


5950 MOUNTAIN POINT LN

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Groundwater and Wastewater Services File Imaging Project
May 2007
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FILE COPY

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

# SEPTIC TANK DRAIN FIELD EASEMENT AGREEMENT

| FILED FOR REGISTRATION | DOC. # |
|---|---|
| DATE 8/31/2000 | TIME 2:47 |
| BOOK 11542 | PAGE 902 |
| REC FEE 20.00 | |
| STAMPS | |

This EASEMENT made this ____ day of August, 2000, XX, by and between

| GRANTOR | GRANTEE |
|---|---|
| Fletcher G. Keith and wife, Peggy Keith | Fletcher G. Keith and wife, Peggy G. Keith<br>4016 Triangle Drive<br>Charlotte, NC 28208 |

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

**WITNESSETH,** that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee an easement as hereinafter described, to run with the land, upon that certain lot or parcel of land owned by Grantor and located in the City of N/A, Long Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Part of Mecklenburg Tax Parcel No. 023-252-33 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot 7 Block N/A of Mountain Point Estates recorded in Map Book 33 Page 747 (if applicable) of the Mecklenburg County, North Carolina Public Registry.

See a portion of the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantor's name for the legal description of Grantor's parcel and of the Septic Tank Drain Field Easement Area located thereon, said parcel labeled thereon and hereinafter referred to as the "Easement Parcel."

*This instrument was prepared by:* Griffin & Brunson, LLP

*Mail after recording to:* Griffin & Brunson, LLP, 301 South McDowell Street, Suite 907, Charlotte, NC 28204

Grantor hereby imposes said easement for the benefit of Grantee as the present owner and for the benefit of future owners of the following lot or parcel of land, situated in the City of N/A, Long Creek Township, Mecklenburg County, North Carolina, and more particularly described as follows:

Mecklenburg Tax Parcel No. 023-252-33 as shown on a page of the County Tax Map attached hereto as Exhibit A

Lot 6 Block N/A of Mountain Point Estates recorded in Map Book 33 Page 747 (if applicable) of the Mecklenburg County, North Carolina Public Registry.

See the plat attached hereto as Exhibit B and the parcel shown thereon identified with Grantee's name for the legal description of Grantee's parcel, said parcel labeled thereon and hereinafter referred to as the "Benefitted Parcel."

Said Easement shall enable the Grantee to place, if, as and when needed, such need to be determined by the Grantee in his sole discretion, a septic tank and drain field or portions thereof, upon the Septic Tank Drain Field Easement Area on the Easement Parcel and to inspect, maintain, repair and replace the components of said septic tank and drain field at any time and from time to time. If the Easement Area also includes a connector strip for ingress and egress, Grantee shall have the right to use said connector strip for access as needed. *This Easement may not be altered, amended or cancelled without the express written permission of the Mecklenburg County Health Department, which written permission must be part of any document recorded to alter, amend or cancel this Easement.* This Easement shall automatically expire, however, should Grantee ever hook up the structure located or to be located on the Benefitted Parcel to a public or community sanitary sewage system but shall otherwise be perpetual.

Grantor acknowledges that the Septic Tank Drain Field Easement Area cannot be used and will not be used for any of the following activities or in any of the following ways:

- Grading or filling
- Parking or driving heavy equipment in the area or in any other way compacting the soil in the Area
- Excavating soil from the Area
- Placing footings or foundations or engaging in any other construction activity in the Area
- Placing in-ground or above-ground swimming pools in the Area
- Placing irrigation systems in the Area
- Placing underground utility lines or cables in the Area
- Planting trees or gardens in the Area
- Removing any large trees in the Area unless dead or diseased
- Using the area for the burial of stumps, trash, or any other type of construction material
- Using the Area for gravesites

Diverting the natural flow of water onto the Area by way of drainage ditches or diversion ditches or using the Area to receive water from any gutter or downspout discharges

IN WITNESS WHEREOF, the Grantor and Grantee have hereunto set their hands and seals, or if corporate, have caused this instrument to be signed in their corporate names by their duly authorized officers and their seals to be hereunto affixed by authority of their Boards of Directors, the day and year first above written.

GRANTOR

Fletcher G. Keith (SEAL)

_____ (Corporate Name)

Peggy Keith (SEAL)

BY: _____ President

_____ (SEAL)

ATTEST:

_____ (SEAL)

_____ Secretary (Corporate Seal)

SEAL-STAMP

North Carolina, Mecklenburg County

I, Susan Spence, a Notary Public of the County and State aforesaid, certify that Fletcher G. Keith and Peggy Keith, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 29 day of August, 2000.

My Commission Expires: 3/9/03 Susan Spence (Notary Public)

SEAL-STAMP North Carolina, _____ County

I, _____, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _he is _____ Secretary of _____, a corporation, and that by authority duly given and as the act of the 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 official stamp or seal, this _____ day of _____, 19__.

My Commission Expires: _____ _____ Notary Public

GRANTEE

_____ (SEAL)
Fletcher G. Keith

_____ (SEAL)
Peggy Keith

_____ (SEAL)

_____ (SEAL)

_____ (Corporate Name)

BY: _____ _____ President

ATTEST:

_____ Secretary (Corporate Seal)

SEAL-STAMP North Carolina, Mecklenburg County

I, Susan Sokol, a Notary Public of the County and State aforesaid, certify that Fletcher G. Keith and Peggy Keith, Grantee, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 29 day of August, XX 2000.

My Commission Expires: 3/9/03 Susan Sokol (Notary Public)

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3984 B DATE: 5/12/04

TC: 023-252-~~33~~ 53 ☒ L ☒ CRT

SERIAL 19545

Name of Owner CHARLES MARTIN Juris.:

Address of Property 5950 MOUNTAIN POINT LANE

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source PRIVATE WELL

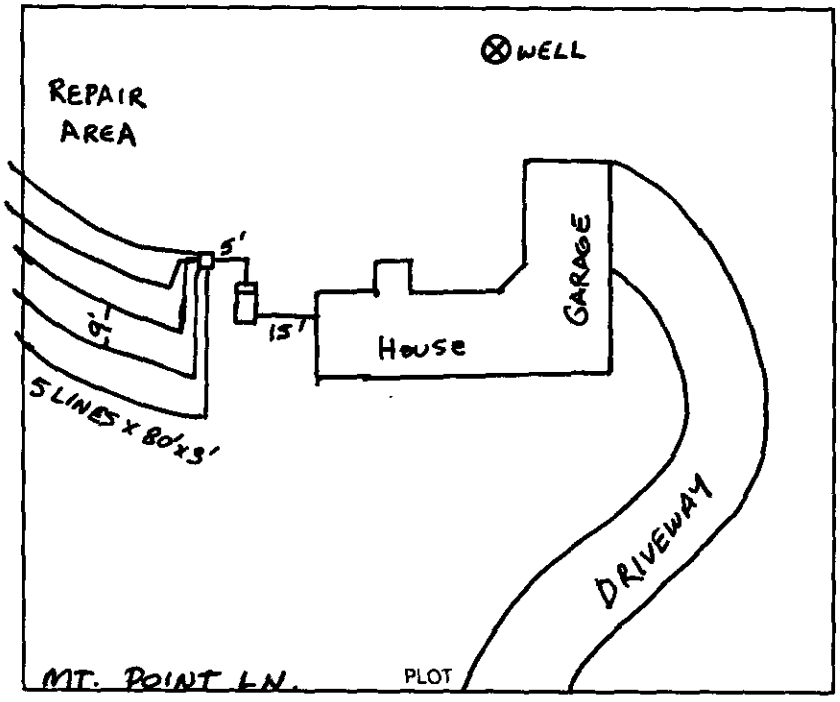
Distance to Water Source > 100'

Excavation Inspected 5/12/04

Tank(s) Inspected 5/12/04

Wash Line Inspected NA

High Water Alarm Inspected NA




Design 1500ST / 1200 S.F.T. / INV (EASY FLOW) 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 15A 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 15A 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: 4 BEDROOM HOUSE

5 LINES x 80' x 3'

TYPE III or INNOVATIVE SYSTEM (EASY FLOW)

Tommy Mickle R.S. Jim Thomas
Environmental Health Specialist

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

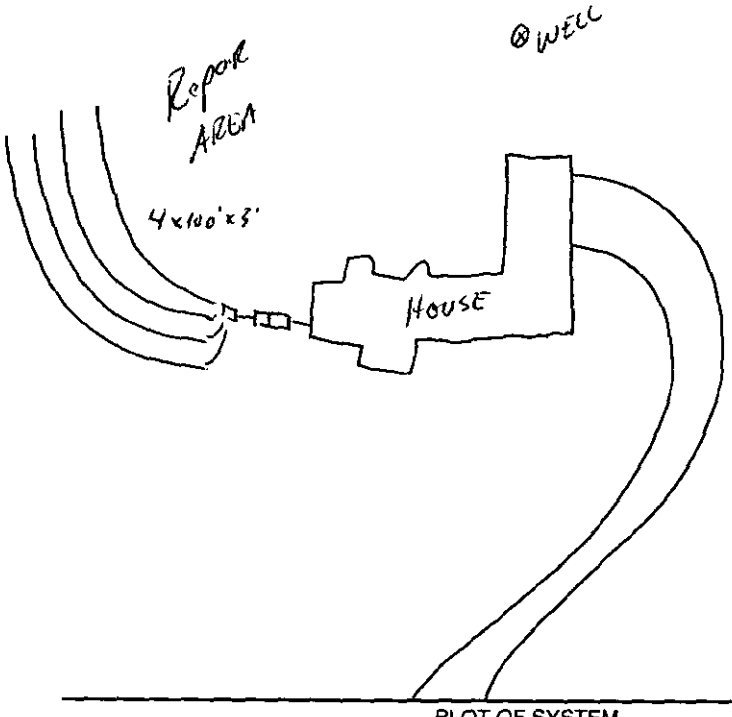
# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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

FILE: 3984B DATE: 4/14/04

TC: 023-252-33 ☑ L
NEW 023-252-53
SERIAL 19628

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 4/28/03. All work shall be completed on or before 5/14/04, 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.




PLOT OF SYSTEM

Mt. Point Lane

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

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 x 100

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Charles Martin

LOCATION OF PROPERTY 5950 Mt. Point Lane

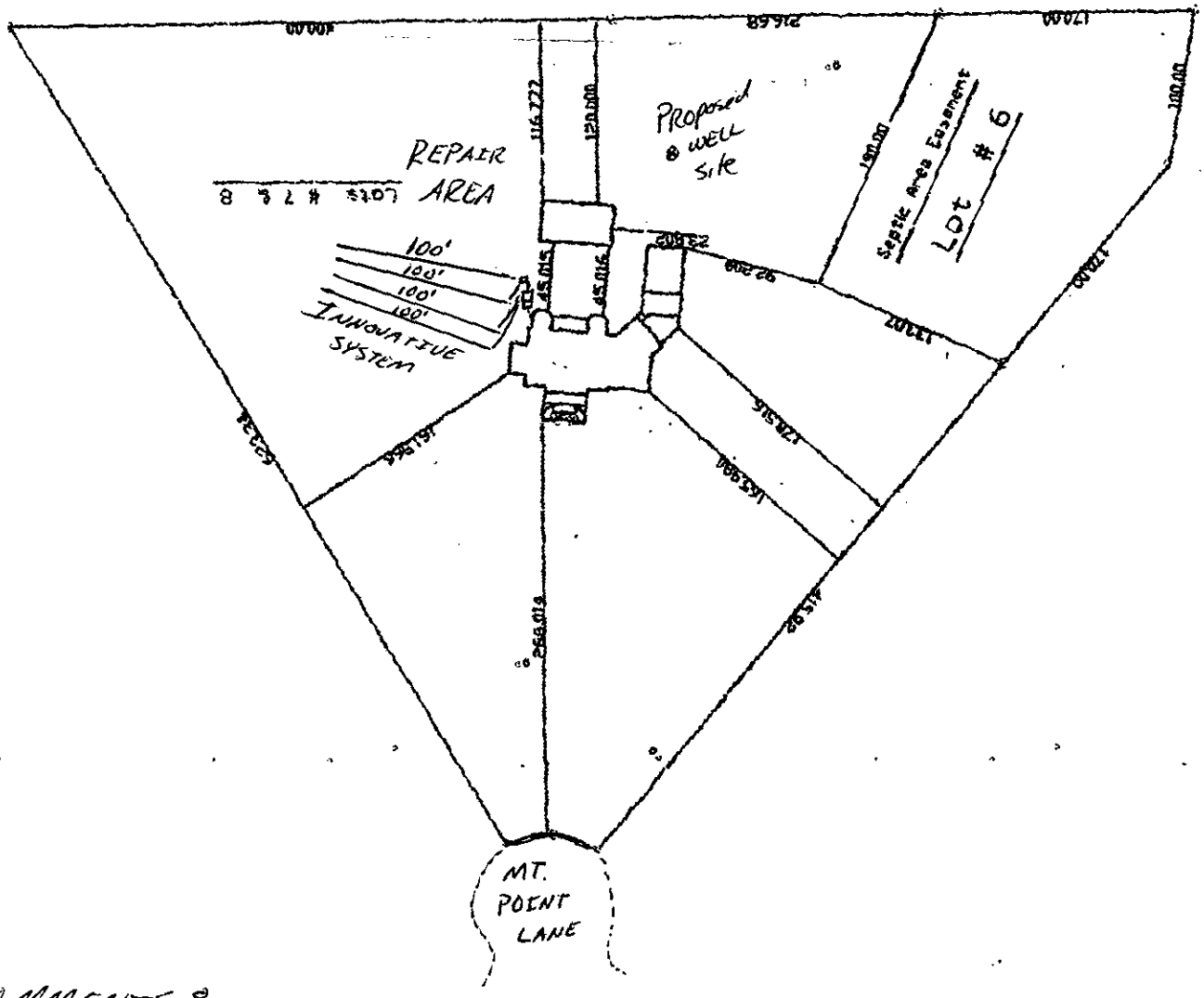
Comments: four Bedroom House
Install 4 lines x 100' x 3'
Type III-g Innovative System

Tommy Mecklin R.S.
Environmental Health Specialist

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

FILE # 3984B

T.C. P.O. 023-252-33




COMMENTS:

→ SCALE = 1" = 100'

→ System designed for a four(4) Bedroom House

→ 1500 gallon septic tank

→ Install 4 lines x 100' x 3'

→ Type IIIg innovative septic system

→ Type IIIg Repair system

→ Install trenches with the contour of the land

Tony Middle R.S. 5/5/03

x Charles W Stevens

7/29/03

on check 1702 PD in Full

**FEE:** 400 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** 7/25/03 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** RCS LD

DATE: _____ **PERMIT NO:** 3984B
**PARCEL NO:** 023-252-33 PO

**JOB LOCATION ADDRESS:** 5950 Mountain Point Lane
**PROPERTY OWNER:** Charles B Martin Jr.
**BUILDING CONTRACTOR:** Charles Stevens
**SUBDIVISION NAME:** Mountain Point Estates
**AUTHORIZATION ISSUED BY:** Tammy Melville R.S. **DATE:** 5/5/03
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3984B, 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: _____

## 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.

X Charles W. Stevens 7/22/03
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

4666 11

Permit Number: 39848

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-252-33 PO

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 | X No | ___ Partial Basement | |
| Type Primary Wastewater System<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | X Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 0.3 Long-term acceptance rate | 480 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| Yes Serviced by private well | 1500 Gallon septic tank | 400 Total trench length (ft) | 24" 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 | NA Depth of stone | | |
| Any surface waters present: Yes Type: Creek | | Minimum separation distance: 100' | | |
| Site modifications required: | | | | |
| Additional Conditions: Type III Innovative System<br>4 lines x 100' x 3' | | | | |
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | X Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 1200 Absorption Area (Sq ft)<br>400 Total Trench Length (Ft) | NA Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" 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.

Tony Michael R.S. 5/5/03
DEHNR Authorized Agent — Date

Charles W Owen 7/29/03
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

IWWS-100195

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2003 APR 28 01:49 PM
BK:15225 PG:332-335 FEE:$20.00

INSTRUMENT # 2003088645



2003088645

**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**

39848

FILE # ~~4045-001.BB~~

PARCEL # P/O 023-252-33

The undersigned, Charles B. Martin, Jr., owner of property located at LOT 7 and LOT 8 Mountain Point Estates, (the "site") and described in an instrument recorded in Book 33 at Page 747, 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: Charles B. Martin, Jr.

Mail after recording to: c/o P.C. Godfrey Corporation

PO Box 668567 Charlotte, NC 28266

NEW WAVE CONSTRUCTION
144 PINNACLE LANE
~~MOORESVILLE, NC~~ 28117
PHONE: 6229646
FAX: 664-5135

Charlie Stevens

FAX COVER SHEET

TO: Jeremy REFERENCE: LOT 7 and LOT 8 MOUNTAIN POINT ESTATE

DATE: 4-30-03 FAX NUMBER: _____

Total pages, including cover sheet: 2

COMMENTS:

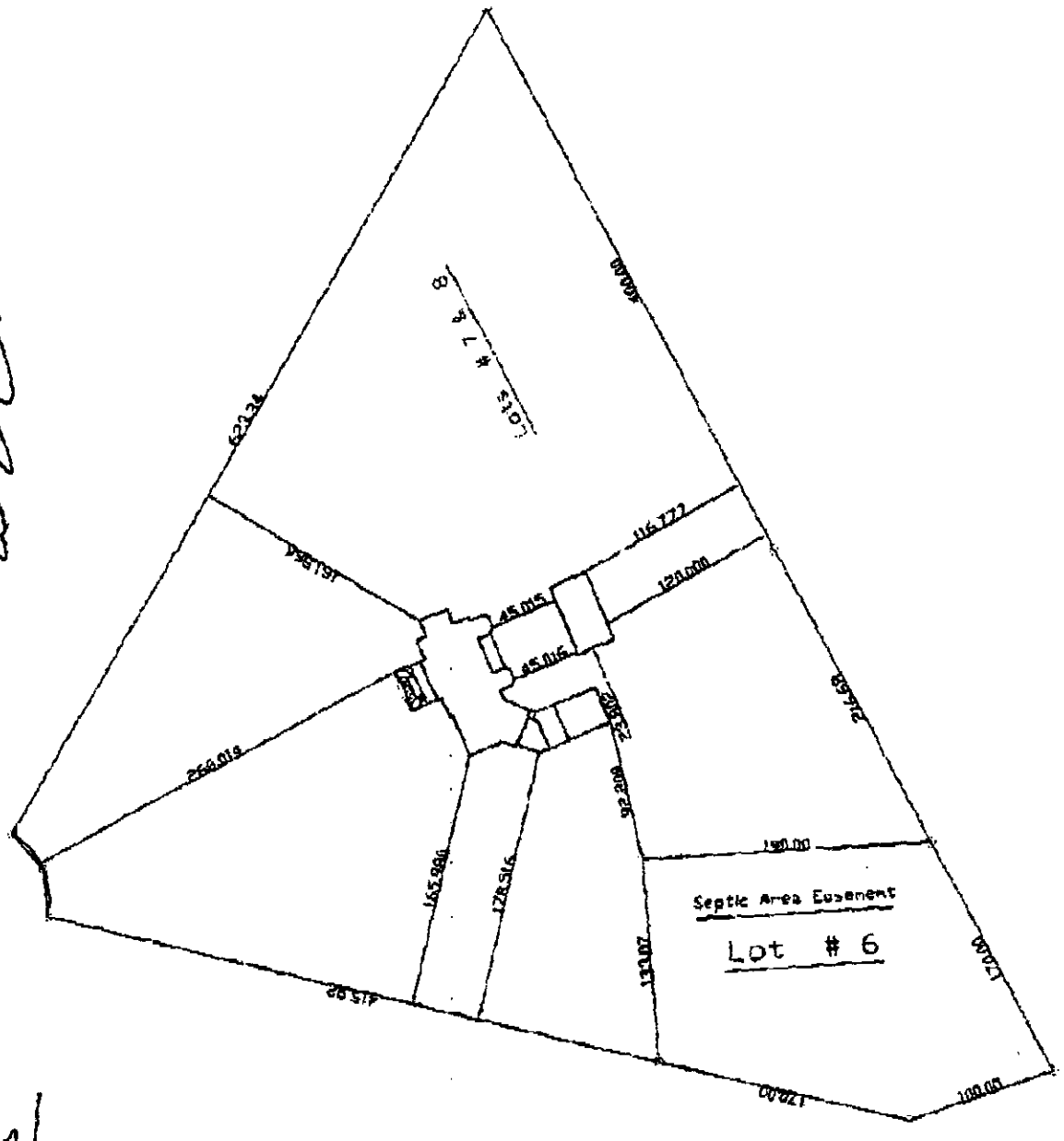
Call me if you need anything else.

Thanks

Charlie

10-18-02

Scale 1" = 100'




Mark Friday

Fri 78

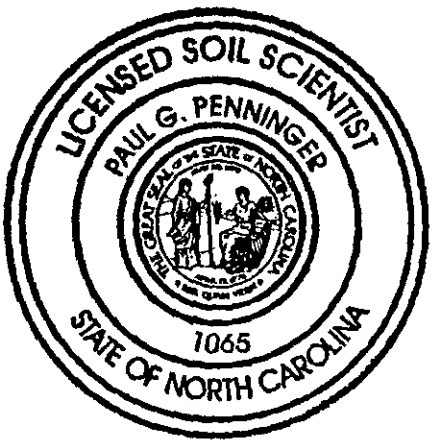
# RESIDENTIAL INFILTRATOR CHAMBER SEPTIC SYSTEM WITH PRESSURE MANIFOLD DISTRIBUTION FOR SUBSURFACE WASTEWATER DISPOSAL LOT 7 MOUNTAIN VIEW ESTATES

MCHD FILE # 3984B

Prepared for:
Mr. F. G. Keith
5344 Central Avenue
Charlotte, North Carolina 28212

Prepared by:
Toney C. Jacobs & Associates, Inc.
168 Broadbill Drive
Mooresville, North Carolina 28117
office (704) 663-6905
fax (704) 662-9845
E-mail jacobs@i-america.net

August 3, 2000




Copy: Mr. Kelly Randall
MCHD-IWWS
700 N. Tyron Street
Charlotte, NC 28202

Paul G. Penninger, LSS

## BACKGROUND

Lot 7 Mountain Point Estates was originally evaluated by Mr. Bill Marlin of the Mecklenburg County Health Department (MCHD) in July 1999. Toney C. Jacobs & Associates, Inc. performed a soil evaluation on July 17, 2000. Mr. Marlin reviewed these pits on July 25, 2000 and agreed the soil/saprolite present was provisionally suitable at a 0.3 gpd/ft$^2$ LTAR. We determined that the lot was provisionally suitable for a chambered, 25% reduction septic system. The best system area is at the left rear of the lot. The front and right of the lot drops off into a flood plain area and stream.

We are recommending 402 linear feet of Infiltrator chambers for the primary system and 400 linear feet of Infiltrator chambers for the required 100 % repair. The primary system is flagged in the field as shown on the attached site plan. The house is flagged approximately 260 feet from the front of the lot and the potential well site is shown in front of the house.

There is a septic area easement recorded on the back right corner of lot 7. This area is to satisfy the 100% repair requirement for lot 6.

## APPLICATION INFORMATION

1. Owner:

   Mr. F. G. Keith
   5344 Central Avenue
   Charlotte, NC 28212

   Soil Scientists
   and Designers: Mr. Paul Penninger, LSS
   Toney C. Jacobs & Associates, Inc.
   168 Broadbill Drive
   Mooresville, NC 28117
   (704) 663-6905 (Office)
   (704) 662-9845 (fax)
   E-mail jacobs@i-america.net

2. Water supply is provided by a private well.
3. Facility to be served by the proposed system is a 4-bedroom single family residence.

## LOCATION

The property is located off Mountain Point Lane at the cul-de-sac.

## REFERENCES

Law and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A, Section .1900, Department of Environment Health and Natural Resources, August 1, 1998.

## PLANS AND SPECIFICATIONS FOR SPECIFIC SYSTEM COMPONENTS

*Septic Tank*

1. The septic tank receives wastewater directly from the house.
2. A septic tank shall be watertight, structurally sound, and not subject to excessive corrosion or decay.
3. The septic tank must be of two-compartment design for maximum solids and retention. The inlet compartment of two-compartment tank shall hold between two-thirds and three-fourths of the total tank capacity.
4. Effluent from the two-compartment septic tank flows by gravity through a State approved effluent filter and a four-inch solid PVC pipe to the pumping tank.
5. Both the septic tank and pumping tank must be provided with above ground approved manhole risers to provide easy access for clean-out and pump service.
6. When prefabricated concrete tanks or tanks of other material are used, they shall be constructed in accordance with the plans which have been approved by the State and shall comply with all requirements of Section .1953 of 15A NCAC 18A.
7. On the outlet tee of the septic tank an effluent filter must be installed. This filter should be equivalent to a Zabel Model A1800 or other State approved unit supplied by the tank manufacturer.

*Pumping Tank*

1. The pumping tank shall have an access manhole extending at least 6 inches above finished grade.
2. A septic tank effluent pump that will not be corroded by sewage shall be used in the pumping tank.
3. The pump must be placed on two concrete blocks set next to each other on the bottom of the tank. This prevents the pumping of any solid particles that can clog the system.
4. A piece of nylon rope or other non-corrodible material should be attached to the pump and to the outlet pipe for lifting the pump in and out of the chamber.
5. The lower level control or "pump-off" must be positioned above the pump, so that the pump remains submerged at all time.
6. The pump outlet pipe should be connected to the supply manifold with a threaded PVC union to allow quick removal
7. Pump and Simplex control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above finished grade. Pump control (Simplex) may be mounted on side of house if long cord pump is used. The pump shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gas proof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure. There shall be two electric circuits for controls: one for pump power, one for the alarm. These will require 2 circuit breakers.
8. The pump tank shall have a properly functioning high-water alarm. The alarm circuit

shall be supplied ahead of any pump overload and short circuit protective devices. It should be on a separate electrical circuit from the pump power line. The alarm shall be audible and visible by system users and included in the pump and control enclosure (Simplex Panel). The alarm is activated if the water level in the pump tank rises above the "pump-on" float control. The tank provides at least one day or more of excess storage capacity (depending on water use in the home) during which time the system must be repaired.

9. Float switch for the high water alarm shall be set no more than 3 inches above the high water level of pump cycle.
10. Float switch tie downs to be made of corrosion resistant material, no tape or metal hose clamps. For maintenance flexibility, tree must be used to set floats.
11. Watertight testing per .1900 rules shall be required on two piece pump tanks.
12. Wiring between the pumping tank and the house should meet State and local code requirements.

*Pipe and Fittings*

1. All pipes and fitting should be made of SCH 40 PVC.
2. All joints must be sealed with appropriate PVC-solvent cement.
3. There should be a threaded PVC union above the pump to allow easy removal or replacement.
4. A gate valve for final pressure adjustment is installed in the supply line inside the pumping tank.
5. Manifold and valve as shown in specifications.

## CONSTRUCTION INSTALLATION

*Site Preparation*

1. One of the most important concerns for an on-site system is to protect the site from soil disturbance by heavy equipment.
2. Now that the absorption area has been designed and flagged, it should be roped off and protected from construction traffic. No site preparation or construction work should occur if the soil is wet.
3. After the soil is dry enough, the site should be cleared of brush and small trees.
4. Provisions must be made for intercepting or diverting surface water away from the absorption area.
5. After the area has been cleared and shaped, the location of the lateral lines and supply manifold should be accurately re-flagged according to design specifications. Each lateral line must be laid out along a level contour using a transit. This step can be completely avoided if flags are protected during clearing.

*Tank Installation*

1. The two-compartment septic tank is installed.
2. The pumping tank is installed next to the septic tank.
3. The tanks are connected with an appropriate length of solid, four-inch PVC pipe.

*Supply Manifold*

1. The supply manifold conveys effluent from the pump to the distribution laterals.
2. Design of the pressure manifold is shown on attached diagram.
3. After the supply manifold has been placed in its trench and lateral lines connected, it should be backfilled with tightly tamped soil. The supply manifold trench must not be backfilled with gravel, or the trench may become a conduit for downslope flow effluent from the laterals.

*Lateral Lines*

1. Install trenches per cited reference material and this plan.
2. Trenches shall be 24-36" deep, 36" wide, and 9' minimum on center. Trenches shall be "level" from end to end.
3. Infiltrator chambers shall be used.
4. Sand backfill shall be placed over the vents on the side of the chambers.
5. A minimum of 12" of cover shall be placed over the chambers.

## PROPER OPERATION CHECK AND PRESSURE HEAD ADJUSTMENT

1. After all connections have been installed and connected, the system should be checked for proper operation. With electrical power turned off, fill the pump tank with a garden hose until the liquid rises to the level of the high-water alarm float.
2. Turn on the electrical power. The alarm light should go off when the liquid level falls below the high-water float. The pump should turn off when the liquid reaches the lowest float control. Be sure the pump is still completely submerged.
3. The pressure head is measured as the height liquid will rise above the pressure manifold when the pump is running. To set or check the pressure head:

    - Glue a three-foot length of pipe (preferable clear) to a threaded adapter that will screw into the pressure manifold.
    - Turn the power on to allow liquid to rise in the pipe.
    - Adjust the gate valve until the effluent reaches the desired height in the pipe.

## FINAL LANDSCAPING

1. After the system is installed, the following should be checked to ensure that the system will not be overloaded with excess rainwater and runoff:
   - The distribution field is shaped to shed rainwater and is free of low areas.
   - Grassy swales or ditches for diverting surface water are properly installed.
   - Gutter and downspout drains are directed away from the system.

2. Finally, the entire area should be planted with grass in order to prevent erosion. The soil should be properly tilled, limed (if necessary) and fertilized before planting. After applying an appropriate grass seed, the area should be heavily mulched with straw or other suitable material.

## QUALITY ASSURANCE REQUIREMENTS

The system must be installed by a qualified, contractor that is on the Mecklenburg County list of competent contractors. Critical stages of the installation, which should be checked, are:

1. System layout
2. Septic and pump tank installation prior to backfilling.
3. Manifold and lateral installation prior to backfilling.
4. Final landscaping, operation and pressure head check.

The system design is based on a maximum waste flow of 480 gallons per day. Homeowners should pay particular attention to the section titled Homeowner Suggestions for ways to minimize the burden on the system.

## OPERATION AND MAINTENANCE PROCEDURE

The system is classified as Type III and does not require a maintenance contract with a certified operator. The following are operating, maintenance and inspection procedures the homeowner should follow.

- Septic system shall be pumped every 4 years or when solids accumulate to 1/3 the volume of the tank.
- At 6 month intervals inspect the effluent filter. When washing the filter, debris must be sprayed directly back into the septic tank and not onto the lawn.
- Pressure head at manifold should be checked and adjusted one month after installation and annually thereafter.
- All piping and fittings shall be checked annually for damage and/or proper operation and corrections made immediately.
- The property should be inspected to insure all surface water is diverted away from the fields and tank. Any ponding of surface water should be corrected.
- Grasses shall be mowed and maintained and any erosion shall be corrected promptly.
- The nitrification field area shall be checked for leakages, blowouts or malfunction, indications of damp or mushy areas compared to surrounding

area or evidence of noticeable odor of sewage. Repairs shall be made immediately.

- The pump electrical should be checked to insure tight, clean connections with no corrosion and proper operation.
- Pump switches shall be checked for free operation and proper level set.
- Pump draw down depth and delivery rate shall be checked each year.
- Check septic tank and pump tank for evidence of damage or leakage. Check the quality of effluent including grease and sludge accumulation.

HOMEOWNER SUGGESTION

Most systems do not require much effort to operate and maintain. Even though the effort is small, the system must be maintained properly so that it operates reliably and at a minimum cost. Following are suggestions for the homeowner to minimize the burden on the septic system.

1. Garbage disposals should not be used in on-site systems. The ground garbage adds large amounts of solids to a septic tank, causing sludge to build up at a quicker rate than without. If disposal is installed, use should be limited.
2. Grease, cooking oils and coffee grounds should never be put into a septic tank.
3. Items such as disposable diapers, cigarettes, facial tissues and other solid or paper wastes should not be flushed into the on-site system.
4. Used motor oil and other such oily liquids should not be put into a septic tank.
5. Using less water can reduce the amount of water flowing to the treatment and disposal field.
6. Water-saving fixtures and devices can be installed on sinks, toilets and showers to reduce the rate at which the water flows from the fixture.
7. Dishwashers and washing machines should only be run with full loads.
8. Leaky faucets and toilets can add large volumes of water to the daily flow of water into the on-site system. Repair the leaks to save water and give the treatment and disposal field a rest.
9. Roof drains, basement sump pumps, foundation drains, and other such drains should not empty into or onto the surface above the on-site system. These drains should be directed to another part of the lot away from the treatment and disposal field.

## DESIGN SPECIFICATIONS

Lot 7 Mountain Point Estates

| | |
|---|---|
| Daily design flow: | 480 gpd. |
| Septic tank size: | 1500 gal. (2 compartments) |
| Pumping tank size: | 1500 gal. |
| Effluent loading rate: | 0.3 gpd/ft$^2$ |
| Total length and diameter of supply pipe: | app. 230' of 2" SCH 40 PVC |
| Number and length of laterals: | 3 @134' long |
| Pressure Manifold: | 3 taps at ½" (SCH 40 PVC) |
| Flow rate through the system: | 21.4 gpm capability |
| Elevation head: | Approx. 23' |
| Pressure head: | 2.0' |
| Friction head: | 5.2' |
| 20% contingency | 6.0' |
| Total head: | 36.2' |
| Pump requirements: | 21.4 gpm at 36.2' of head; use Myers ME50 ½ hp pump or equivalent with compatible electrical |
| Dosing volume: | 340 gal. – 1.4 doses/day at design flow |
| Depth of water pumped per dose: | calculated to specific tank by measure or dealer engineering specifications(1 cubic ft. of water equals 7.48 gal.) |
| Pump run per dose: | approx. 15.9 min |
| Check valve: | No |
| Siphon break hole: | No |

S 21°57'34" E
527.55'

DRIVE

BRFL

S 2°00'00" E 190.00'

TOTAL 386.68'

216.68

Lot 6
2.024 Acres
88,151 s.f.
FPE = 676.0

Lot 1
2.929 Acres
127,428 s.f.
FPE = 676.0

House

Shed

Repair

Repair

Repair

Septic Area Easement for Lot 6 (See Notes)

20' P.D.E.

B.R.F.L.

BRFL

S 41°30'13" W 585.92'

N 17°47'02" W 861.67'

511.67'

BECKHAVEN LN.
50' PUBLIC R/W

S944
S950
S954
S639
S640

C-8 C-9 C-10 C-11 C-12 C-13 C-14 C-15 C-16 C-17 C-18 C-19 C-20

L-5 L-6 L-14

0+00 672.8
1+00 673.5
2+00 664.9
3+00 676.0
4+00 672.8
5+00 672.0
6+00 670.8
7+00 677.4
8+00 678.8

704-871-2777
065.0

30' B.S.L.
35' B.S.L.
50' B.S.L.
100' B.S.L.

P.O.E.

F.P.E.

Sump and pump tanks

2" SCH 40

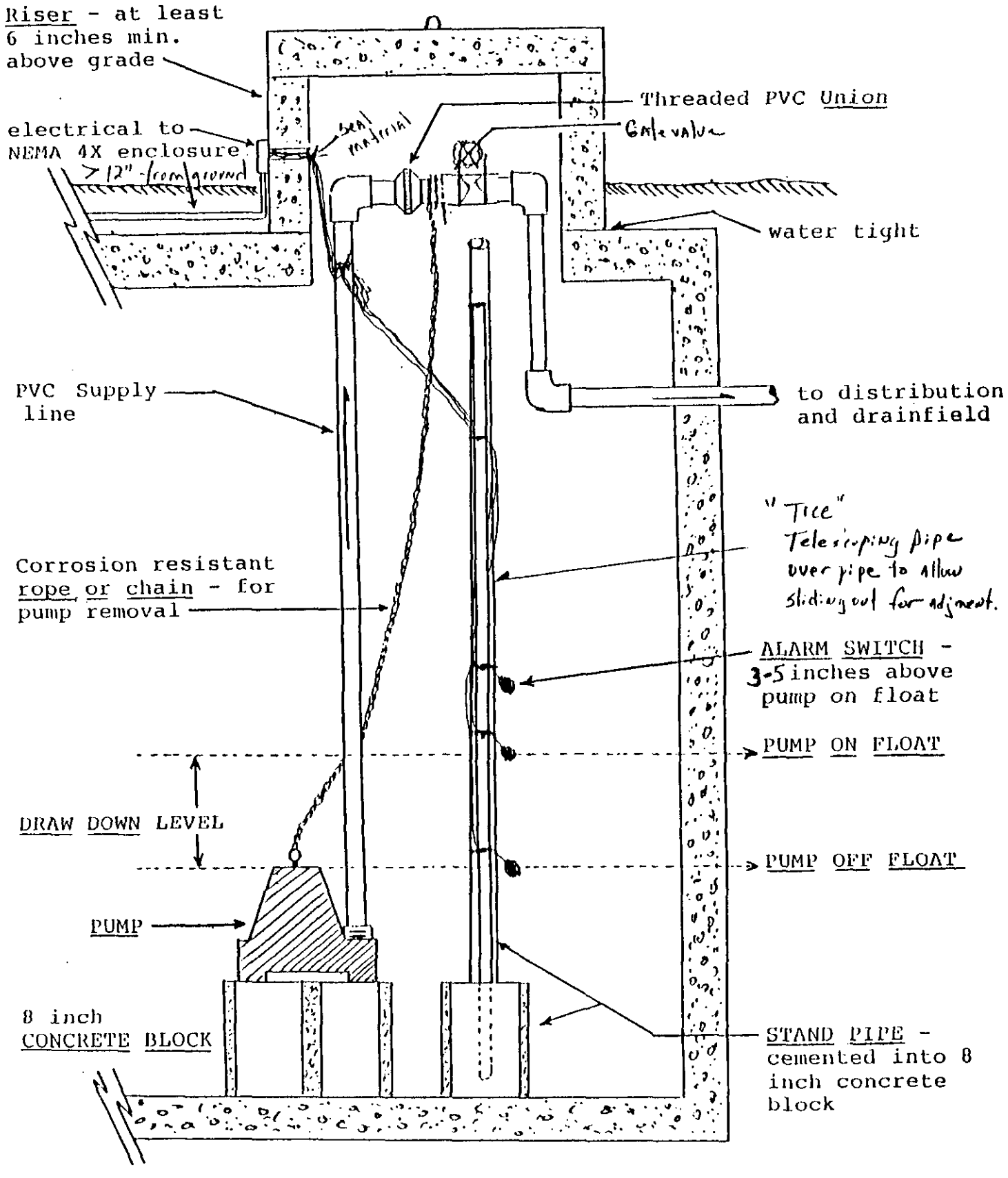
Road

Gravel 134'

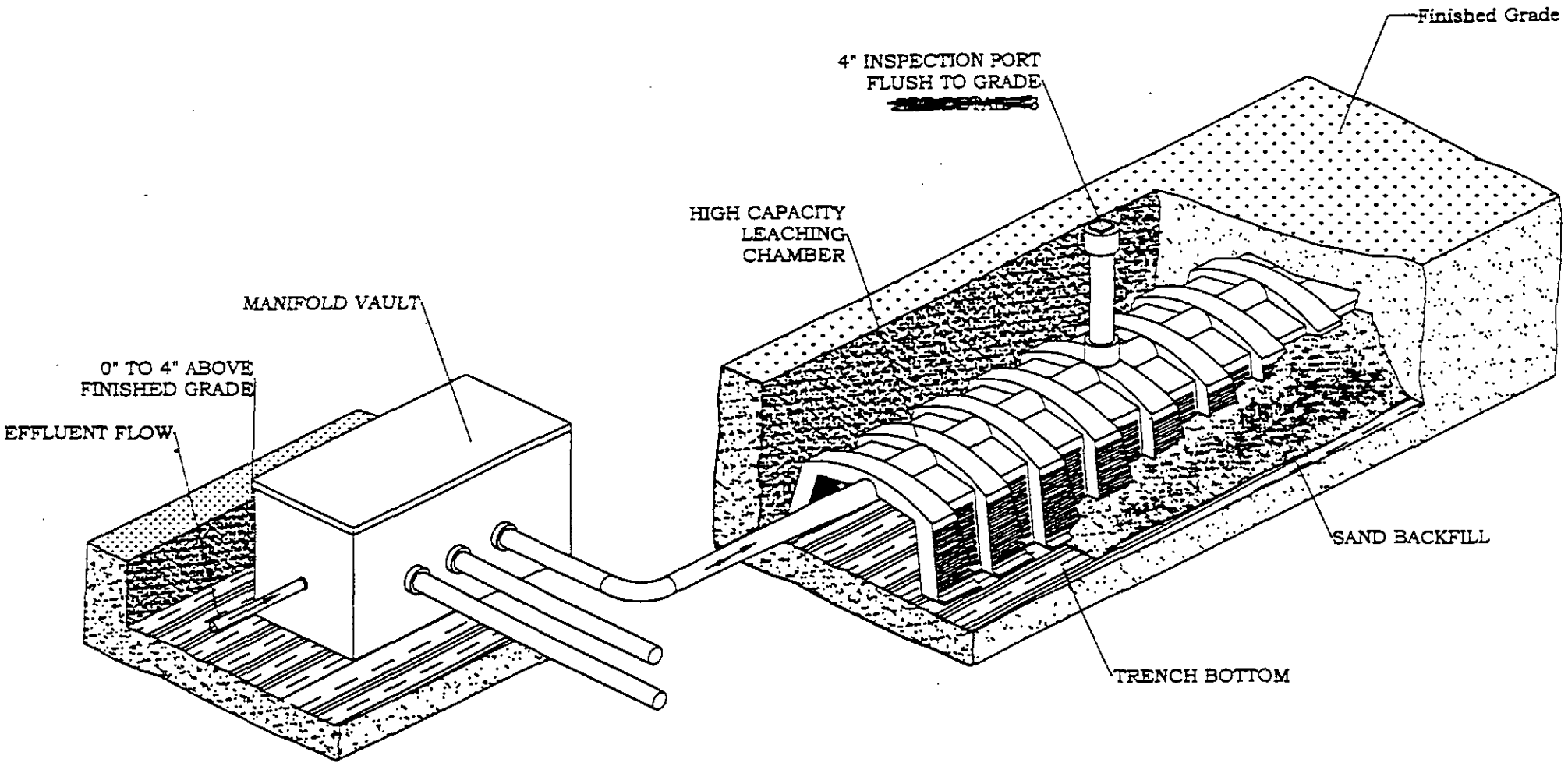
Gravel 134'

- E. Christenbury -
R 7661-735

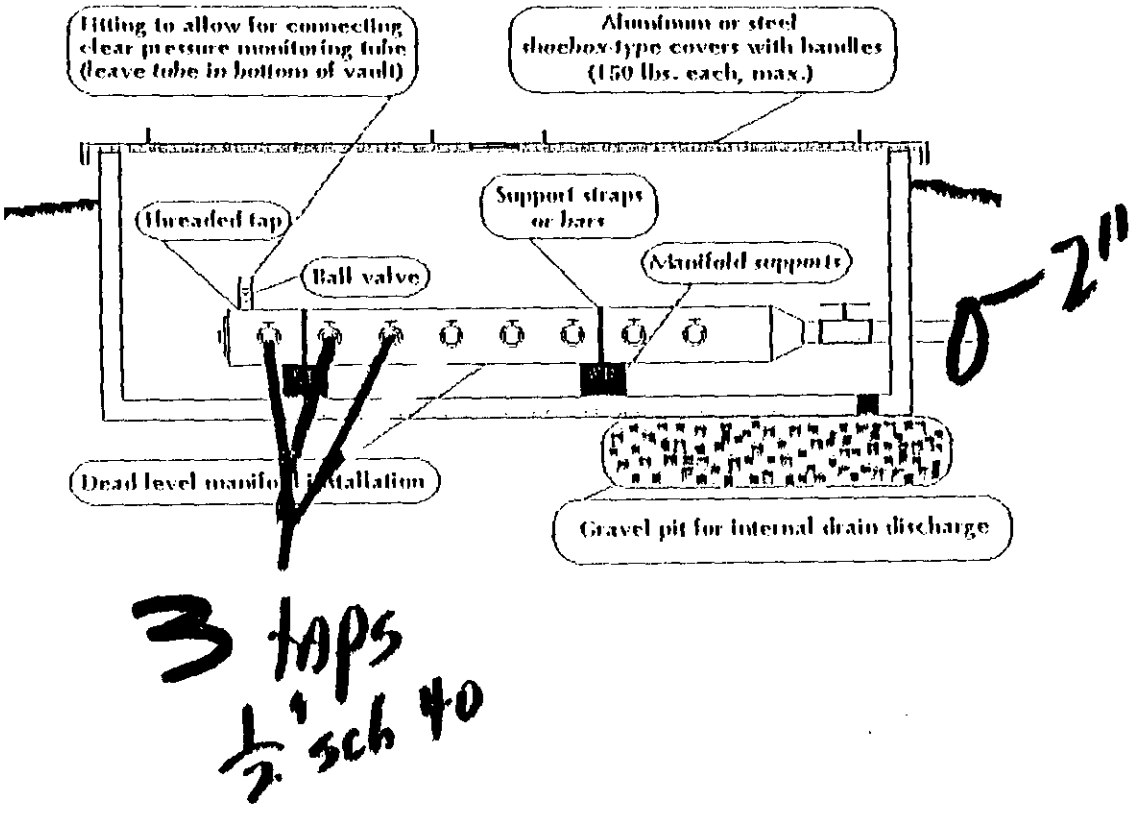
PUMP DIAGRAM



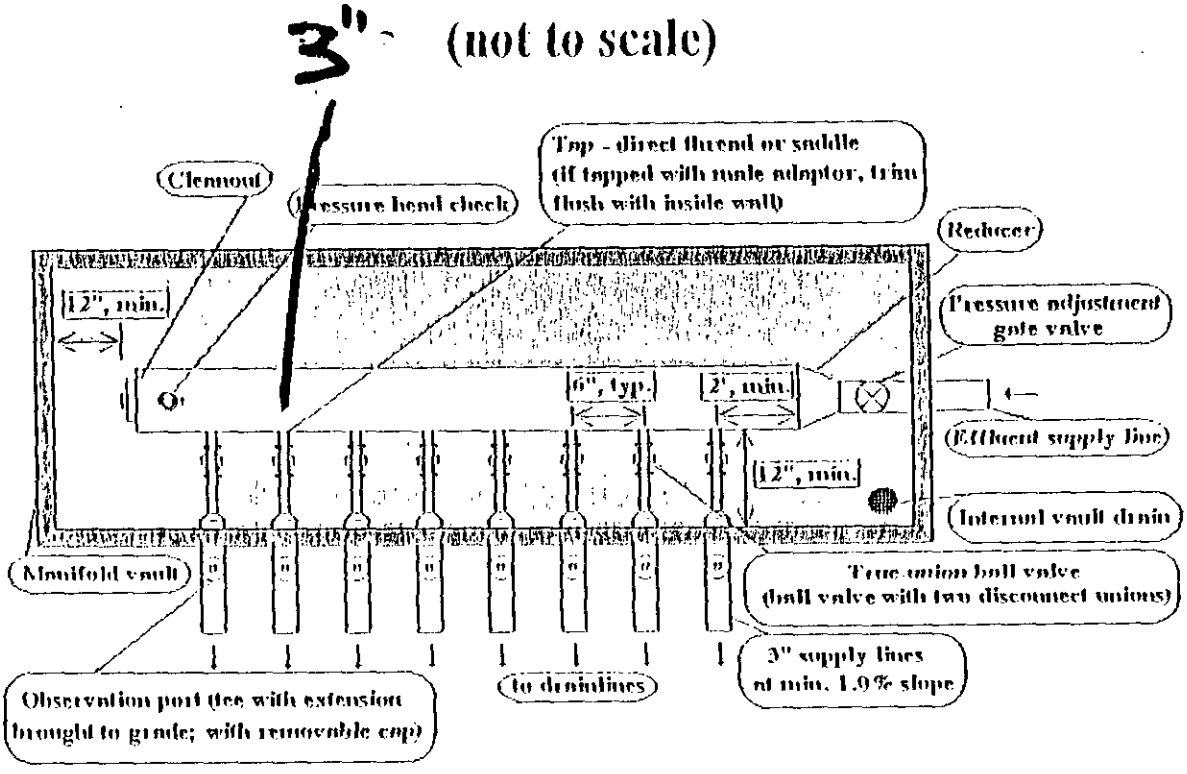
# GRAVITY FED LEACHING CHAMBER
# FED BY PRESSURE MANIFOLD
# DETAIL 1.2A




FROM THE POINT ON NORMAN
SEPTIC INFO
(TRI-COUNTY WASTEWATER mgt. 199[illegible]

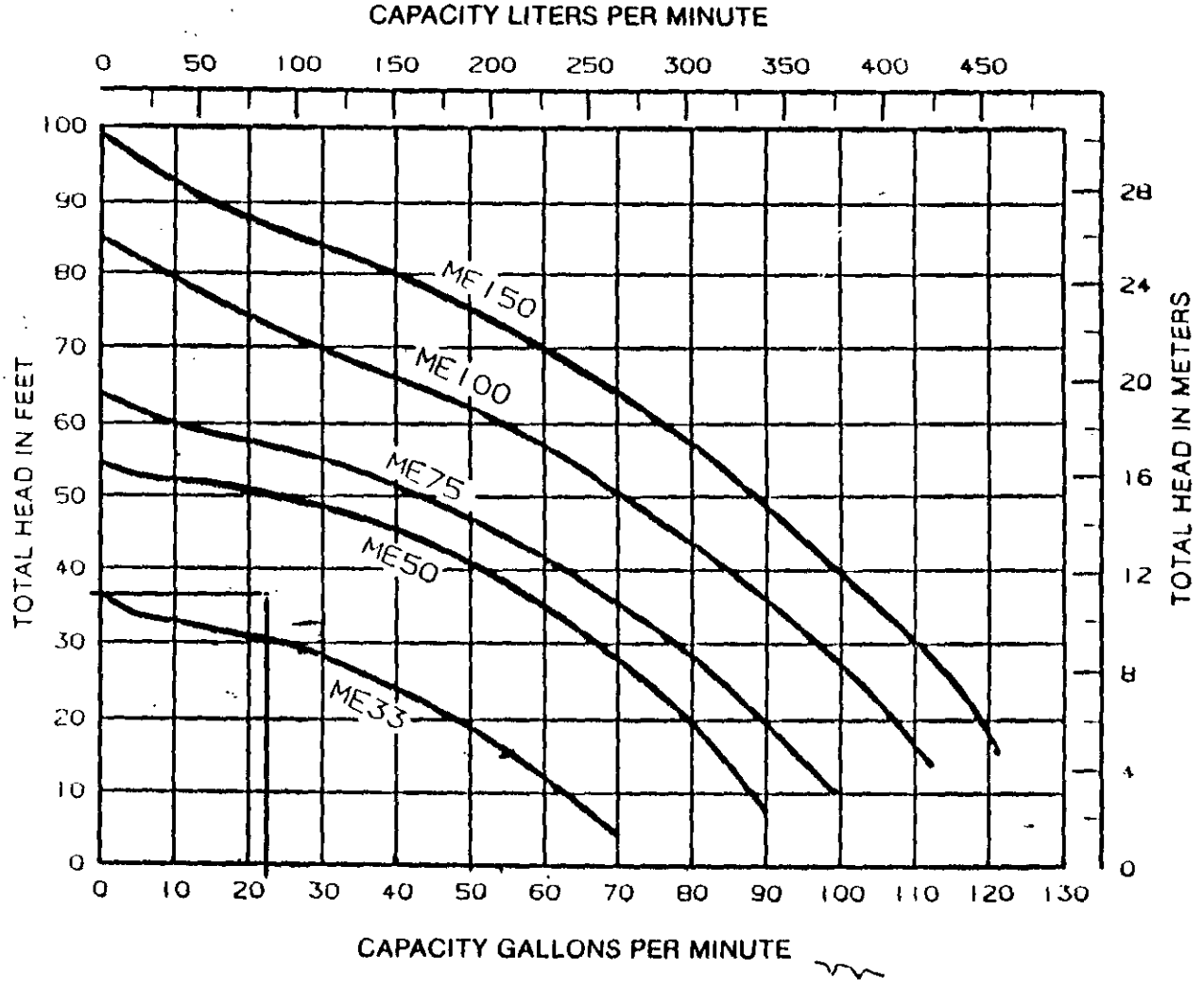



## Profile View of Pressure Manifold for Sloping Site Installation



# ME Series
# 1/3 through 1-1/2 HP
# Effluent Pumps
# Performance Curve

Myers



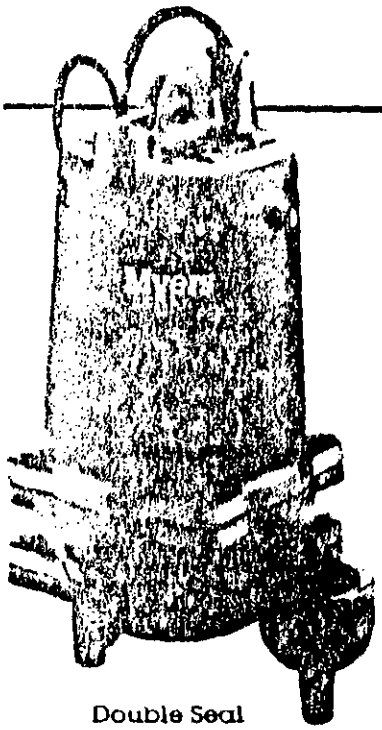

F.E. Myers, A Pentair Company • 1101 Myers Parkway, Ashland, Ohio 44805-1923
419/289-1144 FAX 419/289-6658 Telex 98-7443

K3327 7/91

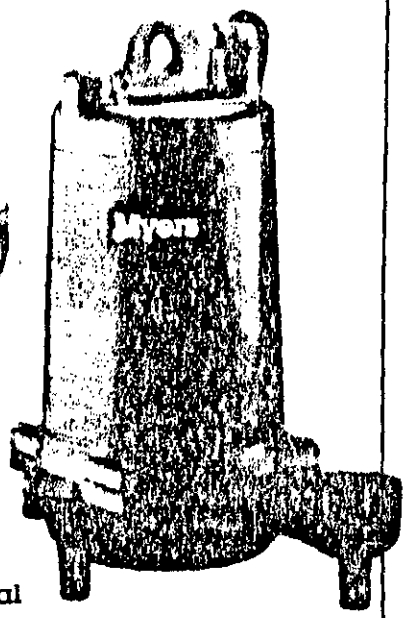
Printed in U.S.A.

# ME SERIES

1/3 through 1-1/2 HP
Effluent Pumps



Double Seal



Single Seal

**THE MYERS ME SERIES EFFLUENT PUMPS ARE DESIGNED SPECIFICALLY FOR TODAY'S EFFLUENT PRESSURE DISTRIBUTION MOUNDS, TRENCHES AND HIGH FLOW DRAINAGE APPLICATIONS.** The ME Series effluent pumps with their efficient two vane, enclosed impellers provide the ideal performance for optimum dosing. ME Series pumps are constructed of only corrosion resistant materials like cast iron, stainless steel and thermoplastics to assure that they will perform for years to come in the harsh effluent environment and drainage applications. For more information, call your Myers distributor today or the Myers Ashland, Ohio sales office at 419/289-1144.

## ADVANTAGES BY DESIGN

IDEAL FOR USE IN MOUND AND TRENCH PRESSURE DISTRIBUTION SYSTEMS

- High efficiency, two vane, enclosed impeller provides ideal performance for most efficient dosing.
- Impeller passes full ¾ inch solids.
- Enclosed impeller design eliminates possibility of jamming or corrosion between impeller and volute.

DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE

- Oil-filled motor for maximum heat dissipation and constant bearing lubrication.
- High torque, permanent split capacitor (PSC), single phase motors. No starting switches or relays to wear out.
- Optional seal leak probe warns of seal leak condition. (Dual seal motors only.) Helps prevent costly motor damage.
- Motors have on winding current and temperature sensitive overload. (Single phase only.)

THE ME SERIES EFFLUENT PUMPS ARE DESIGNED FOR YEARS OF MAINTENANCE FREE OPERATION

- Volute seal ring is replaceable. Restores pump to original performance if wear should occur.
- Motor is held in place by 4 screws. Easily removed if service is ever needed.

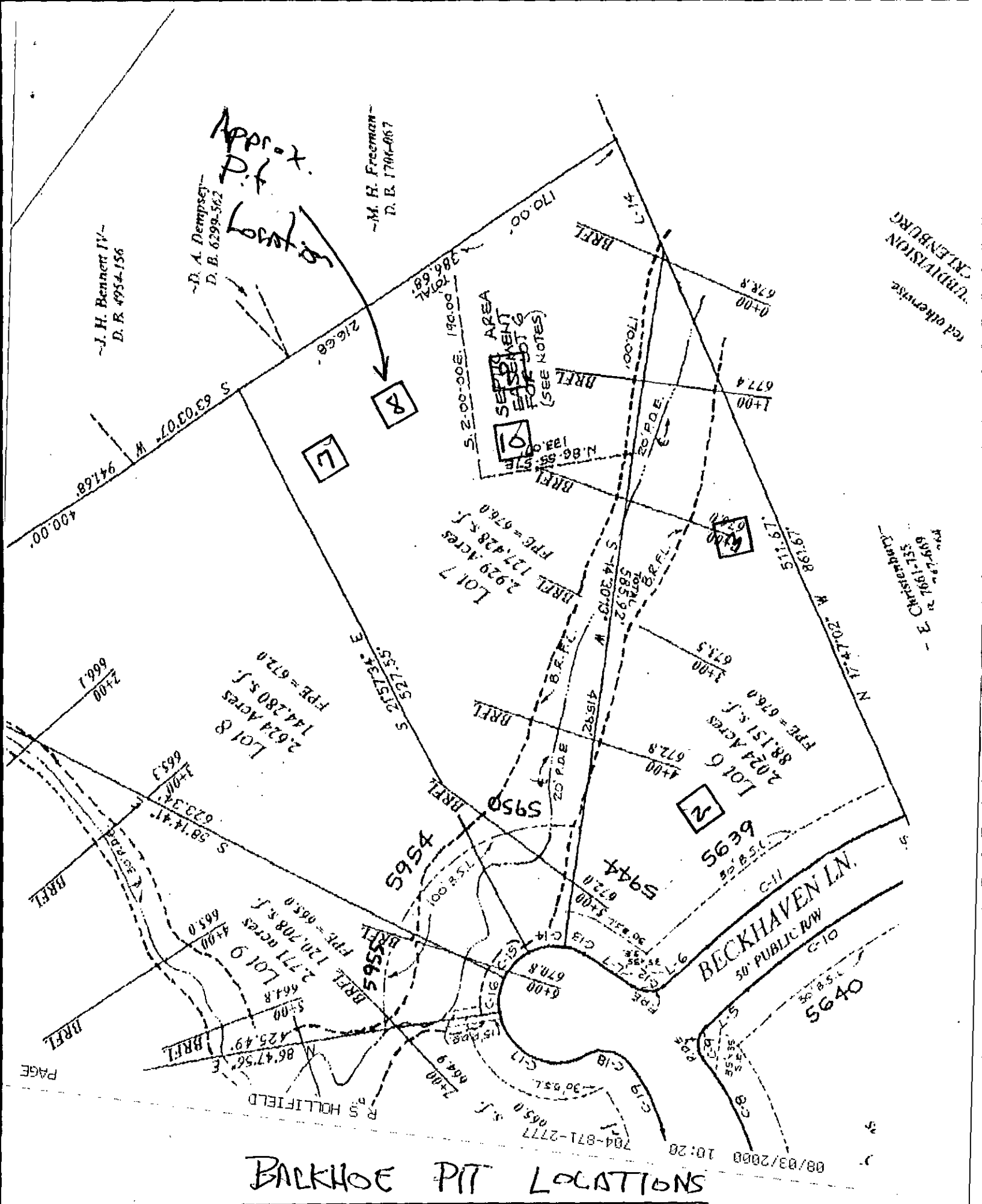
## PRODUCT CAPABILITIES

| | | |
|---|---|---|
| Capacities To | 120 GPM | 454 LPM |
| Heads To | 98 ft. | 29.8 m |
| Max. Spherical Solids | ¾ in. | 19 mm |
| Liquids Handling | domestic effluent & drain water | |
| Intermittent Liquid Temp. | up to 140° F | up to 60° C |
| Motor Electrical Data | 1/3 & 1/2 HP, 115 volts, 1 ph<br>1/3 to 1-1/2 HP, 230 volts, 1 ph<br>208, 230, 460, 575 volts, 3 ph<br>oil-filled, permanent split capacitor type, 1 ph, 3450 rpm, 60 Hz | |
| Motor Insulation | Class B (130°C) | |
| Third Party Approvals | Pending | |
| Acceptable pH Range | 6-9 | |
| Specific Gravity | 9-1.1 | |
| Viscosity | 28-35 SSU | |
| Discharge, NPT | 2 in. | 50.8 mm |
| Min. Sump Dia. Simplex<br>Duplex | 24 in.<br>36 in. | 61 cm<br>91.4 cm |

| Construction Materials | |
|---|---|
| Motor Housing, Volute | cast iron, Class 30, ASTM A48-76 |
| Enclosed Two Vane Impeller Standard<br>Optional | engineered thermoplastic<br>bronze |
| Impeller Wear Ring | 304 SST |
| Volute Sealing Ring | Buna-N |
| Shaft | 416 SST |
| Power Cord<br>1/3 & 1/2 HP, 1 Ph<br>3/4 - 1 1/2 HP, 1 Ph<br>All 3 Ph | <br>20 ft. 16/3 SJOW/SJOW-A<br>20 ft. 14/3 SJOW/SJOW-A<br>20 ft. 14/4 SOW/SOW-A |
| Shaft Seals Standard<br>Optional<br>Opt. Lower | single carbon & ceramic<br>tandem carbon & ceramic<br>tungsten carbide |
| Fasteners | 300 Series SST |

*WHERE INNOVATION MEETS TRADITION*

Myers®




# BACKHOE PIT LOCATIONS

TCJ CONSULTING

# SITE / SOIL EVALUATION

JOB: Mt. Pt. Estates Lot 7 PHONE:_____ DATE:_____

LOCATION:_____ PIN:_____ COUNTY:_____ PROPERTY SIZE:_____

PROPOSED FACILITY:_____ WATER SUPPLY: On-Site Well__ Community__ Public__ EVALUATION: Auger Boring__ Pit__ Cut_____

WEATHER: _____ ANTECEDENT MOISTURE:_____ SURFACE WATER: _____

| FACTORS | PROFILE 7 | PROFILE 8 | PROFILE_ | PROFILE_ |
|---|---|---|---|---|
| LANDSCAPE POSITION-% | | | | |
| HORIZON I DEPTH | 0-7 | 0-7 | | |
| Color - Munsell | br | br | | |
| Texture | sl | sl | | |
| Structure | gr | gr | | |
| Consistence | fr | fr | | |
| | | | | |
| | | | | |
| Boundary | | | | |
| HORIZON II DEPTH | 7-38 | 7-36 | | |
| Color - Munsell | yel rd | yel rd | | |
| Texture | c | c-cl | | |
| Mottles | few fnt sac | c com | | |
| Structure | m-sbk | m-sbk | | |
| Consistence | fi sh/sc | fi sh/sc | | |
| | | | | |
| | | | | |
| Boundary | | | | |
| HORIZON III DEPTH | 38-52 | 36-48 | | |
| Color - Munsell | | red yel | | |
| Texture | scl-l sae | cl sae | | |
| Mottles | | few fnt | | |
| Structure | w/ few | m | | |
| Consistence | sh | fi sh/sc | | |
| | | | | |
| | | | | |
| Boundary | | Soil to | | |
| HORIZON IV DEPTH | | Hard in | | |
| Color - Munsell | | place | | |
| Texture | | | | |
| Mottles | | | | |
| Structure | | | | |
| Consistence | | | | |
| | | | | |
| | | | | |
| Boundary | | | | |
| SOIL WETNESS | | | | |
| RESTRICTIVE HORIZON | | | | |
| SAPROLITE | | | | |
| LTAR | .3 | .3 | | |
| CLASSIFICATION | PS | PS | | |
| | | | | |
| | | | | |

LEGEND

LANDSCAPE POSITION
R - Ridge
S - Shoulder
L - Linear slope
S - Foot slope
N - Nose slope
H - Head slope
Cc - Concave slope
Cv - Convex slope
T - Terrace
P - Flood Plain

TEXTURE
s - sand
ls - loamy sand
sl - sandy loam
l - loam
si - silt
sil - silt loam
sicl - silty clay loam
cl - clay loam
scl - sandy clay loam
sc - sandy clay
sic - silty clay
c - clay

CONSISTENCE
MOIST / WET
Ns - non-sticky
Ss - slightly sticky
S - sticky
Vs - very sticky

Np - non-plastic
Sp - slightly plastic
P - plastic
Vp - very plastic

MOIST
vfr - very friable
fr - friable
fi - firm
vfi - very firm
efi - extremely firm

STRUCTURE
sg - single grain
m - massive
cr - crumb
gr - granular
sab - subangular blocky
ab - angular blocky
pl - platy
pr - prismatic

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 # 39649
PARCEL # Portion of 023-252-33

The undersigned, Fletcher G. Keith and wife Peggy Keith, owner of property ~~located at~~ being known as Lot 7 of Mountain Point Estates, (the "site") and described in an instrument recorded in Map Book 33 at Page 747, 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.

FILE COPY
FILED FOR REGISTRATION
DATE 8/31/2000
TIME 3:42
BOOK 4422
PAGE 422
REC'D $12.00
STAMPS
DOC. #266179

*This instrument was prepared by:* Griffin & Brunson, LLP
*Mail after recording to:* Griffin & Brunson, LLP, 301 S. McDowell Street, Suite 907 Charlotte, NC 28204

(Corporate Name)

By: _____

_____ President

ATTEST:

_____ Secretary

(Corporate Seal)

Fletcher G. Keith (SEAL)

Peggy Keith (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~

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

WITNESS my hand and notarial seal, this 29 day of August, ~~1993~~ 2000

Susan Sowell
Notary Public

My Commission Expires:
3/9/03

FEE: _____

DATE: _____

**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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: P/O 023-252-33

STREET ADDRESS: LOT 7 AND LOT 8 MOUNTAIN POINT ~~SPRINGS~~ LN

SUBDIVISION OR MOBILE HOME PARK NAME: MOUNTAIN POINT ESTATES

LOT NUMBER: LOT 7 AND LOT 8

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: 3,500

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | __ YES ✓ NO | 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: MARTIN (LAST) CHARLES (FIRST) B JR. (MI)

ADDRESS: PO BOX 668567

CITY: Charlotte STATE: NC ZIP: 28266

DAYTIME PHONE: ( ) –

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: STEVENS (LAST) CHARLES (FIRST) W (MI)

DAYTIME PHONE: 704 622-9646

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? OCT 30, 2000

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: Charles W Stevens DATE: April 28, 2003

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

DATE: 9-9-00 PERMIT NO: 3984-B
PARCEL NO: 023-252-33
JOB LOCATION ADDRESS: Mountain Point Lane Lot 7
PROPERTY OWNER: F.G. Keith
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Mountain Point Estates
AUTHORIZATION ISSUED BY: Wally Randall DATE: 9-9-00
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3984-B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: - agreement forms on file before installation approval
- install w/ plan on file

## 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.

Tommy C. Starnes, CPSS 8/31/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 3984-B

Fax Number 023-252-33

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<br>Type (circle one):<br>I II III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>✓ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| .3 Long-term acceptance rate | 480 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9 Trench spacing (min. on centers) |
| yes Serviced by private well | 1500 Gallon septic tank | 400 Total trench length (ft) | 30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 4 Bedrooms in residence | 1000 Gallon pump tank | N/A Depth of stone | |

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: - agreement forms must be executed and recorded prior to installation approval
- install w/ plan on on file.

| | | | |
|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II III IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ___ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 |

| | | | |
|---|---|---|---|
| ___ Absorption Area (Sq ft)<br>___ Total Trench Length (Ft) | ___ Depth of Stone Trench | ___ Trench spacing (min. on centers) | ___ 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.

DEHNR Authorized Agent — Date: 9-9-00

Owner/Agent Signature — Date: 8/31/00

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

FEE: 100.00 Ck # 2099

DATE: 6/16/99 VM

# 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 #: 3984B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-252-33 P007

STREET ADDRESS: Lot 7 Mountain Point Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Point Estates

LOT NUMBER: Lot 7

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE: Crawlspace

[✓] WITHOUT BASEMENT / ON SLAB / [✓] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [✓] NO TYPE: _____

WATER SUPPLY (CHECK ONE): [ ] COMMUNITY (C) [ ] MUNICIPAL (M) [✓] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES [ ] YES [✓] NO
EXISTING WASTEWATER SYSTEMS [ ] YES [✓] NO
EASTMENTS OR RIGHT-OF-WAYS [ ] YES [✓] NO
WELL, SPRINGS OR WATERLINES [ ] YES [✓] NO
DESIGNATED WETLANDS [ ] YES [✓] NO

PROPERTY OWNER: F. G. KEITH

NAME: (LAST) KEITH (FIRST) F. (MI) G.

ADDRESS: 5344 Central Avenue

CITY: Charlotte STATE: NC ZIP: 28212

DAYTIME PHONE: 704 568-4195

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) KATE (FIRST) KATHY (MI)

DAYTIME PHONE: 704 399-4848

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: [signature] DATE: 6-15-99

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

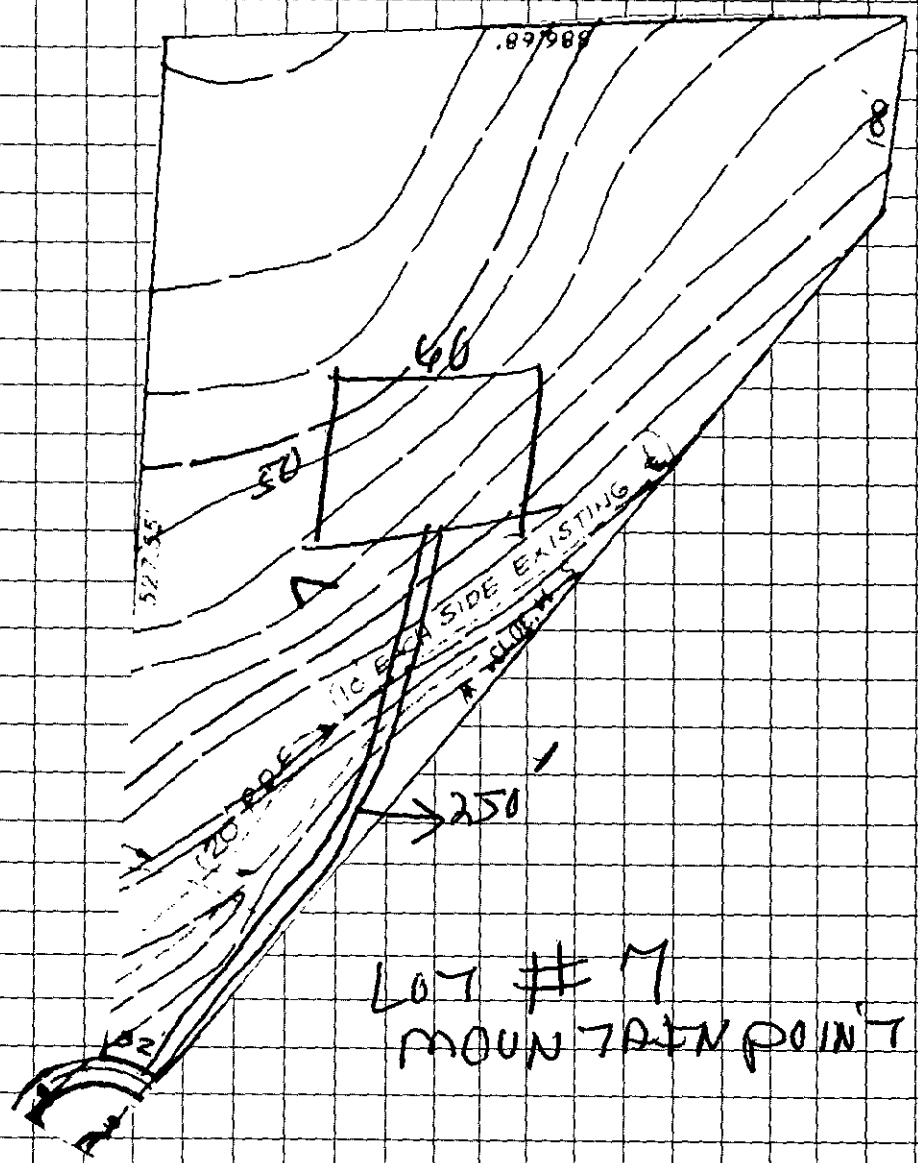
# PROPOSED PLOT PLAN

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

FILE: 3984B

TC: 023-252-33P007

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 6-15-99

APPROVAL DATE _____

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

Permit Number: 3985B

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023 252 33 PO

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.

Lot 8

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<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| .3 Long-term acceptance rate | 480 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| NO Serviced by private well | 1500 Gallon septic tank | 400' Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 4 Bedrooms in residence | 1000 Gallon pump tank | NA Depth of stone | | |
| Any surface waters present: NO Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: Lift pump required, Innovative Septic System Approval, Agreement forms shall be recorded and on file prior to cons. &/or release. Keep the septic system >100' (50' min) from the proposed well | | | | |
| Repair Area System Type Type (circle one): I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 1200 Absorption Area (Sq ft)<br>400 Total Trench Length (Ft) | NA Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" 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.

Phila A. Walker RS 6/7/00
DEHNR Authorized Agent — Date

Owner/Agent Signature — 8/31/00 Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR
SUITE 213
700 N. TRYON ST
CHARLOTTE, N.C. 28202
(704) 336-5102

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

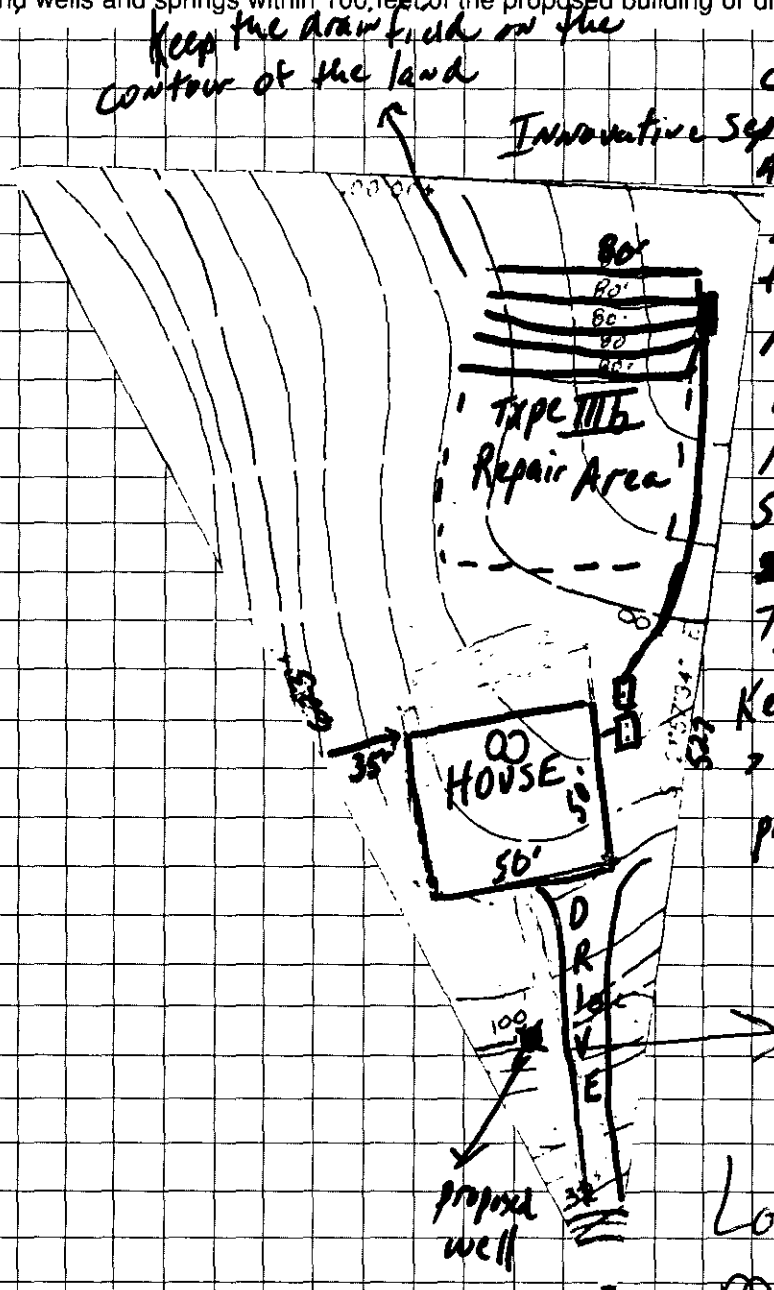
# PROPOSED PLOT PLAN

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

FILE: 3985B

TC: 023-252-33P008

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.




COMMENTS

4 Bedroom Residence
Innovative Septic System Approval Agreement forms shall be recorded and on file prior to const. Authorization release
1500 ST Lift pump
1000 DT required
5 lines x 80'/ long x 3' and = 400 LF
Type IIIb

Keep the septic system 100' (50' min) from the proposed well

Lot # 8
MOUNTAIN POINT LANE -

OWNER/AGENT SIGNATURE

DATE 6-15-99

APPROVAL DATE _____

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

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

#240

Sheet: _____
Property ID: PO 023-252-33
Lot #: 8
File #: 3985B

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

OWNER: F. D. Keith
APPLICANT: _____
ADDRESS: 5344 Central Ave, Charlotte
DATE EVALUATED: 6-24-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 4.83
LOCATION OF SITE: Mountain Point Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

| PROFILE # | slopes 6-15% .1940 Landscape Position/ Slope % | Horizon Depth (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS &LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-7" | gr/sc/ | Fr/SEXP/SS/SP | >37" TO soil wetness | 37" | N/A | None | PS IV .25 |
| | | 7-34" | SBK/SC | F:/SEXP/SS/P | | | | | |
| | | 34-37" | SBK/SCl | Fr/SEXP/SS/SP | | | | | |
| 2 | LS | 0-5" | gr/sl | Fr/SEXP/NS/NP | >48" TO soil wetness | 48" | N/A | None | PS IV .39 |
| | | 5-48" | SBK/SC | F:/SEXP/SP | | | | | |
| 3 | LS | 0-8" | gr/sc/ | Fr/SEXP/SS/SP | >28" TO soil wetness | 28" | N/A | None | US |
| | | 8-28" | SBK/SC | F:/Mixed//US/VP | | | | | |
| 4 | LS | 0-6" | gr/sc/ | Fr/SEXP/SS/SP | >20" TO soil wetness | 20" | N/A | None | US IV |
| | | 6-20" | SBK/SC | F:/SEXP/SP | | | | | |
| 5 | LS | 0-8" | gr/sc/ | Fr/SEXP/SS/SP | >8" TO soil wetness | 8" | N/A | None | US III |
| | | 8"+ | M/ SL | Fr/SEXP/NS/NP | | | | | |
| 6 | LS | 0-8" | gr/sc/ | Fr/SEXP/SS/SP | >48" TO soil wetness | 48" | N/A | None | US |
| | | 8-37" | SBK/SC | F:-VF:/Mixed//US/P | | | | | |
| | | 37-48" | SBK/SC | F:/SEXP/SP | | | | | |
| 7 | LS | 0-6" | gr/sc/ | Fr/SEXP/SS/SP | >41" TO soil wetness | 41" | N/A | None | PS .39 IV |
| | | 6-39" | SBK/SC | F:/SEXP/SP | | | | | |
| | | 39-41" | SBK/SCl | Fr/SEXP/SS/SP | | | | | |
| 8 | LS | 0-6" | gr/sc/ | Fr/SEXP/SS/SP | >30" TO soil wetness | 30" | N/A | None | ~~PS~~ US .39 IV |
| | | 6-30" | SBK/SC | F:/SEXP/SP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | US |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Mullin LSS 6-25-99
OTHER(S) PRESENT: _____

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

Sheet: ____

Property ID: ____

Lot #: ____

File #: 3985 B

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: ____ APPLICANT: ____

ADDRESS: ____ DATE EVALUATED: ____

PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949) ____ PROPERTY SIZE: ____

LOCATION OF SITE: ____ PROPERTY RECORDED: ____

WATER SUPPLY: ☐Private ☐Public Well ☐Spring ☐Other ____

EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☐Sewage Industrial Process ☐Mixed

| PROFILE # | .1940 Landscape Position/ Slope % | Horizon Depth (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS &LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 9 | LS | 0-3" | gr\|s\| | Fr\|SExP\|SS\|SP | >41" TO SOIL WETNESS | 41" | N/A | None | PS .39\| F2 IV |
| | | 3-30" | SBK\| c | Fi\|SExP\|SlP | | | | | |
| | | 30-41" | SBK\| sc\| | Fr\|SExP\|SS\|SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): ____

EVALUATED BY: ____

OTHER(S) PRESENT: ____

FILE # 3985B

COMMENTS 100% Repair

| LANDSCAPE POSITION | GROUP | TEXTURE | .1955 LTAR |
|---|---|---|---|
| R-RIDGE | I | S-SAND | 1.2-0.8 |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | |
| L-LINEAR SLOPE | | | |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8-0.6 |
| N-NOSE SLOPE | | L-LOAM | |
| H-HEAD SLOPE | | | |
| CC-CONCLAVE SLOPE | III | SI-SILT | 0.6-0.3 |
| CV-CONVEX SLOPE | | SICL-SILTY CLAY LOAM | |
| T-TERRACE | | CL-CLAY LOAM | |
| FP-FLOOD PLAIN | | SCL-SANDY CLAY LOAM | |
| | IV | SC-SANDY CLAY | 0.4-0.1 |
| | | SIC-SILTY CLAY | |
| | | O-ORGANIC | |

| CONSISTENCE MOIST | CONSISTENCE WET |
|---|---|
| VFR-VERY FRIABLE | NS-NON-STICKY |
| FR-FRIABLE | SS-SLIGHTLYSTICKY |
| FI-FIRM | S-STICKY |
| VFI-VERY FIRM | VS-VERY STICKY |
| EFI-EXTREMELY FIRM | NP-NON-PLASTIC |
| | SP-SLIGHTLYSTICKY |
| | P-PLASTIC |
| | VP-VERY PLASTIC |

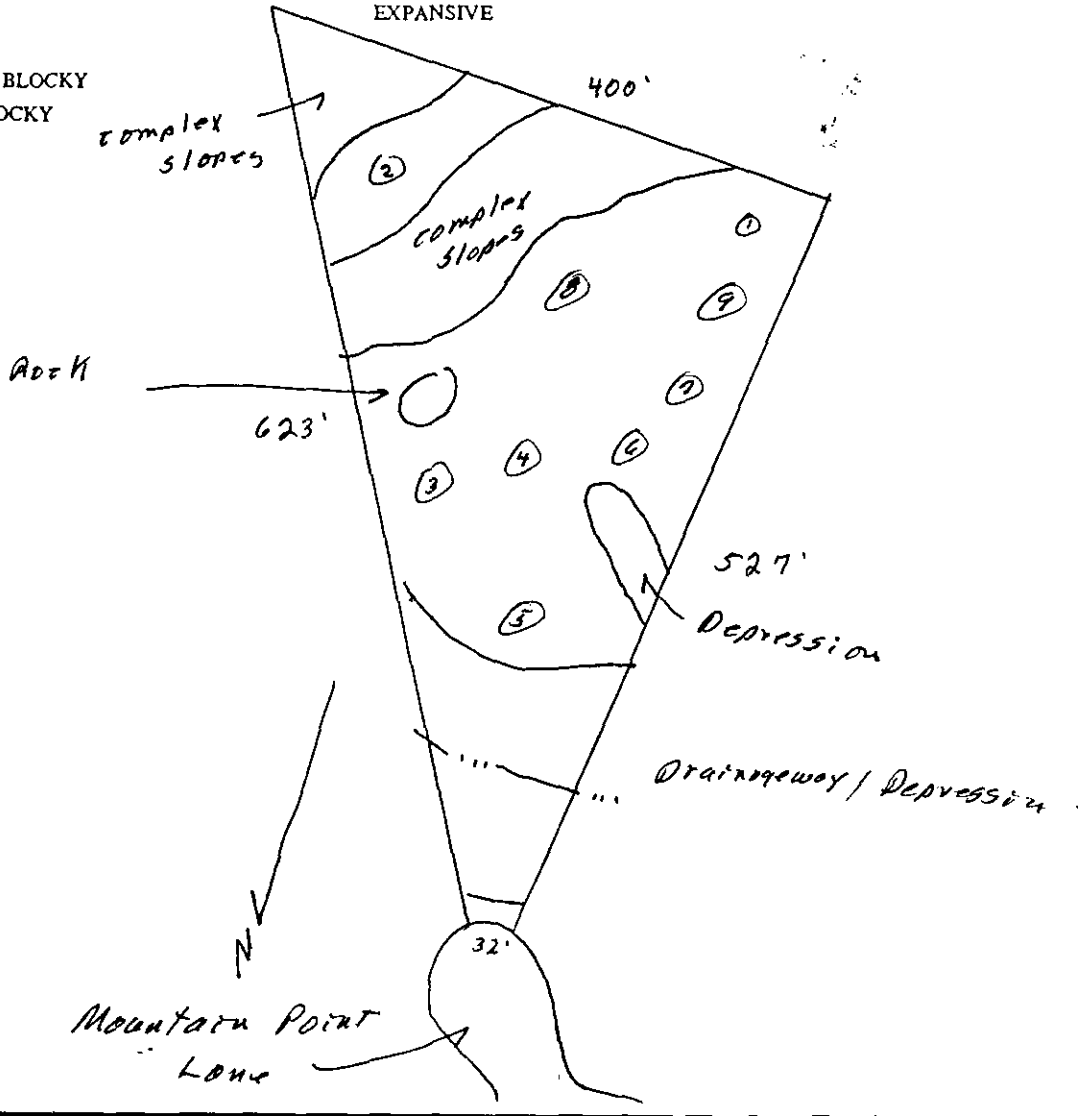
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: 100.00 CK# 2099

DATE: 6/15/99 VW

# 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 #: 2098B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-252-33P008

STREET ADDRESS: LOT 8 Mountain Point Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Point Estates

LOT NUMBER: LOT 8

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:

CLOSING DATE

FOUNDATION FOR RESIDENCE: Crawlspace

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: F.G. KEITH

NAME: (LAST) KEITH (FIRST) F. (MI) G.

ADDRESS: 5344 Central Avenue

CITY: Charlotte STATE: NC ZIP: 28212

DAYTIME PHONE: 704 568-4195

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) KATE (FIRST) KATHY (MI)

DAYTIME PHONE: 704 399-4848

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: [signature] DATE: 6-15-99

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

1/11/Mail

File # 39866
JRS

# RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3239

**1. WELL CONTRACTOR:**
Charles Moses
Well Contractor (Individual) Name
Advanced Well Drilling
Well Contractor Company Name
STREET ADDRESS 9221 Pump Road
Catawba, NC 28609
City or Town State Zip Code
(828) 241-4300
Area code- Phone number

**2. WELL INFORMATION:**
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) 1000150
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 1-31-07
TIME COMPLETED 3:00 AM ☐ PM ☑

**3. WELL LOCATION:**
CITY: Charlotte COUNTY Mecklenburg
5955 Mountain Point Ln
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☑ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 35°20.403'
LONGITUDE 80° 55.077'
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
*(location of well must be shown on a USGS topo map and attached to this form if not using GPS)*

**4. WELL OWNER**
OWNER'S NAME George R. & Susan J.
STREET ADDRESS 5955 Mountain Point Ln
Charlotte N.C. 28216
City or Town State Zip Code
( )
Area code - Phone number

**5. WELL DETAILS:**
a. TOTAL DEPTH: 505
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½ FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 10 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 2 tablets
g. WATER ZONES (depth):
From 445 To 450 From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

**6. CASING:**

| | Depth | | Diameter | Thickness/ Weight | Material |
|---|---|---|---|---|---|
| From 0 | To 50 | Ft. | 6 | 6¼ | PVC |
| From ____ | To ____ | Ft. | | | |
| From ____ | To ____ | Ft. | | | |

**7. GROUT:**

| | Depth | | Material | Method |
|---|---|---|---|---|
| From 0 | To 20 | Ft. | Concrete | Poured |
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |

**8. SCREEN:**

| | Depth | | Diameter | Slot Size | Material |
|---|---|---|---|---|---|
| From ____ | To ____ | Ft. | in. | in. | |
| From ____ | To ____ | Ft. | in. | in. | |
| From ____ | To ____ | Ft. | in. | in. | |

**9. SAND/GRAVEL PACK:**

| Depth | | | Size | Material |
|---|---|---|---|---|
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |

**10. DRILLING LOG**

| From | To | Formation Description |
|---|---|---|
| 0 | 20 | Stumps, red dirt |
| 20 | 40 | boulders, top soil |
| | | granite |
| 40 | 50 | Hard granite |
| 50 | 105 | granite |
| 105 | 445 | granite |
| 445 | 505 | granite |

**11. REMARKS:**

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Charles Moses 1-31-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Charles Moses
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

**Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.**

Form GW-1a
Rev. 7/05

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-5056

## PERMIT TO CONSTRUCT A WATER SUPPLY WELL

Permit #: 10001150 File #: 39858 Tax Parcel #: 023-252-51
Property Owner: GEORGE R. GELSINGER JR
Job Location Address: 5955 MOUNTAIN POINT LN
City/ETJ: CHARLOTTE State: NC Zip Code: 28216
Permit Issuance Date: 7/31/2006
Use of Well: Potable
Type of Facility Served by Well: House
Sewage System Type: New System

Area of Regulated Groundwater Usage Restrictions Apply: YES
Replacement for Existing Well: If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

**Specific Conditions of This Permit (Check all that apply):**

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply).

☐ Volatile Organic Compounds (VOCs) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

No additional requirements prescribed per ARGU review. Proposed well site is in excess of 2000 feet from nearest contamination site

Jeremy Michaux P.E.
Authorized Agent: Print Name

Signature

Owner/Legal Agent: Print Name

Signature

LP

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

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10001150 **File #:** 39866 **Tax Parcel #:** 023-232-61
**Property Owner:** GEORGE R. GELSINGER JR
**Job Location Address:** 5955 MOUNTAIN POINT LN
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 7/31/2008
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** New System

**Area of Regulated Groundwater Usage Restrictions Apply:** YES
**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

**Specific Conditions of This Permit (Check all that apply):**

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)
☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply Well being placed in service.

**Other Conditions of This Permit:**

No additional requirements prescribed per ARSU review. Proposed well site is in excess of 2000 feet from nearest contamination site.

Jeremy Nicholson R.S.
Authorized Agent: Print Name

Jeremy Nicholson R.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

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

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10001150 **File #:** 3986B **Tax Parcel #:** 023-252-51
**Property Owner:** GEORGE R. GELSINGER JR
**Job Location Address:** 5955 MOUNTAIN POINT LN
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28216
**Permit Issuance Date:** 7/31/2006
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** New System

**Area of Regulated Groundwater Usage Restrictions Apply:** YES

**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

**Specific Conditions of This Permit (Check all that apply):**

☐ Grout must be placed the full extent of the casing. ☐ Casing to bedrock

☐ Initial water sample to be taken and analyzed for (check all that apply):

☐ Volatile Organic Compounds (VOC's) ☐ Semi-volatile Compounds ☐ Metals (Specify in Other Conditions)

☐ Pesticides ☐ Herbicides ☐ Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

No additional requirements prescribed per ARGU review. Proposed well site is in excess of 2000 feet from nearest contamination site.

Jeremy Micholone P.S.
Authorized Agent: Print Name

Jeremy Micholone P.S.
Signature:

Owner/Legal Agent: Print Name

Signature:

FILE # 3986B PARCEL # 023-252-51

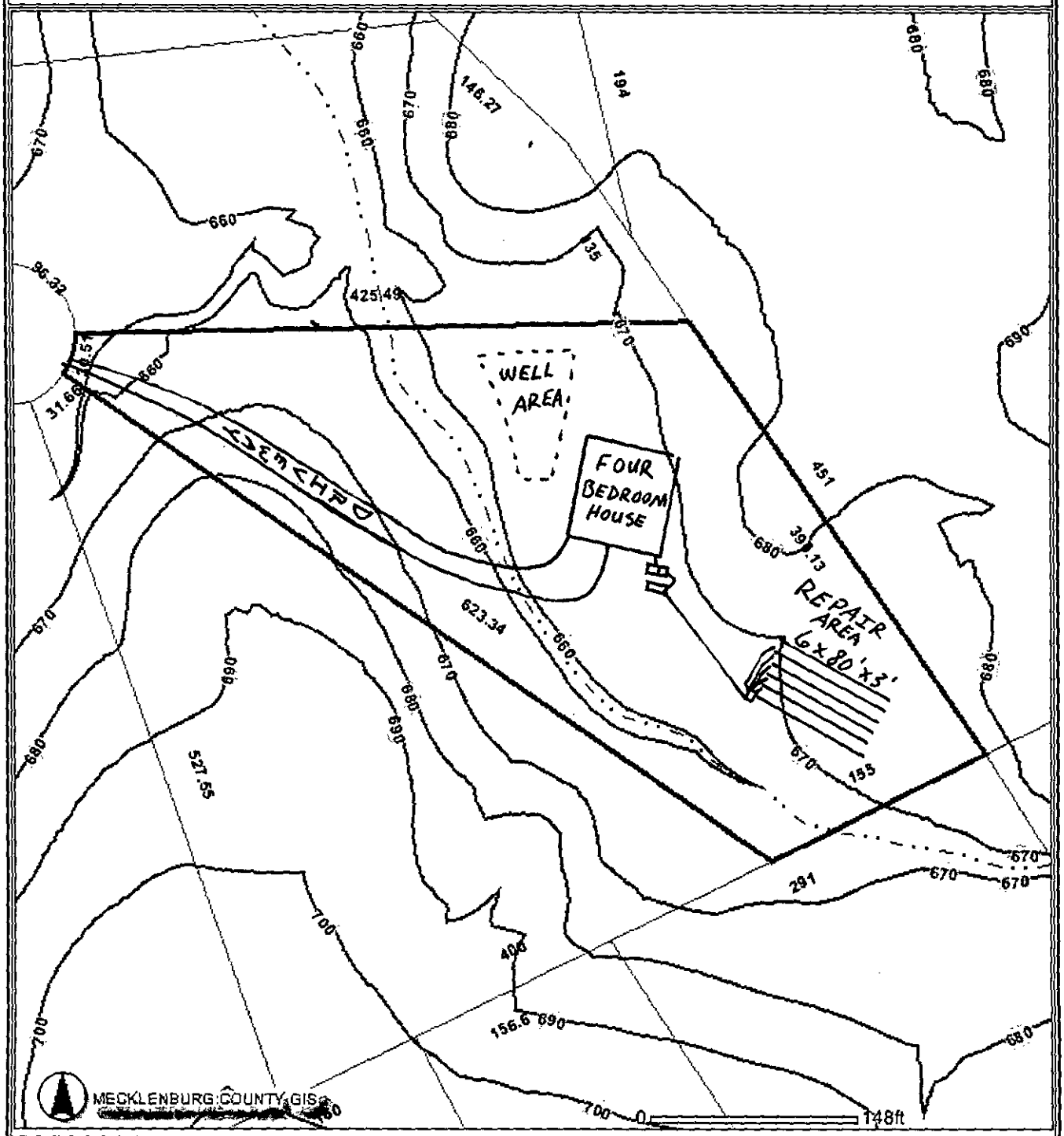
Mecklenburg County, North Carolina

# POLARIS

*Property Ownership Land Records Information System*

Date Printed: Fri Jul 28 10:07:57 EDT 2006

## 5955 Mointain Point Lane




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.

→ FOUR BEDROOM HOUSE → 6 LINES x 80' x 3'

→ 0.25 LTAR → 480 TLF

→ 1500 SEPTIC TANK, 1000 PUMP TANK → TYPE III 6 PUMP TO INNOVATIVE SYSTEM & REPAIR.

7/24

Date: 7/28/2006
Reviewed By: DFT

# MECKLENBURG COUNTY

## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 023-252-51 File # 3986B

Street Address: 5955 Mountain Pilot Lane

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 033-064-01 MPL # 972

Street Address: 5416 Mt. Holly-Huntersville Rd.

DENR Incident #: None

Current Status: None Why? Not listed in NCDENR Database.

Responsible Party: James Griffin Jr.
5476 Mt. Holly Huntersville Rd.
Charlotte, NC 28216

Responsible Party Contact Info: James Griffin Jr.
5476 Mt. Holly Huntersville Rd.
Charlotte, NC 28216

File Review

ARGU Review Worksheet
Job Location: 5955 Mountain Pilot Lane
Page 2

Attach the most recent extent of contamination map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Text. Attach map or if text only, indicated the location on an extent of contamination map.
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? No

| | |
|---|---|
| **If Yes** | **ARGU is a 1500-foot buffer around the maximum extent of contamination** |

If No, is the source area defined?

| | |
|---|---|
| If Yes | ARGU is a 1500-foot buffer around the source area |
| If No | ARGU is a 1500-foot buffer around the contamination site property boundary. |

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location? NO

| | |
|---|---|
| If No | Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review. |
| If Yes | Is the well within the first 1000 feet of the ARGU? NO |
| If No | Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review. |
| If Yes | Permit denied. |

Reviewer Comments: Contamination site is in excess of 1500-ft from the proposed well site as shown on the plat submitted with application. No additional sampling or construction requirements are prescribed per this ARGU review DFT.

EPIC Report for ARGU Review
5955 Mountain Pilot Lane
Tax Parcel ID # 023-252-51
File # 3986B

7/28/2006 (Friday) – Received request for ARGU review for new water supply well located at 5955 Mountain Pilot Lane.

Public water supplied by CMU is NOT available at this site.

Completed ARGU review:

Identified one MPL sites within 2,000 feet of the subject parcel:
MPL# 972 Dave's Auto Salvage
5416 Mt. Holly-Huntersville Road.

File review of Dave's Auto Salvage indicates:

Spills of gasoline and oil were reported by Mecklenburg County Water Quality Program 10-13-98. Water Quality inspector did not locate significant evidence of spillage upon visiting the site. Four nearby water supply wells were subsequently sampled for VOCs. No VOCs were detected in any of the 4 samples.

Groundwater gradient is generally from the proposed well site to the MPL site.
MPL site property boundary is approximately 2,020 feet from the proposed well site as shown on the plot plan submitted with the application.

Based on this review this permit application is approved with no additional construction or sampling requirements prescribed.

END.

*Mecklenburg County, North Carolina*

# *POLARIS*

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

Date Printed: Fri Jul 28 12:47:19 EDT 2006

**ARGU Review File 3986B 5955 Mountain Pilot Lane Distance from proposed well to Daves Auto Salvage (closest contamination site) approximately 2020 feet.**




**Total Measure Line Length:** 2018.53 Feet

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

Dave's Auto Salvage Inc #9472

Proposed well Site

# MECKLENBURG COUNTY
## Well Information System




The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, elections information, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Dave's Auto Salvage
MPL # 972

# 1150

GWS – RES. APP 07/05

SEPTIC FEE: 200.00
DATE: 7/17/06
CRT [ ] X31890 JKA

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

FILE # 39866

WELL FEE: 100.00
DATE: 7/28/06
CRT [ ] X31990 JKA

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

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

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 02325251
STREET ADDRESS: 5955 Mountain Pt Ln
CITY: Charlotte NC
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 9
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: 3350
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: X 5

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 creek |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☑ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☐ NO |

**PROPERTY OWNER:** Charge to AC

NAME: George R Gelsinger Jr.
ADDRESS: 459 Patrick Rd.
CITY: Gastonia
STATE: NC ZIP: 28056
HOME PHONE: WORK PHONE: 704-854-3256
MOBILE PHONE: 704 363-1518 FAX: 704-854-8883

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

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

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? June 2006

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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.

George R Gelsinger Jr 7-15-06
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.

George R Gelsinger Jr 7-15-06
Owner's/Agent's Signature Date

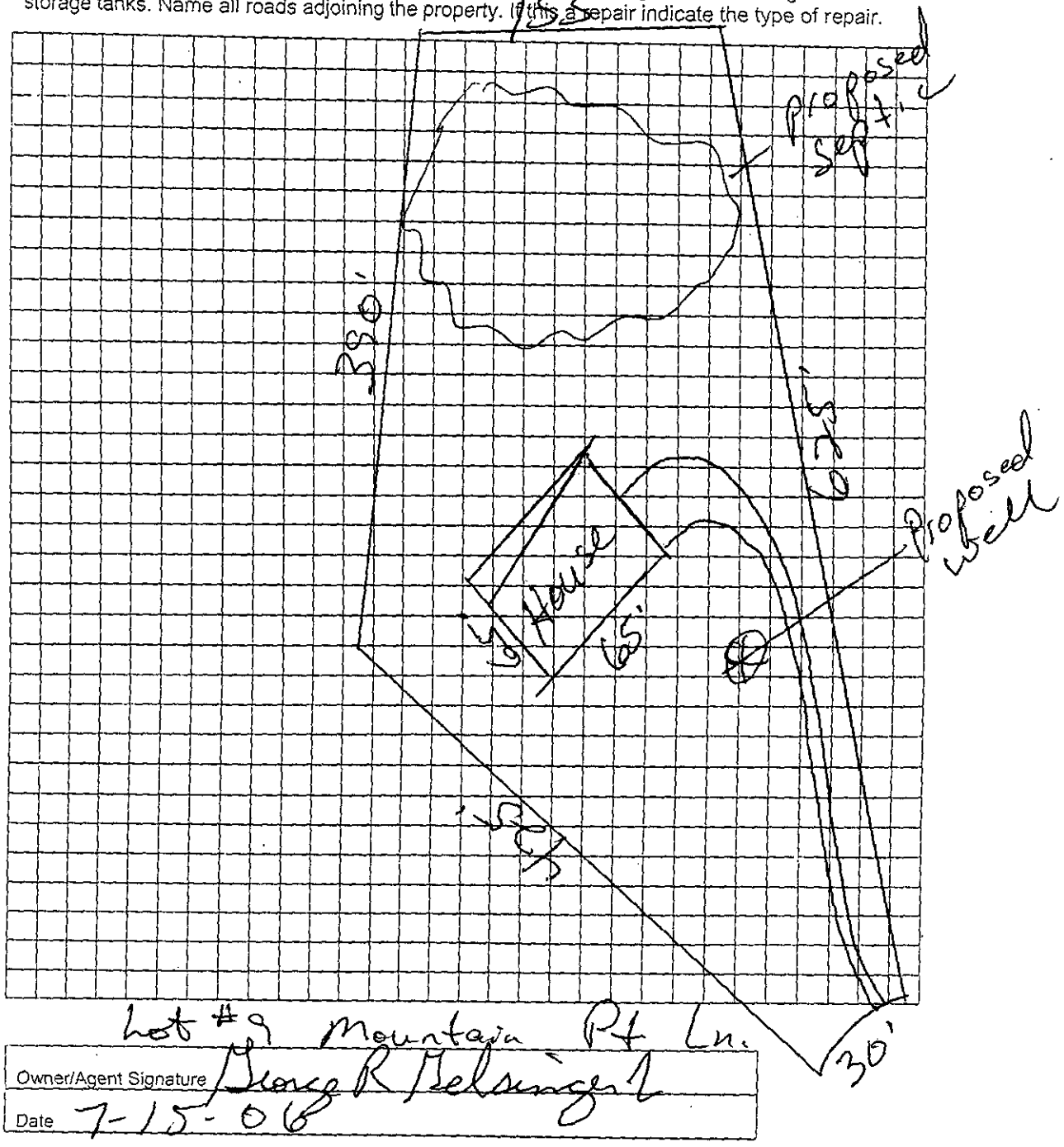
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 # 3986B
Date 7/14/06

# 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.




Lot #9 Mountain Pt Ln.

Owner/Agent Signature George R Belsinger

Date 7-15-06

LBC 12/15/04

# ACTIVITY REPORT



**LOG NUMBER:** 2006-00450 **ACTIVITY DATE:** 07/28/2006
**TYPE OF ACTIVITY:** Office Report
**FILE DESCRIPTOR:** GW-G- DAVE'S AUTO SALVAGE

## SITE INFO

**SITE:** DAVE'S AUTO SALVAGE **PARCEL ID:** 03306401
**ADDRESS:** 5416 MT. HOLLY-HUNTERSVILLE RD
CHARLOTTE NC 28216- -

**CONTACT:** Dave Watts
**BUSINESS PHONE NO:** (704) 393-7064

## ACTIVITY

EPIC Report for ARGU Review
5955 Mountain Pilot Lane
Tax Parcel ID # 023-252-51
File # 3986B

7/28/2006 (Friday) - Received request for ARGU review for new water supply well located at 5955 Mountain Pilot Lane.

Public water supplied by CMU is NOT available at this site.

Completed ARGU review:

Identified one MPL sites within 2,000 feet of the subject parcel:
MPL# 972 Dave's Auto Salvage
5416 Mt. Holly-Huntersville Road.

File review of Dave's Auto Salvage indicates:

Spills of gasoline and oil were reported by Mecklenburg County Water Quality Program 10-13-98. Water Quality inspector did not locate significant evidence of spillage upon visiting the site. Four nearby water supply wells were subsequently sampled for VOCs. No VOCs were detected in any of the 4 samples.

Groundwater gradient is generally from the proposed well site to the MPL site.
MPL site property boundary is approximately 2,020 feet from the proposed well site as shown on the plot plan submitted with the application.

Based on this review this permit application is approved with no additional construction or sampling requirements prescribed.

END.

## VIOLATIONS

VIOLATION COMMENTS:

VIOLATION # DESCRIPTION

## SAMPLES

## SUMMARY

**STATUS:** CLOSED
**DATE CLOSED:** 11/14/2006
**MISC EXPENSES:** 0.00

**TIME ON SITE:** 0:00
**TRAVEL TIME:** 0:00
**ADMIN TIME:** 2:00
**MILEAGE:**

**STATE REPORT FORM:**
**SUMMARY:**

## SIGNATURES

**ENVIRONMENTALIST:** _____ **DATE** 07/28/2006
Dennis Tyndall

**REVIEWED BY:** _____ **DATE** 10/26/2006
Kelly Randall