

3631 SPOKESHAVE LN

23110144

7/1/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 12442 DATE: 6-7-96
TC: 231-101-44 ☐ L ☐ ERT
SERIAL № 16465

Name of Owner Karl Edwards Juris.:
Address of Property 3631 Spokeshave Lane

Inspection Data:

Tank Material PVC
Total Length of Drainfield 300'
Number of Lines 6 @ 50'
Cover Depth 12"
Water Supply Source Community
Distance to Water Source >100'
Excavation Inspected 6-7
Tank(s) Inspected 6-7
Wash Line Inspected N/A
High Water Alarm Inspected N/A

INWS 95-2 installed per owner's request

PLOT

Design 1996, 1500 ST, CON, 900SF, T, cecil-like INWS95-2 CTR# 167

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☒ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this
☐ Certificate of Completion ☒ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: INWS 95-2 Type III for a 3bedroom residence (6) 3'W x 50'L x 24" deep

Ronny B. Thompson R.E.H.S.
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

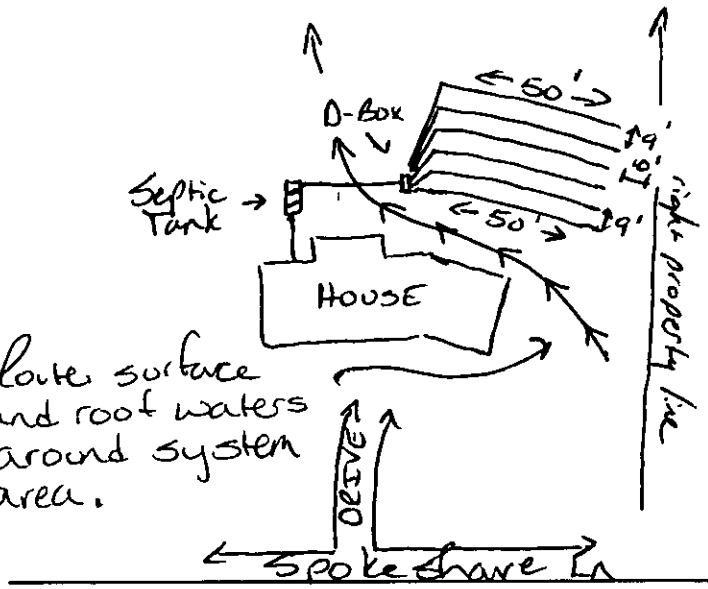
FILE: 12442 DATE: 6-4-96

TC: 231-101-44 ☐ L

SERIAL № 16754

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 1-31-95. All work shall be completed on or before 7-4-96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Chambered System.
Keep drainlines level and on contour.



* Route surface and roof waters around system area.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 6

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well N/A feet
> 100 from community

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

NAME OF OWNER Karl Edwards

LOCATION OF PROPERTY 3631 Spokeshare Lane

Comments: Type III INWS chambered system as homeowner requested.
(6) 3'w x 50'L x trenches
3 bedroom residence
Lot does not require 100% repair - changed from 4 bedrooms to 3.

Ramy Thompson, J. L.S.
Environmental Health Specialist

S Batteman for S Hamid, Program Chief 6-11-96

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

CO#14190 6/6/96 PD 100.00 CK#1436 4/96 $260.00 DERT

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 3/26/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-4-96 **PERMIT NO:** 12442
PARCEL NO: 231-101-44

JOB LOCATION ADDRESS: 3631 Spokeshave Lane
PROPERTY OWNER: Carl Edwards
BUILDING CONTRACTOR: Carl Edwards
SUBDIVISION NAME: Providence Ridge
AUTHORIZATION ISSUED BY: Kenny B. Thompson, L.S. **DATE:** 3-4-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 12442, 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: Keep all parts of septic system off of cuts and excavations 15 feet
Lot does not have 100% repair area .1945(e)

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.

Carl Edwards 3-26-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

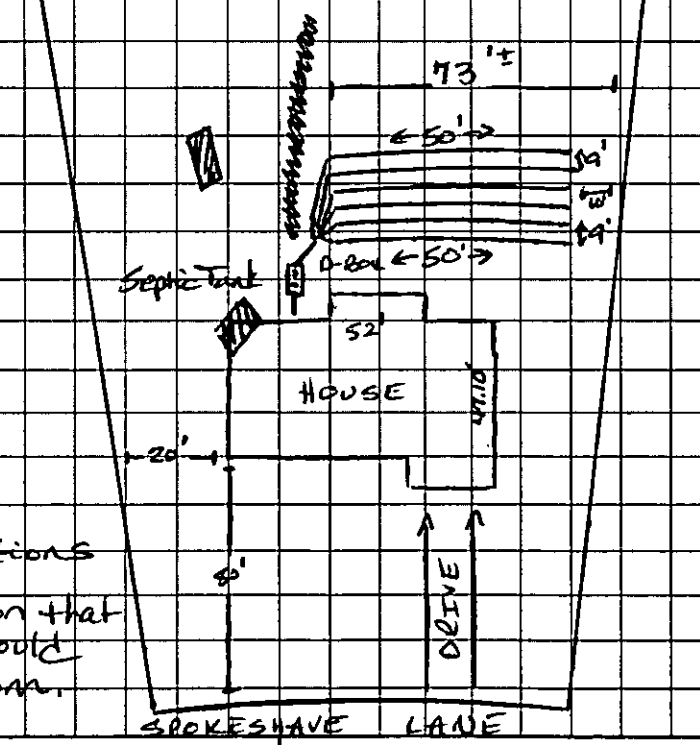
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1242

TC: 231-101-44

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.

* 1500 gallon septic tank
* (6) 50' long lines (chambered system)
* Keep all parts of system
  - 15' off of cuts
  - 10' off of property lines
  - 5' off of foundation
* System does not appear to have 100% repair area left. 1945 (c)
* System design for 3 bedrooms.



▨ denotes old excavations

denotes depression that septic system should remain >15' from.

OWNER/AGENT SIGNATURE

DATE 3-26-96

APPROVAL DATE 3-4-96 J. Thompson

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

Permit Number: 12442

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 231-101-44

- 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: IWWS95-2 ✓ IWWS95-4 ✓	___ IWWS-93-1 ✓ IWWS-93-2 ___ IWWS-94-1
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	~~1200~~ 900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Serviced by private well	1500 Gallon septic tank	300 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	N/A Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Lot does not appear to have 100% repair area left available. - 1945 (C)				

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: IWWS95-2 ✓ IWWS95-4 ✓	___ IWWS-93-1 ✓ IWWS-93-2 ___ IWWS-94-1
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	N/A 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 the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

Larry B. Thompson, RS, 3-4-96
DEHNR Authorized Agent — Date

Owner/Agent Signature — 3-26-96
Date

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

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

FEE: 100.00 Chk #403
DATE: 1/31/95

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 #: 12442

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 23110144~~00~~7

STREET ADDRESS: 3631 Spokeshave Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Providence Ridge

LOT NUMBER: 13B

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
H 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: 2006

NUMBER OF BEDROOMS: 3H NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE: 2-26-96

___ 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):
C 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		

Front of property - Not sure of location

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Kennedy Bruce C. (LAST) (FIRST) (MI)	NAME: Edwards Vicki A. (LAST) (FIRST) (MI)
ADDRESS: c/o Commissary Officer US Army Commissary Berlin	DAYTIME PHONE: 704 536-6178
CITY: New York STATE: NY ZIP: 09742	
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: Vicki A. Edwards DATE: 1-31-95

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

Want to close end of February

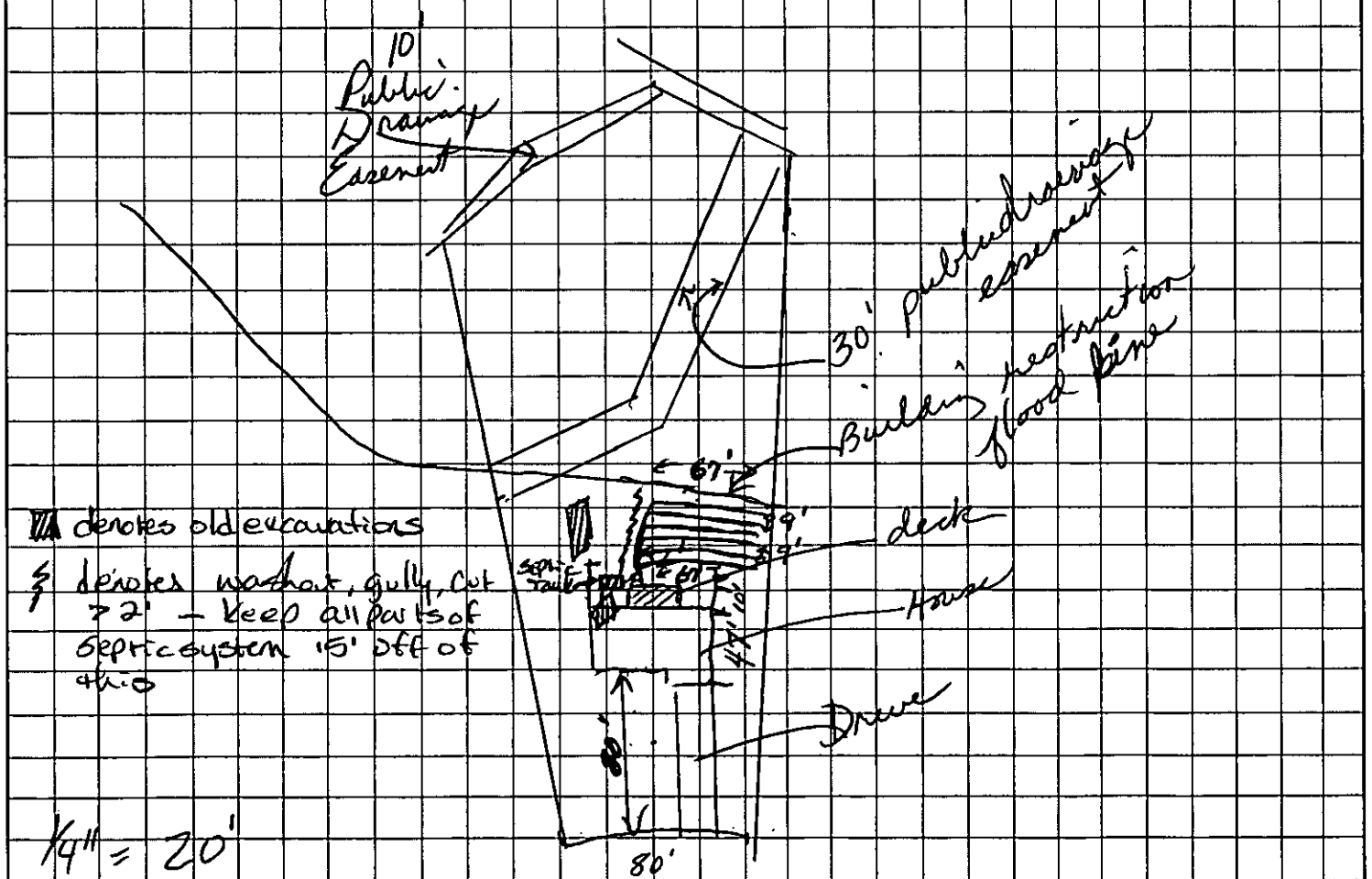
PROPOSED PLOT PLAN

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

FILE: 1242

TC: 231-101-44

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.



Vicki Edwards
OWNER/AGENT SIGNATURE

DATE 1-31-96

APPROVAL DATE _____

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

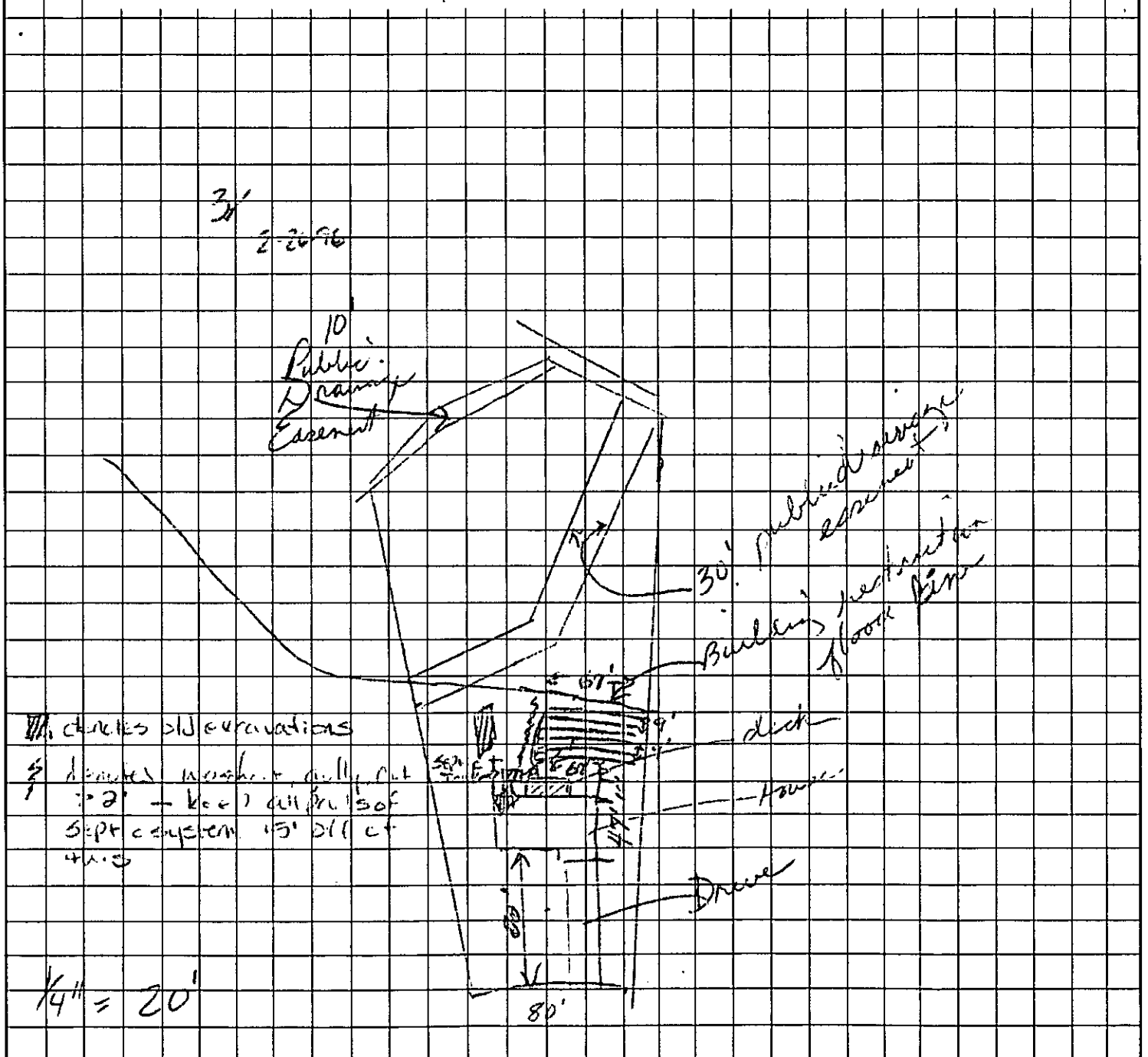
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Vicki Edwards
OWNER/AGENT SIGNATURE

DATE 1-31-96

APPROVAL DATE _____

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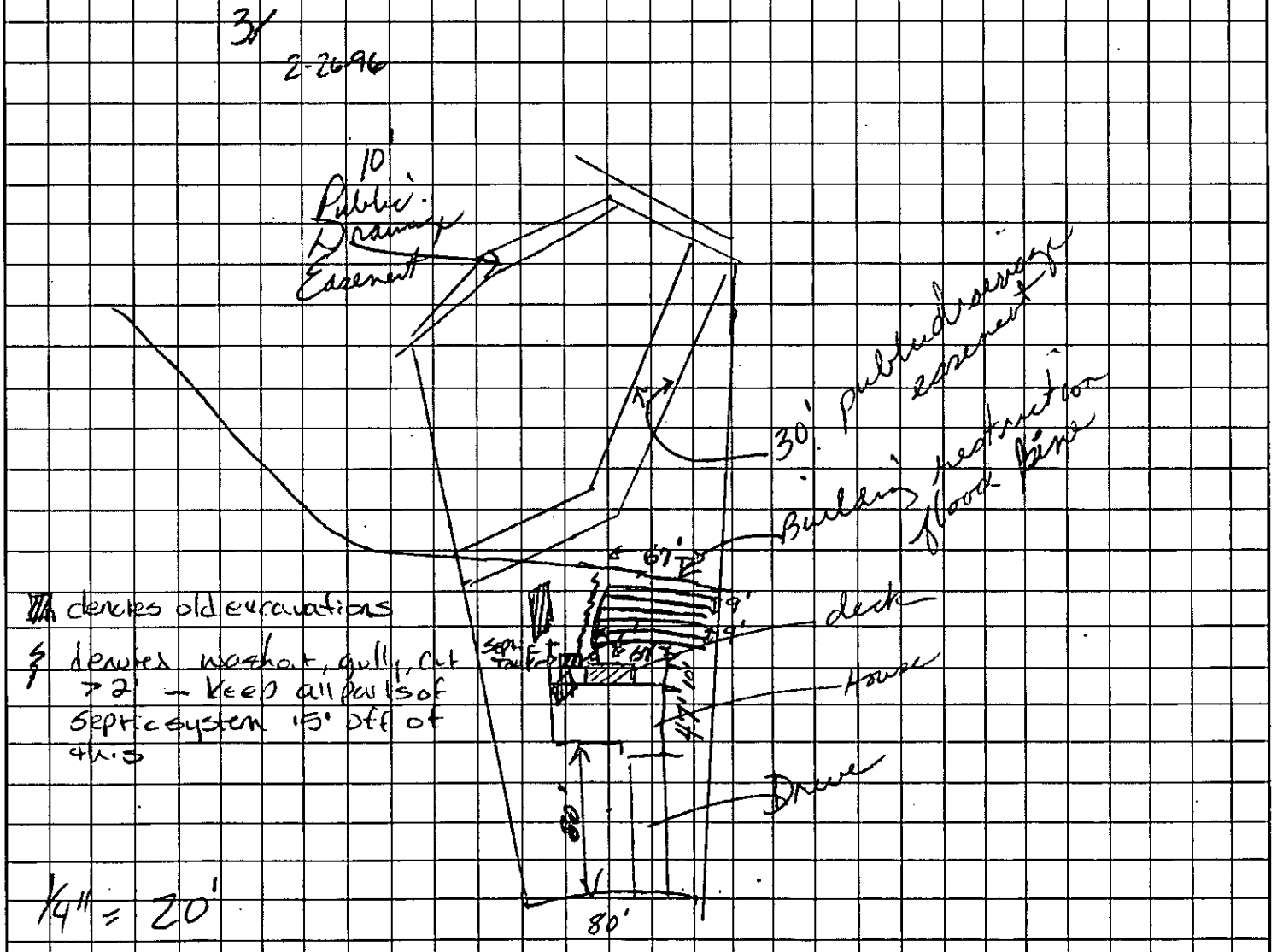
PROPOSED PLOT PLAN

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

FILE: 1242

TC: 231-101-4/4

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.



Vicki Edwards
OWNER/AGENT SIGNATURE

DATE 1-31-96

APPROVAL DATE _____

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

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

Q400

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 12442
2 31-101-44

OWNER: Anne C. Kennedy
APPLICANT: ___
ADDRESS: ___
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: ___
PROPOSED DESIGN FLOW (.1949): 460 gpd
PROPERTY SIZE: 2.4
LOCATION OF SITE: Smithson Lane
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	LS 12%	0-4"	3BK/cl	Fr/SEXP/SS/SP	>41" TO Chroma 2 MOTTLES	41"	N/A	None	PS IV .3g/ft²
		4-30"	3BK/C	Fr-Fi/SEXP/SP					
		30-41"	3BK/Cl	Fr/SEXP/SS/SP					
2	LS 10%	0-4"	3BK/cl	Fr/SEXP/SS/SP	>24" TO Chroma 2 MOTTLES	24"	N/A	None	.3g/ft² IV US
		4-24"	3BK/C	Fr-Fi/SEXP/SP					
3	LS 10%	0-16"	3BK/cl	Fr/SEXP/SS/SP	>16" TO Chroma 2 MOTTLES	16"	N/A	None	US III
4	LS 6%	0-12"	3BK/scl	Fr/SEXP/SS/SP	>46" TO Chroma 2 MOTTLES	46"	N/A	None	III PS .3g/ft²
		12-46"	3BK/SC	Fr/SEXP/SP					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William A. Marlin 3-1-96
OTHER(S) PRESENT: ___

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

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

12 443

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	3%	0-6"	SBK/C/	FR/SEXP/SS/SP	> 35" To Chroma 2 MoHlos	35"	N/A	None	US IV .3gpd
		6-30'	SBK/C	FR/SEXP/SS/P					
		30-35"	SBK/C/	FR/SEXP/SS/SP					
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS: Lot should not require 100% repair

LEGEND

use the following standard abbreviations

ANDSCAPE 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)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

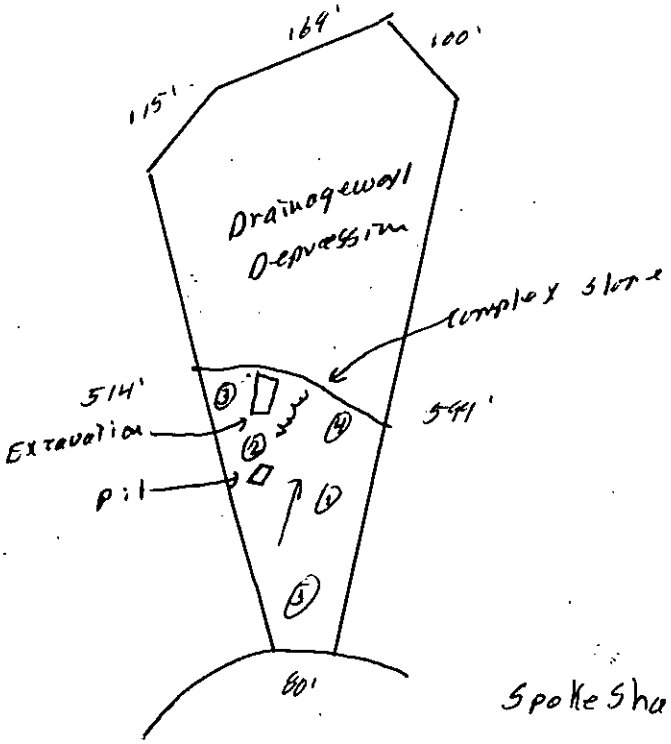
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	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)

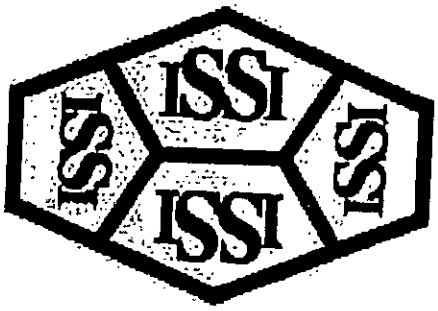
valuation of saprolite shall be by pits.
ong-term Acceptance Rate (LTAR): gal/day/ft²

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

12 HH2



Spoke Shave Lane



Imaging Solutions and Services, Inc

The following is a

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ISSI Operations Center Staff

OFFER TO PURCHASE AND CONTRACT

Homes of Distinction as Buyer,
Canan Kennedy & Bruce C. Kennedy as Seller,

hereby offers to purchase and 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 personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** County of Mecklenburg
State of North Carolina known as and more particularly described as:
Street Address 3631 Opokehave Zip
Legal Description Map 15, p 11 Lot 13B - 4/18-19

2. **PERSONAL PROPERTY:** 33.000
32.000 and shall be paid as follows:

3. **PURCHASE PRICE:** The purchase price is $
(a) $ 100.00 in earnest money paid by Personal Check to be held in escrow by Allen Tate Company, as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;
32.900 by assumption of the unpaid principal balance and all additions of Seller on the existing loan secured by a deed of trust on the Property;
31.900 by a promissory note secured by a purchase money deed of trust on the property (See Purchase Money Financing Addendum)
the balance of the purchase price in cash at closing.

4. **CONDITIONS:** (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)
(a) The Buyer must be able to obtain a firm commitment on or before effective through the date of closing, for a loan in the principal amount of $ for term of year(s); at an interest rate not to exceed % 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 and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any closing costs, those costs are as follows:
(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed % per annum fixed or with a monthly P & I of with mortgage loan assumption and/or discount points not to exceed % of the loan balance. (See Standard Provision No. 2). If such assumption requires the lender's approval, approval must be granted on or before Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows:
(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for Residential purposes.

5. **ASSESSMENTS:** Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer or other improvements on or adjoining the Property, except as follows: None (Insert "None" or the identification of such assessments, if any. The agreement for payment or proration of any assessments indicated is to be set forth in paragraph 6 below.)

6. **OTHER PROVISIONS AND CONDITIONS:**
(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be modified or deleted: (If none are to be modified or deleted, state "None".) None 2, 3, 11
(b) See Exhibit(s) and/or Addendum (Addenda) A attached hereto and made a part hereof.

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before Feb. 29, 1996 at the office of Homes of Distinction or a place designated by
The deed is to be made to Homes of Distinction At Closing
8. **POSSESSION:** Possession shall be delivered
In the event that Buyer and Seller have agreed that possession is delivered at a time other than at closing, then N.A.
agrees to pay to N.A. the sum of $ N/A per day to/from and including, the date of closing and to/from including the date that possession is delivered as above set forth.

9. **COUNTERPARTS:** This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in three counterparts with a counterpart being retained by each party hereto and the escrow agent, if any.

10. **CONFIRMATION:** Buyer(s) and Seller(s) hereby agree that the following agency relationships are hereby confirmed for this transaction only:

Listing Agency: Wylie Realty
is the agent of (check one):
☒ the Seller only
☐ both the Buyer and Seller

Selling Agency: Allen Tate Company
is the agent of (check one):
☒ the Buyer only
☐ the Seller only
☐ both the Buyer and Seller

Date of Offer: 1-27-96
Buyer [signature] (SEAL)
Buyer (SEAL)

Date of Acceptance: 1/28/96
X [signature] (SEAL)
Seller [signature] (SEAL)

I hereby acknowledge receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date 1/29/96 By: Benet McSwain Firm Allen Tate Company

Benet McSwain
Selling Agent
Allen Tate Company
Firm/Phone

Canan Kennedy
Listing Agent
Wylie Realty
Firm/Phone

File # 12442

DATE: 1 | 96

THE ADDITIONAL PROVISIONS SET FORTH BELOW ARE HEREBY MADE A PART OF THE OFFER TO PURCHASE AND CONTRACT FOR THE PROPERTY LOCATED AT 3631 Spokane Ave

BY AND BETWEEN Homes Of Distinction AS BUYER(S) AND Janan Kennedy AS SELLER(S). BUYER(S) AND SELLER(S) HEREBY AGREE THAT:

INITIAL HERE

INITIAL HERE

1. Seller to provide Recent Survey not More than 3 months old. Buyer to pay for survey.
2. Seller to provide Buyer with Perk test with in Last 3 months.
3. Buyer Upon Reciept of Above test will Close Within One Weeks time.

BUYER [signature] SELLER Janan F. Kennedy

BUYER _____ SELLER [signature]