

16034 NORTH POINT RD

00145235

9/4/08

marliwr

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

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

Date: June 13, 1996

Ref: File #21014/16034 North Point Road

SUBJECT: Refund

(Mr./Mrs./Co.) M.B. Speir Const. Co., Inc originally paid $200.00 for add/with alteration of septic system on May 30, 1996 check #3435.

A refund should be issued for $150.00 because it was determined by the Environmental Specialist that the existing septic system is adequate for the needs of the addition to the structure.

Please make check payable to: M. B. Speir Construction Company, Inc.
3621 Pelham Lane
Charlotte, North Carolina 28211
Attn: Morgan Speir

FEE: 200.00
DATE: May 29, 1996
C/K #3435

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

W.E.O.

1 CRT

TYPE APPLICATION: __ NEW SYSTEM XX 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 #: 2 1014

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-452-35

STREET ADDRESS: 16034 North Point Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
XXX 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
XXX 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: ~~3500~~ 3564 +/- sq ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE: Masonry

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

ALL DECK PIERS 5' FROM ANY PART OF FOUNDATION.

USE EXISTING SYSTEM.

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

~~Adding two story(bedroom) addition to house~~ NO NET INCREASE IN BEDROOMS. - RAR

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES XX NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER: Stephen G. Hix

NAME: Hix, Stephen G.
(LAST) (FIRST) (MI)

ADDRESS: 16034 North Point Road

CITY: Huntersville STATE: N. C. ZIP:

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: M. B. Speir Construction Co., Inc.
(LAST) (FIRST) (MI)

DAYTIME PHONE: 704 366-1985

Attn: REmbert Rogers/ Morgan B. Speir

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: By: M. B. Speir Construction CO., Inc. Morgan B. Speir

DATE: May 29, 1996

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


RECEIVED
MAY 30 1996

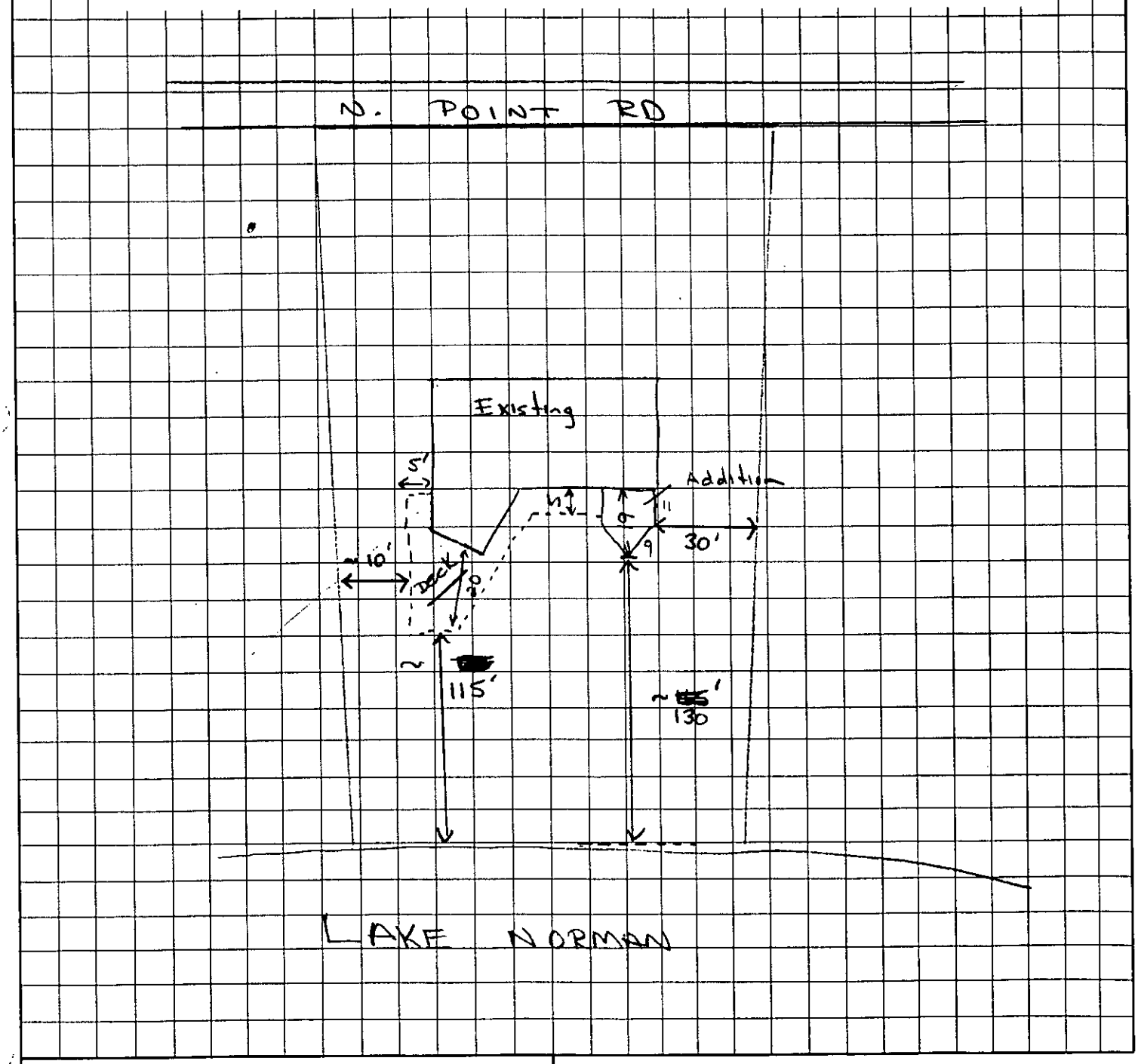
PROPOSED PLOT PLAN

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

FILE: 2014

TC: 001-452-35

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 5/29/96

APPROVAL DATE _____

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

FEE: 200.00

DATE: May 29, 1996

C/C #3435

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

1 JCRT

TYPE APPLICATION: __ NEW SYSTEM XX 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

COPY

FILE #: 2014

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LOT NUMBER:

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__ 5 MATTHEWS
XXX 6 HUNTERSVILLE
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__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
XXX HOUSE (H)
__ MODULAR HOME (M)
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__ OTHER (O)

HEATED SQUARE FOOTAGE: ~~2552~~ 3364 +/- sq ft.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

Adding two story(bedroom) addition to house will be 4 bedroom house after addition

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES XX NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

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

PROPERTY OWNER: Stephen G. Hix

NAME: Hix, Stephen G. (LAST) (FIRST) (MI)

ADDRESS: 16034 North Point Road

CITY: Huntersville STATE: N. C. ZIP:

DAYTIME PHONE: ( ) —

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DAYTIME PHONE: (704) 366-1985

Attn: REmbert Rogers/ Morgan B. Speir

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c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

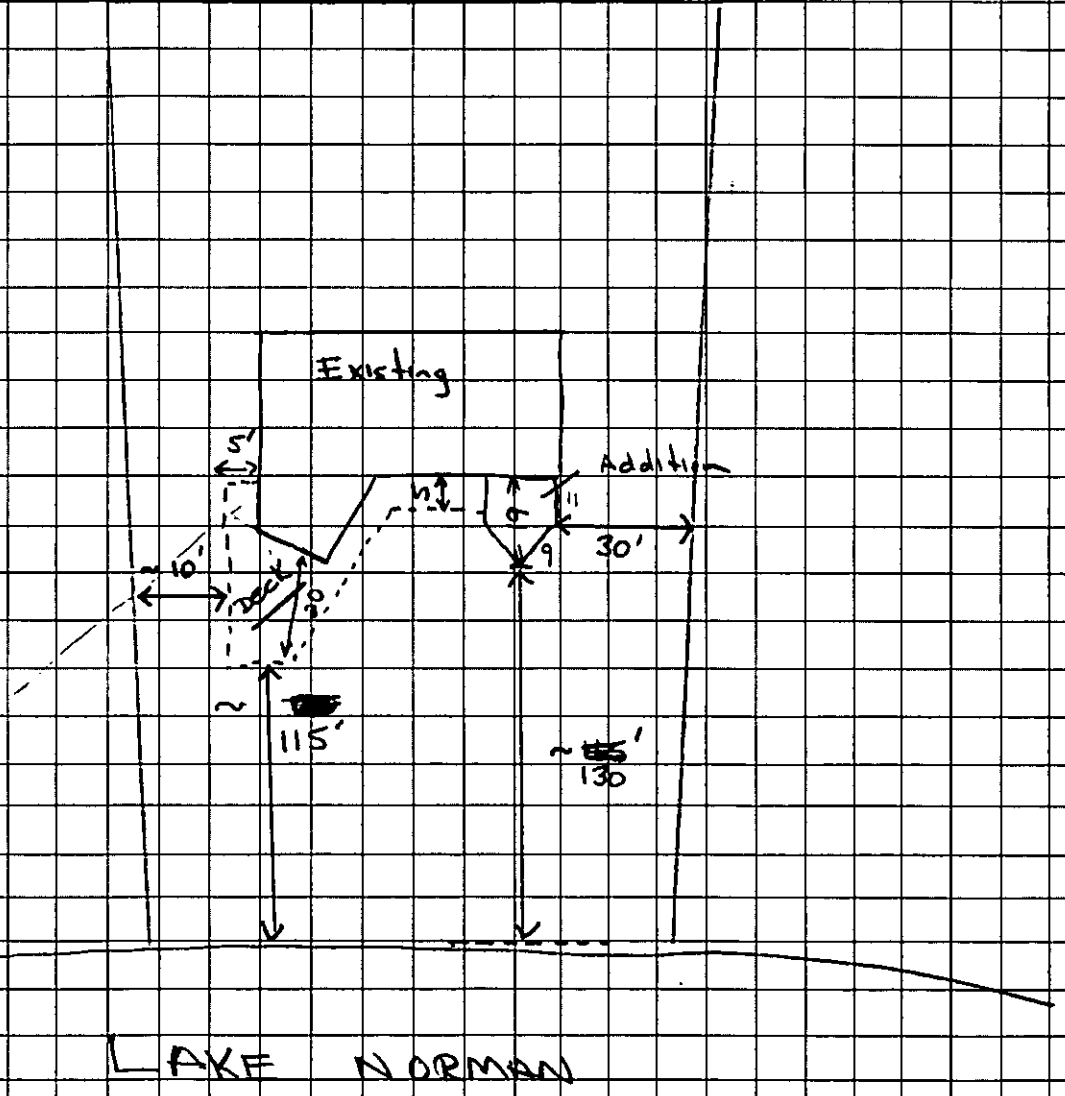
PROPOSED PLOT PLAN

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

FILE: 2014

TC: 001-452-35

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 5/29/96

APPROVAL DATE _____

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

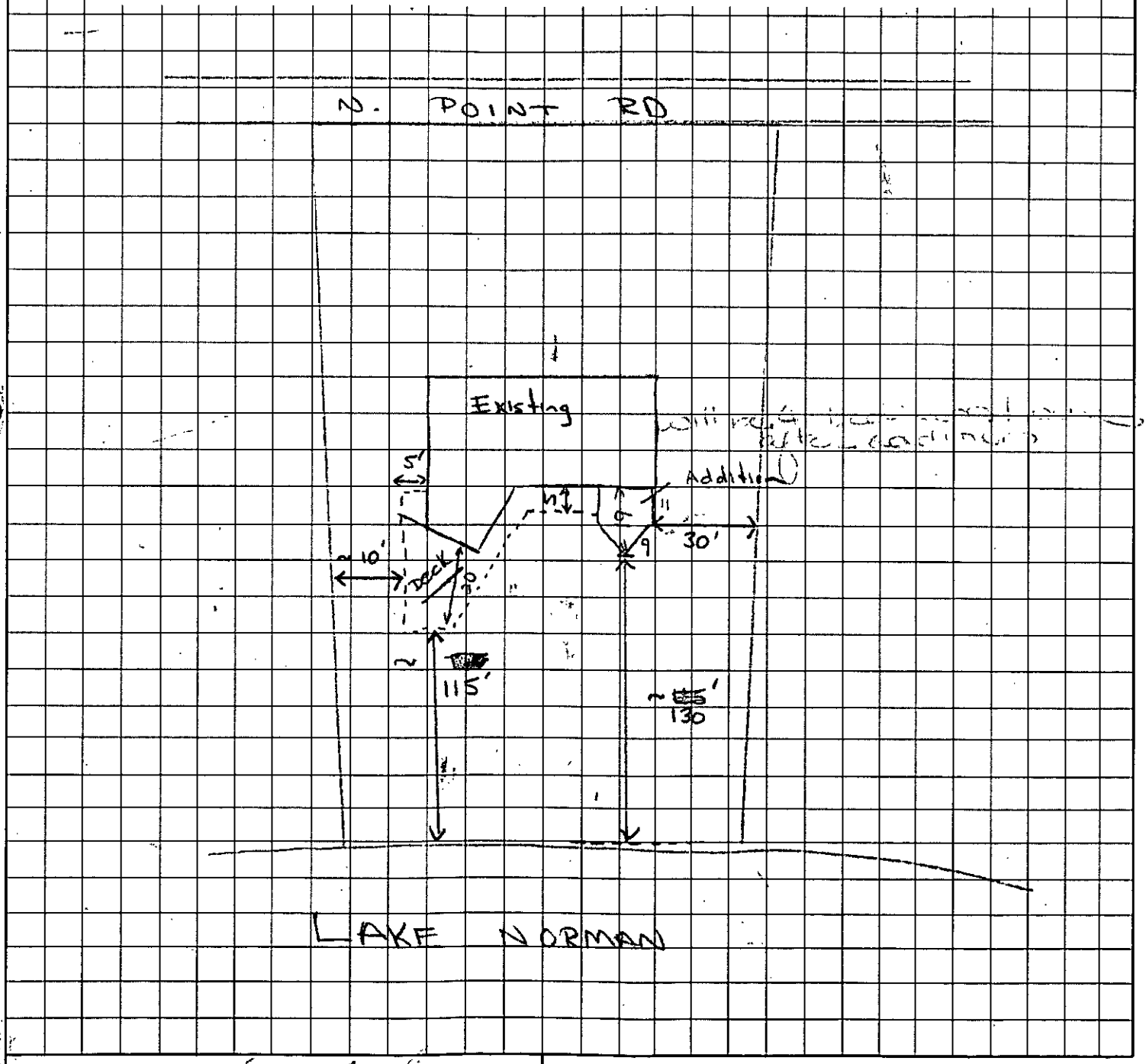
PROPOSED PLOT PLAN

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

FILE: 21014

TC: 001-453-35

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.



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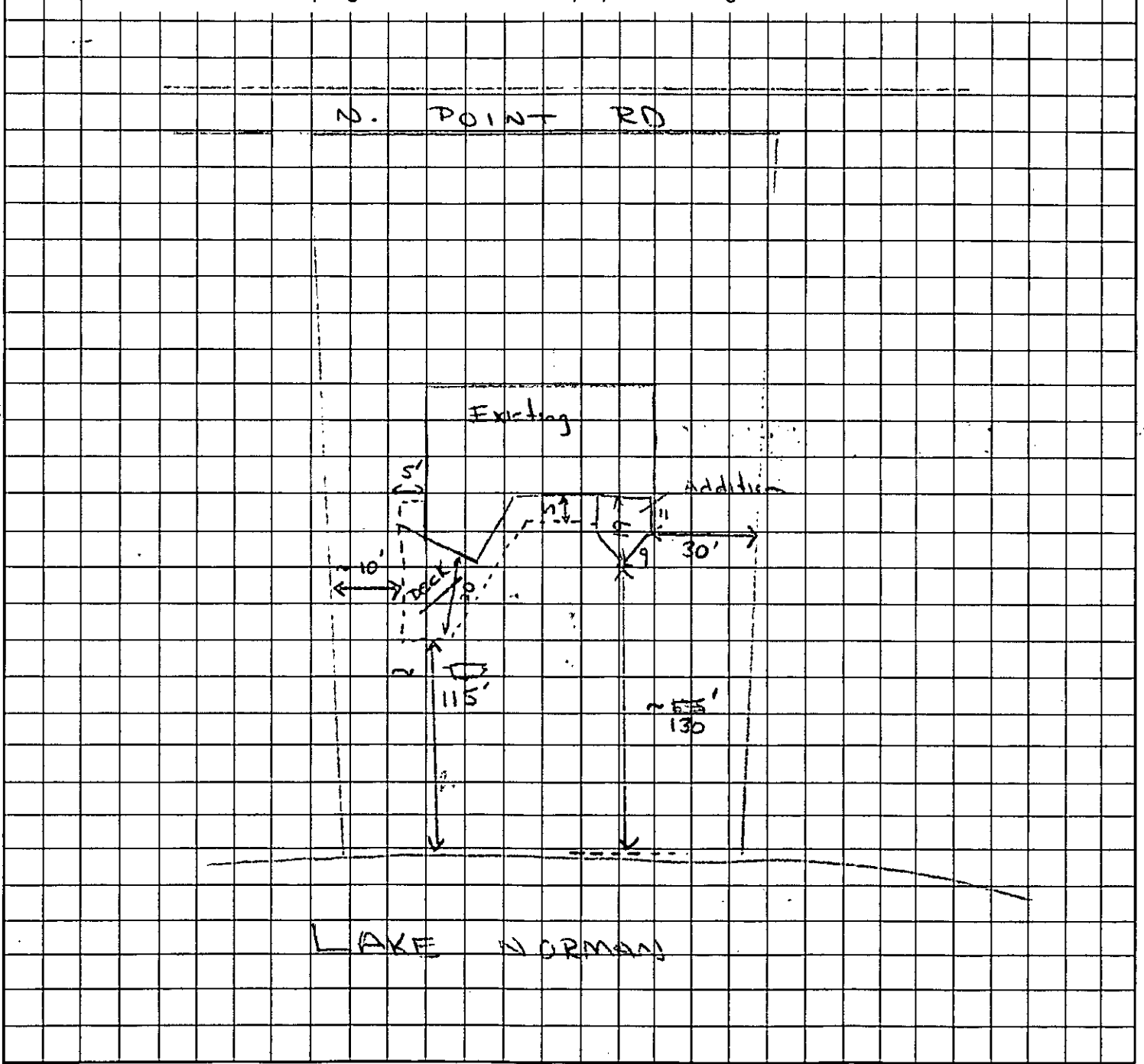
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21014

TC: 001-453-35

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OWNER/AGENT SIGNATURE

DATE 5/20/96

APPROVAL DATE

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

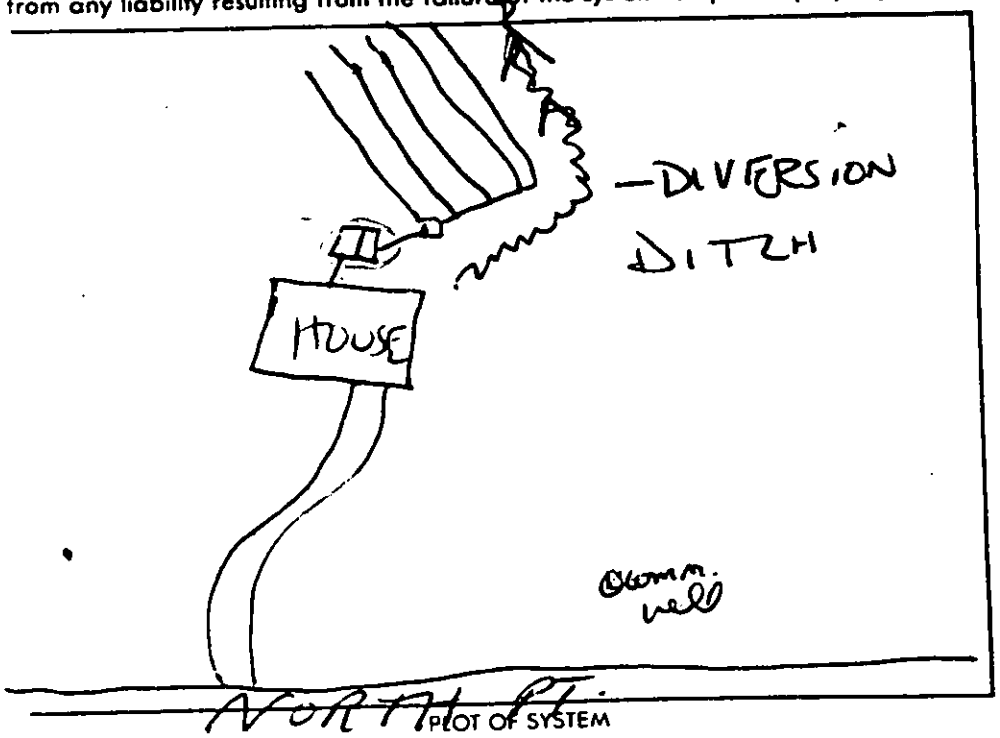
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21014 DATE: 7-27-87

TC: 001-452-35 ☑

SERIAL № 11144

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 3-3-87. All work shall be completed on or before 8-27-87, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER HIX, STEPHEN G

LOCATION OF PROPERTY 16034 NORTH POINT RD

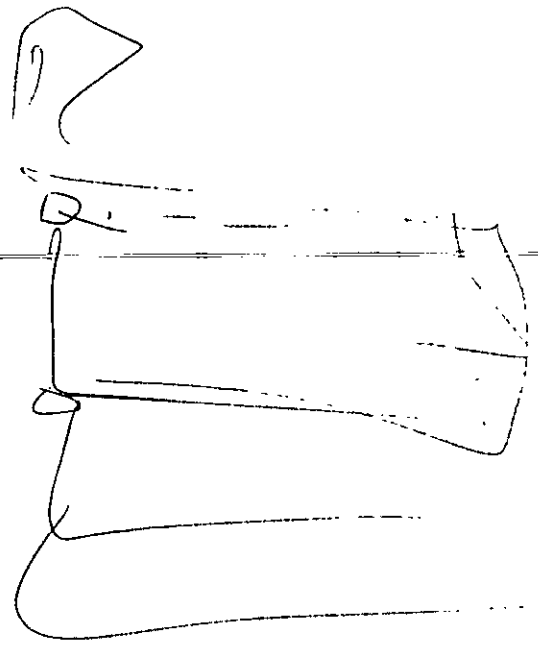
Comments: 5 lines @ 80' long each x 3' wide x 12" rock DIVERSION DITCH SHALL BE PLACED UPSLOPE FROM DRAINFIELD.

S. Daniels R.S.
Division or Section Head

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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



CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21014 DATE: 7-31-97

TC: 001452-35 ☒ L ☐ CRT

SERIAL № 10432

Name of Owner Hix STEPHEN G Juris.:

Address of Property 16034 NORTH PT RD

Inspection Data:

Tank Material PLC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 1

Water Supply Source comm well

Distance to Water Source 100'

Excavation Inspected 7-31-97

Tank(s) Inspected 7-31-97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1HBD 1500 ST CON 1200SFT 12G CECIL CTR# 29

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

☒ installed or constructed ☐ altered or repaired

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

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

☒ Certificate of Completion ☐ Operation Permit

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

COMMENTS:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

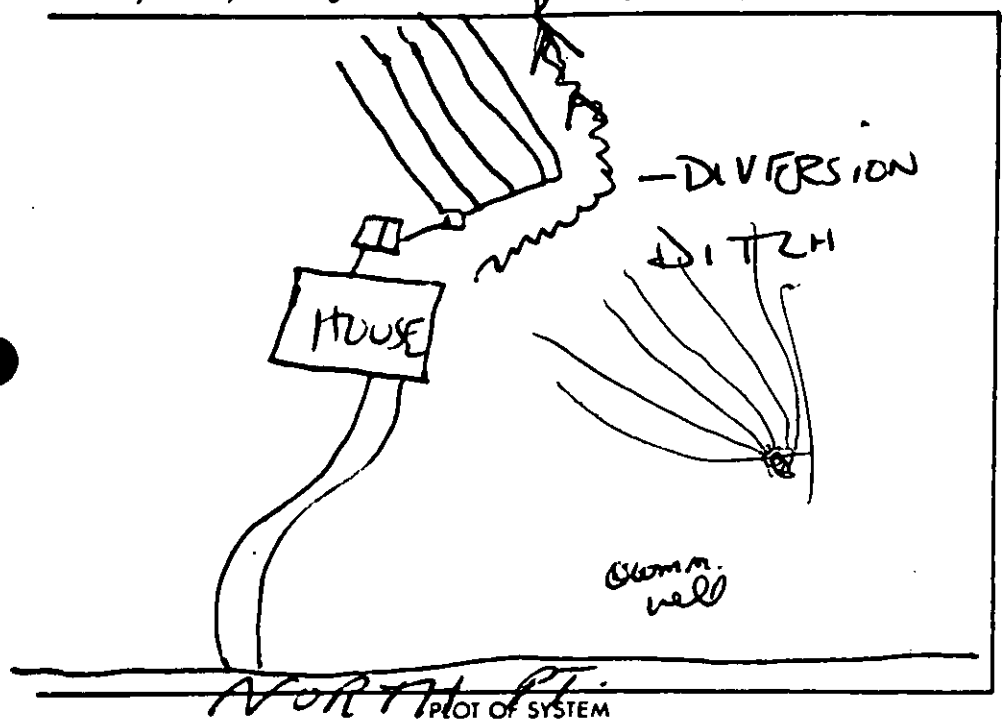
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21014 DATE: 7-27-9

TC: 001-452-35 d1

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S. Daniel, R.S.
Division or Section Head

Environmentalist

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

Serial No. 6505

SIR No. 21014

Date Issued 8-9-85

T. C. No. PO 001-201-05

Mcp Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

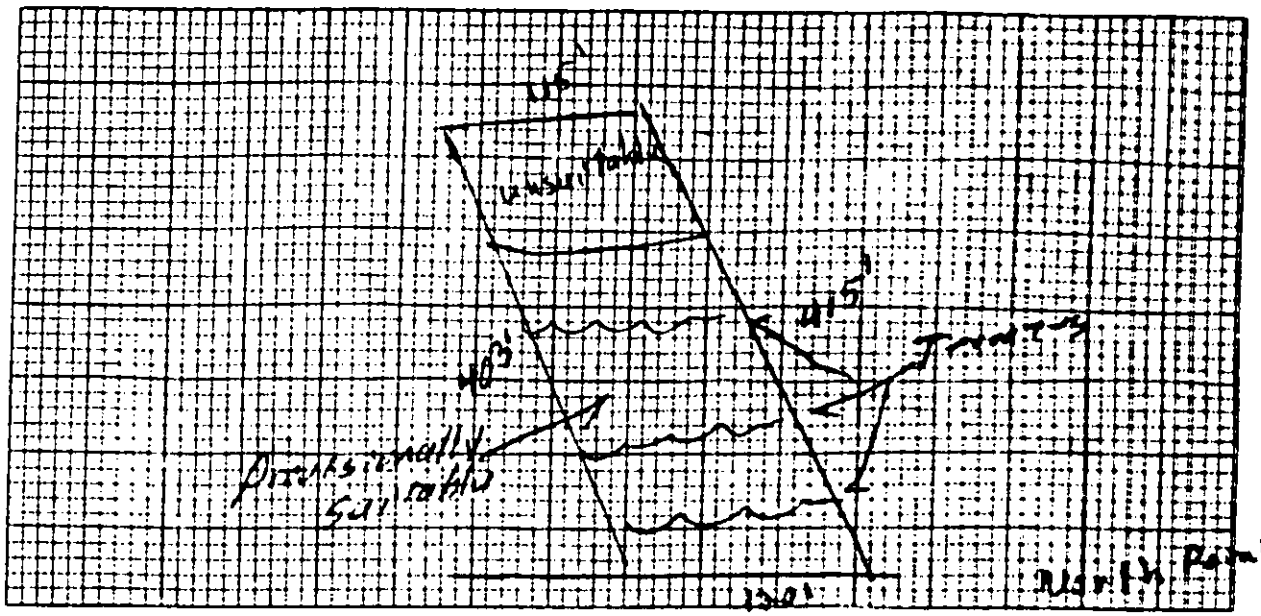
SOIL INVESTIGATION REPORT
REVISED REPORT DUE TO LOT CONFINGURATION

NAME OF OWNER Martin Development Group
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 1800 One Tryon Center, Charlotte, NC ZIP 28284

LOCATION OF PROPERTY North Point Road
(STREET OR COUNTY ROAD)

SUBDIVISION Lookout Point LOT NO. 13 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. PROVISIONALLY SUITABLE
The permeability rate determined by the investigation was. . . . . The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions.

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health prior to installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling, or construction including the drilling of wells is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration, and or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William A. Mullis
Soil Scientist

Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2 1014

T.C. NO. 021-20105

(Ground Absorption Sewage Disposal)

OWNER: Martin Development Group
ADDRESS: 1515 One Lincoln Center
Charlotte, N.C. 28234
LOCATION OF SITE: North Point Rd

PLAT NO: Lot 3W
LOT SIZE: 2.2 Ac .64

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U 2-10% 10-20%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U Clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U 36-48"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U >36"	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) 7-18" PS To ground U	S PS Depression U	S PS U	S PS U
7. OTHER (Specify)	S PS U See Note	S PS U	S PS U	S PS U
8. SOIL GROUP	II A	—		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil Like	Depression		

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: However lot may require pump & SD lines recommend plans be submitted for house & system

Described by: William A. Martin
Title: Soil Scientist

Date: 7-11-89

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

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

(OFFICE USE ONLY)
FILE: 21014
TC: _____
SERIAL: № 12551

JOB LOCATION

① ADDRESS: 16134 (STREET NO) North Point Road (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 004-452-35
⑤ SUBDIVISION: Lake Norman Point ⑥ LOT: 13 ⑦ BLOCK: _____

OWNER

⑧ NAME: Sean (FIRST) G (MIDDLE) Hill (LAST)
⑨ MAILING ADDRESS: 103 Pineridge Dr.
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 704-875-1621 ⑭ (HOME) 704-875-2075

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? _____
㉔ Basement? ☑ yes ☐ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☐ Community well
D ☑ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Stephen Hill
Date: 3-16-07

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG C
DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Depa
has approved the Request for the Job Location contained in this doc
This approval is granted in accordance with the provisions of Lav
Rules For Sanitary Sewage Collection, Treatment And Disposal in e
the time of issuance of the permit and is subject to the following pro
. . . No work shall be conducted on the septic tank system u
Installation, Construction, Alteration and/or Repair permit is issued
Department.
. . . This permit is not transferable, and shall become null and
months from the date of issuance.

H. B. Ferguson 3-16-0
Environmentalist Date

Director or Authorized Section Head 3-17-
Date

*This permit must be signed by the Director of Environmental Heal
authorized section head in order to be valid.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: ~~5724A~~ 20114
TC:
SERIAL: No 18367 ☐ W ☐ CAN

(1) ADDRESS: 16034 (STREET NO) NORTH POINT (STREET) Rd. (2) FILL:
(3) JURISDICTION: (4) TAX PARCEL NO.: 001-452-35
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

(8) NAME: STEPHEN + DEBRA (FIRST) (MIDDLE) HIX (LAST)
(9) MAILING ADDRESS: 16034 North Point Rd.
(10) CITY: ~~Charlotte~~ Huntersville (11) STATE: N.C. (12) ZIP: 28078
(13) PHONE: (WORK) (14) (HOME) 875-2015

This request is for a(n):

(15) ☑ New permit
(16) ☐ Repair or alteration permit
(17) ☐ Authorization for mobile home exchange
(18) ☒ Other (specify) Sewer

DESIGN CRITERIA

System will serve:

(19) ☒ Residence (20) ☐ Mobile home
(21) ☐ Business or place of public assembly
(22) Number of bedrooms? 3 bedrooms
(23) Maximum occupancy? 4
(24) Basement? ☐ yes ☑ no
(25) Type?
(26) Maximum number of employees?
(27) Maximum number of seats?

WATER SUPPLY

(28) Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☑ Community well G.P.
D ☐ Community system

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

Signed: John C. Rodgers Jr.
Date: 5-4-89

IMPROVEMENT PERMIT

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

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by the Department.

... This permit is not transferable, and shall become null and void 3 months from the date of issuance.

Use Existing System

Environmentalist — Date
Director or Authorized Section Head — Date 5-5-89

This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

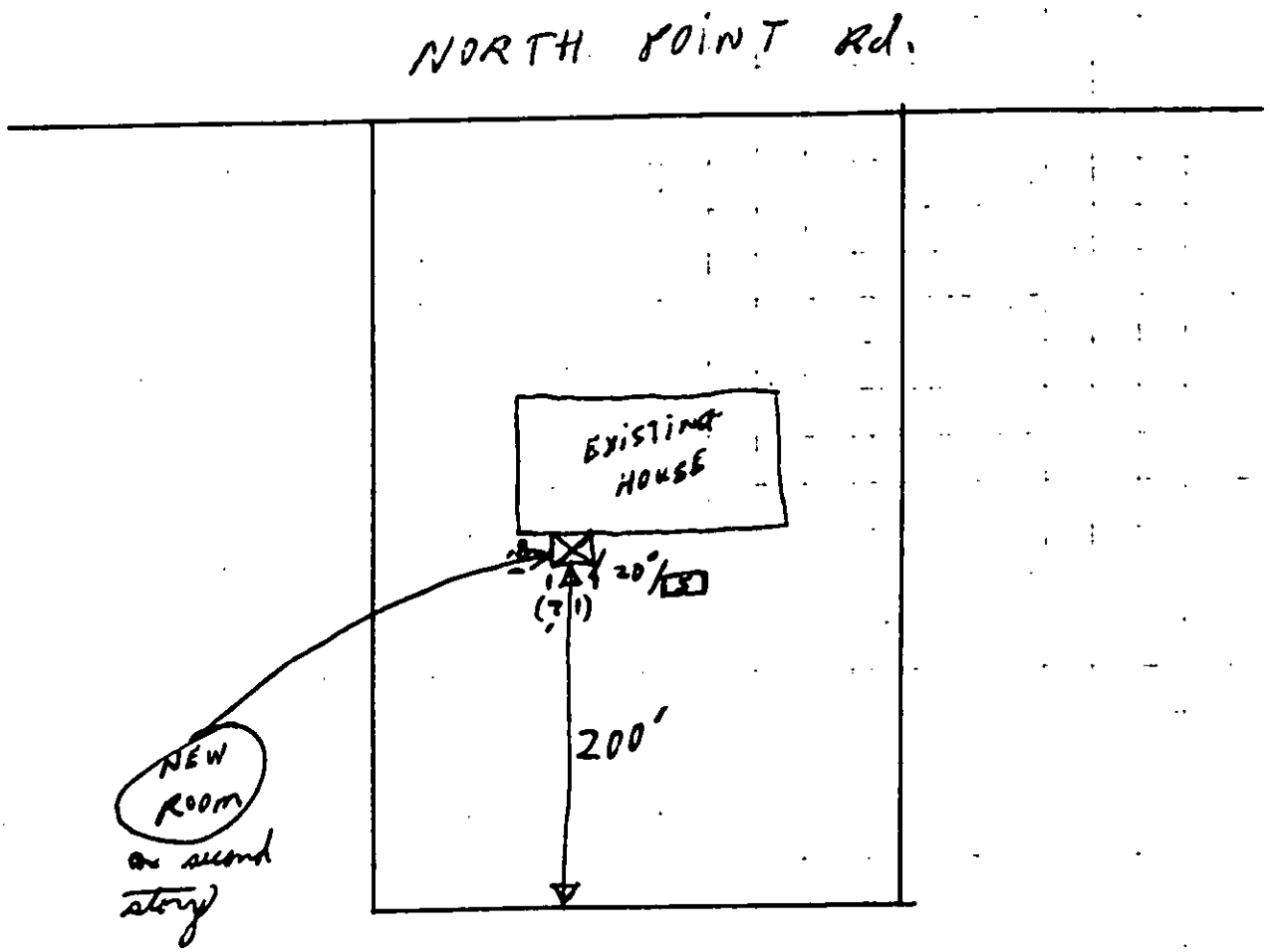
PROPOSED PLOT PLAN

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

FILE: ~~5721-A~~ 21014

TC: _____

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



(NOTES) There will be (2) two pier footings.

Signed: John C. Rodgers Jr.

Date: 5-4-89