Serial No. 6473

SIR No. 21016

T. C. No PO 001=201=05

Date Issued 7-31-85

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

SOIL INVESTIGATION REPORT

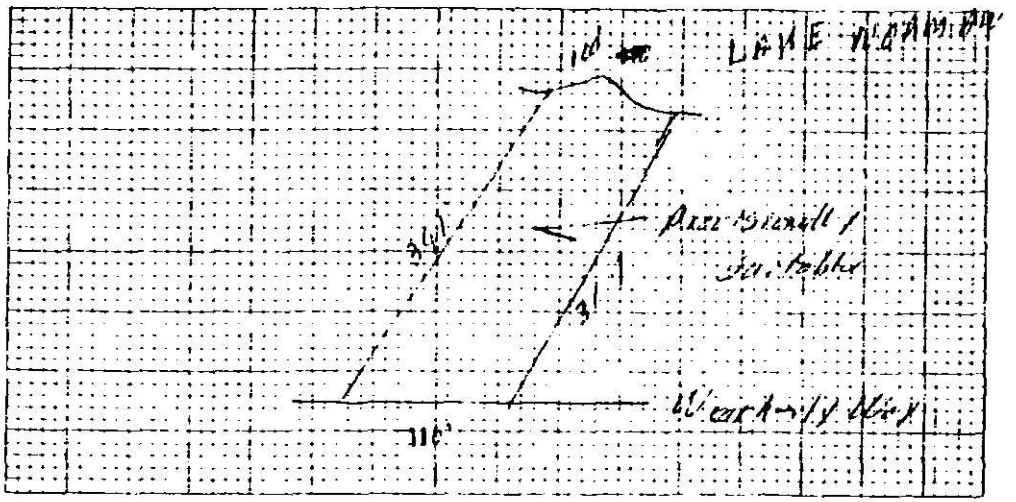
" REVISED REPORT DUE TO LOT RECONFIGURATION"

NAME OF OWNER Martin Development Group
LAST FIRST MIDDLE

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

LOCATION OF PROPERTY North Point Road
STREET OR COUNTY ROAD

SUBDIVISION Lookout Point LOT NO 10 BLOCK NO



PLOT PLAN

This is to certify that a soil investigation and [illegible] made by the Mecklenburg County Department of Environmental Health [illegible] was conducted on that [illegible] PROVISIONALLY SUITABLE

The permeability [illegible] determined [illegible] was [illegible] The said lot is approved for the [illegible] subsurface, soil absorption effluent discharge subject to the following [illegible]

1. [illegible] County Department [illegible] wastewater treatment system [illegible]
2. The [illegible] Mecklenburg [illegible] and on the [illegible]
3. [illegible]
4. [illegible] 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 [illegible] laws, rules, and regulations been in effect on the issue date.

William B. Martin
Soil Scientist

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

EHD-5-76

Environmental Health [illegible]

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY

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

(OFFICE USE ONLY)

FILE: 21016 L

TC: LO 001-201-05

JOB LOCATION

① ADDRESS: 16134 (STREET NO) NORTHERN (STREET) WAY ② FILE:

③ CITY: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: LOCKWAY POINT ⑥ LOT: LOT 10 ⑦ BLOCK:

OWNER

⑧ NAME: WILLIAMS & CO. (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 2034 RANDOLPH ROAD

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28207

⑬ PHONE (WORK) 704 334-6635 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

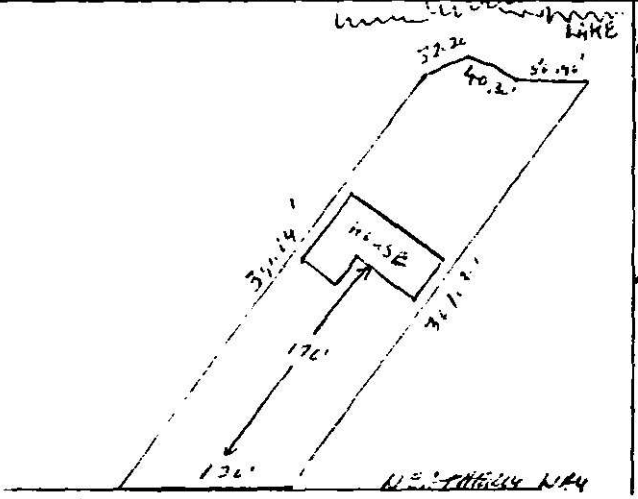
System will serve:

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: 9/27/85

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

SIR No. 21016

Serial No. 8965

Date Issued 10-3-85

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

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Wightman & Co.
LAST FIRST MIDDLE

ADDRESS OF OWNER 2034 Randolph Rd., Charlotte, NC ZIP 28207

LOCATION OF LOT 16134 Weatherly Way
STREET OR COUNTY ROAD

SUBDIVISION _____ LOT NO. 10 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 21016. 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.

Kelly Powell
Environmentalist

Bill D. Hawkins Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 21016

Date Issued 11-15-85 **Serial** 8064 T C. No PO 001-201-05

L Cir

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner WIGHTMAN + CO. (LAST / FIRST / MIDDLE)

Location of Property 16134 WEATHERLY WAY

Application Number 21016 Permit Number 21016

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 6

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source commwell Distance from Water Source 100'

Excavation Inspected 11-15-85 (DATE) Tank Inspected 11-15-85 (DATE)

Nitrification Field Inspected 11-15-85 (DATE)

Washing Machine [illegible] 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 as 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 1955 1500 ST, CON, 1200 SFT, 12G, ELEC

Kelly Randall
Environmentalist

EHD-5-76

Date Issued 10-1-85

Serial No. 08582

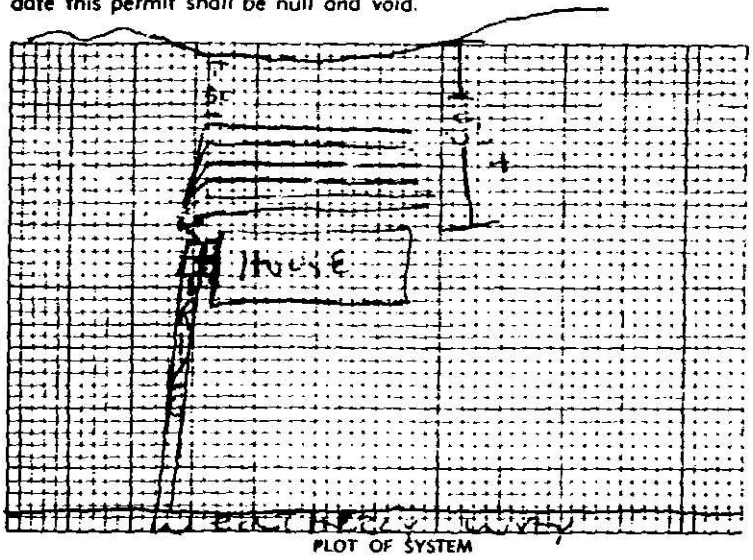
ICAR(S) Permit No. 21016

T C No PO-001-201-05

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 21016, dated 9-27-85 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 11-1-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400

Number of Lines 6

Distance from House 5'+

Distance from Property Line 10'*

Distance from Well 100'+

NAME OF OWNER WIGHT MAN + CO.

LOCATION OF PROPERTY 16134 WEATHERLY WAY

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.

6 line x 67 long x 3' wide x 12" stone

Comments:

[signature] Division or Section Head

Kelly Randall 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.

EHD-5-76

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3-12-90

Name/Company: Buck-Wearn

Hidden Innovations Inc

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 12 1990

Fee: $ 125.00

CA# 941
$125.00

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: 21016

TC: 001-452-39

SERIAL: № 20086 ☐ L ☑ CRT

JOB LOCATION

(1) ADDRESS: 16134 (STREET NO) WEATHERLY WAY (STREET) (2) FILE:

(3) JURISDICTION: (4) TAX PARCEL NO.:

(5) SUBDIVISION: LOCKOUT POINT (6) LOT: (7) BLOCK:

OWNER

(8) NAME: BUCK & DEBBIE (FIRST) (MIDDLE) WEARN (LAST)

(9) MAILING ADDRESS: 16134 WEATHERLY WAY

(10) CITY: HUNTERSVILLE (11) STATE: NC (12) ZIP:

(13) PHONE (WORK): 663 3896 (14) (HOME): 849 6235

REQUEST

This request is for a(n):

(15) ☐ New permit

(16) ☑ Repair or alteration permit

(17) ☐ Authorization for mobile home exchange

(18) ☑ Other (specify) ~~ADD BEDROOM INSIDE~~ Attic renovated, no closet (Refer to blueprint in file) PSW 3/27/90

DESIGN CRITERIA

System will serve

(19) ☑ Residence (20) ☐ Mobile home PSW 3/27/90

(21) ☐ Business or place of public assembly

(22) Number of bedrooms? ~~4~~ 3 bedroom

(23) Maximum occupancy?

(24) Basement? ☐ yes ☐ no

(25) Type?

(26) Maximum number of employees?

(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: 3/12/90

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.

Use existing system, no closets in attic renovation, Refer to plan

Philip S Walker, 3/27/90
Environmentalist Date

[signature], 3-27-90
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.

Mecklenburg County
Health Department

March 28, 1990

MEMORANDUM

TO: [illegible]

FROM: [illegible]
Engineer Chief

Please make a refund in the amount $100.00 for an Application for Improvement Permit at 2434 Weatherly Rd. The builder needed not to install this system. Please make the refund payable to:

Albert Renovations, Inc.
417 S. Pecan St.
Charlotte, NC 28204

Thank you for your prompt attention to this matter.

Mecklenburg County
Health Department

Lloyd G. Tetta, M.D., M.P.H.
Health Director

April 17, 1990

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $100.00

ORG/ACCOUNT # 462-3511

PAYABLE: HICKERT RENOVATIONS, INC.
417 S. CECIL STREET
CHARLOTTE, NORTH CAROLINA 28204

DATE OF ORIGINAL DEPOSIT: 03/12/90

REASON: IMP/PERMIT ADDITION/POSSIBILITY OF CHANGE IN SYSTEM FEE $125.00. (IMP PERMIT ONLY ADDITION NO CHANGE IN SYSTEM FEE $25.00) BUILDER DECIDED NOT TO INSTALL THIS SYSTEM. THEREFORE REFUND OF $100.00.

/Enclosures

249 Billingsley Road • Charlotte, North Carolina 28211 • (704) 375-1885