

9404 PINENOLL LN

10514202

4/11/08

marliwr

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

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

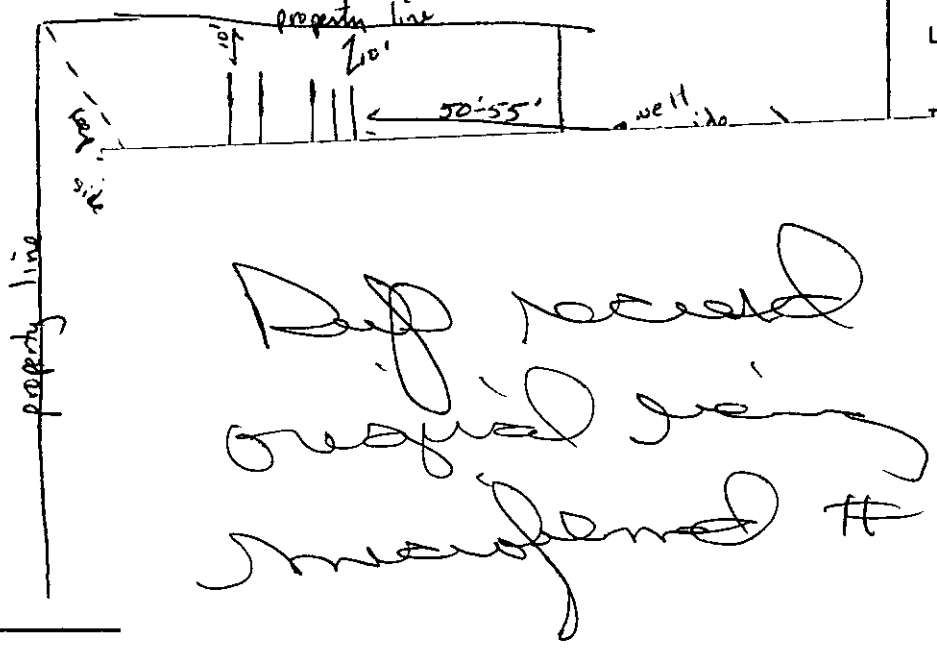
240

FILE: 311 A DATE: 8-3-93

TC: 105-142-02 ~~H~~

SERIAL Nº 15163

Permission is hereby given to X Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8-3-93. All work shall be completed on or before 9-3-93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

ction PVC

nd/or Nitrification Lines:

3' feet

gth 270' feet

ies 5 at 55' each

e 12" inches

House 5' feet

e 10' feet

Well 50' min feet

oil cover

Dep received
required repairs
marked ~~H~~

NAME OF OWNE.. [illegible] Hilton

LOCATION OF PROPERTY 9404 Pinenoll Ln.

Comments: Keep 50' from any well. End of trench to be 10' off back property line. System must stay in area as shown.

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

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

FILE: 311 A DATE: 8-4-93

TC: 105-142-02 ☐L ☐GRT

SERIAL Nº 15399

Name of Owner William Hilton Juris.:

Address of Property 9404 Pinenoll Ln.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 5 @ 55'

Cover Depth 12-18"

Water Supply Source well

Distance to Water Source 50'-55'

Excavation Inspected 8-4-93

Tank(s) Inspected 8-4-93

Wash Line Inspected ———

High Water Alarm Inspected ———

PLOT

Design: 1993, conv, 1500 gal, 825 sq ft drainfield at 5 lines at 55' x 3' x 12" stone each Larry Tucker CTR# 209
cecil

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: Two Bedroom house only.

Type II

Susan Patterson
Environmentalist

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

DX60 LM

Transferred $50.00 9-14-92 SOIL TEST

file 311 A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid $150.00 CK#722 9-25-92 [ ] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Hilton (last) William (first) S (mi)
ADDRESS: 1426 Lakedell Dr PHONE: 704 537-9841
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 9-25-92

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: [redacted] PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-142-02
STREET ADDRESS: 9404 Pinenoll Ln
ZONING: Residential

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

SUBDIVISION OR MOBILE HOME PARK NAME: Lesa Lake Estates

LOT NUMBER: 28 LOT SIZE (in acres): Approx 3/4

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: FH 10-9-92

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

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

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

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

Signed: W. J. Hilton, Jr. & Mrs Theresa S Hilton Date: 9-25-92

NOTICE:

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

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

...This permit is not transferable.

...May require lift station

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

B.R. Ferguson 10-9-92
Environmentalist Date

Kelly Randall 10-12-92
Director or Authorized Section Head Date

WATER : 122791

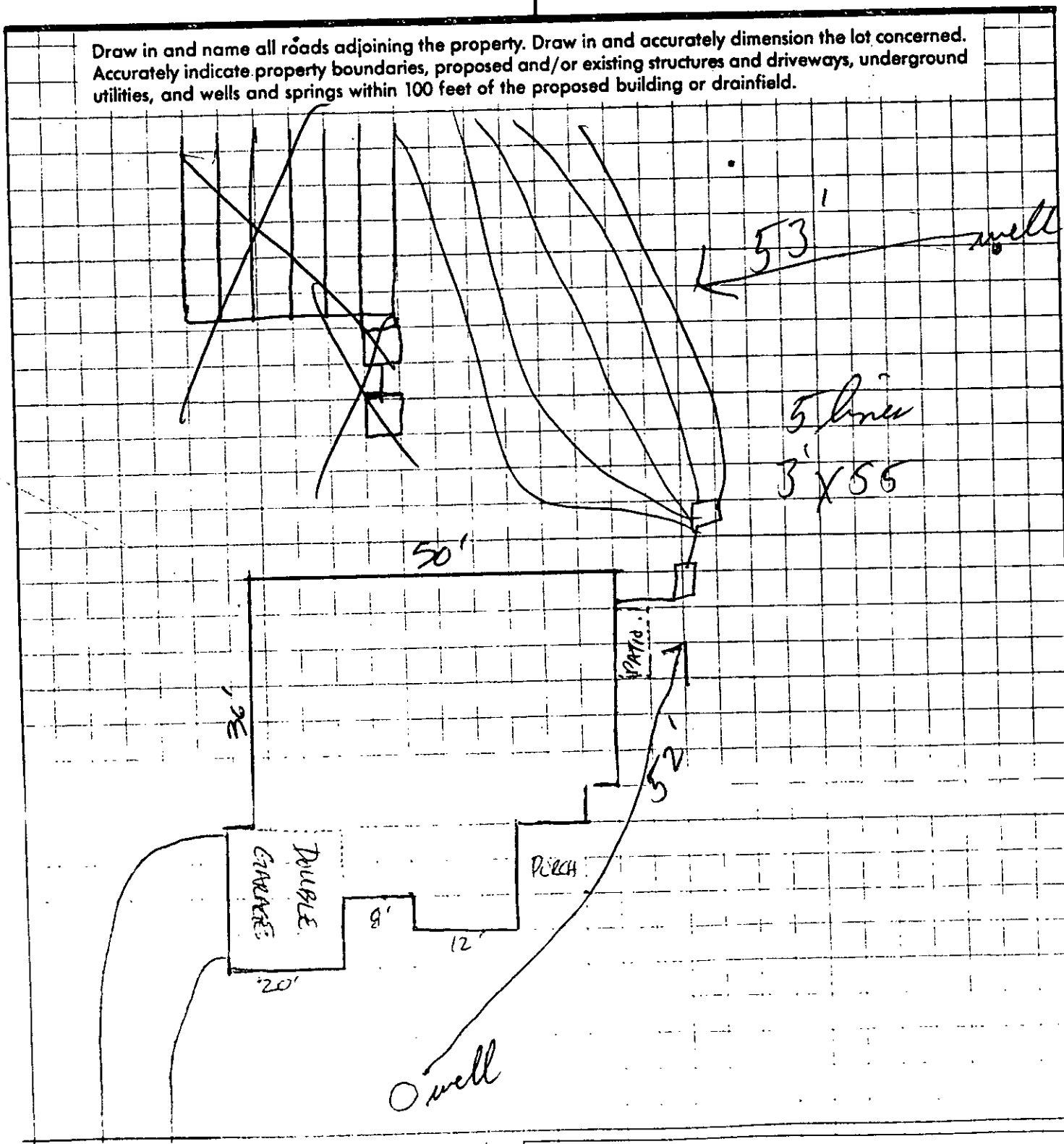
PROPOSED PLOT PLAN

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

FILE: 311A

TC: 105-142-02

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.



9404 PINNACLE LN.

APPROVAL DATE

fill 311A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: W. J. Hilton, Jr. + Wife Frances I
(last) (first) (mi)
ADDRESS: 1426 Lakedell Dr. PHONE: (704) 537-9841
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 9-14-92

PROPERTY OWNER: Work 336-2261
NAME: Same
(last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-142-02
STREET ADDRESS: 9404 Pineno|| Ln
ZONING: Residential

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

SUBDIVISION OR MOBILE HOME PARK NAME: Cass Lake Estates

LOT NUMBER: 28 LOT SIZE (in acres): Approx 3/4

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

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

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

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

Signed: W. J. Hilton Jr. Date: 9-14-92

NOTICE:

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

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

...This permit is not transferable.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

RG COUNTY ENVIRONMENTAL HEALTH File: 311 R
UATION REPORT Parcel: 105-142-02 ☐ PC
NUMBER 11389

Location: Pineknoll Lane

Subdivision:

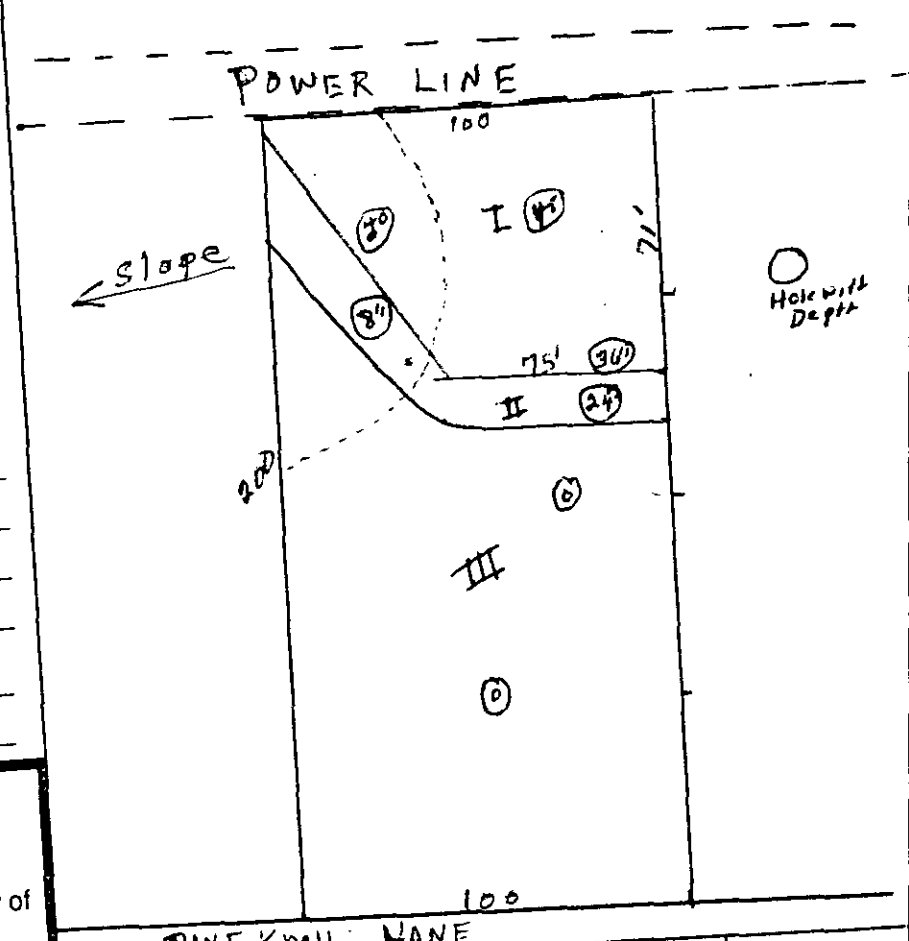
Lot: 28 Block: D Acres: .47

Owner: Harry Griffin
Address: Rt. 2, Box 308-K
Stanfield, N. C. 28163

Comments: SPACE AVAILABLE 3BR If
A- Well ON Right Not Involved
B- Lot Created Before 1983

Described by: W. B. Ramsey

Date: 11-24-86



*** 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 3-6	S (PS) U 3-6	S (PS) U 2-6	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS (U) 8-24	S PS (U) 0-2"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS (U) No Horizon	S PS U	S PS U	S PS
Available Space	S (PS) U * See comments	S PS (U)	S (PS) U	S PS U	S PS U	S PS
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS
Soil Group/Series	IIe Cecil	IIe Enon/Cecil	Saprolite			

PROPOSED PLOT PLAN

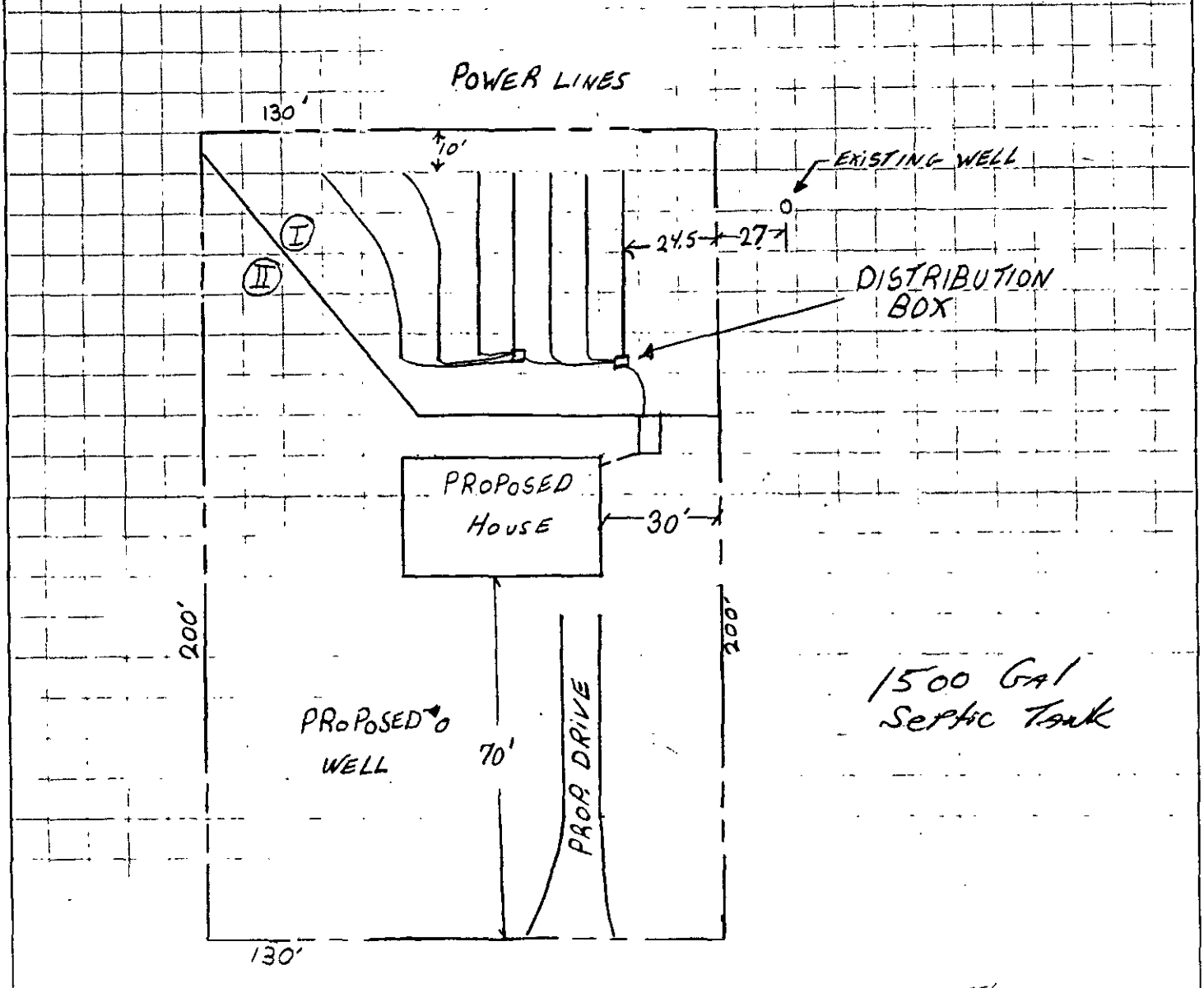
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

FILE: 311A

TC: 105 14 202

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 Gal Septic Tank

3BR x 133 FT/BR = 400 FT.
400'/7 LINES = 57'/LINE.

NOTES:

1) ½" CRAWL SPACE (min.) is PLANNED FOR HOUSE.

2) KEEP ALL COMPONENTS OF SEPTIC SYSTEM 50' FROM WELLS.

7 CONVENTIONAL LINE, 57' LONG, 9' O.C.
3' WIDE, 12" STONE

Signed: John T Mucci Jr.

Date: 12/11/86

SITE EVALUATION REPORT
SERIAL NUMBER 11389

Parcel: 105-142-02 ☐ PC

Location: Pineknoll Lane

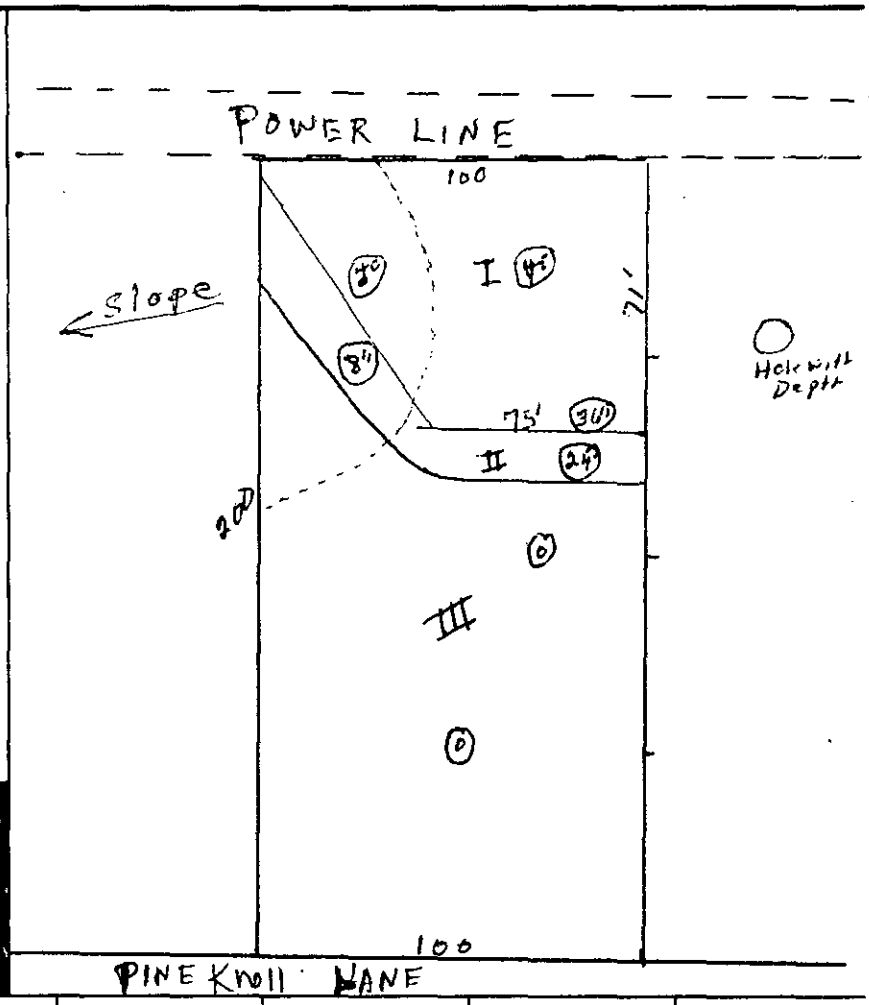
Subdivision:

Lot: 28 Block: D Acres: .47

Owner: Harry Griffin
Address: Rt. 2, Box 308-K
Stanfield, N. C. 28163

Comments: SPACE AVAILABLE 3BR If
A- Well ON Right Not Involved
B- Lot Created Before 1983

Described by: W. B. Ramsey
Date: 11-24-86



***** EVALUATION KEY *****
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PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

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Topography	S (PS) U 3-6	S (PS) U 3-6	S (PS) U 2-6	S PS U	S PS U	S PS U
Texture	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Structure	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Drainage	S (PS) U	S (PS) U	S PS (U)	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS (U) 8-24	S PS (U) 0-2"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S (PS) U	S PS (U) No Horizon	S PS U	S PS U	S PS U
Available Space	S (PS) U *See comments	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	IIa Cecil	IIa Eroded Cecil	I Saprolite			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

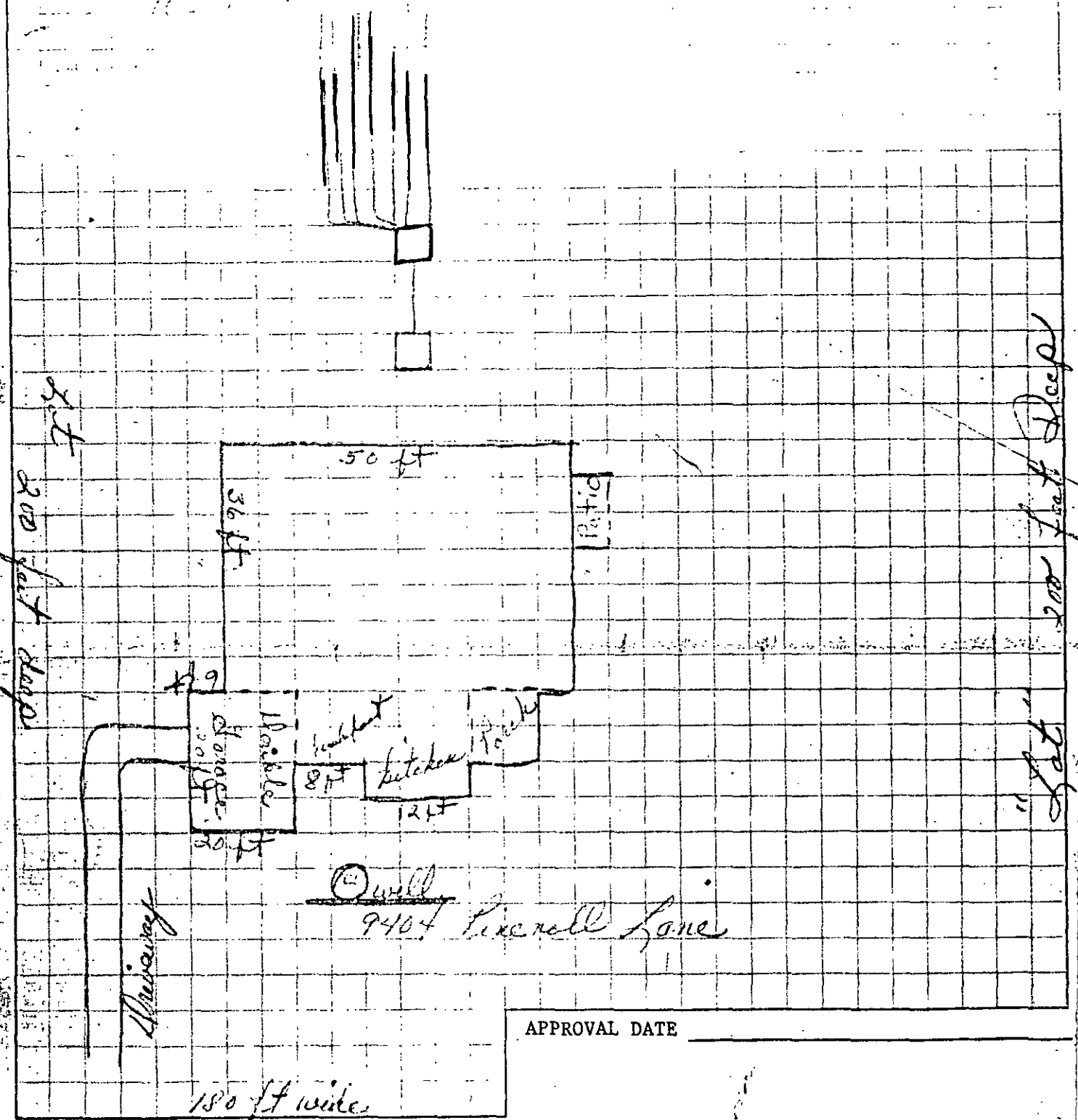
PROPOSED TEST PLAN

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

FILE: _____

TC: _____

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



APPROVAL DATE _____

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

DATE: 7/18/86

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 105-142-02

ASSIGNED ADDRESS 9404 Pinenoll Ln

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☒	☐ *
2. FLOODWAY REGULATIONS	☒	☐ *
3. EROSION CONTROL REGULATIONS	☒	☐ *
4. COMMERCIAL DRAINAGE PLAN	☒	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☒
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☒
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☒

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: _____

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

SIGNED: _____

OPWEAR 02/86

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: 311A

TC: _____

SERIAL: № 11195

☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 4464 (STREET NO.) Pinenoll (STREET) RD LANE ② FILE: 311A

③ JURISDICTION: Meck ④ TAX PARCEL NO.: 105-142-02

⑤ SUBDIVISION: Casa Lynda Estates ⑥ LOT: 25 ⑦ BLOCK: C

OWNER

⑧ NAME: JOHN (FIRST) T (MIDDLE) Mucci JR (LAST)

⑨ MAILING ADDRESS: 6021-B Providence Rd.

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28226

⑬ PHONE: (WORK) 374-7257 (wife's) ⑭ (HOME) 364-4164

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

㉓ Maximum occupancy? 2

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

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: John T Mucci Jr.

Date: 10/10/86

IMPROVEMENT PERMIT

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

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

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Jim Ensor, 12-1-86
Environmentalist — Date

D A Johnson, 12/12/86
Director or Authorized Section Head — Date

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

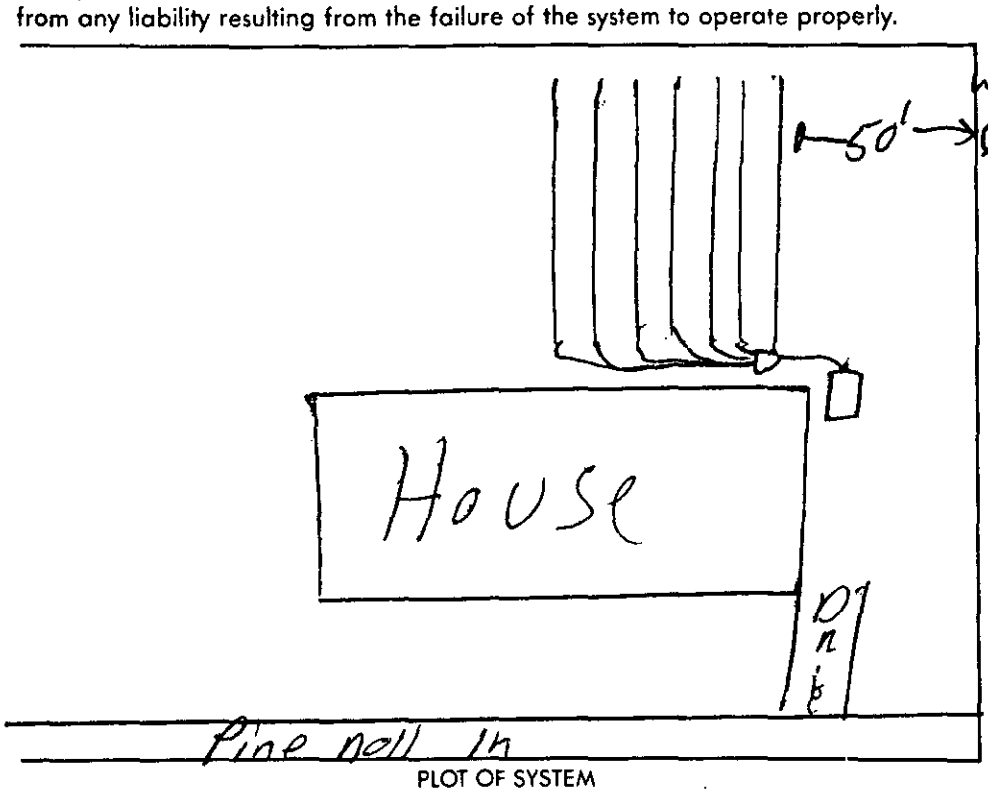
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 311-A DATE: 12-18-86

TC: 105-142-02 A ☐ L

SERIAL № 10578

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 ~~12-1~~ 10-10-86. All work shall be completed on or before 1-18-86, 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 Seven

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Mucci, John

LOCATION OF PROPERTY 9404 Pinehall ln.

Comments: Seven Trenches 57'X3'X12" stone
System designed for 3 bedroom House

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

MECKLENBURG COUNTY

Department of Environmental Health

November 26th, 1986

Harry Griffin
Route 2 Box 308-K
Standfield, NC 28163

RE: Property located at Pinenoll Lane L28 BD
FILE: 311A
PARCEL: 10514202

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 11389) 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.

Sincerely,

Sylvia D. Daniel

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY
Department of Environmental Health

December 4th, 1985

Harry Griffin
Route 2 Box 308-K
Standfield, NC 28163

RE: Property located at Pinenoll Lane L28 BD
FILE: 311A
PARCEL: 10514202

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 10002) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit your proposal in the form of accurately dimensioned plans and specifications to this Department. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr., R.S.
Environmental Health Supervisor

Enclosure(2)

SITE EVALUATION REPORT
SERIAL NUMBER 10002

Parcel: 105-142-02

PC

Location: Pinenoll Lane

Subdivision: Casa Lynde Estates

Lot: 28 Block: D Acres: .47

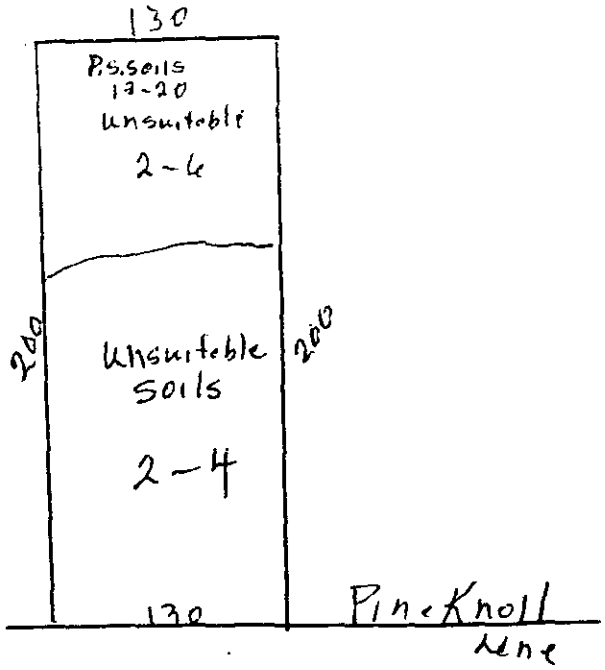
LAND HAS BEEN GRADED

Owner: Harry Griffin
Address: Rt. 2, Box 308-K
Stanfield, NC 28163

Comments: _____

Described by: W. B. Ramsey

Date: 12-3-85



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-20"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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						
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U

Date Received [illegible]

[illegible]
ENVIRONMENTAL HEALTH

SIR No. 511A

T. C. No. 105-142-02

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER GRIFFIN (LAST) HARRY (FIRST) (MIDDLE)

2) ADDRESS OF OWNER Route 2 308-K STANFIELD NC ZIP 28163

3) PHONE NO. Home 888-2512 Office

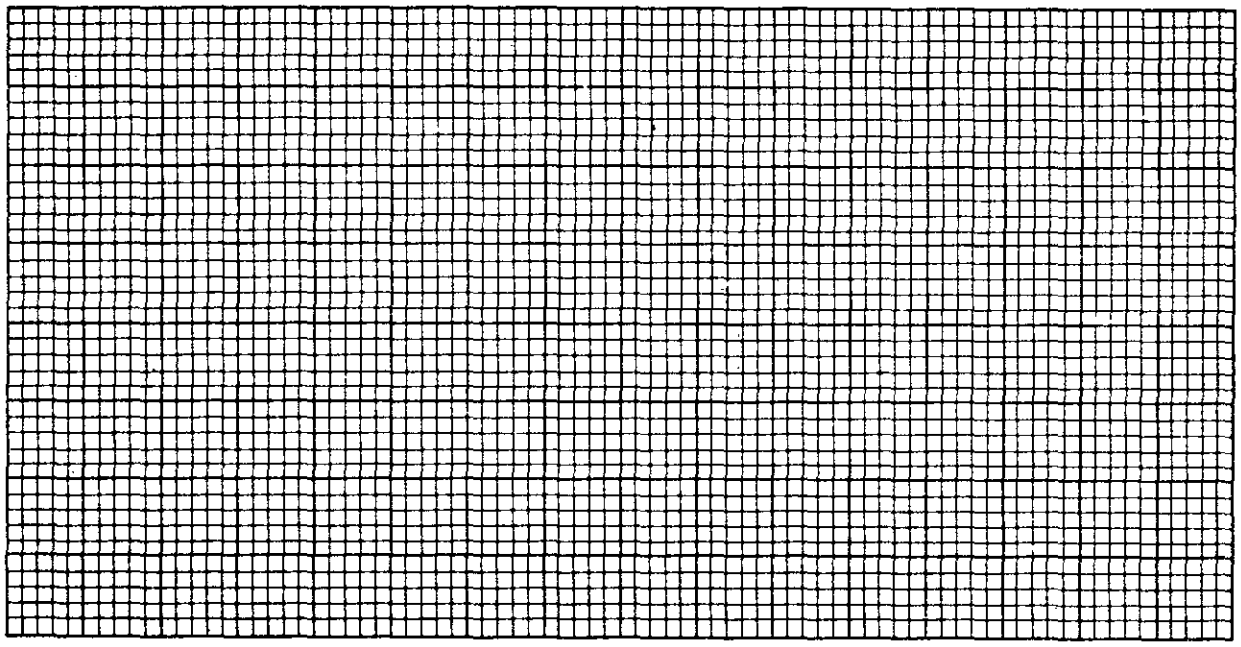
4) LOCATION OF PROPERTY ~~CASA Lynde~~ ~~LOT~~ 28 PINENOLL LANE (SR 30-35)
STREET OR COUNTY ROAD

5) SUBDIVISION CASA Lynde ESTATES LOT NO. 28 BLOCK NO. D

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

office
365-2121

Harry Griffin
OWNER
By David Dellinger
C-21 American Realty
552-0021 or
545-4994

EHD-5-76

Environmental Health Department's Copy

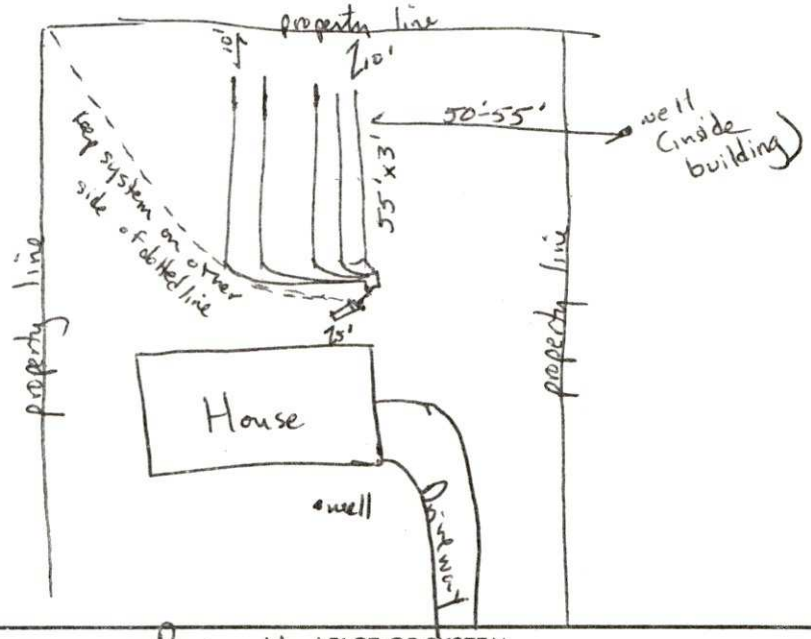
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 311 A DATE: 8-3-93

TC: 105-142-02

SERIAL Nº 15163

Permission is hereby given to X Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8-3-93. All work shall be completed on or before 9-3-93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Pinenoll Ln. 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 270' feet

Number of Lines 5 at 55' each

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

12-17" soil cover

NAME OF OWNER William Hilton

LOCATION OF PROPERTY 9404 Pinenoll Ln.

Comments: Keep 50' from any well. end of trench to be 10' off back property line. System must stay in area as shown.

Judy Kissi for S. Daniel
Division or Section Head

Susan Bateman
Environmentalist

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY