Date Received 5.9.84

SIR No. 21002

T. C. No. 001-201-05

Map Date 1978

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER MARTIN DEVELOPMENT GROUP
(LAST FIRST MIDDLE)

2) ADDRESS OF OWNER 8800 ONE TRYON CENTER CHARLOTTE NC ZIP 28284

3) PHONE NO Home _____ Office 332-1242

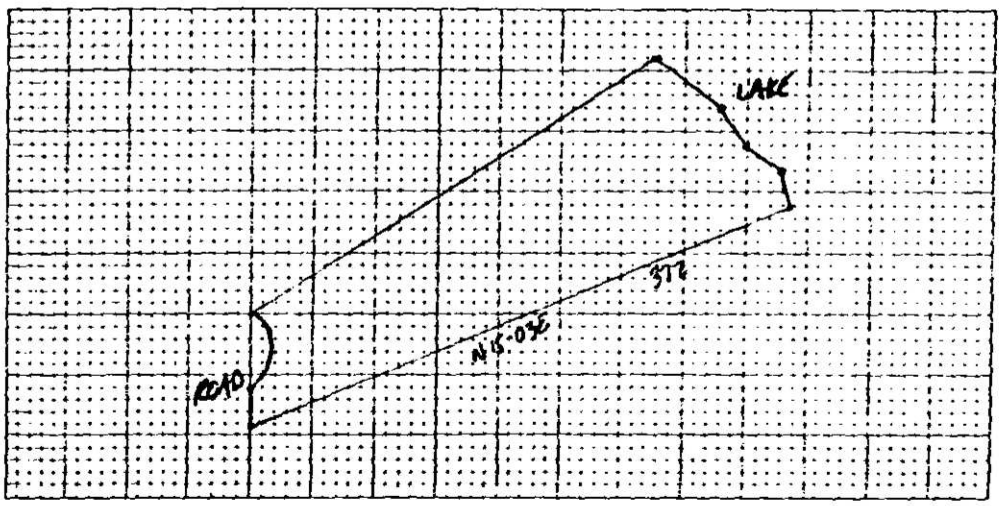
4) LOCATION OF PROPERTY NORTH POINT RD
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOOKOUT POINT LOT NO 22 BLOCK NO _____

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

6) DEED REFERENCE DEED BOOK N/A PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Carl J McElhaney
OWNER

EHD-5-76

DIVISION OF ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-11-90

Name/Company: Bradley Daniel Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: S.P.T.

1 Ac.

16240 North Point Rd

ENVIRONMENTAL HEALTH DIVISION 201-452-25

PAID

SEP 11 1990

File # ~~[illegible]~~ 21002

Fee: $50.00 CO# 324 $50.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Jackie [illegible]
Completed by

[illegible]
Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE:

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS:

② SUBDIVISION: ③ LOT: ④ BLOCK:

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

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

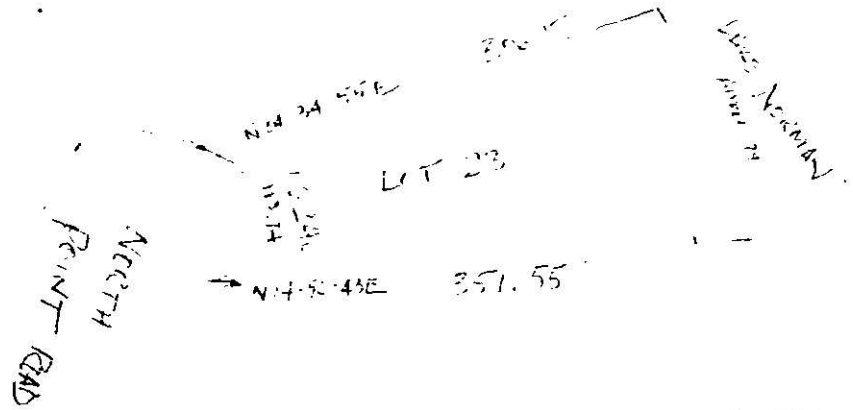
⑦ NAME: (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS:

⑨ CITY: ⑩ STATE: ⑪ ZIP:

⑫ PHONE: (WORK) (HOME)

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:

Date:

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

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

Mecklenburg County
Health Department

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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

Serial No. 6482

SIR No. 21002

Date Issued 7-31-85

T. C. No. PO 001-201-05

Map Date 1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

SOIL INVESTIGATION REPORT

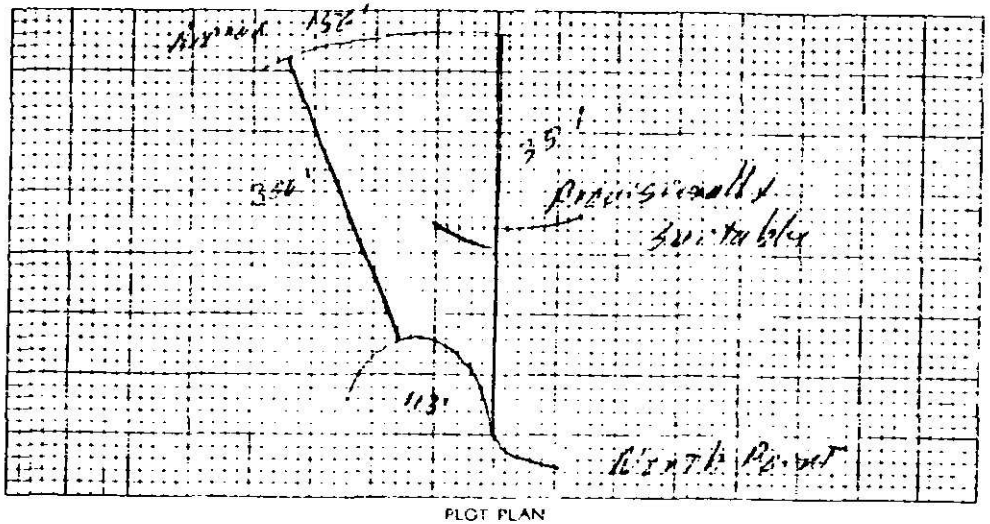
" REVISED REPORT DUE TO LOT RECONFIGURATION "

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

ADDRESS OF OWNER 1800 One Tryon Center, Charlotte, NC ZIP 28284

LOCATION OF PROPERTY North Point Road
(STREET OR COUNTY ROAD)

SUBDIVISION Lookout Point LOT NO 23 BLOCK NO



PLOT PLAN

This is to certify that a soil investigation and on site inspection was made by the Mecklenburg County Department of Environmental Health on the lot described above. The investigation was conducted on that portion of the lot as indicated on the above plot.

PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was . The said lot is approved for the installation of a conventional subsurface sewage disposal system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit for the construction of the sewage disposal system will be issued by the Mecklenburg County Department of Environmental Health upon receipt of a complete application for the system.
2. The location of the system must be approved by the Mecklenburg County Department of Environmental Health prior to the installation of any part of the system.
3. The approved system must be installed in accordance with the rules and regulations governing the design, construction and operation of subsurface sewage disposal systems and in accordance with the plans and specifications submitted and approved by the Mecklenburg County Department of Environmental Health.
4. This approval is granted based on the information provided to the Mecklenburg County Department of Environmental Health by the applicant. Any changes in the plans and specifications submitted and approved for the system must be approved by the Mecklenburg County Department of Environmental Health prior to the installation of any part of the 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. Martin
Soil Scientist

David D. Hankins Jr.
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Management Commission

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. _____

T.C. NO. _____

(Ground Absorption Sewage Disposal)

OWNER: _____ PLAT NO: _____

ADDRESS: _____ LOT SIZE: _____

LOCATION OF SITE: _____

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 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 U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS 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				
9. SITE CLASSIFICATION				
10. SOIL SERIES				

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: _____

Title: _____ Date: _____

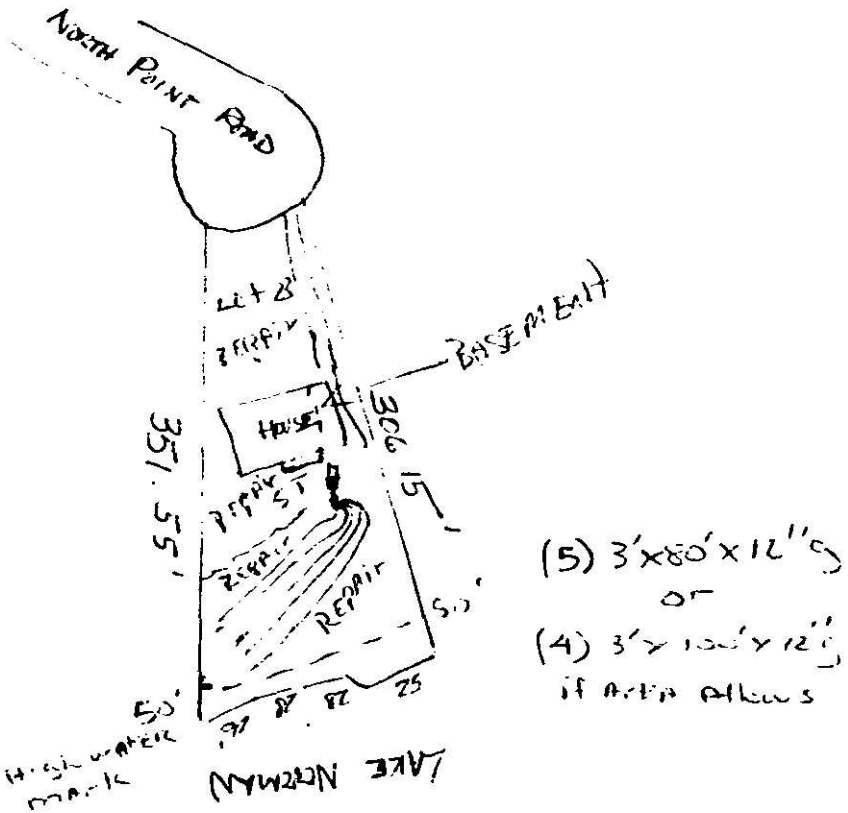
PROPOSED PLOT PLAN

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

FILE: 19156

TC: 001-452-25

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 10/1/90

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-24-90

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]

[illegible]

[illegible]

ENVIRO[illegible] DIVISION
PAID

SEP 24 1990

Fee: $ [illegible]

CR# [illegible]

$ 20.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

[illegible]
Completed by

[illegible]
Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 2-164
TC: 001-451-25
SERIAL: № 21229
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 16240 (STREET NO) NORTH POINT (STREET) ROAD ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: REDDEY (FIRST) (MIDDLE) DOWD, SR. (LAST)
⑨ MAILING ADDRESS: 1242 QUEENS ROAD WEST
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28207
⑬ PHONE: (WORK) 372 5030 ⑭ (HOME) 334-4576

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 ㉒ ☐ Business or place of public assembly
㉑ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 2 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: Reddey Dowd Sr.
Date: 24 Sept '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.

Environmentalist — Date: 10/2/90

Director or Authorized Section Head — Date: 10-2-90

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21002 DATE: 11/27/91
TC: 001-452-25 ☐ L ☑ CRT
SERIAL № 13981

Name of Owner Roddey Dowd Juris.:
Address of Property 16240 North Point Rd. (Lot 23)

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
Wash Line Inspected -
High Water Alarm Inspected -

PLOT

Design: 1500 ST, CON. 1200 SFT, 12"g, cell like CTR# 41

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'x 12"g. Repair area out front toward road.

Tim Whittaker, R.S.
Environmentalist

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