

5417 MOUNTAIN POINT LN

02316413

5/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5347A DATE: 9/13/90

TC: 023 011 35 PO ☒ L ☒ CRT

SERIAL Nº 13541

Name of Owner Ralph S. Teal Juris.:

Address of Property 5417 Mountain Point Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 10"

Water Supply Source Community well

Distance to Water Source –

Excavation Inspected 9/13/90

Tank(s) Inspected 9/13/90

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1990, 1500ST, CON, 1200SFT, 12" Gravel Ceil CTR# 16

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 3 bedroom house

Philo S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

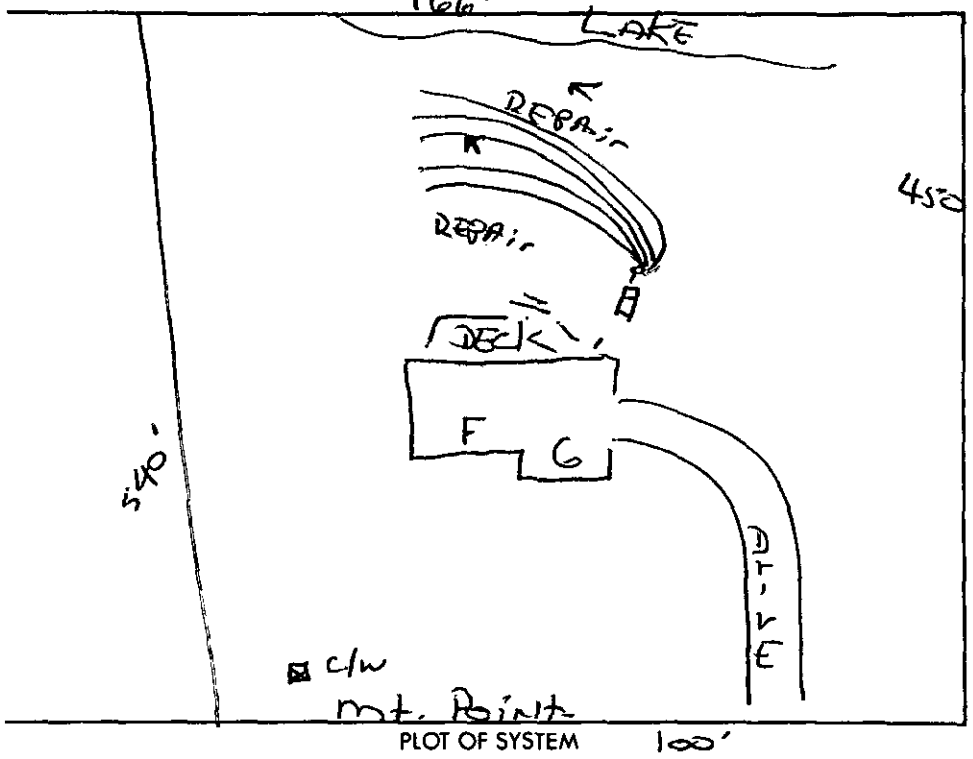
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5347 A DATE: 9/7/90

TC: 023 01135 PP L

SERIAL Nº 14660

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 8/2/90. All work shall be completed on or before 10/7/90, 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 ____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 c/w feet

NAME OF OWNER Ralph S. TEAL

LOCATION OF PROPERTY 5417 MOUNTAIN POINT LANE

Comments: (5) 3'x80'x12" or (4) 3'x100'x12"G, Check Topo. for 100' lines.

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

PROPOSED PLOT PLAN

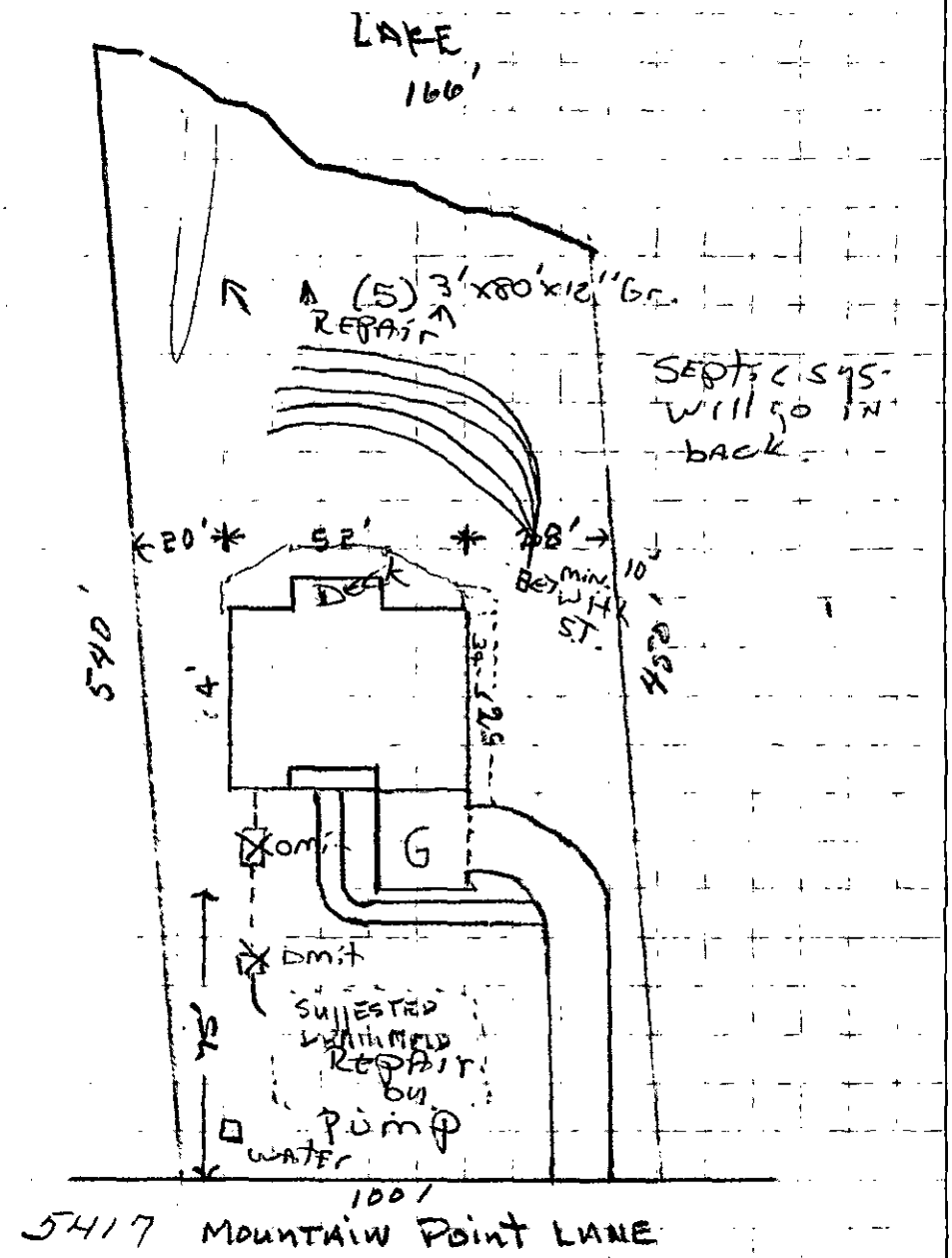
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5347A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

* LOT HAS Community WELL



Signed: Ralph S. Teal North-Meck Contracting

Date: 4-2-90

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.

(OFFICE USE ONLY)

FILE: 5347A

TC: _____

SERIAL: № 16757

☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5417 (STREET NO.) Mountain Point Lane (STREET) ② FILE: 5347A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 02301135 PO

⑤ SUBDIVISION: Mountain Point ⑥ LOT: 49 ⑦ BLOCK: _____

OWNER

⑧ NAME: NORTH-MECK CONTRACTING (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 10128 HAMBRIGHT RD.

⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) 875-3771 ⑭ (HOME) _____

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? 3 ㉕ Type? _____

㉓ Maximum occupancy? 6 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 onto the property for the purpose of processing this request.

Signed: Ralph S. Teal North-Meck Contracting

Date: 4-2-90

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 W Kittleson, Environmentalist, 4/6/90 (Date)

Director or Authorized Section Head, 4-9-90 (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 HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-2-90

Name/Company: Nord-Meck Contracting

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: J. P. Nevin

5417 Mountain Point Lane

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 2 1990

File # 5347A

Fee: $ 200.00

ck#103

$200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie Abernethy
Completed by

Collected by

DATE: 4/2/90

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mock

PARCEL NUMBER # 023-161-02

ASSIGNED ADDRESS 5417 Mountain Point Ln

EXISTING ADDRESS _____

PROJECT NAME Mountain Point Phase II

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: Septic Tank

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: _____

OPWEAR 02/86

Mecklenburg County
Health Department

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

May 24th, 1989

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

RE: Property located at Mountain Point Lane 49
FILE: 5347A
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 15894) 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,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15894

File: 5347A Action 1

Parcel: 02301135 PO ☐ PC

Location: Mountain Point Lane

Subdivision:

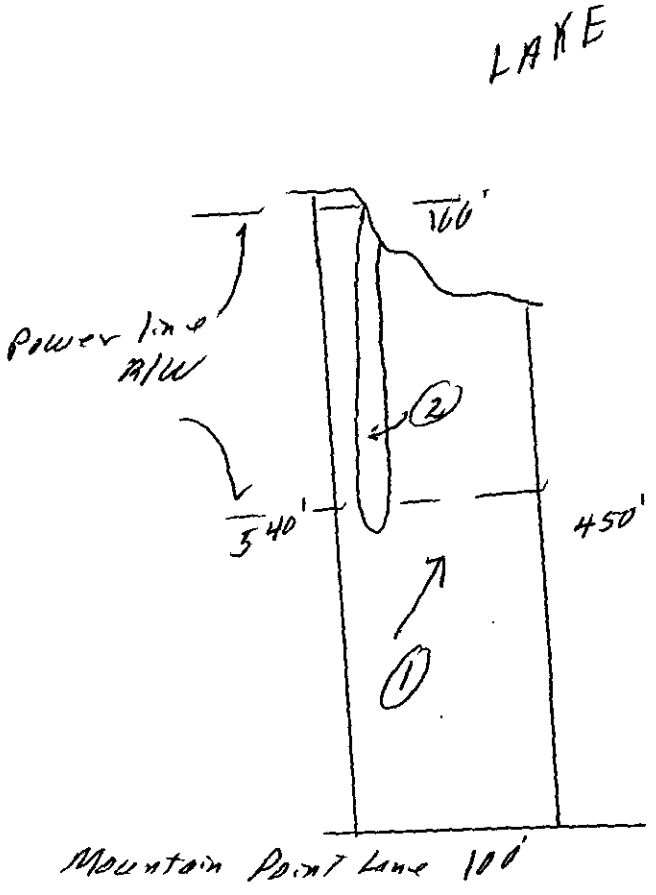
Lot: 49 Block: Acres: 1.12

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

Comments: Recommend system site be approved before lot is cleared

Described by: William A. Marks

Date: 5-24-91



*** 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 6-20%	S PS (U) 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 7-36" Layer	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 30-40'	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IuA Ccc-1-1.4	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

4-5

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

(OFFICE USE ONLY)

FILE: 5347A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point

② SUBDIVISION: Mountain Point Ph. 2 ③ LOT: 49 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

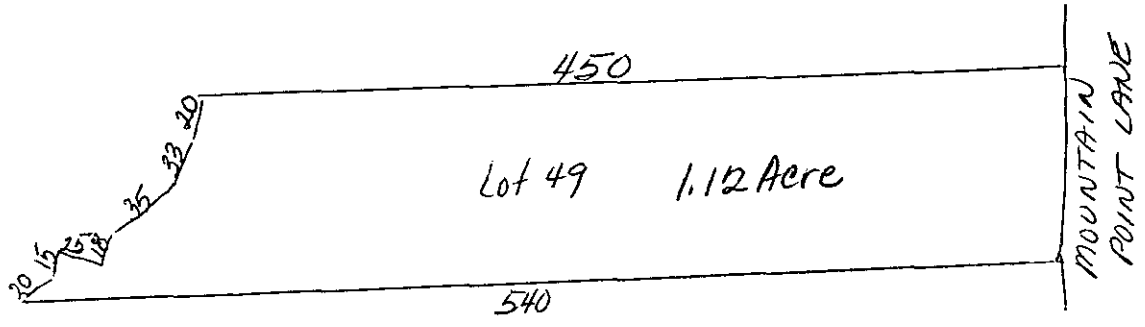
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway, LandCraft Properties)
(FIRST) (MIDDLE) (LAST)

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FILE: 5347A

TC: _____

JAN 11 1989
#45.

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point Ph. 2 ③ LOT: 49 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

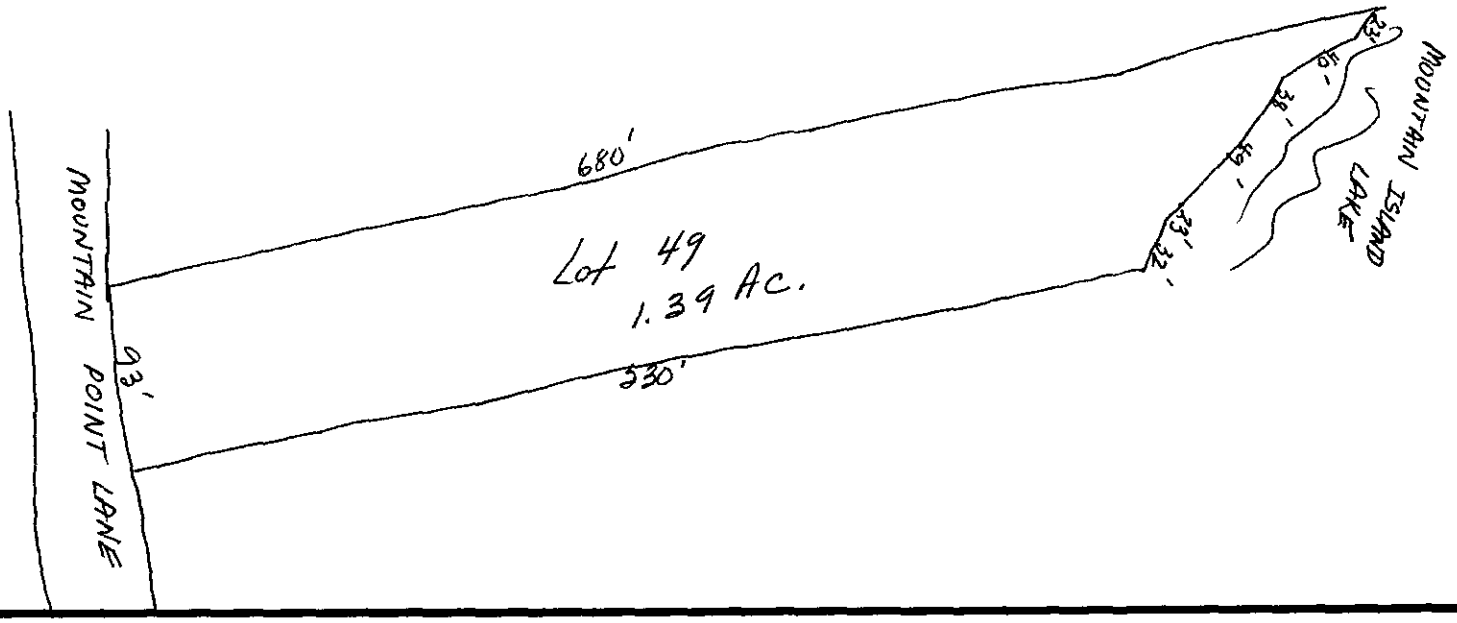
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway)
(FIRST) (MIDDLE) (LAST)

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 forégoing 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 J Boyer, V.P.

Date: 1/11/89

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WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY