

4711 MOUNTAIN POINT LN

02316302

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	Clark Residence	4941A
Health Department	**Name of Establishment**	**Permit/Project No.**
4711 Mt. Point Lane	Residence	480
Location	**Type of Establishment**	**Design Flow**
Robert Clark	4711 Mt. Point Lane	
Owner/Agent	**Address**	**Phone**
Operator	**Address**	**Phone**
VI	9/15/09	September 2013
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?	☒	☐	☐	
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?	☐	☒	☐	Could not access.
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
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?	☒	☐	☐	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☐	☒	☐	Could not locate.
e. Elapsed time readings: _____ _____ _____ _____				
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?	☒	☐	☐	
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:

System needs to have a certified operator to maintain the system.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

***REPAIR WITHIN 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.

DATE: 9/15/09

SIGNED: Jeremy Mitchell, R.S. AGENT

Division of Environmental Health

Printed Name: Jeremy Mitchell, R.S.

Phone #: (704) 336-5572

Mecklenburg County
Health Department

Basil G. Delta, 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 2
FILE: 4941A
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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15596) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

38

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 4941A

TC: _____

☐ PC ☐ REPT

AUG 29 1988
Jesse Rev #11

JOB LOCATION

① ADDRESS: 11956 Abernathy

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

⑤ PARCEL REFERENCE: BOOK NO.: 23 PAGE NO.: 101 PARCEL NO.: 03

⑥ DEED REFERENCE: BOOK NO.: 1119 PAGE NO.: 440

OWNER

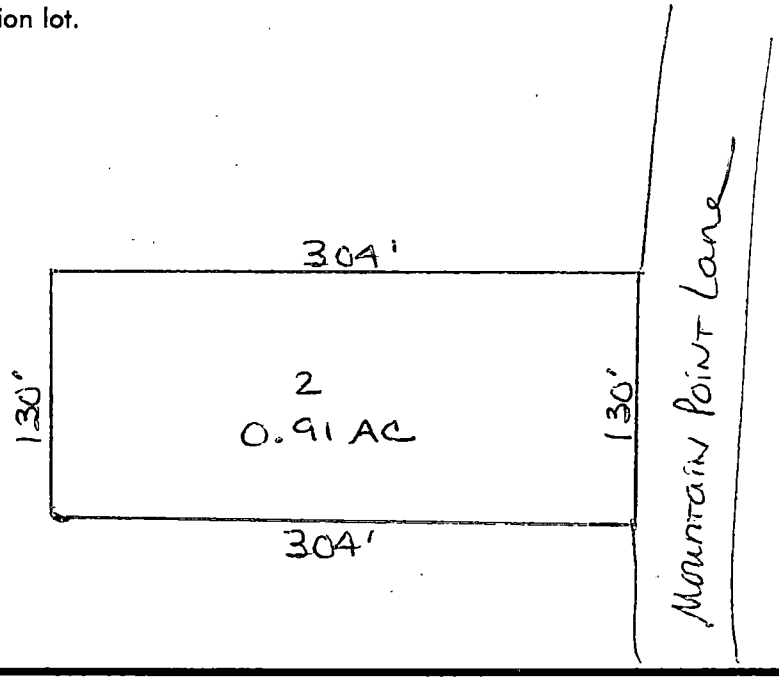
⑦ NAME: C/O Jack (FIRST) Parker (MIDDLE) LandCraft Properties Inc. (LAST)

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: Harriette Harkey

Date: Aug 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

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
4941A — Permit/Project No.

4711 Mountain Point Lane — Location
residence — Type of Establishment
480 gpd — Design Flow

Robert A. Clark, 4711 Mountain Point Lane, Charlotte 28216 — Owner/Agent
Address
Phone

Owner does not currently have a Certified Operator — Operator
Address
Phone

Remarks

	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):			We recommend that you pump your tanks every 3-5 years. This will assure that no sludge or minimal sludge develops in the drainlines.
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☐	☐	
Tanks pumped, cleaned out as needed?	☐	☐	
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?	☐	☑	System does not have a control pan
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			* Noticed water was running into pump tank during my inspection Please check for toilet leaks or leaky fixtures.
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:			System does not have a Certified Operator - this became a requirement for any system inst after July 1, 1992. An operator inspects, flushes drain lines and regulates head pressure on the system twice per year. This has proven to be money well spent.
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: No sewage surfacing, however, I would recommend that you contract with a Certified Operator for system maintenance. A list of Operators is enclosed.

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Da

DATE: 9-20-99 SIGNED: L. B. Thompson, J., R.S. AGE

Division of Environmental Health

DENR 3702 (Revised 3/98)

– 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 o on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with a Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallon per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is develope 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)

pd. 85.00
ck # 564
VW
9-8-99

ROBERT A. CLARK PH. 704-399-7846
4711 MOUNTAIN POINT LN.
CHARLOTTE, NC 28216

66-393/530
5214541779

564

DATE 9-6-99

PAY TO THE ORDER OF Mech. County Hlth. Depart. $ 85.00

Eighty five and no/100 DOLLARS

55632

BB&T
BRANCH BANKING AND TRUST COMPANY
1814 OAKDALE ROAD
CHARLOTTE, NC 28216

MEMO 023 163 02 494A

Robert A. Clark

⑆053003931⑆ 5214541779⑈ 0564

SAFETY PAPER

9-20-99
OSV
6" sludge in pump tank
Water Running into pump tank.

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Robert A. & Susan H. Clark
4711 Mountain Point Lane
Charlotte, NC 28216

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File #	#Bedrooms	System Type
Robert A. & Susan H. Clark	4711 Mountain Point Lane	023-163-02	4941A	4	IVA

Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

Bedrooms _____

BILL INFORMATION

Billing Date	Payment Due Date
7/20/99	8/23/99

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

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

DO NOT SEND CASH

Mecklenburg County
Health Department

July 20, 1999

Robert A. and Susan H. Clark
4711 Mountain Point Lane
Charlotte, NC 28216

Dear Mr. and Mrs. Clark:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)

FILE: 4/94/H

TC: _____

SERIAL: 18513 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: _____ (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: _____ (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: _____

⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____

⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit

☐ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4

㉕ Type? _____

㉓ Maximum occupancy? 6

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ 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: _____

Date: _____

IMPROVEMENT PERMIT

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 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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

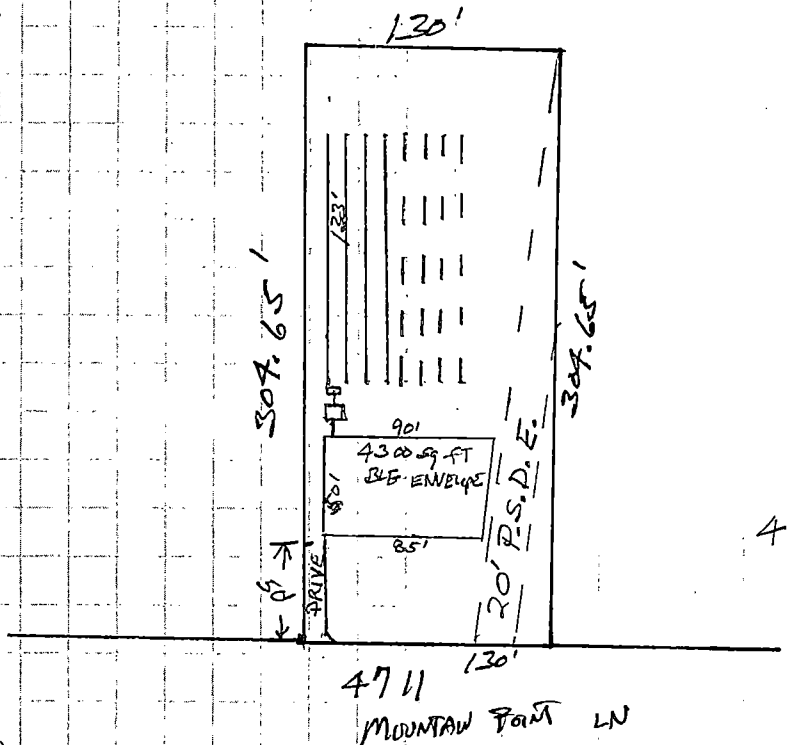
PROPOSED PLOT PLAN

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

FILE: 4941A

TC: _____

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.



4 LINES EA 133' LONG

MOUNTAIN POINT
LOT 2

Signed: Marshall J Howell

Date: 7-17-89

7-18-89

DATE: 7-17-89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 4941A JURISDICTION CODE MECK

PARCEL NUMBER 023-101-03PO

ASSIGNED ADDRESS 4711 Mountain Point LN

EXISTING ADDRESS Lt 2

PROJECT NAME MOUNTAIN POINT

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☑ *	☐
	YES	**NO**
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	**NO**
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank / using Community well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: JCN

OPWEAR 02/86

REGISTRATION
90 JUL 26 AM 10: 13
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

REGISTRATION
90 JUL 26 AM 10: 13
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

000049

REAL ESTATE
BOOK PAGE
5323 0125

FILE NO. 4941A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Robert A. Clark and Susan H. Clark

owner of property located at 4711 Mountain Point Lane, Lot 2, Mountain Point Subdivision

("the site") and described in an instrument recorded in Book 5899 at Page 651, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requeste pursuant to 10 NCAC 10A .1948(c) 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 Depa ment that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findin specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 pur suant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, i officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunctio of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employee and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons what soever 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 afore said 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.

This 26th day of July, 19 90.

Prepared By: Robert A. Clark
Return TO: Environmental Health

Robert A. Clark (SEAL)

Susan H. Clark (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Lara L. Hathaway, a Notary Public for said County and State, do hereby certify that Robert A. Clark and Susan H. Clark personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 26th day of July, 19 90

Lara L. Hathaway
Notary Public

My Commission Expires: January 8, 1991.

FEE 6.00
6.00
CASH 6.00

21:57 #7588 000
07/26/90

TATE OF NORTH CAROLINA
OUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____

_____, a

strument was signed in its name by its _____

al and attested by _____

WITNESS my hand and notarial seal, this ____

y Commission Expires: _____

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Lana C. Hathaway

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

ENVIRONMENTAL PROTECTION
SEP 19 1990
RECEIVED
MECK COUNTY DEPARTMENT OF

6595

PRESENTED FOR REGISTRATION

90 JUL 26 AM 10:13

ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

FILE NO. 4941A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, Robert A. Clark and Susan H. Clark,

owner of property located at 4711 Mountain Point Lane, Lot. 2, Mountain Point Subdivision,

("the site") and described in an instrument recorded in Book 5899 at Page 651, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 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.

This 26th day of July, 1990.

Robert A. Clark (SEAL)

Susan H. Clark (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Lara L. Hathaway, a Notary Public for said County and State, do hereby certify that Robert A. Clark and Susan H. Clark personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 26th day of July, 1990.

Lara L. Hathaway
Notary Public

My Commission Expires: January 8, 1991.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ _____, 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 _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 198__.

_____
Notary Public

My Commission Expires: _____

RECEIVED FOR

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

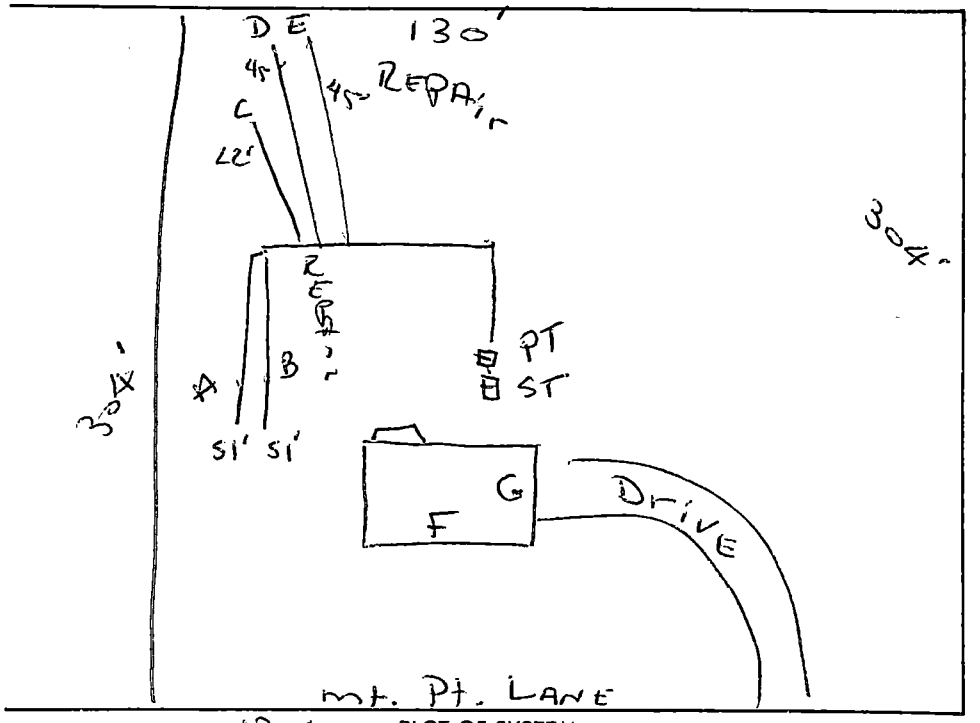
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4941-A DATE: 10/29/90

TC: 023 101 03 PO# L

SERIAL Nº 14835

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 7/17/89. All work shall be completed on or before 11/29/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2' feet

Total Line Length 214' feet

Number of Lines 5

Depth of ~~Stone~~ Sand 24" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well Cl/well feet

NAME OF OWNER Landcraft Properties

LOCATION OF PROPERTY 4711 Mt. Point Ln.

Comments: T & J 4 bedrm. Install according to plans submitted. Rake & lime walls.

Division or Section Head

Tim Whittaker, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

2000

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4941A
TC:
SERIAL: № 18513 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 4711 (STREET NO.) MOUNTAIN POINT LANE (STREET) ② FILE: 4941A
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 02310103 PO
⑤ SUBDIVISION: MOUNTAIN POINT ⑥ LOT: 2 ⑦ BLOCK:

OWNER

⑧ NAME: LANDCRAFT (FIRST) PROPERTIES (MIDDLE) INC (LAST)
⑨ MAILING ADDRESS: 2305 RANDOLPH ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28207
⑬ PHONE: (WORK) 332-9340 ⑭ (HOME) 372-9070

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 6 ㉖ Maximum number of employees?
㉔ Basement? ☒ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☒ Community well
D ☐ Community system

㉙ 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 ECKLENBURG COUNTY HEALTH DEPARTMENT to enter on the property for the purpose of processing this request.

Signed: Marshall J Hendl
Date: 7-17-89

IMPROVEMENT PERMIT

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 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 permit is issued by this Department.
... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date 7-26-90

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4941-A DATE: 10/30/90

TC: 023 ~~lot 03~~ P ☒ L ☒ CRT
163-02

SERIAL Nº 13612

Name of Owner LANDCRAFT PROPERTIES Juris.:

Address of Property 4711 MOUNTAIN POINT LN.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 214

Number of Lines 5 @ VARY

Cover Depth 4"-6"

Water Supply Source C/WELL

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected INSTALLED

PLOT

Design: 1500 ST, 1000 PT, mod. T&J 428 SFT, 24" SAND CECIL like CTR# 116

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: T&J PANEL, INSTALLED ACCORDING TO PLANS SUBMITTED, RAKED, LIMED. 4 BEDRM.

Tim Whitaker, R-S
Environmentalist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/19/89

NAME/COMPANY: Jno. Adams Maint. Co.

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Lmp - New
4941A

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 19 1989

FEE: 200.00

cash 495
7-20-89

K Faulkner
Completed By

Collected By

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: BRYAN ADAMS

Address: 2500 Two First Union Center

Description of public record requested: File 4941A

Street Name (or County Road): 4711 Mountain Point Ln

Lot: _____ Block: _____

Parcel Number: _____

Owner's Name: Robert A. [redacted] Clark

Reason for Request:

Litigation

Signature of Person Making Request: [signature]

Supervisory Person: [signature]

Date: 9-16-92 Time: 10:45

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

Mecklenburg County
Health Department

July 2, 1990

Landcraft Properties
2305 Randolph Rd.
Charlotte, NC 28207

RE: Property located at 4711 Mountain Point Ln.
FILE: 4941A
PARCEL: 023-101-03-po

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

DESIGN SPECIFICATIONS

Daily waste flow	_____	Gal.
Septic tank size	_____	Gal.
Pumping tank size	_____	Gal.
Effluent loading rate	_____	Gal/ft^2/day
Absorption area	_____	Ft.
Total length of laterals	_____	Ft.
Lateral diameter	_____	In.
Lateral configuration	_____	No. and length of lines
Supply line length	_____	Ft.
Supply line diameter	_____	In.
Manifold placement	_____	
Hole size*	_____	In.
Hole spacing	_____	Ft.
Number of holes	_____	
Pressure head	_____	Ft.
Flow per hole	_____	gpm
Total flow	_____	gpm
Elevation head	_____	Ft.
Friction head	_____	Ft.
Pressure head	_____	Ft.
Total head	_____	Ft.
Pump requirements	_____	gpm @ft of head
Storage volume in laterals	_____	Gal.
Storage volume in supply line	_____	Gal.
Total storage volume	_____	Gal.
Dosing volume	_____	Gal.
Dosing depth	_____	In.
Check valve needed?		

*NOTE: Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Effluent Loading Rate for LPP Systems (.16) unless otherwise specified by this department

Date: June 08, 1990

From: T J Systems
Rt 2 Box 207
Stony Point, N.C. 28678

To: Landcraft Properties
2305 Randolph Road
Charlotte, N.C. 28207

VOID

Subject: Lot 2 Mt. Point
File # : 4941 A
Parcel : 02301135 PO

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a ~~four~~ (3) Three bedroom house at an application rate of ~~.30~~ gpd. ~~480~~ 360 / ~~.30~~ = ~~1600/3~~ = 533 LF of conventional drainfield multiplied by .5 = 266 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per min Line Flow
A	12	one	5/32	2ft	51 '	.41	4.92
B	12	one	5/32	2ft	51 '	.41	4.92
C	12	one	5/32	2ft	52 '	.41	4.92
D	5	one	5/32	2ft	22 '	.41	2.05
E	10	one	5/32	2ft	45 '	.41	4.10
F	10	one	5/32	2ft	45 '	.41	4.10
G	repair				50 '		
~~H~~	~~repair~~				~~50~~ '	28	
I	repair				43 '		
J	repair				43 '		
K	repair				43 '		
~~L~~	~~repair~~				~~40~~ '	32	
Totals	61				266'		25.01

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 2.25
Total lift = 19.70 (97.52 + 2 - 79.82 = 19.70) elev.
TDH = 21.95
20% margin = 28 ft (21.95 / .8 = 27.43 = 28 ft)

Pump Size: 32 gallon per minute at 28 feet of head.

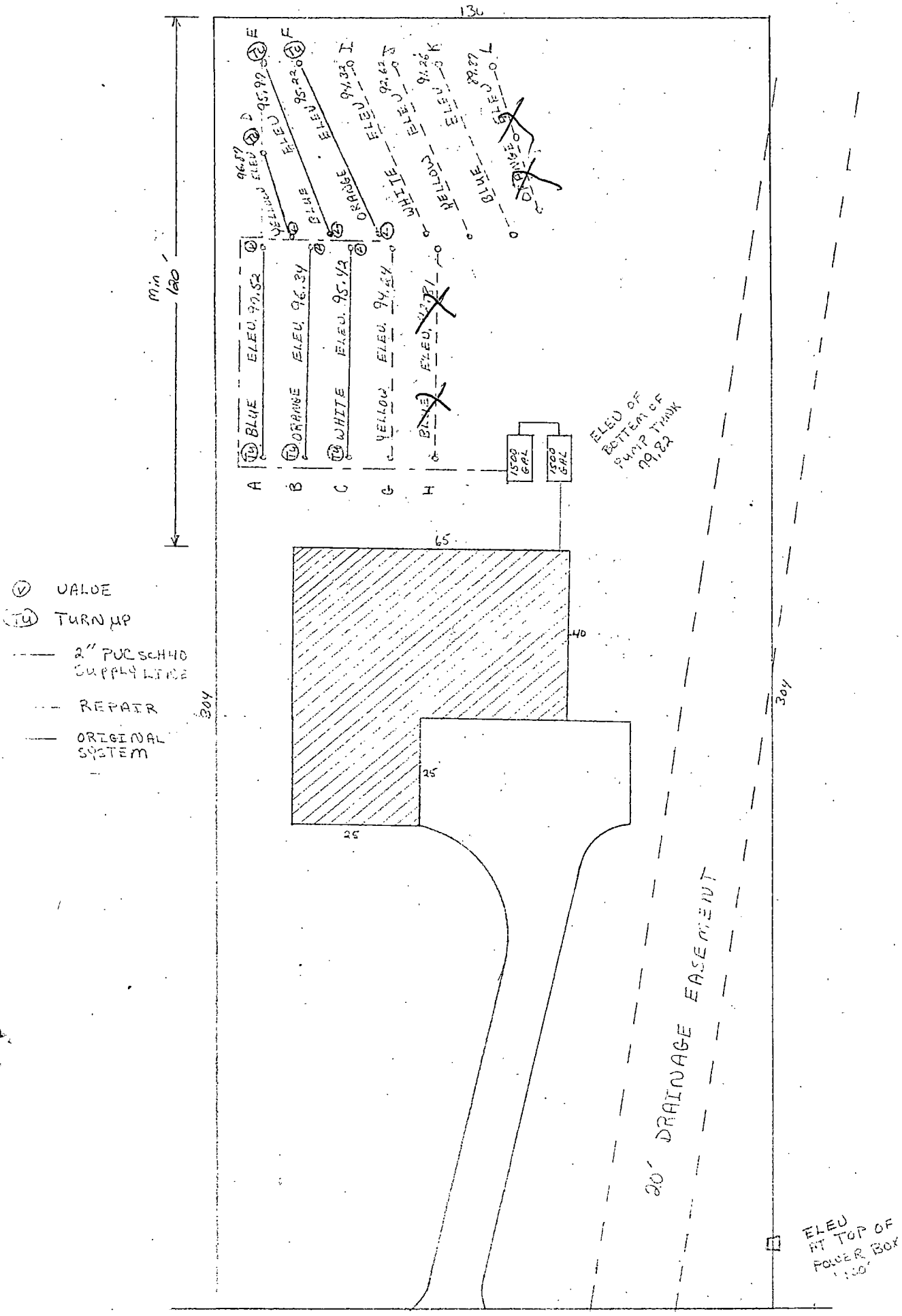
Pump cycle should be 8.8 min or 220 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment.

Friction loss:

supply line =	170 lf = 1.70 * 1.10	=	1.87
fittings =	1.87 * .2	=	.38
total			2.25

MAP/LOT LOT #2
FILE# 4941A
DATE 6/8/90



MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15596

File: 4941A

Action 2

Parcel: 02310103 PO

☐ PC

Location: Mountain Point Lane

Subdivision:

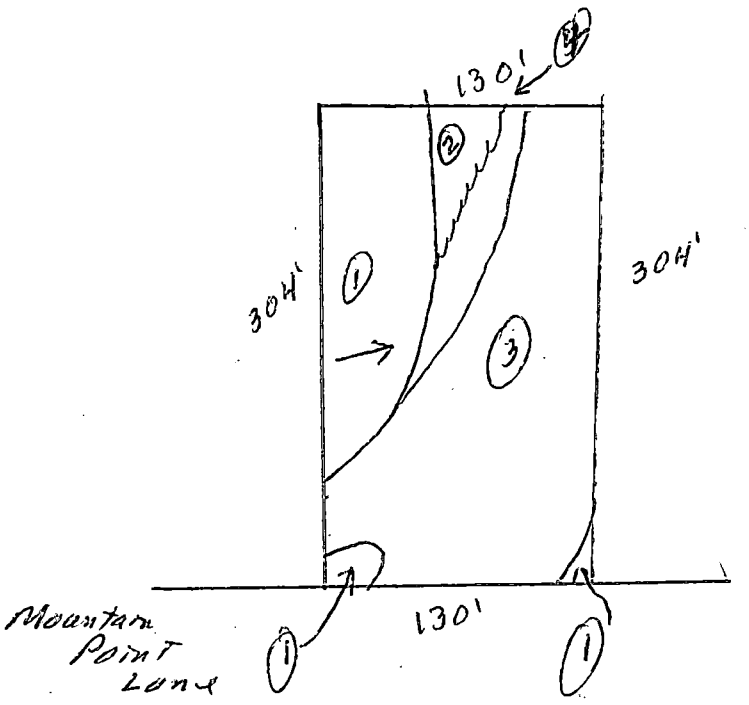
Lot: 2 Block: Acres: .91

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

Comments: _____

Described by: _____

Date: _____



***** 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 6-15%	S (PS) U 15-30%	S PS (U) Depression	S PS (U) complex slopes	S PS U	S PS U
Texture	S (PS) U clay	S (PS) U clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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	IVA Cecil-like	IVA Cecil-like	Depression	Terrace		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Date: June 20, 1990

From: T J Systems
Rt 2 Box 207
Stony Point, N.C. 28678

Revised
Approved
6-29-90

To: Landcraft Properties
2305 Randolph Road
Charlotte, N.C. 28207

Subject: Lot 2 Mt. Point
File # : 4941 A
Parcel : 0230113 S PO

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a three bedroom house at an application rate of .3 gpd. 360/.3 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.