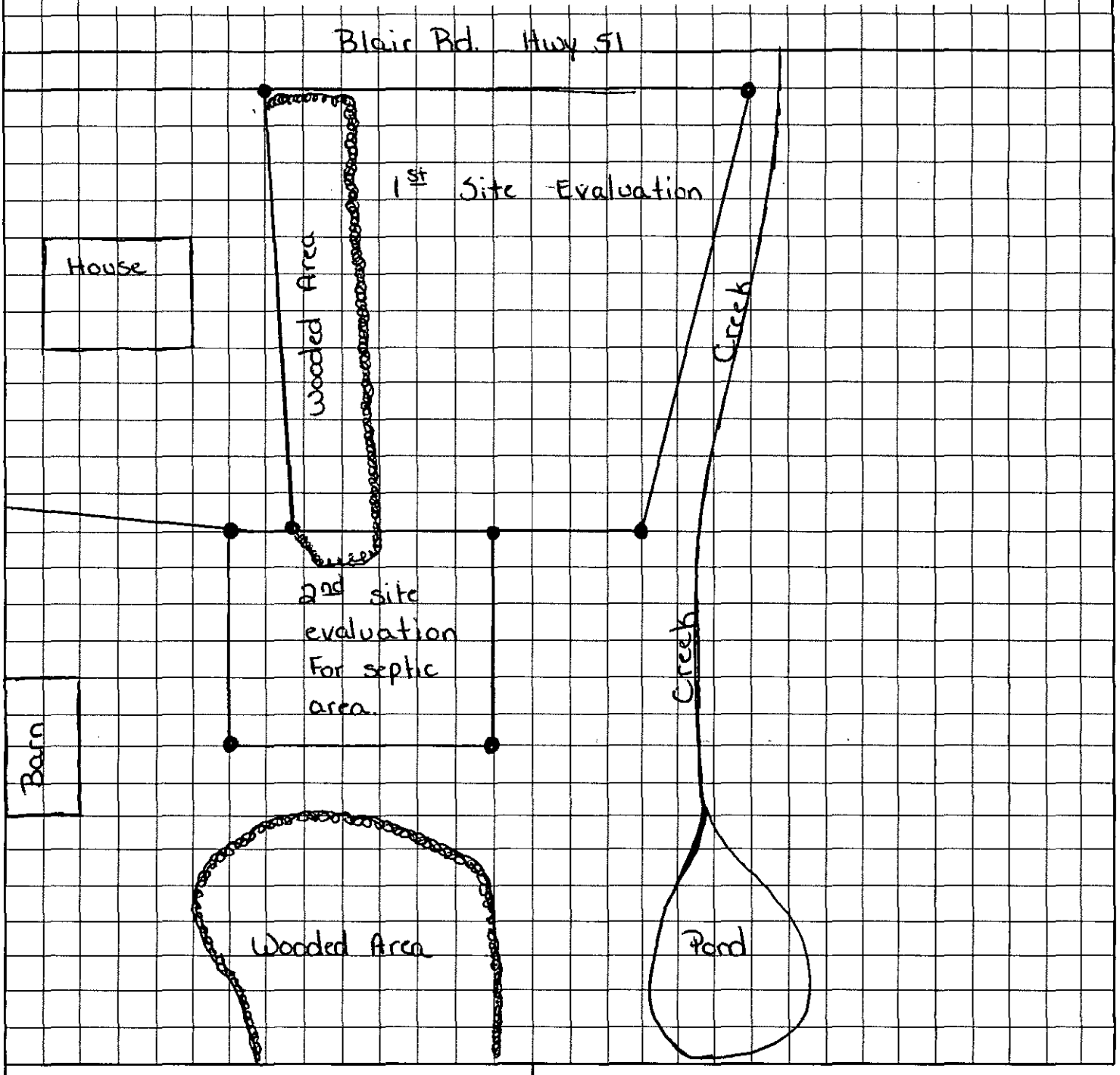
PROPOSED PLOT PLAN

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

FILE: 3584B

TC: 139-011-03 PO

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.



Jesse S. Whaley, Sr.
OWNER/AGENT SIGNATURE

DATE 8/15/95

APPROVAL DATE _____

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

3584B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: 4-6-95

PERSON FILING APPLICATION:
NAME: Whitley (last) Jessup (first) Wayne (mi)
ADDRESS: 5918 Lake Rd. PHONE: (704) 545-7730
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY OWNER:
NAME: Whitley (last) Jessup (first) Sholar Sr. (mi)
ADDRESS: _____ PHONE: (704) 545-8913
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-011-03 (139-011-20 ~~139-011-03~~)
STREET ADDRESS: off Blair Rd. 8636 BLAIR RD
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (O)
[ ] 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: 3
SYSTEM CLASSIFICATION:

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)
[X] 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 [ ] 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: Wayne Whitley Date: 4-6-95

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.

... TYPE II CONV.

[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

Kelly Rudd 3-25-96

Director or Authorized Section Head Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028687

File: 35946 Action 2

Parcel: PO 139-011-03 ☐ PC

Location: Blair Road

Subdivision:

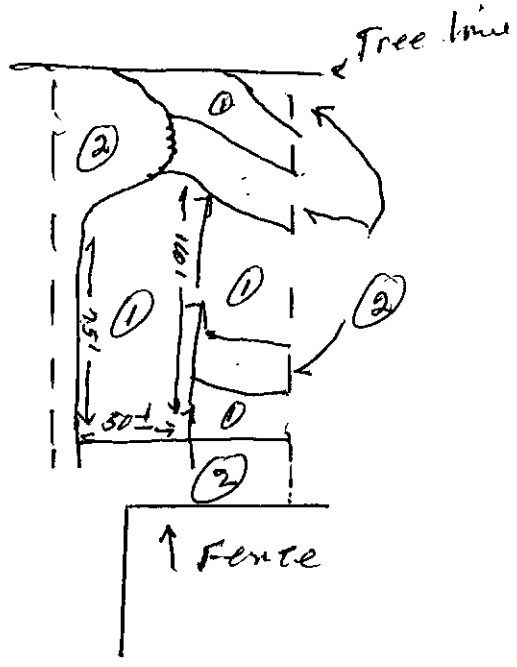
Lot: Block: Acres:

Owner: Jessup S. Whitley, Jr.
Address: 8000 Blair Road
Charlotte N.C. 28227

Comments: 100% Repair, .3gal/ft/day ETAP

Described by: William R. Mullis

Date: 9-14-95



N

Blair Rd

*** 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 6-15%	S PS (U) complex slopes/depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Exp. clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-41" TG soil wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-41"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 41"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV cecil/Lloyd	complex slopes/depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

File 35848

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/11/96 10:03
BK: 08490 PG: 0501/0502 #:0078 10.00

COPY

Excise Tax Gift (Z-B)

Recording Time, Book and Page

Tax Lot No. Portion of 139-011-03 Parcel Identifier No. .....

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

by .....

Mail after recording to Tony C. Johnson, Attorney at Law (Box 106)
P.O. Box 23297, Charlotte, NC 28227-0272

This instrument was prepared by Tony C. Johnson, Attorney at Law

Brief description for the Index

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 8th day of March, 19 96, by and between

GRANTOR	GRANTEE
Jessup S. Whitley, Sr. and wife, Frances E. Whitley	Jessup Wayne Whitley and wife, Marie B. Whitley Grantee Tax Mailing Address: 8636 Blair Road 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 Mint Hill, Clear Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of that certain 1.491 acre tract of the JESSUP S. WHITLEY, SR. PROPERTY as same is shown on a map thereof recorded in Map Book 27, at Page 357 of the Mecklenburg County Public Registry; reference to said map being hereby made for a more particular description.

BEING a portion of the property conveyed to Jessup S. Whitley and wife, Frances E. Whitley by Deed recorded in Book 1426, at Page 24, Mecklenburg County Public Registry.

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

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

Book 1426, at Page 24, Mecklenburg County Public Registry

A map showing the above described property is recorded in Plat Book 27 page 357.

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:

Any and all such valid and enforceable easements, conditions, reservations and restrictions as may appear of the public record; and the lien of ad valorem taxes for 1996 and subsequent years.

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

JANE C. JOHNSON NOTARY PUBLIC MECKLENBURG COUNTY, N. C.

USE BLACK INK ONLY

Jessup S. Whitley, Sr. (SEAL)

Frances E. Whitley (SEAL)

_____ (SEAL)

_____ (SEAL)

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Jessup S. Whitley, Sr. and Frances E. Whitley Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 8th day of March, 19 96.

My commission expires: 10-10-99 Jane C. Johnson Notary Public

Jane C. Johnson

Use Black Ink

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_____.

My commission expires: _____ Notary Public

Use Black Ink

The foregoing Certificate(s) of _____

_____

_____

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.

_____ REGISTER OF DEEDS FOR _____ COUNTY

By _____ Deputy/Assistant - Register of Deeds

N.C. Bar Assn. Form No. 3 © 1976, Revised 1977 Printed by Agreement with the N.C. Bar Assn. Poole Printing Co., Inc. P.O. Box 58487, Raleigh, N.C. 27658

(7) (4 Bdrm)

DATE 3-25-96

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

#139-011-~~36~~ 03
PARCEL NUMBER

8616 Rev'd ~~8636~~ BLAIR RD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	✓ **NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	✓ **YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	✓ **NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	✓ **NO**

REMARKS: S.F. HOME.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☒ NEW ADDRESS

SIGNED: B. McCONICO

REVISED 1/91

D. Ballard Construction, Inc.

Residential Home Builder
2505-D Old Monroe Rd.
Matthews, NC 28105
(704) 821-9727 Pg. 513-7467

DAVE BALLARD Owner

File 35848

Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060

Owner: Jessup S. Whitley, Sr.
Tax Parcel: 139-011-03
E.C. = 1' : 10,000' +
Deed Ref: 1426 / 24

Final Plat
For
Jessup Wayne Whitley

Mint Hill, N.C.
Mecklenburg County

Drawing No. 95367 October 10, 1995

GRAPHIC SCALE

(IN FEET)
1 inch = 30 ft.

Deed North
7167 / 578

Jessup Whitley
1426 / 24

S 55°48'23" W
102.82'

S 12°40'55" E
164.02'

N 28°21'38" W
139.25'

N 28°41'20" E
45.00'

N 61°18'40" W
55.00'

S 36°37'13" E
327.88'

1.491 Acres

William D. Lee
7167 / 578

Robert L. Dulin
5140 / 362

N 61°21'32" W
190.80'

189.32'

60' Setback Line

N 28°40'03" E 222.56'

R/W Limit — Power — Power — Power — R/W Limit

Jessup Whitley
1426 / 24

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

I, Ben M. Flowe, a Notary Public of Mecklenburg County, North Carolina, do hereby certify that Gregory S. Flowe, registered land surveyor, personally appeared before me this day and acknowledged that (he) executed the foregoing instrument.

Witness my hand and official seal this 12 day of October, 1995.

Ben M. Flowe
Notary Public

My Commission expires March 23, 2000

BEN M. FLOWE
NOTARY PUBLIC
MECKLENBURG COUNTY, N.C.

STATE OF NORTH CAROLINA
MECKLENBURG COUNTY

I certify that this map was drawn from an actual survey made under my supervision and that it complies with the requirements of G.S. 47-30 as amended. Witness my original signature, registration number and seal this 12 day of October, 1995.

Gregory S. Flowe

NORTH CAROLINA REGISTERED SEAL L-3500 LAND SURVEYOR GREGORY S. FLOWE

Site

N.C. Hwy. # 51

N.C. Hwy. # 218

Wilgrove - Mint Hill Road

Location Map
(Not To Scale)

Mecklenburg County Mon.
M068
N 160,788.566 M
E 460,057.483 M

(Not to Scale)
N 02°29'08" E
171.93'

(Not to Scale)
S 27°11'25" W
837.21'

Mecklenburg County Mon.
268 Az. Mk.
N 160,043.875 M
E 459,674.922 M
Scale Factor = 0.9998733

N.C. Hwy # 51
(Blair Road)
80' Public R/W

D. BALLARD CONSTRUCTION, Inc.

2505 Old Monroe Road, Suite D
Matthews, NC 28105

Phone (704)821-9727
Fax (704)821-9838

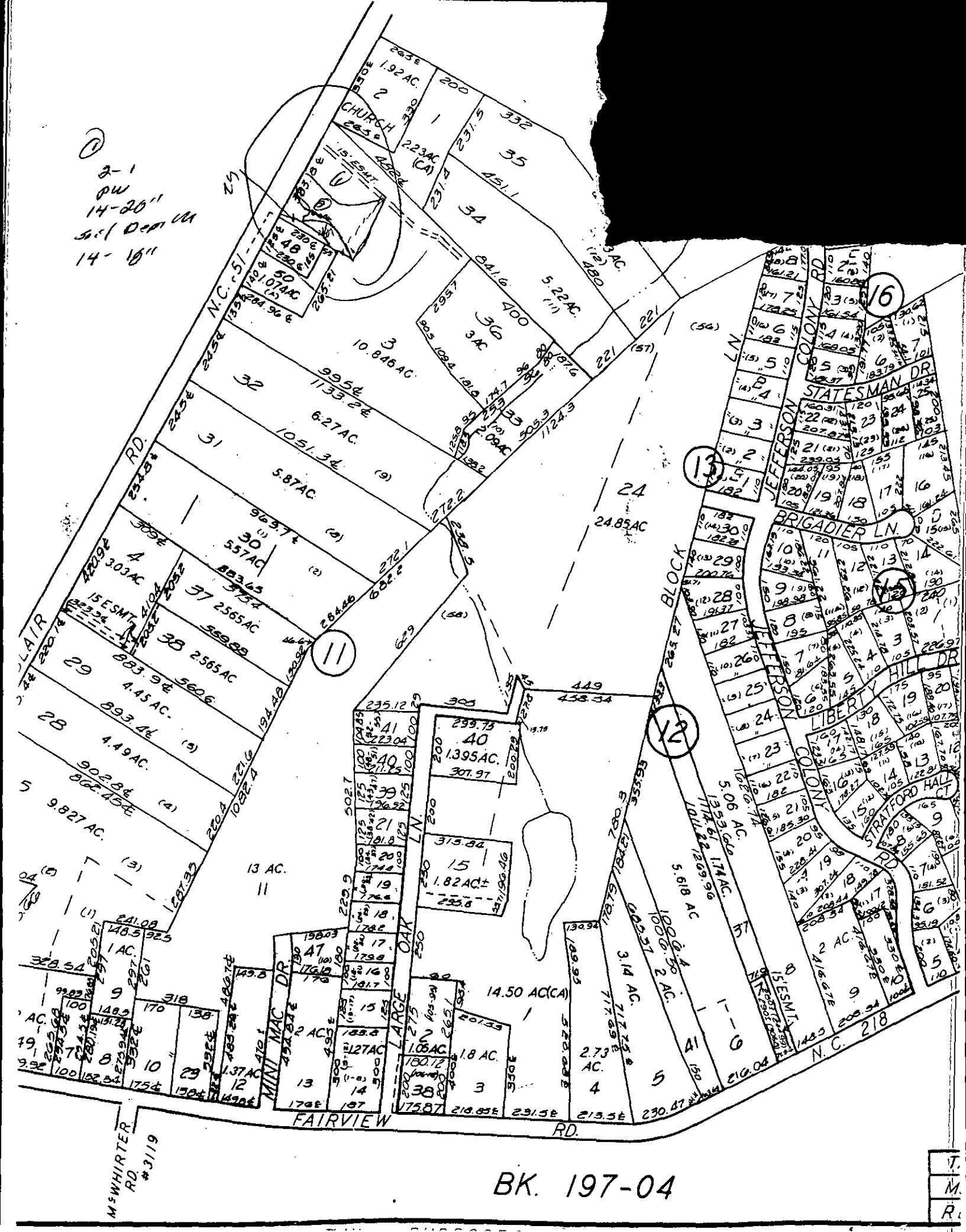
Dear Mr. Randall,

Enclosed is a copy of the survey and deed of trust. As you can see; the survey includes the necessary property for the system you designed.

Very Truly Yours,

Dave Ballard

File # 3584 B


N.C. 51
CHURCH
15' ESMT.
2-1 PW 14-20" Dom Ck 14-16"
BLAIR RD.
JEFFERSON COLONY RD.
STATESMAN DR.
BRIGADIER LN.
JEFFERSON BLOCK
LIBERTY HILL DR.
COLONY
STRATFORD HALL CT.
RD.
LARGE OAK LN.
MINI MAC DR.
FAIRVIEW RD.
N.C. 218
M&WHIRTER RD. #3119
BK. 197-04

Mecklenburg County
Health Department

June 20, 1995

Mr. Jessup Whitley Sr.
8600 Blair Road
Charlotte, NC 28227

Dear Mr. Whitley:

Re: Blair Road
File: 3584B
Parcel: 139-011-03PO

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, 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 15 NCAC 18A .1948 (c) are met.

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

Other options for your consideration are listed below:

Submit an application for additional property to be soil tested for the possibility of an Improvement Permit. An easement may need to be obtained before an Improvement Permit could be issued if the area meets the states requirement.

You may also wish to obtain the services of a private consultant to collect the site-specific data and submit such a system design to the Health Department for technical review. A site may be reclassified to Provisionally Suitable provided written documentation, including engineering, hydrogeologic, geological, or soil studies indicates to the local Health Department that a proposed septic tank system or a proposed alternative system can reasonably be expected to function satisfactorily.

If I may be of any assistance, please feel free to contact me at 336-5570.

Sincerely,

Philo S. Walker

Philo S. Walker
Individual Water and Wastewater Systems

cc: Jessup Whitley

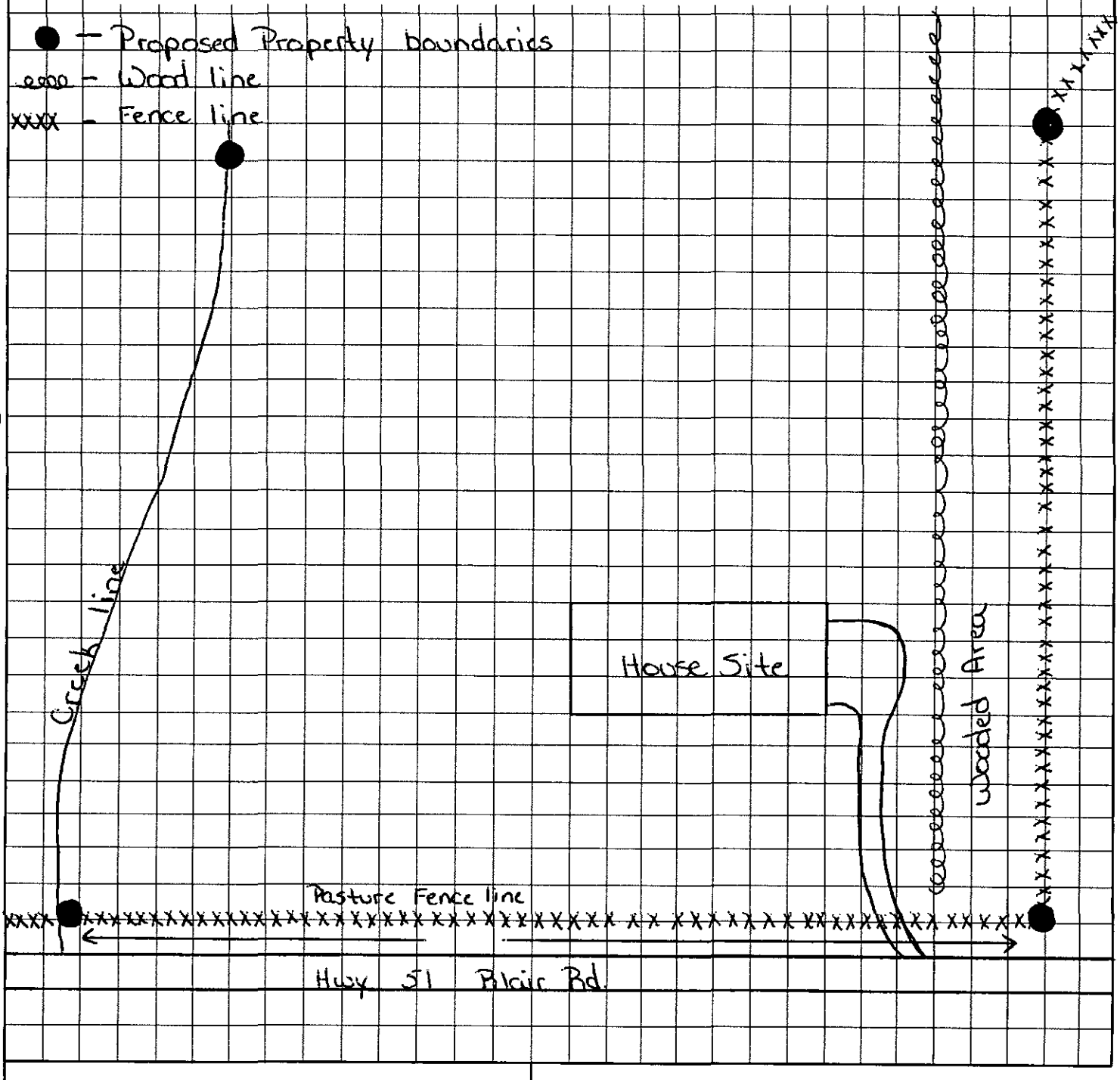
PROPOSED PLOT PLAN

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

FILE: 3484B

TC: _____

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 _____

OWNER/AGENT SIGNATURE

DATE

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028607

File: 3584 B Action 2

Parcel: PO 139-011-03 ☐ PC

Location: Blair Road

Subdivision:

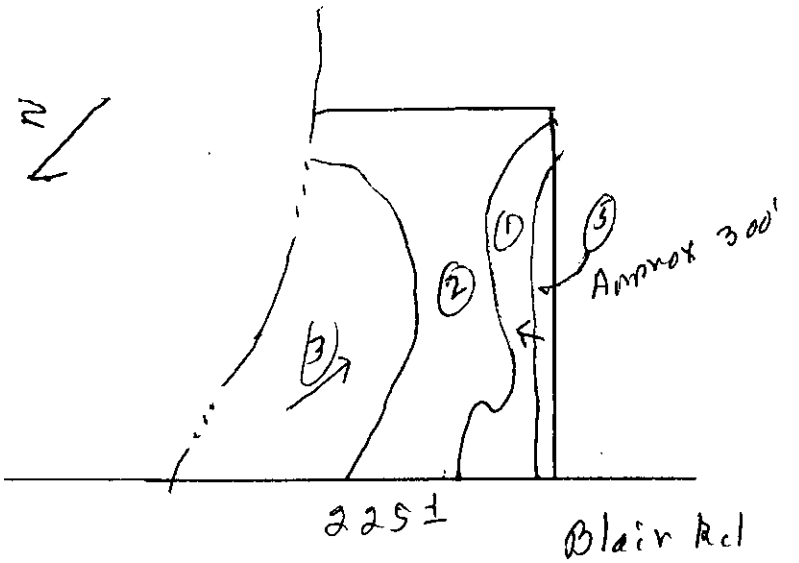
Lot: Block: Acres: 1.0

Owner: Jessup S. Whitley Sr.
Address: 8600 Blair Road
Charlotte, N.C. 28227

Comments: 100% Repair, 3 gal/ft 2/ LTAR

Described by: William A. Marks

Date: 5-25-95



***** 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 6 - 15%	S PS (U) Drainageway/ Depression	(S) PS U 2-10%	S PS U	S PS (U) Complex Slopes	S PS U
Texture	S (PS) U Slightly Ex. clay	S PS U —	S (PS) (U) Expansive	S PS U clay	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 7-46" S.W	S PS U —	S PS (U) soil wetness	S PS U 15-24"	S PS U —	S PS U
Depth	(S) PS U 7-46"	S PS U —	S PS (U) 14-20"	S PS U	S PS U —	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U —	S (PS) U 7-36"	S PS U	S PS U —	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS U —	S PS U	S PS U —	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	Drainageway/ Depression	Helena Lilo		Complex Slopes	
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3584B

4/1/50 6/18/95

☐ 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

139-011-03

PERSON FILING APPLICATION:

NAME: Whitley (last) Jessup (first) Wayne (mi)

ADDRESS: 5918 Lake Rd. PHONE: (704) 545-7730

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

Date: 4-6-95

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ~~139-011-03~~ 7561309

STREET ADDRESS: off Blair Rd.

ZONING:

PROPERTY OWNER:

NAME: Whitley (last) Jessup (first) Shalar Sr. (mi)

ADDRESS: _____ PHONE: (704) 545-8913

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (D)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ 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: Wayne Whitley Date: ~~4-6-95~~ 4-6-95

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.

... 6/7/95 Disapproval letter

6/19/95 Disapproval letter mailed

☐ 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 Date

WATER 12/91

Please file
this information

Thanks

PSW

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3584B

Pd #150 ck 5/18/95

☐ 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

139-011-03

Date: 4-6-95

PERSON FILING APPLICATION:

NAME: Whitley (last) Jessup (first) Wayne (mi)

ADDRESS: 5918 Lake Rd. PHONE: (704) 545-7730

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ~~227-6309~~

STREET ADDRESS: off Blair Rd.

ZONING:

PROPERTY OWNER:

NAME: Whitley (last) Jessup (first) Shalar Sr. (mi)

ADDRESS: 8600 Blair Rd PHONE: (704) 545-4913

CITY: Charlotte STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☒ SOIL TEST - INDIVIDUAL LOT (O)
☐ 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 (I)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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)
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Signed: Wayne Whitley Date: 4-6-95

NOTICE:

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...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.

...

☐ 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 Date

WATER : 122791

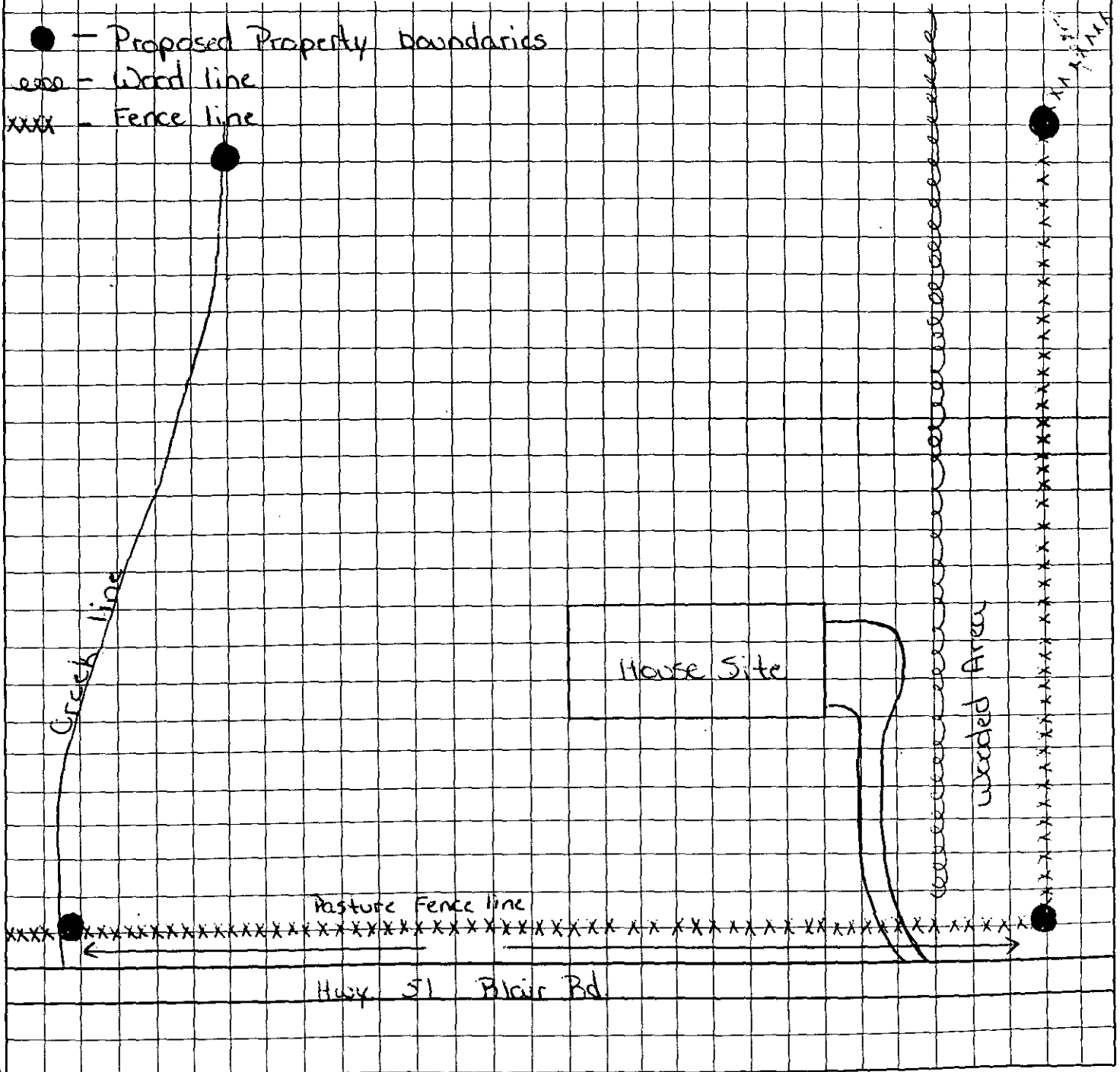
PROPOSED PLOT PLAN

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

FILE: 3384B

TC: _____

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 _____

OWNER/AGENT SIGNATURE

DATE

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