

8115 FOAL CT

19724182

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6124B Permit #: 6124B Tax Parcel #: 197-241-82

Property Owner: NVR, INC

Job Location Address: 8115 FOAL COURT (MEADOWS, LOT 29)

City: MINT HILL State: NC Zip Code: 28227

Operation Permit Issuance Date: 7/10/06 Contractor Name: RCS

Permitted Design Flow: 500 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: GOULDS 311

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Depth of Cover: 6+ inches

Distribution Device: PRESSURE MANIFOLD

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

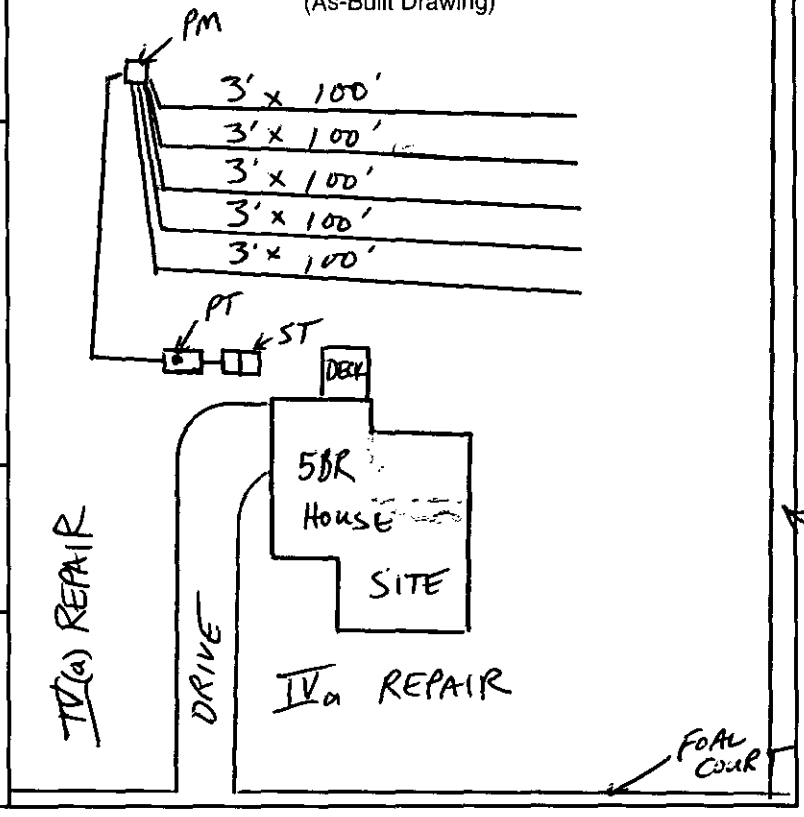
Inspection Dates

Tank(s) Inspected: 6/30/06

Excavation Inspected: 6/30/06

Pump & Controls Inspected: 6/30/06

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: TYPE III (6) (25% REDUCTION, PUMP) AND TYPE IV(a) (50% REDUCTION, PPBPS) EZ FLOW 1203H Repairs

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M. Sherrill

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6124B Permit #: 6124B Tax Parcel #: 197-241-82

Property Owner: NUR, INC

Job Location Address: 8115 FOAL CT (MEADOWS- LOT 29)

City: MINT HILL State: NC Zip Code: 28227

Installation Approval Issuance Date: 6/7/06

Permission is hereby given to ☑ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 1/7/08, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 26 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12 inches (Type) INNOVATIVE

Distribution Device: PRESSURE MANIFOLD

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

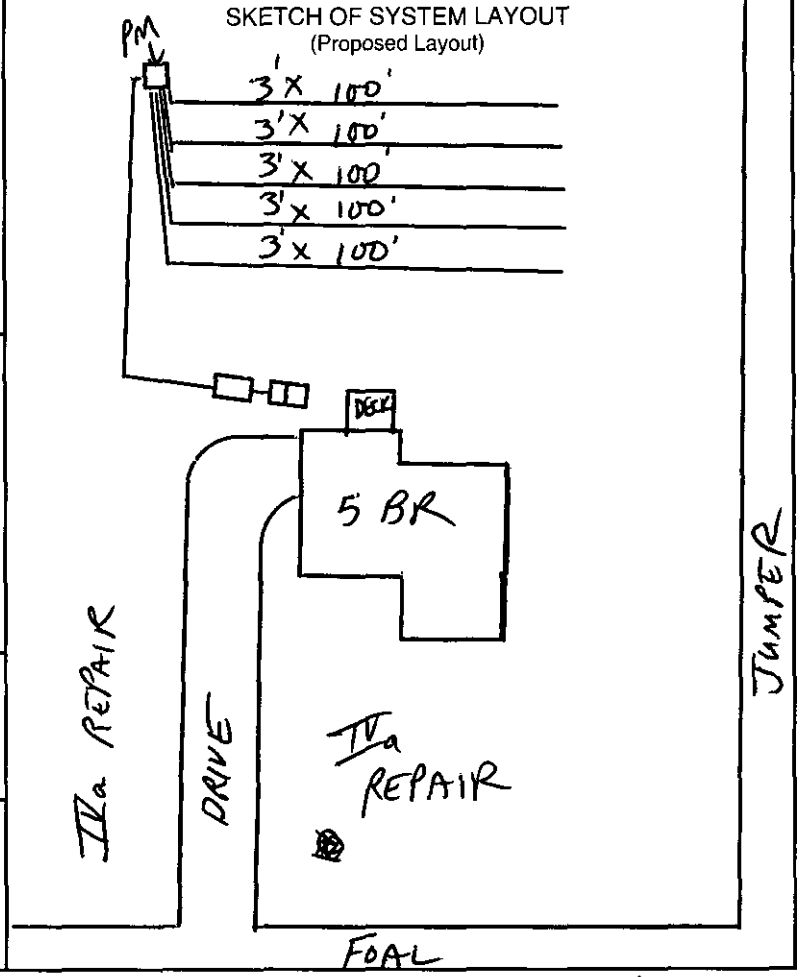
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: TYPE III(b) INITIAL (PUMP 25% REDUCTION); TYPE IV(a) REPAIR (50% REDUCTION)

DENR Authorized Agent: Chris Sherrill, RS, LSS Signature: Christopher M Sherrill

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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

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

Permit #: **30000543** GWS File #: **6124B** Tax Parcel #: **197-241-82**

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

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 3/14/2011

Type of Installation: Residential - Modified Plot Plan Lot Number: 29

Structure Type: HOUSE Size (ft^2): 3500 # Bedrooms: 5 # Occupants: 4

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: Pump to Innovative or Experimental **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	26	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	999	Total Trench Length (ft):	333
Maximum Trench Depth (in):	0	Depth of Media (in):	16	Distribution Device:	N/A		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

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

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

DENR Authorized Agent: Chris Sherrill Owner/Legal Agent: Patrice Garner

Signature: Chris M Sherrill Signature: Patrice Garner

Print Name

Date Issued: 3/14/2006

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 #: **30000543** GWS File #: **6124B**

IV. Permit Conditions/Comments:

- Owner agreement forms for site reclassification shall be on file prior to issuance of Construction Authorization.
- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- ~~This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system~~.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.

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

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

DENR Authorized Agent: Chris Sherrill
Signature: Christopher M. Sherrill
Date Issued: 3/14/2006

Owner/Legal Agent: Patrice Garner
Print Name
Signature: Patrice Garner

FEE: 300.00

DATE: 3/23/2006

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

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 6124B

PERMIT NUMBER: 30000543

PARCEL NUMBER: 19724182

JOB LOCATION INFORMATION

ADDRESS: 8115 FOAL CT

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

ISSUED TO: NVR INC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 3/23/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000543, 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. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

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.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 3/14/2011

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 03/22/06
Receipt #: 42727
Check / Auth #: CHARGE
Received By: AIDOOJK

Amount: 150.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: X33575
Contractor: NVR INC (EAST)
Attn:
Address: 10815 DAVID TAYLOR DR 100
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 8115 FOAL CT LOT 29		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
24,230.89	14,359.18				

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/22/06	**Amount:**	150.00
Receipt #:	42728	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

Account Information

Account #:	X33575
Contractor:	NVR INC (EAST)
Attn:	
Address:	10815 DAVID TAYLOR DR 100
Address:	
City/State/Zip:	CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 8115 FOAL COURT		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
24,230.89	14,359.18				

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 6124B

TC: 197-241-16

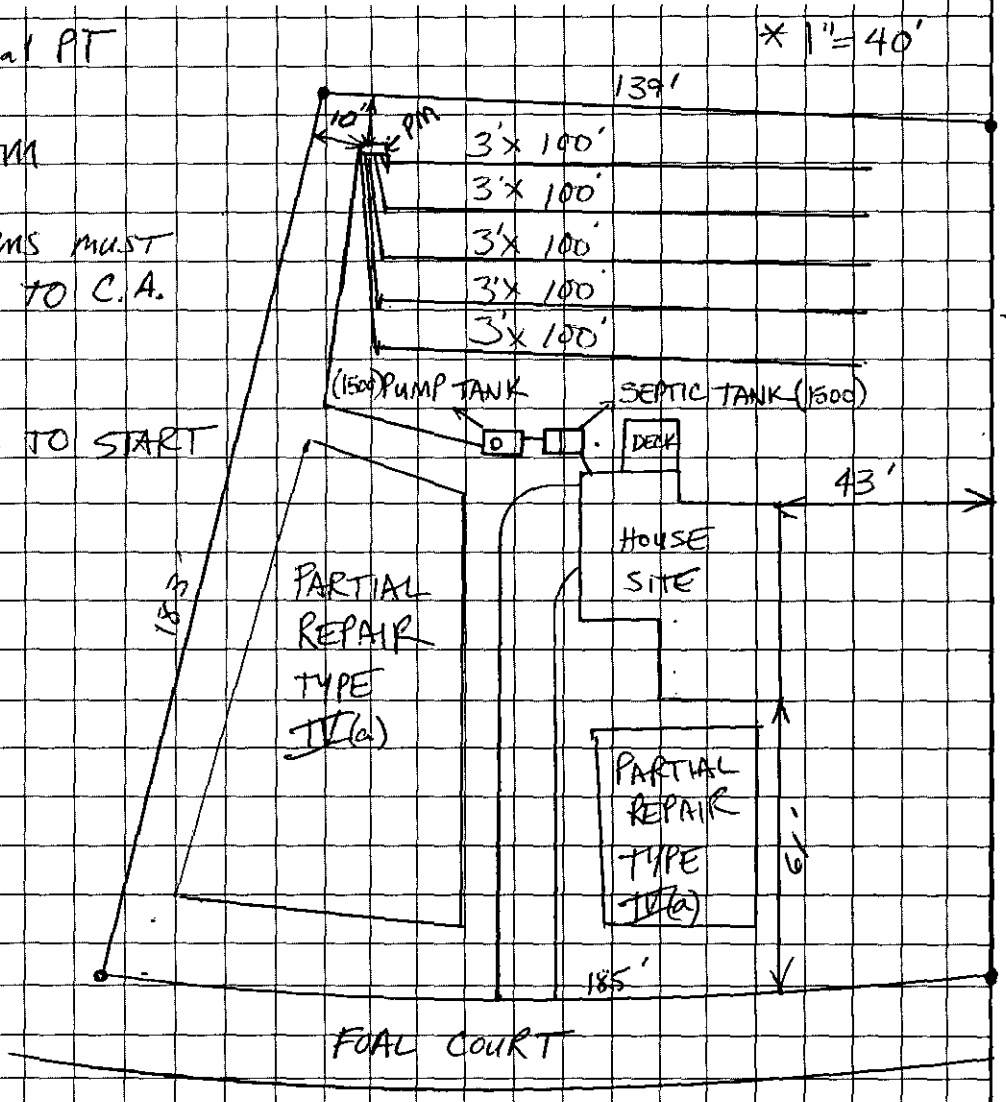
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

① 1500 gal ST, 1500 gal PT

② TYPE III(b)(g) SYSTEM

③ RECLASSIFICATION FORMS MUST BE ON HERE PRIOR TO C.A. AUTHORIZATION

④ MUST MEET PRIOR TO START



Patrice Garner
OWNER/AGENT SIGNATURE

DATE 3/23/06

APPROVAL DATE Christopher M. Shemwell 3-22-06

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Project No. 171224

COPY	
FILED FOR REGISTRATION	DOC. # 949139
DATE 3/23/06	TIME 10:14 am
BOOK 20176	PAGE 68
STAMPS	REC FEE 20.00
JUDITH A. GIBSON, REGISTER OF DEEDS MECKLENBURG COUNTY, NC	

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

MA1029

FILE # 6124B
PARCEL # 19-724-182

The undersigned, NUR, INC DBA Ryan Homes, owner of property located at 8115 Foal Ct, (the "site") and described in an instrument recorded in Book 44 at Page 521, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

This instrument was prepared by: NUR, INC DBA Ryan Homes
Mail after recording to: 10815 David Taylor Dr
Charlotte, NC 28262

300.00 X33575 3/22/06 JKA

David 543

SEPTIC FEE: 100.00
DATE: 3/15/06
CRT# X33575

GWS - RES. APP 12/04

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT# _____

FILE # 6612RB

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☒ EXPANSION/ALTERATION ☐ REPAIR
WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT ↳ Change of Plot

JOB LOCATION INFORMATION:
TAX/PARCEL #: 197-241-82 ~~19724116~~
STREET ADDRESS: 8115 Foal Court
CITY: Mint Hill
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: Meadows of Mint Hill
LOT #: 29
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☒ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 3,500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

System not Plan installed yet

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:
☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)
PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☐ NO	DESIGNATED WETLANDS	☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☐ NO

PROPERTY OWNER:
NAME: NVR, INC.
ADDRESS: 10815 David Taylor Dr., Ste 100
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 704-548-3534
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Kim Stanley
ADDRESS: PO Box 176
CITY: Stanfield
STATE: NC ZIP: 28163
HOME PHONE: 704-792-9639 WORK PHONE:
MOBILE PHONE: 704-791-6852 FAX: 704-785-8721

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 10/14/05
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? JUNE 2006

*An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kim Stanley 3/8/06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

lot 24B
197-241-16

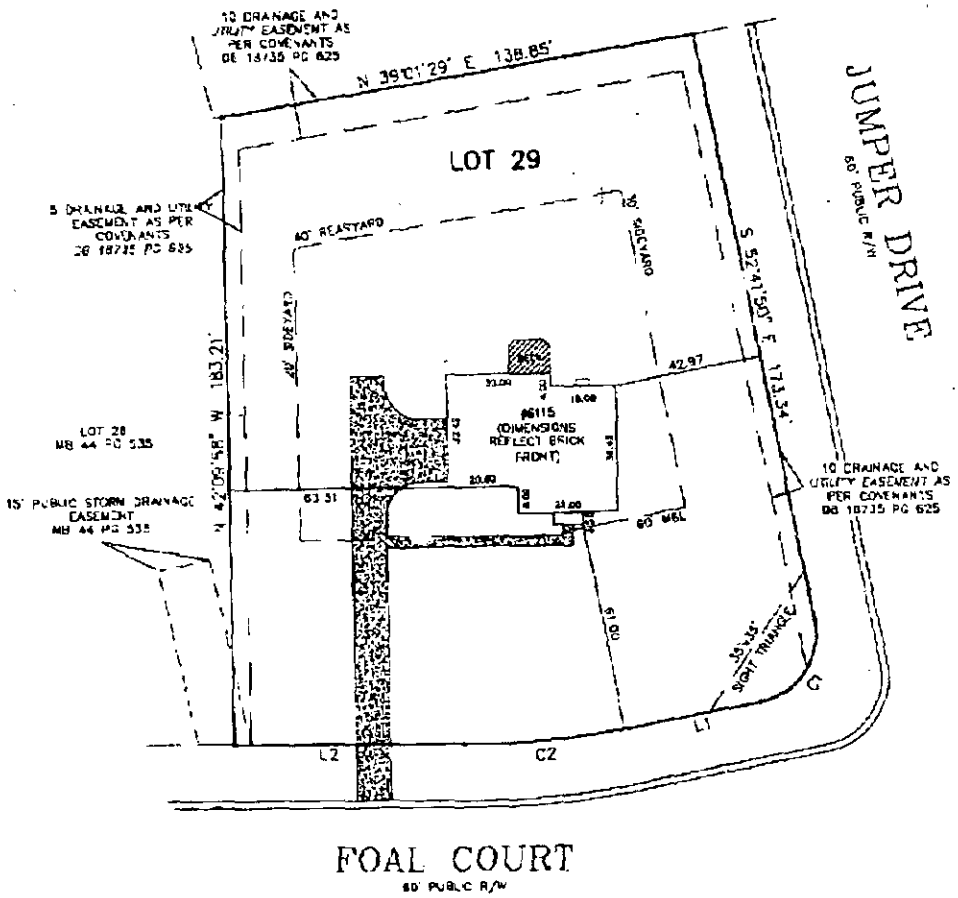
SITE DEVELOPMENT PLAN

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 103
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

SCALE: 1"=40'



LINE TABLE		
LINE	LENGTH	BEARING
L1	39.33	N37°18'07"E
L2	86.57	N48°22'13"E

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	20.00	31.42	28.28	N07°41'50"W	90°00'00"
C2	249.00	47.91	47.83	N42°50'13"E	11°04'05"

ESTIMATED DRIVEWAY AREA = 1604.2 SQ.FT.±

STAKEOUT

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision MEADOWS @ MINT HILL, MAP 2 County MECKLENBURG
Address #6115 FOAL COURT Owner RYAN HOMES
Lot 29 Block ___ Plan RIVERCLIFF Elevation A Drive (Left) X (Right) ___ (Courtyard) ___ Deck X
Patio ___ Fireplace REAR Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick FRONT Basement ___ Curtain Wall X
Crawl ___ Slab ___ Other ___

REVISED: MOVED HOUSE RIGHT 35' PER REQUEST DWN: GHL CKD: DATE: 02/ 27/ 06

MEADOWS\MH-3029.DWG - END

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

Sheet: 1 OF 2
Property ID: 197-241-16
Lot #: 29
File #: 6124B
Code: 2

ACS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: NVR, INC
Address: 10815 DAVID TAYLOR DRIVE, SUITE 100, CHARLOTTE, NC 28262
Proposed Facility: 5 BR Design Flow (.1949): 600 GPD
Location of Site: FOAL COURT, MINT HILL, NC 28027
Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: KIM STANLEY
Date Evaluated: 11/3/05
Property Size: 1
Property Recorded: YES

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	LS,6	0-10	SBK SCL	FR SS SP SEXP	>48"	>48"	NA	NA	PS,IV
		10-48	ABK/SBK SC	FI S P SEXP					.3
	"	0-12	SBK SCL	FR SS SP SEXP	"	"	"	"	PS,IV
		12-48	ABK/SBK C	FI S P SEXP					.3
	"	0-22	SBK CL	FR SS SP SEXP	38"	38"	"	"	PS,IV
		22-38	ABK/SBK C	FI S P SEXP	2.5Y 7/1				.3
	"	0-10	SBK SCL	FR SS SP SEXP	>48"	>48"	"	"	PS,IV
		10-48	ABK/SBK C	FI S P SEXP					.3
	"	0-21	FILL	MASSIVE	MOTTLING OCCURING	NA	"	"	U
		21-31	SBK SCL	FR SS SP SEXP	FROM 31-48"				NA

Description	Initial System	Repair System
Available Space (.1945)	PS	U
System Type(s)		
Site LTAR	.3	.3

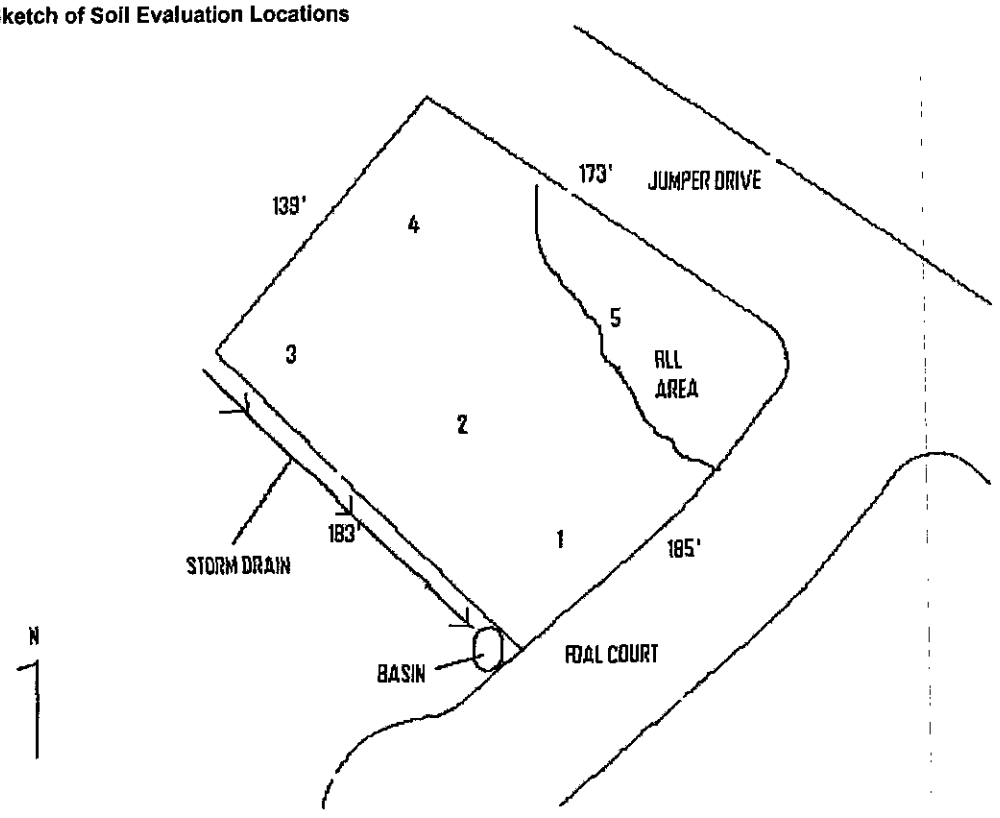
Other Factors (.1946): NONE
Site Classification (.1948): UNSUITABLE
Evaluated By: CHRIS SHERRILL, RS,LSS
Others Present: NONE

COMMENTS:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

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

Sketch of Soil Evaluation Locations



MECKLENBURG COUNTY
Health Department

December 16, 2005

NVR, Inc.
10815 David Taylor Drive, Suite 100
Charlotte, NC 28262

Re: Application for improvement permit for
Property Site: Lot 29, Meadows of Mint Hill
Health Department file number: **6124B**

Dear Property Owner or Owner's Agent:

The Mecklenburg County Health Department, Environmental Health Division on **November 3, 2005** evaluated the above-referenced property at the site designated on the site plan that accompanied your improvement permit application. According to your application the site is to serve a 5-bedroom residence, with a design wastewater flow of 600 gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rules .1940 through .1948, the evaluation indicated that the site is **UNSUITABLE for** a ground absorption sewage system. Therefore, your request for an improvement permit is **DENIED.** A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

- ☐ Unsuitable soil topography and/or landscape position (Rule .1940)
- ☐ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
- ☐ Unsuitable soil wetness condition (Rule .1942)
- ☐ Unsuitable soil depth (Rule .1943)
- ☐ Presence of restrictive horizon (Rule .1944)
- ☒ Insufficient space for septic system and repair area (Rule .1945)
- ☐ Unsuitable for meeting required setbacks (Rule .1950)
- ☒ Other (Rule .1946) Fill

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of

sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified **UNSUITABLE**, and an improvement permit shall not be issued for this site in accordance with Rule .1948 (c).

However, the site classified as **UNSUITABLE** may be classified as **PROVISIONALLY SUITABLE** if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as **PROVISIONALLY SUITABLE.**

You have a right to an informal review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an informal review by the
N. C. Department of Environment and Natural Resources regional soil specialist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 733-0926 or from the OAH web site at www.oah.state.nc.us/form.htm. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N. C. General Statue 130A-335(g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **December 16, 2005**. Meeting the 30-day deadline is critical to your right to a formal appeal. Beginning a formal appeal within 30 days will not interfere with any informal review that you might request. Do not wait for the outcome of any informal review if you wish to file a formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to send a copy of your petition to the North Carolina Department of Environment and Natural Resources. Send the copy to: Office of General Counsel, N. C. Department of Environment and Natural Resources, 1601 Mail Service Center, Raleigh, NC. 27699-1601. Do **NOT** send the copy of the petition to your local health department. Sending a copy of your petition to the local health department will **NOT** satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, NCDENR.

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

Sincerely,

Chris Sherrill, R.S, L.S.S.
Authorized Agent - DENR

Encl: (2)

#542

GWS – RES. APP 12/04

SEPTIC FEE: $200.00
DATE: 8/31/05
CRT [ ] X33575 VIW

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 6124B

WELL FEE: _____
DATE: _____
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☒ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:
TAX/PARCEL #: ~~19724116~~ 197-241-82
STREET ADDRESS: 8115 Foal Court
CITY: Mint Hill
STATE: NC ZIP: 28027
SUBDIVISION OR MOBILE HOME PARK NAME: Meadows of Mint Hill
LOT #: 29
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☒ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING:
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE: 3,500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:
☒ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)
PROPOSED USE OF WELL: ☒ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

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

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	DESIGNATED WETLANDS	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO

PROPERTY OWNER:
NAME: NVR, INC.
ADDRESS: 10815 David Taylor Dr, Ste 100
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 704-548-3534
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Kim Stanley
ADDRESS: PO Box 1146
CITY: Stanfield
STATE: NC ZIP: 28163
HOME PHONE: WORK PHONE: 704-752-9639
MOBILE PHONE: FAX: 704-785-8721

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Feb 2006

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Kim Stanley 8/29/05
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

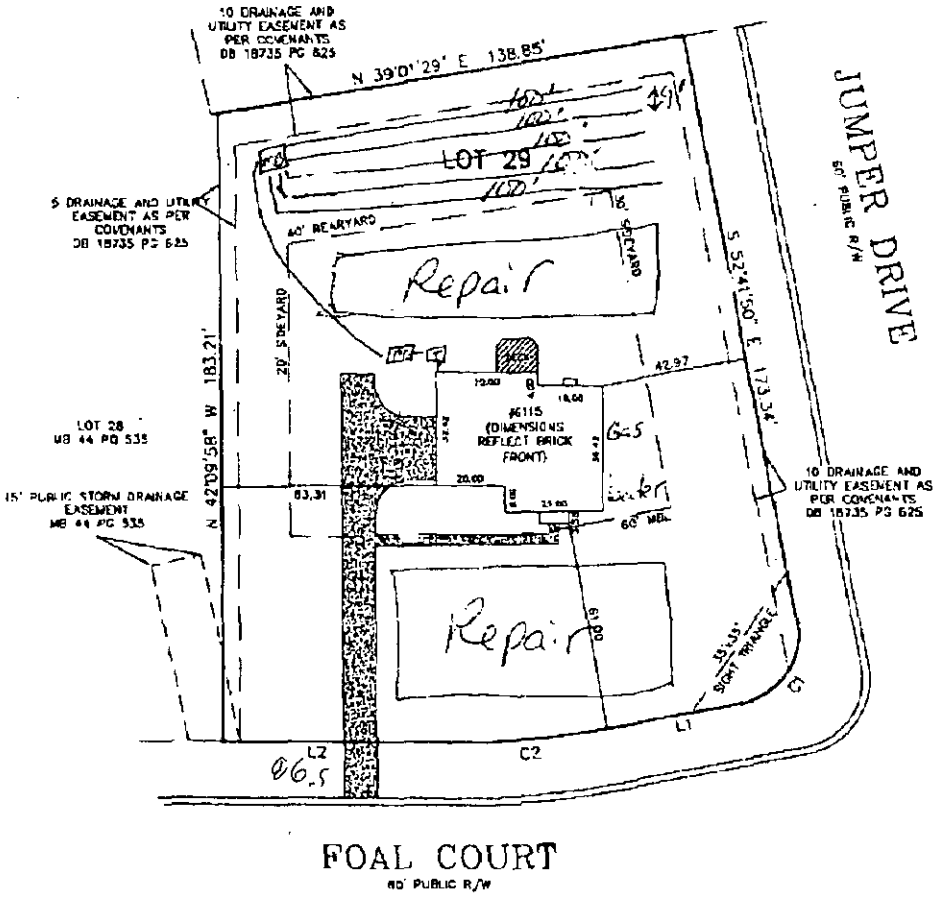
SITE DEVELOPMENT PLAN

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

SCALE: 1"=40'



FOAL COURT

60' PUBLIC R/W

LINE TABLE		
LINE	LENGTH	BEARING
L1	39.33	N37°18'07"E
L2	86.57	N48°32'13"E

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	20.00	31.42	28.28	N07°41'50"W	90°00'00"
C2	248.00	47.91	47.83	N42°50'13"E	11°04'06"

ESTIMATED DRIVEWAY AREA = 1504.2 SQ.FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision MEADOWS @ MINT HILL, MAP 2 County MECKLENBURG
Address #6115 FOAL COURT Owner RYAN HOMES
Lot 29 Block ___ Plan P.NECLIFF Elevation A Drive (Left) X (Right) ___ (Courtyard) ___ Deck X
Patio ___ Fireplace REAR Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick FRONT Basement ___ Curtain Wall X
Crawl ___ Slab ___ Other ___

REVISED: MOVED HOUSE RIGHT 35' PER REQUEST DWN: GHL CKD: [illegible] DATE: 02/27/06

MEADOWS\VM-0028.DWG - EHD

5BR

① Primary system will be in back yard & will consist of 5 100' lines 9' OC.
② Remaining Rear & front yard are reserved for repair.
③ Tank & pump tank will be located at left rear of house. Run sewer there.
④ Remind electrician to run wire for pump & alarm.
⑤ Run gas & water on right side of house
⑥ Run electric up property line & over to house to stay out of tank area & future repair area.

* Drawing not to scale. (KS)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/31/05	**Amount:**	200.00
Receipt #:	36709	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #:	X33575
Contractor:	NVR INC (EAST)
Attn:	
Address:	10815 DAVID TAYLOR DR 100
Address:	
City/State/Zip:	CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen FOAL COURT LOT 29		1	200.00	200.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
16,498.75					

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/07/06	**Amount:**	100.00
Receipt #:	42387	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	WALKEVA		

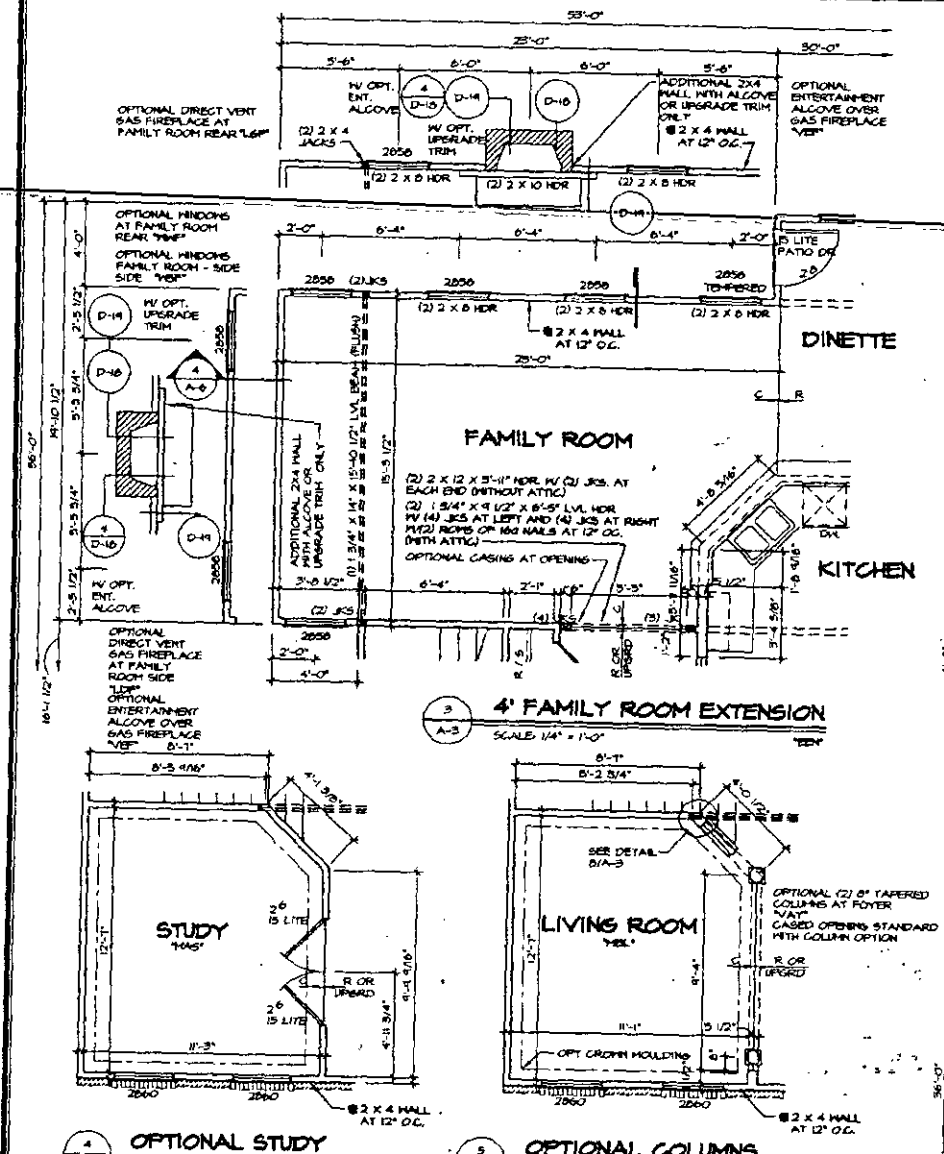
Account Information

Account #: X33575
Contractor: NVR INC (EAST)
Attn:
Address: 10815 DAVID TAYLOR DR 100
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan FOAL COURT LOT 29		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
5,693.67	24,984.80	584.07			



WALL FRAMING NOTE:

- EXTERIOR BEARING WALLS TO BE FRAMED WITH 2 X 4 STUDS AT 12" O.C. ALL OTHER WALLS TO BE FRAMED WITH 2 X 4 STUDS AT 16" O.C.

NOTES:

1. ALL HEADERS ARE (2) 2 X 6 UNLESS OTHERWISE NOTED.
2. ALL WALLS ARE 3-1/2" UNLESS OTHERWISE NOTED.
3. HATCHED AREAS INDICATE BULKHEADS.
4. OPT. CASED OPENINGS.
5. ALL INTERIOR OPENINGS ARE 7'-1" (9' FL TO FL) ABOVE FINISHED FLOOR.
6. DOUBLE JACKS BETWEEN ALL DOUBLE WINDOWS, UNLESS OTHERWISE NOTED.
7. REFER TO SPEC SHEET "PLAN" SECTION NOTE #16 FOR CONTINUOUS OR INTERGRAL GARAGE SEPARATION WALLS

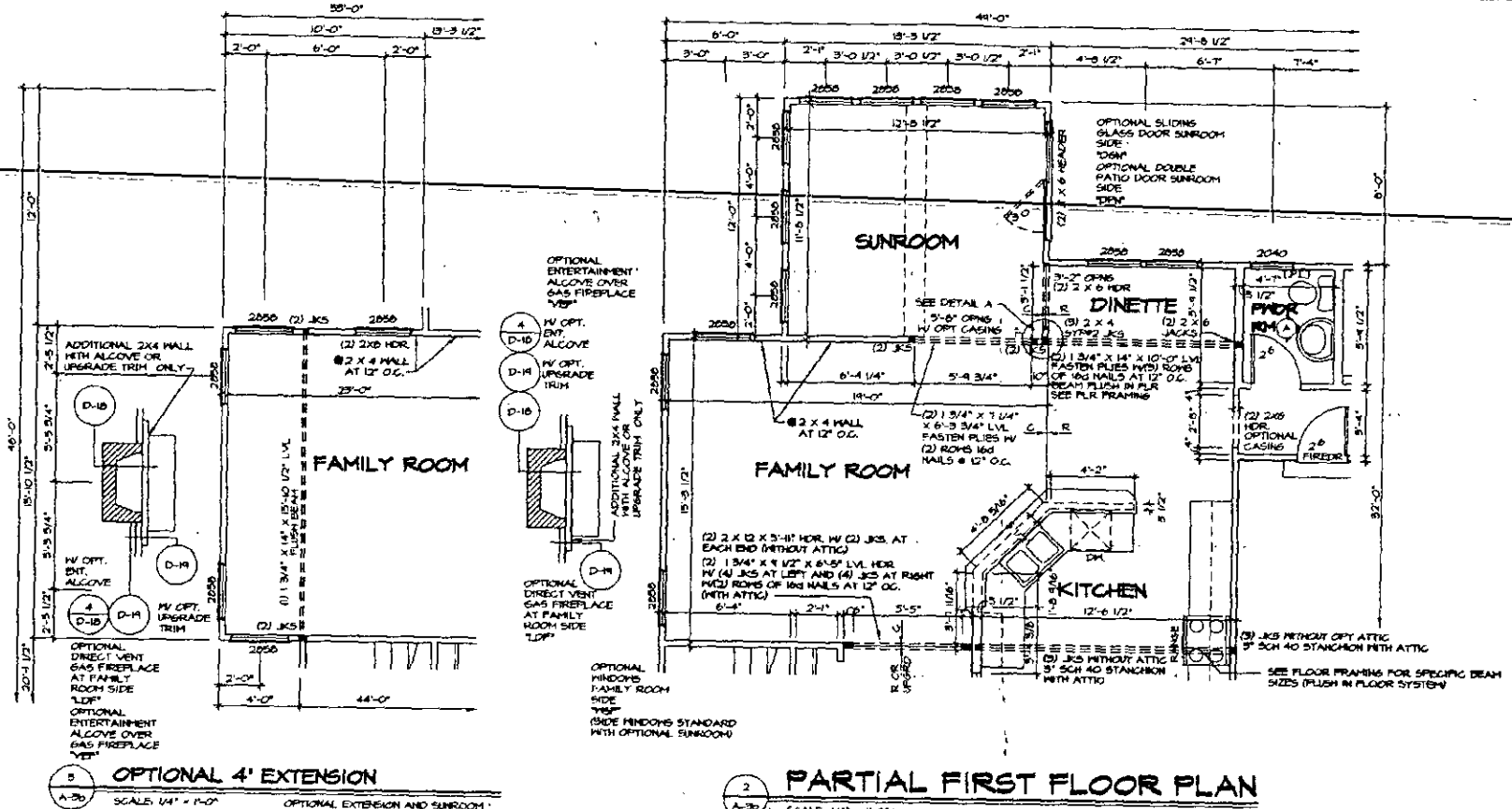
REV. NO.	DATE	REMARKS
25	1-24-03	BC#1 - ADDED DIMENSIONS AT STAIR.
26	2-17-03	BC#1 - REVISED BASEMENT STAIRS
27	6-10-03	BC#1 - MODIFIED HINGED LAL AT OPT. 4' EXTEN.
28	6-10-03	BC#1 - REVISED KITCHEN DIMENSION
29	6-12-03	BC#1 - ADDED NOTE TO FIREPLACES
30	8-20-03	MS - ADDED BAY WINDOW DETAIL BC#1&15
31	10-6-03	MS - ADDED FRAMING NOTE
32	11-24-03	MS - REVISED GARAGE DOOR

SET NO.	FINAL
VERSION	02
DRAWN BY	JJC
DATE	11/08/00
OPTION	

Ryan Homes

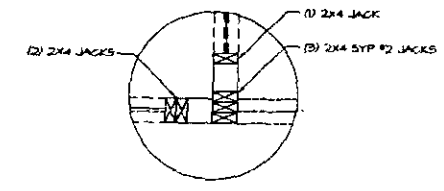
SHEET NO.	A-3
MODEL	PINECLIFF
DRAWING TITLE	FIRST FLOOR PLAN
OPTION DESCRIPTION	

ISSUED FOR CONSTRUCTION
BY: [signature] 11/6/03
BY:

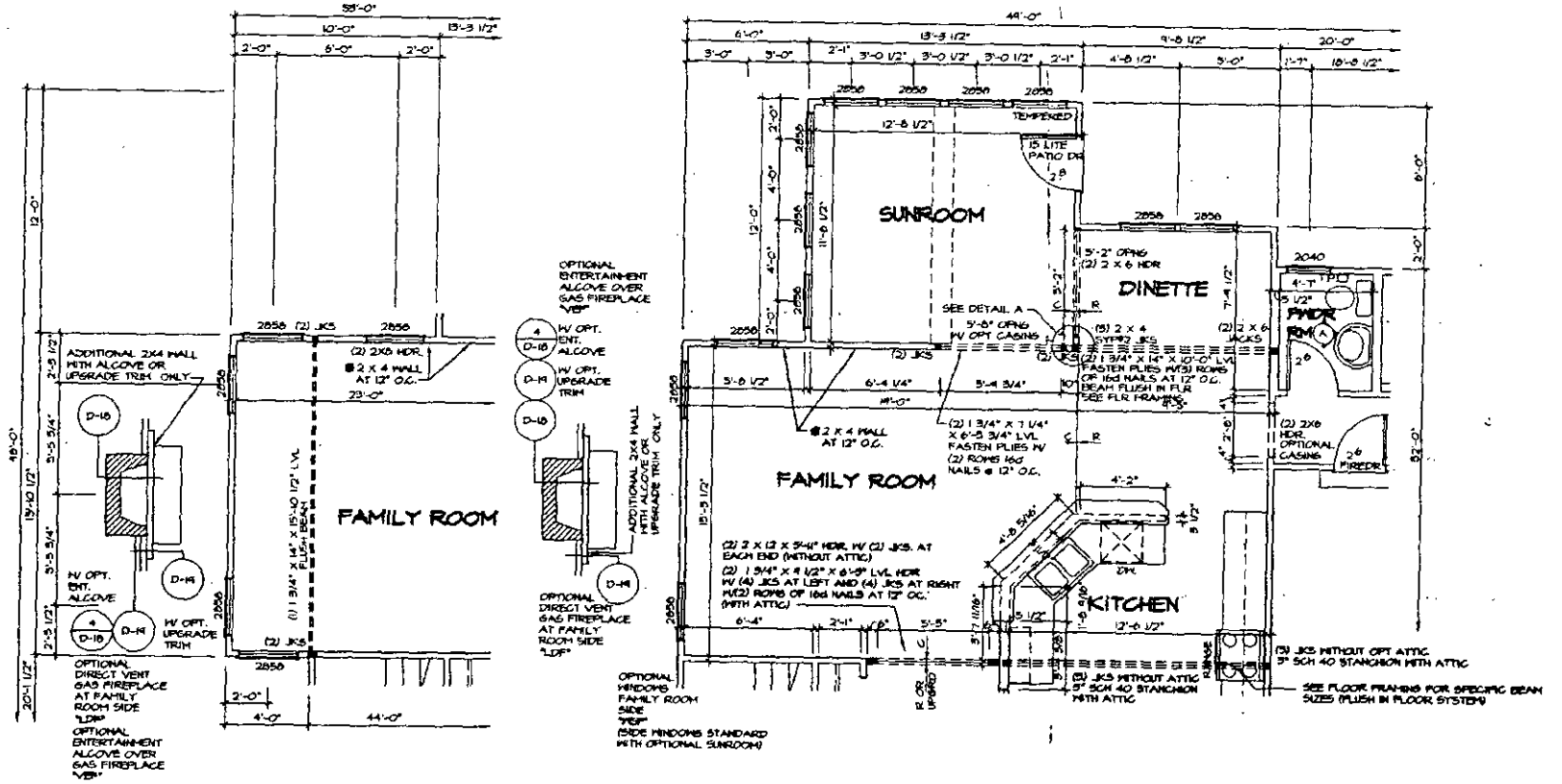


5 A-30 OPTIONAL 4' EXTENSION
SCALE: 1/4" = 1'-0"
OPTIONAL EXTENSION AND SUNROOM "EEM", "HAM"

2 A-30 PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
OPTIONAL SUNROOM "HAM"



3 A-30 DETAIL "A"
SCALE: 1" = 1'-0"



4 A-30 OPTIONAL 4' EXTENSION
SCALE: 1/4" = 1'-0"
OPTIONAL EXTENSION AND SUNROOM "EEM", "HAM"

1 A-30 PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
OPTIONAL SUNROOM WITH 2' DINETTE EXTENSION "HAM" & "EEM"

WALL FRAMING NOTE:

* EXTERIOR BEARING WALLS TO BE FRAMED WITH 2 X 4 STUDS AT 12" O.C. ALL OTHER WALLS TO BE FRAMED WITH 2 X 4 STUDS AT 16" O.C.

NOTES:

1. ALL HEADERS ARE (2) 2 X 6 UNLESS OTHERWISE NOTED.
2. ALL WALLS ARE 3-1/2" UNLESS OTHERWISE NOTED.
3. HATCHED AREAS INDICATE BULKHEADS.
4. OPT. CASED OPENINGS.
5. ALL INTERIOR OPENINGS ARE 7'-11" PT. TO FU ABOVE FINISHED FLOOR.
6. DOUBLE JACKS BETWEEN ALL DOUBLE WINDOWS UNLESS OTHERWISE NOTED.
7. REFER TO SPEC SHEET "PLAN SECTION NOTE #16 FOR CONTINUOUS OR INTERNAL GARAGE SEPARATION WALLS

REV. NO.	DATE	REMARKS
7	5-30-03	HSG - CREATED VERSION 02
8	6-24-03	HSG - ADDED NOTE TO FIREPLACES
9	8-21-03	HSG - CHANGED OPTIONAL ALCOVE NOTES
10	9-25-03	HSG - CHANGED DBL. 2B PATIO TO 2DR. SG
11	10-24-03	HSG - REVISED LOCATION OF MANDOOR W/S.
12	11-6-03	HSG - UPDATED ENGINEERING
13	11-21-03	HSG - ADDED WALL FRAMING NOTES
14	1-12-04	HSG - REVISED EXTRA 3'-6" AT FAMILY RM.
15	1-25-04	HSG - REVISED EXTRA 3'-6" AT FAMILY RM.
16	2-24-04	HSG - ADDED NOTE TO FIREPLACES
17	3-30-04	HSG - REVISED OPTIONAL SUNROOM
18	4-5-04	HSG - REVISED EXTRA 3'-6" AT FAMILY RM.
19	5-24-04	HSG - ADDED NOTE TO FIREPLACES
20	6-21-04	HSG - CREATED VERSION 03
21	11-29-04	HSG - ADDED NOTE TO FIREPLACES
22	1-21-05	HSG - REVISED EXTRA 3'-6" AT FAMILY RM.
23	1-25-05	HSG - REVISED SUNROOM FRAMING

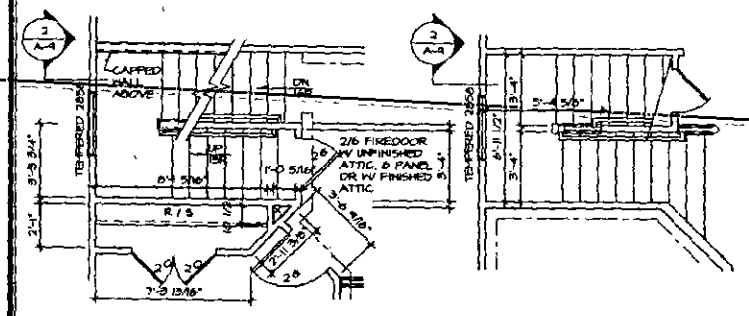
ISSUED FOR CONSTRUCTION

Ryan Homes

SET NO. PIN00
VERSION 02
DRAWN BY: JJC
DATE: 11/28/00
OPTION

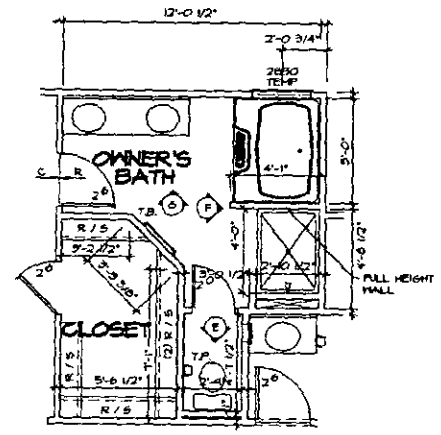
MODEL: PINECLIFF
DRAWING TITLE: FIRST FLOOR PLAN OPTIONS
OPTION DESCRIPTION

SHEET NO. A-30
10

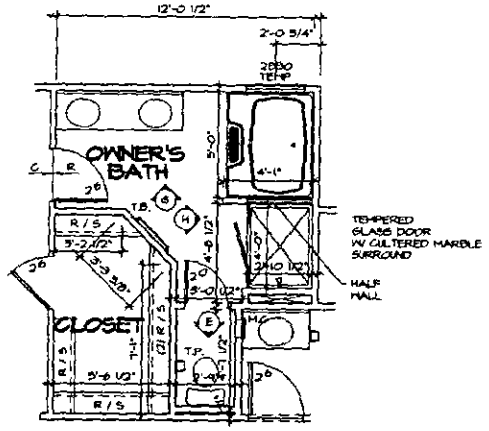


1 / A-4 OPTIONAL ATTIC
SCALE: 1/4" = 1'-0"
OPT. "HAI" OR "HAV" SECOND FLOOR TO ATTIC

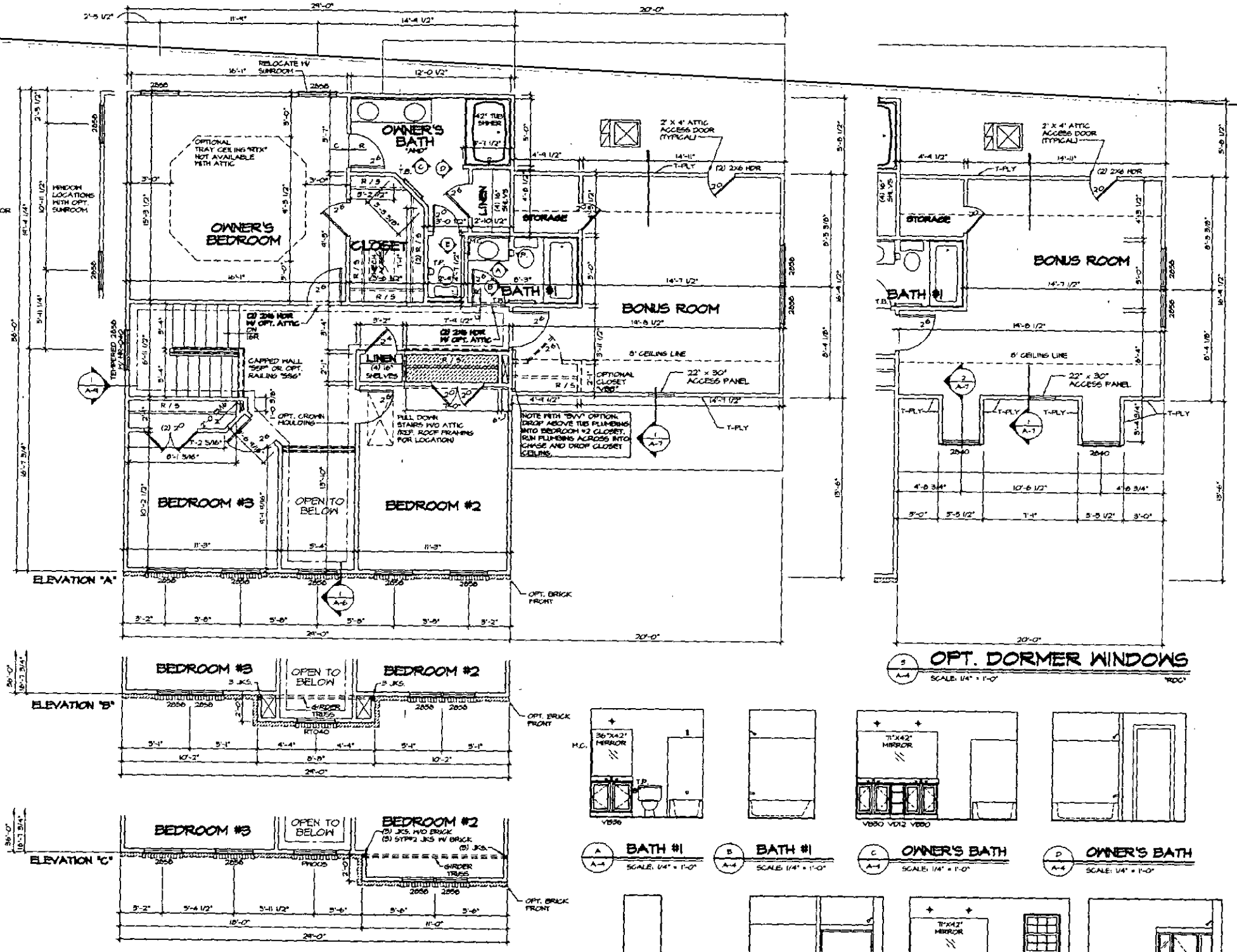
2 / A-4 OPTIONAL ATTIC
SCALE: 1/4" = 1'-0"
OPT. "HAI" OR "HAV" FIRST TO SECOND FLOOR



5 / A-4 OPT UPGRADE BATH
SCALE: 1/4" = 1'-0"
"AHE"



6 / A-4 OPT UPGRADE BATH
SCALE: 1/4" = 1'-0"
"AHE"



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

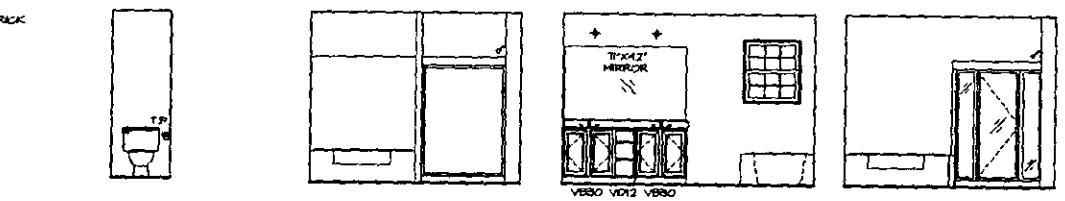
5 / A-4 OPT. DORMER WINDOWS
SCALE: 1/4" = 1'-0"
"RDO"

A / A-4 BATH #1
SCALE: 1/4" = 1'-0"

B / A-4 BATH #1
SCALE: 1/4" = 1'-0"

C / A-4 OWNER'S BATH
SCALE: 1/4" = 1'-0"

D / A-4 OWNER'S BATH
SCALE: 1/4" = 1'-0"



E / A-4 OWNER'S BATH
SCALE: 1/4" = 1'-0"

F / A-4 OWNER'S BATH
SCALE: 1/4" = 1'-0"

G / A-4 OWNER'S BATH
SCALE: 1/4" = 1'-0"

H / A-4 OWNER'S BATH
SCALE: 1/4" = 1'-0"

4 / A-4 BATH ELEVATIONS
SCALE: 1/4" = 1'-0"

NOTE:
1. ALL HEADERS ARE (2) 2 X 6 UNLESS OTHERWISE NOTED. DOUBLE JACKS BETWEEN DOUBLE AND TRIPLE WINDOWS.
2. ALL WALLS ARE 9 1/2" UNLESS OTHERWISE NOTED
3. HATCHED AREAS INDICATE DROPPED CEILINGS.

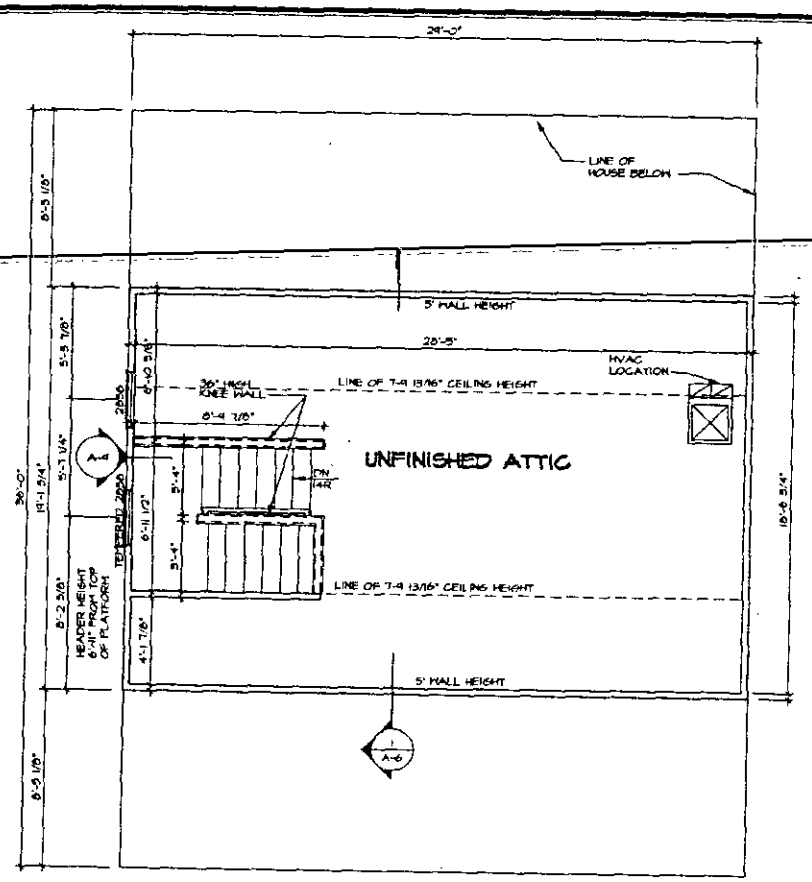
REV. NO.	DATE	REMARKS
11.	1-13-04	JJC - ADDED MEDIA ALCOVE
12.	1-26-04	JJC - ADDED "BAV" OPT. & AT STAIRS
13.	2-10-04	JJC - ADDED 2656 HDR. OPT. SUNROOM
14.	4-19-04	JJC - ADDED DROP HDR. NOTE FOR P.A.R.
15.	4-19-04	JJC - ADDED "DBO" OPT. TO ATTIC OPTION
16.	5-24-04	JJC - MOVED HALL BRAND TUB (A/E/A/F)
17.	6-22-04	JJC - ADDED TRAP TO THE STAIRWELL HDR.
18.	7-21-04	JJC - REV. OWNERS BATH VAN.
19.	8-3-04	JJC - REV. OWNERS BATH VAN.
20.	9-15-04	JJC - ADDED "DBO" OPT. TO ATTIC OPTION
21.	10-25-04	JJC - ADDED WINDOW TO SUNROOM OPTION
22.	11-8-04	JJC - CREATED VERSION 02
23.	4-11-05	JJC - ADDED DR NOTE FOR ATTICS

Ryan Homes

SET NO. PINO2
VERSION 02
DRAWN BY JJC
DATE 11/09/00
OPTION -

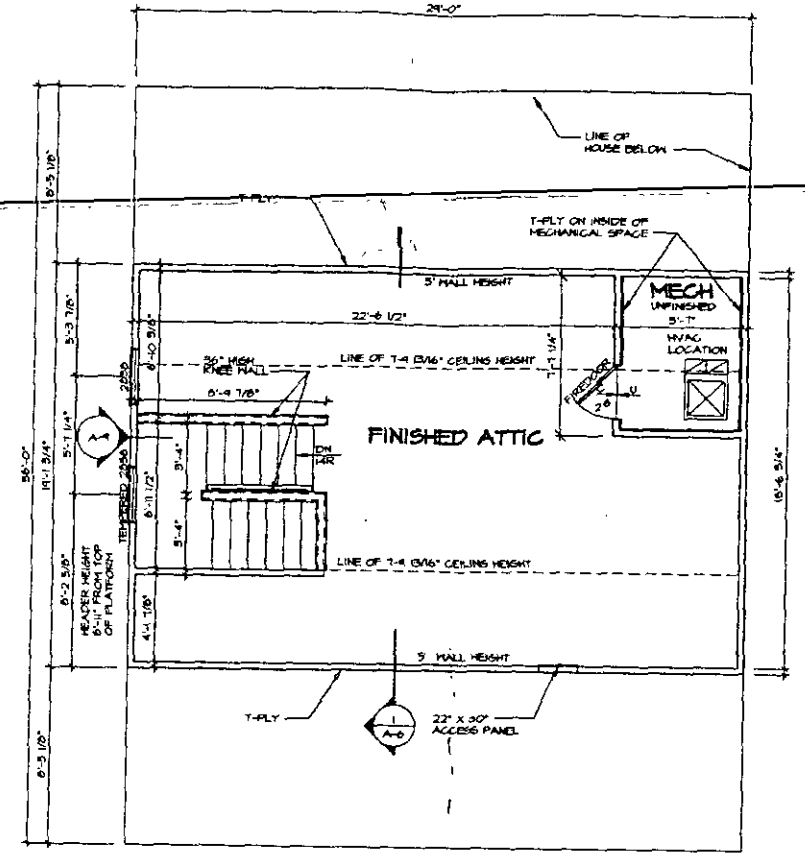
MODEL PINECLIFF
DRAWING TITLE SECOND FLOOR PLAN
OPTION DESCRIPTION

SHEET NO. A-4



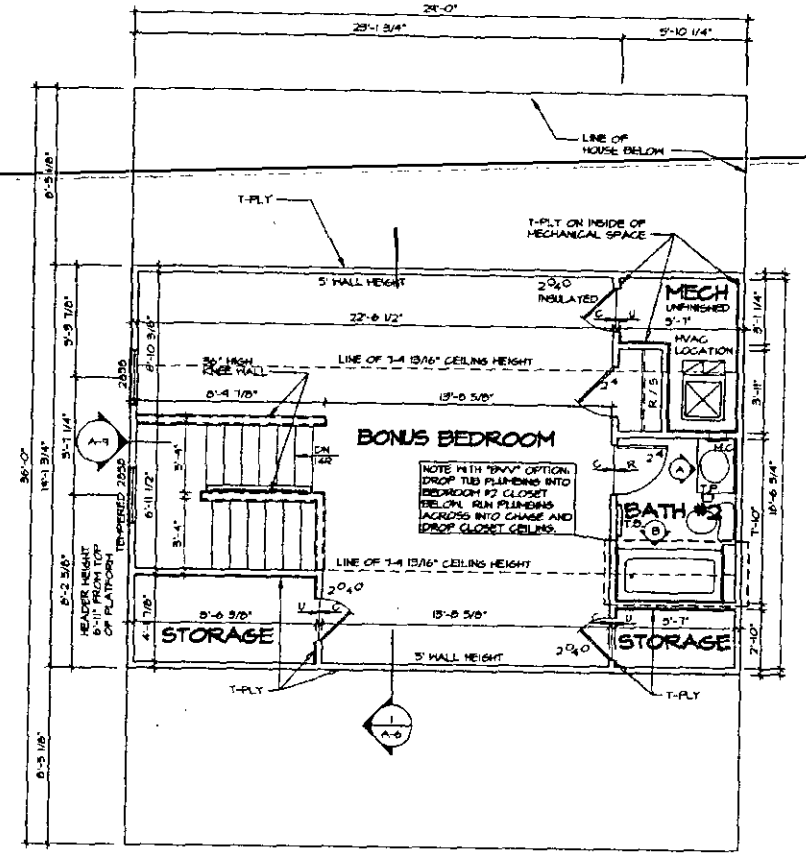
1 / A-5 **OPTIONAL ATTIC FLOOR PLAN**

SCALE: 1/4" = 1'-0" — UNFINISHED ATTIC "HAU"



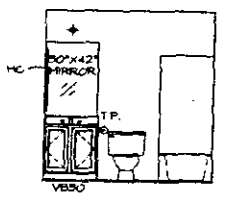
2 / A-5 **OPTIONAL ATTIC FLOOR PLAN**

SCALE: 1/4" = 1'-0" — FINISHED ATTIC "HAU"



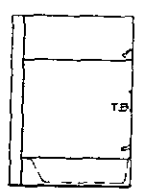
3 / A-5 **OPTIONAL ATTIC FLOOR PLAN**

SCALE: 1/4" = 1'-0" — BONUS BEDROOM "BWV"



A / A-5 **ATTIC BATH**

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



B / A-5 **ATTIC BATH**

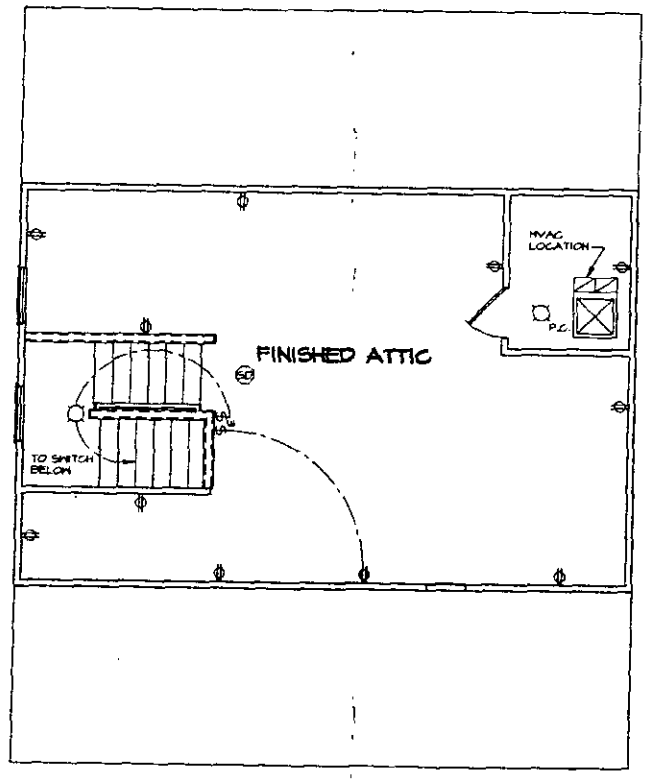
SCALE: 1/4" = 1'-0"

NOTE:

1. ALL HDRS ARE (2) 2X6 UNLESS OTHERWISE NOTED
2. ALL WALLS ARE 3 1/2" UNLESS OTHERWISE NOTED

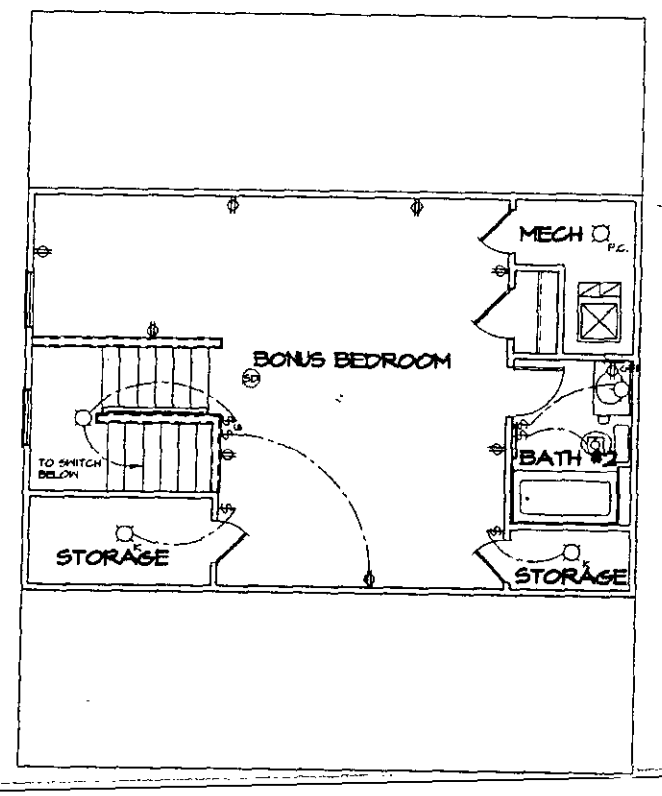
6 / A-5 **BATH ELEVATIONS**

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



4 / A-5 **OPT. FINISHED ATTIC ELECTRICAL PLAN**

SCALE: 1/4" = 1'-0" — "HAU"



5 / A-5 **BONUS BEDROOM ELECTRICAL PLAN**

SCALE: 1/4" = 1'-0" — BONUS BEDROOM "BWV"

REV. NO.	DATE	REMARKS
7	1-23-02	R.L.S. - DELETED 2X8 DOORS
8	1-30-02	R.L.S. - MODIFIED OPTION DESCRIPTIONS
9	3-10-02	R.L.S. - ADDED CATHEDRAL RAILING
10	7-15-02	MRG. - CREATED VERSION 02.
11	8-12-02	MRG. - REVISED LIFT TO MATCH HOUSE
12	9-11-02	MRG. - REVISED STAIR LAYOUT TO FRAMING

REV. NO.	DATE	REMARKS
13	11-28-03	SLG - ADDED "BWV" SEL NOTE
14	12-16-03	MRG - REVISED 20X0 ACCESS DOOR
15	3-16-04	MRG - REVISED T-PLY LOCATIONS
16	8-11-04	DRB - NOMINIZED CEILING HEIGHT OF ATTIC
17	8-12-04	DRB - MODIFIED 20X0 DOOR (INSULATED)
18	7-11-05	MRG - REVISED LOCATION OF FURNACE

ISSUED FOR CONSTRUCTION

BY:

BY:

Ryan Homes

SEL NO. PINOO
VERSION 02
DRAWN BY JJC
DATE: 11/06/00
OPTION

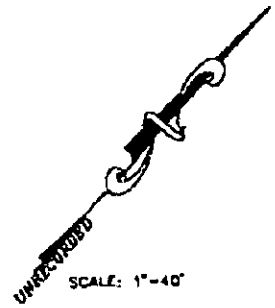
SHEET NO. A-5
MODEL PINECLIFF
DRAWING TITLE ATTIC FLOOR PLAN
OPTION DESCRIPTION
12

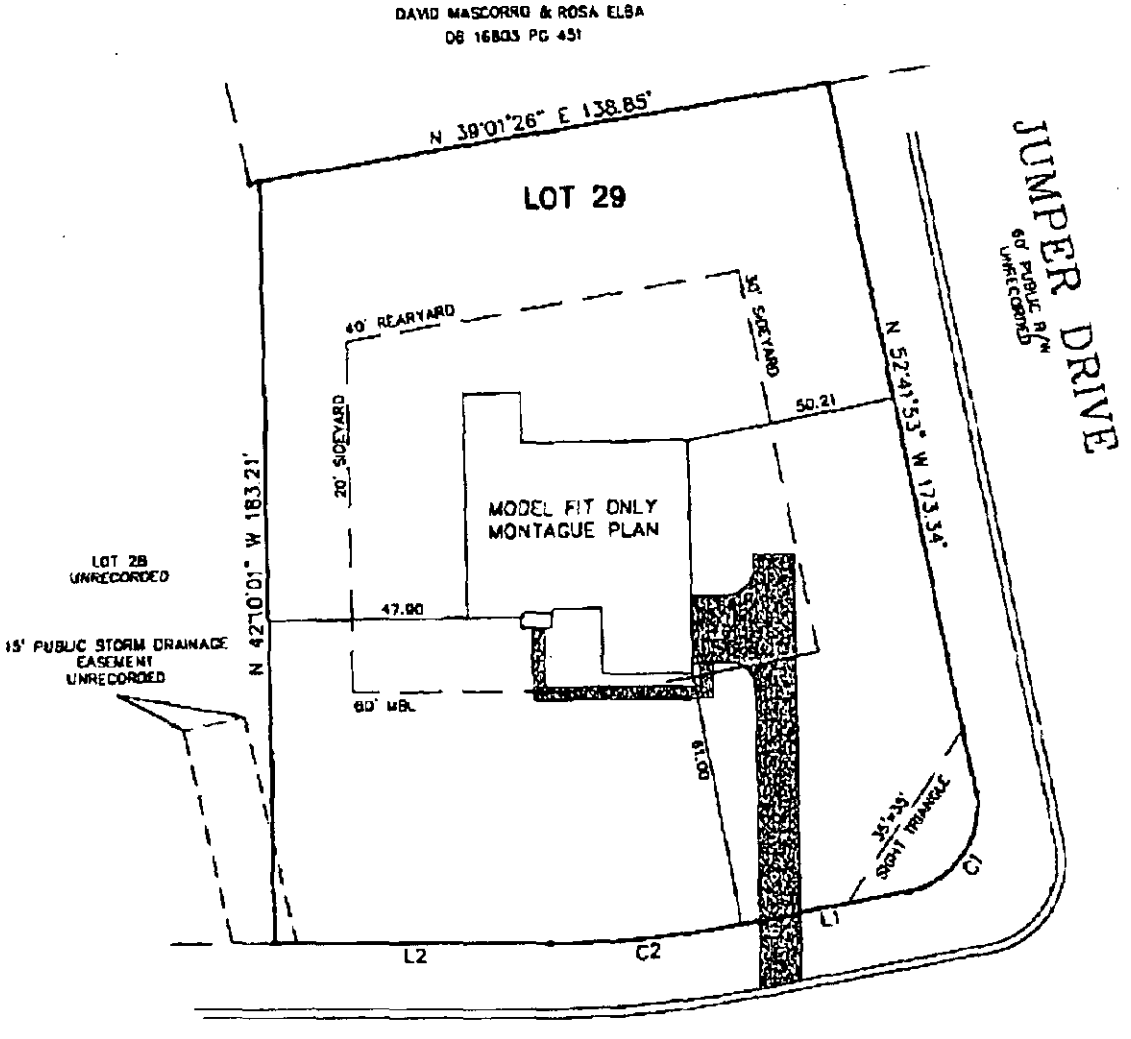
PROPOSED MODEL FIT

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

**MODEL FIT ONLY
NOT TO BE USED
FOR CONSTRUCTION
OR STAKING**





FOAL COURT

60' PUBLIC R/W
UNRECORDED

LINE TABLE		
LINE	LENGTH	BEARING
L1	39.33	N37°18'07"E
L2	66.57	N48°22'13"E

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	20.00	31.42	28.28	N07°41'53"W	90°00'00"
C2	248.00	47.91	47.83	N42°50'10"E	11°04'06"

ESTIMATED DRIVEWAY
AREA = 1126.0 SQ.FT.±

NOTE: DELTA LAND SERVICES IS NOT RESPONSIBLE FOR ANY CHANGES DUE TO UNRECORDED COVENANTS AND RESTRICTIONS

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES