1

24/20A JBM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4530

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: 001-02227
STREET ADDRESS: 16212 Henry Lane
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION NAME:
LOT #: **LOT SIZE (acres):**
TOWNSHIP:

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

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 3500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT 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: ____ ____ ____ ____ ____

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? 1990 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☒ N/A

12. PROPERTY OWNER:

NAME: Gerald H. McCauley
ADDRESS: 16212 Henry Ln
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 704/ 875-6806
WORK PHONE:
MOBILE PHONE:
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE:
WORK PHONE:
MOBILE PHONE:
FAX:

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

Revised on: 7/1/08

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.

_____ (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.

_____ 2/24/10

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

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OFFICE USE ONLY

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

SEPTIC APPLICATION FEES RECEIVED: $ 200 CC 60535B DATE FEE RECEIVED: 2/24/10

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

APPLICATION PROCESSED BY: J C

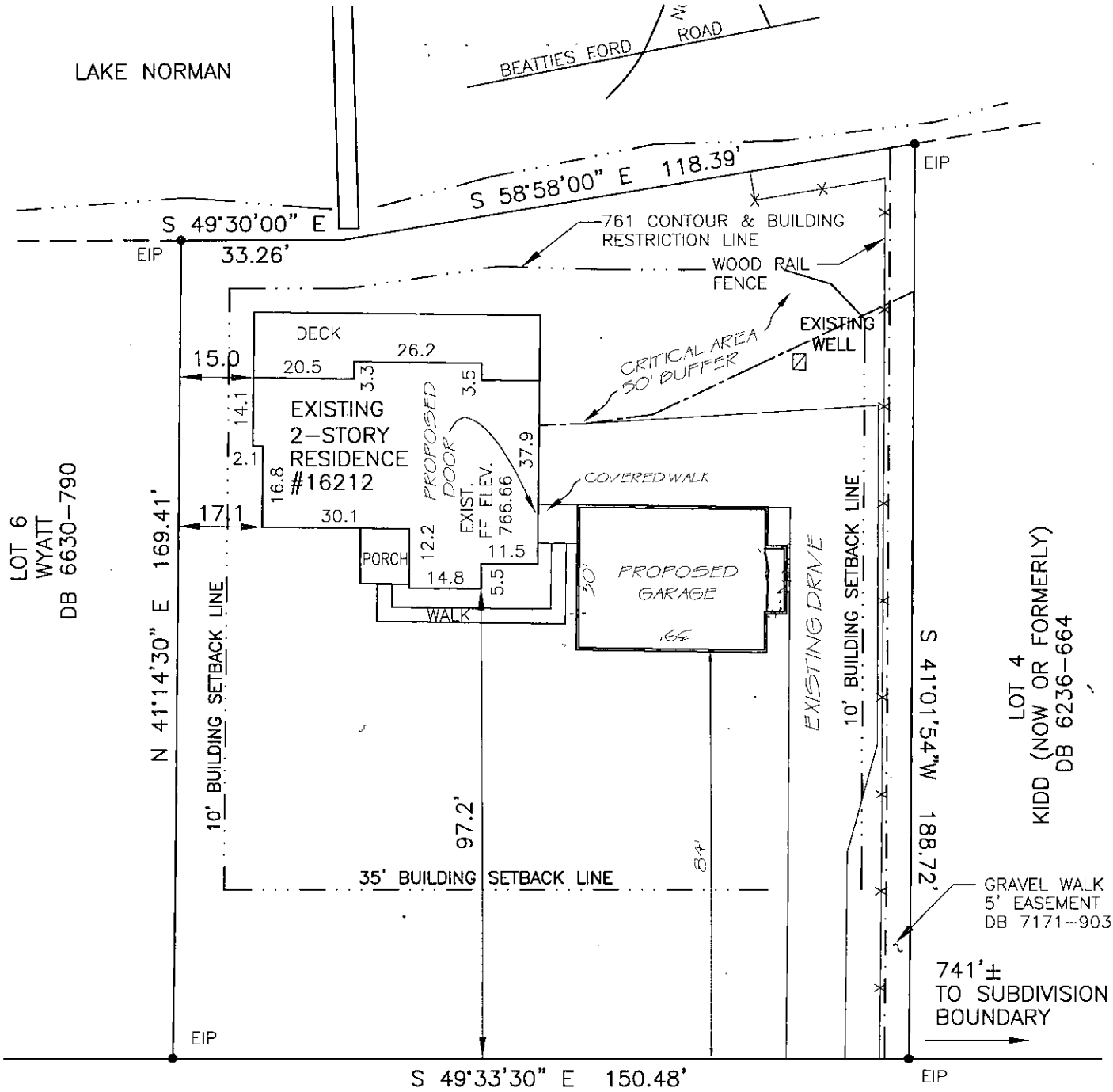
GWS FILE NUMBER ASSIGNED: 2420A

APPLICATION ID NUMBER ASSIGNED: 4530

COMMENTS:

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

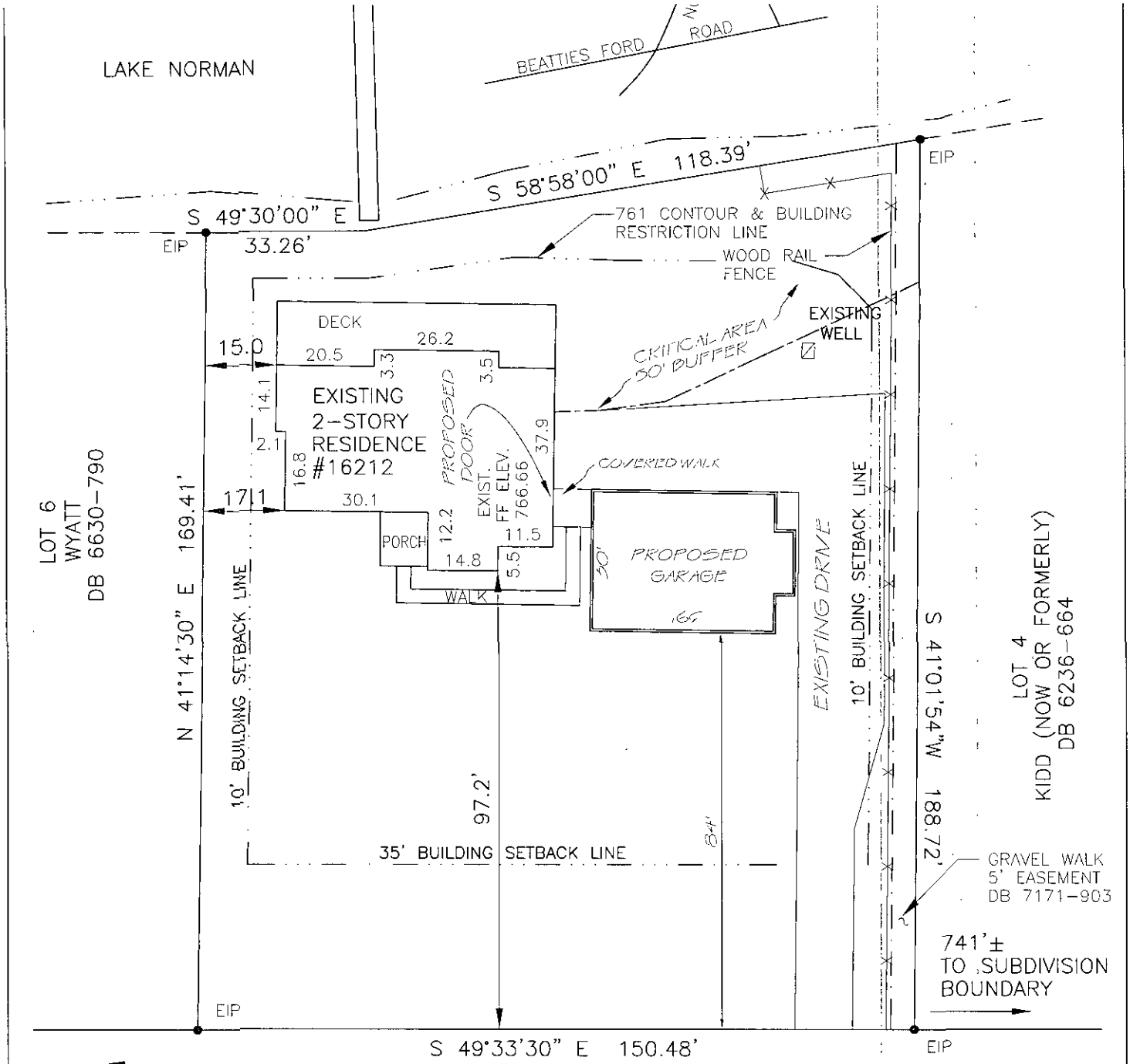
Revised on: 7/1/08



HENRY LANE
45' R/W

PLOT PLAN
OF
LOT 5, GILEAD WOODS
LEMLEY TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA
PROPERTY OF
GERALD H. McCAULEY AND ERNA P.-L. McCAULEY
SCALE: 1"=30'
MAPBOOK 22 PAGE 224
DATE: FEBRUARY 10, 2010

File # 2420A
2/24/10



Jerry,

875-6806

HENRY LANE
45' R/W

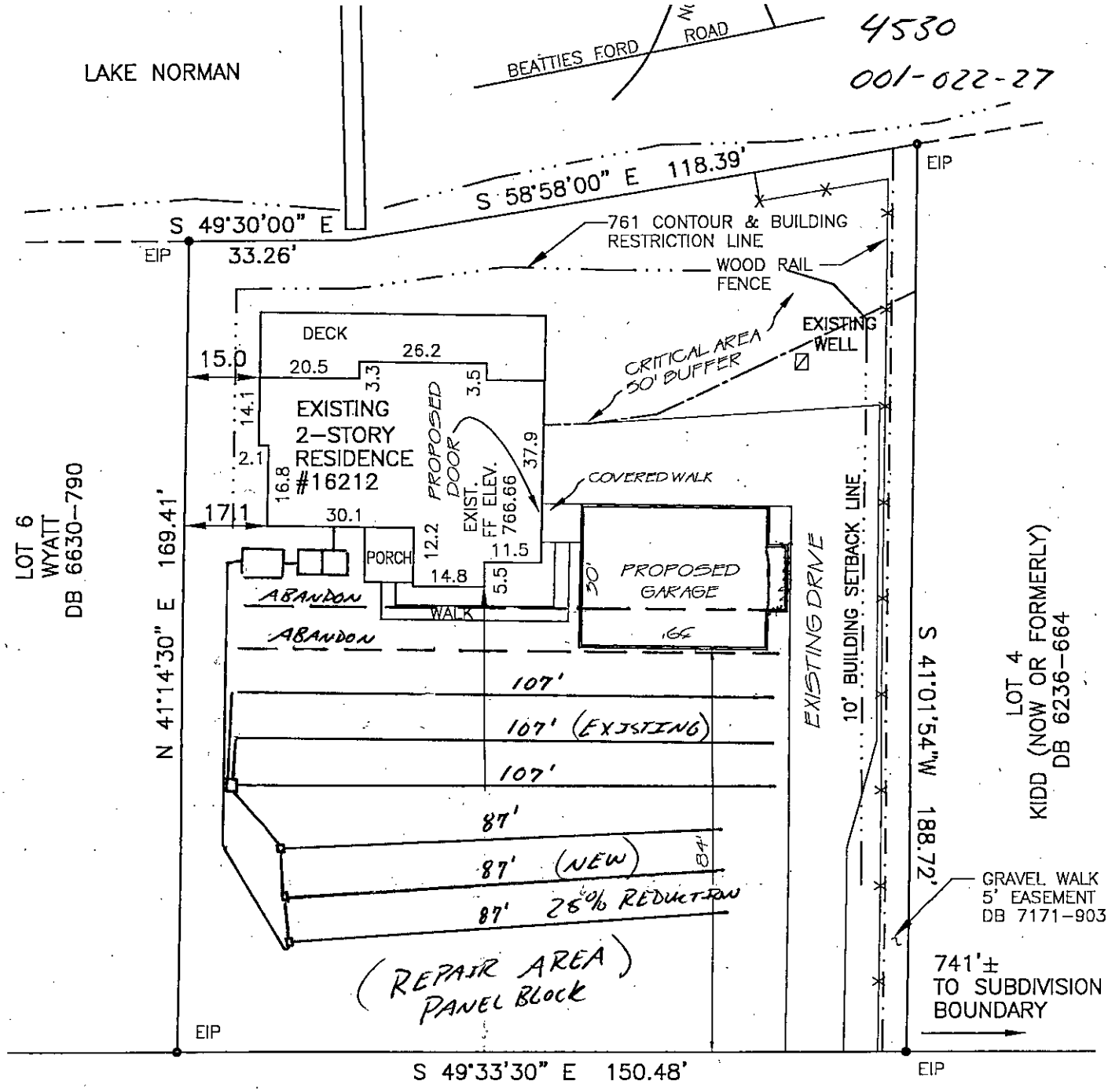
HAVE 533'
NEED 667
NEED TO ADD 348 connector

907-6639

261 25%

PLOT PLAN
OF
LOT 5, GILEAD WOODS
LEMLEY TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA
PROPERTY OF
GERALD H. McCAULEY AND ERNA P.-L. McCAULEY
SCALE: 1"=30'
MAPBOOK 22 PAGE 224
DATE: FEBRUARY 10, 2010

2420A
4530
001-022-27



→ SYSTEM ALTERATION FOR A PREVIOUS BEDROOM ADDITION AND AN ADDITION OF A GARAGE THAT WILL IMPACT THE BOTTOM 2 LINES OF THE EXISTING SEPTIC SYSTEM.

→ INSTALL 3 LINES x 87' x 3' (261 TLF)

→ BRING THE CONTROL PANEL UP TO CURRENT CODE.

Jimmy Mullen R.S. 2/25/10

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

Permit Number: 2420A Tax Number: 001-022-27

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type. ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	783 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	EXIS Gallon septic tank	261 Total trench length (ft)	30 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	EXIS Gallon pump tank	12 Depth of media (in)	

Any surface water present: **YES** Type: **Lake Norman** Minimum separation distance (ft): **50**

Additional conditions: **System alteration for a previous bedroom addition and an addition of a garage that will impact the existing septic system (lowest two lines).**

Repair Area System

Type: ☐ I ☐ II ☐ III ☒ IV ☐ V ☐ VI

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

667 Absorption Area (ft^2) 333 Total trench length (ft)	NA Depth of media (in)	8 Trench spacing (min. on centers) (ft)	30 Maximum trench depth (in)

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

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

*** This Improvement permit is transferable.

Jimmy Mullis R.S. 2/25/10

DENR Authorized Agent Date

Owner/Agent Signature Date

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 2420A Permit #: 4530 Tax Parcel #: 001-022-27

Property Owner: Gerald McCauley

Job Location Address: 16212 Henry Lane

City: Huntersville State: NC Zip Code: 28078

Installation Approval Issuance Date: 3/10/10

Permission is hereby given to ☐ install ☒ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 4/10/10, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD
Site LTAR: 0.3 GPD/ft² (For new installations only.)
Liquid Capacity of Septic Tank: Existing gallons
Liquid Capacity of Dosing Tank: Existing gallons

Drainfield Design ☐ N/A
Trench Depth: 30-36 inches
Trench Width: 3 feet
Line Spacing: 9 feet (O.C.)
Total line length: 261 feet
# of Lines: 3 @ 87 feet
Depth of Media: 12 inches (Type) 25% RED
Distribution Device: DEEP BOXES

Bed Design *(For Repair Installations ONLY.)* ☒ N/A
Bed Depth: _____ inches
Bed Width: _____ feet
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Water Supply Source
☐ Municipal ☒ Private Well ☐ Community Well
☐ Other _____

Minimum System Setbacks
Distance from Building Foundation: 75' feet
Distance from Property Line: >10' feet
Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

INSTALL EXACTLY AS PERMITTED

Comments: System Classification & Type: III-b
System alteration for a bedroom addition and garage addition.

DENR Authorized Agent: Jeremy Nicholson Signature: Jeremy Nicholson, RS

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 #: 2420A Permit #: 4530 Tax Parcel #: 001-022-27

Property Owner: GERALD McCauley

Job Location Address: 16212 HENRY LANE

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: 3/10/10 Contractor Name: TRACY LAWING

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: Existing gallons

Effluent Pump Model: Existing

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 261 feet

# of Lines: 3 @ 87 feet

Depth of Media: 12 inches (Type) CHAMBER

Depth of Cover: 24 inches

Distribution Device: DROP BOXES

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750' feet

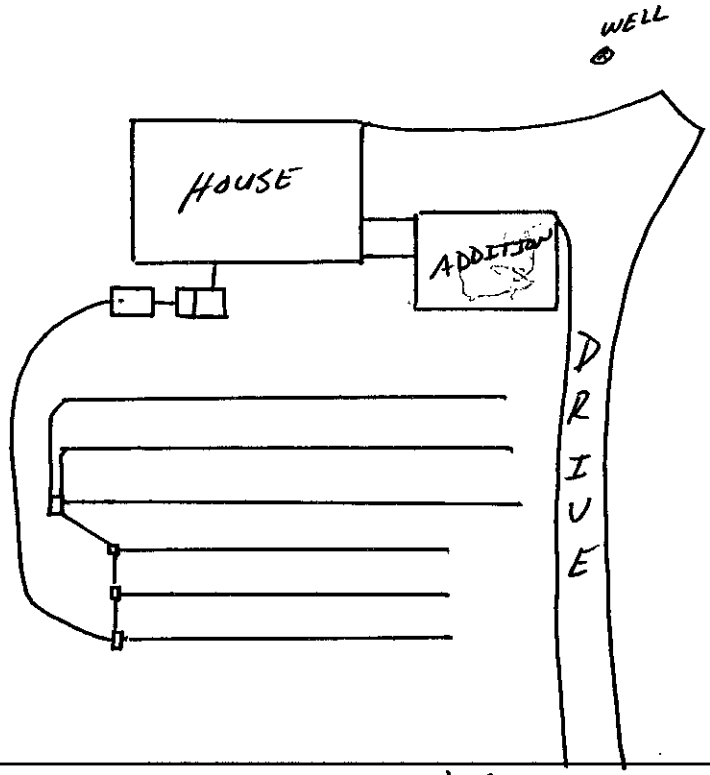
Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 3/10/10

Pump & Controls Inspected: —

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: IIIb, BIO 5, PRESSURE, NA, NA

DENR Authorized Agent: Jeremy Michalone, R.S. Signature: Jeremy Michalone, R.S.

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 #: 2420A Permit #: 4530 Tax Parcel #: 001-022-27

Property Owner: Gerald McCauley

Job Location Address: 16212 Henry Lake

City: Huntersville State: NC Zip Code: 28078

OPERATION PERMIT CONDITIONS:

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

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

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

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

System Classification: IIIb

*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: Jeremy Nicholson, R.S. Date: 3/10/10

Signature: Jeremy Nicholson R.S.

CK 6544728

FEE: 100.00
DATE: 2/2/10
CRT [ ]

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 #: 24/20A

TYPE APPLCATION: JPM 4500.

- ☐ 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: Gerald H. McCauley
ADDRESS: 16212 Henry Ln
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704/875-6806
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: Same
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 001-022-27
STREET ADDRESS: 16212 Henry Ln
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 5 1989

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: 5
NUMBER OF OCCUPANTS: 3

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

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.

Gerald H. McCauley — Owner's/Agent's Signature
2/2/2010 — Date

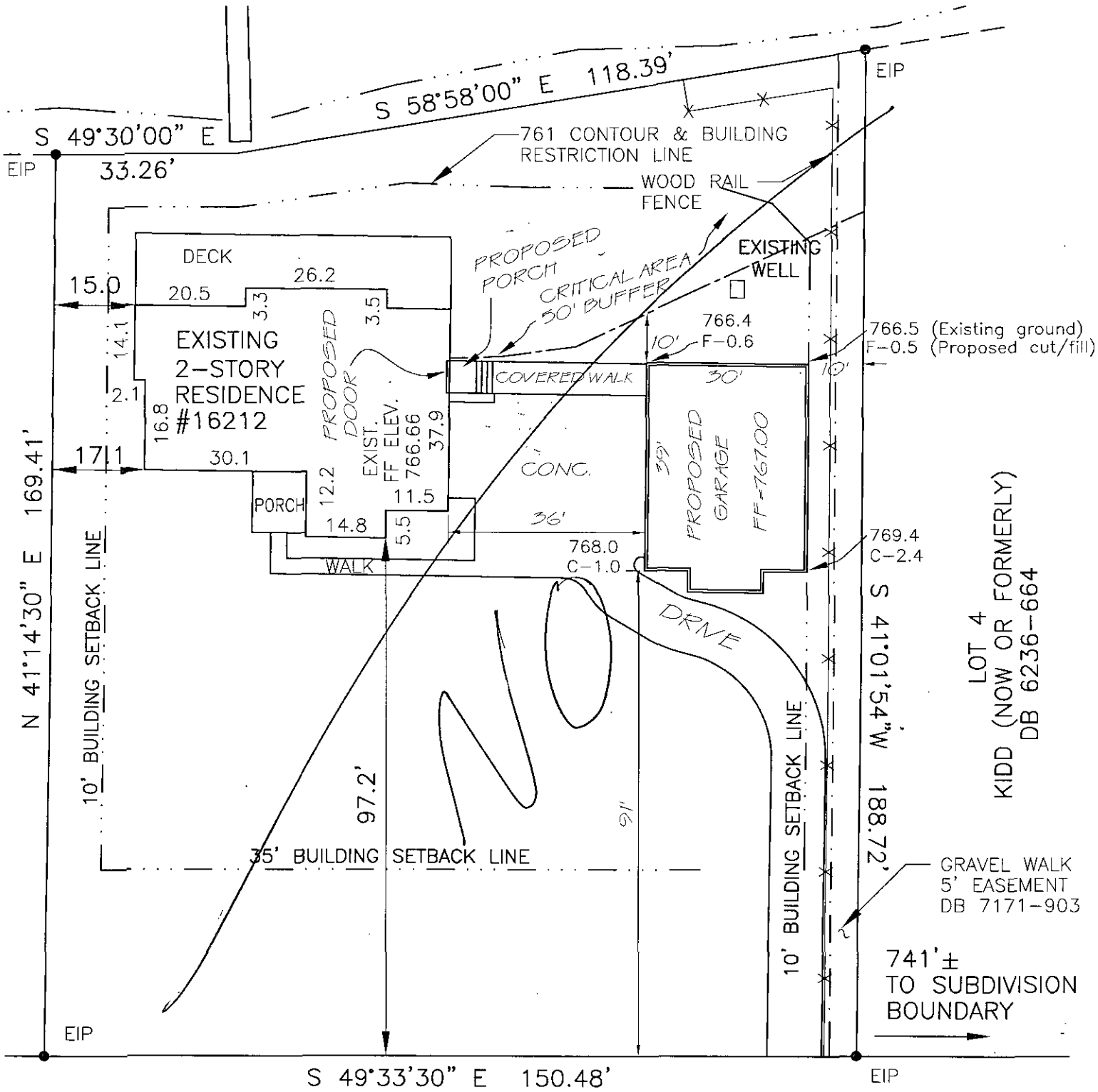
*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment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

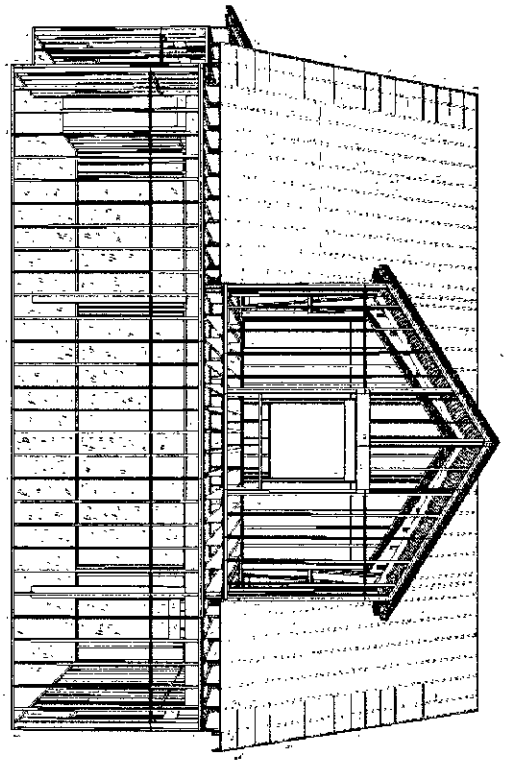
☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

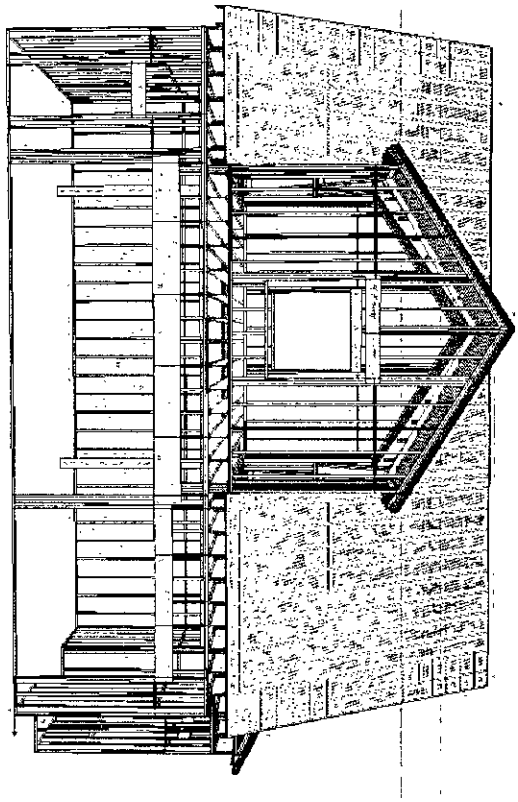
Use existing system
Denied.

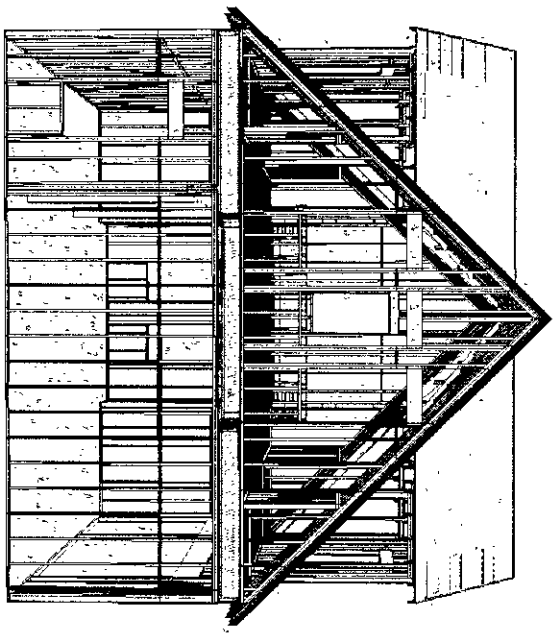
EHS Signature — Date
Jimmy Mathis 2/10/10

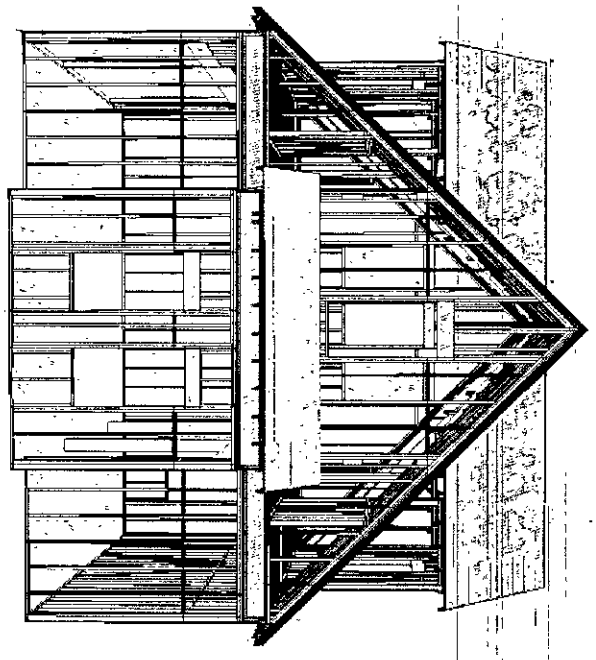


HENRY LANE
45' R/W







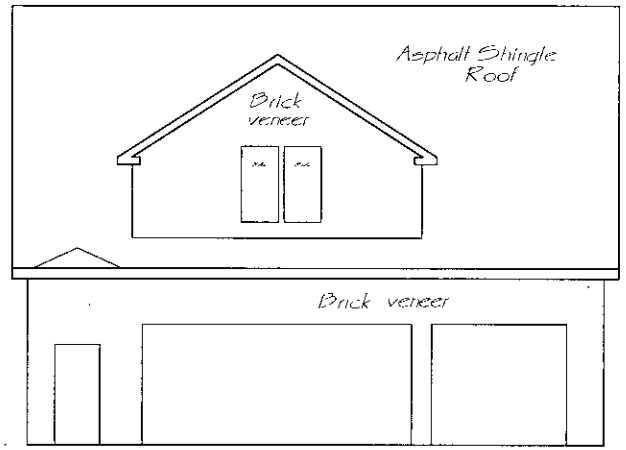


A complete Javelin® framing plan requires the Framer's Pocket Guide
See the Framer's Pocket Guide for Product Trademark Information

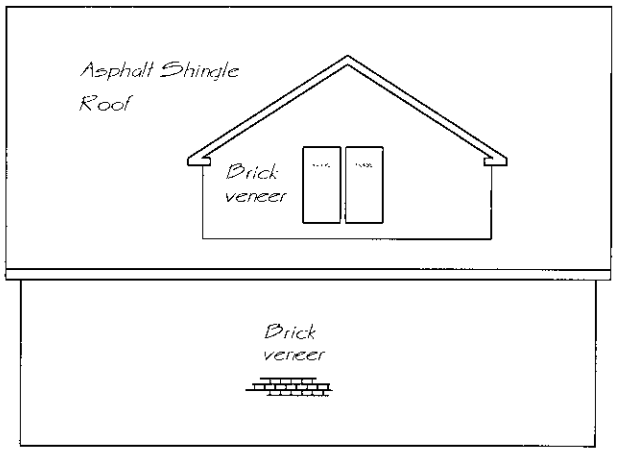
Sheet	Customer:	Jerry McCauley	Address/Lot #:		Prepared By: MATTHEWS BUILDING SUPPLY 325 West Matthews St , PO Box 607, Matthews NC 28106 704-847-8804	Drawn By:	Eric DeGroff
	Job Name:	First Floor Layout	City, State:			Contact Phone #:	704 847 8804
	Plan/Model #:		Job #:			Release Date:	
	Subdivision:		Scale:	1" = 1'-0"		Revision Date:	

Level Javelin software

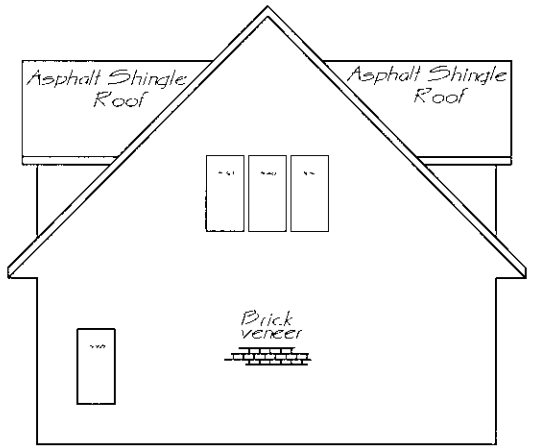
PREPARED BY:
GERALD McCAULEY, PE
16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806



NORTH ELEVATION



SOUTH ELEVATION



EAST ELEVATION

ELEVATIONS

McCAULEY
RESIDENCE
ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

SCALE 1/8"=1'0"

1'-0"

DATE: 2-2-2010

GENERAL PLAN NOTES

– WHERE DISCREPANCIES EXIST BETWEEN THE STANDARD COMMENTS, NOTES FROM THE DESIGN PROFESSIONAL OR THE CODE, THE MOST RESTRICTIVE SHALL APPLY. ALL CONSTRUCTION SHALL COMPLY WITH THE 2006 INTERNATIONAL RESIDENTIAL CODE (IRC).

DWELLING AREA SUMMARY

FIRST FLOOR– 1167 SF
SECOND FLOOR – 925 SF
TOTAL –2092 SF
1 FULL BATH

FOUNDATIONS/FOOTINGS/SLABS

1. CONCRETE SHALL BE AIR ENTRAINED WITH A MINIMUM COMPRESSIVE STRENGTH AT 28 DAYS OF:
PORCH, AND SHOP FLOOR SLAB – 3,000 PSI

2. MINIMUM ASSUMED SOIL BEARING CAPACITY IS 2,000 PSF

3. FOUNDATION WALLS ENCLOSING BASEMENTS OR OTHER HABITABLE SPACE SHALL BE DAMP PROOFED PER IRC SECTION R406 – WHERE A HIGH WATER TABLE OR OTHER SEVERE WATER CONDITION EXISTS, THE WALLS SHALL BE WATERPROOFED.

4. PROVIDE A MINIMUM 4–INCH PERFORATED DRAIN AROUND USABLE SPACE BELOW GRADE.
THE PIPE SHALL BE COVERED WITH NOT LESS THAN 6 INCHES OF WASHED GRAVEL OR CRUSHED ROCK. THE DRAIN SHALL DAYLIGHT TO THE EXTERIOR BELOW THE FLOOR LEVEL .

5. FOOTINGS SHALL EXTEND BELOW THE FROST LINE; 6" MINIMUM DEPTH

6. FOOTINGS SHALL BE A MINIMUM OF 18 INCHES WIDE AND 12 INCHES DEEP.

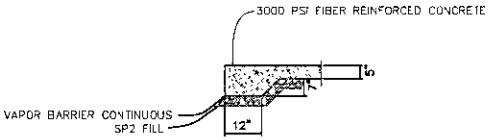
7. FOUNDATION WALLS SHALL BE A MINIMUM 8 INCHES THICK– MAXIMUM WALL HEIGHT 4 FEET.

8. REINFORCEMENT, IF SPECIFIED, SHALL LAP A MINIMUM OF 18 INCHES AT ENDS AND AROUND CORNERS.

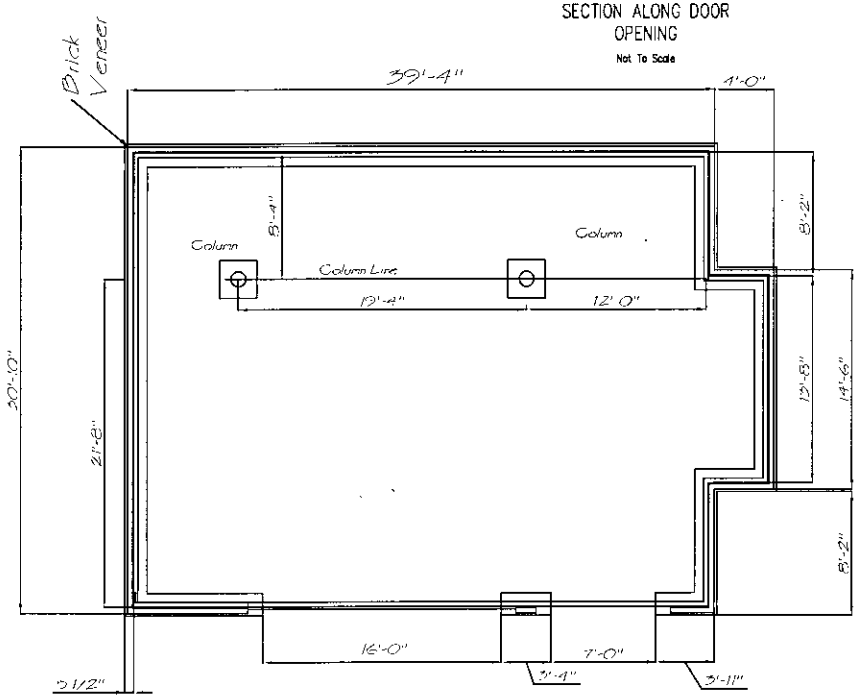
9. SP2– COARSE GRAVEL WITH COMPACTED FINE GRAINED SURFACE OR CRUSHED STONE.

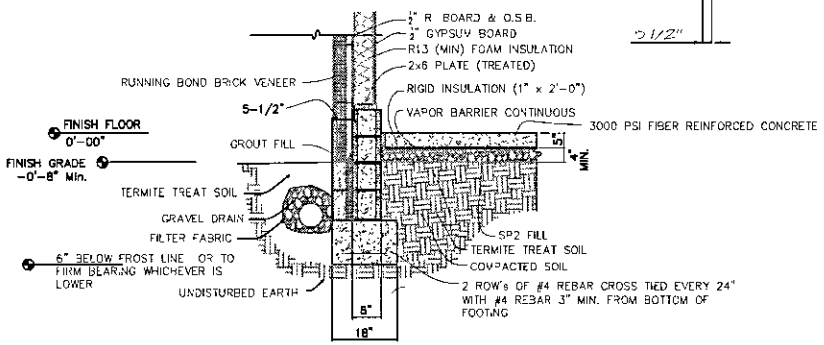
10. CONCRETE FLOOR SLABS SHALL BE A MINIMUM 5 INCHES THICK OVER A MINIMUM 4–INCH BASE OF SAND, GRAVEL OR CRUSHED STONE.

11. ANCHOR BOLTS – MINIMUM 1/2–INCH ANCHOR BOLTS WITH 7" EMBEDMENT AT MAXIMUM 6 FEET O.C. AND WITHIN 6 INCHES OF THE END OF EACH SILL PLATE.

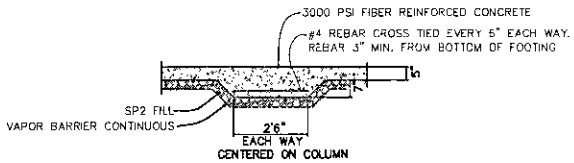


SECTION ALONG DOOR OPENING
Not To Scale





18" Footing Section
Not To Scale



COLUMN FOOTING SECTION
Not To Scale

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16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806

FOUNDATION PLAN

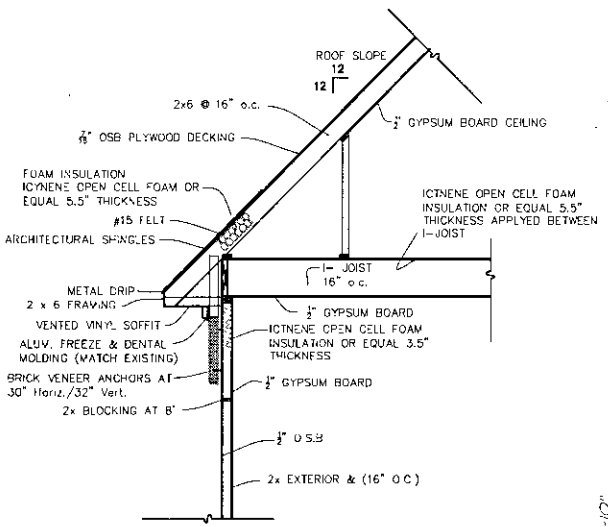
McCAULEY RESIDENCE ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

SCALE 1/8"=1'0"

1'-0"

DATE: 2–2–2010

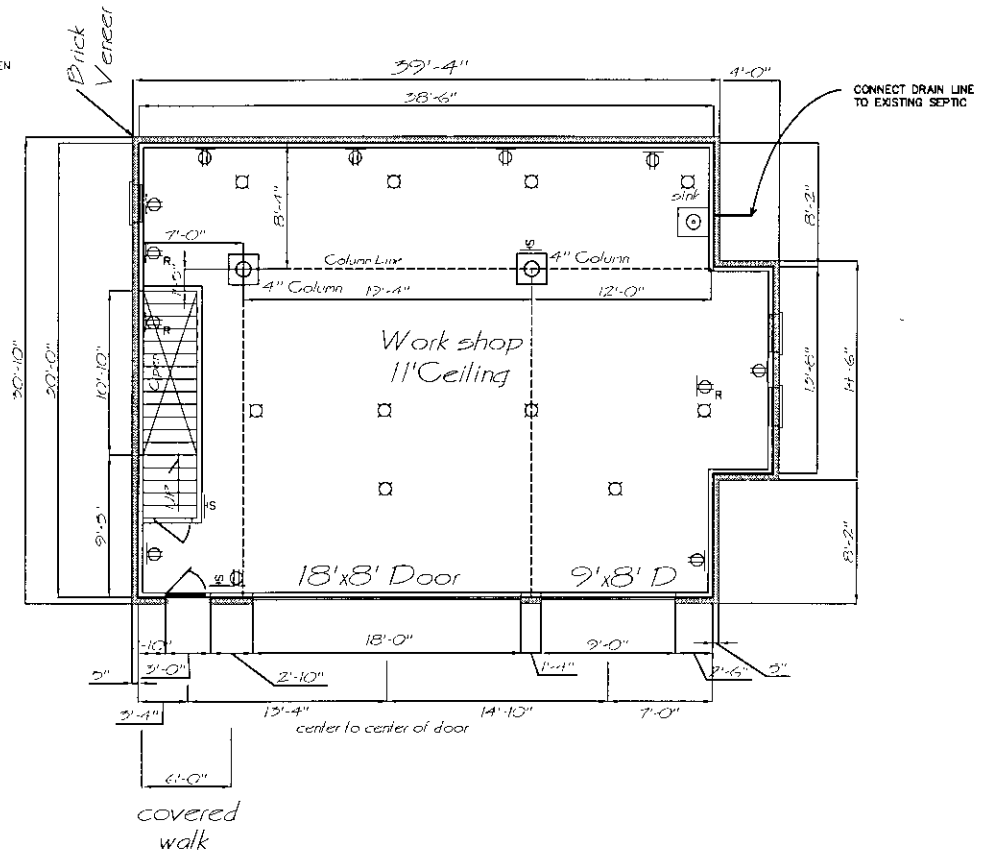
PREPARED BY:
GERALD McCAULEY, PE
16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806



Typ. Wall Section
Not To Scale

LEGEND

- DUPLEX OUTLET
- CEILING OUTLET/LIGHT
- RANGE OUTLET (220)
- SWITCH



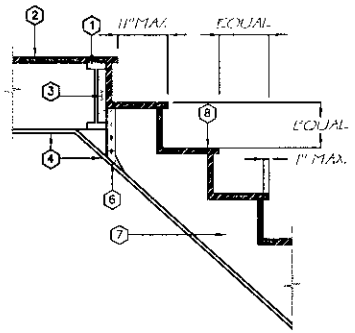
FIRST FLOOR
PLAN

McCAULEY
RESIDENCE
ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

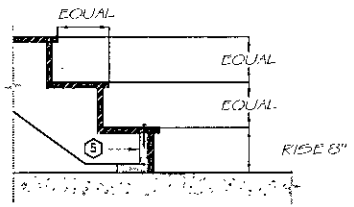
SCALE 1/8"=1'0"

1'-0"

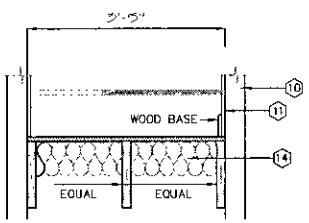
DATE: 2-1-2010



STAIR HEAD



STAIR SILL AT CONCRETE FLOOR



STAIR SECTION AT WALL

1. I- JOISTS
2. PLYWOOD SUBFLOOR
3. 2x BLOCKING
4. INTERIOR – GYPSUM
5. 2x12 STAIR STRINGER
6. SIMPSON STAIR STRINGER HANGER
7. 2x12 STAIR STRINGERS ONE ADJACENT TO WALL TYPICAL EACH SIDE
8. PLYWOOD RISER OR TREADS, FASTEN TO 2x STAIR STRINGERS WITH SCREWS
9. HANDRAIL SUPPORT ASSEMBLY
10. 2x4 WALL STUDS AT 16" OC (TYPICAL)
11. INTERIOR FINISH
12. 1 1/4" DIA. STANDARD HANDRAIL
13. INTERIOR FINISH – ONE HOUR RATED AT STAIR
14. ALT INSULATE UNDER SIDE OF STAIRS WITH R-19 BATTS
14. INSULATE UNDER SIDE OF STAIRS WITH OPEN CELL FOAM 5.5" THICKNESS

STAIR NOTES

1. HANDRAIL

   A. PROVIDE HANDRAIL ONE SIDE.

   B. HEIGHT OF HANDRAIL ABOVE TREADS–32" (30" MIN – 34" MAX)

   C. EXTEND HANDRAIL 6" BEYOND NOSING OF TOP TREAD

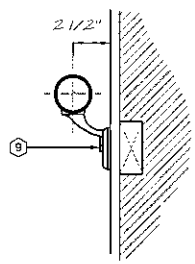
   D. PROVIDE 1 1/2" CLEAR BETWEEN HANDRAIL AND WALL

2. TREADS AND RISERS

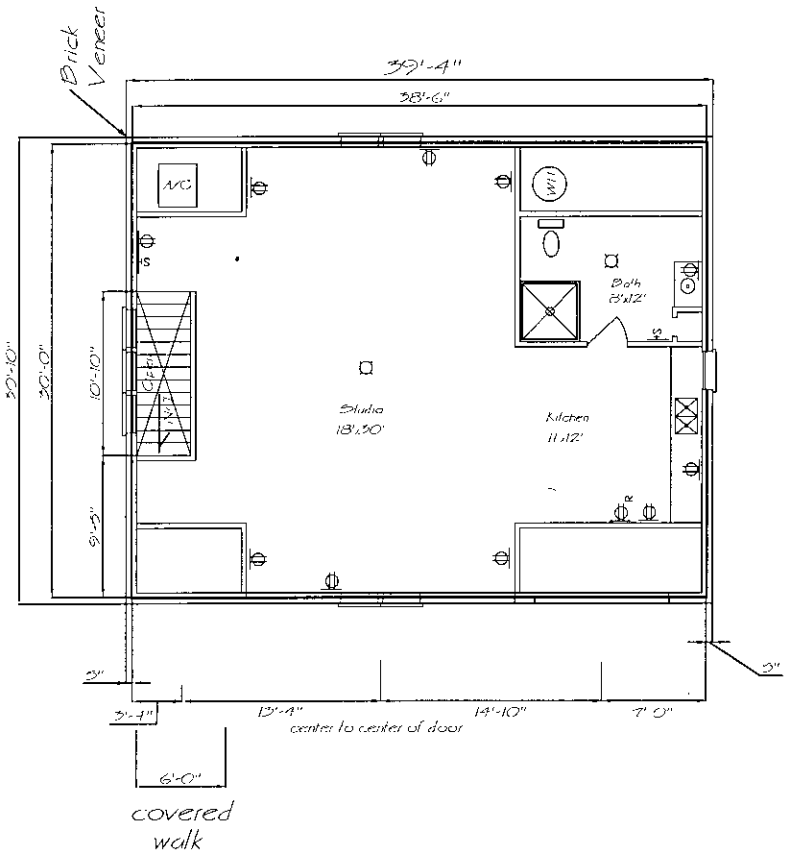
   A. ALL EXPOSED EDGES OF TREADS ARE TO BE SMOOTH, ROUNDED OR CAMPHERED.

   B. 6'–8" MINIMUM HEADROOM CLEARANCE MEASURED VERTICALLY FROM PLANE OF CEILING FINISH TO TREAD NOSING AT THE STAIRWELL.

3. ENCLOSED USABLE SPACE UNDER STAIRS TO BE FINNISHED WITH GYPSUM.



HANDRAIL SECTION



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GERALD McCAULEY, PE
16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806

SECOND FLOOR PLAN

McCAULEY
RESIDENCE
ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

SCALE 1/8"=1'0"

1'-0"

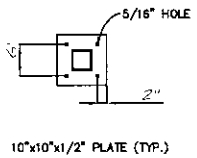
DATE: 2-1-2010

PREPARED BY:
GERALD McCAULEY, PE
16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806

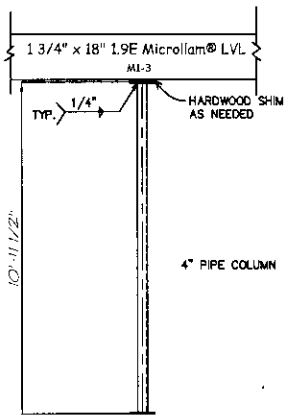
Products				
PlotID	Length	Product	Plies	Net Qty
L30'	30' 0"	14" TJI® 230	1	26
L22'	22' 0"	14" TJI® 230	1	1
L14'	14' 0"	14" TJI® 230	1	2
L14'-2	14' 0"	14" TJI® 230	2	2
L10'	10' 0"	14" TJI® 230	1	4
L9'-2	9' 0"	14" TJI® 230	2	4
L4'	4' 0"	14" TJI® 230	1	2
M1-3	39' 0"	1 3/4" x 18" 1.9E Microllam® LVL	3	3
M2-2	22' 0"	1 3/4" x 14" 1.9E Microllam®LVL	2	4
TSRim1	16' 0"	1 1/4" x 14" 1.3E TimberStrand® LSL	1	10

Wall Framing				
PlotID	Length	Product	Plies	Net Qty
MHd1-2	20' 0"	1 3/4" x 18" 1.9E Microllam® LVL	2	2
MHd2-2	11' 0"	1 3/4" x 11 7/8" 1.9E Microllam® LVL	2	2
		7/16"x48"x96" Weyerhaeuser Sheathing (24/16) SE	1	43

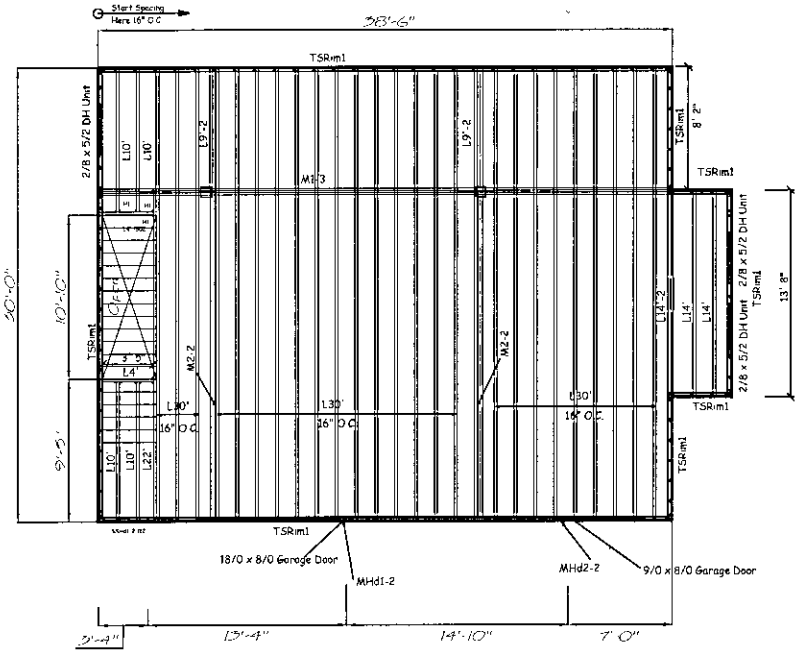
Blocking				
PlotID	Length	Product	Plies	Net Qty
LBk1	2' 0"	14" TJI® 230	1	1
LBk1	1' 0"	14" TJI® 230	1	3



10"x10"x1/2" PLATE (TYP.)



COLUMN DETAIL (2 REQUIRED)



SECOND FLOOR FRAMING PLAN

McCAULEY RESIDENCE ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

SCALE 1/8"=1'0"

1'-0"

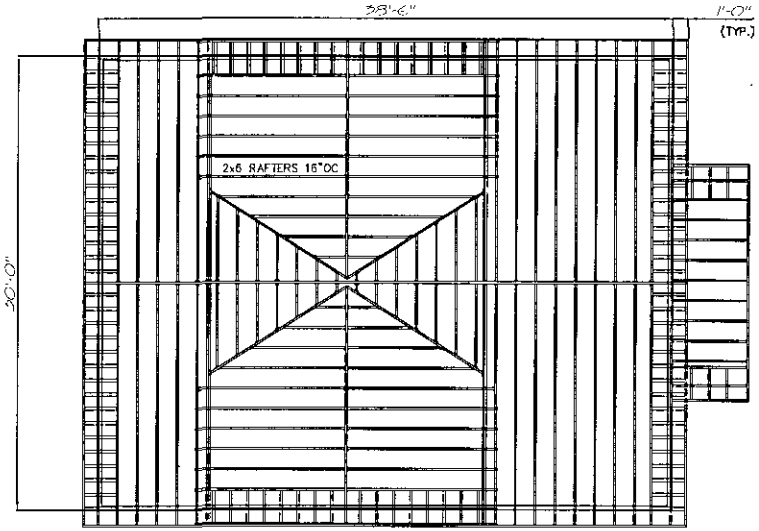
DATE: 2-2-2010

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GERALD McCAULEY, PE
16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806

ROOFING/ CEILING FRAMING NOTES

1 2"x4" COLLAR TIES SHALL BE NAILED IN THE UPPER THIRD TO EVERY THIRD PAIR OF RAFTERS

MATERIAL LIST	MATERIAL USE
2x4x16 SPF	RAFTER PLATES
2x4x8 SPF	GABLE WALL STUDS
2x4x10 SPF	GABLE WALL STUDS
2x4x12 SPF	GABLE WALL STUDS
2x4x16 SPF	GABLE WALL PLATES
2x8x8 SPF	WINDOW HEADERS
2x10x14 SYP	WINDOW HEADERS
7/8x4x8 OSB	GABLE WALL SHEATHING
2x4x8 SPF	DORMER STUDS
2x4x8 SPF	KNEE WALL STUDS
2x4x16 SPF	CORNER/ KNEE WALL PLATES
2x8x12 SPF	CEILING JOISTS
2x8x10 SPF	CEILING JOISTS
2x10x16 SPF	RIDGE BOARD
2x10x12 SPF	RIDGE BOARD
2x10x12 SPF	RIDGE BOARD
2x6x14 SPF	RAFTERS
2x6x24 SPF	RAFTERS
2x6x12 SPF	RAFTERS
2x6x10 SPF	RAFTERS
2x4x12 SPF	SOFFIT RETURNS
7/16 x4x8 OSB	ROOF SHEATHING



ROOF
PLAN

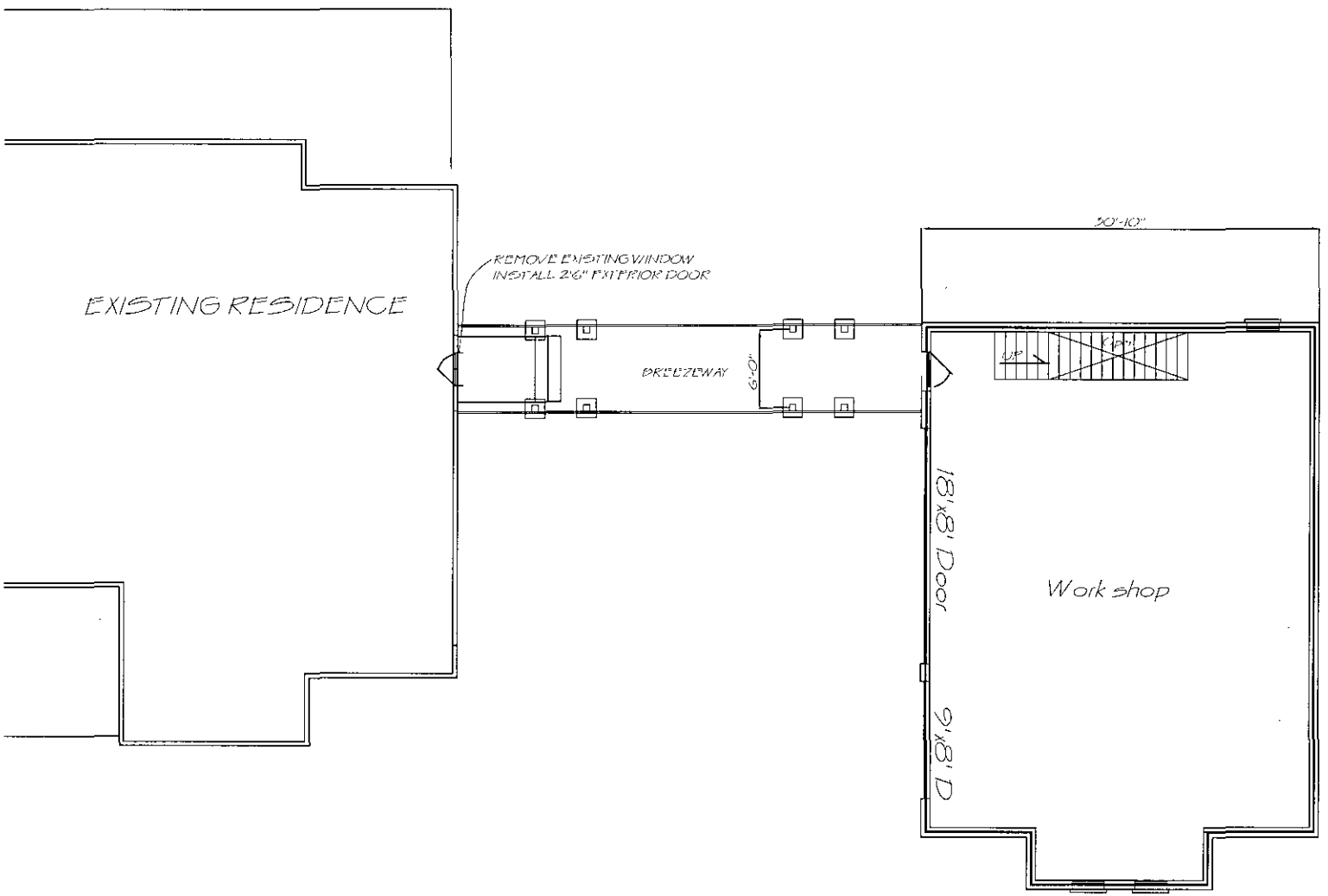
McCAULEY
RESIDENCE
ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

SCALE 1/8"=1'0"

1'-0"

DATE: 2-2-2010

PREPARED BY:
GERALD McCAULEY, PE
16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806



BREEZEWAY
PLAN

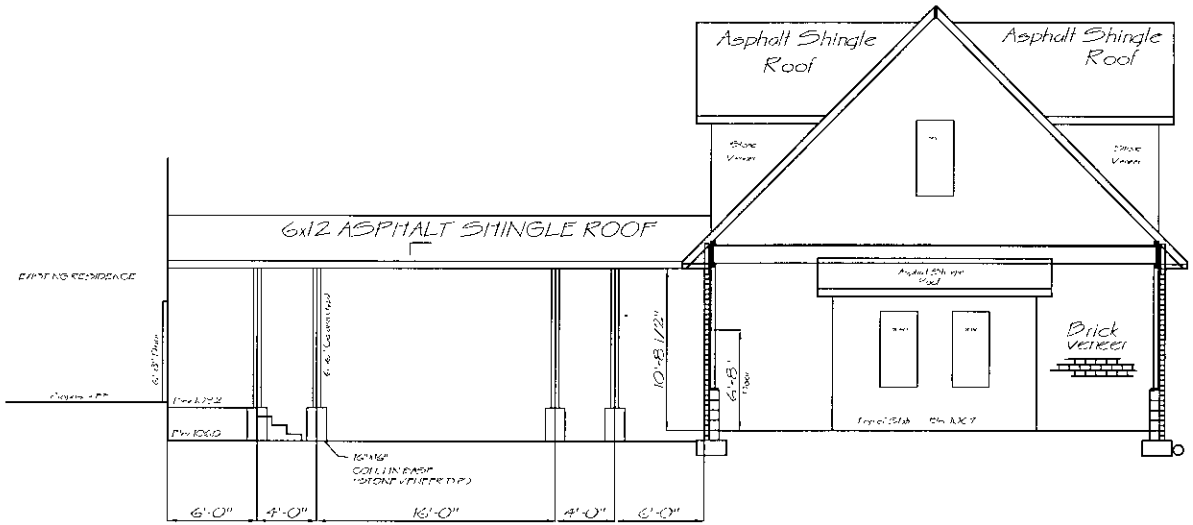
McCAULEY
RESIDENCE
ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

SCALE 1/8"=1'0"

1'-0"

DATE: 2-2-2010

PREPARED BY:
GERALD McCAULEY, PE
16212 HENRY LANE
HUNTERSVILLE, NC
704/875-6806



WEST ELEVATION

BREEZEWAY
ELEVATION

McCAULEY
RESIDENCE
ADDITION
16212 HENRY LANE
HUNTERSVILLE, NC

SCALE 1/8"=1'0"

1'-0"

DATE: 2-2-2010

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

Febuary 10, 2010

Gerald McCauley
16212 Henry Lane
Huntersville, NC 28078

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 16212 Henry Lane
Health Department file number: **2420A**

Dear Property Owner or Owner's Agent:

On Febuary 9, 2010 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated Febuary 2, 2010, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Environmental Specialist

Encl: (1) Application