Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 37823 Permit #: _____ Tax Parcel #: 037-123-11

Property Owner: EDDIE HOOVER

Job Location Address: 5918 CRESTWOOD DRIVE

City: CHARLOTTE State: NC Zip Code: 28216

Operation Permit Issuance Date: 7/8/14 Contractor Name: STANLEY

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

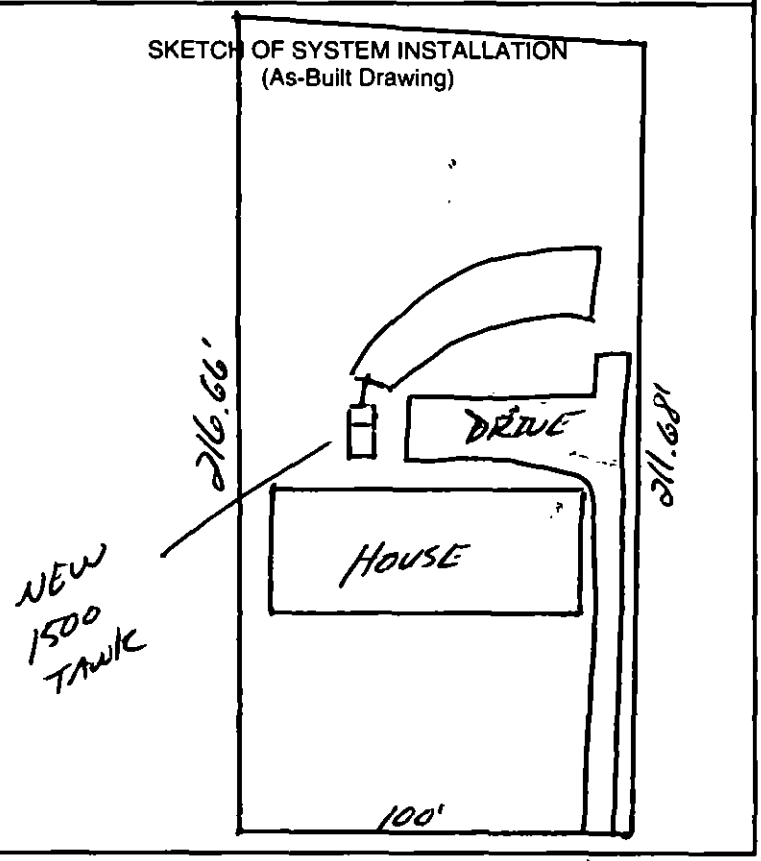
Inspection Dates

Tank(s) Inspected: 7/8/14

Excavation Inspected: —

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



☒ The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☒ *as detailed in the plot above* ☐ *in accordance with the permit issued and meets the provisions of* 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: TYPE IIIa, Gravity, GTB, NA, NA

NEW 1500 TANK REPLACED AND TIED BACK INTO EXISTING SYSTEM

DENR Authorized Agent: Jeremy Mickelson, REHS Signature: Jeremy Mickelson, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 29928 Permit #: _____ Tax Parcel #: 037-123-11

Property Owner: EDDIE HOOVER

Job Location Address: 5918 CRESTWOOD DRIVE

City: CHARLOTTE State: NC Zip Code: 28216

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: 2014 Repair
SEPTIC TANK REPLACED

DENR Authorized Agent: Tommy Mickler, REHS Date: 7/8/14

Signature: Tommy Mickler, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 898213 Permit #: _____ Tax Parcel #: 037-123-11

Property Owner: Eddie Hoover

Job Location Address: 5918 Crestwood Drive

City: Charlotte State: NC Zip Code: 28216

Installation Approval Issuance Date: 7/7/14

Permission is hereby given to ☐ *install* ☒ *alter* ☒ *repair an on-site wastewater treatment & and disposal system, with subsurface soil* absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before ASAP, after which date this approval 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 granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Site LTAR: — GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: — gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

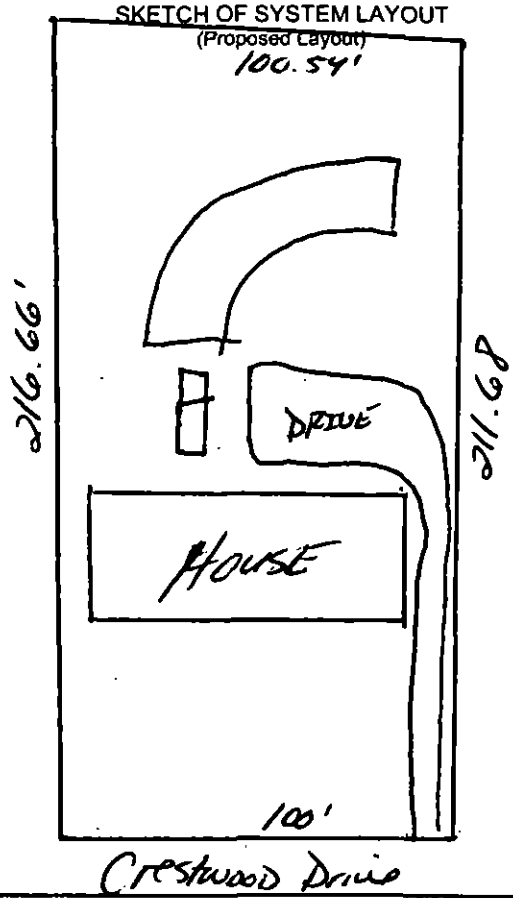
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >58 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: IIa Conventional System Repair

Replace the broken septic tank with new 1500 Tank

Property abandon existing tank

DENR Authorized Agent: Jeremy Mickelson, REHS Signature: _____

8982B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 6928

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ● REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: _____
STREET ADDRESS: 5918 Crestwood Dr
CITY: Charlotte
STATE: NC **ZIP:** 28216
SUBDIVISION NAME: _____
LOT #: 41 **LOT SIZE (acres):** _____
TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ● CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
● HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: _____
NUMBER OF BEDROOMS: _____
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
● CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: N/A NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ● MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ● NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ● NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ● NO	JURISDICTIONAL WETLANDS	○ YES ● NO
WELLS, SPRINGS, OR WATER LINES	○ YES ● NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ● NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ● NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ● NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ● NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ● NO
WASTE STORAGE	○ YES ● NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ● NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☐ *UNKNOWN*

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☐ N/A

12. **PROPERTY OWNER:**

NAME: Eddy Hoover
ADDRESS: 5918 Crestwood Dr.
CITY: Charlotte
STATE: NC ZIP: 28216
WORK PHONE: 716-912-2204
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Stanley Environmental
ADDRESS: 131 Mariposa Rd.
CITY: Stanley
STATE: NC ZIP: 28164
WORK PHONE: 704-263-8186
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 7-2-14

Property Owners or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: 8982B

APPLICATION ID NUMBER ASSIGNED: 6928

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

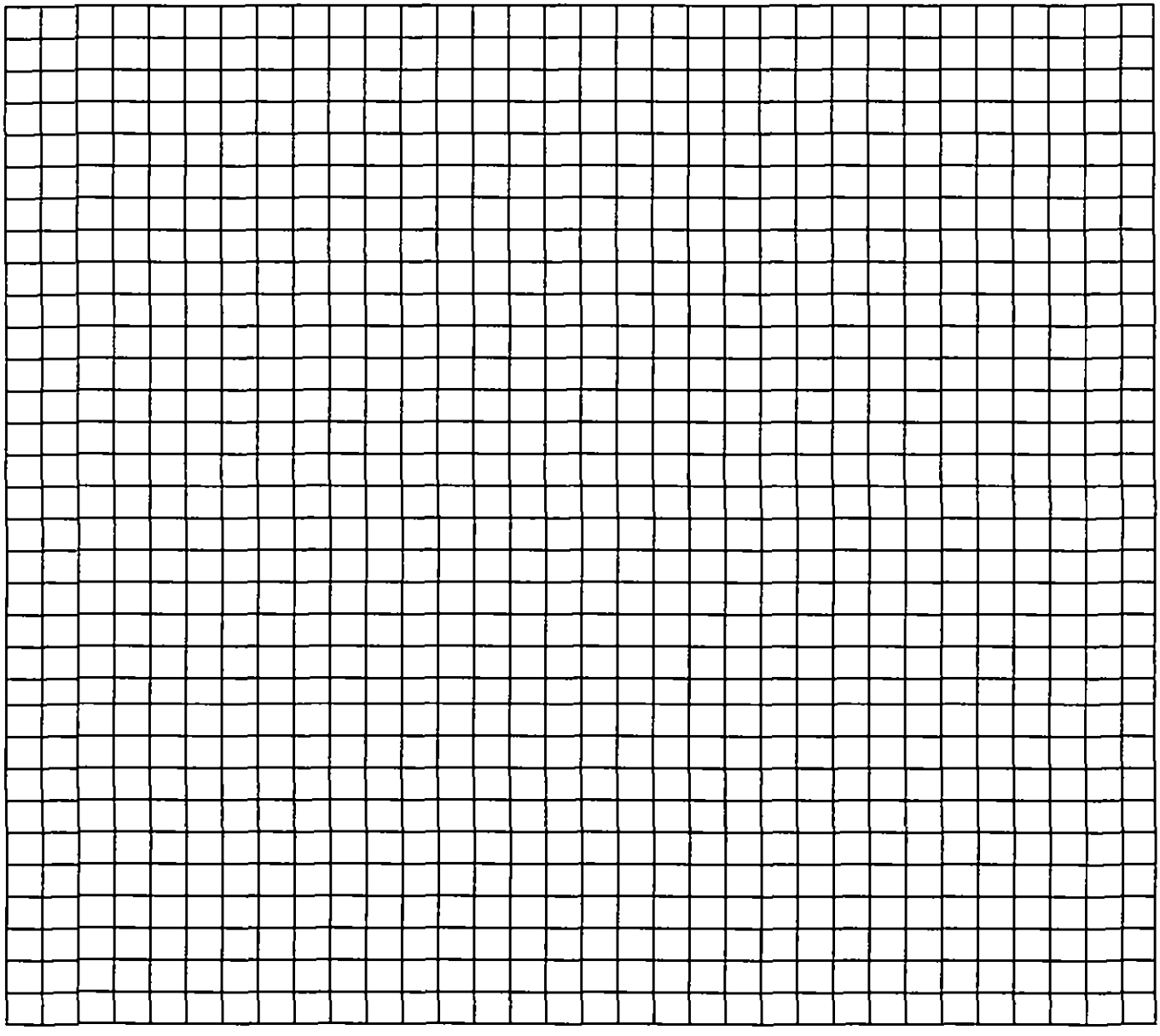
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY, North Carolina

POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY

Date Printed: 07/07/2014

Identity	
Parcel ID	GIS ID
03712311	03712311

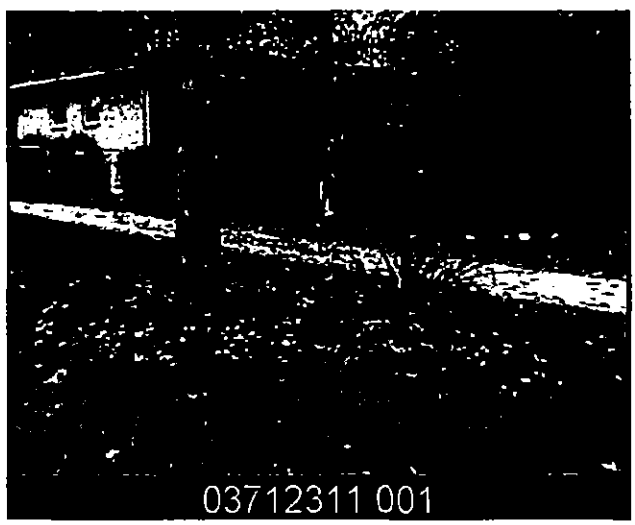
Property Characteristics	
Legal desc	L11 BD M10-99
Land Area	1 LT
Fire District	CITY OF CHARLOTTE
Special District	
Account Type	INDIVIDUAL
Municipality	CHARLOTTE
Property Use	SINGLE FAMILY RESIDENTIAL

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710454700J
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
5918 CRESTWOOD DR CHARLOTTE



10/27/2000 from Mecklenburg County

Ownership	
Owner Name	Mailing Address
GWENDOLYN COLE-HOOVER	5918 CRESTWOOD DR CHARLOTTE NC 28216
EDDIE L HOOVER	5918 CRESTWOOD DR CHARLOTTE NC 28216

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
28863-416	11/27/2013	$150,000.00
26498-877	05/24/2011	
26246-261	01/26/2011	
25728-847	06/30/2010	
25728-855	06/30/2010	
02585-180	01/01/1975	$0.00

Site Location	
ETJ Area	Charlotte
Charlotte Histroic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	61.02

Post Construction District	
Jurisdiction	Charlotte
District	Western Catawba

Watershed Districts	
Watershed Name	LONG
Watershed Class	

This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and date. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Real Estate Lookup

Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
03712311	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
HOOVER EDDIE L	5918 CRESTWOOD DR	CHARLOTTE NC 28216
COLE-HOOVER GWENDOLYN WIFE	5918 CRESTWOOD DR	CHARLOTTE NC 28216

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L11 BD M10-99	CHARLOTTE			CITY OF CHARLOTTE	0

Total Parcel Assessment

Building	Land	Features	Total	Under Reval Review

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Nov 27 2013	150000	300	UNDER REVIEW	IMP	WARRANTY D	28863-416	ROSS,AUDWIN
May 24 2011			LESS $3000	IMP	WARRANTY D	26498-877	KIRKPATRICK ,CARRIE
Jan 26 2011			LESS $3000	IMP	WARRANTY D	26246-261	KIRKPATRICK ,CARRIE
Jun 30 2010			LESS $3000	IMP	QUIT CLAIM	25728-855	ROSS,ELIZA ALEXANDER
Jun 30 2010			LESS $3000	IMP	WARRANTY D	25728-847	KIRKPATRICK,CARRIE
Jan 1 1975	0			IMP		02585-180	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1	LT	D720	

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1965	5918 CRESTWOOD DR CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2221	1612	CRAWL SPACE	FACE BRICK -	AVERAGE 01	

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		3	2		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1612
1	GARAGE - FINISHED	609

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1965	TERRACE	1	4X9	

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	115000	0
Jan 17 2003	2003	Countywide Revaluation	124700	0
Jan 5 1998	1998	Countywide Revaluation	105840	
Jan 2 1991	1991	Countywide Revaluation	92280	

Real Estate Lookup

Print Close

Parcel Information

Parcel ID	Account	Parent	Previous
03712311	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
HOOVER EDDIE L	5918 CRESTWOOD DR	CHARLOTTE NC 28216
COLE-HOOVER GWENDOLYN WIFE	5918 CRESTWOOD DR	CHARLOTTE NC 28216

Legal Information

Legal	Municipality	Date Annexed	Special District	Fire District	Acreage
L11 BD M10-99	CHARLOTTE			CITY OF CHARLOTTE	0

Total Parcel Assessment

Building	Land	Features	Total
Under Reval Review			

Exemptions

Exemption	Year Approved	Review Date	Amount

Sales Information

Sale	Price	Stamps	Qualify	VI	Type	Legal Ref.	Grantor
Nov 27 2013	150000	300	UNDER REVIEW	IMP	WARRANTY D	28863-416	ROSS,AUDWIN
May 24 2011			LESS $3000	IMP	WARRANTY D	26498-877	KIRKPATRICK ,CARRIE
Jan 26 2011			LESS $3000	IMP	WARRANTY D	26246-261	KIRKPATRICK ,CARRIE
Jun 30 2010			LESS $3000	IMP	QUIT CLAIM	25728-855	ROSS,ELIZA ALEXANDER
Jun 30 2010			LESS $3000	IMP	WARRANTY D	25728-847	KIRKPATRICK,CARRIE
Jan 1 1975	0			IMP		02585-180	

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1	LT	D720	

Building Information

Bldg	Description	Type	Year	Property Location
1	Single-Fam	RES	1965	5918 CRESTWOOD DR CHARLOTTE

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	2221	1612	CRAWL SPACE	FACE BRICK -	AVERAGE 01	

Bldg	Heat	Fuel	Fire Place	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL		3	2		0

Sub Area

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1612
1	GARAGE - FINISHED	609

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 21.00%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1965	TERRACE	1	4X9	

Notes

Tax Year	Notes	Note Date

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Feb 8 2011	2011	Countywide Revaluation	115000	0
Jan 17 2003	2003	Countywide Revaluation	124700	0
Jan 5 1998	1998	Countywide Revaluation	105840	
Jan 2 1991	1991	Countywide Revaluation	92280	

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 7/7/2014 12:16:37 PM



This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.