

16205 LEEWARD LN

00182101

1/9/2008

duponbj

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

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

NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6109B Permit #: _____ Tax Parcel #: 001-821-01

Property Owner: THEODORE GAILLARD

Job Location Address: 16205 LEEWARD LANE

City: HUNTERSVILLE State: NC Zip Code: 28078

Operation Permit Issuance Date: _____ Contractor Name: RAY'S

Posted 6/2/06

Permitted Design Flow: 600 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Effluent Pump Model: 1/3 HORSE

Drainfield Installation ☐ N/A

Trench Depth: 24 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 500 feet

# of Lines: 6 @ VARYING feet

Depth of Media: 12" inches (Type) Quik 4'

Depth of Cover: 12 inches

Distribution Device: DROP CHAMBERS

Inspection Dates

Tank(s) Inspected: 5/19/06

Excavation Inspected: 5/19/06

Pump & Controls Inspected: 5/19/06

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

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

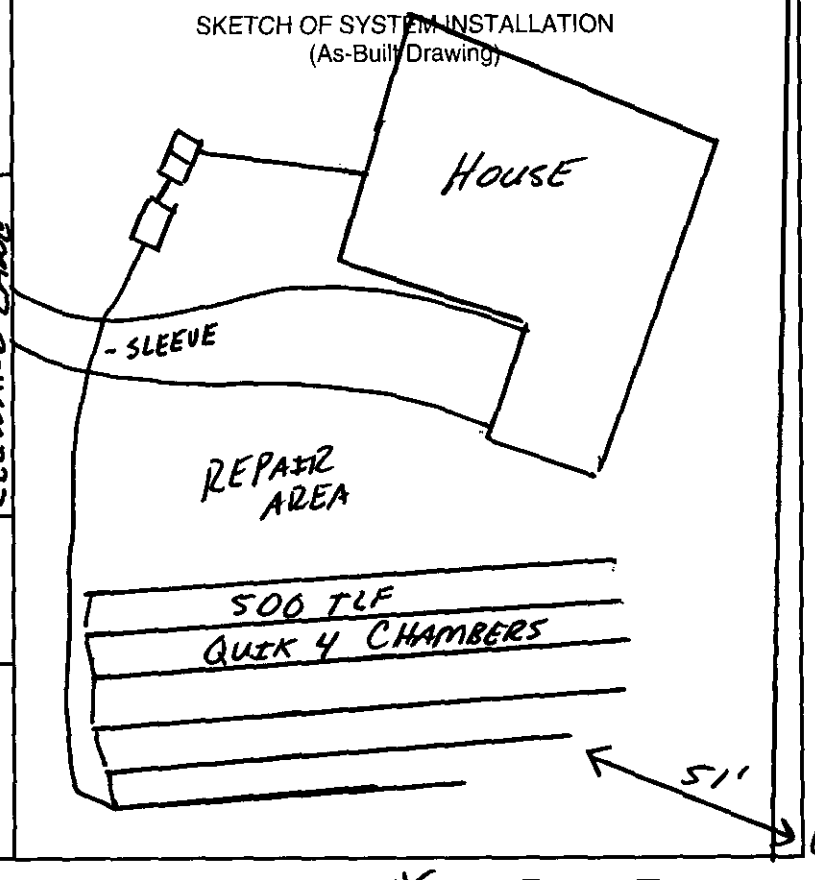
System Installation Setbacks

Distance from Building Foundation: >75' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: 51' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: TYPE IIIb PUMP TO INNOVATIVE SYSTEM

DENR Authorized Agent: Jeremy Nicholson, R.S. Signature: Jeremy Nicholson, R.S.

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700 N. Tryon St., Suite 211 Charlotte, NC 28202
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NC DENR
Division of Environmental Health
On-Site Wastewater Section

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

File #: 6109B Permit #: _____ Tax Parcel #: 001-821-01

Property Owner: THEODORE GAILLARD

Job Location Address: 16205 LEEWARD LANE

City: HUNTERSVILLE State: NC Zip Code: 28078

Installation Approval Issuance Date: 4/20/06

Permission is hereby given to ☒ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5/20/06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 600 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: 1500 gallons

Drainfield Design ☐ N/A

Trench Depth: 30" inches

Trench Width: 3' feet

Line Spacing: 9' feet (O.C.)

Total line length: 500 feet

# of Lines: 5 @ 100 feet

Depth of Media: 12" inches (Type) INV.

Distribution Device: PRESSURE MANIFOLD

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

Bed Depth: _____ *inches*

Bed Width: _____ *feet*

Total line length: _____ *feet*

# of Lines: _____ @ _____ *feet*

Depth of Media: _____ *inches* (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

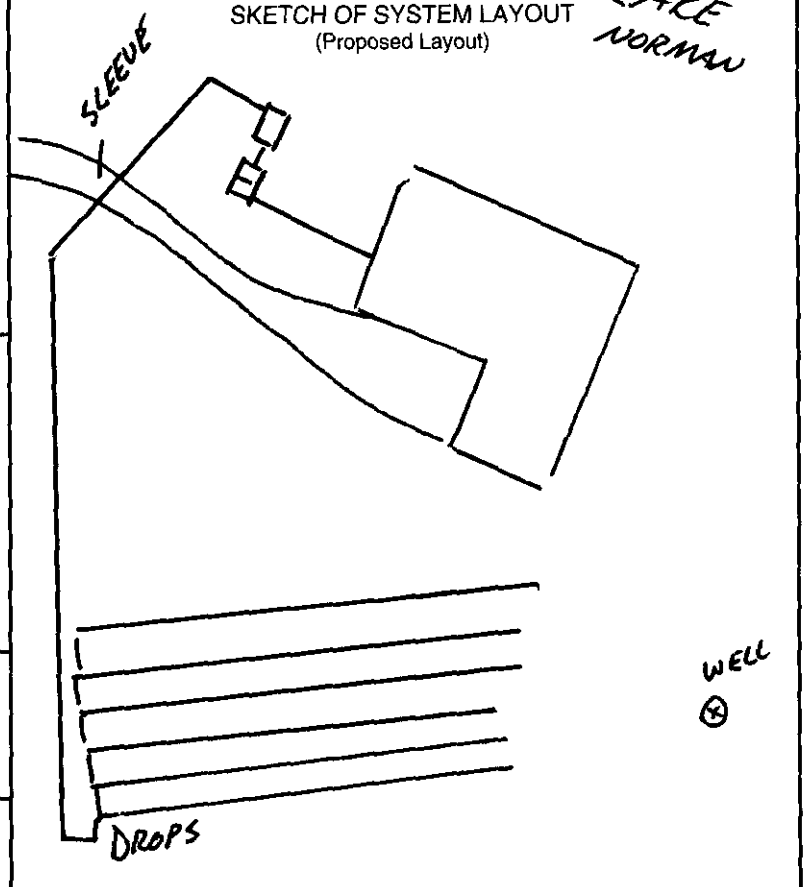
Minimum System Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 50' feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type:

TYPE III b Pump TO INNOVATIVE SYSTEM

DENR Authorized Agent: Jeremy Micholone R.S. Signature: Jeremy Micholone, R.S.

Already Paid

FEE: 100.00
DATE: 8/26/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

LD 141353

ACS

PERMIT NUMBER: 6109B
PARCEL NUMBER: 00182101

JOB LOCATION ADDRESS: 16205 Leeward Lane
PROPERTY OWNER: Theodore & Jill Gaillard
BUILDING CONTRACTOR: Tom Manly
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 09/07/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 6109B, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:
   Agreement Forms on file before CA release.

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **6109B** Tax Number: **00182101**

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

0.3 Long-term acceptance rate (GPD/ft^2)	**600** Max gallons/day wastewater flow	**1500** Absorption Area (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**500** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	**1500** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **Yes** Type: **Lake Norman** Minimum separation distance (ft): **50**

Additional conditions: **Agreement Forms on file before CA release.**

Repair Area System

Type: ☐ I ☐ II ☒ III ☐ IV ☐ V ☐ VI

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

1500 Absorption Area (ft^2) **500** Total trench length (ft)	**NA** Depth of stone (in)	**9** Trench spacing (min. on centers) (ft)	**30** Maximum trench depth (in)

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

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

*** This Improvement permit is transferable.

Tony Mullis R.S. 9/7/05

DENR Authorized Agent Date

Owner/Agent Signature Date

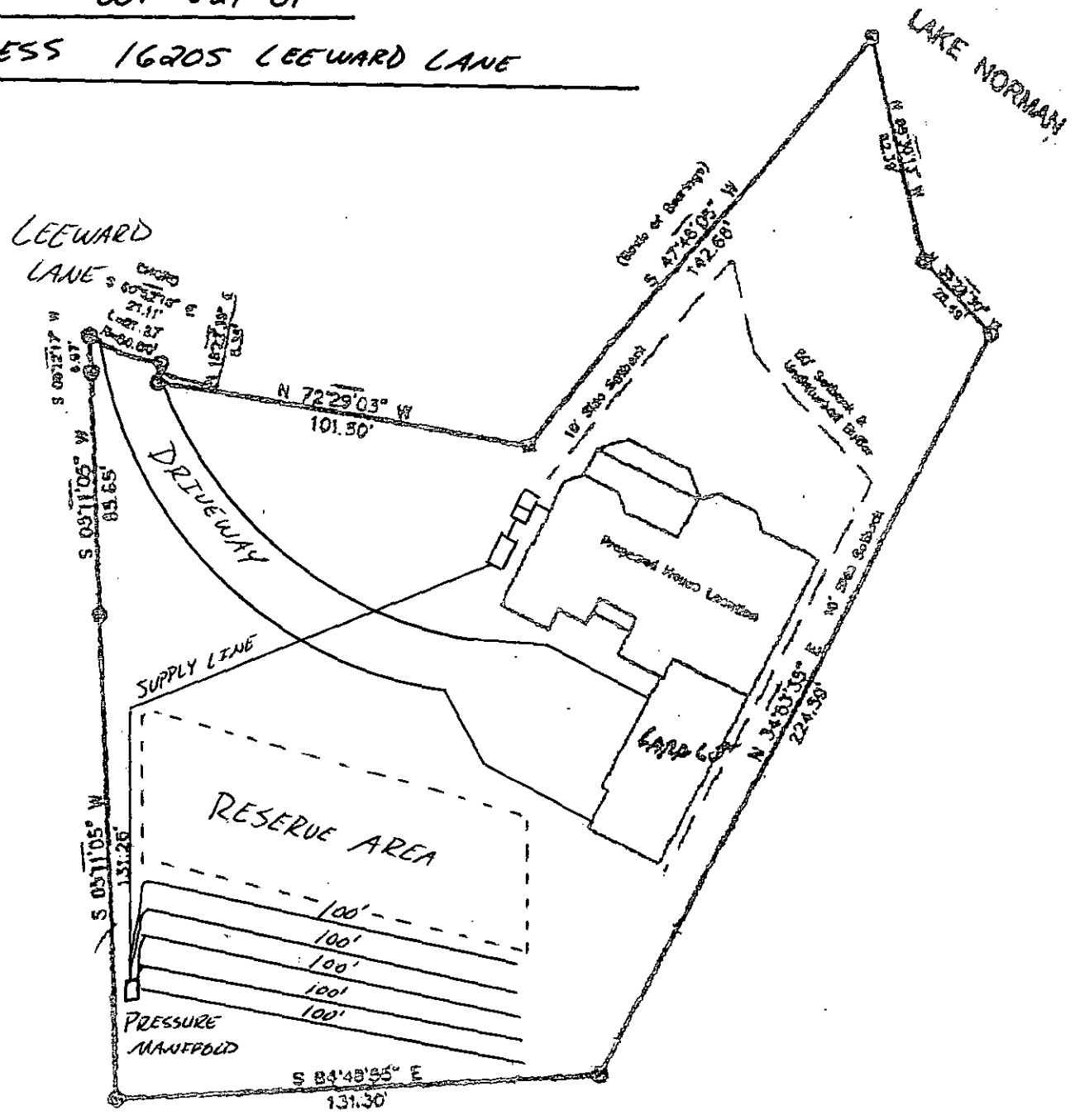
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE # 6109B

T. C. 001-821-01

ADDRESS 16205 LEEWARD LANE



COMMENTS:

→ FIVE BEDROOM HOUSE
→ 1500 GALLON SEPTIC TANK
→ 1500 GALLON PUMP TANK
→ INSTALL 5 LINES x 100' x 3' (500 TLF)
→ TYPE III 9 PUMP TO INNOVATIVE SYSTEM & REPAIR
→ PRESSURE MANIFOLD

X

Tommy Mabe, R.S. 9/7/05

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

Sheet: 1 of 2
Property ID # 001-821-01
Lot #: 3
File #: 6109B
Code: 2

ACS

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Theodore & Jill Gaillard
Address: 10320 Rememberance Trail, Huntersville, N. C. 28078
Proposed Facility: Residence Design Flow (.1949): 600gpd
Location of Site: 16205 Leeward Lane
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant:
Date Evaluated: 8/31/05
Property Size: .89a
Property Recorded:

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
1	LS, 8	0-12	COMPACTED	FILL	>46" TO SOIL WETNESS	46	N/A	NONE	PS, IV .3GPD/FT^2
		12-25	SBK/C	FI/SEXP/S/P					
		25-46	SBK/CL	FR/SEXP/SS/SP					
2	LS, 10	0-6	GR/CL	"	>48" TO SOIL WETNESS	48	"	"	"
		6-48	SBK/C	FI/SEXP/S/P					
3	LS, 8	0-7	GR/CL	FR/SEXP/SS/SP	>48" TO sOIL WETNESS	"	"	"	"
		7-38	SBK/C	FI/SEXP/S/P					
		38-48	SBK/CL	FR/SEXP/SS/SP					

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

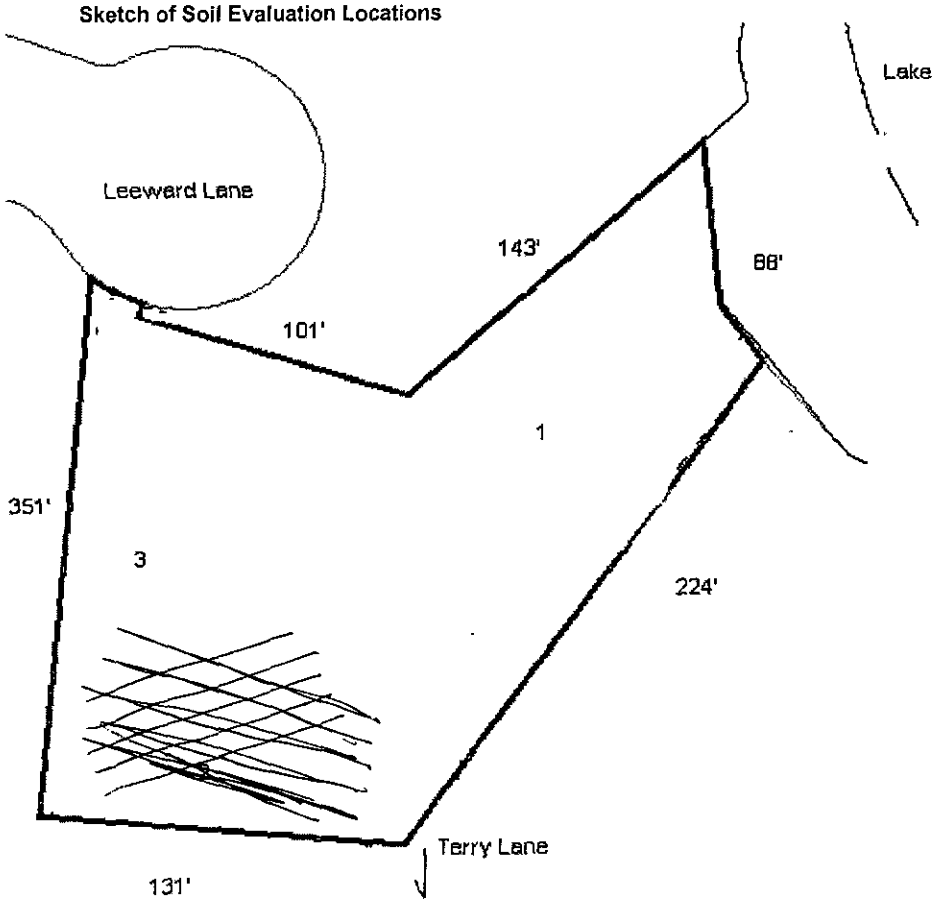
Other Factors (.1946):
Site Classification (.1948): UNSUITABLE
Evaluated By: W. R. Marlin, LSS, 9/2/2005, W. R. Marlin
Others Present:

COMMENTS:
Not sure if 100% repair is required

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Food Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations



711

GWS – RES. APP 12/04

SEPTIC FEE: $505.00 W30
DATE: 9.26.05
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CRT [ ]

FILE # 61095

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 001-821-01
STREET ADDRESS: 16205 Leeward Lane
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

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

HEATED SQUARE FOOTAGE: 5,000
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☒ NO TYPE:

WATER SUPPLY:

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

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☒ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☒ NO	DESIGNATED WETLANDS	☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☒ YES ☐ NO

YEARS AGO WAS A HOUSE THERE

PROPERTY OWNER:

NAME: Theodore & Jill Equillard
ADDRESS: 16205 Leeward Lane
CITY: Huntersville
STATE: NC ZIP: 28078
HOME PHONE: 895-0289 WORK PHONE: 996-6385
MOBILE PHONE: 704-904-0705 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? May 31, 2006

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

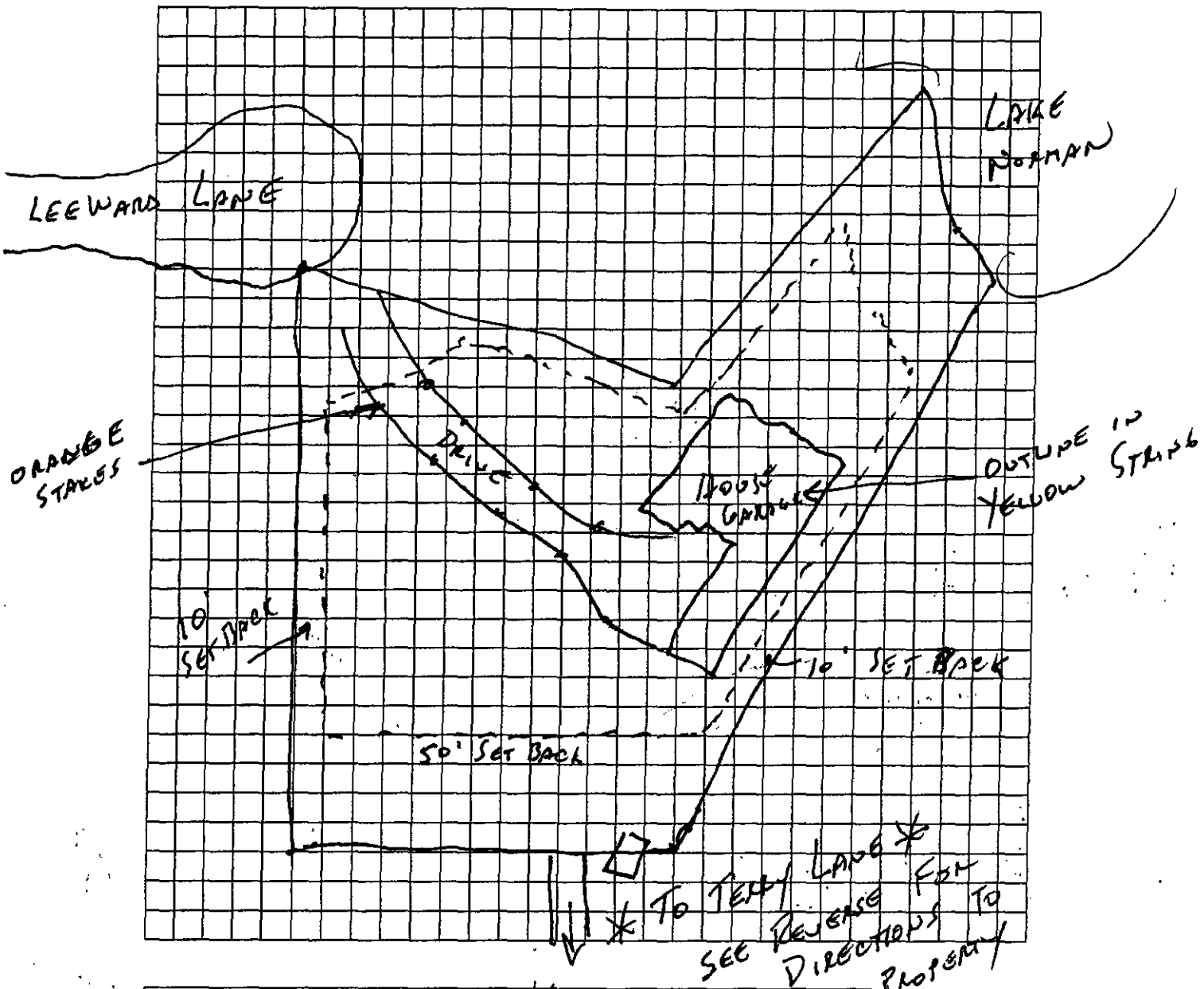
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

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 #_____
Date_____

PROPOSED PLOT PLAN

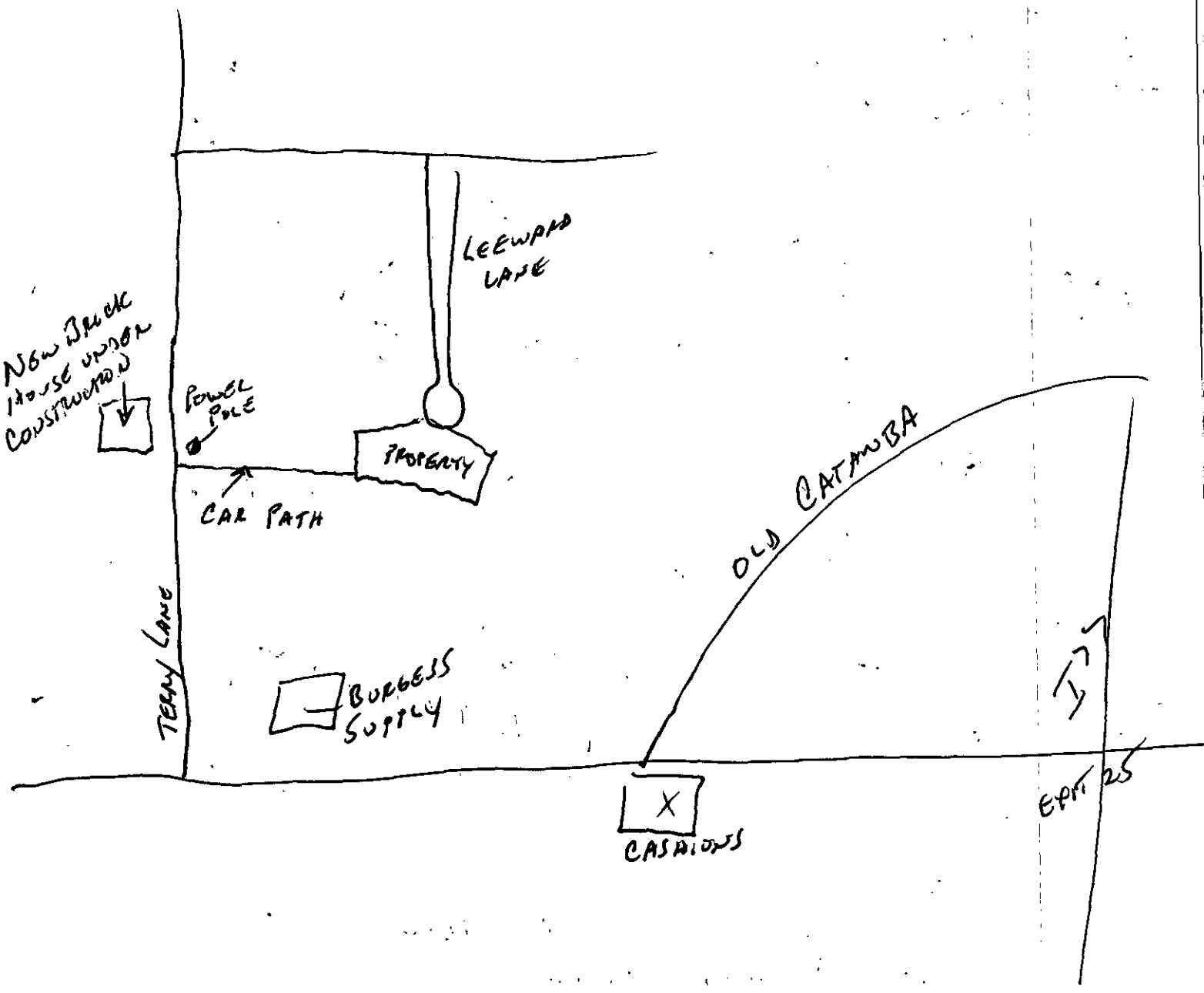
A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal 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	Jill Gaillard
Date	8/26/05

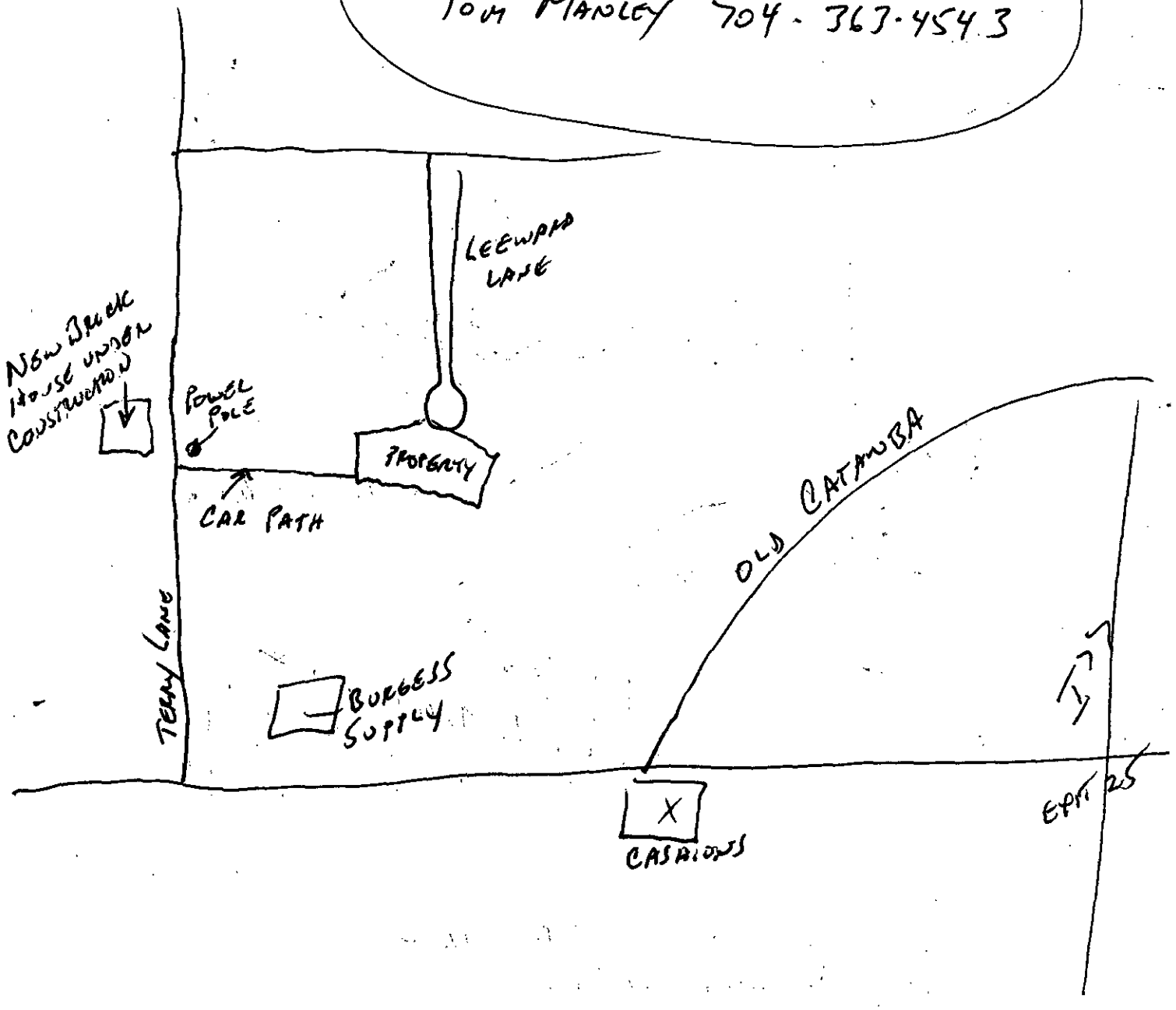
PLEASE SEE ATTACHED PLOT PLAN FOR ADDITIONAL DETAIL.

LBC 12/15/04


LEEWARD LANE
NEW BRICK HOUSE UNDER CONSTRUCTION
POWER POLE
PROPERTY
CAR PATH
TERRY LANE
BURGESS SUPPLY
OLD CATAWBA
I
EXIT 25
X
CASA DONS

Directions

FOR ANY QUESTIONS
PLEASE CALL
TOM MANLEY 704-367-4543



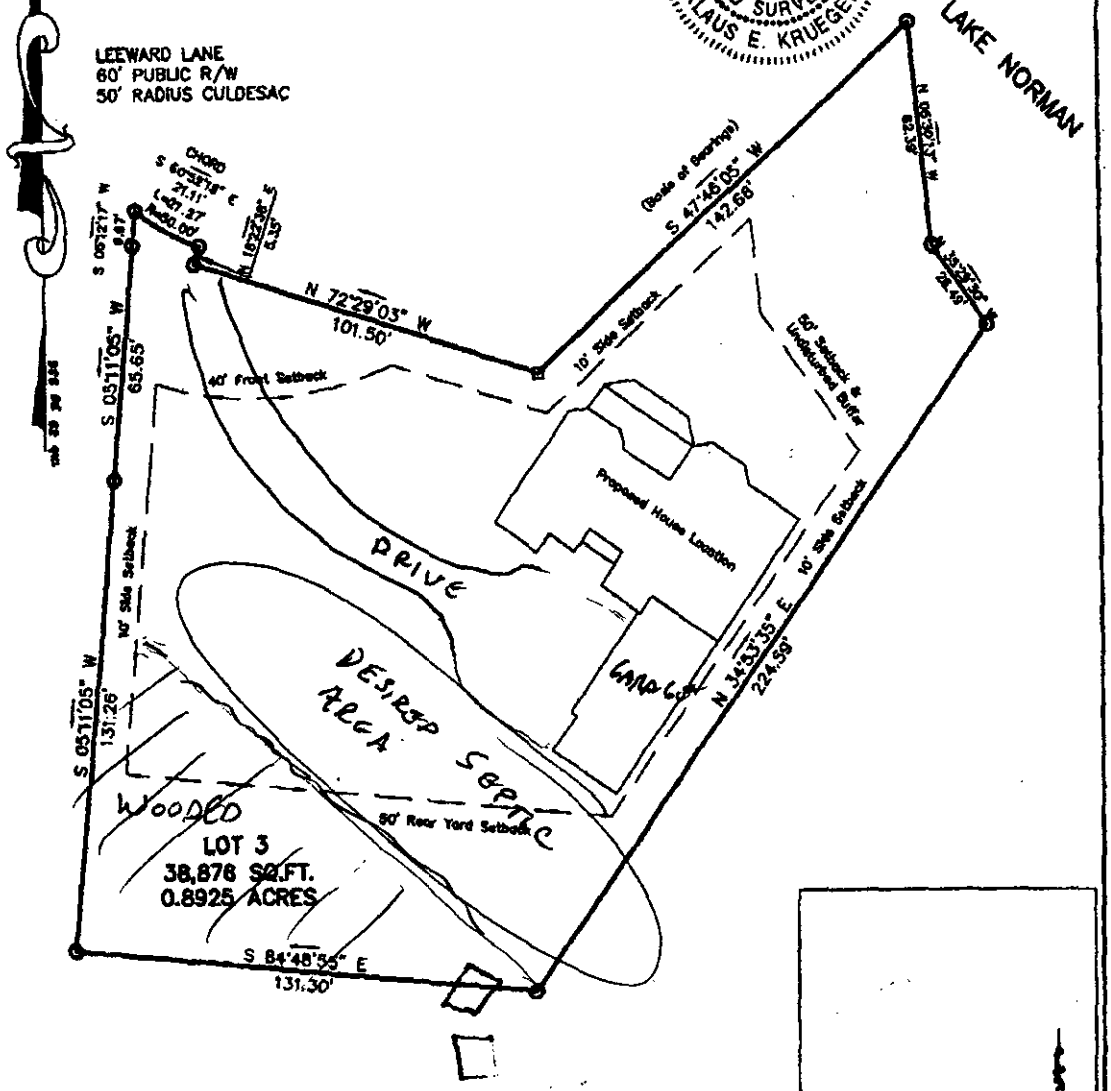
PINNACLE LAND SURVEYING, PA

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

© PINNACLE LAND SURVEYING, PA

KLAUS E. KRUEGER PLS L-3808

NORTH CAROLINA PROFESSIONAL SEAL L-3808 LAND SURVEYOR KLAUS E. KRUEGER



VICINITY MAP - Not to Scale

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 Ratio Error of Closure was better than 1:10,000.
I did not do a full title search on this property.

This Building Pad is located in Zone X - (Areas determined to be outside 0.2% chance annual floodplain) as shown on FIRM map Panel 3711910 0045 E dated February 4, 2004.

This property is located in the Lake Norman Watershed Area Class- (CA) - Critical Area There are several restrictions associated with this class which may apply to this property.

0 20 40 80
1 inch = 40 ft.

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

For Builder:
Tom Manley
Plot Plan for:

DATE of:
Survey 01/10/05
Drawing 08/17/05
Job No: 4231
File: 16205LeeWardPP
Drawn by: KEK

16205 LEEWARD LANE
HUNTERSVILLE, NORTH CAROLINA 28078
Town of Huntersville, MECKLENBURG COUNTY

Map Recorded in Map Book 39 Page 936
Lot 3, Vallabhbhai N. Patel Property

Deed Recorded in Deed Book 16043 Page 456
Tax Parcel # 001-821-01

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/26/05	**Amount:**	200.00
Receipt #:	36618	**Tendered:**	200.00
Check / Auth #:	CHECK 6360	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: X34356
Contractor: MANLEY CUSTOM HOMES INC
Attn:
Address: 19809-B N COVE RD
Address: STE 103
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 16205 LEEWARD LN		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/26/05	**Amount:**	150.00
Receipt #:	36619	**Tendered:**	150.00
Check / Auth #:	CHECK 6360	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: X34356
Contractor: MANLEY CUSTOM HOMES INC
Attn:
Address: 19809-B N COVE RD
Address: STE 103
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr 16205 LEEWARD LN		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/26/05	**Amount:**	150.00
Receipt #:	36620	**Tendered:**	150.00
Check / Auth #:	CHECK 6360	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: X34356
Contractor: MANLEY CUSTOM HOMES INC
Attn:
Address: 19809-B N COVE RD
Address: STE 103
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval 16205 LEEWARD LN		1	150.00	150.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Thomas D. Manley
President

Manley Custom Homes, Inc.

"Our Trademark is a Personal Attention"

19809-B North Cove Rd.
Suite 103
Cornelius, NC 28031

Phone: 704-895-3672
Mobile: 704-363-4543
Nextel: 283

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2005 SEP 08 02:33 PM
BK:19313 PG:533-537 FEE:$23.00

INSTRUMENT # 2005175721

2005175721

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 # 6109B
PARCEL # 001-821-01

The undersigned, THEODORE & JILL GAILLARD, owner of property located at 16205 LEEWARD LANE, (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: THOMAS D. MANLEY PRESIDENT MANLEY CUSTOM HOMES, INC
Mail after recording to: 19809B NORTH COVE RD SUITE 103
CORNELIUS, NC 28031

Returned to customer

-- 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 8TH day of SEPTEMBER, 20 05.

MANLEY CUSTOM HOMES, INC (SEAL)
(Corporate Name)

By: Thomas D. Manley TDM (SEAL)
~~AGENT FOR TAXPAYER~~
~~AUTHORIZED~~
President

THOMAS D. MANLEY

(SEAL)

(SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

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

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DEBRA S. SMITH, a Notary Public for said County and State, do hereby certify that THOMAS D. MANLEY 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

North Carolina

MECKLENBURG County

I, DEBRA S. SMITH, a Notary Public, certify that THOMAS D. MANLEY personally came before me this day and acknowledged that he (or she) is PRESIDENT of MANLEY CUSTOM HOMES, INC., a corporation, and that he (or she), as PRESIDENT being authorized to do so, executed the foregoing on behalf of the corporation.

Witness my hand and official seal, this the 8TH day of SEPT, 2005.

Debra S. Smith

My commission expires 12.16.07.

DEBRA S. SMITH NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

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

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of the recorded document, and must be submitted with original for re-recording and/or cancellation.

****

Filed For Registration: 09/08/2005 02:33 PM

Book: RE 19313 Page: 533-537

Document No.: 2005175721

PRMIT 5 PGS $23.00

Recorder: MAXINE HAITH

****

State of North Carolina, County of Mecklenburg

The *foregoing* certificate of DEBRA S. SMITH Notary is certified to be correct. This 8TH of September 2005

JUDITH A. GIBSON, REGISTER OF DEEDS By: Maxine Haith
Deputy/Assistant Register of Deeds

****

2005175721

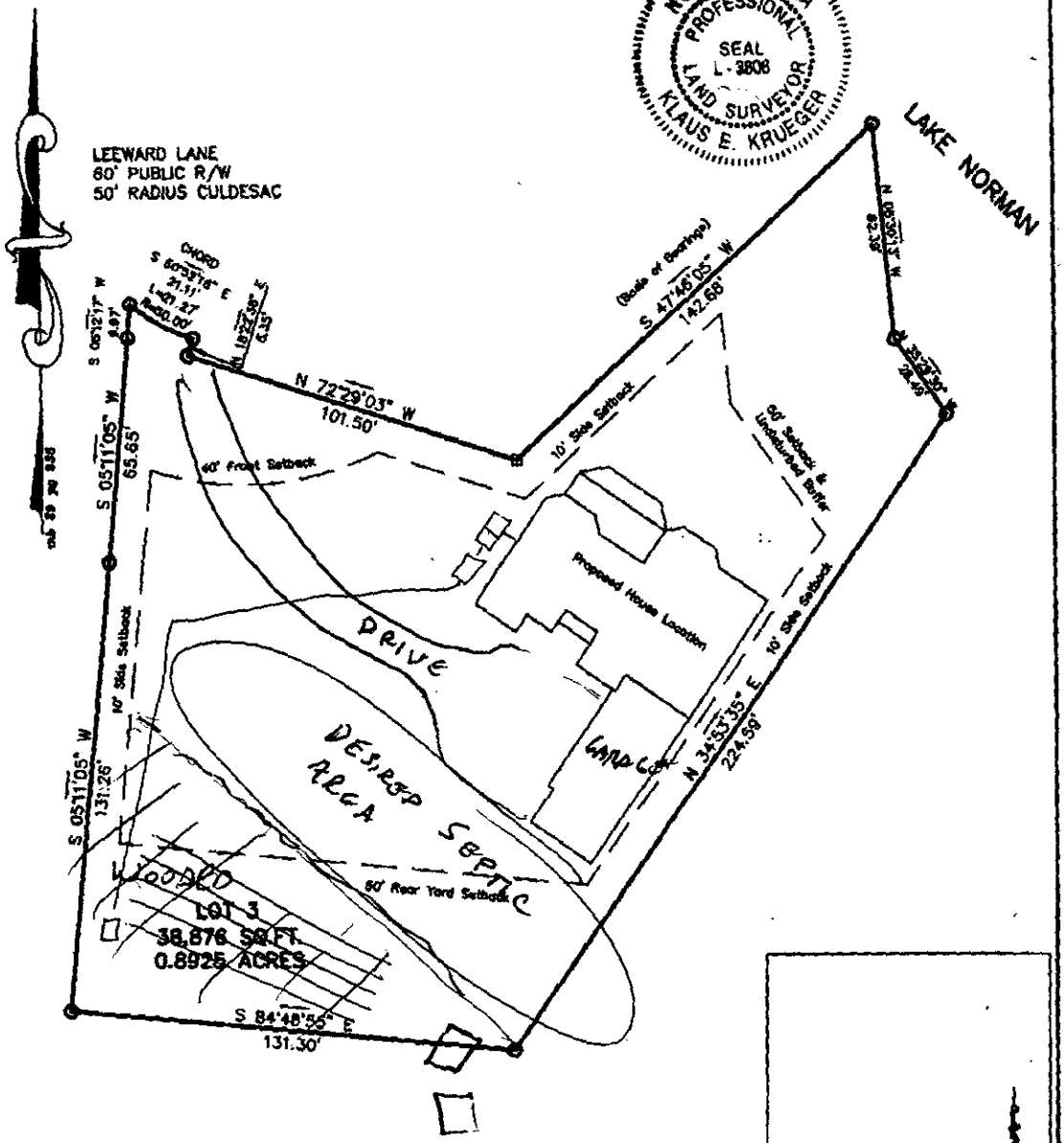
PINNACLE LAND SURVEYING, PA

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

NORTH CAROLINA PROFESSIONAL SEAL L-3808 LAND SURVEYOR KLAUS E. KRUEGER



VICINITY MAP - Not to Scale

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 Ratio Error of Closure was better than 1:10,000.
I did not do a full title search on this property.

This Building Pad is located in Zone X - (Areas determined to be outside 0.2% chance annual floodplain) as shown on FIRM map Panel 3711 9C 0045 E dated February 4, 2004.

This property is located in the Lake Norman Watershed Area Class- (CA) - Critical Area. There are several restrictions associated with this class which may apply to this property.

0 20 40 80
1 inch = 40 ft.

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	WM
POWER POLE	PP
CATCH BASIN	CB
SEWER MANHOLE	S
LAMP POST	LP
UTILITY BOX	UB
ELECTRIC BOX	EB

For Builder:
Tom Manley
Plot Plan for:
16205 LEEWARD LANE
HUNTERSVILLE, NORTH CAROLINA 28078
Town of Huntersville, MECKLENBURG COUNTY

DATE of:
Survey 01/10/05
Drawing 08/17/05
Job No: 4231
File: 16205LeeWardPP
Drawn by: KEK

Map Recorded in Map Book 39 Page 936
Lot 3, Vallabhbhai N. Patel Property

Deed Recorded in Deed Book 18043 Page 456
Tax Parcel # 001-821-01