Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☑ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) BA 4/9/15 Initials/Date

OP ($200.00) BA 4/9/15 Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☑ JAM 4/14/15
OK for approved as noted
Please generate CA form in WASP

This site is served by septic and well. Verify each is complete before final hold is released. ☑

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: BOBBY ROBINSON

Bill To:

BOBBY ROBINSON
840 EDMINSTON ROAD

Mount Ulla, NC 28125

by phone

Single Payment

Transaction Date: 04/09/2015 11:11 AM Pacific Time
Pay Method: **********0356
Approval #: 009455
Trace Number: dae766b0-0caa-4413-ac36-4d5bcc8fc82b
Amount: $400.00

Payment Amount: $400.00

Total: **$400.00**

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/09/15	**Amount:**	200.00
Receipt #:	94279	**Tendered:**	200.00
Check / Auth #:	MC 009455	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: 200000
Contractor: BOBBY ROBINSON
Attn:
Address: 15312 PAVILION HILL CIRCLE
Address:
City/State/Zip: MOUNT ULLA, NC 28125

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 15312 PAVILION HILL CIRCLE		1	200.00	200.00

----------**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:	04/09/15	**Amount:**	200.00
Receipt #:	94278	**Tendered:**	200.00
Check / Auth #:	MC 009455	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: 200000
Contractor: BOBBY ROBINSON
Attn:
Address: 840 EDMINSTON ROAD
Address:
City/State/Zip: MOUNT ULLA, NC 28125

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 15312 PAVILION HILL CIRCLE		1	200.00	200.00

Outstanding Balances

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

CRAWL SPACE VENTILATION

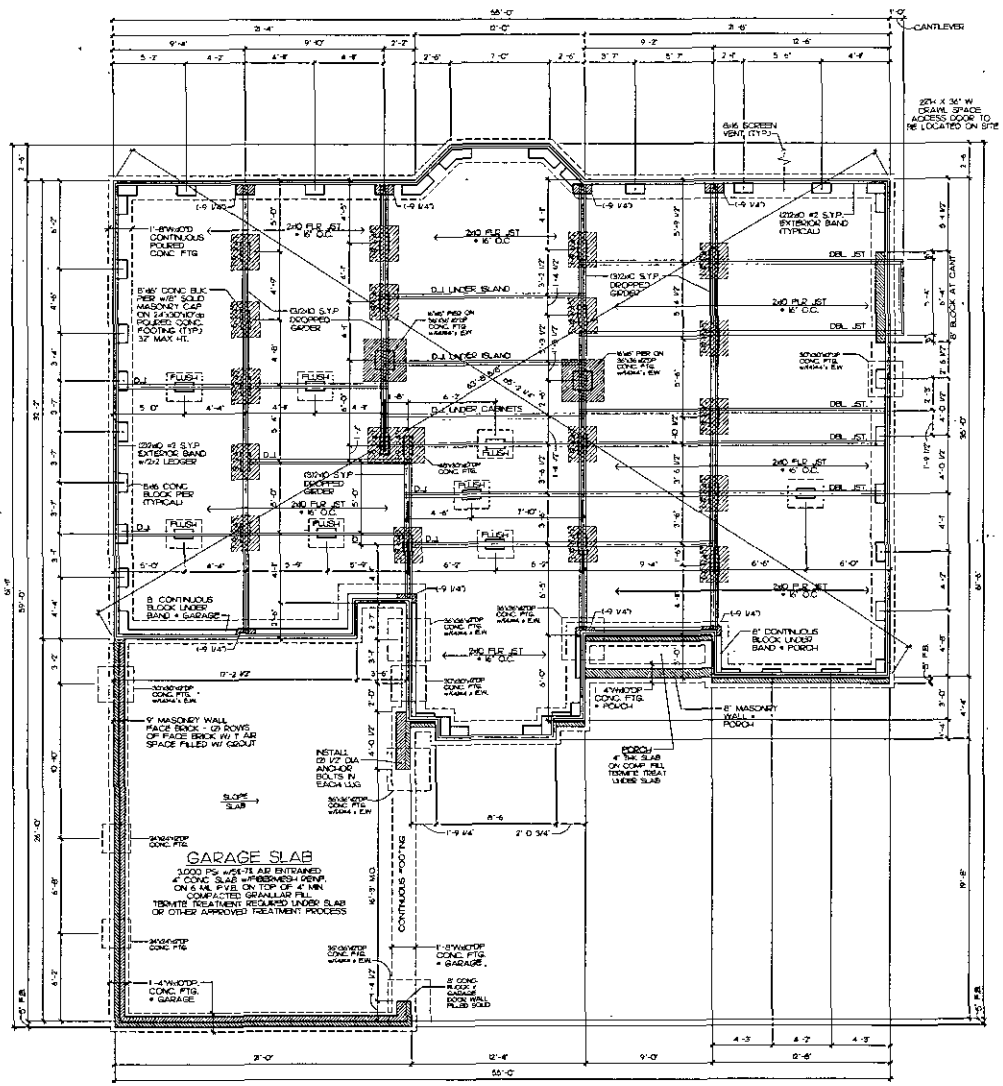
CRAWL SPACE AREA= 1904 SQ.FT.

1904 SQ.FT. / 150 = 12.69 SQ.FT. × 144 = 1827.36 SQ.IN.

1827.36 SQ.IN. / 65 (SQ.IN.) = 28.37 → 27 VENTS REQD.

1 - 8"X16" NET OPNG.

8"x16" FOUNDATION VENT (TYPICAL)
VENTS TO BE WITHIN 5'-0" OF CORNERS (MAX.)
COVER ENTIRE CRAWL SPACE FLOOR WITH 6 MIL POLY VAPOR BARRIER



FOUNDATION PLAN / CONCRETE SLAB

SCALE: 1/4" = 1'-0"

GANDY COMMUNITIES
P.O. BOX 2326 CORNELIUS, N.C. 28031
17818 STATESVILLE ROAD
CORNELIUS, NORTH CAROLINA 28031 704-892-5376 FAX 704-892-4601

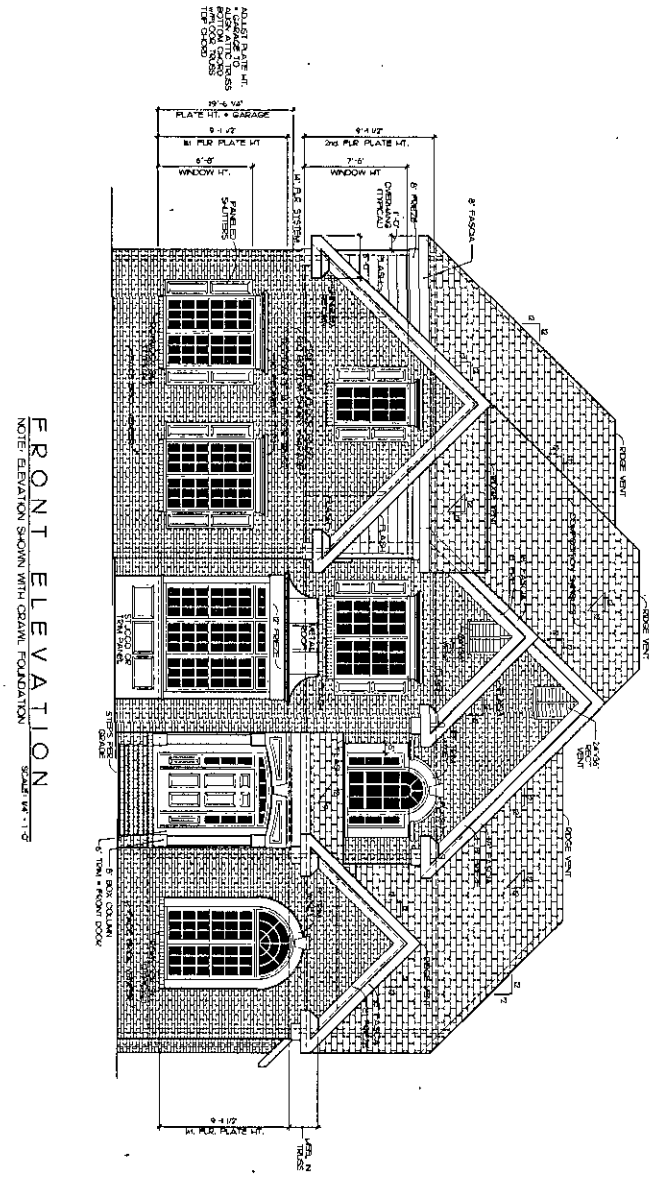
Project: THE BURNSIDE HOUSE PLAN

Sheet Title: CRAWL FOUNDATION PLAN

Drawn By: J. BOENAD
Date: 02-24-13
Rev:
Rev:
Rev:

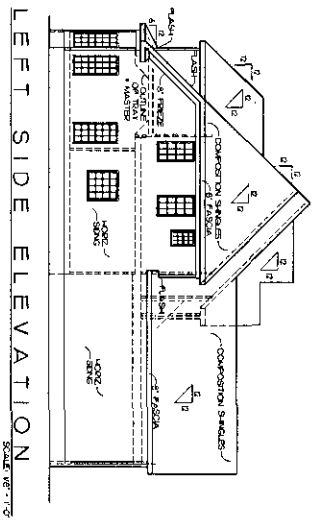
GLENNCP

Sheet 2



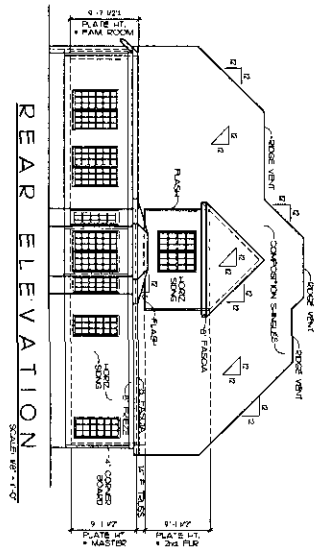
FRONT ELEVATION

NOTE: ELEVATION SHOWN WITH CRAWL FOUNDATION SCALE: 1/4" = 1'-0"



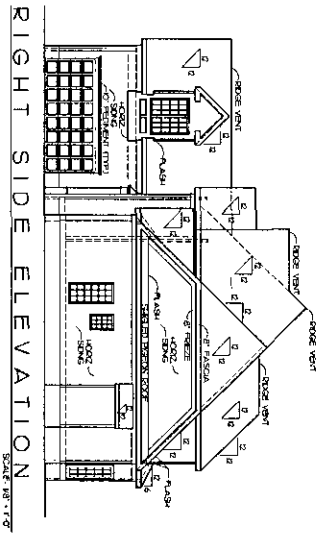
LEFT SIDE ELEVATION

SCALE: 1/4" = 1'-0"



REAR ELEVATION

SCALE: 1/4" = 1'-0"



RIGHT SIDE ELEVATION

SCALE: 1/4" = 1'-0"

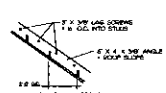
Sheet 1 of 1		Project: THE BURNSIDE HOUSE PLAN	GANDY COMMUNITIES
	Date: 4-4-05	Sheet Title: ELEVATIONS	P.O. BOX 2326 CORNELIUS, N.C. 28031
	Drawn By: J. RICHARD		17818 STATESVILLE ROAD
			CORNELIUS, NORTH CAROLINA 28031 704-892-5376 FAX 704-892-4601

ATTIC
2339 SQ FT.
ATTIC VENTILATION REQD
2439 SQ FT. ÷ 600 = 6.0 SQ.FT.
300 6972 SQ.IN.

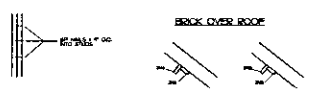
ATTIC VENTILATION SHOWN
= RIDGE VENTS - 960 SQ.IN. FREE OPNG (58)
SOFFIT VENTS - 900 SQ.IN. FREE OPNG (45)
TOTAL - 1860 SQ.IN. FREE OPNG

*300 = 2 3/4" W/ PRECIPITATED
+ 9 SQ.IN. FREE OPEN AREA
PER FT.)

**150 = RIDGE VENT w/ 9 SQ.IN.
FREE OPEN AREA PER FT.)



BRICK OVER ROOF

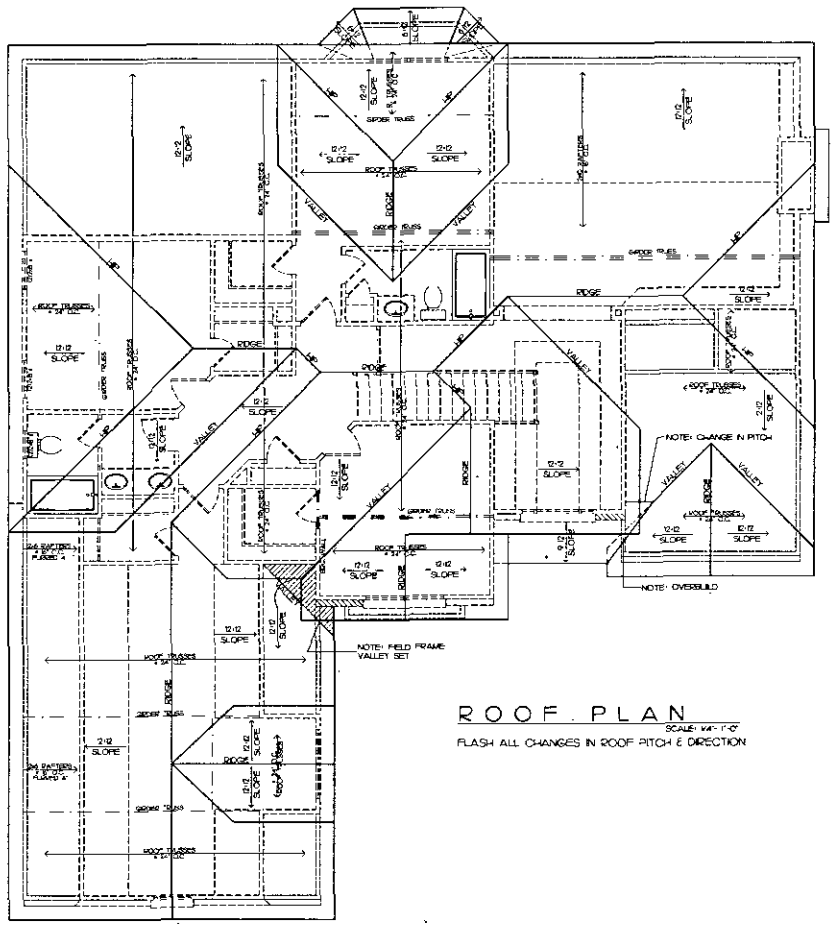


(2) 2X4 BRACE 2X6 HOG 2X8 HOG

DETAILS
NO SCALE

ROOF CONSTRUCTION

1. RAFTERS TO BE 2X6 x 16" O.C. FOR SHINGLES UNLESS OTHERWISE NOTED.
   CUT AND MITER HIPS, RIDGES, ETC UNLESS OTHERWISE NOTED.
   RAFTERS FOR TILE, SLATE AND OTHER ROOF COVERINGS TO BE 2X8 x 16" O.C.
   UNLESS OTHERWISE NOTED
2. COLLAR TIES TO BE 2X4 x 48" O.C. AT ALL GABLES.
3. DI COLLAR TIES MINIMUM AT ALL GABLES, EVEN IF OB TIES MUST
   BE INSTALLED ON 8' RAFTER SET.
4. AS INDICATED LOCATION OF RAFTER BRACE AT RAFTER LEVEL.
5. 2X6 ARROW (ONLY FROM BRACE INDICATES DIRECTION OF BRACE TO PARTITION
   OR BEAM BELOW.
6. (2) 2X4 BRACES FROM RIDGE MOUNTED & VERTICAL OR ALMOST VERTICAL BRACES.
7. ALL BRACES ARE (2) 2X4 NAILED WITH 30 NAIL AT 9" O.C. VERTICALLY.
   FROM TOP TO BOTTOM. BRACES LONGER THAN 10' TO BE BRACED HORIZONTALLY.
8. ALL HIPS AND RIDGES TO BE 2 SIZE LARGER THAN RAFTERS UNLESS OTHERWISE NOTED.
9. ALL HOGS ON CEILING JOISTS ON RAFTERS ARE 2X6 x 16" O.C. UNLESS OTHERWISE NOTED.
10. MAXIMUM SPACING OF RAFTER BRACES RAFTERS AND BE SPLICED OVER HOGS WITH (2) 2X4 BRACES
    2X6 HOG 4'-0" O.C.
    2X8 HOG 7'-6" O.C.
11. MANUFACTURED ROOF TRUSSES TO BE INSTALLED AND BRACED PER
    MANUFACTURER'S RECOMMENDATIONS.
12. ROOF OVERFRAMING
    - USE 2X6 x 16" O.C. RAFTERS, SPANS UNLESS OTHERWISE NOTED. MAXIMUM ALLOWABLE SPAN OF 8'-0" HORIZONTAL. USE (2) 2X6 HOGS AT RAFTER WITH (2) 2X4 BRACES at 4'-0" MAXIMUM SPACING. CARRY BRACES TO PARTITIONS OR BEAMS OF A MINIMUM OF (2) 2X6 HOGS ON CEILING JOISTS.
    - USE AT ALL RAFTERS USING HIPPED, VALLEYS, ETC. ONE SIZE LARGER THAN RAFTER SIZE.
    ALL BRACING LOADS MUST BE CARRIED TO FOUNDATION WITH A MINIMUM OF (2) 2X4 STUDS.



ROOF PLAN
SCALE: 1/4" = 1'-0"
FLASH ALL CHANGES IN ROOF PITCH & DIRECTION

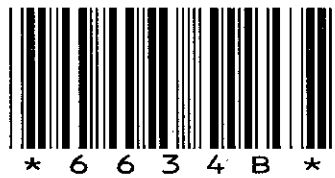
GANDY COMMUNITIES
P.O. BOX 2326 CORNELIUS, N.C. 28031
17818 STATESVILLE ROAD
CORNELIUS, NORTH CAROLINA 28031 704-892-5376 FAX 704-892-4601

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: ROOF PLAN

Drawn By: J. BODNAR
Date: 10-12-05
Rev.
Scale

WA-07536P.DWG
Sheet 4



15312 PAVILION HILL CR

01924323

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

GWS – RES. APP 07/05

SEPTIC FEE: 200.00 or exact
DATE: 7/31/06
CRT'T #: 1075

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CRT'T #:

FILE # 6634B

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 01924232
STREET ADDRESS: Hunterville - Concord RD
CITY: Hunterville
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: The Pavilion
LOT #: 2
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☑ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☑ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☑ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☑ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: Simonini Builders
ADDRESS: 1910 South Boulevard Suite 200
CITY: Charlotte
STATE: NC ZIP: 28203
HOME PHONE: WORK PHONE: 704-358-3060 EXT 158
MOBILE PHONE: 704-756-9460 FAX: 704-358-9978
ACC # X39501

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Kenny Owens
ADDRESS: 6206 Birkdale Valley Dr. APT #515
CITY: Charlotte
STATE: NC. ZIP: 28277
HOME PHONE: WORK PHONE: 704-540-0771
MOBILE PHONE: 704-502-5588 FAX: 704-541-8094

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

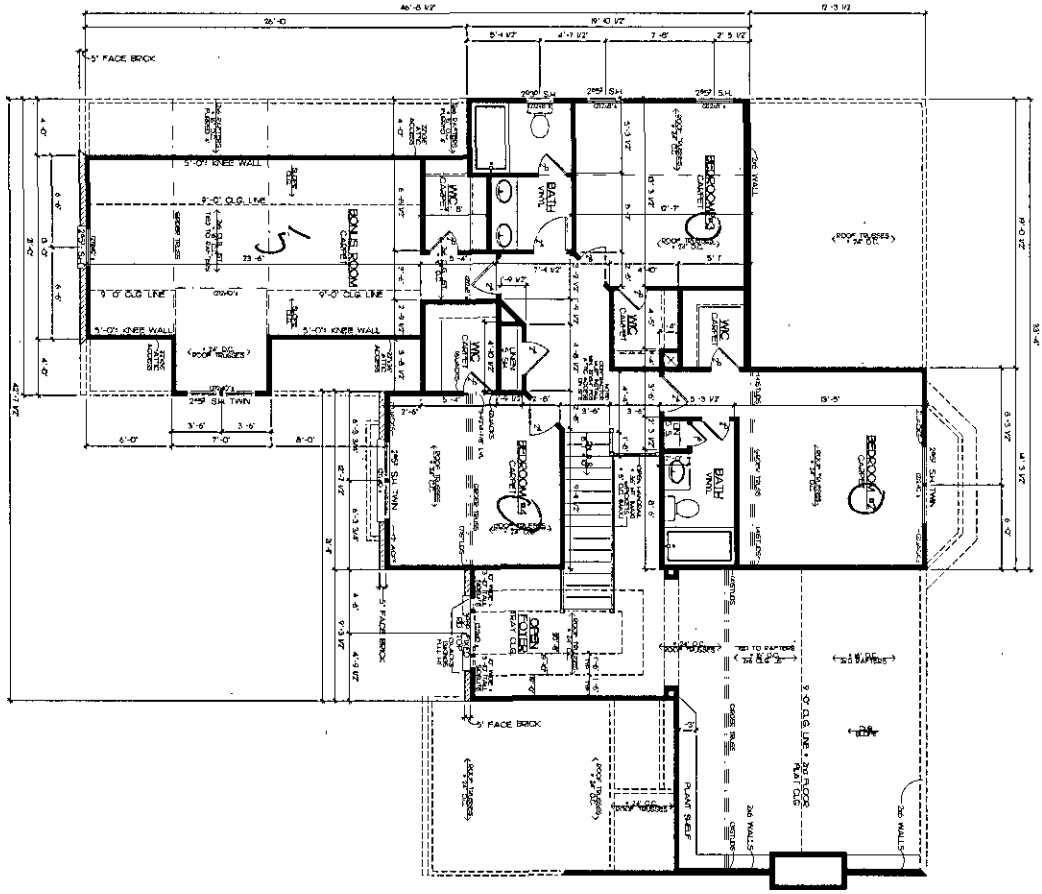
Kenneth J. Owens 6-14-06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894



SECOND FLOOR PLAN

SQUARE FOOTAGE

HEATED FLOOR	1808 SF
SECOND FLOOR	1808 SF
GARAGE	570 SF

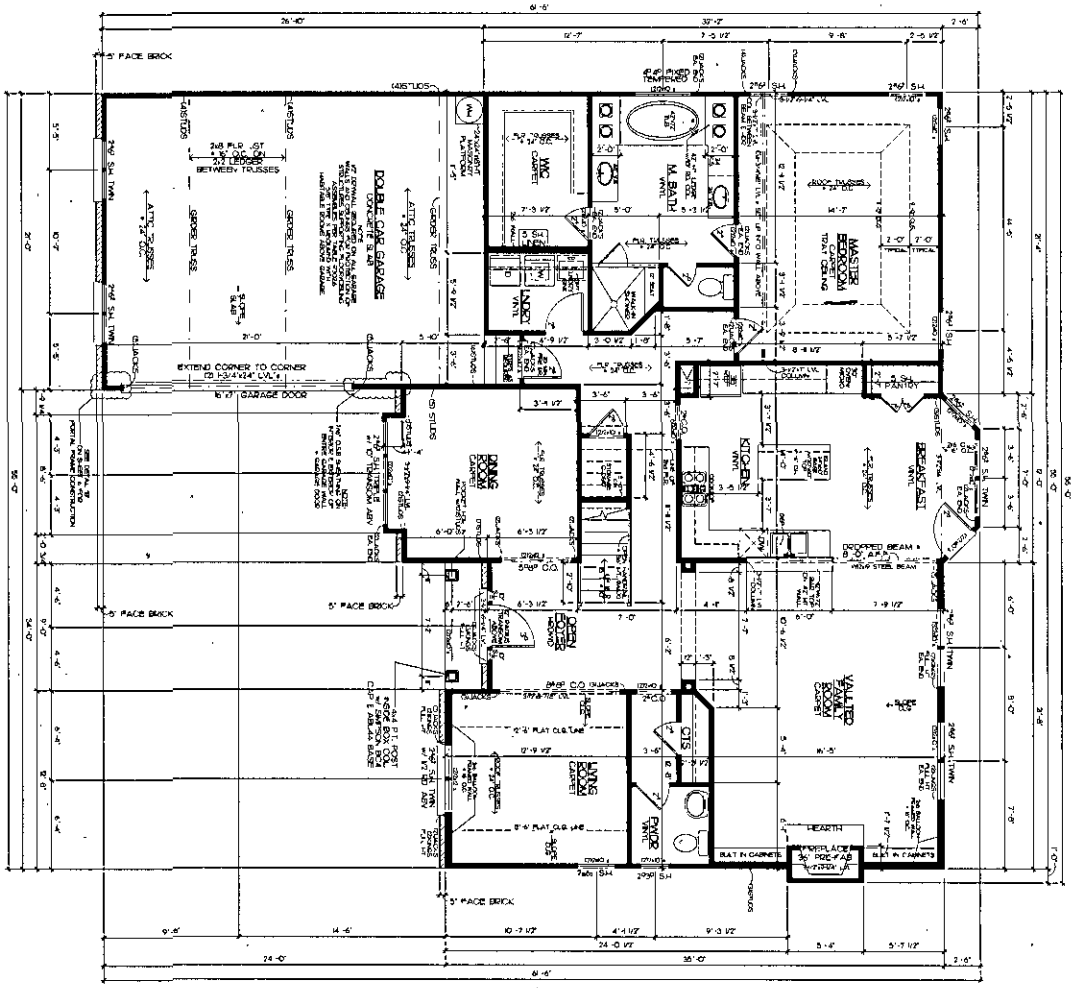
Sheet	4
Date	10/2/95
Drawn By	J. EDWARD
Project	THE BURNSIDE HOUSE PLAN
Sheet Title	SECOND FLOOR PLAN

GANDY COMMUNITIES
P.O. BOX 2326 CORNELIUS, N.C. 28031
17818 STATESVILLE ROAD
CORNELIUS, NORTH CAROLINA 28031 704-892-5376 FAX 704-892-4601

NOTE: PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT CONCEALED FLOOR & WALL SPACES PER CRC R602.8

GENERAL NOTES
1. ALL WALLS THAT FORM THE PERIMETER BOUNDARY OF HOUSE SHALL HAVE INSULATION OR CONDITIONED AIR.
2. ALL CLOSETS WITH A CLOTHES POLE OR SHELF SHALL HAVE A MINIMUM OF 12" DEEP SHELF.
3. ALL CLOSETS WITH DOORS SHALL BE SOLID CORE.
4. ALL EXTERIOR WALLS SHALL BE 2x6 @ 16" O.C. WITH R-19 INSULATION.
5. ALL INTERIOR WALLS SHALL BE 2x4 @ 16" O.C. UNLESS OTHERWISE NOTED.
6. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH 1/2" APA RATED SHEATHING.
7. ALL EXTERIOR WALLS SHALL BE COVERED WITH BUILDING PAPER.
8. ALL EXTERIOR WALLS SHALL BE COVERED WITH BRICK VENEER.
9. ALL EXTERIOR WALLS SHALL BE COVERED WITH VINYL SIDING.
10. ALL EXTERIOR WALLS SHALL BE COVERED WITH STUCCO.
11. ALL EXTERIOR WALLS SHALL BE COVERED WITH WOOD SIDING.
12. ALL EXTERIOR WALLS SHALL BE COVERED WITH STONE VENEER.
13. ALL EXTERIOR WALLS SHALL BE COVERED WITH METAL SIDING.
14. ALL EXTERIOR WALLS SHALL BE COVERED WITH FIBER CEMENT SIDING.
15. ALL EXTERIOR WALLS SHALL BE COVERED WITH COMPOSITE SIDING.
16. ALL EXTERIOR WALLS SHALL BE COVERED WITH ALUMINUM SIDING.
17. ALL EXTERIOR WALLS SHALL BE COVERED WITH VINYL SIDING.
18. ALL EXTERIOR WALLS SHALL BE COVERED WITH STUCCO.
19. ALL EXTERIOR WALLS SHALL BE COVERED WITH WOOD SIDING.
20. ALL EXTERIOR WALLS SHALL BE COVERED WITH STONE VENEER.
21. ALL EXTERIOR WALLS SHALL BE COVERED WITH METAL SIDING.
22. ALL EXTERIOR WALLS SHALL BE COVERED WITH FIBER CEMENT SIDING.
23. ALL EXTERIOR WALLS SHALL BE COVERED WITH COMPOSITE SIDING.
24. ALL EXTERIOR WALLS SHALL BE COVERED WITH ALUMINUM SIDING.

BRACED WALL SHEATHING NOTES
1. ALL EXTERIOR WALLS SHALL BE BRACED WITH GYPSUM BOARD OR EQUIVALENT.
2. ALL INTERIOR WALLS SHALL BE BRACED WITH GYPSUM BOARD OR EQUIVALENT.
3. ALL BRACED WALLS SHALL BE FULLY SHEATHED WITH GYPSUM BOARD OR EQUIVALENT.
4. ALL BRACED WALLS SHALL BE FULLY SHEATHED WITH GYPSUM BOARD OR EQUIVALENT.
5. ALL BRACED WALLS SHALL BE FULLY SHEATHED WITH GYPSUM BOARD OR EQUIVALENT.
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8. ALL BRACED WALLS SHALL BE FULLY SHEATHED WITH GYPSUM BOARD OR EQUIVALENT.
9. ALL BRACED WALLS SHALL BE FULLY SHEATHED WITH GYPSUM BOARD OR EQUIVALENT.
10. ALL BRACED WALLS SHALL BE FULLY SHEATHED WITH GYPSUM BOARD OR EQUIVALENT.



FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE: ALL WORK TO COMPLY WITH 2006 NCRC
NOTE: DESIGNED AND ENGINEERED FOR THE 2006 NCRC

SQUARE FOOTAGE

FIRST FLOOR	1,618 SF
SECOND FLOOR	1,252 SF
TOTAL HEATED	2,870 SF
GARAGE	576 SF

Sheet	3	Drawn By	JB
Scale	1/4"=1'-0"	Date	03-2-9

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: FIRST FLOOR PLAN

GANDY COMMUNITIES
P.O. BOX 2326 CORNELIUS, N.C. 28031
17818 STATESVILLE ROAD
CORNELIUS, NORTH CAROLINA 28031 704-892-5376 FAX 704-892-4601

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 #: **30001075** GWS File #: **6634B** Tax Parcel #: **019-242-32**

- 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: Expire in Five (5) Years **Expiration Date (If Applicable):** 1/26/2012

Type of Installation: Residential - New System Lot Number: 2

Structure Type: HOUSE Size (ft^2): 0 # Bedrooms: 5 # Occupants: 6

Building Foundation: Basement With Plumbing Water Supply: Private Well

II. Initial System Type: Approved Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Approved Accepted **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1636	Total Trench Length (ft):	545
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Signature: Jeremy Michelone, R.S.

Date Issued: 1/26/2007

Owner/Legal Agent: RICK SASINSKI
Print Name

Signature: Rick Sasinski

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 #: **30001075** GWS File #: **6634B**

IV. Permit Conditions/Comments:

- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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:

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- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

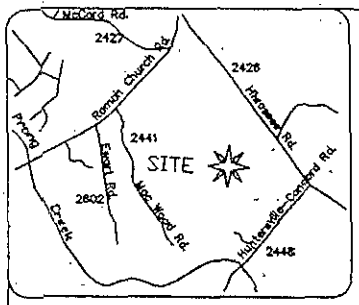
DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone

Date Issued: 1/26/2007

Owner/Legal Agent: Rick Jasinski
Print Name

Signature: Rick Jasinski

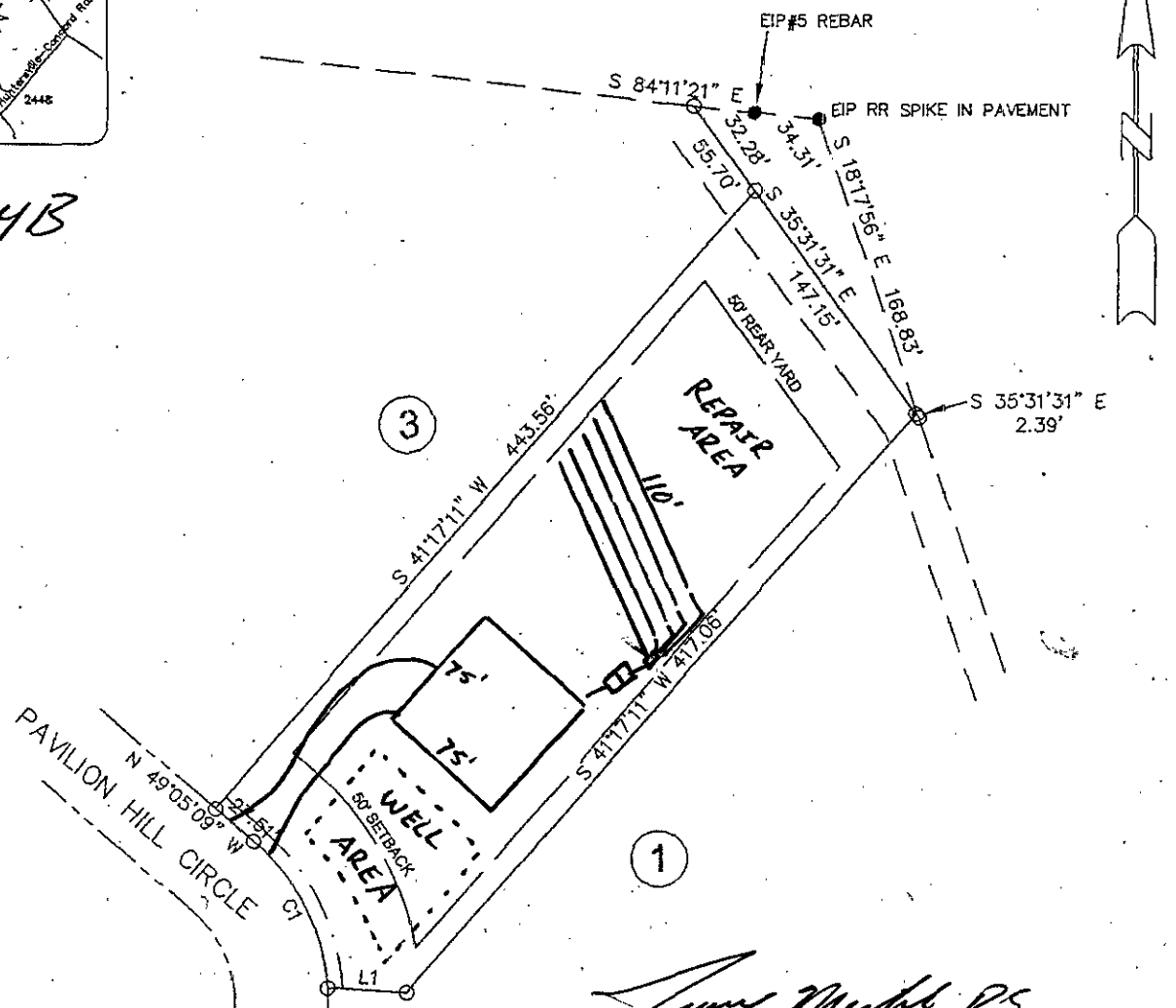


VICINITY MAP

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C1	90.74'	115.00'	N 26°28'53" W	88.40'

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 86°23'06" W	42.86'

6634B



- 5 BEDROOM HOUSE
- 1500 GALLON SEPTIC TANK
- 0.275 LTAR
- 5 LINES X 110' X 3'
- 545 TLF
- TYPE IIIg 25% REDUCTION SYSTEM & REPAIR

LEGEND

- ⊙ SET IRON PIN (#5 REBAR)
- ● EXISTING IRON PIN (AS DESCRIBED)
- TIE LINE
- BOUNDARY AS SURVEYED
- BOUNDARY BY DEED OR PLAT
- RIGHT OF WAY
- EASEMENT

PLOT PLAN _____ SURVEY

PROPERTY OF: LOT 2 THE PAVILION

HUNTERSVILLE TWP., MECKLENBURG CO., NC

ADDRESS: 15312 PAVILION HILL CIRCLE, HUNTERSVILLE, NC

LOT 2, BLOCK ____, THE PAVILION

SCALE: 1 IN. = 100 FT. DATE: JUNE 21, 20 06

0 100 200 300

CONCORD ENGINEERING & SURVEYING, INC.
ENGINEERS - SURVEYORS - PLANNERS
45 SPRING STREET SW CONCORD (704) 786-5404
CONCORD, NC 28025 FAX (704) 786-7454
ACAD FILE: LOT 2.DWG

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JOB NO.: 050306.001

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

Sheet: 1 of 2
Property ID: PO 019-242-32
Lot #: 2
File #: 5543B
AppID: 1075
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Simoni Builders
Applicant: Kenny Owens
Address: 1910 South Boulevard, Suite 200, Charlotte, N. C. 28203
Date Evaluated: 11/3/06
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: 1.44a
Location of Site: 15312 Pavilion Hill Circle
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		b PROFILE FACTORS				
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS, 6	0-7	GR/SCL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NIONE	PS, IV
		7-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-5	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		5-29	SBK/CL	"					.25GPD/FT^2
		29-48	SBK/C	FI/SEXP/S/P					
3	"	0-16	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		16-48	SBK/C	FI/SEXP/S/P					
4	"	0-6	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	PS, IV
		6-48	SBK/C	FI/SEXP/S/P					.275GPD/FT^2
5	"	0-8	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		8-48	SBK/C	FI/SEXP/S/P					
6	"	0-9	GR/SCL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	"
		9-43	SBK/C	FI/SEXP/S/P					
		43-46	SBK/CL	FR/SEXP/SS/SP					
7	"	0-10	GR/SCL	"	>48" TO SOIL WETNESS	48+	"	"	"
		10-48	SBK/C	FI/SEXP/S/P					
8	"	0-9	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		9-48	SBK/C	FI/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III-9	III-9
Site LTAR	.275GPD/FT^2	.275GPD/FT^2

Other Factors (.1946):
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/7/2006, W. R. Marlin
Others Present:

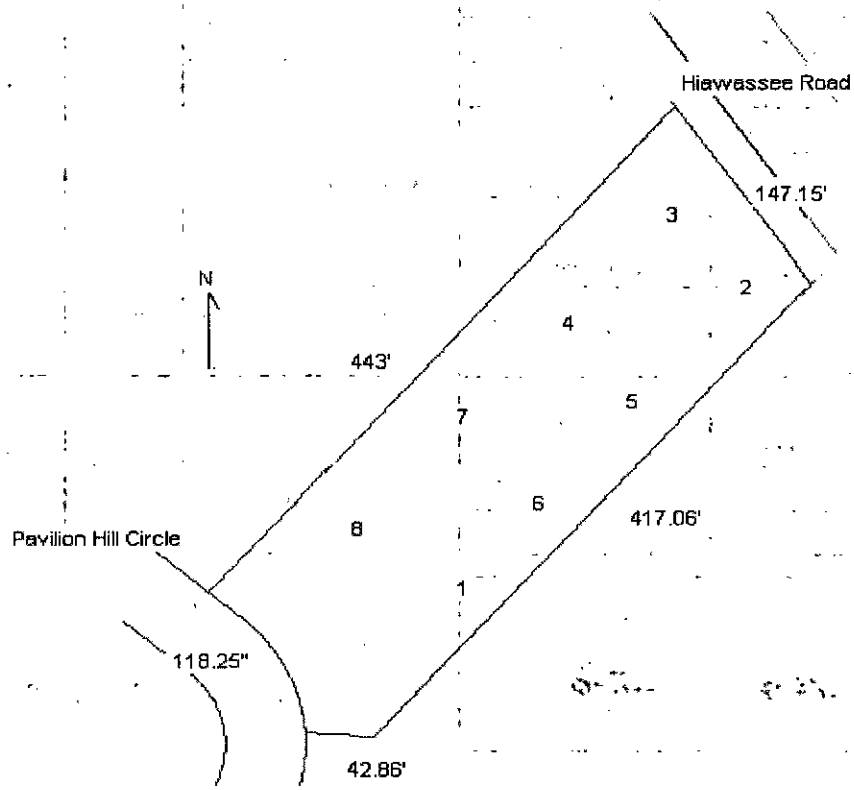
COMMENTS:

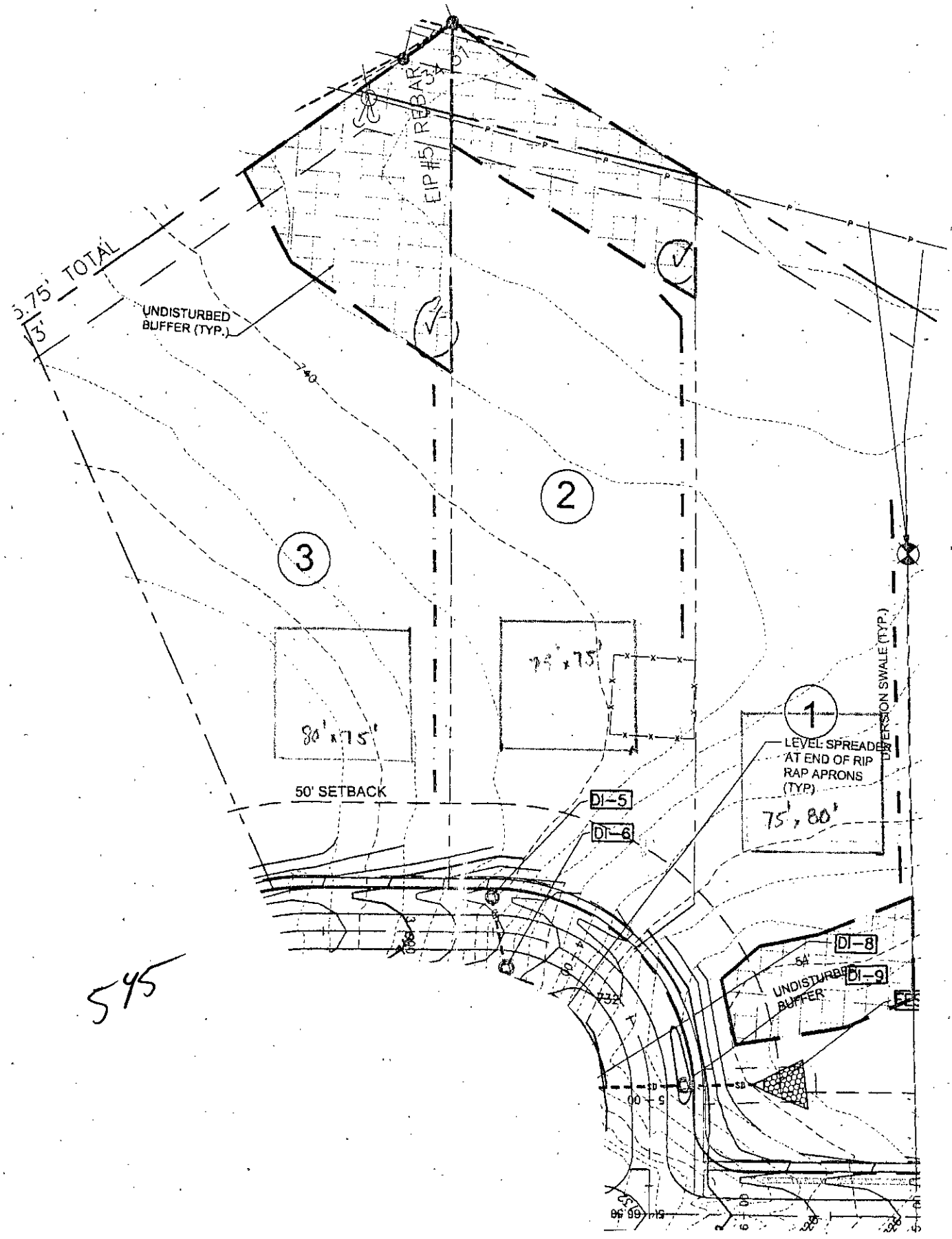
100% repair, house site not designated at time of investigation

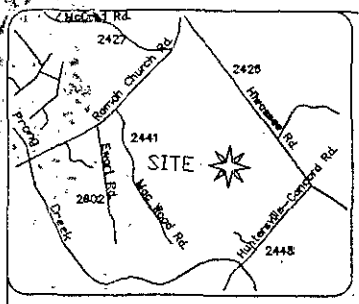
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
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




EIP #5 REBAR
3.75' TOTAL
3'
UNDISTURBED BUFFER (TYP.)
740
2
3
80' x 75'
75' x 75'
50' SETBACK
1
LEVEL SPREADER AT END OF RIP RAP APRONS (TYP)
75', 80'
DIVERSION SWALE (TYP.)
DI-5
DI-6
DI-8
DI-9
54'
UNDISTURBED BUFFER
732
545



VICINITY MAP

CURVE TABLE				
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LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 86°23'06" W	42.86'

LEGEND

- ⊙ SET IRON PIN (#5 REBAR)
- ● EXISTING IRON PIN (AS DESCRIBED)
- TIE LINE
- BOUNDARY AS SURVEYED
- BOUNDARY BY DEED OR PLAT
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PLOT PLAN _____ SURVEY

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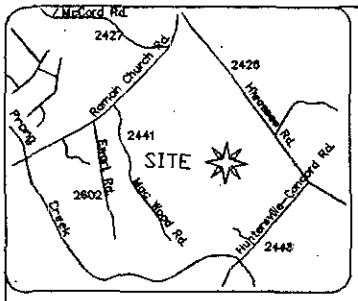
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6634B

EIP#5 REBAR

EIP RR SPIKE IN PAVEMENT

S 84°11'21" E 32.28'

34.31'

S 18°17'56" E 168.83'

55.70'

S 35°31'31" E 147.15'

S 35°31'31" E 2.39'

50' REAR YARD

3

S 41°17'11" W 443.56'

2

1.438 ACRES

15312

S 41°17'11" W 417.06'

50' SETBACK

1

N 49°05'09" W 27.51'

PAVILION HILL CIRCLE

C1

L1

LEGEND

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PLOT PLAN — SURVEY

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