15972

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App# 13520

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

IC / TYPE APPLICATION: ○ N/A ○ NEW SYSTEM ◉ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

ELL / TYPE APPLICATION: ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 02306245

STREET ADDRESS: 8001 MT HOLLY-HUNTERSVILLE RD

CITY: CHARLOTTE

STATE: NC **ZIP:** 28216

SUBDIVISION NAME: n/a

LOT #: _____ **LOT SIZE (acres):** 3.05

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: 2,258

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 5

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: 2 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 2

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: ELIO VARGAS CASTRO, MA ISABEL GUZMAN GARCIA
ADDRESS: 8001 MT HOLLY RD
CITY: CHARLOTTE
STATE: NC ZIP: 28216
WORK PHONE: 7049132588
MOBILE PHONE: 7049132588
FAX: _____
E-MAIL: Osbaldo7789@gmail.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

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.

EVC (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.

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

12-06-22
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: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

File #: _____

PROPOSED PLOT PLAN

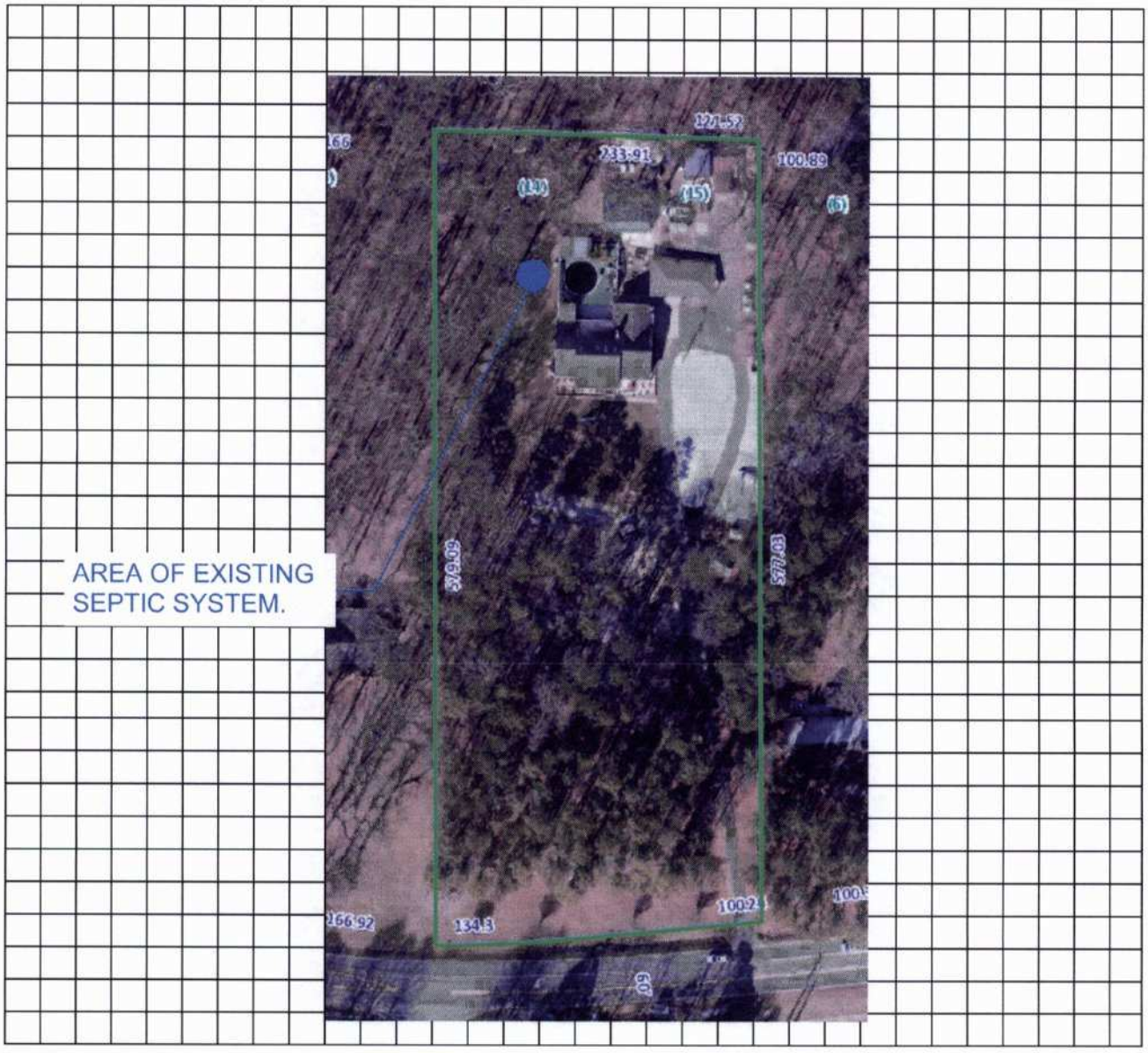
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), 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: 8001 MT HOLLY RD

Tax Parcel #: 02306245

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: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

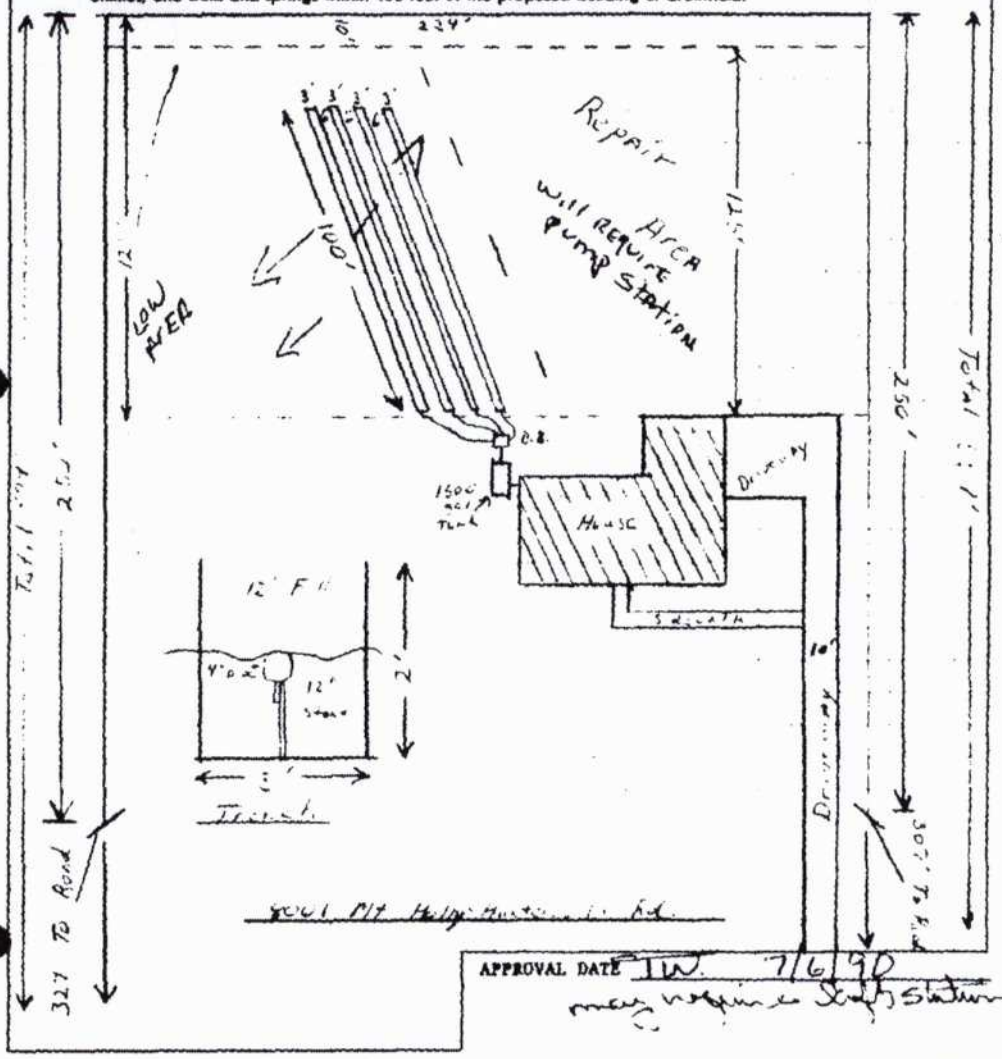
PROPOSED PLOT PLAN

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

FILE: 15972 & 73

TC: 023-062-44 & 45

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.



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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 15972 & 73 DATE: 4/25/91

TC: 023-062 ~~99-450~~ L CRT

SERIAL № 13218

Name of Owner MARIANNE R. MUNDY Juris.:

Address of Property 8001 Mt. Holly-Huntersville Rd.

Inspection Date:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'+

Cover Depth 12"+

Water Supply Source CMUD

Distance to Water Source >50'

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected \

High Water Alarm Inspected \

PLOT

Design: 1500ST, 1200 SFT, 12"g, CECIL like CTR# 13

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ Installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 3bedrm. (4) 3'x100'x12"g, Straw.

Tina Whittaker, RS.
Environmentalist

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

Mecklenburg County
Health Department

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

August 15, 1990

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $40.00 Ref: File #15972

ORG/ACCOUNT # 462-3511

PAYABLE: Marianne Mundy
1601 Lawing Road
Charlotte, North Carolina 28216

DATE OF ORIGINAL DEPOSIT: June 13, 1990

REASON: Fee for soil test before July 1, 1990 ($40.00 for one acre)
Soil test had been previously completed.

/Enclosures

249 Billingsley Road • Charlotte, North Carolina 28211 • (704) 375-1885

Mecklenburg County
Health Department

August 1, 1990

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $40.00 for an Application for Soil Investigation at 8001 Mt. Holly-Huntersville Road (File #15972). The soil investigation had been done previously. Please make the refund payable to:

Marianne Mundy
1801 Lawing Road
Charlotte, NC 28216

Thank you for your prompt attention to this matter.

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

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

(OFFICE USE ONLY)
FILE: 15972 + 73
TC: _____
SERIAL: № 20556

JOB LOCATION

① ADDRESS: 8001 (STREET NO) Mt. Holly - Huntersville (STREET) Rd. ② FILE: 15972 + 73
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 023 - 062 - 44 + 45
⑤ SUBDIVISION: _____ ⑥ LOT: #4 + #5 ⑦ BLOCK: _____

OWNER

⑧ NAME: MARIANNE (FIRST) R. (MIDDLE) Mundy (LAST)
⑨ MAILING ADDRESS: 1601 Lawing Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) 704 - 371 - 4995 ⑭ (HOME) 704 - 394 - 7306

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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: Marianne R. Mundy
Date: 6-28-90

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 may require lift station.

Tim W. Whitaker, 7/25/90
Environmentalist Date

_____, 7-26-90
Director or Authorized Section Head* Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-29-90

Name/Company: Craig Ramey Construction

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Mi... Temp Permit - Pier

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 29 1990

File # 15972-73

Fee: $ [illegible]

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6/13/90

Name/Company: Mauney Lumber Co

Sanitation _____

Vector Control _____

O.P.W.D. 1

Service: Soil
Water

MECKLENBURG COUNTY 15972
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 13 1990

Fee: $ 40.00

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 SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 15972

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 8001 Mt. Holly - Huntersville Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 023 PAGE NO.: 062 PARCEL NO.: 45

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

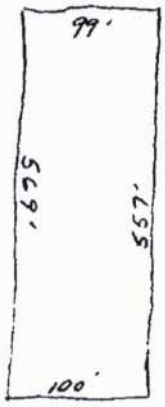
⑦ NAME: Marianne (FIRST) Reames (MIDDLE) Mundy (LAST)

⑧ MAILING ADDRESS: 1601 Lawing Road

⑨ CITY: Charlotte ⑩ STATE: NC. ⑪ ZIP: 28216

⑫ PHONE: (WORK) 704-[redacted]371-4995 (HOME) 704-394-7306

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.

X Signed: Marianne R. Mundy

Mecklenburg County services are available without regard to ethnic origin, sex, or disability. X Date: 6-10-90

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

Date Received 7/20/77

APT No. 15972

T. C. No. 023-062-18

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Hedley Land & Cattle Co, Inc
Hedley, W. K. (Mrs.)
LAST FIRST MIDDLE

2) ADDRESS OF OWNER 4418 Rozelle Ferry Rd - Char. NC ZIP 28216

3) PHONE NO Home 394-7609 Office 394-4756

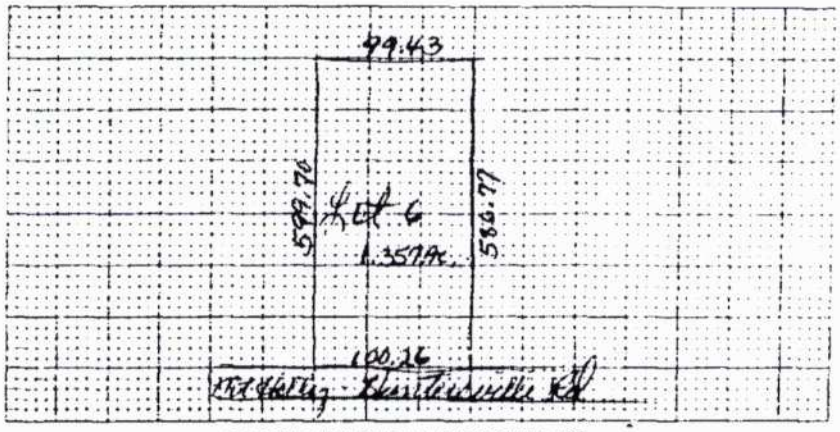
4) LOCATION OF PROPERTY Mt Holly - Huntersville Rd
STREET OR COUNTY ROAD

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO 023 PAGE NO 062 - 18

6) DEED REFERENCE DEED BOOK 3277 PAGE NO 496

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

W. K. Hedley
OWNER

EHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION
(Ground Absorption Sewage Disposal)

S. I. R. NO. 127 L

T. C. # PO 023-062-18

OWNER: GADLEY LAND AND CATTLE CO. REQUESTED: 7-20-79
ADDRESS: 4910 Rozzelle Ferry RD PLAT NO.:
COUNTY: Charlotte 28216 LOT SIZE: 1.4
LOCATION OF SITE: Mt Holly Huntersville Rd - At Beattie Ford RD
Lot #5

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10	S (PS) U 2-10	S PS U	S PS U
2. SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey, Note 2:1 Clay)	S PS U 2-1 Clays	S (PS) U Clayey	S PS U	S PS U
3. SOIL STRUCTURE (12-36 in.) (Clayey Soils)	S PS U Massive	S (PS) U Massive	S PS U	S PS U
4. SOIL DEPTH (In.)	S (PS) U <48	S (PS) U 48>	S PS U	S PS U
5. RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock)	S PS (U) Clays	S (PS) U NONE	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (External & Internal)	S PS (U) Slow	S (PS) U Adequate	S PS U	S PS U
7. SOIL PERMEABILITY (Percolation Rate)	S PS (U) Slow	S (PS) U Moderate	S PS U	S PS U
8. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Unsuitable	Provisionally Suitable		
SOIL SERIES	HELENA WILKES	Cecil		

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, streams, gullies wet areas, fill areas, wells, water bodies, slope patterns, etc

Recommendations/Comments: The Space is Limited - Will Be Hard To Get To Cecil Soil Without A pump

Described By: Willard B. Ramsey
Title: Soil Scientist Date: 8-14-79

DHS Form 2601
Sanitation
EHD 539 (3/79)

MT Holly - Huntsville Rd
Eroded Area
HELEWA - WILKES
3-10
Cecil
2-10
90
100

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

SITE INVESTIGATION REPORT
INDIVIDUAL SEPTIC TANK SYSTEM
WITH SUBSURFACE,
SOIL ABSORPTION,
EFFLUENT DISCHARGE

SIR.NO. 15872
T.C.NO. pa 023-062-18
MAP DATE
DATE 8/16/79

NAME OF OWNER Godley Land and Cattle Company, Inc.

ADDRESS OF OWNER 4918 Rozzells Ferry Road, Charlotte, NC 28216

LOCATION OF LOT SOUTH Mt. Holly-Huntersville Road Lot No. 3

At your request and pursuant to Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Health Services, Subchapter 10A, a site evaluation has been made for an on premises ground absorption sewage disposal system on the property designated above and the following conditions were found:

Soil Structure Massive
Soil Permeability Unsuitable

Sites classified as Unsuitable are not acceptable for soil absorption of sewage effluent However, if engineering, geologic, soil, and environmental studies indicate that a suitable septic tank system or a suitable alternate system can be expected to function satisfactorily, such sites may be re-classified as Provisionally Suitable. (Section 10 of the North Carolina Administrative Code 10 A,.1910)

If you desire to file for permission to install an "alternate or modified" system, you should present this office with your proposals in the form of plans and specifications. These would be reviewed and if it is found that the system may reasonably be expected to function satisfactorily, approval may be given on the execution by you of a "Septic Tank Agreement Form" available in this office.

John R. Adkisson

John R. Adkisson, Environmentalist

4

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	12/06/22	**Amount:**	300.00
Receipt #:	138781	**Tendered:**	300.00
Check / Auth #:	VISA 165135	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: ELIO VARGAS
Attn: SEPTIC ALTERATION PERMIT
Address: 8001 MT HOLLY HUNTERSVILLE RD
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 8001 MT HOLLY HUNTERSVILLE	15972	1	300.00	300.00

----------**Outstanding Balances**----------

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: ELIO CASTRO

Bill To:

ELIO CASTRO

Single Payment

Transaction Date:	12/06/2022 8:53 AM Pacific Time
Pay Method:	VISA **********0755
Approval #:	165135
Trace Number:	a13d7989-6d5c-496f-ad06-eae9b78daaa5
Amount:	$300.00

Payment Amount:	$300.00
Total:	**$300.00**

Thank you for your payment.