Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) 7/22/15 LE Initials/Date

CA ($200.00) 11/13/15 VW Initials/Date

OP ($200.00) 11/13/15 VW 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 ☑ JAM

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. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 9249B WASPS App #: 7650

Primary ES assigned to project: Jeremy Michelone

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: 4 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.275	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: 10-25-17

OP issued date: 10-25-17

Review performed by: JAM Date performed: 10-31-2017

9249B Application # 7650

MECKLENBURG COUNTY
HEALTH DEPARTMENT

16 JUL '15 PM 2:48

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: 03705114
STREET ADDRESS: 5635 MINGUS Road
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (acres): .54
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: 1700-2000
NUMBER OF BEDROOMS: 3
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 2 3 ___ ___

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?** 9/30/2015 ☐ N/A

12. **PROPERTY OWNER:**
NAME: Shawn M Pittman
ADDRESS: 5709 Mingus Rd
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: 704-685 6039
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME: Lyn Yarborough (Allen tate)
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: 704-502-6007
MOBILE PHONE: _____
FAX: _____
E-MAIL: lyn.yarborough@allentate.com

Buyer: Komivi Agbeviade
6027 Linda Vista Ln, Charlotte, NC 28216

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

Mgagkoang@gmail
MG9/09

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.

KA (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.

Komivi M Agbenlade (Potential buyer) 07-13-2015

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
KOMIVI AGBEVIADE

Bill To:

KOMIVI AGBEVIADE
6027 LINDA VISTA LANE

Charlotte, NC 28216

Single Payment

Transaction Date:	07/22/2015 10:00 AM Pacific Time
Pay Method:	VISA **********1022
Approval #:	060437
Trace Number:	0c99a15a-c0de-4205-8290-64d8b8052750
Amount:	$250.00

Payment Amount:	$250.00
Total:	**$250.00**

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/22/15	**Amount:**	250.00
Receipt #:	95502	**Tendered:**	250.00
Check / Auth #:	VISA 060437	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: AGBEVIADE, KOMIVI
Attn:
Address: 6027 LINDA VISTA LANE
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 5635 MINGUS ROAD		1	250.00	250.00

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

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

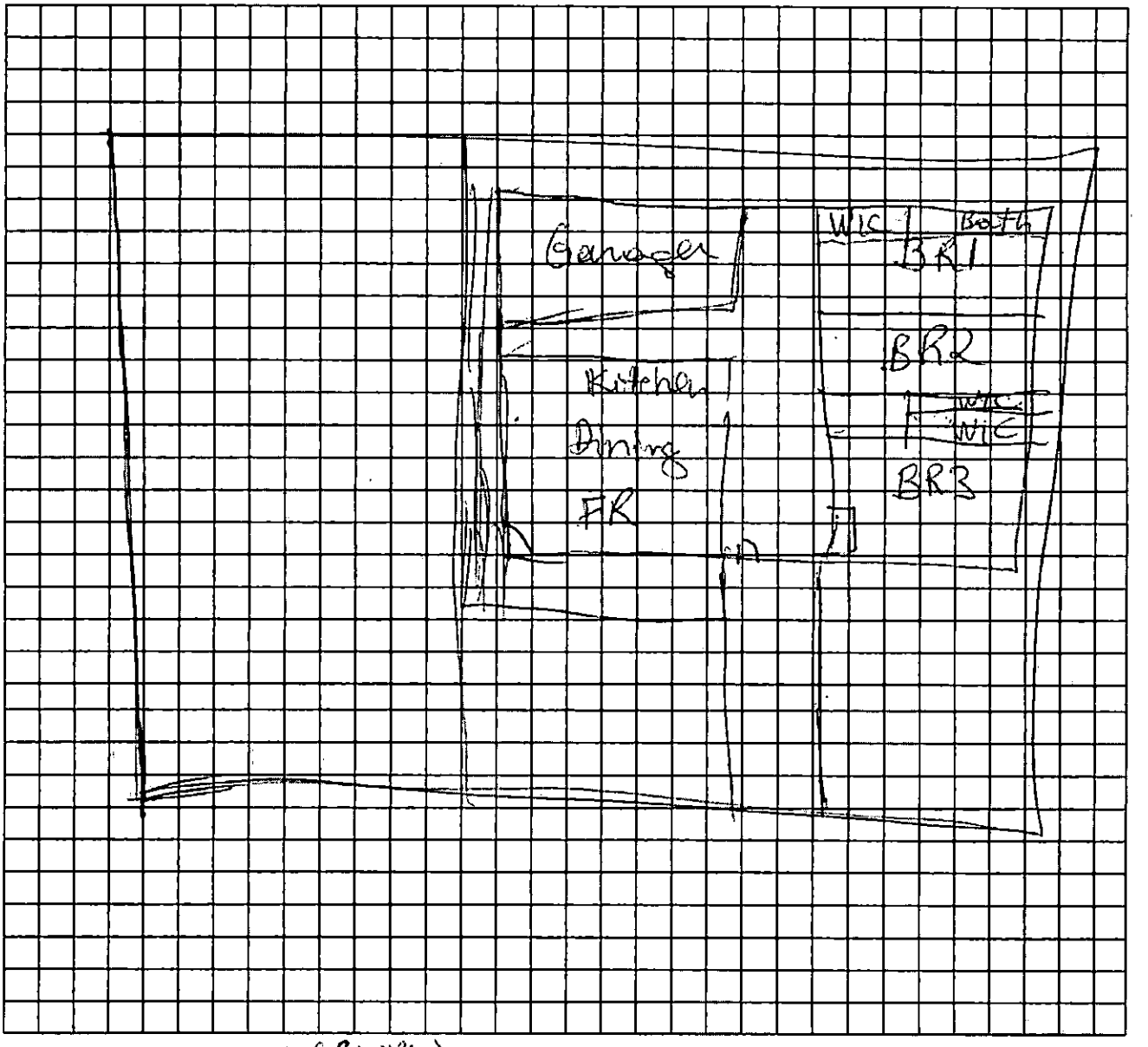
File #: _____

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: MINGUS Rd Tax Parcel #: 03705114

Subdivision Name: _____ Lot #: _____



Kamili M Adeniode (Buyer)
Property Owner's or Owner's Legal Representative Signature

7-13-2015
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

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

Sheet: 1 of 2
Property ID: 037-051-14
Lot #: NA
File #: 9249B
AppID: 7650

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Shawn Pittman
Applicant: Lyn Yarborough
Address: 5709 Mingus Rd, Charlotte, NC 28216
Date Evaluated: 8/14/15
Proposed Facility: 3 Bedroom House
Design Flow (.1949): 360 GPD
Property Size: 0.54 ac
Location: 10220 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 2%	0 - 6	wfsbk CL	SS SP FR SEXP	>48"	48	NA	NA		**PS IV 0.3**	**36"**
		6 - 48	mmsbk C	S P FI SEXP							
Boring #2	LS 2%	0 - 4	wfsbk CL	SS SP FR SEXP	>48"	48	NA	NA	lithochromic mottles 30 - 48"	**PS IV 0.275**	**36"**
		4 - 48	mfsbk C	S P FR SEXP							
Boring #3	LS 2%	0 - 6	gr SCL	SS SP FR SEXP	>48"	48	NA	NA	yellow brown mottles 40 - 48"	**PS IV 0.3**	**36"**
		6 - 48	mmsbk C	S P FI SEXP							
Boring #4	LS 2%	0 - 5	wfsbk SCL	SS SP FR SEXP	>48"	48	NA	NA		**PS IV 0.275**	**36"**
		5 - 30	mfsbk C	S P FR SEXP							
		30 - 48	wmsbk C	S P FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)	0.275	0.275

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

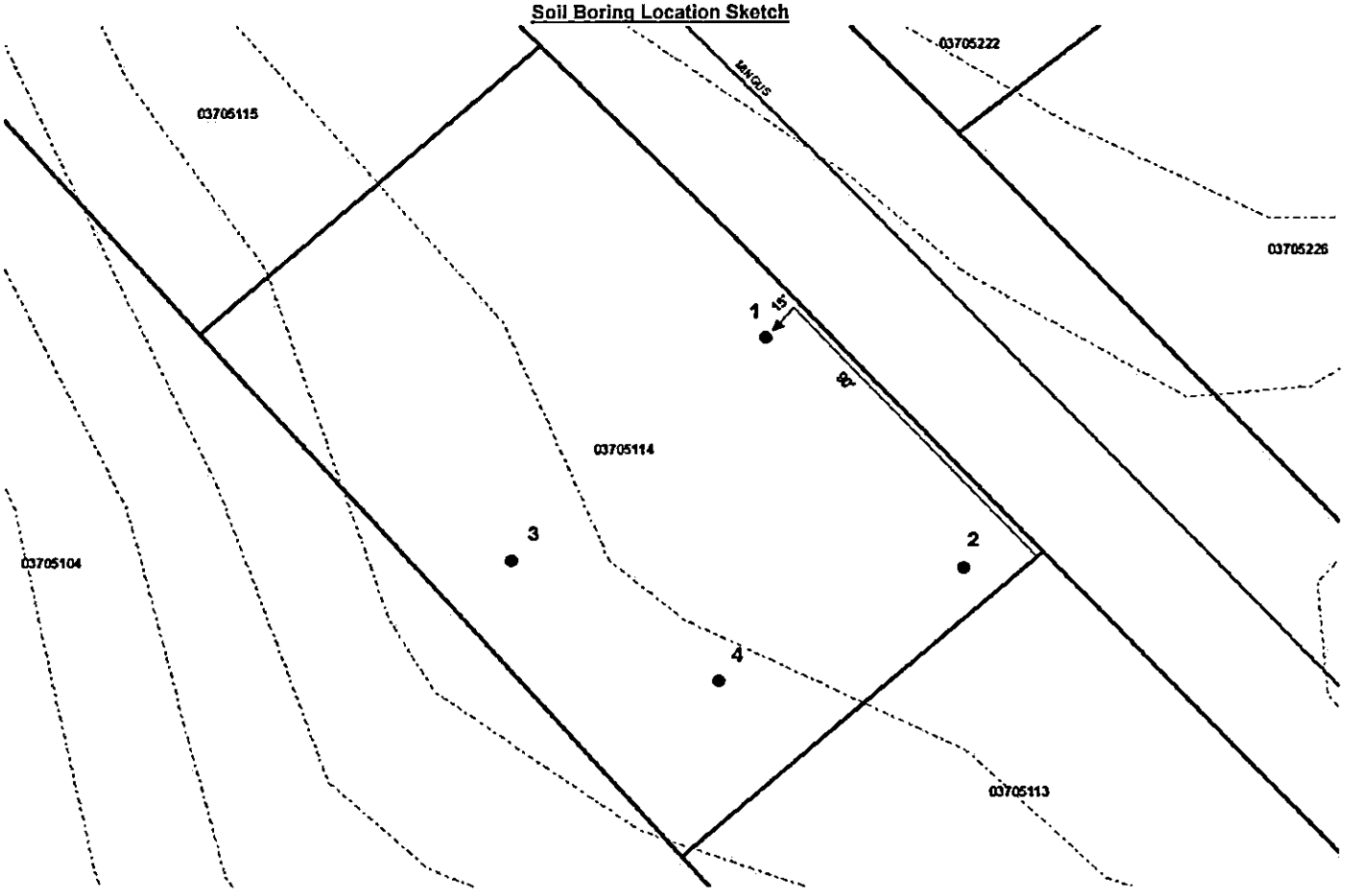
COMMENTS:

Sheet: 2 of 2
File #: 9249B
AppID: 7650

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

Soil Boring Location Sketch



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

Sheet: 1 of 2
Property ID: 037-051-14
Lot #: NA
File #: 9249B
AppID: 7650

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Shawn Pittman
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Proposed Facility: 3 Bedroom House
Design Flow (.1949): 360 GPD
Location: 10220 Sweetleaf Pl, Charlotte, NC 28278
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [X] Municipal
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: Lyn Yarborough
Date Evaluated: 8/14/15
Property Size: 0.54 ac
Property Recorded: Unknown

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**
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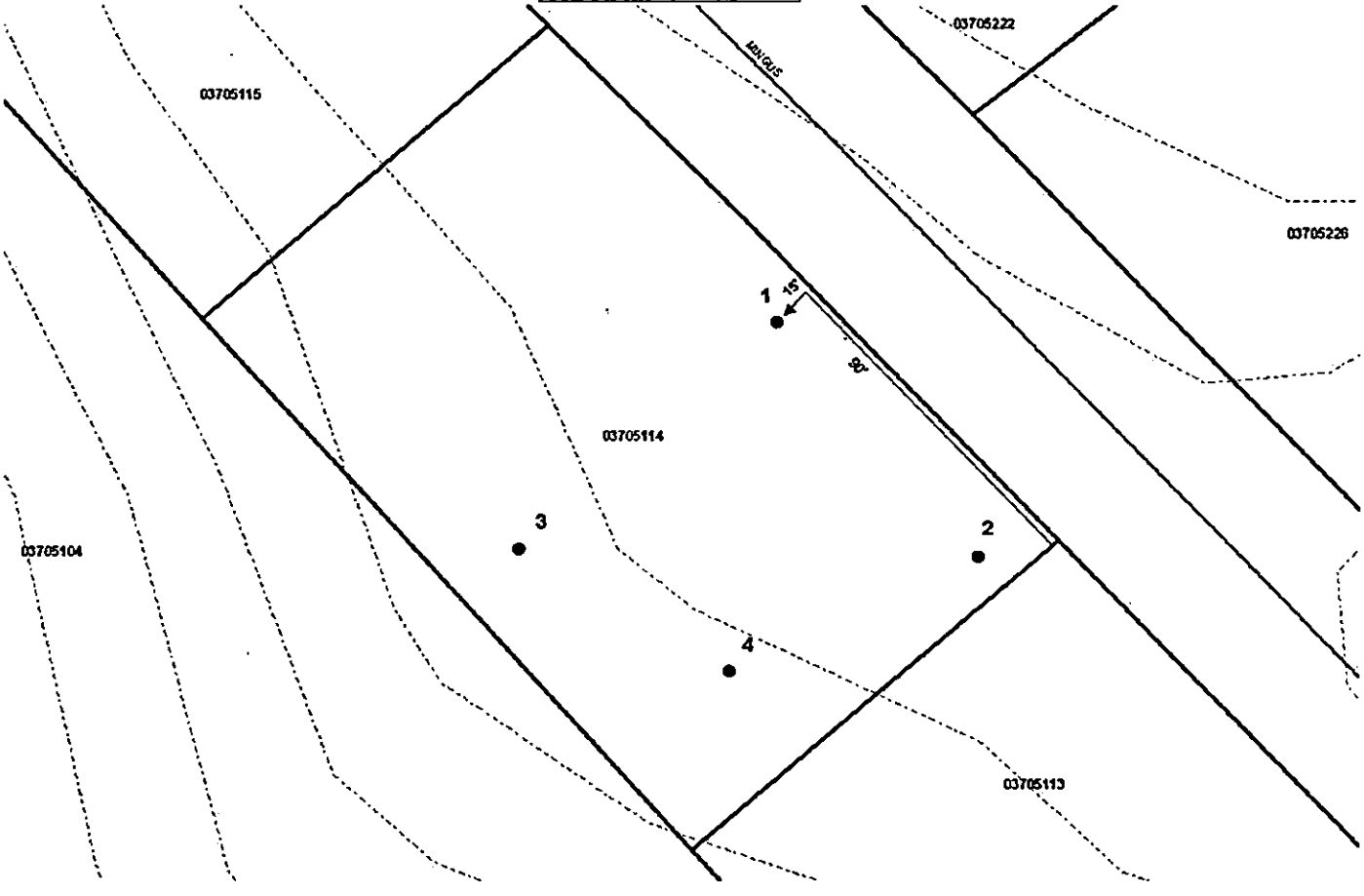
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	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



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

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		6 - 48	mmsbk C	S P FI SEXP							
Boring #4	LS 2%	0 - 5	wfsbk SCL	SS SP FR SEXP	>48"	48	NA	NA		**PS IV 0.275**	**36"**
		5 - 30	mfsbk C	S P FR SEXP							
		30 - 48	wmsbk C	S P FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	III g	III g
Site LTAR (gpd/sq ft)	0.275	0.275

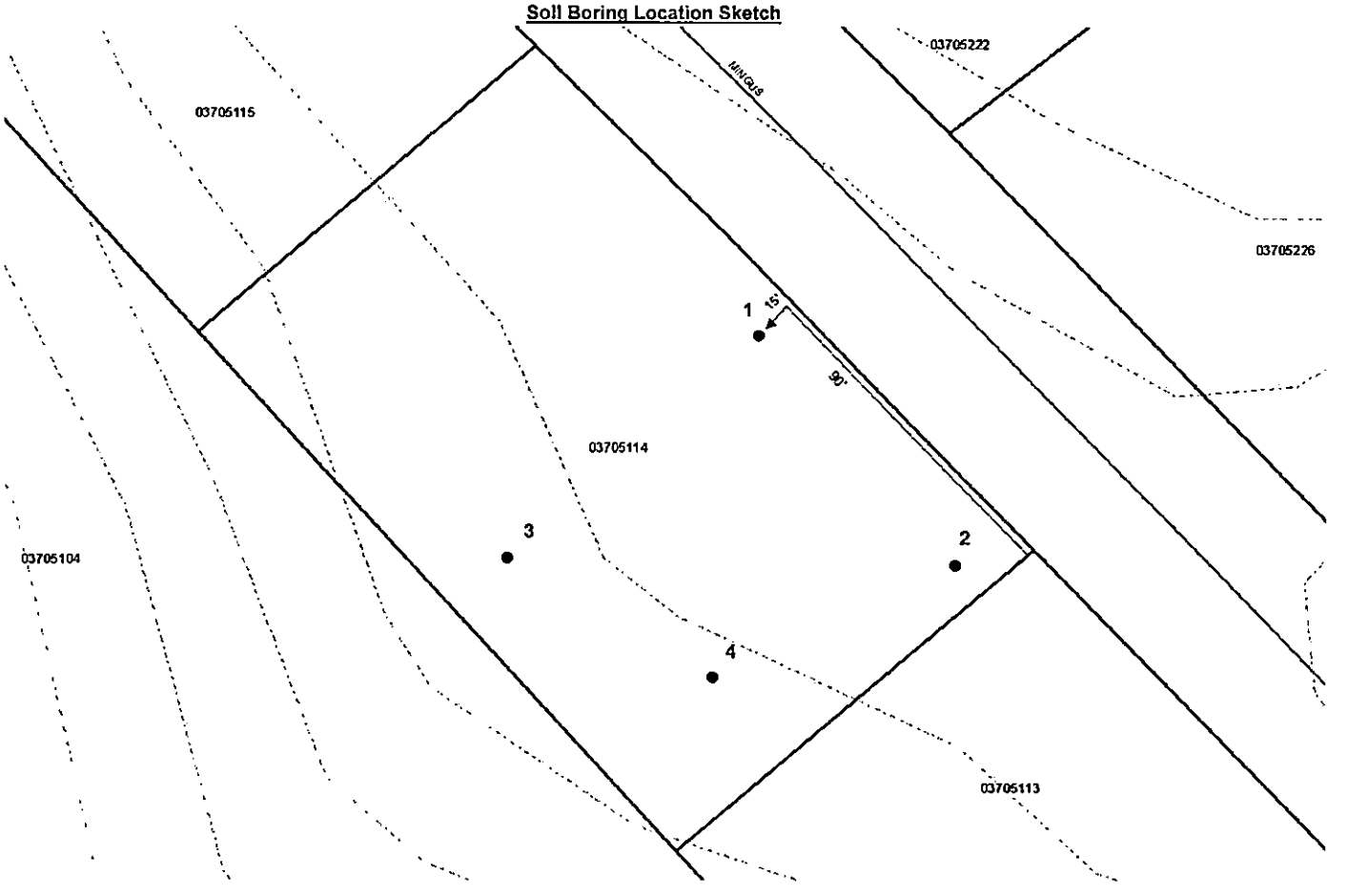
Other Factors (.1946): NA
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948):Provisionally Suitable
Site Evaluation By:Jeremy Michelone, REHS
Others Present:

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

Soil Boring Location Sketch



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 #: **30007650** GWS File #: **9249B** Tax Parcel #: **037-051-14**

- 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):** 9/1/2020

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

Structure Type: MODULAR HOME Size (ft^2): 1700 # Bedrooms: 3 # Occupants: 3

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	982	Total Trench Length (ft):	327
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.275	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	982	Total Trench Length (ft):	327
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Distribution Box		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the 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: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 9/1/2015

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 #: **30007650** GWS File #: **9249B**

IV. Permit Conditions/Comments:

- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- 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.
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Authorized Agent: Jeremy Michelone

Signature: _____

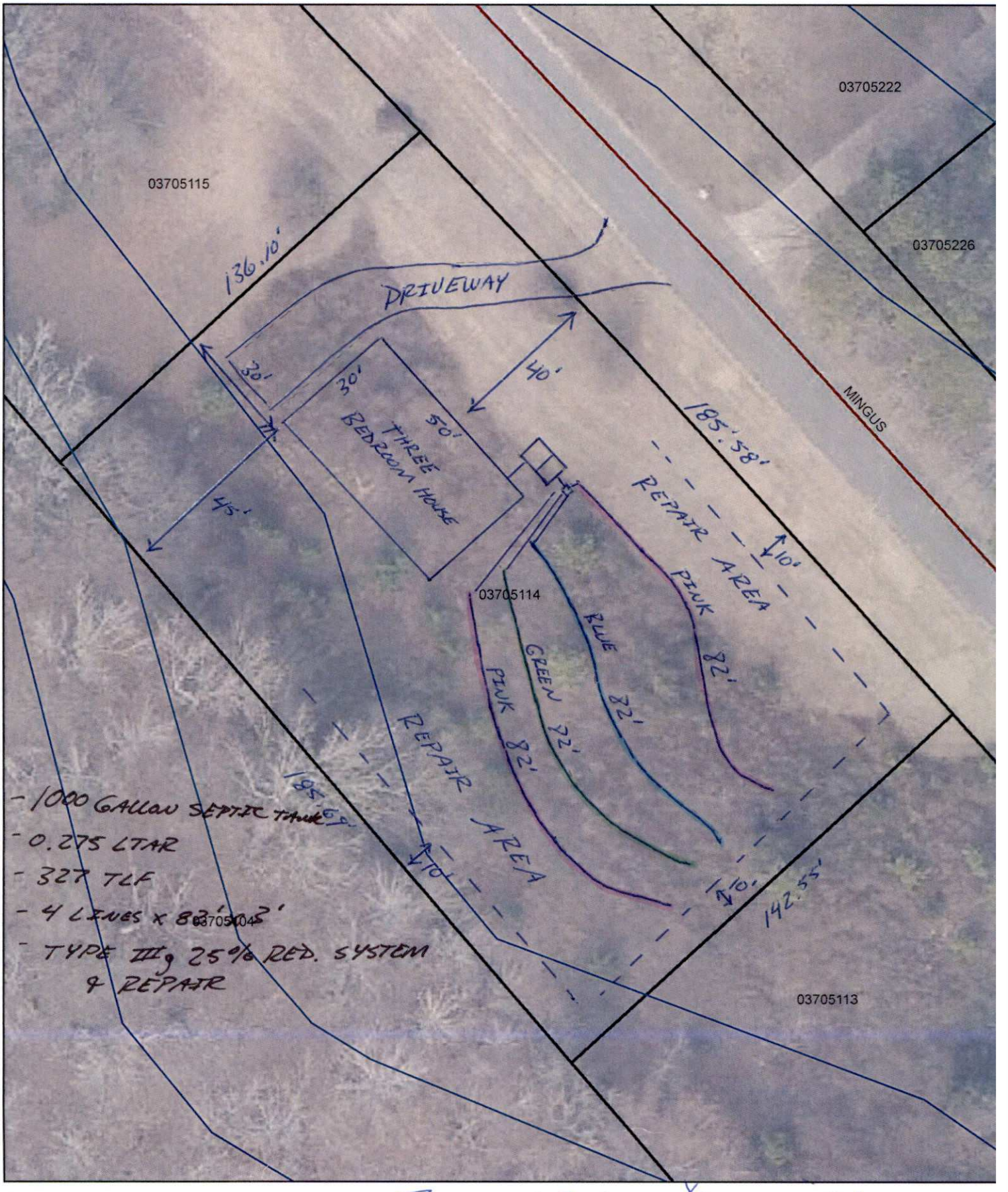
Date Issued: 9/1/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

FILE # 72498
PERMIT # 7650
PARCEL # 037-051-14

5635 MINGUS ROAD



Map Created By: Jeremy Michelone, REHS
Map Created On: 6/15/15

Jeremy Mich. REHS
9/1/15

X Signature

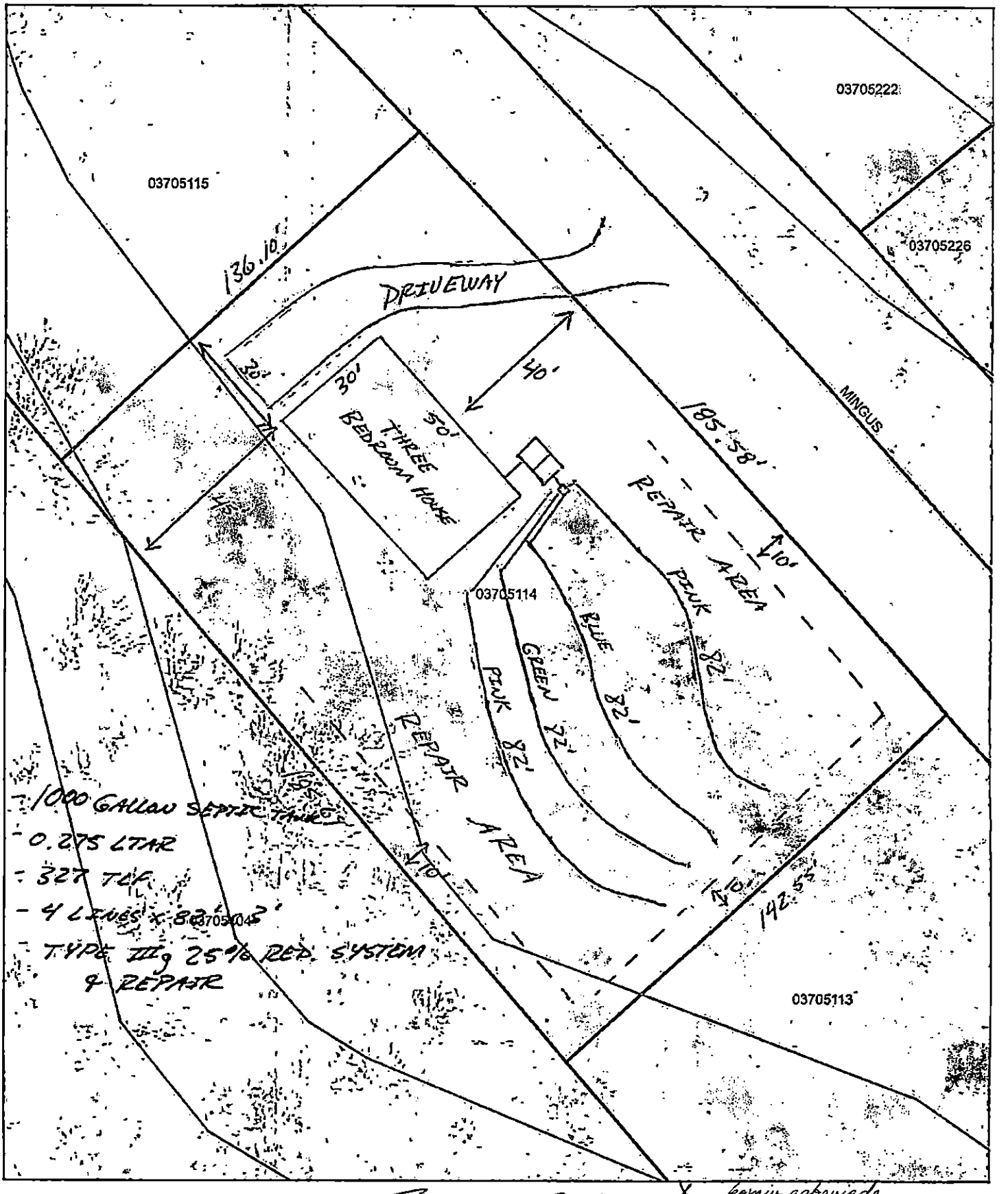
0 15 30 60 Feet

FILE # 92498

PERMIT # 7650

PARCEL # 037-051-14

5635 MINGUS ROAD



Map Created By: Jeremy Michelone, REHS

Map Created On: 6/15/15

Jeremy Michelone, REHS 9/1/15

X komiv aggawada Signature

0 15 30 60 Feet

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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

14 SEP '15 AM 7:45

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

Permit #: 30007650 GWS File #: 9249B Tax Parcel #: 037-051-14

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- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

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

Structure Type: MODULAR HOME Size (ft^2): 1700 # Bedrooms: 3 # Occupants: 3

Building Foundation: Crawl Space 1500 Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 982 Total Trench Length (ft): 327

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Distribution Box

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

Repair System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): 0.275 Septic Tank Size (gal): 1000 Pump Tank Size (gal): N/A

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: Komivi Agbeviade

Signature: Jeremy Michelone Signature: Komivi Agbeviade

Date Issued: 9/1/2015

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

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

Permit #: 30007650 GWS File #: 9249B

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Authorized Agent: Jeremy Michelone

Signature: [signature]

Date Issued: 9/1/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

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NC DENR
Division of Environmental Health
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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30007650 GWS File #: 9249B Tax Parcel #: 037-051-14

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Authorized Agent: Jeremy Michelone Owner/Legal Agent: Komivi Agbeviade

Print Name

Signature: Jeremy Michelone REHS Signature: komivi agbeviade

Date Issued: 9/1/2015

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700 N. Tryon St, Suite 211 Charlotte, NC 28202
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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30007650 GWS File #: 9249B

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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone 2015

Date Issued: 9/1/2015

Owner/Legal Agent: Komivi Agbeviade
Print Name

Signature: komivi agbeviade

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

Septic System Pre-Construction Meeting Checklist

File # 92493 App # 7650 Tax Parcel # 037-051-14

Property Owner: KOMIVI AGBEVIADE

Job Location Address: 5635 MINGUS ROAD

City: Charlotte State: NC Zip Code: 28216

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

   ☒ YES ☐ NO

   Comments: _____

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

   ☒ YES ☐ NO

   Comments: _____

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

   ☒ YES ☐ NO

   Comments: _____

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

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

Authorized Agent — Date: 10/25/17

Others Present

S

FEE: 200.00
DATE:2/22/2017

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9249B

PERMIT NUMBER: 30007650

PARCEL NUMBER: 03705114

JOB LOCATION INFORMATION

ADDRESS: 5635 MINGUS RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28216

ISSUED TO: SHAWN M PITTMAN

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 2/22/2017

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007650, 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, NOT TO EXCEED 60 MONTHS.

S

FEE: 200.00
DATE:11/13/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9249B

PERMIT NUMBER: 30007650

PARCEL NUMBER: 03705114

JOB LOCATION INFORMATION

ADDRESS: 5635 MINGUS RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28216

ISSUED TO: SHAWN M PITTMAN

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/13/2015

CONSTRUCTION AUTHORIZATION CONDITIONS

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

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

File #: 92498 Permit #: 7650 Tax Parcel #: 037-051-14

Property Owner: KOMIVI AGBEVIADE

Job Location Address: 5635 MINGUS ROAD

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 10/25/17 Contractor Name: SHANE CASHION

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

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

Drainfield Installation ☐ N/A

Trench Depth: 26 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 327 feet

# of Lines: 5 @ VARY feet (4x74, 1x32)

Depth of Media: 12 inches (Type) IQ4W

Depth of Cover: 14 inches

Distribution Device: END-CAP

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 7 feet

Distance from Property Line: 12 feet

Distance from Water Supply Source: >100' feet

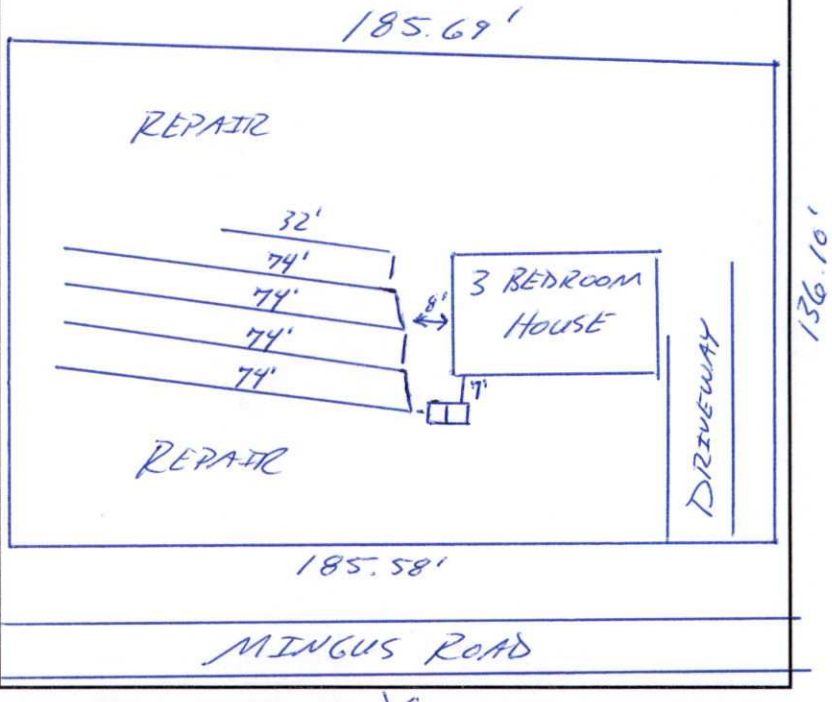
Inspection Dates

Tank(s) Inspected: 10/26/17

Excavation Inspected: 10/26/17

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: IIIg, IQ4W, GRAVITY, NA, NA

DHHS Authorized Agent: Jeremy Mickelberry, REHS Signature: Jeremy Mickelberry, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 9249B Permit #: 7650 Tax Parcel #: 037-051-14

Property Owner: KOMIVI AGBEVIADE

Job Location Address: 5635 MONGUS ROAD

City: CHARLOTTE State: NC Zip Code: 28216

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIg

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

V. Other: 3 Bedroom House

DENR Authorized Agent: Jeremy Mickelson, REHS Date: 10/25/17

Signature: Jeremy Mickelson, REHS

92498

A NEW HOME FOR
Agbeviade Residence



ARCHITECTURAL ABBREVIATIONS

A.D.	AREA DRAIN
A.D.A.	AMERICANS WITH DISABILITIES ACT
A.F.F.	ABOVE FINISHED FLOOR
A.P.	ACCESS PANEL
A/C	AIR CONDITIONING
ABV.	ABOVE
ACT	ACOUSTICAL CEILING TILE
AHU	AIR HANDLING UNIT
ALUM.	ALUMINUM
B.F.C.	BELOW FINISHED CEILING
B.F.P.	BACKFLOW PREVENTER
B.W.	BOTH WAYS
BI	BOTTOM OF
B/CAB.	BOTTOM OF CABINET
BLDG.	BUILDING
BTUH	BRITISH THERMAL UNITS
C/C	CENTER TO CENTER
COND	CONDENSATE
CD	CEILING DIFFUSER
CEN.	CENTER
CFH	CUBIC FEET PER HOUR
CFM	CUBIC FEET PER MINUTE
CJ	CONTROL JOINT
CL	CENTER LINE
CLG.	CEILING
CMU	CONCRETE MASONRY UNIT
COL.	COLUMN
CONC.	CONCRETE
COND.	CONDENSATE
CONST.	CONSTRUCTION
CONT.	CONTINUOUS
COORD.	COORDINATE
CORR.	CORRIDOR
C.T.	CERAMIC TILE
DCW	DOMESTIC COLD WATER
D.F.	DRINKING FOUNTAIN
DHW	DOMESTIC HOT WATER
DHWR	DOMESTIC HOT WATER RETURN
DIA.	DIAMETER
DN.	DOWN
DWG.	DRAWING
E.F.D.	EXTERIOR FLOOR DRAIN
E.I.F.S.	EXTERIOR INSULATION FINISH SYSTEM
E.S.R.	ELASTOMETRIC SHEET ROOFING
E.W.	EACH WAY
EA.	EACH
EAG	EXHAUST AIR GRILLE
E.E.W.	EMERGENCY EYE WASH
EJ	EXPANSION JOINT
EL.	ELEVATION
ELEC.	ELECTRICAL
ELEV.	ELEVATION
EQ.	EQUAL
EQUIP.	EQUIPMENT
E.SH.	EMERGENCY SHOWER
EWC	ELECTRIC WATER COOLER
EWH	ELECTRIC WATER HEATER
F.D.	FLOOR DRAIN
F.E.	FIRE EXTINGUISHER
F.O.C.	FACE OF CONCRETE
F.O.M.	FACE OF MASONRY
F.O.S.	FACE OF STUD
F.R.	FIRE RATED (RESISTIVE)
FCO	FLOOR CLEANOUT
FIN.	FINISH
FIN. FLR.	FINISH FLOOR
FLR.	FLOOR
FPWH	FROST PROOF WALL HYDRANT
FTG.	FOOTING
FURN.	FURNACE
G	NATURAL GAS
G.C.	GENERAL CONTRACTOR
G.P.H.	GALLONS PER HOUR
GA.	GAUGE
GAL.	GALLONS PER HOUR
G.F.I.C.	GROUND FAULT INTERCEPT CIRCUIT
GR.	GRADE
GWH	GAS WATER HEATER
GYP.	GYPSUM BOARD
H.C.	HANDICAP ACCESSIBLE
H.M.	HOLLOW METAL
H.R.	HANDRAIL
HARDWD	HARDWOOD
HDW.	HARDWARE
HGT.	HEIGHT
HORZ.	HORIZONTAL
HR.	HOUR
HT.	HEIGHT
HVAC	HEATING VENTILATION AND AIR CONDITIONING
HZ.	HERTZ
I/O	INDOOR/OUTDOOR
IBC	INTERNATIONAL BUILDING CODE
INFO.	INFORMATION
INSUL.	INSULATION
INT.	INTERIOR
J.B.	JOIST BEAM
JAN.	JANITOR
LAV.	LAVATORY
LVR.	LOUVER
M.L.	MATCH LINE
M.O.	MASONRY OPENING
M.S.	MOP SINK
MATL.	MATERIAL
MAX.	MAXIMUM
MECH.	MECHANICAL
MEZZ.	MEZZANINE
MFR.	MANUFACTURER
MIL.	MILLIMETER
MIN.	MINIMUM
MIN.	MINUTE
MR GYP.	MOISTURE RESISTANT GYP. BOARD
MTL.	METAL
MTL.	METAL
MTR.	METER
N.I.C.	NOT IN CONTRACT
N.T.S.	NOT TO SCALE
N/A	NOT APPLICABLE
N2	NITROGEN
NO.	NUMBER
NOM.	NOMINAL
O.C.	ON CENTER
O.D.	OUTSIDE DIMENSION
NO2	NITROUS OXIDE
O2	OXYGEN
OA	OUTSIDE AIR
OD	OVERFLOW DRAIN
O.F.C.I.	OWNER FURNISHED CONTRACTOR INSTALLED
O.F.O.I.	OWNER FURNISHED OWNER INSTALLED
OPP.	OPPOSITE
P.E.	PHOTO-ELECTRIC
P.P.	PLUMBING PANEL
PH.	PHONE
PLUMB.	PLUMBING
PLYWD	PLYWOOD
PRESS.	PRESSURE
PVC	POLY-VINYL CHLORIDE
QTY.	QUANTITY
R.D.	ROOF DRAIN
R.O.	ROUGH OPENING
R.R.	RESTROOM
RAG	RETURN AIR GRILLE
REC.	RECEPTACLE
REF.	REFERENCE
REINF.	REINFORCING
REQ'D	REQUIRED
RESIL	RESILIENT
REV.	REVERSE
RM.	ROOM
RTU	ROOF TOP UNIT
S.	SINK
S/S	STAINLESS STEEL
S.A.F.B.	SOUND ATTENUATION FIBERGLASS BATT INSULATION
SAN.	SANITARY
SCHED.	SCHEDULE
SEC.	SECOND
SHT.	SHEET
SIM.	SIMILAR
SPECS.	SPECIFICATIONS
SPKLR.	SPRINKLER
SQ.	SQUARE
SS	SANITARY SEWER
ST.	STORM DRAIN
STD.	STANDARD
STL.	STEEL
STOR.	STORAGE
STRUCT.	STRUCTURE
SUSP'D	SUSPENDED
T/	TOP OF
T/CNTR.	TOP OF COUNTER
T/FTG.	TOP OF FOOTING
T/GRATE	TOP OF GRATE
T/SLAB	TOP OF SLAB
TELE.	TELEPHONE
THK.	THICK
TP	TRAP PRIMER
TRTD.	TREATED
TW	TEMPERED WATER
TYP.	TYPICAL
U	URINAL
U.L.	UNDERWRITERS LABORATORIES
U.N.O.	UNLESS NOTED OTHERWISE
U-CUT	UNDERCUT
V	VENT
V.	VOLT
V.C.T.	VINYL COMPOSITE TILE
V.I.F.	VERIFY IN FIELD
VA	VACUUM
VEN.	VENDOR
VERT.	VERTICAL
VEST.	VESTIBULE
VTR	VENT THROUGH ROOF
W.C.	WATER CLOSET
W.H.	WATER HEATER
W.P.	WORKING POINT
W.W.F.	WELDED WIRE FABRIC
W.W.M.	WELDED WIRE MESH
W/	WITH
WATT.	WATTAGE
WC	WATER CLOSET
WCO	WALL CLEANOUT
WF	WASH FOUNTAIN
WP	WATER PROOF
YCO	YARD CLEANOUT
YD.	YARD

INDEX OF DRAWINGS:

GENERAL

G1 - COVER SHEET & ABBREVIATIONS

A1 - FOUNDATION
A2 - FLOOR PLAN
A3.1 - ELEVATIONS
A3.2 - ELEVATIONS

A4 - SECTIONS

L1.1 - LIGHTING, DOOR & WINDOW PLAN
L1.2 - LIGHTING, DOOR & WINDOW PLAN

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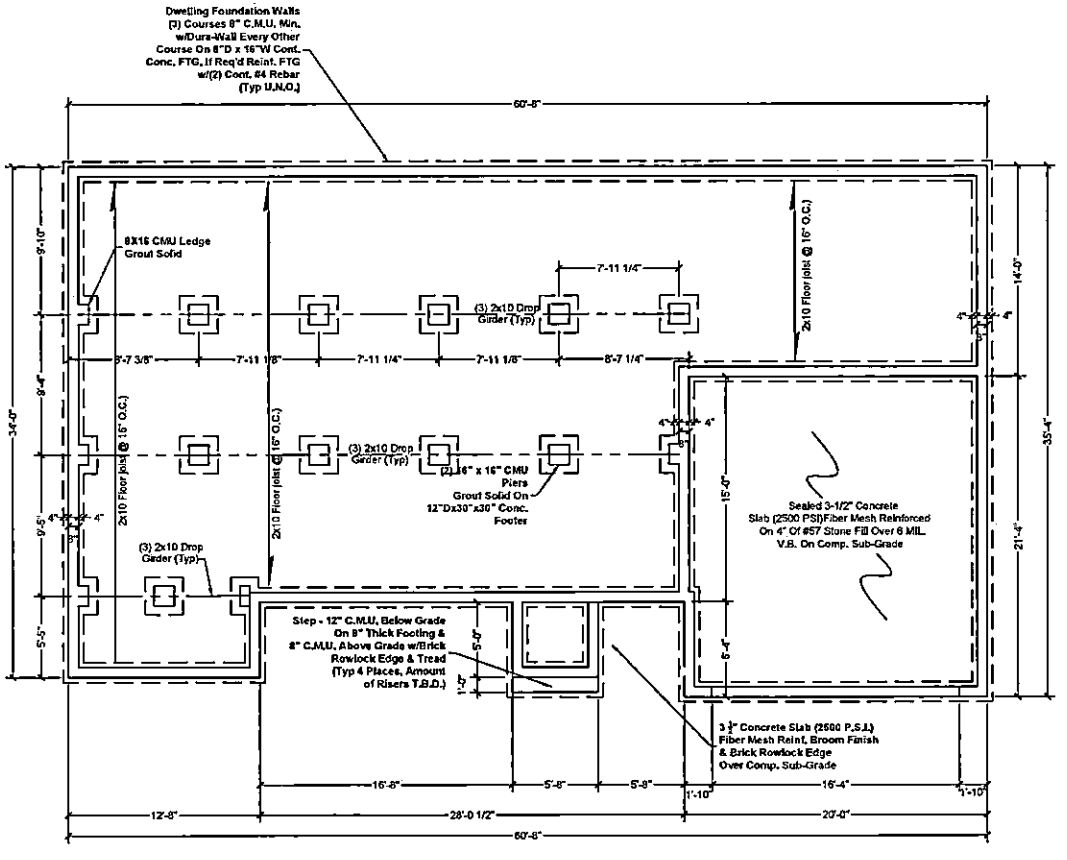
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REVISION BLOCK

REV.	DATE	DESCRIPTION

Agbeviade residence
Chatham Model
February 11, 2016
Drawn by: GVH

A1
Foundation Plan



1 **FOUNDATION PLAN**
SCALE: 1/8" = 1'-0"

NOTES:

- ALL ASPECTS OF CONSTRUCTION PER G.C. & TO COMPLY w/ LOCAL BUILDING CODES.
- ADJUST PIER LOCATIONS PER LOAD BEARING POINTS IF REQUIRED PER G.C.
- 8"X16" AUTOMATIC SCREENED VENT LOCATIONS PER G.C. & QUANTITY TO COMPLY WITH LOCAL BUILDING CODES.
- CRAWL SPACE ACCESS PER G.C. & TO COMPLY WITH LOCAL BUILDING CODES.
- ADD FLOOR JOIST UNDER WALLS RUNNING FRONT TO BACK.

ValueBuild HOMES

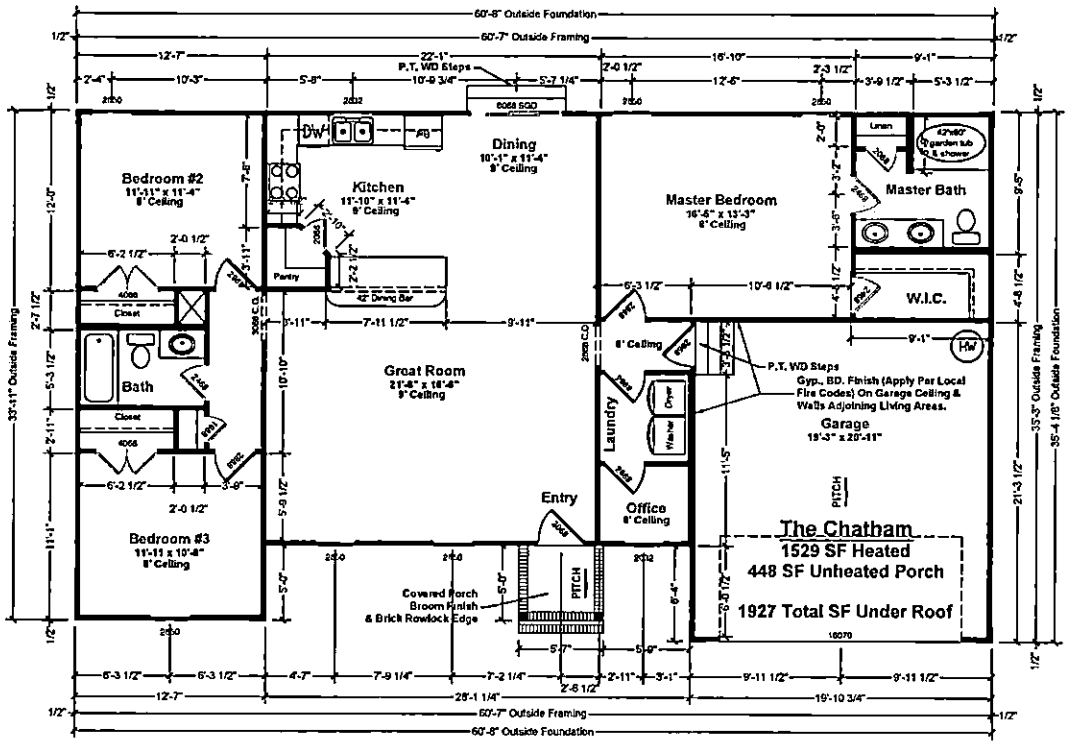
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REVISION BLOCK

REV.	DATE	DESCRIPTION

Agbeviade residence
Chatham Model
February 11, 2016
Drawn by: GVH

A1
Foundation Plan



1 1st FLOOR PLAN
SCALE: 1/8" = 1'-0"

NOTES:

- ALL ASPECTS OF CONSTRUCTION PER G.C. & TO COMPLY w/ LOCAL BUILDING CODES.
- STRUCTURAL ASPECTS SUBJECT TO CHANGE & IS THE RESPONSIBILITY OF THE G.C.
- ALL EXTERIOR APPEARANCE & FINISHES PER G.C. & OWNER.
- ALL EXTERIOR WINDOW & DOOR STYLES PER G.C. & OWNER.
- REFER TO SHEETS L1.1,L1.2 & L1.3 FOR DOOR AND WINDOW SCHEDULE.
- TOP OF PORCH TO TOP OF GRADE, IF EXCEEDS 30" HANDRAILS ARE REQUIRED.
- GARAGE & EXTERIOR STEP RISER TOTAL T.B.D.

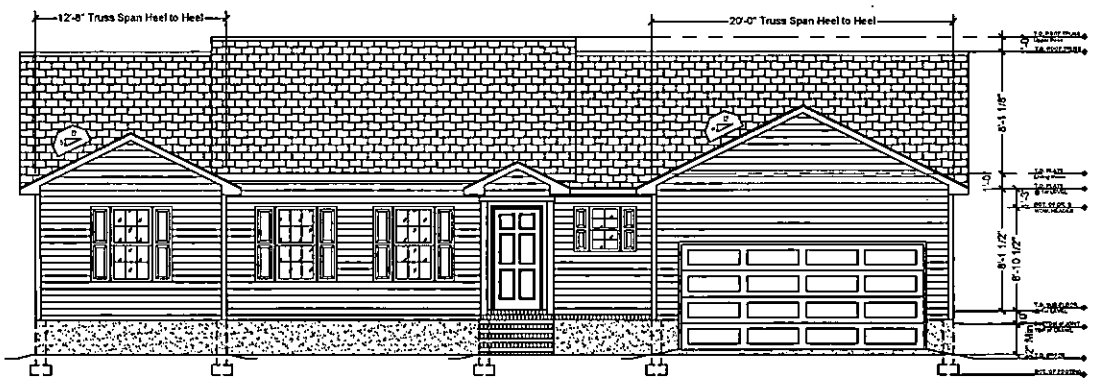
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REVISION BLOCK

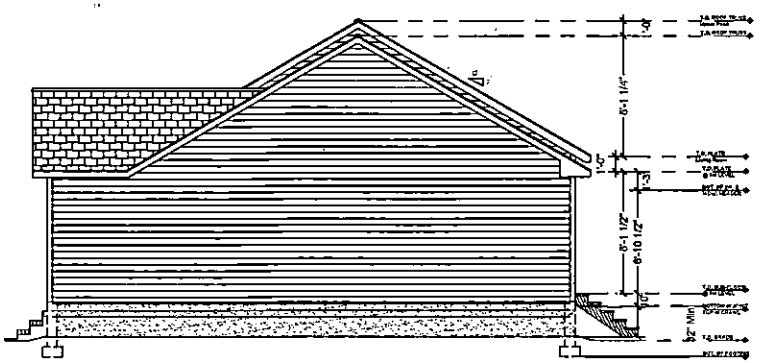
REV.	DATE	DESCRIPTION

Agbeviade residence
Chatham Model
February 11, 2016
Drawn by: GVH

A2
Floor Plan



1 FRONT EXTERIOR ELEVATION
SCALE: 1/8" = 1'-0"



2 LEFT SIDE EXTERIOR ELEVATION
SCALE: 1/8" = 1'-0"

NOTES:

- ALL ASPECTS OF CONSTRUCTION PER G.C. & TO COMPLY w/ LOCAL BUILDING CODES.
- STRUCTURAL ASPECTS SUBJECT TO CHANGE & IS THE RESPONSIBILITY OF THE G.C.
- ALL EXTERIOR APPEARANCE & FINISHES PER G.C. & OWNER.
- ALL EXTERIOR WINDOW & DOOR STYLES PER G.C. & OWNER.
- REFER TO SHEETS L1.1,L1.2 & L1.3 FOR DOOR AND WINDOW SCHEDULE.
- TOP OF PORCH TO TOP OF GRADE, IF EXCEEDS 35" HANDRAILS ARE REQUIRED.
- GARAGE & EXTERIOR STEP RISER TOTAL T.B.D.

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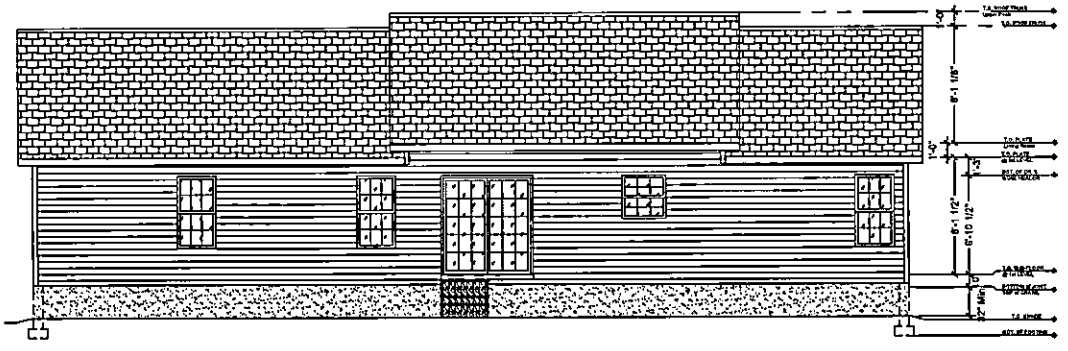
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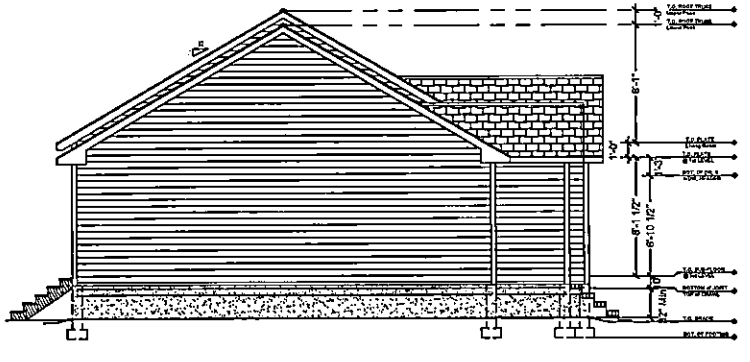
REV.	DATE	DESCRIPTION

Agbeviade residence
Chatham Model
February 11, 2016
Drawn by: GVH

A3.1
Elevation Plan



1 REAR EXTERIOR ELEVATION
SCALE: 1/8" = 1'-0"



2 RIGHT SIDE EXTERIOR ELEVATION
SCALE: 1/8" = 1'-0"

NOTES:

- ALL ASPECTS OF CONSTRUCTION PER G.C. & TO COMPLY w/ LOCAL BUILDING CODES.
- STRUCTURAL ASPECTS SUBJECT TO CHANGE & IS THE RESPONSIBILITY OF THE G.C.
- ALL EXTERIOR APPEARANCE & FINISHES PER G.C. & OWNER.
- ALL EXTERIOR WINDOW & DOOR STYLES PER G.C. & OWNER.
- REFER TO SHEETS L1.1,L1.2 & L1.3 FOR DOOR AND WINDOW SCHEDULE.
- TOP OF PORCH TO TOP OF GRADE, IF EXCEEDS 30" HANDRAILS ARE REQUIRED.
- GARAGE & EXTERIOR STEP RISER TOTAL T.B.D.

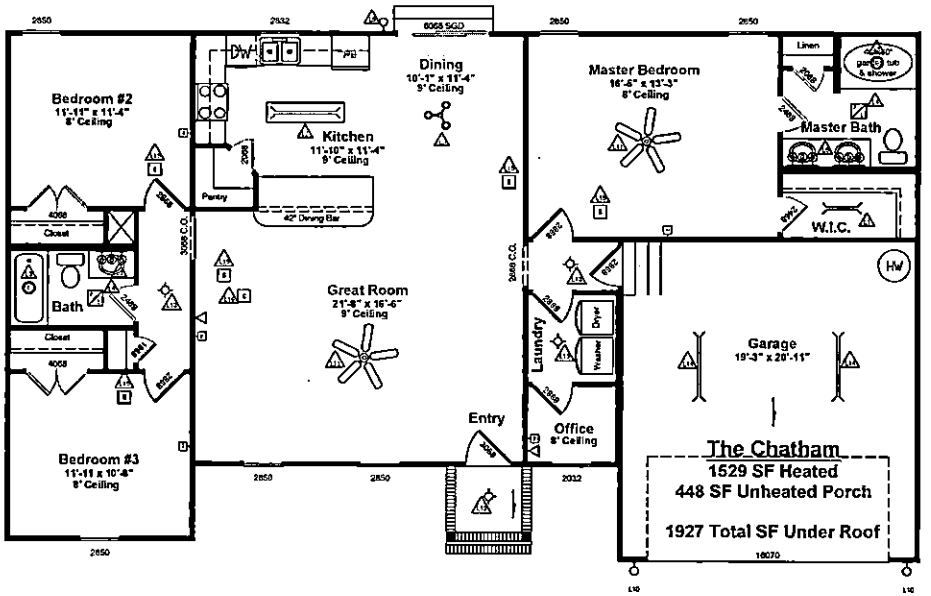
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REVISION BLOCK

REV.	DATE	DESCRIPTION

Agbeviade residence
Chatham Model
February 11, 2016
Drawn by: GVH

A3.2
Elevation Plan



LIGHTING SCHEDULE

I.D.	QTY	LOCATION	TYPE	DESCRIPTION
L1	1	CLOSETS	FLOURESCENT	2 FT. ENCLOSED
L2	1	KITCHEN	FLOURESCENT	4 FT. ENCLOSED
L3	2	BATH	INCANDESCNT	RECESSED CAN LIGHT
L4	2	BATH	INCANDESCENT/FAN	BATHROOM FAN/LIGHT COMBO
L5	3	BATH	INCANDESCNT	3 LIGHT BATHROOM WALL LIGHT
L6		BATH	INCANDESCNT	2 LIGHT BATHROOM WALL LIGHT
L7	1	DINING	INCANDESCNT	5 LIGHT CHANDELIER
L8		F'YER/BR'K	INCANDESCNT	3 LIGHT CHANDELIER (OPTIONAL)
L9	1	EXTERIOR	INCANDESCNT	WALL MOUNT EXTERIOR IIGHT
L10	2	EXTERIOR	INCANDESCNT	WALL MOUNTED COACH LIGHT
L11	2	MSTR BED LIVING	INCANDESCNT	52" CEILING FAN W/LIGHT KIT
L12	1	PORCH	INCANDESCNT	CEILING MOUNT EXTERIOR LIGHT FIXTURE
L13	3	VARIES	INCANDECENT	CEILING MOUNT INTERIOR LIGHT FIXTURE
L14	2	GARAGE	FLOURESCENT	4 FT. ENCLOSED UTILITY
L15	5	VARIES	DETECTOR	CEILING MOUNT SMOKE DETECTOR
L16	1	VARIES	DETECTOR	CEILING MOUNT CARDON MONOXIDE

1 Lighting Package
SCALE: NTS

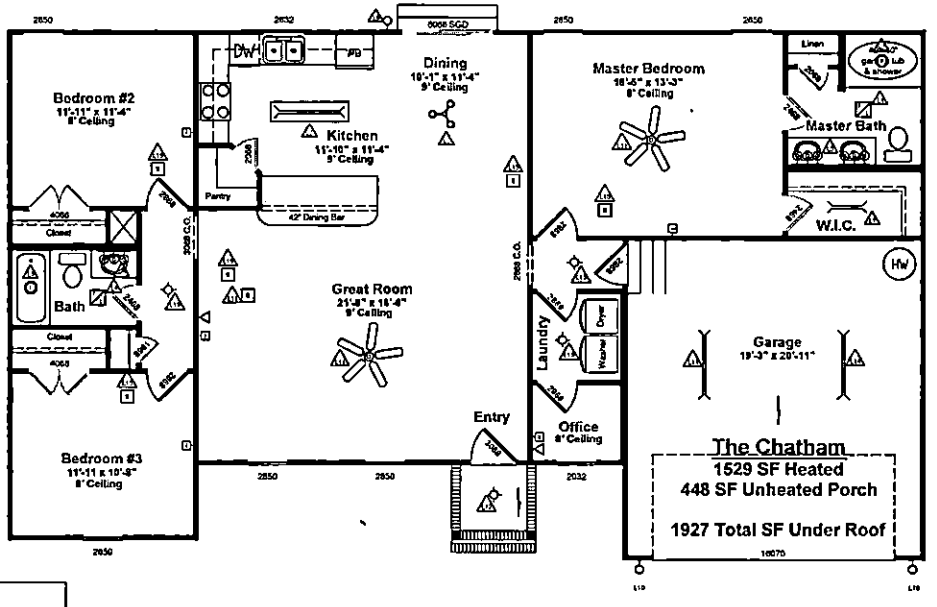
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REVISION BLOCK

REV.	DATE	DESCRIPTION

Ahren Andrews & Chrissy Reed Residence
Scotland Model
October 9, 2015
Drawn by: GVH

L1.1
Lighting Package



INTERIOR DOOR SCHEDULE

I.D.	QTY	SIZE	SWING	JAMB	TYPE	DESCRIPTION
D1	2	2868	RHIS	4 9/16"	PASSIVE	INTERIOR
D2	1	2868	RHIS	4 9/16"	PRIVACY	INTERIOR
D3	1	2868	LHIS	4 9/16"	PRIVACY	INTERIOR
D4	1	2868	LHIS	4 9/16"	PASSIVE	INTERIOR
D5		2668	LHIS	4 9/16"	PRIVACY	INTERIOR
D6		2668	LHOS	4 9/16"	PASSIVE	INTERIOR
D7	2	2468	LHIS	4 9/16"	PRIVACY	INTERIOR
D8	4	2068	RHIS	4 9/16"	PRIVACY	INTERIOR
D9		2468	LHOS	4 9/16"	PASSIVE	INTERIOR
D10		2468	RHOS	4 9/16"	PASSIVE	INTERIOR
D11		2468	RHIS	4 9/16"	PASSIVE	INTERIOR
D12	2	2068	RHOS	4 9/16"	PASSIVE	INTERIOR
D13	1	1868	RHOS	4 9/16"	PASSIVE	INTERIOR

EXTERIOR DOOR SCHEDULE

I.D.	QTY	SIZE	SWING	JAMB	TYPE	DESCRIPTION
D14	1	3068	RHIS	4 9/16"	ENTRY	ENTRY
D15	1	2868	RHIS	4 9/16"	ENTRY	ENTRY
D16	1	6068	RH	4 9/16"	ENTRY	SGD
D17	1	16070	N/A	N/A	GARAGE	RAISE PANEL

WINDOW SCHEDULE

I.D.	QTY	SIZE	TYPE	DESCRIPTION
W1	6	2850	SINGLE HUNG	WITH GRIDS - LOW-E
W2	1	2832	SINGLE HUNG	WITH GRIDS - LOW-E
W3	1	2032	SINGLE HUNG	WITH GRIDS - LOW-E

1 Door & Window Package
SCALE: NTS

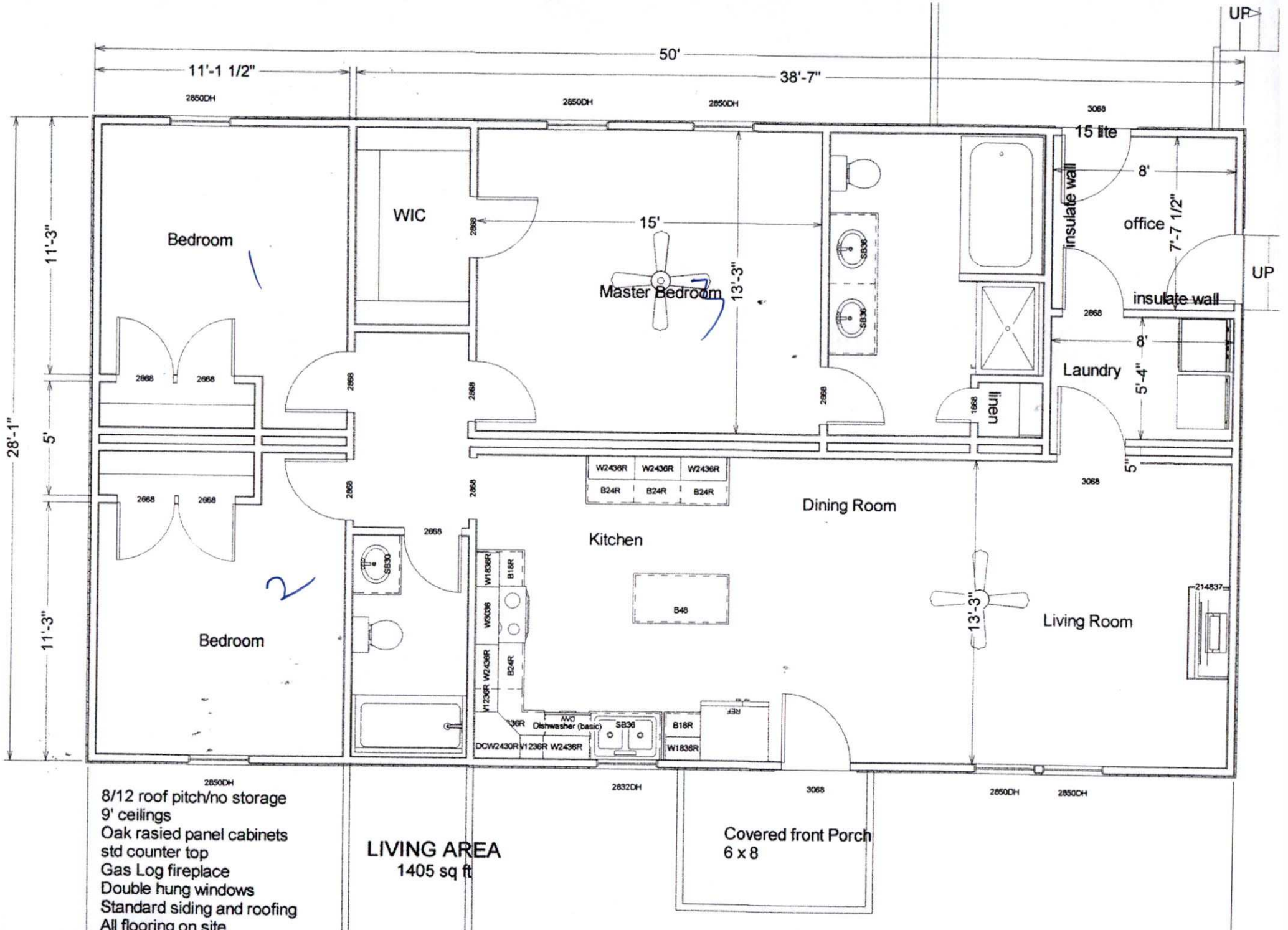
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REVISION BLOCK

REV.	DATE	DESCRIPTION

Ahren Andrews &
Chrissy Reed Residence
Scotland Model
October 9, 2015
Drawn by: GVH

L1.2
Lighting Door & Window Package



8/12 roof pitch/no storage
9' ceilings
Oak rasied panel cabinets
std counter top
Gas Log fireplace
Double hung windows
Standard siding and roofing
All flooring on site
Porch by builder

LIVING AREA
1405 sq ft

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/13/15	**Amount:**	200.00
Receipt #:	96740	**Tendered:**	200.00
Check / Auth #:	VISA 881953	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: AGBEVIADE, KOMIVI
Attn:
Address: 6025 LINDA VISTA LANE
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 5635 MANGUS ROAD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	150.00	70.00			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/13/15	**Amount:**	200.00
Receipt #:	96739	**Tendered:**	200.00
Check / Auth #:	VISA 881953	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: AGBEVIADE, KOMIVI
Attn:
Address: 6025 LINDA VISTA LANE
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 5635 MANGUS ROAD		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
	150.00	70.00			

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
KOMIVI AGBEVIADE

Bill To:

KOMIVI AGBEVIADE
6025 LINDA VISTA LANE

Charlotte, NC 28216

Single Payment

Transaction Date:	11/13/2015 11:36 AM Pacific Time
Pay Method:	VISA **********1156
Approval #:	881953
Trace Number:	fe58c874-d3d2-43b4-a6b2-55803adea202
Amount:	$400.00

Payment Amount:	$400.00
Total:	**$400.00**

Thank you for your payment.