Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) AAD 10/15/18 Initials/Date

OP ($200.00) AAD 10/15/18 Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

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

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

Floor plans need to be submitted and reviewed before CA can be issued. ☑ Reviewed ☑ SAM 10/16/1

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

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

Send permit for signature. ☑ Signature received. ☑ _____

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

Certified operator contract is on file. ☐ _____

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) 4/18/16 LC Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

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

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

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

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

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

94586
875

18 APR '16 AM 11:20

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 03121310
STREET ADDRESS: 1815 HART Rd
CITY: CHARLOTTE
STATE: NC ZIP: 28214-6482
SUBDIVISION NAME: N/A
LOT #: N/A LOT SIZE (acres): ½ ACRE
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: 2500 To 3000
NUMBER OF BEDROOMS: 3 or 4
NUMBER OF OCCUPANTS: 2

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: 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? _____ ☑ N/A

12. PROPERTY OWNER:

NAME: DAVID SIMONSON
ADDRESS: 21 LOMA VISTA PL.
CITY: SAN RAFAEL
STATE: CA ZIP: 94901-4809
WORK PHONE: RETIRED
MOBILE PHONE: 707-484-1150
FAX: NO
E-MAIL: holdmycalls@icloud.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

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.

DCS (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.

David C. Simonson _____
Property Owner's or Owner's Legal Representative Signature — Date

DAVID C. SIMONSON

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Sheet: 1 of 2
Property ID: 031-213-10
Lot #: Block D Lot 3
File #: 9458B
AppID: 8175

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: David Simonson
Address: 21 Loma Vista Pl., San Rafael, CA 94901
Proposed Facility: 3BR House
Design Flow (.1949): 360 GPD
Location of Site: 1815 Hart Rd, Charlotte, NC 28214
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 6/14/2016
Property Size: 0.5 ac
Property Recorded: 1958

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit #1	SS 4%	0 - 4	gr SL	SS SP FR SEXP						PS IV 0.3	36"
		4 - 36	sbk C	S P FR SEXP	2 chroma	64	NA	NA			
		36 - 64	sbk SICL	SS P FR SEXP	at 58"						
Pit #2	SS 4%	0 - 6	gr SL	SS SP FR SEXP						PS IV 0.3	36"
		6 - 22	sbk C	S P FI SEXP	>66"	36	PS	NA			
		22 - 36	sbk SCL	SS SP FR SEXP							
		36 - 66	sg SL Sap	SS SP FR SEXP							
Pit #3	SS 4%	0 - 5	gr SL	SS SP FR SEXP						PS IV 0.3	36"
		5 - 18	sbk C	S P FR SEXP	>68"	41	PS	NA			
		18 - 41	sbk SCL	SS SP FR SEXP							
		41 - 68	sg SL Sap	SS SP FR SEXP							
Pit #4	LS 2%	0 - 5	Fill	SS SP FR SEXP						US	NA
		5 - 17	gr SL	SS SP FR SEXP	2 chroma	29	US	NA			
		17 - 29	sbk SCL	SS SP FR SEXP	at 17"						
		29 - 40	mass SCL	SS SP VFI EXP							
	Install trenches				at 36"						

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)	III9	
Site LTAR (gpd/sq ft)	0.3	Repair Exempt

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS, REHS JPP
Others Present:
Site Classification (.1948): PS
Site Evaluation By: Philo Walker REHS
Others Present: Odel Grant

COMMENTS: Install trenches at 36"

Sheet: 2 of 2
File #: 9458B
AppID: 8175

Landscape Position
R-Ridge
SS-Shoulder Slope
LS-Linear Slope
FS-Foot Slope
NS-Nose Slope
HS-Head Slope
CC-Concave Slope
CV-Convex Slope
T-Terrace
FP-Flood Plain
D-Drainage Way

Group	Texture	.1955 LTAR
I	S-Sand	1.2 - 0.8
	LS-Loamy Sand	
II	SL-Sandy Loam	0.8 - 0.6
	L-Loam	
III	Si-Silt	0.6 - 0.3
	SiCL-Silty Clay Loam	
	CL-Clay Loam	
	SCL-Sandy Clay Loam	
	SiL-Silt Loam	
IV	SC-Sandy Clay	0.4 - 0.1
	SiC-Silty Clay	
	C-Clay	

Structure
sg-Single Grain
mass-Massive
cr-Crumb
gr-Granular
sbk-Subangular Blocky
abk-Angular Blocky
pl-Platy
pr-Prismatic
Sap-Saprolite

Structure Prefixes
w-weak
m-moderate
s-strong
f-fine
m-medium
c-coarse

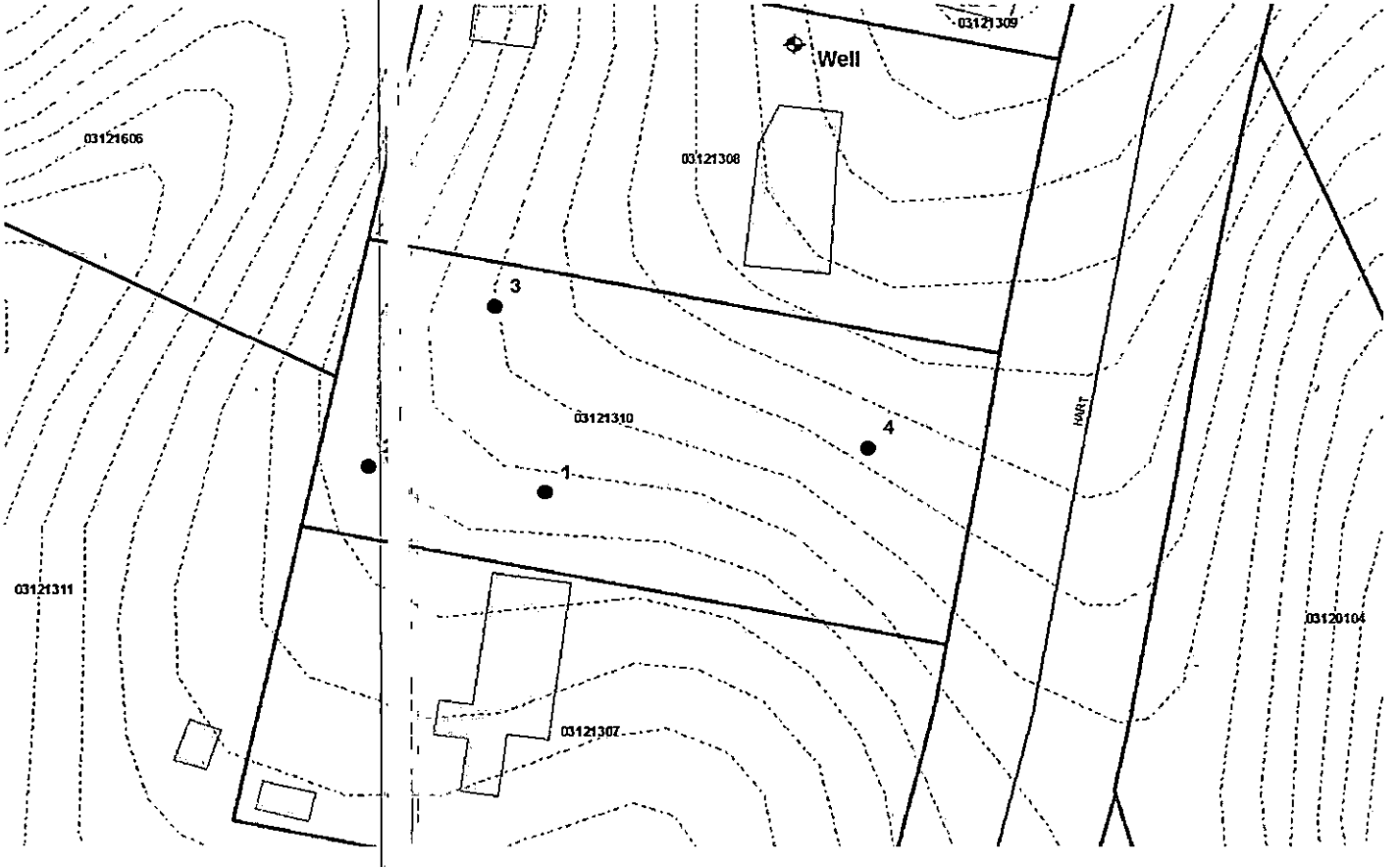
Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive

Classification
US-Unsuitable
PS-Provisionally Suitable
S-Suitable
NA-Not Applicable

Sketch of Soil Evaluation Locations



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 #: **30008175** GWS File #: **9458B** Tax Parcel #: **031-213-10**

- 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):** 7/5/2021

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

Structure Type: MODULAR HOME Size (ft^2): 2500 # Bedrooms: 3 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Philo Walker Owner/Legal Agent: David Simpson

Signature: Philo Walker REHS Signature: David Simpson

Print Name

Date Issued: 7/5/2016

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 #: **30008175** GWS File #: **9458B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- 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.
- Repair, Maximun feasable area. 100% repair area not required.

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Philo Walker

Signature: Philo Walker REHS

Date Issued: 7/5/2016

Owner/Legal Agent: David Simpson
Print Name

Signature: David Simpson

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

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Building Foundation: Crawl Space Water Supply: Municipal

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Initial System Specifications:

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Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: N/A **System Classification:**

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	0	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

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

Signature: Philo Walker REHS Signature: _____

Date Issued: 7/5/2016

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 #: **30008175** GWS File #: **9458B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
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- Repair, Maximun feasable area. 100% repair area not required.

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- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Philo Walker

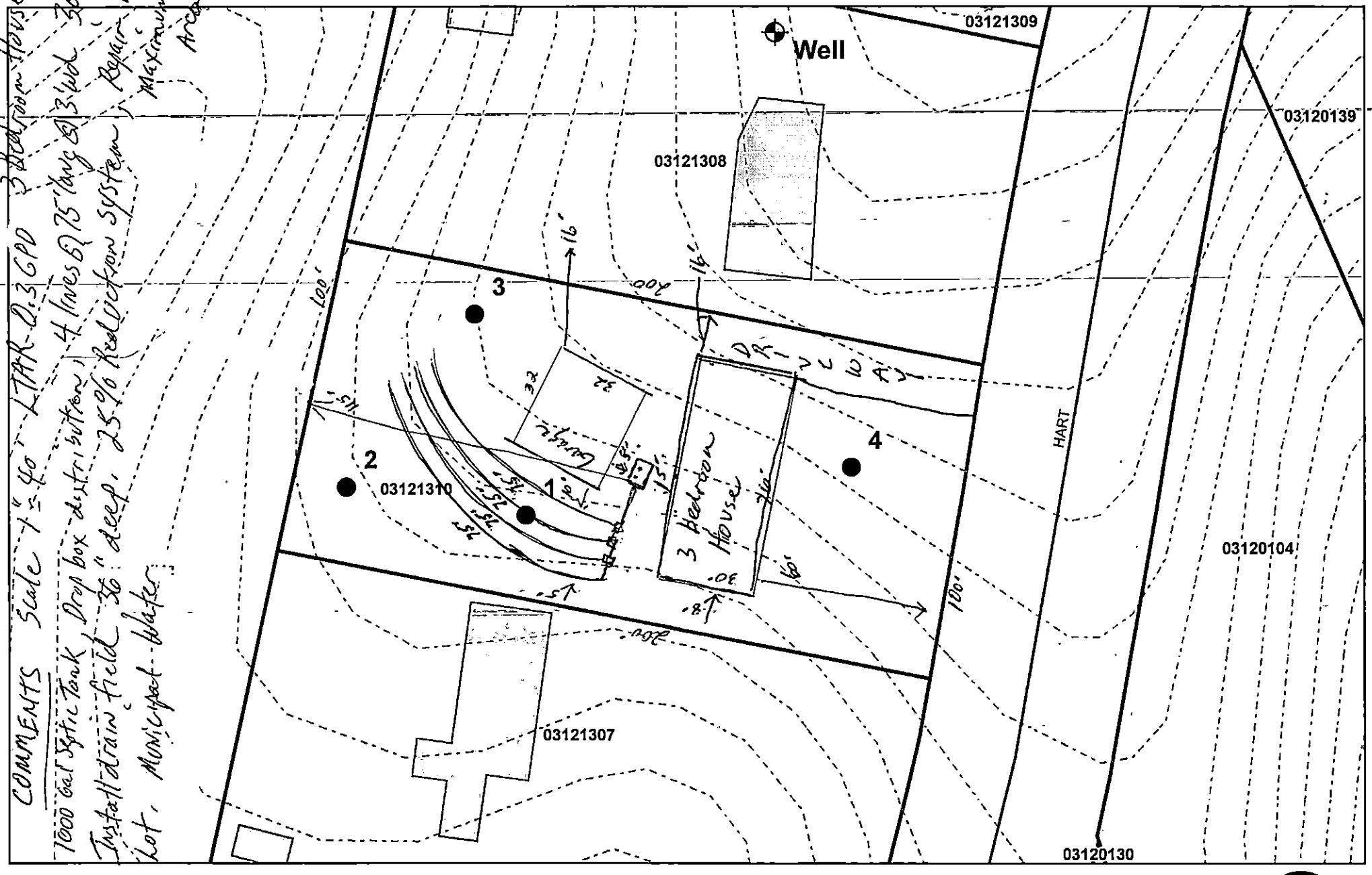
Signature: Philo Walker REHS

Date Issued: 7/5/2016

Owner/Legal Agent: _____
Print Name

Signature: _____

PID: 031-213-10
FILE # 9458B
APP ID: 8175



Drawn By:
Date:

1 inch = 40 feet

FEE: 200.00
DATE: 10/17/2018

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9458B

PERMIT NUMBER: 30008175

PARCEL NUMBER: 03121310

JOB LOCATION INFORMATION

ADDRESS: 1815 HART RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28214

ISSUED TO: DAVID SIMONSON

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 10/17/2018

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30008175, 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. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature Jeremy Michael

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

Septic System Pre-Construction Meeting Checklist

File # 94586 App # 8175 Tax Parcel # 031-213-10

Property Owner: David Simonson

Job Location Address: 1815 Hart Rd

City: Charlotte State: NC Zip Code: 28214

1. **Does System design match facility, flow & wastewater characteristics?**

   ☒ YES ☐ NO

   Comments: _____

2. **Is there sufficient available space for the septic systems initial and repair areas?**

   ☒ YES ☐ NO

   Comments: _____

3. **Can the septic system be installed per the permit conditions and drawing on file?**

   ☒ YES ☐ NO

   Comments: _____

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

April Burrgamer
Authorized Agent

2-26-19
Date

Stevens Septic
Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (980) 314-1680 • Fax (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9458B Permit #: 8175 Tax Parcel #: 031-213-10

Property Owner: David Simonson

Job Location Address: 1815 Hart Rd

City: Charlotte State: NC Zip Code: 28214

Operation Permit Issuance Date: 2-26-19 **Contractor Name:** Chris Stevens

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Dellinger Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 300 feet

# of Lines: 3 @ varies feet

Depth of Media: 12 inches (Type) Quick 4

Depth of Cover: 24" inches

Distribution Device: End Caps

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: 7' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 10' feet

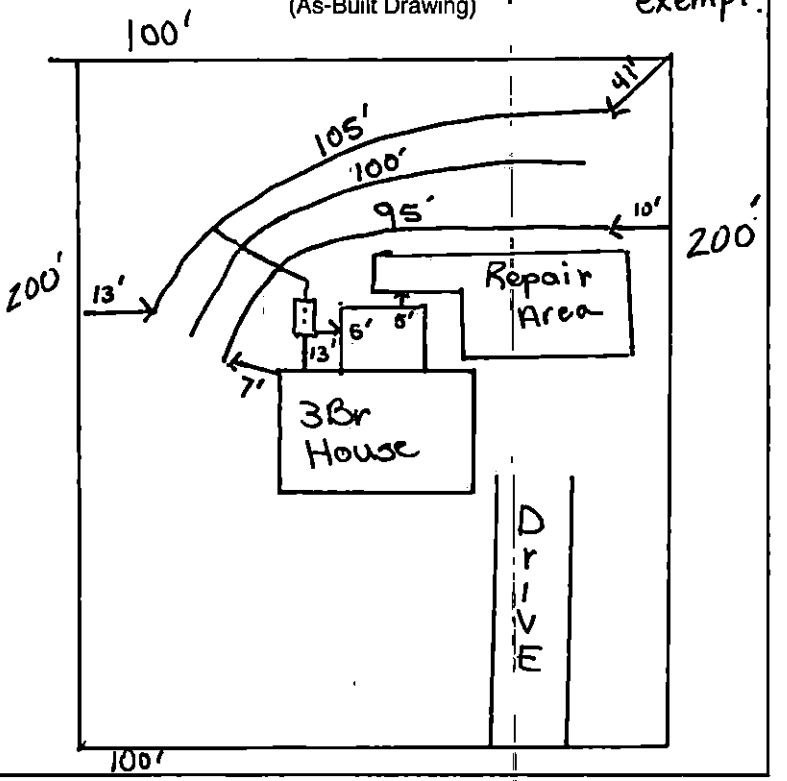
Inspection Dates

Tank(s) Inspected: 2-26-19

Excavation Inspected: 2-26-19

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing) *Repair exempt.



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 operated properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments" This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

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

Comments: System Classification & Type: III g | IQ4 | g | NA | NA

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 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 #: 9458B Permit #: 8175 Tax Parcel #: 031-213-10

Property Owner: David Simonson

Job Location Address: 1815 Hart Rd

City: Charlotte State: NC Zip Code: 28214

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIg

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

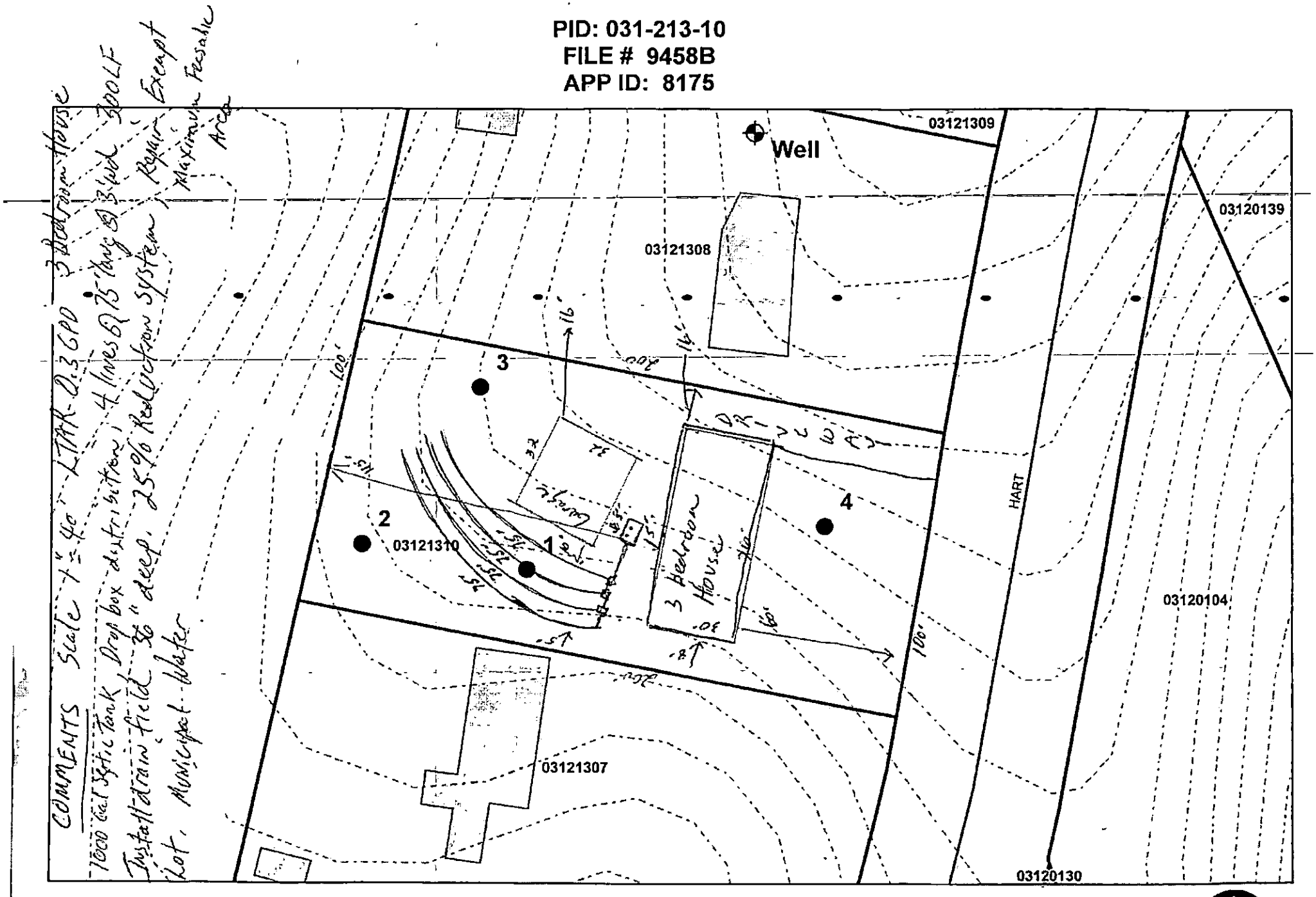
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: April Bumgarner Date: 2-26-19

Signature: April Bumgarner

PID: 031-213-10
FILE # 9458B
APP ID: 8175



Drawn By:
Date:

1 inch = 40 feet

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	Lot repair exempt
IA issued date:	
OP Issued date:	
Review performed by:	Jeremy Michael
Date performed:	7/11/2016

Created at 7/11/2016 9:20 AM by Michael, Jeremy
Last modified at 7/11/2016 9:20 AM by Michael, Jeremy

Close

Groundwater & Wastewater Services: Septic Project File & D

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	9458B
WASPS App #:	8175
Primary ES assigned to project:	Philo Walker
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Pi ion Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recor]?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent terial Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons corded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Rec ded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system l repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Autho ion: .1937(g), 130A-336(a) - Proposed Syster e stated - Initial	Yes
Improvement Permit/Construction Autho ion: .1945(b) - Proposed System Type stated - pair	N/A
Improvement Permit/Construction Autho ion: 130A-336(a)(3) - System location identifia by setbacks - Initial	Yes
Improvement Permit/Construction Autho ion: .1937(g), .1945(b) - System components sl n - Initial	Yes
Information Permit/Construction Authori on: .1945(b) - Repair area shown	N/A
Improvement Permit/Construction Autho ion: .1937(f)(g) - Does System design match fa y, flow & WW characteristics?	Yes
Improvement Permit/Construction Autho ion: .1937(f)(g) - Is System design consistent w soil/site conditions?	Yes
Improvement Permit/Construction Autho ion: .1937(f)(g) - Is the System located in the a oved area?	Yes
Improvement Permit/Construction Autho ion: 130A-336(a) - Number of Bedrooms, em ees, seats, etc. indicated?	Yes
Improvement Permit/Construction Autho ion: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Autho ion: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Autho ion: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Autho ion: 130A-336(a)(1) - Proposed/existing well s wn?	N/A

FACTORY EXPO HOME CENTERS

NC DOI Lic #36358

115 Titan Roberts Rd., PO Box 1829 • Lillington, NC 27546 • 1-800-504-3238

BUYER 1 David C Simonson	BUYER 2 Be Thi Farley			DATE May 26, 2016	
MAILING ADDRESS 21 Loma Vista Pl	CITY San Rafael	STATE CA	ZIP 94901	PHONE 707-484-1150	
DELIVERY ADDRESS 1815 Hart Road	CITY Charlotte	STATE NC	ZIP 28214	CELL	
DELIVERY COUNTY Mecklenburg	WIND ZONE Wind Zone 1		THERMAL ZONE Therm Zone 2		
SALESPERSON Jennifer Shook 45920	THIS CONTRACT REVISED FROM April 19, 2016		EMAIL ADDRESS holdmycalls@icloud.com		
MAKE & MODEL Havelock by Champion	YEAR 2016		BEDROOMS 3	BATHS 2	DEN -
SERIAL NUMBER 023-000-H-A00 ◉ NEW ○ USED	FLOOR SIZE 32x76	HITCH SIZE 32x80	APPROX. SQ. FT. 2305		

NOTICE OF CONSTRUCTION & FINAL PAYMENT

This is a cash transaction. Buyer authorizes Factory Expo Home Centers to place home into the construction process. By placing home in the construction process, buyer understands that all down payments will be handled per the Payment Disclosure and Notice of Cancellation. Buyer agrees that the final payment must be paid as indicated under Notations & Remarks. X BTF XDRS

NOTICE OF COMPLETION

Buyer understand that the approximate completion month for home is:

June

Buyer understands that in the event delivery of the home does not occur to property within 12 days after home is completed at the factory there will be a $20 per day storage charge that must be paid prior to shipment. In the event there is an extended period of storage time needed buyer authorizes Factory Expo Home Centers to re-locate the home to an off-site storage facility. Buyer must insure the home and is responsible for any damage incurred as a result of extended storage. X BTF XDRS

NOTICE OF FREIGHT

Buyer understands that unless otherwise stated, the quoted freight price is estimated for the current date and may not reflect fluctuating fuel surcharges, Department of Transportation highway construction re-routing, highway patrol escorts, or unique complicated placements based on terrain of delivery site. X BTF XDRS

Retail Price Model:	Havelock		$ 113,256.00
Factory Direct Discount			$ (22,045.00)
		Sub Total 1	$ 91,211.00
Addendum "A" Upgrades			21,409.00
March	Markdown Madness		(2,385.00)
Misc #1			
Preferred Payment Discount	3.0%		(2,664.78)
-	0.0%		0.00
Freight			3,311.00
Document Preparation			$ 395.00
		Sub Total 2	$ 111,276.22
North Carolina Sales Tax 4.75% OF HALF CONTRACT			$ 2,642.81
6 Year Extended Service Contract -			-
6 Year Extended Service Contract Sales Tax			$ -
		Taxable Total	$ 113,919.03
Onsite Allowance			
		Total	$ 113,919.03
Down Payment		(-)	$ (114,162.68)
Additional Payment as Agreed		(-)	
		Unpaid Balance	$ (243.65)

NOTES & REMARKS

*NO VERBAL PROMISES. Changes may only be made via signed change order request and may incur extra charges. X BTF XDRS

Buyer understands that if not paid 7 business days prior to completion, balance must be paid in certified funds. X BTF XDRS

Buyer agrees that the unpaid balance due will be paid in full on or before: Paid In Full X BTF XDRS

Factory current build time completion is June 2016 / July 2016.

Please read the Payment Disclosure carefully, terms shall apply after passage of 3 day right.

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS PURCHASE AGREEMENT. I UNDERSTAND THAT THIS CANCELLTION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE-DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.

Unless otherwise stated, if for any reason buyer is not ready to authorize construction of the above home, the amount of this purchase agreement is subject to an increase. If the cost of the home increases between the date of this agreement and the date buyer authorizes construction, buyer agrees that the purchase agreement amount will be adjusted to cover the increases incurred during such time. X BTF XDRS

THIS AGREEMENT ALONG WITH ADDENDUMS CONTAIN THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS PURCHASE AGREEMENT

Jennifer Shook 6-8-16
Jennifer Shook — Factory Expo Home Centers Representative

FACTORY EXPO HOME CENTERS MANAGER REVIEW & ACCEPTANCE 6.8.16

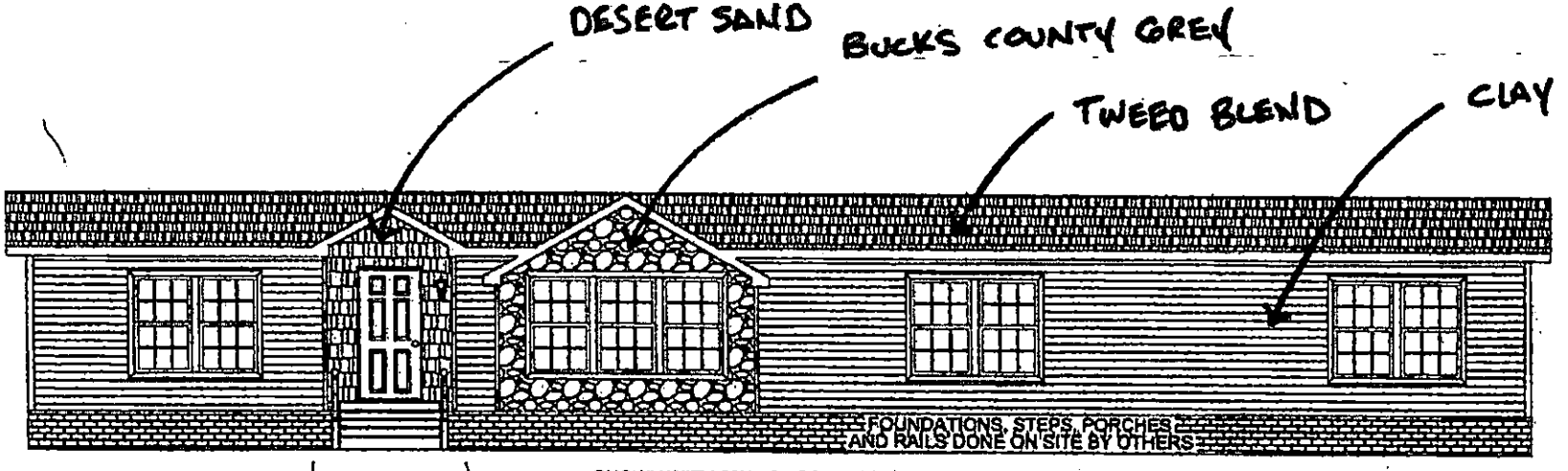
SIGNED X (Buyer) David C Simonson 6-4-16
David C Simonson — Date

SIGNED X (Buyer) Be Thi Farley 6-4-16
Be Thi Farley — Date

FINAL

Sign Budhiyanto 6-4-16 Date

Sign SIMONSON 6-4-16 Date



SHOWN WITH STANDARD DOOR & WINDOW CONFIGURATION

FRONT ELEVATION

CHAMPION

PROJECT

TITLE: ELEVATIONS

JOB: 021-3278-10 MON REVE

DATE: 10/28/15

SCALE: NTS

DRAWN: A.CINTRON

CHECKED:

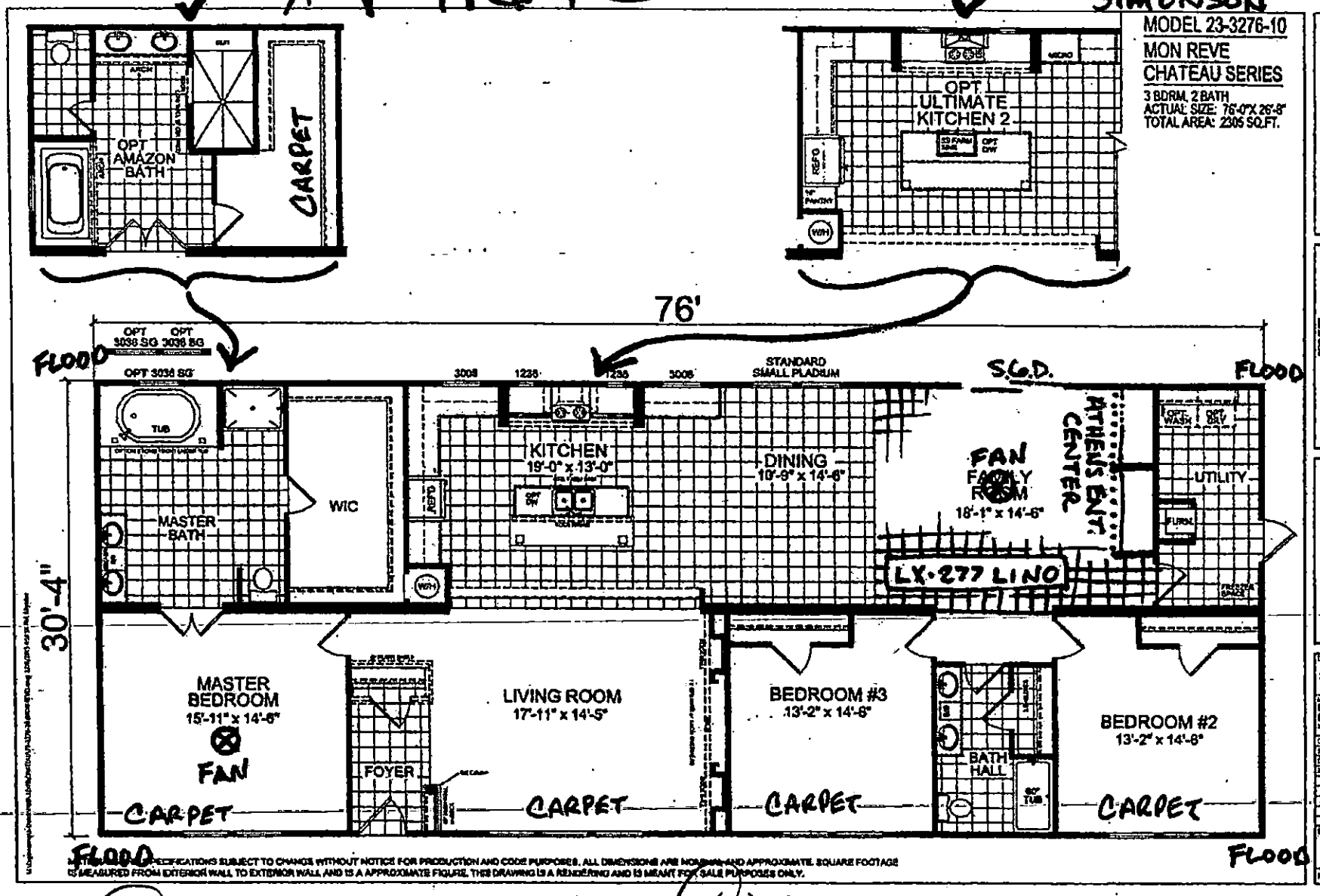
REVISIONS

SHEET NO: EV-101

PAGE

FINAL

SIMONSON



CHAMPION

PROJECT

TITLE: LITERATURE PLAN

MODEL: CHATEAU 32' OPT LIK2 TYP

SHEET NO. L-101

6-4-16
Sign Date

6-4-16
Sign Date

Walker, Philo

From: WellReg
Sent: Tuesday, July 05, 2016 3:18 PM
To: Walker, Philo
Subject: Pending hydrogeologist review, you have been assigned Well Project: (App ID # 8341)

Mecklenburg County, NC
Health Department
Groundwater & Wastewater Services.

Project Type:	Residential - New Well
Tax PID:	03103325
Address:	815 TOM SADLER RD
City:	CHARLOTTE
Zip:	28214
Subdivision Name:	
Lot #:	0
Proposed Use of Well:	Irrigation
Owner Name:	CHERYL MARIE WEBER LAWING
Owner Work Phone:	
Owner Mobile Phone:	
Owner Email:	FLOWERNOSE@AOL.COM
Agent Name:	
Agent Work Phone:	
Agent Mobile Phone:	
Agent Email:	

SEPTIC PERMIT APPLICATION

April 13, 2016 at 7:57 AM

From "Ellis, Loretta"

To David Simonson

Black and White1120.pdf 120.27 KB

MECKLENBURG COUNTY GOVERNMENT

JACOB PRESLEY, LSS, REHS
Senior Environmental Specialist
Environmental Health

700 N. Tryon Street, Suite 211
Charlotte, NC 28202-2222
Office: 704-336-5440
Fax: 704-336-6894
Cell: 980-721-2060
Jacob.Presley@MecklenburgCountyNC.gov
http://groundwater.charmeck.org

Pd Cash 00
4-18-2016

Loretta W. Ellis
Administrative Assistant III
Environmental Health Services
Mecklenburg County Health Department
704-336-7291
Email Loretta.Ellis@MecklenburgCountyNC.gov
http://Groundwater.charmeck.org
http://Meckpools.charmeck.org

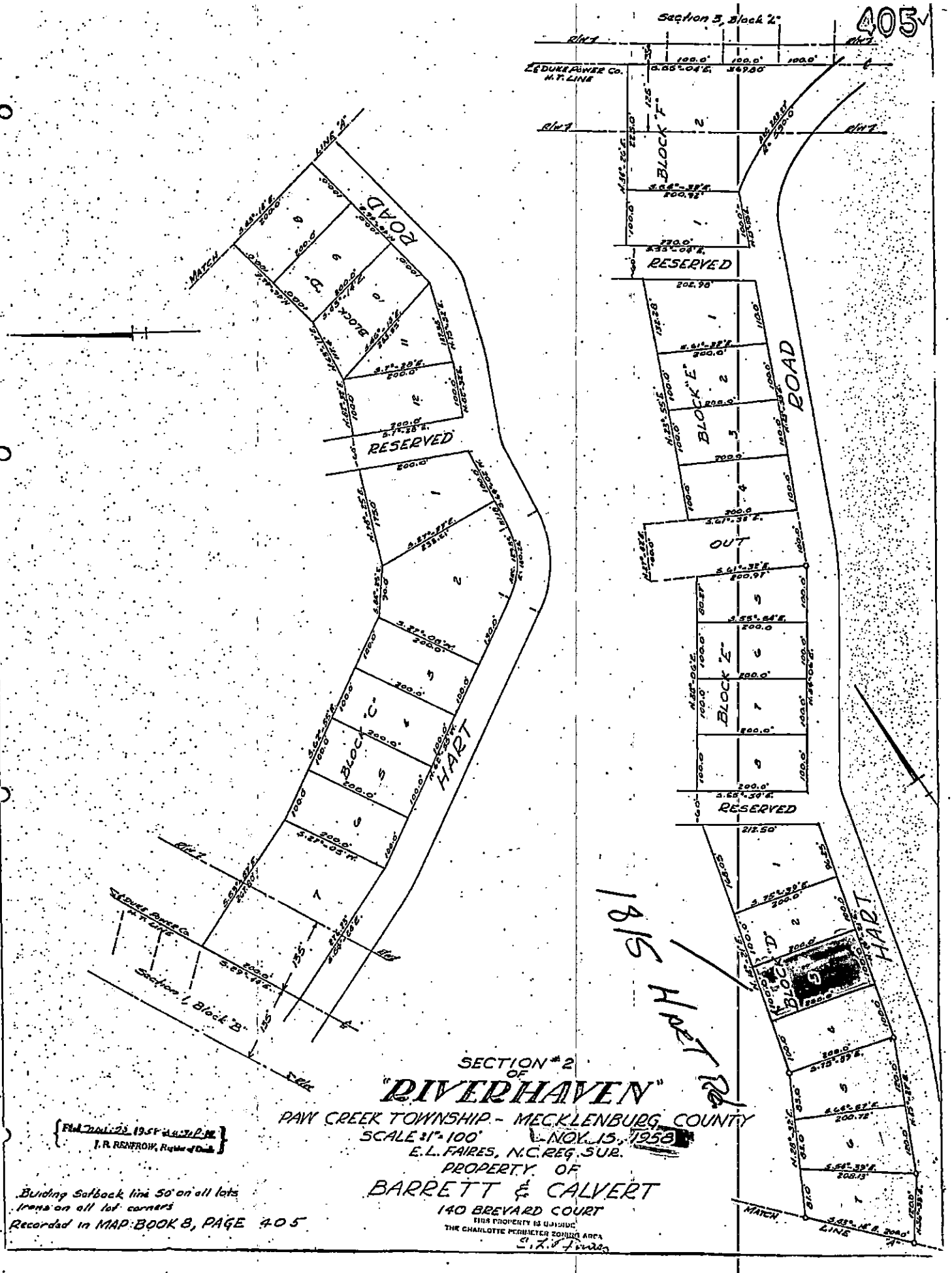
CONFIDENTIALITY NOTICE: This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

Walker, Philo

From: WellReg
Sent: Tuesday, June 14, 2016 11:42 AM
To: Walker, Philo
Subject: You have been assigned the following septic-related project: (App ID # 8175)

Mecklenburg County, NC
Health Department
Groundwater & Wastewater Services

Project Type:	Residential - New Septic System
Tax PID:	03121310
Address:	1815 HART RD
City:	CHARLOTTE
Zip:	28214
Subdivision Name:	
Lot #:	0
Water Supply:	Municipal
Owner Name:	DAVID SIMONSON
Owner Work Phone:	
Owner Mobile Phone:	7044841150
Owner Email:	
Agent Name:	
Agent Work Phone:	
Agent Mobile Phone:	
Agent Email:	



1815 Hart Rd.

SECTION #2
OF
"RIVERHAVEN"
PAW CREEK TOWNSHIP - MECKLENBURG COUNTY
SCALE 1" = 100' NOV. 13, 1958
E. L. FAIRES, N.C. REG. SUR.
PROPERTY OF
BARRETT & CALVERT
140 BREVARD COURT

THIS PROPERTY IS OUTSIDE THE CHARLOTTE PERIMETER ZONING AREA
C.R.F.

Filed for record 23 1958 at 4:37 P.M.
I. R. RENFROW, Register of Deeds

Building Setback line 50' on all lots
Irons on all lot corners
Recorded in MAP BOOK 8, PAGE 405

STATE OF NORTH CAROLINA MECKLENBURG COUNTY

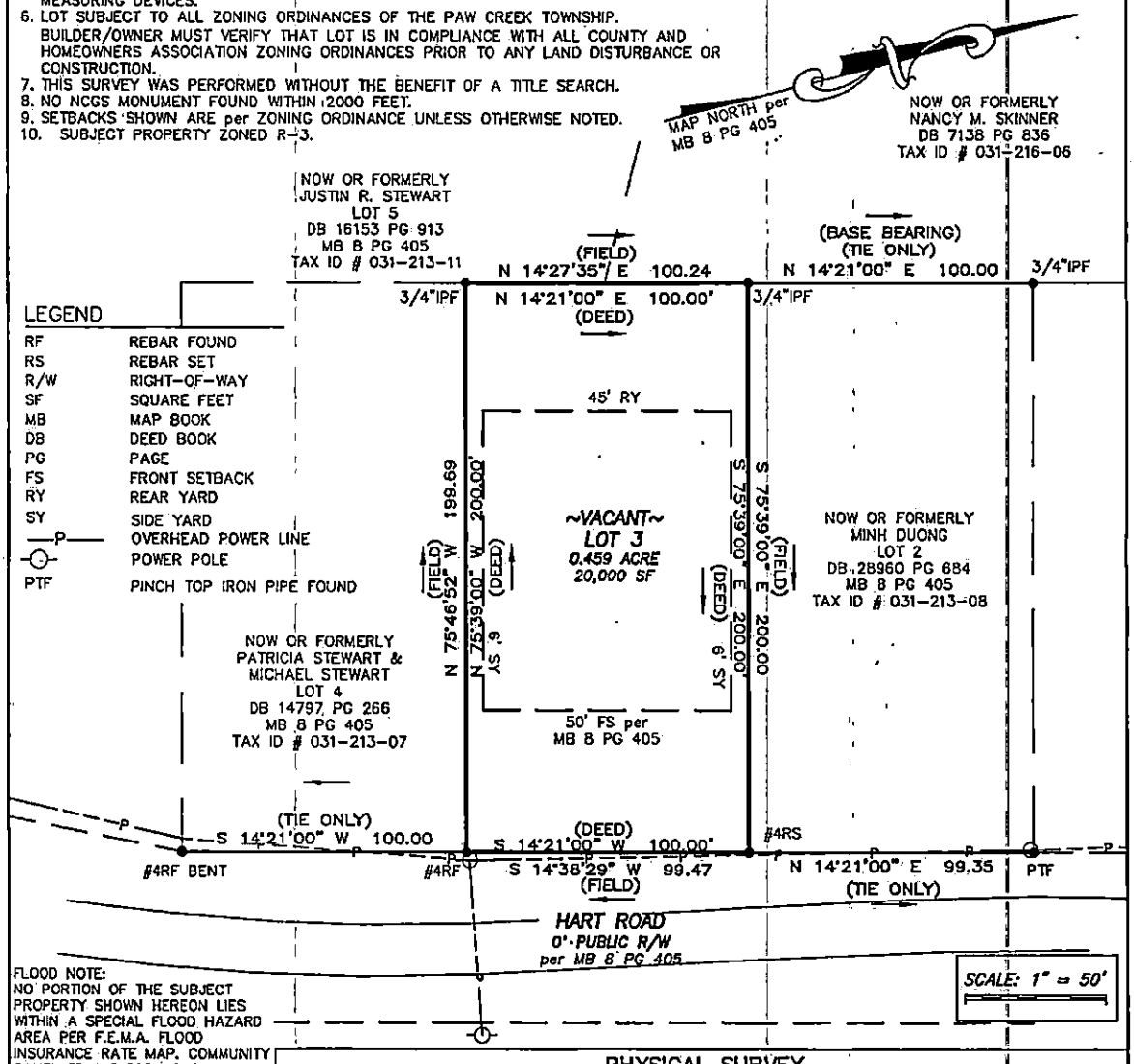
"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 28960, PAGE 684 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK 8, PAGE 405 OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000, AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 20th DAY OF APRIL, 2016.

Mark C. Carter
PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-5102 LAND SURVEYOR MARK C. CARTER

NOTES

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM MECKLENBURG COUNTY TAX OFFICE RECORDS; AND ARE CONSIDERED AS NOW OF FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF THE PAW CREEK TOWNSHIP. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per ZONING ORDINANCE UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED R-3.



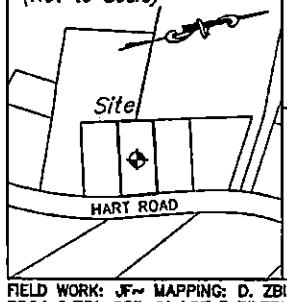
LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
—P—	OVERHEAD POWER LINE
	POWER POLE
PTF	PINCH TOP IRON PIPE FOUND

SCALE: 1" = 50'

FLOOD NOTE: NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710451800L, DATED: SEPTEMBER 2, 2015.

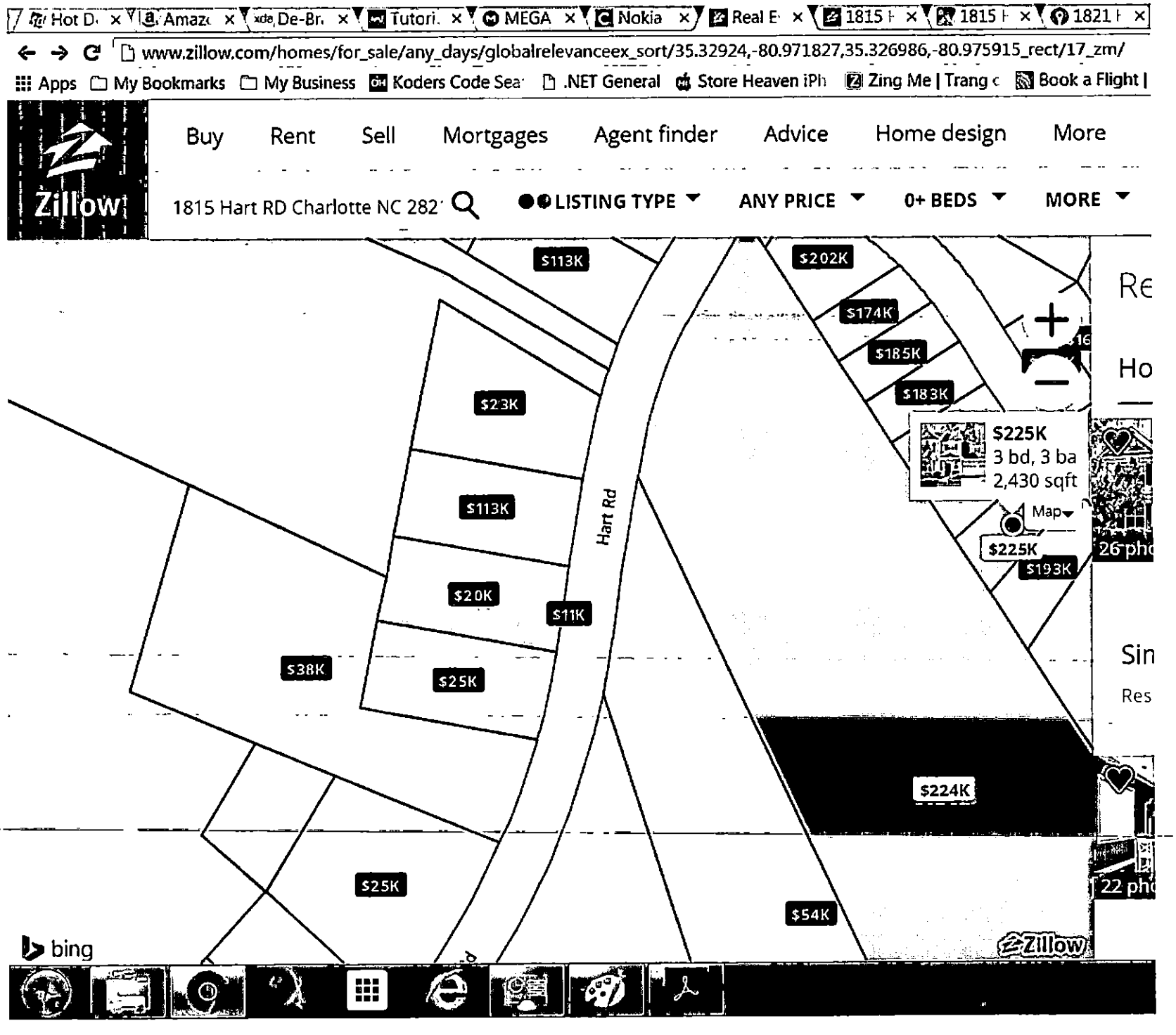
VICINITY MAP (Not to Scale)



PHYSICAL SURVEY
AT PROPERTY KNOWN AS
1815 HART ROAD
LOT 3, BLOCK D, RIVERHAVEN, SECTION #2
TAX ID # 031-213-10, MB 8 PG 405, DB 28960 PG 684
PAW CREEK TOWNSHIP, MECKLENBURG COUNTY, NC
FOR
DAVID SIMONSON

PHOENIX LAND SURVEYING, INC
1402 WAXHAW-INDIAN TRAIL ROAD
INDIAN TRAIL, NORTH CAROLINA 28079
PH: (704)-335-1655 FAX: 704-684-0514
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying
Land Planning

FIELD WORK: JF~ MAPPING: D. ZBIKOWSKI
PROJ # 731-253-01 LOT 3 RIVERHAVEN


Hot D
Amaz
De-Br
Tutori
MEGA
Nokia
Real E
1815 H
1815 H
1821 H
www.zillow.com/homes/for_sale/any_days/globalrelevanceex_sort/35.32924,-80.971827,35.326986,-80.975915_rect/17_zm/
Apps
My Bookmarks
My Business
Koders Code Sea
.NET General
Store Heaven iPh
Zing Me | Trang c
Book a Flight |
Zillow
Buy
Rent
Sell
Mortgages
Agent finder
Advice
Home design
More
1815 Hart RD Charlotte NC 282
LISTING TYPE
ANY PRICE
0+ BEDS
MORE
$113K
$202K
$174K
$185K
$183K
$23K
$225K
3 bd, 3 ba
2,430 sqft
Map
$113K
Hart Rd
$225K
$193K
$20K
$11K
$38K
$25K
$224K
$25K
$54K
bing
Zillow

File #: _____

PROPOSED PLOT PLAN

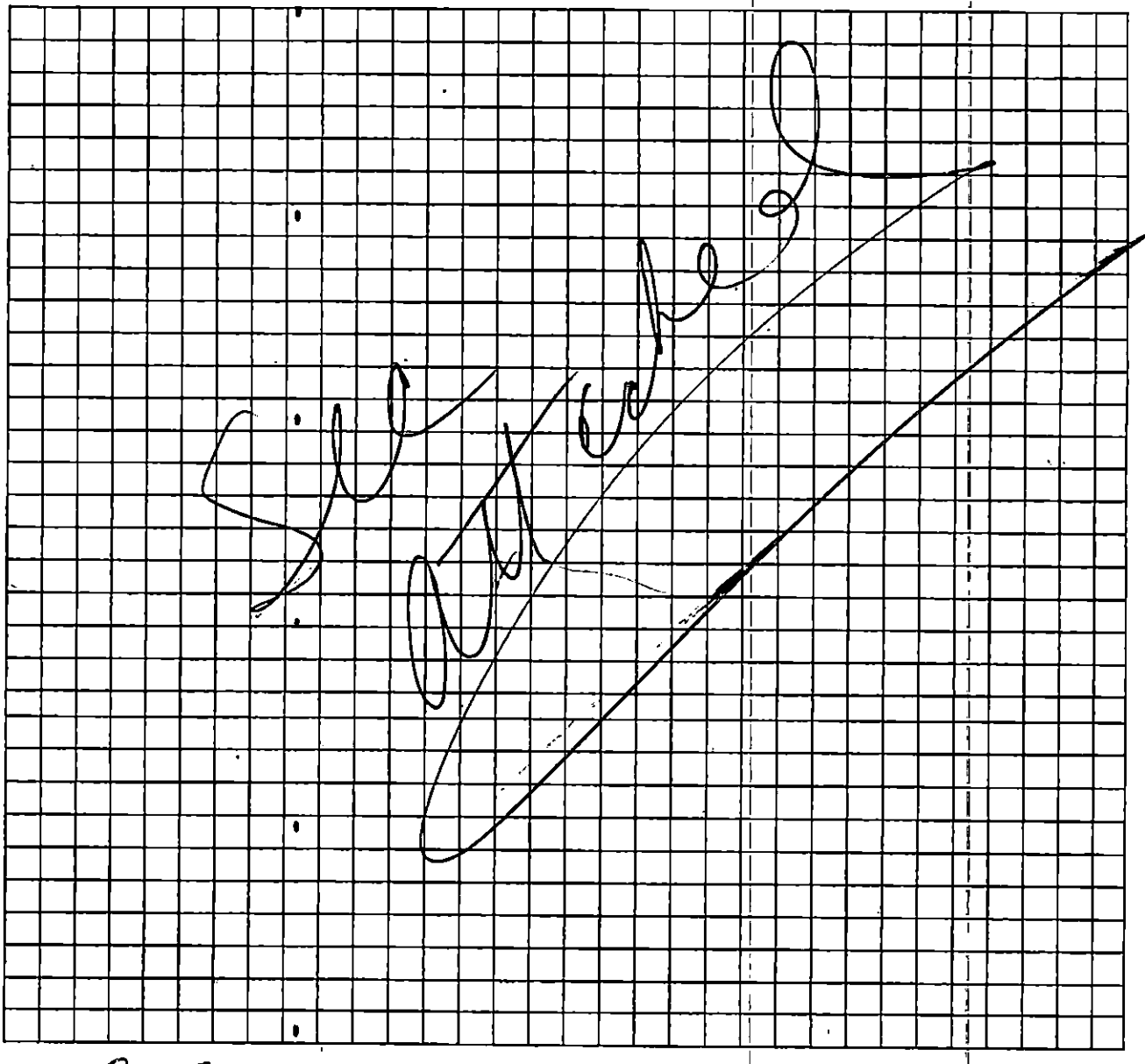
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s),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

Street Address: 1815 HART Rd

Tax Parcel #: 03121310

Subdivision Name: N/A

Lot #: N/A



Property Owner's or Owner's Legal Representative Signature

Date



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/18/16
Receipt #: 100005
Check / Auth #: CASH
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SIMONSON,DAVID
Attn:
Address: 21 LOMA VISTA PL
Address:
City/State/Zip: SAN RAFAEL, CA 94901

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 1815 HART ROAD		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
65.00					

STATE OF NORTH CAROLINA MECKLENBURG COUNTY

"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 28960, PAGE 684 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK 8, PAGE 405 OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 20th DAY OF APRIL, 2016.

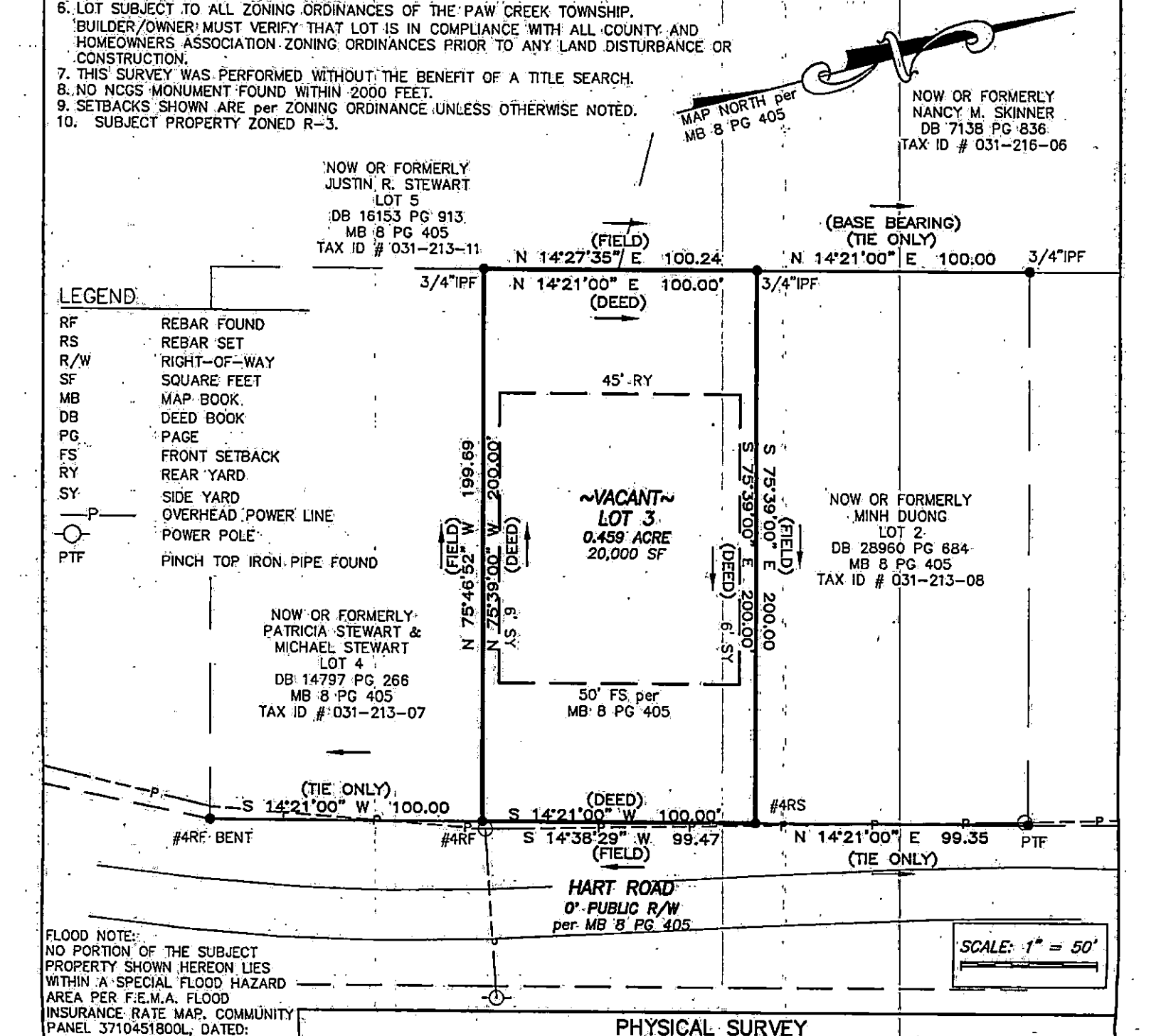
Mark C. Carter

PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-5102 LAND SURVEYOR MARK C. CARTER

NOTES

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4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF THE PAW CREEK TOWNSHIP. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per ZONING ORDINANCE UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED R-3.



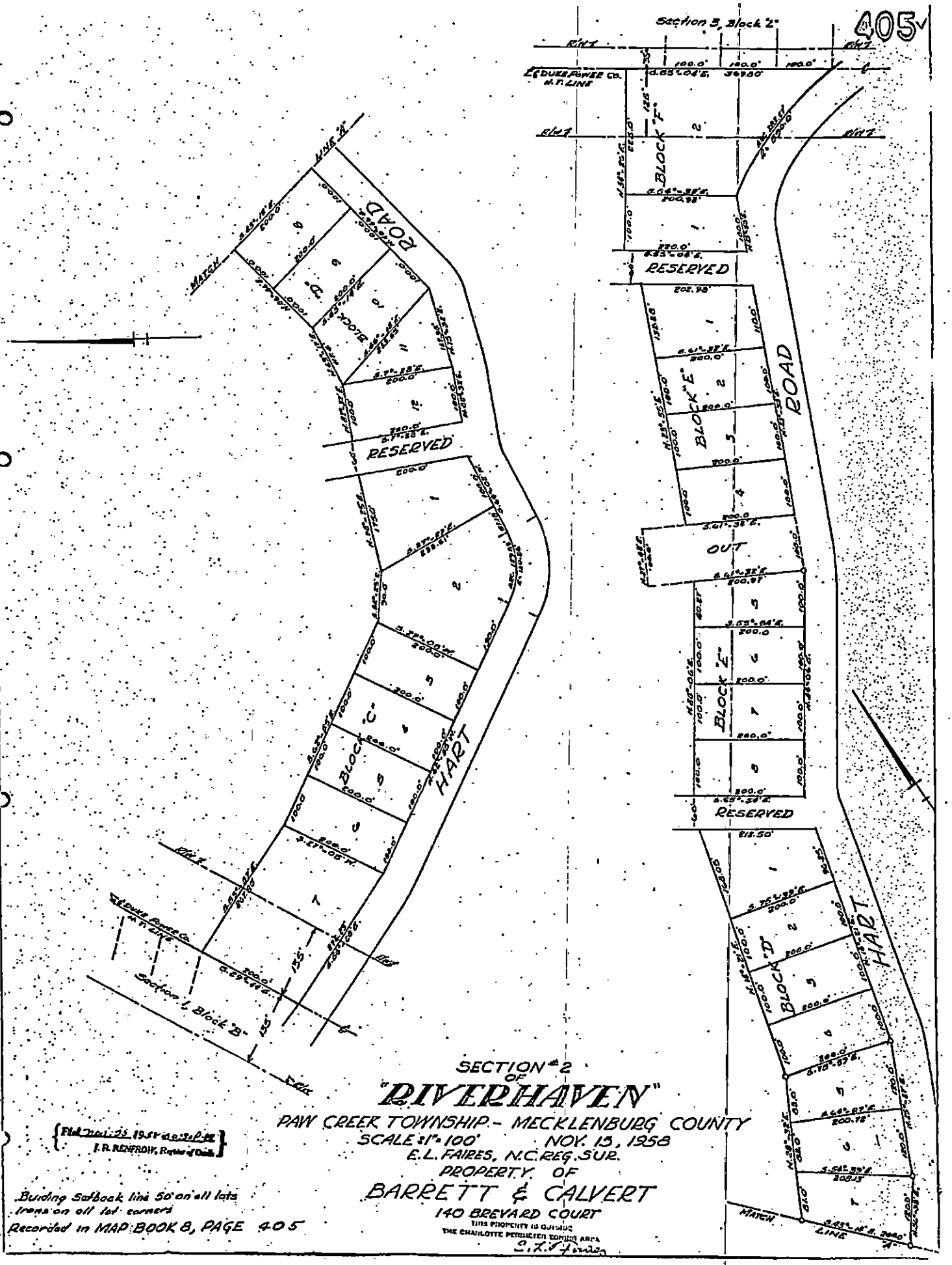
SCALE: 1" = 50'

FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710451800L, DATED: SEPTEMBER 2, 2015.

VICINITY MAP (Not to Scale)

PHYSICAL SURVEY AT PROPERTY KNOWN AS # 1815 HART ROAD LOT 3, BLOCK D, RIVERHAVEN, SECTION #2

405



SECTION #2
OF
"RIVERHAVEN"
PAW CREEK TOWNSHIP - MECKLENBURG COUNTY
SCALE 1" = 100' NOV. 15, 1958
E.L. FAIRES, N.C. REG. SUR.
PROPERTY OF
BARRETT & CALVERT
140 BREVARD COURT

THIS PROPERTY IS OUTSIDE THE CHARLOTTE PETROLEUM ZONING AREA
E.L. Faires

Filed Nov. 25 1958 at 10:30 P.M.
J. R. RENFROW, Register of Deeds

Building Setback line 50' on all lots
Irons on all lot corners
Recorded in MAP BOOK 8, PAGE 405

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/15/18
Receipt #: 113406
Check / Auth #: VISA 919494
Received By: ABDUSAI

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FORTUNE, ADAM
Attn:
Address: 7900D STEVENS MILL RD
Address:
City/State/Zip: MATTHEWS, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 1815 HART RD		1	200.00	200.00

Outstanding Balances

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: ADAM FORTUNE

Bill To:

ADAM FORTUNE
7900D STEVENS MILL RD #224

Matthews, NC 28104

Single Payment

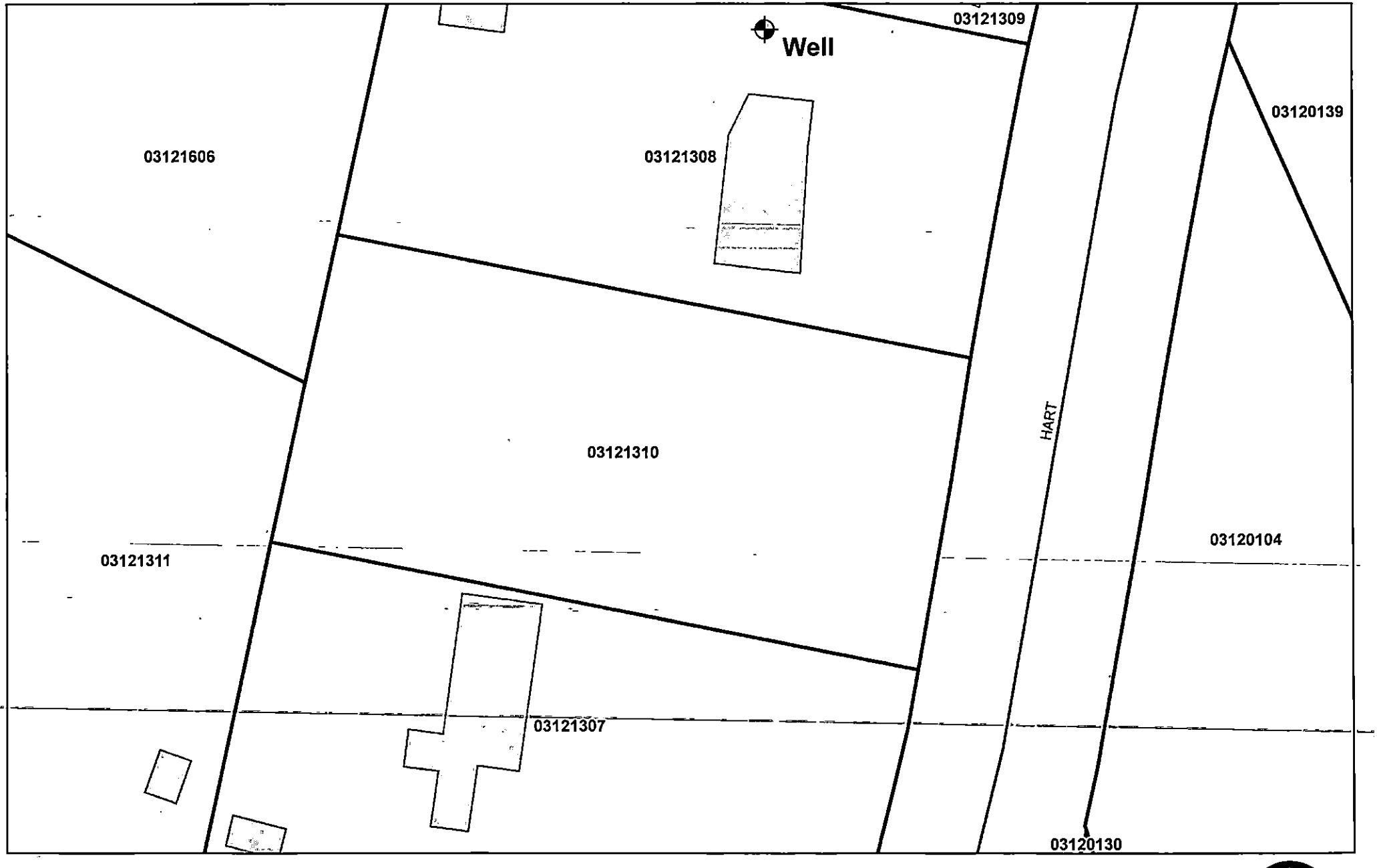
Transaction Date: 10/15/2018 9:21 AM Pacific Time
Pay Method: VISA **********3808
Approval #: 919494
Trace Number: aaca5e1c-41fa-493c-9df2-920e7cb1ab6e
Amount: $400.00

Payment Amount: $400.00

Total: $400.00

Thank you for your payment.

PID: 031-213-10
FILE # 9458B
APP ID: 8175



Drawn By:
Date:

1 inch = 40 feet

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/15/18	**Amount:**	200.00
Receipt #:	113405	**Tendered:**	200.00
Check / Auth #:	VISA 919494	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: FORTUNE, ADAM
Attn:
Address: 7900D STEVENS MILL RD
Address: #224
City/State/Zip: MATTHEWS, NC 28104

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 1815 HART RD		1	200.00	200.00

Outstanding Balances

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