

16200 LEEWARD LN

00145255

8/26/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20906 DATE: 6-24-98

TC: 001-452-55 ☐ L ☒ CRT

SERIAL № 17654

Name of Owner Wesley Bliss Juris.: _____

Address of Property 16200 Leeward Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source CMUD

Distance to Water Source —

Excavation Inspected 6-24-98

Tank(s) Inspected 6-24-98

Wash Line Inspected —

High Water Alarm Inspected 6-24-98

PLOT

Design 1998 1500ST 1000DT PI INV.TYPE III CC CTR# Norwood

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 20986 DATE: 6-18-98

TC: 001-45255 R L

SERIAL Nº 17751

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4-17-98. All work shall be completed on or before 7-18-98, after which date this permit 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 the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

INSTALL W/ PLAN on file

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction pc

Trench Depth 24" +

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 5' + feet

Distance from Property Line 10' + feet

Distance from Well 50' + feet

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

NAME OF OWNER Wesley Bliss

LOCATION OF PROPERTY 16200 CEDWARD LANE

Comments: INSTALL W/ PLAN ON FILE

Environmental Health Specialist

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

ck # 2484 100 27

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/14/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-13-97 **PERMIT NO:** 20986
PARCEL NO: 001-452-55

JOB LOCATION ADDRESS: 16200 Leeward Lane
PROPERTY OWNER: Wesley F. Bliss
BUILDING CONTRACTOR: Jay Lawrence
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson R.E.H.S. **DATE:** 5-13-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 20986, 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: See Conditions of Improvement Permit

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.

Wesley F. Bliss 5/14/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100 CK# 4778 05

DATE: 4/17/97 JC

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

#2 [illegible] 00

[ ] 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 #: 20986

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-452-55

STREET ADDRESS: 16200 Leeward Ct.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 46

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500 ft

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE 45AF

Soils witnessed 4-29-97 - 740 inches to restrictive well on Lot 45, close to line unable to determine well location on Lot 3-A tonight / will do-test W/A 4-29-97

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):

✓ C 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: Bliss, Wesley F. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 13510 Hatton Cross Dr.	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28278	
DAYTIME PHONE: (704) 588 - 6226	

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: Wesley Bliss DATE: 4/17/97

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

FEE: 100.00 CK # 2468

DATE: 4/17/97 SC

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

FILE #: 20986

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-452-55

STREET ADDRESS: 16200 Leeward Ct.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 46

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500 ±

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 1

CLOSING DATE ASAP

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):

✓ C 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	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:

NAME: Bliss, Wesley F.
(LAST) (FIRST) (MI)

ADDRESS: 13510 Hatton Crossor.

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: (704) 588 - 6226

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Wesley F. Bliss DATE: 4/17/97

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

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 05/14/97 13:40
BK: 09057 PG: 0060/0063 #:0248 15.40

FILE COPY

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 # 209860
PARCEL # 001-452-55

The undersigned, Wesley F. Bliss, owner of property located at 16200 Leeward Lane, (the "site") and described in an instrument recorded in Book 08239 at Page 0916/0919, 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: Wesley F. Bliss
Mail after recording to: 13510 Hatton Cross Dr.
Charlotte, NC 28278

- 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 _____ day of _____, 199__.

_____
(Corporate Name)

By: _____

_____ President

ATTEST:

_____

_____ Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 14th day of May, 1997.

Lorraine C. Whitaker
Notary Public

My Commission Expires:
August 7, 1998

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:

_____

SERVICE REQUEST/WORK ORDER

Date: _____ Log No.: 20986

DATE	ACTIVITY REPORT
5-11-98	Received plan 5-8-98 from Tim Whittaker. Made OSV with Kelly Randall - could not approve plan as submitted. Requested that Tim flag all drainlines included PPBPS repair area and identify property corners.

c:/original/serreqp2.frm

Do Not Approve 5-11-98

Kelly or Larry

MCHD 20986

THE INFILTRATOR™

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



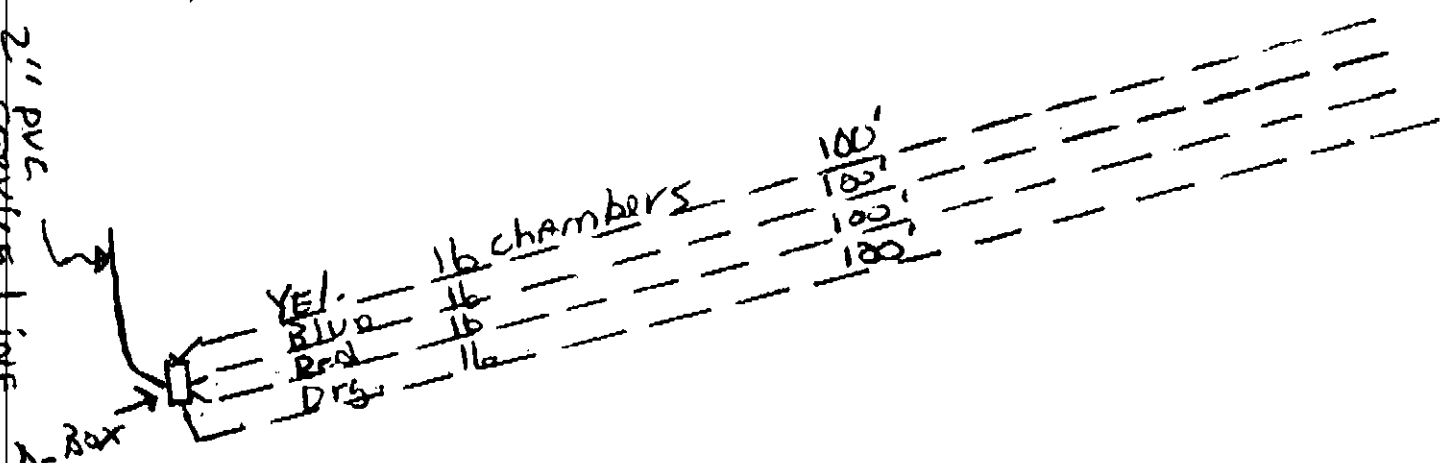
INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

MCHD
File: 20986

(4) Bedrm. Pumped Chamber Septic System Proposal. PPBPS - Repair.

1,500 gal. Septic Tank
1,000 gal Pump Tank
(4) 100' chamber lines
(16) Chambers per line = 64 chambers
(1) D-Box; speed level if required; 90° Elbow down

Primary Sys.
400' chamber

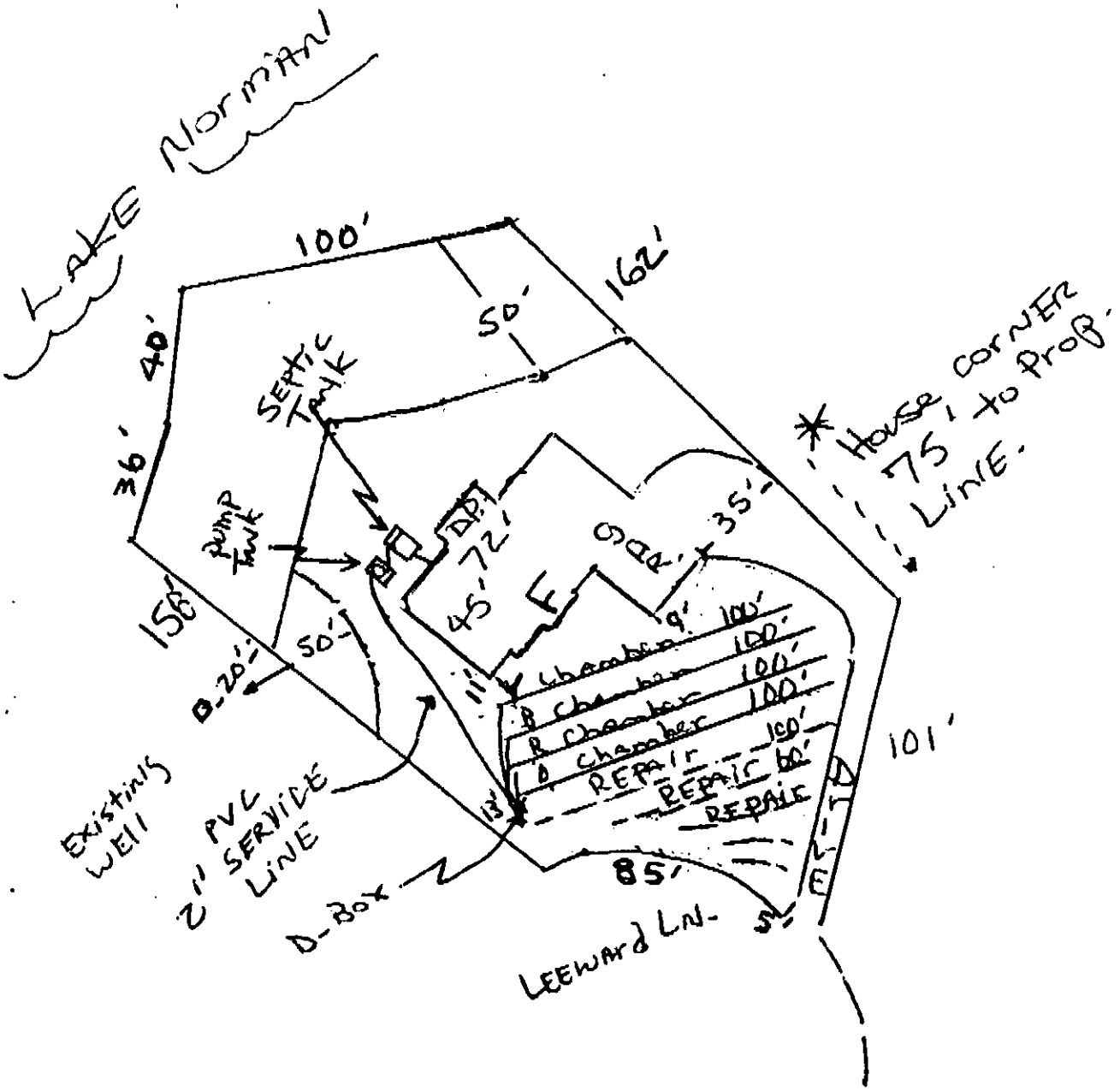


Repair Area
267' PPBPS

T. Whitaker
866-9540

(4) Bedrm. Pumped Chamber SEPTIC Sys. Proposal.

MCHD
File: 20986
001-452-55



TO: Kelly

T. Whittaker
366-9540

MEMO

SUBJECT:

Job 9704 - 16200 Leeward Lan, Lookout Pointe Subd.

Directions from Charlotte: Hwy 77 North ot Exit 25 - Turn Left over Hwy 77 going West onto Hwy 73 - Turn Right just past Burgess Supply onto Terry Ln - Turn Right onto North Point Rd -Turn Right onto Leeward Ln, Lot is in culdesac.

Kelly,

Here is the as is site survey you wanted. I will call Tim Widiker and let him know that you have it so we can finish.

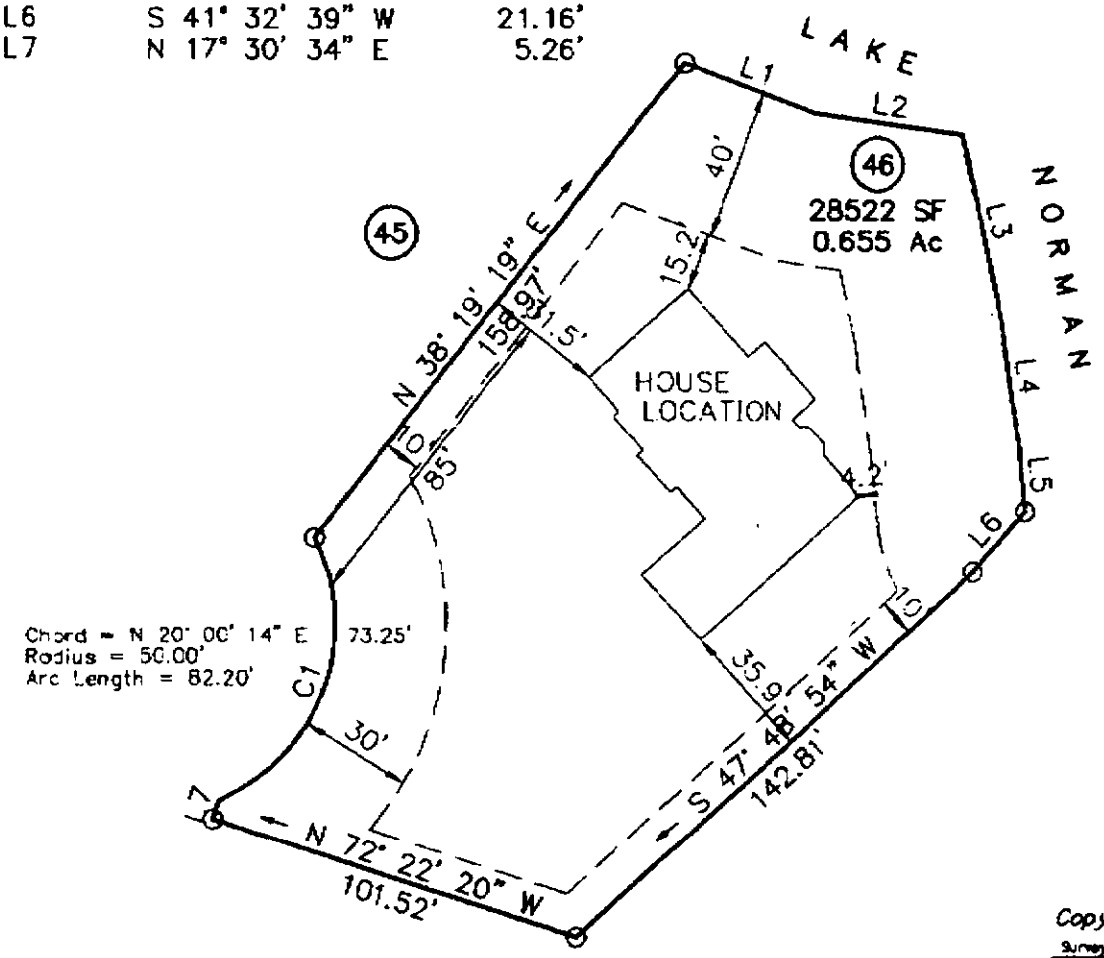
Thanks in advance,
Jay

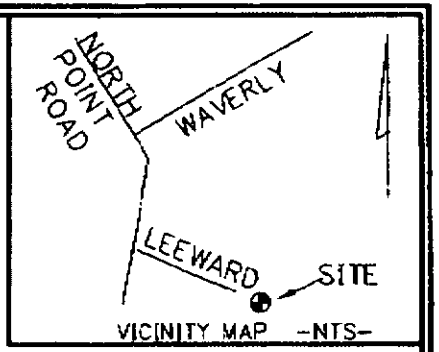
To: Kelly Randell	From : Jay E.Lawrence
For Information Call: (704) 660-6000	At: Quality Const. by Design
Pages: 2	My Fax Number : 1-704-660-6060

WinFax PRO Cover Page

Line	Bearing	Distance
L1	S 69° 24' 55" E	36.90'
L2	S 82° 02' 55" E	40.50'
L3	S 12° 07' 55" E	49.00'
L4	S 7° 56' 05" E	33.40'
L5	S 5° 47' 55" E	18.10'
L6	S 41° 32' 39" W	21.16'
L7	N 17° 30' 34" E	5.26'

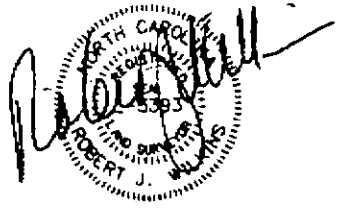
760 ELEVATION LINE





THIS PLAT IS FOR THE USE OF THE MECKLENBURG COUNTY HEALTH DEPT. IN ASSISTING THE DESIGN AND PERMITTING PROCESS FOR A SEPTIC SYSTEM FOR LOT 46

I, Robert J. Wilkins, certify that this this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; that the actual ratio of precision exceeds 1:10,000; and that this plat represents an existing parcel of land. Witness my original signature, seal, and registration number this the 15th day of May, 1998.



Copyright © 1997 Robert J. Wilkins, RLS L-3393 NC

50 25 0 50 100

SCALE OF DRAWING IS 1 INCH = 50 FEET

psd: 970085-1 awg: 970085-2 REVISED 5-15-98 HOUSE LOCATION

WILKINS & Associates POST OFFICE BOX 865 191-B West Plaza Drive PROJECT # 97085
Land Surveying Consultants MOORESVILLE, NC 28115 TEL (704) 663-5568 DATE: 12 MAY 97

Survey for:

TAX ID 001 452 55

WESLEY F. BLISS
LOT 46 LOOKOUT POINT
16200 LEEWARD LANE, HUNTERSVILLE
LEMLEY TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA

BK: 09689 PG: 0453/0456 #:0420 15.40

JUDITH A GIBSON REG OF DEEDS MECK NC

FILED FOR REGISTRATION 05/21/98 16:10

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 # 20986

PARCEL # 001-452-55, Lookout Point - Lot 46

The undersigned, Wesley F. Bliss, owner of property located at 16200 LEEWARD LANE, (the "site") and described in an instrument recorded in Book 8239 at Page 913, 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: MR. WESLEY F. BLISS

Mail after recording to: 16200 Leeward Ln.
Huntersville, NC 28278

4

RBCWM.24751_1/8-30-95

- 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 20th day of May, 1996.

(Corporate Name)

By: _____

President

ATTEST:

Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 20th day of May, 1998

Notary Public

My Commission Expires:

Notary Public, Mecklenburg County, North Carolina
My Commission Expires September 29, 2002

BRIAN P. MOROZ NOTARY PUBLIC MECKLENBURG COUNTY

Corporate Only

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

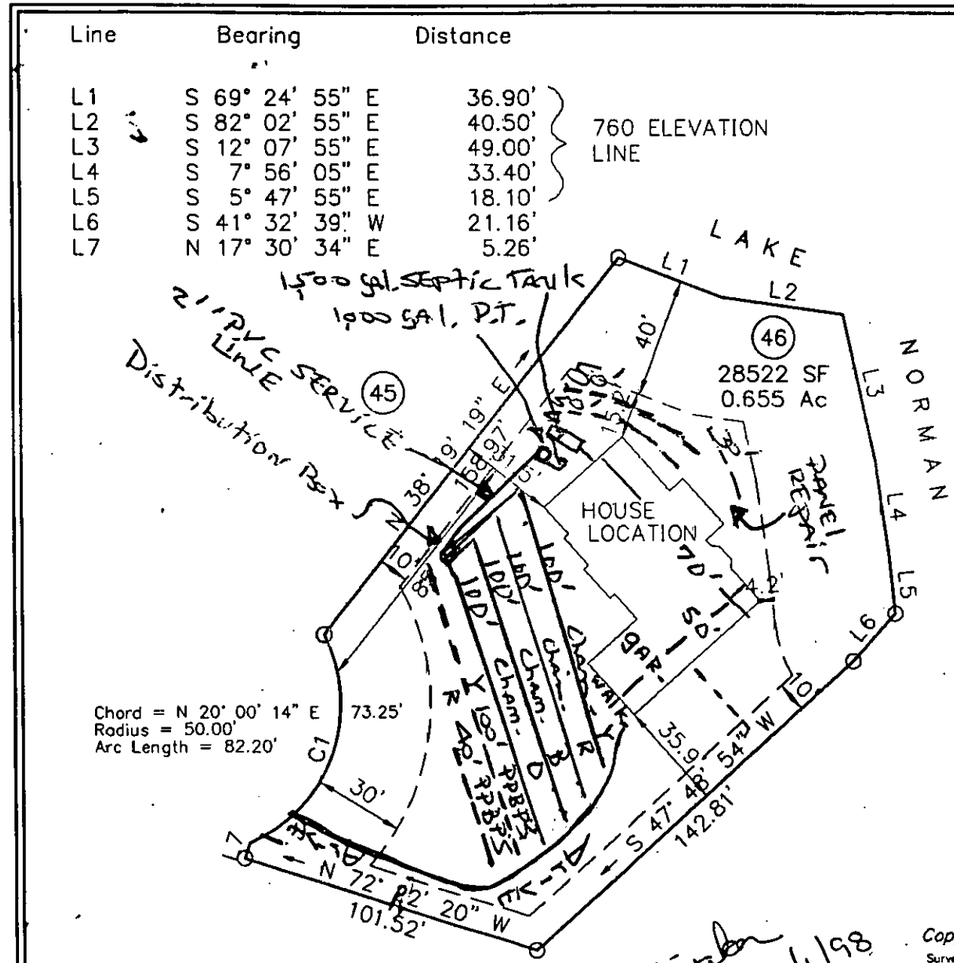
My Commission Expires:

_____

MCHD
File: 20986

* (4) Bedrm. Pumped (Infiltrator) SEPTIC System Plan.
* REPAIR AREA: PPBPS - Total 270'

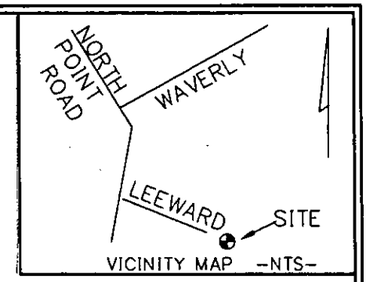
Line	Bearing	Distance	
L1	S 69° 24' 55" E	36.90'	760 ELEVATION LINE
L2	S 82° 02' 55" E	40.50'	
L3	S 12° 07' 55" E	49.00'	
L4	S 7° 56' 05" E	33.40'	
L5	S 5° 47' 55" E	18.10'	
L6	S 41° 32' 39" W	21.16'	
L7	N 17° 30' 34" E	5.26'	



psd: 970085-1 dwg: 970085-2

REVISED 5-15-98 HOUSE LOCATION

T. Whitaker 866-9540 6/1/98



THIS PLAT IS FOR THE USE OF THE MECKLENBURG COUNTY HEALTH DEPT. IN ASSISTING THE DESIGN AND PERMITTING PROCESS FOR A SEPTIC SYSTEM FOR LOT 46

I, Robert J. Wilkins, certify that this this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; that the actual ratio of precision exceeds 1:10,000; and that this plat represents an existing parcel of land. Witness my original signature, seal, and registration number this the 15th day of May, 1998.

NORTH CAROLINA REGISTERED SEAL L-3393 LAND SURVEYOR ROBERT J. WILKINS

Copyright © 1997 Robert J. Wilkins, RLS L-3393 NC

Survey for:

TAX ID 001 452 55

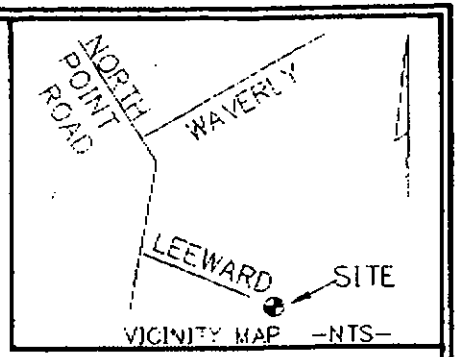
WESLEY F. BLISS
LOT 46 LOOKOUT POINT
16200 LEEWARD LANE, HUNTERSVILLE
LEMLEY TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA

WILKINS & Associates
Land Surveying Consultants
POST OFFICE BOX 665 MOORESVILLE, NC 28115
191-B West Plaza Drive PROJECT # 97085
TEL (704) 663-5566 DATE: 12 MAY 97

File # 20986
File Copy
Plot Plan

Line	Bearing	Distance
L1	S 69° 24' 55" E	36.90'
L2	S 82° 02' 55" E	40.50'
L3	S 12° 07' 55" E	49.00'
L4	S 7° 56' 05" E	33.40'
L5	S 5° 47' 55" E	18.10'
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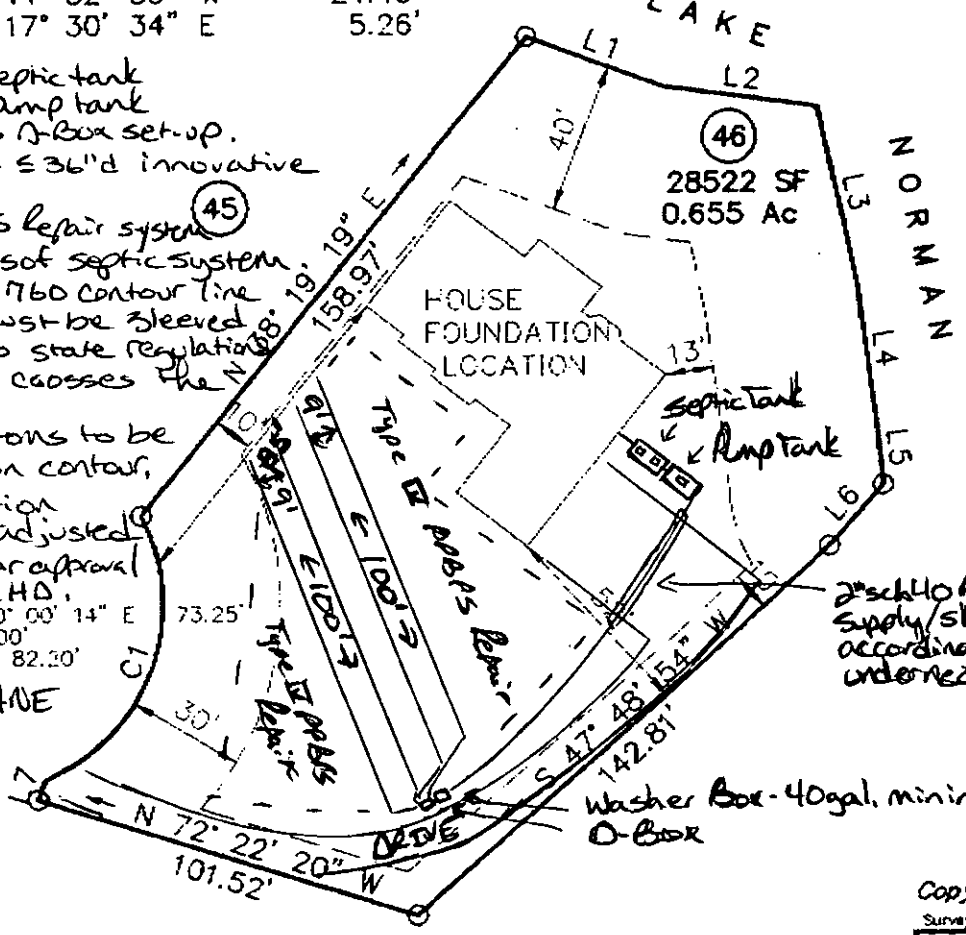
760 ELEVATION LINE



- 1500 gallon septic tank
- 1000 gallon pump tank
- Washer Box to A-Box set-up.
- (4) 3'w x 100'l x ≤ 36"d innovative drainlines.
- Type IV PPBFS Repair system (45)
- Keep all parts of septic system >50' off of 760 contour line
- Supply line must be sleeved according to state regulations wherever it crosses the driveway.
- Trench bottoms to be level and on contour.
- House location cannot be adjusted without prior approval from the MCHD.

Chord = N 20° 00' 14" E 73.25'
Radius = 50.00'
Arc Length = 82.20'

LEEWARD LANE



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NORTH CAROLINA REGISTERED SEAL L-3393 LAND SURVEYOR ROBERT J. WILKINS

Copyright © 1997 Robert J. Wilkins, RLS L-3393 NC

Survey for:

TAX ID 001 452 55

WESLEY F. BLISS
LOT 46 LOOKOUT POINT
16200 LEEWARD LANE, HUNTERSVILLE
LEMLEY TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA

psd: 970085-1 dwg: 970085-2

WILKINS & Associates Land Surveying Consultants
POST OFFICE BOX 665 MOORESVILLE, NC 28115
191-B West Plaza Drive TEL (704) 663-5586
PROJECT # 97085 DATE: 12 MAY 97

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 20986 Tax Number: 001-452-55

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

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	480 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
N/A Serviced by private well (municipal)	1500 Gallon septic tank	400 Total trench length (ft)	≤36" 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	N/A Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions:
- House site must remain as shown on plot plan
- Keep all parts of septic system >50' from any wells.
- Sand back-fill required if using a "chambered" system.

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

810 Absorption Area (Sq ft) 900 Total Trench Length (Ft)	N/A Depth of Stone Trench	8' 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.

Larry B. Thompson, Jr. R.S. 5-13-97 — 6/14/97

DEHNR Authorized Agent Date 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

Wilkins & Associates

Industrial Residential Commercial
LAND SURVEYING CONSULTANTS

191-B West Plaza Drive
Post Office Box 665
Mooresville, NC 28115

FACSIMILE TRANSMISSION

Telephone (704) 663-5566
Fax (704) 663-1899

TO: LARRY THOMPSON, MECKLENBURG CO. HEALTH DEPT.

FROM: BOB WILKINS

DATE: May 13, 1997

RE: LOT 46 LOOKOUT POINT, HOUSE LAYOUT/760 LINE

NUMBER OF PAGES INCLUDING COVER SHEET: 2

COMMENT: HOPE THIS IS WHAT YOU NEED. IF NOT, PLEASE CALL AND AND I'LL ACCOMMODATE. THANKS

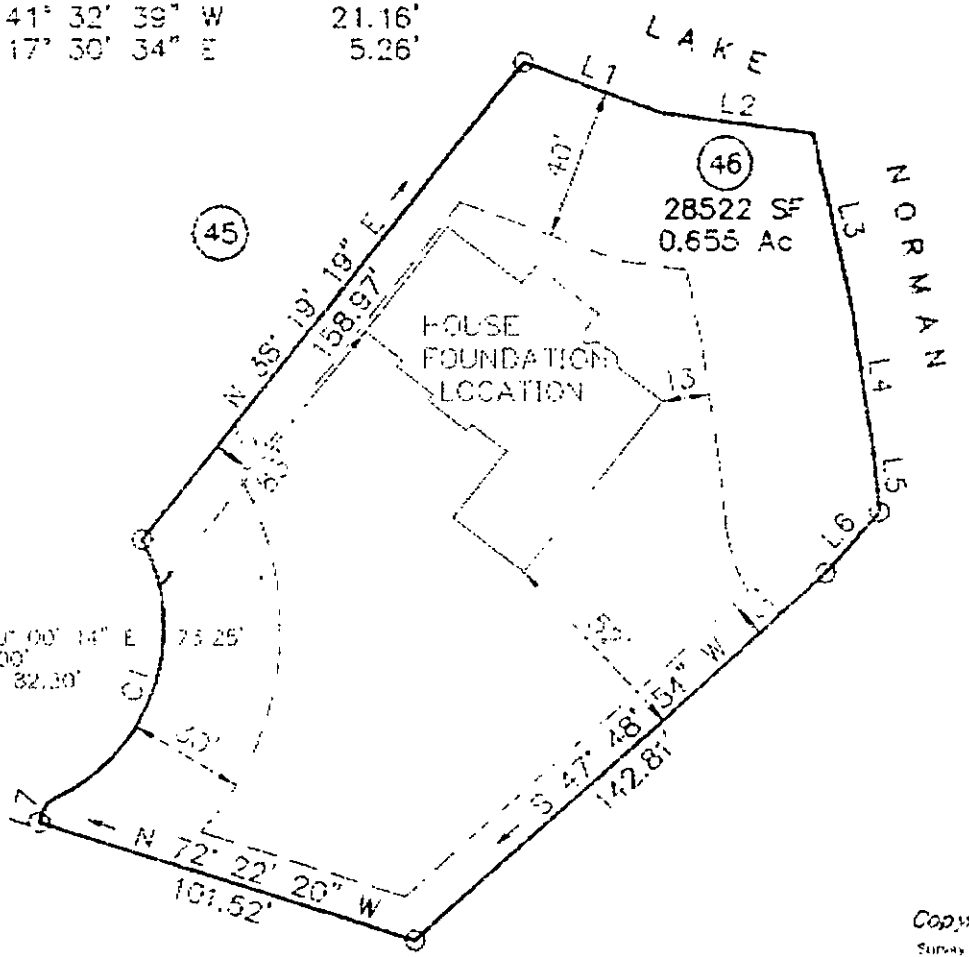
BOB WILKINS

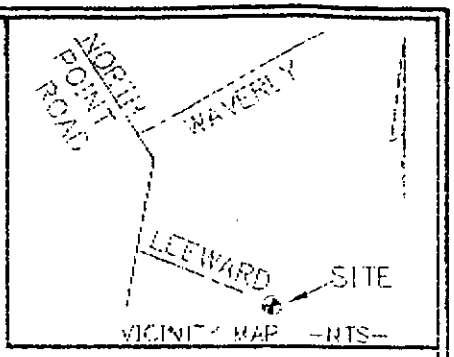
A NOTE ABOUT CONFIDENTIALLY:

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05/13/97 12:01 WILKINS & ASSOCIATES - 704 336 6894 NO.478 002

Line	Bearing	Distance	
L1	S 69° 24' 55" E	36.90'	760 ELEVATION LINE
L2	S 52° 02' 55" E	40.50'	
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NORTH CAROLINA REGISTERED SEAL L-3393 LAND SURVEYOR ROBERT J. WILKINS

Copyright @ 1997 Robert J. Wilkins, RLS L-3393 NC

Survey for:

TAX ID 001 452 55

WESLEY F. BLISS
LOT 46 LOOKOUT POINT
16200 LEEWARD LANE, HUNTERSVILLE
LEMLEY TOWNSHIP
MECKLENBURG COUNTY, NORTH CAROLINA

Proj. 970085-1 dwg 970085-2

WILKINS & Associates POST OFFICE BOX 665 191-B West Plaza Drive PROJECT # 97085
Land Surveying Consultants DAVIDSON, NC 28115 TEL (704) 563-5566 DATE: 12 MAY 97

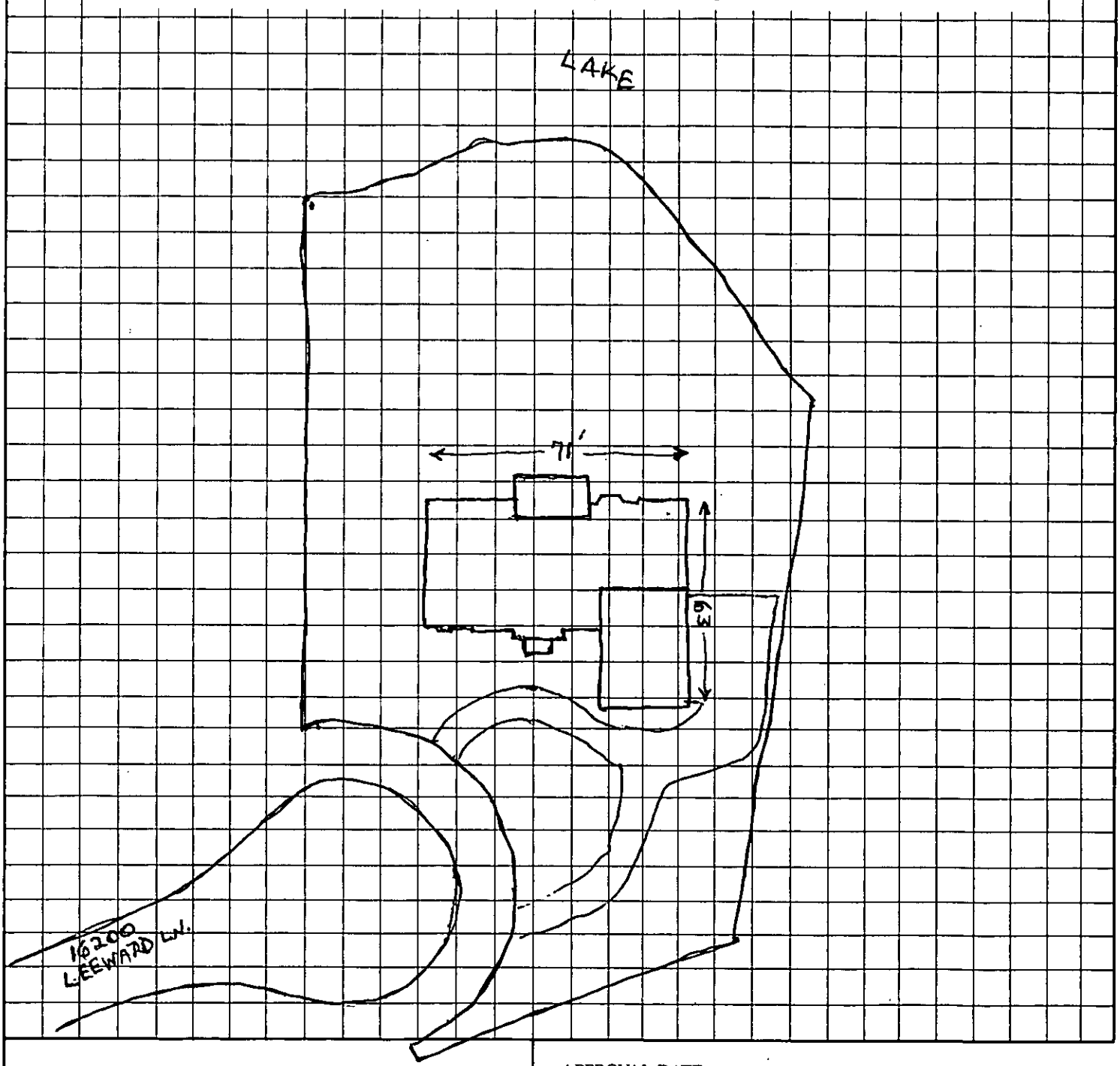
PROPOSED PLOT PLAN

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

FILE: 20986

TC: 001-452-55

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

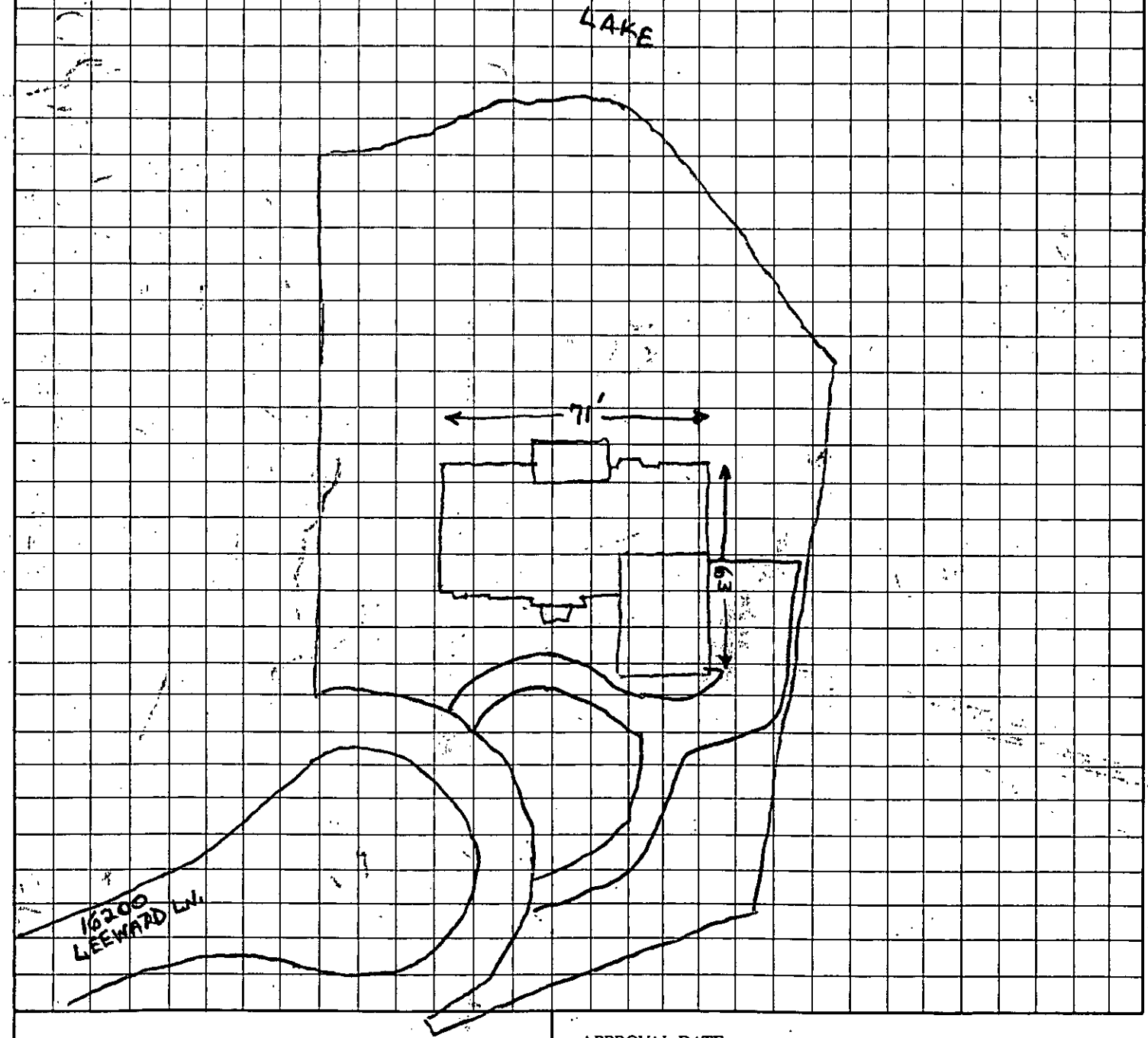
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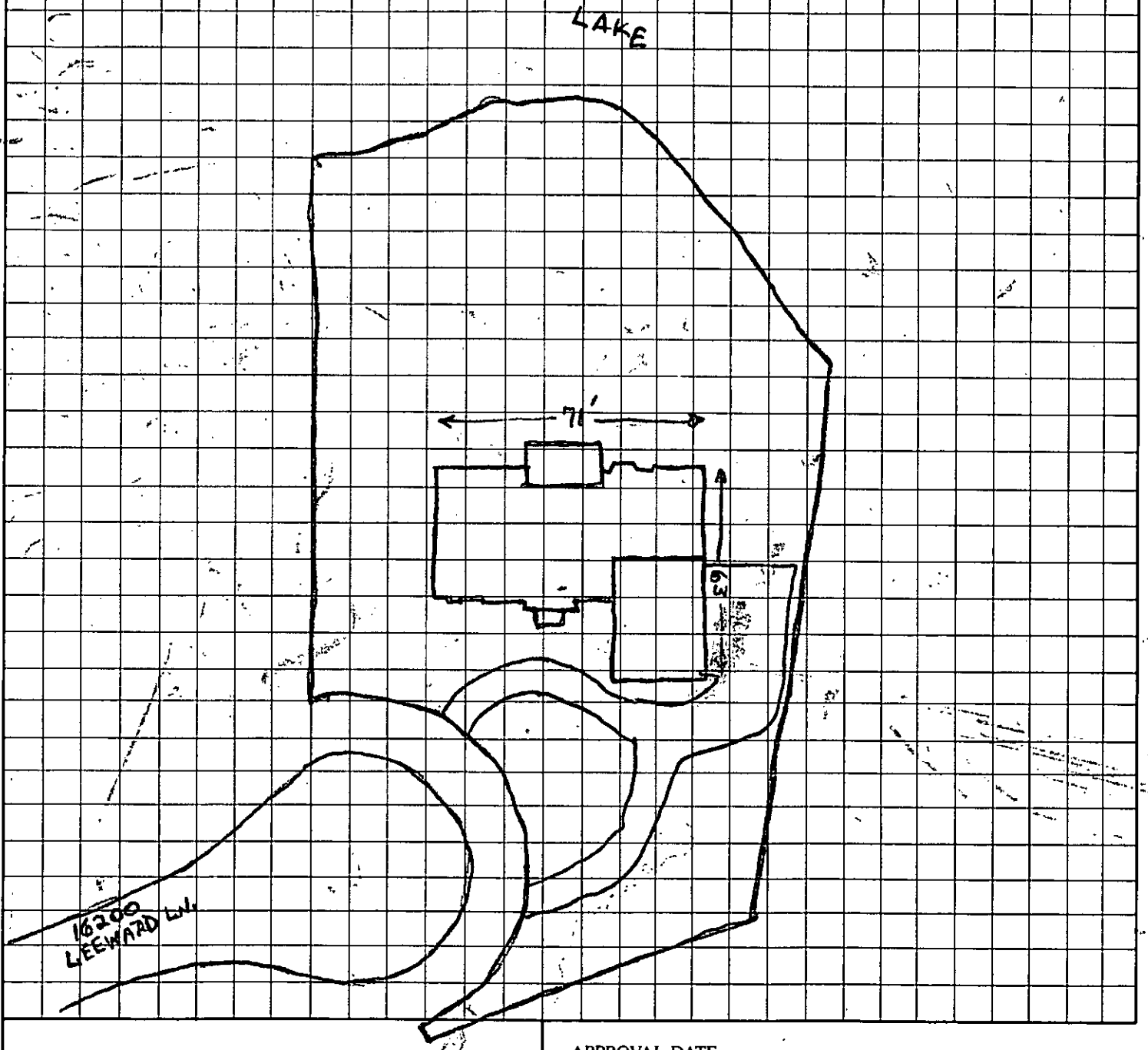
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