

4361 GIBBON RD

04545222

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 44938 DATE: 5-4-01

TC: 045-452-22 ☒ L ☐ CRT

SERIAL Nº 18460

Name of Owner NATHAN NICHOLS Juris.:

Address of Property 4361 GIBSON ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 6" = 8"

Water Supply Source WELL

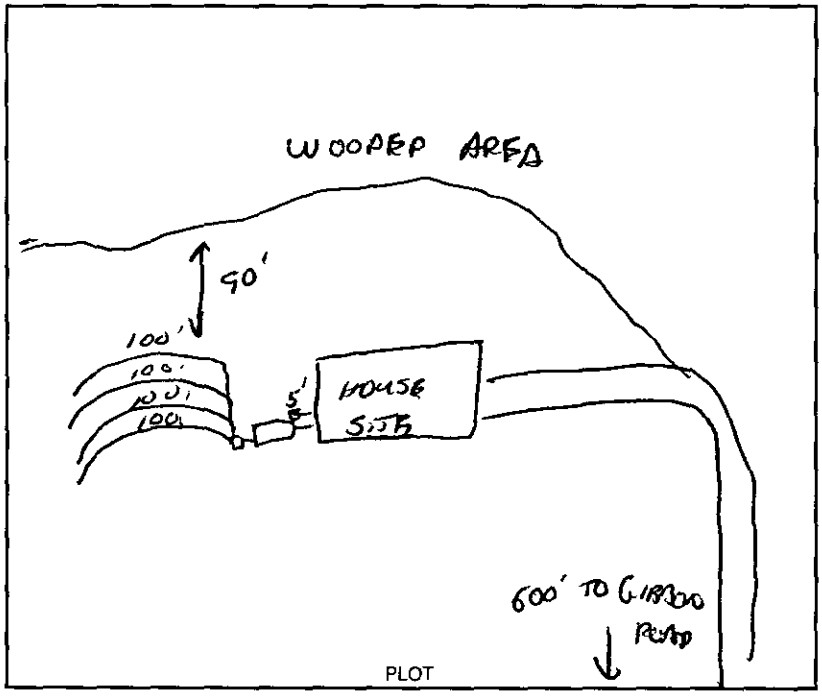
Distance to Water Source

Excavation Inspected 5-4-01

Tank(s) Inspected 5-4-01

Wash Line Inspected —

High Water Alarm Inspected



Design 1500 ST 1200 SFT CONV IN G CTR# CLAUDIOUS MORRISON

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☑ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ 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 I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: TYPE II

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

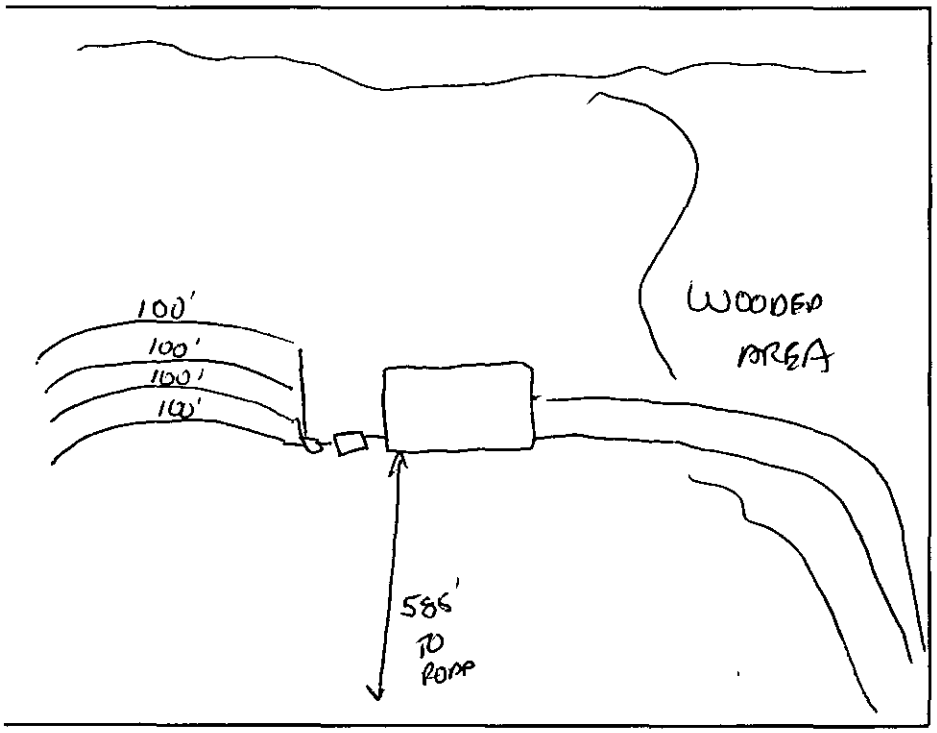
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4493B DATE: 5-2-01

TC: 045-452-22 ☒ L

SERIAL No 18604

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 the application dated _____. All work shall be completed on or before 7-2-01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ≥50 feet

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

NAME OF OWNER NATHAN NICHOLS

LOCATION OF PROPERTY 4361 GIBBON ROAD

Comments: (1) HOUSE SITE MOVED 15' UPHILL FROM ORIGINAL LOCATION - THEREFORE I ~~LOWR~~ RAISED APP. RATE TO .3 & TLF REDUCED TO 400'

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Paid $150 - 4/10/01 CK#16061 RP

FEE: 0
DATE:

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 12/19/00

PERMIT NO: 4493B
PARCEL NO: 045-452-22

JOB LOCATION ADDRESS: 4361 GIBBON ROAD
PROPERTY OWNER: NATHAN NICHOLS
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ DATE: 12/19/00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4493B, 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. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

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 AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

_____ 4-11-01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4493B

Tax Number: 045-452-22

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	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system X Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
27 Long-term acceptance rate	360 Max gallons/day wastewater flow	1333 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
GRS Serviced by private well	1500 Gallon septic tank	444 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	___ Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:				
~~Repair~~ Area System Type NOT NEEDED Type (circle one): 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: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, 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 by this Department.
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date 12/19/00

Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

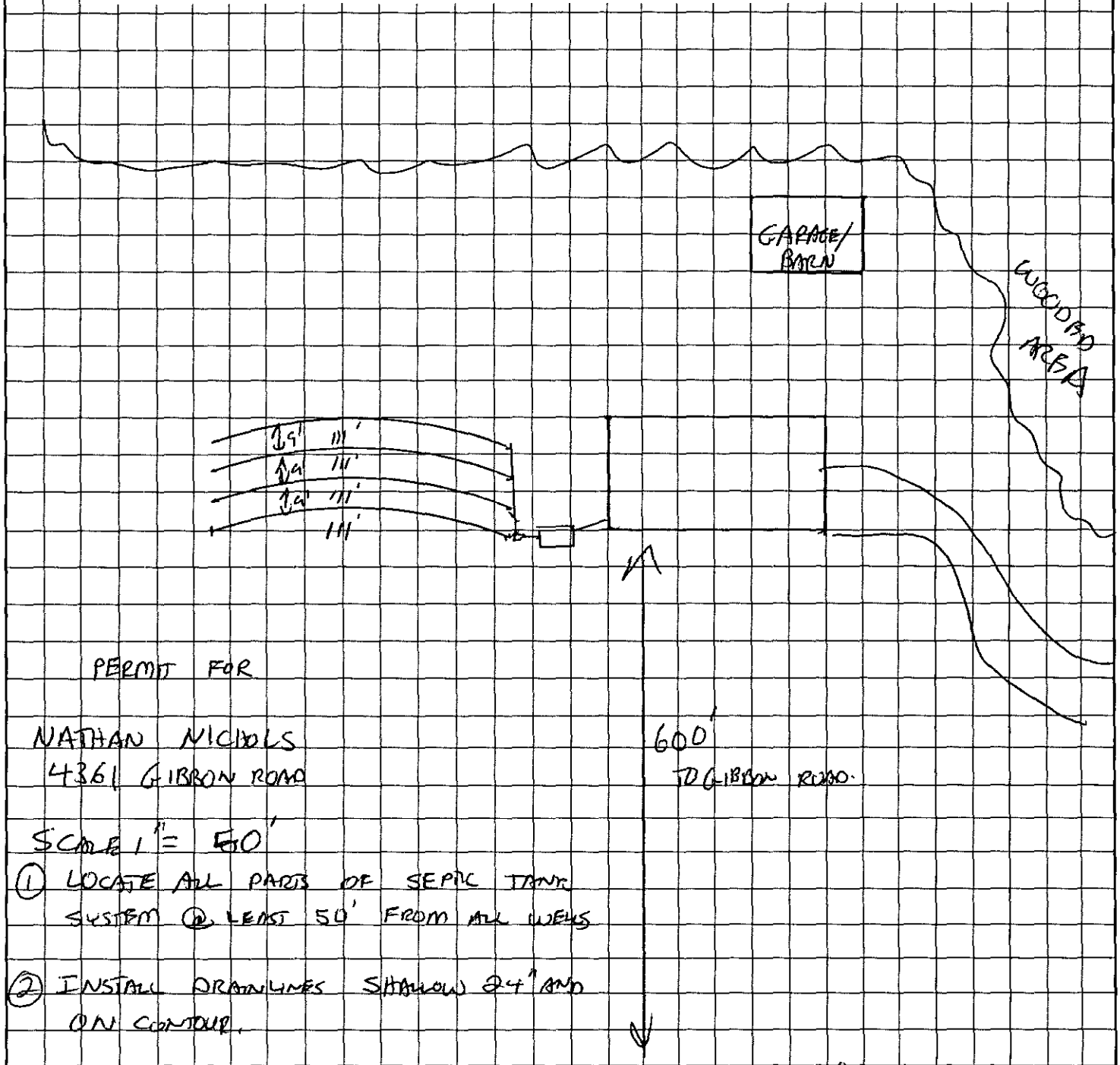
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4493B

TC: 045-452-22

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



PERMIT FOR

NATHAN NICHOLS
4361 GIBSON ROAD

SCALE 1" = 50'

(1) LOCATE ALL PARTS OF SEPTIC TANK SYSTEM @ LEAST 50' FROM ALL WELLS

(2) INSTALL DRAINLINES SHALLOW 24" AND ON CONTOUR.

M. S. Nichols
OWNER/AGENT SIGNATURE

DATE 12/14/00

APPROVAL DATE D. Clark 12/19/00

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 4493B

Date: 2/29/01

PERSON FILING APPLICATION:
NAME: CUSTOM BUILDINGS (last) / JIM MACCALLUM (first) (mi)
ADDRESS: 8814 N LAKEBROOKE PHONE: 704 3940046
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 045-452-22
STREET ADDRESS: 4361 GIBBONS RD
ZONING:

PROPERTY OWNER:
NAME: Nicholson N S (last) (first) (mi)
ADDRESS: 4361 Gibbons Rd PHONE: 704 569-1384
CITY: Charlotte STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: #452 LOT SIZE (in acres): 13.2

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE BUILDING

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 5/29/01

NOTICE:

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 by this Department.

...This permit is not transferable.

... 6-4-01 USE EXISTING SYSTEM

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

[signature] 6-4-01
Environmentalist Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEES

Gordon Hodgkin
Requestor (please print): Phone #: Date Requested: 5/30/01 Date Filled: 5/30/01

31692
Account Name: Custom Building - $ Cash Charge Account No.: X 31692

I certify that I am authorized to charge this account for this service:

Signature: Gordon Hodgkin Printed Name: Gordon Hodgkin Date: May 30

T.C.	Qty	Description	Unit Cost	Total Cost
0710		Additional Trips	$ 65.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0741		Contractor's Annual Fee	$ 50.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0701		Improvement Permit Application - Residential	$ 200.00	
0703		Installation and Final Approval	$ 150.00	
0743		Maintenance Inspections to Homeowners w/ Type IIIB Systems (every 5 yrs)	$ 85.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0742		Operator's Annual Fee	$ 30.00	
0702		Optional Site Evaluations	$ 100.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0718		Residential Pool Permit	$ 50.00	
0707		Site Consultation Visit	$ 100.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0738		Tatoo Parlor Permits - Mecklenburg Co. resident	$ 125.00	
0739		Tatoo Parlor Permits - non resident	$ 87.50	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0733		Pool - Permit to Construct a Public Pool	$ 200.00	
0724		Pool - Private Testing	$ 15.00	
0740		Pool - Public Permit Prorated mos. X $30.00		
0719		Pool - Public Operating Permit	$ 240.00	
0720		Pool - Seasonal Operating Permit	$ 120.00	
0736		Pool - Late Fee	$ 120.00	
0725		Document Copies	$ 0.05	
Payment received by:		Date: 5/30/01	Total:	100

4301 Fieldcrest Dr

COPY

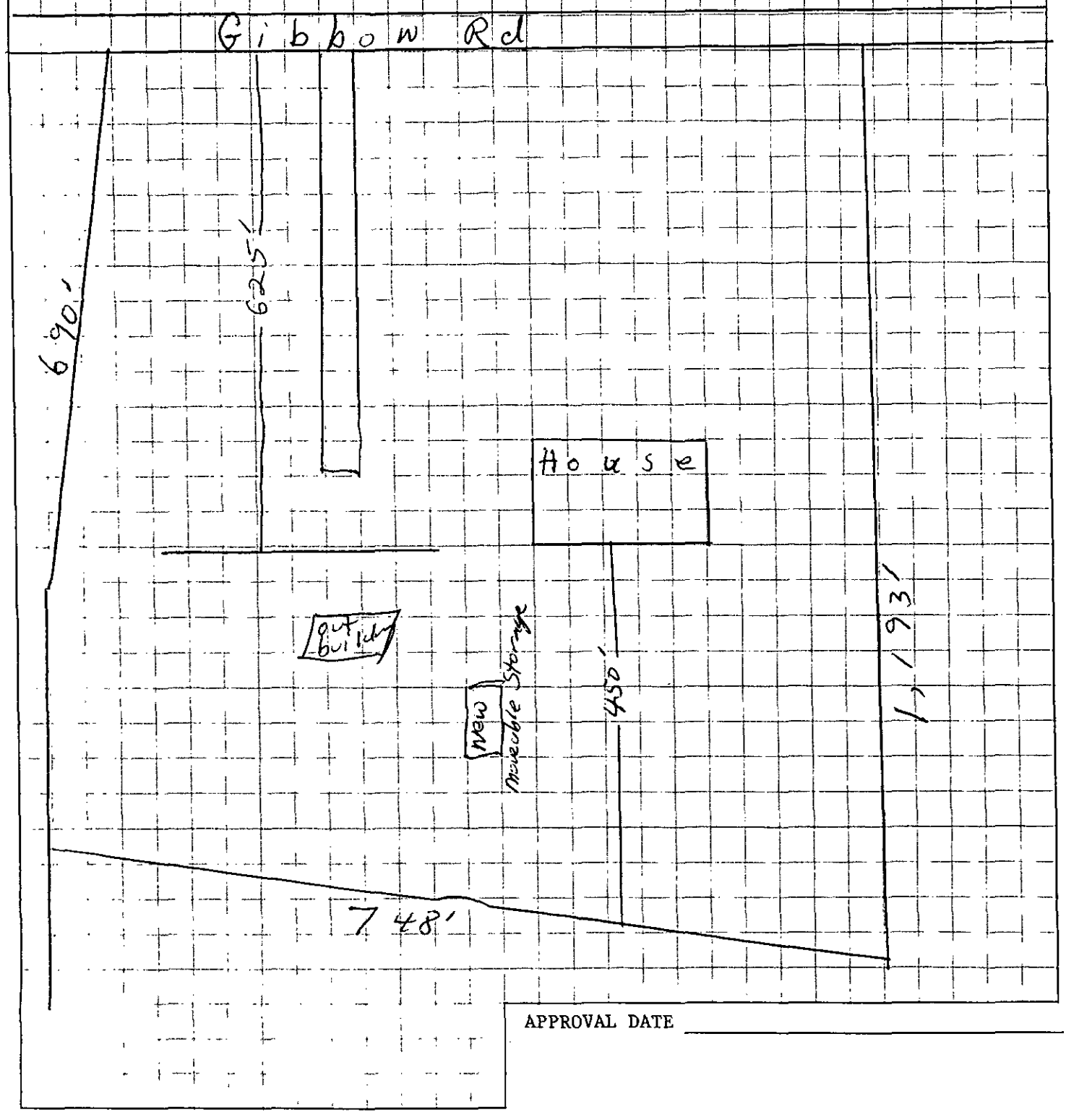
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4493B

TC: 045-452-22

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

045-452-22
F-14-A/1002

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

Parcel 04545222

STREET # (N,S,E,W) 4961 STREET NAME Gibbon Road (AV,RD,ST, etc.)

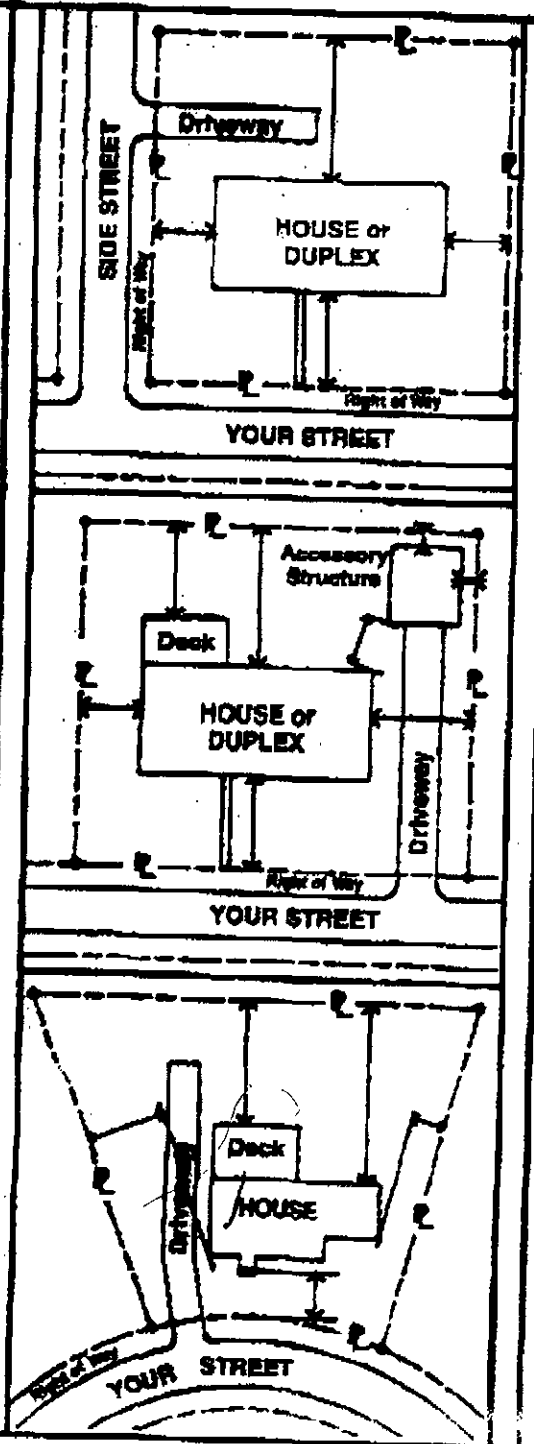
SUITE/UNIT(S):

PERMIT #

TAX JURISDICTION: (Check One)
☑ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # [redacted]

EXAMPLES - PLOT PLAN

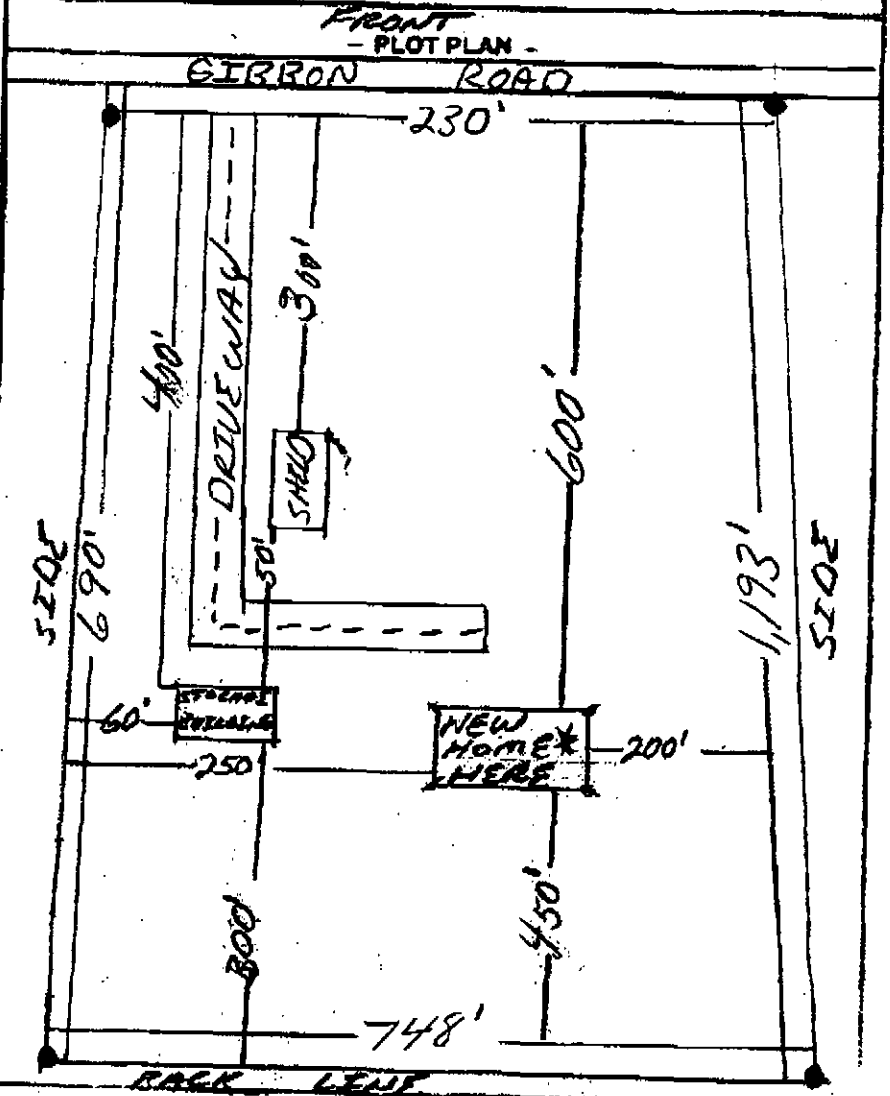


- INSTRUCTIONS -

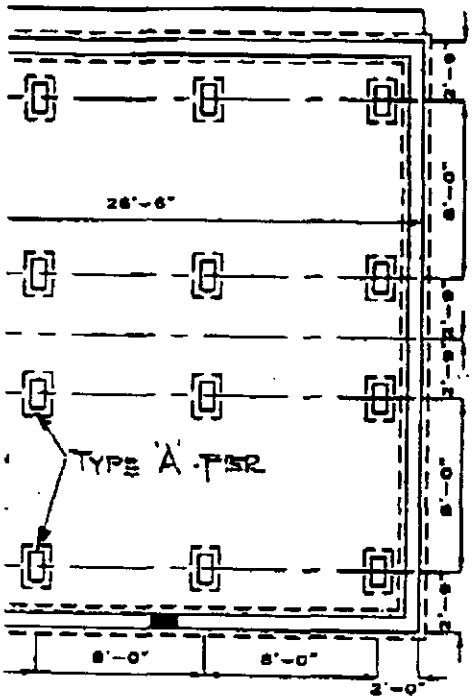
In the space provided below, draw plot plan as neatly and accurately as possible. from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -

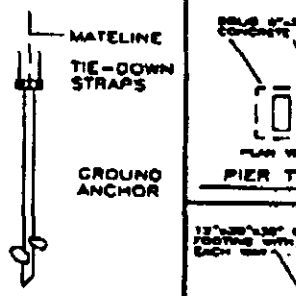


ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

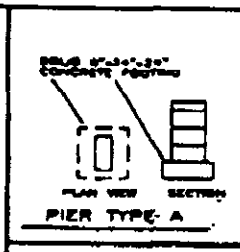


206 FOUNDATION

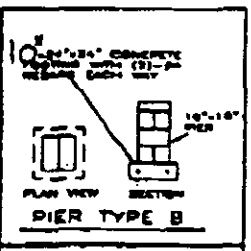
WIND SPEED = 110 M.P.H. MAX.



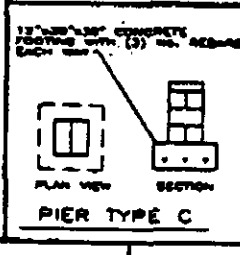
SECTION C-C



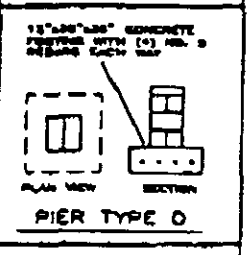
PIER TYPE A



PIER TYPE B

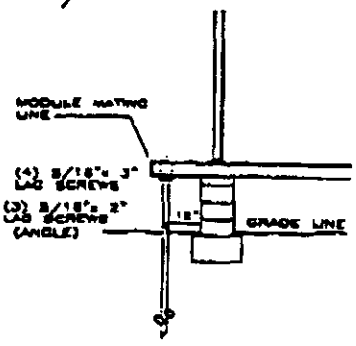


PIER TYPE C

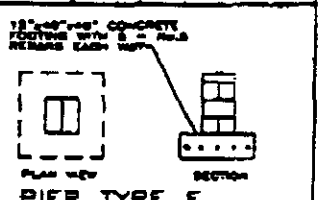


PIER TYPE D

N/A



PIER TYPE "X"

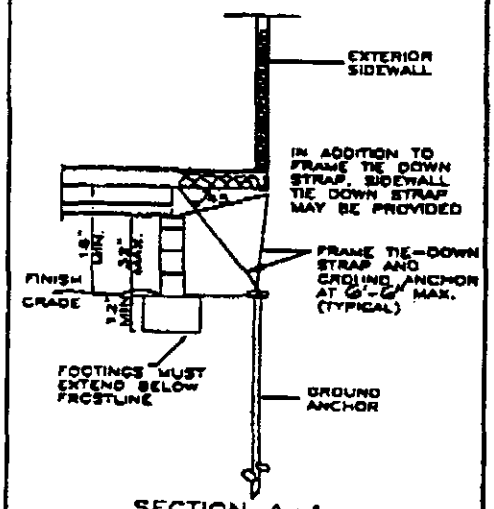


PIER TYPE E

FOUNDATION DIMENSIONS

A	B	C
13'-6"	33"	96"

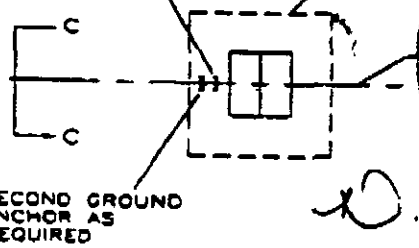
D	
8'-0"	2000 PSF
8'-0"	2000 PSF



SECTION A-A

GROUND ANCHOR WITH DUAL BOLT HEAD FOR CONNECTION OF TIE DOWN STRAP FROM EACH SIDE OF MARRIAGE LINE

N/A



SECTION B - B

PLAN VIEW OF VERTICAL TIE DOWN STRAP AT MARRIAGE LINE COLUMNS

STATE OF SOUTH CAROLINA — REGISTERED ARCHITECT
DIETRICH MARRIAGE KINDL
CLEARWATER, FL
04081

1-12-2000

8. I-BEAM SUPPORT PIERS MAY BE INSTALLED LATERALLY (90 DEG. FROM THE ORIENTATION SHOWN ON THE FOUNDATION PLAN). CENTERLINE OF EACH PIER MUST BE LOCATED DIRECTLY BELOW THE I-BEAM CENTERLINE.

10. SOILL BEARING CAPACITY SHOWN ON THIS PLAN IS ASSUMED. IF THE ACTUAL SOIL BEARING CAPACITY IS LESS THAN 2,000 PSF, THE ARCHITECT/ENGINEER MUST BE CONSULTED FOR REQUIRED ALTERNATIVE FOUNDATION DESIGN. FOOTINGS SHALL BE PLACED ON NON-EXPANSIVE SOILS ONLY.

11. INSTALL BLOCK PIER ON EACH SIDE OF ALL EXTERIOR DOOR OPENINGS. (MANUFACTURES RECOMMENDATION ONLY - OPTIONAL WHEN NOT SHOWN) SLIGHT ADJUSTMENT MAY BE REQUIRED TO ENSURE OPENABILITY AFTER INSTALLATION OF BUILDING IS COMPLETE.

REDMAN HOMES, Inc.
1826 BOONE TRAIL
SANFORD, N.C. 27330
(800) 305-4397

DATE: 10/27/99
CODES: 4216
LABELS: S.C.
SCALE: N.T.S.
MODEL No. 206 FOUNDATION

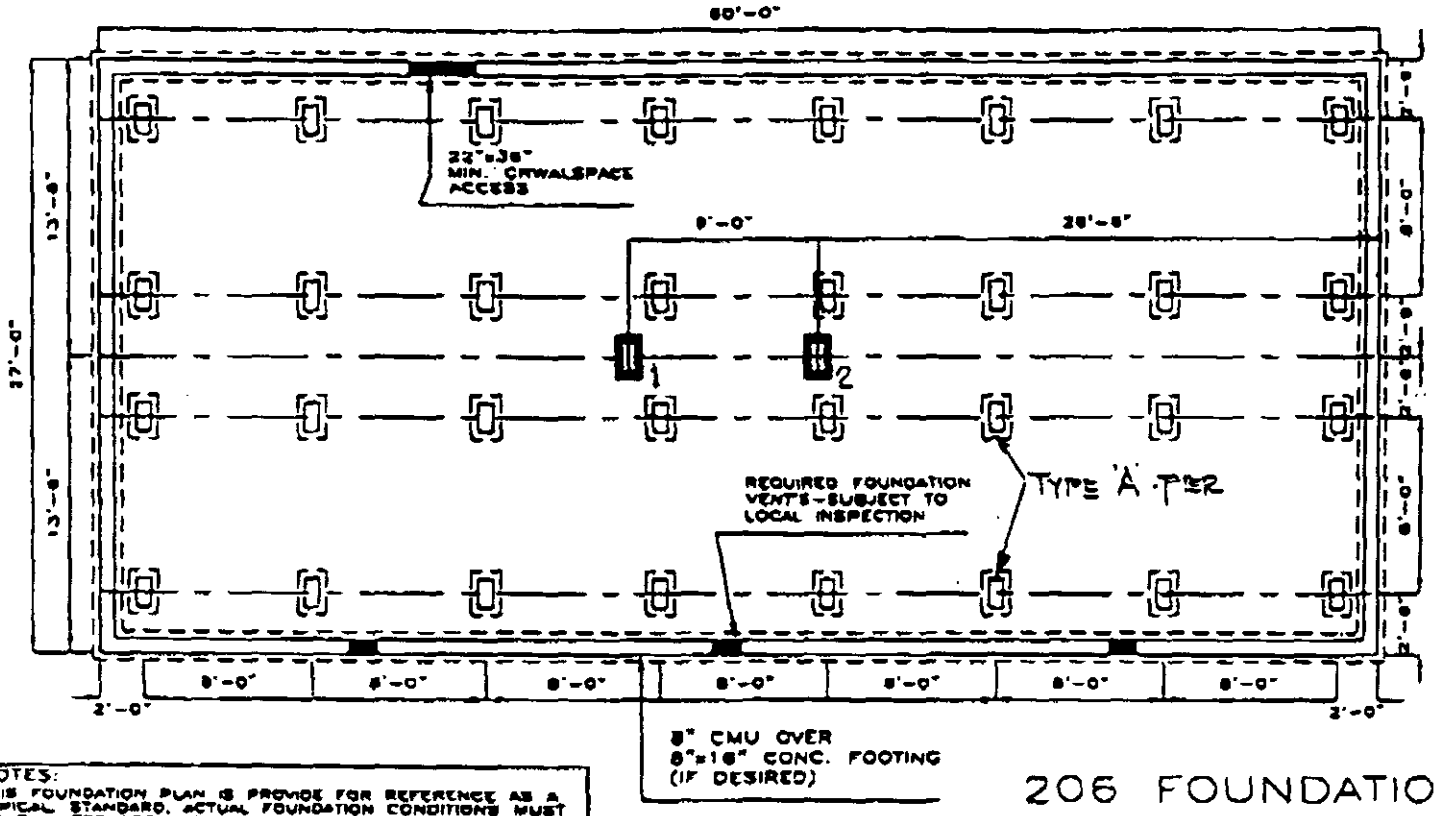
REVISIONS:

RESIDENCE:

APPROVED
FEB 09 2000

SHEET 6A OF 7

PFS CORPORATION
RALEIGH, NC



NOTES:
THIS FOUNDATION PLAN IS PROVIDE FOR REFERENCE AS A TYPICAL STANDARD. ACTUAL FOUNDATION CONDITIONS MUST BE EVALUTED FOR APPLICABILITY IF THIS PLAN IS TO BE USED. ALTERNATE FOUNDATION PLANS MAY BE DESIGNED BY OTHERS IN ACCORDANCE WITH THE REQUIREMENTS OF THE JURISDICTION HAVING AUTHORITY.

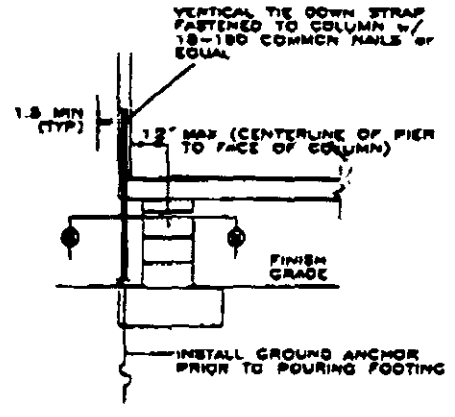
206 FOUNDATION

WIND SPEED = 110 M.P.H. MAX

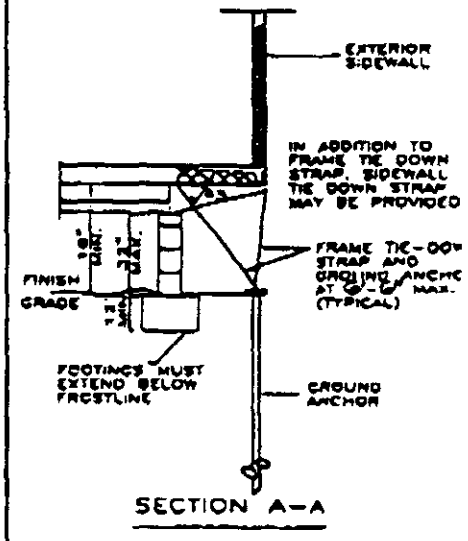
MARRIAGE WALL PIER REQUIREMENTS

PIER NUMBER	MINIMUM SOIL BEARING CAPACITY	PIER TYPE	NO. OF VERTICAL TIE DOWN STRAPS REQ'D EACH MODULAR
1	2000 PSF	A	0
	3000 PSF	A	0
2	2000 PSF	A	0
	3000 PSF	A	0
	2000 PSF		
	3000 PSF		
	2000 PSF		
	3000 PSF		
	2000 PSF		
	3000 PSF		
	2000 PSF		
	3000 PSF		

N/A



VERTICAL TIE-DOWN STRAP DETAIL



SECTION A-A

FOUNDATION NOTES

1. ALL FOUNDATION CONSTRUCTION MATERIALS, AND INSTALLATION SHALL BE IN ACCORDANCE WITH ALL THE APPLICABLE STATE AND LOCAL CODES.
2. TIE-DOWN STRAPS TO BE 1 1/4" x .035" TYPE-1, FINISH 8, GRADE 1 ZINC COATED STEEL STRAPPING CERTIFIED BY A REGISTERED ENGINEER OR ARCHITECT AS CONFORMING WITH ASTM D3953-91. TIE-DOWN STRAPS AND CONNECTING HARDWARE SHALL HAVE 3150# MINIMUM WORKING CAPACITY.
3. GROUND ANCHORS SHALL HAVE 3150# MINIMUM WORKING CAPACITY, AND SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURES SPECIFICATIONS. DESIGN OF GROUND ANCHOR, INCLUDING SHAFT LENGTH, NUMBER AND DIAMETER OF HELIXES, ETC. TO BE AS SPECIFIED BY THE GROUND ANCHOR MANUFACTURE, FOR THE ACTUAL SOIL TYPE ENCOUNTERED.
4. THE FIRST TIE-DOWN STRAP FROM ENDWALLS SHALL NOT EXCEED 1/2 THE MAXIMUM SPACING INDICATED.
5. ALL PIERS SHALL BE CONSTRUCTED OF 8"x8"x16" CONCRETE MASONRY UNITS CONFORMING TO ASTM C90. MASONARY UNITS SHALL BE LAID IN TYPE M or S MORTAR OR COVERED WITH SURFACE BONDING CEMENT INSTALLED IN ACCORDANCE WITH IT'S LISTING. PIER FOOTINGS SHALL BE DESCRIBED ABOVE.
6. MINIMUM CONCRETE FOOTING COMPRESSIVE STRENGTH 2,500 PSI AT 28 DAYS.
7. ALL REINFORCEMENT BARS SHALL COMPLY WITH ASTM A513, GRADE 60. REINFORCEMENT BARS SHALL BE EQUALLY SPACED AND PLACED WITH 3" CLEARANCE FROM BOTTOM AND SIDES OF THE FOOTING.
8. ALL PIERS SHALL BE CAPPED WITH 4" SOLID CONCRETE CAPS FULL LENGTH OF PIER.
9. I-BEAM SUPPORT PIERS MAY BE INSTALLED LATERALLY (90 DEG. FROM THE ORIENTATION SHOWN ON THE FOUNDATION PLAN). CENTERLINE OF EACH PIER MUST BE LOCATED DIRECTLY BELOW THE I-BEAM CENTERLINE.
10. SOIL BEARING CAPACITY SHOWN ON THIS PLAN IS ASSUMED. IF THE ACTUAL SOIL BEARING CAPACITY IS LESS THAN 2,000 PSF, THE ARCHITECT/ENGINEER MUST BE CONSULTED FOR REQUIRED ALTERNATIVE FOUNDATION DESIGN. FOOTINGS SHALL BE PLACED ON NON-EXPANSIVE SOILS ONLY.
11. INSTALL BLOCK PIER ON EACH SIDE OF ALL EXTERIOR DOOR OPENINGS. (MANUFACTURES RECOMMENDATION ONLY - OPTIONAL WHEN NOT SHOWN) SLIGHT ADJUSTMENT MAY BE REQUIRED TO ENSURE OPENABILITY AFTER INSTALLATION OF BUILDING IS COMPLETE.

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

AGS BM

#1

Sheet: _____

Property ID: 045-452-22

Lot #: _____

File #: 4493B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Nathan L. Nichols APPLICANT: _____

ADDRESS: 7812 Old Statesville Road, Charlotte DATE EVALUATED: 12-13-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd / PROPERTY SIZE: .35 ac

LOCATION OF SITE: 4361 Gibbon Road PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-12% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-5"	gr/scl	Fr/SEXPl SS/SP	>47" to soil wetness	47"	N/A	None	PS .3 gpf2
		5-47"	SBK/c	Fi/SEXPl S/P					
2	LS	0-6"	gr/scl	Fr/SEXPl SS/SP	>32" to soil wetness	32"	N/A	None	LS .275gpf2 IV
		6-32"	SBK/c	Fi/SEXPl S/P					
3	LS	0-5"	gr/scl	Fr/SEXPl SS/SP	>48" to soil wetness	48"	N/A	None	PS .275gpf2 IV
		5-48"	SBK/ABK/c	Fi/SEXPl S/P					
4	LS	0-7"	gr/scl	Fr/SEXPl SS/SP	>48" to soil wetness	48"	N/A	None	PS .391f2 IV
		7-48"	SBK/c	Fi/SEXPl S/P					
5	LS	0-6"	gr/scl	Fr/SEXPl SS/SP	>48" to soil wetness	48"	N/A	None	PS .391f2 IV
		6-48"	SBK/c	Fi/SEXPl S/P					
6	LS	0-4"	gr/scl	Fr/SEXPl SS/SP	>41" to soil wetness	41"	N/A	None	PS .391f2 IV
		4-35"	SBK/scl	Fi/SEXPl S/P					
		35-41"	SBK/scl	Fr/SEXPl SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR	.391f2	.275gpf2

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. A. Marlin LSS 12-14-00

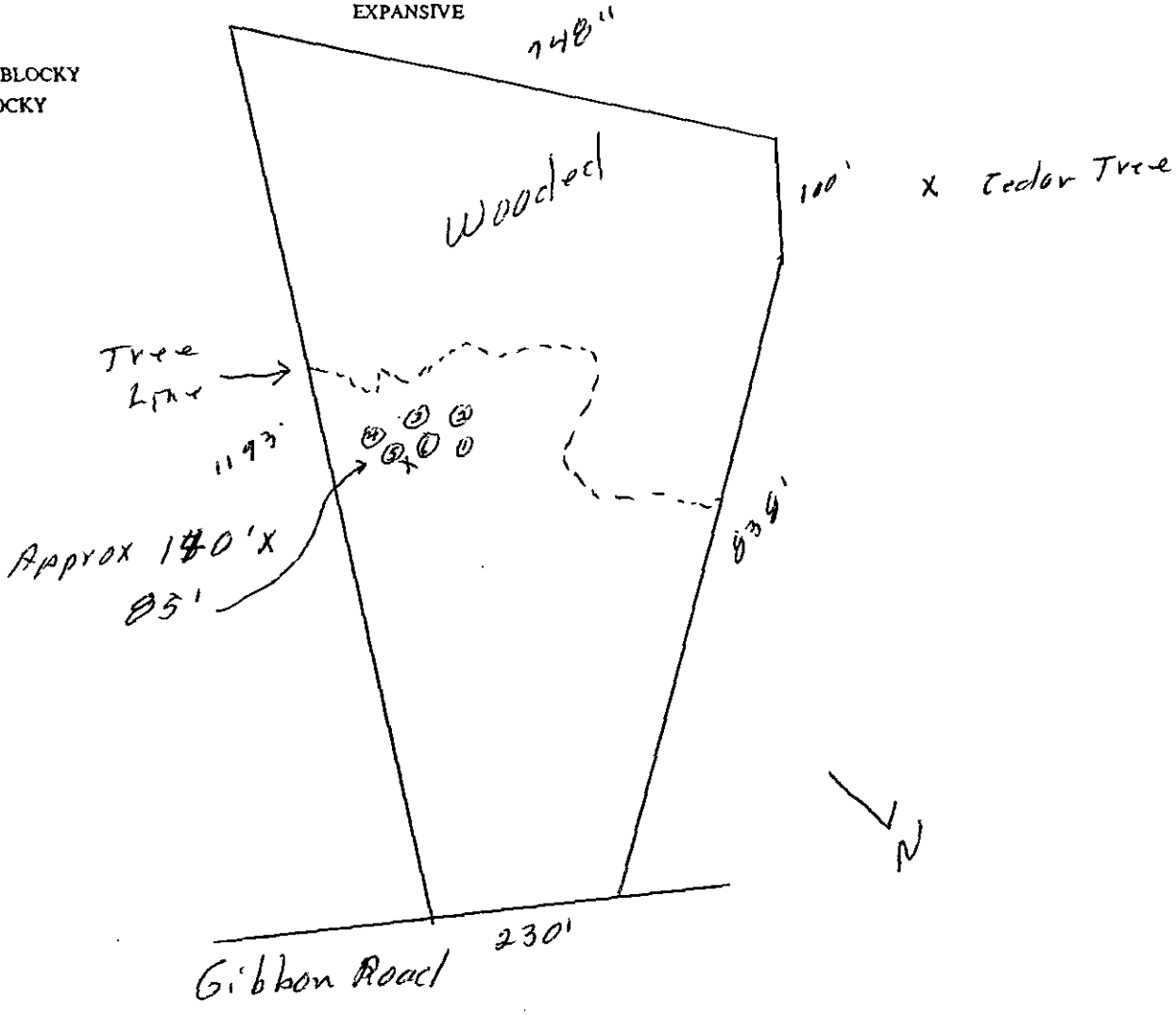
OTHER(S) PRESENT: _____

FILE # 44938

COMMENTS Does not appear to be 100% Restrictive

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: $200 Rec'd Cell

DATE: 12-5-2000

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

Rec'd Cell 200 12/8/00 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4493B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 04545222

STREET ADDRESS: 4361 Gibbon Road.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
✓ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
✓ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Michels Nathan Sarath (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 7812 old Statesville RD.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28269	
DAYTIME PHONE: (704) 596 - 1384	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: M S Michels DATE: 12-5.00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Nathan Nichols Phone #: Date Requested: 12.5.00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	$ 200.00	200
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: Date: Total: 200

4361 Gibbon Rd

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

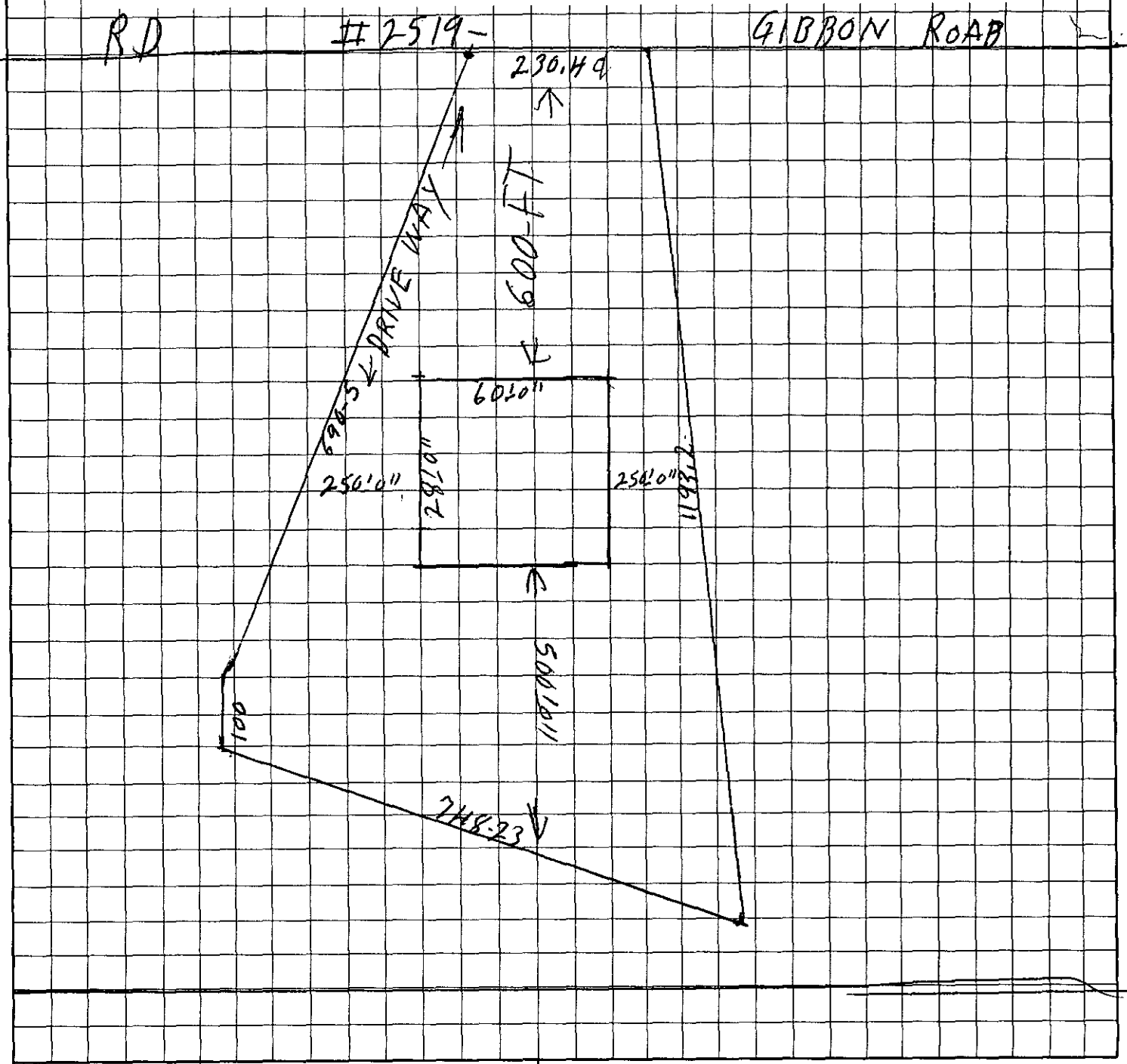
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4493B

TC: 04545222

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE: M S Nichols

DATE: 12-5-00

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy