

10845 TYLER BROOK LN

13911341

1/3/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3445B DATE: 9-3-03

TC: 139-13-41 ☒ L ☐ CRT

SERIAL 19285

Name of Owner BRIAN STRICKLAND Juris.:

Address of Property 10845 TYLER BROOK LANE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200' OF REPAIR

Number of Lines 4 @ 50'

Cover Depth 12" - 18"

Water Supply Source EXISTING WELL

Distance to Water Source ~600'

Excavation Inspected 9-3-03

Tank(s) Inspected —

Wash Line Inspected

High Water Alarm Inspected

PLOT

SEE INSTALLATION / REPAIR,

Design REPAIR 200' INNOVATIVE "E Z FLOW" CTR# BOB McCARTER

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 III-C

Environmental ~~Health~~ Specialist

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

MECKLENBURG COUNTY
Health Department

September 4, 2003

Brian Strickland
10845 Tyler Brook Lane
Charlotte, NC

Dear Mr. Strickland,

This is in reference to the recent repair to the septic tank system serving your residence at the above address. During the process of the repair a constant flow of wastewater was observed flowing into the distribution box, indicating a possible water closet or other device in the house generating water. No one appeared to be home at the time. The next day the water flow was still occurring at the same rate. I discussed the situation with Mrs. Strickland and she advised of a possible leaking water closet.

These types of water leaks may seem innocuous on the surface, but over a period of time can generate large amounts water and cause a septic system to fail, regardless of the added drainline. I urge you to investigate and correct this as soon as possibe.

If I can be of any assistance, please contact me at 704-336-5573.

Sincerely,

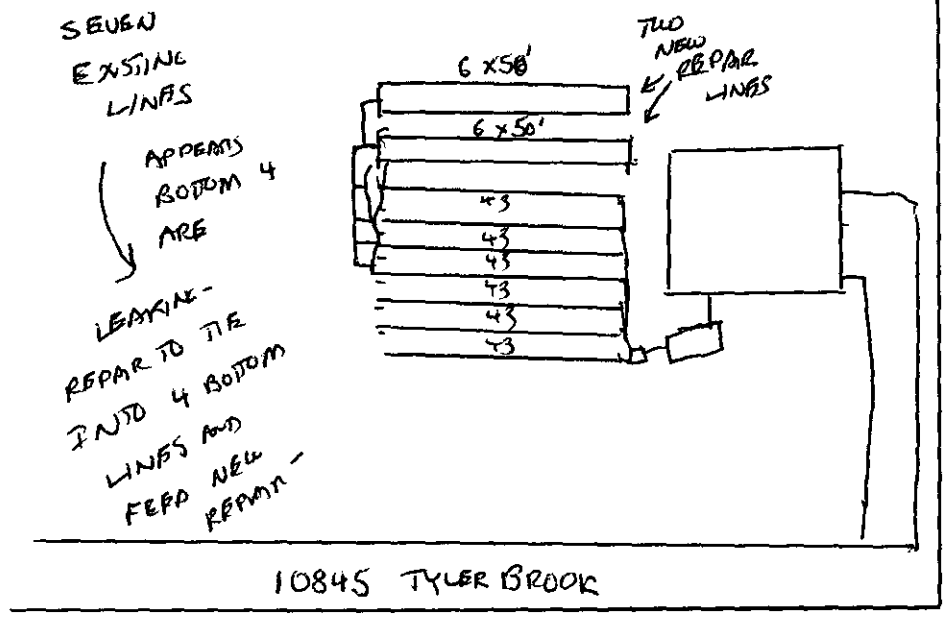
J. Andrew Walker RS
Individual Water and Wastewater Section
Environmental Health Department

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: 34458 DATE: 9-2-08
113-41
TC: ~~131-112-02, 23~~
SERIAL 19248

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 _____. All work shall be completed on or before _____, 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 — gallons

Tank Construction —

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 200 feet

Number of Lines 2 LINES, 6'X50'

Depth of Stone NA inches

Distance from House — feet

Distance from Property Line — feet

Distance from Well — feet

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

NAME OF OWNER BRIAN STRICKLAND [OWNER] DAVID STOPPEL FORMER OWNER

LOCATION OF PROPERTY 10845 TYLER BROOK DRIVE.

Comments: TYPE III - G INNOVATIVE - "E2" LAY

NOTE: ON THIS DATE, NO ONE PRESENT IN HOUSE, BUT WATER WAS CONSTANTLY FLOWING INTO D-BOX INDICATING AN UP INTERIOR WATER LEAK, MR. MCCARVER CONTACTED DAVID STOPPEL, RECEIVED PERMISSION TO INSTALL ABOVE REPAIR.

Environmental Health Specialist

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

PROPOSED PLOT PLAN

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

FILE: 3445B / 3446B

TC: 139 112 22 & 23

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

COMMENTS

3 Bedroom Residence
1500ST, 6 lines x 67' long x 3' wd x 12" stone
400TLF, Type II Repair Area
Keep septic system > 100' (50' min) from proposed well
Keep plumbing as high as possible
go from front left house corner to front property line 105' from front left house corner to left property line
Lot shall be on survey as one lot or easement must be obtained before construction authorization release.

CREEK

50'

406'

Type II Repair Area

67'
67'
67'
67'
67'
67'

HOUSE

DRIVEWAY

Keep plumbing as high as possible

proposed well

259'

Tyler Brook Ln

OWNER/AGENT SIGNATURE

DATE 2/24/98

APPROVAL DATE BW Appr 2/24/98

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

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

DATE: 2/24/98 PERMIT NO: 3445B/3446B
PARCEL NO: 139 112 22 & 23

JOB LOCATION ADDRESS: 10845 Tyler Brook Lane / 139-113-40, 41
PROPERTY OWNER: Mutual Developers (pros. buyer David Freeman)
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Kendalton
AUTHORIZATION ISSUED BY: Philip S. Worten R.S. DATE: 2/4/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3445B/3446B, 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: Lot shall be surveyed as one lot or easement must be obtained before construction authorization release.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

[signature] 2/25/99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3445B 13446B

Tax Number: 139 11222423
139-113-40141

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: Yes Type: creek Minimum separation distance: >50'

Site modifications required:

Additional Conditions: Lot shall be surveyed as one lot or easement must be obtained Before construction authorization release

Repair Area System Type Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for I 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 eff 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 Departm
- This Improvement permit is transferable.

Philo L. Walker P.E. 2/24/98
DEHNR Authorized Agent Date

x [signature] 2/25/98
Owner/Agent Signature Date

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

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

IWWS-100195

Tidal
$1,000 let.
Credit
for last lots

Filed w/ Judy
regarding above
2/12/98

All w/ 30 credit from
Lite 34458 & 34460
with completion
of transfer
to Lite

TRANSFER OF OWNERSHIP

3445B/3446B

Permit #: _____
Job Location Information:
Tax Parcel #: 139-112-22,23
Street Address:
10835 & 10845 TYLER BROOK

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

Property Owner Improvement Permit Originally Issued to:

Name: MUTUAL DEVELOPERS (last) (first) (mi) Date Issued: _____

Address: 10931 WILLIAMS RD
City: CHARLOTTE State: NC Zip: 28227
Daytime Phone: (704) 545-8267

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: FREEMAN (last) DAVID (first) W (mi)

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

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

Signed: Rhea Huntley Date: 2/2/98

IMPROVEMENT PERMIT TRANSFERRED TO:

Name: STOPHEL (last) DAVID (first) S (mi)

Address: 10601 MELODY LN
City: CHARLOTTE State: NC Zip: 28215
Daytime Phone: (704) 309 1773

The undersigned, owner or legal agent for the owner, of the property described as the "job location" in the original application dated 1/26/98 has read the foregoing application and Improvement Permit, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signed: David Stophel Date: 11/2/98

DATE		FEE	PAYMENT	ADJUST-MENT	BALANCE	✓	PREVIOUS BALANCE	NAME	QUICK CLAIM NUMBER	RECEIPT NUMBER		1	2	3	4	5	6 CASH	DEPOSIT LISTINGS REFERENCE	DEPOSIT LISTINGS 7 CHECK AMOUNT
								◆ IF USING MORE THAN ONE PAGE TODAY ◆ PLACE PRECEEDING PAGE TOTALS ON THIS LINE											
2/3/95	Copies	1 00	1 00	-0-	-0-		-0-	Joe Carlson	462	2329	1	Copies				YMW	1 00		
2/3/95	Imp Permit/Field	50 00	50 00	-0-	-0-		-0-	Marion D. Mees	462	2330	2	8525 Mountainview Ct.				YMW		2449	50 00
2/3/95	Demo/Accessory	50 00	50 00	-0-	-0-		-0-	Robert Simpson	462	2331	3	11138 Alderbrook Dr.				RW	50 00		
2/3/95	Demo/Addition	150 00	150 00	-0-	-0-		-0-	Duane Peterson	462	2332	4	5709 Donaldson Rd				RW		961	150 00
2/3/95	Imp Perm/Field/Alteration	200 00	200 00	-0-	-0-		-0-	J.A. Gonzalez	462	2333	5	17008 Bella Isle Dr.				YMW		1293	200 00
2/3/95	Perk Permit/Review	30 00	30 00	-0-	-0-		-0-	Southern Pacific Spa	464	2334	6	5908 Old Well House Rd.				YMW		5394	30 00
2/3/95	Imp Permit/Addition	50 00	50 00	-0-	-0-		-0-	Joyce & Monty (mstr)	462	2335	7	9131 Edenberry Cir.				YMW		1538	50 00
2/3/95	Imp Permit/Review (4)	2,100 00	2,100 00	-0-	-0-		-0-	Mutual Builders	462	2336	8	Williams Rd. (14 lots)				YMW		1009	2,100 00
2/3/95	Imp. Permit/Rev	150 00	150 00	-0-	-0-		-0-	Bezdon Farm	462	M	9	Iron Heart Rd.				YMW		0935	150 00
2/3/95	Imp. Permit/Rev	150 00	150 00	-0-	-0-		-0-	Mechael J. Mertz	462	M	10	Wayne Ct.				YMW		9216	150 00
2/3/95	Well + Septic	850 00	850 00	-0-	-0-		-0-	Susan L. Spaugh	462	M	11	9110 Mary Audrey Cir.				YMW		4737	850 00
2/3/95	Pool/Plan Review Fee	300 00	300 00	-0-	-0-		-0-	Katherine B. Taylor	464	M	12	6209 Deep Forest Lane				YMW		1088	300 00
2/3/95	Petty Cash Overage	1 59	1 59	-0-	-0-		-0-	P. Cash Overage	462	Deposited	13	2/3/95/Acct #3601				P.W. (RW)	1 59		
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PAGE TOTALS

TODAY'S GRAND TOTALS

PREVIOUS DAY M-T-D TOTALS

MONTH-TO-DATE TOTALS

← Carry totals to top of next page if more than one page is used per day →

SYSTEM QUESTIONS?
CALL YOUR SAFEGUARD DISTRIBUTOR

TODAY'S PROOF OF POSTING		RECEIPTS PROOF	
Column E Total	$	Column 5 (Cr. Card)	$
+ Column A Total	$	+ Column 6 (Cash)	$
- Column B Total	$	+ Column 7 (Checks)	$
- Column C Total	$	= Column B (Paym't)	$
= Column D Total	$		

IF THE TOTAL ADJUSTMENT AMOUNT IS BRACKETED ( ), ADD THIS AMOUNT RATHER THAN SUBTRACT.

DAY SHEET
RECORD OF CHARGES AND PAYMENTS

Safeguard
AVIDIAN / A LOS ANGELES CHICAGO ATLANTA

Form No. AJHC-2-2

SAFEGUARD AMBASSADOR LINE®
AJHC-2-2

© Safeguard Business Systems, Inc. 1989

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF THE NUMBER HAS BEEN MISPLACED CALL 1-800-523-2422

DAILY A RECEIVABI

Total A/R Balance (Previous Day)

Today's + Total Fees (Col. A)

Today's -Total Payments (Col. B)

Today's - Total Adjust (Col. C)

Today's = Total A/R Balance

THIS TOTAL A/R E SHOULD EQUAL LEDGER CARD BA OF TODAY'S ACTI

MONTH-TO-D ACCOUNTS

* Total A/R Balance From Beginning of Month

Month-To-Date + Fees (Col. F)

Month-To-Date - Payments (Col. G)

Month-To-Date - Adjustments (Col. H)

Today's = Total A/R Balance

THIS TOTAL A/R I SHOULD EQUAL LEDGER CARD B: OF TODAY'S AC

* THIS FIGURE REMA SAME FIGURE THR

CHANGE F

Beginning Cash on Hand

+ Payments Rec'd From Patients

+ Other Income

- Cash Paid Out

- Deposits

= Ending Cash on Hand

CASH
DESCRIPTION

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DESCRIPTION

BANK

Total Check

+ Total Cash

+ Total Credit Card

- Cash Paid Out

= Total Deposit

TOTAL DEP SHOULD BE RECO BANK STATEMENT TOTAL PAYMENTS PAID OUT, PLUS O

(USE DS-M2 DEPOSIT SLIP)

DAY Friday | DATE 2 3 1995 | PAGE NO.

FEE: [redacted]

DATE: 11/2/98 SC

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 3/4558/3468

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-112-22+23

STREET ADDRESS: 10835/10845 Tyler Brook

SUBDIVISION OR MOBILE HOME PARK NAME: KENDALTOWN

LOT NUMBER: 13+14

TOWNSHIP (CHECK ONE):

- [X] 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)
- [X] HOUSE (H)
- ___ MODULAR HOME (M)
- ___ MULTIPLE FAMILY (U)
- ___ OTHER (O)

HEATED SQUARE FOOTAGE: 3200

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- ___ WITHOUT BASEMENT ON SLAB
- ___ CRAWL SPACE
- [X] 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 [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- ___ COMMUNITY (C)
- ___ MUNICIPAL (M)
- [X] 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: (LAST) STEPHEN (FIRST) DAVID (MI) S

ADDRESS: 6601 MELODY LN

CITY: CHARLOTTE STATE: NC ZIP 28213

DAYTIME PHONE: (704) 568-3091-1773

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: David Stephen DATE: 11/2/98

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

$100
dmt re
2/16/98 made
by David Freeman

Mr Stopher
will allow him to use
$150 from mutual Dr.
per 2/95 also transfer
$150 from dist 14 ($100 from 34/16B)
Will owe
CT

Work done for
Mr Fraser no
monies owed Him

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
1999 FEB 04 12:27 PM
BOOK:10236 PAGE:531-535 FEE:$14.00
INSTRUMENT # 1999020377

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT DECLARATION AND AGREEMENT

This DECLARATION AND EASEMENT made this 4 day of FEB, 1999 by and between DAVID STOPHEL, ("Declarant"), and any and all persons, firms or corporations hereafter acquiring any of the lots referred to herein.

WITNESSETH:

WHEREAS, Declarant is the owner of the Easement Parcel and the Benefitted Parcel, as described herein; and

WHEREAS, Declarant wishes to create a Septic Tank Drain Field Easement to control the development and the use of the Easement Parcel and the Benefitted Parcel for the protection of the owner of the Benefitted Parcel and the future owners thereof.

NOW, THEREFORE, Declarant hereby declares that the Easement Parcel and the Benefitted Parcel, as hereinafter defined, shall be held, sold and conveyed subject to the following Easement, which shall run with such parcels and be binding on all parties having any right, title or interest in such parcels, their heirs, successors and assigns, and shall be binding upon each owner thereof.

Declarant hereby creates an Easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Declarant, referred to herein as the "Easement Parcel", and located in the City of _____, CLEAR CREEK Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 139-112-23,22, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 13+14 Block _____ of KENDALTON recorded in Map Book 27 Page 101 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labeled thereon as the "Easement Parcel" and of the Septic Tank Drain Field Easement Area located thereon.

This instrument was prepared by: DAVID STOPHEL
Mail after recording to: DAVID STOPHEL 6601 MELODY LN CHARLOTTE, NC 28215

Declarant hereby imposes said Easement for the benefit of itself as the present owner and for the benefit of future owners of the following lot or parcel of land, referred to herein as the "Benefitted Parcel", situated in the City of _____, CLEAR CREEK Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 139-112-23, 22, as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 13 & 14 Block _____ of KENSINGTON recorded in Map Book 27 Page 101 (if applicable)

See the plat attached hereto as Exhibit B for the legal description of the parcel labelled thereon as the "Benefitted Parcel".

Said Easement shall enable the owner of the Benefitted Parcel to place, if, as and when needed, such need to be determined by the owner of the Benefitted Parcel in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, the owner of the Benefitted Parcel 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 the owner of the Benefitted Parcel ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Declarant as the owner of the Easement Parcel acknowledges that the Septic Tank Drain Field 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

IN WITNESS WHEREOF, the Declarant has hereunto set his/her/their hand(s) and seal(s), 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 the authority of its Board of Directors, the day and year first above written.

DECLARANT

David Stophel (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____
(Corporate Name)

BY: _____
_____ President

ATTEST:

_____
_____ Secretary (Corporate Seal)

SEAL-STAMP

MARY M. JAMES NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that David Stophel, Declarant, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 4 day of February, 1998.

My Commission Expires: 8-2-02

Mary M. James
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a _____ 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)

This document is not to be recorded until approved by the Mecklenburg County Health Department.

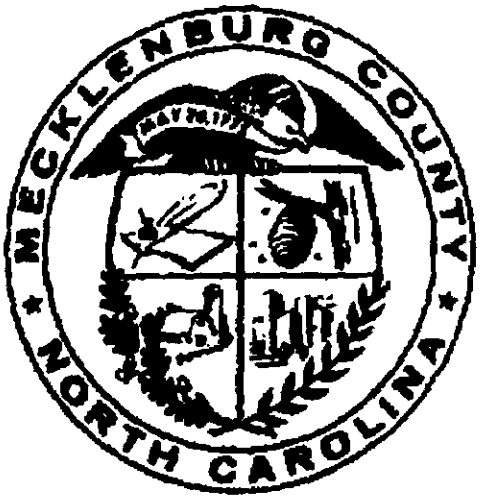
APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: _____ DATE: _____

_____
(print name)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.



JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 02/04/1999 12:27 PM

Book: RE 10236 Page: 531-535

Document No.: 1999020377

ESMT 5 PGS

Deputy: NANCY JONES

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of MARY M JAMES Notary is certified to be correct. This 4TH of February 1999

JUDITH A. GIBSON, REGISTER OF DEEDS By: Nancy A Jones
Deputy/Assistant Register of Deeds

****

1

1999020377

FEE: 100.00 CK
DATE: 2/6/98 SC

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

(49) #1 1 CRT

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

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

FILE #: 3445B/3446B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-112-22,23

STREET ADDRESS: Tyler Brook

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 13, 14

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 17,500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE _____

Jot memo
2-16-98 see septic
report file

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: Mutual Developers
(LAST) (FIRST) (MI)

ADDRESS: 8318 Lawyers Rd

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: FREEMAN DAVID WESLEY
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) - 573856 H
847-5282 W

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: _____ DATE: 2/6/98

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

FEE: 100.00 CK
DATE: 2/6/88 SC

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

[ ] CRT

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

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

FILE #: 3445B/3446B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-112-2223

STREET ADDRESS: Tyler Brook

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 13, 14

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 17,500

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 5

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER:

NAME: MUTUAL Developers
(LAST) (FIRST) (MI)

ADDRESS: 8318 Lawyers Rd

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: FREEMAN DAVID WESLEY
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) – 573856 H
847-5282 W

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: _____ DATE: 2/6/88

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

Allen Tate, REALTORS

3445B/3446B

OFFER TO PURCHASE AND CONTRACT

DAVID AND DESIREE FREEMAN, as Buyer, hereby offers to purchase and MUTUAL DEVELOPERS, as Seller, upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such fixtures and personal property as are listed below (collectively referred to as "the Property"), upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of CHARLOTTE, County of MECKLENBURG, State of North Carolina, being known as and more particularly described as: Street Address 10835 & 10845 TYLER BROOK Zip 28227
Legal Description: L 13 M 27-101 & L 14 M 27-101
(☐ All ☐ A portion of the property in Deed Reference: Book 7933, Page No. 309, MECKLENBURG County.)
NOTE: Prior to signing the Offer to Purchase and Contract, Buyer is advised to review Restrictive Covenants, if any, which may limit the use of the Property, and to read the Declaration of Restrictive Covenants, By-Laws, Articles of Incorporation, Rules and Regulations, and other governing documents of the owners' association and/or the subdivision, if applicable.

2. **FIXTURES:** The following items, if any, are included in the purchase price free of liens: any built-in appliances, light fixtures, ceiling fans, attached floor coverings, blinds and shades including window hardware, window and door screens, storm windows, combination doors, awnings, antennas, satellite dishes and receivers, burglar/fire/smoke alarms, pool and spa equipment, solar energy systems, attached fireplace screens, gas logs, fireplace inserts, electric garage door openers with controls, outdoor plants and trees (other than in movable containers), basketball goals, storage sheds, mailboxes, wall and/or door mirrors, and any items attached or affixed to the Property. EXCEPT the following items:
N/A

3. **PERSONAL PROPERTY:** The following personal property is included in the purchase price: N/A

4. **PURCHASE PRICE:** The purchase price is $ 36,300 and shall be paid as follows:
(a) $ 300, EARNEST MONEY DEPOSIT by ☐ cash ☐ personal check ☐ bank check ☐ certified check ☐ other _____ to be deposited and held in escrow by ALLEN TATE CO. as escrow agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated. In the event: (1) this offer is not accepted; or (2) any of the conditions hereto are not satisfied, then all earnest monies shall be returned to Buyer. In the event of breach of this contract by Seller, upon Buyer's request, all earnest monies shall be returned to Buyer, but such return shall not affect any other remedies available to Buyer for such breach. In the event this offer is accepted and Buyer breaches this contract, then all earnest monies shall be forfeited upon Seller's request, but receipt of such forfeited earnest monies shall not affect any other remedies available to Seller for such breach.
NOTE: In the event of a dispute between Seller and Buyer over the return or forfeiture of earnest money held in escrow by a broker, the broker is required by state law to retain said earnest money in the broker's trust or escrow account until a written release from the parties consenting to its disposition has been obtained or until disbursement is ordered by a court of competent jurisdiction.
(b) $ N/A, ADDITIONAL EARNEST MONEY DEPOSIT to be paid to escrow agent no later than _____.
(c) $ -0-, BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum.
(d) $ -0-, BY SELLER FINANCING in accordance with the attached Seller Financing Addendum.
(e) $ 36,000, BALANCE of the purchase price in cash at closing.

5. **CONDITIONS:** (State N/A in each blank that is not a condition to this contract.)
(a) The Buyer must be able to obtain a loan commitment on or before N/A, effective through the date of closing, for a ☐ FHA ☐ VA (attach FHA/VA Financing Addendum) ☐ Conventional ☐ Other _____ loan at a ☐ Fixed Rate ☐ Adjustable Rate ☒ Other: CASH in the principal amount of N/A for a term of N/A year(s), at an interest rate not to exceed N/A % per annum, with mortgage loan discount points not to exceed _____ % of the loan amount. Buyer agrees to use his best efforts to secure such commitment. Buyer shall be responsible for all costs with respect to any loan obtained by Buyer, except if Seller is to pay any of the Buyer's loan closing costs including discount points, those costs are as follows: N/A
In the event Buyer fails to provide Seller with written evidence of the loan commitment within five days after receipt of a written request from Seller (but such request may not be made before the loan commitment date listed above), then Seller may terminate this contract unless Buyer waives the loan commitment condition.
(b) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for RESIDENTIAL purposes.
(c) The Property must be in substantially the same or better condition at closing as on the date of this offer, reasonable wear and tear excepted.
(d) All deeds of trust, liens and other charges against the Property, not assumed by Buyer, must be paid and satisfied by Seller prior to or at closing such that cancellation may be promptly obtained following closing. Seller shall remain obligated to obtain any such cancellations following closing.
(e) Title must be delivered at closing by GENERAL WARRANTY DEED unless otherwise stated herein, and must be fee simple marketable title, free of all encumbrances except: ad valorem taxes for the current year (prorated through the date of closing); utility easements and unviolated restrictive covenants that do not materially affect the value of the Property; and such other encumbrances as may be assumed or specifically approved by Buyer. The Property must have legal access to a public right of way.

6. **SPECIAL ASSESSMENTS:** Seller warrants that there are no governmental special assessments, either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, and no owners' association special assessments, except as follows: N/A
(Insert "None" or the identification of such assessments, if any.) Seller shall pay all confirmed owners' association assessments and all confirmed governmental assessments, if any, and Buyer shall take title subject to all pending assessments, if any, unless otherwise agreed as follows: NONE

7. **ADJUSTMENTS AND ADJUSTMENTS:** Unless otherwise provided, the following items shall be prorated and either adjusted between the parties or paid at closing. (a) Ad valorem taxes on real property shall be prorated on a calendar year basis through the date of closing. (b) Ad valorem taxes on personal property for the entire year shall be paid by the Seller unless the personal property is conveyed to the Buyer, in which case, the personal property taxes shall be prorated on a calendar year basis through the date of closing. (c) All late listing penalties, if any, shall be paid by Seller. (d) Rents, if any, for the Property shall be prorated through the date of closing. (e) Owners' association dues, and other like charges shall be prorated through the date of closing. Seller represents that the regular owners' association dues, if any, are $ N/A per _____.

8. **CLOSING EXPENSES:** Seller shall pay for preparation of a deed and all other documents necessary to perform Seller's obligations under this agreement, and for excise tax (revenue stamps) required by law. Buyer shall pay for recording the deed and for preparation and recording of all instruments required to secure the balance of the purchase price unpaid at closing.

9. **FUEL:** Buyer agrees to purchase from Seller the fuel, if any, situated in any tank on the Property at the prevailing rate with the cost of measurement thereof, if any, being paid by Seller.

10. **EVIDENCE OF TITLE:** Seller agrees to use his best efforts to deliver to Buyer as soon as reasonably possible after the acceptance of this offer copies of all title information in possession of or available to Seller, including but not limited to: title insurance policies, attorney's opinions on title, surveys, covenants, deeds, notes and deeds of trust and easements relating to the Property.

11. **LABOR AND MATERIAL:** Seller shall furnish at closing an affidavit and indemnification agreement in form satisfactory to Buyer showing that all labor and materials, if any, furnished to the Property within 120 days prior to the date of closing have been paid for and indemnifying Buyer against all loss from any cause or claim arising therefrom.

Allen Tate, REALTORS®

ADDITIONAL PROVISIONS ADDENDUM

DAVID AND DESIREE FREEMAN, as Buyer

MUTUAL DEVELOPERS, as Sellers

Property Located at 10835 & 10845 TYLER BROOK CHARLOTTE, NC 28277
(Street) (City) (State) (Zip)

NOTE: Only the provisions initialed below are a part of the Offer to Purchase and Contract:

EXPIRATION OF OFFER: This offer shall expire unless acceptance is delivered to buyer or to _____, before _____ __AM __PM, on _____ or until withdrawn by the Buyer, whichever occurs first.

BUYER QUALIFICATION: Selling/Buyer's Agent shall provide Listing Agent evidence as to Buyer's qualification to obtain and secure a loan substantially as specified in Paragraph 5 within _____ days after the date of Seller's acceptance or contract is voidable at option of Sellers.

SEPTIC TESTS: This contract is contingent upon Buyer obtaining an Improvement Permit from the County Health Department that the Property is "SUITABLE" for a conventional ground absorption sewage system for a 4 bedroom home, or Ranch w/ basement. All costs and expenses of such soil tests shall be borne by Buyer. If the Property is not suitable for the proposed development, at the option of the Buyer, this contract may be terminated and all earnest monies shall be refunded to Buyer. Buyer shall complete said tests or waive this condition in writing on or before midnight of _____.

SITE EVALUATION: This contract is contingent upon Buyer obtaining a written site evaluation that the soil is suitable for _____. All costs and expenses of such soil tests shall be borne by the Buyer. If the Property is not suitable for the proposed development, at the option of the Buyer, this contract may be terminated and all earnest monies shall be refunded to Buyer. Buyer shall complete said tests or waive this condition in writing on or before midnight of _____.

5. _____ FLOOD HAZARD ZONE: Buyer has been advised that the property is located in an area which the Secretary of HUD has found to have special flood hazards and that it will be necessary to purchase flood insurance in order to obtain any loan secured by the property from any federally regulated financial institution or a loan insured or generated by an agency of the U.S. Government.

6 APPRAISAL: The Property must appraise at a value equal to or exceeding the Purchase price or, this contract may be terminated at the option of the Buyer and all earnest monies shall be refunded to Buyer. In the event this contract is not subject to a financing contingency requiring an appraisal, Buyer shall arrange to have the appraisal completed no later than midnight of _____. In any event, the cost of the appraisal shall be borne by the Buyer.

7 CLOSING OF EXISTING CONTRACT CONTINGENCY: The contract is contingent upon closing of an existing contract on the Buyer's real property located at _____ on or before _____. Seller agrees not to continue to market the Property which is the subject of this Offer to Purchase and Contract and will not solicit for secondary offers. If this contingency is not removed on or before midnight of _____ Seller may terminate this contract and all earnest monies shall be returned to Buyer.

8. HOMEOWNER'S WARRANTY: _____ agrees to purchase a Multi-Guard Warranty (a one (1) year warranty insurance contract) at closing, the cost of which shall be included as an expense to the _____ on the HUD-1. Cost not to exceed $_____.

9. _____ COST OF REPAIR CONTINGENCY: If the reasonable estimate of the cost of repairs required by the home inspection report as described in Paragraph 12(b) and the wood destroying insect report as described in Paragraph 12(c) of the Offer to Purchase and Contract equals or exceeds $_____ Buyer shall have the option to terminate this contract and all earnest monies shall be returned to Buyer.

10 OTHER: (In accordance with North Carolina Real Estate Law. Attorney Review Recommended.)

IN THE EVENT OF A CONFLICT BETWEEN THIS ADDENDUM AND THE OFFER TO PURCHASE AND CONTRACT, THIS ADDENDUM SHALL CONTROL.

Buyer: Desiree Freeman (SEAL) Date 1-16-98

Buyer: David Freeman (SEAL) Date 1-16-98

Seller: Brian Hunter (SEAL) Date 1-16-98

Seller: Lisa Hunter (SEAL) Date 1-16-98

REALTOR®

EQUAL HOUSING OPPORTUNITY

3445B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #150 2/3/95 Ck. #1089 ☐ 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: 2-1-95

PERSON FILING APPLICATION:

NAME: GORE, FREDERICK (last) (first) C/O CIVILTEK ASSOCIATES (mi)

ADDRESS: 6608C EAST HARRIS BLVD PHONE: (__) 531-1943

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

PROPERTY OWNER:

NAME: MUTUAL DEVELOPERS (last) (first) (mi)

ADDRESS: 8318 LAWYERS RD. PHONE: (__) 545-6601

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-112-03 (PO)

STREET ADDRESS: WILLIAMS RD.

ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME: KENDALTON SUBDIVISION

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

LOT NUMBER: 13 LOT SIZE (in acres): 1.12 AC.

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 N)
☐ 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: 3 NUMBER OCCUPANTS:

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: [signature] Date: 2-1-95

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

Environmentalist Date

Director or Authorized Section Head Date

WATER 122791

Canary - [illegible]
[illegible] Department's Copy

PD 139-112-03

3445B

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

PERSON FILING APPLICATION:
NAME: Caldwell Charles H
(last) (first) (mi)
ADDRESS: 6523 FAIRLAWN DR PHONE: (704) 532-5752
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date:

PROPERTY OWNER:
NAME: _____
(last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-112-03
STREET ADDRESS: _____
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 ☐ 7 Mint Hill

LOT NUMBER: 13+14 LOT SIZE (in acres): 1.9

TYPE APPLICATION (check one):
☒ SOIL TEST
☐ NEW CONSTR
☐ EXCHANGE M
☐ ADDITION -
☐ COMMERCIAL

☐ SOIL TEST DEVELOPMENT (P)
☐ RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL P
☐ SINGLE MOB
☐ DOUBLE WID

/E/ OR RESIDENCE > 4 BEDROOMS (Z)
)
7 NUMBER OCCUPANTS: 3
ON:

COMMERCIAL/IN
Type Business
Industrial Wa
Underground S

ure):
) ☐ Shared Well (S)
) ☐ Other 'spring' (O)
(P)

FUTURE ADDITI
☐ Swimi
☐ Garage

The undersign
foregoing appl
DEPARTMENT to

Signed:

"JOB LOCATION" has read the
the MECKLENBURG COUNTY HEALTH

10/5/95
Rec 3446P
Charles Caldwell
Connected Sewer
Approved by Mecklenburg County Health Dept.
Joe Kerr Ferguson

NOTICE:

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

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

...This permit is not transferable.

...

☐ 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 12/95

1/27/95 file 3446B for Lot 14 proposed to be Lot 3&4

3446B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 2/3/95 Ck # 1009

☐ 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: 2-1-95

PERSON FILING APPLICATION:

NAME: GORE (last), FREDERICK (first) c/o CIVILTEK ASSOCIATES (mi)

ADDRESS: 6608C EAST HARRIS BLVD PHONE: (__) 531-1943

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

PROPERTY OWNER:

NAME: MUTUAL DEVELOPERS (last) (first) (mi)

ADDRESS: 8318 LAWYERS RD. PHONE: (__) 545-6601

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-112-03 (PO)

STREET ADDRESS: WILLIAMS RD.

ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME: KENDALTON SUBDIVISION

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

LOT NUMBER: 14 LOT SIZE (in acres): 0.79 Ac.

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: 3 NUMBER OCCUPANTS:

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: Frederick Gore Date: 2-1-95

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:

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☐ 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

MECKLENBURG COUNTY HEALTH DEPARTMENT Revised

SITE EVALUATION REPORT

SERIAL NUMBER 028510 PW

File: 34469 Action 2

Parcel: PO 139-112-03 ☐ PC

Location: Tyler Brook Lane

Subdivision:

Lot: 14 Block: Acres: .79

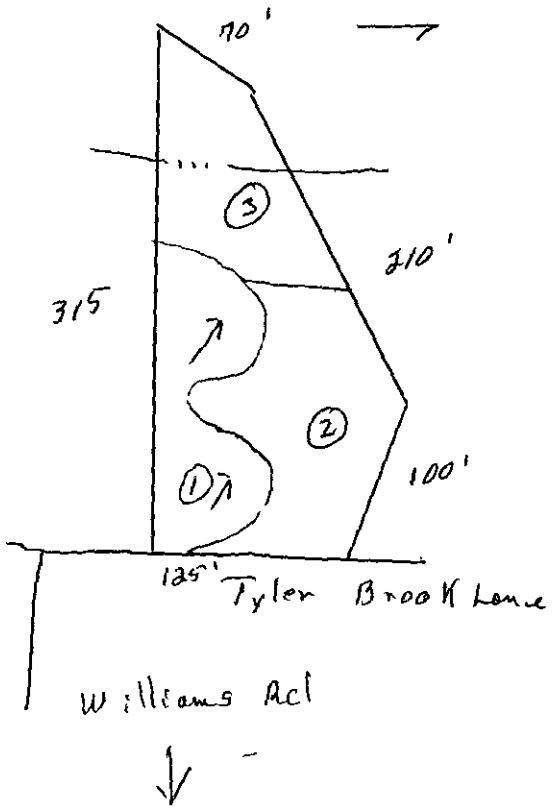
Owner: Mutual Developer

Address: 6316 Fairview Road
Charlotte, N.C.
28270

Comments: 100% Repair, .3gal/ft/d
Leg LTAR

Described by: William A. Marks

Date: 3-22-95



***** 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 2-12%	S PS (U) Complex Slopes	S PS (U) Floodplain	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U —	S PS U	S PS U	S PS U
Structure	S (PS) U Block 1	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To Soil Wetness	S PS U —	S PS U —	S PS U	S PS U	S PS U
Depth	S PS (U) 23-36"	S PS U —	S PS U —	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	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 Pacolet-Lilla	Complex Slopes	Floodplain			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

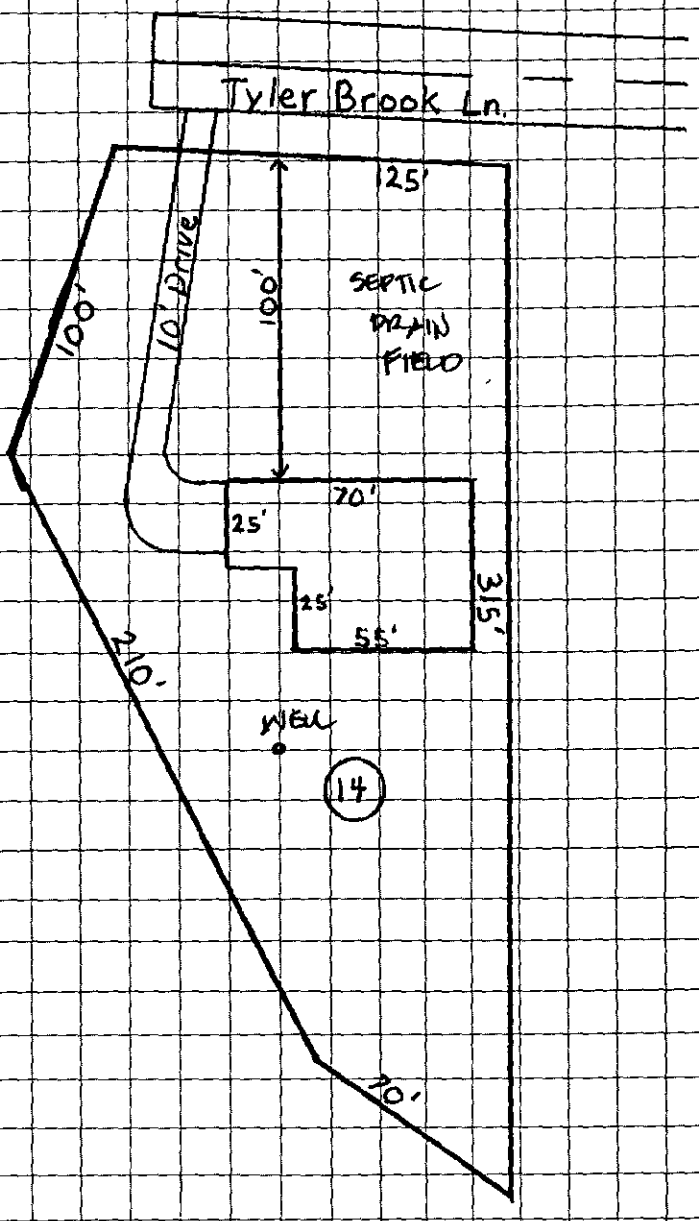
(14)

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

FILE: 3446B

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.



Jonlend Gon
OWNER/AGENT SIGNATURE

DATE 2-1-95

APPROVAL DATE _____

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

Lot #13

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

34450 #1

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

PO 139-1203

OWNER: Mutual Developers APPLICANT: Civil Tech Assoc
ADDRESS: 8316 Fairways Road, Pinebluff APPLICATION DATE: ___ DATE EVALUATED: 11-1-95
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: Approx 1.0 ac
LOCATION OF SITE: Tyler Brook Dam PROPERTY RECORDED: ___
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6-10% LS	0-2"	cl/gr	Fr/SEXP/SS/SP	>46" TO Soil wetness	48"	N/A	None	PS .39/Fz IV
		2-28"	c/sbK	Fr-Fi/SEXP/S/P					
		28-48	c/sbK	Fr/SEXP/S/P					
2	6-7% LS	0-15	c/gr→sbK	Fr/SEXP/SS/SP	>43" TO Soil wetness	43"	N/A	None	PS .39/Fz IV
		15-43"	c/sbK	Fi/SEXP/S/P					
3	5% LS	0-34"	c/sbK	Fr→Fi/SEXP/S/P	>42" TO Soil wetness	42"	N/A	None	PS .39/Fz IV
		34-42"	c/sbK	Fr/SEXP/S/P					
4		0-30"	c/sbK	Fr→Fi/SEXP/S/P	>37" TO Soil wetness	37"	N/A	None	PS IV .39
		30-37"	c/sbK (relic mottles Present)	Fi→Fi/SEXP/S/P					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: W.A. Marks 2-14-96
OTHER(S) PRESENT: ___

OMMENTS: 100% Repair Report not signed 11-95
signature completed 2-16-96 mm

LEGEND

use the following standard abbreviations

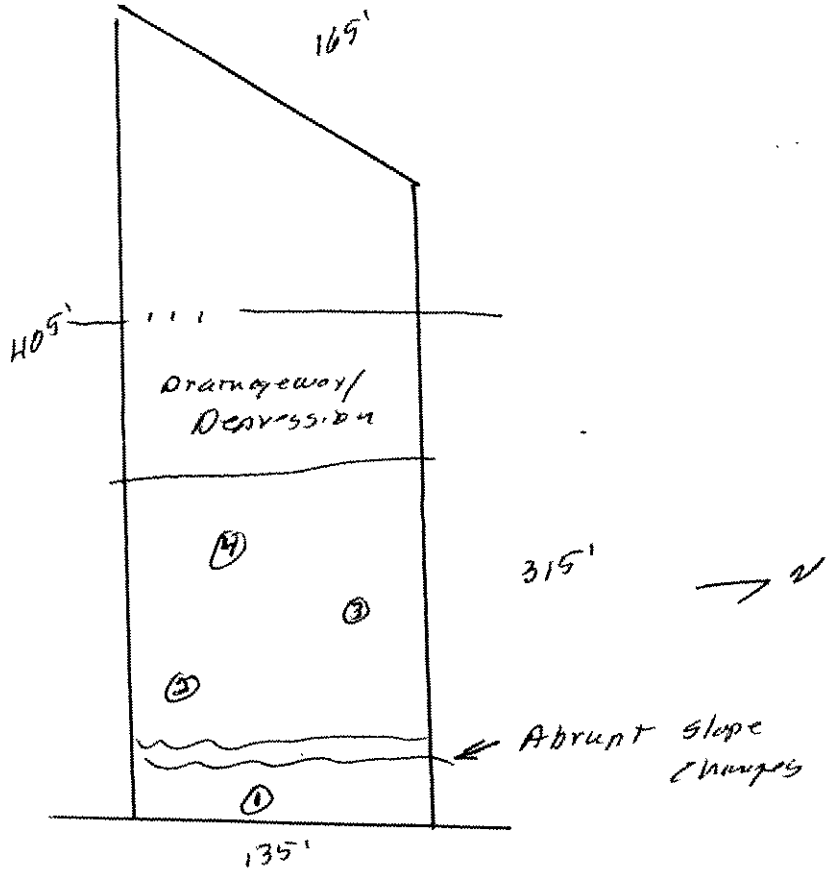
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)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

OTES

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

valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

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



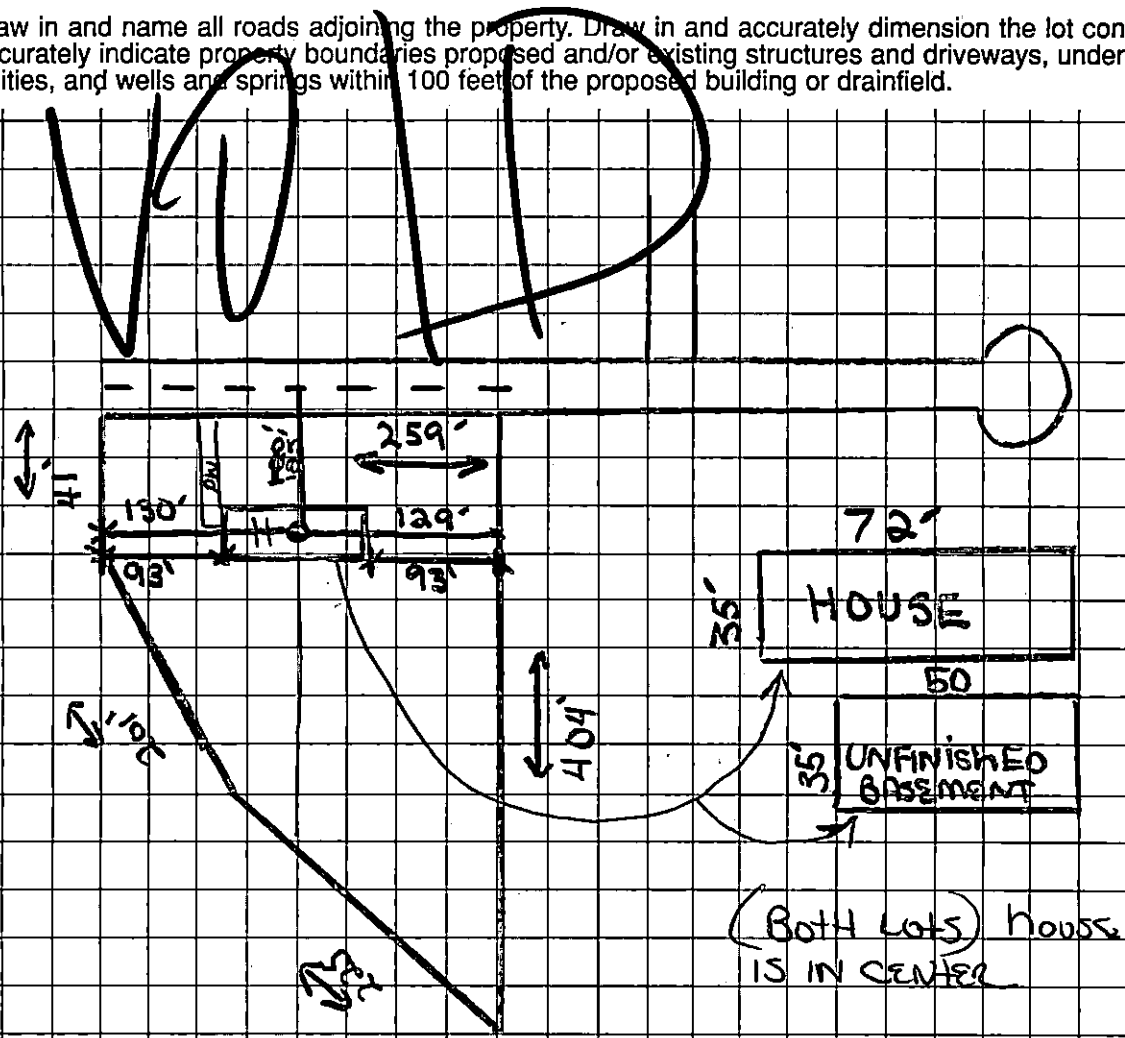
PROPOSED PLOT PLAN

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

FILE: 3445B/3446B

TC: 139-112-22, 23

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE 2/5/98

APPROVAL DATE

3 BEDROOMS

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

PROPOSED PLOT PLAN

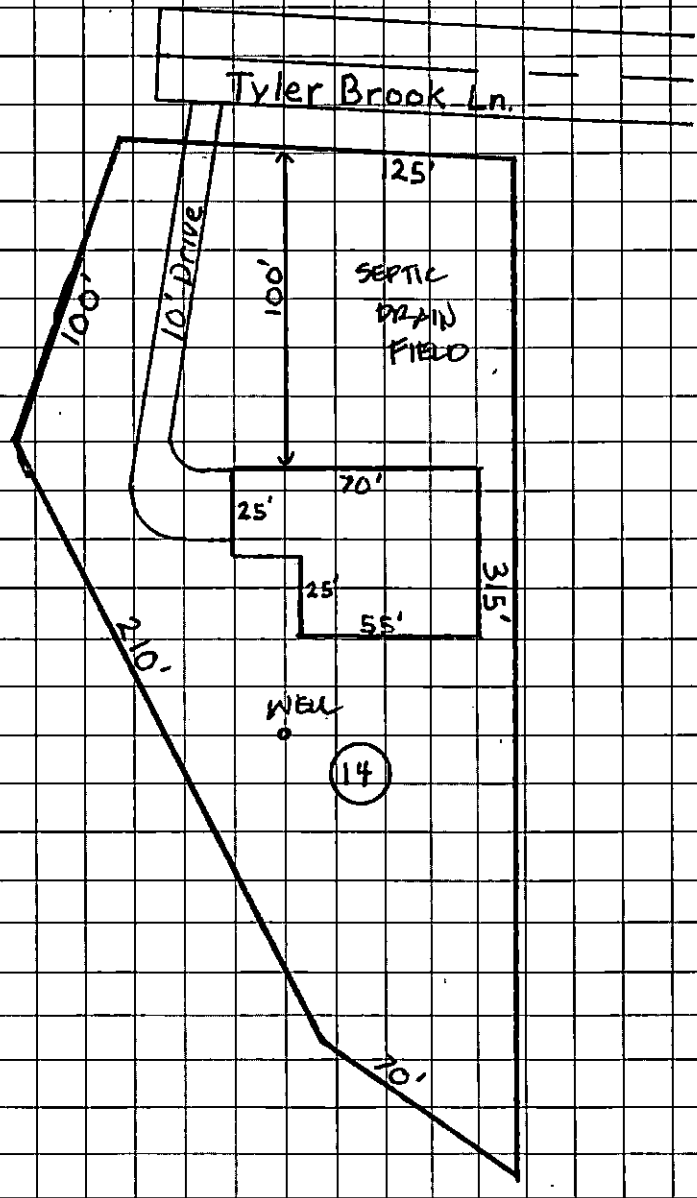
(14)

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

FILE: 3446B

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.



Jonlend Gon
OWNER/AGENT SIGNATURE

DATE 2-1-95

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3445 B / 3446 B DATE: 5-4-00

TC: 139-112-22,23 ☒ L ☒ CRT

SERIAL Nº 18311 (19)

Name of Owner David Stopkl ~~DAVID WESLEY FREEMAN~~ JC Juris.: _____

Address of Property 10945 TYLER BROOK DRIVE

Inspection Data:

Tank Material 1500

Total Length of Drainfield 300

Number of Lines 7 @ 43

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 120'

Excavation Inspected 5-4-00

Tank(s) Inspected 5-4-00

Wash Line Inspected —

High Water Alarm Inspected —

SEB IN

PLOT

Design 1500 ST 1200 SFT INNOVATIVE, EFFER FLOW CTR# BOB MCCARU

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 III - G

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

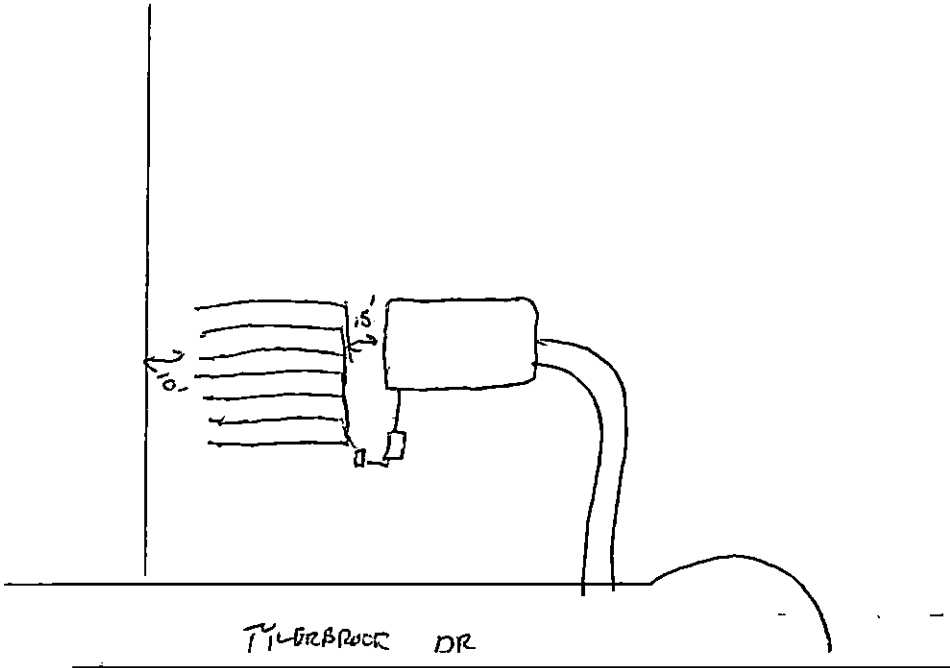
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3445B 3446B DATE: 5-3-00

TC: 139-112-22,23 ☐ L

SERIAL Nº 18396

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 2-6-98. All work shall be completed on or before ____, 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 — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 300 feet

Number of Lines 7

Depth of Stone NA inches

Distance from House 15' feet

Distance from Property Line 10' feet

Distance from Well >50 feet

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

NAME OF OWNER David Stophel ~~DAVID WESLEY FREEMAN JR~~

LOCATION OF PROPERTY 10845 TYLER BROOK LANE, KENDALTON SUB, LOT 13,14

Comments: (1) TYPE III-G INNOVATIVE INSTALLATION

(2) TANK & DRAINFIELD TO BE 15' FROM BASEMENT WALL

Environmental Health Specialist

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