SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

Repair

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

Repair Complete

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☒ 8/23/21 Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

4956A

11275

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 02316310
STREET ADDRESS: 11924 Mountain Lake Cove
CITY: Charlotte
STATE: NC ZIP: 28216
SUBDIVISION NAME: Mountain Point
LOT #: P10&11 M23-60 LOT SIZE (acres): 2.03
TOWNSHIP:
◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 5,500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ○ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ◉ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ○ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ○ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ○ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ YES ○ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ○ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Reinhard and Irene von Hennigs
ADDRESS: 11924 Mountain Lake Cove
CITY: charlotte
STATE: NC ZIP: 28216
WORK PHONE: (404) 663-4524
MOBILE PHONE: (704) 305-2394
FAX: (980) 819-9309
E-MAIL: ivhennigs@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-8894

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

IvH (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of Issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Property Owner's or Owner's Legal Representative Signature

5/14/2020
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

JACOBS ON-SITE DEVELOPMENT, INC.

Toney C. Jacobs, MS, LSS, CPSS

Licensed by the North Carolina Board for Licensing of Soil Scientists
Certified by South Carolina Dept. of Natural Resources as a Soil Classifier
NC Certified Subsurface Operator
Certified by the American Registry of Certified Professionals in Agronomy, Crops and Soils

168 Broadbill Drive
Mooresville, NC 28117
(704) 662-9845 (704) 582-9219 cell
toneycjacobs@gmail.com

February 20, 2011

LICENSED SOIL SCIENTIST TONEY C. JACOBS 1063 STATE OF NORTH CAROLINA

To: Kelly Randall, REHS
Supervisor-On-Site Waste Section
Mecklenburg County Health Dept.

From: Toney C. Jacobs, LSS

Ref: Redesignation of repair area for William and Jane Godley lot at 11924 Mt. Lake Cove Court (file #4956A)

History

Mr. Godley owned two adjoining lots, 023-16-310 (Lot 10) and 023-16-311 (Lot 11) in 1991 when his home was built. At that time it was easier to permit with the repair on lot 11. Now that the property has been listed for sale, Mr. Godley would like to have the repair removed from Lot 11 so that it can be a stand alone lot.

Since the house was built with a minor encroachment of the structure and drive on to Lot 11, Mr. Godley has revised the common line between the two lots making Lot 10 approximately 0.2 acres larger.

New work

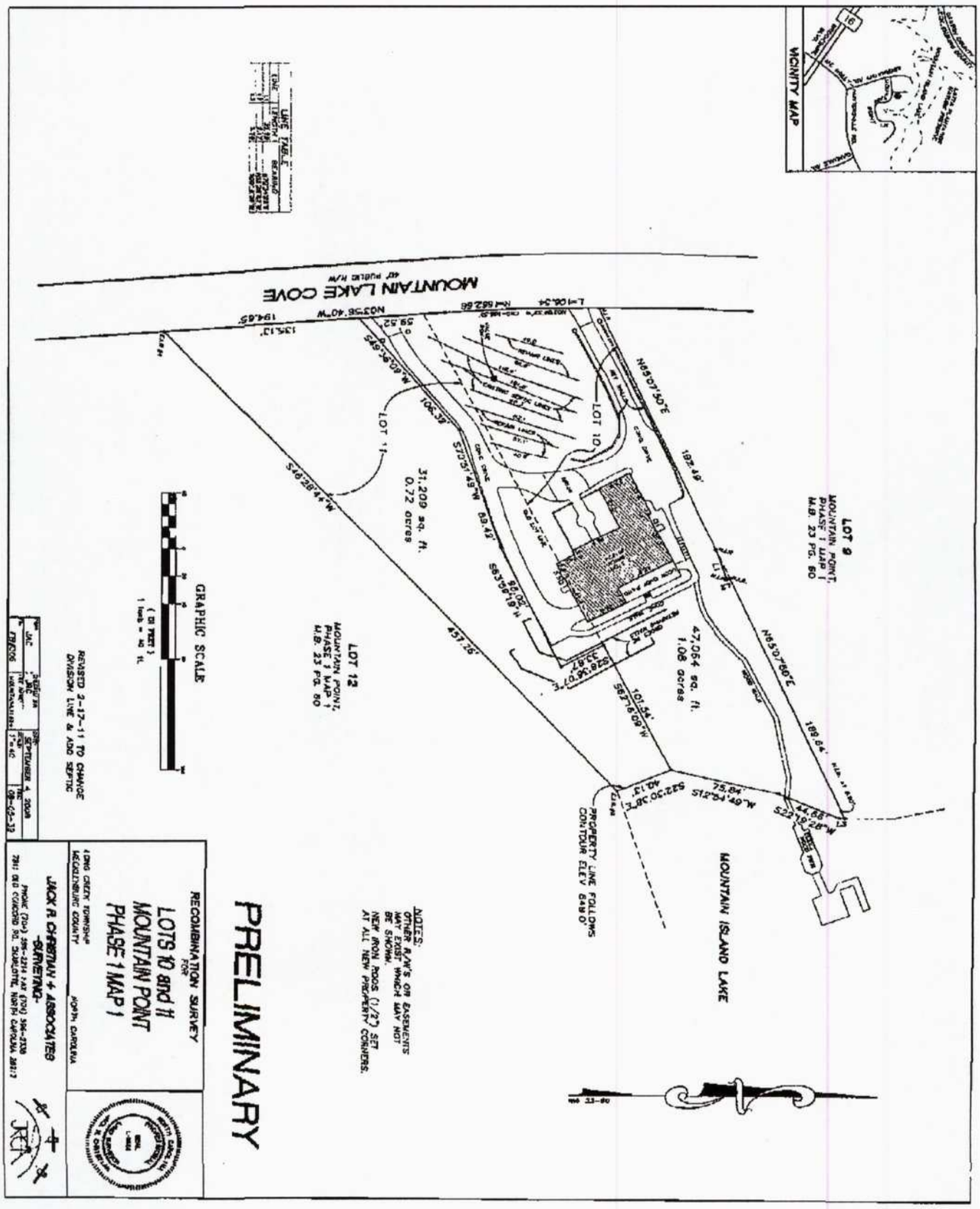
On February 9, 2011 the soils in the front yard were reevaluated (enclosed) by Jacobs On-Site Development and found to be 0.3 LTAR, consistent with Bill Marlin's original evaluation in 1991. The three existing lines were probed and identified on February 15, 2011. These lines were consistent with the original plan submitted by Tim Johnson in 1991. Five addition lines, totaling 314 lineal feet, were flagged. All lines were located by an RLS (enclosed).

Conclusion

The revised lot line allows the new larger Lot 10 to easily accommodate a 50% reduction (I & J Panel) system. Please accept this work for a redraw of the permit without encumbering Lot 11 with any part of Lot 10 septic.

Thank you for your help in making this change.

3.4


VICINITY MAP
MOUNTAIN LAKE COVE
LOT 9
MOUNTAIN POINT PHASE 1 MAP 1 M.B. 23 PG. 80
LOT 10
LOT 11
LOT 12
MOUNTAIN POINT PHASE 1 MAP 1 M.B. 23 PG. 80
31,209 sq. ft. 0.72 acres
47,054 sq. ft. 1.08 acres
MOUNTAIN ISLAND LAKE
PROPERTY LINE FOLLOWS CONTOUR ELEV 648.0'
GRAPHIC SCALE
PRELIMINARY
RECOMBINATION SURVEY FOR
LOTS 10 and 11 MOUNTAIN POINT PHASE 1 MAP 1
JACK R. CHERRYMAN & ASSOCIATES
-SURVEYING-
REVISED 2-17-11 TO CHANGE DIVISION LINE & ADD SEPTIC
SEPTEMBER 4, 2008
08-02-33

Jacobs Onsite Development 704#662#9845

Project #:
Property ID #:
County:

SOIL/SITE EVALUATION

Sheet:
Date Evaluated: 2/9/11

Owner or Client: R.H. Gattis relocating repair
Proposed Facility: Design Flow 440
Location of Site:
Soil Described By: Others Present:
Antecedent Moisture: Weather:
Property Size:
Site LTAR: Int. 0.3 Rep.
Site Classification: PS

Water Supply: [ ] Public [ ] Community [ ] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY: Structure/ Texture	SOIL MORPHOLOGY: Consistence Mineralogy	PROFILE FACTORS: Inclusions	PROFILE FACTORS: Matrix Color	PROFILE FACTORS: Mottles	PROFILE FACTORS: Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc..)	Profile Class & LTAR
1	Ridge NS Crest	0-5	g sl	fri NPL		10YR	NA	NA	PS
		5-32	SBK cl	fri SSSP		10YR		NA	PS
		32-OA	mod g sl	fri VSS,P	mf mica fragments	10YR	NA	NA	PS 0.3
2	LS Mid Slope	0-3	g sl	fri SSSP		10YR	NA	NA	PS
		3-46	mod SBK sl	fri SSP	Lt mica	10YR	NA	NA	PS 0.3
3	LS Mid Slope	0-14	g sl	fri SSP		10YR	NA	NA	PS
		14-38	SBK sl C	fri SSP		10YR	NA	NA	PS 0.3
4									
5									
6									

LICENSED SOIL SCIENTIST TONEY G. JACOBS 1063 STATE OF NORTH CAROLINA

COMMENTS:

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004944** GWS File #: **4956A** Tax Parcel #: **023-163-10**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 3/1/2016

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5000 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 801 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distri

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: Jeremy Michelone, P.S. Signature: _____

Date Issued: 3/1/2011

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone. (704) 336-5103 Fax (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004944** GWS File #: **4956A**

IV. Permit Conditions/Comments:

- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- Tony Jacobs conducted an investigation and redrew a new plan which will accomodate the entire septic system and repair system on lot #10. This will leave the entire lot #11 free of any easements.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 3/1/2011

Owner/Legal Agent: _____
Print Name

Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-5894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30004944 GWS File #: 4956A Tax Parcel #: 023-163-10

- This 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.

I. This Improvement Permit Shall: Expire In Five (5) Years **Expiration Date (If Applicable):** 3/1/2016

Type of Installation: Residential - Modified Plot Plan Lot Number: 0

Structure Type: HOUSE Size (ft^2): 5000 # Bedrooms: 4 # Occupants: 2

Building Foundation: Basement With Plumbing Water Supply: Community

II. Initial System Type: PPBPS (pressurized) **System Classification:** IVa

Initial System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 801 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distr

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 480 LTAR (gpd/ft^2): 0.3 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 800 Total Trench Length (ft): 267

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Manifold (LPP Distr

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: Jeremy Michelone Owner/Legal Agent: Tonya C. Jacobs, LSS

Signature: Jeremy Michelone, P.E. Signature: Tonya C. Jacobs, LSS

Date Issued: 3/1/2011

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30004944** GWS File #: **4956A**

IV. Permit Conditions/Comments:

- This type of repair system requires the property owner to obtain a contract with a Certified Operator to perform routine inspections and maintenance on the system.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- The septic system shall be installed in accordance with the plans submitted by the wastewater system design consultant.
- Tony Jacobs conducted an investigation and redrew a new plan which will accomodate the entire septic system and repair system on lot #10. This will leave the entire lot #11 free of any easements.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL is granted by the Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

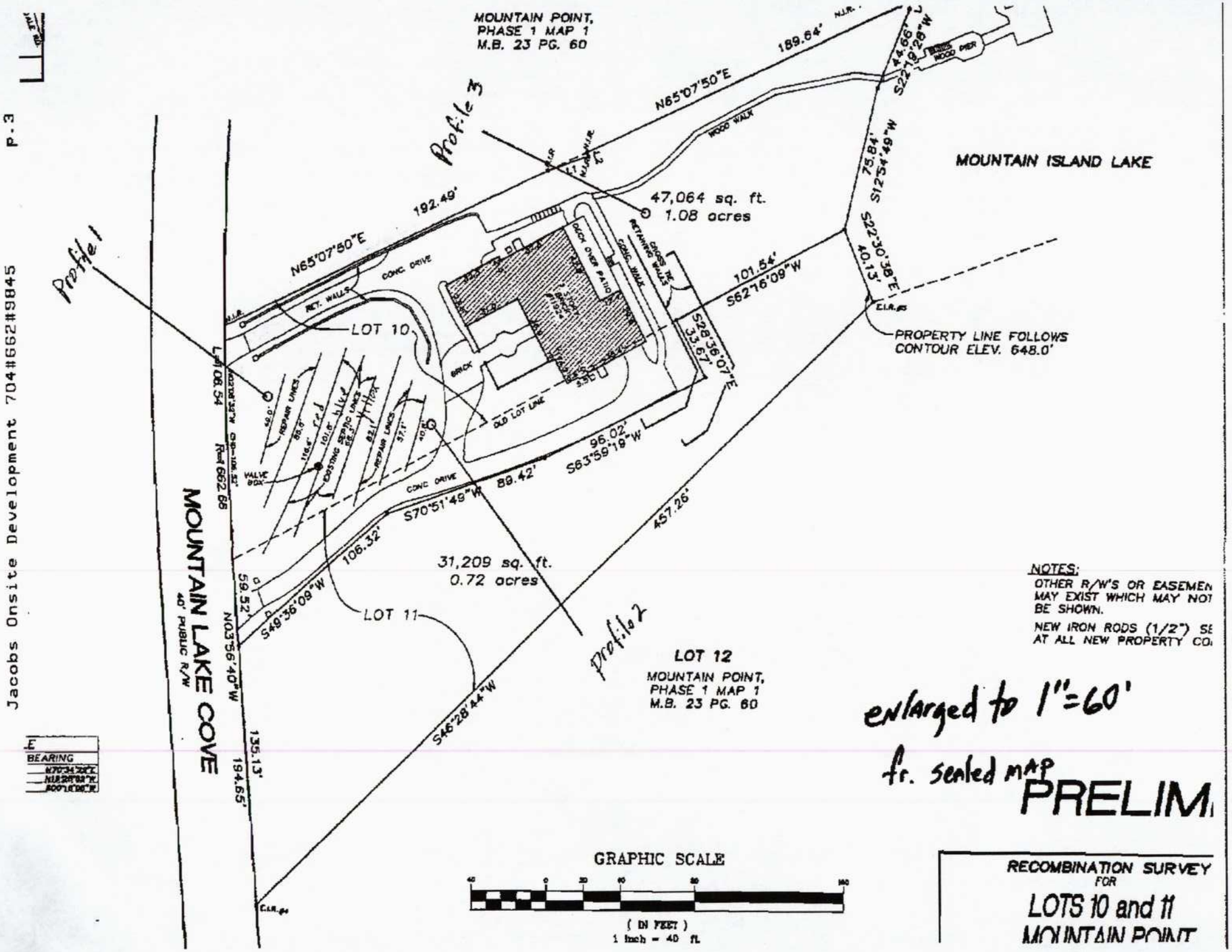
DENR Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone, R.S.

Date Issued: 3/1/2011

Owner/Legal Agent: Tony C Jacobs, LSS
Print Name

Signature: Tony C Jacobs, LSS


MOUNTAIN POINT,
PHASE 1 MAP 1
M.B. 23 PG. 60
Profile 3
Profile 1
Profile 2
N65°07'50"E
189.64'
192.49'
N65°07'50"E
44.66'
S22°19'28"W
WOOD PIER
WOOD WALK
MOUNTAIN ISLAND LAKE
75.84'
S12°54'49"W
S22°30'38"E
40.13'
47,064 sq. ft.
1.08 acres
CONC. DRIVE
RET. WALLS
LOT 10
BACK OVER PATIO
RETAINING WALLS
GRADE TO 1:3
GANG. WALK
101.54'
S62°16'09"W
S28°36'07"E
33.67'
PROPERTY LINE FOLLOWS
CONTOUR ELEV. 648.0'
BRICK
OLD LOT LINE
96.02'
S63°59'19"W
89.42'
S70°51'49"W
CONC. DRIVE
VALVE BOX
EXISTING SEPTIC LINES
REPAIR LINES
106.54'
N03°56'40"W
Rec'd 662.68
MOUNTAIN LAKE COVE
40' PUBLIC R/W
31,209 sq. ft.
0.72 acres
106.32'
S49°36'09"W
59.52'
LOT 11
457.26'
S46°28'44"W
135.13'
194.65'
LOT 12
MOUNTAIN POINT,
PHASE 1 MAP 1
M.B. 23 PG. 60
BEARING
GRAPHIC SCALE
(IN FEET)
1 inch = 40 ft.
Jacobs Onsite Development 704#662#9845
P.3
NOTES:
OTHER R/W'S OR EASEMEN
MAY EXIST WHICH MAY NO
BE SHOWN.
NEW IRON RODS (1/2") SE
AT ALL NEW PROPERTY CO
enlarged to 1"=60'
fr. sealed map
PRELIM
RECOMBINATION SURVEY
FOR
LOTS 10 and 11
MOUNTAIN POINT

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4956B Permit #: 11275 Tax Parcel #: 02316310

Property Owner: Reinhard & Irene von Hennings

Job Location Address: 11924 Mountain Island Lake

City: Charlotte State: NC Zip Code:

Improvement Permit Issuance Date: **Construction Authorization Issuance Date:** 5-27-2020

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5-27-2021. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: _____ GPD

Site LTAR: NA GPD/ft²

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank Existing gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

- appears failure is due to broken turn up
- Permit to investigate Septic drainfield.
- Excavate around turn up.

Comments: System Classification & Type: _____

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: _____ Date: _____

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4956B Permit #: 11275 Tax Parcel #: 02316310

Property Owner: Reinhard & Irene Van Hennigs

Job Location Address: 11924 Mountain Island Lake

City: Charlotte State: NC Zip Code: 28216

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date:** 10-16-2020

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 10-16-21. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 460 GPD Site LTAR: .3 GPD/ft²

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: Existing gallons

Drainfield Design ☐ N/A

Trench Depth: 30 inches

Trench Width: 2 feet

Line Spacing: 8 feet (O.C.)

Total line length: 65 feet

# of Lines: 1 @ 65 feet

Depth of Media: 24 inches (Type) PPBPS

Distribution Device: LPP

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☑ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 10+ feet

Distance from Property Line: 10+ feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached Site Plan

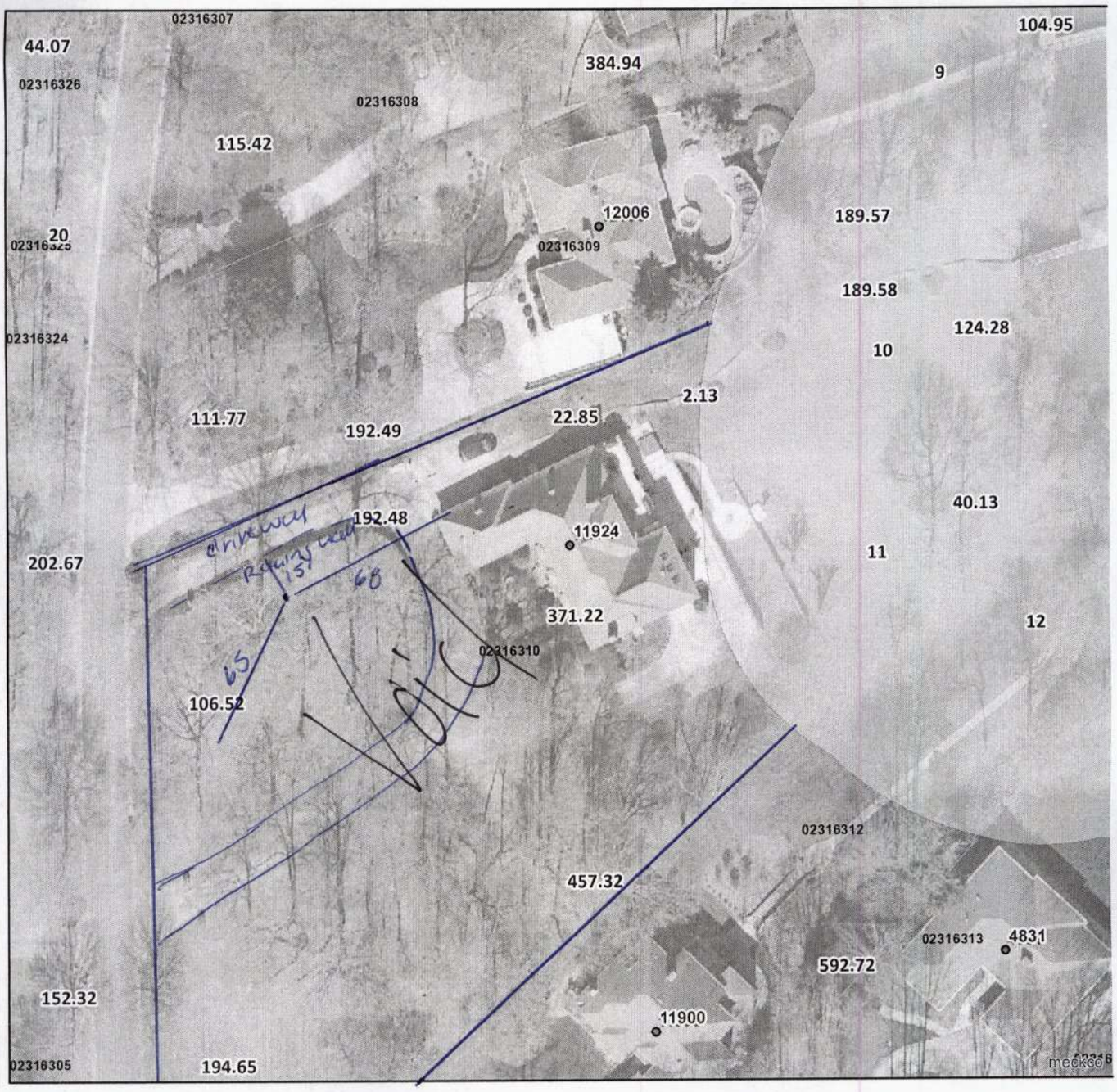
Void

Comments: System Classification & Type: Preconstruction meeting is required
Failing line need to be uncovered & troubleshoot existing line

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 11275
PID #: 02316310
File #: 4956B

Authorized Agent: Heather Ray Date: 6-16-20

Owner/ Legal Agent: _____ Date: _____

1 inch = 60 f

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4956a Permit #: 11275 Tax Parcel #: 02316310

Property Owner: Reinhard & Irene Von

Job Location Address: 11924 Mountain Lake Cove

City: Charlotte State: NC Zip Code: 28216

Improvement Permit Issuance Date: 12-9-20 **Construction Authorization Issuance Date:** 12-9-20

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before _____. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 460 GPD

Site LTAR: .3 GPD/ft²

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: Existing gallons

Drainfield Design ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☑ Community Well

☐ Other _____

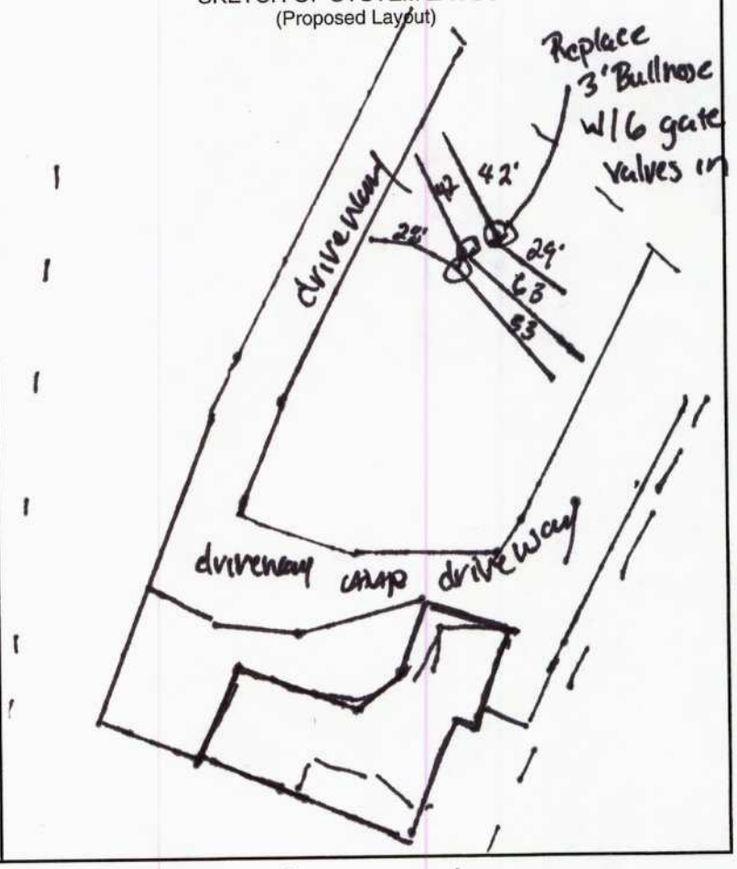
Minimum System Setbacks

Distance from Building Foundation: 10 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: Replace 3 bull valves with 6 gate valves have certified operater/installer rebalance & flush lines. Monitor system for 30days

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: _____ Date: _____

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4956a Permit #: 11275 Tax Parcel #: 02316310

Property Owner: Reinhard & Irene Von Hennings

Job Location Address: 11924 Mountain lake Cove

City: Charlotte State: NC Zip Code: 28216

Operation Permit Issuance Date: 2-17-21 Contractor Name: Larry Henkle

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: Existing gallons

Liquid Capacity of Septic Tank: Existing gallons Tank Manufacture Existing Effluent Pump Model: Existing

Drainfield Installation ☑ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☑ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 16 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 10 feet

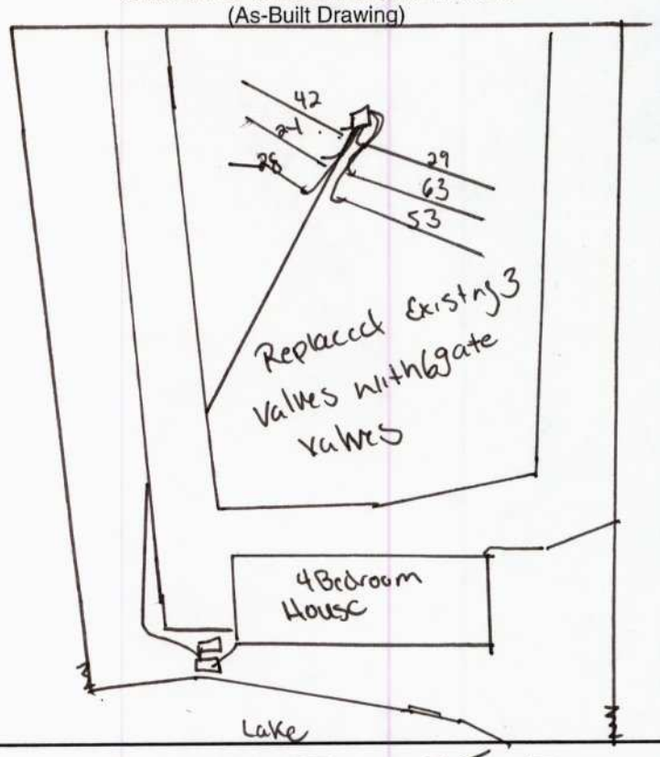
Inspection Dates

Tank(s) Inspected: Na

Excavation Inspected: 2-17-21

Pump & Controls Inspected: 2-17-21

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☑ altered ☐ repaired ☑ as detailed in the plot above ☐ in accordance with the permit issued 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. The issuance of this 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. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IVa / LPP PPBPSV / Na / Na

If drainfield does not recover repair will need to be installed

DENR Authorized Agent: Heather Ray Signature: _____

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 4956a Permit #: 11275 Tax Parcel #: 62316310

Property Owner: Reinhard & Irene Von Hennings

Job Location Address: 11924 Mountain Lake Cove

City: Charlotte State: NC Zip Code: 28216

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IVa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☑ No ☐

☑ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☑ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Heather Ray Date: 2-17-21

Signature: Heather Ray