Date Received 5-4-84

SIR No. 20996

T. & P. No. 001-201-05

Map Date 1978

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

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

2) ADDRESS OF OWNER 1800 ONE TRYON CENTER (MIDDLE) ZIP 28284

3) PHONE NO. Home _____ Office 332-1242

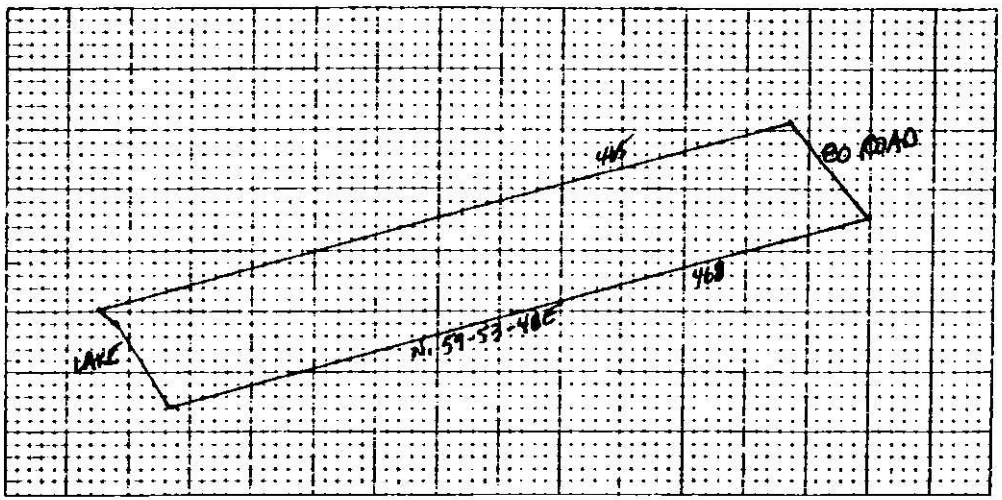
4) LOCATION OF PROPERTY NORTH POINT ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION LOOKOUT POINT LOT NO 16 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 J McMahon
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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

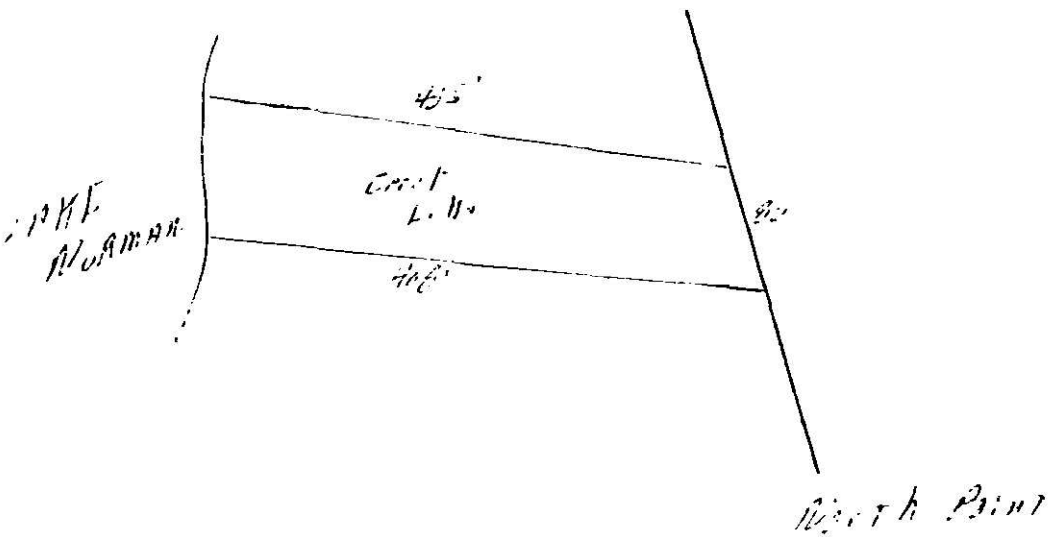
**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: _____

Title: _____

Date: _____



Serial No. 6218

SIR No. 20996

T. C No. PO 001-201-05

Date Issued May 30, 1985

Map Date L

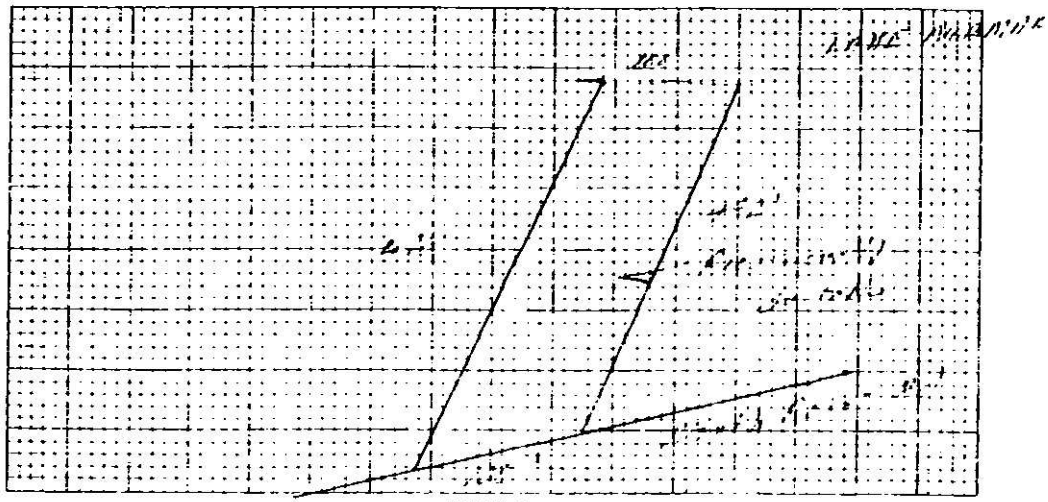
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

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 Rd.
STREET OR COUNTY ROAD

SUBDIVISION Loodout Point LOT NO 28 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 above. The soil 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 [illegible]
2. The size of the [illegible] wastewater treatment [illegible] be determined by the Mecklenburg County Department of Environmental Health [illegible] and on the [illegible]
3. [illegible]
4. [illegible] Mecklenburg County Department of Environmental Health [illegible] system [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 [illegible]
Soil Scientist

Eric D. Hardister
Environmental Health Director or
Authorized Section Head

EHD-5-76

Environmental Health Department

PROPOSED PLOT PLAN

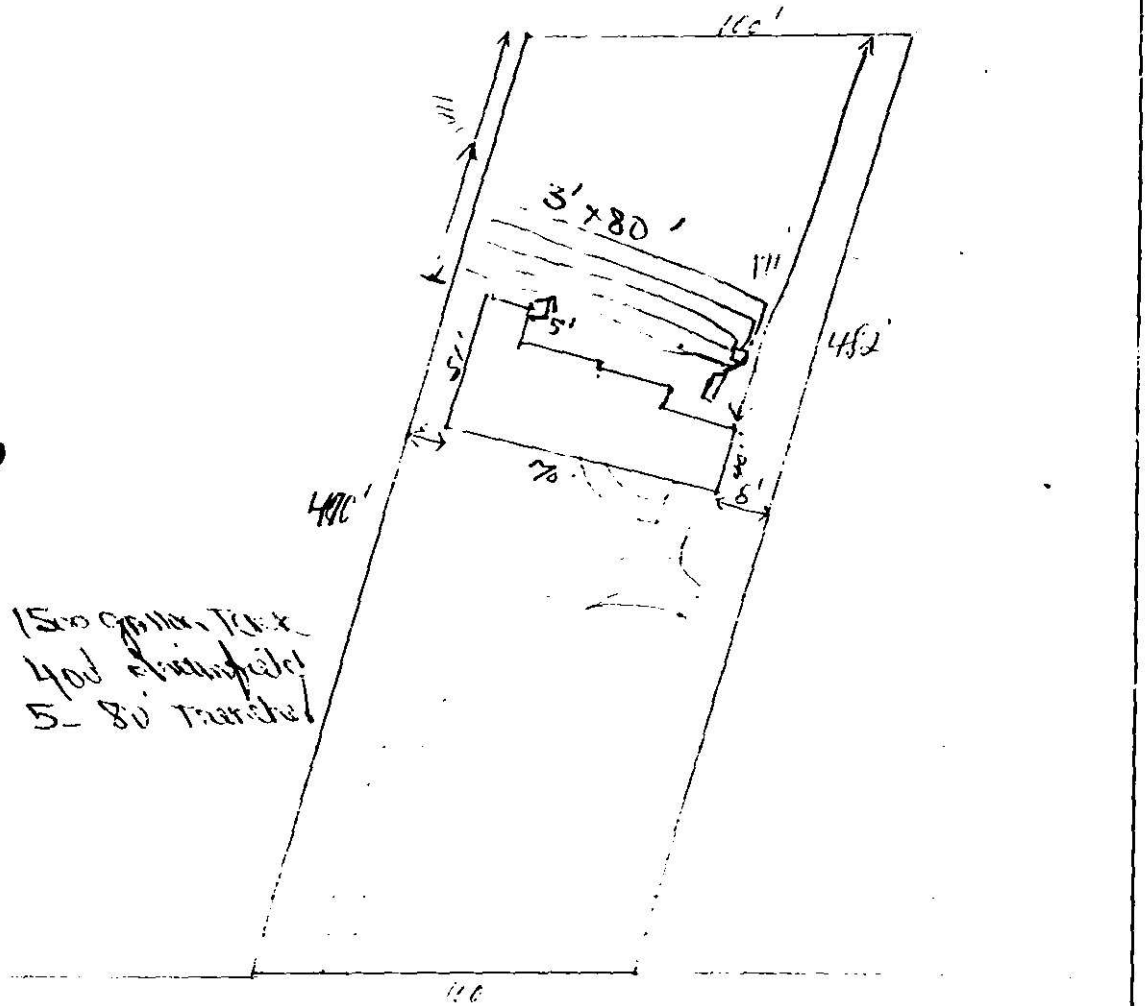
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: -70946

TC: 001-452-20

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.



1500 gallon Tank
400 sq ft drainfield
5 - 80' Trenches

Signed: Laurel D. Hyatt

Date: 6-20-88

6/20/88 Pd. 100.00 J. Check 121 M

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: 20996
TC: 001-452-20
SERIAL: № 16421
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 16125 (STREET NO) NORTH POINT (STREET) RD. ② FILE: 20996
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 001-452-20
⑤ SUBDIVISION: Lookout Point ⑥ LOT: 23 ⑦ BLOCK:

OWNER

⑧ NAME: LOWELL (FIRST) D (MIDDLE) HUFF (LAST)
⑨ MAILING ADDRESS: P O Box 947
⑩ CITY: CLINTWOOD ⑪ STATE: VA ⑫ ZIP: 24228
⑬ PHONE: (WORK) 703 926 4633 ⑭ (HOME) 703 926 6056

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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? 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: Lowell D. Huff
Date: 6-20-88

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.

Environmentalist — Date 6/21/88
Director or Authorized Section Head — Date 7/7/88

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

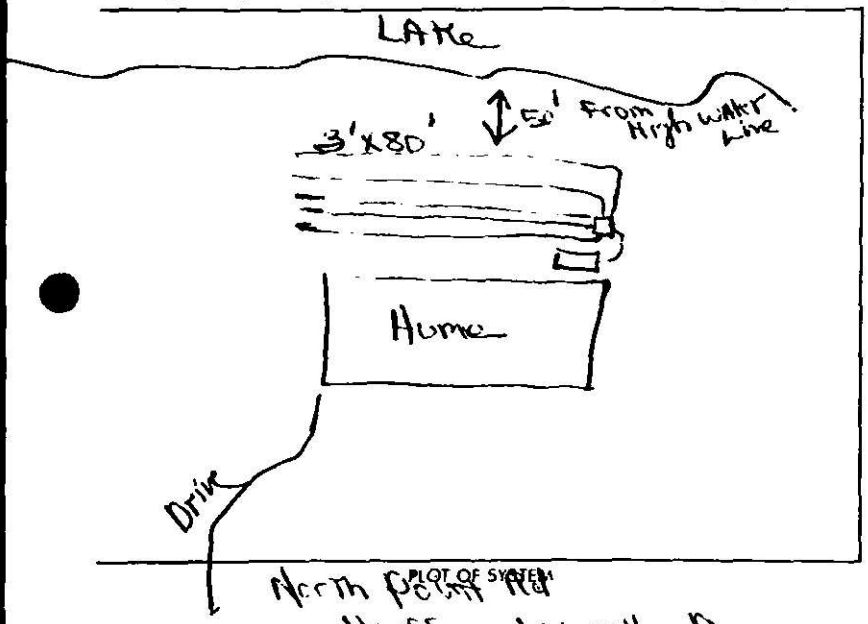
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20976 DATE: 7/26/88

TC: 004-452-20 ☐ L

SERIAL Nº 12025

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 6/20/88. All work shall be completed on or before 8/26/88, 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 Pre Cast

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 5 feet

Distance from Property Line 10 feet

Distance from Well 10' from Water Line feet

NAME OF OWNER Huff, Lowell D

LOCATION OF PROPERTY 16125 North Point Rd

Comments: Install 5 Trenches 3'x80', 12" Stone Straw Cover

Division or Section Head

Environmentalist Judy J. Kiser R.S.

* 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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20996 DATE: 8-9-88

TC 001-452-20 ☑ L ☑ CRT

SERIAL № 11256

Name of Owner Lowell Hoff Juris.:

Address of Property 16125 Northpoint Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 24'

Water Supply Source Community

Distance to Water Source >100

Excavation Inspected 8-9-88

Tank(s) Inspected 8-[illegible]

Wash Line Inspected —

High Water Alarm Inspected

PLOT

Design: 1986, 15005, [illegible] 125 [illegible] CTR# 36

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: Dropped distribution system

[signature]
Environmentalist

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