

4840 MOUNTAIN POINT LN

02316207

5/29/07

duponbj

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

Mecklenburg County
Health Department

May 17, 2002

Sharon D. Wilson & Sherri Reynolds
4840 Mountain Point Lane
Charlotte, NC 28216

Dear Ms. Wilson & Ms. Reynolds:

The required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the business located at 4840 Mountain Point Lane, Charlotte, North Carolina, was completed on 5/16/02. I have enclosed a copy of the inspection report as well as additional information regarding the proper care and maintenance of your septic system.

There a couple of items noted on the inspection report that will require you to contact a septic contractor. I have included a list of local septic contractors including your original installer, Willie Christenbury.

Thank you for your time and cooperation. If you have any further questions you can contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I, Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection report
Septic System Owner's Guide
Septic System Contractors List

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

MECKLENBURG COUNTY — Health Department
Name of Establishment — RESIDENCE
4975A — Permit/Project No.
4840 MOUNTAIN POINT LANE — Location
Type of Establishment
360 GPD — Design Flow
SHARON D. WILSON & SHERRI REYNOLDS — Owner/Agent
Address — Phone
N/A — Operator
Address — Phone
Remarks TTHD

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	SUGGEST REPLACING RUSTED BOLTS ON RISER LID WITH STAINLESS STEEL.
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☑	SLUDGE BUILDUP IN PUMP TANK. WE RECOMMEND HAVING BOTH TANKS PUMPED OUT EVERY 3-5 YEARS.
4. RAW SEWAGE LIFT STATION (if present):			
Required pumps present, operating, and cycling properly?	☐	☐	
High-water alarm present and operating properly?	☐	☐	
Floats/pipe/valves/disconnects in good working condition?	☐	☐	
Control panel enclosure/components in good condition?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☑	HIGH WATER ALARM FLOAT IS NOT PROPERLY ATTACHED/TIED DOWN. HIGH WATER ALARM FLOAT DID NOT PRODUCE AN AUDIBLE SIGNAL WHEN TRIGGERED MANUALLY. CONTACT A SEPTIC CONTRACTOR FOR REPAIR.
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☐	☑	
Floats/pipe/valves/disconnects in good working condition?	☐	☑	
Control panel enclosure/components in good condition?	☑	☐	
Elapsed time readings: ____ ____ ____ ____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	
Minimal ponding in subsurface trenches?	☑	☐	
Surface water being effectively diverted away?	☑	☐	
Diversions/ditches/swales/tile drains properly maintained?	☑	☐	
Line cover/vegetation adequate/maintained as needed?	☑	☐	
Protected from traffic, destructive uses?	☑	☐	
Distribution devices in good condition, working properly?	☑	☐	
Repair area properly reserved, maintained?	☑	☐	
LOW-PRESSURE PIPE DRAIN FIELDS:			
Turnups/cleanouts/valves intact and accessible?	☐	☐	
No effluent standing in lower laterals?	☐	☐	
Laterals free of excess solids, cleaned out as needed?	☐	☐	
Pressure head is properly adjusted?	☐	☐	

OVERALL CONDITION AND OPERATION OF SYSTEM: _____

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)
CONTACT SEPTIC CONTRACTOR TO REPAIR ALARM FLOAT & HAVE PUMP TANK & SEPTIC TANK PUMPED OUT.	

DATE: 5/16/02 SIGNED: [signature] RSI AGENT
Division of Environmental Health

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

– over –

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement	Repair Within (Days)

INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
(circle one) *(circle one)*

violations: _____
[Law or Rule(s)]

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
(circle one) *(circle one)*

_____
[Law or Rule(s)]

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

Paid 85 Check 1048 4/12/02 gc

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Sharon Wilson
4840 Mountain Point Lane
Charlotte, NC 28216

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Sharon Wilson	4840 Mountain Point Ln.	02316207	4975A	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name Sharon Wilson / Sherri Reynolds

Site Address correct

# of Bedrooms 3

BILL INFORMATION

Billing Date: 4/5/02

Payment Due Date: 5/5/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.* Community Well

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

COPY

074

#4560 $100.00 4-25-97 SW

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 ☐ GRT

SERIAL Nº 17053

Name of Owner TIM WATLETT Juris.: _____

Address of Property 4870 Mountain Pt Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300

Number of Lines 5 @ 60

Cover Depth 12"

Water Supply Source Commonwell.

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 1997 1500ST 1000 DT PI INNOVATIVE CHAMBER SYSTEM WICLIC CTR# CONSISTENT

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

☐ installed or constructed ☐ altered or repaired

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

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

☐ Certificate of Completion ☐ Operation Permit

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

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

COMMENTS: 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

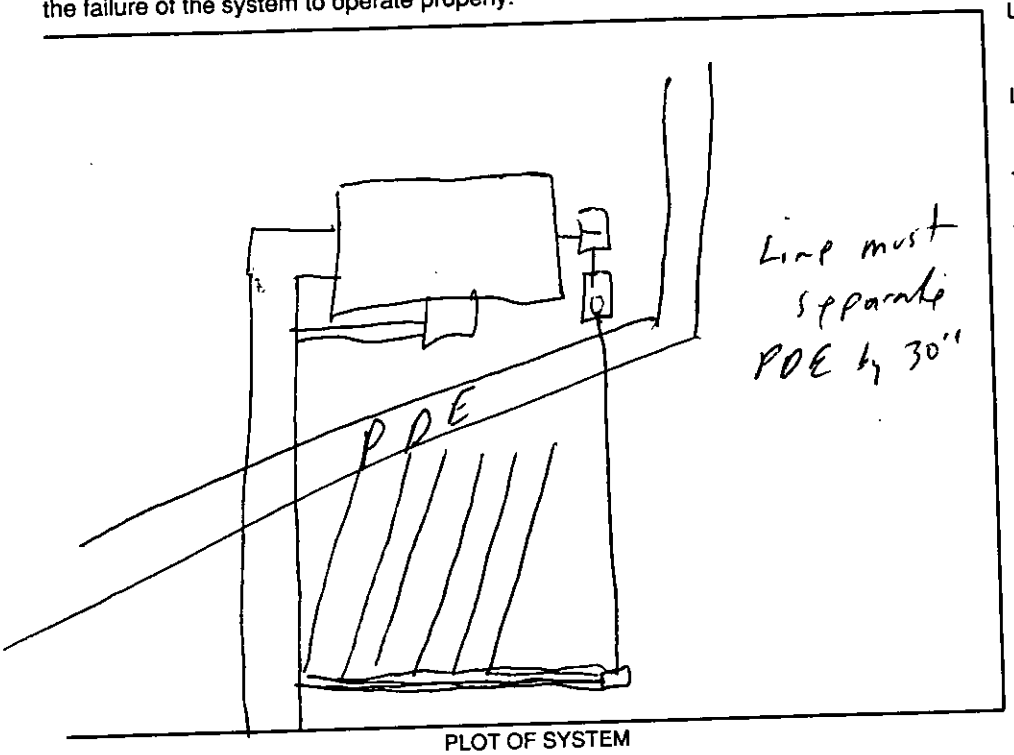
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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 9-10-97, 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 6x50

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 Point Lane

Comments: Use Innovative System per manufacturer instructions

Environmental Health Specialist

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