

4943 MOUNTAIN POINT LN

02316320

5/29/07

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

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FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4966A

PARCEL NO: 023-163-20

JOB LOCATION ADDRESS: 4943 Mountain Point Lane

PROPERTY OWNER: Douglas S. Morgan

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Mountain Point

AUTHORIZATION ISSUED BY: Jerry P. Michalec R.S. DATE: 1/17/02

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4966A, 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: Agreement forms on file before C.A. 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.

Douglas S Morgan 1-18-02

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Need

1. ~~Signatures~~
2. Fees
3. ~~Agreement Forms~~

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 FEB 08 01:34 PM
BOOK:13237 PAGE:321-325 FEE:$23.00
INSTRUMENT # 2002025661

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 # 4966 A
PARCEL # 023-163-20

The undersigned, Douglas Stuart Morgan & Teresa J Morgan, owner of property located at 4943 Mountain Point Lane, (the "site") and described in an instrument recorded in Book 13192 at Page 846, 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: Douglas S Morgan
Mail after recording to:
5201 Mt Point Lane Charlotte NC 28216

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 8th day of February, ~~19~~ 2002

_____ (SEAL)
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

Douglas S Morgan (SEAL)

Teresa J. Morgan (SEAL)

_____ (SEAL)

_____ (SEAL)

CATHY J. BRACKBILL NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Cathy J. Brackbill, a Notary Public for said County and State, do hereby certify that Douglas S. Morgan & Teresa J. Morgan personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 8th day of February, ~~199~~ 2002

Cathy J. Brackbill
Notary Public

My Commission Expires:
12-9-06

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____



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ISSI Operations Center Staff

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JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 02/08/2002 01:34 PM

Book: RE 13237 **Page:** 321-325

Document No.: 2002025661

PRMIT 5 PGS $23.00

Recorder: LINDA PERAULT

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of CATHY J. BRACKBILL Notary is certified to be correct. This 8TH of February 2002

JUDITH A. GIBSON, REGISTER OF DEEDS By: Linda K. Perault
Deputy/Assistant Register of Deeds

****

2002025661

Permit Number 4699A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-163-20

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

0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone	

Any surface waters present: Yes Type: Mt. Island Lake Minimum separation distance: 100' BUFFER

Site modifications required:

Additional Conditions: Agreement forms on file before C.A. Release

Repair Area System Type
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

800 Absorption Area (Sq ft) 267 Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	30" 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 effec 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 Departmen

--- This Improvement permit is transferable.

Larry P. Michels R.S. 01/17/02
DEHNR Authorized Agent Date

Douglas S Morgan 1-18-02
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

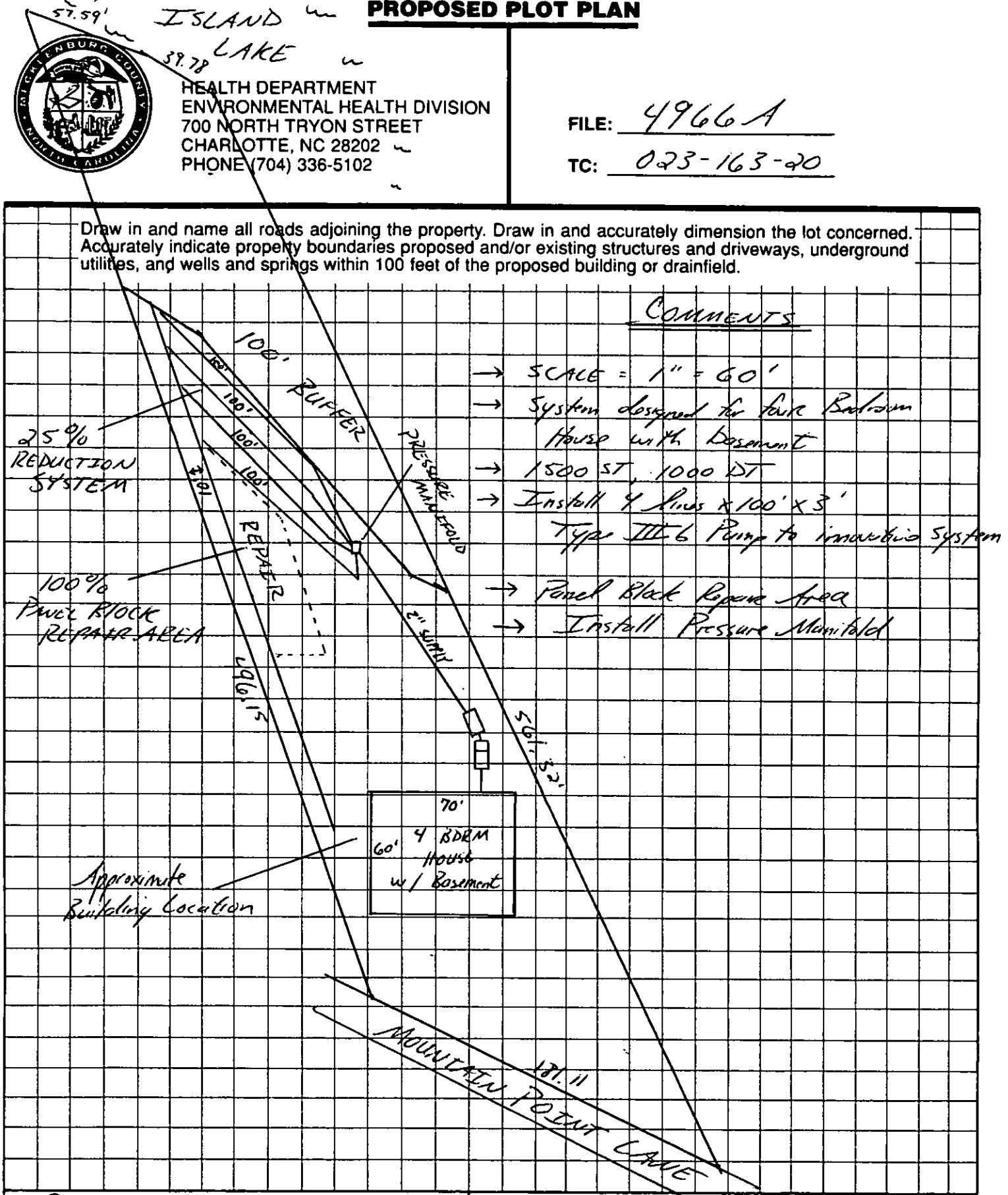
PROPOSED PLOT PLAN

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

FILE: 4966A

TC: 023-163-20

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.



Douglas S Morgan
OWNER/AGENT SIGNATURE

DATE 1-18-02

APPROVAL DATE Tommy L. Nichols R.S. 1/17/02

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

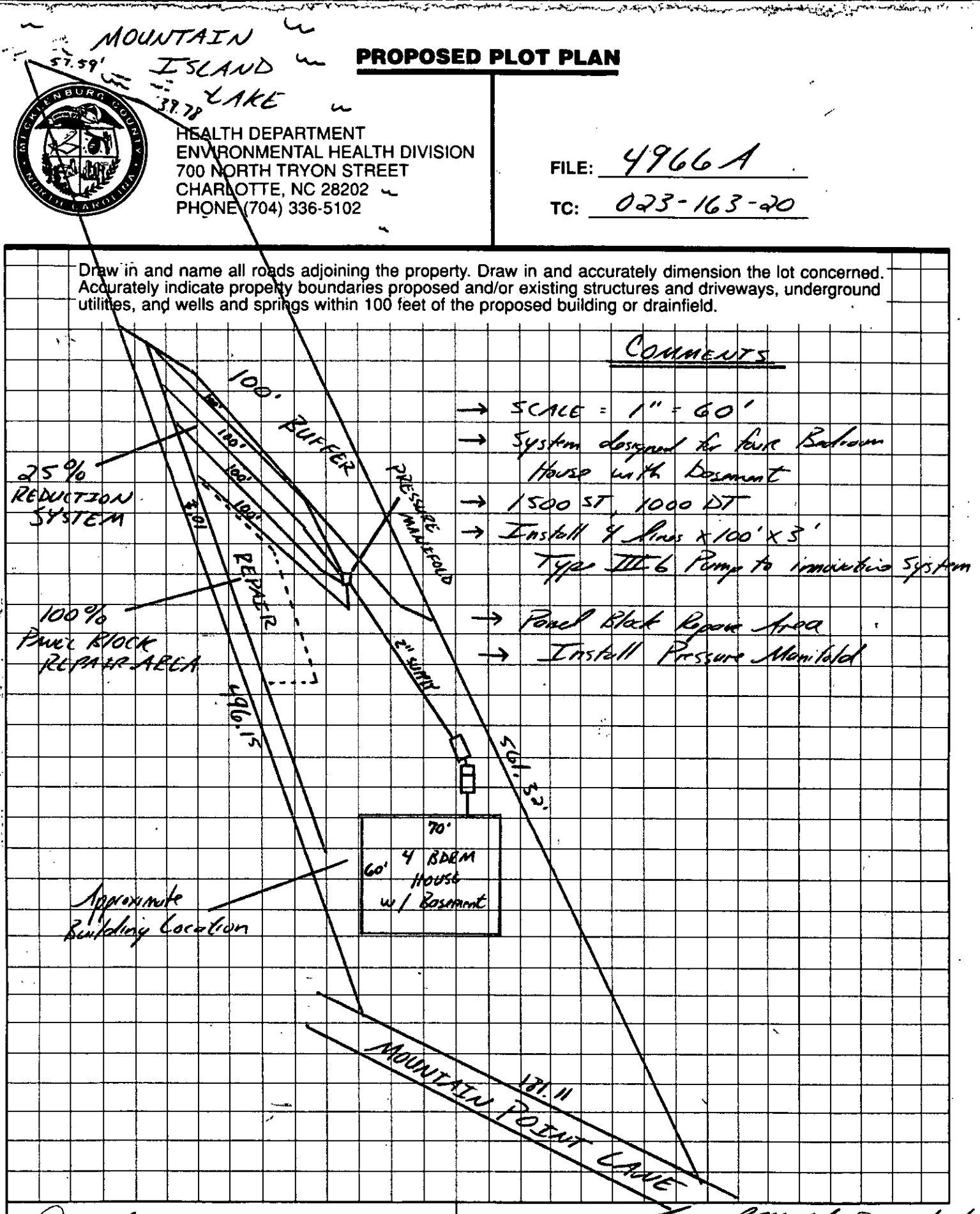
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COMMENTS

→ SCALE = 1" = 60'

→ System designed for four Bedroom House with Basement

→ 1500 ST, 1000 DT

→ Install 4 Lines x 100' x 3'
Type III 6 Pump to immersible system

→ Panel Block Repair Area

→ Install Pressure Manifold

Courtney S Morgan
OWNER/AGENT SIGNATURE

DATE 1-18-02

APPROVAL DATE Tammy P. Nichols R.S. 1/17/02

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

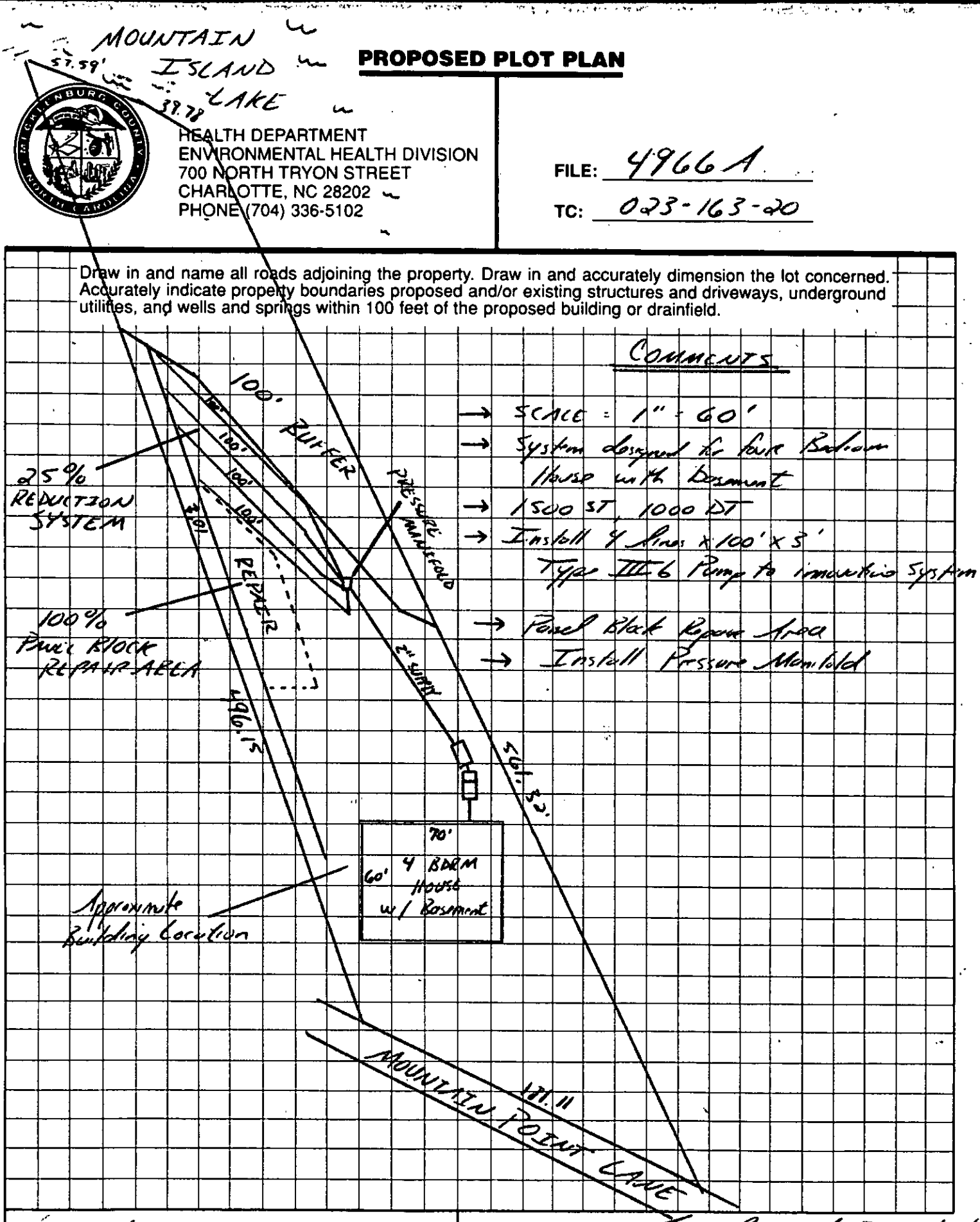
PROPOSED PLOT PLAN

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

FILE: 4966A

TC: 023-163-20

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COMMENTS

→ SCALE = 1" = 60'

→ System designed for four Bedroom House with Basement

→ 1500 ST, 1000 DT

→ Install 4 lines x 100' x 3' Type III.6 Pump to innovative System

→ Fence Block Repair Area

→ Install Pressure Manifold

OWNER/AGENT SIGNATURE

DATE 1-18-02

APPROVAL DATE Tommy L. Nichols R.S. 1/17/02

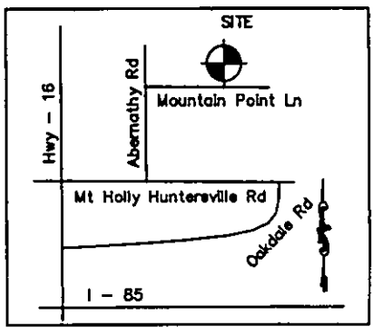
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PINNACLE LAND SURVEYING, PA

SURVEYING – PLANNING – MAPPING
P.O. BOX 2727 (704) 399-9120
HUNTERSVILLE, NC 28070 FAX (704) 398-1226

© PINNACLE LAND SURVEYING, PA

KLAUS E. KRUEGER PLS L-3808



VICINITY MAP – Not to Scale

LEGEND			
SETBACK			
EASEMENT			
PROPERTY LINE			
LINES NOT SURVEYED			
FEATURE			
RIGHT OF WAY			
SET IRON PIN	O SIP		
EXISTING IRON PIN	O EIP		
CONCRETE MONUMENT	⊡ CCM		
NO PIN SET	O NPS	WATER METER	
POWER POLE		CATCH BASIN	
SEWER MANHOLE	Ⓢ	LAMP POST	
UTILITY BOX		ELECTRIC BOX	

This property is located in the Mountain Island Lake Watershed area – Class CA1 – (Critical Area 1). There are several restrictions associated with this class which may apply to this property.

I certify that this survey was performed by me (Klaus E. Krueger), under my supervision. This survey is of an existing parcel of land. The Raw Error of Closure was better than 1:10,000. I did not do a full title search on this property.

Most of this property is located in Zone X – (Areas determined to be outside 500–year flood plain) as shown on FIRM map Panel 370158 0050 B dated August 3, 1998.

A portion of this property is located in Zone – AE – (Areas of 100year flood; Base flood elevations determined). Flood Protection elevation is 658.0'

DATE of:
Survey 01/02/02
Drawing 01/03/02
Job No: 2691
File: 4943MOUNTAIN
Drawn by: KEK

For Buyer:
DOUGLAS S. & TERESA J. MORGAN
Boundary Survey of
4943 MOUNTAIN POINT LANE
CHARLOTTE, NORTH CAROLINA 28216
LONG CREEK TOWNSHIP, MECKLENBURG COUNTY

Map Recorded in Map Book 23 Page 61
Lot 20, Mountain Point, Phase I, Map 2
Currently Owned by: Richard M. Maher

Deed Recorded in Deed Book 6230 Page 007
Tax Parcel # 023–163–20
To be Conveyed to Douglas S. & Teresa J. Morgan

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

Sheet: 1
Property ID: 023-163-20
Lot #: 20
File #: 4966A
Code: 2

A.C.J

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Richard M. Maher
Applicant: Douglas Morgan
Address: 6420 Round Hill road, Charlottre, N. C. 28216
Date Evaluated: 1/8/02
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: 1.13a
Location of Site: 4943 Mt. Point Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
	6-20								
1	LS	0-4	GR/SCL	FR/SEXP/SS/SP	>45" TO SOILWETNESS	45	N/A	NONE	PS, IV .3G/DAY/FT^2
		4-31	SBK/C	FI/SEXP/S/P					
		31-45"	SBK/SCL	FR/SEXP/SS/SP					
2	"	0-3	GR/SCL	FR/SEXP/SS/SP	>44" TO SOIL WETNESS	44	"	"	"
		3-33	SBK/C	FI/SEXP/S/P					
		33-44	SBK/SCL	FR/SEXP/SS/SP					
3	"	0-3	GR/SCL	FR/SEXP/SS/SP	>37" TO SOIL WETNESS	37	"	"	"
		3-28	SBK/C	FI/SEXP/S/P					
		28-37	SBK/SCL	FR/SEXP/SS/SP					
4	"	0-4	GR/SCL	FR/SEXP/SS/SP	>45" TO SOIL WETNESS	45	"	"	"
		4-36"	SBK/C	FI/SEXP/S/P					
		36-45	SBK/SCL	FR/SEXP/SS/SP					
5	"	0-3	GR/SL	FR/SEXP/NS/NP	>29" TO SOIL WETNESS	29	"	"	US, IV .12G/DAY/FT^2 LPP
		3-10	WKSBK/SCL	FR/SEXP/SS/SP					
		10-29	SBK/SC	F/SEXP/S/P					

Description	Initial System	Repair System
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.3G/DAY/FT^2	.3G/DAY/FT^2

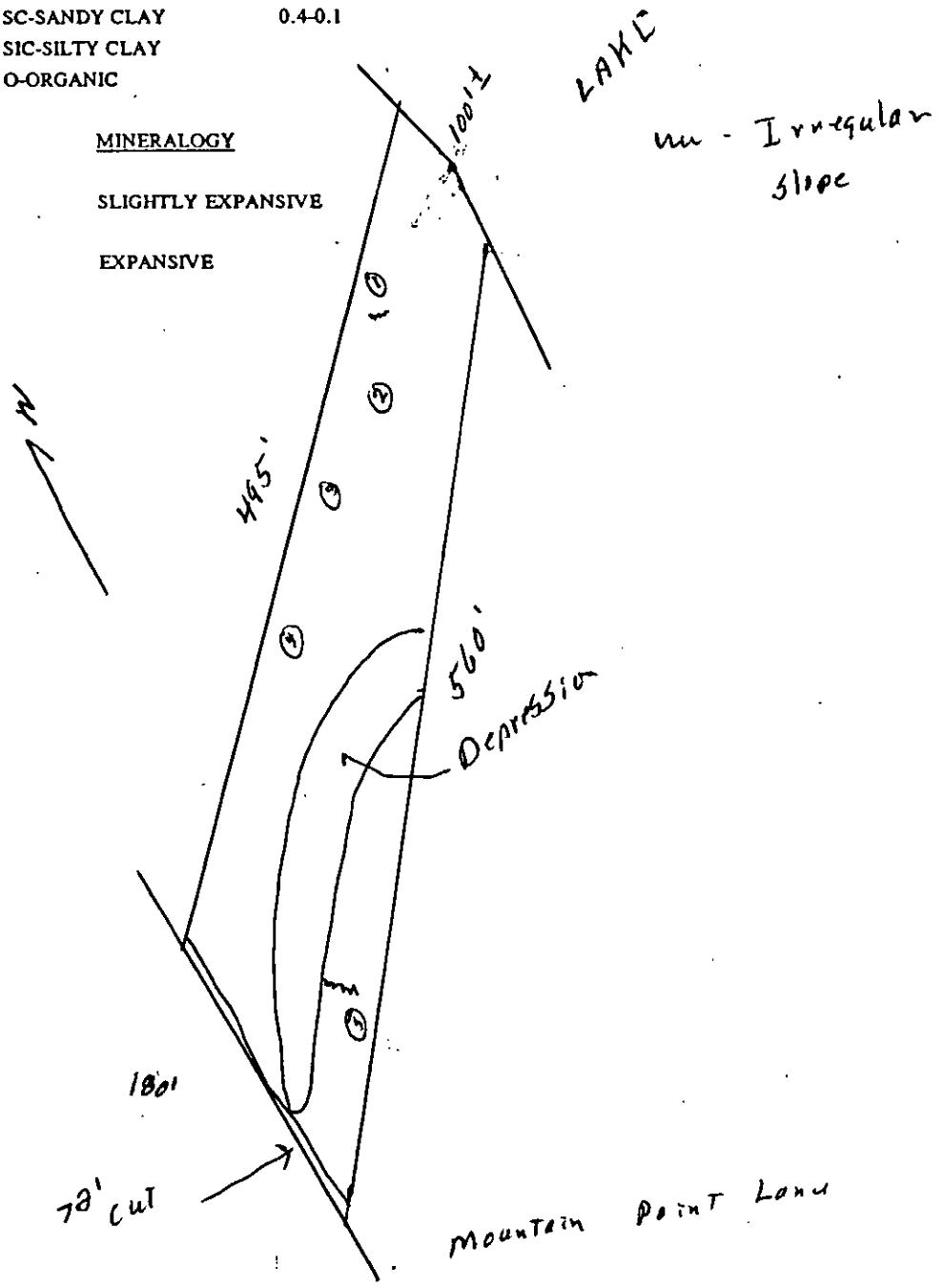
Other Factors (.1946): _____
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 1/8/02, W. R. Marlin
Others Present:

FILE # 49664

COMMENTS 100% Repair, 100' Buffer from lake applies

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: _____
DATE: 12-28-01

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

Paid-$120.00 ck 12/18/01 [ ] 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 #: 4966A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-163-20

STREET ADDRESS: 4943 Mt Point Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Point

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: 5000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE 3-1-02

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: Maher (LAST) Richard (FIRST) M (MI)	NAME: Morgan (LAST) Douglas (FIRST) S (MI)
ADDRESS: 6420 Round Hill Rd	DAYTIME PHONE: (704) 866-8033
CITY: Charlotte STATE: NC ZIP: 28216	
DAYTIME PHONE: (704) 359-8340	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/15/1990 Deed Book / Page 06230/007

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: Douglas S Morgan DATE: 12-27-01

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

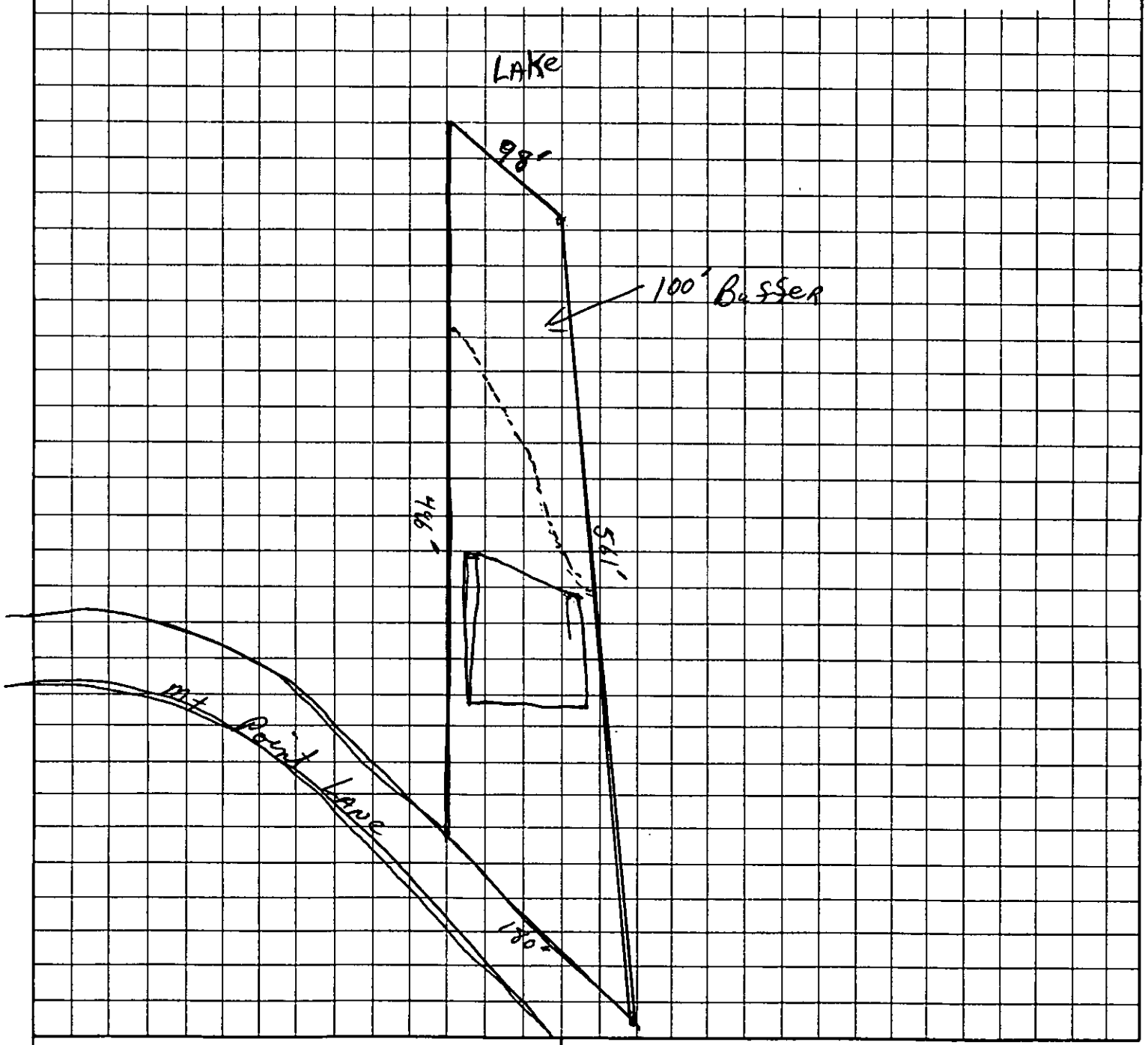
PROPOSED PLOT PLAN

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

FILE: 4966A

TC: 023.163.20

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Douglas S Morgan
OWNER/AGENT SIGNATURE

DATE 12-28-01

APPROVAL DATE _____

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

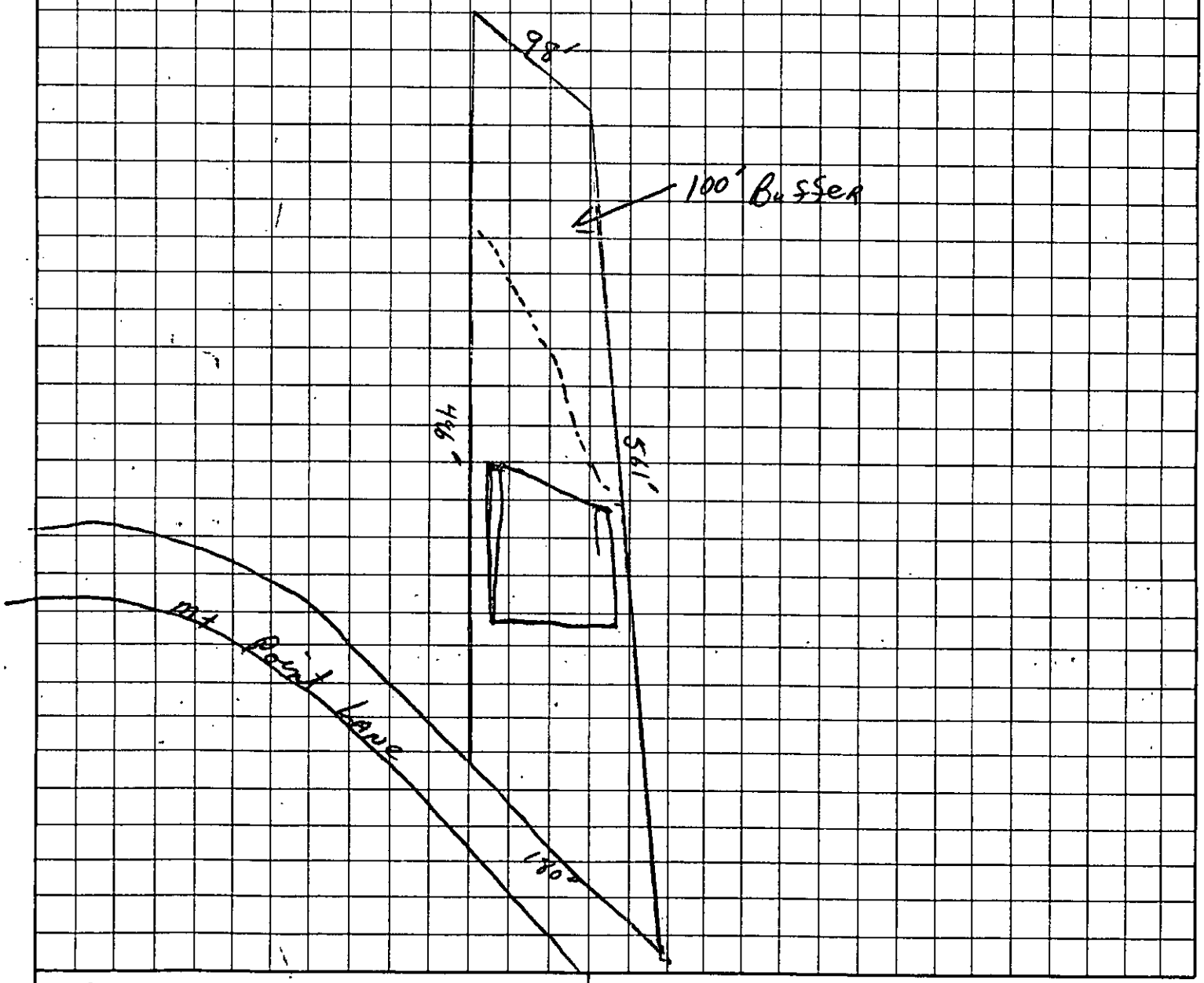
PROPOSED PLOT PLAN

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

FILE: 4966A

TC: 023.163.20

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.



Douglas S Morgan
OWNER/AGENT SIGNATURE

DATE 12-28-01

APPROVAL DATE _____

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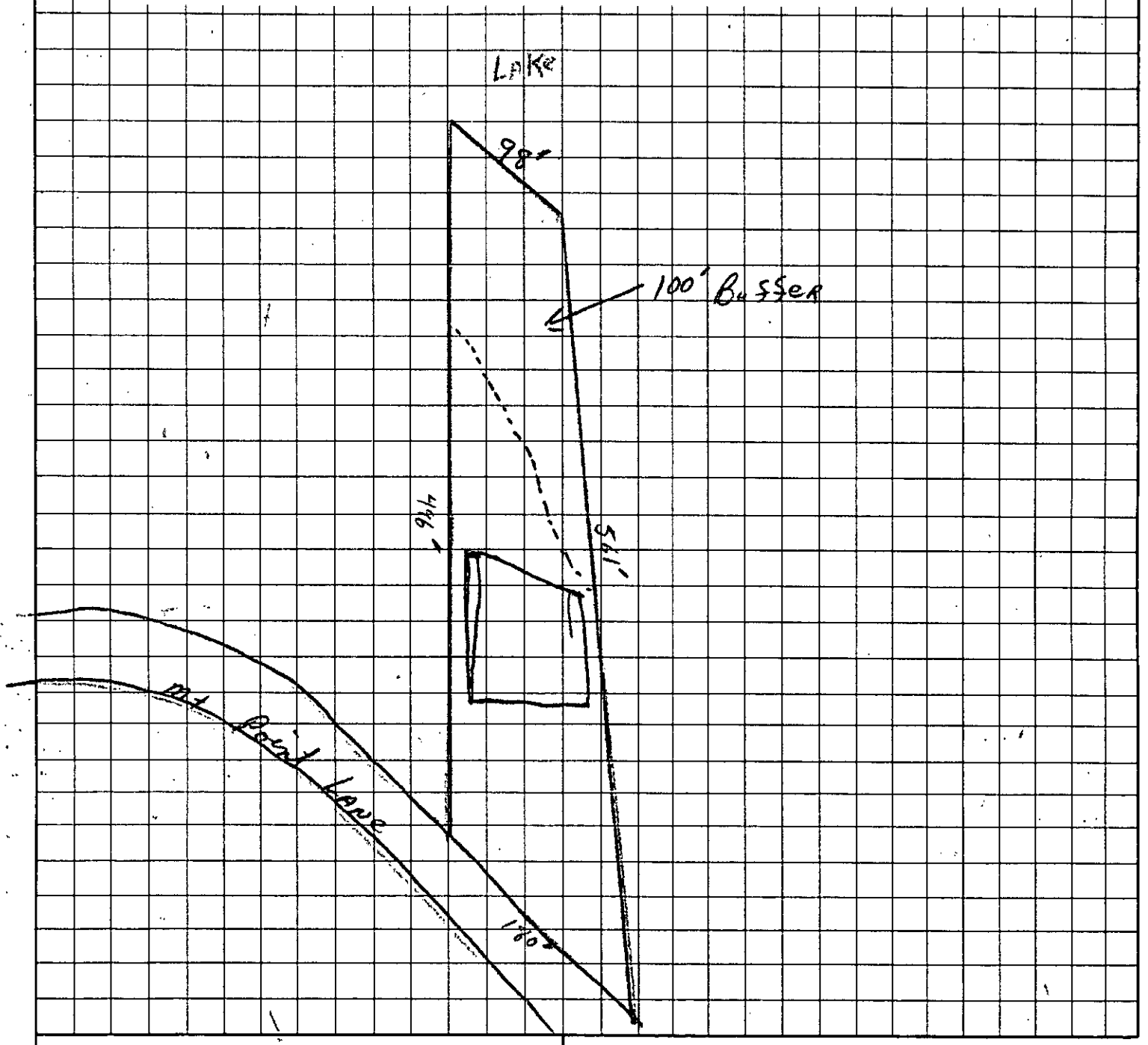
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