

5533 MOUNTAIN POINT LN

02316435

5/31/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

5369A

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: Cipollini (last) JOHN (first) J. (mi)
ADDRESS: 5533 Mountain Pass Ln PHONE: (704) 393-7028
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

Date:

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-164-35
STREET ADDRESS: 5533 Mountain Pass Ln
ZONING:

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:

LOT NUMBER: 71 LOT SIZE (In acres): 1.26

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

1991

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Workshop/stable

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: 4 NUMBER OCCUPANTS: 4

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] 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: John J Cipollini Date: 3/25/99

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... O.K. to use existing system - Addition will not interfere with system.

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

Jeff A. Knight 3/30/99
Environmentalist Date

WATER : 122791

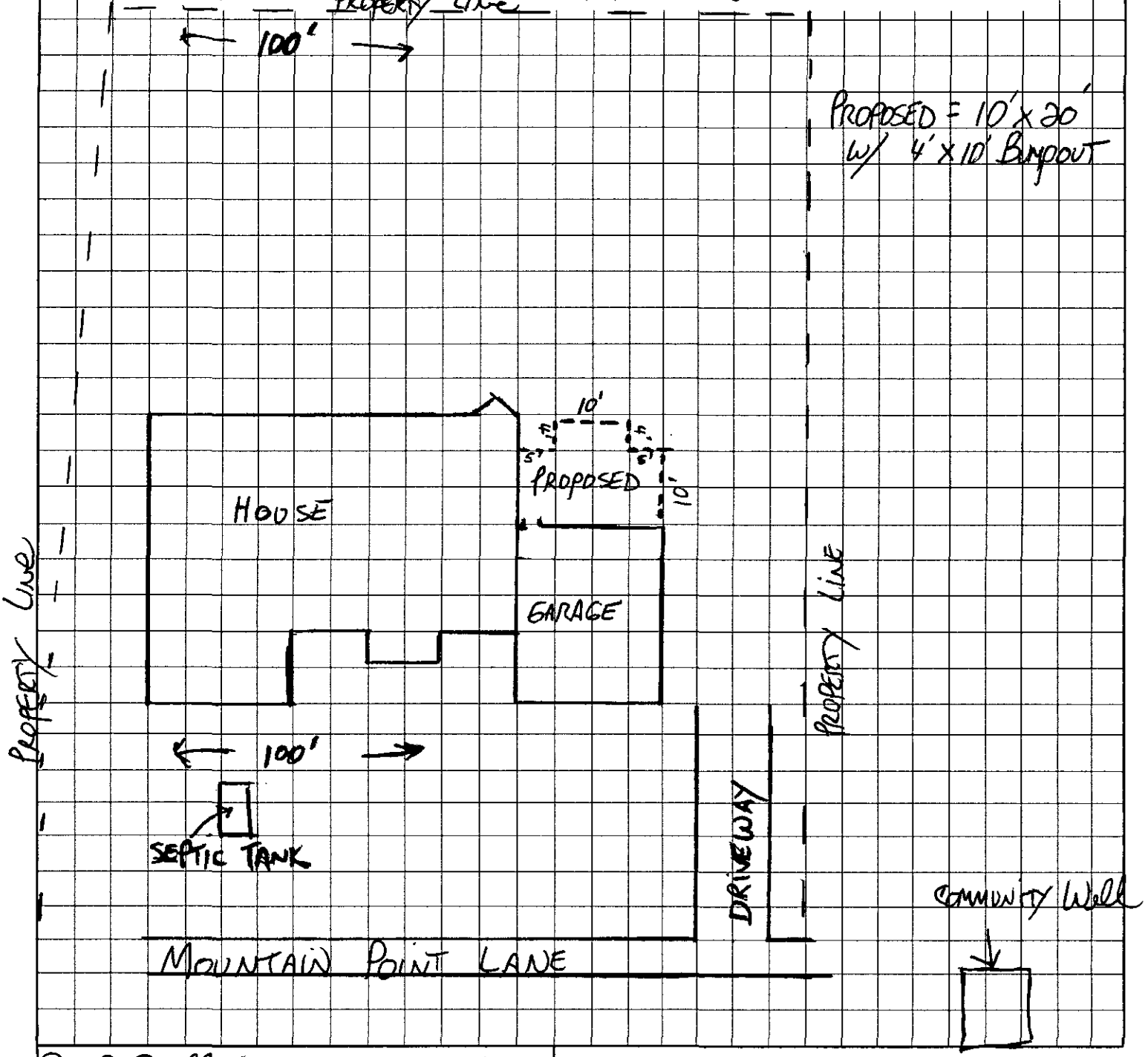
PROPOSED PLOT PLAN

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

FILE: 5369A

TC: 023-064-35

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.



J. Cipolloni

OWNER/AGENT SIGNATURE

DATE 3-25-99

APPROVAL DATE _____

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

400 D

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PQ 50' 675 2/24 CH

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

(704)336-5102 5369A

Date:

PERSON FILING APPLICATION:
NAME: SAME AS BELOW (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-164-35
STREET ADDRESS: 5533 MOUNTAIN POINT LANE
CHARLOTTE NC 28216
ZONING:

PROPERTY OWNER:
NAME: CIPOLLONI JOHN J (last) (first) (mi)
ADDRESS: 5533 MOUNTAIN POINT LN PHONE: (704) 393-7028
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:
MOUNTAIN POINT

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

LOT NUMBER: 71 LOT SIZE (in acres): 1.5

TYPE APPLICATION (check one):

[ ] 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)
[X] 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: 2
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):
[X] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] 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: John J. Cipolloni Date: 2-24-93

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.

...

Use existing System

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

Philo S. Walker R.S. 3/2/93
Environmentalist Date

Kelly R. Hall
Director or Authorized Section Head Date

WWATER : 122791

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5369-A DATE: 9/27/91

TC: 023-164-35 ☐ L ☐ CBT

SERIAL № 12437

Name of Owner John Cipolloni Juris.:

Address of Property 5533 Mountain Point Ln. (Lot 71)

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source c/well

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y, Y

Wash Line Inspected —

High Water Alarm Inspected installed

PLOT

Design: 1500 ST, 1,000 PT, PI, Con. 1200 SFT, 12"g, Cecil like CTR# 16

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: 3 bedrm. (4) 3'x100'x12"g. Hydromatic pump • 4/10 HORSEPOWER.

Tim Whittaker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

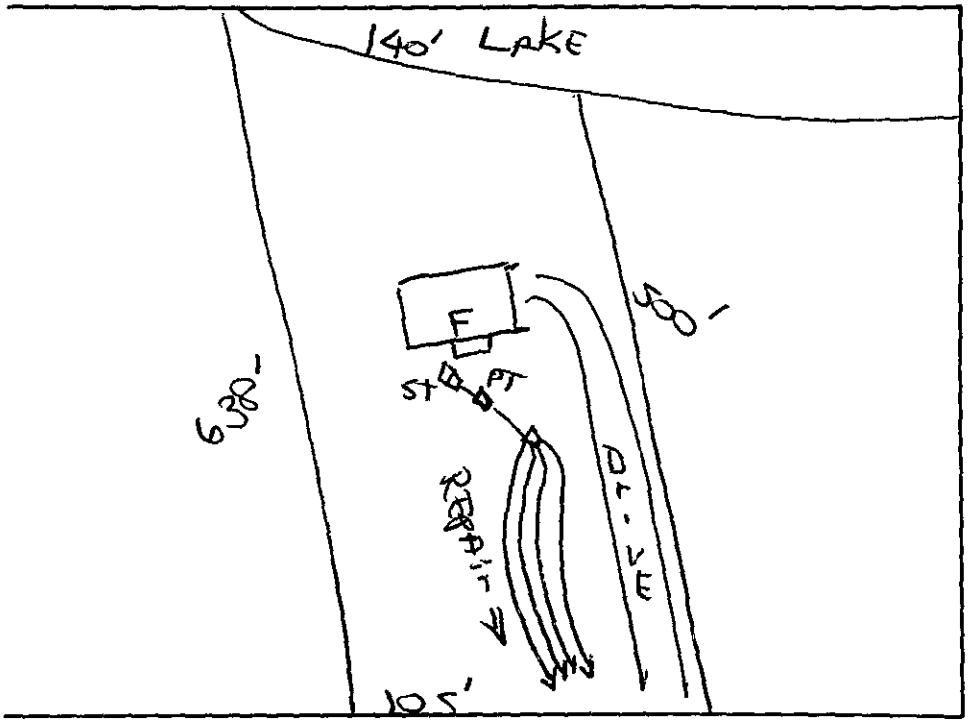
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5369-A DATE: 9/16/91

TC: 023-164-35 01

SERIAL Nº 13792

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 4/25/91. All work shall be completed on or before 10/16/91, 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank 1,000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well >50 feet
c/well

NAME OF OWNER John Cipolloni

LOCATION OF PROPERTY 5533 Mountain Point Ln. (Lot 71)

Comments: 3 bedrm. (4) 3'x100'x 12" g.

E. L. Daniel, RS
Division or Section Head

Tim Whittaker, RS,
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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 4/30/91

FROM: COUNTY ENGINEERING DEPARTMENT

8369A

EHD FILE _____ JURISDICTION CODE Mecl

PARCEL NUMBER 023-164-35

ASSIGNED ADDRESS 5533 Mountain Point LN

EXISTING ADDRESS Lot 71

PROJECT NAME Mountain Point Ph2

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: _____

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: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

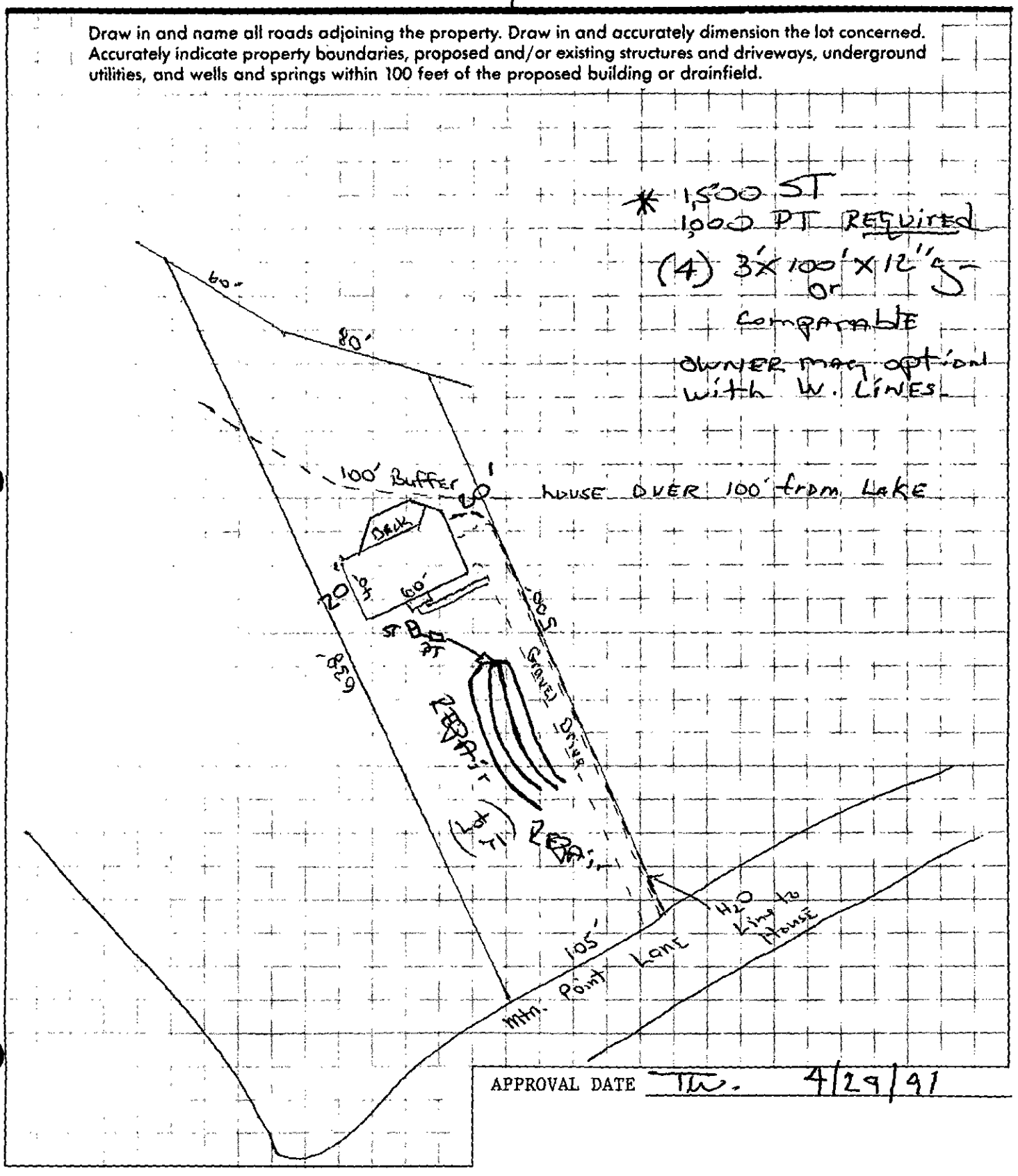
PROPOSED PLOT PLAN

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

FILE: 5369A

TC: 023-169-35

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.



APPROVAL DATE Tue. 4/29/91

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid 04/25/91 Ck# 1710

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: 5369A
TC: _____
SERIAL: № 21880 $200.00 ☐ CRT

JOB LOCATION

① ADDRESS: 5533 (STREET NO.) Mountain Point Lane (STREET) ② FILE: 5369A
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 023-164-35
⑤ SUBDIVISION: Mountain Point ⑥ LOT: 71 ⑦ BLOCK: _____

OWNER

⑧ NAME: John (FIRST) _____ (MIDDLE) Cipollini (LAST)
⑨ MAILING ADDRESS: 902 Hunters Rd.
⑩ CITY: Huntersville, NC. ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 598-6111 ⑭ (HOME) Same

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? 6 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: John Cipollini
Date: 4-25-91

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. may require lift station.

Tim Whittaker, Environmentalist — 4/29/91 (Date)

Director or Authorized Section Head — 4-30-91 (Date)

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

Mecklenburg County
Health Department

June 15th, 1990

Crescent Land & Timber Corp.
2305 Randolph Road, Suite C
Charlotte, NC 28207

RE: Property located at Mountain Point Lane 71
FILE: 5369A
PARCEL: 02301135 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 15916) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15916

File: 5369A Action 1

Parcel: 02301135 PO PC

Location: ~~Rocky Shore Circle~~
Subdivision: Mountain Point Lane

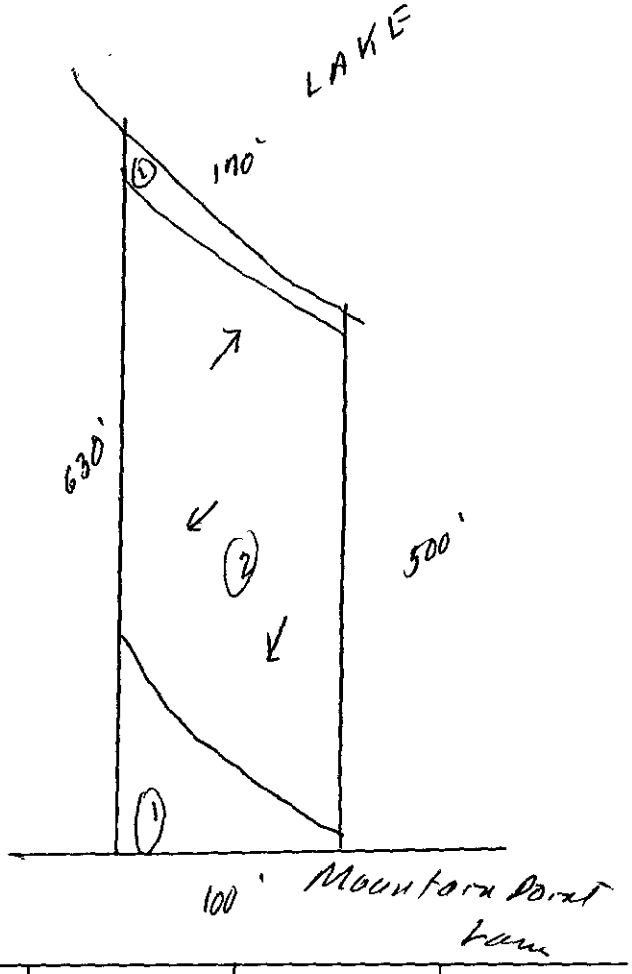
Lot: 71 Block: Acres: 1.217

Owner: Crescent Land & Timber Corp.
Address: 2305 Randolph Road, Suite C
Charlotte, NC 28207

Comments: 100% Repair

Described by: William R. Marks

Date: 6-14-90



***** 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) Depression	(S) PS U 6-15%	S PS U	S PS U	S PS U	S PS U
Texture	S PS U —	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U
Structure	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U —	S (PS) U 736' TO WATER	S PS U	S PS U	S PS U	S PS U
Depth	S PS U —	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U —	S (PS) U 736'	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	Depression	IV Cec.1.1.Ho				
Area Classification	S PS (U)	S (PS) U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5369A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point Ph2 ③ LOT: 71 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 13 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 436 426 (LMI-90) PAGE NO.: 204 354

OWNER

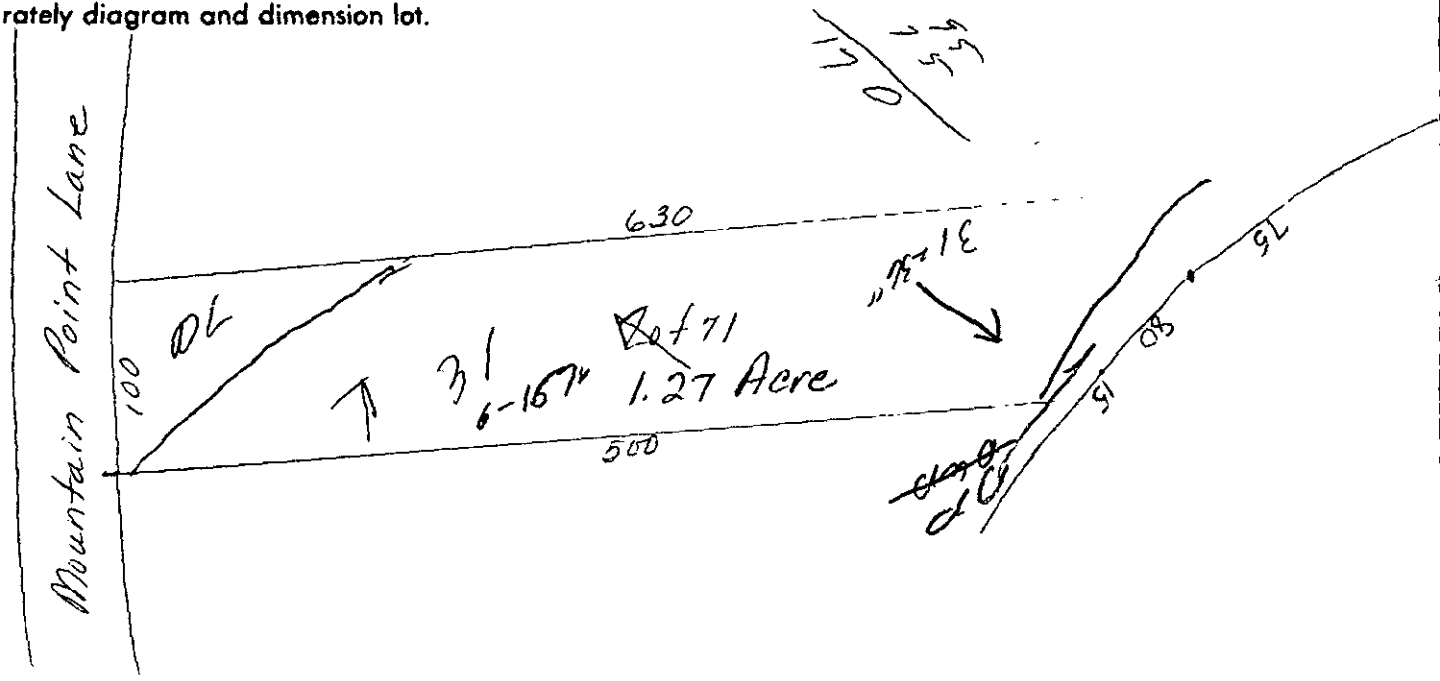
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway, LandCraft Properties)
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2305 Randolph Road, Suite C

⑨ CITY: Charlotte, ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) (704) 332-9340 (HOME) (704) 892-9811

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

Signed: Ethelene G Williams

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

Date: March 23, 1989

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

APPLICATION FOR SOIL INVESTIGATION

4-5

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

(OFFICE USE ONLY)

FILE: 5369A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Mountain Point Lane

② SUBDIVISION: Mountain Point Ph2 ③ LOT: 71 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 13 PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 436 426 (LMI-90) PAGE NO.: 204 354

OWNER

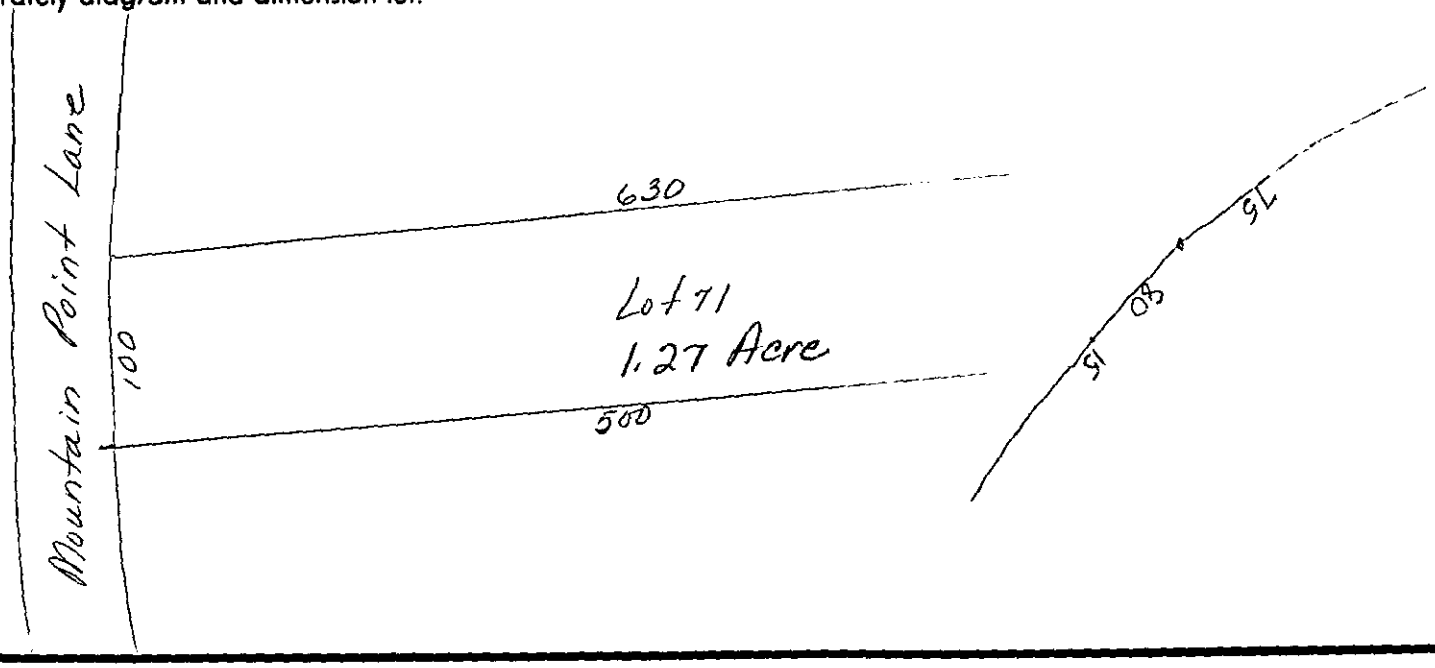
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway, LandCraft Properties)
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2305 Randolph Road, Suite C

⑨ CITY: Charlotte, ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) (704) 332-9340 (HOME) (704) 892-9811

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

Signed: Ethelene H Williams

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

Date: March 23, 1989

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

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH DIVISION

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

(OFFICE USE ONLY)

PAID

JAN 11 1989

$30.

FILE: 5369A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Rocky Shore Circle

② SUBDIVISION: Mountain Point Ph. 2 ③ LOT: 71 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 13 PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: 436, 426 (LMI-90) PAGE NO.: 204, 354

OWNER

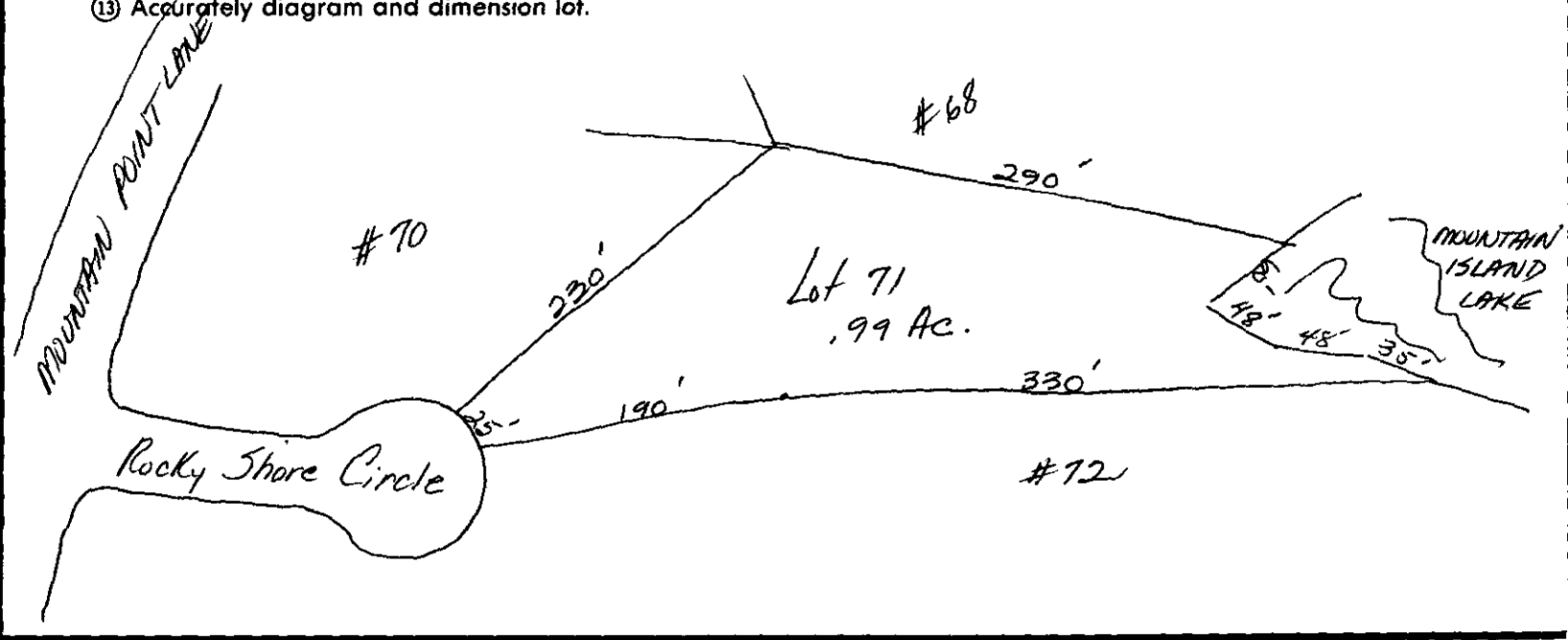
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway)
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 2305 Randolph Road, Suite C

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) (704) 332-9340 (HOME) (704) 892-9811

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: Mike J Bayer, V.P.

Date: 11/11/89

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