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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7168B Permit #: 2371 Tax Parcel #: 019-401-04

Property Owner: KRISTIN GRAY

Job Location Address: 14033 HUNTERSVILLE-CONCORD ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 9/17/14 Contractor Name: LARRY HEMBLE

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) IAPW

Depth of Cover: 18 inches

Distribution Device: END-CAP

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source (NOT YET DRILLED)

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: 7100' feet

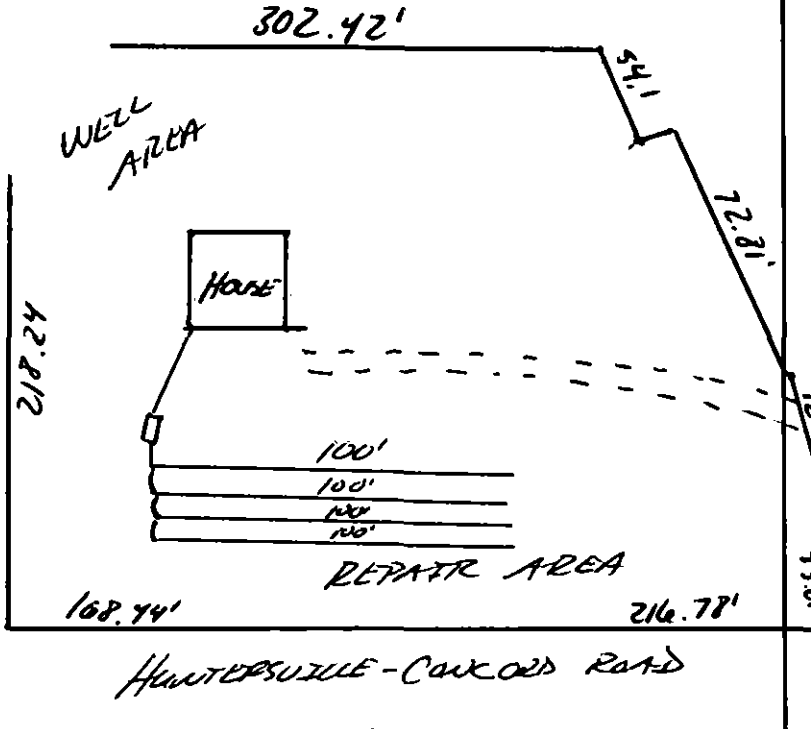
Inspection Dates

Tank(s) Inspected: 9/17/14

Excavation Inspected: 9/17/14

Pump & Controls Inspected: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

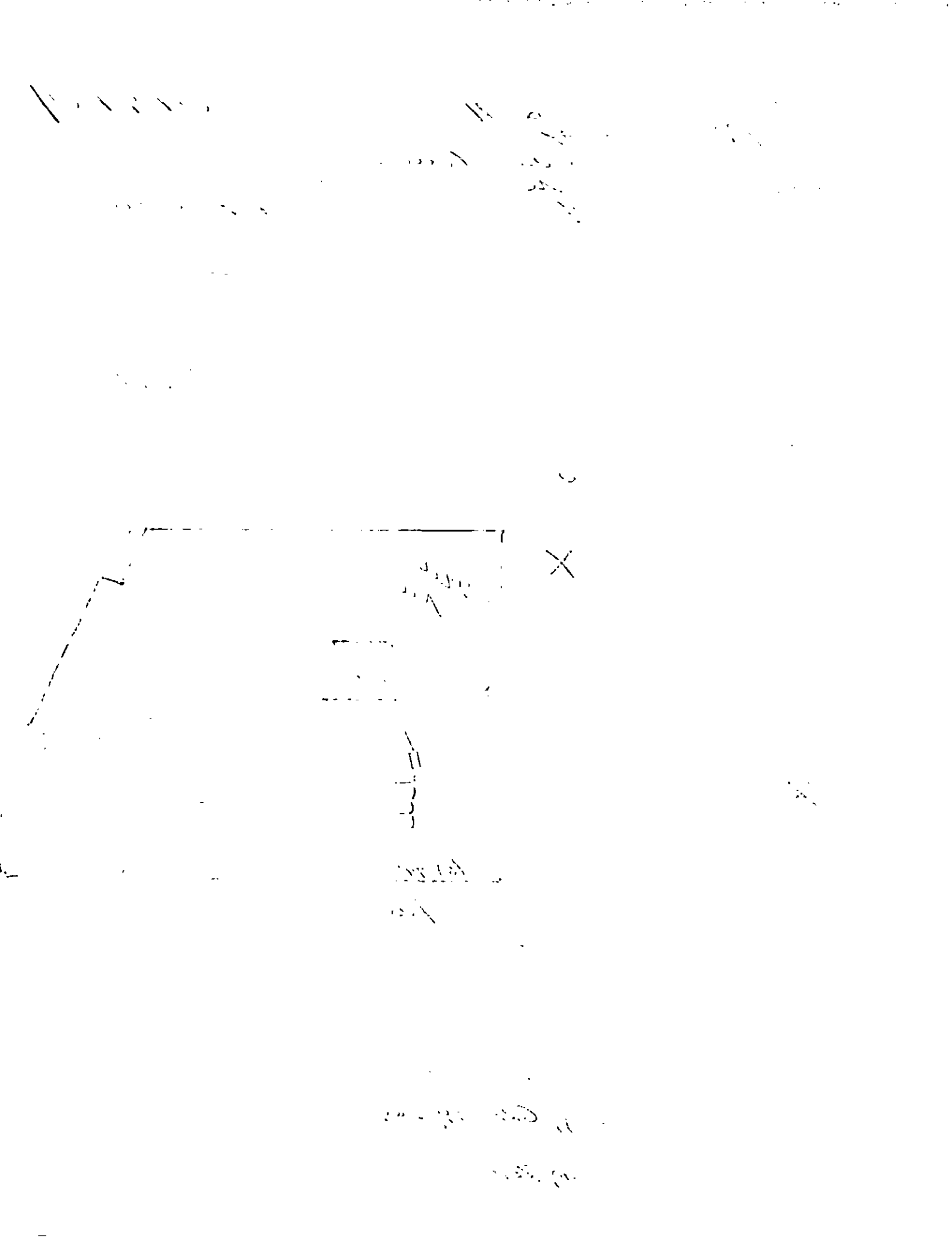


The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III, GRAVITY, IAPW, NA, NA

DENR Authorized Agent: Jeremy Nicholson, REHS Signature: Jeremy Nicholson, REHS



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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7168 Permit #: 2371 Tax Parcel #: 019-401-04

Property Owner: KRISTIN GRAY

Job Location Address: 14033 Huntersville-Concord Road

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIg

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other:

DENR Authorized Agent: Jeremy Mitchell, REHS Date: 9/17/14

Signature: Jeremy Mitchell REHS

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 7168 B Permit #: 30002371 Tax Parcel #: 019-401-05

Property Owner: Kristin Gray W Caldwell Gray

Job Location Address: 14335 Huntersville Concord Rd

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 9/17/14

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 480 GPD Site LTAR: .13 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet Accepted

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

Distribution Device: D-Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Intall as drawn on plot plan for improvement permit.
8/2/07

Comments: System Classification & Type: III g, 25% reduction

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

FEE: 200.00
DATE:9/24/2014

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 7168B

PERMIT NUMBER: 30002371

PARCEL NUMBER: 01940102

JOB LOCATION INFORMATION

ADDRESS: 14033 HUNTERSVILLE-CONCORD RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: Mecklenburg County

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/2/2007

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30002371, 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 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 8/2/2012

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 214 Charlotte, NC 28202
Phone (704) 336-5103 Fax (704) 336-5894

NC DENR
Division of Environmental Health
On Site Wastewater Section

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

Permit # 30002371 GWS File # 7168B Tax Parcel # 119-091-07

- 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): 8/2/2012

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

Structure Type: HOUSE Size (ft^2): 2800 # Bedrooms: 4 # Occupants: 7

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

III. Repair System Type: Approved **System Classification:** Big

Repair System Specifications

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
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 Owner/Legal Agent: Kristin T Gray

Signature: Jeremy Michelone Signature: KRISTIN T GRAY (Print Name)

Date Issued: 8/2/2007

ImprovementPermitOutputForm2b

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 330-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit # 30002371 GWS File #: 7168B

IV. Permit Conditions/Comments:

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: 8/2/2007

Owner/Legal Agent: KRISTIN T GRAY

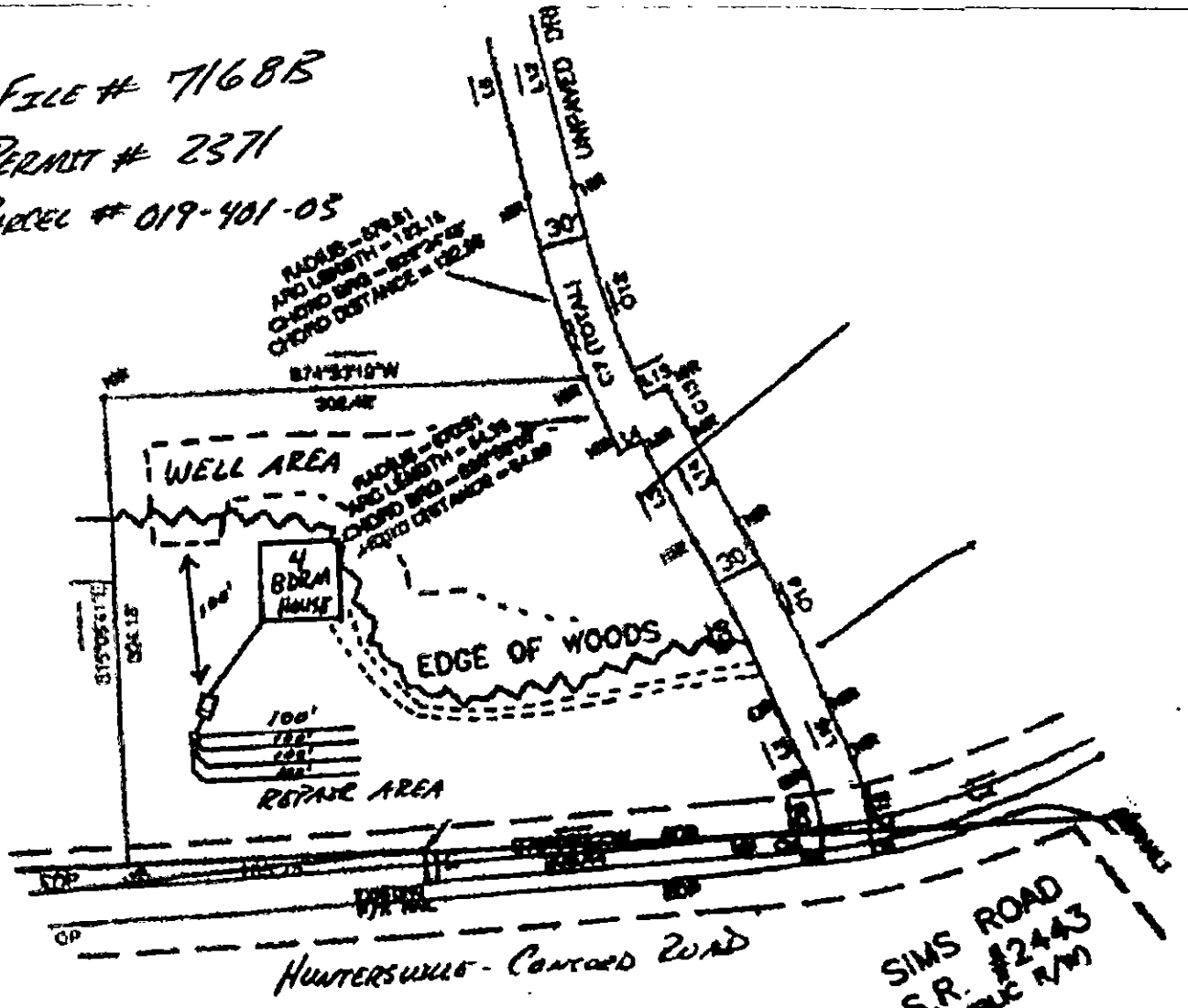
Print Name

Signature: Kristin T Gray

FILE # 71685

PERMIT # 2371

PARCEL # 019-401-05



COMMENTS

- FOUR BEDROOM HOUSE
- 1500 SEPTIC TANK
- 400 TLF
- 4 x 100' x 5'
- TYPE IIIg 25% RED. SYSTEM + REPAIR

Tony Mickle RS
8/02/07

Signature

7168B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Appt # _____

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: 019 401 04
STREET ADDRESS: 14335 Huntersville-Concord Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: NA
LOT #: _____ LOT SIZE (acres): _____
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: 1500
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
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?** _____ ☒ UNKNOWN

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

12. **PROPERTY OWNER:**

NAME: Kristin Gray
ADDRESS: 1616 Trap Rd
CITY: Vienna
STATE: VA ZIP: 22182
WORK PHONE: 703 798 3647
MOBILE PHONE: _____
FAX: _____
E-MAIL: Ketgray@aol.com

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

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

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.

NA (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.

Property Owner's or Owner's Legal Representative Signature

8-15-13
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

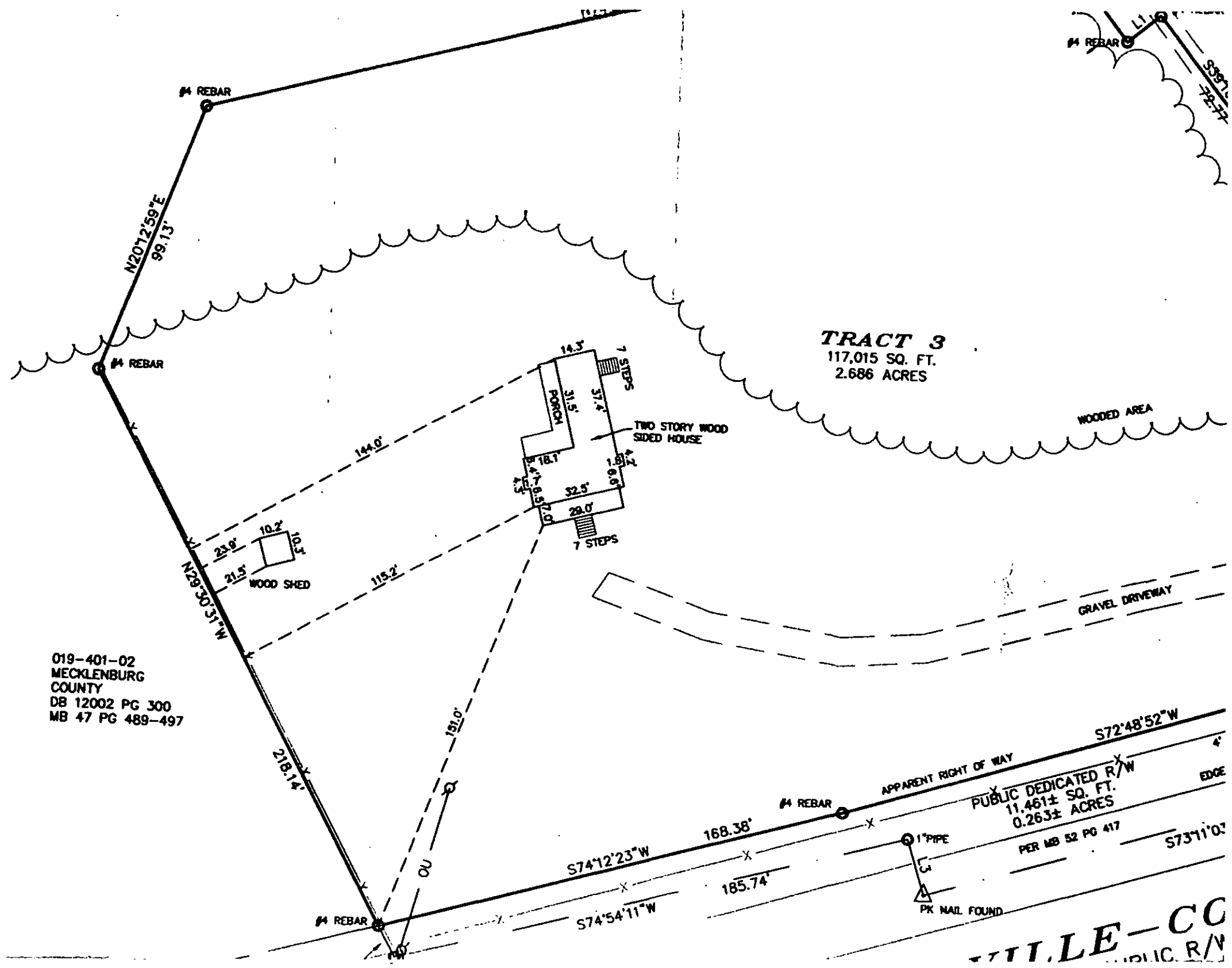
APPLICATION PROCESSED BY: dws

GWS FILE NUMBER ASSIGNED: 71688

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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


#4 REBAR
N20°12'59"E
99.13'
#4 REBAR
TRACT 3
117,015 SQ. FT.
2.686 ACRES
WOODED AREA
14.3'
7 STEPS
31.5'
PORCH
37.4'
TWO STORY WOOD SIDED HOUSE
144.0'
18.1'
32.5'
29.0'
7 STEPS
23.9'
10.2'
10.3'
21.5'
WOOD SHED
115.2'
GRAVEL DRIVEWAY
N29°30'31"W
019-401-02
MECKLENBURG
COUNTY
DB 12002 PG 300
MB 47 PG 489-497
218.14'
191.0'
OU
S72°48'52"W
APPARENT RIGHT OF WAY
#4 REBAR
PUBLIC DEDICATED R/W
11,461± SQ. FT.
0.263± ACRES
PER MB 52 PG 417
168.38'
S74°12'23"W
1"PIPE
185.74'
S74°54'11"W
PK NAIL FOUND
#4 REBAR
L1

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 #: 30002371 GWS File #: 7168B Tax Parcel #: 019-401-07

- 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):** 8/2/2012

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

Structure Type: HOUSE Size (ft^2): 2800 # Bedrooms: 4 # Occupants: 1

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
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 Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 8/2/2007

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 #: **30002371** GWS File #: **7168B**

IV. Permit Conditions/Comments:

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

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

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

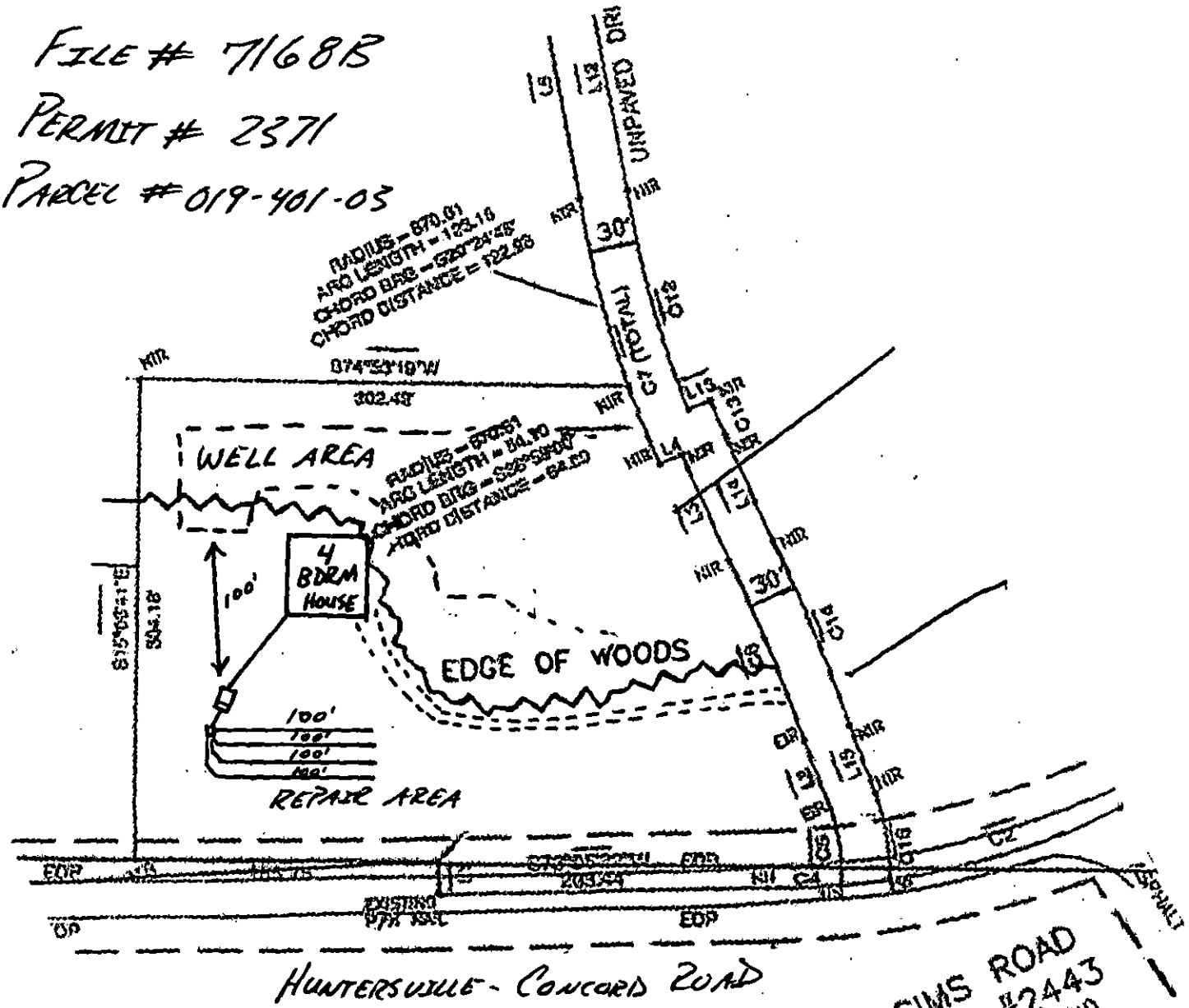
Signature: Jeremy Michelone, R.S. Signature:_____

Date Issued: 8/2/2007

FILE # 71685

PERMIT # 2371

PARCEL # 019-401-05



COMMENTS:

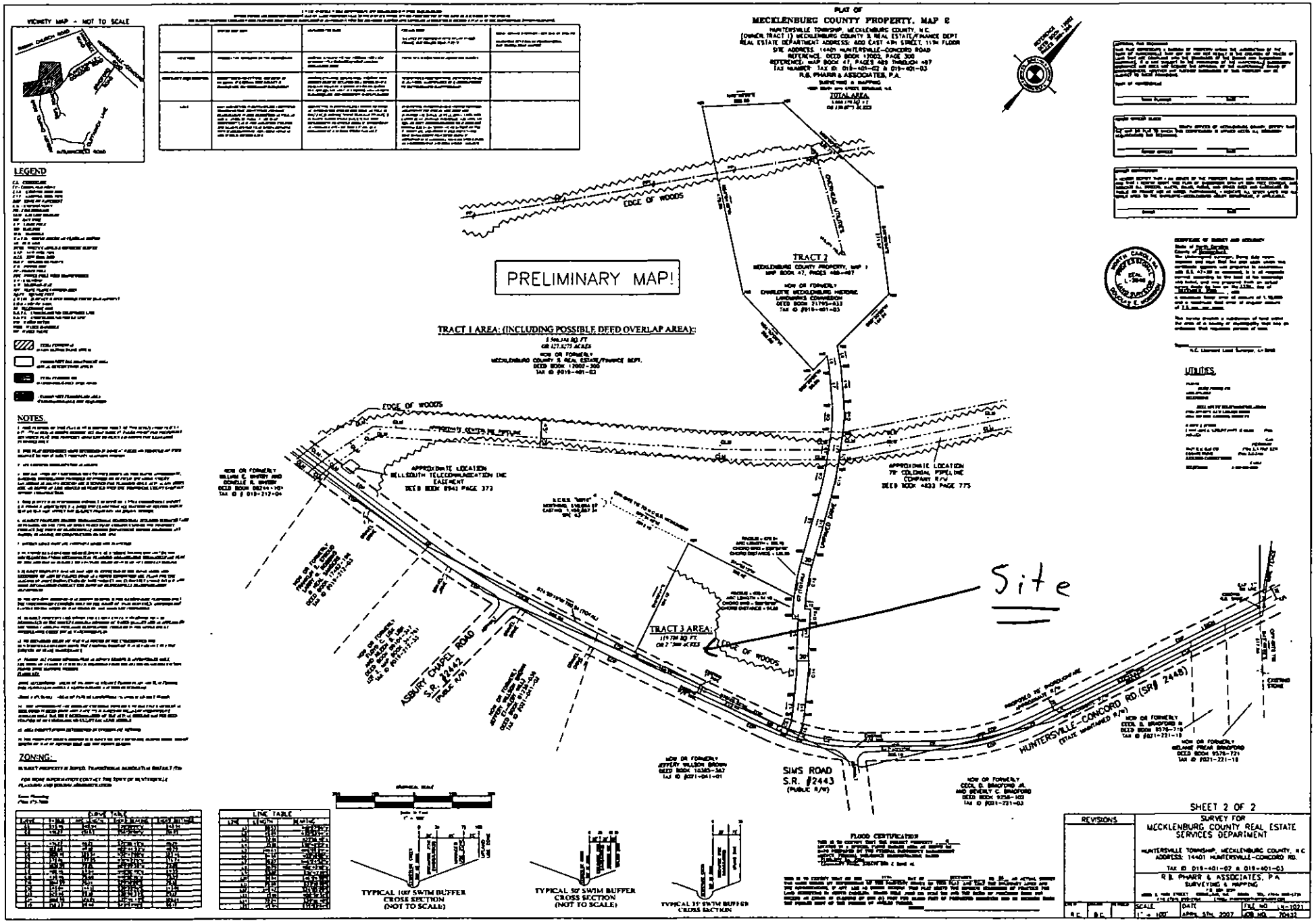
- FOUR BEDROOM HOUSE
- 1500 SEPTIC TANK
- 400 TLF
- 4 x 100' x 3'
- TYPE IIIg 25% RED. SYSTEM & REPAIR

Tony Nichols, R.S.

8/02/07

X _____

Signature


PLAT OF
MECKLENBURG COUNTY PROPERTY, MAP 6
HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, N.C.
(OWNER TRACT 1) MECKLENBURG COUNTY R. REAL ESTATE/FINANCE DEPT.
REAL ESTATE DEPARTMENT ADDRESS: 600 EAST 4th STREET, 11TH FLOOR
SITE ADDRESS: 14401 HUNTERSVILLE--CONCORD ROAD
REFERENCE: DEED BOOK 17052, PAGE 308
REFERENCE: MAP BOOK 47, PAGES 489 THROUGH 497
TAX NUMBER: TAX ID: 019-401-02 & 019-401-03
R.B. PHARR & ASSOCIATES, P.A.
VICINITY MAP - NOT TO SCALE
LEGEND
NOTES:
ZONING:
PRELIMINARY MAP!
TRACT 1 AREA: (INCLUDING POSSIBLE DEED OVERLAP AREA):
TRACT 2
MECKLENBURG COUNTY PROPERTY, MAP 1
MAP BOOK 47, PAGES 488-497
NOW OR FORMERLY
CHARLOTTE MECKLENBURG HISTORIC LANDMARKS COMMISSION
DEED BOOK 21795-433
TAX ID 019-401-03
TRACT 3 AREA:
EDGE OF WOODS
EDGE OF WOODS
EDGE OF WOODS
APPROXIMATE LOCATION BELLSOUTH TELECOMMUNICATION INC EASEMENT
DEED BOOK 8941 PAGE 372
APPROXIMATE LOCATION 79' COLONIAL PIPELINE COMPANY R/W
DEED BOOK 4833 PAGE 775
NOW OR FORMERLY WILLIAM E. SWEENY AND DONALD A. SWEEN
DEED BOOK 08744-101
TAX ID 019-217-04
NOW OR FORMERLY JEFFERY WILSON BROWN
DEED BOOK 16383-367
TAX ID 0221-041-01
NOW OR FORMERLY CECIL B. BRADFORD JR. AND BEVERLY C. BRADFORD
DEED BOOK 9258-103
TAX ID 0221-721-03
NOW OR FORMERLY CECIL B. BRADFORD JR.
DEED BOOK 9576-719
TAX ID 0221-721-19
NOW OR FORMERLY GEORGE EDGAR BRADFORD
DEED BOOK 9576-721
TAX ID 0221-721-18
ASBURY CHAPEL ROAD S.R. #2442 (PUBLIC R/W)
SIMS ROAD S.R. #2443 (PUBLIC R/W)
HUNTERSVILLE-CONCORD RD (SR# 2448)
STATE MAINTAINED R/W
Site
UTILITIES
FLOOD CERTIFICATION
TYPICAL 100' SWIM BUFFER CROSS SECTION (NOT TO SCALE)
TYPICAL 30' SWIM BUFFER CROSS SECTION (NOT TO SCALE)
TYPICAL 35' SWIM BUFFER CROSS SECTION
REVISIONS
SURVEY FOR MECKLENBURG COUNTY REAL ESTATE SERVICES DEPARTMENT
HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, N.C.
ADDRESS: 14401 HUNTERSVILLE--CONCORD RD.
TAX ID 019-401-02 & 019-401-03
R.B. PHARR & ASSOCIATES, P.A.
SURVEYING & MAPPING
SCALE
DATE
APRIL 5TH, 2007
FILE NO. LN-1021
JOB NO. 70432

SHEET 2 OF 2

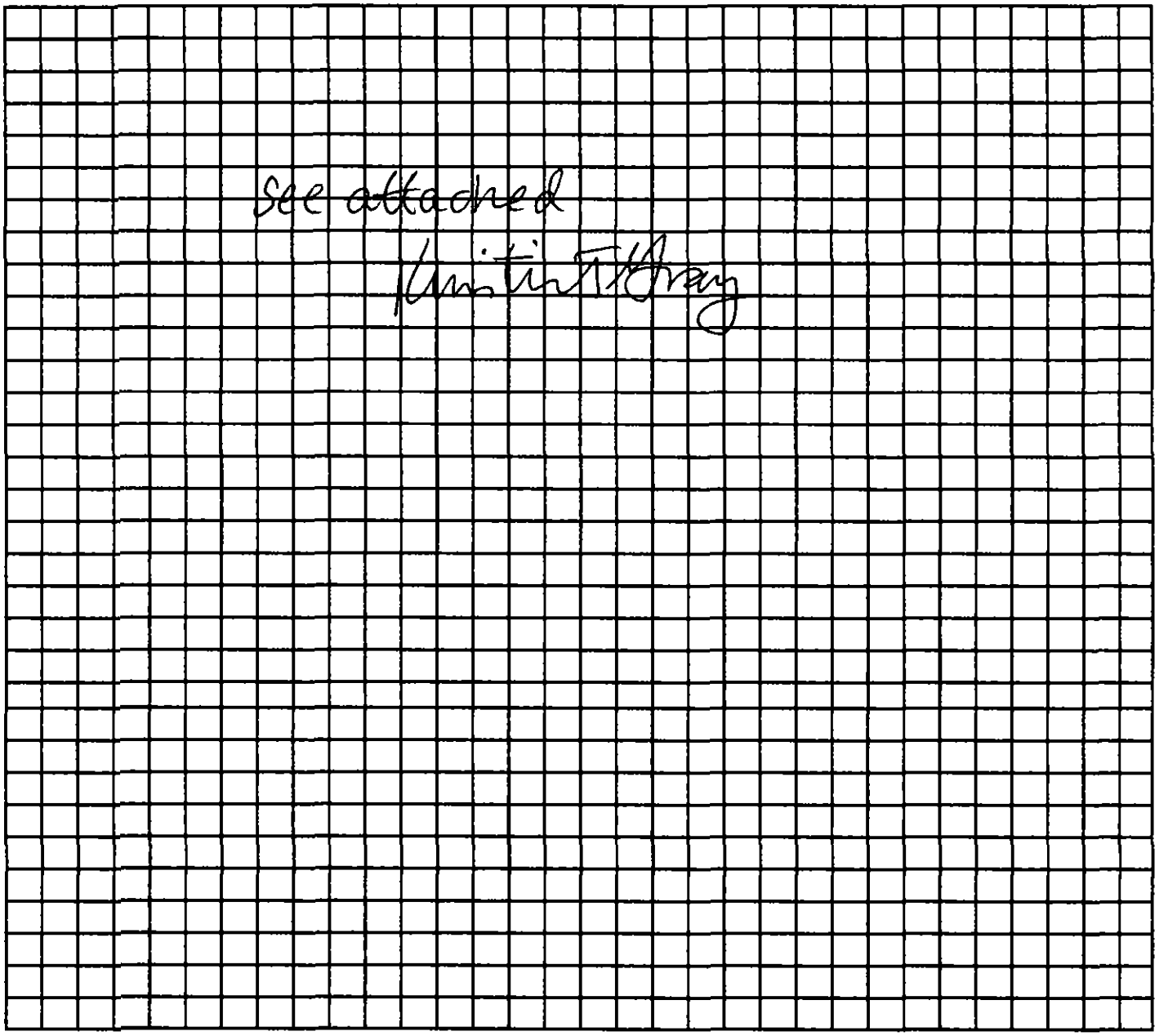
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____

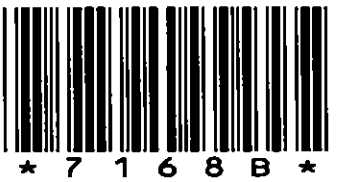


_____ _____

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

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



14033 HUNTERSVILLE-CONCORD RD

01940102

1/15/08

thomatc

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

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

Sheet: 1 of 2
Property ID: ~~P6 019-401-02~~ 03
Lot #:
File #: 7168B
AppID: 2371

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Mecklenburg County
Applicant: Stewart Gray
Address: 2100 Randolph road, Charlotte, N. C. 28207
Date Evaluated: 6/21/07
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .5a inv.
Location of Site: ~~14401~~ Huntersville-Concord Road
Property Recorded:
Water Supply: 14033 [x] Public [ ] Individual [ ] 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 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 5	0-2	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .3GPD/FT^2
		2-20	SBK/C	FI/SEXP/S/P					
		20-48	SBK/CLW/C	FR/SEXP/SS/SP					
			INCLUSIONS						
2	"	0-3	GR/CL	"	"	"	"	"	"
		3-28	SBK/C	FI/SEXP/S/P					
		28-44	SBK/CLW/C	FR/SEXP/SS/SP					
			INCLUSIONS						
		44-48	SBK/CL	"					
3	"	0-6	GR/CL	"	>43" TO SOIL WETNESS	43+	"	"	"
		6-25	SBK/C	FI/SEXP/S/P					
		25-43	SBK/CL	FR/SEXP/SS/SP					
		BORING TERMINATED		AT 43" FLOATER ROCK					
4	LS, 8	0-4	GR/CL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	"	"	"
		4-44	SBK/CLW/C	"					
			INCLUSIONS						
5	"	0-4	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		4-18	SBK/C	FI/SEXP/S/P					
		18-48	SBK/CLW/C						
			INCLUSIONS		SITE LTAR .3GPD/FT^2				

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

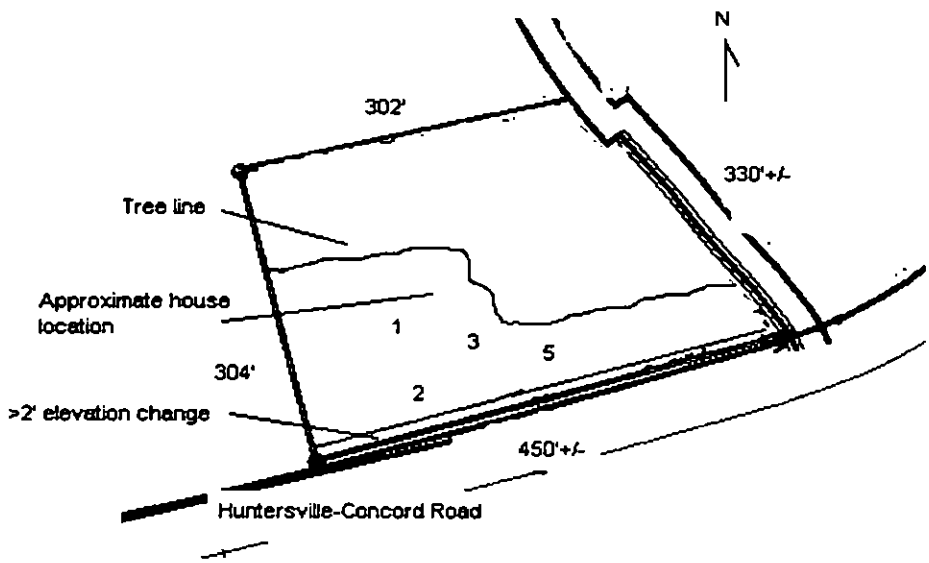
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 6/21/2007,
Others Present:
Site Classification (.1948): PS
Site Evaluation By:
Others Present:

COMMENTS:
Not sure if 100% repair applies, house site not marked at time of inve
soil 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



RECEIVED
MAY 31 2007
LUESA

FILE NUMBER: 7168B

Revised On: January 3, 2007

APPLICATION NUMBER: 2371

SEPTIC FEE: _____
DATE: _____

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

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 01940102
STREET ADDRESS: ~~[illegible]~~ Huntersville-Concord
CITY: Huntersville (unincorporated) Rd.
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): Proposed 2.95 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: 2,800
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: N/A
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING 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 ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

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

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

☑ 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 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

10. PROPERTY OWNER:

NAME: Mecklenburg Co
ADDRESS: 2100 Randolph Rd
CITY: Charlotte
STATE: NC ZIP: 28207
HOME PHONE: WORK PHONE: 376-9115
MOBILE PHONE: FAX: 372-4684

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Stewart Gray
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-8-2001
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 2008

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
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 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

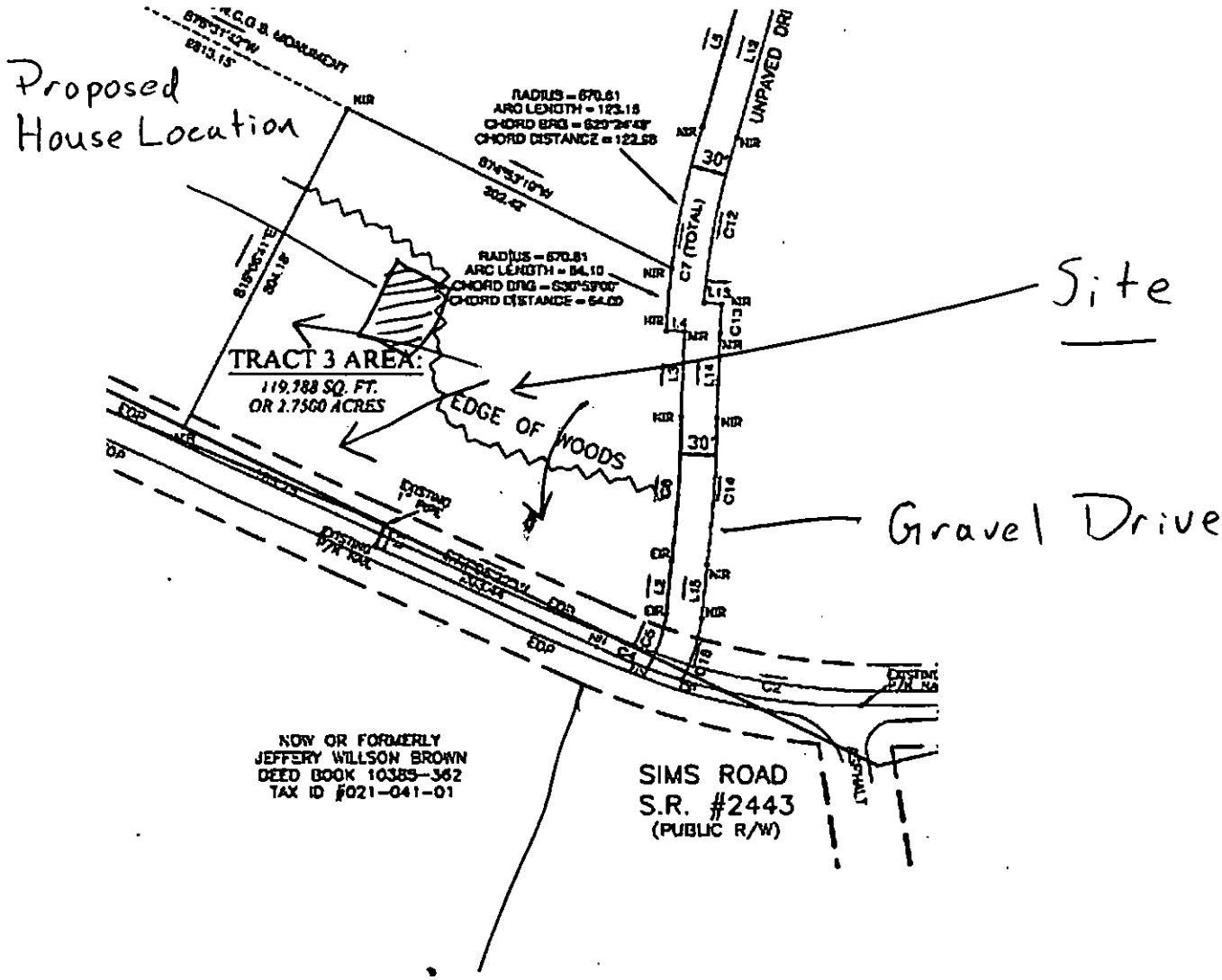
[signature] 5-24-07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
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 12 months from the date of issuance.

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

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

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


Proposed
House Location
Site
Gravel Drive
TRACT 3 AREA:
119,788 SQ. FT.
OR 2.7500 ACRES
EDGE OF WOODS
RADIUS = 670.61
ARC LENGTH = 123.18
CHORD BRG = S29°24'43"E
CHORD DISTANCE = 122.99
S74°53'10"W
302.42'
RADIUS = 670.61
ARC LENGTH = 64.10
CHORD BRG = S30°59'00"E
CHORD DISTANCE = 64.00
UNPAVED DRI
C7 (TOTAL)
30'
NOW OR FORMERLY
JEFFERY WILLSON BROWN
DEED BOOK 10385-362
TAX ID #021-041-01
SIMS ROAD
S.R. #2443
(PUBLIC R/W)
Huntersville-Concord Rd

7168B

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) paid _____ Initials/Date

CA ($200.00) lwa 8/15/13 Initials/Date

OP ($200.00) lwa 8/15/13 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 ☑ ____

Please generate CA & have improvement permit signed.

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. ☐ _____

EHS J. Michaelove Reviewer PSW

7168B **County Permit Review Worksheet** 2371

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓	✓								
.1937(d)	Is the Facilityshown?	✓	✓								
.1937(d)	Are appurtenances shown	✓									
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?	✓									
.1940 (a-g)	Slope % Recorded?	✓	✓								
.1939 (a)(2)	Texture Class Recorded?	✓	✓								
.1939 (a)(2)	Structure type Recorded?	✓	✓								
.1939 (a)(2)	Consistence Recorded?	✓	✓								
.1939 (a)(2)	Mineralogy Recorded?	✓	✓								
.1939 (a)(3)	Soil Wetness Condition Recorded?	✓									
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?	✓									
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	✓	✓								
.1939 (a)(6)	Sufficient Available Space Recorded?	✓	✓								
.1937(m)	Are the Profile Locations Shown?	✓	✓								
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?	✓									
	Number of auger borings made:	5									
	Were sufficient auger borings made?	✓									
.1939(d), .1955, .1956, .1957	LTAR	.3									
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial	✓	✓								
.1945(b)	Proposed System Type stated-Repair	✓	✓								
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial	✓									
.1937(g) & .1945(b)	System components shown - Initial	✓									
.1945(b)	Repair area shown	✓									
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?	✓									
.1937 (f)(g)	**Is System design consistent with soil/site conditions?**	✓	✓								
.1937 (f)(g)	Is the System located in the approved area?	✓									
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?	✓	✓								
G.S. 130A-336(a)	**Number of Bedrooms, employees, seats, etc. indicated?**	✓	✓								
.1937(g)	Trench depth indicated?	✓	✓								
.1937(g)	Trench width indicated?	✓	✓								
.1937(g)	Trench length indicated?	✓	✓								
G.S. 130A-336(a)(1)	Proposed/existing well shown?	✓	✓								
G.S. 130A-336(a)(1)	Property line lengths shown?	✓	✓								
G.S. 130A-336(a)	**Facility/appurtenance setbacks shown from fixed points?**	✓									
	OP										
.1937(i)	System type as described in table V(a) of rule .1961	✓									
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	✓									

If system design is incorrect or inconsistent with site conditions, indicate why for each below

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/15/13	**Amount:**	200.00
Receipt #:	84969	**Tendered:**	200.00
Check / Auth #:	CHECK 180	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: GRAY KRISTIN TERRY
Attn:
Address: 116 TRAP RD
Address:
City/State/Zip: VIENNA, VA 22182

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 14335 HUNTERSVILLE CONCORD RD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
200.00	0.00	0.00	0.00	0.00	200.00

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 08/15/13
Receipt #: 84968
Check / Auth #: CHECK 180
Received By: SADERLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

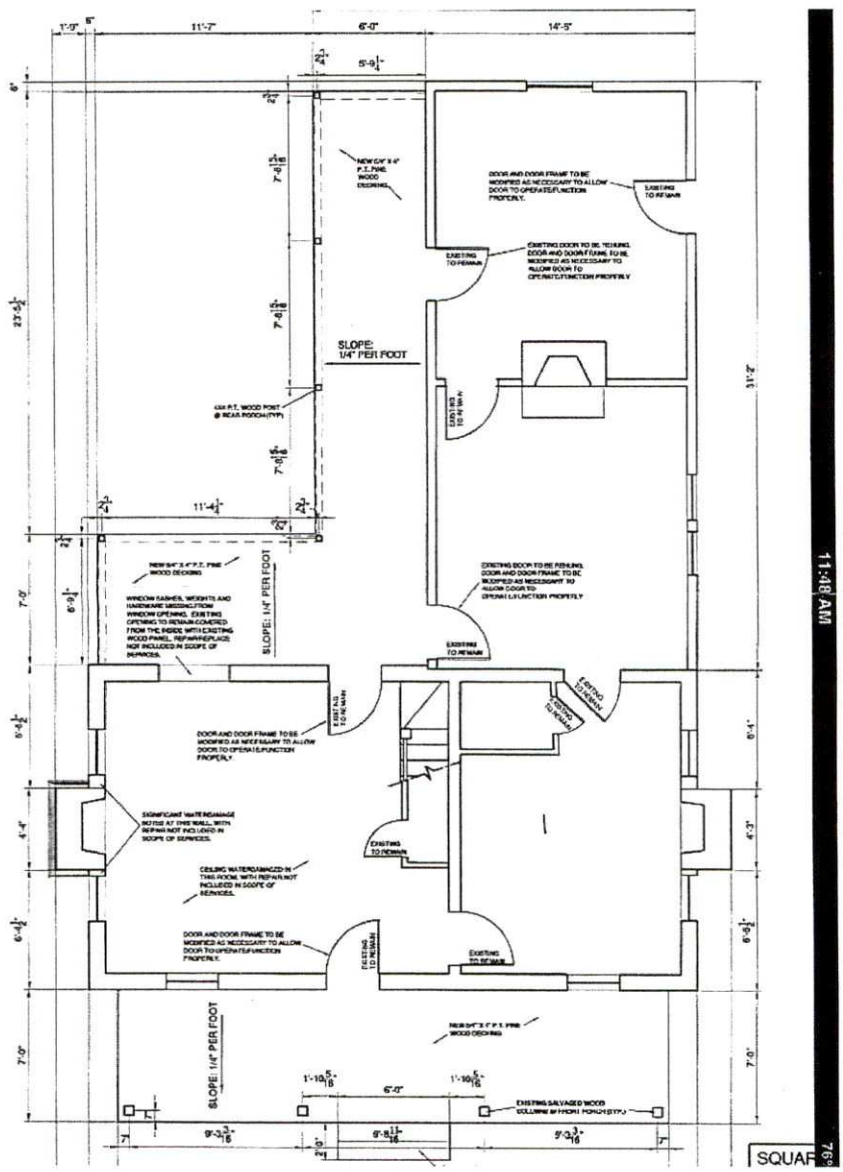
Account Information

Account #: 200000
Contractor: GRAY KRISTIN TERRY
Attn:
Address: 1616 TRAP RD
Address:
City/State/Zip: VIENNA, VA 22182

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 14335 HUNTERSVILLE CONCORD RD		1	200.00	200.00

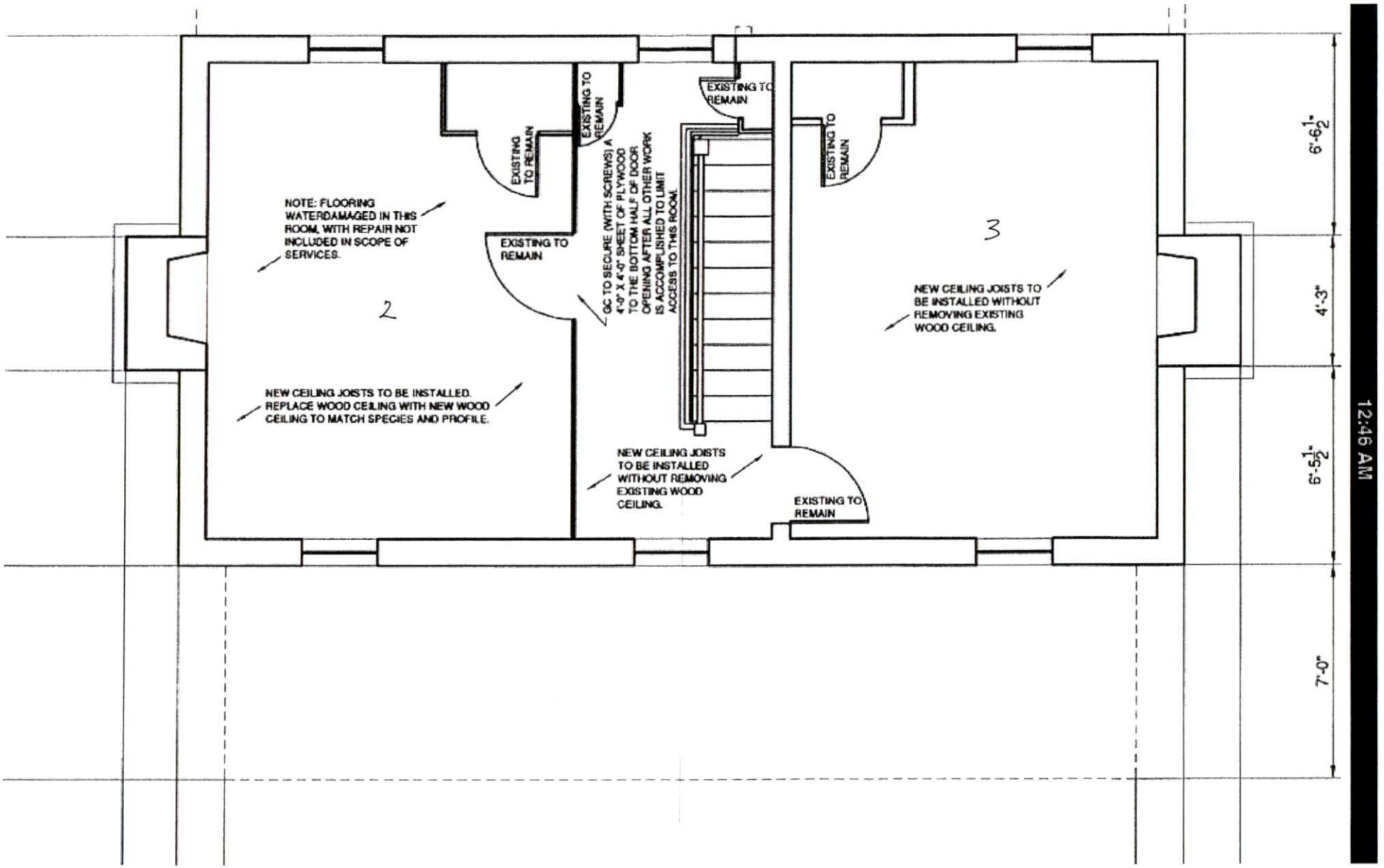
----------Outstanding Balances----------

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



14335 Huntersville-Concord Rd.

File # 7168B


NOTE: FLOORING WATERDAMAGED IN THIS ROOM, WITH REPAIR NOT INCLUDED IN SCOPE OF SERVICES.
2
EXISTING TO REMAIN
EXISTING TO REMAIN
EXISTING TO REMAIN
GC TO SECURE (WITH SCREWS) A 4'-0" X 4'-0" SHEET OF PLYWOOD TO THE BOTTOM HALF OF DOOR OPENING AFTER ALL OTHER WORK IS ACCOMPLISHED TO LIMIT ACCESS TO THIS ROOM.
EXISTING TO REMAIN
EXISTING TO REMAIN
3
NEW CEILING JOISTS TO BE INSTALLED WITHOUT REMOVING EXISTING WOOD CEILING.
NEW CEILING JOISTS TO BE INSTALLED. REPLACE WOOD CEILING WITH NEW WOOD CEILING TO MATCH SPECIES AND PROFILE.
NEW CEILING JOISTS TO BE INSTALLED WITHOUT REMOVING EXISTING WOOD CEILING.
EXISTING TO REMAIN
6'-6 1/2"
4'-3"
6'-5 1/2"
7'-0"

12:46 AM

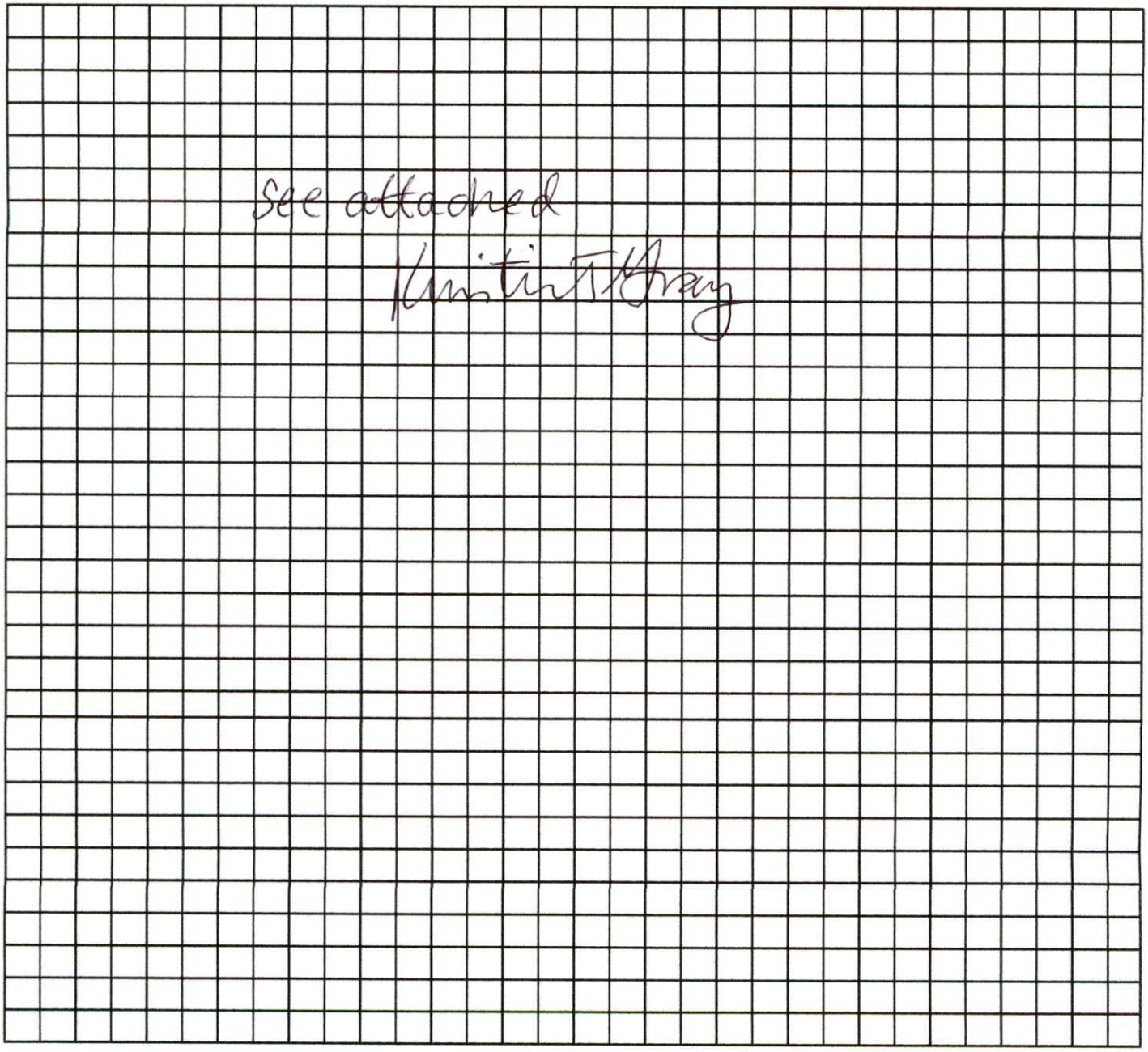
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

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

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