Supervisor/Administrative Professional Checklist

New Septic [X] New Well [ ] Use Existing [ ] Alteration [ ] Modified Plot Plan [ ]

New Septic Fees Paid

IP ($250.00) AAS 3/12/18 ___ Initials/Date

CA ($200.00) AAS 2/26/19 Initials/Date

OP ($200.00) AAS 2/26/19 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 [X] SPM 2/27/19

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

Septic file completed. [X] SPM 2/18/20 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. [ ] _____

Groundwater & Wastewater Services: Septic Project File & D

GWS File #:	5560B
WASPS App #:	9490
Primary ES assigned to project:	Jacob Presley
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position 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 Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	N/A

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:	
IA issued date:	1/31/20
OP Issued date:	
Review performed by:	2/17/20 Jeremy Michael
Date performed:	3/26/2018

Created at 3/26/2018 2:06 PM by Michael, Jeremy
Last modified at 3/26/2018 2:06 PM by Michael, Jeremy

Close

5560B
#9490

2 MAR '18 PM12:17

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: 199-371-05

STREET ADDRESS: 9400 Sweetleaf Place

CITY: Charlotte

STATE: NC **ZIP:** 28278

SUBDIVISION NAME: The Sanctuary

LOT #: 181 **LOT SIZE (acres):** 5.05

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: 4230

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: 3

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

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

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

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

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

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

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

8A. RANK: ____ ____ ____ ____ ____

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

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

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

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4/19/18 ☐ N/A

12. PROPERTY OWNER:

NAME: John M Gerrish & Barbara F Gerrish
ADDRESS: 7795 POPLAR GROVE RD
CITY: Severn
STATE: MD ZIP: 21144
WORK PHONE: _____
MOBILE PHONE: (410) 370-6761
FAX: _____
E-MAIL: John@airpack.com & Barbara@Airpack.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Brian McGowan
ADDRESS: 16838 Alydar Commons Lane
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE: _____
MOBILE PHONE: (864) 593-2958
FAX: _____
E-MAIL: bmcgowan@kw.com

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

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

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

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (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.

_____ 2/27/18

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

---

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

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

Revised on: 12/15/10

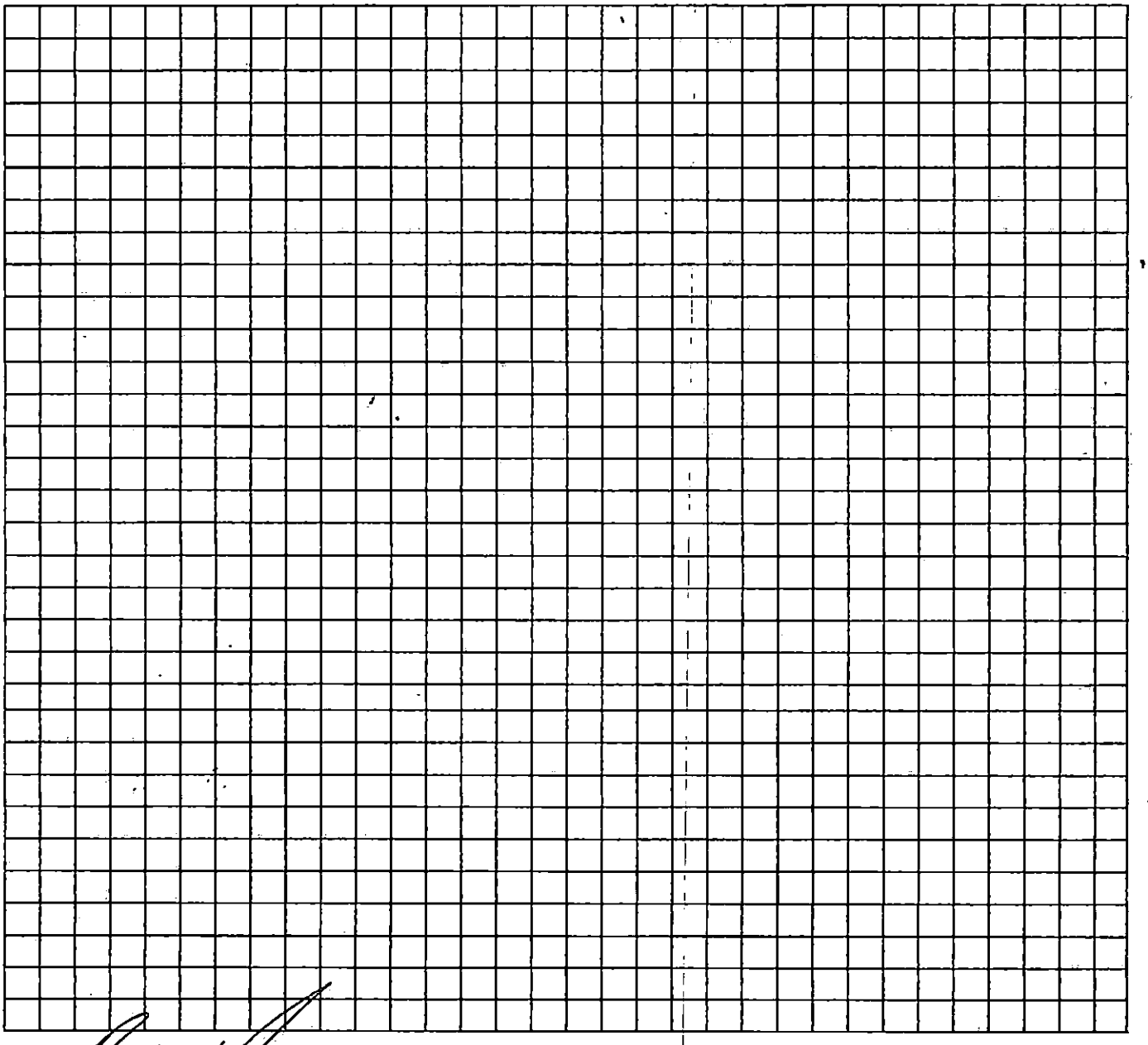
File #: _____

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: 9400 Sweetleaf Place Tax Parcel #: 199-371-05

Subdivision Name: The Sanctuary Lot #: 181



Property Owner's or Owner's Legal Representative Signature

2/27/18
Date

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

Revised on: 12/15/10

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/02/18	**Amount:**	250.00
Receipt #:	110078	**Tendered:**	250.00
Check / Auth #:	CHECK 1383	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #:	200000
Contractor:	SPIEARS, BRIAN
Attn:	HARLAND HOMES INC
Address:	PO BOX 128
Address:	
City/State/Zip:	WAXHAW, NC 28173

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 9400 SWEETLEAF PL		1	250.00	250.00

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/27/19	**Amount:**	200.00
Receipt #:	115849	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: X54697
Contractor: HARLAND BUILDING GROUP LLC
Attn:
Address: P O BOX 128
Address:
City/State/Zip: WAXHAW, NC 28173

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 9400 SWEETLEAF PL		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
2,734.92					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/27/19	**Amount:**	200.00
Receipt #:	115850	**Tendered:**	200.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: X54697
Contractor: HARLAND BUILDING GROUP LLC
Attn:
Address: P O BOX 128
Address:
City/State/Zip: WAXHAW, NC 28173

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 9400 SWEETLEAF PL		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
2,934.92					

dotloop signature verification: www.dotloop.com/my/verification/DL-321533432-S-1825

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Brian Spiers is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 9400 Sweetleaf Place, Charlotte.
   Number Street Town
   (Or Parcel Number)

John Gerrish
Barbara Gerrish
Property Owner (print name)

JOHN M GERRISH — dotloop verified 03/05/18 8:56AM EST YKUX-XSWL-LLKC-RXCR
BARBARA F GERRISH — dotloop verified 03/05/18 8:50AM EST BNDJ-FBOD-ZUOG-GJUG
Property Owner (signature)

3/4/18
Date

l back to: wellreg@mecknc.gov

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

Sheet: 1 of 2
Property ID: 199-371-05
Lot #: 181
File #: 5560B
AppID: 9490

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: John M. Gerrish & Barbara F. Gerrish
Applicant: Brian McGowan
Address: 7795 Poplar Grove Rd, Severn, MD 21144
Date Evaluated: 3/19/2018
Proposed Facility: 5 Bedroom House
Design Flow (.1949): 600 GPD
Property Size: 5.05 ac
Location of Site: 9400 Sweetleaf Pl, Charlotte, NC 28278
Property Recorded: Unknown
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
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	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**
Boring #1	LS 20%	0 - 3	gr L	SS SP FR SEXP	>53"	53	NA	NA	saprolite inclusions 36 - 53"	**PS IV 0.3**	**34"**
		3 - 32	sbk C	S P FR SEXP							
		32 - 53	sbk CL	SS SP FR SEXP							
Boring #2	LS 20%	0 - 3	gr L	SS SP FR SEXP	>53"	53	NA	NA	saprolite inclusions 36 - 53"	**PS IV 0.3**	**34"**
		3 - 29	sbk C	S P FR SEXP							
		29 - 53	sbk CL	SS SP FR SEXP							
Boring #3	LS 23%	0 - 3	gr L	SS SP FR SEXP	>54"	54	NA	NA	saprolite inclusions 42 - 54"	**PS IV 0.3**	**34"**
		3 - 38	sbk C	S P FR SEXP							
		38 - 54	sbk SCL	SS SP FR SEXP							
Boring #4	LS 23%	0 - 4	gr L	SS SP FR SEXP	>54"	54	NA	NA	saprolite inclusions 36 - 54"	**PS IV 0.3**	**34"**
		4 - 38	sbk C	S P FR SEXP							
		38 - 54	sbk CL	SS SP FR SEXP							
Boring #5	LS 23%	0 - 4	gr L	SS SP FR SEXP	>54"	54	NA	NA	saprolite inclusions 36 - 54"	**PS IV 0.325**	**34"**
		4 - 24	sbk C	S P FR SEXP							
		24 - 44	sbk CL	SS SP FR SEXP							
		44 - 54	sbk L	SS SP FR SEXP							

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

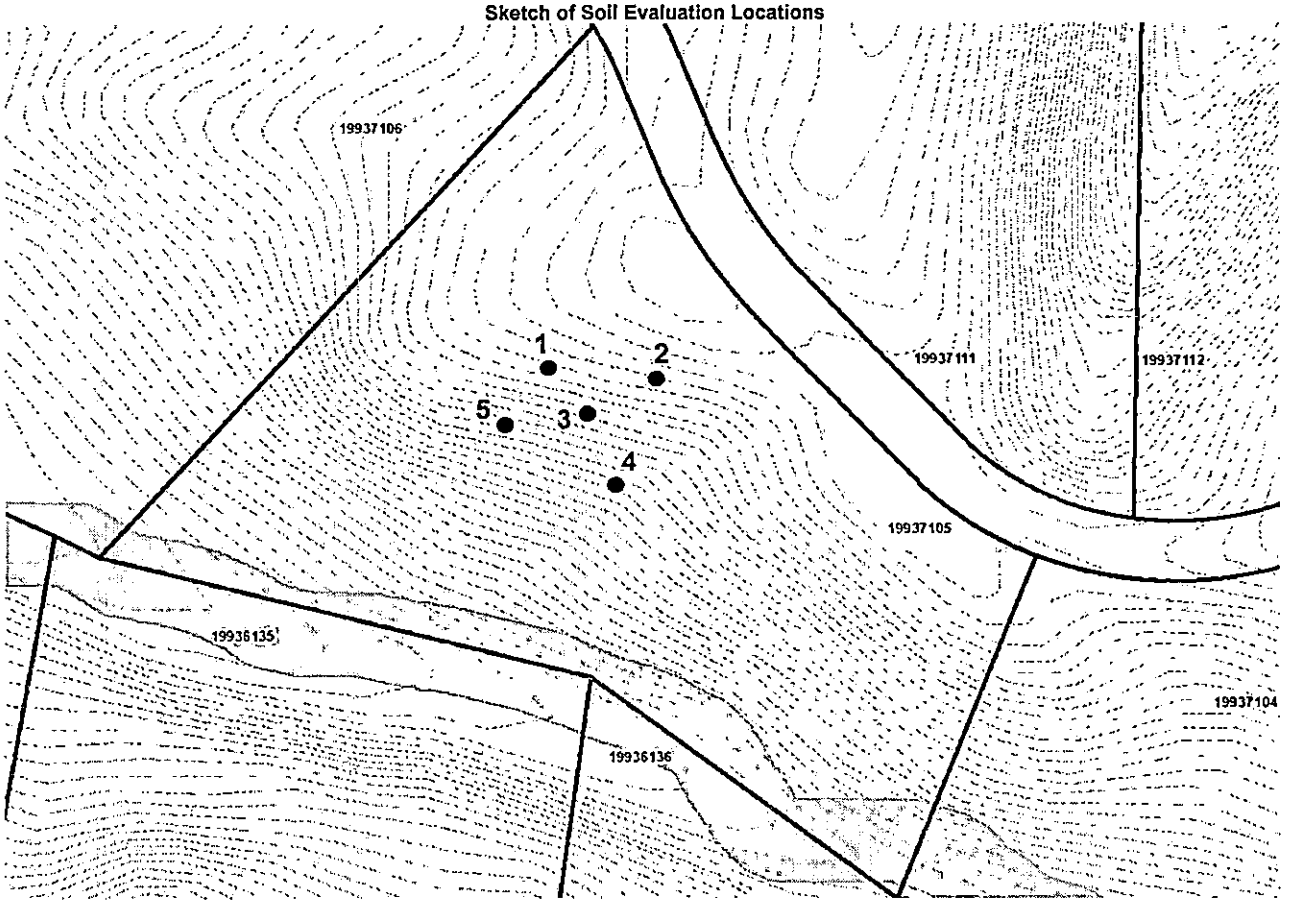
Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jacob Presley, REHS, LSS
Others Present:

COMMENTS:

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		mass-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				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	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: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30009490** GWS File #: **5560B** Tax Parcel #: **199-371-05**

- 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):** 3/21/2023

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

Structure Type: HOUSE Size (ft^2): 4230 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	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):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	34	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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

Repair System Specifications:

Design Flow (gpd):	600	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):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	34	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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: Jacob Presley Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 3/21/2018

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

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

Permit #: **30009490** GWS File #: **5560B**

IV. Permit Conditions/Comments:

- 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.

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: Jacob Presley

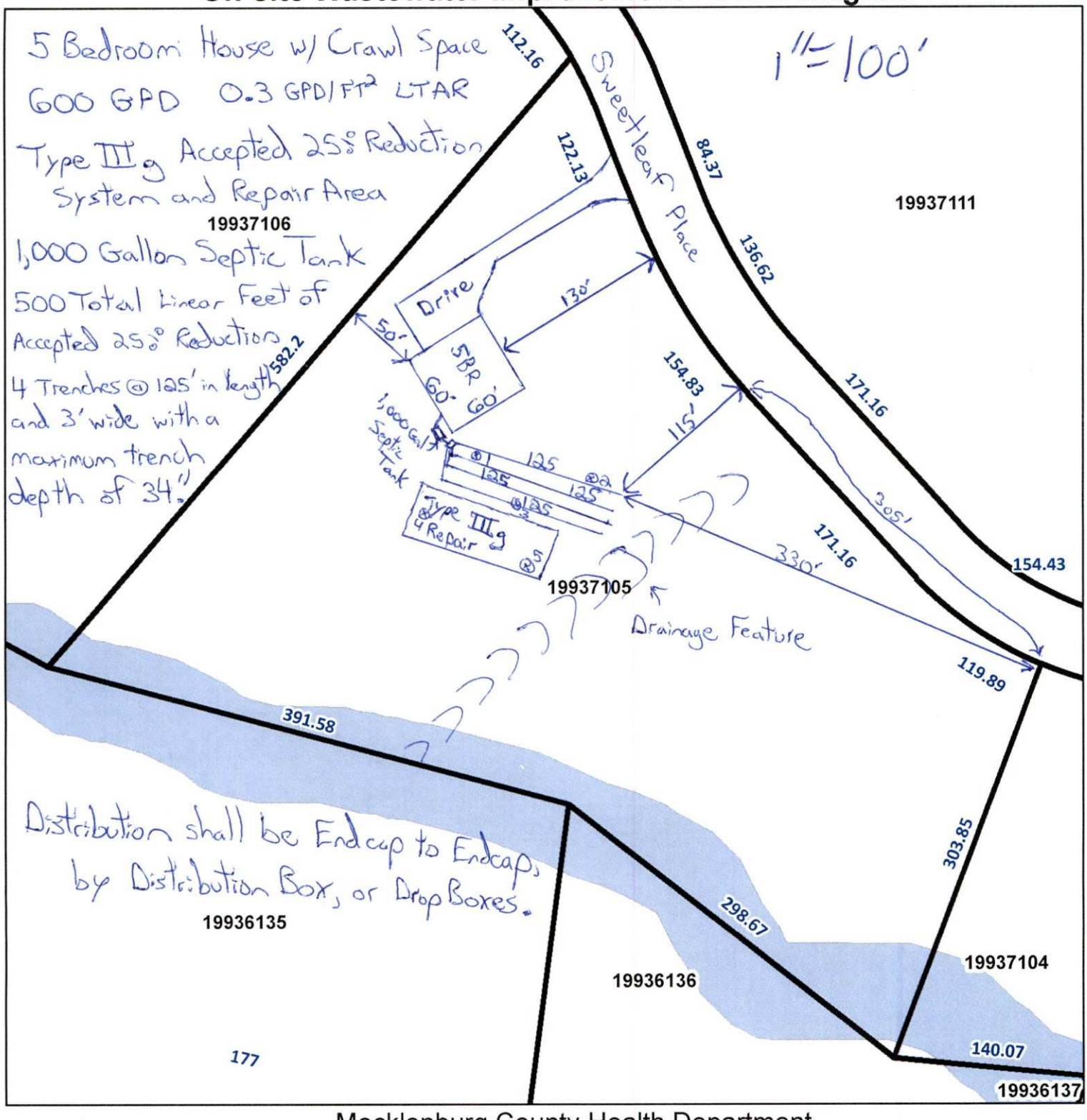
Signature:_____

Date Issued: 3/21/2018

Owner/Legal Agent:_____
Print Name

Signature:_____

On-site Wastewater Improvement Permit Diagram



Distribution shall be Endcap to Endcap, by Distribution Box, or Drop Boxes.

Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

9400 Sweetleaf Pl
The Sanctuary Lot 181

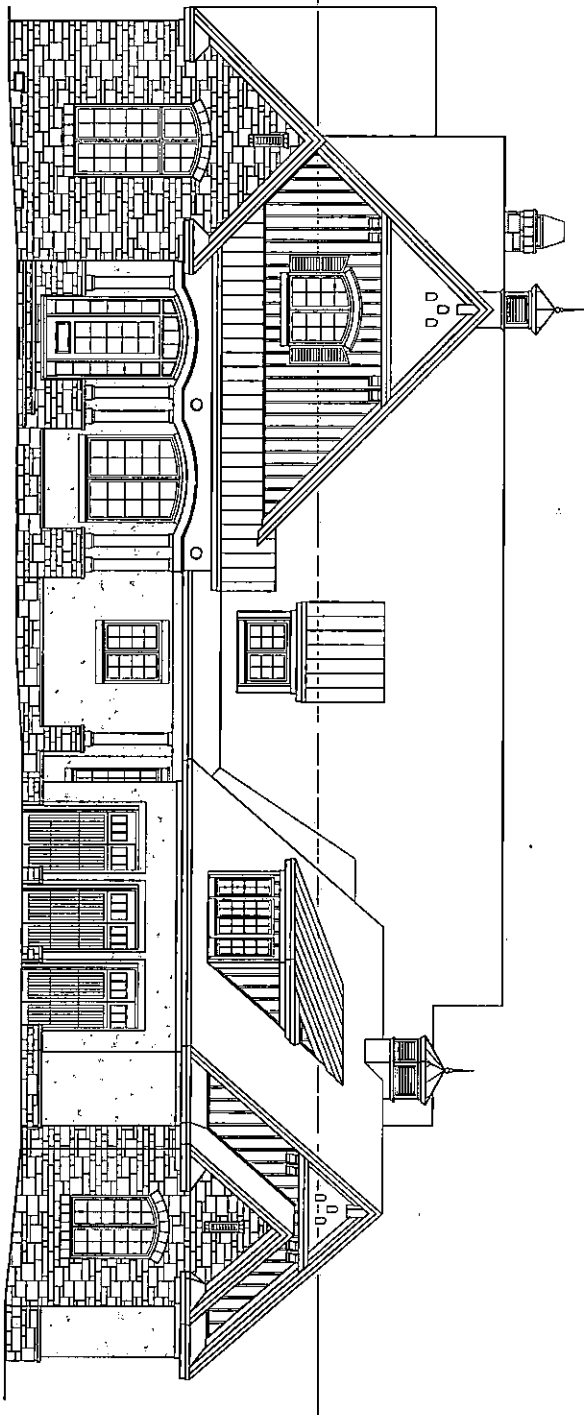
Permit #: 30009490
PID #: 199-371-05
File #: 5560B

Authorized Agent: Jacob Presley Date: 3-21-18

Owner/ Legal Agent: _____ Date: _____

1 inch = 100 feet

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!



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M8080-1373
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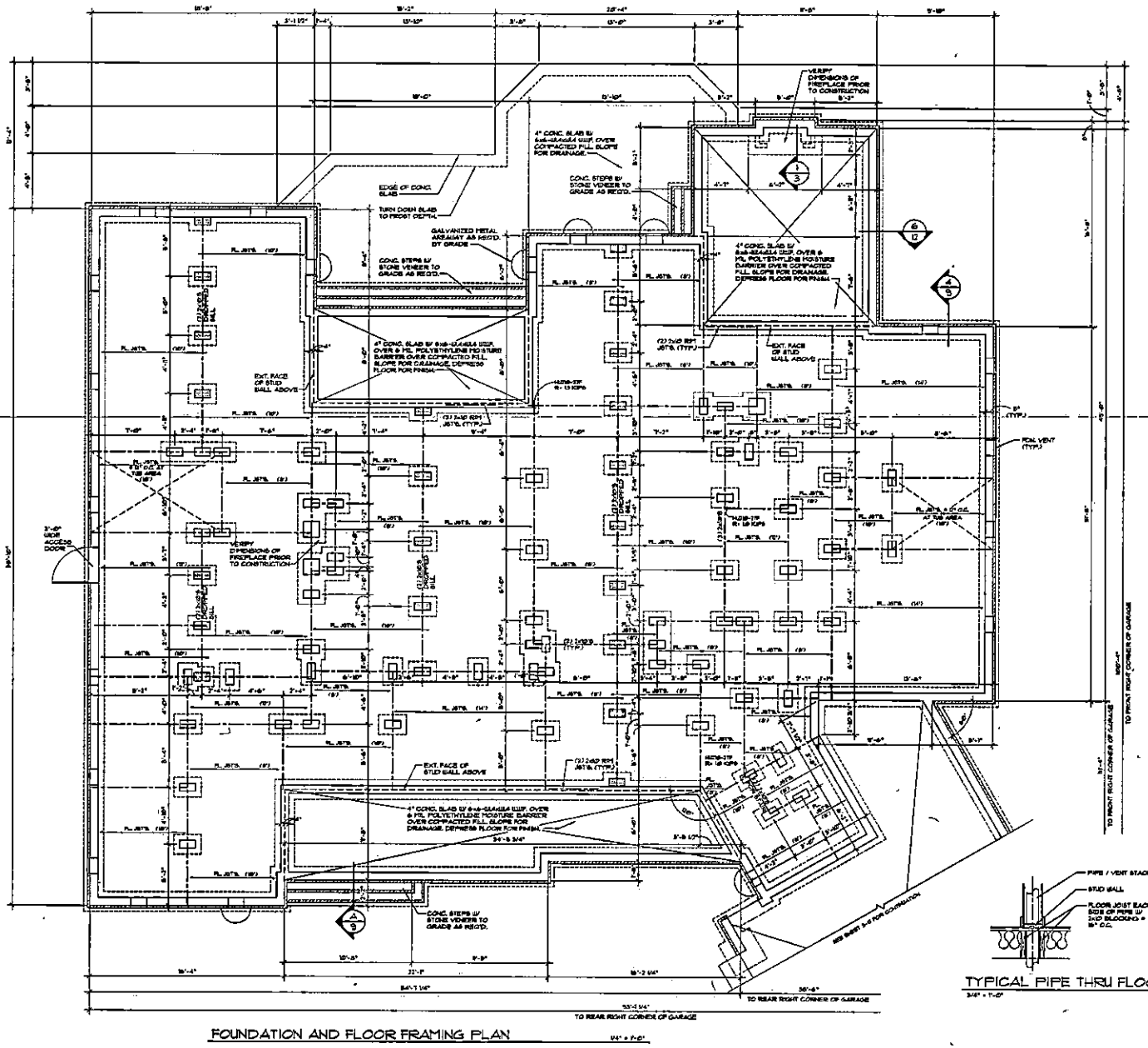
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GENERAL NOTES

A. GENERAL:

1. AT THE TIME OF CREATION, PLANS CONFORM TO THE "INTERNATIONAL RESIDENTIAL CODE". HOWEVER MODIFICATIONS MAY BE NECESSARY TO COMPLY WITH LOCAL AND STATE CODES.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS.
3. CONTRACTOR SHALL COMPLY WITH THE CONTENTS OF THE SPECIFICATIONS FOR THIS HOUSE.
4. ALL WOOD USED IN CONSTRUCTION OF DECKS AND STEPS SHALL BE TREATED. FASTENERS FOR TREATED WOOD (NAILS, BOLTS, HARDWARE, ETC.) SHALL BE GALVANIZED.
5. CONTRACTOR SHALL INSTALL GROUND-FAULT AND ARC-FAULT CIRCUIT-INTERRUPTER OUTLETS AS PER CODE.
6. INSTALL ROOFING MATERIALS ACCORDING TO MANUFACTURER'S RECOMMENDATIONS FOR THE AREA AND CLIMATE, (INCLUDING BUT NOT LIMITED TO SHINGLES, TILES, FELTS, FLASHING, DRIP EDGE, AND FASTENING DEVICES)
7. HEARTH DIMENSIONS ARE TO BE DETERMINED BY CODE.
8. INSTALL ALL EXTERIOR FINISH MATERIALS PER MANUFACTURER'S RECOMMENDATIONS (I.E. CONTROL JOINTS, ATTACHMENT AND FLASHING DEVICES, FLASHING, SEALANTS, ETC.)

B. FRAMING:

1. STUD AND JOIST SPANS WERE DETERMINED ON THE BASIS OF THE ALLOWABLE STRESSES IN THE SPECIFIC RULES OF THE SOUTHERN PINE INSPECTION BUREAU (GRADE NUMBER TWO (2) KILN DRIED).
2. PROVIDE DOUBLE JOISTS BELOW ALL PARALLEL PARTITIONS ABOVE (AND AROUND) ALL OPENINGS NOT INDICATED ON DRAWINGS.
3. PROVIDE SOLID BLOCKING BETWEEN FLOOR JOISTS UNDER WALLS THAT ARE PERPENDICULAR TO FLOOR JOISTS
4. SHEATH ALL EXTERIOR WALLS WITH NOMINAL 1/2" STRUCTURAL GRADE 2 PLYWOOD OR OSB (ORIENTED STRAND BOARD) USE 8d NAILS SPACED 6" O.C. AT PERIMETER SHEETS AND 12" O.C. AT INTERIOR MEMBERS.

C. VENTILATION:

1. PROVIDE CONTINUOUS RIDGE VENTS ON ALL ROOFS. LOCATE DOUBLE RIDGE BEAMS TO ALLOW FOR PROPER INSTALLATION OF RIDGE VENTS.
2. PROVIDE CONTINUOUS EAVE TO SHALL VENTS AT ALL JUNCTURES OF SLOPED ROOFS AND VERTICAL WALLS.
3. THE UNDER-FLOOR SPACE BETWEEN THE BOTTOM OF THE FLOOR-JOISTS AND THE EARTH (EXCEPT SPACE OCCUPIED BY A BASEMENT) SHALL HAVE VENTILATION OPENINGS THROUGH FOUNDATION WALLS OR EXTERIOR WALLS. THE NET FREE AREA OF VENTILATION OPENINGS SHALL NOT BE LESS THAN 1 SQ. FT. FOR EA. 150 SQ. FT. OF UNDER-FLOOR AREA UNLESS THE GROUND SURFACE IS COVERED BY A CLASS 1 VAPOR RETARDER MATERIAL. WHEN A CLASS 1 VAPOR RETARDER MATERIAL IS USED, THE MINIMUM NET AREA OF VENTILATION OPENINGS SHALL NOT BE LESS THAN 1 SQ. FT. FOR EACH 1500 SQ. FT. OF UNDER-FLOOR AREA, ONE OPENING WITHIN 3 FT. OF EACH CORNER OF THE BUILDING SHALL BE WITHIN 3 FT. OF EACH CORNER OF THE BUILDING.

D. FOOTINGS:

1. CARRY ALL FOOTINGS TO FIRM UNDISTURBED BEARING.
   A. 16" W. 8" THICK FOOTING FOR 8" FOUNDATION WALL WITH (3) #4 REINF. RODS CONTINUOUS
   B. 24" W. 10" THICK FOOTING FOR 8" OR 12" FOUNDATION WALL WITH (3) #4 REINF. RODS CONTINUOUS.
2. AT ELEVATED SLABS, PROVIDE #4 REINF. RODS TURNED UP VERTICALLY INTO THE FOUNDATION WALL AT 48" O.C. AND LAP 18" BALANCED FILL TO 32" IN HEIGHT.

E. PIER FOOTINGS:

PIER FOOTINGS (TYPICAL UNLESS NOTED OTHERWISE)

1. PROVIDE 1'-8"x2'-4"x1'-8" DEEP CONCRETE FOOTING WITH (3) #4 REINF. RODS EACH WAY UNDER 8"x16" MASONRY PIERS.
2. PROVIDE 3'-4" SQUARE x 1'-8" DEEP CONCRETE FOOTING WITH (3) #4 REINF. RODS EACH WAY UNDER 16" SQUARE MASONRY PIERS.
3. PROVIDE 3'-4"x3'-4"x1'-8" DEEP CONCRETE FOOTING WITH (3) #4 REINF. RODS EACH WAY UNDER 16"x24" MASONRY PIERS.
4. FILL PIERS SOLID WITH 2,500# P.S.I. CONCRETE, TYP.
5. HEIGHT OF PIERS:
   A. PIERS LESS THAN 36" IN HEIGHT MAY BE 8"x16" OR AS NOTED ON FOUNDATION PLAN.
   B. PIERS BETWEEN 36" AND 60" IN HEIGHT SHALL BE A MINIMUM OF 16"x16".
   C. PIERS OVER 4'-0" IN HEIGHT SHALL BE A MINIMUM OF 16"x24" WITH (2) CONTINUOUS #3 BARS.

F. CHIMNEY CONSTRUCTION:

1. USE NOMINAL 1/2" STRUCTURAL GRADE 2 PLYWOOD OR NOMINAL 1/2" OSB (ORIENTED STRAND BOARD) SHEATHING.
2. SPLICE ONLY ONE CORNER STUD AT ANY SPLICE. STAGGER SPLICES AT LEAST 3'-0". AND USE (4) STUDS PER CORNER.
3. USE 16d NAILS @ 4" O.C. AROUND ALL PLYWOOD EDGES AND 8" O.C. AT ALL INTERMEDIATE SUPPORTS.
4. PROVIDE BLOCKING OR TIES @ 4'-0" INTERVALS.
5. CONTRACTOR TO VERIFY CHIMNEY FROM MATERIAL WITH OWNER PRIOR TO CONSTRUCTION. IF BRICK MASONRY IS REQUIRED, CONTRACTOR TO HOOKUP CONSTRUCTION OF FIREPLACE AND CHIMNEY AS REQUIRED.

FOUNDATION LEGEND

- FL. JISTS. (16") — FLOOR JOISTS 2x8@16 ● 16" O.C. WITH BRIDGING UNLESS NOTED OTHERWISE
- CENTER LINE INDICATES (2) 2x6@16 BEAM UNLESS NOTED OTHERWISE
- 16"x16" MAS. PIER
- 8"x16" MAS. PIER
- 16"x24" MAS. PIER
- 8"x16" MAS. PIER TO RECEIVE DROPPED SILL

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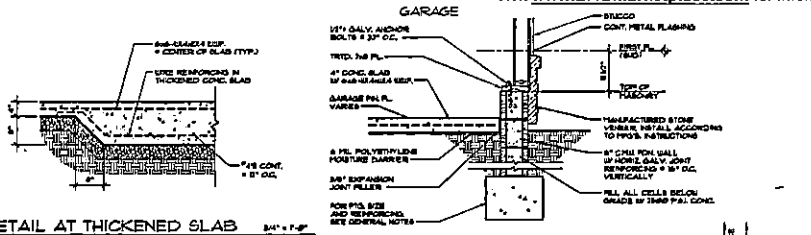
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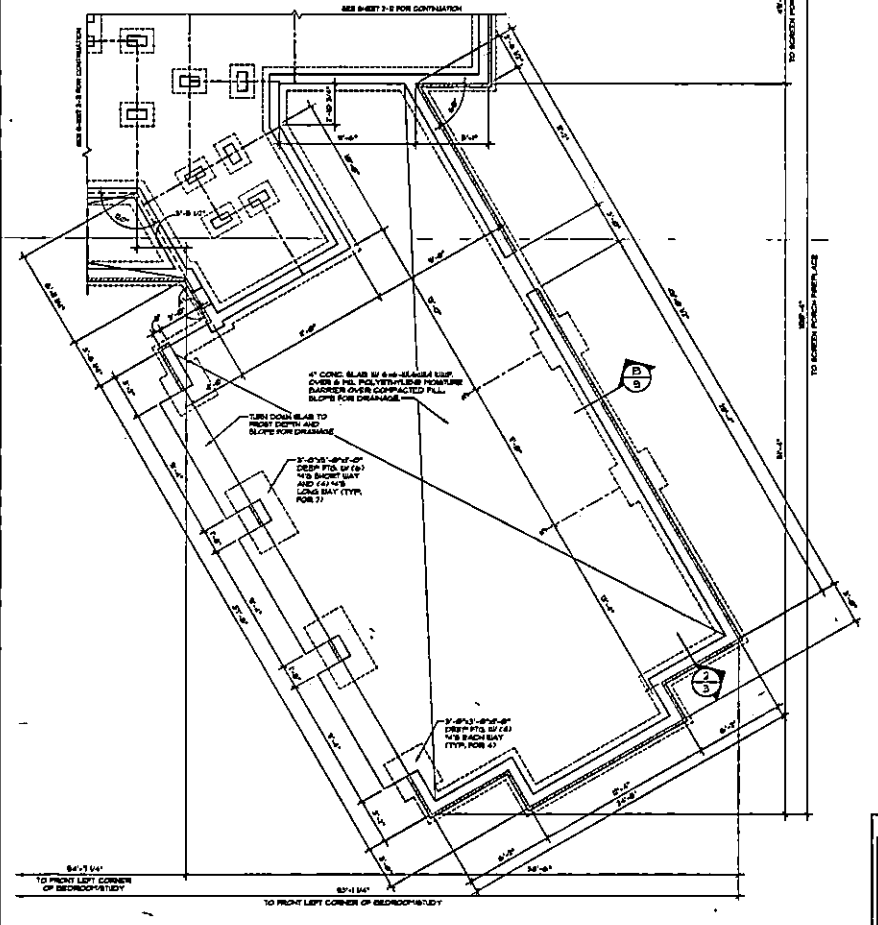
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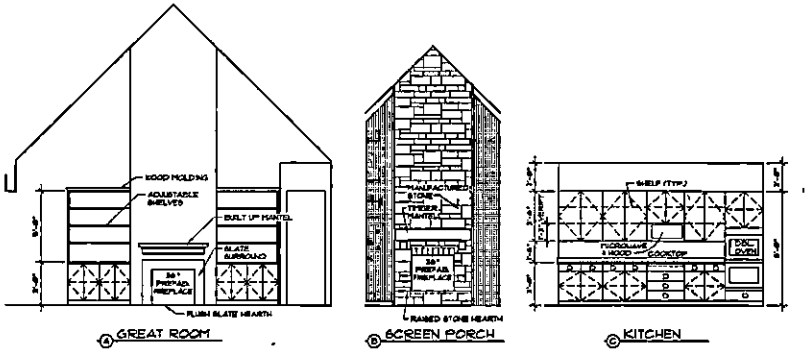


1 3 DETAIL AT THICKENED SLAB 3/4" = 1'-0"
(DETAIL TO BE USED @ INTERIOR LOAD BEARING LOCATIONS)

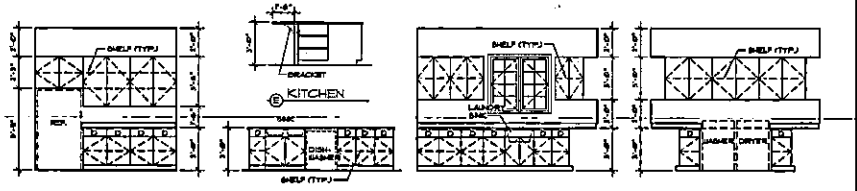
2 3 SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION



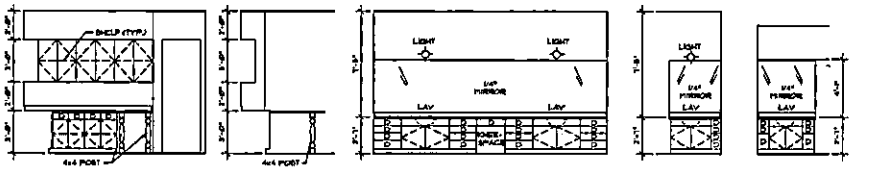
GARAGE FOUNDATION 3/4" = 1'-0"



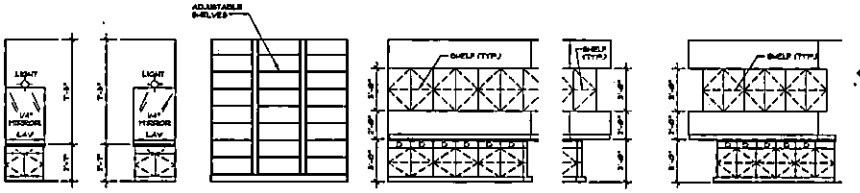
A GREAT ROOM
B SCREEN PORCH
C KITCHEN



D KITCHEN
E KITCHEN
F KITCHEN
G UTILITY
H UTILITY



J UTILITY
K UTILITY
L MASTER BATH
M PWDR. RM.
N BATH #2



P BATH #3
Q BATH #4
R LIBRARY
S WORKSHOP
T WORKSHOP
U WORKSHOP

INTERIOR ELEVATIONS 1/4" = 1'-0"

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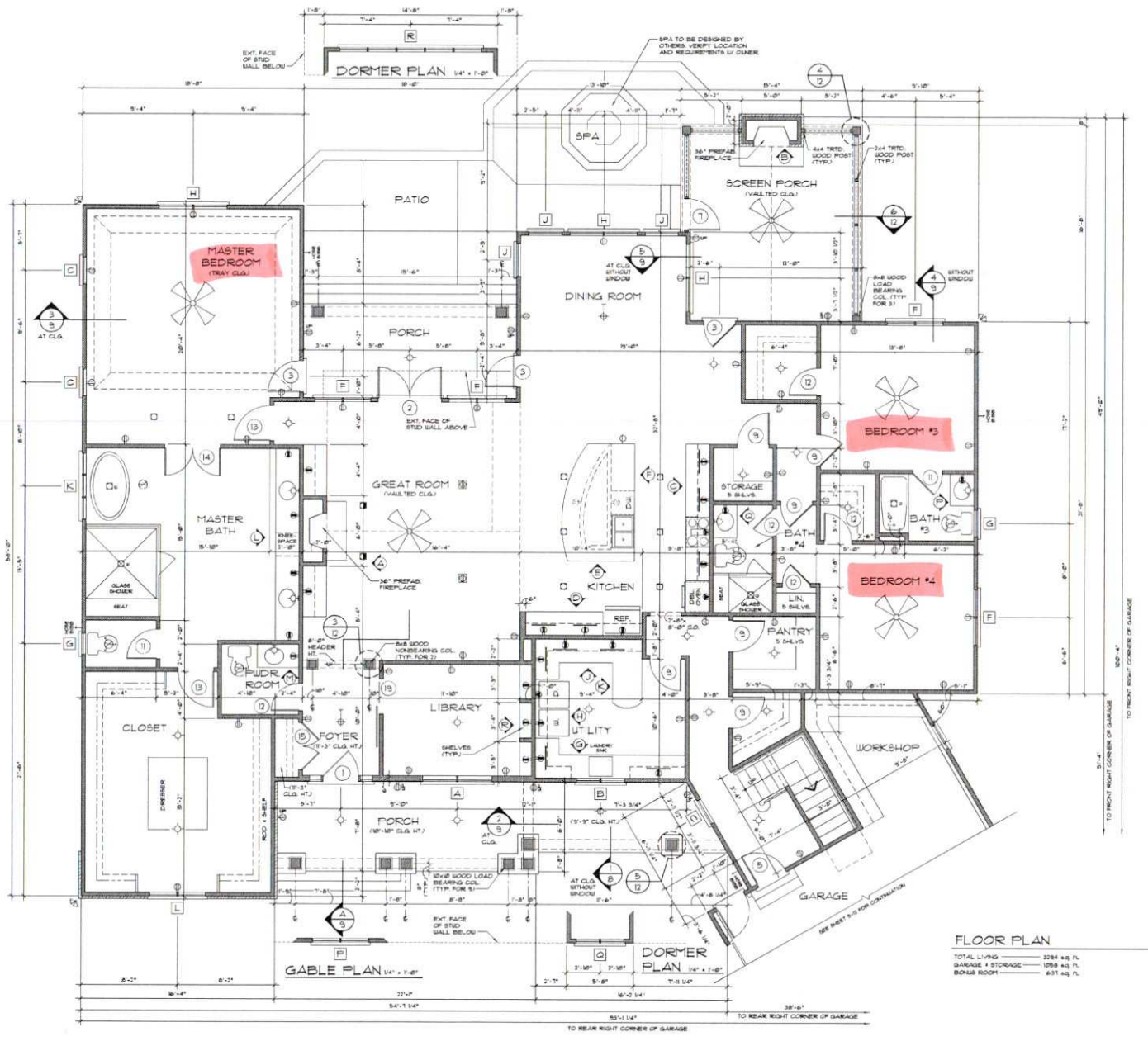
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AMBROISE
DESIGN NO. H1626Q-3313
SHEET 07 OF 08
3 1/2 TAH
GARAGE FOUNDATION PLAN AND INTERIOR ELEVATIONS

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PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.

   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNIT(S) WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.

   H.V.A.C. EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2x4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET
AC	ABOVE COUNTER LOCATION
WP AC	ABOVE COUNTER-WATER PROOF DUPLEX OUTLET
	FLUSH FLOOR DUPLEX OUTLET. OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	SUN TUNNEL W/ LIGHT KIT
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
U	RECESSED LIGHT FOR LIST AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN W/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

SEE DOOR AND WINDOW SCHEDULES ON SHEET 5.

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FLOOR PLAN 1/4" = 1'-0"

TOTAL LIVING	3294 sq. ft.
GARAGE + STORAGE	1058 sq. ft.
BONUS ROOM	631 sq. ft.

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FLOOR PLAN

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DOOR SCHEDULE

SYMBOL ○

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 8'-0"	1	EXT., W/ 12" SIDELITES + 8" ARCH HEAD TRANSOM *
2	(2) 2'-8" x 8'-0"	1	EXT., FULL GLASS
3	2'-8" x 8'-0"	3	EXT., FULL GLASS
4	-	-	NOT USED
5	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
6	2'-8" x 6'-8"	2	EXT.
7	2'-8" x 8'-0"	1	SCREEN
8	5'-0" x 8'-0"	3	GARAGE
9	2'-8" x 8'-0"	6	INT.
10	2'-8" x 6'-8"	3	INT.
11	2'-6" x 8'-0"	2	INT.
12	2'-4" x 8'-0"	5	INT.
13	3'-0" x 8'-0"	2	INT.
14	(2) 2'-4" x 8'-0"	1	INT.
15	(2) 2'-0" x 8'-0"	1	INT.
16	2'-6" x 6'-8"	1	INT.
17	2'-4" x 6'-8"	1	INT.
18	1'-6" x 6'-8"	1	INT.
19	3'-0" x 8'-4"	1	INT., BARN DOOR

* SEE ELEVATION FOR TRANSOM.

WINDOW SCHEDULE

SYMBOL □

MARK	SIZE	QUAN.	DESCRIPTION
A	(2) 2'-11" x 6'-1"	1	CASEMENT, ARCH HEAD *
B	(2) 2'-11" x 3'-11"	1	CASEMENT
C	2'-5" x 6'-1"	3	CASEMENT
D	(2) 2'-5" x 6'-1"	1	CASEMENT, ARCH HEAD *
E	2'-5" x 4'-11"	3	CASEMENT
F	(2) 2'-5" x 6'-1"	4	CASEMENT
G	1'-11" x 4'-5"	2	CASEMENT
H	(2) 2'-11" x 6'-1"	3	CASEMENT
J	2'-11" x 6'-1"	3	CASEMENT
K	(3) 1'-11" x 5'-5"	1	CASEMENT
L	(2) 2'-5" x 6'-1"	1	CASEMENT, W/ 24" ARCH HEAD TRANSOM *
M	2'-5" x 3'-11"	2	CASEMENT
N	(3) 2'-5" x 3'-11"	1	CASEMENT
P	(2) 2'-5" x 4'-5"	1	CASEMENT, ARCH HEAD *
Q	(2) 2'-11" x 2'-11"	1	CASEMENT
R	(9) 2'-5" x 3'-5"	1	CASEMENT

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.

VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.

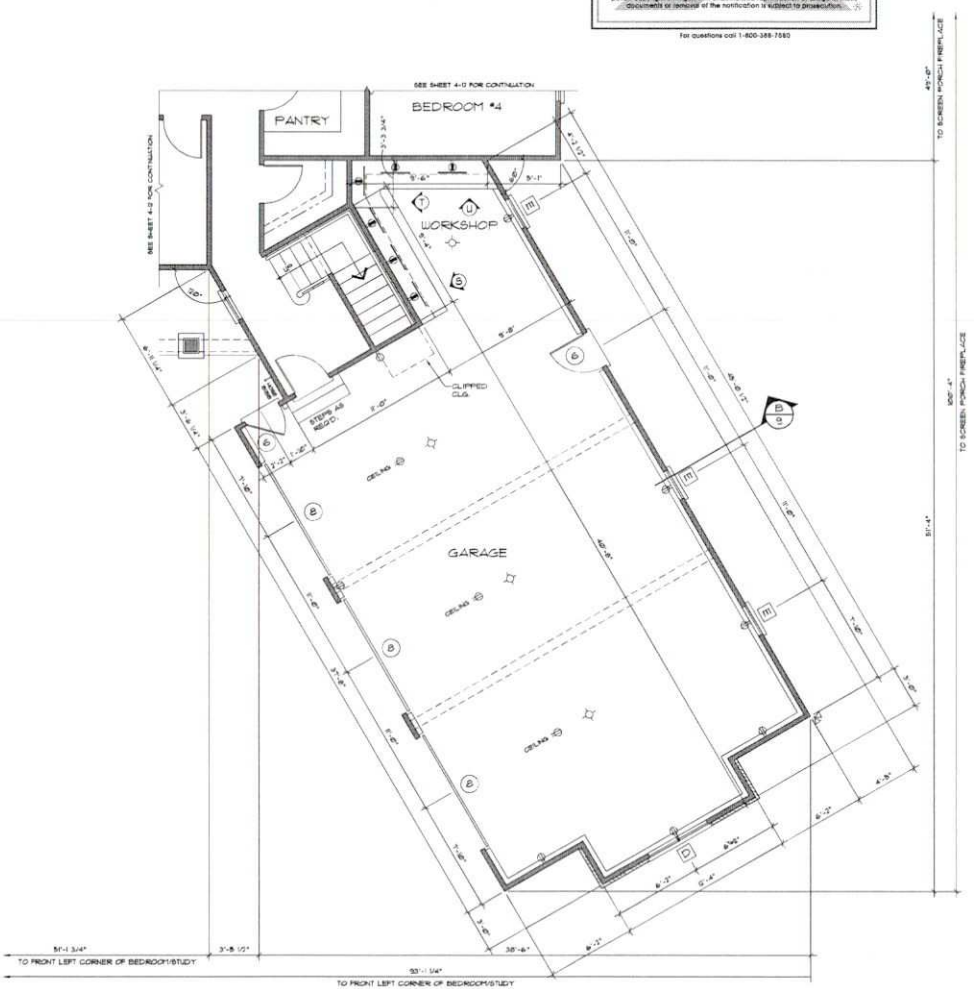
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.

VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.

VERIFY WINDOW SILL HEIGHT CLEARANCE ABOVE TUBS AND COUNTERTOPS TO ALLOW FOR TRIM AND/OR BACKSPLASH.

* SEE ELEVATION FOR RADIUS.

** VERIFY SKYLIGHT AND SUN TUNNEL INSTALLATION REQUIREMENTS BEFORE CONSTRUCTION. IF CURB INSTALLATION IS RECOMMENDED DUE TO CLIMATIC CONDITIONS, MODEL NUMBER AND/OR ROUGH OPENING SIZE MAY VARY.



GARAGE FLOOR PLAN 1/4" = 1'-0"



BONUS ROOM FLOOR PLAN 1/4" = 1'-0"

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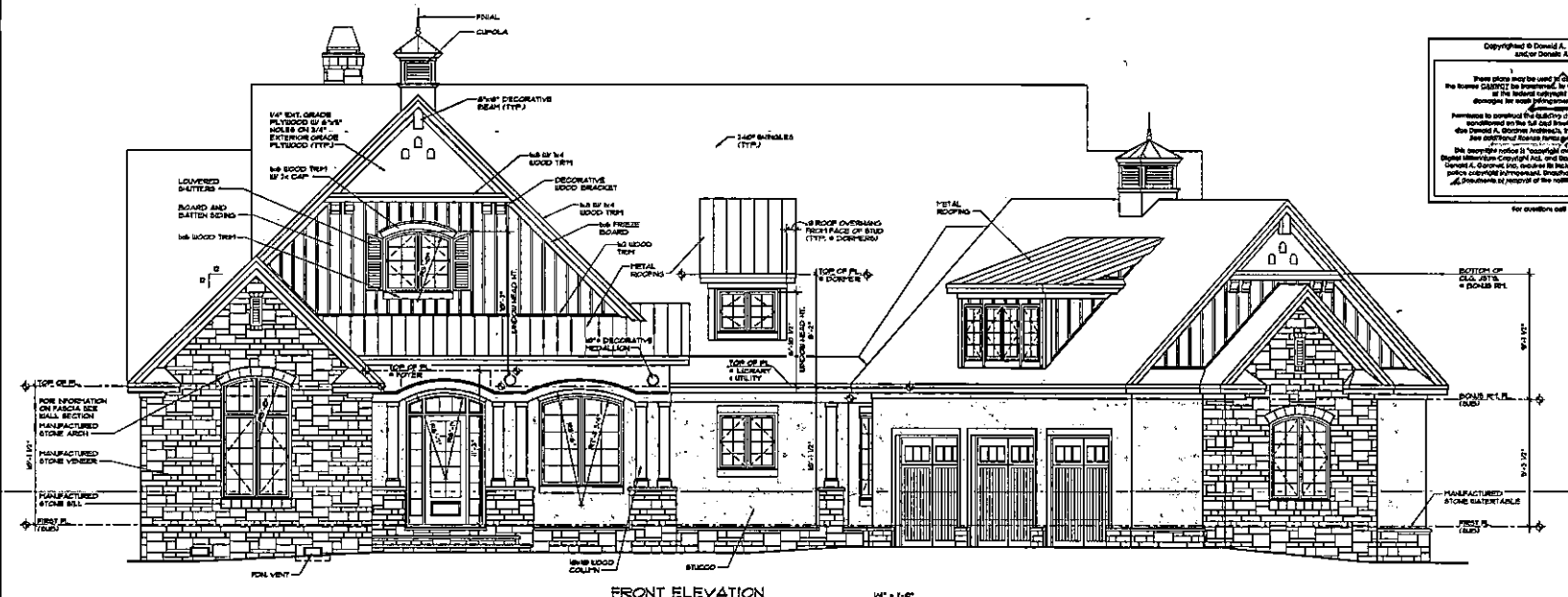
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GARAGE AND BONUS ROOM FLOOR PLANS

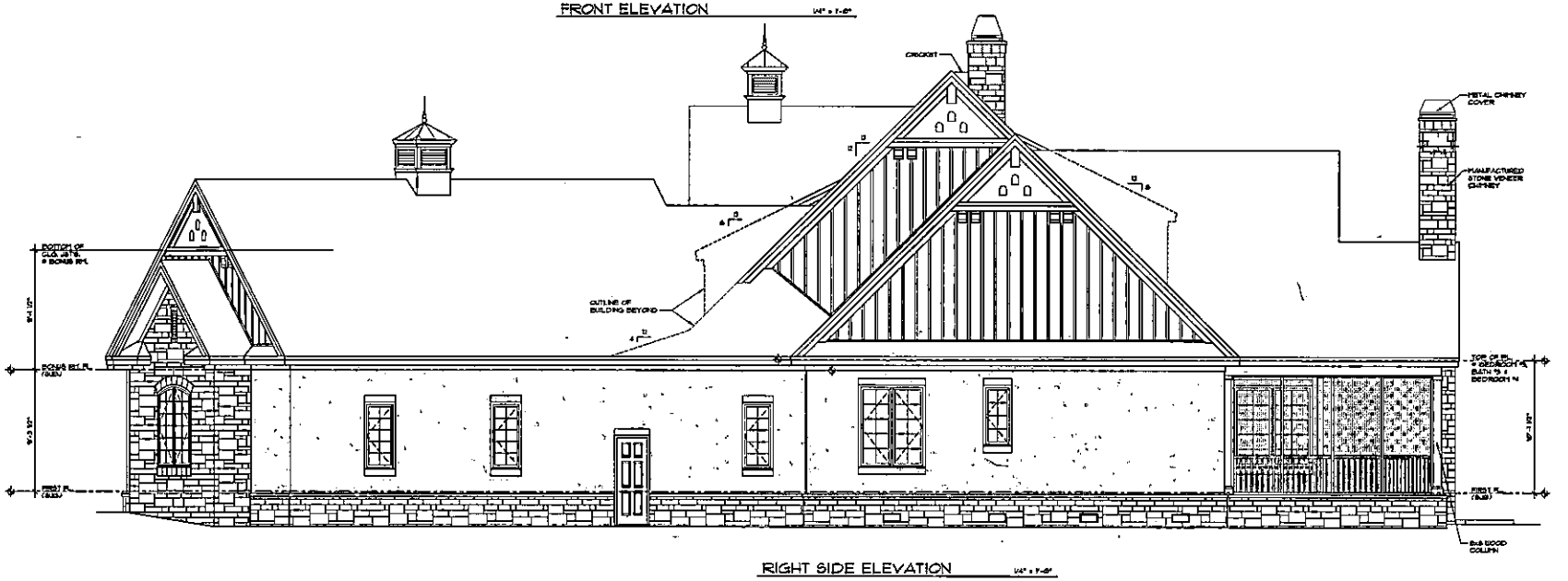
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FRONT ELEVATION



RIGHT SIDE ELEVATION

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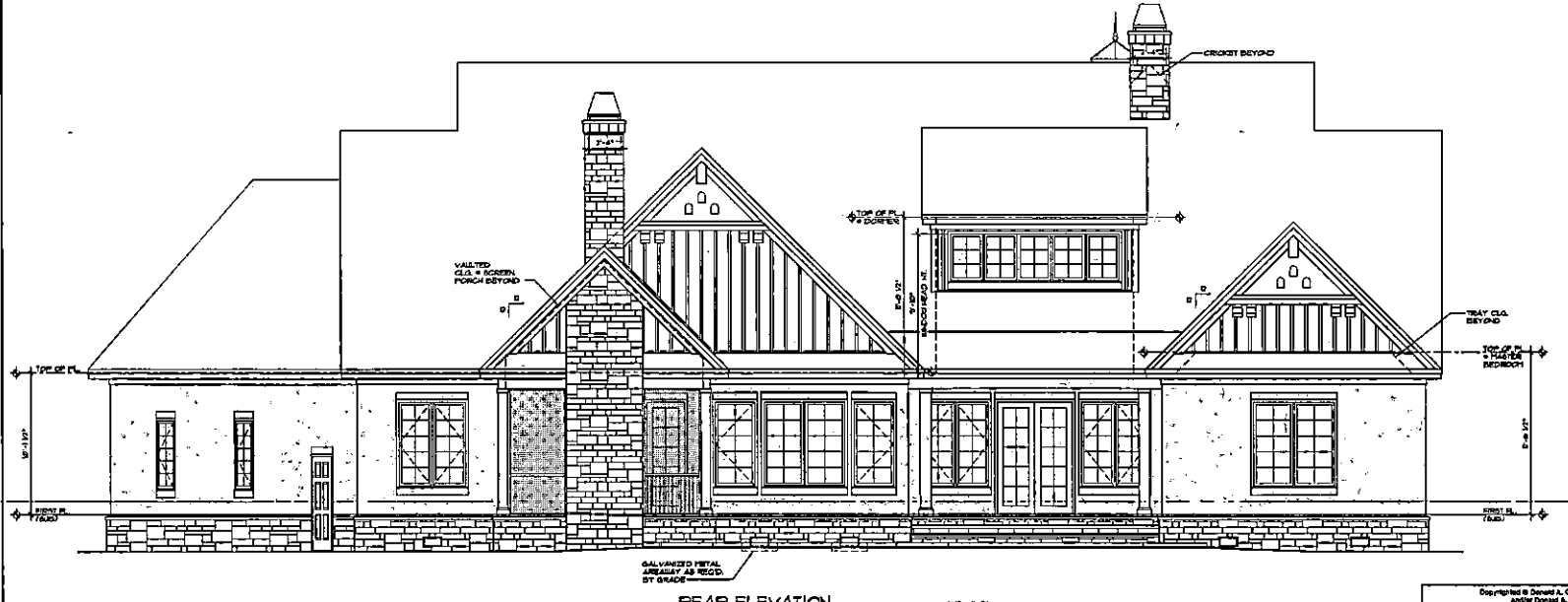
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AMEROSE
DESIGN NO. M8080-1313
SHEET OF 6 12
DR TAH
ELEVATIONS

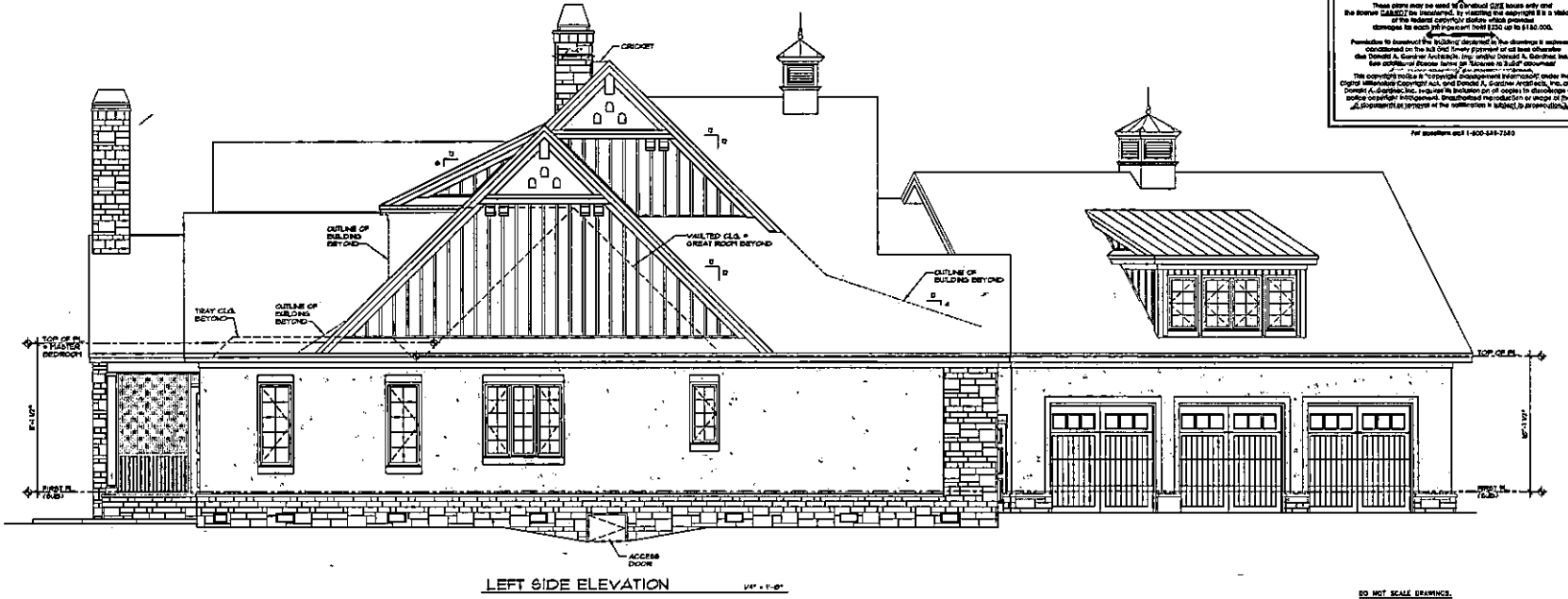
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REAR ELEVATION



LEFT SIDE ELEVATION

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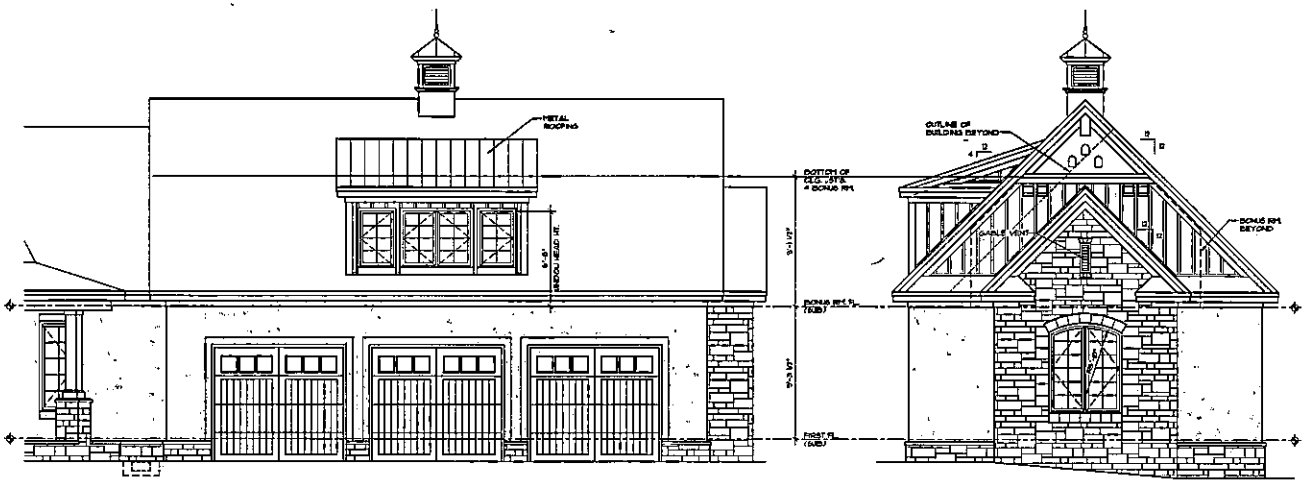
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AMERICRISE
DESIGN NO. M18080-1373
SHEET 1 OF 2 08 TAH
ELEVATIONS

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GARAGE-FRONT-ELEVATION — 1/4" = 1'-0"

GARAGE-RIGHT-SIDE-ELEVATION — 1/4" = 1'-0"

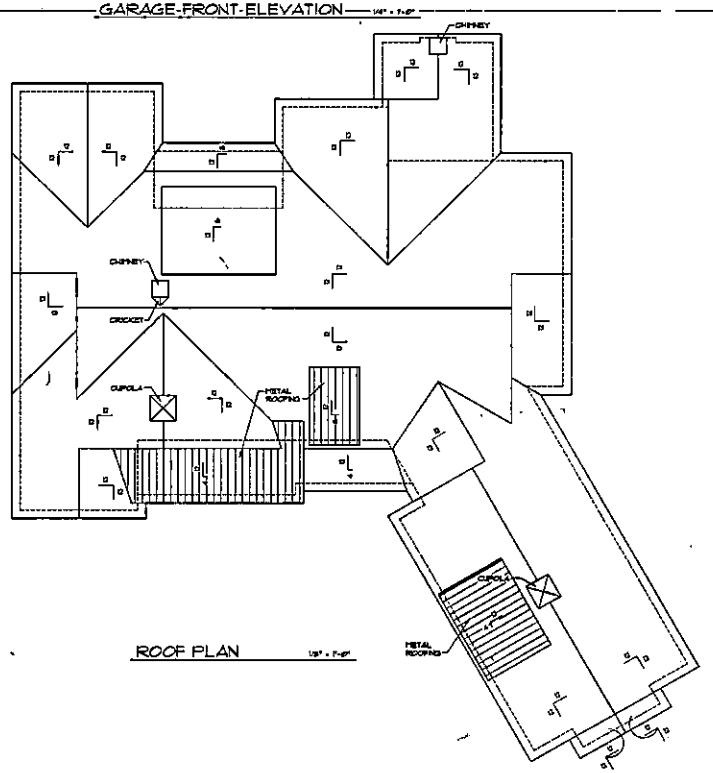
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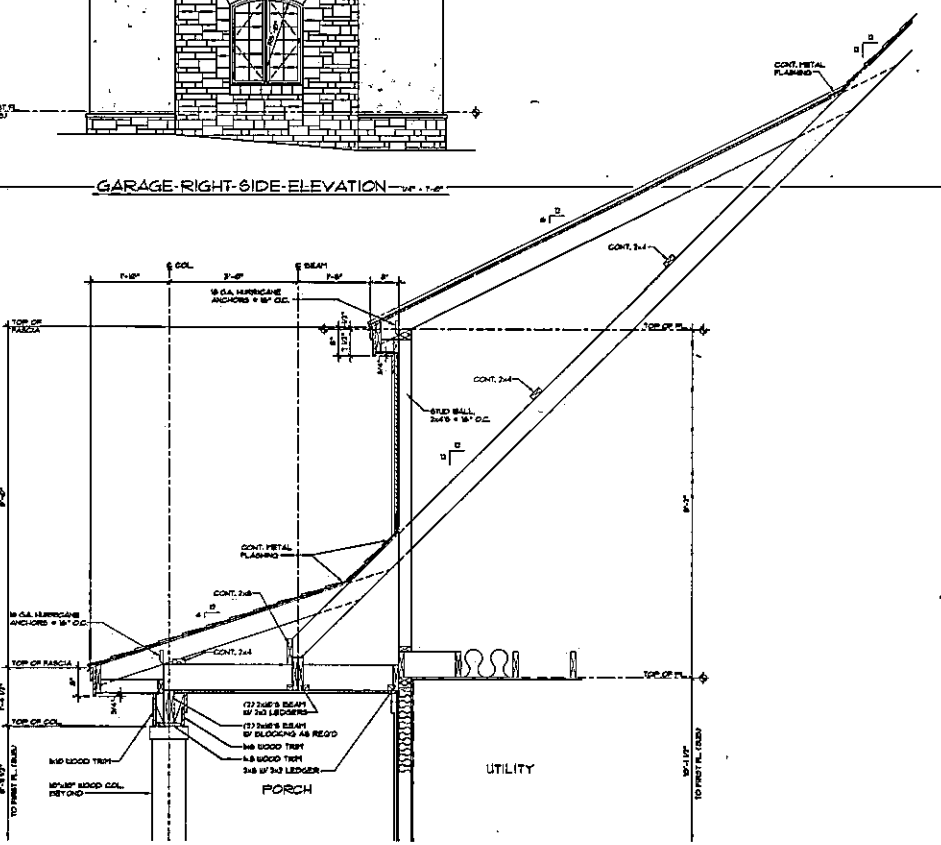
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ROOF PLAN — 1/8" = 1'-0"



1/B SECTION — 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

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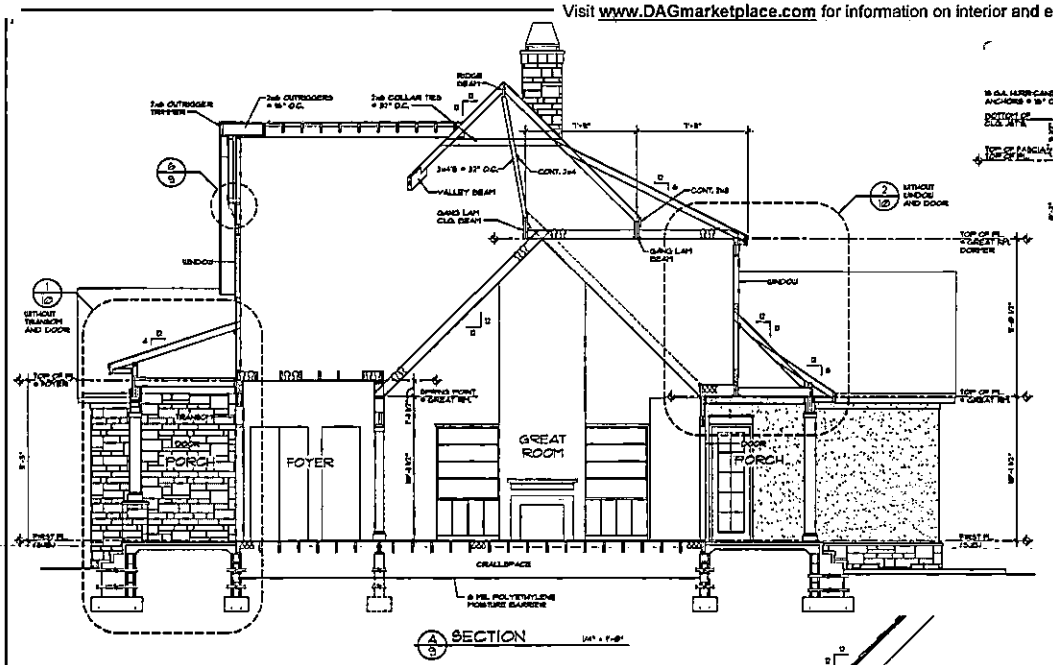
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AMBROISE
DESIGN NO. M180280-1313
SHEET 8 OF 12 DR. TAH

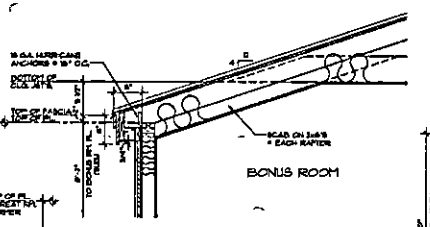
GARAGE ELEVATIONS AND ROOF PLAN

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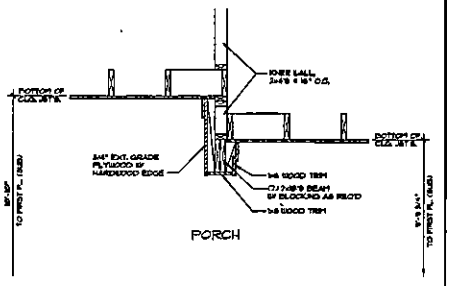
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A/9 SECTION 1/4" = 1'-0"



1/9 SECTION 3/4" = 1'-0"
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2/9 SECTION 3/4" = 1'-0"
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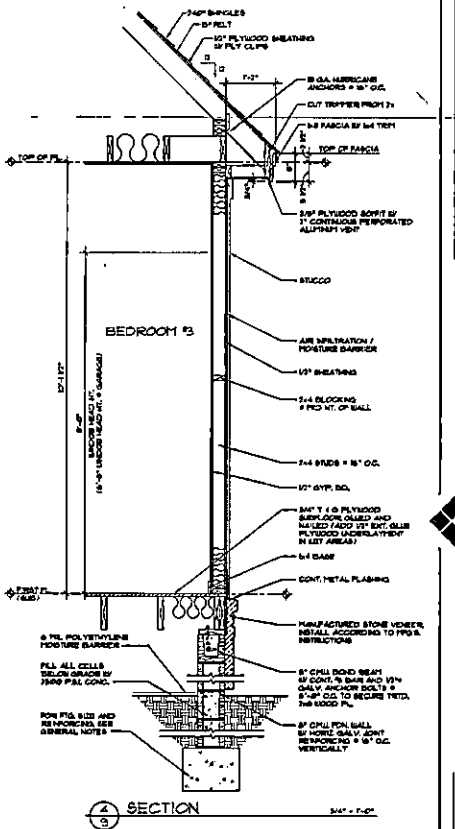
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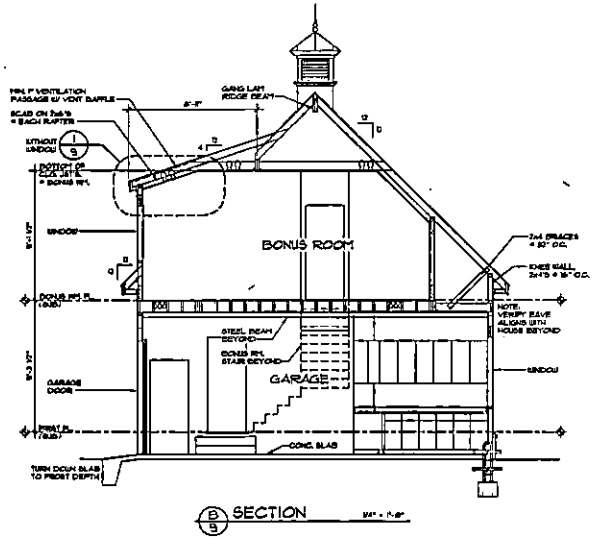
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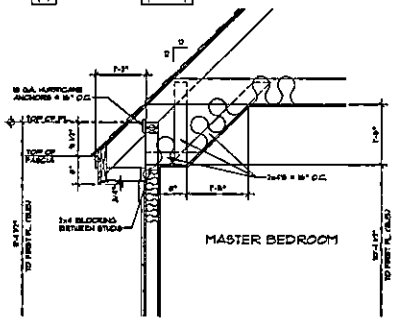
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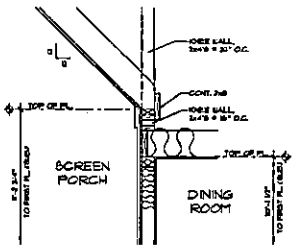
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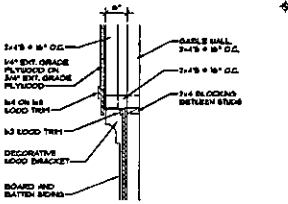
B/9 SECTION 3/4" = 1'-0"



3/9 SECTION 3/4" = 1'-0"
SEE OTHER SHEET SECTIONS FOR ADDITIONAL INFORMATION



5/9 SECTION 3/4" = 1'-0"
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6/9 SECTION 3/4" = 1'-0"
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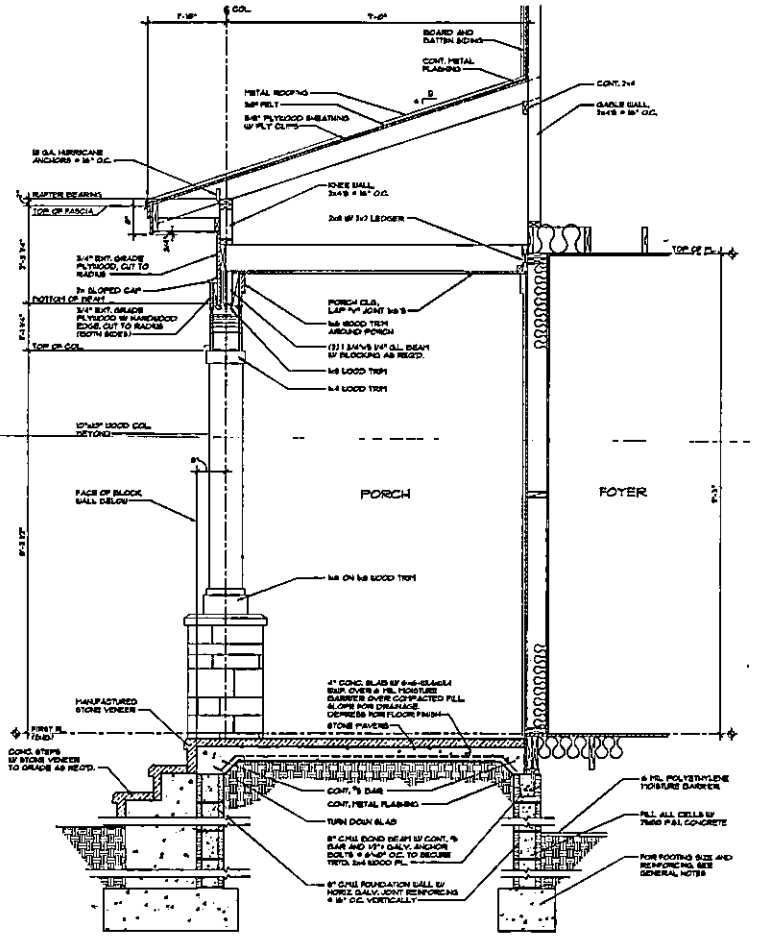
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SHEET 9 OF 12 DRAWN TAH
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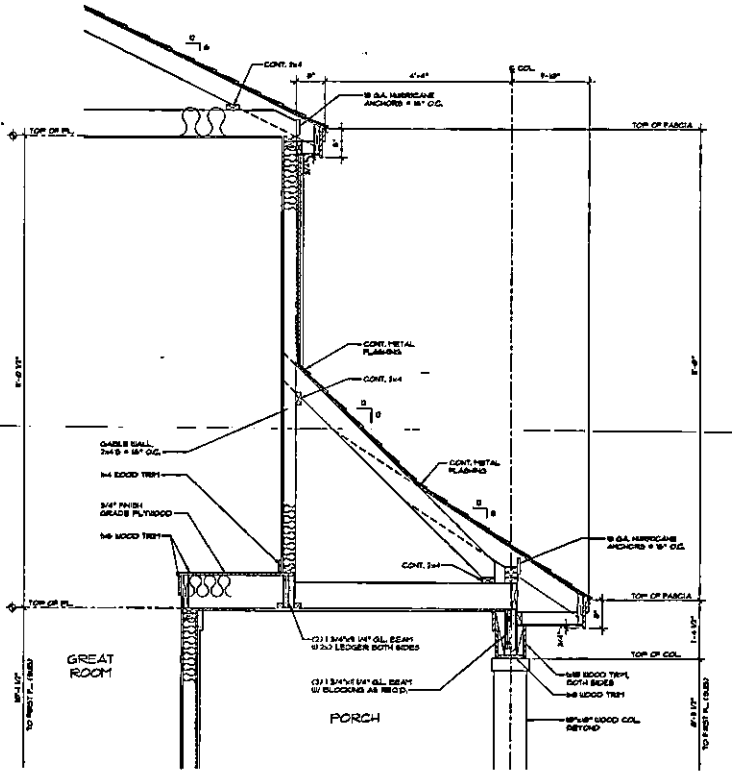
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1/2 SECTION 3/4" = 1'-0"
SEE OTHER SHT. SECTIONS FOR ADDITIONAL INFORMATION



2/10 SECTION 3/4" = 1'-0"
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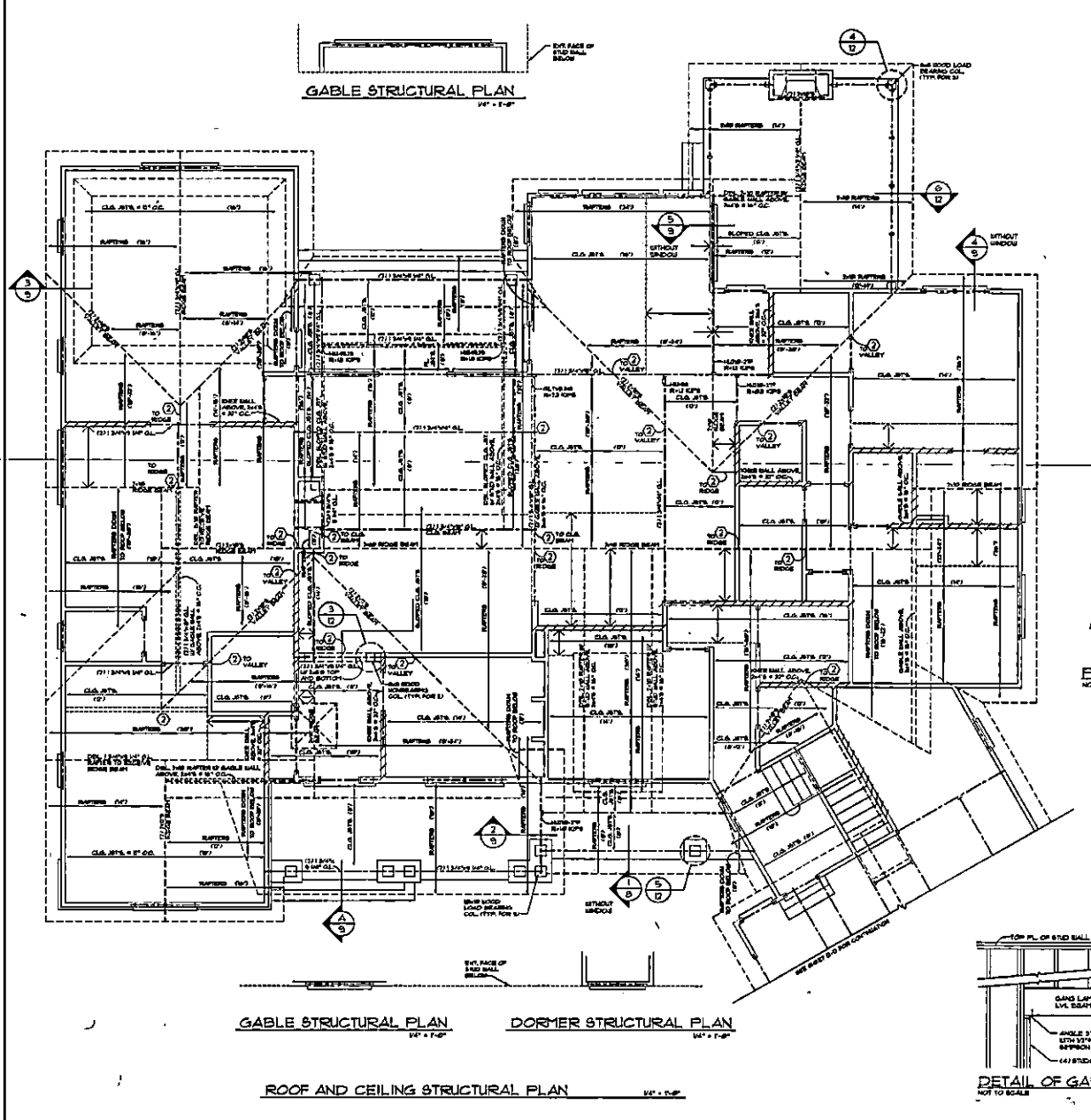
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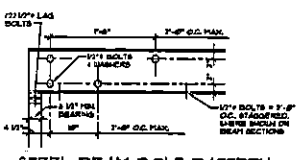
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DESIGN NO. 1162800-1375
SHT. NO. 10 OF 12 DR. TAH
SECTIONS

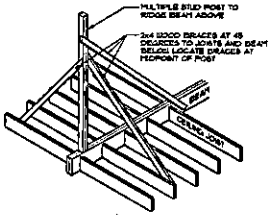
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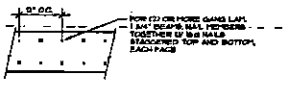
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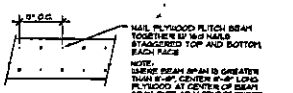
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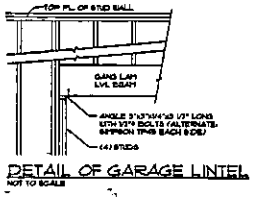












STRUCTURAL LEGEND

RAFTERS (R1) — RAFTERS, 2x6 @ 24" O.C. UNLESS NOTED OTHERWISE

FL. JSTS. (F1) — FLOOR JOISTS, 2x10 @ 16" O.C. WITH DIAGONAL BRIDGING UNLESS NOTED OTHERWISE

CLG. JSTS. (C1) — CEILING JOISTS, 2x6 @ 24" O.C. UNLESS NOTED OTHERWISE

PHANTOM LINE INDICATES STEEL BEAM

THIS SYMBOL INDICATES MAIN LOAD BEARING INTERIOR WALLS. ALL EXTERIOR WALLS ARE LOAD BEARING

DASH LINE INDICATES ROOF FRAMING

CENTER LINE INDICATES (2) 2x10'S BEAM BELOW ROOF UNLESS NOTED OTHERWISE. (SEE STUD NOTE ③ BELOW)

③ INDICATES THE NUMBER OF STUDS UNDER BEAM ABOVE. NOTE: IF NUMBER OF STUDS AT BEAM ENDS ARE NOT INDICATED, USE (3) STUDS

BRACE ROOF TO WALL OR BEAM BELOW WITH 2x4'S @ 32" O.C.

STRUCTURAL NOTES

1. ROOF FRAMING DESIGN IS CONVENTIONAL (STICK) FRAMING. FOR CONVERSION TO PRE-ENGINEERED TRUSS FRAMING, CONSULT A LOCAL TRUSS MANUFACTURER.
2. PROVIDE 2x6 COLLAR TIES @ 32" O.C. IN TOP THIRD OR TOP 3'-0" OF ATTIC SPACE IN ACCORDANCE WITH LOCAL BUILDING CODE.
3. UNLESS NOTED OTHERWISE, ALL INTERIOR DOOR AND WALL OPENINGS IN LOAD BEARING WALLS SHALL HAVE (2) 2x8 @ LINTEL WITH (2) STUDS AT EACH LINTEL END (TYPICAL) LINTELS WHICH DO NOT FIT BELOW TOP WALL PLATE SHALL BE LOCATED WITHIN THE SHEATHING AND SHALL HAVE THE BOTTOM OF THE BEARING SHALL BE FRAMED DOWN FROM THE LINTEL.
4. UNLESS NOTED OTHERWISE, ALL EXTERIOR DOOR AND WINDOW OPENINGS IN 2x4 WALLS SHALL HAVE (2) 2x10 @ WITH 1/2" PLYWOOD PLATE LINTEL AND (2) 2x8 WALLS SHALL HAVE (2) 2x12 @ WITH 1/2" PLYWOOD PLATE LINTEL AND (2) 2x10 WALLS WITH 3-1/2" EXPOSURE ABOVE AND BOTTOM, USE (2) STUDS AT LINTEL ENDS UNLESS OTHERWISE NOTED. PROVIDE STEEL LINTEL ANGLES WITH 4" MIN. BEARING UNLESS REQUIRED OVER EXTERIOR MASONRY WALL OPENINGS.
5. AT ALL BUILDING CORNERS USE NOMINAL 1/2" STRUCTURAL GRADE 3 PLYWOOD OR NOMINAL 1/2" OSB (ORIENTED STRAND BOARD) MIN. 4'-0" WIDTH, USE 8d NAILS @ 4" O.C. ROW EDGE NAILING AND 6" O.C. ROW ALL INTERMEDIATE NAILING.
6. CONNECTORS INDICATED ARE MANUFACTURED BY THE SIMPSON STRONG-TIE COMPANY, INC., SAN LEANDRO, CALIFORNIA 94577 (1-800-999-5099)

DESIGN CRITERIA

NOTE: ACTUAL DESIGN CRITERIA IN YOUR AREA MAY VARY. IT IS THE RESPONSIBILITY OF THE OWNER/BUILDER TO VERIFY THESE.)

1. FRAMING DESIGN BASED ON THE FOLLOWING LOADING CONDITIONS:
   ROOF + FLOOR DEAD LOADS - 15 P.S.F.
   ROOF LIVE LOAD - 30 P.S.F.
   FLOOR LIVE LOAD - 40 P.S.F.
   MAXIMUM WIND SPEED - 130 M.P.H. (3-SECOND GUST)
2. VERIFY SEISMIC REQUIREMENTS FOR YOUR AREA.
3. SOIL DESIGN BEARING PRESSURE IS ASSUMED 2000 P.S.F. LOCAL SOIL CONDITIONS AND/OR LOCAL PRACTICE MAY REQUIRE LARGER FOOTINGS AND FOUNDATION WALL DESIGN. CONSULT WITH LOCAL CONTRACTOR OR BUILDING INSPECTOR.
4. INSULATION:
   CEILING — R-38
   WALL — R-13
   FLOOR — R-19
5. GLULAM MATERIAL SPECS:
   LAMINATED VENEER LUMBER GANG LAM LVL SHALL BE BY LOUISIANA-PACIFIC OF NATCHITOCHES, LA (1-800-299-3600) OR APPROVED EQUAL SUPPLIER. PROPERTIES SHALL MEET OR EXCEED:
   Fb = 1,900 PSI
   Fv = 310 PSI
   E = 1,800,000 PSI
   GANG LAM "B" LVL'S ARE INDICATED.
   GANG LAM "D" LVL'S CAN BE USED BUT VARY FROM SIZES INDICATED

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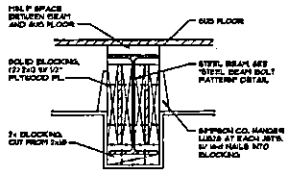
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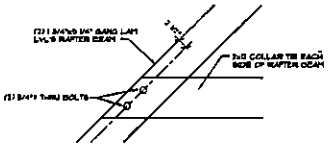
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ROOF AND CEILING STRUCTURAL PLAN

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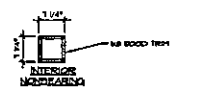
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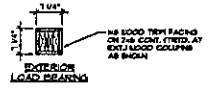
1/12 SECTION 1 1/2" = 1'-0"



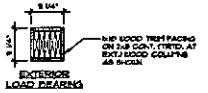
2/12 DETAIL AT RAFTER BEAM 3/4" = 1'-0"



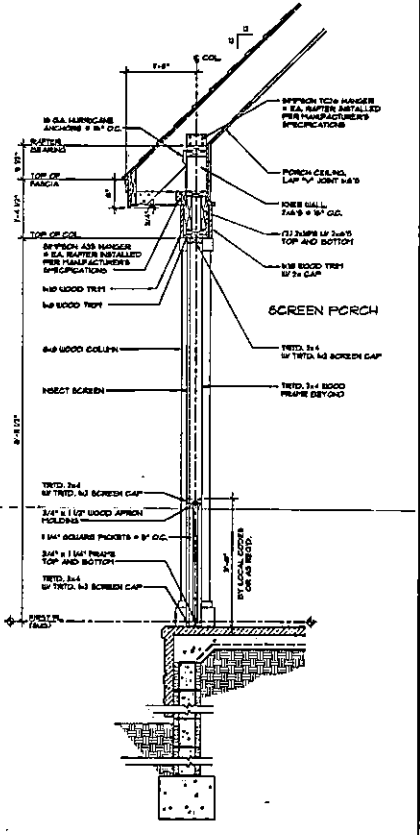
3/12 SECTION 3/4" = 1'-0"



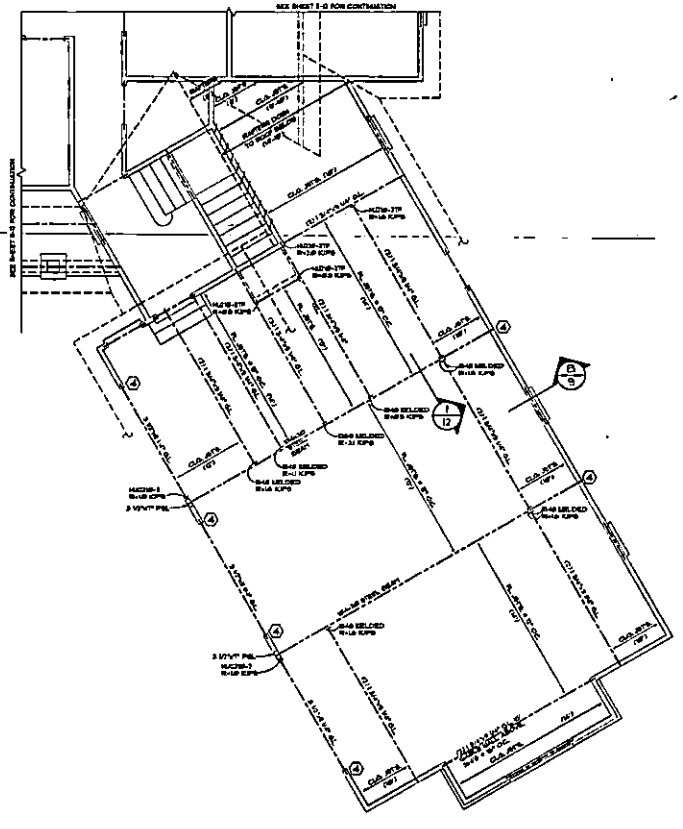
4/12 SECTION 3/4" = 1'-0"



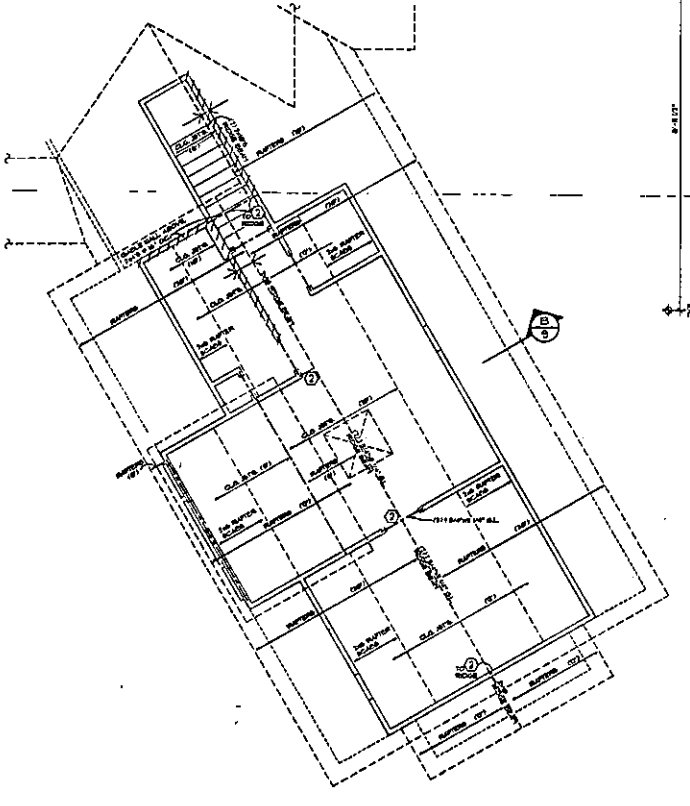
5/12 SECTION 3/4" = 1'-0"



6/12 SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION



GARAGE CEILING STRUCTURAL PLAN 1/4" = 1'-0"



BONUS ROOM STRUCTURAL PLAN 1/4" = 1'-0"

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MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

March 23, 2018

John M. Gerrish & Barbara F. Gerrish
7795 Poplar Grove Rd.
Severn, MD 21144

RE: **Notice of Intent to Revoke Improvement Permit**

Dear Mr. and Mrs. Gerrish:

The Mecklenburg County Health Department inspected the site for the on-site wastewater system improvement permit located at **9400 Sweetleaf Pl**, Parcel #199-371-05, for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit # **5560B** conditions. As a result of this inspection, the Department has determined the following violations:

> A new application has been submitted for a 5 bedroom house Improvement Permit with a different house location that impacts the designated septic system and repair area on Improvement Permit #5560B. Due to the new proposed house location the permitted system area does not meet Rule 15A NCAC 18A .1950. Mecklenburg County Health Department has designated a new system and repair area on the property to be utilized for the new proposed house location associated with the application submitted on March 18, 2018. We are ready to issue a new permit for the application. The above referenced permit must be revoked first in order to issue the new one.

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit 30 days from the date of this notice.

If the health department determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the current laws and rules necessary to obtain a new permit.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the N. C. Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You have the right to a formal appeal of this decision by filing a petition for a contested case hearing with the Office of Administration Hearings, 6714 Mail Service Center, Raleigh, NC, 27699-6714. To obtain a petition form (H-06), you may write the Office of Administrative Hearings, call that office at (919) 431-3000 or get a copy of the petition form from their web site at www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provisions of North Carolina General Statutes 130A-24, 150B-23, and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335(g) provides that your hearing would be held in the county where your property is located.

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is March 23, 2018. Meeting the 30 day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you may request.

If you file a petition for a contested case with the Office of Administrative Hearings, you are required by law (NCGS 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may call or write the local health department if you need additional information or assistance.

Sincerely,

Jacob Presley, REHS, LSS.
Soil Scientist
704-336-5440

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

3/23/2018

Owner: John M. Gerrish & Barbara F. Gerrish
Address: 7795 Poplar Grove Rd,
Severn, MD 21144

Subject: Voluntary Relinquishment of Administrative Appeal Rights

Improvement Permit #5560B
John M. Gerrish & Barbara F. Gerrish, 9400 Sweatleaf Pl., Charlotte, NC 28278
PID: 199-371-05

I, John Gerrish Barbara Gerrish voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form, the previous permit issued on 8/2/2004 for a 5 bedroom house improvement permit for the site will be "revoked" immediately by the authorized agent/local health department.

Barbara Gerrish
Signature of Property Owner

dotloop signature verification: www.dotloop.com/my/verification/DL-329225177-4-2E61

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

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

Permit #: 30009490 GWS File #: 5560B Tax Parcel #: 199-371-05

- 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):** 3/21/2023

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

Structure Type: HOUSE Size (ft^2): 4230 # Bedrooms: 5 Max. Occup.: 10

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 600 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): 1500 Total Trench Length (ft): 500

Maximum Trench Depth (in): 34 Depth of Media (in): 12 Distribution Device: Drop Boxes

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

Repair System Specifications:

Design Flow (gpd): 600 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): 1500 Total Trench Length (ft): 500

Maximum Trench Depth (in): 34 Depth of Media (in): 12 Distribution Device: Drop Boxes

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: Jacob Presley

Signature: Jacob Presley

Date Issued: 3/21/2018

Owner/Legal Agent: Barbara Gerrish
JohnGerrish
Print Name

Signature: BARBARA GERRISH dotloop verified 03/27/18 8:56AM EDT N1WX-GX1B-S0YC-W6JT

JOHN GERRISH dotloop verified 03/27/18 8:58AM EDT

dotloop signature verification: www.dotloop.com/my/verification/DL-329225177-4-2661

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

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

Permit #: **30009490** GWS File #: **5560B**

IV. Permit Conditions/Comments:

- 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.

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: Jacob Presley

Signature: _____

Date Issued: 3/21/2018

Owner/Legal Agent: Barbara Gerrish
John Gerrish
Print Name

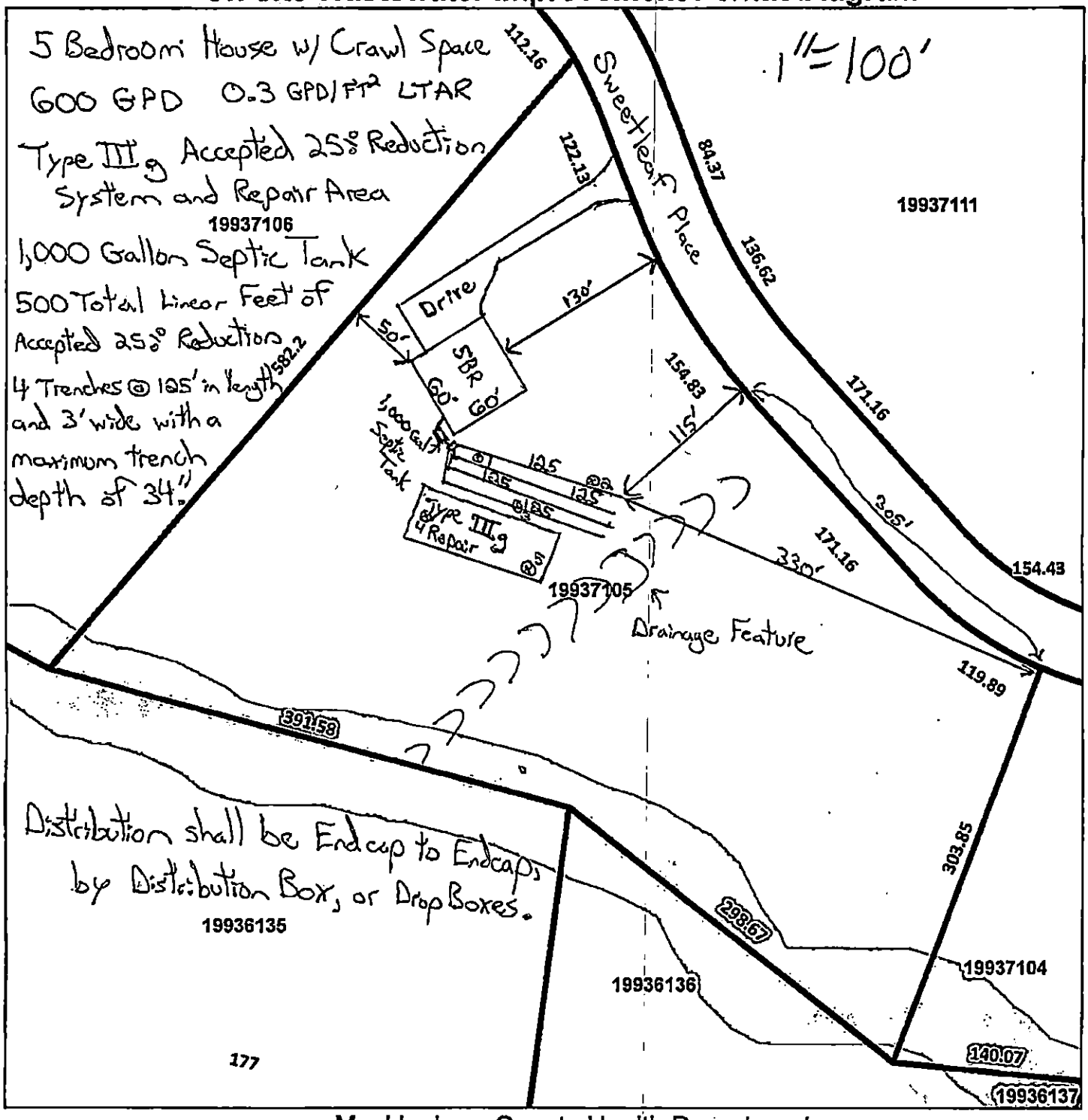
Signature: BARBARA GERRISH dotloop verified 03/27/18 8:56AM EDT TM8S-5BXU-2RHA-RF7F

JOHN GERRISH dotloop verified 03/27/18 8:58AM EDT HMYN-ITT-6SAP-ZBQ5

Page 2 of 2

dotloop signature verification: www.dotloop.com/my/verification/DL-329225177-4-2E91

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

9400 Sweetleaf Pl
The Sanctuary Lot 181

Permit #: 30009490
PID #: 199-371-05
File #: 55608

Authorized Agent: Jacob Presley Date: 3-21-18

JOHN M GERRISH — dotloop verified 03/27/18 8:58AM EDT ZJ9G-SL5Q-PX4Q-IK1R

Owner/ Legal Agent: BARBARA F GERRISH — dotloop verified 03/27/18 8:56AM EDT EUUM-1P6U-FL8M-DI9K Date:

1 inch = 100 feet

FEE: 200.00

DATE: 2/27/2019

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5560B

PERMIT NUMBER: 30009490

PARCEL NUMBER: 19937105

JOB LOCATION INFORMATION

ADDRESS: 9400 SWEETLEAF PL

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28278

ISSUED TO: JOHN M GERRISH

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/27/2019

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30009490, 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 Jimmy Nash, REHS

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 5560B App# 9490 Tax Parcel# 199-371-05

Property Owner: Rodney and Kim Ackley

Job Location Address: 9400 Sweetleaf Pl

City: Charlotte State: NC Zip Code: 28278

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

   ☑ YES ☐ NO

   Comments: Its actually a 4BR house but they want to stick with SBR for possible future expansion.

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.

Jacob Presley JPR — 1-31-20

Authorized Agent **Date**

Larry Washington

Others Present

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
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 #: 5560B Permit #: 30009490 Tax Parcel #: 199-371-05

Property Owner: Rodney and Kim Ackley

Job Location Address: 9400 Sweetleaf Pl

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 2-17-20 Contractor Name: Larry Washington Grading

Permitted Design Flow: 600 GPD 2-31-19 PT4-60 Liquid Capacity of Dosing Tank: NA gallons

Liquid Capacity of Septic Tank: 1500 gallons Tank Manufacture J & S Inc. Effluent Pump Model: NA

Drainfield Installation ☐ N/A

Trench Depth: 30-36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 507 feet

# of Lines: 4 @ 121, 126, 130, 130 feet

Depth of Media: 12 inches (Type) Quick 4

Depth of Cover: 18-24 inches

Distribution Device: End Cap, End Cap

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 12 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 710' feet

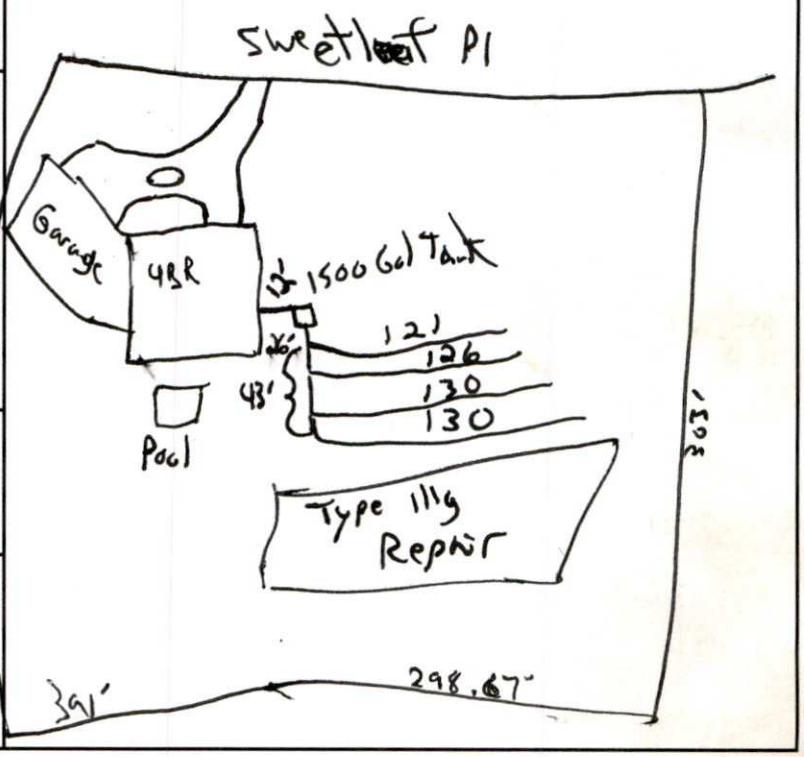
Inspection Dates

Tank(s) Inspected: 2-17-20

Excavation Inspected: 2-17-20

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: IQ4, G, NA, NA Type IIIg

They had a 5BR permit but only a 4BR house. Builder elected to put in 5BR system for future expansion.

DENR Authorized Agent: Jacob Presley Signature: JPg

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
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 #: 5560B Permit #: 30009490 Tax Parcel #: 199-371-05

Property Owner: Rodney and Kim Ackley

Job Location Address: 9400 Sweetleaf Pl

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: I/I g

*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: Jacob Presley Date: 2-17-20

Signature: