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 #: 21195 Permit #: 30006552 Tax Parcel #: 011-241-09

Property Owner: Robert Mark Morgan

Job Location Address: 14101 Black Farms Rd

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: August 22, 2014 Contractor Name: Thomas Frye, Frye Grading & Repair

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: n/a gallons

Effluent Pump Model: n/a

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 12 inches (Type) Chambers

Depth of Cover: 12 inches

Distribution Device: D-box, end cap

Inspection Dates

Tank(s) Inspected: existing

Excavation Inspected: 8/22/14

Pump & Controls Inspected: n/a

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

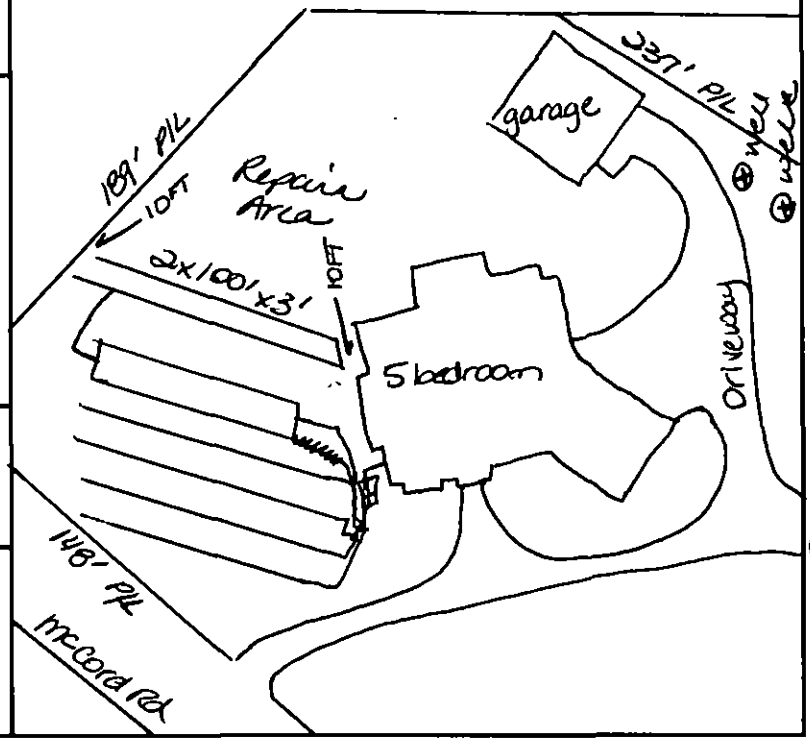
# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

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

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

Comments: System Classification & Type: IIIg, IQ4W, gravity, n/a, n/a. New 200 ft of line tied into an existing 424 ft of drain line

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 21195 Permit #: 30006552 Tax Parcel #: 011-241-09

Property Owner: Robert Mark Morgan

Job Location Address: 14101 Black Farms Rd

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: 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:

DENR Authorized Agent: Kim Garrett, REHS Date: 8/22/14

Signature: Kim Garrett, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 21195 Permit #: 3000065522 Tax Parcel #: 011-241-09

Property Owner: Robert Mark Morgan

Job Location Address: 14101 Black Farms Rd

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: August 22, 2014

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 _____, 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: .3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: n/a gallons

Drainfield Design ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 200 feet

# of Lines: 2 @ 100 feet

Depth of Media: 12 inches (Type) Chambers

Distribution Device: D box & end cap

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 _____

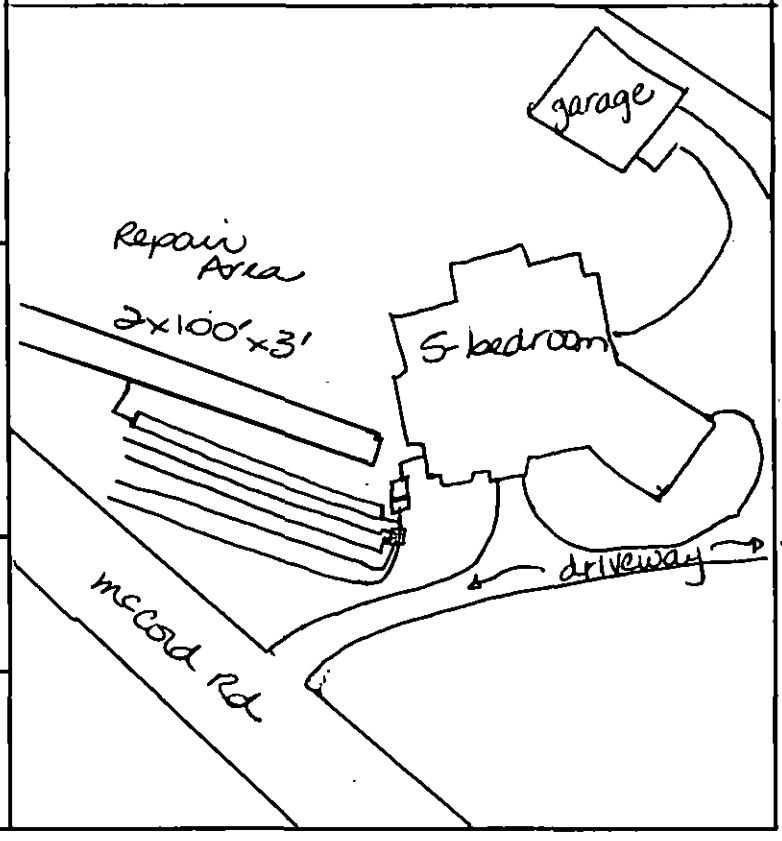
Minimum System Setbacks

Distance from Building Foundation: >5 feet

Distance from Property Line: >10 feet

Distance from Water Supply Source: >50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIIg, 25% reduction, gravity, tie new lines into existing lines, uncover d-box and ensure that lines feed properly

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: 6552 Tax Number: 01124109

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	600 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	200 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
6 Bedrooms in residence	n/a Gallon pump tank	12 Depth of media (in)	

Any surface water present: no Type: n/a Minimum separation distance (ft): n/a

Additional conditions: System alteration for a two bedroom addition for a total of 6 bedrooms in the house. Ensure existing supply lines/distribution box(es) are in working order, replace if needed.

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1000 Absorption Area (ft^2) 553 Total trench length (ft)	22 Depth of media (in)	3 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

Kim Barnett REHS 12/4/2013
DENR Authorized Agent Date

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

Robert L. Morgan 12/13/13
Owner/Agent Signature Date
Robert L. Morgan, Jr

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Prop. 340011

21195

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #6552

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: 01124109
STREET ADDRESS: 14101 Black Farms Rd.
CITY: Huntersville, NC 28078
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: 3 LOT SIZE (acres): 1.5
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: 4,000
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4
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: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 7

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 ☐ 1 CONVENTIONAL ☐ 2 ACCEPTED ☐ 4 INNOVATIVE ☐ 3 ALTERNATIVE ☐ OTHER _____

8A. RANK: ___ ___ ___ ___ ___

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

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

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

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 12/15/13 ☑ N/A

12. PROPERTY OWNER:
NAME: Robert L. Morgan Jr.
ADDRESS: 14125 Black Farms Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: 704-607-4438
FAX: _____
E-MAIL: rlmorganjr30@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Robert Mark Morgan
ADDRESS: 10607 Forest Ridge Ct.
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: _____
MOBILE PHONE: 704-582-3818
FAX: 1-866-999-6921
E-MAIL: mark@rmorganhomes.com

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

Revised on: 12/15/10

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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. RMM (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. RMM (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.

Robert M Morgan — Property Owner's or Owner's Legal Representative Signature

11/19/13 — 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: _____

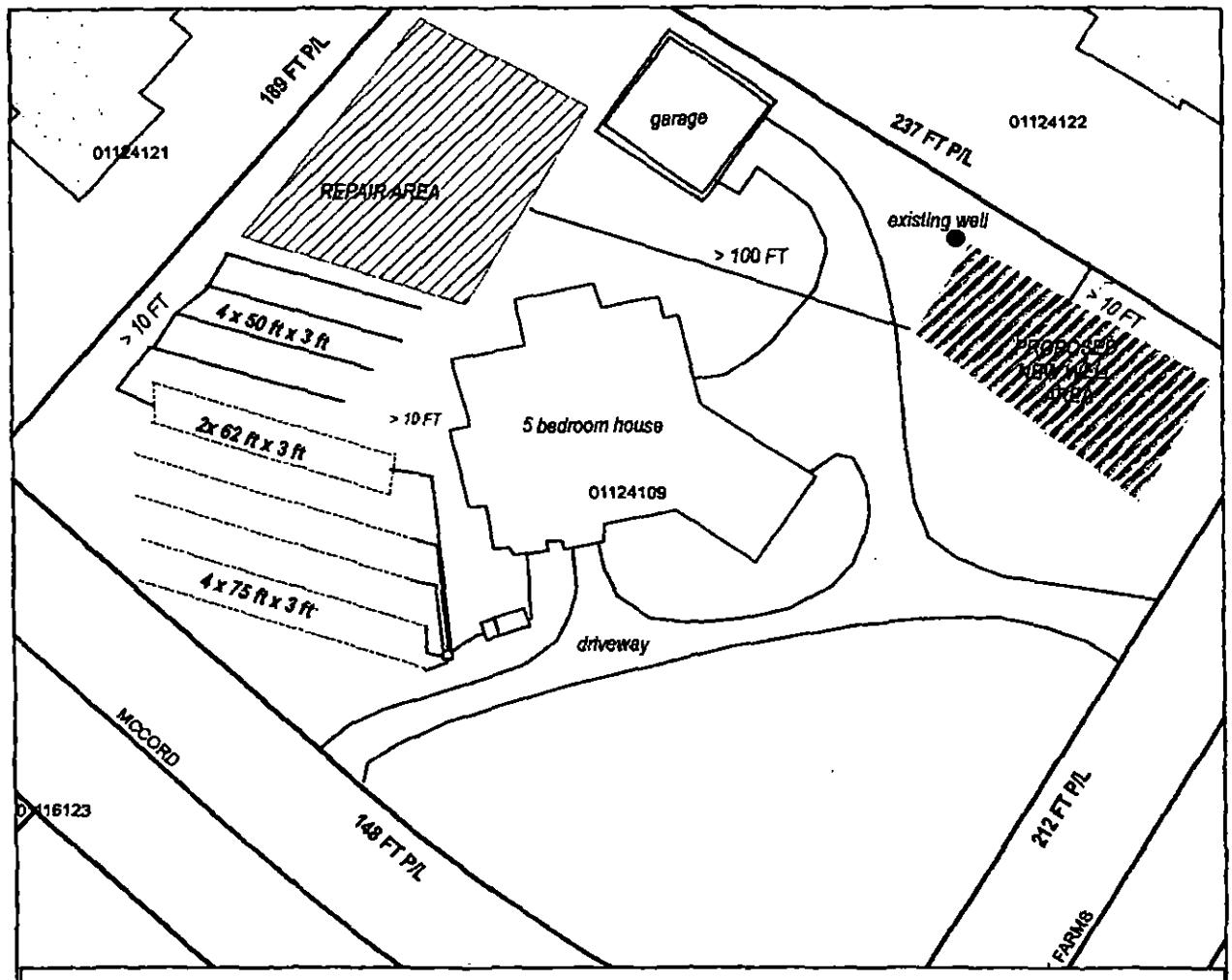
APPLICATION PROCESSED BY: lwa

GWS FILE NUMBER ASSIGNED: 21195

APPLICATION ID NUMBER ASSIGNED: 6552

COMMENTS:

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Mecklenburg County Health Department
Environmental Health Division
Alteration Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 011-241-09
14101 Black Farms Road
Huntersville, NC 28078

Permit # 10006552
File # 21195

Authorized Agent: William Garrett Betts

Owner/Legal Agent: Robert L. Morgan Jr.
Robert L. Morgan, Jr

INSTALLATION NOTES:
5 bedroom house/ 600 gpd
0.3 LTAR
4 x 50 FT x 3 FT (200 TLF)
max trench bottom 24 inches
1500 ST
TYPE IIIg, gravity to approved
Distribution box/end caps

Install according to all NC Rules & Regulations
and maintain the following setbacks:
>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>10 ft from building foundations

N
W E
S

40 20 0 40 Feet

1 inch = 40 feet

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **6552** Tax Number: **01124109**

- The 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.

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☒ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	600 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	200 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	n/a Gallon pump tank	12 Depth of media (in)	

Any surface water present: no Type: n/a Minimum separation distance (ft): n/a

Additional conditions: **System aleration for a two bedroom addition for a total of 5 bedrooms in the house. Ensure existing supply lines/distribution box(es) are in working order, replace if needed.**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

☐ Conventional
☒ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

1000 Absorption Area (ft^2) 333 Total trench length (ft)	22 Depth of media (in)	3 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems in effect at the time of issuance of the permit and is subject to the following provisions:

*** No work shall be conducted on the septic tank system until an Installation Approval is granted by this Department.

*** This Improvement permit is transferable.

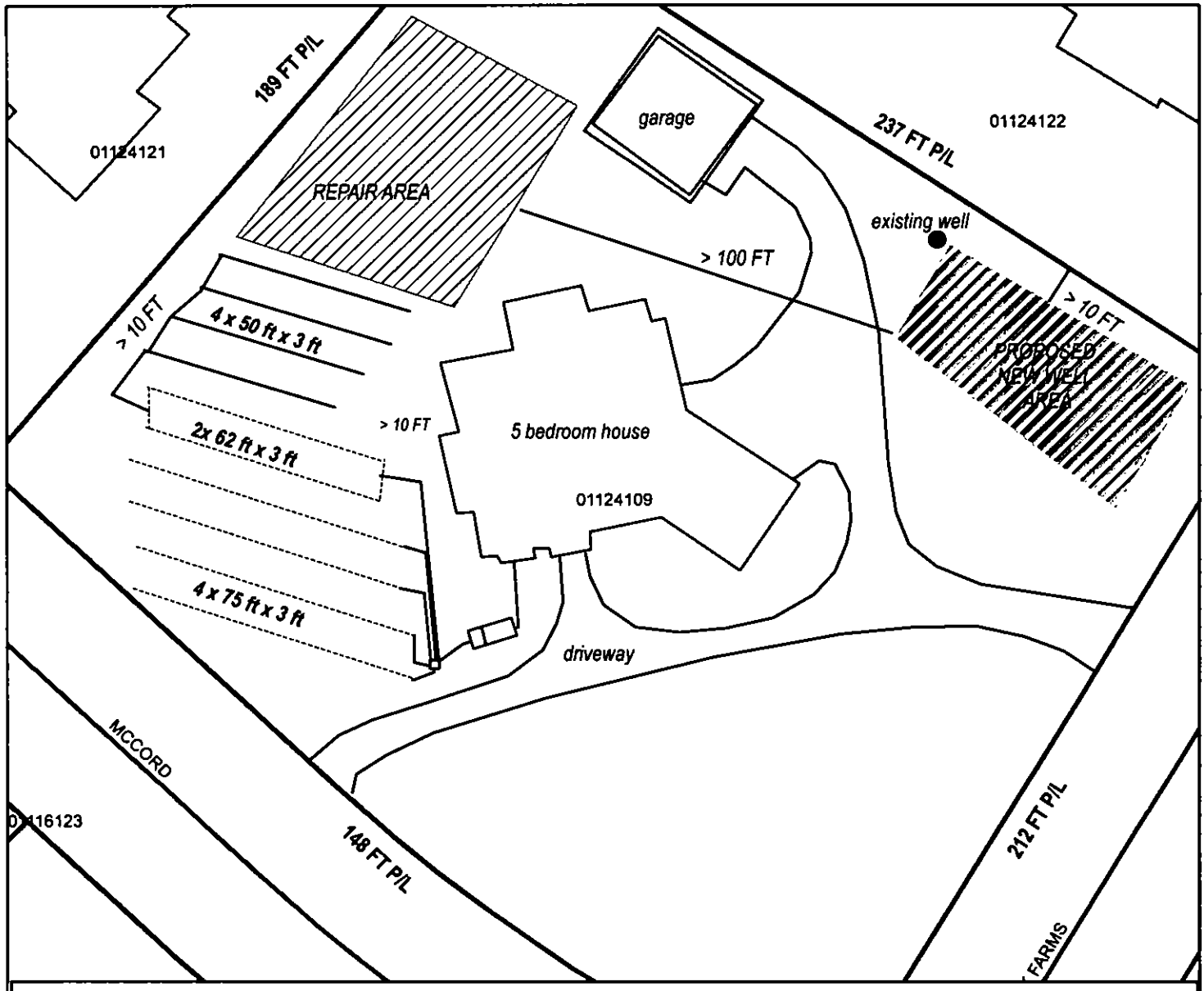
Kim Sanford REHS 12/4/2013

DENR Authorized Agent Date

Owner/Agent Signature Date

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



Mecklenburg County Health Department
Environmental Health Division
Alteration Permit for Residential
ONSITE-WASTEWATER TREATMENT & DISPOSAL

PID # 011-241-09
14101 Black Farms Road
Huntersville, NC 28078

Permit # 10006552
File # 21195

Authorized Agent: William Daniel Potts

Owner/Legal Agent: _____

INSTALLATION NOTES:
5 bedroom house/ 600 gpd
0.3 LTAR
4 x 50 FT x 3 FT (200 TLF)
max trench bottom 24 inches
1500 ST
TYPE IIIg, gravity to approved
Distribution box/end caps

Install according to all NC Rules & Regulations
and maintain the following setbacks:
>100 ft from well (min. 50 ft)
>10 ft from property lines and water lines
>10 ft from building foundations

N
W E
S

40 20 0 40 Feet

1 inch = 40 feet

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mike Morgan _____ APPLICATION DATE _____
ADDRESS: 1401 Black Farms Rd _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: • Private • Public • Well • Spring • Other _____
EVALUATION METHOD:- • Auger Boring • Pit • Cut TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 10%	0-6	SBK Clay	SE VP, SS, SP	>36"	36"	N/A	PS	PS IV .3
		6-36							
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	IVa
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KimGarrett
OTHER(S) PRESENT: _____

COMMENTS: _____

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21195

T.C. NO. PO 011-052-02

(Ground Absorption Sewage Disposal)

OWNER: HENRY, JOSEPH WYATT (Last Name) PLAT NO:

ADDRESS: PO Box 259 Huntersville 28078 LOT SIZE: 1A

LOCATION OF SITE: Black Belt Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-6	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	(S) PS U Clayey	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	(S) PS U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS U 40-45"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	(S) PS U None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U Adequate	S PS U	S PS U	S PS U
7. OTHER (Specify)	S (PS) U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVa			
9. SITE CLASSIFICATION	P, Suitable			
10. SOIL SERIES	Cecil			

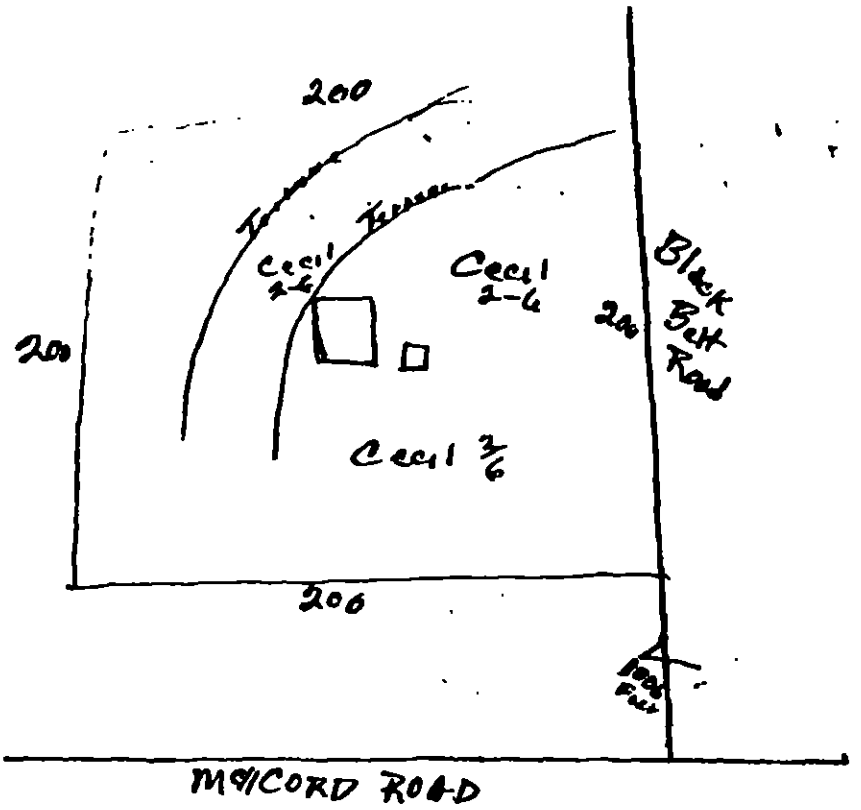
S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

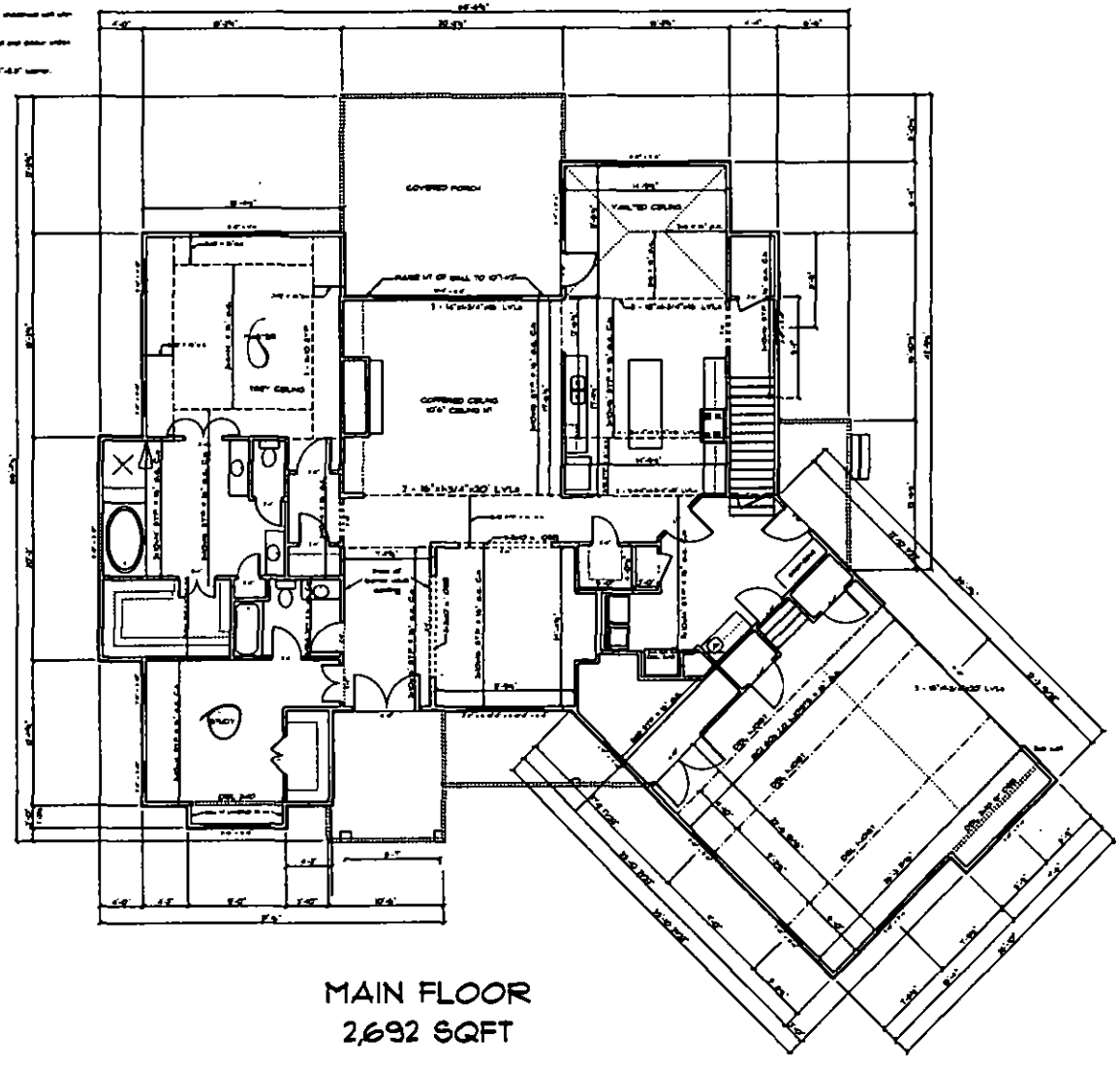
Recommendations/Comments: _____

Described by: Wilford B. Kenney
Title: Soil Scientist

Date: 7-10-84


200
Terrace
Terrace
Cecil 2-6
Cecil 2-6
Cecil 3/6
200
200
Black Belt Road
206
McCORD ROAD

14101 Black Farms Rd
File # 21195



MAIN FLOOR
2,692 SQFT

Framing Notes: other than roof

1. Lap R.A. and C.A. 2x10's a minimum of 3" over centerline bearing and nail per bearing code. Use one of four nail rules in each lap.
2. At location of Main LVL's (Great Room/Dropping Area and Kitchen/Nook/Dining Room) allow a 3/4" notch strip to underside of each approximately 3/4" C.J. adjacent to LVL for control shrinkage.
3. Nail multiple member built-up girders with two rows of 16d nails staggered at 32" o.c., 3" down from top and 3" up from bottom.
4. All bottom ply for 9"-0 unless noted otherwise.
5. At shears, all R.A. and C.A. are at 16" OC spacing.
6. Laminated member below (NU) treads must have a minimum of 3-4x4 wall plates under each and support unless noted otherwise.
7. Where partitions fall between floor joists or trusses, provide double joists (DJ) as shown.
8. Headers shall be (4) 2x10's/ 7/16" OSB unless noted otherwise. (3) Number of jack studs as shown on openings 1-4'
9. If HVAC equipment is placed in the attic, ensure equipment is not placed in the center third of any C.J. span exceeding 14'.
10. (BSP) Indicates Shared Stud Plane using continuous sheathing per R602.10.4 method CS-WSP, and method CS-PF per R602.10.4.3 at garage. Read (BSP) length in inches followed by a "/" and an "H". BSP length prioritized when followed by a "/" and actual BSP location shown with arrow.
11. PL. Plate Level, indicates location of header (i.e. not located on perimeter foundation wall) plate level from above.

Area Calculations:

3692	Hvd sq ft. main floor
1315	Hvd sq ft. upper floor
4007	Hvd sq ft. total
625	sq ft. garage
222	sq ft. front porch
428	sq ft. side porch
	sq ft. rear porch
963	unhtd sq ft.
Total under roof = 4610	

MAIN FLOOR PLAN

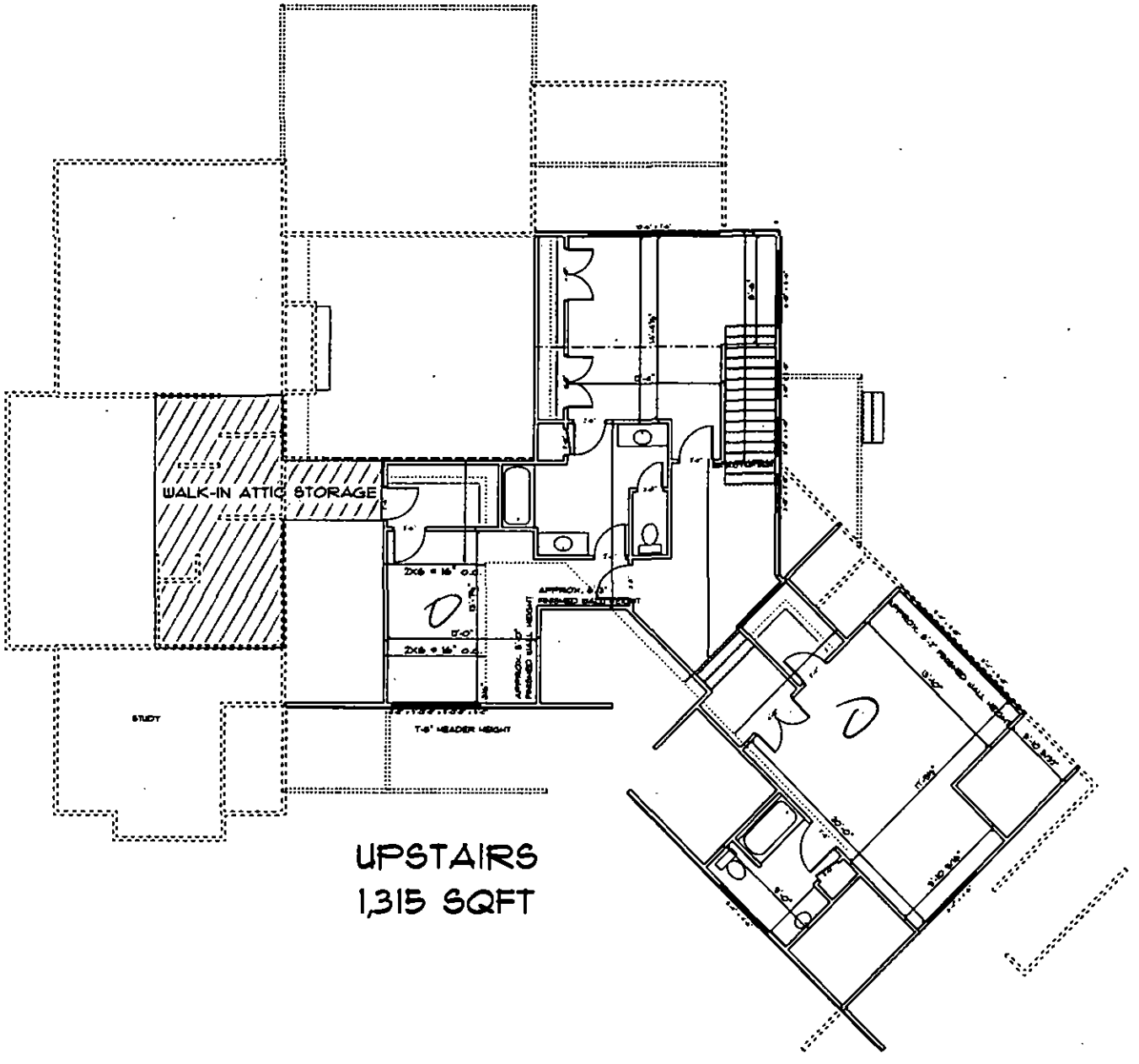
SCALE: 1/4" = 1'

JOB ADDRESS:
Pavilion Lot 3
15320 Pavilion Hill Circle
Huntersville, NC 28078

R. MORGAN HOMES
MARK MORGAN
704-567-3815
mark.rmorganhomes.com
P.O. BOX 375
HUNTERSVILLE, NC 28070

ENGINEER:
ROBERT L. MORGAN JR.
704-607-4418
1101 BLACK FARMS RD.
HUNTERSVILLE, NC 28078

SHEET NO. 4



UPSTAIRS
1,315 SQFT

File #: _____

PROPOSED PLOT PLAN

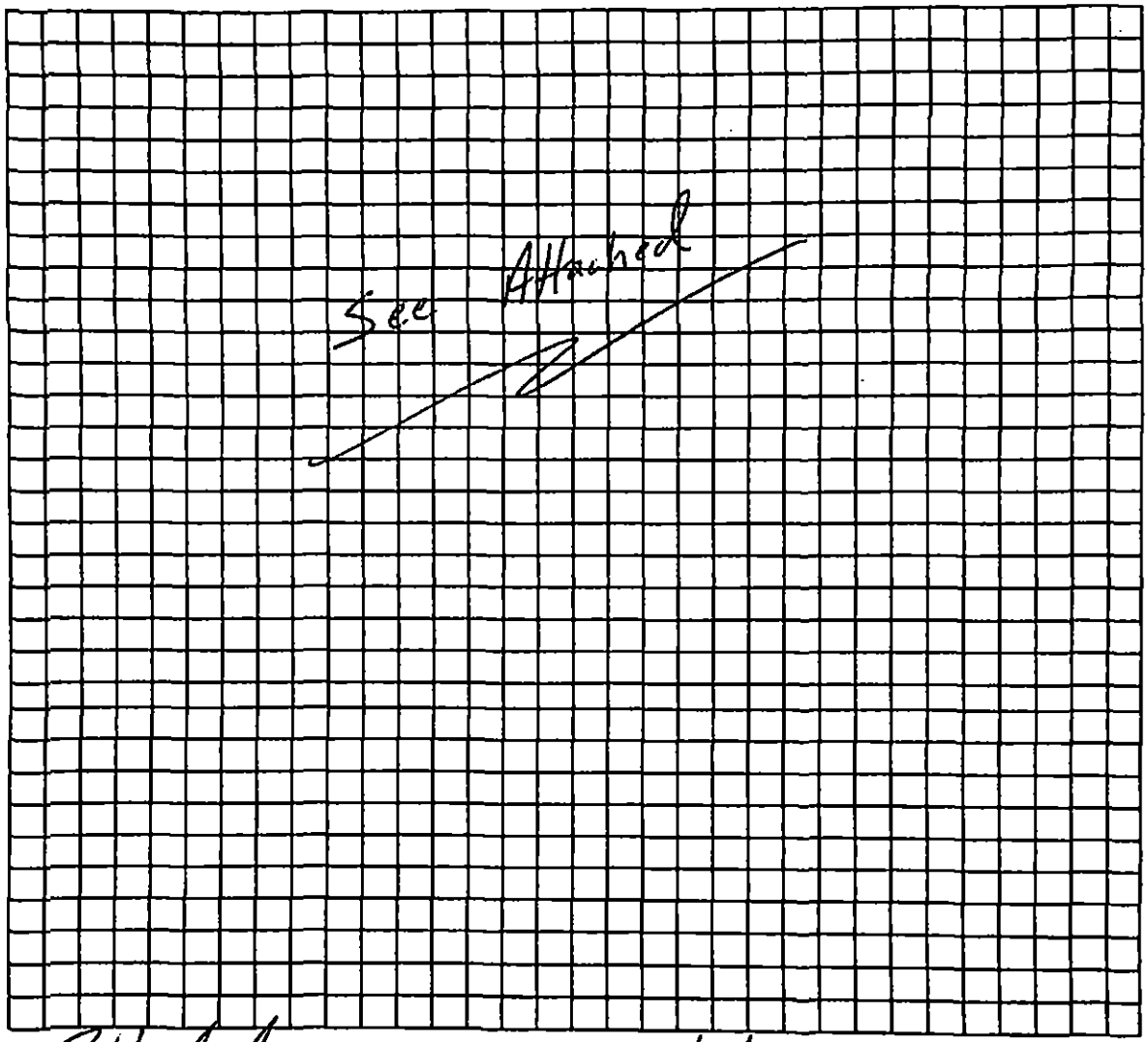
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 14101 Black

Tax Parcel #: 01124109

Subdivision Name: _____

Lot #: 3



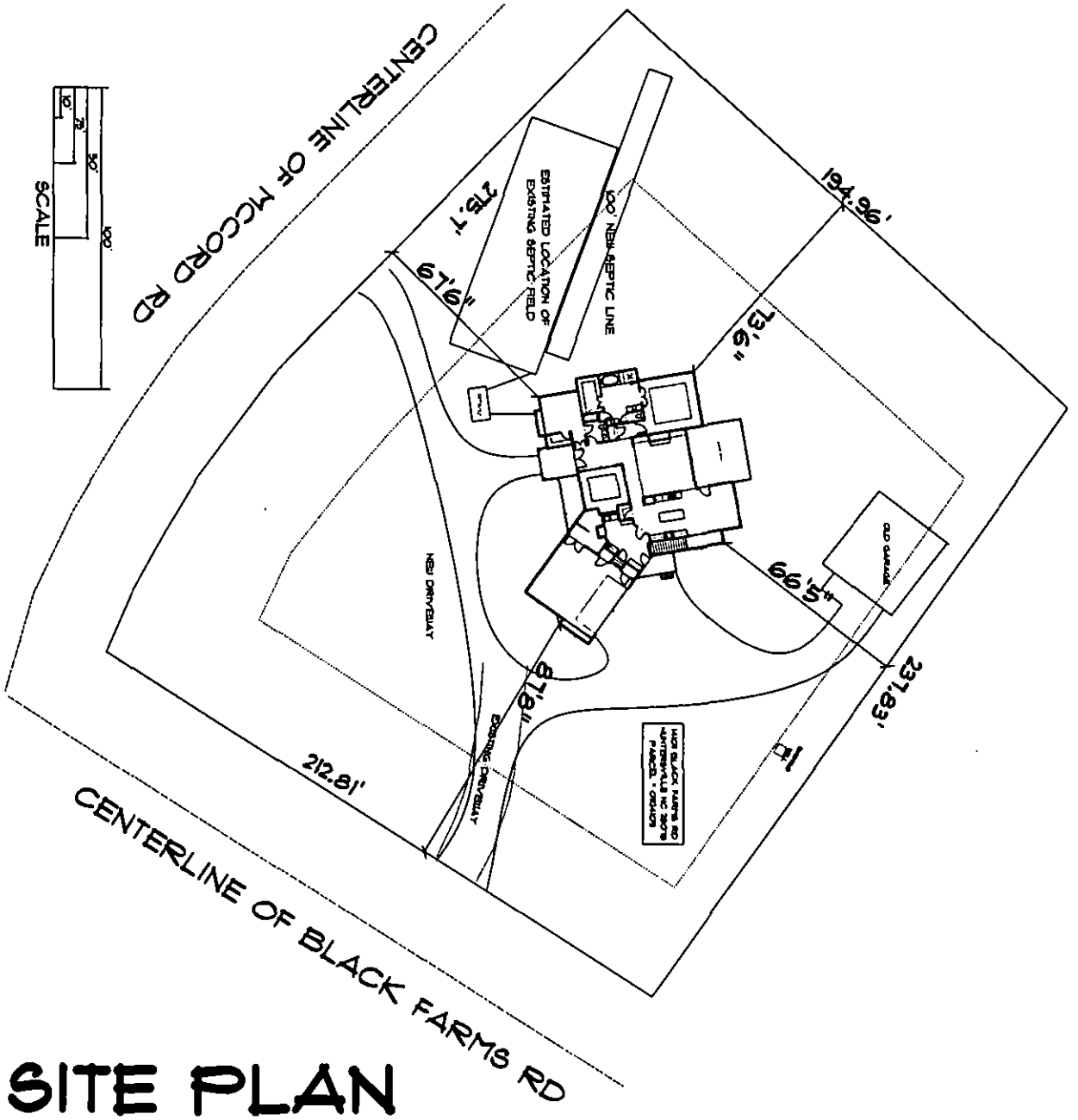
Property Owner's or Owner's Legal Representative Signature

11/19/13
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

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SITE PLAN

SHEET NO.

8

JOB ADDRESS:

14101 Black Farms Rd.
Huntersville, NC 28078

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MARK MORGAN
704-582-3818
mark@rmorganhomes.com
P.O. BOX 375
HUNTERSVILLE, NC 28070

ENGINEER:
ROBERT L. MORGAN JR.
704-607-4436
14101 BLACK FARMS RD.
HUNTERSVILLE, NC 28078

4x75' = 300'

2x62' = 124'

424'

5 bedroom

600

424

242 @ 25%

4x75' = 300'

6x62' = 372 sqft

1200

1572 ft²

302 conv.

538 conv.

171 stone

171 x 3 = 128'

25%

