

16409 BUNCH WALNUTS RD

21722238

1/10/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6625B WASPS App #: 1066

Primary ES assigned to project: ES

Secondary ES assigned to project:

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law				
	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 3			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?			
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

IA issued date: 1-2-08

OP issued date: 1-16-08

Review performed by: IR

Date performed: 1/30/08

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6625B Permit #: 1481 Tax Parcel #: 217 222 38

Property Owner: Superior Custom Homes

Job Location Address: 16409 Bunch Walnuts Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 1/16/08 Contractor Name: WT Norwood

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Liberty

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 18 inches

Distribution Device: pressure manifold

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

Inspection Dates

Tank(s) Inspected: 1/16/08

Excavation Inspected: 1/16/08

Pump & Controls Inspected: 1/16/08

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See installation approval

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☒ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: Type IIIb Pump to chambers

DENR Authorized Agent: Philo Walker Signature: Philo A. Walker Jr.

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6625B Permit #: 1481 Tax Parcel #: 217 22238

Property Owner: Superior Custom Homes

Job Location Address: 16409 Bunch Walnuts Rd

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: Type IIIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☑ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Philo S. Walker Date: 1/16/08

Signature: Philo S. Walker

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 6625B Permit #: _____ Tax Parcel #: 217-222-38

Property Owner: SUPERIOR CUSTOM HOMES

Job Location Address: 16409 BUNCH WALNUTS RD.

City: CHARLOTTE State: NC Zip Code: 28278

Installation Approval Issuance Date: 1/2/08

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 7/8/07, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: PRESSURE MANIFOLD

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

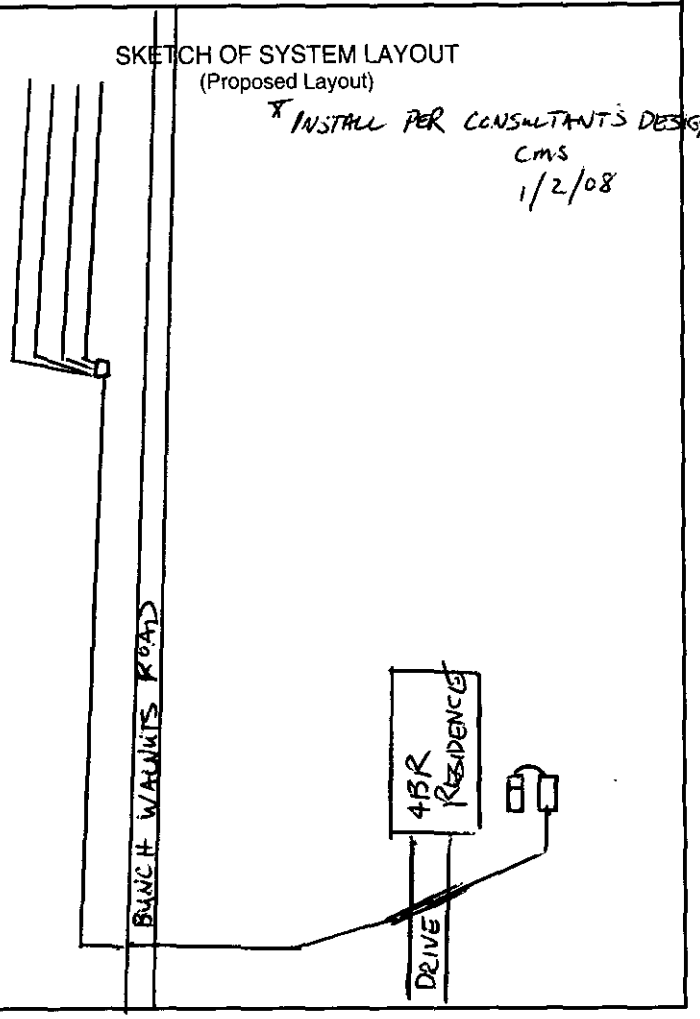
Distance from Building Foundation: 25 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

* INSTALL PER CONSULTANT'S DESIGN*
CMS
1/2/08



Comments: System Classification & Type: IIIb ; INSTALL PER .1961 ; TO BE INSPECTED BY GWS / 5 YRS.

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001481** GWS File #: **6625B** Tax Parcel #: **217-222-38**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 9/25/2011

Type of Installation: Residential - New System Lot Number: 1

Structure Type: HOUSE Size (ft^2): 7000 # Bedrooms: 4 # Occupants: 8

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	801	Total Trench Length (ft):	267
Maximum Trench Depth (in):	30	Depth of Media (in):	24	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Chris Sherrill Owner/Legal Agent: MARSHALL FEIMSTER

Signature: Print Name

Signature:

Date Issued: 9/25/2006

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30001481** GWS File #: **6625B**

IV. Permit Conditions/Comments:

- ~~[redacted] agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization~~.
- Easement agreement forms shall be on file and the property shall be deeded and recorded prior to issuance of Construction Authorization.
- *This type of septic system requires an inspection once every 5 years by our office.* The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. *The system owner is responsible for all fees* associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- "Traffic Rated" tank(s) is required due to tank installation depth(s) and/or location.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- *The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.*
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Chris Sherrill
Signature: Chris M. Sherrill
Date Issued: 9/25/2006

Owner/Legal Agent: MARSHALL FEIMSTER
Print Name
Signature: Marshall Feimster

21121-104

FILE COPY

FILED FOR REGISTRATION	2006 DOC. # 201544
DATE 09/28/06	TIME 9:23 AM
BOOK 21121	PAGE 104
STAMPS NR	REC FEE $35.00

JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC

Drawn by and mail to:
Parker Poe Adams & Bernstein LLP (TMQ)
Three Wachovia Center
401 S. Tryon St., Ste. 3000
Charlotte, NC 28202

SEPTIC EASEMENT AGREEMENT

THIS SEPTIC EASEMENT AGREEMENT ("**Agreement**") is entered into Sept. 25, 2006, by **CAROLINA CENTERS, LLC**, a North Carolina limited liability company ("**Carolina Centers**"), and **BEACHGLASS DEVELOPMENT, LLC**, a North Carolina limited liability company ("**Beachglass**").

RECITALS:

A. Carolina Centers is the owner of the real property located in Mecklenburg County, North Carolina shown on **Exhibit A** as "AREA - 0.30 ACRE" and "20' SEPTIC SYSTEM PIPE EASEMENT (AREA - 0.13 AC)" (collectively, the "**Property**").

B. Beachglass is the owner of Lot 1 as shown on **Exhibit A** ("**Adjacent Lot**").

C. Carolina Centers desires to grant to Beachglass a septic easement over and across the Property for the purpose of installing, operating, maintaining, repairing, replacing and removing a septic sewer drainage pipe, septic tank, drainage field and related equipment for the purpose of serving the Adjacent Lot (collectively, the "**Septic System**").

NOW THEREFORE, in consideration of ten dollars ($10.00) and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

1. Septic Easement.

(a) Carolina Centers grants to Beachglass a non-exclusive easement ("**Septic Easement**") over, under, through and across the Property for the purpose of installing, operating, maintaining, repairing, replacing and removing the Septic System. The Septic Easement is

COPY

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granted subject to all conditions, covenants, restrictions, easements and other matters of record, to any matters that would appear on a current and accurate survey of the Property and to all subdivision ordinances, zoning ordinances, land use regulations and other laws, regulations or ordinances applicable to the Property.

(b) If (i) public sewer lines are extended to a point such that Beachglass can connect into such public sewer lines to provide sewer service for the Adjacent Lot at a cost of less than Fifteen Thousand and No/100 Dollars ($15,000.00); or (ii) Beachglass ceases to use the Property for septic field purposes at any time, then Carolina Centers shall have the right to terminate the Septic Easement. This termination right shall expire on the date that is twenty-one (21) years after the death of the last survivor of the now living descendents of George Herbert Walker Bush, the 41st President of the United States. Carolina Centers may exercise its right to terminate the Septic Easement by delivering written notice to Beachglass. In such event, the Septic Easement shall automatically terminate on the thirtieth (30th) day after Carolina Centers' delivery of such notices and Carolina Centers may file a notice of termination in the Mecklenburg County Public Registry evidencing the termination.

2. **Terms of Septic Easement**.

(a) The Septic Easement shall be used and maintained by Beachglass solely for the purposes of installing, operating, maintaining, repairing, replacing and removing the Septic System. Beachglass shall have the right to install, operate, maintain, repair, replace and remove the Septic System within the Property at Beachglass' sole expense and in compliance with all applicable local, state and federal rules, regulations or ordinances. Beachglass shall promptly and reasonably restore any portion of the surface disturbed by any earth-disturbing operation and shall stabilize the disturbed area by planting and maintaining appropriate ground cover.

(b) Beachglass is solely responsible for securing any governmental or regulatory permits and approvals necessary to install, operate, maintain, repair, replace and remove the Septic System.

(c) Beachglass shall maintain the Property in good repair and in a clean condition, free from trash and other debris. Additionally, Beachglass shall refrain from building, placing or otherwise maintaining any structure or improvement on the Property other than the Septic System.

3. **Insurance**. Prior to performing work or causing work to be performed within the Property pursuant to the terms of this Agreement, Beachglass shall obtain and maintain Commercial General Liability Insurance in an amount of not less than $1,000,000.00 per occurrence and aggregate limits of not less than $2,000,000.00, commercial auto liability insurance and worker's compensation/employer's liability insurance. Beachglass shall require that its agents, contractors and subcontractors maintain Commercial General Liability Insurance in an amount of not less than $1,000,000.00 per occurrence and aggregate limits of not less than $2,000,000.00, commercial auto liability insurance and worker's compensation/employer's liability insurance. Prior to performing such work, Beachglass shall provide Carolina Centers with the liability policy required by this **Section 3**, which policy shall name Carolina Centers as

an additional insured and shall contain a provision requiring the issuer to give Carolina Centers at least thirty (30) days prior written notice (in accordance with **Section 10**) before (i) making any material change in the nature or extent of the coverage provided under such policies; and (ii) canceling or terminating such policies.

4. Covenant Against Liens. Beachglass shall promptly pay and discharge on or before the due date any claim or obligation for labor or materials furnished at the direction of Carolina Centers, which if not paid or discharged would result in a lien on the Property. Specifically, and without limiting the foregoing, if Beachglass causes labor or materials to be furnished to the Property, and if a lien arises out of such work or material furnished, then Beachglass shall immediately cause such lien to be satisfied or bonded over and shall indemnify, defend, and hold harmless the party subject to the lien.

5. Indemnification. Beachglass shall indemnify and hold harmless Carolina Centers, its members, managers, officers, agents, employees, successors and assigns, from and against all liens, claims of lien, losses, fines, penalties, liabilities, claims, demands, causes of action, costs and expenses (including, without limitation, reasonable attorneys' and consultants' fees) arising in any manner, directly or indirectly, out of or by reason of: (i) the acts or omissions of Beachglass, its agents, invitees, contractors, employees or representatives upon or about the Property; and (ii) the exercise of rights under this Agreement by Beachglass, its agents, invitees, contractors, employees or representatives.

6. Amendment. This Agreement may be amended only by a written agreement executed by Carolina Centers and Beachglass and recorded in the Mecklenburg County Public Registry.

7. Severability. If any term, covenant or condition of this Agreement or the application thereof to either party shall be held to be invalid or unenforceable, then the remaining terms, covenants and conditions of this Agreement shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law.

8. Binding Effect. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their successors and assigns.

9. Governing Law. This Agreement shall be governed by North Carolina law.

10. Notice. Any notices or other communications contemplated by this Agreement shall be in writing and shall be effective upon receipt. In the case of a notice delivered by (i) pre-paid personal delivery, (ii) pre-paid messenger, pre-paid express or air courier or similar courier, or (iii) United States first class certified or registered mail, postage pre-paid, return receipt requested, addressed as provided below, the notice shall be deemed received on the delivery date indicated by the United States Postal Service or courier service on the return receipt or on the date such delivery is refused or marked "undeliverable," or if the party is served personally, on the date of personal delivery. Any party may from time to time designate a different address by giving notice in the manner herein provided, such designation being effective under this **Section 10** from and after the day of receipt of notice thereof.

As to Carolina Centers:

Carolina Centers, LLC
400 South Tryon Street, Suite 1300
P.O. Box 1003
Charlotte, NC 28201-1003
Attention: Susan Higginson

With a copy to:

Thomas M. Quirk, Esq.
Parker Poe Adams & Bernstein LLP
Three Wachovia Center
401 South Tryon Street, Suite 3000
Charlotte, NC 28202

As to Beachglass:

Beachglass Development, LLC
3500 Providence Manor Road
Charlotte, NC 28277
Attention: Robert J. Teller

[Signature Pages Follow]

IN WITNESS WHEREOF, the undersigned have executed this Agreement as of the day and year first above written.

CAROLINA CENTERS, LLC,
a North Carolina limited liability company

By: _____
James M. Short, Jr.
Senior Vice President

STATE OF NORTH CAROLINA
COUNTY OF NORTH CAROLINA

I, Susan Higginson, a Notary Public of Gaston County and State of North Carolina, do hereby certify that James M. Short, Jr. ("**Signatory**"), personally came before me this day and acknowledged that he is Senior Vice President of **CAROLINA CENTERS, LLC**, a North Carolina limited liability company, and that he, as Senior Vice President, being authorized to do so, executed the foregoing instrument on behalf of the limited liability company.

I certify that the Signatory personally appeared before me this day, and
(check one of the following)
✓ (I have personal knowledge of the identity of the Signatory); **or**

_____ (I have seen satisfactory evidence of the Signatory's identity, by a current state or federal identification with the Signatory's photograph in the form of:
(check one of the following)
___ a driver's license *or*
___ in the form of _____); **or**
_____ (a credible witness has sworn to the identity of the Signatory).

The Signatory acknowledged to me that he voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

Witness my hand and official stamp or seal this 21st day of September 2006.

SUSAN HIGGINSON NOTARY PUBLIC GASTON COUNTY, NC

_____
Notary Public
Print Name: Susan Higginson
*[**Note:** Notary Public must sign exactly as on notary seal]*

My Commission Expires: March 27, 2011

[NOTARY SEAL] **(MUST BE FULLY LEGIBLE)**

BEACHGLASS DEVELOPMENT, LLC, a
North Carolina limited liability company

By: Robert J. Teller
Name: Robert J. Teller
Title: Managing Member
Sole Member

STATE OF NORTH CAROLINA
COUNTY OF NORTH CAROLINA

I, Susan Higginson, a Notary Public of Gaston County and State of North Carolina, do hereby certify that Robert J. Teller ("**Signatory**"), personally came before me this day and acknowledged that he/she is Mgr./Sole Member of **BEACHGLASS DEVELOPMENT, LLC**, a North Carolina limited liability company, and that he/she, as Mgr./Sole Member, being authorized to do so, executed the foregoing instrument on behalf of the limited liability company.

I certify that the Signatory personally appeared before me this day, and
(check one of the following)
✓ (I have personal knowledge of the identity of the Signatory); **or**

_____ (I have seen satisfactory evidence of the Signatory's identity, by a current state or federal identification with the Signatory's photograph in the form of:
(check one of the following)
___ a driver's license *or*
___ in the form of _____); **or**
_____ (a credible witness has sworn to the identity of the Signatory).

The Signatory acknowledged to me that he voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

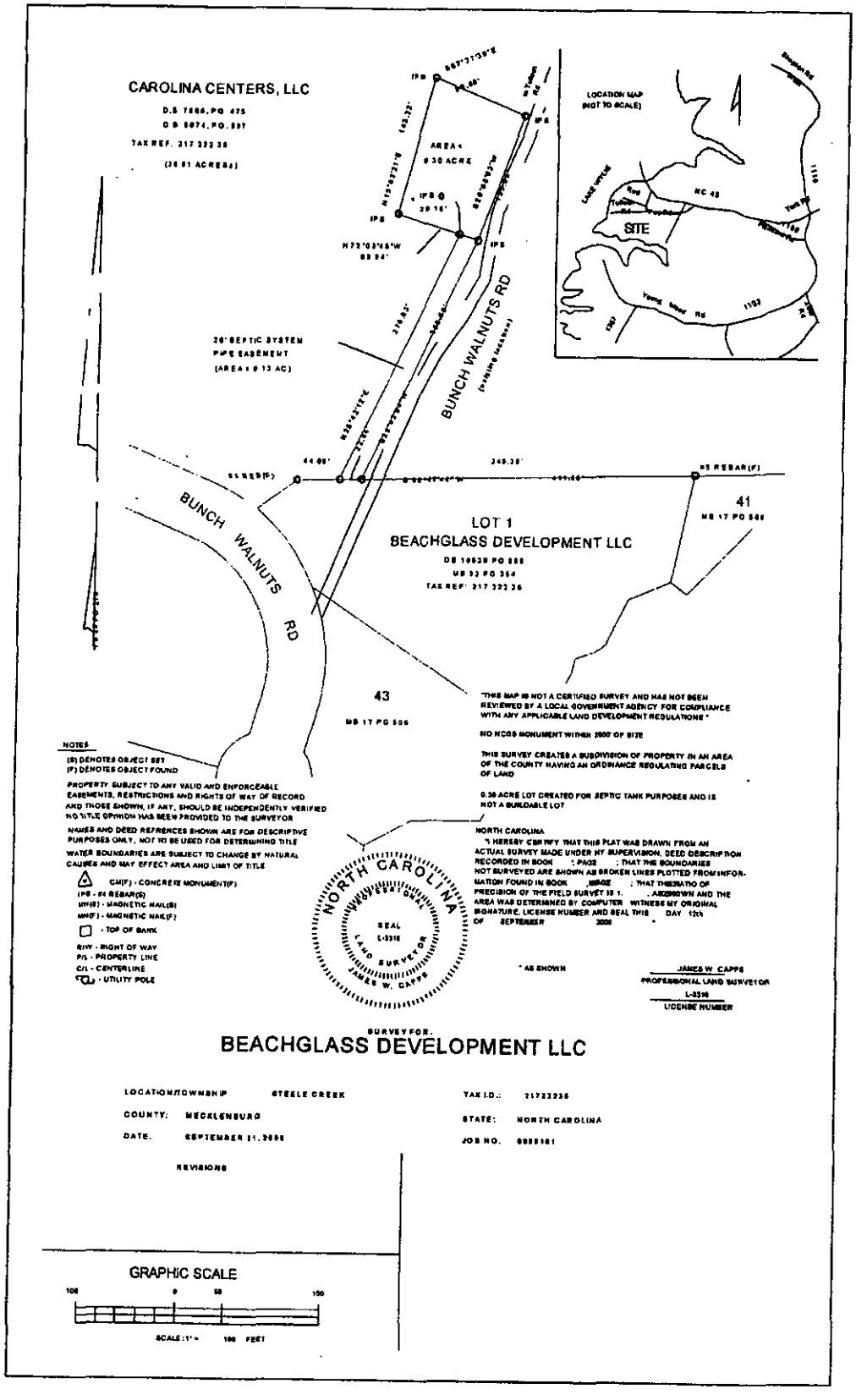
Witness my hand and official stamp or seal this 25th day of September 2006.

Susan Higginson
Notary Public
Print Name: Susan Higginson
*[**Note:** Notary Public must sign exactly as on notary seal]*

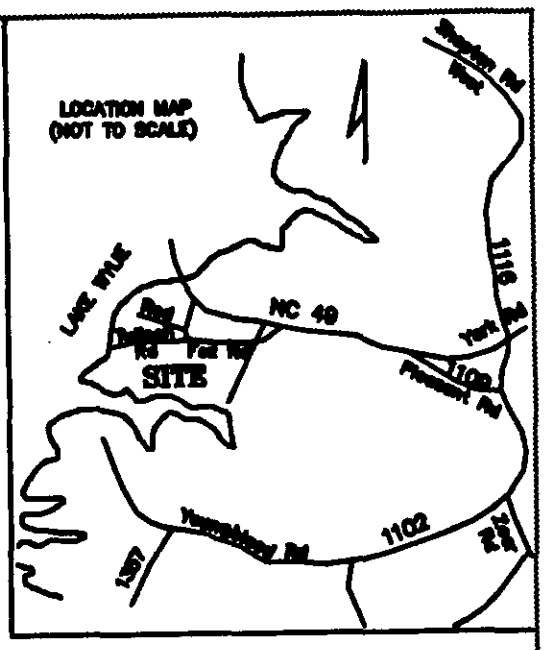
My Commission Expires: March 27, 2011

[NOTARY SEAL] **(MUST BE FULLY LEGIBLE)**

SUSAN HIGGINSON
NOTARY PUBLIC
GASTON COUNTY, NC


CAROLINA CENTERS, LLC
D.B 7886, PG 475
D B 8074, PG. 897
TAX REF. 217 222 36
(26 61 ACRES±)
AREA =
0 30 ACRE
20' SEPTIC SYSTEM
PIPE EASEMENT
(AREA = 0 13 AC)
BUNCH WALNUTS RD
(variable widths)
BUNCH WALNUTS RD
LOT 1
BEACHGLASS DEVELOPMENT LLC
DB 19638 PG 888
MB 32 PG 364
TAX REF: 217 222 36
41
MB 17 PG 506
43
MB 17 PG 506
LOCATION MAP
(NOT TO SCALE)
SITE
NC 49
Lake Wylie
Van Wyck Rd
1153
"THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS."
NO NCGS MONUMENT WITHIN 2000' OF SITE
THIS SURVEY CREATES A SUBDIVISION OF PROPERTY IN AN AREA OF THE COUNTY HAVING AN ORDINANCE REGULATING PARCELS OF LAND
0.30 ACRE LOT CREATED FOR SEPTIC TANK PURPOSES AND IS NOT A BUILDABLE LOT
NOTES
(IB) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND
PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD AND THOSE SHOWN, IF ANY, SHOULD BE INDEPENDENTLY VERIFIED NO TITLE OPINION HAS BEEN PROVIDED TO THE SURVEYOR
NAMES AND DEED REFRENCES SHOWN ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR DETERMINING TITLE
WATER BOUNDARIES ARE SUBJECT TO CHANGE BY NATURAL CAUSES AND MAY EFFECT AREA AND LIMIT OF TITLE
CM(F) - CONCRETE MONUMENT(F)
(RB - #4 REBAR(S)
MN(S) - MAGNETIC NAIL(S)
MN(F) - MAGNETIC NAIL(F)
- TOP OF BANK
R/W - RIGHT OF WAY
P/L - PROPERTY LINE
C/L - CENTERLINE
- UTILITY POLE
NORTH CAROLINA
SURVEYORS
SEAL
L-3516
LAND SURVEYOR
JAMES W. CAPPS
NORTH CAROLINA
"I HEREBY CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION, DEED DESCRIPTION RECORDED IN BOOK ; PAGE ; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ,PAGE ; THAT THE RATIO OF PRECISION OF THE FIELD SURVEY IS 1: . ASSHOWN AND THE AREA WAS DETERMINED BY COMPUTER. WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS DAY 12th OF SEPTEMBER 2008."
* AS SHOWN
JAMES W. CAPPS
PROFESSIONAL LAND SURVEYOR
L-3516
LICENSE NUMBER
SURVEY FOR:
BEACHGLASS DEVELOPMENT LLC
LOCATION/TOWNSHIP: STEELE CREEK
COUNTY: MECKLENBURG
DATE: SEPTEMBER 11, 2008
TAX I.D.: 21722236
STATE: NORTH CAROLINA
JOB NO.: 8888181
REVISIONS
GRAPHIC SCALE
100 0 50 100
SCALE: 1" = 100 FEET

CAROLINA CENTERS, LLC
D.B. 7606, PG. 475
D.B. 8074, PG. 687
TAX REF: 217 222 35
(38.91 ACRES±)



IPS
S87°37'35"E
99.68'
N15°02'21"E 143.32'
AREA =
0.30 ACRE
S20°06'03"W
138.53'
IPS
20.18'
IPS
IPS
N72°03'45"W
86.94'

20' SEPTIC SYSTEM
PIPE EASEMENT
(AREA = 0.13 AC)

N25°42'12"E
278.03'
22.44'
S26°42'04"W
268.59'

BUNCH WALNUTS RD
(existing location)

#4 REB(F)
44.00'
S 88°47'44" W
345.36'
411.80'
#5 REBAR(F)

41
MB 17 PG 506

LOT 1
BEACHGLASS DEVELOPMENT LLC
DB 19639 PG 696
MB 32 PG 354
TAX REF: 217 222 38

BUNCH WALNUTS RD

PB 25 PG 276

43
MB 17 PG 506

"THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS."

NO NGS MONUMENT WITHIN 2000' OF SITE

THIS SURVEY CREATES A SUBDIVISION OF PROPERTY IN AN AREA OF THE COUNTY HAVING AN ORDINANCE REGULATING PARCELS OF LAND.

0.30 ACRE LOT CREATED FOR SEPTIC TANK PURPOSES AND IS NOT A BUILDABLE LOT.

NOTES:
(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND

PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD AND THOSE SHOWN, IF ANY, SHOULD BE INDEPENDENTLY VERIFIED. NO TITLE OPINION HAS BEEN PROVIDED TO THE SURVEYOR.

NAMES AND DEED REFRENCES SHOWN ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR DETERMINING TITLE.

WATER BOUNDARIES ARE SUBJECT TO CHANGE BY NATURAL CAUSES AND MAY EFFECT AREA AND LIMIT OF TITLE.

- CM(F) – CONCRETE MONUMENT(F)
- IPS – #4 REBAR(S)
- MN(S) – MAGNETIC NAIL(S)
- MN(F) – MAGNETIC NAIL(F)
- □ – TOP OF BANK
- R/W – RIGHT OF WAY
- P/L – PROPERTY LINE
- C/L – CENTERLINE
- UTILITY POLE

NORTH CAROLINA PROFESSIONAL SEAL L-3316 LAND SURVEYOR JAMES W. CAPPS

NORTH CAROLINA
"I HEREBY CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION RECORDED IN BOOK • , PAGE • ; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK MB 32 , PAGE 354 ; THAT THE RATIO OF PRECISION OF THE FIELD SURVEY IS 1: 10,000 , AS SHOWN AND THE AREA WAS DETERMINED BY COMPUTER. WITNESS MY ORIGINAL SIGNATURE, LICENSE NUMBER AND SEAL THIS 12th DAY OF SEPTEMBER A.D. 2006

• AS SHOWN

JAMES W. CAPPS
PROFESSIONAL LAND SURVEYOR
L-3316
LICENSE NUMBER

SURVEY FOR:
BEACHGLASS DEVELOPMENT LLC

LOCATION/TOWNSHIP STEELE CREEK
COUNTY: MECKLENBURG
DATE: SEPTEMBER 11, 2006

TAX I.D.: 21722235
STATE: NORTH CAROLINA
JOB NO: 0906101

REVISIONS:

GRAPHIC SCALE
100 0 50 100
SCALE :1" = 100 FEET

Repair

SOME, INC.

SITE/SOIL EVALUATION

2 — Bob W.

Project No. Bob Teller **Phone No.** 8/2-/06 **Date:**

Location _____ **Pin** _____ **County:** _____ **Property Size** _____

Proposed Facility: _____ **Water Supply:** On-Site Well ☐ Community ☐ Public ☐ **Evalulation:** Auger Boring ☐ Pit ☐ Cut ☐

Weather: _____ **Antecedent Moisture** _____ **Surface Water:** _____

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE
Landscape Position %	R	LS	LS	
Horizon Depth I	0-3	0-4	0-3	
Color Munsell	dk br	dk br	dk br	
Texture	cl	sl	sl	
Structure	gr	gr	gr	
Consistence	vfi / fi	fi	fi	
Boundary	C	C		
Horizon Depth II	3-27	4-44	3-16	
Color – Munsell	red	red	red	
Texture	C	C	C	
Mottles	NA	Many 4pm	few med bi	
Structure	AB + SAB	SAB	AB + SAB	
Consistence	fi / fi	fi / Common iron SL	fi	
Boundary	C		CW	
Horizon Depth III	27-48		16-48	
Color – Munsell	red		red	
Texture	cl		cl	
Mottles	NA		NA	
Structure	WF SAB		WF SAB	
Consistence	fi		fi	
Boundary	C			
Horizon Depth IV	48-57			
Color – Munsell	mixed			
Texture	SL			
Mottles	many 4pm			
Structure	m / vfi			
Consistence	/			
Boundary				
Soil Wetness				
Restrictive Horizon				
Saprolite	4DA			
LTAR	.3	.3	.3	
Classification	Ba /	Ba /	BG /	

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Conclave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	*sand*
ls	Loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	*sticky*
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	agular blocky
pl	platy
pr	prismatic

SOME, INC.

SITE/SOIL EVALUATION

Bob Kelly

Project No. _____ Phone No. _____ Date: 6/23/06

Location _____ Pin _____ County: _____ Property Size _____

Proposed Facility: 4BR SP Water Supply: On-Site Well ☐ Community ☐ Public ☐ Evalulation: Auger Boring ☐ Pit ☑ Cut ☐

Weather: _____ Antecedent Moisture _____ Surface Water: _____

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
Landscape Position %	R	L	R	R
Horizon Depth I	0-5	0-7	0-4	0-6
Color Munsell	10yr 5/6	10yr 5/6	10yr 5/4	10yr 5/6
Texture	Sandy loam	l	sl	
Structure	gr	gr	gr	gr
Consistence	fri	fri	fri	fri
Boundary	C	C	C	C
Horizon Depth II	5-22	7-22	4-24	6-26
Color – Munsell	10yr 5/6	10yr 5/6	10yr 5/6	10yr 5/6
Texture	C	cl	C	C
Mottles	NA	NA	NA	NA
Structure	SAB	SAB	SAB	SAB
Consistence	fri	fri	fri	fri
Boundary	C	C	C	C
Horizon Depth III	22-48	22-50	24-51	26-48
Color – Munsell	10yr 5/6	10yr 5/6	10yr 5/6	10yr 5/6
Texture	cl	SP	cl	cl
Mottles	NA	10yr 5/6	NA	NA
Structure	WFSAB	gr	WFSAB	WFSAB
Consistence	fri	fri-firm	fri	fri
Boundary				
Horizon Depth IV				
Color – Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
Soil Wetness	NA	NA	NA	NA
Restrictive Horizon	NA	NA	NA	NA
Saprolite	2c	PS	PS	PS
LTAR	1.3	1.3	1.3	1.3
Classification	PS	PS	PS	PS

5

LEGEND LS

LANDSCAPE POSITION

- R Ridge Interfluve
- S Shoulder
- L Linear Slope
- S Foot Slope
- N Nose Slope
- H Head Slope
- Cc Conclave Slope
- Cv Convex Slope
- T Terrace
- P Flood Plain

TEXTURE

- s sand
- ls Loamy sand
- sl sandy loam
- l loam
- si silt
- sil silt loam
- sicl silty clay loam
- cl clay loam
- scl sandy clay loam
- sc sandy clay
- sic silty clay
- c clay

CONSISTENCE WET

- Ns non-sticky
- Ss slightly sticky
- S sticky
- Vs very sticky

- Np non-plastic
- Sp slightly plastic
- P plastic
- Vp very plastic

MOIST

- vfr Very friable
- fr friable
- fi firm
- vfi Very firm

STRUCTURE

- sg single grain
- m massive
- cr crumb
- gr granular
- sab subangular blocky
- ab agular blocky
- pl platy
- pr prismatic

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 217-222-38
Lot #: 1
File #: 6625B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Superior Custom Homes
Applicant:
Address: 958 N. Anderson Road, Rock Hill, SC 29730
Date Evaluated: 9/20/2006
Proposed Facility: Residence
Design Flow (.1949): 480 gpd
Property Size: 1.64a
Location of Site: Bunch Walnuts Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,6	0-4	GR/SL	VFR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	NA	NA	PS,IV
		4-42	SBK/C	FI/S/P/SEXP					.3 GPD/FT^2
		42-48	SBK/SCL	FR/S/P/SEXP					
2	"	0-3	GR/SL	VFR/SS/SP/SEXP	"	"	"	"	"
		3-32	SBK/C	FI/S/P/SEXP					
		32-48	SBK/SCL	FR/S/P/SEXP					
3	"	0-5	GR/SL	VFR/SS/SP/SEXP	"	"	"	"	"
		5-32	SBK/C	FI/S/P/SEXP					
		32-48	SBK/SCL	FR/S/P/SEXP					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIb	IVa
Site LTAR	.3 GPD/FT^2	.3 GPD/FT^2

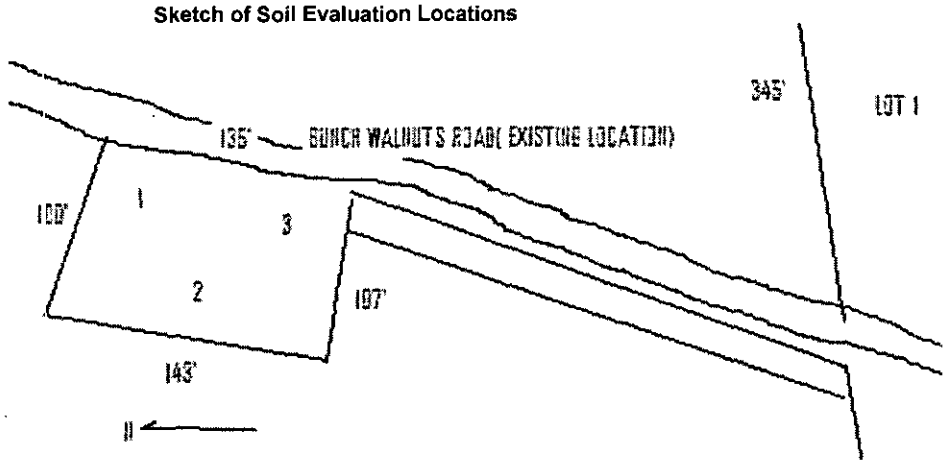
Other Factors (.1946):
Site Classification (.1948): Provisionally Suitable
Evaluated By: Chris Sherrill, LSS 9/21/06
Others Present:

COMMENTS: Soils evaluated at easement of PO 217-222-[illegible]35

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
Health Department

July 25, 2006

Superior Custom Homes
958 N. Anderson Road
Rock Hill, SC 29730

Re: Application for improvement permit for
Property Site: Lot1, Bunch Walnuts Road
Health Department file number: **6625B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on July 14, 2006 evaluated the above-referenced property at the site designated on the plat that accompanied your improvement permit application. According to your application the site is to serve a 5-bedroom residence, with a daily design flow of 600 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE** for a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☒ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☒ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☒ Unsuitable soil wetness condition (Rule .1942)
- ☒ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☐ Other (Rule .1946)

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or offsite to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE,** and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is July 25, 2006. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

You may call or write the local health department if you need any additional information or assistance.

Sincerely,

Chris Sherrill, R.S.
Authorized Agent - DENR

Encl: (2)

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 3
Property ID: 217-222-38
Lot #: 1
File #: 6625B
Code: 3

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Superior Custom Homes
Applicant:
Address: 958 N. Anderson Road, Rock Hill, SC 29730
Date Evaluated: 7/14,19/2006
Proposed Facility: Residence
Design Flow (.1949): 600 gpd
Property Size: 1.64a
Location of Site: Bunch Walnuts Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [x] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS,20	0-13	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	32	U	NA	US
		13-32	ABK/C	VFI/VS/VP/EXP					
		32-48	M/SAP	CL					
2	"	0-27	GR/SL	VFR/SS/SP/SEXP	2.5Y 7/1 @ 36"	36	U	"	PS,IV
		27-36	SBK/SCL	FR/S/P/SEXP					.25 GPD/FT^2
		36-48	M/SAP	CL					
3	"	0-10	GR/SL	VFR/SS/SP/SEXP	2.5Y 7/1 @ 15"	24	U	"	"
		10-24	SBK/SCL	FR/S/P/SEXP					
		24-37	M/SAP	SCL					
4	"	0-10	GR/SL	VFR/SS/SP/SEXP	2.5Y 7/1 @ 24"	30	U	"	"
		10-30	ABK/SC	VFI/VS/VP/EXP					
		30-36	M/SAP	SCL					
5	"	0-15	GR/SL	VFR/SS/SP/SEXP	2.5Y 7/1 @ 15"	30	U	"	"
		15-30	ABK/C	VFI/VS/VP/EXP					
		30-39	M/SAP	SCL					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

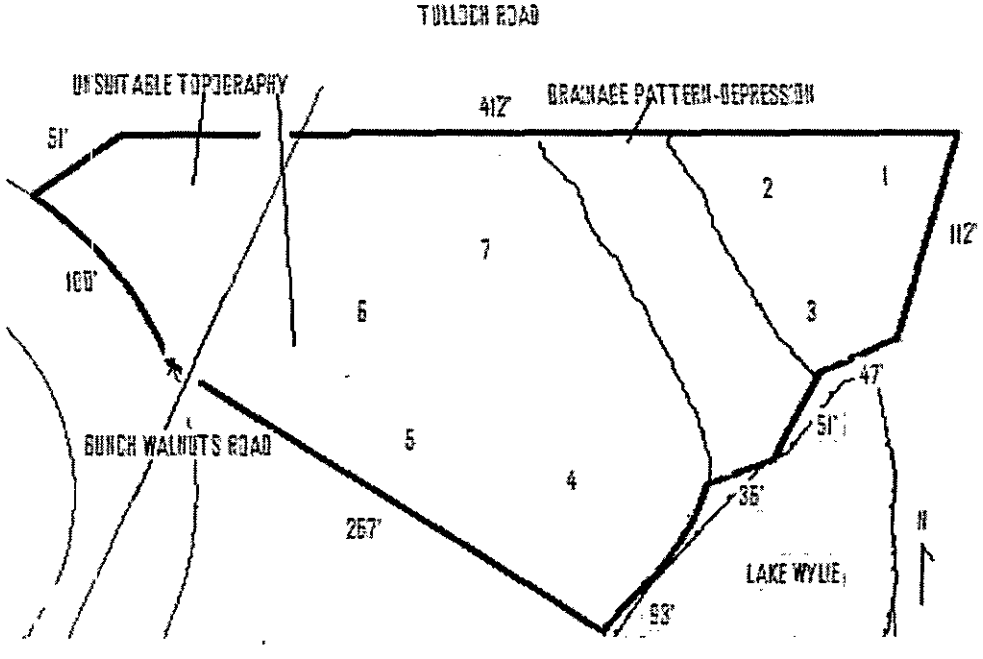
Other Factors (.1946):
Site Classification (.1948): Unsuitable
Evaluated By: Chris Sherrill, RS, LSS 7/14/06
Others Present: Mike Faulkner, 7/14/06; Bill Marlin, LSS 7/19/06

COMMENTS: 100% Repair Area

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 3 of 3
File #: 6625B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
6	LS,20	0-7	GR/SL	VFR/SS/SP/SEXP	2.5Y 7/1 @16"	26	U	NA	US
		7-26	ABK/C	VFI/VS/VP/EXP					
		26-33	M/PL/SAP	SC					
7	"	0-15	GR/SCL	VFR/SS/SP/SEXP	>42" TO SOIL WETNESS	30	U	"	"
		15-30	ABK/C	VFI/VS/VP/EXP					
		30-42	M/SAP	SCL					

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: 217-222-38
Lot #: 1
File #: 6625B
Code: 3

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Superior Custom Homes
Applicant:
Address: 958 N. Anderson Road, Rock Hill, S. C. 29730
Date Evaluated: 7/12/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 1.64a
Location of Site: Bunch Walnuts Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 12	0-3	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1 at 11"	12+	N/A	NONE	US
		3-12	SBK/SC	VFI/EXP/VS/VP					
2	"	0-4	GR/SCL	FR/SEXP/SS/SP	2.5Y7/1 at 12"	13+	"	"	"
		4-13	SBK/SC	VFI/EXP/VS/VP					
3	LS, 10	0-3	GR/SCL	FR/SEXP/SS/SP	"	14+	"	"	"
		3-7	SBK/SCL	"					
		7-14	SBK/SC	VFI/EXP/VS/VP					
4	LS, 15	0-30	GR/SL	VFR/SEXP/NS/NP	2.5Y7/1 at 32"	34+	"	"	"
		30-34	SBK/SC	VFI/EXP/VS/VP					
5	LS, 20	0-4	GR/SL	VFR/SEXP/NS/NP	2.5Y7/1 at 16"	18+	"	"	"
		4-15	SBK/SCL	FR/SEXP/SS/SP					
		15-18	SBK/SC	VFI/EXP/VS/VP					

Description	Initial System	Repair System
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 7/12/2006. W. R. Marlin
Others Present:

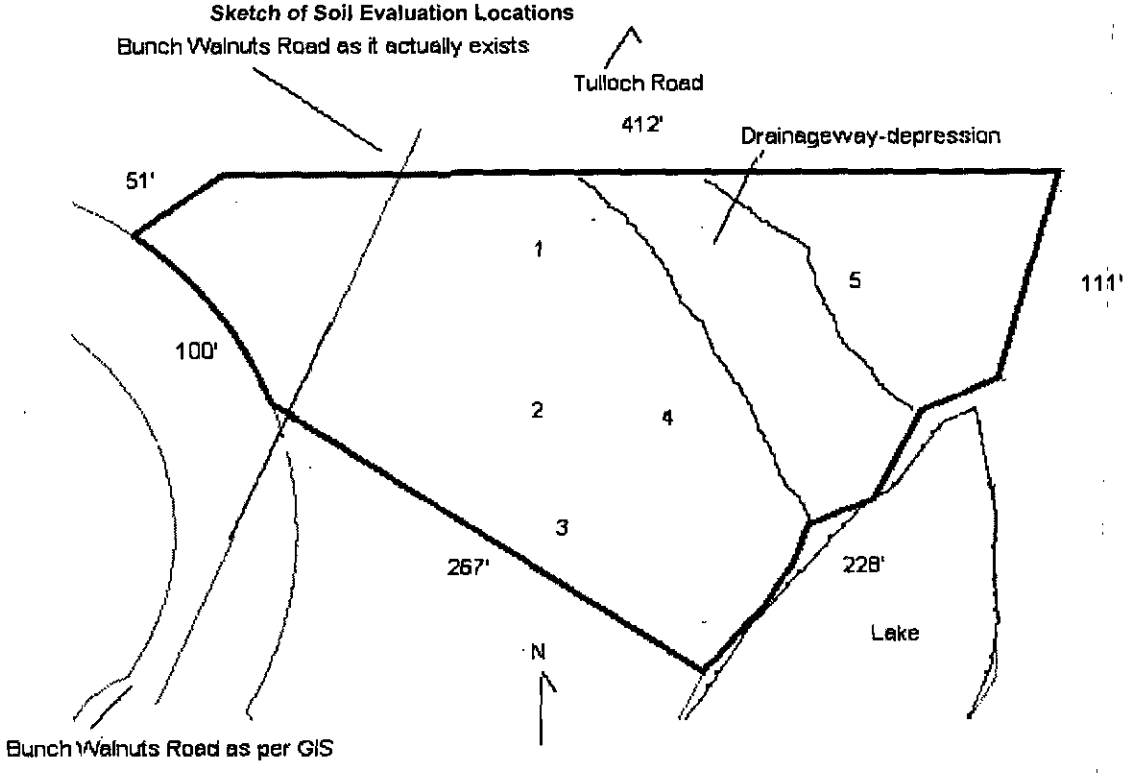
COMMENTS:

Does not appear to require 100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



2nd Site Evaluation
#1066 7/13/06 JRA
OWS – RES. APP 07/05

or mail 200.00 X359 ft

SEPTIC FEE: 200
DATE: 6/29/06
CRT [ ] gc

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6625B

WELL FEE: 235918
DATE:
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:
TAX/PARCEL #: 21222238
STREET ADDRESS: lot 1 Bunch ~~s~~ Walnuts Rd
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 1
TOWNSHIP:
☒ 3-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☒ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 7000
NUMBER OF BEDROOMS: ~~5~~ 4
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:
NAME: Superior Custom Homes
ADDRESS: 958 N. Anderson Rd.
CITY: Rock Hill
STATE: SC ZIP: 29730
HOME PHONE: 803-326-2000 WORK PHONE:
MOBILE PHONE: 803-242-2787 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 6-29-06 Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

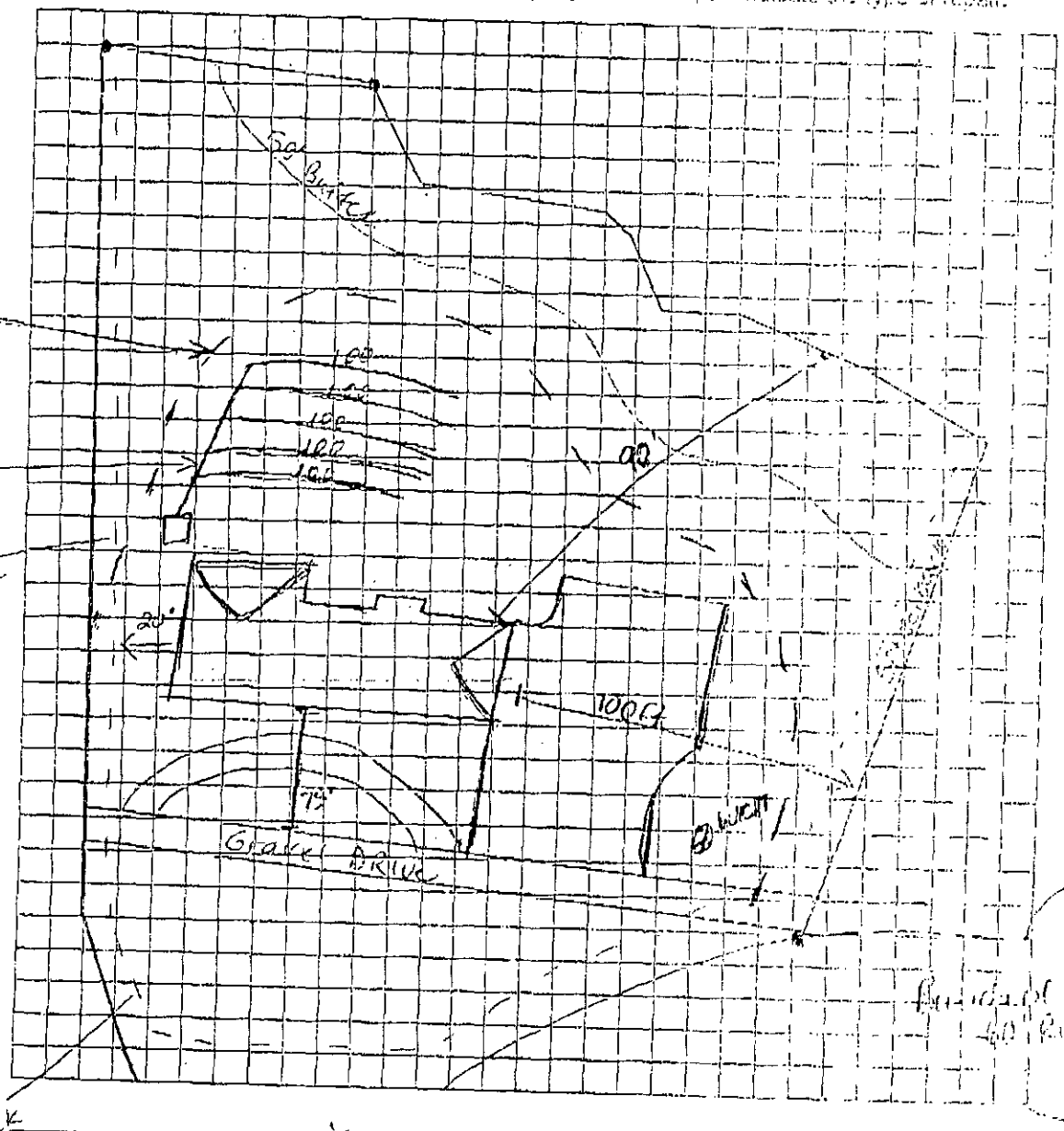
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-4894

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) 336-6694

File # ___
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.



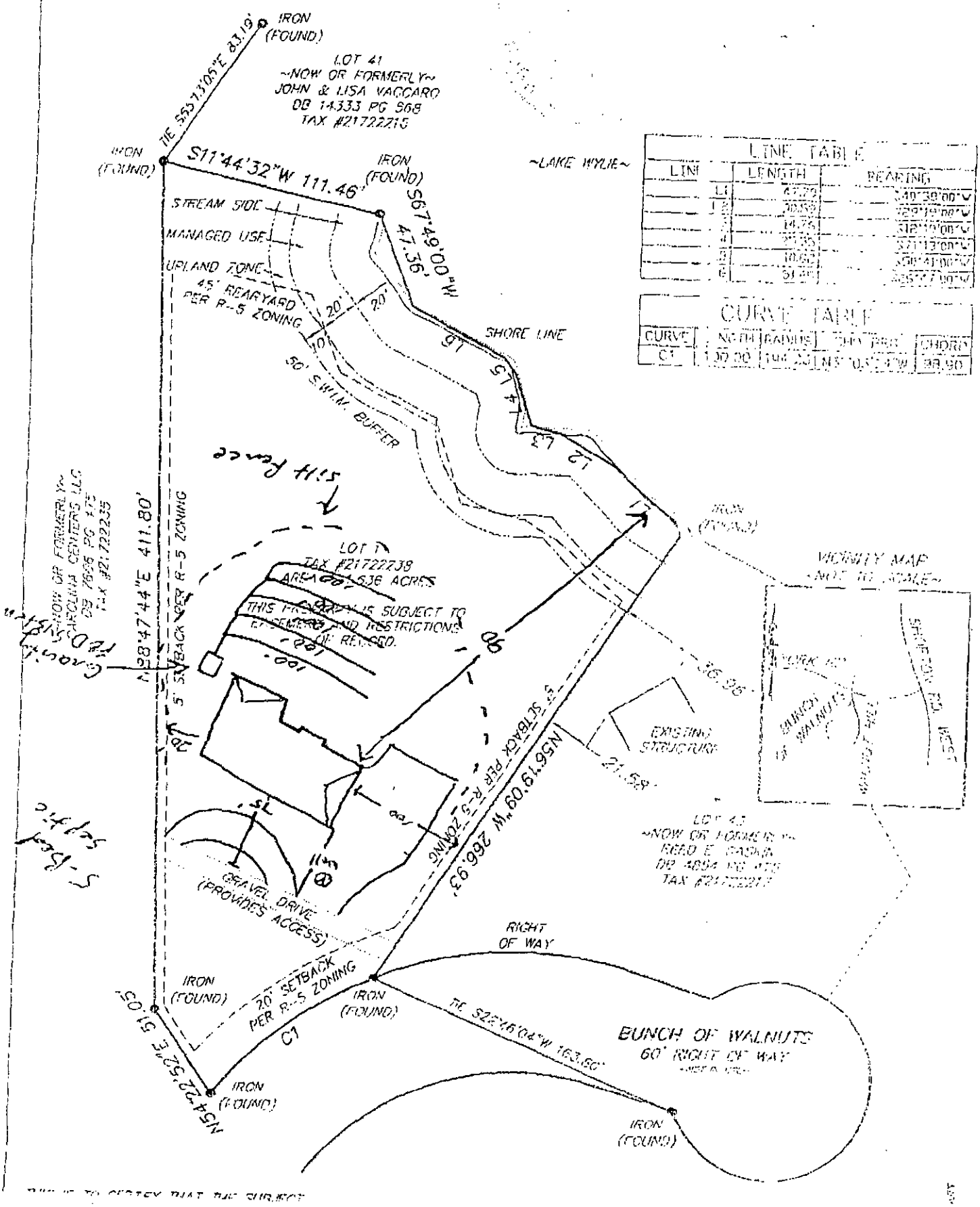
Owner/Agent Signature Melissa Hamilton

Date 6/29/06

THIS IS TO CERTIFY THAT ON THE 25th DAY OF APRIL 2006 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____
REGISTERED SURVEYOR

NORTH PER PLAT 25\276



LINE TABLE

LINE	LENGTH	BEARING
L1	47.36'	S40°38'00"W
L2	30.59'	S29°19'00"W
L3	14.75'	S12°19'00"W
L4	37.35'	S21°13'00"W
L5	10.62'	S58°41'00"W
L6	51.48'	S85°27'00"W

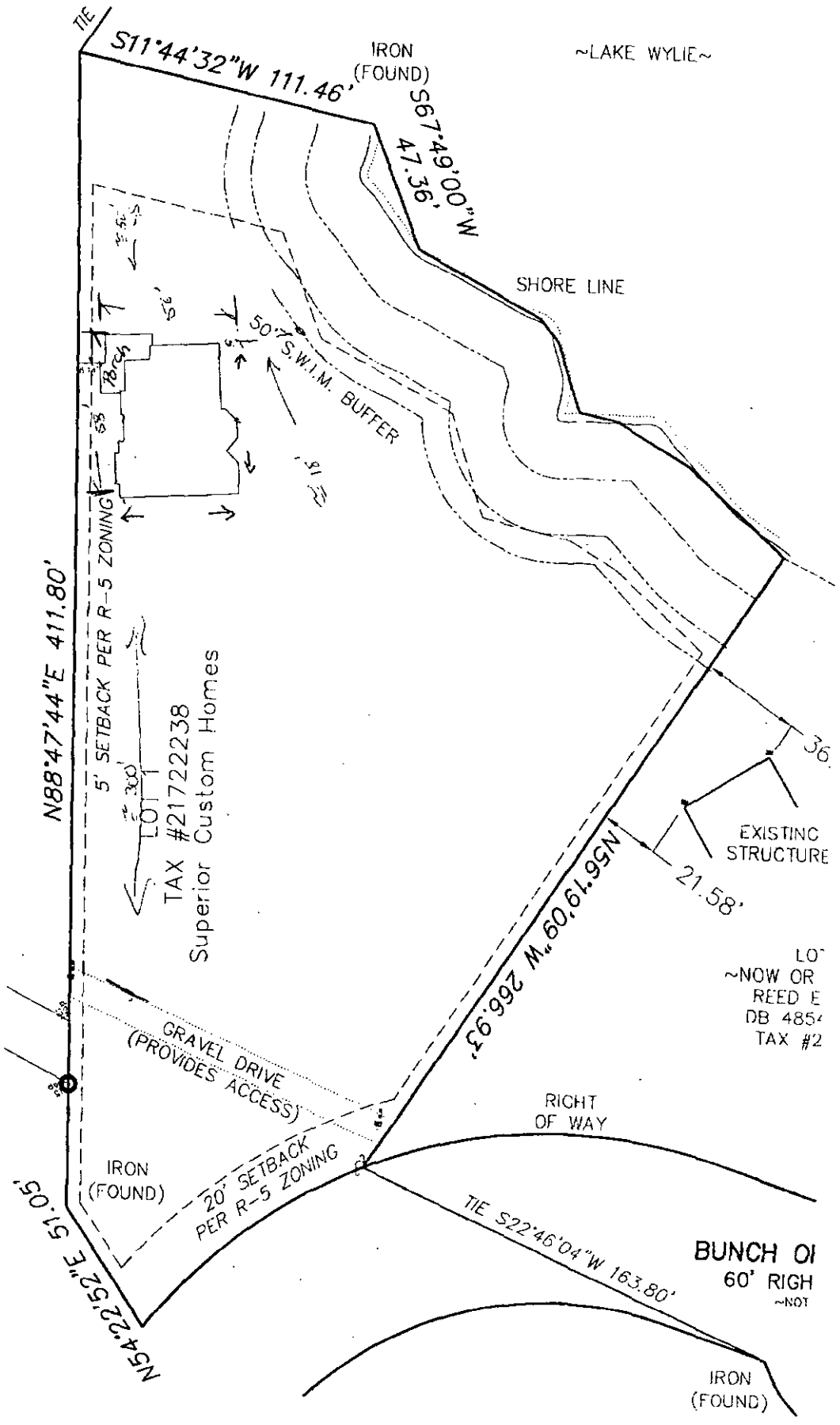
CURVE TABLE

CURVE	NORTH	RADIUS	CHD BRG	CHORD
C1	130.00'	144.35'	N53°10'58"W	38.90'

File # 6625B

704-336-6894

Chris



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/13/06
Receipt #: 45035
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X35918
Contractor: FAULKNER MICHAEL J
Attn:
Address: 958 N ANDERSON RD
Address:
City/State/Zip: ROCK HILL, SC 29730

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations FILE 6625B/LOT 1		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	999.62	12.48			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/23/07	**Amount:**	150.00
Receipt #:	47835	**Tendered:**	150.00
Check / Auth #:	CHECK 2076	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: SUPERIOR CUSTOM HOMES, LLC
Attn:
Address: 958 N. ANDERSON RD
Address:
City/State/Zip: ROCK HILL, SC 29730

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 16409 BUNCH WALNUTS/FILE 6625B		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
125.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/23/07	**Amount:**	150.00
Receipt #:	47836	**Tendered:**	150.00
Check / Auth #:	CHECK 2076	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: SUPERIOR CUSTOM HOMES, LLC
Attn:
Address: 958 N ANDERSON RD
Address:
City/State/Zip: ROCK HILL, SC 29730

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 16409 BUNCH WALNUTS/FILE 6625B		1	150.00	150.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
125.00					

FILE NUMBER: 6625B DN. Revised On: August 31, 2007 APPLICATION NUMBER: 3513

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: 400.00
DATE: 5/13/08
CHK 2269

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 21722238
STREET ADDRESS: 16409 BUNCH OF WALNUTS RD
CITY: CHARLOTTE, NC
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres):
TOWNSHIP:
☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** — ALREADY INSTALLED —

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☐ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☐ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☐ NO

10. **PROPERTY OWNER:**
NAME: TONY QUINN
ADDRESS: 13302 WENDY POINTE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28056
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: MARSHALL FOMSTEK
ADDRESS: 1020 N. ANDERSON RD
CITY: ROCK HILL
STATE: SC ZIP: 29730
HOME PHONE: 803.831.6391 WORK PHONE: 803.366.5431
MOBILE PHONE: 803.372.8798 FAX: 803.324.2606

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely *responsible for the proper identification* and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Marshall Fomstek 5/9/08
Property Owner's or Owner's Legal Representative Signature Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Marshall Fomstek 5/9/08
Property Owner's or Owner's Legal Representative Signature Date

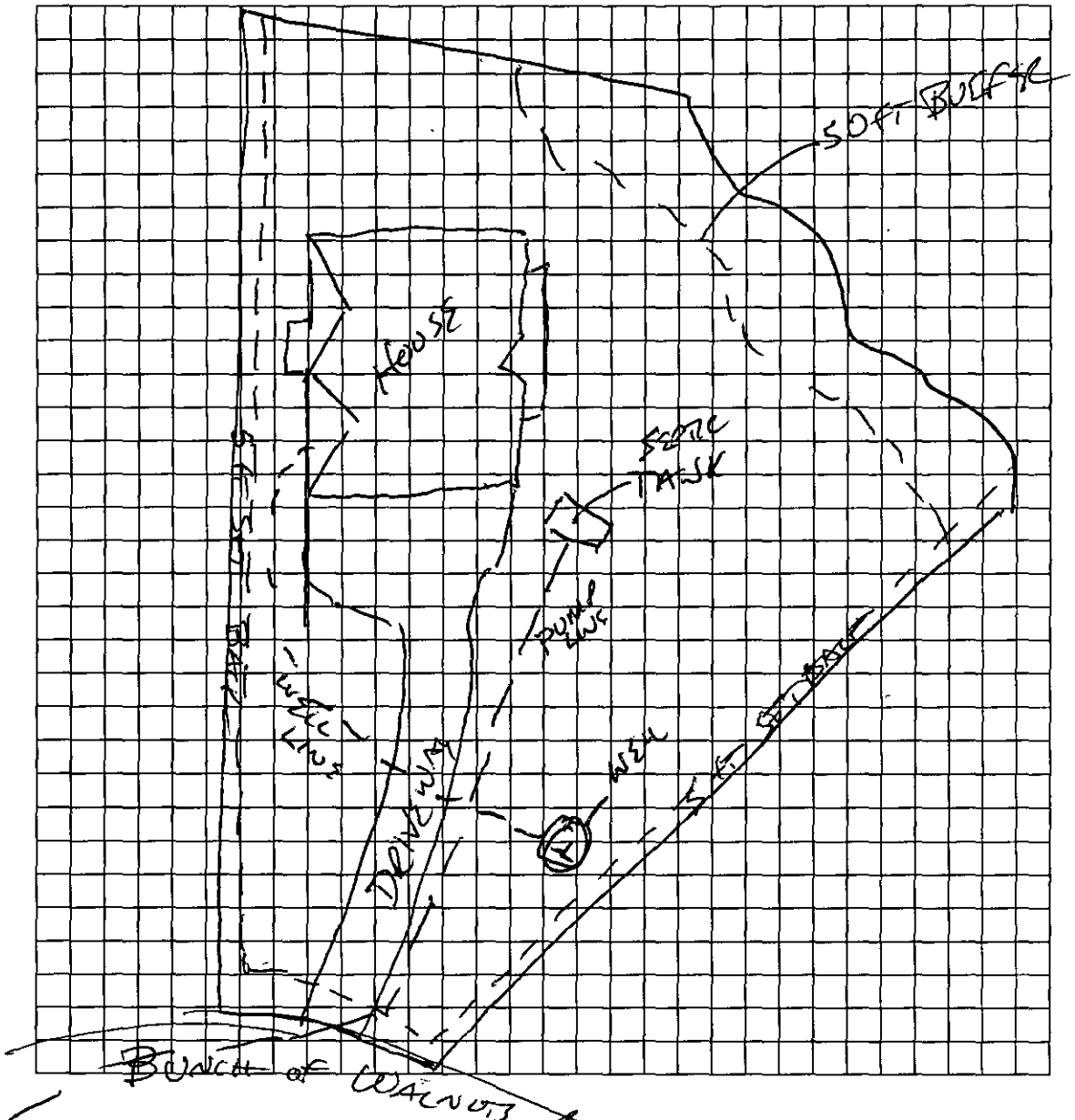
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☒ UN-SCALED SITE PLAN SUBMITTED

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 #_____
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.



OFF SITE DRAIN FIELD

Owner/Agent Signature	
Date	5/9/08

LBC 12/15/04

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001835 **File #:** 6625B **Tax Parcel #:** 217-222-38
Property Owner: SUPERIOR CUSTOM HOMES
Job Location Address: 16409 BUNCH WALNUTS RD
City/ETJ: CHARLOTTE **State:** NC **Zip Code:** 28278
Permit Issuance Date: 1/24/2007
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: None

Area of Regulated Groundwater Usage Restrictions Apply: NO

Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

General Conditions of This Permit:

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

Specific Conditions of This Permit (Check all that apply):

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

Other Conditions of This Permit:

Chris Sherrill, RS, LSS
Authorized Agent: Print Name

Signature:

MARSHALL FEINSTER
Owner/Legal Agent: Print Name

Signature:

Thomas M Sherrill 1/12/07 TC #- 217-222-38

(Signature) (Date)

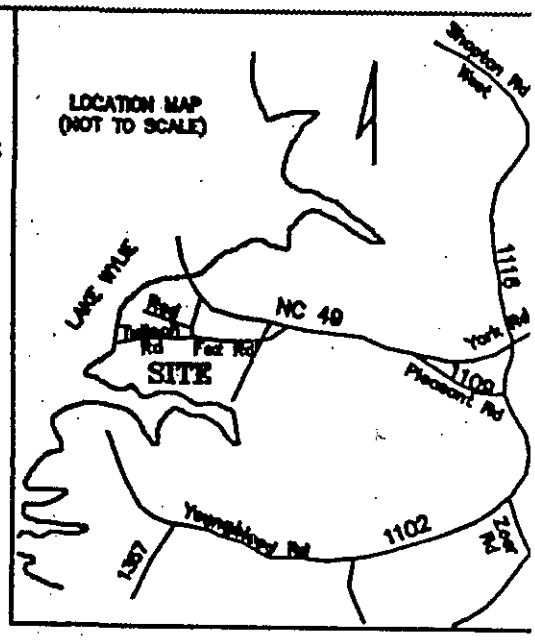
4 LINES @ 3'x100'

CAROLINA CENTERS, LLC

D.B. 7606, PG. 475
D.B. 8074, PG. 687
TAX REF: 217 222 35
(38.91 ACRES±)

1"=100'
- 1500 gal ST
- 1000 gal PT
- LTAR 0.3 GPD/FT²
- 480 GPD - 4 BR
- TYPE III b PUMP 25% REDUCTION INITIAL
- TYPE IV a LP PPBPS 50% REDUCTION REPAIR

20' SEPTIC SYSTEM PIPE EASEMENT (AREA = 0.13 AC)



IPS
S87°37'35"E 99.68'
IPS
AREA = 0.30 ACRE
1/2" RECHK AREA
N15°02'21"E 143.32'
S20°08'03"W 138.53'
IPS 29.18'
IPS
N72°03'45"W 86.94'
IPS
PM
27.03'
288.59'
N25°42'12"E 92.44'
S25°42'04"W
BUNCH WALNUTS RD (existing location)
#4 REB(F)
44.00'
345.36'
#5 REBAR(F)
S 88°47'44" W 411.88'
56'x58' House
LOT 1
BEACHGLASS DEVELOPMENT LLC
DB 19639 PG 696
MB 32 PG 354
TAX REF: 217 222 58
WELL SITE
SLEEVE W/ SCH 80
50'
41
MB 17 PG 506
L. WYLIE
BUNCH WALNUTS RD
PB 25 PG 276
43
MB 17 PG 506

"THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS."

NO NCGS MONUMENT WITHIN 2000' OF SITE

THIS SURVEY CREATES A SUBDIVISION OF PROPERTY IN AN AREA OF THE COUNTY HAVING AN ORDINANCE REGULATING PARCELS OF LAND.

0.30 ACRE LOT CREATED FOR SEPTIC TANK PURPOSES AND IS NOT A BUILDABLE LOT.

NOTES:

(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND

PROPERTY SUBJECT TO ANY VALID AND ENFORCEABLE EASEMENTS, RESTRICTIONS AND RIGHTS OF WAY OF RECORD AND THOSE SHOWN, IF ANY, SHOULD BE INDEPENDENTLY VERIFIED. NO TITLE OPINION HAS BEEN PROVIDED TO THE SURVEYOR.

NAMES AND DEED REFRENCES SHOWN ARE FOR DESCRIPTIVE PURPOSES ONLY, NOT TO BE USED FOR DETERMINING TITLE.

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NORTH CAROLINA PROFESSIONAL SEAL L-3318 LAND SURVEYOR JAMES W. CAPPS

NORTH CAROLINA

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* AS SHOWN

JAMES W. CAPPS
PROFESSIONAL LAND SURVEYOR
L-3318

FILE NUMBER: 6605B

Revised On: January 3, 2007

APPLICATION NUMBER: 1835

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: 400.00
DATE: 1/23/07
CK# 20768

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 21722238
STREET ADDRESS: 16409 Bunch Walnuts
CITY: Charlotte
STATE: NC ZIP:
SUBDIVISION NAME:
LOT #: 1 LOT SIZE (acres):
TOWNSHIP:

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

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☑ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

8A. **RANK:** ☐ ANY TYPE ☑ CONVENTIONAL 1 ☑ ACCEPTED 2 ☑ INNOVATIVE 4 ☑ ALTERNATIVE 3 ☑ OTHER 5 _____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	JURISDICTIONAL WETLANDS	☐ YES	☑ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☑ NO

10. **PROPERTY OWNER:**

NAME: Superior Custom Homes
ADDRESS: 958 North Anderson Rd
CITY: Rock Hill
STATE: SC ZIP: 29730
HOME PHONE: WORK PHONE: 803-326-2600
MOBILE PHONE: FAX: 803-326-2601

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____

13 **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Mark Foster 1-22-07
Property Owner's or Owner's Legal Representative Signature Date

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Mark Foster 1-22-07
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Christopher M Sleeman 1/12/07

TC #- 217-222-38

(Signature) (Date)

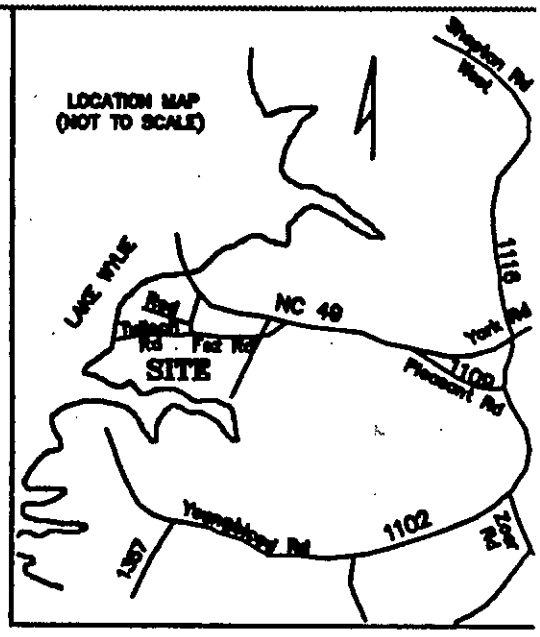
4 LINES @ 3'x100'

CAROLINA CENTERS, LLC

D.B. 7606, PG. 475
D.B. 8074, PG. 687
TAX REF: 217 222 35
(38.91 ACRES±)

1"= 100'
- 1500 gal ST
- 1000 gal PT
- LTAR 0.3 GPD/FT²
- 480 GPD - 4 BR
- TYPE III b PUMP 25% REDUCTION INITIAL
- TYPE IIIa LP PPBPS 50% REDUCTION REPAIR

20' SEPTIC SYSTEM PIPE EASEMENT (AREA = 0.13 AC)



IPS S87°37'35"E 99.66' IPS
N15°02'21"E 143.32'
S20°08'05"W 136.53'
AREA = 0.30 ACRE
IPS 29.18' PM
IPS N72°03'45"W 86.94' IPS
N25°42'12"E 27.83'
S25°42'04"W 288.58'
22.44'
BUNCH WALNUTS RD (existing location)

#4 REB(F) 44.00' 345.36' #5 REBAR(F)
S 85°47'44" W 411.80'
56'x58' HOUSE
LOT 1
BEACHGLASS DEVELOPMENT LLC
DB 19639 PG 698
MB 32 PG 354
TAX REF: 217 222 38
41
MB 17 PG 506
50'
50'
50'
50'
DRIVE
WELL SITE
SLEEVE w/ SCH 80
BUNCH WALNUTS RD
PB 25 PG 576
L. WYLIE
43
MB 17 PG 506

"THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS."

NO NGS MONUMENT WITHIN 2000' OF SITE

THIS SURVEY CREATES A SUBDIVISION OF PROPERTY IN AN AREA OF THE COUNTY HAVING AN ORDINANCE REGULATING PARCELS OF LAND.

0.30 ACRE LOT CREATED FOR SEPTIC TANK PURPOSES AND IS NOT A BUILDABLE LOT.

NOTES:
(S) DENOTES OBJECT SET
(F) DENOTES OBJECT FOUND

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EXHIBIT A

[SEE ATTACHED MAP]