

11919 PINNACLE POINT LN

02316418

5/31/2007

duponbj

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

Mecklenburg County
Health Department

March 6, 1995

Ms. Christi Keller
661 Coulwood Drive
Charlotte, NC 28214

Re: 11919 Pinnacle Pointe Drive
File: 5352A

Dear Ms. Keller:

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Effectively rake and lime all trench sidewalls.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

If you have any questions concerning this matter, please contact me at 336-5575.

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater Systems

KR:gf

file

Mecklenburg County
Health Department

3-2-95

Ms CHRISTI KELLER
661 COULWOOD DR
CHARLOTTE NC 28214

RE 11919 PINNACLE POINTE LANE
FICE: 5352-A

DEAR MS. KELLER

Receipt of your plans for a modified waste disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Effectively rake and lime all trench sidewalls.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

-This is a Type 4 sewage disposal system. A contract must be executed for periodic maintenance between the property owner and a certified operator prior to the issuance of an operation permit (final).

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter, please contact me at 336-5575.

Sincerely,

Kelly Randall

Kelly Randall, R.S.
Individual Water and Wastewater Systems

Enclosure(s)

5352A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 4960 ck # 1185 2/10/95 CRT

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

(706)336-5102

Date: 2/9/95

PERSON FILING APPLICATION:
NAME: KELLER (last) CHRISTI (first) R (mi)
ADDRESS: 661 Coulwood DR PHONE: 704 394-5885
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-101-03 PC
STREET ADDRESS: 11919 PINNACLE POINTE LANE
CHARLOTTE, NC
ZONING: MOUNTAIN ISLAND SUB-DIVISION

PROPERTY OWNER:
NAME: KELLER (last) CHRISTI (first) R (mi)
ADDRESS: 661 Coulwood Dr PHONE: 704 394-5885 WORK 527-4152
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] ~~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):
[X] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4-3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION: (ISP) as per Bob Keller

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)
[X] 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: Christi Keller Date: 2/9/95

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.

...PIPES TYPE IV

CERTIFIED OPERATOR REQUIRED

AGREEMENT FORM ON FILE

[X] 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

Kelly Randall 2-1-95

Director or Authorized Section Head Date

WATER : 122791

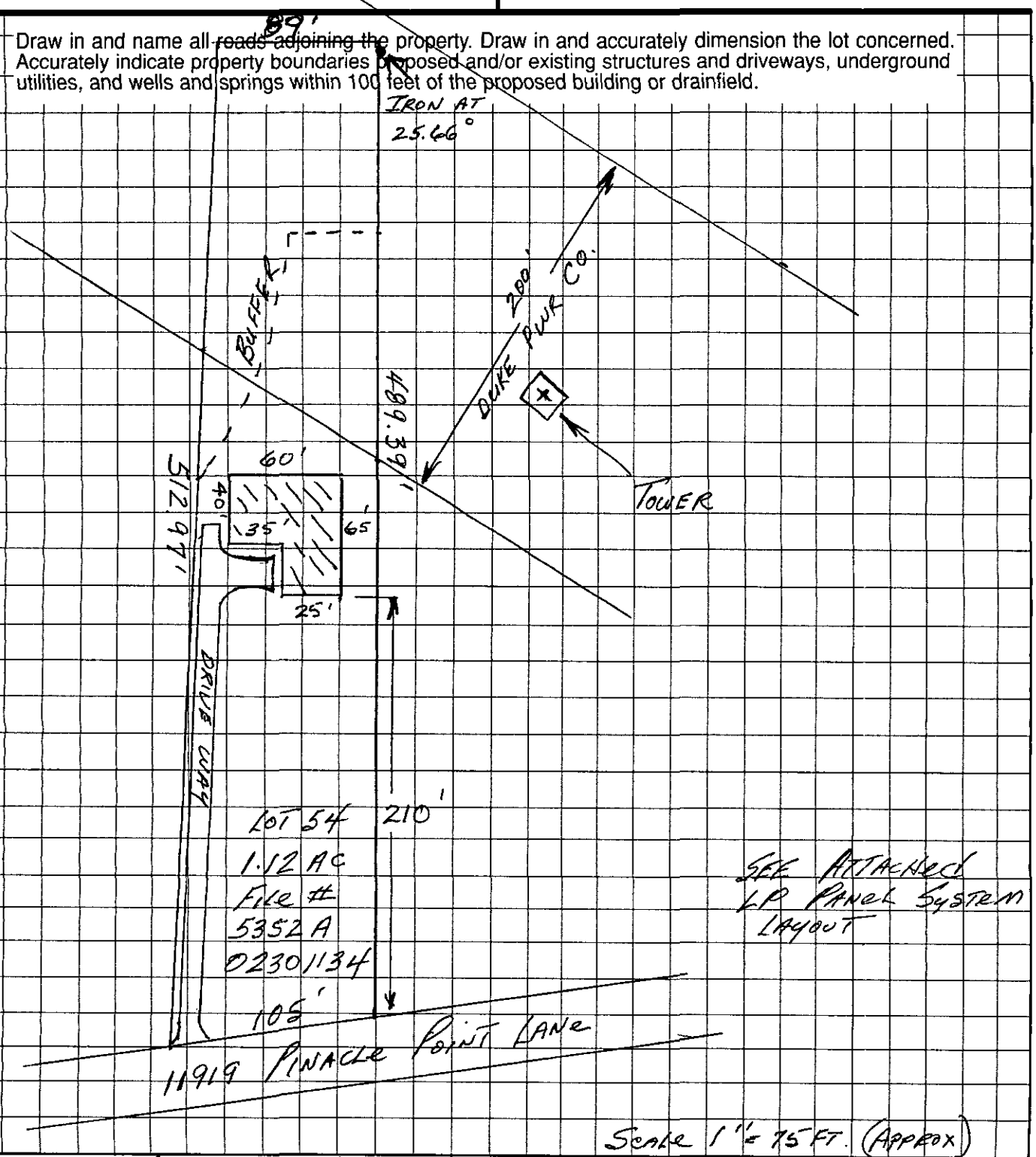
PROPOSED PLOT PLAN

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

FILE: 5352 A

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.



OWNER/AGENT SIGNATURE Christie Keller

DATE 2/9/95

APPROVAL DATE _____

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

BK: 06335 PG: 0745/0746 #:0083 8.00
REGISTERED AUG/20/1990 10:54AM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 3352A

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 .1948(c)

The undersigned, Bryan E. Hall Land Craft Properties, Inc.

owner of property located at 11919 Pinnacle Point Lane (Lot 54)

("the site") and described in an instrument recorded in Book 6076 at Page 874, 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 .1948(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 .1948(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 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 owner index in the name 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 16th day of August, 1990

Drawn By:
Landcraft Properties, Inc.

Scott A. Stover
Assistant Secretary

Bryan E. Hall E.V.P. (SEAL)

(SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this date and acknowledged the execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 19__.

_____
Notary Public

Commission Expires _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Lara L. Hathaway, a Notary Public for said County and State, do hereby certify that Bryan E. Hall personally came before me this day and acknowledged that he is Executive Vice President of Land Craft Properties, Inc 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 Executive Vice President, sealed with its corporate seal and attested by Scott A. Stover.

WITNESS my hand and notarial seal, this 16th day of August, 1990

Lara L. Hathaway
Notary Public

Commission Expires January 8, 1991

Return To: Environmental Health

1.00
2.00
3.00 (4)

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Lana C. Hathaway

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By _____ Deputy - Register of Deeds

Mecklenburg County
Health Department

August 13, 1990

Crescent Land and Timber Corp.
c/o Marshall Howell
2305 Randolph Road, Suite C
Charlotte, NC 28207

RE: Property located at 11919 Pinnacle Point Ln.
FILE: 5352A
PARCEL: 023-011-35PO

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

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

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

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

1-27-90 Calculated by VC

Date: July 02, 1990

From: T J Systems
Rt 2 Box 207
Stony Point, N.C. 28678

To: Landcraft Properties
2305 Randolph Road
Charlotte, N.C. 28207

Subject: Lot 54 Mt. Point
File # : 5352 A
Parcel : 02301135 PO

System type: 16 inch T & J Panel System with pressure distribution.

This system is designed for a three bedroom house at an application rate of .3 gpd. 360/.3 = 1200/3 = 400 LF of conventional drainfield multiplied by .5 = 200 LF of 16 inch T & J Panel System. This system shall be installed in accordance with all state and local rules and regulations and in compliance manufacturer's installation guidelines. Soil evaluation was supplied by the county.

DATE: 6/26/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Neck

PARCEL NUMBER 023-101-03p0

ASSIGNED ADDRESS 11919 Pinnacle Point Ln.

EXISTING ADDRESS Lot 59

PROJECT NAME Mountain Point Ph 2

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	☐ *	☐
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: Septic Tank

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

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: 5352A
TC: _____
SERIAL: No 18541

do file 5335A for chart dup

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 11919 (STREET NO.) PINNACLE POINT LANE (STREET) ② FILE: 5352A

③ JURISDICTION: MECK ④ TAX PARCEL NO.: 023 01 135 PO

⑤ SUBDIVISION: MOUNTAW POINT ⑥ LOT: 54 ⑦ BLOCK: _____

OWNER

⑧ NAME: Crescent Land and Timber Corporation (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: c/o Marshall Howell, 2305 Randolph Road, Suite C

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28207

⑬ PHONE: (WORK) 332-9340 ⑭ (HOME) 372-9070

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? 4 ㉕ Type? _____

㉓ Maximum occupancy? 7 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 on the property for the purpose of processing this request.

Signed: Walter J Brazer

Date: 12 June 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.

Environmentalist _____ Date _____

Director or Authorized Section Head [signature] Date 8-24-89

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

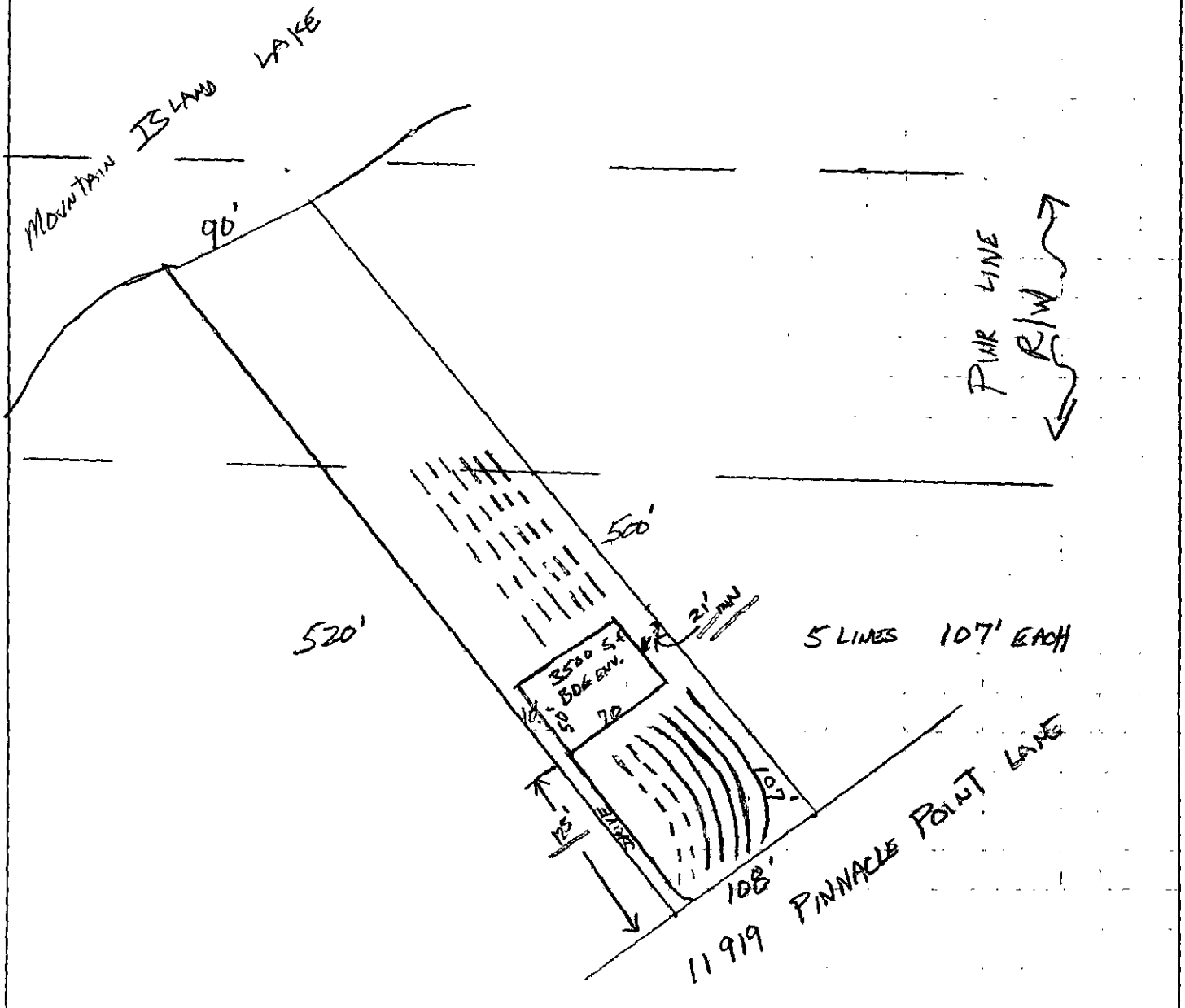
PROPOSED PLOT PLAN

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

FILE: 5352A

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.



LOT 54 MOUNTAIN POINT SUBD.

Signed: Marshall Howell

Date: 6-22-89

Line	# Panel	# Hole Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Per min Line Flow
A	12	one	5/32	2ft	50 '	.41	4.92
B	12	one	5/32	2ft	50 '	.41	4.92
C	9	one	5/32	2ft	40 '	.41	3.69
D	14	one	5/32	2ft	60 '	.41	5.74
F	repair				23 '		
G	repair				60 '		
H	repair				63 '		
I	repair				56 '		
Totals	47				200'		19.27

CALCULATIONS FOR PUMPED SYSTEMS:

Head: Friction loss = 2.05
Total lift = 11.80 (98.00 + 2 - 88.20 = 11.80) elev.
TDH = 13.85
20% margin = 19 ft (~~14~~.85 / .8 = ~~18.56~~ = ~~19 ft~~)

13.85 17.31 18.0

OR with 19 Vogel

Pump Size: 24 gallon per minute at 19 feet of head.

Pump cycle should be 8.8 min or 169 gallons.

Note: Each line shall have a globe valve at the start of the line for pressure adjustment.

Friction loss:

supply line	= 155 lf	= 1.55 * 1.10	= 1.71
fittings	= 1.71 * .2		= .34
total			2.05

Mecklenburg County
Health Department

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

June 6th, 1989

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

RE: Property located at Pinnacle Point Lane 54
FILE: 5352A
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 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 15899) 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 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. 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.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15899

File: 5352A Action 2

Parcel: 02301135 PO ☐ PC

Location: Pinnacle Point Lane

Subdivision:

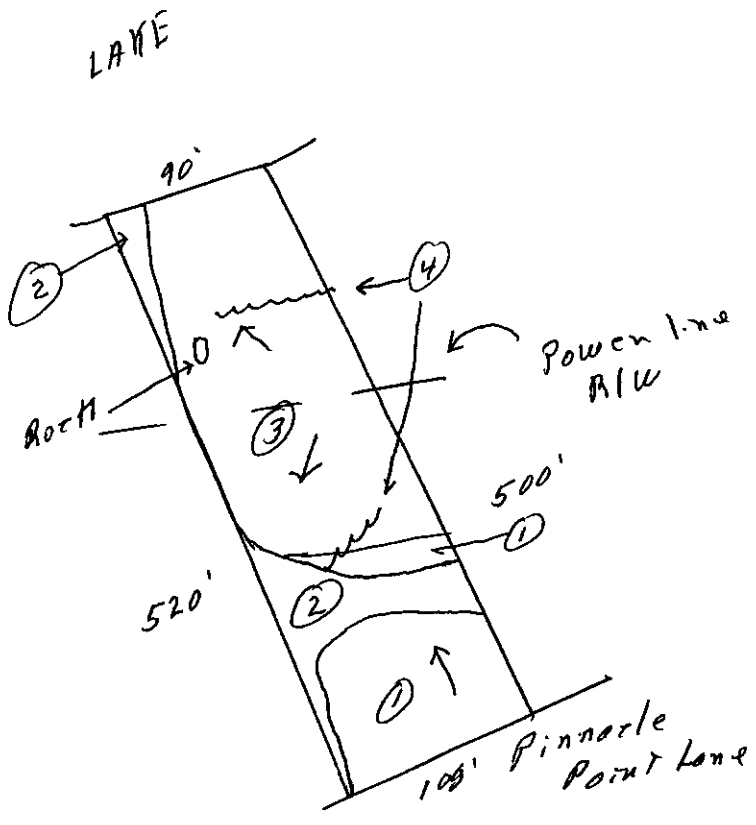
Lot: 54 Block: Acres: 1.14

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

Comments: Recommend system be approved before lot is closed

Described by: William A. Merlin

Date: 6-5-09



***** 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 6-15%	S PS (U) Drainageway Depression	S (PS) U 15-30%	S PS (U) Complex Slopes	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S (PS) U Clay	S PS U —	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U blocky	S PS U —	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S (PS) U >36" To water	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS (U) 28-31"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S (PS) U >36"	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IVA Cecil-like	Drainageway Depression	IVA Parolet-like	Complex Slopes		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FILE: 5352A

JAN 11 1989

TC: _____ $30.

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Pinnacle Point Lane

② SUBDIVISION: Mountain Point Ph 2 ③ LOT: 54 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

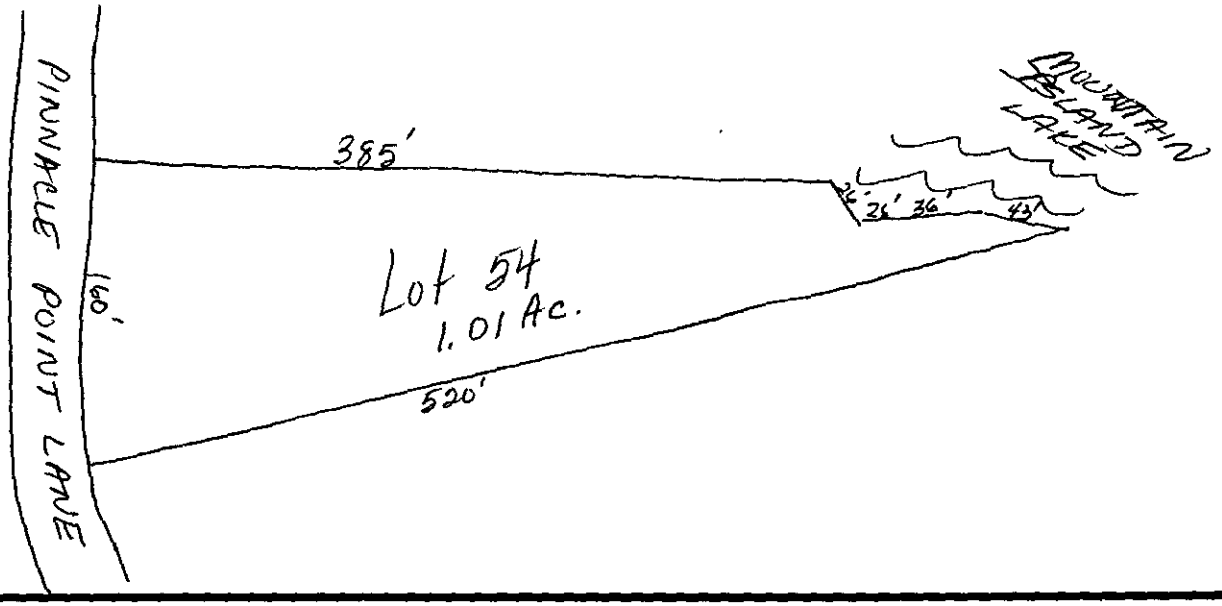
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway)
(FIRST) (MIDDLE) (LAST)

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: Miles Mayer, V.P.

Date: 1/11/89

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5352A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Pinnacle Point Lane

② SUBDIVISION: Mountain Point Ph 2 ③ LOT: 54 ④ BLOCK: _____

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

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

OWNER

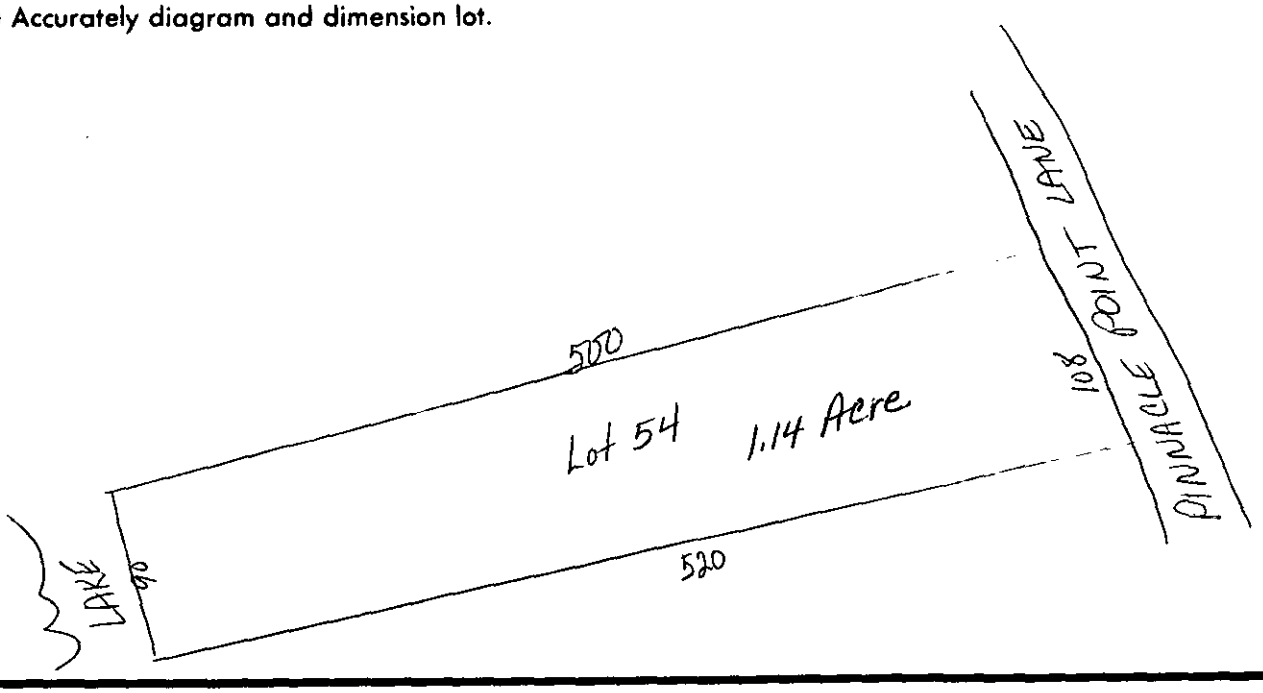
⑦ NAME: Crescent Land & Timber Corp. (c/o Lana Hathaway, LandCraft Properties)
(FIRST) (MIDDLE) (LAST)

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