Date Received 2-4-85

RECEIVED
12 ... 1985
ENVIRONMENTAL HEALTH

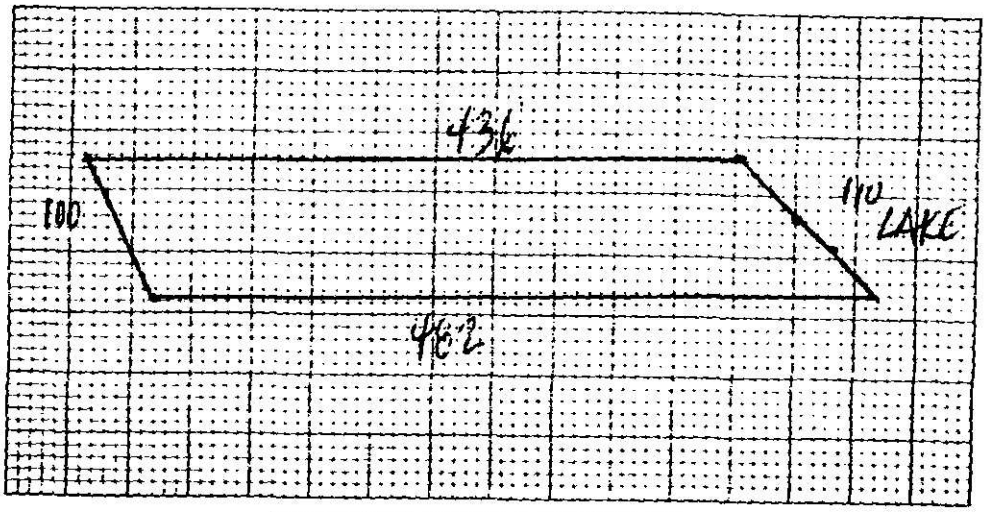
~~21011~~ 21011
SIR No. ~~21962~~
T.C. No. 001-201-05
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Martin Development Group
LAST FIRST MIDDLE
2) ADDRESS OF OWNER 1800 One Tryon Center Charlotte ZIP 28284
3) PHONE NO Home _____ Office (704) 332-1242
4) LOCATION OF PROPERTY North Point Rd
STREET OR COUNTY ROAD
5) SUBDIVISION Lookout Point LOT NO ~~30~~ 26 BLOCK NO. _____
MAP BOOK NO 1 PAGE NO 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 McPhail
OWNER

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

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

(OFFICE USE ONLY)

FILE: 21011 L

TC: PI 001-201-05

JOB LOCATION

① ADDRESS: 16124 (STREET NO) North Point (STREET) Road ② FILE:

③ CITY: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Lochlyn Point ⑥ LOT: 16 ⑦ BLOCK:

OWNER

⑧ NAME: (FIRST) [illegible] + Li (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 2654 Randolph Road

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

⑬ PHONE (WORK): 704 334-2635 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☑ New installation permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

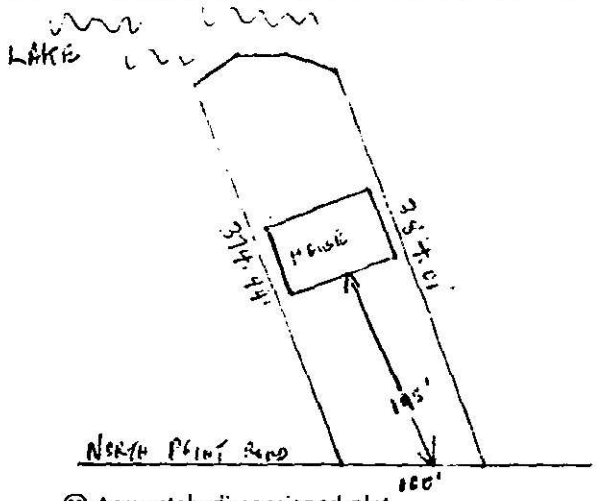
System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☐ Community well

D ☑ Community system

㉚ 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: [signature]

Date: 9/22/85

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Serial No. 6528

SIR No. 21011

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

Date Issued 8-23-85

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

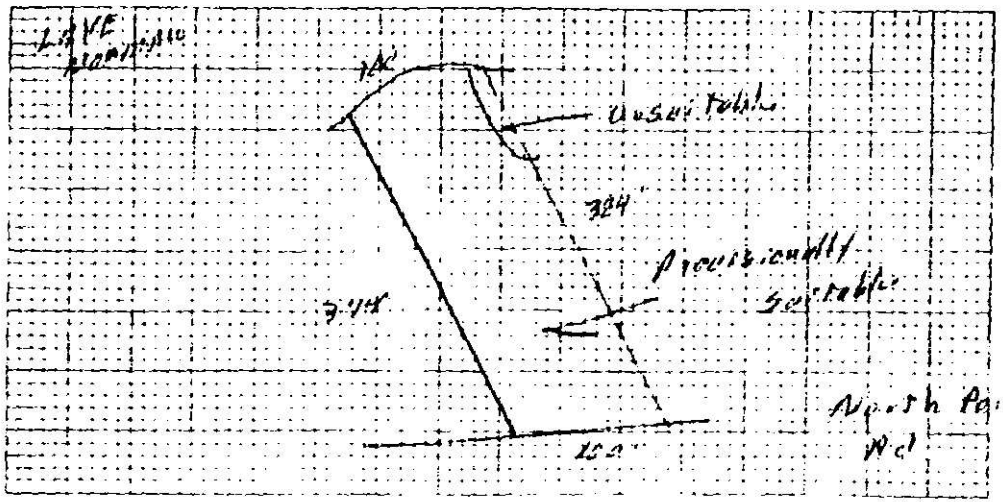
SOIL INVESTIGATION REPORT
REVISED REPORT DUE TO LOT RECONFIGURATION

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 16 BLOCK NO.



PLOT PLAN

This is to certify that [illegible] Mecklenburg County Department of Environmental [illegible] conducted on that portion of the lot as indicated on the above plot PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was [illegible] The said lot is approved for the installation of an individual [illegible] system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit [illegible] Department [illegible]
2. The [illegible] Mecklenburg County Department [illegible]
3. [illegible]
4. [illegible]

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 R. Marks
Soil Scientist

Bill D. Hartsley Jr.
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department

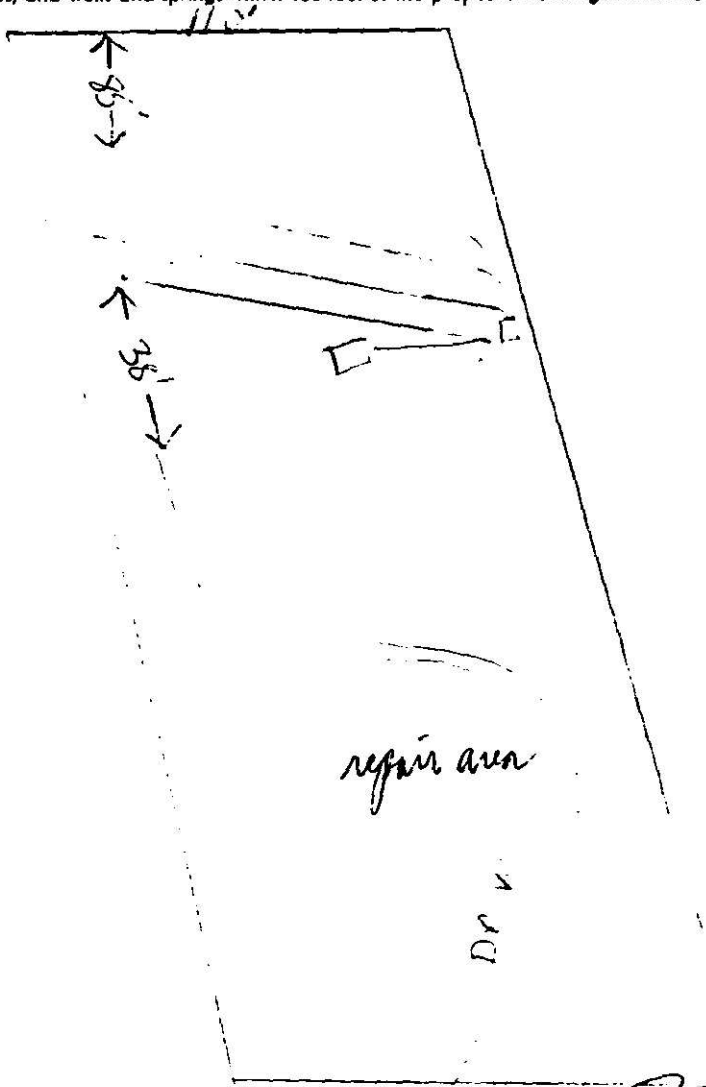
PROPOSED PLOT PLAN

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

FILE: _____

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.



Signed: _____

Date: 1-20-87

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 21011

TC: 001-452-32

SERIAL: № 12056

RECEIVED DEC 22

☐ 1 ☐ CRT

JOB LOCATION

① ADDRESS: 16124 North Point Road, Huntersville, NC 28078 (STREET NO / STREET) ② FILE:

③ JURISDICTION: Huntersville ④ TAX PARCEL NO.: PO 001-201-05

⑤ SUBDIVISION: Lock Out Point ⑥ LOT: 16 ⑦ BLOCK:

OWNER

⑧ NAME: William J Campeli & Donna L Hopkins (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: Ste M4, Wachovia Center

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28285

⑬ PHONE: (WORK) 375 7711 ⑭ (HOME) 892 4938

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

Signed: [signature] Donna Hopkins

Date: 12/22/86

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. Lift station will be required on repair area.

B.R. Ferguson 1-13-87
Environmentalist Date

[signature] 1-21-87
Director or Authorized Section Head Date

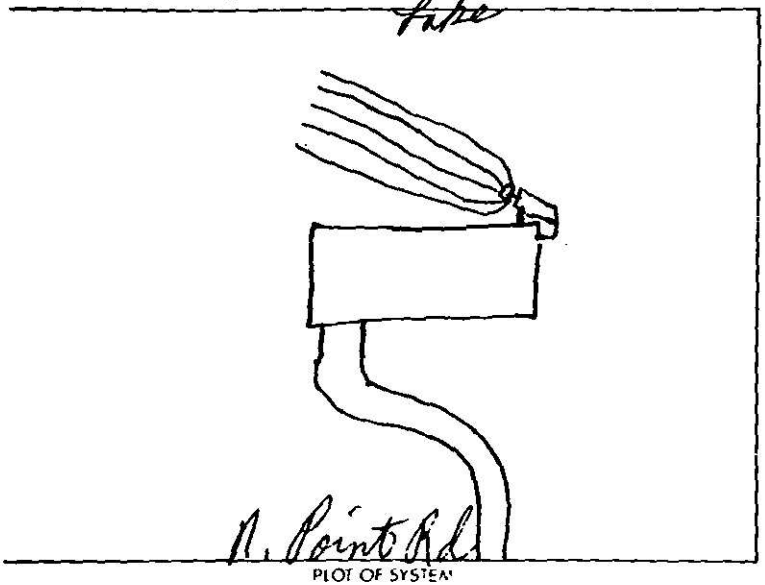
*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

FILE: [redacted] 1011 DATE: 2-5-87
TC: 001-452-32 DL
SERIAL № 10609

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 12-22-86. All work shall be completed on or before 3-5-87, 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 Department of Environmental Health 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 1500 gallons
Liquid Capacity of Dosing Tank ____ gallons
Tank Construction PCC

Absorption and or Nitrification Lines:
Trench Width 3 feet
Total Line Length 400' feet
Number of Lines 5
Depth of Stone 12 inches
Distance from House 15 feet if above basement level
Distance from Property Line 10 feet
Distance from Well Comm feet

NAME OF OWNER William Zampoli
LOCATION OF PROPERTY 16124 N. Point Rd.
Comments: 5 lines 3'X80'X12" stone

Division or Section Head

B.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.

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

C of A (s) No. 21011

Date Issued 2-6-87 **Serial** 9126 T C No 001-452-32

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Zampelis (LAST) William (FIRST) ____ (MIDDLE)

Location of Property 6124 N. Tryon Rd.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 400' Number of Lines 5

Depth of Filter Material 12" Cover Depth 15" - 25"

Water Supply Source Town Distance from Water Source —

Excavation Inspected 2-6-87 (DATE) Tank Inspected 2-6-87 (DATE)

Nitrification Field Inspected 2-6-87 (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 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 1987, 1500 ST, CON, 1200 SFT, 12 G, Cecil

B. R. Ferguson
Environmentalist

EHD-5-76

Environmentalist - Health Department's Copy