CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4663 A DATE: 8/13/98

TC: 217 013 24 ☑ L ☐ CRT

SERIAL № 17322

Name of Owner Cynthia Brown Juris.:

Address of Property 14921 Crooked Branch Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Well

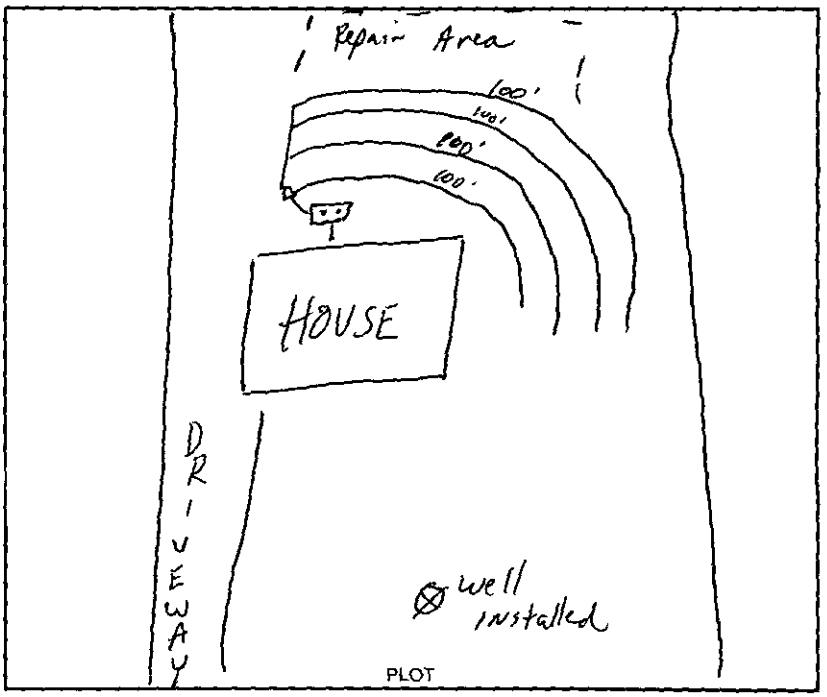
Distance to Water Source >50'

Excavation Inspected 8/13/98

Tank(s) Inspected 8/13/98

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Design 1998, 1500ST, CON, 1200SFT, 12'stone Cecil CTR# WT Norwood

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

COMMENTS: Septic system installed ~~in accordance with~~ for a 3 bedroom residence. Type II

Philo S. Walker R.S.
Environmental Health Specialist

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

3408 Fredrickson Motor Express
N. Graham Street
085-073-40
15000 York Rd

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

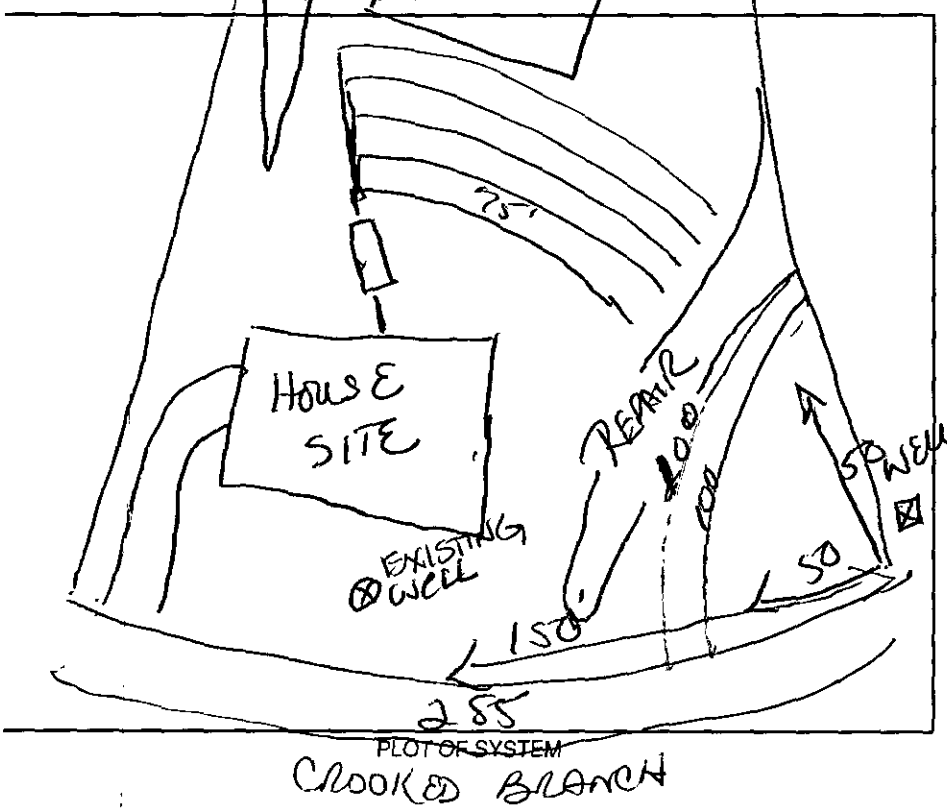
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4663A DATE: 6-18-98

TC: 217-013-24 ☑ L

SERIAL Nº 17747

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 6/18/98. *All work shall be completed* on or before 7/18/98, *after which* date this permit shall be null and void. The system shall meet all of the *construction requirements* of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system *anticipated to be constructed* will operate properly, or relieve any person now or hereafter owning, *controlling or using such system* from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

CROOKED BRANCH

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank PCC gallons

Tank Construction —

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 50' feet

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

NAME OF OWNER CALVIN COX

LOCATION OF PROPERTY 14921 Crooked Branch Lane

Comments: 1500 SEPTIC TANK (W) 4 LINES @ 3X100X12" ON CONTOUR.

Joni E Huggins

Environmental Health Specialist

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/1/98 PERMIT NO: 4663A
PARCEL NO: 217-013-24

JOB LOCATION ADDRESS: 14921 Crooked Branch Lane
PROPERTY OWNER: Calvin Cox
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Jane E Diggins, RS. DATE: 7/1/98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4663A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Installation Approval Required.

OWNER CERTIFICATION

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

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4663A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 217-013-24

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
yd Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	12 Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) SYSTEM TO BE INSTALLED ON CONTOUR.
(2) DRAINLINES shall be 15' AWAY FROM DEPRESSION.

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	POSSIBLE 25% REDUCTION	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9 Trench spacing (min. on centers)	36" Maximum Trench Depth	

For existing system, enter the year originally installed:

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

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

Joni E Higgins 7-1-98
DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

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

Sheet
PROPERTY ID #:
COUNTY:

4-1-98 paid CK # 2845 200 00

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

#1 4603A 217-013-24 L24

OWNER: Cynthia R. Brown APPLICANT:
ADDRESS: 7243 Meeting St. Charlotte APPLICATION DATE: DATE EVALUATED:
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 1.4
LOCATION OF SITE: 14921 Crooked Branch Lane PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 2%	0-3"	gr/cl	Fr/SEXP/SS/SP	>36" TO Chroma 2 colors	36"	N/A	None	PS .39/1.2 IV
		3-20"	SBK/cl	Fr-Fi/SEXP/SP					
		20-36"	SBK/scl	Fr/SEXP/SS/SP					
2	R 20%	0-6"	gr/cl	Fr/SEXP/SS/SP	>48" TO Chroma 2 colors	48"	N/A	None	PS .39/1.2 IV
		6-46"	SBK/c	Fr-Fi/SEXP/SP					
3	R 15%	0-5"	gr/cl	Fr/SEXP/SS/SP	>48" TO Chroma 2 colors	48"	N/A	None	PS .39/1.2 IV
		5-46"	SBK/c	Fr-Fi/SEXP/SP					
4	SR LS	0-4"	gr/cl	Fr/SEXP/SS/SP	>43" TO Chroma 2 colors	43"	N/A	None	PS .39/1.2 IV
		4-43"	SBK/c	Fr-Fi/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Limited PS	PS
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Marks 7-7-96
OTHER(S) PRESENT:

FEE: 100.00 -02 #

DATE: 6/26/96 2561

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

1 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4663A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-013-24.001

STREET ADDRESS: 14921 Crooked Branch Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Broad Oaks

LOT NUMBER: LOT #24 M22

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2500 sq ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE 7-17-96 *

Note: Contingency of property perking!

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

NA

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Brown Cynthia R.
(LAST) (FIRST) (MI)

ADDRESS: 7243 Meeting St

CITY: Charlotte STATE: N.C. ZIP: 28210

DAYTIME PHONE: (704 357-3800 Ext 215

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Cynthia R. Brown DATE: 6/26/96

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

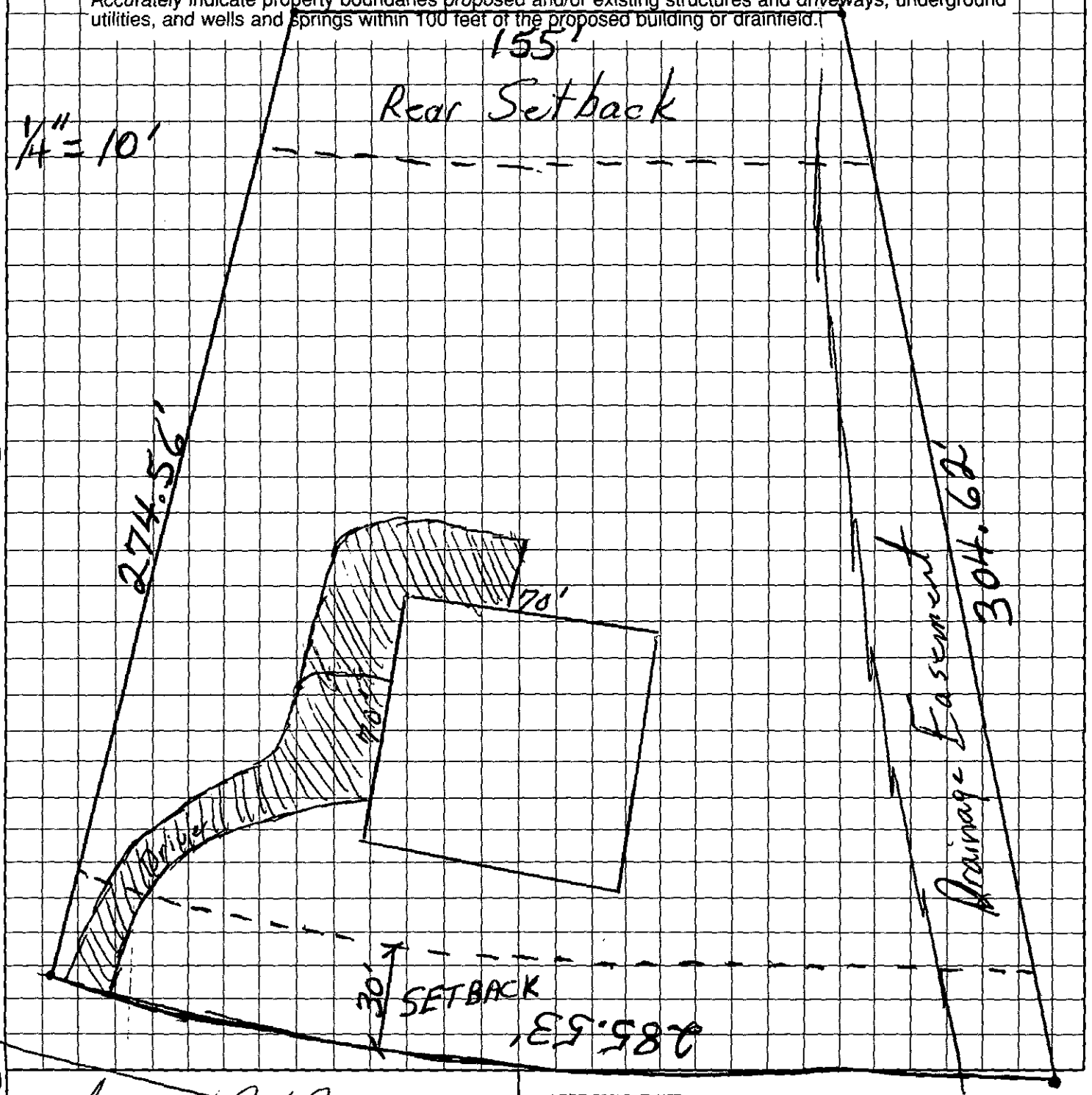
PROPOSED PLOT PLAN

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

FILE: 4663A

TC: 217-013-24

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.



OWNER/AGENT SIGNATURE Cynthia A. Brown

DATE 6/26/96

APPROVAL DATE

CROOKED BRANCH LANE

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

OMMENTS: 1006 Repair

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)				
(Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
(Shoulder Slope)		SLC (Silt Loam Clay)				
(Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SIC (Silty Clay)			FI (Firm)	S (Sticky)
					VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None		EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

OTES

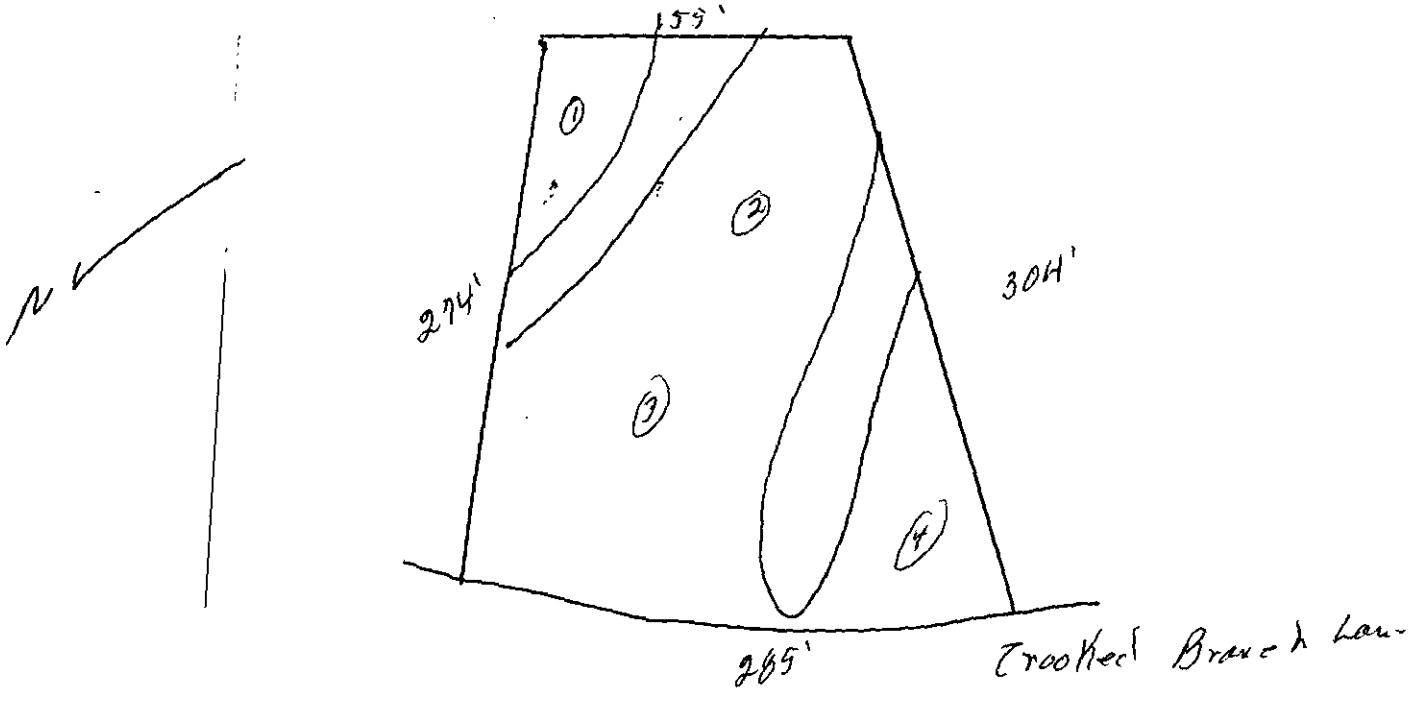
ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRUCTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

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

#663A




YORK
RD.
MAJESTIC
PLEASANT HILL RD.
DUKE POWER R/W
BRANCH
CROOKED
VIEW
LN.
DR.
CT.
1.03AC
1.09AC
1.01AC
1.17AC
1.42AC
1.75AC
1.88 AC
1.6 AC
1.62AC
13
600'
660'
1391'
2640'
1742.64'

4673A

Allen Tate, REALTORS®

4663A

OFFER TO PURCHASE AND CONTRACT

Cindy Braun as Buyer,
hereby offers to purchase and Tonas and Judy Worthy as Seller,
upon acceptance of said offer, agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and such personal property as is listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. **REAL PROPERTY:** Located in the City of Charlotte, County of Mecklenburg,
State of North Carolina known as and more particularly described as:
Street Address 4921 Creekside Brook Lane, Lot 24 Zip 28278
Legal Description 211.013.24001

2. **PERSONAL PROPERTY:** None

3. **PURCHASE PRICE:** The purchase price is $ 38,000.00 and shall be paid as follows:
(a) $ 500.00 in earnest money paid by Cash to be held in escrow by Allen Tate Company, as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;
(b) $ n/a by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;
(c) n/a by a promissory note secured by a purchase money deed of trust on the property. (See Purchase Money Financing Addendum)
(d) $ 37,500.00 the balance of the purchase price in cash at closing.

4. **CONDITIONS:** (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)
(a) The Buyer must be able to obtain a firm commitment on or before 7/1/96, effective through the date of closing, for a ~~34,000.00~~ Conv loan in the principal amount of $ 34,200 for term of 12 year(s), at an interest rate not to exceed 11% per annum, with mortgage loan discount points not to exceed 1 % of the loan amount. Buyer agrees to use his best efforts to secure such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any closing costs, those costs are as follows:
(b) The Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above for the remainder of the loan term, at an interest rate not to exceed n/a % per annum fixed or , with a monthly P & I of with mortgage loan assumption and/or discount points not to exceed % of the loan balance. (See Standard Provision No. 2). If such assumption requires the lender's approval, approval must be granted on or before Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, those costs are as follows: n/a
(c) There must be no restriction, easement, zoning or other governmental regulation that would prevent the reasonable use of the real property for R.S.Dential purposes.

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

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

7. **CLOSING:** All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before July 11, 1996, at a place designated by Buyer's
The deed is to be made to as directed at closing

8. **POSSESSION:** Possession shall be delivered at closing
In the event that Buyer and Seller have agreed that possession is delivered at a time other than at closing, then n/a agrees to pay to n/a the sum of $ n/a per day to/from and including, the date of closing and to/from including the date that possession is delivered as above set forth.

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

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

Listing Agency: _____
Is the agent of (check one):
☒ the Seller only
☐ *both the Buyer and Seller*

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

Date of Offer: 6/11/96

Cindy Braun (SEAL)
Buyer

(SEAL)
Buyer

Date of Acceptance:

(SEAL)
Seller

(SEAL)
Seller

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

Date 6-17-96 By: Kittie Kinnett Firm Allen Tate

Kittie Kinnett
Selling Agent

Allen Tate
Firm/Phone

Listing Agent

Firm/Phone

ATC # 2
Rev. 6/95

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

August 15th, 1988

Performance Investments, Inc.
1740 E. Independence Boulevard
Charlotte, NC 28205

RE: Property located at Crooked Branch Lane 24
FILE: 4663A
PARCEL: 21701202 PO

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 15442) 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 I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15442

File: 4663A Action 1

Parcel: 21701202 PO ☐ PC

Location: Crooked Branch Lane

Subdivision:

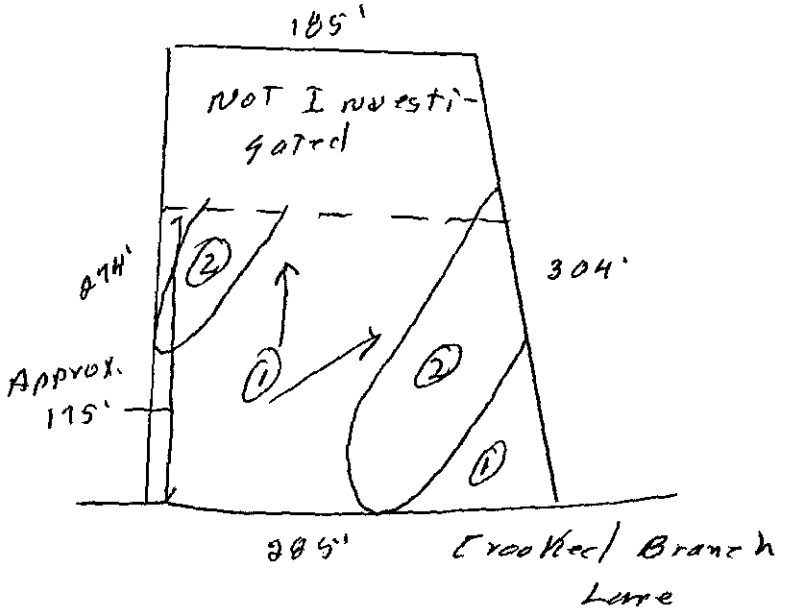
Lot: 24 Block: Acres: Approx 1.0 ac.

Owner: Performance Investments, Inc.
Address: 1740 E. Independence Boulevard
Charlotte, NC 28205

Comments: Very limited area system may need pump

Described by: William R. Thrift

Date: 8-12-96



***** 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 8-15%	S PS (U) Drainageway Depression	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 Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very 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	10A Cecil-like	Drainageway Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4663A

TC: _____

☐ PC ☐ REPT

1/17/88
Rec'd # 541
$30.00

JOB LOCATION

① ADDRESS: York Road at Pleasant Hill Road/Crooked Branch Lane

② SUBDIVISION: Royal Oaks ③ LOT: 24 ④ BLOCK: I

⑤ PARCEL REFERENCE: BOOK NO.: PO 217 PAGE NO.: 012 PARCEL NO.: 02

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

OWNER

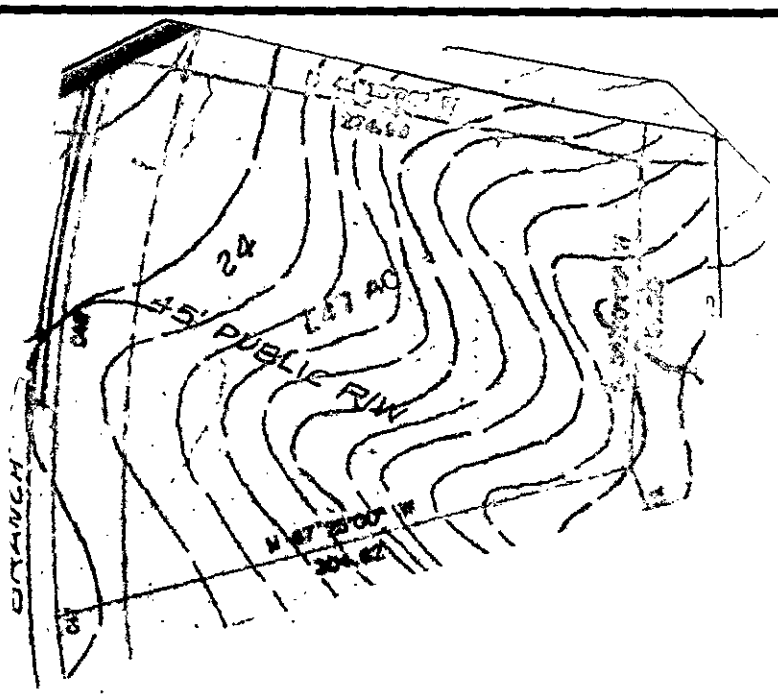
⑦ NAME: Performance Investments Inc.; Mr. Gary Allen, President
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1740 E. Independence Blvd.

⑨ CITY: Charlotte ⑩ STATE: N. C. ⑪ ZIP: 28205

⑫ PHONE: (WORK) (704) 372-2565 (HOME) _____

⑬ Accurately diagram and dimension lot.



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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

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

Date: 1/19/88

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY