SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

ALTERATION

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

* Adding a new septic Tank, Pump tank, and pressure manifold. The drain field is already existing.

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Please Generate CA/ Approve As Noted Once Permit is signed

Floor plans need to be submitted and reviewed before CA can be issued ☒ Review ☒ 8/27/21

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

Septic file complete ☒ 4/26/22 Well complete ☐ _____

Send permit for signature ☒ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

X43191 19851 #12400

MECKLENBURG COUNTY
HEALTH DEPARTMENT

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: 01106220
STREET ADDRESS: 13234 Mayes Rd
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 2.113 acres
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: 2952
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

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:** 1

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: Christopher Johnson
ADDRESS: 12703 Windsor Crest Court
CITY: Davidson
STATE: NC ZIP: 28036
WORK PHONE: 704-657-0590
MOBILE PHONE: " " "
FAX:
E-MAIL: chrishamptonjohnson@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: David Collin
ADDRESS: 9943 Beatties Ford Rd
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE: 980 237-7143
MOBILE PHONE: 704-728-5946
FAX:
E-MAIL: collinhomesinc@yahoo.com

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.

DC (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.

DC (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.

Property Owner's or Owner's Legal Representative Signature

8/13/21
Date

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

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

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

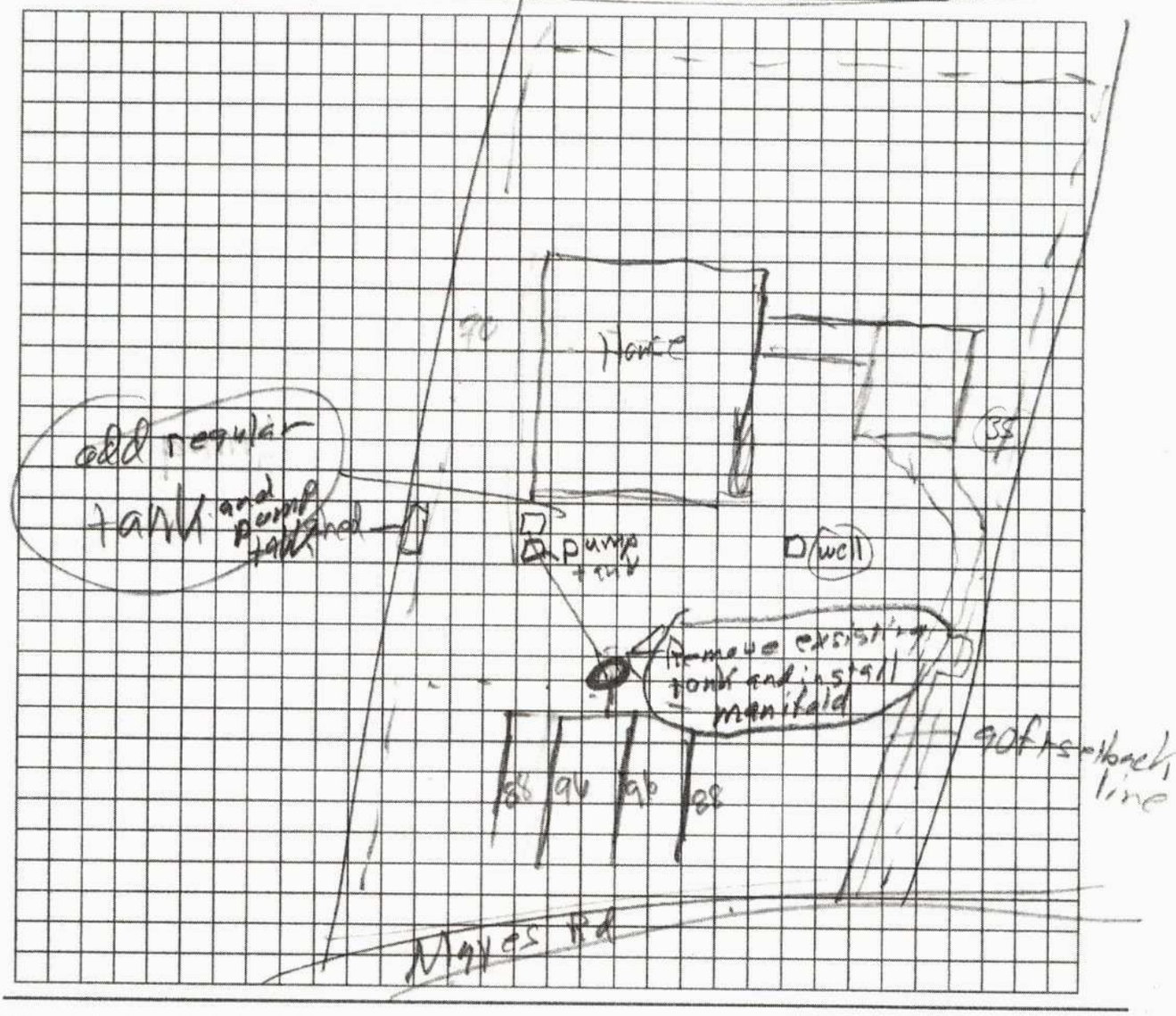
COMMENTS:

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: 13234 Mayes Rd, Huntersville Tax Parcel #: 01100220



*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 and Water Supply Wells 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 by this Department.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

MECKLENBURG COUNTY
Health Department

Gibbie Harris, MSPH, BSN
Director

(980) 314-9020

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that David Collin is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at 13234 Mayes Rd. Huntersville, NC
   Number Street Town
   (Or Parcel Number)

Chris Johnson
Property Owner (print name)

Property Owner (signature)

8-6-21
Date

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 19851 App# 12400 Tax Parcel# 011-068-20

Property Owner: Christopher Johnson

Job Location Address: 13234 mayes Road

City: Huntersville State: NC Zip Code: 28078

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: Standing water observed in the trenches; contacted homeowner about possibly adding drain; homeowner declined possible repair (additional drainline)

*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.**

Kim Garrett, REHS — **Authorized Agent**

3/15/22 — **Date**

Jacob "Jake" Williams #6445 — **Others Present**

confirmed VKG

* old tank needs to be pumped out, crushed & filled in.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/13/21	**Amount:**	300.00
Receipt #:	130128	**Tendered:**	300.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X43191
Contractor: COLLIN HOMES
Attn:
Address: 9943 BEATTIES FORD RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 13234 MAYES ROAD		1	300.00	300.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
5.26					

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 4-1/2" WOOD STUDS, UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 6-1/2" WOOD STUDS (PLUS 1/2" EXTERIOR WALL SHEATHING) UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CABINETRY TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED).
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT/OC.
10. WAINSCOT ON EXTERIOR WALLS TO BE FILLED WHERE ALL LOCATIONS WHERE A OR MORE RISE REQUIRED A HANDRAIL WILL ALSO BE REQUIRED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION, AS REQUIRED.
12. MINIMUM (2)-22"x36" x 1/4-5/8"(R ATTIC ACCESS DOOR w/ PULL-DOWN LADDER TO BE DETERMINED ON SITE AND WEATHERSTRIPPED AND INSULATED WITH MIN. R-5
13. HVAC RETURNS TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 35" A.F.F., UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION-OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE FLUSH STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS, SEE BEAM CONSTRUCTION OTHER THAN ROOFS, NOTE 7.
3. ALL BRICK OVER LOWER BOXES MUST HAVE ANGLE WITH STOPS, LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE'S WITH MANUFACTURER'S DIRECTIONS. FLUE DETAILS SHOWN ON PLANS.
5. ALL GARTER BRACES MUST HAVE 2 STUDS FROM FLAT TO UNDERSIDE OF FLOOR, NO BRACES ON CRAWL PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x4" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN MAIN FLOOR TRUSSES OVER A 10' SPAN A MIN. SINGLE LINE OF 2"x4" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS REAR ON STUD WALL FOR PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2nd HOOD 1" LONG (MIN.) ON 8 CENTERS ALONG LENGTH OF CEILING JOIST).
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 3' OR LESS MUST USE (4) #3 2-1/2"x2-1/2"x1/4" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO RIM/ STUDS WITH (2) 1/4" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (1) 5/16"x1" LAG THROUGH A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 3' OR LESS SPACE BETWEEN MOUON OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD, NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

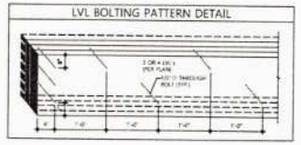
1. TREADS SHALL BE 9" DEEP PLUS A 1" NOSING.
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4").
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 34"-38".
4. GUARD RAIL HEIGHT SHALL BE A MINIMUM OF 36" IN HEIGHT PER R312.1.2.
5. REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM WALKING SURFACE TO GUARD RAIL HEIGHT THAT ALLOW PASSAGE OF A 4" SPHERE.
6. GUARDS ON OPEN SIDES OF STAIRS SHALL NOT HAVE OPENINGS ALLOWING PASSAGE OF A 6-3/8" SPHERE.
7. TRIANGLE FORMED BY RISER, TREAD AND BOTTOM (GUARD) RAIL SHALL NOT ALLOW PASSAGE OF A 6" SPHERE.

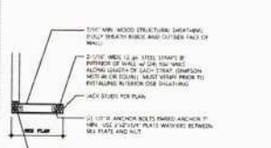
TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND NAME EQUIVALENTS ACCEPTABLE)

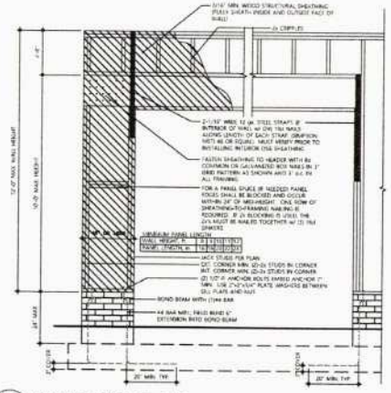
LUMBER(S)	HANGER
2x8	LUS28
2x10	LUS210
2x12	LUS212
(2) 2x8	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x8	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS712-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HGUS412
(2) 1-3/4"x9-1/2" LVL	HGUS412
(2) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x11-7/8" SYP.	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(3) 1-3/4"x14" LVL	HGUS414
(4) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16-5/8" LVL	HGUS1.56/16
(2) 1-3/4"x16-1/2" LVL	HGUS1.56/16
(3) 1-3/4"x11-7/8" LVL	HGUS1.56/12
(3) 1-3/4"x11-7/8" SYP.	HGUS1.56/12
(2) 1-3/4"x14" LVL	HGUS1.56/14
(3) 1-3/4"x14" LVL	HGUS1.56/14
(4) 1-3/4"x14" LVL	HGUS1.56/14
(2) 1-3/4"x16-7/8" LVL	HGUS7.25/16
(3) 1-3/4"x16-7/8" LVL	HGUS7.25/16
(4) 1-3/4"x16-7/8" LVL	HGUS7.25/16
(2) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(3) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(4) 1-3/4"x14" LVL	HGUS7.25/14
(2) 1-3/4"x14" LVL	HGUS7.75/14
(3) 1-3/4"x14" LVL	HGUS7.75/14
(4) 1-3/4"x14" LVL	HGUS7.75/14

LVL BOLTING PATTERN DETAIL





103 A1.0 PORTAL FRAME DTL. NTS



102 A1.0 PORTAL FRAME DTL. NTS

EGRESS WINDOW REQUIREMENTS

NCRC 2019 310.2.1
EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNITS MUST BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WHERE WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE, THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

NCRC R312.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 20". THE NET CLEAR OPENING AREA SHALL MEET 5.7 SQ. FT. THE MIN. NET CLEAR OPENABLE AREA SHALL BE 5.0 SQ. FT. EXCEPT GRADE FLOOR WINDOWS SHALL HAVE A MIN. 5 SQ. FT.

NCRC 310.2.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLAZED AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW.

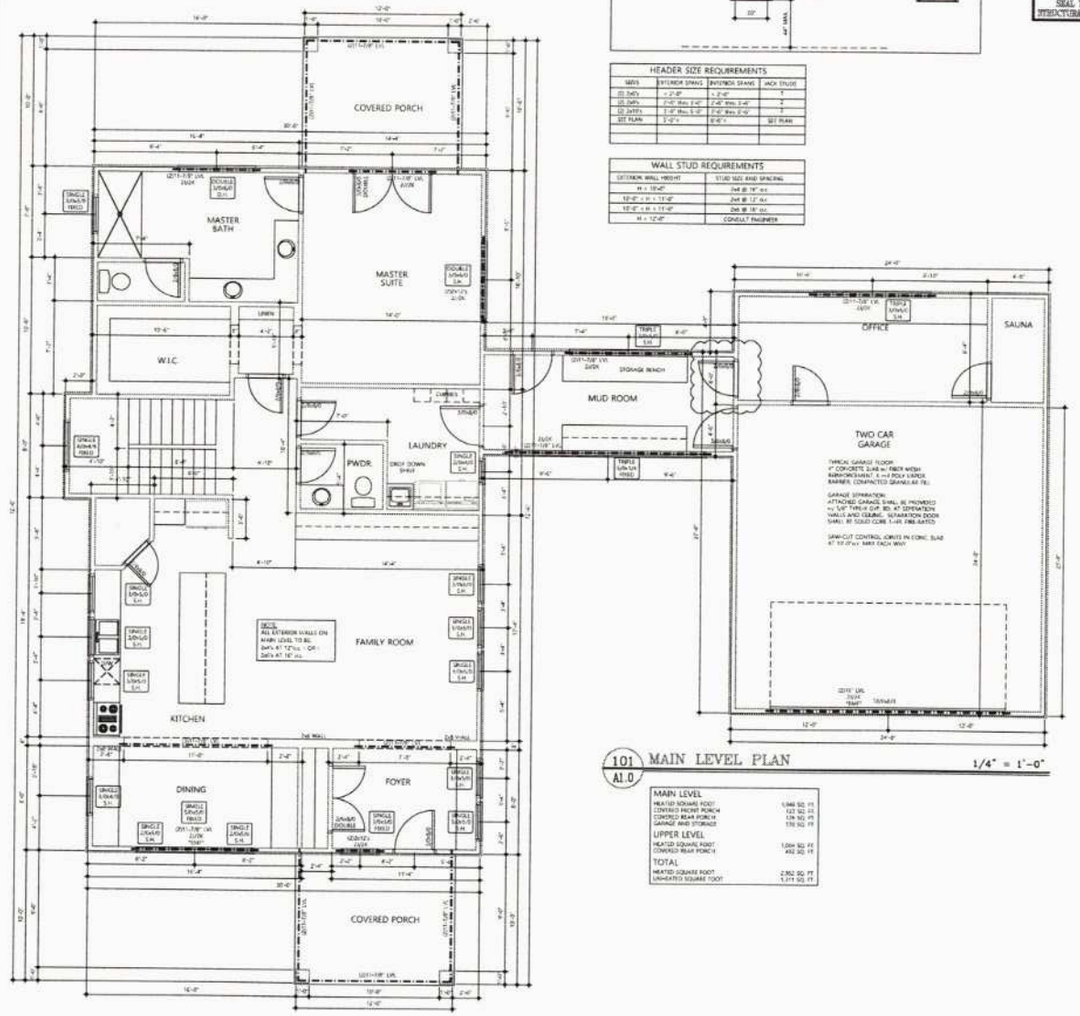


HEADER SIZE REQUIREMENTS

SIZES	EXTERIOR SPANS	INTERIOR SPANS	JACK STUDS
(2) 2x6's	1'-2"-3'-0"	1'-2"-4'-0"	1
(2) 2x8's	3'-1"-Max. 5'-0"	3'-6"-Max. 5'-6"	2
(2) 2x10's	5'-1"-Max. 5'-0"	5'-6"-Max. 6'-0"	2
(2) 2x12's	5'-1"-Max. 5'-0"	5'-6"-Max. 6'-0"	2
SEE PLAN	7'-0"+	8'-0"+	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHTS	STUD SIZES AND SPACING
H = 10'-0"	2x6 @ 16" o.c.
10'-0" < H < 11'-0"	2x6 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H = 12'-0"	CONSULT ENGINEER



101 A1.0 MAIN LEVEL PLAN 1/4" = 1'-0"

MAIN LEVEL	
HEATED SQUARE FOOT	1,948 SQ. FT.
CONFIRED FRONT PORCH	122 SQ. FT.
CONFIRED REAR PORCH	174 SQ. FT.
GARAGE AND STORAGE	770 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	1,004 SQ. FT.
COVERED REAR PORCH	492 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	2,952 SQ. FT.
UNHEATED SQUARE FOOT	1,371 SQ. FT.

ENGINEER: R. BURRIS, P.E.
231 FOREST DR. NE, VALDESE, NC 28690
828-440-6529 LRBURRIS@GMAIL.COM

NORTH CAROLINA SEAL 2023 ENGINEER R. LEE BURRIS, III 4/3/23

NOTE #1
SEAL FOR ENGINEERED STRUCTURAL COMPONENTS ONLY

MSJ DRAFTING
1901 POUNCE ROAD
LINCOLNTON, NC 28092
(980) 433-4333
SBRALEIGH@YAHOO.COM

A1.0

MAIN LEVEL PLAN AND NOTES

DATE	REVISIONS

PROJECT NAME
A NEW RESIDENCE FOR
J. & S. WHITESIDE-JOHNSON
PROJECT ADDRESS
13234 MAYES ROAD
HUNTERSVILLE, NC 28078

A1.0

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 4-1/2" WOOD STUDS, UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 6-1/2" WOOD STUDS (PLUS 1/2" EXTERIOR WALL SHEATHING), UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CABINETRY TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED).
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT/O.C.
10. NUMBER OF EXTERIOR RISERS TO BE FIELD VERIFIED AT LOCATIONS WHERE 4 OR MORE ARE REQUIRED A HANDRAIL WILL ALSO BE REQUIRED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION AS REQUIRED.
12. MINIMUM 22-1/2" by 54-1/2" R-ATTIC ACCESS DOOR w/ PULL DOWN LADDER TO BE DETERMINED ON SITE AND MUST BE WEATHERSTRIPPED AND INSULATED WITH MIN. R-5.
13. HVAC RETURNED TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F., UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION--OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE 2x4x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS, SEL 90/1, CONSTRUCTION (OTHER THAN ROOFS), NOTE 7.
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH STOPS LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS SHOWN ON PLANS.
5. ALL RAFTER BRACES MUST HAVE 2 STUDS FROM PLATE TO FOUNDATION OR BEAM BELOW THEM AT ALL FLOORS. "NC" BRACES ON CEILING JOISTS WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x4" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 16' SPAN A MIN. SINGLE LINE OF 2"x4" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WAFFLE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS BEAR ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS. BRACE RAFTERS AND TOP PLATE TO 2x6 HOSE 6' LONG (MIN) ON 9' CENTERS ALONG LENGTH OF CEILING JOISTS.
9. ALL 2-STORY OPEN GREAT ROOMS, DINING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 9' OR LESS WIDE ON A 3-1/2"x5-1/2"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO KING STUDS WITH (3) 6"x1/2" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (3) 3/16"x9" LAG THROUGH A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 2' OR LESS SPACE BETWEEN. MULLION OPENINGS SHALL HAVE AT LEAST (1) ST2x2 ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THESE REINFORCED PARTITIONS SHALL BE 1/2" PLYWOOD AND OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

1. TREADS SHALL BE 9" DEEP PLUS A 1" NOSING.
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4").
3. STAIR SHALL BE 36" MIN. CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 34"-38".
4. GUARD RAIL HEIGHT SHALL BE A MINIMUM OF 36" BE HEIGHT PER R312.1.3.
5. REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM WALKING SURFACE TO GUARD RAIL HEIGHT THAT ALLOW PASSAGE OF A 4" SPHERE.
6. GUARDS ON OPEN SIDES OF STAIRS SHALL NOT HAVE OPENINGS ALLOWING PASSAGE OF A 6-3/8" SPHERE.
7. TRIANGLE FORMED BY RISER, TREAD AND BOTTOM GUARD RAIL SHALL NOT ALLOW PASSAGE OF A 6" SPHERE.

EGRESS WINDOW REQUIREMENTS

NCRC 310.2.1
EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNITS MUST BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WHERE WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE, THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

NCRC 310.2.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 22". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENABLE AREA SHALL NOT BE LESS THAN 4 SQ. FT.



NCRC 310.2.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLASS AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW.

HEADER SIZE REQUIREMENTS

SIZES	EXTERIOR SPANS	INTERIOR SPANS	JACK STUDS
(2) 2x6's	4'-0"	5'-6"	1
(2) 2x8's	5'-0" thru 7'-0"	7'-6" thru 9'-0"	2
(2) 2x10's	8'-0" thru 9'-0"	9'-6" thru 11'-0"	3
SEE PLAN	9'-6"+	11'-6"+	SEE PLAN

WALL STUD REQUIREMENTS

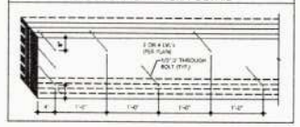
EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
9' - 10'-0"	2x6 @ 16" o.c.
10'-0" < H < 11'-6"	2x6 @ 12" o.c.
10'-0" < H < 11'-6"	2x6 @ 16" o.c.
11' < 12'-0"	CONSULT ENGINEER

TYP. HANGERS FOR JOIST & BEAMS

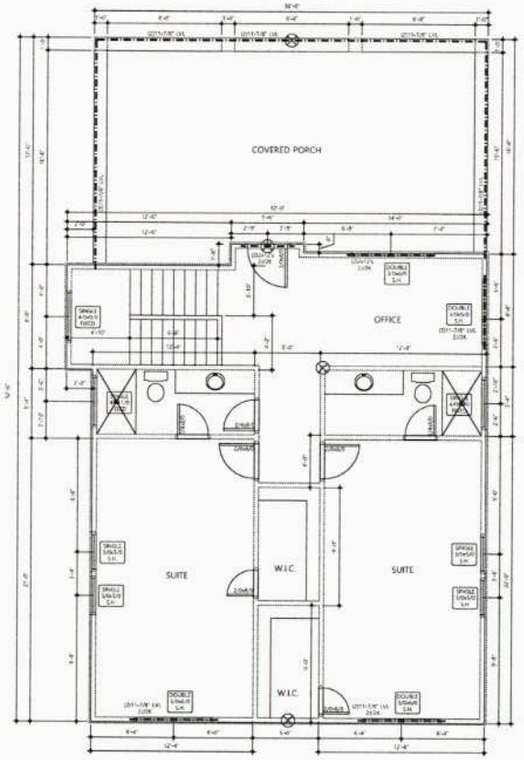
NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC.
(BRAND NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS28
2x10	LUS210
2x12	LUS210
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HUS5.5/12
(2) 1-3/4"x9-1/2" LVL	HUS5.5/12
(2) 1-3/4"x9-1/2" LVL	HUS5.5/12
(2) 1-3/4"x11-3/4" LVL	HUS5.5/14
(2) 1-3/4"x11-7/8" LVL	HUS5.5/14
(2) 1-3/4"x14" LVL	HUS5.5/14
(2) 1-3/4"x14" LVL	HUS5.5/14
(3) 1-3/4"x9-1/4" LVL	HUS5.5/12-3
(3) 1-3/4"x9-1/2" LVL	HUS5.5/12-3
(3) 1-3/4"x9-1/2" LVL	HUS5.5/12-3
(3) 1-3/4"x11-3/4" LVL	HUS5.5/14-3
(3) 1-3/4"x11-7/8" LVL	HUS5.5/14-3
(3) 1-3/4"x14" LVL	HUS5.5/14-3
(3) 1-3/4"x14" LVL	HUS5.5/14-3
(4) 1-3/4"x9-1/4" LVL	HUS7.5/12
(4) 1-3/4"x9-1/2" LVL	HUS7.5/12
(4) 1-3/4"x9-1/2" LVL	HUS7.5/12
(4) 1-3/4"x11-3/4" LVL	HUS7.5/14
(4) 1-3/4"x11-7/8" LVL	HUS7.5/14
(4) 1-3/4"x14" LVL	HUS7.5/14
(4) 1-3/4"x14" LVL	HUS7.5/14

LVL BOLTING PATTERN DETAIL



MAIN LEVEL	
HEATED SQUARE FOOT	1,848 SQ. FT.
COVERED FRONT PORCH	123 SQ. FT.
COVERED REAR PORCH	126 SQ. FT.
GARAGE AND STORAGE	570 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	1,004 SQ. FT.
COVERED REAR PORCH	492 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	2,852 SQ. FT.
UNHEATED SQUARE FOOT	1,311 SQ. FT.



101 / A1.1 UPPER LEVEL PLAN 1/4" = 1'-0"

ENGINEER: R. BURRIS, P.E.
237 FOREST DR. NW, VALDESE, NC 28690
828-845-6529 LRBURRIS@ICLOUD.COM

NORTH CAROLINA PROFESSIONAL SEAL 039233 ENGINEER L. RANDALL BURRIS, III
4/5/22

NOTE #1
SEAL FOR ENGINEERED STRUCTURAL COMPONENTS ONLY

MS DRAFTING
1901 POINT ROAD
LINCOLNTON, NC 28092
(980) 429-4008
SEALDRAW@YAHOO.COM

A1.1

UPPER LEVEL PLAN AND NOTES

PROJECT NAME	A NEW RESIDENCE FOR: CHRISTOPHER JOHNSON
PROJECT ADDRESS	1234 MAVIS ROAD HUNTERSVILLE, NC 28078

A1.1

FEE: 200.00
DATE: 8/30/2021

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 19851

PERMIT NUMBER: 19851

PARCEL NUMBER: 01106220

JOB LOCATION INFORMATION

ADDRESS: 13234 MAYES RD

CITY: HUNTERSVILLE **STATE: NC** **ZIP:** 28078

ISSUED TO: CHRISTOPHER JOHNSON

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/27/2021

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30012400, 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, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature Kim Sanders, REHS

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30012400** GWS File #: **19851** Tax Parcel #: **011-062-20**

- 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. 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):** 8/25/2026

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2952 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb install septic tank, pump tank & pressure manifold only

Initial System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): Trench Spacing (ft): Absorption Area (ft^2): Total Trench Length (ft):

Maximum Trench Depth (in): Depth of Media (in): Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 900 Total Trench Length (ft): 300

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett Owner/Legal Agent: _____
Print Name

Signature: Kim Garrett, REHS Signature: _____

Date Issued: 8/25/2021

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30012400** GWS File #: **19851**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.
- Flow from all gutters and downspouts shall be directed 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 STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett

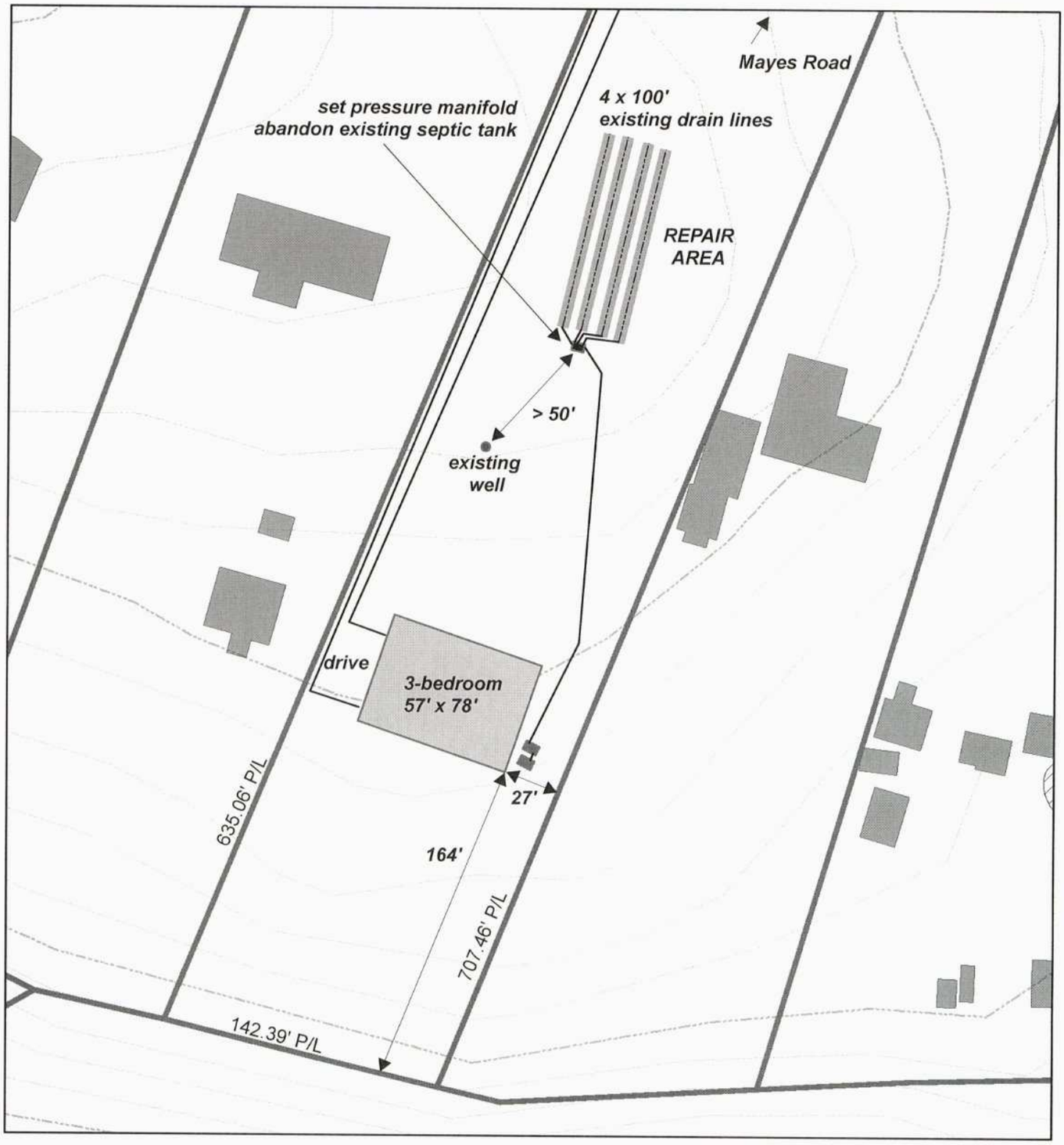
Signature: Kim Garrett, REHS

Date Issued: 8/25/2021

Owner/Legal Agent: _____
Print Name

Signature: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health Program
Improvement Permit # 300124
13234 Mayes Road
PID#011-062-20
Christopher Johnson
Date permitted 8/25/21

Authorized Agent: Kim Garrett, REHS

Date: 8/25/21

Owner/Legal Agent: _____

Date: _____

N

1 inch = 70 feet

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30012400** GWS File #: **19851** Tax Parcel #: **011-062-20**

- 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. 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):** 8/25/2026

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2952 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Install septic tank, pump tank & pressure manifold only

Initial System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): Trench Spacing (ft): Absorption Area (ft^2): Total Trench Length (ft):

Maximum Trench Depth (in): Depth of Media (in): Distribution Device: Pressure Manifold

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd): 360 LTAR (gpd/ft^2): .3 Septic Tank Size (gal): 1000 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 900 Total Trench Length (ft): 300

Maximum Trench Depth (in): 30 Depth of Media (in): 12 Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, 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 a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett Owner/Legal Agent: David Collins Collins Homes Inc
Print Name

Signature: Kim Garrett, REHS Signature: [signature]

Date Issued: 8/25/2021

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr., Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

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

Permit #: **30012400** GWS File #: **19851**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.
- All waterlines must be located a minimum of 10 ft. from any part of the septic system.
- The system must be water tested during the final inspection to verify proper operation and set system pressure.
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- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett

Signature: Kim Garrett, REHS

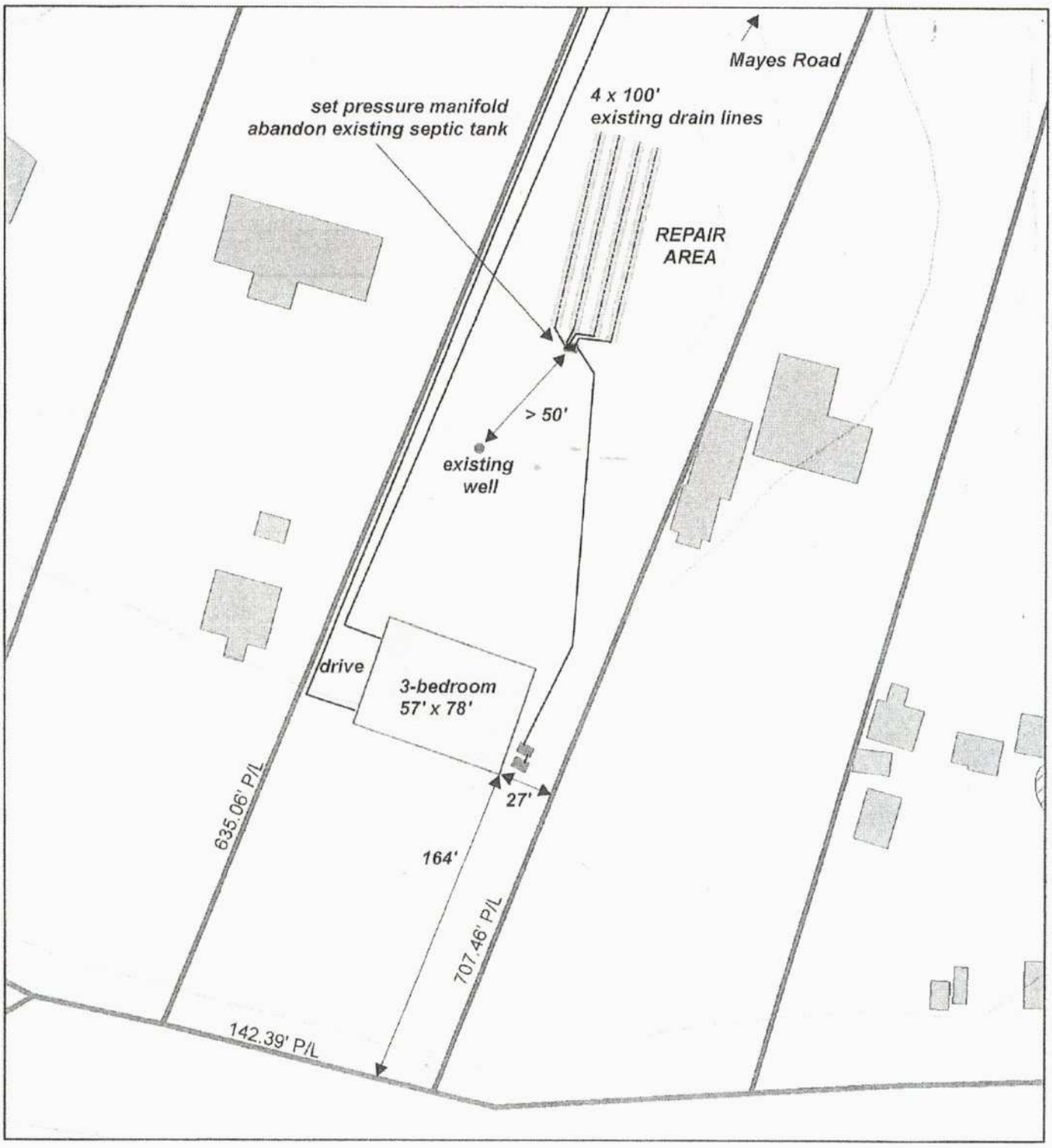
Date Issued: 8/25/2021

Owner/Legal Agent: David Collins Collins Homes Inc

Print Name

Signature: [signature]

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health Program
Improvement Permit # 300124
13234 Mayes Road
PID#011-062-20
Christopher Johnson
Date permitted 8/25/21

Authorized Agent: Kim Garrett, REHS

Date: 8/25/21

Owner/Legal Agent: [illegible] Collin Homes Inc

Date: 8/27/21

1 inch = 70 feet

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 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 #: 19851 Permit #: 30012400 Tax Parcel #: 011·062·20

Property Owner: Christopher Johnson

Job Location Address: 13234 mayes Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 4/26/22 Contractor Name: JacobWilliams #6445 Logan King

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: 1000 gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf Effluent Pump Model: Zoeller EN151

existing

Drainfield ~~Installation~~ ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: approx 400' feet

# of Lines: 4 @ varying feet lengths

Depth of Media: _____ inches (Type) stone

Depth of Cover: _____ inches

new — Distribution Device: pressure manifold

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: >50 feet

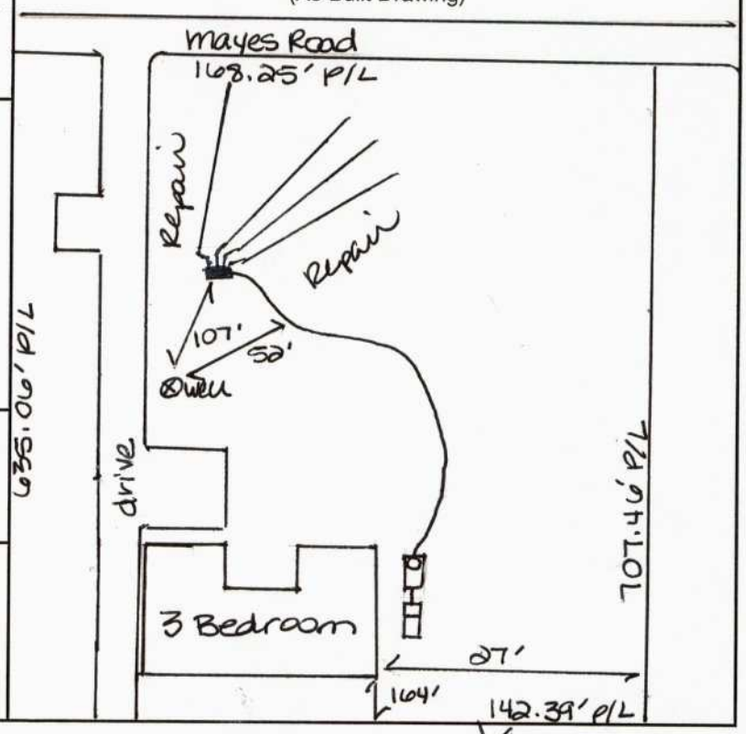
Inspection Dates

Tank(s) Inspected: 3/15/22

Excavation Inspected: 3/25/22

Pump & Controls Inspected: 4/26/22

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: III b, pressure, GTR, n/a, n/a

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

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 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 #: 19851 Permit #: 30012400 Tax Parcel #: 011·062·20

Property Owner: Christopher Johnson

Job Location Address: 13234 mayes Road

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:

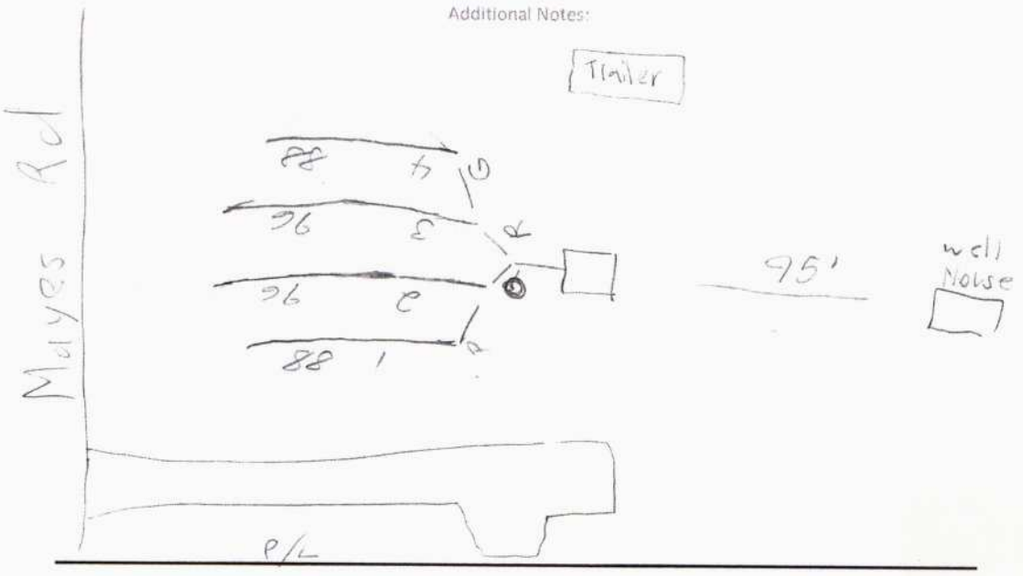
DENR Authorized Agent: Kim Garrett, REHS Date: 4/26/22

Signature: Kim Garrett, REHS

BENFIELD OUTDOOR SERVICES & SOLUTIONS

P/L

Additional Notes:



Disclaimers:

Landscaping-
Due to the nature of new SOD, grass seed, new shrubs, we cannot guarantee that product will last any given duration. We have no control over weather, local bugs, water and nutrition source once we leave.
-If shrubs products die or develop issues we will investigate to determine the underlying cause.

Septic-
Due to the nature of septic systems and concrete corrosion, lids have been known to break or fall apart during inspections and we're not financially responsible for the lid replacement.
PERC Test are not a determination that a property is suitable for new construction only a permit from the county determines its feasibility.
Counties may require additional soil evaluation that require back hoe or tractor, this is an additional cost.

Outdoor Construction-
Materials and time may vary, and prices above is an estimate (Most quotes are within 10%). We have no control over weather and unknown conditions.

DYI Projects-
The estimated, price and time will vary and savings is based on how much the client contributes.

On-site Wastewater Inspection

☒ **Pre-Inspection Contract, signed by Client is attached to Inspection**

Property Address 13234 Mayes Rd
Street
Huntersville NC 28078
City **St** **Zip**

Client Name: Chris Johnson

Current owner of Record Paula Taylor

Date of Inspection: 1/8/19

_____**Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative**
_____**Gallons per day for designed system size or number of bedrooms as stated in available local health department information**
☐ **Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit**
☐**Copy of Operations permit from** Mecklenburg **County Environmental Health Attached**
☐ **Operations permit not available**
☐ **System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44**
Current Operator's Name _____
Most recent performance, operation and maintenance reports are ☐ **attached** ☐ **not available**
Type of water supply ☐ **Well** ☐ **Public Water** ☐ **Community Water** ☐ **Spring**

Location of Septic Tank and septic tank details:
shed – 50 **ft from house or structure**
95 **ft from well if applicable**
n/a **ft from water line if applicable**
20 **ft. from property line if said property lines are known or marked**
13" **distance from finished grade to top of tank or access riser**
X **Access riser(s)** ☐**yes** ☒**no Describe** _____
✓ **Tank lids intact** ☒ **yes** ☐ **no**
X **Tank has baffle wall** ☐**yes** ☐**no Describe condition of baffle wall:** Not Required prior to 1992
✓ **Inflow to tank is noted as sufficient**
X **Inflow to tank is noted as insufficient or blocked**
✓ **Water level in tank is relative to tank outlet**
N/A **Outlet T is present** ☐ **yes** ☐ **no Describe condition of Outlet T:** _____
N/A **Outlet has filter** ☐**yes** ☐**no Describe condition of filter:** _____
✓ **Effluent leaves the outlet** ☒**yes** ☐**no**
n/a **Roots present in tank** ☐**yes** ☐**no Describe extent of roots:** _____
N/A **Evidence of tank leakage Describe:** _____
N/A **Evidence of non-permitted connections, such as downspouts or sump pumps**
X **Connection present from house to tank**
✓ **Connection present from tank to next component**
13 **Percentage of solids in tank**
_____**Unable to locate tank. System inspection cannot be completed until tank is located**

Date tank was last pumped _____ ☒**unknown**
Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ **Date**_____

Does system have pump tank? ☐ yes (complete blanks below) ☒no

____ ft from house or structure
____ ft from well or spring if applicable
____ ft from water line if applicable
____ ft. from property line if property lines are known or marked
____ Distance from finished grade to top of tank or access riser
____ Access risers in place ☐yes ☐no
____ ft from septic tank
____ Access risers in place Describe type: _____
____ Describe condition of tank lids _____
Location of control panel: _____
____ Electrical connections are in place and properly grounded
____ Audible and visible alarms (as applicable) work
____ Pump turns on and effluent is delivered to next component
____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: ☑Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment _____
Brief Description of System Type Gravity
50' ft. from property line if property lines are known or marked
5' ft from septic/pump tank
4 # of lines
88'-96' length of lines
N/A Evidence of past or current surfacing at time of inspection
Briefly describe: End of line 4 was serviced
N/A Evidence of traffic over the dispersal field
X Vegetation, grading and drainage noted that may effect the condition of the system or system components
✓ Effluent is reaching the dispersal field

☐ Conditions present that prevented or hindered the inspection

☐ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: End of line 4 had Wetness

Inspector Name: Michael Benfield Certification # 5440I

Address _____

Phone 704 658 8616

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: _____ Michael Benfield _____ Date 1-3-19

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Benfield Outdoor Services & Solutions
939 Brawley School Rd.
Mooresville, North Carolina 28117

Phone: (704) 658-8616

Bossmb86@yahoo.com

January 8, 2019

Chris Johnson,

RE: Septic System Inspection

13234 Mayes Rd, Huntersville, NC 28078

BOSS Project #: 387

Dear: Chris,

On January 8th, 2019 BOSS personnel inspected the septic system for a single-family home located at 13234 Mayes Rd, Huntersville, NC. The limited inspection consisted of a review of the septic permit provided by Mecklenburg County Health Department and a field reconnaissance of the tank, drain field, and all components were located and flagged (See photos and sketch).

The system consisted of a 1500-gallon septic tank that gravity fed to a gravel bed drainlines (see sketch). The septic tank was located in center of property approximately 95' from well, approximately 72' from the property line, and to the left of the existing driveway.

During the inspection of the drainfield BOSS personal measured four drainlines that were eighty-eight feet to ninety-six feet in length. During the inspection of the drain lines we observed saturation on the last line of the drainfield. Due to the fact the system is not currently being used we cannot determine full functionality of the tank and drainfield. (See pictures).

The inlet and outlet of the the tank was uncovered and inspected. During the inspection we found that there was no baffle wall or outlet T and filter, which was not required prior to 1992. BOSS personal determined that the tank had nearly thirteen percent of solids. For future reference, tanks are recommended to be pumped every 3-5 years or when the tank has 25-33% solid build up.

If you have any questions regarding the inspection, please contact me at 704-658-8616.

Sincerely,

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Michael Benfield

Michael Benfield

Certified Inspector, Level II Installer and Sub Surface Operator

#5440I, #5440

Polaris 3G Map – Mecklenburg County, North Carolina

13234 mayes rd

Date Printed: 8/20/2021 11:14:57 AM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Drainfield: 1) Pink 2) Orange 3) Red 4) Green



Tank Location:



DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 19751

T.C. NO. 011-062-20

(Ground Absorption Sewage Disposal)

OWNER: Dorothy Barnes
ADDRESS: P.O. Box 307 Cornelius, N.C.
LOCATION OF SITE: Mayes Rd.

PLAT NO:
LOT SIZE: 2a

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 2-6 U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clayey U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 48 U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) None U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS Adequate U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U

8. SOIL GROUP: IVa

9. SITE CLASSIFICATION: Provisionally Suitable

10. SOIL SERIES: Cecil

S - Suitable PS - Provisionally Suitable U - Unsuitable

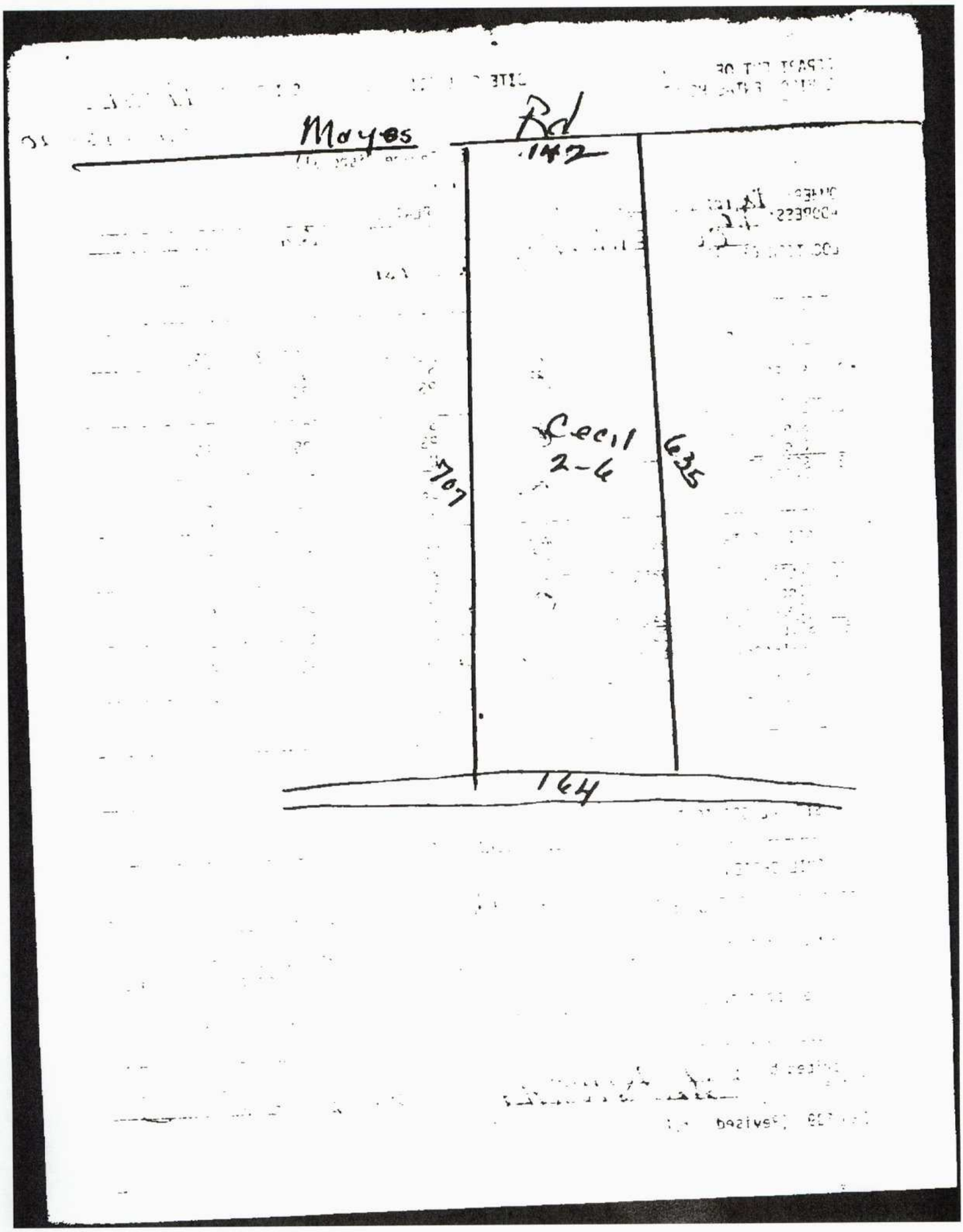
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: W. B. Ramsey
Title: Soil Scientist

Date: 7-27-83

EHD 539 (Revised: 6/82)


Mayes
Rd
142
Cecil
2-6
635
707
164

Serial No. 5134

SIR No. 19851

T. C. No. 011-062-20

Date Issued 7-29-83

Map Date

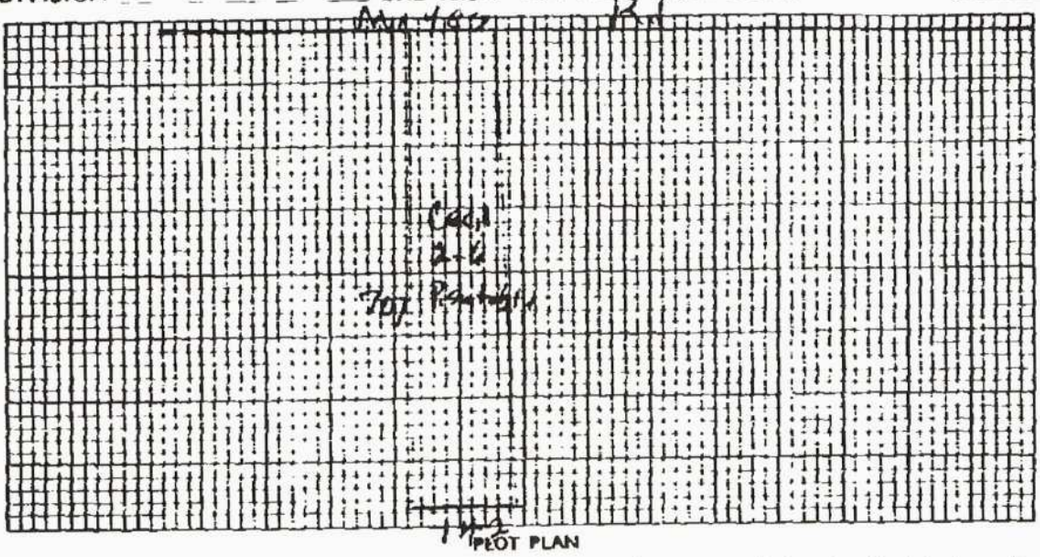
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Barner, (LAST) Dorothy (FIRST) T. (MIDDLE)

ADDRESS OF OWNER P.O. Box 307, Cornelius, NC ZIP 28031

LOCATION OF PROPERTY Mayes Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot **Provisionally Suitable**. The permeability rate determined by the investigation was . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W. B. Ramsey
Soil Scientist

EHD-5-76

Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

Date Received 1 Nov 1983

RECEIVED
NOV 1 1983
ENVIRONMENTAL HEALTH

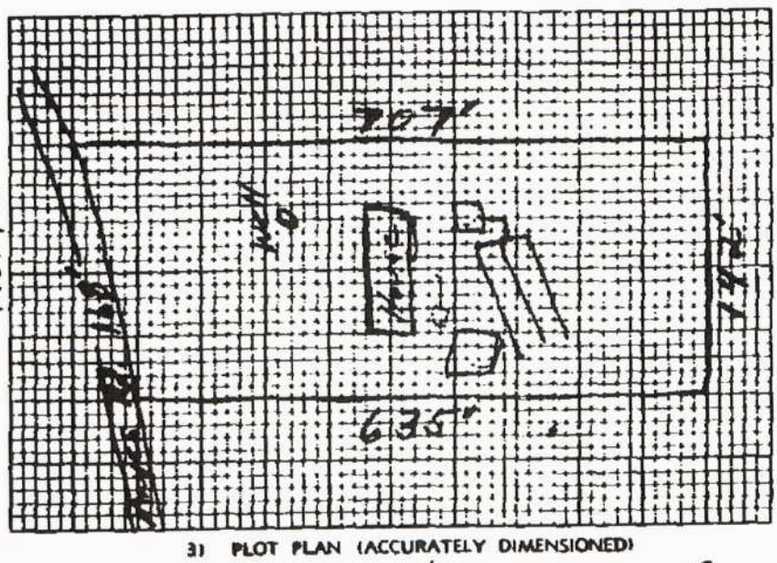
Blue Ink
ICAP (S) Application No. 19851
T. C. No. 011-062-20
Map Date ✓

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health 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)

Mobile Home ___Yes___No
Residence ✓Yes ___No
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
House located within 200 feet of community sewer ___Yes ✓No
11) FHA Case No _____
12) VA Case No. _____

13) NAME OF OWNER Wilbourn (LAST) Roger (FIRST) Keith (MIDDLE)
14) ADDRESS OF OWNER Oakhill Apts, Apt. A-6 Davidson, NC. 28036
15) PHONE NO. Home 892-0423 Office _____
16) LOCATION OF SYSTEM 13234 Mayes Road (STREET OR COUNTY ROAD)
17) SUBDIVISION _____ Lot No. 20 Block No. 062
Map Book No. 11 Page No. 6
18) DEED REFERENCE — DEED BOOK 4135 AT PAGE 473
19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN _____
20) PTR NUMBER (See Instructions) _____

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.

Nov. 1, 1983
DATE OF APPLICATION

Roger K. Wilbourn
OWNER

EHB-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BI 11-3-83

SIR No. 19851

Serial No. 6916

T. C. No. 011-062-00

Date Issued 11-2-83

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Wilbourn, (LAST) Roger (FIRST) Keith (MIDDLE)

ADDRESS OF OWNER Oakhill Apartments, Apt. A-6, Davidson,NC ZIP 28036

LOCATION OF LOT 13234 Hayes Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO_____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 19851. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed,altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

M. A. Kirby
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 11-19-84

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED NOV 19 1984 ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19851

T.C. No. 011-062-20

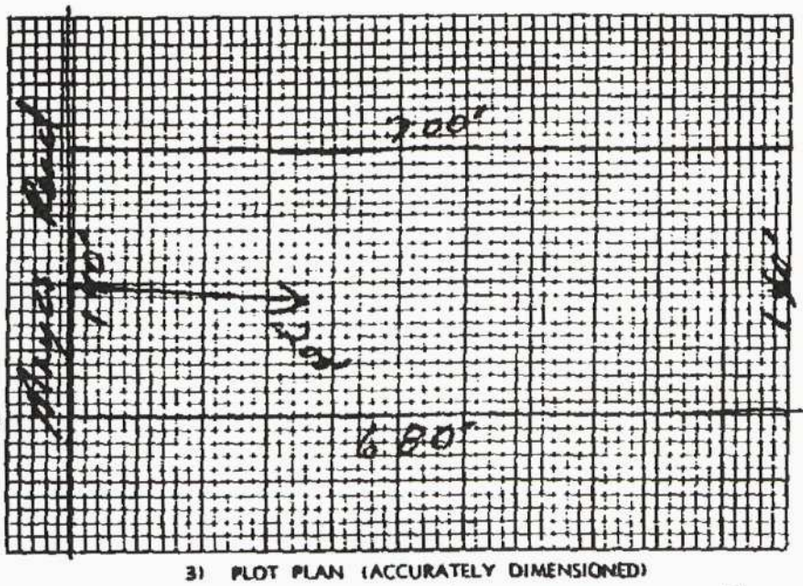
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health 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)

Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No
4) No. of Bedrooms 3 new
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
House located within 200 feet of community sewer ____ Yes ✓ No
11) FHA Case No. ____
12) VA Case No. ____

13) NAME OF OWNER Wilbourn (LAST) Roger (FIRST) Keith (MIDDLE)

14) ADDRESS OF OWNER 291 West McNeely Ave. Mooresville, N.C. 28115

15) PHONE NO. Home None Office ____

16) LOCATION OF SYSTEM 13234 Mayes Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 20 Block No. 062

Map Book No. 11 Page No. 6

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

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.

Nov. 19 1984
DATE OF APPLICATION

Roger K. Wilbourn
OWNER

EHB-5-76

Environmental Health Department's Copy

Date Issued 10-1-85

Serial No. 08569

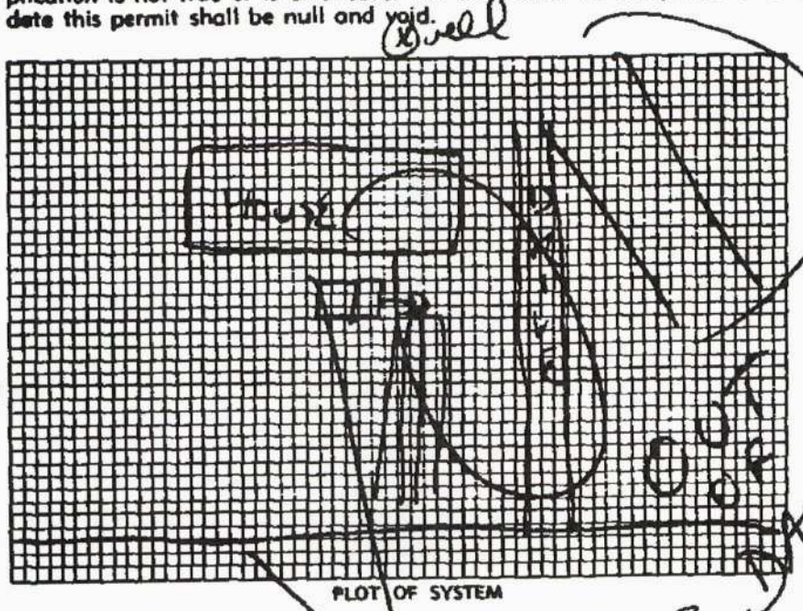
ICAR(S) Permit No. 19851

T. C. No. 011-062-20

Map Date L

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 19851, dated 11-14-34 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 12-1-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PLL

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50+

NAME OF OWNER WILBOURNE, ROGER K.

LOCATION OF PROPERTY 13234 MAYE 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. 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

4 lines x 100 long x 3' wide x 12" stone

Comments:

[signature] Division or Section Head

Kelly Randall 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.

BHD-5-76

Environmental Health Department's Copy

Date Issued 1-7-86

Serial No. 08852

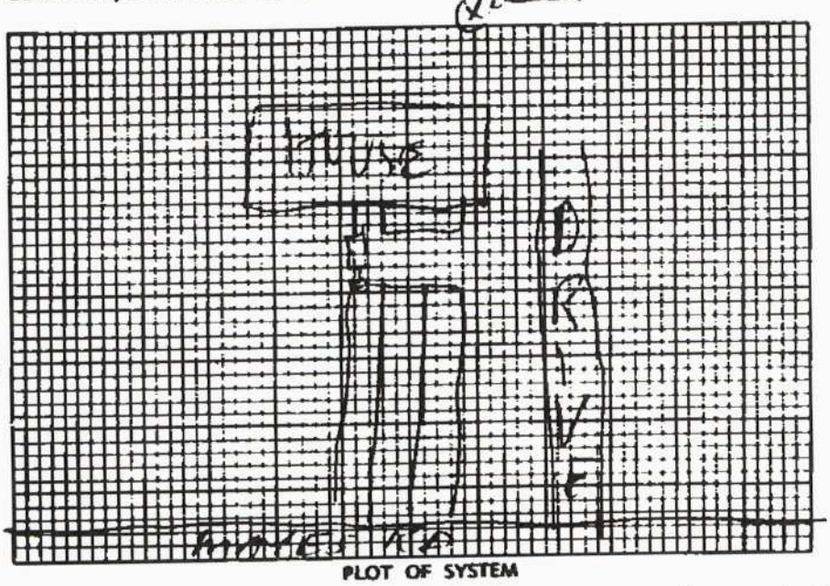
ICAR (S) Permit No. 9851

T C. No. 011-062-20

Map Date L

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 9851, dated 11-11-84 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 2-7-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER WILBOURNE, ROGER K.

LOCATION OF PROPERTY 13234 MATTES 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. 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

4 lines x 100' long x 3' wide x 12" stone

Comments:

B. Henderson
Division or Section Head

Kelly Cordell
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.

EHD-S-76

Environmental Health Department's Copy

C of A (s) No. 19851

Date Issued 1-8-86 **Serial** 8193 T. C. No. 011-062-20

✓ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

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

Name of Owner WILBOURNE ROGER
LAST FIRST MIDDLE

Location of Property 13234 MAYES RD

Application Number 19851 Permit Number 19851

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PLL

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 1-8-86 DATE Tank Inspected 1-8-86 DATE

Nitrification Field Inspected 1-8-86 DATE

Washing Machine Line Inspected, If Applicable _____ 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: 1986, 1500 ST, CON, 1200 SET, 126, CLCC

[signature]
Environmentalist

EHD-5-76

Environmental Health Department's Copy