

15025 BEATTIES FORD RD

01312228

6/26/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7246-A DATE: 7-29-98

TC: 013-122-20 ☒ L ☒ CRT

SERIAL Nº 17561

Name of Owner John Zimmerman Juris.: _____

Address of Property 15025 Beatties Ford Rd

Inspection Data:

Tank Material PCL

Total Length of Drainfield 535

Number of Lines 5 @ _____

Cover Depth 6-12"

Water Supply Source well

Distance to Water Source 50'+

Excavation Inspected 7-24-98

Tank(s) Inspected 7-24-98

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 1998 1500 ST, 605 SFT 12G CON CECIL CTR# CLAUDIUS MORRISON

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 15A 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 15A 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 II

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

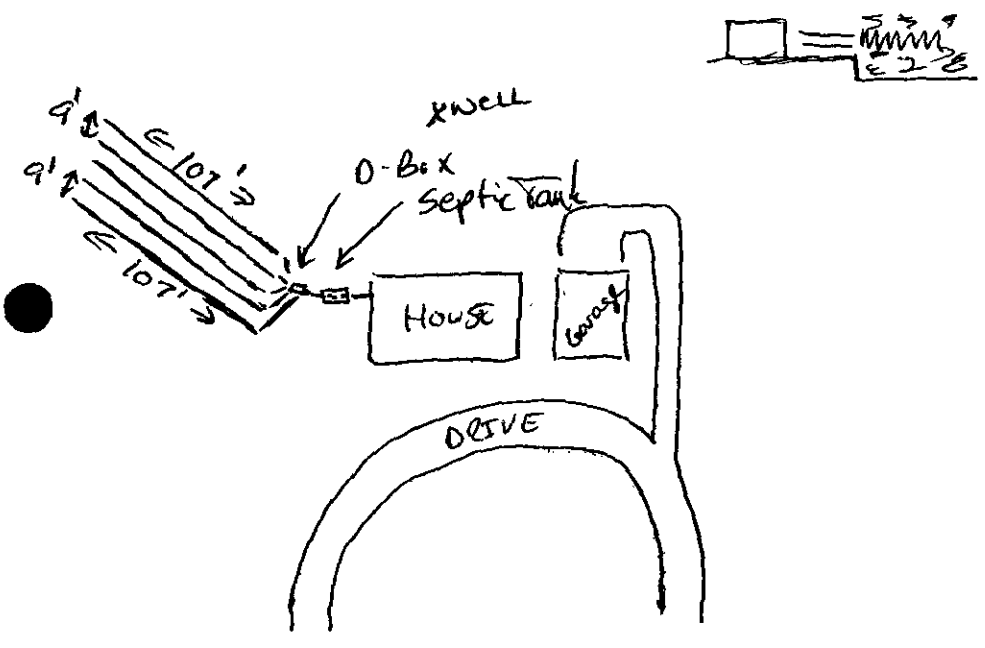
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7246 A DATE: 12-02-97

TC: 013-62-28 ☐ L

SERIAL Nº 17499

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 10-20-93. All work shall be completed on or before 1-02-97, 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 — gallons

Tank Construction PVC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 535' feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

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

NAME OF OWNER John Zimmerman

LOCATION OF PROPERTY 15025 Beatties Ford Road

Comments: Type II a 4 bedrooms
(5) 3'w x 107' x 12" stone

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

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

Lic 7246A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PQ Ck 10/20 BJ 200/027 $60 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: Zimmerman (last) Johnny (first) (mi)
ADDRESS: 8426 Rustwood PHONE: (704) 3376810
CITY: Chtt STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 013-122-28
STREET ADDRESS: 15025 Beatties Ford Rd
ZONING:

PROPERTY OWNER:
NAME: Zimmerman (last) Johnny (first) (mi)
ADDRESS: NFA PHONE: ( )
CITY: Pt Deposit STATE: MD ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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)

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: 4 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):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[X] Garage [] Storage Building [] 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: Johnny Zimmerman Date: 10-20 93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...

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

Philo S. Walker 10/26/93
Environmentalist Date

Director or Authorized Section Head 10-29-93 Date

WWATER : 122791

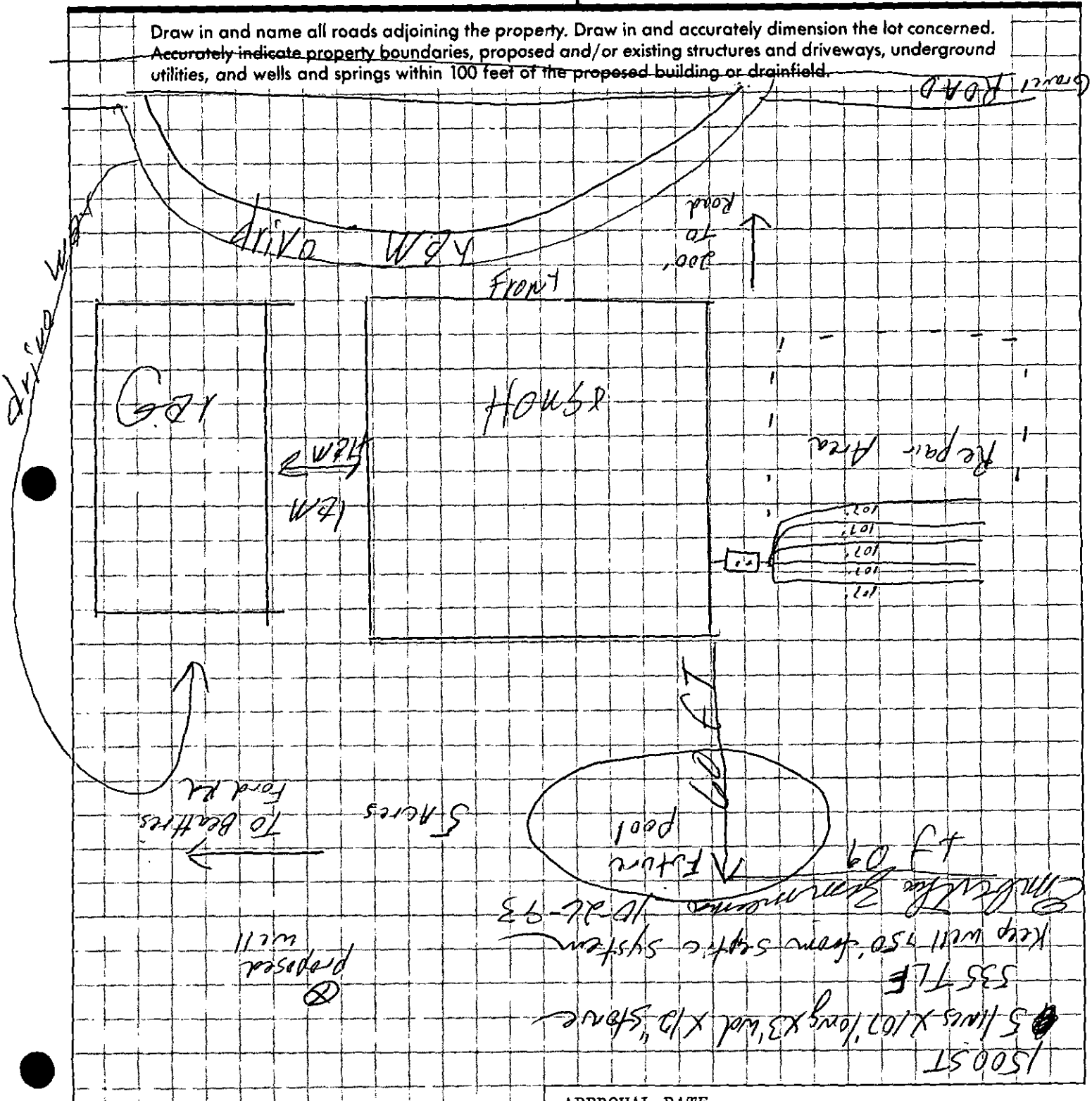
PROPOSED PLOT PLAN

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

FILE: 7246A

TC: 013-122-28

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 _____

10/26/93

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16963

File:

Action 1

Parcel: 7246A

013-122-11

PC

Location:

Subdivision: Beatties Ford Road

Lot: 3

Block:

Acres: 1.0

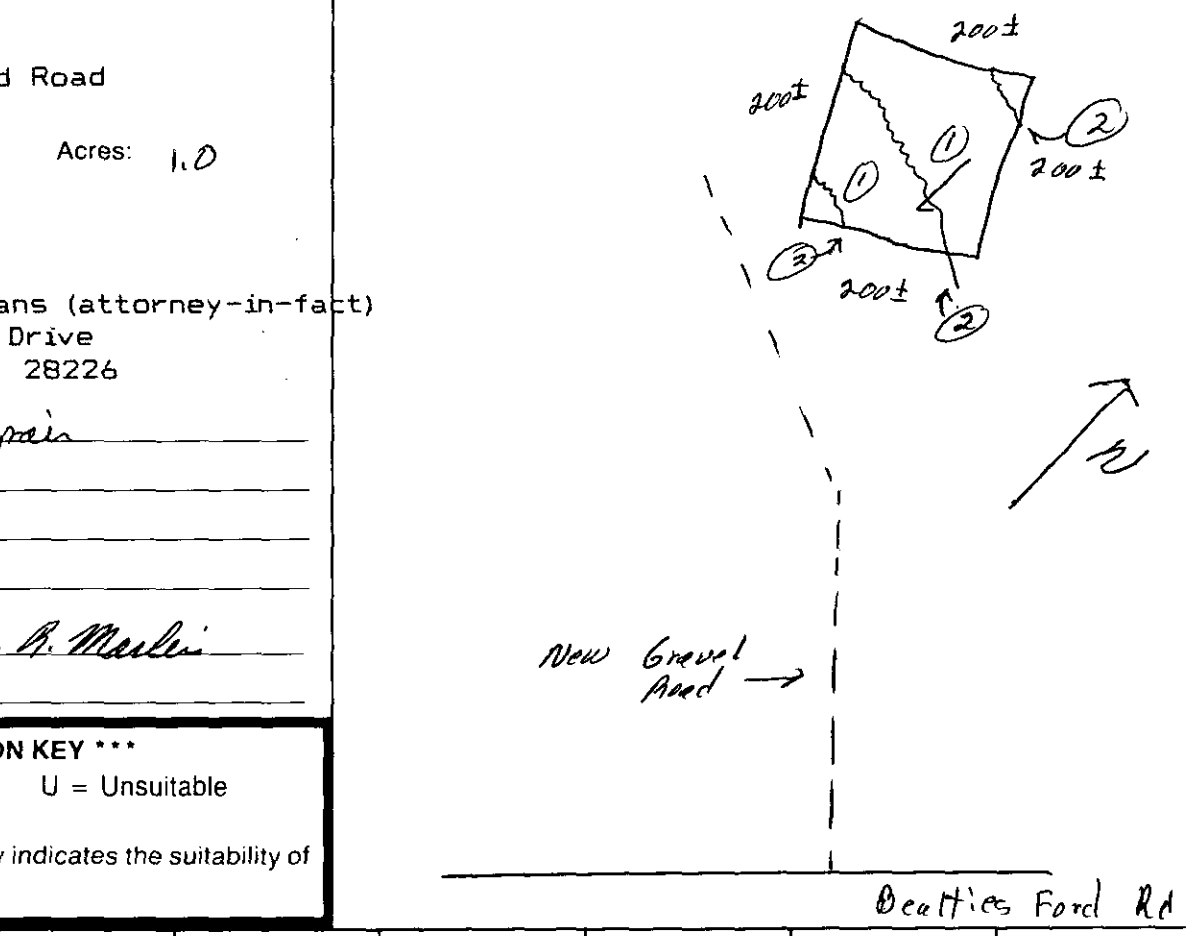
Owner:

Address: Thomas E. Regans (attorney-in-fact)
7010 Foxglove Drive
Charlotte, NC 28226

Comments: 100% Repair

Described by: William B. Marlin

Date: 2-5-91



***** 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 2-8%	S PS (U) old Terraces	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 7+0" To Water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7+0"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7+0"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	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	IV Cecil-like	old Terraces				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

February 6th, 1991

Thomas E. Regans (attorney-in-fact)
7010 Foxglove Drive
Charlotte, NC 28226

RE: Property located at Beatties Ford Road 3
FILE: 7246A
PARCEL: 013-122-11

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 16963) 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 there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

PROPOSED PLOT PLAN

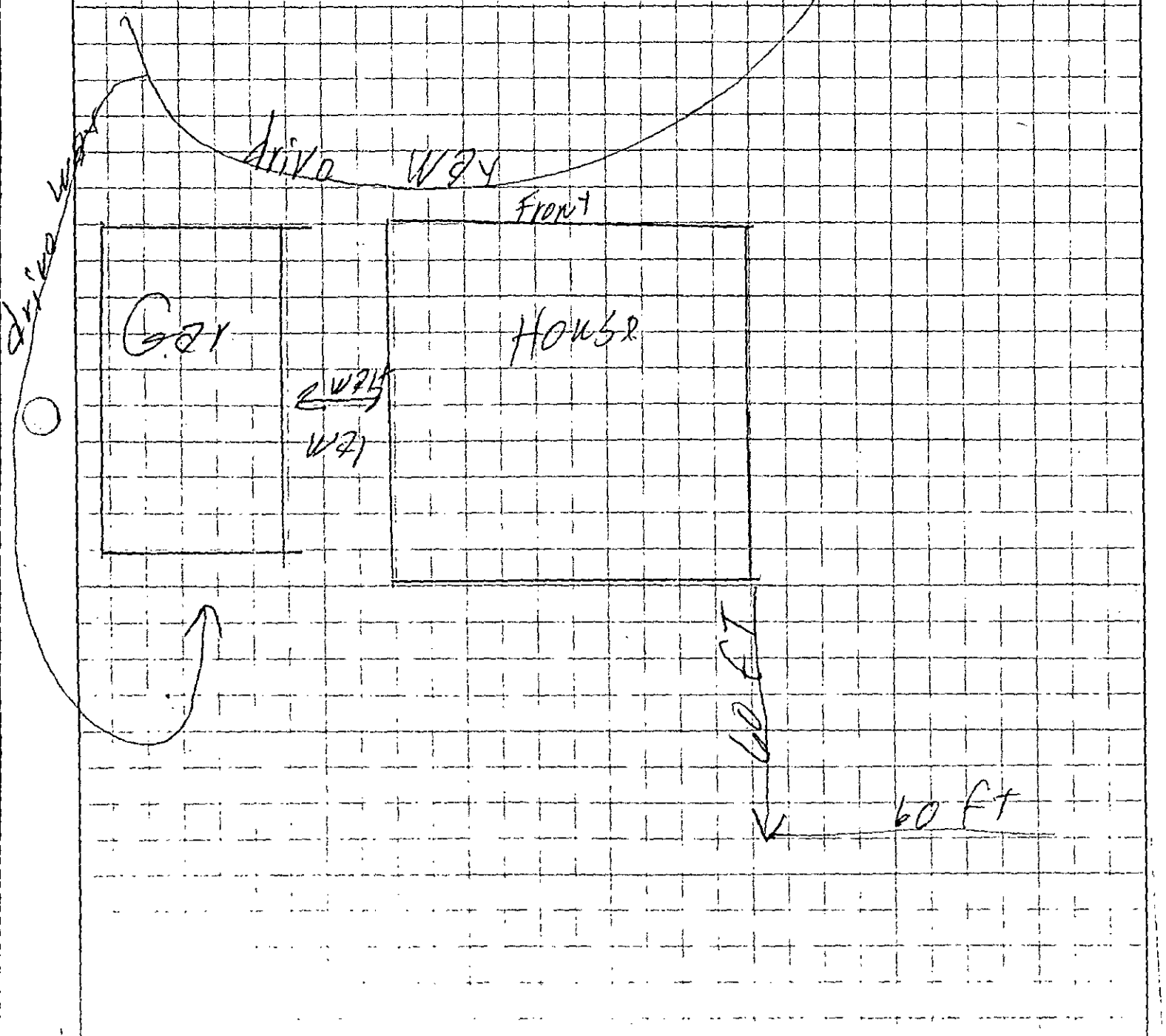
COPY

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

FILE: 7246A

TC: 013-122-28

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 _____

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 16963

File:

Action /

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

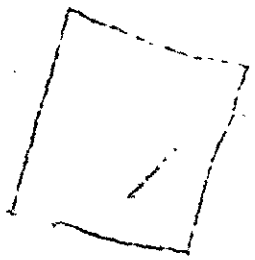
_____

_____

_____

Described by: _____

Date: _____



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

COLORCRAFT PRINTING COMPANY
32-4228

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

DATE: 10-15-93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mecl

PARCEL NUMBER 013-122-28

ASSIGNED ADDRESS 15025 Beatties Ford 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: SF home

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: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7246A

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lot 3 Beatties Ford Road approx 14730 Beatties Ford Rd

② SUBDIVISION: Not Named ③ LOT: 3 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 013 PAGE NO.: 122 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 4465 PAGE NO.: 762

OWNER

⑦ NAME: Thomas E. Logans A-I-F Myrtle A. Logans % Kitty Giese
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 7010 Forglove Drive

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 366-1032 (HOME) 366-7152

⑬ Accurately diagram and dimension lot.

Attached survey

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.

Signed: Thomas E Logans (attorney in fact)

Date: January 24, 1991

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 1-24-91

Name/Company: Thomas E. Regans / Myrtle A. Regans

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App - Soil Invest.
TC: 013-122-11
File: 7246A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 24 1991

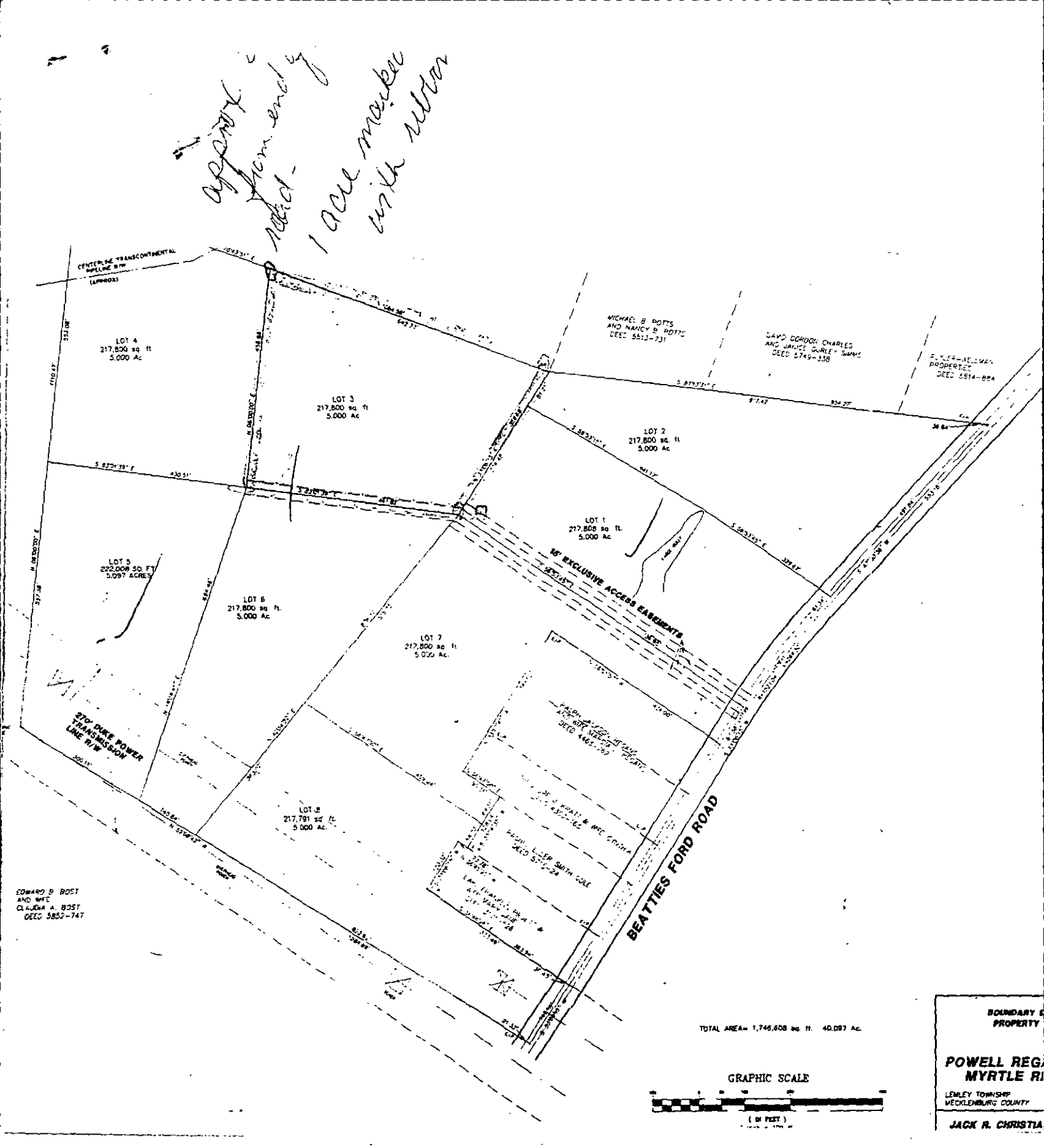
Fee: $ 50.00 CR# 1086 $50.00

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


CENTERLINE TRANSCONTINENTAL PIPELINE R/W (APPROX.)
LOT 4
217,800 sq. ft
5.000 Ac
LOT 3
217,800 sq. ft
5.000 Ac
LOT 2
217,800 sq. ft
5.000 Ac
LOT 1
217,808 sq. ft.
5.000 Ac
LOT 5
222,008 SQ. FT.
5.097 ACRES
LOT 6
217,800 sq. ft.
5.000 Ac
LOT 7
217,800 sq. ft
5.000 Ac.
LOT 8
217,791 sq. ft.
5.000 Ac.
MICHAEL B. POTTS AND NANCY B. POTTS DEED 5513-731
DAVID GORDON CHARLES AND JANICE GURLEY SIMMS DEED 5745-338
P.K.CE-HELLMAN PROPERTIES DEED 5814-884
50' EXCLUSIVE ACCESS EASEMENT
370' DUKE POWER TRANSMISSION LINE R/W
BEATTIES FORD ROAD
EDWARD B. BOST AND WIFE CLAUDIA A. BOST DEED 5852-747
TOTAL AREA= 1,746,808 sq. ft. 40.097 Ac.
GRAPHIC SCALE
(IN FEET)
BOUNDARY
PROPERTY
POWELL REGA
MYRTLE RI
LEMLEY TOWNSHIP
MECKLENBURG COUNTY
JACK R. CHRISTIA

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

LIMITED POWER OF ATTORNEY

KNOW that we, the legatees under the Will of Myrtle Arene Regans which was filed in Mecklenburg County, North Carolina, on May 18, 1988, Estate File No. 88 E 1256, and our spouses, do hereby make, constitute, and appoint THOMAS EUGENE REGANS, 15100 Beatties Ford Road, Mecklenburg County, North Carolina, our true and lawful attorney-in-fact for us and in name, place and stead, to act in our behalf in the following matter:

We authorize said attorney-in-fact to execute any listing contracts, buy-sell contracts, deeds, closing statements, lien waivers, and any other papers or documents which may be required to sell 42.50 acres ±, on Beatties Ford Road, Mecklenburg County, North Carolina, Tax Code 013-122-11.

IN WITNESS WHEREOF, we have hereunto set our hands and seals the day and year hereinafter stated.

Rachel Lenore Simpson (SEAL)
Rachel Lenore Simpson
Rte. 2, Box 251, Indian Trail, NC

William Ira Simpson, Jr. (SEAL)
William Ira Simpson, Jr.

(SEAL)
Margaret Jane Vance
2724 Frank Vance Rd.
Charlotte, NC 28216

(SEAL)
C. Parks Vance

(SEAL)
Ralph Jackson Regans
a5001-Beatties Ford Rd.
Huntersville, NC

Jean W. Regans (SEAL)
Jean W. Regans

Mamie Lucille Johnson (SEAL)
Mamie Lucille Johnson
15001 Beatties Ford Road
Huntersville, NC

(SEAL)
Kenneth L. Johnson

Margaret I. Regans (SEAL)
Margaret I. Regans
Wife of Thomas Eugene Regans

STATE OF NORTH CAROLINA
COUNTY OF Union

I, a Notary Public of the County and State aforesaid, certify that Rachel Lenore Simpson and husband, William Ira Simpson, Jr., personally appeared before me this day and acknowledged the execution of the foregoing Limited Power of Attorney. Witness my hand and official stamp or seal, this 9th day of Sept, 1988.

(Seal)

Brenda D. Simpson
Notary Public
My Commission Expires: My Commission Expires July 28, 1989

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, a Notary Public of the County and State aforesaid, certify that Margaret Jane Vance and husband, C. Parks Vance, personally appeared before me this day and acknowledged the execution of the foregoing Limited Power of Attorney. Witness my hand and official stamp or seal, this 22nd day of Sept., 1988.

(Seal)

Eleanor J. Stillwell
Notary Public
My Commission Expires: 1/14/89

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, a Notary Public of the County and State aforesaid, certify that Ralph Jackson Regans and wife, Jean W. Regans, personally appeared before me this day and acknowledged the execution of the foregoing Limited Power of Attorney. Witness my hand and official stamp or seal, this 22nd day of Sept., 1988.

(Seal)

Eleanor J. Stillwell
Notary Public
My Commission Expires: 1/14/89

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, a Notary Public of the County and State aforesaid, certify that Mamie Lucille Johnson and husband, Kenneth L. Johnson, personally appeared before me this day and acknowledged the execution of the foregoing Limited Power of Attorney. Witness my hand and official stamp or seal, this 12th day of Oct., 1988.

(Seal)

Eleanor J. Stillwell
Notary Public
My Commission Expires: 1/14/89

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, a Notary Public of the County and State aforesaid, certify that Margaret I. Regans, wife of Thomas Eugene Regans, personally appeared before me this day and acknowledged the execution of the foregoing Limited Power of Attorney. Witness my hand and official stamp or seal, this 22nd day of Sept., 1988.

(Seal)

Eleanor J. Stillwell
Notary Public
My Commission Expires: 1/14/89

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7246A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lot 3 Koellies Ford Road approx 14750 Ford Rd (Locally)

② SUBDIVISION: Not Named ③ LOT: 3 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 013 PAGE NO.: 122 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 4405 PAGE NO.: 762

OWNER

⑦ NAME: Thomas E. Logans A-I-F Myrtle A. Logans % Lottie Giese
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 7010 Forklove Drive

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 366-1032 (HOME) 366-7152

⑬ Accurately diagram and dimension lot.

Attached survey

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.

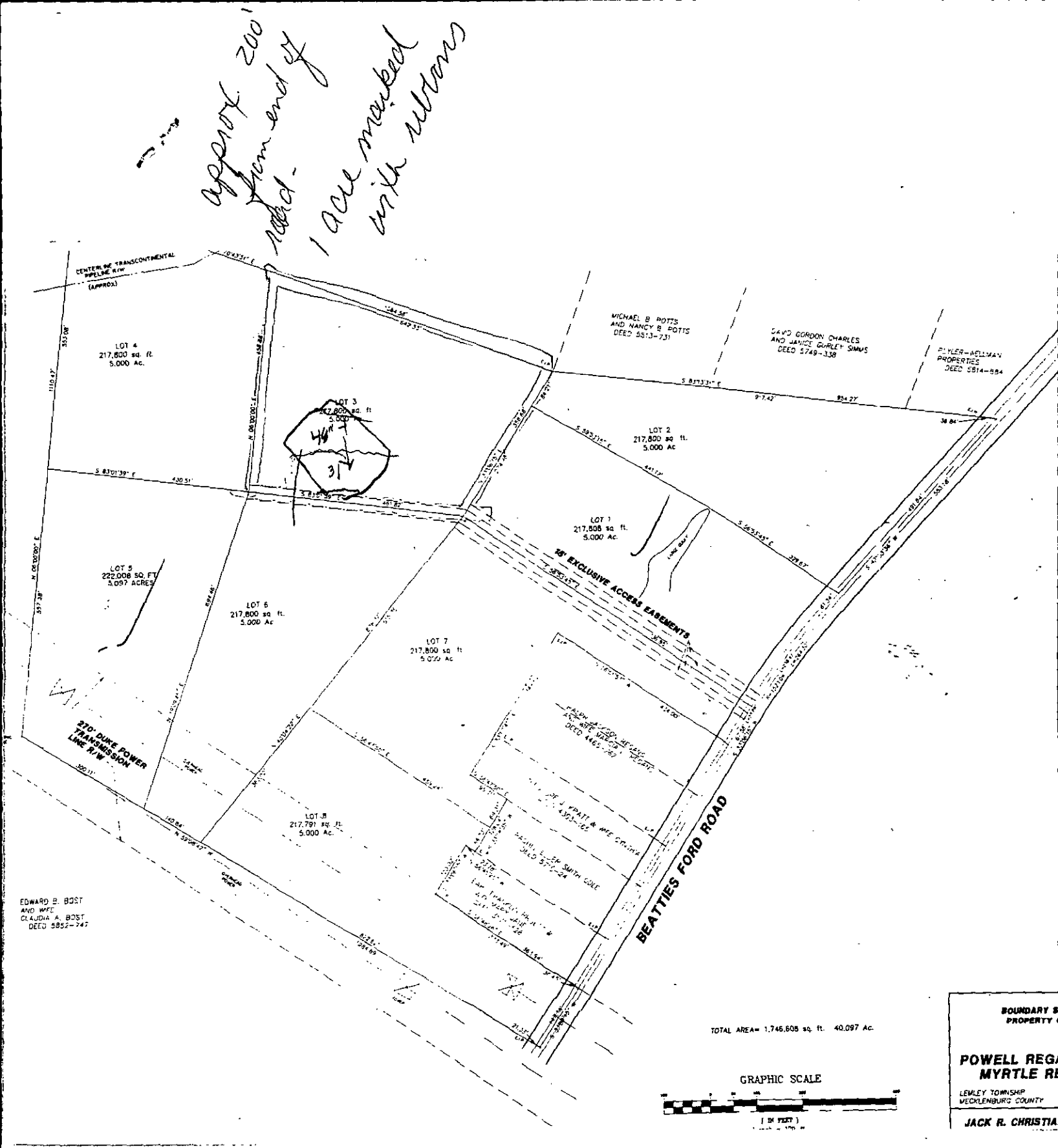
Signed: Thomas E Logans (attorney in fact)

Date: January 24 1991

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

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

approx 200 from end of road - 1 acre marked with ribbons



BOUNDARY S
PROPERTY

POWELL REGA
MYRTLE RE

LEMLEY TOWNSHIP
MECKLENBURG COUNTY

JACK R. CHRISTIA