ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239010

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

PIN # 4664561783

APPLICANT/OWNER: David & Lindsay Jarrett | APPLICANT ADDRESS: 124 Elizabeth Brook Dr Davidson, NC 28036

SITE ADDRESS: 124 Elizabeth Brook Dr Davidson, NC 28036 | PHONE: | ALT. PHONE

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Logan Crossing TR Elizabeth Brook Cl end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Anniston | SECTION: — | LOT # 41 41A | LOT AREA: 1.01 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .25

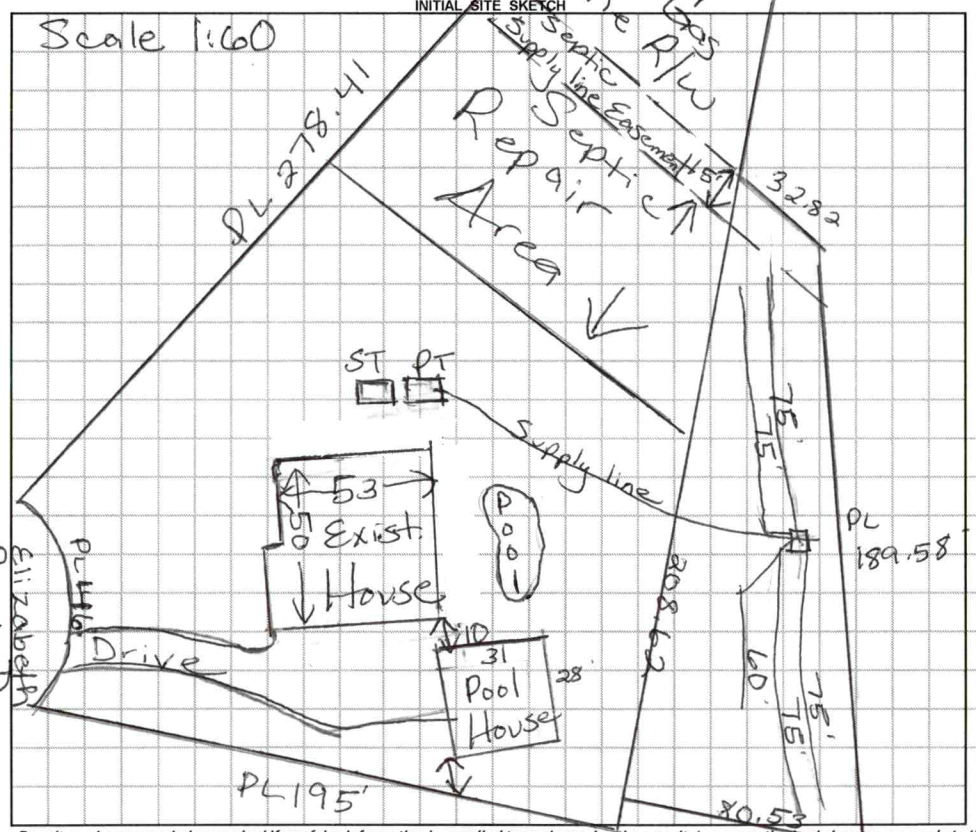
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	LPPBPS (on 41A Easement)			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	LPPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	320	Maintenance Agreement Required:	☒ YES	☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

The purpose of this permit is to designate that the Initial Septic drainfield is installed in the Septic Easement 41A.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: | Date: | Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Maria Dotson | Date: 3/11/2020 | OPERATION PERMIT by: Maria Dotson | Date: 2/16/07

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 3/11/2020 | 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.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE [illegible]878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 123292 PIN# ~~4664070278.041~~ 4664-56-1783 DATE 2-12-07

OWNER OR APPLICANT Edwards Construction PHONE: Business _____ Home _____

Site ADDRESS 124 Elizabeth Brocker - Davidson

LOCATION Shearers Rd, LT Anniston way TR Logan TR Elizabeth at end on Rt

SUBDIVISION Anniston BLOCK / SECTION 1 LOT 41 LOT AREA 1.01Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 799 Date 10-10-06
Pump Tank: 1000 Gallons; PT 1233 Date 1-3-07
Pump Make: Goulds Model WE1512HM Serial No. _____
Nitrification Field: No Fields 1 Square Feet 640 Linear Feet 320
No Lines 5 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP Pixel Blk
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

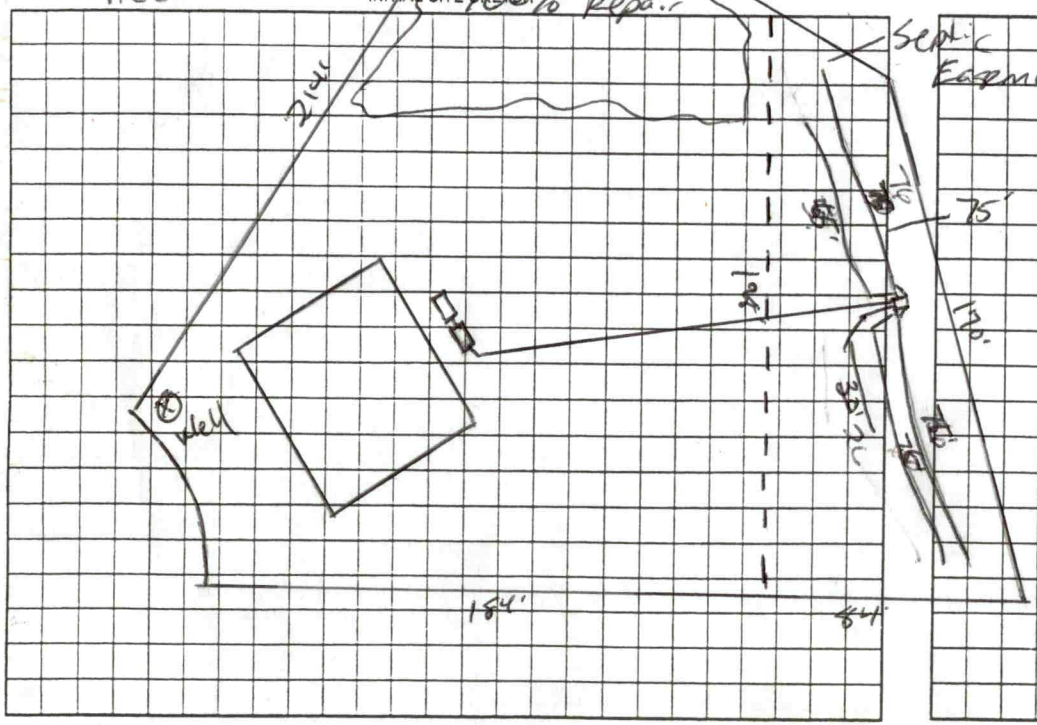
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

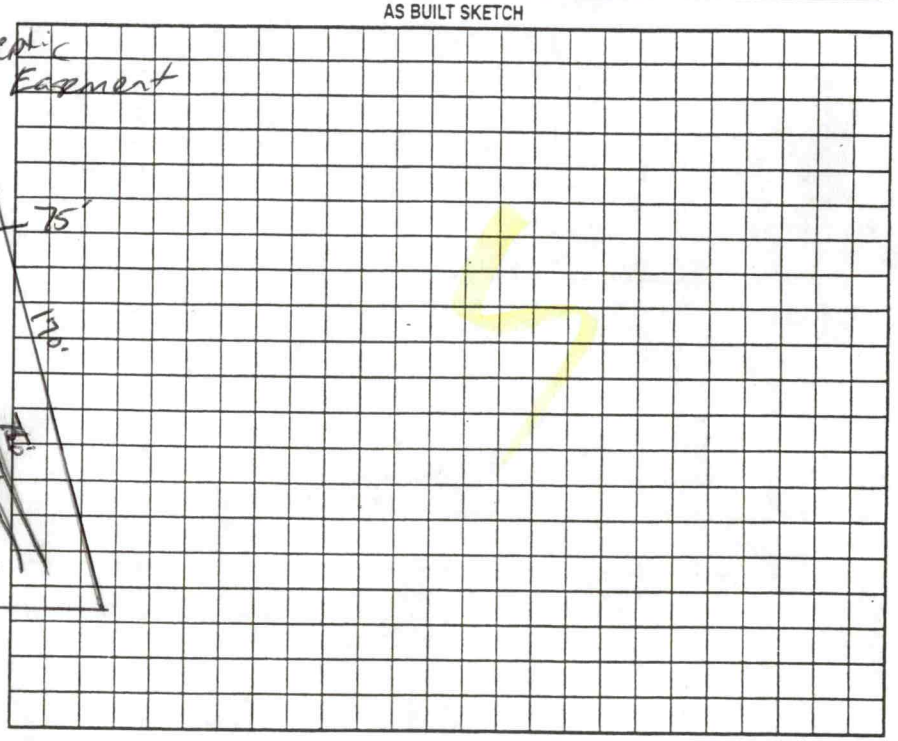
Comments:/Conditions:

Comments:/Conditions: 5/32" hole drilled
2/16/07 Checked lines & pressure - MD
Elect & alarm

~1:60 INITIAL SITE SKETCH 100% Repair



AS BUILT SKETCH

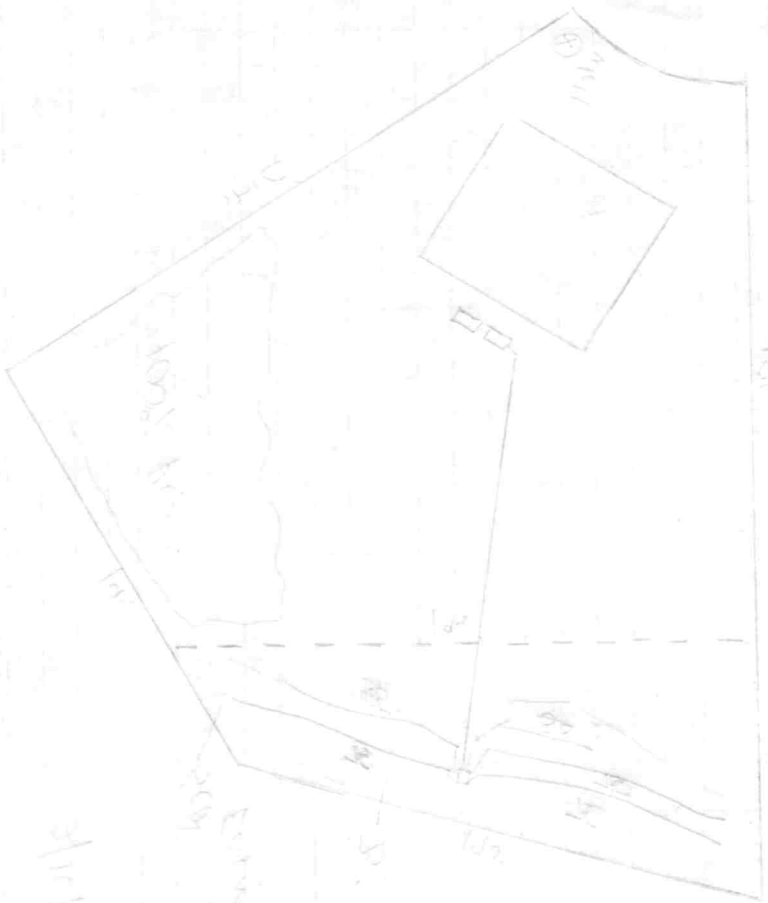


Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Andrew Allen Rushing date 2/15/07
Improvement Permit by: Josh E Allen date 12-13-07
Authorization to Construct by: Josh E Allen date 12-13-07

Installed by: Marty Tucker
Operation Permit by: Marietta Roberts date 2/16/07
Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239010

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

PIN # 4664561783

APPLICANT: Robert Meritt | APPLICANT ADDRESS: 1106 Gold Mine Dr Catawba, NC 28609

SITE ADDRESS: 124 Elizabeth Brook Dr. Davidson, NC | PHONE: 704 622-6946 | ALT. PHONE: Sam 704 271-0056

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Logan Crossing TR Elizabeth Brook at end on right

SUBDIVISION: Anniston | SECTION: 1 | LOT # 41/41A | LOT AREA: 1.01 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .25

Septic Tank: Exist (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 4	Water Supply: ☒ Private
Pump Tank (gal)	PT	Date	System Description: Existing LPPBRS	☐ Business	No. Persons: 8	☐ Public
Pump Make	Model	Serial #	Repair System Description: Same	☐ Other	No. Employees	☐ Community
# Nitrification Fields	# Lines: Existing	Linear Ft:	Maintenance Agreement Required: ☒ YES ☐ NO	☒ Slab	☒ Crawl Space	
Trench Width	Max. Trench Bottom Depth	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Existing Septic System appears to be functioning OK at time of inspection.
*Note: Must follow Iredell Co. Zoning/Building Setbacks

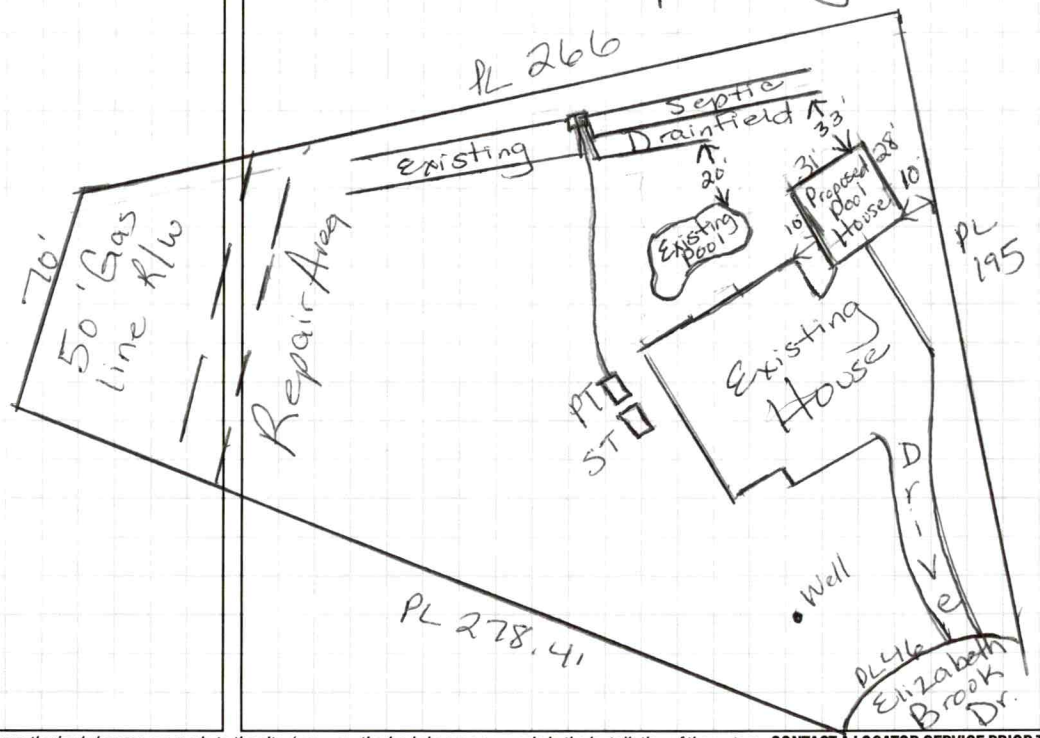
Proposed "Pool House" does not appear to impact Existing Septic System. Any Building drain must be a minimum of 25 Ft (down slope) of Septic System.

INITIAL SITE SKETCH

Scale 1:60

AS BUILT SKETCH

Any plumbing must be plumbed into Main house plumbing.



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: Sam Meritt | Date: | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Maria Dotson | Date: 10/9/18

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ✓ **Improvement Permit** ✓ **Authorization To Construct** ___ **Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
David and Lindsey Jarrett	124 Elizabeth Brook Dr	303-570-0717	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Keith Eschenbaum	DAVIDSON, NC 28036		
same as above			

4. Property Information:

PIN 4664561783

Street Address	Subdivision Name	Section/Phase and Lot Number
same as above	Anniston	Lot 41

Driving Directions: Shearers Rd TL Anniston Way TR Logan Crossing TR Elizabeth Brook to cul-de-sac. Home ON RIGHT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other New/updated permit due to encroachment agreement

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business N/A
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

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

7. Desired Septic System Type: N/A EXISTING *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?

( ) Yes (✓) 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.

9. Signature: Dave Garrett Keith Eschenbaum

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

5/4/2020

DATE

Type: CONSOLIDATED REAL PROPERTY
Recorded: 3/2/2020 3:18:54 PM
Fee Amt: $26.00 Page 1 of 3
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2680 PG 2131 - 2133

PREPARED BY AND RETURN TO:
Thomas, Godley & Grimes, PLLC
514 Williamson Road, Ste 431
Mooresville, NC 28117

EASEMENT AGREEMENT FOR ENCROACHMENT

North Carolina
Iredell County

THIS EASEMENT AGREEMENT granted the ___ day of February 2020 by Anniston Homeowners Association, a North Carolina, non-profit corporation, (the "Grantor"), to Jessie Davis and spouse, Melissa Davis (the "Grantee").

WITNESSETH:

WHEREAS, the Grantor is the owner of a certain parcel or tract of land located in Iredell County, identified as Common Area and Lot 26A of Anniston Subdivision recorded in Plat Book 46, Page 61; (the "Plat") the same being the land conveyed to Grantor by deed recorded in Book, 1767 Page 490 in the office of the Register of Deeds of Iredell County ("Grantor's Property"), reference to which deed is made for greater certainty of description; and

WHEREAS, the Grantee is the owner of a certain parcel or tract of Land located in Iredell County identified as Lot 41 of Anniston Subdivision recorded in Plat Book 46, Page 61 the same being the land conveyed to Grantee deed recorded at Book 2289, page 2421, Iredell County Registry ("Grantee's Property"), reference to which said deed is made for greater certainty of description; and

WHEREAS, it has been determined that a portion of the septic field servicing Grantee's Property encroaches onto the northern portion Grantor's Property, (the "Encroachment"); and

WHEREAS, Grantee and Grantor have agreed that the Encroachment is to remain in the present location under the terms and conditions set forth herein; and

WHEREAS, the Grantor, pursuant to the authority granted to Grantor in Article VIII, Section 1 of the Declarations of Covenants, Conditions and Restrictions for Anniston recorded n Deed Book 1617, Page 1924 of the Iredell County Registry, desires to give, convey and grant to Grantee a septic field easement across a portion of Grantors' Property identified as "Proposed Septic Easement Lot 41A" on Exhibit A attached hereto and incorporated herein by reference.

NOW THEREFORE, for valuable considerations, the receipt and sufficiency of which is hereby acknowledged, and in further consideration of the mutual covenants and agreements herein contained, Grantor hereby gives conveys and grants to Grantee, their heirs, successors and assigns a septic field easement across that portion of Grantors' Property identified as "Proposed Septic Easement Lot 41A" on Exhibit A attached hereto and incorporated herein by reference and thereby allowing the Encroachment to remain in its present location. be over that portion of Grantor's Property on which the Encroachment is presently located. This easement is granted upon the following terms and conditions:

1. This easement is granted to allow the above referenced Encroachment to remain in its present location. Grantee shall further have the right and easement to cross

Submitted electronically by "Knipp Law Office, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

over Grantor's Property as needed from time to time to maintain the Encroachment. Grantee shall not erect any other improvement in the easement area and shall use the easement area only to allow the existing Encroachment to remain in its present location.

2. If the Encroachment is ever destroyed or substantially damaged or if Grantee ever voluntarily replaces or rebuilds the Encroachment, Grantee shall replace or rebuild it entirely on Grantee's Property, in which case this easement shall terminate as to the improvement replaced.

3. In the case of termination of easement as set forth above, Grantee agrees to execute any documents acknowledging the partial or complete termination of this agreement.

4. This easement shall be binding upon and shall inure to the benefit of the parties hereto, their respective heirs, successors and assigns, it being agreed that the right and easement hereby granted is appurtenant to and is to run with the land of said Grantee's Property to all of Grantee's heirs, successors and assigns.

Grantor has executed this agreement for the purpose of agreeing to be bound by the provisions hereof. It is the express purpose of this agreement that Grantor will not lose possession, ownership or title to the encroached property through adverse possession as a result of the Encroachment.

IN TESTIMONY WHEREOF, Grantor has set Grantor's hands and seals the day and year first above written.

Grantor: Anniston Homeowners Association, a North Carolina, non-profit corporation

By: _____ (SEAL)
Christopher Zangara
It's: President

NORTH CAROLINA
IREDELL COUNTY

I, Lindsay Strider, a Notary Public of the County and State aforesaid, certify that Christopher Zangara, personally appeared before me this day and acknowledged that he is the President of Anniston Homeowners Association, a North Carolina, non-profit corporation and that he executed the foregoing instrument on behalf of the corporation.

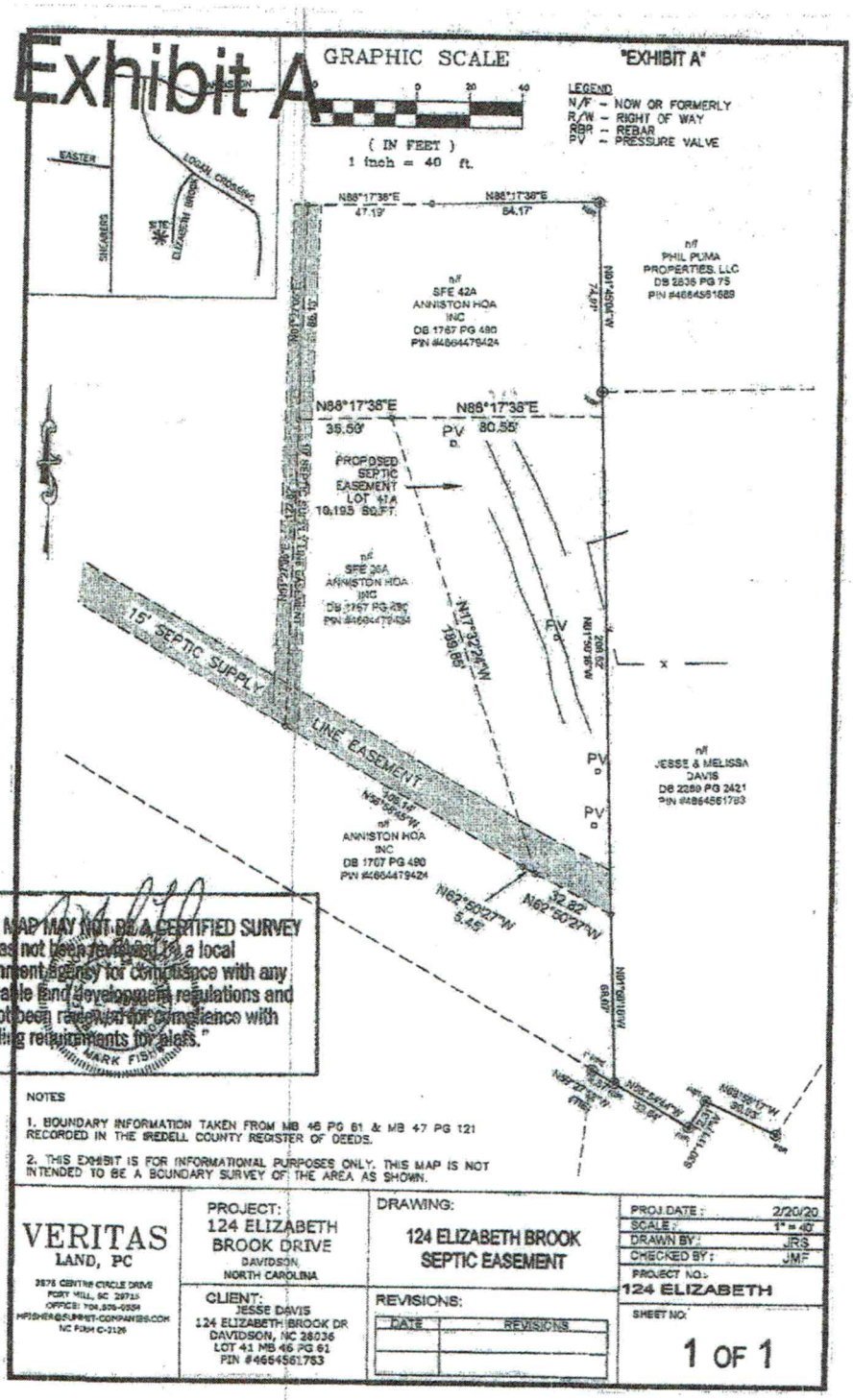
Witness my hand and official stamp or seal, this 25 day of February, 2020.

_____
Notary Public

My Commission Expires:
9-30-2023

LINDSAY STRIDER
NOTARY PUBLIC
Iredell County
North Carolina
My Commission Expires Sept. 30, 2023

Exhibit A



This map may not be a certified survey and has not been reviewed by a local government agency for compliance with any applicable land development regulations and has not been reviewed for compliance with recording requirements for plats.

Notes:

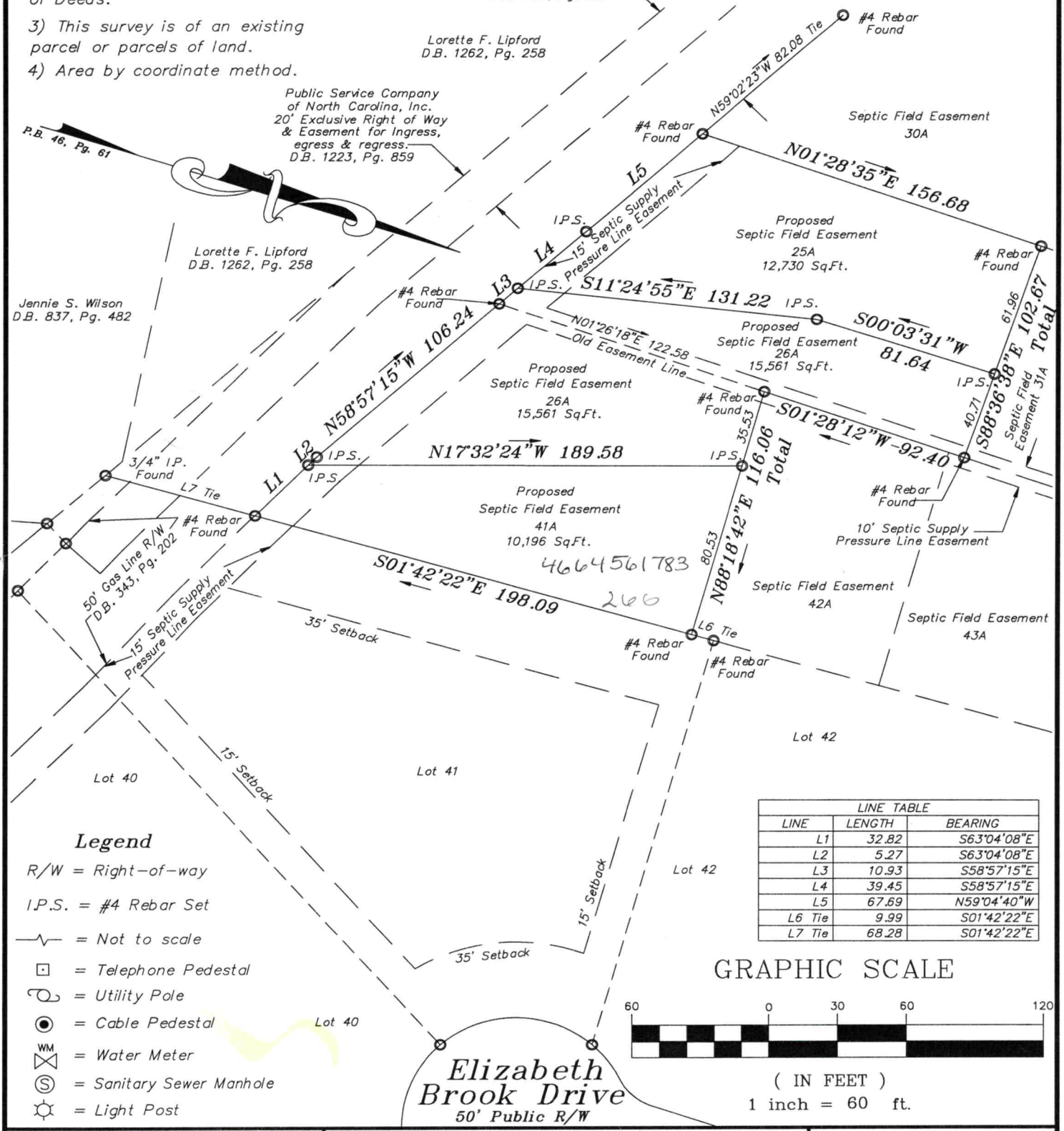
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Plat Book: 46 at Page: 61 as recorded in the Iredell County Register of Deeds.

3) This survey is of an existing parcel or parcels of land.

4) Area by coordinate method.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295



4664561783

266

LINE TABLE		
LINE	LENGTH	BEARING
L1	32.82	S63°04'08"E
L2	5.27	S63°04'08"E
L3	10.93	S58°57'15"E
L4	39.45	S58°57'15"E
L5	67.69	N59°04'40"W
L6 Tie	9.99	S01°42'22"E
L7 Tie	68.28	S01°42'22"E

Legend

R/W = Right-of-way

I.P.S. = #4 Rebar Set

= Not to scale

= Telephone Pedestal

= Utility Pole

= Cable Pedestal

WM = Water Meter

= Sanitary Sewer Manhole

= Light Post

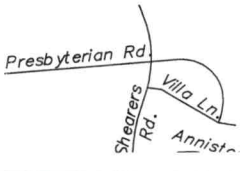
GRAPHIC SCALE

60 0 30 60 120

(IN FEET)

1 inch = 60 ft.

Vicinity Map



Easement Survey

FOR

Edwards Construction, Inc.

PROPERTY DESCRIPTION

New Septic Easement Lots

SCALE: 1" = 60'

FIELD BOOK:

FILE: 2007-07

Book 46
Pg 61

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 41 Hampton _____ PROPERTY RECORDED: _____
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	PROFIL CLASS & LTAR
1		0-47	DK BC CL WSOR	fri SP-	many many correction				.25
2		0-6	BSL CR	fri SSSP					B .3
		6-16	RC SAN	fri SSSP					
		16-51	RCL WSAN	fri SSSP-	common SAT				
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



ROLLANS SOIL & ENVIRONMENTAL SERVICES

PO Box 832 Mooresville, NC 28115
Phone: (704) 278-0989 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
E-mail: rollans.ashley@yahoo.com

Name and Location of System
124 Elizabeth Brook Dr.
Lot 41 Anniston Subdivision

Date of Inspection April 30, 2013
County IREDELL
System Classification IV

(S=Satisfactory M=Marginal U=Unsatisfactory N=Not Evaluated NA=Not Applicable)

SEPTIC AND PUMP TANKS

S Risers accessible
S Signs of infiltration
S Structurally sound
S Access structurally sound
S Landscape position
S Filter cleaned

PUMP STATION

S Pump present and operating
S High water alarm operating properly
M Floats, pipes, valves and disconnects in good condition/functioning properly
S Control panel in good condition
S Float tree and straps in good condition/present
S Effluent free and clear of solids

DRAINFIELD

Is effluent surfacing? No

S Surface water diverted
S Line cover and vegetation maintained properly
S Protected from traffic
S Distribution devices functioning properly
S Repair area reserved/maintained if required
S Turn-ups/Clean-outs/Valves accessible and protected
S Laterals free of excess solids

Laterals Flushed? Yes if type IV
Designed Number of Bedrooms: 4
Location of Septic Alarm: Garage

LOT 41 ANNISTON

PRESSURE HEADS
(Line 1 refers to upper line)

	Design Head	*Adjusted Head*
Line 1	2'	3.5'
Line 2	2'	3.5'
Line 3	2'	3.5'
Line 4	2'	3.5'
Line 5	2'	3.5'
Line 6	____	____
Line 7	____	____
Line 8	____	____
Line 9	____	____
Line 10	____	____

Design gallons per minute	34.78
Observed gallons per minute	16.2
Percent Efficiency	46.57

Comments:
One valve is sticking.
Slight leak at sim-tec filter

Recommendations:
For our record keeping purposes, please email us at rollans.ashley@yahoo.com with the approximate date your septic tank was pumped. In the email please provide your Lot #. This is so we can apply this information to your system's maintenance history.

For Questions Please Call Ashley Rollans.

Compliant

Ashley Roll X Non-Compliant
Certified Operator: License # 996136

_____

ROLLANS SOIL & ENVIRONMENTAL SERVICES

470 North Broad St. Suite D Mooresville, NC 28115
Phone: (704) 658-1723 Fax: (704)658-1724

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
E-mail: Rollans@windstream.com

Brady Freeman, Registered Sanitarian, Certified Operator
Mobile: (704) 746-6497
E-mail: bfree209@yahoo.com

Adrian Pruett, NC Licensed Soil Scientist, Certified Operator
Mobile: (704) 202-5791
E-Mail: adrianpruett@yahoo.com

Name and Location of System
Lot 41 Anniston Subdivision

Date of Inspection August 3, 2009
County IREDELL
System Classification IV

(S=Satisfactory M=Marginal U=Unsatisfactory N=Not Evaluated NA=Not Applicable)

SEPTIC AND PUMP TANKS

S Risers accessible
S Signs of infiltration
S Structurally sound
S Access structurally sound
S Landscape position
N Filter cleaned

PUMP STATION

S Pump present and operating
U High water alarm operating properly
M Floats, pipes, valves and disconnects in good condition/functioning properly
S Control panel in good condition
S Float tree and straps in good condition/present
S Effluent free and clear of solids

DRAINFIELD

Is effluent surfacing? No

S Surface water diverted
U Line cover and vegetation maintained properly
S Protected from traffic
S Distribution devices functioning properly
S Repair area reserved/maintained if required
S Turn-ups/Clean-outs/Valves accessible and protected
S Laterals free of excess solids

Laterals Flushed? Yes if type IV

LOT 41 ANNISTON

PRESSURE HEADS
(Line 1 refers to upper line)

	Design Head	*Adjusted Head*
Line 1	2'	2'
Line 2	2'	2'
Line 3	2'	2'
Line 4	2'	2'
Line 5	2'	2'
Line 6		
Line 7		
Line 8		
Line 9		
Line 10		

Design gallons per minute	34.78
Observed gallons per minute	32.81
Percent Efficiency	94.34

Comments:
Percent efficiency based off of observed gallons per minute last inspection verses this inspection.
Pump is way over sized for the distance pumping.
Check valve is leaking slightly.
Alarm does not work.

Recommendations:
Vegetation needs to be maintained on drainfield.
Alarm may be in the silent position.

Compliant ___ Non-Compliant X___

Brady Freeman
Certified Operator: License # 25739

Adrian Pruett
Certified Operator: License # 990726

_____

ROLLANS SOIL & ENVIRONMENTAL SERVICES

470 North Broad St. Suite D Mooresville, NC 28115
Phone: (704) 658-1723 Fax: (704)658-1724

Ashley Rollans, NC Liscensed Soil Scientist
Mobile: (704) 746-5046
E-mail: Rollans@windstream.com

Brady Freeman, Registered Sanitarian, Certified Operator
Mobile: (704) 746-6497
E-mail: bfree209@yahoo.com

Name and Location of System

Lot 41 Anniston Subdivision

Date of Inspection January 29, 2009
County IREDELL
System Classification IV

(S=Satisfactory M=Marginal U=Unsatisfactory N=Not Evaluated NA=Not Applicable)

SEPTIC AND PUMP TANKS

S Risers accessible
S Signs of infiltration
S Structurally sound
S Access structrually sound
S Landscape position
N Filter cleaned

PUMP STATION

S Pump present and operating
U High water alarm operating properly
M Floats, pipes, valves and disconnects in good condition/funtioning properly
S Control panel in good condition
S Float tree and straps in good condition/present
S Effuent free and clear of solids

DRAINFIELD

Is effluent surfacing? No

S Surface water diverted
M Line cover and vegetation maintained properly
S Protected from traffic
S Distribution devices functioning properly
M Repair area reserved/maintained if required
S Turn-ups/Clean-outs/Valves accessible and protected
S Laterals free of excess solids

Laterals Flushed? Yes if type IV

PRESSURE HEADS
(Line 1 refers to upper line)

	Design Head	*Adjusted Head*
Line 1	2'	2'
Line 2	2'	2'
Line 3	2'	2'
Line 4	2'	2'
Line 5	2'	2'
Line 6		
Line 7		
Line 8		
Line 9		
Line 10		

Design gallons per minute	Not Known
Observed gallons per minute	34.78125
Percent Efficiency	Not Known

Comments:
Septic area needs to be mowed.
Check valve in pump tank does not work.
Effluent filter in pump tank is leaking.
High water alarm not functioning properly. Alarm could be wired wrong, turned off, or a breaker in the house may be turned off.

Recommendations:
Mow septic area.
Replace check valve in pump tank.

Compliant X Non-Compliant ____

Brady Freeman
Certified Operator: License # 25739



ROLLANS SOIL & ENVIRONMENTAL SERVICES

470 North Broad St. Suite D Mooresville, NC 28115
Phone: (704) 658-1723 Fax: (704)658-1724

Ashley Rollans, NC Liscensed Soil Scientist
Mobile: (704) 746-5046
E-mail: Rollans@windstream.com

Brady Freeman, Registered Sanitarian, Certified Operator
Mobile: (704) 746-6497
E-mail: bfree209@yahoo.com

Name and Location of System
Lot 41 Anniston Subdivision

Date of Inspection May 13, 2008
County IREDELL
System Classification IV

(S=Satisfactory M=Marginal U=Unsatisfactory N=Not Evaluated NA=Not Applicable)

SEPTIC AND PUMP TANKS

S Risers accessible
s Signs of infiltration
S Structurally sound
S Access structrually sound
S Landscape position
NA Filter cleaned

PUMP STATION

S Pump present and operating
N High water alarm operating properly
S Floats, pipes, valves and disconnects in good condition/funtioning properly
S Control panel in good condition
S Float tree and straps in good condition/present
S Effuent free and clear of solids

DRAINFIELD

Is effluent surfacing? NO

S Surface water diverted
S Line cover and vegetation maintained properly
S Protected from traffic
S Distribution devices functioning properly
M Repair area reserved/maintained if required
S Turn-ups/Clean-outs/Valves accessible and protected
S Laterals free of excess solids

Laterals Flushed? YES

PRESSURE HEADS
(Line 1 refers to upper line)

	Design Head	*Adjusted Head*
Line 1	2'	2'
Line 2	2'	2'
Line 3	2'	2'
Line 4	2'	2'
Line 5	2'	2'
Line 6	____	____
Line 7	____	____
Line 8	____	____
Line 9	____	____
Line 10	____	____

Design gallons per minute	NOT KNOWN
Observed gallons per minute	40
Percent Efficiency	NOT KNOWN

Comments:
Irrigation system installed on or near drainfield

Recommendations:

Compliant __X__ Non-Compliant ____

Brady Freeman
Certified Operator: Licence # 25739

_____

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	123292zo	Subdivision:	Anniston
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Logan Crossing Dr. Davidson NC 28036		
Parcel #:	4664-67-0278.041	Zoning:	RA
Lot #:	41 Size: 1.01	Flood Plain:	No Watershed: None
Applicant:	Ashley Rollins	Owner:	Ridgeline Development
Address:	2120 Graham Rd Mt Ulla NC 28125	Address:	17105 Keaton Dr Suite 207-C Cornelius, NC 28031
Phone:	704-746-5046	Phone:	704-362-5007
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 20000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Hold building permit until plat is recorded.

Directions:

Shearers Road South, left on Anniston Way (New Road across from Easter Ln), right on Logan Crossing Dr, right on Elizabeth Brook Dr, at end on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$45.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK

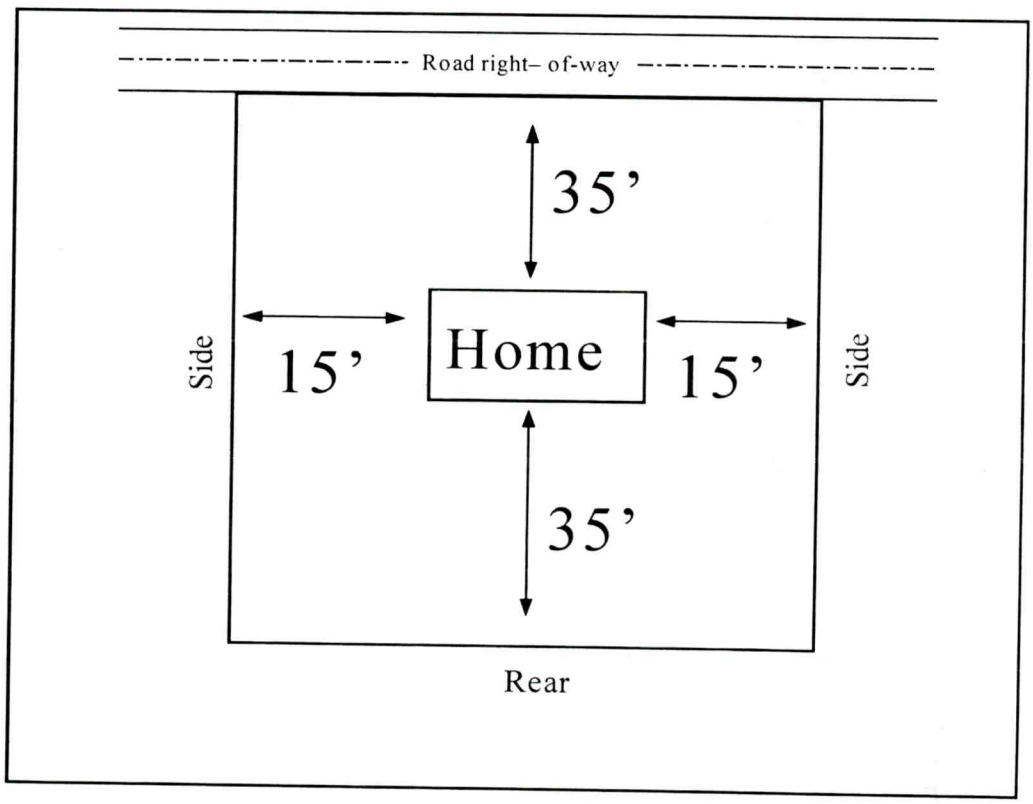
Printed: 8/23/2004

ZONING DISCLAIMER

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.

Applicant _____ Date _____

STREET NAME : #41, Anniston S/D



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Edwards Construction	2419 Henry Boucom Rd.	704-753-5310	704-426-7166

Owner Name	Mailing Address	Home Phone	Work Phone
Edwards Construction	2419 Henry Boucom Rd.	704-753-5310	704-426-7166

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Bannister	Lot # 41

Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) 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.

9. Signature: Tom Edwards / Edwards Construction — 3-10-06

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

4

DigiSign Verified: B845B94E-6557-4B5C-9C39-2102E2A0B84F

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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)

Applicant Name: DAVID AND LINDSAY JARRETT / KEITH ESCHENBAUM **Address:** 124 ELIZABETH BROOK DR. DAVIDSON **Zip:** 28036

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: SAME AS ABOVE **Address:** SAME AS ABOVE **Zip:** _____

Owner Email: SAME AS ABOVE **Phone:** SAME AS ABOVE **Alt. Phone:** _____

Property Information:

Street Address: 124 ELIZABETH BROOK DR.

Subdivision Name: ANNISTON **Section/Phase:** _____ **Lot Number:** 41

Driving Directions: SHEARER'S RD TL ANNISTON TR LOGAN CROSSING PIN 4664561783
TR ELIZABETH BROOK TO END CULDESAC - HOME ON RT.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

( ) 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:** 2008
( ) 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 (✓) 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: David Jarrett Lindsay Jarrett Keith E Eschenbaum Jr. — Lindsay Jarrett
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

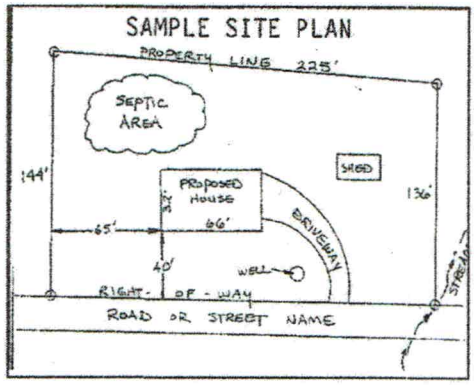
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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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

please see attached encroachment agreement + survey

Signature: David Jarrett Lindsay Jarrett Keith E Eschenbaum Jr. — Lindsay Jarrett

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

DigiSign Verified: B845B94E-6557-4B5C-9C39-2102E2A0B84F

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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.

David Jarrett Lindsay Jarrett Keith E Eschenbaum Jr. — 03-05-2020

Signature of Owner(s) — Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

DigiSign Verified: B845B94E-6557-4B5C-9C39-2102E2A0B84F

Type: CONSOLIDATED REAL PROPERTY
Recorded: 3/2/2020 3:18:54 PM
Fee Amt: $26.00 Page 1 of 3
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2680 PG 2131 - 2133

PREPARED BY AND RETURN TO:
Thomas, Godley & Grimes, PLLC
514 Williamson Road, Ste 431
Mooresville, NC 28117

EASEMENT AGREEMENT FOR ENCROACHMENT

North Carolina
Iredell County

THIS EASEMENT AGREEMENT granted the ___ day of February 2020 by Anniston Homeowners Association, a North Carolina, non-profit corporation, (the "Grantor"), to Jessie Davis and spouse, Melissa Davis (the "Grantee").

WITNESSETH:

WHEREAS, the Grantor is the owner of a certain parcel or tract of land located in Iredell County, identified as Common Area and Lot 26A of Anniston Subdivision recorded in Plat Book 46, Page 61; (the "Plat") the same being the land conveyed to Grantor by deed recorded in Book, 1767 Page 490 in the office of the Register of Deeds of Iredell County ("Grantor's Property"), reference to which deed is made for greater certainty of description; and

WHEREAS, the Grantee is the owner of a certain parcel or tract of Land located in Iredell County identified as Lot 41 of Anniston Subdivision recorded in Plat Book 46, Page 61 the same being the land conveyed to Grantee deed recorded at Book 2289, page 2421, Iredell County Registry ("Grantee's Property"), reference to which said deed is made for greater certainty of description; and

WHEREAS, it has been determined that a portion of the septic field servicing Grantee's Property encroaches onto the northern portion Grantor's Property, (the "Encroachment"); and

WHEREAS, Grantee and Grantor have agreed that the Encroachment is to remain in the present location under the terms and conditions set forth herein; and

WHEREAS, the Grantor, pursuant to the authority granted to Grantor in Article VIII, Section 1 of the Declarations of Covenants, Conditions and Restrictions for Anniston recorded n Deed Book 1617, Page 1924 of the Iredell County Registry, desires to give, convey and grant to Grantee a septic field easement across a portion of Grantors' Property identified as "Proposed Septic Easement Lot 41A" on Exhibit A attached hereto and incorporated herein by reference.

NOW THEREFORE, for valuable considerations, the receipt and sufficiency of which is hereby acknowledged, and in further consideration of the mutual covenants and agreements herein contained, Grantor hereby gives conveys and grants to Grantee, their heirs, successors and assigns a septic field easement across that portion of Grantors' Property identified as "Proposed Septic Easement Lot 41A" on Exhibit A attached hereto and incorporated herein by reference and thereby allowing the Encroachment to remain in its present location. be over that portion of Grantor's Property on which the Encroachment is presently located. This easement is granted upon the following terms and conditions:

1. This easement is granted to allow the above referenced Encroachment to remain in its present location. Grantee shall further have the right and easement to cross

Submitted electronically by "Knipp Law Office, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

DigiSign Verified: B845B94E-6557-4B5C-9C39-2102E2A0B84F

over Grantor's Property as needed from time to time to maintain the Encroachment. Grantee shall not erect any other improvement in the easement area and shall use the easement area only to allow the existing Encroachment to remain in its present location.

2. If the Encroachment is ever destroyed or substantially damaged or if Grantee ever voluntarily replaces or rebuilds the Encroachment, Grantee shall replace or rebuild it entirely on Grantee's Property, in which case this easement shall terminate as to the improvement replaced.

3. In the case of termination of easement as set forth above, Grantee agrees to execute any documents acknowledging the partial or complete termination of this agreement.

4. This easement shall be binding upon and shall inure to the benefit of the parties hereto, their respective heirs, successors and assigns, it being agreed that the right and easement hereby granted is appurtenant to and is to run with the land of said Grantee's Property to all of Grantee's heirs, successors and assigns.

Grantor has executed this agreement for the purpose of agreeing to be bound by the provisions hereof. It is the express purpose of this agreement that Grantor will not lose possession, ownership or title to the encroached property through adverse possession as a result of the Encroachment.

IN TESTIMONY WHEREOF, Grantor has set Grantor's hands and seals the day and year first above written.

Grantor: Anniston Homeowners Association, a North Carolina, non-profit corporation

By: _____ (SEAL)
Christopher Zangara
It's: President

NORTH CAROLINA
IREDELL COUNTY

I, Lindsay Strider, a Notary Public of the County and State aforesaid, certify that Christopher Zangara, personally appeared before me this day and acknowledged that he is the President of Anniston Homeowners Association, a North Carolina, non-profit corporation and that he executed the foregoing instrument on behalf of the corporation.

Witness my hand and official stamp or seal, this 25 day of February, 2020.

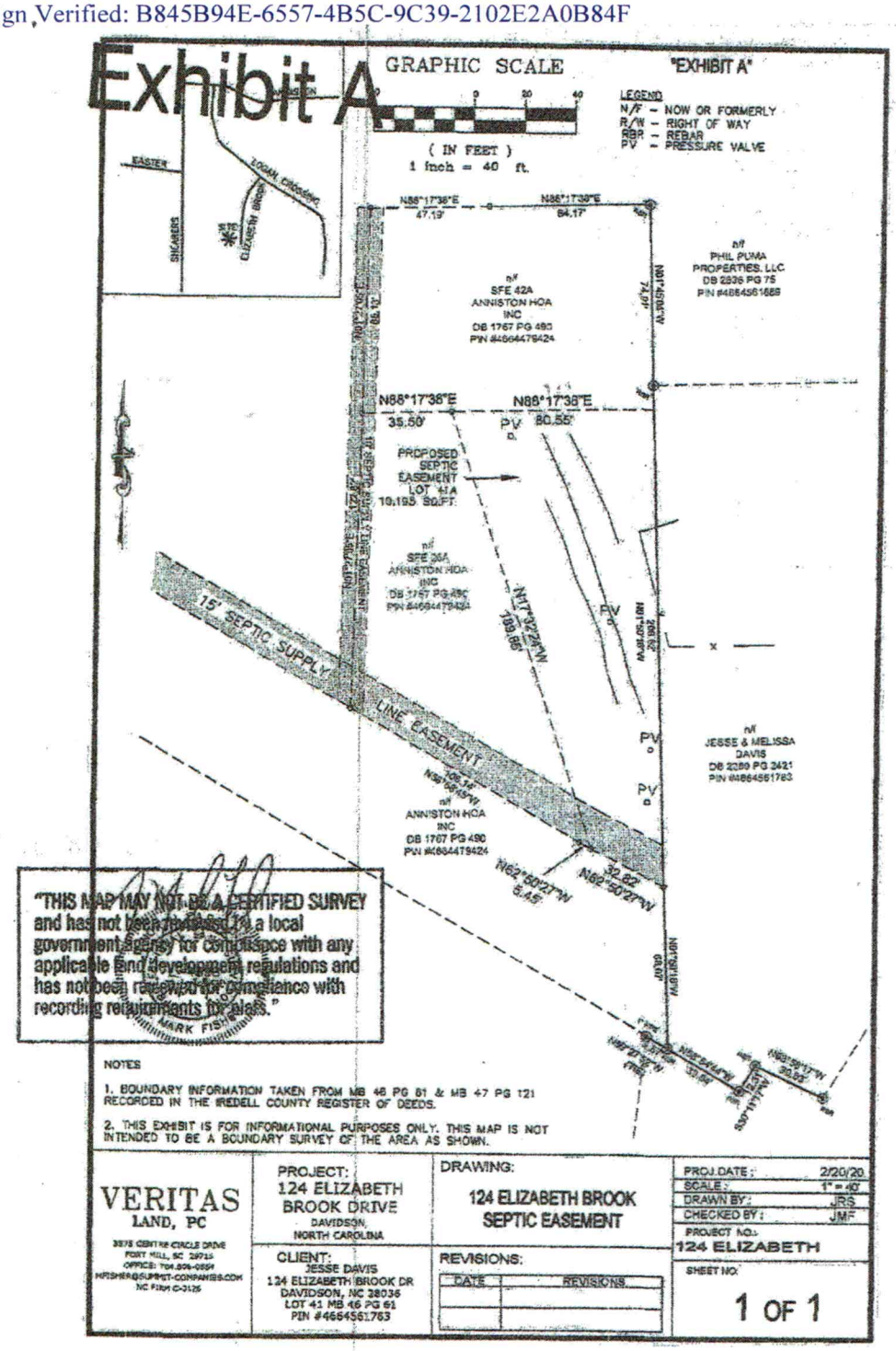
_____
Notary Public

My Commission Expires:
9-30-2023

LINDSAY STRIDER
NOTARY PUBLIC
Iredell County
North Carolina
My Commission Expires Sept. 30, 2023

DigiSign Verified: B845B94E-6557-4B5C-9C39-2102E2A0B84F

Exhibit A



NOTES

1. BOUNDARY INFORMATION TAKEN FROM MB 46 PG 61 & MB 47 PG 121 RECORDED IN THE IREDELL COUNTY REGISTER OF DEEDS.

2. THIS EXHIBIT IS FOR INFORMATIONAL PURPOSES ONLY. THIS MAP IS NOT INTENDED TO BE A BOUNDARY SURVEY OF THE AREA AS SHOWN.

VERITAS LAND, PC 3878 CENTRE CIRCLE DRIVE FORT MILL, SC 29715 OFFICE: 704.806-0859 MFISHER@SUMMIT-COMPANIES.COM NC FIRM C-3126	PROJECT: 124 ELIZABETH BROOK DRIVE DAVIDSON, NORTH CAROLINA	DRAWING: 124 ELIZABETH BROOK SEPTIC EASEMENT	PROJ.DATE: 2/20/20 SCALE: 1" = 40' DRAWN BY: JRS CHECKED BY: JMF PROJECT NO.: 124 ELIZABETH SHEET NO: 1 OF 1
	CLIENT: JESSE DAVIS 124 ELIZABETH BROOK DR DAVIDSON, NC 28036 LOT 41 MB 46 PG 61 PIN #4664561763	REVISIONS: DATE / REVISIONS	

This map may not be a certified survey and has not been reviewed by a local government agency for compliance with any applicable land development regulations and has not been reviewed for compliance with recording requirements for plats.