

16933 JETTON RD

00133102

1/3/2008

duponbj

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

1-10-96

Phil Edwards & Plumbing Standards

Said This house is connected to CMUD

sewer now.

1-10-96

Went on to

CMUD

sewer.

3518B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 150.00 MK 3110 4/5/95 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Whitaker (last) Tim (first) (mi)
ADDRESS: 1728 Armstrong Park Dr. PHONE: (704) 866-9540
CITY: Gastonia, STATE: NC ZIPCODE: 28054

Date: 4/5/95

PROPERTY OWNER:
NAME: Showplace Homes, Inc. (last) (first) (mi)
ADDRESS: P.O. Box 561764 PHONE: (704) 597-5096
CITY: Charlotte STATE: NC ZIPCODE: 28256

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-331-02
STREET ADDRESS: 16933 Jetton Rd.
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: —

LOT NUMBER: 303 SEC. 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Ext. SYS.
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6
SYSTEM CLASSIFICATION: Exist.

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P) Existing

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Tim Whitaker Date: 4/5/95

NOTICE: Ben S.H. Inc.

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... AGREEMENT FORM ON FILE

CERTIFIED OPERATOR REQUIRED

PBBPS TYPE II

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date 5-10-95

WATER : 122791

Mecklenburg County
Health Department

May 9, 1995

Mr. Tim Whittaker
1728 Armstrong Park Drive
Gastonia, NC 28054

Dear Mr. Whittaker:

Re: 16933 Jetton Road
File: 3518B
Parcel: 001-331-02

Receipt of the plans and specifications for a conventional system of sewage treatment and disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Treatment and Disposal Systems." Our comments are listed below (see enclosed soil report):

1- The available area on this site is classified as **UNSUITABLE** according to the following rules:

(a) .1945 Available Space

For these reasons, the plans as submitted are disapproved.

This Department is not aware of any modified, alternative, or innovative systems that would allow for the issuance of an Improvement Permit for a wastewater treatment and disposal system on this property unless it can be demonstrated that this lot qualifies for exemption of 100% repair area under Rule .1945 (c). If this rule applies, possible ways to develop this lot may include submittal of a design plan for a Prefabricated, Permeable Block Panel System (PPBPS) and/or relocation of the well with proper abandonment of the existing well. Enclosed is a copy of Rule .1945 Available Space and .1956 Modifications to Septic Tank Systems.

You also have the right to an informal review with this Department, you have the right to appeal under G.S. 130A-24 through the State Office of Administrative Hearings (OAH), and to have the appeal held in Mecklenburg County.

If you have any questions concerning this matter, please contact me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems

cc: Mr. William Marlin, Soil Scientist
Showplace Homes, Inc., property owner

Enclosure

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028551

File: 3518 B Action 2

Parcel: 141-331-02 ☐ PC

Location:

Subdivision:

Lot: 3+4 Block: Acres: 1.1

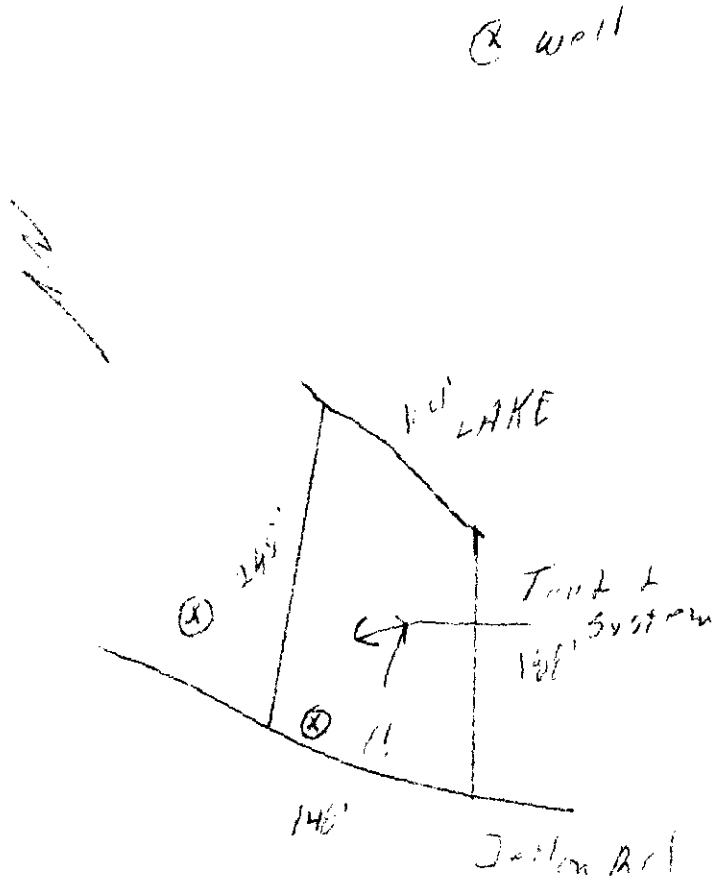
Owner:

Address:

Comments:

Described by:

Date:



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028551

File: 3516 B (2400) Action 2

Parcel: 001-331-02 ☐ PC

Location: 16433 Jetton Acres

Subdivision:

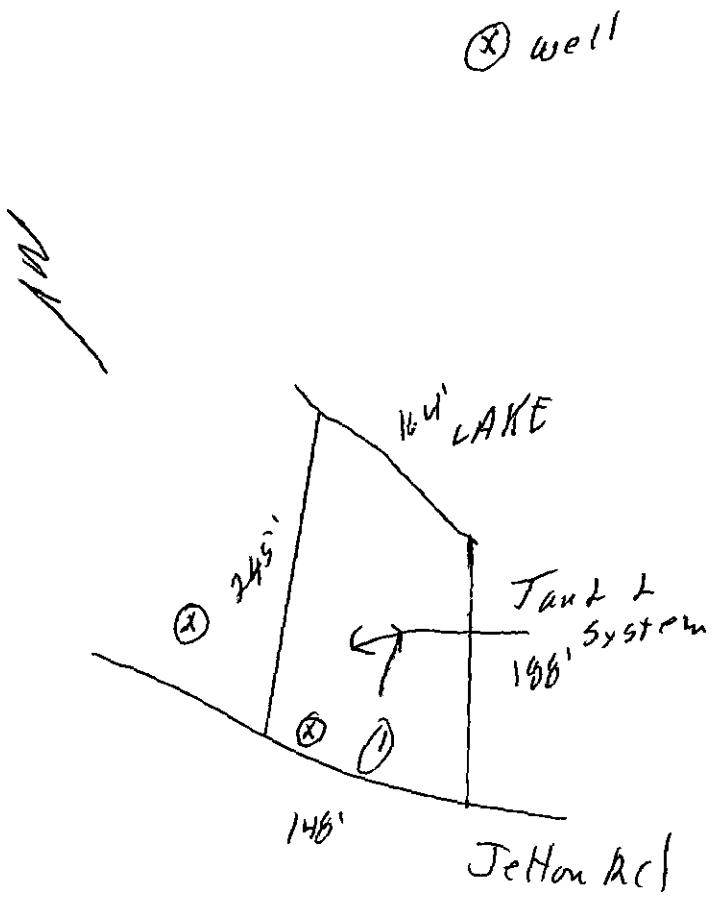
Lot: 303 Block: Acres: .67

Owner: Showplace Homes, Inc.
Address: P O Box 561761
Charlotte, N.C. 28256

Comments: .3 gal/ft²/day
LTAR - Std system
on soil

Described by: William R. Marsh

Date: 4-19-95



*** 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 6-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive 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 > 48" TO soil wetness	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U > 48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U > 48"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictive	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

35188

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 150.00 3/15/95 DS [ ] CRY

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: WHITTAKER (last) Tim (first) (mi) .67

ADDRESS: 1728 Armstrong Park Dr. PHONE: (704) 866-9540

CITY: GASTONIA, STATE: NC ZIPCODE: 28054

Date: 4/5/95

PROPERTY OWNER: Bill Showdoff

NAME: SHOWPLACE HOMES, INC. (last) (first) (mi)

ADDRESS: P.O. Box 561764 PHONE: (704) 597-5096

CITY: CHARLOTTE STATE: NC ZIPCODE: 28256

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-331-02

STREET ADDRESS: 16933 JETTON Rd.

ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 303 SEC. 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Ext. sys.
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION: Exist.

COMMERCIAL/INDUSTRIAL PRO
Type Business _____
Industrial Wastes (Y/N) _
Underground Storage Tanks

ared Well (S)
her 'spring' (O)
ting

FUTURE ADDITIONS - ALL PL
[ ] Swimming Pool
[ ] Garage

Kelly
Tim will be contacting you regarding this lot. I [illegible] the set back requirements [illegible] day, he will [illegible] to you [illegible]
later,
Philo

The undersigned, owner, [illegible] has read the foregoing application, acl[illegible] URG COUNTY HEALTH DEPARTMENT to enter onto

Signed: Tim Li

NOTICE: Ben [illegible]

The undersigned, an authc[illegible] ent has approved the the Request for the Job [illegible] e provisions of Laws And Rules For Sanitary S[illegible] permit and is subject to the following provisi[illegible]

...No work shall be conducted on the septic [illegible] an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

5/11/95 Met Tim on lot. Measured appropriate Set Backs and line lengths according to plans. Will submit [illegible]

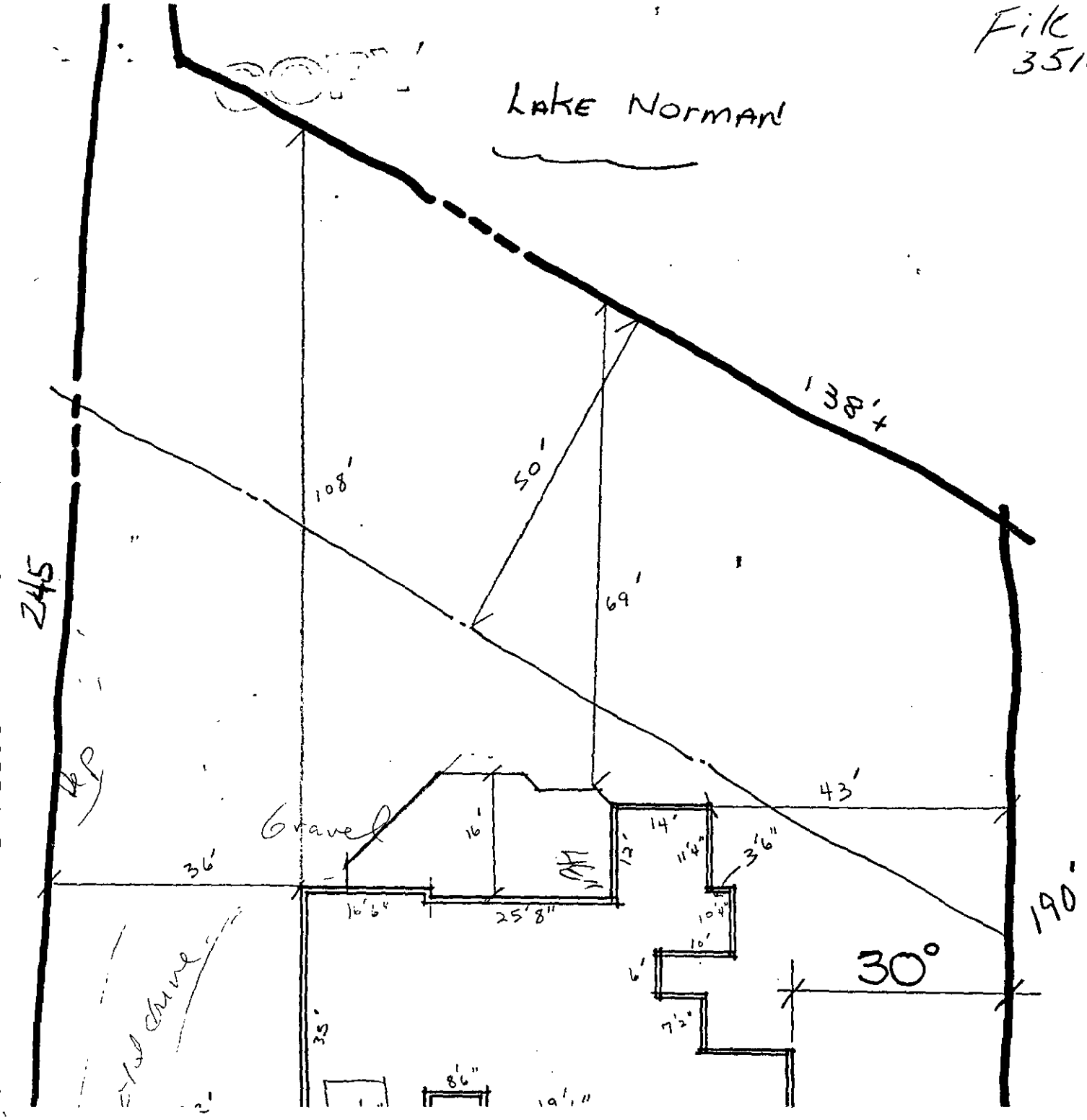
[ ] IMPROVEMENT PERMIT [illegible] ON ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

Fik
3518B


Lake Norman
138'+
108'
50'
69'
245
43'
36'
16'
14'
11'4"
3'6"
16'6"
25'8"
10'4"
10'
6'
7'2"
30°
190'
35'
8'6"
Gravel

MCHD
FILE: 3518-B
TC: 001-331-02
16933 JETTON Rd.

(3) Bedrm. PPBPS SEPTIC PLAN
split WASHER LINE SYSTEM

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- 16-INCH PPBPS-GRAVITY DISTRIBUTION – WASHER LINES
- ✓ 16-INCH PPBPS-PRESSURE DISTRIBUTION = 140'
- LPPS
- OTHER (2) 35' WASHER LINES / GRAVITY FED 70'

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
✓ DISTRIBUTION BOX (1) WASHER LINES	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK - 1,000 gal.
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1,500 gal SEPTIC TANK
OTHER – NEMA Box or comparable Box	(4) Globe VALVES

LINE PUMPED	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE → LINE Flow
L1	8	1	5/32		3	35'	.50	4 gpm
L2	8	1	5/32		3	35'	.50	4
L3	8	1	5/32		3	35'	.50	4
L4	8	1	5/32		3	35'	.50	4
	32 PANELS					140'		16 gpm LINE Flow

~~Total is 4 gpm~~

WASHER LINES

L5	8	1	35'
L6	8	1	35'
	16 PANELS		70'

Totals

48 PANELS 210'

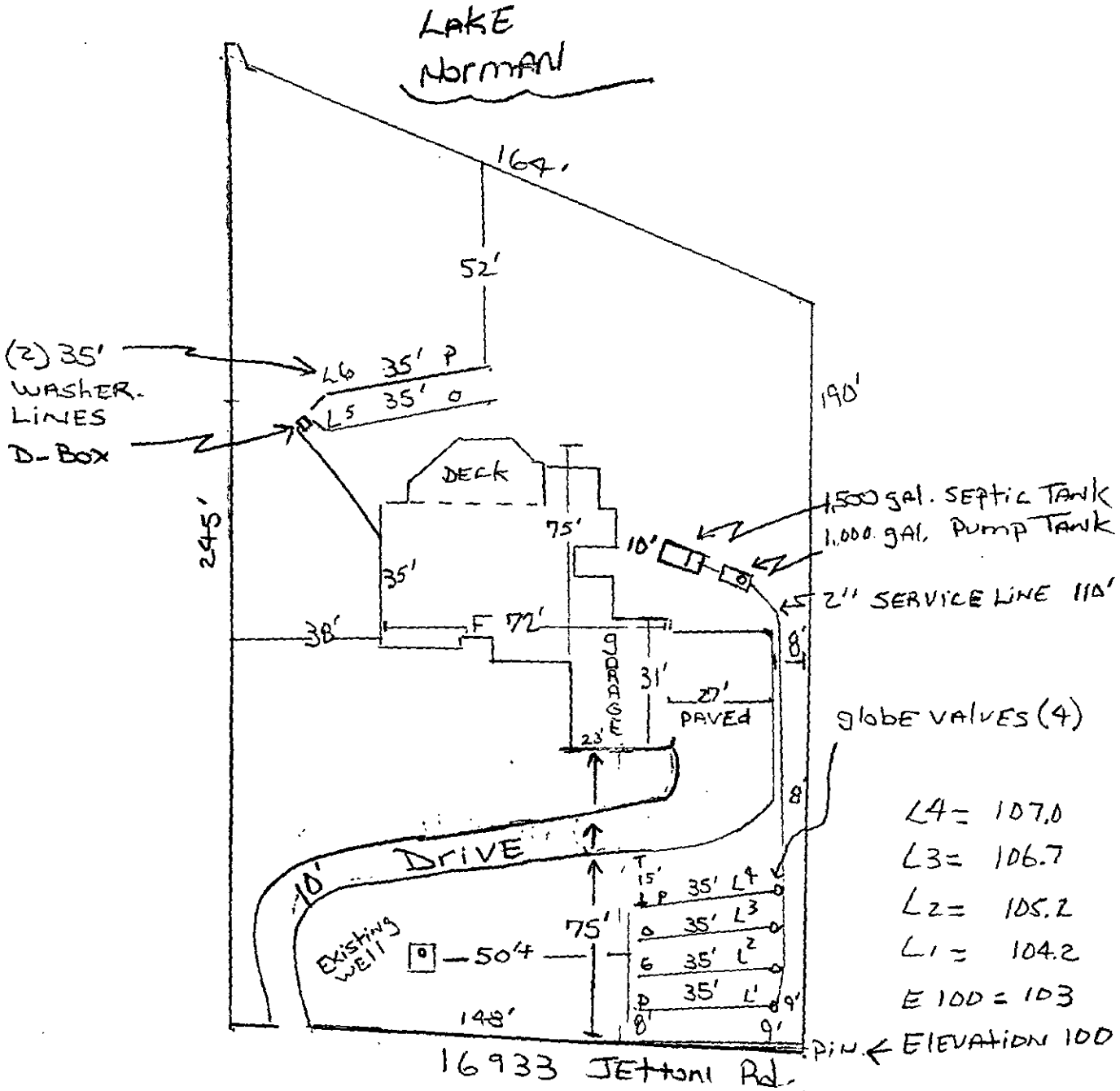
T. WHITTAKER
866-9540

File: 3518-B

DESIGN SPECIFICATIONS

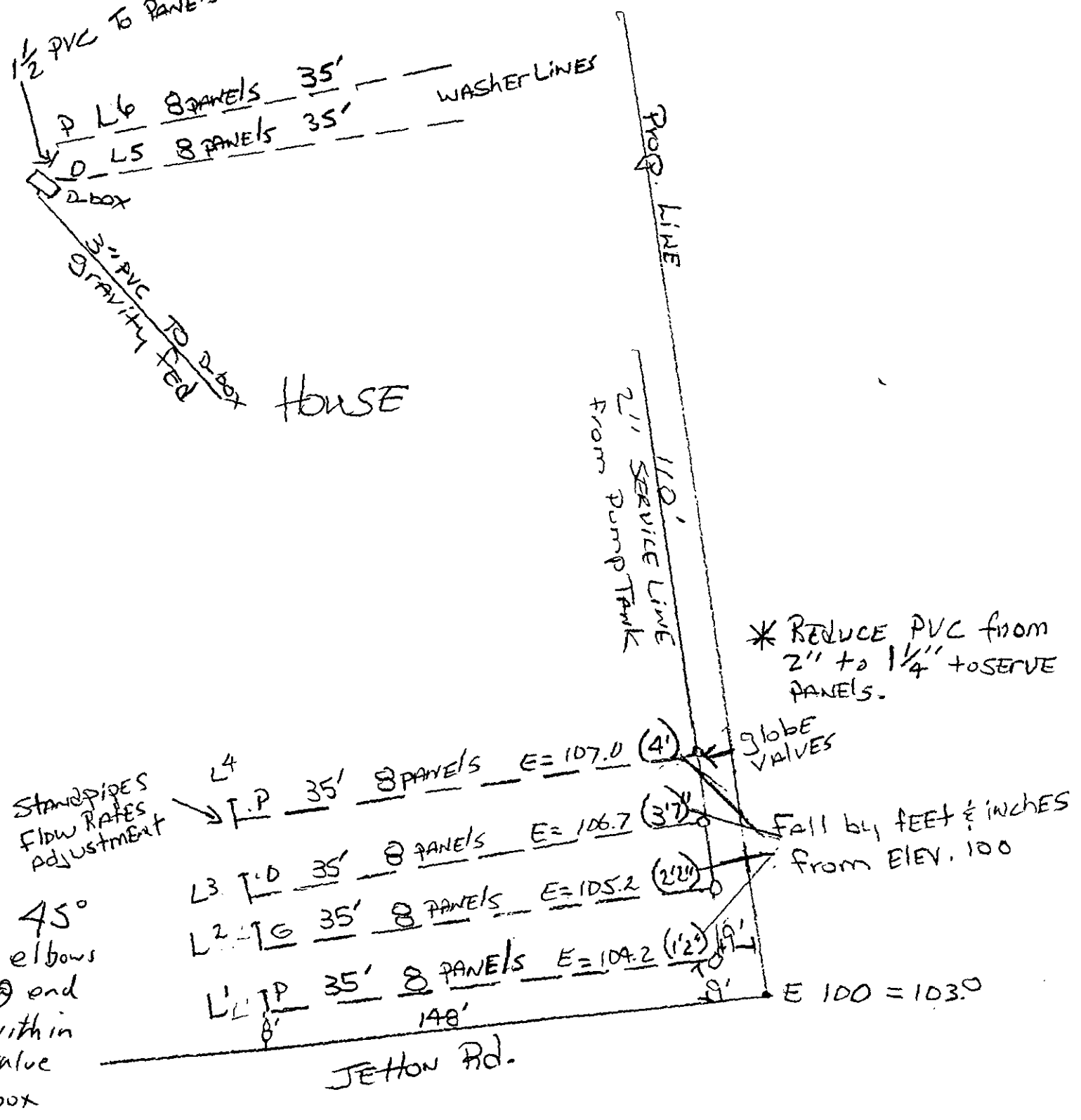
Daily waste flow	360	gal.	
Septic tank size	1,500	gal.	
Pumping tank size	1,000	gal.	
Effluent loading rate	.3	gal/ft²/day	
Absorption area	1,200	ft.	
Total length of laterals (140 pumped)	210	ft.	70' WASHER LINE
Lateral diameter	1¼	in.	
Lateral configuration	(4) 35' LINES	No. and length of lines	
Supply line length	110	ft.	
Supply line diameter	2	in.	
Manifold placement	END		
Hole size*	5/32	in.	
Hole spacing	5	ft.	
Number of holes	32 + 16	48 Total	
Flow per hole	.50	gpm	
~~Total flow (4) [illegible] x 16 gpm~~	~~64~~	~~gpm~~	
Elevation head	16	ft.	
Friction head	3.4	ft.	20% added
Pressure head	3	ft.	
Total head	22.4	ft.	
Pump requirements .04 HP	20 ~~64~~	gpm @ 22.4	ft. of head
Storage volume in laterals	35.84	gal.	
Storage volume in supply line	17.82	gal.	
Total storage volume	53.66	gal.	
Dosing volume	11.5	gal.	
Dosing depth	4.6 ~~5.5~~	in.	draw dn.
Check valve needed ?	NO		
Pump cycle	~~[illegible]~~	7.2	minutes

MCHD
FILE: 3518-B



T. Whittaker
866-0540
SCALE
40

3 Bedrm. Pumped & Gravity PPBPS File: 3518-B



NO SCALE

OWNER FURTHER ACKNOWLEDGES THAT THE WASTE DISPOSAL SYSTEM INCLUDING REPAIR AREA CANNOT AND WILL NOT BE USED IN ANY OF THE FOLLOWING WAYS UNLESS SPECIFICALLY ADDRESSED AS A CONDITION OF THE PERMIT:

- -GRADING OR FILLING
- -PARKING OR DRIVING HEAVY EQUIPMENT IN THE AREA OR IN ANY OTHER WAY COMPACTING THE SOIL IN THE AREA
- -EXCAVATING SOIL FROM THE AREA
- -PLACING FOOTINGS OR FOUNDATIONS OR ENGAGING IN ANY OTHER CONSTRUCTION ACTIVITY IN THE AREA
- -PLACING IN-GROUND OR ABOVE-GROUND SWIMMING POOLS IN THE AREA
- -PLACING IRRIGATION SYSTEMS IN THE AREA
- -PLACING UNDERGROUND UTILITY LINES OR CABLES IN THE AREA
- -PLANTING TREES OR GARDENS IN THE AREA
- -REMOVING ANY LARGE TREES IN THE AREA UNLESS DEAD OR DISEASED
- -USING THE AREA FOR THE BURIAL OF STUMPS, TRASH, OR ANY OTHER TYPE OF CONSTRUCTION MATERIAL
- -USING THE AREA FOR GRAVESITES
- -DIVERTING THE NATURAL FLOW OF WATER ONTO THE AREA BY WAY OF DRAINAGE DITCHES OR DIVERSION DITCHES OR USING THE AREA TO RECEIVE WATER FROM ANY GUTTER OR DOWNSPOUT DISCHARGES

FINAL SYSTEM APPROVAL IS NEEDED FROM THE LOCAL ENVIRONMENTAL HEALTH AUTHORITY PRIOR TO ANY GRADING, SHAPING, ALTERING, OR OTHERWISE CONSTRUCTING IN ANY WAY OF THE PROPOSED SYSTEM AREA. FAILURE TO COMPLY WITH THIS PROVISION MAY RESULT IN SYSTEM DISAPPROVAL, POSSIBLE DEVELOPMENT RESTRICTION, AND/OR REVOCATION OR SUSPENSION OF AN EXISTING PERMIT. IF FOR ANY REASON YOU WISH CLARIFICATION OR TO MODIFY THE CRITERIA FROM WHICH THIS SYSTEM WAS DESIGNED IN ANY WAY EITHER PRIOR TO OR AFTER ITS APPROVAL, PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE AT (704)866-9540.

THANK YOU,

PRENCO, INC.

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 08149 PG: 0182/0184 #:0291 12.00
FILED FOR REGISTRATION 05/18/95 15:14

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3518-B
PARCEL # 001-331-02

The undersigned, Donald Alvin Bartlett and Judith Ann Bartlett, owner of property located at 16933 Jetton Road, (the "site") and described in an instrument recorded in Book 4187 at Page 725, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

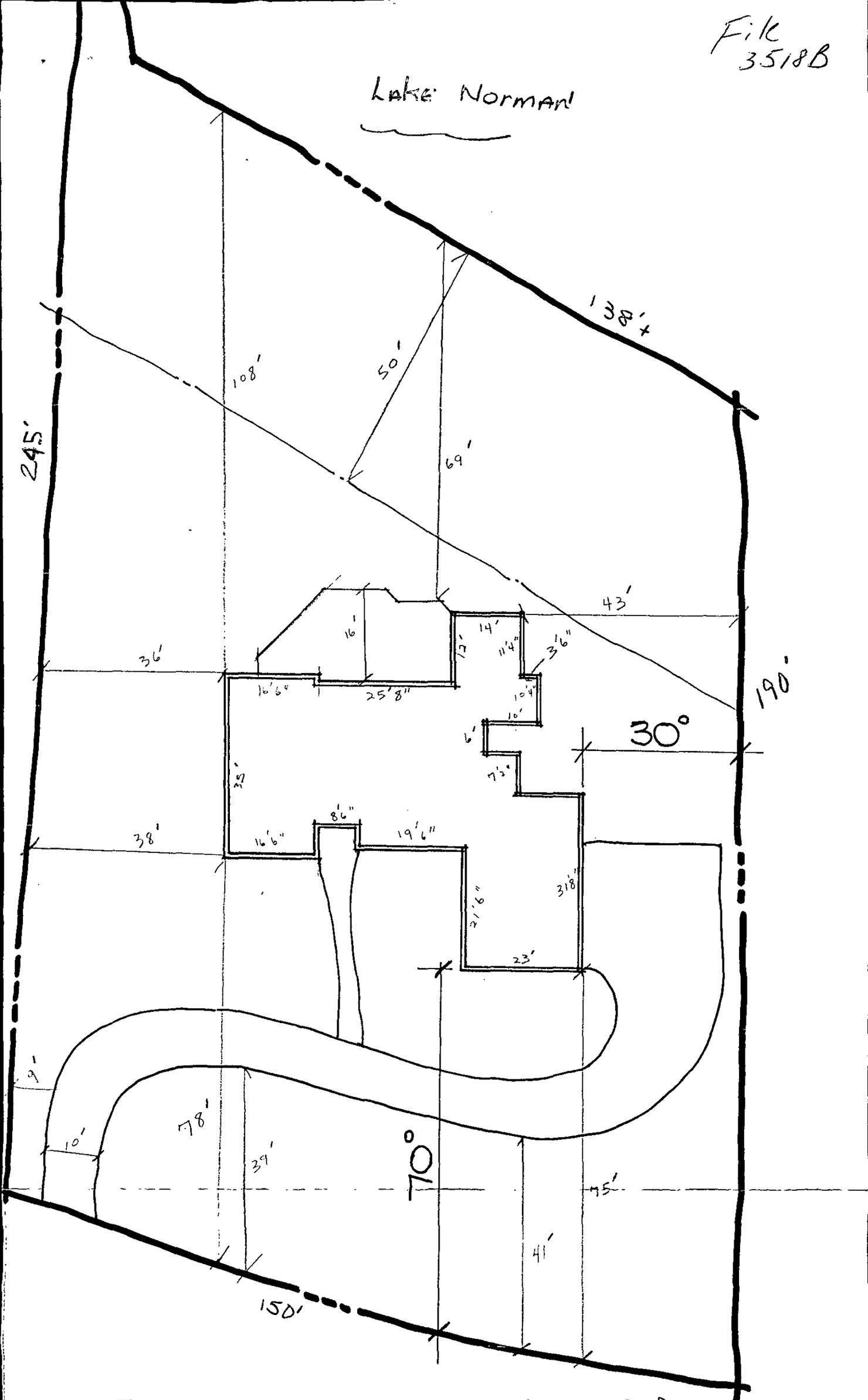
The undersigned further acknowledges that the following conditions will apply to the site:

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

This instrument was prepared by Donald Alvin Bartlett and Judith Ann Bartlett
Mail after recording to: 117 Lakewood Circle Drive
Mooresville NC 28115

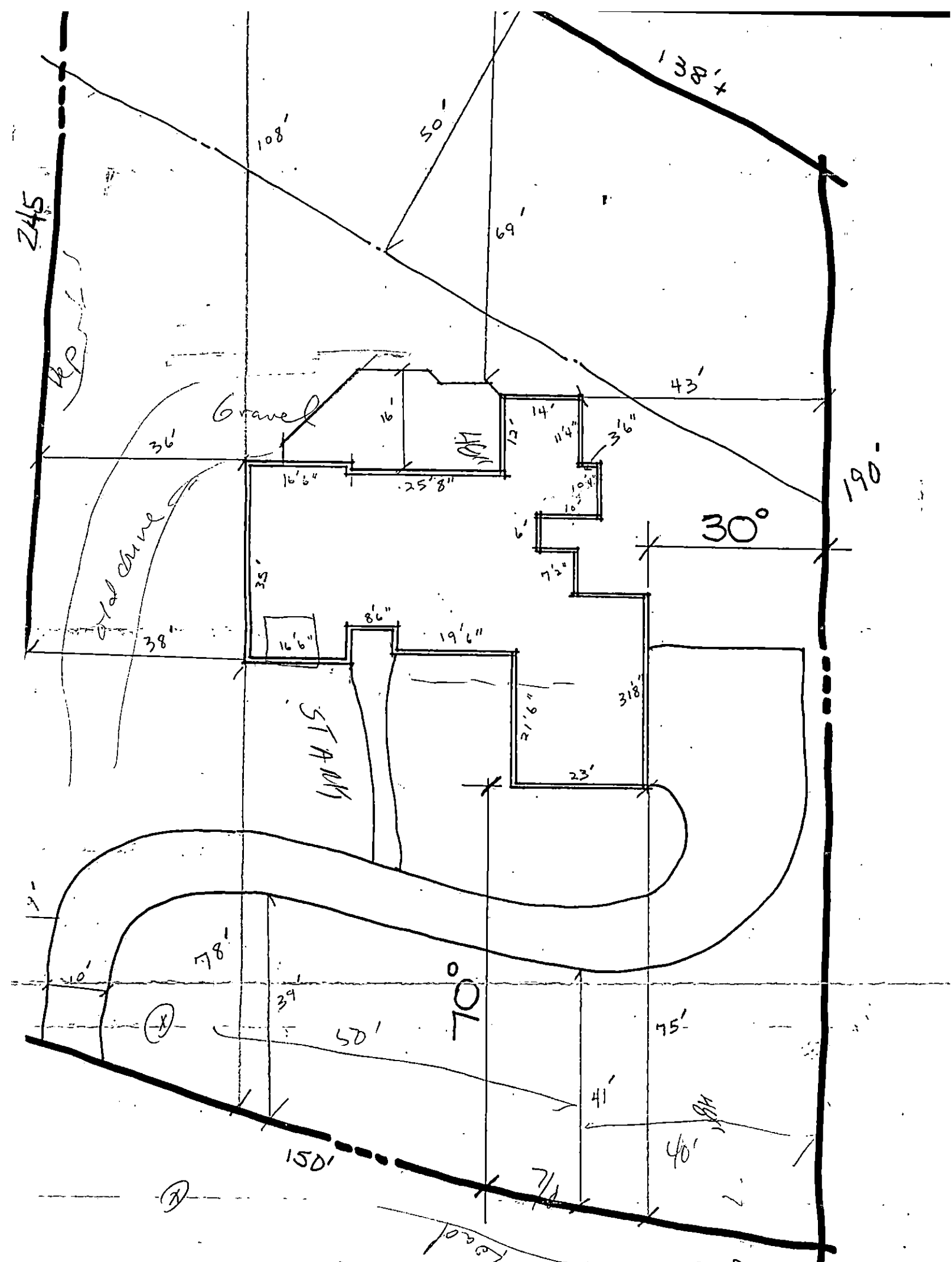
CWM-2662 1/3-14 93

File
3518B

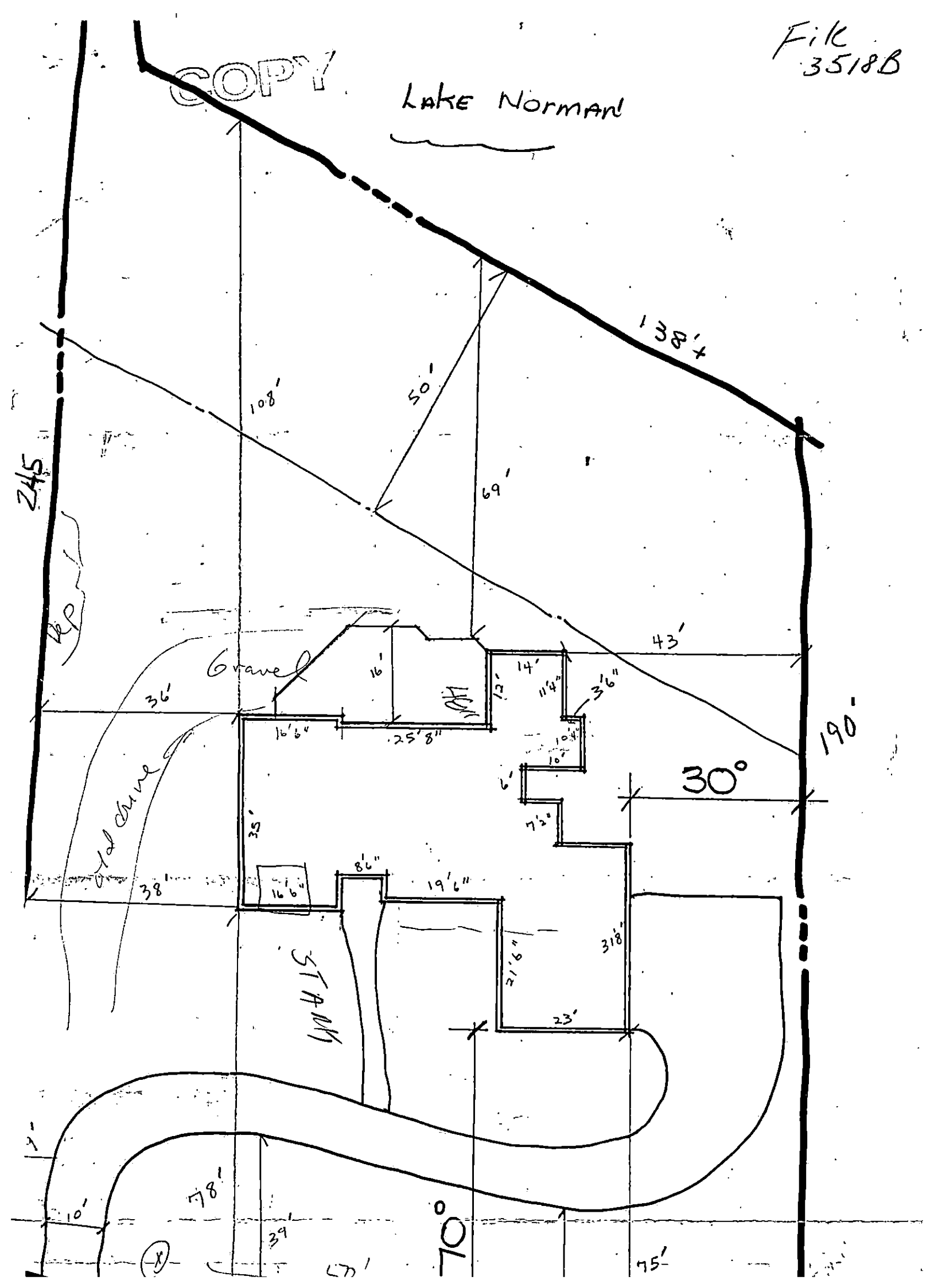


SITE PLAN

Scale 1" = 20' approx


245'
108'
50'
138'+
69'
43'
190'
30°
36'
Gravel
16'
14'
12'
11'4"
3'6"
16'6"
25'8"
10'4"
10'
6'
7'2"
35'
38'
8'6"
16'6"
19'6"
31'8"
21'6"
23'
STAIRS
78'
10'
39'
50'
75'
41'
40'
150'
103'
Old drive
Scale 1" = 20' approx

SITE PLAN


COPY
Lake Norman
File 3518B
138'±
108'
50'
69'
245
43'
190'
36'
Gravel
16'
14'
12'
11'4"
3'6"
16'6"
25'8"
10'4"
10"
6'
30°
7'2"
35'
38'
8'6"
16'6"
19'6"
31'8"
21'6"
23'
STABLE
78'
10'
39'
75'
10'

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

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

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

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

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

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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

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

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 6th day of May, 1995.

_____ × Donald Alvin Bartell (SEAL)
(~~Corporate Name~~)

× Judith Ann Bartell (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Sheila B. Kerr, a Notary Public for said County and State, do hereby certify that Donald Alvin & Judith Ann Bartell personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 6 day of May, 1995.

Sheila B. Kerr
Notary Public

My Commission Expires:
7-13-97