7471A

Addition $100.00 6/1/94 Ck # 1395

PP $200.00 5/31/94 Ck # 1317 EXCEED

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 6-1-94

PERSON FILING APPLICATION:

NAME: MOCK (last) MICHAEL (first) A. (mi)

ADDRESS: P.O. Box 1321 PHONE: (704) 896-0520

CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

PROPERTY OWNER:

NAME: MOCK (last) MICHAEL (first) A (mi)

ADDRESS: P.O. Box 1321 PHONE: (704) 896-0520

CITY: DAVIDSON STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-601-26

STREET ADDRESS: 20339 CHRISTOPHER DR. DAVIDSON, N.C. 28036

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: CATAWBA BAY

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [X] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: 26 LOT SIZE (in acres): .50

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (O)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION: mod.

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] None Initial Bld. Phase
[] Garage [] Storage Building [X] Deck/Patio [] Bedrooms [] Other T.W. 6/2/94

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: Michael A Mock Date: 6-1-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules for Sanitary Sewage Collection, 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 permit is not transferable.

... PPBPS TYPE III

ASSESMENT FORM ON FILE

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 6/10/94 Date

WWATER : 122791

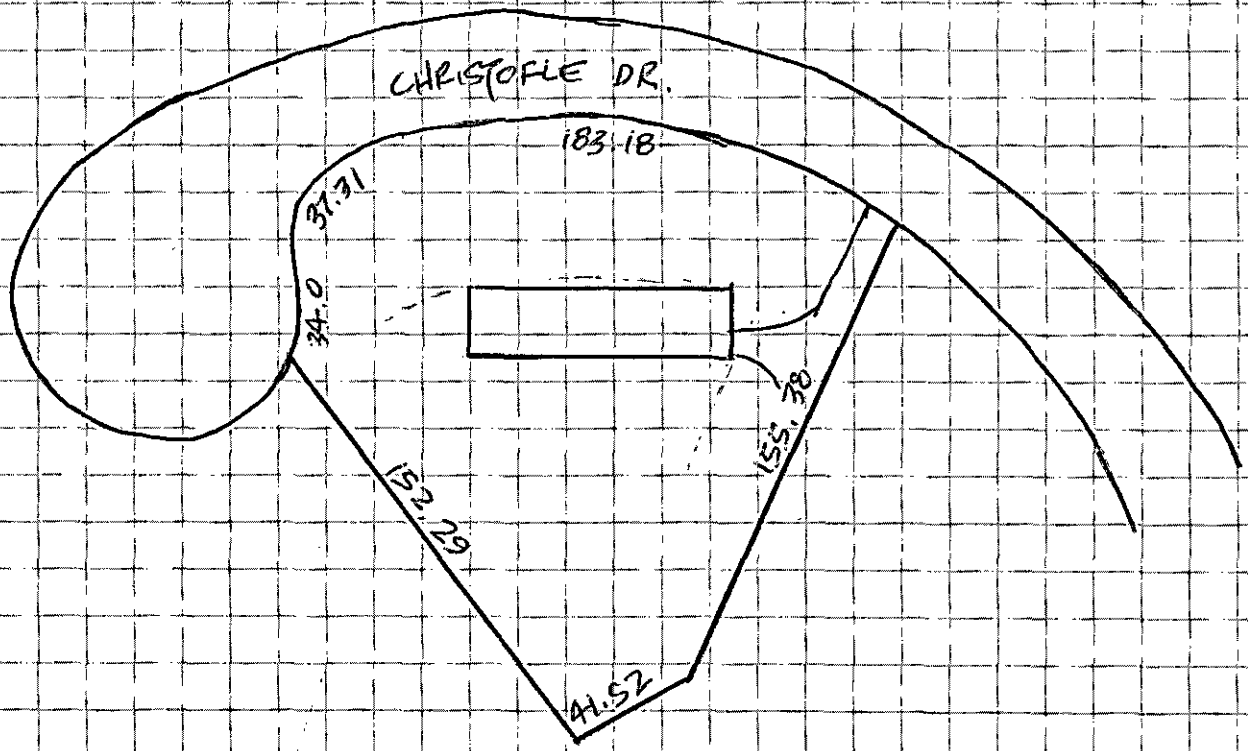
PROPOSED PLOT PLAN

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

FILE: 7471A

TC: 001-601-26

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

3 Bedrm. / Gravity Plan

MCHD
FILE: 7471-A
TL: 001-011-57
Lot 2, Catharine Bay

L:\WORKS\WORDS\DES2P

DESIGN SPECIFICATIONS
FOR
ON-SITE WASTE DISPOSAL SYSTEM
CONTINUED

SYSTEM TYPE:
- CONVENTIONAL
- CONVENTIONAL (SHALLOW PLACEMENT)
- 8-INCH PPBPS-GRAVITY DISTRIBUTION
- 8-INCH PPBPS-PRESSURE DISTRIBUTION
- ✓ 16-INCH PPBPS-GRAVITY DISTRIBUTION
- 16-INCH PPBPS-PRESSURE DISTRIBUTION
- LPPS
- OTHER

SPECIALIZED EQUIPMENT OR REQUIREMENTS:

DROP BOX	WELL ABANDONEMENT
✓ DISTRIBUTION BOX (1)	EASEMENT
DIPPER BOX	LOT COMBINATION/SURVEY
FLOW DIVIDER	EARTHEN SURFACE SWELL
WASH BOX	FRENCH/CURTAIN DRAINS
SPECIAL FITTINGS	GREASE INTERCEPTOR
PRESSURE MANIFOLD	PUMP TANK
SIPHON	SAPROLITE TEST
MULTIPLE PUMPS	1500 S.T.
OTHER	

LINE	#PANELS PER LINE	#HOLES PER PANEL	HOLE SIZE	HOLE SPACING Primary	LINE HEAD	LINE LENGTH	HOLE FLOW	PER MINUTE LINE FLOW
L^1	12	1				50'		
L^2	12	1				50'		
L^3	12	1				50'		
L^4	12	1				50'		
	48 Panels					200' Total		

Repair

275' shown on-site

APPROVED
ENVIRONMENTAL HEALTH
DIVISION
MECKLENBURG COUNTY
HEALTH DEPARTMENT

Date

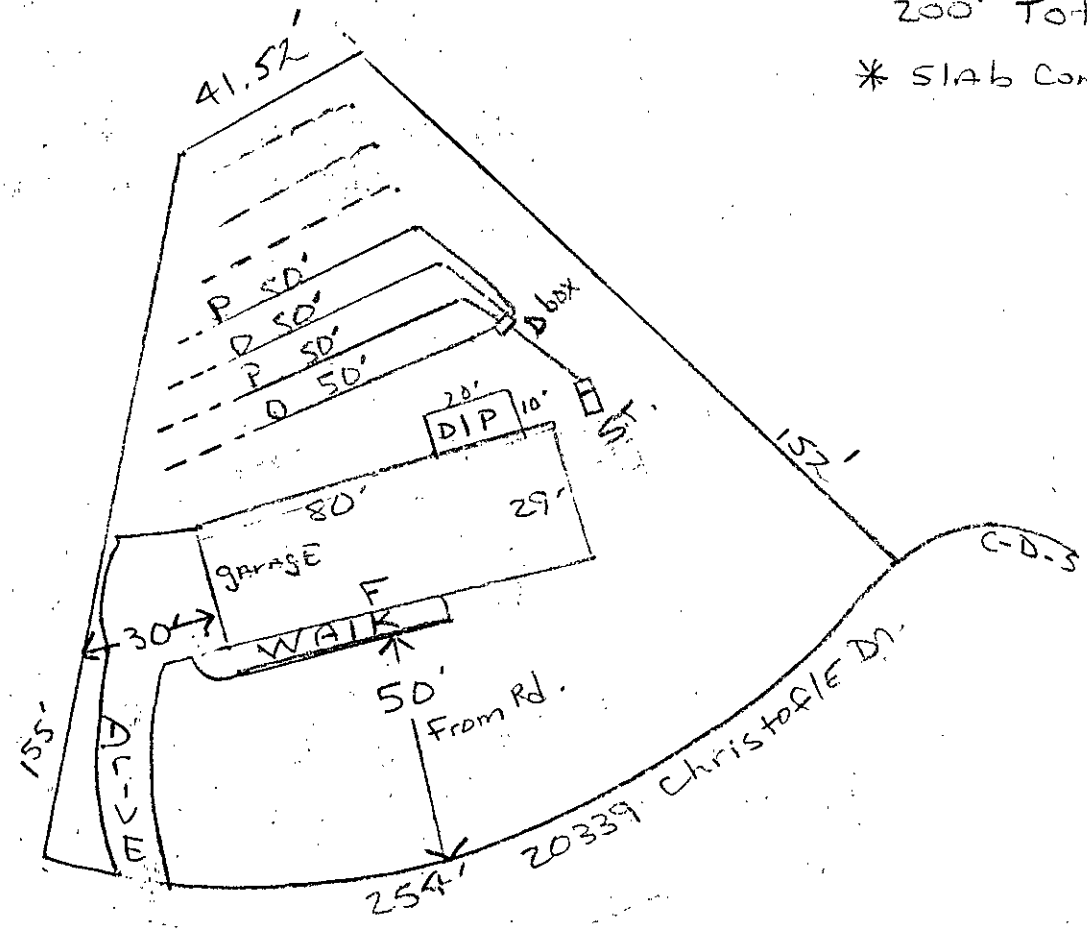
T. W. Hafer
86-0540

3 Bedroom / Gravity (PPBPS)

MCHD
File: 7471-A
TC: 001-011-57
Lot 2, Catarina Bay

* 1,500 ST
(4) 50' (PPBPS) Lines
200' Total

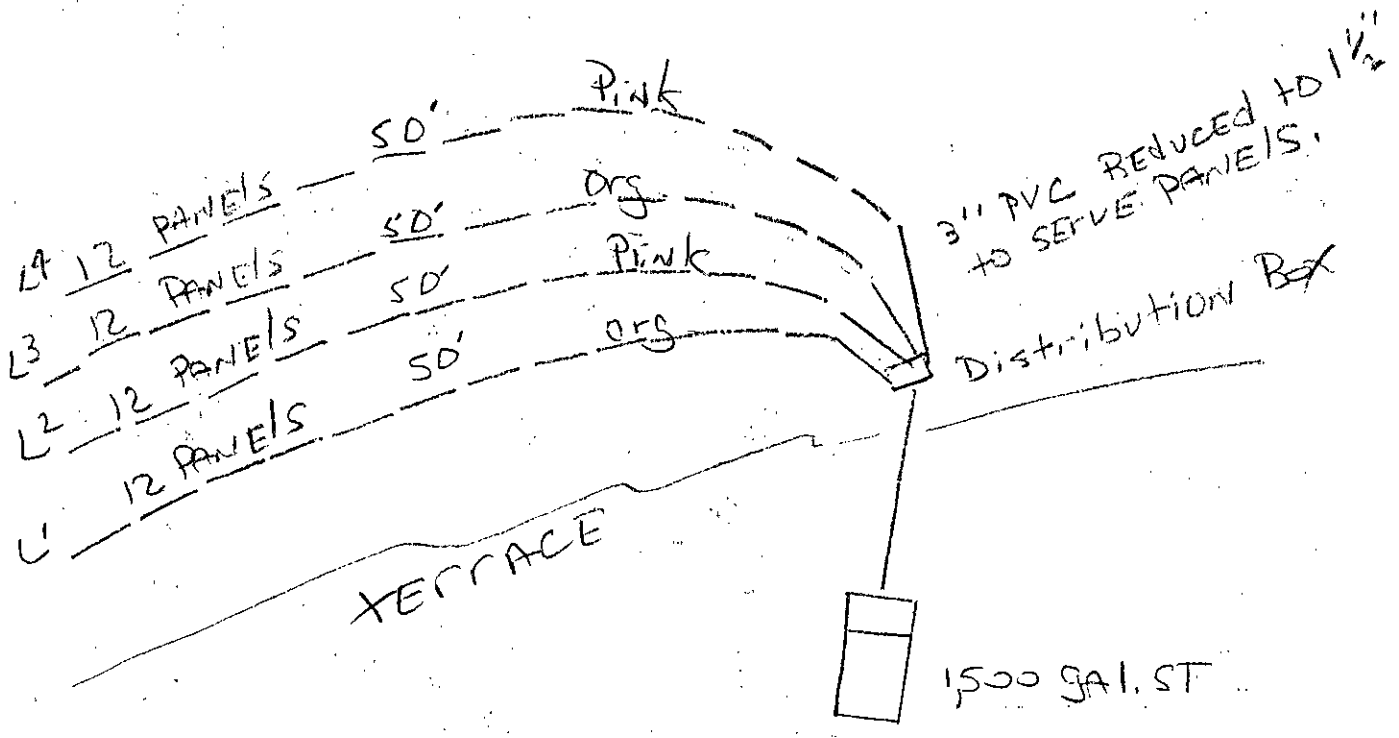
* Slab Construction



T. Whittaker
SCALE
40

MCHD
File: 7471-A
TC: 001-011-57
Lot 2, Catarina Bay

SPECS: 3 Bedrm. PPBPS Plan



Not Scaled

JUDITH A GIBSON REG OF DEEDS MECK NC
BK: 07807 PG: 0411/0414 #:0314 14.00
FILED FOR REGISTRATION 06/03/94 15:33

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 7471-A
PARCEL # 001-011-57

The undersigned, M.A. MOCK ENTERPRISES, INC., owner of property located at 20339 CHRISTOPHE DR., (the "site") and described in an instrument recorded in Book 6565 at Page 209, 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 his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: MICHAEL A. MOCK
Mail after recording to: P.O. BOX 1321
DAVIDSON, N.C. 28036

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this 8 day of JUNE, 1994.

M.A. MOCK ENTERPRISES, INC. _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Michael A Mock _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:
Michael A Mock
_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

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

WITNESS my hand and notarial seal, this 8 day of June, 1994.

Harold A. Howard Jr.
Notary Public

My Commission Expires:
6-19-94

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Harold A. Howard Jr., a Notary Public for said County and State, do hereby certify that Michael A. Mock personally came before me this day and acknowledged that he is _____ Secretary of M. A. Mock Enterprises, Inc., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by M. A. Mock as its _____ Secretary.

WITNESS my hand and notarial seal, this 8 day of June, 199Y.

Harold A. Howard Jr.
Notary Public

My Commission Expires:
6-19-9Y

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: 7471/A DATE: 12-8-94

TC: 001-601-26 ☐ L

SERIAL Nº 16147

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 6-1-94. All work shall be completed on or before 1-7-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Install according to approved plans on file.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 32"

Absorption and/or Nitrification Lines:

Trench Width see plan feet
rake & line side walls

Trench Walls Scored and Porous yes

Total Line Length 200' feet

Number of Lines 4 at 50' each

Depth of Stone see plan inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well municipal feet

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

NAME OF OWNER Michael Mock

LOCATION OF PROPERTY 20339 Christofle Dr.

Comments: Install according to approved plans on file. Smooth over terrace. Keep min 5' off any bldg. foundation

JNewell for SDavis

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 4008

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

FILE: 7471-A DATE: 12-15-94

TC: 001-801-26 ☐ L ☒ CRT

SERIAL Nº 16096

Name of Owner MIKE MOCK Juris.: Town

Address of Property 20339 CHRISTOFLE D.R

Inspection Data:

Tank Material PCC

Total Length of Drainfield 200

Number of Lines 4 @ 50

Cover Depth 6"

Water Supply Source ~~Community~~ Comm

Distance to Water Source —

Excavation Inspected 12-14-94

Tank(s) Inspected 12-14-94

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1994 PPBPS CTR# Barry Thompson

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:

Trench. III(e)

Cally Rawell

Environmental Health Specialist

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

APPLICATION FOR SOIL INVESTIGATION

Paid
Ck# 1187
$120.00
5/28/91
EC

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

(OFFICE USE ONLY)

FILE: 7497A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 20339 Christofle Drive

② SUBDIVISION: Catarina Bay ③ LOT: 2 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 23 PAGE NO.: 573 PARCEL NO.: 001-011-57

⑥ DEED REFERENCE: BOOK NO.: 5992 PAGE NO.: 0432

OWNER

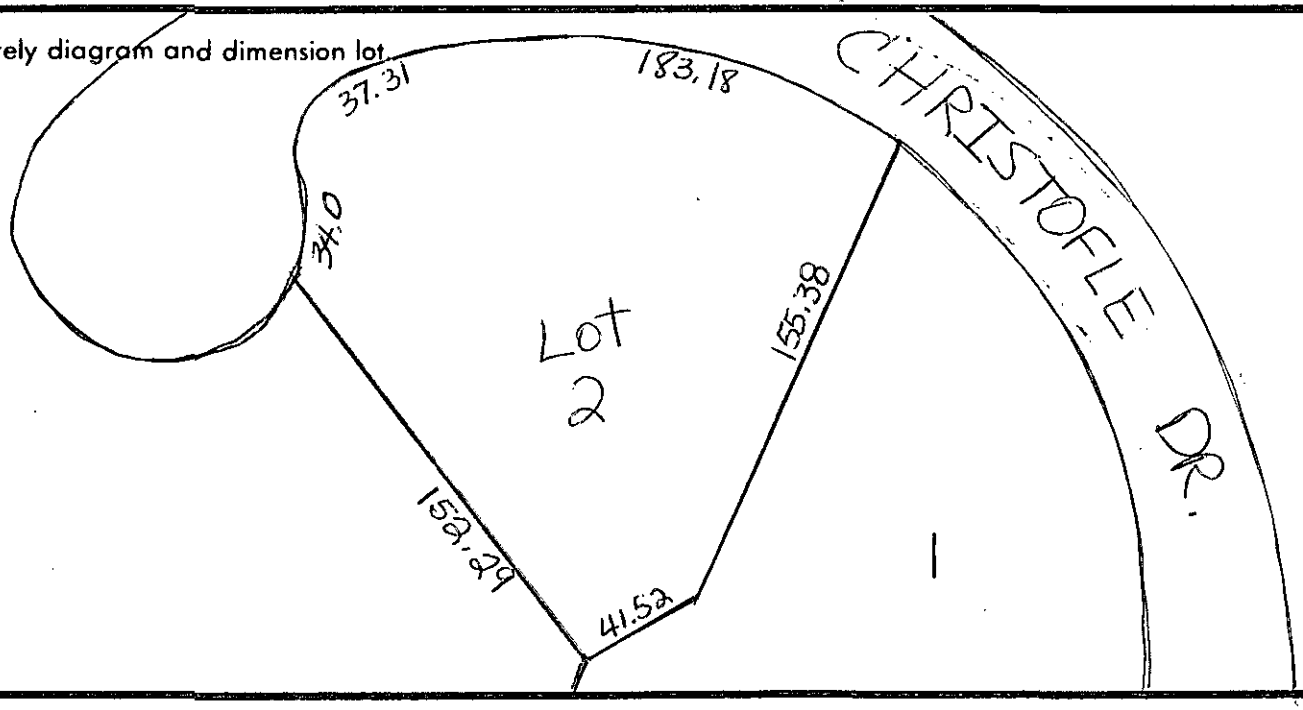
⑦ NAME: Futrelle/Dunne, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Ave.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 338-1515 (HOME) na

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: Dan Dunne

Date: 5/24/91

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
SITE EVALUATION REPORT
SERIAL NUMBER 17256

File: Action

Parcel: 7471 A
001-011-57

☐ PC

Location:

Subdivision: 20339 Christofle Drive

Lot: 21 Block: Acres: ± .45

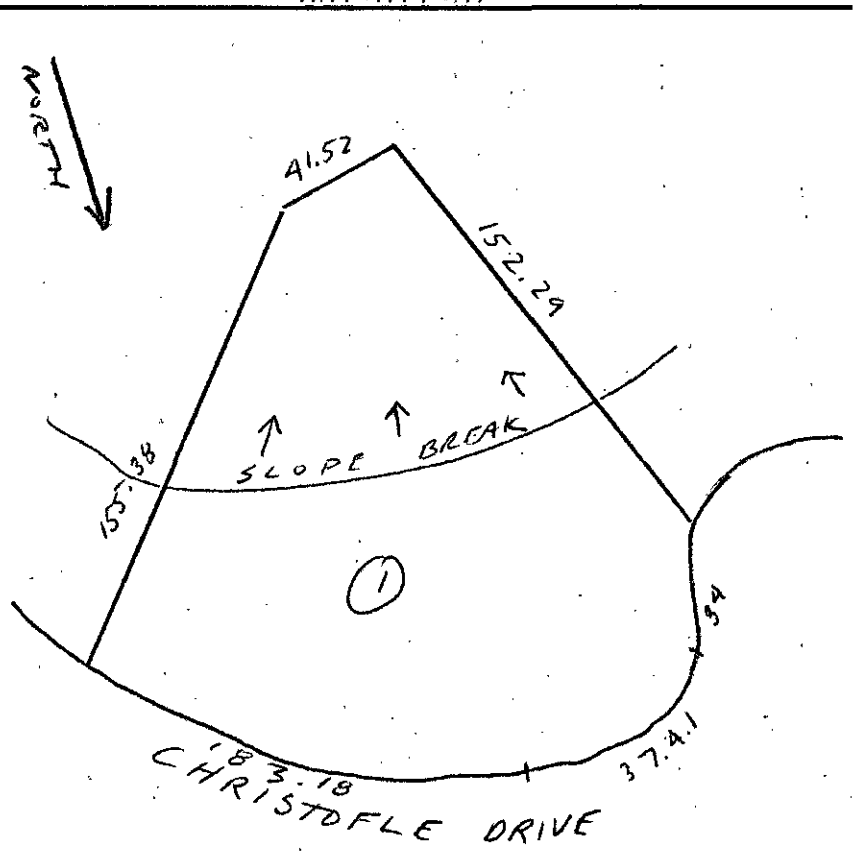
Owner:

Address: Futrelle/Dunne, Inc
1515 Elizabeth Avenue
Charlotte, NC 28204

Comments: 10-92 REPAIR
MAY NEED PUMP STATION

Described by: Kelly Randall

Date: 6-3-91



*** 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 2-4%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U SUB ANGBLK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U none	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	CECIL LIKE					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

June 5th, 1991

Futrelle/Dunne, Inc
1515 Elizabeth Avenue
Charlotte, NC 28204

RE: Property located at 20339 Christofle Drive Lot 2
FILE: 7471A
PARCEL: 001-011-57

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 17256) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure