

8900 BLAYDON DR

13922325

8/12/08

marliwr

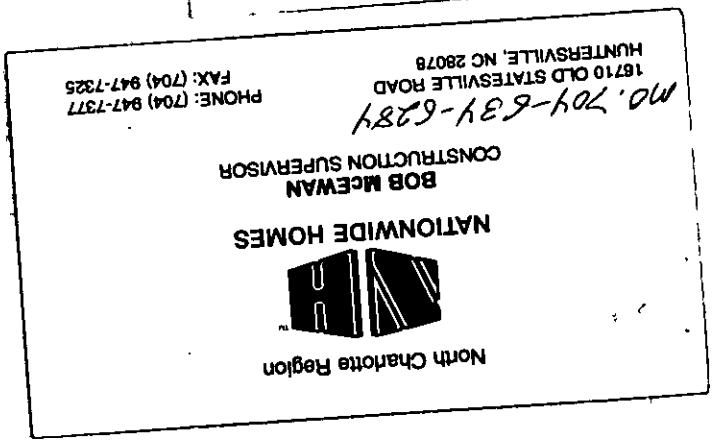
Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

~~Huntersville - Contact~~ 12/6/01

16855
8908 Blaydon Rd
Nationwide Home
m 634 6283 Tim Reese
m 634 6284 Bob McEwan mobile

HOLD for STATE VISIT 12/10 - See invoice

134-22-25
16855
8900
BLAYDON
DRIVE



INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

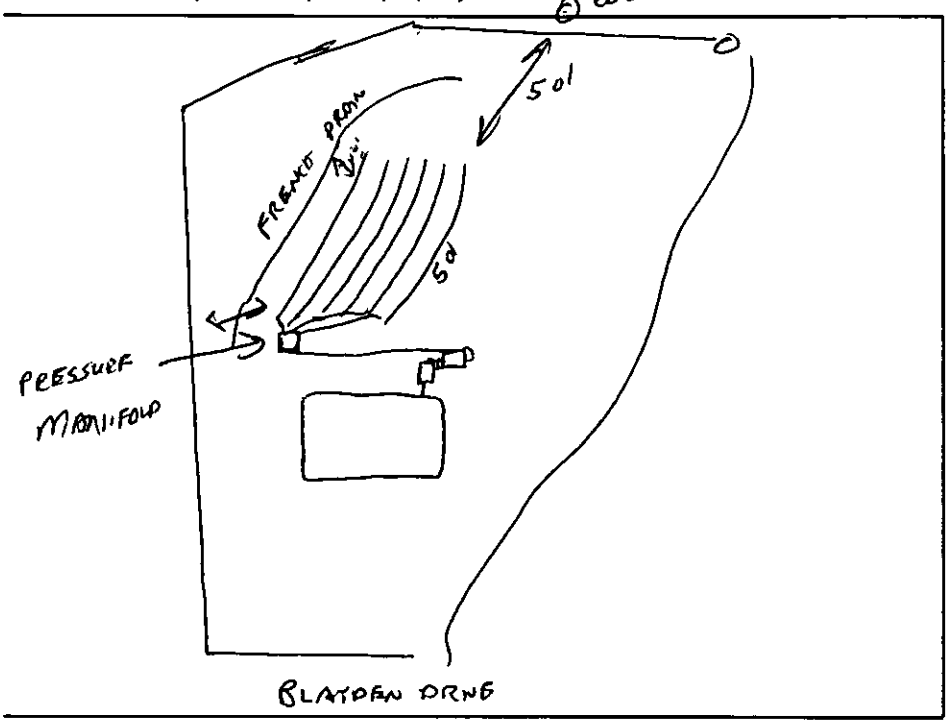
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16855 DATE: 12-12-01

TC: 139-223-25 X L

SERIAL Nº 18812

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 9-26-01. All work shall be completed on or before 3/13/02, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 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 NA inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

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

NAME OF OWNER BRIAN RICHARDSON

LOCATION OF PROPERTY 8500 BLAYDEN DRIVE

Comments: ① IF CONTRACTOR CAN INSTALL EQUAL DISTANCE LINES - A PRESSURE MANIFOLD WILL BE REQUIRED - IF NOT - DROP BOXES WILL BE USED.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT'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: 16855 DATE: 1-31-02

TC: 139-223-25 X L X CRT

SERIAL Nº 18903

Name of Owner BRIAN RICHARDSON Juris.: _____

Address of Property 8900 BLAYDEN DRIVE

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 300

Number of Lines 6 @ 50

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 50'

Excavation Inspected 3-1-02

Tank(s) Inspected 1-31-02

Wash Line Inspected _____

High Water Alarm Inspected 3-5-02

SEE INSTALLATION

PLOT

Design 1500ST 1000 PT 1200 SFT INNOVATIVE CTR# SAM SUBMITTAL

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 - B & BIO-DIFFUSER

3-5-02 - FRONT DRAIN INSP

Environmental Health Specialist

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

ck# 1439 ACJ

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/27/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-8-01 **PERMIT NO:** 16855
PARCEL NO: 134-273-25

JOB LOCATION ADDRESS: 8900 BLAYDON DRIVE
PROPERTY OWNER: BRIAN RICHARDSON
BUILDING CONTRACTOR:
SUBDIVISION NAME: MINT HILL ESTATES
AUTHORIZATION ISSUED BY: [signature] **DATE:** 11-8-01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 16855, 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:

OWNER CERTIFICATION

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

X Alicia Richardson — SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE
X 11-27-01 — DATE

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/12/02	**Amount:**	100.00
Receipt #:	6740	**Tendered:**	0.00
Check / Auth #:	VISA AP 846	**Returned:**	0.00
Received By:	FOSTERV		

Account Information

Account #: 200000
Contractor: RICHARDSON BRIAN
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 8900 BLAYDEN DR		1	100.00	100.00

Outstanding Balances

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

Permit Number 1685

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 134-223-25

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 X 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
X 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)
GES Serviced by private well	1506 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	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: REQUIRES AGREEMENT FORMS. INSIDE FRENCH DRAIN

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
X Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

1200 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	NA 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.

DEHNR Authorized Agent — Date 11-16-01

Owner/Agent Signature — Date 11-27-01

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

PROPOSED PLOT PLAN

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

FILE: 16855

TC: 139-223-25

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.

PERMIT FOR
8900 BLAYDON DRIVE
MINT HILL ESTATES

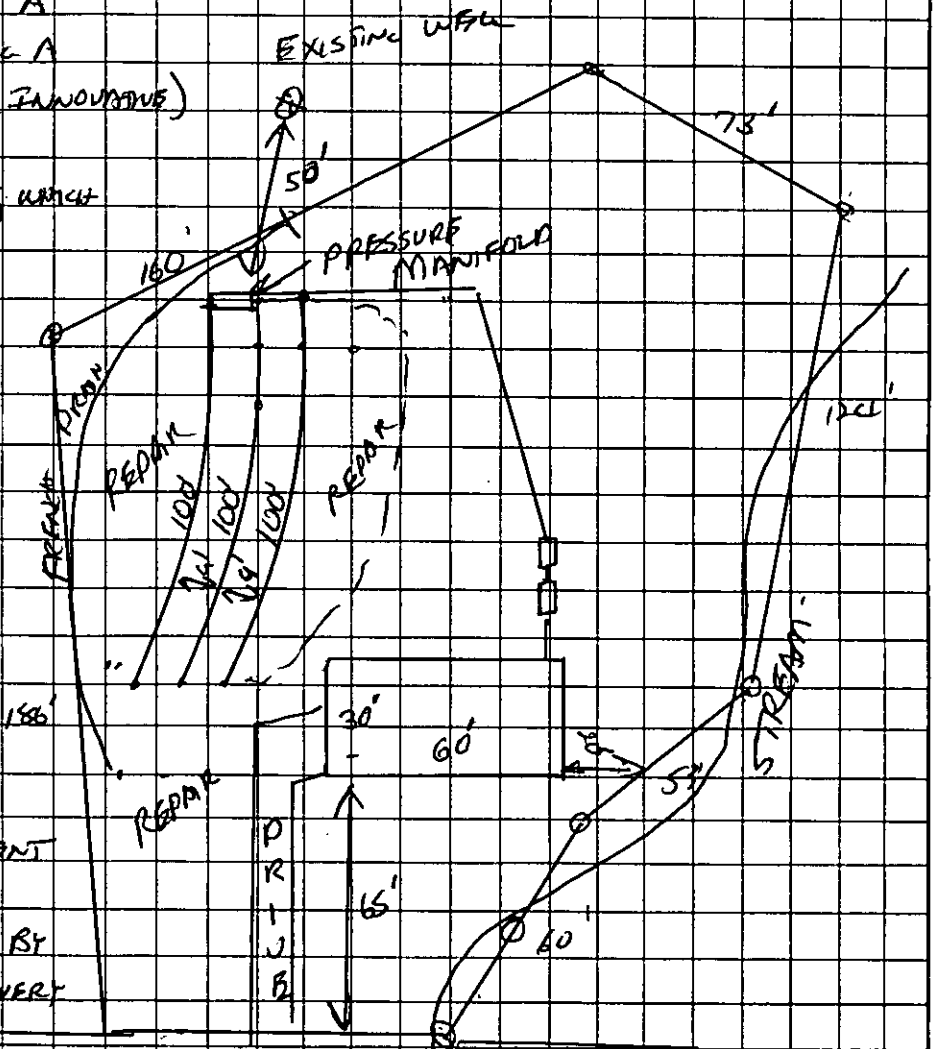
(1) SYSTEM DESIGN IS FOR A 3 BEDROOM RESIDENCE USING A TYPE III-G INSTALLATION (INNOVATIVE) WHICH WILL REQUIRE A SEPTIC AGREEMENT FORM; WHICH MUST BE FILED BEFORE RECEIVING CONSTRUCTION AUTHORIZATION.

(2) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM 50' FROM ALL WELLS.

(3) INSTALL DRAINLINES SHALLOW (24") AND ON CONTOUR.

(4) THIS IS A TYPE III-B,G INSTALLATION USING AN EFFLUENT PUMP, WHICH IS REQUIRED BY STATE LAW TO BE INSPECTED BY THE LOCAL HEALTH DEPT ONCE EVERY 5 YEARS WITH THE OWNER RESPONSIBLE FOR ANY FEES AS SET BY THE MECK CO. BOARD OF COMMISSIONERS

(5) INSTALL FRENCH DRAIN WHERE INDICATED



Alicia H Richardson
OWNER/AGENT SIGNATURE

DATE 11-27-01

APPROVAL DATE 11/16/01

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

FEE: 100 2nd Site for
DATE: 3/7/02

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

Paid $200 9/26 RF
CK # 1385
[ ] CRT

TYPE APPLICATION: X 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

16855

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-223-25

STREET ADDRESS: 8900 Blaydon dr.

SUBDIVISION OR MOBILE HOME PARK NAME: Mint Hill Estates

LOT NUMBER: [redacted]

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
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 1600

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

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 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 X NO
EXISTING WASTEWATER SYSTEMS __ YES X NO
EASTMENTS OR RIGHT-OF-WAYS __ YES X NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: Richardson (LAST) Alicia (FIRST) H (MI)

ADDRESS: 6024-G Delta Crossing

CITY: Charlotte STATE: NC ZIP: 28212

DAYTIME PHONE: (704) 568 - 7725

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 4-20-2001

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: Alicia H Richardson DATE: 9-26-01

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

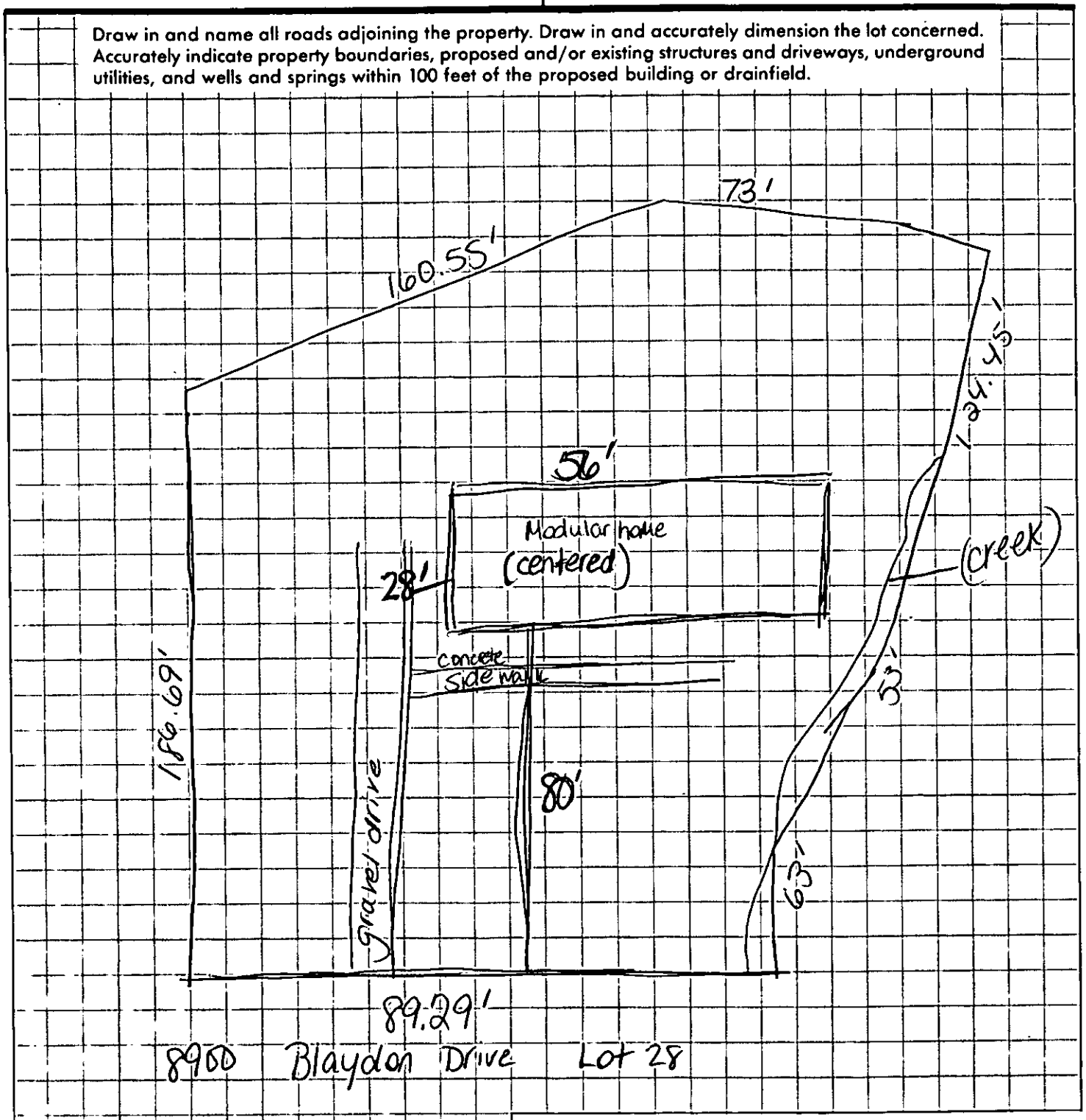
PROPOSED PLOT PLAN

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

FILE: 16855

TC: 139·223·25

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



APPROVAL DATE

Alicia D. Richardson 9-26-01

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

100 Feet Info for 3/1/02

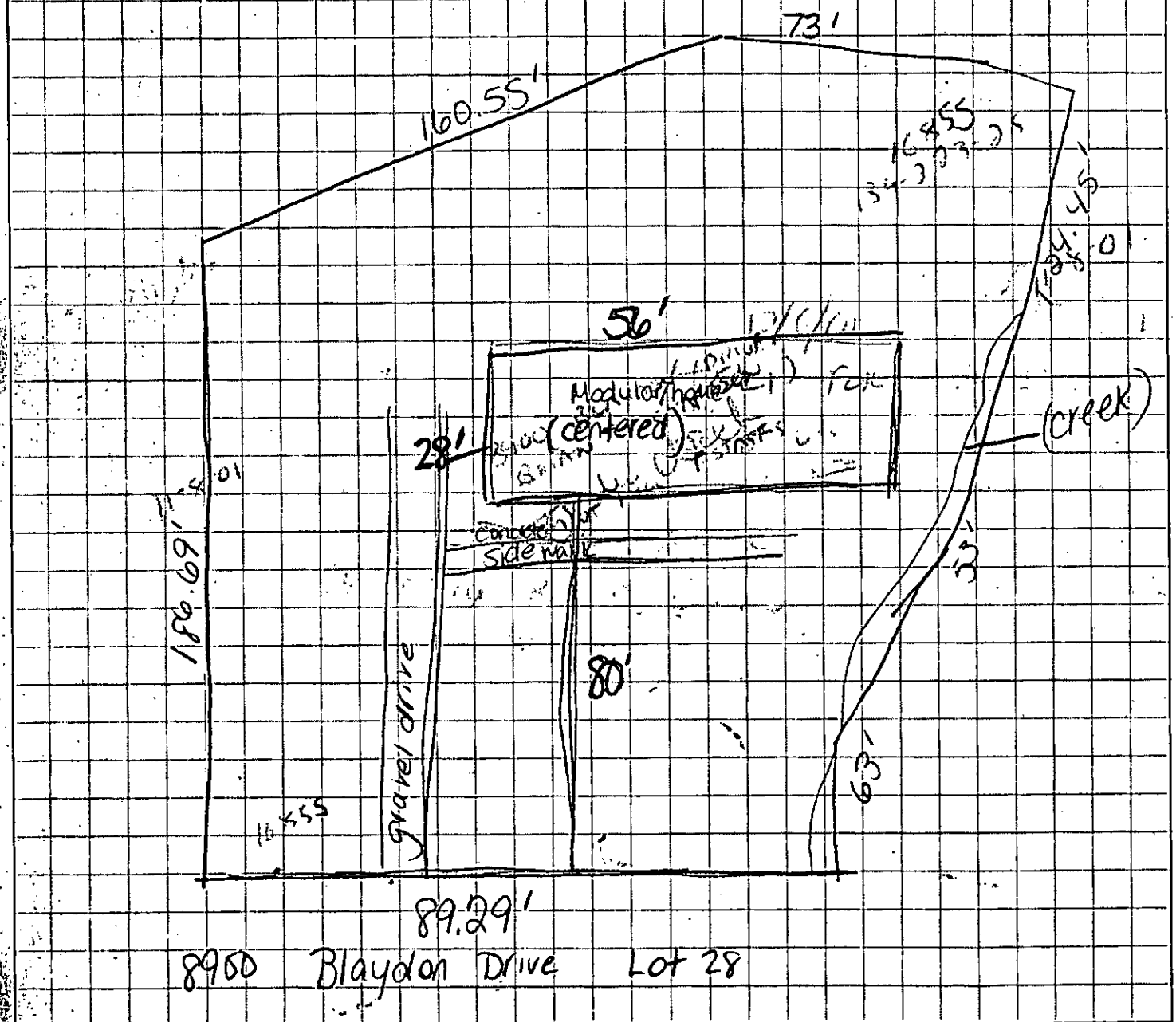
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Alicia D Richardson 9-26-01

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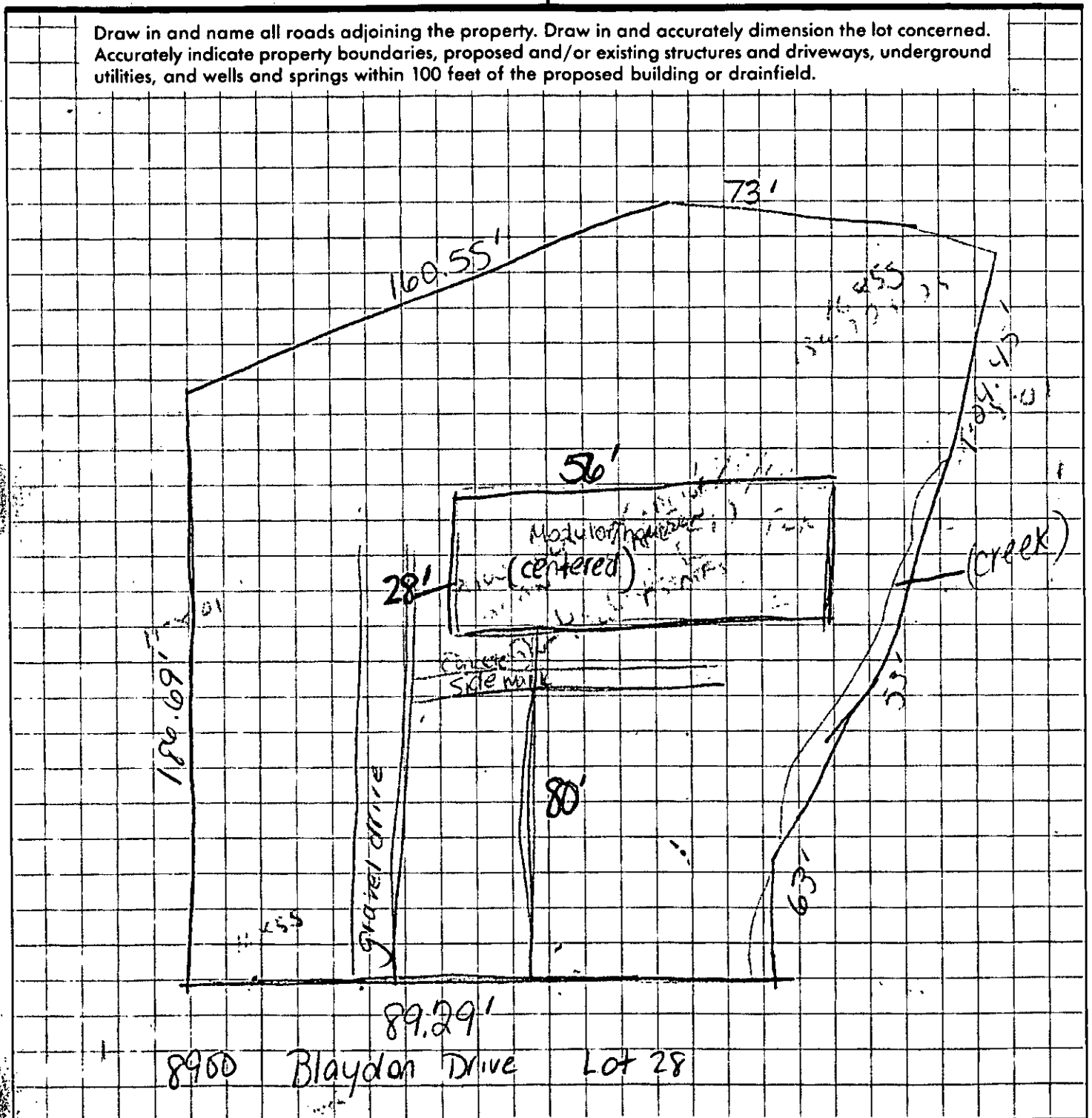
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16855

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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.



8900 Blaydon Drive Lot 28

APPROVAL DATE _____

Ulrich D. Braudon 9-20-01

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

2819-427

Printed and Sold by Forms & Blanks Co., Charlotte, N. C.
FORM B. D. 433

STATE OF NORTH CAROLINA
MECKLENBURG County.

This Deed

Made this 7th day of December, A. D. 1966 by and between

RUTH S. CIVIL (Widow) and
WILLIAM G. ALLEN, JR. and wife, NELL BECK ALLEN,

of the County of Mecklenburg and State of North Carolina, Parties of the first part, and

C. R. PARKS and wife, ANN M. PARKS,

of the County of Mecklenburg and State of North Carolina, parties of the second part:

WITNESSETH, that the said parties of the first part, in consideration of One Hundred Dollars ($100.00) and other valuable considerations Dollars to them paid by the parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these present do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all that certain lot of land, situate, lying and being in Clear Creek Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Being Lots 27 and 28 in Block A of MINT HILL ESTATES, as shown on a map thereof which is recorded in Map Book 10, page 73, in the Office of the Register of Deeds for Mecklenburg County, North Carolina.

Being a part of the property conveyed to John K. Civil and wife, Ruth S. Civil, and William G. Allen, Jr. and wife, Nell Beck Allen, by C. S. Austin, et al, in a deed dated October 24, 1961, and recorded in Book 2285, page 11, in the Mecklenburg County Registry.

427

2819-427

TO HAVE AND TO HOLD the aforesaid lot of land and all privileges and appurtenances thereto belonging, to the said parties of the second part, their heirs and assigns, to their only use and behoof forever.

And the parties of the first part, for themselves their heirs, executors and administrators, covenants with the said parties of the second part, heir heirs and assigns, that they are seized of said premises in fee, and have right to convey the same in fee simple; that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, the said parties of the first part to these presents have hereunto set their hands, and seals, the day and year above written.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF

Ruth S. Civil (Seal)

William G. Allen, Jr. (Seal)

Nell Beck Allen (Seal)

(Seal)

STATE OF NORTH CAROLINA
County of MECKLENBURG

I, Evelyn B. Stevens, a Notary Public for said County and state, do hereby certify that Ruth S. Civil (Widow) personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument;

WITNESS my hand and notarial seal, this 5th day of December 1966

Evelyn B. Stevens
Notary Public
My commission expires: July 12, 1967

STATE OF NORTH CAROLINA
County of MECKLENBURG

I, Marjorie H. Flyler, a Notary Public for said County and state, do hereby certify that William G. Allen, Jr. and his wife Nell Beck Allen personally appeared before me this day and acknowledged the due execution of the foregoing (or annexed) instrument;

WITNESS my hand and notarial seal, this 7th day of December 1966

Marjorie H. Flyler
Notary Public
My commission expires:

DEED

RUTH S. CIVIL, et al To C. R. PARKS and wife, ANN M. PARKS

Consideration $ 100.00 etc.

Dated 7th day of December 1966

Filed for registration on the 18th day of January 1967 at 3:31 o'clock P.M. and registered in the office of Register of Deeds of Mecklenburg County, N.C. on the 20th day of January 1967 at 3:27 o'clock P.M. in Book 2-M of Deeds on Page 129

EDGAR SMITH, Register of Deeds
By M. Flyler Deputy

1967 JAN 18 PM 3 31
J. EDWARD STUKES C. S. C.
Fees $ 0.25
DEPUTY

Drawn by: Bradley, Gebhardt, DeLaney and Millette

STATE OF North Carolina
County of Mecklenburg

The foregoing (or annexed) certificate of Evelyn B. Stevens and Marjorie H. Flyler Notaries Public for said County and State are adjudged to be correct. Let the instrument and the certificate be registered.

This 18th day of January A.D., 1967

J. EDWARD STUKES, CLERK SUPERIOR COURT
BY Louise S. Hines DEPUTY

129

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

#2 1665-
139-223-25-

OWNER: Ann M. Parks
APPLICANT: ___
ADDRESS: 5409 Coberg Ave, Char.
APPLICATION DATE: ___
DATE EVALUATED: ___
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .63
LOCATION OF SITE: 6700 Blaydon
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
1	LS 10%	0-4"	sBK/cl	Fr/sEx/ss/sp	>40" To Chroma 2 Mottles	40"	NA	None	IV .39/P2 PS
		4-40"	sBK/c	Fr-Fi/sEx/ss/sp					
2	LS 10%	0-6"	sBK/cl	Fr/sEx/ss/sp	>46" To Chroma 2	46"	N/A	None	IV .39/P2 PS
		6-48"	sBK/c	Fr-Fi/sEx/p					
3	LS 6%	0-8"	sBK/cl	Fr/sEx/ss/sp	>40" To Chroma 2	40"	N/A	None	IV .37/P2 PS
		8-40"	sBK/c	Fr-Fi/sEx/sp					
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: William A. Mauk 3-7-96
OTHER(S) PRESENT: ___

OMMENTS: Would recommend subsurface interceptor drain for lateral flow downslope

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)

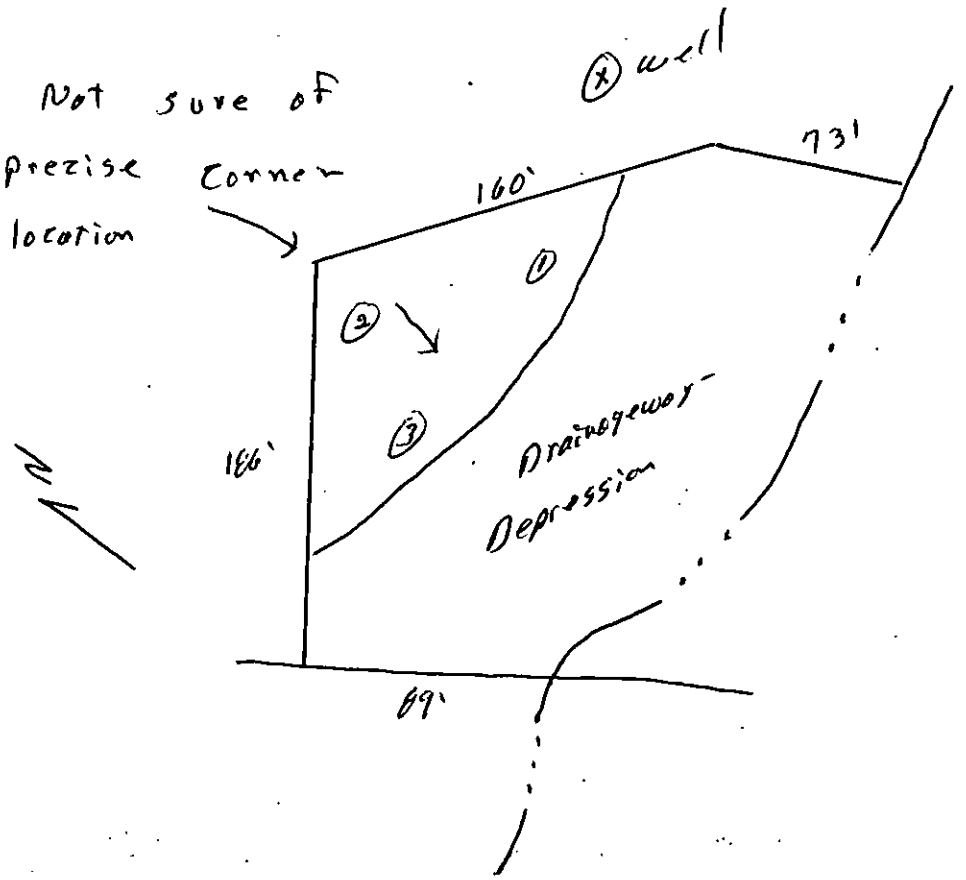
OTES

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

16855



To: Drew
Fr: Nationwide Homes

THIS IS TO CERTIFY THAT ON THE 19TH DAY OF NOVEMBER 2001 THIS PLOT PLAN WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES WERE PLOTTED FROM INFORMATION PROVIDED BY OTHERS, AND THE IMPROVEMENTS. UNLESS OTHERWISE INDICATED, ARE PROPOSED. NO ACTUAL FIELD SURVEY WAS PERFORMED IN THE PREPARATION OF THIS MAP. THIS IS A PRELIMINARY MAP AND NOT INTENDED TO BE USED FOR CONVEYANCES, RECORDATION OR SALES.

SIGNED Michael J Lucas

B. S. MILES & ASSOCIATES, P.A. 704-372-1555

NORTH CAROLINA PROFESSIONAL SEAL L-3807 LAND SURVEYOR MICHAEL J. LUCAS

VICINITY MAP NOT TO SCALE

REFERENCE MAP BOOK 10-73

LOT 20

LOT 21

LOT 22

LOT 19

S22°45'00"E 73.00

S51°59'30"E 190.23

LOT 27
AREA=0.65 ACRES

50' REAR SETBACK

20' SIDE SETBACK

LOT 26

21.00

56.0

PROPOSED HOUSE

28.0

28.0

56.0

22.33'

50' FRONT SETBACK

74.75'

30' Shrub BUFFER

S37°45'00"E 124.49

N51°59'30"W 190.23

N37°45'00"W 63.00

LOT 28

BLAYDON DRIVE
(60' PUBLIC R/W)

PLOT PLAN OF:
LOT 27 MINT HILL ESTATES
TOWN OF MINT HILL, MECKLENBURG COUNTY
NORTH CAROLINA
NATIONWIDE HOMES

PREPARED FOR _____

SCALE 1"=40

MAP BOOK 10 PAGE 73

DEED BOOK _____ PAGE _____

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED 12-20-82.

COMMUNITY PANEL NO. 370158-0130B

JOB#51938

32 / 40

Revenue Stamp affixed $.1.00

STATE OF NORTH CAROLINA–Mecklenburg County

THIS DEED, Made this 12th day of March A. D., 19 69, by and between C. R. PARKS and wife, ANN M. PARKS

of the County of Mecklenburg and State of North Carolina, parties of the first part, and RICHARD C. MARLES and wife, JULIA W. MARLES

of the County of Mecklenburg and State of North Carolina, parties of the second part.

WITNESSETH, That the said parties of the first part, in consideration of TEN DOLLARS AND OTHER VALUABLE CONSIDERATION Dollars to them paid by the parties of the second part, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said parties of the second part and their heirs, all that certain lot or parcel of land, situate, lying and being in Clear Creek Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

Being all of Lot 28 in Block A of Mint Hill Estates as shown on a map thereof which is recorded in Map Book 10, Page 73 in the Office of the Register of Deeds for Mecklenburg County, North Carolina.

Being a portion of the property conveyed to the parties of the first part by that certain deed recorded in the Office of the Register of Deeds in Book 2819, Page 127 of the Mecklenburg County Public Registry.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging, to the said parties of the second part and their heirs and assigns, to them and their only use and behoof forever.

And the parties of the first part for themselves their heirs, executors and administrators, covenant with the said parties of the second part, their heirs and assigns, that they are seized of said premises in fee and have right to convey the same in fee simple, that the same are free and clear from all incumbrances, and that they will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

IN TESTIMONY WHEREOF, The said parties of the first part of these Presents have hereunto set their hands and seals the day and year above written.

Signed, Sealed and Delivered in presence of

C. R. Parks (Seal)

(Seal)

Ann M. Parks (Seal)

(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

I, Tula Dicus a Notary Public for said County and State aforesaid, do hereby certify that C. R. Parks and wife, Ann M. Parks personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 12th day of March A. D., 19 69.

SEAL

Tula Dicus, Notary Public

My Commission Expires 7-2-69

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

The foregoing (or annexed) Certificate of Tula Dicus, a Notary Public for said County and State, is certified to be correct.

This 12th day of March A. D., 19 69.

CHARLES E. CROWDER, REGISTER OF DEEDS By: Sara B. Johnson Deputy

Presented for Registration at 2:12 o'clock, P. M., on the 12th day of March A. D., 19 69, and verified. CHARLES E. CROWDER, Register of Deeds.

jhw

Drawn By: Kenneth R. Downs

BOOK NO. 3057

3057-32

Permit Number: 16855

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 22325

- 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	900' Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES 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	1000 Gallon pump tank	NA Depth of stone		
Any surface waters present: NO	Type:	Minimum separation distance:		
Site modifications required: French drain to be installed				
Additional Conditions: Approval granted for 3 bedroom septic system (will change original 4 bedroom application) Type III chamber system approval, Innovative system. Tanks to be water tested. French drain to be installed above drainfield. Agreement forms to be filed.				
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	
900' Absorption Area (Sq ft) 300' Total Trench Length (Ft)	NA 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 t 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 Departme
- This Improvement permit is transferable.

Phila S. Walker R.S. 4/19/96
DEHNR Authorized Agent — Date

Laura Fullo 4/19/96
Owner/Agent Signature — Date

11-80' UPPARED. TOOK, Donald

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

This was an expired permit for a 3BR

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

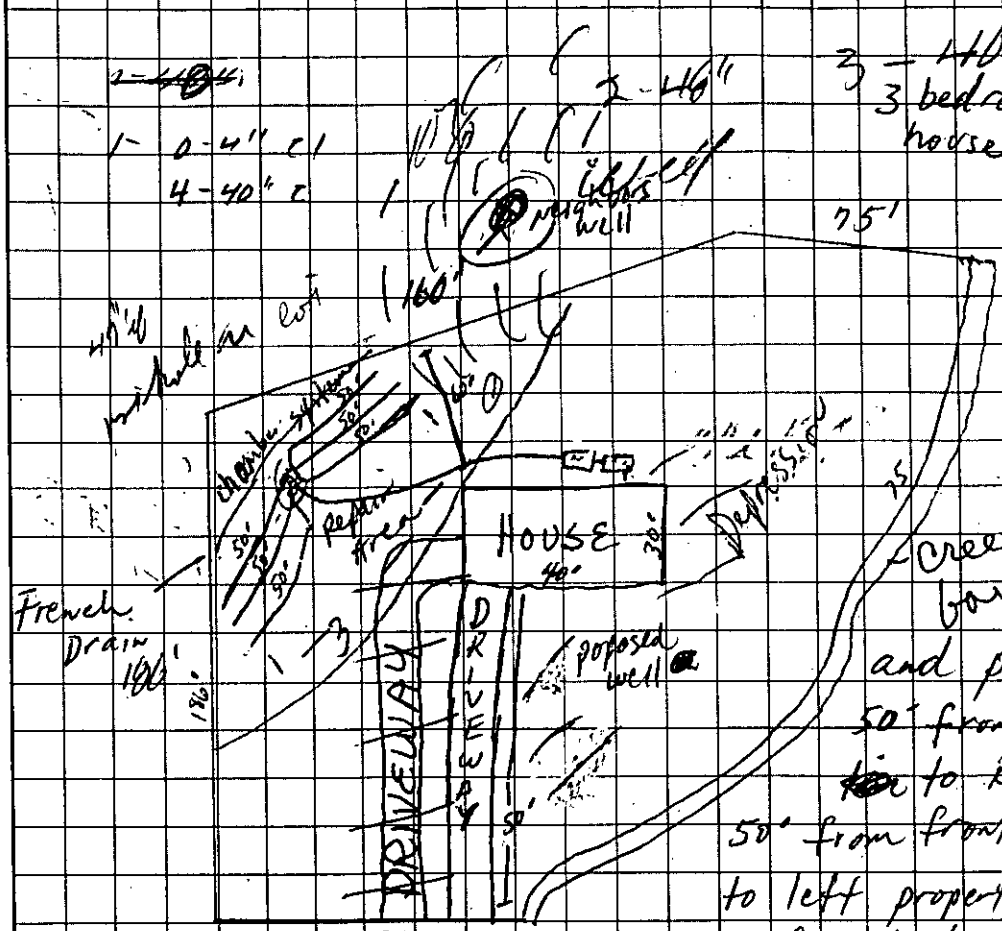
PROPOSED PLOT PLAN

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

FILE: 16855

TC: 139-223-25

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.



3 - 46"
3 bedroom house

COMMENTS
1500 ST
1000 DT
Left pump required
CHAMBER System Approval
6 lines x 50' long
x 3' wd 36" TLF
Lot deeded 1966
No 100% Repair Required
Keep septic system >50' from neighbors well and proposed well
50' from front left house corner to ROAD
50' from front left house corner to left property line
60' from back right house corner to back property line
Agreement form to be filed
French drain to be installed above drainfield

Tank are to be water tested
(Tanks will be installed in low area)

Laura Tello
Agent 4/19/96

Laura I. Tello
OWNER/AGENT SIGNATURE

DATE 2-5-96

APPROVAL DATE _____

page 2 of 2

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

Corrected Application

FEE: _____

DATE: _____

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 #: 16855

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13922325

STREET ADDRESS: 8900 BLAYDON

SUBDIVISION OR MOBILE HOME PARK NAME: MINT HILL ESTATES

LOT NUMBER: 27

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
X 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
X 7 MINT HILL

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

X WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

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

N/A

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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES-CREEK ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: PARKS (LAST) ANN (FIRST) M. (MI)

ADDRESS: 5409 COBURG AVENUE

CITY: CHARLOTTE STATE: NC ZIP: 28205

DAYTIME PHONE: 704 537-4405

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: PARKS (LAST) WILLIAM (FIRST) E. (MI)

DAYTIME PHONE: 704 639-0810

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12/7/66

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 William E. Parks for ann Parks DATE: 5/1/96

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

FEE: $100.00
DATE: 3/18/96
CK # 1226

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 #: 16855

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 13922325

STREET ADDRESS: 8900 BLAYDON

SUBDIVISION OR MOBILE HOME PARK NAME: MINT HILL ESTATES

LOT NUMBER: 27 / BA

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: 1800 - 2000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
X WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

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

N/A

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 X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES - CREEK ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: PARKS (LAST) ANN (FIRST) M. (MI)	NAME: PARKS (LAST) WILLIAM (FIRST) E. (MI)
ADDRESS: 5409 COBURG AVENUE	DAYTIME PHONE: 704 639 0810
CITY: CHARLOTTE STATE: NC ZIP: 28205	
DAYTIME PHONE: 704 537-4405	

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 William E. Parks for any Parks DATE: 1/26/96

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

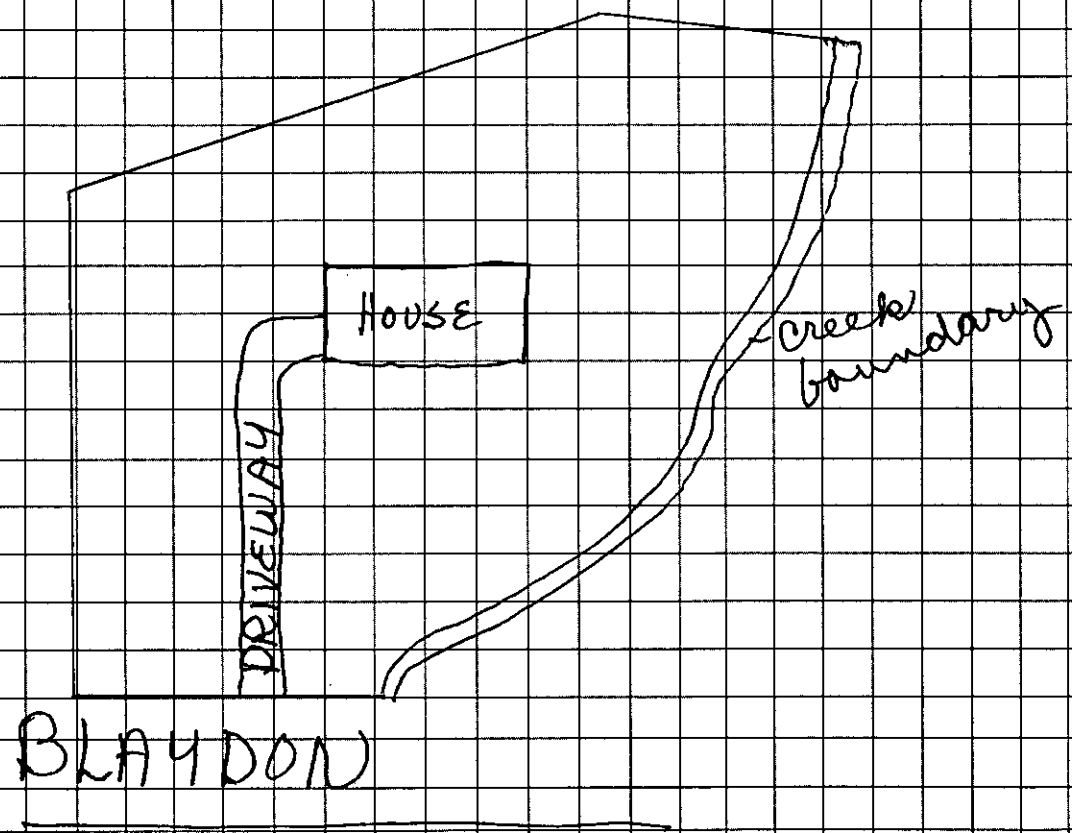
PROPOSED PLOT PLAN

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

FILE: 16855

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.



Laura J. Tuttle
OWNER/AGENT SIGNATURE

DATE 2-5-96

APPROVAL DATE _____

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

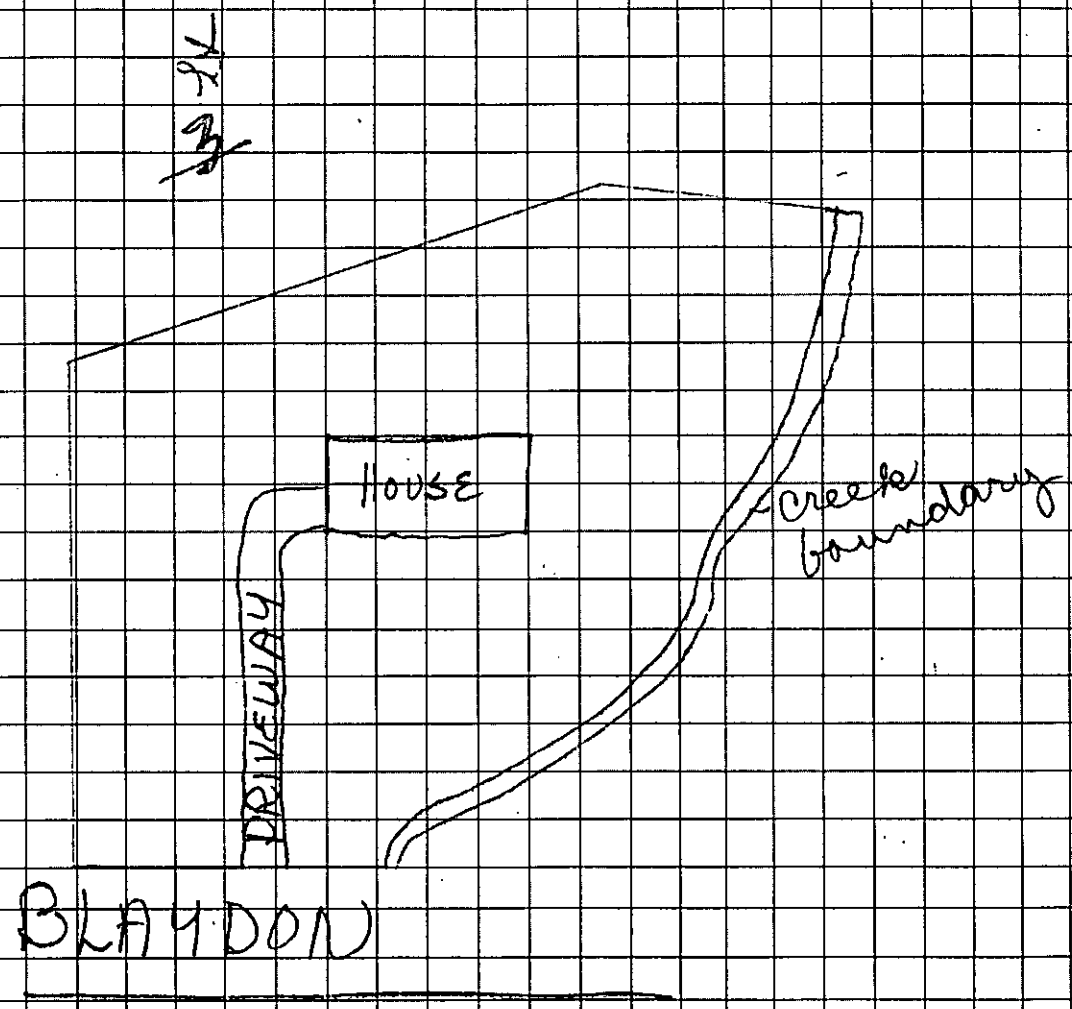
PROPOSED PLOT PLAN

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

FILE: 16855

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.



Laura J. Tuttle
OWNER/AGENT SIGNATURE

DATE 2-5-96

APPROVAL DATE _____

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

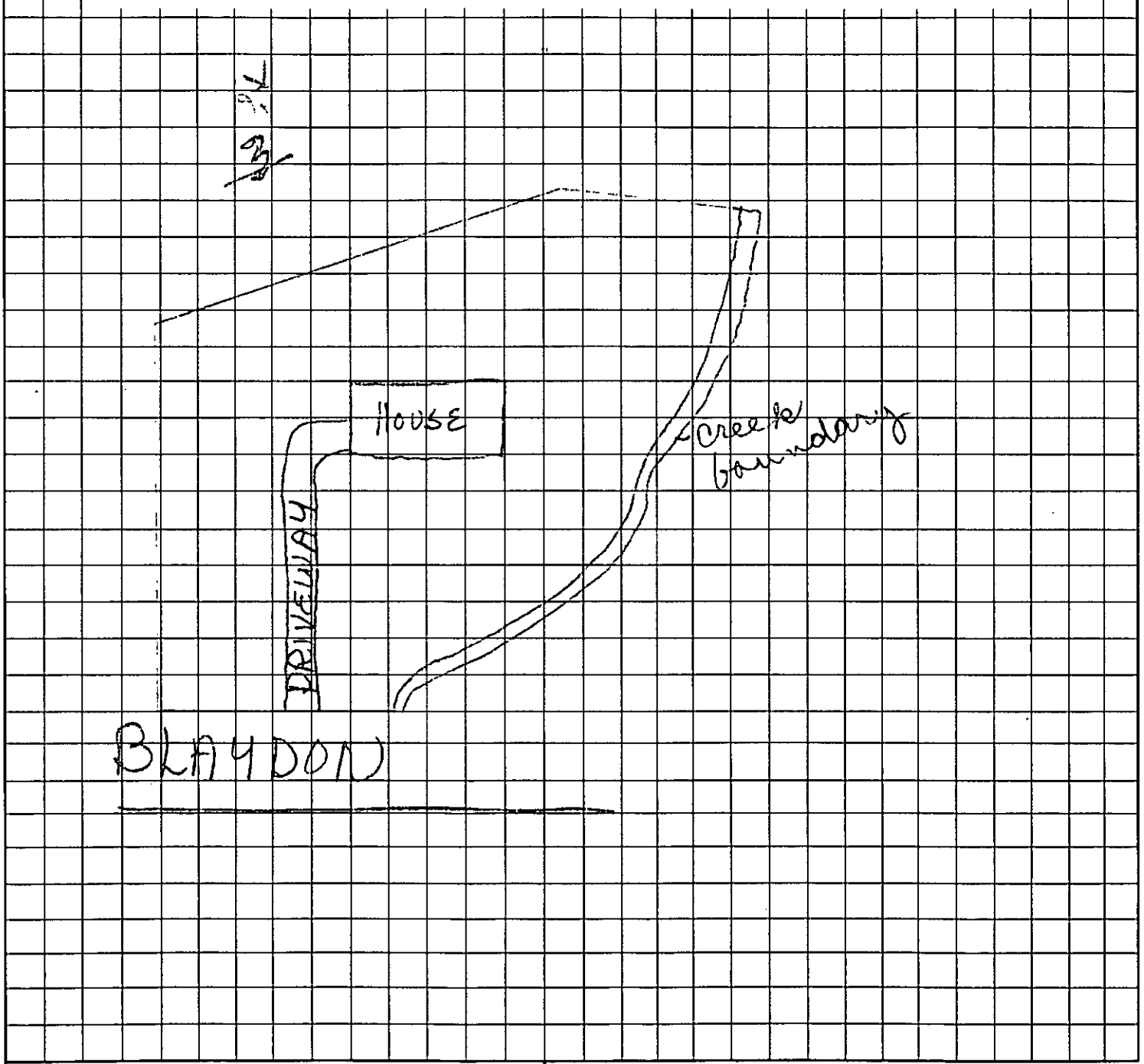
PROPOSED PLOT PLAN

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

FILE: 16955

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.



Paula F. Tullis
OWNER/AGENT SIGNATURE

DATE 2-5-96

APPROVAL DATE _____

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

BK: 08556 PG: 0260/0263 $:0573 14.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 04/30/96 15:34

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 16855
PARCEL # 139-223-25

The undersigned, ANN M. PARKS by WILLIAM E. PARKS (LEGAL AGENT), owner of property located at 8900 BLAYDON, (the "site") and described in an instrument recorded in Book 2819 at Page 427, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: LAURA TULLO
Mail after recording to: LAURA TULLO, AGENT
1037 MINERAL SPRINGS RD; CHARLOTTE, NC 28262

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

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

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 23 day of APRIL, 1996.

Ann M. Parks by William E. Parks (LEGAL AGENT) _____ (SEAL)

~~(Corporate Name)~~

ANN M PARKS by WILLIAM E. PARK (LEGAL AGENT) _____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, Brenda W. Napier, Notary Public for said County and State, do hereby certify that WILLIAM E. PARKS personally appeared before me this day, and being by me duly sworn, says that he executed the foregoing instrument for and in behalf of ANN M. PARKS, and that his authority to execute and acknowledge said instrument is contained in an instrument duly executed, acknowledged and recorded in the office of the Register of Deeds for Mecklenburg County, North Carolina, on the 23rd day of April, 1996, in Book 8372, Page 550, and that this instrument was executed under and by virtue of the authority given by said instrument granting him power of attorney; that the said WILLIAM E. PARKS acknowledged the due execution of the foregoing instrument for the purposes therein expressed for and in behalf of the said ANN M. PARKS.

WITNESS my hand and official seal, this 23rd day of April, 1996.

Brenda W Napier

Notary Public

My Commission Expires:

10/4/98