

5409 MOUNTAIN POINT LN

02316412

5/31/2007

duponbj

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

Ref 1500 gal tank 3/17/99

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5346 A DATE: 4/30/99

TC: 023-164-12 ☒ L ☐ CRT

SERIAL Nº 18033

Name of Owner Steve Luckowskie Juris.: Meck.

Address of Property 5409 Mountain Pointe Lane

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 400 ft

Number of Lines 3 @ 133 ft

Cover Depth 12 inches

Water Supply Source Community Well

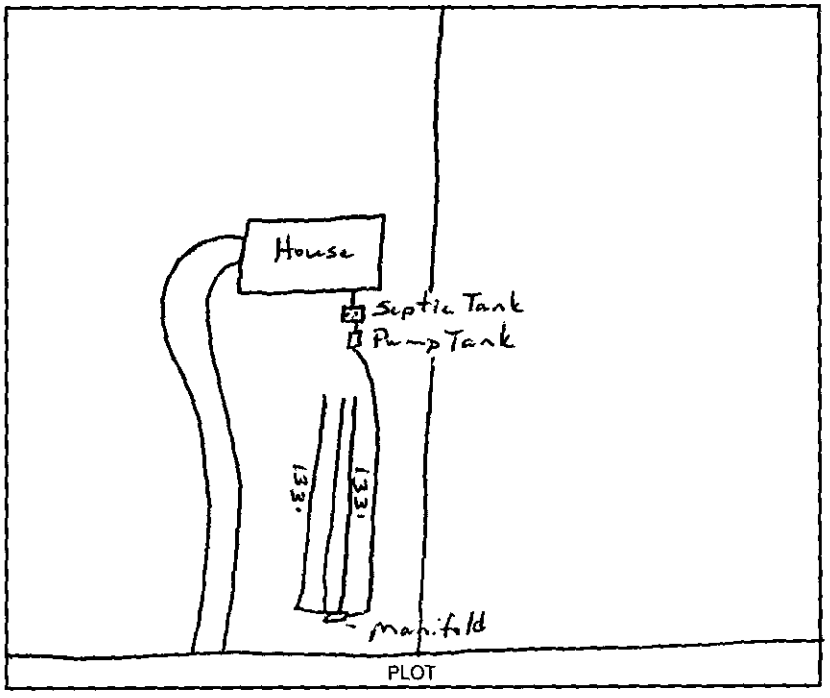
Distance to Water Source 2100 ft

Excavation Inspected 3/17/99

Tank(s) Inspected 3/17/99

Wash Line Inspected N/A

High Water Alarm Inspected 4/30/99



Design 1500 S.T., 1000 D.T. Pl, Inv. 1200 S.F., T. CTR# Richard Abernathy

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: Innovative System Type III b Designed for 4 bedroom residence

Jeff A. Knight
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

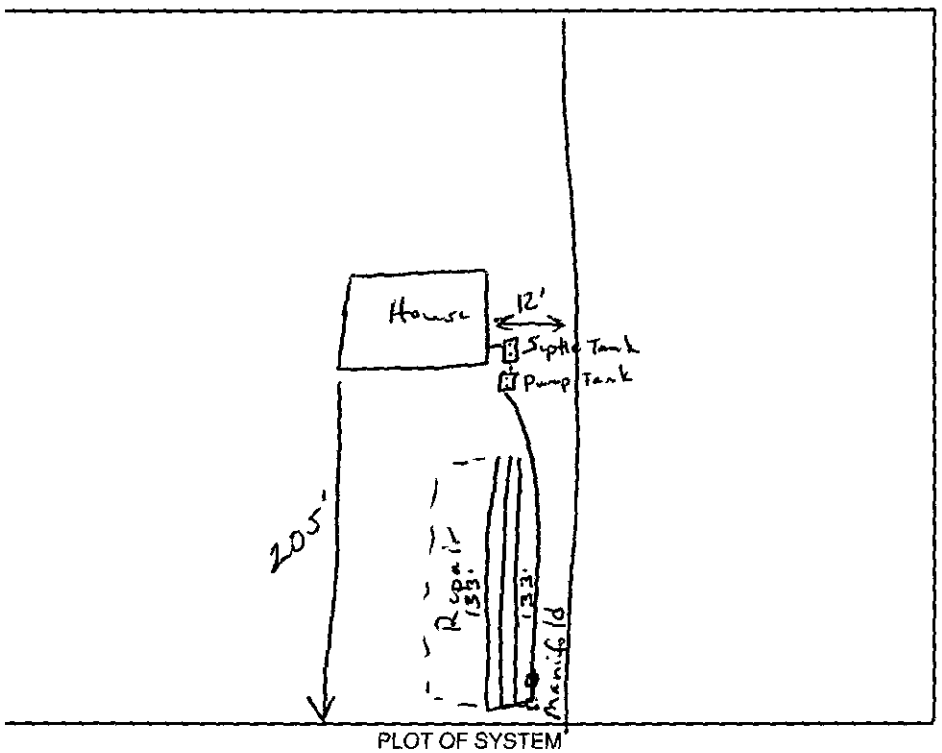
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5346 A DATE: 3/10/99

TC: 023-164-12 ☐ L

SERIAL Nº 17919

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 6/16/98. All work shall be completed on or before April 10, 1999, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction P.C.C.

Trench Depth 28" maximum

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House > 5 feet

Distance from Property Line > 10 feet

Distance from Well N/A feet

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

NAME OF OWNER Steve Luckowskie

LOCATION OF PROPERTY 5409 Mountain Pointe Lane

Comments: Innovative system - Stepdowns may be necessary to keep trenches shallow.

Jeff a. Knight
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

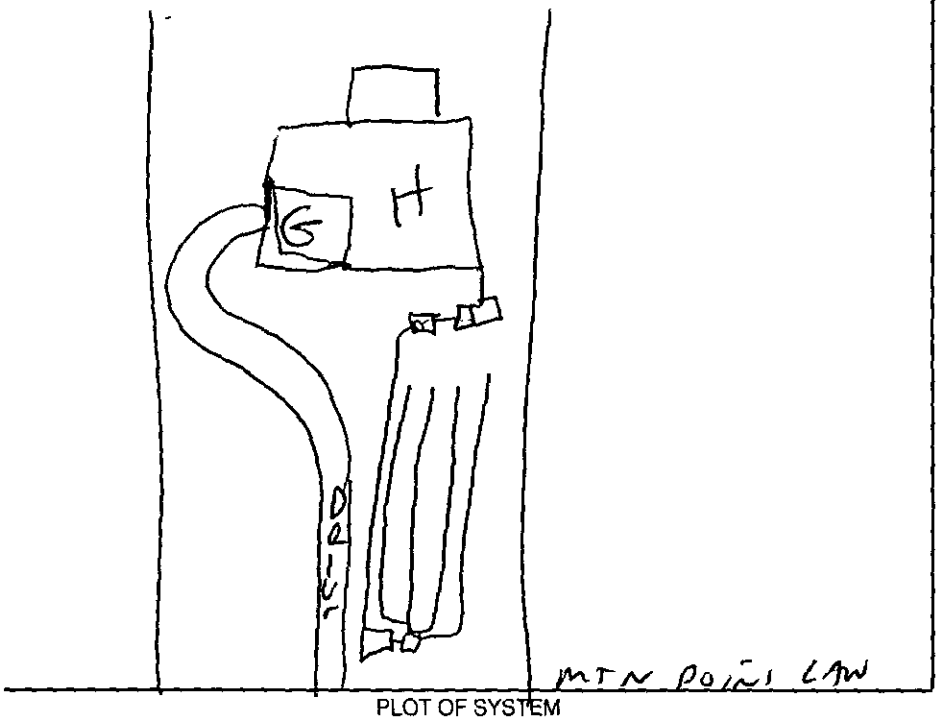
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5346 A DATE: 12-14-98

TC: 623-1641L ☐ L

SERIAL Nº 17985

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 6-3-98. All work shall be completed on or before 1-14-98, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 400

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 3 x 133

Depth of Stone N/A inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well ~~100'~~ C feet

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

NAME OF OWNER Steve Luckowskip

LOCATION OF PROPERTY 5409 mtn Point Lane

Comments: INSTALL WASH BOX TO D-BOX w/ 3 LINES @ 133' ea
Use innovative system

_____ _____

Environmental Health Specialist

JOHN DREW CONSTRUCTION
PROFESSIONAL BUILDER
21318 Norman Shores Drive
Cornelius, NC 28031
Phone (704) 896-3313
FAX (704) 896-7752

FASCIMILE COVER SHEET

SHEET 1 OF 3 (INCLUDING COVER) DATE June 10, 1998

TO Meck County Health Dept

ATTN Kelly Randall

FAX 336-6894

COMMENTS Reference # 5346A

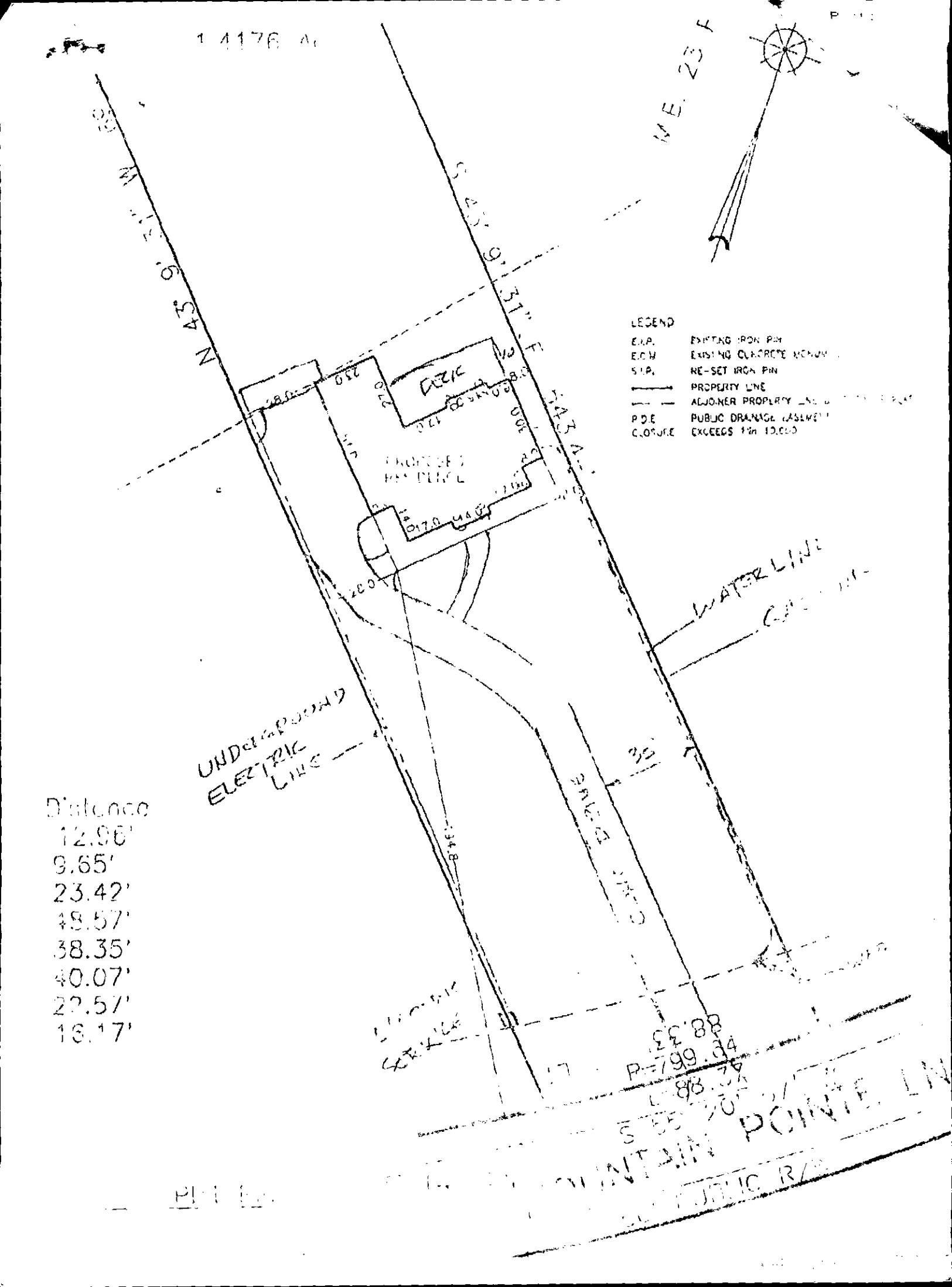
Per our meeting at Subject Parcel I am forwarding a Survey Plot Indicating the proposed Driveway water, gas & Electric Service Locations

Please advise the septic design at your discussion.

Thank You

JDL

Please call (704) 896-3313 if you do not receive the correct number of pages or have any other questions with transmission.


LEGEND
E.I.P. EXISTING IRON PIN
E.C.M EXISTING CONCRETE MONUMENT
S.I.P. RE-SET IRON PIN
PROPERTY LINE
ADJOINER PROPERTY LINE
P.D.E PUBLIC DRAINAGE EASEMENT
CLOSURE EXCEEDS 1in 10,000
N 45° 0' W
S 45° 0' E
ELEC
WATER LINE
UNDERGROUND ELECTRIC LINE
30' BUILDING LINE
Distance
12.96'
9.65'
23.42'
48.57'
38.35'
40.07'
22.57'
16.17'
S 88° 22' 88" E
P=799.94
L=83.
S 85° 20'
MOUNTAIN POINTE LN
PUBLIC R/W

160

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

DATE: 6-12-98 **PERMIT NO:** 5346-A
PARCEL NO: 023-164-12

JOB LOCATION ADDRESS: 5409 MTN. POINT LANE
PROPERTY OWNER: STEPHEN LUKOSKIE
BUILDING CONTRACTOR: JOHN DREW
SUBDIVISION NAME: MTN. POINT
AUTHORIZATION ISSUED BY: Kelly Ramsey **DATE:** 6-12-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5346-A, 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: Use innovative system

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.

X _____ 6/16/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 5346-A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 023-164-12

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	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)	28" 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: yes Type: Mtn Island Minimum separation distance: 100'

Site modifications required:

Additional Conditions: use innovative 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	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	N/A Depth of Stone Trench	9 Trench spacing (min. on centers)	20" 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:

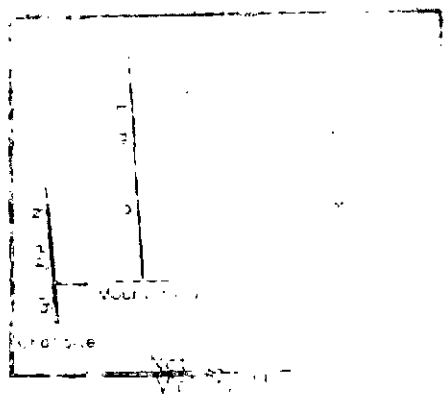
- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Wally Rundell 6-12-98
DEHNR Authorized Agent Date

X _____ 6/16/98
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

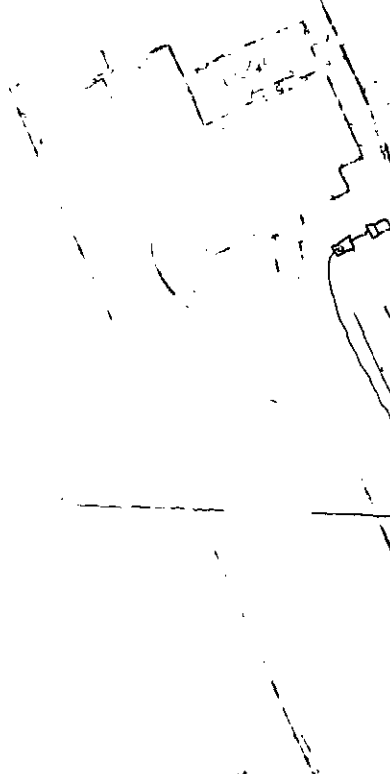
NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION











X 6/16/98

SURVEY MOUNTAIN

FEE: _____

DATE: _____

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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-164-12 001

STREET ADDRESS: 5409 Mountain Point Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Point, Phase II

LOT NUMBER: 48

TOWNSHIP (CHECK ONE):

- X 0 MECKLENBURG
- ___ 1 CHARLOTTE
- ___ 2 DAVIDSON
- ___ 3 CORNELIUS
- ___ 4 PINEVILLE
- ___ 5 MATTHEWS
- ___ 6 HUNTERSVILLE
- ___ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

- ___ WITHOUT BASEMENT ON SLAB
- X 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 X 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	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	X YES ___ NO		

PROPERTY OWNER:

NAME: LUKOWSKIE STEVE G
(LAST) (FIRST) (MI)

ADDRESS: 9701 ENID LA

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: 704 847-7972

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: DREW John J
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 896-3313

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? MAY 31, 1994

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: 6/3/98

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

5346A 9W

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK# 4851 $200.00 05/18/94 FLK CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: LUKOSKIE STEPHEN G (last) (first) (mi)
ADDRESS: 9701 ENID LANE PHONE: (704) 847-7974
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: MATTHEWS LOVE PIPE CONSTRUCTION CO., INC. (last) (first) (mi)
ADDRESS: 11342 GELDING DR PHONE: (__) _____
CITY: CHARLOTTE, STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-164-12 001
STREET ADDRESS: 5409 MOUNTAIN POINT LN
CHARLOTTE, NC
ZONING: R5

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 48 LOT SIZE (in acres): 1.42

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 5 BEDROOMS ~~OR LESS (B)~~
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 5 NUMBER OCCUPANTS: 5
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: X SD Lukoskie Date: X 5-18-94

NOTICE:

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

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

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head 5-20-94 Date

WATER : 122791

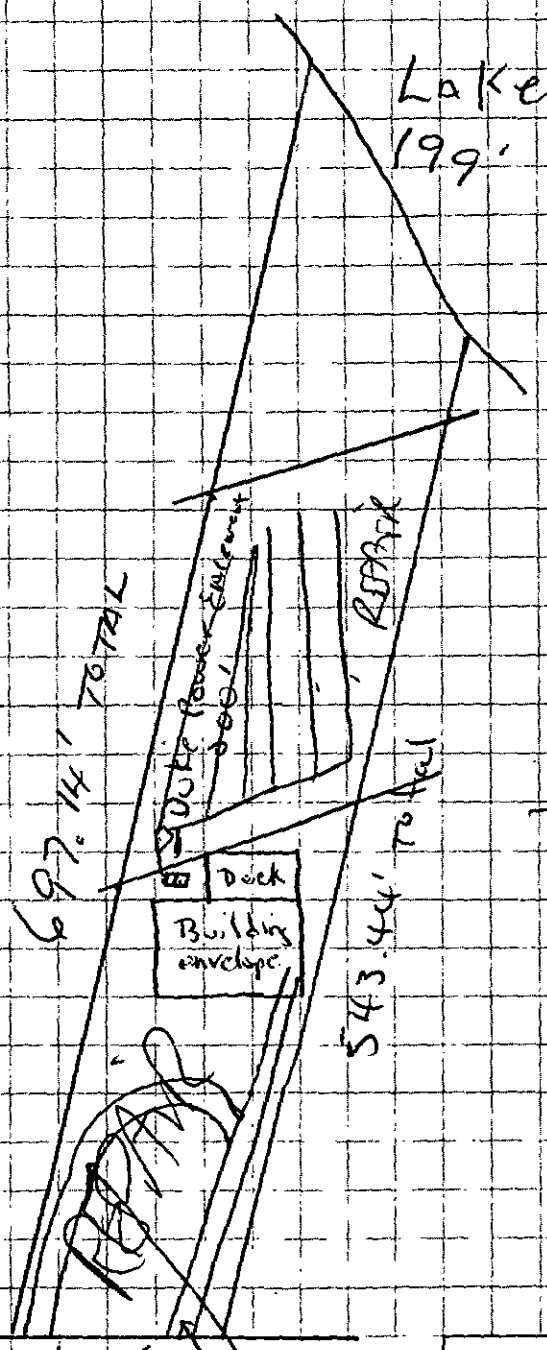
PROPOSED PLOT PLAN

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

FILE: 5346A

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.



APPROVAL DATE Kelly Rutledge 5-19-94

SY Lukoskie 5-19-94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 5/12/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

023-164-12
PARCEL NUMBER

5409 Mountain Point Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

Mecklenburg County
Health Department

Basil G. Delta, 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 48
FILE: 5346A
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 15893) 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 15893

File: 5346A Action 1

Parcel: 02301135 PO ☐ PC

Location: Mountain Point Lane

Subdivision:

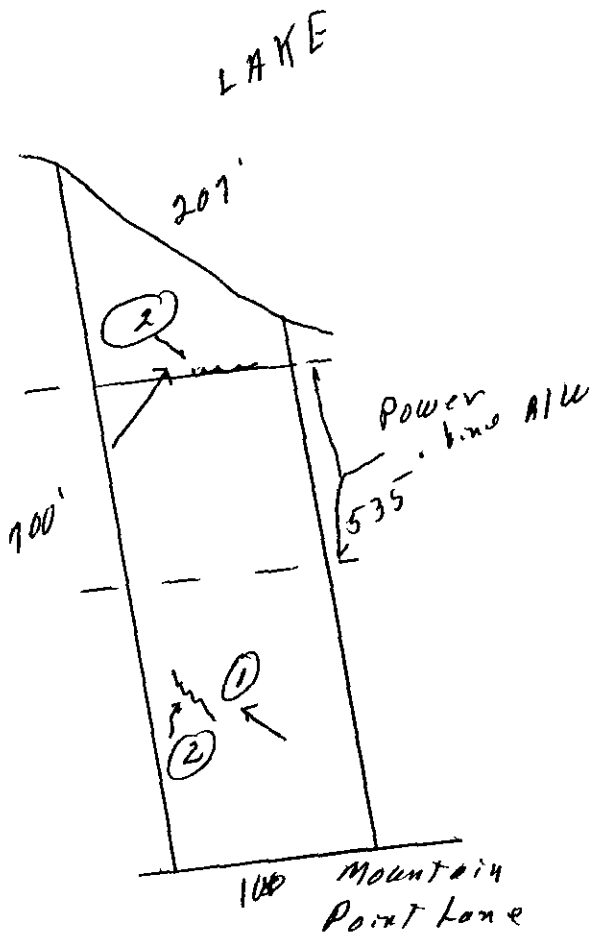
Lot: 48 Block: Acres: 1.17

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

Comments: Heavy brush - recommend system site be approved before lot is cleared

Described by: William R. Mabe

Date: 5-24-89



***** 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) complex slopes	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" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	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 Somewhat	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	IvA Cecil-Like	Complex Slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

45

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5346A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point Ph.2 ③ LOT: 48 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

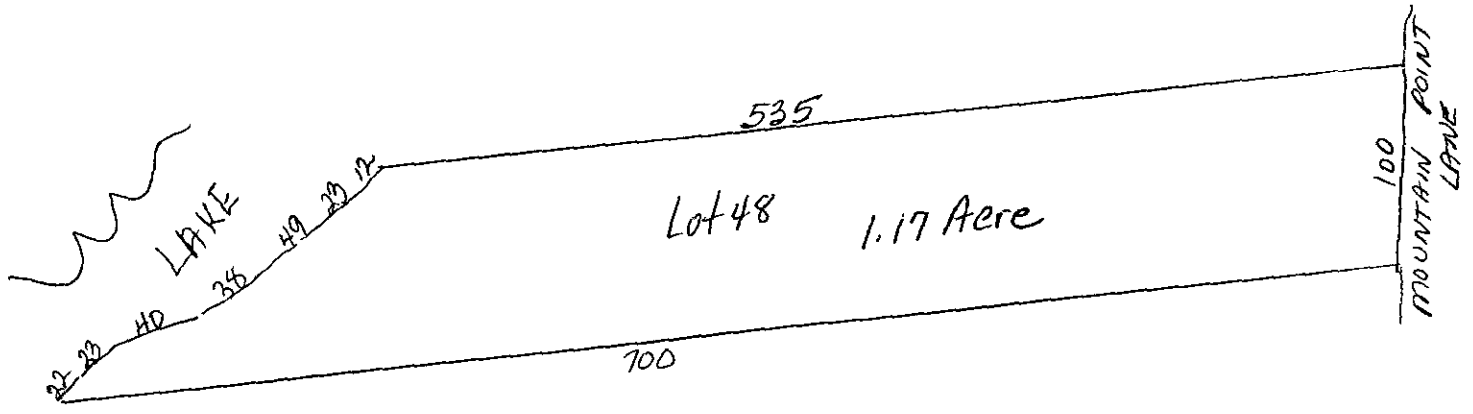
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway, LandCraft Properties)
(FIRST) (MIDDLE) (LAST)

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 L. 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: 5346A

JAN 11 1989

TC: _____

$45.

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point ③ LOT: 48 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

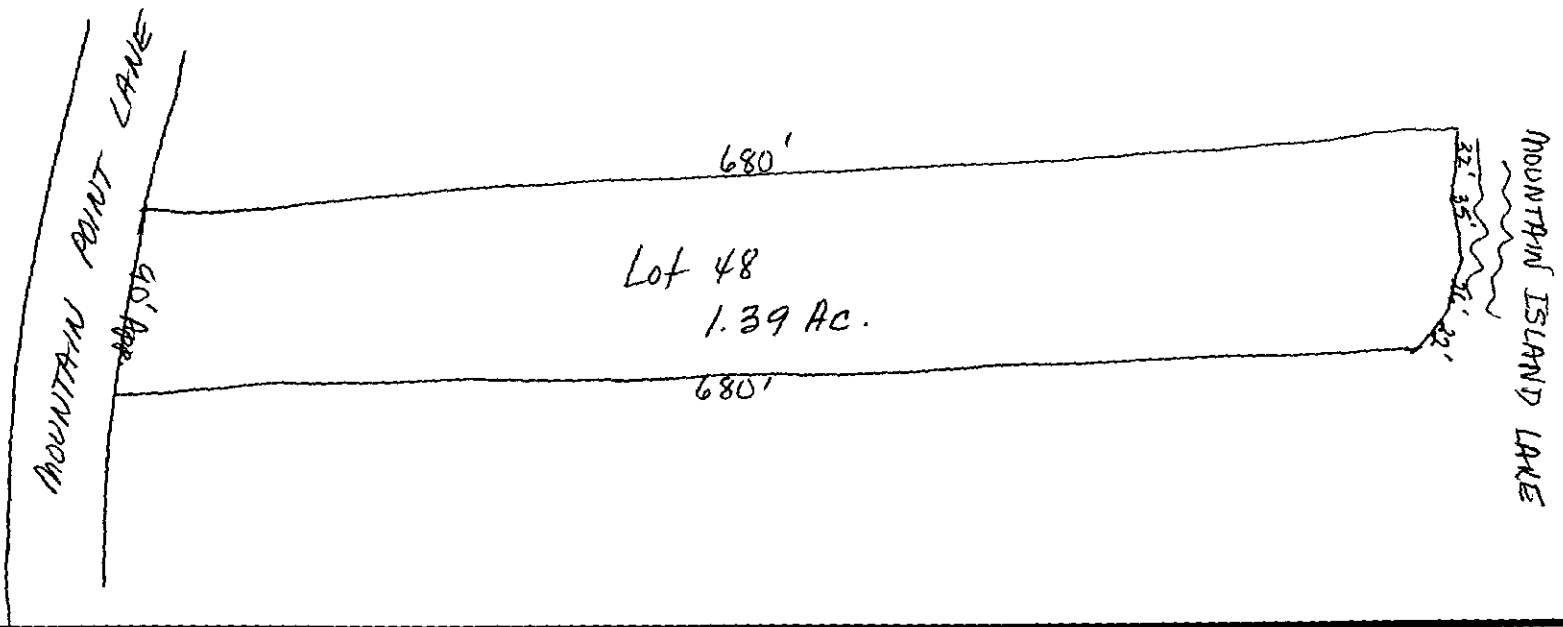
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway)
(FIRST) (MIDDLE) (LAST)

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 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 J. Boyer, V.P.

Date: 1/11/89

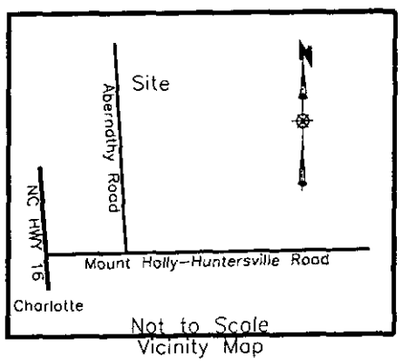
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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

THIS IS TO CERTIFY THAT ON THE 02 DAY OF June 19 98 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

BAUCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5100-12' NORTH I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 596-6088



Not to Scale
Vicinity Map

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
———	PROPERTY LINE
— — —	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.D.E.	PUBLIC DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1'in 10,000'

Line	Bearing	Distance
L1	S 59° 39' 50" W	12.96'
L2	S 75° 50' 15" E	9.65'
L3	S 83° 51' 34" E	23.42'
L4	S 73° 46' 30" E	48.57'
L5	S 74° 18' 42" E	38.35'
L6	S 62° 39' 17" E	40.07'
L7	S 68° 39' 28" E	22.57'
L8	N 89° 43' 31" E	16.17'

Plot Plan OF SURVEY

Lot 48, Mountain Point, Phase 11

Long Creek Township, Mecklenburg County, N.C.

SCALE 1"=60'

THE PROPERTY OF John Drew Construction

MAP RECORDED IN BOOK 23 AT PAGE 548 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: ROB

26579