CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

FILE: 21785 DATE: 6/19/92

TC: 195-071-05 ☐ L ☑ CRT

SERIAL № 14116

Name of Owner William H. Sirakos Juris.:

Address of Property 3401 Mintstone Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 9'

Water Supply Source well

Distance to Water Source 7100

Excavation Inspected 6/19/92

Tank(s) Inspected 6/19/92

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1992, 1500 ST, CON, 1600 SFT, 12" stone cell CTR# 71

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 4 bedroom house

Type II

Philo S. Walker R.S.
Environmentalist

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21785

T.C. NO. 20185 221-05

(Ground Absorption Sewage Disposal)

OWNER: Julia Belle Wells
ADDRESS: 1936 Runnells Ave. Charlotte N.C. 28216

PLAT NO: 3 sites checked
LOT SIZE: Larger 40000

LOCATION OF SITE: Off Mimosa

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 8-10%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) 36" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) 36" to ground water U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	10.A			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Creedmoor Like			

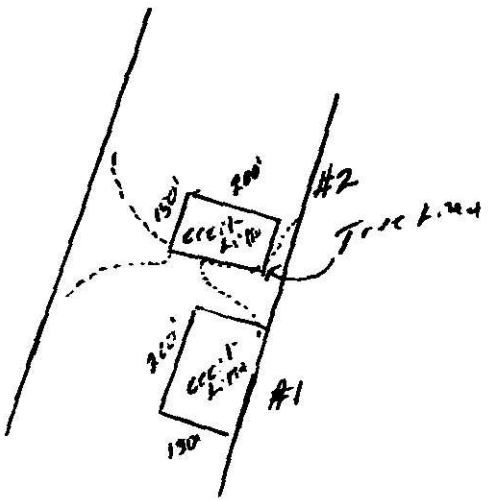
S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William R. Mullin
Title: Soil Scientist

Date: 1-19-85


#2
200'
150'
Tree Line
#1
200'
150'
old House
mintstone
spearmint

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

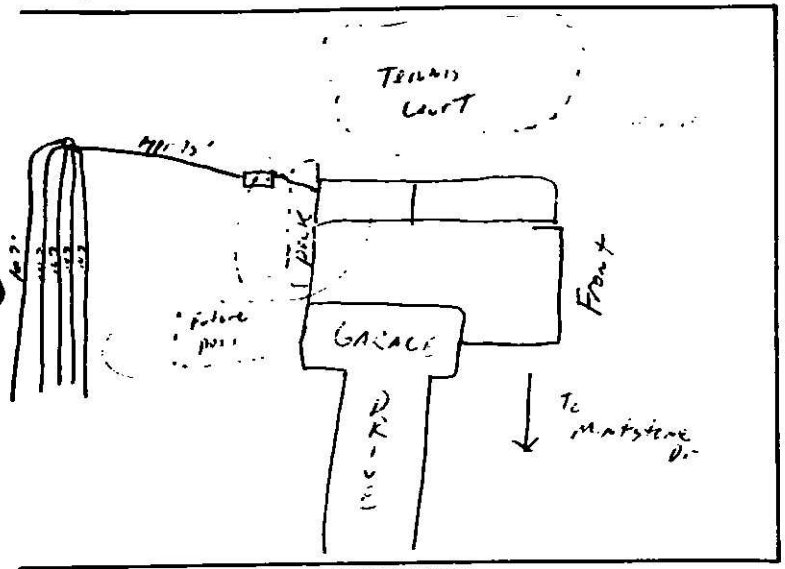
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 2178.5 DATE: 6/17/92

TC: 195-071-05 ☐ L

SERIAL Nº 15273

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 4/23/91. All work shall be completed on or before 7/17/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5 (107')

Depth of Stone 12" inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER William H. Sparks

LOCATION OF PROPERTY 34 Mainstone Dr

Comments: 5 lines x 107'/ling x 3'wd x 12"stone

Keep lines as straight as possible

[signature] / ES
Division or Section Head

Phillip J Miller R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

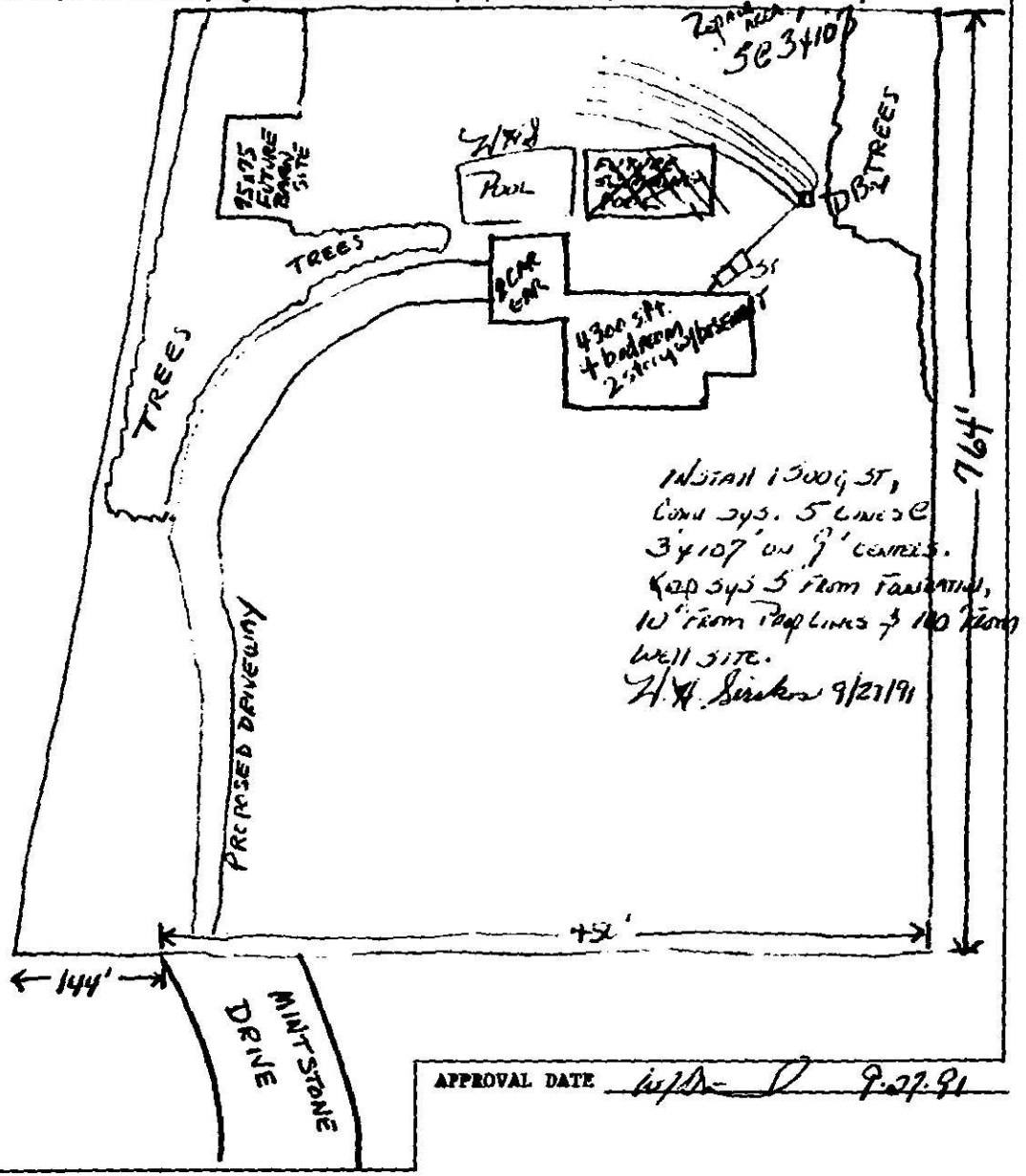
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 21785
TC: 195-071-05

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 9-27-91

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

APPLICATION FOR AN IMPROVEMENT PERMIT

CK#8987
$200.00
09/23/91

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 21785
TC: 195-071-05
SERIAL: № 0019781
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 3901 MINT STONE DRIVE (PROX 9ac. MEND OF MINT STONE DRIVE (PORTION OF 22023 MCRS)) (STREET NO / STREET) ② FILE:

③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 195-071-05

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WILLIAM (FIRST) H. (MIDDLE) SIRAKOS (LAST)

⑨ MAILING ADDRESS: 4601 PINE NEEDLE TRAIL

⑩ CITY: MINT HILL ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) 374-4112 ⑭ (HOME) 545-3602

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4 ㉕ Type?

㉓ Maximum occupancy? 8 ㉖ Maximum number of employees?

㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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 H. Sirakos

Date: 9-23-91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist — Date: 10-2-91

Director or Authorized Section Head — Date: 10-2-91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

#0957
#200.00
09/23/91

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 21785
TC: 195-071-05
SERIAL: № 0019781
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: APPROX 9ac. END OF MINT STONE DRIVE (PORTION OF 22.23 ACRES) ② FILE: _____
(STREET NO.) (STREET)

③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 195-071-05

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: WILLIAM (FIRST) H. (MIDDLE) SIRAKOS (LAST)

⑨ MAILING ADDRESS: 4601 PINE NEEDLE TRAIL

⑩ CITY: MINT HILL ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) 374-4112 ⑭ (HOME) 545-3602

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

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㉒ Number of bedrooms? 4 ㉕ Type? _____

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____

㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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 H. Sirakos

Date: 9-23-91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist _____ Date 9-27-91

Director or Authorized Section Head _____ Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

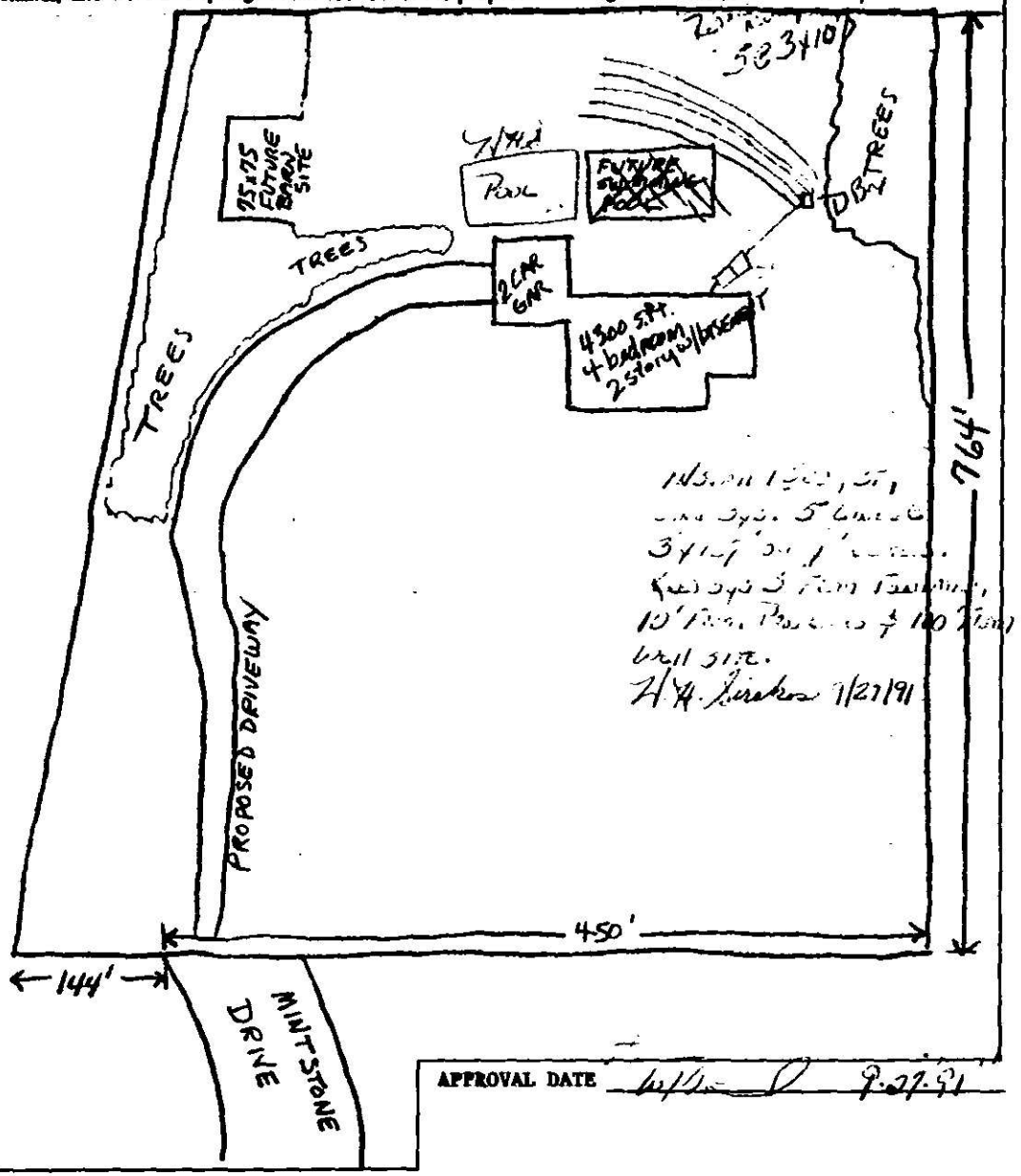
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4903

FILE: 21785

TC: 195-(11-65

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 9-27-91

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

Date Received

Serial No. 6025

SIR No. 21785

Date Issued 1-17-85

T. C. No. PO 195-071-05

Map Date L

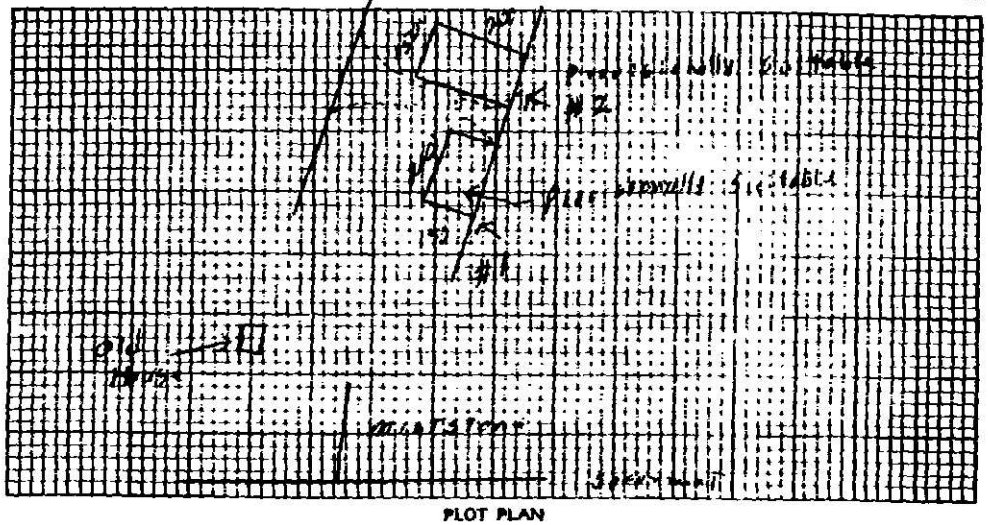
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Watts, (LAST) Lula (FIRST) Belle (MIDDLE)

ADDRESS OF OWNER 1936 Russell Ave., Charlotte, NC ZIP 28216

LOCATION OF PROPERTY Mintstone Street (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was _____ The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of building [illegible] of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction including the drilling of a well is performed on the lot which, in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William A. Medlin
Soil Scientist

William B. Ramsey
Environmental Health Director or Authorized Section Head

END-5-76

28216

Environmental Health Department's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21785 DATE: 6/19/92

TC: 195-071-05 ☐ L ☑ CRT

SERIAL Nº 14116

Name of Owner William H. Sirakos Juris.:

Address of Property 3401 Mintstone Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107'

Cover Depth 3'

Water Supply Source well

Distance to Water Source 710'

Excavation Inspected 6/19/92

Tank(s) Inspected 6/19/92

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1992, 1500 ST, CR' 1600 SFT, 12" stone ceil CTR# 71

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 4 bedroom house

Type II

Phillip S. Walker R.S.
Environmentalist

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

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21985

T.C. NO. P0195001-05

(Ground Absorption Sewage Disposal)

OWNER: Julia Reese Wells
ADDRESS: 1936 Arnwell Ave. Charlotte, N.C. 28214
LOCATION OF SITE: Off Mineral

PLAT NO: 3 Suter Market
LOT SIZE: Approx 10000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 8 10%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-40"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U 36"	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U 36" to ground water	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	II A			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Creedmoor Like			

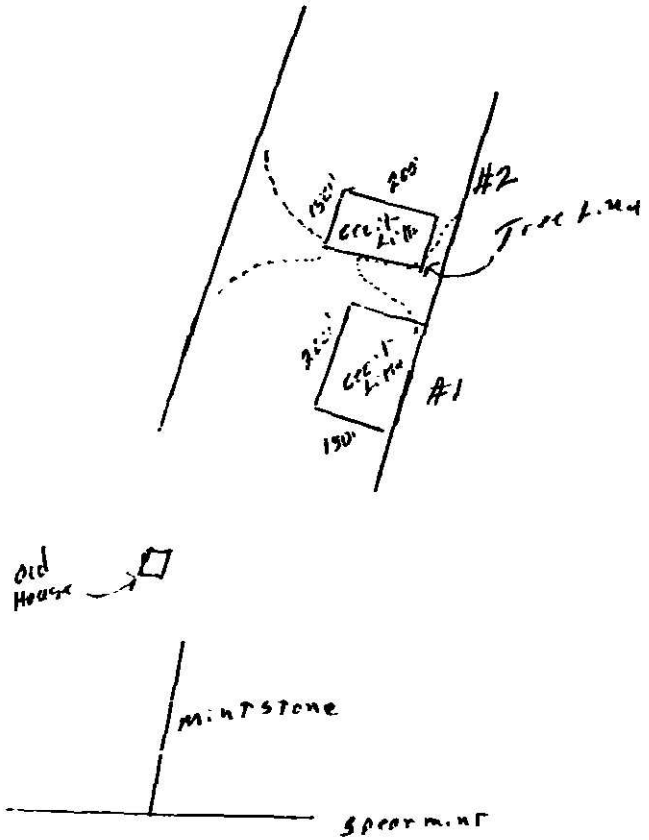
S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William A. Mullis
Title: Soil Scientist

Date: 1-19-85


#2
#1
150'
old House
mintstone
spearmint

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

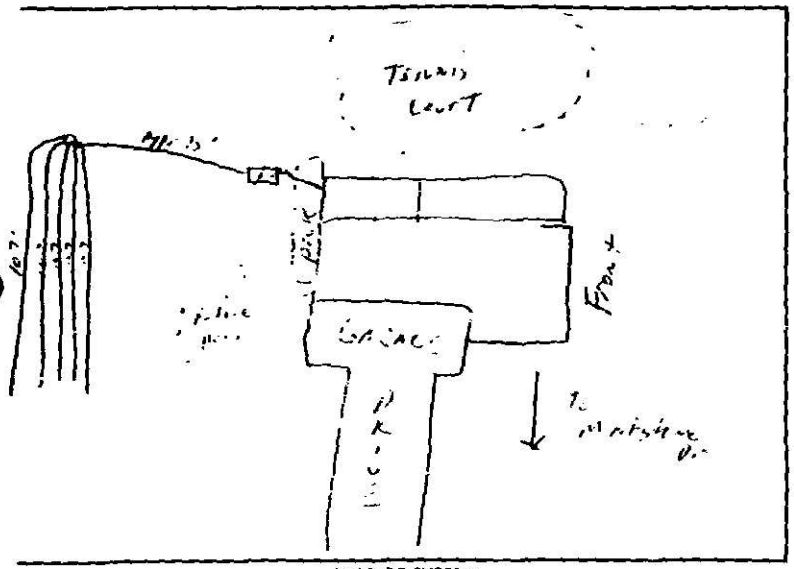
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21785 DATE: 6/17/92

TC: 195-071-05 ☐ L

SERIAL № 15273

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 hereinat the described location. This permit is granted based upon the information supplied in the application dated 9/23/91. All work shall be completed on or before 7/17/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 RCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 535 feet

Number of Lines 5 (107')

Depth of Stone 12" inches

Distance from House 15 feet

Distance from Property Line 10' feet

Distance from Well 75' feet

NAME OF OWNER William H. Sparks

LOCATION OF PROPERTY 34 Pinestone Dr

Comments: 5 lines x 107' long x Sand x 12" stone
Keep lines as much as possible

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

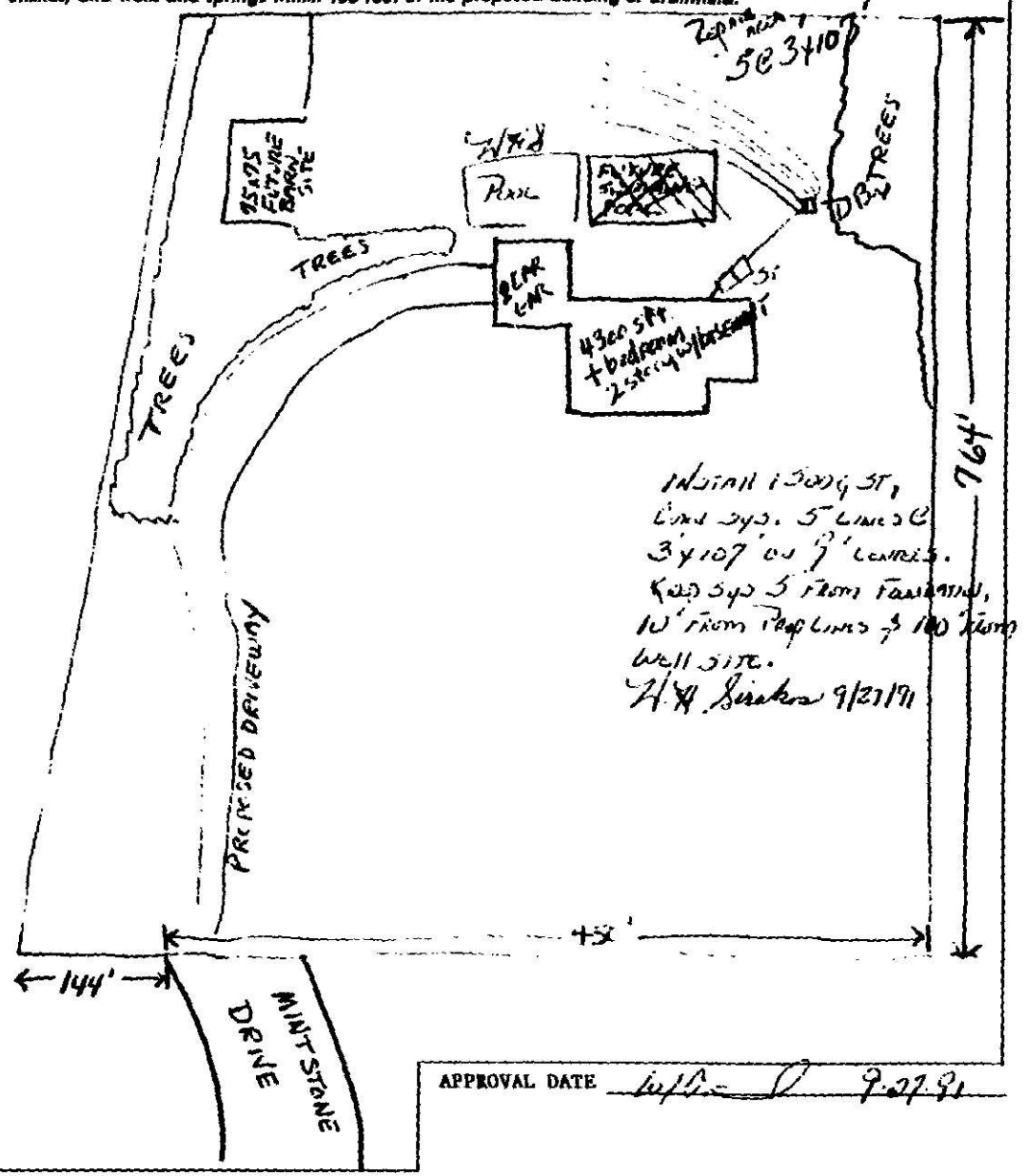
WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21785
TC: 195-071-05

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.



Install 1500 gal ST, Lay 5yd. 5 lines @ 3'x107' on 3' cents. Keep 5yd 5 from Tanking, 10' from Property & 100' from well site.
H.H. Sinaka 9/27/91

APPROVAL DATE 9-27-91

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

APPLICATION FOR AN IMPROVEMENT PERMIT

CP#8987
$200.00
09/23/91

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 21785
TC: 195-071-05
SERIAL: № 0019781
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: APPROX 700 (STREET NO) MEND OF MINT SPRING DRIVE (STREET) (PORTION OF 22.23 ACRES) ② FILE:

③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 195-071-05

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WILLIAM (FIRST) H. (MIDDLE) SIRAKOS (LAST)

⑨ MAILING ADDRESS: 4601 PINE NEEDLE TRAIL

⑩ CITY: MINT HILL ⑪ STATE N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) 374-4112 ⑭ (HOME) 545-3602

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4 ㉕ Type?

㉓ Maximum occupancy? 8 ㉖ Maximum number of employees?

㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned 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 H. Sirakos

Date: 9-23-91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

This permit is not transferable, and shall become null and void 60 months from the date of issuance.

Environmentalist — Date

Director or Authorized Section Head — Date: 10-2-91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

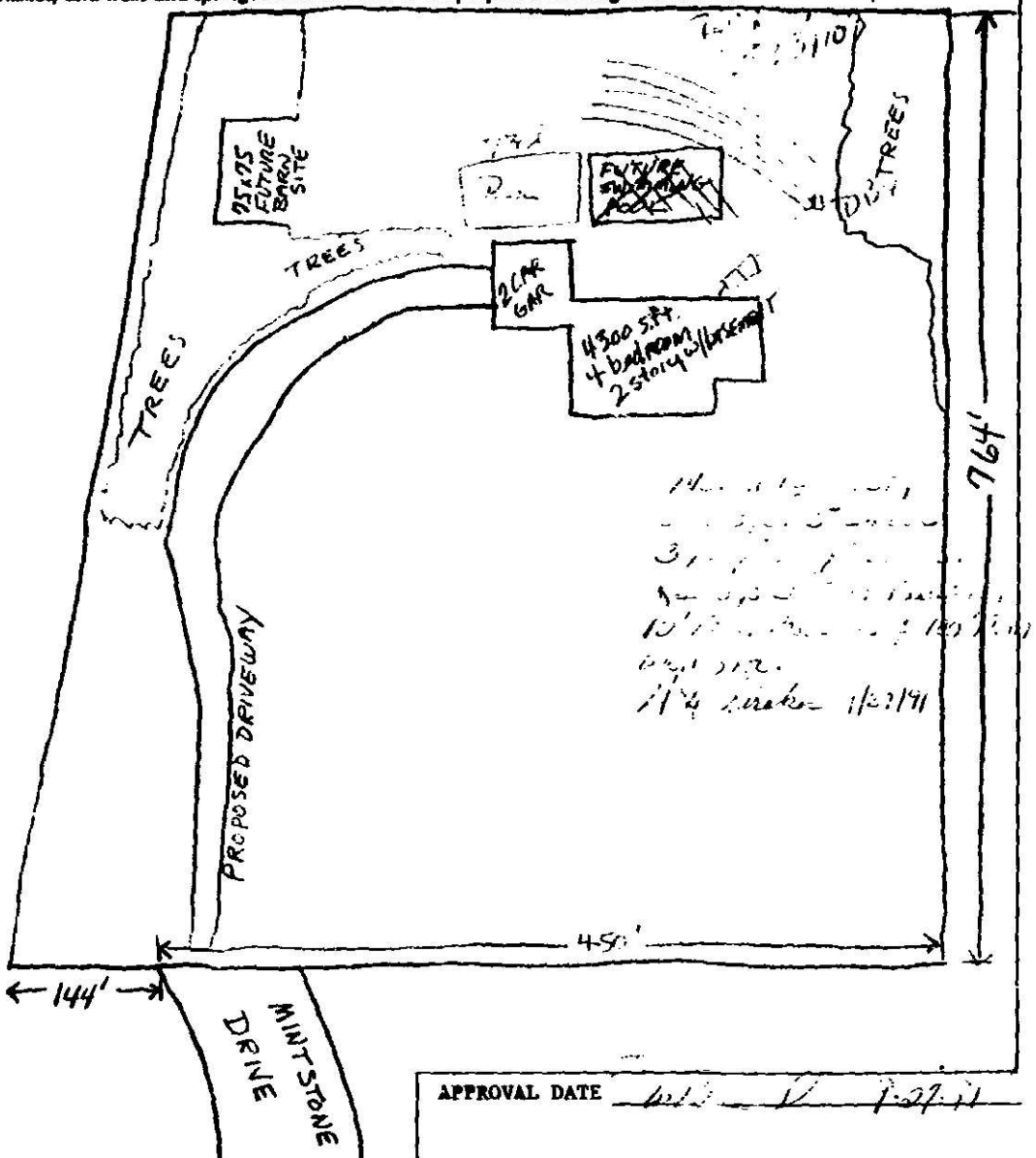
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21[illegible]

TC: [illegible]

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 [illegible] 1-27-91

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

Serial No. 6025

SIR No. 21785

Date Issued 1-17-85

T. C. No. PO 195-071-05

Map Date L

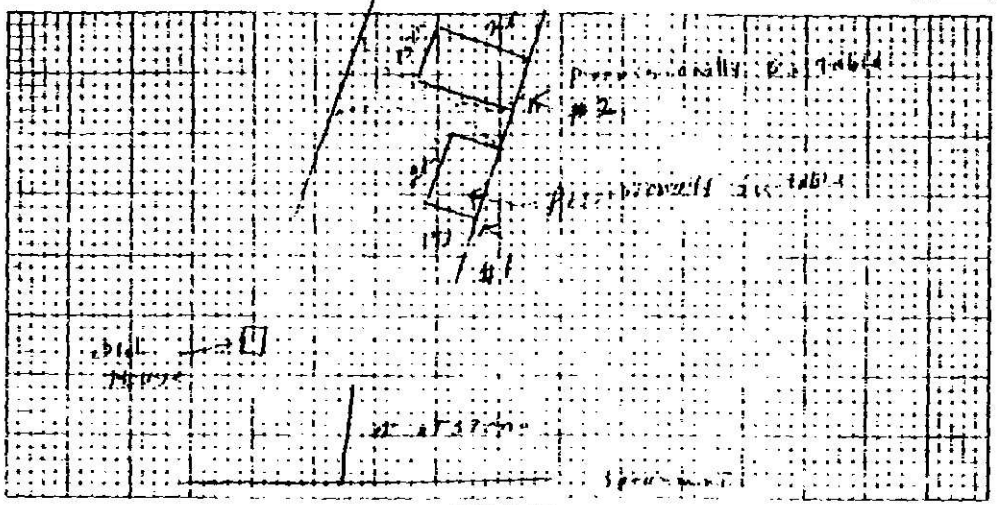
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Watts, (LAST) Lula (FIRST) Belle (MIDDLE)

ADDRESS OF OWNER 1936 Russell Ave., Charlotte, NC ZIP 28216

LOCATION OF PROPERTY Mintstone Street (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation was made by the Mecklenburg County Department of Environmental Health on the above lot. The soil investigation was conducted on that portion of the lot as indicated on the above plot. **PROVISIONALLY SUITABLE**

The permeability rate determined by the investigation was . The said lot is approved for the installation of an individual [illegible] with subsurface, soil absorption effluent disposal [illegible] with the following requirements:

1. [illegible] the Mecklenburg County Depart[illegible]
2. [illegible] the Mecklenburg [illegible]
3. [illegible]

This approval is granted based on the [illegible] and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of approval and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new laws, rules and regulations been in effect on the issue date.

Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health [illegible]

Date Received 1-10-85

SIR No. 21785

T. C. No. 20115-071-05

Map Date 1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER WATTS (LAST) LULA (FIRST) BELLE (MIDDLE)

2) ADDRESS OF OWNER Send results to: William H. Sirakos 4601 Pine Needle Trail, Charlotte, N.C. ZIP 28212

3) PHONE NO. Home 545-3602 Office 374-4112

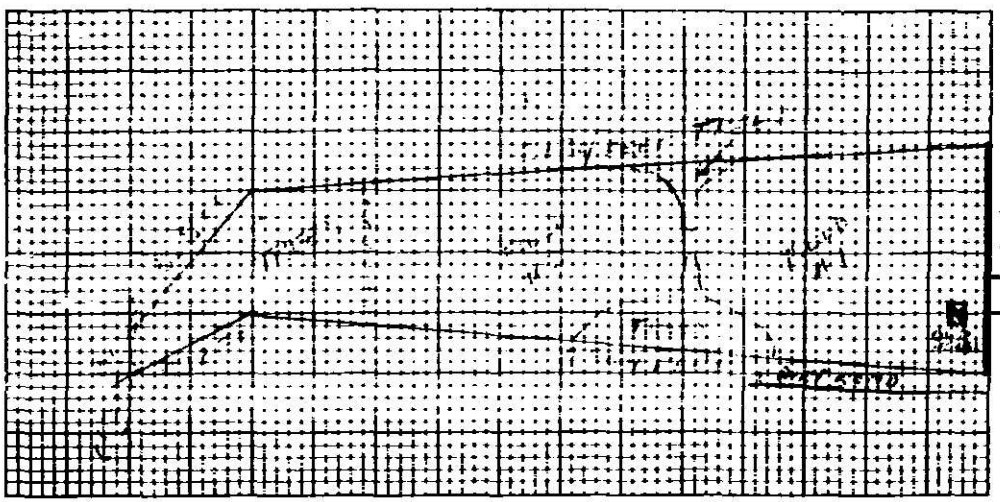
4) LOCATION OF PROPERTY 22.2 acres at the end of Mintstone Dr., Mint Hill, N.C. (STREET OR COUNTY ROAD)

5) SUBDIVISION Mintwood LOT NO _____ BLOCK NO. _____

MAP BOOK NO 195 PAGE NO 7 See attached map

6) DEED REFERENCE DEED BOOK 903 PAGE NO 77

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Lula B Watts
OWNER

EHD-S-76

1936 Russell Ave.,Charlotte,N.C.28216

Environmental Health Department's Copy