


16115 WEATHERLY WY

00145257

5/9/08

marliwr

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

Alteration

ACS

**FEE:** 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** 12-16-02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

**DATE:** _____ **PERMIT NO:** 3477A

**PARCEL NO:** 001-452-57

**JOB LOCATION ADDRESS:** 16115 Weatherly Way
**PROPERTY OWNER:** Maher F. Habashi
**BUILDING CONTRACTOR:** Walter Penwarden
**SUBDIVISION NAME:** _____
**AUTHORIZATION ISSUED BY:** Tommy Mickle R.S. **DATE:** 8/27/03
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3477A, 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 Turns on file before CA 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.

Walter Penwarden 8-28-03

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PA# 5077

Permit Number: 3477A

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-452-57

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 | ___ Absorption Area (sq ft) EXISTING | ___ Trench spacing (min. on centers) |
| Yes Serviced by private well | 1500 EXISTING Gallon septic tank | ___ Total trench length (ft) | ___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 4 Bedrooms in residence | NA Gallon pump tank | ___ Depth of stone | |

Any surface waters present: Yes Type: Lake Norman Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Use existing system for new four (4) Bedroom House
Agreement form on file before CA Release

Repair Area System Type
Type (circle one): I II (III) IV V VI

- ___ Conventional
- X 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)<br>267 Total Trench Length (Ft) | NA Depth of Stone Trench<br>PAVEC Block | 9' Trench spacing (min. on centers) | 36" 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.

Tommy Middle R.S. 8/27/03
DEHNR Authorized Agent Date

Owner/Agent Signature 8/28/03
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

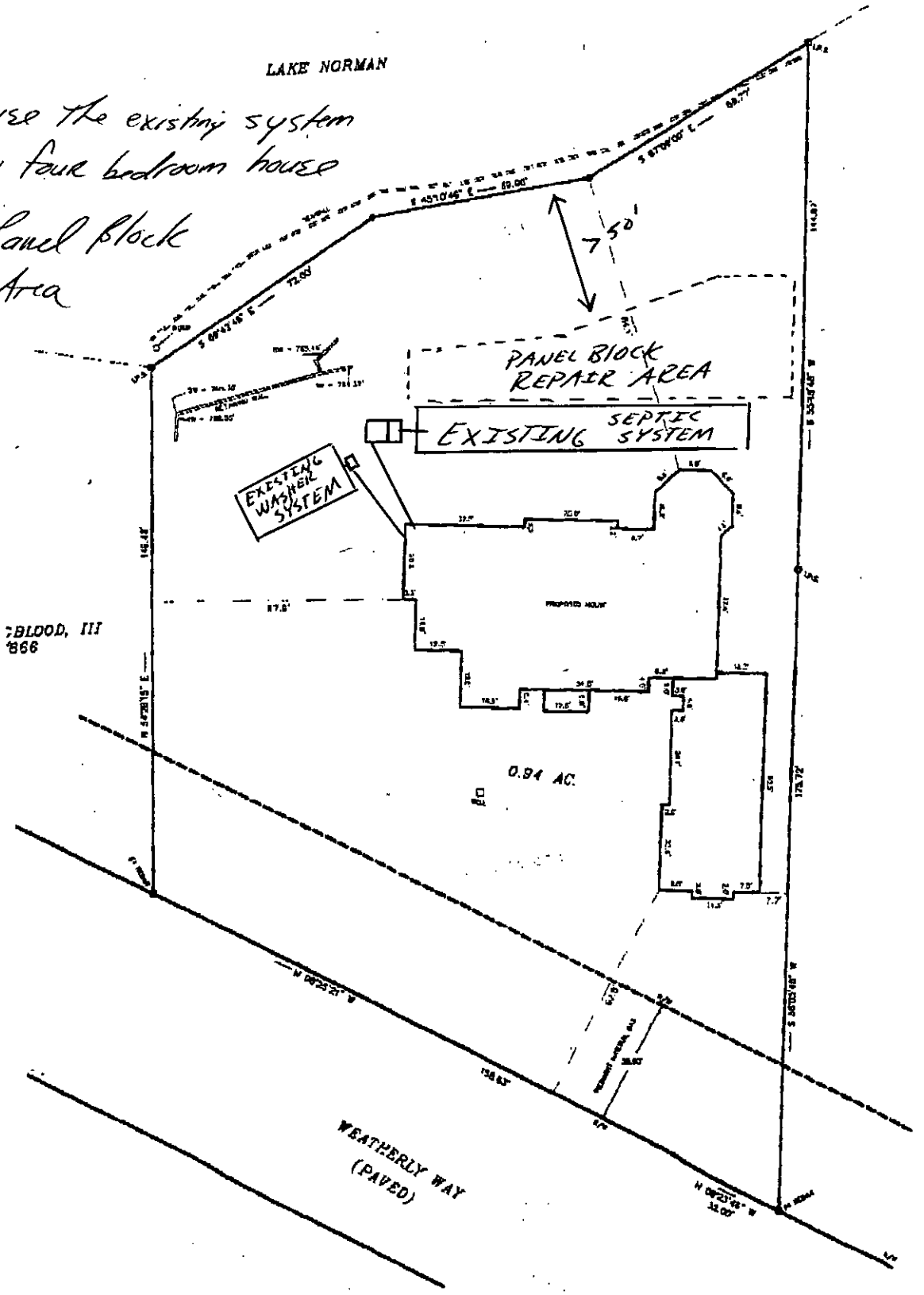
FILE # 3477A

T.C. 001-452-57

## COMMENTS

→ O.K. to use the existing system for a new four bedroom house

→ 100% Panel Block Repair Area




Walter Poland

Jerry Melvin R.S.

8/27/03

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 SEP 02 09:52 AM
BK:16034 PG:301-304 FEE:$20.00
INSTRUMENT # 2003203920
2003203920

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 # 3477A
PARCEL # 001-452-57

The undersigned, Maher F Habashi, owner of property located at 1615 Weatherly Way Huntersville, (the "site") and described in an instrument recorded in Book _____ at Page _____, 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:

This instrument was prepared by: Maher F Habashi
Mail after recording to: 1615 Weatherly Way
Huntersville NC 28078

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

-- 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 theDepartment, 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 2 day of September, 2003

Maher F Habashi (SEAL)

_____
(Corporate Name)

Maher F Habashi (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Brigitte C. McLauchlan, a Notary Public for said County and State, do hereby certify that Haber E. Habashi personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 2nd day of September, 2005.

Brigitte C. McLauchlan
Notary Public

My Commission Expires:

Feb 8th 2009

BRIGITTE C. McLAUCHLAN NOTARY PUBLIC MECKLENBURG COUNTY, NC

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 _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02

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

**********

**Filed For Registration:** 09/02/2003 09:52 AM

**Book:** RE 16034 Page: 301-304

**Document No.:** 2003203920

PRMIT 4 PGS $20.00

**Recorder:** GRACE TUCKER

**********

State of North Carolina, County of Mecklenburg

The foregoing certificate of BRIGITTE C MCLAUCHLAN Notary is certified to be correct. This 2 ND of September 2003

JUDITH A. GIBSON, REGISTER OF DEEDS By: Grace W Tuck
Deputy/Assistant Register of Deeds

**********

*2003203920*

FEE: 310.00 X34277 APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM [ ] CRT

DATE: 12-16-02

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 34277A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 101-451-57

STREET ADDRESS: 16115 Weatherly Way

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE): Res

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

HEATED SQUARE FOOTAGE: 9000

NUMBER OF BEDROOMS: 6 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
X WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE): COMMUNITY (C) ___ MUNICIPAL (M) X 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 | WELL, SPRINGS OR WATERLINES | ___ YES ___ NO |
| EXISTING WASTEWATER SYSTEMS | ___ YES ___ NO | DESIGNATED WETLANDS | ___ YES ___ NO |
| EASTMENTS OR RIGHT-OF-WAYS | X YES ___ NO | | |

PROPERTY OWNER:

NAME: Habash maher F (LAST) (FIRST) (MI)

ADDRESS: 16115 weatherly Way

CITY: Huntersvill STATE: NC ZIP: 28078

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Pennington walter K (LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 363 - 5217

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Walter Pennington DATE: 12-16-02

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

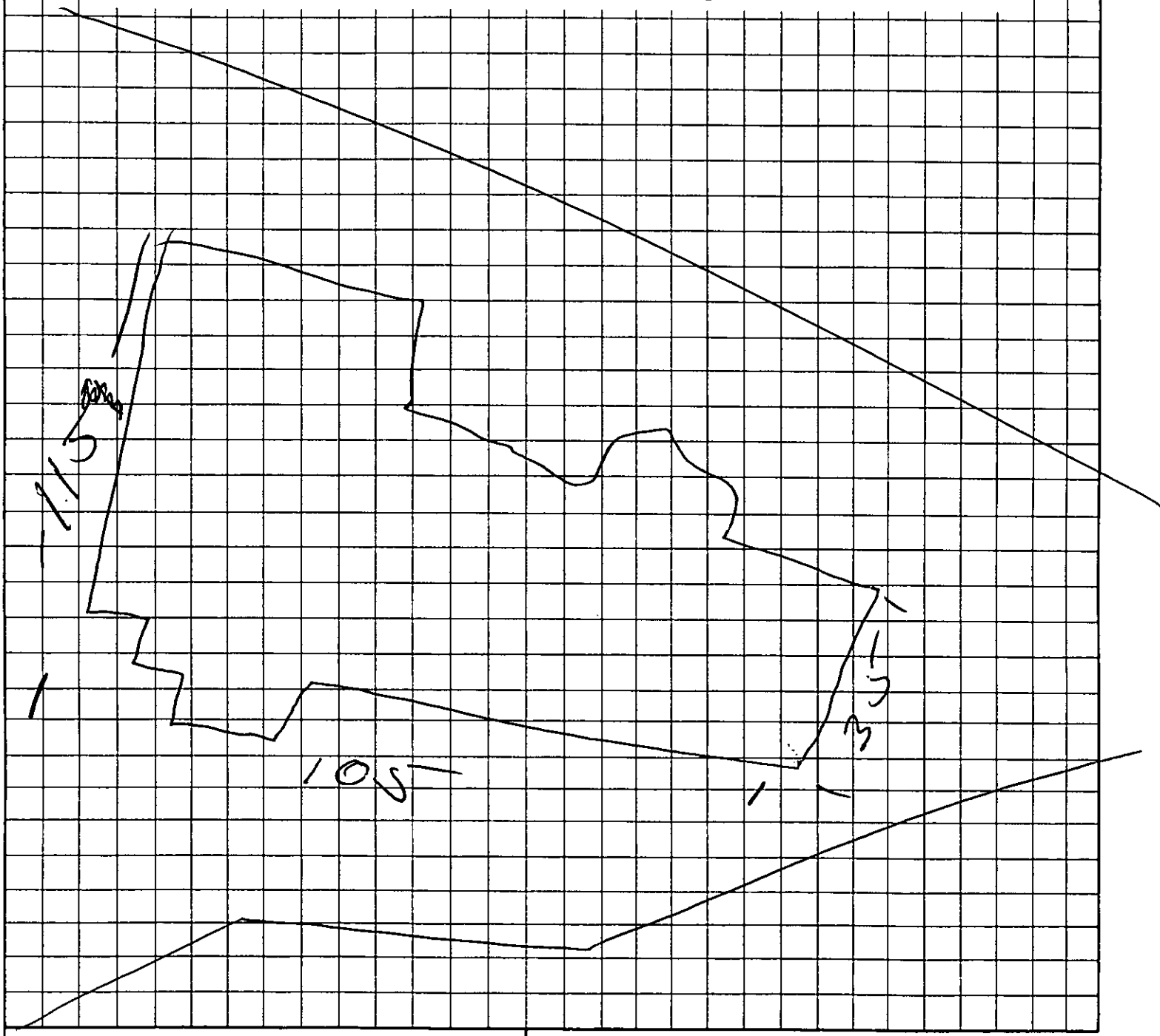
# PROPOSED PLOT PLAN

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

FILE: 3477A

TC: 001-452-57

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




OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

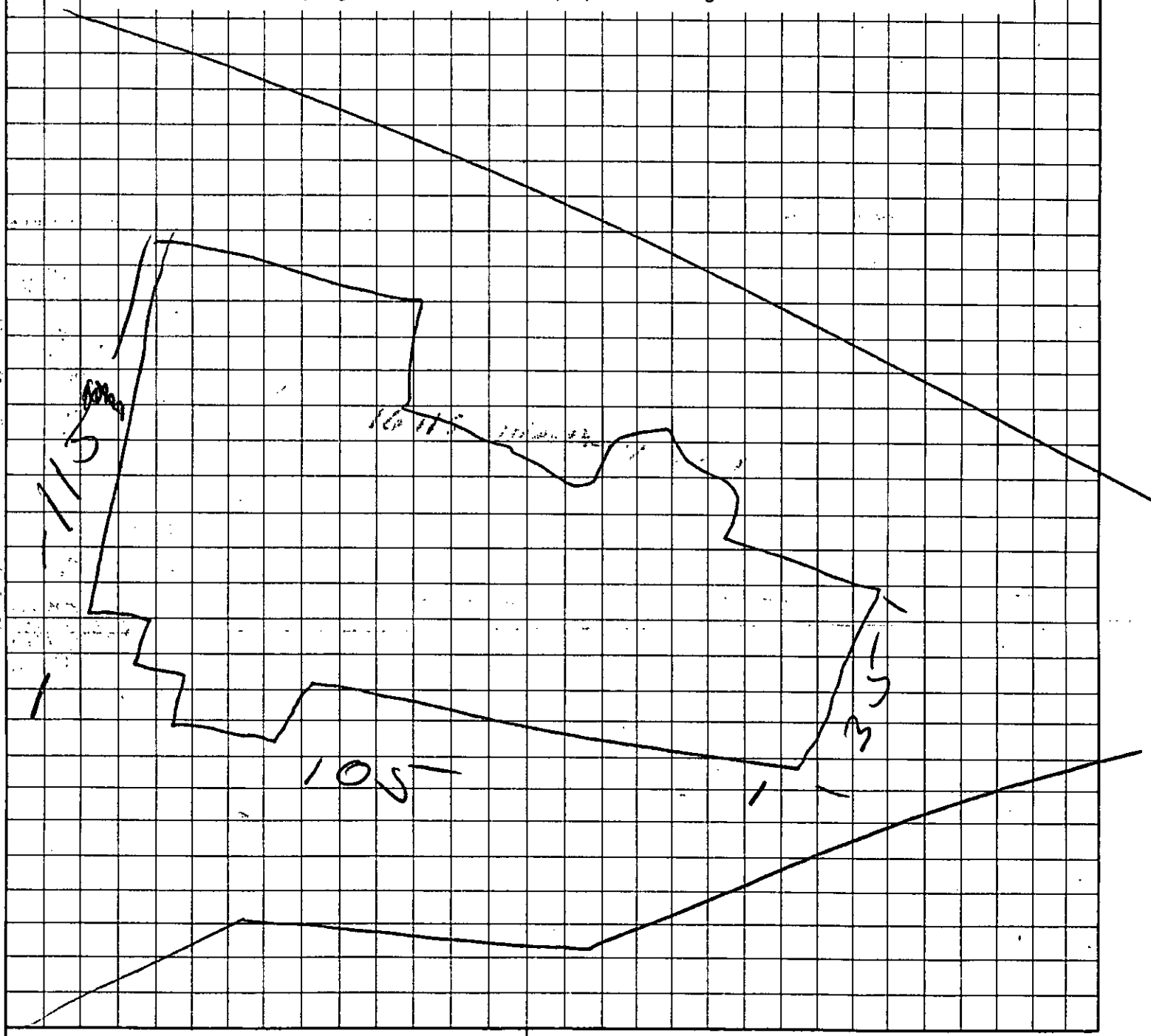
# PROPOSED PLOT PLAN

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

FILE: 34/77A

TC: 001-452-57

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



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

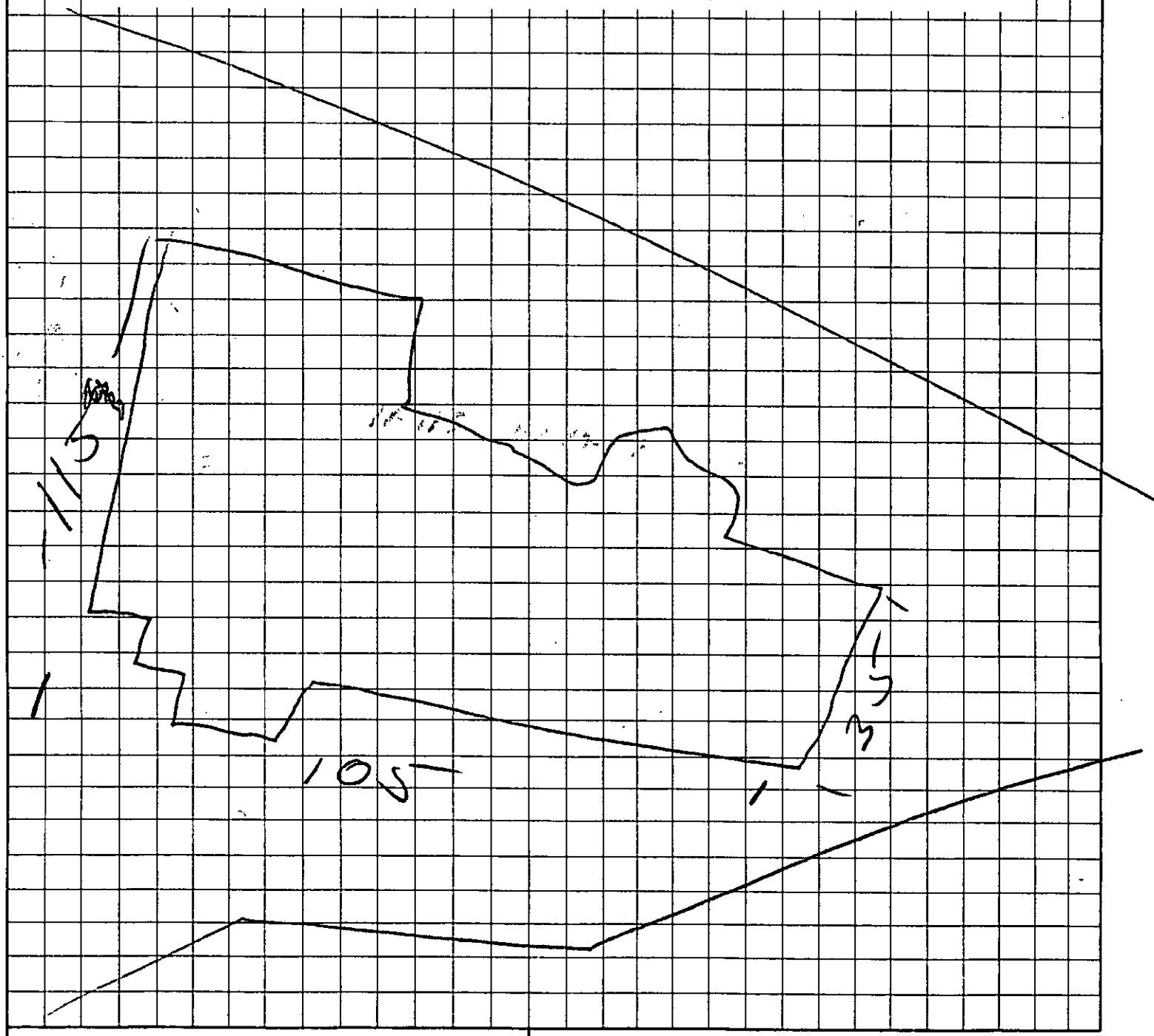
# PROPOSED PLOT PLAN

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

FILE: 34/77A

TC: 001-452-57

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




APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

3477A

Date Issued 9 Feb 77

Serial No. 0449

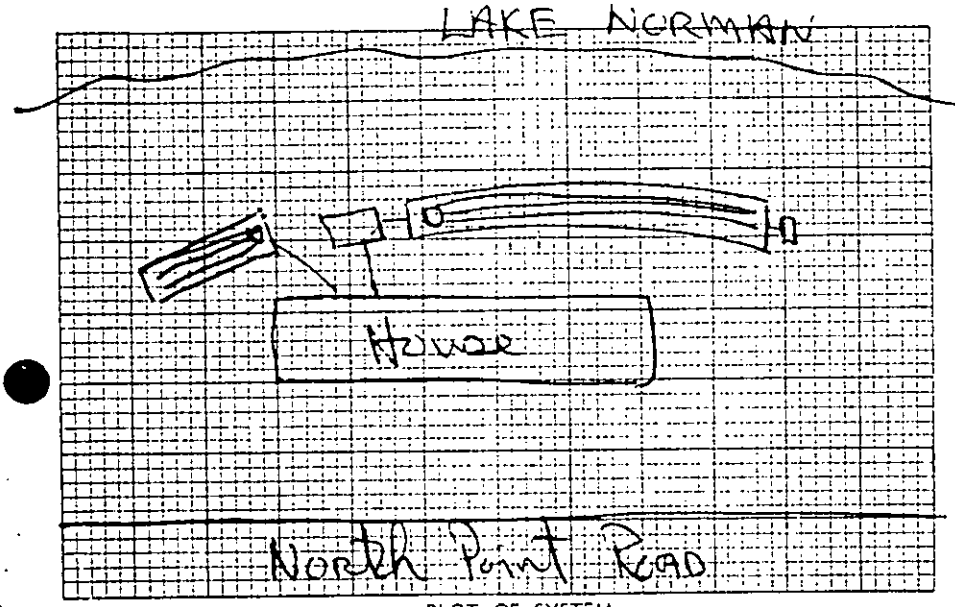
ICAR(S) Permit No. 10843

T. C. No. 001-201-02

Map Date 2-21-75

# 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 10843, dated 6-17-76 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 _____, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 795' - 200'

Number of Lines 4 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Youngblood, J.

LOCATION OF PROPERTY North Point Road

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.

Comments: aeration pit

→ Septic system uncovered - matches up exactly with drawing

→ new house needs moved 11' up the hill

J. M. Reynolds
Environmentalist

Division or Section Head

* 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.

EHD-5-76

**Environmental Health Department's Copy**

Appears to be original File No. → (10843)

THOMAS SIEMIENIK

704-201-8107 CELL

704-846-4561 HOME

16115 Weathervly Way

FAX 846-4561 3477A Does Not Appear to be 001-452-57 original file No

*Mecklenburg County, North Carolina*

# POLARIS

***Property Ownership Land Records Information System***

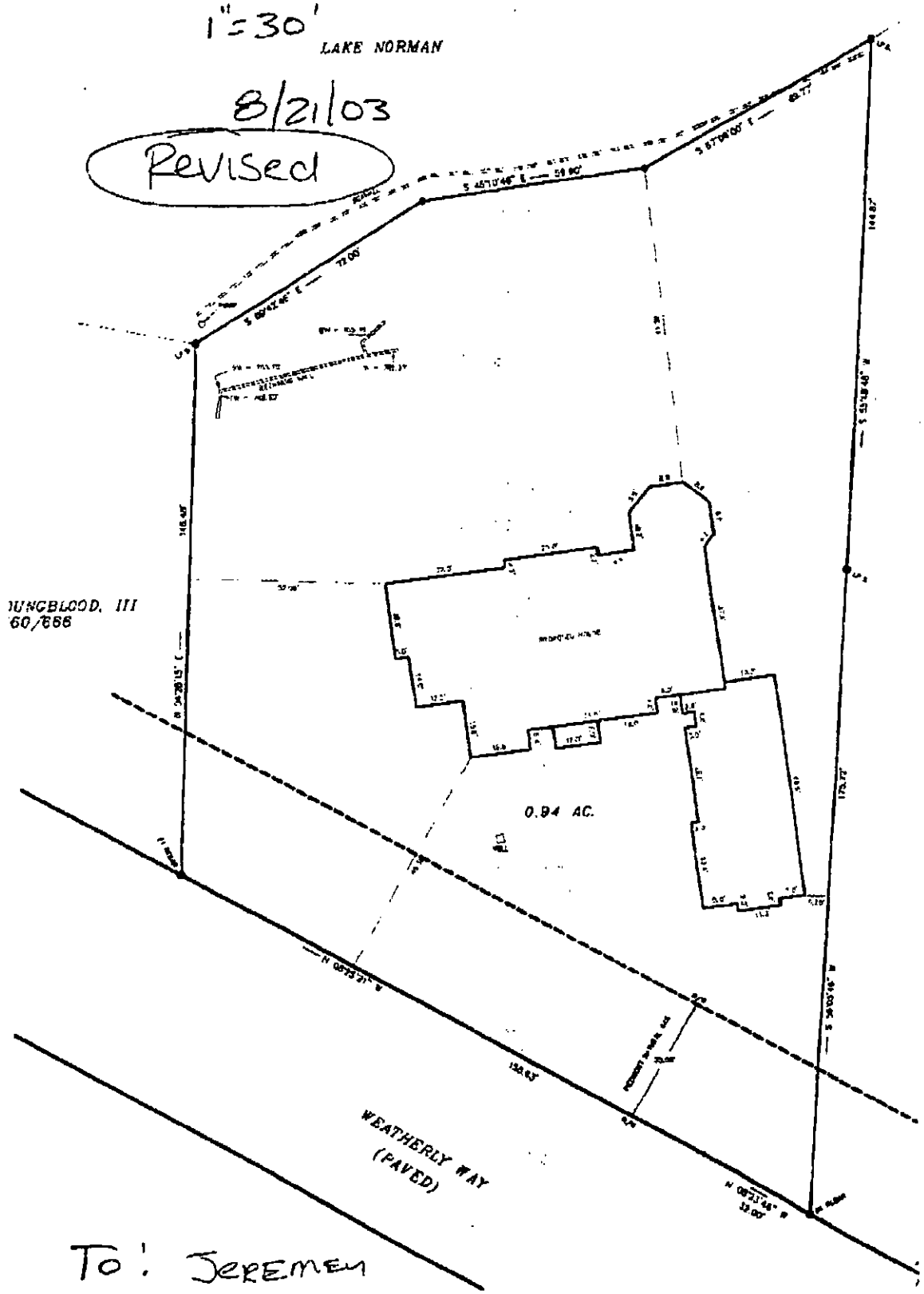
Date Printed: Mon Jul 14 15:45:19 EDT 2003




This map 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 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.

# 16115 WEATHERLY WAY

1"=30'




To: JEREMEY

From: WALT PENWARDEN

Date Received 6/ | MECK COUNTY DEPARTMENT OF RECEIVED JUN 17 1976 | Permit No. (S) _____ Application No. (W) 10843

T. C. No. 001-201-02

Map Date 2-21-25

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Youngblood (LAST) John (FIRST) Franklin III (MIDDLE)

ADDRESS OF OWNER 125 Holiday Ct., Charlotte, NC ZIP 28210

PHONE NO. Home 525-0147 Office 332-7609

LOCATION OF PROPERTY North Point Rd. (STREET OR COUNTY RAOD)

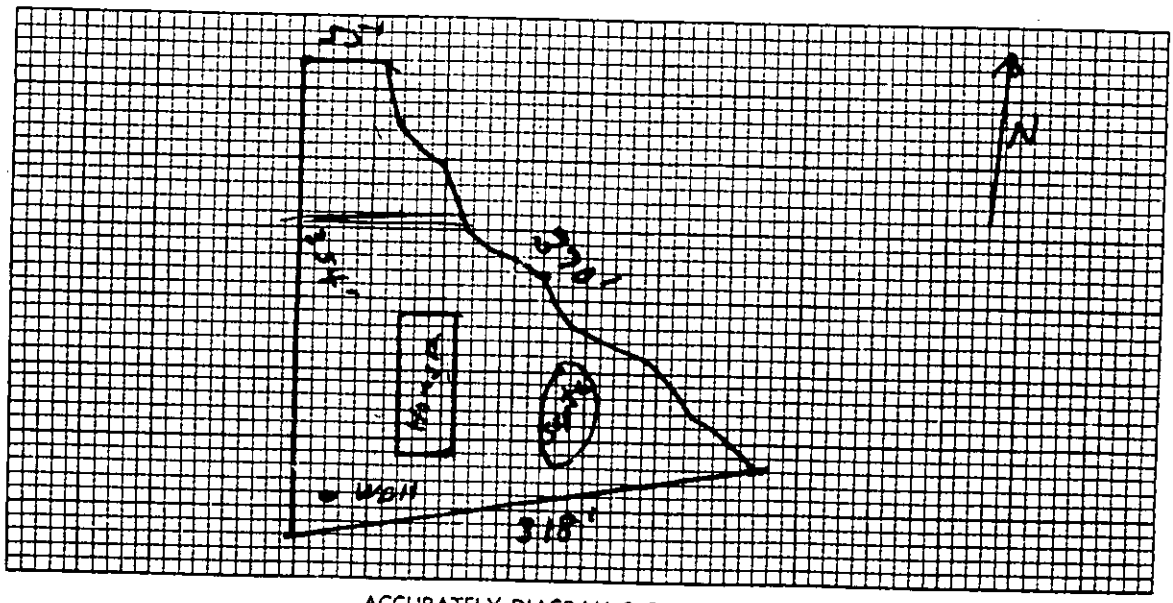
SUBDIVISION Lemly Township ~~LOT NO.~~ Lake Norman BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____ FHA LOAN _____

DEED REFERENCE: DEED BOOK 3172 PAGE NO. 526 VA LOAN _____

WELL CONTRACTOR McCall Brothers LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:




ACCURATELY DIAGRAM & DIMENSION LOT

6-17-76
DATE OF APPLICATION

John Franklin Youngblood III
OWNER

Application approved and permit hereby granted

Permit No: 10843

E. M. Reynolds
ENVIRONMENTALIST

7/17/76

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

Date Issued 11 Feb 77 Serial No. 0450 C of A (s) No. 10843

T. C. No. 021-201-07

CERTIFICATE OF COMPLETION

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## ENVIRONMENTAL HEALTH DIVISION

**CERTIFICATE OF APPROVAL**

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

Name of Owner Youngblood, J. (LAST, FIRST, MIDDLE)

Location of Property North Point Road

Application Number 10843 Permit Number 10843

**Inspection Data:**

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 295-200' Number of Lines 4-3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 11 Feb 77 (DATE) Tank Inspected 11 Feb 77 (DATE)

Nitrification Field Inspected 11 Feb 77 (DATE)

Washing Machine Line Inspected, If Applicable 11 Feb 77 (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: aeration O.K.

G. M. Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy

MECK COUNTY DEPARTMENT OF

RECEIVED

JUN 17 1976

SEE INSTRUCTIONS ON BACK

Date Received 6/17/76

ICAR(S) Application No. 10843

T. C. No 001-201-02

Map Date 2-21-75

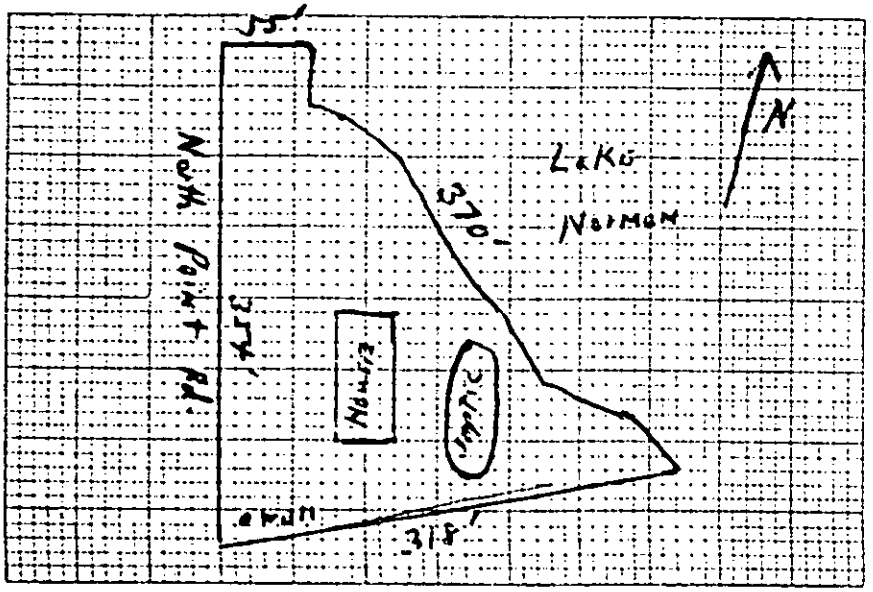
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**Application for an**
**Installation, Construction, Alteration, and/or Repair Permit**
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge




3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 4

5) Business Use Max No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ✓ Yes ___ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply:
- A) Individual Well ✓
- B) Governmental System ___
- C) Community System:
  - 1. Well source ___
  - 2. Governmental source ___

10) Sewage System:
- House located within 200 feet of public sewer ___ Yes ✓ No
- House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Youngblood (LAST) John (FIRST) Franklin III (MIDDLE)

14) ADDRESS OF OWNER 125 Holiday Ct. Charlotte, N.C.

15) PHONE NO. Home 525-0147 Office 332-7609

16) LOCATION OF SYSTEM North Point Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lemly Township ~~Lot No.~~ Lake Norman Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3172 AT PAGE 526

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 4/14/76 → LOD

20) PTR NUMBER (See Instructions) 10843

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

6-17-76
DATE OF APPLICATION

John Franklin Youngblood III
OWNER

FORM NO. E-4-4-2M-6-785

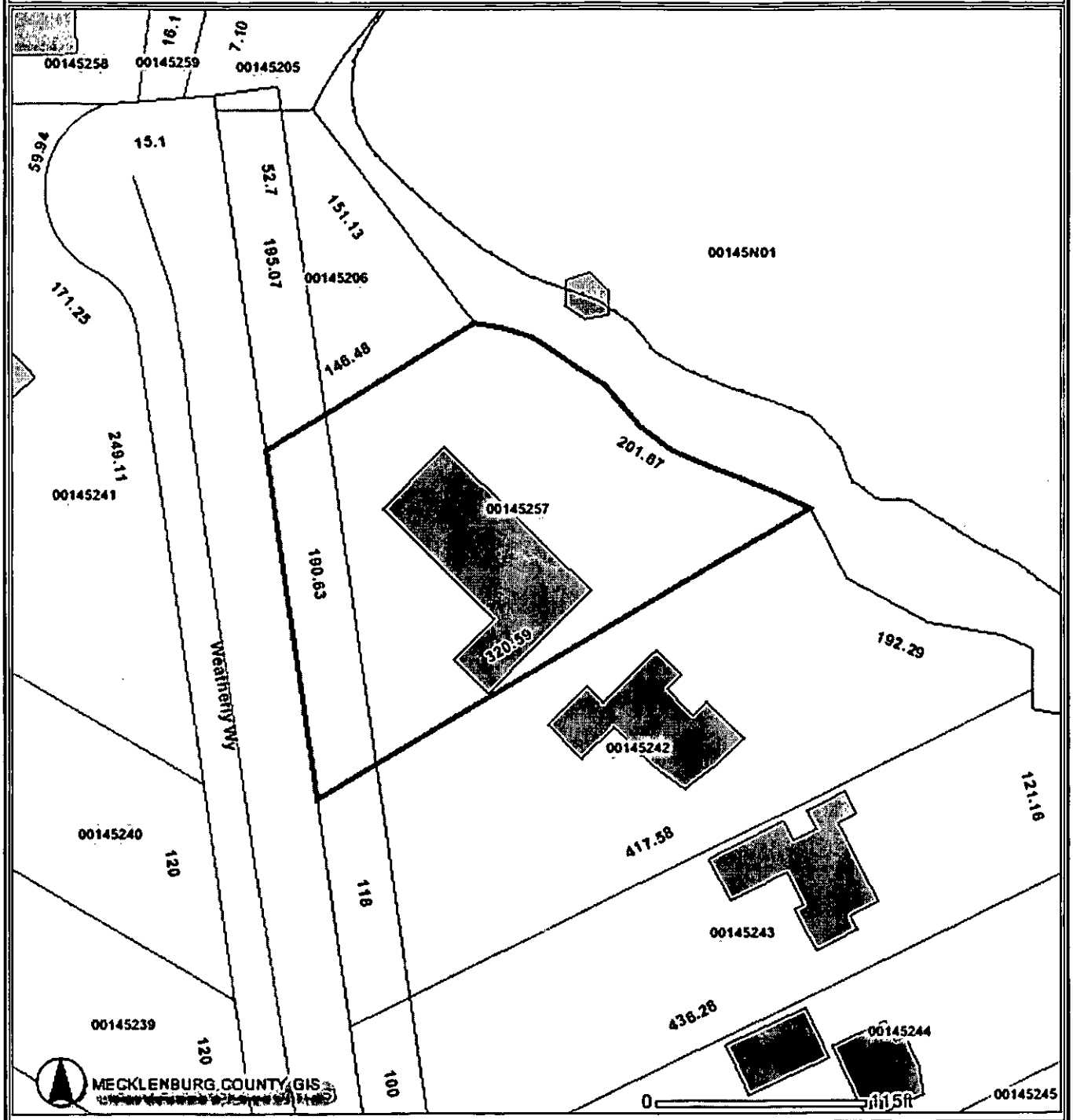
HEALTH DEPARTMENT'S COPY

*Mecklenburg County, North Carolina*

# POLARIS

***Property Ownership Land Records Information System***

Date Printed: Fri Aug 1 08:10:09 EDT 2003




This map 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 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.

# PROPOSED PLOT PLAN

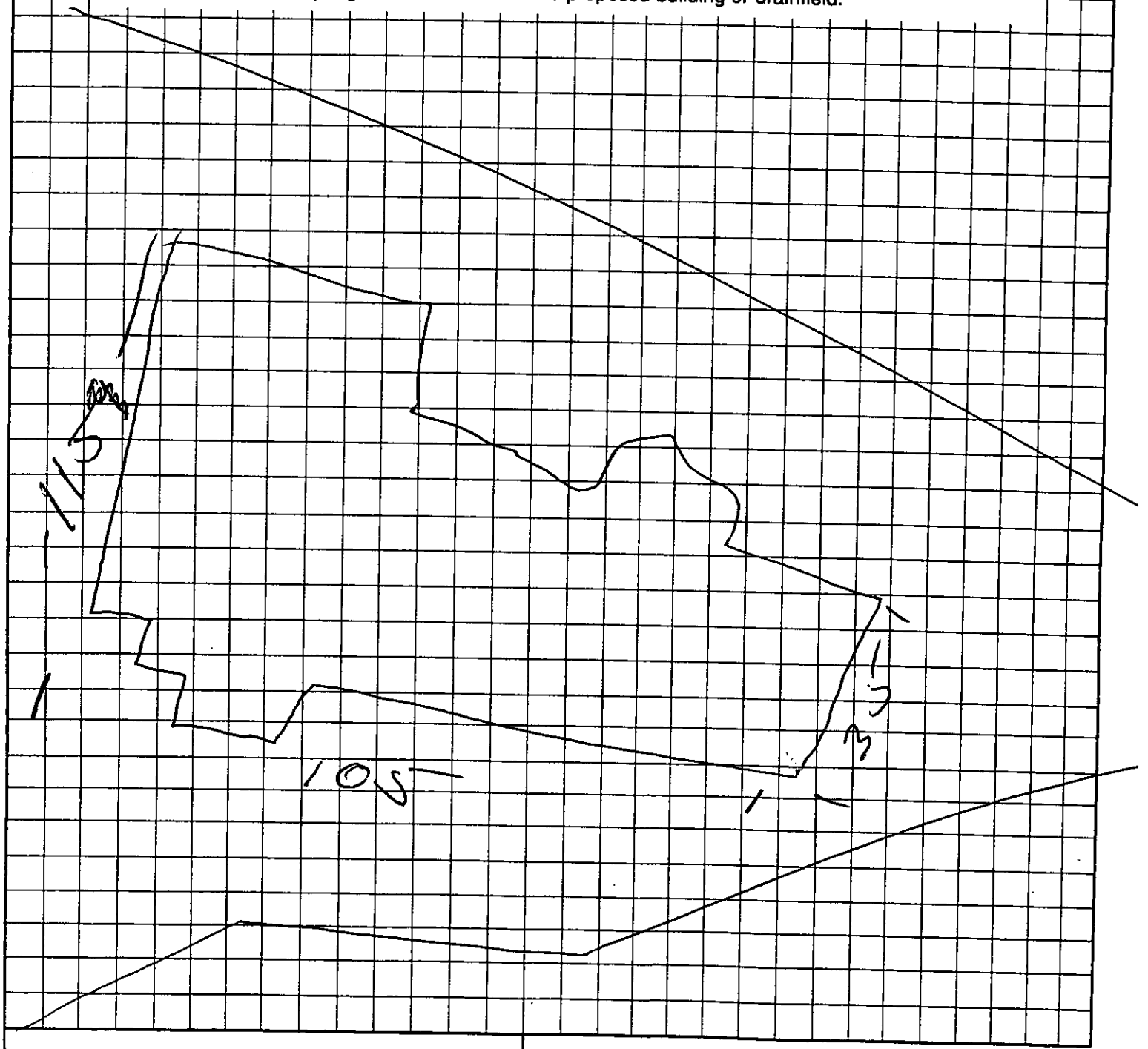
COPY

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

FILE: 34/77A

TC: 001-452-57

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




OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

6/15/88 Pd 100 - CK#536 SR

# APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 3477A
TC:
SERIAL: № 16346 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16109 (STREET NO.) Weatherly Way (STREET) ② FILE:
③ JURISDICTION: Mecklenburg County ④ TAX PARCEL NO.: 001-452-06 pp
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: DAVID (FIRST) ALBERT (MIDDLE) CLERY (LAST)
⑨ MAILING ADDRESS: 7532 Mariner Cove Drive
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 704-875-6163 ⑭ (HOME) 704-892-7630

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Type?
㉔ Maximum occupancy? 3
㉕ Maximum number of employees?
㉖ Basement? ☒ yes ☐ no
㉗ Maximum number of seats?

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

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 HEALTH DEPARTMENT to enter upon the property for the purpose of processing this request.

Signed: David A Clery
Date: June 7, 1988

## IMPROVEMENT PERMIT

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:

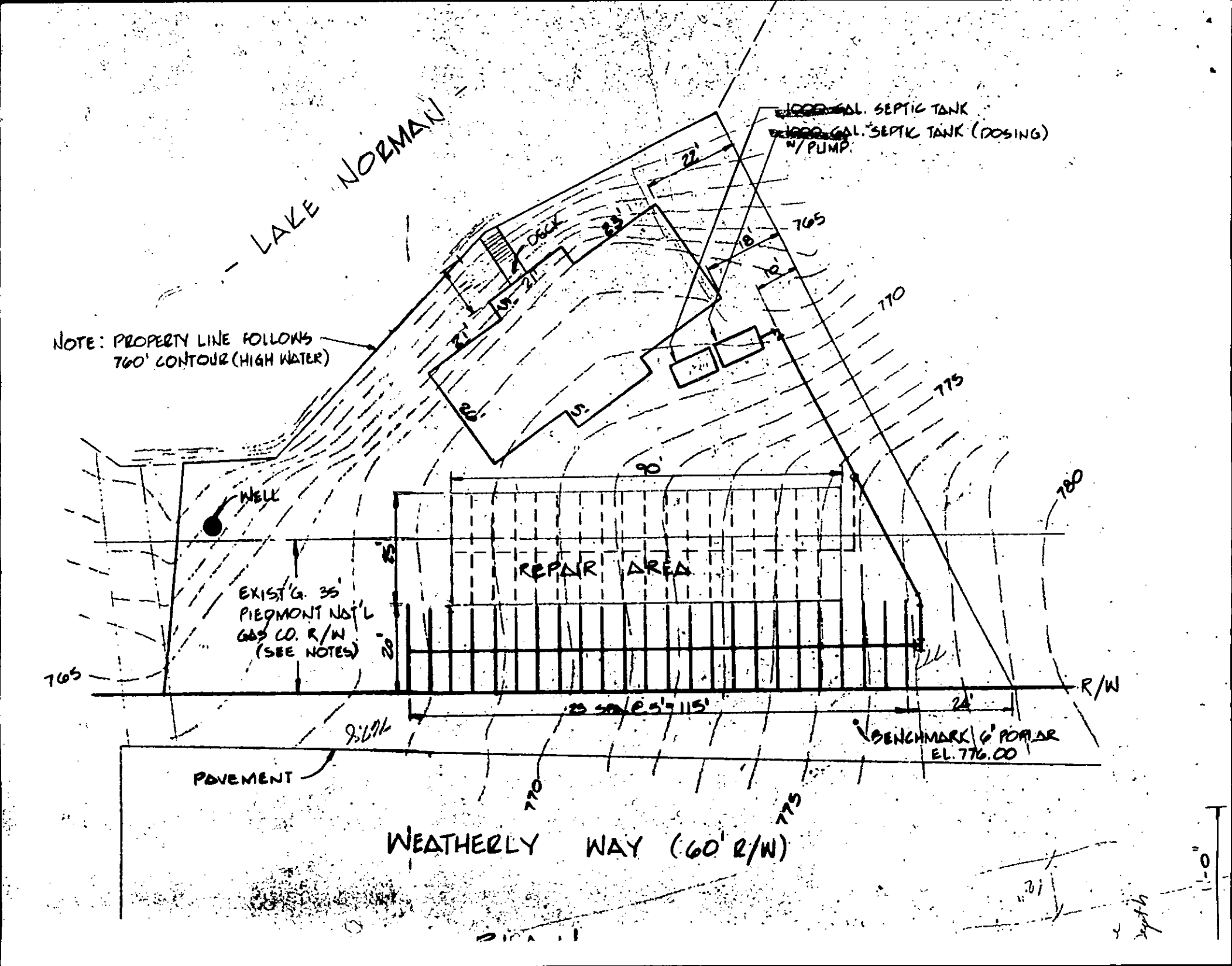
... No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair permit is issued by this Department.

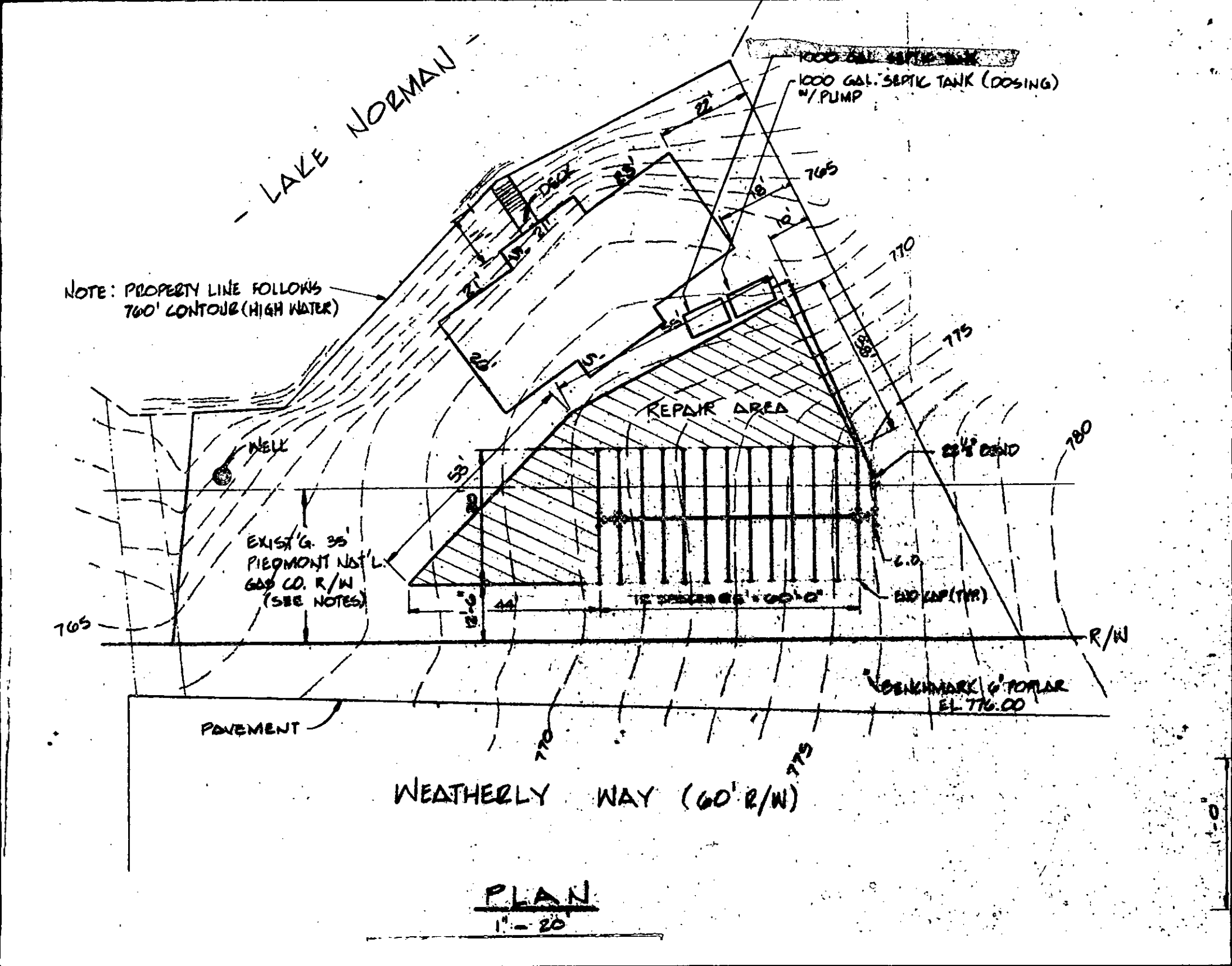
... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

• This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.


LAKE NORMAN
1000 GAL. SEPTIC TANK
1000 GAL. SEPTIC TANK (DOSING) W/ PUMP
NOTE: PROPERTY LINE FOLLOWS 760' CONTOUR (HIGH WATER)
DOCK
22'
23'
18'
12'
21'
35'
20'
5'
765
770
775
780
WELL
90'
REPAIR AREA
EXIST'G. 35' PIEDMONT NAT'L GAS CO. R/W (SEE NOTES)
65'
20'
R/W
25 SQ/ES'g 115'
24'
BENCHMARK 6" POPLAR EL. 776.00
9.6%
POVEMENT
WEATHERLY WAY (60' R/W)


LAKE NORMAN
1000 GAL. SEPTIC TANK (DOSING) W/ PUMP
NOTE: PROPERTY LINE FOLLOWS 760' CONTOUR (HIGH WATER)
DECK
REPAIR AREA
WELL
EXIST'G. 35' PIEDMONT NAT'L. GAS CO. R/W (SEE NOTES)
END CAP (TYP.)
R/W
BENCHMARK 6" POPLAR EL. 776.00
PAVEMENT
WEATHERLY WAY (60' R/W)
765
770
775
780
22'
18'
10'
65'
35'
20'
5'
44'

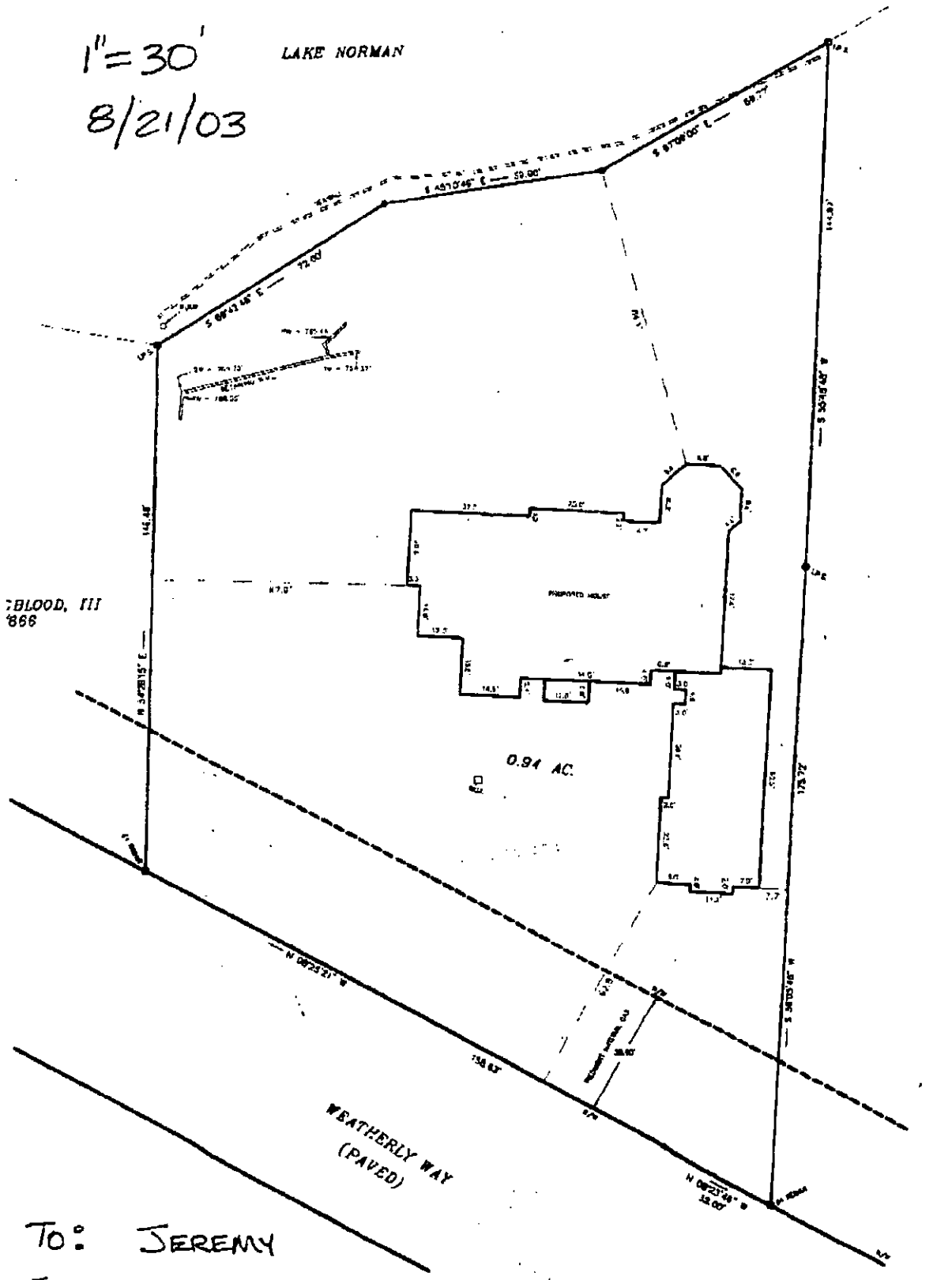
PLAN

1" = 20'

16115 WEATHERLY WAY

1"=30'

8/21/03




To: JEREMY

FROM: WALT PENWARDEN

133
6
198

# Zoning Enforcement System

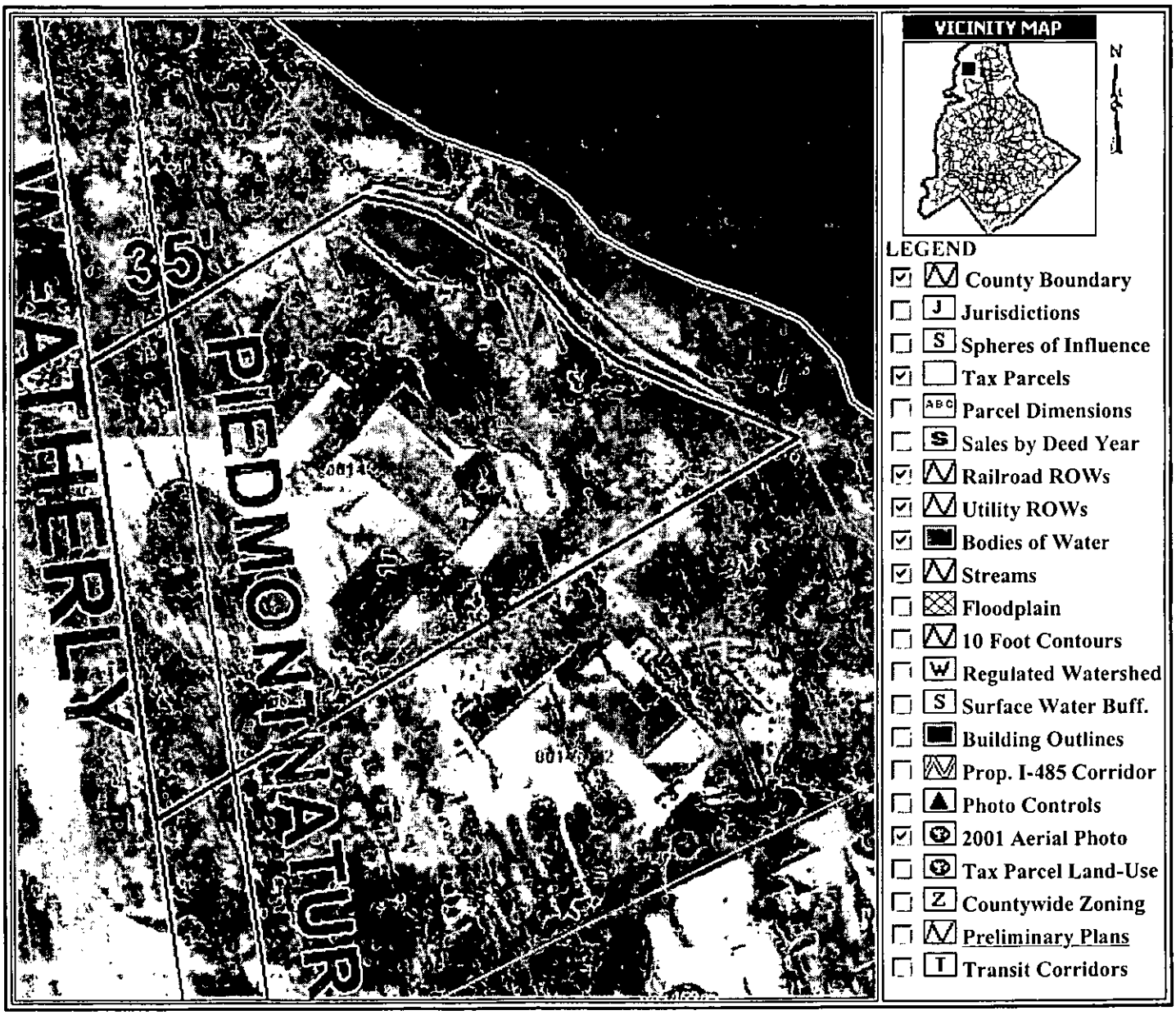
**Mecklenburg County, NC Geographic Information Systems**

Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

**Click on Map to Perform Operation**

◉ Refresh Map ○ Pan ○ Zoom In ○ Zoom Out Zoom Factor [1X] ○ Identify [Parcels] ○ Surveyor's Report

○ Adjoining Owner's Report within [10 FEET] ○ Measure [Start Line] Label Parcels by: [Parcel-Id(PID)]




Click here to submit questions or comments about the information shown on this page.

**Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:**

[Tax Information System]