

20060 WALTER HENDERSON RD

00113218

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2995B DATE: 12/20/01

TC: 001 · 132 · 18 ☐ L ☒ CRT

SERIAL Nº 17774

Name of Owner Tracy Latten Juris.: _____

Address of Property 20060 Walter Henderson Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 267'

Number of Lines 3 @ 90'

Cover Depth 12"

Water Supply Source Existing well

Distance to Water Source 52'

Excavation Inspected 12/20/01

Tank(s) Inspected 12/20/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA

PLOT

Design 2001, 1500ST, CON, 800SFT, 12"stone ceil CTR# A. Cornelius Grading

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 I5A 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 I5A 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 designed for a 2 bedroom residence. Type IIa

Philo S. Walker RS

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

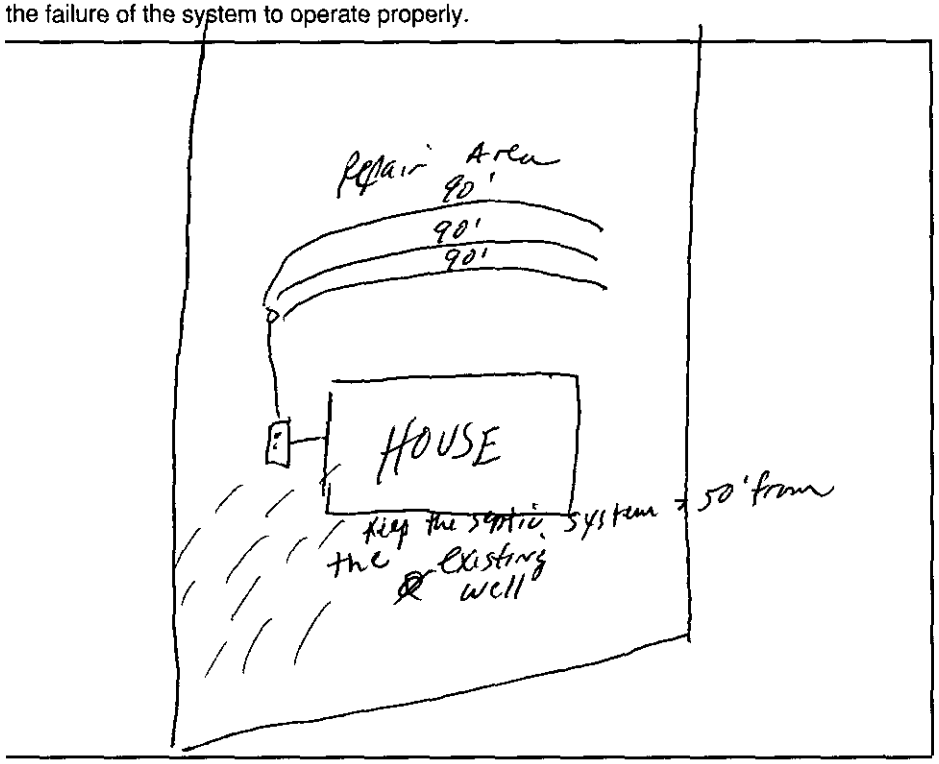
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 29953 DATE: 12/5/01

TC: 001 132 18 L

SERIAL Nº 18872

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 12/22/00. All work shall be completed on or before 11/5/02, 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 NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 267 feet

Number of Lines 3 (90')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet from existing well

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

NAME OF OWNER Tracy Latten

LOCATION OF PROPERTY 20060 Walter Henderson Rd

Comments: Install 1500ST, 3 lines x 90' long x 3' wd x 12" stone
Keep the septic system > 50' from the existing well

Phila S. Walker RS.
Environmental Health Specialist

chg. to Gandy Construction Builders ACS

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** X
DATE: 9/14/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 1-9-01 PERMIT NO: 2995-B

PARCEL NO: 001-132-18

JOB LOCATION ADDRESS: 20060 Walter Henderson Road

PROPERTY OWNER: Tracy Latten

BUILDING CONTRACTOR: John Gandy

SUBDIVISION NAME:

AUTHORIZATION ISSUED BY: Kelly Rondell DATE: 1-9-01

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2995-B, 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: conventional system

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.

John A Gandy 1/ /00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 2995-3

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-132-18

- 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	240 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	270 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
2 Bedrooms in residence	✓ Gallon pump tank	12 Depth of stone	
Any surface waters present: No	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
Repair Area System Type Type (circle one): I II III IV V VI	N/A ___ 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
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ 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.

1-9-01
DEHNR Authorized Agent Date

1/12/00
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

202 W91:01 01-20-89

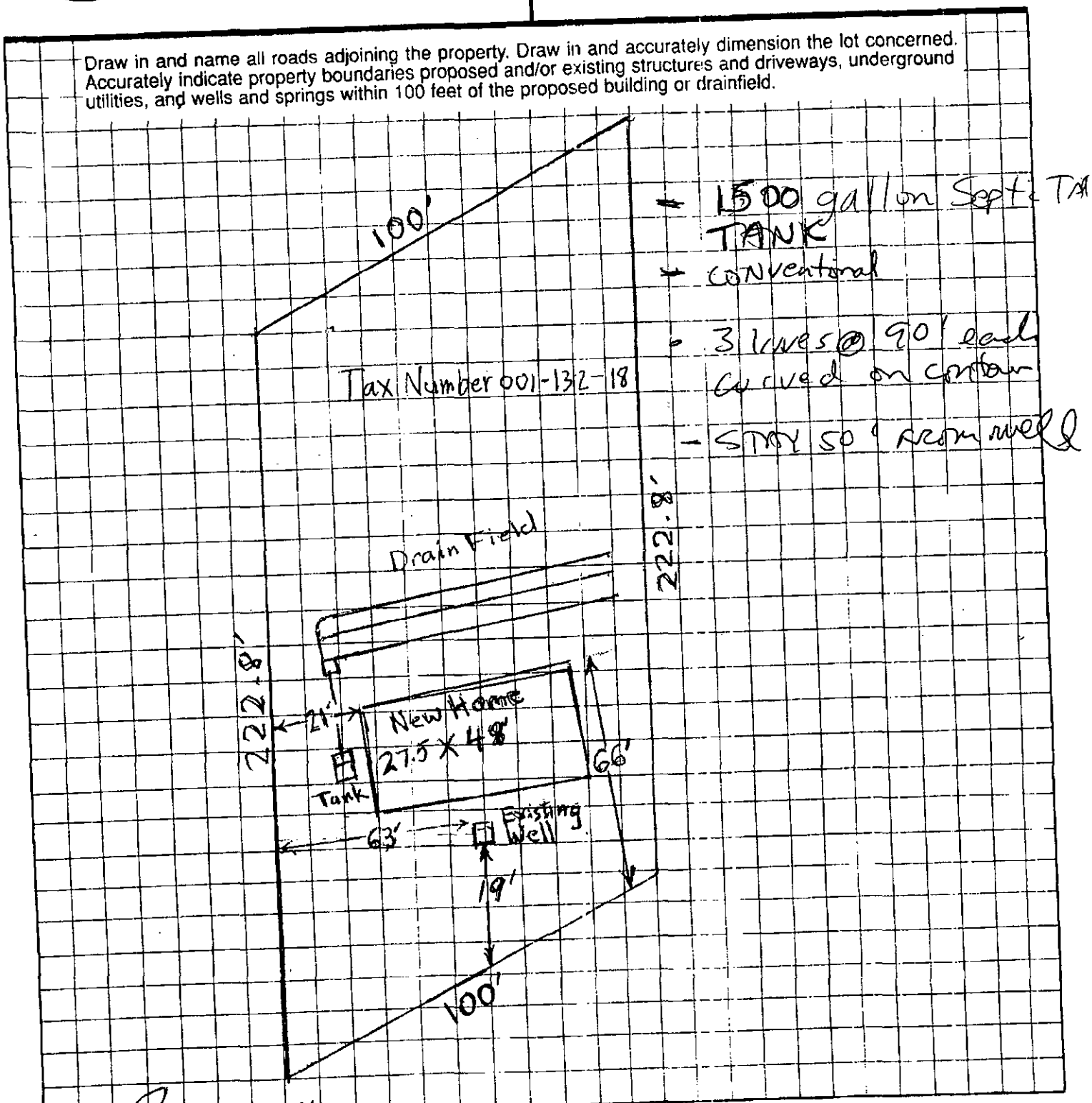
PROPOSED PLOT PLAN

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

FILE: 2995-B

TC: 001-132-18

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 John M. Danely

DATE 1/3/2001

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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

ABS #2

Sheet: _____
Property ID: 001-132-18
Lot #: _____
File #: 2995 B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Tracy Sutton APPLICANT: John M. Henderson
ADDRESS: 20060 Walter Henderson Road, Cornelius DATE EVALUATED: 12-28-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 240gpd PROPERTY SIZE: .51
LOCATION OF SITE: 20060 Walter Henderson Road PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☒Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS 5-10%	0-6"	gr/scl	Fr/SEXPlSS/SP	>43" To soil wetness	43"	N/A	None	PS .39/P2 IV
		6-43"	SBM/SC	Fi/SEXPl S/P					
			Floater Rock @	43"					
2	LS	0-5"	gr/scl	Fr/SEXPl SS/SP	>45" To soil wetness	45"	N/A	None	PS .39 IV
		5-45"	SBM/SC	Fi/SEXPl S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	
System Type(s)		
Site LTAR	.39/P2	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: Rick A. Martin LSS 12-29-00
OTHER(S) PRESENT: _____

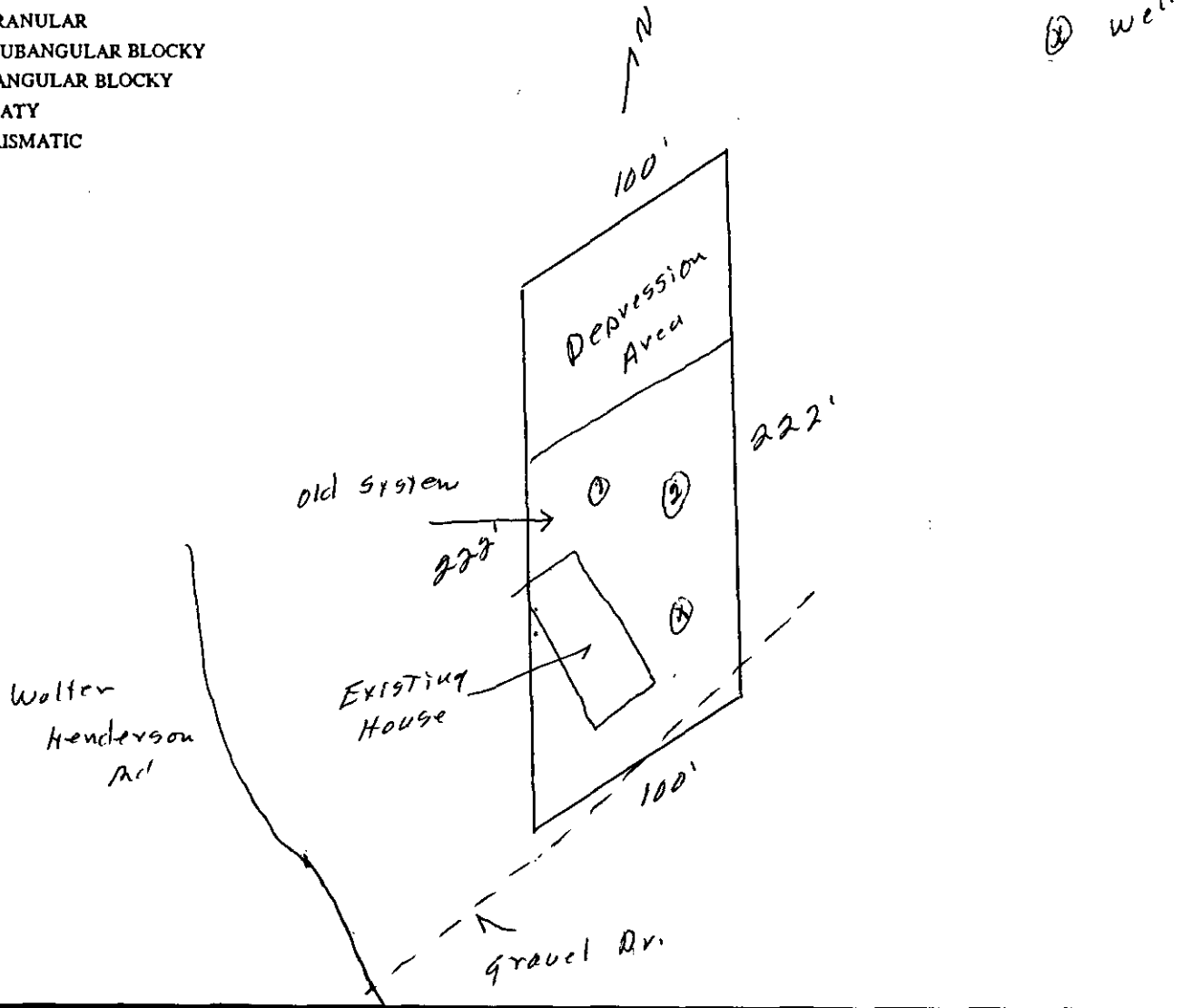
FILE # 2995 B

COMMENTS

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 200.00
DATE: 12/22/00 Check

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 #: 29958

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-132-18

STREET ADDRESS: 20060 Walter Henderson Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: none

LOT NUMBER: 18

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1320

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 3

CLOSING DATE _____ ?

FOUNDATION FOR RESIDENCE:

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

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

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	WELL, SPRINGS OR WATERLINES	X YES __ NO
EXISTING WASTEWATER SYSTEMS	X YES __ NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	X YES __ NO		

PROPERTY OWNER:

NAME: (LAST) Lafter (FIRST) Tracy (MI)
ADDRESS: 20060 Walter Henderson Rd.
CITY: Cornelius STATE: NC ZIP:
DAYTIME PHONE: 704 875 - 6547

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Grandy (FIRST) John (MI) M
DAYTIME PHONE: 704 361 - 6092

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1900

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: [signature] DATE: 12/22/00

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): John Gandy Phone #: Date Requested: 12/22/10 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200-
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: 12/22/10 Total: 200-

20060 Walter Henderson Rd

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

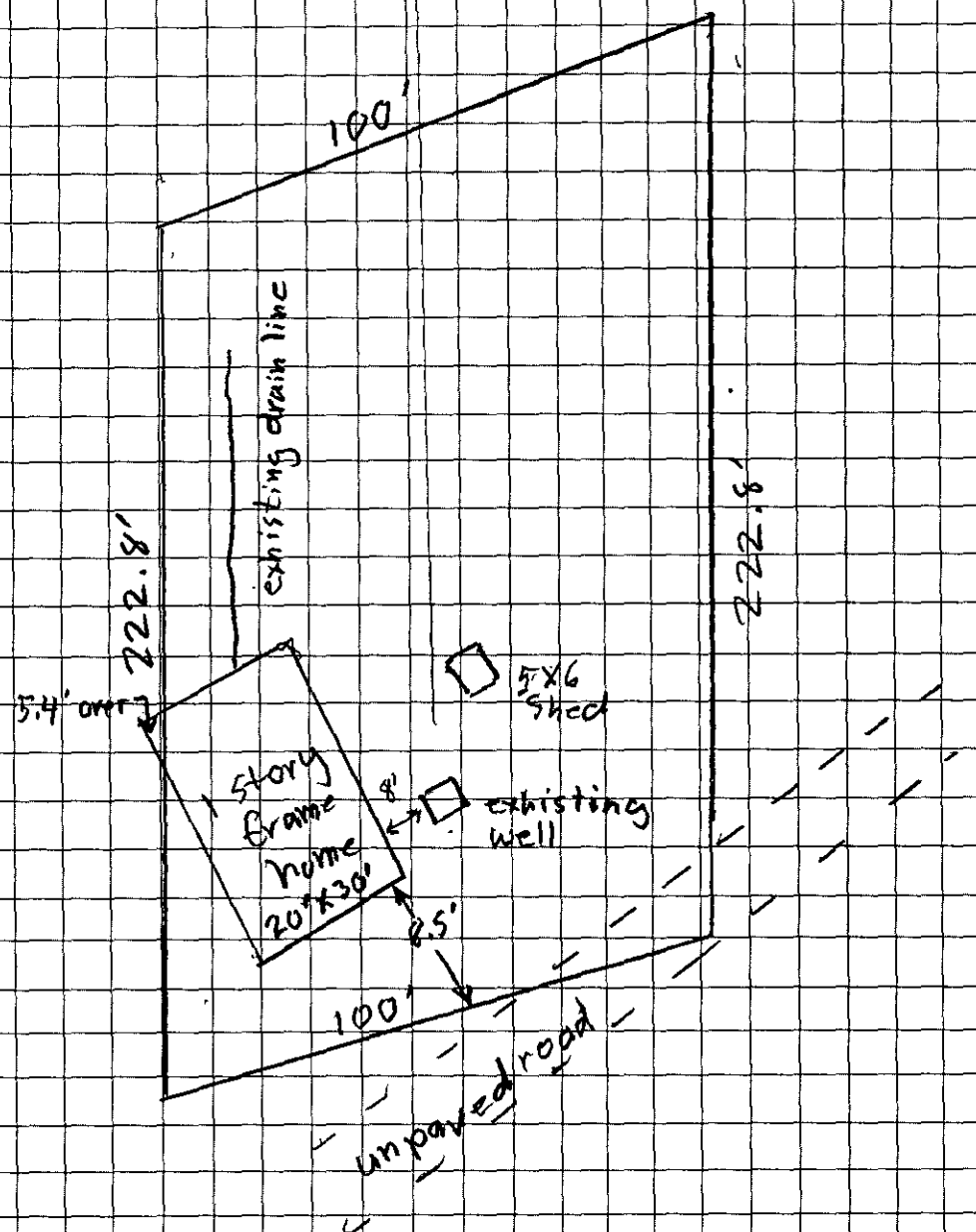
PROPOSED PLOT PLAN

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

FILE: 2995B

TC: 001-132-18

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 12/22/01

APPROVAL DATE _____

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

Attn: Kelly

Deed for 70060
Walter Henderson Rd. Please
call me with any questions @
418 1966 or 361 6040.
Thanks!
John Grady

BK: 07699 PG: 0525/0526 #:0140 10.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 03/11/94 11:44

Excise Tax 0 - Recording Time, Book and Page

Tax Lot No. 001-132-18 Parcel Identifier No.

Verified by County on the day of , 19

by

Mail after recording to Knox, Knox, Freeman & Brotherton (Box 26)
P. O. Box 30848, Charlotte, NC 28230 0848

This instrument was prepared by John S. Freeman

Brief description for the Index

NORTH CAROLINA SPECIAL WARRANTY DEED

THIS DEED made this 7 day of MARCH , 19 94 , by and between

GRANTOR	GRANTEE
ANTHONY NORRIS, JR. (Unmarried), VAYAMON NORRIS (Unmarried) and CASSANDRA NORRIS (Unmarried)	TRACY LATTEN Route 1, Box 470 Davidson, North Carolina 28036

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

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

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, ~~all~~ their right, title, interest and estate in and to certain lot or parcel of land situated in the City of , Lemley Township, Mecklenburg County, North Carolina and more particularly described as follows

Beginning at an iron, corner of Lot #8 on Maggie Grier's line; thence with Maggie Grier's line North 58 degrees East 100 feet to an iron pin, a new corner; thence North 30 minutes East 222.8 feet with Emma McLean's line to an iron, a new corner; thence South 58 degrees West 100 feet to an iron, a new corner; thence South 30 minutes West 222.8 feet to the BEGINNING corner, containing 0.43 acres, more or less, and being Lot #9 cut from lands of Dorr McCullough.

Being the same property as was conveyed to Verdie May Latten (deceased) by the deed recorded in Book 2897 at Page 405 in the Mecklenburg County Public Registry. The grantors and the grantee are all of the children of Verdie Mae Latten Norris, formerly Verdie Mae Latten, who died intestate in November 1982, a citizen and resident of the County of Kings, State of New York.

N. C. Bar Assn. Form No. 6 © 1977 ...

The property here above described was acquired by Grantor by instrument recorded in

A map showing the above described property is recorded in Plat Book page

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple

And the Grantor covenants with the Grantee, that Grantor has done nothing to impair such title as Grantor received, and Grantor will warrant and defend the title against the lawful claims of all persons claiming by, under or through Grantor, except for the exceptions hereinafter stated.
Title to the property hereinabove described is subject to the following exceptions:

IN WITNESS WHEREOF, the Grantor 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, the day and year first above written

(Corporate Name)

BY: .....

President

ATTEST:

Secretary (Corporate Seal)

USE BLACK INK ONLY

Anthony Norris, Jr. (SEAL)

Anthony Norris, Jr.

Vaeamon Norris (SEAL)

Vaeamon Norris

Salmonda Norris (SEAL)

Salmonda Norris

(SEAL)

SEAL - STAMP

USE BLACK INK ONLY

NORTH CAROLINA Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Anthony Norris, Jr. Vaeamon Norris, Salmonda Norris Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal this 7th day of March 19 94

My commission expires: 4/15/97 Nancy S. Hogue Notary Public

SEAL - STAMP

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Nancy S. Hogue

Notary(ies) Public is/are certified to be correct.

This 11th day of March 19 94

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Marlene Wise Deputy Register of Deeds

Secretary of

id that by authority duly

e by its

Secretary

19

Notary Public

The foregoing certificate(s) of

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

By

REGISTER OF DEEDS FOR COUNTY

Deputy Assistant Register of Deeds

N.C. Bar Assoc. Form No. 6 © 1977

P.03

Jan-04-01 04:47P

2995B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

Date: 5/24/99

PERSON FILING APPLICATION:
NAME: Gandy (last) John (first) (mi)
ADDRESS: 14016 Hiwasser PHONE: 704 9489761
CITY: Hunt. STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-132-18
STREET ADDRESS: 20060 Walter Henderson
ZONING:

PROPERTY OWNER:
NAME: Latten (last) Tracy (first) (mi)
ADDRESS: 20060 Walter Henderson PHONE: (704) 895 0267
CITY: Cornelius STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 9 ~~78~~ LOT SIZE (in acres): .45

TYPE APPLICATION (check one):
[redacted]
[redacted]
[X] EXCHANGE ~~MOBILE HOME~~ - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) 3
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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)

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: [signature] Date: 5/24/99

NOTICE:

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.

...

[] 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

WATER : 122791

COPY

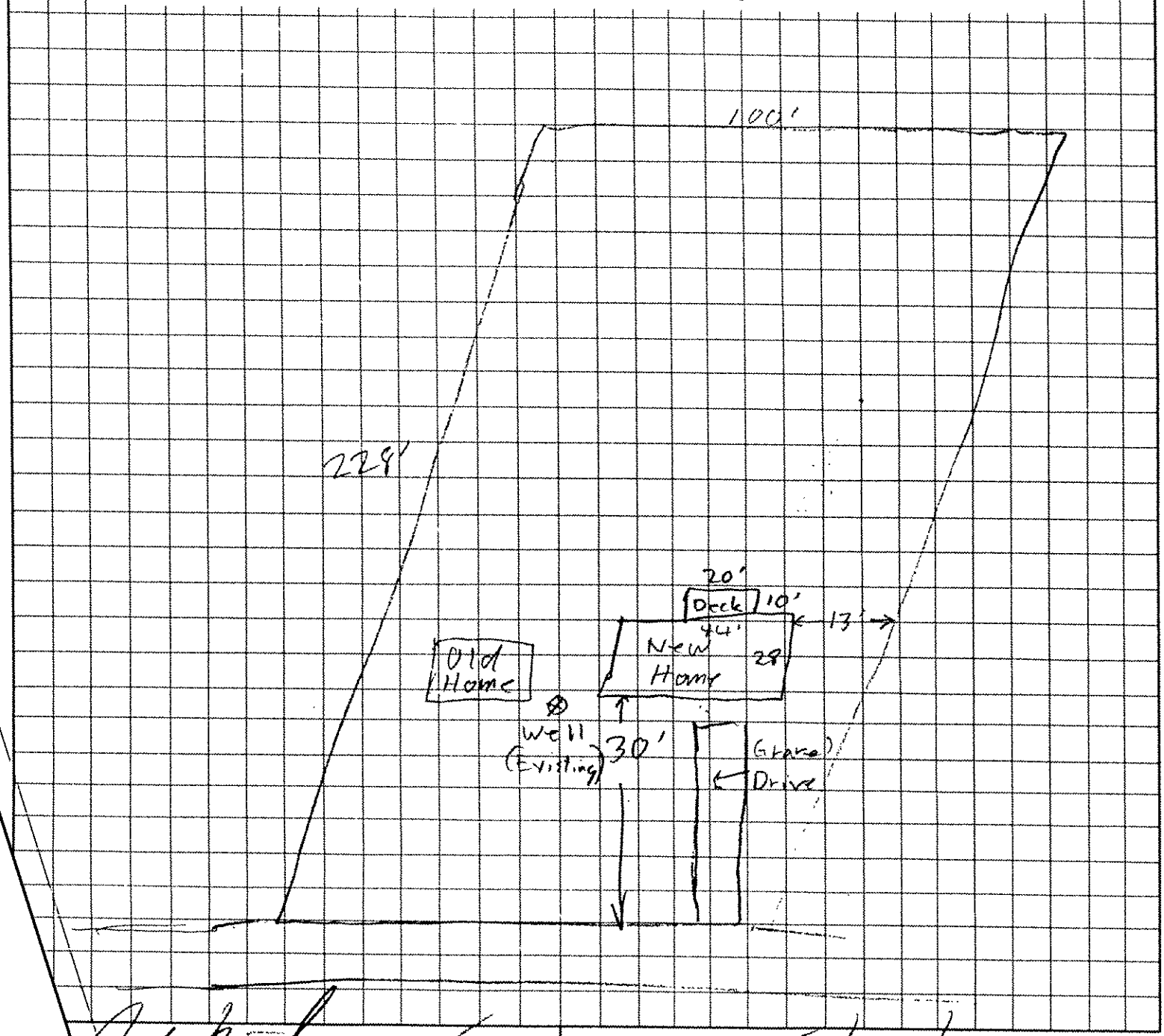
PROPOSED PLOT PLAN

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

FILE: 2995B

TC: 001-132-18

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.



AGENT SIGNATURE

APPROVAL DATE 5/24/99

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/14/01	**Amount:**	300.00
Receipt #:	1388	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	FOSTERV		

Account Information

Account #: B98517
Contractor: GANDY CONSTRUCTION
Attn:
Address: 14016 HIWASSEE RD
Address:
City/State/Zip: HUNTERSVILLE, NC 20878

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 20060 Walter Henderson Rd		1	150.00	150.00
0703	Installation/Final Approval " " " "		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
300.00					