

5345 MOUNTAIN POINT LN

02316410

5/31/2007

duponbj

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

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Groundwater & Wastewater Services

December 6, 2006

Eugene Proffit
5345 Mountain Point Lane
Charlotte, NC 28216

Subject: Required maintenance contract for Type IV Septic Tank System

Dear Property Owner:

Our records indicate that you currently do not have an active maintenance contract for the TYPE IV septic tank system serving the property located at:

5345 Mountain Point Lane.
Charlotte, NC 28216

State regulations require the property owner of the TYPE IV septic tank system serving the above referenced property to have an active maintenance contract with a Certified Operator. The Certified Operator is required to perform two septic system inspections per year. In addition to routine inspections by a Certified Operator, our office is responsible for conducting an inspection of your septic tank system every three (3) years.

If you have an active maintenance contract for your TYPE IV septic tank system please provide me with a copy of the contract immediately. If no contract exists, you are required to obtain a maintenance contract from a Certified Operator. The Certified Operator is required to notify our office upon receipt of new maintenance contracts. Documentation indicating an active maintenance contract for the septic tank system referenced above should be received in our office no later than **January 10, 2007**. Failure to provide evidence of an active maintenance contract may result in legal action being taken against you.

Thanks in advance for your cooperation. Please contact me at (704) 336-5568 if you have any questions regarding this matter.

Sincerely,

Trevor Thomason, R.S.
Sr. Environmental Specialist

MCHD # 5344A

TCW WASTEWATER

MCHD # 5344A

NOVEMBER 9, 2006

Gene Proffit
5345 Mountain Point La.
Charlotte, NC 28216

NOTICE OF INTENT TO CANCEL

Effective 15 days from the date of this notice, your lpp septic system maintenance contract will cancel for non-payment. A copy of this notice of **intent to cancel** has been sent to the Department of Environmental Health.

TCW would like to maintain your business, but without payment for our services, we are unable to do so. Please note that after cancellation, there is a reinstatement fee of $50.00 assessed.

Financial arrangements can be made by calling our office at 704-821-8841, and speaking with our Finance Manager.

Tim Bannister
TCW Wastewater Management, Inc.

P.O. Box 1830
Indian Trail, NC 28079

704.821.8841
Fax 704.821.8892

Cc: Mecklenburg county DEH

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County	Proffit Residence	5344A
Health Department	**Name of Establishment**	**Permit/Project No.**
5345 Mt. Point Ln., Charlotte 28216	4-Bedroom House	480 GPD
Location	**Type of Establishment**	**Design Flow**
Eugene & Donna Proffit	Same as location address	
Owner/Agent	**Address**	**Phone**
Tri-County Wastewater		
Operator	**Address**	**Phone**
IV	10/18/2006	October 2009
System Type	**Date of Inspection**	**Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☐	☐	☒	
b. High-water alarm present and operating properly?	☐	☐	☒	
c. Floats/pipe/valves/disconnects in good condition?	☐	☐	☒	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5a. Measured <2" of solids in dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	5.A.b. Secured alarm float.
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

6. GROUND ABSORPTION FIELDS:

a. No evidence of effluent surfacing/reaching surface waters?	☒	☐	☐	Drain field located in front yard.
b. Minimal ponding in subsurface trenches?	☒	☐	☐	
c. Surface water being effectively diverted away?	☒	☐	☐	
d. Diversions/ditches/swales/tiles drains properly maintained?	☒	☐	☐	
e. Line cover/vegetation adequate/maintained as needed?	☒	☐	☐	
f. Protected from traffic, destructive uses?	☒	☐	☐	
g. Distribution devices in good condition, working properly?	☒	☐	☐	
h. Repair area properly reserved, maintained?	☒	☐	☐	

A. LOW PRESSURE PIPE DRAIN FIELDS:

a. Turnups/cleanouts/valves intact and accessible?	☒	☐	☐	
b. No effluent standing in lower laterals?	☒	☐	☐	
c. Laterals free of excess solids, cleaned out as needed?	☐	☐	☒	6.A.c.d. Services to be performed by
d. Pressure head is properly adjusted?	☐	☐	☒	a certified operator.

OVERALL CONDITION AND OPERATION OF SYSTEM:

1. No problems detected with system operation at the time of inspection.
2. No sewage observed on ground surface at the time of inspection.
3. High water alarm float was not secured in the dosing tank. Float was reattacehd during the inspection.

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

None

***REPAIR WITHIN N/A DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

*Please visit http://groundwater.charmeck.org for additional information.

*** State law requires the the system owner to maintain a current contract with a certified operator to inspect & maintain this type of septic system. Failure to maintain a valid contract may result in enforcement action.

DATE: 10/18/2006

SIGNED: _____ R.S. AGENT
Division of Environmental Health

Trevor Thomason, (704) 336-5568

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary

5344A

Date and Time: 9/18/2006 12:12:14 PM

Parcel ID #: 02316410 GIS ID #: 02316410	
Owner Name:	EUGENE M PROFFIT AND DONNA A PROFFIT
Mailing Address:	5345 MOUNTAIN POINT CHARLOTTE, NC 28216-9716
Property Characteristics	
Legal Desc.:	L46 M23-548
Land Area:	2.02AC
Fire District:	11-COOKS
Special District:	FIRE SERVICE A
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
10053-663 (11/19/1998) $145,000.00	
Situs Addresses Tied to This Parcel	
5345 MOUNTAIN POINT LN	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: CHARLOTTE	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2005 Annexation Area: NO	
Census Tract #: 61.01	
Parcel Falls Inside SWIM Buffer?: YES	
FEMA Flood Information	
FEMA Panel #:	3701590104E
FEMA Flood Zone:	IN:VIEW FEMA FLOODPLAIN TO VERIFY
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	Mtn. Island Lake
Watershed Class:	CA-1

Building Photography

PHOTO #1
Location: 5345 MOUNTAIN POINT LN



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

QL 4" SOLIDS IN PT

② ADJUSTED / ATTACHED HWA FLOAT

③ D-FIELD LOOKS GOOD.

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

COPY

Receipt Information

Date:	09/26/06	**Amount:**	85.00
Receipt #:	46148	**Tendered:**	85.00
Check / Auth #:	CHECK 5275	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: PROFFIT DONNA
Attn:
Address: 5345 MOUNTAIN POINT LANE
Address:
City/State/Zip: CHARLOTTE, NC 28216

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB FILE 5344A		1	85.00	85.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
25.00					

SUBSURFACE WASTEWATER INSPECTION FORM 5344A

System Manager:	Date of Inspection	____ Initial ____ 6 month ____ 12 month
TCW Wastewater Management, Inc.	1-18-2006	____ Follow-up ____ Service call ____ Other
P.O. Box 1830, Indian Trail, NC 28079	**County** / **System Type**	**Drainfield**
Tele. 704.821.8841	meck / PPBPS	✓ On-site ____ Off-site
Fx. 704.821.8892	Time: 10:21	Initials CL

Name and Address of Owner:

Gene Proffit
5345 Mountain Point Lane
Charlotte, NC 28216

Location of System / Drainfield (off-site)

Lot # _____ Phase _____ Subdivision _____

Compliance Status: ✓ Compliant ____ Non-Compliant ____ Malfunctioning

Copies: ____ Homeowner ✓ DEH ____ Builder ____ Owner's Association ____ Developer

✓ = Satisfactory M = Marginal X = Unsatisfactory N = Not Evaluated NA = Not Applicable

Septic Tank: size: _____ gallons

Scum Level ____" Sludge Level ____"

- Tank risers accessible?
- Signs of infiltration? Surface ____ Subsurface ____
- Surface water being diverted away?
- Tanks and access structurally sound?
- Sanitary tee in good condition?
- Inlet Tee cleaned?
- Effluent Filter Cleaned?
- Effluent Filter in good condition?
- Effluent Filter in snapped in place?
- Water level at proper level?

Liquid Depth ____"

Septic Tank Needs Pumping Yes ____ No ____

Bacteria:

Added at inspection	Left with homeowner
Pulp ____pks	Pulp ____pks
Regular ____pks	Regular ____pks
Bio-One ____	Bio-One ____

Effluent Dosing Station: size: 1000 gallons

Sludge Level ____"

- Tank Riser Height? ✓
- Signs of Infiltration? ✓
- Required pumps present & operating properly? ✓
- High water alarm operating properly? ✓
- Floats, pipes, valves, disconnects in good condition? ✓
- Pump float is not resting on top of pump ✓
- Control panel enclosure/components in good condition? ✓
- TCW sticker placed on front door of Panel? ✓
- Duct Seal present in all conduit openings? ✓
- Effluent appears clear and free of solids? ✓
- Telemetry / Dialer is working properly? ____

Pump Tank Needs Pumping Yes ____ No ____

Elapsed Time Readings:

Pump #1- C _____ - P _____ = Usage _____

Pump #2- C _____ - P _____ = Usage _____

Pump #1- CC _____ Pump #2 - CC _____

Filter Cleaned ____

Filter in good condition ____

Pressure Bell settings: Off 4", On 12"-15", Tele 18", Alarm 24"

Note: Draw down = "On" minus "Off" times GPI of tank size

Ground Absorption Fields:

- No evidence of effluent surfacing? ✓
- Vegetative cover maintained properly? ✓
- Protected from traffic, destructive uses? ✓
- Drop boxes used in lieu of Distribution box? Yes ____ No ✓
- Distribution box(es) in good condition? ✓
- Distribution box(es) in proper adjustment? ✓

- Surface water being diverted away? ✓
- No low areas or settling occurring? ✓
- Line cover (soil) is adequate? ✓
- Repair area properly reserved, maintained? ✓

Pressure Manifold System:

- Manifold vault, valves, piping in good condition? ✓
- Evidence of leakage, blockage in discharge lines? ✓
- Pressure head is properly adjusted? ✓

Corrected Today ____

Corrected Today ____

Low Pressure Pipe System:

- Turn-ups/cleanouts/valves intact and accessible? ✓
- Laterals free of excess solids? ✓
- Laterals flushed this inspection? ✓
- Zone valves operating properly? ✓
- Pressure head is properly adjusted? ✓
- Turn-up buckets are dry inside? ✓
- Valve box or buckets are dry inside? ✓

Corrected Today ____

Jetting required ____

Corrected Today ____

Corrected Today ____

revised 8/15/05

Pump Tank Size (Gallons) : ✓ 1000 ____ 1500 | Design Pump Delivery Rate ____ GPM Design Dose ____ Gallons

Level End Dose ____ - ____ Level Begin Dose = ____ Inches X ____ GPI = Current Dose ____ Gallons

Level End 67 - 64 Level Begin = 3 X 20 GPI = 60 ÷ 2 Min. Run Time = 30 GPM (CPDR)

Current GPM (CPDR) ____ ÷ ____ Design GPM (DPDR) = ____ X 100 = ____ % Efficiency

Valves	Lines	Design	Observe	Adjusted
		3	W	3
1	1			
2	2			
3	3			
4	4			
	5			
5				
6	6			

Valves	Lines	Design	Observe	Adjusted

SUBSURFACE WASTEWATER INSPECTION FORM

5344A

System Manager:
TCW Wastewater Management, Inc.
P.O. Box 1830, Indian Trail, NC 28079
Tele. 704.821.8841
Fx. 704.821.8892

Date of Inspection: 6-30-05
___ Initial ✓ 6 month ___ 12 month
___ Follow-up ___ Service call ___ Other

County	System Type	Drainfield
Mecklenburg	PIBPS IV	✓ On-site ___ Off-site

Time: 1:19 Initials: BL

Name and Address of Owner:
Gene Proffit
5345 Mountain Point Lane
Charlotte NC 28216

Location of System / Drainfield (off-site)

Lot # 46 Phase ___ Subdivision Mountain Island

Compliance Status: ✓ Compliant ___ Non-Compliant ___ Malfunctioning
Copies: ✓ Homeowner ✓ DEH ___ Builder ___ Owner's Association ___ Developer

✓ = Satisfactory M = Marginal X = Unsatisfactory N = Not Evaluated NA = Not Applicable

Septic Tank: size: ___ gallons

Scum Level ___" Sludge Level ___"

Tank risers accessible?	✓
Signs of infiltration? Surface ___ Subsurface ___	✓
Surface water being diverted away?	✓
Tanks and access structurally sound?	✓
Sanitary tee in good condition?	✓
Inlet Tee cleaned?	✓
Effluent Filter Cleaned?	✓
Effluent Filter in good condition?	✓
Effluent Filter in snapped in place?	✓
Water level at proper level?	✓

Liquid Depth ___"
Septic Tank Needs Pumping Yes ___ No ___

Bacteria:

Added at inspection	Left with homeowner
Pulp ___pks	Pulp ___pks
Regular ___pks	Regular ___pks
Bio-One ___	Bio-One ___

Effluent Dosing Station: size: 1000 gallons

Sludge Level ___"

Tank Riser Height?	✓
Signs of infiltration?	✓
Required pumps present & operating properly?	✓
High water alarm operating properly?	✓
Floats, pipes, valves, disconnects in good condition?	✓
Pump float is not resting on top of pump	✓
Control panel enclosure/components in good condition?	✓
Duct Seal present in all conduit openings?	✓
Effluent appears clear and free of solids?	✓
Telemetry / Dialer is working properly?	✓

Pump Tank Needs Pumping Yes ___ No ✓
Elapsed Time Readings:
Pump #1- C ___ - P ___ ≈ Usage ___
Pump #2- C ___ - P ___ ≈ Usage ___

Filter Cleaned ___
Filter in good condition ___

Pressure Bell settings: Off 4", On 12"-15", Tele 18", Alarm 24"
Note: Draw down ≈ "On" minus "Off" times GPI of tank size

Ground Absorption Fields:

No evidence of effluent surfacing?	✓
Vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Drop boxes used in lieu of Distribution box? Yes ___ No	✓
Distribution box(es) in good condition?	✓
Distribution box(es) in proper adjustment?	✓

Surface water being diverted away?	✓
No low areas or settling occurring?	✓
Line cover (soil) is adequate?	✓
Repair area properly reserved, maintained?	✓

Pressure Manifold System:

Manifold vault, valves, piping in good condition?	✓
Evidence of leakage, blockage in discharge lines?	✓
Pressure head is properly adjusted?	✓

Corrected Today ___
Corrected Today ___

Low Pressure Pipe System:

Turn-ups/cleanouts/valves intact and accessible?	✓
Laterals free of excess solids?	✓
Laterals flushed this inspection?	✓
Zone valves operating properly?	✓
Pressure head is properly adjusted?	✓
Turn-up buckets are dry inside?	✓
Valve box or buckets are dry inside?	✓

Corrected Today ___
Jetting required ___

Corrected Today ___
Corrected Today ___

Pump Tank Size (Gallons): ✓ 1000 ___ 1500 | Design Pump Delivery Rate ___ GPM Design Dose ___ Gallons

Level End Dose ___ - ___ Level Begin Dose = ___ Inches X ___ GPI = Current Dose ___ Gallons

Level End 71 - 69.5 Level Begin = 1.5 X 20 GPI = 30 ÷ 1 Min. Run Time = 30 GPM (CPDR)

Current GPM (CPDR) ___ ÷ ___ Design GPM (DPDR) = ___ X 100 = ___ % Efficiency

Valves	Lines	Design	Observe	Adjust
		31	Ø	31
1	1			
2	2			
3	3			
	4			
4				
5	5			
6	6			

Valves	Lines	Design	Observe	Adjust

Recommendations to Owner:

FLUSHED LINES AND SET PRESSURE

SYSTEM LOOKS GOOD

Thanks!

Signature of "ORC" [signature]

Revised 4/15/05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager

TRI-COUNTY WASTEWATER

P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 11-27-01

☐ 6 Mo. ☐ Follow-up
☒ 12 Mo. ☐ Service Call

County: Mech

System Classification & Type: 4

Gene Proffit
5345 Mountain Point Lane
Charlotte NC 28216

Location of System

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal X=Unsatisfactory N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

			Scum Level	Sludge Level
Tank risers accessible?	/	Septic Tank		
Signs of infiltration?	/	Water Depth		
Tanks and access structurally sound?	/	Septic Tank Needs Pumping		
Sanitary tee(s) in good condition?	/			
Effluent filter cleaned?	/			
Effluent filter in good condition?	/			

TANKAGE (grease traps)

			Scum Level	Sludge Level
Grease trap risers accessible?	/	Grease Trap		
Signs of infiltration?	/	Water Depth		
Grease trap and access structurally sound?	/	Grease Trap Needs Pumping		
Sanitary tee(s) in good condition?	/			
Effluent filter cleaned?	/			
Effluent filter in good condition?	/			

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	/	Corrected Today
Evidence of leakage, blockage in discharge lines?	/	Corrected Today
Pressure head is properly adjusted?	/	Corrected Today

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today
Laterals free of excess solids?	✓	
Laterals flushed this inspection?	M	
Pressure head is properly adjusted?	✓	Corrected Today

Pump Tank Size 1,000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime 3.5 Level Begin 84.5 Level End 70.5 Flow Amount 31 (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	3'	3'
2	2			
3	3			
4	4			
5	5			
6	6			

RECOMMENDATIONS TO OWNER: Everything looks good.

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": M. Gunderlight

SUBSURFACE WASTEWATER DISPOSAL SYSTEM
MONITORING REPORT FORM

Name and Address of System Manager



TRI-COUNTY WASTEWATER

P.O. Box 1830
Indian Trail, NC 28079
(704) 821-8841

Date of Inspection: 5-18-01

☒ 6 Mo. ☐ Follow-up
☐ 12 Mo. ☐ Service Call

County: Mecklenburg

System Classification & Type: IV

Gene Proffit
5345 Mountain Point Lane
Charlotte NC 28216

Location of System

Lot # _____ Phase _____
Subdivision: _____

(✓=Satisfactory, M= Marginal, X=Unsatisfactory, N=Not Evalulated, NA= Not Applicable)

TANKAGE (septic tanks)

		Scum Level	Sludge Level
Tank risers accessible?	✓		
Signs of infiltration?	✓	Septic Tank	
Tanks and access structurally sound?	✓	Water Depth	
Sanitary tee(s) in good condition?	✓	Septic Tank Needs Pumping	
Effluent filter cleaned?	✓		
Effluent filter in good condition?	✓		

TANKAGE (grease traps)

		Scum Level	Sludge Level
Grease trap risers accessible?	✓		
Signs of infiltration?	✓	Grease Trap	
Grease trap and access structurally sound?	✓	Water Depth	
Sanitary tee(s) in good condition?	✓	Grease Trap Needs Pumping	
Effluent filter cleaned?	✓		
Effluent filter in good condition?	✓		

EFFLUENT DOSING STATION:

Tank Riser Height?	✓	Filter Cleaned	
Signs of Infiltration?	✓	Filter in Good Condition	
Required pumps present and operating properly?	✓	Elapsed Time Readings:	
High water alarm operating properly?	✓	Pump #1	
Floats, pipes, valves, disconnects in good condition?	✓	Pump #2	
Control panel enclosure/components in good condition?	✓	Pump #3	
Effluent appears clear and free of solids?	✓	Pump #4	

GROUND ABSORPTION FIELDS (general):

No evidence of effluent surfacing?	✓
Surface water being effectively diverted away?	✓
Line cover & vegetative cover maintained properly?	✓
Protected from traffic, destructive uses?	✓
Distribution devices in good working condition?	✓
Repair area properly reserved, maintained?	✓

PRESSURE MANIFOLD SYSTEM:

Manifold vault, valves, piping in good condition?	✓	Corrected Today	
Evidence of leakage, blockage in discharge lines?	✓	Corrected Today	
Pressure head is properly adjusted?	✓	Corrected Today	

LOW PRESSURE PIPE SYSTEM:

Turnups/cleanouts/valves intact and accessible?	✓	Corrected Today	
Laterals free of excess solids?	✓		
Laterals flushed this inspection?	N		
Pressure head is properly adjusted?	X	Corrected Today	✓

Pump Tank Size 1000 gallons
Level Begin Dose _____ Level End Dose _____ Dose Amount (Gallons) _____
Run Tiime _____ Level Begin _____ Level End _____ Flow Amount _____ (gpm)

VALVE#	LINE #	DESIGN PRESSURE	OBSERVED PRESSURE	ADJUSTED PRESSURE
1	1	3'	2'	3'
2	2		2'	
3	3		0'	
4	4		2'	
5	5		3'	
6	6		0'	

RECOMMENDATIONS TO OWNER: Everything looks good

COMPLIANCE STATUS: **COMPLIANT** ✓ **NON-COMPLIANT** _____

SIGNATURE OF "ORC": Michael Gordon

5344A

FILE COPY

TRI-COUNTY WASTEWATER MANAGEMENT, INC.
WASTEWATER SYSTEM DESIGN
704.545.1711

Date 5. 7. 00

Homeowner GENE PROFFIT
County Meck.
Lot Number 46
Number Of Bedrooms 4
Basement No
LTAR .3

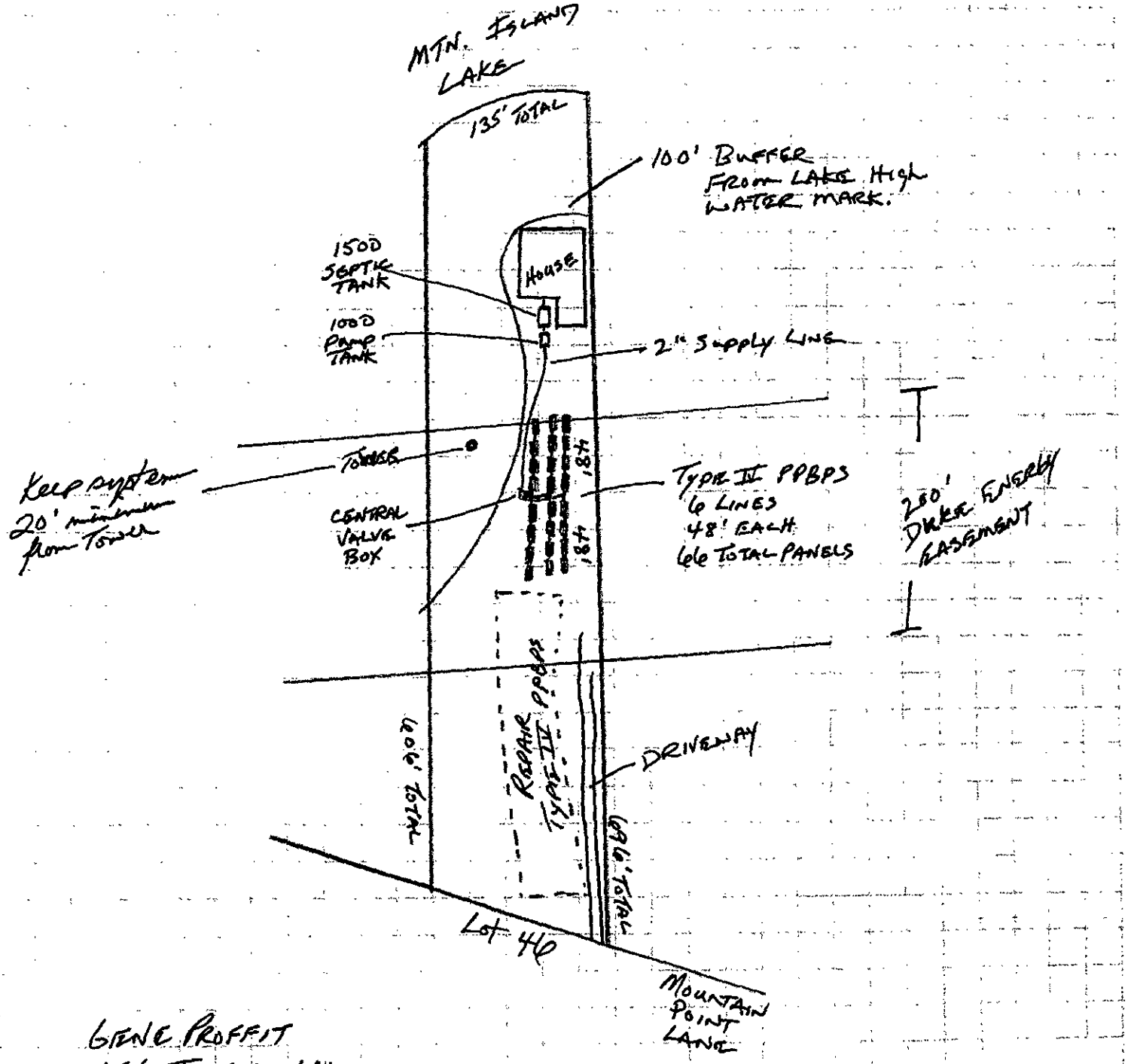
Primary Wastewater System PPBPS
Type IV
Flow / Gallons Per Day 480
Absorption Area / sq. ft. 1600
Trench Spacing / min. 9'
Trench Width 36"
Total Trench Length / ft. 288'
Trench Length – Each 48'
Number Of Lines 6
Number Of Valves 6
Hole Size / in. 3/16"
Number Of Holes 66
Sand Back Fill Yes
Head Pressure / ft. 3'
Flow Per Hole / gpm .72
Total Required Flow / gpm 47.52
Friction Loss In Supply Line / ft. 6.78' (150')
Total Pumping elevation Field determined
Community Well YES
Septic Tank Size / gal. 1500
Pump Tank Size / gal. 1000
Central Valve Box YES
Maximum Trench Depth / in. 24"
Minimum Separation From Lake High Level Mark 100'
Maintenance Agreement Required YES
Additional Requirements SGT DOSE FOR 230 GALLONS.
Agreement must be in place with Duke Energy for installation within power easement.

NO installation in wet conditions or moist soil.

RAKE ANY SIDEWALLS IF SOIL IS DAMAGED by SLICKENING.

Repair Area Wastewater System PPBPS
Type IV
Absorption Area / sq. ft 1600
Trench Spacing / min. 9'
Total Trench Length / ft. 288'
Maximum Trench Depth / in 24"

5.7.00



GENE PROFFIT
MTN. ISLAND LAKE
Lot 46
DRAWN BY: TCW - TB
5.7.00

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5344A DATE: 10/30/00

TC: 023 164 10 ☒ L ☐ CRT

SERIAL Nº 18267

Name of Owner Eugene M. Proffit Juris.: _____

Address of Property 5345 Mountain Point Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 288'

Number of Lines 6 @ 48'

Cover Depth 8"

Water Supply Source Com well

Distance to Water Source >100'

Excavation Inspected 10/13/00

Tank(s) Inspected 10/13/00

Wash Line Inspected plumb to tank

High Water Alarm Inspected 10/13/00

PLOT

Design 2000, 1500 ST, 1000 DT, #1, 288' PPBPS ceil CTR# Brad Russell

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: Septic System designed for a 4 bedroom residence Type IVa P Walker Inspected electrical box only

Phillip S. Walker PA for Kelly Randall
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: 5344A DATE: 10/12/00

TC: 023 164 10 ☒ L

SERIAL Nº 18491

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 2/23/00. All work shall be completed on or before 11/12/00, 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.

see comments

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 36" feet

Trench Walls Scored and Porous yes

Total Line Length 288' feet

Number of Lines 6

Depth of Stone NA inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
community well

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

NAME OF OWNER Eugene M Proffit

LOCATION OF PROPERTY 5345 Mountain Point Ln

Comments: Septic System to be installed in accordance to approved plot plan in file. PPBPS Installation

Phillip A Wolfe RS.
Environmental Health Specialist

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

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 5344A

Tax Number 025-164-10

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	864 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A Serviced by private well	1500 Gallon septic tank	288 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 Sand backfill		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - Maintenance Contract required - Nema 4x simplex control Panel required				
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	
864 Absorption Area (Sq ft) 288 Total Trench Length (Ft)	N/A Depth of Stone Trench Sand backfill	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 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.

L B Thompson Jr, R.S. 5-31-00
DEHNR Authorized Agent / Date

Owner/Agent Signature / Date 6/2/00

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

DATE: 5-31-00 PERMIT NO: 5344A
PARCEL NO: 023-164-10

JOB LOCATION ADDRESS: 5345 Mountain Point Lane
PROPERTY OWNER: Eugene M. Proffit
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: Mountain Point #46
AUTHORIZATION ISSUED BY: J B Thompson J. R.S. DATE: 5-31-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5344A, 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.

E M Proffit 6/2/00

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department
Conditions of Improvement Permit

File Number: 5344A
Site Address: 5345 Mountain Point Lane

1. The permitted system is a Type IVa pressure dosed prefabricated porous block panel system (PPBPS) wastewater treatment and disposal system and requires ongoing maintenance. A maintenance contract must be executed between the system owner and a private certified operator before an Operation Permit can be issued. It is a condition of the Operation Permit that a maintenance contract shall be in effect for as long as the system is in use. It is also a requirement that subsequent owners of the system shall execute such a contract.
2. The system will require a single phase, simplex control panel with alarm. The control panel must have a Nema 4x weather proof rating.
3. Septic and pump tanks must be installed in an area that is not subject to vehicular traffic. Final cover over both tanks must be less than 3 feet to prevent the need for State approved reinforced tanks.
4. Drain lines must be installed on contour. Trench bottoms shall be constructed as level as possible but in no case shall the fall in a single trench bottom exceed one-fourth inch in 10 feet.
5. Any changes in the site must be pre-approved by the Mecklenburg County Environmental Health Department.
6. The wastewater treatment and disposal drain field area, including the designated repair areas, shall not be used for any of the following:

   - Grading or filling
   - Parking or driving heavy equipment in the area or subjecting the site to possible soil compaction
   - Construction staging area
   - Installation of lawn irrigation components
   - Installation of underground utilities or cables of any type
   - Burial of any debris or material
   - Utilizing the area for gravesites
   - Diversion of storm water runoff into this area

7. Septic system installer must be registered with Mecklenburg County prior to meeting for the required pre-construction conference.
8. System installer will be required to operate the system at the time of the final inspection. Arrangements must be made to have the pump tank filled with water prior to the requested final inspection. The required pressure heads will be adjusted at the time of the final inspection.
9. The system owner shall have the contents of the septic tank checked, and the contents of the tank removed, periodically from all compartments, to ensure proper operation of the system. The contents of the septic tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.
10. All septic tank riser and effluent filter rules will apply to this system. It is strongly recommended that access risers be added to both ends of the septic tank, extending to at least finish grade. This will allow periodic inspection of the solids level in the tank as well as help facilitate the periodic cleaning of the effluent bio-filter.
11. The local Health Department is required, by the State, to perform system reviews of Type IVa systems at a minimum of once every 3 years. The owner of the system is responsible for paying any inspection fees, as determined by the Board of County Commissioners, at the time of the required inspection.

Owner/Agent Signature _____ **Date** 6/2/00

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Gene Hoff	Phone #:	Date Requested: 6.20.03	Date Filled:
Account Name:	Cash Charge	Account No.:	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702	1	Optional Site Evaluations	$ 100.00	100
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705		MH Exc/Add/Repl without System Modification	$ 100.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Second site evaluation

Payment received by: [illegible] Date: 6-20-03 Total:

5345 Mourning Point Ln.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

Duke Energy
Ed Williams
531 Norwood Drive
Charlotte, NC, 28208

March 16, 2000

Mecklenburg County Health Dept
Mr Philo Walker
700 N Tryon St.., Suite 211
Charlotte, NC, 28208

Dear Mr Walker:

This letter is to confirm that Duke Energy **will** issue an encroachment agreement to Mr Gene Proffitt for the placement of the septic system you have drawn dated 2-23-00, for lot 46 within Mountian Point Subdivision on Duke Energy's transmission line R/W.

Mr Proffitt has agreed to all of the encroachment agreement's terms by his signature and is awaiting our processing, so that he may file it with the property deed.

If you have further questions, please call.

Sincerely,

Ed Williams , R\W Asset Protection

Cc: Mr Gene Proffitt

03/17/00 FRI 07:01 FAX 002

Mecklenburg County
Health Department

October 24, 2000

Eugene M. Proffit
4305 Cantey Place
Charlotte, NC 28211

Re: 5345 Mountain Point Lane
File: 5344A
Parcel: 023-164-10

Dear Mr. Proffit:

At your request, an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection, it was found that the following items did not meet the regulations set forth in the 'Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal Systems 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design and .1961 Maintenance of Sewage Systems. "Our comments follow:

1} (1) After July 1, 1992, no Improvement Permit shall be issued for Type IV, Type V or Type VI systems, unless management entity of the type specified in Table V (b) is specifically authorized, funded, and operational to carry out this management program in the service area where the proposed system is to be located.

2} (3) A contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity. The contract shall include the specific requirements for maintenance and operation, responsibilities of the owner and system operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit.

3} Final landscaping of drainfield area must be completed as specified in approved low-pressure pipe septic system plan.

The above mentioned items must be installed prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in Operation Permit issuance.

Please call me at 336-5570 to discuss any questions you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PSW:gc

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2000 MAR 10 08:02 AM
BOOK:11138 PAGE:239-242 FEE:$12.00
INSTRUMENT # 2000032135

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 # 5344A
PARCEL # 023 164 10

The undersigned, Eugene M. and Donna A. Proffit, owners of property located at 5345 Mountain Point Lane, (the "site") and described in an instrument recorded in Book 23 at Page 548, 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:

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

This instrument was prepared by: Gene Proffit
Mail after recording to: 4305 Cantey Pl.
Charlotte, NC 28211-0404

- 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 the Department, 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 9th day of March, ~~199~~ 2000

_____ (SEAL)
(Corporate Name)

Eugene M Proffit (SEAL)

Donna Proffit (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

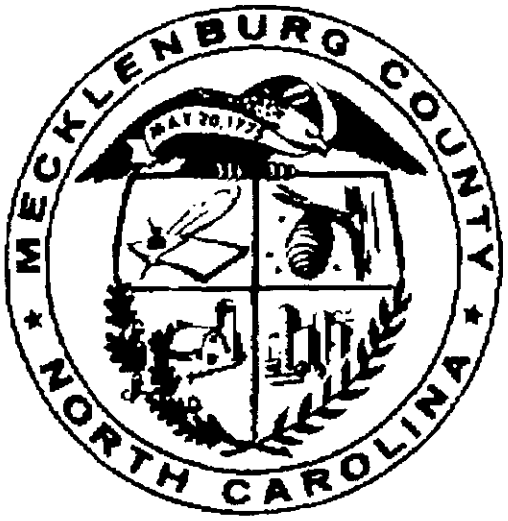
I, Kay J. Harward, a Notary Public for said County and State, do hereby certify that Eugene M. Proffit and Donna Proffit personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 9th day of March, ~~19~~2000

Kay J. Harward
Notary Public

My Commission Expires:
June 28, 2002

KAY J. HARWARD NOTARY PUBLIC UNION COUNTY, NC



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

****

Filed For Registration:	**03/10/2000 08:02 AM**
Book:	**RE 11138 Page: 239-242**
Document No.:	**2000032135**
	PRMIT 4 PGS $12.00
Recorder:	**REBECCA MCGOWAN**

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of KAY J. HARWARD Notary is certified to be correct. This 10TH of March 2000

JUDITH A. GIBSON, REGISTER OF DEEDS By: Rebecca McGowan
Deputy/Assistant Register of Deeds

****



2000032135

County File

STATE OF NORTH CAROLINA)

(COUNTY OF MECKLENBURG)

ENCROACHMENT AGREEMENT

THIS AGREEMENT, made this 9th day of March, 2000, by and between Duke Power, a Duke Energy company (hereinafter referred to as "Grantor") and Eugene Proffit-- (hereinafter referred to as "Grantee");

WITNESSETH:

WHEREAS, Grantor owns an easement and right-of-way which total 200 feet in width for transmission lines located in Mecklenburg County, North Carolina, running through Lot 46 of Mountian Point subdivision owned by Grantee;

WHEREAS, the Grantee desires authority to encroach upon Grantor's easement and right-of-way for the purpose of installing, maintaining and using septic nitrification fields serving residences to be constructed upon said lots;

WHEREAS, Grantor has advised Grantee that it will not be liable for the repair or damage to such nitrification fields caused by its installation within its right-of-way of copper wire ground required for lightning protection of its towers and lines, or caused by general or emergency maintenance of its lines, towers or other equipment.

NOW, THEREFORE, Grantor for and in consideration of the sum of One Dollar ($1.00) and other valuable consideration to it paid by Grantee, receipt of which is hereby acknowledged, does hereby grant unto Grantee, its successors and assigns, the perpetual right to encroach upon that portion of the right-of-way situated in Mecklenburg County, North Carolina, lying upon lots 46 of Mountian Point Subdivision, as shown on a plat thereon recorded in Plat Book 23 at page 548 of the Mecklenburg County Registry, for the purpose of constructing, maintaining, and operating thereon septic nitrification fields serving residences constructed upon said Lots 46 Said right of encroachment is granted upon the further condition that no septic tank be placed upon Grantor's right of way and Grantor shall not be responsible for any damage to septic nitrification fields caused by Grantor's installing a grounding system for its electric transmission line, or its general or emergency maintenance of its lines, towers or other equipment.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed and sealed as of the day and year first above written.

Eugene McNeil Proffit (SEAL)
(full name of Grantee)

EUGENE McNEIL PROFFIT (SEAL)
(printed name of Grantee)

ATTEST:

DUKE POWER, a Duke Energy Company("Grantor")

Assistant Secretary

BY: _____
General Manager

STATE OF NORTH CAROLINA)
)
COUNTY OF Mecklenburg

I, Kay J. Howard, a Notary Public for the above County and State, hereby certify that Eugene McNeil Proffit an _____ personally came before me this day and acknowledged that due execution of the foregoing instrument.

WITNESS my hand and official seal, this 9th day of March; ~~19~~2000

Kay J. Howard
Notary Public

My Commission Expires June 28 2002

STATE OF NORTH CAROLINA)
)
COUNTY OF _____)

chk # 4418

FEE: 300.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** NCS X
DATE: 3/30/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ **PERMIT NO:** 5344A
PARCEL NO: 023 164 10

JOB LOCATION ADDRESS: 5345 Mountain Point LN
PROPERTY OWNER: Eugene Proffitt
BUILDING CONTRACTOR: —
SUBDIVISION NAME: Mountain Point
AUTHORIZATION ISSUED BY: Robert Walker III **DATE:** 3/30/2000
DEHNR AUTHORIZED AGENT

100

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 5344A, 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: 3 Bedroom House Plans shall be on file, Agreement forms shall be on file, letter from Duke Energy stating that the septic system can be installed in the right of way shall be on file before const. authorization 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.

X _____ 3/30/00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 5344A

Tax Number: 023 164 10

- 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	360 Max gallons/day wastewater flow	1200' Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
NO Community Serviced by private well	1500 Gallon septic tank	300' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank if necessary	NA Depth of stone		

Any surface waters present: Yes Type: Mt Island Lake Minimum separation distance: 100'

Site modifications required: Letter from Duke Energy stating the septic system can be installed

Additional Conditions: IN the right of way shall be on file before the cons. Authorization release. Innovative Septic System Approval. Keep the septic system 100' from the lake high water mark. Community water Agreement forms shall be on file before cons. Authorization release

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) 300' Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" 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.

Phila A. Walker RS 3/6/2000
DEHNR Authorized Agent Date

x _____ 3/30/00
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

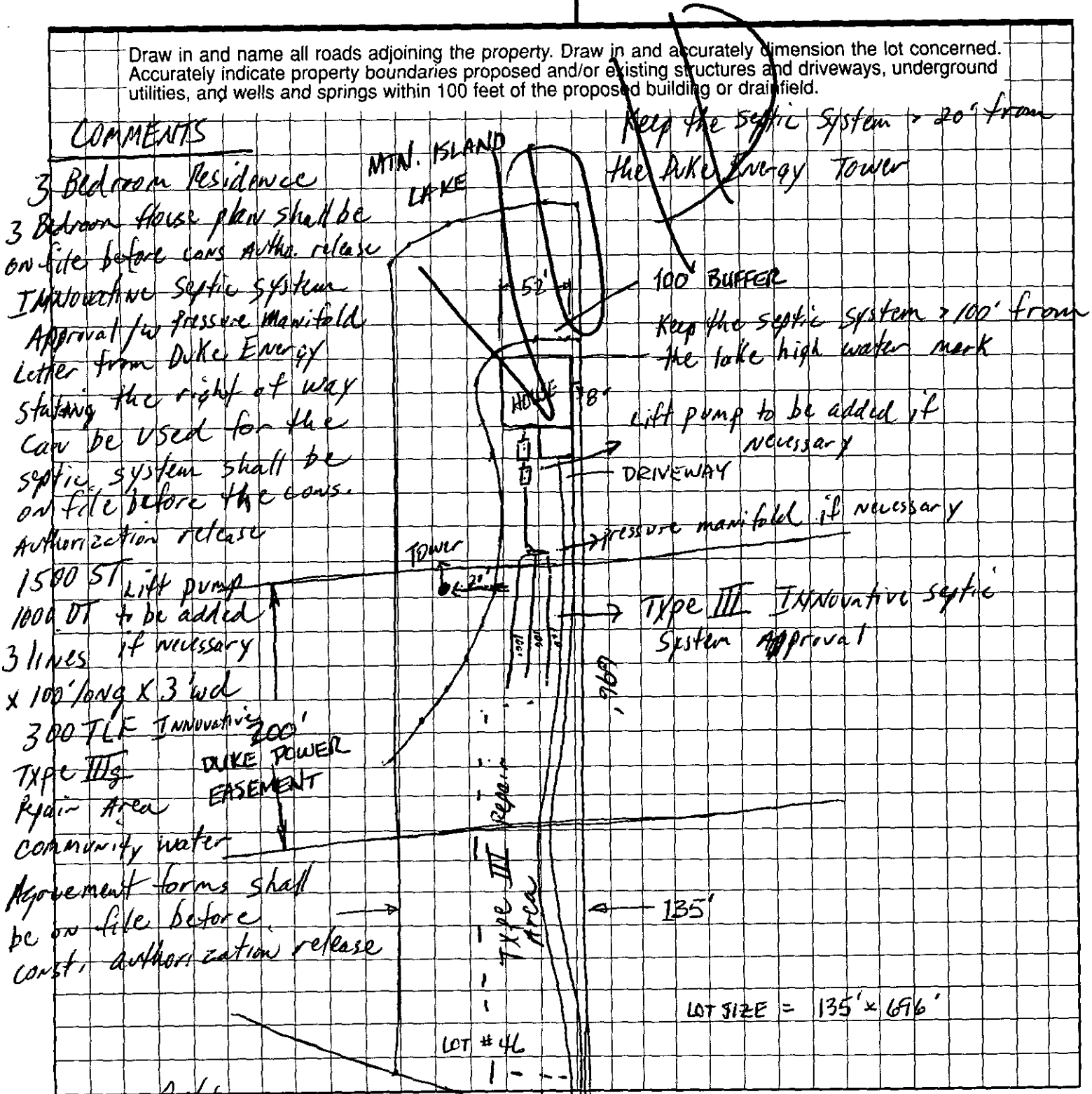
PROPOSED PLOT PLAN

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

FILE: 5344A

TC: 023-164-10

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 2/23/00

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

#2

Property ID: 023-164-10
Lot #: 46
File #: 5344A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Eugene M. Ruffin
APPLICANT:
ADDRESS: 4305 Conley Place, Charlotte
DATE EVALUATED: 2-28-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: 2.02
LOCATION OF SITE: 5345 Mountain Island Lake Rd PROPERTY RECORDED:
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☒Other Community
EVALUATION METHOD: ☐~~Augur~~ Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-2"	gr/scl	Fr/SEXPl ss/sp	>50" to soil wetness	50"	N/A	None	PS .35gpd/ft² IV
		2-26"	sBK/c	Fi/SEXPl/sp					
		26-50"	sBK/scl	Fr/SEXPl/ss/sp					
2	LS	0-4"	gr/scl	Fr/SEXPl ss/sp	>46" to soil wetness	46"	N/A	None	PS .35gpd/ft² IV
		4-24"	sBK/sc	Fi/SEXPl/sp					
		24-46"	sBK/scl	Fr/SEXPl/ss/sp					
3	LS	0-3"	gr/scl	Fr/SEXPl ss/sp	>50" to soil wetness	50"	N/A	None	PS .35gpd/ft² IV
		3-22"	sBK/c	Fi/SEXPl/sp					
		22-36"	sBK/cl	Fr/SEXPl ss/sp					
		36-50"	sBK/scl	Fr/SEXPl ss/sp					
4	LS	0-36"	scl w/ rock inc.	Fr/SEXPl ss/sp	736" to soil wetness	Fi-11	N/A	None	US
5	LS	0-10"	gr/scl	Fr/SEXPl ss/sp	>52" to soil wetness	52"	N/A	None	PS .35gpd/ft² IV
		10-52"	sBK/sc	Fi/SEXPl/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.A. Martin LSS 2-28-00
OTHER(S) PRESENT:

FILE # 5344A

COMMENTS 100% Repairs

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

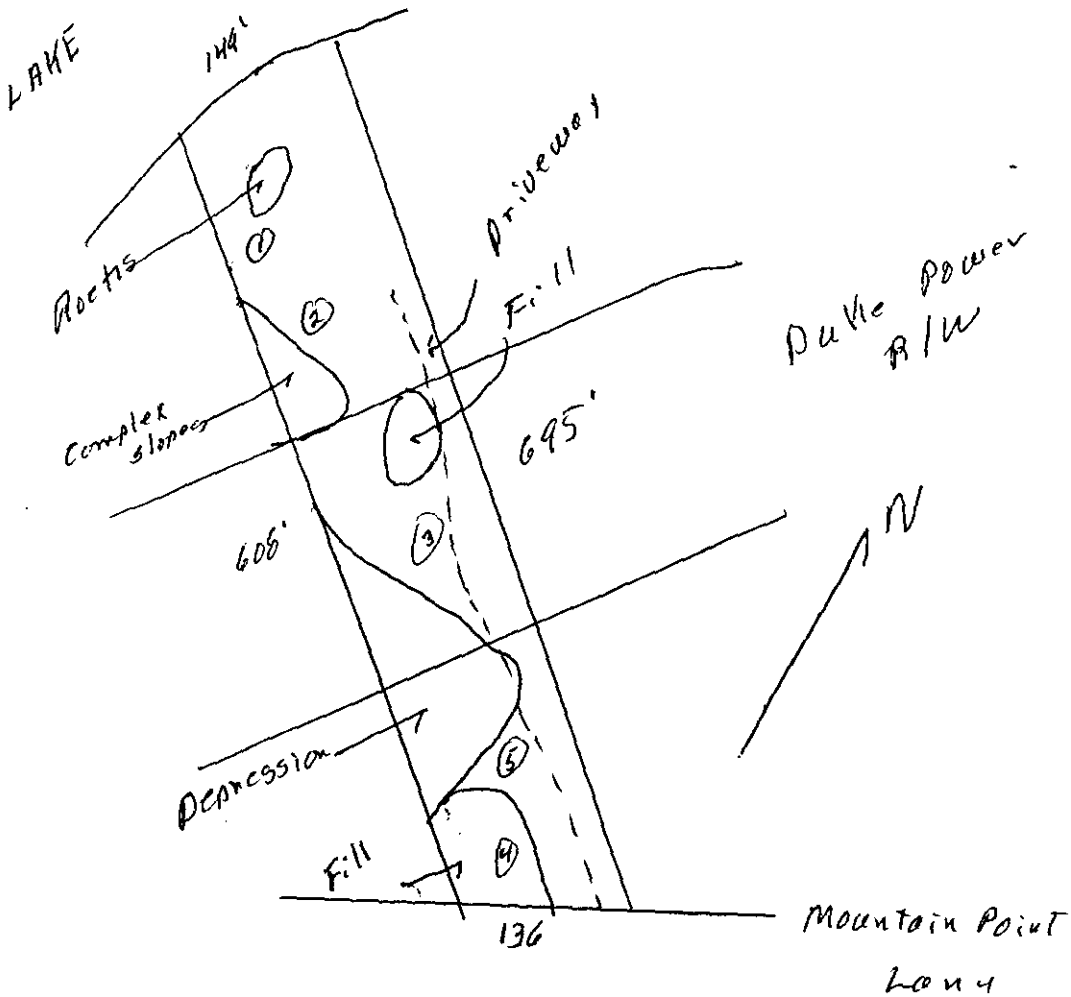
STRUCTURE

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

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



FEE: $200- CC

DATE: 2/23/00 gc

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
O[illegible]

FILE #: 5346A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-164-10

STREET ADDRESS: 5345 Mountain Point Lane

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Point

LOT NUMBER: 46

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: 2800

NUMBER OF BEDROOMS: 4 3 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE: gc 3/30/00

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

CLOSING DATE_____

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

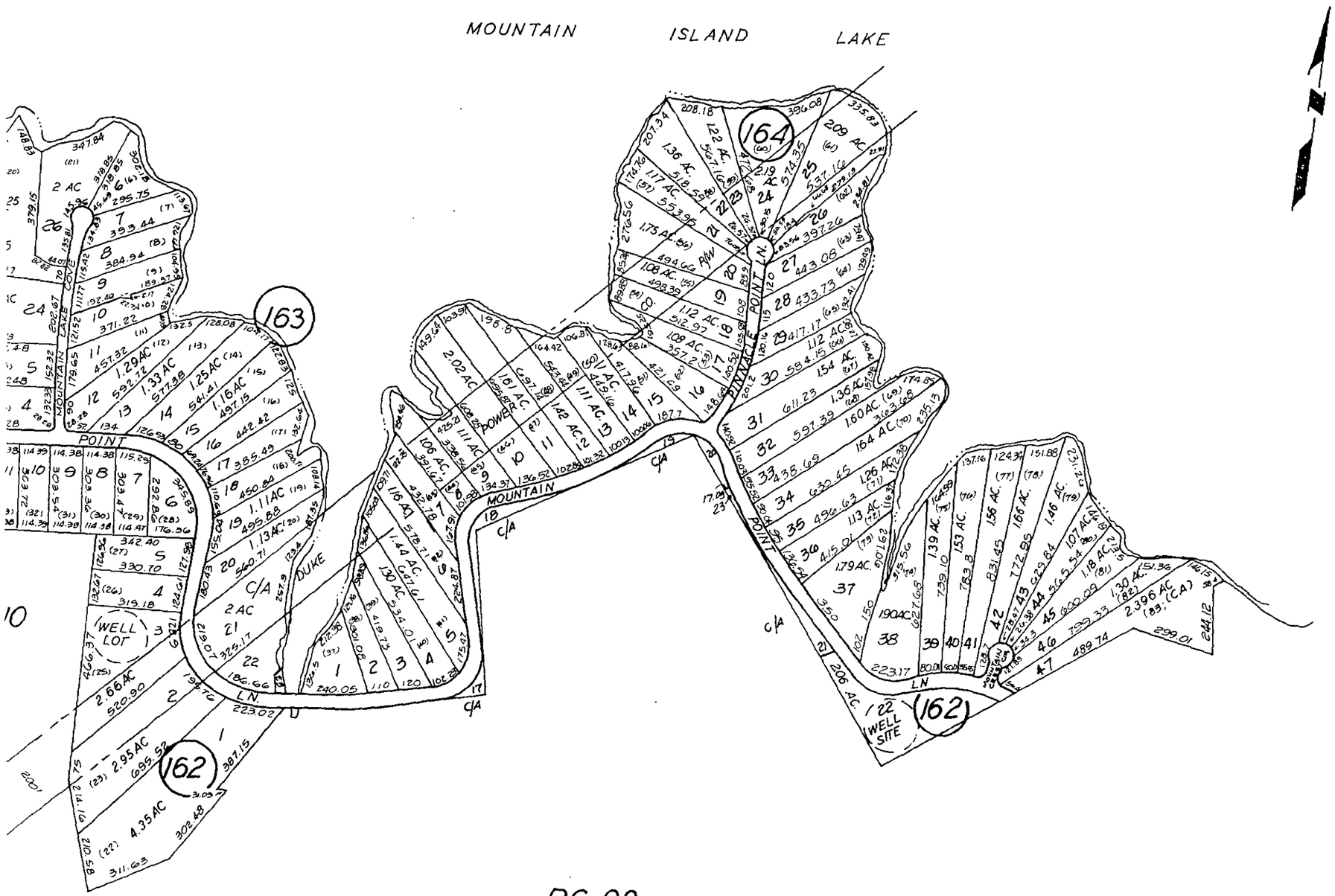
PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: PROFFIT (LAST) EUGENE (FIRST) M (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 4305 CANTEY PLACE	DAYTIME PHONE: ( ) —
CITY: CHARLOTTE STATE: NC ZIP: 28211	
DAYTIME PHONE: (704 921 – 5301 or 339-4026 (cell)	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature] DATE: 2/23/00

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



PG. 09

TAX LINE MAP	BOOK 23	PAGE 16
MECKLENBURG COUNTY, NORTH CAROLINA		
REVISED 10-10-97 L.R.G.	SCALE	1" = 400'

Mecklenburg County
Health Department

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

FEBRUARY 6, 1990

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $40.00

ORG/ACCOUNT # 462-3511

PAYABLE: WILLIAM CRAIG LAWING
5521 BROOKSHIRE BLVD
CHARLOTTE, NORTH CAROLINA 28216

DATE OF ORIGINAL DEPOSIT: 01/03/90

REASON: (FEE FOR SOIL TEST FOR ONE ACRE IS $40.00)
A SOIL TEST HAD ALREADY BEEN COMPLETED ON THE PROPERTY.

/Enclosures

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1/3/90

Name/Company: Craig Lantery

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil
Mountain Point Lane

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 3 1990

CK # 1462

Fee: $ 40.00 $40.00

NOTICE:

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

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JAN 03 1990

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

(OFFICE USE ONLY)

FILE: 5344A

TC: ENVIRONMENTAL HEALTH DIVISION

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point ③ LOT: 46 ④ BLOCK: _____

⑤ PARCEL REFERENCE: Map BOOK NO.: 23 PAGE NO.: 60 & 61 PARCEL NO.: 46

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

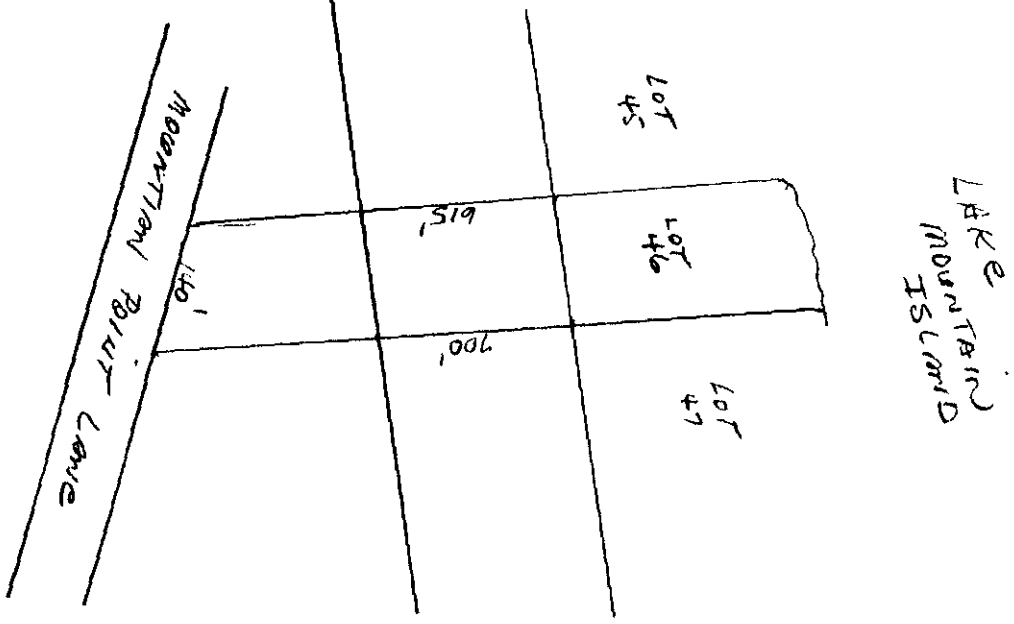
⑦ NAME: Wm (FIRST) Craig (MIDDLE) Lawing (LAST)

⑧ MAILING ADDRESS: 5521 Brookshire Blvd.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28216

⑫ PHONE: (WORK) 399-6372 (HOME) 394-7678

⑬ Accurately diagram and dimension lot. see map enclosed



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: W Craig Lawing

Date: 1-2-90

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

FEE: 300.00 ck# 1902

DATE: 10/30/98 SC

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 #: 5344A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-164-10

STREET ADDRESS: 5345 MOUNTAIN POINT LANE

SUBDIVISION OR MOBILE HOME PARK NAME: MOUNTAIN POINT

LOT NUMBER: 46

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: 2400

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 4

CLOSING DATE 11-15-98

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: CRAIG W LAWING

NAME: (LAST) LAWING (FIRST) CRAIG (MI) W

ADDRESS: 11732 KENNEWICK RD

CITY: CHA STATE: NC ZIP: 28214

DAYTIME PHONE: ~~704 394-3728~~ 399-6372

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Pruitt (FIRST) EUGENE (MI) M

DAYTIME PHONE: (704) 364-7420

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: [signature] DATE: 10/30/98

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

DATE	DESCRIPTION	FEE	PAYMENT	ADJUST-MENT	BALANCE	PREVIOUS BALANCE	NAME
4/30/94	New Applic / COA	300 00	300 00	0	0	0	Joel P. Murphy

This is your RECEIPT for this amount

This is a STATEMENT of your account to date

11144

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH OFFICE
700 NORTH TRYON STREET
CHARLOTTE, NORTH CAROLINA 28202
TELEPHONE: (704) 336-5102

Thank you

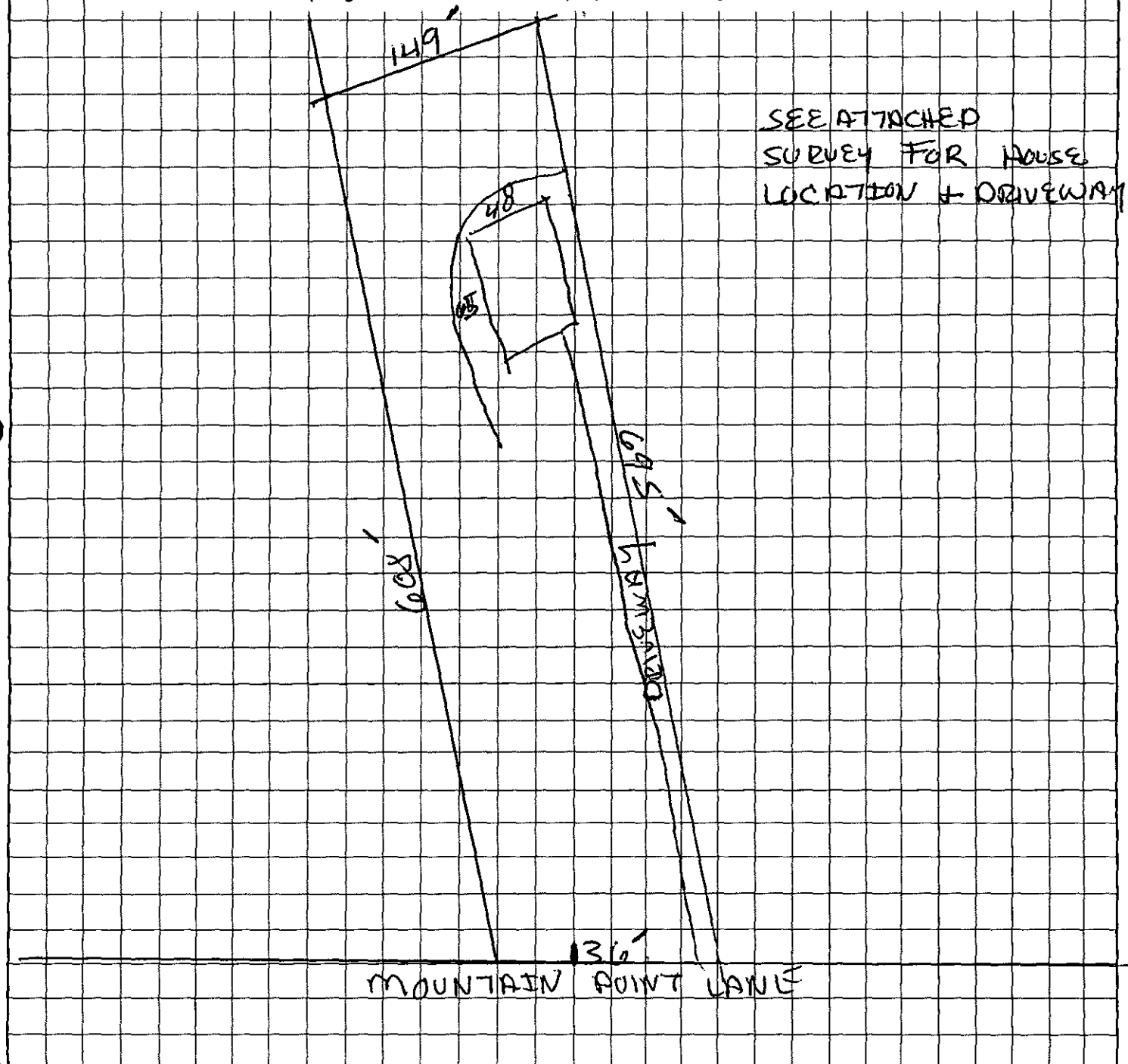
PROPOSED PLOT PLAN

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

FILE: 5344A

TC: 023-164-10

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 10-30-91

APPROVAL DATE _____

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

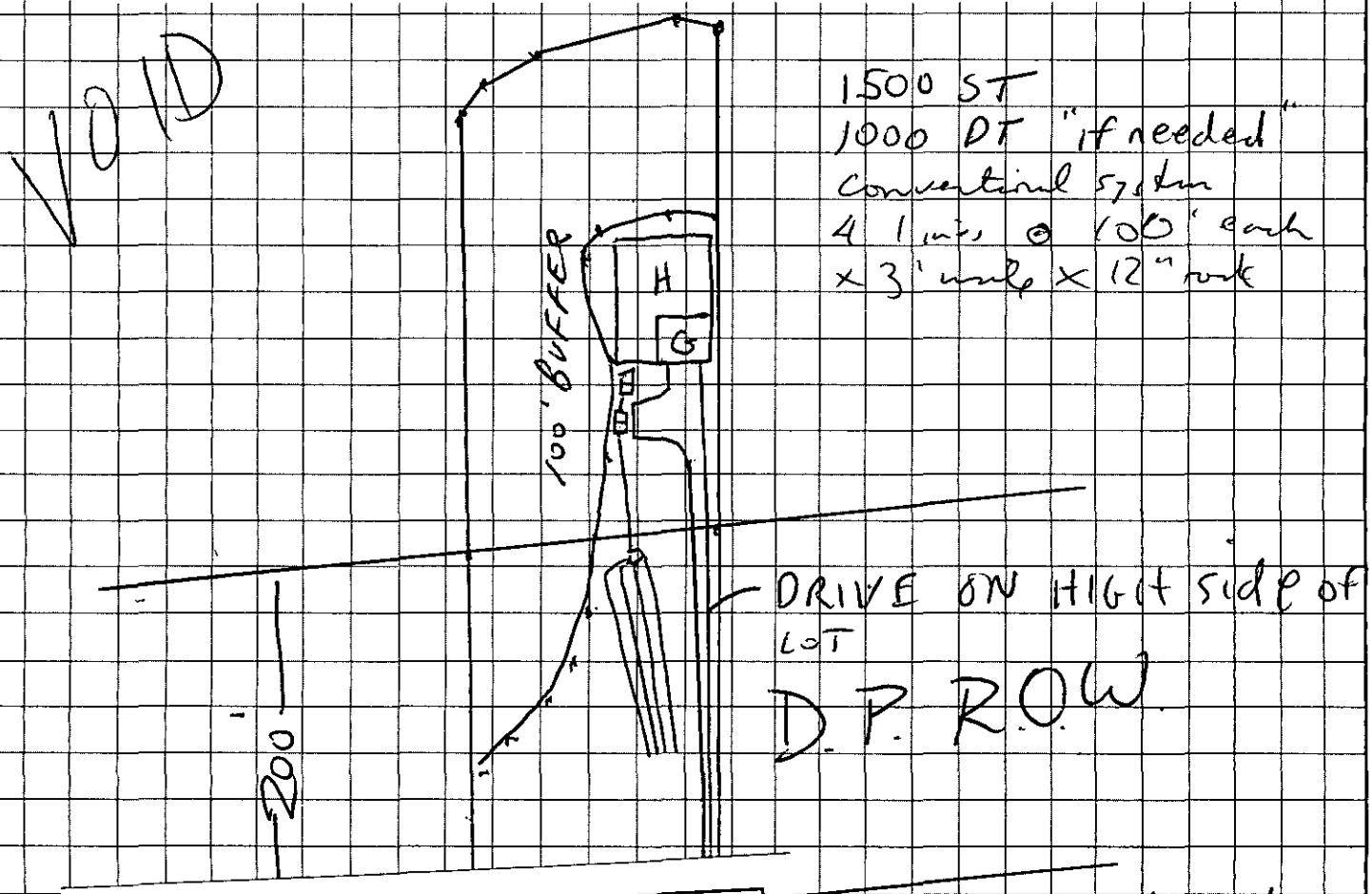
PROPOSED PLOT PLAN

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

FILE: 5344-A

TC: 023-104-10

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.



1500 ST
1000 DT "if needed"
Conventional system
4 lines @ 100' each
x 3' wide x 12" rock

conventional system
4 lines @ 100' each
x 3' wide x 12" rock

Post-it® Fax Note 7671

To J. Murphy	Date 11-13-98 # of pages ▶ 1
Co./Dept. C-21 M-R	From Kelly Ewell
Phone #	Co. Meck Co. EHD
Fax # 393-7409	Phone # 336 5575
	Fax # 336 6094

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

MTN. POINT LANE

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

Mecklenburg County
Health Department

January 26, 1990

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $40.00 for a application for Soil Investigation at Mountain Point Ln. Charlotte, NC. A soil test had already been done on the property. Please make the refund payable to:

William Craig Lawing
5521 Brookshire Blvd.
Charlotte, NC 28216

Thank you for your prompt attention to this matter.

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

Mecklenburg County
Health Department

Basil G. Deltu, 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 46
FILE: 5344A
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 15891) 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 15891

File: 5344A Action 1

Parcel: 02301135 PO ☐ PC

Location: Mountain Point Lane

Subdivision:

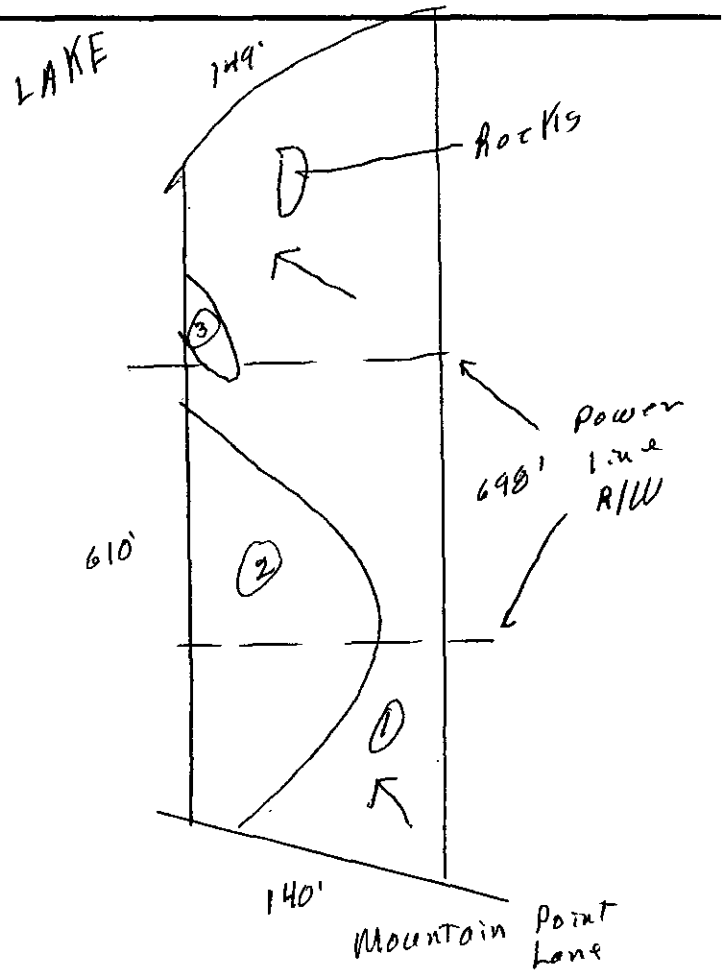
Lot: 46 Block: Acres: 2.02

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

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

Described by: William A. Mullis

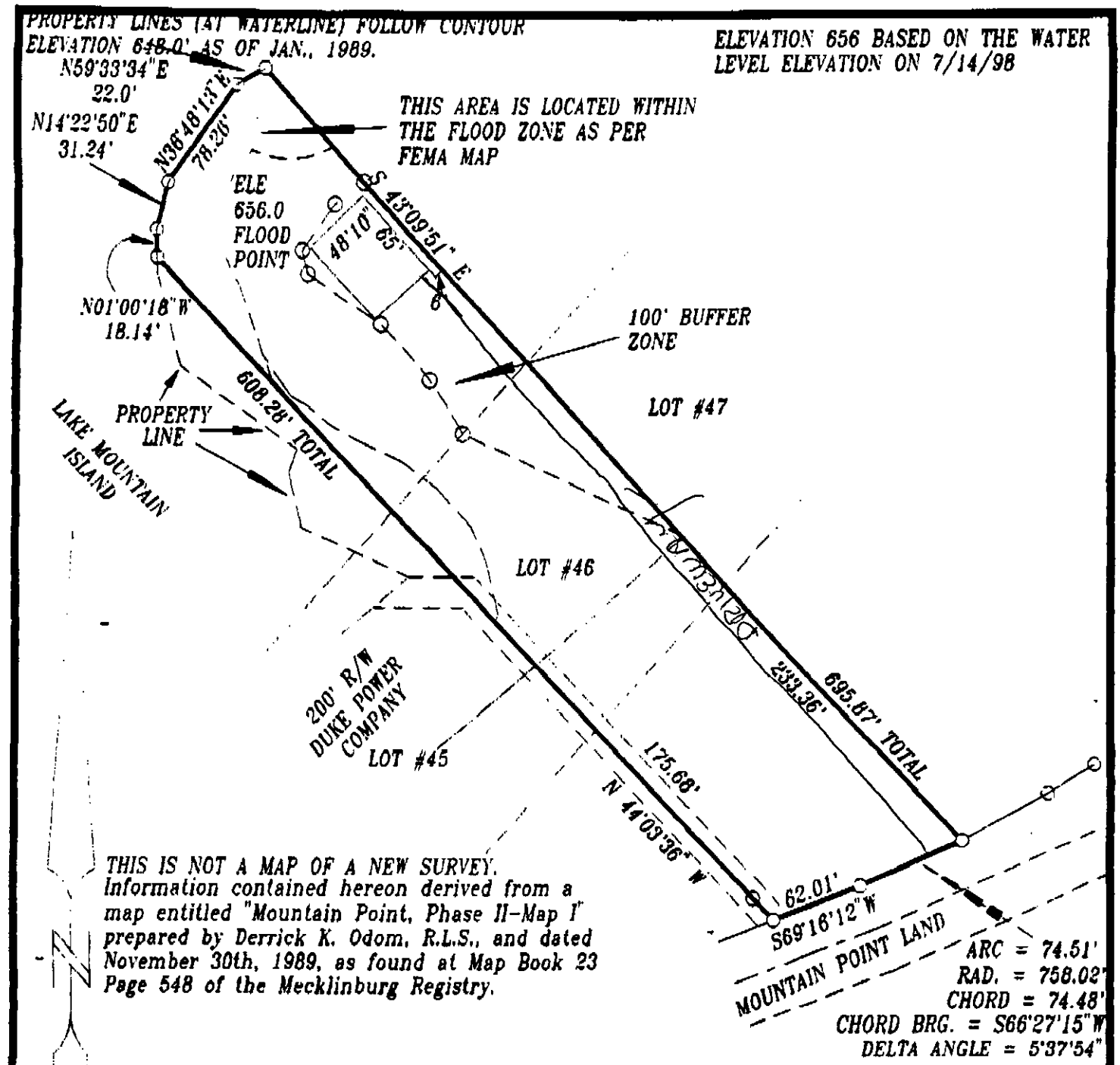
Date: 5-1989



***** 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) complex slopes	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 Very 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	10A Cecil-Lloyd	Drainageway Depression	Complex Slopes			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U



THIS IS NOT A MAP OF A NEW SURVEY.
Information contained hereon derived from a map entitled "Mountain Point, Phase II-Map I" prepared by Derrick K. Odom, R.L.S., and dated November 30th, 1989, as found at Map Book 23 Page 548 of the Mecklinburg Registry.

MAP BK 23 PG. 548

MAGNETIC

PRELIMINARY

MAP FOR

BILLY R. PARKER

AND

W. CRAIG LAWING

LONG CREEK TOWNSHIP MECKLINBURG COUNTY

NORTH CAROLINA

PREPARED BY

JIMMY F. CAIN, R.L.S.
6333 N.C. 242 SOUTH
BLADENBORO, NC 28320
(910) 648-4509

DRAWN JUNE 9, 1998

BAR SCALE 1" = 100'

NORTH CAROLINA REGISTERED LAND SURVEYOR L-2498 JIMMY F. CAIN

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5344A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point Ph. 2 ③ LOT: 46 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

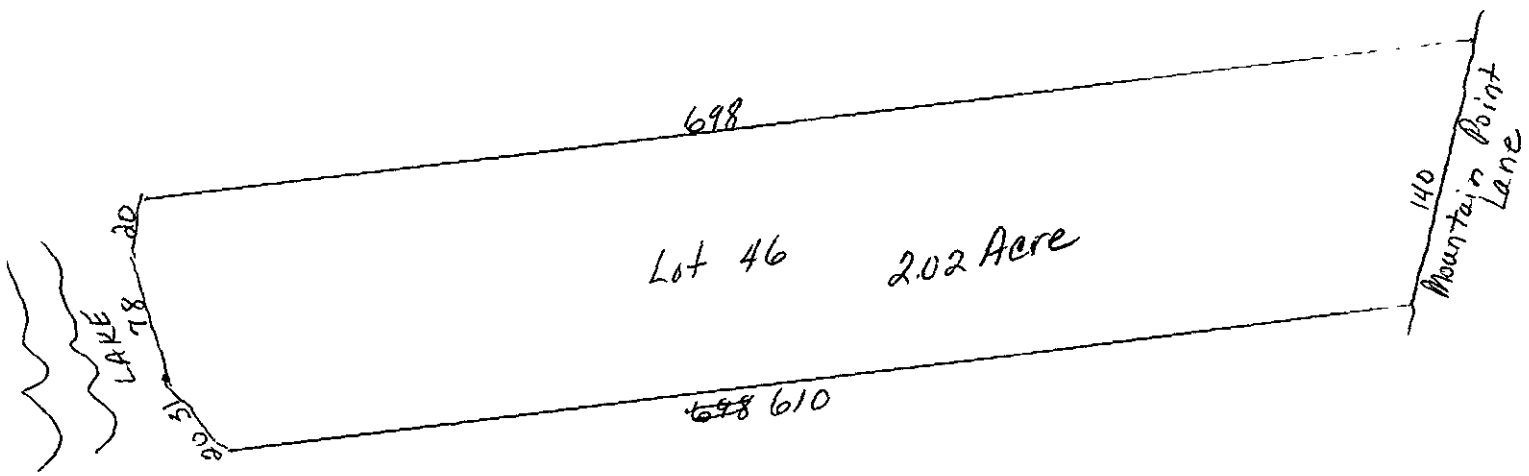
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway, LandCraft Properties)
(FIRST) (MIDDLE) (LAST)

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

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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVIS.
PAID

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
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$30

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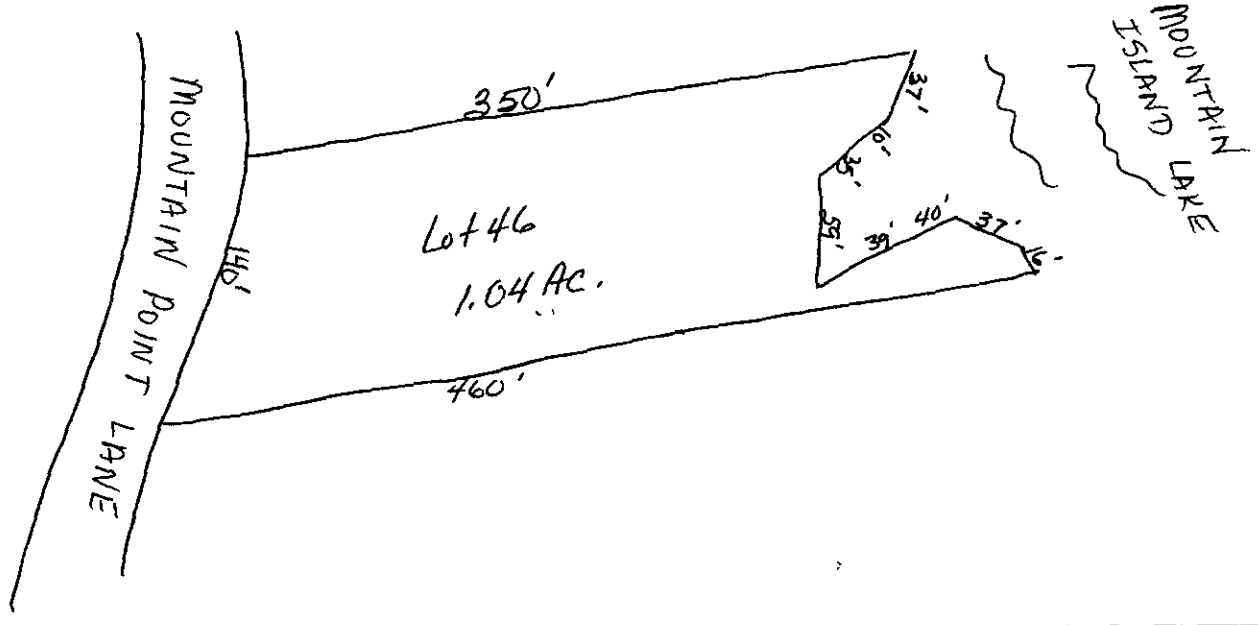
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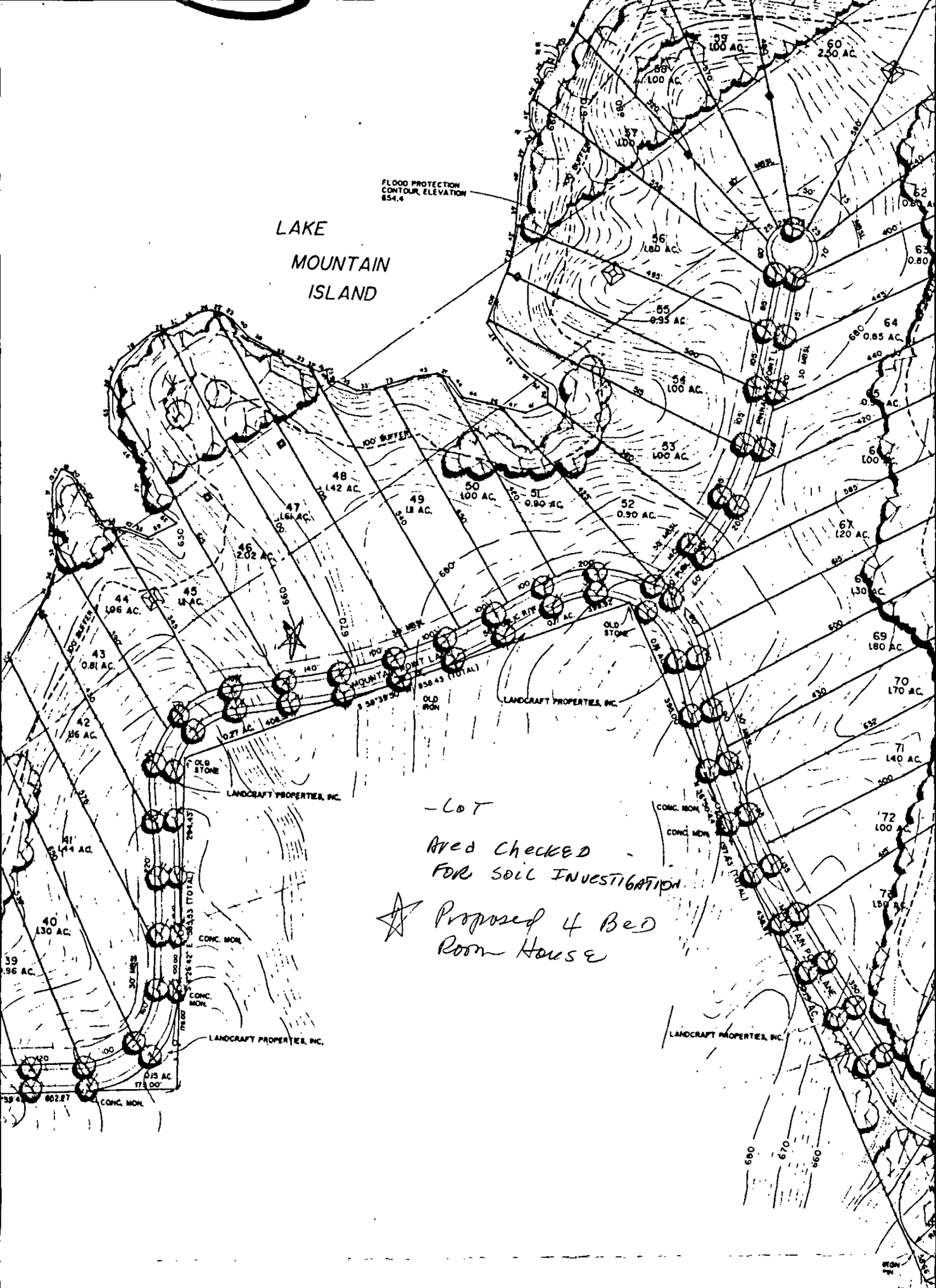
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Signed: Mike Boyer, V.P.

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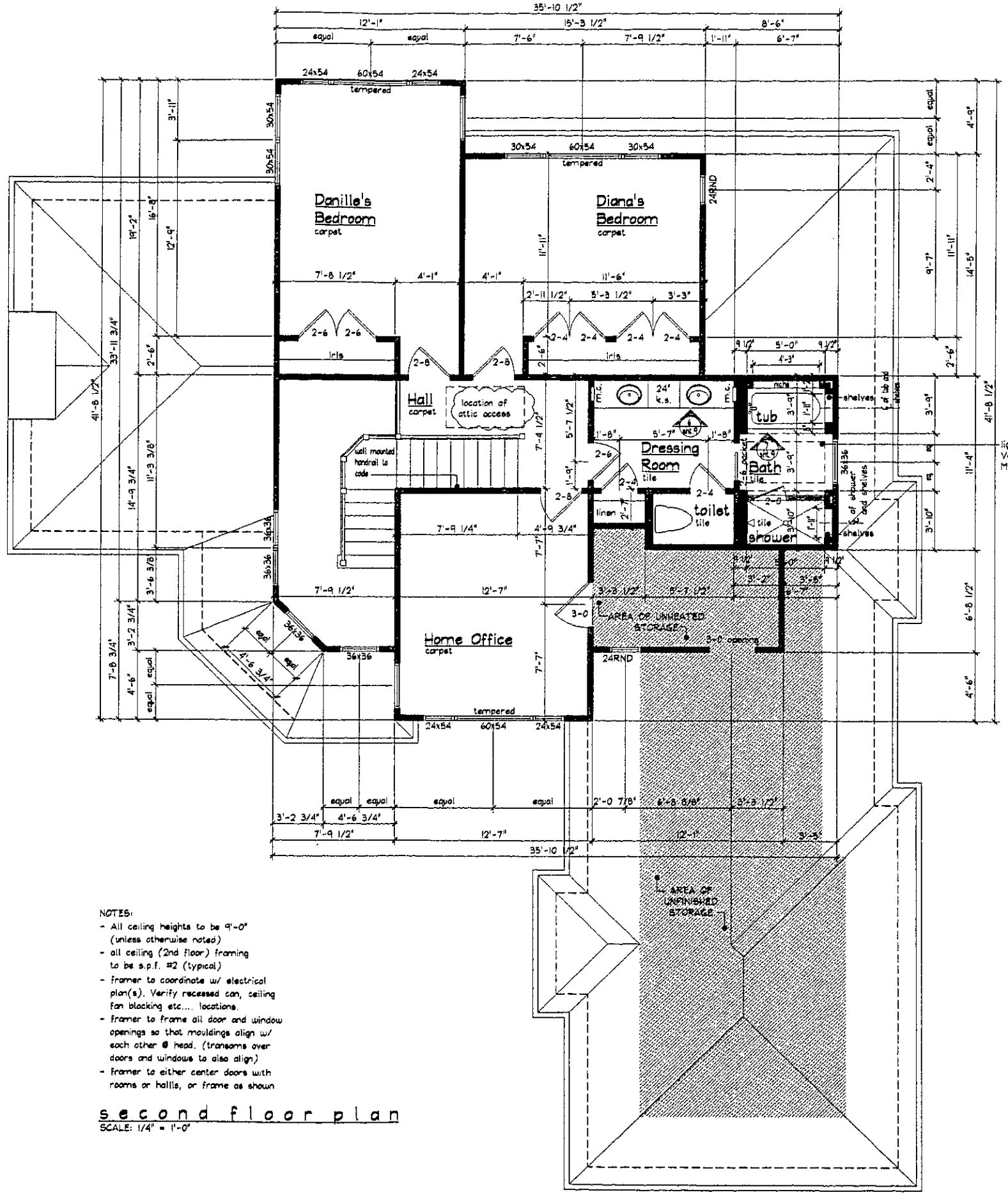
Date: 1/11/89

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


LAKE
MOUNTAIN
ISLAND
FLOOD PROTECTION CONTOUR, ELEVATION 654.4
100' BUFFER
LANDCRAFT PROPERTIES, INC.
OLD STONE
OLD IRON
CONC. MON.
- LOT
AREA CHECKED FOR SOIL INVESTIGATION
☆ Proposed 4 Bed Room House

0

Map Book #23 – Pages 60 + 61
Mecklenburg County Reg.
Lot 46



NOTES:
- All ceiling heights to be 9'-0" (unless otherwise noted)
- all ceiling (2nd floor) framing to be s.p.f. #2 (typical)
- framer to coordinate w/ electrical plan(s). Verify recessed can, ceiling fan blocking etc.... locations.
- framer to frame all door and window openings so that mouldings align w/ each other @ head. (transoms over doors and windows to also align)
- framer to either center doors with rooms or halls, or frame as shown

second floor plan
SCALE: 1/4" = 1'-0"

March 24, 2000 S
REVISIONS: B

NORTH CAROLINA PROFESSIONAL SEAL 13987 ENGINEER CHARLES R. SHUFFLER

SED Engineering Service:
Charles Shuffler, P.E.

SHEET TITLE: Second Floor Plan

PROJECT: Mountain Point 46
The Proffit Residence

Cornerstone Homebuilders, LLC
315 MAIN STREET - SUITE B
PINEVILLE, N.C. 28134

The Design Works
Pineville N.C.
(704)889-8229

DATE: February 16, 2000
SCALE: 1/4" = 1'-0"
DRAWN BY: Sean J. Green
JOB NO.: MP 46
SHEET: 5
SHEET: 7 OF:

Winter Deck
wood

Summer Deck
wood

railing (if required by grade). verify on site.

Dining Room
hardwood

Kitchen
hardwood

return wall under bar

42" wall with 16" bar

Living Room
hardwood

raised stone hearth (coordinate height with firebox opening)

flat ceiling

Powder Room

Pantry
hardwood

Main Hall
tile

Master Bedroom
carpet

trellis (optional)

Music Room
hardwood

Foyer
tile
2 story ceiling

engaged half column

10x10 column (typical)

Porch
slate

interior 12" transom
7'5" head height
(typical)

Rear Hall
tile

walk-in closet
carpet

Laundry
tile

Storage Area
concrete

trellis (optional)

20 min. fire door

Garage
concrete

sheetrock garage walls and ceiling in accordance with all applicable regional and local codes

16'x8' garage door

toilet
tile

shower
tile

Master Bath

linen

iris

glass block

Glass block with glass block transom

wall mount railing (not shown on floor plan)

2'-6" min
3'-0" max.

risers (7-1/2" min., 8-1/4" max.)
treads (10" min., 11-1/2" max.)

6'-8" min. head room

stair section

not to scale

SQUARE FOOTAGE SUMMARY

FIRST FLOOR PLAN =	1,832 s.f.
SECOND FLOOR PLAN =	940 s.f.
TOTAL =	2,772 s.f.
GARAGE =	525 s.f.
deck =	419 s.f.
porch =	146 s.f.

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First floor plan

SCALE: 1/4" = 1'-0"

pressure treated lumber (typ. at decks)

pressure treated 2x2s at 5" o.c.

1/8" gap for drainage

1/2" diameter holes at 24" o.c.

line of deck

tion detail

1'-0"

March 24, 2000 S

REVISIONS: B

NORTH CAROLINA PROFESSIONAL SEAL 13987 ENGINEER CHARLES R. SHUFFLER

SED Engineering Service:
Charles Shuffler, P.E.

SHEET TITLE: First Floor Plan

PROJECT: Mountain Point 46
The Proffit Residence

Cornerstone Homebuilders, LLC
315 MAIN STREET - SUITE B
PINEVILLE, N.C. 28134

The Design Works
Pineville N.C.
(704)889-8229

DATE: February 16, 2000

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DRAWN BY: Sean J. Green

JOB NO.: MP 46

SHEET: 4

SHEET: 5 OF: