

11924 MOUNTAIN LAKE CV

02316310

5/29/2007

duponbj

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

New plot plan 3.2.11

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

4952 A

GWS File #: ~~4948~~ WASPS App #: 4944

Primary ES assigned to project: _____

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☑ Repair ☐ Modified Plot Plan ☑ JE

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: 102 Date performed: 3-2-11

MECKLENBURG COUNTY
HEALTH DEPARTMENT

4956A JPM

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ○ REPAIR ⊗ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 023-16-310
STREET ADDRESS: 11924 Mt. Lake Cove Ct.
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: Mountain Point
LOT #: 10 LOT SIZE (acres): 1.08 AC
TOWNSHIP:

⊗ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊗ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: 5000+
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:

○ CONCRETE SLAB ⊗ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☒ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☒ OTHER PPBPS

8A. **RANK:** ____ ____ ____ ____ 1

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ⊗ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊗ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	⊗ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ⊗ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ⊗ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ⊗ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ⊗ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ⊗ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ⊗ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ⊗ NO
WASTE STORAGE	○ YES ⊗ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ⊗ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ~1991 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☒ N/A

12. **PROPERTY OWNER:**

NAME: William + Jane Godley (trust)
ADDRESS: 11924 Mt. Lake Cove Ct.
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: 704 552-3800
MOBILE PHONE: " 577-0373
FAX: home 704 945-9100
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Tonya C Jacobs, LSS
ADDRESS: 116 Broadbill Dr
CITY: Mooresville
STATE: NC ZIP: 28117
WORK PHONE: 704 562 9249
MOBILE PHONE: "
FAX: 704 662 9845
E-MAIL: tonyacjacobs@gmail.com

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-5894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

TCJ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION: NA

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Tony C Jacobs, JR
Property Owner's or Owner's Legal Representative Signature

2/22/11
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ 100 CC 004759 DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: 2/22/11

APPLICATION PROCESSED BY: JC

GWS FILE NUMBER ASSIGNED: 4956A ~~4956~~

APPLICATION ID NUMBER ASSIGNED: 4944

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

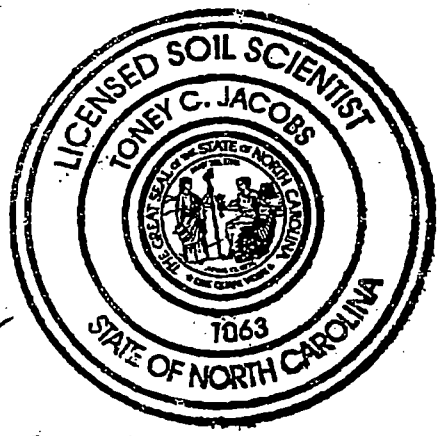
JACOBS ON-SITE DEVELOPMENT, INC.

Toney C. Jacobs, MS, LSS, CPSS

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by South Carolina Dept. of Natural Resources as a Soil Classifier
NC Certified Subsurface Operator
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
(704) 662-9845 (704) 582-9219 cell
toneycjacobs@gmail.com

February 20, 2011



To: Kelly Randall, REHS
Supervisor-On-Site Waste Section
Mecklenburg County Health Dept.

From: Toney C. Jacobs, LSS

Ref: Redesignation of repair area for William and Jane Godley lot at 11924 Mt. Lake Cove Court (file #4956A)

History

Mr. Godley owned two adjoining lots, 023-16-310 (Lot 10) and 023-16-311 (Lot 11) in 1991 when his home was built. At that time it was easier to permit with the repair on lot 11. Now that the property has been listed for sale, Mr. Godley would like to have the repair removed from Lot 11 so that it can be a stand alone lot.

Since the house was built with a minor encroachment of the structure and drive on to Lot 11, Mr. Godley has revised the common line between the two lots making Lot 10 approximately 0.2 acres larger.

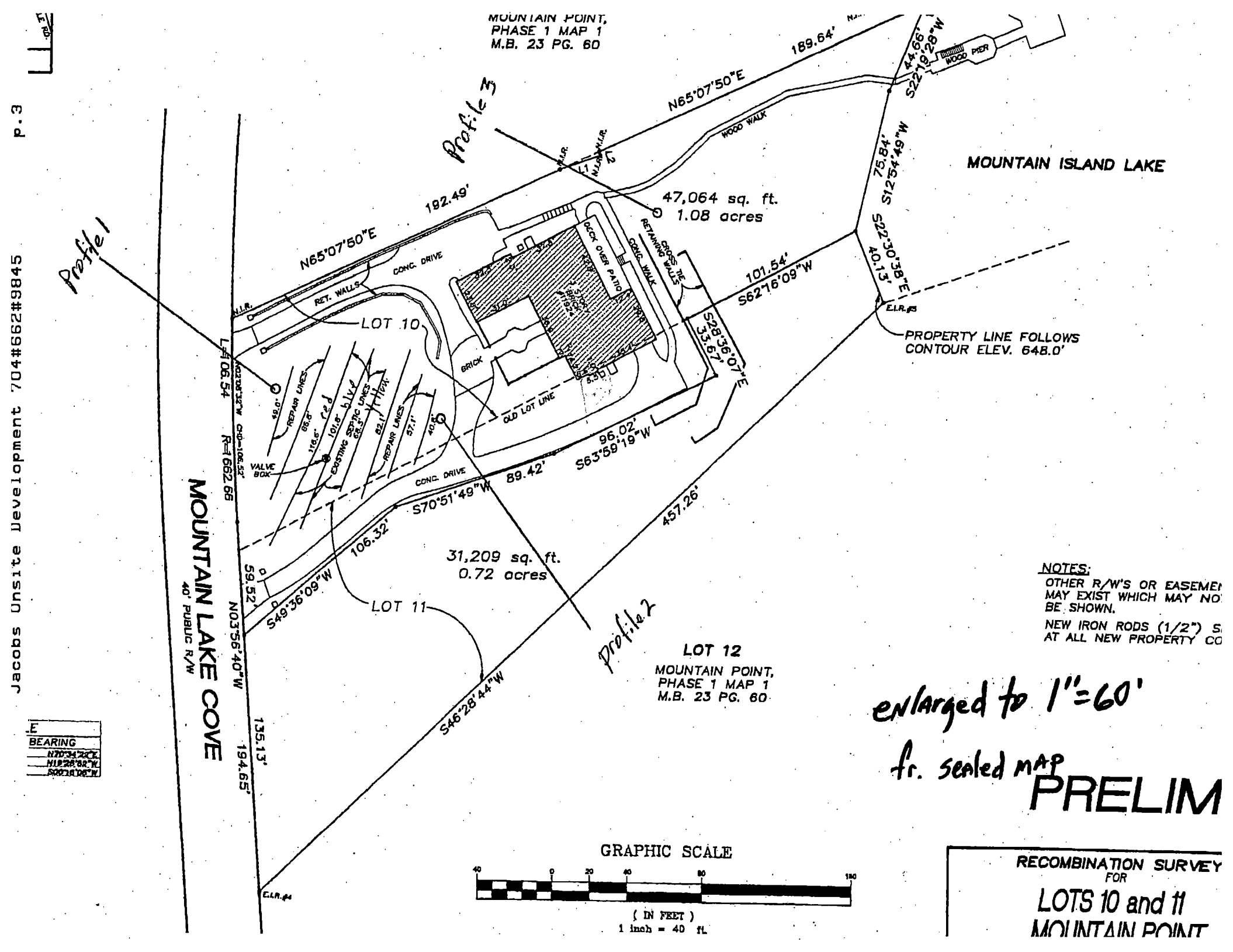
New work

On February 9, 2011 the soils in the front yard were reevaluated (enclosed) by Jacobs On-Site Development and found to be 0.3 LTAR, consistent with Bill Marlin's original evaluation in 1991. The three existing lines were probed and identified on February 15, 2011. These lines were consistent with the original plan submitted by Tim Johnson in 1991. Five addition lines, totaling 314 lineal feet, were flagged. All lines were located by an RLS (enclosed).

Conclusion

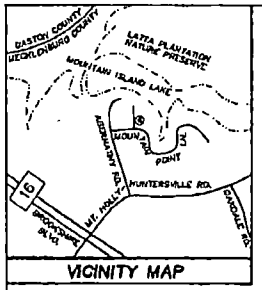
The revised lot line allows the new larger Lot 10 to easily accommodate a 50% reduction (T & J Panel) system. Please accept this work for a redraw of the permit without encumbering Lot 11 with any part of Lot 10 septic.

Thank you for your help in making this change.



Jacobs Onsite Development 704#662#9845 p.3

Jacobs Onsite Development 704#662#9845 P.4



LINE TABLE		
LINE	LENGTH	BEARING
L1	24.66'	N03°41'28"E
L2	2.47'	N18°28'57"W
L3	3.70'	S00°18'00"W

NOTES:
OTHER R/W'S OR EASEMENTS MAY EXIST WHICH MAY NOT BE SHOWN.
NEW IRON RODS (1/2") SET AT ALL NEW PROPERTY CORNERS.

REVISED 2-17-11 TO CHANGE DIVISION LINE & ADD SEPTIC

PRELIMINARY

RECOMBINATION SURVEY
FOR
LOTS 10 and 11
MOUNTAIN POINT
PHASE 1 MAP 1

LONG CREEK TOWNSHIP
MECKLENBURG COUNTY NORTH CAROLINA

DRAWN	CHECKED BY	DATE
JAC	JRC	SEPTEMBER 4, 2008
FB#	FILE NAME	SCALE
FB#306	MOUNTAIN11024	1"=40'
		REV. 08-05-39

JACK R. CHRISTIAN + ASSOCIATES
-SURVEYING-
PHONE (704) 596-2214 FAX (704) 596-2338
7811 OLD CONCORD RD. CHARLOTTE, NORTH CAROLINA 28213

NORTH CAROLINA PROFESSIONAL SEAL L-2524 LAND SURVEYOR JACK R. CHRISTIAN

314

Sheet:

Project #:
Property ID #:
County:

SOIL/SITE EVALUATION

Relocating Repair

Date Evaluated: 3/9/11

Owner or Client: Bill Godley
Proposed Facility:
Location of Site:
Soil Described By:
Antecedent Moisture:

Design Flow: 460
Others Present:
Weather:

Property Size:
Site LTAR: Int. 0.3 Rep.
Site Classification: PS

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Hortz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	Ridge NA Level	0-5 5-32 32-60+	g sl SAB cl mg sl	fri non P fi SSSP fi SSS P	mf mica	10YR	NA NA	NA NA NA	PS PS PS 0.3
2	LS Nearly Level	0-3 3-46	g sl wf SAB cl	fri SSSP fri SSP	Lt mica	10YR	NA NA	NA NA	PS PS 0.3
3	LS Nearly Level	0-14 14-38	g sl SAB cl	fri SSP fri SSP		5Y N/A	NA NA	NA NA	PS PS 0.3
4									
5									
6									

LICENSED SOIL SCIENTIST
TONEY C. JACOBS
1063
STATE OF NORTH CAROLINA

COMMENTS:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004944** GWS File #: **4956A** Tax Parcel #: **023-163-10**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 3/1/2016

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5000 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	801	Total Trench Length (ft):	267
Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd):	480	LTAR (gpd/ft^2):	0.3	Septic Tank Size (gal):	1500	Pump Tank Size (gal):	1000
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Maximum Trench Depth (in):	30	Depth of Media (in):	N/A	Distribution Device:	Manifold (LPP Distri		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone, R.S. Signature: _____

Date Issued: 3/1/2011

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
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On-Site Wastewater Section

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- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- Tony Jacobs conducted an investigation and redrew a new plan which will accomodate the entire septic system and repair system on lot #10. This will leave the entire lot #11 free of any easements.

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DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 3/1/2011

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
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NC DENR
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DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Tonery C Jacobs, LSS

Signature: Jeremy Michelone, R.S. Signature: Tonery C Jacobs, LSS

Print Name

Date Issued: 3/1/2011

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
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DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 3/1/2011

Owner/Legal Agent: Toney C Jacobs, LSS
Print Name

Signature: Toney C Jacobs, LSS

Mecklenburg County
Health Department

July 20, 1999

William C. and Jean F. Godley
415-D Minuet Lane
Charlotte, NC 28217

RE: 11924 Mountain Lake Cove

Dear Mr. and Mrs. Godley:

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

MAINTENANCE INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

William C. & Jean F. Godley
415-D Minuet Lane
Charlotte, NC 28217

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
William C. & Jean F. Godley	11924 Mountain Lake Cove	023-163-10	4956A	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

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

INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

Mecklenburg County — Health Department
4956A — Permit/Project No.
11924 Mountain Lake Cove — Location
residence — Name of Establishment / Type of Establishment
480 gpd — Design Flow
William & Jean Godley, 4115.0 Minuet Lane, Charlotte 28217 — 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 the tanks be pumped every 3-5 years. This assures that no sludge will be deposited into the drainlines, which will decrease system life. A certified operator would keep cha on the contents of your tanks and recommend when pumping should be performed.
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?	☐	☐	
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?	☐	☐	
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:			Sewage is surfacing in the drain field area. This could be the result of a broken pipe(s) or due to lack of maintenance. This type system would benefit from regular maintenance provided by a certified Operator. Normally the operator would make semi-annual inspections.
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: Sewage Surfacing

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Da
Perform maintenance/repairs (as needed) to drain lines	30
* Have a registered Septic Tank Contractor contact me for an appointment to review what is needed. You may wish to begin with a Certified Operator (list enclosed) Your System May not be balanced properly.	

DATE: 9-20-99 SIGNED: L.B. Thompson, R.S. AGEN
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 o 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 fo

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)

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

ON-SITE WASTEWATER VIOLATION NOTICE

Owner WILLIAM & JEAN GODLEY

Mailing Address 415-D MINUET LANE CHARLOTTE, NC 28217

Occupant _____

Location 11924 MOUNTAIN LAKE COVE

☒ Residence ☐ Business ☐ Other TAX PARCEL #023-163-10

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 336-5568/336-5102.

☒ Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

☐ Other Repairs (*specify*) _____

☐ Eliminate wastewater discharge and connect to an approved wastewater system.

☒ Perform Maintenance (*specify*) HAVE SEPTIC CONTRACTOR CONTACT ME FOR AN APPOINTMENT

☐ Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by NOVEMBER 23, 1999, appropriate legal action will be taken.

Notice Issued OCTOBER 22, 1999 (Date) Signed Larry B. Thompson, Jr. L.B. Thompson, Jr., R.S (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DENR 1108 (Revised 3/98)
On-Site Wastewater Section (Review 10/98)

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.

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR

(OFFICE USE ONLY)
FILE: 4956A
TC:
SERIAL: No 17834

ENVIRONMENTAL HEALTH DIVISION

☑ CRT

JOB LOCATION

① ADDRESS: 11924 Mountain Lake Cr. (STREET NO. / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Mountain Point ⑥ LOT: #10 ⑦ BLOCK:

OWNER

⑧ NAME: McClure Real Estate + Inv. (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 8336 Bellhaven Blvd

⑩ CITY: Char ⑪ STATE: NC ⑫ ZIP: 28216

⑬ PHONE: (WORK) 704 3945540 ⑭ (HOME) 704 3949123

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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? 4 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 on the property for the purpose of processing this request.

Signed: [signature] pres

Date: 3-15-89

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:

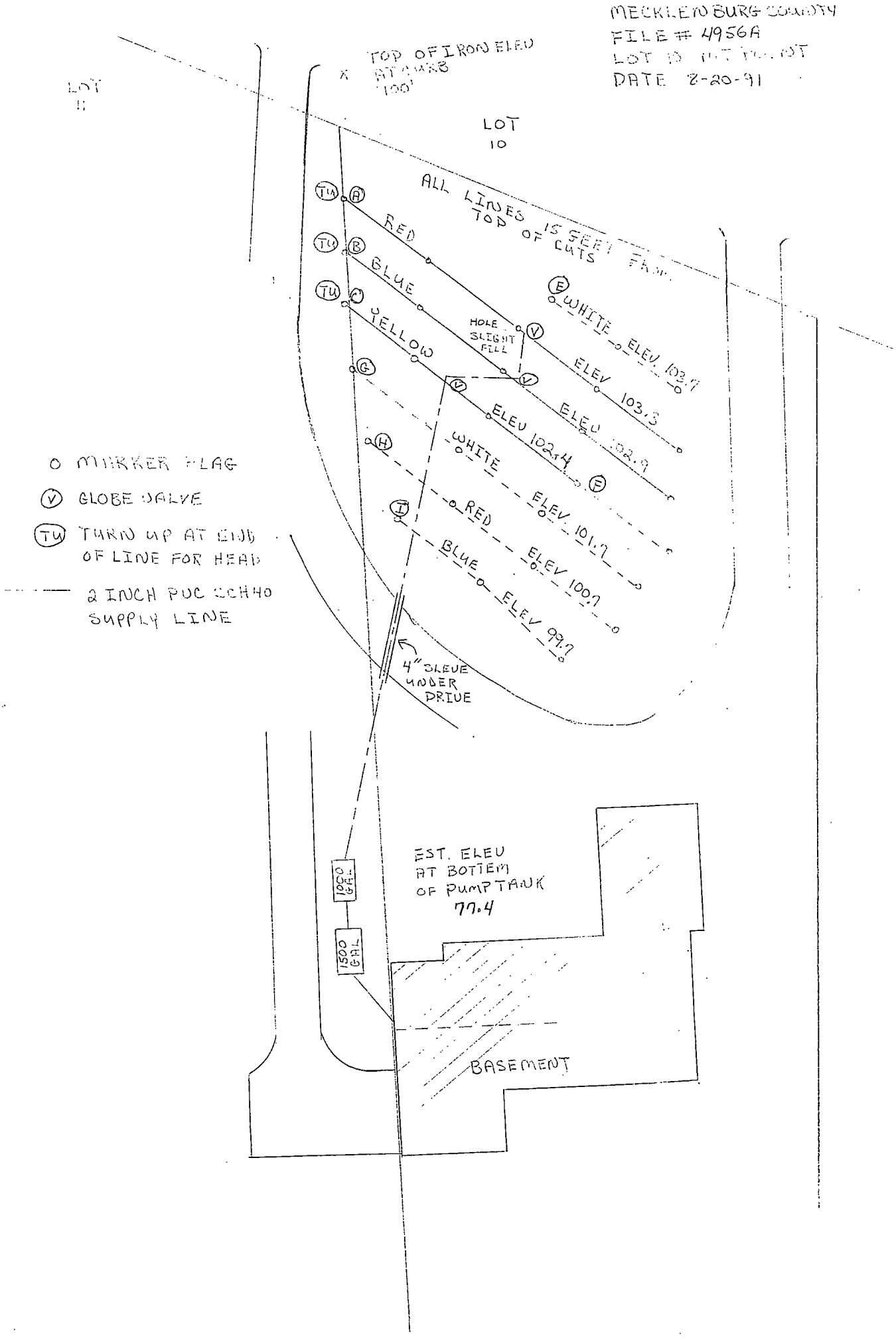
... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

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

Tim Whittaker, 10/11/91
Environmentalist — Date

Director or Authorized Section Head — Date

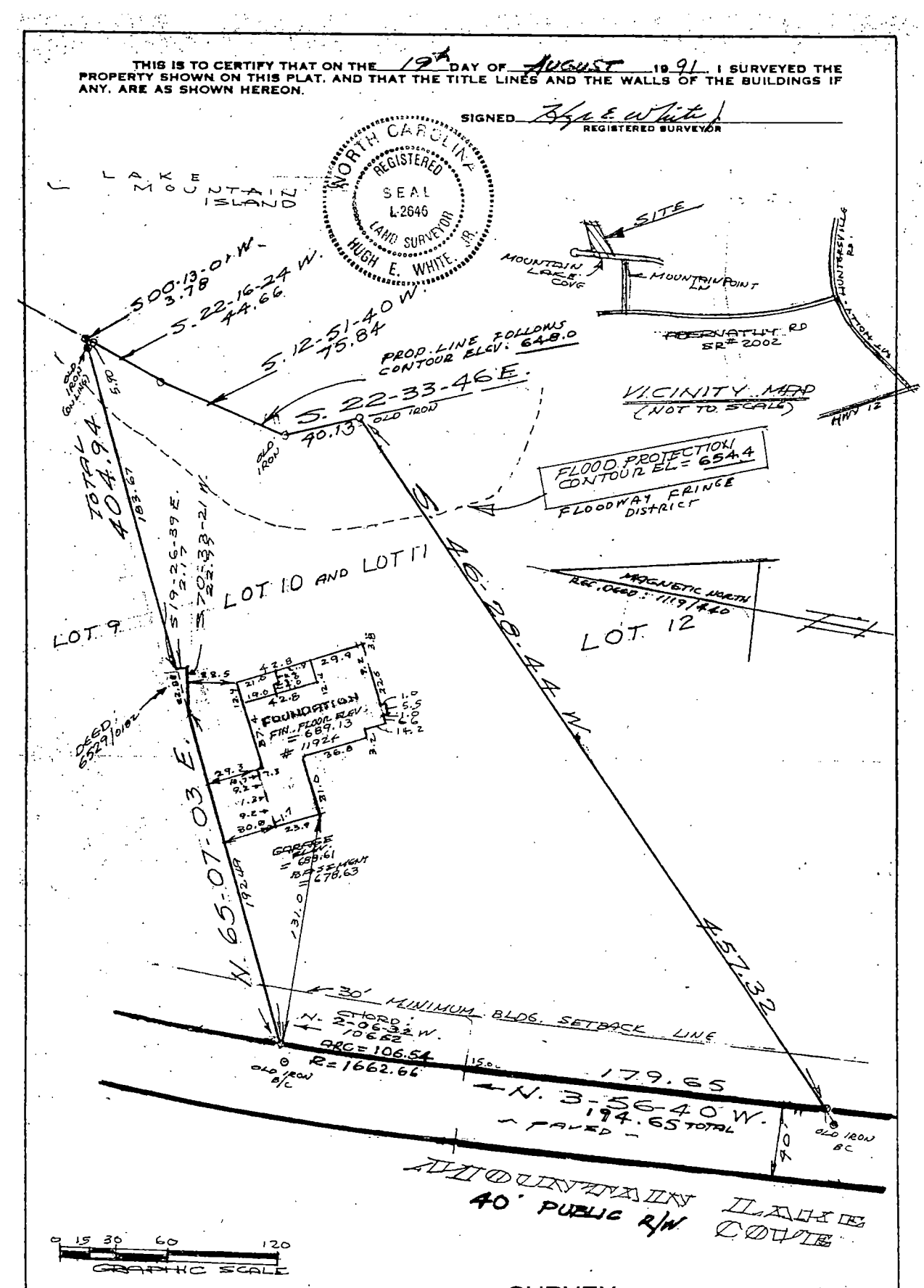
*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.


MECKLENBURG COUNTY
FILE # 4956A
LOT 10 PUT PLOT
DATE 8-20-91
TOP OF IRON ELEV AT MARK 100'
LOT 11
LOT 10
ALL LINES 15 FEET FROM TOP OF CUTS
TU
A
RED
B
BLUE
C
YELLOW
HOLE SLIGHT FILL
V
WHITE ELEV. 103.7
ELEV 103.3
ELEV 102.9
ELEV 102.4
G
H
WHITE ELEV. 101.7
I
RED ELEV 100.7
BLUE ELEV 99.7
4" SLEVE UNDER DRIVE
O MARKER FLAG
V GLOBE VALVE
TU TURN UP AT END OF LINE FOR HEAD
2 INCH PVC SCH40 SUPPLY LINE
1000 GAL.
1500 GAL.
EST. ELEV AT BOTTEM OF PUMP TANK
77.4
BASEMENT

THIS IS TO CERTIFY THAT ON THE 19th DAY OF AUGUST 19 91 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT. AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY. ARE AS SHOWN HEREON.

SIGNED Hugh E. White Jr
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-2646 LAND SURVEYOR HUGH E. WHITE JR.



0 15 30 60 120
GRAPHIC SCALE

FOUNDATION SURVEY
OF
A PORTION OF LOT 10, AND LOT 11
MOUNTAIN POINT PHASE I
LONG CREEK TOWNSHIP
MECKLENBURG COUNTY, N.C.

CAROLINA SURVEYORS INC
P O BOX 267
PINEVILLE N C 28134

SCALE 1" = 60'

SURVEY FOR BRUCE BRIGGS, INC.

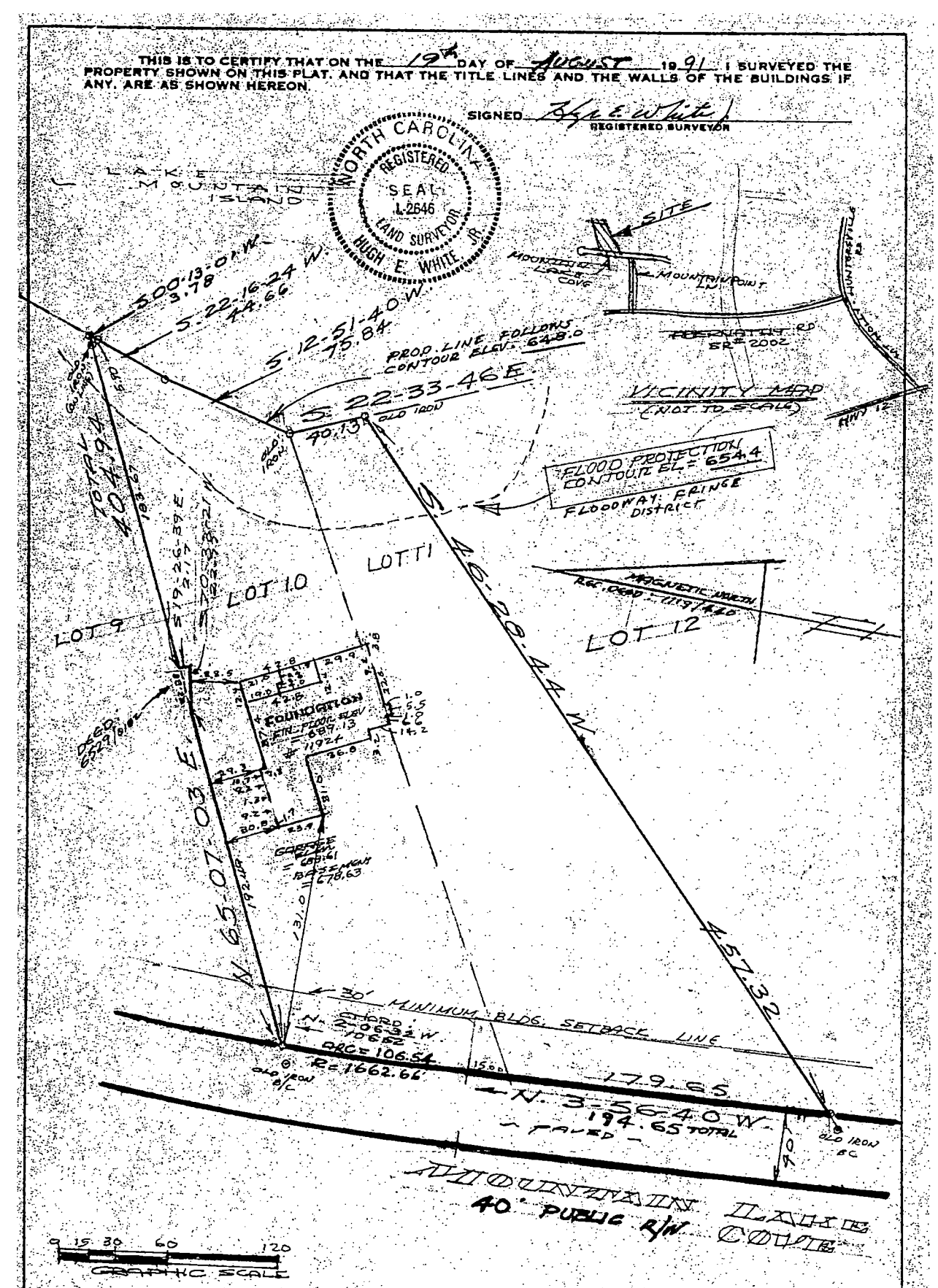
MAP RECORDED IN BOOK 23 AT PAGE 60 DEED RECORDED IN BOOK ____ PAGE ____

DRAWN BY RR FIELD WORK JH FIELD BOOK # 101

THIS IS TO CERTIFY THAT ON THE 19TH DAY OF AUGUST 1991 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

SIGNED Hugh E. White Jr.
REGISTERED SURVEYOR

NORTH CAROLINA REGISTERED SEAL L-2646 LAND SURVEYOR HUGH E. WHITE JR.



0 15 30 60 120
GRAPHIC SCALE

FOUNDATION SURVEY

OF

A PORTION OF LOT 10 AND LOT 11 MOUNTAIN POINT PHASE I

LONG CREEK TOWNSHIP
MECKLENBURG COUNTY, N.C.

CAROLINA SURVEYORS INC.
P O BOX 267
PINEVILLE, N C 28134

SCALE 1" = 60'

SURVEY FOR BRUCE BRIGGS, INC.

MAP RECORDED IN BOOK 23 AT PAGE 60 DEED RECORDED IN BOOK ____ PAGE ____

DRAWN BY RR FIELD WORK JH FIELD BOOK # 101

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

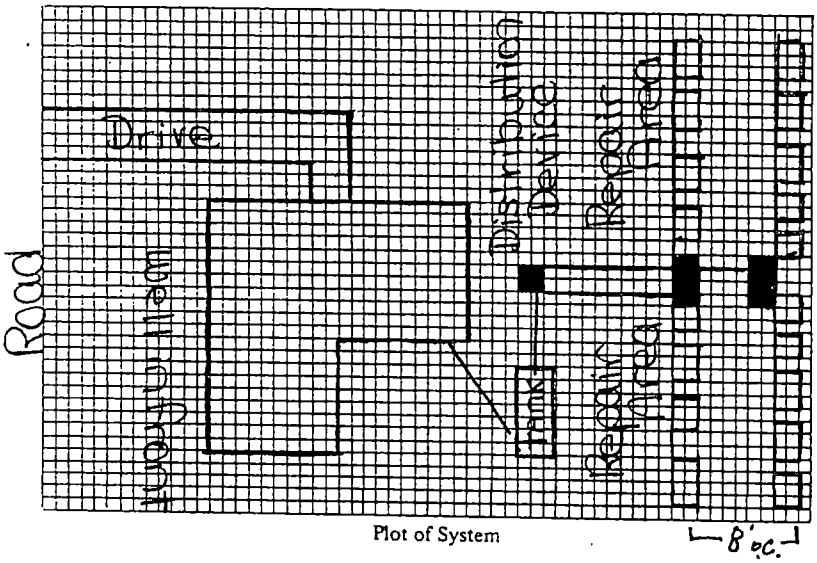
No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit N/A Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal/ft²/day
Topography 6% slope
Depth to Water Table > 60"
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines (2) 75' lines of
Sq. Ft. 900 Linear Ft. 150 Panels
Depth of Stone in Lines 24" of Sand
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 2 lines with 17 panels each line. flow split by flow divider. 2' wide and 75' long each split in middle by D-box. 25 tons sand

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-A-Article 11)

OWNER OR CONTRACTOR _____ DATE _____ PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

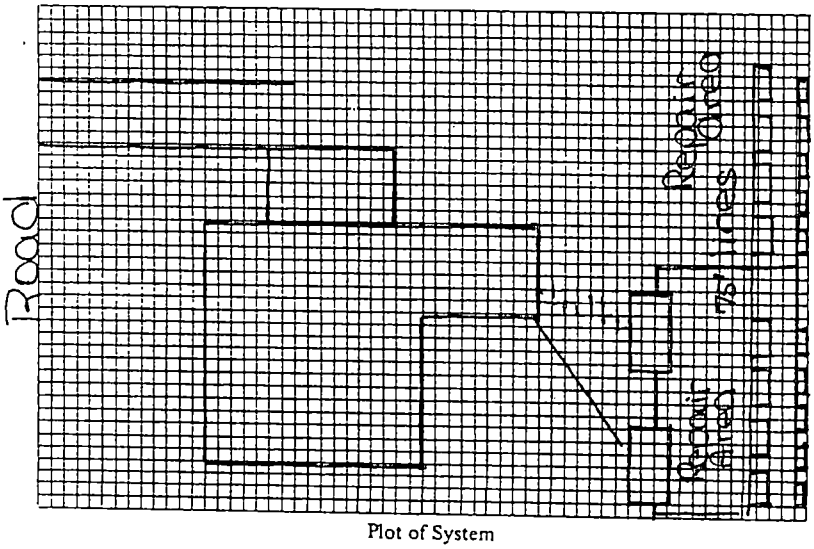
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit n/a Yes ( ) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20,000

Character & Porosity of Soil clay loam over clay
Percolation Rate 0.4 gal/ft²/day
Topography 6% slope
Depth to Water Table >100"
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement Pressure Distribution



Size of Tank 1,000 septic/1,000 pump Gals.
Nitrification Field:
No. of Lines 2 (15') lines of Tee
Sq. Ft. 900 Linear Ft. 150
Depth of Stone in Lines 24" sand
Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: pump sized by head 2-4' at turn up

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Fees ?
Received 8-29-91
calculations Approved 9-3-91

Date: Aug 20, 1991

From: T J Systems
P.O. Box 73
Scotts, N.C. 28699

To: Willie Christenbury

Charlotte, N.C.
Phone 704-392-6032

Subject: Lot 10 Mt. Point Mecklenburg County
File # : 4956A
Parcel : 02310103 PO

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

This system is designed for a four bedroom house at an application rate of .3 gpd. 480/.3 = 1600/3 = 534 LF of conventional drainfield multiplied by .5 = 270 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 Panel Line Flow min
A	23	one	5/32	3.0ft	100 '	.50	11.50
B	23	one	5/32	3.0ft	100 '	.50	11.50
C	16	one	5/32	3.0ft	70 '	.50	8.00
E		repair			40 '		
F		repair			30 '		
G		repair			85 '		
H		repair			72 '		
I		repair			50 '		
Totals	62				270 '		31.00

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 4.43
Total lift = 28.90 (103.30 + 3 - 77.40 = 28.90) elev.
TDH = 33.33
20% margin = 42 ft (33.33 / .8 = 41.66 = 42 ft)

Pump Size: 39 (31.00/.8) gallon per minute at 42 feet of head.

Pump cycle should be 7.2 min or 225 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment. Each valve or gruop of valves shall be placed inside a plastic valve box with a lid at ground level. Turn ups shall be cut off just below ground surface and covered with a plastic cup and cover. The line shall be capped with a threaded fitting and plug. The ends that are used for setting the heads shall be marked as to the line that they go to and saved for future system adjustment. Mark each valve and turn up end with marker to show what valve goes with what turn up.

Friction loss:

supply line = 180 lf = 1.80 * 2.05 = 3.69

fittings = 3.69 * .2 = 0.74

total 4.43

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4956-A DATE: 10/14/91

TC: 023 ~~10+03~~ 103-10 ☑ L ☑ CRT

SERIAL № 12442

Name of Owner William Godley Juris.:

Address of Property 11924 Mountain Lake Cove

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 2-100' 1-70'

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: 1,500 ST, 1,000 PT, PI, mod. PANEL, 24" SAND, CECIL 540 SF LIKE 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: 4 bedrm. PANEL Block sys. Primary on Lot 10, Repair on Lot 11. SEE installation permit.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

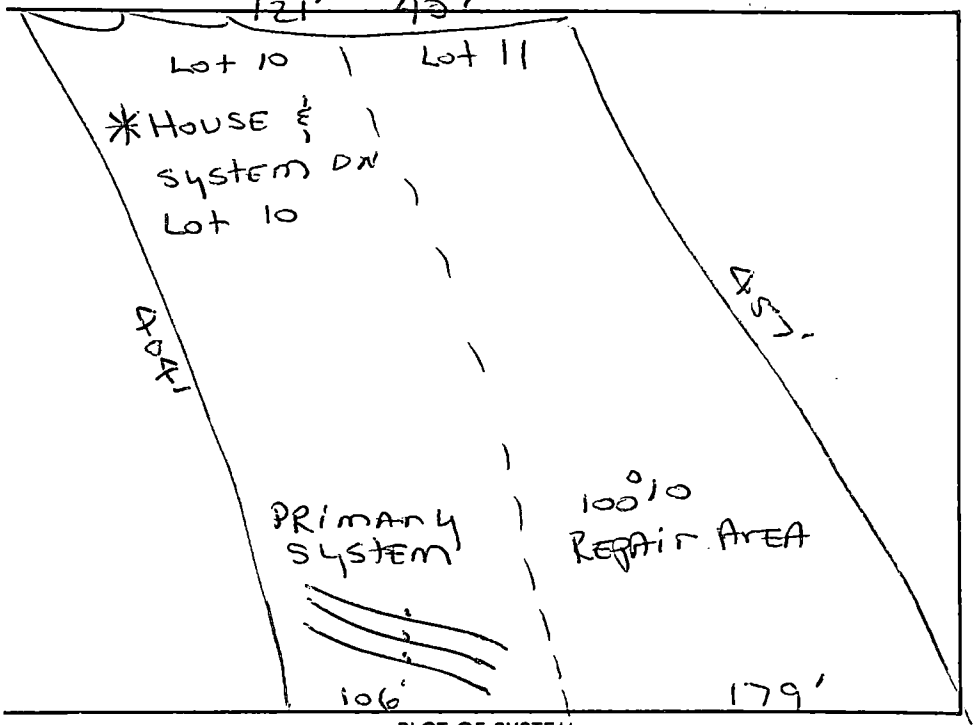
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4956-A DATE: 10/11/91

TC: 023 101 03 ☑ L

SERIAL Nº 13799

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 3/15/89. All work shall be completed on or before 11/11/91, 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 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 2 feet

Total Line Length 270' feet

Number of Lines 3

Depth of ~~Stone~~ Sand 24" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50 feet C/well

NAME OF OWNER William Godley

LOCATION OF PROPERTY 11924 Mountain Lake Cove (Lots 10 & 11)

Comments: 4bedrm. PANEL Block. Install according to Approved plans. Circular Drive on to Lot 11. 100% REPAIR on Lot 11.

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

DATE: 4/25/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meek

PARCEL NUMBER 023-101-03po

ASSIGNED ADDRESS 11924 Mountain Lake. Cv

EXISTING ADDRESS Lt 10

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: _____

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: DCM

OPWEAR 02/86

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: 4956A

AUG 29 1988

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Abernathy Road off Mt. Holly-Huntersville Road

② SUBDIVISION: Mountain Point ③ LOT: 10 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: 436 PAGE NO.: 210

OWNER

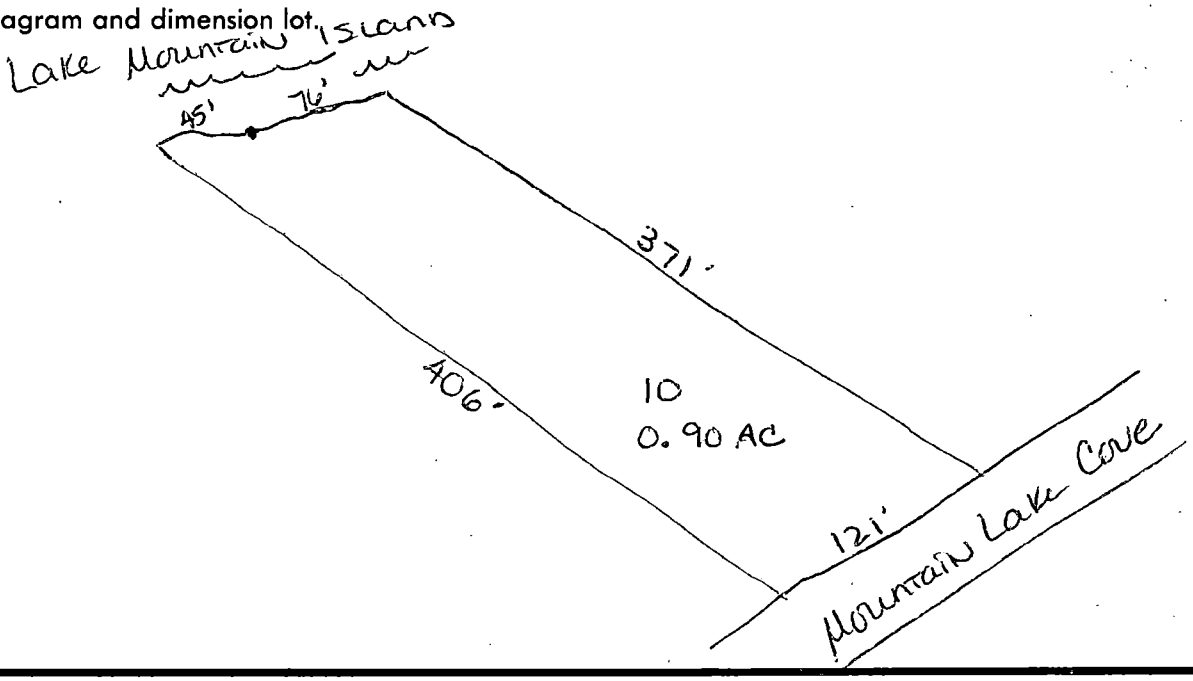
⑦ NAME: c/o LandCraft Properties, Inc. Crescent Land + Timber
(FIRST) (MIDDLE) (LAST)

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: Miles Mbozer

Date: August 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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15559

File: 4956A

Action 4

Parcel: 02310103 PO

☐ PC

Location: Mountain Lake Cove

Subdivision:

Lot: 10 Block: Acres: .90

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

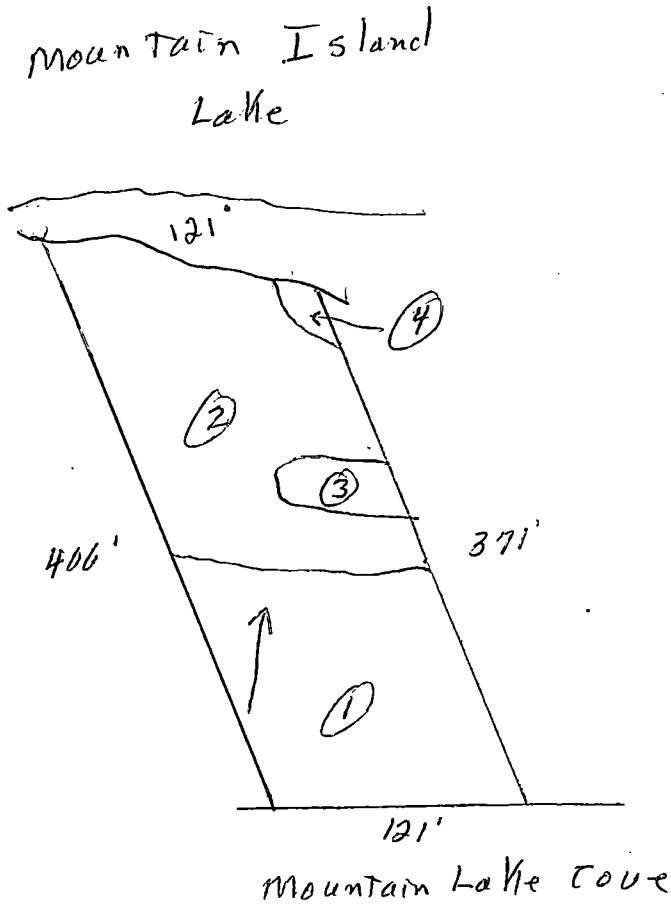
Comments: System may need lift pump

Described by: William R. Marlin

Date: 9-15-88

***** 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) complex slopes	S PS (U) Depression	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	S (PS) U limited	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	Complex Slopes	Depression		
Area Classification	S (PS) U	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

September 16th, 1988

Landcraft Properties, Inc.
2305 Randolph Road
Charlotte, NC 28207

RE: Property located at Mountain Lake Cove 10
FILE: 4956A
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. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 15559) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

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

Very truly yours,

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

Enclosure

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/22/11	**Amount:**	100.00
Receipt #:	70715	**Tendered:**	0.00
Check / Auth #:	MC 004759	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	GODLEY BILL
Attn:	
Address:	4700 OLD COURSE DR
Address:	
City/State/Zip:	CHARLOTTE, NC 28277

Item	Description	Permit#	Quantity	Unit Price	Total Price
0704	Change in Plot Plan 11924 MOUNTAIN LAKE COVE/FILE 4956A		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance