Date Received 1-5-84

MECK COUNTY DEPARTMENT OF
RECEIVED
JAN 5 1984
ENVIRONMENTAL HEALTH

SIR No. 20469

T. & P. No. 215-163-06

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER (LAST, FIRST, MIDDLE) SUMMEY BUILDING SYSTEMS INC.

2) ADDRESS OF OWNER P.O. BOX 487, DALLAS, N.C. ZIP 28034

3) PHONE NO Home _____ Office 922-7883

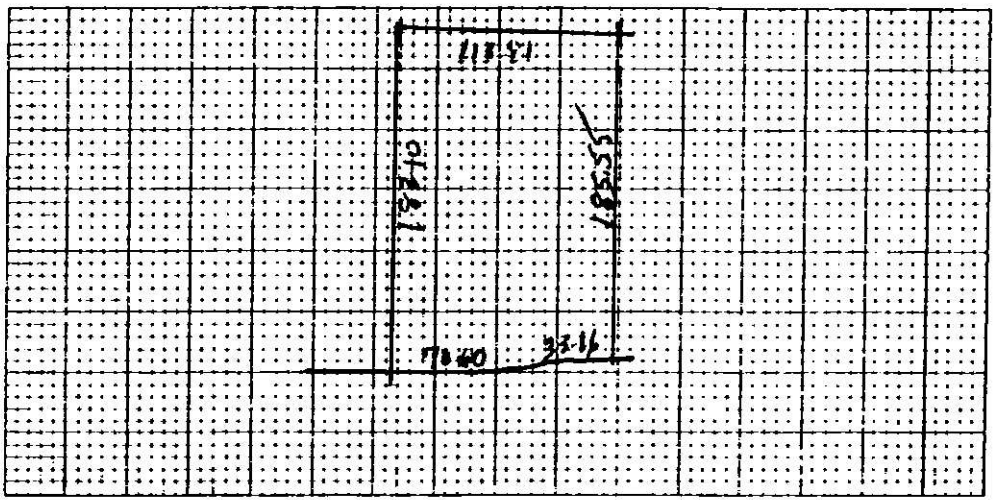
4) LOCATION OF PROPERTY 2917 WINDING TRAIL, CHARLOTTE, N-C. (STREET OR COUNTY ROAD)

5) SUBDIVISION SADDLEBROOK LOT NO 9 BLOCK NO. A

MAP BOOK NO 20 PAGE NO 480

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

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

SUMMEY BUILDING SYSTEMS INC.
By: Phillip G. Helms
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5390

SIR No. 20469

Date Issued 1-11-84

T. C. No. PO 215-163-06

Map Date

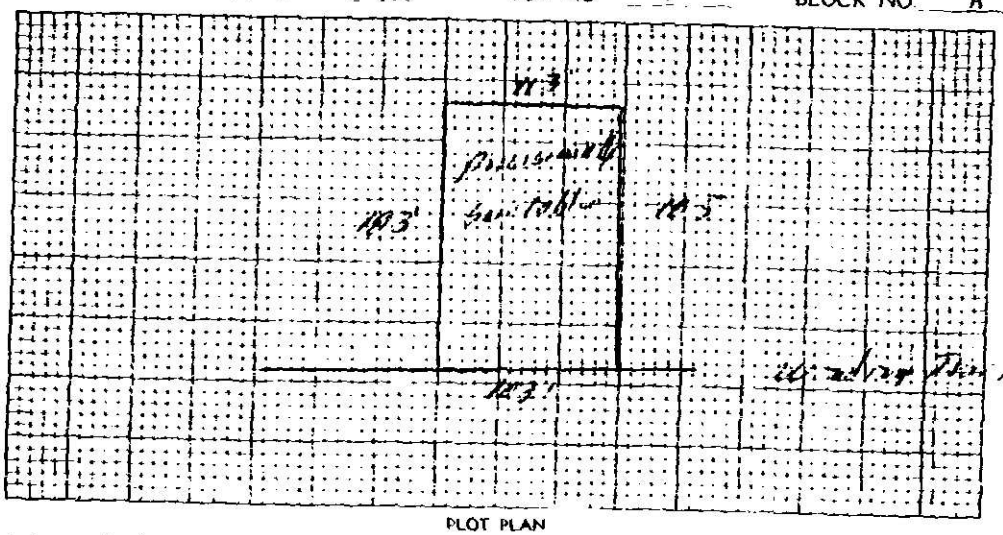
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Sumney Building Systems, Inc.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P. O. Box 497, Dallas, NC ZIP 28034

LOCATION OF PROPERTY 2917 Winding Trail
(STREET OR COUNTY ROAD)

SUBDIVISION Saddlebrook LOT NO 9 BLOCK NO A



PLOT PLAN

This is to certify that a soil investigation and onsite investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot **PROVISIONALLY SUITABLE**

The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install a system after or repair the [illegible] system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of building sewers or of the wastewater treatment system on the said lot.
2. The size of the septic tank, [illegible] shall be determined by the Mecklenburg County Department of Environmental Health [illegible] the permeability rate obtained above and the size and type of building constructed thereon.
3. This approval [illegible] parts of the system [illegible] may not be [illegible] as acceptable for system installation on the above plot.
4. This approval is void if any grading or [illegible] including the cutting of trees or vegetation on the property in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for such installation or [illegible] of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the newer revised laws, rules, and regulations been in effect on the issue date.

William C. Wheeler
Soil Sceintist

Bill D. Hardister, Jr.
Environmental Health Director or Authorized Section Head

END-5-74

Environmental [illegible] Department's Co[illegible]

DEPARTMENT OF ENVIRONMENTAL HEALTH MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20467

T.C. NO. 8215-16306

(Ground Absorption Sewage Disposal)

OWNER: Sweeney Building Systems PLAT NO: 149-A

ADDRESS: P.O. Box 1449 Matthews N.C. 28106 LOT SIZE: 19,872

LOCATION OF SITE: 2917 Winding Trail

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 5-8% U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-) Clay)	S PS clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 36-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >36" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS >36" to ground water U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	I U H			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil-Lily			

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: William R. Hayes

Title: Soil Scientist

Date: 1-9-84

EHD 539 (Revised: 6/82)

Date Received 1-17-84

RECEIVED
JAN 18 1984
ENVIRONMENTAL HEALTH

CAR(S) Application No. 20469

T. C. No. PO 215-163-06

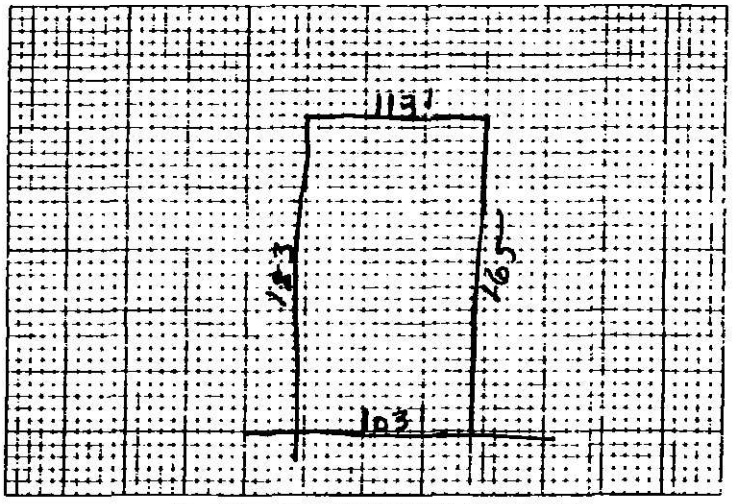
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ___ Yes ✓ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source ✓
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER SUMMEY (LAST) BUILDING (FIRST) SYSTEMS INC. (MIDDLE)

14) ADDRESS OF OWNER P.O. BOX 497, DALLAS, N.C. 28034

15) PHONE NO. Home _____ Office 922-7883

16) LOCATION OF SYSTEM 2917 WINDING TRAIL (STREET OR COUNTY ROAD)

17) SUBDIVISION SADDLEBROOK Lot No. 9 Block No. A

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

1-17-84
DATE OF APPLICATION

SUMMEY BLDG. SYSTEMS INC.
By: D. Billy G. Helms
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SIR No. 20469

Serial No. 7140

Date Issued 1-19-84

T. C. No. PO 215-163-06

Map Date

IMPROVEMENT PERMIT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Summey Building Systems, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 497, Dallas, NC ZIP 28034

LOCATION OF LOT 2917 Winding Trail
(STREET OR COUNTY ROAD)

SUBDIVISION Saddlebrook LOT NO 9 BLOCK NO. A

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20469 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

W. B. Ramsey
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-74

Environmental Health Department's Copy

Date Issued 3-15-84

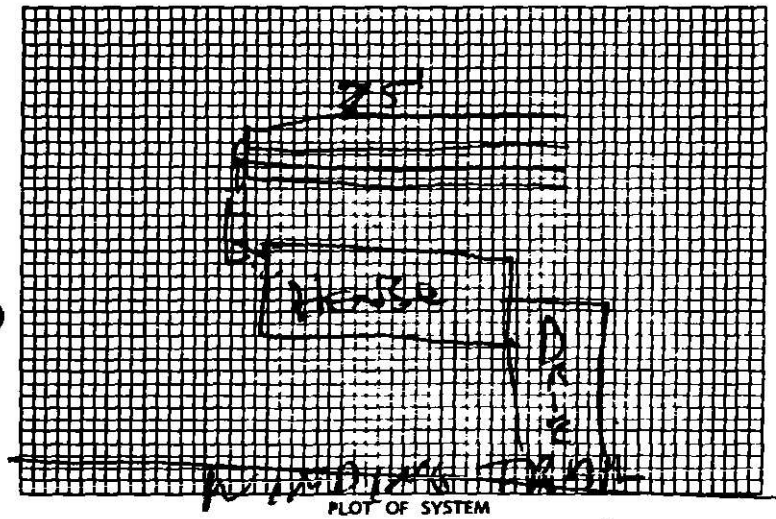
Serial No. 07045

ICAR(S) Permit No. 20469
T.C. No. 215-163-06

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 20469 dated 1-17-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-15-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction R.C. CONCRETE

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 4 x 75

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

NAME OF OWNER SUMMEY BUILDING SYSTEMS

LOCATION OF PROPERTY 2917 WINDING TRAIL

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

4 line x 75' long x 3' wide x 12" stone w/ straw or hay cover

Comments: w/ good borders

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-S-76

[illegible] with Department's Copy

CF 3/20/84

BE 3-19-84

C of A (s) No. 20469

Date Issued 4-16-84 **Serial** 6503 T. C. No. 20.215-143-06

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Kimmel Building System
LAST FIRST MIDDLE

Location of Property 2917 Winding Trail

Application Number 20469 Permit Number 20469

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material Pre-Cast Concrete

Total Length of Drain Tile 400 Number of Lines 4

Depth of Filter Material 12 Cover Depth 12

Water Supply Source Community Distance from Water Source 100'

Excavation Inspected 4-12-84 DATE Tank Inspected 4-12-84 DATE

Nitrification Field Inspected 4-16-84 DATE

Washing Machine Line Inspected, If Applicable N/A DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, ~~altered or repaired~~ in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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

William R. Powers
Environmentalist

EHD-S-76

ENVIRONMENTAL [illegible]

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB

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: 20469
TC:
SERIAL: № 17674

ENVIRONMENTAL HEALTH DIVISION [ ] L [X] CRT

JOB LOCATION

① ADDRESS: 2917 (STREET NO) WINDING TRAIL (STREET) ② FILE:
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 215-171-09
⑤ SUBDIVISION: SADDLEBROOK ⑥ LOT: LOT-9 ⑦ BLOCK: 1

OWNER

⑧ NAME: ANDREW (FIRST) PAUL (MIDDLE) MOLATCH (LAST)
⑨ MAILING ADDRESS: 2917 WINDING TR.,
⑩ CITY: MATTHEWS ⑪ STATE: NC. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 336-2311 ⑭ (HOME) 847-3535

REQUEST

This request is for a(n):

⑮ [ ] New permit
⑯ [X] Repair or alteration permit
⑰ [ ] Authorization for mobile home exchange
⑱ [ ] Other (specify) Room addition

DESIGN CRITERIA

System will serve:

⑲ [X] Residence ⑳ [ ] Mobile home
㉑ [ ] Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 5
㉖ Maximum number of employees?
㉔ Basement? [ ] yes [X] no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A [ ] Individual well
B [ ] Municipal system
C [X] 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: Andrew Paul Molatch
Date: 03 FEB 89

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.

Tim Whittaker, Environmentalist, 8/9/89 (Date)

Director or Authorized Section Head, 8-3-89 (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: 2/8/89

Name/Company

Sanitation
Vector Control
O.I.W.P. ✓

Service: IL 20469

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 8 1989

Fee: $ 20.00

Completed by

Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: Oct. 1, 1989

NAME/COMPANY: [illegible]

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: [illegible]

#20469

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 1 1989

FEE: [illegible]

[illegible]
Completed By

Collected By

PROPOSED PLOT PLAN

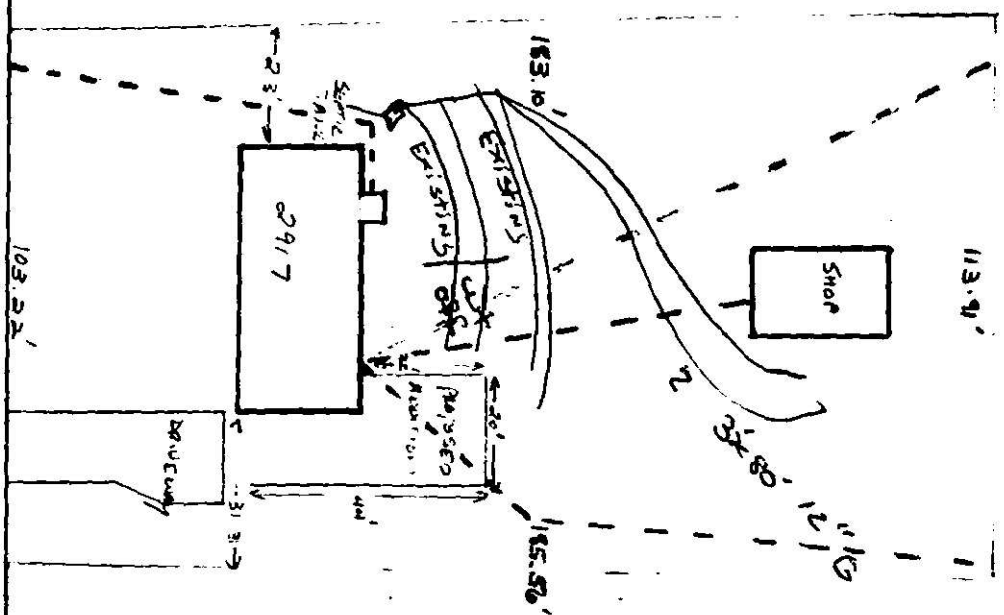
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 20469

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.



LEGEND

- - - - = GAS LINE
— — — = POWER LINES
. . . . = TELEPHONE
_____ = EXISTING CONTOURS

Signed: Andrew Paul Hoskins

Date: 03 FEB 89

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

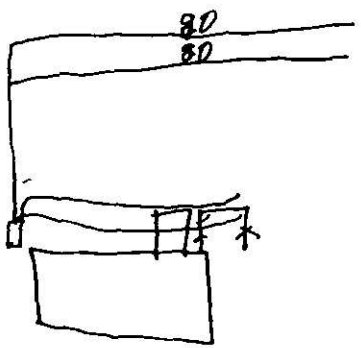
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20469 DATE: 5-17-89

TC: 215-171-09 ☐ L

SERIAL Nº 12688

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 5-17-89. All work shall be completed on or before 7-18-89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 ___ gallons

Liquid Capacity of Dosing Tank ___ gallons

Tank Construction ___

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 160 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House 10+ feet

Distance from Property Line 10+ feet

Distance from Well CW feet

NAME OF OWNER Andy Molstch

LOCATION OF PROPERTY 2917 Winding Trail

Comments:

Division or Section Head

Willard B. Ramsey
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

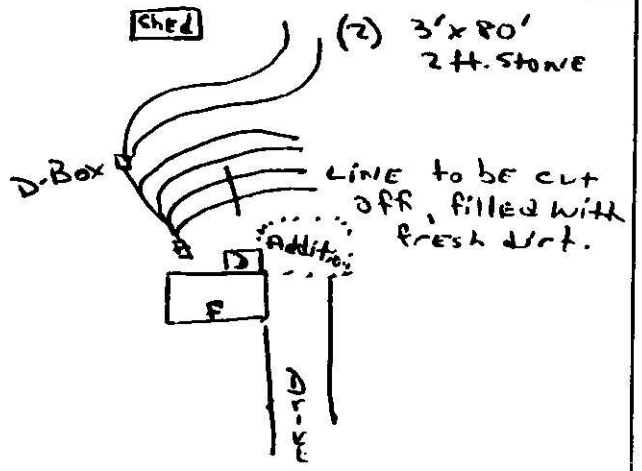
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20469 DATE: 7/31/89

TC: 215-171-09 ☐ L

SERIAL № 12887

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 7/3/89. All work shall be completed on or before 8/31/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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 Department of Environmental Health 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 160' feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well Com. >50' feet

NAME OF OWNER Paul Mohatch

LOCATION OF PROPERTY 2917 Winding Trail

Comments: Repair (2) 3'x80'x12" G

Division or Section Head

Tim Whittaker, B.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 20469 DATE: 8/2/89

TC: 215-171-09 ☐ L ☐ CRT

SERIAL № 12044

Name of Owner Paul Molatch Juris.: ~~Matthews~~

Address of Property 2917 Winding Trail

Inspection Data:

Tank Material PCC

Total Length of Drainfield 160'

Number of Lines 2 @ 80'

Cover Depth 12" +

Water Supply Source Com.

Distance to Water Source 150

Excavation Inspected Y

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1984, ~~Repair~~ (2) 3'x80' 12"G CTR# 167

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: ~~Repair~~ 1984, (2) 3'x80' 12" Gravel, for addition to house

Tim Whittaker, RS.
Environmentalist

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