Supervisor/Administrative Professional Checklist

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

New Septic Fees Paid:

IP ($250.00) LWS 2/11/15 Initials/Date

CA ($200.00) VAW 4/29/15 Initials/Date

OP ($200.00) VAW 4/29/15 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 ☑ 5/1/15

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

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

Send permit for signature. ☑ Signature received. ☑ _____

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

Certified operator contract is on file. ☐ _____

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 9109B WASPS App #: 7299

Primary ES assigned to project: Jeremy Michael

Secondary ES assigned to project:

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

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☑	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☑	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4			
	Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 0.3	Yes ☑	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☑	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☑	No ☐	N/A ☐

II. WASPS Review:

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

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: 12/4/15

OP issued date: 12/4/15

Review performed by: JAM Date performed: _____

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 # 7/093 App # 7299 Tax Parcel # 195-056-62

Property Owner: Traton Homes of the Carolinas

Job Location Address: 4214 Piaffe Ave

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

11/24/15
Date

Sid Gaskins
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 #: 91093 Permit #: 30007299 Tax Parcel #: 195-056-62

Property Owner: Traton Homes of the Carolinas

Job Location Address: 4214 Piaffe Ave

City: Mint Hill State: NC Zip Code: 28227

Operation Permit Issuance Date: 12-4-15 Contractor Name: Sid Gaskins

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

Liquid Capacity of Septic Tank: 1500 gallons Manufacture Infiltrator Plastic IM-1500 Effluent Pump Model: Na

Drainfield Installation ☐ N/A

Trench Depth: 33 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) IIIg

Depth of Cover: @21"to6 inches

Distribution Device: D-Box

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 16 feet

Distance from Property Line: @11 feet

Distance from Water Supply Source: >10 feet

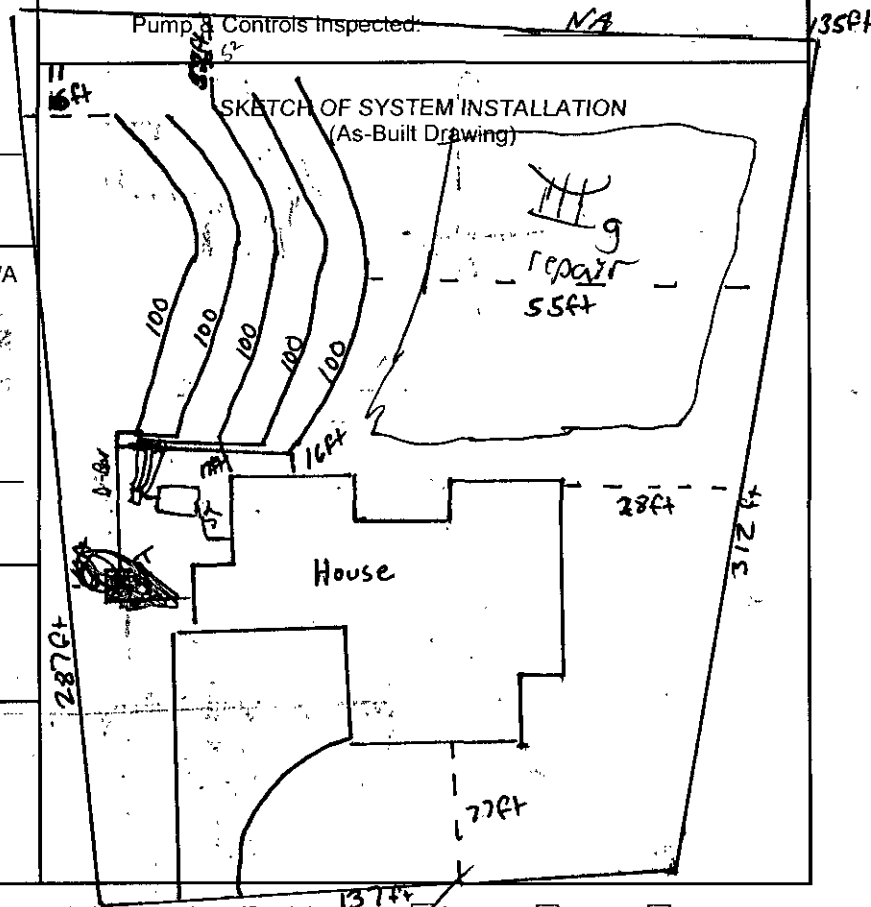
Inspection Dates

Tank(s) Inspected: 12-4-15 JBP

Excavation Inspected: 12-4-15 JBP

Pump & Controls Inspected: NA

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

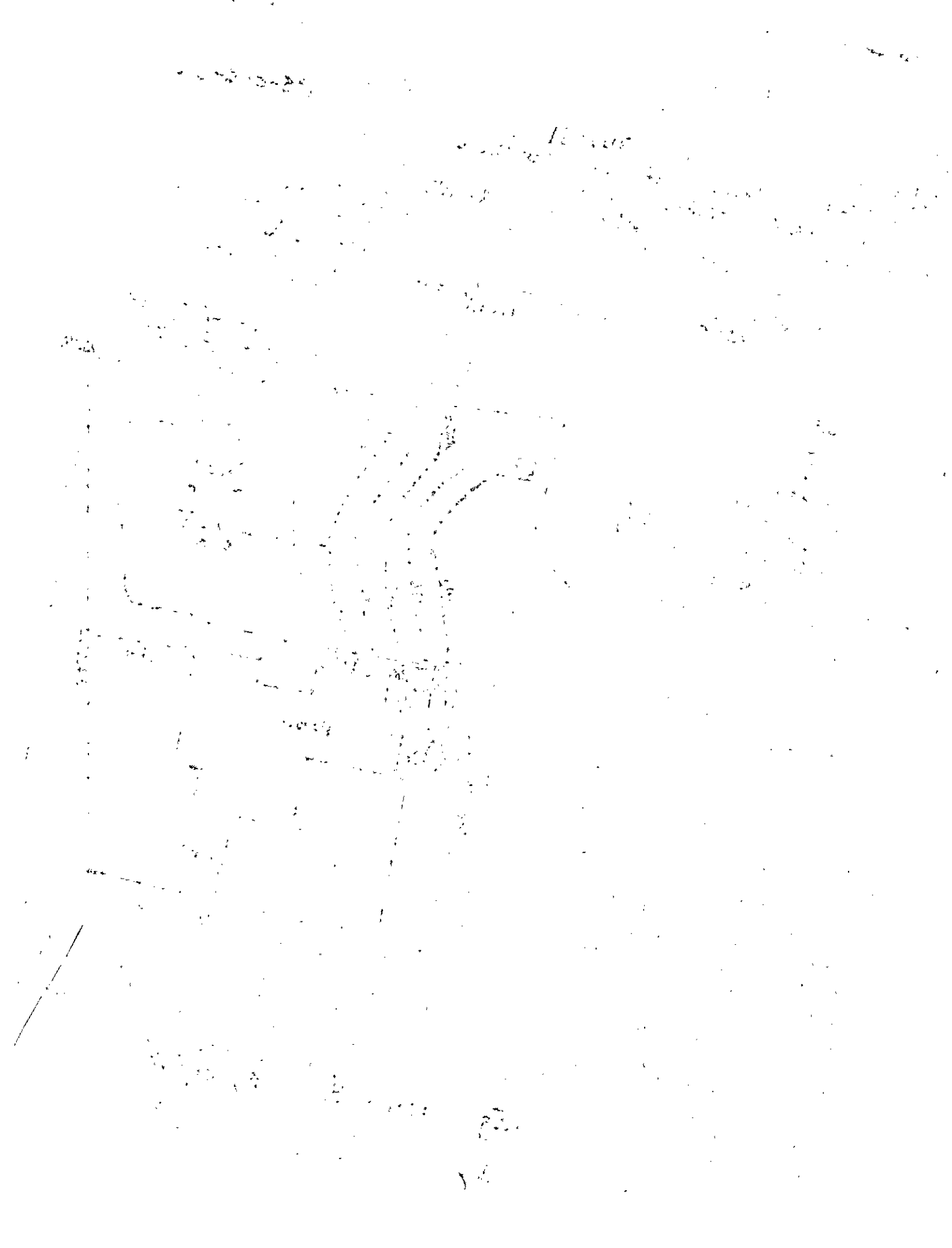


The undersigned has inspected the Septic Tank System described above, and certifies it has been ☑ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems"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

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

Comments: System Classification & Type: IIIg Quick 4 G, NA/NA

DENR Authorized Agent: Jacob Presley Signature: [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 #: 910913 Permit #: 30007299 Tax Parcel #: 195-056-62

Property Owner: Traton Homes of the Carolinas

Job Location Address: 4214 Piaffe Ave

City: Mint Hill State: NC Zip Code: 28227

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIg

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

Subsurface system operator required: Yes ☐ No ☒

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

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

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

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

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

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

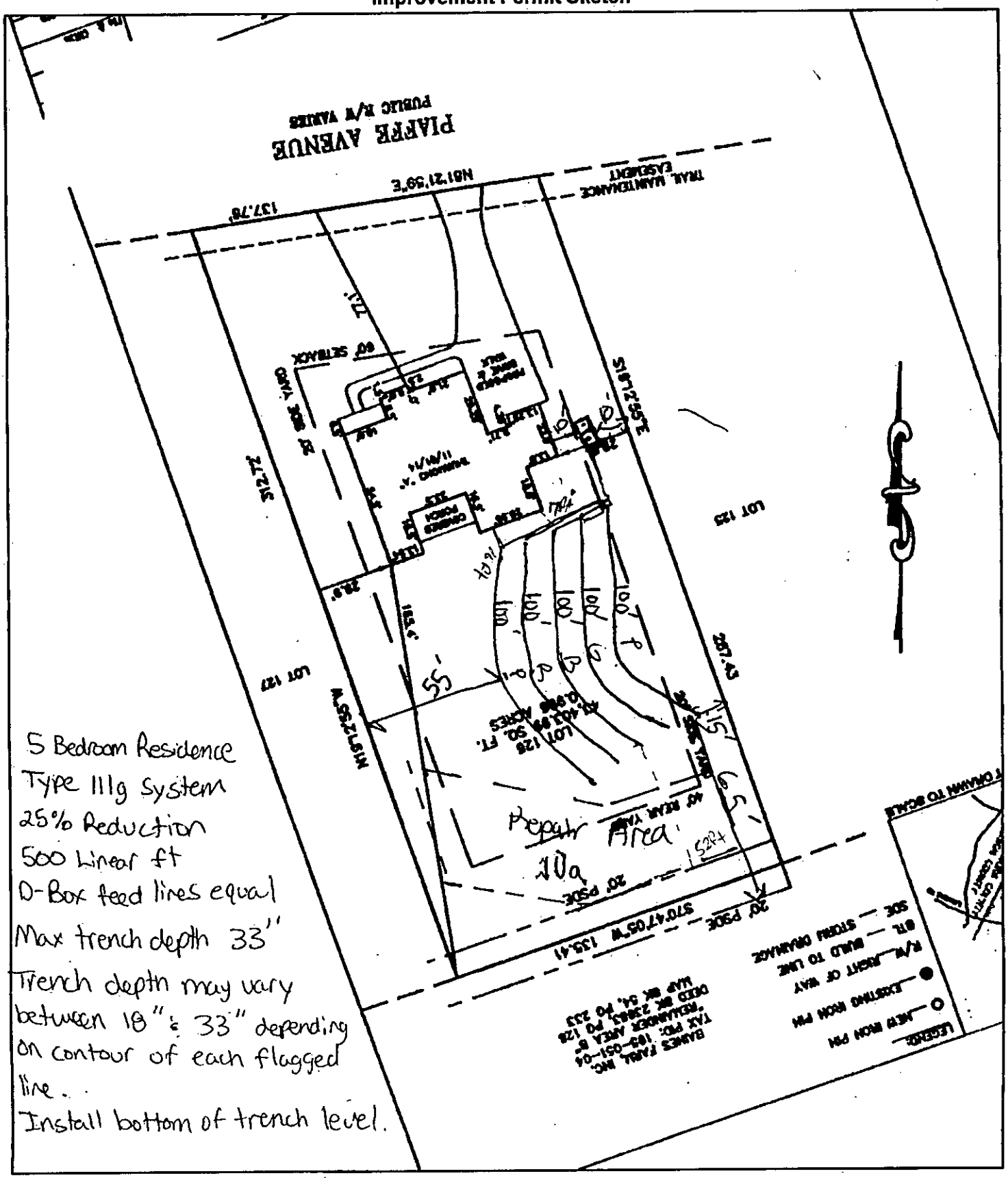
V. Other:

DENR Authorized Agent: Jacob Presley Date: 12-4-15

Signature:

PID: 195-056-62
FILE #: 9109B
APP ID: 7299

Improvement Permit Sketch



Drawn By: Quick 4
Date:

0 25 50 Feet

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 #: 30007299 GWS File #: 9109B Tax Parcel #: 195-056-62

- 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):** 3/18/2020

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

Structure Type: HOUSE Size (ft^2): 3881 # Bedrooms: 5 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	33	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: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 3/18/2015

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007299** GWS File #: **9109B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The Invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

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DENR Authorized Agent: Jeremy Michael

Signature: Jeremy Michael

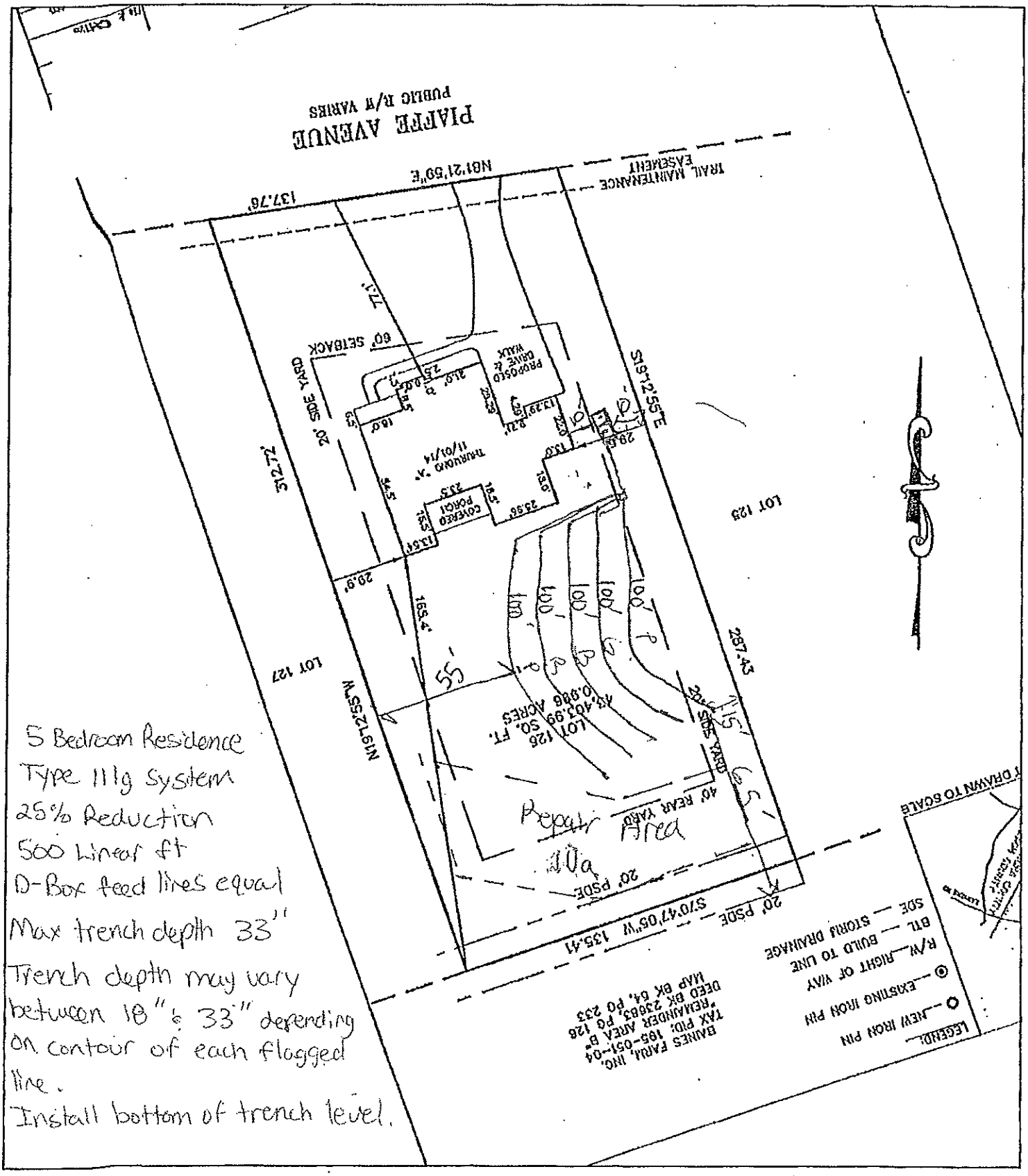
Date Issued: 3/18/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

PID: 195-056-62
FILE #: 9109B
APP ID: 7299

Improvement Permit Sketch



5 Bedroom Residence
Type IIIg System
25% Reduction
500 Linear ft
D-Box feed lines equal
Max trench depth 33"
Trench depth may vary between 18" & 33" depending on contour of each flagged line.
Install bottom of trench level.

Drawn By:
Date:

0 25 50 Feet

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

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

Permit #: 30007299 GWS File #: 9109B Tax Parcel #: 195-056-62

- 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.
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Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	*33*	*Depth of Media (in):*	*12*	*Distribution Device:*	*Distribution Box*		

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

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
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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: Jeremy Michael Owner/Legal Agent: Michael J. Hughes

Signature: Jeremy Michael Signature: Michael J. Hughes

Print Name

Date Issued: 3/18/2015

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: 30007299 GWS File #: 9109B

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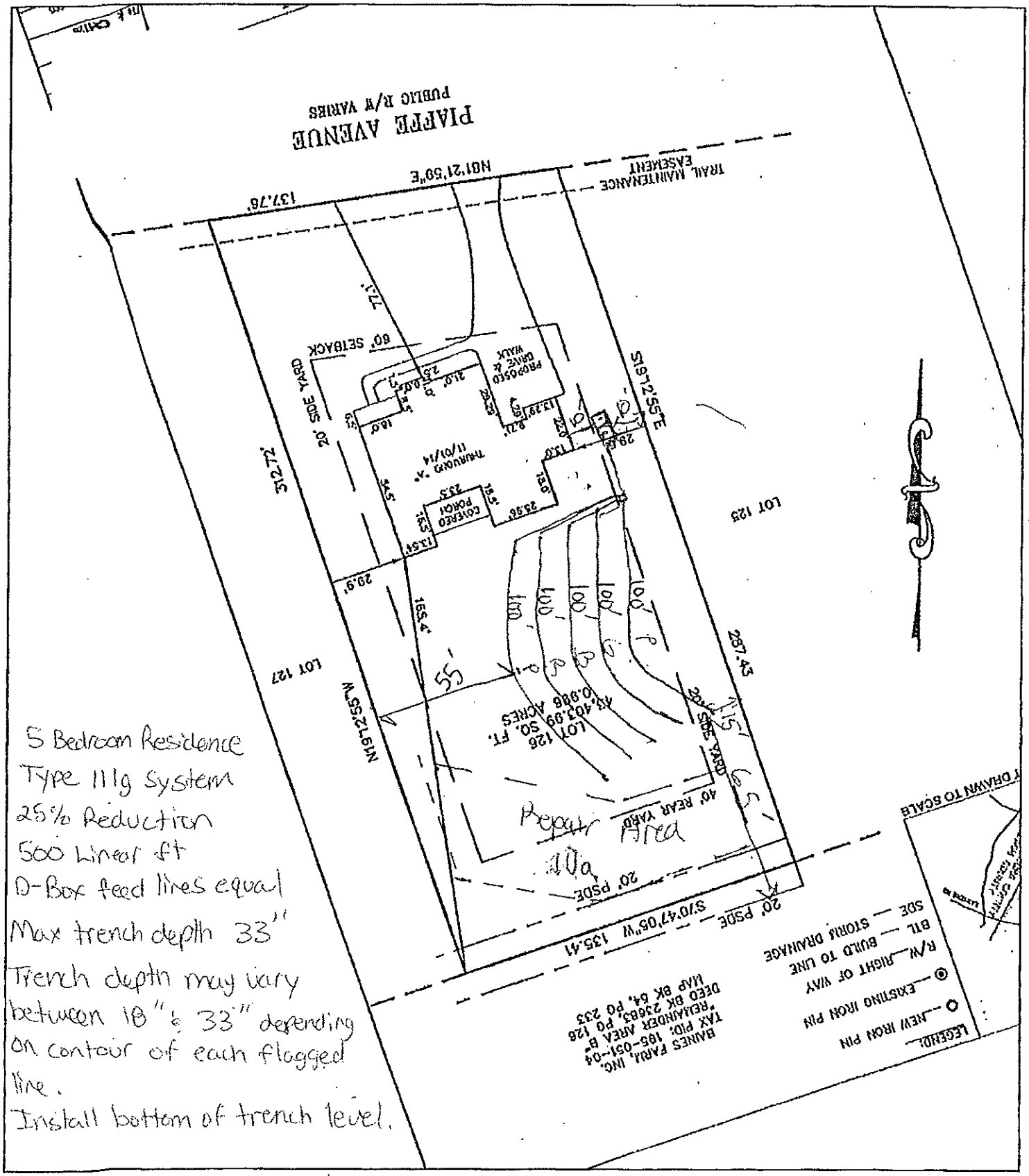
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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michael
Signature: Jeremy Michael
Date Issued: 3/18/2015

Owner/Legal Agent: Michael J. Hughes
Print Name
Signature: Michael J. Hughes

PID: 195-056-62
FILE #: 9109B
APP ID: 7299

Improvement Permit Sketch



5 Bedroom Residence
Type IIIg System
25% Reduction
500 Linear ft
D-Box feed lines equal
Max trench depth 33"
Trench depth may vary between 18" & 33" depending on contour of each flagged line.
Install bottom of trench level.

Drawn By:
Date:

0 25 50 Feet

S

FEE: 200.00
DATE:5/1/2015

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9109B

PERMIT NUMBER: 30007299

PARCEL NUMBER: 19505662

JOB LOCATION INFORMATION

ADDRESS: 4214 PIAFFE AVE

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

ISSUED TO: TRATON HOMES OF THE CAROLINAS LLC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/1/2015

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30007299, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

Job 090470967-004 (N2776508)

Details

Bin	
Cycle Number	
Facilitator	
Facilitator Phone	
Finished Date	
Is Quick Review	Y
Job Location	353177 TRATON / NEW RES. / PLN. REV. 4214 PIAFFE AVE MINT HILL
Project Size	Standard
Resubmittal ePlan Emails	N
Result	
Scheduled Review Date	
Started Date	Apr 7, 2015
Status	In Review
Unit	LUESA Groundwater

Processes

Assigned To	Status	Outcome	Scheduled Start	Scheduled Completed	Actual Start	Actual Completed
Start Quick Review						
	Complete	Started				Apr 07, 2015 18:21:59
353177 TRATON / NEW RES. / PLN. REV. 4214 PIAFFE AVE MINT HILL						
Perform Quick Review						
Jefferson, Keith; Corbitt, Lisa; Walke	Scheduled		Apr 07, 2015			
353177 TRATON / NEW RES. / PLN. REV. 4214 PIAFFE AVE MINT HILL						

Hierarchy

Job	Type	Created	Issued	Completed	Status
090470967-001	Residential Plan Review	Mar 12, 2015			Open
Residential Plan Review					
090470967-002	Unit	Apr 07, 2015		Apr 23, 2015	Closed
LUESA RTAC					
090470967-003	Unit	Apr 07, 2015		Apr 08, 2015	Closed
Mint Hill Zoning					
090470967-004	Unit	Apr 07, 2015			In Review
LUESA Groundwater					

Notes

9109B MECKLENBURG COUNTY HEALTH DEPARTMENT APP# 7299

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: 195-056-62
STREET ADDRESS: 4214 Piaffe Ave
CITY: Mint Hill
STATE: NC ZIP: 28227
SUBDIVISION NAME: Cheval
LOT #: 126 LOT SIZE (acres): 0.93
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: 3,881
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ◉ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ◉ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☑ ACCEPTED ☑ INNOVATIVE ☑ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** 3 1 2 4 ____

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?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Traton Homes of the Carolinas, LLC
ADDRESS: 10700 Sikes Place, Ste 105
CITY: Charlotte
STATE: NC ZIP: 28277
WORK PHONE: (704) 246-8705
MOBILE PHONE: (704) 363-0991
FAX: _____
E-MAIL: twilliams@tratonhomes.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

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

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

Revised on: 12/15/10

J. Presley

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.

TW (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Trey Williams — 2/10/15

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 250 DATE FEE RECEIVED: 2/11/15

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

APPLICATION PROCESSED BY: ✓ BA

GWS FILE NUMBER ASSIGNED: 91093

APPLICATION ID NUMBER ASSIGNED: 7299

COMMENTS:

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

Revised on: 12/15/10

File #: _____

PROPOSED PLOT PLAN

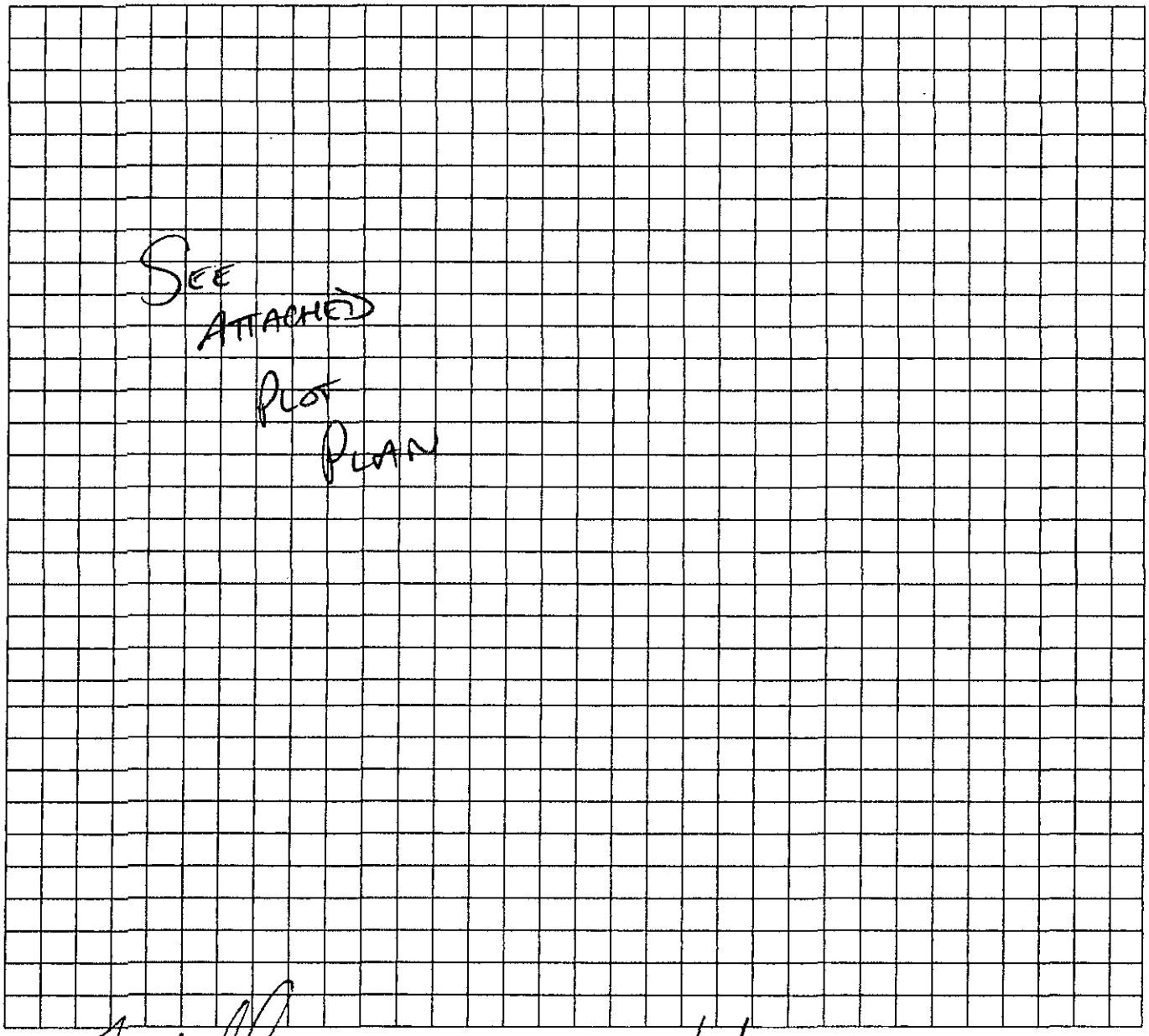
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 4214 PIAFFE AVE

Tax Parcel #: 195-056-62

Subdivision Name: CHEVAL

Lot #: 126

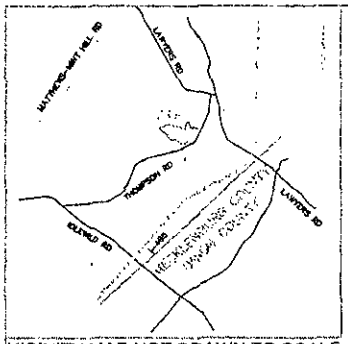


Property Owner's or Owner's Legal Representative Signature

2/10/15
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



VICINITY MAP NOT DRAWN TO SCALE

LEGEND:

O ___NEW IRON PIN

◉ ___EXISTING IRON PIN

R/W___RIGHT OF WAY

BTL ___ BUILD TO LINE

SDE ___ STORM DRAINAGE

BAINES FARM, INC.
TAX PID: 195-051-04
"REMAINDER AREA B"
DEED BK 23683, PG 126
MAP BK 54, PG 233



GRAPHIC SCALE

40 0 20

1 INCH = 40 FEET

THE ISAACS GROUP
CIVIL ENGINEERING DESIGN AND CONSULTING
8720 RED OAK BLVD., SUITE 420
CHARLOTTE, N.C. 28217
PH. (704) 527-3440 FAX (704) 527-8335
N.C. LICENSE C-1069 ~ S.C. LICENSE COA #1037

THIS IS TO CERTIFY THAT THE PROPERTY SHOWN ON THIS PLAT IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION COMMUNITY PANEL NUMBER 3704780065 E DATED: FEBRUARY 4, 2004 ZONE X.

PLOT PLAN
OF

4214 PIAFFE AVENUE

LOT 126, CHEVAL, PHASE 5, MAP 2

MINT HILL, MECKLENBERG COUNTY

NORTH CAROLINA

OWNER: TRATON HOMES

REVISION 0 ENVELOPE A MB. ___ PG. ___

Date: 1/7/15

File #: CH126

Project Pls: SSD

Drawn By: DFC

Surveyed By: ---

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

Sheet: 1 of 2
Property ID: 195-056-62
Lot #: 126
File #: 9109B
AppID: 7299

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Property Owner: Traton Homes of the Carolinas, LLC
Address: 10700 Sikes Pl., Suite 105, Charlotte, NC 28277
Proposed Facility: 5 Bedroom House
Design Flow (.1949): 600 GPD
Location: 4214 Piaffe Ave., Mint Hill, NC 28227
Water Supply: [ ] Public [ ] Individual [ ] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: owner
Date Evaluated: 2/25/2015
Property Size: 0.93 ac
Property Recorded: Unknown
[ ] Spring [X] Municipal
[ ] Cut
[ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 1941 Structure/ Texture	1941 Consistence Mineralogy	b PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	R 3%	0 - 2	gr L	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		2 - 13	wfsbk SCL	SS SP FR SEXP							
		13 - 49	mfsbk C	S P FR SEXP							
Boring #2	R 3%	0 - 2	gr L	SS SP FR SEXP	>50"	46	NA	NA	saprolite inclusions 15 - 46"	PS IV 0.3	33"
		2 - 15	wfsbk C	S P FR SEXP							
		15 - 46	wfsbk CL	SS SP FR SEXP							
		46 - 50	Saprolite	Need pit evaluation							
Boring #3	R 3%	0 - 2	gr L	SS SP FR SEXP	>49"	49	NA	NA		PS IV 0.3	36"
		2 - 45	mfsbk C	S P FI SEXP							
		45 - 49	mfsbk CL	SS SP FR SEXP							
Boring #4	HS 3%	0 - 5	wfsbk L	SS SP FR SEXP	>49"	49	NA	NA	yellow brown mottles 5 - 40"	PS IV 0.25	36"
		5 - 40	wfsbk C	S P FI SEXP							
		40 - 49	mfsbk CL	S P FR SEXP							

Description	Initial System	Repair System
Available Space (.1945)	ps	ps
System Type(s)	IIIg	IIIg
Site LTAR (gpd/sq ft)	0.3	**0.25/0.3***

***If area in front of house is utilized for partial repair then repair needs to be designed at a 0.25 LTAR. If back yard only used for repair then use 0.3 LTAR design.**

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

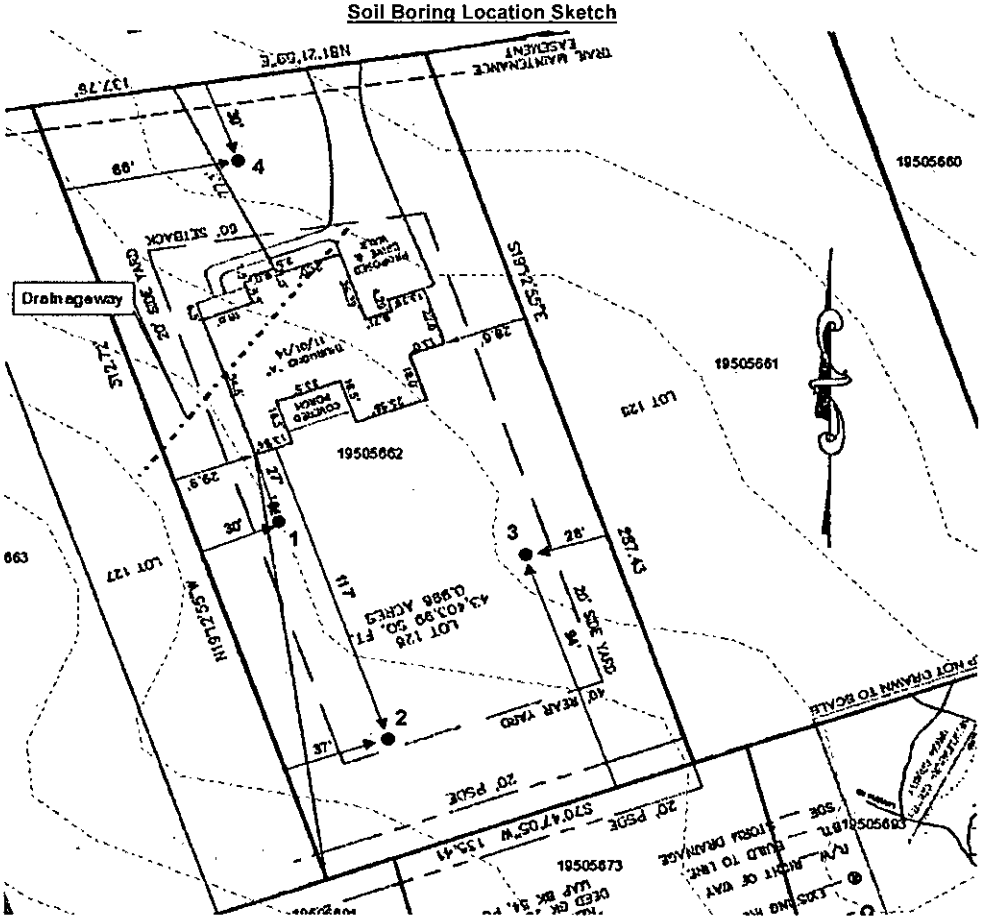
COMMENTS:

Sheet: 2 of 2
File #: 9109B
AppID: 7299

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

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



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

Property ID: 195-056-62
Lot #: 126
File #: 9109B
AppID: 7299

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

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PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN)	SOIL MORPHOLOGY 1941		b PROFILE FACTORS					Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
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Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR (gpd/sq ft)	0.3	**0.25/0.3***

***If area in front of house is utilized for partial repair then repair needs to be designed at a 0.25 LTAR. If back yard only used for repair then use 0.3 LTAR design.**

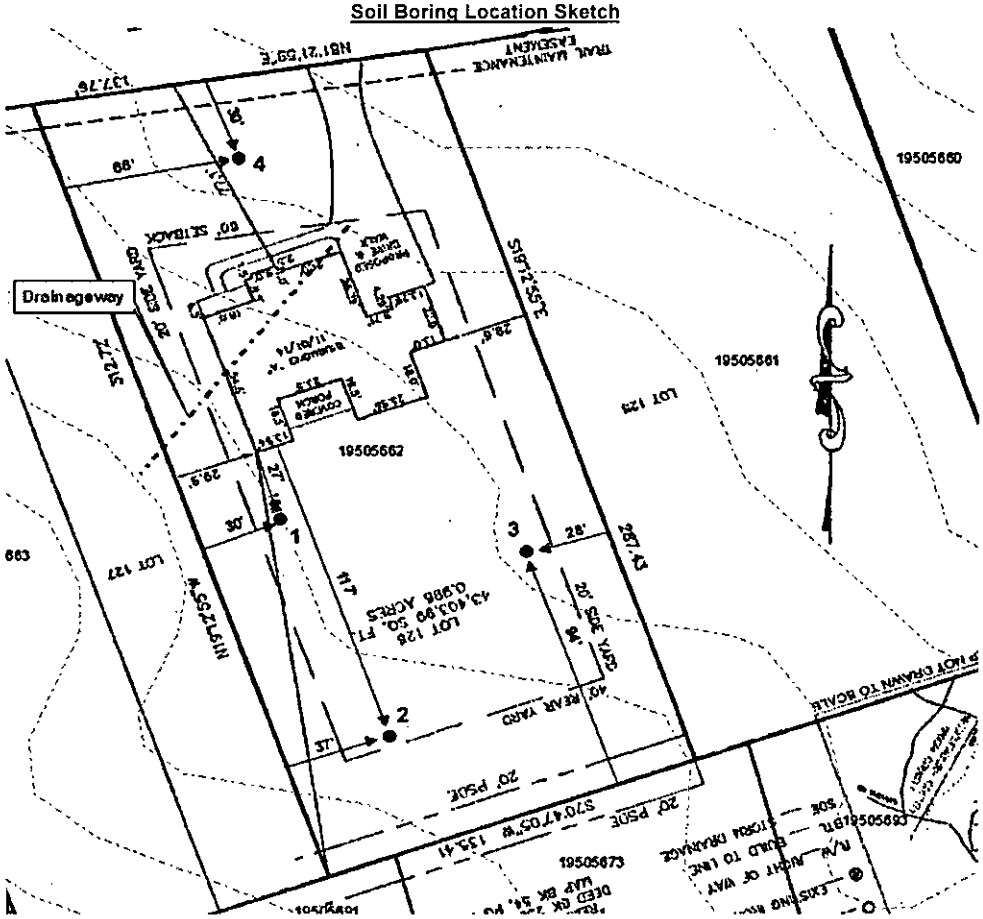
Other Factors (.1946):
Soil Evaluation By: Jacob Presley, REHS, LSS
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

COMMENTS:

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		SiL-Silt Loam		s-strong
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		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
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EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
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	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Soil Boring Location Sketch



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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007299** GWS File #: **9109B** Tax Parcel #: **195-056-62**

- 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):** 3/18/2020

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

Structure Type: HOUSE Size (ft^2): 3881 # Bedrooms: 5 # Occupants: 2

Building Foundation: Crawl Space Water Supply: Municipal

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

Initial System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	N/A
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1500	Total Trench Length (ft):	500
Maximum Trench Depth (in):	33	Depth of Media (in):	12	Distribution Device:	Distribution Box		

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

Repair System Specifications:

Design Flow (gpd):	600	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1500
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1000	Total Trench Length (ft):	333
Maximum Trench Depth (in):	33	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: Jeremy Michael Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michael Signature: _____

Date Issued: 3/18/2015

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30007299** GWS File #: **9109B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- 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.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

The 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:

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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: Jeremy Michael

Signature: Jeremy Michael

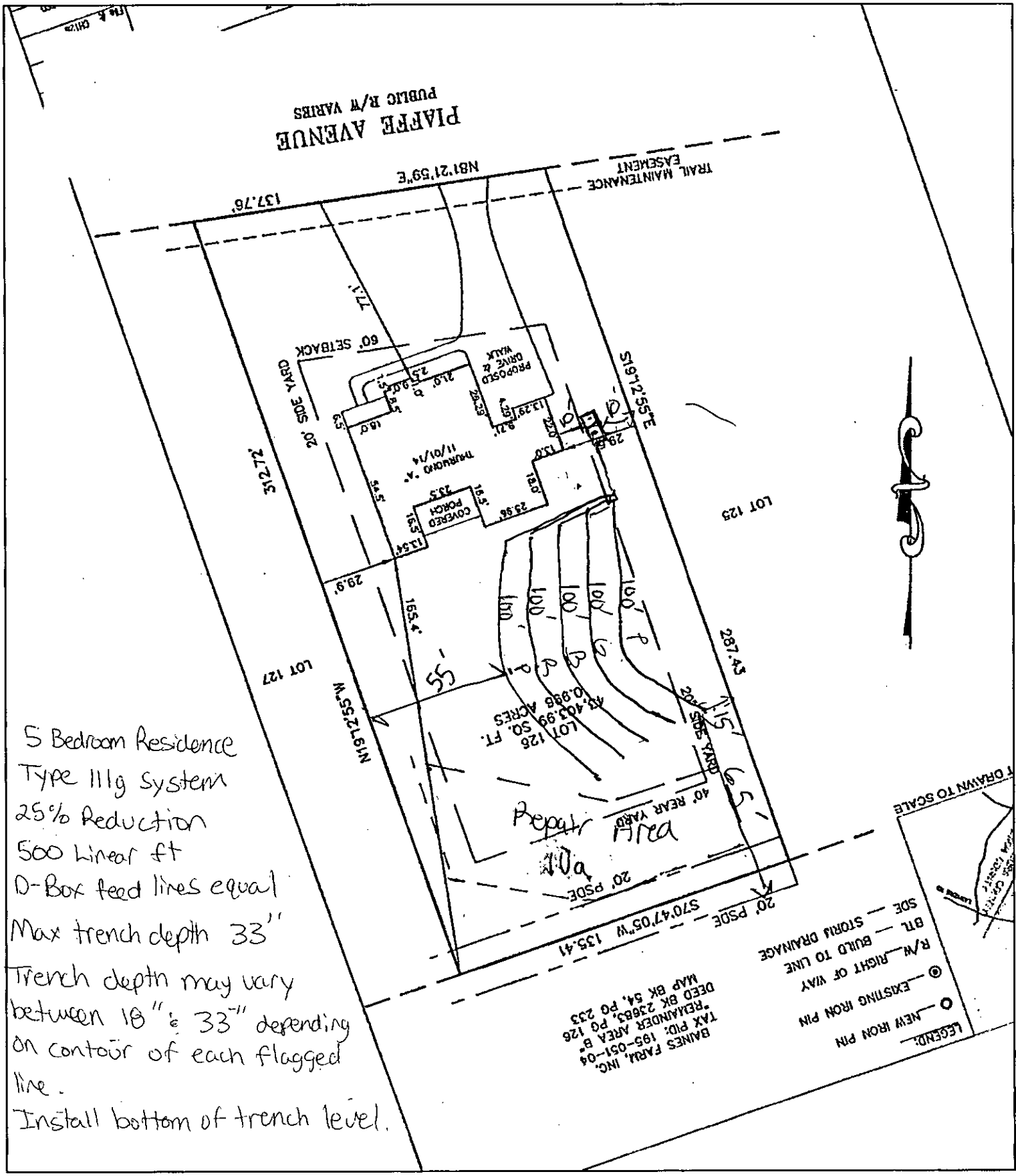
Date Issued: 3/18/2015

Owner/Legal Agent: _____
Print Name

Signature: _____

PID: 195-056-62
FILE #: 9109B
APP ID: 7299

Improvement Permit Sketch



5 Bedroom Residence
Type IIIg System
25% Reduction
500 Linear ft
D-Box feed lines equal
Max trench depth 33"
Trench depth may vary between 18" & 33" depending on contour of each flagged line.
Install bottom of trench level.

Drawn By:
Date:

0 25 50 Feet

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/29/15	**Amount:**	200.00
Receipt #:	94547	**Tendered:**	200.00
Check / Auth #:	CHECK 0019	**Returned:**	0.00
Received By:	WALKEVA		

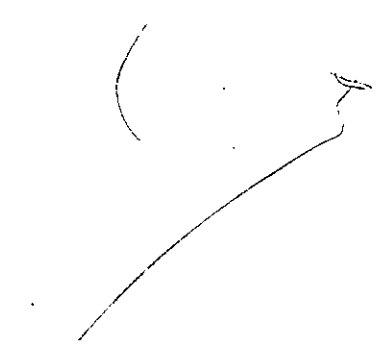
Account Information

Account #: 200000
Contractor: TRATON HOMES OF THE CAROLINA
Attn:
Address: 720 KENNESAW AVENUE
Address:
City/State/Zip: MARIETTA, GA 30060

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 4214 PIAFFE AVENUE		1	200.00	200.00

Outstanding Balances

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



MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/11/15	**Amount:**	250.00
Receipt #:	92759	**Tendered:**	250.00
Check / Auth #:	VISA 066342	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: Frank R Williams III
Attn:
Address: 10700 Sikes Place, Ste 105
Address:
City/State/Zip: Charlotte, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 4214 Piaffe Ave		1	250.00	250.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
10.00					

Sader, Linda

From: Trey Williams <twilliams@tratonhomes.com>
Sent: Tuesday, February 10, 2015 2:55 PM
To: Sader, Linda
Cc: Michael, Jeremy
Subject: Cheval 126- Residential septic permit
Attachments: doc20150210144232.pdf

Hi again Linda,

Our permit application for Cheval 126 is attached. When you return tomorrow, please call me for payment. Also, perhaps you can tell me how to set up an account with the county for permits/bills going forward.

I look forward to speaking with you again.

Best regards,

Trey Williams
Traton Homes, LLC
(o) 704-246-8705
(c) 704-363-0991
10700 Sike Place, Ste 105
Charlotte, NC 28277

~~704-336-3801~~

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/29/15	**Amount:**	200.00
Receipt #:	94546	**Tendered:**	200.00
Check / Auth #:	CHECK 0019	**Returned:**	0.00
Received By:	WALKEVA		

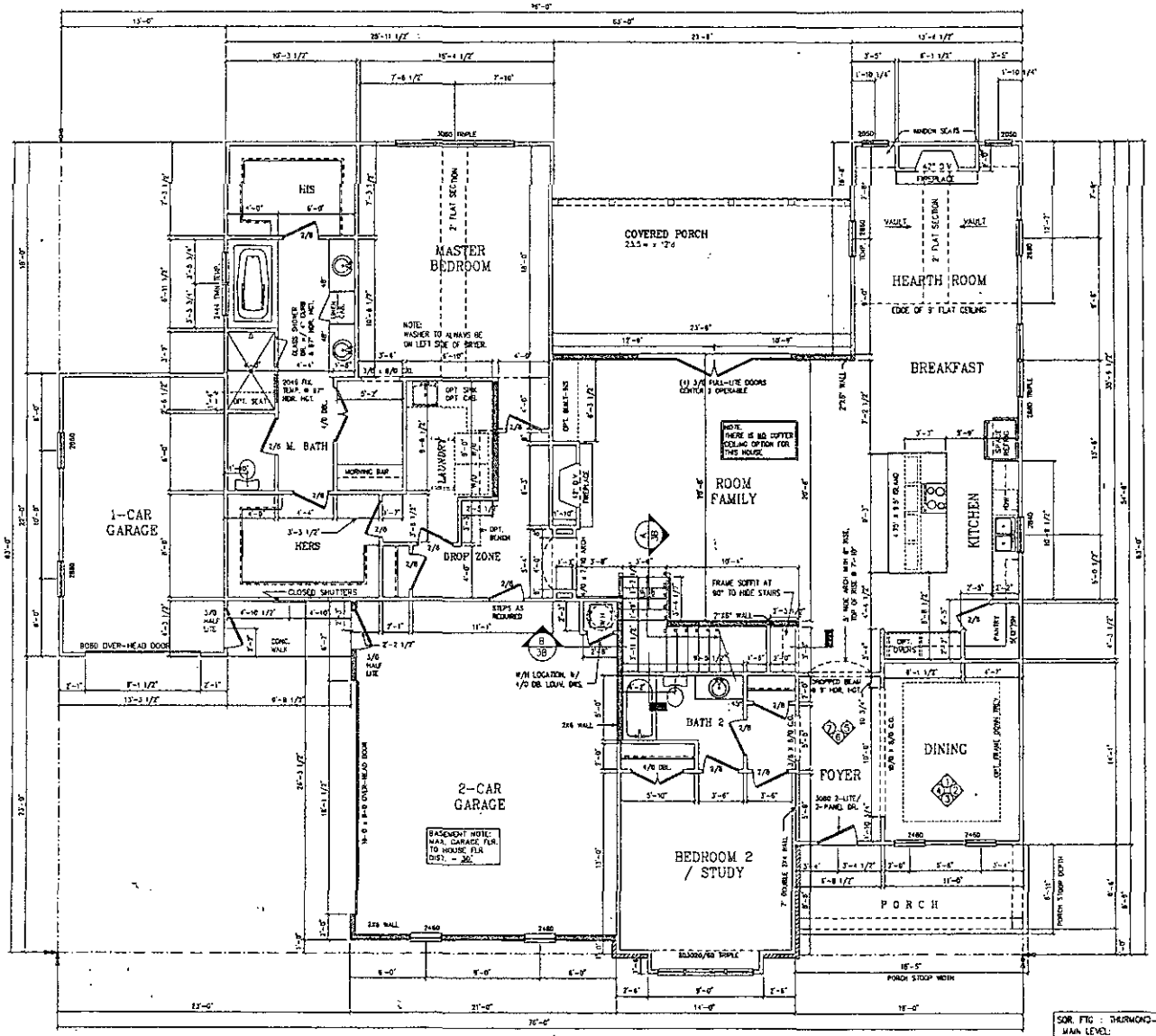
Account Information

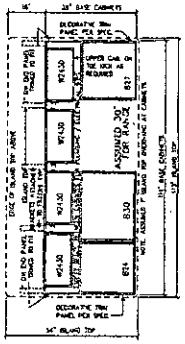
Account #: 200000
Contractor: TRATON HOMES OF THE CAROLINA
Attn:
Address: 720 KENNESAW AVENUE
Address:
City/State/Zip: MARIETTA, GA 30060

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat 4214 PIAFFE AVENUE		1	200.00	200.00

Outstanding Balances

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





KITCHEN ISLAND LAYOUT

NOTE! ALL 1st FLR. CEILING HTS. TO BE 10'-0" U.N.O. ALL 1st FLR. WINDOWS TO BE AT STD.(99.5") HDR. HT. U.N.O.

MAIN LEVEL PLAN

SCALE: 1/4" = 1'-0" (24" X 36" SHEETS ONLY.)

SQR. FTG. : THURMOND-A 2/1 CAR SE/YE GARAGE		
MAIN LEVEL:	2595 SF	26037 CF
UPPER LEVEL:	1285 SF	13396 CF
TOTAL:	3881 SF	39433 CF
2 CAR ATTACHED GARAGE:	552 SF	
1 CAR DETACHED GARAGE:	286 SF	
FRONT PORCH:	127 SF	
SCREEN PORCH:	284 SF	
SIDE PORCH:	42 SF	
CHECKED BY: TD	CHECKED ON: 03/28/14	

TRATON HOMES

PROJECT

Cheval
Thurmond - A
Mint Hill, North Carolina, 28227

ISSUE DATE: 11/01/14

Designed for TRATON HOMES by

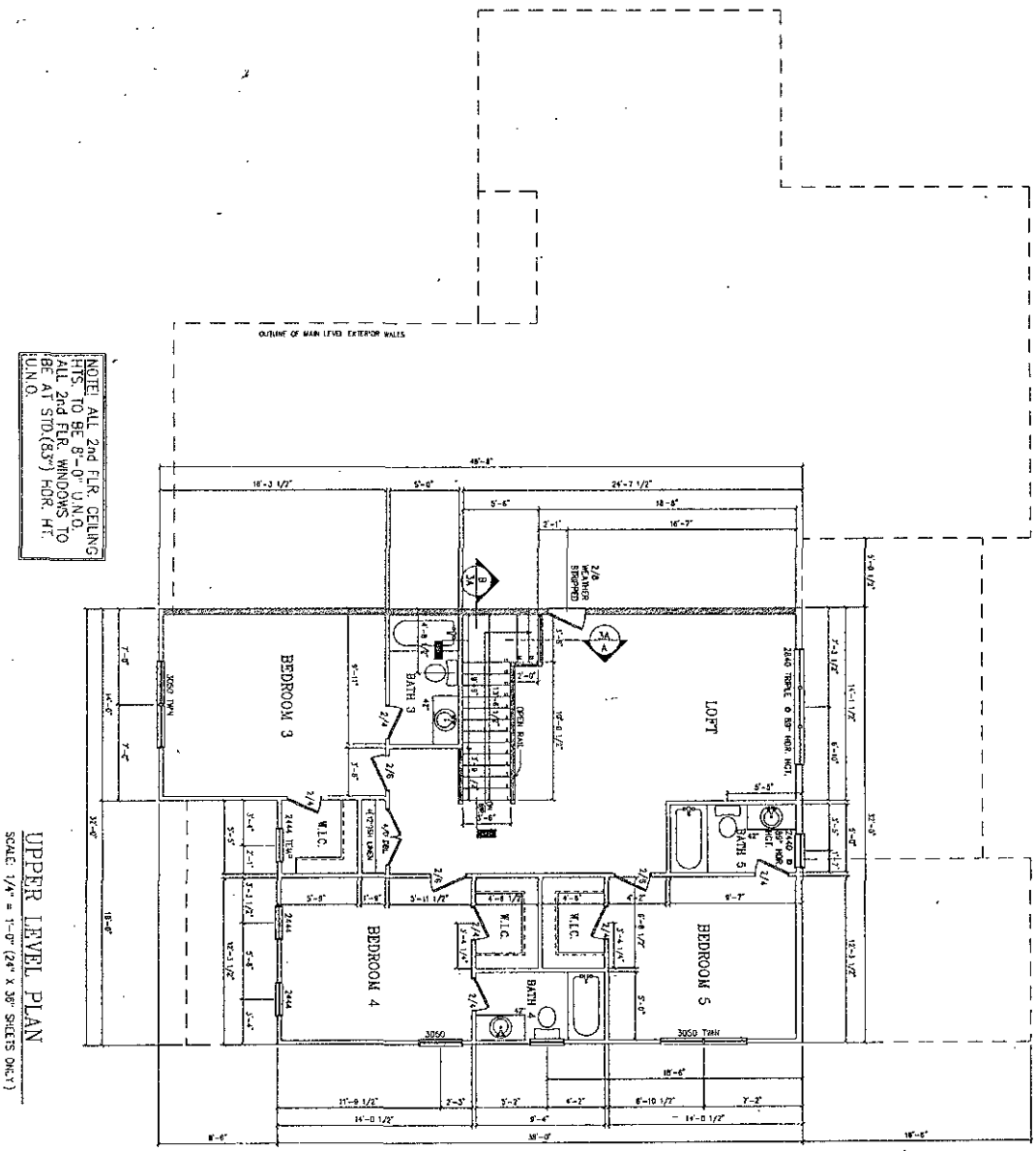
CALDWELL • CLINE
ARCHITECTS & DESIGNERS

TRATON HOMES of the Carolinas
10700 Sikes Place, Suite 105
Charlotte, NC 28277
Phone: 704-246-6705

PLAN	REVISIONS
Thurmond-A	
DRAWN BY: TD	

NOT FOR CONSTRUCTION

SHEET: 3 of 12



UPPER LEVEL PLAN

SCALE: 1/4" = 1'-0" (24" X 36" SHEETS ONLY)

SHEET: 4 OF 12

NOT FOR CONSTRUCTION

NO.	REVISIONS	DRAWN BY	PLAN
		ID	Thurmond-A

TRATON HOMES of the Carolinas
10700 Sikes Place, Suite 105
Charlotte, NC 28277
Phone: 704-248-6700

Designed for TRATON HOMES by

CALDWELL • CLINE

ARCHITECTS & DESIGNERS

222 Crescent Circle • Marietta, GA 30064
Phone 770-424-3883 • Fax 770-424-3377
www.caldwellcline.com

Cheval
Thurmond - A

Mint Hill, North Carolina, 28227

ISSUE DATE: 11/01/14

FIRST ISSUE DATE: 08/08/14

PROJECT

TRATON HOMES

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