687313

Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) pd _____ Initials/Date

CA ($200.00) Rus 10/23/14 Initials/Date

OP ($200.00) Rus 10/23/14 Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ JAM

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☑ _____

This septic system requires a certified operator contract before final hold is released. ☑

Certified operator contract is on file. ☑ JMM 7/30/15



8218 CASTLESTONE DR

13903424

1/11/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 6873 B WASPS App #: 1694

Primary ES assigned to project: D C

Secondary ES assigned to project: _____

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

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?	✓ ☑		
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 5 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 25	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☑	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☑	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

Does not match w/ soil

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: 3

Comments:

IA issued date: 5/26/15

OP issued date: 7/30/15

Review performed by: _____ Date performed: _____

#1694

GWS – RES. APP 07/05

SEPTIC FEE: 200 Rec'd
DATE: 12/05/06
CRT [ ]

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 # 6873B

WELL FEE:
DATE:
CRT [ ]

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

JOB LOCATION INFORMATION:
TAX/PARCEL #: ~~[illegible]~~ 139-034-24
STREET ADDRESS: 8218 Castlestone Dr
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 105
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: 3520
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 7

FOUNDATION / ON 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: Ryan Homes
ADDRESS: 10715 David Taylor Dr Suite 100
CITY: Charlotte
STATE: NC ZIP: 28262
HOME PHONE: WORK PHONE: 704 548 3039
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Kevin Stanley
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704 491 6852 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug 2006
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? Mar 2007

"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.

Kevin Stanley 11-29-06
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 704-336-5133 / FAX: 704-336-6894

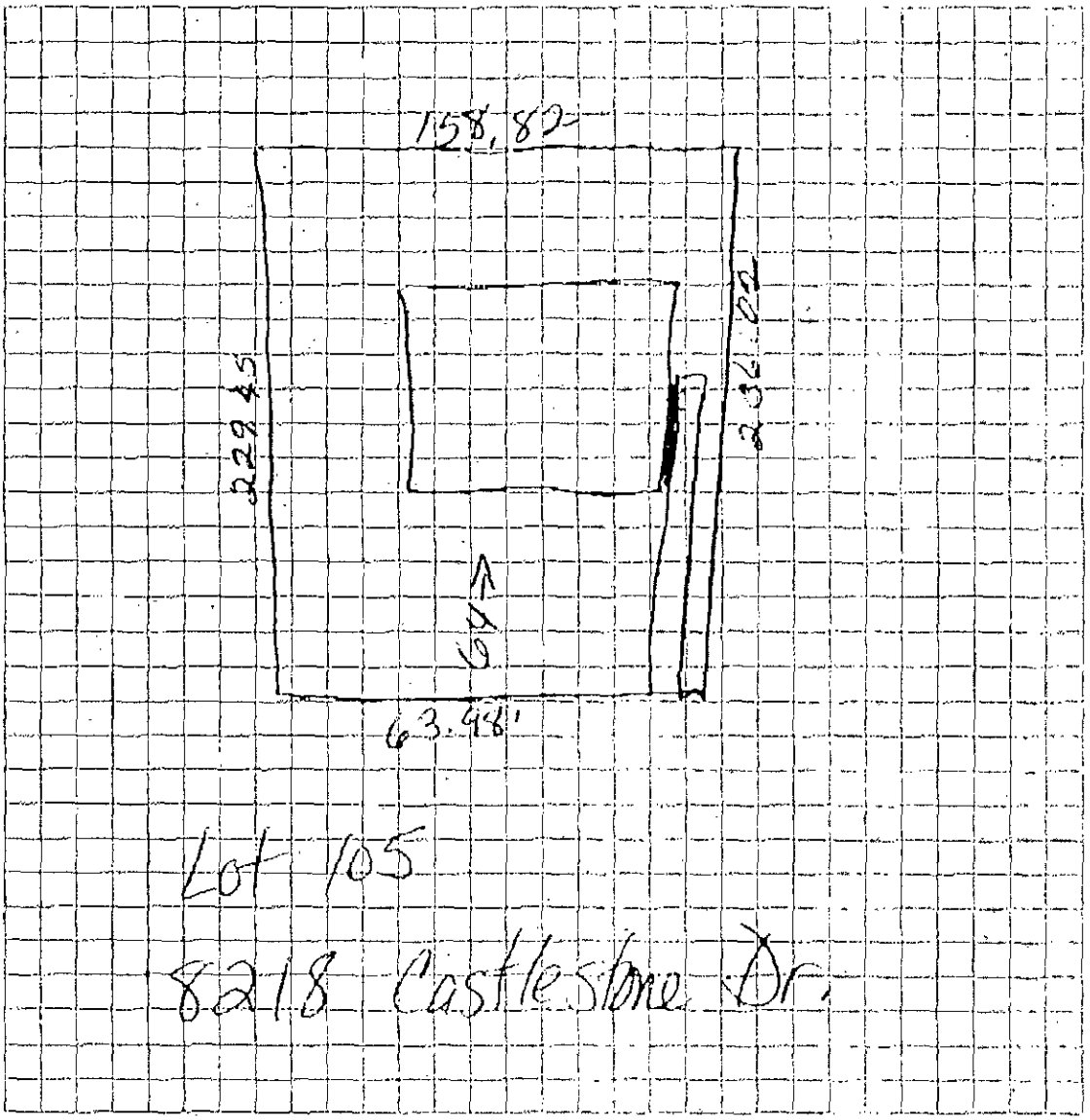
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Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6694

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature Kim Medenhouse
Date 11-29-06

LBC 12/15/04

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

Sheet: 1 of 2
Property ID: 139-034-24
Lot #: 105
File #: 6873B
AppID: 1694

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: NVR, Inc.
Applicant: Kim Stanley
Address: 10815 David Taylor Drive, Suite 100, Charlotte, NC 28262
Date Evaluated: 2/9/07
Proposed Facility: Residence
Design Flow (.1949): 600 gpd
Property Size:
Location of Site: 8218 Castlestone Way
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN:)	SOIL MORPHOLOGY 1941		b PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN:)	1956 Sapro Class	1944 Restr Horiz	
1	LS,8	0-8	GR/SCL	FR/SS/SP/SEXP	32"	35	NA	NONE	US,IV
		8-32	ABK/SBK/C	FI/S/P/SEXP	7.5YR 6/2				.25 GPD/FT^2
		32-35	PL/C	FI/S/P/SEXP					
2	"	0-2	GR/SCL	FR/SS/SP/SEXP	>28" TO SOIL WETNESS	28	"	"	US,IV
		2-28	ABK/SBK/C	FI/S/P/SEXP					.125 GPD/FT^2
		28+	M/SAP						
3	"								
		0-7	GR/SCL	FR/SS/SP/SEXP	>40" TO SOIL WETNESS	40	"	"	PS,IV
		7-40	ABK/SBK/C	FI/S/P/SEXP					.25 GPD/FT2
		40+	M/SAP						
4	"	0-10	GR/SCL	FR/SS/SP/SEXP	43"	46	"	"	"
		10-46	ABK/SBK/C	FI/S/P/SEXP	7.5YR 6/2				
5	"	0-17	GR/SCL	FR/SS/SP/SEXP	>48" TO SOIL WETNESS	48	"	"	"
		17-48	ABK/SBK/C	FI/S/P/SEXP					
					SITE LTAR				.25 GPD/FT^2

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	Iva	Iva
Site LTAR	0.25	0.125

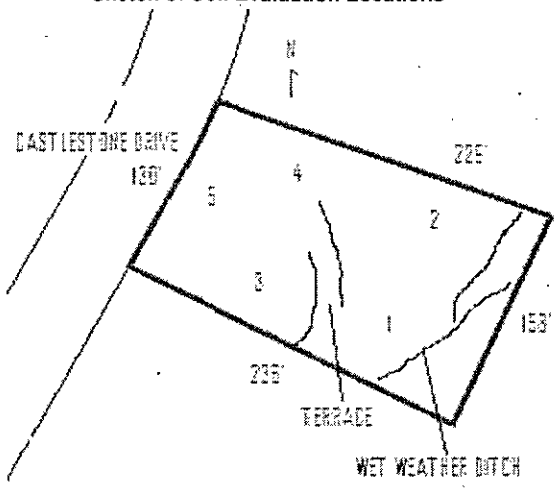
Other Factors (.1946): None
Soil Evaluation By: Chris Sherrill, RS, LSS 2/6/07
Others Present: None
Site Classification (.1948):
Site Evaluation By: David Cornelius, RS
Others Present:

COMMENTS: 100% Repair Area Required

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		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 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 #: **30001694** GWS File #: **6873B** Tax Parcel #: **139-034-24**

- 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):** 5/2/2012

Type of Installation: Residential - New System Lot Number: 105

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

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 28 Depth of Media (in): N/A Distribution Device: valve box

III. Repair System Type: Low Pressure Pipe (LPP) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.125 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1500

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 3600 Total Trench Length (ft): 1200

Maximum Trench Depth (in): 12 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

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: David Cornelius

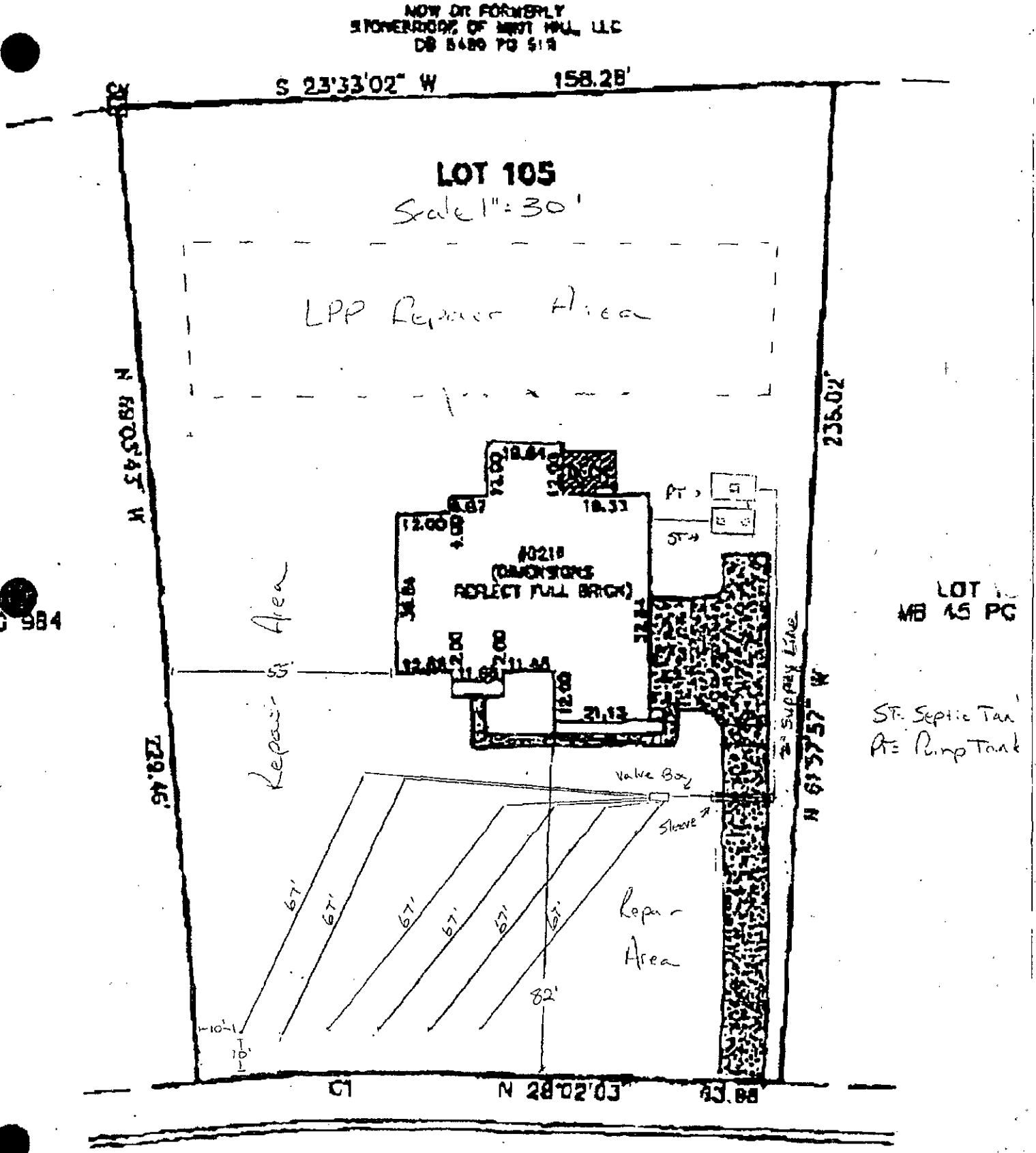
Signature: [signature]

Date Issued: 5/2/2007

Owner/Legal Agent: Patrice Garner
Print Name

Signature: Patrice Garner

A LAND SERVICES
PONSIBLE FOR ANY
JE TO UNRECORDED
AND RESTRICTIONS



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

Septic System Pre-Construction Meeting Checklist

File # 687313 App # ~~687313~~ 1694 Tax Parcel # 139-034-24

Property Owner: Live Well Homes

Job Location Address: 8218 Castlestone 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.

Bradley W. Hallman — Authorized Agent

5/26/15 — Date

RCS — Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 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 #: 6873B Permit #: 1644 Tax Parcel #: 139-034-24

Property Owner: Live Well Homes

Job Location Address: 8218 Castlestone Dr

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 6/15/15 Contractor Name: RCS

Permitted Design Flow: 600 GPD Liquid Capacity of Dosing Tank: 1500 gallons

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Pellinger Effluent Pump Model: 0511H Goulds

Drainfield Installation ☐ N/A

Trench Depth: 28" inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 402 feet

# of Lines: 6 @ 67 feet

Depth of Media: NA inches (Type) PPBPS IVa

Depth of Cover: 12"+ inches

Distribution Device: Press. Man. (Valve)

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: 8' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: _____ feet

Inspection Dates

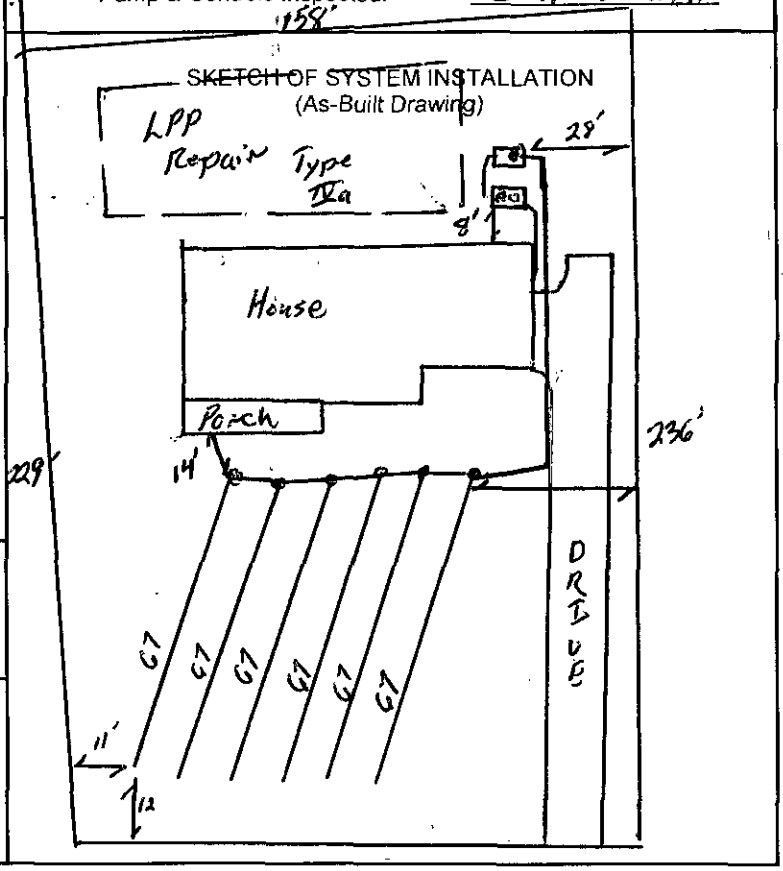
STB-338 4/27/15
PT 477 4/23/15

Tank(s) Inspected: 6/1/15

Excavation Inspected: 6/4/15

Pump & Controls Inspected: 6-11-15 JRP

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: IVa / PPBPS / P / NA / NA

DENR Authorized Agent: Bradley W. Hallman 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

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

File #: 6873B Permit #: 1694 Tax Parcel #: 139-034-24

Property Owner: Live Well Homes

Job Location Address: 8218 Castlestone 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: IVa

*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.

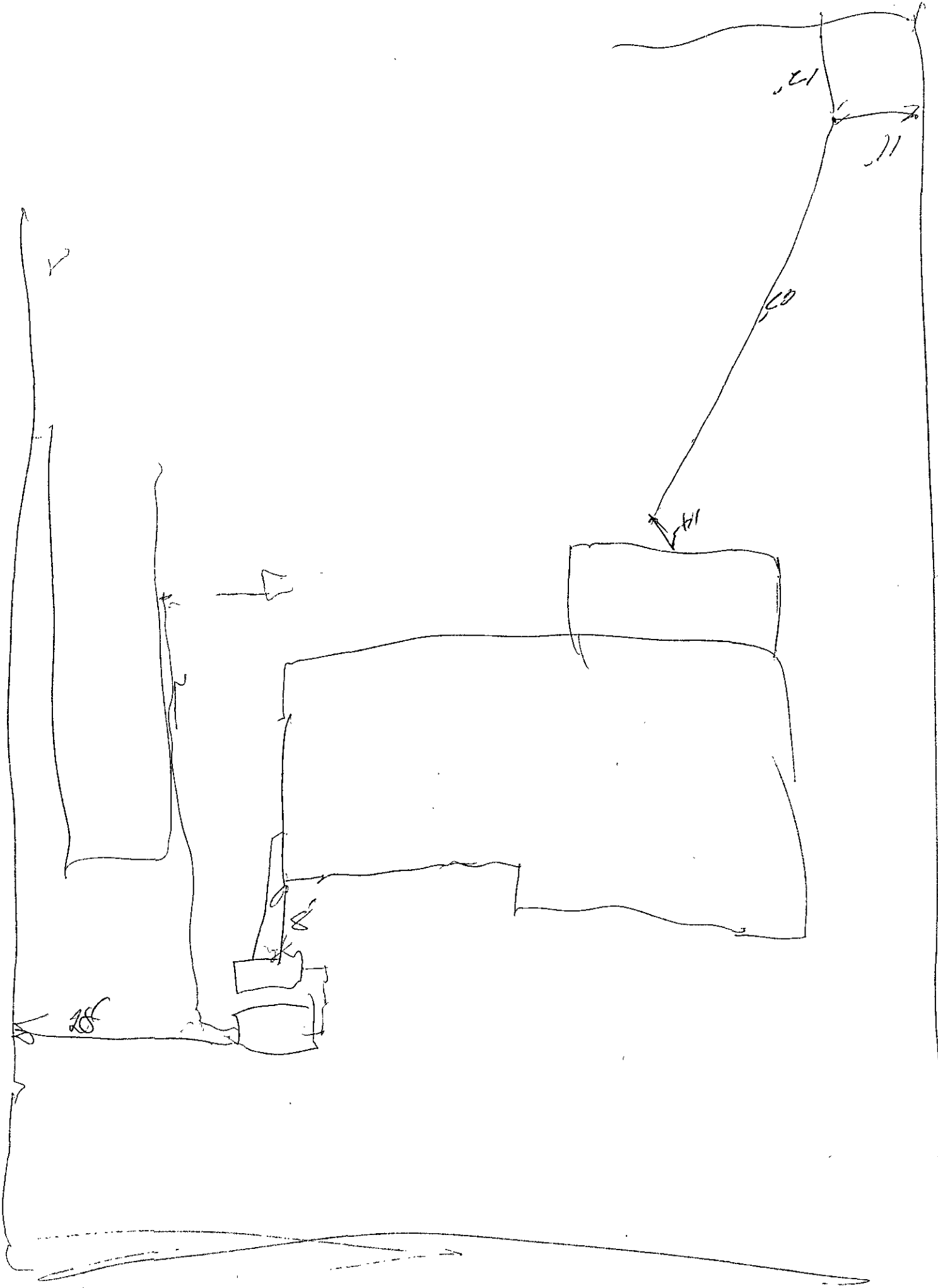
☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ 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: Bradley W. Hallman Date: 6/15/15

Signature:



ST 105

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

THIS AGREEMENT is made and entered into this 27 day of July, 2015 by and between Livewell Homes (hereinafter the "Owner") and R.C.S., Inc. , Joe R. Hudson (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment (hereinafter the "system") is installed, such system being designated a Type Ipp system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin.Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system: and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IVa system

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 8218 Castlestone Dr. Mint Hill, NC 28227 Lot 105 Stonebridge

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IVa system

b. The Contractor shall perform th following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) (from the operation permit)
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IVa system.

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

Contractor's normal charge for services and materials.

f. The *Contractor* shall employ of shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IIVa system.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 24-48 hours after receipt of such request depending on the urgency of the request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $ 200.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty(60) days advance notice to the Owner but may not be increased more than 20 percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days shall accrue interest from the due date until paid at a rate of 15 percent per month.

b. Within 10 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal; has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance to the date of termination.

d. Termination by the Contractor.
(1.) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days is advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

and in accordance with this Agreement if said bill is not is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect: or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs the system were completed by another entity within 10 days of receipt of notice of needed repairs pursuant to paragraph i.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all tights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A NC Admin. Code 18A.1961 to manage a Type lpp system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: Livewell Homes
Po Box 1345
Ft. Mill SC 29716

To the Contractor:
R.C.S. ,Inc.
Joe R. Hudson
PO Box 708
Monroe, NC 28111

To the Local Health Department:
Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, N.C. 28202

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery of attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made form time to time by either Party by notice to the other party/

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Solvability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement of such other appropriate actions as shall to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

Owner

Attest:

Contractor

Attest:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/23/14	**Amount:**	200.00
Receipt #:	91230	**Tendered:**	200.00
Check / Auth #:	VISA 025449	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: CARDWELL BRADLEY D
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit STONEBRIDGE WAY, LOT 105		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,805.00		587.40		534.65	

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 #: **30001694** GWS File #: **6873B** Tax Parcel #: **139-034-24**

- 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):** 5/2/2012

Type of Installation: Residential - New System Lot Number: 105

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

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	28	Depth of Media (in):	N/A	Distribution Device:	valve box		

III. Repair System Type: Low Pressure Pipe (LPP) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	*600*	LTAR (gpd/ft^2):	*0.125*	*Septic Tank Size (gal):*	*1500*	*Pump Tank Size (gal):*	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	3600	Total Trench Length (ft):	1200
Maximum Trench Depth (in):	12	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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: David Cornelius

Signature: [signature]

Date Issued: 5/2/2007

Owner/Legal Agent: Patrice Garner
Print Name

Signature: Patrice Garner

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 #: 30001694 GWS File #: 6873B

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 3 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 septic system requires a Certified Operator to maintain the system. A system maintenance contract with a Certified Operator must be on file prior to issuance of an Operation Permit.
- Additional soil cover, as specified on the plot plan, required over the drain field must be inspected and approved prior to issuance of an Operation Permit.
- This Improvement Permit is being issued based on a supplemental soil investigation performed by staff from our office.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- Upon completion of the project the system designer shall provide Groundwater & Wastewater Services with a letter certifying that the system was installed in accordance with the approved design.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.
- An effluent filter is required on the pump discharge pipe exiting the pump tank.
- All tanks (septic and/or dosing) must be water tested for 24 hours during the final inspection.
- 6" soil cover required over finished grade. Install system according to plans on file submitted by Larry Thompson and the Catena Group. Maintenance contract with certified operator required before CO release.

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: David Cornelius

Signature: DWC, RS

Date Issued: 5/2/2007

Owner/Legal Agent: Patrice Garner
Print Name

Signature: Patrice Garner

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 #: **30001694** GWS File #: **6873B** Tax Parcel #: **139-034-24**

- 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.

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

Building Foundation: Crawl Space Water Supply: Municipal

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.25	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1200	Total Trench Length (ft):	400
Maximum Trench Depth (in):	28	Depth of Media (in):	N/A	Distribution Device:	valve box		

III. Repair System Type: Low Pressure Pipe (LPP) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	0.125	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	3600	Total Trench Length (ft):	1200
Maximum Trench Depth (in):	12	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

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

DENR Authorized Agent: David Cornelius

Signature: _____

Date Issued: 5/2/2007

Owner/Legal Agent: Patrice Garner
Print Name

Signature: Patrice Garner

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/08/07	**Amount:**	150.00
Receipt #:	50521	**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
0734	Auth for Waste Wtr Sys Constr 8218 CASTLESTONE DRIVE		1	150.00	150.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
14,786.99	24,518.18	1,820.71			

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/23/14	**Amount:**	200.00
Receipt #:	91231	**Tendered:**	200.00
Check / Auth #:	VISA 025449	**Returned:**	0.00
Received By:	SADERLW		

Account Information

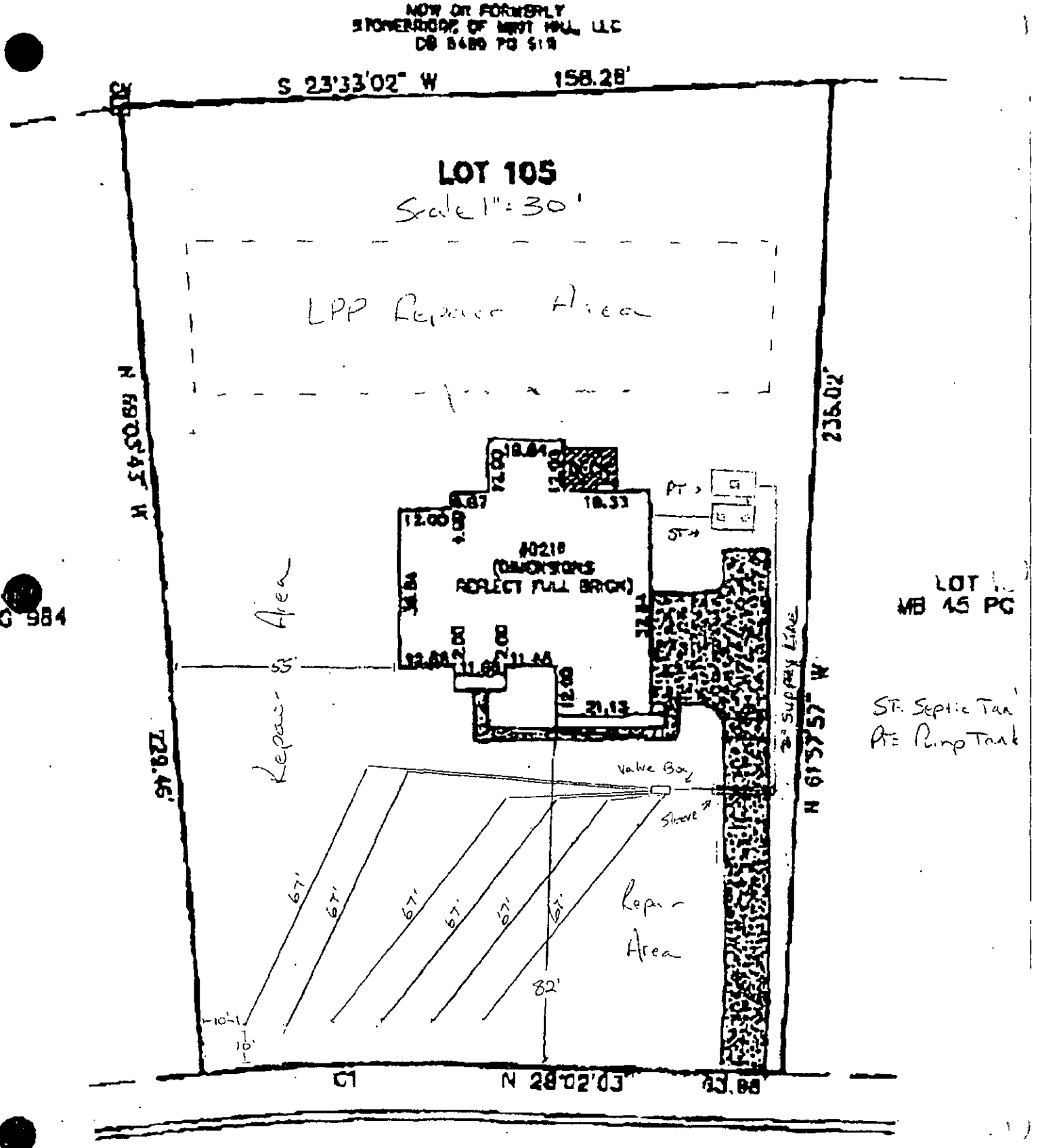
Account #: 200000
Contractor: CARDWELL BRADLEY
Attn:
Address:
Address:
City/State/Zip:

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorization STONEBRIDGE WAY LOT 105		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
1,805.00		587.40		534.65	

A LAND SERVICES
PONSIBLE FOR ANY
JE TO UNRECORDED
AND RESTRICTIONS



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/08/07	**Amount:**	150.00
Receipt #:	50533	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	AIDOOJK		

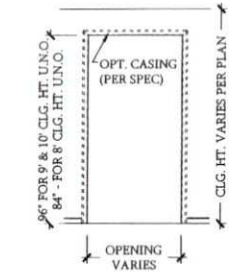
Account Information

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 8218 CASTLESTONE DRIVE		1	150.00	150.00

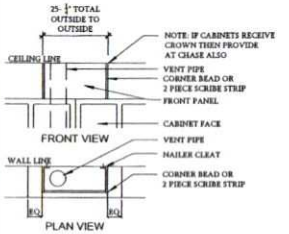
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Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
14,936.99	24,518.18	1,820.71			



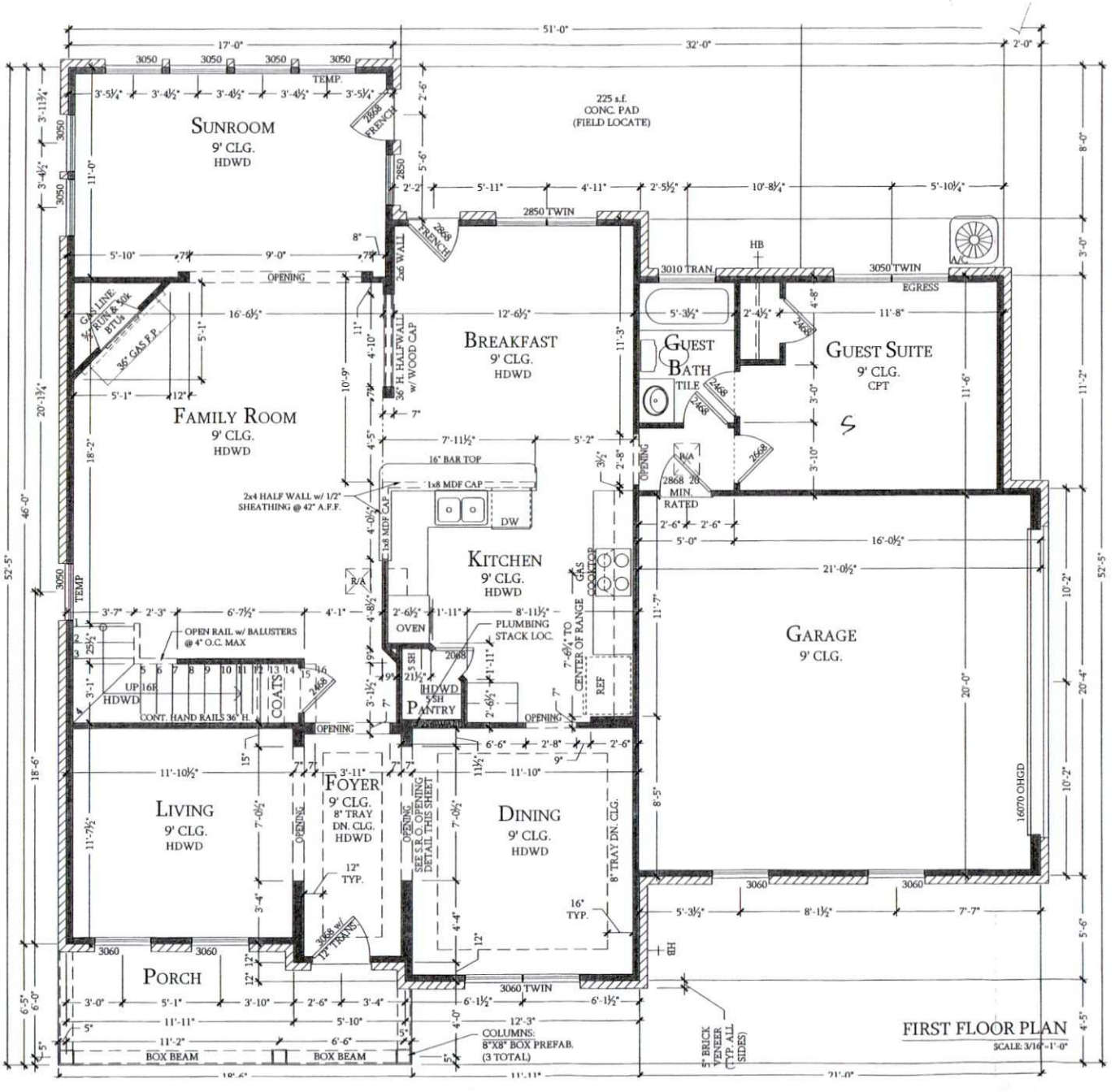
SHEETROCK OPENING DETAIL

SCALE: 3/16"=1'-0"



VENT PIPE CHASE FOR GAS COOKTOP

SCALE: N.T.S.



FIRST FLOOR PLAN

SCALE: 3/16"=1'-0"

DO NOT SCALE DRAWINGS
For Dimensions not shown contact plan coordinator for clarification

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

revisions:	
date:	revised by:

GENERAL NOTES

1. CONTRACTOR TO VERIFY ALL DIMENSIONS.
2. DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
3. PROVIDE WINDOW FALL PREVENTION PER IRBC 2012 SECTION R612
4. PROVIDE NOT LESS THAN 5/8" TYPE X GYP. BOARD OR EQUIV. PER SECTION & TABLE R302.6 DWELLING/GARAGE SEPARATION OF THE IRBC 2012
5. SEE ELEVATION SHEETS FOR WINDOW HEADER HEIGHT.
6. ALL ANGLED WALLS ARE AT 45 DEGREES UNLESS NOTED OTHERWISE.
7. WALL OPENINGS TO BE GYP. BOARD RETURN U.N.O.
8. SEE DETAIL SHEET FOR ARCHED & SHEET ROCK OPENING DETAILS.
9. SEE FIRST FLOOR FRAMING AND/OR ROOF FRAMING SHEETS FOR BEAM SIZE/LOCATION AND HEADER SCHEDULE.
10. VERIFY INTERIOR BEARING WALL LOCATION WITH TRUSS ENGINEERING PROVIDED BY TRUSS MANUFACTURER.

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FL. LIVING:	1518 s.f.
SECOND FL. LIVING:	1635 s.f.
TOTAL LIVING:	3153 s.f.
GARAGE:	381 s.f.
FRONT PORCH/COVERED ENTRY:	112 s.f.

STONEBRIDGE LOT 105

2856 - Park

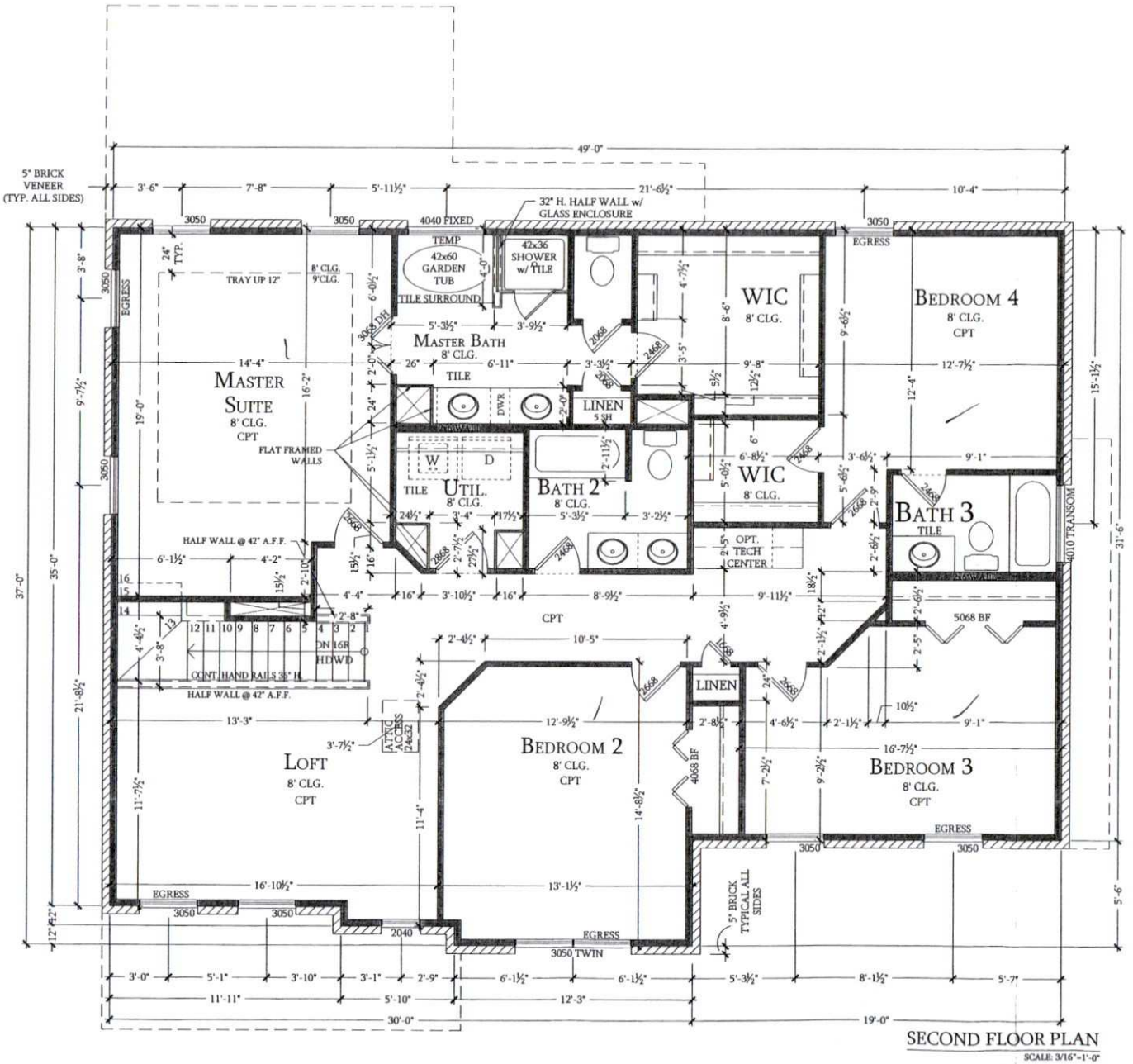
LiveWell Homes
THE BEST THINGS IN LIFE BUILT INTO YOUR HOME

310 Springcrest Dr.
Fort Mill, SC 29715
Phone: 704-574-0316

designed by:	lwh
drawn by:	fdl
checked by:	fdl
date:	12/03/12

A-3.0r

FIRST FLOOR PLAN



SECOND FLOOR PLAN

SCALE: 3/16"=1'-0"

DO NOT SCALE DRAWINGS
For Dimensions not shown contact plan coordinator for clarification

THESE PLANS ARE THE PROPERTY OF LIVE WELL HOMES, LLC. AND MAY NOT BE REPRODUCED, CHANGED OR COPIED WITHOUT THE EXPRESSED WRITTEN CONSENT OF LIVE WELL HOMES, LLC., NOR ARE THEY TO BE ASSIGNED TO A THIRD PARTY WITHOUT OBTAINING SAID WRITTEN CONSENT.

revisions:

date:	revised by:
-	-

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WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

STONEBRIDGE LOT 105

2856 - Park

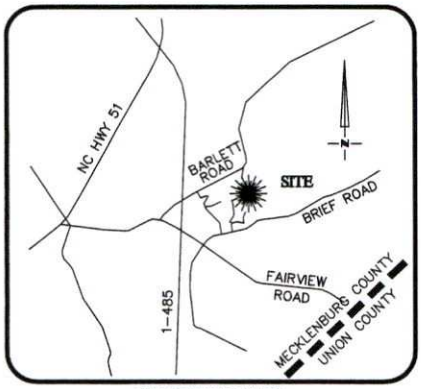
LiveWell Homes
THE BEST THINGS IN LIFE BUILT INTO YOUR HOME

310 Springcrest Dr
Fort Mill, SC 29715
Phone: 704-574-0316

designed by:	lwh
drawn by:	ldl
checked by:	ldl
date:	12/03/12

A-5.0r

SECOND FLOOR PLAN

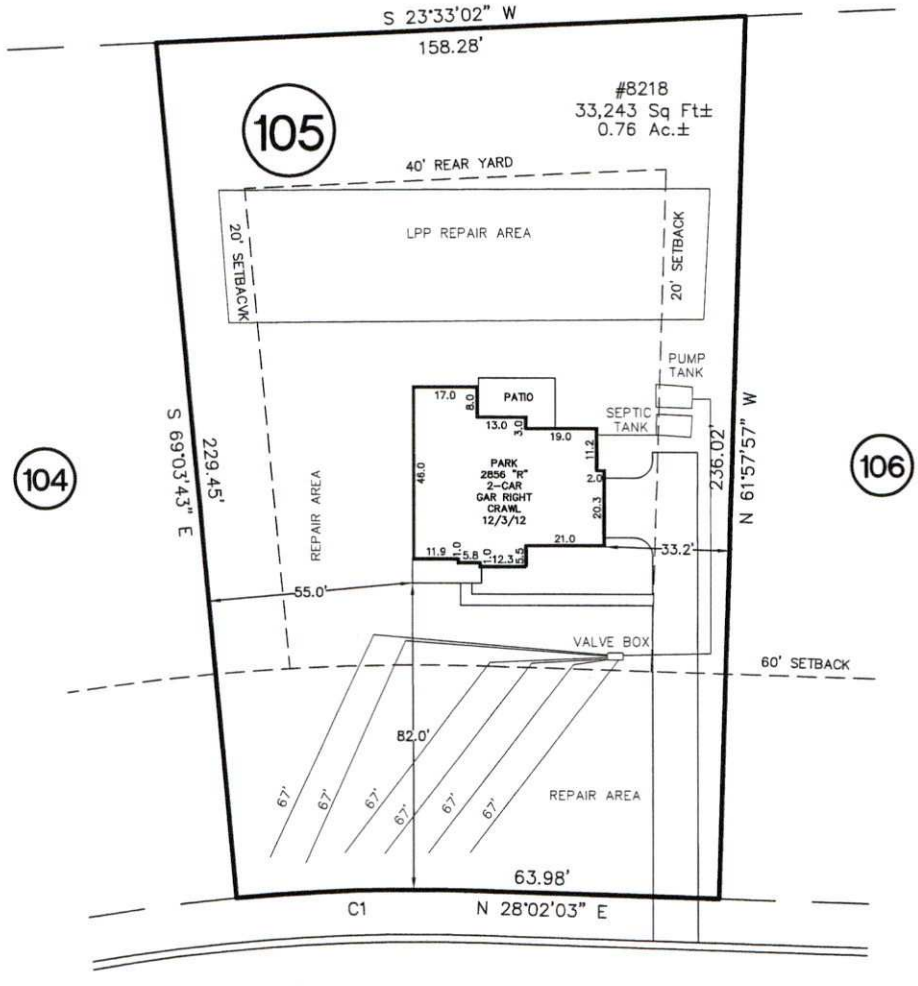


VICINITY MAP
Not To Scale

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

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STONEBRIDGE OF MINT HILL, LLC
DB 8480 PG 519
TAX # 139-03-225



CASTLESTONE DRIVE

60' PUBLIC R/W

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N24°29'10"E	65.60	65.64	530.00

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

40 0 40
SCALE: 1" = 40'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1833)
600 TOWNE CENTRE BOULEVARD, SUITE #309
PINEVILLE, NORTH CAROLINA 28134
PHONE (704) 927-8080
FAX (704) 889-0105

HOUSE LOCATION PLOT PLAN
FOR

LOT 105, STONEBRIDGE, PHASE 2 MAP 1 (REVISED)
Town of Mint Hill, Mecklenburg County, North Carolina

PROPERTY OF: LIVEWELL HOMES

MAP BOOK 46 PAGE 453 DEED REFERENCE

DRAWN BY: ERG | DATE: SEPTEMBER 26, 2014