Date Received 5-17-84

SIR No. 21033

T. C. No. 00-201-05

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 1800 ONE TRYON CENTER CHARLOTTE ZIP 28284

3) PHONE NO. Home _____ Office 332-1242

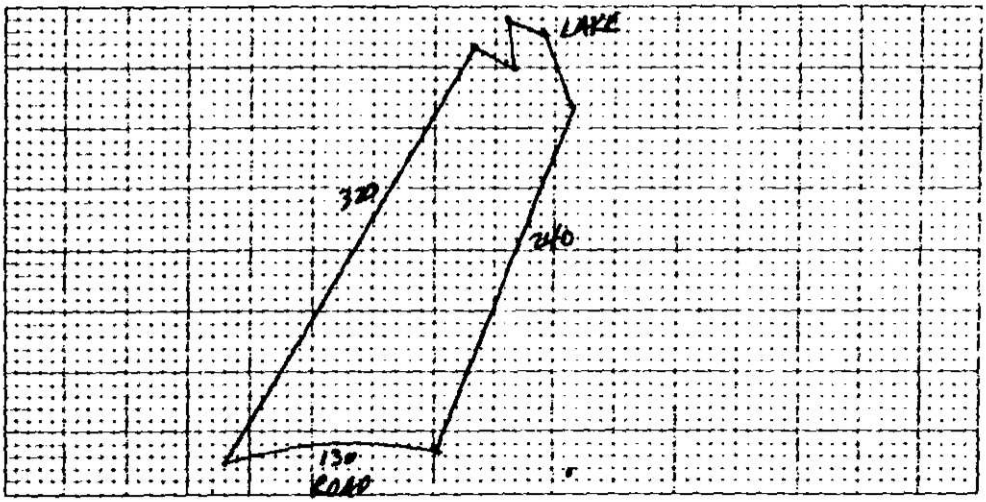
4) LOCATION OF PROPERTY NORTH POINT ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION LOOKOUT POINT LOT NO. 41 42 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

_____
OWNER

EHD-5-76

...STRUCTIONS ON BACK

ICAR(S) Application No _____

T. C. No. 001-201-05

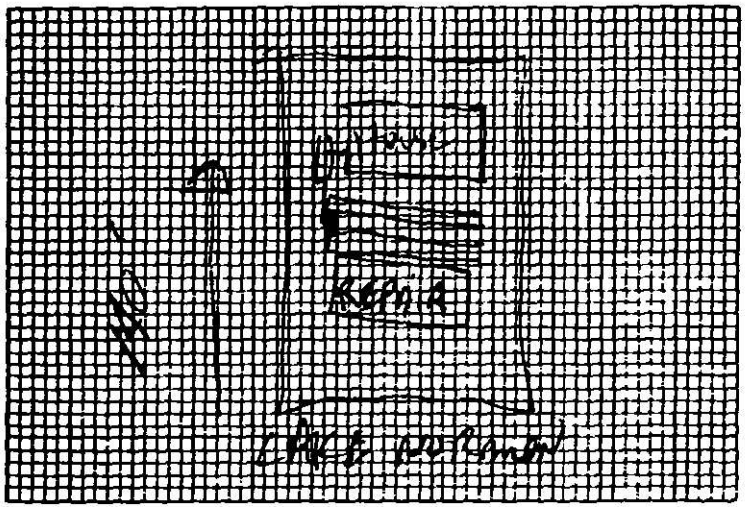
Map Date _____

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No of Bedrooms 3 + Den
5) Business Use — Max No Employees 10 ✓
6) Washing Machine ___ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System:
1. Well source ✓ (2 wells)
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 N/A
12) VA Case No N/A

13) NAME OF OWNER PEAK (LAST) JAMES + JANITH (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 2317 KINGSMILL TER

15) PHONE NO. Home 541-6344 Office 365-0950

16) LOCATION OF SYSTEM NORTH POINT ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION LOOKOUT POINT Lot No. 42 Block No. _____

Map Book No. 1 Page No. 20

18) DEED REFERENCE — DEED BOOK N/A AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 5/31/85

20) PTR NUMBER (See Instructions) SIR# 21033 - TC# AO 001-201-05 - Serial# 6342

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.

6-20-85
DATE OF APPLICATION

OWNER James H. Peak

EHD-S-76

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 Blythe Boulevard
Charlotte, North Carolina 28203

SIR. NO. 22033
T.C. NO. PP 081-201-05
DATE: August 25, 1994

Martin Development Group
1600 One Tryon Center
Charlotte, North Carolina 28284

RE: Property located at North Point Road, Lot 42

Dear Sir,

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

DEPARTMENT OF ENVIRONMENTAL HEALTH MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21033

T.C. NO. W 00-21169

(Ground Absorption Sewage Disposal)

OWNER: Martin Properties Corp PLAT NO: Lot # 42

ADDRESS: 100 Carlisle Square LOT SIZE: 1.04 Acres

Charlotte N.C. 28201

LOCATION OF SITE: Beech Point Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 8-12% 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 Clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 24-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S 24" PS U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S 24" PS Seasonal U Water	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	II A			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil			

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)

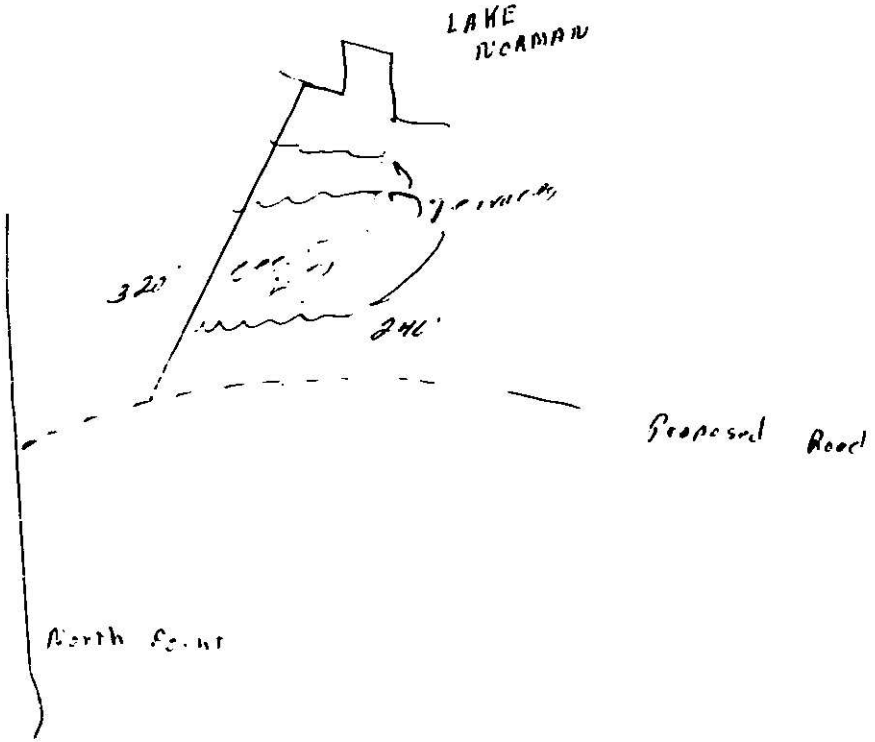
Recommendations/Comments: Recommend plans for house & system locations be submitted. Some terraces in lot

Described by: William F Pierce

Title: Soil Scientist

Date: 3-23-94

1 of


LAKE
NORMAN
320'
246'
Proposed Road
North Point

Date Issued 7-10-85

Serial No. 8703

SIR No. 21033

T. C. No. 001-201-05

Map Date L CR1

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 Peak, (LAST) James & Janith (FIRST) (MIDDLE)

ADDRESS OF OWNER 2317 Kingsmill Terrace, Matthews, NC ZIP 28105

LOCATION OF LOT 16242 Leeward Lane (STREET OR COUNTY ROAD)

SUBDIVISION Lookout Point LOT NO 42 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 21033. 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.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Serial No. 6342

SIR No. 21033

T C No. PO 001-201-05

Date Issued May 31, 1985

Map Date

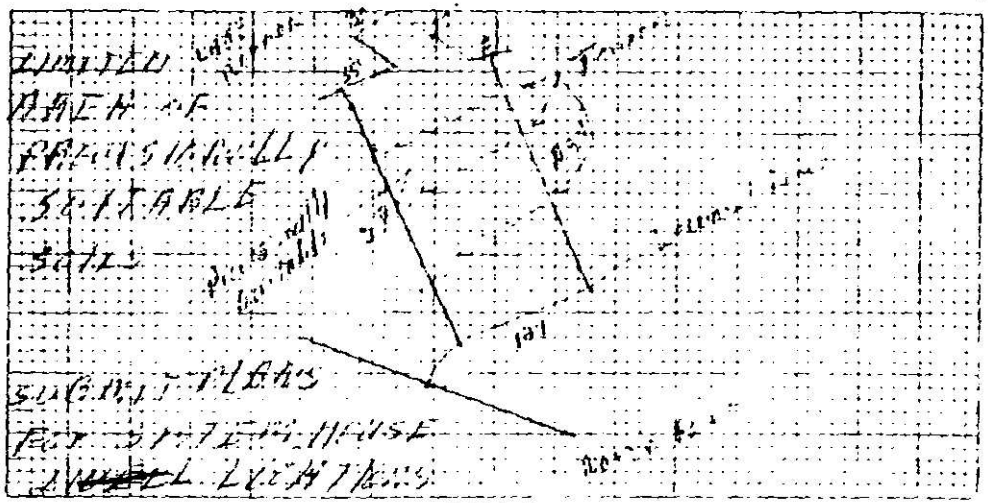
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

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 Lookout Point LOT NO 42 BLOCK NO



PLOT PLAN

This is to certify [illegible] Mecklenburg County Department of Environmental Health [illegible] conducted on that portion of the [illegible] indicated [illegible]

The permeability [illegible] Provisionally Suitable [illegible] approved for the installation [illegible] tank wastewater [illegible] system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A [illegible] Mecklenburg County Department [illegible] system [illegible]
2. [illegible] County Department [illegible] the size and type [illegible]
3. [illegible] in the [illegible]
4. [illegible] the [illegible] system [illegible] acceptable for [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 valid for the 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 laws, rules and regulations been in effect on the issue date

[signature]
Soil Scientist

[signature]
Environmental Health Director or
Authorized Section Head

EHD-5-76

SEE INSTRUCTIONS ON BACK

Date Received _____

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN - - 1985
ENVIRONMENTAL HEALTH

ICAR(S) Application No 21033

T. C. No. 001-201-05

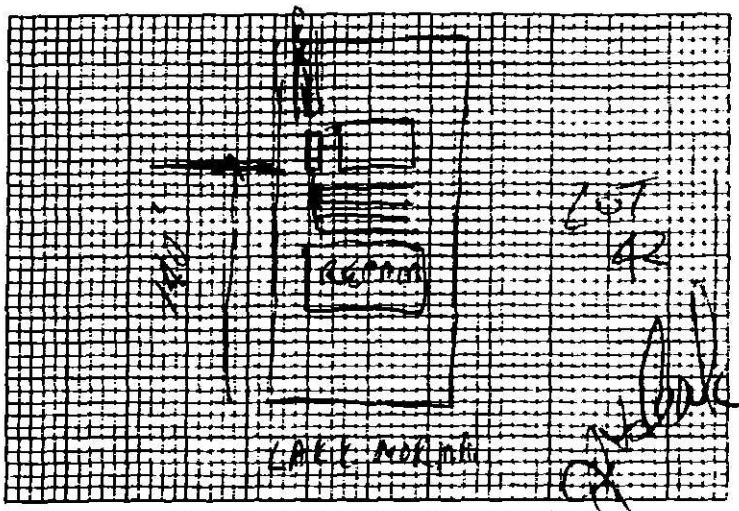
Map Date L

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

4) No of Bedrooms 3 + Den
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 Well _____
B) Governmental System _____
C) Community System:
1 Well source ✓ (2 wells)
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 N/A
12) VA Case No N/A

13) NAME OF OWNER PEAK JAMES + JANITH H
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2317 KINGSMILL TCE 28105

15) PHONE NO. Home 841-6344 Office 305-0950

16) LOCATION OF SYSTEM NORTH POINT ROAD 16242 LEEWARD LN
STREET OR COUNTY ROAD

17) SUBDIVISION LOOKOUT POINT Lot No. 42 Block No. _____

Map Book No. 1 Page No. 20

18) DEED REFERENCE — DEED BOOK N/A AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 5/31/85

20) PTR NUMBER (See Instructions) SIR# 21033 - TC# AC 001-201-05 - Serial # 6342

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.

6-20-85
DATE OF APPLICATION

James H. Peak
OWNER

EHD-5-76

PROPOSED PLOT PLAN

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date _____

Name/Company _____

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: _____

_____

_____

_____

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 20 1988

Fee: $ _____

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: 21025
TC: 011-452-51
SERIAL: № 16655
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1624 LEEWARD LANE (STREET NO / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION LOOKOUT POINT ⑥ LOT: 42 ⑦ BLOCK:

OWNER

⑧ NAME: JAMES + JANITH (FIRST) H. (MIDDLE) PEAK (LAST)
⑨ MAILING ADDRESS: 2817 KINGSMILL TERRACE
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) 365-0950 ⑭ (HOME) 541-6344

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: [signature]

Date:

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] RS 9/21/88
Environmentalist* Date

[signature] RS 9/22/88
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.

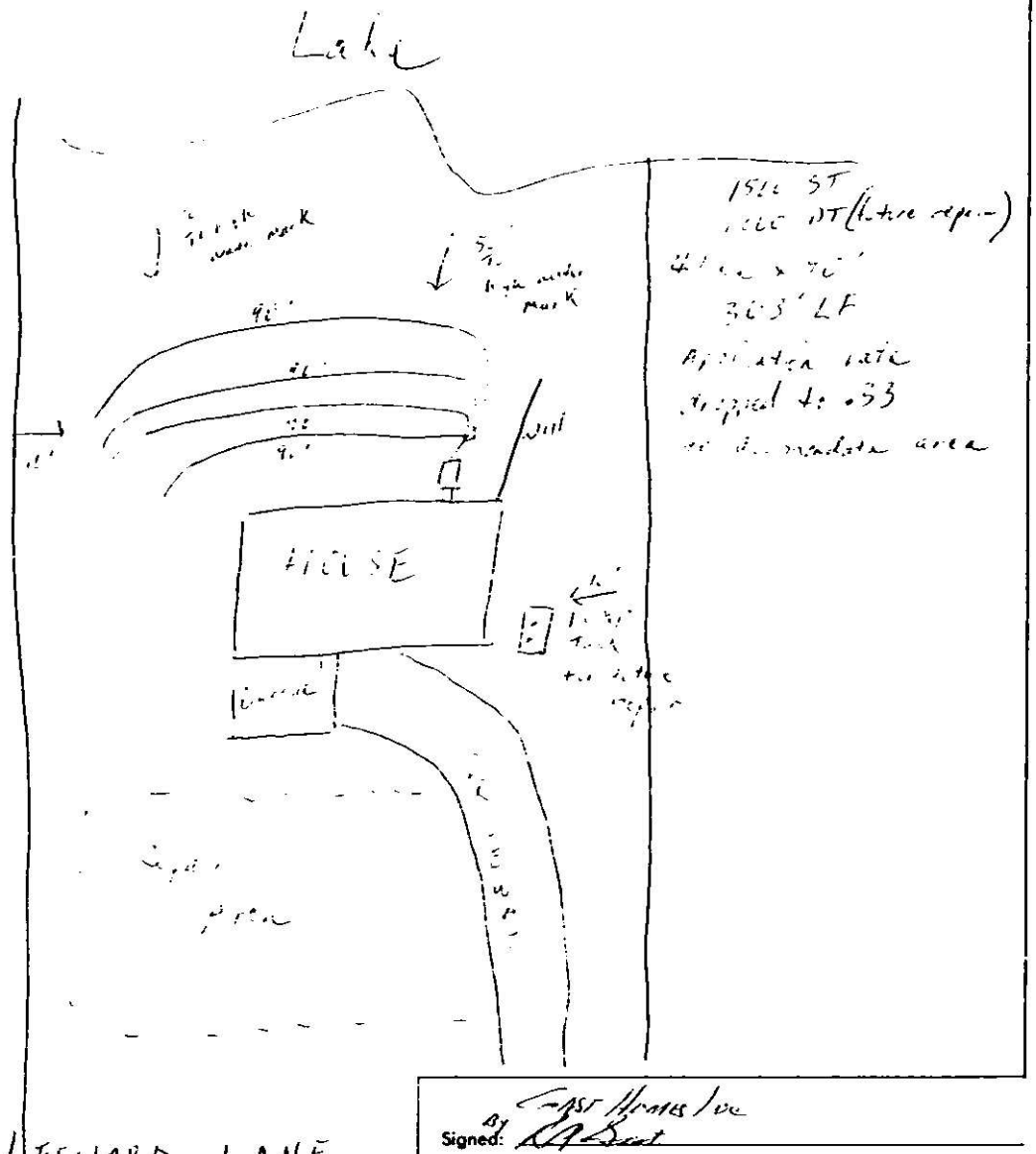
PROPOSED PLOT PLAN

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

FILE: 2033

TC: 541-452-51

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: By East Homes Inc

Date: 10-21-87

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

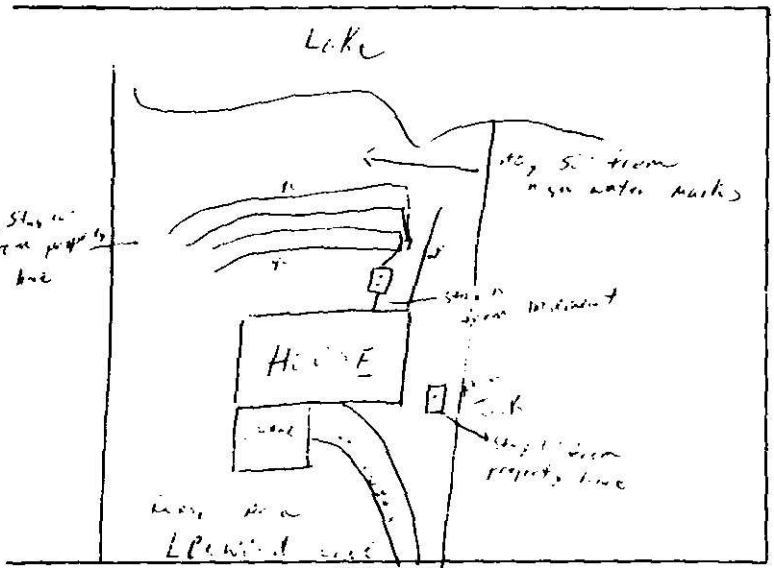
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21033 DATE: 11/25/89

TC: 001-452-57 ☐ L

SERIAL № 12052

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 9/15/89. All work shall be completed on or before 11/25/89, 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 Health Department 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines

Trench Width [illegible] feet

Total Line Length 363 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 7[illegible] feet

NAME OF OWNER James & Judith Peak

LOCATION OF PROPERTY [illegible]

Comments: 4 [illegible] x [illegible] x 3 x 12 stone
Stay 50 from high water mark. [illegible] to be installed for future repair. Appropriate [illegible] dropped to [illegible] to accommodate area

[signature] Division or Section Head

Philo J. Walker 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21033 DATE: 11/15/89

TC: 001-452-51 ☐ L ☒ CRT

SERIAL № 12250

Name of Owner James & Janith Peak Juris.:

Address of Property 16242 Leeward Ln

Inspection Data:

Tank Material PCC

Total Length of Drainfield 363

Number of Lines 4 @ 90

Cover Depth 10"

Water Supply Source com, well

Distance to Water Source ? 100

Excavation Inspected 11/15/89

Tank(s) Inspected 11/15/89

Wash Line Inspected NA

High Water Alarm Inspected NA

PLOT

Design: 1989 1500 ST, 1000 DT, 1389 SFT, 12" stone, CON Cecil CTR# 87

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: System designed for 3 bedroom house Pump tank set for future repair, Application rate lower to .33 to accomodate area. Solid pipe installed in closest line to lake appr. 25' to keep proper distance from lake. (50')

Philip S. Walker
Environmentalist

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