


4840 MOUNTAIN POINT LN

02316207

5/29/2007

duponbj

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

N.C. Department of Environment and Natural Resources
Division of Environmental Health

## Inspection of Engineered Subsurface Wastewater System

| | | |
|---|---|---|
| Mecklenburg County | Abdo Residence | 4975A |
| **Health Department** | **Name of Establishment** | **Permit/Project No.** |
| 4840 Mt. Point Ln., Charlotte, NC 28216 | 3 bedroom house | 360 GPD |
| **Location** | **Type of Establishment** | **Design Flow** |
| Bashar & Carlene Abdo | 4840 Mt. Point Ln., Charlotte, NC 28216 | n/a |
| **Owner/Agent** | **Address** | **Phone** |
| n/a | n/a | n/a |
| **Operator** | **Address** | **Phone** |
| IIIb | 03/27/2007 | February 2012 |
| **System Type** | **Date of Inspection** | **Next Inspection Due** |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **1. ESTABLISHMENT:** | | | | |
| a. Type, size, and sewage flow in accordance with permit? | ☒ | ☐ | ☐ | 1. Repair leaking toliet(s) in house. |
| **2. COLLECTION SYSTEM:** | | | | |
| a. No evidence of leaks into or out from sewer lines/manholes? | ☒ | ☐ | ☐ | |
| b. Free of blockages/solids buildup in lines or manholes? | ☒ | ☐ | ☐ | |
| **3. TANKAGE:** (Grease Traps/Lift Stations/Septic/Dosing Tanks) | | | | |
| a. Tank risers accessible and surface water diverted? ..... | ☒ | ☐ | ☐ | |
| b. Tanks and access manholes structurally sound, watertight? | ☒ | ☐ | ☐ | 3.b. Secure riser lid w/ bolts. |
| c. Sanitary tee(s) in good working condition?..... | ☐ | ☐ | ☒ | 3.c. Sanitary tee not inspected. |
| d. Tanks pumped, cleaned out as needed?..... | ☒ | ☐ | ☐ | |
| **4. RAW SEWAGE LIFT STATION (if present):** | | | | |
| a. Required pumps present, operating, and cycling properly | ☐ | ☐ | ☒ | |
| b. High-water alarm present and operating properly? | ☐ | ☐ | ☒ | |
| c. Floats/pipe/valves/disconnects in good condition? | ☐ | ☐ | ☒ | |
| **5. EFFLUENT DOSING SYSTEM:** | | | | |
| a. Effluent appears clear, free of excess solids? | ☒ | ☐ | ☐ | 5. Measured < 4" of soilds in pump tank. |
| **A. PUMP SYSTEMS:** | | | | |
| a. Required pumps present, operating, and cycling properly? | ☒ | ☐ | ☐ | |
| b. High-water alarm present and operating properly? | ☒ | ☐ | ☐ | 5.A.b. Adjusted high water alarm |
| c. Floats/pipe/valves/disconnects in good working condition? | ☒ | ☐ | ☐ | float during inspection. |
| d. Control panel enclosure/components in good condition? | ☐ | ☒ | ☐ | 5.A.d. Evidence of moisture |
| e. Elapsed time readings: _____ _____ _____ _____ | | | | in junction box. |
| **B. SIPHON SYSTEMS:** | | | | |
| a. No evidence of overflow or siphon leakage? | ☐ | ☐ | ☒ | |
| b. Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | ☒ | |
| c. Bells and vents free of debris and in good condition? | ☐ | ☐ | ☒ | |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **6. GROUND ABSORPTION FIELDS:** | | | | |
| a. No evidence of effluent surfacing/reaching surface waters? | ☒ | ☐ | ☐ | 6. Drain field in good condition. |
| b. Minimal ponding in subsurface trenches? | ☒ | ☐ | ☐ | |
| c. Surface water being effectively diverted away? | ☒ | ☐ | ☐ | |
| d. Diversions/ditches/swales/tiles drains properly maintained? | ☒ | ☐ | ☐ | |
| e. Line cover/vegetation adequate/maintained as needed? | ☒ | ☐ | ☐ | |
| f. Protected from traffic, destructive uses? | ☒ | ☐ | ☐ | |
| g. Distribution devices in good condition, working properly? | ☒ | ☐ | ☐ | |
| h. Repair area properly reserved, maintained? | ☒ | ☐ | ☐ | |
| **A. LOW PRESSURE PIPE DRAIN FIELDS:** | | | | |
| a. Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | ☒ | |
| b. No effluent standing in lower laterals? | ☐ | ☐ | ☒ | |
| c. Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | ☒ | |
| d. Pressure head is properly adjusted? | ☐ | ☐ | ☒ | |

**OVERALL CONDITION AND OPERATION OF SYSTEM:**

No problems detected with system operation at the time of inspection.

Minor improvements recommended to system, see comments below.

**SUMMARY OF REPAIRS REQUIRED AT THIS TIME:**

None

***REPAIR WITHIN N/A DAYS.**

**SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:**

*The MCHD recommends having the tanks (septic & dosing) pumped out every 3 to 5 years to remove excess solids.

*Please visit http://groundwater.charmeck.org for additional information.

1. Repair/replace electrical junction box to prevent moisture entry. Properly seal conduit to prevent gas entry.
2. Secure pump tank riser lid w/ stainless grade bolts.
3. Repair all leaking toilets in house. If not repaired they may cause system failure.

DATE: 03/28/2007

SIGNED: _____, R.S. AGENT

Division of Environmental Health

Printed Name: Trevor Thomason

Phone #: 704-336-5568

#4560 $100.00 4-25-91 RW

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4975-A DATE: 2-16-97

TC: 023-162-07 FIL ~~GRT~~

SERIAL Nº 17053

Name of Owner TIM WATLETT Juris.: _____

Address of Property 4040 Mountain Pt Lane

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 5 @ 60

Cover Depth 12"

Water Supply Source Commwell.

Distance to Water Source 100'+

Excavation Inspected 2-16 97

Tank(s) Inspected 2-16-97

Wash Line Inspected —

High Water Alarm Inspected _____

PLOT

Design 1992 1500ST 1000 DT P1 INNOVATIVE CHAMBER SYSTEM CTR# WICLIC CIN0157EN0004

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: TYPE III

Environmental Health Specialist

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

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

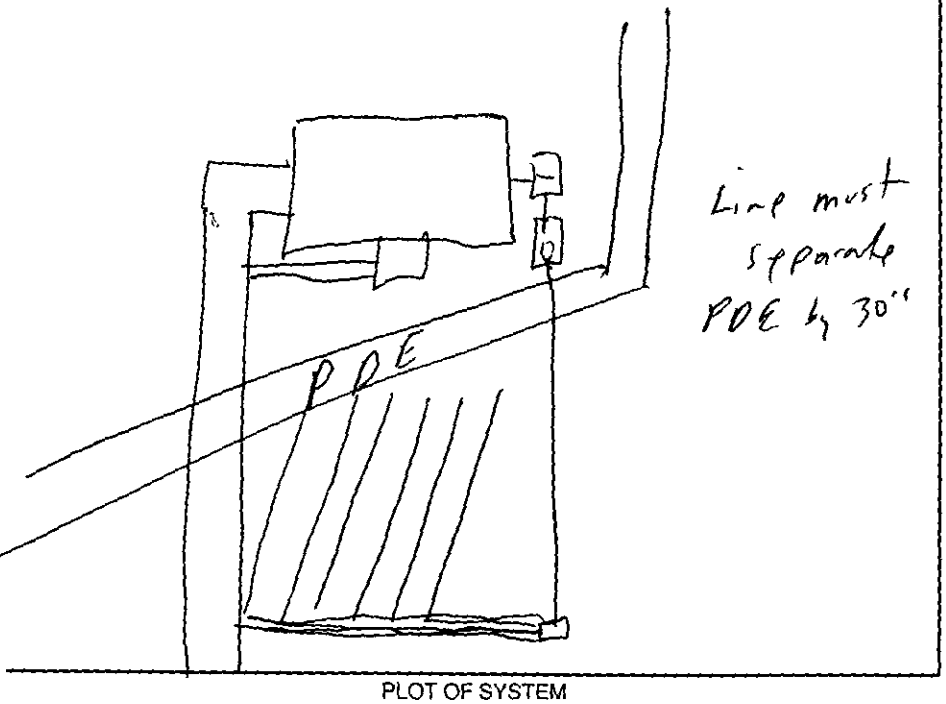
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4975-A DATE: 2-10-97

TC: 023-162-07 ☐ L

SERIAL Nº 17109

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 2-20-96. All work shall be completed on or before 2-10-97, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 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 300 feet

Number of Lines 6 x 50

Depth of Stone N/A 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 Tim Waylett

LOCATION OF PROPERTY 4840 Mountain Pointe Lane

Comments: Use innovative System per manufacturer instruction

Environmental Health Specialist

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

Ck # 4251 ALEDO W CRT

**FEE: 100.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE: 7-25-96 VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7-25-96 PERMIT NO: 4975-A
PARCEL NO: 023-162-07

JOB LOCATION ADDRESS: 4840 mountain Point
PROPERTY OWNER: Tim Waylett
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Randall DATE: 7-25-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4975-A, 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: use innovative system.

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 Tim Waylett 7/25/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 4975-A

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-162-07

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 | 360 Max gallons/day wastewater flow | 900 Absorption Area (sq ft) | 9 Trench spacing (min. on centers) |
| No Serviced by private well | 1500 Gallon septic tank | 300 Total trench length (ft) | 30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 3 Bedrooms in residence | 1000 Gallon pump tank | ___ Depth ~~of stone~~ | |

Any surface waters present: No Type: Minimum separation distance:

Site modifications required: No

Additional Conditions: use innovative system

| | | | |
|---|---|---|---|
| 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 |

| | | | |
|---|---|---|---|
| 900 Absorption Area (Sq ft)<br>300 Total Trench Length (Ft) | ___ Depth ~~of Stone Trench~~ | 9 Trench spacing (min. on centers) | 30 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.

Kelly Rundell 7-25-96
DEHNR Authorized Agent Date

Wayne 7/25/96
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

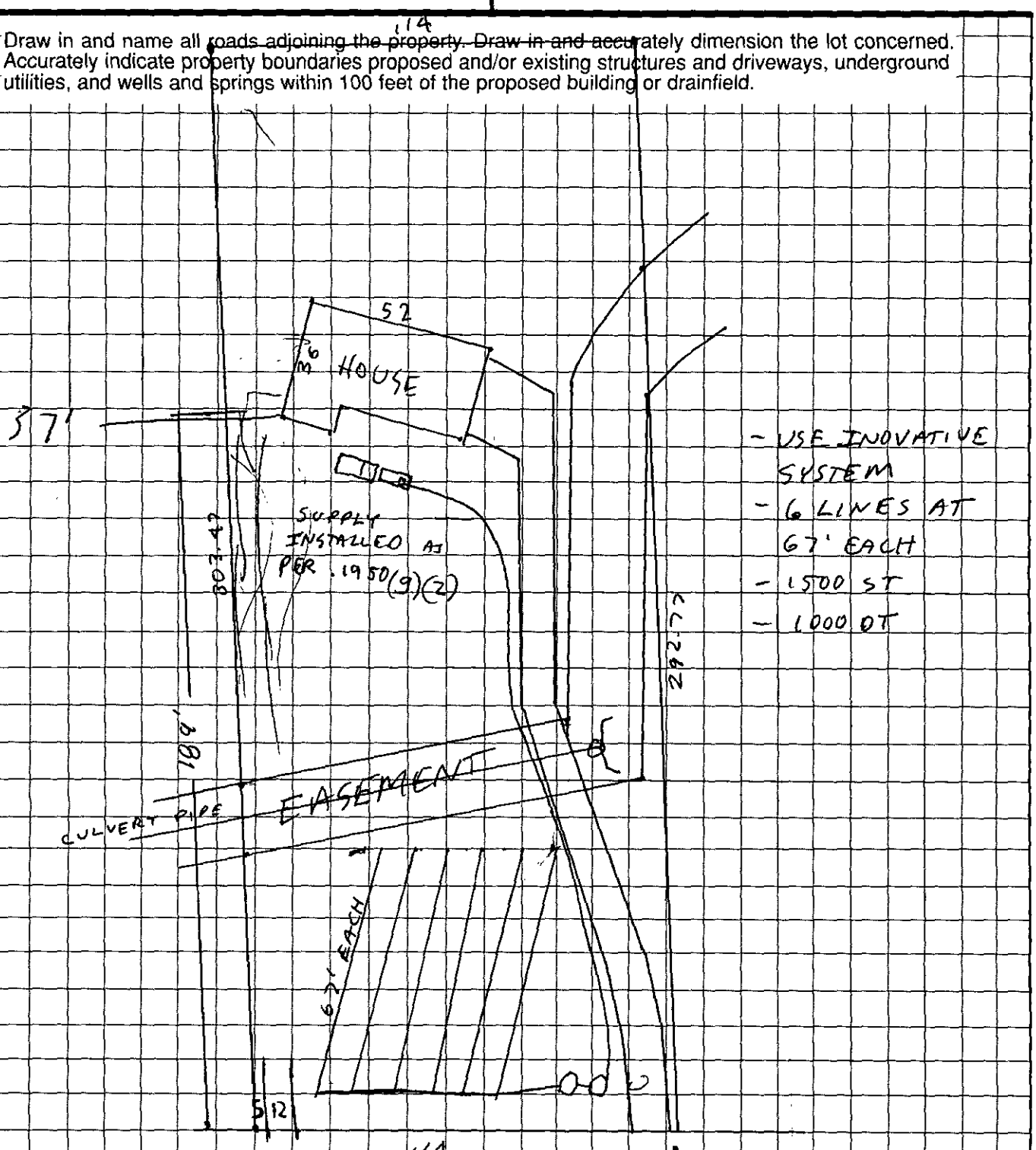
# PROPOSED PLOT PLAN

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

FILE: 4975-A

TC: 023-162-07

Draw in and name all ~~roads adjoining the property. Draw in and accu~~rately 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.




X [signature] 7/25/96
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

FEE: 100.00 CHK 3535

DATE: 2/27/96 SC

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 4925A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-162-07

STREET ADDRESS: 4840 Mountain Point Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Point

LOT NUMBER: 29

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:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB
✓ CRAWL SPACE __ 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:

NAME: Wayleff Tim P
(LAST) (FIRST) (MI)

ADDRESS: 12515 Bradford Hill

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 394 - 9474 Ext. 553

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: P. Wayleff DATE: 2/26/96

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

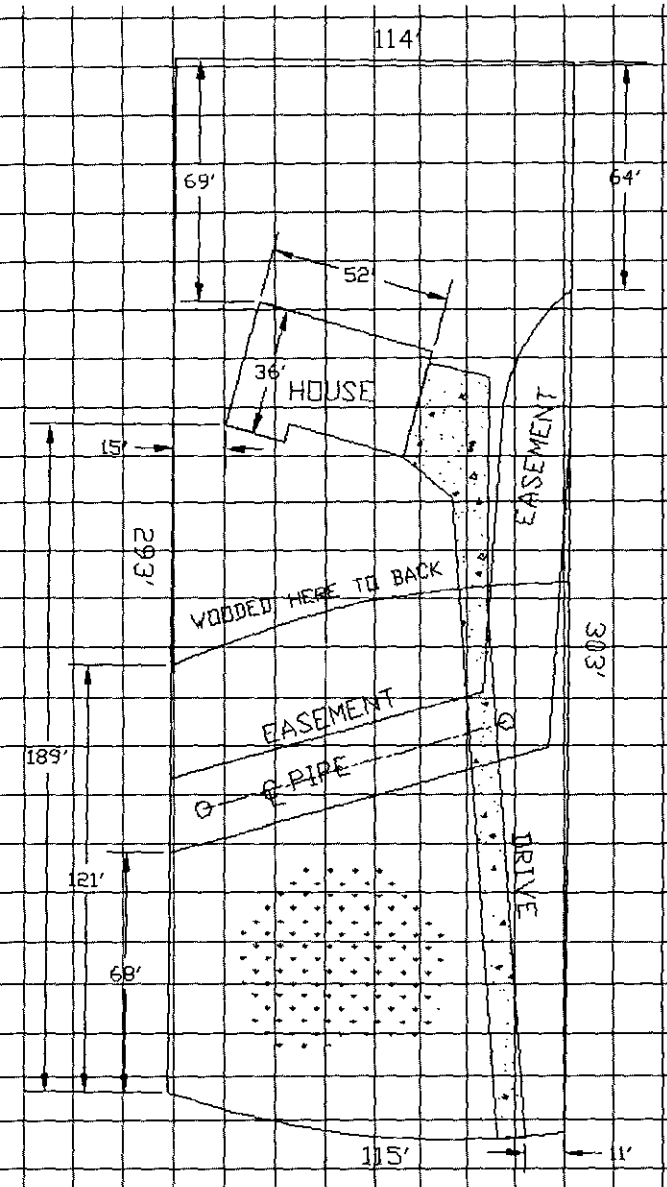
# PROPOSED PLOT PLAN

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

FILE: 4975A

TC: 023-162-07

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.




~~Date prepared: 2/25/96~~
Lot #29
Scale: 1"=60'
Tax parcel #: 023-162-07

Wayne

OWNER/AGENT SIGNATURE

DATE 2/27/96

APPROVAL DATE _____

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

File 4975A

THIS IS TO CERTIFY THAT ON THE 20 DAY OF October, 94 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON AND IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Martin L. Baucom

BAUCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5104-13 N. I-85 SERVICE ROAD
CHARLOTTE, N.C. 28216
PHONE (704) 596-0616

NORTH CAROLINA REGISTERED L-2733 LAND SURVEYOR MARTIN L. BAUCOM

LEGEND

| | |
|---|---|
| E.I.P. | EXISTING IRON PIN |
| E.C.M. | EXISTING CONCRETE MONUMENT |
| S.I.P. | RE-SET IRON PIN |
| ——— | PROPERTY LINE |
| — — | ADJOINER PROPERTY LINE BY DEED OR PLAT |
| P.D.E | PUBLIC DRAINAGE EASEMENT |
| CLOSURE | EXCEEDS 1'in 10,000' |

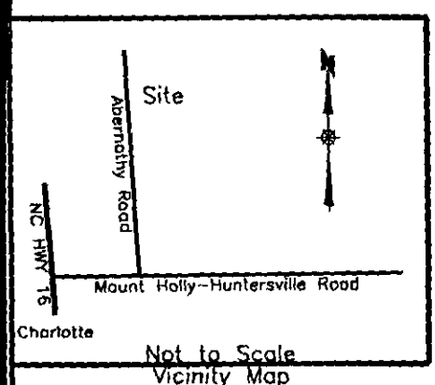
BMW Realty
0.945 Ac.

EIP S 86° 17' 17" W 114.44' EIP

M.B. 23 PG. 60

S 86-17-17 W

N




29

34485.43 SF
0.7917 Ac.

S 3° 58' 19" E 292.77'

20' Public Storm Drainage Easement

N 3° 59' 9" W 303.47'

Jimmy E. Eudy & Wf.
Brenda W. Eudy
M.B. 23 PG. 61

28

James P. Ruse & Wf.
Kathryn Wyke Ruse
M.B. 23 PG. 60

30

36" Pipe
℄ Of Pipe
36" Pipe

Vacant Lot
#4840

EIP ● R/W

S 85° 28' 18" E
75.18'
R=255.14
L=75.45

N 86° 10' 33" E
40.16'

114.38'

EIP ● R/W

EIP ● B/C

# Mountain Point Lane

50' Public R/W

Physical SURVEY
OF

Lot 29, Mountain Point, Phase 1, Map 1
Long Creek Township, Mecklenburg County, N.C.

SCALE 1"=40'

THE PROPERTY OF Tim P. Waylett

MAP RECORDED IN BOOK 23 AT PAGE 60 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: ROB

12392

# Mecklenburg County
# Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

April 26th, 1989

Landcraft Properties, Inc.
2305 Randolph Road
Charlotte, NC 28207

RE: Property located at Mountain Point Lane 29
FILE: 4975A
PARCEL: 02310103 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 12055) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12055

File: 4975A

Action: /

Parcel: PO 023-101-23

☐ PC

Location: 4840 Mountain Point Lane

Subdivision: Mountain Point

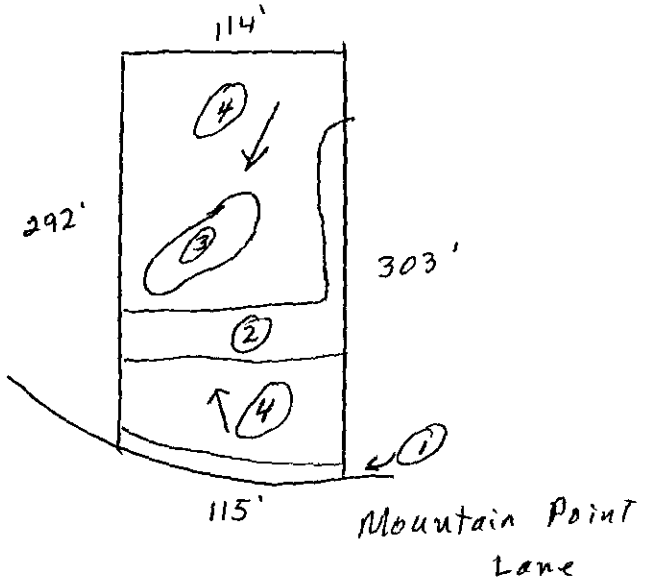
Lot: 29 Block: Acres: .79

Owner: LandCraft Properties, Inc.
Address: 2305 Randolph Rd., Suite C
Charlotte, NC 28207

Comments: _____

Described by: William R. Madison

Date: 4-25-89




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S PS (U) >21 cut | S PS (U) Drainage Ditch | S PS (U) complex slopes | (S) PS U 6-15% | S PS U | S PS U |
| Texture | S PS U | S PS U | S PS U | S (PS) U clay | S PS U | S PS U |
| Structure | S PS U | S PS U | S PS U | S (PS) U Blocky | S PS U | S PS U |
| Drainage | S PS U | S PS U | S PS U | S (PS) U 7-36" to water | S PS U | S PS U |
| Depth | S PS U | S PS U | S PS U | S (PS) U >36" | S PS U | S PS U |
| Restrictive Horizons | S PS U | S PS U | S PS U | S (PS) U >36" | S PS U | S PS U |
| Available Space | S PS U | S PS U | S PS U | S (PS) U limited | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | cut | Drainage Ditch | complex slopes | 10A cec: 1-1.40 | | |
| Area Classification | S PS (U) | S PS (U) | S PS (U) | S (PS) U | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 4975A

TC: _____

☐ PC ☐ REPT

See file 4943A for change slip

**JOB LOCATION**

① ADDRESS: 4840 Mountain Point Lane

② SUBDIVISION: Mountain Point ③ LOT: 29 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 101 PARCEL NO.: 23

⑥ DEED REFERENCE: BOOK NO.: 436 PAGE NO.: 210

**OWNER**

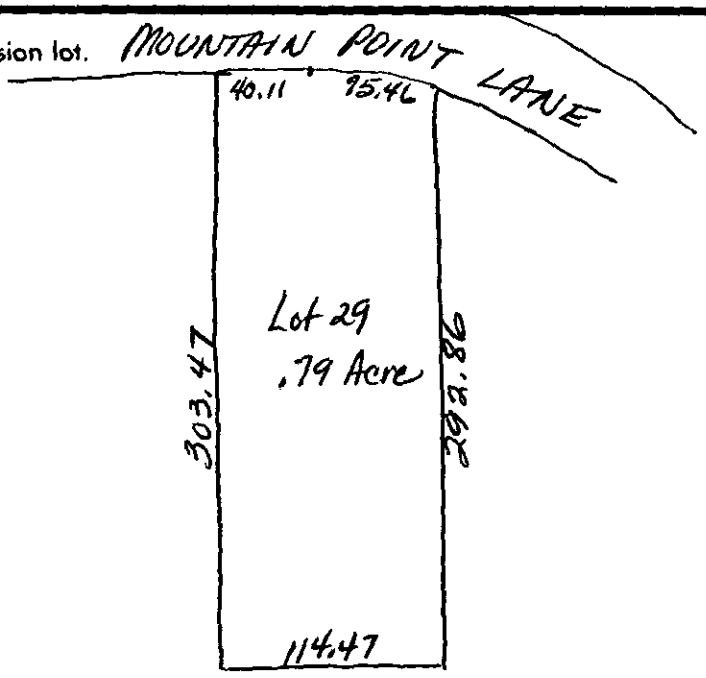
⑦ NAME: LandCraft Properties, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2305 Randolph Road, Suite C

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) 332-9340 (HOME) 892-9811 (Lana Hathaway)

⑬ Accurately diagram and dimension lot.




⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Bryan E. Hall V.P

Date: 4/18/89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

September 30th, 1988

Landcraft Properties, Inc.
2305 Randolph Road
Charlotte, NC 28207

RE: Property located at Mountain Point Lane 29
FILE: 4975A
PARCEL: 02310103 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15578) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 15578

File: 4975A

Action 1

Parcel: 02310103 PO

☐ PC

Location: Mountain Point Lane

Subdivision:

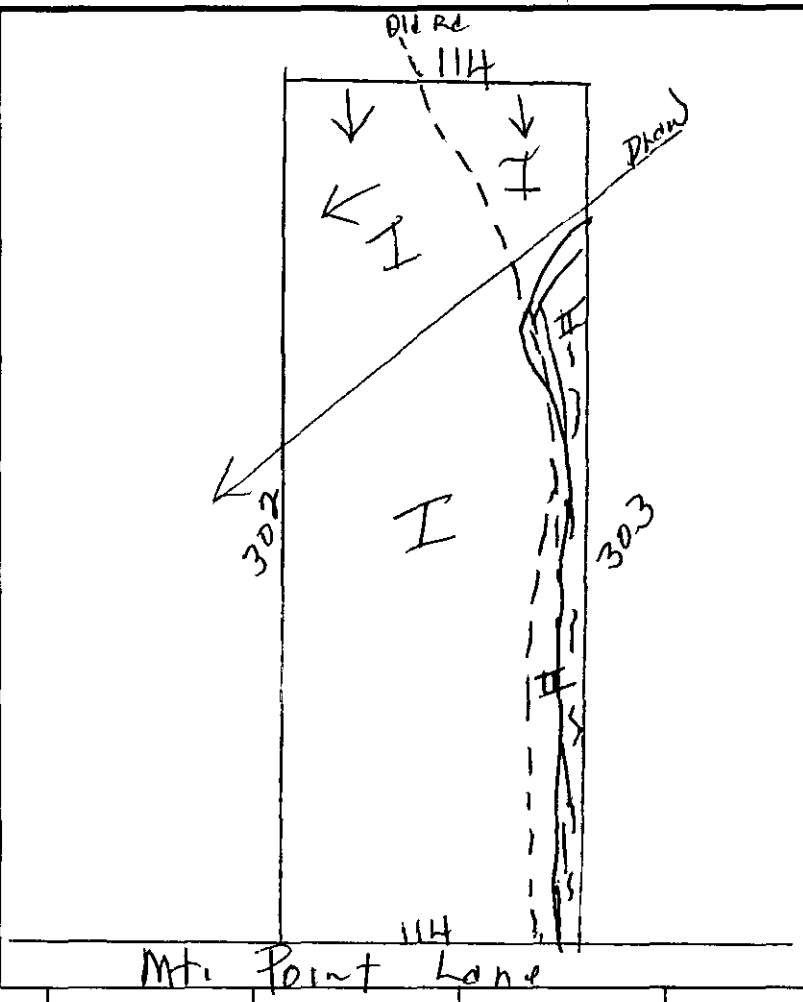
Lot: 29 Block: Acres: .80

Owner: Landcraft Properties, Inc.
Address: 2305 Randolph Road
Charlotte, NC 28207

Comments: limited Usable Area

Described by: W. B. Ramsey

Date: 9-23-88




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S (PS) U 2-8 | S PS U Complex slope | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| *Structure* | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 37-48 | S PS (U) Variable | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U | S (PS) U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U * | S PS (U) | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IIa Cecil | IIa Eroded Cecil | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 29 1988
Dee Receipt
#11

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

TJP

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

(OFFICE USE ONLY)

FILE: 4975A

TC: _____

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: Abernathy Road off Mt. Holly-Huntersville Road

② SUBDIVISION: Mountain Point ③ LOT: 29 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 436 PAGE NO.: 210

**OWNER**

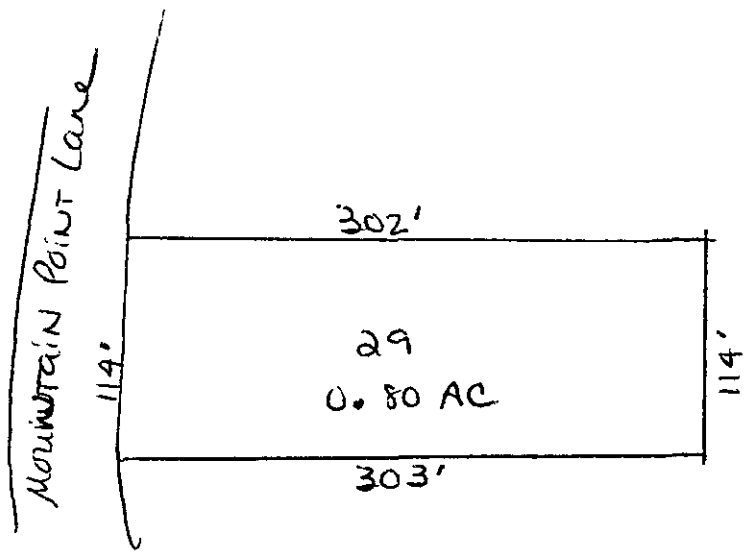
⑦ NAME: C/O Crescent Land + Timber Land Craft Properties, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2305 Randolph Rd.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28207

⑫ PHONE: (WORK) 332-9340 (HOME) _____

⑬ Accurately diagram and dimension lot.




⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Miles J Boyer

Date: August 26, 1988

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

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