Date Received 3-27-84

MECK COUNTY DEPARTMENT OF
RECEIVED
MAR 27 1984
ENVIRONMENTAL HEALTH

SIR No. 20838

T. C. No. 199-401-10

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Risser (LAST) James A (FIRST) + Virginia G. (MIDDLE)

2) ADDRESS OF OWNER 201 Cherokee, Charlotte ZIP 28207

3) PHONE NO. Home 375-3608 Office 588-4750

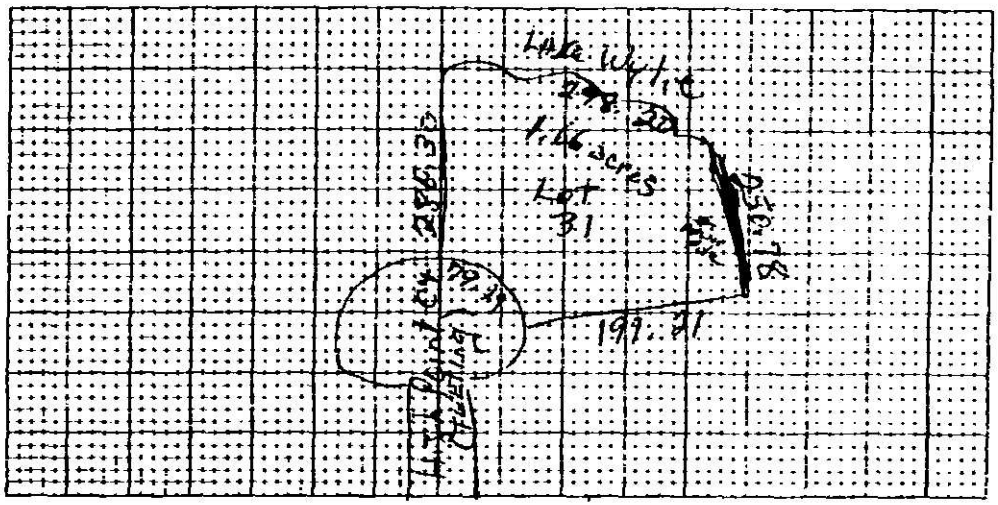
4) LOCATION OF PROPERTY On High Point ~~Road~~ Court (Teeling Court) off Saw Mill Road
STREET OR COUNTY ROAD

5) SUBDIVISION _____ LOT NO. 31 BLOCK NO _____
Lake Wylie

MAP BOOK NO 199 PAGE NO 40

6) DEED REFERENCE DEED BOOK _____ 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 DIAGRAM & DIMENSION LOT

Virginia G Risser
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 2C839

T.C. NO. 199-401-10

(Ground Absorption Sewage Disposal)

OWNER: James & Virginia Risser
ADDRESS: 601 Parkside
Charlotte, N.C. 28207
LOCATION OF SITE: High Point Rd.

PLAT NO: Lot 31
LOT SIZE: Appx 1 Acre

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) 4-20% U	S PS 30%+ U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS Clay U	S PS Clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 30-40" U	S (PS) 30-40" U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) >36" U	S (PS) >36" U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) >40" PS Ground water U	(S) >40" PS Ground water U	S PS U	S PS U
7. OTHER (Specify)	S PS Rock U	S PS U	S PS U	S PS U
8. SOIL GROUP	10A	10A		
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil Like	Cecil-Like (Steep)		

S - Suitable PS - Provisionally Suitable U - Unsuitable

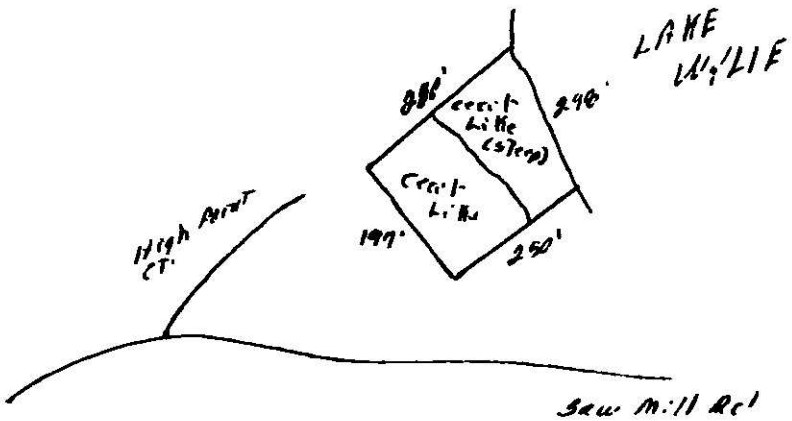
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: System will probably need lift pump - would depend on house location

Described by: William McMullin
Title: Soil Scientist

Date: 4-18-84

#


LAKE WYLIE
Cecil Little (Steep)
Cecil Little
197'
250'
High Point CT.
Saw Mill Rd

Serial No. 5601

SIR No. 20838

Date Issued 4-18-84

T. C. No. 199-401-10

Map Date

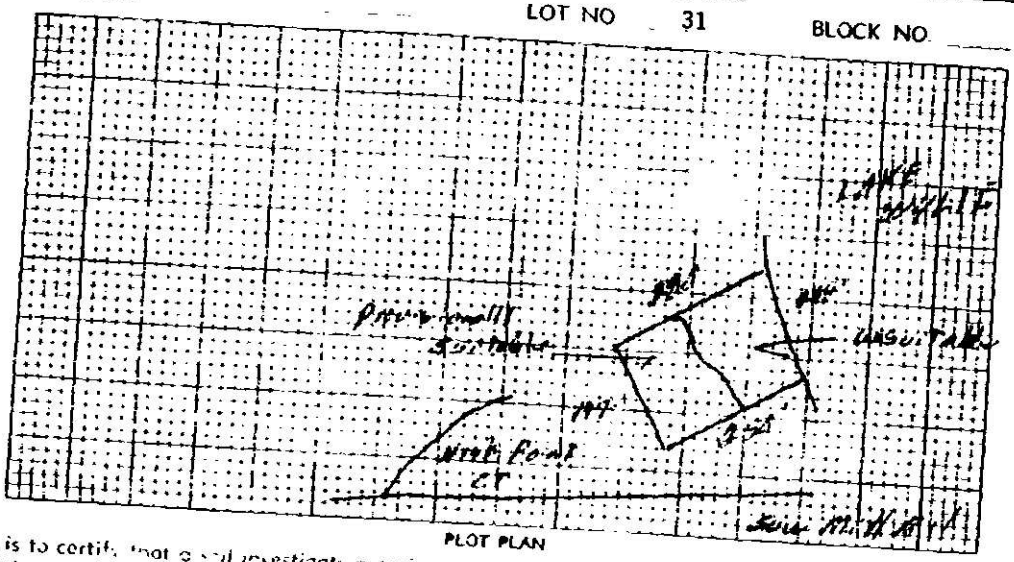
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Risser, James A. & Virginia G.
LAST FIRST MIDDLE

ADDRESS OF OWNER 201 Cherokee, Charlotte, N. C. ZIP 28207

LOCATION OF PROPERTY High Point Court
STREET OR COUNTY ROAD

SUBDIVISION LOT NO 31 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described [illegible] The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was provisionally suitable. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit [illegible] the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the said lot.
2. The size [illegible] County Department [illegible] the Mecklenburg [illegible] the size and type [illegible]
3. This approval [illegible] on the above plot [illegible]
4. This approval [illegible] in the [illegible] system installation [illegible] indicated as acceptable for [illegible] system.

This approval is granted based on the laws of the 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 which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William E. Marlin
Soil Scientist

EHD-5-76

John R. Adkisson
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 2-28-85

MECK COUNTY DEPARTMENT OF
RECEIVED
FEB 28 1985
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 20838

T. C. No. 149-401-10

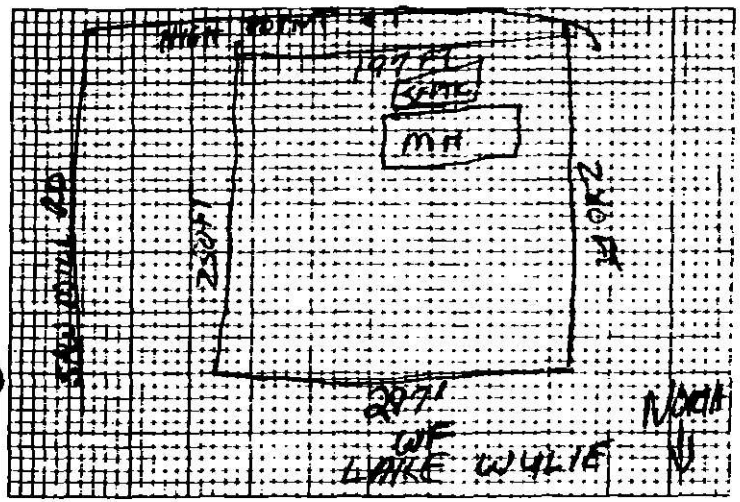
Map Date L

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

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

13) NAME OF OWNER Perry (LAST) Robert (FIRST) Irvin (MIDDLE)

14) ADDRESS OF OWNER 5412 Chimney Lane Charlotte NC 28212

15) PHONE NO. Home 536 [illegible] Office 545-6118

16) LOCATION OF SYSTEM 1164 Point Court (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 31 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 4-18-84

20) PTR NUMBER (See Instructions) 3838

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.

2-27-85
DATE OF APPLICATION

Robert D Perry
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 2-28-85

Serial No. 8241

SIR No. 20838

T. C. No. 199-401-10

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

[illegible] 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 Perry, (LAST) Robert (FIRST) Irvin (MIDDLE)

ADDRESS OF OWNER 6912 Carriageway Lane, Charlotte, NC ZIP 28212

LOCATION OF LOT 7230 High Point Court (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 20838 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 MAY BE REQUIRED

D. R. Ferguson
Environmentalist

Eric D. Henderson, Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 20838

Date Issued 3-18-85 **Serial** 7353 T. C. No 199-401-10 L CRV

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Perry (LAST) Robert (FIRST) (MIDDLE)

Location of Property 7230 High Point Court

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material P.V.C.

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 12"-28"

Water Supply Source well Distance from Water Source not in yet

Excavation Inspected 3-18-85 (DATE) Tank Inspected 3-18-85 (DATE)

Nitrification Field Inspected 3-18-85 (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

B. R. Ferguson
Environmentalist

EHD-5-76

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 10/11/88

Name/Company [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Insp M/H Exchange
[illegible]

OCT 12 1988

Fee: $ [illegible]

[illegible]

Completed by [signature] Collected by [signature]

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: 20838
TC: 199-401-10
SERIAL: № 17068

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 7230 HIGH POINT CT (STREET NO / STREET) ② FILE: 20838

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: 30 ⑦ BLOCK:

OWNER

⑧ NAME: ROBERT (FIRST) IRVIN (MIDDLE) PERRY (LAST)

⑨ MAILING ADDRESS: 7230 HIGH POINT CT

⑩ CITY: CHARLOTTE ⑪ STATE: N C ⑫ ZIP: 28217

⑬ PHONE: (WORK) 545-6978 ⑭ (HOME) 588 2458

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? 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

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: Robert I. Perry

Date: 10-11-88

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.

System.

Environmentalist — Date

Director or Authorized Section Head — Date 10/13/88

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

Date Issued 3-15-85

Serial No. 07987

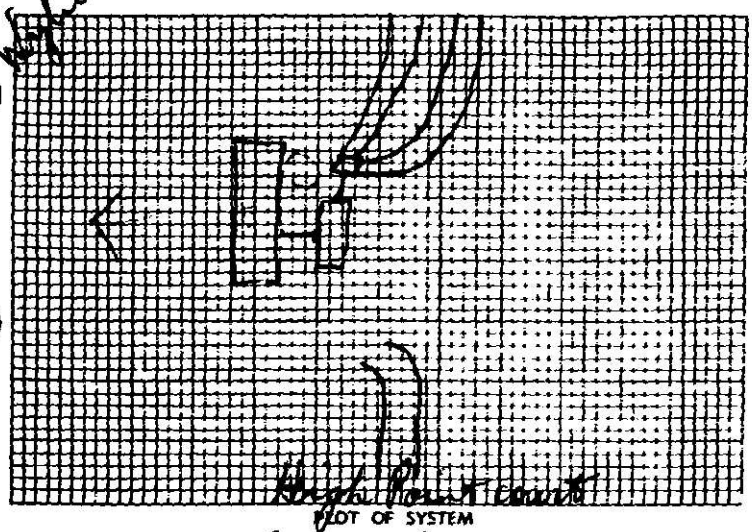
ICAR (S) Permit No. 20838

T. C. No. 199-401-10

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 20838, dated 2-27-85 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 4-15-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Pd

Liquid Capacity of Tank 1500

Tank Construction Ccc

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10

Distance from Well not in use

NAME OF OWNER Robert Perry

LOCATION OF PROPERTY 7230 High Point Court

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.

4 Line 3'x100'x12" stone

Comments:

T. Hankins
Division or Section Head

D. R. Ferguson
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

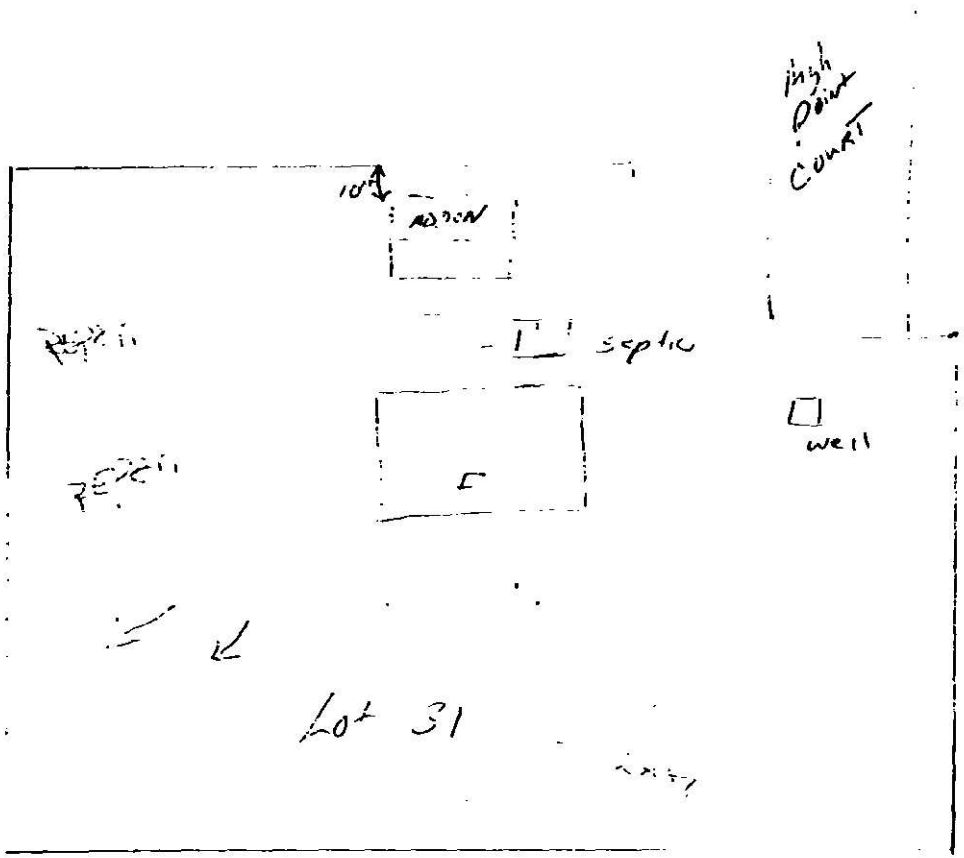
PROPOSED PLOT PLAN

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

FILE: 20838

TC: 197-401-10

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: Greg Lewis (agent)

Date: 1-18-90

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-18-90

Name/Company: Gee Peak

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Appeal for Improvement

MECKLENBURG COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION PAID JAN 18 1990 20838

Fee: $ 25.00

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

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: 20838
TC: 99-401-10
SERIAL: Nº 19742
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 7230 (STREET NO) High Point Court (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: 31 ⑦ BLOCK:

OWNER

⑧ NAME: Robert (FIRST) Irvin (MIDDLE) Perry (LAST)
⑨ MAILING ADDRESS: 7230 High Point Court
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) (704) 545-5478 ⑭ (HOME) (704) 588-2458

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Renovate & Add on Sunroom

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

Signed: [signature]
Date: 1-18-90

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.

[signature] 1/25/90
Environmentalist Date

[signature] 1-25-90
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.