

8101 ASHELEY GLEN DR

19716111

5/30/2007

duponbj

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

Mecklenburg County
Health Department

August 9, 1990

Bob McLemore Co. Inc.
P.O. Box 25746
Charlotte, NC 28229

RE: Property located at 5183 Ashley Glenn Dr.
FILE: 5183A
PARCEL: 197-161-01

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

BK: 06333 PG: 1916/1917 #:0102 8.00

REGISTERED AUG/15/1990 01:42PM ANNE A. POWERS REGISTER OF DEEDS MECK. CO. N.C.

FILE NO. 5183A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, BMI Land Co., Inc.

owner of property located at 8101 Asheley Glen Drive (Lot 3)

("the site") and described in an instrument recorded in Book 5814 5208 at Page 72 54, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; 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 his responsibility 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 agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 8 th day of August, 19 90.

Drawn By:
BMI Land Co., Inc.

ATTESTED BY: Bill E. Coggins
Asst. Secretary

Kristy McLemore-Carriker (SEAL)

Kristy McLemore-Carriker
Vice President (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 19___.

_____
Notary Public

My Commission Expires: _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marcia J. Finnegan, a Notary Public for said County and State, do hereby certify that Kristy McLemore Carriker personally came before me this day and acknowledged that she is Vice President of BMI Land Co., Inc. and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its Vice President, sealed with its corporate seal and attested by Bill E. Coggins.

WITNESS my hand and notarial seal, this 8th day of August, 1990.

Marcia J. Finnegan
Notary Public

My Commission Expires: Sept. 10, 1991

Return to Dept. of Environmental Health, 1200 Blythe Blvd., Charlotte, NC 28202

(4)

100
7.00
8.00

State of North Carolina, County of Mecklenburg
The foregoing Certificate(s) of Marcia J. Finnegan

Notary(ies) Public is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

ANNE A. POWERS, REGISTER OF DEEDS

By Mary A. Powers Deputy - Register of Deeds

MECK COUNTY DEPARTMENT OF
RECEIVED
OCT 1 - 1990
ENVIRONMENTAL PROTECTION

for Gene Vaughan
MCHD

Date: ~~4/19/90~~ ~~revised 6/13/90~~ 7/13/90

From: Toney C. Jacobs
Consulting Soil Scientist
Rt. 2 Box 280
Troutman, N. C. 28166

To: BMI

Subject:

Lot 3A Ashley Glenn Dr.

System type:

Copy to Ed Harper

PROPOSED PLOT PLAN

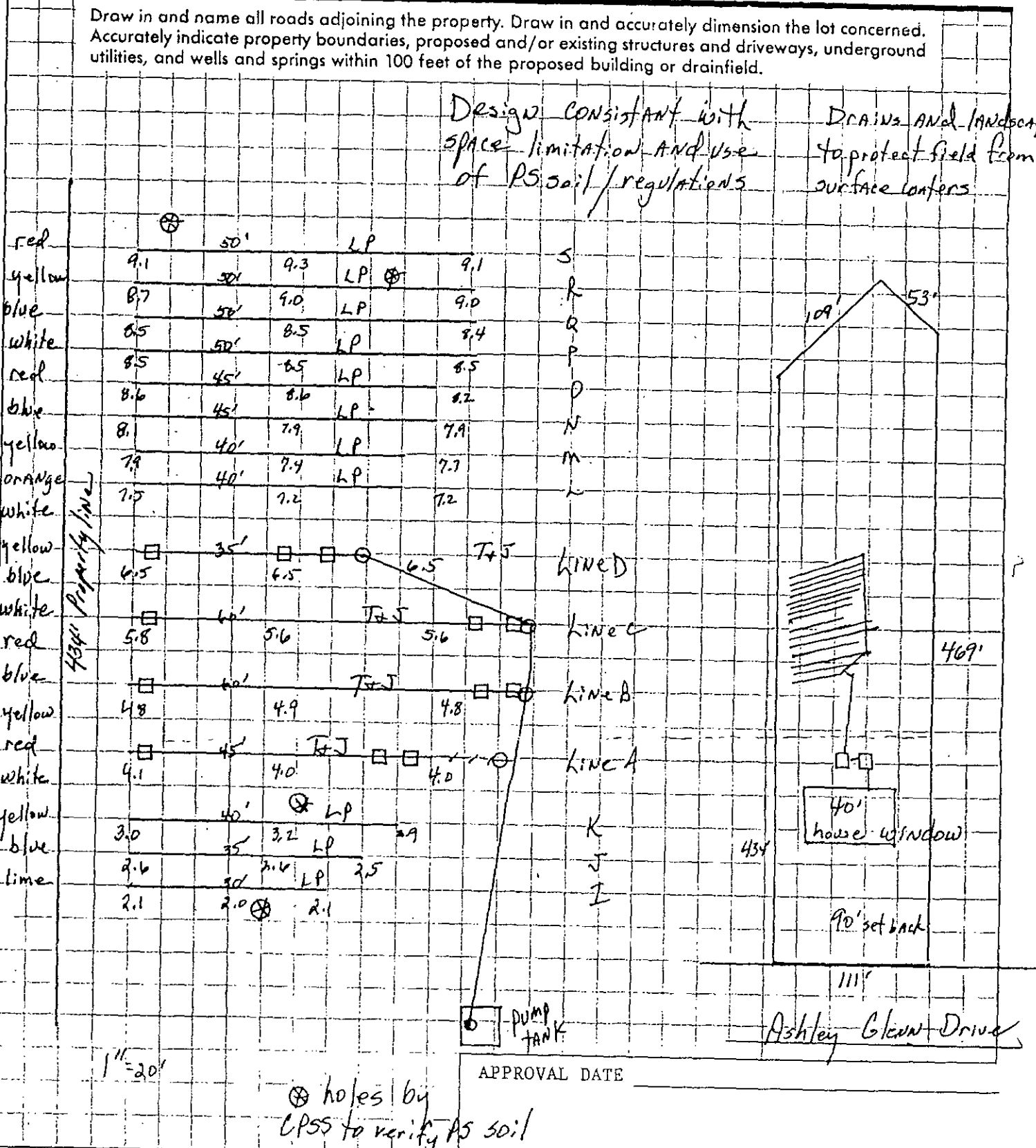
Lot 3 Ashley Glenn Drive

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

FILE: 5183A

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

Date: Revised 7/13/90 Page 1

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lot 3A Ashley Glenn Dr.

General Description: Initial Installation T+J Panel System

Daily design waste flow: 360 gpd
Effluent loading rate: 0.3 gpd/sf
Square footage: 1200 eqv. = 2001f
Septic tank size: 1500 gal. (2 compartments)
Pumping tank size: 1000 gal.

Initial Installation

Line	# Panels	# Hole(s) Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A	10	1	5/32	3.0	45	0.5	5.0
B	14	1	"	"	60	"	7.0
C	14	1	"	"	60	"	7.0
D	8	1	"	"	60	"	4.0
E			5/32	3.0	35	0.5	4.0
F							
G							
H							
Totals	46				200		23.0
Required 100% Repair							
I							
J							
K							
L							
M							
N							
O							
P							
Totals							

T+J or PPBPS

" See page 2 "

CALCULATIONS FOR PUMPED SYSTEMS:

Friction loss: supply line = 130 LF of 2 inch x 1.1 loss/100 = 1.43
lateral line = N/A LF of inch x loss/100 =
fittings = x .2 = .3
5 ft Eqv of 2
total 1.73

Head:
pressure head = 3.0
friction head = 1.7
elevational head = 7.0
TDH = 11.7
20% margin = (/.8 = = 14.0 ft.)
TOTAL DESIGN HEAD= 14.0

A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 24.5* gallons per minute at 14.0 feet of head.
Pump size for system Yes Pump size for system and repair NO either one or the
Dosing volume or time: Initial 150 gal
Check valve: yes
Syphon break hole: NO.
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

* sized for repair see page 2

Date: Revised 7/13/90

DESIGN SPECIFICATIONS FOR ON-SITE WASTE SYSTEM

Address: Lt 3A Ashley Glenn Dr.

General Description: Repair System LPP

Daily design waste flow: 360 gpd
Effluent loading rate: 0.15 gpd/sf
Square footage:
Septic tank size: 2375 gal. (2 compartments)
Pumping tank size: ~~1500~~ 1000 gal.

LPP

Initial Installation

Line	# Panels	# Hole(s) Per Panel	Size Hole	Line Head	Line Length	Hole Flow	Line Flow
A							
B							
C							
D							
E							
F							
G							
H							
Q	N/A	9' o.c.	5/32	3.0	50	0.5	2.5
R					50		2.5
S					50		2.5
I					30		1.5
J					35		2.0
K					40		2.0
L					40		2.0
M					40		2.0
N					45		2.5
O					45		2.5
P					50		2.5
Totals					475'		24.5

CALCULATIONS FOR PUMPED SYSTEMS:

Friction loss: supply line = 130 LF of 2 inch x 1.1 loss/100 = 1.43
lateral line = N/A LF of inch x loss/100 =
fittings = x .2 = .3
total 1.73

Head:
pressure head = 3.0
friction head = 1.7
elevational head = 7.0
TDH = 11.7
20% margin = (/.8 = = 14.0 ft.)
TOTAL DESIGN HEAD= 14.0

A UL or SSPMA listed effluent or sewage pump sized to deliver a minimum of 24.5 gallons per minute at 14.0 feet of head.
~~Pump size for system~~ ~~Pump size for system and repair~~ No either one or th
Dosing volume or time: 180 GAL/cycle = 2 cycles/day
Check valve: yes
Syphon break hole:
Note: Each line shall have a globe or gate valve at the start of the line for pressure adjustment. "Noted ⊗ "

Lot 3 Ashley Glenn Dr.

DESIGN SPECIFICATIONS LPP Repair only

Daily waste flow		360	gal.
Septic tank size		1000	gal.
Pumping tank size		1000	gal.
Effluent loading rate		0.16	gal/ft²/day
Absorption area	LPP	2375	ft.²
Total length of laterals		475	ft.
Lateral diameter		1½	in.
Lateral configuration		see sheet	No. and length of lines
Supply line length		130	ft.
Supply line diameter		2	in.
Manifold placement		end	
Hole size*		5/32	in.
Hole spacing		90c	ft.
Number of holes		49	
Flow per hole		0.5	gpm
Total flow		24.5	gpm
Elevation head		7.0	ft.
Friction head		3.2	ft.
Pressure head		2.0	ft.
Total head		13.2	ft.
Pump requirements		47.5	gpm @ 15.8 ft. of head
Storage volume in laterals		428	gal.
Storage volume in supply line		35.2	gal.
Total storage volume		680	gal.
Dosing volume		200	gal.
Dosing depth	*	Size by tank	in.
Check valve needed ?		Yes	

* Note: Data on hole size, spacing, pressure head and flow must be listed for each line for systems where lines are different (such as sloping lots).

Effluent Loading Rate for LPP Systems (.16) unless otherwise specified by this department.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

9097

CHARGE SLIP

Date: 4/20/90

Name/Company: BMI Land Co, Inc.

Sanitation _____

Vector Control _____

O.R.W.D. ✓

Service: _____

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
APR 20 1990

5184A + 5184A

Fee: $ 400.00

CR# 1706
$400.00

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

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: 5183A
TC: _____
SERIAL: No 17529 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: ~~5183~~ 8097 (STREET NO.) Ashley Glenn (STREET) Drive ② FILE: 5183A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 19716101

⑤ SUBDIVISION: Ashe Plantation 7 ⑥ LOT: 3A ⑦ BLOCK: _____

OWNER

⑧ NAME: Bob (FIRST) McLemore (MIDDLE) Co (LAST) INC Eddie Harper

⑨ MAILING ADDRESS: P.O. Box 25746

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28229

⑬ PHONE: (WORK) 545-6112 ⑭ (HOME) _____

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? 6 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: 4/19/90

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.

Adequate Area Found for Modified System

Environmentalist _____ / Date

Director or Authorized Section Head [signature] / 4-21-90 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

April 10th, 1990

Bob McLemore Co., Inc.
PO Box 25746
Charlotte, NC 28229

RE: Property located at Ashley Glenn Dr. 3a
FILE: 5183A
PARCEL: 19716101 PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17699) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17699

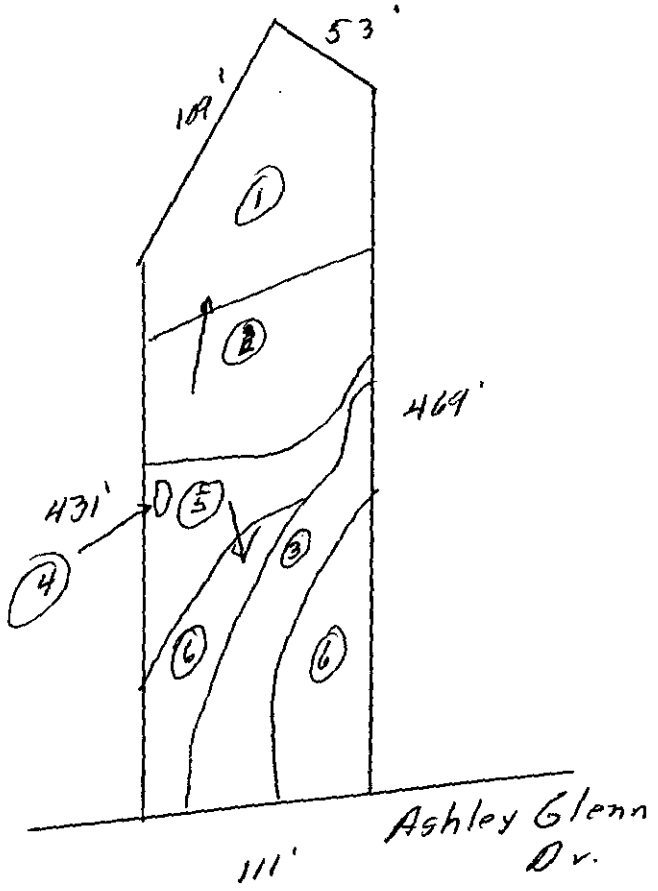
File: 5183A
Parcel: 19716101 PO
Action 2
☐ PC

Location: Ashley Glenn Dr.
Subdivision:
Lot: 3a Block: Acres: 1.2

Owner:
Address: Bob McLemore Co., Inc.
PO Box 25746
Charlotte, NC 28229

Comments: 100% Agpasture

Described by: William R. Marlin
Date: 4-10-90



*** 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) Drainageway-Depression	(S) PS U 6-10%	S PS (U) Road cut	S PS (U) Depression	(S) PS U 2-10%	(S) PS U 2-10%
Texture	S PS U —	S PS (U) Expanding Clay	S PS U —	S PS U	S (PS) U clay	S (PS) U clay
Structure	S PS U —	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S (PS) U Blocky
Drainage	S PS U —	S PS (U) Perched water 24"	S PS U —	S PS U	S (PS) U 7-36" To water	S (PS) U 7-36" To water
Depth	S PS U —	S PS (U) 24-36"	S PS U —	S PS U —	S (PS) U 7-36"	S PS (U) 24-30"
Restrictive Horizons	S PS U —	S (PS) U 7-36"	S PS U —	S PS U —	S (PS) U 7-36"	S (PS) U 7-36"
Available Space	S PS U	S PS (U) Restricted	S PS U —	S PS U —	S PS (U) Restricted	S PS (U) Restricted
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	Drainageway Depression	IV Lignum-Life Expansive clay	Road cut	Depression	Cecil-Life IV	IV Tatum-Life
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS (U)

5183A

19716101 PO

Ashley Clean Dr.

Bob McLemore Co., Inc.
PO Box 25746
Charlotte, NC 28229

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

November 18th, 1988

W. Manning & Associates
P. O. Box 2762
Matthews, NC 28106

RE: Property located at Trey Court 3
FILE: 5183A
PARCEL: 19716101 PO

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 results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 15766) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit 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 to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

November 18th, 1988

W. Manning & Associates
P. O. Box 2762
Matthews, NC 28106

RE: Property located at Trey Court 3
FILE: 5183A
PARCEL: 19716101 PO

Dear Sir:

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State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

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

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15766

File: 5183A Action 2

Parcel: 19716101 PO ☐ PC

Location: Trey Court

Subdivision:

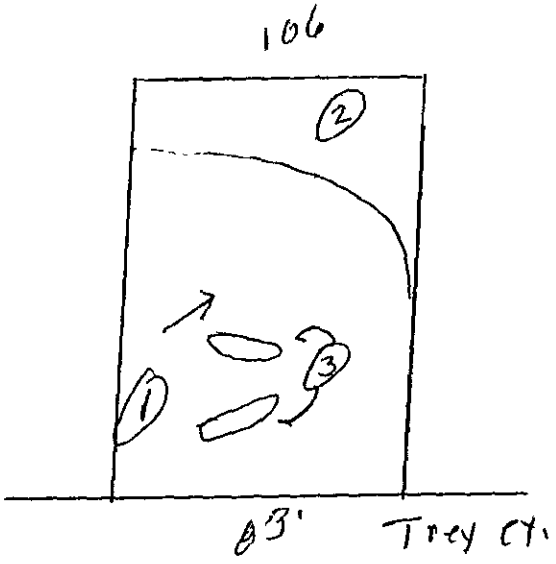
Lot: 3 Block: Acres: Approx .47

Owner: W. Manning & Associates
Address: P. O. Box 2762
Matthews, NC 28106

Comments: _____

Described by: William R. Marlin

Date: 11-18-05



***** 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 6-12 %	(S) PS U 6-12 %	S PS (U) Depression	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS (U) 2-1 Clay	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" TO water	S PS (U) Perched water 24-30"	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS (U) 24-36"	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS (U) Restricted	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	IVA Cecil-1.1%	IVB Helena-1.1%	Depression			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5183A

TC: _____

☐ PC ☐ REPT

see file 5181A for charge back

JOB LOCATION

① ADDRESS: Trey Court

② SUBDIVISION: Travis Woods ③ LOT: # 3 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 197-121-07 PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 5839 - 335 / 5814 - 72 PAGE NO.: _____

OWNER

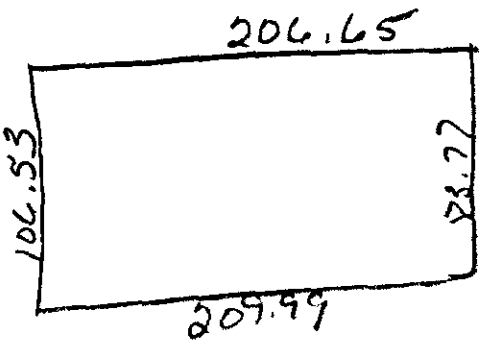
⑦ NAME: W. Manning & Assoc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P. O. Box 2762

⑨ CITY: Matthews ⑩ STATE: N. C. ⑪ ZIP: 28106

⑫ PHONE: (WORK) 704/821-6291 (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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ward Manning

Date: November 7, 1988

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY