Date Received 5-9-84

SIR No. 21000

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 1800 ONE TRYON CENTER ZIP 28284

3) PHONE NO. Home _____ Office 332-1242

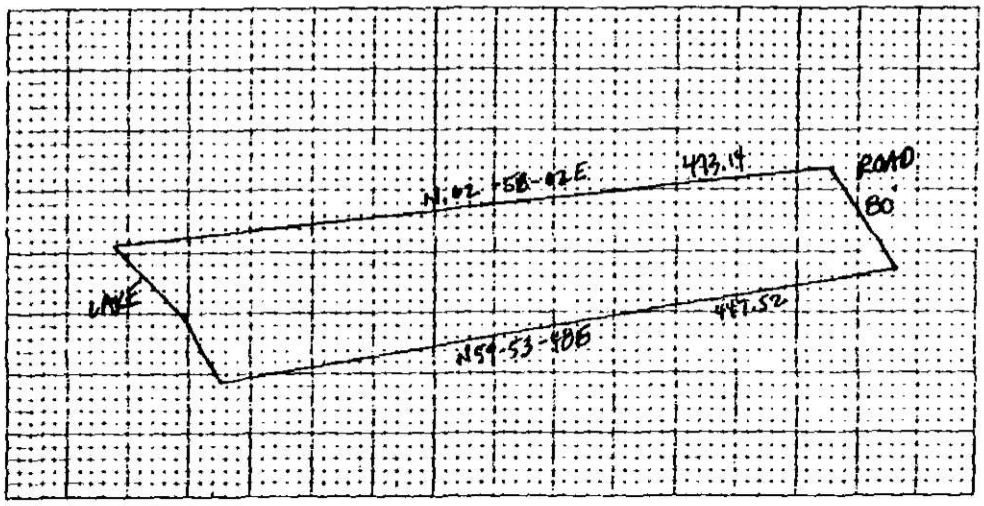
4) LOCATION OF PROPERTY NORTH POINT RD
(STREET OR COUNTY ROAD)

5) SUBDIVISION LOOKOUT POINT LOT NO. 20 BLOCK NO _____

MAP BOOK NO [redacted]1 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

ENVIRONMENTAL HEALTH DEPARTMENT COPY

Serial No. 6215

SIR No. 21000

Date Issued 7-31-85

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

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

SOIL INVESTIGATION REPORT

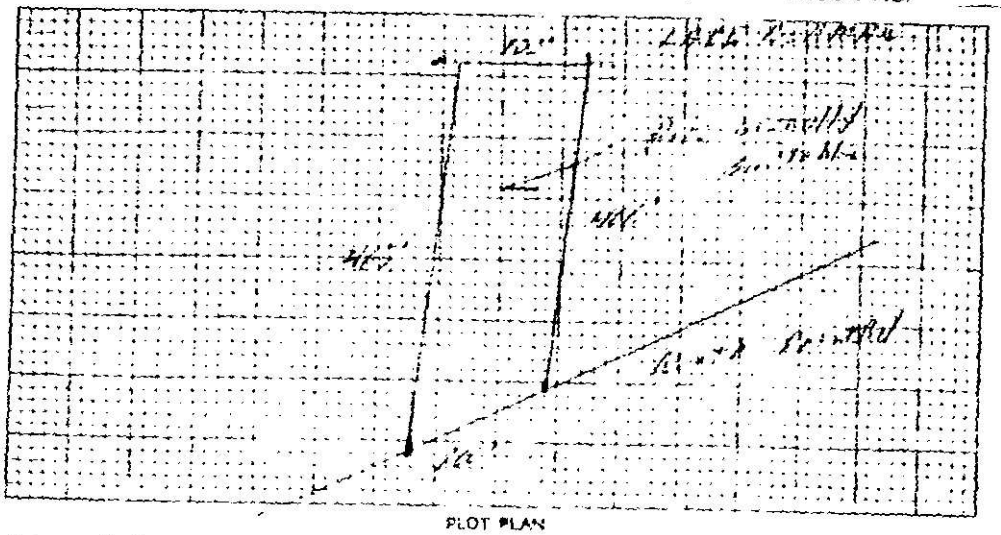
"REVISED REPORT DUE TO LOT RECONFIGURATION"

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 25 BLOCK NO.



PLOT PLAN

This is to certify that [illegible] Mecklenburg County Department of Environmental [illegible] was conducted on that portion of the [illegible] PROVISIONALLY SUITABLE

The permeability rate determined [illegible] The said lot is approved for the installation of an individual [illegible] with subsurface soil absorption effluent discharge [illegible]

1. [illegible] Mecklenburg County Department [illegible] wastewater treatment system [illegible]
2. The [illegible] Mecklenburg County [illegible] the size [illegible]
3. This [illegible] on the above [illegible] system [illegible]
4. This approval [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 [illegible] issuance and is valid 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 R. Martin
Soil Scientist

Bill D. Hartley
Environmental Health Director or Authorized Section Head

EHD-5-76

[illegible]

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	~~IV~~ IVA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES				

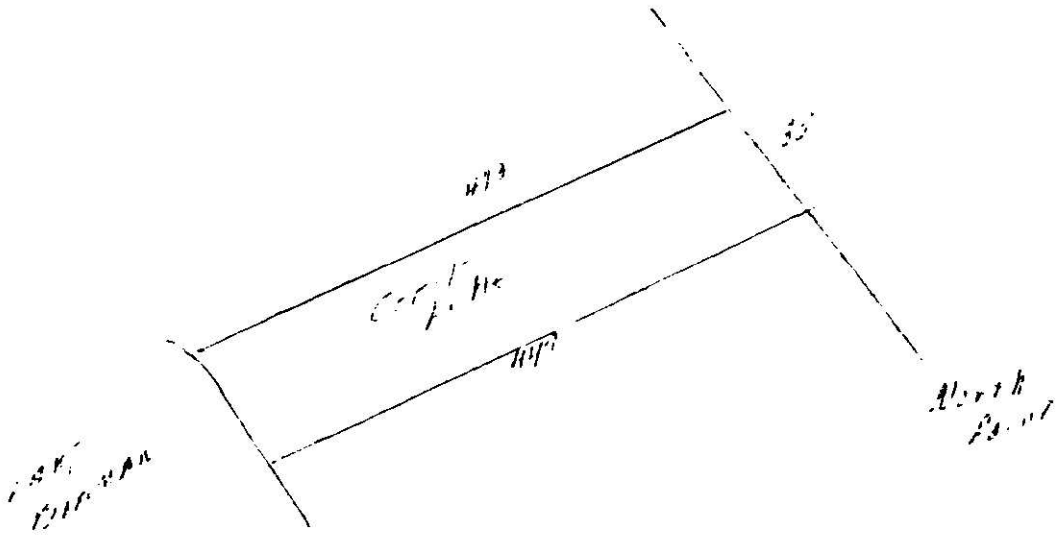
S - Suitable PS - Provisionally Suitable U - Unsuitable

**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: _____



MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-1-17

Name/Company: [redacted]

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [redacted]

ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 1 [redacted]

Fee: $ 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.

Completed by [redacted] Collected by [redacted]

BILLING WHITE [redacted]