

5501 MOUNTAIN POINT LN

02316431

5/29/07

duponbj

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

DATE: 8/02/02

FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023 16206

STREET ADDRESS: 4914 Mountain Point Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Pt.

LOT NUMBER: 28

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 3,079

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

CLOSING DATE 10/02

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT /ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

✓ COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES __ NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: (LAST) Watson (FIRST) Jeff & Candace (MI)

ADDRESS: ~~4914 Mountain Pt. Ln.~~ 8920 Woodland Park Dr

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

DAYTIME PHONE: (704) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) K+ Homes Inc. (FIRST) (MI)

DAYTIME PHONE: (704) 847 — 9434

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1989

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Chad Gantt DATE: 8/02/02

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

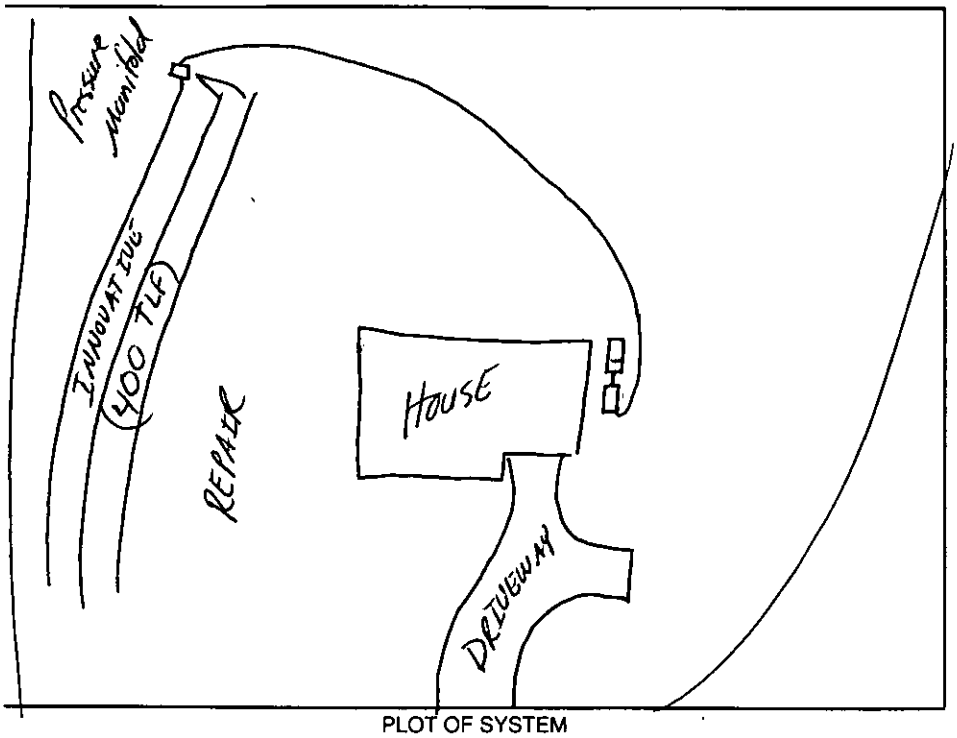
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4974A DATE: 10/10/02

TC: 023-162-06 ☐ L

SERIAL Nº 18840

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 8/24/99. All work shall be completed on or before 11/10/02, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 3 lines

Depth of Stone N/A inches

Distance from House 75' feet

Distance from Property Line 710' feet

Distance from Well 7100' feet
COMMUNITY

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

NAME OF OWNER KT Homes

LOCATION OF PROPERTY 4914 Mountain Point Lane

Comments: Four Bedroom House
Install 3 lines x 3' (400 TLF) 25% Reduction System
Type IIIb Pump to Innovative system
Pressure Manifold

Jenny Medlin R.S.
Environmental Health Specialist

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

www.newhomenetwork.com/charlotte/hamptonridge/kthomes

Chad Gantt
SUPERVISOR

9307 MONROE ROAD
SUITE O
CHARLOTTE, NC 28270

OFFICE: 847-9434
FAX: 847-9463

Need

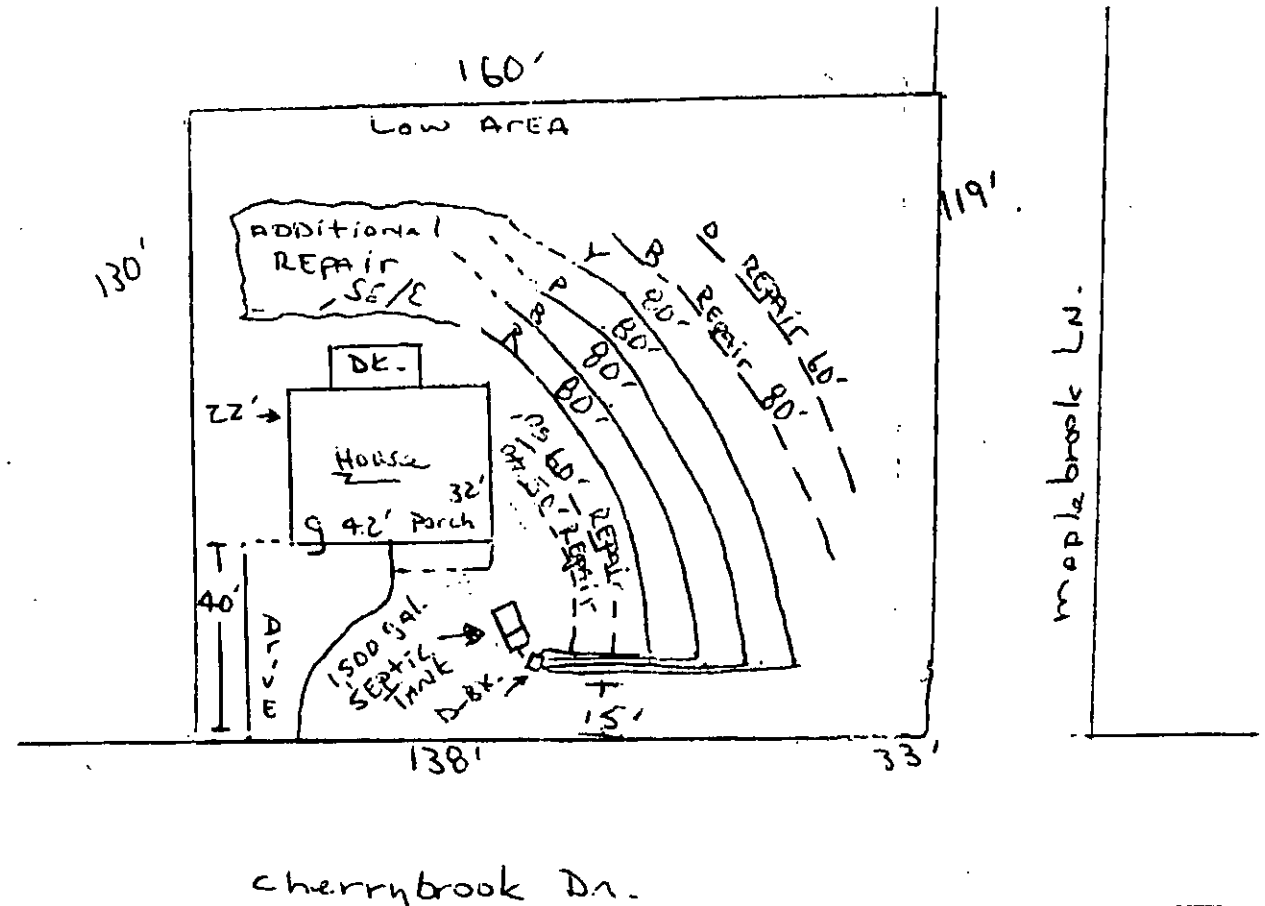
1. ~~Plans~~
2. ~~Signatures~~
3. ~~New application with current owner's~~
4. Agreement forms before release

MCHD

File: 4552-A
Lot 38
Forestbrook Sub.

(3) Bedrm. Gravity Easy Flow (Chamber) Septic Sys. Easy Flow or Panel Block Repair.

* 1,500 gal Septic Tank - Riser/Filter
1 - Distribution Box
(4) 75'-80' Lines = 320'
(8) Easy Flow Units per Line = 32 units



T. Whitaker
866-9540
5/40

CK# 5603 $210 new fold Lyon

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 6/5/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 4974A

PARCEL NO: 023-162-06

JOB LOCATION ADDRESS: 4914 Mountain Point Lane
PROPERTY OWNER: Jeffrey & Candace Watson
BUILDING CONTRACTOR: KT Homes
SUBDIVISION NAME: Mountain Point
AUTHORIZATION ISSUED BY: Jeremy T. Medlin R.S. DATE: 6/27/02
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4974A, 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: System designed for house already under construction
→ Agreement forms on file before O.P. Release

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.

Chad Davis 8/2/02

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

PROPOSED PLOT PLAN

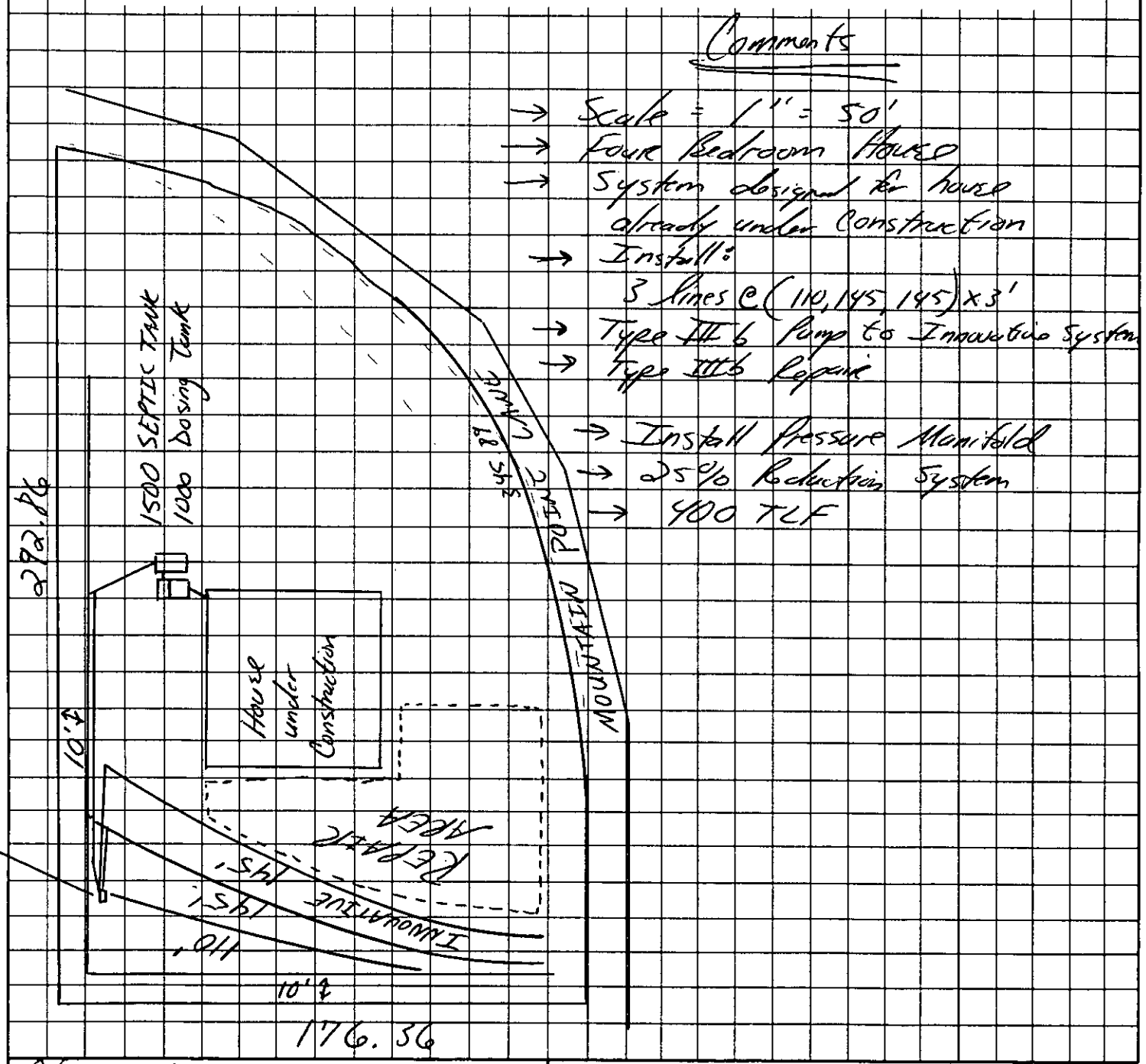
$100 ck #
23?
10/30/02
add'l site visit
add'l cost

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

FILE: 4974A

TC: 023-162-06

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.



Wade Sanders
OWNER/AGENT SIGNATURE

DATE 8/02/02

APPROVAL DATE Jimmy L. Michie R.S. 6/27/02

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

PROPOSED PLOT PLAN

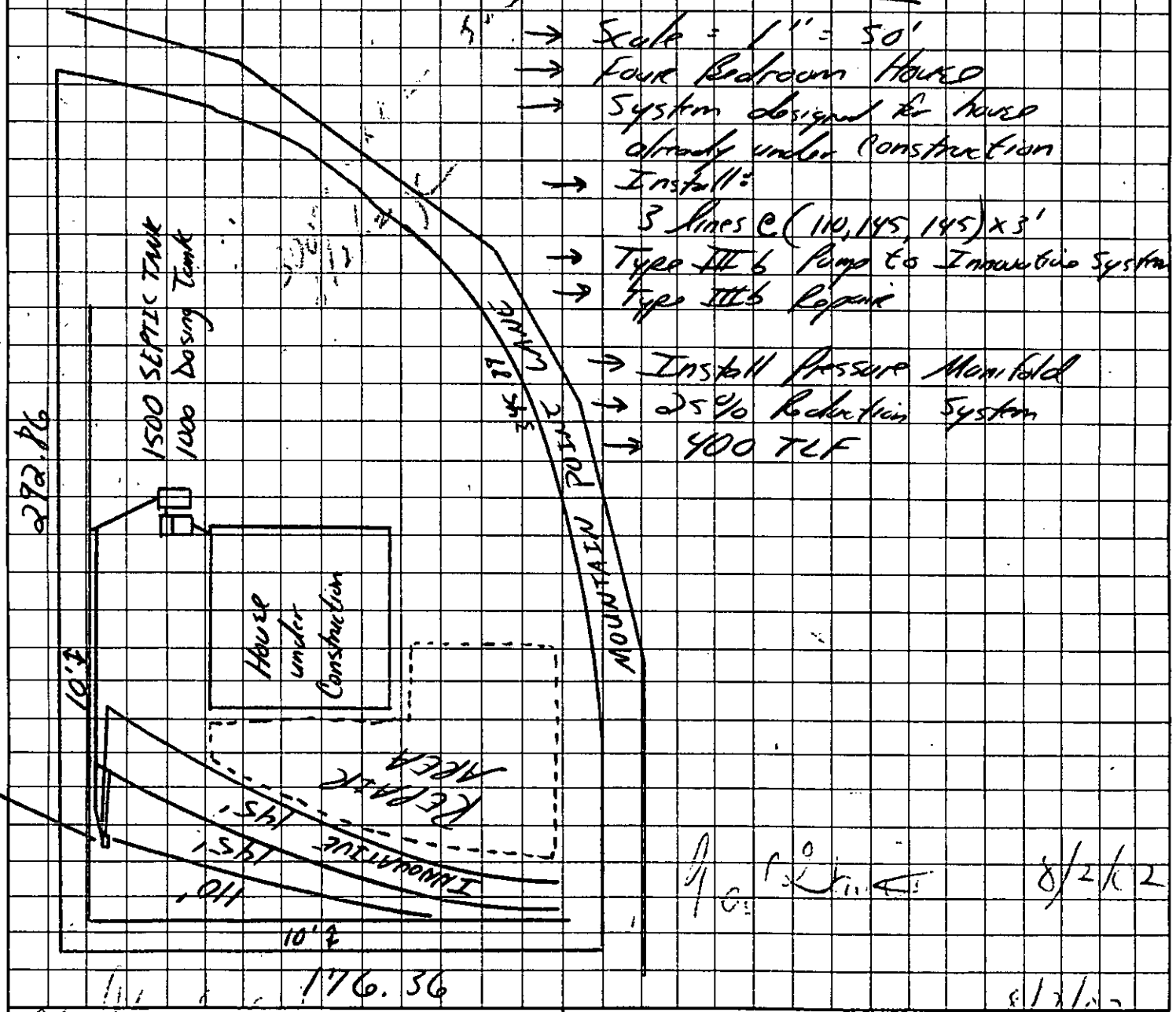
$100 Check #2327 10/30/02 Add'l site visit cost"

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

FILE: 4974A

TC: 023-162-06

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 8/02/02

APPROVAL DATE Tammy P. Hicks R.S. 6/27/02

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

Permit Number: 4974A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-162-06

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

0.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
NO 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	1000 Gallon pump tank	N/A Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: House under construction
→ Agreement forms on file before O.P. Release
→ Pressure Manifold distribution

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

1000' Absorption Area (Sq ft) 400' Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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 th 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 effe 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 Departmen
- This Improvement permit is transferable.

Larry L. Middleton R.S. 6/27/02
DEHNR Authorized Agent Date

Brad Davis 8/2/02
Owner/Agent Signature Date

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

FEE: 200.00 CK# 1105
DATE: 8/1/99 C

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

I CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 49748

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-162-06

STREET ADDRESS: 4914 Mountain Point Ln

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 28

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1800 - 2,000 SF

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
½ X WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

Lot checked 9-17-99. Need
initial report/ note
W/M - 9-17-99

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

NA

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

X COMMUNITY (C)
__ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
20' PUBLIC DRAINAGE EASEMENT
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: (LAST) Eudy (FIRST) Jimmy (MI) Eugene

ADDRESS: 5501 Mt. Point Lane

CITY: Charlotte STATE: N.C. ZIP: 28216

DAYTIME PHONE: (704) 393-9022

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1989

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Jimmy E. Eudy DATE: 8-24-1999

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12054

File: 4974A

Action 2

Parcel: PO 023-10103

☐ Pi

Location: 4914 Mountain Point Lane

Subdivision: Mountain Point

Lot: 28 Block: Acres: .95

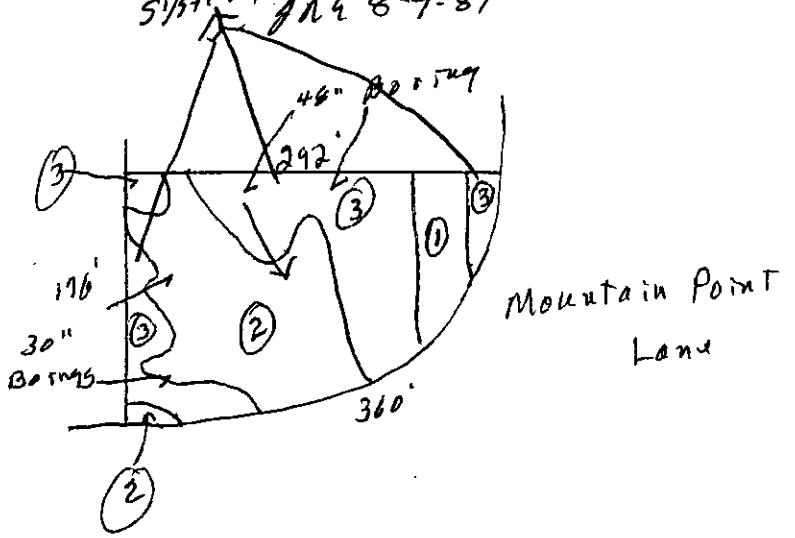
Owner: LandCraft Properties, Inc.
Address: 2305 Randolph Rd., Suite C
Charlotte, NC 28207

Comments: Lot has had some ~~fill~~ light grading, note depths recommend interceptor drain

Described by: William R. Marlin

Date: 4-25-89

Sufficient area found in area 3 for a conventional bedroom system JAH 6-9-87



***** 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) Drainage Ditch	S PS (U) Complex slopes	(S) PS U 6-15%	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S (PS) U Clay	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S (PS) U 36" to water	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S (PS) U 36"+	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S (PS) U 36"	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS (U) Acceptable	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	Drainage Ditch	Complex slopes	Cecil-Lloyd			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 NOV 21 11:39 AM
BOOK: 14423 PAGE: 630-633 FEE: $20.00
INSTRUMENT # 2002232107

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 # 4974A
PARCEL # 023-162-06

The undersigned, Jeffrey B Watson 02316206, owner of property located at 4914 Mountain Point Lane, (the "site") and described in an instrument recorded in Book 11422 at Page 35, 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:

This instrument was prepared by: Jeffrey B. Watson
Mail after recording to: 4914 Mountain Point Lane Charlotte NC 28216

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

-- 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 theDepartment, 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 21 day of November, 20 08.

_____ (SEAL)

_____
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Michelle G. Cavazos, a Notary Public for said County and State, do hereby certify that Jeffrey B. Watson personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 21 day of November, 2022.

Michelle G. Cavazos
Notary Public

My Commission Expires:
2/21/2023

MICHELLE G. CAVAZOS NOTARY PUBLIC MECKLENBURG COUNTY, N. C.

STATE OF NORTH CAROLINA
COUNTY OF _____

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

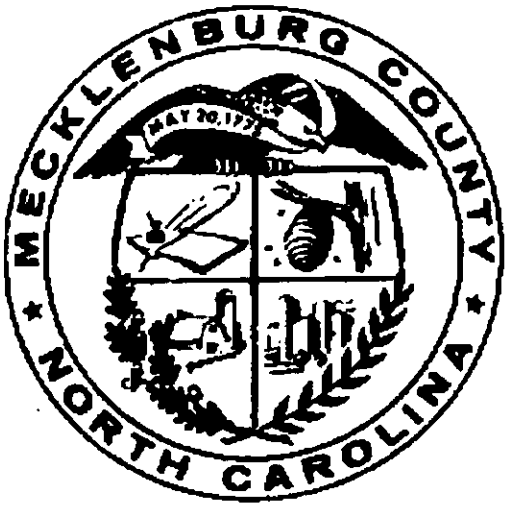
WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

REVISED 8-13-02



JUDITH A. GIBSON
REGISTER OF DEEDS , MECKLENBURG COUNTY
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE NC 28202

****

Filed For Registration: 11/21/2002 11:39 AM

Book: RE 14423 Page: 630-633

Document No.: 2002232107

PRMIT 4 PGS $20.00

Recorder: GRACE W TUCKER

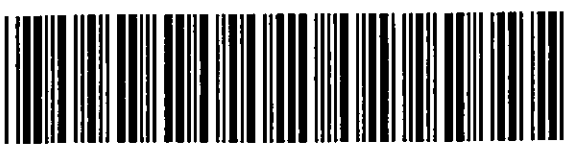
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State of North Carolina, County of Mecklenburg

The foregoing certificate of MICHELLE G CAVAZOS Notary is certified to be correct. This 21 ST of November 2002

JUDITH A. GIBSON, REGISTER OF DEEDS By: Grace W Tucker
Deputy/Assistant Register of Deeds

****



2002232107

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4974A DATE: 11/20/02

TC: 023-162-06 ☐ L ☒ CRT

SERIAL Nº 18940

Name of Owner Jeff Watson Juris.: _____

Address of Property 4914 Mountain Point Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 20"

Water Supply Source Community Well

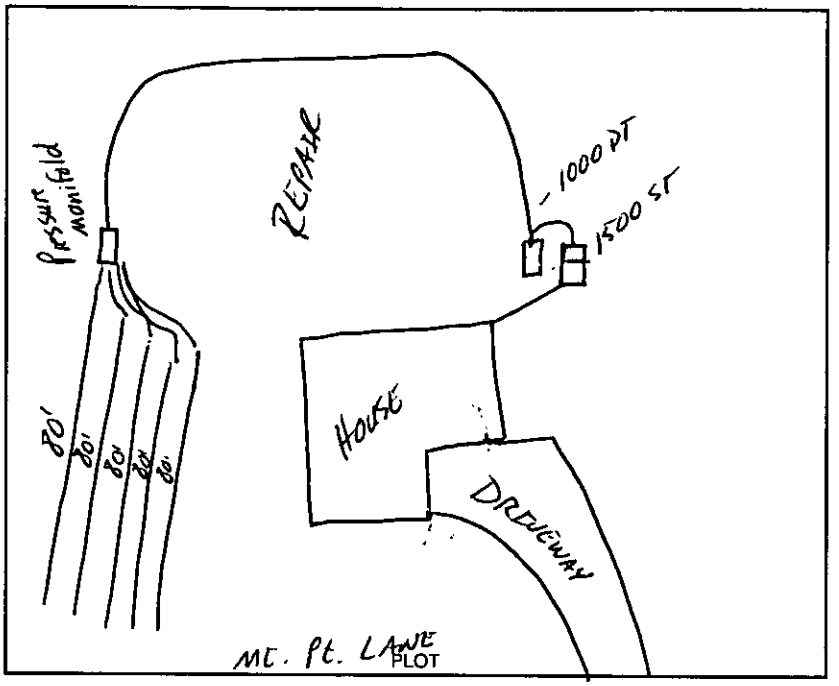
Distance to Water Source >100'

Excavation Inspected 11/20/02

Tank(s) Inspected 11/20/02

Wash Line Inspected NA

High Water Alarm Inspected 11/20/02



Design 1500 ST, 1000 PT, P1, 1200SFT, INV, P. Manifold CTR# Larry Henkle

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Four Bedroom House

5 lines x 80' x 3'

Type III 6 Pump to Innovative System

Larry Michalec R.S.
Environmental Health Specialist

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

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: 4974-A DATE: 11/14/02

TC: 023-162-06 ☐ L

SERIAL 19180

Permission is hereby given to ____ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/27/02. All work shall be completed on or before 12/14/02, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Install according to design consultants plan on file.

→ keep >10' from water line

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 5 x 80'

Depth of Stone NA inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

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

NAME OF OWNER Jeff Watson

LOCATION OF PROPERTY 4914 Mountain Point Cove

Comments: Four Bedroom House

Install 5 lines x 80' x 3'

Type IIIb Pump to innovatio System

Agreement forms required before C.O. Jimmy Mitchell R.S.

Environmental Health Specialist

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

M.C.H.D.
File: 4974-A

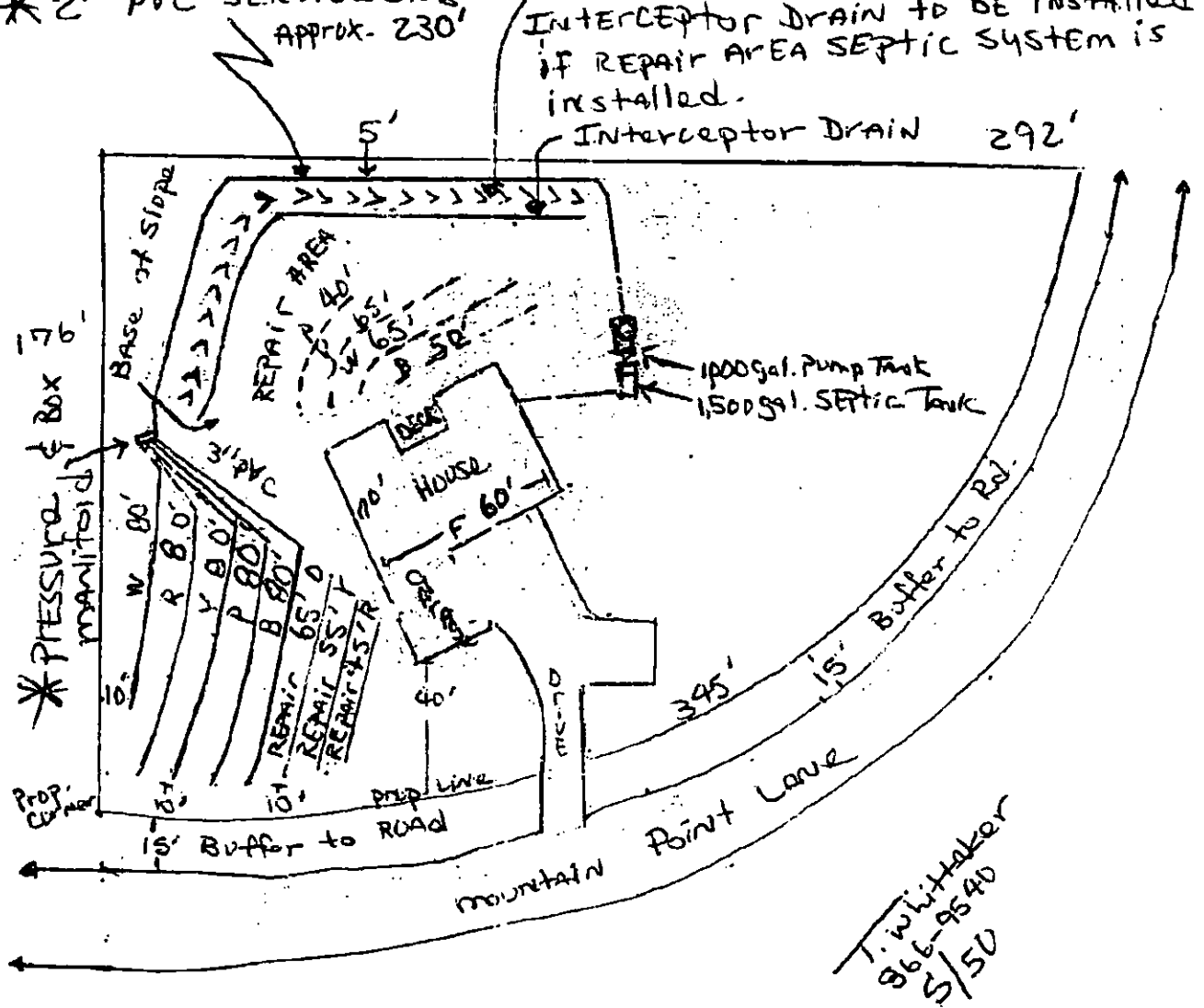
(4) Bedrm. Pumped (EASY flow) chamber SEPTIC System.
PANEL Block REPAIR AREA. (TYPE III)

* (5) 80' EASY flow LINES = 400'
(8) EASY flow UNITS PER LINE = 40 UNITS

* 1,500 GAL. SEPTIC TANK
1,000 GAL. PUMP TANK
PRESSURE MANIFOLD DISTRIBUTION

* 2" PVC SERVICE LINE APPROX. 230'

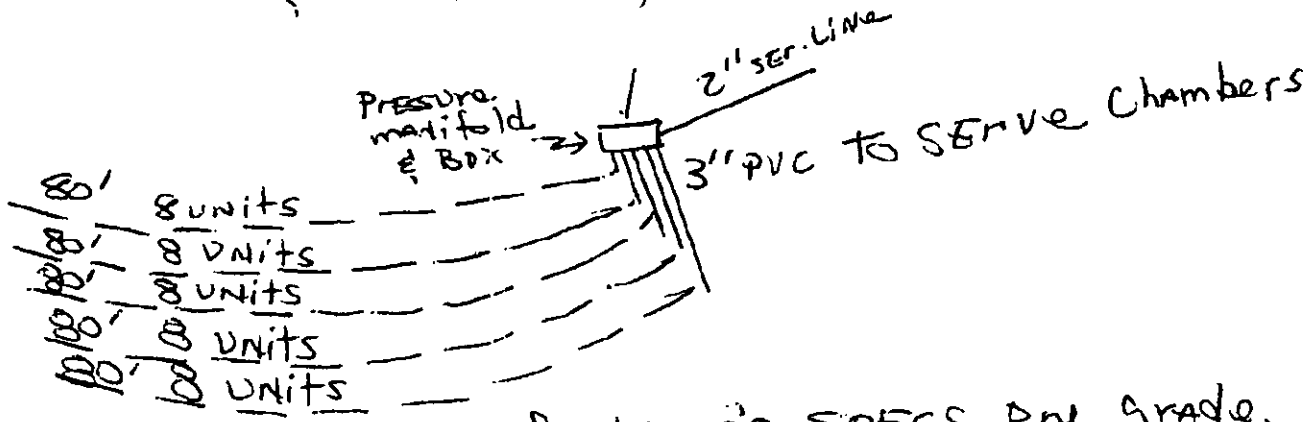
* 12"-18" V-CUT for SURFACE diversion & INTERCEPTOR DRAIN to be installed if REPAIR AREA SEPTIC SYSTEM is installed.



File: 4974-A

(4) Bedrm. (EASY Flow)

SPECS: -1,500 gal. SEPTIC TANK } Risers / filter
-1,000 gal. PUMP TANK }
- PRESSURE MANIFOLD - Contractor's choice & manifold BOX (see SPEC sheet)



* INSTALL per MANUFACTURER'S SPECS ON GRADE, CONTOUR & DESIGNATED DEPTH per M.C.H.D.

PUMP SPECS:

TDH = 34 GPM @ 18 ft. HEAD
- 4/10 HP PUMP - CONTRACTOR'S CHOICE
200± GAL. DOSING VOLUME
10" DRAWDOWN / FLOAT CONTROL
5.8 MINUTE DOSING CYCLE

NOT SCALED

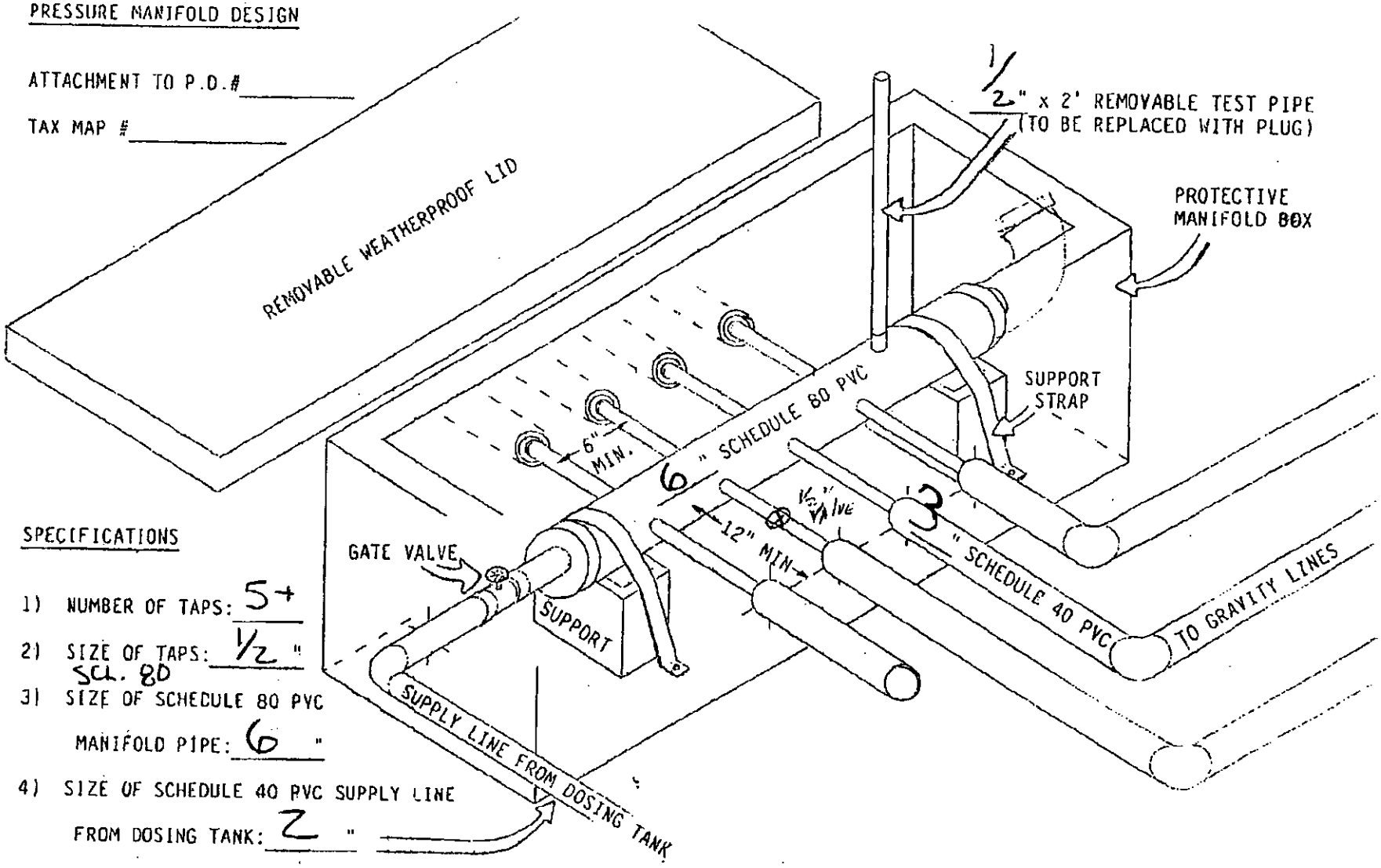
Support material

File: 4974-A

PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.O.# _____

TAX MAP # _____



SPECIFICATIONS

1) NUMBER OF TAPS: 5+

2) SIZE OF TAPS: 1/2 " sch. 80

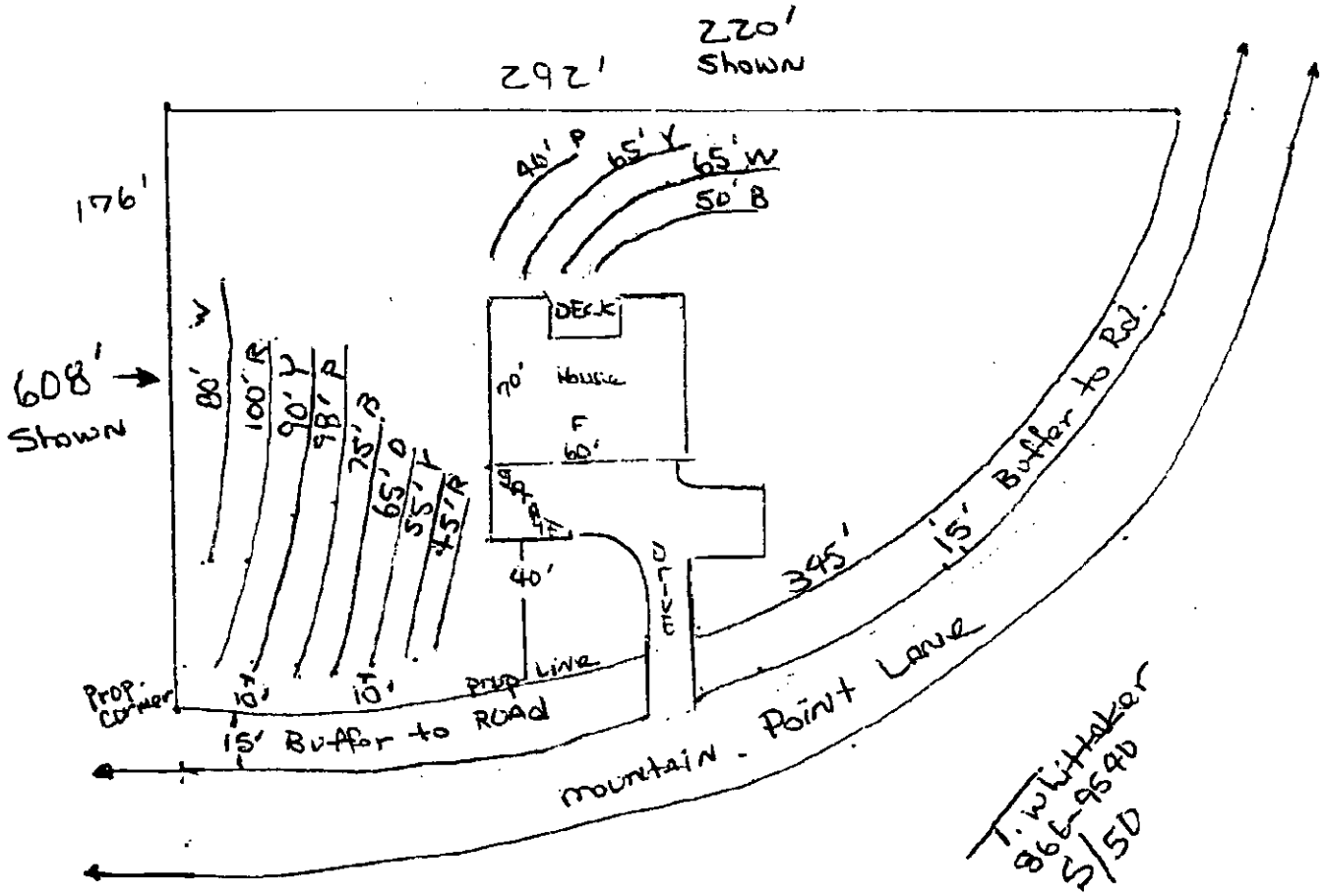
3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 6 "

4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2 "

I.C.H.D.

Nov 14 02 08:03p denise j whittaker 1-704-866-9540 p.4

M.C.H.D.-
File: 4974-A



PROPOSED PLOT PLAN

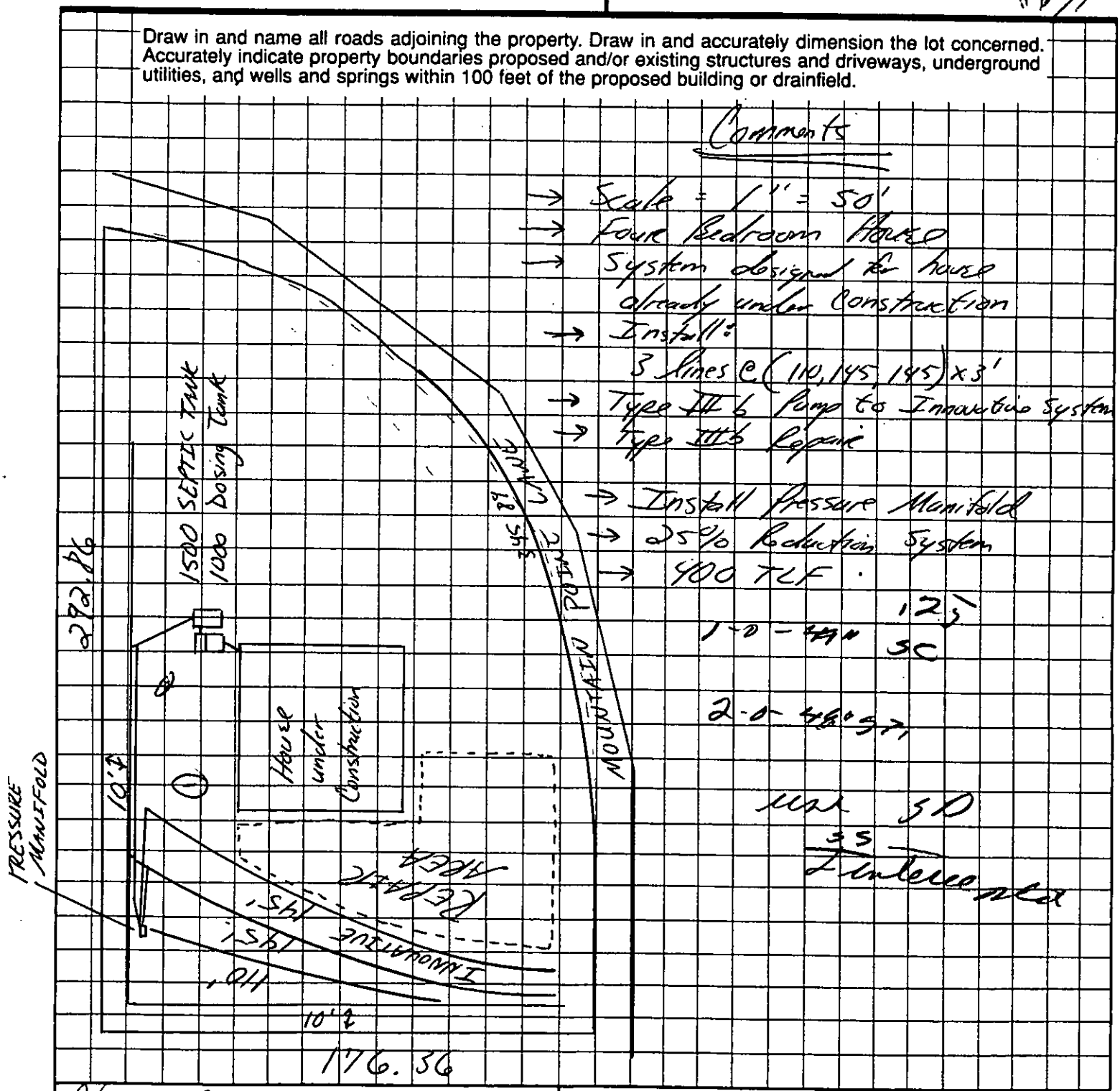
$100 check 2327 10/30/02 Add'l auth needed if bid cost"

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

FILE: 4974A

TC: 023-162-06

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 8/02/02

APPROVAL DATE Jimmy L. Michie R.S. 6/27/03

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 023-162-06
Lot #: 28
File #: 4974A
Code: 1

for ON-SITE WASTEWATER SYSTEM

Owner: Jeff & Candace Watson
Applicant: K. T. Homes
Address: 8920 Woodland Park Lane, Charlotte, N. C. 28214
Date Evaluated: 11/04/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .1a. Inv.
Location of Site: 4914 Mountain Point Lane
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 8	0-49	SBK/SC	FI/ SEXP/S/P	>49" TO SOIL WETNESS	49+	N/A	NONE	PS, IV .25GPD/FT^2
2	"	0-48	"	"	"	"	"	"	"

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		
Site LTAR		.25GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/4/02 W. R. Marlin
Others Present:

FILE # 4974A

COMMENTS Borings made in repair area that had been cut - use .259 gpd/ft² LTAR, install surface dispersal and subsurface interceptor if repair area is used

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

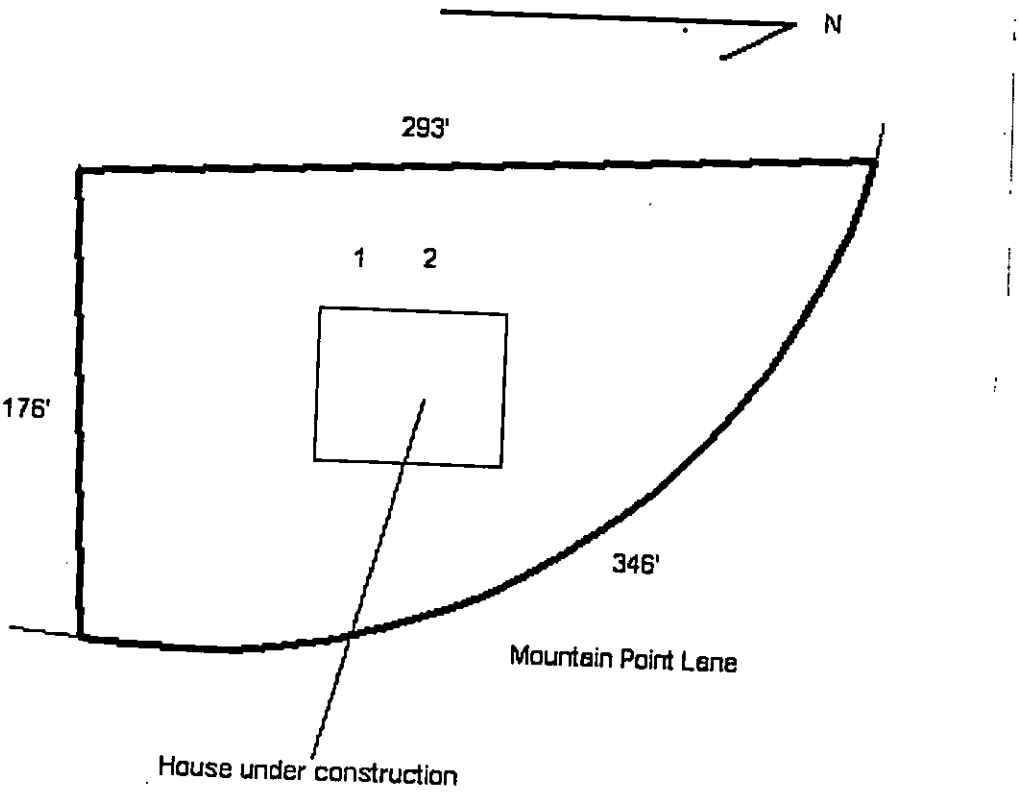
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: 023-162-06
Lot #: 28
File #: 4974A
Code: 1

A C

for ON-SITE WASTEWATER SYSTEM

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Applicant: K. T. Homes
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Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

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2	"	0-48	"	"	"	"	"	"	"

Description	Initial System	Repair System
Available Space (.1945)		PS
System Type(s)		
Site LTAR		.25GPD/FT^2

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 11/4/02 W. R. Marlin
Others Present:

FILE # 4974A

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R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
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