

13019 ALLISON FERRY RD

01304111

7/5/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7545A DATE: 12/5/91

TC: 013-041-11 ☐ CC ☒ CRT

SERIAL № 13911

Name of Owner Robert Wood Juris.:

Address of Property 13019 Allison Ferry Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 38"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 12/5/91

Tank(s) Inspected 12/5/91

Wash Line Inspected NA

High Water Alarm Inspected NA

System installed in accord with permit issued.

PLOT

Design: 1991, 1500ST, CON, 1200SFT, 12"stone Cecil CTR# 172

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: System designed for 3 bedroom system
Lines installed 38" because of topography layout

Philo S. Walker R.S.
Environmentalist

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

1-9-95

The addition to the residence at 13019 Albion Ferry Rd Consists of the addition of 1 Bedroom & 1 bath by the addition of a dormer, stairway to upper level. There will be NO Change to existing footing, foundation etc.

Robert F. Wood.

Robert F. Wood,

OWNER

T.W.

7545A

Paid $25.00

UPDATE COMPLETE

Applicant WOOD ROBERT F Appl.Date 12/05/91 Updated 12/06/91
Mail Addr 10838 ARTHUR AUTEN ROAD Phone 704 875-2844
City HUNTERSVILLE State NC Zipcode 28078
Prop Ownr WOOD ROBERT F
Mail Addr 10838 ARTHUR AUTEN ROAD Phone 704 875-2844
City HUNTERSVILLE State NC Zipcode 28078 Township 0
Tax Map No. 01304111 Road 13019 ALLISON FERRY ROAD Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App X Site Y or Tract Type Bldg System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 02 No. Occupants 002 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage E Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17030
Directions: WASHER MUD ROOM

Date Appl. Recd. 12/06/91 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 7545A Operat. Permit (Y/N)
12/06/91 16:18:15

Phone call back, n/a 12/19 12-30

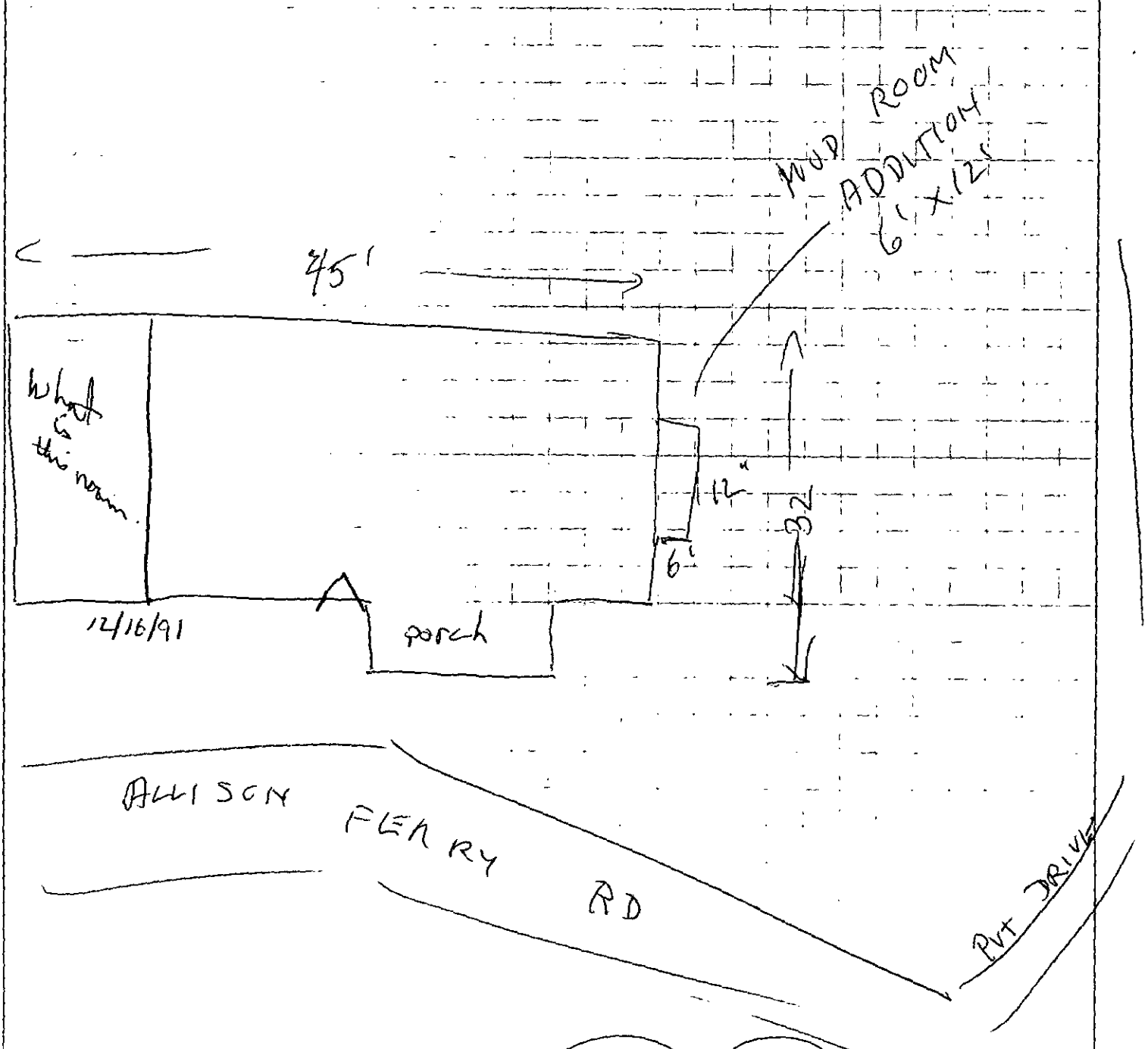
PROPOSED PLOT PLAN

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

FILE: 7545A

TC: 013-04-11

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.



Signed: [signature]

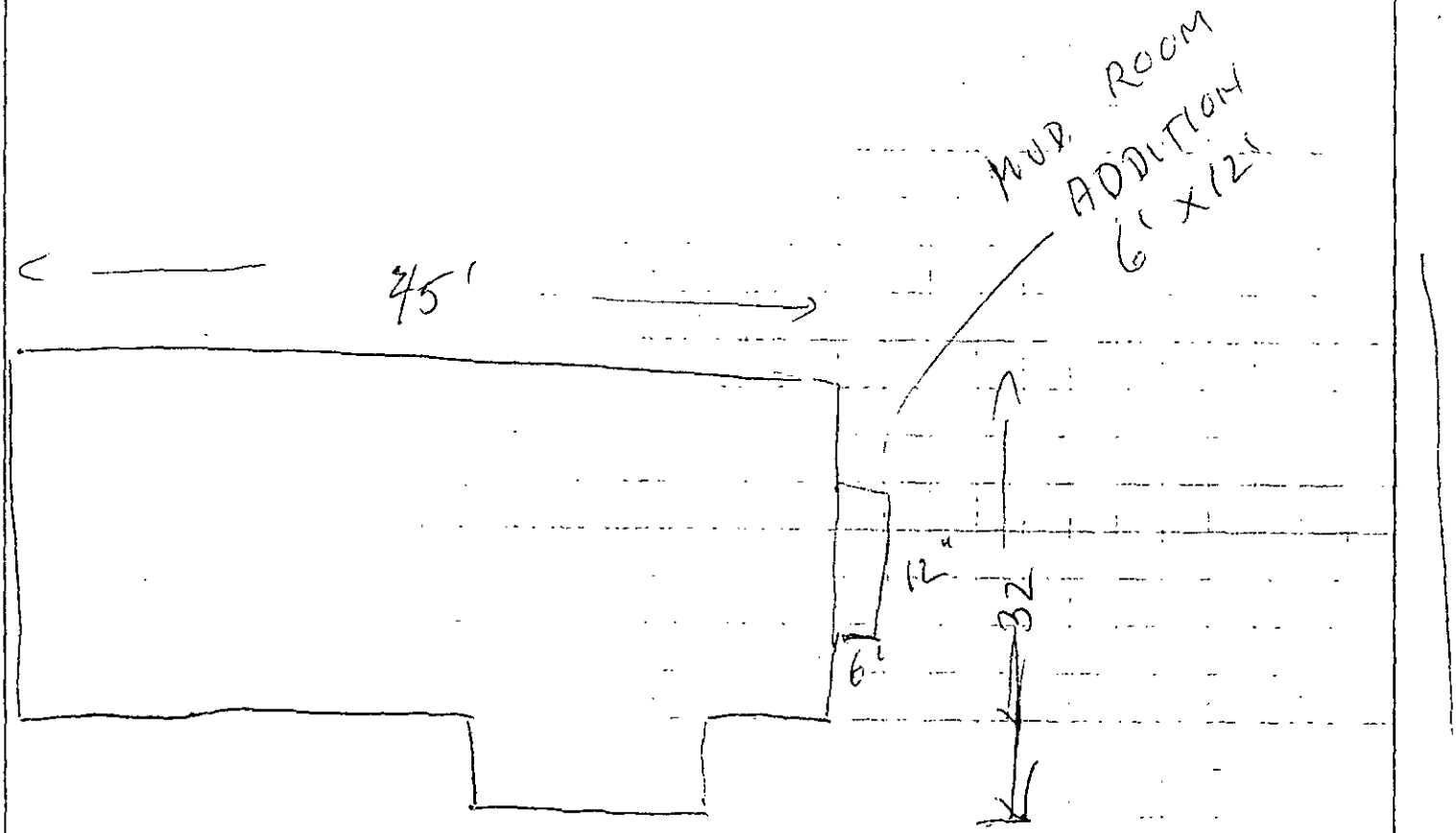
Date: 12-5-91

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

FILE: 7545A

TC: 013-044-11

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.



ALLISON FERRY RD

PVT DRIVE

Signed: [signature]

Date: 12-5-91

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19592

File: 7545-A Action 1

Parcel: 013-041-11 ☐ PC

Location: ALLISON FERRY RD

Subdivision:

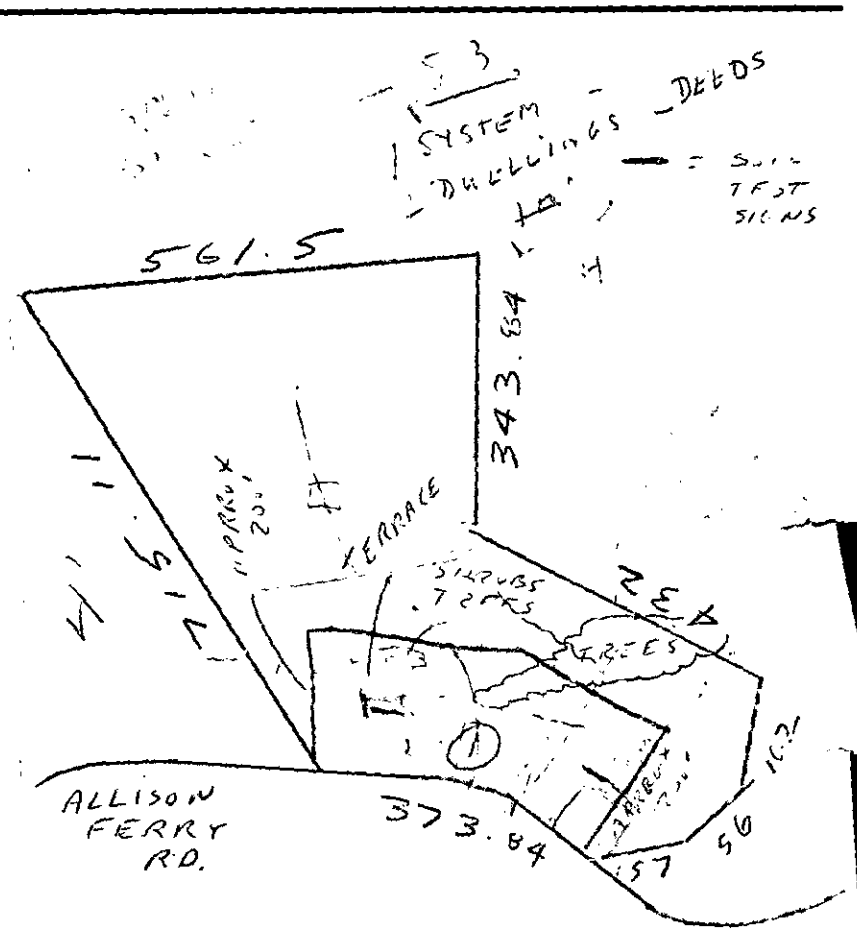
Lot: Block: Acres: 2

Owner: DIANE A. BARBEE
Address: 1406 WEMBLEY DRIVE
CHARLOTTE NC 28205

Comments: OWNER WANTS 2 LOTS. RECOMMEND SURVEY TO SUBDIVIDE BEFORE IMPROVEMENT PERMIT ISSUE

Described by: Kelly Randall

Date: 7-3-91



***** 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 2-4%	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 SUB BLOCK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U > 36"	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 NONE	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	CECIL / DAVIDSON					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

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

DATE 9/27/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 013-041-11

ASSIGNED ADDRESS 13019 Allison Ferry 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 DRIVEWAY(S).

SIGNED: Pez

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

T.W. 7545A WOD ☒ RTD 12/05191 check #7812 $25.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

PERSON FILING APPLICATION:
NAME: WOOD (last) ROBT (first) F (mi)
ADDRESS: 10838 ARTHUR AUTEN RD PHONE: 704 875 2844
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date: 12/05/91

PROPERTY INFORMATION (FROM ENGINEERING FORM): # Pending 013-041-11

TAX/PARCEL NUMBER: 013-041-11
STREET ADDRESS: 13019 Allison Ferry Rd Huntersville NC
ZONING:

PROPERTY OWNER:
NAME: ABOVE (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: 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)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Washer Mud Room
[] 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) ☒ HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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)
☒ 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 [] 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: [signature] Date: 12-5-91

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 permit is issued 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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 112991

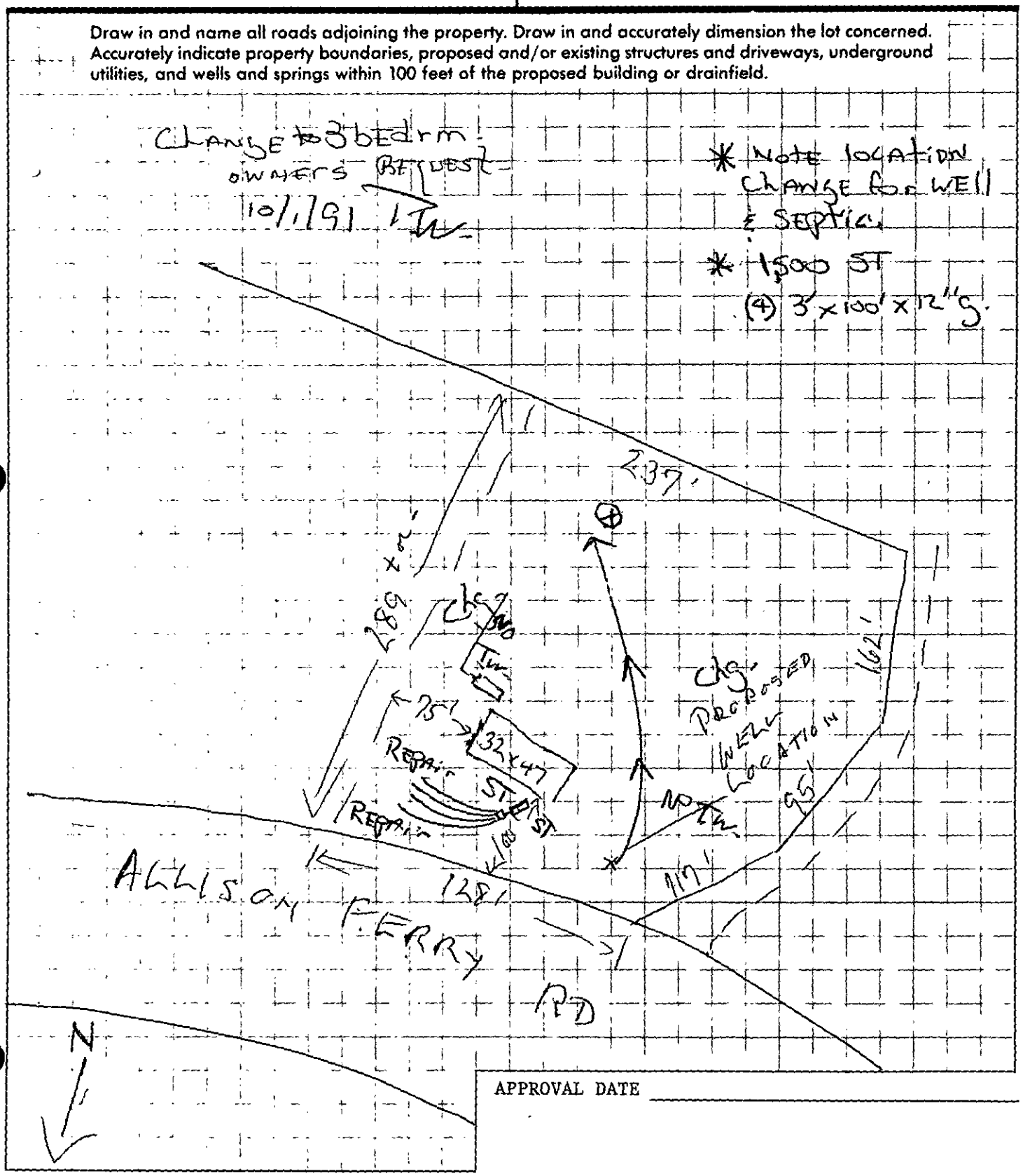
PROPOSED PLOT PLAN

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

FILE: 7545 A

TC: 013-041-11

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

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

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603
336 5102

(OFFICE USE ONLY)

FILE: (10-20-84-1)

TC: 013-041-11

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: ALLISON FERRY RD.

② SUBDIVISION: NA ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 013 PAGE NO.: 041 PARCEL NO.: 11

⑥ DEED REFERENCE: BOOK NO.: 3080 PAGE NO.: 531

OWNER

⑦ NAME: DIANE (FIRST) A (MIDDLE) BARBEE (LAST)

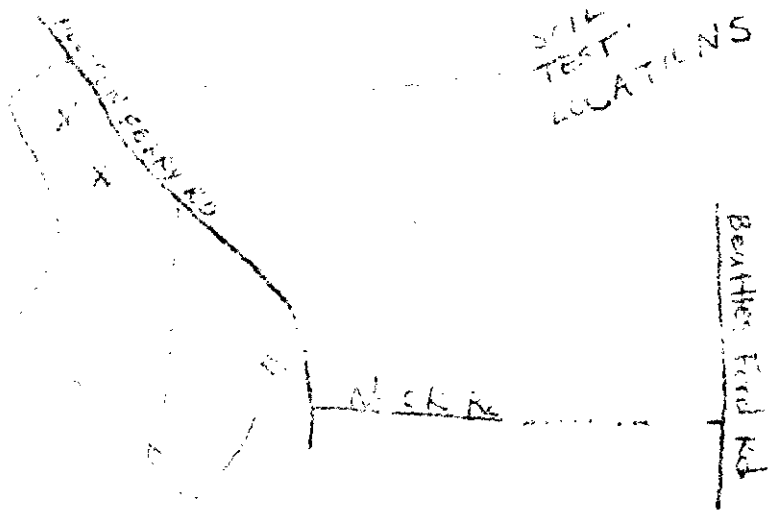
⑧ MAILING ADDRESS: 1406 Wembley Drive

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28205

⑫ PHONE: (WORK) 342-6658 (HOME) 568-7030

⑬ Accurately diagram and dimension lot.

SEE ATTACHED TAX MAP.



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: Diane A. Barbee

Date: June 1, 1984

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 30 7545A
TC: 013 041 11
SERIAL: № 0019907 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 13019 (STREET NO.) ALLISON FERRY RD (STREET) ② FILE: 7545A
③ JURISDICTION: ④ TAX PARCEL NO.: 013 041 11
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

REQ

⑧ NAME: ROBERT (FIRST) FRED (MIDDLE) WOOD (LAST)
⑨ MAILING ADDRESS: 10838 ARTHUR AUTEN RD
⑩ CITY: HUNTERSVILLE ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) NA ⑭ (HOME) 704 875 2844

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
Tw. 10/1/91 change to 3 bedrm.
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type?
㉓ Maximum occupancy? 5
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature]
Date: 9-27-91

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 60 months from the date of issuance.

Tim Whittaker, 10/1/91
Environmentalist Date

[signature], 10-2-91
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: 9/27/91

Name/Company: Meck Co. Environmental Health Dept
IWWS

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit SIR #7545A.

Ck #7777 #

Fee: $ 200.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Viola J Walker
Completed by

E. Johnstone
Collected by

Mecklenburg County
Health Department

July 10th, 1991

Diane A. Barbee
1406 Wembley Drive
Charlotte, NC 28205

RE: Property located at Allison Ferry Road
FILE: 7545A
PARCEL: 013-041-11

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 19592) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19592

File: 7545-A Action 1

Parcel: 013-041-11 ☐ PC

Location: ALLISON FERRY RD

Subdivision:

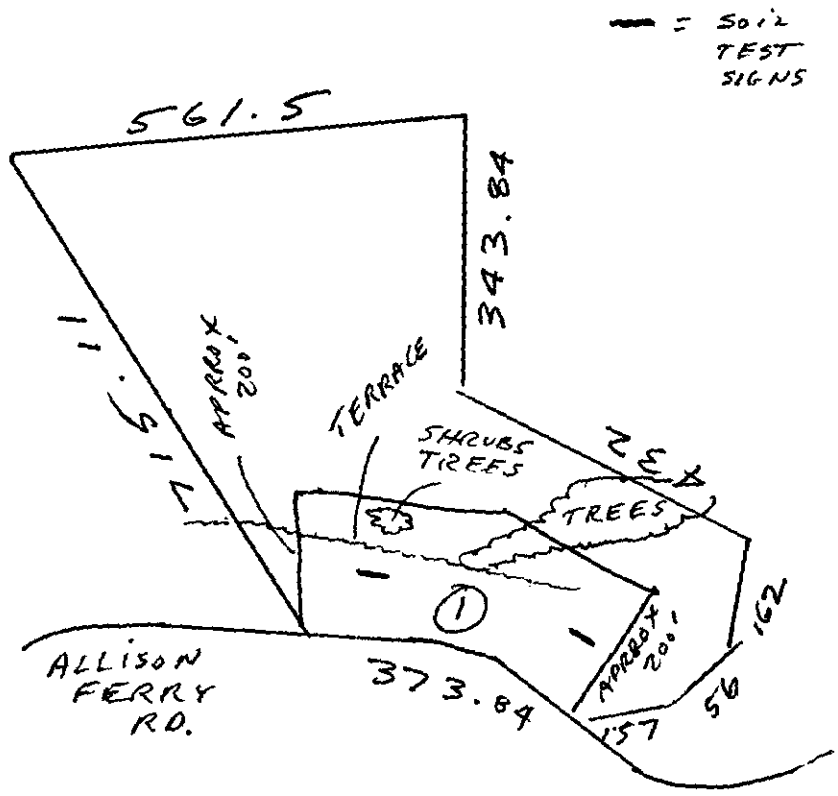
Lot: Block: Acres: 2

Owner: DIANE A. BARBEE
Address: 1406 WEMBLEY DRIVE
CHARLOTTE NC 28205

Comments: OWNER WANTS 2 LOTS. RECOMMEND SURVEY TO SUBDIVIDE BEFORE IMPROVEMENT PERMIT ISSUE

Described by: Kelly Randall

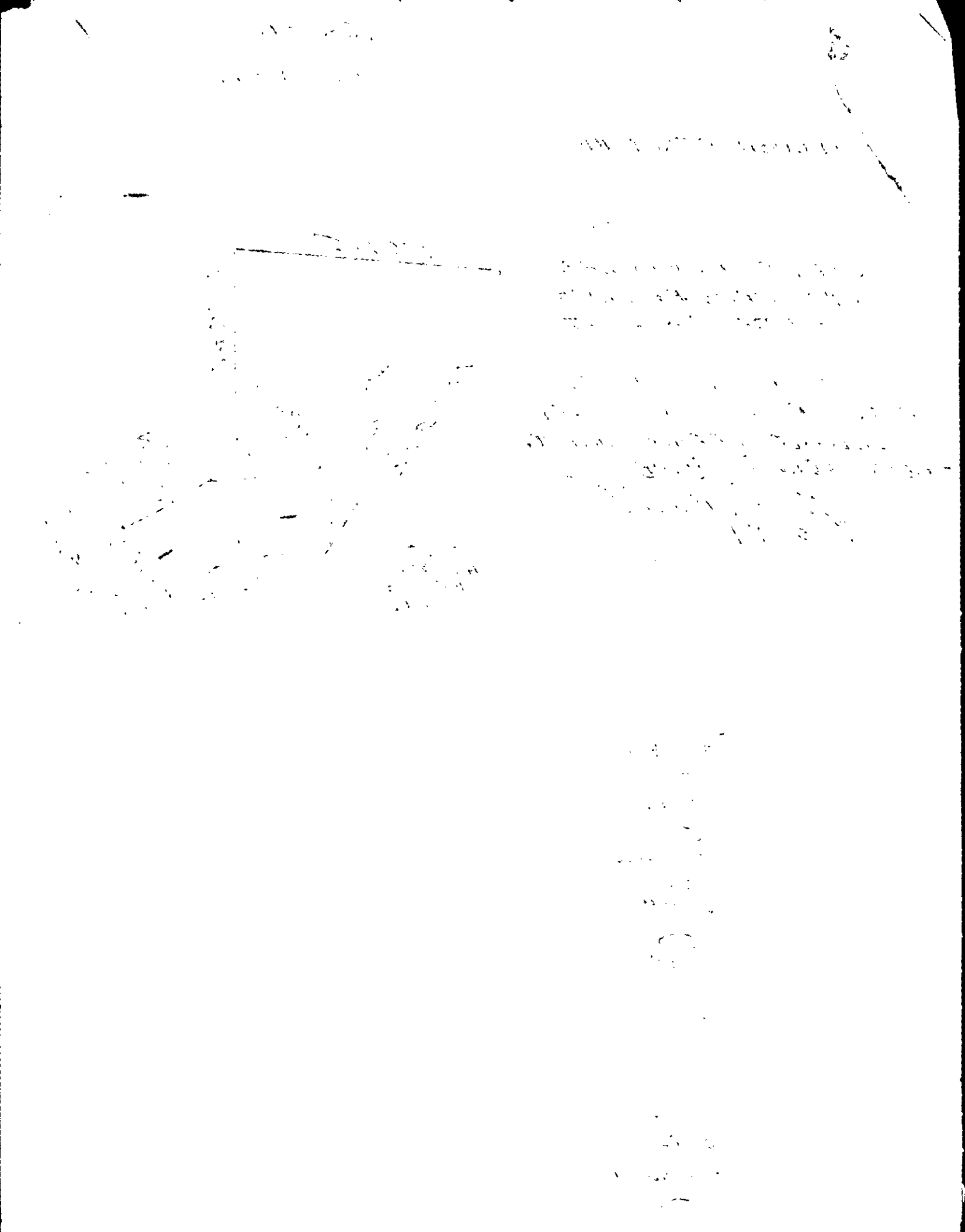
Date: 7-3-91



*** 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 2-4%	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 SUB BLOCK	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U > 36"	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 NONE	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	CECIL / DAVIDSON					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U



APPLICATION FOR SOIL INVESTIGATION

Rd. 7/1/91
CK. #7637
Amt. 100.00
DJ.

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

(OFFICE USE ONLY)
FILE: 7545-A
TC: 013-04-11
☑ PC ☐ REPT

JOB LOCATION

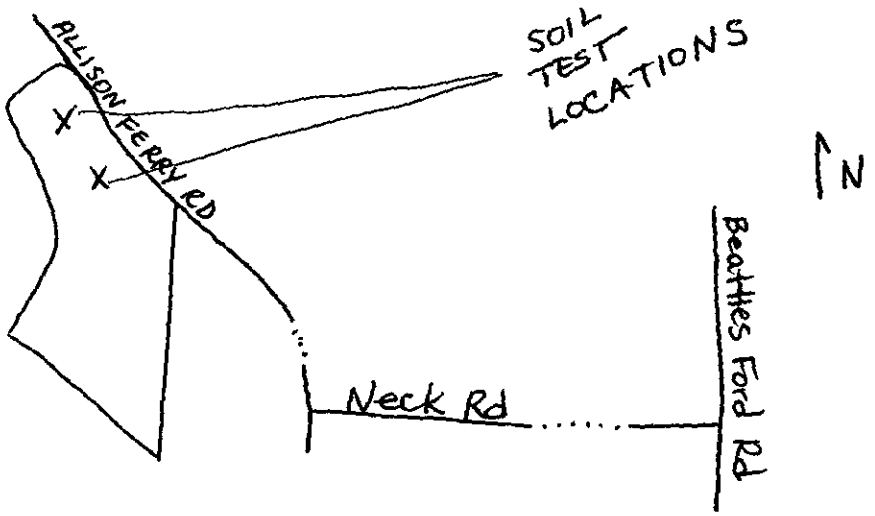
① ADDRESS: ALLISON FERRY RD.
② SUBDIVISION: NA ③ LOT: ④ BLOCK:
⑤ PARCEL REFERENCE: BOOK NO.: 013 PAGE NO.: 041 PARCEL NO.: 11
⑥ DEED REFERENCE: BOOK NO.: 3080 PAGE NO.: 531

OWNER

⑦ NAME: DIANE (FIRST) A (MIDDLE) BARBEE (LAST)
⑧ MAILING ADDRESS: 1406 Wembley Drive
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28205
⑫ PHONE: (WORK) 342-6658 (HOME) 568-7030

⑬ Accurately diagram and dimension lot.

SEE ATTACHED TAX MAP.

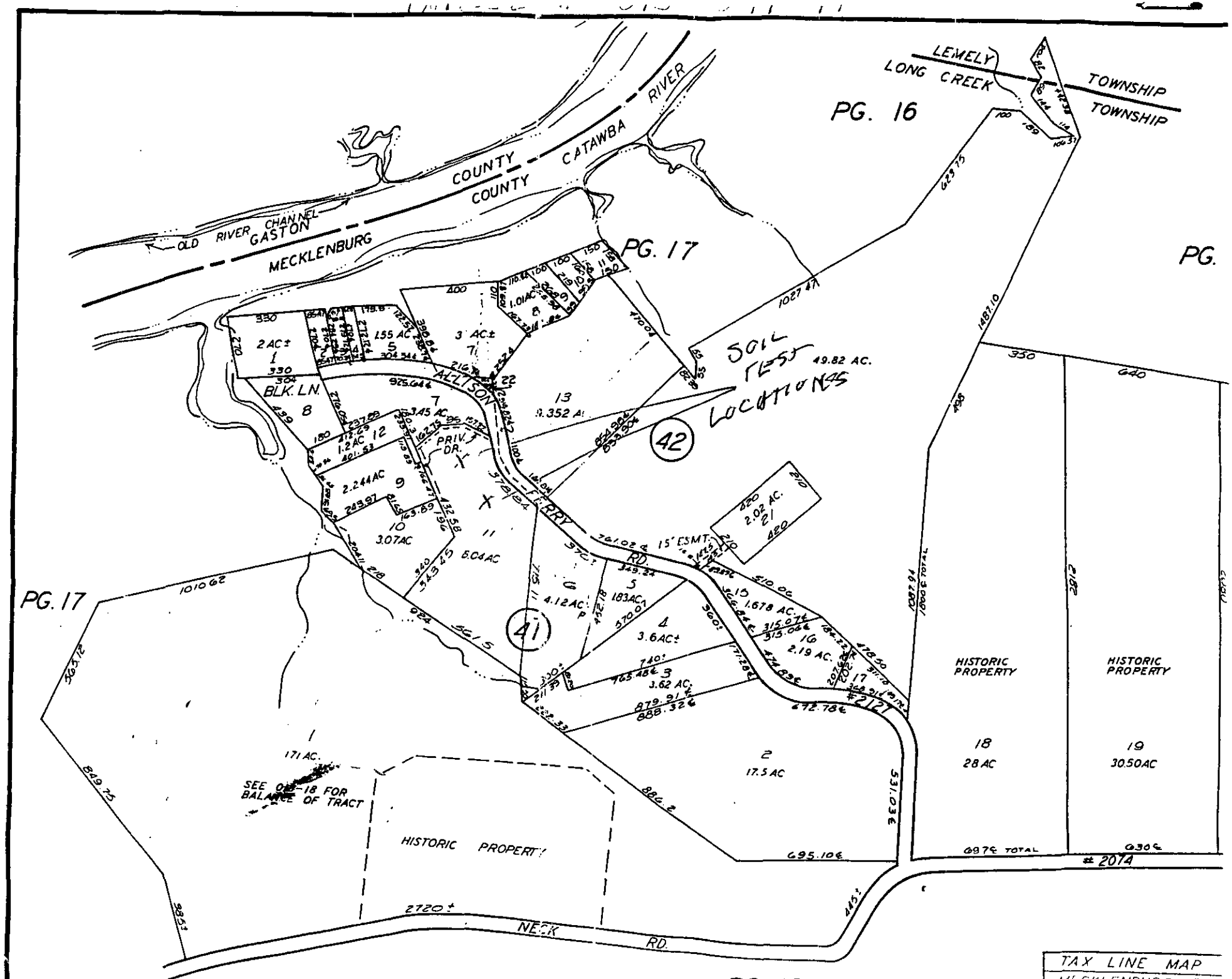


⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Diane A. Barbee
Date: July 1, 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


LEMELY
LONG CREEK
TOWNSHIP
TOWNSHIP
PG. 16
PG. 17
PG.
OLD RIVER CHANNEL
GASTON
COUNTY
MECKLENBURG
COUNTY
CATAWBA
RIVER
SOIL TEST LOCATIONS
49.82 AC.
42
41
ALLISON
FERRY
RD.
BLK. LN.
PRIV. DR.
15' ESMT.
2.02 AC.
21
1.678 AC.
16
2.19 AC.
17
3.62 AC.
3
3.6AC±
4
1.83AC±
5
4.12AC±
6
3.07AC
10
2.244AC
9
1.2AC
12
3.45 AC
7
1.01AC
8
3 AC±
2AC±
1
1.55 AC
5
13
13.352 AC
HISTORIC PROPERTY
HISTORIC PROPERTY
18
28 AC
19
30.50AC
171 AC.
SEE OLD 18 FOR BALANCE OF TRACT
HISTORIC PROPERTY
2
17.5 AC
NECK RD.
#2127
#2074
PG. 18
TAX LINE MAP
MECKLENBURG COU