

5601 MOUNTAIN POINT LN

02316436

5/31/2007

duponbj

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

5/9/97 ES

Will need to
Pay 20%

- Letter released for C.O.

LARRY, IF THIS GUY CALLS
EVERYTHING IS OK EXCEPT HE
NEEDED TO INSTALL SPEED UPDATES.
I TOLD HIM TO GO AHEAD
& COUNT ON WFDS, 12/31/97

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: ~~18525~~ 5370A DATE: 12-31-97

TC: 023-164-36 ☐ L ☐ CRT

SERIAL Nº 17449

Name of Owner WILLIAM O. HARDEE Juris.: _____

Address of Property 5601 MOUNTAIN POINT LANE

Inspection Data:

Tank Material RCC.

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 18" TO 12"

Water Supply Source COMMUNITY

Distance to Water Source 2100'

Excavation Inspected 12-31-97

Tank(s) Inspected 12-31-97

Wash Line Inspected NA

High Water Alarm Inspected NA

AS IN INSTALLATION PERMIT -
PLOT

Design 1500, INNOVATIVE CTR# ROBBY MCDOWELL

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 15A 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 15A 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: * 12-31-97 - SYSTEM OK EXCEPT FOR SPEED LEVELS; HOLD FOR INSPECTION OF P-BOX

_____
Environmental Health Specialist

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

DATE: 4-14-97 Cell # 656

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

#1 S3704 I J 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 #: 1852B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-164-38

STREET ADDRESS: 5601 Mountain Point Lane

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT # 72

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2 - 1

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE

Lot reached 4-29-97
soils 42" plus to restrictive horizon
Approved WHM

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Hardee William D (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2301 Beam Rd	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 282	
DAYTIME PHONE: ( ) 704 - 522-9397	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-17-1993

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: DATE: 4-14-97

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

BROOKSIDE
MT. HOLLY - CHURCH
3RD ST. ABERNATHY
(L) (R) MIN POINT

Drew, 346-0389

Can you page Robby McDowell About this one? — he is asking for a 10:00am final. I can get him in the pm — but am in comp. Class 8:30-12:30.

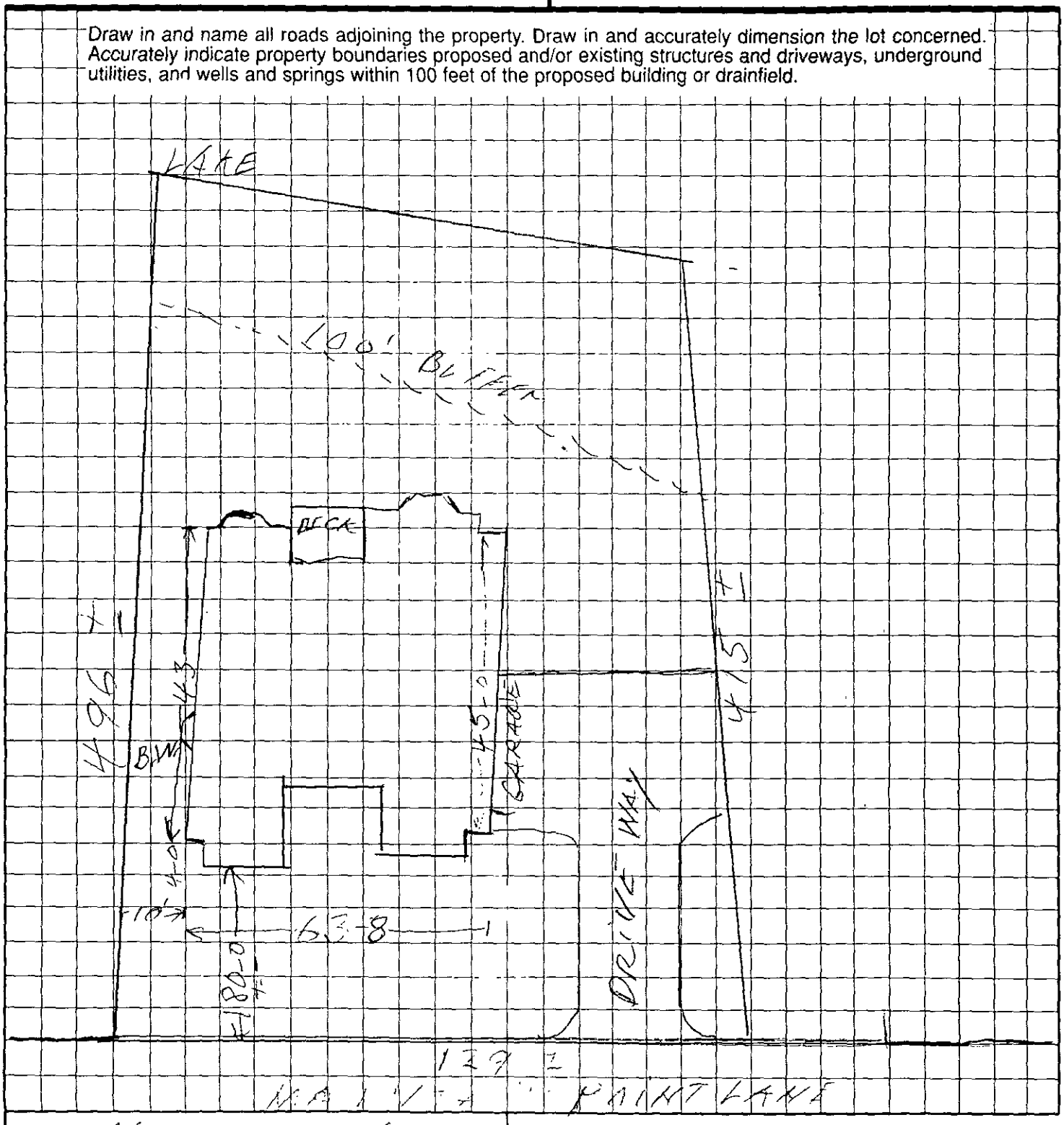
PROPOSED PLOT PLAN

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

FILE: 1852B

TC: 023-164-36

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.



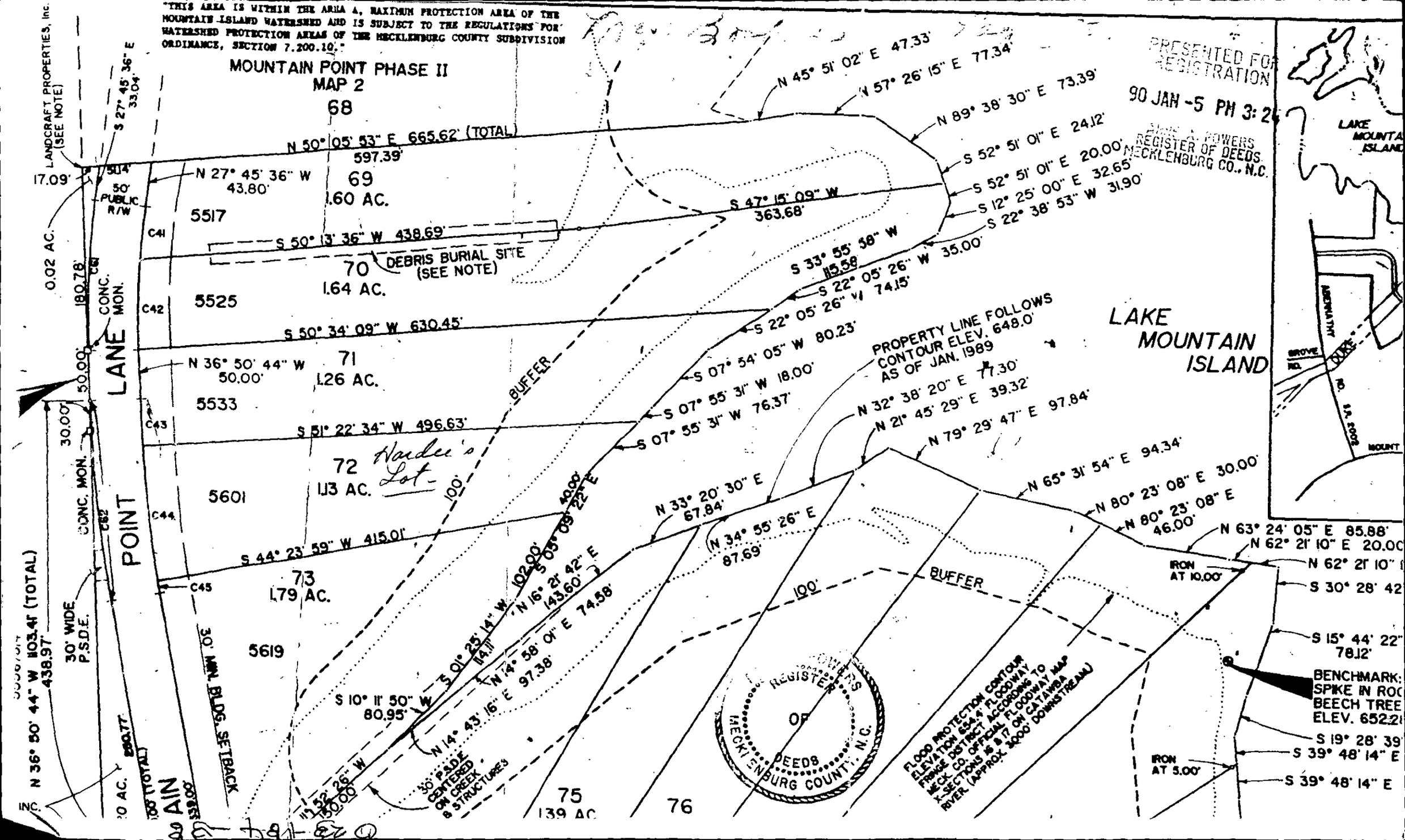
Williamson

OWNER/AGENT SIGNATURE

DATE 4-

APPROVAL DATE _____

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


"THIS AREA IS WITHIN THE AREA A, MAXIMUM PROTECTION AREA OF THE MOUNTAIN ISLAND WATERSHED AND IS SUBJECT TO THE REGULATIONS FOR WATERSHED PROTECTION AREAS OF THE MECKLENBURG COUNTY SUBDIVISION ORDINANCE, SECTION 7.200.10."
MOUNTAIN POINT PHASE II
MAP 2
PRESENTED FOR REGISTRATION
90 JAN -5 PM 3:2
JAMES A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.
LANDCRAFT PROPERTIES, Inc. (SEE NOTE)
S 27° 45' 36" E 33.04'
N 45° 51' 02" E 47.33'
N 57° 26' 15" E 77.34'
N 89° 38' 30" E 73.39'
S 52° 51' 01" E 24.12'
S 52° 51' 01" E 20.00'
S 12° 25' 00" E 32.65'
S 22° 38' 53" W 31.90'
N 50° 05' 53" E 665.62' (TOTAL)
597.39'
17.09'
50.14'
50' PUBLIC R/W
N 27° 45' 36" W 43.80'
68
69
1.60 AC.
5517
C41
S 47° 15' 09" W 363.68'
S 50° 13' 36" W 438.69'
70
DEBRIS BURIAL SITE (SEE NOTE)
1.64 AC.
0.02 AC.
180.78'
C40
CONC. MON.
5525
C42
S 33° 55' 38" W 115.58'
S 22° 05' 26" W 35.00'
S 22° 05' 26" W 74.15'
S 50° 34' 09" W 630.45'
N 36° 50' 44" W 50.00'
50.09'
71
1.26 AC.
5533
C43
S 07° 54' 05" W 80.23'
S 07° 55' 31" W 18.00'
S 07° 55' 31" W 76.37'
S 51° 22' 34" W 496.63'
30.00'
CONC. MON.
72
Hardee's Lot
1.13 AC.
5601
C44
C82
S 44° 23' 59" W 415.01'
73
1.79 AC.
5619
C45
30' WIDE P.S.D.E.
30' MIN. BLDG. SETBACK
N 36° 50' 44" W 438.97'
103.41' (TOTAL)
S 10° 11' 50" W 80.95'
S 01° 25' 14" W 114.11'
N 16° 21' 42" E (43.60')
N 14° 58' 01" E 74.58'
N 14° 43' 16" E 97.38'
S 11° 32' 26" W 30.00'
30' P.S.D.E. CENTERED ON CREEK & STRUCTURES
75
1.39 AC.
76
PROPERTY LINE FOLLOWS CONTOUR ELEV. 648.0' AS OF JAN. 1989
N 32° 38' 20" E 77.30'
N 21° 45' 29" E 39.32'
N 79° 29' 47" E 97.84'
N 65° 31' 54" E 94.34'
N 80° 23' 08" E 30.00'
N 80° 23' 08" E 46.00'
N 63° 24' 05" E 85.88'
N 62° 21' 10" E 20.00'
N 33° 20' 30" E 67.84'
N 34° 55' 26" E 87.69'
40.00'
S 05° 09' 22" E 102.00'
100' BUFFER
IRON AT 10.00'
S 30° 28' 42"
S 15° 44' 22" 78.12'
BENCHMARK: SPIKE IN ROO BEECH TREE ELEV. 652.2
S 19° 28' 39"
S 39° 48' 14" E
IRON AT 5.00'
S 39° 48' 14" E
FLOOD PROTECTION CONTOUR ELEVATION 654.4' FLOODWAY FRINGE DISTRICT ACCORDING TO MECK. CO. OFFICIAL FLOODWAY MAP X-SECTIONS 16 & 17 ON CATAWBA RIVER. (APPROX. 3000' DOWNSTREAM)
REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.
LAKE MOUNTAIN ISLAND
LAKE MOUNTA ISLAND
ARGENTA
GROVE RD.
DUKE
MOUNT
N 36° 50' 44" W 438.97'
103.41' (TOTAL)
INC.

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15917

File: 5370A Action 1

Parcel: 02301135 PO ☐ PC

Location: Rocky Shore Circle

Subdivision:

Lot: 72 Block: Acres: 1.12

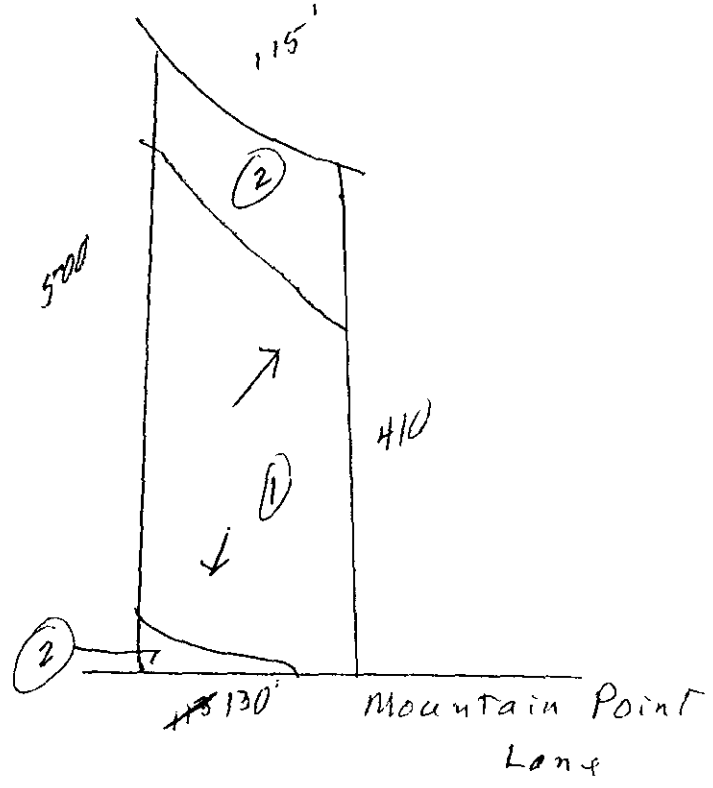
Owner: Crescent Land & Timber Corp.
Address: 2305 Randolph Road, Suite C
Charlotte, NC 28207

Comments: 100% Repair - Well possibly need pump

Described by: William A. Marlin

Date: 7-16-96

Lot includes 4-29-97 40" plus to septic WM 4-29-97



***** 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) Drainageway / Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" Tuam	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36" +	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	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	(II) CcC, HaB	Drainageway / Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

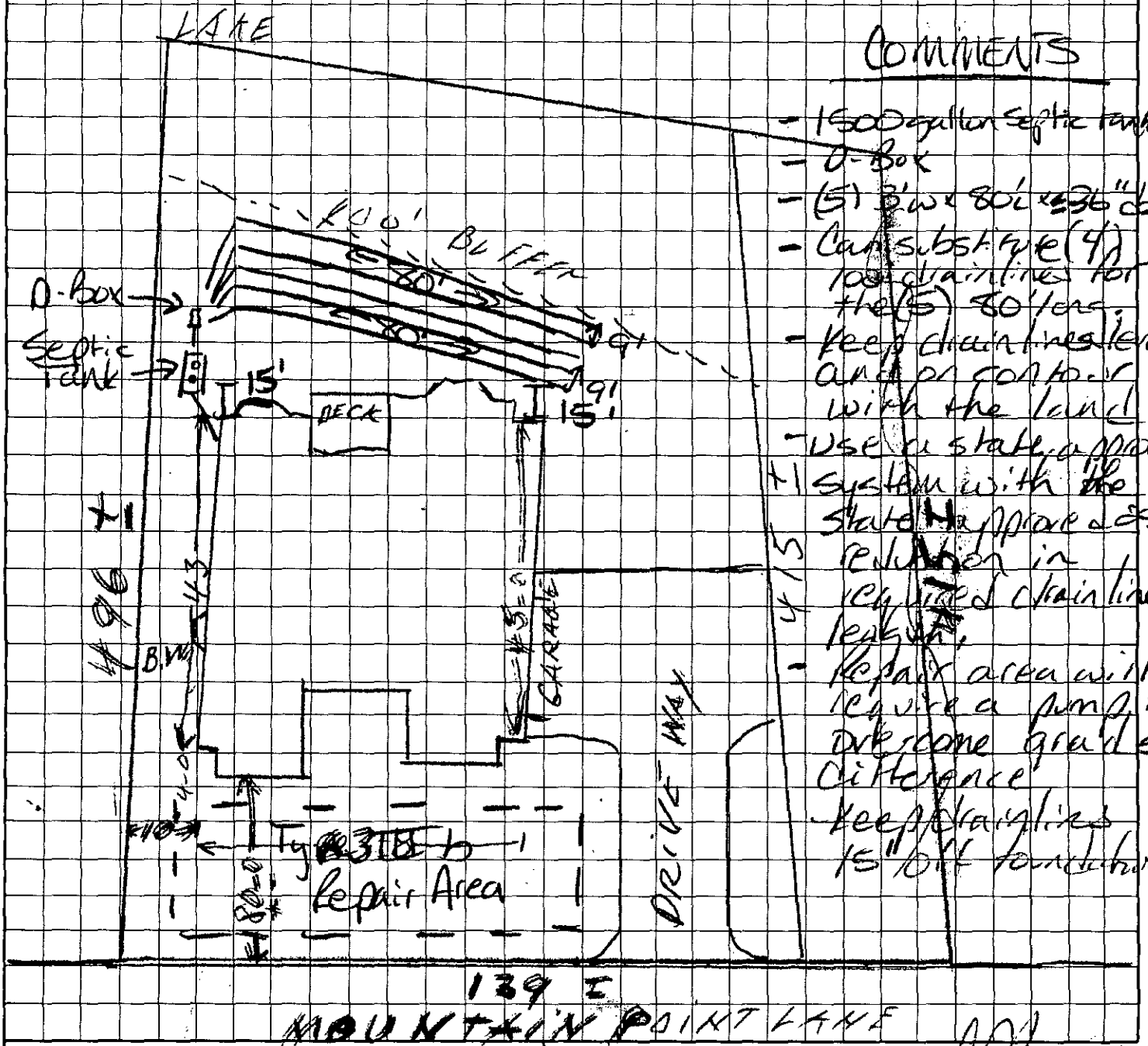
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

53704

FILE: ~~53704~~

TC: 023-164-36

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.



COMMENTS

- 1500 gallon septic tank
- O-Box
- (5) 3'w x 80'l = 36" deep
- Can substitute (4) 100' drainlines for the (5) 80' ones.
- Keep drainlines level and on contour with the land.
- Use a state approved I system with the state approved 25% reduction in required drainlines length.
- Repair area will require a pump to overcome grade difference
- Keep drainlines 15' off foundation

Willie Mangum
OWNER/AGENT SIGNATURE

DATE 4-14-97

APPROVAL DATE 5-2-97 K. Thompson, R.S.

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

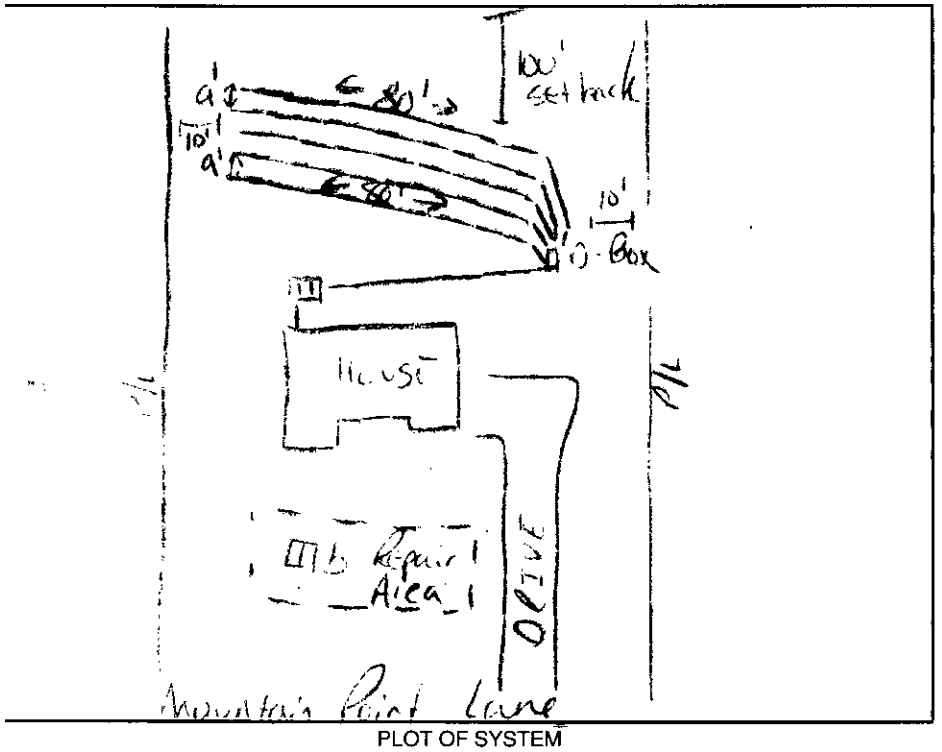
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1852 B DATE: 12-01-97

TC: 023-164-36 □ L

SERIAL Nº 17497

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 11-14-97. All work shall be completed on or before 1-01-98, 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. LAKE



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone N/A inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well N/A feet

Community Well

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

NAME OF OWNER William O. Harder

LOCATION OF PROPERTY 5601 Mountain Point Lane

Comments: III a 4 bedrooms

151 3w x 80' x ≤ 36"d

Use group I, II or III backfill if using a chambered system

Laura B. Thomas R.S.
Environmental Health Specialist

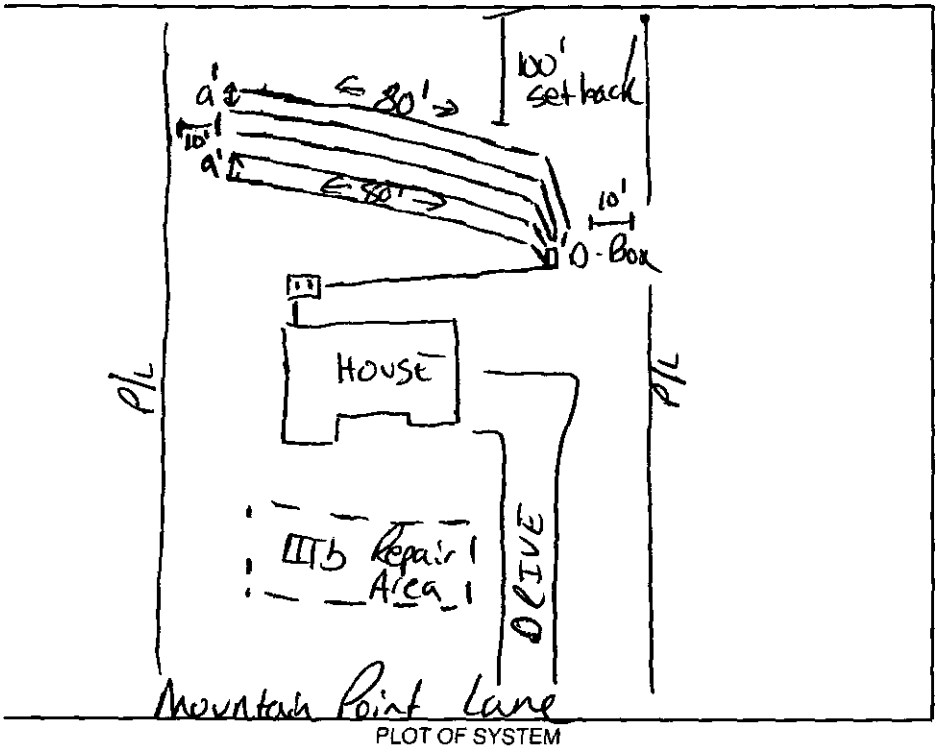
WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

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

5370A
FILE: ~~1652-B~~ DATE: 12-01-97
TC: 023-164-36 ~~x~~ 1
SERIAL Nº 17497

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 4-14-97. All work shall be completed on or before 1-01-98, *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. LAKE



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons
Liquid Capacity of *Dosing Tank* — gallons
Tank Construction PCC
Trench Depth ≤36"
Absorption and/or *Nitrification Lines:*
Trench Width 3 feet
Trench Walls Scored and Porous Yes
Total Line Length 400 feet
Number of Lines 5
Depth of Stone N/A inches
Distance from House 10 feet
Distance from Property Line 10 feet
Distance from Well N/A feet
Community >100'

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

NAME OF OWNER William O. Hardee
LOCATION OF PROPERTY 5601 Mountain Point Lane
Comments: III a 4 bedrooms
(5) 3'w x 80'L x ≤36"d
Use group I, II or III backfill if using a chambered system

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

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

FEE: 100.00 Ck #1656

DATE: 4-14-97

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

#1 5370A

I JCRT

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 #: 1852B 5370A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-164-36

STREET ADDRESS: 5601 Mountain Point Lane

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT #72

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2 . 1

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE

Lot checked 4-29-97
soils 40" plus to restrictive zone
Separate WW sys

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

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

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

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Hardee William C (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2301 Bohm Ct	DAYTIME PHONE: ( ) -
CITY: Charlotte STATE: NC ZIP: 28	
DAYTIME PHONE: ( ) 704 - 523 7377	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3 . 1993

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: DATE: 4 - -97

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

BURG COUNTY ENVIRONMENTAL HEALTH
VALUATION REPORT
RIAL NUMBER 15917

File: 5370A Action 1

Parcel: 02301135 PO ☐ PC

Location: Rocky Shore Circle

Subdivision:

Lot: 72 Block: Acres: 1.12

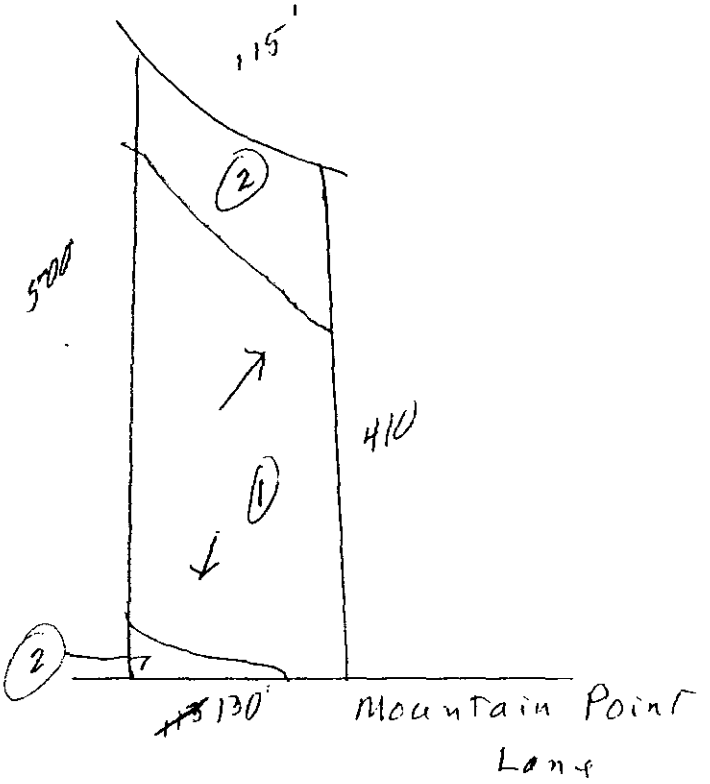
Owner: Crescent Land & Timber Corp.
Address: 2305 Randolph Road, Suite C
Charlotte, NC 28207

Comments: well repair - well assembly new pump

Described by: William R. Marlin

Date: 7-16-96

Lot includes 4-29-97 40" plus to roadbed WBM 4-29-97



*** 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) Drainageway Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 736" Town	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36" +	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	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
Soil Group/Series	II Cec. 1-1.Ue	Drainageway Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS

PROPOSED PLOT PLAN

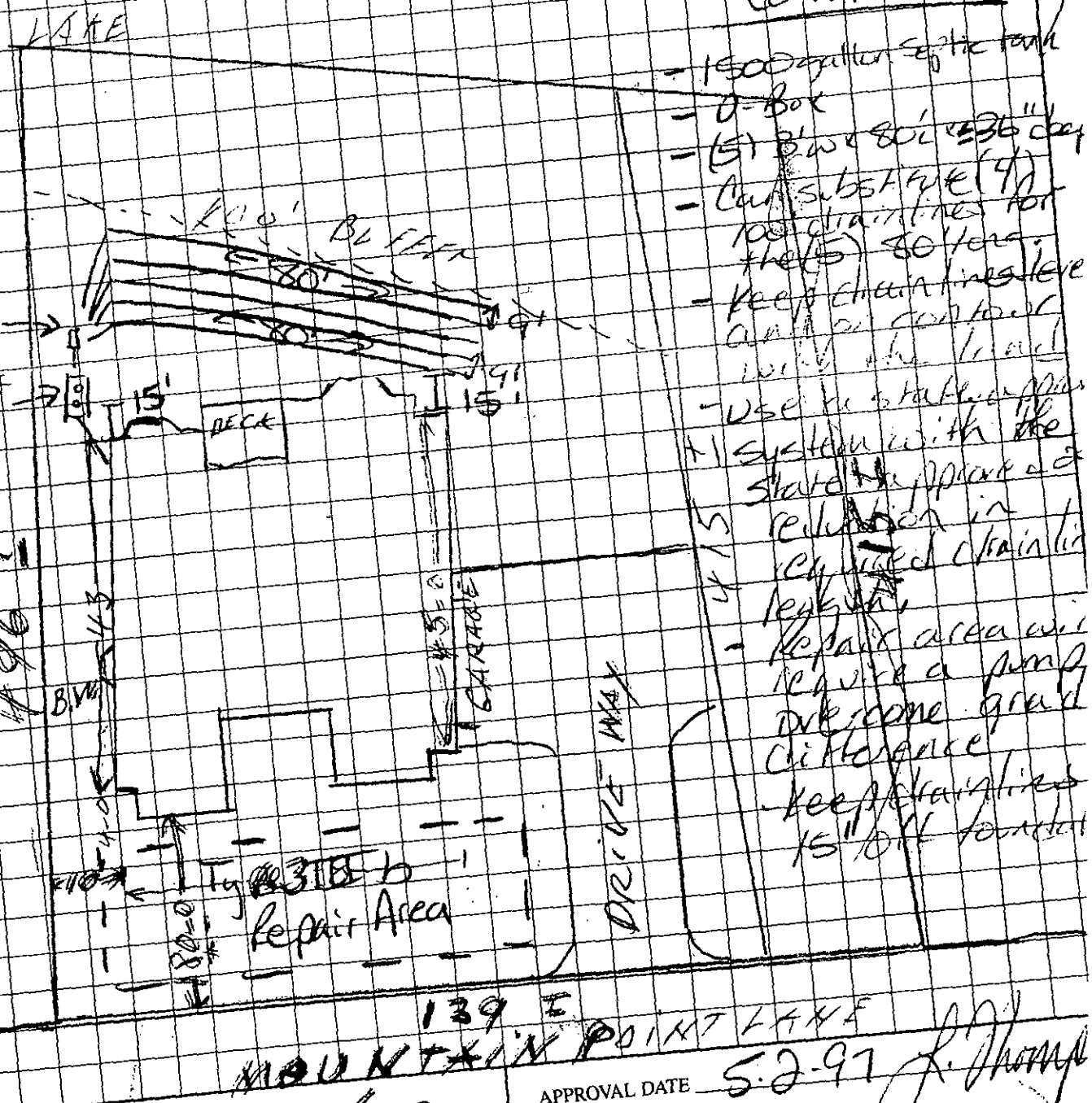
53704

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

FILE: ~~T-V-E 38-21~~

TC: 023-164-36

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.


LAKE
100' Bl Area
80'
80'
80'

Permit Number 19552 6 5370A

023-164-36

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	✓ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	460 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
N/A Community Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	≤36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	N/A Gallon pump tank	N/A Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: use sand backfill if using the chambered system

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

1605 Absorption Area (Sq ft) 535 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	≤36" Maximum Trench Depth

For existing system, enter the year originally installed:

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

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

Larry B. Thompson, R.S. 5-2-97
DEHNR Authorized Agent Date

Willie Hamlin 5-2-97
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: ~~$ 100.00~~ 400 CERT

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

DATE: 5-2-97 PERMIT NO: 5370 A

PARCEL NO: 003-164-36

JOB LOCATION ADDRESS: 5201 Mountain Point Lane

PROPERTY OWNER: William D. Hardee

BUILDING CONTRACTOR: same

SUBDIVISION NAME: Mountain Point #77

AUTHORIZATION ISSUED BY: Barry B. Thompson J.R.S. DATE: 5-2-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5370A, 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: See Conditions Of Improvement Permit

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.

Willie Hardee 5-2-97

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: 100.00 Ck#1656

DATE: 4-14-97

APPLICATION FOR IMPROVEMENT PERMIT 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 #: 1852B 5370A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-164-36

STREET ADDRESS: 5601 Mountain Point Lane

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT # 72

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2891

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

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: HARDEE William D.
(LAST) (FIRST) (MI)

ADDRESS: 2301 Beam Rd

CITY: Charlotte STATE: NC ZIP: 28214

DAYTIME PHONE: ( ) 704 - 527-9397

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

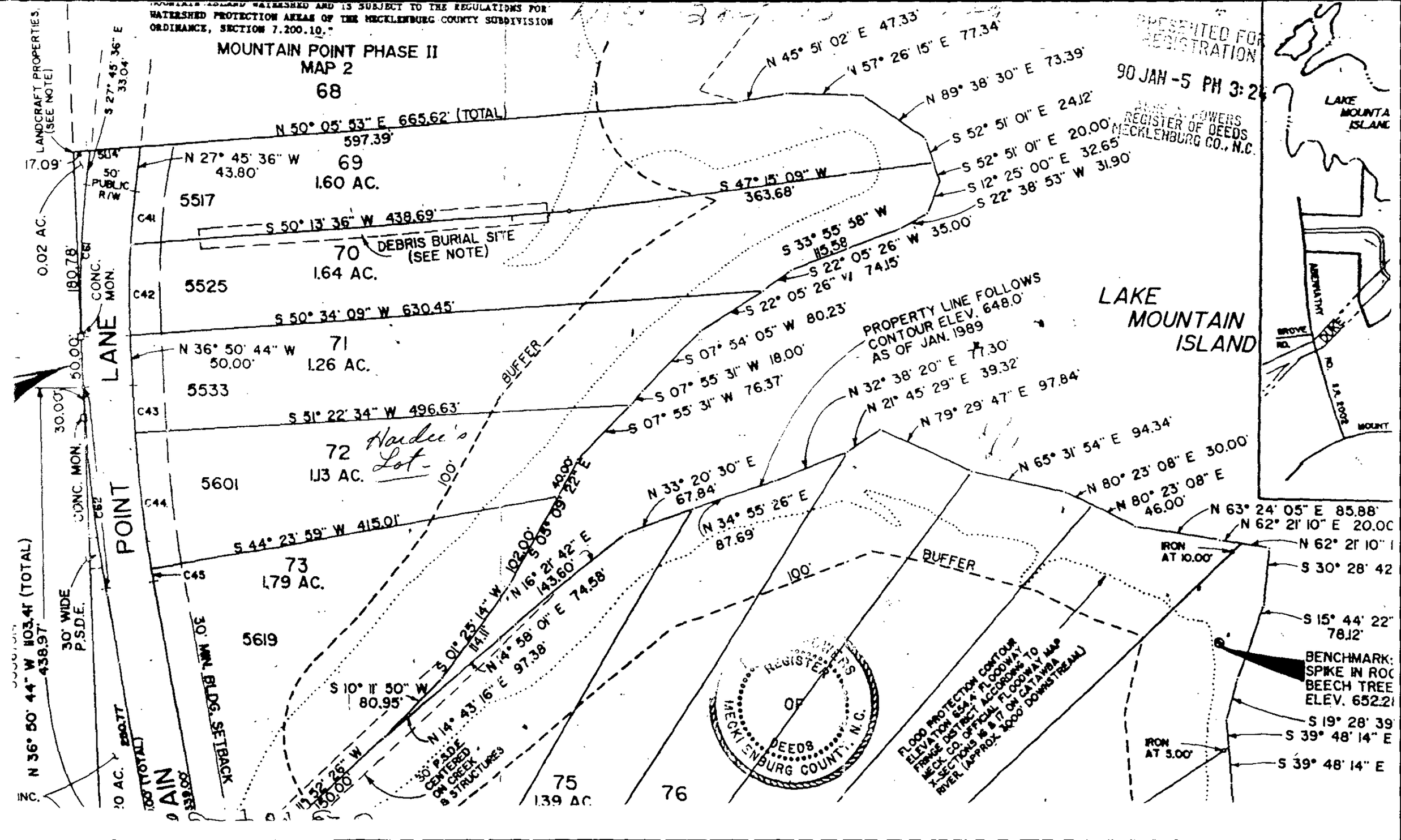
DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-12-1993

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: _____ DATE: 4 - 14-97

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


HATERSHED PROTECTION AREAS OF THE MECKLENBURG COUNTY SUBDIVISION ORDINANCE, SECTION 7.200.10."
MOUNTAIN POINT PHASE II
MAP 2
68
69
1.60 AC.
70
1.64 AC.
71
1.26 AC.
72
1.13 AC.
73
1.79 AC.
75
1.39 AC.
76
5517
5525
5533
5601
5619
N 50° 05' 53" E 665.62' (TOTAL)
597.39'
N 27° 45' 36" W
43.80'
S 47° 15' 09" W
363.68'
S 50° 13' 36" W 438.69'
DEBRIS BURIAL SITE
(SEE NOTE)
S 50° 34' 09" W 630.45'
N 36° 50' 44" W
50.00'
S 51° 22' 34" W 496.63'
S 44° 23' 59" W 415.01'
N 36° 50' 44" W 438.97' (TOTAL)
N 45° 51' 02" E 47.33'
N 57° 26' 15" E 77.34'
N 89° 38' 30" E 73.39'
S 52° 51' 01" E 24.12'
S 52° 51' 01" E 20.00'
S 12° 25' 00" E 32.65'
S 22° 38' 53" W 31.90'
S 33° 55' 58" W
115.58'
S 22° 05' 26" W 35.00'
S 22° 05' 26" W 74.15'
S 07° 54' 05" W 80.23'
S 07° 55' 31" W 18.00'
S 07° 55' 31" W 76.37'
PROPERTY LINE FOLLOWS
CONTOUR ELEV. 648.0'
AS OF JAN. 1989
N 32° 38' 20" E 77.30'
N 21° 45' 29" E 39.32'
N 79° 29' 47" E 97.84'
N 65° 31' 54" E 94.34'
N 80° 23' 08" E 30.00'
N 80° 23' 08" E
46.00'
N 63° 24' 05" E 85.88'
N 62° 21' 10" E 20.00'
N 33° 20' 30" E
67.84'
(N 34° 55' 26" E
87.69'
S 03° 09' 22" E
102.00'
N 16° 21' 42" E
143.60'
S 01° 25' 14" W
114.11'
N 14° 58' 01" E 74.58'
S 10° 11' 50" W
80.95'
N 14° 43' 16" E 97.38'
S 11° 32' 26" W
50.00'
S 30° 28' 42"
S 15° 44' 22"
78.12'
S 19° 28' 39"
S 39° 48' 14" E
S 39° 48' 14" E
BENCHMARK:
SPIKE IN ROO
BEECH TREE
ELEV. 652.2
IRON
AT 10.00'
IRON
AT 5.00'
LANDCRAFT PROPERTIES
(SEE NOTE)
S 27° 45' 36" E
33.04'
17.09'
0.02 AC.
50' PUBLIC R/W
180.78'
CONC. MON.
50.00'
30.00'
CONC. MON.
30' WIDE P.S.D.E.
30' MIN. BLDG. SETBACK
100' BUFFER
100' BUFFER
40.00'
LANE
POINT
LAKE MOUNTAIN ISLAND
PRESENTED FOR REGISTRATION
90 JAN -5 PM 3:2
REGISTER OF DEEDS
MECKLENBURG CO., N.C.
REGISTERED
OF
DEEDS
MECKLENBURG COUNTY, N.C.
FLOOD PROTECTION CONTOUR
ELEVATION 654.4' FLOODWAY
FRINGE DISTRICT ACCORDING TO
MECK. CO. OFFICIAL FLOODWAY MAP
X-SECTIONS 18 & 17 ON CATAWBA
RIVER. (APPROX. 3000' DOWNSTREAM)
30' P.S.D.E.
CENTERED
ON CREEK
& STRUCTURES
LAKE
MOUNTA
ISLAND
MOUNT

PROPOSED PLOT PLAN

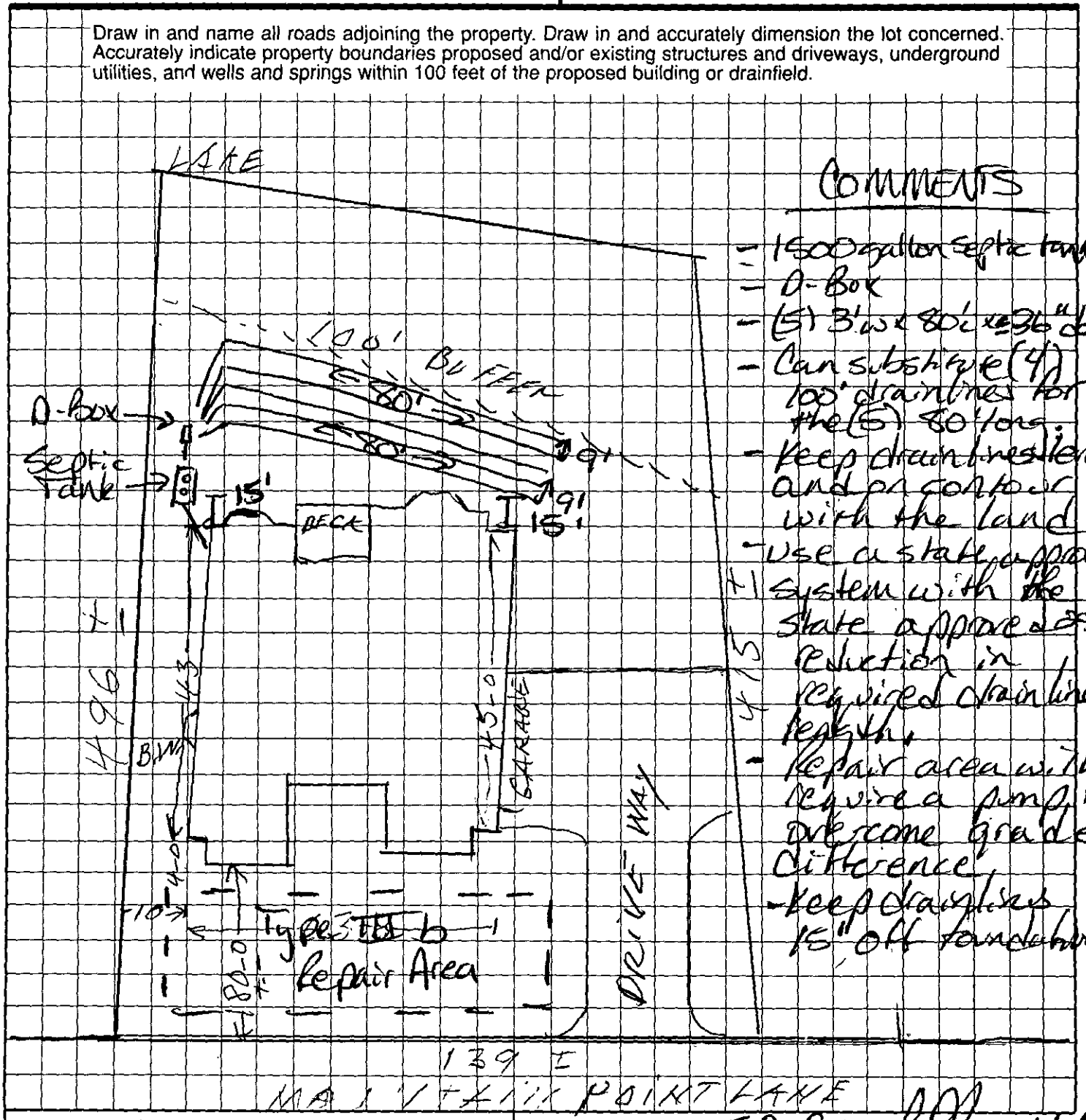
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

5370A

FILE: ~~[illegible]~~

TC: 023-164-36

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.



COMMENTS

- 1500 gallon Septic tank
- D-Box
- (5) 3'w x 80'L x 36" deep
- Can substitute (4) 100' drainlines for the (5) 80' long.
- Keep drainlines level and on contour with the land
- Use a state approved +1 system with the state approved 25% reduction in required drainline length.
- Repair area will require a pump to overcome grade difference
- Keep drainlines 15' off foundation

Willie Hamilton
OWNER/AGENT SIGNATURE

DATE 4-14-97

APPROVAL DATE 5-2-97 J. Thompson, R.S.

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

Mecklenburg County
Health Department

July 17th, 1990

Crescent Land & Timber Corp.
2305 Randolph Road, Suite C
Charlotte, NC 28207

RE: Property located at Rocky Shore Circle 72
FILE: 5370A
PARCEL: 02301135 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 15917) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15917

File: 5370A Action 1

Parcel: 02301135 PO ☐ PC

Location: Rocky Shore Circle

Subdivision:

Lot: 72 Block: Acres: 1.12

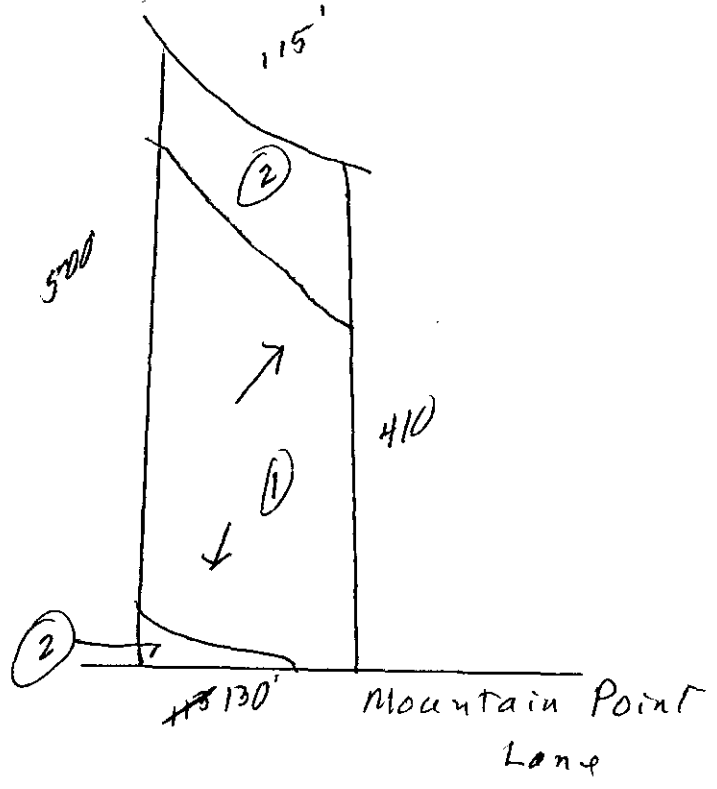
Owner: Crescent Land & Timber Corp.
Address: 2305 Randolph Road, Suite C
Charlotte, NC 28207

Comments: 100% Repair - Will possibly need pump

Described by: William A. Marlin

Date: 7-16-90

Lot reduced 4-29-91 to 40" plat to resubdivide 4-29-91



***** 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) Drainageway + Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36" +-	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	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	IV Cecil-Like	Drainageway Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

4

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

(OFFICE USE ONLY)

FILE: 5370A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point Ph 2 ③ LOT: 72 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 13 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 436 426 (LMI-90) PAGE NO.: 204 354

OWNER

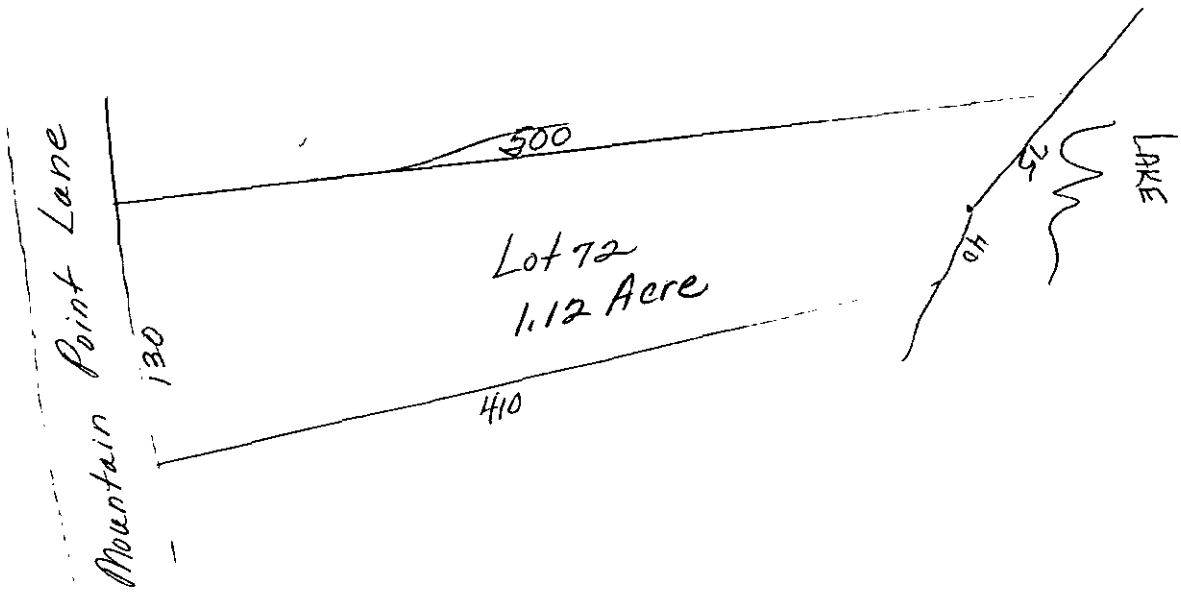
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway, LandCraft Properties)
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2305 Randolph Road, Suite C

⑨ CITY: Charlotte, ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) (704) 332-9340 (HOME) (704) 892-9811

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ethelene G Williams

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

Date: March 23, 1989

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

ENVIRONMENTAL HEALTH DIVISION
PAID

FILE: 5370A

JAN 11 1989

TC: #45.

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Rocky Shore Circle

② SUBDIVISION: Mountain Point Ph. 2 ③ LOT: 72 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 13 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 436, 426 (LMI-90) PAGE NO.: 204, 354

OWNER

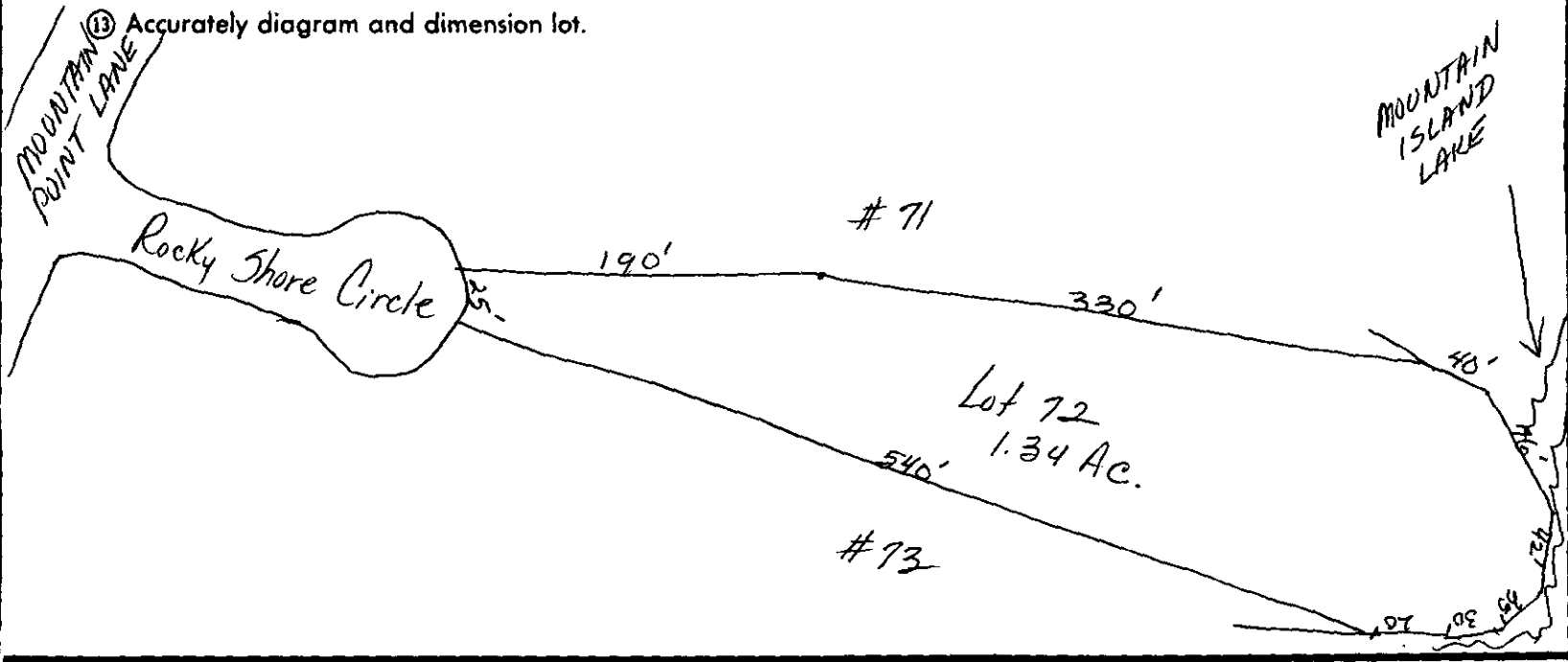
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway)
(FIRST) (MIDDLE) (LAST)

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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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Miles J. Bayer, V.P.

Date: 1/11/89

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

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