ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP307558

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4639322745

APPLICANT/OWNER: Patrick Indries | APPLICANT ADDRESS: 112 Camp Ln Mooresville NC 28117

SITE ADDRESS: 957 Fern Hill Rd Mooresville NC 28117 | PHONE: 980-722-3345 | ALT. PHONE: —

SITE DIRECTIONS: NC 115 N to Lon Connector Rd, Son Cornelius Rd, Ron Judas Rd, Ron Perth, Lon Fern Hill Rd, Lot on L | SAP CONTROLLED: ☒ YES ☐ NO

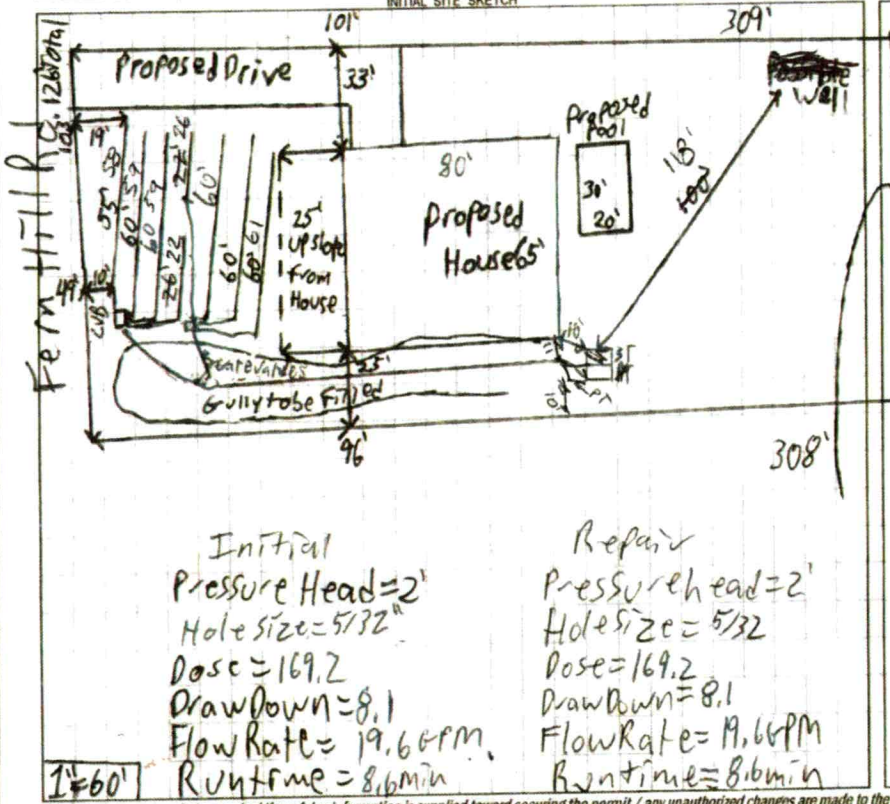
SUBDIVISION: Wood Leaf | SECTION: P2 | LOT # 62 | LOT AREA: 0.858 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	1-16-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	11-10-2022	System Description:		LPP PBPS		
Pump Make	Gould S		Model	WE0511HH	Serial #	A2245363	Repair System Description:		LPP PBPS		
# Nitrification Fields	1		# Lines	7	Linear Ft	401	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)	32"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Lines on contour. DoNOT Drive on, store material or manipulate drainfield in any way. All property Lines and Corners must be clearly marked by a licensed Surveyor during time of installation and inspection. Both Initial and Repair System MUST be installed with Bull Run valve. Divert all surface water away from system.

INITIAL SITE SKETCH



AS BUILT SKETCH

3-4-2022 TANKS + DRAINLINES CHECKED BCW

3-7-2022 PRESSUREHEAD + FLOAT + SUPPLY + CUB CHECKED BCW LEFT ON UPPER SYSTEM

Need: - remove irrigation around & in drainfield - create 10' separation @ all points
- Pump tank riser not 6" above grade
- electrical alarm, & MC needed

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

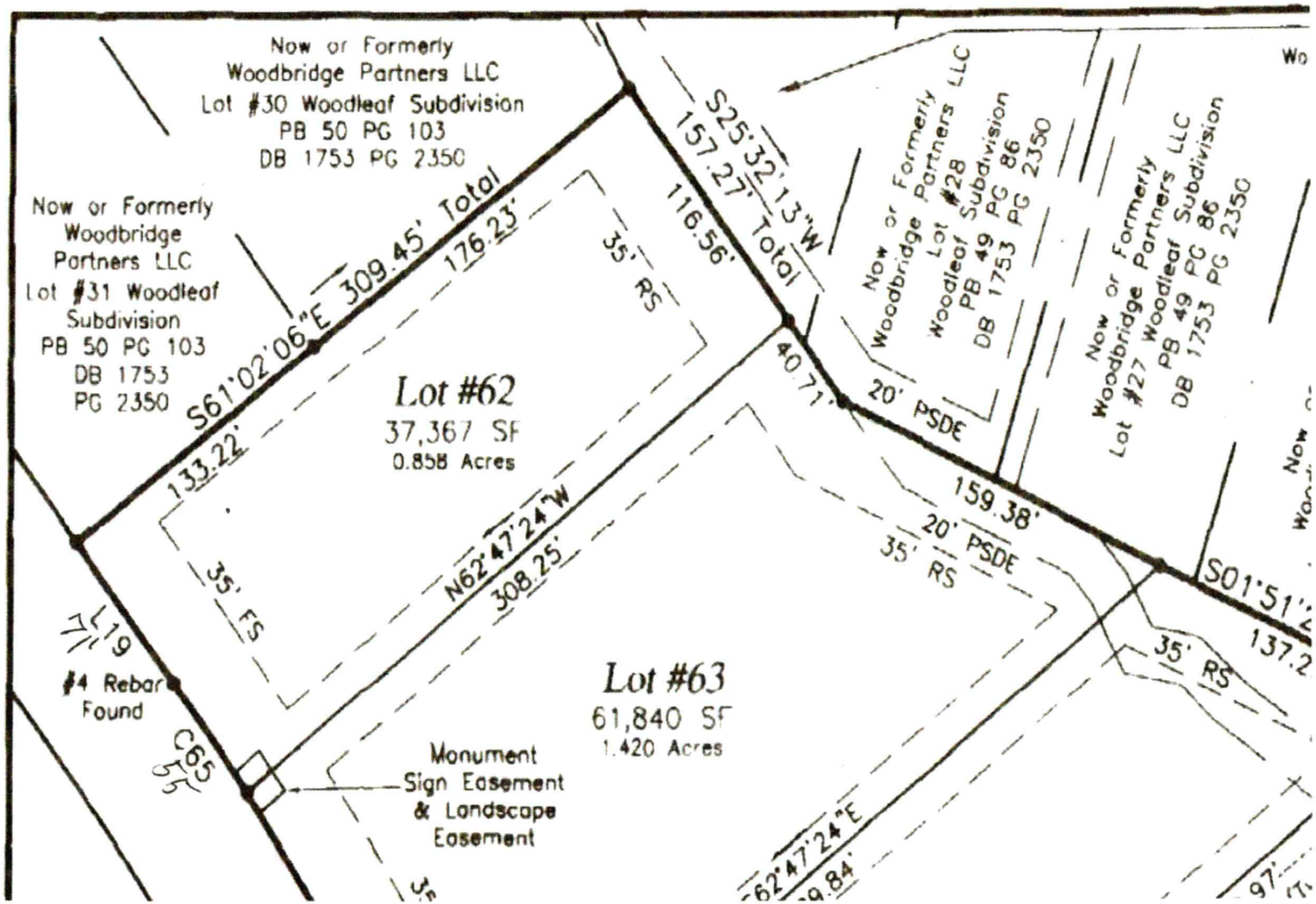
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 9/30/2020 Installed by: FRYE GRADING

IMPROVEMENT PERMIT by: Patrick Boles III Date: 8/18/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick Boles III Date: 8/18/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


Now or Formerly
Woodbridge Partners LLC
Lot #30 Woodleaf Subdivision
PB 50 PG 103
DB 1753 PG 2350
Now or Formerly
Woodbridge
Partners LLC
Lot #31 Woodleaf
Subdivision
PB 50 PG 103
DB 1753
PG 2350
S61°02'06"E 309.45' Total
176.23'
133.22'
35' RS
35' FS
Lot #62
37,367 SF
0.858 Acres
N62°47'24"W
308.25'
S25°32'13"W
157.27' Total
116.56'
40.71'
20' PSDE
159.38'
20' PSDE
35' RS
S01°51'
137.2
35' RS
Now or Formerly
Woodbridge Partners LLC
Lot #28 Woodleaf Subdivision
PB 49 PG 86
DB 1753 PG 2350
Now or Formerly
Woodbridge Partners LLC
Lot #27 Woodleaf Subdivision
PB 49 PG 86
DB 1753 PG 2350
L19
77'
#4 Rebar
Found
C65
55'
Monument
Sign Easement
& Landscape
Easement
Lot #63
61,840 SF
1.420 Acres
S62°47'24"E

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4639322745
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Patrick Indries
ADDRESS: 112 Camp Ln
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 937 Fern Hill

APPLICATION DATE 5/11/2020
DATE EVALUATED: 6/24/2020
PROPERTY SIZE: 0.858 acres
PROPERTY RECORDED: Yes

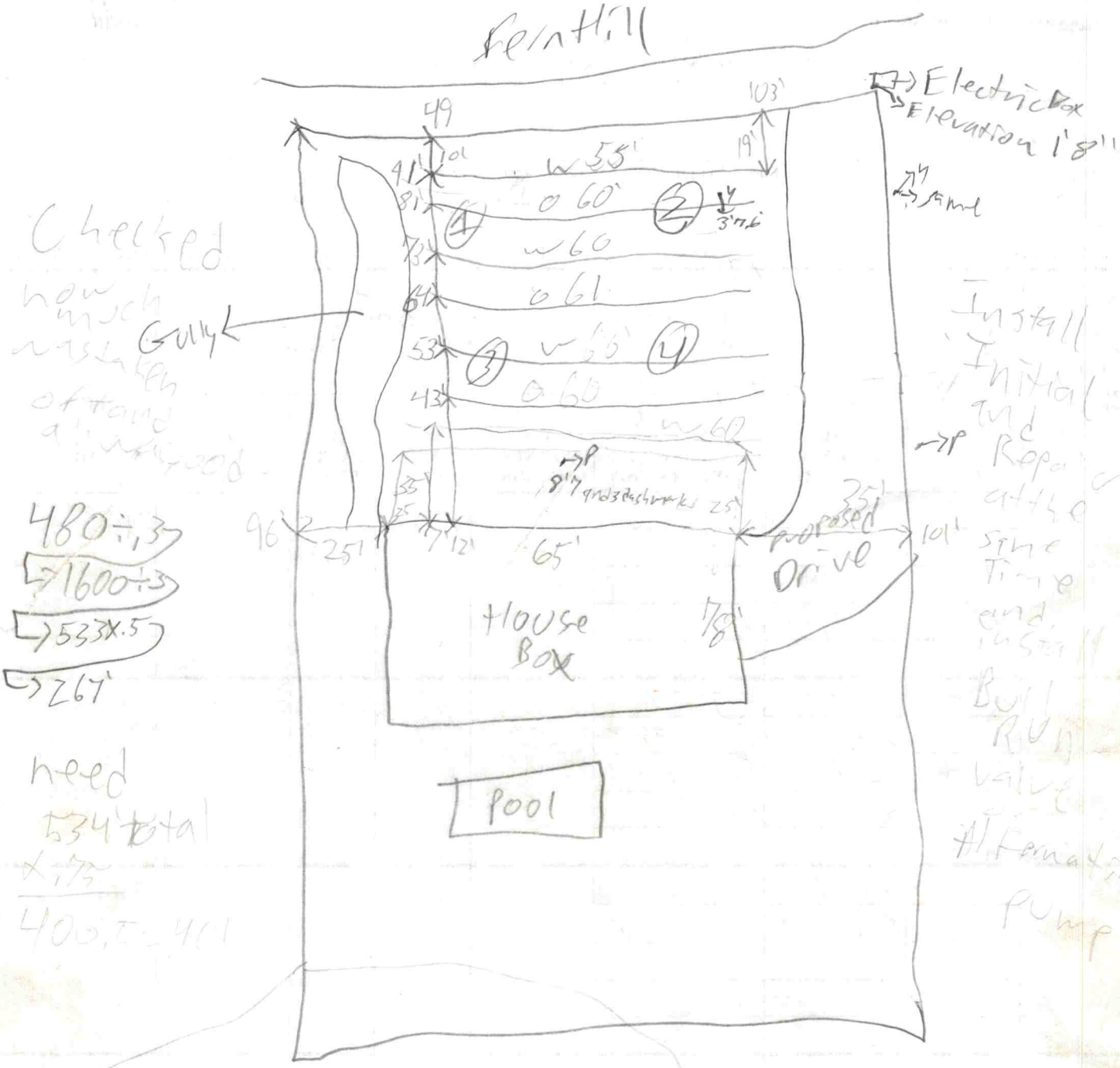
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-7	Top disturbed	—	—	32"	Litho inclusions common to sandy sapr at 32"	—	PS,3
		7-15	C SBK	Fr SS SP SPL exp					
		15-32	CL SBK	Fr SS SP Sexp					
		32-98	sandy sapr Mass	VFr					
2	SS	0-11	disturbed layer	—	—	64"	Litho inclusions common to sandy sapr at 64"	—	PS,3
		11-32	C ABK strong	Fr SS SPS exp					
		32-64	CL SBK/ABK	Fr SS SP Sexp					
		64-98	sandy sapr Mass	VFr					
3	SS	0-8	disturbed layer	—	—	42"	Litho inclusions common to sandy sapr at 42"	some manganese in sap	PS.3
		8-24	C SBK	Fr SS SP Sexp					
		24-42	CL SBK	Fr SS SP Sexp					
		42-96	sandy sapr Mass	VFr					
4	SS 11%	0-8	disturbed layer	—	few YBmottles	72"	Litho inclusions common until sandy sapr at 73"	stump hole in sap	PS,3
		8-24	C SBK	Fr SS SP Sexp					
		24-73	CL SBK	Fr SS SP Sexp					
		73-96	sandy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	401	401
System Type(s)	LPPPBPS	LPPPBPS
Site LTAR	.3	.3

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

COMMENTS: Sunny going to grade some area to make more level



Checked how much water is coming off and around

480÷3
→1600÷3
→533X.5
→267'

need
534' total
X.75
400.5' 401

Install Initial and Repair at the same Time and Install Bull Run valve Alternating pump

Wants 20'X30' pool

1/8" slope

Stream Gully

is will be 90sqm or

Dirt around tanks must be compacted ad stormwater diverted must use concrete tanks

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP307658 | PIN # 4639322745

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

APPLICANT/OWNER: Patrick Indries | APPLICANT ADDRESS: 112 Camp Ln Mooresville NC 28117

SITE ADDRESS: 957 Fern Hill Rd Mooresville NC 28117 | PHONE: 980-722-3345 | ALT. PHONE —

SITE DIRECTIONS: NC115N to L on Connector Rd, S on Cornelius Rd, R on Judas Rd, R on Perth, L on Fern Hill Rd, L on [illegible] | SAP CONTROLLED: ☒ YES ☐ NO

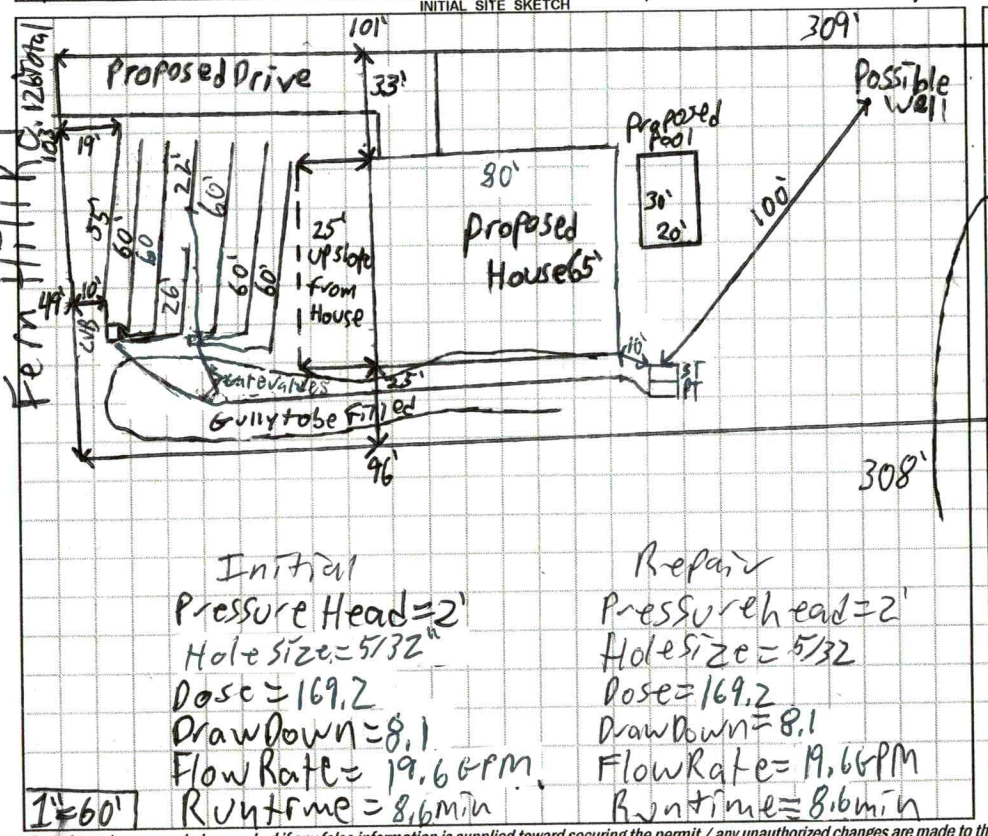
SUBDIVISION: Woodleaf | SECTION: P2 | LOT # 62 | LOT AREA: 0.858 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LPPPBPS			
Pump Make			Model		Serial #		Repair System Description:	LPPPBPS			
# Nitrification Fields	1		# Lines	7	Linear Ft	401	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)	32"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Lines on contour, DO NOT Drive on, store material or manipulate drainfield in any way. All property Lines and Corners must be clearly marked by a licensed Surveyor during time of installation and inspection. Both Initial and Repair System MUST be installed with Bull Run valve. Divert all surface water away from system.

INITIAL SITE SKETCH



AS BUILT SKETCH

Initial
Pressure Head = 2'
Hole Size = 5/32"
Dose = 169.2
Drawdown = 8.1
Flow Rate = 19.6 GPM
Runtime = 8.6 min

Repair
Pressure head = 2'
Hole Size = 5/32
Dose = 169.2
Drawdown = 8.1
Flow Rate = 19.6 GPM
Runtime = 8.6 min

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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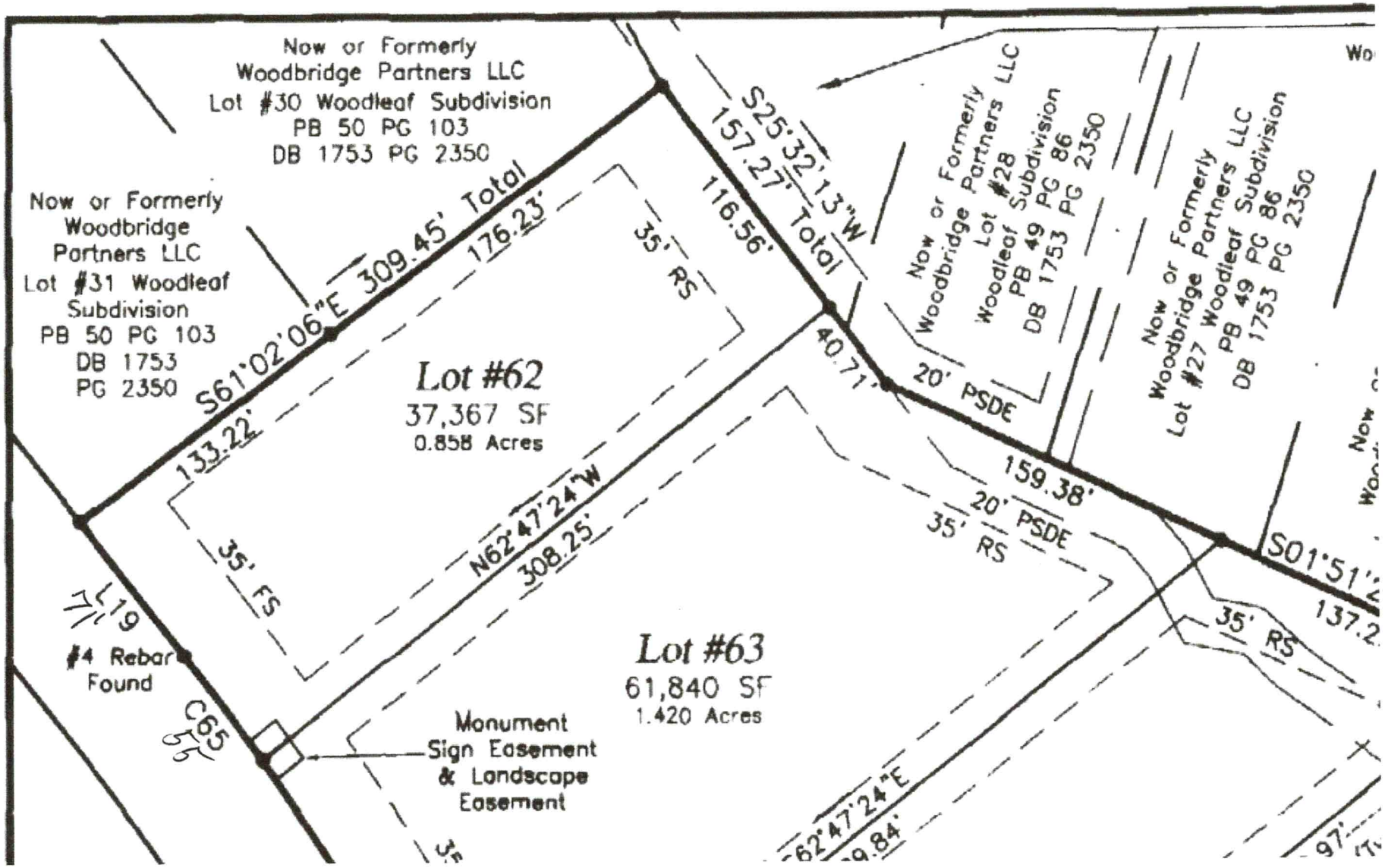
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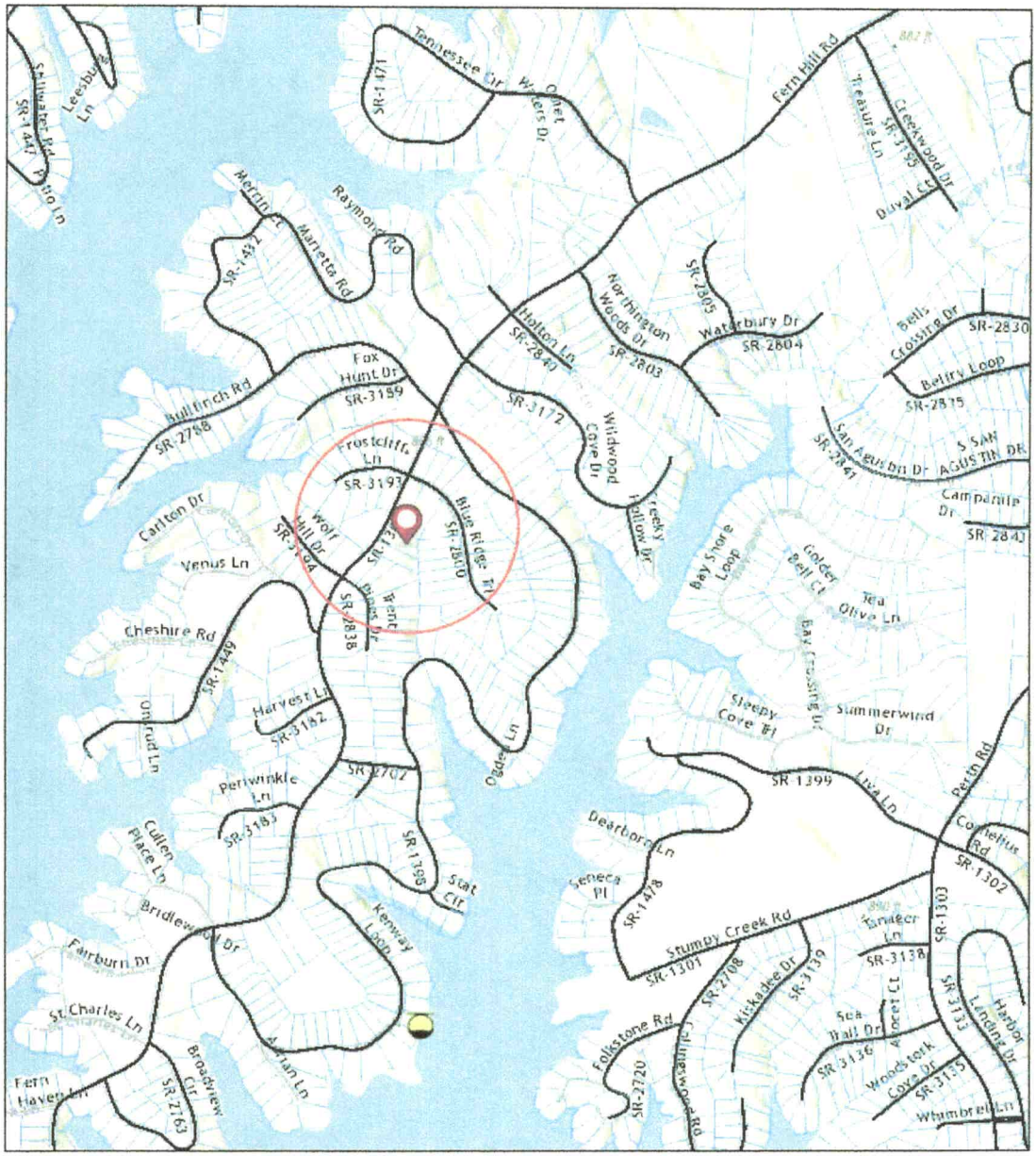
ant Signature: [signature] Date: 9/30/2020 Installed by:

PERMIT by: Patrick Boyle III Date: 8/18/2020 OPERATION PERMIT by: Date:

O CONSTRUCT by: Patrick Boyle III Date: 8/18/2020 Existing System Inspected by: Date:

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L19
#4 Rebar
Found
C65
55
Lot #63
61,840 SF
1.420 Acres
Monument
Sign Easement
& Landscape
Easement
Now or Formerly
Woodbridge Partners LLC
Lot #28
Woodleaf Subdivision
PB 49 PG 86
DB 1753 PG 2350
Now or Formerly
Woodbridge Partners LLC
Lot #27 Woodleaf Subdivision
PB 49 PG 86
DB 1753 PG 2350



1:18,056

0 0.13 0.25 0.5 mi

0 0.2 0.4 0.8 km

Known Releases of Contamination
- Underground Tank Incidents

Parcels (Polygons) - Parcels

Non-System Roads
- Federal Route
- Non-System

Other System Roads
- Ramps, Rest Areas, Non-Mainline
- Projected Route
- Other State Agency Route
- Secondary Route

NCDOT GIS Unit, Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap, and the GIS user community, Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the

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RECEIVED MAY 2 1 2020 AP-307558 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM zoning -

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) Pindries@gmail.com

Applicant Name: PATRICK INDRIES Address: 937 FERN HILL RD Zip: 28117
Applicant Email: ~~PINDRIES@YAHOO.COM~~ Phone: 980-722-3345 Alt. Phone:
Owner Name: PRESTIGE HOMES Address: 112 CAMP LN Zip: 28117
Owner Email: PINDRIES@YAHOO.COM Phone: 980 722-3345 Alt. Phone:

Property Information:

Street Address: 937 FERN HILL RD
Subdivision Name: WOODLEAF Section/Phase: Lot Number: 62
Driving Directions: PERTH RD (L) ONL FERN HILL PROPERTY OH (L)

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
(X) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: 4500 Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 Number of Persons:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 5·11·2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

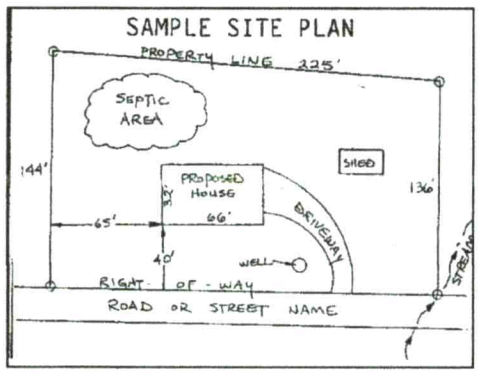
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location**
- (✓) **Preferred well location**
- (✓) **Preferred septic system location**
- (✓) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 5·11·2020

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 5·11·2020

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
307558 Issue Date: 05/19/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639322745.000	937 FERN HILL RD	Iredell County

Owner Information	Applicant Information
Name: PRESTIGE HOMES+RENOVATIONS LLC	Name: PATRICK INDRIES
Address:	Address: 1033 FERN HILL
,	MOORESVILLE, NC 28117
Phone:	Phone: (980)722-3345

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.858	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 05/19/2020

Signature of Owner/Contractor

Permit Number	307558	TOTAL FEES:	$77.25

PO
349

IREDELL COUNTY PLANNING & DEVELOPMENT
BOX 788, STATESVILLE NC 28687-0788
N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories? 2

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 4550 SQF

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name PRESTIGE HOMES & RENOVATIONS Phone # 980-722-3345

Owner's Current Address 112 CAMP LANE MOORESVILLE NC 28117

Property Information

Property Address 937 FERN HILL RD Parcel # _____

Subdivision: WOODLEAF Lot: 62 Zoning: R Watershed: Y (N) Flood Plain: Y / (N) Township: _____

Directions to property (from a MAIN ROAD) PERTH ROAD (L) ONE FERN HILL PROPERTY ON THE (L)

Application Information

Applicant's Name or Company PRESTIGE HOMES & RENOV Applicant's Phone # 980-722-3345

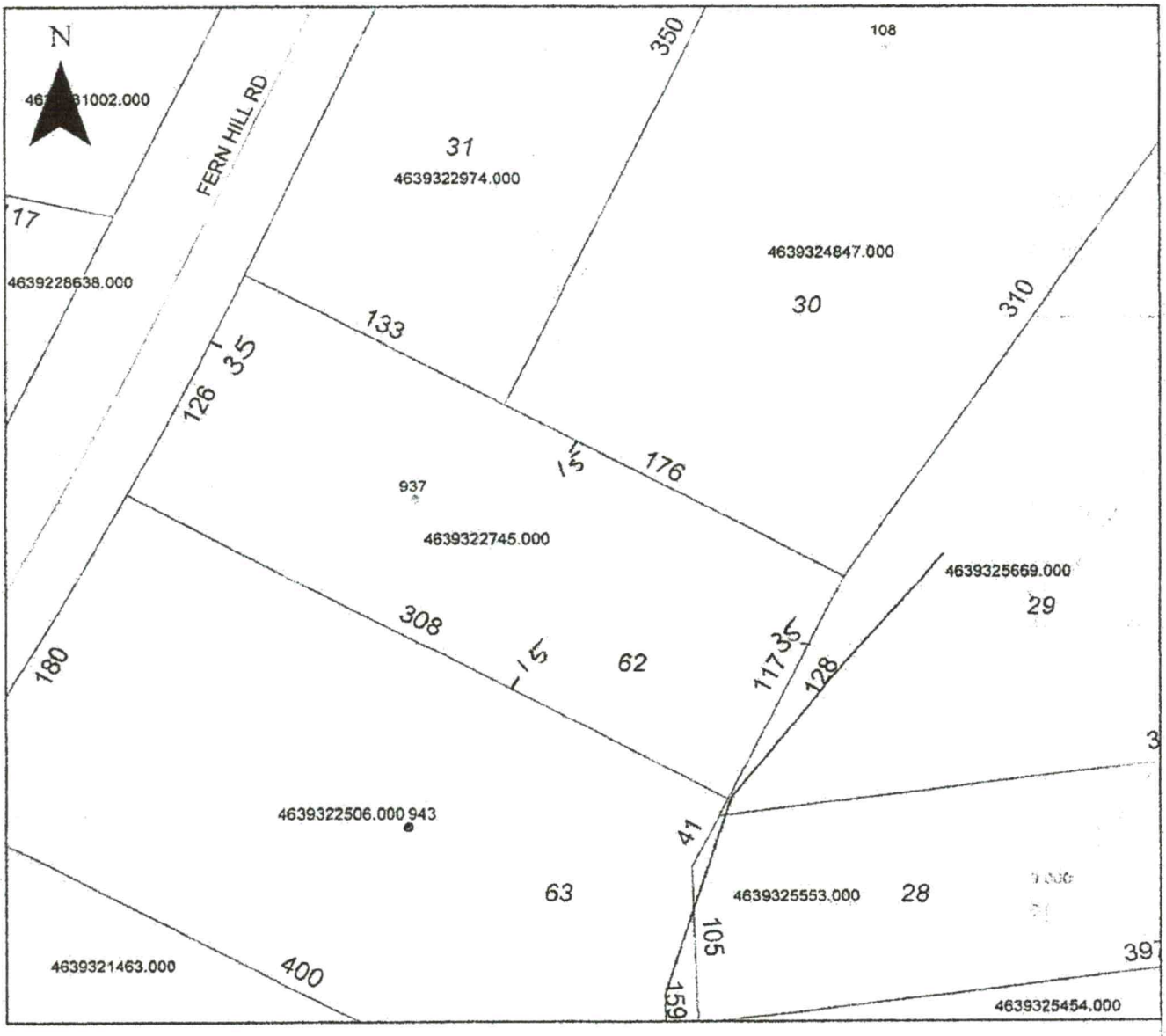
Applicant's Address 112 CAMP LANE MOORESVILLE NC 28117

If Company, Representative's Name and Title PATRICK INABLES MEMBER

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 5.14.2020

ZONING DISCLAIMER



Property Address 937 Fern Hill

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

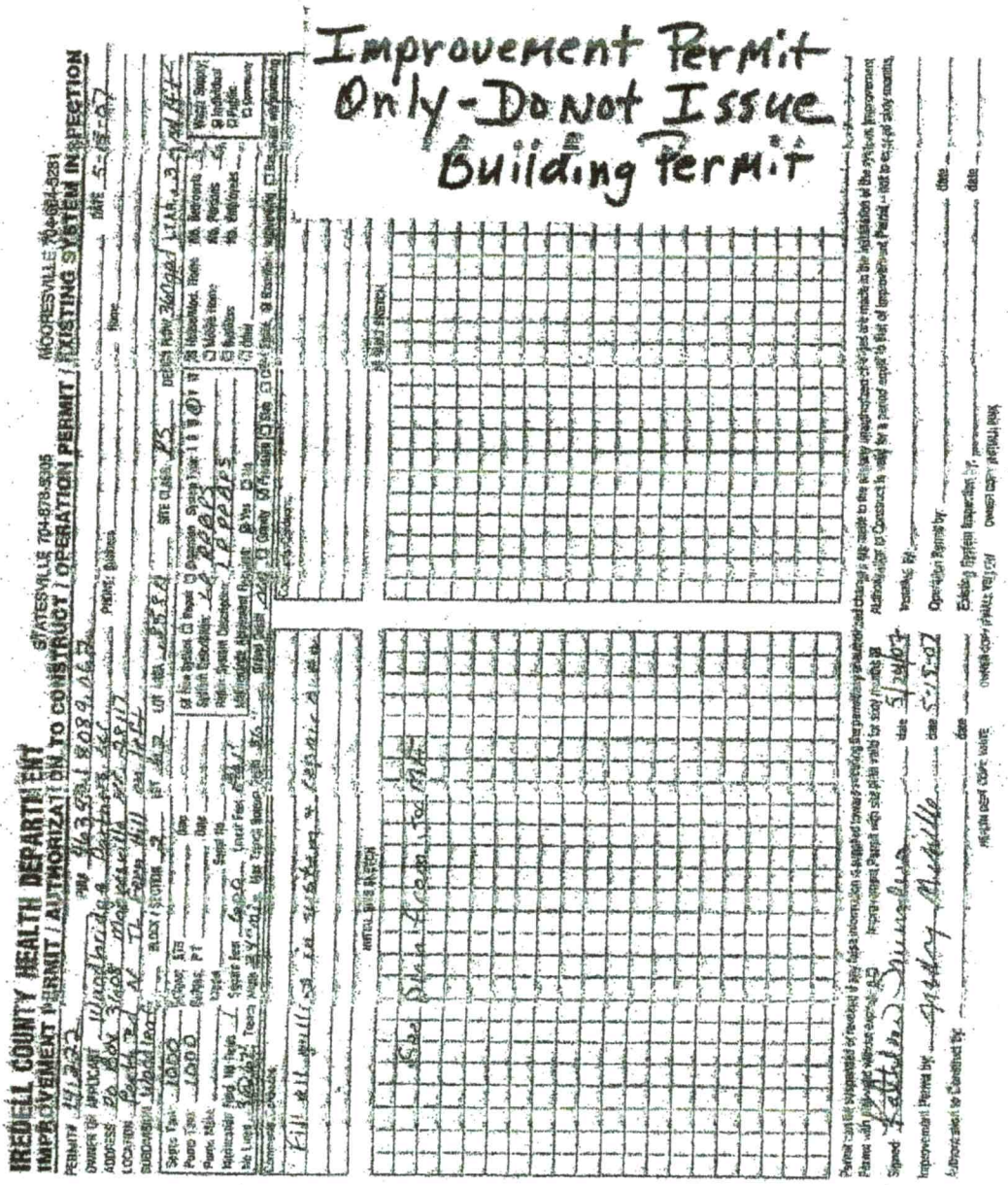
RA 2nd

Applicant

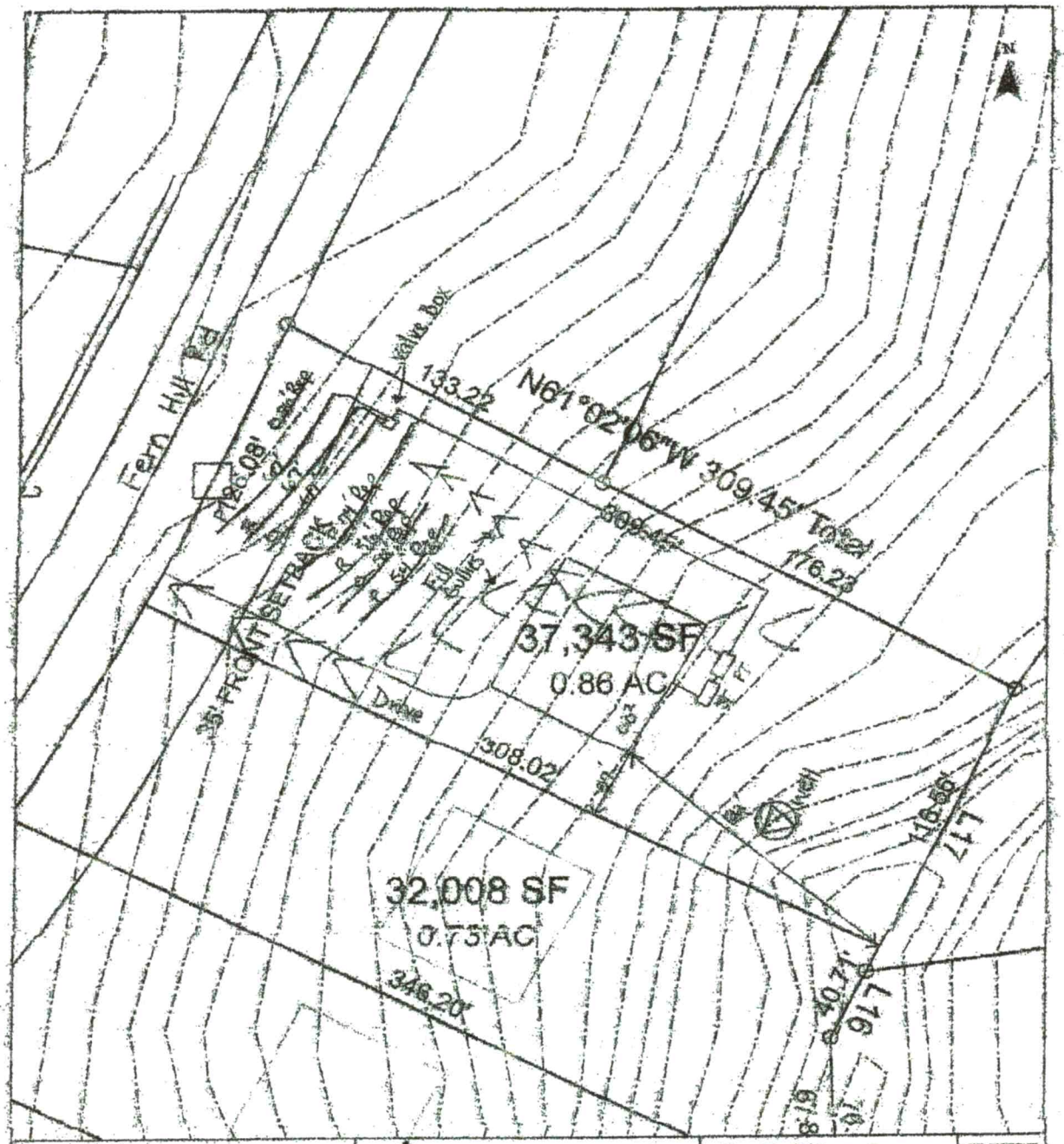
5·14·2020

Date

EXHIBIT A

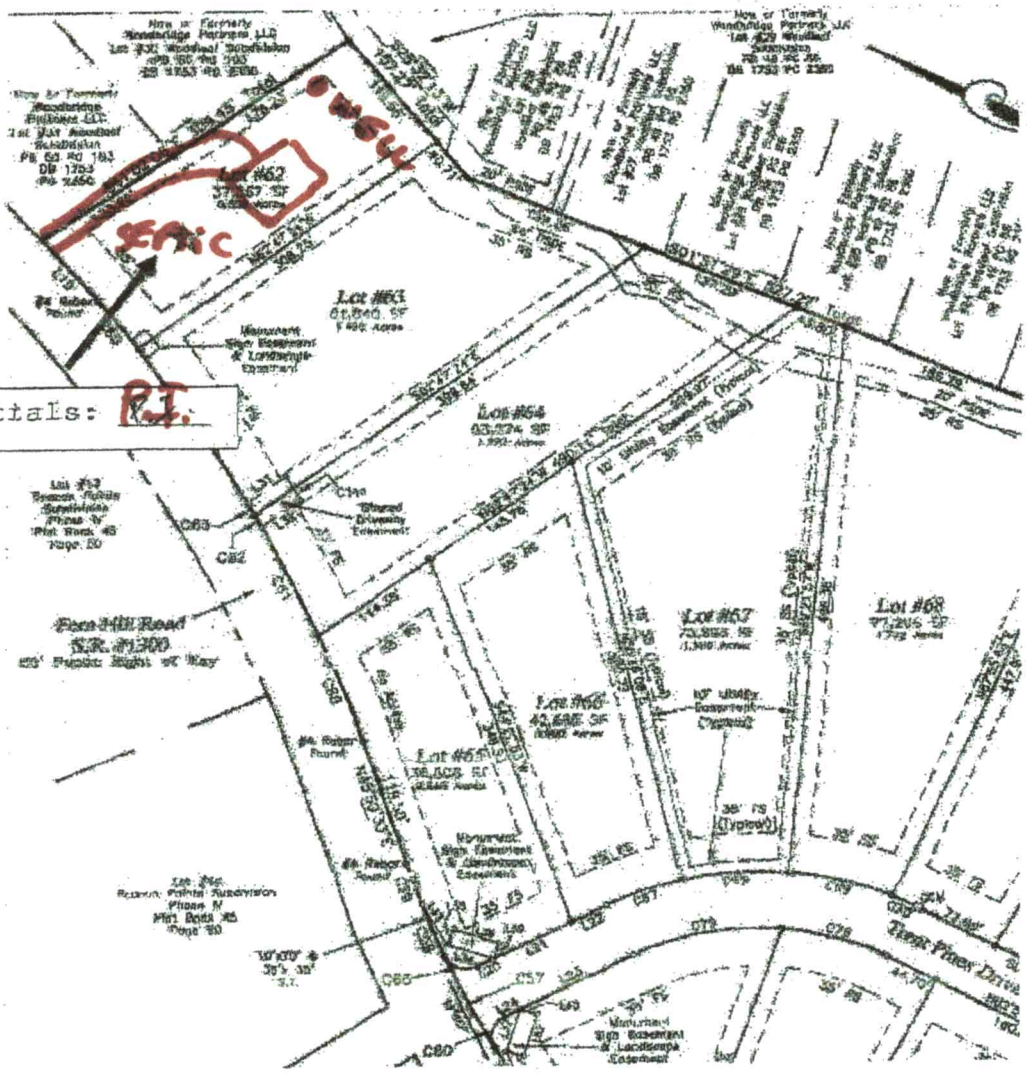


Buyer Initial/Seller Initial



Buyer Initial/Seller Initial

COPIED PORTION OF RECORDED PLAT
IREDELL COUNTY REGISTER OF DEEDS
BOOK 52, PAGE 04



Buyer Initials: P.T.