

2400 PARK LN

05529406

1/2/2008

duponbj

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

EHS OYJ

Reviewer

32318 County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	Y									
.1937(d)	Is there a Site plan/Plat with application	Y									
.1937(d)	Is the Facilityshown?	Y									
.1937(d)	Are appurtenances shown	N	on our plot yes								
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-q)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(2)	Mineralogy Recorded?										
.1939 (a)(3)	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(g), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	Is System design consistent with soil/site conditions?										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	Facility/appurtenance setbacks shown from fixed points?										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

2007 ACTIVATION OK

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3231B Permit #: _____ Tax Parcel #: 055-274-06

Property Owner: WILLIAM BRYANT COBLE

Job Location Address: 2400 PARK LANE

City: CHARLOTTE State: NC Zip Code: 28214

Operation Permit Issuance Date: 4/10/07 Contractor Name: AUTRY

Permitted Design Flow: 120 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 4 feet (O.C.)

Total line length: 100 feet

# of Lines: 2 @ 50 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 12 inches

Distribution Device: D-Box

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 4/10/07

Excavation Inspected: 4/10/07

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

INSTALLED IN ACCORD. W/ INSTALLATION APPROVAL

CMS
4-10-07

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued 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. *The issuance of this 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. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: III-g EZFLOW 1203 H

DENR Authorized Agent: Chris Sherrill, RS, CSS Signature: Christopher M Sherrill

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 3231 B Permit #: _____ Tax Parcel #: 055-294-06

Property Owner: William Bryant Coble

Job Location Address: 2400 Park Lane

City: Charlotte State: NC Zip Code: 28214

Installation Approval Issuance Date: 4/10/07

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, *with subsurface soil* absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5/10/07, *after which* date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 120 GPD

Site LTAR: .03 GPD/ft² *(For new installations only.)*

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 100 feet

# of Lines: 2 @ 50 feet

Depth of Media: 12 inches (Type) _____

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL IN ACCORD.

W/ PLOT PLAN

Comments: *System Classification & Type:* III g

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M. Sherrill

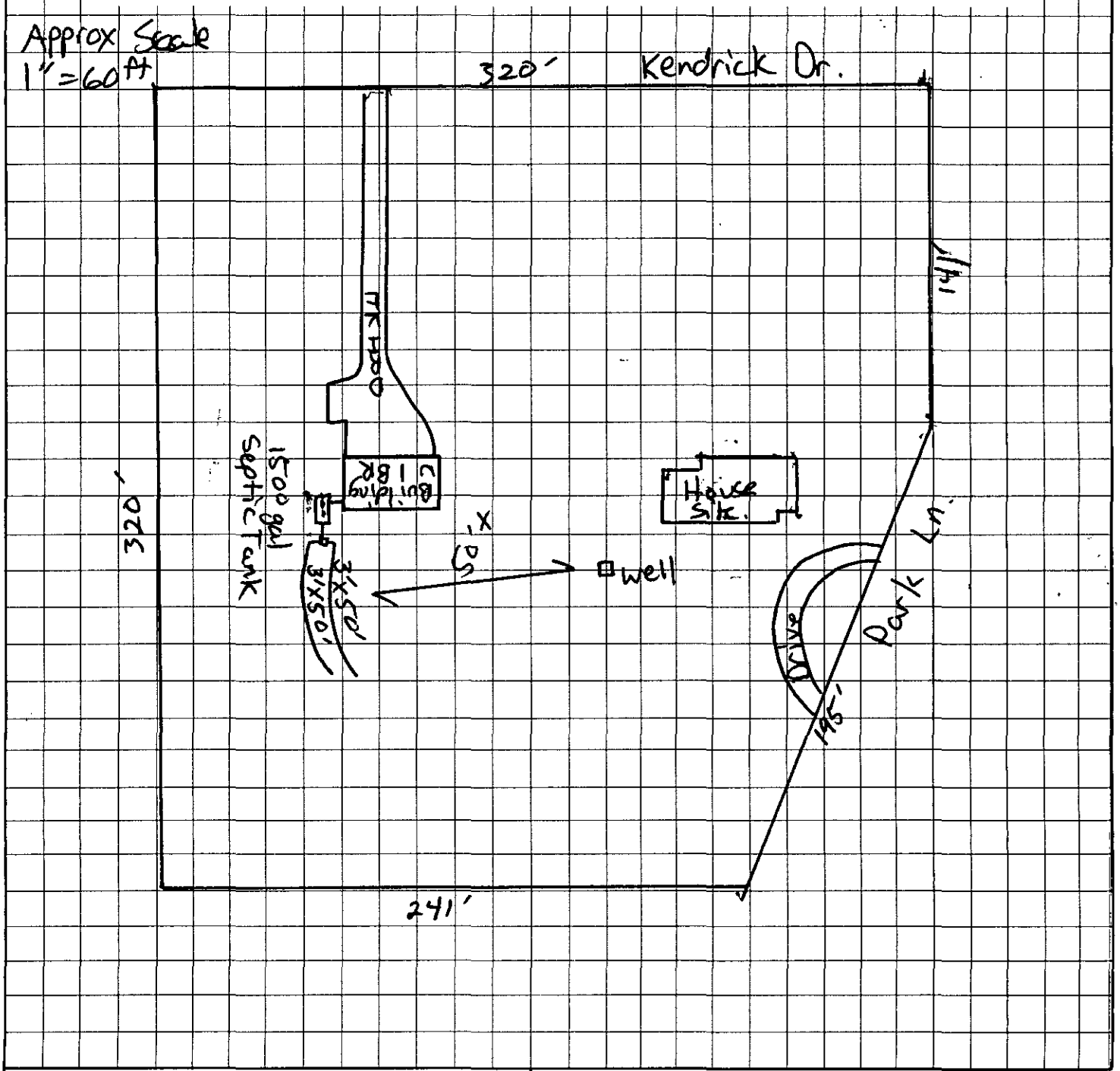
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 3231B

TC: 055-294-06

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

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **3231B** Tax Number: **055-294-06**

- 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

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☒ Other Approved Accepted
☐ Innovative or Experimental:

0.3 Long-term acceptance rate (GPD/ft^2)	**120** Max gallons/day wastewater flow	**300** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**100** Total trench length (ft)	**36** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
1 Bedrooms in residence	**NA** Gallon pump tank	**12** Depth of media (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: **Well not in use, however stay min. 50ft off of it.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☒ Other Approved Accepted
☐ Innovative or Experimental:

300 Absorption Area (ft^2) **100** Total trench length (ft)	**12** Depth of media (in)	**9** Trench spacing (min. on centers) (ft)	**36** Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

Jeremy Mahaffey 04-03-2007

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

CC4 313726

FILE NUMBER: 3231B

SEPTIC FEE: 100.00
DATE: 4/12/07

Revised On: January 3, 2007

APPLICATION NUMBER: 2132

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☑ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN JAM

2. **WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 055-294-06
STREET ADDRESS: 2400 PARK LANE
CITY: CHARLOTTE
STATE: NC ZIP: 28214
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): Built, 910
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☑ OTHER Garage EXISTING NEW W/BATH
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. **WATER SUPPLY:** ☑ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☑ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:
☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION**

BURIED CABLES, LANDFILLS, STUMPHOLES	☑ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☑ NO
EXISTING WASTEWATER SYSTEMS	☑ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☑ NO

10. **PROPERTY OWNER:**
NAME: BRYANT COBLE
ADDRESS: 2400 PARK LANE
CITY: CHARLOTTE
STATE: NC ZIP: 28214
HOME PHONE: 704-969-1587 WORK PHONE: 704-364-0400
MOBILE PHONE: 704-299-6440 FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: SARAH COBLE
ADDRESS: 2400 PARK LANE
CITY: Charlotte
STATE: NC ZIP: 28214
HOME PHONE: WORK PHONE: 704-377-0353
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature 4/12/07 Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/02/07	**Amount:**	300.00
Receipt #:	49971	**Tendered:**	0.00
Check / Auth #:	VISA 313726	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	COBLE W BRYANT
Attn:	
Address:	2400 PARK LANE
Address:	
City/State/Zip:	CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod		1	300.00	300.00
	2400 PARK LANE				

----------**Outstanding Balances**----------

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

NOTE 7/11/94 $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3231B REF 2237 [X] 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: Kelly (last) M. Frances (first) (mi)

ADDRESS: 2400 Park Lane PHONE: (704) 332-2458

CITY: Charlotte STATE: N.C. ZIPCODE: 28214

Date:

PROPERTY OWNER: 28214

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 055-194-06

STREET ADDRESS: 2400 PARK LANE

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[X] 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 (M)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Attached
[] 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: 3 NUMBER OCCUPANTS: 2

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)
[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: Frances B. Kelly Date: July - 11 - 1994

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.

..May use existing system to add garage -

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

Judy J. Rice R.S. 7/20/94
Environmentalist Date

P. Walker for D. Daniel 7/25/94
Director or Authorized Section Head Date

WATER : 122791

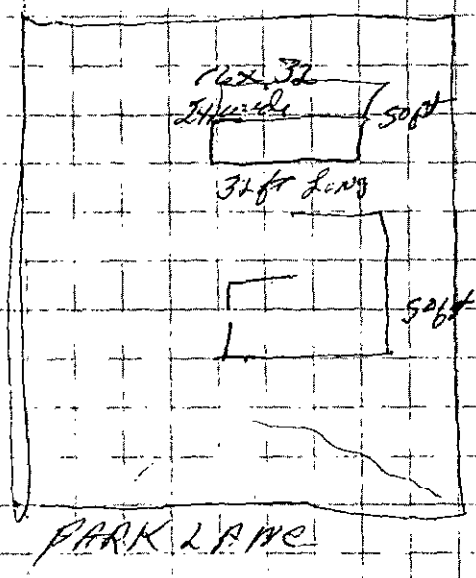
PROPOSED PLOT PLAN

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

FILE: 8231B

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 _____

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

Groundwater & Wastewater Services
Well Project File & Data Review Worksheet

GWS File #: 7073B WASPS App #: 2175

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: _____

Project Type: New Well ☐ Well Abandonment ☑ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☐ N/A-Sewer ☑

I. File Review:

Completed application	Yes ☑	No ☐			
ARGU review report	Yes ☐	No ☑	N/A ☐		
Signed permit	Yes ☑	No ☐			
Notification of disinfection	Yes ☐	No ☐	N/A ☑		
Sample Results	TC ☐	Nitrate/Nitrite ☐	Other ☐	N/A ☑	
GW-1 Form / GW-30 Form	Yes ☑	No ☐			
Other related documentation	Yes ☐	No ☑	N/A ☐		

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

II. WASPS Review:

Completed application w/ valid address	Yes ☑	No ☐	
ARGU review completed	Yes ☑	No ☐	N/A ☐
Permit issued	Yes ☑	No ☐	
Activity checklist completed	Yes ☑	No ☐	
Appropriate comments included	Yes ☑	No ☐	
Site information record completed	Yes ☑	No ☐	
Well detail record completed	Yes ☑	No ☐	

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

Application received date: 4/18/07 ES assigned date: 4/19/07 Permit issued date: 4/19/07

Well approval date: 6/22/07 Number of days to complete project: _____

Review performed by: _____ Date performed: 6/27/07

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2214

File 7073B
Apr 21785

1. WELL CONTRACTOR:

John V. Kay Kendall
Well Contractor (Individual) Name

McCall Bros Inc
Well Contractor Company Name

STREET ADDRESS 6700 Brookshire Blvd

Charlotte N.C 28216
City or Town State Zip Code

(704)-399-1506
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) N/A

STATE WELL PERMIT # (if applicable) N/A

COUNTY WELL PERMIT # (if applicable) 1000 2174

DWQ or OTHER PERMIT # (if applicable) N/A

WELL USE (Circle applicable use): (Monitoring) Residential
Municipal/Public Industrial/Commercial Agricultural
Recovery Injection Irrigation
Other (list use) _____

3. WELL LOCATION:

COUNTY Meck QUADRANGLE NAME _____

NEAREST TOWN: Charlotte

5205 Randolph Rd 28211
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley (Flat) Ridge Other _____
(Circle appropriate setting)

LATITUDE 35° 09. 951'
LONGITUDE 080° 51. 599'
May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: (GPS) Topographic map
(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Kenneth Russell

STREET ADDRESS 200 S. Tryon St

Charlotte N.C 28202
City or Town State Zip Code

( )-
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 25 ft. Diameter: 1 in.
b. Water Level (Below Measuring Point): NA ft.
Measuring point is 1 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	NA ft.	1 in.
b. Casing Removed:	7 ft.	1 in.

7. DISINFECTION: granular 3oz
(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement _____ lb.
Water _____ gal.

Sand Cement
Cement _____ lb.
Water _____ gal.

Bentonite
Bentonite 2 lb.
Type: Slurry Pellets ✓
Water 1 gal.

Other
Type material _____
Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

gravity Flow

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well; gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 4-20-07

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

John V Kendall 4-20-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

John V. Kay Kendall
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

PERMIT TO CONDUCT MAJOR REPAIR AND/OR ABANDON A WATER SUPPLY WELL

Permit#: 10002175 **Tax Parcel #:** 185-091-24
Property Owner: VISCAYA RANDOLPH LLC
Job Location Address: 5201 RANDOLPH RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28211
Permit Issuance Date: 4/19/2007
Use of Well:
Type of Facility Served by Well: House
Sewage System Type: None

Type of Repair/Abandonment

- ○ Major Repair Before Placing the Well in Service
- ○ Major Repair Before Temporary Abandonment
- ○ Temporary Abandonment
- ◉ Permanent Abandonment

Area of Regulated Groundwater Usage Restrictions Apply: YES

If Yes, see requirements in Specific Conditions of This Permit.

General Conditions of This Permit:

- The Water Supply Well repair and abandonment must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- Repair of any Water Supply Well with the well head terminating below ground surface (buried seal) shall include extending the well casing at least twelve inches above the surface.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

- ☐ Grout must be placed the full extent of the casing.
- ☐ Initial water sample to taken and analyzed for (check all that apply):
  - ☐ Volatile Organic Compounds (VOC's)
  - ☐ Semi-volatile Compounds
  - ☐ Metals (Specify in Other Conditions)
  - ☐ Pesticides
  - ☐ Herbicides
  - ☐ Other (See Below)

Other Conditions of This Permit:

Based on ARGU review, well abandonment permit approved with no special conditions.

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

McCall Brothers, LLC
Owner/Legal Agent: Print Name

Signature:

FILE NUMBER: 32328 Revised On: January 3, 2007 APPLICATION NUMBER: 2175B

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. SEPTIC TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN 5C

2. WELL TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☒ ABANDONMENT

TW

CSOH

3. LOT LOCATION INFORMATION:
TAX PARCEL NUMBER: 18509124
STREET ADDRESS: 5201 Randolph Rd.
CITY: Charlotte
STATE: NC ZIP: 28211
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
☒ 1-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 2-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 3-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MODULE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED)

8A. RANK: ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO

10. PROPERTY OWNER:
NAME: Viscaya Randolph, LLC
ADDRESS: 77 Interlochen Dr.
CITY: Atlanta
STATE: GA ZIP: 30342
HOME PHONE: _____ WORK PHONE: _____
MOBILE PHONE: _____ FAX: _____

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: McCall Brothers [illegible]
ADDRESS: [illegible]
CITY: Charlotte
STATE: NC ZIP: [illegible]
HOME PHONE: _____ WORK PHONE: [illegible]
MOBILE PHONE: _____ FAX: [illegible]

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

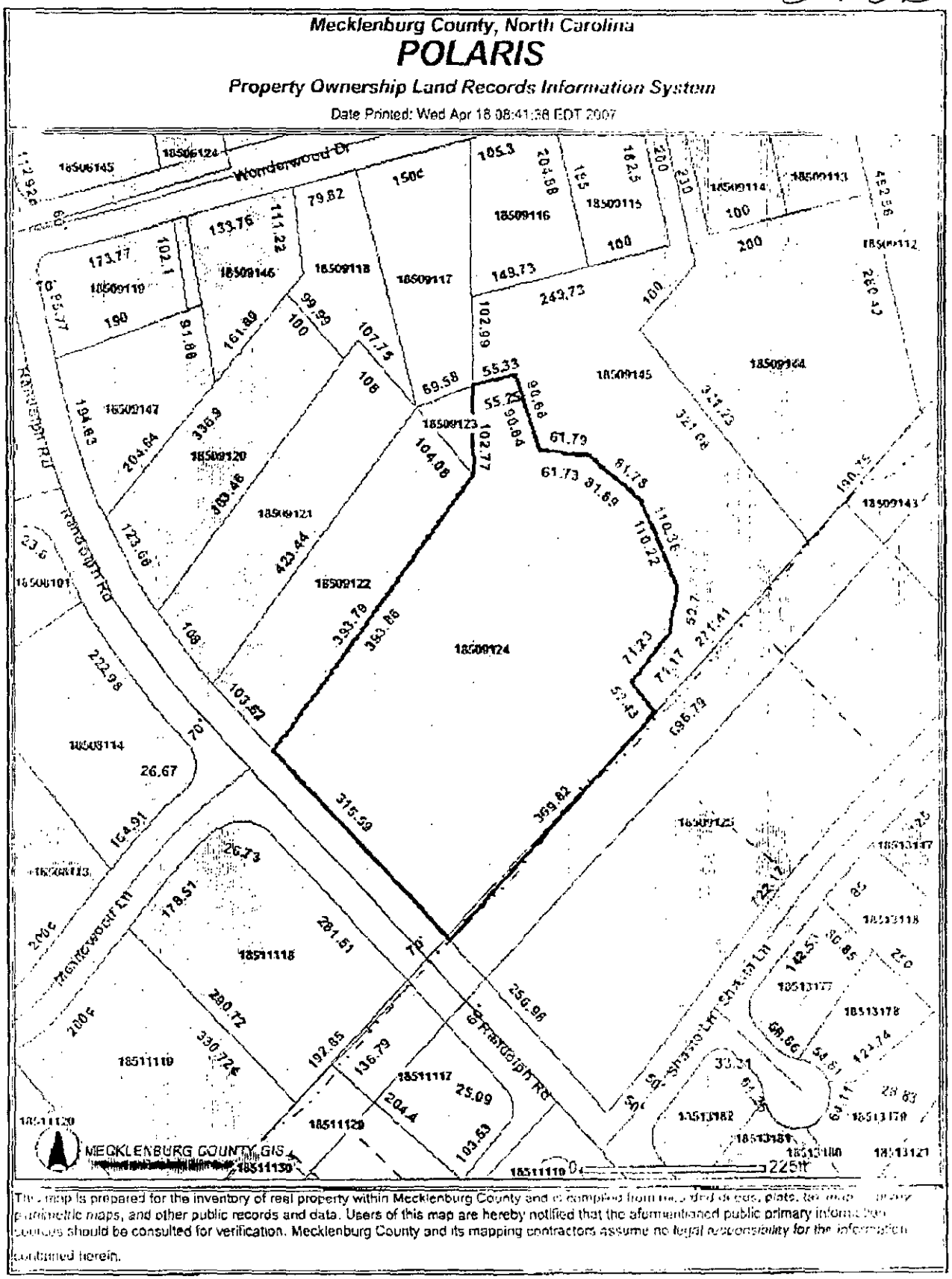
_____
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

McCall Bros. 9/15/17
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

32328



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, survey plats, photogrammetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

WORK ORDER

Workorder No: 72855
Description ARGU Well Review
Submitted To: STUTTS, JACK
Completed By: CALDWELL, SHAWNA
Section: GWS
Status: IP

Initiated Date: 4/19/07 9:41:57 AM
Projected Start Date: 4/19/07
Projected Finish Date:
Actual Start Date: 4/18/07
Actual Finish Date: 4/18/07
Date Closed:

Entity Type: ARGU_WELLS
Facility ID: 9324
Entity Location: 9324

SITE INFORMATION

Workorder Address: 5201 RANDOLPH RD
and/or
General Location:
Town: CITY

Contact: (from Service Request)

Contact Work Phone: (from Service Request)	Contact Home Phone: (from Service Request)

ACTIVITY

Instructions:
1. Create one work order for each ARGU review performed.
2. Geocode the location using the location address from WASPS.
3. Attach the appropriate GIS well feature(s) from the ARGU_Wells_WASPS data layer under the ENTITIES tab.
4. Select the appropriate TOWN under the DETAILS tab.
5. All documentation associated w/ the review should be included as attachments.
6. *Enter time for labor required to complete all work associated w/ review.*
7. Use the COMMENTS field to document work activities.

ARGU Well features are automatically created in gis when the well permit application is entered into WASPS.

Comment:
Create one work order per ARGU Review
By CALDWELL, SHAWNA: 4/19/07 9:44:12 AM
Based on review of NCDENR files for MPL #1206 which indicated a clean closure following additional soil excavation and GW<2L, the status was changed from MPL to GWMPL. The permit for a new well installation at PID# 185-091-24, 5201 Randolph Rd., Charlotte is therefore approved and the well would no longer be inside a 1,500' ARGU buffer, so it will only require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 with no other special conditions.

Hydrogeologist Permit Application Review

Application #: 2175
Permit File #: 3232B

Permit Type: Abandonment (Residential)

ARGU Review Completed: (•) Yes ( ) No

Permit Denial?: ( ) Yes (•) No

Additional Conditions:

☐ Full Grouting ☐ Casing to Bedrock ☐ Sampling

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other

Comments/Other Sample Types:

Based on ARGU review, well abandonment permit approved with no special conditions.

EHS Review | Update | Time Spent (hours): ☐ Change: 1.00

The application has been forwarded to Chris Sherrill for review.

App. #: 2175

Septic Fee: 0.00

Date: CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, *NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL*

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 3232B

Well Fee: 0.00

Date: 4/18/2007 CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE ( ) NEW WELL ( ) MAJOR REPAIR (•) ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 185-091-24 [ ] PO

STREET ADDRESS: 5201 RANDOLPH RD

CITY: Charlotte

STATE: NC ZIP: 28211

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP: 01

General Comments:

HOUSE TO BE DEMOLISHED FOR NEW PROJECT

BUILDING INFORMATION:

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 0

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No

TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: (•) N/A ( ) IRRIGATION ( ) POTABLE ( ) GEOTHERMAL ( ) OTHER

PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST 5-LEAST DESIRED)*:

[ ] ANY TYPE [ ] CONVENTIONAL [ ] ACCEPTED [ ] INNOVATIVE [ ] ALTERNATIVE [ ] OTHER

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	( ) Yes (•) No	GRADING/SOIL REMOVAL PERFORMED	( ) Yes (•) No
EXISTING WASTEWATER SYSTEMS	( ) Yes (•) No	JURISDICTIONAL WETLANDS	( ) Yes (•) No
WELLS, SPRINGS, OR WATER LINES	( ) Yes (•) No	APPROVAL REQ'RD BY OTHER AGENCY	( ) Yes (•) No
EASEMENTS OR RIGHT-OF-WAYS	( ) Yes (•) No	WASTEWATER OTHER THAN DOM. SEWAGE	( ) Yes (•) No

PROPERTY OWNER:

NAME: VISCAYA RANDOLPH LLC

ADDRESS: 77 INTERLOCHEN DR

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: MCCALL BROTHERS INC

ADDRESS: 6700 BROOKSHIRE BLVD

CITY:	ATLANTA	CITY:	CHARLOTTE
STATE:	GEORGIA ZIP: 30842	STATE:	NORTH CAROLINA ZIP: 28216
HOME PHONE:	WORK: 704-000-0000	HOME PHONE:	WORK: 704-399-1506
MOBILE:	FAX:	MOBILE:	FAX: 704-398-2605

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT | Update | Go to Front Counter | Duplicate

EDMS Rept. for ARGU Review
5201 Randolph Rd., Charlotte, NC 28211
PID# 185-091-24
File # 3232B
Appl #2175

Public water supplied by CMUD is currently available at this site.

4/18/07 (Wed.) - Received request for ARGU review for new WSW located at 5201 Randolph Rd., Charlotte, PID #185-091-24. According to the WIS, there are no existing wells at this property.

4/18/07 (Wed.) - Conducted ARGU Review. Identified 1 MPL sites within 2,000' of the subject parcel:

MPL# 1206 Alice Gaddy Griffin
1322 Rembrandt Circle., Charlotte, NC 28211
PID# 185-082-12
NCDENR UST Section Inc. #27712
Source-heating oil UST

File Review of MPL# 1206:

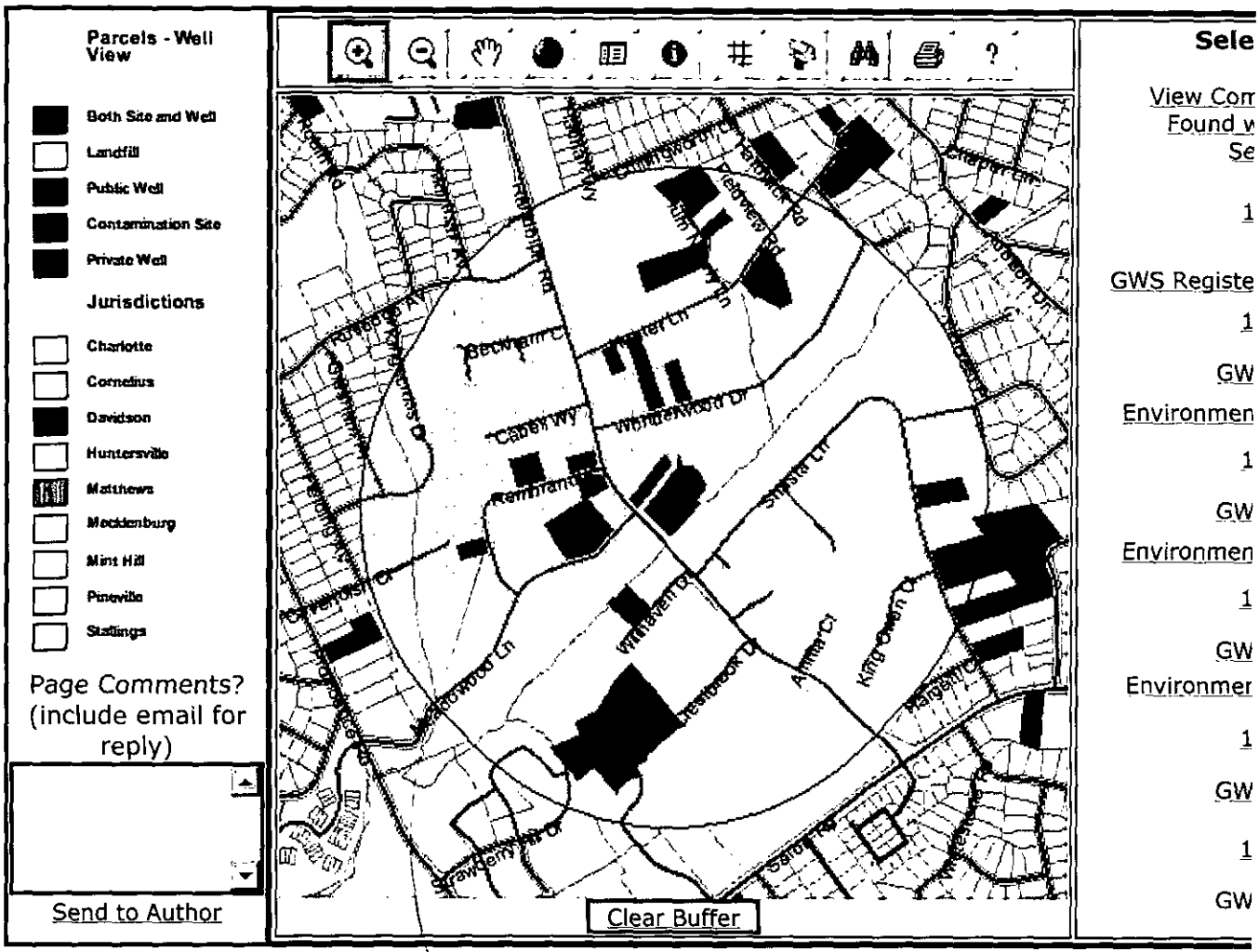
NCDENR UST database indicates a no further action letter submitted in 2006 for GW incident no. 27712 following additional excavation of all impacted soils and GW<2L, so the status of this site was changed from MPL to GWMPL.

A MPL investigation was conducted by GWS staff in 2004. Nine WSWs observed within 1500' and three WSWs were sampled. No wells were impacted.

The subject site is within 1,000' of the Alice Gaddy Griffin site.

Based on review of NCDENR files for MPL #1206 which indicated a clean closure following additional soil excavation and GW<2L, the status was changed from MPL to GWMPL. The permit for a new well installation at PID# 185-091-24, 5201 Randolph Rd., Charlotte is therefore approved and the well would no longer be inside a 1,500' ARGU buffer, so it will only require installation under the Mecklenburg Co. Groundwater Regulations dated Oct. 5, 2004 with no other special conditions.

End.



former MPL 1206
now BWMPL

Mecklenburg County, NC Groundwater & Wasterwater Services
Contamination Site Information

For questions or comments concerning the information on this page call 704-336-5500.

***Parcel ID:** 18508212
Name: ALICE GADDY GRIFFIN
House No: 1322
Street Dir:
Street Name: REMBRANDT
Street Type: CR
City: CHARLOTTE
State: NC
Zip: 282114046
NC Incident Number: 27712 EXIT Well Information System

* Link to GIS Real Estate System

FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2025 MAY 05 12:56:04 PM
BK:39562 PG:47-54
FEE:$26.00
INSTRUMENT # 2025043210

TAYLORD

2025043210

SEPTIC SYSTEM EASEMENT AGREEMENT

This Easement made this 5th day of May, 2025, by and between by and between Sarah Ann Coble and William Bryant Coble, with an address of 2405 Kendrick Drive, Charlotte, NC 28214 ("Grantor"), and Sarah Ann Coble and William Bryant Coble, with an address of 2400 Park Lane, Charlotte, NC 28214 ("Grantee).

The Grantor, for a valuable consideration paid by Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land upon that certain lot or parcel of land owned by Grantor and located in the city of Charlotte, North Carolina and more particularly described as follows:

Mecklenburg Tax Parcel No. 055-294-26 as shown on a page 808 of the County Tax Map attached hereto as Exhibit A which shows the Septic System Easement Area located thereon. The Septic Tank System Easement Area is further described by metes and bounds in Exhibit B attached hereto and includes the area or site required for the wastewater system and repair area, including collection sewers, tanks, raw sewage lift stations, distribution devices, and dispersal fields.

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic System Easement Area on the Easement Parcel and to inspect, maintain, repair and replace components of said septic system at any time and

from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement. This Easement shall automatically expire, however, should Grantee ever hook up the structure located or to be located on the Benefited Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling;
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area; Removing any large trees in the Area unless dead or diseased
- Using the Area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

This instrument was prepared by: F. Douglas Banks, Banks Law PLLC, 624 Matthews Mint Hill Road, Suite 31, Matthews, NC 28105

This Easement shall remain valid for as long as the wastewater system is required for the facility that it is designed to serve, regardless of any change of ownership or control of the Property.

IN WITNESS WHEREOF, the parties hereto have executed this Easement Agreement as of the day and year first above written.

Sarah Ann Coble

Grantor

William Bryant Coble

Grantor

Sarah Ann Coble

Grantee

William Bryant Coble

Grantee

State of North Carolina

County of Mecklenburg

On this 5 day of May, 2025, before me personally appeared Sarah Ann Coble, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Katlyn Sipe

Notary Public

Katlyn Sipe
NOTARY PUBLIC
Union County, NC
My Commission Expires February 27, 2029

My commission expires: February 27, 2029

State of North Carolina

County of Mecklenburg

On this 5 day of MAY, 2025, before me personally appeared William Bryant Coble, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Katlyn Sipe

Notary Public

Katlyn Sipe
NOTARY PUBLIC
Union County, NC
My Commission Expires February 27, 2029

My commission expires: February 27, 2029

Exhibit A

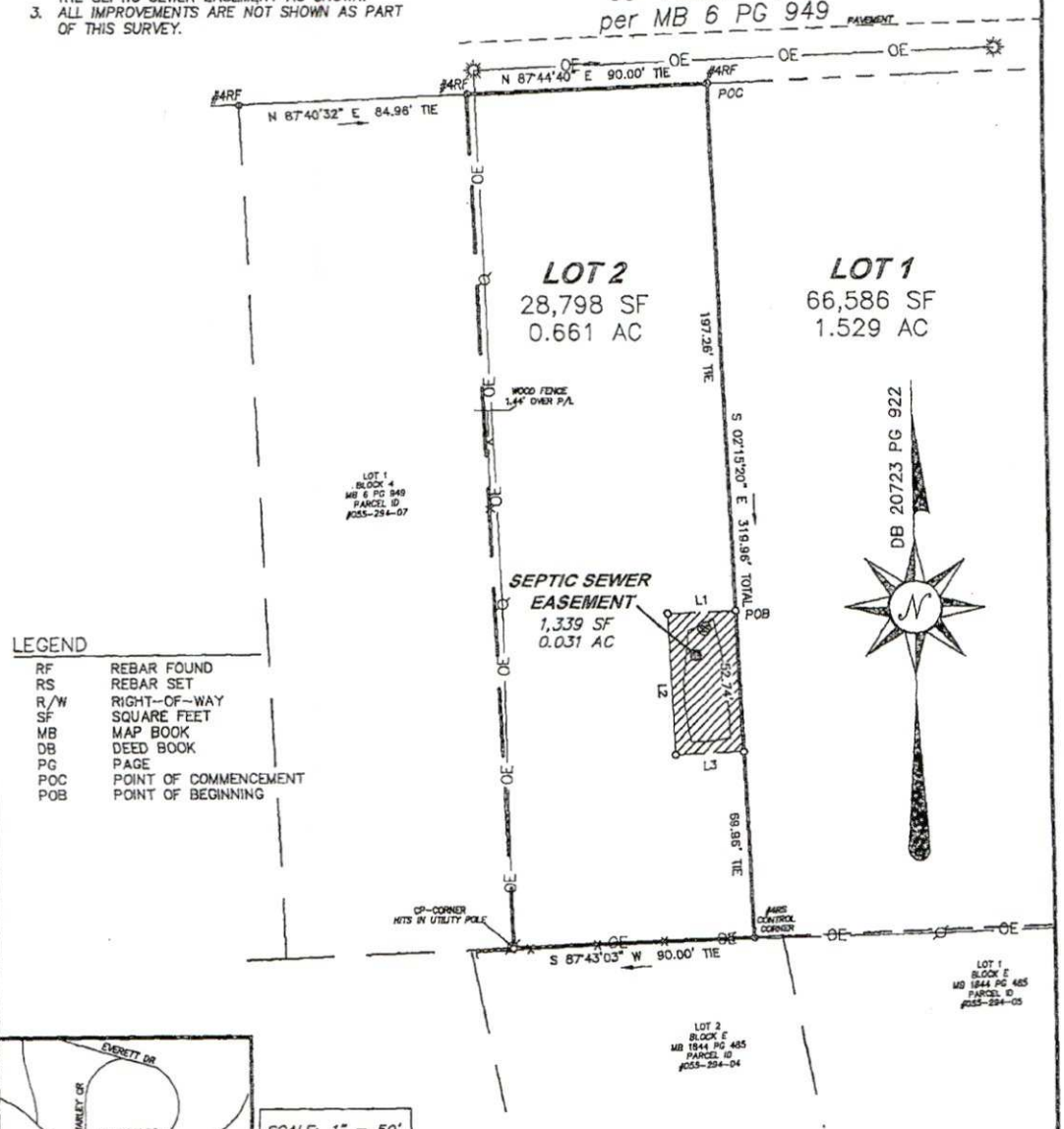
"THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS."

NORTH CAROLINA PROFESSIONAL SEAL L-5188 LAND SURVEYOR CHEVIS L. KING

LINE	BEARING	DISTANCE
L1	S 87°43'03" W	25.39'
L2	S 02°15'20" E	52.74'
L3	N 87°43'03" E	25.39'

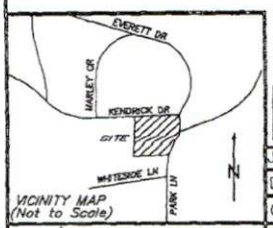
NOTES
1. THIS IS NOT A BOUNDARY SURVEY
2. THE PURPOSE OF THIS EXHIBIT IS TO SHOW THE SEPTIC SEWER EASEMENT AS SHOWN.
3. ALL IMPROVEMENTS ARE NOT SHOWN AS PART OF THIS SURVEY.

KENDRICK DRIVE
60' PUBLIC R/W
per MB 6 PG 949



LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
POC	POINT OF COMMENCEMENT
POB	POINT OF BEGINNING



VICINITY MAP (Not to Scale)

SCALE: 1" = 50'

JOB # 99-23-332
DRAWN: TDA
CHECKED: CLK
DATE: 04/24/25

CAROLINA GEOMATICS, PLLC
LAND SURVEYING & MAPPING
469 HOSPITAL DR., STE D
GASTONIA, NC 28054
P: (980) 329-3382
CKING@CAROLINAGEOMATICS.COM
NC #P-1965
WWW.CAROLINAGEOMATICS.COM

EXHIBIT

AT PROPERTY KNOWN AS
#2405 KENDRICK DR
LOT 2, MB 72 PG 808
PARCEL ID #055-294-26
DB 20723 PG 922
CITY OF CHARLOTTE,
MECKLENBURG COUNTY, NC
OWNER: SARAH & WILLIAM COBLE

Z:\Shared\CG SURVEY 2023\JOBS\99-MISC\99-23-332 2400 PARK LN\2405 KENDRICK SEPTIC.dwg

Exhibit B

SEPTIC EASEMENT

COMMENCING AT A #4 REBAR ON THE SOUTHERN MARGIN OF THE 60' PUBLIC RIGHT OF WAY OF KENDRICK DR, A COMMON CORNER OF LOTS 1 & 2, MAP BOOK 72 PAGE 808; THENCE WITH THE COMMON LINE OF LOTS 1 & 2, S 02°15'20" E A DISTANCE OF 197.26' TO A POINT WHICH IF THE POINT OF BEGINNING; THENCE THROUGH THE LANDS OF LOT 2 THE FOLLOWING THREE CALLS:

1. THENCE N 87°43'03" E A DISTANCE OF 25.39' TO A POINT
2. THENCE S 02°15'20" E A DISTANCE OF 52.74' TO A POINT
3. THENCE S 87°43'03" W A DISTANCE OF 25.39' TO A POINT ON THE COMMON LINE OF LOTS 1 & 2;

THENCE WITH THE COMMON LINE OF LOTS 1 & 2 N 02°15'20" W A DISTANCE OF 52.74' TO A POINT WHICH IS THE POINT OF BEGINNING, CONTAINING 1,339 SQUARE FEET, 0.031 ACRES AS SHOWN ON A MAP BY CAROLINA GEOMATICS, PLLC, DATED APRIL 24, 2025.