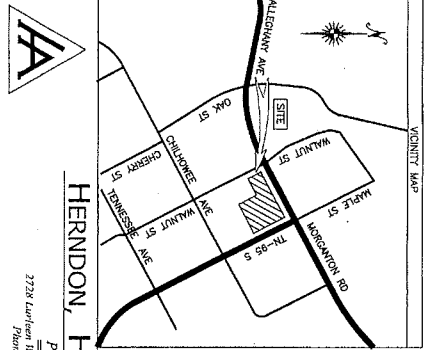


D.B. 291 PG. 299
 JAMES WAINESSA EVAR MATTHEW
 7205 WINCHESTER DRIVE
 ANDOVER, IN 47635

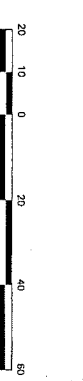


HERNDON, HICKS & ASSOCIATES, INC.

Professional Land Surveyors
 2724 Larkspur Village Blvd. (Rt. 9) Box 580 - Nashville, TN 37206
 Phone: (615) 353-6782
 mh@hhdassociates.com

- LEGEND**
- IRON FOUND
 - P.K. NAIL SET
 - NAIL FOUND
 - R.O.M. NOSH-OFF-PAK

BOOK	CAB-J388-318
TRACER	19071907
TASK NUMBER	19071907
START DATE	08/20/09
END DATE	08/23/09
PLANTING	0.00
PAVING	0.00
CONCRETE	0.00
STEEL	0.00
WOOD	0.00
ROCK	0.00
LANDSCAPE	0.00
UTILITY	0.00
OTHER	0.00
TOTAL	0.00
PERCENTAGE	0.00%
TRACER	LITTLETON



- NOTES:**
- TOTAL ACREAGE DEVELOPED: 0.65 ACRES +/-
 - PER THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE MAP, 4710200299 EFFECTIVE 05/18/2007, SUBJECT PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD ZONE

UNION PLANTERS BANK OF EAST TENNESSEE

PART OF BLOCK 9, ALLEGHANY TOWN COMPANY GREENBACK, TENN. - PLAT BOOK 23 PAGE 478
 LONDON COUNTY, TENNESSEE

CERTIFICATION OF OWNERSHIP AND DEDICATION

This is to certify that the owner(s) of the property shown and described hereon hereby accept the subdivision plat and dedicates all streets, alleys, walks, parks, or other public ways and space to public or private use as noted.

Date: 2/6/19

Owner: *[Signature]*

CERTIFICATE OF APPROVAL

I certify that the plat shown hereon is a true and correct survey to the accuracy required by the laws of the State of Tennessee and that the same conform to the specifications of the Regional Planning Commission.

Date: 2/6/19

[Signature]
 Registered Professional Engineer
 State of Tennessee
 License No. 12428

CERTIFICATION OF APPROVAL OF WATER SYSTEMS

I certify that the water system installed, or to be installed for installation, has met the requirements of the Tennessee State Health Department and is approved as shown with all residential conditions as noted (not required if not applicable).

Date: 3-1-2019

[Signature]
 City or County Health Officer or his Authorized Representative

CERTIFICATION OF SEWERAGE SYSTEMS

I certify that the sewage disposal system installed, or proposed for installation, has met the requirements of the Tennessee State Health Department and is approved as shown with all residential conditions as noted (not required if not applicable).

Date: 20

[Signature]
 Local Health Authority

CERTIFICATION OF SUBSURFACE DISPOSAL (SEPTIC SYSTEMS)

Approval is hereby granted for this _____ defined as _____ in London County, Tennessee, as being suitable for subsurface sewage disposal (SSD) with the listed or attached description:

Prior to any construction of any structure, mobile or permanent, the plans for the exact location/structure location must be approved and an SSD system permit issued by the Division of Ground Water Protection, Water Rights, Water Use, Underground Utilities and Damages should be obtained from the Tennessee State Health Department. Any changes, being a subdivision of the plat conditions may void this approval.

Date: 3/1/19

[Signature]
 Division of Ground Water Protection

CERTIFICATION OF STREETS

I certify that streets and certain appurtenances installed, or proposed for installation, fully meet the specifications established by the Regional Planning Commission.

Date: 3/1/19

[Signature]
 Road Engineer/Highway Commission

CERTIFICATE OF APPROVAL FOR RECORDING

I certify that this plat has been found to comply with the subdivision requirements for the planning region, with the exception of such variances, if any, which are noted. All improvements have been installed or in the process of being installed in order to assure completion. This plat is approved for recording in the name of the Surveyor.

Date: 3-1-2019

[Signature]
 Secretary, Regional Planning Commission

CERTIFICATE OF APPROVAL OF STREET NAMES AND ADDRESSES

I certify that (1) the names of existing public roads shown on this subdivision plat are correct; (2) the names are approved; and (3) the property addresses of the lots shown on this plat are in conformance with the E-911 System.

Date: 3/1/19

[Signature]
 E911 Authority

Source	D.B. 214 PG. 214	Job No.	1811-015
Field Work	12/4/18	Date	1/29/19
Survey Type	SUBDIVISION	By	JMH
ACAD File	1811-015 ESD.dwg	Approved By	JMH
COSO File	1811-015.dwg	Surveyed by	SF