Date Received 5-9-84

SIR No. 20998

T.C. No. 004-201-05

Map Date 1978

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

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

2) ADDRESS OF OWNER 1800 ONE TRYON CENTER CHARLOTTE NC ZIP 28284

3) PHONE NO Home _____ Office 332-1242

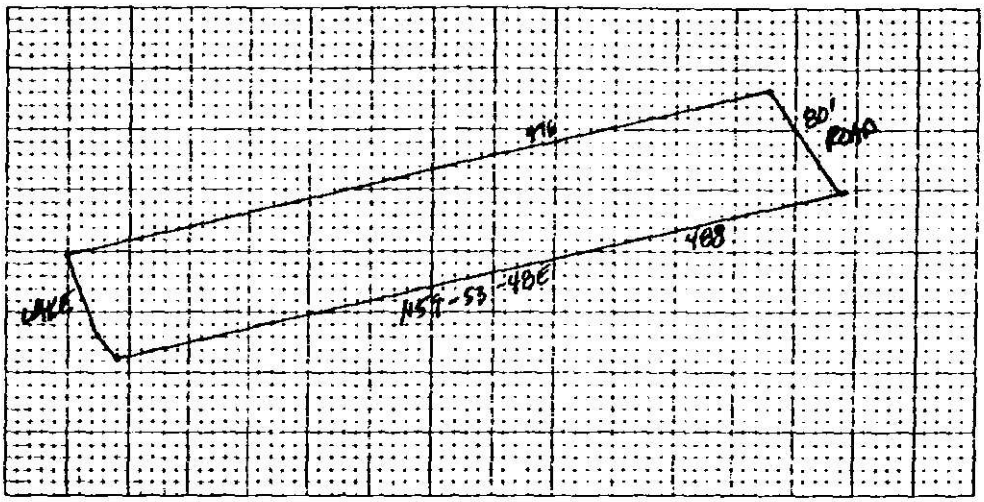
4) LOCATION OF PROPERTY NORTH POINT RD (STREET OR COUNTY ROAD)

5) SUBDIVISION LOOKOUT LOT NO 18 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 McNair

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<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 3. SOIL STRUCTURE (12-36 inches) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 4. SOIL DEPTH (inches) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| 7. OTHER (Specify) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>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)

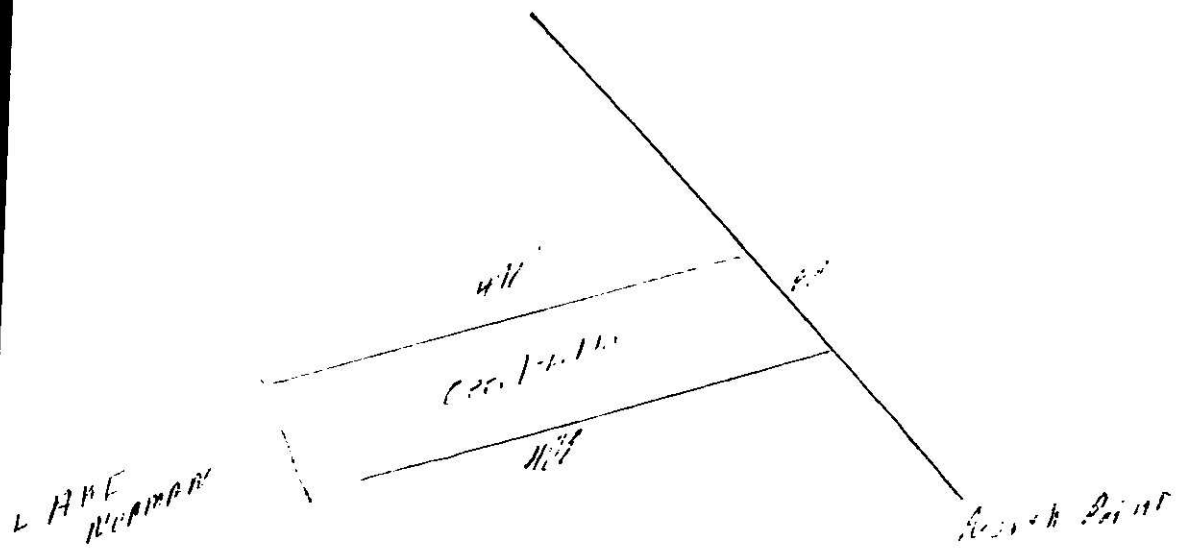
Recommendations/Comments: _____

Described by: _____

Title: _____

Date: _____

4



Combine 20998

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. [illegible]

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible] PLAT NO: [illegible]
ADDRESS: [illegible] LOT SIZE: [illegible]
LOCATION OF SITE: [illegible]

| 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 | | | | |

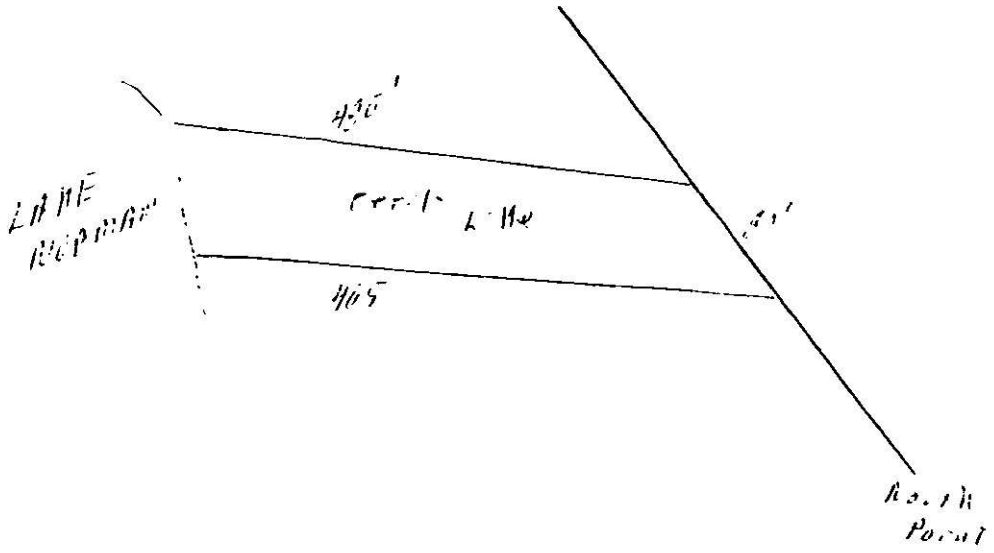
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: [illegible]

Described by: [illegible]
Title: [illegible]

Date: [illegible]



Serial No. 6217

SIR No. 20998

T C No. PO 001-201-05

Date Issued May 30, 1985

Map Date L

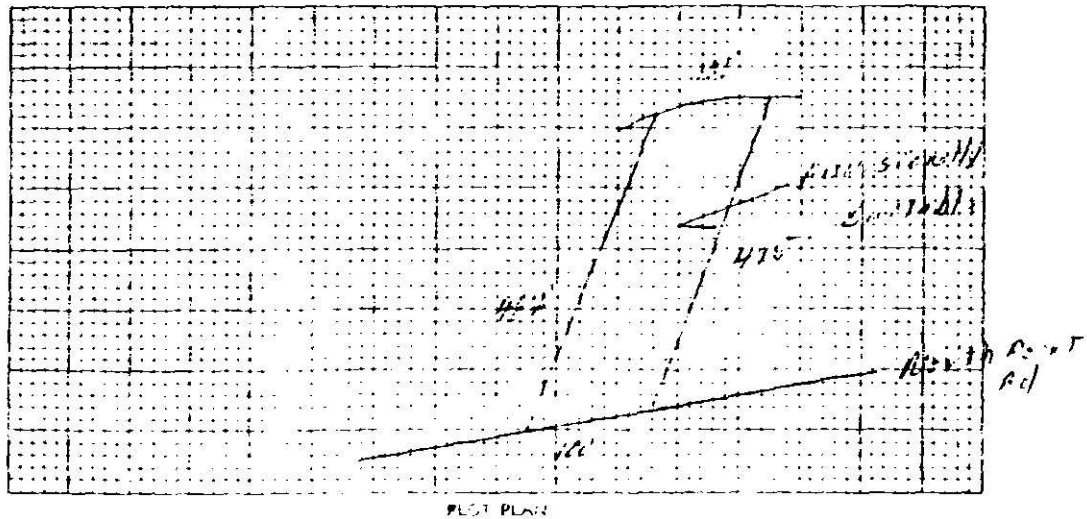
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## SOIL INVESTIGATION REPORT

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 Lookout Point LOT NO 27 BLOCK NO




PLOT PLAN

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

The permeability rate [illegible] Provisionally Suitable [illegible] said lot is approved for the installation [illegible] subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. [illegible] Mecklenburg County Department [illegible]
2. [illegible]
3. [illegible]
4. [illegible]

This approval is granted based [illegible] 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] date of issue [illegible] time in the future [illegible] changed such that this approval would not have been granted [illegible] laws, rules and regulations been in effect on the issue date

[illegible]
Soil Scientist

Environmental Health Director
Authorized Section Head

EHD-5-76

Environmental Health Department

# PROPOSED PLOT PLAN

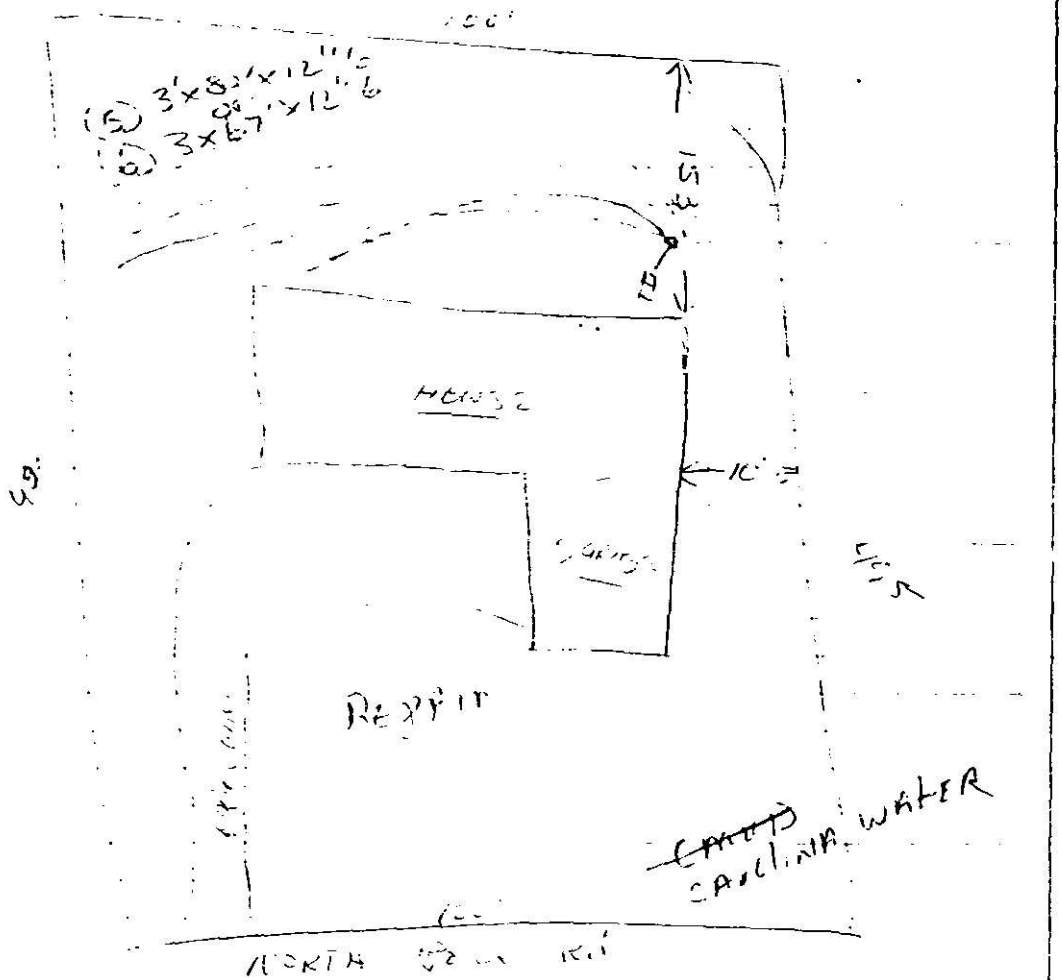
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 20998

TC: 001 452 21

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: [illegible] TW 8/[illegible]

Date: 8 15 90

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 8-13-90

Name/Company: Eric M. McCorkle Bldr.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible] New

10133 North Point Rd

ENVIRONMENTAL HEALTH DIVISION
PAID

File # 20998

AUG 13 1990

Fee: $ 200.00

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 [signature]

Collected by [signature]

# 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~~ TC: 061-452-21
~~TC~~ File: 20998
SERIAL: № 21014 ☐ L ☒ CRT

**JOB LOCATION**

① ADDRESS: 16133 (STREET NO) NORTH POINT Rd. (STREET) ② FILE: 20998
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Look Out Point ⑥ LOT: 27 ⑦ BLOCK:

**OWNER**

⑧ NAME: SUSAN (FIRST) C (MIDDLE) HOLMAN / C/O ERIC W. McC (LAST)
⑨ MAILING ADDRESS: 7200 Hood Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215
⑬ PHONE: (WORK) 372-6750 ⑭ (HOME) 364-6992

**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? 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

The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges 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: Eric W. McComb Bldr
8 13 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.

[signature] 8/15/90
Environmentalist Date

[signature] 8-17-90
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.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

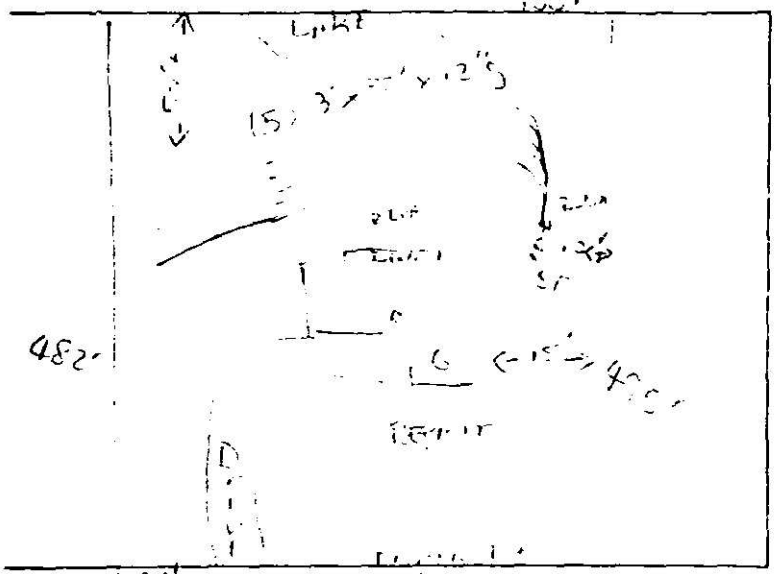
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 22938 DATE: 10/11/90

TC: 001 452 21 ☐ L

SERIAL № 14834

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 5/13/92. All work shall be completed on or before 11/14/92 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 1,500 gallons

Liquid Capacity of Dosing Tank [illegible] gallons

Tank Construction [illegible]

Absorption and/or Nitrification Lines.

Trench Width 3 feet

Total Line Length 4[illegible]' feet

Number of Lines 5 (8[illegible])

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well 250 feet

Well #70

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: 3 bedrm. [illegible] 12" [illegible]

Division or Section Head

[illegible], R.S.
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

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

FILE: 20998 DATE: 10/19/90

TC: 00145221 ☐ L ☑ CRT

SERIAL № 13609

Name of Owner Eric McComb Juris.:

Address of Property 16133 North Point Rd.

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source c/well

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1500 SF, CON, 1200 SFT, 12" g, SEC 1 CTR# 70

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: 3 bedrm. (5) 3'x80'x12" g, Sleeve

Tim Whittaker, B.S.
Environmentalist

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