

18717 BLUFF POINT RD

00104219

7/8/08

marliwr

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

proj #173034 # 601 LD 173034

FEE: $100.00
DATE: 3-28-06
CRT [ ] WBO

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 13698

TYPE APPLCATION:

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

PERSON FILING APPLICATION:

NAME: Deborah S. Miller
ADDRESS: 18217 Bluff Point Rd
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704-896-5921
ALTERNATE PHONE: 704-309-0168

PROPERTY OWNER:

NAME: same
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 001-042-19
STREET ADDRESS: same
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: None
LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☒ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION 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.

Deborah S. Miller — 3/28/06
Owner's/Agent's Signature — Date

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

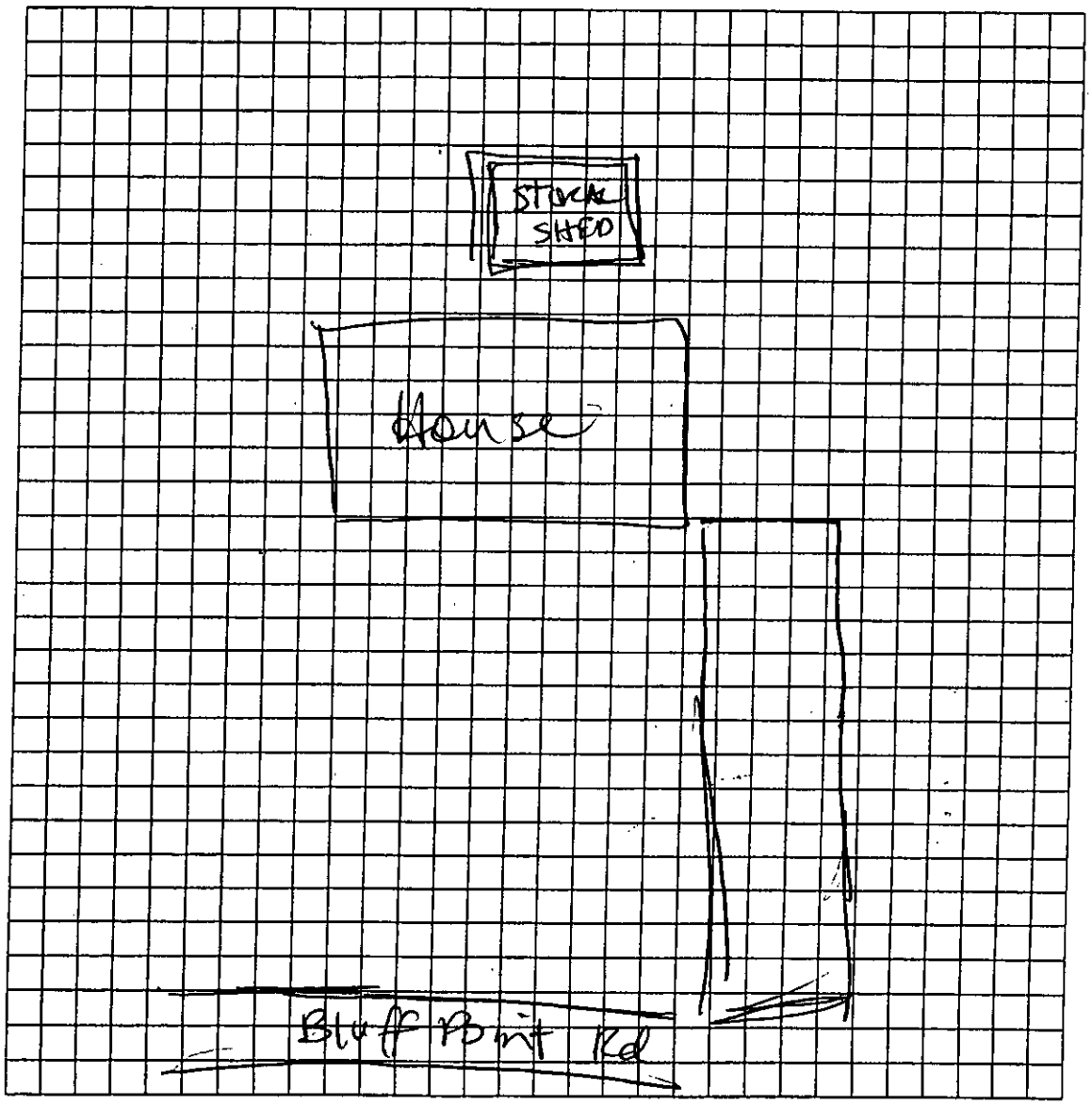
O.K. TO use existing system for storage shed
Jerry Mullis, R.S. 3/29/06
EHS Signature — Date

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

File # 13698
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Deborah S.
Date	3/28/06

LBC 12/15/04

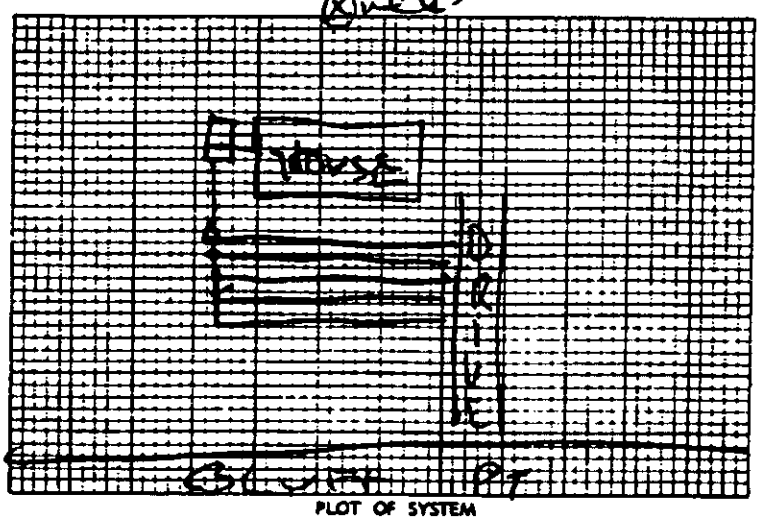
Date Issued 9-23-85 **Serial No.** 08568 ICAR(S) Permit No. 13698

T. C. No 01-092-19

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 13698, dated 4-15-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 10-23-85 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction Pcc

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 5 x 80

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER WARD TERRY D.

LOCATION OF PROPERTY 8717 BLUFF PT. RD

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

5 lines x 80' long x 3' wide x 12" stone

Comments:

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

BID-S-76

Environmental Health Department's Copy

C of A (s) No. 13698

Date Issued 9-25-85 **Serial** 7917 T. C. No 001-042-19

L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner WARD (LAST) TERRY (FIRST) O (MIDDLE)

Location of Property 18717 BLUFF PT RD

Application Number 13698 Permit Number 13698

Inspection Date:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 9-25-85 (DATE) Tank Inspected 9-25-85 (DATE)

Nitrification Field Inspected 9-25-85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments 1995 1500 ST CON 1200 SFT 12G GECIC

Kelly Rundell
Environmentalist

DHB-5-76

Environmental Health Department's Copy

a.)

$125.00 Ad 25 Oct 1996 WPA 3-26-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#13698

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

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-041-19

STREET ADDRESS: _____

_____

ZONING:

PROPERTY OWNER:

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 17 LOT SIZE (in acres):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
- [ ] COMMERCIAL OR INDUSTRIAL (B)
- [ ] SOIL TEST DEVELOPMENT (P)
- [x] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Jacuzzi
- [ ] Stable/Barn
- [ ] Workshop
- [ ] None
- [x] Garage
- [ ] Storage Building
- [ ] Deck/Patio
- [ ] Bedrooms
- [x] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____ Date: _____

NOTICE:

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

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

... _____

_____

_____

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

_____
Environmentalist Date

_____ 5-5-92
Director or Authorized Section Head Date

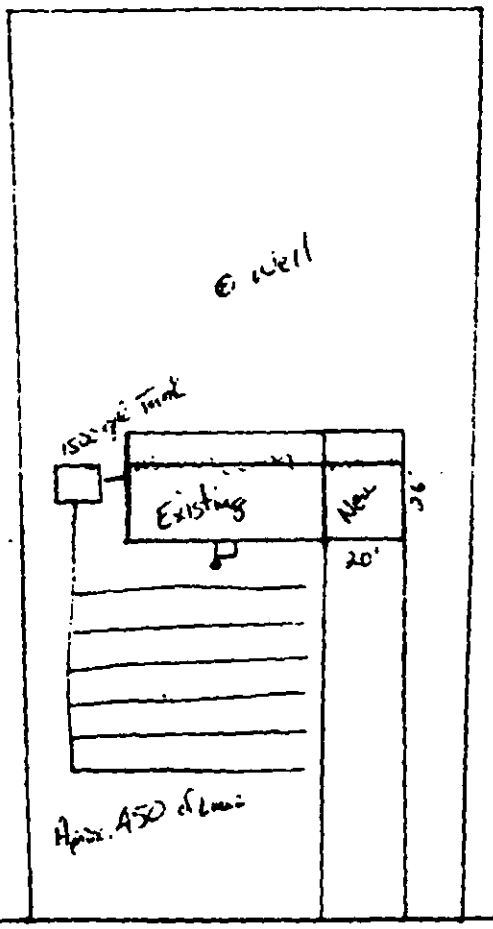
WATER : 122791

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 13698

TC: 001-041-19

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.



Bluff Point Rd

Signed: [signature] 2/24/92 PW

Date: 2-26-92

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY, NORTH CAROLINA

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

OFFICE USE ONLY

FILE: 13698

TC: 001-042-19 L

JOB LOCATION

① ADDRESS: 18717 Bluff Point Rd. (STREET NO / STREET) ② FILE:

③ CITY: Huntersville, NC 28078 ④ TAX PARCEL NO.: 001-042-19

⑤ SUBDIVISION: ⑥ LOT: 19 ⑦ BLOCK:

OWNER

⑧ NAME: Terry (FIRST) D. (MIDDLE) Ward (LAST)

⑨ MAILING ADDRESS: 1232 Starwood Avenue

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215

⑬ PHONE: (WORK) 376-1585 ⑭ (HOME) 597-0930

REQUEST

This request is for a(n):

⑮ ☒ New installation permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) ~~SEPTIC TANK & WELL~~

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

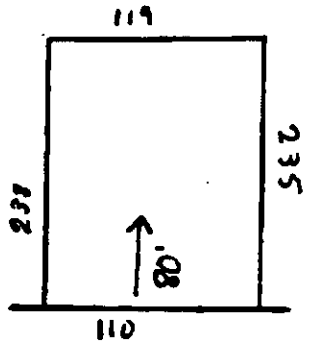
㉕ Type?

㉓ Maximum occupancy? 5

㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter upon the property for the purpose of processing this request.

Signed: Terry Ward

Date: 4/15/85

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Date Issued 4-17-85

Serial No. 8409

SIR No. 13698

T. C. No. 001-042-19

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Ward, (LAST) Terry (FIRST) D. (MIDDLE)

ADDRESS OF OWNER 1232 Starwood Ave., Charlotte, NC ZIP 28215

LOCATION OF LOT 18717 Bluff Point Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 13698. This approval is subject to the following terms and conditions:

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

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

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

proj #173034 1980 #601

FEE: $100.00
DATE: 3.28.06
CRT: VBO

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 15098

TYPE APPLCATION:

☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
☐ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
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ALTERNATE PHONE: 704-309-0169

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SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 19 None

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NUMBER OF OCCUPANTS: 3

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TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

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3/28/06 — Date

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EHS Signature — Date

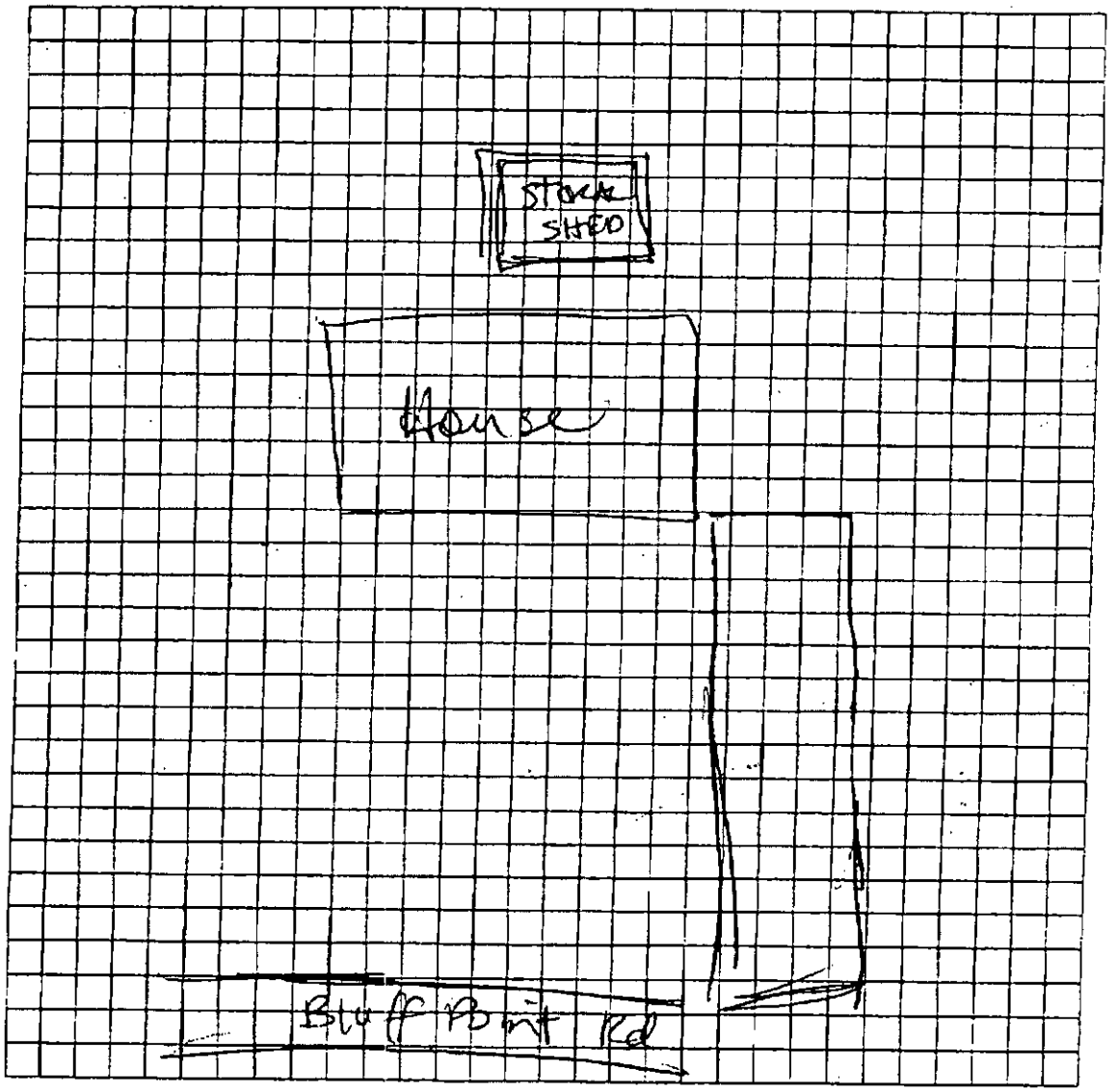
Mar 28 2006 4:40PM LUESR NORTH 704 432 2523 p.1

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6884

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Deborah S.
Date	3/28/06

LBC 12/15/04