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 #: 44B Permit #: _____ Tax Parcel #: 217 081 04

Property Owner: James L. Higgins

Job Location Address: 16254 River Lure Blvd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 11/22/11 Contractor Name: _____

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 24-30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 360 feet

# of Lines: 4 @ various feet lengths

Depth of Media: 12 inches (Type) EZ flow

Depth of Cover: 12-18 inches

Distribution Device: Drop Boxes

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

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: > 50 feet

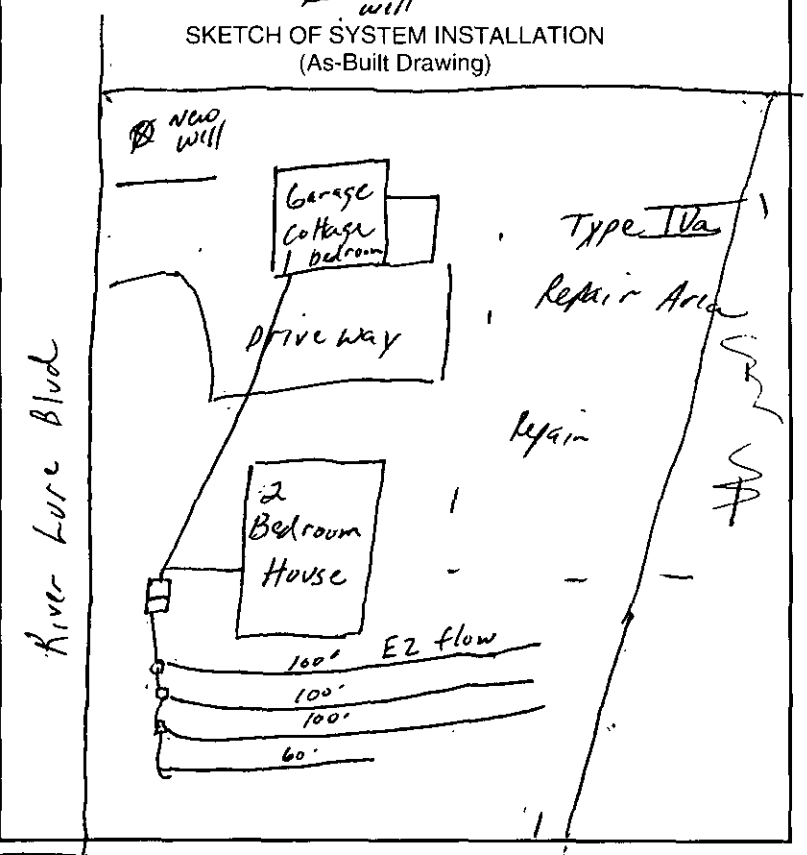
Inspection Dates

Tank(s) Inspected: 11/22/11

Excavation Inspected: 11/22/11

Pump & Controls Inspected: NA

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: Type IIIg System for 1 bedroom cottage and future 2 bedroom house. EZ 1003T / G / NA / NA

DENR Authorized Agent: Philo Walker REHS Signature: Philo Walker REHS

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Division of Environmental Health
On-Site Wastewater Section

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

File #: 44B Permit #: 4494 Tax Parcel #: 217 081 04

Property Owner: James L. Higgins

Job Location Address: 16254 River Lure Blvd

City: Charlotte State: NC Zip Code: 28278

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: Gravity Approved System

DENR Authorized Agent: Philo Walker REHS Date: 11/22/11

Signature: Philo Walker REHS

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

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

File #: 44B Permit #: 4494 Tax Parcel #: 217 081 04

Property Owner: James L Higgins

Job Location Address: 16254 River Lure Blvd

City: Charlotte State: NC Zip Code: 28278

Installation Approval Issuance Date: 11/18/11

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 12/18/11, 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.**

Permitted Design Flow: 360 GPD

Site LTAR: .25 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 360 feet

# of Lines: 4 @ Various lengths feet

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

Distribution Device: Drop Boxes

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: 150' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

Install septic system in accordance with approved plot plan

Comments: System Classification & Type: IIIg / Install septic system in accordance with approved plot plan.

DENR Authorized Agent: Philo Walker REHS Signature: Philo Walker REHS

New Owner Info

443

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 400.00 CK 2744 DATE FEE RECEIVED: 2/28/11

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

APPLICATION PROCESSED BY: JC 322770

GWS FILE NUMBER ASSIGNED: 448

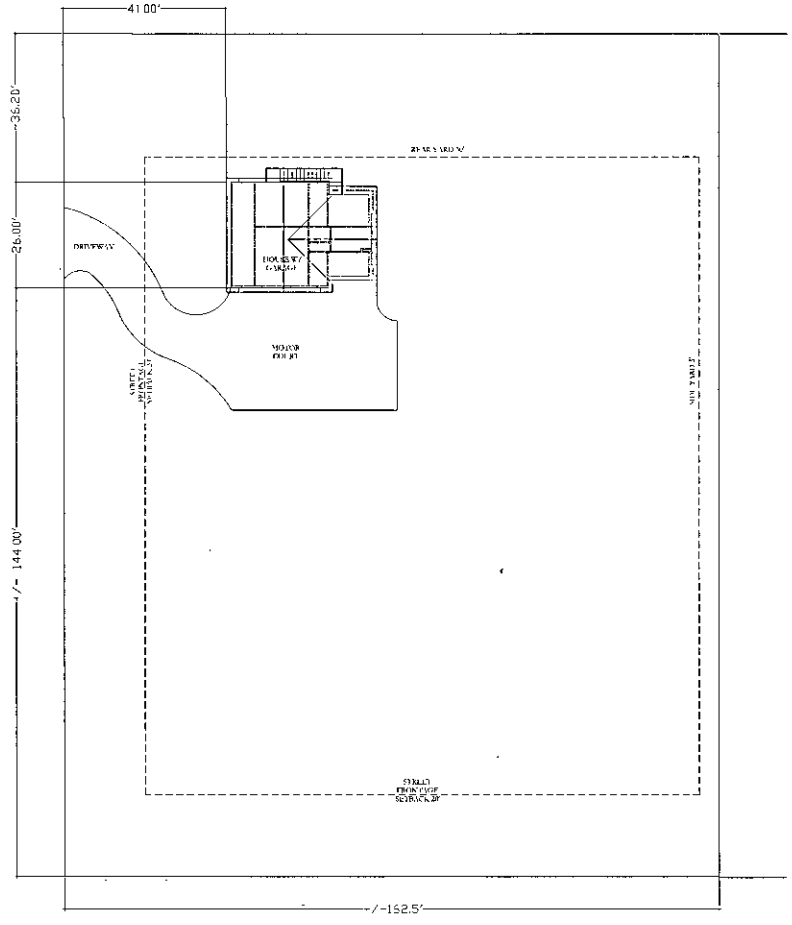
APPLICATION ID NUMBER ASSIGNED: 4958

COMMENTS:

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

Revised on: 12/15/10

4AB



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

File 44B

The Higgins Residence

17601 green hill road
charlotte, north carolina

final set
-released for construction-
09.07.10

SQUARE FOOTAGE:

FIRST FLOOR	699 GARAGE	
SECOND FLOOR	630 HEATED	TOTAL 1,329
CARPORT	242	

DRAWING SCHEDULE:

SITE PLAN	SP1
ARCHITECTURAL	
FLOOR PLANS	A1
ELEVATIONS	A2
SECTIONS	A3

NOTE: SQUARE FOOTAGE CALCULATION IS TAKEN FROM OUTSIDE FACE OF EXTERIOR SHEETWALL.
GROSS BUILD SQUARE FOOTAGE CALCULATIONS FOR THIS HOUSE WERE MADE BASED ON FLOOR 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. Type of sheetwalls are measured from face of exterior sheetwall to centerline of interior wall, noted.
3. Windows and doors are approximate. Consult chosen manufacturer's specifications for actual sizes and rough openings. Windows and doors are determined to their respective centerline, unless noted otherwise.
4. Typical exterior walls are 2x4 studs at 16" on center, u.n.o.
5. Actual bathroom dimensions to be verified for tub / shower rough opening requirements.
6. Finished slab height is to be determined on final finished grade. Floor height shall not exceed 24".
7. Owner / Engineer shall be notified immediately of any discrepancies in the documents or if changes are required in the field.

NOTE:

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

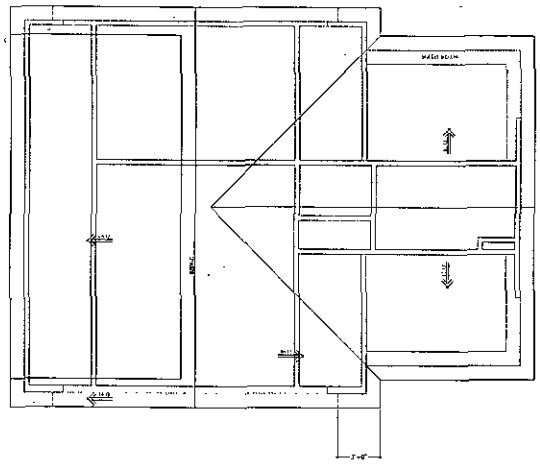
DO NOT SCALE DWGS. ANY CONFLICTS IN COORD. / DESIGN TO BE CLARIFIED WITH OWNER

ALL FRAMING AND FOUNDATION DESIGN TO BE PER 2002 NCBC

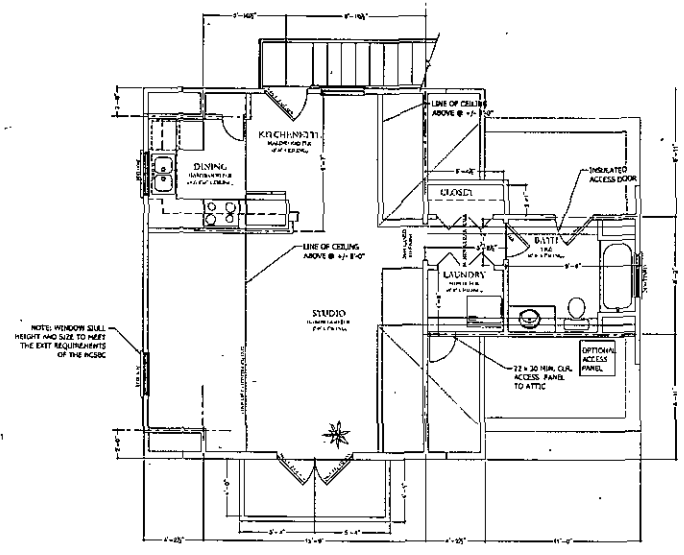
ALL FASTENING AND NAILING TO BE PER 2002 NCBC

WALL FRAMING TO HAVE BLOCKING AS REQUIRED.

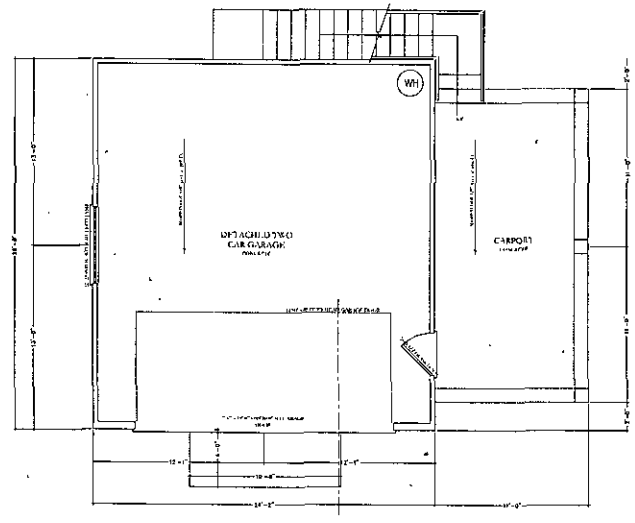
COORDINATE ALL JOIST PENETRATIONS W/ MANUF. SPECIFICATIONS AND FEILD ADJUSTMENT GUIDELINES.



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

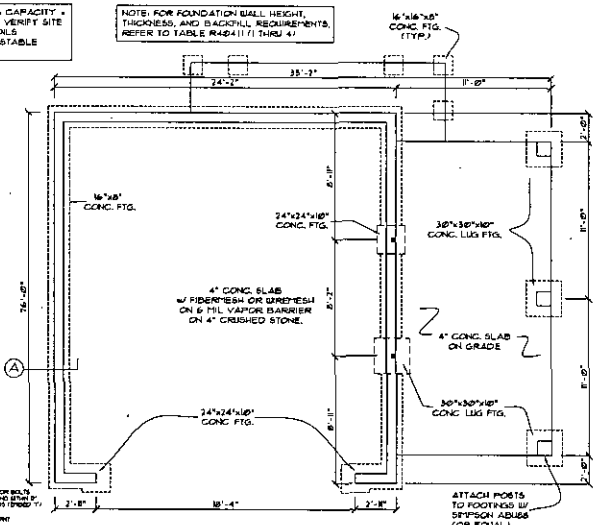
date:
NOV. 11, 2010
status:
CONSTRUCTION PERMIT
revisions:
1 --

FLOOR PLANS
SCHEMATIC

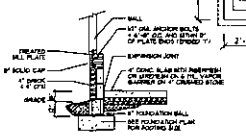
A1

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

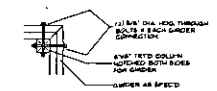
NOTE: FOR FOUNDATION WALL HEIGHT, THICKNESS, AND BACKFILL REQUIREMENTS, REFER TO TABLE R404.1.1(1) THRU 4)



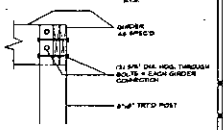
FOUNDATION PLAN
SCALE: 1/4"=1'-0"



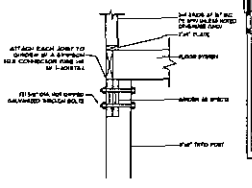
Ⓐ GARAGE SLAB
NTS



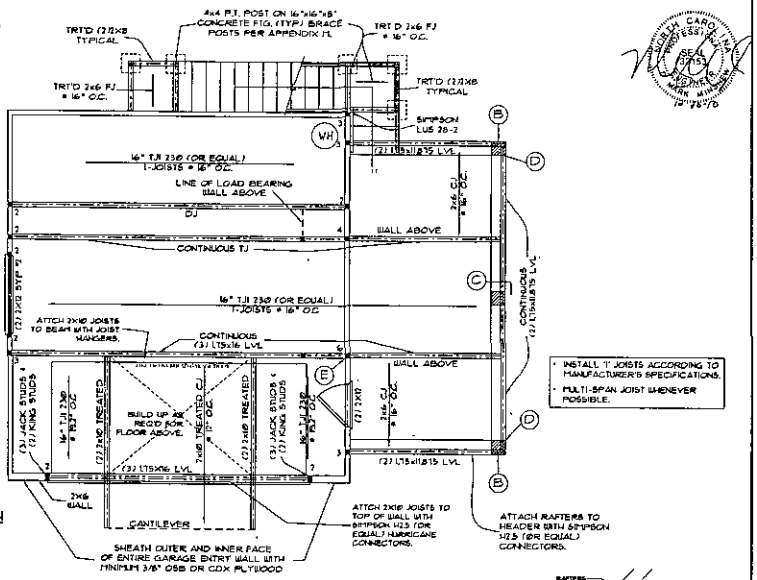
PLAN VIEW
NTS



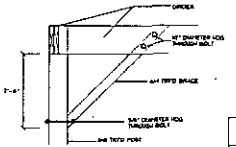
Ⓑ DOUBLE NOTCHED PILE
NTS



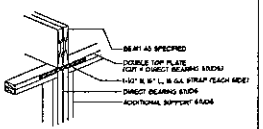
Ⓒ TYP. POST/GIRDER CONNECTION
NTS



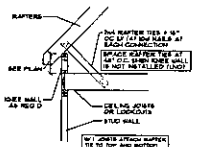
FIRST FLOOR STRUCTURAL PLAN
SCALE: 1/4"=1'-0"



Ⓓ "Y" - BRACE DETAIL



Ⓔ DIRECT STUD BEARING
NTS



Ⓕ RAFTER TIE DOWN (TYP)
NTS

STRUCTURAL NOTES

1) ENGINEERS SEAL APPLIES ONLY TO STRUCTURAL COMPONENTS INCLUDING ROOF RAFTERS, TYPE, VALLEYS, AND RIDGE FLOORS, DECKS, WALLS, BEAMS AND HEADERS, COLUMNS, CANTILEVERS, GRAVITY LOAD BEARING WALLS AND FOUNDATION SYSTEM AND FOOTINGS. ENGINEER'S SEAL DOES NOT COVER NON-STRUCTURAL ACCESSORIES, EQUIPMENT OR SYSTEMS, NOR DOES IT COVER ANY ARCHITECTURAL OR NON-STRUCTURAL CONSTRUCTION. CERTIFICATION SHALL BE PROVIDED BY THE APPROPRIATE PROFESSIONAL DESIGNER FOR ANY NON-STRUCTURAL ITEMS NOT COVERED BY THE STRUCTURAL CERTIFICATION AS SPECIFICALLY LISTED.

2) ALL CONSTRUCTION SHALL COMPLY WITH THE 2018 NORTH CAROLINA STATE RESIDENTIAL CODE - 2009 EDITION PLUS ALL LOCAL CODES AND REGULATIONS. THE STRUCTURAL ENGINEER IS NOT RESPONSIBLE FOR, AND SHALL NOT HAVE CONTROL OF CONSTRUCTION MEANS, METHODS, TECHNIQUES, SEQUENCES OR PROCEDURES, OR FOR SAFETY PRECAUTIONS AND PROGRAMS IN CONNECTION WITH THE CONSTRUCTION WORK. NOR SHALL HE BE RESPONSIBLE FOR THE CONTRACTOR'S FAILURE TO CARRY OUT THE CONSTRUCTION WORK IN ACCORDANCE WITH THE CONTRACT DOCUMENTS. CONSTRUCTION REVIEW SERVICES ARE NOT PART OF OUR CONTRACT. ALL REVIEWS SHALL BE PERFORMED, AUTHORIZED, REQUESTED AND MANAGED IN ACCORDANCE WITH GOOD CONSTRUCTION PRACTICE AND THE BUILDING CODE.

3) DESIGN LOADS (PSF):

	LIVE LOAD (PSF)	DEAD LOAD (PSF)	DEFLECTION (L/)
ROOFS (OTHER THAN SLEEPING AREAS)	20	15	L/240
SLEEPING AREAS	30	15	L/360
FLOORS WITH STRUCTURAL SLAB	40	15	L/360
FLOORS WITH CERAMIC TILE OR EQUIVALENT FINISH	40	15	L/360
FLOORS WITH OAK SURFACE	40	15	L/360
STAIRS	40	15	L/360
BATHROOM BALCONIES	60	15	L/360
DECKS	40	15	L/360
GUARDRAILS AND HANDRAILS	200	-	-
PASSENGER VEHICLE GARAGES	50	15	L/360
ATTIC STORAGE	20	15	L/240
ATTIC LIVING	30	15	L/360
WIND	PER 2018 NC RESIDENTIAL CODE		

4) WALL BRACING. BRACED WALL PANELS SHALL BE CONSTRUCTED ACCORDING TO SECTION R602.10.

5) DESIGN OF ROOF RAFTERS, CEILING JOISTS AND ROOF TRUSSES SHALL COMPLY WITH TABLE R802.5.1(1) THRU R802.5.1(8) FOR SPECIES AND GRADE OF LUMBER UNLESS OTHERWISE NOTED. ROOF TRUSSES SHALL BE DESIGNED BY A REGISTERED ENGINEER AND SHALL BE BRACED AS RECOMMENDED BY THE TRUSS MANUFACTURER. ROOF SHEATHING SHALL BE 7/16" OSB SHEATHING PER SECTION R503.2.1 WITH H-CLIPS AT UNSUPPORTED EDGES.

6) CONCRETE SHALL HAVE A STRENGTH IN BOTH COMPRESSION AND FLEXURE OF 3000 PSI AT 28 DAYS AND SHALL BE MIXED AND PLACED IN ACCORDANCE WITH ACI 318 AND ACI 332. CONCRETE SHALL BE AIR ENTRAINED WITH 5% ± 1% AIR CONTENT. CONCRETE SHALL BE PROTECTED FROM FREEZING DURING PLACEMENT AND CURING. ADMIXTURES SHALL NOT BE USED WITHOUT PRIOR APPROVAL OF THE ENGINEER. CONCRETE SHALL BE SUPPLIED FOR PLACING WITHIN 90 MINUTES FROM THE TIME WATER IS ADDED TO THE MIXER.

7) ALL FOOTINGS SHALL BEAR ON UNDISTURBED GRANITOID OR BANDED GNEISS OF THE CONTRACTOR'S CHOICE. THE GEOTECHNICAL ENGINEER AND THE STRUCTURAL ENGINEER SHALL BE NOTIFIED IMMEDIATELY SHOULD ANY UNSUITABLE SOILS BE ENCOUNTERED. IF SUITABLE AREAS ARE NOT FOUND AT THE FOUNDATION BASE SHALL BE STEPPED AND ADEQUATE DRAINAGE AND SHALL BE ENGINEERED SO AS TO DRAIN/REMOVE WATER AWAY FROM FOUNDATIONS.

8) ALL FRAMING LUMBER SHALL BE #2 OR BETTER SYP (Fb = 175 PSI UNLESS NOTED OTHERWISE. ALL SILLS, GIRDERS AND LUMBER SHALL BE PRESSURE TREATED. SILL PLATE THICKNESS SHALL NOT BE LESS THAN 1" (Thickness) - 1/2" (Tolerance) = 0.5" THICK.

9) ALL WOODEN BEAMS AND HEADERS SHALL HAVE THE FOLLOWING END SUPPORTS: ONE 2x STUD COLUMN FOR 4" OR LESS BEAM SPAN ALONG 1/2 2x4 STUDS FOR BEAM SPAN GREATER THAN 4" - 6" (MIN).

10) LVL SHALL BE LAMINATED VENEER LUMBER (Fb=2600 PSI, E=1,900 PSI, Fv=285 PSI). PSL SHALL BE PARALLEL STRAND LUMBER (Fb=2500 PSI, E=2,000 PSI, Fv=290 PSI). LSL SHALL BE LAMINATED STRAND LUMBER (Fb=2000 PSI, E=1,500 PSI, Fv=310 PSI). ALL SIZES AND CONNECTIONS FOR PURPOSE ACCEPTABLE TO MANUFACTURER.

11) ALL ROOF TRUSS AND I JOIST LAYOUTS SHALL BE PREPARED IN ACCORDANCE WITH THE SEALED STRUCTURAL ENGINEERS DRAWINGS. I JOISTS SHALL BE INSTALLED ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS. ANY CHANGE IN TRUSS OR I JOIST LAYOUT SHALL BE COORDINATED WITH SOUTHERN ENGINEERING.

12) ALL STRUCTURAL STEEL SHALL BE ASTM A-36 SITE. BEAMS SHALL BE SUPPORTED AT BACK AND SIDE 3" MINIMUM BEARING. JOISTS SHALL HAVE SOLID AND FULL FLANGE WORK (WHERE SOLID BEARING DOES NOT EXIST) SUPPORT TO FOUNDATION. BEAM SHALL BE ATTACHED TO EACH SUPPORT WITH NO LESS THAN TWO 3/4" DIAMETER x 10" LONG LATERAL SUPPORT IS EXPERIENCED. CONCRETE FOUNDATION AND JOINT WITH THE FOUNDATION WALL SHALL BE SOLID AND SOLID PLATE IS ALLOWED OR BOLTED TO THE BEAM FLANGE x 1/4" OC. ALL STEEL TUBING SHALL BE ASTM A500GR.

13) REBAR SHALL BE DEFORMED STEEL, ASTM 615, GRADE 60.

14) PUNCH BEAMS SHALL BE BOLTED SCHEDULED BEAM (TO BASE OF 3" DIAMETER BOLTS (WITH 3/4" DIA BOLTS MINIMUM PLACED UNDER THE SUPPORTED END OF BOLT, BOLTS SHALL BE PLACED AT 12" O.C. SPACE AND STAGGERED AT THE TOP AND BOTTOM OF BEAM (TYP. EDGE DISTANCE) 4IN.) FROM BEAM LOCATED AT 4" FROM EACH END.

15) BRACE LATTICE SHALL BE 1 1/4 x 1/4" (4" STEEL, PLACE FROM UP TO 3'-0" (6'-0" AND 3 1/2 STEEL, PLACE WITH 4" LAG VERTICAL FOR SPANS UP TO 1'-0" (12').

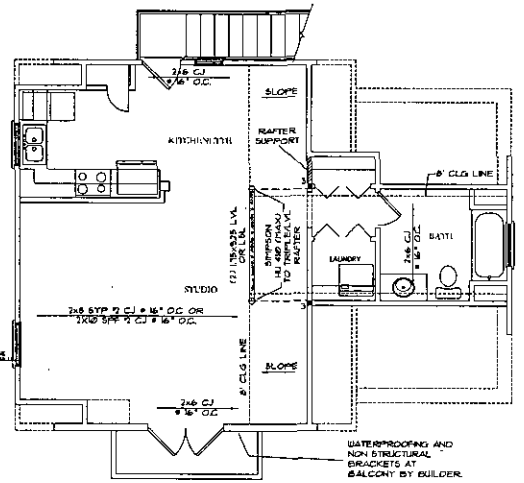
16) THE POSITIVE AND NEGATIVE DESIGN PRESSURES REQUIRED FOR ANY DOOR OR WALL OPENING WITH GLASS NOT SPECIFICALLY ADDRESSED IN THE NORTH CAROLINA STATE RESIDENTIAL CODE - 2009 EDITION SHALL BE AS FOLLOWS:

ROOF:
- 44.6 PSF - 12'-0" SPACE OR LESS
- 34.2 PSF - 12'-0" TO 16'-0" SPACE
- 31.8 PSF - 16'-0" TO 18'-0" SPACE

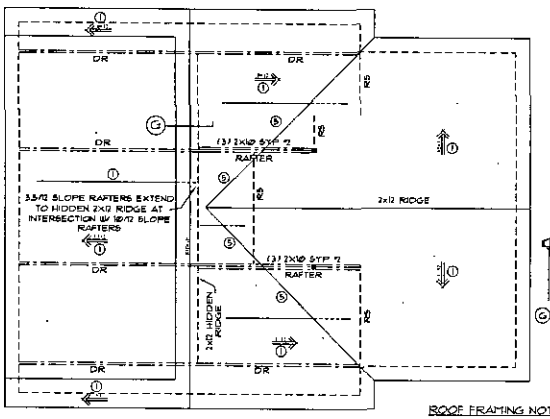
WALLS:
- 24.0 PSF - WALLS

HEADER AND COLUMN NOTES

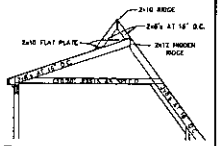
- ALL EXTERIOR AND LOAD BEARING HEADERS SHALL BE (2) 2x8 (TYP.) UNLESS NOTED OTHERWISE.
- THE NUMBER SHOWN AT BEAM AND HEADER SUPPORTS INDICATES THE NUMBER OF SUPPORT STUDS REQUIRED IN STUD POCKET OR COLUMN.



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



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



Ⓖ HIDDEN RIDGE SECTION
NTS

ROOF FRAMING NOTES:

(140# MPH WIND ZONE)

1. ALL RAFTERS TO BE 2x8 @ 16" O.C. WITH 2x10 RIDGE, UNO
2. (2) 2x10 OR (1)LVL HIP, (2) 2x10 MPB MAY BE SPLICED WITH A MIN 6'-0" OVERLAP AT CENTER
3. (2) 2x10 OR (1)LVL VALLEY, DO NOT SPLICE VALLEYS
4. (1)LVL VALLEY
5. FALSE FRAME VALLEY ON 2x10 FLAT PLATE
6. 2x8 RAFTERS @ 16" O.C. W/ 1x8 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
- "S" - (3) STUD OR 4x4 POST FOR ROOF SUPPORT
- FOR DOWN 2x8 RAFTERS OR USE 2x10 AT CATHEDRAL CEILING
- ATTACH VAULTED RAFTERS WITH HURRICANE CLIPS, SIMPSON "H-5" OR EQUIVALENT

Vin-Yet Designs, LLC
2460 India Hook Road
Suite 201-D
Rock Hill, SC 29732
(803) 324-5531
www.vin-yet.com

The Higgins Cottage
17601 Green Hill Road
Charlotte, NC

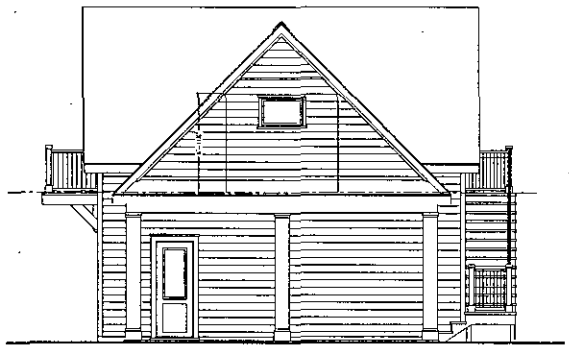
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PROJECT # 10-1640.1

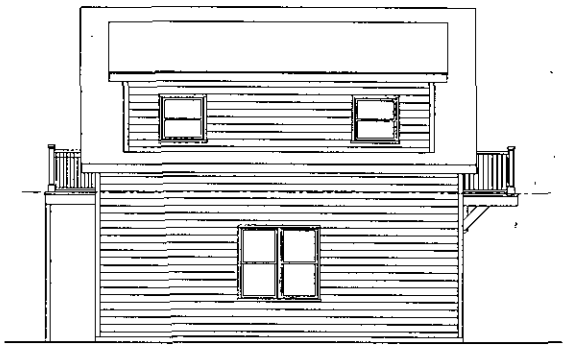
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Southern Engineers, P.A.
James H. Herman, P.E., President
3716 Benson Drive
Raleigh, North Carolina 27609
License: C-1287, Phone: (919) 878-1617
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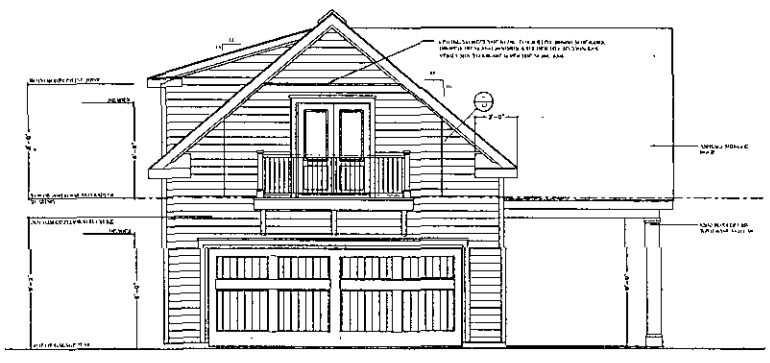
The Higgins Residence



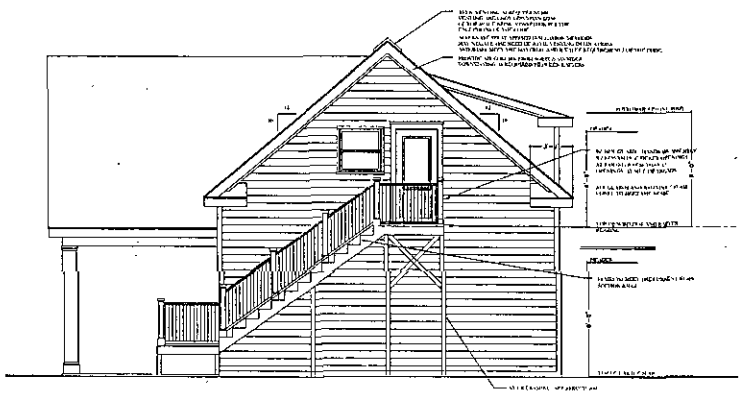
04 EAST ELEVATION SCALE: 1/4" = 1'-0"



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



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



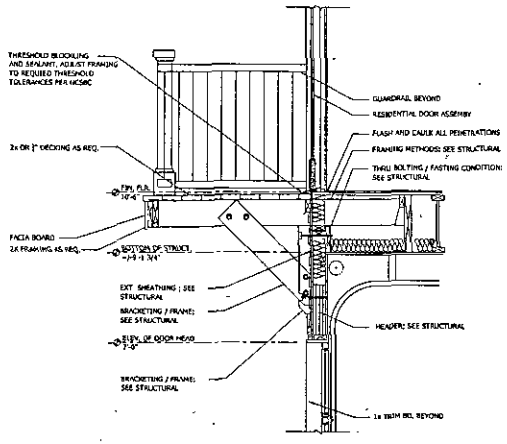
01 NORTH ELEVATION SCALE: 1/4" = 1'-0"

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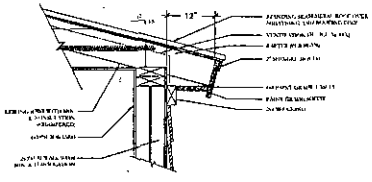
date:
NOV. 11, 2010
status:
CONSTRUCTION PERMIT
revisions:
1 –

ELEVATIONS
SCHEMATICS

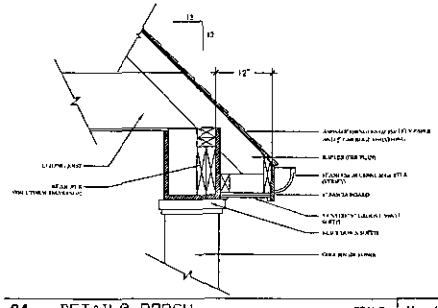
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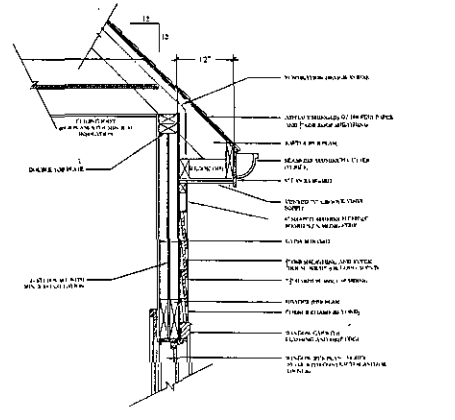
06 DETAIL@ PORCH SCALE: 3/4" = 1'-0"



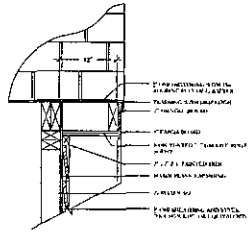
05 DETAIL @ DORMER SCALE 1" = 1'-0"



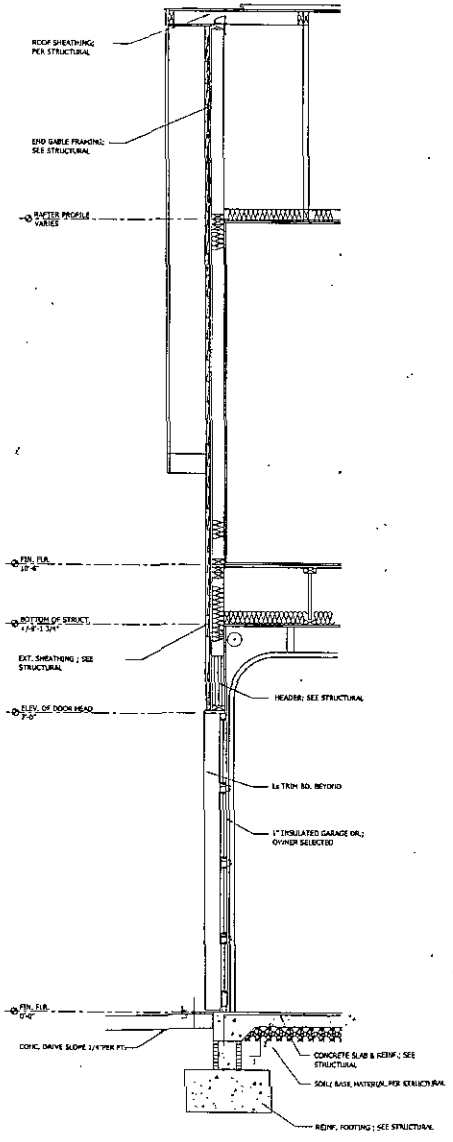
04 DETAIL@ PORCH SCALE: 1" = 1'-0"



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

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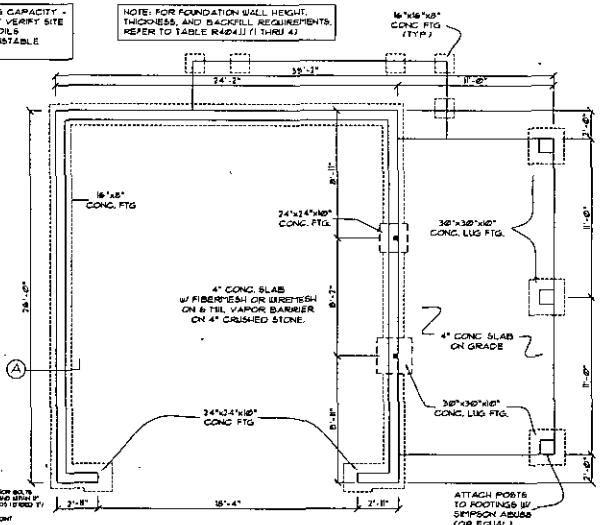
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NOV. 11, 2010
status:
CONSTRUCTION PERMIT
revisions:
1 –

SECTIONS

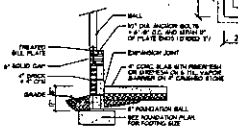
A3

NOTE ASSUMED SOIL BEARING CAPACITY = 2000# 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"



A GARAGE SLAB
NTS

STRUCTURAL NOTES

1) ENGINEERS SEAL APPLIES ONLY TO STRUCTURAL COMPONENTS INCLUDING ROOF RAFTERS, TRUSS, VALLEYS, AND FLOORS. SHALL BEAMS HEADERS, COLUMNS, CONNECTIONS, AND FOOTINGS. LOAD BEARING WALLS. FIRE CHIMNEY CONSTRUCTION. ALL OTHER ITEMS ARE THE RESPONSIBILITY OF THE CONTRACTOR. ACCURACY OF ARCHITECTURAL LAYOUT, SQUARENESS OF BUILDING, ETC. ARE THE RESPONSIBILITY OF THE CONTRACTOR. ANY CHANGES OR REQUIREMENTS FOR PROFESSIONAL CERTIFICATION SHALL BE PROVIDED BY THE APPROPRIATE PROFESSIONAL DISCIPLINE. SUCH CHANGES ARE NOT A CONCERN OF THE STRUCTURAL COMPONENTS AS SPECIFICALLY STATED.

2) ALL CONSTRUCTION SHALL COMPLY TO THE LATEST EDITION OF THE NORTH CAROLINA STATE RESIDENTIAL CODE - 2009 EDITION, PLUS ALL LOCAL CODES AND REGULATIONS. THE STRUCTURAL ENGINEER IS NOT RESPONSIBLE FOR, AND WILL NOT HAVE CONTROL OF, CONSTRUCTION MEANS, METHODS, TECHNIQUES, SEQUENCES OR PROCEDURES, OR SAFETY PRECAUTIONS AND PROGRAMS IN CONNECTION WITH THE CONSTRUCTION WORK. NOR WILL HE BE RESPONSIBLE FOR THE CONTRACTORS FAILURE TO CARRY OUT THE CONSTRUCTION WORK IN ACCORDANCE WITH THE CONTRACT DOCUMENTS. CONSTRUCTION REVIEW SERVICES ARE NOT PART OF OUR CONTRACT. SITE VISITS MADE SHALL BE RELATED, ANSWERED, TIED AND MEASURED IN ACCORDANCE WITH GOOD CONSTRUCTION PRACTICE AND WE MAKE NO GUARANTEE.

3) DESIGN LOADS (PSF):

	LIVE LOAD	DEAD LOAD	DEFLECTION L/(#)
ROOFS OTHER THAN ELEVATED ROOFS	20	10	L/240
ATTIC WITH STORAGE	20	10	L/240
ATTIC WITH PERMANENT STAIR	30	10	L/360
ATTIC WITH OUT ATTIC PERMANENT STAIR	10	10	L/240
ATTIC WITH NO STORAGE	10	10	L/240
BALCONIES	60	10	L/360
DECKS	40	10	L/360
GUARDRAILS AND HANDRAILS	200		
GUARDRAIL IN-FILL COMPONENTS	50		
PASSENGER VEHICLE GARAGES	50	10	L/360
FIRE ESCAPES	40	10	L/360
SNOW	30		

WIND LOADS: DESIGNED ON 110 MPH WIND VELOCITY - EXPOSURE B

4) WALL BRACING: BRACED WALL PANELS SHALL BE CONSTRUCTED ACCORDING TO SECTION R602.10.
THE AMOUNT AND LOCATION OF BRACING SHALL COMPLY WITH TABLE R602.10.1. THE LENGTH OF BRACED PANELS SHALL BE DETERMINED BY SECTION R602.10.3. ALL BRACING SHALL BE ATTACHED PER DETAILS 3 BY CONTINUOUSLY SHEATHING BUILDING CORNERS AND PERIMETER WITH STRUCTURAL SHEATHING. NOTE THAT ANY SPECIFIC BRACING WALL DETAIL SHALL NOT BE INSTALLED AS SPECIFIED.

5) CONCRETE SHALL HAVE A MINIMUM 28 DAY STRENGTH OF 3000# PSI AND AS A MINIMUM SLUMP OF 5 INCHES UNLESS NOTED OTHERWISE ON PLANS. ALL CONCRETE SHALL BE PLACED IN ACCORDANCE WITH ACI 318 LATEST EDITION. ALL CONCRETE SHALL BE VIBRATED. NOTED. ALL CONCRETE SHALL BE PROTECTED AND CURED PROPERLY. SAMPLES FOR TESTING SHALL BE TAKEN FROM THE 2ND BATCH OF THE DAY.

6) ALLOWABLE SOIL BEARING PRESSURE ASSUMED TO BE 2000 PSF BY THE CONTRACTOR. FIRST CONTACT A GEOTECHNICAL ENGINEER AND HAVE STRUCTURAL AND SOILS STABILIZATION/FOUNDATION RECOMMENDATIONS. ANY ENCOUNTERED THE SURFACE AREAS ADJACENT TO THE FOUNDATION SHALL SHALL BE PROVIDED WITH ADEQUATE DRAINAGE, AND SHALL BE GRADED SO AS TO DRAIN AWAY FROM THE BUILDING.

7) ALL FRAMING LUMBER SHALL BE SPF #2 OR BETTER (G=.42 PSI) (E=1,400,000 PSI) UNLESS NOTED OTHERWISE ON PLANS. ALL PRESSURE TREATED LUMBER SHALL BE SYP #2 OR BETTER (G=.55 PSI) (E=1,600,000 PSI) PLATE MATERIAL MAY BE SPF #2 OR BETTER (G=.42 PSI) (E=1,400,000 PSI).

8) ALL WOODEN BEAMS AND HEADERS SHALL HAVE THE FOLLOWING END SUPPORTS: (2) 1-1/2 BAND JOISTS FOR 2-6" NOM. BEAM SPAN AND (3) 1-1/2 BAND FOR BEAM SPAN GREATER THAN 6'-0" NOM.

9) LVL: SHALL BE SUPPLIED VENDOR EXPERIENCED IN LAMINATED VENEER LUMBER AND SHALL BE INSTALLED STRICTLY IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATIONS. ALL LVL BEAMS SHALL BE LAMINATED STRAND LUMBER (1.9E=2,000 PSI) (G=.50 PSI) UNLESS NOTED OTHERWISE. ALL CONNECTIONS AND FABRICATIONS TO BE MULTIPLE.

10) ALL ROOF TRUSS AND I-JOIST LAYOUTS SHALL BE PREPARED IN ACCORDANCE WITH THE MOST RECENT STRUCTURAL DRAWINGS, TRUSSES AND I-JOISTS SHALL BE INSTALLED ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS. ANY CHANGES OF TRUSS OR I-JOIST LAYOUT SHALL BE COORDINATED WITH ENGINEERING.

11) ALL STRUCTURAL STEEL SHALL BE ASTM A-36 STEEL BEAMS SHALL BE SUPPORTED AT 6" MIN BEARING WITH 12" MINIMUM BEARING LENGTH AT BOTH ENDS AND FULL FLANGE WIDTH PROVIDE SOLID BEARING FROM BEAM SUPPORT TO FOUNDATION. BEAMS SHALL BE ATTACHED TO EACH SUPPORT WITH NOT LESS THAN (2) 3/4" DIAMETER x 10" LONG ANCHOR BOLTS. ALL STRUCTURAL STEEL SHALL BE PAINTED WITH TWO COATS OF RUST INHIBITIVE PAINT. ALL STEEL PLATE, AND BOLTS SHALL BE GALVANIZED OR STAINLESS STEEL.

12) REBAR SHALL BE DEFORMED STEEL, ASTM A-615, GRADE 60.

13) ALL WELDS SHALL BE DONE BY CERTIFIED WELDERS. ALL WELDS SHALL BE E70XX ELECTRODE.

14) ALL HOLES SHALL BE DRILLED. NOTCHES SHALL NOT BE ALLOWED UNLESS SHOWN ON PLANS.

15) ALL FOOTINGS SHALL BE STEPPED AS REQUIRED TO MAINTAIN THE MINIMUM EMBEDMENT DEPTH AND TO ACCOMMODATE SLOPING GRADE. ALL FOOTINGS SHALL BE PLACED ON UNDISTURBED SOIL OR ENGINEERED FILL.

16) ALL EXTERIOR WALLS SHALL BE 2X6 (16" O.C.) WITH R-19 INSULATION. ALL INTERIOR WALLS SHALL BE 2X4 (16" O.C.) WITH R-13 INSULATION. ALL WALLS SHALL BE SHEATHED WITH 1/2" GYPSUM BOARD.

17) ALL EXTERIOR AND INTERIOR BEARING WALLS SHALL BE SHEATHED WITH 1/2" GYPSUM BOARD. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH 1/2" EXTERIOR GRADE PLYWOOD OR OSB. ALL EXTERIOR WALLS SHALL BE COVERED WITH BUILDING PAPER AND SIDING AS SPECIFIED BY OWNER.

18) ALL ROOFS SHALL BE SHEATHED WITH 1/2" EXTERIOR GRADE PLYWOOD OR OSB. ROOFS SHALL BE COVERED WITH ASPHALT SHINGLES AS SPECIFIED BY OWNER.

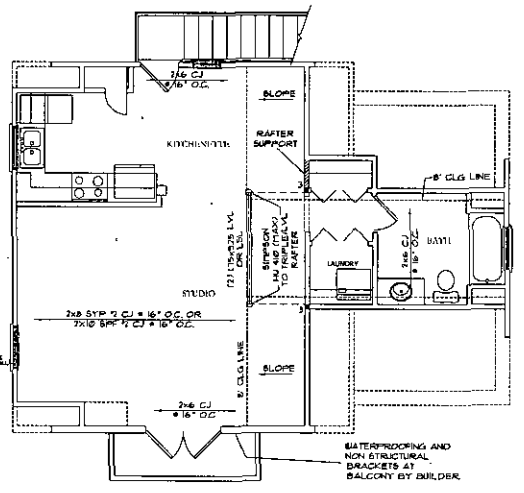
19) ALL FLOORS SHALL BE SHEATHED WITH 3/4" T&G PLYWOOD OR OSB. ALL FLOORS SHALL BE COVERED WITH CARPET, TILE, OR HARDWOOD AS SPECIFIED BY OWNER.

20) ALL FOOTINGS AND FOUNDATION WALLS SHALL BE PROTECTED WITH DAMPPROOFING AND DRAINAGE AS REQUIRED BY THE 2009 NORTH CAROLINA RESIDENTIAL CODE.

21) THE FOOTINGS AND WALLS FOR GARAGE STRUCTURES REQUIRED FOR ANY ROOF OR WALL CLADDING APPLICATION NOT SPECIFICALLY ADDRESSED IN THE NORTH CAROLINA STATE RESIDENTIAL CODE - 2009 EDITION SHALL BE AS FOLLOWS:

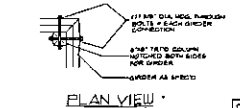
WALLS:
- 4" FW - 12" FOOTING WIDTH
- 6" FW - 16" FOOTING WIDTH
- 8" FW - 20" FOOTING WIDTH

PIERS:
- 16"x16" PIER - 24" FOOTING WIDTH

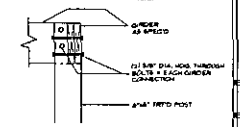


WATERPROOFING AND NON STRUCTURAL BRACKETS AT BALCONY BY BUILDER.

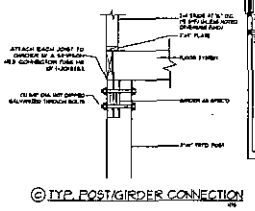
SECOND FLOOR STRUCTURAL PLAN
SCALE: 1/4"=1'-0"



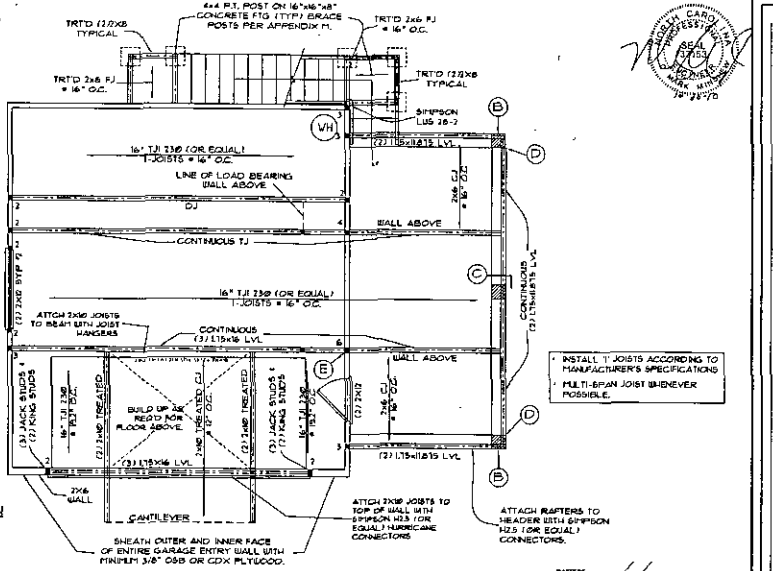
PLAN VIEW
NTS



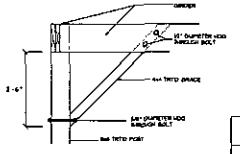
B DOUBLE NOTCHED PILE
NTS



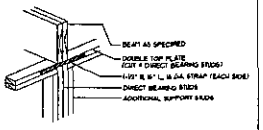
C TYP. POST/GIRDER CONNECTION
NTS



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

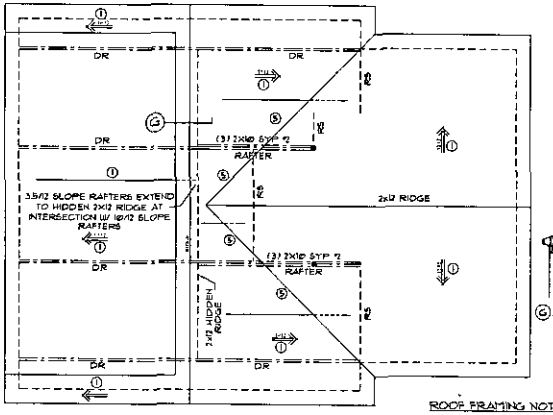


D "Y" - BRACE DETAIL

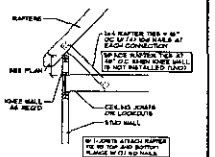


E DIRECT STUD BEARING
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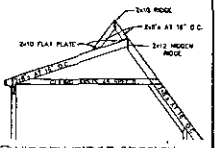
HEADER AND COLUMN NOTES
- ALL EXTERIOR AND LOAD BEARING HEADERS SHALL BE (3) 2x6 (MIN.) UNLESS NOTED OTHERWISE.
- THE NUMBER SHOWN AT BEAM AND HEADER SUPPORTS INDICATES THE NUMBER OF SUPPORT STUDS REQUIRED IN STUD POCKET OR COLUMN.



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



F RAFTER TIE DOWN (TYP)
NTS



G HIDDEN RIDGE SECTION
NTS

ROOF FRAMING NOTES:
(110 MPH WIND ZONE)
1. ALL RAFTERS TO BE 2x6 @ 16" O.C. WITH 1x8 RIDGE, UNO
2. (2) 2x10 OR (1)9x9.25 LVL HIP (2) 2x10 HIPS MAY BE SPLICED WITH A MIN. 6'-0" OVERLAP AT CENTER
3. (2) 2x10 OR (1)9x9.25 LVL VALLEY. DO NOT SPLICE VALLEYS
4. (1)9x11.875 LVL VALLEY
5. FALSE FRAME VALLEYS ON 2x10 FLAT PLATE
6. 2x6 RAFTERS @ 16" O.C. W/ 2x8 RIDGE, UNO
7. 2x10 RAFTERS @ 16" O.C. W/ 2x12 RIDGE, UNO.
8. EXTEND RIDGE 6" BEYOND INTERSECTION
- "SR" - SINGLE RAFTER
- "DR" - DOUBLE RAFTER
- "TR" - TRIPLE RAFTER
- "RS" - ROOF SUPPORT FOR RAFTER SPLICE
- "H" - (3) STUD OR 4x4 POST FOR ROOF SUPPORT
- FIRE DOWN 2x8 RAFTERS OR USE 2x10 AT CATHEDRAL CEILINGS
- ATTACH VAULTED RAFTERS WITH HURRICANE CLIPS. SIMPSON "H-5" OR EQUIVALENT

PROJECT # 10-1640.1

* Engineers seal applies only to structural components on this document. Seal does not include construction means, methods, techniques, sequences or procedures, or safety precautions or programs in connection with the construction work. Nor shall he be responsible for the contractors failure to carry out the construction work in accordance with the contract documents. Construction review services are not part of our contract. Site visits made shall be related, answered, tied and measured in accordance with good construction practice. We make no guarantee.

* Engineers seal applies only to structural components on this document. Seal does not include construction means, methods, techniques, sequences or procedures, or safety precautions or programs in connection with the construction work. Nor shall he be responsible for the contractors failure to carry out the construction work in accordance with the contract documents. Construction review services are not part of our contract. Site visits made shall be related, answered, tied and measured in accordance with good construction practice. We make no guarantee.

* Any discrepancies found between these plans and site conditions or any conflicts arising between these plans and those of other consultants shall be reported immediately to the engineer for resolution. Failure to do so will void Southern Engineers' liability.

* Use of these plans for any other project, without the express written permission of Southern Engineers, is prohibited. Reuse without written authorization shall be at user's sole risk and without liability to Southern Engineers. Unauthorized reuse will entitle Southern Engineers to compensation for all damages resulting therefrom.

* Use of these plans constitutes approval in total of all conditions as defined in the contractor agreement.

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

Vin-Yet Designs, LLC
2460 India Hook Road
Suite 201-D
Rock Hill, SC 29732
(803) 324-5531
www.vin-yet.com

The Higgins Cottage
17601 Green Hill Road
Charlotte, NC

S-1

New Comments (Alteration)

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

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:

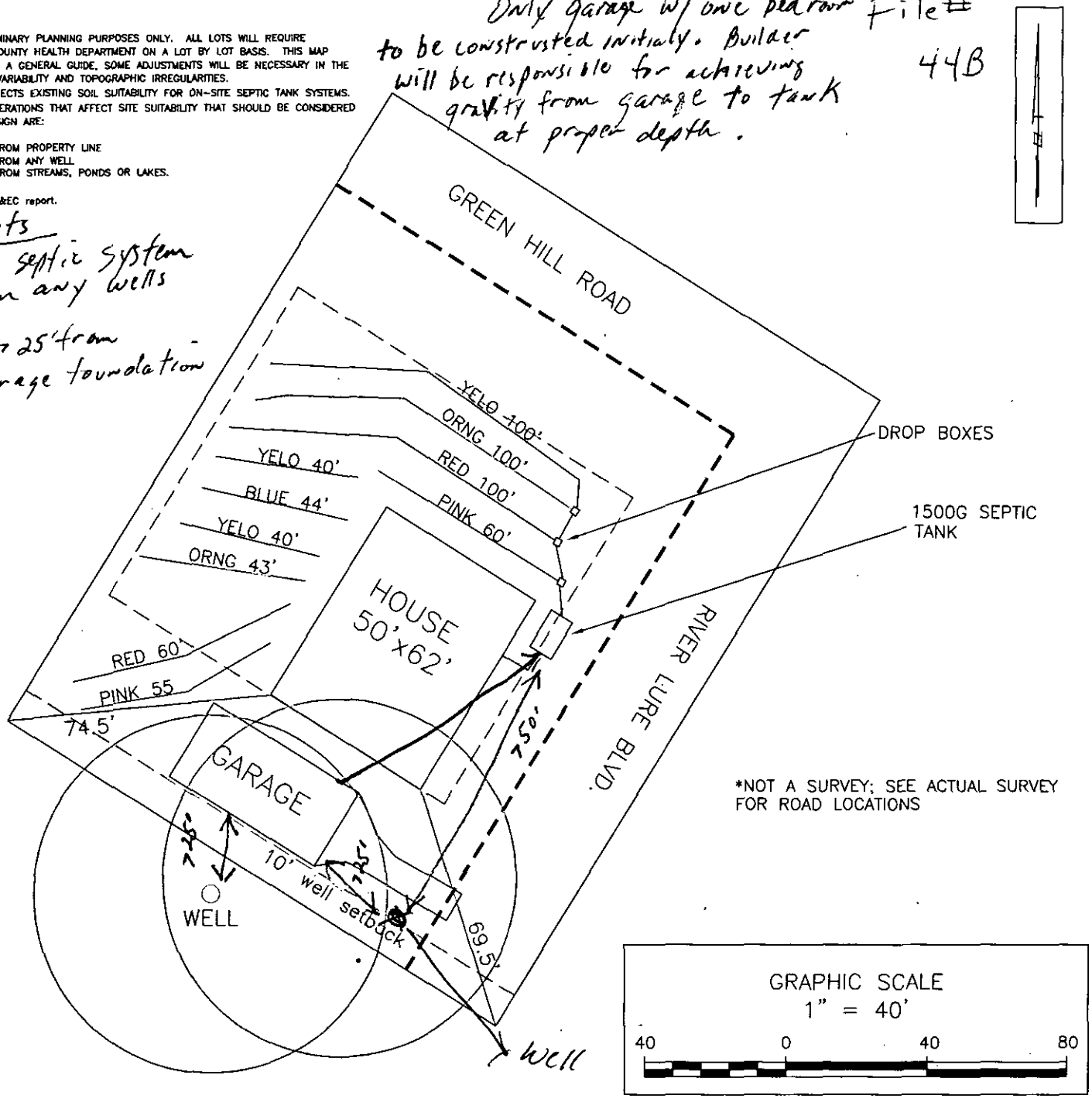
1) 10' SETBACK FROM PROPERTY LINE
2) 50' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

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. 11368
PROJECT MGR. WO
DRAWN BY WO
FIELD WORK WO
SCALE 1" = 40'

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

S&EC

PROJECT NAME: 1760; 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 25%	24	D box
REPAIR	287	0.25	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:

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

DENR Authorized Agent: Philo Walker

Signature: Philo Walker III

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.

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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:

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- 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

Signature: Philo Walker PS Signature:

Print Name

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.

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- 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 Higgins
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 pp 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 - 45 19
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
0754

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+Walden (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+Walden (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 Fuchs, atty for Burkeard 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 ch/c — DATE FEE RECEIVED: 1/26/10

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

APPLICATION PROCESSED BY: JC

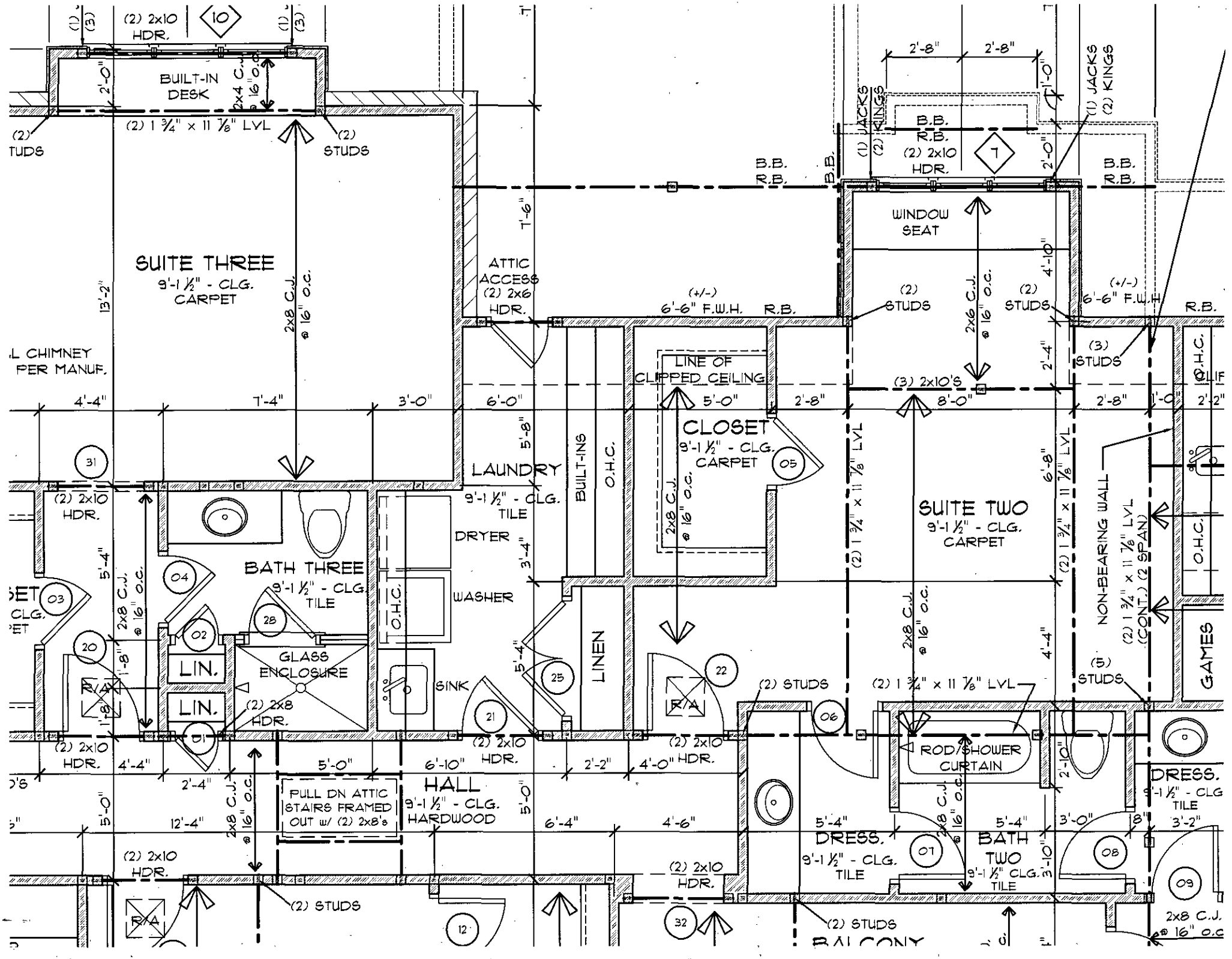
GWS FILE NUMBER ASSIGNED: 44B

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.
10
(2) 1 ¾" x 11 ⅞" LVL
(2) STUDS
(2) STUDS
2x8 C.J. @ 16" o.c.
ATTIC ACCESS (2) 2x6 HDR.
(+/-) 6'-6" F.W.H.
R.B.
LINE OF CLIPPED CEILING
CLOSET
9'-1 ½" - CLG.
CARPET
05
LAUNDRY
9'-1 ½" - CLG.
TILE
BUILT-INS
O.H.C.
DRYER
WASHER
LINEN
BATH THREE
9'-1 ½" - CLG.
TILE
GLASS ENCLOSURE
SINK
LIN.
LIN.
HALL
9'-1 ½" - CLG.
HARDWOOD
PULL DN ATTIC STAIRS FRAMED OUT w/ (2) 2x8's
(2) 2x8 HDR.
(2) 2x10 HDR.
WINDOW SEAT
(1) JACKS
(2) KINGS
B.B.
R.B.
7
(3) 2x10's
(2) 1 ¾" x 11 ⅞" LVL
SUITE TWO
9'-1 ½" - CLG.
CARPET
NON-BEARING WALL
(2) 1 ¾" x 11 ⅞" LVL (CONT.) (2 SPAN)
(3) STUDS
(5) STUDS
ROD/SHOWER CURTAIN
DRESS.
9'-1 ½" - CLG.
TILE
BATH TWO
9'-1 ½" CLG.
TILE
GAMES
O.H.C.
(2) 2x10 HDR.
(2) STUDS
BALCONY
2x8 C.J. @ 16" o.c.
2x6 C.J. @ 16" o.c.

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 .1941 Structure/ Texture	.1941 Consistence Mineralogy	PROFILE FACTORS .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

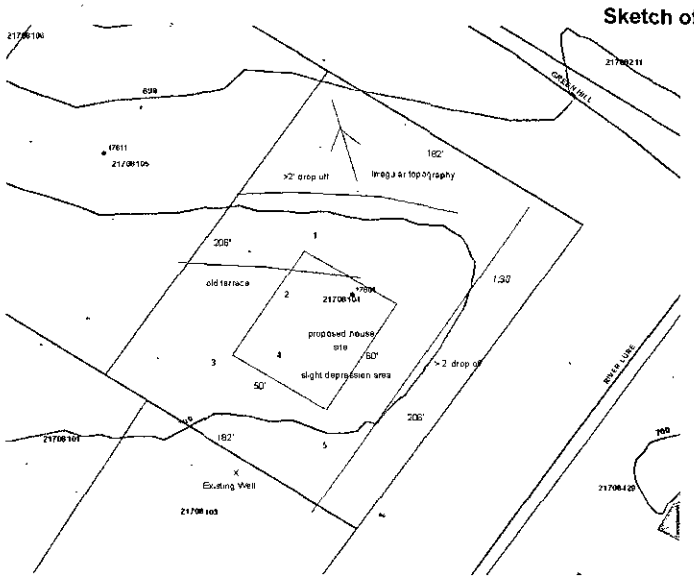
Other Factors (.1946):
Soil Evaluation By: Jason Jackson
Others Present: Bill Marlin
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: PHILO WALKER RS
Others Present:

COMMENTS:
100% repair area required.
Keep system >50' from well

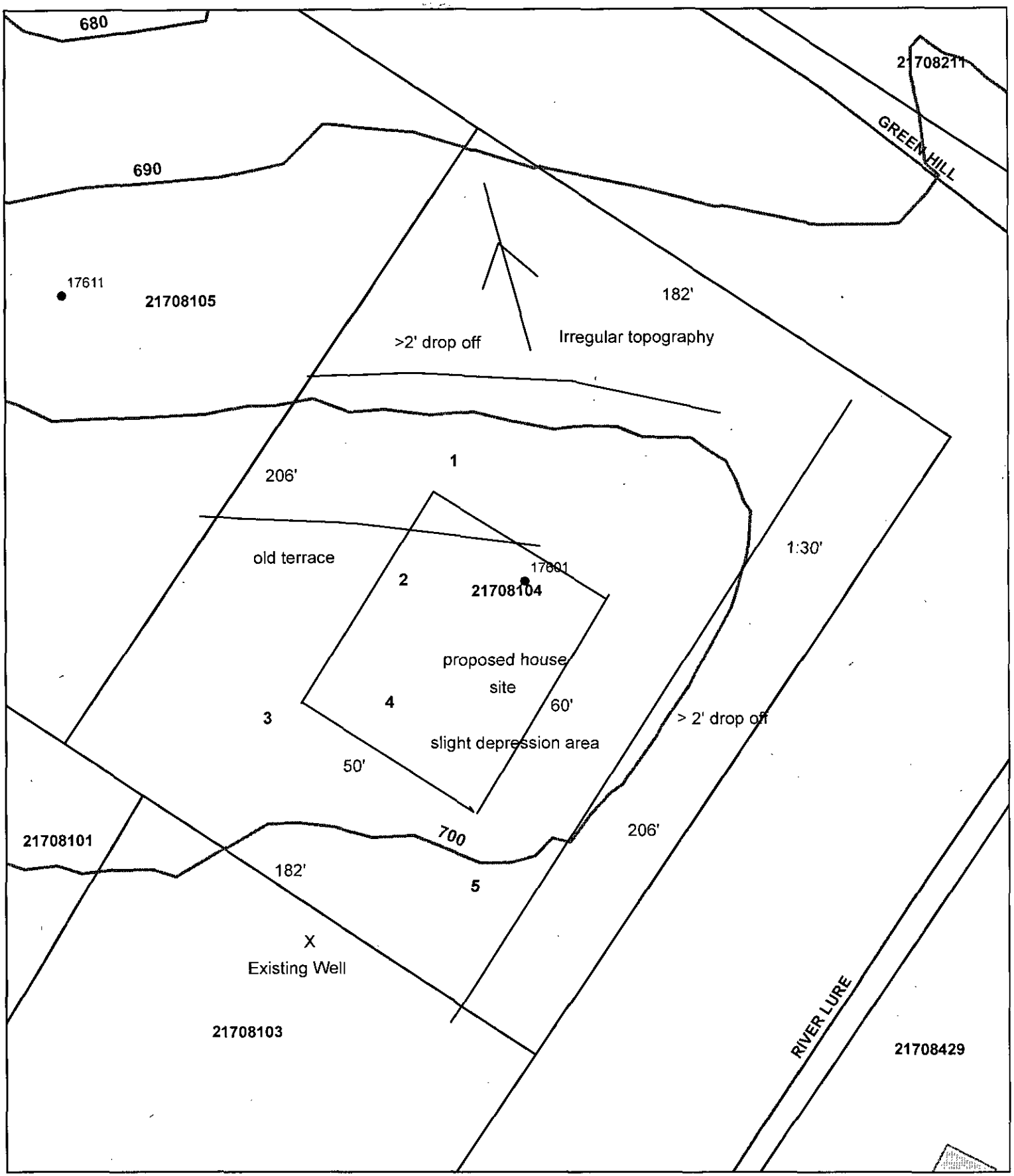
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky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



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:

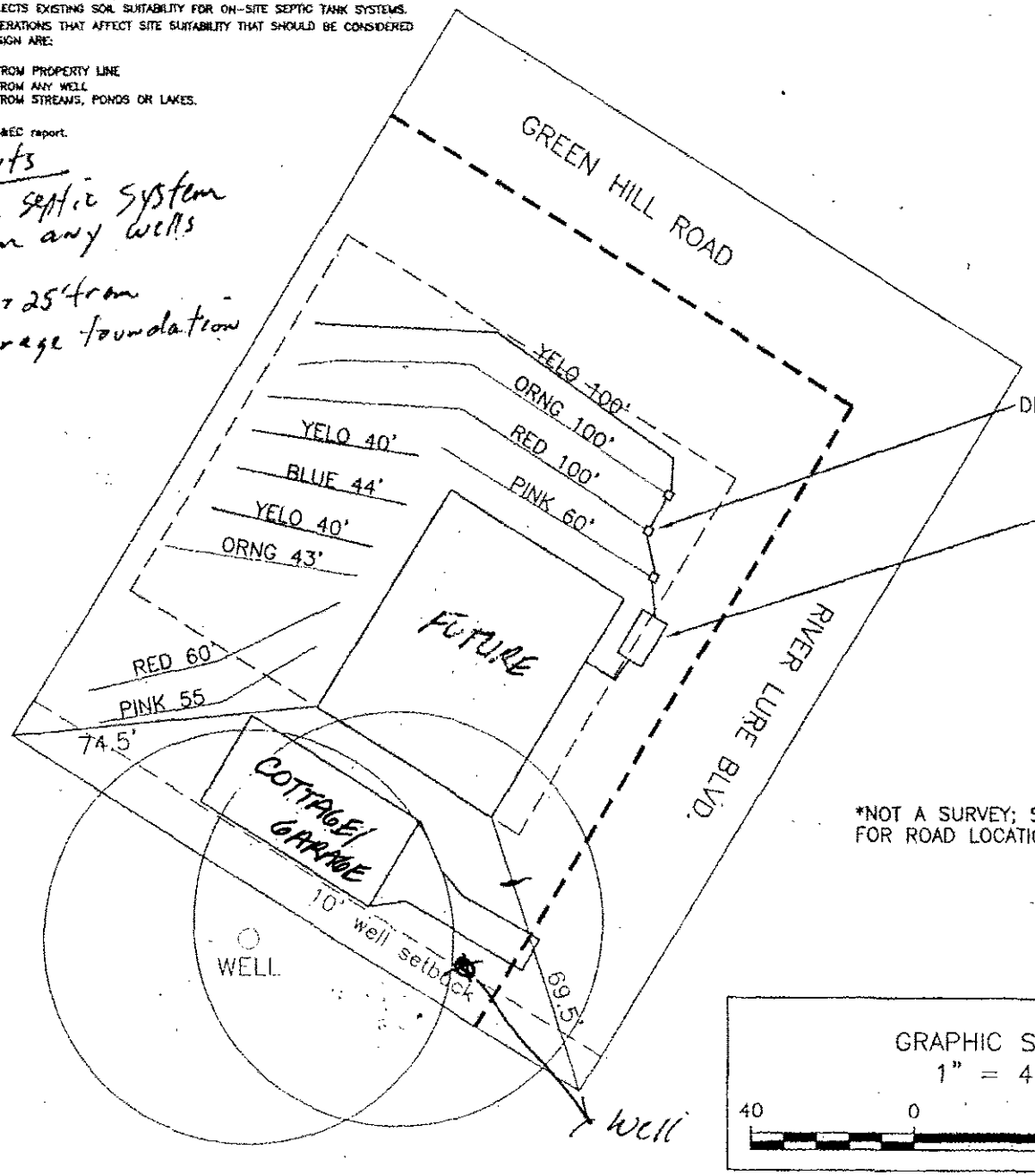
1) 10' SETBACK FROM PROPERTY LINE
2) 50' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

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. 11348
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

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 PA

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: _____

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 - 2400SF

NUMBER OF BEDROOMS: 3/4 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~~ Buying FOR PROPERTY OWNER, IF APPLICABLE:
NAME: BENFIELD JAMES (LAST) (FIRST) (MI)	NAME: HERMSEN PATRICK L. (LAST) (FIRST) (MI)
ADDRESS: 17209 Youngblood	DAYTIME PHONE: 704 400-0999 cell
CITY: CH STATE: NC ZIP: 28217	704-357-8065 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

DATE: 10/2/01 AJ

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 8/

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 F. Mullis 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

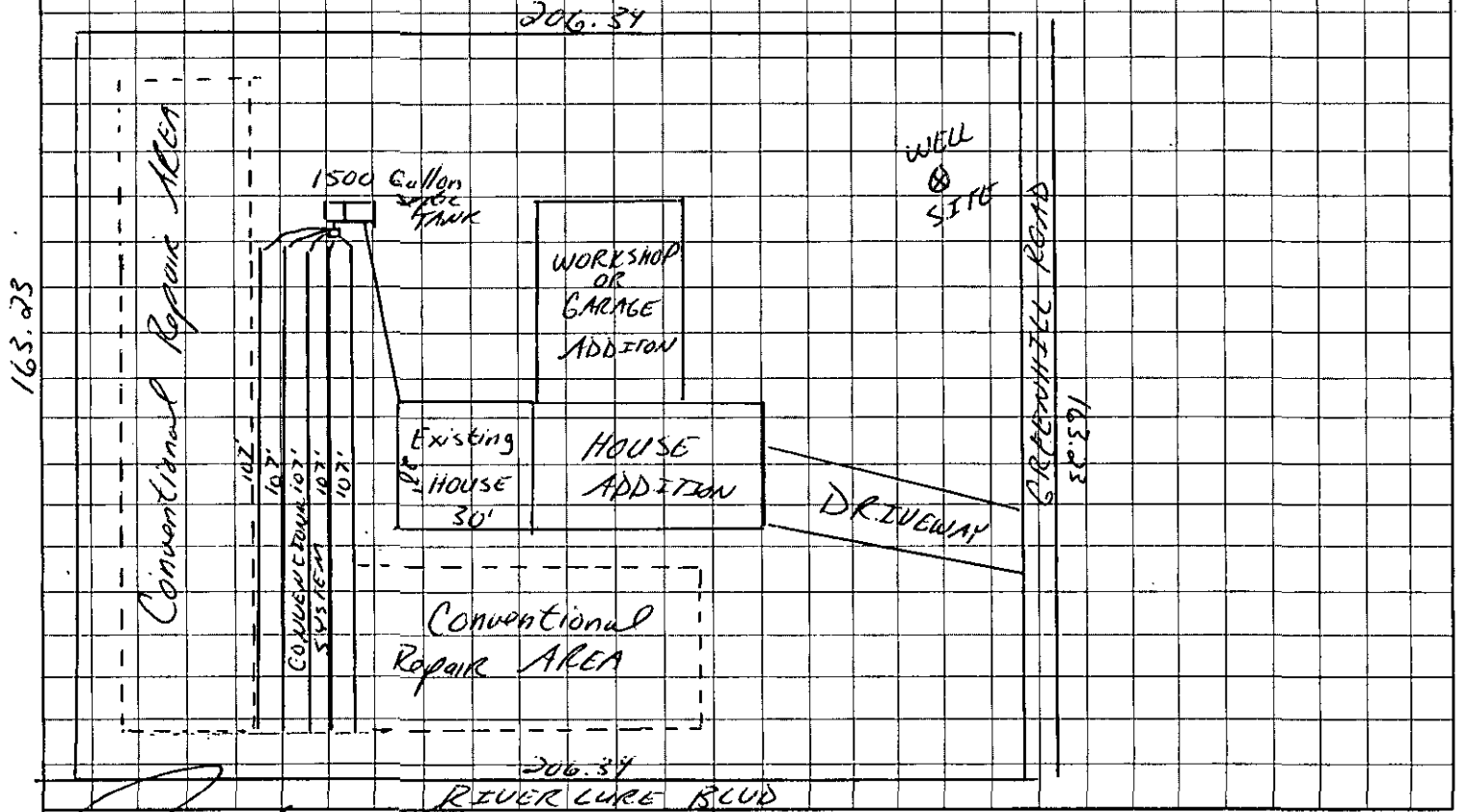
FILE: 7933A / 448

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 Tommy L. Mecklin 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)
YES Serviced by private well	1500 Gallon septic tank	555' 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	NA Gallon pump tank	12" Depth of stone	

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

Site modifications required: NA

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) 555 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.

Thomas P. Mickle 5/17/01
DEHNR Authorized Agent Date

X [signature] 5/17/01
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... 12400

44B/7933A

Pd. #200 ck 5/25-194 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

PERSON FILING APPLICATION:
NAME: BENFIELD (last) JAMES (first) PHILIP (mi)
ADDRESS: 17204 Youngblood Rd PHONE: (704) 587-0645
CITY: CHARLOTTE STATE: NC ZIPCODE: 28217

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-081-04
STREET ADDRESS: 17601 GREEN HILL Rd
ZONING: _____

PROPERTY OWNER:
NAME: BLUME (last) BENNIE (first) LEE (mi)
ADDRESS: 3601 KELWAY AVE. PHONE: (__) _____
CITY: CHARLOTTE STATE: NC ZIPCODE: 28210

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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):

[ ] 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 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION: 0.9-12-94

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/At 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

Judy J. Kyser RS 6/8/94
Environmentalist Date

Philip S. Walker 6/13/94
Director or Authorized Section Head 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

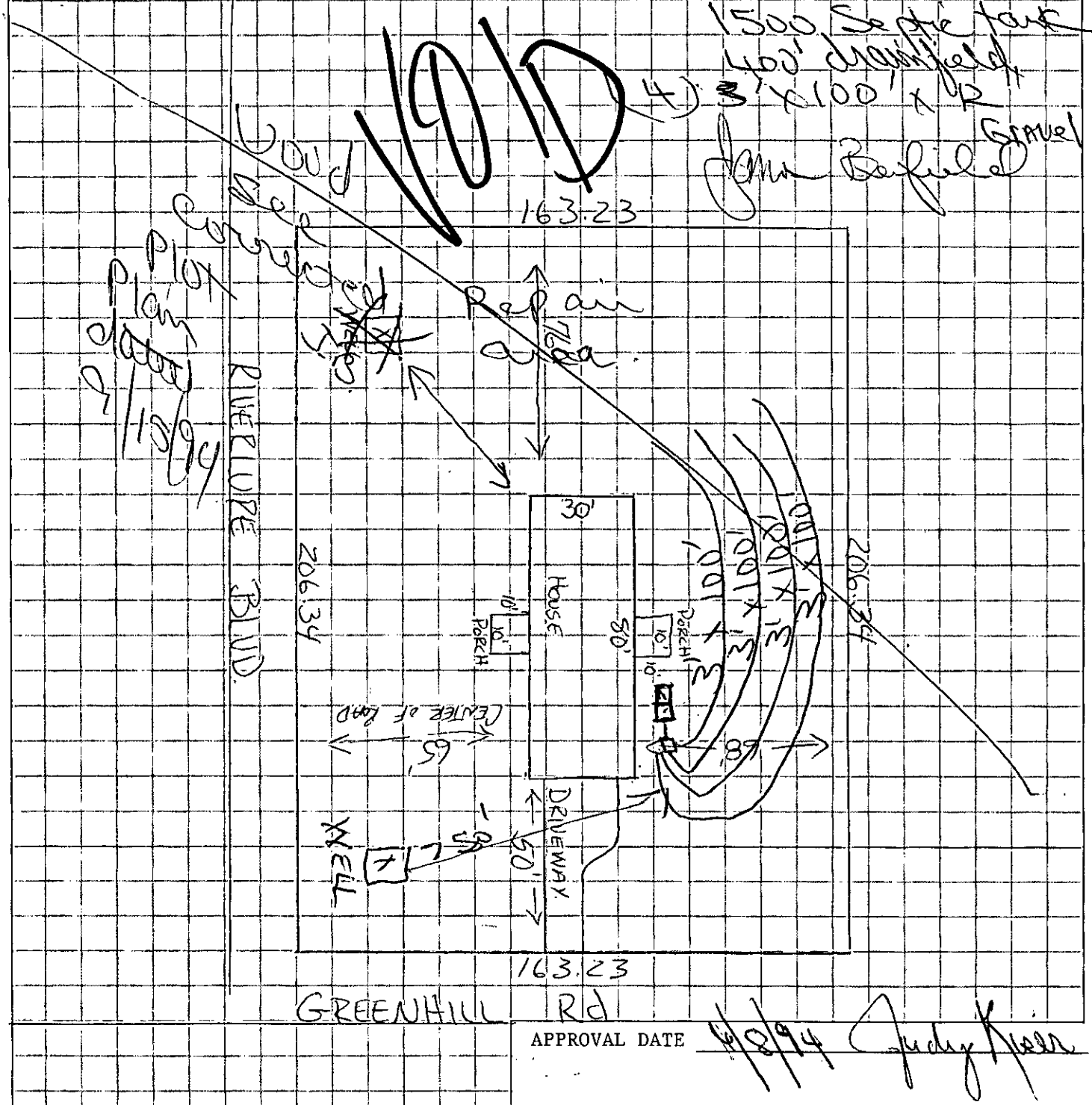
PROPOSED PLOT PLAN

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 4/8/94 Judy Kerr

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: 4B 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.

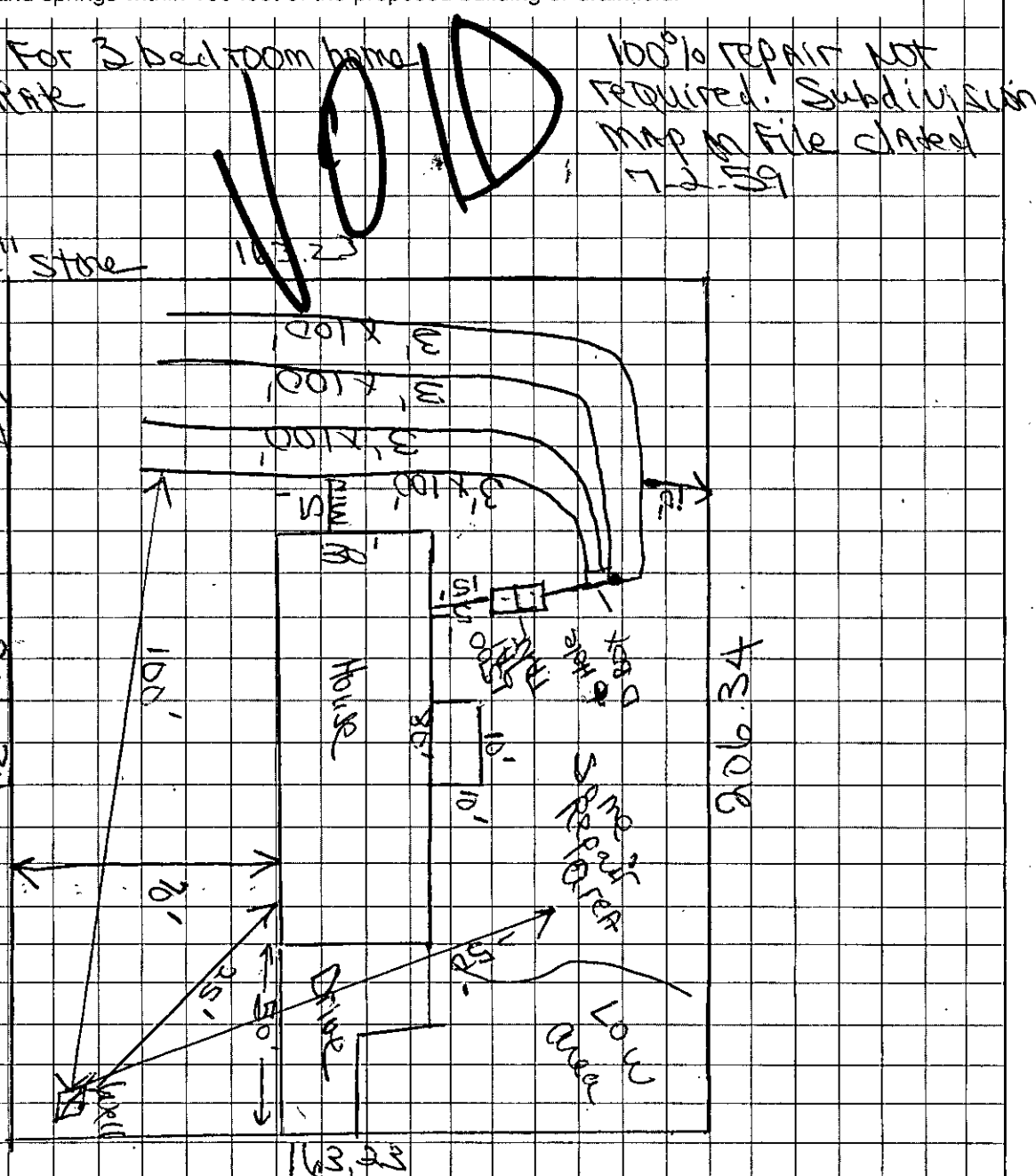
Septic System For 3 bedroom home
.3 Application Rate
1200 SF
400 LF
4 Trenches
3' x 100' x 12" stone

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



James P Barfield
OWNER/AGENT SIGNATURE

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

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

FILE: Pwt. 7958

TO: 2111 Jefferson Ln

PROPOSED PLOT PLAN

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

OWNER/AGENT SIGNATURE

DATE

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

7933A/44B 400 CRT PAID 50.00 CK# 1972 NB 12-31-91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

A CRT [] 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: (__) 552-6791
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: Same (last) (first) (mi)
ADDRESS: PHONE: (__)
CITY: STATE: ZIPCODE:

VOID

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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

[X] 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) [X] 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)
[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: 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

07600

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12412

File: 7933A/448 Action 1

Parcel: 217-08104 PC

Location: Greenhill Road

Subdivision:

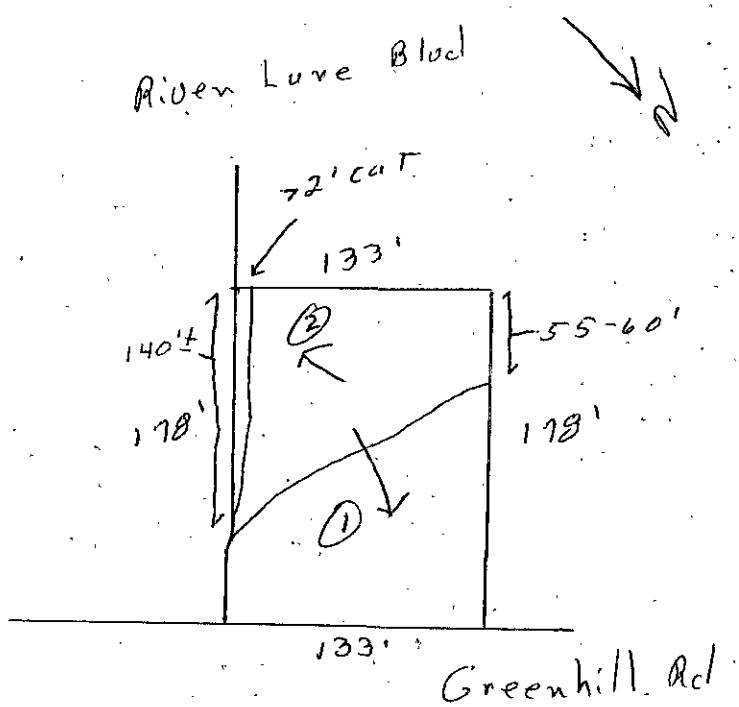
Lot: 7 Block: A Acres: .55

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. Marlin

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 ∠ Blocky ∠ Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	(S) PS U 748" to water	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	(S) U 748"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	(S) PS U 748"	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