Date Received 5-9-84

SIR No. 21014

T. C. P&L No. 001-201-05

Map Date 1978

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

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

2) ADDRESS OF OWNER 1800 One Tryon Center ZIP 28284

3) PHONE NO. Home _____ Office 332-1242

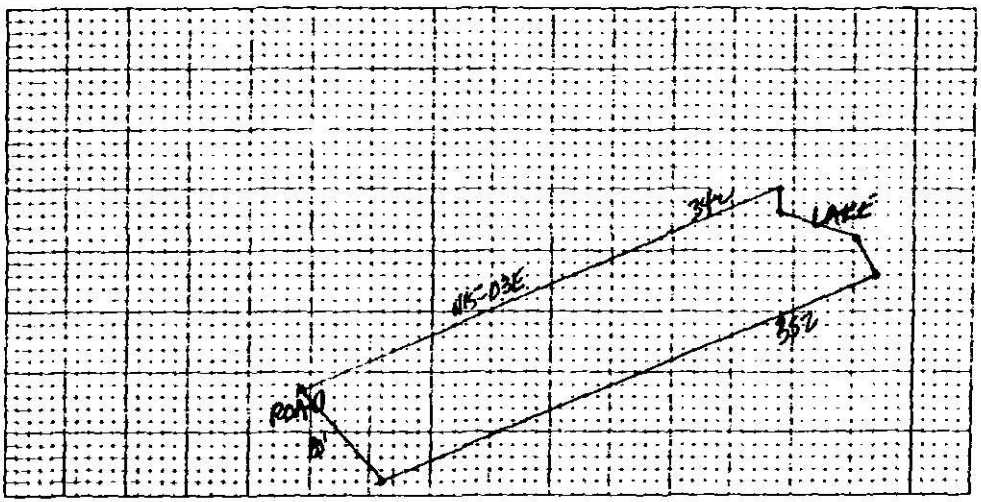
4) LOCATION OF PROPERTY North Point Rd.
(STREET OR COUNTY ROAD)

5) SUBDIVISION Lookout Point LOT NO 34 BLOCK NO. _____

MAP BOOK NO [redacted]1 PAGE NO [redacted]20

6) DEED REFERENCE DEED BOOK N/A 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 DIAGRAMS & DIMENSION LOT

Carl L McClure
OWNER

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6505

SIR No. 21014

Date Issued 8-9-85

T C No. PO 001-201-05

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

SOIL INVESTIGATION REPORT

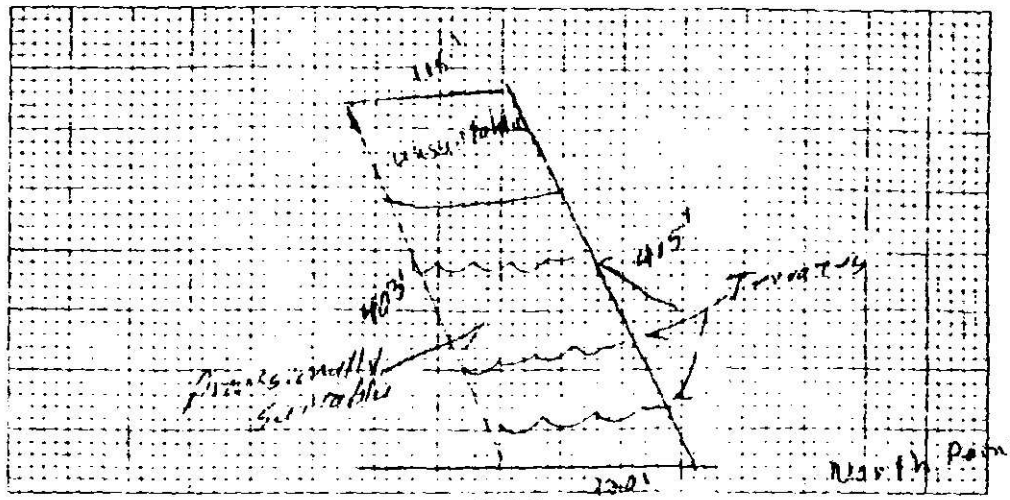
REVISED REPORT DUE TO LOT CONFINGURATION

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 [illegible] site investigation [illegible] by the Mecklenburg County Department of Environmental Health [illegible] was conducted on that portion of the [illegible] PROVISIONALLY SUITABLE

The permeability [illegible] The said lot is approved for the [illegible] subsurface, soil absorption effluent discharge [illegible] terms and conditions.

1. [illegible] the Mecklenburg County Department [illegible] wastewater treatment system [illegible]
2. [illegible] the Mecklenburg [illegible]
3. [illegible] installation [illegible]
4. [illegible] the lot which [illegible] acceptance [illegible]

This approval is granted based on the [illegible] 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 [illegible] at any time in the future prior to completion of the system [illegible] are changed such that this approval would not have been granted had the [illegible] regulations been in effect on the issue date.

William R. Marks
Soil Scientist

Bill D. Hardister Jr.
Environmental Health Director
Authorized Section Head

EHD-5-76

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

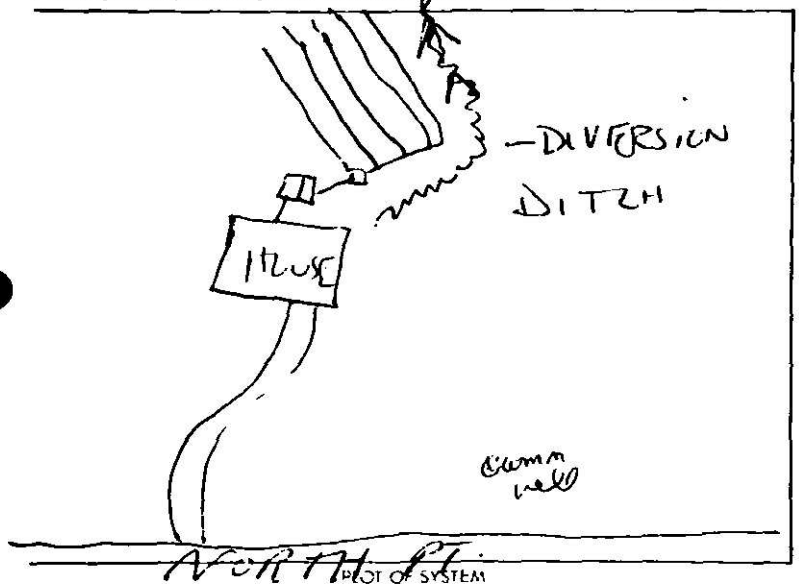
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21014 DATE: 7-27-87

TC: 001-452-35 01

SERIAL Nº 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. Arnold RS
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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 21014

TC:

( ) PC ( ) REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
MAR 3 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: [illegible]

② SUBDIVISION: [illegible] ③ LOT: [illegible] ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: [illegible]

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

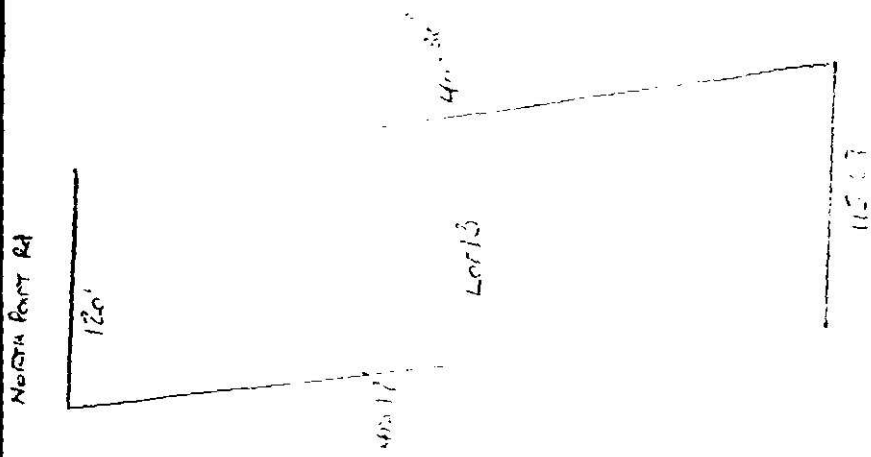
⑦ NAME: [illegible] (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: [illegible]

⑨ CITY: [illegible] ⑩ STATE: N ⑪ ZIP: [illegible]

⑫ PHONE: (WORK) [illegible] (HOME) [illegible]

⑬ Accurately diagram and dimension lot.



Copy Mailed
3/3/87
JK

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: [illegible]

Date: 3/3/87

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

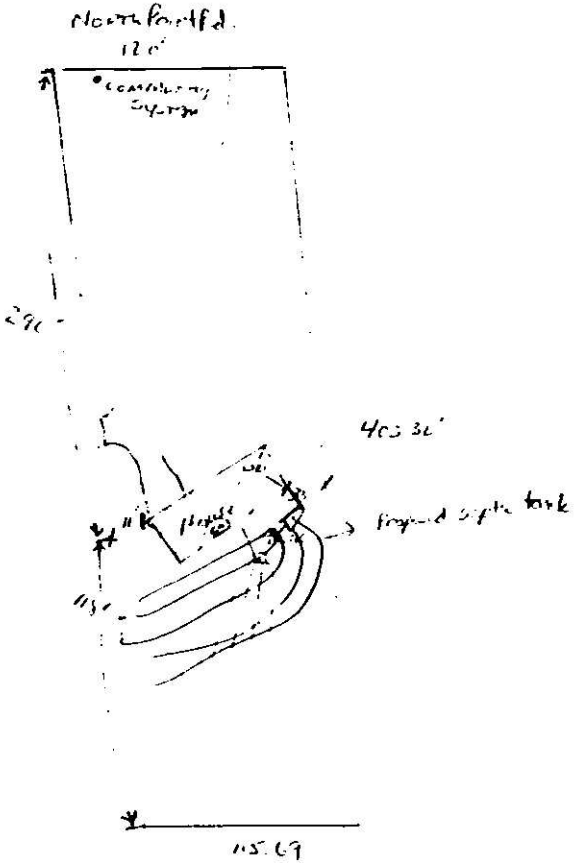
PROPOSED PLOT PLAN

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

FILE: 21014

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.



Signed: Stephen Bell

Date: 3/3/87

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2 1014

T.C. NO. 001-201-05

(Ground Absorption Sewage Disposal)

OWNER: Martin Development Corp.
ADDRESS: [illegible] Tryon Center
Charlotte, N.C. 28[illegible]
LOCATION OF SITE: [illegible]

PLAT NO: [illegible]
LOT SIZE: [illegible] .64

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 2-10% / PS 10-20% / U	S / PS — / U	S / PS / U	S / PS / U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S / PS 1-Clay / U	S / PS — / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE (12-36 inches)	S / PS Blocky / U	S — / PS / U —	S / PS / U	S / PS / U
4. SOIL DEPTH (inches)	S / PS 36-48" / U	S / PS — / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS >36" / U	S / PS — / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >48" / PS To ground / U	S / PS Depression / U	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS See Note / U	S / PS / U	S / PS / U	S / PS / U
8. SOIL GROUP	4 A	—		
9. SITE CLASSIFICATION	Provisionally suitable	unsuitable		
10. SOIL SERIES	[illegible]	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: Remove lot. May require pump & 50' lines recommend plans be sub in 17 ed for house & system

Described by: William H. Martin
Title: [illegible]

Date: [illegible]

APPLICATION FOR AN IMPROVEMENT PERMIT

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

Mecklenburg County services are available without regard to [illegible] of disability

(OFFICE USE ONLY)

FILE: 21014

TC:

SERIAL: № 12551

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 16034 (STREET NO.) North Point Road (STREET) ② FILE:

③ JURISDICTION ④ TAX PARCEL NO.: 001-452-35

⑤ SUBDIVISION: Lookout Point ⑥ LOT: 13 ⑦ BLOCK:

OWNER

⑧ NAME: Stephen (FIRST) G. (MIDDLE) Hin (LAST)

⑨ MAILING ADDRESS: 103 Pineridge Dr

⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078

⑬ PHONE WORK 704 875 1664 ⑭ HOME 704-875-2075

REQUEST

This request is for a n.

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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 S. Hin

Date: 3/5/87

IMPROVEMENT PERMIT

This [illegible] 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 subject to the following provisions:

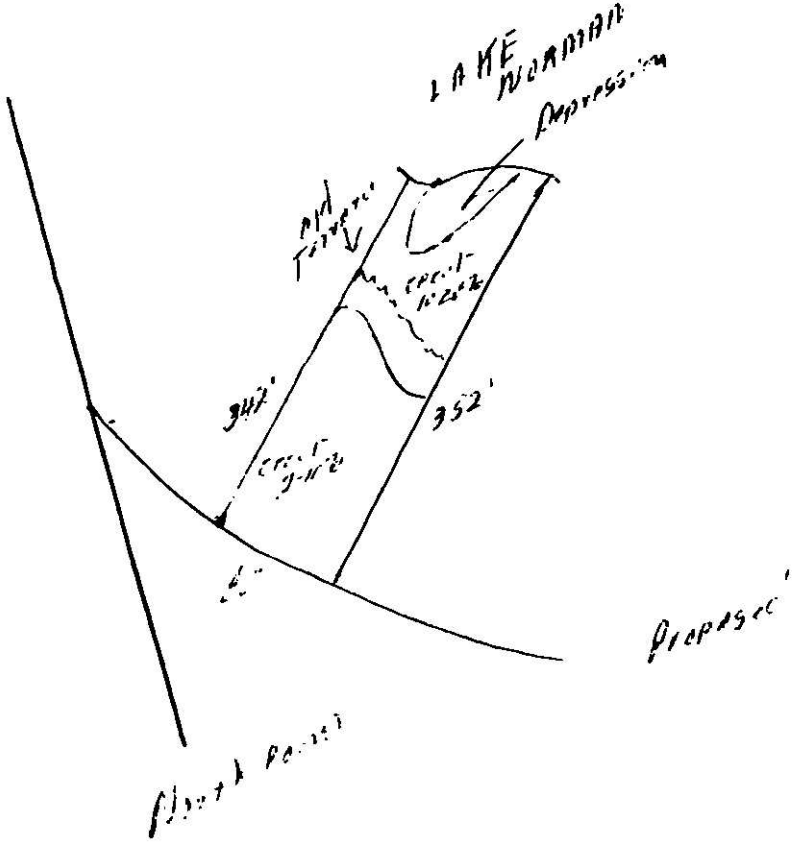
No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair permit is issued by the Department.

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

[signature] 3-16-87
Environmental Health Date

[signature] 3-17-87
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


LAKE
Depression
342'
352'

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21014 DATE: 7-31-87

TC 001452-35 ☑ L ☑ CRT

SERIAL № 10432

Name of Owner Hix STEPHEN G Juris.:

Address of Property 10034 NORTH PT RD

Inspection Data:

Tank Material PCC

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 7-31-87

Tank(s) Inspected 7-31-87

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1987 520 SQ CON ROOSET RECEIVER CTR# 79

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.

[signature]

Environmentalist

JHG

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

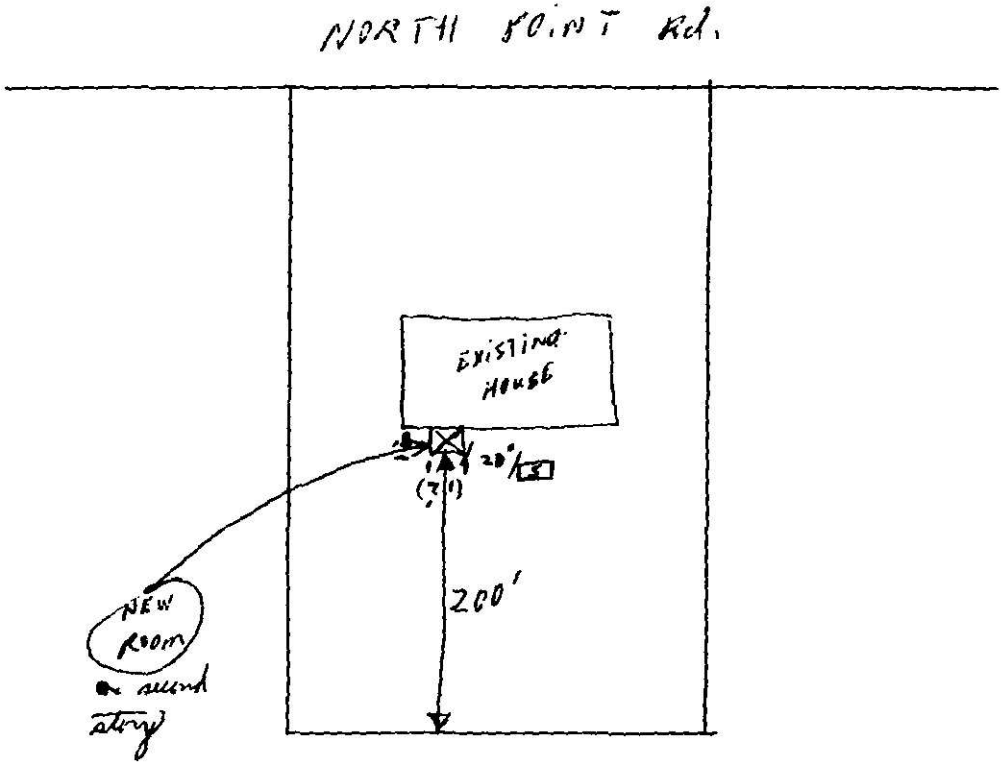
PROPOSED PLOT PLAN

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

FILE: ~~5721A~~ 21614

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 new footings.

Signed: John C. Rodgers Jr.

Date: 5-4-89

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/4/[illegible]

Name/Company [illegible]

(cc in name of [illegible] Rodgers [illegible]
Expire acct for [illegible])

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: [illegible]
5721A

[illegible] County
[illegible]
ENVIRONMENTAL [illegible]
[illegible]

MAY [illegible] 1989

Fee: $ 20

[illegible]
Completed by

[illegible]
Collected by

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: ~~5721A~~ 21014

TC:

SERIAL: № 18367 ☐ L ☐ CRT

JOB LOCATION

(1) ADDRESS: 16034 (STREET NO) NORTH POINT (STREET) Rd. (2) FILE:

(3) JURISDICTION: (4) TAX PARCEL NO.: 001-452-35

(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(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) 875-2075

REQUEST

This request is for a(n):

(15) ☑ New permit (17) ☐ Authorization for mobile home exchange

(16) ☐ Repair or alteration permit (18) ☒ Other (specify) Sunroom

DESIGN CRITERIA

System will serve:

(19) ☒ Residence (20) ☐ Mobile home (21) ☐ Business or place of public assembly

(22) Number of bedrooms? 3 bedrooms (25) Type?

(23) Maximum occupancy? 4 (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 J 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 this Department

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

Use Existing System

Environmental Date

Jim Ensin 5-5-89

Director or Authorized Section Head Date

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