

7448 MCILWAINE RD

01513129

1/4/2008

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: 4403B DATE: 4/19/01

TC: 0151329 ☒ L ☒ CRT

SERIAL № 18591

Name of Owner Kimberly + Eric Walcott Juris.:

Address of Property 7448 McIlwaine Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ Vary see plot

Cover Depth 12"

Water Supply Source well

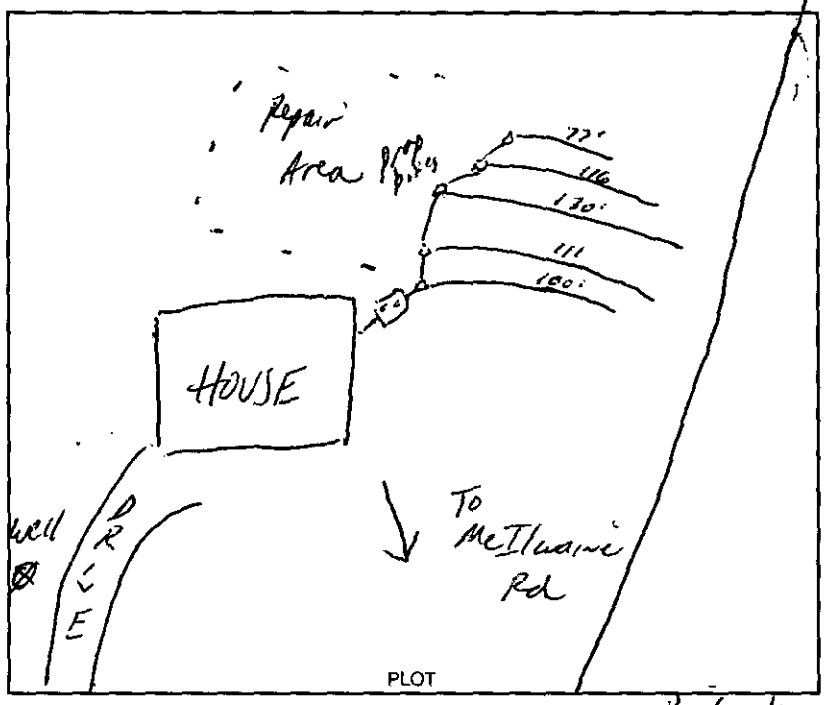
Distance to Water Source 100' +

Excavation Inspected 4/17/01

Tank(s) Inspected 4/17/01

Wash Line Inspected plumb to tank

High Water Alarm Inspected NA



Design 2001, 1500ST, CON, Drop boxes, 1605SFT, 12"Stone Ccil CTR# Piedmont septic

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 15A 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 15A 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 4 bedroom residence Type IIa

Phillip S. Walker R.S.

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

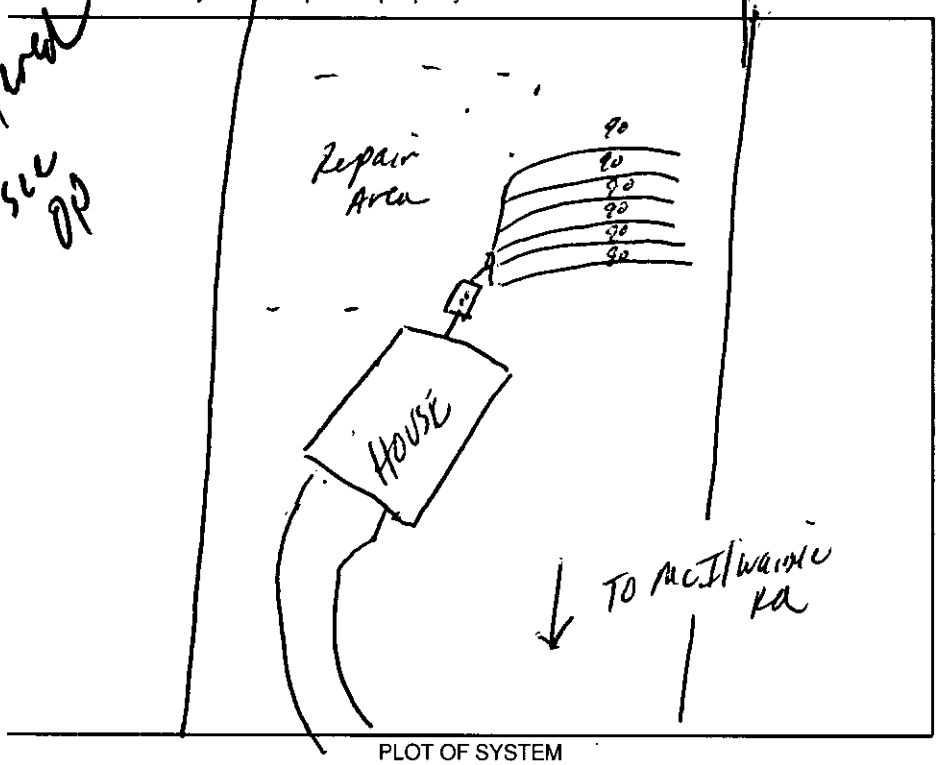
FILE: 4403B DATE: 4/5/01

TC: 015 131 29 ☒ L

SERIAL Nº 18688

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 8/23/00. All work shall be completed on or before 5/5/01, 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.

Altered SCV OP



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 535' feet

Number of Lines 6 (90')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Kimberly & Eric Walcott

LOCATION OF PROPERTY 7448 McIlwaine Rd

Comments: Install 1500 ST, 6 lines x 90' long or (5 lines x 107' long) x 3' wide x 12" deep
Keep the septic system > 100' (50' min) from any wells
Pump tank eliminated (Gravity flow to be achieved)

Philo S. Walker R.S.
Environmental Health Specialist

chk # 4910 PD in Full ACS
after typo has included

FEE: 400.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11/8/00 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 11/3/00 PERMIT NO: 4403B
PARCEL NO: 015 131 29 00

JOB LOCATION ADDRESS: 7448 McIlwaine Rd
PROPERTY OWNER: Kimberly + Eric Walcott
BUILDING CONTRACTOR: -
SUBDIVISION NAME: -
AUTHORIZATION ISSUED BY: Thilo S Walker RS. DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4403B, 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: Septic easement shall be recorded and on file before Operations Permit release

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.

Kimberly A Walcott 11/8/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4403B

Tax Number: 05131 29

- 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	480 Max gallons/day wastewater flow	1610 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
YES Serviced by private well	1500 Gallon septic tank	535' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Septic easement shall be recorded and on file prior to Operations Permit release. Basement w/ plumbing lift pump required				

Repair Area System Type 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
1610 Absorption Area (Sq ft) 535 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Phila S. Wolfe RS 11/3/00
DEHNR Authorized Agent — Date

x Kathy A. Walcott 11/8/00
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

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 NOV 08 09:47 AM
BOOK 11705 PAGE 798-807 FEE $24 00
INSTRUMENT # 2000163847

1/4/03 F

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

This EASEMENT made this ____ day of November, 2000 by and between

GRANTOR	GRANTEE
ERIC A. WALCOTT and wife, KIMBERLY A. WALCOTT	SCOTT K. MILLSAP and wife, LORI ANN MILLSAP
10601 Huntersville Commons Drive, Apt. N Huntersville, NC 28078	7442 McIlwaine Road Huntersville, NC 28078

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 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 Huntersville _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 015-131-29 as shown on a page of the County Tax Map attached hereto as Exhibit A
Lot 3B Block _____ of _____ recorded in Map Book 32 Page 463 (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 Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

This instrument was prepared by: M. Clark Parker, P.A.
Mail after recording to: Grantor at above address

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 Huntersville, _____ Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 015-131-98 015-131-28 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot 3A & 2 Block _____ of _____ recorded in Map Book 32&26 Page 463&712 (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 "Benefitted 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 Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field 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 Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank Drain Field 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

_____ Eric A. Walcott (SEAL)
(Corporate Name) ERIC A. WALCOTT

BY: _____ Kimberly A. Walcott (SEAL)
_____ President KIMBERLY A. WALCOTT

ATTEST: _____ (SEAL)

_____ _____ (SEAL)
_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, Betty C. Parker, a Notary Public of the County and State aforesaid, certify that Eric A. & Kimberly A. Walcott Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 3rd day of November, ~~19~~2000.

OFFICIAL SEAL
North Carolina • Mecklenburg County
BETTY C. PARKER
NOTARY PUBLIC
My Commission Expires 4-01-2005

My Commission Expires: 4-1-2005 Betty C. Parker
(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 that _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 _____, 19__.

My Commission Expires: _____ _____
Notary Public

GRANTEE

_____
(Corporate Name)

BY: _____
_____ President

ATTEST:

_____
_____ Secretary (Corporate Seal)

_____ (SEAL)
SCOTT K. MILLSAP

_____ (SEAL)
LORI ANN MILLSAP

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP North Carolina, MECKLENBURG County

I, Betty C. Parker, a Notary Public of the County and State aforesaid, certify that Scott K. Millsap & Lori Ann Millsap Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 3rd day of November, 2000.

OFFICIAL SEAL
North Carolina • Mecklenburg County
BETTY C. PARKER
NOTARY PUBLIC
My Commission Expires 4-01-2005

My Commission Expires: 4-1-05 Betty C. Parker
(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 that _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 _____, 19__.

My Commission Expires: _____ _____
Notary Public

This document is not to be recorded until approved by the Mecklenburg County Health Department.

APPROVED AS TO THE SEPTIC REPAIR AREA REQUIREMENTS:

MECKLENBURG COUNTY HEALTH DEPARTMENT

BY: Philo S Walker DATE: 11/8/00

Philo S. Walker
(print name)

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.

EXHIBIT "A"
TAX PARCEL #015-131-29

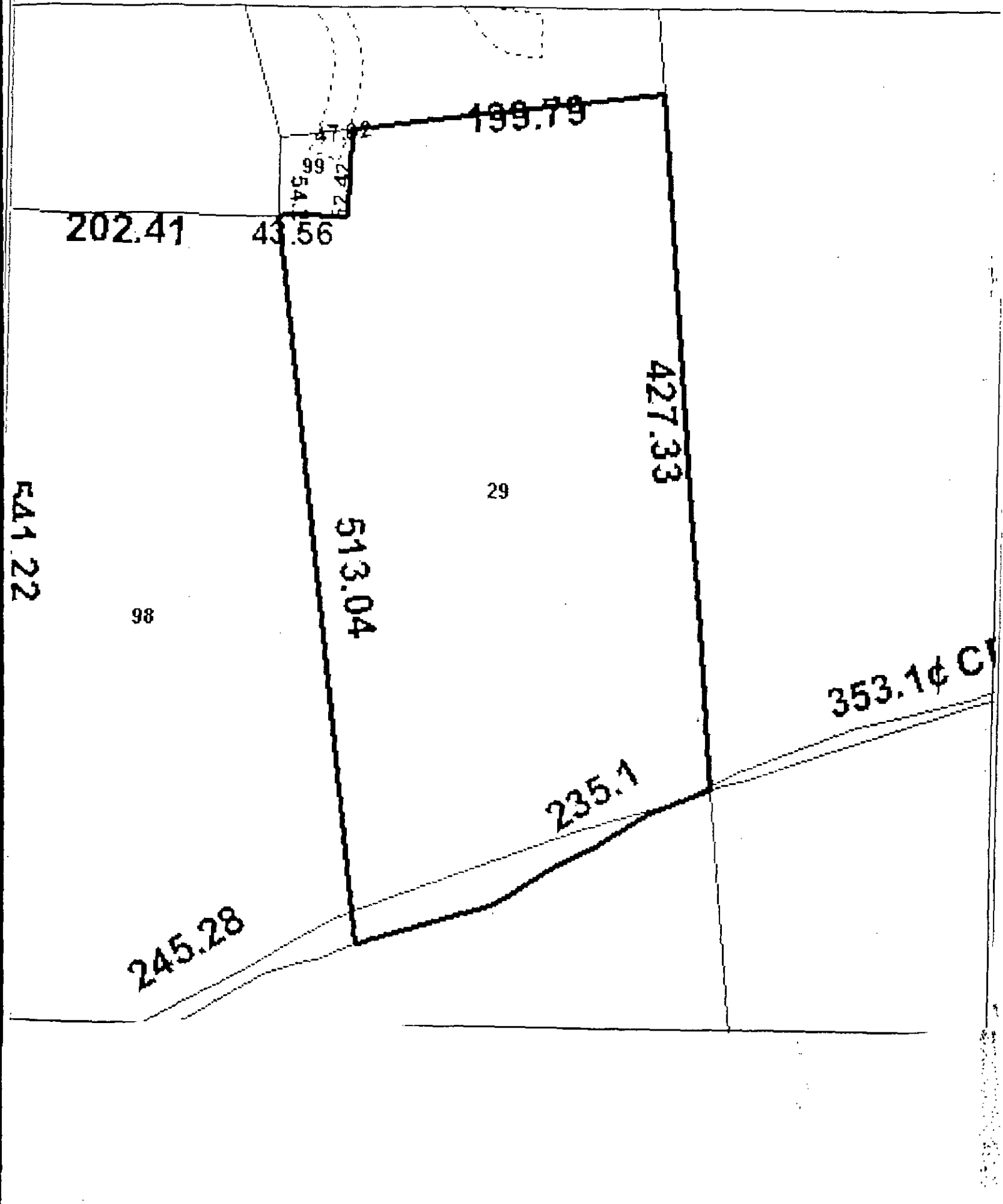


EXHIBIT "A"

TAX PARCEL #015-131-28

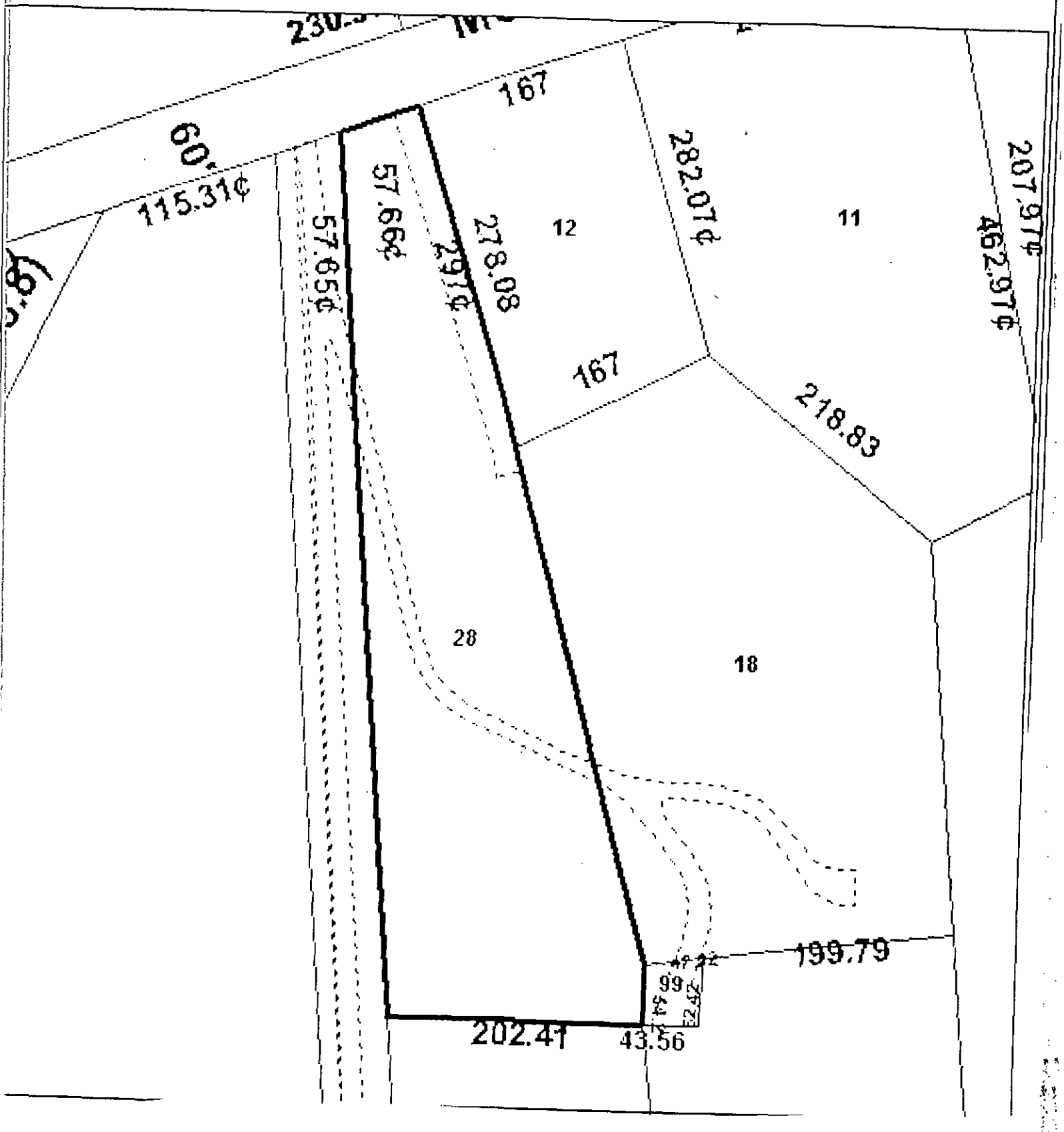


EXHIBIT "A"

TAX PARCEL #015-131-98

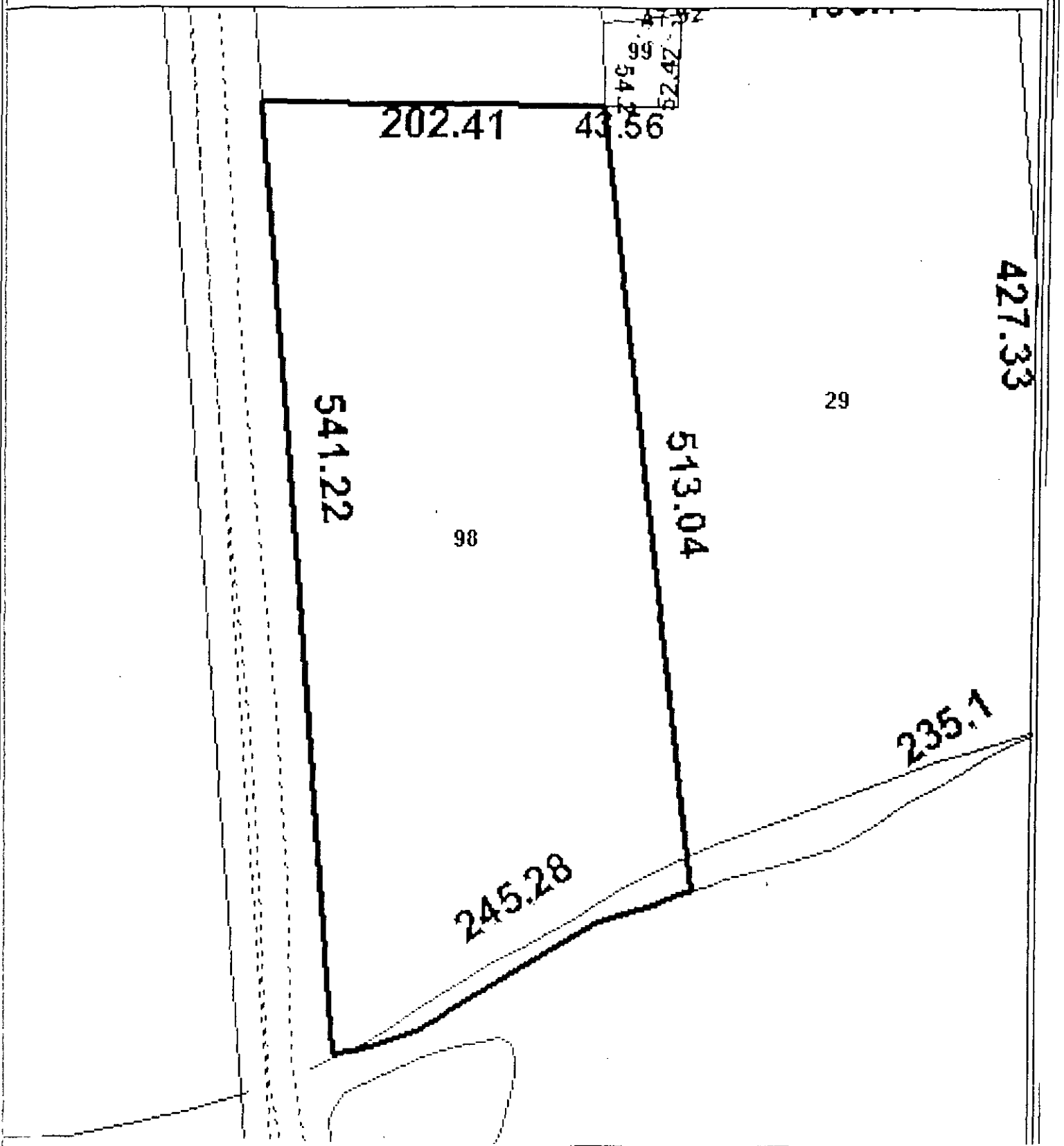


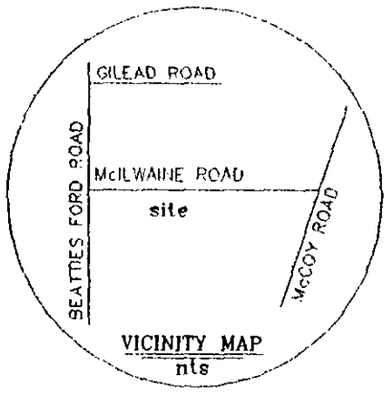
EXHIBIT "B" EASEMENT PARCEL & BENEFITTED PARCEL

PER MB 32 PG 463

THIS IS TO CERTIFY THAT ON THE 14th DAY OF OCT.,2000,I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS ARE SHOWN HEREON,AND THAT THE ERROR OF PRECISION OF THIS SURVEY WAS 1:10,000.

SIGNED David H. Snider 10/20/2000
PROFESSIONAL LAND SURVEYOR

DAVID H. SNIDER
SURVEYOR,PLANNER,BROKER
108 OAK HILL DRIVE
HUNTERSVILLE,NC 28078
(704) 875-0626



VICINITY MAP
nts

NORTH CAROLINA PROFESSIONAL SEAL L-2942 LAND SURVEYOR DAVID H. SNIDER

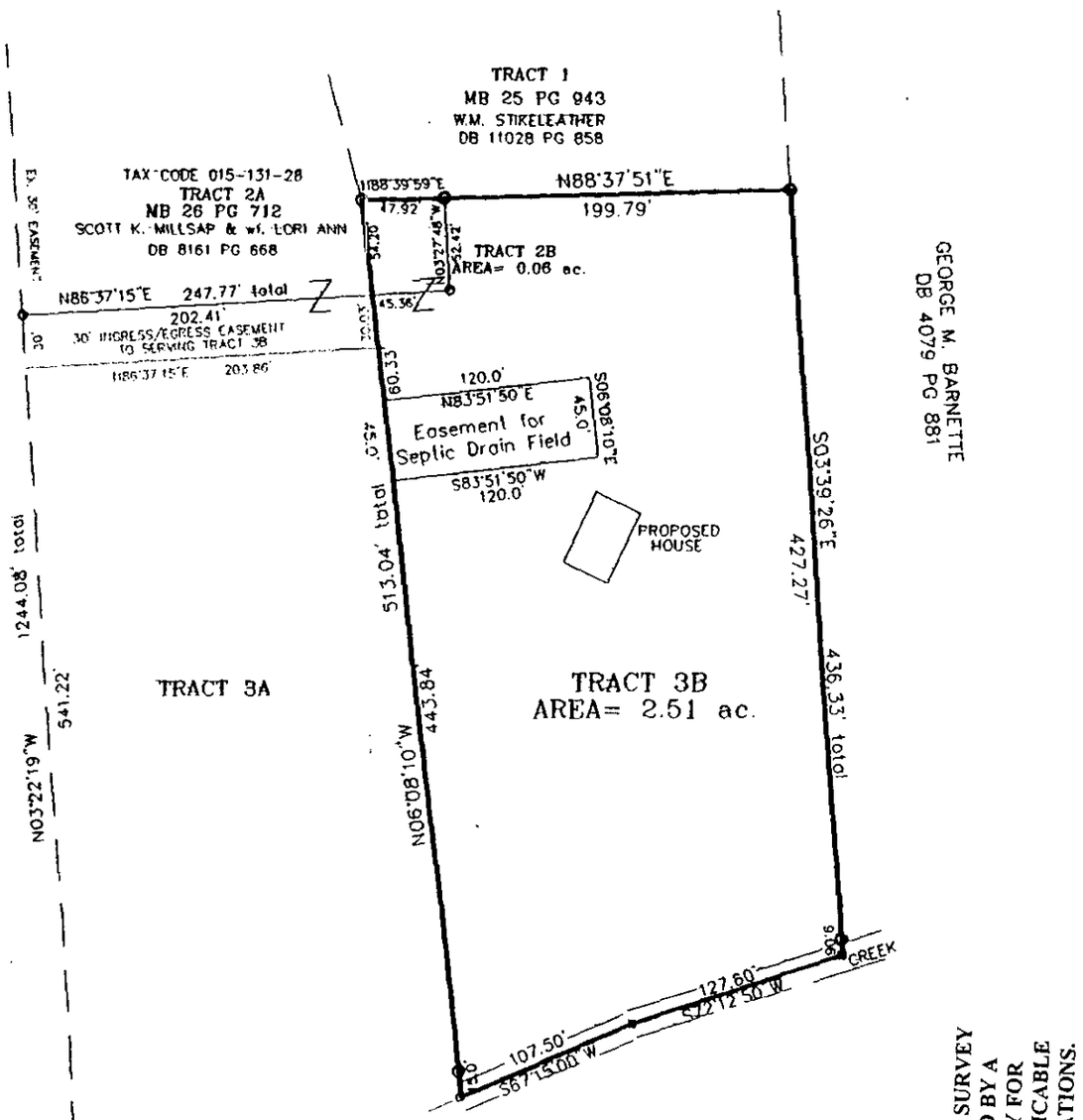
0 100 200

FLOOD CERTIFICATE

THIS PROPERTY IS NOT IN A DESIGNATED FLOODWAY.

LEGEND

IRON FOUND-----O



L.T. MASON
DB 4838 PG 756

THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

SEPTIC FIELD EASEMENT SURVEY

FOR

ERIC A. WALCOTT & wf. KIMBERLY A.

SCALE 1" = 100'

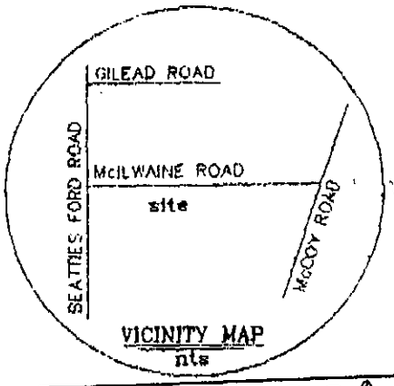
THE PROPERTY KNOWN AS LOT 2B & 3B

MAP RECORDED IN BOOK 32 AT PAGE 463 DEED RECORDED IN BOOK 11048 PAGE 944 & 950
LOCATED IN HUNTERSVILLE,MECKLENBURG CO.,NC

THIS IS TO CERTIFY THAT ON THE 14th DAY OF OCT., 2000 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS ARE SHOWN HEREON, AND THAT THE ERROR OF PRECISION OF THIS SURVEY WAS 1:10,000.

SIGNED David H. Snider 10/20/2000
PROFESSIONAL LAND SURVEYOR

DAVID H. SNIDER
SURVEYOR, PLANNER, BROKER
108 OAK HILL DRIVE
HUNTERSVILLE, NC 28078
(704) 875-0626



VICINITY MAP
nts

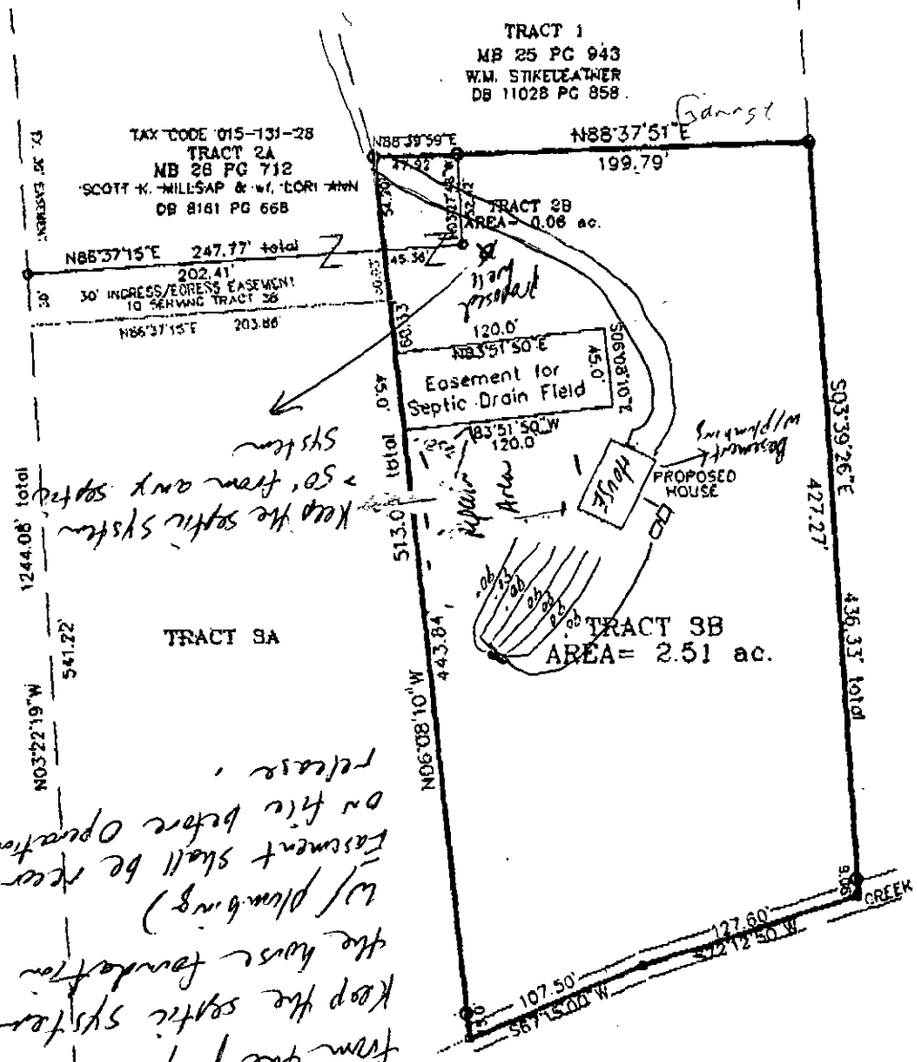
NORTH CAROLINA PROFESSIONAL SEAL L-2942 LAND SURVEYOR DAVID H. SNIDER

0 100 200

FLOOD CERTIFICATE
THIS PROPERTY IS NOT IN A DESIGNATED FLOODWAY.

PER MB 32 PG 463

LEGEND
IRON FOUND----- O



L.T. MASON
DB 4838 PG 756

SEPTIC FIELD EASEMENT SURVEY
FOR
ERIC A. WALCOTT & wf. KIMBERLY A.

SCALE 1" = 100'
THE PROPERTY KNOWN AS LOT 2B & 3B

MAP RECORDED IN BOOK 32 AT PAGE 463 DEED RECORDED IN BOOK 11048 PAGE 944 & 950
LOCATED IN HUNTERSVILLE MECKLENBURG CO., NC

FEE: $200.00
DATE: 8/23/00
Rev: 3 Collections

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: [X] 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 #: 4403B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: Out of 015-131-29

STREET ADDRESS: 7448 McIlwaine Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[ ] CRAWL SPACE
[X] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

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

PROPERTY OWNER:

NAME: Walcott Eric + Kimberly A.
(LAST) (FIRST) (MI)

ADDRESS: 4818 Whistling Oak Ct

CITY: Charlotte STATE: NC ZIP: 28269

DAYTIME PHONE: (704) 921-2805/427-1605(w)

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? January 25th, 2000

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: Kimberly A. Walcott DATE: 8-23-00

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

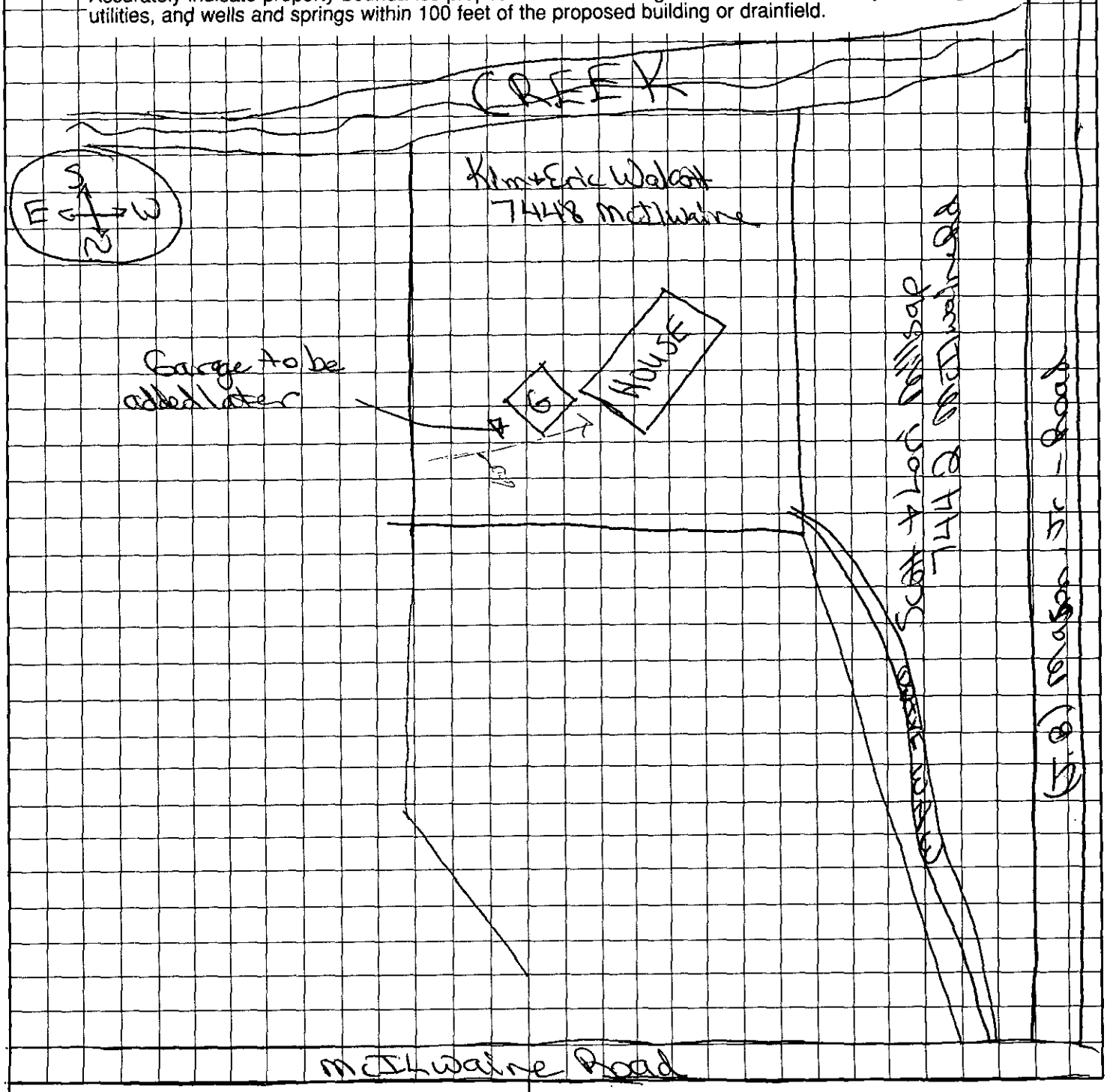
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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

APPROVAL DATE _____

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

DATE: 8/23/00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: Meck

015-131-29

PARCEL NUMBER

7448 McIlwaine Rd

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____ APPROVED	_____ NOT APPROVED
2. FLOODWAY REGULATIONS	_____ APPROVED	_____ NOT APPROVED
3. WATERSHED PROTECTION	_____ APPROVED	_____ NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	_____ APPROVED	_____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____ PRESENT	_____ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____ YES	_____ NO
7. DRIVEWAY PERMIT REQUIRED	_____ YES	_____ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	_____ YES	_____ NO

REMARKS: New Single family

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

=NEW ADDRESS
REVISED 1/91

SIGNED: _____
Keri S. Shearer, Addressing/GIS

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

ERIC & KIMBERLY McHOLE

Requestor (please print): Phone #: Date Requested: 8/23/00 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: 8-25-00 Total: 200

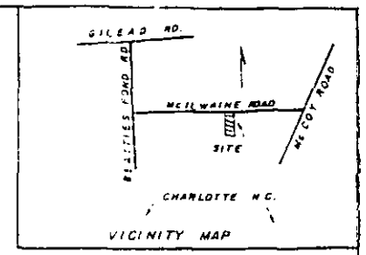
7448 McILWAINE Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

map p Book 26 Page 712

3 APR 95 PM 3:19



GE GEORGE W BARNETTE
DB DEED 4074-981

DEED 2711-419

S 03-45-50E 752.28

315.95

436.35

EXISTN GARAGE

EXISTING HOUSE #7410

218.83'

TRACT 1
MAP BOOK 25, PAGE 943
DEED: 7235-208

187.00

LLIAM M. BEARD
EEDS 2711-168
2390-041

POLE

EXT. WELL

E.I.P.

N 88-35-13E 247.84'

199.84'

52.42'
S.03-26-30E.

N.I.P. N.I.P.

48.00'

EXISTING MOBILE HOME
(TO BE REMOVED)

TRACT 3
5.016 ACRES
FROM DEED 7235-208

State of North Carolina, County of Mecklenburg
The foregoing certificate of
Cynthia C. Conard
is certified
This 26th day of April 1995
Judith A. Gibson, Register of Deeds
By: Jerema W Meamer Deputy

Erick Kindley
7112
Actual

JUDITH A GIBSON
REGISTER
OF
DEEDS
MECKLENBURG COUNTY, N.C.

CERTIFIED TO BE A TRUE AND CORRECT
COPY OF THE ORIGINAL MAP RECORDED
IN BOOK 26 PAGE 712
DATE 4.26.95
JUDITH A. GIBSON, REGISTER OF DEEDS
BY: Jerema W Meamer DEPUTY

694.26

415.18

S 15-25-00 E.
E.I.P.

249.60
20' ACCESS EASEMENT

TRACT 2
2.291 ACRES
FROM DEED 7235-208

57.2

60.25 NEW HOUSE

28.0

744.2

S 06-33-30 W 247.83'

58.3

30' ACCESS EASEMENT

687.75'

POLE

POLE

N.I.P.

N 03-26-30 W.
748.80'

1275.03 ℄

556.22'

JACOB B. MASON, JR
DEED: 6299-540

ROL CORNER

CREEK

1276

154.50

161.15

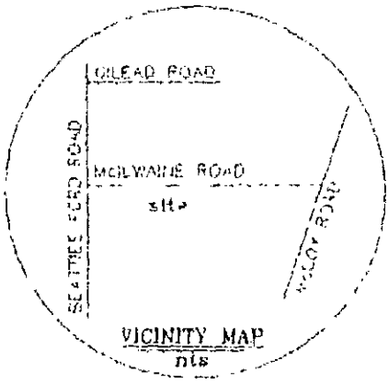
37.56

THIS IS TO CERTIFY THAT ON THE 14th DAY OF OCT, 2000 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS ARE SHOWN HEREON AND THAT THE ERROR OF PRECISION OF THIS SURVEY WAS 1:10,000

SIGNED David H. Snider 10/20/2000
PROFESSIONAL LAND SURVEYOR

DAVID H. SNIDER
SURVEYOR,PLANNER,BROKER
108 OAK HILL DRIVE
HUNTERSVILLE,NC 28078
(704) 875-0526

PER MB 32 PG 463



NORTH CAROLINA PROFESSIONAL SEAL L-2942 LAND SURVEYOR DAVID H. SNIDER

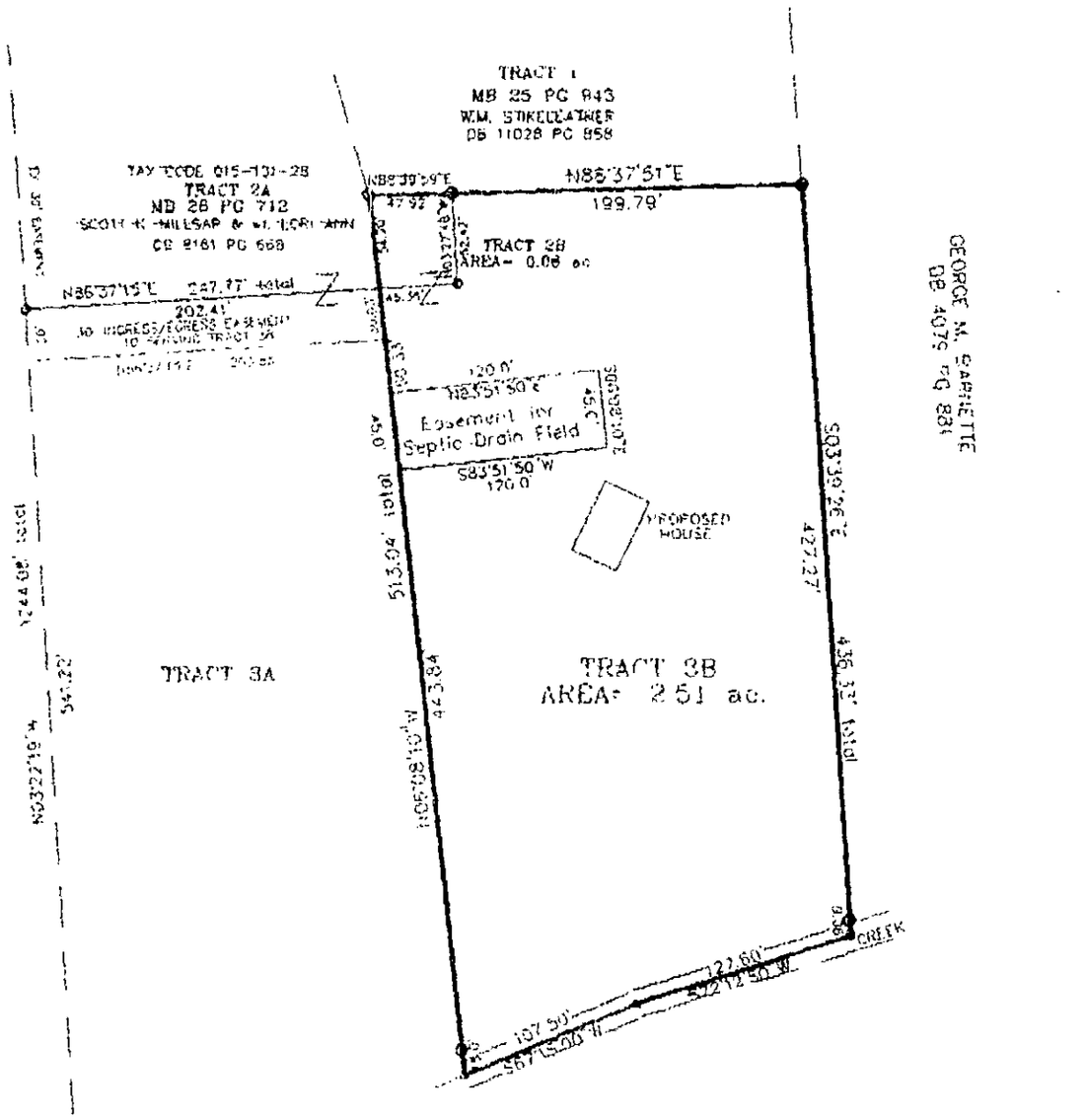
0 100 200

FLOOD CERTIFICATE

THIS PROPERTY IS NOT IN A DESIGNATED FLOODWAY.

LEGEND

IRON FOUND- - - - - ○



L.T. MASON
DB 4838 PG 756

SEPTIC FIELD EASEMENT SURVEY

FOR

ERIC A. WALCOTT & wf. KIMBERLY A.

SCALE 1" = 100'

THE PROPERTY KNOWN AS LOT 2B & 3B

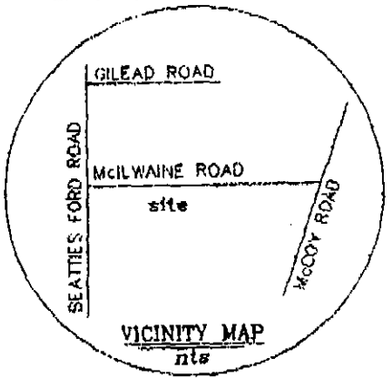
MAP RECORDED IN BOOK 32 AT PAGE 463 DEED RECORDED IN BOOK 11048 PAGE 944 & 950

LOCATED IN HUNTERSVILLE MECKLENBURG CO., NC

THIS IS TO CERTIFY THAT ON THE 14th DAY OF OCT., 2000 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS ARE SHOWN HEREON, AND THAT THE ERROR OF PRECISION OF THIS SURVEY WAS 1:10,000.

SIGNED David H. Snider 10/20/2000
PROFESSIONAL LAND SURVEYOR

DAVID H. SNIDER
SURVEYOR, PLANNER, BROKER
108 OAK HILL DRIVE
HUNTERSVILLE, NC 28078
(704) 875-0626



VICINITY MAP
nts

NORTH CAROLINA PROFESSIONAL SEAL L-2942 LAND SURVEYOR DAVID H. SNIDER

0 100 200

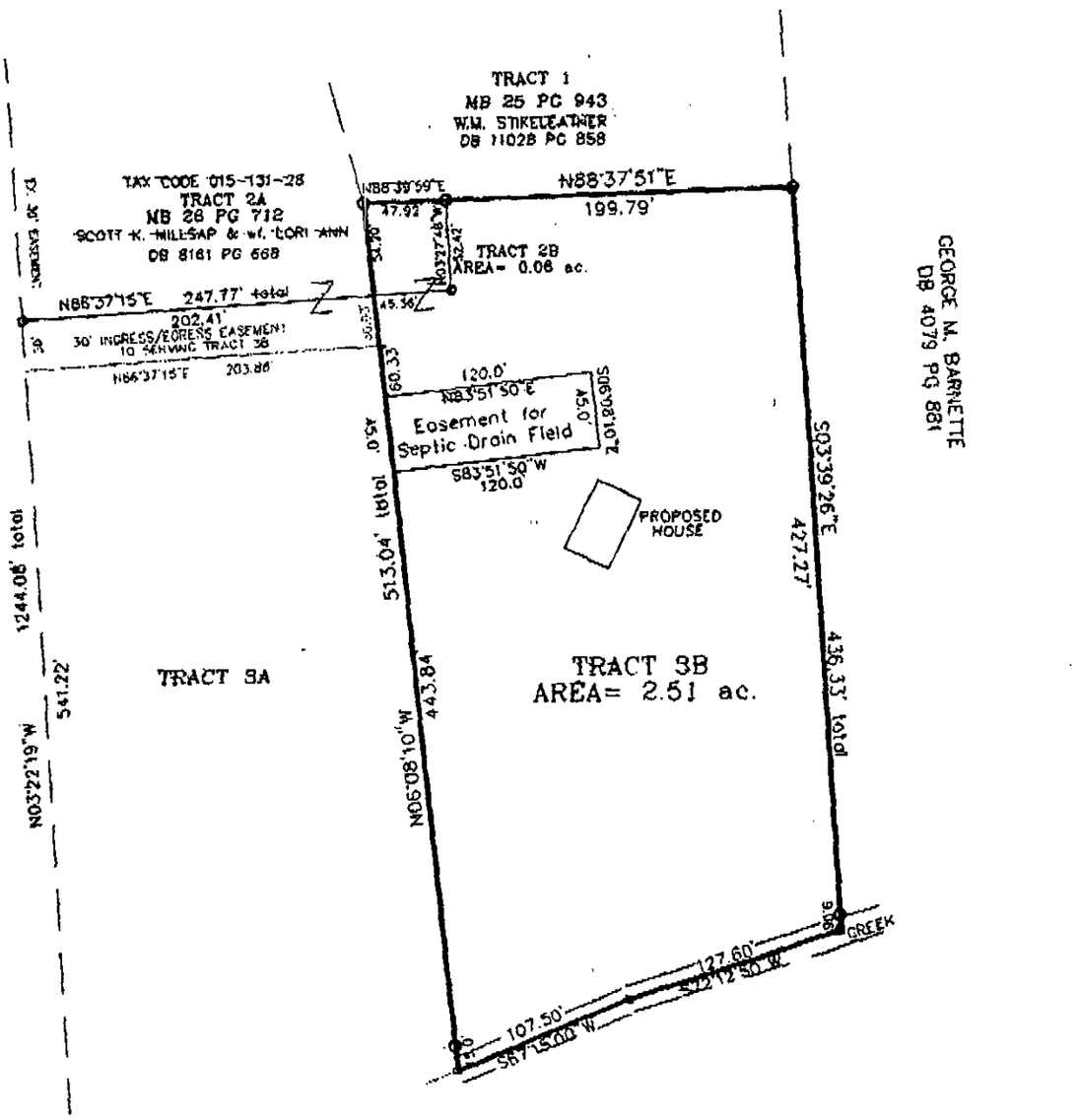
FLOOD CERTIFICATE

THIS PROPERTY IS NOT IN A DESIGNATED FLOODWAY.

PER MB 32 PG 463

LEGEND

IRON FOUND----- O



L.T. MASON
DB 4838-PG 756

SEPTIC FIELD EASEMENT SURVEY

FOR

ERIC A. WALCOTT & wf. KIMBERLY A.

SCALE 1" = 100'

THE PROPERTY KNOWN AS LOT 2B & 3B

MAP RECORDED IN BOOK 32 AT PAGE 463 DEED RECORDED IN BOOK 11048 PAGE 944 & 950
LOCATED IN HUNTERSVILLE, MECKLENBURG CO., NC

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

Sheet: _____
Property ID: PO 015-131-29
Lot #: _____
File #: 44038

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Eric & Kimberly Wolcott
APPLICANT: _____
ADDRESS: 4918 Whistling Oak Ct, Charlotte
DATE EVALUATED: 9-6-00
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 480gpd
PROPERTY SIZE: .75 ac
LOCATION OF SITE: 7448 McAlways Road
PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	gr/cl	Fr/SE/Pl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 F2 IV
		3-31"	SBK/c	F:/SE/Pl S/P					
		31-48"	SBK/cl	Fr/SE/Pl SS/SP					
2	LS	0-2"	gr/cl	Fr/SE/Pl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 F2 IV
		2-48"	SBK/c	F:/SE/Pl S/P					
3	LS	0-4"	gr/cl	Fr/SE/Pl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 F2 IV
		4-48"	SBK/c	F:/SE/Pl S/P					
4	LS	0-2"	gr/cl	Fr/SE/Pl SS/SP	748" TO soil wetness	48"+	N/A	None	PS .391 F2 IV
		2-34"	SBK/c	F:/SE/Pl S/P					
		34-48"	SBK/cl	Fr/SE/Pl SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.391 F2	.391 F2

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Martin LSS 9-6-00
OTHER(S) PRESENT: P. Walker

FILE # 44038

COMMENTS Probably 100% Repair

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

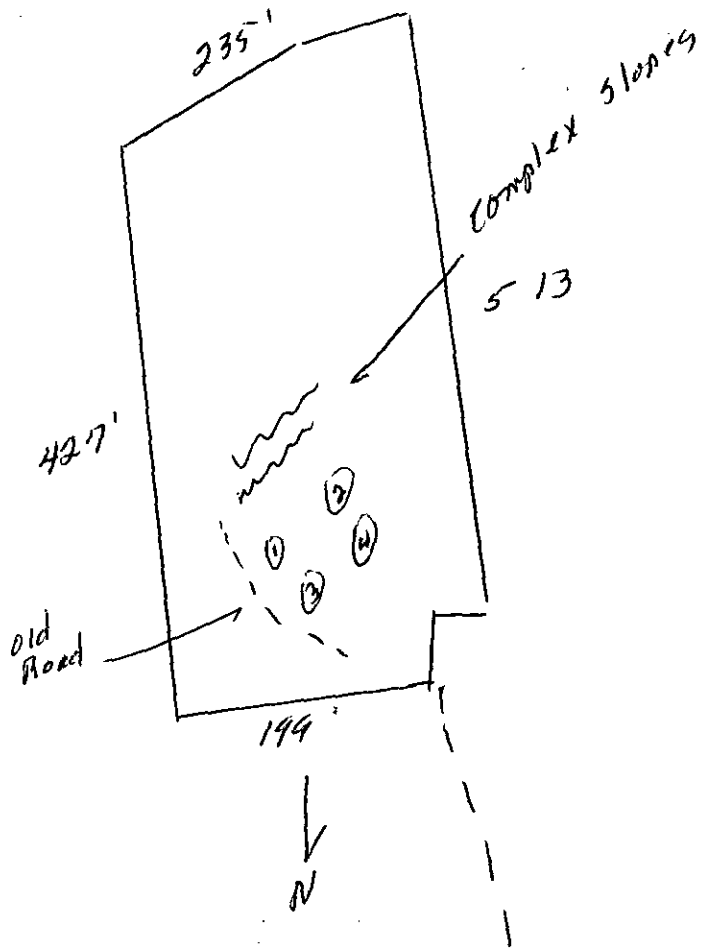
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



McIlwaine Rd