

12016 MOUNTAIN LAKE CV

02316308

5/29/07

duponbj

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

X34692 LD 84188
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Jeremy

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

(704)336-5102 4/954A

Date:

PERSON FILING APPLICATION:

NAME: Luckey (last) Shelton (first) D. (mi)

ADDRESS: 10130 Harwood Cove Ct PHONE: (704) 394-8514

CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY OWNER:

NAME: Spivey (last) Robert (first) (mi)

ADDRESS: 12016 Mt. Lake Cove PHONE: (__) _____

CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-163-08

STREET ADDRESS: 12016 Mt. Lake Cove

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Point

LOT NUMBER: 8 LOT SIZE (in acres): 1.989

TYPE APPLICATION (check one):

[redacted]
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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: NUMBER OCCUPANTS: 2

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: Shelton D. Luckey Date: 6-14-04

NOTICE:

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 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

... O.K. to use existing system to expand the existing kitchen, Bedroom, & Dining Room

Environmentalist Date 6/15/04

WATER : 122791

5 D.L Homes

COPY

COVE

MOUNTAIN LAKE

F.I.c# 4954A

57.72'

N.05°-34'-04"E.

ARC = 57.70'

R = 1662.66'

APPROX PROPERTY LINE

STONE COLM.

STONE COLM.

12'

10'

80'X40' DRAIN FIELD

GROUP OF 34 8"-24" OAK, PINE, GUM & HICKORY TREES

80'X40' DRAIN FIELD REPAIR

12' BRICK DRIVE

690

132'

393.44'

S.65°-07'-03"W.

15'-6"

E.681.2
F.681.2.

GARAGE FL. EL. 680.5

E.680.0
F.680.0

RETAIN. WALL

CONC. APRON EL. 679.0

BRICK PAVER TURN-ROUND

BRICK WALK

FIRST FLR. EL. 681.0

DECK

BASEM'T FLR EL. 670.5

E.672.0
F.672.0

E.679.5
F.679.5

E.670.0
F.670.0

10' BRICK DRIVE

22'±

CONC. TURN-ROUND

100' S.B. LINE

S.65°-07'-03"W.

384.94'

15'-6"

670

309-0798 Cell

X34697 MD 84158

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ADDRESS: 10130 Harwood Cove Ct PHONE: (704) 394-8514 office
CITY: Charlotte STATE: N.C. ZIPCODE: 28214

PROPERTY OWNER:
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ADDRESS: 12016 Mt. Lake Cove PHONE: (__) _____
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SUBDIVISION OR MOBILE HOME PARK NAME: MOUNTAIN POINT

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Jimmy Mullis R.S. 6/15/04
Environmentalist Date

WWATER : 1227

Extend Kitchen, MBR, Dining Room D.L Homes

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg — Name of Establishment — 49544 Permit/Project No.
Health Department

12016 Mountain Lake Cove — residence — 480 gpd
Location — Type of Establishment — Design Flow

Robert C. Spivey, 12016 Mountain Lake Cove, Charlotte, 28216
Owner/Agent — Address — Phone

N/A — Address — Phone
Operator

Remarks IIIb

	Yes	No	REMARKS
1. ESTABLISHMENT:			
Type, size, and sewage flow in accordance with permit?	☑	☐	
2. COLLECTION SYSTEM:			
No evidence of leaks into or out from sewer lines/manholes?	☐	☐	
Free of blockages/solids buildup in lines or manholes?	☐	☐	
3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks):			
Tank risers accessible and surface water diverted?	☑	☐	
Tanks and access manholes structurally sound, watertight?	☑	☐	
Sanitary tee(s) in good working condition?	☑	☐	Recommend pumping septic tank every 3-5 years
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?	☐	☐	
5. EFFLUENT DOSING SYSTEM:			
Effluent appears clear, free of excess solids?	☐	☐	
PUMP SYSTEMS:			
Required pumps present, operating, and cycling properly?	☑	☐	
High-water alarm present and operating properly?	☑	☐	
Floats/pipe/valves/disconnects in good working condition?	☑	☐	
Control panel enclosure/components in good condition?	☐	☑	Wooden cover beginning to rot. Indoor alarm mounted in enclosur
Elapsed time readings: _____ _____			
SIPHON SYSTEMS:			
No evidence of overflow or siphon leakage?	☐	☐	
Siphon(s) appear to be working/alternating properly?	☐	☐	
Bells and vents free of debris and in good condition?	☐	☐	
6. GROUND ABSORPTION FIELDS:			
No evidence of effluent surfacing/reaching surface waters?	☑	☐	System has diverter valve - switch this on a regular basis. This will help ensure longer system life.
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: System looks good

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Da

DATE: 8-16-99 SIGNED: Jerry B. Thompson Jr. L.S. AGEN
Division of Environmental Health

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4954A DATE: 1/19/90

TC: 023 - ~~163-03PO~~ 163-09 ☐ L ☑ CRT

SERIAL № 12311

Name of Owner Robert C. Spivey Juris.:

Address of Property 12016 Mt. Lake Cove

Inspection Data:

Tank Material PCC

Total Length of Drainfield 532

Number of ~~Lines~~ Bed 8 4 lines @ 68' x 4 lines @ 65'

Cover Depth 12"

Water Supply Source CMUD

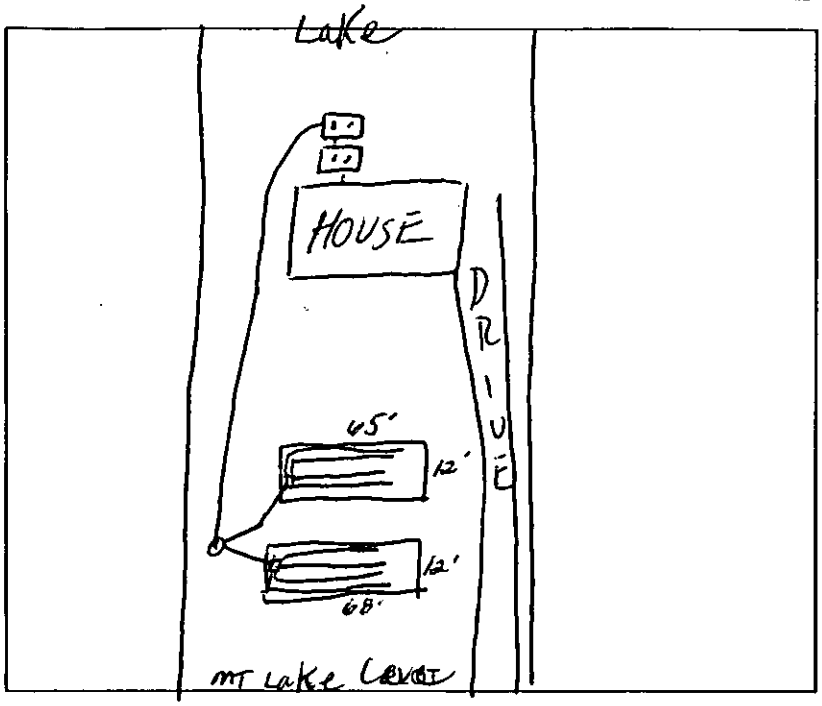
Distance to Water Source >50

Excavation Inspected 1/19/90

Tank(s) Inspected 1/19/90

Wash Line Inspected NA

High Water Alarm Inspected 1/19/90



Design: 1990, 1500ST, 1000DT, 1596SFB, MOD, 12"G ceil P1 CTR# 16

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: System designed for 4 bedroom house
Bed system installed because of limited area
Application Rate 0.3 gpd/sq ft

Philip S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

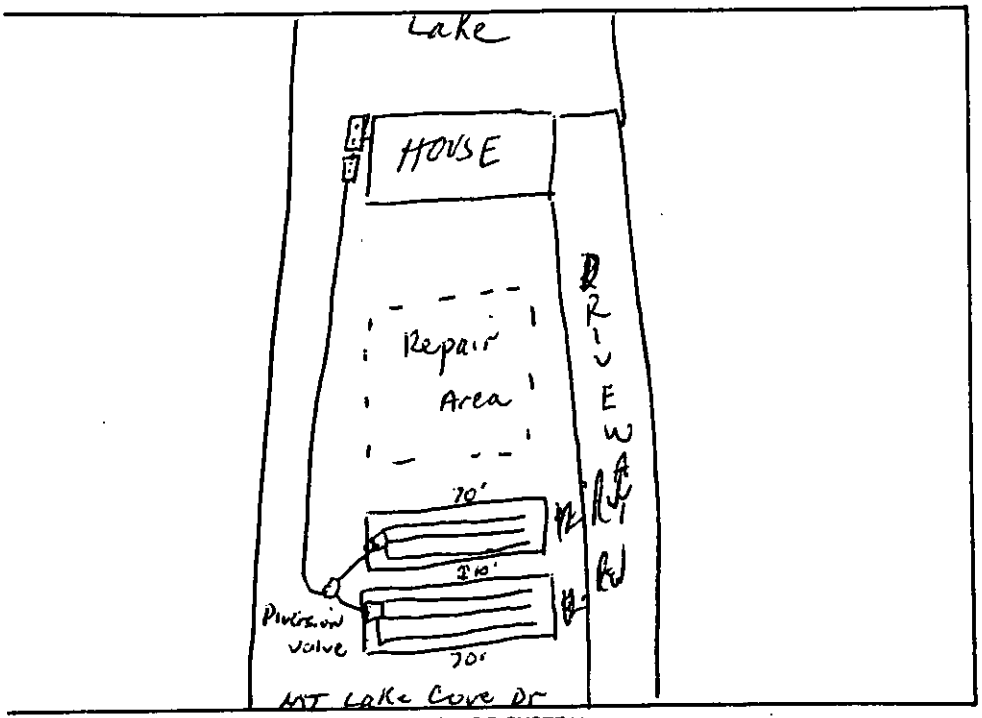
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4954A DATE: 11-5-90 ~~11-8-90~~

TC: 023 101 03 PO L

SERIAL Nº 14577

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 5/1/89. All work shall be completed on or before _____, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification ~~Lines~~ Bed

Trench Width 2 → 9 x 70' feet

Total Line Length ~~840~~ ~~420~~ feet

Number of Lines 6

Depth of Stone 14 inches

Distance from House 15 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Robert C. Spivey

LOCATION OF PROPERTY 1206 Mountain Lake Cove

Comments: 2 beds 9'wd x 70'long x 14"stone stay 10' from property lines. Site limitation. Beds necessary to allow repair area.

Division or Section Head

Philo A. Walker 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

PROPOSED PLOT PLAN

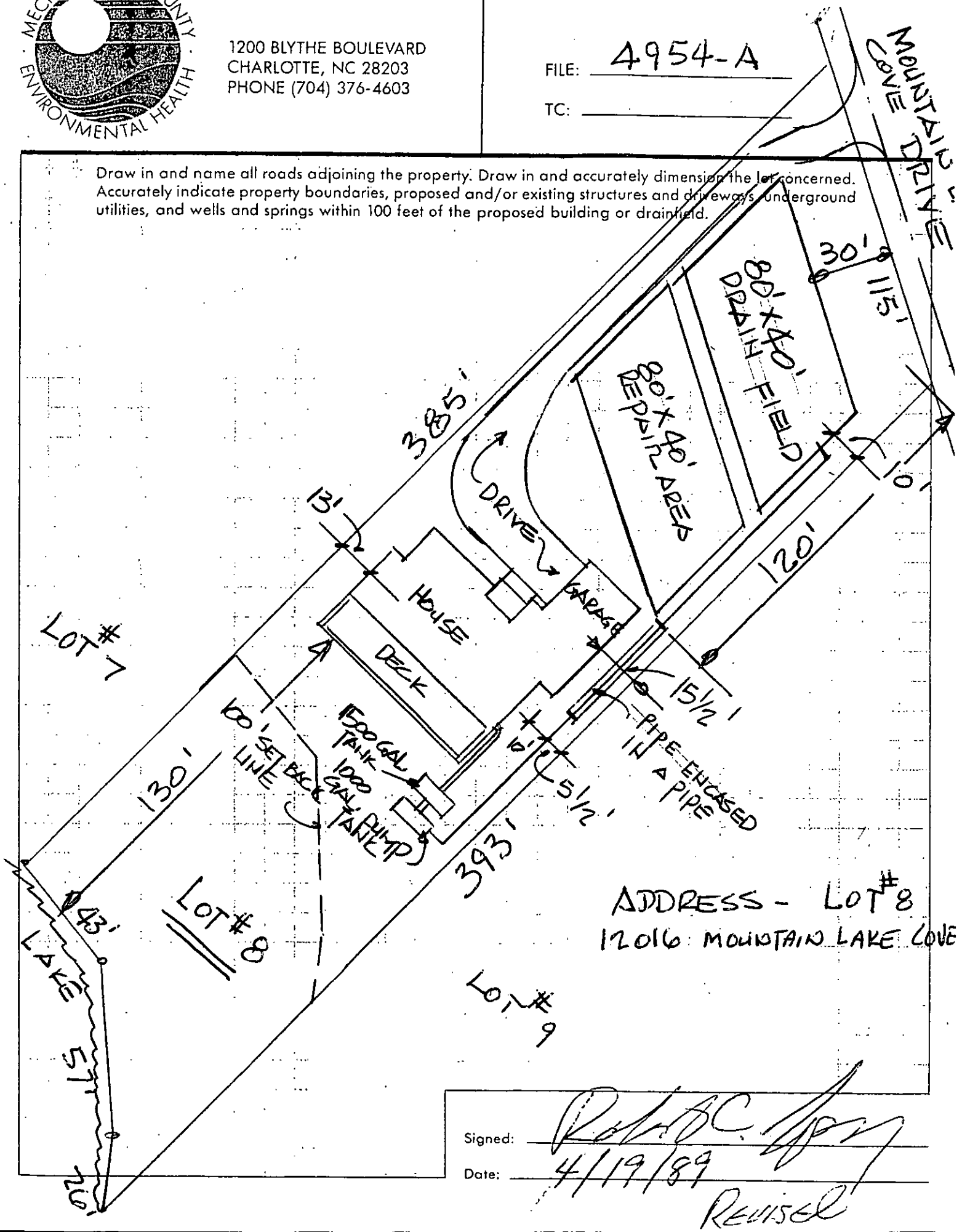
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 4954-A

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.

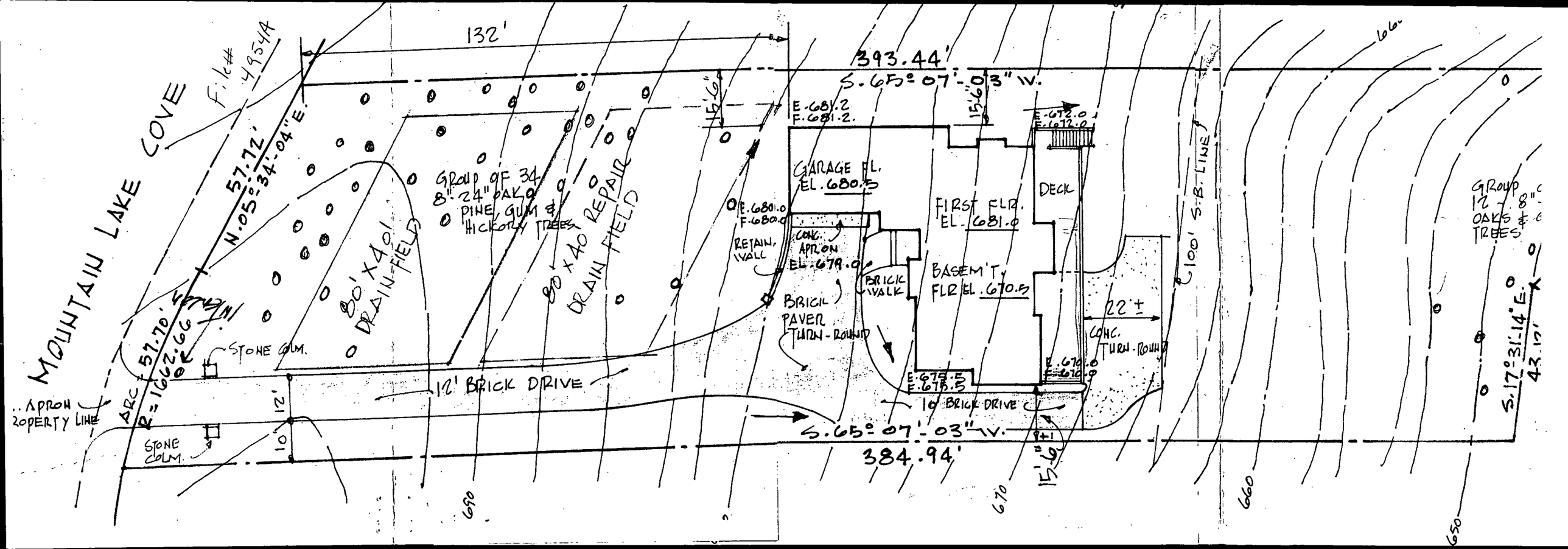


ADDRESS - LOT # 8
12016 MOUNTAIN LAKE COVE

Signed: Robert C. Ivey

Date: 4/19/89

REVISED


MOUNTAIN LAKE COVE
F.I.c# 4954A
132'
393.44'
S.65°-07'-03"W.
384.94'
S.65°-07'-03"W.
N.05°-34'-04"E.
57.72'
ARC 57.70'
R=1662.66'
APRON
20PERTY LINE
STONE COLM.
STONE COLM.
12' BRICK DRIVE
12'
10'
15'-6"
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80'X40' DRAIN-FIELD
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CONC. TURN-ROUND
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10' BRICK DRIVE
15'-6"±1
100' S.B. LINE
GROUP 12-8" OAKS & TREES
S.17°-31'-14"E.
42.12'
650
670
660
650
666