

10326 WINDTREE LN

11132137

5/17/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: #259A DATE: 10-10-97

TC: 111-321-37 ☒ L ☒ CRT

SERIAL Nº 17373

Name of Owner Vanis J. Dillard Juris.: _____

Address of Property 10326 Windtree Ln.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535

Number of Lines 5 @ 107'

Cover Depth 12"

Water Supply Source well

Distance to Water Source >100'

Excavation Inspected 10-10-97

Tank(s) Inspected 10-10-97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1997, 1500 gal, 12"g, conv, 3'x107' lines, 1600 sq ft, cecil-like Steve Bryant CTR# 259

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

☒ installed or constructed ☐ altered or repaired

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

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: 4 Bedroom sized for residence

Tank ≈34' from house back corner

Susan Bateman
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

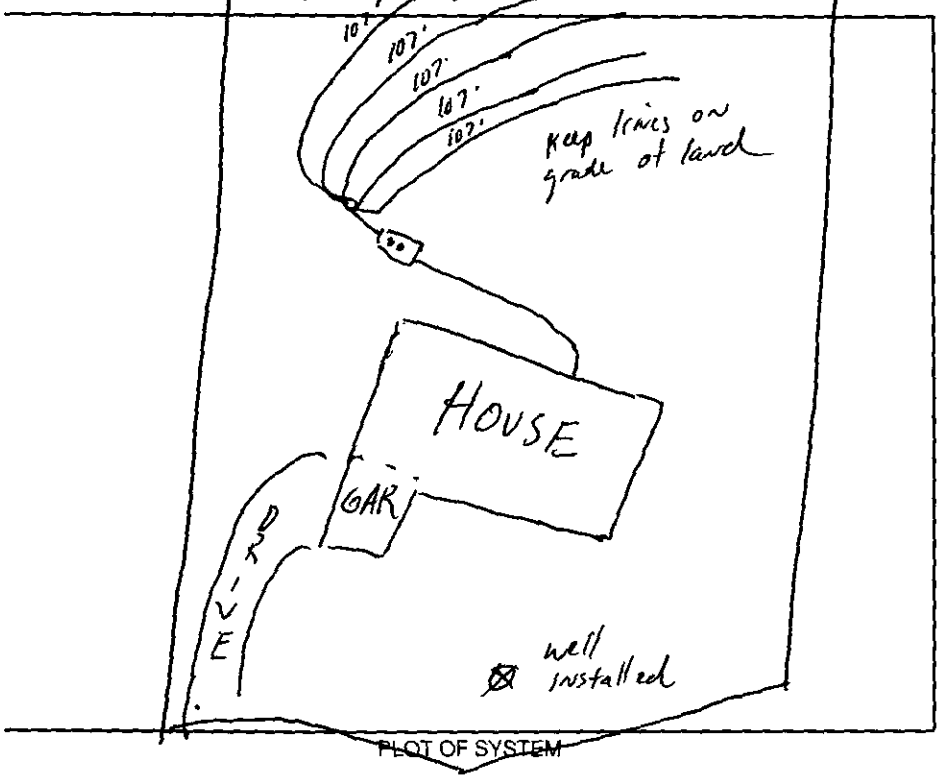
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4259A DATE: 10/7/97

TC: 111 321 37 X L

SERIAL Nº 17314

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 7/7/97. All work shall be completed on or before 11/7/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous Yes

Total Line Length 535' feet

Number of Lines 5 (107')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >100' feet

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

NAME OF OWNER Vanis J. Dillard

LOCATION OF PROPERTY 10326 Windfree Lane

Comments: 1500ST, D-Box, 5 lines x 107'long x 3'wd x 12"stone Keep drainfield on grade of land / Keep septic system >100' (50' min) from well

Phil S. Walker R.S.
Environmental Health Specialist

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

For transfer to #660 PD in Full

LOT 400

FEE: 100.00 CK #660 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 10/7/97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 7/17/97 PERMIT NO: 4259A
PARCEL NO: 111-321-37

JOB LOCATION ADDRESS: 10326 Windtree Lane
PROPERTY OWNER: Janis T Dillard
BUILDING CONTRACTOR:
SUBDIVISION NAME: Northlake
AUTHORIZATION ISSUED BY: Judy Kuser DATE: 7/17/97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4259A, 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: 1) If Tank installed deeper than 30" A riser or manhole Access Cover will be required to within 6" of finished Grade. 2) Berm or interceptor drain required in accordance with conditions required on 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.

Linda Dillard 7/23/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 4259A

Tax Number 111-321-37

- 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	N/A 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	1600 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
✓ Serviced by private well	1500 Gallon septic tank	533 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	N/A Gallon pump tank	12" Depth of stone	
Any surface waters present: None Type:		Minimum separation distance:	
Site modifications required: Berm or Interceptor drainage ditch shall be installed to intercept surface water & divert away from Septic Tank and drainfield.			
Additional Conditions: (1) Keep 100' from well (2) Riser required on tank if installation is greater than 30". (3) System shall be 15' from any drainage ditches. (4) 50' required from pond with repair system. Improvement Permit valid for 5 years from date of issuance.			
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
1600 Absorption Area (Sq ft) 533 Total Trench Length (Ft)	12" 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.

Judy J. Kuis 7/17/97
DEHNR Authorized Agent Date

Linda Pellard 7/23/97
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: 4259A

TC: 111-32-37

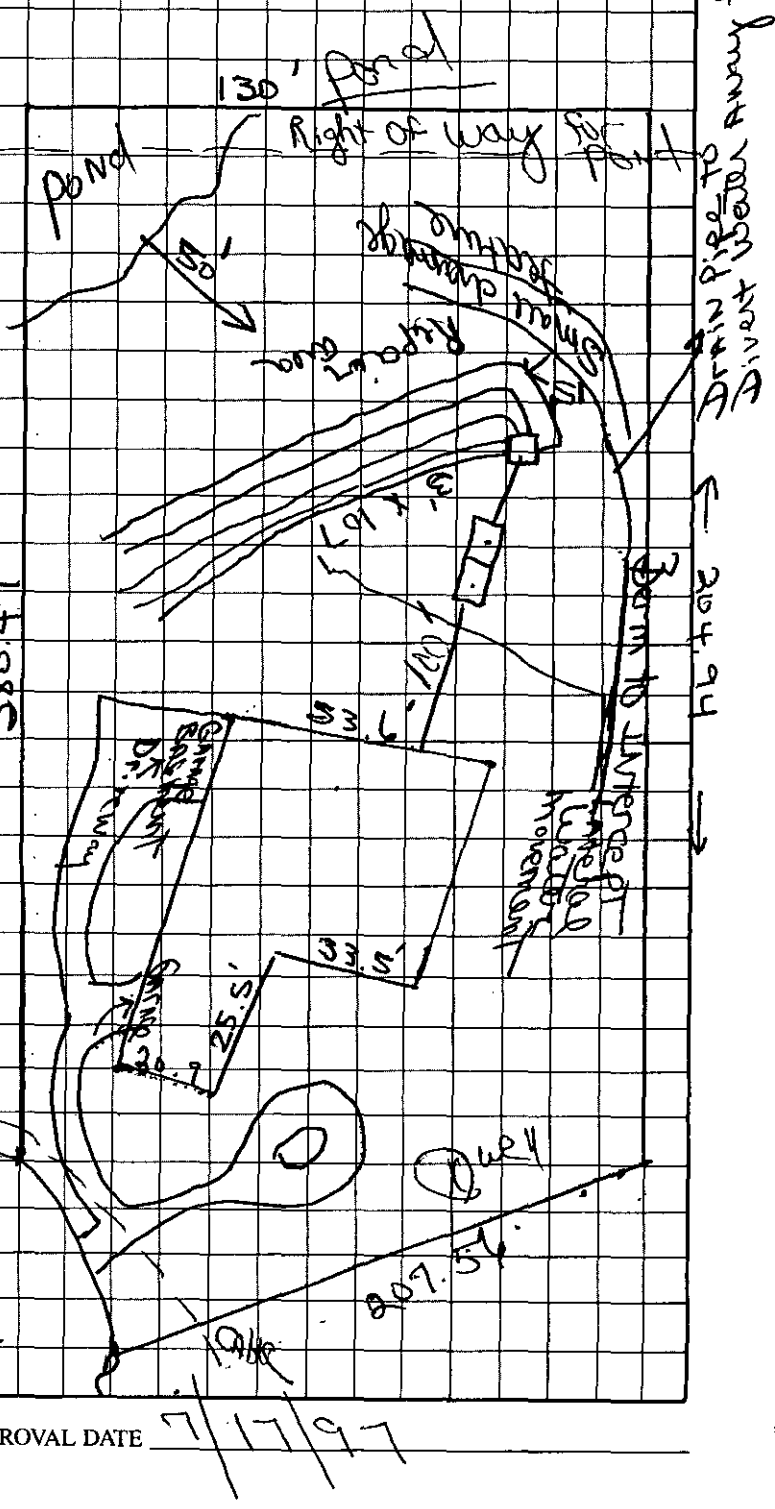
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

Septic Legend:

1. 1500 gallon Septic Tank
   - may require riser(s) if Tank is deeper than 30"
   - will require Clean-outs per plumbing Code Standards if plumbing pipe from house to Tank is greater than 50' or greater
   - Drainage Feature located in area for Tank placement shall have all surface water diverted thru use of Berms or drainage ditches
2. 7 Hole distribution box
3. 5 Nitrification field Lines Installed in Conventional System being 24" deep, 3' x 105' with 12" Stone -

All parts of The System Shall be Located 15' from existing drainage ditches. And Future repair Shall be located 50' from Lake.

Note: House is existing Construction is incomplete. Original I.P. expired - Add New Owner


130' Pond
Right of way for pond
pond
50'
Top of bank
Top of bank
Top of bank

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

REQUEST FOR TRANSFER OF SERVICE PAYMENT/INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

SERVICE: IMPROVEMENT PERMIT, SOIL TEST, E.G.

FILE NUMBER 4259A TAX NUMBER 111-321-37

PROPERTY ADDRESS 10326 Windtree Lane

NAME OF ORIGINAL APPLICANT Eric Thompson

NAME OF PERSON PURCHASING PROPERTY/TRANSFEROR Vanis & Linda Dillard

I UNDERSTAND THAT THE PERMIT TO CONSTRUCT AND UNUSED MONIES FOR INSPECTIONS ARE FULLY RELINQUISHED BY THIS DOCUMENT.

SIGNATURE OF ORIGINAL APPLICANT ✓

Eric L Thompson DATE 7/7/97

AS BUYER OF THIS PROPERTY, I UNDERSTAND THAT THE PERMIT IS ONLY VALID WHEN USED EXACTLY AS ISSUED. SHOULD CHANGES BE DESIRED, THEY MUST BE REQUESTED AND APPROVED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT ACCORDING TO CURRENT REGULATIONS AND FEES.

AN ORIGINAL COPY OF THIS REQUEST MUST BE PRESENTED AND ACKNOWLEDGED BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO BE VALIDATED.

SIGNATURE OF TRANSEEREE ✓

Linda Dillard DATE 7/7/97

FEE: 100.00
DATE: 7/18/97 Ec
Cash

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

[ ] CRT

TYPE APPLICATION: X 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 #: 4259A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 111-321-31

STREET ADDRESS: 10326 Windtree Lane

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

SUBDIVISION OR MOBILE HOME PARK NAME: North Lake

LOT NUMBER: 30 Blk 5

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2854

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):

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

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

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

PROPERTY OWNER: ✓

NAME: (LAST) Dillard (FIRST) Vanis (MI) J

ADDRESS: 2348 Castlecomer Drive

CITY: Charlotte STATE: NC ZIP 28262

DAYTIME PHONE: 704 510 - 1700

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

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: Linda Dillard DATE: 7/7/97

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-4-91

Name/Company: Eric L. Thompson

5

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sep. Imp. Permit
10326 Windtree LN
File # 4259 A

Fee: $ 200.00

9/4/91

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

BF.

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 4259A
TC: 111-321-37
SERIAL: № 0019774
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 10326 (STREET NO.) WINDTREE (STREET) LANE ② FILE: 4259A
③ JURISDICTION: MECK. ④ TAX PARCEL NO.: 111-321-37
⑤ SUBDIVISION: NORTHLAKE ⑥ LOT: 30-5 ⑦ BLOCK:

OWNER

⑧ NAME: ERIC (FIRST) L. (MIDDLE) THOMPSON (LAST)
⑨ MAILING ADDRESS: 1921 K WINDSOR HILL DR
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) 376-2486 ⑭ (HOME) 845-8048

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? 2
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Eric Thompson
Date: 8/29/91

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 this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

D. R. Ferguson, Environmentalist — 9-11-91 (Date)
Director or Authorized Section Head — 9-12-91 (Date)

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

BF

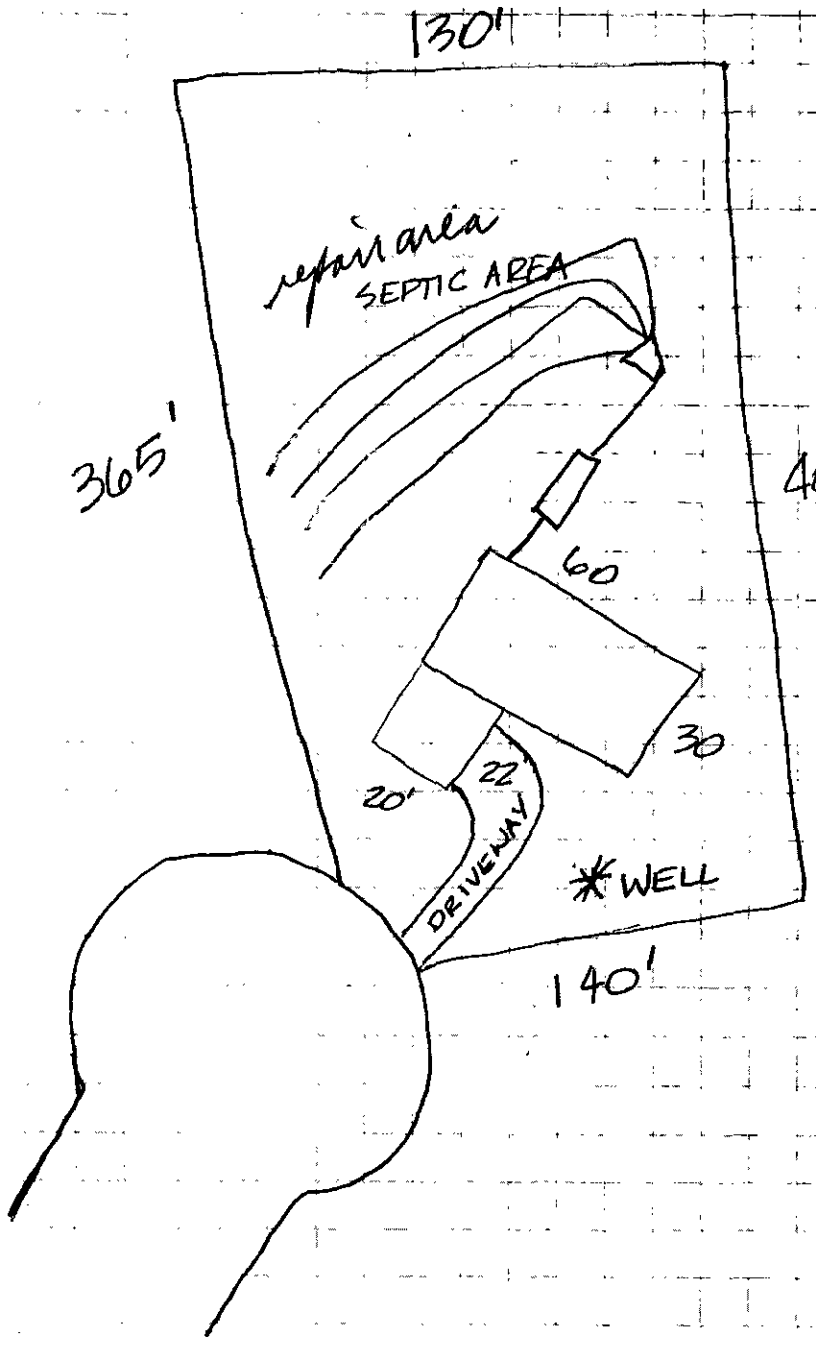
PROPOSED PLOT PLAN

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

FILE: 4259A

TC: 111-321-37

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

DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

FROM: COUNTY ENGINEERING DEPARTMENT

ZED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 111-321-37

ASSIGNED ADDRESS 10326 Windtree Ln

EXISTING ADDRESS _____

PROJECT NAME NA:

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

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

REMARKS: Septic tank & Well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S 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: Phil

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

Mecklenburg County
Health Department

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

September 21st, 1988

Northlake Development Group, Inc.
3345 Mintwood Drive
Charlotte, NC 28212

RE: Property located at 10326 Windtree Lane 30-5
FILE: 4259A
PARCEL: 11109116 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 14927) 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,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14927

File: 4259A Action 1

Parcel: 11109116 PO ☐ PC

Location: 10326 Windtree Lane

Subdivision:

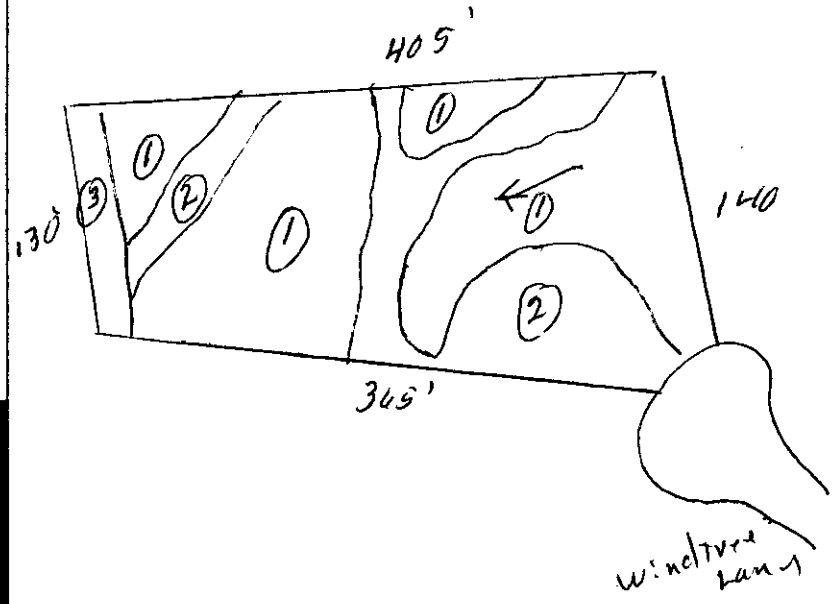
Lot: 30-5 Block: Acres: Approx. 1.1

Owner: Northlake Development Group, Inc.
Address: 3345 Mintwood Drive
Charlotte, NC 28212

Comments: _____

Described by: William A. Marlin

Date: 9-20-96



*** 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 8-15%	S PS (U) complex slopes	S PS (U) Drainageway	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	IV A Cecil-1-1.Vle	complex slopes	Drainageway			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

pd 300.00 CK#1412 DW

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

(OFFICE USE ONLY)

FILE: 4259A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 10336 Windtree Lane

② SUBDIVISION: Northlake ③ LOT: 30 ④ BLOCK: 5

⑤ PARCEL REFERENCE: BOOK NO.: 111 PAGE NO.: 09 PARCEL NO.: 16

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

OWNER

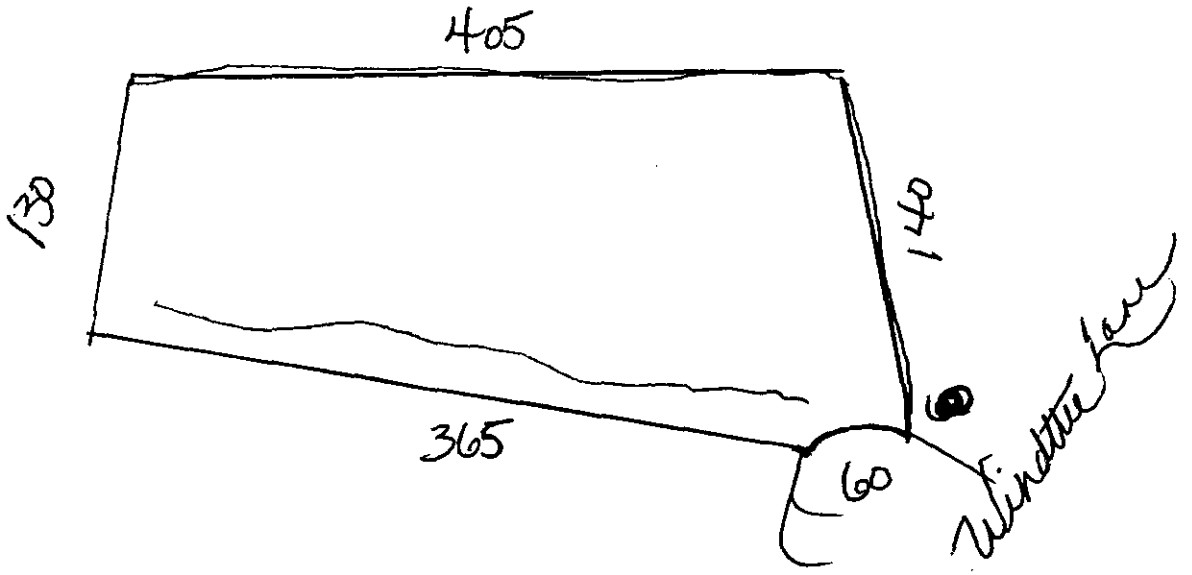
⑦ NAME: Northlake Development Group Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 3345 Mystical Drive

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 537-5576 (HOME) 545-9599

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Date: 12/10/89

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

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