Date Received _____

RECEIVED
SEP 1 84
[illegible]

SIR No. 21418

T. C. No. 113-281-07

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Belk ~~Cox~~ (LAST) Josie ~~Dolly~~ (FIRST) Sherrill (MIDDLE)

2) ADDRESS OF OWNER [illegible] S, Box 475 [illegible], S C ZIP 27210

3) PHONE NO. Home 803-222-4735 Office Same

4) LOCATION OF PROPERTY Rt. 4 Box 445 - tax code # 113-281-07 end of Lochfoot Dr. (STREET OR COUNTY ROAD) see tax map

5) SUBDIVISION _____ LOT NO. 72 ~~BLOCK~~ SEC NO. 37

MAP BOOK NO 18 PAGE NO. 53

6) DEED REFERENCE: DEED BOOK 3994 PAGE NO. 619

Upon completion notify SANDY AUTERI - 364-5222 - or call if any questions

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.

See attached map

7) ACCURATELY DIAGRAM & DIMENSION LOT

Dolly Cox
OWNER

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21416

T.C. NO. 113-281-07

(Ground Absorption Sewage Disposal)

OWNER: Josie [illegible]
ADDRESS: Rt. 5, Box 42
Clayey, N.C. 29716

PLAT NO: Lot 72
LOT SIZE: [illegible] 1.76

LOCATION OF SITE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S 8-15% / PS 15-30% / 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 2-1 Clay / U	S / PS / U	S / PS / U	S / PS / U
3. SOIL STRUCTURE ~~(12-36 inches)~~	S / PS Weak Blocky / U	S / PS / U	S / PS / U	S / PS / U
4. SOIL DEPTH (inches)	S / PS 12-24" / U	S / PS / U	S / PS / U	S / PS / U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S / PS <36" To ground water / U	S / PS / U	S / PS / U	S / PS / U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S / PS >36" To ground water / U	S / PS / U	S / PS / U	S / PS / U
7. OTHER (Specify)	S / PS / U	S / PS / U	S / PS / U	S / PS / U

8. SOIL GROUP 1 C B

9. SITE CLASSIFICATION unsuitable

10. SOIL SERIES [illegible]

S - Suitable PS - Provisionally Suitable U - Unsuitable

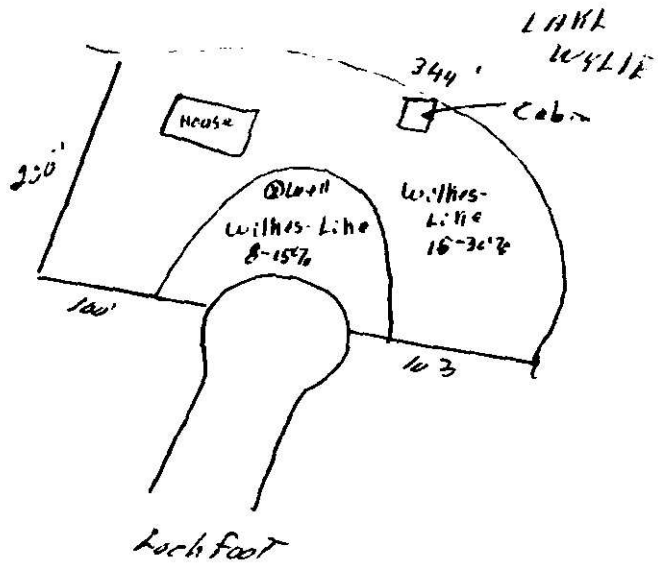
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William H. Martin
Title: Soil Scientist

Date: 9-26-84

3H


LAKE
WYLIE
344'
Cabin
House
220'
Well
Wilkes-Lake
8-15%
Wilkes-
Lake
16-30%
100'
103
Lochfoot

MECKLENBURG COUNTY
Department of Environmental Health

September 27, 1984

Josie S. Belk
Route 5, Box 425
Clover, SC 29710

Re: Property located at Lochfoot Drive, Lot 72, Sec. 37, SIR 21418

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as unsuitable under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation.

The soil on this property is not suitable for use with any conventional system, modified or alternative, with which I am aware.

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

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

Enclosure

Date Received 10-2-84

CAR(S) Application No. 21418

T. C. No. 113-281-07

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

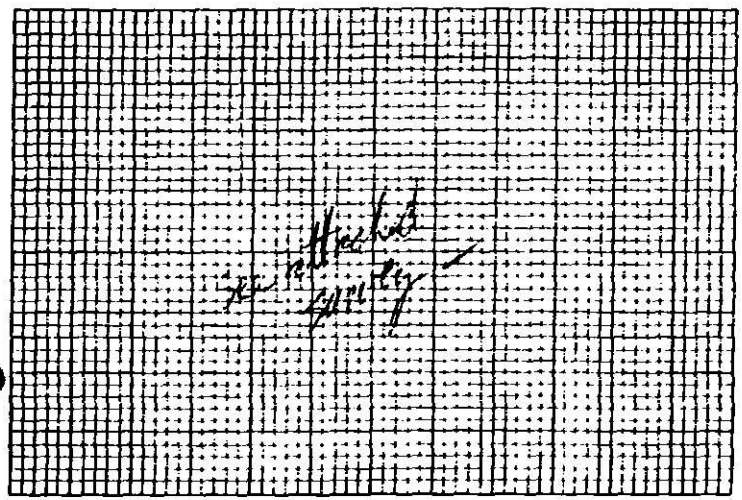
The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ___ Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Mobile Home ___ Yes ___ No
Residence X Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply:
A) Individual Well yes
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____
10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes ___ No
11) FHA Case No. _____
12) VA Case No. _____

See attached survey



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Belk (LAST) Josie (FIRST) Sherrill (MIDDLE)

14) ADDRESS OF OWNER Rt. 5 Box 475 Clover, S. C.

15) PHONE NO. Home 803-222-4735 Office Sam C 364-5222 Sandy Auten

16) LOCATION OF SYSTEM ~~tax code # 113-281-07~~ 4627 Lochfoot Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 72 ~~Block~~ Sec. No. 37

Map Book No. 18 Page No. 53

18) DEED REFERENCE — DEED BOOK 3994 AT PAGE 619

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

10/1/84
DATE OF APPLICATION

Sandy C. Auten agent for Josie Sherrill Belk
OWNER

EHB-S-76

Environmental Health Department's Copy

Date Received

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
MAY 1985

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 71418

T. C. No. 113-281-07

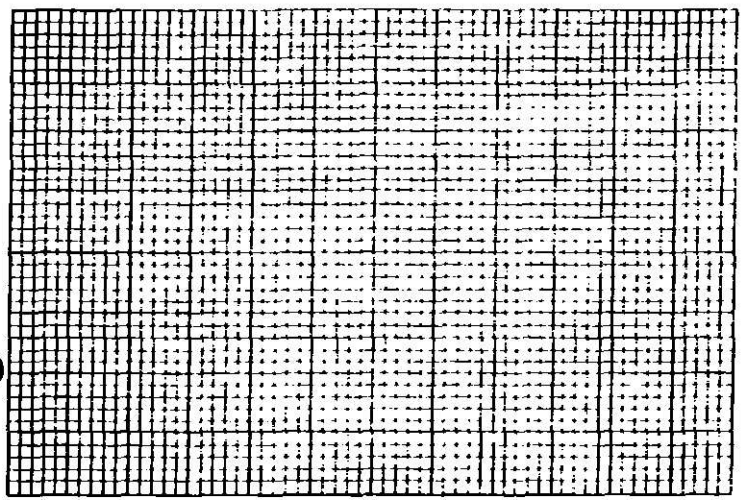
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ___ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ✓ No
5) Residence ✓ Yes ___ No
6) No of Bedrooms 4
7) Business Use — Max No Employees 3
8) Washing Machine ✓ Yes ___ No
9) Garbage Disposal ✓ Yes ___ No
10) Dishwasher ✓ Yes ___ No
11) Water Supply:
A) Individual Well ✓
B) Governmental System ___
C) Community System:
1 Well source ___
2 Governmental source ___
12) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
13) FHA Case No ___
14) VA Case No. ___

13) NAME OF OWNER LT (LAST) Stephen (FIRST) Lawrence (MIDDLE)

14) ADDRESS OF OWNER 3K S Courtyard Place Charlotte

15) PHONE NO. Home 536-6476 Office 375-8242

16) LOCATION OF SYSTEM 4627 Lostfoot Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5-7-85
DATE OF APPLICATION

Stephen Lawrence
OWNER

EHD-5-76

Date Received 11-7-84

RECEIVED NOV 7 1984 ENVIRONMENTAL HEALTH

CAR(S) Application No. 2418

T. C. No. 113-281-07

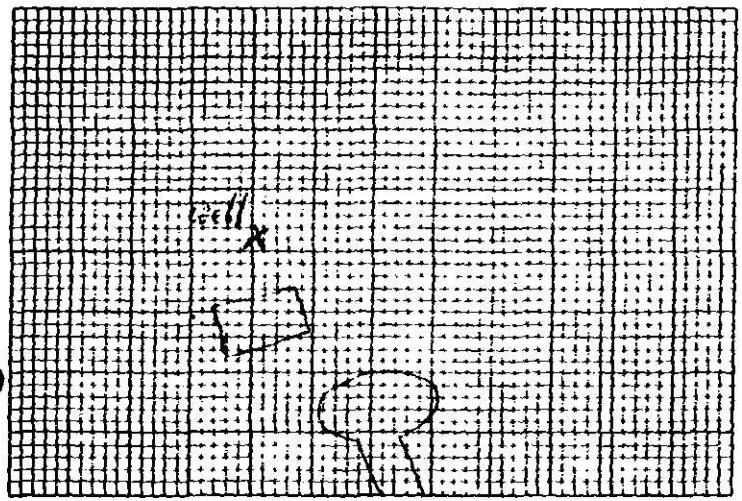
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ..... Install or Construct 2) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence X Yes ____No

4) No of Bedrooms 3

5) Business Use — Max No Employees ____

6) Washing Machine X Yes ____No

7) Garbage Disposal ____Yes ____No

8) Dishwasher X Yes ____No

9) Water Supply:
A) Individual Well yes
B) Governmental System ____
C) Community System:
1. Well source ____
2 Governmental source ____

10) Sewage System:
House located within 200 feet of public sewer ____Yes X No
House located within 200 feet of community sewer ____Yes ____No

11) FHA Case No ____

12) VA Case No. ____

13) NAME OF OWNER Lit (LAST) Steve (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 315 E. Blankman St. 28202

15) PHONE NO. Home 376-6476 Office 375 7261

16) LOCATION OF SYSTEM 4627 Lochlyte Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 72 Block No. 37 Sect

Map Book No. 18 Page No. 53

18) DEED REFERENCE — DEED BOOK 3994 AT PAGE 619

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ____ NO DATE RUN ____

20) PTR NUMBER (See Instructions) ____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

11/6/84
DATE OF APPLICATION

Sandy C. Acton agent for Steve Lit
OWNER

EHD-5-76

Environmental Health Department's Copy

REAL ESTATE
BOOK PAGE

111

5014 0239

PRESENTED FOR REGISTRATION

FILE NO. 21418

MAY 7 12 02 PM '85

CHARLIE ... REGISTER OF DEEDS MECKLENBURG CO. N.C.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1949(c)

The undersigned, Stephen L. Lit

owner of property located at Lot 72, Section 37 -4627 Lockfoot Drive, Charlotte, N.C.

("the site") and described in an instrument recorded in Book 4932 at Page 38, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1949(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1949(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the names or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 7th day of May, 19 85.

Stephen L. Lit (SEAL)

FEE $5.00
CASH $5.00

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

14:56 89859 000
05/07/85

I, Judith A. Gibson, a Notary Public for said County and State, do hereby certify that Stephen L. Lit personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal, this 7th day of May, 1985

Judith A. Gibson
Notary Public

My Commission Expires: June 29, 1988

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 1984.

_____
Notary Public

My Commission Expires: _____

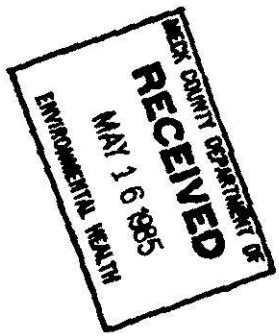
Return to Dept. of Environmental Health

REAL ESTATE
BOOK PAGE

5014 0240

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of Judith A. Gibson.

a Notary(ies) Public of said County and State
is/are certified to be correct. This 7th day of May 19 85
Charles E. Crowder, Register of Deeds, By: DEPUTY



Serial No. 8500

SIR No. 21418

Date Issued 5/9/85

T. C. No. 113-281-07

Map Date L CRT 4.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Lit, Stephen Lawrence
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 315 S. Clarkson Place, Charlotte, N. C. ZIP 28202

LOCATION OF LOT 4627 Lockfoot Drive
(STREET OR COUNTY ROAD)

SUBDIVISION ___ LOT NO. ___ BLOCK NO. ___

MAP BOOK NO. ___ PAGE NO. ___

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number ___. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit (s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*** LIFT STATION WILL BE REQUIRED ***

*** AGREEMENT FORM ON FILE ***

B. R. Ferguson
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Site reclassified Provisionally Suitable pursuant to 10 NCAC 10A .1948(c) and Departmental policy regarding alternate septic tank system installation.

Environmental Health Department's Copy

Serial No. 08784

Date Issued 12-20-85

ICAR(S) Permit No. 21418

T. C. No. 113-281-07

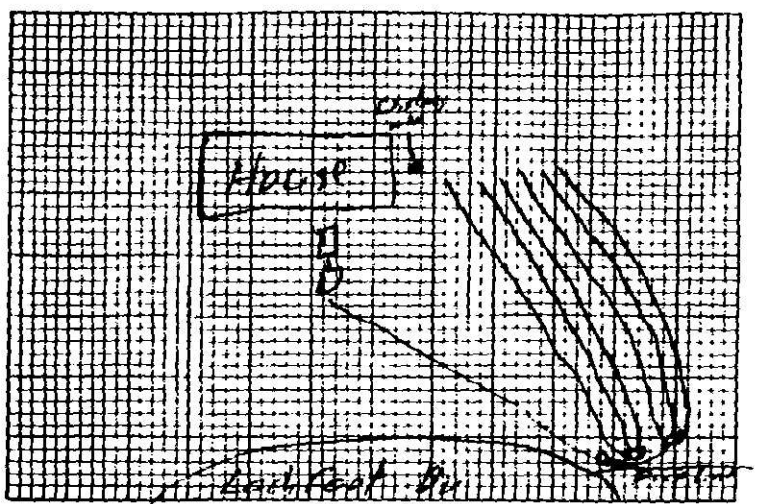
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 21418, dated 5-7-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 1-20-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV

Liquid Capacity of Tank 1500 ST 1000 LS.

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 600'

Number of Lines Six

Distance from House 15'

Distance from Property Line 10'

Distance from Well >50'

NAME OF OWNER Lit, Stephen

LOCATION OF PROPERTY 4627 Lochfoot Dr. Lot 72 Sec 37

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Six Trenches 100'X3'X12" stone 6" Sand; Diversion valve; Lift station

Comments: Existing well to be Abandoned

B. Hardister
Division or Section Head

Jim Ervin
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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 21418

Date Issued 4-1-86 **Serial** 8396 T. C. No. 113-281-07

L CR7

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Lit (LAST) Stephen (FIRST) (MIDDLE)

Location of Property 4627 Lochfoot Dr.

Application Number 21418 Permit Number 21418

Inspection Date:

Liquid Capacity of Tank 1500 ST 1000 LS Tank Material PCC

Total Length of Drain Tile 600' Number of Lines Six

Depth of Filter Material 12" Stone 6" Sand Cover Depth 12"

Water Supply Source Well Distance from Water Source 750'

Excavation Inspected 1-8-86 (DATE) Tank Inspected 1-8-86 (DATE)

Nitrification Field Inspected 1-8-86 (DATE)

Washing Machine Line Inspected, If Applicable ——— (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 1986, 1500ST, 1000DT, PI, DV, mod, 1800SFT, 126GS
Old Existing well Abandoned 4-1-86

Jim Ericson
Environmentalist

EHD-S-76

Environmental Health Department's Copy