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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8757B Permit #: 6337 Tax Parcel #: 015-151-51

Property Owner: Betty Patterson

Job Location Address: 7239 Hambright Road

City: Huntersville State: NC Zip Code: 28078

Operation Permit Issuance Date: 11/10/14 Contractor Name: Cory Hankle

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: _____

Excavation Inspected: _____

Pump & Controls Inspected: _____

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

Bed Depth: 42" inches

Bed Width: 9 feet

Total line length: 240 feet

# of Lines: 3 @ 80 feet

Depth of Media: 18 inches (Type) STONE

Depth of Cover: 30 inches

Distribution Device: D-BOX

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

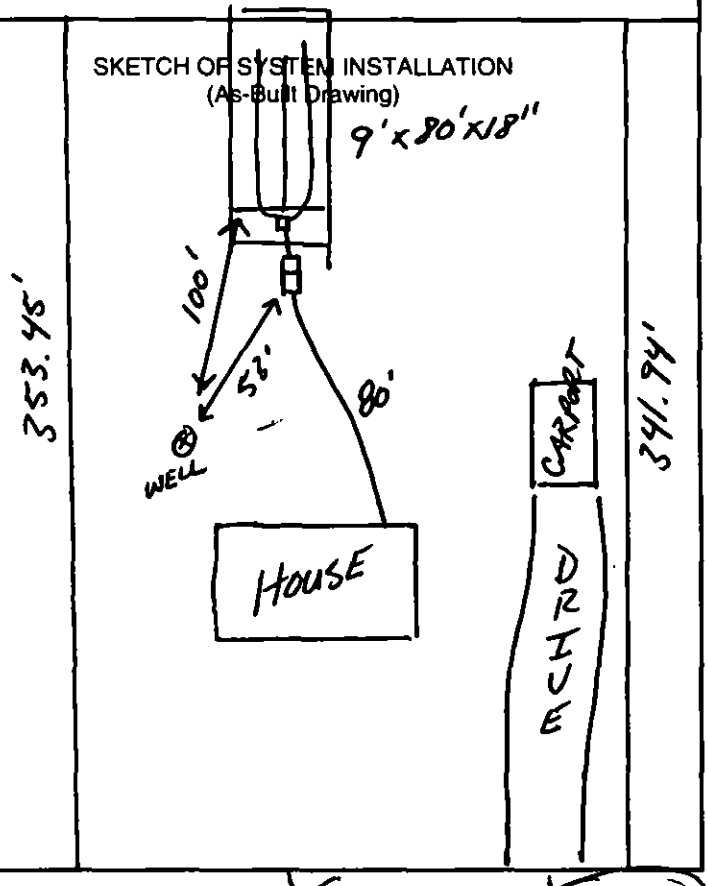
System Installation Setbacks

Distance from Building Foundation: 80' feet

Distance from Property Line: 15 feet

Distance from Water Supply Source: 53 feet

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: IIa, GBD, Gravity, NA, NA

Existing tank Abandoned

DENR Authorized Agent: Jeremy Mickelson, REHS Signature: Jeremy Mickelson, REHS

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NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 8757B Permit #: 6337 Tax Parcel #: 015-151-51

Property Owner: Betty Pattison

Job Location Address: 7259 Hembright 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: IIa

*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: 2014 Repair

DENR Authorized Agent: Jeremy Nicholas, REHS Date: 11/10/14

Signature: Jeremy Nicholas, REHS

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 8757B Permit #: 6337 Tax Parcel #: 015-151-51

Property Owner: BETTY PATTERSON

Job Location Address: 7239 HAMBRIGHT ROAD

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 11/5/14

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

Permitted Design Flow: 360 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

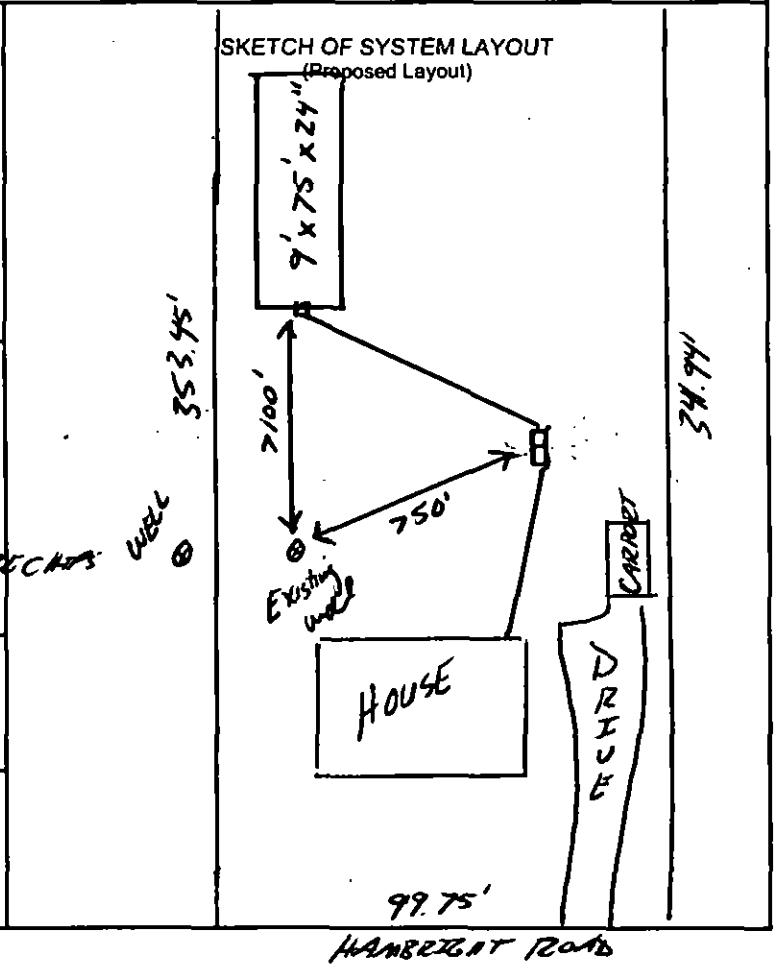
Liquid Capacity of Septic Tank: 1500 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A
Trench Depth: _____ inches
Trench Width: _____ feet
Line Spacing: _____ feet (O.C.)
Total line length: _____ feet
# of Lines: _____ @ _____ feet
Depth of Media: _____ inches (Type) _____
Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A
Bed Depth: 48" inches
Bed Width: 9 feet
Total line length: 225 feet
# of Lines: 3 @ 75 feet
Depth of Media: 24 inches (Type) STONE OR TYRECYCLE
Distribution Device: D-BOX

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

Minimum System Setbacks
Distance from Building Foundation: >5' feet
Distance from Property Line: 710' feet
Distance from Water Supply Source: >50' feet



Comments: System Classification & Type:
Ita Conventional System Repair
PROPERLY ABANDON EXISTING SEPTIC TANK

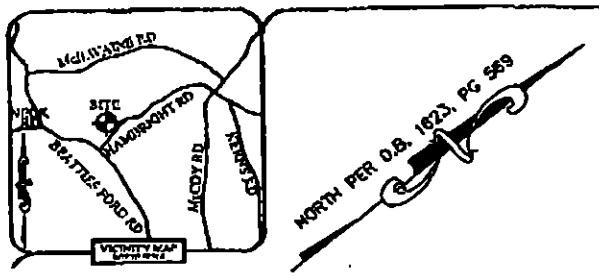
DENR Authorized Agent: Jeremy Michelson, REHS Signature: Jeremy Michelson, REHS

7239 HAMBRIGHT ROAD

FILE # 8759B

PERMIT # 6337

PARCEL # 015-151-51



COMMENTS:

→ REPAIR TO EXISTING SYSTEM - THE EXISTING SEPTIC TANK NOT STRUCTURALLY SOUND AND THE EXISTING DRAIN FIELD IS 43' FROM THE EXISTING WELL.

→ PROPERLY ABANDON EXISTING SEPTIC TANK

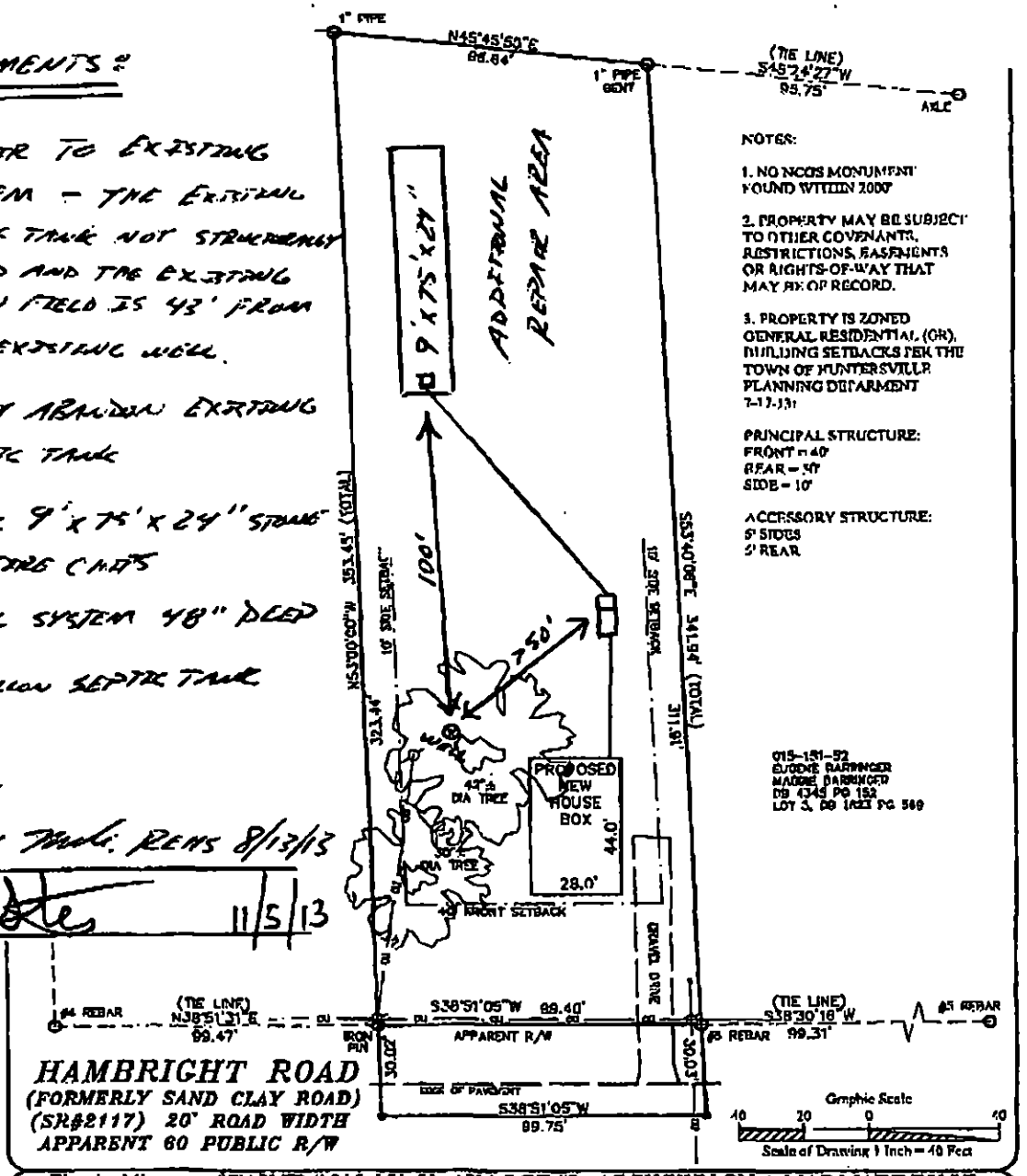
→ INSTALL 9'x75'x24" STONE OR TIRE CHIPS

→ INSTALL SYSTEM 48" DEEP

→ 1500 GALLON SEPTIC TANK

Jimmy Medlin REHS 8/13/13

X [signature] 11/5/13



Physical Survey of TAX ID # 015-151-51, AKA LOT #2, AS SHOWN ON A MAP MADE BY I.F. GAMBLE, SURVEYOR, DATED MAY 1945, RECORDED IN DB 1623 PG 572

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A, Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm License: C-2676	Property of: BETTY B. PATTERSON	As Recorded in: DB 26207 PG 338 & DB 1623 PG 569	Site Address: 7239 HAMBRIGHT ROAD HUNTERSVILLE, NC 28078 MECKLENBURG COUNTY

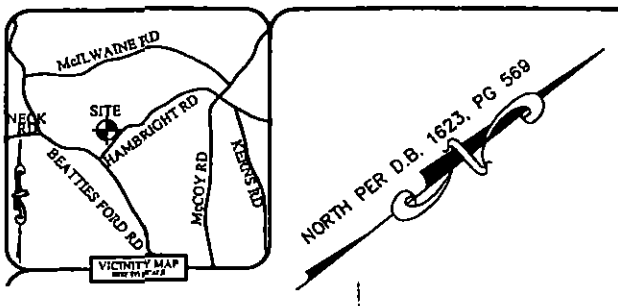
"BETTY" Job No.	JRW Prepared By	≥1:10,000 Error of Closure	1"=40' Drawing Scale	015-151-51 Tax Parcel Number	BETTY Drawing File Name	1 of 1 Sheet Number	07/17/2013 Date

7239 HAMBRIGHT ROAD

FILE # 8757B

PERMIT # 6337

PARCEL # 015-151-51

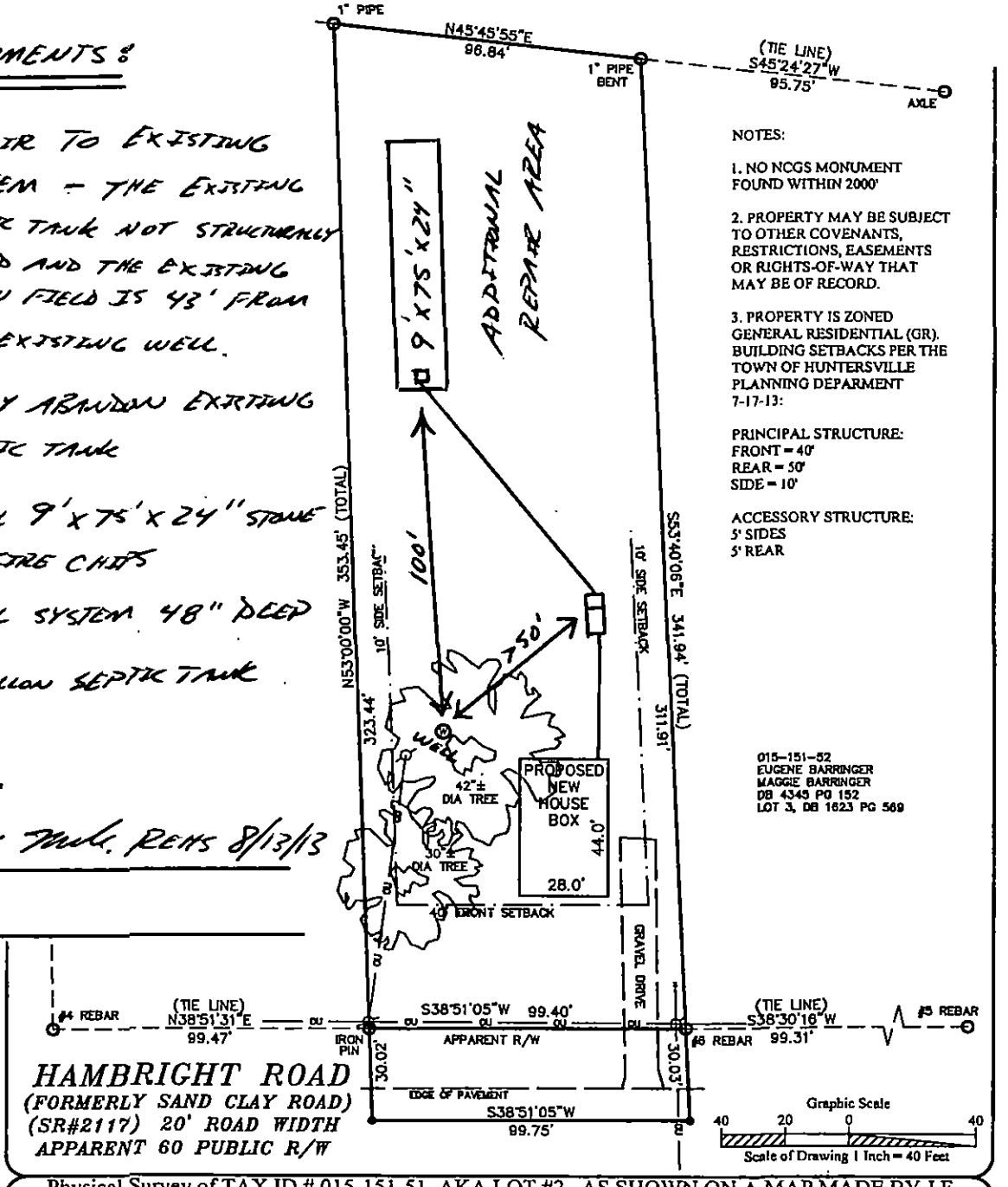


COMMENTS:

- → REPAIR TO EXISTING SYSTEM - THE EXISTING SEPTIC TANK NOT STRUCTURELY SOUND AND THE EXISTING DRAIN FIELD IS 43' FROM THE EXISTING WELL.
- → PROPERLY ABANDON EXITING SEPTIC TANK
- → INSTALL 9'x75'x24" STONE OR TIRE CHIPS
- → INSTALL SYSTEM 48" DEEP
- → 1500 GALLON SEPTIC TANK

Jimmy Mack REHS 8/13/13

X



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"BETTY"	JRW	≥ 1:10,000	1"=40'	015-151-51	BETTY	1 of 1	07/17/2013
Job No.	Prepared By	Error of Closure	Drawing Scale	Tax Parcel Number	Drawing File Name	Sheet Number	Date

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 11/5/2014 11:23:07 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.

Linda Sader 704 336 - 6894

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

Permit Number: 8757B Tax Number: 015-151-51

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

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

0.8 Long-term acceptance rate (GPD/ft^2)	360 Max gallons/day wastewater flow	675 Absorption Area (ft^2)	NA Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	225 Total trench length (ft)	48 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	NA Gallon pump tank	24 Depth of media (in)	

Any surface water present: NO Type: Minimum separation distance (ft):

Additional conditions: The existing septic tank is extremely old and in poor condition and also the existing septic system is located 43' from the existing well. The system must be repaired before the new house is given a CO. Install a 9' x 75' BED with 24" of stone or tire chips.

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

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

675 Absorption Area (ft^2) 225 Total trench length (ft)	24 Depth of media (in)	NA Trench spacing (min. on centers) (ft)	48 Maximum trench depth (in)

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

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

*** This Improvement permit is transferable.

DENR Authorized Agent — Date 8/13/13

X Owner/Agent Signature — Date 11/5/13

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

Permit Number: **8757B** Tax Number: **015-151-51**

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

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

0.3 Long-term acceptance rate (GPD/ft^2)	**360** Max gallons/day wastewater flow	**675** Absorption Area (ft^2)	**NA** Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	**1500** Gallon septic tank	**225** Total trench length (ft)	**48** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	**NA** Gallon pump tank	**24** Depth of media (in)	

Any surface water present: **NO** Type: Minimum separation distance (ft):

Additional conditions: **The existing septic tank is extremely old and in poor condition and also the existing septic system is located 43' from the existing well. The system must be repaired before the new house is given a CO. Install a 9' x 75' BED with 24" of stone or tire chips.**

Repair Area System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

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

675 Absorption Area (ft^2) **225** Total trench length (ft)	**24** Depth of media (in)	**NA** Trench spacing (min. on centers) (ft)	**48** Maximum trench depth (in)

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

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

*** This Improvement permit is transferable.

REHS 8/13/13 X

DENR Authorized Agent Date Owner/Agent Signature Date

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

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

Sheet: 1 of 2
Property ID: 015-151-51
Lot #: NA
File #: 8757B
AppID: 6337

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Betty Patterson
Address: 7239 Hambright Rd, Huntersville, NC 28078
Proposed Facility: 3BR Home
Design Flow (.1949): 360 GPD
Location of Site: 7239 Hambright Rd, Huntersville, NC 28078
Water Supply: [ ] Public [ ] Individual [X] Well
Evaluation Method: [X] Auger Boring [ ] Pit
Type of Wastewater: [X] Sewage [ ] Industrial Process

Applicant: Shannon Stewart
Date Evaluated: 8/08/2013
Property Size: 0.71 ac
Property Recorded: Unknown
[ ] Spring [ ] Other
[ ] Cut
[ ] Mixed

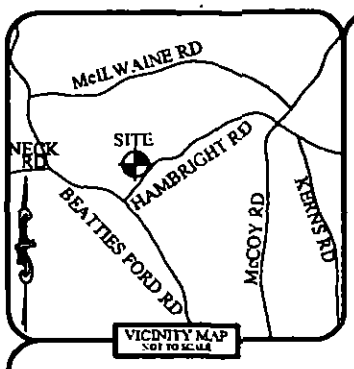
PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Minimum Trench Bottom Depth for 3' Wide Conventional Trench
Boring #1	LS 3%	0 - 8	wfgr SCL	Fr SEXP	10YR 7/2 from 18 - 33"	33	NA	S		>45" 0.3	NA
		8 - 33	mfsbk C	VFI EXP							
		33 - 45	mass CL Sap	FI SEXP							
		45 - 60	mass SL Sap	Fr SEXP							
Boring #2	LS 3%	0 - 15	wfgr L	SS SP FR SEXP	10YR 7/2 from 24 - 36"	36	NA	S		>45" 0.3	NA
		15 - 36	mfsbk C	VFI EXP							
		36 - 45	mass CL Sap	FI SEXP							
		45 - 60	mass SL Sap	Fr SEXP							

Description	Initial System	Repair System
Available Space (.1945)		P.S.
System Type(s)		IIa
Site LTAR (gpd/sq ft)		0.3*

***Loading rate based on system installation at >45" and Best Professional Judgement.**

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

Soil Evaluation | Betty Patterson | Sheet 2 of 2



Barry Lovelace

NORTH PER D.B. 1623, PG 569

PRELIMINARY HOUSE LOCATION

JUSTIN R. WILLIAMS, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134

NORTH CAROLINA PROFESSIONAL SEAL L-4942 LAND SURVEYOR JUSTIN R. WILLIAMS PRELIMINARY

File #8757

App ID: 6337

015-151-43
WARREN McDANIEL
BARBARA McDANIEL
DONNA M. McDANIEL
DB 27426 PG 776

CP
(TIE LINE) N45°51'20"E 96.00'
1" PIPE
N45°45'55"E 96.84'
1" PIPE BENT
(TIE LINE) S45°24'27"W 95.75'
AXLE

LEGEND

MONUMENT FOUND AS DESCRIBED	○
WELL	Ⓦ
COMPUTED POINT (CP)	•
UTILITY POLE	⌀
RIGHT OF WAY	R/W
OVERHEAD UTILITY	——— OU ———

50' REAR SETBACK

LOT 2
VACANT
(DWELLING REMOVED)
TOTAL AREA
33,952± Sq.Ft.
0.779 Acres

AREA OUTSIDE APPARENT R/W
30,964± Sq.Ft.
0.711 Acres

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. PROPERTY IS ZONED GENERAL RESIDENTIAL (GR). BUILDING SETBACKS PER THE TOWN OF HUNTERSVILLE PLANNING DEPARMENT 7-17-13:

PRINCIPAL STRUCTURE:
FRONT = 40'
REAR = 50'
SIDE = 10'

ACCESSORY STRUCTURE:
5' SIDES
5' REAR

(TIE LINE) N52°13'10"W 335.02'

N53°00'00"W 353.45' (TOTAL)

10' SIDE SETBACK

323.44'

S53°40'06"E 341.94' (TOTAL)

10' SIDE SETBACK

311.91'

42"± DIA TREE

30"± DIA TREE

PROPOSED NEW HOUSE BOX

44.0'

28.0'

40' FRONT SETBACK

GRAVEL DRIVE

015-151-50
BILLY R. WILSON
DB 15363 PG 911
LOT 1, DB 1623 PG 569

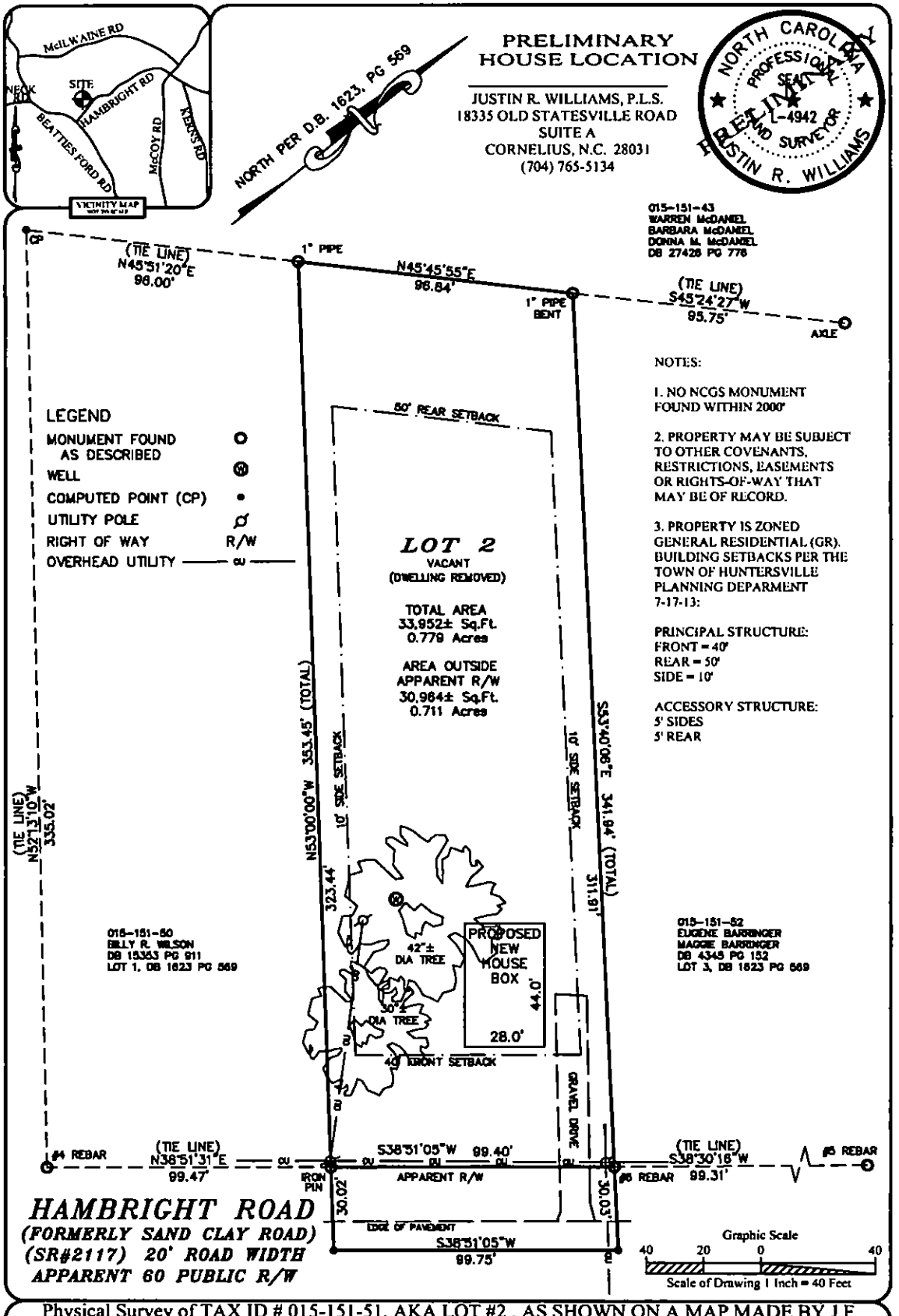
015-151-51

015-151-52
EUGENE BARRINGER
MAGGIE BARRINGER
DB 4345 PG 152
LOT 3, DB 1623 PG 569

#4 REBAR
(TIE LINE) N38°51'31"E 99.47'
IRON PIN
S38°51'05"W 99.40'
APPARENT R/W
#6 REBAR
(TIE LINE) S38°30'16"W 99.31'
#5 REBAR

30.02'
30.03'

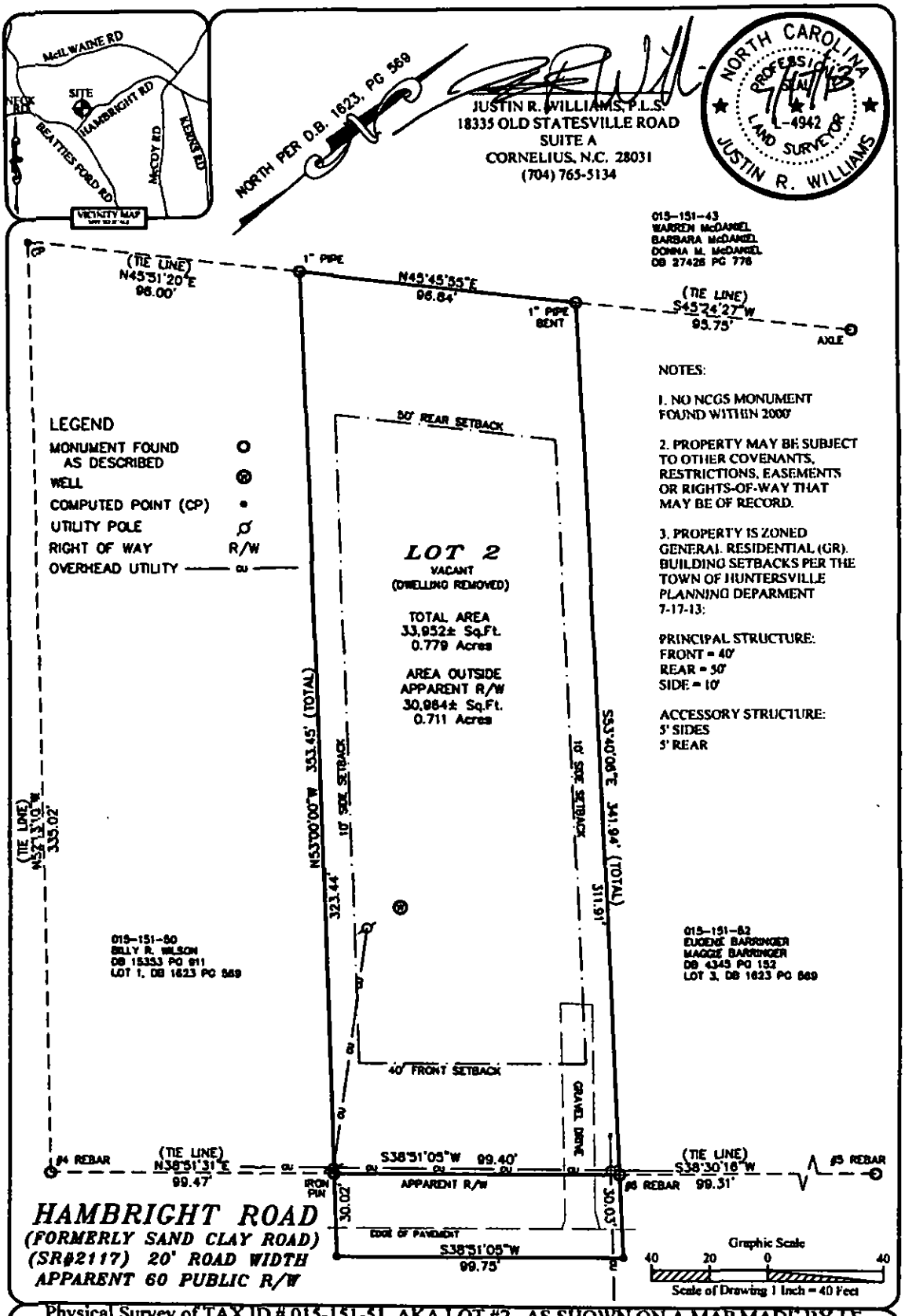
HAMBRIGHT ROAD



Physical Survey of TAX ID # 015-151-51, AKA LOT #2 , AS SHOWN ON A MAP MADE BY J.F. GAMBLE, SURVEYOR, DATED MAY 1945, RECORDED IN DB 1623 PG 572

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A, Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm Liscense: C-3666	Property of: BETTY B. PATTERSON	As Recorded in: DB 26207 PG 338 & DB 1623 PG 569	Site Address: 7239 HAMBRIGHT ROAD HUNTERSVILLE, NC 28078 MECKLENBURG COUNTY

"BETTY"	JRW	≥ 1:10,000	1"=40'	015-151-51	BETTY	1 of 1	07/17/2013
Job No.	Prepared By	Error of Closure	Drawing Scale	Tax Parcel Number	Drawing File Name	Sheet Number	Date



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"BETTY" Job No.	JRW Prepared By	≥ 1:10,000 Error of Closure	1"=40' Drawing Scale	015-151-51 Tax Parcel Number	BETTY Drawing File Name	1 of 1 Sheet Number	07/17/2013 Date

$200

8757B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App #6337

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: 015-151-51
STREET ADDRESS: 7239 Hambright Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: _____
LOT #: _____ LOT SIZE (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: 1064
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 6
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: ____ ____ ____ ____ ____

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: Betty B Patterson
ADDRESS: 7239 Hambright Rd
CITY: Huntersville
STATE: ____ ZIP: 28078
WORK PHONE: 704-804-3092
MOBILE PHONE: 704 236 4076
FAX: _____
E-MAIL: Jean-gilreath@carolina.rr.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Shannon Stewart
ADDRESS: PO Box 252
CITY: Huntersville
STATE: NC ZIP: 28070
WORK PHONE: 704-875-1513
MOBILE PHONE: 704-363-6644
FAX: _____
E-MAIL: Stewartrentals@bellsouth.net

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

Revised on: 12/15/10

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.

MSS (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

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

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

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

Richard Thomas Stutts — 8/6/13

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

---

OFFICE USE ONLY

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

SEPTIC APPLICATION FEE RECEIVED: $ 200 DATE FEE RECEIVED: 8/6/13 ymab

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

APPLICATION PROCESSED BY: EBC

GWS FILE NUMBER ASSIGNED: 8757B

APPLICATION ID NUMBER ASSIGNED: 6337

COMMENTS:

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

Revised on: 12/15/10

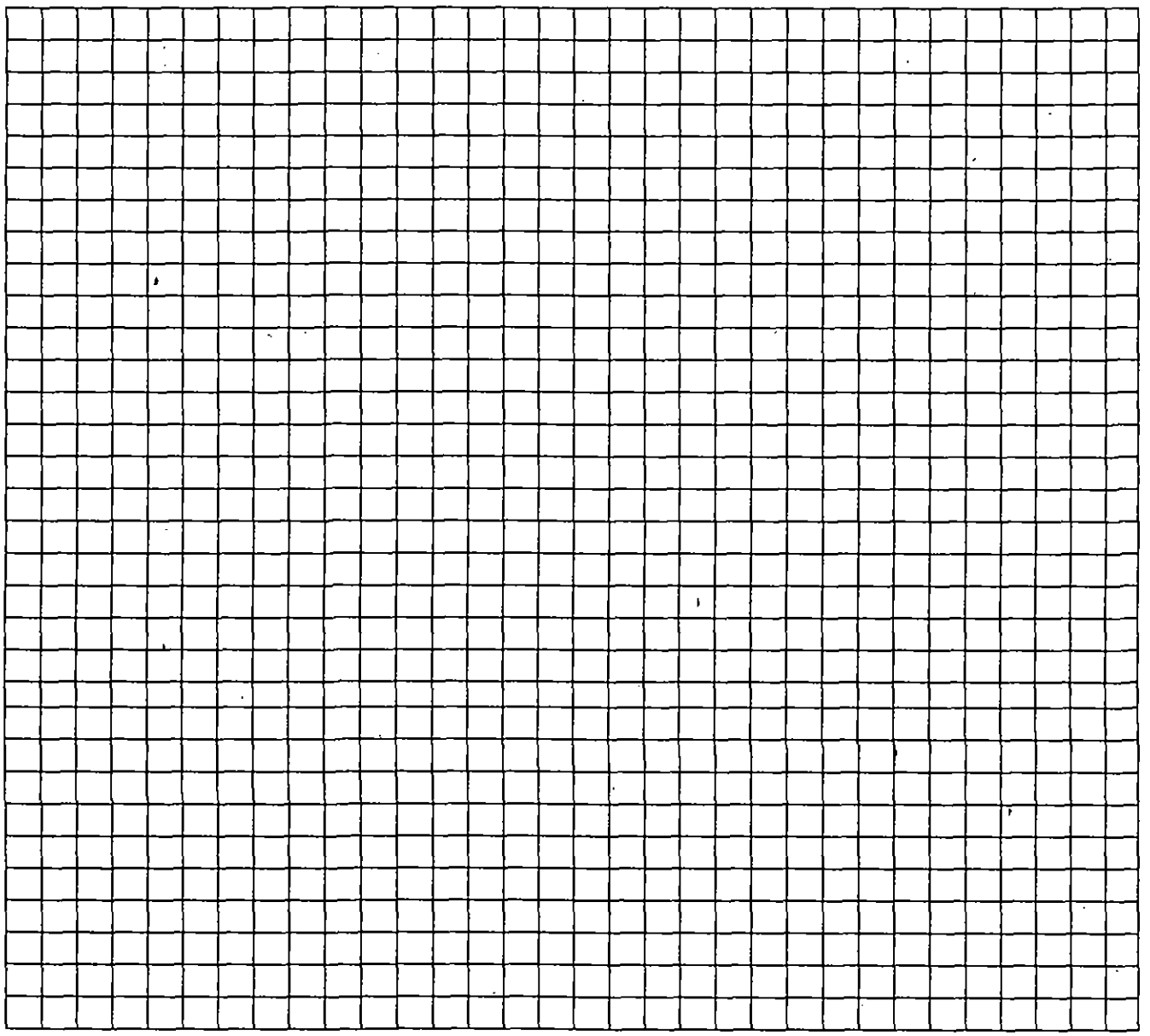
File #: _____

PROPOSED PLOT PLAN

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

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



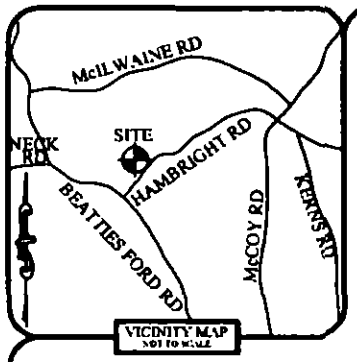
_____ _____

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

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

Revised on: 12/15/10

Betty 9/2023 Betty Patterson



PRELIMINARY HOUSE LOCATION

JUSTIN R. WILLIAMS, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134

NORTH PER D.B. 1623, PG 569

NORTH CAROLINA PROFESSIONAL SEAL L-4942 LAND SURVEYOR JUSTIN R. WILLIAMS PRELIMINARY

015-151-43
WARREN McDANIEL
BARBARA McDANIEL
DONNA M. McDANIEL
DB 27428 PG 776

CP
(TIE LINE) N45°51'20"E 96.00'
1" PIPE
N45°45'55"E 96.84'
1" PIPE BENT
(TIE LINE) S45°24'27"W 95.75'
AXLE

LEGEND

MONUMENT FOUND AS DESCRIBED	○
WELL	Ⓦ
COMPUTED POINT (CP)	•
UTILITY POLE	⌀
RIGHT OF WAY	R/W
OVERHEAD UTILITY	—— OU ——

50' REAR SETBACK

LOT 2
VACANT
(DWELLING REMOVED)

TOTAL AREA
33,952± Sq.Ft.
0.779 Acres

AREA OUTSIDE APPARENT R/W
30,964± Sq.Ft.
0.711 Acres

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. PROPERTY IS ZONED GENERAL RESIDENTIAL (GR). BUILDING SETBACKS PER THE TOWN OF HUNTERSVILLE PLANNING DEPARMENT 7-17-13:

PRINCIPAL STRUCTURE:
FRONT = 40'
REAR = 50'
SIDE = 10'

ACCESSORY STRUCTURE:
5' SIDES
5' REAR

N53°00'00"W 353.45' (TOTAL)
10' SIDE SETBACK
323.44'
S53°40'06"E 341.94' (TOTAL)
10' SIDE SETBACK
311.91'
(TIE LINE) N52°13'10"W 335.02'

PROPOSED NEW HOUSE BOX
28.0'
44.0'
42"± DIA TREE
30"± DIA TREE
40' FRONT SETBACK
GRAVEL DRIVE

015-151-50
BILLY R. WILSON
DB 15353 PG 911
LOT 1, DB 1623 PG 569

015-151-52
EUGENE BARRINGER
MAGGIE BARRINGER
DB 4345 PG 152
LOT 3, DB 1823 PG 569

015-151-51

#4 REBAR
(TIE LINE) N38°51'31"E 99.47'
IRON PIN
S38°51'05"W 99.40'
APPARENT R/W
#6 REBAR
(TIE LINE) S38°30'16"W 99.31'
#5 REBAR
30.02'
30.03'

HAMBRIGHT ROAD

MECKLENBURG COUNTY

E. Winters Mabry, MD
Director

Health Department

(704) 432-3199

August 6,, 2013

Betty B. Patterson
7239 Hambright Road
Huntersville, NC 28078

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 7239 Hambright Road
Health Department File Number: **8757B**

Dear Property Owner or Owner's Agent:

On August 5, 2013 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated August 5, 2013, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

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

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

Sincerely,

Jeremy Michelone, REHS
Environmental Specialist

Encl: (1) Application

Shannon Stewart 704-363-6644

Build Betty a House Project

100.00

File #87578

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Shannon Stewart
ADDRESS: P.O. Box 252
CITY: HUNTERSVILLE
STATE: NC ZIP: 28070
PHONE: 704 363 6644
ALTERNATE PHONE:
E-MAIL: stewartrentals@bellsouth.net

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Betty Patterson
ADDRESS: 7239 Hambright Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704- 704 604-5695
ALTERNATE PHONE: 704- 236- 4076
E-MAIL: jean-g:treat@carolina.rr.com

JOB LOCATION INFORMATION
TAX PARCEL #: 015-151-51
STREET ADDRESS: 7239 Hambright
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
( ) MUNICIPAL (X) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

"The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request."

Owner's/Agent's Signature _____ Date _____

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

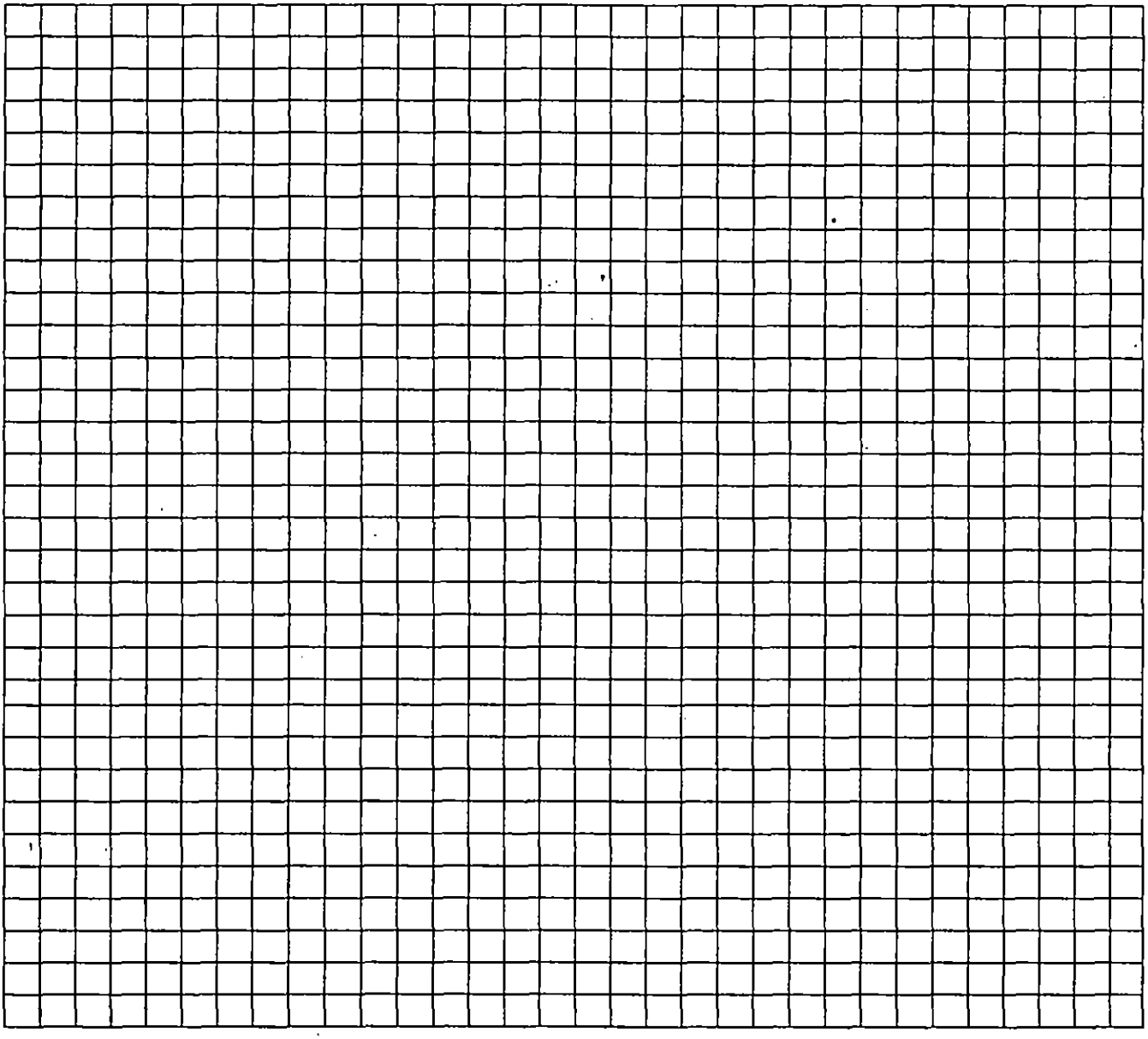
2013-08-02 15:03 usgw5103 >> 7045943101 p 2/2

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: _____ Tax Parcel #: _____



"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.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

UES DENIED.

REHS Signature

8/6/13
Date

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

Revised on: 01/03/11

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

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 Shannon Stewart is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

7239 Hambright Rd. Huntersville NC
Number Street Town
(Or Parcel Number)

Betty B Patterson
Property Owner (print name)

Betty B Patterson
Property Owner (signature)

8-1-13
Date

FAX

Attn: Lisa Corbitt
Fax#: 704 336 6894

From: Jerry Kita

Phone: 704 277 4230
Email: info@buildbettyahouse.org

Re: Application for Approval to use an Existing On-Site Wastewater Treatment & Disposal System

Comment: I'm sending you this page on behalf of Shannon Stewart. I'm sending you the single page with his information filled in. I'm assuming that the rest of the application was complete.

13-08-02 15:03 usgw5103 7045943101 >> p 1/2

Shannon Stewart 704-363-6644

Build Betty a House Project

100.00

MECKLENBURG COUNTY
HEALTH DEPARTMENT

File #8757B

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Shannon Stewart
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Betty Patterson
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 015-151-51
STREET ADDRESS: 7239 Hembright
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
( ) MUNICIPAL (X) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

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

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

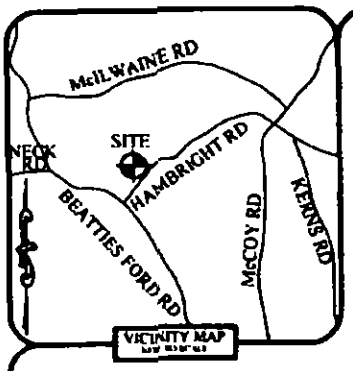
*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11



NORTH PER D.B. 1623, PG 569

JUSTIN R. WILLIAMS, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134

NORTH CAROLINA PROFESSIONAL SEAL L-4942 LAND SURVEYOR JUSTIN R. WILLIAMS

7/17/13

015-151-43
WARREN McDANIEL
BARBARA McDANIEL
DONNA M. McDANIEL
DB 27428 PG 776

CP
(TIE LINE) N45°51'20"E 96.00'
1" PIPE
N45°45'55"E 96.84'
1" PIPE BENT
(TIE LINE) S45°24'27"W 95.75'
AXLE

LEGEND
MONUMENT FOUND AS DESCRIBED
WELL
COMPUTED POINT (CP)
UTILITY POLE
RIGHT OF WAY R/W
OVERHEAD UTILITY ——— ou ———

50' REAR SETBACK

LOT 2
VACANT
(DWELLING REMOVED)

TOTAL AREA
33,952± Sq.Ft.
0.779 Acres

AREA OUTSIDE APPARENT R/W
30,984± Sq.Ft.
0.711 Acres

N53°00'00"W 353.45' (TOTAL)
10' SIDE SETBACK
323.44'
S53°40'06"E 341.94' (TOTAL)
10' SIDE SETBACK
311.91'

NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.

3. PROPERTY IS ZONED GENERAL RESIDENTIAL (GR). BUILDING SETBACKS PER THE TOWN OF HUNTERSVILLE PLANNING DEPARMENT 7-17-13:

PRINCIPAL STRUCTURE:
FRONT = 40'
REAR = 50'
SIDE = 10'

ACCESSORY STRUCTURE:
5' SIDES
5' REAR

(TIE LINE) N52°13'10"W 335.02'

015-151-50
BILLY R. WILSON
DB 15353 PG 911
LOT 1, DB 1623 PG 569

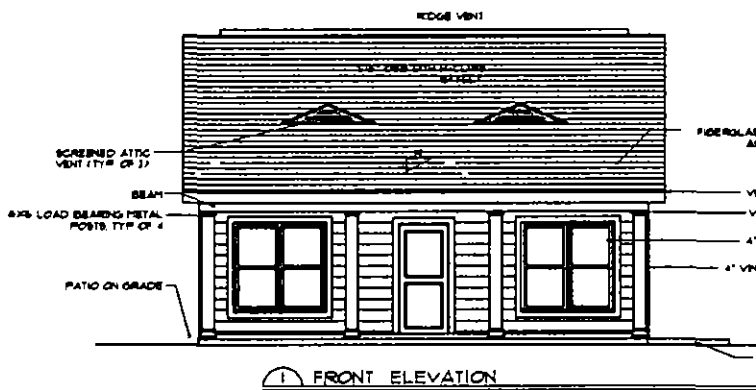
015-151-52
EUGENE BARRINGER
MAGGIE BARRINGER
DB 4345 PG 152
LOT 3, DB 1623 PG 569

40' FRONT SETBACK

GRAVEL DRIVE

#4 REBAR
(TIE LINE) N38°51'31"E 99.47'
IRON PIN
S38°51'05"W 99.40'
APPARENT R/W
(TIE LINE) S38°30'16"W 99.31'
#5 REBAR
#6 REBAR
30.02'
30.03'

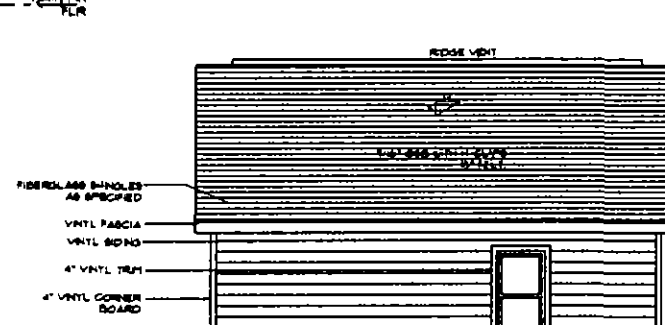
HAMBRIGHT ROAD



1 FRONT ELEVATION
2-M3 SCALE: 1/4" = 1'-0"



2 RIGHT ELEVATION
2-M3 SCALE: 1/4" = 1'-0"



3 REAR ELEVATION
2-M3 SCALE: 1/4" = 1'-0"

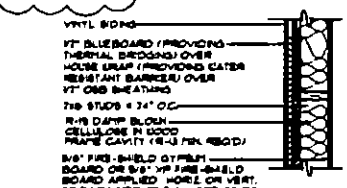


4 LEFT ELEVATION
2-M3 SCALE: 1/4" = 1'-0"

NOTE:
ALL DIMENSIONS ARE APPROXIMATE AND MUST BE VERIFIED BY THE CONTRACTOR PRIOR TO THE START OF CONSTRUCTION. THE CONTRACTOR IS RESPONSIBLE FOR ALL DIMENSIONS AND CONDITIONS ON THE JOB SITE. ANY DISCREPANCIES MUST BE REPORTED TO THE ARCHITECT BEFORE PROCEEDING WITH THE WORK. THE CONTRACTOR SHALL COMPLY WITH ALL APPLICABLE CODES AND ORDINANCES. ALL BUILDING CODES TO BE THE MOST RECENT EDITION ADOPTED BY THE LOCAL JURISDICTION. THE CONTRACTOR SHALL OBTAIN ALL PERMITS AND APPROVALS REQUIRED FOR THE CONSTRUCTION OF THIS PROJECT. ALL DIMENSIONS SHALL BE VERIFIED BY THE CONTRACTOR PRIOR TO CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO THE ARCHITECT BEFORE PROCEEDING WITH THE WORK. THE CONTRACTOR SHALL COMPLY WITH ALL APPLICABLE CODES AND ORDINANCES. ALL BUILDING CODES TO BE THE MOST RECENT EDITION ADOPTED BY THE LOCAL JURISDICTION. THE CONTRACTOR SHALL OBTAIN ALL PERMITS AND APPROVALS REQUIRED FOR THE CONSTRUCTION OF THIS PROJECT. ALL DIMENSIONS SHALL BE VERIFIED BY THE CONTRACTOR PRIOR TO CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO THE ARCHITECT BEFORE PROCEEDING WITH THE WORK.

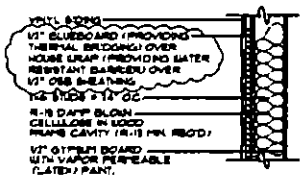
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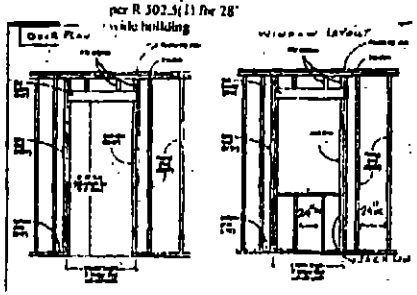


1-HOUR FIRE RATED DESIGN NO - UL U305 GTC-36

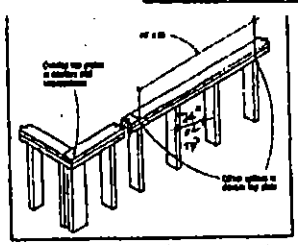
3 / 3-B 1-HOUR FIRE RATED WALL DETAIL
SCALE: 1"=1'-0"



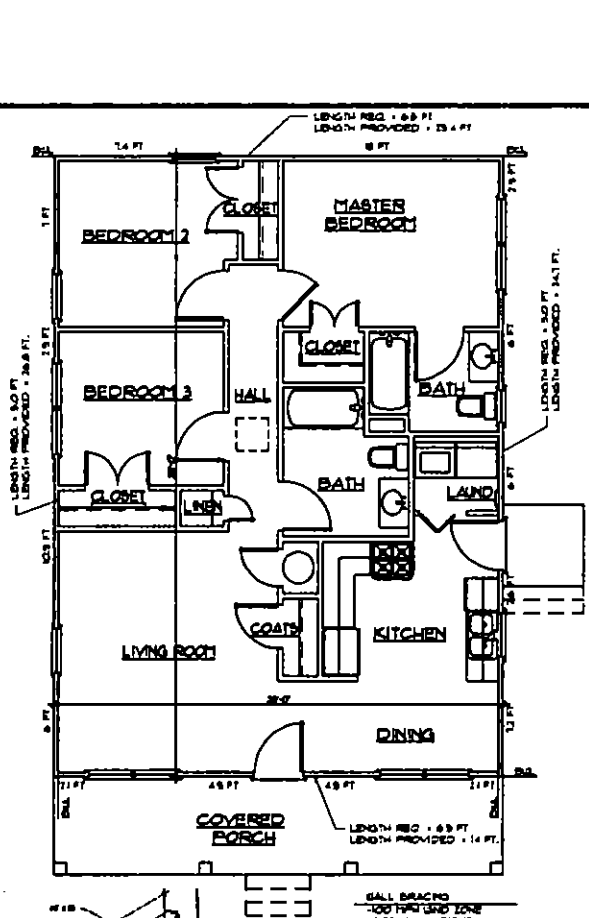
4 / 3-B STANDARD WALL DETAIL
SCALE: 1"=1'-0"



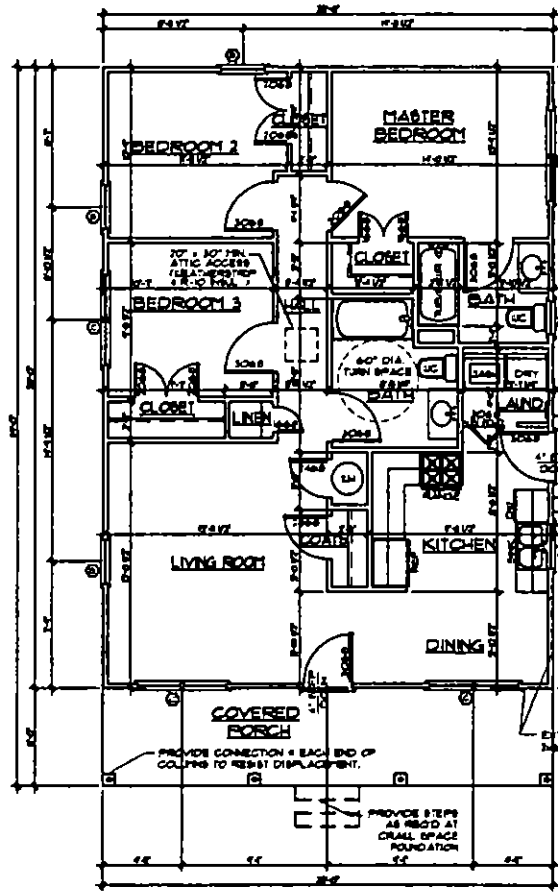
5 / 3-B FRAMING ELEVATION
SCALE: NTS



6 / 3-B WALL DETAIL
SCALE: NTS



2 / 3-B BRACING PLAN
SCALE: 1/4" = 1'-0"



1 / 3-B FLOOR PLAN
SCALE: 1/4" = 1'-0"

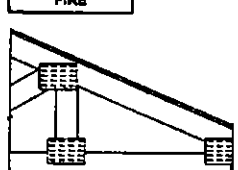
GA FILE NO. RC 2802

GENERIC

1 HOUR FIRE

WOOD TRUSSES, GYPSUM WALLBOARD

Base layer 5/8" type X gypsum wallboard applied at right angles to wood roof trusses 24" o.c. with 1¼" Type W or S drywall screws 24" o.c. Face layer 5/8" type X gypsum wallboard or gypsum veneer base applied at right angles to trusses with 1⅝" Type W or S drywall screws 12" o.c. at joints and intermediate trusses and 1¼" Type G drywall screws 12" o.c. placed 2" back on either side of end joints. Joints offset 24" from base layer joints. Wood trusses supporting ½" wood structural panels applied at right angles to trusses with 6d nails. Appropriate roof covering. Ceiling provides one hour fire resistance protection for trusses.



7 / 3-B 1-HOUR FIRE RATED SOFFIT DETAIL
SCALE: NTS

Approx. Ceiling Weight: 5 psf
Fire Test: FM FC 172, 3-25-72, ITS 6-6-88

EXTERMINATION: PROVIDE APPROVED METHOD OF BORATE TYPE TREATMENT APPLIED ACCORDING TO PRODUCT SPECIFICATIONS.

NOTE: DOOR SIZES ARE MEASURED IN FEET (I.E. 3068 = 3'-0" SIDE x 6'-8" TALL DOOR.

GRACIE

SQUARE FOOTAGE

MAIN FLOOR HEATED	1064 SF.
TOTAL HEATED	1064 SF.
COVERED PORCH	168 SF.
TOTAL UNDER ROOF	1232 SF.

WINDOW SCHEDULE

SYMBOL	QUANTITY	TYPE	UNIT SIZE	REMARKS
A	7	DOUBLE HUNG	3'-0" x 5'-0"	LOW-E GLAZING (SH
B	5	DOUBLE HUNG	2'-0" x 5'-1"	LOW-E GLAZING (SH
C	1	DOUBLE HUNG	1'-7"-0" x 5'-1"	LOW-E GLAZING (SH
D	1	DOUBLE HUNG	1'-0" x 3'-1"	LOW-E GLAZING (SH
			TEMPERED GLASS NOTED FOR HAZARDOUS AREAS IN FLOOR PLAN.	NOTE: ALL TURN 2'-10 HEADERS A

N.C.B.D.C

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