

17418 YOUNGBLOOD RD

21708514

5/24/2007

duponbj

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

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

Name of System: Brant, Debbie
Address: 17418 Youngblood Rd.
Charlotte, NC **Zip:** 28228
County: MECKLENB

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis: Nitrate
Category:

Report To: Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
Courier: 05-16-21
ATTN: David L. Corneliu
(704) 336-5101

Collected By: D.L. CORNELIUS **Date:** 7/29/02 **Time:** 3:30:00 PM
Location of sampling point: Well head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	7/31/02
Nitrate as N	<1.0	mg/l	7/31/02

EXPLANATION OF RESULTS:

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

Sample Temperature on Receipt: 9 °C
Date Received: 7/31/02 **Report Date:** 8/9/02 **Reported By:**
Today's Date: 8/13/02 **Reference:** 10394 **Login Batch** 02070066 **Sample Number:** AA80306

Explanations

Coliform Analysis:
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. *coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Inorganic Analysis:
Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

N. C. Department of Environment and Natural Resources
Division of Environmental Health

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment — 4838A — Permit/Project No.
17418 YOUNGBLOOD RD — Location
RESIDENCE — Type of Establishment
360 GPD — Design Flow
DEBBIE BRANDT 17418 YOUNGBLOOD RD. CHARLOTTE, NC 28278 — Owner/Agent, Address, Phone
N/A — Operator, Address, Phone
Remarks: TYPE IIIB

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☑	☐	
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☑	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: _____ _____ _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			EVERYTHING LOOKS GOOD!
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: NO EFFLUENT SURFACING

*WELL WATER ANALYSIS INCLUDED.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: 7/18/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Mecklenburg County
Health Department

April 26, 2002

Debora L. Brandt
17418 Youngblood Road
Charlotte, NC 28278

Dear Ms. Brandt:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence at 17418 Youngblood Road, Charlotte, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by May 10, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Debora L. Brandt
17418 Youngblood Road
Charlotte, NC 28278

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Debora L. Brandt	17418 Youngblood Road	21708514	4838A	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/26/02

Payment Due Date: 5/26/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4838A DATE: 5/15/97

TC: 217-085-04 ☐ L ☒ CRT

SERIAL Nº 17106

Name of Owner Shannon Miller Juris.: _____

Address of Property 17418 Youngblood Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 2 @ 35' 25 @ 35'

Number of Lines 3 @ 50'

Cover Depth 12"

Water Supply Source WELL

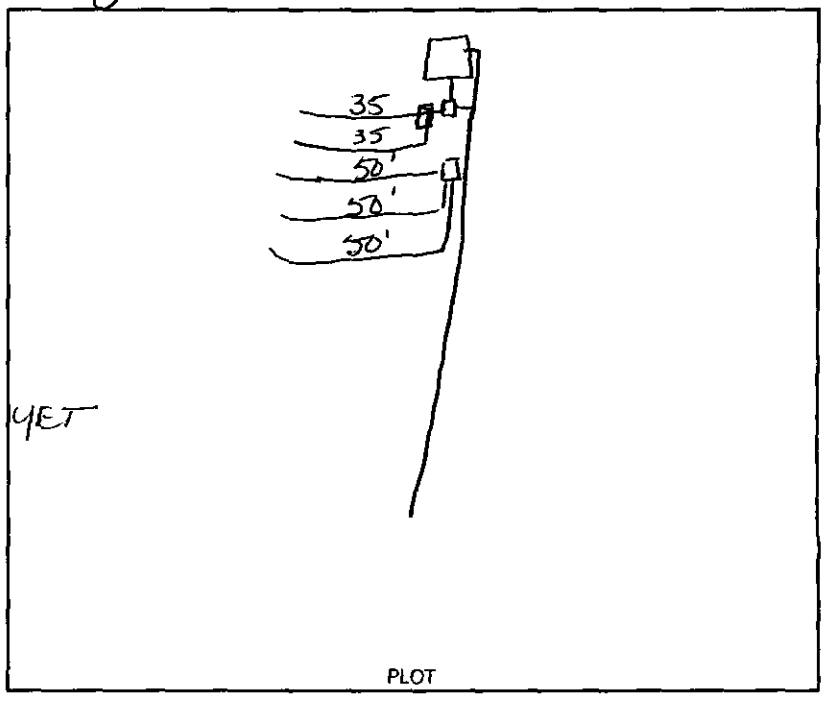
Distance to Water Source NOT INSTALLED YET

Excavation Inspected 5/15/97

Tank(s) Inspected 5/15/97

Wash Line Inspected —

High Water Alarm Inspected 5/15/97



Design 1500ST, 1000PT, 25% REDUCTION SYSTEM, CECIL-LIKE CTR# W.T. 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: Type IIIb - W.T. Norwood installed flow divider instead of DBox. Inside them remove flow divider (2@35 Lines) would have gotten 1/2 system's flow. They installed 3rd dbox. Now the 2 35 Lines get 1/4 of effluent and are fed equal to other 3 drainlines. This was accomplished w/ flow dividers in all three dboxes.

Teri Higgins Bunn, RS.
Environmental Health Specialist

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

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: 4838 A DATE: 5/1/97

TC: 217-085-04 L

SERIAL Nº 17285

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 5/15/97. All work shall be completed on or before 6/15/97, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous NO

Total Line Length 250 feet

Number of Lines 5

Depth of Stone — inches

Distance from House 5/15" From Rear BASEMENT feet

Distance from Property Line 10 feet

Distance from Well MIN. 50' MAX. 100' feet

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

NAME OF OWNER Shannon Miller

LOCATION OF PROPERTY 17418 Youngblood Rd.

Comments: Install as plan design for 35% REDUCTION INNOVATIVE System.

Joni Huggins Berry, R.S.
Environmental Health Specialist

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

DATE 4/8/97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

217-085-14
PARCEL NUMBER

17418 Youngblood Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

17402 Youngblood Rd
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pence

REVISED 1/91

CAT 5719 2460 DEPT

FEE: 100 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 4-9-97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3-25-97 17418 **PERMIT NO:** 4838 A
PARCEL NO: 217-085 01
JOB LOCATION ADDRESS: 17402 YOUNGBLOOD RD
PROPERTY OWNER: Robert C Ton Jr
BUILDING CONTRACTOR: Shannon Miller
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Kelly Reed **DATE:** 3-25-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4838 A, 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: Agreement form on file
use innovative system (see plan on file)
certified operator required if system repaired

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.

X _____
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 4838-A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 217-085-01

- 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	
.35 Long-term acceptance rate	360 Max gallons/day wastewater flow	721 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	251 Total trench length (ft)	~~24~~ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	NR Depth of stone		
Any surface waters present: No Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: agreement form on file use innovative system (see plan on file certified operator required if system repaired				
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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3600 Absorption Area (Sq ft) 720 Total Trench Length (Ft)	12" Depth of Stone Trench	5 Trench spacing (min. on centers)	12" 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.

DEHNR Authorized Agent / Date 3-25-97

X _____ 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

THIS IS TO CERTIFY THAT ON THE 11th DAY OF APRIL 19 89, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED _____ REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-2645 LAND SURVEYOR

TRACT 6

S 40-32-52 E

627.5'

270 FT OF CHAMBER SYSTEM

4 LINES 50 FT

2 LINES 35 FT - FEED WITH SEPARATE D-BOX

WASHER BOX

D-BOX

D-BOX

35 FT LINES

TRACT 2

441.55' TOTAL

1.116 AC. TOTAL

TRACT 1

1.067 AC. OUTSIDE OF EASEMENT AND OUTSIDE OF R/W

1000 GAL PUMP TANK

1500 GAL SEPTIC TANK

3 BR HOUSE

PAVEMENT

15' ACCESS

60'

N 36-11-25 E

527.83'

S 36-16-25 E

527.83'

N 36-16-25 E

627.5'

15' FROM CENTER CUT

N 62-30-00 W 280.20

N 62-30-00 W 66.63'

YOUNGBLOOD RD. SR #1102

RIVER LOT

Creasell Yon

H) 822-1822

Pager) 613-7341

17402 YOUNGBLOOD ROAD

LINE	PRESSURE HEAD	FLOW/ HOLE	LINE LENGTH	# HOLES	HOLE SPACING	FLOW/ LINE	FIRST HOLE
15	2'	.41	30'	6	5'	2.46	30"
14	2'3"	.43	35'	7	5'	3.01	
13	2'6"	.46	45'	9	5'	4.14	
12	2'9"	.48	50'	9	5.6'	4.32	
11	3'	.50	50'	9	5.6'	4.5	
10	2'	.41	52'	10	5.2'	4.1	
9	2'3"	.43	58'	10	5.8'	4.3	
8	2'6"	.46	55'	10	5.5'	4.3	
7	2'9"	.48	55'	10	5.5'	4.8	
6	3'	.50	58'	10	5.8'	5.0	
5	2'	.41	58'	10	5.8'	4.1	
4	2'3"	.43	59'	10	6'	4.3	
3	2'6"	.46	57'	10	5.7'	4.6	
2	2'9"	.48	50'	10	5'	4.8	
1	3'	.50	50'	10	5'	5.0	

Basin vol.
14.58 + 5(68.58)
= 357.48

Dosing depth
350/1000 x 5
= 1.75 ft
= 21"

Check valve?
yes

Daily waste flow 360 gal.
Septic tank size 1500 gal.
Pump tank size 1000 gal.
Effluent loading rate .1 gal/ft²/day
Absorption area 3600 ft²
Total length of laterals 720 ft.
Lateral Configuration — 15 x various length laterals
Supply line length 90 ft.
Supply line diameter 2", sch. 40
Manifold placement side
Hole size 5/32"
Hole c/c

Number of holes see chart
Pressure head see chart
Flow/hole see chart
Total flow 64.03 gpm
Elevation head 9 ft.
Friction head (90/100) x 3.98 - 3.58 x 1.2 = 4.29
Pressure head 3 ft.
Total head 16.29 ft.
Pump requirements 64 @ 30 gpm @
Storage vol. in laterals (90/100) x 9 = 68.5...
Storage vol. in supply line (90/100) x 16.2 = 14.58
Total storage vol. 83 16 gal.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 17418 Youngblood Rd. (Mec.)

File Number: 4838A

Parcel Number: 217-085-14 217-085-01

Owner/Agent Name: R. Crandell Yon Jr and wife Mary-Mac. G.
(Please print)

Date: March 18, 1997 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage 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 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c), or .1969,** you the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

- 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.

_____ _____

Environmental Health Specialist Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

R. Cauley Yon Jr. 3/18/97

Property Owner Signature Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

BK: 08972 PG: 0476/0479 #:0152 15.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/18/97 11:38

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 4838A
PARCEL # 217-085-14
217-085-01

The undersigned, R. Crandall Von Jr and wife Mary-Mac G., owner of property located at 17418 Youngblood Rd. (Meck), (the "site") and described in an instrument recorded in Book 8272 at Page 504, 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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: R. Crandall Von Jr.
Mail after recording to: 822 S. Main St. Mt. Holly N.C. 28120

- 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.

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 18 day of March, 1997.

_____
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA

COUNTY MECKLENBURG

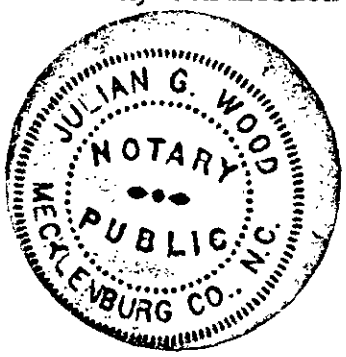
I, Julian G. Wood, a notary public for said county and state, do hereby certify that R. Crandell Yon, Jr. personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this 18th day of March 1997

Julian G. Wood
Notary Public

Official Seal

My commission expires; 12-26-2000



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

4460

PROPERTY ID #: ____ of ____
COUNTY: ____

#12 4939A
217-085-14,01

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Robert C. Yon, Jr. APPLICANT: ____ DATE EVALUATED: ____
ADDRESS: 822 S. Main St, W. Holly APPLICATION DATE: ____ PROPERTY SIZE: 1.92
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY RECORDED: ____
LOCATION OF SITE: 12402 Youngblood Road
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 % (slope 5-15%)	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 & LTR
1	LS	0-4"	gr/sl	Fr/SEXP/NS/NP	2.5Y 7/1 @ 24"	30"	N/A	None	US
		4-23"	SBK/sc	Fi/SEXP/S/P					
		23-30"	SBK/sc	Fi-VFi/EXP/					
2	LS	0-5"	gr/sl	Fr/SEXP/NS/NP	>24" to soil wetness	24"	N/A	None	US
		5-24"	SBK/sc	Fi-VFi/EXP/VS/VP					
3	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	2.5Y 7/1 @ 23"	28"	N/A	None	US
		6-23"	SBK/sc	Fi/SEXP/S/P					
		23-28"	SBK/sc	Fi-VFi/EXP/VS/VP					
4	LS	0-3"	gr/scl	Fr/SEXP/SS/SP	>48" to soil wetness	48"	N/A	None	PS 3SA/Fx IV
		3-36"	SBK/c	Fi/SEXP/S/P					
		36-48"	SBK/cl	Fr/SEXP/SS/SP					

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: William A. Marlin 2-27-97
OTHER(S) PRESENT: LSS

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

PROPERTY ID #: _____ of _____
COUNTY: _____

= 1 46364

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFI CLAS & LT.
5	LS	0-4"	gr/sl	Fr/SEXPl/Non	7.5YR 5/6 To 5YR 5/1 wetness	46"	N/A	None	PS 1.35g/cc LL
		4-29"	SBK/c	Fr/SEXPl/Sl/P					
		29-46"	SBK/cl	Fr/SEXPl/Sl/Sp					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Size (LF)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

OMMENTS: 1006 Repair

LEGEND

use the following standard abbreviations

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

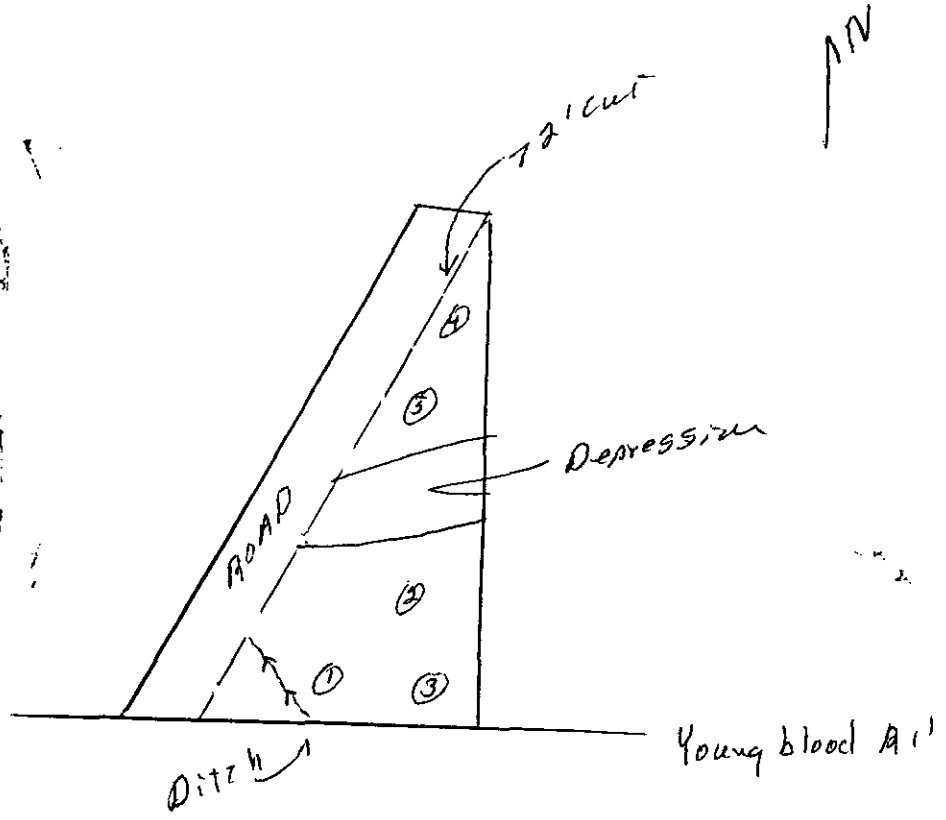
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
IPROLITE	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, refereuce or benchmark, and North).



FEE: 100.00 CK# 1511

DATE: 2/20/97 JC

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

[ ] 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 #: 4838 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 217-085-14 +

TAX/PARCEL NUMBER: 217-085-01

STREET ADDRESS: 17408 Youngblood Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1

TOWNSHIP (CHECK ONE):

[x] 0 MECKLENBURG
[ ] 1 CHARLOTTE
[ ] 2 DAVIDSON
[ ] 3 CORNELIUS
[ ] 4 PINEVILLE
[ ] 5 MATTHEWS
[ ] 6 HUNTERSVILLE
[ ] 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1900

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

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:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [x] NO TYPE: _____

WATER SUPPLY (CHECK ONE):
[ ] COMMUNITY (C)
[ ] MUNICIPAL (M)
[x] 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 [x] NO
EXISTING WASTEWATER SYSTEMS [ ] YES [x] NO
EASTMENTS OR RIGHT-OF-WAYS [x] YES [ ] NO
WELL, SPRINGS OR WATERLINES [ ] YES [x] NO
DESIGNATED WETLANDS [ ] YES [x] NO

PROPERTY OWNER:

NAME: YON (LAST) Robert (FIRST) C (MI) Jr

ADDRESS: 822 South Main St

CITY: Mount Holly STATE: NC ZIP: 28120

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: LANE (LAST) James (FIRST) D (MI)

DAYTIME PHONE: (803 831 1113

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: James D Lane AGENT DATE: 2/20/97

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

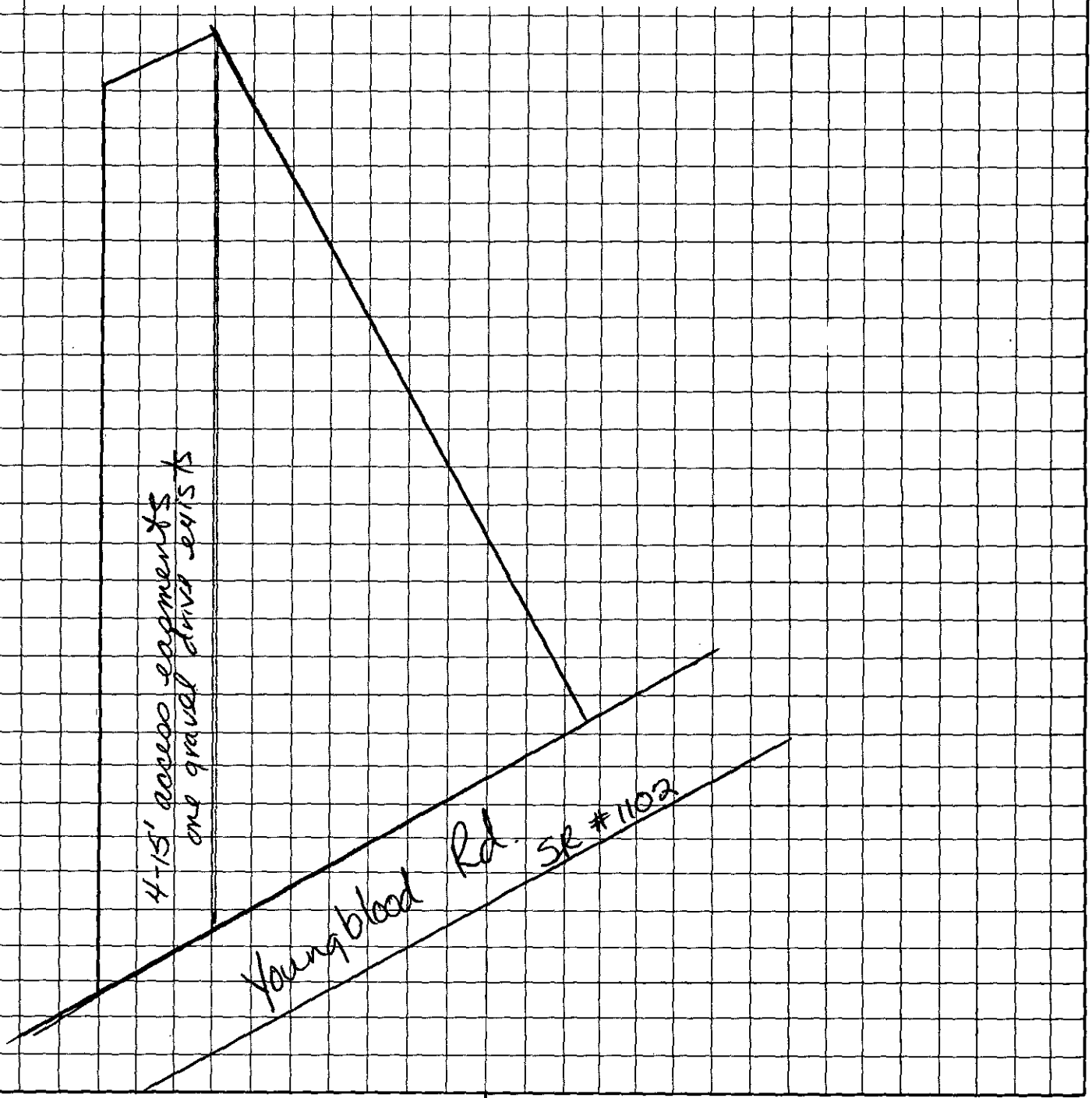
PROPOSED PLOT PLAN

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

FILE: 4838A

TC: 217-085-01, 14

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

DATE

APPROVAL DATE _____

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

EXCLUSIVE RIGHT TO SELL LISTING AGREEMENT

This EXCLUSIVE RIGHT TO SELL LISTING AGREEMENT ("Listing Agreement") is entered into (Date) 1/15/97, between Crandall Yon, as Seller(s) ("Seller") of the property described below (the "Property"), and LANE REALTY as Listing Firm ("Agent").

1. The real property that is the subject of this Listing Agreement is located in the City of ____, County of Mecklenburg, State of North Carolina, and is known more particularly and described as: Street Address 17402 Youngblood Rd Charlotte NC Zip ____ Legal Description Parcel # 217-085-01 & 217-085-14

2. Also included in this Listing Agreement are the following items of personal property: ____

3. In consideration of the Seller agreeing to list the Property for sale and in further consideration of *Agent's services and efforts to find a buyer*, Agent is hereby granted the exclusive right to sell the Property, for a period of 6 Months from JAN 15 1997 until midnight, July 15 1997, for a cash price of $ 32,000.00 or on price and terms as follows: ( ) Loan Assumption (X) Conventional ( ) FHA ( ) VA ( ) Owner Financing ( ) Other ____, or for any other price or on any other terms acceptable to Seller.

4. AGENCY RELATIONSHIPS: *Agent has advised Seller of Realtor's® general company policy* regarding cooperating with Subagents, Buyer Agents or both and Seller has read the Description of Agent Duties and Relationships on reverse side hereof and agrees to authorize the Agent (Listing Firm) to: ***(Instructions: Initial ALL Applicable authorizations)***

RCY X Cooperate with and compensate Subagents representing only the Seller

RCY X Cooperate with and compensate Buyer Agents representing only the Buyer

The *form of agency* in a transaction will be disclosed verbally to the Seller's Agent at the *time of initial contact* by all *cooperating real estate agents*. Further, *a written disclosure of agency* shall be provided to the Seller at the time an *offer to purchase is submitted for the Seller's consideration*. Realtors® have an ethical responsibility to treat all parties to the transaction honestly.

(Instructions: Initial only ONE)

RCY Seller authorizes the Agent (Listing Firm) to act as a *Dual Agent*, representing both the Seller and the Buyer, subject to the terms and conditions of the attached Dual Agency Addendum.

____ Seller desires *exclusive representation* at all times during this agreement and does NOT authorize Agent to act in the capacity of Dual Agent.

5. Seller agrees to pay Agent a fee of 10 %, which shall be computed on the gross sales price of the Property, OR,

a. If a contract to purchase from a buyer is *procured* by Agent, the Seller, or anyone else during the exclusive listing period *on any terms acceptable to the Seller;*

b. If the Property is sold, exchanged, conveyed or transferred, or the Seller agrees to sell, exchange, convey or transfer the Property upon any terms whatsoever, during the term of this Agreement or any renewal hereof;

c. If, within 30 days after expiration of the exclusive listing period (the "protection period"), Seller either directly or indirectly sells, exchanges, conveys or transfers, or agrees to sell, exchange, convey or transfer the Property upon any terms whatsoever, to any person who has been physically shown the Property during the term of this Agreement or any renewal hereof, provided names of such persons are delivered or postmarked to the Seller within 15 days from date of expiration. HOWEVER, Seller shall NOT be obligated to pay such fee if a valid Listing Agreement is entered into between Seller and another real estate broker and the Property is sold, exchanged, conveyed or transferred during such protection period.

This fee will be *due and payable* at closing or upon Seller's default of Offer to Purchase and Contract. *If Seller defaults*, the total compensation that would have been due the Agent will be due and payable immediately in cash from the Seller.

6. Agent agrees to provide Seller the *benefit of Agent's knowledge, experience and advice* in the marketing and sale of the Property. Seller understands that Agent makes *no representation or guarantee as to the sale of the Property*, but Agent agrees to use his best efforts in good faith to find a buyer who is ready, willing and able to purchase the property.

7. The broker shall conduct all his brokerage activities in regard to this agreement without respect to the race, color, religion, sex, national origin, handicap or familial status of any buyer, prospective buyer, seller or prospective seller.

8. Seller agrees to cooperate with Agent in the marketing and sale of the Property, including: (a) providing to Agent in a timely manner accurate information reasonably requested by Agent; (b) making the Property available for showing at reasonable times and upon reasonable notice; and (c) complying in a timely manner with all requirements of any sales contract.

9. Seller hereby authorizes Agent: ***(Initial ALL applicable selections)***

RCY X (a) To place "For Sale," "Under Contract," "Sale Pending," (or other similar signs) on the Property where permitted by law and relevant covenants and to remove other such signs.

RCY X (b) To place a lock box on the Property.

RCY X (c) To advertise the Property.

RCY X (d) To submit pertinent information concerning the Property to any listing service of which Agent is a member and to furnish to such listing service notice of all changes of information concerning the Property authorized in writing by Seller. Seller authorizes Agent, upon execution of a sales contract for the Property, to notify the listing service of the pending sale, and upon closing of the sale, to disseminate sales information, including sales price, to the listing service, appraisers and real estate brokers.

10. Seller acknowledges right to convey and, if the Property is sold during the period set forth herein, will execute and deliver a general warranty deed conveying fee simple marketable title to the Property, free of all encumbrances except ad valorem taxes for the current year (to be prorated to the date of closing), *utility easements, rights-of-way, and unviolated restrictive covenants*, if any, and those encumbrances that the buyer agrees to assume in the sales contract.

11. The following additional terms and conditions shall also be a part of this Listing Agreement: ____

12. All earnest money deposits paid toward the purchase price shall be held by the Agent, in escrow, until the consummation or termination of the transaction.

13. This Listing Agreement constitutes the entire agreement of Seller and Agent and there are no representations, inducements, or other provisions other than those expressed herein. All changes, additions, or deletions to this Listing Agreement must be in writing and signed by both Seller and Agent.

Seller and Agent each hereby acknowledges receipt of a signed copy of this Listing Agreement:

X Seller Robert Carlos Goff SS/Tax ID# ____

Seller ____ SS/Tax ID# ____

Mailing Address 822 South Main St Mount Holly NC

Home Phone ____ Work Phone ____ Work Phone ____

Agent (Listing Firm) LANE REALTY

By: Jim Lane Office Phone 831-1113 (803)

Office Address 10 Southern Place Lake Wylie SC

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Mecklenburg County
Health Department

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

December 20th, 1988

Tommy L. Therrell
PO Box 373
Pineville, NC 28134

RE: Property located at 17402 Youngblood Road 1
FILE: 4838A
PARCEL: 21708501 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 11941) 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 11941

File: 4839A

Action 1

Parcel:

☐ PC

Location: 17402 Youngblood Road

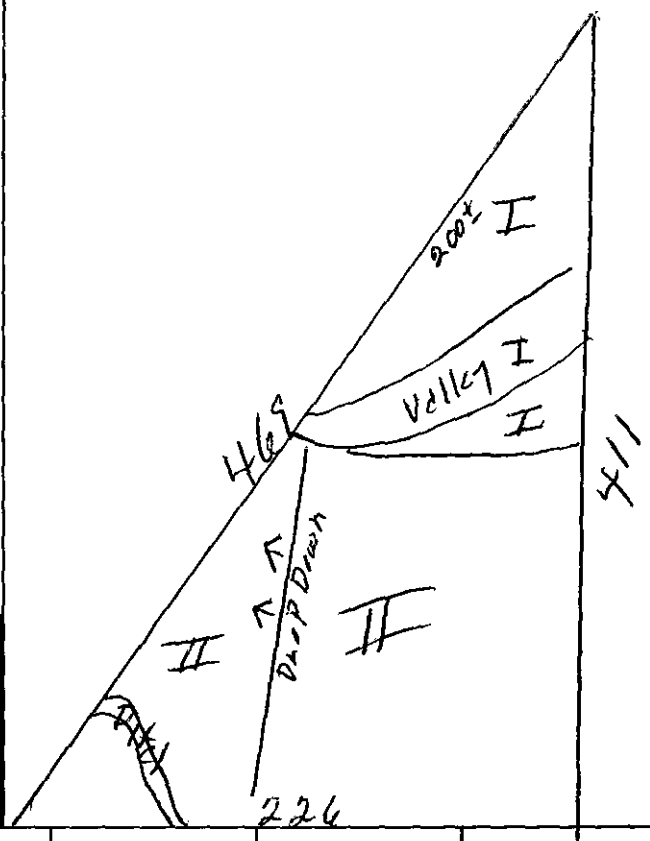
Subdivision:

Lot: Block: Acres: 1.06

Owner: Tommy L. Therrell
Address: PO Box 373
Pineville, NC 28134

Comments: Pump Required
Area Added
Limited Area

Described by: W. B. Ramsey
Date: 12-15-88



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-10	S (PS) U 2-15	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 37-46	S PS (U) 20-25"	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	IVa Cecil	IVa Appling Lk				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Appear To Be About 10,000 Sq Ft. * In Area of Limited Area

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

(OFFICE USE ONLY)

FILE: 4838 A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 17402 Youngblood Rd.

② SUBDIVISION: N.A. ③ LOT: 1 ④ BLOCK: N.A.

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 217-085-01P.O.

⑥ DEED REFERENCE: BOOK NO.: 5899 PAGE NO.: 770

OWNER

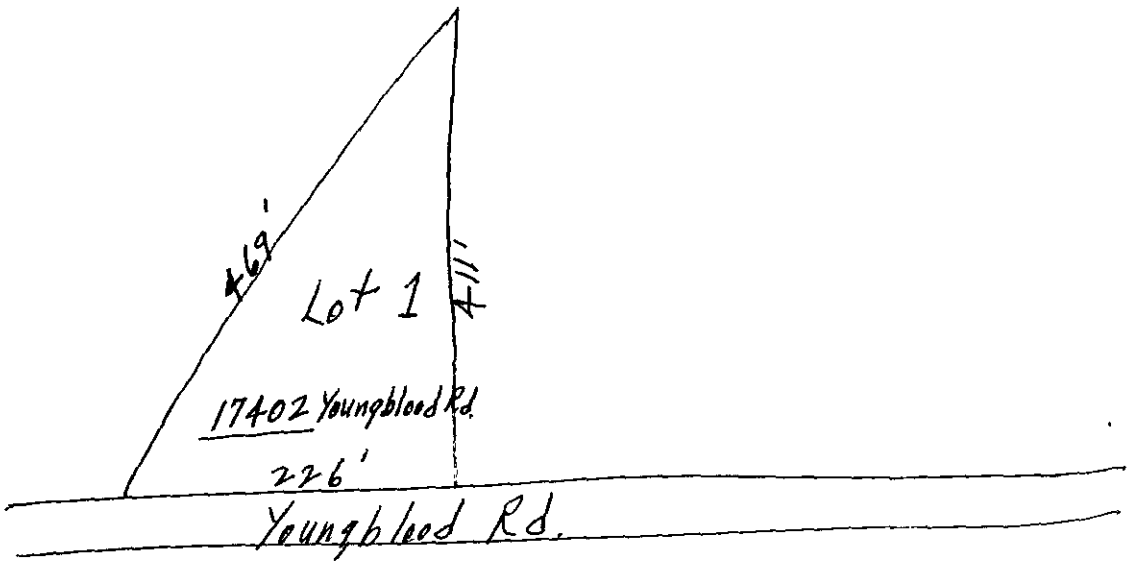
⑦ NAME: ~~The Therrell~~ Co. Tommy (FIRST) L. (MIDDLE) Therrell (LAST)

⑧ MAILING ADDRESS: Box 373

⑨ CITY: Pineville ⑩ STATE: N.C. ⑪ ZIP: 28134

⑫ PHONE: (WORK) 588-6822 (HOME) 588-3089

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: Tommy L. Therrell

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

Date: 11-25-88

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

Mecklenburg County
Health Department

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

August 23rd, 1988

Thurman H. Butler
4705 Park Road
Charlotte, NC 28209

RE: Property located at Youngblood Road 1
FILE: 4838A
PARCEL: 21708501 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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15485) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15485

File: 4838A Action 2

Parcel: 21708501 PO ☐ PC

Location: Youngblood Road

Subdivision:

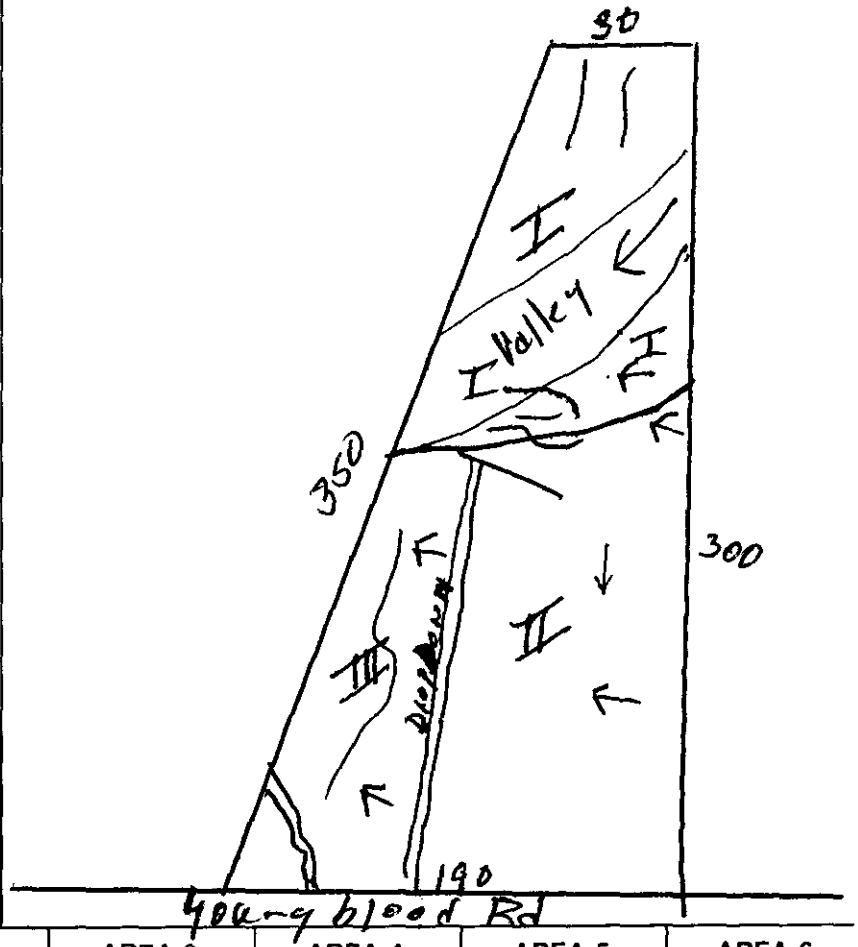
Lot: 1 Block: Acres: .74

Owner: Thurman H. Butler
Address: 4705 Park Road
Charlotte, NC 28209

Comments: Lot Not Uniform As To Topo & Depth.

Described by: W. B. Ramsey

Date: 8-17-78



*** 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) Uneven	S (PS) U 2-6	S PS (U) Uneven	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 36-42	S ~~PS~~ (U) 20-25"	S (PS) U 10-25	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	~~IVa~~ Cecil	~~IVa~~ Appling Like	~~IVa~~ Appling Like			
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 HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

(OFFICE USE ONLY)

PAID

AUG 5 1988

FILE: 4838A

TC: ck#4256 $30.00

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Youngblood Road

② SUBDIVISION: THERRELL ACRES ③ LOT: 1 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 217 PAGE NO.: 085 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

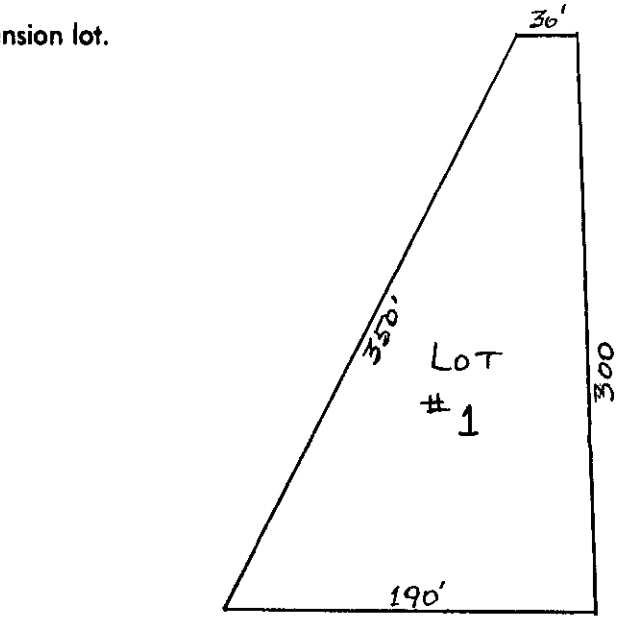
⑦ NAME: THURMAN (FIRST) H. (MIDDLE) Butler (LAST)

⑧ MAILING ADDRESS: 4705 PARK ROAD

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28209

⑫ PHONE: (WORK) 527-7355 (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 Thurman H Butler

Date: 7-2-88

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

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