

19032 MOUNTAINVIEW DR

00175202

6/23/08

marliwr

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

12/23/97

Connected to
Municipal sewer
Connection completed
in July, 1997 per
Bee Johnson @
CMUD

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

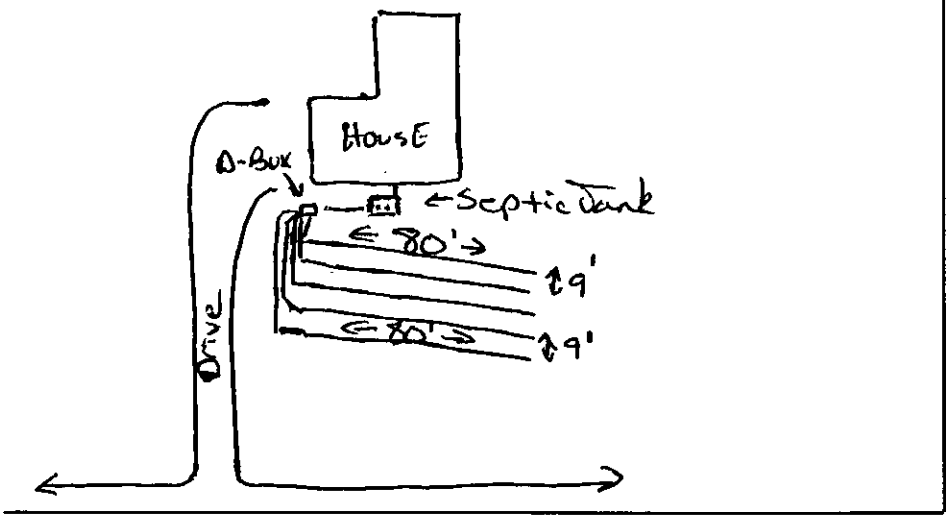
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11801 DATE: 7-2-97

TC: 001-083-02 ~~5~~ L

SERIAL Nº 17281

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 1-31-95. All work shall be completed on or before 8-2-97, 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 N/A gallons

Tank Construction PCC

Trench Depth 30" MAX

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well ~~250~~ LF feet
Community >10' H2O lines

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

NAME OF OWNER Danny Dulin

LOCATION OF PROPERTY 19032 Mountainview Dr.

Comments: Type II innovative 4 bedrooms
(5) 3'w x 80'L x 30" deep

Larry B. Thompson, J.R.S.
Environmental Health Specialist

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

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

DATE: _____ PERMIT NO: 11801
PARCEL NO: 001-083-02

PROPERTY OWNER: DANNY DULIN
BUILDING CONTRACTOR: _____
JOB LOCATION ADDRESS: 19032 MOUNTAINVIEW DR
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Randall DATE: 11-9-95
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 11801, 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: INWS 93-2 SYSTEM - SYSTEM DESIGN FOR 4 BDR HOME

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 Donna K. Dulin 11/29/95
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 11801

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-08302

- 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 Type (circle one): I II (III) IV V VI	____ Conventional ____ Prefabricated, permeable block panel system ____ Shallow Placed Conventional	____ Low Pressure Pipe ____ Large Diameter Pipe ____ Fill ____ Other	✓ Innovative or Experimental: ____ IWWS-93-1 ✓ IWWS-93-2 ____ IWWS-94-1
3 Long-term acceptance rate	480 Max gallons/day wastewater flow	2005 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
X Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	____ Gallon pump tank	____ Depth of stone	
Any surface waters present: NO	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions: SYSTEM DESIGN 4 BDR HOME			

Repair Area System Type Type (circle one): I II III IV V VI	____ Conventional ____ Prefabricated, permeable block panel system ____ Shallow Placed Conventional	____ Low Pressure Pipe ____ Large Diameter Pipe ____ Fill ____ Other	____ Innovative or Experimental: ____ IWWS-93-1 ____ IWWS-93-2 ____ IWWS-94-1
____ Absorption Area (Sq ft) ____ Total Trench Length (Ft)	____ Depth of Stone Trench	____ Trench spacing (min. on centers)	____ Maximum Trench Depth
For existing system, enter the year originally installed:			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

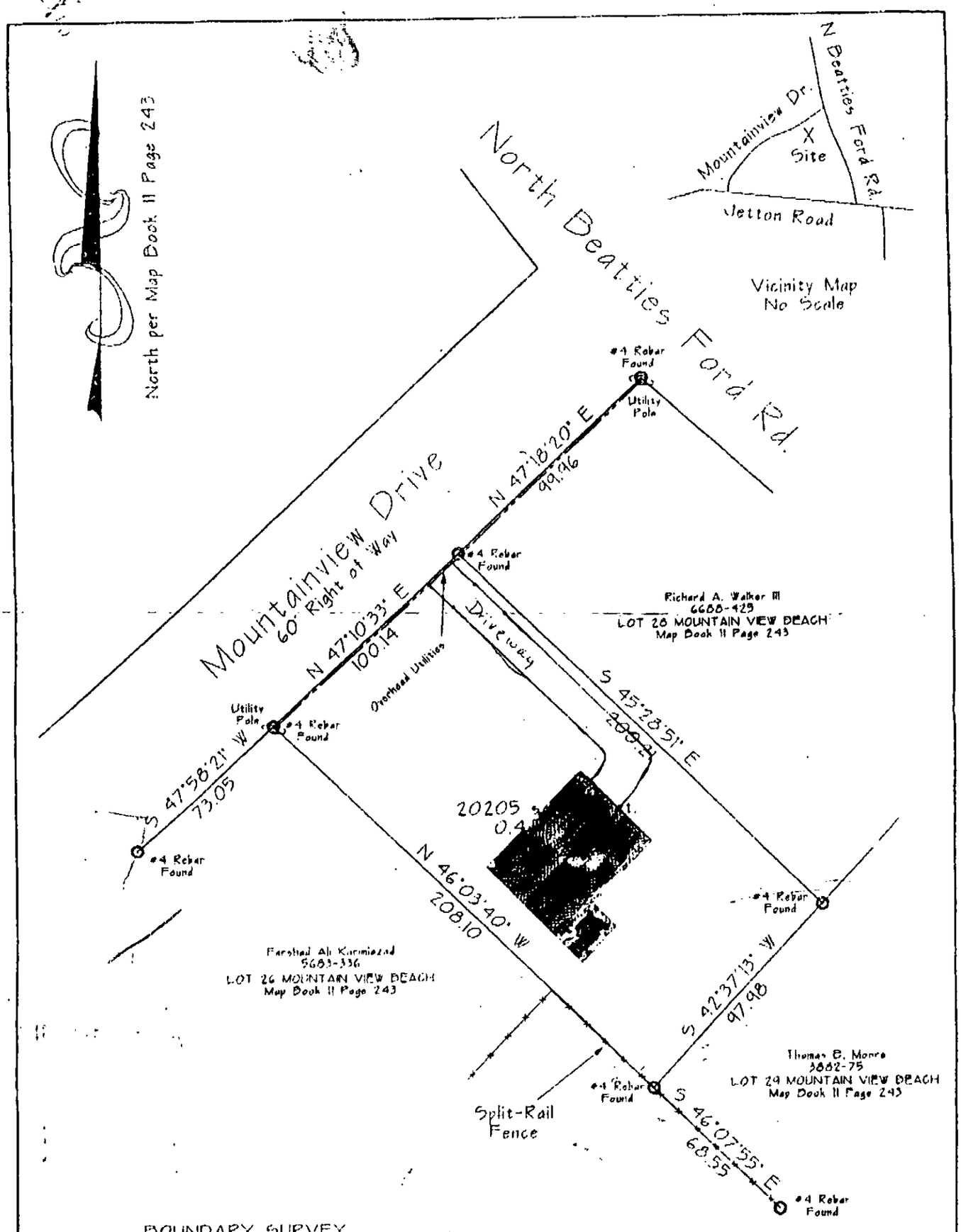
- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department.
- This Improvement permit is transferable.

DEHNR Authorized Agent — Date: 11-9-95

Owner/Agent Signature — Date: Donna K. Dulin

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



BOUNDARY SURVEY
LOT 27 MOUNTAIN VIEW BEACH
Map Book 11 Page 243
The Property of
Betty A. Kennedy, Danny G. Dulin, & Donna Dulin
Deed Book 8058 Page 955
Lemly Township, Mecklenburg County, NC
Scale 1" = 50' Septerber 9, 1995

MONTGOMERY LAND SURVEYING
Thomas E. Montgomery
NC Registered Land Surveyor L-2593
3000 Grey Road
Davidson, NC 28036
704/892-9620

NOTE: Error of closure Field Survey 1/15,000. Area computed by DMD Method. Property is not located in flood hazard area.

NORTH CAROLINA REGISTERED SEAL L-2593 LAND SURVEYOR THOMAS E. MONTGOMERY

9/10/95

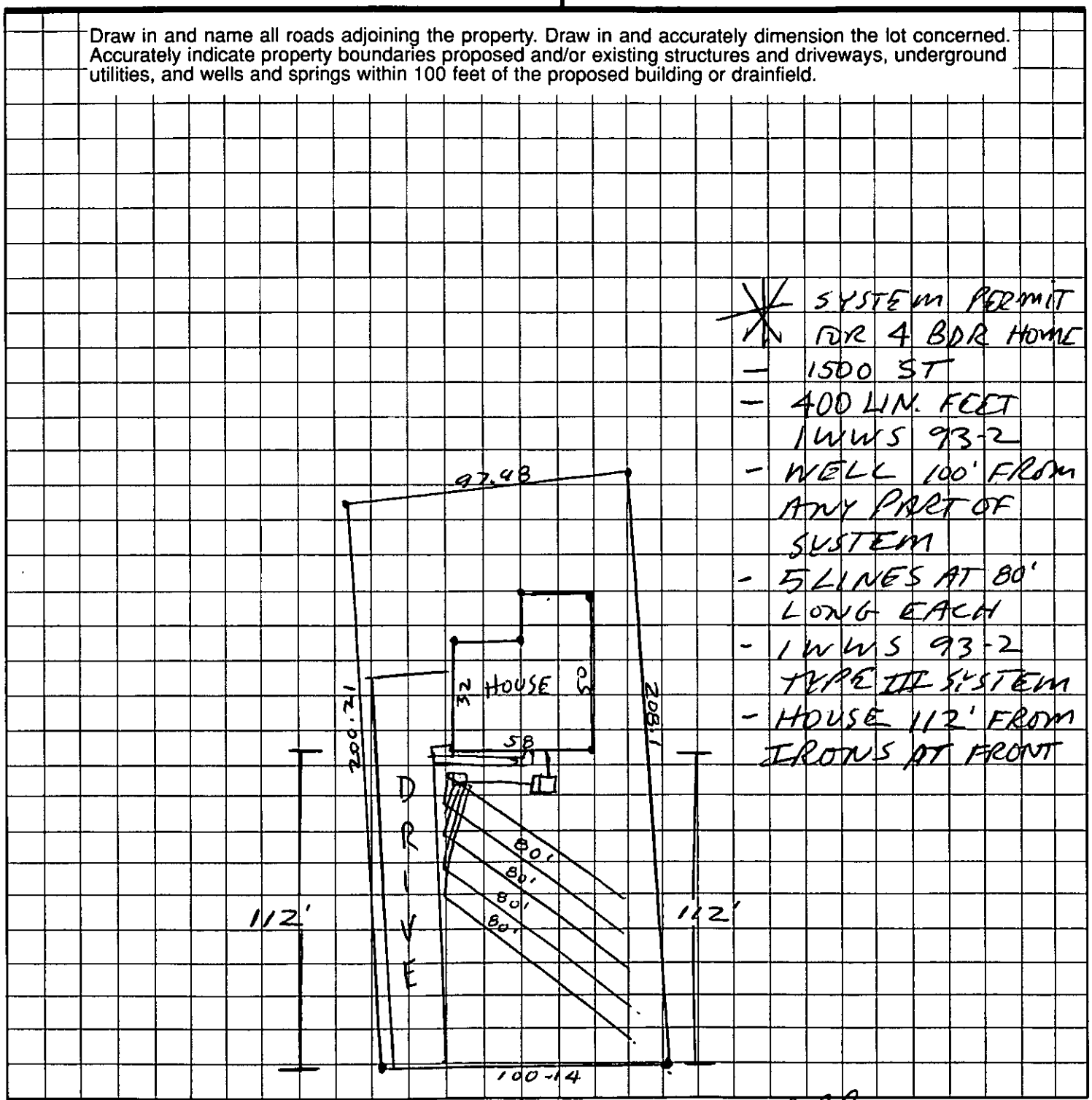
PROPOSED PLOT PLAN

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

FILE: 11301

TC: 001-083-02

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.



- SYSTEM PERMIT FOR 4 BDR HOME
- 1500 ST
- 400 LIN. FEET IWWS 93-2
- WELL 100' FROM ANY PART OF SYSTEM
- 5 LINES AT 80' LONG EACH
- IWWS 93-2 TYPE III SYSTEM
- HOUSE 112' FROM IRONS AT FRONT

Donna K. Duke
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Kelly Ruff 11-29-95

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

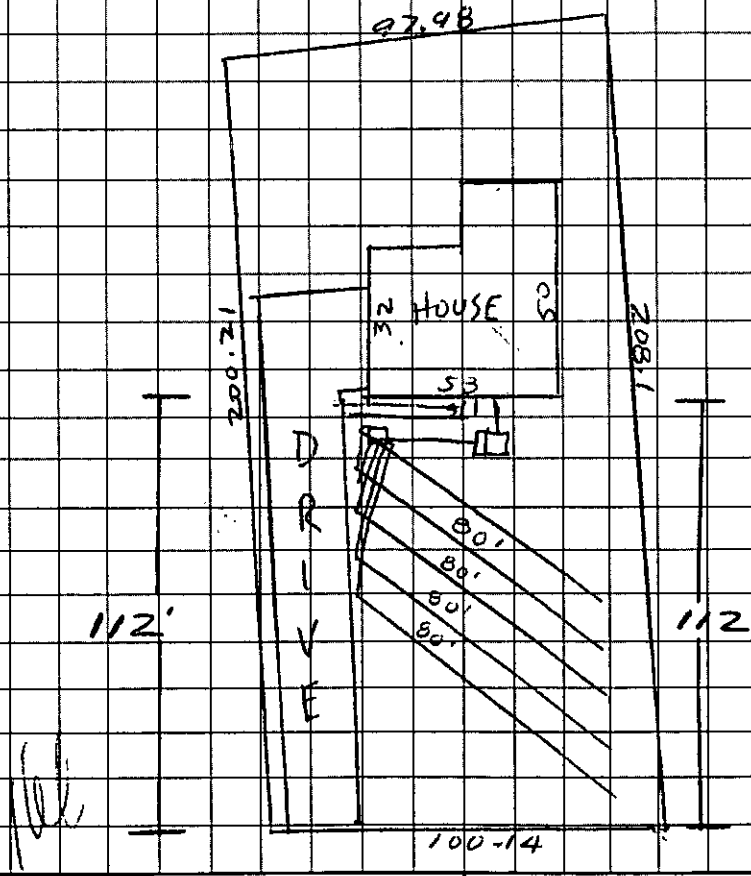
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Kelly Ruff 11-29-95

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

DATE 11-29-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mec't

001-752-02
PARCEL NUMBER

19032 Mountain View Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lt 27
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: Septic Tank

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11801

pd $150 1/31/95 ck # 178

☐ 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:

PERSON FILING APPLICATION:

NAME: Dulin (last) Donna (first) G (mi)

ADDRESS: 18910 Mountainview PHONE: (704) 892-4942

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-083-02

STREET ADDRESS: 19032 MOUNTAIN VIEW Dr

ZONING:

PROPERTY OWNER:

NAME: Wetherell (last) Carl (first) E (mi)

ADDRESS: 19032 Mountainview PHONE: (704) 333-3377

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT #27 LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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)
☒ 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 ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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: Donna G. Dulin Date: 1-31-95

NOTICE:

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...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.

...5/17 PC w/Mrs. Dulin. Discussed difficulty of plot plan change - initial lot no. Dulin to fax new house plan w/setback requirements.

7/20 VM from Donna Dulin Rec. Fax of plot plan/House plan

6/30/95 PC w/Mrs. Dulin. Discussed relocation of house

☒ 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

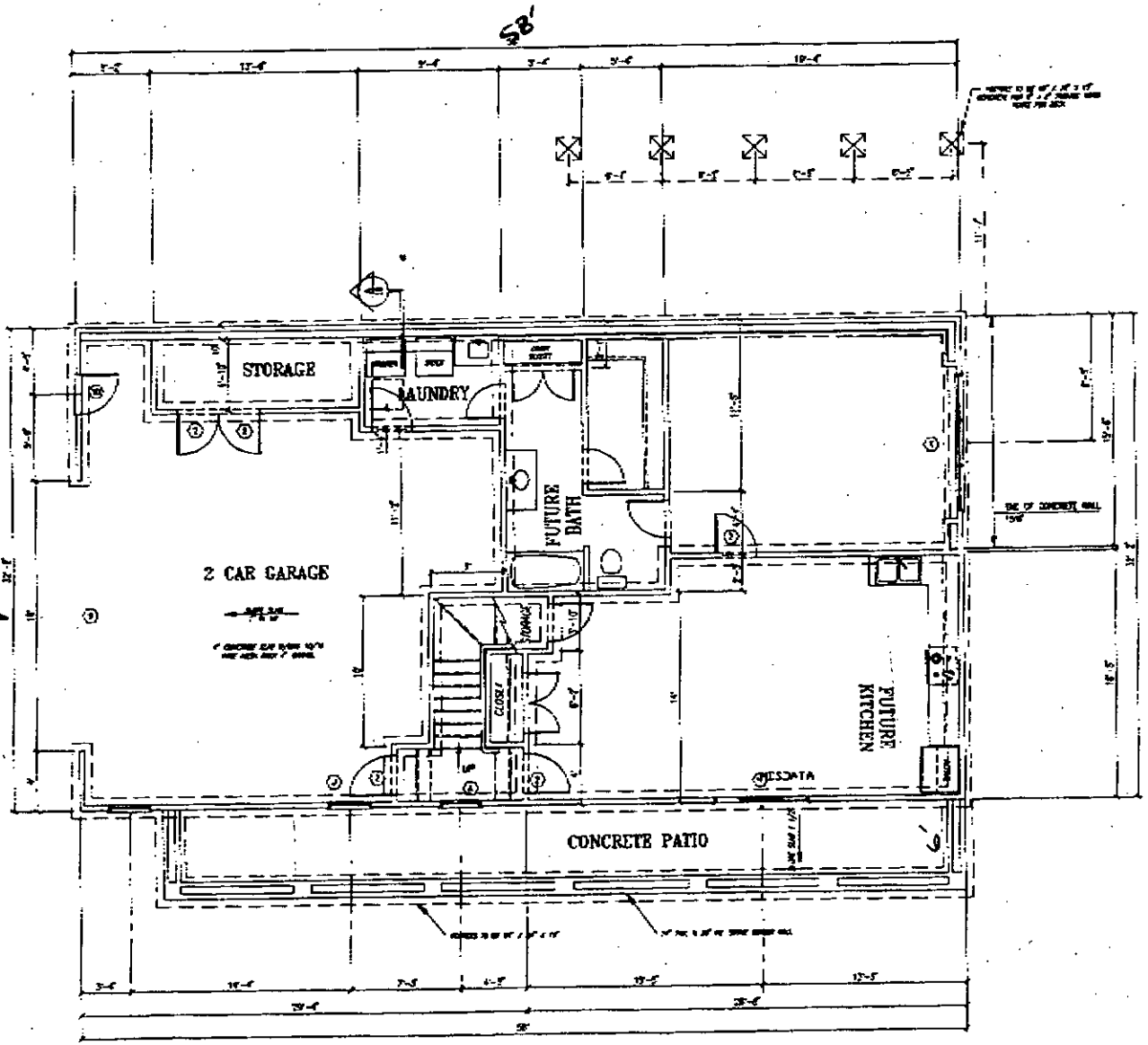
Director or Authorized Section Head Date

WATER - 122791

6/30/95 OSV. Appears that ST can be located in front/rear of house - septic. House needs restake - location relocated back?

6/30/95 PC w/Mrs. Dulin. House plot design plan is in Beth - most likely will be

PRELIMINARY
- DO NOT COPY
- NOT FOR FIELD USE



Foundation / Basement Plan

NOTE : FOOTER TO BE 8" X 15" CONCRETE (2,500 P.S.I.)

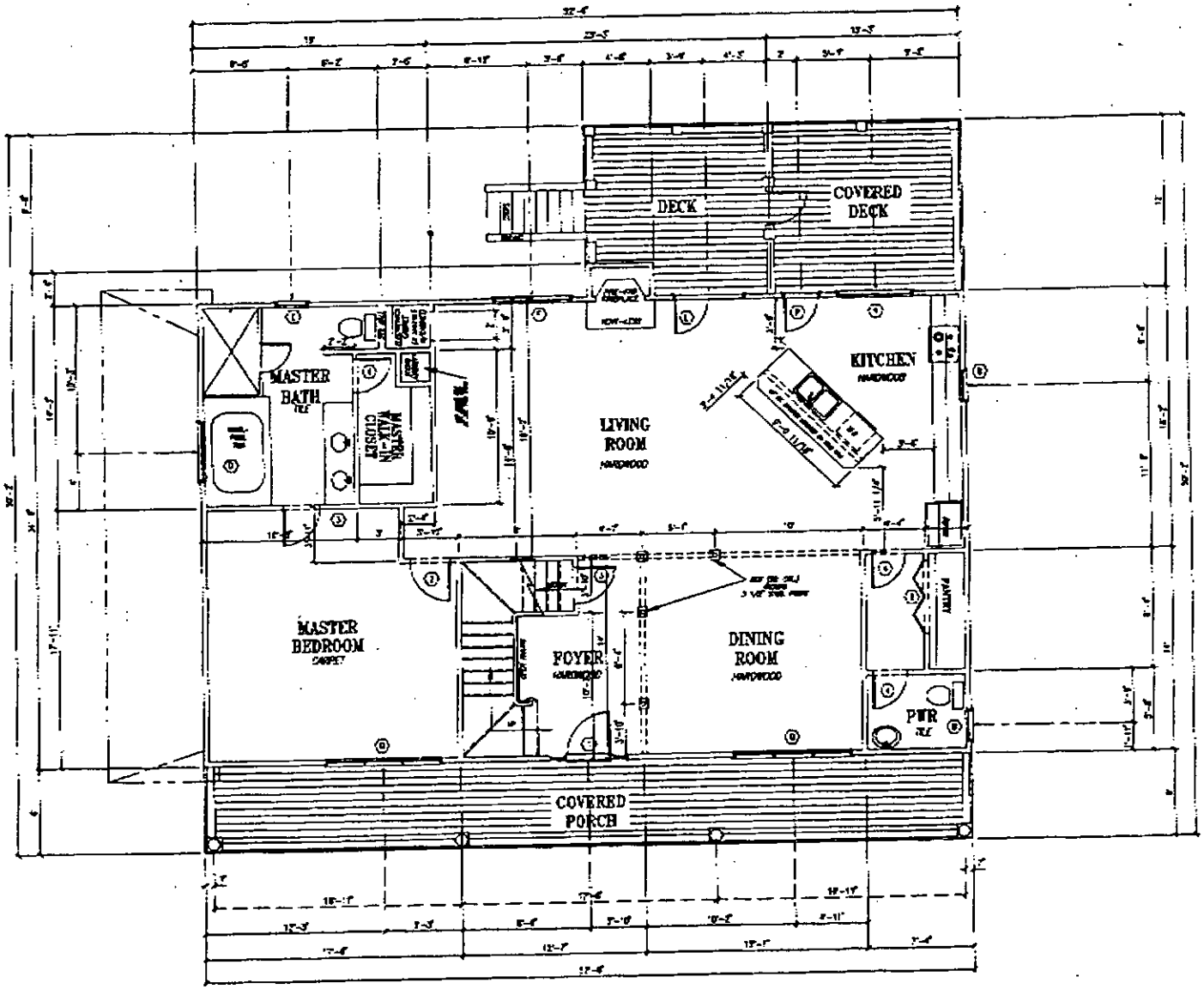
FOUNDATION TO BE 12" CMU W

INTERIOR LOAD BEARING PARTITIONS TO HAVE 15" X 8" FOOTER.

ALL STRUCTURAL MEMBERS TO BE SIZED BY A STRUCTURAL ENG.

CHECKING OF DESIGN IS THE RESPONSIBILITY OF THE BUILDER

PRELIMINARY
- DO NOT COPY
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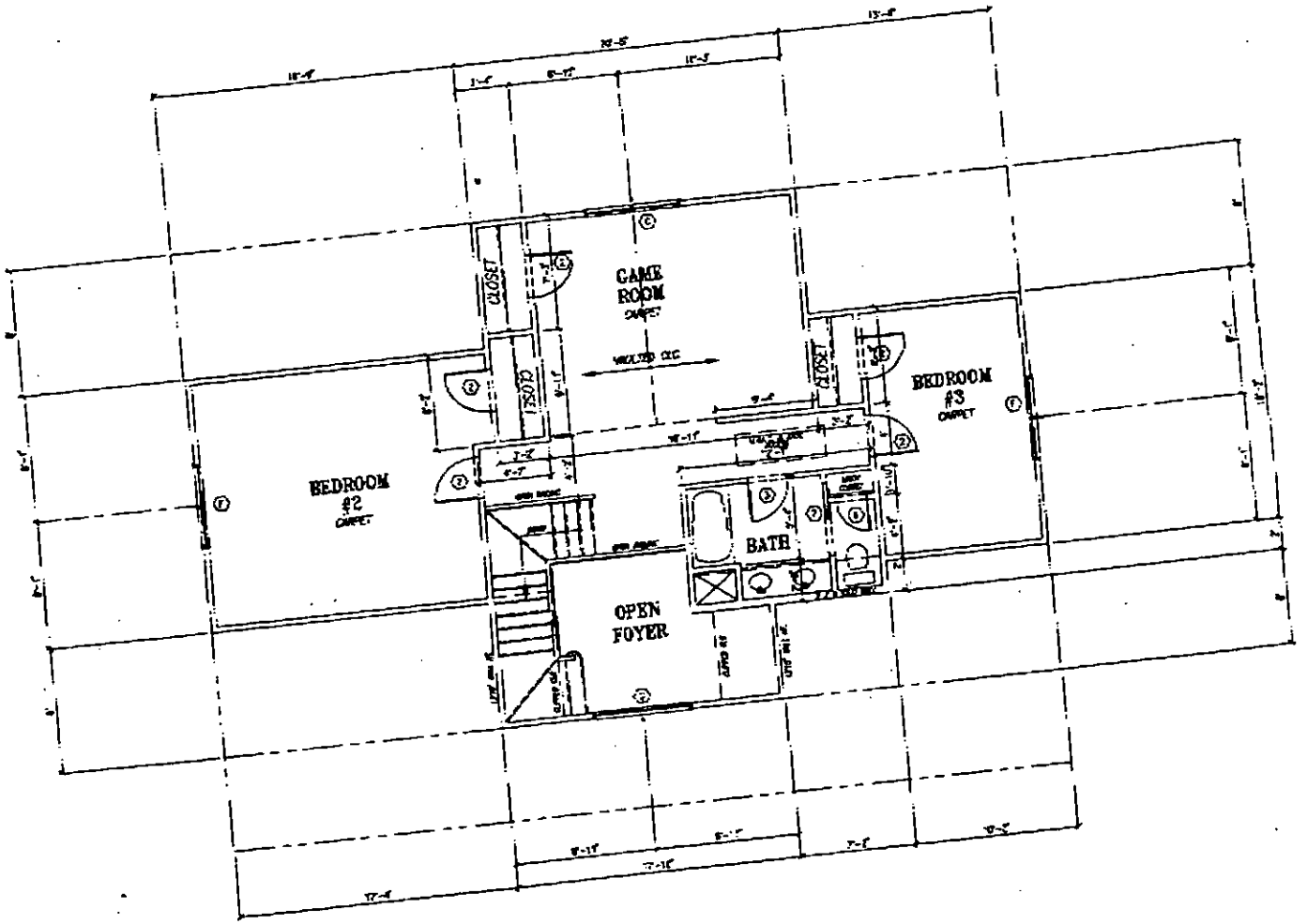


First Floor Plan

FIRST FLOOR HEATED	1,488
SECOND FLOOR HEATED	1,062
BASEMENT UNFINISHED	1,119
OPEN AREA	150
GARAGE	747

NOTE : ALL ELECTRICAL WORK TO MEET
NEC REQUIREMENTS

PRELIMINARY
- DO NOT COPY
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Second Floor Plan

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11801 — PA: #150 1/31/95 ck # 178 — ☐ 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

COPY

Date:

PERSON FILING APPLICATION:
NAME: Dulin (last) Danny (first) G (mi)
ADDRESS: 18910 Mountainview PHONE: (704) 892-4942
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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ZONING: _____

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ADDRESS: 19032 Mountainview PHONE: (704) 333-3377
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NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
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Signed: Donna F. Dulin Date: 1-31-95

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☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...8/17 PC w/Mrs. Dulin. Discussed difficulty of plot plan change - Limited lot. Mrs. Dulin to fax new house plan w/setback requirements.

8/22 VM msg. from Donna Dulin Rec. Fax of plot plan/House plan

8/23/95 PC w/Mrs. Dulin. Discussed relocation of house.

8/23/95 OSV. Appears that ST can be located to front ~~upslope~~ of house - upslope. House needs rotating - located ~~Relocated~~ back?

8/24/95 PC w/Mrs. Dulin. House per design plans is 4 Bdrm - most likely infiltrator

8/30/95 PC w/ Donna Dulin. Will fax plot plan to 892-4942 by 8/31/95 Mrs Dulin will contact Mr. Frank re: modifying

Environmentalist

Director or Authorized Section Head Date

WATER : 122791

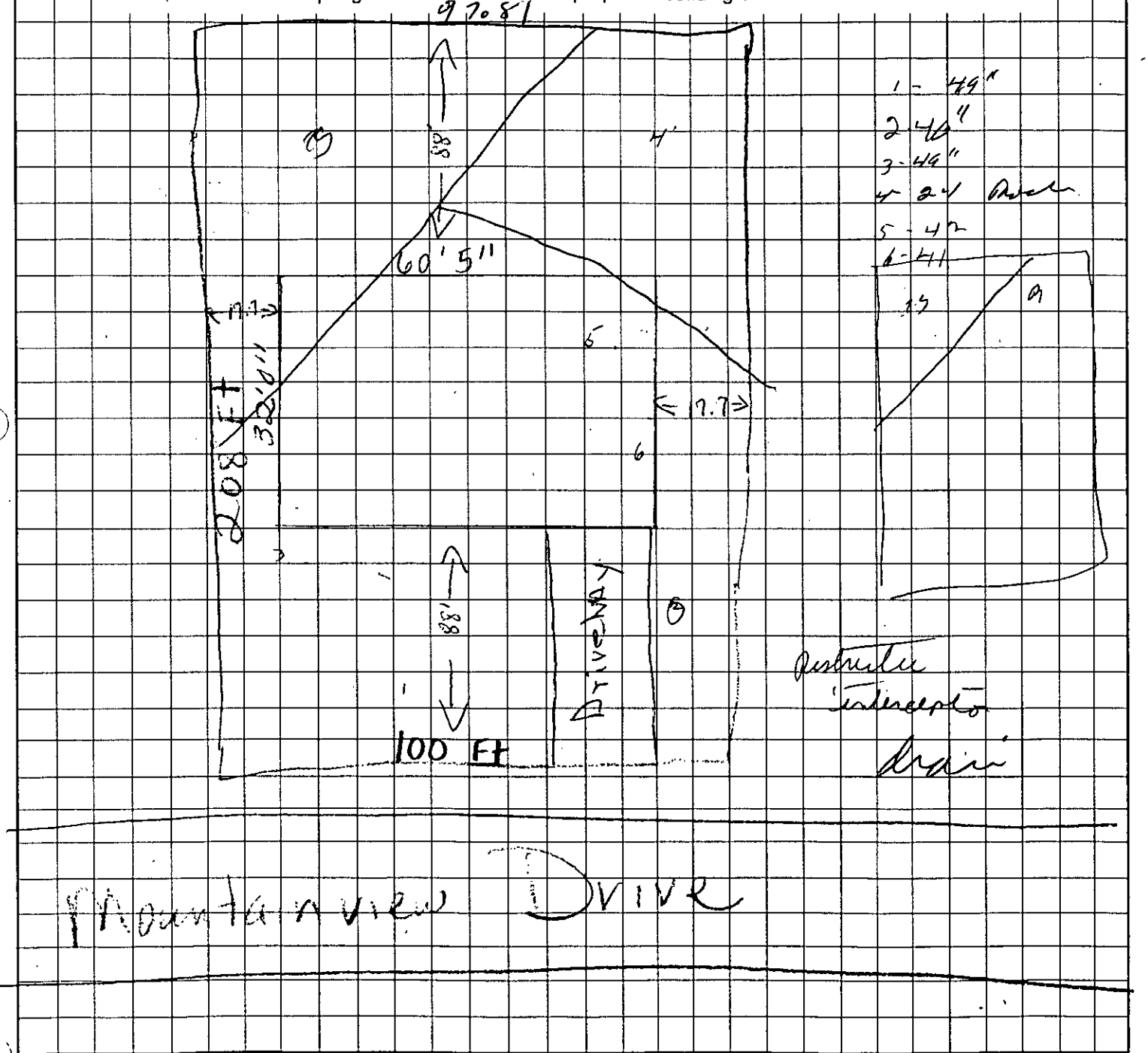
PROPOSED PLOT PLAN

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

FILE: 11801

TC: _____

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20590

File: 11941 Action 2

Parcel: 041-053-02 ☐ PC

Location: 17032 Mountainview Dr.

Subdivision:

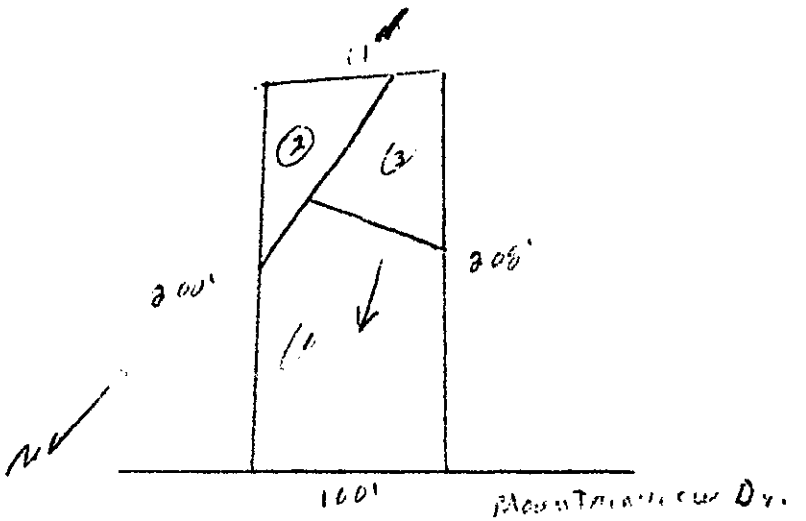
Lot: 21 Block: Acres: .45

Owner: Carl F. Wellhoelt
Address: 17032 Mountainview Dr.
Huntersville, N.C.
28078

Comments: ~~3 bd / 2 ba / 1 sty / 1,144~~

Described by: William R. Marti

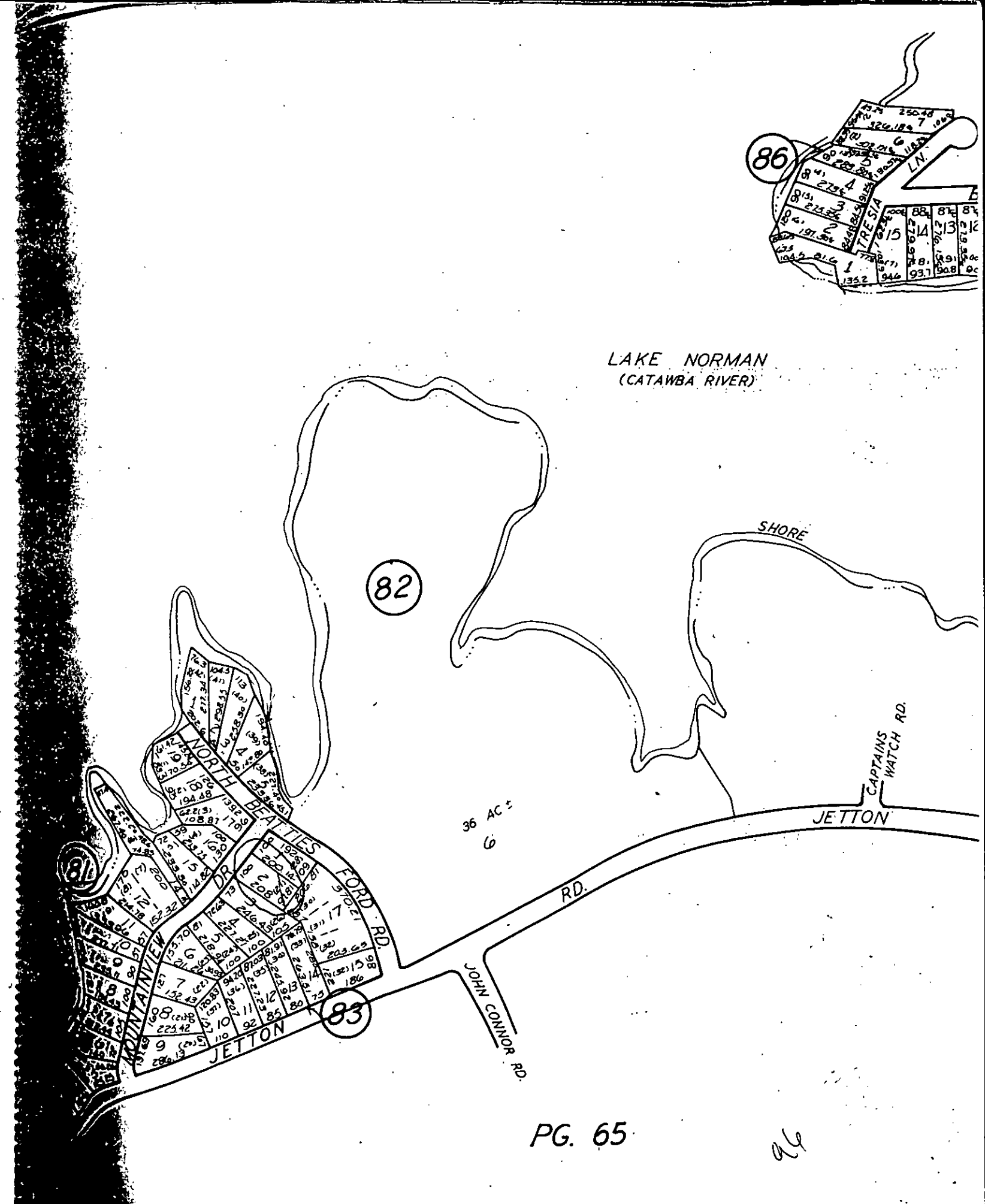
Date: 2-9-95



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

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

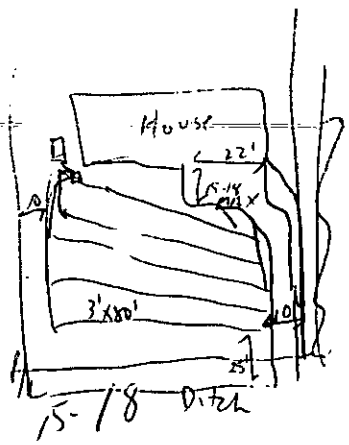
FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) complex slopes	(S) PS U 10-15%	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S (PS) U slightly Ex. clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	(S) PS U Total 7 40" to wetness	S PS U —	S (PS) U 24" to soil wetness	S PS U	S PS U	S PS U
Depth	S (PS) U 7 41"	S PS U —	S PS (U) 24"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7 41"	S PS U —	S (PS) U 7 36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS (U) Ac-K Restrictive	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil	Complex slopes	IV Pacolet-L.U.			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U



PG. 65

FOR TAX PURPOSES ONLY

112



6x3 18
5x6 30
48
15
63

1x12
63
49

Serial No. 0414

PTR No. 11801

T C. No. 001-083-02

Date Issued 1/18/77

Map Date 64-76

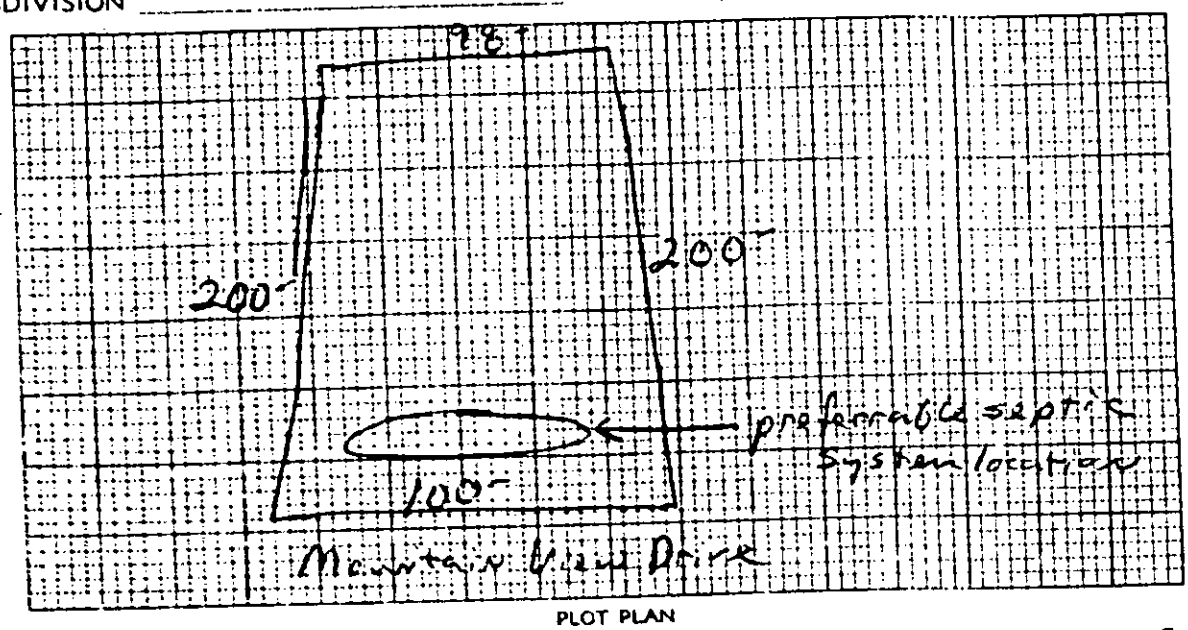
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Dellinger (LAST) J. (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 416 Morningwood Drive, Matthews, N. C ZIP 28105

LOCATION OF PROPERTY Mt. View Drive (STREET OR COUNTY ROAD)

SUBDIVISION Mt. View Beach LOT NO. 27 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. Provisionally Suitable The permeability rate determined by the investigation was 60Min./in. . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings, or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health, renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W. Edward Casewent — Soil Scientist

John A. Hisson — Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 9/13/77

APT No. 11201

T.C. No. 091-085-02

Map Date. 10-4-71

RECEIVED

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

Name of Owner: Dellinger J W
(LAST) (FIRST)

Address of Owner: 416 Mannawee Dr Matthews NC ZIP 28105
(MIDDLE)

Telephone No. Home 821-9438 Office

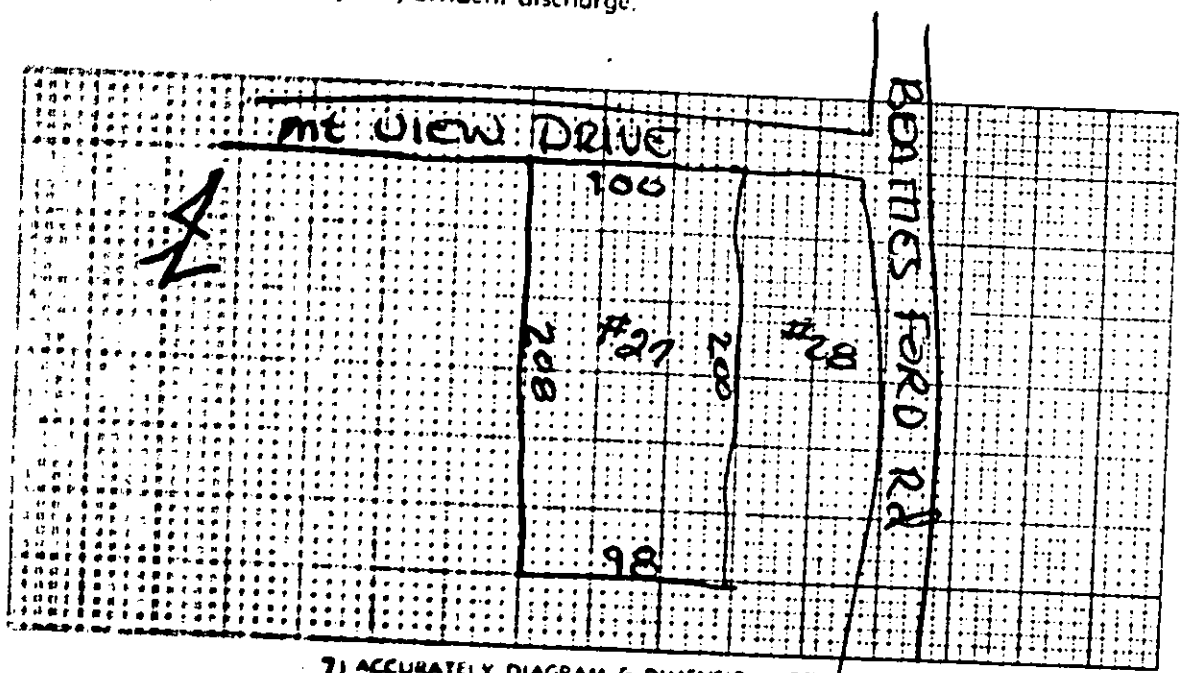
Location of Property: 116 View Drive
(STREET OR COUNTY ROAD)

Subdivision: Mt View Beach LOT NO. 27 BLOCK NO. 1

Map Recorded 11 PAGE NO. 293

Previous Reference: DEED BOOK 3711 PAGE NO. 014

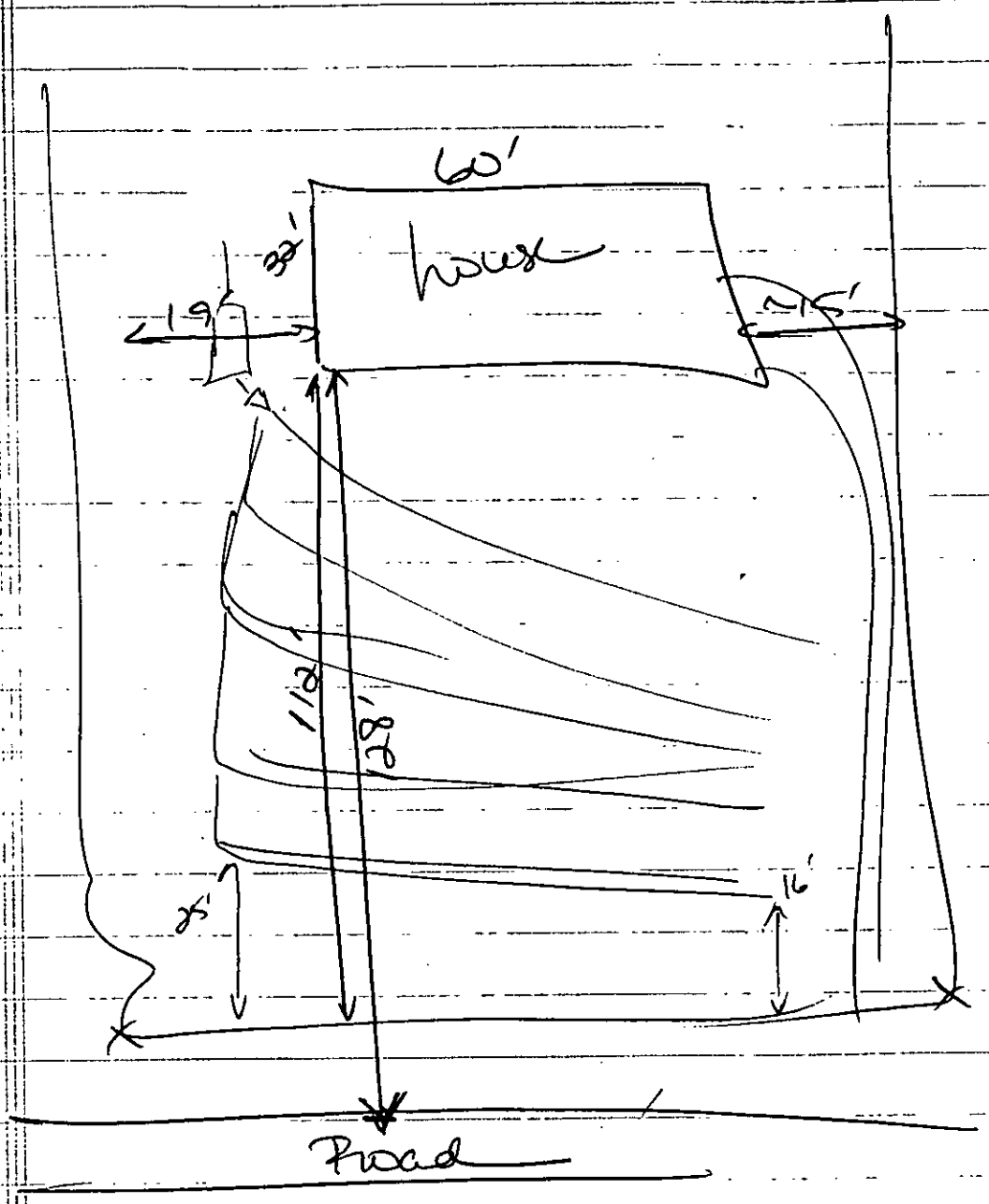
Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge.



71 ACCURATELY DIAGRAM & DIMENSION LOT

OWNER J. W. Dellinger

Environmental Health Department's Copy


60'
house
32'
19'
~15'
112'
98'
25'
16'
Road

Friday

11801

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PA - $150 1/31/95 ck # 1178

☐ 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

PERSON FILING APPLICATION:

NAME: Dulin (last) Danny (first) G (mi)

ADDRESS: 18910 Mountainview PHONE: (704) 892-4942

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-083-02

STREET ADDRESS: 19032 MOUNTAIN VIEW DR

ZONING: _____

PROPERTY OWNER:

NAME: Wetherell (last) Carl (first) F (mi)

ADDRESS: 19032 Mountainview PHONE: (704) 333-3377

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT #27 LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (O)
☑ 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) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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)
☑ 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 ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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: Donna K. Dulin Date: 1-31-95

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.

...

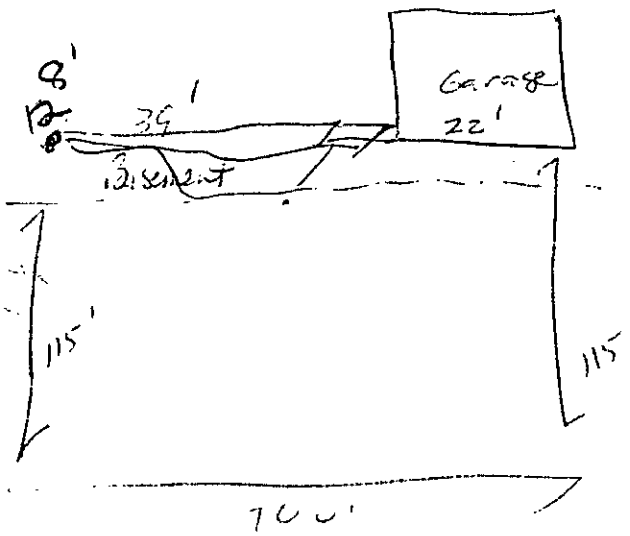
☑ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

9132292
beeper


Garage
22'
39'
115'
115'
100'

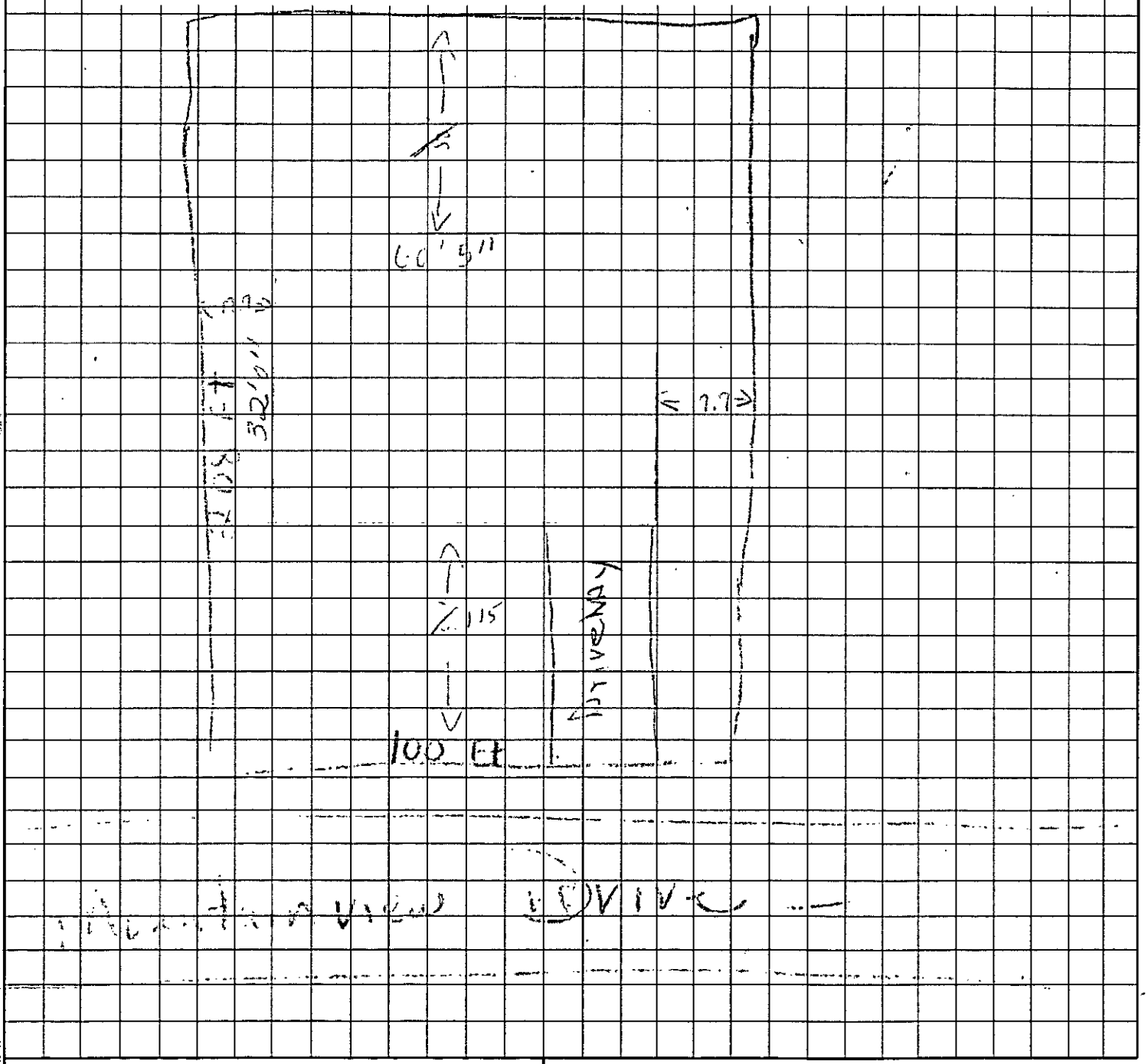
PROPOSED PLOT PLAN

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

FILE: 11801

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20590

File: 11801 Action 2

Parcel: 001-093-02 ☐ PC

Location: 19032 Mountain View Dr.

Subdivision:

Lot: 21 Block: Acres: .45

Owner: Carl F. Wetherell
Address: 19032 Mountainview Dr.
Huntersville, N.C.
28078

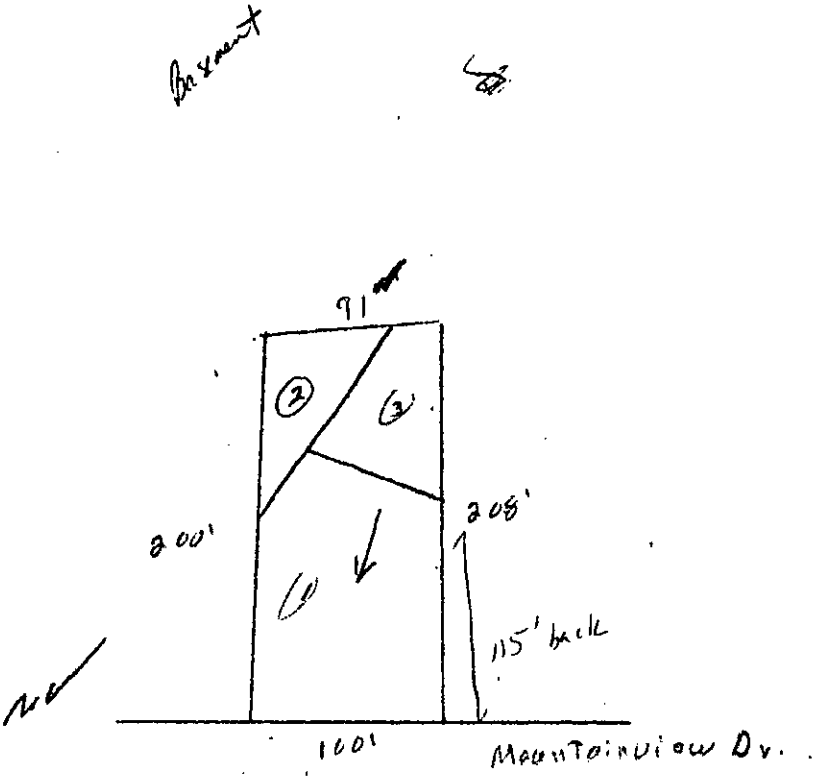
Comments: ~~3 bed/ 2½ / dig~~ LTAA

Described by: William R. Marlin

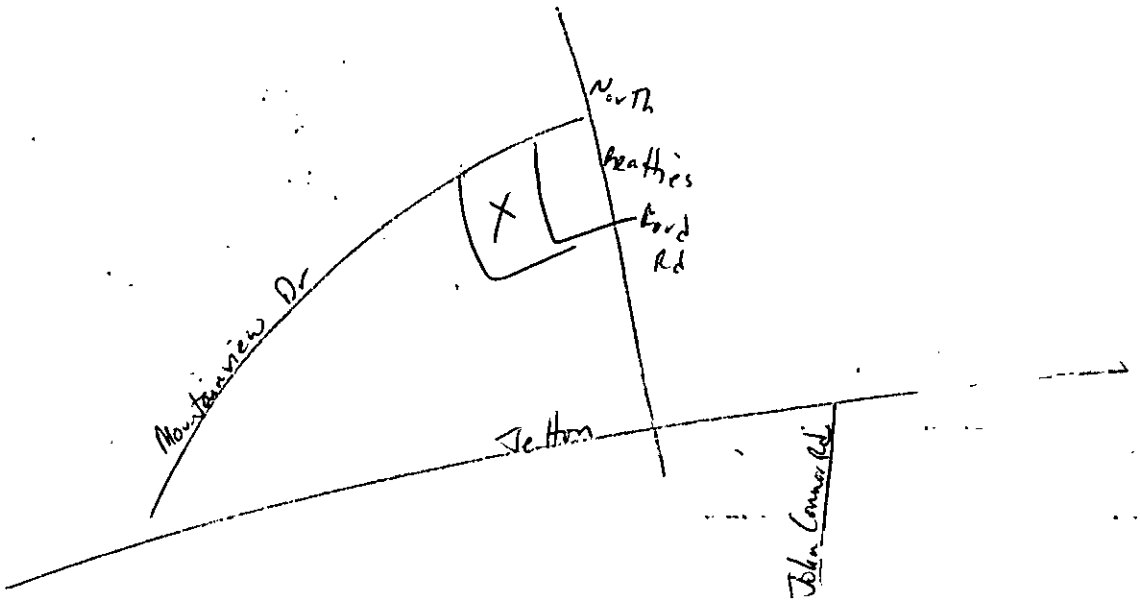
Date: 2-9-95

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

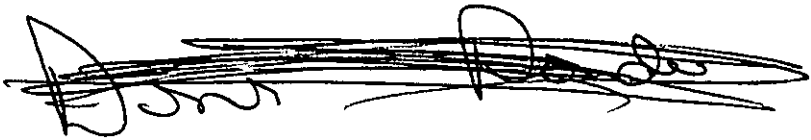
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) complex slopes	(S) PS U 10-15%	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S (PS) U slightly Ex. clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	(S) PS U To soil > 45" wetness	S PS U —	S (PS) U 24" TO soil wetness	S PS U	S PS U	S PS U
Depth	S (PS) U > 41"	S PS U —	S PS (U) 24"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U > 41"	S PS U —	S (PS) U > 36"	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U —	S PS (U) Restricted	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS (U) Rock outcrops	S PS U	S PS U	S PS U
Soil Group/Series	IV Cat. Ho	Complex slopes	IV Parolee L. Ho			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U


North
Beatties
Ford
Rd
Mountainview Dr
Jethro
Ellen Conner Rd

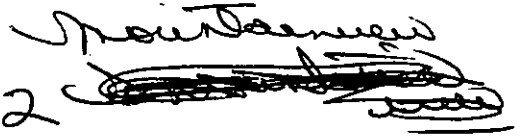
248 - 8518



Donna

Dee

Dolin

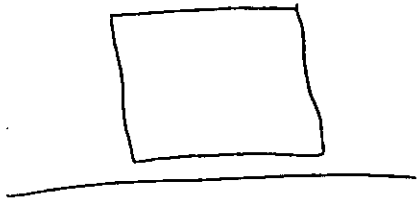


19032

100'

3 bdrm

90



75' lines.

68

50

$$\begin{array}{r} {}^{4}67 \\ \times\ 6 \\ \hline 402 \end{array}$$

$$\begin{array}{r} 6 \times 3 \quad 18 \\ 5 \times 6 \quad 30 \\ \hline 248 \end{array}$$

$$\begin{array}{r} {}^{7}\cancel{8} \\ \times\ 3 \\ \hline 210 \end{array}$$

$$\begin{array}{r} {}^{6} \\ \cancel{18} \quad 3 \times 2 \quad 6 \\ 72 \quad 6 \times 2 \quad 12 \end{array}$$

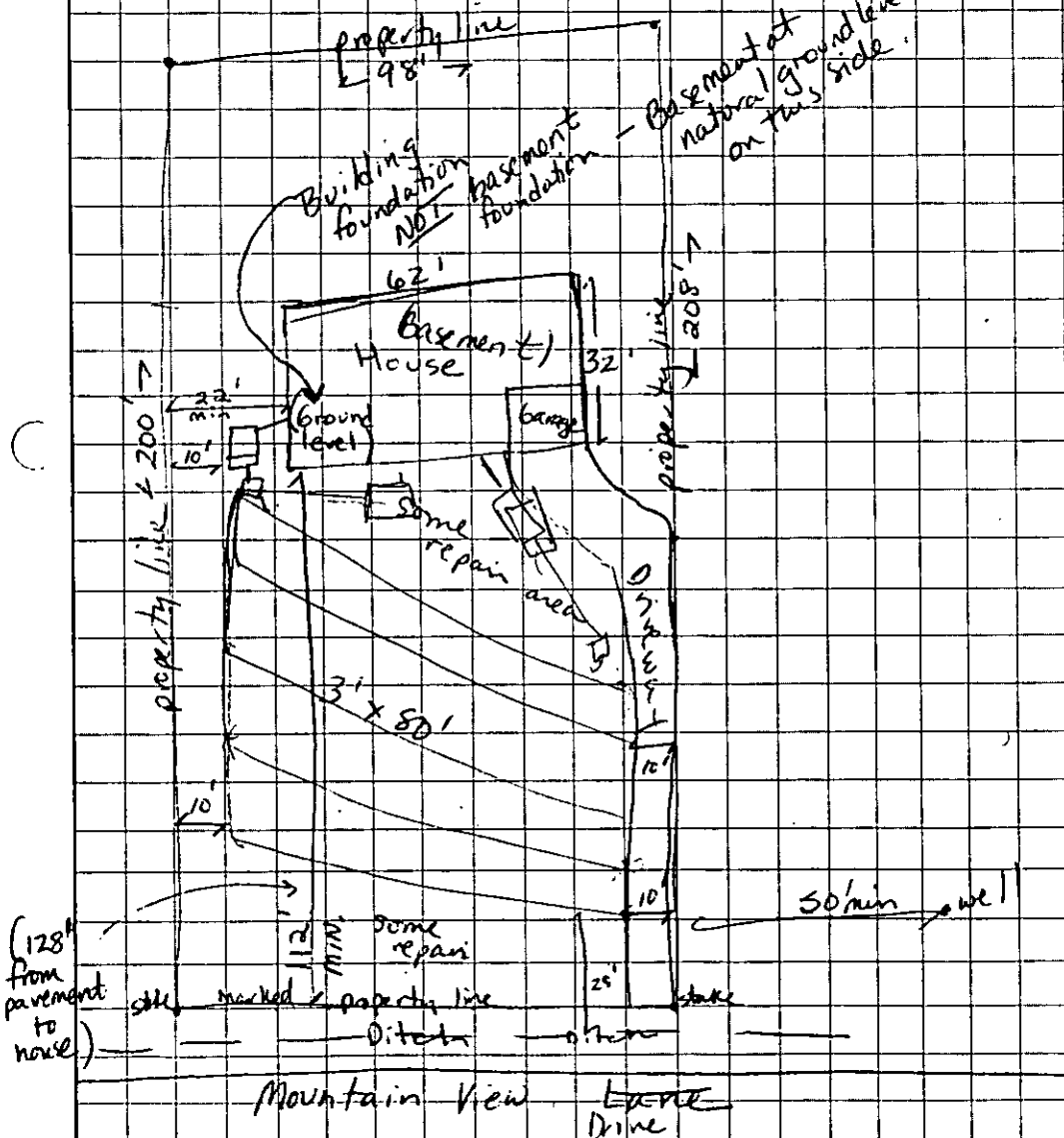
PROPOSED PLOT PLAN

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

FILE: 11801

TC: 001-083-02

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.



3 bedroom design
1500 g septic tank
1200 sq ft drainfield
at 5 lines at 3' x 80' x 12" stone each.
Keep drainlines on contour.
Trench bottoms no deeper than 30".
Do not grade or disturb soil in area of septic system.
Must stay min 15' off a basement foundation or min 5' off a building foundation with septic tank system.
Driveway to hug property line as shown.
Keep water line min 10' from any part of septic tank system.
Divert any french drains around basement area away from septic system area. Lot is dated earlier than 1983 and is therefore exempt from 100% repair area. (See records on file). Keep min 50' from any well with septic tank system.

APPROVAL DATE 1-16-95 (BPB)

OWNER/AGENT SIGNATURE

DATE

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

PROPOSED PLOT PLAN

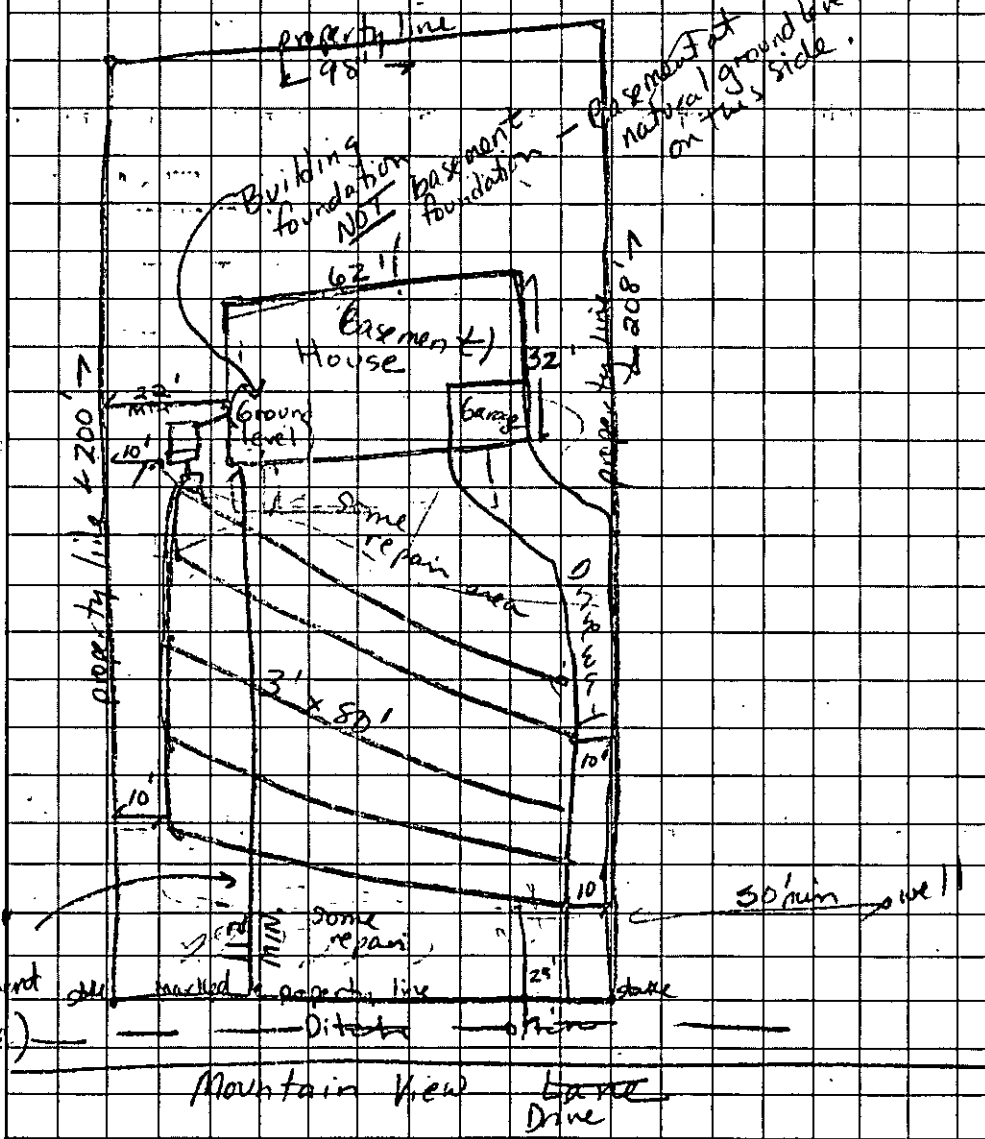
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

C.

FILE: 16801

TC: 001-083-02

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.



3 bedroom design
1500 g septic tank
1200 sq ft drainfield
at 5 lines at 3' x 80' x 12" stone each.
Keep drainlines on contour
Trench bottoms no deeper than 30".
Do not grade or disturb soil in area of septic system, must stay min 15' off a basement foundation or min 5' off a building foundation with septic tank system.
Driveway to hug property line as shown.
Keep water line min 10' from any part of septic tank system.
Divert any french drains around basement area away from septic system area. Lot is dated earlier than 1983 and is therefore exempt from 100% repair area (See records on file). Keep min 50' from any well with septic tank system. Any changes may void permit

Donna K. Clark
OWNER/AGENT SIGNATURE

DATE 4/7/95

APPROVAL DATE 3-16-95 (873)

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

Mecklenburg County
Health Department

November 16, 1995

Mr. Danny Dulin
18910 Mountain View Drive
Huntersville, NC 28078

Re: 19032 Mountain View Drive
File: 11801
Parcel: 001-083-02

Dear Mr. Dulin:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and site visit have been conducted. The results of the evaluation indicated the site is **UNSUITABLE** under Rule .1945 **AVAILABLE SPACE** for a conventional wastewater treatment and disposal system. However, modifications to septic tank systems may be utilized to overcome selected soil and site limitations. Our site evaluation determined that this lot can be reclassified to **PROVISIONALLY SUITABLE** under Rule .1956 **MODIFICATIONS TO SEPTIC TANK SYSTEMS (3) (ii)**. An innovative plan was prepared on site and a copy is enclosed for your records. The classification for this septic tank system is Type III.

The following provisions shall apply for the issuance of the Improvement Permit:

- The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.
- Water saving plumbing, devices and low flush toilets should be installed when constructing the residence.
- Landscaping of original system area and repair area is prohibited. Grading, shaping, or altering the lot may void the permit.

Upon execution and recording of the enclosed form "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); .1957(c); or .1969" an Improvement Permit can be issued by this department.

If you have any questions concerning this matter, please contact me at 336-5575.

Sincerely,

Kelly Randall

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure(s)

File 11801

facsimile
TRANSMITTAL

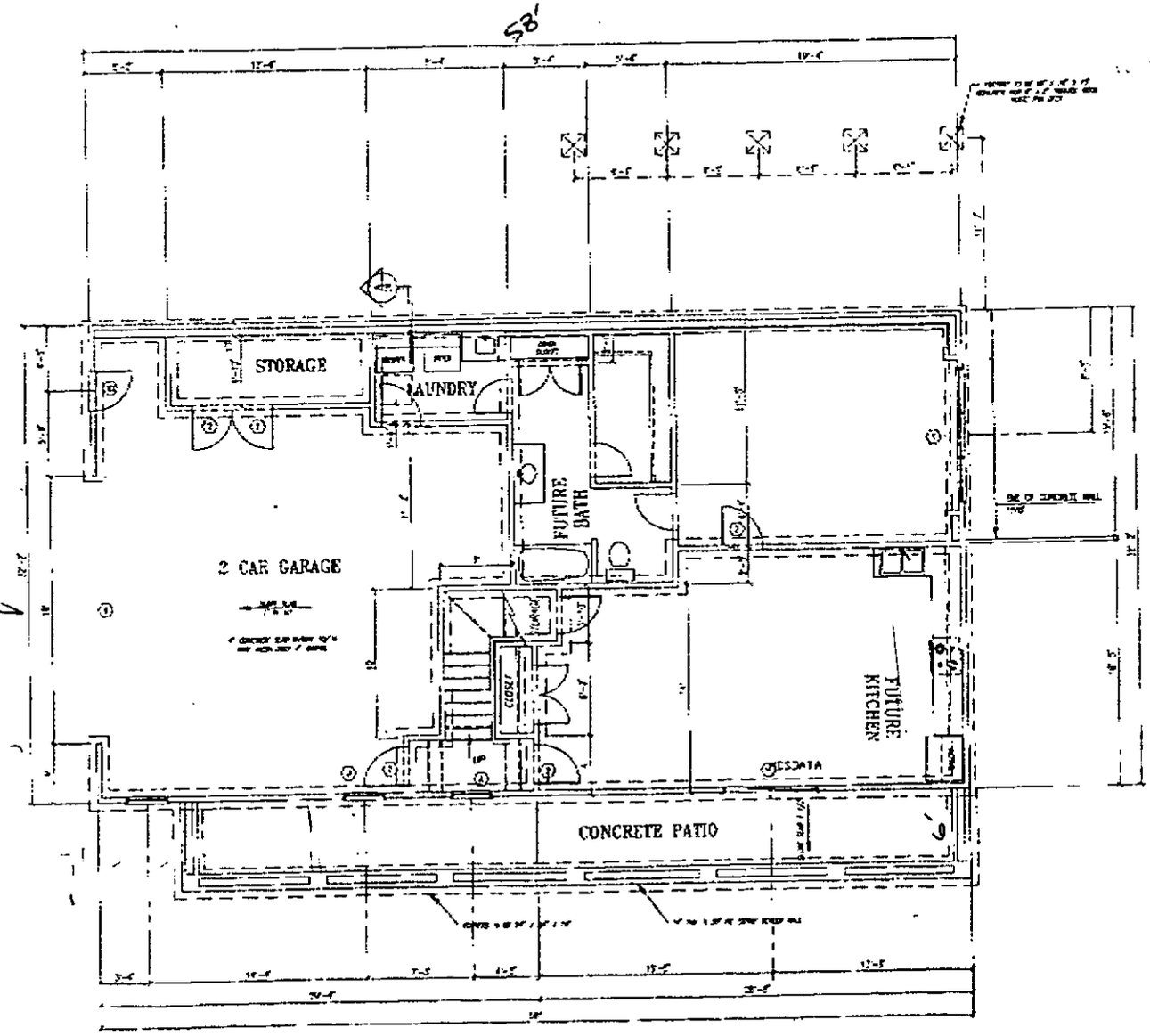
to: Lisa Mialick
fax #: 336-6894
re: Relocation of septic tank
date: August 21, 1995
pages: 4, including this cover sheet.

From the desk of...

Donna K. Dulin
Administrative Assistant
The Hearst Corporation
227 W. Trade St.
Charlotte, NC 28202

704 348-8518
Fax: 704 376-1380

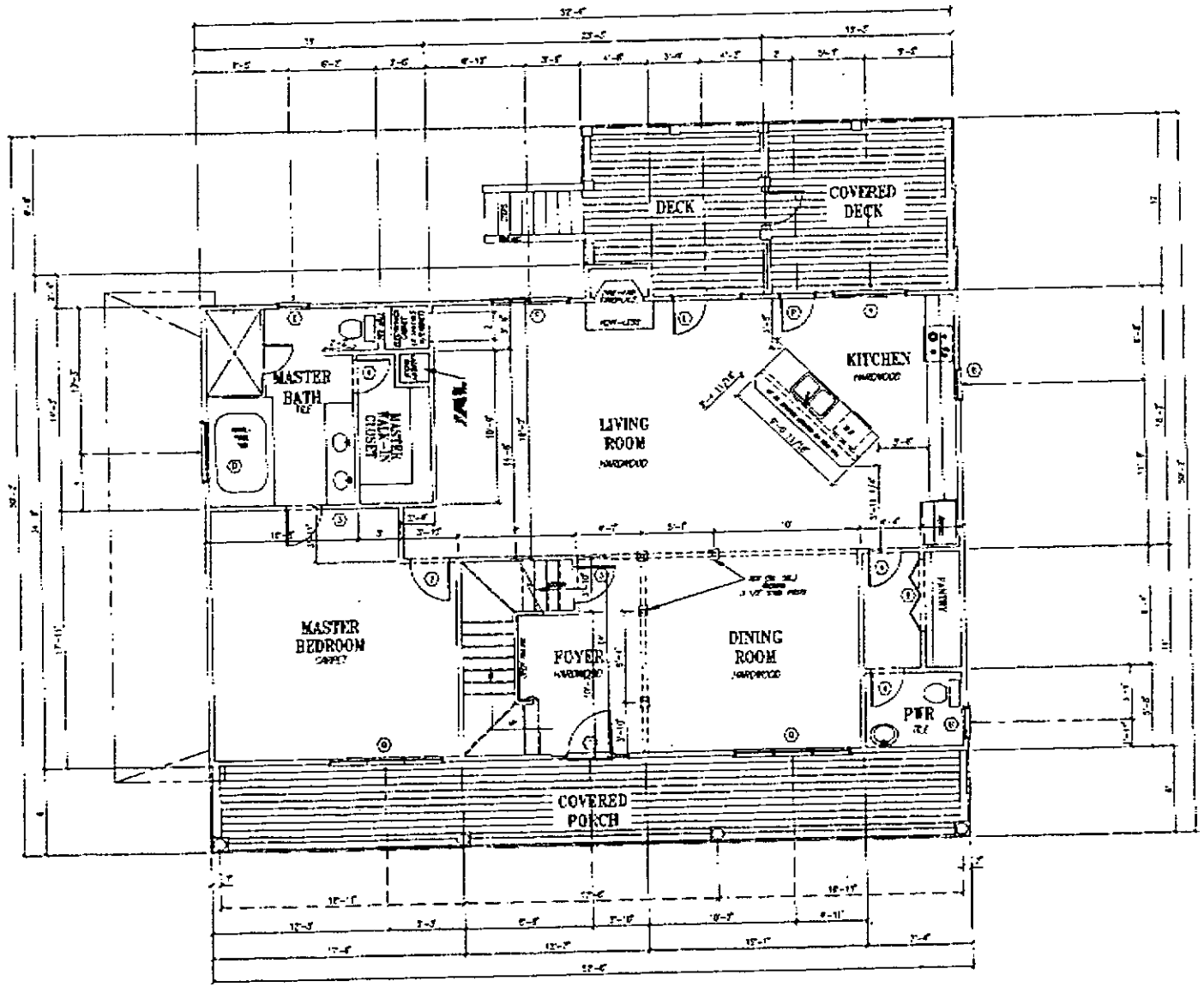
PRELIMINARY
- DO NOT COPY
- NOT FOR FIELD USE



Foundation / Basement Plan

INTERNHL HUDII TEL:704-376-1680 Hug 21 95 11:53 NO.001 P.02
08-21-95 01:01PM P02

PRELIMINARY
- DO NOT COPY
- NOT FOR FIELD USE



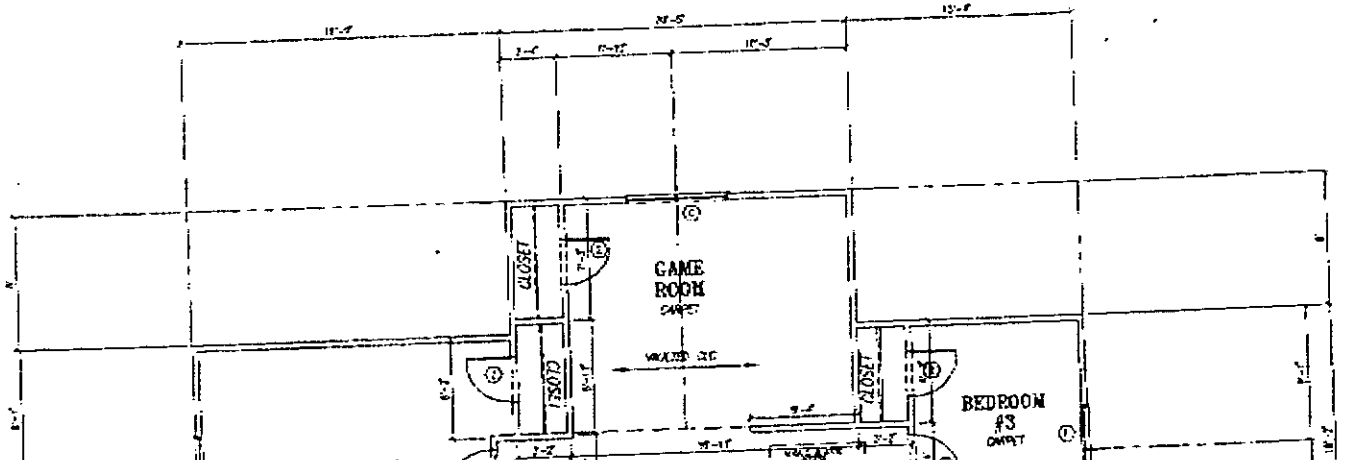
First Floor Plan

FIRST FLOOR HEATED	1,698
SECOND FLOOR HEATED	1,060
BASEMENT UNFINISHED	1,119
OPEN AREA	139
GARAGE	247

NOTE : ALL ELECTRICAL WORK TO MEET NEC REQUIREMENTS

08-21-95 01:01PM P03
AUG 21 95 11:53 NO.001 P.03
TEL:704-376-1380
INTERKNIL HOUSE

PRELIMINARY
- DO NOT COPY
- NOT FOR FIELD USE



Second Floor Plan

08-21-95 01:21PM P04

ANIEKNHL HUDI
TEL:704-376-1380
Hug 21 95 11:54 NO.001 P.04

JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 11/29/95 09:58
BK: 08377 PG: 0055/0057 #:0115 12.00

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 11801
PARCEL # 001-083-02

The undersigned, Donna K. Dulin, owner of property located at 19032 Mountainview Drive, (the "site") and described in an instrument recorded in Book 9058 at Page 955 Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

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

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

This instrument was prepared by: Donna K. Dulin
Mail after recording to: 21334 Sandy Cove Road
Davidson, NC 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.

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 28 day of November, 1995.

_____ _____ (SEAL)
(Corporate Name)

_____ (SEAL)

By: Donna K. Dulin _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Elizabeth Bernhardt, a Notary Public for said County and State, do hereby certify that Donna K. Dulin personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 28 day of November, 1995.

Elizabeth F. Bernhardt
Notary Public

My Commission Expires:
04/17/99

ELIZABETH F. BERNHARDT NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

ELIZABETH F. BERNHARDT
My Commission Expires April 17, 1999

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of _____

_____

_____

Notary(ies) Public is/are certified to be correct.

This _____ day of _____, 19 _____.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: _____ Deputy Register of Deeds

RBCWM:24751_1/8-30-95