EHS not on LD project
2 81221
permit issued

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7865B WASPS App #: 3737

Primary ES assigned to project: OT

Secondary ES assigned to project:

Project Type: New System [✓] Alteration [ ] Repair [ ] Modified Plot Plan [ ]

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes [✓]	No [ ]	N/A [ ]
.1937(d)	Is there a Site plan/Plat with application	Yes [✓]	No [ ]	N/A [ ]
.1937(d)	Is the Facility shown?	Yes [✓]	No [ ]	N/A [ ]
.1937(d)	Are appurtenances shown	Yes [✓]	No [ ]	N/A [ ]
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1940 (a-g)	Slope % Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Texture Class Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Structure type Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Consistence Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(2)	Mineralogy Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes [ ]	No [ ]	N/A [✓]
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes [ ]	No [ ]	N/A [✓]
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes [ ]	No [ ]	N/A [✓]
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes [✓]	No [ ]	N/A [ ]
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes [✓]	No [ ]	N/A [ ]
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes [✓]	No [ ]	N/A [ ]
.1939(d), .1955, .1956, .1957	LTAR 3	Yes [✓]	No [ ]	N/A [ ]
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes [✓]	No [ ]	N/A [ ]
.1945(b)	Proposed System Type stated-Repair	Yes [✓]	No [ ]	N/A [ ]
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes [✓]	No [ ]	N/A [ ]
.1937(g) .1945(b)	System components shown – Initial	Yes [✓]	No [ ]	N/A [ ]
.1945(b)	Repair area shown	Yes [✓]	No [ ]	N/A [ ]
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes [✓]	No [ ]	N/A [ ]
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes [✓]	No [ ]	N/A [ ]
.1937-(f)(g)	Is the System located in the approved area?	Yes [✓]	No [ ]	N/A [ ]
130A-336(a)	Is the Design flow (gpd) indicated?	Yes [✓]	No [ ]	N/A [ ]

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification:

Comments:

IA issued date: 2-3-09

OP issued date: 2-12-09

Review performed by: IR

Date performed: 8-5-09

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7865B Permit #: 3737 Tax Parcel #: 007 321 20

Property Owner: Layton P. Holsinger

Job Location Address: 18900 Davidson Concord Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 2/12/09 Contractor Name: Gunter Grading

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Effluent Pump Model: Gould

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 12 inches (Type) chambers

Depth of Cover: 24 inches

Distribution Device: pressure manifold

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 15 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: > 100 feet

Inspection Dates

Tank(s) Inspected: 2/12/09

Excavation Inspected: 2/12/09

Pump & Controls Inspected: 2/12/09

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

see installation approval

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☑ in accordance with the permit issued 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. The issuance of this 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. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: Type IIIB septic System / Pump to Accepted

DENR Authorized Agent: Philo Walker RS Signature: Philo Walker RS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7865B Permit #: 3737 Tax Parcel #: 007 321 20

Property Owner: Layton P. Holsinger

Job Location Address: 18900 Davidson Concord Rd

City: Davidson State: NC Zip Code: 28036

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☐

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☑ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: Pump to Accepted System

DENR Authorized Agent: Philo Walker Date: 2/12/09

Signature: Philo Walker RS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 7865B Permit #: 3737 Tax Parcel #: 007321 20

Property Owner: Layton P. Holsinger

Job Location Address: 18900 Davidson Concord Rd

City: Davidson State: NC Zip Code: 28036

Installation Approval Issuance Date: 2/3/09

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 3/3/09, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ 100 feet

Depth of Media: 12 inches (Type) 25% Reduction

Distribution Device: pressure manifold

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

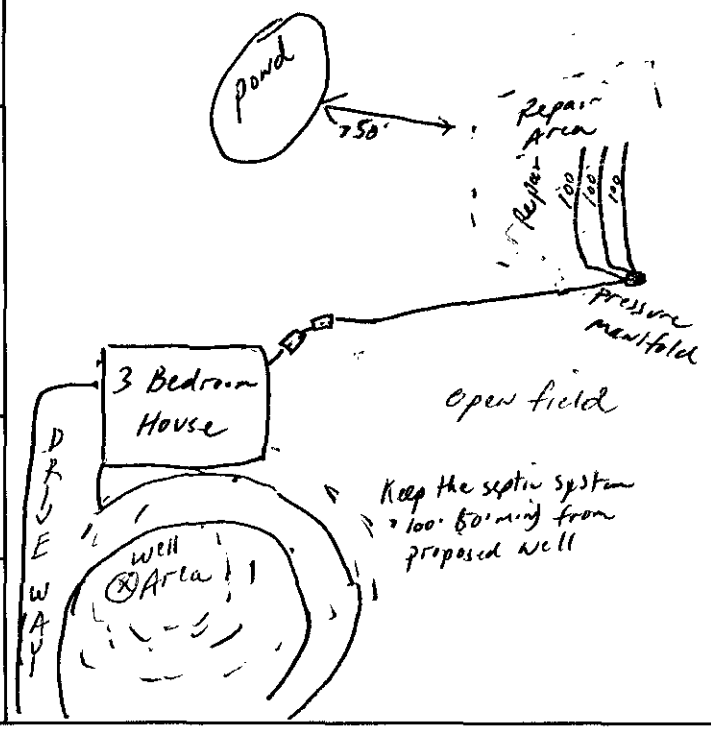
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 100' 50' min feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Type IIIb Pump to Accepted System
Pressure manifold Distribution

DENR Authorized Agent: Philo Walker Signature: Philo Walker RS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30003737** GWS File #: **7865B** Tax Parcel #: **007-321-20**

- This 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.

I. This Improvement Permit Shall: Not Expire with Plat Provided **Expiration Date (If Applicable):** N/A

Type of Installation: Residential - New System Lot Number: 0

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Community

II. Initial System Type: Pump to Approved **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: Pump to Approved **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent:_____
Print Name

Signature: Jeremy Michelone R.S. Signature:_____

Date Issued: 8/6/2008

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30003737** GWS File #: **7865B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: _____

Date Issued: 8/6/2008

Owner/Legal Agent: _____
Print Name

Signature: _____

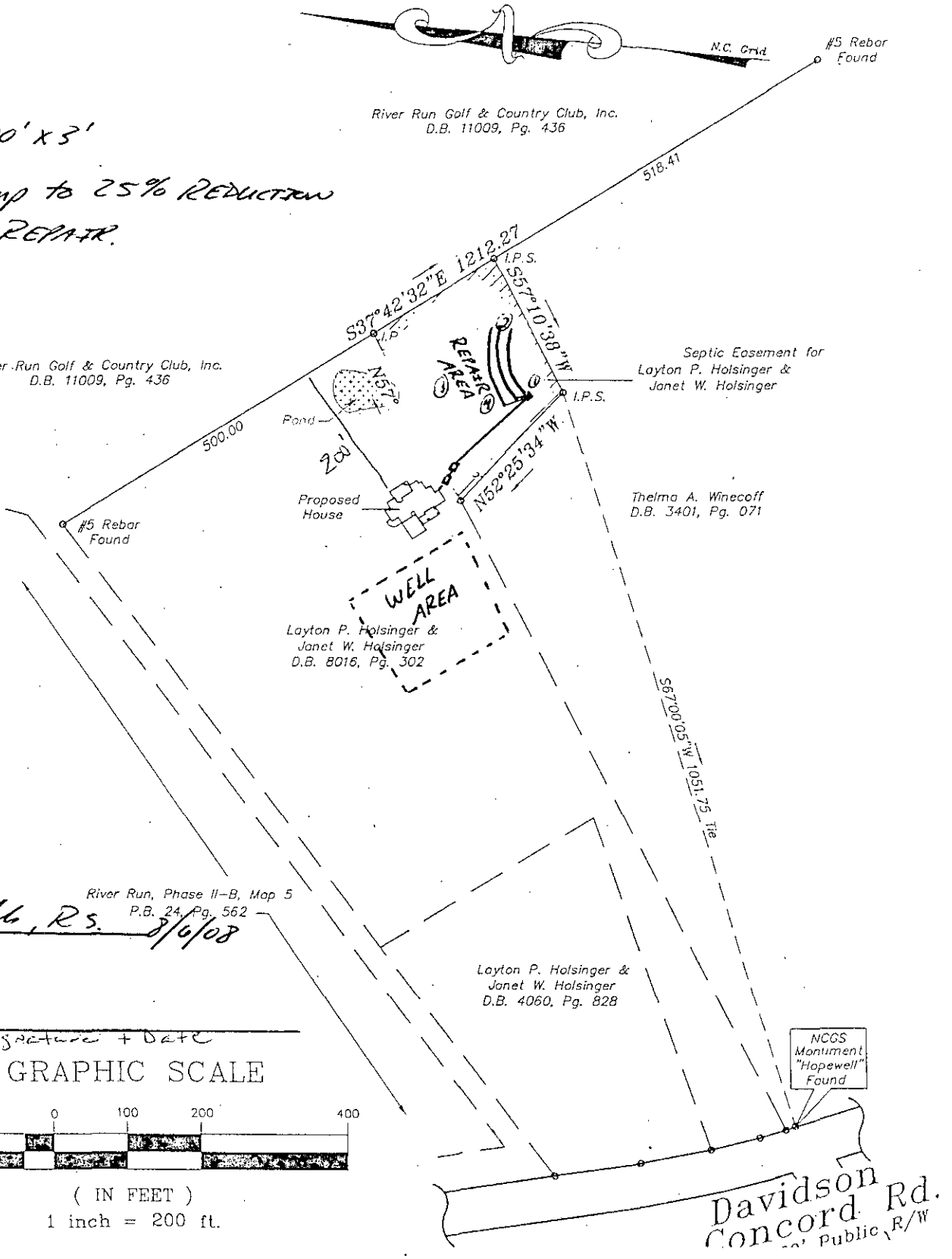
COMMENTS:

- 3 BEDROOM HOUSE
- 1500 SEPTIC TANK
- 1000 PUMP TANK
- 0.3 LTAR
- 300 TLF
- 3 LINES x 100' x 3'
- TYPE IIIb Pump to 25% REDUCTION SYSTEM + REPAIR.

78658

3737

007-321-20



Jimmy Mucklo, R.S. 8/6/08

X owner/agent signature + Date

GRAPHIC SCALE

200 0 100 200 400

(IN FEET)

1 inch = 200 ft.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 2
Property ID: PO 007-321-20
Lot #:
File #: 7865B
AppID: 3737

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Layton P. Holsinger
Applicant: Rollans Soil & Env. Ser.
Address: 18904 Davidson-Concord Road, Davidson, N. C. 28036
Date Evaluated: 8/30/08
Proposed Facility: Residence
Property Size: Approx. 1.0a
Location of Site: 18900 Davidson-Concord Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-5	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48	N/A	NONE	PS, IV
		5-12	SBK/SCL	"					.3GPD/FT^2
		12-48	SBK/SC	FI/SEXP/S/P					
2	"	0-8	GR/SCL	FR/SEXP/SS/SP	>43" TO SOIL WETNESS	43	"	"	"
		8-27	SBK/SC	FI/SEXP/S/P					
		27-43	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-21	GR/SCL	"	>37" TO SOIL WETNESS	37	"	"	"
		21-37	SBK/SC	FI/SEXP/S/P					
4	LS, 10	0-8	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	"
		8-48	SBK/SC	FI/SEXP/S/P					
					SITE LTAR .3GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III b	III b
Site LTAR	0.3	0.3

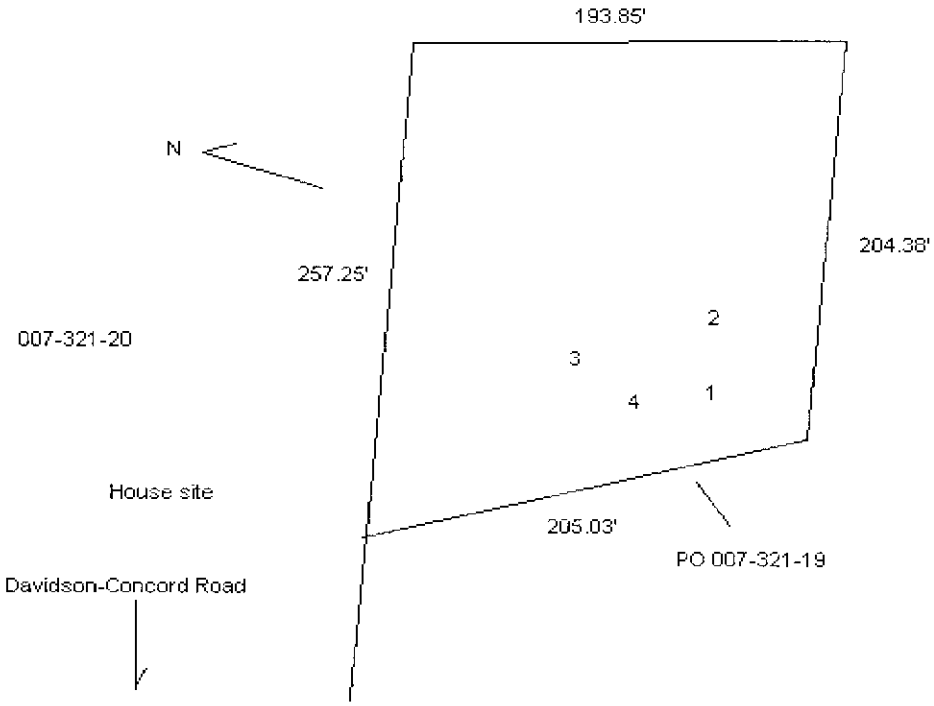
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 8/30/2008,
Others Present: A. Rollans
Site Classification (.1948): PS
Site Evaluation By: Jeremy Michelone, R.S.
Others Present:

COMMENTS:
100% repair, house to be built on 007-321-20, drainfield site via easement will be on 007-321-19

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



BM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION: 007-321-20
TAX PARCEL NUMBER: ~~00732120~~
STREET ADDRESS: 18900 Davidson Concord Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): To be determined
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☒ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☐ N/A ☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS (Pond)	☒ YES	☐ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
WASTE STORAGE	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? owner ☐ N/A

12. PROPERTY OWNER:
NAME: Layton P. Holsinger
ADDRESS: 18904 Davidson Concord Rd
CITY: Davidson
STATE: NC ZIP: 28036-8768
HOME PHONE: 704.895.1903
WORK PHONE: 704.634.4115
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Rollans Soil & Environ Serv
ADDRESS: 470 N. Broad St. Ste D
CITY: Mooresville
STATE: NC ZIP: 28115
HOME PHONE: N/A
WORK PHONE: 704.658.1723
MOBILE PHONE: 704.746.5046
FAX: 704 658. [redacted] 1724

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. 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. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

SAR (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. 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. The permit is valid for a period of twelve (12) months from the date of issuance.

SAR (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below.

Property Owner's or Owner's Legal Representative Signature

7/21/08
Date

OFFICE USE ONLY

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEES RECEIVED: $ 250.00 DATE FEE RECEIVED: 7/22/08

WELL APPLICATION FEES RECEIVED: $ _____ DATE FEE RECEIVED _____

APPLICATION PROCESSED BY: Annette G

GWS FILE NUMBER ASSIGNED: 7865B

APPLICATION ID NUMBER ASSIGNED 3737

COMMENTS

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2008 AUG 05 12:10 PM
BK:24020 PG:249-255 FEE:$29.00

INSTRUMENT # 2008133675

2008133675

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC SYSTEM EASEMENT AGREEMENT

This EASEMENT made this 5th day of August, 2008, by and between

GRANTOR	GRANTEE
Janet W. Holsinger & Thelma A. Winecoff, by entirety 18904 Davidson Concord Road Davidson, NC 28036	Janet W. Holsinger 18904 Davidson Concord Road Davidson, NC 28036

Enter in appropriate block for each party: name, address, and, if appropriate, character or 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 Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land upon that certain lot or parcel of land owned by Grantor and located in the city of Davidson, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

This instrument was prepared by: Janet W. Holsinger

Mail after recording to: 18904 Davidson Concord Rd, Davidson, NC 28036

Mecklenburg Tax Parcel No. 00732119 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded In Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic System Easement Area located thereon, said parcel labeled threon and hereinafter referred to as the "Easement Parcel."

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of _____, Davidson Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 00732119 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot _____ Block _____ of _____ recorded In Map Book _____ Page _____ (if applicable)

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefited Parcel."

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic System Easement Area on the Easement Parcel and to inspect, maintain, repair and replace components of said septic system at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. *This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.* This Easement shall automatically expire, however, should Grantee ever hook up the structure located or to be located on the Benefited Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank System Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area

- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the Area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites
- Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

Thelma Winecoff, entirety _____ (SEAL)
(Corporate Name)

BY: Janet W. Holsinger _____ (SEAL)
_____ President

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, Mecklenburg County

I, Elena D. Severson, a Notary Public of the County and State aforesaid, certify that Janet W. Holsinger for Thelma Winecoff, entirety Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 5th day of August, 2008.

My Commission Expires: 02-12-2012 Elena D Severson
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____
(Notary Public)

GRANTEE

Janet W Holsinger _____ (SEAL)
(Corporate Name)

BY: Janet W Holsinger _____ (SEAL)
_____ President

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

ELENA D. SEVERSON NOTARY PUBLIC MECKLENBURG COUNTY NORTH CAROLINA

I, Elena D. Severson, a Notary Public of the County and State aforesaid, certify that Janet W. Holsinger, Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. WITNESS my hand and official stamp or seal, this 5th day of August, 2008.

My Commission Expires: 02-12-2012 Elena D Severson
(Notary Public)

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged the ___he is _____ Secretary of _____ ___, a corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal, and attested by _____ as its _____ Secretary. WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

My Commission Expires: _____ _____
(Notary Public)

Approval by the Mecklenburg County Health Department does not certify or extend to matters of title. The purchaser of property subject to or affected by this easement is responsible for ascertaining all matters affecting the validity and enforceability of this instrument.

I Lance D. Schamback, certify that this plot was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 8016, Page 302. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plot was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 28 day of July, A.D. 2008.

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Deed Book: 8016 at Page: 302, Deed Book: 4060 at Page 828 & Deed Book: 3401 at Page 071 as recorded in the Mecklenburg County Register of Deeds.

3) Area by coordinate method.

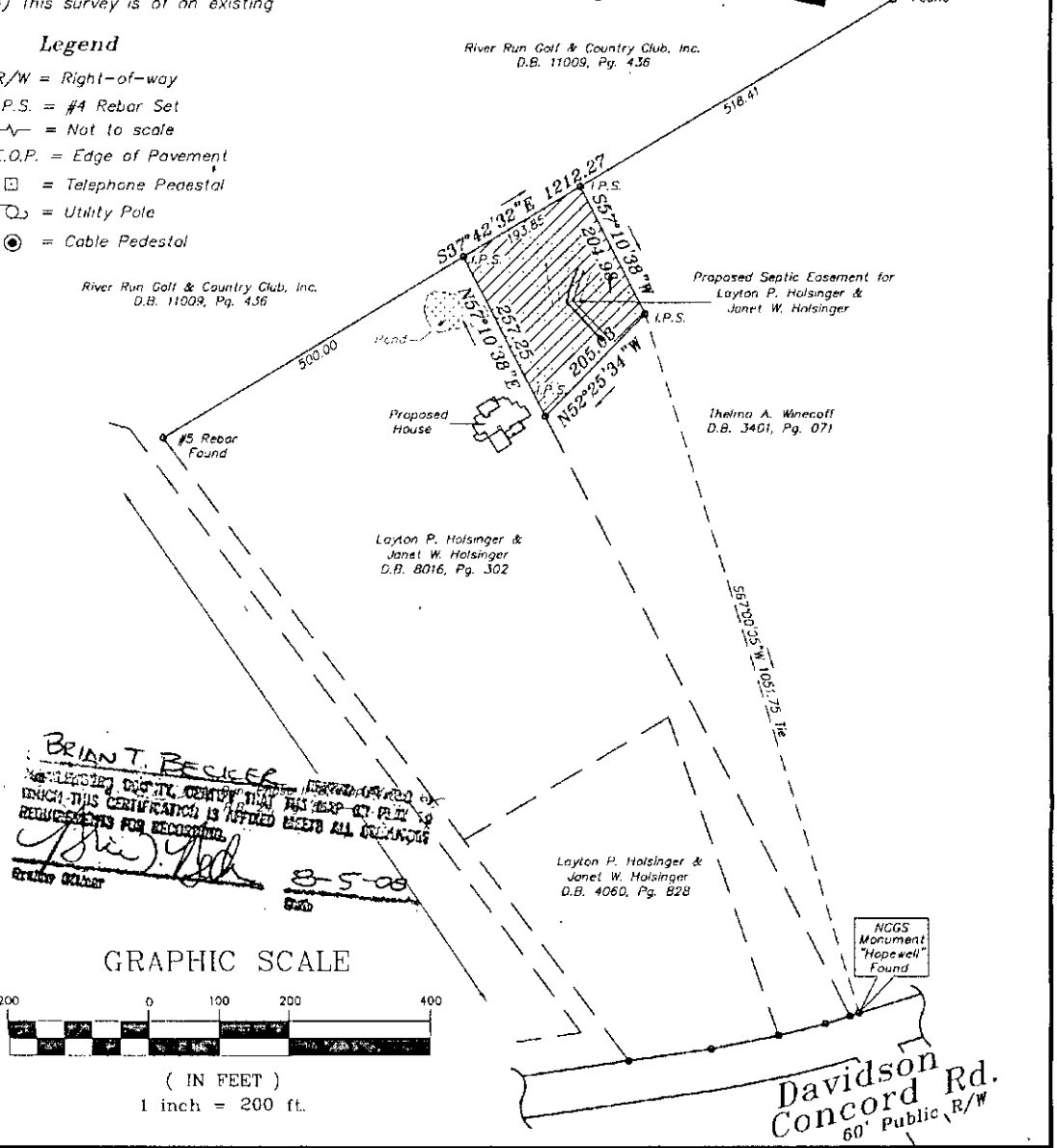
4) This survey is of an existing

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

Lance D. Schamback, PLS
LICENSE NUMBER L-4295

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
—∿— = Not to scale
E.O.P. = Edge of Pavement
= Telephone Pedestal
= Utility Pole
= Cable Pedestal



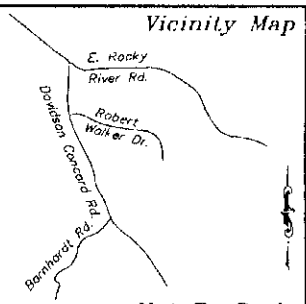
BRIAN T. BECKER
REGISTER OF DEEDS, CERTIFY THAT THIS MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
Deputy Officer
8-5-08
Date

GRAPHIC SCALE

200 0 100 200 400

(IN FEET)
1 inch = 200 ft.

Vicinity Map



Not To Scale

Septic Easement Survey
FOR
Layton P. & Janet W. Holsinger

PROPERTY DESCRIPTION
Deed Book 8016, Page 302

Deweese Township
Mecklenburg County, NC

SCALE: 1" = 200
FIELD BOOK:
FILE: 2008-53
TAX MAP NO:

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915

JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration:	08/05/2008 12:10 PM
Book:	RE 24020 Page: 249-255
Document No.:	2008133675
	ESMT 7 PGS $29.00
Recorder:	SERENA ROSS

2008133675

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/22/08	Amount:	250.00
Receipt #:	58317	Tendered:	250.00
Check / Auth #:	CHECK 4377	Returned:	0.00
Received By:	GLADNAG		

Account Information

Account #: 200000
Contractor: ROLLANS SOIL & ENVIRONMENTAL
Attn:
Address: 470 N. BROAD STREET , STE D
Address:
City/State/Zip: MOORESVILLE, NC 28115

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 18900 DAVIDSON CONCORD RD		1	250.00	250.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/05/08	**Amount:**	200.00
Receipt #:	58492	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: X42551
Contractor: HOLSINGER LAYTON P
Attn:
Address: 18904 DAVISON CONCORD RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 18900 DAVIDSON-CONCORD RD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/05/08	**Amount:**	200.00
Receipt #:	58493	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #: X42551
Contractor: HOLSINGER LAYTON P
Attn:
Address: 18904 DAVISON CONCORD RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 18900 DAVIDSON-CONCORD RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					