

18725 BLUFF POINT RD

00104220

7/8/08

marliwr

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: 13699 DATE: 9/20/01

TC: 001-042-20 ☒ L ☒ CRT

SERIAL Nº 18623

Name of Owner Robert Moryan Juris.: _____

Address of Property 18725 Bluff Point Road

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 5 @ 60'

Cover Depth 16"

Water Supply Source Well

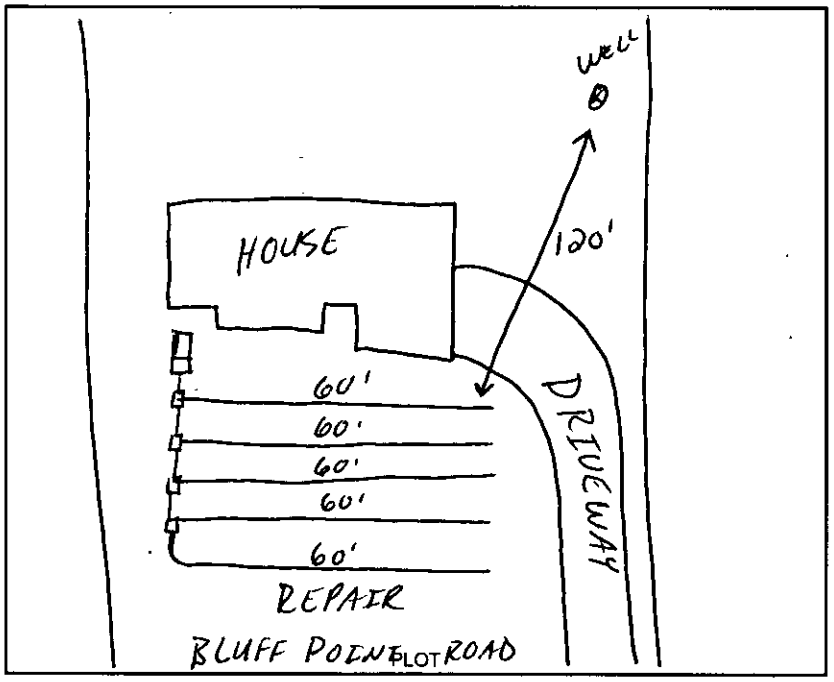
Distance to Water Source 120'

Excavation Inspected 9/20/01

Tank(s) Inspected 9/20/01

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 1500ST, 900SFT, INV, E-Z Flow, Cecil-like CTR# Tim Ammons

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: Three Bedroom Residence

5 lines x 60' x 3' w/ Drop Boxes

Type III g innovative system

Jeremy P. Medlock R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

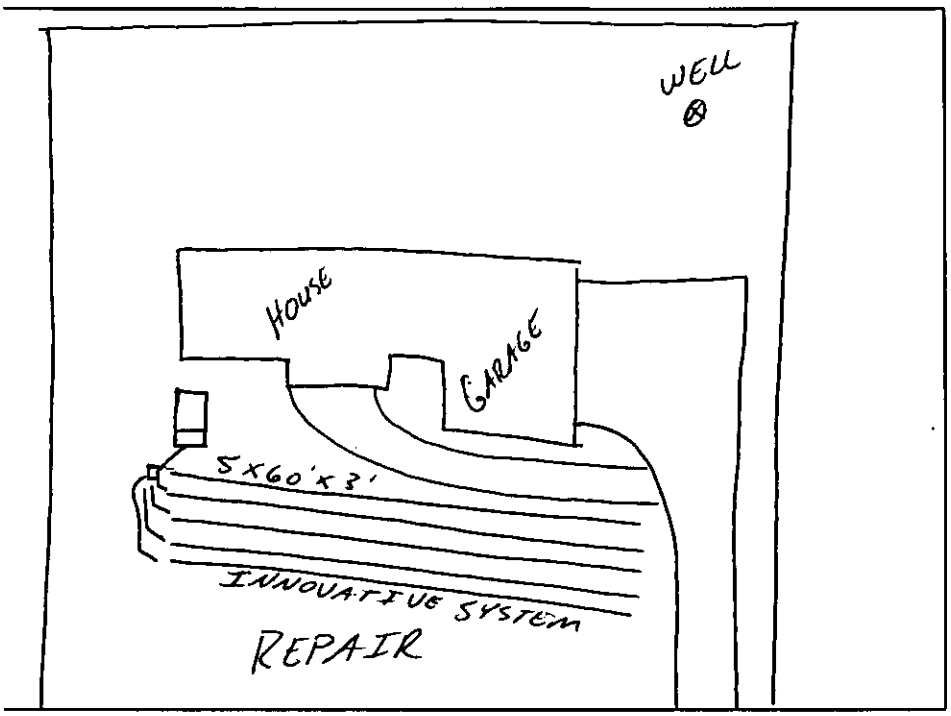
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13699 DATE: 9/20/01

TC: 001-042-20 ☐ L

SERIAL Nº 18661

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 3/16/01. All work shall be completed on or before 10/20/01, 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

BLUFF POINT ROAD

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' x 60' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 5 x 60'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Robert Morgan

LOCATION OF PROPERTY 18725 Bluff Point Road

Comments: Three Bedroom Residence

Install 5 lins x 60' x 3' trench

Type III g Innovative system

Jeremy P. Mickula R.S.

Environmental Health Specialist

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

on c.c. appt 046347 ACS

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 4/10/01 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/6/01 PERMIT NO: 13699
PARCEL NO: 001 042 20

JOB LOCATION ADDRESS: 18725 Bluff Point Rd
PROPERTY OWNER: Gloria Sadler
BUILDING CONTRACTOR: Robert Morgan
SUBDIVISION NAME: Bluff Point
AUTHORIZATION ISSUED BY: Phil S. Wells RS. DATE: 4/6/01
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 13699, 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: Innovative Septic System, Agreement forms shall be recorded and on file prior to Cons. Autho. release

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.

Robert D Morgan 4-6-01
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 13699

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001 042 20

- 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 ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	300' 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	NA Gallon pump tank	NA Depth of stone		
Any surface waters present: NO Type:		Minimum separation distance:		
Site modifications required:				
Additional Conditions: Innovative septic System Approval. Agreement form shall be recorded and on file prior to cons. auth. release.				
Repair Area System Type: NO 100% Repair required Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	Maximum Available Area ___ 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.

Phila S. Walker RS 4/6/01
DEHNR Authorized Agent — Date

x Robert J. Mayo 4-6-01
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: 13699

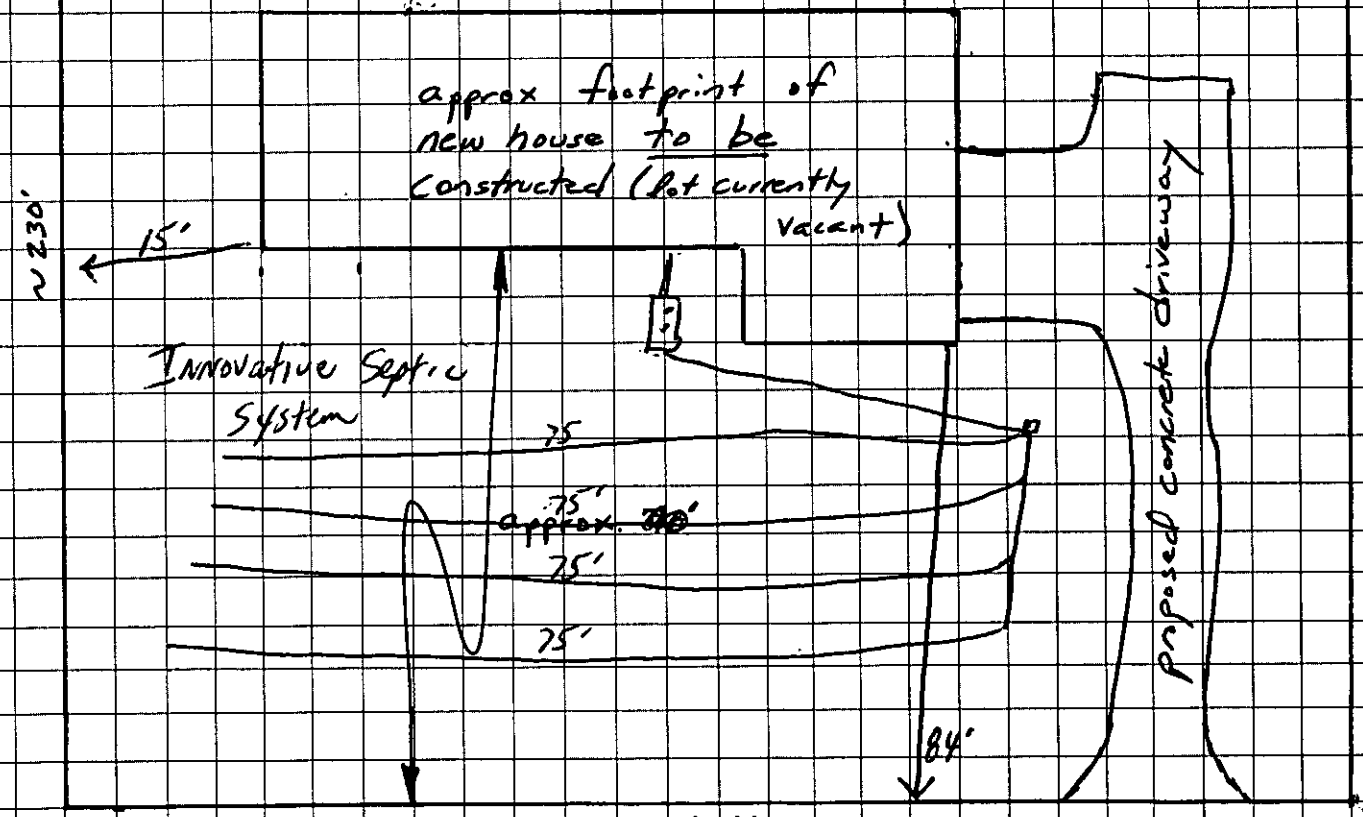
TC: 001-042-20

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.

⊗ proposed well

COMMENTS 3 Bedroom Residence

Innovative Septic System Approval Agreement forms shall be recorded and on file prior to Cons. Auth. No. 1500 ST. 4 lines x 75' long x 3' wd = 300 LF No 100% Repair Required. Keep the septic system 50' from the proposed well. 84' from the front right house corner to the front property line.



18725 Bluff Point Rd.
Cornelius, N.C. (between Westmoreland & Sam Furr off Catawba Av)

Robert J. Moyer, Jr.
OWNER/AGENT SIGNATURE

DATE 3-16-01

APPROVAL DATE Plow 4/16/01

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

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2001 APR 10 02:13 PM
BOOK: 12102 PAGE: 507-510 FEE: $12.00
INSTRUMENT # 2001053296

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 13699
PARCEL # 001 042 20

The undersigned, Joseph H. Sadler, Sr. and wife Gloria W. Sadler, owner of property located at 18725 Bluff Point Rd (Lot 20 Bluff Pt), (the "site") and described in an instrument recorded in Book 9217 at Page 844, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Robert L. Morgan, Jr.
Mail after recording to: Robert L. Morgan, Jr.
16505 Jetton Rd, Cornelius NC 28031

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

#1 AS

Sheet: _____
Property ID: 001-042-20
Lot #: 20
File #: 13699

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gloria M. Sadler APPLICANT: Robert Morgan
ADDRESS: 19310 One Norman Blvd Apt. D, Cornelius DATE EVALUATED: 3-26-01
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .59
LOCATION OF SITE: 18725 Bluff Point 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 2-6% 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	0-15"	Disturbed		7.5YR 10 to soil wetness	48"	N/A	None	PS .3gl F2 IV
		15-40"	SBK/C	FI/SEXP/SS/SP					
		40-48"	SBK/C	FR/SEXP/SS/SP					
2	LS	0-18"	Disturbed		7.5YR 10 to soil wetness	48"	N/A	None	PS .3gl F2 IV
		18-48"	SBK/C	FI/SEXP/SP					
3	LS	0-3"	gr/sl	FR/SEXP/SS/SP	7.5YR 10 to soil wetness	48"	N/A	None	PS .3gl F2 IV
		3-40"	SBK/C	FI/SEXP/SP					
		40-48"	SBK/C	FR/SEXP/SS/SP					
4	LS	0-4"	gr/sl	FR/SEXP/SS/SP	7.5YR 10 to soil wetness	48"	N/A	None	PS .3gl F2 IV
		4-39"	SBK/C	FI/SEXP/SP					
		39-48"	SBK/C	FR/SEXP/SS/SP					
5	LS	0-3"	gr/sl	FR/SEXP/SS/SP	7.5YR 10 to soil wetness	48"	N/A	None	PS .3gl F2 IV
		3-46"	SBK/C	FI/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.3gl F2	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.A. Marlin LSS 3-26-01
OTHER(S) PRESENT: B. Swanney

FILE # 13699

COMMENTS Not 100% percent Repair.

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

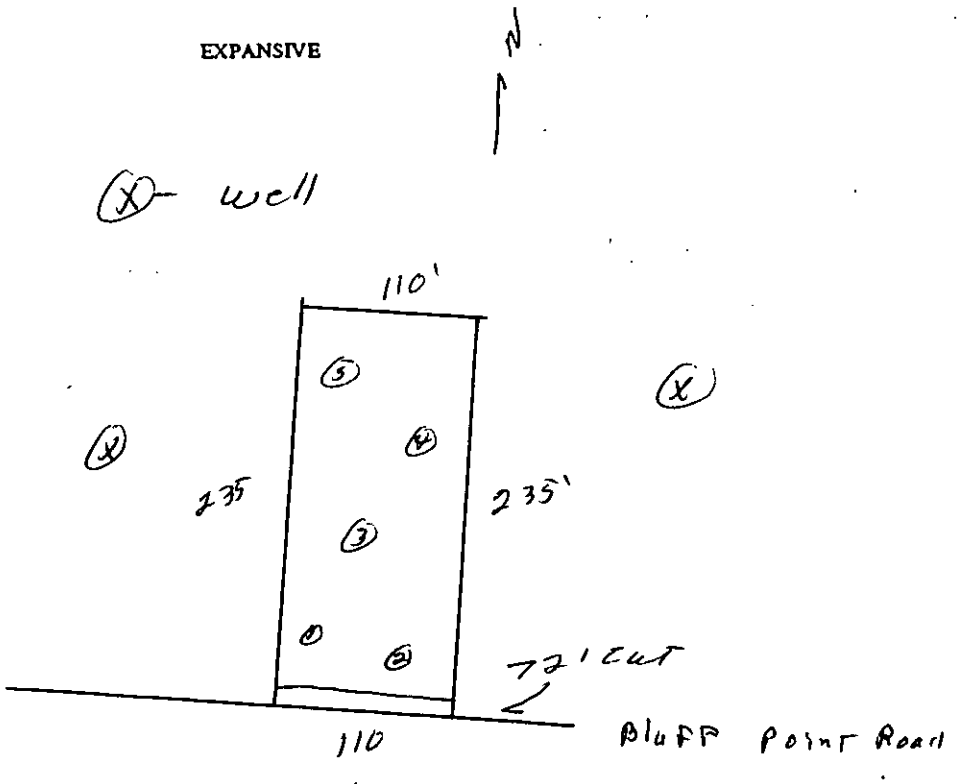
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



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

Sheet: _____

Property ID: 001-042-20

#1

Lot #: 20

File #: 13699

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Gloria M. Sadler APPLICANT: Robert Morgan

ADDRESS: 19310 One Norman Blvd, Lgt. D, Cornelius DATE EVALUATED: 3-26-01

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .59

LOCATION OF SITE: 19225 Bluff Point Road PROPERTY RECORDED: _____

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

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slope 2-6% 1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-15"	Disturbed		7.5YR 7/0 soil wetness	48"	N/A	None	PS .391 F_2 IV
		15-40"	SBM/C	F/SE×P/SP					
		40-48"	SBM/C/1	Fr/SE×P/SSP					
2	LS	0-16"	Disturbed		7.5YR 7/0 soil wetness	48"	N/A	None	PS .391 F_2 IV
		16-48"	SBM/C	F/SE×P/SP					
3	LS	0-3"	gr/C/1	Fr/SE×P/SSP	7.5YR 7/0 soil wetness	48"	N/A	None	PS .391 F_2 IV
		3-40"	SBM/C	F/SE×P/SP					
		40-48"	SBM/C/1	Fr/SE×P/SSP					
4	LS	0-4"	gr/SL/1	Fr/SE×P/SSP	7.5YR 7/0 soil wetness	48"	N/A	None	PS .391 F_2 IV
		4-39"	SBM/C	F/SE×P/SP					
		39-48"	SBM/C/1	Fr/SE×P/SSP					
5	LS	0-3"	gr/SL/1	Fr/SE×P/SSP	7.5YR 7/0 soil wetness	48"	N/A	None	PS .391 F_2 IV
		3-48"	SBM/C	F/SE×P/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.391 F_2	

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: Wm. A. Wade L-SS 3-26-01

OTHER(S) PRESENT: R. Swanney

FILE # 13649

COMMENTS Not 100% percent Report

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
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		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

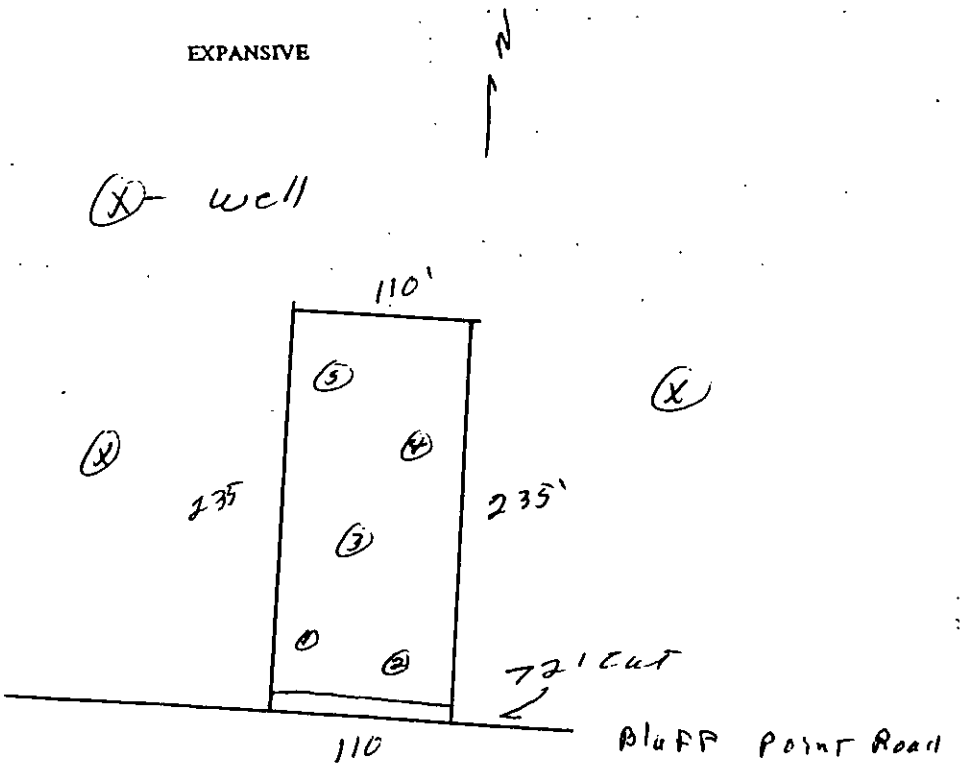
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 200.00 / # 48091
DATE: 3-16-01

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

[ ] 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 #: 13699

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001 042 - 20

STREET ADDRESS: 18725 Bluff Pt. Rd.

SUBDIVISION OR MOBILE HOME PARK NAME: Bluff Pt.

LOT NUMBER: 20

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1900sf

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE 8-5-99

FOUNDATION FOR RESIDENCE:

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

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

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: N/A

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:

NAME: Sadler (LAST) Gloria (FIRST) W. (MI)

ADDRESS: 19310 Dne Norman Blvd. Apt. D

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 892 - 1615

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Morgan (LAST) Robert (FIRST) L. (MI)

DAYTIME PHONE: (704) 875 - 5676 or 704 892 7682

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8-5-99

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: Robert L Morgan Jr. DATE: 3-16-01

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