


19400 CALLAWAY HILLS LN

00308216

7/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7564A DATE: 2/9/06

TC: 003-082-18 ☐ L ☑ CRT

SERIAL 19938

Name of Owner MATTHEW BENTLEY Juris.: _____

Address of Property 19500 CALLAWAY HILLS LANE
19400

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 600'

Number of Lines 6 @ 100'

Cover Depth 12"

Water Supply Source WELL

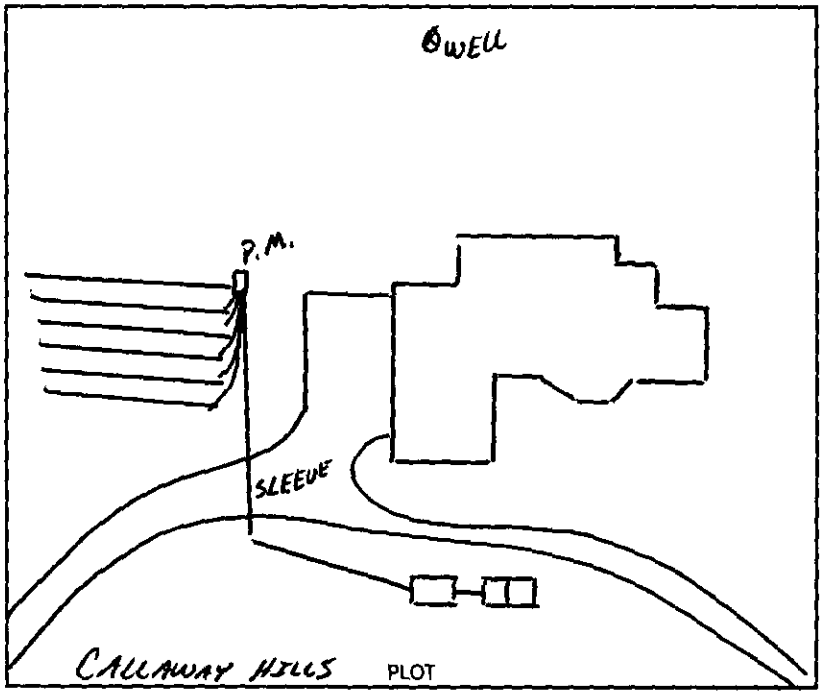
Distance to Water Source >100'

Excavation Inspected 2/9/06

Tank(s) Inspected 2/9/06

Wash Line Inspected —

High Water Alarm Inspected 2/9/06




Design 1500 ST, 1000 PT, PI, INV, 1800 SFT, (CHAMBER) CTR# W. CHRISTENBERRY

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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

**Notice:** Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: 6 BEDROOM HOUSE

6 LINES x 100' x 3'

TYPE IIIb PUMP TO INNOVATIVE SYSTEM

Tony Mack R.S.
Environmental Health Specialist

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

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

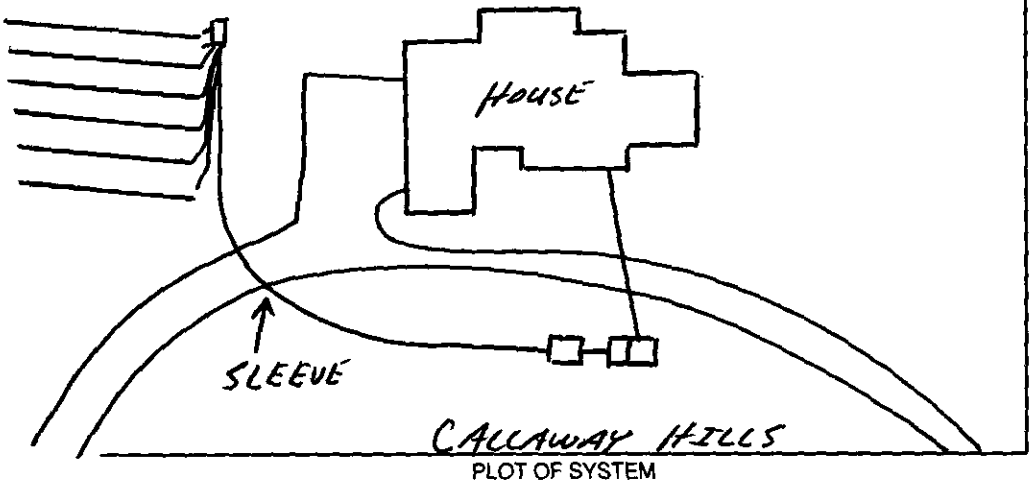
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7564A DATE: 2/9/06

TC: 003-082-16 ☐ L

SERIAL Nº 20499

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 12/20/01. All work shall be completed on or before 3/9/06, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous YES

Total Line Length 600' feet

Number of Lines 6 x 100'

Depth of Stone — inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well > 100' feet

NOTICE: This system shall *not* be installed while soils are in a wet condition.

NAME OF OWNER MATTHEW BENTLEY

LOCATION OF PROPERTY ~~19500~~ 19400 CALLAWAY HILLS LANE

Comments: SIX BEDROOM HOUSE

6 lines x 100' x 3' (600 TLF)

TYPE III 6 PUMP TO INNOVATIVE SYSTEM

Tommy Mullis, R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 300.00

DATE: 2/23/2006

# CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

**FILE NUMBER:** 7564A

**PERMIT NUMBER:** 30000356

**PARCEL NUMBER:** 00308216

**JOB LOCATION INFORMATION**

**ADDRESS:** 19400 CALLAWAY HILLS LN

**CITY:** DAVIDSON **STATE: NC** **ZIP:** 28036

**ISSUED TO:** DAVID M BENTLEY

**CONSTRUCTION AUTHORIZATION ISSUANCE DATE:** 5/12/2004

## CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30000356, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH THE MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 10/9/2007

X36841 Refund due Homeowner paid on 11/8/02 HD 78133

**FEE:** 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
**DATE:** 5/14/04 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

**DATE:** _____ **PERMIT NO:** 7564-A

**PARCEL NO:** 003-082-16

**JOB LOCATION ADDRESS:** 19400 Calloway Hills Lane

**PROPERTY OWNER:** David M. Bentley

**BUILDING CONTRACTOR:** _____

**SUBDIVISION NAME:** Runneymede

**AUTHORIZATION ISSUED BY:** Tony Mucklow R.S. **DATE:** 10/9/02

DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7564A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before C.A. Release

## OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 7564A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003-082-16

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

| | | | | |
|---|---|---|---|---|
| Basement | ✓ Yes | ___ No | ___ Partial Basement | |
| Type Primary Wastewater System<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 0.3 Long-term acceptance rate | 720 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) | |
| Yes Serviced by private well | 1500 Gallon septic tank | 600 Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) | |
| 6 Bedrooms in residence | 1000 Gallon pump tank | N/A Depth of stone | | |
| Any surface waters present: NO Type: | | Minimum separation distance: | | |
| Site modifications required: | | | | |
| Additional Conditions: Agreement farms<br>Pressure Manifold | | | | |

| | | | | |
|---|---|---|---|---|
| Repair Area System Type<br>Type (circle one):<br>I II (III) IV V VI | ___ Conventional<br>___ Prefabricated, permeable block panel system<br>___ Shallow Placed Conventional | ___ Low Pressure Pipe<br>___ Large Diameter Pipe<br>___ Fill<br>___ Other | ✓ Innovative or Experimental:<br>___ IWWS-93-1<br>___ IWWS-93-2<br>___ IWWS-94-1 | |
| 1800 Absorption Area (Sq ft)<br>606 Total Trench Length (Ft) | N/A Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" Maximum Trench Depth | |
| For existing system, enter the year originally installed: | | | | |

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for t
Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe
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 Approval is granted by this Departme
- This Improvement permit is transferable.

Tommy Middleton P.S. 10/9/02

DEHNR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS-100195

# PROPOSED PLOT PLAN

Chg plot plan pd #900 check 3076 9/16/02 JC

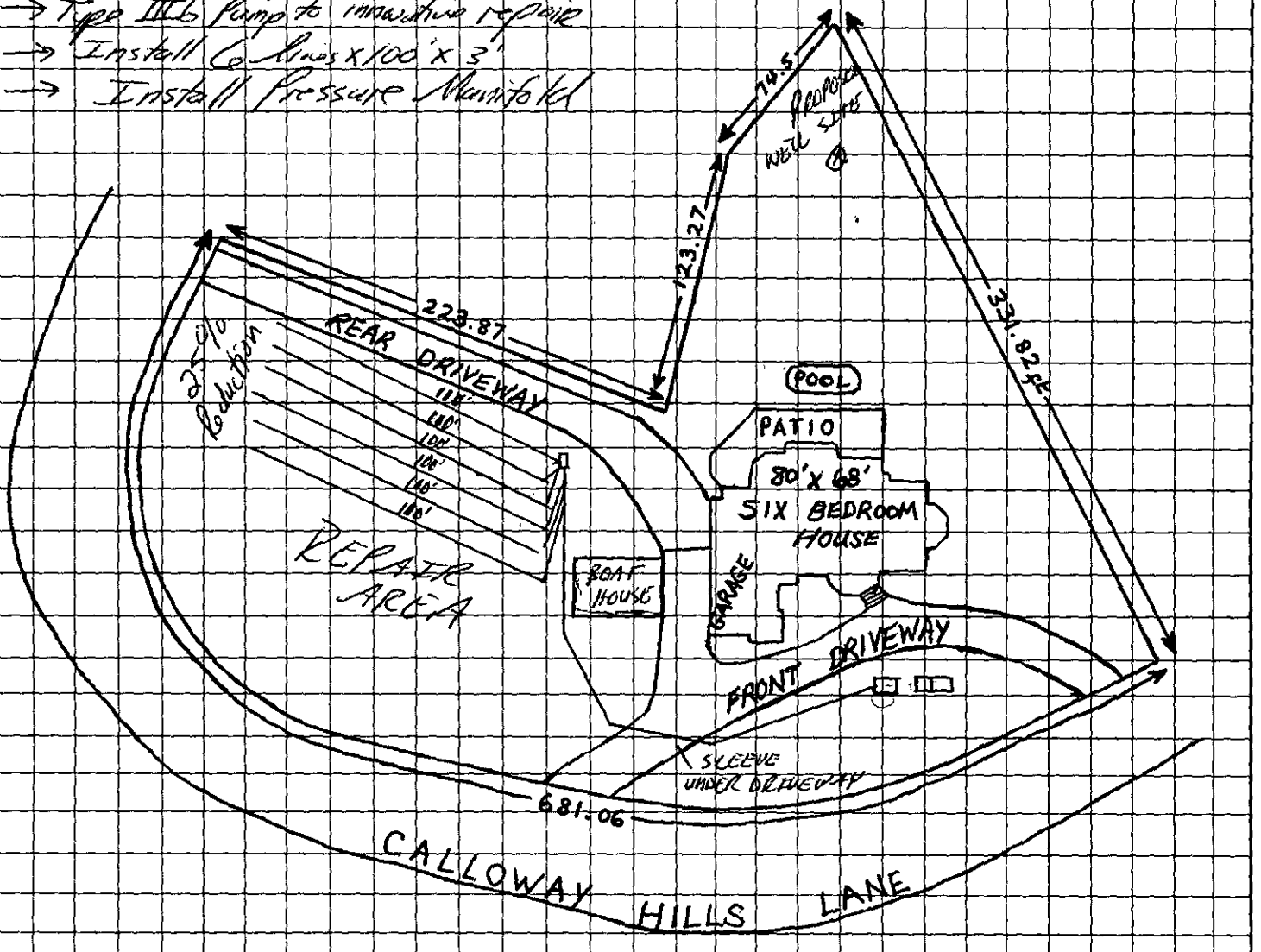
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7564A

TC: 003-082-16

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.

TAX/PARCEL # 00308215 & # 00308216
→ SX Bedroom House
→ Type III b Pump to innovative system
→ Type III b Pump to innovative repair
→ Install 60 lin's x 100' x 3'
→ Install Pressure Manifold




OWNER/AGENT SIGNATURE David M Bentley

DATE 9/17/02

APPROVAL DATE Jeremy Allen N.P.E. 10/9/02

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

0704

FEE: 200.00 CK# 5907 Rivers Building

DATE: 12/20/01 gc

# APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1 CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

Appt 3:54

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 75648

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 00308216

STREET ADDRESS: 19400 CALLAWAY HILLS LANE

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEYMEDE

LOT NUMBER: 12

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 4 DMB NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
✓ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: BENTLEY (LAST) DAVID (FIRST) M (MI) | NAME: (LAST) (FIRST) (MI) |
| ADDRESS: 7725 AUTUMNVIEW CT. | DAYTIME PHONE: ( ) – |
| CITY: HUNTERSVILLE STATE: NC ZIP: 28078 | |
| DAYTIME PHONE: (704 593 – 6024 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3/15/2001

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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: David M Bentley DATE: 12/20/01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

# MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
## CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

****See back for completion instructions and the Credit/Refund Schedule****

PVQ LUE 000

### SECTION I - IF CREDIT OR REFUND *(To Be Completed By Requestor)*

**CREDIT** ☑ / **OR** / **REFUND** ☐

1. Property Owner's Name: David Bentley
2. Permit Number: _____
3. Address: 19400 Callaway Hills Lane
4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____ ☐ Not Doing Work ☒ Other (Specify) Home Owner Paid fee to on 11/8/02
6. Account Name: Royal Building Company Account # X36841
7. *If Refund*, Check payable to: _____ (Please Print) 8. Phone _____
9. Address: _____ Street City State Zip
10. Signature: For Contractor 11. Printed Name J. 12. Date: 7/8/04

*For Departmental use only. Do not write below this line.*

### SECTION II - IF ADJUSTMENT *(To Be Completed By Employee & Supervisor)*

| Incorrect Entry | Correct Entry | Reason | Emp Initials | Date | Superv Initials | Date |
|---|---|---|---|---|---|---|
| | | | | | | |

### SECTION III - INSPECTION COUNT AND PURGING *(To Be Completed By Applicable Core Process)*

| # Of made Inspections | B | E | M | P | F | L |
|---|---|---|---|---|---|---|
| | | | | | | |

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

### SECTION IV - CALCULATIONS *(To Be Completed By Applicable Core Process)*

| Plan Review? (Y/ N) | Inspection Info | Credit/Refund% | Min Fee? (Y/N) | Permit Fee | Credit/Refund Amount |
|---|---|---|---|---|---|
| % | % | % | $ | $ 300.00 | $ 300.00 |
| Y=80%, N=90% | ea. Insp=10% | PR % - Insp % | | | Permit Fee X C/R% or Min Fee Whichever is greater |

Initials JKA Date 7/8/04

### SECTION V - VERIFICATION *(To Be Completed By Revenue Collection)*

| If Refund, Org/Account | Refund with Credit Balance | If Credit, Trans # | Account # | Initials | Entry Date |
|---|---|---|---|---|---|
| | 8_03=0 9004=$ | | | | |
| 8_03 = 0 | Refund / Charge on account | 88 --- | | | |

### Section VI - APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #

**Customer Account Detail**
LAND USE AND ENVIRONMENTAL SERVICES

X36841
ROYAL BUILDING COMPANY LLC
19525 CALLAWAY HILLS LANE
DAVIDSON, NC 28036
704-201-5705

July 9, 2004 12:48 PM
Page 1
caudlbh

Customer: No: X36841

| Date | Typ | Tran No. | | Permit ID | Remarks | Comments | Open | Net Change Debits | Net Change Credits | Running Balance |
|---|---|---|---|---|---|---|---|---|---|---|
| 04/05/04 | Inv | 0101 | One - Two Family Permit | B1349896 | 20215 NIGHTHAWK CIR | | No | 1,982.38 | | 1,982.38 |
| 04/23/04 | Pay | | | B1349896 | 20215 NIGHTHAWK CIR | | No | | 1,982.38 | |
| 05/17/04 | Pay | | | | | | No | | 959.88 | -959.88 |
| 05/17/04 | Inv | 0734 | Auth for Waste Wtr Sys Constr | | Auth for Waste Wtr Sys Constr | 19400 callaway hills lane | No | 150.00 | | -809.88 |
| 05/17/04 | Inv | 0703 | Installation/Final Approval | | Installation/Final Approval | 19400 callaway hills lane | No | 150.00 | | -659.88 |
| 05/17/04 | Inv | 0101 | One - Two Family Permit | B1364098 | 19400 CALLAWAY HILLS LN | | No | 2,659.88 | | 2,000.00 |
| 06/16/04 | Pay | | | | | | No | | 2,000.00 | |
| **07/09/04** | | | **Ending Balance for X36841** | | | | | **4,942.26** | **4,942.26** | |

1 Customers 7 Entries

**Report Totals ($)** **4,942.26** **4,942.26**

# PROPOSED PLOT PLAN

Chg- plot plan PD#00 Check # 2076 9/16/02 gc

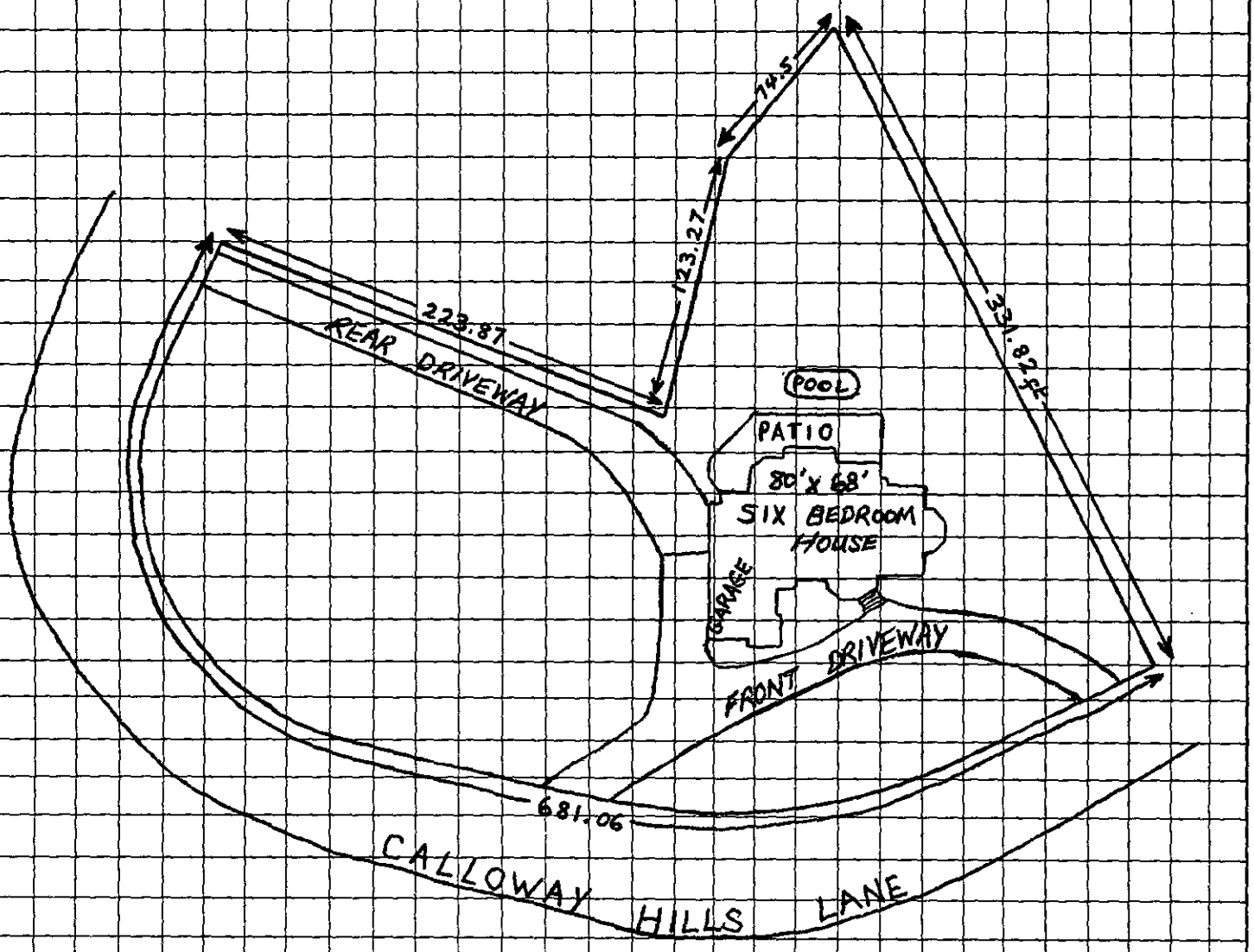
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FILE: 7564A

TC: 003-082-16

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.

TAX/PARCEL # 00308215 & # 00308216




David M Bentley
OWNER/AGENT SIGNATURE

DATE 9/17/02

APPROVAL DATE _____

0704

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

FOR REGISTRATION JUDITH A GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2002 JAN 08 10:04 AM
BOOK 13119 PAGE 736-739 FEE $20 00
INSTRUMENT # 2002002713

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

**WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969**

**FILE #** 7569.A
**PARCEL #** 003-082-16

The undersigned, DAVID M. BENTLEY, owner of property located at 19400 Callaway Hills Lane, (the "site") and described in an instrument recorded in Book RE 12018 at Page 685-687, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

*This instrument was prepared by:* DAVID M. BENTLEY
*Mail after recording to:* DAVID M. BENTLEY
7725 AUTUMNVIEW CT.
HUNTERSVILLE, NC 28078

DO CK# 9110

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 1/8/02 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: JC

PERMIT NO: 7564A
PARCEL NO: 003-082-16

JOB LOCATION ADDRESS: 19400 Calloway Hills Lane
PROPERTY OWNER: David M. Bentley
BUILDING CONTRACTOR:
SUBDIVISION NAME: Runnymede
AUTHORIZATION ISSUED BY: Tommy L. Mabe R.S. DATE: 01/07/02
DEHNR AUTHORIZED AGENT

## AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7564A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before C.A. Release
Permit valid for 5 years

## OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

David M Bentley — 1/8/02
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE — DATE

Permit Number 7564A

# CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003-082-16

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ✓ Yes ___ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

| | | | |
|---|---|---|---|
| 0.3 Long-term acceptance rate | 480 Max gallons/day wastewater flow | 1200 Absorption Area (sq ft) | 9' Trench spacing (min. on centers) |
| yes Serviced by private well | 1500 Gallon septic tank | 400' Total trench length (ft) | 24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions) |
| 4 Bedrooms in residence | 1000 Gallon pump tank | NA Depth of stone | |

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Permit valid 5 years
- Agreement forms on file before C.A. Release

Repair Area System Type
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

| | | | |
|---|---|---|---|
| 1200 Absorption Area (Sq ft)<br>400' Total Trench Length (Ft) | NA Depth of Stone Trench | 9' Trench spacing (min. on centers) | 24" Maximum Trench Depth |

For existing system, enter the year originally installed:

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 Sewage, 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 Approval is granted by this Department
- This Improvement permit is transferable.

Larry P. Mickler R.S. 01/07/02
DEHNR Authorized Agent Date

David M Beatley 1/8/02
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

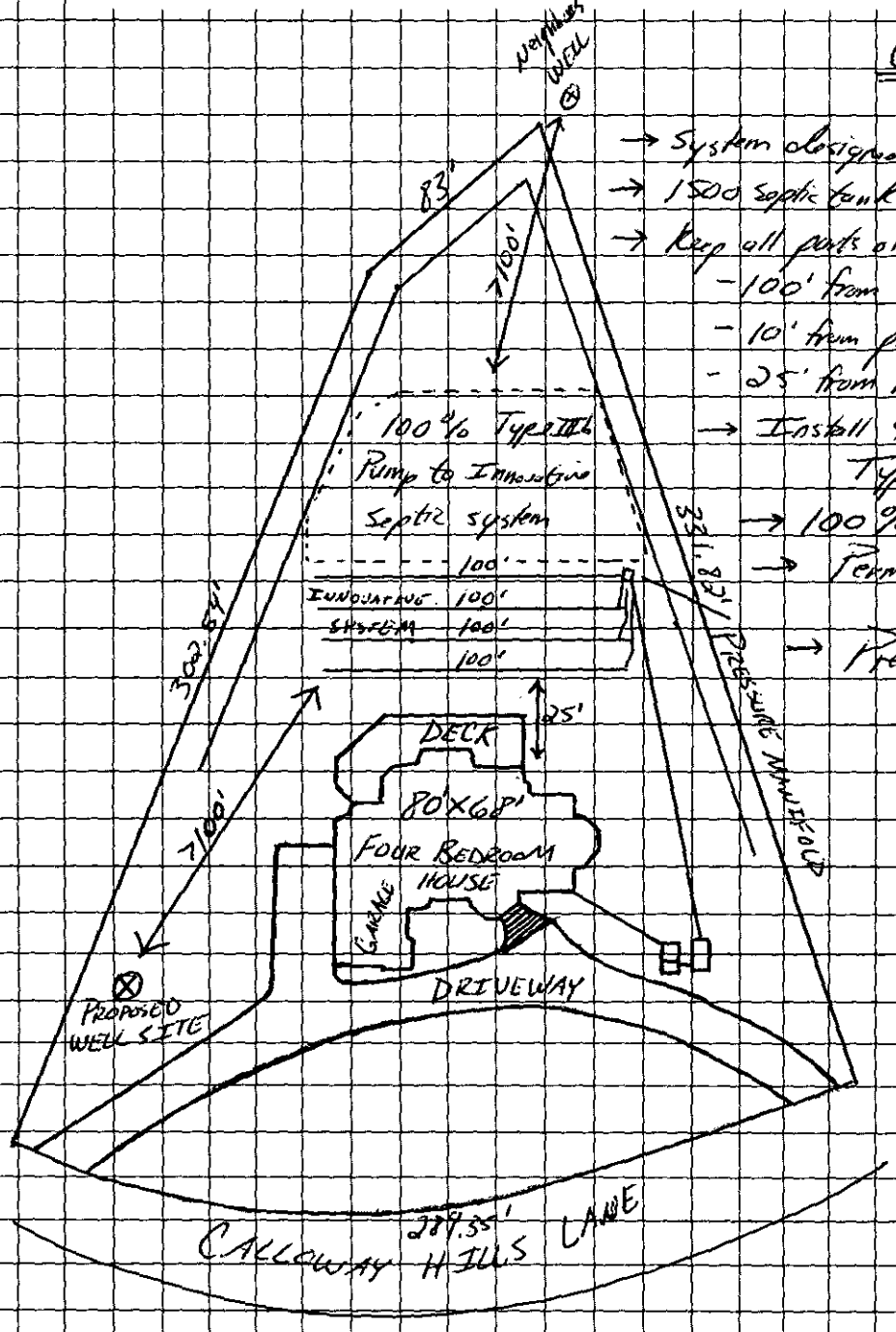
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7564A

TC: 003-082-16

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.




COMMENTS:

→ System designed for four Bedroom House
→ 1500 septic tank, 1000 Pump Tank
→ Keep all parts of septic tank:
- 100' from all wells
- 10' from property lines
- 25' from basement
→ Install 4 lines x 100' x 3'
Type IIIb Pump to innovative system
→ 100% Pump to Innovative Repair
→ Permit valid for 5 years
→ Pressure Manifold distribution

David L Bailey
OWNER/AGENT SIGNATURE

DATE 1/8/02

APPROVAL DATE Jimmy P. Mickelson R.S. 01/07/02

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

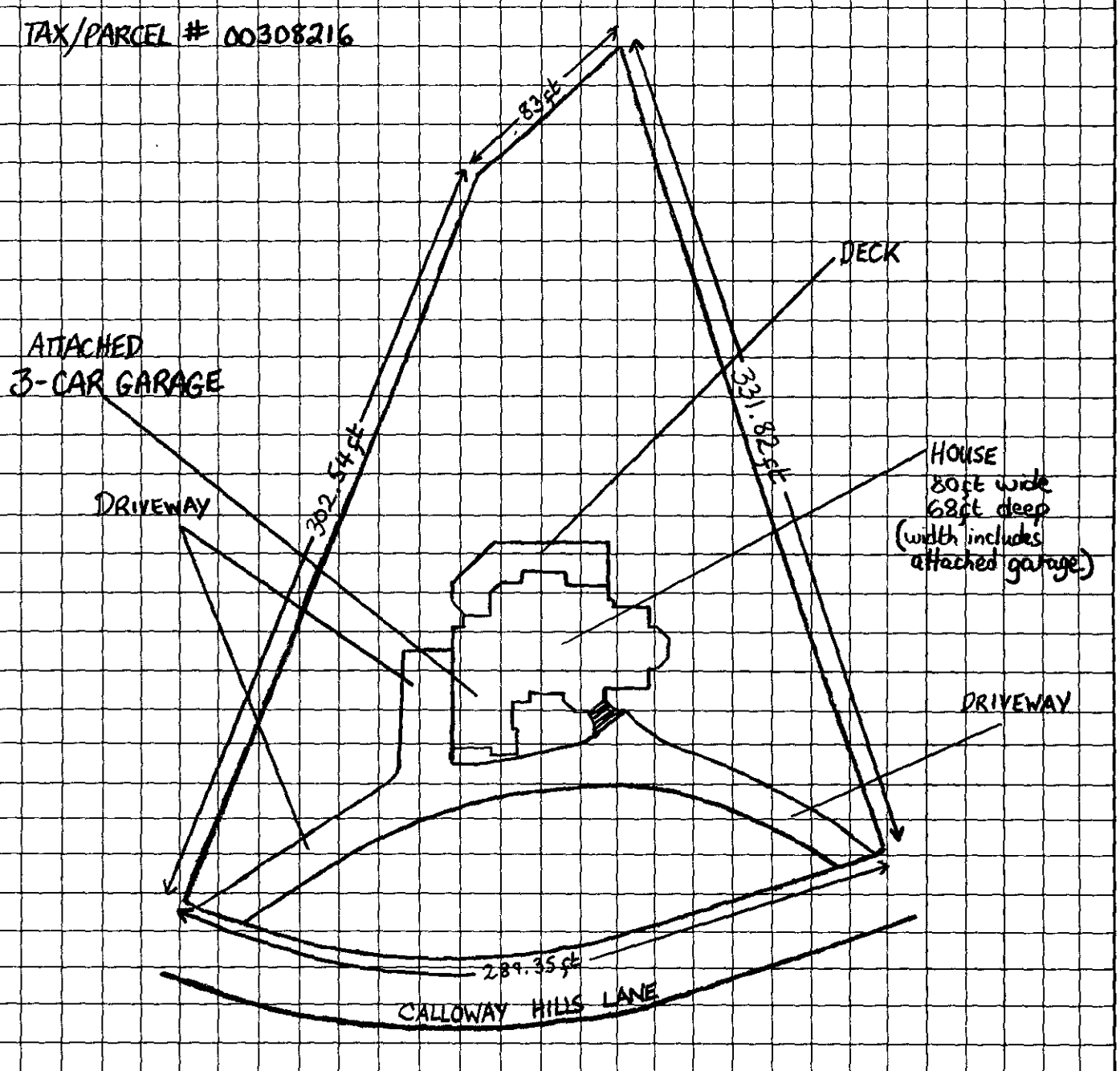
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7564A

TC: 003-082-16

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.




David H Berkley
OWNER/AGENT SIGNATURE

DATE 12/20/01

APPROVAL DATE _____

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

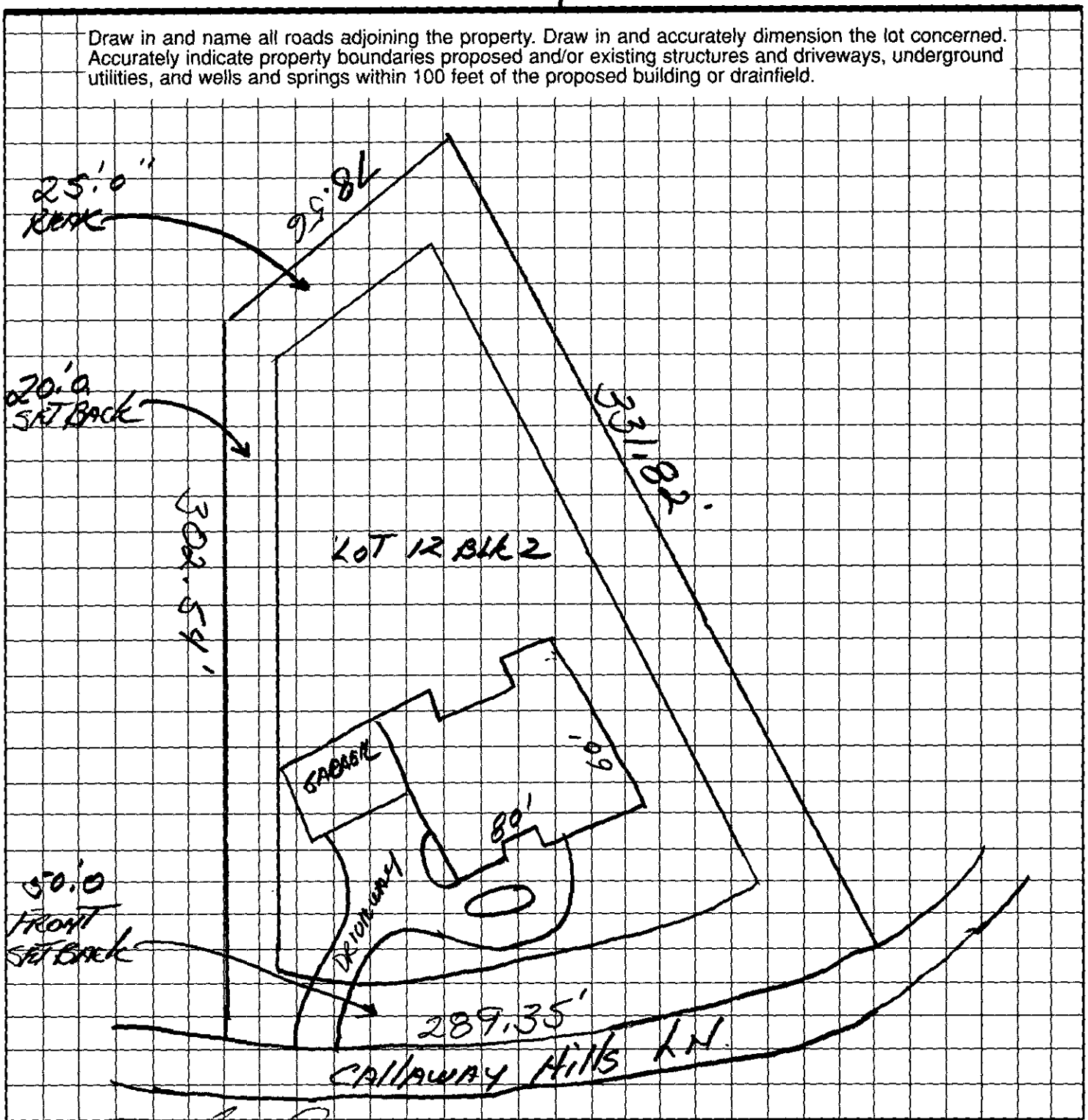
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7564A

TC: 003-082-16

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.

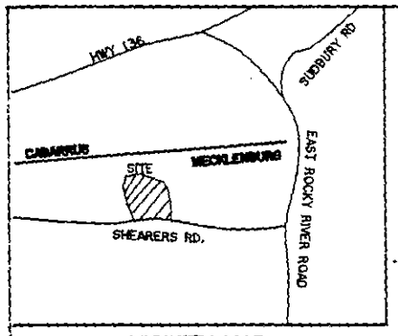



OWNER/AGENT SIGNATURE

DATE 2/17/97

APPROVAL DATE

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy




VICINITY MAP
NO SCALE

I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE ERROR OF CLOSURE IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN.

WITNESS MY HAND AND OFFICIAL SEAL THIS _____ DAY OF _____

N.C.R.L.S. L-2844
LICENSE NO.

REGISTERED LAND SURVEYOR

CALLAWAY HILLS LN.
50' RIGHT OF WAY

S 39°57'31"E 91.52'

A=189.23' R=275.00'

N 48°48'55"E 331.82'

S 00°32'01"E 8.60'

S 89°49'59"W 302.54'

N 63°23'25"W 78.56'

20' SIDE SETBACK

50' FRONT SETBACK

25' REAR SETBACK

20' SIDE SETBACK

(13)

(12)
(19400)

(10)

(11)

BASED ON MB. 24-963 1992

**LEGEND:**

- PROPERTY LINE
- TIE LINE
- UNSURVEYED LINE
- RIGHT-OF-WAY
- SETBACK LINE
- BACK OF CURB, PAVEMENT
- CP ○ COMPUTED POINT
- PP ○ POWER POLE

**NOTES:**

1. This property is not located in a designated flood zone.
2. Area determined by coordinate computation.
3. CP denotes computed point, no monument found or set.
4. All distances are horizontal ground distances.
5. Property is subject to any right-of-ways and easements of record.
6. Underground utilities not located as of this date.
7. Property is zoned AG: front 50' rear 25' side 20'
8. Property previously zoned R-3.
9. **NO SURVEY AS OF THIS DATE.**

# PLOT PLAN
FOR
# BERROW

TAX CODE: 003-082-16
RUNNEYMEDE MAP 1
BLOCK 2 LOT 12; MAP BOOK 25 PAGE 32
DEWEESE TOWNSHIP, MECKLENBURG COUNTY, N.C.
JANUARY 31, 1997
SCALE 1" = 40'

40 0 40 80 120
GRAPHIC SCALE - FEET

RMBK2LT12

PYRAMID
LAND SURVEYING
RUFUS J. LOVE #2844
P.O. Box 11
Davidson, NC 28036
(704) 892-4249

FEE: 100.00 CK# 525
DATE: 1/27/97 gC

**APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM**

NS

1 | CRT

TYPE APPLICATION: X NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 7564A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-082-16

STREET ADDRESS: 19400 CALLAWAY HILLS LN.

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEYMEDE

LOT NUMBER: #12 BLK #2

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: ~3500

NUMBER OF BEDROOMS: 4 | NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE _____

Lot checked 2-25-97
Use existing report, well on lot reviewed 2-25-97

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: X YES __ NO TYPE: FINANCIAL COUNSEL

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: BERRO BUDD D.
(LAST) (FIRST) (MI)

ADDRESS: 7732 ARBACRTOM DRIVE

CITY: CHARLOTTE STATE: N.C. ZIP: 28270

DAYTIME PHONE: 704 541-5166

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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: Budd D. Berro Leslie R. Berro DATE: 1/27/97

BUDD D. BERRO LESLIE R. BERRO

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

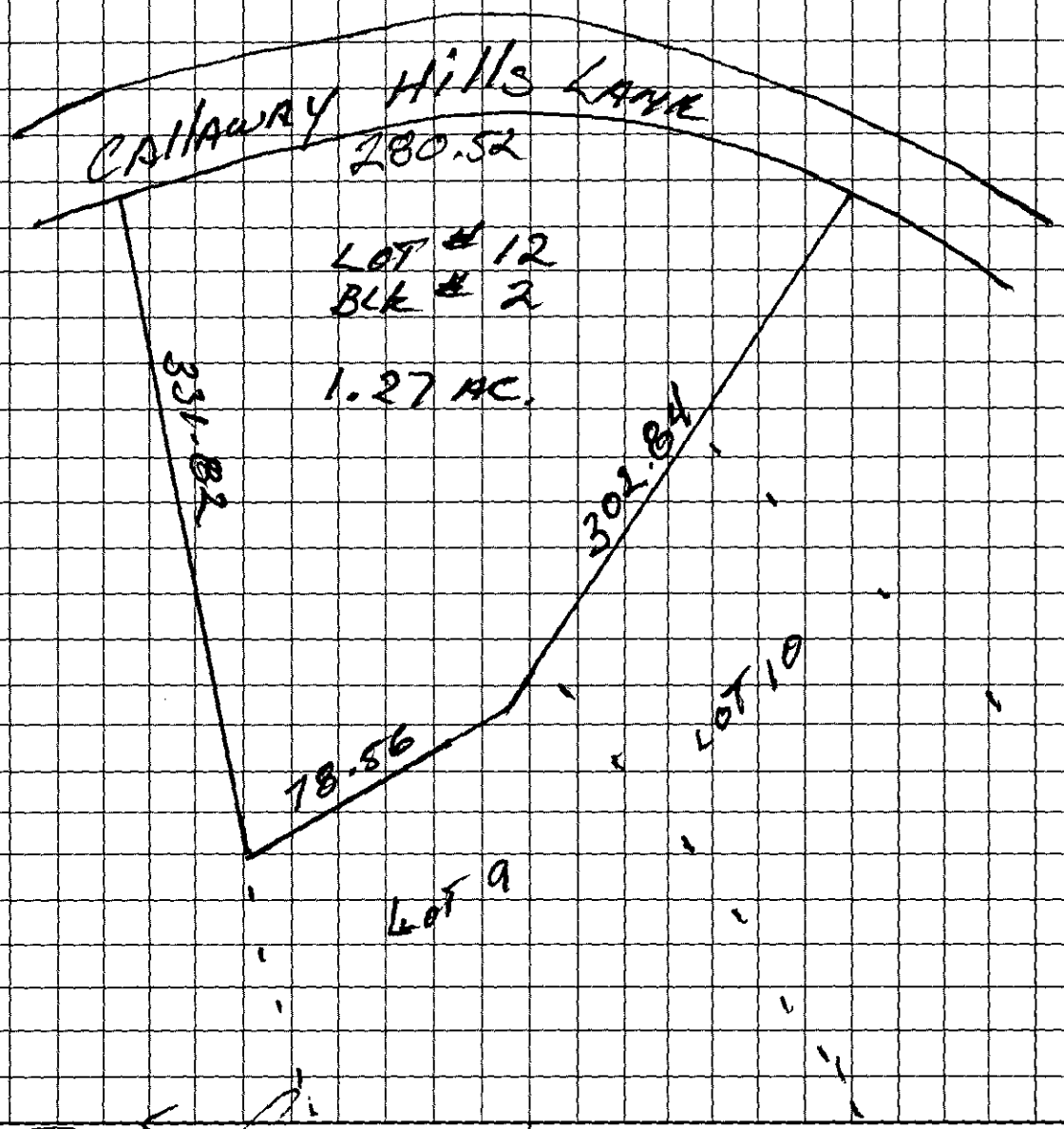
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7564A

TC: 003-082-16

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.




OWNER/AGENT SIGNATURE

DATE 1/27/97

APPROVAL DATE _____

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

# Mecklenburg County

## Health Department

March 18, 1993

**Betty S. Snow, R.N., M.A.**
Health Director

Monica Investments
801 Pressly Road, #102
Charlotte, NC 28217

RE: Property located on Callaway Hills Lane
FILE: 7564A
PARCEL: 003-082-16

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 19286) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 19286 ~~$400~~

File: 7564A Action 1

Parcel: 003-092-16 ☐ PC

Location: Calloway Hills Lane

Subdivision: Runneymede

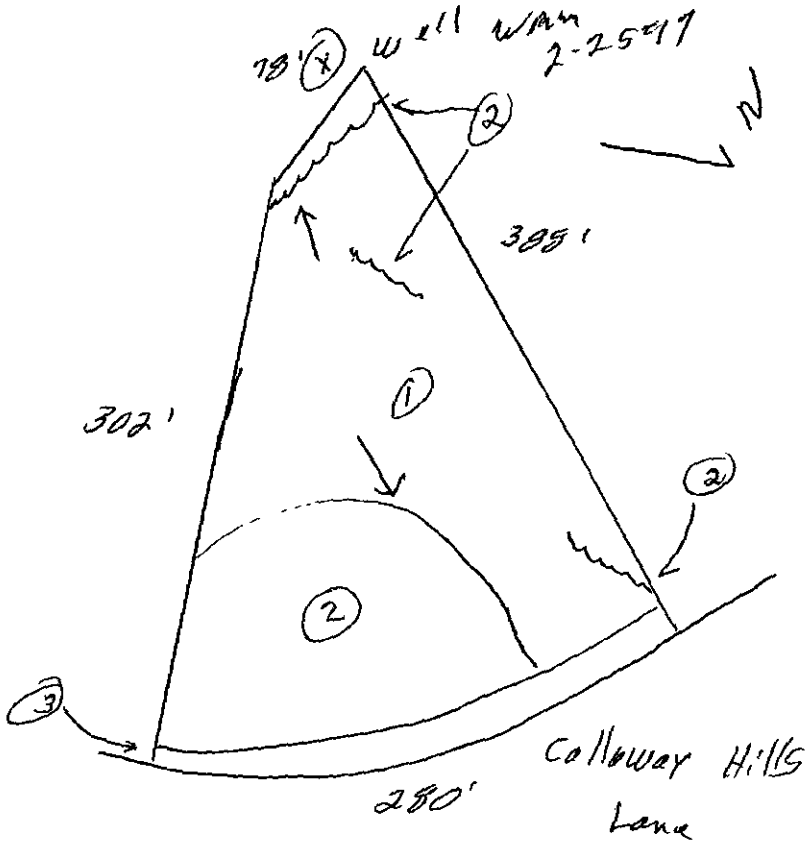
Lot: 12 Block: 2 Acres: 1.27

Owner: Moncee Investments
Address: 801 Pressley Road #102
Charlotte, N.C. 28217

Comments: 1000 Repair 3 gal/ft 2/day LTAR - system may need pump

Described by: William R. Marbry

Date: 3-18-93




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-10% | S PS (U) complex slopes | S PS (U) 72' cut | S PS U | S PS U | S PS U |
| Texture | S (PS) U Slightly Expansive clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Sab-Block | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U > 40" To water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 40"+ | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 40"+ | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U Limited | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Cecil-Lilo | complex slopes | >2' cut | | | |
| Area Classification | S (PS) U | S PS (U) | S PS (U) | S PS U | S PS U | S PS U |

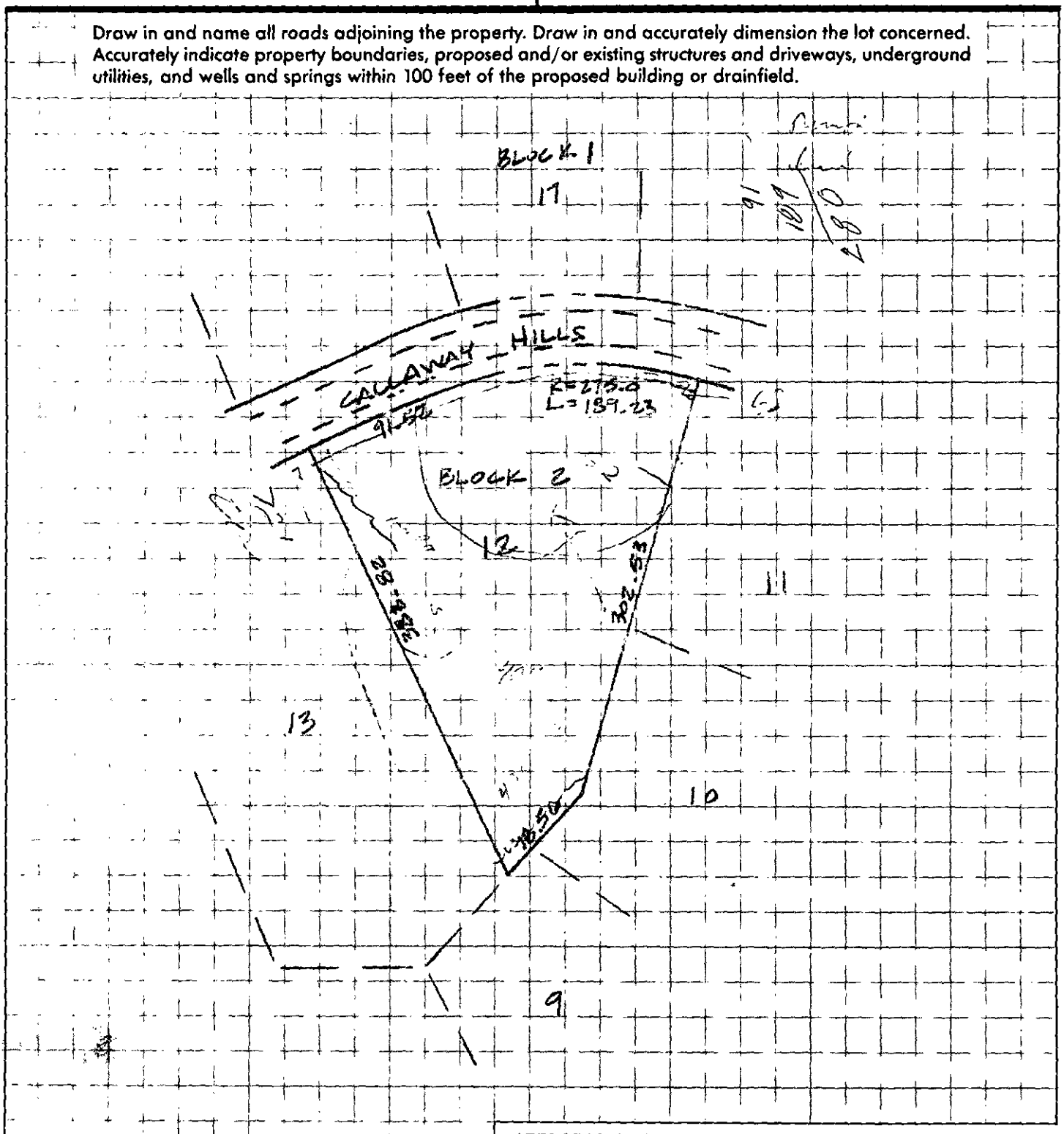
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 75-4A1

TC: _____

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.




APPROVAL DATE _____

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# APPLICATION FOR SOIL INVESTIGATION

7/26/91

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

(OFFICE USE ONLY)

FILE: 7364A Corr#0092 $50.00 cc

TC: ~~00 003-08?-08/02~~ 003-082-16

☑ PC ☑ REPT

**JOB LOCATION**

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: ~~52~~ 12 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

**OWNER**

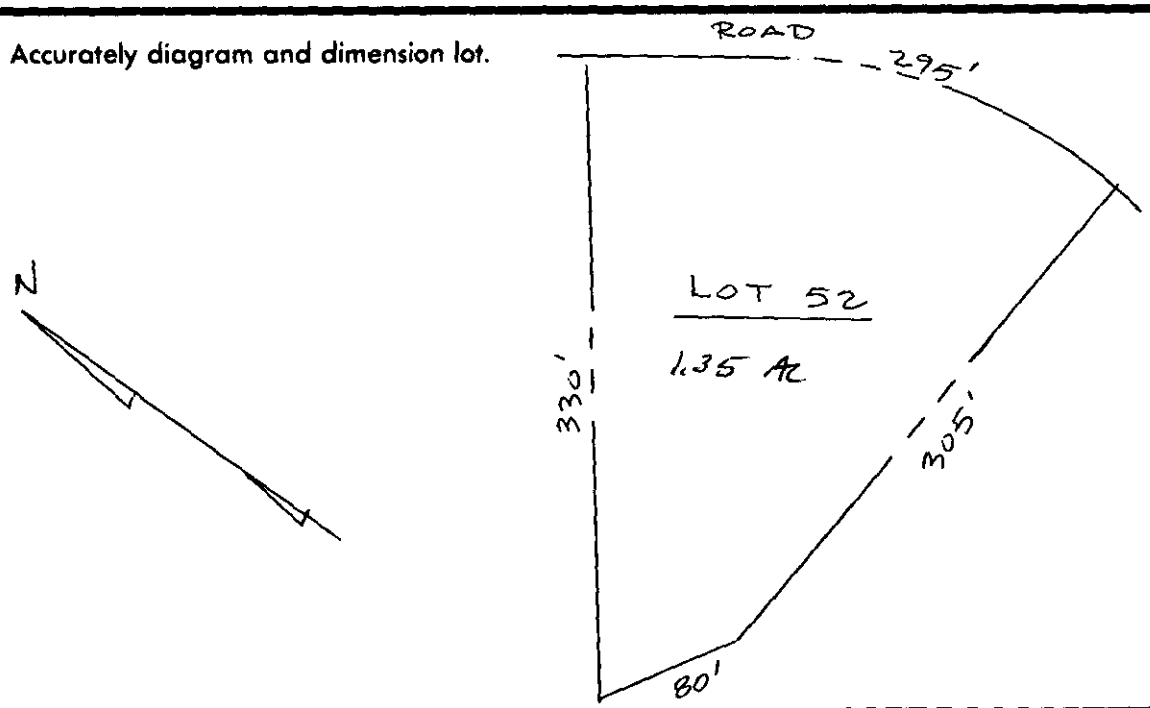
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

⑬ Accurately diagram and dimension lot.




⑭ 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: _____

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

Date: _____

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