FEE: 100.00 CK# 8825
DATE: 7/28/10
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 73684

JAM 4722

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Roger Hand
ADDRESS: P.O. Box 3126
CITY: Mooresville
STATE: NC ZIP: 28117
PHONE: 704-201-6705
ALTERNATE PHONE: 704-528-5451

PROPERTY OWNER:

NAME: Steve + Ruth Hand
ADDRESS: 7300 Hood Road
CITY: Charlotte
STATE: NC ZIP:
PHONE: 704-567-9633
ALTERNATE PHONE: 704-

JOB LOCATION INFORMATION

TAX/PARCEL #: 10809-119
STREET ADDRESS: 7300 Hood Road
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☒ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☒ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☒ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

7/28/2010
Date

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

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

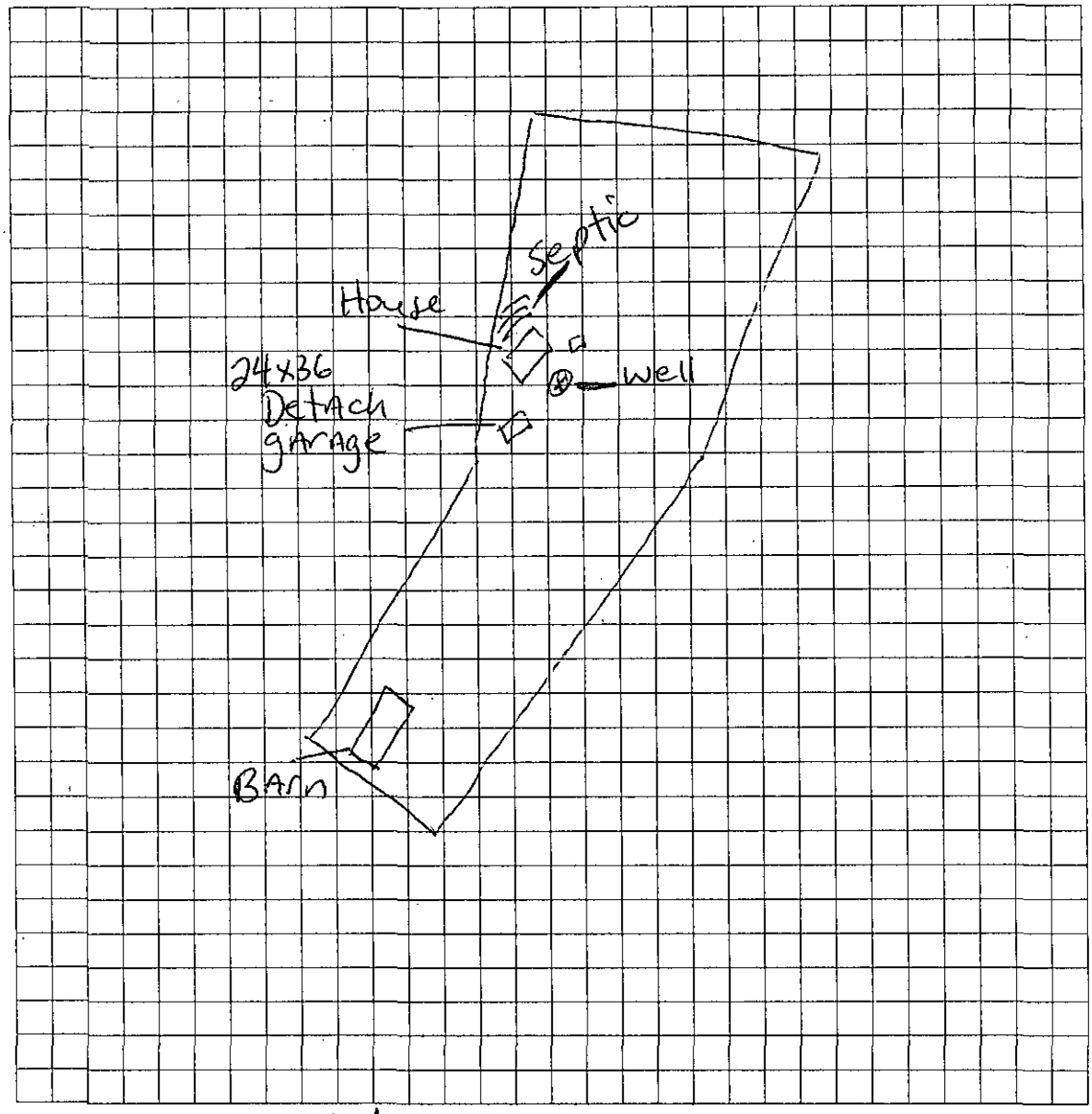
Project Meets required SETBACKS OFF SEPTIC TANK & Drain Field.
Jeremy Mahaffey 7-29-2010
EHS Signature Date

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

File # 7368A
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date 7/28/2010

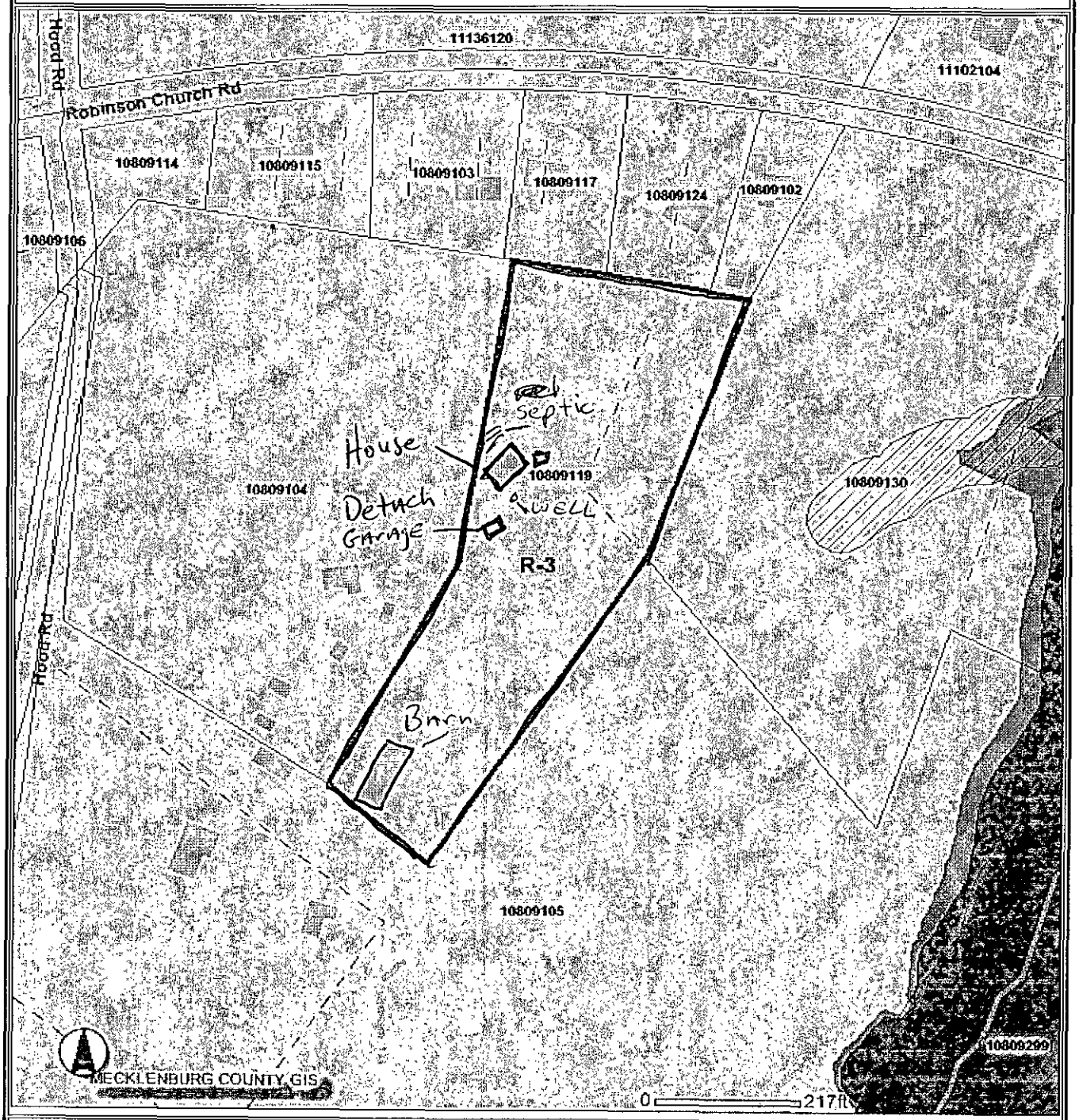
LBC 12/15/04

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Thu Jul 22 13:07:56 EDT 2010



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

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid ck#1539 $200.00 07/09/91

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

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

(OFFICE USE ONLY) 7368 A
FILE: ~~7368 A~~
TC: 108-091-19
SERIAL: № 21946
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 7330 (STREET NO.) Hood Rd (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 108-091-19
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Stephen (FIRST) Forrest (MIDDLE) Hand (LAST)
⑨ MAILING ADDRESS: 7301 Hood Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215
⑬ PHONE: (WORK) 567-9633 ⑭ (HOME) 567-9633

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 6 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: Stephen Hand
Date: 7-8-91

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. Lift station required

B. R. Isaacson, Environmentalist, 7-22-91 (Date)

Director or Authorized Section Head, 7/22/91 (Date)

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

53

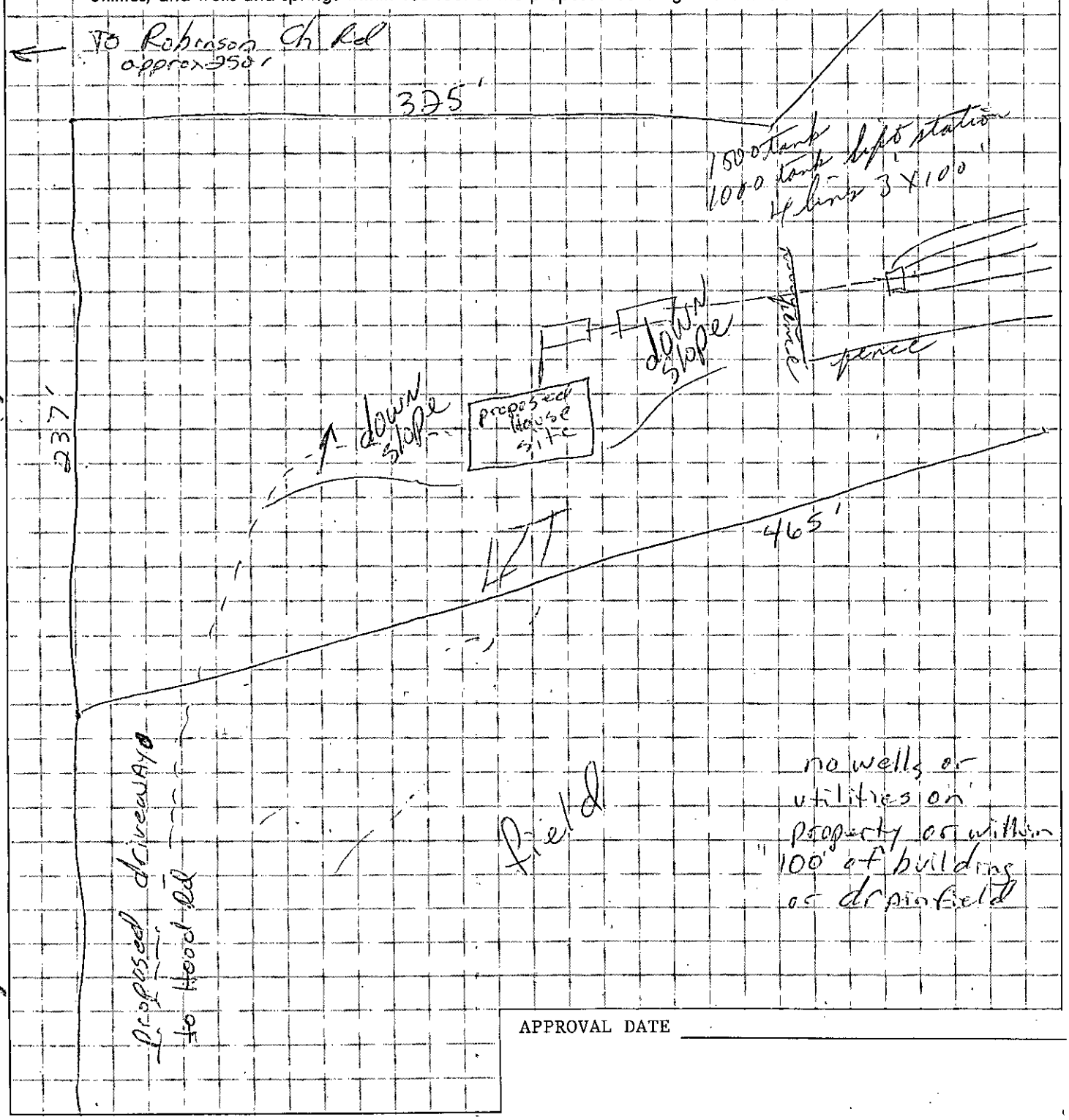
PROPOSED PLOT PLAN

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

FILE: 7368A

TC: 108-091-19

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



APPROVAL DATE _____

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

2400

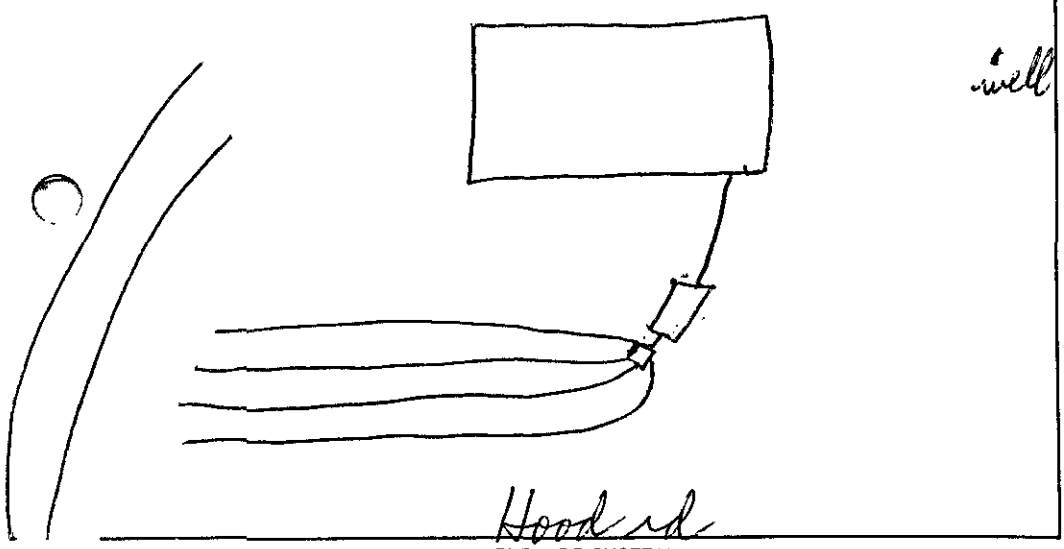
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7368-A DATE: 10-7-92

TC: 108-091-19

SERIAL Nº 15106

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 9-8-92. All work shall be completed on or before 11-7-92, 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 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Stephen Hand

LOCATION OF PROPERTY 7330 Hood Rd.

Comments: 4 lines 3'X100'X12" stone

Division or Section Head

B. R. Ferguson
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7368-A DATE: 10-22-92

TC: 108-091-19 ☒ L ☑ CRT

SERIAL Nº 15159

Name of Owner Stephen Hand Juris.:

Address of Property 7330 Hood Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source >50'

Excavation Inspected 10-22-92

Tank(s) Inspected 10-22-92

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1992, 1500ST, Con, 1200SFT, 12G, Cecil CTR# 70

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: Type 2

Jim Grissom R.S.
Environmentalist

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

TYPE PERMIT ☒ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT # B132096

ADDRESS

STREET # 7330 (N,S,E,W) STREET NAME HOOD (AV,RD,ST, etc) RD

SUITE/UNIT(S):

TAX JURISDICTION (Check One): ☒ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT # _____

OWNER STEPHEN + RUTH HAND ADDRESS 7301 HOOD RD

CITY CHARLOTTE STATE NC ZIP 28215 PHONE # 567-9633

TAX PARCEL # 108-091-19 CENSUS 5602 LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) 4.29 AC

ZONING: R-3 JURIS 0 MAP # 92 R/W N/A

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV _____ FIRE DIST. ☐ Yes

LOT: ☐ CORNER ☐ THROUGH FRONT STREET (if different) _____

MINIMUM SETBACKS: FRONT 30 LEFT SIDE 6 RIGHT SIDE 6 REAR 45 REQ. PARK'G _____

APP'D JCM

PROJECT

JOB # 2001 USDC # 101 PURPOSE _____ OCC. TYPE R CONST 6

TYPE WORK: ☒ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # RESIDENCE

AREA (sq. ft.): Heated 2072 Unheated 1476 Deck(s) 216 # STORIES 1 1/2 BASEMENT ☑ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS 10 # BEDROOMS 3 # BATHS 2 1/2

Work includes: ☐ Attached Carport ☐ Attached Garage ☑ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL: Power Company DUKE POWER Service: ☒ New ☐ Existing Total Amps 200 # Circuits 10

Connections 120 Volts 70 # Connections over 120 Volts 5

MECHANICAL: Gas Company 1 # Gas Conn _____ # Appliances _____ ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☒ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☑ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☒ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc...) 9 # of Appliances (Dishwasher, Water Heater, etc.) 3

UTILITIES: ☒ New ☐ Existing #7308A

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer — 2-Master Meter/Connection ☐ Water ☐ Sewer

Private: 3-Individual ☒ Well ☑ Septic — 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APP'D FEES $
B1000 3813	Bldg ~~M-60 BUILDERS~~ Stephen Hand/owner 567-9633	Phone ~~537-4997~~	Lic # 116369	Bldg 113,058 ~~60,000~~	
	Add ~~7200 Hood Rd~~	City/St CHLT NC	Zip 28215		
E 0449	Elect DRIGGERS ELEC	Phone 333-2151	Lic # 3852-U	Elect. $2800.-	
	Add 1330 STRYON ST	City/St CHLT NC	Zip		
M 1055	Mech MAYE HEATING + COOLING	Phone 537-4530	Lic #	Mech. $2800.-	
	Add 7706 Pence Rd	City/St CHLT	NC Zip 28215		
P 5175	Plbg ALLENS QUALITY PLUMBING	Phone 596-2378	Lic # 12197	Plbg. $3900.-	
	Add 5643 OCC Rd	City/St CHLT	NC Zip		
PLANS ☐	Arch./Eng. _____	Phone _____	Lic # _____	Total Const. Cost $122,558	
	Add	City/St	Zip		

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ — FT FEE $

REMARKS: — OTHER FEES $

TOTAL FEE $ 7107.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

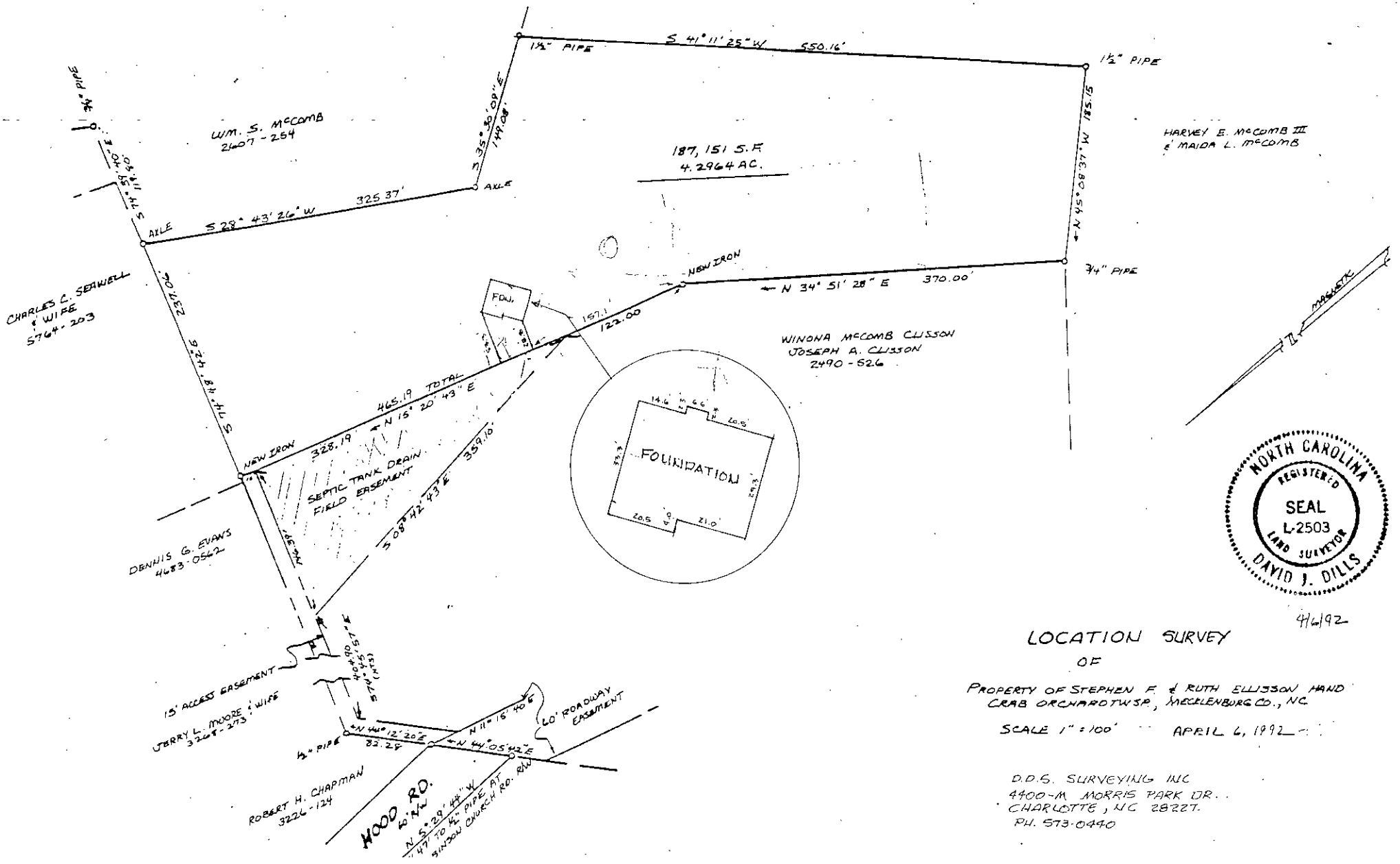
Stephen Hand — APPLICANT'S SIGNATURE — 1-28-92 DATE — STEPHEN HAND PRINT APPLICANT'S NAME — 1-28-92 METHOD OF PAYMENT ☒ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-82

APPLICANT



4/6/92

LOCATION SURVEY

OF

PROPERTY OF STEPHEN F. & RUTH ELLISSON HAND
CRAB ORCHARD TWSP., MECKLENBURG CO., NC

SCALE 1" = 100' APRIL 6, 1992

D.D.S. SURVEYING INC
4400-M MORRIS PARK DR.
CHARLOTTE, NC 28227.
PH. 573-0440

PURSER & FUSSELL
ATTORNEYS AND COUNSELORS AT LAW
3641 CENTRAL AVENUE
CHARLOTTE, NORTH CAROLINA 28205

RODNEY L. PURSER
R. DALE FUSSELL

TELEPHONE (704) 536-8993
FAX (704) 532-9511

Mecklenburg County Health Department
Environmental Health Division
1200 Blythe Boulevard
Charlotte, North Carolina 28203

ATTN: On Premises Waste Disposal and Water Supply

RE: Septic Tank Drain Filed Easement on Mecklenburg Tax Parcel No. 108-091-04

The undersigned licensed North Carolina attorney hereby certifies that the enclosed Septic Tank Drain Field Easement (the "Easement") is recorded in Book 6736 at Page 810 in the Mecklenburg County Public Registry, that all parties who would be required to execute or consent to the Easement in order for it to be a valid and effective grant of easement rights have executed or consented to the execution oand recordation of the Easement, and that there are no mortgages, deeds of trust, or other instruments of record affecting the status of title of the above-referenced parcel on which the Easement has been created, which if foreclosed or otherwise exercised, would result in the extinguishment of said Septic Tank Drain Field Easement.

BY: Rodney L. Purser

Rodney L. Purser
Rodney L. Purser

DATE: January 14, 1992

P.O. #11568H

BK: 06736 PG: 0810/0815 #:0253 14.00

REGISTERED JAN/14/1992 02:22PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

CERTIFIED TO BE A TRUE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this 3rd day of January, 19 92, by and between

GRANTOR	GRANTEE
Winona McComb Clisson and husband Joseph A. Clisson Mailing address: 8950 Robinson Church Road Charlotte, NC 28215	Stephen Forrest Hand and wife, Ruth Clisson Hand Mailing address: 7330 Hood Road Charlotte, NC 28215

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of _____, Crab Orchard Township, Mecklenburg County, North Carolina, and more particularly described as follows: as set forth on that certain survey by James W. Bogan, NCRLS, attached hereto, entitled Exhibit "B", and incorporated herein by such reference.

Mecklenburg Tax Parcel No. 108-091-04, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Crab Orchard Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 108-091-19, as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded in Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

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

This instrument was prepared by: Rodney L. Purser

Mail after recording to: Purser & Fussell, Attorneys at Law
3641 Central Avenue
Charlotte, NC 28205

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

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

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

_____ (Corporate Name)

BY: _____

_____ President

ATTEST:

_____

_____ Secretary (Corporate Seal)

Winona McComb Clisson (SEAL)
Winona McComb Clisson

Joseph A. Clisson (SEAL)
Joseph A. Clisson

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Winona McComb Clisson and Joseph A. Clisson, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 3rd day of January, 1992.

My Commission Expires: 1/3/95 Barbara A. Wilder
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19____.

My Commission Expires: _____ _____
Notary Public

_____ _____(SEAL)
(Corporate Name)

BY:_____ _____(SEAL)

_____ President

_____(SEAL)

ATTEST:

_____ _____(SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____, Grantor, personally appeared before me this day and acknowleged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires:_____ _____
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowleged that he is _____ Secretary of _____, a _____ corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary. Witness my hand and official stamp or seal, this _____ day of _____, 19___.

My Commission Expires:_____ _____
Notary Public

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

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

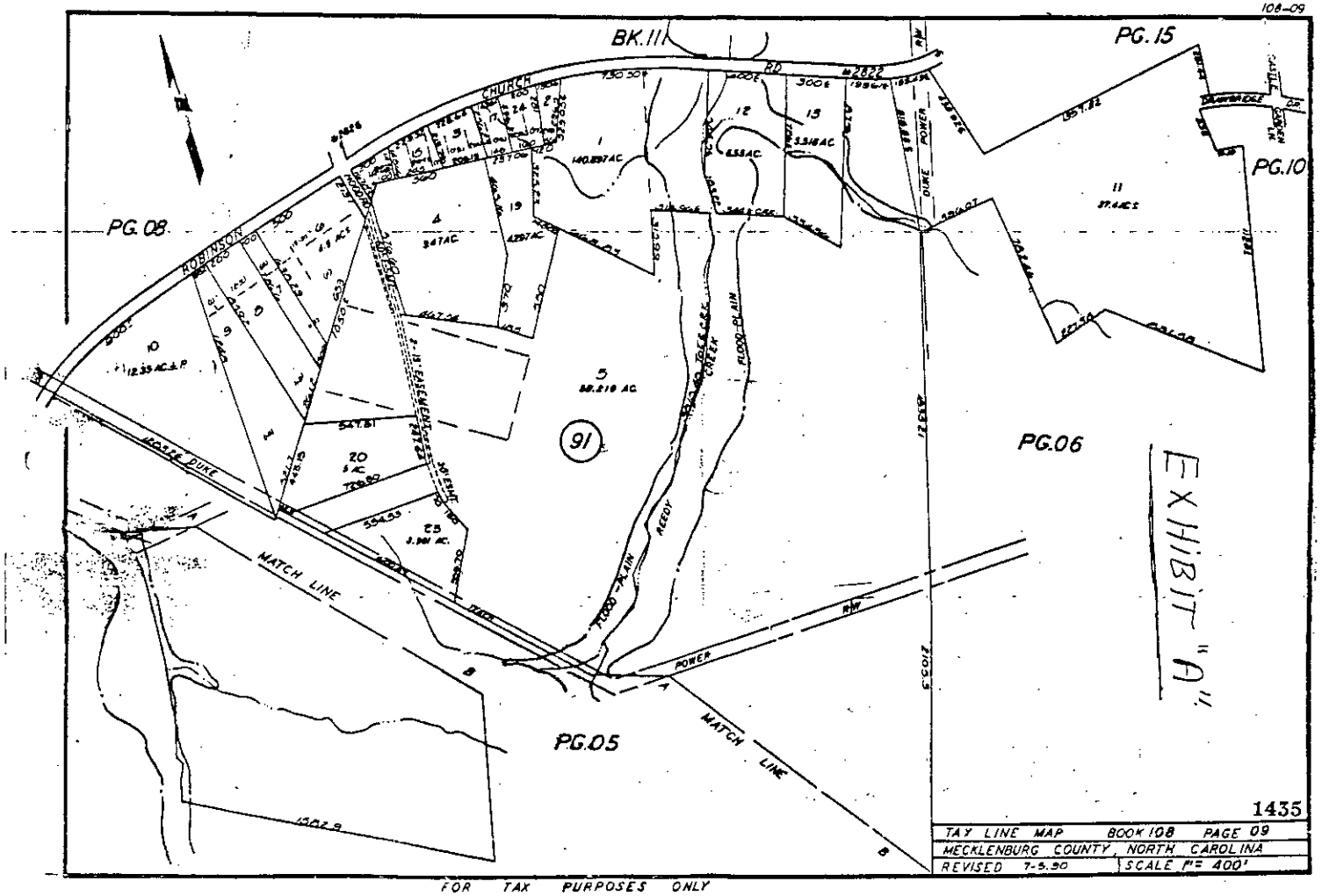
MECKLENBURG COUNTY HEALTH DEPARTMENT

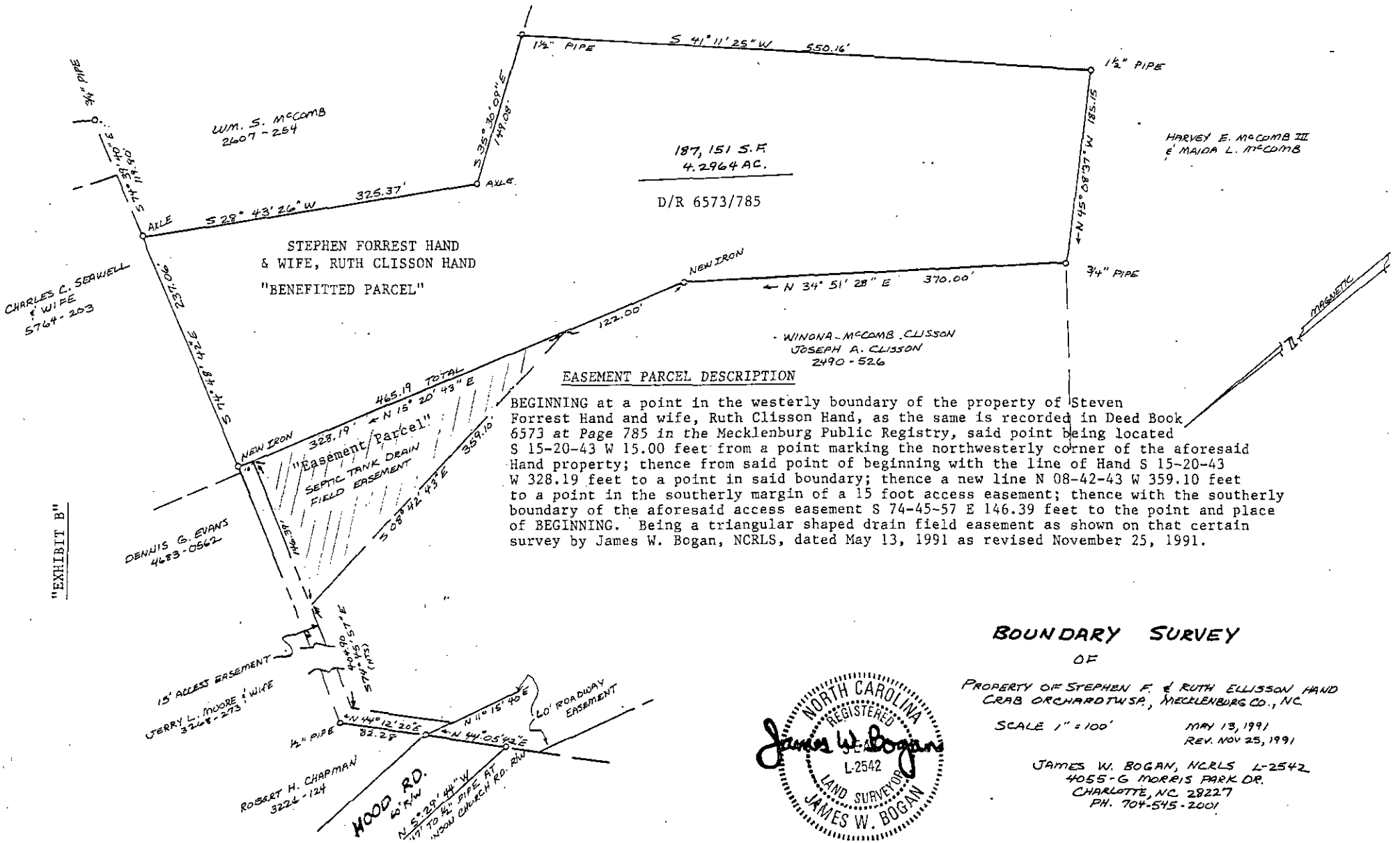
BY: _____ DATE: 1-03-92

_____
(print name)

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

6256p


108-09
BK. 111
PG. 15
PG. 08
PG. 10
PG. 06
PG. 05
CHURCH
ROBINSON
MOORE DUKE
MATCH LINE
MATCH LINE
POWER
POWER
FLOOD PLAIN
FLOOD PLAIN
CREEK
REEDY
91
EXHIBIT "A"
1435
TAX LINE MAP BOOK 108 PAGE 09
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 7-5-90 SCALE 1" = 400'
FOR TAX PURPOSES ONLY



"EXHIBIT B"

EASEMENT PARCEL DESCRIPTION

BEGINNING at a point in the westerly boundary of the property of Steven Forrest Hand and wife, Ruth Clisson Hand, as the same is recorded in Deed Book 6573 at Page 785 in the Mecklenburg Public Registry, said point being located S 15-20-43 W 15.00 feet from a point marking the northwesterly corner of the aforesaid Hand property; thence from said point of beginning with the line of Hand S 15-20-43 W 328.19 feet to a point in said boundary; thence a new line N 08-42-43 W 359.10 feet to a point in the southerly margin of a 15 foot access easement; thence with the southerly boundary of the aforesaid access easement S 74-45-57 E 146.39 feet to the point and place of BEGINNING. Being a triangular shaped drain field easement as shown on that certain survey by James W. Bogan, NCRLS, dated May 13, 1991 as revised November 25, 1991.

NORTH CAROLINA REGISTERED L-2542 LAND SURVEYOR JAMES W. BOGAN

BOUNDARY SURVEY

OF

PROPERTY OF STEPHEN F. & RUTH ELLISSON HAND
CRAB ORCHARD TWSP., MECKLENBURG CO., NC.

SCALE 1" = 100'

MAY 13, 1991
REV. NOV 25, 1991

JAMES W. BOGAN, NCRLS L-2542
4055-G MORRIS PARK DR.
CHARLOTTE, NC 28227
PH. 704-545-2001

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 9368A of

TC: 108-091-19

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8950 ~~11330 Hood Rd~~ Robinson Ch Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 108-091-19 PAGE NO.: RD PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 4225356 PAGE NO.: _____

OWNER

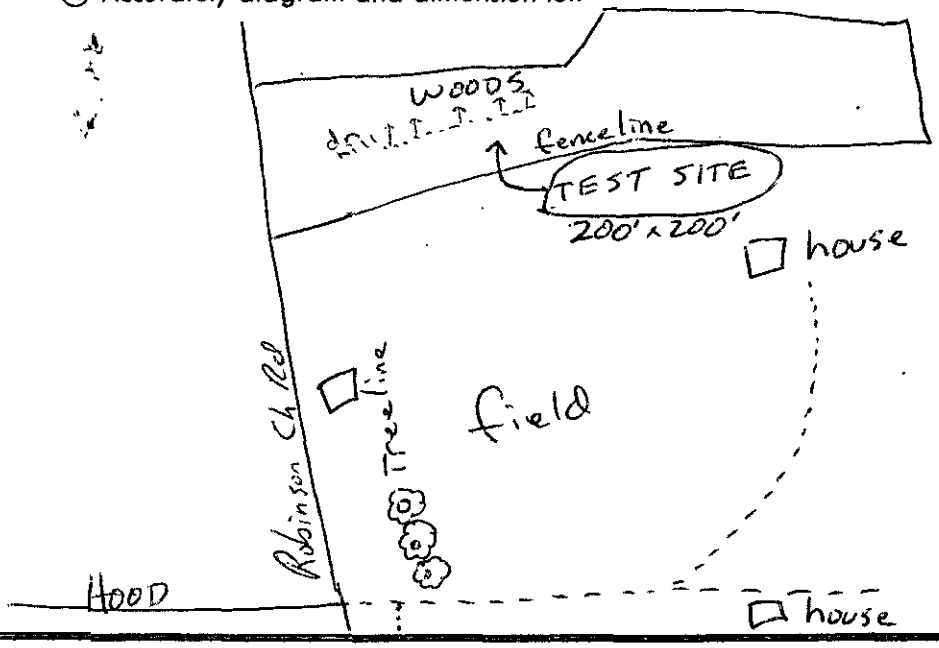
⑦ NAME: RUTH + Joseph (FIRST) (MIDDLE) Clisson (LAST)

⑧ MAILING ADDRESS: 8950 Robinson Ch Rd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28215

⑫ PHONE: (WORK) 537-3186 (HOME) 537-3186

⑬ Accurately diagram and dimension lot.



Please ask Mr Marlin to call Steve Hand at 567-9633 before he comes out so I can meet with him.

Thankyou

⑭ *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: Ruth M Clisson

Date: ~~4/18/90~~ 4-6-91

Joseph A. Clisson

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17108

File: 7368A Action 1

Parcel: PO 108-091-19 PC

Location: 8950 Robinson Church Road

Subdivision:

Lot: Block: Acres: Approx 1.0

Owner: Ruth & Joe Closson
Address: 8950 Robinson Church Rd
Charlotte, N.C. 28215

Comments: System might require lift pump
No 100% Repair

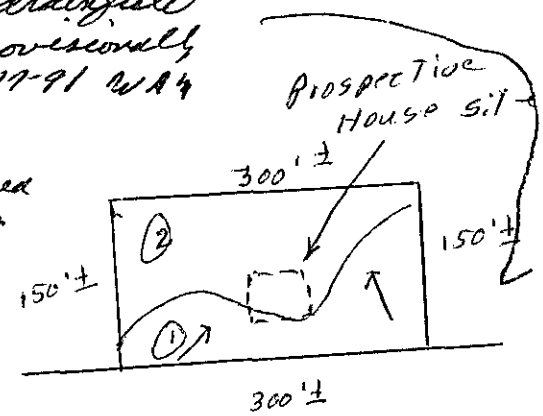
Described by: William A. Mullis

Date: 4-11-91

*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

Area checked for drainfield in pasture - provisionally suitable - 7-17-91 WAM

Area checked is area that drainfield is going in



open Field

Hood Rd.

gravel road

Robinson Ch. Rd

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-49" more	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 49"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-49"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Like	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

April 12th, 1991

Ruth and Joseph Clisson
8950 Robinson Church Road
Charlotte, NC 28215

RE: Property located at 8950 Robinson Church Road
FILE: 7368A
PARCEL: PO 108-091-19

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17108) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12340

File: [redacted] 13684

Action 1

Parcel: 10 108-091-04

PC

Location: 8950 Robinson Ch. Road

Subdivision:

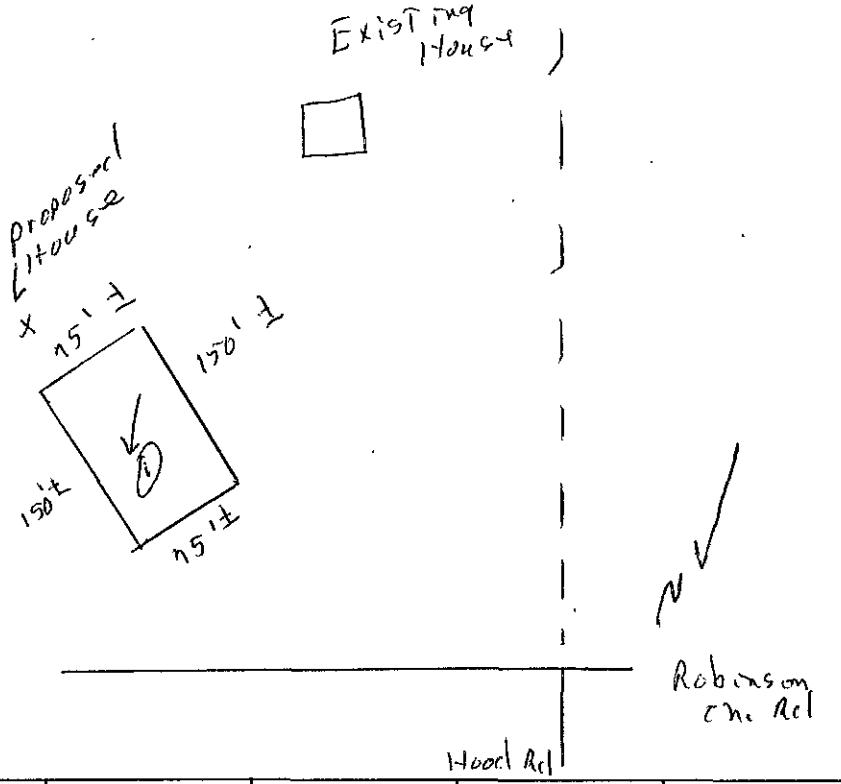
Lot: Block: Acres: .28

Owner: Joe & Winona Dixson
Address:

Comments: 100% Repair for [redacted]
House to be placed on 108-091-19

Described by: William A. Marks

Date: 11-7-91



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-6%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slight/1 Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7+8" Loam	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 7+8"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 7+8"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	III Cecil-1.40					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

November 8th, 1991

Ruth and Joseph Clisson
8950 Robinson Church Road
Charlotte, NC 28215

RE: Property located at 8950 Robinson Church Road
FILE: 7368A
PARCEL: 108-091-04PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12340) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

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