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) _____ 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 1/8/16 LE 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. ☐ _____

9490 # 7976

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ✓ SEPTIC ONLY WELL ONLY SEPTIC & WELL
✓ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE EXCHANGE MOBILE HOME (SAME # BEDROOMS)
✓ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Steve Moss
ADDRESS: 980 Ben Black Rd
CITY: Midland
STATE: NC ZIP: 28107
PHONE: 704-309-1288
ALTERNATE PHONE: 704-361-5770
E-MAIL: Southflair@aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Michael&Catherine Pickard
ADDRESS: 14711 Autumncrest rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-564-1405
ALTERNATE PHONE: 704-992-0133
E-MAIL: mpickard@meridianlaboratory.com

JOB LOCATION INFORMATION
TAX PARCEL #: 02121106
STREET ADDRESS: 14711 Autumncrest rd
CITY: Huntersville
STATE: NC **ZIP:** 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
MUNICIPAL X PRIVATE WELL PUBLIC WELL SHARED WELL OTHER

RESIDENTIAL PROPERTY TYPE: N/A
HOUSE MODULAR HOME MULTIPLE FAMILY
SINGLE MOBILE HOME DOUBLE WIDE
OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? YES NO
UNDERGROUND STORAGE TANKS? YES NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER Living rm

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Steve D Moss — Owner's/Agent's Signature
1-8-16 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

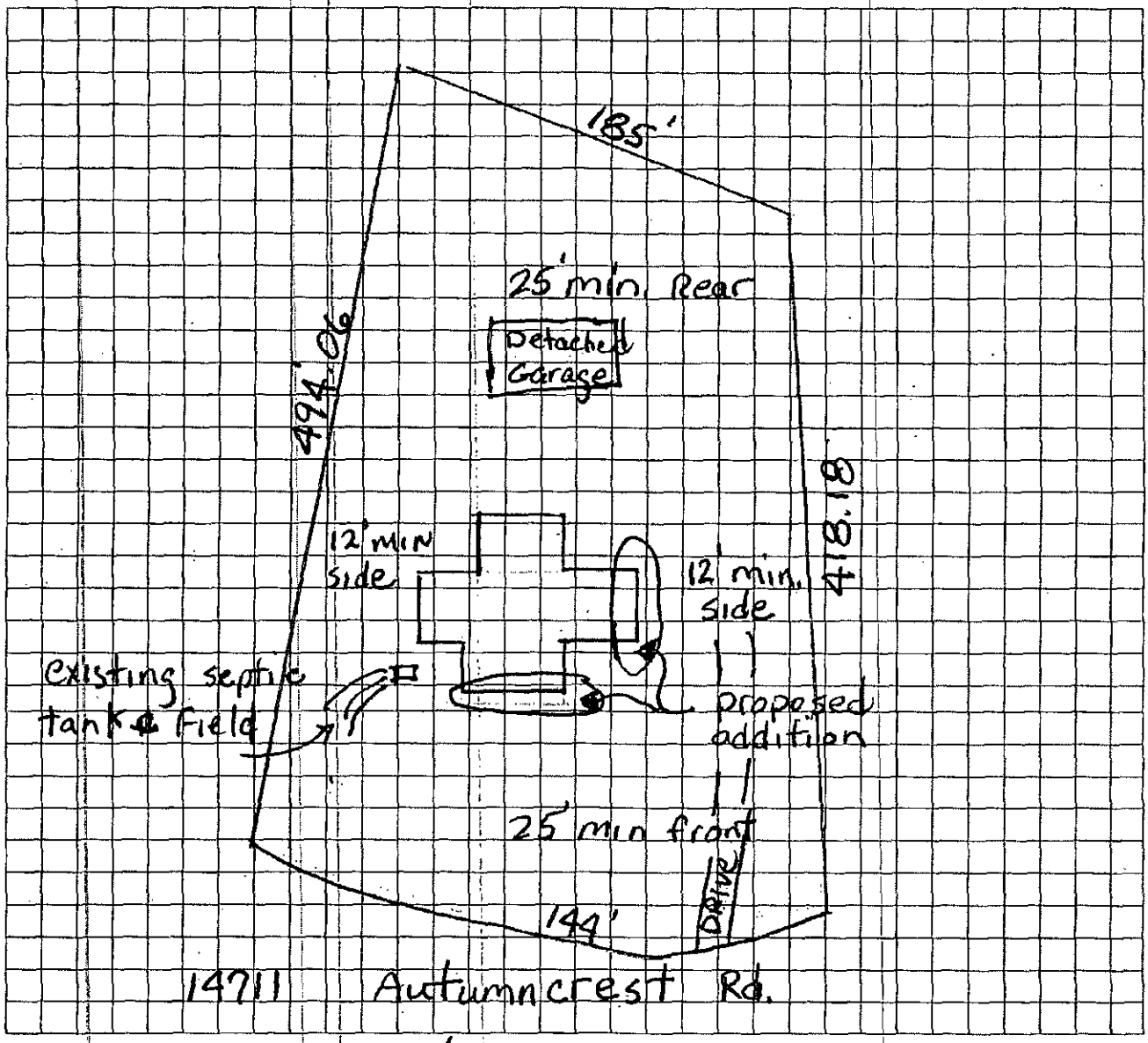
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 14711 Autumuncrest Rd

Tax Parcel #: ~~0212121100~~ 02103101

Subdivision Name: _____

Lot #: _____



Steve D Moss Steve D. Moss 12/29/15

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

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

Revised on: 12/15/10

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 Steve Moss Southern Flair Builders is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

14711 Autumncrest Rd. Huntersville, NC 28078
Number Street Town
(Or Parcel Number)

Mike Pickard
Property Owner (print name)

Mike Pickard
Property Owner (signature)

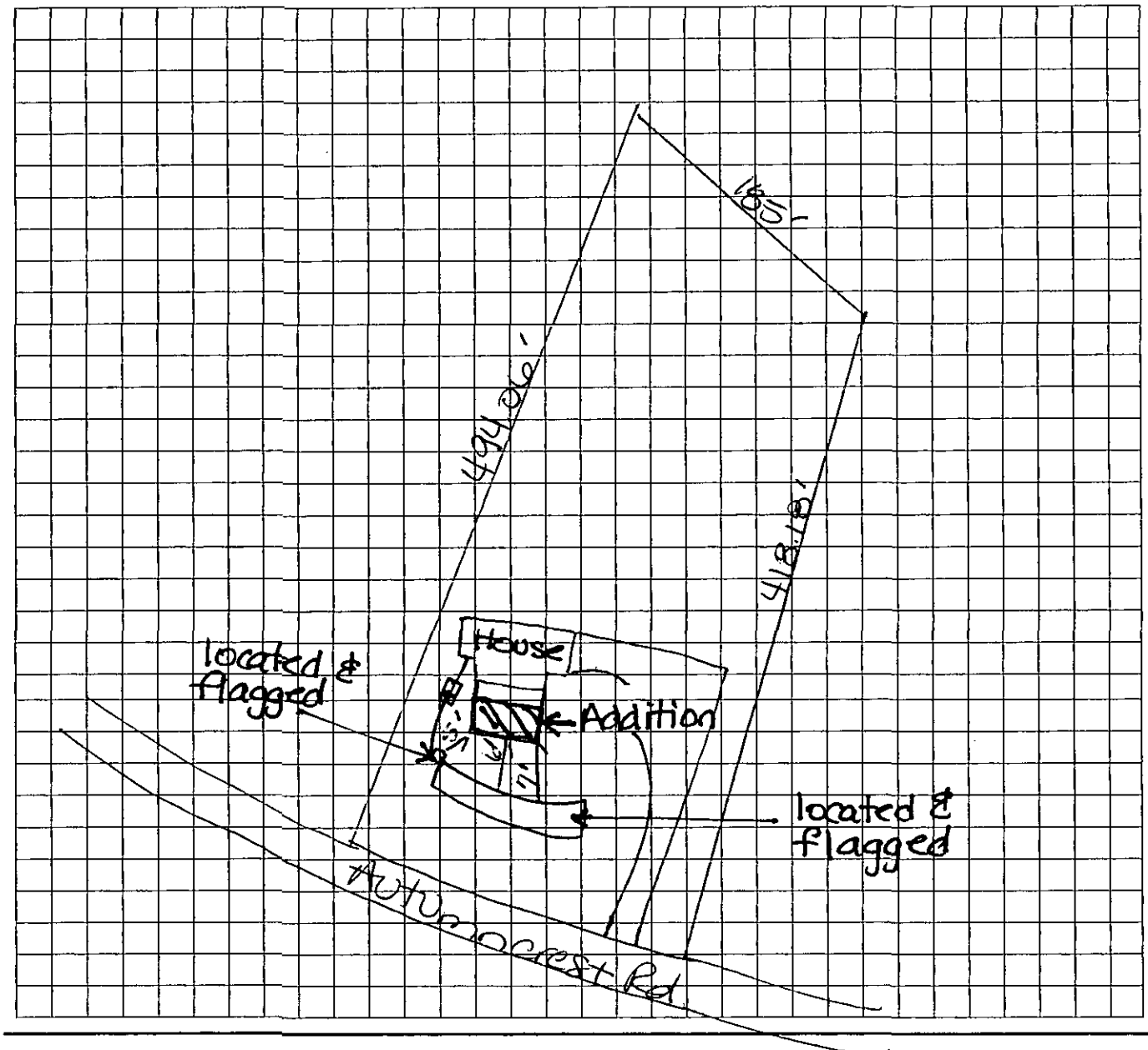
1/7/16
Date

File #: 9490

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: 14711 Autumncrest Rd Tax Parcel #: 031-211-06



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Project approved, meets 75' setback

Kim Garrett, REHS 1/12/16

REHS Signature Date

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

Revised on: 01/03/11

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ◯ SEPTIC ONLY ◯ WELL ONLY ◯ SEPTIC & WELL
◯ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ◯ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
◯ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ◯ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: _____
STREET ADDRESS: _____
CITY: _____
STATE: NC **ZIP:** _____

SUBDIVISION OR MOBILE HOME PARK NAME:
_____
LOT #: _____

WATER SUPPLY:
◯ MUNICIPAL ◯ PRIVATE WELL ◯ PUBLIC WELL ◯ SHARED WELL ◯ OTHER _____

RESIDENTIAL PROPERTY TYPE: ◯ N/A
◯ HOUSE ◯ MODULAR HOME ◯ MULTIPLE FAMILY
◯ SINGLE MOBILE HOME ◯ DOUBLE WIDE
◯ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: _____
NUMBER OF OCCUPANTS: _____

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____

INDUSTRIAL WASTES? ◯ YES ◯ NO
UNDERGROUND STORAGE TANKS? ◯ YES ◯ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER _____

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER _____

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

_____ _____
Owner's/Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/08/16	**Amount:**	100.00
Receipt #:	97402	**Tendered:**	100.00
Check / Auth #:	MC 315681	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: SOUTHERN FLAIR BUILDERS
Attn: STEVE MOSS
Address: 980 BEN BLACK RD
Address:
City/State/Zip: CHARLOTTE, NC 28107

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 14711 AUTUMNCREST RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
65.00	145.00		75.00		

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here: STEVE MOSS

Bill To:

SOUTHERN FLAIR BUILDERS
STEVE MOSS
980 BEN BLACK RD

Midland, NC 28107

Single Payment

Transaction Date: 01/08/2016 8:07 AM Pacific Time
Pay Method: ********4889
Approval #: 315681
Trace Number: f587d850-8ac3-4d79-b6c4-8d09912836c5
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 9490 WASPS App #: _____

Primary ES assigned to project: OJ

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☑
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 3			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: IR JM Date performed: 12514

3-14-2012

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9490 Permit #: 5368 Tax Parcel #: 021-211-06

Property Owner: Mike Pickard

Job Location Address: 14711 Autumncrest Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: _____ Contractor Name: Carey Tucker

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 12 inches

Distribution Device: DROP CHAMBER

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

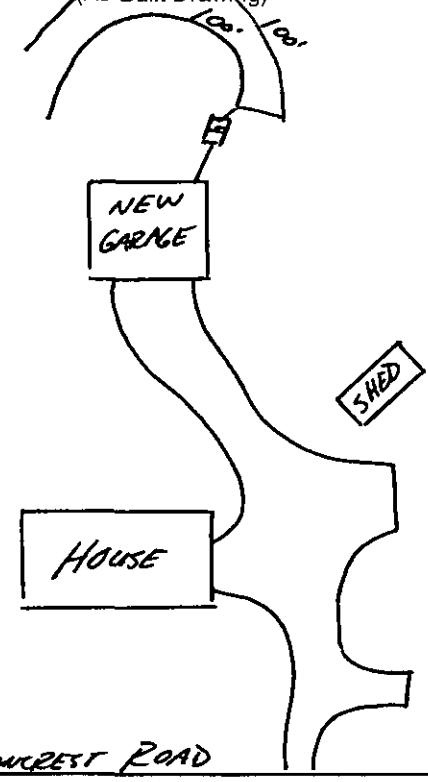
Inspection Dates

Tank(s) Inspected: 3/8/12

Excavation Inspected: 3/8/12

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: III g, Gravity, IQ4W, NA, NA

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9490 Permit #: 5368 Tax Parcel #: 021-211-06

Property Owner: Mike Pickard

Job Location Address: 14711 Autumncrest Road

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: III-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: Jeremy Michka, REHS Date: 3/8/12

Signature: Jeremy Michka, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9490 Permit #: 5368 Tax Parcel #: 021-211-06

Property Owner: Mike Pickard

Job Location Address: 14711 Autumncrest Road

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 3/7/12

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 9/7/12, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 240 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: ——— gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 12 inches (Type) 25% RED.

Distribution Device: D-Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

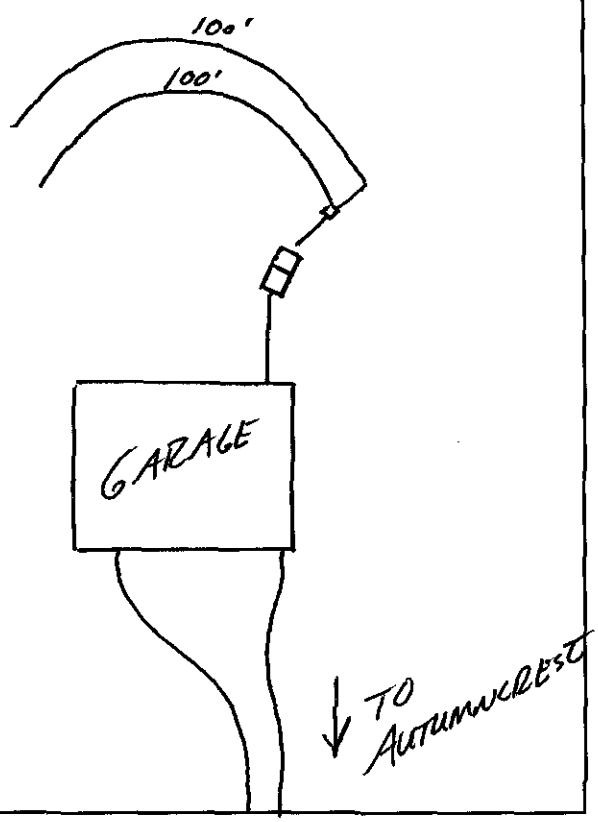
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg 25% RED. System

DENR Authorized Agent: Jeremy Michels, P.E. Signature: Jeremy Michels, P.E.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-8894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30005368 GWS File #: 9490 Tax Parcel #: 021-211-06

- 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):** 12/14/2016

Type of Installation: Residential - New System Lot Number: 13

Structure Type: OTHER Size (ft^2): 2400 # Bedrooms: 1 # Occupants: 2

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 240 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 600 Total Trench Length (ft): 200

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Distribution Box

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

Repair System Specifications:

Design Flow (gpd): 240 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 600 Total Trench Length (ft): 200

Maximum Trench Depth (in): 24 Depth of Media (in): 12 Distribution Device: Distribution Box

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: WARREN WEEKS
Print Name

Signature: Jeremy Michelone Signature: Warren Weeks

Date Issued: 12/14/2011 Southern Flair Bldg.

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 #: 30005368 GWS File #: 9490

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- 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.

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

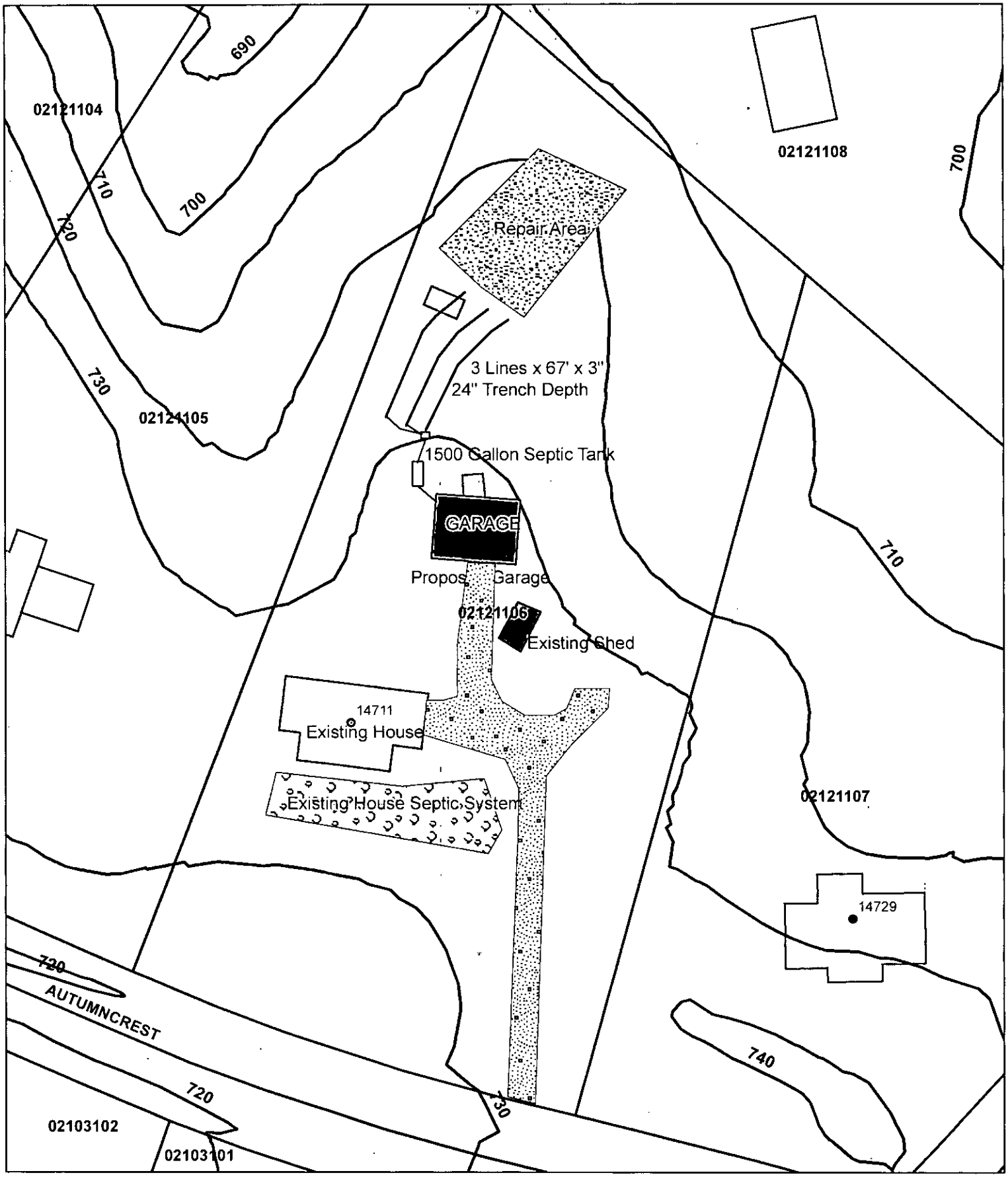
Signature: Jeremy Michelone

Date Issued: 12/14/2011

Owner/Legal Agent: WARREN WEEKS
Print Name

Signature: Warren Weeks
Southern Flair Bldrs

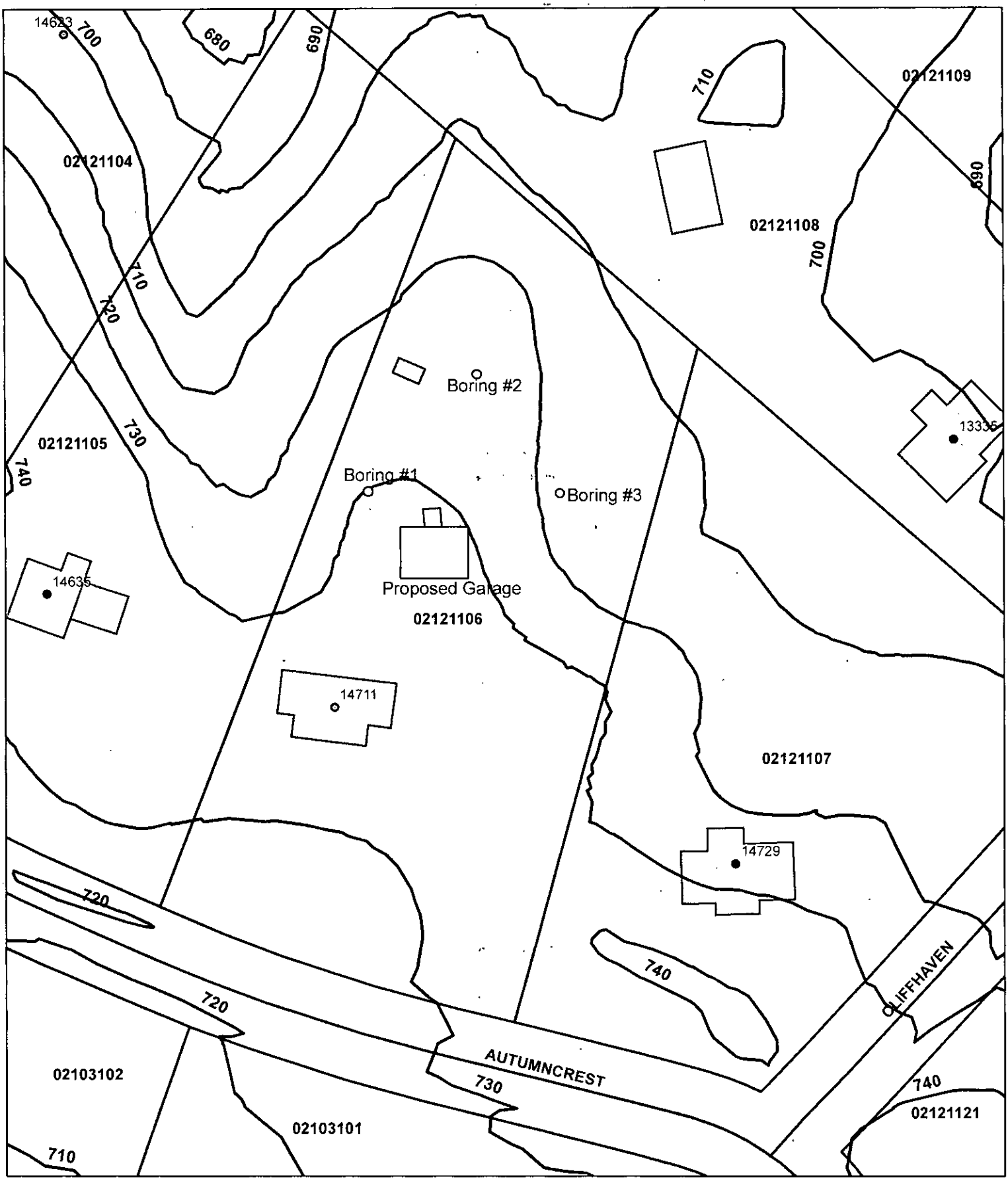
IMPROVEMENT PERMIT FOR:
14711 AUTUMNCREST ROAD
FILE # 9490



Map Created By: JEREMY MICHELONE
Map Created On: 12/14/11

0 30 60 120 Feet

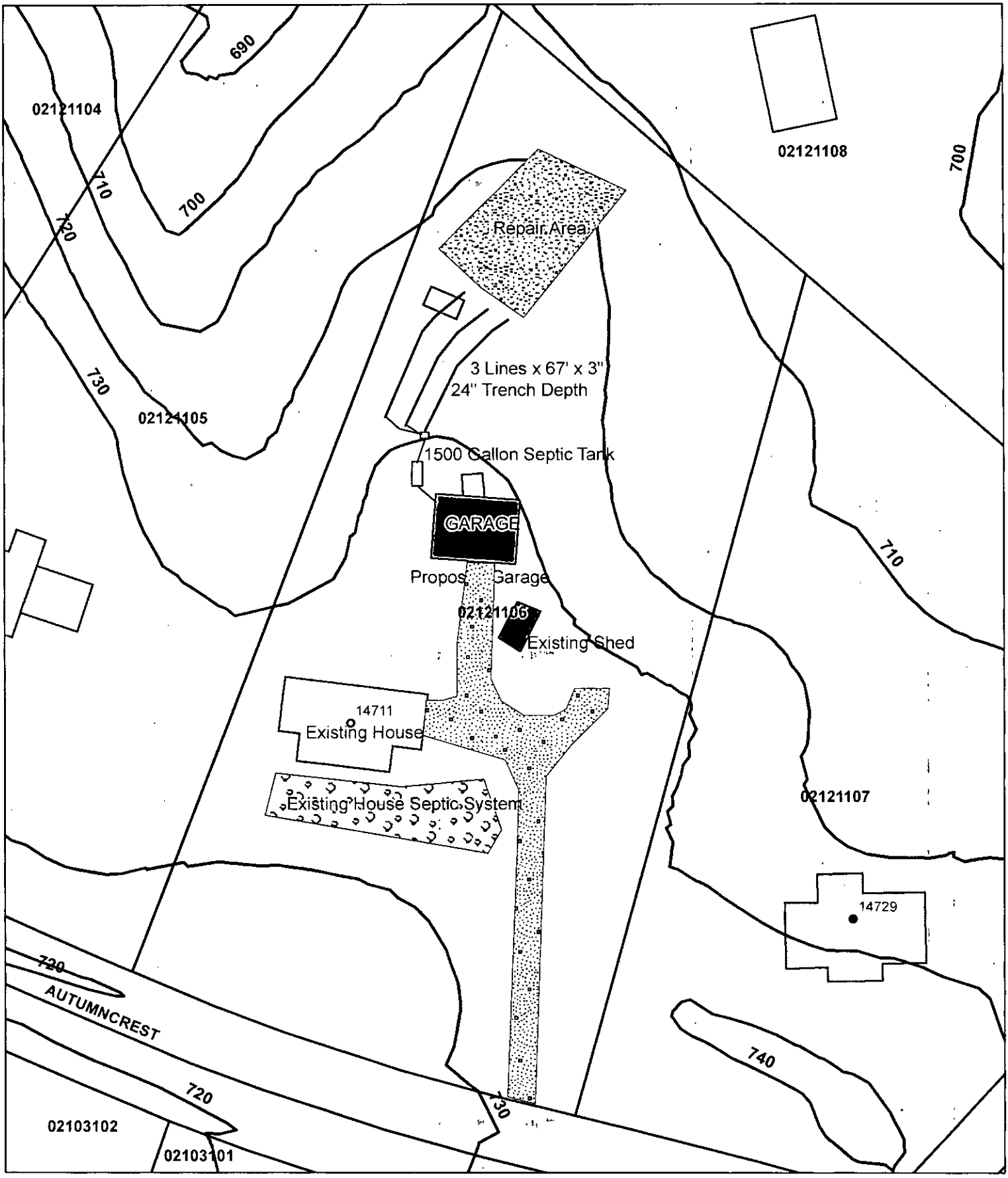
SOIL EVALUATION FOR:
14711 aUTUMNCREST ROAD
FILE # 9490



Map Created By: JEREMY MICHELONE
Map Created On: 12/14/11

0 37.5 75 150 Feet

IMPROVEMENT PERMIT FOR:
14711 AUTUMNCREST ROAD
FILE # 9490



Map Created By: JEREMY MICHELONE
Map Created On: 12/14/11

0 30 60 120 Feet

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

Page 1
Property ID: 2121106
Lot #:
File #: 9490
AppID: 5368

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: MIKE & CATHERINE PICKARD
Applicant: SOUTHERN FLAIR BUILDERS
Address: 14711 AUTUMNCREST ROAD
Date Evaluated: 12/14/2011
Proposed Facility: GARAGE W/ LIVING Design Flow (.1949) 240 GPD
Property Size:
Location of Site: 14711 AUTUMNCREST ROAD
Property Recorded:
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	SOIL-MORPHOLOGY 1941			PROFILE FACTORS[b]				
	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	.1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS	0-4	GR/LOAM	FR/NS/NP/NEXP	>47" TO SOIL WETNESS	47"	NA	NA	PS
	5%	4-35	GR/SL	FR/NS/NP/NEXP					0.3 G/D/FT2
		35-47	GR/SL	FR/NS/NP/NEXP					
2	LS	0-4	GR/LOAM	FR/NS/NP/NEXP	>42" TO SOIL WETNESS	42"	NA	NA	PS
	5%	4-30	GR/SL	FR/NS/NP/NEXP					0.3 G/D/FT2
		30-42	GR/SL	FR/NS/NP/NEXP					
3	LS	0-13	GR/SL	FR/NS/NP/NEXP	>46" TO SOIL WETNESS	46"	NA	NA	PS
	8%	13-34	WSBK/SCL	FR/SS/SP/SEXP					0.3 G/D/FT2
		34-46	WSBK/SCL	FI/SS/SP/SEXP					

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

Other Factors (.1946):
Soil Evaluation By: Jeremy Michelone, REHS
Others Present: Kennerly Johnstone
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Jeremy Michelone, REHS
Others Present: Kennerly Johnstone

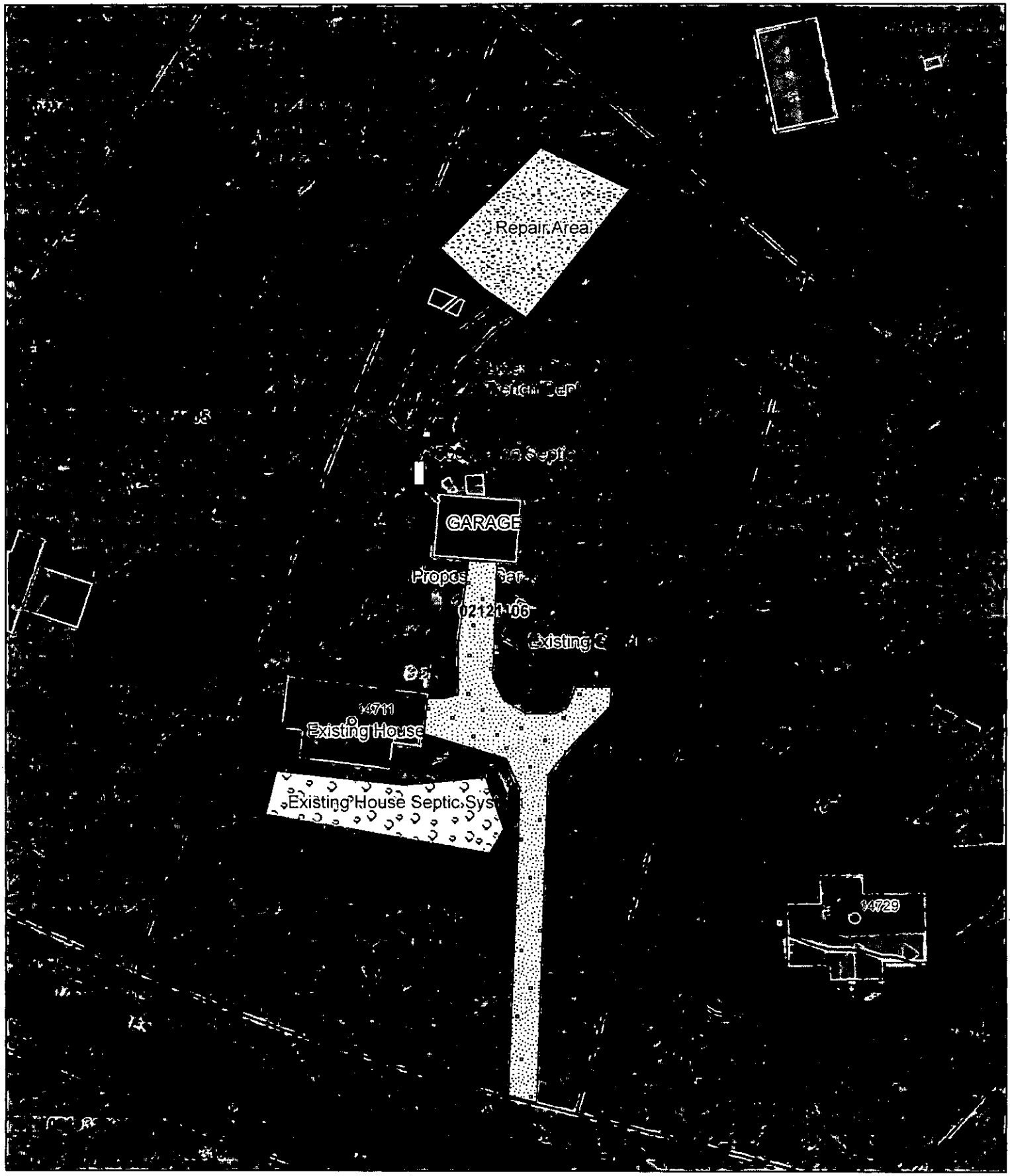
Jeremy Michelone, REHS

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		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence	Consistence	Mineralogy
Moist	**Wet**	SEXP-Slightly Expansive
VFR-Very Friable	NS-Non-Sticky	EXP-Expansive
FR-Friable	SS-Slightly Sticky	
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

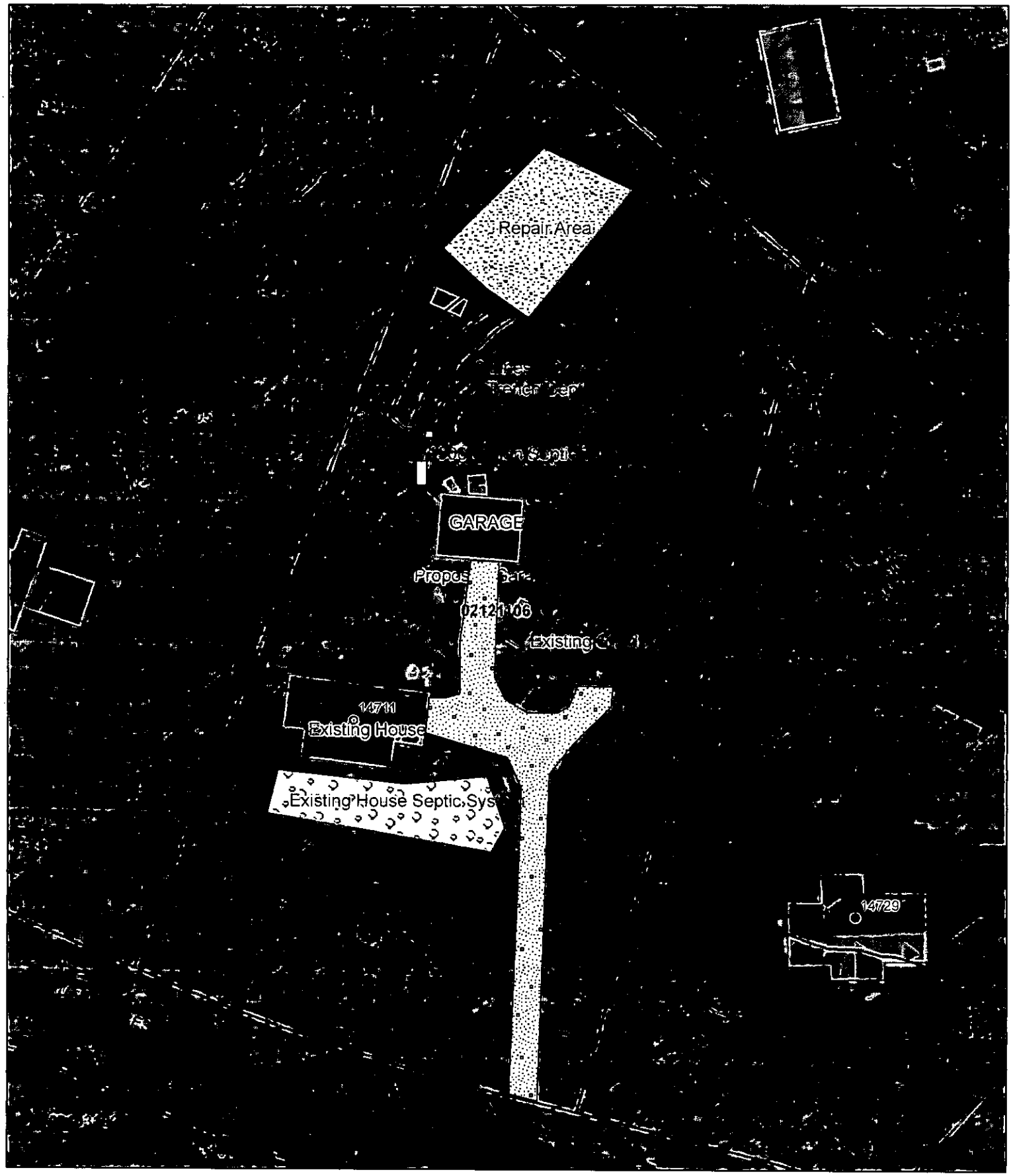
IMPROVEMENT PERMIT FOR:
14711 AUTUMNCREST ROAD
FILE # 9490



Map Created By: JEREMY MICHELONE
Map Created On: 12/14/11

0 30 60 120 Feet

IMPROVEMENT PERMIT FOR:
14711 AUTUMNCREST ROAD
FILE # 9490



Map Created By: JEREMY MICHELONE
Map Created On: 12/14/11

0 30 60 120 Feet

#2 system

9490

MECKLENBURG COUNTY
HEALTH DEPARTMENT 5368

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: 02121106
STREET ADDRESS: 14711 AUTUMNCREST RD,
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: OAKWOOD FOREST
LOT #: 13 LOT SIZE (acres): 2.43
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 GARAGE w/ Apartment above
HEATED SQUARE FOOTAGE: 2400
NUMBER OF BEDROOMS: 1
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 (REFER TO PLOT PLAN)	○ 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? 7 000 ☐ UNKNOWN

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

12. PROPERTY OWNER:
NAME: MIKE + CATHERINE PICKARD
ADDRESS: 14711 AUTUMNCREST RD
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: (704) 564-1405
FAX: _____
E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: SOUTHERN FLAIR BUILDERS
ADDRESS: P.O. BOX 481923
CITY: CHARLOTTE
STATE: NC ZIP: 28269
WORK PHONE: (704) 948-6100
MOBILE PHONE: (704) 309-1288
FAX: (704) 948-6106
E-MAIL: SOUTHFLAIR@AOL.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.

_____ _____

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: $ 250.00 DATE FEE RECEIVED: 12/8/11

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

APPLICATION PROCESSED BY: Chris

GWS FILE NUMBER ASSIGNED: 9498 (second systems)

APPLICATION ID NUMBER ASSIGNED: 5368

COMMENTS:

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

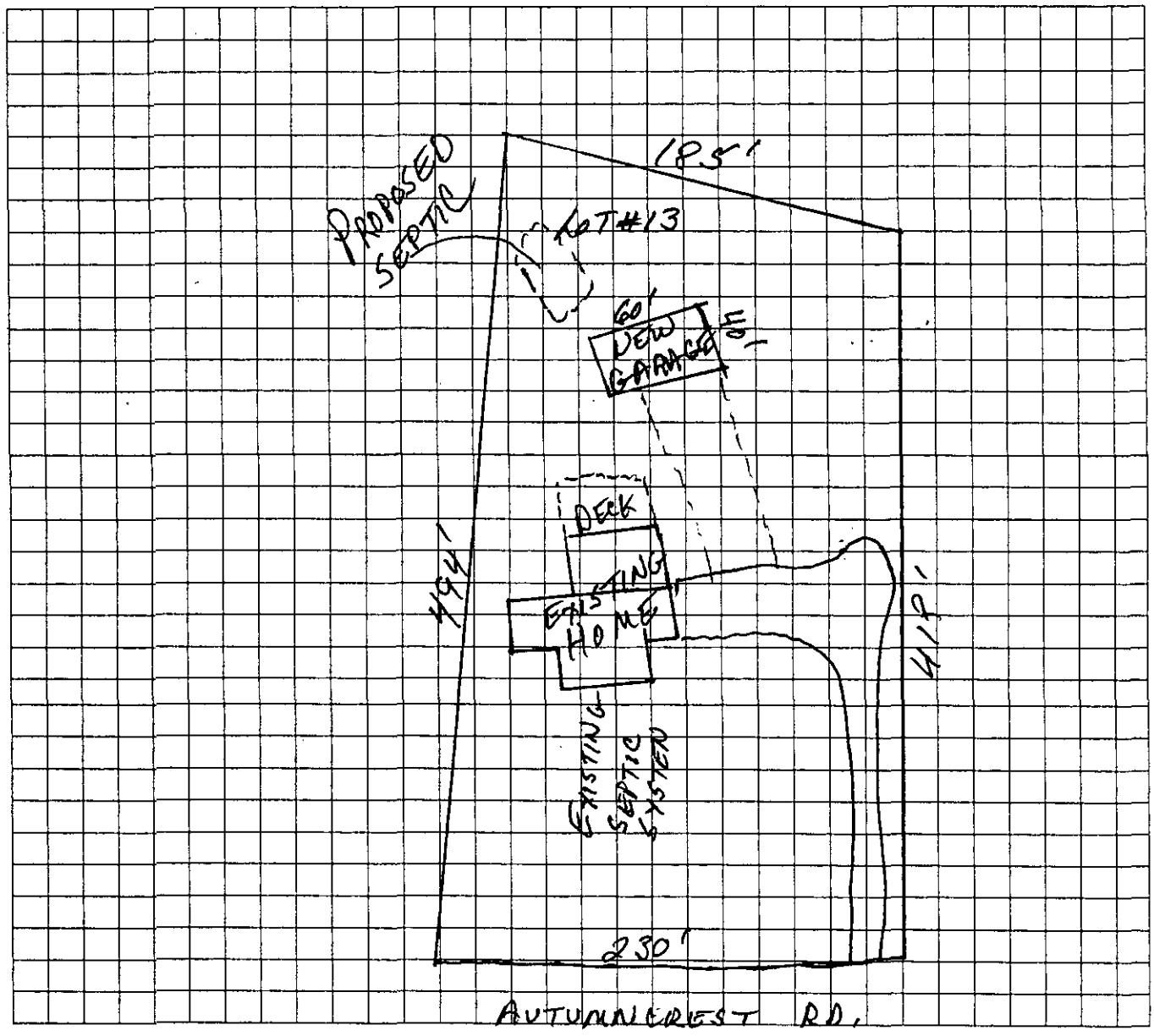
Revised on: 12/15/10

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: 14711 AUTUMNCREST RD. Tax Parcel #: 02121106



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

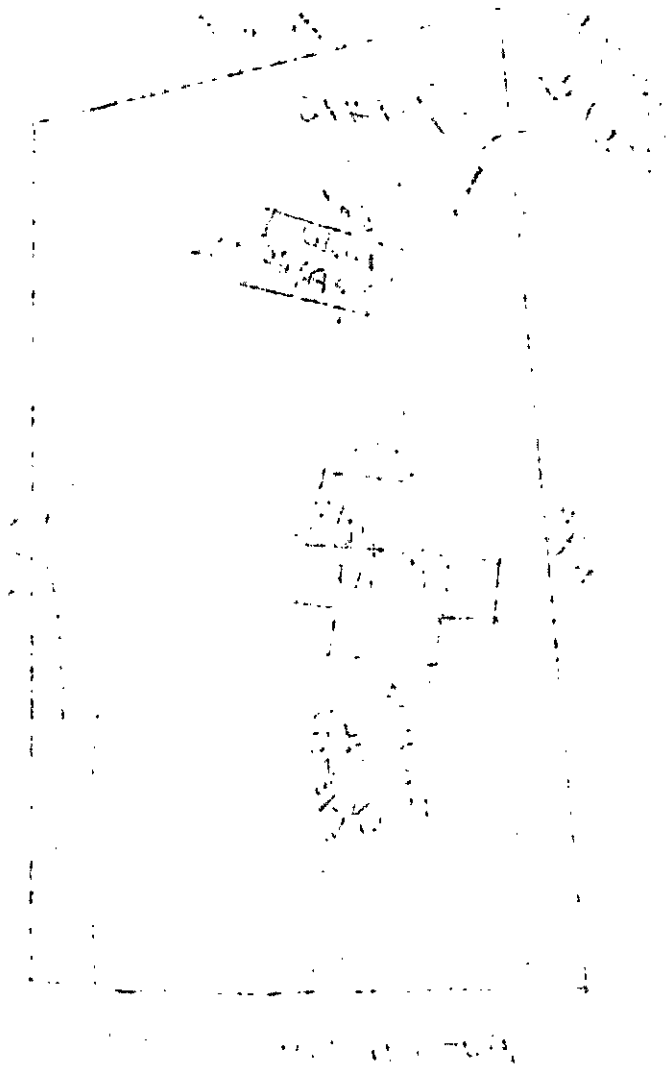
_____

_____ _____

REHS Signature Date

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

Revised on: 01/03/11



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 #: **30005368** GWS File #: **9490** Tax Parcel #: **021-211-06**

- 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):** 12/14/2016

Type of Installation: Residential - New System Lot Number: 13

Structure Type: OTHER Size (ft^2): 2400 # Bedrooms: 1 # Occupants: 2

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	240	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	600	Total Trench Length (ft):	200
Maximum Trench Depth (in):	24	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

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

Signature: _____ Signature: _____

Date Issued: 12/14/2011

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30005368** GWS File #: **9490**

IV. Permit Conditions/Comments:

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- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
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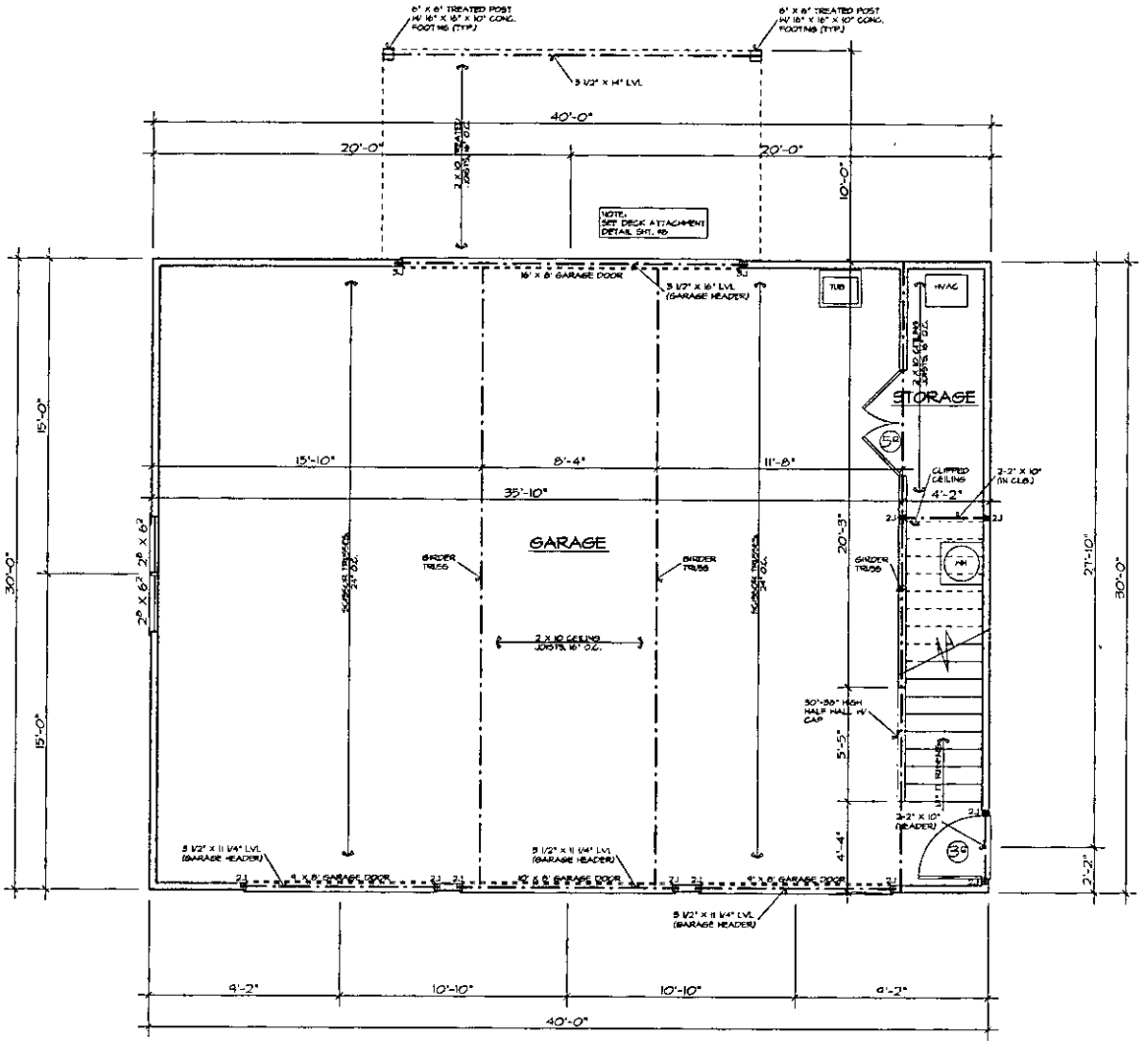
DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone

Date Issued: 12/14/2011

Owner/Legal Agent: _____
Print Name

Signature: _____



FIRST FLOOR PLAN

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

AREA:	
GARAGE & STORAGE	1200 SQ. FT.
2ND FLOOR HEATED	751 SQ. FT.
TOTAL AREA	1951 SQ. FT.

BEARING WALLS SYMBOL = ═══

HEADER NOTES - FIRST FLOOR:

1. ALL EXTERIOR HEADERS SHALL BE 2-2 X 10 #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
2. ALL INTERIOR LOAD BEARING HEADERS SHALL BE 2-2 X 10 #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
3. ALL INTERIOR NON LOAD BEARING HEADERS SHALL BE 2-2 X 4 #2 SOUTHERN YELLOW PINE OF BETTER UNLESS OTHERWISE NOTED.

GENERAL NOTES FOR FIRST FLOOR

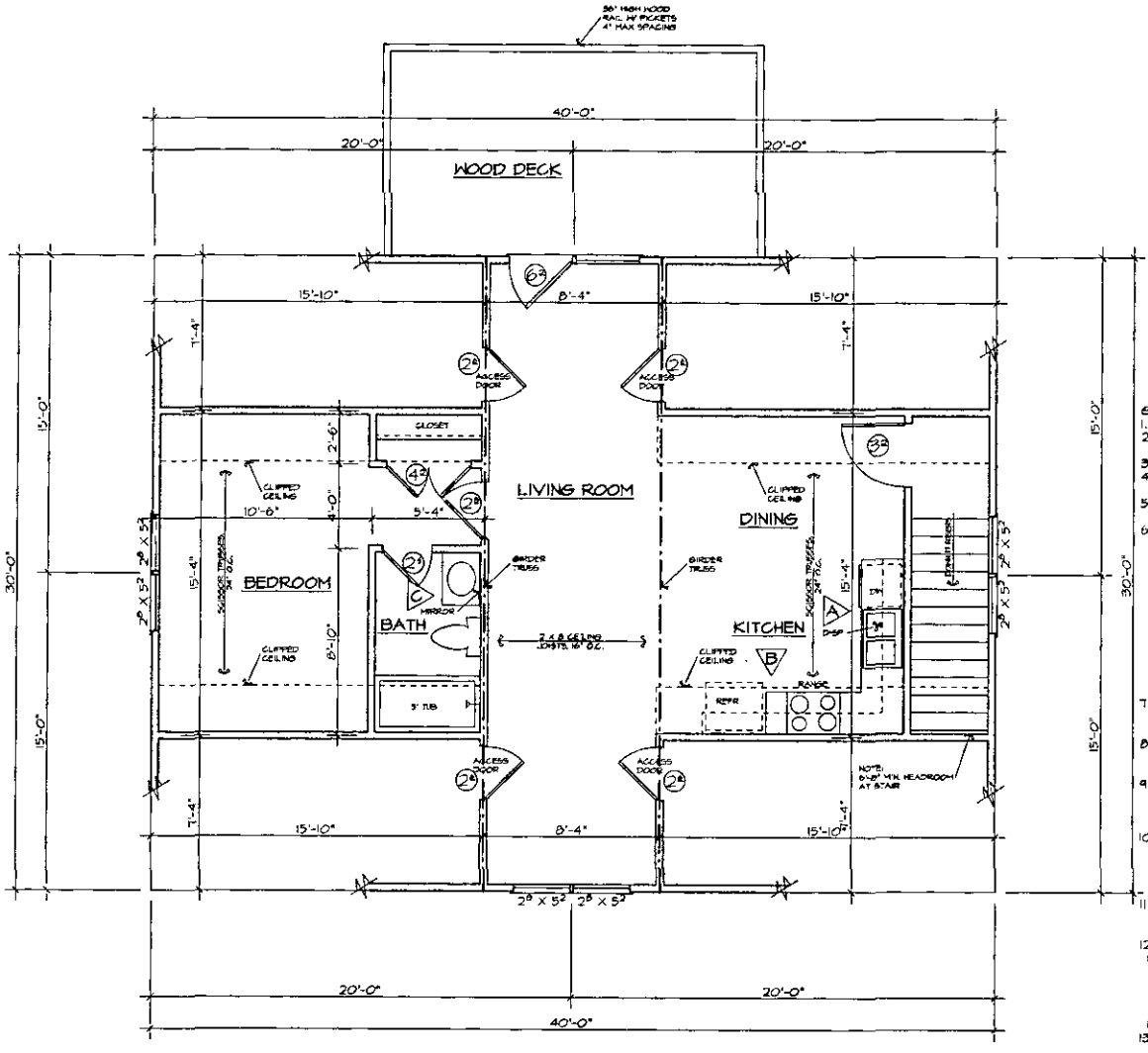
GENERAL NOTES:

1. DESIGN BASED ON 2009 NORTH CAROLINA RESIDENTIAL BUILDING CODE.
2. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2009 NORTH CAROLINA RESIDENTIAL CODE AND LOCAL BUILDING CODES.
3. CONTRACTOR TO VERIFY ALL DIMENSIONS.
4. DO NOT SCALE DIMENSIONS FROM PROJECT DRAWING. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
5. BEAM, TRUSS, AND/OR "I" JOIST LAYOUT OR SIZES SHALL NOT DEVIATE FROM THIS PLAN UNLESS APPROVED BY HOIDAS ENGINEERING, PLLC.
6. HEADER/BEAM NOTES FOR DIMENSIONAL LUMBER:
   - 6.1. ALL EXTERIOR HEADERS SHALL BE 2-2" X 10" #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
   - 6.2. ALL INTERIOR LOAD BEARING HEADER SHALL BE 2-2" X 10" #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
   - 6.3. ALL INTERIOR NON LOAD BEARING HEADERS SHALL BE 2-2" X 4" #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
   - 6.4. ANY HEADER, BEAM, JOIST, COLUMN SIZES USING DIMENSIONAL LUMBER OR TIMBER NOTED ON THE DRAWING SHALL BE #2 SOUTHERN YELLOW PINE.
   - 6.5. IF NOT SPECIFIED ON DRAWING, A MINIMUM OF ONE JACK STUD SHOULD BE PLACED BENEATH ALL NON LOAD BEARING EXTERIOR AND LOAD BEARING INTERIOR HEADERS. ALSO, A MINIMUM OF ONE JACK STUD SHOULD BE PLACED BENEATH NON LOAD BEARING EXTERIOR AND INTERIOR HEADERS WITH SPANS EQUAL TO OR GREATER THAN 4 FEET.
7. ALL FLOOR JOIST AND BEAM SIZES ARE DETERMINED FOR THE USE OF #2 SOUTHERN YELLOW PINE. RAFTER AND CEILING JOIST SIZES ARE DETERMINED FOR THE USE OF #2 SPRUCE-PINE-FIR. THE USE OF ANY OTHER SPECIES MUST BE VERIFIED.
8. ALL INTERIOR LOAD BEARING AND ALL EXTERIOR WALLS SHALL BE CONSTRUCTED USING 2" X 4" SPRUCE-PINE-FIR #3 STANDARD STUD GRADE OR BETTER AT A MINIMUM SPACING OF 16" O.C. UNLESS OTHERWISE NOTED
9. ALL INTERIOR WALLS THAT ARE NON LOAD BEARING AND/OR DO NOT SUPPORT FLOORS MAY BE 2" X 4" SPRUCE-PINE-FIR UTILITY GRADE LUMBER OR BETTER PROVIDED THAT THE STUDS ARE SPACED A MAXIMUM OF 24" O.C. AND DO NOT EXCEED A LATERALLY UNSUPPORTED STUD HEIGHT OF 14 FEET UNLESS OTHERWISE NOTED.
10. WHERE JOISTS, TRUSSES, OR RAFTERS ARE SPACED MORE THAN 16" O.C. AND THE BEARING STUDS BELOW ARE SPACED 24" O.C., SUCH MEMBERS SHALL BEAR WITHIN 5" OF THE STUDS BENEATH. ALTERNATES INCLUDE THE WALL STUDS AND TOP PLATES ARE 2" X 6" WITH THE PROPER TYPE AND GRADE. A THIRD TOP PLATE IS INSTALLED TO REINFORCE THE DOUBLE TOP PLATE.
11. FRAMING HEIGHTS:
    - 11.1. FLOOR TO TOP PLATE FIRST FLOOR = 10'-1 1/2"
    - 11.2. FLOOR TO WINDOW HEAD FIRST FLOOR = 8'-0"
12. DESIGN LOADS:
    - 12.1. SECOND FLOOR TRUSS SPANS DETERMINED BY: 40 psf LIVE, 10 psf DEAD
    - 12.2. RAFTER: 20 psf LIVE, 10 psf DEAD
    - 12.3. ROOF TRUSSES:
      - 12.3.1. TOP CHORD = 20 psf LIVE, 10 psf DEAD
      - 12.3.2. BOTTOM CHORD = 0 psf LIVE, 10 psf DEAD
    - 12.4. CEILING JOIST DESIGN LOADS: 20 psf LIVE, 10 psf DEAD
13. MULTI-PLY LVL BEAMS (3 MEMBERS OR MORE) SHALL BE CONNECTED TOGETHER WITH 1/2" DIAMETER BOLTS IN 2 ROWS STAGGERED AND SPACED AT 12" O.C. IN ACCORDANCE WITH THE MANUFACTURERS SPECIFICATIONS.
14. BUILT-UP BEAMS AND WALL STUDS SHALL BE CONSTRUCTED WITH CONTINUOUS MEMBERS. (NO BUTT JOINTS WITHIN BUILT-UP MEMBER.)
15. FLOOR JOIST DESIGN SHALL USE L/480 MAXIMUM DEFLECTION.

GARAGE ADDITION FOR:
THE PICKARD FAMILY

Revisions	
Job No.	S.PLAIR
Date	11/11
Drawn by	BT
Sheet No.	2

Tino Home Design, LLC
Residential Design and Drafting Services
P.O. Box 1273
Mooresville, North Carolina 28115
Phone: 704/896-3003 Fax: 704/896-3011



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

BEARING WALLS SYMBOL = ═══

HEADER NOTES - SECOND FLOOR:

1. ALL EXTERIOR LOAD BEARING HEADERS SHALL BE 2-2 X 8 #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
2. ALL EXTERIOR NON LOAD BEARING HEADERS SHALL BE 2-2 X 4 #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
3. ALL INTERIOR LOAD BEARING HEADERS SHALL BE 2-2 X 8 #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
4. ALL INTERIOR NON LOAD BEARING HEADERS SHALL BE 2-2 X 4 #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.

GENERAL NOTES FOR SECOND FLOOR

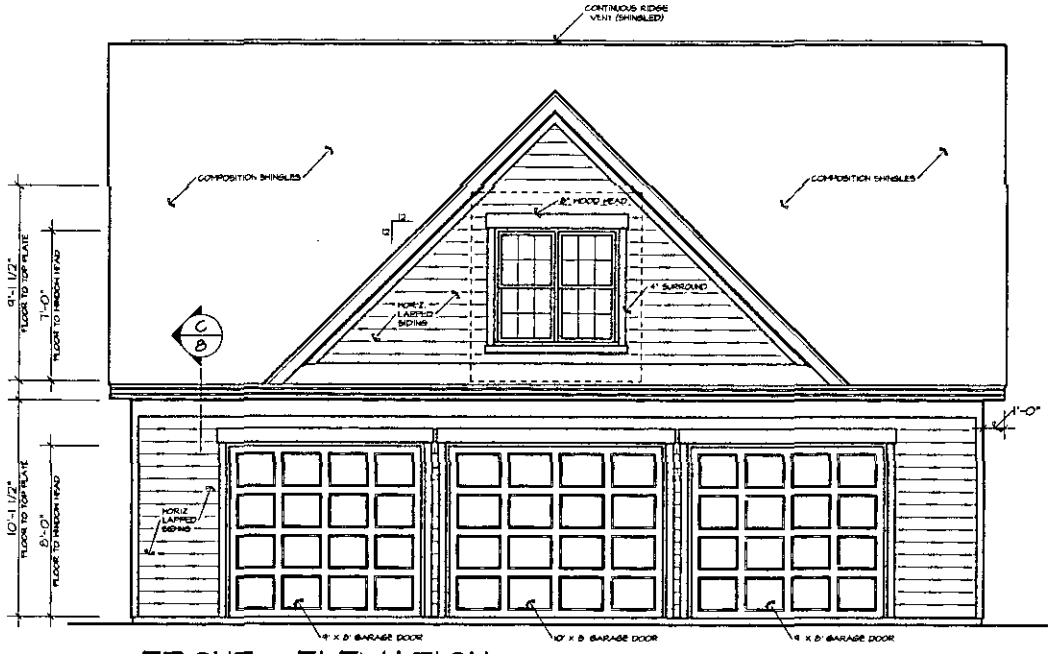
GENERAL NOTES:

1. DESIGN BASED ON 2009 NORTH CAROLINA RESIDENTIAL BUILDING CODE.
2. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2009 NORTH CAROLINA RESIDENTIAL CODE AND LOCAL BUILDING CODES.
3. CONTRACTOR TO VERIFY ALL DIMENSIONS.
4. DO NOT SCALE DIMENSIONS FROM PROJECT DRAWING. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION
5. BEAM, TRUSS, AND/OR "I" JOIST LAYOUT OR SIZES SHALL NOT DEVIATE FROM THIS PLAN UNLESS APPROVED BY HOIDAS ENGINEERING, PLLC.
6. HEADER/BEAM NOTES FOR DIMENSIONAL LUMBER:
   - 6.1. ALL INTERIOR AND EXTERIOR LOAD BEARING HEADERS SHALL BE 2-2" X 8" #2 SOUTHERN YELLOW PINE UNLESS OTHERWISE NOTED.
   - 6.2. ALL EXTERIOR NON LOAD BEARING HEADERS SHALL BE 2-2" X 6" #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
   - 6.3. ALL INTERIOR NON LOAD BEARING HEADERS SHALL BE 2-2" X 4" #2 SOUTHERN YELLOW PINE OR BETTER UNLESS OTHERWISE NOTED.
   - 6.4. ANY HEADER, BEAM, RAFTER SIZES USING DIMENSIONAL LUMBER OR TIMBER NOTED ON THE DRAWINGS SHALL BE #2 SOUTHERN YELLOW PINE.
   - 6.5. IF NOT SPECIFIED ON DRAWINGS, A MINIMUM OF ONE JACK STUD SHOULD BE PLACED BENEATH ALL NON LOAD BEARING EXTERIOR AND LOAD BEARING INTERIOR HEADERS. ALSO, A MINIMUM OF ONE JACK STUD SHOULD BE PLACED BENEATH NON LOAD BEARING EXTERIOR AND INTERIOR HEADERS WITH SPANS EQUAL TO OR GREATER THAN 4 FEET.
7. ALL FLOOR JOIST AND BEAM SIZES ARE DETERMINED FOR THE USE OF #2 SOUTHERN YELLOW PINE. RAFTER AND CEILING JOIST SIZES ARE DETERMINED FOR HE USE OF #2 SPRUCE-PINE-FIR. THE USE OF ANY OTHER GRADE OR SPECIES MUST BE VERIFIED.
8. ALL INTERIOR LOAD BEARING AND ALL EXTERIOR WALLS SHALL BE CONSTRUCTED USING 2" X 4" SPRUCE-PINE-FIR #3 STANDARD STUD GRADE OR BETTER AT A MINIMUM SPACING OF 16" O.C. UNLESS OTHERWISE NOTED
9. ALL INTERIOR WALLS THAT ARE NON LOAD BEARING AND/OR DO NOT SUPPORT FLOORS MAY BE 2" X 4" SPRUCE-PINE-F.R UTILITY GRADE LUMBER OR BETTER PROVIDED THAT THE STUDS ARE SPACED A MAXIMUM OF 24" O.C. AND DO NOT EXCEED A LATERALLY UNSUPPORTED STUD HEIGHT OF 14 FEET UNLESS OTHERWISE NOTED.
10. WHERE JOISTS, TRUSSES, OR RAFTERS ARE SPACED MORE THAN 16" O.C. AND THE BEARING STUDS BELOW ARE SPACED 24" O.C., SUCH MEMBERS SHALL BEAR WITH.N 5" OF THE STUDS BENEATH. ALTERNATES INCLUDE THE WALL STUDS AND TOP PLATES ARE 2" X 6" WITH THE PROPER TYPE AND GRADE. A THIRD TOP PLATE IS INSTALLED OR SOLID BLOCKING EQUAL IN SIZE TO THE STUDS IS INSTALLED TO REINFORCE THE DOUBLE TOP PLATE.
11. FRAMING HEIGHTS:
    - 11.1. FLOOR TO TOP PLATE SECOND FLOOR = 9'-1 1/2"
    - 11.2. FLOOR TO WINDOW HEAD SECOND FLOOR = 7'-0"
12. DESIGN LOADS:
    - 12.1. SECOND FLOOR TRUSS SPANS DETERMINED BY: 40 psf LIVE, 10 psf DEAD
    - 12.2. RAFTER: 20 psf LIVE, 10 psf DEAD
    - 12.3. ROOF TRUSSES:
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14. BUILT-UP BEAMS AND WALL STUDS SHALL BE CONSTRUCTED WITH CONTINUOUS MEMBERS. (NO BUTT JOINTS WITHIN BUILT-UP MEMBER)

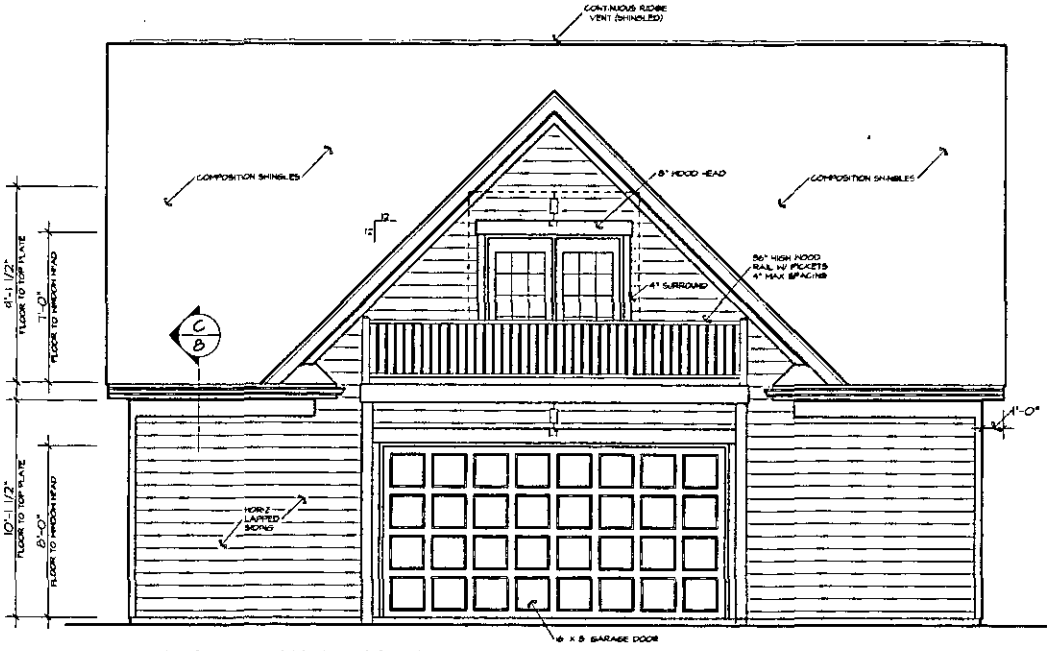
GARAGE ADDITION FOR:
THE PICKARD FAMILY

Job No: S.PLAN
Date: 11/11
Drawn By: BT
Sheet No: 3 of 8

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Residential Design and Drafting Services
Home Office: Mesa, Arizona
Mooresville, North Carolina 28070
Phone: 704/896-3011 Fax: 704/896-1014



FRONT ELEVATION SCALE: 1/4" = 1'-0"



REAR ELEVATION SCALE: 1/4" = 1'-0"

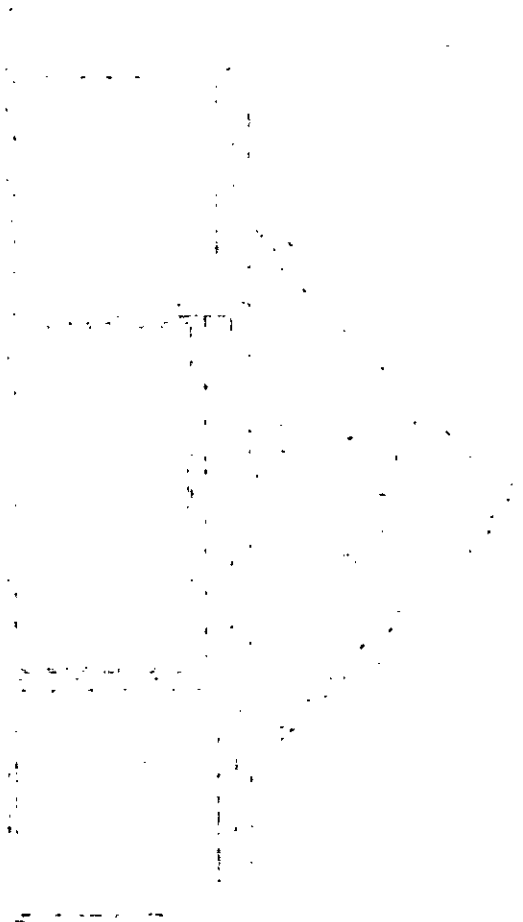
GENERAL NOTES:
1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. GRADE ELEVATIONS MAY VARY DUE TO TYPE OF FOUNDATION AND OTHER ON SITE CONSIDERATIONS.
4. DOWNSPOUT SIZE AND LOCATION TO BE DETERMINED ON SITE BY BUTTER CONTRACTOR.
5. CEILING HEIGHTS:
   5.1. FLOOR TO TOP PLATE FIRST FLOOR = 10'-1 1/2"
   5.2. FLOOR TO TOP PLATE SECOND FLOOR = 9'-1 1/2"
6. WINDOW HEAD HEIGHTS:
   6.1. FLOOR TO WINDOW HEAD FIRST FLOOR = 8'-0"
   6.2. FLOOR TO WINDOW HEAD SECOND FLOOR = 7'-0"

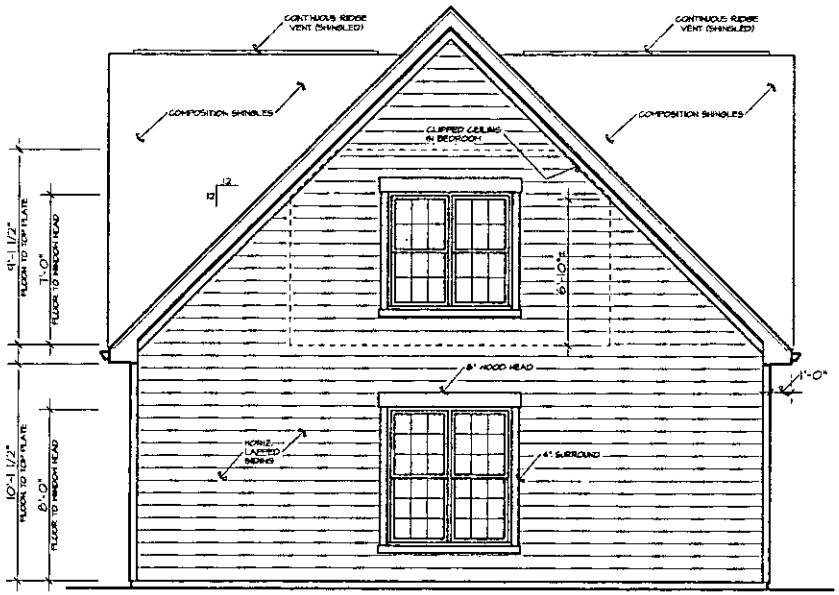
GARAGE ADDITION FOR:
THE PICKARD FAMILY

Revisions

Job No. SF_AR
Date 11/11
Drawn by BT
Sheet No. 4 of 8

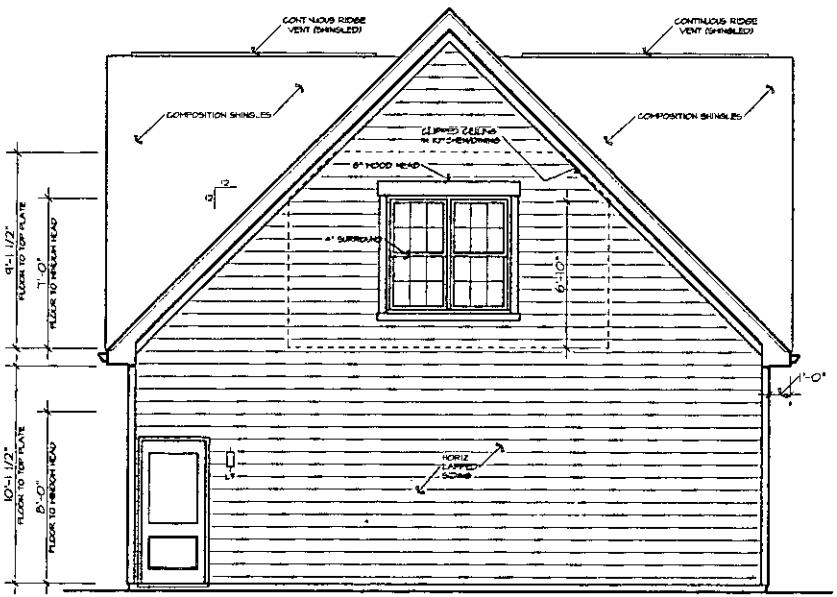
Tino Home Design, LLC
Residential Design and Drafting Services
Post Office Box 1768
Huntersville, North Carolina 28070
Phone 704/896-1001 Fax 704/895-1014





LEFT SIDE ELEVATION

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



RIGHT SIDE ELEVATION

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

GENERAL NOTES:
1. CONTRACTOR TO VERIFY ALL DIMENSIONS
2. DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS AND DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. GRADE ELEVATIONS MAY VARY DUE TO TYPE OF FOUNDATION AND OTHER ON SITE CONSIDERATIONS.
4. DOWNSPOUT SIZE AND LOCATION TO BE DETERMINED ON SITE BY WATER CONTRACTOR.
5. CEILING HEIGHTS:
   5.1. FLOOR TO TOP PLATE FIRST FLOOR = 10'-1 1/2"
   5.2. FLOOR TO TOP PLATE SECOND FLOOR = 9'-1 1/2"
6. WINDOW HEAD HEIGHTS:
   6.1. FLOOR TO WINDOW HEAD FIRST FLOOR = 8'-0"
   6.2 FLOOR TO WINDOW HEAD SECOND FLOOR = 7'-0"

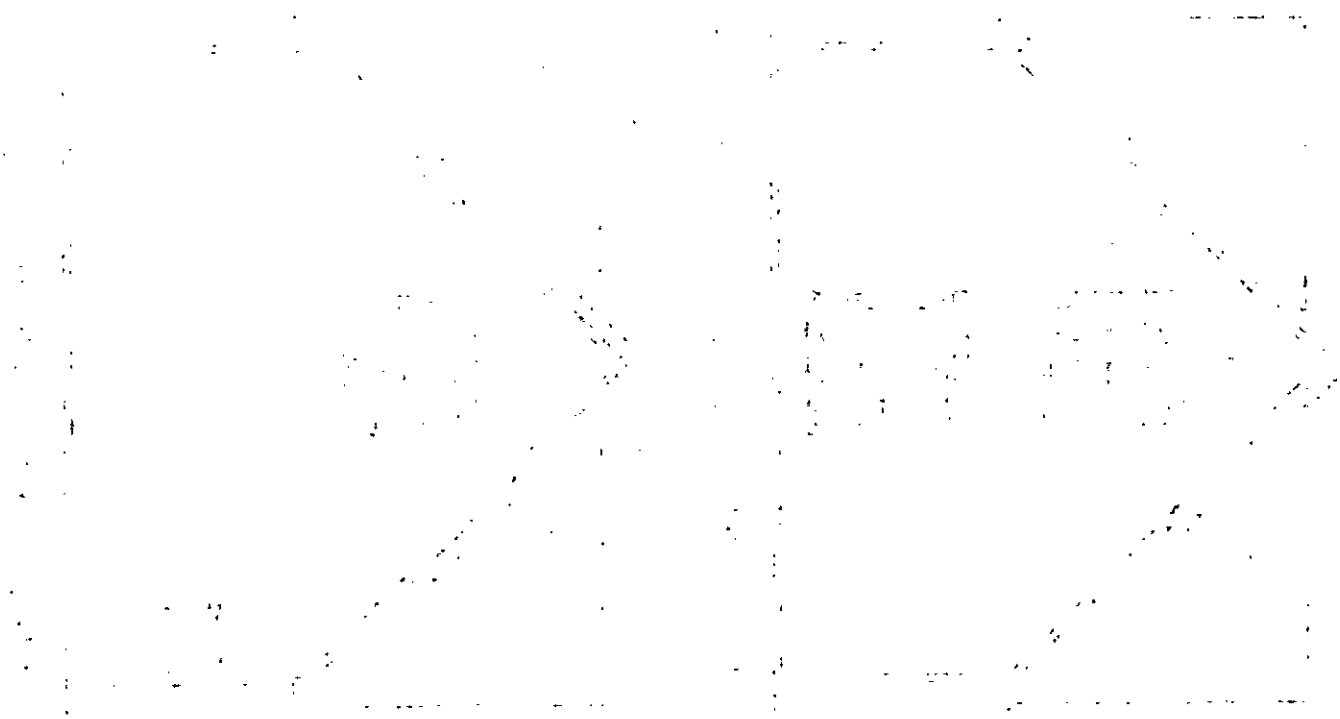
GARAGE ADDITION FOR:
THE PICKARD FAMILY

Revisions

Job No. 5 FLAIR
Date 11/11
Drawn by BT
Sheet No. 5

Tino Home Design, LLC
Residential Design and Drafting Services
Post Office Box 1078
Huntersville, North Carolina 28070
Phone 704/896-3001 Fax: 704/896-3011

cc: B



App. #: 5368

Septic Fee: 250.00

Date: 12/8/2011

CRT[ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT FOR ONSITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT GROUNDWATER & WASTEWATER SERVICES

FILE # 9490

Well Fee:

Date:

CRT[ ]

SEPTIC / TYPE APPLICATION: ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

WELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX / PARCEL #: 02121106 ☐ PO

STREET ADDRESS: 14711 AUTUMNCREST RD

CITY: Huntersville

STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Oakwood Forest

LOT #: 13

TOWNSHIP: 00

General Comments:

Application is to build a garage apartment with its own septic system.

BUILDING INFORMATION:

TYPE OF BUILDING:

○ SINGLE MOBILE HOME (S) ○ MODULAR HOME (M)

○ DOUBLE WIDE (D) ○ MULTIPLE FAMILY (U)

○ HOUSE (H) ◉ OTHER

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 1

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES: ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ○ Yes ◉ No

TYPE:

WATER SUPPLY:

☑ MUNICIPAL ☐ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER

PROPOSED USE OF WELL:

◉ N/A ○ IRRIGATION ○ POTABLE (Drinking Water) ○ OTHER

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

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

RANK: 0 0 0 0 0

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ Yes ◉ No	GRADING/SOIL REMOVAL PERFORMED	○ Yes ◉ No
EXISTING WASTEWATER SYSTEMS	◉ Yes ○ No	JURISDICTIONAL WETLANDS	○ Yes ◉ No
WELLS, SPRINGS, OR WATER LINES	○ Yes ◉ No	APPROVAL REQ'RD BY OTHER AGENCY	○ Yes ○ No
EASEMENTS OR RIGHT-OF-	○ Yes ◉ No	WASTEWATER OTHER THAN DOM. SEWAGE	○ Yes ○ No

WAYS CHEMICAL/PETROLEUM STORAGE TANKS	○ Yes ◉ No	KNOWN UNDERGROUND CONTAMINATION	○ Yes ◉ No
WASTE STORAGE	○ Yes ◉ No	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ Yes ◉ No

PROPERTY OWNER:		**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**	
NAME:	Mike and Catherine Pickard	NAME:	Southern Flair Builders
ADDRESS:	14711 Autumncrest Rd	ADDRESS:	PO Box 481923
CITY:	Huntersville	CITY:	Charlotte
STATE:	NORTH CAROLINA	STATE:	NORTH CAROLINA
ZIP:	28078	ZIP:	28269
HOME PHONE:		HOME PHONE:	
WORK:		WORK:	704-948-6100
MOBILE:	704-564-1405	MOBILE:	704-309-1288
FAX:		FAX:	704-948-6106
EMAIL:		EMAIL:	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ☐ UNKNOWN

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ☑ N/A

PRINT | Update | Go to Front Counter | Duplicate

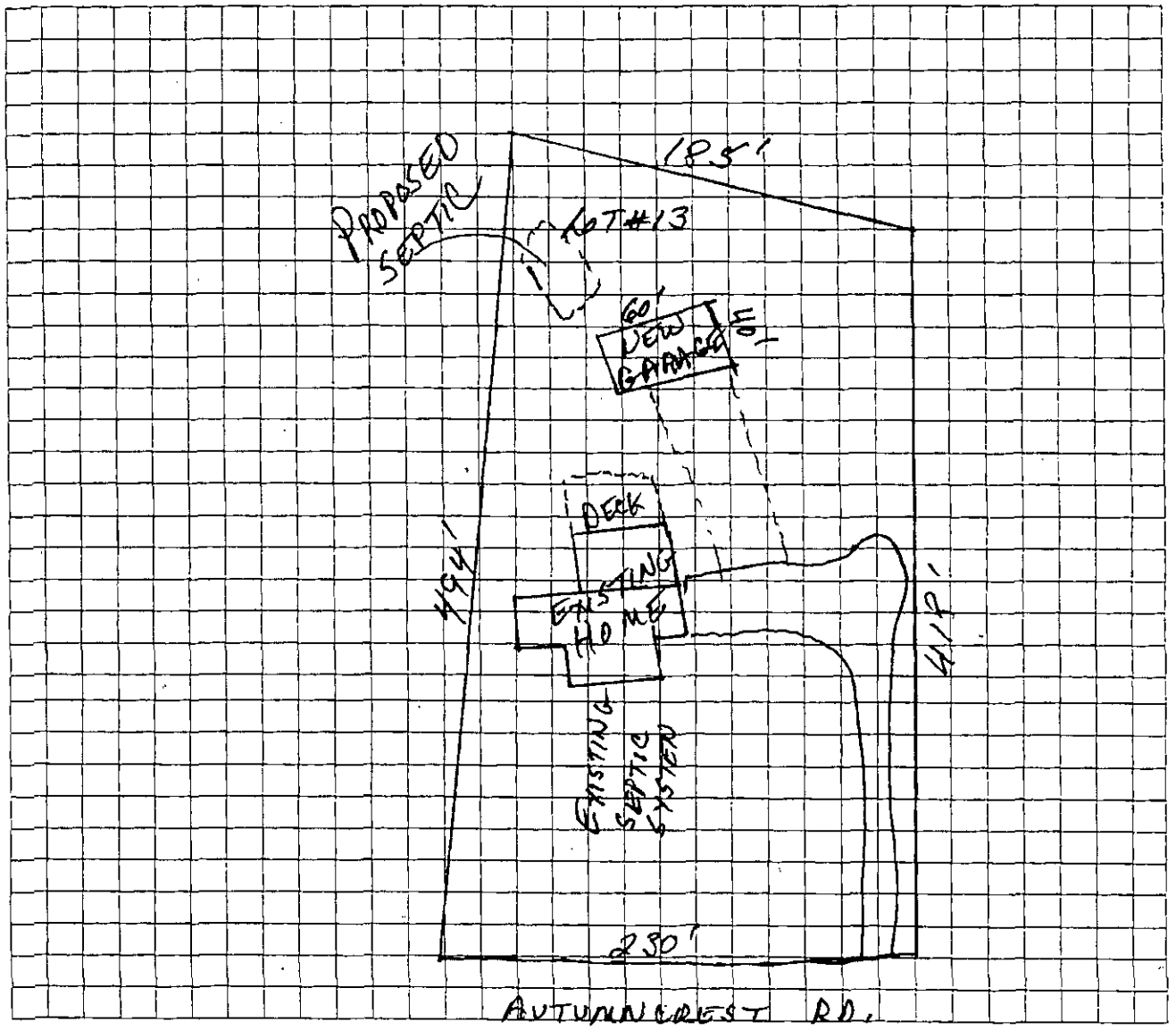
Steve Moss

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: 14711 AUTUMNCREST RD. Tax Parcel #: 02121106



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date

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

Revised on: 01/03/11

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/08/11	**Amount:**	250.00
Receipt #:	75148	**Tendered:**	250.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: X44913
Contractor: SOUTHERN FLAIR BUILDERS INC
Attn:
Address: PO BOX 481923
Address: CHARLOTTE
City/State/Zip: , NC 28269

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 14711 Autumncrest Rd		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
350.00	25.32				