

15808 LAKE RIDGE RD

21721226

6/18/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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15808
Lake Ridge
Rd

pick-up

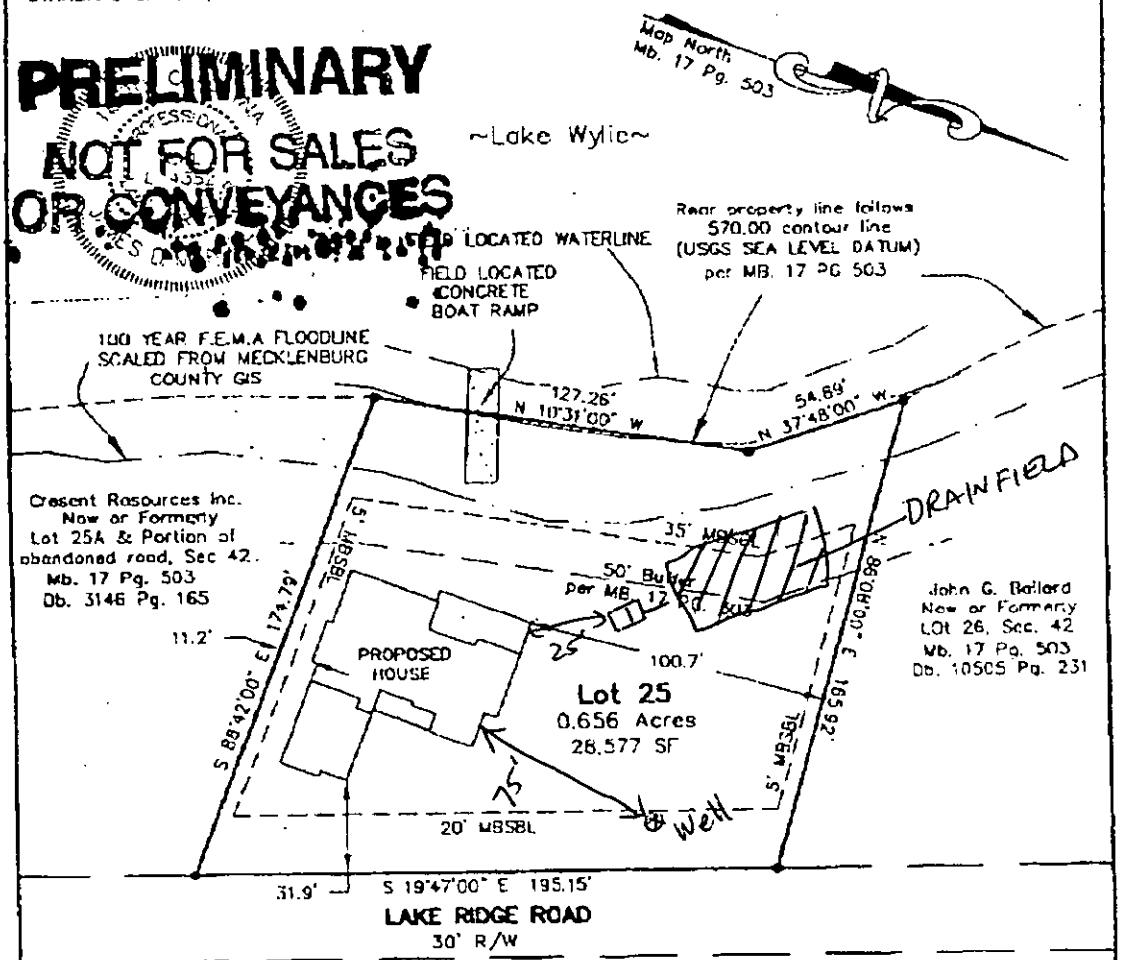
file # 11122

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NOTES

LOT SUBJECT TO ALL COUNTY ZONING RESTRICTIONS AND SUBDIVISION RESTRICTIONS.
NO UNDERGROUND UTILITIES SHOWN.

PRELIMINARY
NOT FOR SALES OR CONVEYANCES



LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
PC	PLAT CABINET
DB	DEED BOOK
PG	PAGE
MBSBL	MINIMUM BUILDING SETBACK LINE
GUE	GENERAL UTILITY EASEMENT

M·cAULEY LAND SURVEYING
JAMES D. McAULEY PLS#4352
Surveying Design Management

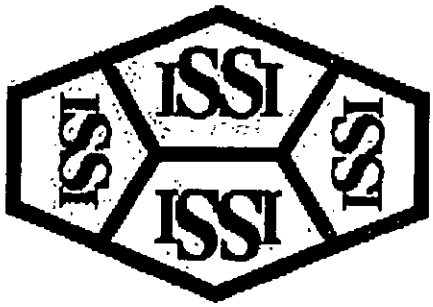
PLOT PLAN FOR:
Robinson Custom Homes, LLC
15808 Lake Ridge Road
Lot 25 Recreational Lots, Section 42, MB. 17 PG. 503
CURRENT OWNER REF: DB 11514 PG 848
City of Charlotte, Mecklenburg County, NC
Scale: 1" = 50' Date: 11. June 2007

JAMES D. McAULEY, PLS#4352
3125 GRUBBLE ROAD, MATTHEWS NC 28104
(704) 821-4583 OFFICE (704) 821-4519 FAX

Dwg. File: Z:\SDSK\PROJ\3620101\LOT25LRR.DWG

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ISSI Operations Center Staff

SEE INSTRUCTIONS ON BACK

Date Received 6/29/76

ICAR(S) Application No. 1122

T. C. No. 217-131-2N

Map Date 3-25-76

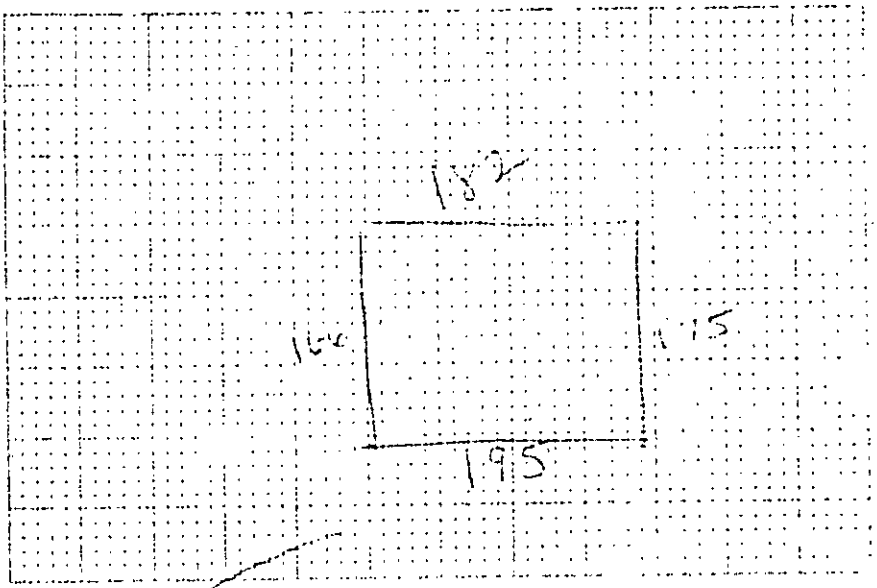
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property [underlined hereafter] applies to the Mecklenburg County Health Department for a permit to

1) ✓ Install or Construct 2) ___ Alter a Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Public Use Water No

Easements

6) Water by Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Iron Another ✓ Yes ___ No

9) Water Supply

a) Individual Well ✓

b) Governmental System ___

c) Community System

Well source

Governmental source

10) Sewage System

a) Is a sewage system within 200 feet of public sewer ___ Yes ✓ No

b) Is one located within 200 feet of community sewer ___ Yes ✓ No

11) EPA Case No ___

12) HA Case No ___

13) NAME OF OWNER WILLIAM PARLIER WILLIAM CARSON
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 1316 HOLMES DR. CHARLOTTE NC 28209

15) PHONE NO. Home 525 5689 Office 523 7744

16) LOCATION OF SYSTEM Lake Ridge Road
(STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 42 Block No. ___

Map Book No. 17 Page No. 503

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6/29/76

20) PTR NUMBER (See Instructions) 1123

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION

William C Parlier
OWNER

FORM NO. E-H-H-2M 6-75

HEALTH DEPARTMENT'S COPY

Serial No. 0009

ICAR(S) Permit No. 11122

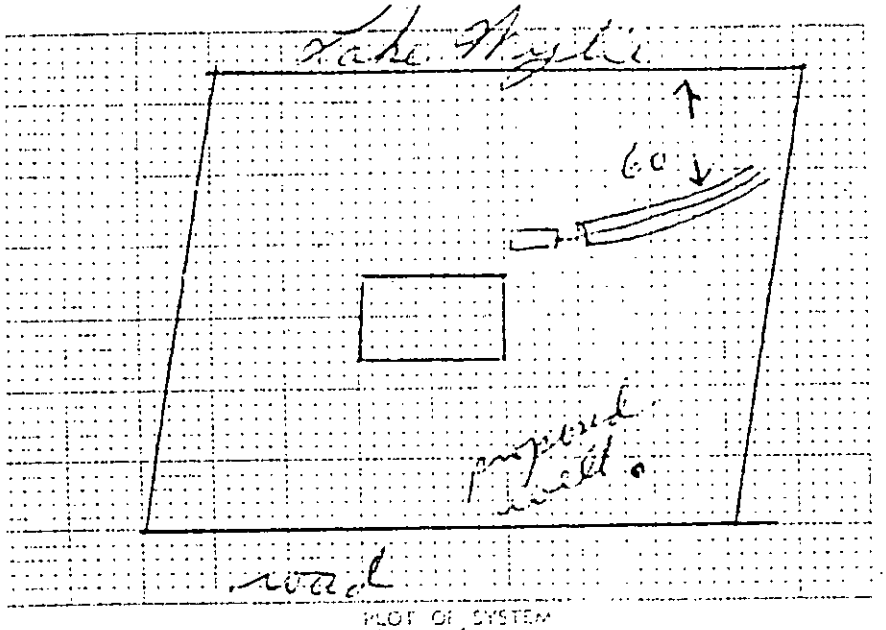
T. C No. 917-131-02N

Date Issued 13 Aug 1926

Map Date 3-25-26

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 11132 dated 6-29-26 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 10 Sep 1926, after which date this permit shall be null and void



PLOT OF SYSTEM

Proposed Type: 6.0

Estimated Flow: 1500 gal

Type Cover: gravel

Approved Rate of Application: ___

Total Trench Length: 400

Number of Lines: 5

Distance Between Lines: 10

Depth of Trenches: 10

Proper Width: 100'

NAME OF OWNER William C. Parlier

LOCATION OF PROPERTY Lake Wylie (off Bel Fay Club Rd.)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Section before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: install in dual 13½ x 40 x 3½' stone

✓ ✓ ✓

John R Adkisson

Director or Section Head — Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EnD-5-76

Health Department Copy — Client's Copy

C of A (s) No. 11122

Serial No. 0009

T. C. No 21-131-02N

Date Issued 13 Aug 1926

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

John R. Adkisson

CERTIFICATE OF COMPLETION CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Conklin Hilliam C
LAST FIRST MIDDLE

Location of Property Lake Wylie (Off Red Bay Club Rd.)

Application Number 11122 Permit Number 11122

Inspection Data:

Liquid Capacity of Tank 1250.0 Tank Material precast

Total Length of Drain Tile 400 Number of Lines 5

Depth of Filter Material 24" Cover Depth 18"

Water Supply Source proposed well Distance from Water Source 100'

Excavation Inspected ____ Tank Inspected 8-13-26
DATE DATE

Nitrification Field Inspected 8-13-26
DATE

Washing Machine Line Inspected, If Applicable N/A
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed as constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to the restrictions and conditions shown on the property in addition to those listed below or otherwise made. This Certificate of Approval 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.

Comments installed as permitted

John R. Adkisson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

The hobby room & office rooms in basement will not have closets in the design. The bonus room upstairs will not have a closet. The house will have total of 3 bedrooms.

Chris

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 11122 WASPS App #: _____

Primary ES assigned to project: Chris Sherrill

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐ Addition ✓

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: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☑
.1939(d), .1955, .1956, .1957	LTAR	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?			
.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 ☑

H. 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 ☐

Comments: # Items requiring correction/modification: _____

Use existing system / Building new house using the existing system on lot.

IA issued date: NA

OP issued date: NA

Review performed by: Phil Walker Date performed: 7/10/07

X40046 HAD Approved Plot Plan CS 2463

FEE: 100.00
DATE: 7/2/07
CRT [ ] X40046

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 11122

TYPE APPLCATION:

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☑ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Shenan Robinson & Robinson Prop
ADDRESS: PO Box 49404
CITY: Charlotte
STATE: NC ZIP: 28277
PHONE: 9807220784
ALTERNATE PHONE: 7045406816

JOB LOCATION INFORMATION
TAX/PARCEL #: 21721226
STREET ADDRESS: 15808 Lake Ridge Rd.
CITY: Charlotte, NC
STATE: NC ZIP: 28216
SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #: 25

PROPERTY OWNER:
NAME: Carl Holbrook
ADDRESS: 203 Laurel Glen Dr.
CITY: Mooresville
STATE: NC ZIP: 28115
PHONE: 704
ALTERNATE PHONE:

TOWNSHIP:

- ☑ 0-MECKLENBURG
- ☑ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☑ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☐ SUNROOM
- ☐ PORCH
- ☐ DECK
- ☑ OTHER New Home

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- ☐ DETACHED GARAGE
- ☐ DETACHED GARAGE WITH PLUMBING
- ☐ POOL HOUSE
- ☐ SHOP
- ☐ BARN
- ☐ STORAGE SHED
- ☐ DETACHED PORCH / DECK
- ☐ OTHER

*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: 7/2/07

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

OK to use existing system

EHS Signature — Date: 7/6/07

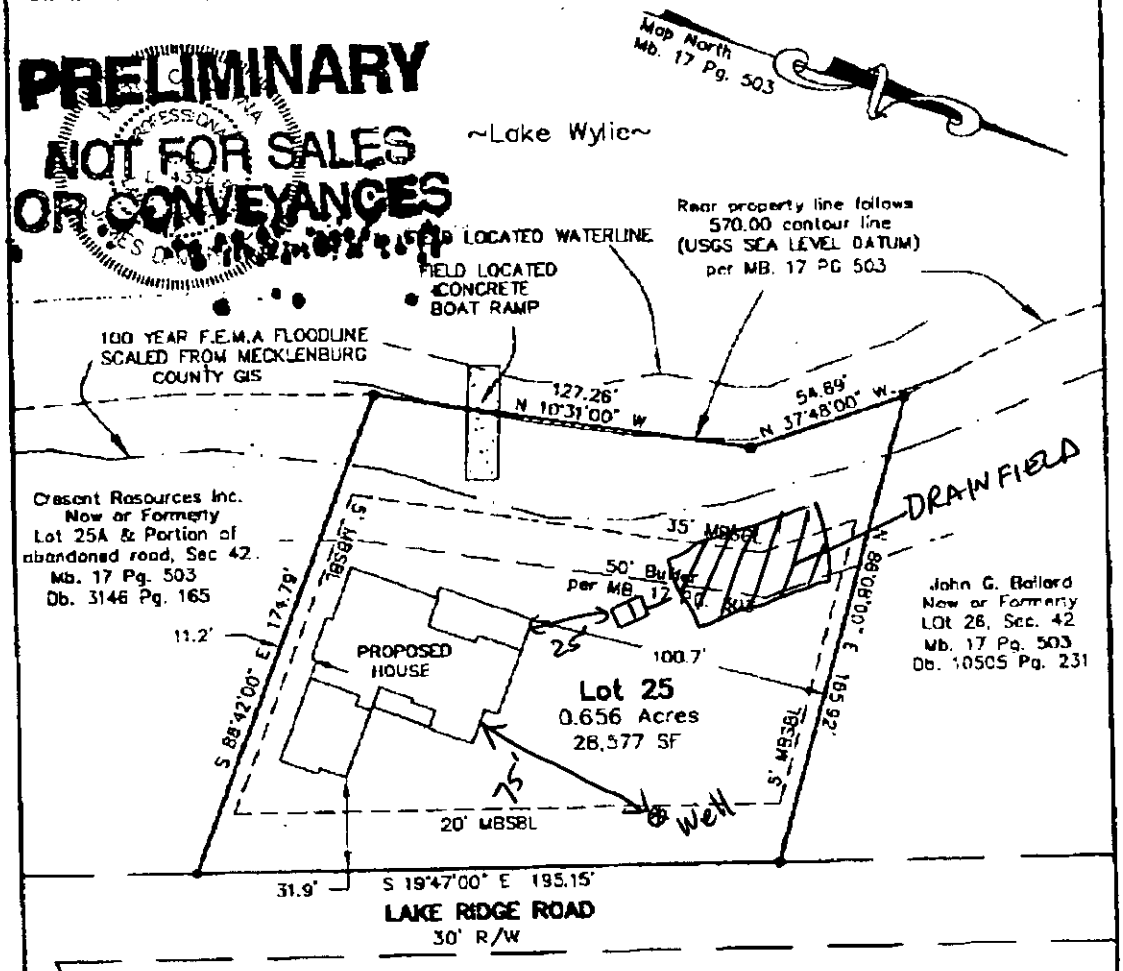
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Surveying Design Management

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CURRENT OWNER REF: DB 11514 PG 848
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Scale: 1" = 50' Date: 11, June 2007

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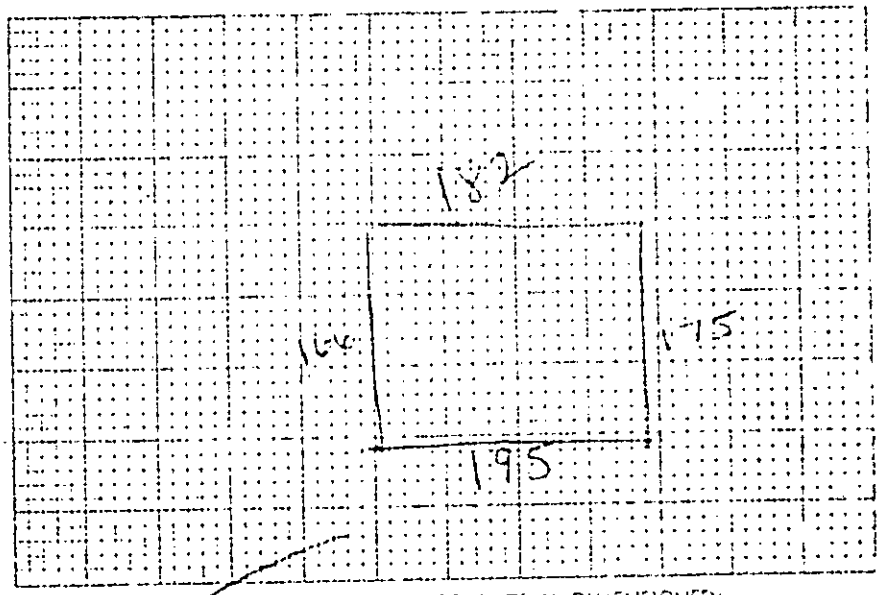
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The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No. Employees _____

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1 Well source _____
2 Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
Use located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER William PARLIER (LAST) WILLIAM (FIRST) CARSON (MIDDLE)

14) ADDRESS OF OWNER 1316 HOLMES DR CHARLOTTE NC 28209

15) PHONE NO. Home 525-5689 Office 523-7744

16) LOCATION OF SYSTEM Lake Ridge Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 20 Block No. _____

Map Book No. 17 Page No. 503

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 6/29/76

20) PTR NUMBER (See Instructions) 1122

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

William C Parlier
OWNER

DATE OF APPLICATION

FORM NO. E-H-H-2M-6-75

HEALTH DEPARTMENT'S COPY

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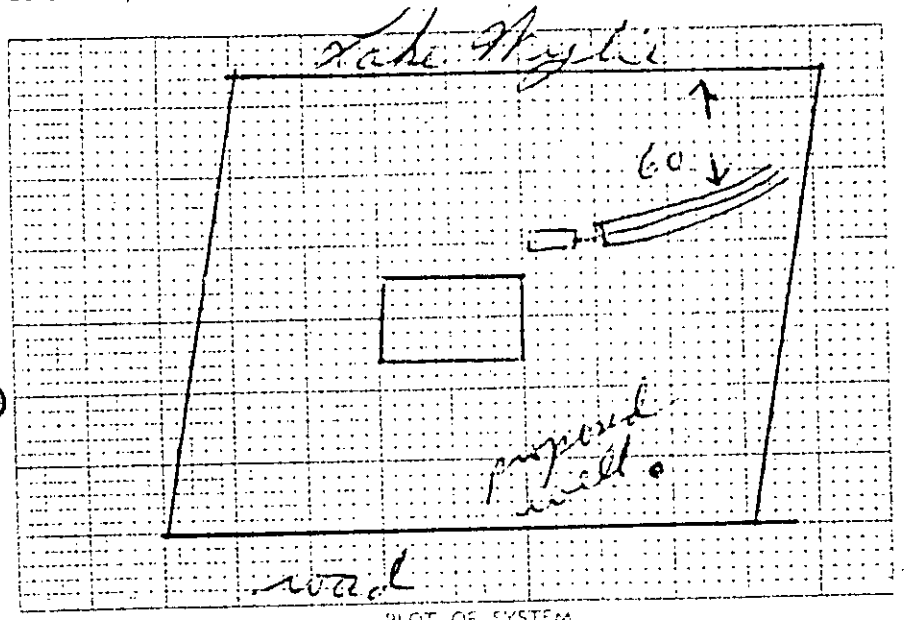
ICAR(S) Permit No. 11122

T. C. No. 217-131-02

Map Date 3-25-26

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PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500

Tank Construction precast

Absorption and/or Filtration Lines

Total Line Length 400

Number of Lines 5

Distance from House 10

Distance from Property Line 10

Distance from Well 100'

NAME OF OWNER William C. Pardue

LOCATION OF PROPERTY Lake Wylie (off Bel Eg Club Rd)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: install in bed 12½ x 40 x 3½' stone

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Environmentalist

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John R Adkisson

CERTIFICATE OF COMPLETION CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Larkin William C.
LAST FIRST MIDDLE

Location of Property Lake Wylie (off Red Eag. Club Rd.)

Application Number 11122 Permit Number 11122

Inspection Data:

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Excavation Inspected ____ DATE Tank Inspected 8-13-76 DATE

Nitrification Field Inspected 8-13-76 DATE

Washing Machine Line Inspected, If Applicable NA DATE

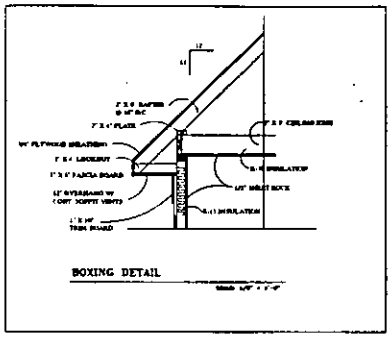
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments installed as permitted

John R Adkisson
Environmentalist

EHD-5-76

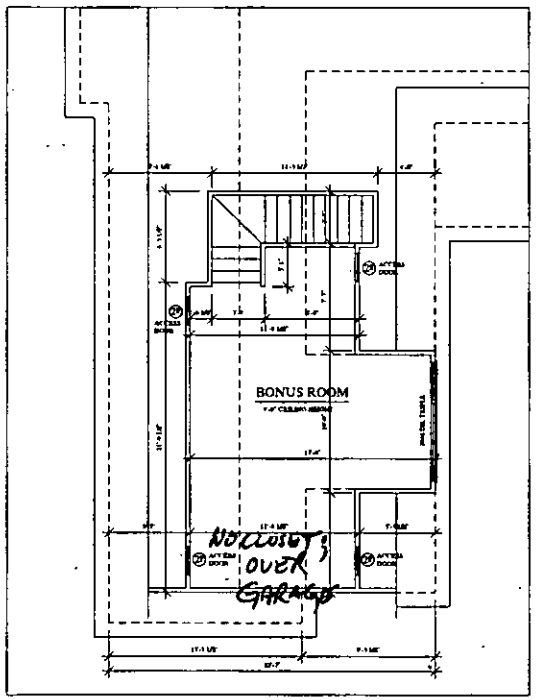
Environmental Health Department's Copy

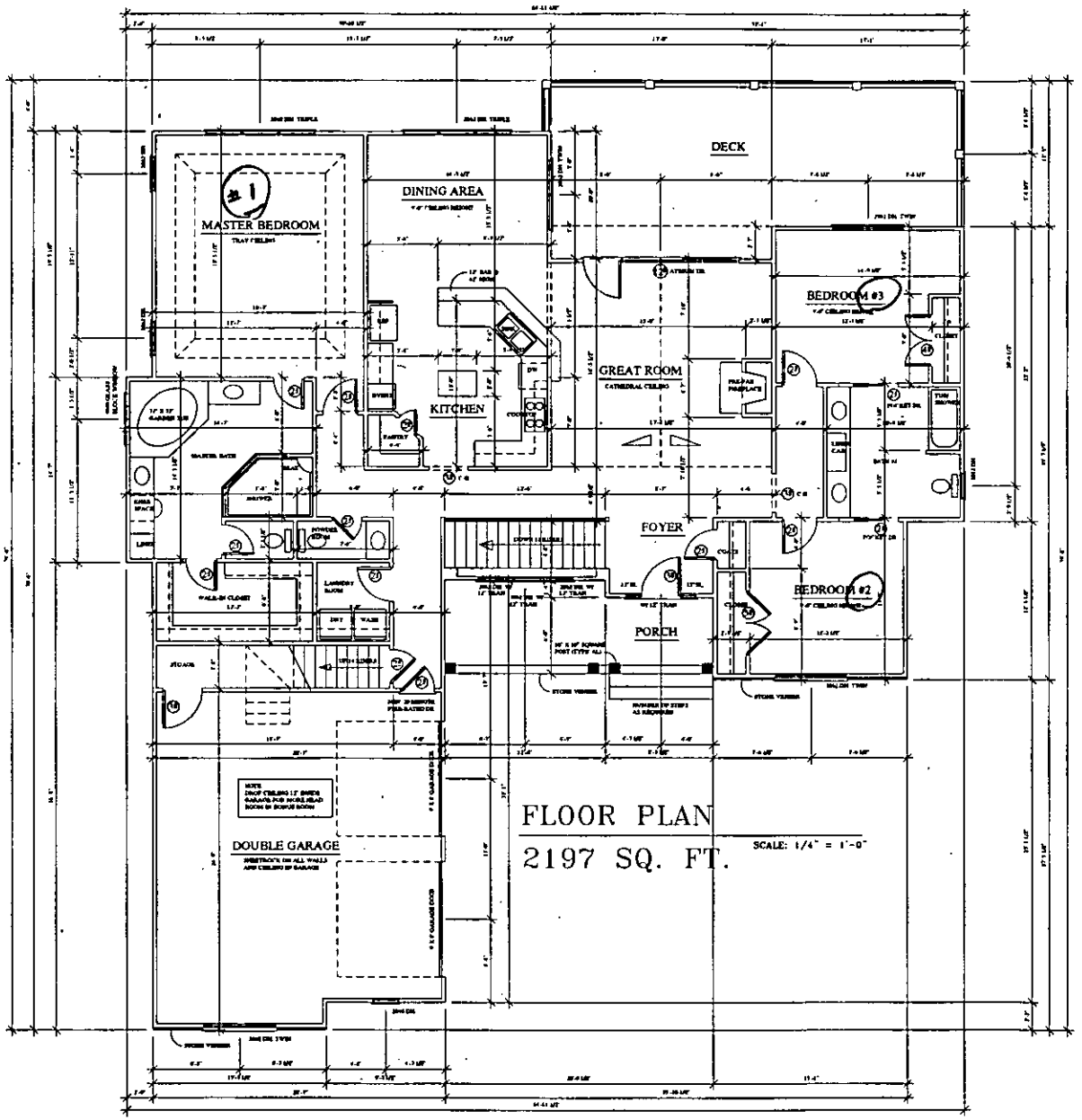


BONUS ROOM PLAN

387 SQ. FT.

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





FLOOR PLAN

2197 SQ. FT.

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

GRAY DESIGN

RESIDENTIAL DESIGNER
JEFFERY D GRAY

PROJECT:
HOLBROOKS RESIDENCE

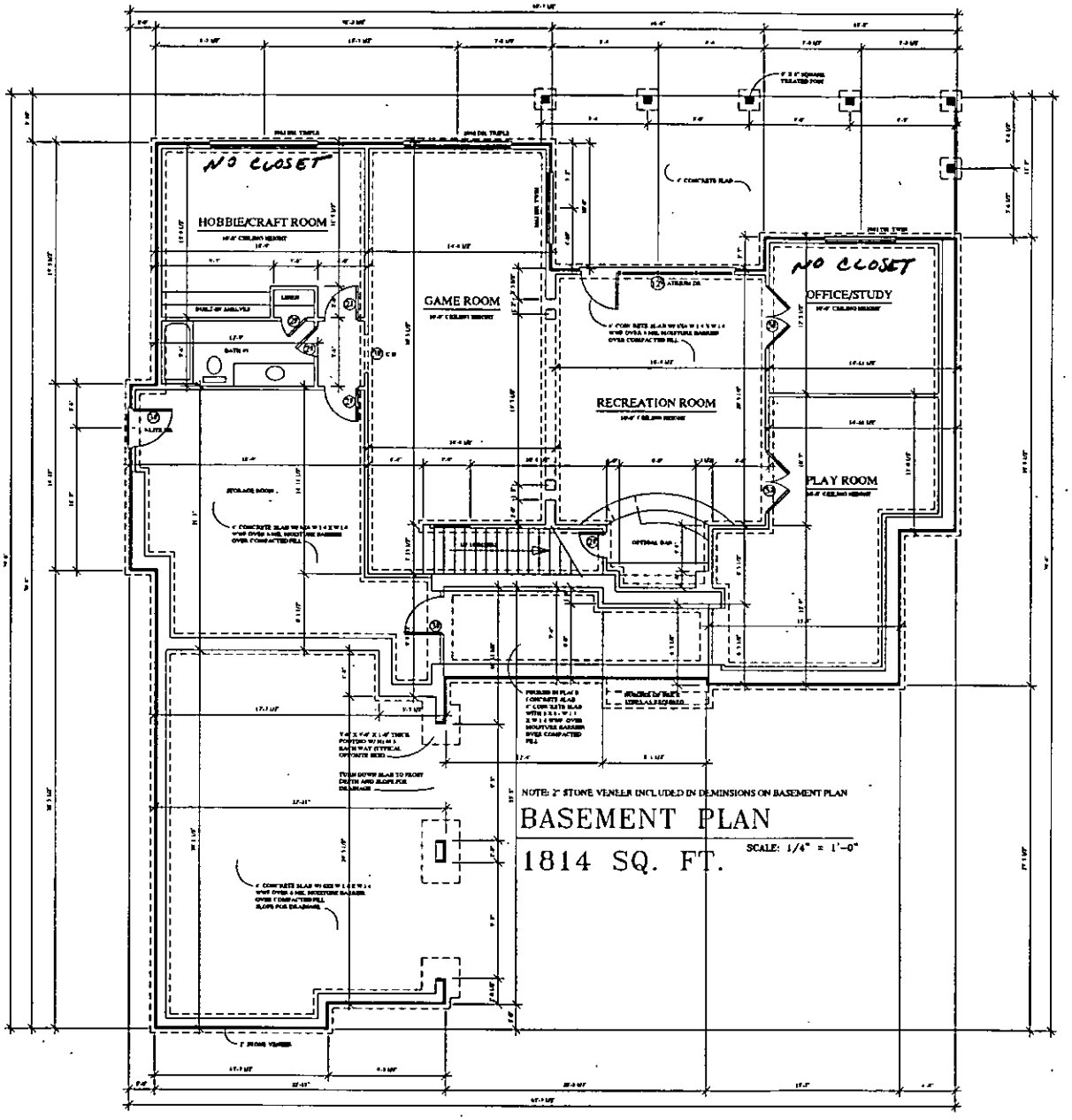
DATE: APRIL 11 97
REVISIONS:
COMMERCIAL
RESIDENTIAL

SHEET:
3 OF 5

CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE PROCEEDING WITH CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND ARCHITECTURE. JEFFERY D. GRAY WILL ASSUME NO LIABILITY FOR ANY COSTS OR CONSTRUCTION.

RESIDENTIAL FOUNDATIONS

1. All footings are 8" x 16" unless otherwise noted.
2. All walls are 8" x 16" CMU capped with 4" of solid masonry on 1 story structures or 8" on 2 story structures up to 12' high. All walls over 12' high cannot be filled per code. type 'x' mortar. Maximum height for 8"x 16" filled wall is 8' - 8". Walls larger than 8" x 16" are noted on plans.
3. Footings for 8" x 16" walls are 2 - 0" x 1' - 0" x 8" unless noted otherwise.
4. Design loads are all dead loads plus :
   a. Roof live loads - 20 lbs per s.f.
   b. Main floor loads (kitchen, Garage) - 40 lbs per sf
   c. All other floors - 30 lbs per s.f.
   d. Attic live load under roof slope >3 to 12- 20 lbs per s.f.
   e. Attic live load under roof slope <3 to 12- 10 lbs per s.f.
   f. Bearings for footings on undisturbed soil ground is 2,000 lbs per s.f unless otherwise.
5. Wind load is 80 m.p.h. equivalent to 13 lbs per s.f.
   a. Earthquake is per B C code.
   b. Wind load governs over earthquake unless otherwise noted.
   c. All designs are in accordance with B C.
6. Waffle slabs are self supporting slabs reinforced according to details and do not require form soil for support. Soil must only be capable of supporting concrete until it hardens and develops strength.
8. Concrete shall be put in 28 days unless noted otherwise.
9. Concrete foundations are 22" diameter drilled concrete caissons found to a depth with a minimum of 3' penetration into good original ground. Depth of drilling is limited to 15'. Therefore, no piers planned more than 1.9' of depth to consider for a caisson foundation.
9. 6" diameter treated wood piles with a maximum design load of 6 tons are used for all foundations with reasonable soil deeper than 15'.
10. Bars and reinforcing for footing cups over caissons or piles shall be as shown on plans.
11. Chimney footings 12" larger than footprint x 12" thick.
12. Walls backfilled and supporting framing.
   (a) For walls backfilled a maximum of 4' use an 8" masonry wall 8" CMU or 8" brick, with horizontal reinforcement wood nailing on exterior. Footings will be 1' x 16" or 8' x 24" as noted on plan.
   (b) For walls back filled 4' and higher use a maximum of 9' use 8" x 24" footings with 84 rebars hooked in footings at 16" oc and projecting 18" above footings. Use 12" CMU walls with #4 rebars at 16" oc vertical bars and 4" from non dot EE face, lap all rebars 12" and use dur - o - wall reinforcing every 8" CMU joint.
   Fill all open cells of CMU with either type 3cbl mortar or 3000 psi concrete, install waterproofing and frame indoor backfilling.
13. For retaining walls without framing see special design on drawings.



NOTE: 2" STONE VENEER INCLUDED IN DEMINSIONS ON BASEMENT PLAN

BASEMENT PLAN

1814 SQ. FT.

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

GRAY DESIGN

RESIDENTIAL DESIGNER
JEFFERY D. GRAY

HOLBROOKS RESIDENCE

DATE APRIL 11, 97

SHEET 2 OF 5