

22916 TORRENCE CHAPEL RD

00155109

5/25/2007

duponbj

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

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Burroughs Residence **Name of Establishment**	4925A **Permit/Project No.**
22916 Torrence Chapel Rd. 28031 **Location**	4-Bedroom House **Type of Establishment**	480 GPD **Design Flow**
William Burroughs **Owner/Agent**	Same as location address **Address**	(704) 895-8800 **Phone**
N/A **Operator**	**Address**	**Phone**
IIIb **System Type**	8/18/2005 **Date of Inspection**	August 2010 **Next Inspection Due**

	Yes	No	N/A	Comments:
1. ESTABLISHMENT:				
a. Type, size, and sewage flow in accordance with permit?	☒	☐	☐	
2. COLLECTION SYSTEM:				
a. No evidence of leaks into or out from sewer lines/manholes?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☒	☐	☐	
b. Tanks and access manholes structurally sound, watertight?	☒	☐	☐	
c. Sanitary tee(s) in good working condition?.....	☐	☐	☒	3.c. Sanitary tee not inspected.
d. Tanks pumped, cleaned out as needed?.....	☒	☐	☐	
4. RAW SEWAGE LIFT STATION (if present):				
a. Required pumps present, operating, and cycling properly	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good condition?	☒	☐	☐	
5. EFFLUENT DOSING SYSTEM:				
a. Effluent appears clear, free of excess solids?	☒	☐	☐	5.a. Measured <6" of solids in the dosing tank.
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☒	☐	☐	
b. High-water alarm present and operating properly?	☒	☐	☐	
c. Floats/pipe/valves/disconnects in good working condition?	☒	☐	☐	
d. Control panel enclosure/components in good condition?	☒	☐	☐	
e. Elapsed time readings: _____ _____ _____ _____				
B. SIPHON SYSTEMS:				
a. No evidence of overflow or siphon leakage?	☐	☐	☒	
b. Siphon(s) appear to be working/alternating properly?	☐	☐	☒	
c. Bells and vents free of debris and in good condition?	☐	☐	☒	

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/07/05
Receipt #: 35647
Check / Auth #: CHECK 6496
Received By: WALKEVA

Amount: 85.00
Tendered: 85.00
Returned: 0.00

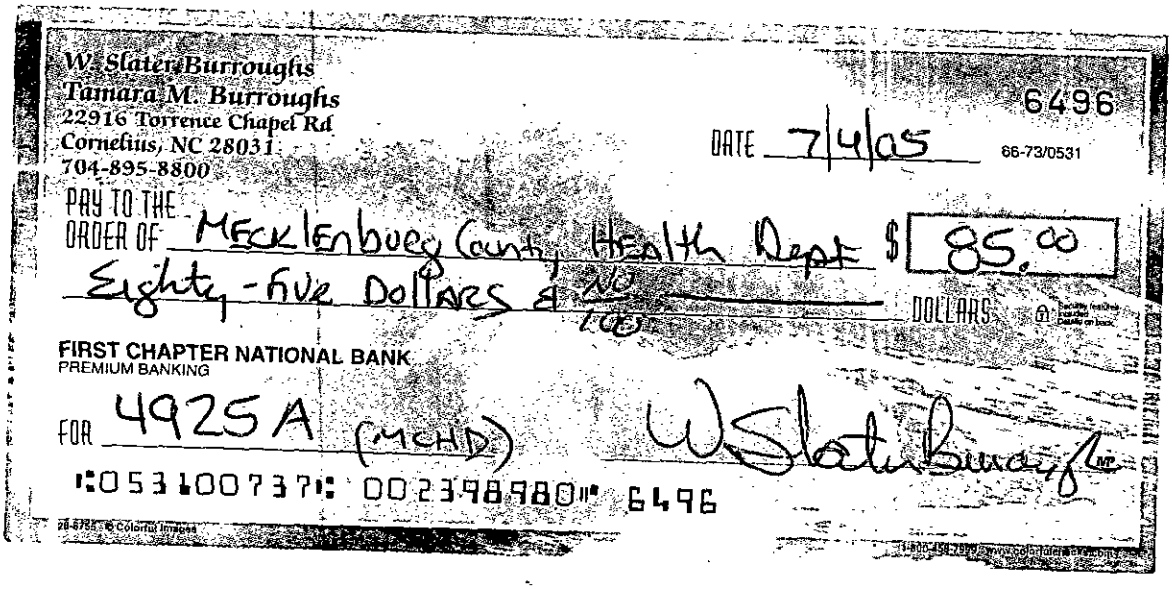
Account Information

Account #: 200000
Contractor: BURROUGHS W. SLATER
Attn:
Address: 22916 TORRENCE CHAPEL ROAD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 22916 TFILE #4925A 704-895-8800		1	85.00	85.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance



W. Slater Burroughs
Tamara M. Burroughs
22916 Torrence Chapel Rd
Cornelius, NC 28031
704-895-8800

6496

DATE 7/4/05

66-73/0531

PAY TO THE ORDER OF Mecklenburg County Health Dept $ 85.00

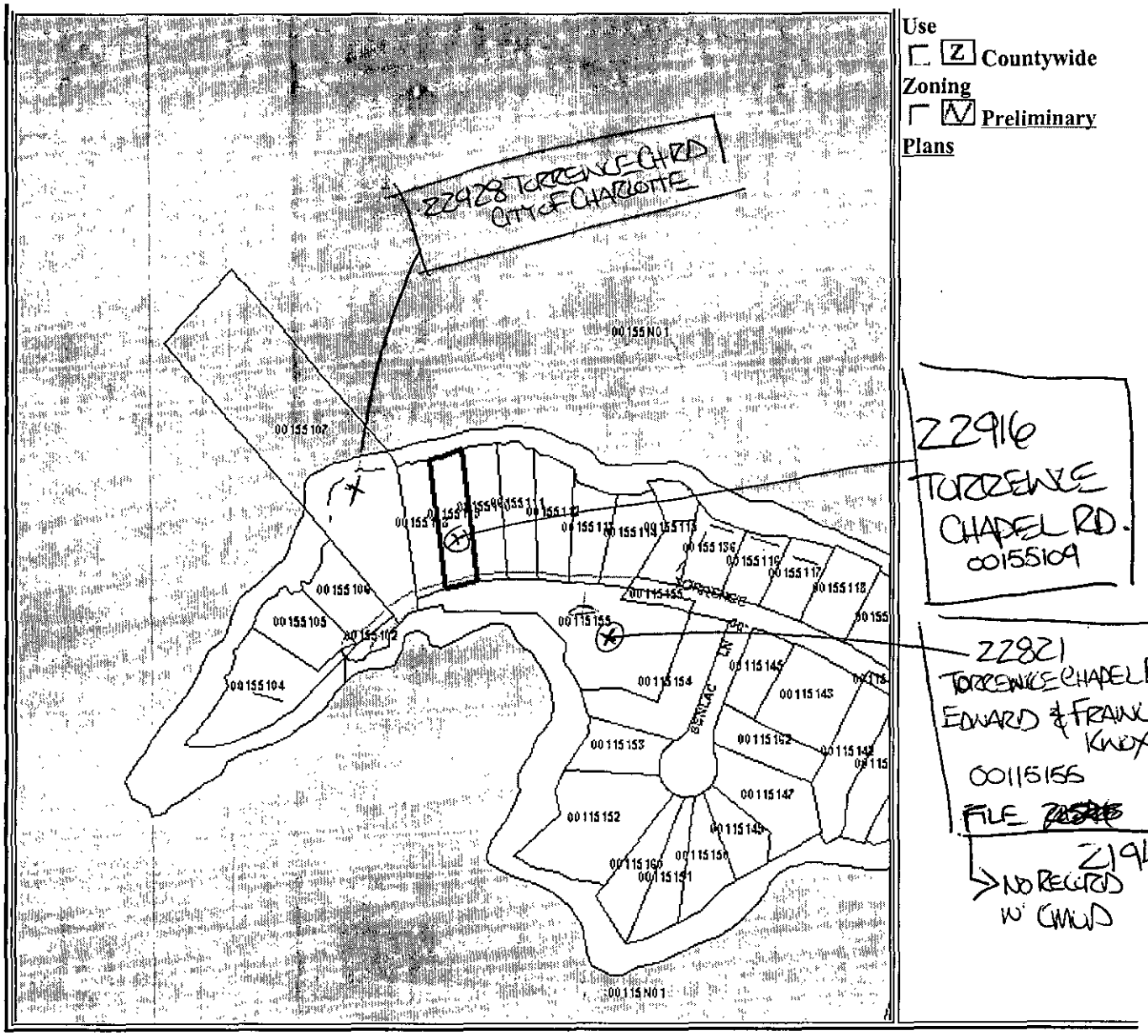
Eighty-five Dollars & 00/100 DOLLARS

FIRST CHAPTER NATIONAL BANK
PREMIUM BANKING

FOR 4925A (MCHD)

W. Slater Burroughs

⑆053100737⑆ 0023798980⑈ 6496



Use
☐ ☑ Countywide
Zoning
☐ ☑ Preliminary
Plans

Click here to submit questions or comments about the information shown on this page.

Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

Map Scale: 1 Inch = 411 Feet Date and Time Stamp 4/23/2002 9:29:55 AM EST	This map 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 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.

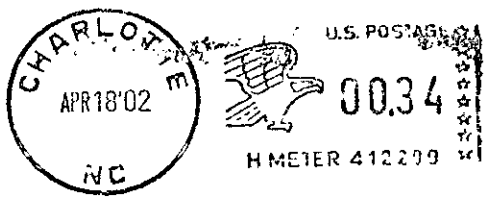
Tax Real Estate Information

****BUILDING PHOTOS ARE NOW AVAILABLE! SEE MAJOR IMPROVEMENT SECTION BELOW FOR LINK.****

***** Images of real estate documents from the Register of Deeds are available from 11/9/1998 to the present. *****

Parcel-Id#: 00155109 **GIS Map#:** 00155109 **Account Type:** INDIVIDUAL	**Legal Desc.:** L5 M22-645 **Deed Book/Page:** 08366/522 **Date:** 11/16/1995

Frances S. Knox
Knox, Brotherton, Knox & Godfrey
P. O. Box 30848
Charlotte, North Carolina 28230-0848



Mr. David Cornelius
Coordinator, Managed Systems Program
Individual Water and Wastewater Systems
Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

28202-2222 13

KNOX, BROTHERTON, KNOX & GODFREY
ATTORNEYS AT LAW
817 EAST TRADE STREET
P.O. BOX 30848
CHARLOTTE, NORTH CAROLINA 28230-0848
(704) 372-1360
FAX (704) 372-7402

*H. EDWARD KNOX **
ALLEN C. BROTHERTON
FRANCES S. KNOX
LISA G. GODFREY
PETER E. McARDLE
KARA F. SCHRUM
**NATIONAL BOARD OF TRIAL ADVOCACY*
CERTIFIED CIVIL TRIAL SPECIALIST

CORNELIUS OFFICE
TORRENCE COMMONS
TORRENCE CHAPEL ROAD
(704) 896-0199

PLEASE REPLY TO THE CHARLOTTE P.O. BOX
Author's e-mail: fknox@knoxlawcenter.com

April 18, 2002

Mr. David Cornelius
Coordinator, Managed Systems Program
Individual Water and Wastewater Systems
Mecklenburg County Health Department
700 North Tryon Street, Suite 211
Charlotte, NC 28202-2236

Re: 22116 Torrence Chapel Road, Cornelius, NC

Dear David:

You and I spoke on the telephone last week regarding the enclosed letter. I have not heard back from you, so I assume since CMUD owns this wastewater treatment disposal system, then it is not necessary for Eddie and I to do anything further.

Please let me hear from you.

Very truly yours,

Frances S. Knox

FSK/jj
Enclosure

Called 4-08 will not system

Mecklenburg County
Health Department

April 4, 2002

Eddie Knox
22116 Torrence Chapel Road
Cornelius, NC 28031

Dear Mr. Knox:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 22116 Torrence Chapel Road, Cornelius, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 18, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

CERTIFICATE OF COMPLETION/OPERATION PERMIT 1400

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

FILE: 4925-A DATE: 8-25-95

TC: 001-5509 ☐ L ☒ CRT

SERIAL Nº 16371

Name of Owner EDDIE KNOX Juris.: _____

Address of Property 22926 TORRENCE CH. RD

Inspection Data:

Tank Material PCC

Total Length of Drainfield 350

Number of Lines 7 @ _____

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 50' +

Excavation Inspected 8-25-95

Tank(s) Inspected 8-25-95

Wash Line Inspected ✓

High Water Alarm Inspected 8-25-95

PLOT

Design 1995 (WWS-93-R1-2 CTR# Bob McCarver 117

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: Type III

4 Bedroom plan

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

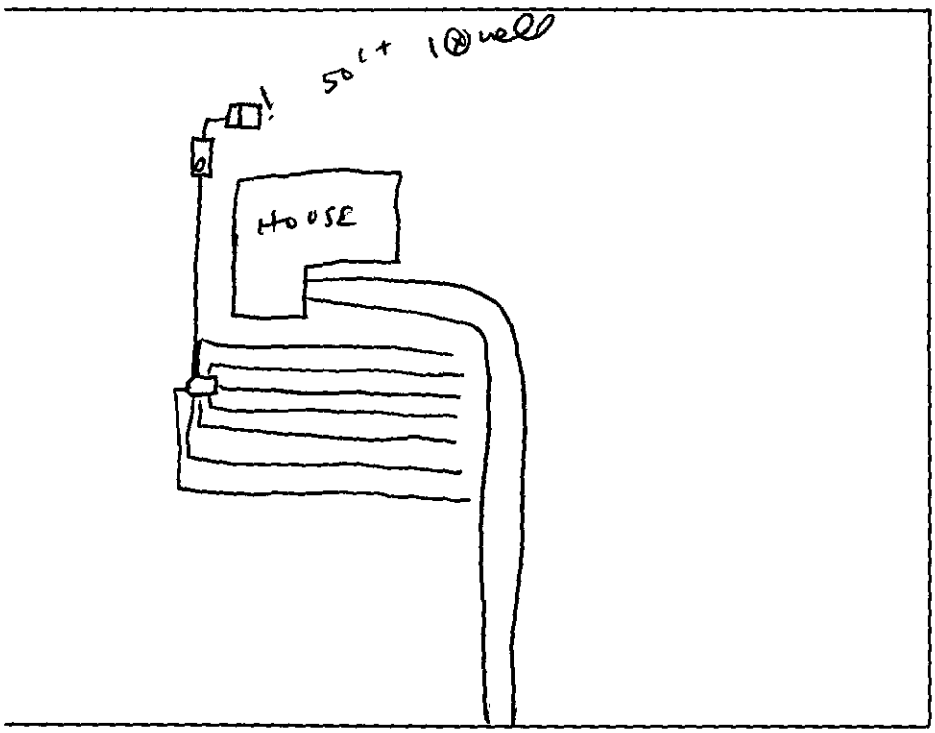
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4925-A DATE: 8-25-95

TC: 001-551-09 ☐ L

SERIAL Nº 16356

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 _____. All work shall be completed on or before _____, 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 42"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 350 feet

Number of Lines 7 or 6

Depth of Stone NA inches

Distance from House 5' ±

Distance from Property Line 10' ±

Distance from Well 50' ±

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

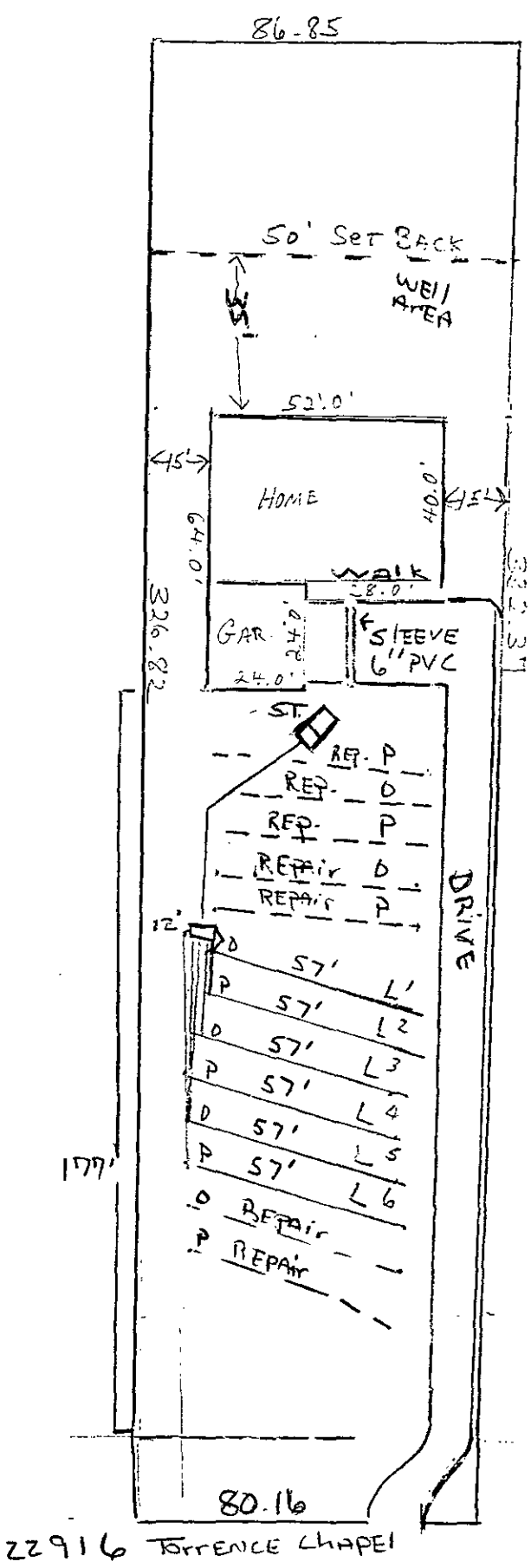
NAME OF OWNER EDDIE KNOX

LOCATION OF PROPERTY 2216 PROVIDENCE CHAPEL RD

Comments: INSTALL in accord w/ plan on file

Environmental Health Specialist

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



MCHD

FILE: 4925-A

TC: 001-551-09

(4) BEdrm. Infiltrator PLAN

Primary

1,500 gal. SEPTIC TANK

(6) 3' x 57' LINES = 342'/360'

(10) UNITS PER LINE

480 gpd / .35 LTAR = 1,371 ft.²

1,371 ft.² / 4.0 = 342'

1,371 ft.² / 24 = 57 UNITS;

* figure -10 UNITS PER LINE

REPAIR (Infiltrator)

350'+ shown on PLAN

T. Whitaker

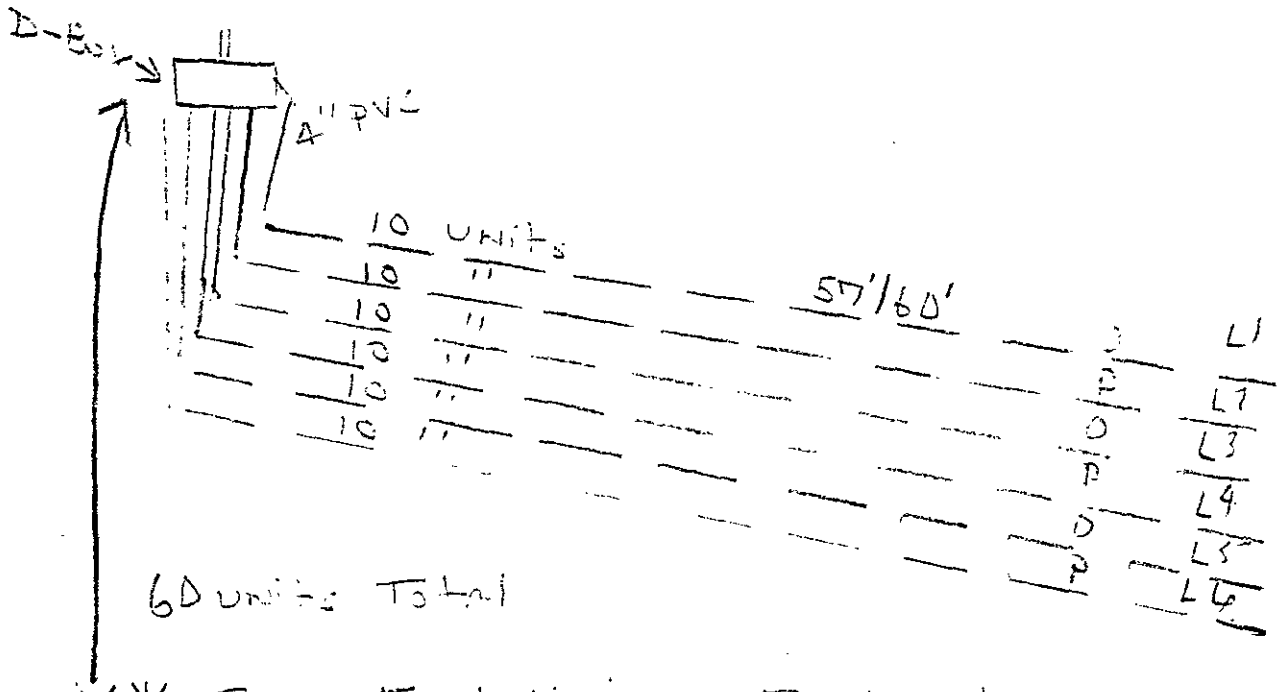
SCALE: 40

MCHD

FILE: 4925-A

(4) Bedrm. SPECS. / Gravity Distribution

* Keep lines straight on contour @ 9'-10' on center.
* Distribution - 6 Hole D-box, 4" PVC serving 6 lines; or 3 flow dividers to serve 2 lines each. (if available)



** See Installation Instructions for Details 1-10

** See (Standard model H-10 Load Design) Before Installing H-10 System

T. W. Whitaker
Date 3-5-90
NOT SCALED

Pd. 150.00 Ck. 2488 12/7/94 460 D

49257A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #150 12/7/94 ck #2059 X CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: GLADDEN, JR. (last) LORENZO (first) H (mi)
ADDRESS: 2727 McLEAN RD. PHONE: (704) 597-5423
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-551-09
STREET ADDRESS: Torrence Chapel Rd #22916
ZONING:

PROPERTY OWNER:
NAME: KNOX (last) EDDIE (first) (mi)
ADDRESS: ~~TORRENCE~~ TORRENCE CHAPEL PHONE: (704) 896-7825
CITY: CORNILES STATE: N.C. ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [X] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: 5 LOT SIZE (in acres): 0.6384

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R) 4 TW. 2/7/95

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: ?

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] Deck/Patio [ ] Bedrooms [ ] Other

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: L. H. Gladden Jr. Date: 12-7-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... INFILTRATOR SYSTEM

TYPE III

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date 2-9-95

Director or Authorized Section Head Date

WATER : 1227

INFILTRATOR® SYSTEMS INC

Leading the way in septic and stormwater chamber systems

Dear Sir/Madam:

Thank you for contacting Infiltrator Systems, Inc. Enclosed is the information you requested on Infiltrator® chamber systems. After you have looked it over, you may have some questions or need more technical information. Please don't hesitate to call me at 1-800-221-4436. I'll gladly be of help.

I'll plan on calling you in the near future to make sure you have received the information and that it suits your needs.

Again, thanks for your interest in Infiltrator® chamber systems.

Sincerely,

Kathleen K. Harris

Kathleen K. Harris
Customer Resource Administrator

KKH/mn
Enclosure:

Corporate Office
4 Business Park Road • P.O. Box 768 • Old Saybrook, CT 06475 • (203)-388-6639 • Fax (203) 388-6810

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 12/7/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Corn

PARCEL NUMBER 001-551-09

ASSIGNED ADDRESS 22916 Torrence Chapel Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rwb

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

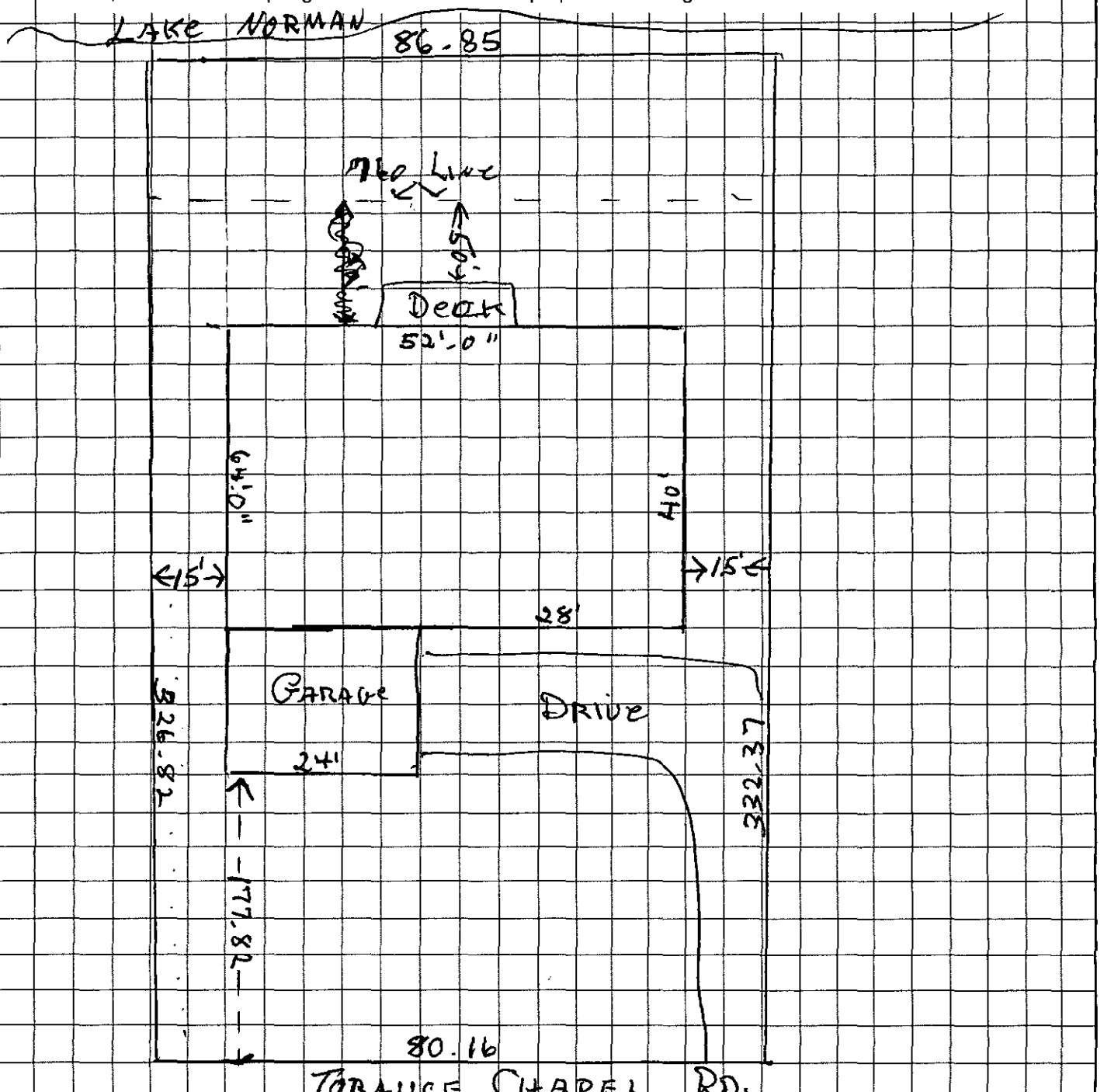
PROPOSED PLOT PLAN

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

FILE: 4925A ~~B~~

TC: 001-551-09

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.



L.H. Gladden Jr.
OWNER/AGENT SIGNATURE

DATE 12-7-94

APPROVAL DATE _____

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

Mecklenburg County
Health Department

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

September 9th, 1988

H. Edward Knox
22821 Torrence Chapel Road
Davidson, NC 28036

RE: Property located at Torrence Chapel Road 5
FILE: 4925A
PARCEL: 00116101 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 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 11890) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, 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. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

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

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11890

File: 4925 A Action 1

Parcel: 00 001-161-01 ☐ PC

Location: 22821 Torrence Chapel Road

Subdivision:

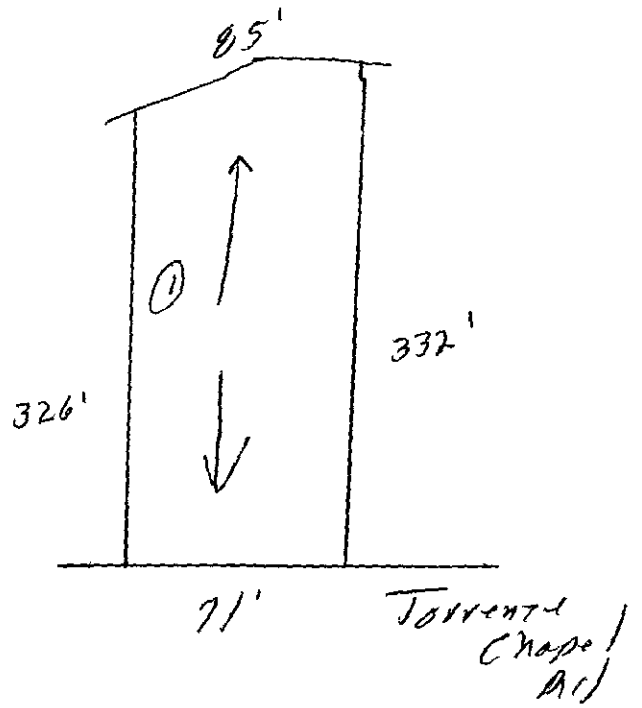
Lot: 5 Block: 1 Acres: .59

Owner: H. Edward Knox
Address: 22821 Torrence Chapel Road
Davidson, N. C. 28036

Comments: Soils are 40"+ with respect to depth in event PPBPS is needed due to space - .35 LTAR. Site checked 12-15-94 WRM

Described by: William R. Marlin

Date: 12-28



***** 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 2-12%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"+	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	1UA Cecil-Urban					
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
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 26 1988
Dee Rockett
1850

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

(OFFICE USE ONLY)

FILE: 9 1825A

TC:

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 22821 Torence Chapel Rd

② SUBDIVISION: Knox Landing ③ LOT: 5 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 161 PARCEL NO.: 01

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

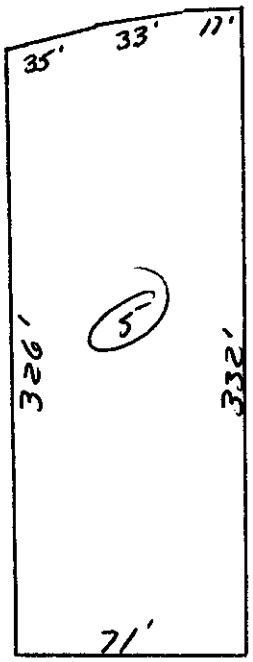
⑦ NAME: H. (FIRST) EDWARD (MIDDLE) KNOX (LAST)

⑧ MAILING ADDRESS: 22821 Torence Chapel Rd.

⑨ CITY: Davidson ⑩ STATE: N.C. ⑪ ZIP: 28036

⑫ PHONE: (WORK) 372-1360 (HOME) 892-1578

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: H. Edward Knox

Date: 8/26/88

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