STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE	}	DRAINAGE ASSISTANCE AGREEMENT
REQUESTOR		
NAME: St. Francis Community Hospital		TAX MAP NO.: 113
ADDRESS:#4 Patton St, Greenville, S.C.		PHONE NUMBER: 255-1000
WHEREAS, Section 10-1 (e) of the Greenvequipment to perform maintenance on dedicate	ed drainage Madication	of easements, requests of all affected
property owners and that all affected proper connection with said assistance; and,	rty owners	nord dieenville county memory
WHEREAS, said easement dedication is perpetty to Greenville County; and,		
WHEREAS, said agreement to hold Greenvi as provided by this agreement; and,		
WHEREAS, the undersigned agrees to the of Greenville County,		
NOW, THEREFORE, I (we) the undersigned general public with the width to be the wide	est appile	able as fortows.
. 15" - 30" Pipe 36" - 54" Pipe	_	Feet Feet
Over - 54" Pipe	_	Feet
Actual Area Maintained Width As Specified On	A Recorded	Plat
and the location as determined by the Count forever discharge the County of Greenville, all liability for damages or injuries which or improvements thereon from the performance harmless from any such liability. IN WITNESS WHEREOF, I (we) have set my	might res ce of such	ult to my (our) property or the plantings work, and I (we) do hold said County
day of August , 1984		GNED: Property Owner
SIGNED: Witness	St	FRANCIS COMMUNITY HOSPITAL
No. 1 Douglast.	Keir	M. Ledd Payet
No. 2 Jane S. Wehunt	4	Richard Neugent
No. 1		
No. 2	_	
No. 1		
No. 2	_	
STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE		
Personally appeared before me Douglas	C. Keir	and made oath that he
sow the within named person(s) sign, seal	(Witness N & as his (h	er) (their) act and deed deliver the within
instrument, and that he with Jane S. Wehn	ınt	witnessed the execution
thereof.	(Witness N	
Sworn before me, this15th	day of	August, 19 <u>84</u>
	-41 \	
HOTARY PUBLIC, S. C.	:AL)	Carlo Carlo
/	-	(Witness No. 1)
No person can witness his own signature.)

RECORDED AUG 2 2 1984 12:32 P/M.