New Owner Info

MECKLENBURG COUNTY
HEALTH DEPARTMENT

448 4958

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

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

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

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 219-081-04
STREET ADDRESS: ~~17601 GREEN HILL Rd~~ 16254 River Lure Ln
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION NAME: RIVER LURE BV
LOT #: 7 LOT SIZE (acres): .7685
TOWNSHIP:
☒ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
○ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 700
NUMBER OF BEDROOMS: 1
NUMBER OF OCCUPANTS: 1
FOUNDATION TYPE:
☒ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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

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

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

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

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

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2/3/2010 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: JAMES L. HIGGINS
ADDRESS: 9555 SPURWIG CT
CITY: CHARLOTTE
STATE: NC ZIP: 28278
WORK PHONE: 704 551 7244
MOBILE PHONE: 704 608 1091
FAX: _____
E-MAIL: jhiggC CATOCORP.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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

Revised on: 12/15/10

0704 ✓ 0734 0703

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 2/28/2011

Property Owner's or Owner's Legal Representative Signature — Date

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 400.00 CK 2774 DATE FEE RECEIVED: 2/28/11

WELL APPLICATION FEE RECEIVED: $ 100.00 CC DATE FEE RECEIVED: 3/2/11

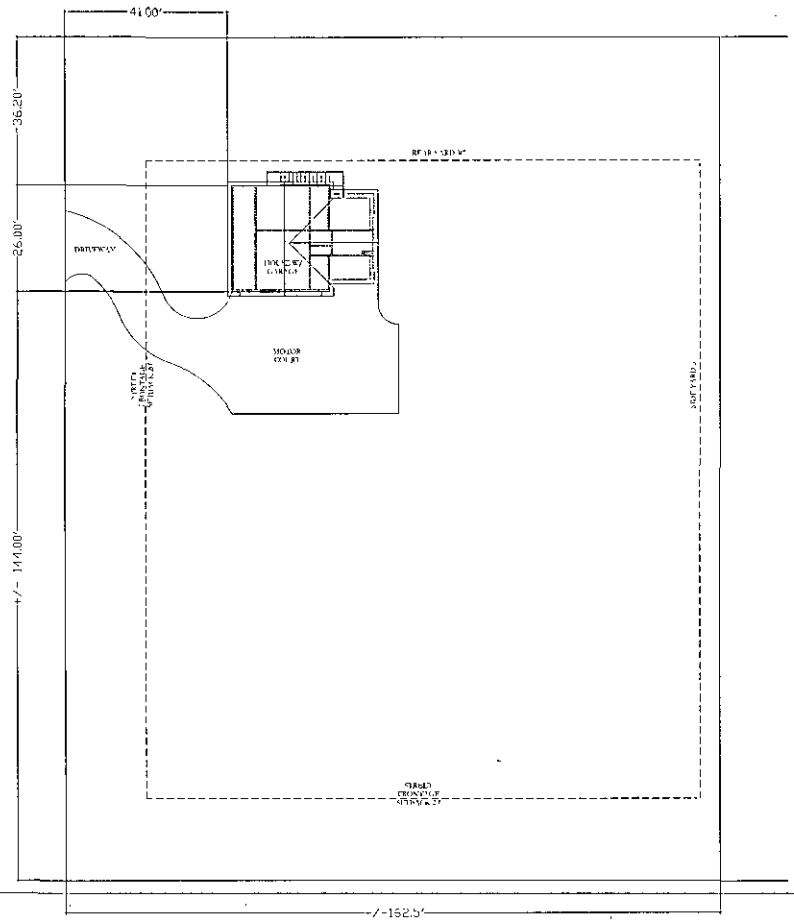
APPLICATION PROCESSED BY: JC 322970

GWS FILE NUMBER ASSIGNED: 448

APPLICATION ID NUMBER ASSIGNED: 4958

COMMENTS:

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



01 SCHEMATIC SITE LAYOUT SCALE: 1" = 30'

The Higgins Residence

Charlotte, North Carolina

date:
NOV. 11, 2010
status:
CONSTRUCTION PERMIT
revisions:
1 ---

SCHEMATIC
SITE LAYOUT

SP-1

The Higgins Residence

17601 green hill road
charlotte, north carolina

final set
-released for construction-
09.07.10

SQUARE FOOTAGE:

FIRST FLOOR	AM GARAGE	
SECOND FLOOR	UNHEATED	TOTAL 1,762
CARPORT	242	

DRAWING SCHEDULE:

SITE PLAN	SP1
ARCHITECTURAL	
FLOOR PLANS	A1
ELEVATIONS	A2
SECTIONS	A3

NOTE: SQUARE FOOTAGE CALCULATIONS TAKEN FROM OUTSIDE FACE OF EXTERIOR STUD WALL.
FINISHED SQUARE FOOTAGE CALCULATIONS FOR THIS HOUSE WERE MADE BASED ON PLAN DIMENSIONS ONLY AND MAY VARY FROM THE FINISHED SQUARE FOOTAGE OF THE HOUSE AS BUILT

GENERAL NOTES:

1. All construction must comply with local governing Codes.
2. Typical dimensions are measured from face of exterior stud wall to centerline interior stud wall, u.n.o.
3. Window and door sizes are approximate. Consult chosen manufacturer's specifications for actual sizes and rough openings. Windows and doors are dimensioned to rough openings unless noted otherwise.
4. Typical exterior walls are 2x4 studs at 16" on center, u.n.o.
5. Adjust bathroom dimensions as needed for tub / shower rough opening requirements.
6. Finished floor height is to be determined per final finished grade. Riser heights shall not exceed 7¾".
7. Owner / Engineer shall be notified immediately of any discrepancies in the dimensions or if changes are required in the field.

NOTE:

G.C TO COORD. ALL PLUMBING, ELECTRICAL & MECHANICAL SYSTEMS WITH FRAMING AND FOUNDATION DESIGN.

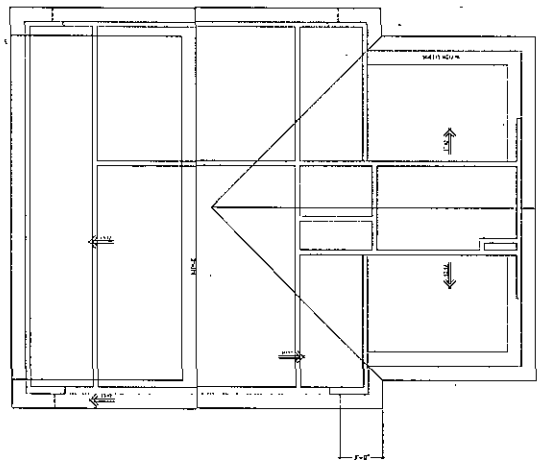
DO NOT SCALE DWGS. ANY CONFLICTS IN COORD. / DESIGN TO BE CLARIFIED WITH OWNER

ALL FRAMING AND FOUNDATION DESIGN TO BE PER 2002 NCBC

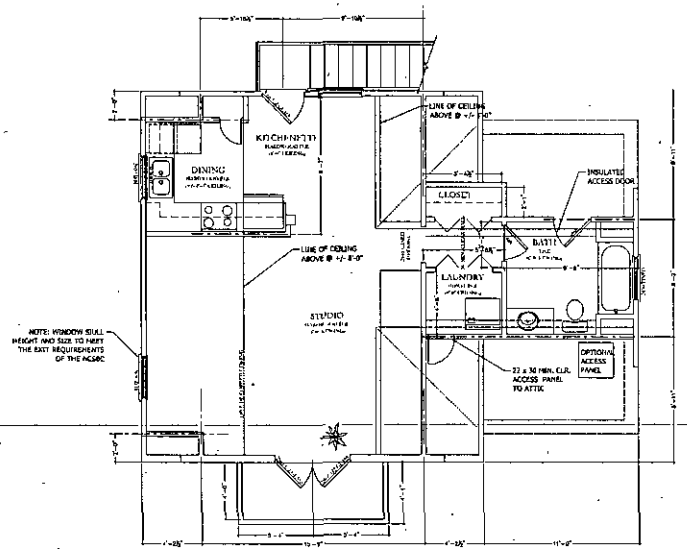
ALL FASTENING AND NAILING TO BE PER 2002 NCBC

WALL FRAMING TO HAVE BLOCKING AS REQUIRED.

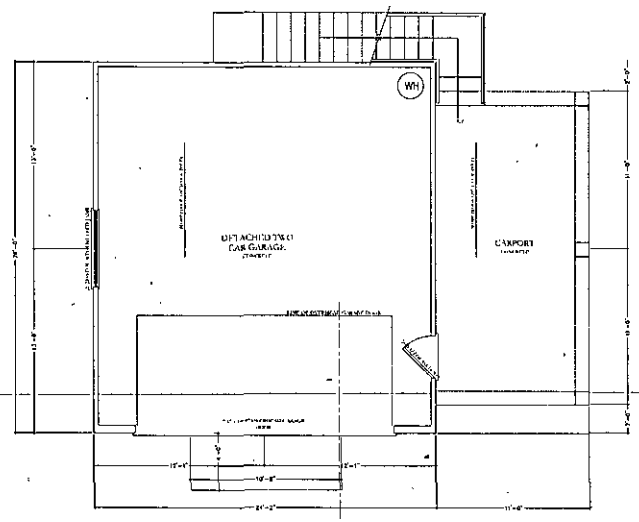
COORDINATE ALL JOIST PENETRATIONS W/ HANUF. SPECIFICATIONS AND FIELD ADJUSTMENT GUIDELINES.



03 ROOF PLAN SCALE: 1/4" = 1'-0"



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



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

The Higgins Residence

Charlotte, North Carolina

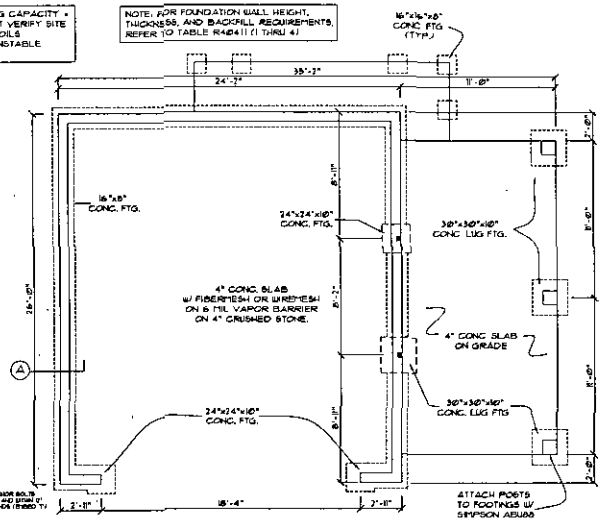
date:
NOV. 11, 2010
status:
CONSTRUCTION PERMIT
revisions:
1 —

FLOOR PLANS
SCHEMATIC

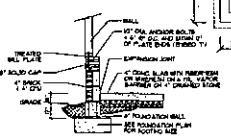
A1

NOTE: ASSUMED SOIL BEARING CAPACITY = 2000 PSF. CONTRACTOR MUST VERIFY SITE CONDITIONS AND CONTACT SOILS ENGINEER IF MARSHAL OR UNSTABLE SOILS ARE ENCOUNTERED.

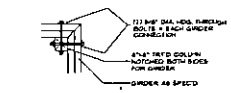
NOTE: FOR FOUNDATION WALL HEIGHT, THICKNESS, AND BACKFILL REQUIREMENTS, REFER TO TABLE R404.1.1 (1 THRU 4)



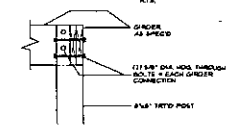
FOUNDATION PLAN
SCALE: 1/4"=1'-0"



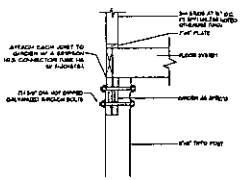
Ⓐ GARAGE SLAB



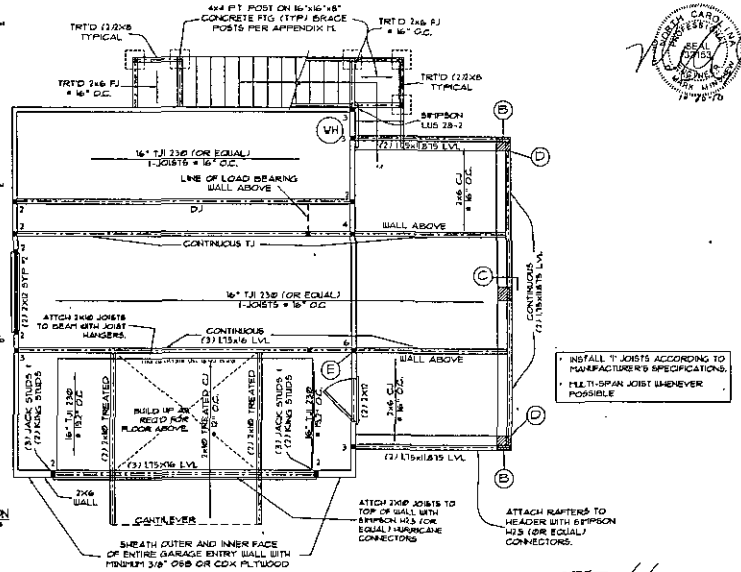
PLAN VIEW



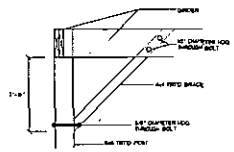
Ⓑ DOUBLE NOTCHED PILE



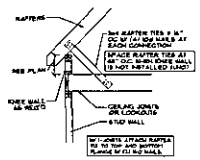
Ⓒ TYP. POST/GIRDER CONNECTION



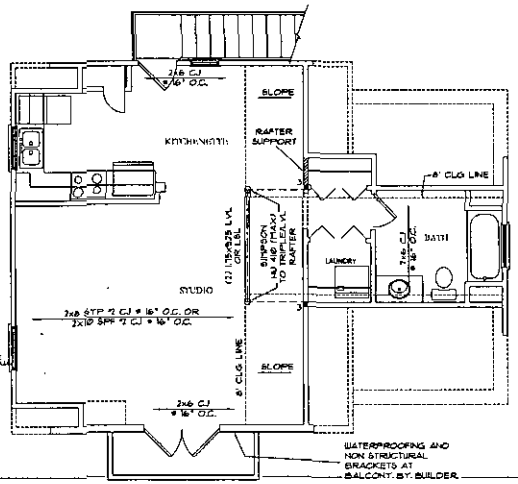
FIRST FLOOR STRUCTURAL PLAN
SCALE: 1/4"=1'-0"



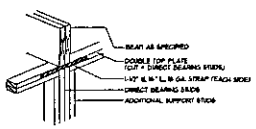
Ⓓ "Y" - BRACE DETAIL



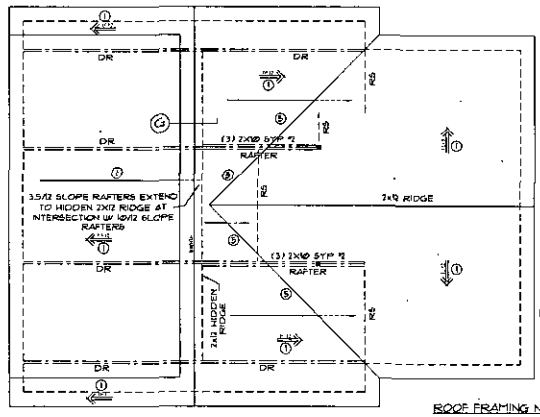
Ⓕ RAFTER TIE DOWN (TYP)



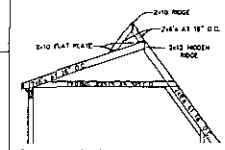
SECOND FLOOR STRUCTURAL PLAN
SCALE: 1/4"=1'-0"



Ⓔ DIRECT STUD BEARING



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



Ⓖ HIDDEN RIDGE SECTION

STRUCTURAL NOTES

1) HOMEOWNER'S SEAL APPLIES ONLY TO STRUCTURAL COMPONENTS INCLUDING: ROOF FRAMING, FLOOR, WALLS, STAIRS, FOOTINGS, BEAMS AND HEADERS, CEILING, SUPPLEMENTAL DESIGN LOADS AS SPECIFIED BY OWNER, ARCHITECT, OR SYSTEM AND MATERIAL SUPPLIERS. HOMEOWNER SEAL DOES NOT APPLY TO ACCURACY OR ARCHITECTURAL LAYOUT INCLUDING ROOF SYSTEM. ALL TRUSS SHOP DRAWINGS SHALL BE SUBMITTED TO THE ENGINEER OF RECORD FOR REVIEW BY THE COMPONENT MANUFACTURER. SOUTHERN ENGINEERS, P.A. CERTIFIES ONLY THE STRUCTURAL COMPONENTS OF THE SHOP DRAWINGS, NOT THE TRUSS.

2) ALL CONSTRUCTION SHALL COMPLY WITH OR EXCEED REQUIREMENTS OF THE NORTH CAROLINA STATE RESIDENTIAL CODE + LOCAL AMENDMENTS. PLAN, ALL LOCAL CODES AND REGULATIONS. THE STRUCTURAL ENGINEER IS NOT RESPONSIBLE FOR, AND MAY HAVE CONTROL OF CONSTRUCTION MEANS, TECHNIQUES, SEQUENCES OR PROCEDURES, OR FOR SAFETY PRECAUTIONS AND PROGRAMS IN CONNECTION WITH THE CONSTRUCTION WORK. NOR SHALL THE ENGINEER BE RESPONSIBLE FOR THE CONTRACTORS FAILURE TO CARRY OUT THE WORK IN ACCORDANCE WITH THE CONTRACT DOCUMENTS. ANY CONSTRUCTION OBSERVATION BY THE ENGINEER OF RECORD IS NOT TO INCLUDE INSPECTION OF THE PORTION OF THE WORK PERFORMED UNDER ALL FIREWALL WALLS, BE PERFORMED, REVIEWED, TESTED AND APPROVED BY INDEPENDENT WITH GOOD CONSTRUCTION PRACTICES AND THE BUILDING CODE.

3) DESIGN LOADS (TABLE)

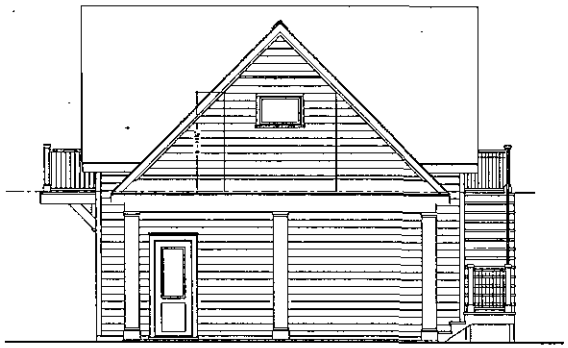
	LIVE LOAD	DEAD LOAD	DEFLECTION
ROOFS (GREEN SLEEPING AREAS)	30 PSF	15 PSF	L/240
ROOFS (ATTIC WITH LIMITED STORAGE)	20 PSF	15 PSF	L/240
ROOFS (ATTIC WITH PERMANENT STAIR)	30 PSF	15 PSF	L/240
ATTIC WITH LIMIT STORAGE	20 PSF	15 PSF	L/240
ATTIC	10 PSF	15 PSF	L/240
EXTERIOR BALCONIES	60 PSF	15 PSF	L/360
DECKS	40 PSF	15 PSF	L/360
GUARDRAILS AND HANDRAILS	200 LB	N/A	N/A
GUARDRAIL IN-FILL COMPONENTS	50 LB	N/A	N/A
FIRE ESCAPES	40 PSF	10 PSF	L/360
SKYLIGHTS	20 PSF	10 PSF	L/240
WIND LOAD	FRAMED ON WIND PRESSURE + VELOCITY = SHEATHING BY		

4) WALL SHEATHING: SHEATHED WALL PANELS SHALL BE CONSTRUCTED ACCORDING TO SECTION R602.3(3).
THE AMOUNT AND LOCATION OF BRACING SHALL COMPLY WITH TABLE R602.3(3). THE LENGTH OF BRACED PANELS SHALL BE DETERMINED BY SECTION R602.10.4. LATERAL BRACING SHALL BE GATHERED FOR METHOD 3 OF CONTINUOUSLY SHEATHED WALLS WITH STRUCTURAL SHEATHING PER SECTION R602.10.4.3. NOTE THAT ANY SHEARING SHEATHED WALL DETAIL SHALL BE INSTALLED AS SPECIFIED.

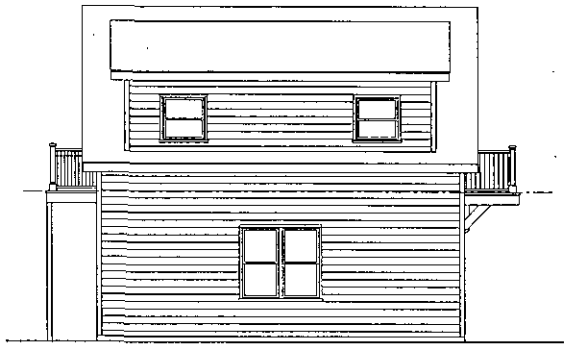
5) CONCRETE SHALL HAVE A STRENGTH OF 3,000 PSI MINIMUM AT 28 DAYS AND SHALL HAVE A SLUMP OF 5 INCHES UNLESS NOTED OTHERWISE. CONCRETE SHALL BE PROPORTIONED PER TABLE R402.2.1. ALL CONCRETE SHALL BE PROPORTIONED, MIXED AND PLACED IN ACCORDANCE WITH ACI 318 CHAPTER 5. ALL CONCRETE SHALL BE THROUGH PROPERLY SIZED AND SPACED VIBRATORS AND PLACED IN ACCORDANCE WITH ACI 318 CHAPTER 5.

6) ALLOWABLE SOIL BEARING PRESSURE ASSUMED TO BE 2000 PSF. THE CONTRACTOR MUST CONTACT A GEOTECHNICAL ENGINEER AND THE STRUCTURAL ENGINEER OF MANUFACTURER'S SUBMISSION CONDITIONS AND ENCOUNTERED. NO FURTHER ABLE SOILS ARE ENCOUNTERED. THE CONTRACTOR MUST CONTACT A GEOTECHNICAL ENGINEER AND STRUCTURAL ENGINEER OF RECORD IF UNSUITABLE SOILS ARE ENCOUNTERED. NO FURTHER ABLE SOILS ARE ENCOUNTERED. THE CONTRACTOR MUST CONTACT A GEOTECHNICAL ENGINEER AND STRUCTURAL ENGINEER OF RECORD IF UNSUITABLE SOILS ARE ENCOUNTERED. NO FURTHER ABLE SOILS ARE ENCOUNTERED. NO FURTHER ABLE SOILS ARE ENCOUNTERED. NO FURTHER

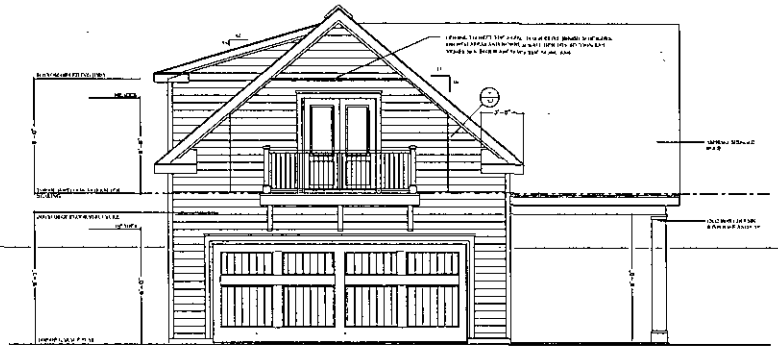
The Higgins Residence



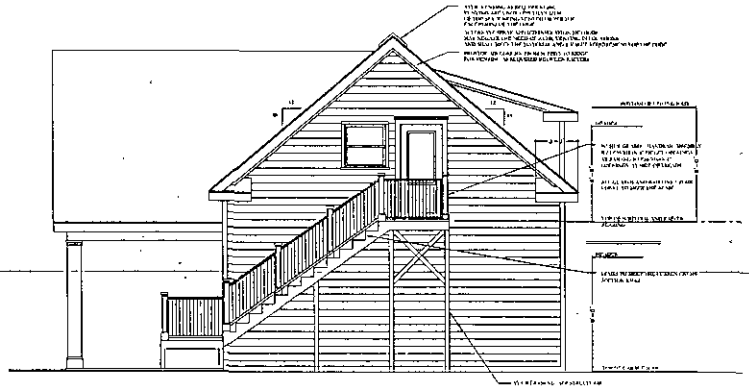
04 EAST ELEVATION SCALE: 1/4" = 1'-0"



03 WEST ELEVATION SCALE: 1/4" = 1'-0"



02 SOUTH ELEVATION SCALE: 1/4" = 1'-0"



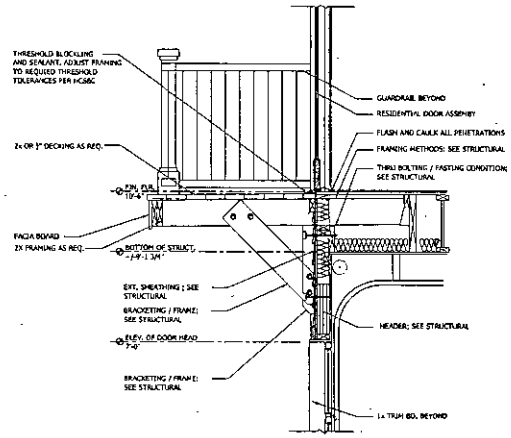
01 NORTH ELEVATION SCALE: 1/4" = 1'-0"

Charlotte, North Carolina

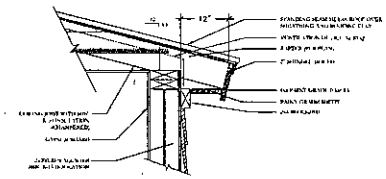
date:
NOV. 11, 2010
status:
CONSTRUCTION PERMIT
revisions:
1 —

ELEVATIONS
SCHEMATICS

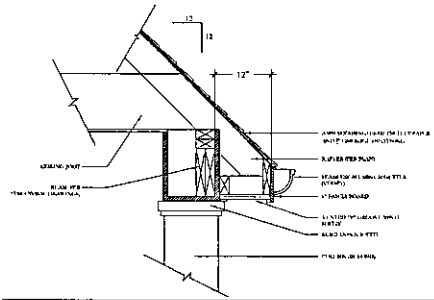
A2



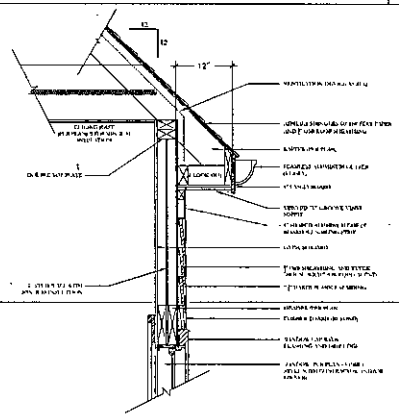
06 DETAIL@ PORCH SCALE: 3/4" = 1'-0"



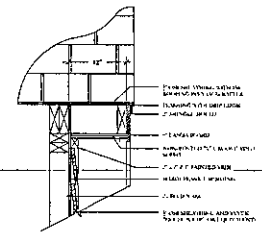
05 DETAIL @ DORMER SCALE: 1" = 1'-0"



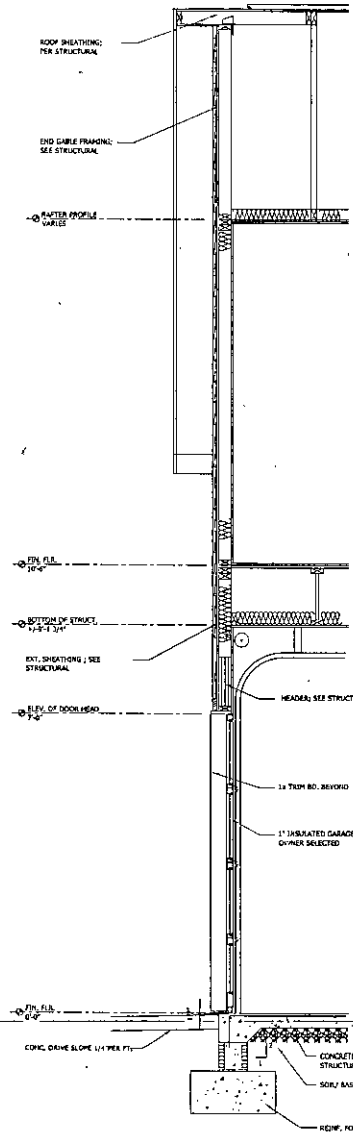
04 DETAIL@ PORCH SCALE: 1" = 1'-0"



03 DETAIL@ TYP. CORNICE SCALE: 1" = 1'-0"



02 DETAIL@ TYP. RAKE SCALE: 1" = 1'-0"



01 WALL SECTION SCALE: 3/4" = 1'-0"

The Higgins Residence

Charlotte, North Carolina

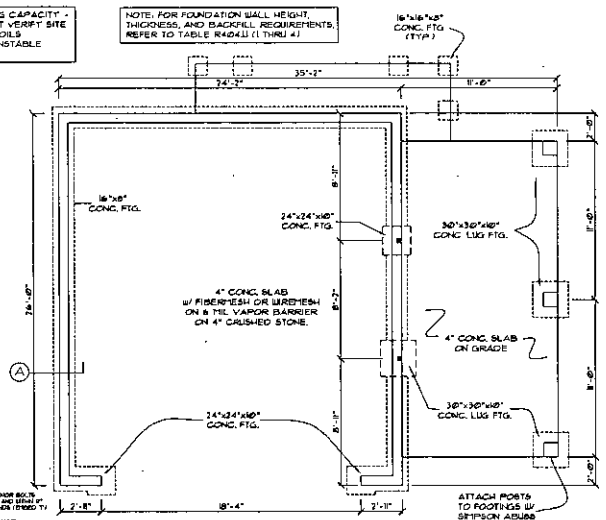
date:
NOV. 11, 2010
status:
CONSTRUCTION PERMIT
revisions:
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SECTIONS

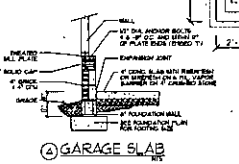
A3

NOTE ASSUMED SOIL BEARING CAPACITY - 1500 PSF CONTRACTOR MUST VERIFY SITE CONDITIONS AND CONTACT SOILS ENGINEER IF MARGINAL OR UNSTABLE SOILS ARE ENCOUNTERED

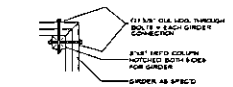
NOTE: FOR FOUNDATION WALL HEIGHT, THICKNESS, AND BACKFILL REQUIREMENTS, REFER TO TABLE R404.1.1 (1 THRU 4)



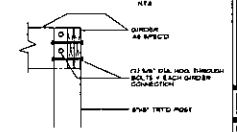
FOUNDATION PLAN
SCALE: 1/4"=1'-0"



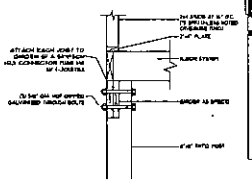
Ⓐ GARAGE SLAB



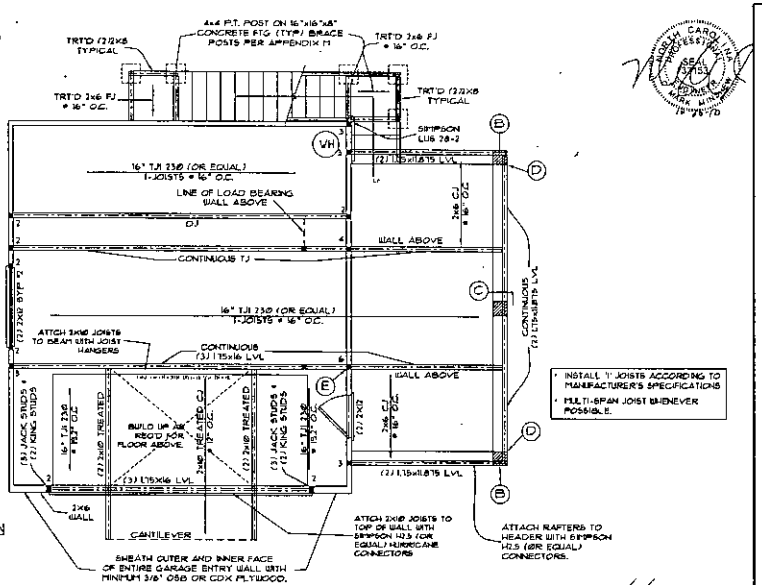
PLAN VIEW



Ⓑ DOUBLE NOTCHED PILE

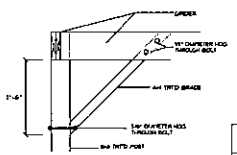


Ⓒ TYP. POST/GIRDER CONNECTION

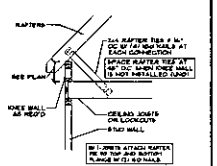


- INSTALL 'I' JOISTS ACCORDING TO MANUFACTURER'S SPECIFICATIONS
- MULTI-SPAN JOIST WHENEVER POSSIBLE.

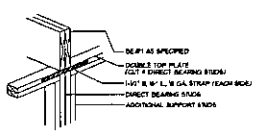
FIRST FLOOR STRUCTURAL PLAN
SCALE: 1/4"=1'-0"



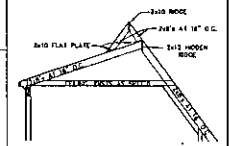
Ⓒ "T" - BRACE DETAIL



Ⓕ RAFTER TIE DOWN (TYP)



Ⓔ DIRECT STUD BEARING



Ⓖ HIDDEN RIDGE SECTION

STRUCTURAL NOTES

1) ENGINEER'S SEAL APPLIES ONLY TO STRUCTURAL COMPONENTS INCLUDING ROOF RAFTERS, RAFT. VALLEYS, HOUSE FLOOR, WALLS, BEAMS AND HEADERS, COLUMNS, CLEAR SPANS, OPEN FLOOR BEARING WALLS, HVAC + GARDEN SYSTEMS AND PLUMBING. ENGINEER'S SEAL DOES NOT COVER ARCHITECTURAL ACCURACY OR ARCHITECTURAL LAYOUT INCLUDING ROOF SYSTEMS. ALL REQUIREMENTS FOR PROFESSIONAL CERTIFICATION SHALL BE PROVIDED BY THE APPROPRIATE PROFESSIONAL. ENGINEER ENGINEERS FOR A CERTIFIED ONLY THE STRUCTURAL COMPONENTS AS PER ARTICLE 3 (1) (B).

2) ALL CONSTRUCTION SHALL CONFORM TO THE LATEST REQUIREMENTS OF THE NORTH CAROLINA STATE RESIDENTIAL CODE + SIMPSON PLUS ALL LOCAL CODES AND REGULATIONS. THE STRUCTURAL ENGINEER IS NOT RESPONSIBLE FOR, AND WILL NOT HAVE CONTROL OR CHARGE OF CONSTRUCTION PROCESSES, TECHNIQUES, SEQUENCES OR PROCEDURES, OR SAFETY PRECAUTIONS AND PROGRAMS IN CONNECTION WITH THE CONSTRUCTION. THE ENGINEER SHALL NOT BE RESPONSIBLE FOR ANY CONTRACTOR'S FAILURE TO CARRY OUT THE CONSTRUCTION WORK IN ACCORDANCE WITH THE CONTRACT DOCUMENTS. CONSTRUCTION "REVIEW" MEANS AND DOES NOT RELIEVE THE CONTRACTOR OF ALL RESPONSIBILITY FOR THE PERFORMANCE OF THE CONTRACTOR'S WORK. ALL REVIEWS SHALL BE MADE AND REPORTED IN ACCORDANCE WITH GOOD CONSTRUCTION PRACTICE AND THE BUILDING CODE.

3) DESIGN LOADS (PSF):

	LIVE LOAD (PSF)	DEAD LOAD (PSF)	DEFLECTION L/Δ
ROOFS (OVER TRUSS SUPPORTED ROOFS)	20	10	L/240
SLEEPING ROOMS	30	10	L/360
ATTIC WITH PERMANENT STAIR	30	10	L/360
ATTIC WITH PERMANENT STAIR	30	10	L/360
ATTIC WITH LIMITED STORAGE	20	10	L/360
ATTIC WITH OUT STORAGE	10	10	L/240
BALCONIES	60	10	L/360
BALCONIES AND EXTERIOR BALCONIES	40	10	L/360
DECKS	40	10	L/360
GUARDRAILS AND HANDRAILS	200#		
GUARDRAIL IN-FILL COMPONENTS	50#		
PASSENGER CAR BARRIERS	60		
SNOW	15		
SNOW LOAD			

4) WALL BRACING: BRACED WALL PANELS SHALL BE CONSTRUCTED ACCORDING TO SECTION R602.10.1

5) CONCRETE SHALL HAVE A MINIMUM 28 DAY STRENGTH OF 3000 PSI AT A SLUMP OF 5 INCHES PLUS OR MINUS 1 INCH UNLESS NOTED OTHERWISE ON PLANS. ALL CONCRETE SHALL BE PROPORTIONED, MIXED, PLACED, CURED, TESTED, AND PLACED IN ACCORDANCE WITH ACI 318 LATEST EDITION.

6) ALL WOOD SHALL BE #2 SYP OR BETTER UNLESS NOTED OTHERWISE ON PLANS.

7) ALL BOLTS SHALL BE TIGHTENED SNUG TIGHT AT THE TIME OF ERECTION AND SHALL BE RETIGHTENED AS NECESSARY PRIOR TO COMPLETION OF THE WORK.

8) ALL BOLTS SHALL BE ASTM A307 UNLESS NOTED OTHERWISE ON PLANS.

9) ALL WELDING SHALL BE PERFORMED BY WELDERS QUALIFIED IN ACCORDANCE WITH THE LATEST EDITION OF AWS D1.1 STRUCTURAL WELDING CODE.

10) ALL STRUCTURAL STEEL SHALL BE ASTM A 36 STEEL, UNLESS SHOWN OTHERWISE ON PLANS.

11) ALL ROOF RAFTERS SHALL BE FRAMED TO RIDGE OR TO EACH OTHER AT RIDGE AND FULL PLANCE GIVEN. PROVIDE SOLID BEARING FROM BEAM SUPPORT TO RIDGE. RIDGE SHALL BE MINIMUM 1" NOMINAL THICKNESS AND NOT LESS THAN THE DEPTH OF THE CUT RAFTER. ALL RAFTERS SHALL BE TOENAILED OR SECURED TO RIDGE WITH RAFTER TIES OF EQUIVALENT CAPACITY.

12) ALL RAFTERS SHALL BE SUPPORTED AT INTERVALS NOT EXCEEDING 4'-0" BY COLLAR TIES OF 1" NOMINAL THICKNESS BRACED FROM BELOW WITH 1" NOMINAL LATERAL SUPPORT AT MIDSPAN. COLLAR TIES SHALL BE LOCATED IN THE UPPER HALF OF THE ATTIC SPACE.

13) ALL CEILING JOISTS SHALL BE SPACED AT 16" O.C. UNLESS NOTED OTHERWISE ON PLANS. JOISTS SHALL BE LAPPED OVER INTERIOR BEARING PARTITIONS OR FRAMED WITH HEADER AND TAIL JOISTS WHERE OPENINGS OCCUR. ALL CEILING JOISTS SHALL BE NAILED TO EACH RAFTER.

14) ALL FLOOR JOISTS SHALL BE SPACED AT 16" O.C. UNLESS NOTED OTHERWISE ON PLANS. FLOOR JOISTS SHALL BE LAPPED OVER INTERIOR BEARING PARTITIONS OR FRAMED WITH HEADER AND TAIL JOISTS WHERE OPENINGS OCCUR. ALL FLOOR JOISTS SHALL BE NAILED TO EACH SUPPORTING BEAM.

15) ALL BEAMS SHALL BE SUPPORTED AT EACH END BY A MINIMUM OF 3" OF BEARING.

16) ALL BEAMS SHALL BE SUPPORTED BY STEEL, MASONRY, OR CONCRETE COLUMNS OF EQUAL OR GREATER STRENGTH THAN THE BEAM BEING SUPPORTED.

17) ALL EXTERIOR AND LOAD BEARING WALLS SHALL BE FRAMED WITH 2x6 STUDS @ 16" O.C. UNLESS NOTED OTHERWISE ON PLANS.

18) ALL INTERIOR NON-LOAD BEARING WALLS SHALL BE FRAMED WITH 2x4 STUDS @ 16" O.C. UNLESS NOTED OTHERWISE ON PLANS.

19) ALL EXTERIOR WALLS SHALL BE SHEATHED WITH 1/2" APA RATED SHEATHING EXPOSURE 1 OR BETTER UNLESS NOTED OTHERWISE ON PLANS.

20) ALL INTERIOR WALLS SHALL BE SHEATHED WITH 1/2" GYPSUM WALLBOARD UNLESS NOTED OTHERWISE ON PLANS.

21) ALL EXTERIOR WALLS SHALL BE INSULATED WITH R-19 BATT INSULATION UNLESS NOTED OTHERWISE ON PLANS.

22) ALL INTERIOR WALLS SHALL BE INSULATED WITH R-11 BATT INSULATION UNLESS NOTED OTHERWISE ON PLANS.

23) ALL CEILINGS SHALL BE INSULATED WITH R-30 BATT INSULATION UNLESS NOTED OTHERWISE ON PLANS.

24) ALL FLOORS SHALL BE INSULATED WITH R-19 BATT INSULATION UNLESS NOTED OTHERWISE ON PLANS.

25) ALL EXTERIOR AND INTERIOR CORNER FRAMING SHALL BE PROVIDED AS SHOWN ON PLANS.

26) ALL EXTERIOR AND INTERIOR CORNER FRAMING SHALL BE PROVIDED AS SHOWN ON PLANS.

27) ALL ROOF OPENINGS AND CHIMNEYS SHALL BE FRAMED AS SHOWN ON PLANS.

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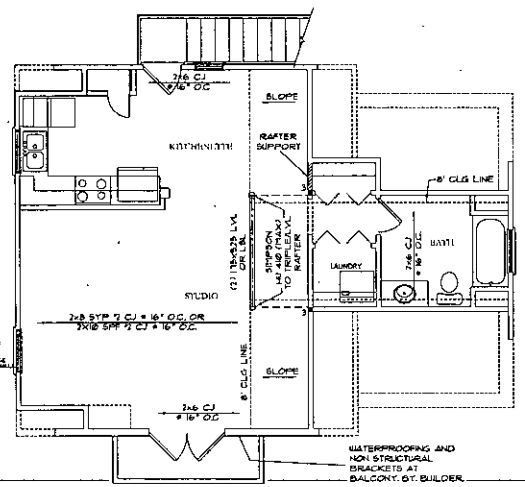
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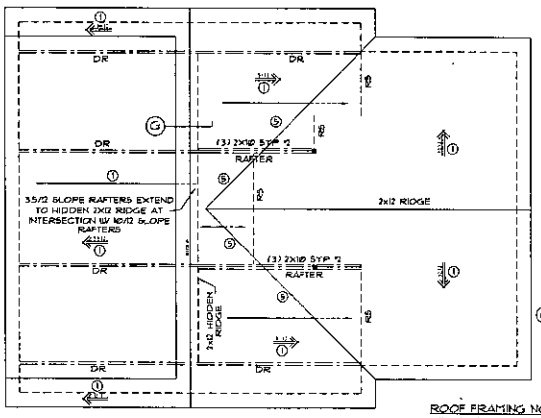
98) ALL EXTERIOR AND INTERIOR CORNER FRAMING SHALL BE PROVIDED AS SHOWN ON PLANS.

99) ALL EXTERIOR AND INTERIOR CORNER FRAMING SHALL BE PROVIDED AS SHOWN ON PLANS.

100) ALL EXTERIOR AND INTERIOR CORNER FRAMING SHALL BE PROVIDED AS SHOWN ON PLANS.



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



ROOF PLAN
SCALE 1/4"=1'-0"

HEADER AND COLUMN NOTES
- ALL EXTERIOR AND LOAD BEARING HEADERS SHALL BE (2) 2x6 (MIN.) UNLESS NOTED OTHERWISE.
- THE NUMBER SHOWN AT BEAM AND HEADER SUPPORTS INDICATES THE NUMBER OF SUPPORT STUDS REQUIRED IN STUD POCKET OR COLUMN.

ROOF FRAMING NOTES:
(100 MPH WIND ZONE)
① ALL RAFTERS TO BE 2x8 @ 16" O.C. WITH 2x10 RIDGE, UNO
② (2) 2x10 OR (1)9.625 LVL MIN. (2) 2x10 MIN MAY BE SPLICED WITH A MIN. 6'-0" OVERLAP AT CENTER
③ (2) 2x10 OR (1)9.625 LVL VALLEY. DO NOT SPLICE VALLEYS
④ (1)9.625 LVL VALLEY
⑤ FALSE FRAME VALLEY ON 2x10 FLAT PLATE
⑥ 2x8 RAFTERS @ 16" O.C. W/ 2x8 RIDGE, UNO.
⑦ 2x10 RAFTERS @ 16" O.C. W/ 2x12 RIDGE, UNO
⑧ EXTEND RIDGE 12" BEYOND INTERSECTION
- "SRR" - SINGLE RAFTER
- "DR" - DOUBLE RAFTER
- "TR" - TRIPLE RAFTER
- "RS" - ROOF SUPPORT FOR RAFTER SPLICE
- "st" - (3) STUD OR 4x4 POST FOR ROOF SUPPORT
- FIR DOWN 2x8 RAFTERS OR USE 2x10 AT CATHEDRAL CEILINGS
- ATTACH VAULTED RAFTERS WITH HURRICANE CLIPS. SIMPSON "H-5" OR EQUIVALENT

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(803) 324-5531
www.vin-yet.com

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James H. Herman, P.E., President
3716 Benson Drive
Raleigh, North Carolina 27609
License: C1287, Phone: (919) 878-1617
www.southernengineers.com

PROJECT # 10-1640.1

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* Use of these plans constitutes agreement with Terms of Use as outlined on the contract agreement.

The Higgins Cottage
17601 Green Hill Road
Charlotte, NC

S-1

New Comments (Alteration)

Only garage w/ one bedroom File # 44B to be constructed initialy. Builder will be responsible for achieving gravity from garage to tank at proper depth.

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

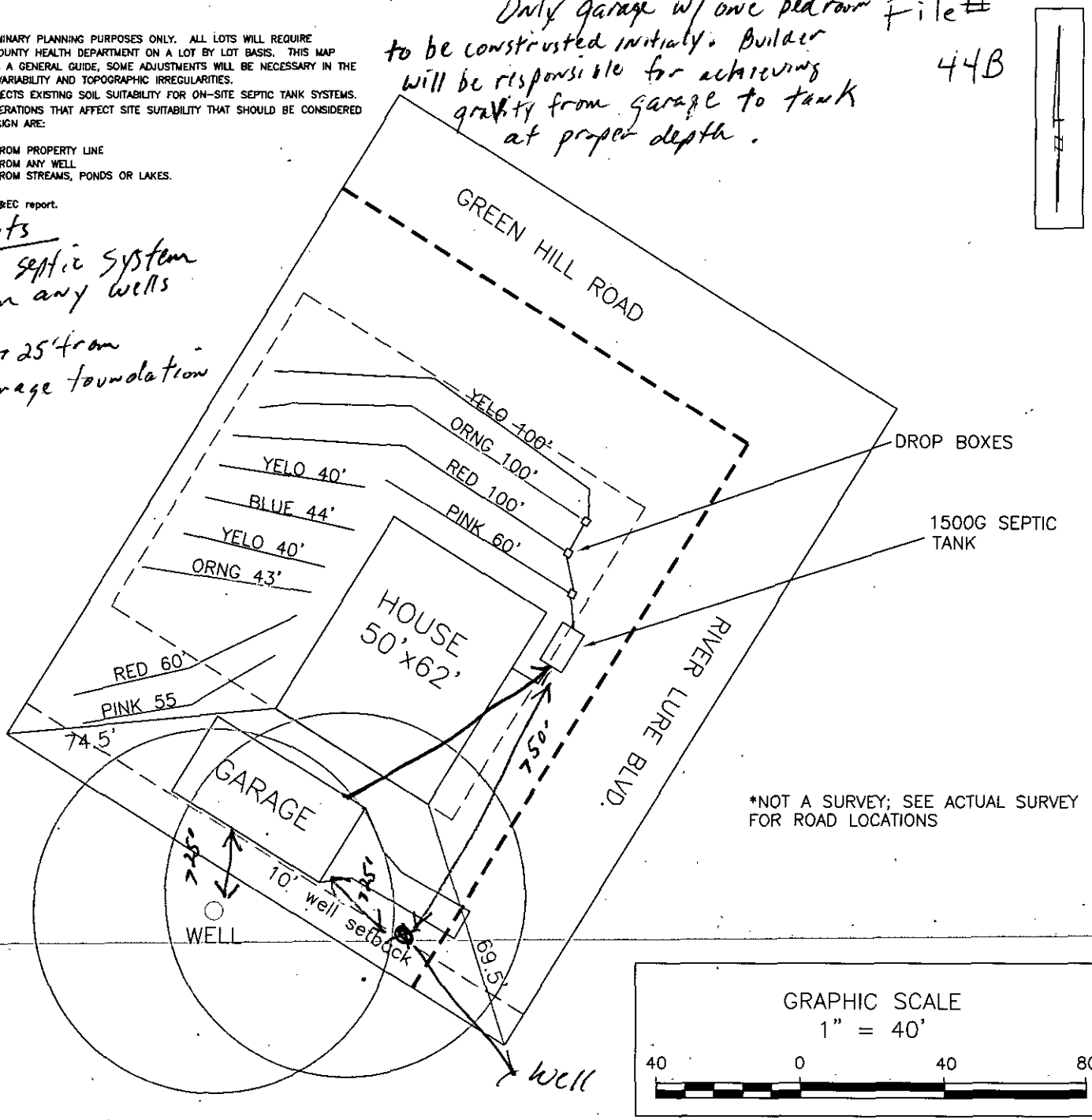
1) 10' SETBACK FROM PROPERTY LINE
2) 50' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

Comments

Keep the septic system >50' from any wells

Keep well >25' from house & garage foundation



*NOT A SURVEY; SEE ACTUAL SURVEY FOR ROAD LOCATIONS

GRAPHIC SCALE
1" = 40'
40 0 40 80

PROJECT NO. 11358
PROJECT MGR. WO
DRAWN BY WO
FIELD WORK WO
SCALE 1" = 40

Soil & Environmental Consultants, PA
Phone (704) 720-9405
S&EC

PROJECT NAME: 17601 GREEN HILL ROAD MECKLENBURG COUNTY, NORTH CAROLINA 2/16/2010

SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP

SHEET 1 OF 1

17601 Green Hill Road

Project No. 11388

LAYOUT FOR 3 BEDROOM HOME February-10

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LINE LENGTH
TBM		3.1			100.00	
INSTR. 1			103.10			
			System			
1	Pink			4.80	98.30	60
2	Red			5.60	97.50	100
3	Orange			6.30	96.80	100
4	Yelo			7.60	95.50	100
			Repair			
5	Yellow			4.10	99.00	45
6	Blue			3.00	100.10	44
7	Yellow			2.50	100.60	40
8	Orange			2.70	100.40	43
9	Red			2.50	100.60	60
10	Pink			2.80	100.30	55

	LINE LENGTH	Soil LTAR GPD/FT2	SYSTEM TYPE	TRENCH DEPTH	DISTRIBUTION
SYSTEM	360	0.25	Innovative	24	D box
REPAIR	287	0.25	25% PPBPS	30	LPP

Notes: **TBM is assumed to be 100'; all measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS, HI, and FS indicate rod readings

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 #: **30004958** GWS File #: **44B** Tax Parcel #: **217-081-04**

- 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):** 3/9/2016

Type of Installation: Residential - Modified Plot Plan Lot Number: 7

Structure Type: OTHER Size (ft^2): 700 # Bedrooms: 1 # Occupants: 1

Building Foundation: Concrete Slab Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1080	Total Trench Length (ft):	360
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	720	Total Trench Length (ft):	240
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Philo Walker Owner/Legal Agent: _____
Print Name

Signature: Philo Walker RS Signature: _____

Date Issued: 3/9/2011

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 #: **30004958** GWS File #: **44B**

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- The septic system shall be located at least 10 feet from any foundation drain.
- Alteration approval for new plot plan . Owner will build garage with living quarters. Plumbing will need to be kept as high as possible.

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: Philo Walker

Signature: Philo Walker PA

Date Issued: 3/9/2011

Owner/Legal Agent: _____
Print Name

Signature: _____

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 #: 30004958 GWS File #: 44B Tax Parcel #: 217-081-04

- 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):** 3/9/2016

Type of Installation: Residential - Modified Plot Plan Lot Number: 7

Structure Type: OTHER Size (ft^2): 700 # Bedrooms: 1 # Occupants: 1

Building Foundation: Concrete Slab Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1080	Total Trench Length (ft):	360
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IIIg

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	720	Total Trench Length (ft):	240
Maximum Trench Depth (in):	36	Depth of Media (in):	N/A	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Philo Walker Owner/Legal Agent: James Hedgins
Print Name

Signature: Philo Walker III Signature:

Date Issued: 3/9/2011

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 #: 30004958 GWS File #: 44B

IV. Permit Conditions/Comments:

- All drainage improvements (swales, interceptor drains, etc.) noted on the plot plan must be inspected and approved prior to issuance of an Operation Permit.
- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- The septic system shall be located at least 10 feet from any foundation drain.
- Alteration approval for new plot plan . Owner will build garage with living quarters. Plumbing will need to be kept as high as possible.

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: Philo Walker

Signature: Philo Walker PJ

Date Issued: 3/9/2011

Owner/Legal Agent: James Hilgans
Print Name

Signature:

4494 PW - Well
448 JJ - Soils

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

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

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

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

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 217 08 104
STREET ADDRESS: 17601 GREEN HILL RD
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION NAME: —
LOT #: 7 — LOT SIZE (acres): 0.76 ACRE
TOWNSHIP:

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

4. **BUILDING INFORMATION:**

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 2800
NUMBER OF BEDROOMS: 4 3 JP 2-3-2010
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

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

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

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** 1 ___ ___ ___ ___

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

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

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

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 2/2/10 ☐ N/A

12. **PROPERTY OWNER:**

NAME: Burke S. + Mary L. Walden
ADDRESS: 7028 Burlwood Road
CITY: Charlotte, NC 28211
STATE: ZIP:
HOME PHONE: 704-348-6579
WORK PHONE:
MOBILE PHONE: 704-999-4519
FAX:

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Joyce Presley Realty, LLC
ADDRESS: 1481 Gold Hill Rd.
CITY: Fort Mill,
STATE: SC ZIP: 29708
HOME PHONE:
WORK PHONE: 803-547-4004
MOBILE PHONE: 704-649-7653
FAX: 803-396-8437

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

Revised on: 7/1/08

0753
6704

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

JF for B+M (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

JF for B+M (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

Joyce Burkeland, atty for Mary Walden — 1/23/2010

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 250 chk — DATE FEE RECEIVED: 1/26/10

WELL APPLICATION FEES RECEIVED: $ 550 chk — DATE FEE RECEIVED: 1/26/10

APPLICATION PROCESSED BY: JC

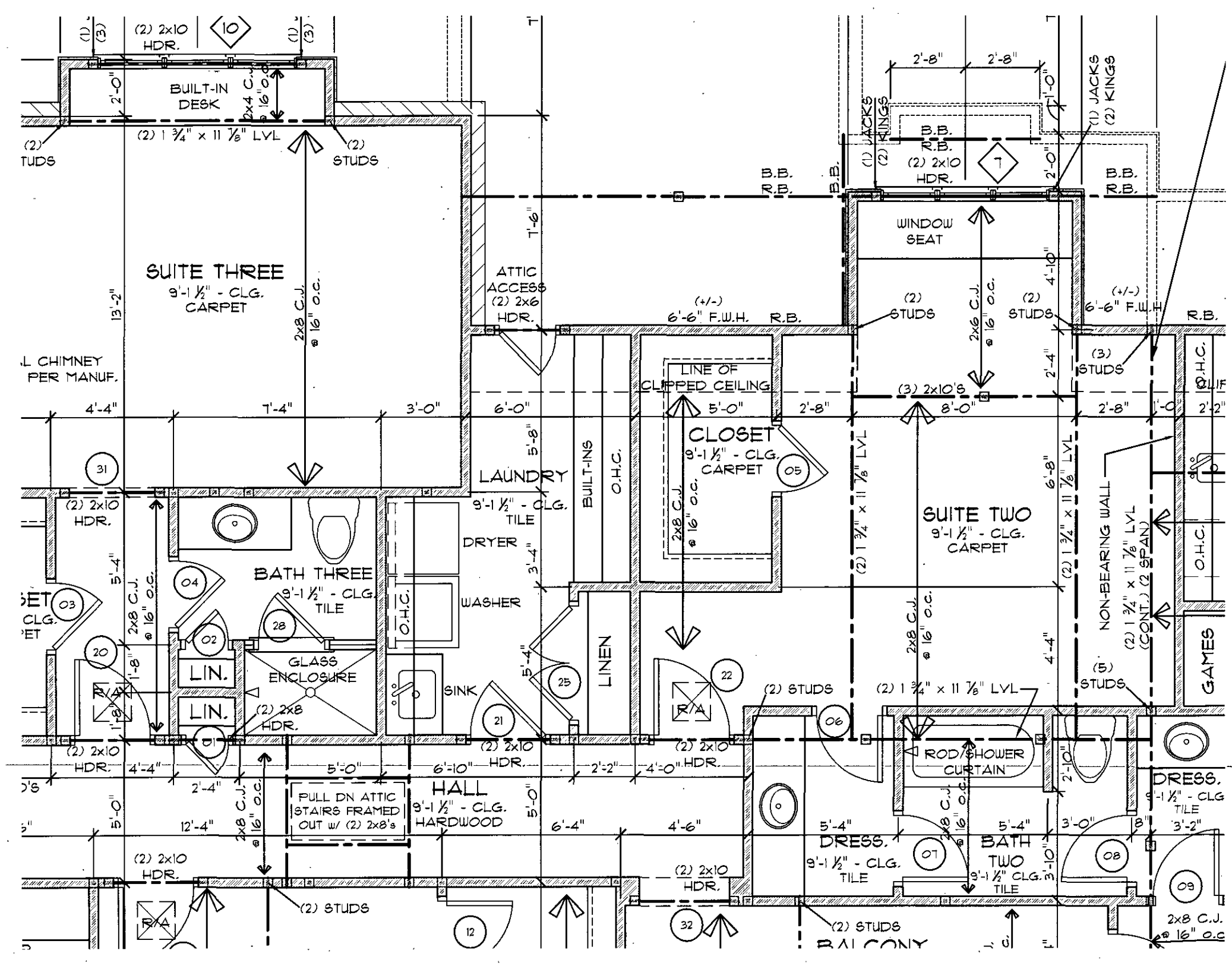
GWS FILE NUMBER ASSIGNED: 44B

APPLICATION ID NUMBER ASSIGNED: 4494

COMMENTS: See File 7933A.

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

Revised on: 7/1/08


SUITE THREE
9'-1 ½" - CLG.
CARPET
BUILT-IN DESK
(2) 2x10 HDR.
(2) 1 ¾" x 11 ⅞" LVL
(2) STUDS
(2) TUDS
2x8 C.J. @ 16" o.c.
2x4 C.J. @ 16" o.c.
ATTIC ACCESS (2) 2x6 HDR.
6'-6" F.W.H.
R.B.
B.B.
LINE OF CLIPPED CEILING
CLOSET
9'-1 ½" - CLG.
CARPET
LAUNDRY
9'-1 ½" - CLG.
TILE
DRYER
WASHER
BUILT-INS
O.H.C.
LINEN
BATH THREE
9'-1 ½" - CLG.
TILE
GLASS ENCLOSURE
SINK
LIN.
LIN.
R/A
HALL
9'-1 ½" - CLG.
HARDWOOD
PULL DN ATTIC STAIRS FRAMED OUT w/ (2) 2x8's
WINDOW SEAT
(3) 2x10's
(1) JACKS
(2) KINGS
(2) 2x10 HDR.
(3) STUDS
(5) STUDS
SUITE TWO
9'-1 ½" - CLG.
CARPET
(2) 1 ¾" x 11 ⅞" LVL
NON-BEARING WALL
(2) 1 ¾" x 11 ⅞" LVL (CONT.) (2 SPAN)
ROD/SHOWER CURTAIN
DRESS.
9'-1 ½" - CLG.
TILE
BATH TWO
9'-1 ½" CLG.
TILE
GAMES
BALCONY
L CHIMNEY PER MANUF.
4'-4"
7'-4"
3'-0"
6'-0"
5'-0"
2'-8"
8'-0"
12'-4"
6'-4"
4'-6"
5'-4"
3'-0"
3'-2"
13'-2"
T'-6"
5'-8"
3'-4"
4'-10"
2'-4"
2'-10"
6'-8"
4'-4"
2'-2"
1'-0"
2'-0"
1'-8"
5'-0"
2'-4"
2'-2"
6'-10"
4'-0"
3'-10"
(+/-) 6'-6" F.E.H.
O.H.C.
2x8 C.J. @ 16" o.c.
2x6 C.J. @ 16" o.c.
(2) 2x10 HDR.
(2) 2x8 HDR.
(2) STUDS
R/A
01
02
03
04
05
06
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10
12
20
21
22
25
28
31
32

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

Sheet: 1 of
Property ID: 217-081-04
Lot #: 7
File #: 44B/7933A
AppID: 4494

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Burke and Mary Walden
Applicant Joyce Pressely
Address: 7028 Burlwood Rd charlotte, NC 28211
Date Evaluated: 01/26/2010
Proposed Facility: residence
Design Flow (.1949): 360gpd
Property Size: 1
Location of Site: 17601 Green Hill Rd Charlotte, NC 28278
Property Recorded:
Water Supply: [ ] Public [ ] 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	L.S	A, 0-4	GR/L	FR,SS,SP,SXP	>48" TO SOIL WETNESS	48	N/A	NONE	P.S IV
	6	E, 4-13	GR/SL	"					.3GPD/FT2
		Bt, 13-37	SBK/C	FI,S,P,SXP					
		Bt2, 37-48	Weak SBK/SCL	FR-FI,S,SP,SXP					
2	L.S	0-6	GR/SL	FR,SS,SP,SXP	"	"	"	"	P.S IV
	4	6-37	SBK/C	FI,S,P,SXP					.25GPD/FT2
		37-48	SBK/SCL-C	FI,S,SP,SXP					
3	"	0-5	GR/SL	FR,SS,SP,SXP	"	"	"	"	"
		5-35	SBK/C	FI,S,P,SXP					
		35-48	SBK/SCL-C	FI,S,SP,SXP					
4	"	0-6	GR/SL	FR,SS,SP,SXP	"	49	"	"	"
		6-31	SBK/C	FI,S,P,SXP					
		31-49	SBK/SCL-C	FI,S,SP,SXP					
5	"	0-5	GR/SL	FR,SS,SP,SXP	"	46	"	"	"
		5-34	SBK/C	FI,S,P,SXP					
		34-46	SBK/SCL-C	FI,S,SP,SXP					
					SITE LTAR .25GPD/FT2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	Iva
Site LTAR	0.25	0.25

Other Factors (.1946):
Soil Evaluation By: Jason Jackson
Others Present: Bill Marlin
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: PHILO WALKER RS
Others Present:

COMMENTS:

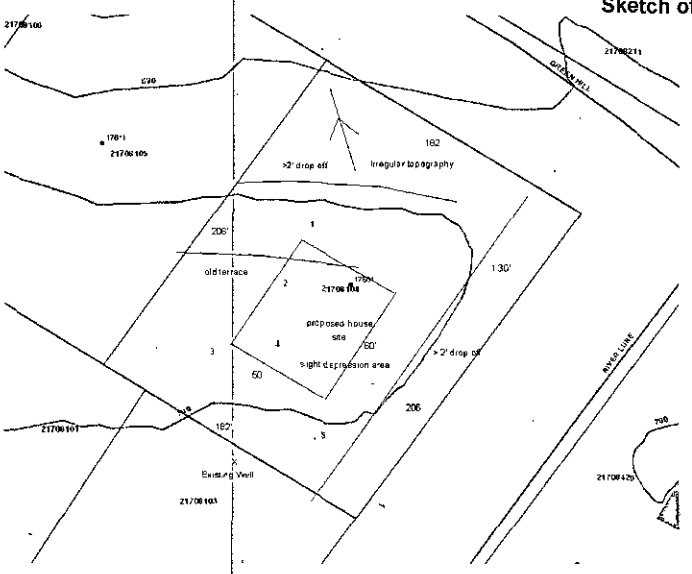
100% repair area required.

Keep system >50' from well

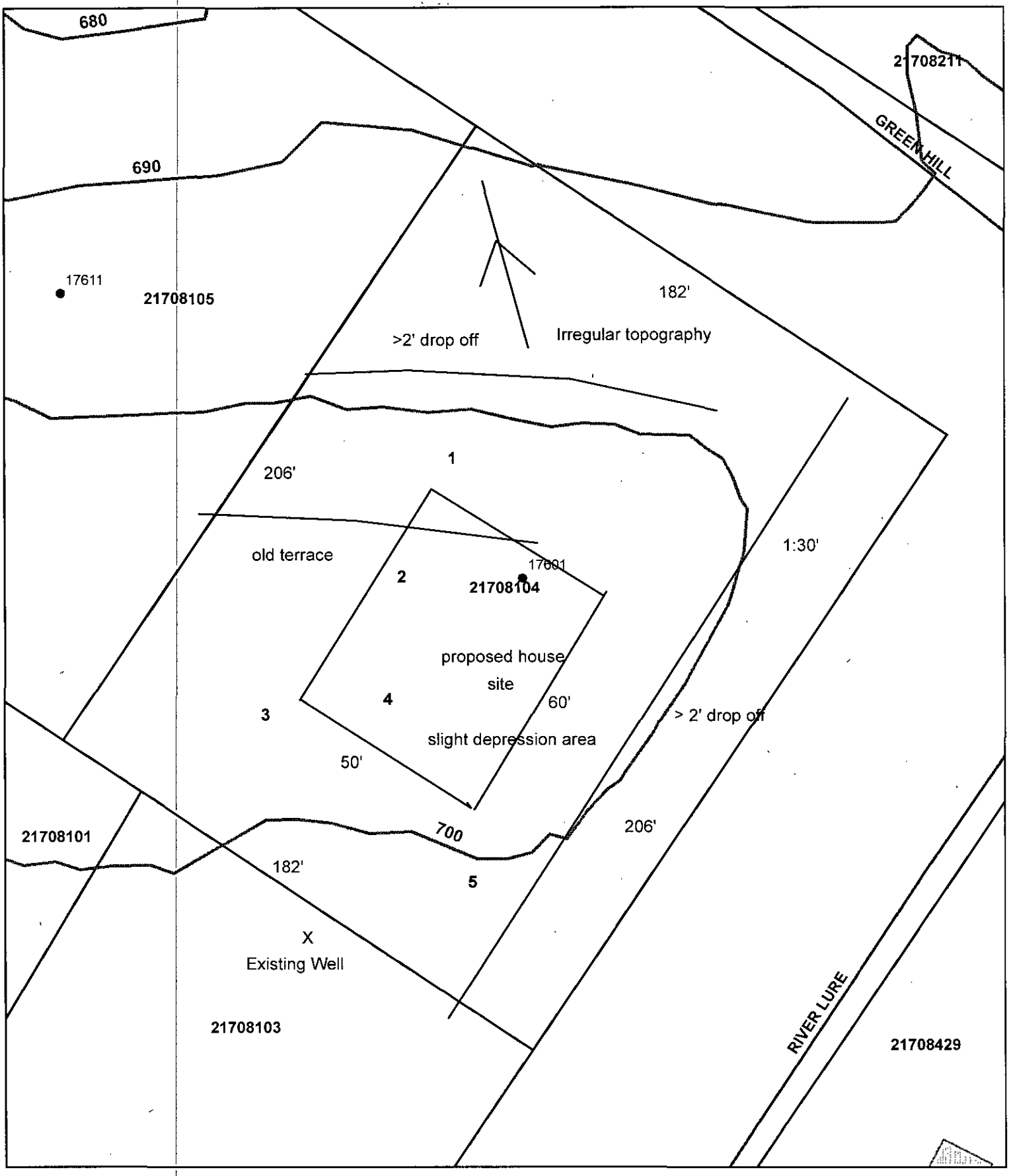
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky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



17601 Green Hill Rd
FILE# 44B



Map Created By: J. Jackson
Map Created On: 2/4/10

0 15 30 60 Feet

File # 44B

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

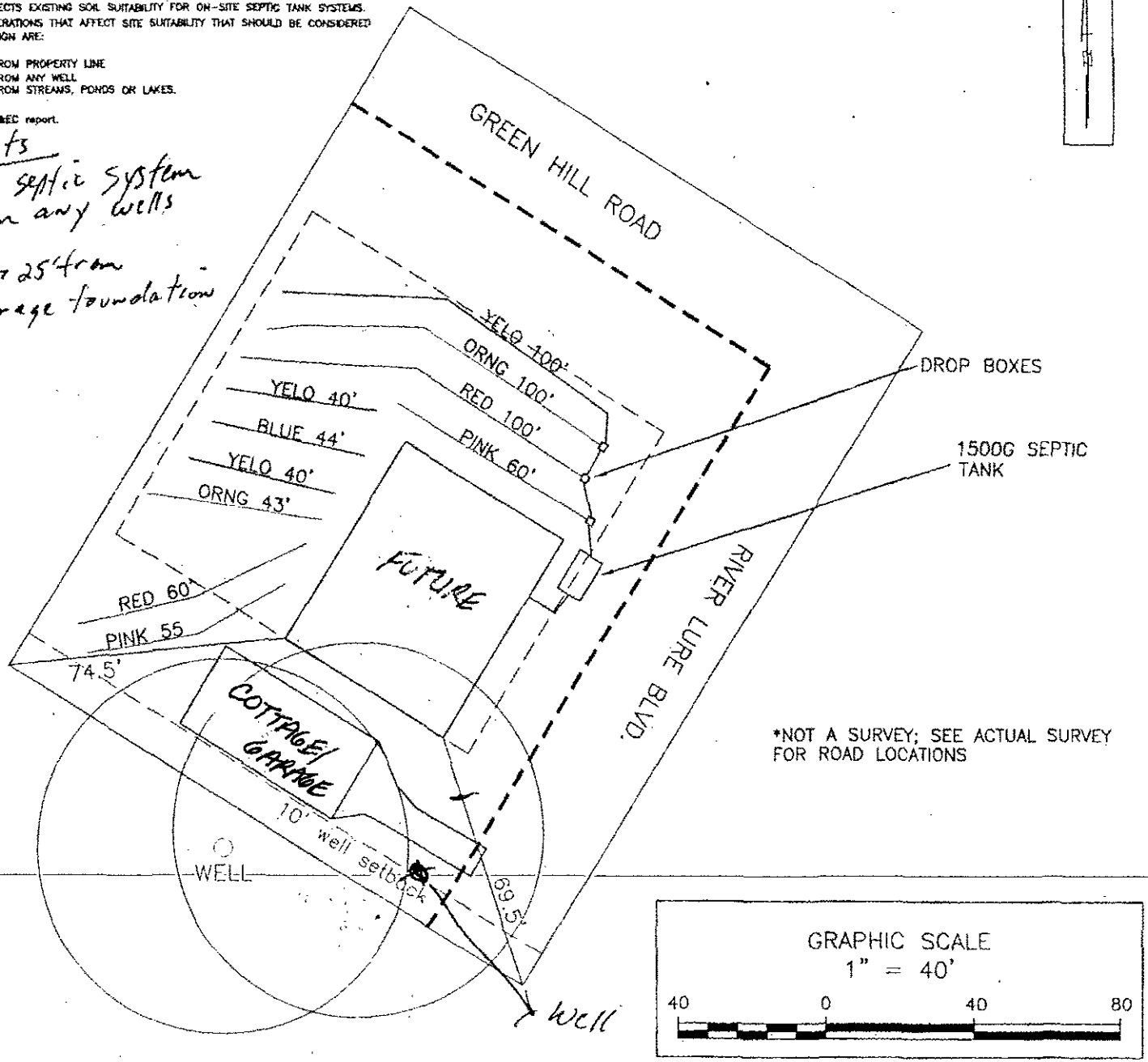
1) 10' SETBACK FROM PROPERTY LINE
2) 50' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

Comments

Keep the septic system ≥ 50' from any wells

Keep well ≥ 25' from house & garage foundation



*NOT A SURVEY; SEE ACTUAL SURVEY FOR ROAD LOCATIONS

GRAPHIC SCALE
1" = 40'
40 0 40 80

PROJECT NO. 11388
PROJECT MGR. WO
DRAWN BY WO
FIELD WORK WO
SCALE 1" = 40'

Soil & Environmental Consultants, PA
Phone (704) 720-8405
S&EC

PROJECT NAME: 17601 GREEN HILL ROAD MECKLENBURG COUNTY, NORTH CAROLINA 2/16/2010

SHEET TITLE: SEPTIC SYSTEM LAYOUT SKETCH MAP

SHEET 1 OF 1

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 #: **30004494** GWS File #: **44B** Tax Parcel #: **217-081-04**

- 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):** 2/17/2015

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

Structure Type: HOUSE Size (ft^2): 2800 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Private Well

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1080	Total Trench Length (ft):	360
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	720	Total Trench Length (ft):	240
Maximum Trench Depth (in):	36	*Depth of Media (in):*	N/A	Distribution Device:	Manifold (LPP Distri		

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: Philo Walker

Signature: Philo Walker RS

Date Issued: 2/17/2010

Owner/Legal Agent: Joyce Presley For Burke and Mary Walden
Print Name

Signature: Joyce Presley for Burke and Mary Walden

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 #: **30004494** GWS File #: **44B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- The septic system shall be located at least 15 feet from any foundation drain.
- The septic system shall be located at least 25 feet from any foundation drain.

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: Philo Walker

Signature: Philo Walker RS

Date Issued: 2/17/2010

Owner/Legal Agent: Joyce Presley For Burke and Mary Walden
Print Name

Signature: Joyce Presley For Burke and Mary Walden

FEE: 5

DATE:

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

Paid #200 on 5/4/01 AP
CK. #555
[ ] CRT

TYPE APPLICATION: ✓ 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

VOID

FILE #: 7933 A/44B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-081-04

STREET ADDRESS: 17601 Greenhill

SUBDIVISION OR MOBILE HOME PARK NAME: RIVER LURE

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME (S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 900 initial - 1024 SF

NUMBER OF BEDROOMS: 3 4th NUMBER OF OCCUPANTS: 2

CLOSING DATE Before 6/15
2 days after Septic Approval

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
✓ ON SLAB for all addition
✓ CRAWL SPACE - existing
__ 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 ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ 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	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES __ NO		

PROPERTY OWNER:	~~LEGAL AGENT~~ FOR PROPERTY OWNER, IF APPLICABLE: Buying ATL Property
NAME: BENFIELD JAMES (LAST) (FIRST) (MI)	NAME: HERMSEN PATRICK L (LAST) (FIRST) (MI)
ADDRESS: 17209 Young Good	DAYTIME PHONE: 704 400-0999 cell
CITY: CH STATE: NC ZIP: 28217	704-357-8865 office
DAYTIME PHONE: 704-597-0290	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6/20/94 Deed recorded same date

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: _____ DATE: 5/3/01

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

FEE: 300 ACS

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

DATE: 10/2/01 GF VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: GF

PERMIT NO: 7933A / 44B

PARCEL NO: 217 - 081 - 04

JOB LOCATION ADDRESS: 17601 Greenhill Road

PROPERTY OWNER: Patrick C Hermsen

BUILDING CONTRACTOR: Patrick C. Hermsen

SUBDIVISION NAME: River Lure

AUTHORIZATION ISSUED BY: Tammy L. Medlin DATE: 5/17/01

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7933A/44B, 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: _____

VOID

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.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

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

FILE: 7933A / 44B

TC: 217-081-04

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.

Comments:

→ System designed for a four (4) Bedroom Residence

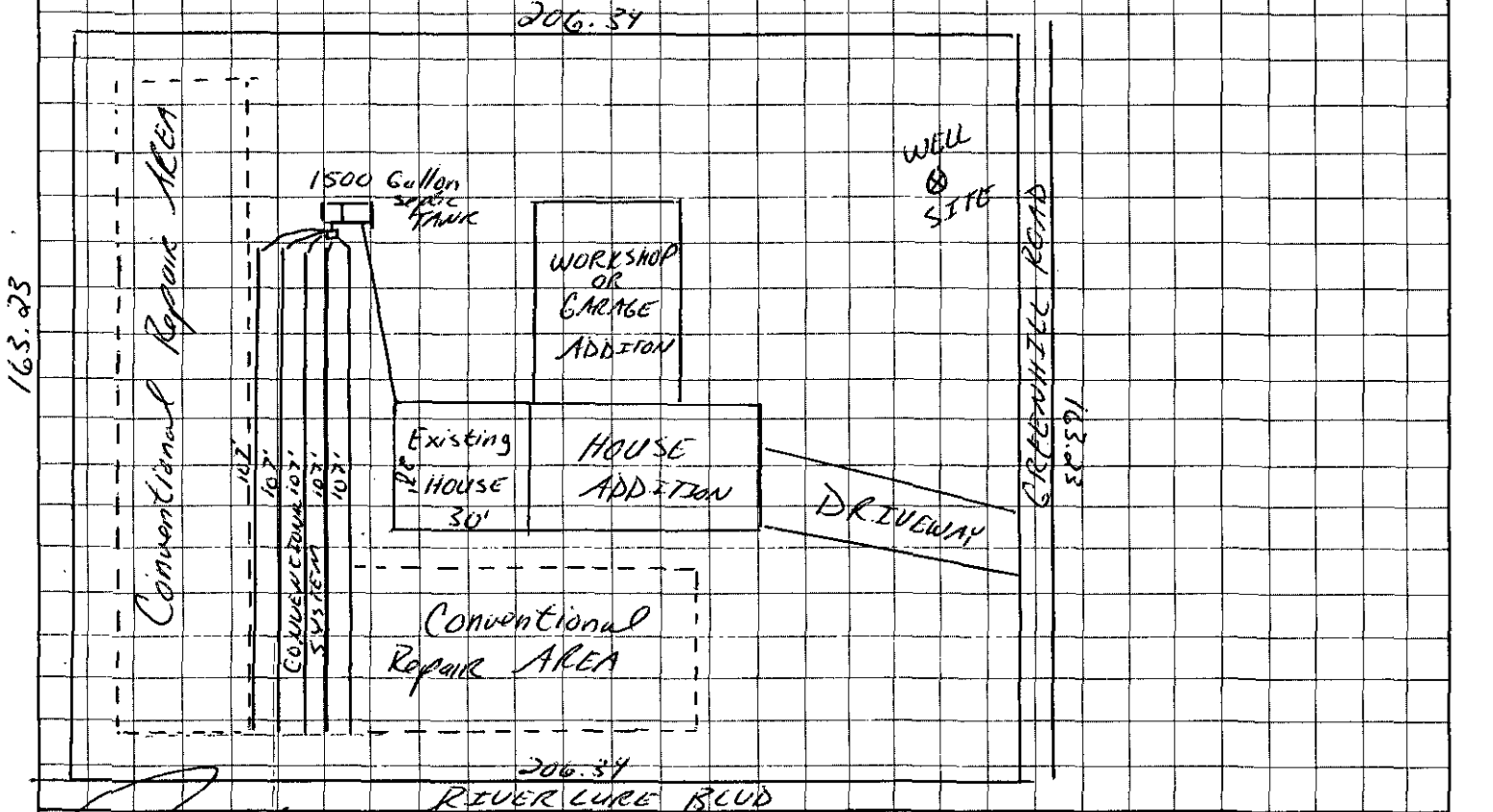
→ Install 5 lines x 107' x 3' x 12" Stone

→ Keep well >100' from all parts of septic system

→ Type II Conventional System

→ This permit approved for a total of four bedroom with the additions

VOID



OWNER/AGENT SIGNATURE

DATE 6/26/2001

APPROVAL DATE Tammy L. Mickle 5/17/01

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

Permit Number 448 Tax Number: 217-084-04

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

0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
4/5 Serviced by private well	1500 Gallon septic tank	535' Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: N/A

Additional Conditions:

VOID

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

1600 Absorption Area (Sq ft) 535' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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.

Laurence R. Mabb 5/17/01
DEHNR Authorized Agent Date

X
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

JK

12X00

448/7933A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #200 cash 5/25-94 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 5-25-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 217-081-04

STREET ADDRESS: 17601 GREEN HILL Rd

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: BENFIELD (last) JAMES (first) PH.II (mi)

ADDRESS: 17204 Youngblood Rd PHONE: (704) 587-0645

CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

PROPERTY OWNER:

NAME: Blume (last) BENNIE (first) LEE (mi)

ADDRESS: 3601 KELWAY AVE. PHONE: (__) _____

CITY: CHARLOTTE STATE: NC ZIPCODE: 28210

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: #7 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) MOVE ON
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3,5 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION: 0 9-1294

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: James Benfield Date: 5/25/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, 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 permit is not transferable.

...System designed for 3 bedroom home/Per property owners request.

100% repair Required

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 6/8/94 Date

Director or Authorized Section Head 6/13/94 Date

WWATER : 122791

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 5/25/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE 7933A JURISDICTION CODE Meck

PARCEL NUMBER 217-081-04

ASSIGNED ADDRESS 17601 Green Hill Rd

EXISTING ADDRESS Lot # 7

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Well & Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

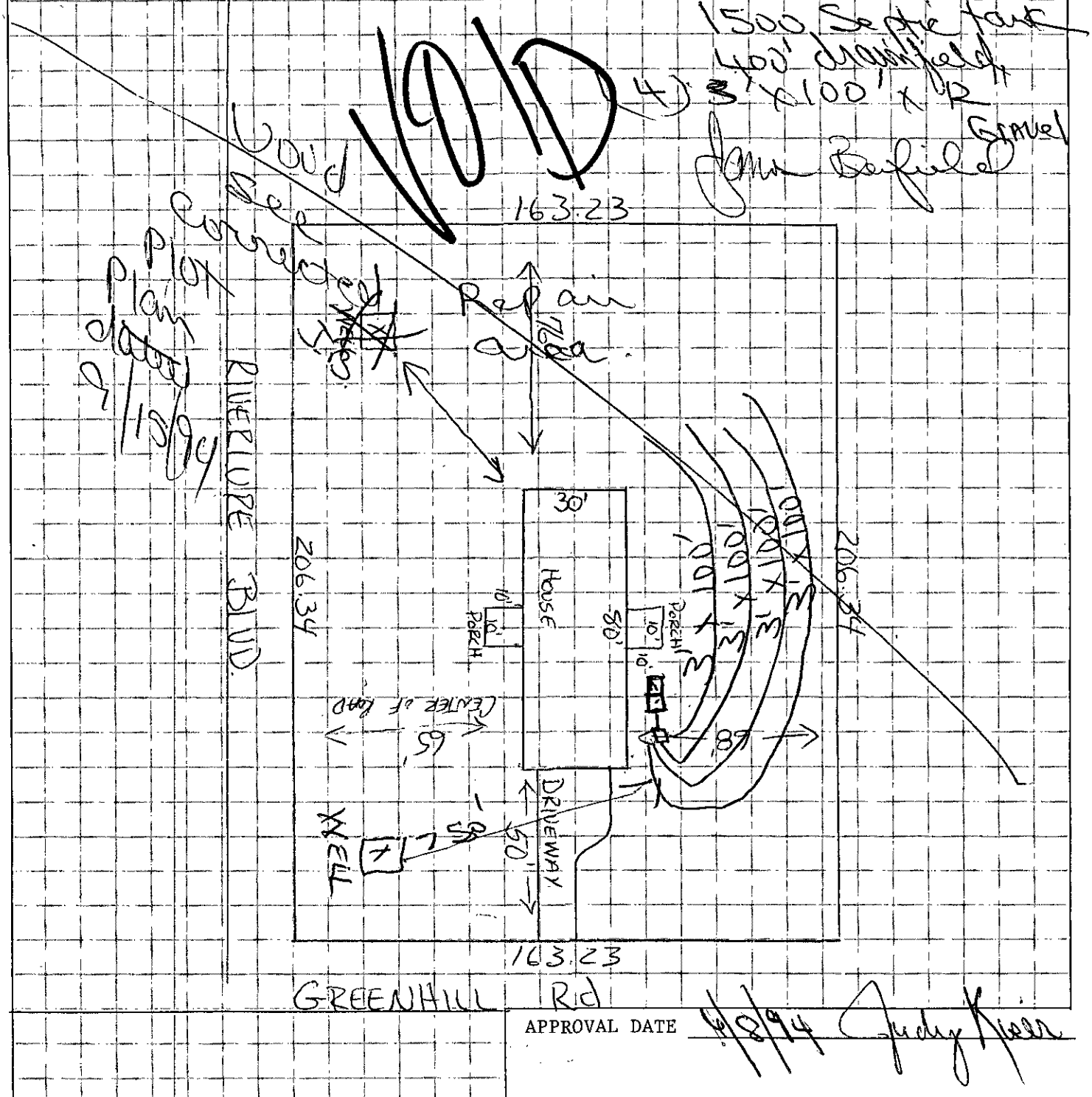
PROPOSED PLOT PLAN

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

FILE: 44B/7933A

TC: 217-081-04

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.



APPROVAL DATE 9/8/94 Judy Kiser

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

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

FILE: 48 7933A

TC: 217-081-04

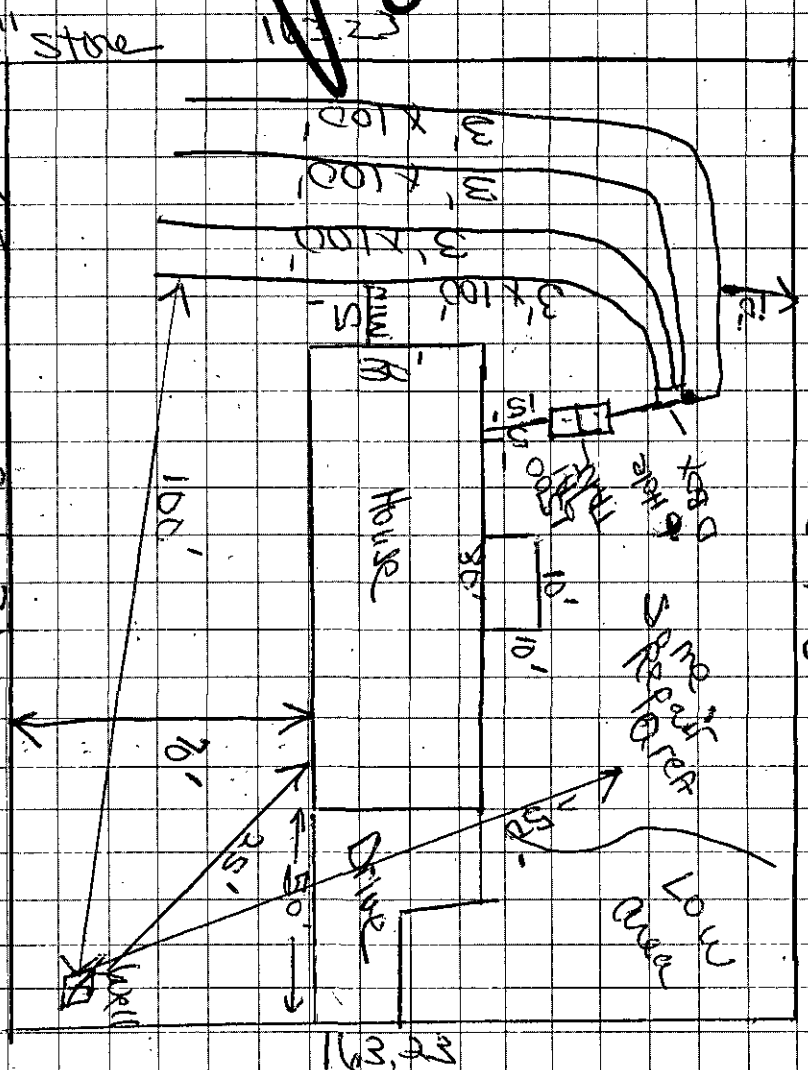
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

Septic System For 3 Bedroom home
3 Application Rate
1200 SF
400 LF
4 Trenches
3' x 100' x 12" stone

VOID

100% Repair Not Required. Subdivision Map on File dated 7-2-59

Keep well 50' minimum from Septic System & Repair Area
@ 25' from house foundation



OWNER/AGENT SIGNATURE James P Barfield

DATE 9-15-94

APPROVAL DATE 9/15/94 J. Riser

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

[redacted] 7933A/44B 400 ✓ $30.00 CK# 1972 NB 12-31-91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

A ☒ [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Blume (last) Bennie (first) Lee (mi)
ADDRESS: 3601 Kelway Ave PHONE: (__) 552-6391
CITY: Char STATE: NC ZIPCODE: 28210

Date:

PROPERTY INFORMATION
(FROM ENGINEERING FORM): 04
TAX/PARCEL NUMBER: 217081-07
STREET ADDRESS: Green Hill Rd.
ZONING:

PROPERTY OWNER:
NAME: [redacted] (last) (first) (mi)
ADDRESS: PHONE: (__)
CITY: STATE: ZIPCODE:

VOID

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):
LOT NUMBER: 7 LOT SIZE (in acres): 1 - A

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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: Bennie Blume Date: 12-27-91

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, 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 permit is issued by this Department.

...This permit is not transferable.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 112991

17600

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12412

File: 7933A/448 Action 1

Parcel: 217-08-04 ☒PC

Location: Greenhill Road

Subdivision:

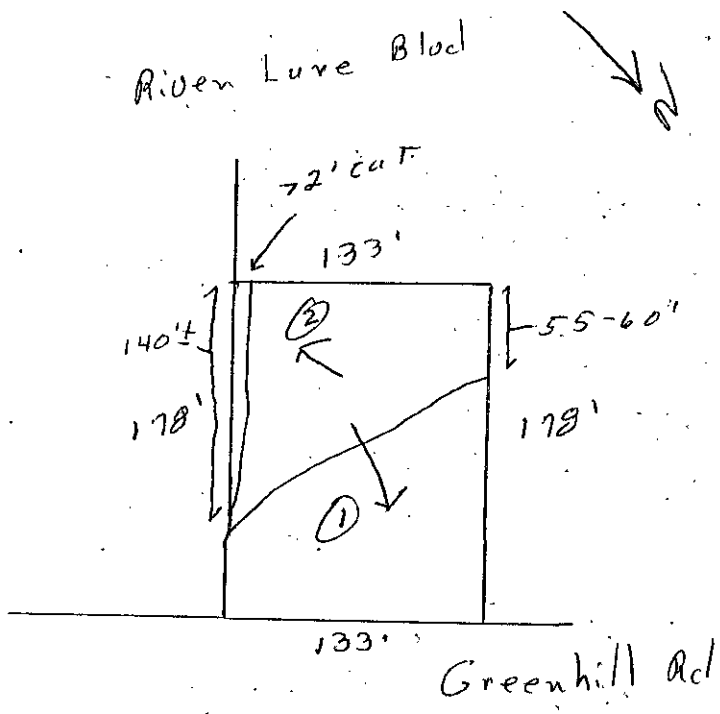
Lot: 7 Block: A Acres: .55

Owner: Bennie L. Blume
Address: 3601 Kelway Ave.
Charlotte, N.C. 28210

Comments: System might need
lift pump depending on
location of house site

Described by: William A. Mullis

Date: 1-3-92



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS (U) complex slopes	(S) PS U 2-10%	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S (PS) U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S (PS) U sub 2 Block 1 Block	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	(S) PS U 74" to water	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	(S) U 74"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	(S) PS U 74"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S (PS) U limited	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	complex slopes	IV Cecil-Hiwe				
Area Classification	S PS (U)	S (PS) U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

January 9th, 1992

Bennie Lee Blume
3601 Kelway Avenue
Charlotte, NC 28210

RE: Property located at Green Hill Road 7
FILE: 7933A
PARCEL: 217-081-04

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12412) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603