Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) LE 10/18/16 Initials/Date

CA ($200.00) LE 11/8/16 Initials/Date

OP ($200.00) LE 11/8/16 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 [✓] AM 11-8-16

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. [ ] _____

Supply line
5 feet away
✓
10 /

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: _____

STREET ADDRESS: 11520 CRESTHILL DR

CITY: MINT HILL

STATE: NC **ZIP:** 28227

SUBDIVISION NAME: CRESTHILL

LOT #: 5 **LOT SIZE (acres):** 1/2

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: 2288

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 ____ ____ ____

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? JULY 2016 ? ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: JEFFERY RIKARD
ADDRESS: 10809 - 115 PARISH ST
CITY: MATTHEWS
STATE: NC ZIP: 28105
WORK PHONE: —
MOBILE PHONE: 704 517 9512
FAX: —
E-MAIL: JRR@WOODPARTNERS.COM

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

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

Revised on: 12/15/10

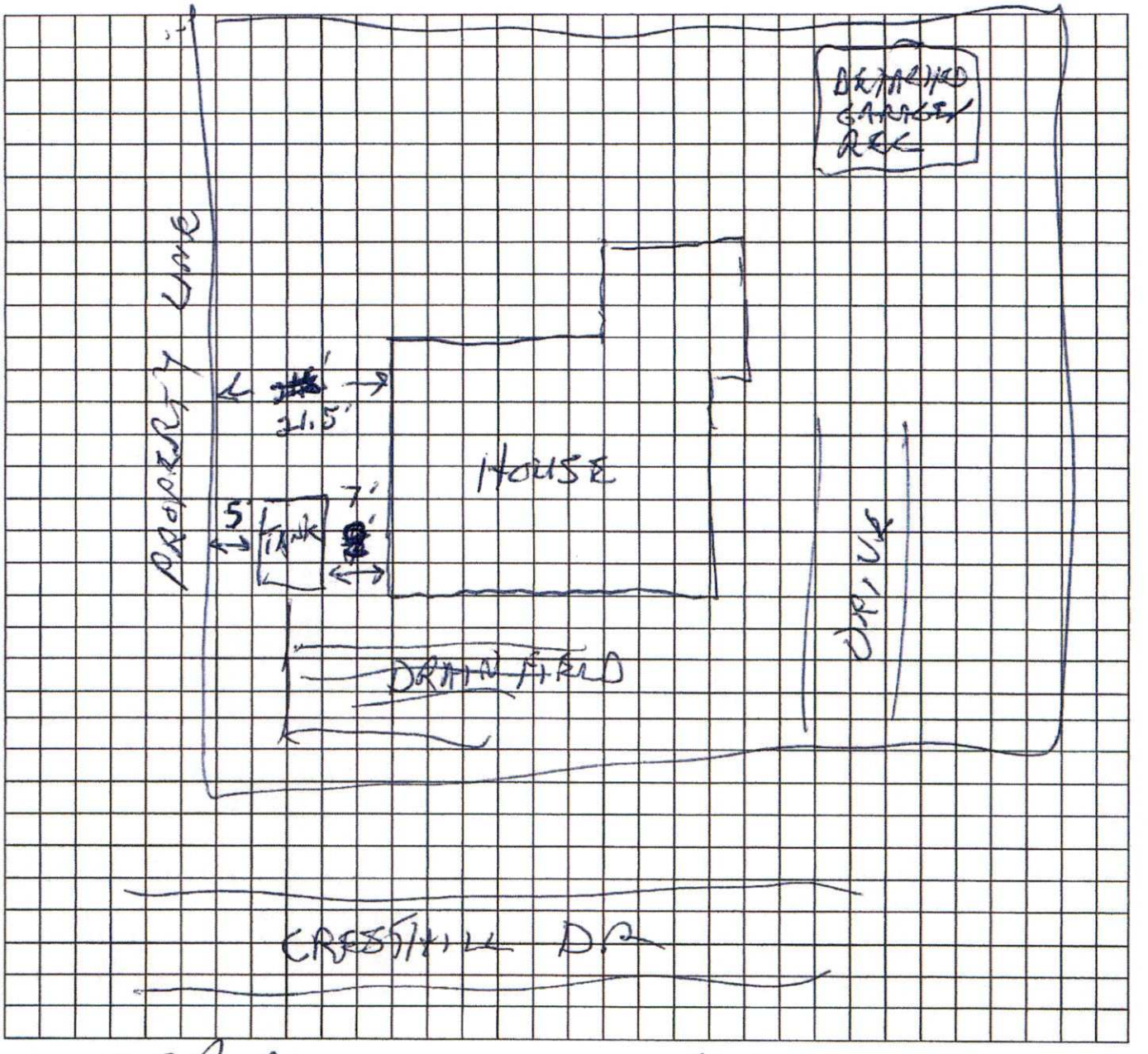
File #: _____

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: 11530 CRESTHILL DR, MINT HILL Tax Parcel #: _____

Subdivision Name: CRESTHILL Lot #: 9



Property Owner's or Owner's Legal Representative Signature

10/7/16
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

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.

_____ 10/7/16

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

---

OFFICE USE ONLY

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

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

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

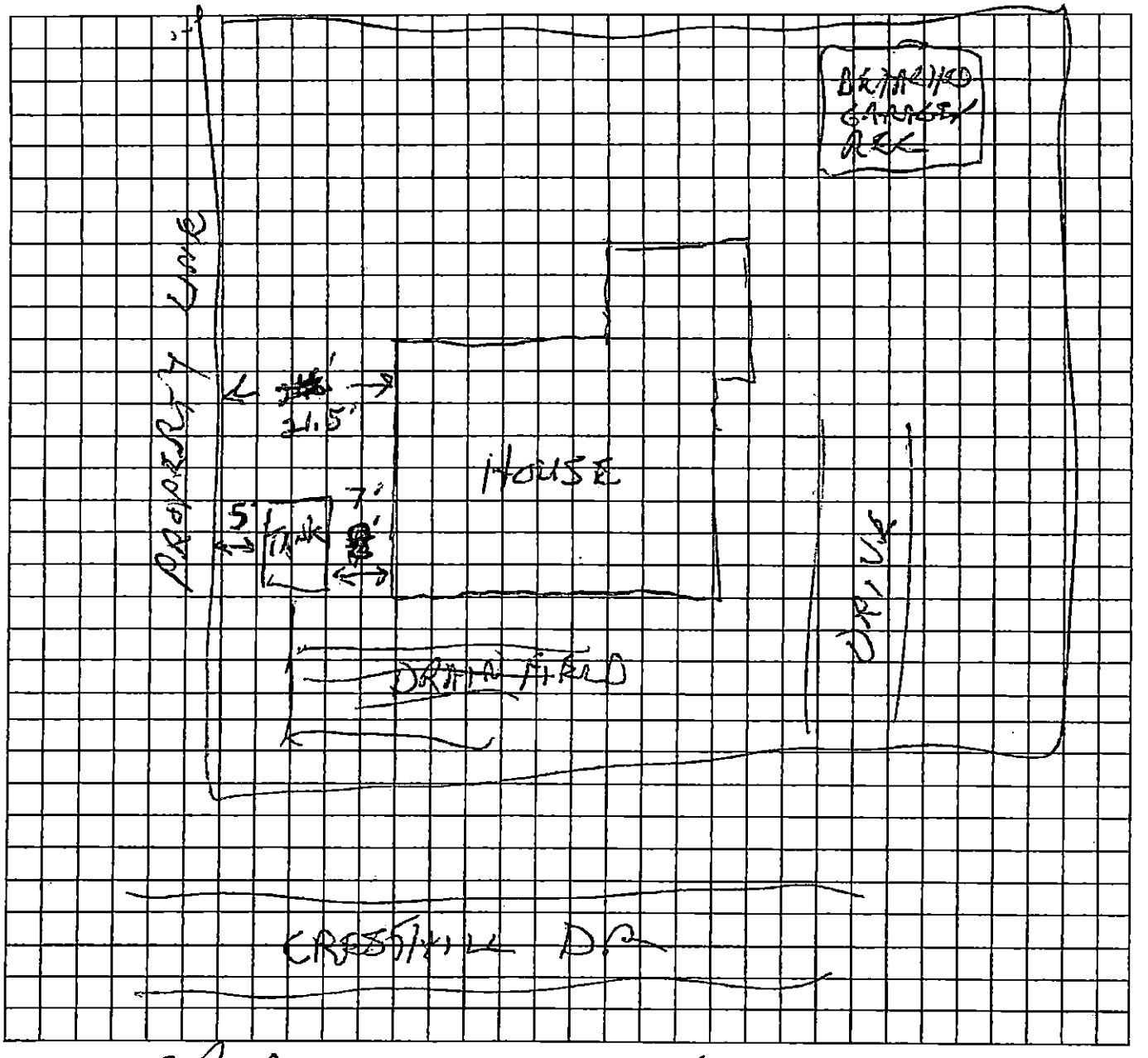
File #: _____

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: 11530 CRESTHILL DR, MINT HILL Tax Parcel #: _____

Subdivision Name: CRESTHILL Lot #: 9



Property Owner's or Owner's Legal Representative Signature

10/7/16
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: 197-013-05
Lot #: 5
File #: 9595B
AppID: 8556

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Jeffery Rikard
Applicant: owner
Address: 10809 - 115 Parrish St, Matthews, NC 28105
Date Evaluated: 10/19/2016
Proposed Facility: 3BR House
Design Flow (.1949): 360 GPD
Property Size: 0.5 ac
Location of Site: 11530 Cresthill Dr, Mint Hill, NC 28227
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 - 14	sbk CL	SS SP FR SEXP	2 chroma at 34"	39	NA	NA		PS IV 0.25	22"
		14 - 39	sbk C	S P FR SEXP							
Boring #2	LS 2%	0 - 12	sbk CL	SS SP FR SEXP	>48"	48	NA	NA	few yellow brown mottles 36 - 48"	PS IV 0.3	36"
		12 - 48	sbk C	S P FI SEXP							
Boring #3	LS 2%	0 - 6	sbk CL	SS SP FR SEXP	>48"	48	NA	NA	yellow brown mottles 12 - 30"	PS IV 0.275	36"
		6 - 48	sbk C	S P FI SEXP							
Boring #4	LS 2%	0 - 8	sbk CL	SS SP FR SEXP	>48"	48	NA	NA		PS IV 0.3	36"
		8 - 48	sbk C	S P FI SEXP							

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	NA
Site LTAR (gpd/sq ft)	0.25	0.25

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

11530 CrestHill Drive

Sheet: 2 of 2
File #: 9595B
AppID: 8556

COMMENTS:

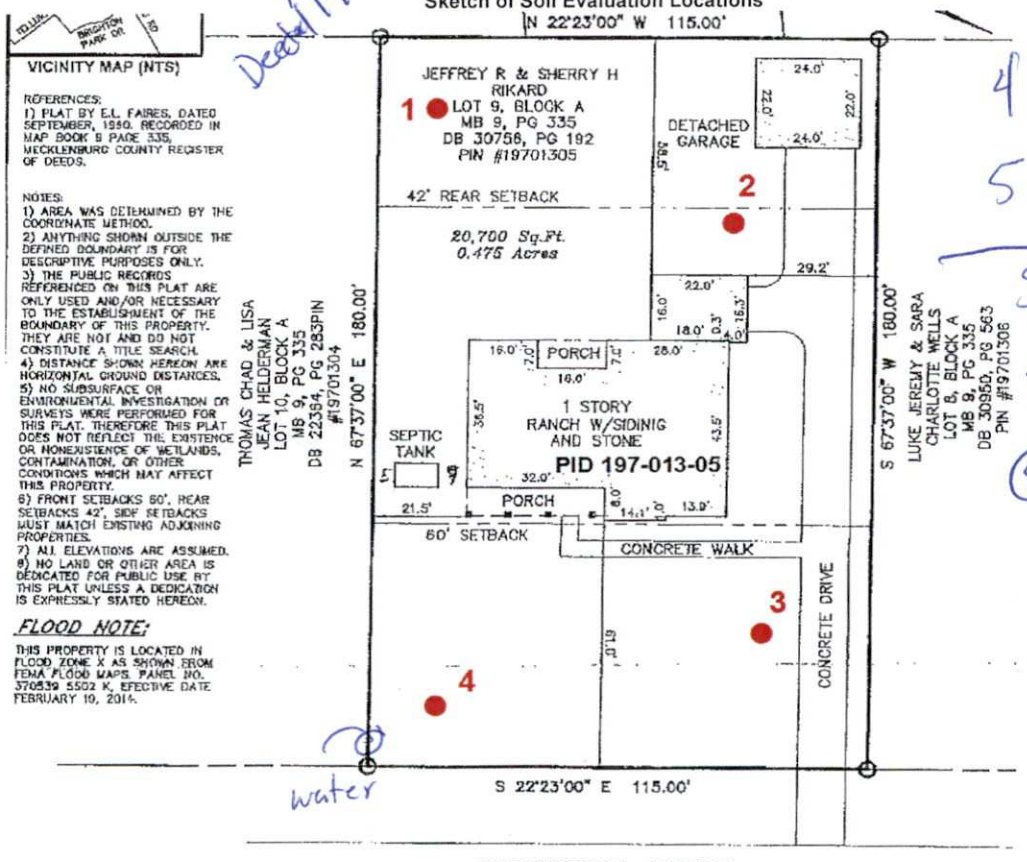
Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace		CL-Clay Loam		Sap-Saprolite
FP-Flood Plain		SCL-Sandy Clay Loam		**Structure Prefixes**
D-Drainage Way		SiL-Silt Loam		w-weak
				m-moderate
				s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

(1) we can do this lose garage porch
(2) - Hire Consult
(3) Check Repair year Deed/1980

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

,25
3BR
360 L.F
25% Red

Sketch of Soil Evaluation Locations



4 @ 90
5 @ 72
50% 240 S.F
3 @ 80
4 @ 60

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 #: **30008556** GWS File #: **9595B** Tax Parcel #: **197-013-05**

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/2/2021

Type of Installation: Residential - New System Lot Number: 5

Structure Type: HOUSE Size (ft^2): 2288 # Bedrooms: 3 # Occupants: 2

Building Foundation: Concrete Slab Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.25	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1080	Total Trench Length (ft):	360
Maximum Trench Depth (in):	36	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	0	LTAR (gpd/ft^2):	.25	Septic Tank Size (gal):	0	Pump Tank Size (gal):	0
Trench Width (ft):	0	Trench Spacing (ft):	0	Absorption Area (ft^2):	0	Total Trench Length (ft):	0
Maximum Trench Depth (in):	0	Depth of Media (in):	0	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

Authorized Agent: Bryan Davenport Owner/Legal Agent: _____
Print Name

Signature: Bryan Davenport Signature: _____

Date Issued: 11/2/2016

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30008556** GWS File #: **9595B**

IV. Permit Conditions/Comments:

- 100% repair area is not required for this property. However, the maximum feasible area shall be allocated for a repair area.
- All components of the septic system must be 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.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.
- The lot was deeded in 1966

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

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Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 11/2/2016

Owner/Legal Agent: _____
Print Name

Signature: _____

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30008556

GWS File #: 9595B

Tax Parcel #: 197-013-05

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Expiration Date (If Applicable): 11/2/2021

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Structure Type: HOUSE | Size (ft^2): 2288 | # Bedrooms: 3 | Lot Number: 5

Building Foundation: Concrete Slab | # Occupants: 2

Water Supply: Municipal

II. Initial System Type: Accepted

Initial System Specifications:

System Classification: IIIg

Design Flow (gpd): 360	LTAR (gpd/ft^2): .25	Septic Tank Size (gal): 1000	Pump Tank Size (gal): N/A	
Trench Width (ft): 3	Trench Spacing (ft): 9	Absorption Area (ft^2): 1080	Total Trench Length (ft): 360	
Maximum Trench Depth (in): 36	Depth of Media (in): 12	Distribution Device: Distribution Box		

III. Repair System Type: N/A

Repair System Specifications:

System Classification:

Design Flow (gpd): 0	LTAR (gpd/ft^2): .25	Septic Tank Size (gal): 0	Pump Tank Size (gal): 0	
Trench Width (ft): 0	Trench Spacing (ft): 0	Absorption Area (ft^2): 0	Total Trench Length (ft): 0	
Maximum Trench Depth (in): 0	Depth of Media (in): 0	Distribution Device: N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 11/2/2016

Owner/Legal Agent: JEFFREY RIKARD
Print Name

Signature: JR 11/14/16

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 #: 30008556 GWS File #: 9595B

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

Authorized Agent: Bryan Davenport

Signature: Bryan Davenport

Date Issued: 11/2/2016

Owner/Legal Agent: JEFFREY RIKARD
Print Name

Signature: 11/14/16

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 # 95958 App # 8556 Tax Parcel # 197-013-05

Property Owner: Jeffery Rikard

Job Location Address: 11530 Cresthill Dr

City: Mint Hill State: NC Zip Code: 28227

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.**

Bryan Dayport
Authorized Agent

5-2-17
Date

Kathy Hudson
Others Present

S

FEE: 200.00
DATE:11/14/2016

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9595B

PERMIT NUMBER: 30008556

PARCEL NUMBER: 19701305

JOB LOCATION INFORMATION

ADDRESS: 11530 CRESTHILL DR

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28227

ISSUED TO: JEFFERY RIKARD

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 11/8/2016

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30008556, 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.

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 #: 9595B Permit #: 8556 Tax Parcel #: 197-013-05

Property Owner: Jeffery Rikard

Job Location Address: 11530 Cresthill Dr

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 5/3/17 Contractor Name: RCS

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

Liquid Capacity of Septic Tank: 1000 gallons Manufacture J/S Effluent Pump Model: Na

J/S inc STB-97NC 12-13-16

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 375 feet

# of Lines: 5 @ 75 feet

Depth of Media: 12 inches (Type) Quick 4 25% Rock

Depth of Cover: 12 inches

Distribution Device: Distribution Box

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: 7 feet

Distance from Water Supply Source: +422 feet

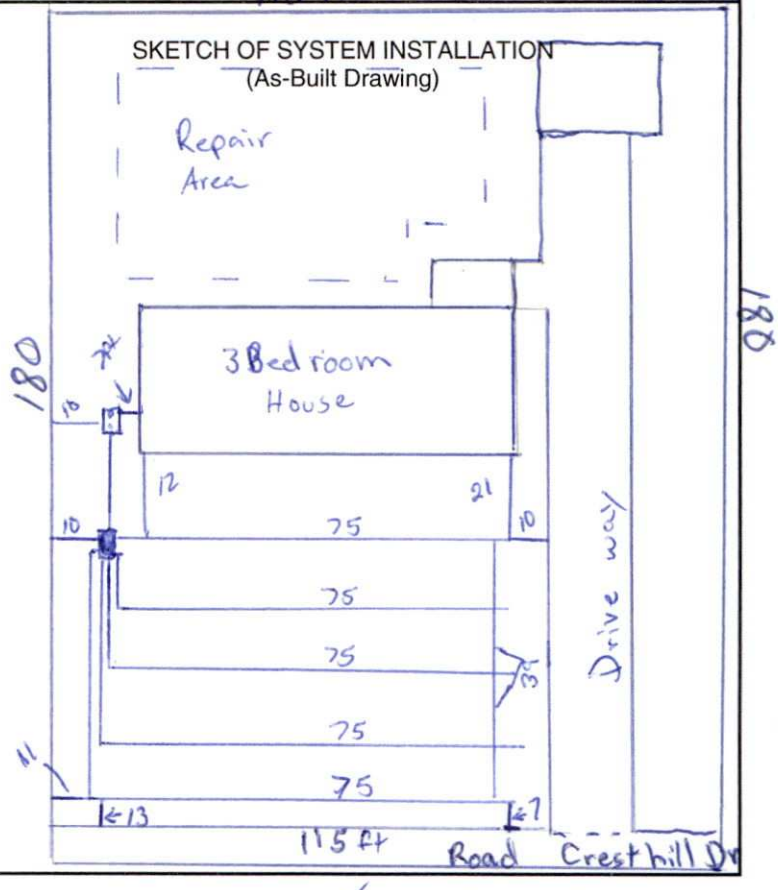
Inspection Dates

Tank(s) Inspected: 5/3/17

Excavation Inspected: 5/3/17

Pump & Controls Inspected: Na

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



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

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

Comments: System Classification & Type: IIIg / Quick 4 / Na / NC

DHHS Authorized Agent: Bryan Davenport Signature: Bryan Davenport

Bryan Davenport

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 #: 95951B Permit #: 8556 Tax Parcel #: 197-013-05

Property Owner: Jeffery Rikard

Job Location Address: 11530 Cresthill Dr

City: Mint Hill State: NC Zip Code: 28227

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.

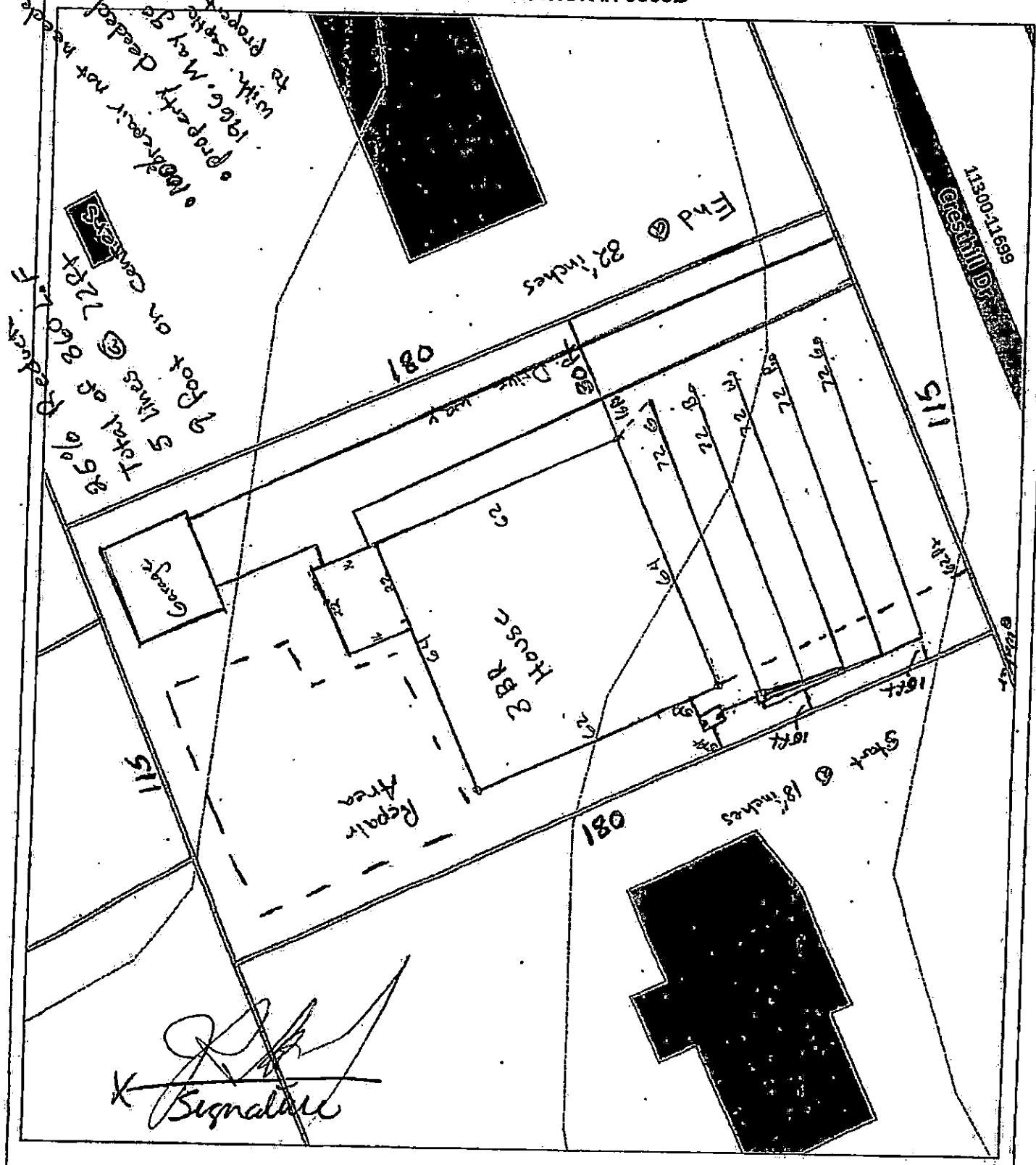
V. Other: 25% Red Quick 4

DENR Authorized Agent: Bryan Davenport Date: 5/3/17

Signature: Bryan Davenport

On-site Wastewater Improvement Permit Diagram

PARCEL #: 197-013-05
WASPS APPLICATION #: 9595B

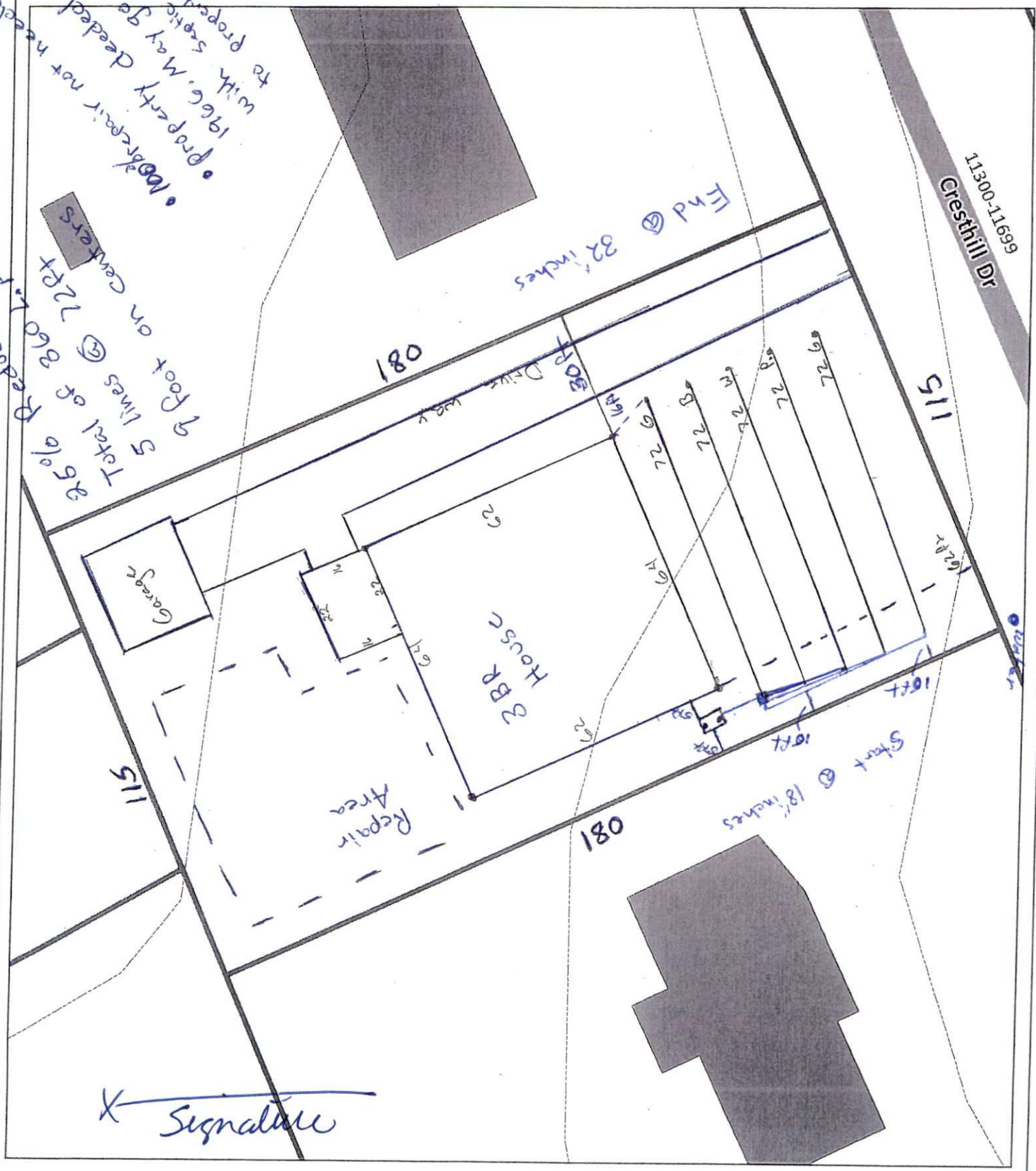


Map Created By: Bryan Davenport
Map Created On: 10/25/16

1 inch = 30 feet

On-site Wastewater Improvement Permit Diagram

PARCEL #: 197-013-05
WASPS APPLICATION #: 9595B



Map Created By: Bryan Davenport
Map Created On:10/25/16

1 inch = 30 feet

DEED BOOK PAGE

5388 0467

Nov 26 2 59 PM '86

CHARLIE G. BOWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

332

Excise Tax | Recording Time, Book and Page

Tax Lot No. ..... Parcel Identifier No. 197-013-05 .....

Verified by ..... County on the ..... day of ..... , 19.....

by .....

Mail after recording to Elizabeth J. Kerr, 11520 Cresthill Drive, Charlotte, NC 28212

This instrument was prepared by W. Thomas Ray, RAY AND BROOKS

Brief description for the Index: Lot 9, Block A of CRESTHILL

NORTH CAROLINA NON-WARRANTY DEED

THIS DEED made this 26th day of November, 1986, by and between

GRANTOR	GRANTEE
MAMIE R. KERR (Widow)	ELIZABETH J. KERR (Single) 11520 Cresthill Drive Charlotte, NC 28212

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of ....., Clear Creek Township, Mecklenburg County, North Carolina and more particularly described as follows:

BEING all of Lot 9 in Block A of CRESTHILL, as shown on map thereof recorded in Map Book 9, on page 335, in the Mecklenburg County Public Registry.

BEING the same property conveyed from J.W. Wilson and wife, Ruth Wilson to William B. Kerr and wife, Mamie R. Kerr, by Deed dated February 15, 1967, and duly recorded in Deed Book 2807 at Page 0480 in the Mecklenburg County Public Registry.

FEE	6.50
<>	6.50
CASH	6.50

9:21 #3686 000
11/26/86

N.C. Bar Assoc. Form No. 7 © 1977 — James McAfee & Co., Inc., Box 121, Yadkinville, N.C. 27055
Printed by Agreement with the N.C. Bar Assoc. — 1981

DEED BOOK PAGE

5368 0468

The property hereinabove described was acquired by Grantor by instrument recorded in Deed Book 2807, Page 480, Mecklenburg County Public Registry

A map showing the above described property is recorded in Plat Book 9 page 335

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

The Grantor makes no warranty, express or implied, as to title to the property hereinabove described.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

(Corporate Name)

By: .....

.....President

ATTEST:

.....Secretary (Corporate Seal)

USE BLACK INK ONLY

Mamie R. Kerr (SEAL)
MAMIE R. KERR

.....(SEAL)

.....(SEAL)

.....(SEAL)

CAROLYN M. RUPPENTHAL NOTARY PUBLIC MECKLENBURG CO., N.C.

USE BLACK INK ONLY

NORTH CAROLINA, Mecklenburg County.

I, a Notary Public of the County and State aforesaid, certify that Mamie R. Kerr, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 26th day of November, 1986.

My commission expires: 3/2/88 Carolyn M. Ruppenthal Notary Public

SEAL - STAMP

Use Black Ink

NORTH CAROLINA, ...County.

I, a Notary Public of the County and State aforesaid, certify that .....,
personally came before me this day and acknowledged that .... he is ..... Secretary of
..... a North Carolina corporation, and that by authority duly
given and as the act of the corporation, the foregoing instrument was signed in its name by its .....
President, sealed with its corporate seal and attested by ..... as its .....Secretary.
Witness my hand and official stamp or seal, this ..... day of .....,19.....

My commission expires: ....Notary Public

The foregoing Certificate(s) of Carolyn M. Ruppenthal, Notary Public of said County and State

.....

.....

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

Charles E. Crowder REGISTER OF DEEDS FOR Mecklenburg COUNTY

By Colleen J. Hough Deputy, ~~XXXXX~~ Register of Deeds.

This 26th day of November, 1986

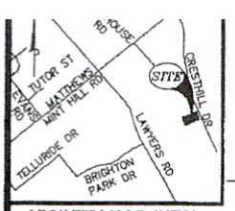
N. C. Bar Assoc. Form No. 7 © 1977 — Acme Business Forms, Inc., Box 127, Yadkinville, N. C. 27055
Printed by Agreement with the N. C. Bar Assoc. — 1981

PID: 139-201-28
FILE #
APP ID:



Drawn By:
Date:

1 inch = 50 feet



VICINITY MAP (NTS)

REFERENCES:
1) PLAT BY E.L. FAIRES, DATED SEPTEMBER, 1960. RECORDED IN MAP BOOK 9 PAGE 335, MECKLENBURG COUNTY REGISTER OF DEEDS.

NOTES:
1) AREA WAS DETERMINED BY THE COORDINATE METHOD.
2) ANYTHING SHOWN OUTSIDE THE DEFINED BOUNDARY IS FOR DESCRIPTIVE PURPOSES ONLY.
3) THE PUBLIC RECORDS REFERENCED ON THIS PLAT ARE ONLY USED AND/OR NECESSARY TO THE ESTABLISHMENT OF THE BOUNDARY OF THIS PROPERTY. THEY ARE NOT AND DO NOT CONSTITUTE A TITLE SEARCH.
4) DISTANCE SHOWN HEREON ARE HORIZONTAL GROUND DISTANCES.
5) NO SUBSURFACE OR ENVIRONMENTAL INVESTIGATION OR SURVEYS WERE PERFORMED FOR THIS PLAT. THEREFORE THIS PLAT DOES NOT REFLECT THE EXISTENCE OR NONEXISTENCE OF WETLANDS, CONTAMINATION, OR OTHER CONDITIONS WHICH MAY AFFECT THIS PROPERTY.
6) FRONT SETBACKS 60', REAR SETBACKS 42', SIDE SETBACKS MUST MATCH EXISTING ADJOINING PROPERTIES.
7) ALL ELEVATIONS ARE ASSUMED.
8) NO LAND OR OTHER AREA IS DEDICATED FOR PUBLIC USE BY THIS PLAT UNLESS A DEDICATION IS EXPRESSLY STATED HEREON.

FLOOD NOTE:

THIS PROPERTY IS LOCATED IN FLOOD ZONE X AS SHOWN FROM FEMA FLOOD MAPS. PANEL NO. 370539 5502 K, EFECTIVE DATE FEBRUARY 19, 2014.

LEGEND

◎ – PROPERTY CORNER

– – – –



VICINITY MAP (NTS)

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STATE EMPLOYEES CREDIT UNION
LOT 2,
MB 53, PG 968
DB 24220, PG 251
PIN #19701331

CREDIT UNION WAY
59' PUBLIC R/W
MB 53, PG 968

STATE EMPLOYEES CREDIT UNION
LOT 1,
MB 53, PG 968
DB 24220, PG 251
PIN #19701324

MAGNETIC

N 22°23'00" W 115.00'

JEFFREY R & SHERRY H RIKARD
LOT 9, BLOCK A
MB 9, PG 335
DB 30756, PG 192
PIN #19701305

DETACHED GARAGE
24.0' x 22.0'

42' REAR SETBACK

20,700 Sq.Ft.
0.475 Acres

1 STORY RANCH W/SIDING AND STONE
PORCH
SEPTIC TANK
60' SETBACK
CONCRETE WALK
CONCRETE DRIVE

THOMAS CHAD & LISA JEAN HELDERMAN
LOT 10, BLOCK A
MB 9, PG 335
DB 22364, PG 283
PIN #19701304

LUKE JEREMY & SARA CHARLOTTE WELLS
LOT 8, BLOCK A
MB 9, PG 335
DB 30950, PG 563
PIN #19701306

N 67°37'00" E 180.00'

S 67°37'00" W 180.00'

S 22°23'00" E 115.00'

CRESTHILL DRIVE
60' PUBLIC RIGHT OF WAY

LEGEND

◎ – PROPERTY CORNER
– – – – – – SETBACK LINE

1" = 40'

0 15' 30' 60'

1 inch = 30 ft.

DATE	REVISION	BY

JOB NO. 160027

PLOT PLAN

PREPARED FOR

JEFF RIKARD

CRESTHILL SUBDIVISION - LOT 9
11530 CRESTHILL DRIVE
MINT HILL, NC 28227
PIN #19701305

MECKLENBURG COUNTY, NORTH CAROLINA
SEPTEMBER 9, 2016 SCALE: 1"=30'

PRELIMINARY PLAT. NOT FOR RECORDING, CONVEYANCE, OR SALES. THIS PLAT IS FOR PERMITTING ONLY.

GPA

PROFESSIONAL LAND SURVEYORS OF CHARLOTTE, N.C. INC.
N.C. License C-2693

605 PHILLIP DAVIS DRIVE
CHARLOTTE NC 28236-6916
OFFICE (704) 335-8600
FAX (704) 335-8655

Other GPA Companies:
GPA OF SUMMERVILLE
237 OLD SUMMERVILLE RD
UNIT H
SUMMERVILLE SC 29483
OFFICE (843) 285-2424

CHARLESTON SC 29492
OFFICE (843) 971-9099
FAX (843) 971-9992

"Integrity Without Boundaries"
www.gpaland.com

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ● NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ● N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: _____

STREET ADDRESS: 11530 CRESTHILL DR

CITY: MINT HILL

STATE: NC ZIP: 28227

SUBDIVISION NAME: CRESTHILL

LOT #: 5 LOT SIZE (acres): 1/2

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: 2288

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 ___ ___ ___

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? JULY 2016 ? ☐ UNKNOWN

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

12. PROPERTY OWNER:

NAME: JEFFERY RIKARD
ADDRESS: 10809 - 115 PARRISH ST
CITY: MATTHEWS
STATE: NC ZIP: 28105
WORK PHONE: —
MOBILE PHONE: 704 517 9512
FAX: —
E-MAIL: JRR@WOODPARTNERS.COM

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

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

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

Revised on: 12/15/10

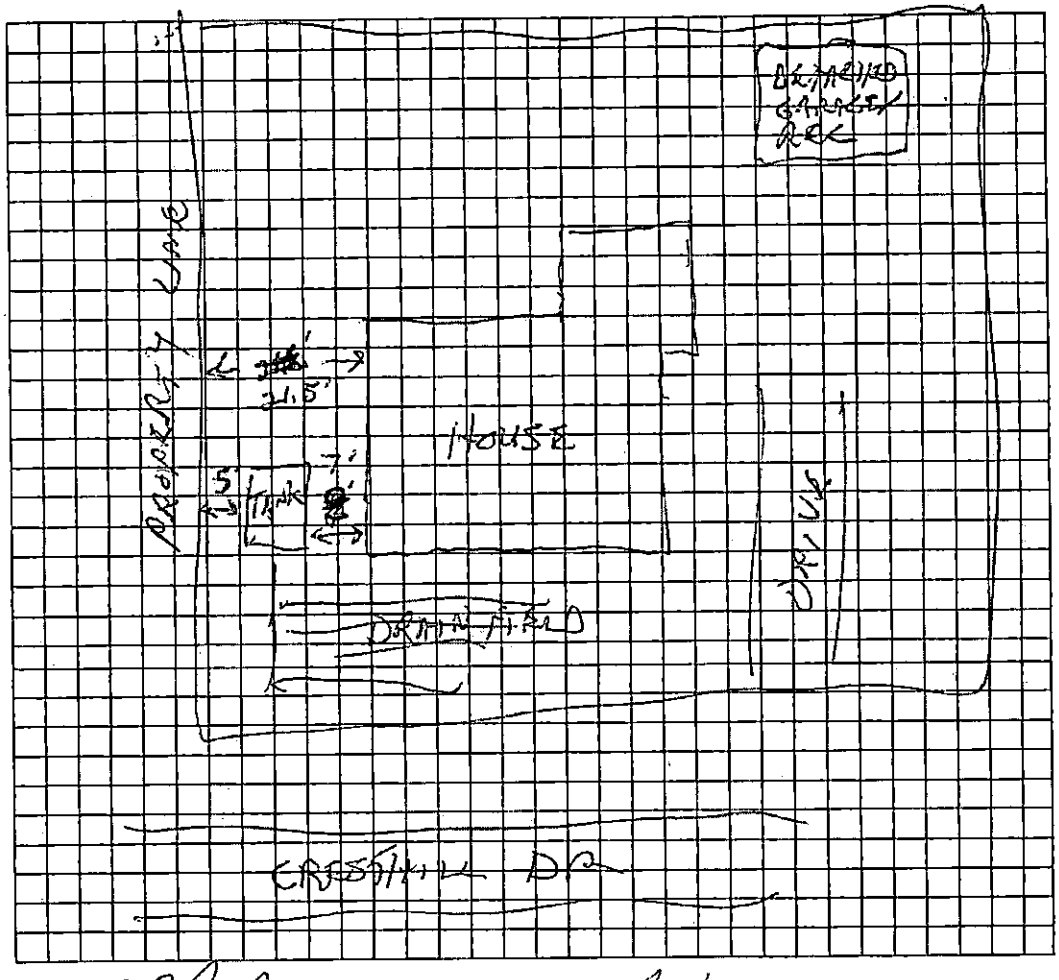
File #: _____

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: 11530 CRESTHILL DR, MINT HILL Tax Parcel #: _____

Subdivision Name: CRESTHILL Lot #: 9



Property Owner's or Owner's Legal Representative Signature

10/2/14
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

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

10/7/16 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: _____

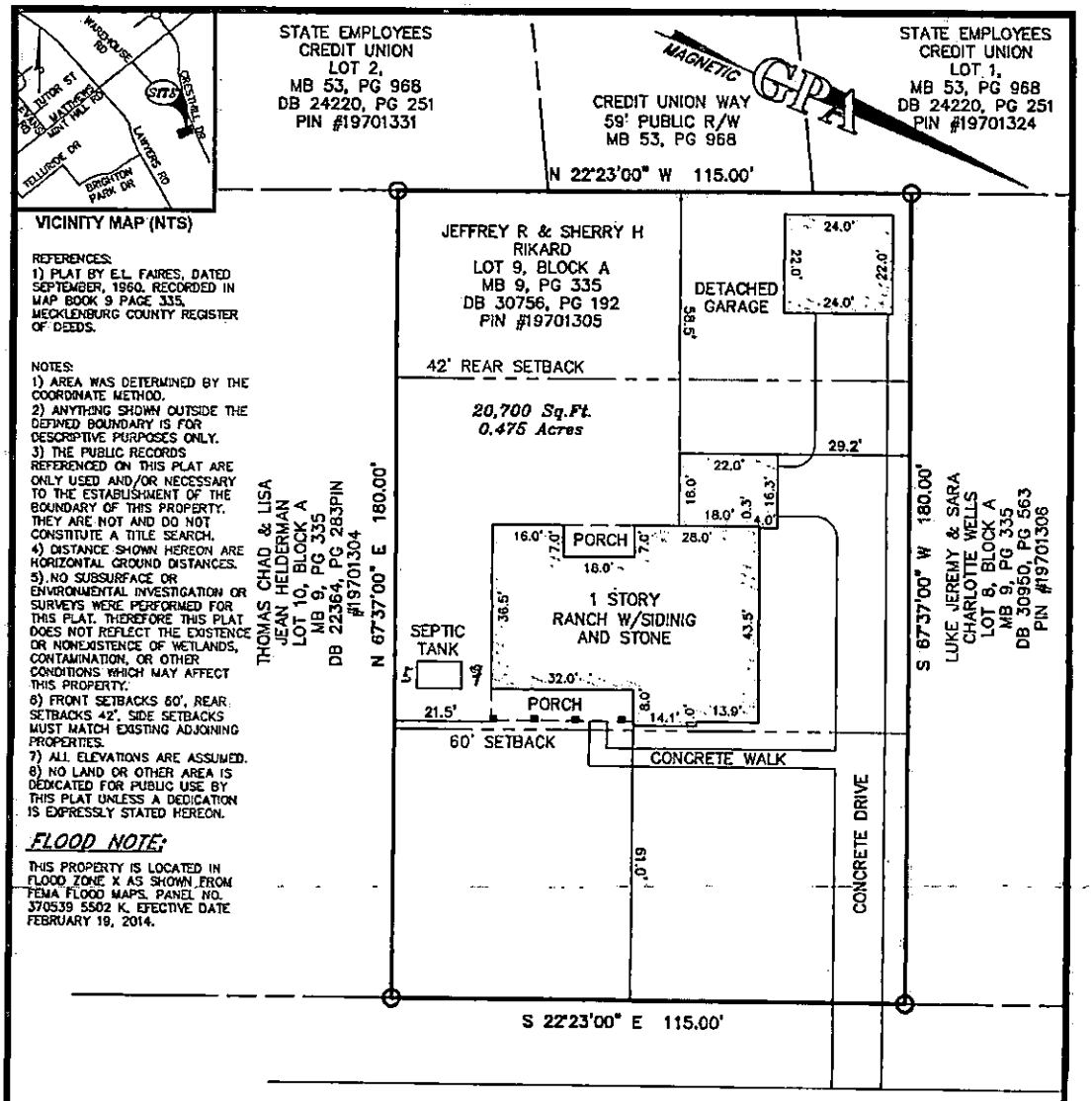
APPLICATION PROCESSED BY: _____

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



VICINITY MAP (NTS)

REFERENCES:
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FLOOD NOTE:

THIS PROPERTY IS LOCATED IN FLOOD ZONE X AS SHOWN FROM FEMA FLOOD MAPS. PANEL NO. 370539 5502 K. EFECTIVE DATE FEBRUARY 19, 2014.

LEGEND

O - PROPERTY CORNER
- - - - - - SETBACK LINE

0 15' 30' 60'
1 inch = 30 ft.

DATE	REVISION	BY

JOB NO. 160027
PLOT PLAN

GPA
PROFESSIONAL LAND SURVEYORS OF CHARLOTTE, N.C. INC.
N.C. License C-2693
605 PHILLIP DAVIS DRIVE
CHARLOTTE NC 28235-6916
OFFICE (704) 335-8600
FAX (704) 335-8655
Other GPA Companies:
GPA OF SUMMERVILLE
237 OLD SUMMERVILLE RD UNIT H
SUMMERVILLE SC 29483
OFFICE (843) 285-2424
CHARLESTON SC 29492
OFFICE (843) 971-9099
FAX (843) 971-9992
"Integrity Without Boundaries"
www.gpaland.com

PREPARED FOR

JEFF RIKARD

CRESTHILL SUBDIVISION - LOT 9
11530 CRESTHILL DRIVE
MINT HILL, NC 28227
PIN #19701305
MECKLENBURG COUNTY, NORTH CAROLINA
SEPTEMBER 9, 2016 SCALE: 1"=30'

PRELIMINARY PLAT. NOT FOR RECORDING, CONVEYANCE, OR SALES. THIS PLAT IS FOR PERMITTING ONLY.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/18/16	**Amount:**	250.00
Receipt #:	102143	**Tendered:**	250.00
Check / Auth #:	VISA 002606	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: RIKARD,JEFFREY
Attn:
Address: 11431 CRESTHILL DR
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 11530 CRESTHILL DR		1	250.00	250.00

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

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

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
JEFFREY RIKARD

Bill To:

JEFFREY RIKARD
11431 CRESTHILL DR

Charlotte, NC 28227

Single Payment

Transaction Date: 10/18/2016 8:08 AM Pacific Time
Pay Method: VISA **********4504
Approval #: 002606
Trace Number: 1b5aac1e-599b-4463-a1ca-b7453e4c78cb
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
JEFFERY RIKARD

Bill To:

JEFFERY rikard
11431 CRESTHILL DR

Charlotte, NC 28227

Single Payment

Transaction Date: 11/08/2016 12:25 PM Pacific Time
Pay Method: VISA **********4504
Approval #: 096744
Trace Number: 7ca8acd9-c0e2-45e4-8860-e02383c3f372
Amount: $400.00

Payment Amount: $400.00

Total: $400.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	11/08/16	**Amount:**	200.00
Receipt #:	102430	**Tendered:**	200.00
Check / Auth #:	VISA 096744	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: RIKARD,JEFFERY
Attn:
Address: 11431 CRESTHILL DR
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 11530 CRESTHILL DR		1	200.00	200.00

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

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/08/16
Receipt #: 102429
Check / Auth #: VISA 096744
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RIKARD,JEFFERY
Attn:
Address: 11431 CRESTHILL RD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 11530 CRESTHILL DR		1	200.00	200.00

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

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

Ellis, Loretta

From: Baines, Cheryl
Sent: Monday, November 14, 2016 8:40 AM
To: Ellis, Loretta
Cc: Rikard, Jeff; Pumilio, Anthony
Subject: RE: 11530 Cresthill Dr

I'm a bit confused.
Who would be the Coordinator on this project so that I may copy that person on this inquiry .

From:
Sent: Friday, November 11, 2016 9:43 AM
To: Ellis, Loretta <Loretta.Ellis@mecklenburgcountync.gov>; Baines, Cheryl <Cheryl.Baines@mecklenburgcountync.gov>
Cc: Rikard, Jeff <jrr@woodpartners.com>; Pumilio, Anthony <anthony.pumilio@woodpartners.com>
Subject: 11530 Cresthill Dr

Loretta/Cheryl,
Can you please confirm review has begun for Building Permit to be issued for the below permit number?
B3048124

Jeremy Michael has approved, as far as the latest note confirms in the system. Is there still a need to upload zoning form or plot plan again?

Thanks,
Anthony