

14177 BALLANTYNE MEADOWS DR

22364599

6/6/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

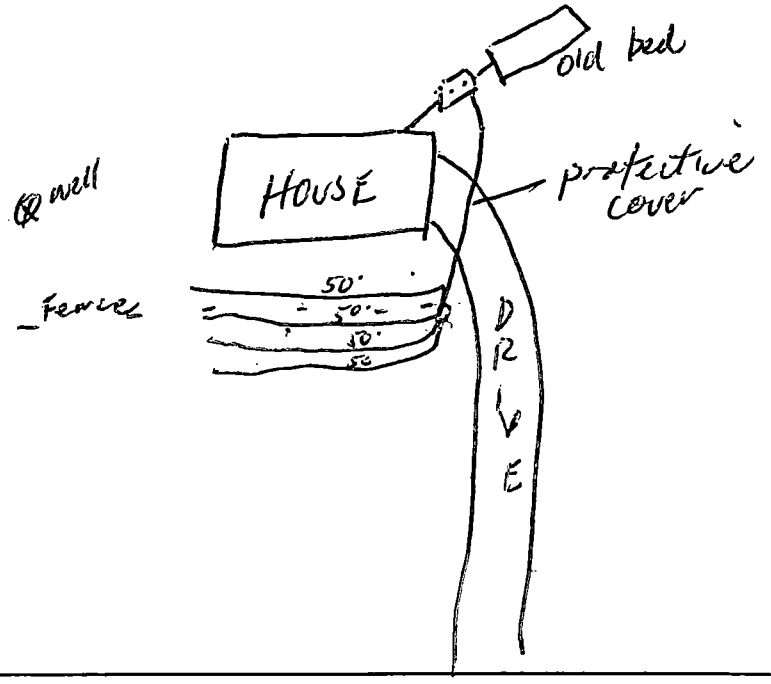
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5890 A DATE: 5/10/90

TC: 223-111-10 ☐ L

SERIAL Nº 13329

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 5/4/90. All work shall be completed on or before 6/14/90, 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 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 – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 50' (200' total) feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Andreas H. Bechtler

LOCATION OF PROPERTY 14177 Lancaster Hwy

Comments: 4 lines x 50' long x 3' x 12" stone
Keep lines on contour of land. Stay >50' from wells

Division or Section Head

Philo A. Walker R.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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 5890A
TC: _____
SERIAL: № 20743 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 14177 Lancaster Hwy. Pineville, NC (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 223111-10
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: B & B Associates (Andreas H. Bechtler) (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: P.O. Box 16348
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28297-6348
⑬ PHONE: (WORK) 704-392-7421 ⑭ (HOME) 704-541-5264

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? 2 ㉕ Type? _____
㉓ Maximum occupancy? 4 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: Andreas H. Bechtler
Date: 5-4-90

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.

Environmentalist _____ Date _____

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.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5890A DATE: 5/25/90

TC: 223-111-10 ☒ L ☐ CRT

SERIAL № 13221

Name of Owner Andreas H. Bechler Juris.:

Address of Property 14177 Lancaster Hwy

Inspection Data:

Tank Material —

Total Length of ~~Drainfield~~ Bed 200'

Number of Lines 4 @ 50

Cover Depth 8"

Water Supply Source well

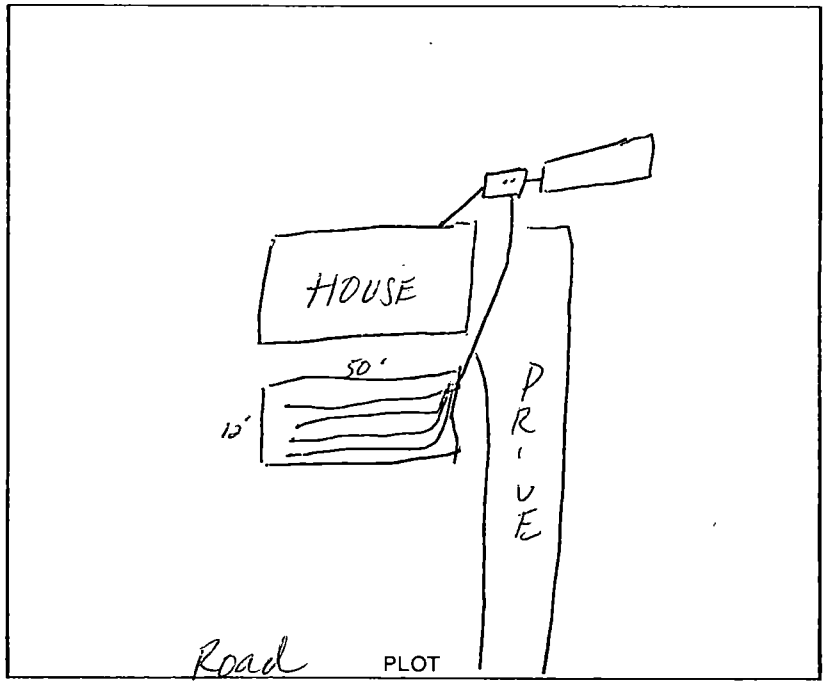
Distance to Water Source 756

Excavation Inspected 5/25/90

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —



Design: 1990 Repair CTR# 5

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:

Philo S. Walker R.S.
Environmentalist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5890 A DATE: 1/29/90

TC: 223-111-11 ☑ L ☐ CRT

SERIAL № 13005

Name of Owner B & B Associates Bechtler, Andrea Juris.:

Address of Property 14177 Lancaster Hwy

Inspection Data:

Tank Material Pcc

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 18" - 24"

Water Supply Source Well

Distance to Water Source ≥ 100'

Excavation Inspected 1/29/90

Tank(s) Inspected 1/29/90

Wash Line Inspected

High Water Alarm Inspected 1/29/90

PLOT

Design: CTR#

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 2 bedroom home
Hydromatic 1/2 HP

Judy J. Kuss RS
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

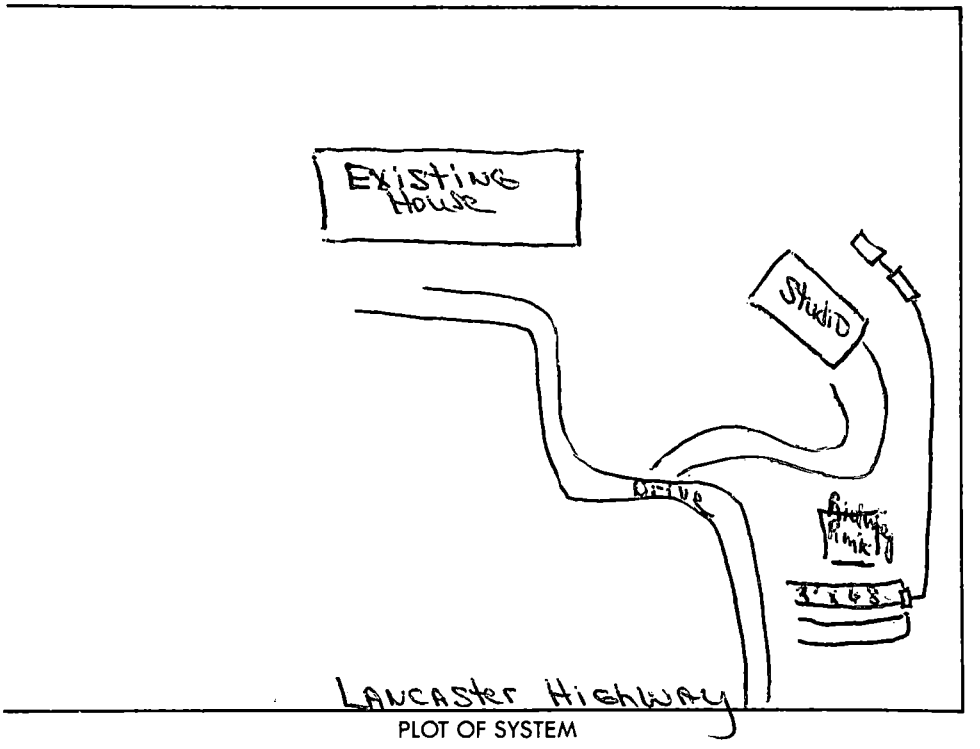
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5890A DATE: 1/18/90

TC: 223-111-11 L

SERIAL Nº 14554

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 7/12/89. All work shall be completed on or before 2/18/90, 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 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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well >100' feet

NAME OF OWNER B & B Associates, Bechtler Andreas

LOCATION OF PROPERTY 14177 Lancaster Hwy

Comments: Install 4 Trenches 3' x 68' 12" Stone, Straw Cover.

Division or Section Head

Environmentalist Judy J. Kiser R.S.

* 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/22/89

Name/Company: Lee Vita Remodeling Co.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Installation
589017

MECK. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 22 1989

Fee: $ 100 —

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

BILLING — WHITE

Mecklenburg County
Health Department

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

August 22nd, 1989

Andreas H. Bechtler
4844 Zephyr Lane
Charlotte, NC 28209

RE: Property located at 14177 Lancaster Highway
FILE: 5890A
PARCEL: 22311111

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 12169) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12169

File: 5880A

Action 1

Parcel: Po 223-111-11

☐ PC

Location: 4177 Lancaster Hwy.

Subdivision:

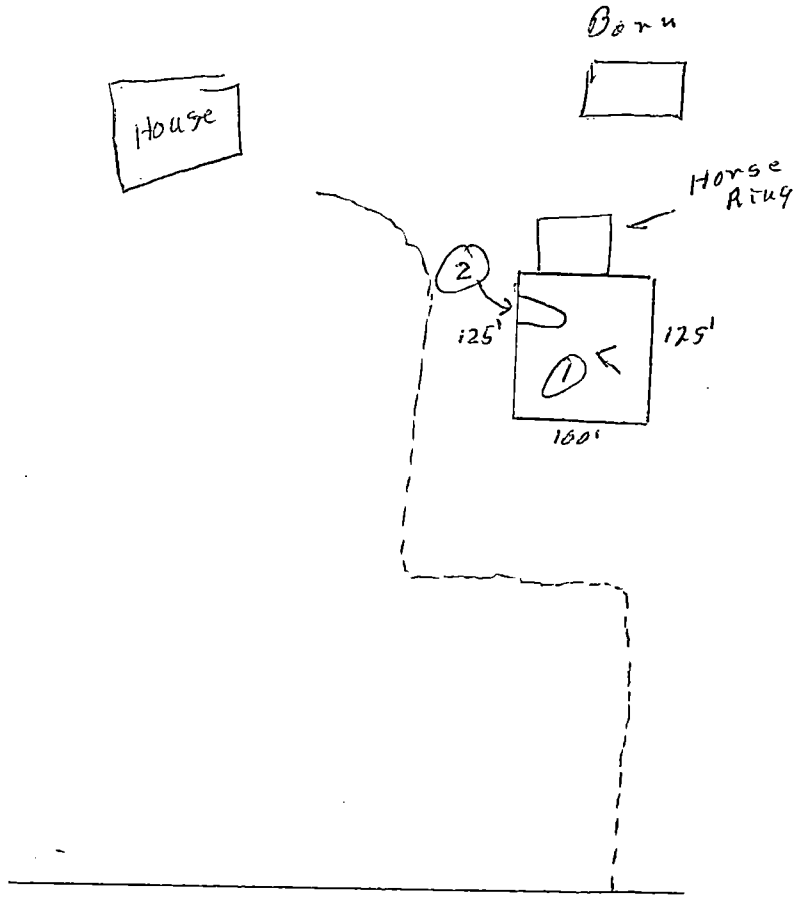
Lot: Block: Acres: .28 ac.

Owner: Andreas H. Bechtler
Address: 4844 Zephyr Lane
Charlotte, N. C. 28209

Comments: System would need lift pump

Described by: William A. Mueller

Date: 8-31-09



***** 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 2-6%	S PS (U) Depression	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	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-like	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/11/89

Name/Company: Bill Vita Remodeling

Sanitation _____

Vector Control _____

O.P.W.D. ✓

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 11 1989

Service: Soil Test
#5890A

Fee: $ 40 —

NOTICE:

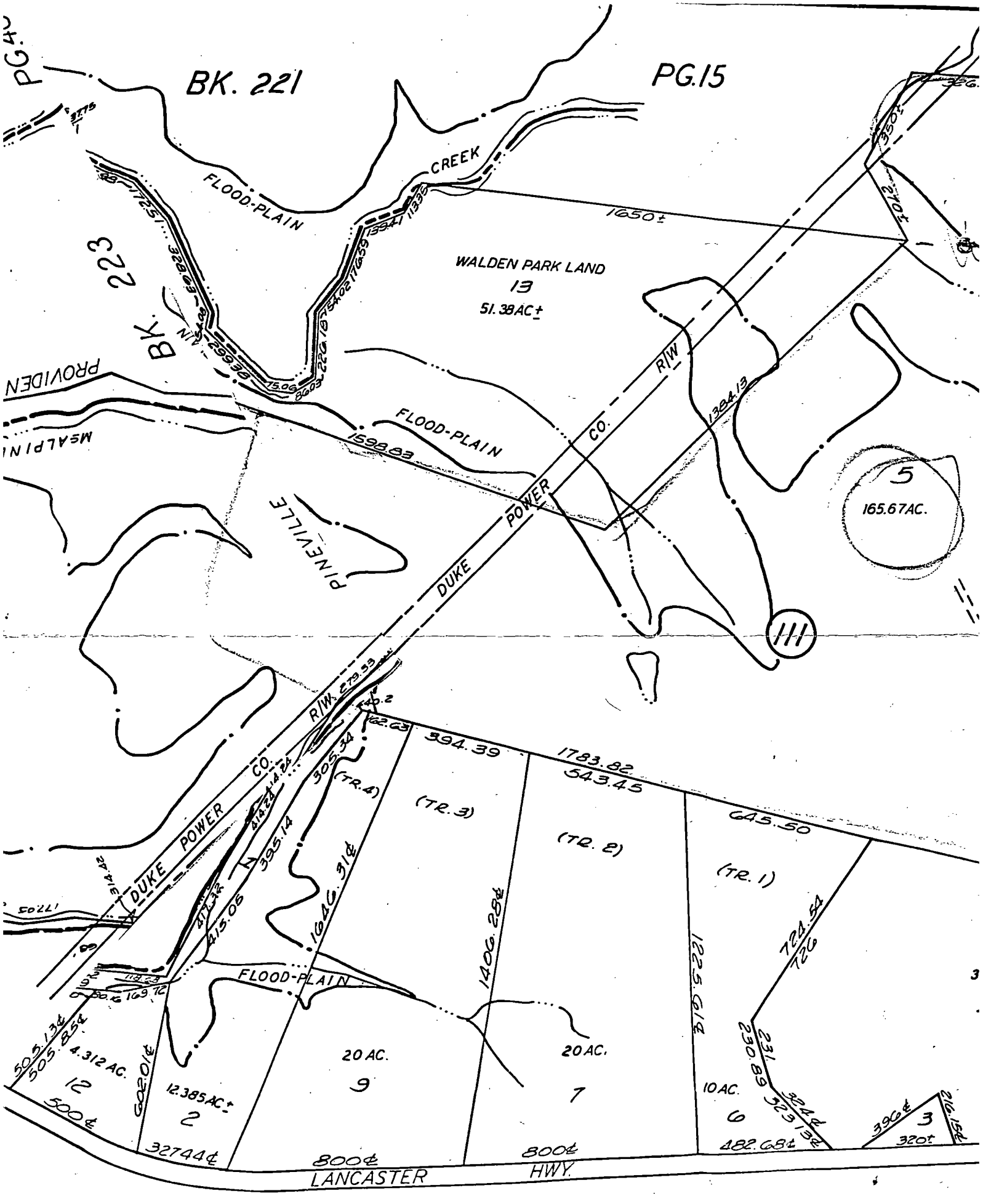
A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

PDR
11656

Completed by

Collected by

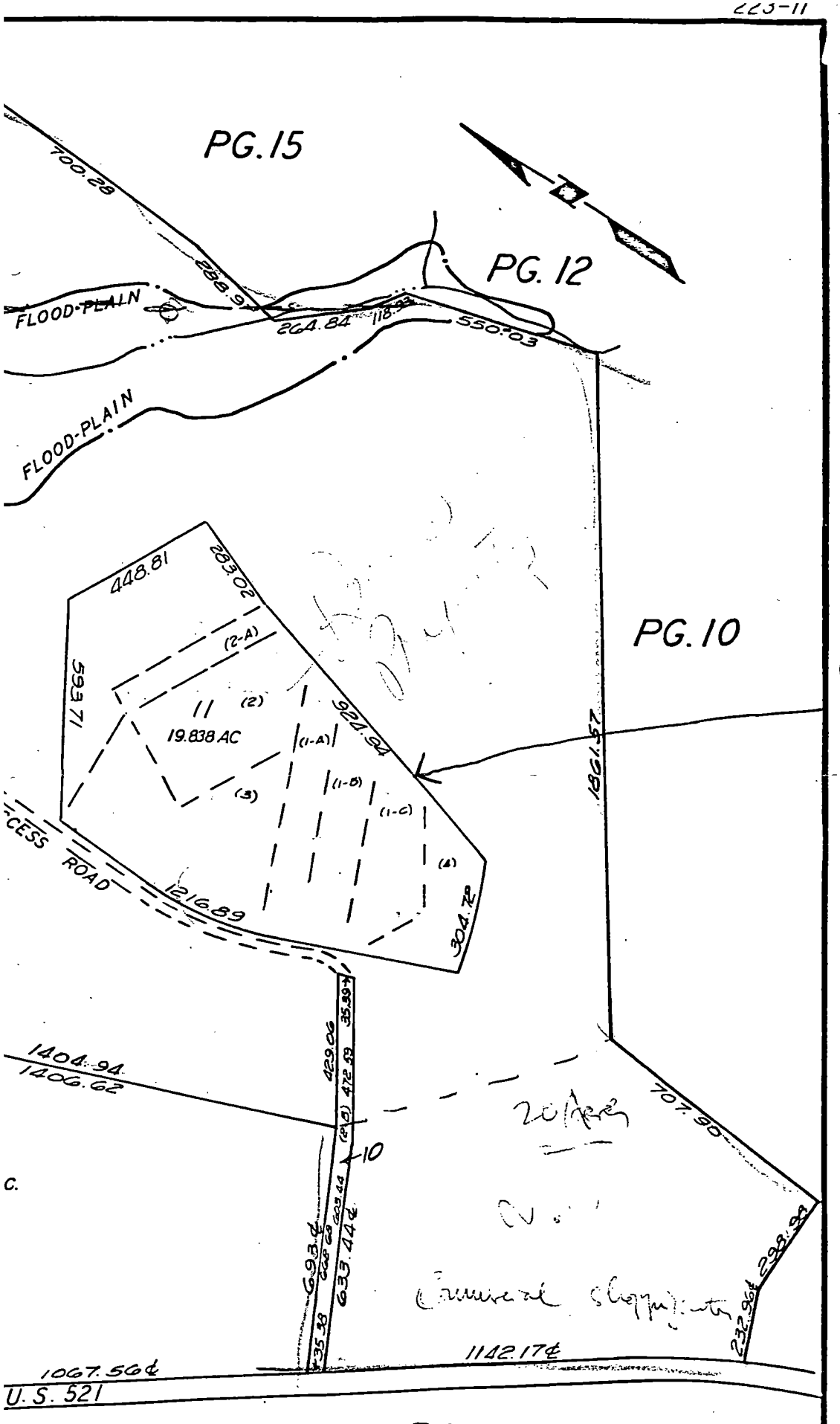
BILLING — WHITE [redacted]


PG.42
BK. 221
PG.15
BK. 223
FLOOD-PLAIN
CREEK
1650±
WALDEN PARK LAND
13
51.38AC±
PROVIDEN
MSALPINI
FLOOD-PLAIN
1598.83
CO.
R/W
1384.13
POWER
DUKE
PINEVILLE
5
165.67AC.
III
R/W
CO.
DUKE POWER
FLOOD-PLAIN
394.39
1783.82
543.45
645.50
(TR. 4)
(TR. 3)
(TR. 2)
(TR. 1)
305.34
1646.31¢
1406.28¢
1225.61¢
724.54
726
415.05
395.14
20 AC.
20 AC.
10AC.
9
7
6
12
2
3
4.312 AC.
12.385AC.±
32744¢
800¢
800¢
482.68¢
320±
LANCASTER
HWY.

PG. 01

223-11

5890A



Dadez, This is property Terri

PG. 02

TAX LINE MAP	BOOK 223	PAGE 11
MECKLENBURG COUNTY, NORTH CAROLINA		
REVISED	SCALE 1" = 400'	

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7-27-89

NAME/COMPANY: Bill Vita Remodeling

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: DP - Addition
14177 Lancaster Hwy.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 27 1989

File # 38904

FEE: 25.00

Check 11597
$25.00

Jackie Abernethy
Completed By

Collected By

PROPOSED PLOT PLAN

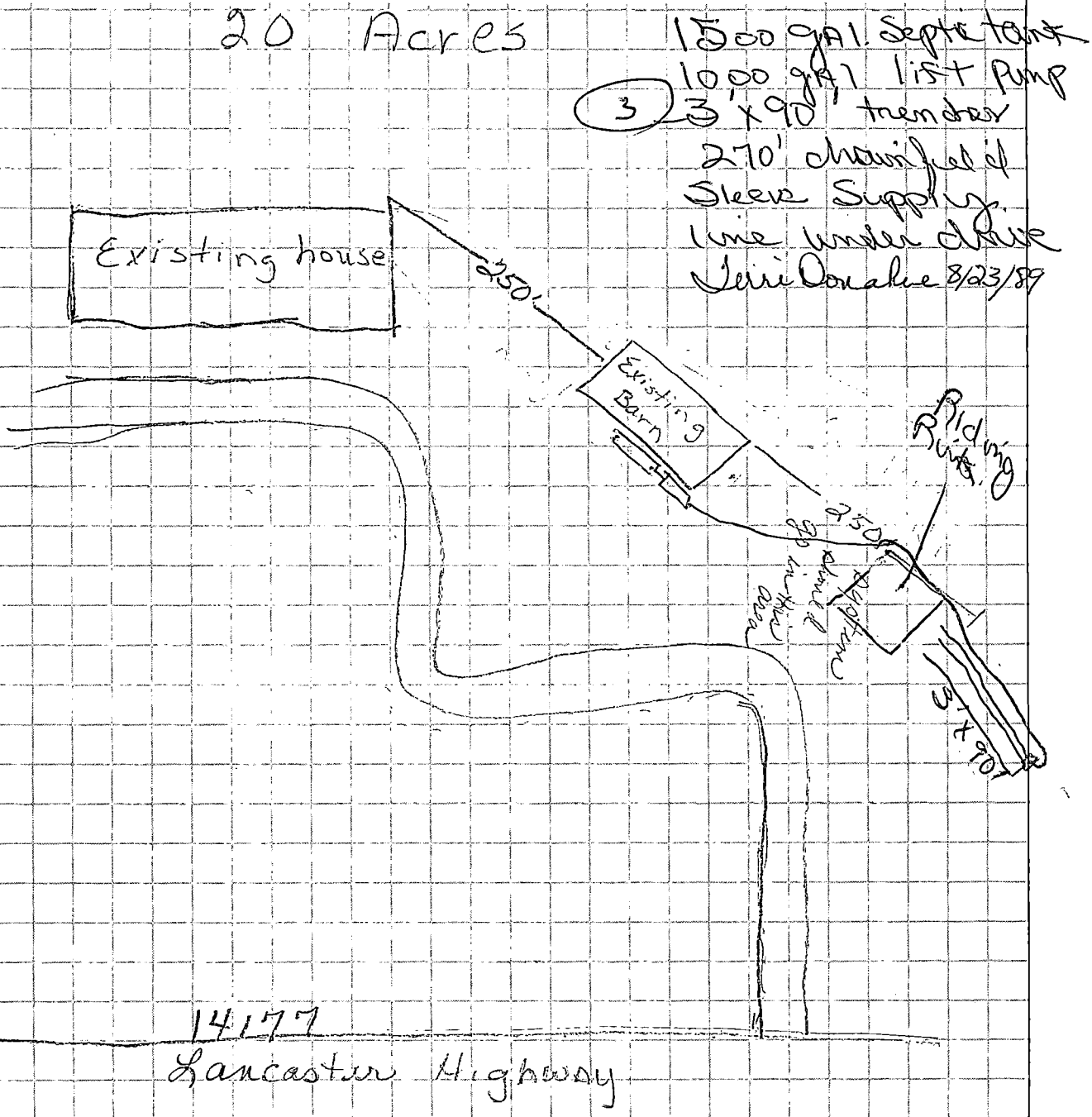
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 5890A

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.



Signed: Terri Donahue

Date: 7/27/89

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12133

File: 5890 A Action 3

Parcel: PO 223-111-11 ☐ PC

Location: 14177 Lancaster Highway

Subdivision:

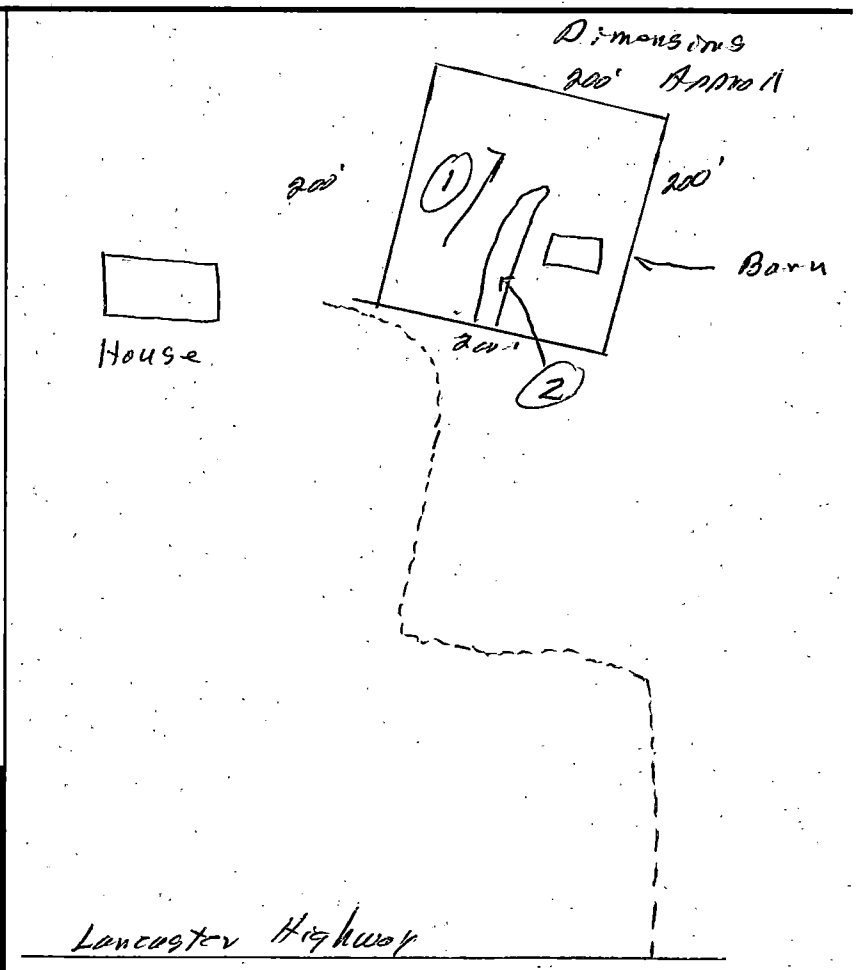
Lot: Block: Acres: 1.0

Owner: Andreas H. Bechtler
Address: 4844 Zephyr Lane
Charlotte, N. C. 28209

Comments:

Described by: William R. Medlin

Date: 7-13-89



***** 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 6-15%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS (U) 2-1 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) some perched water 18"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 6-24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	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 B Mecklenburg-Like	Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Judy Kaser

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 5890A
TC: _____
SERIAL: № 18090
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 14177 (STREET NO.) Lancaster Hwy (STREET) ② FILE: 5890A
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 223-111-11
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Andreas Bechtler / B & B Associates (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 4844 Zephyr Ln.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28209
⑬ PHONE: (WORK) 523-9216 ⑭ (HOME) 525-6780

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Art Studio, bathroom

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 0
㉓ Maximum occupancy? 1 person when utilized
㉔ Basement? ☐ yes ☐ no
㉕ Type? _____
㉖ Maximum number of employees? _____
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: Andreas Bechtler
Date: 7-12-89

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:

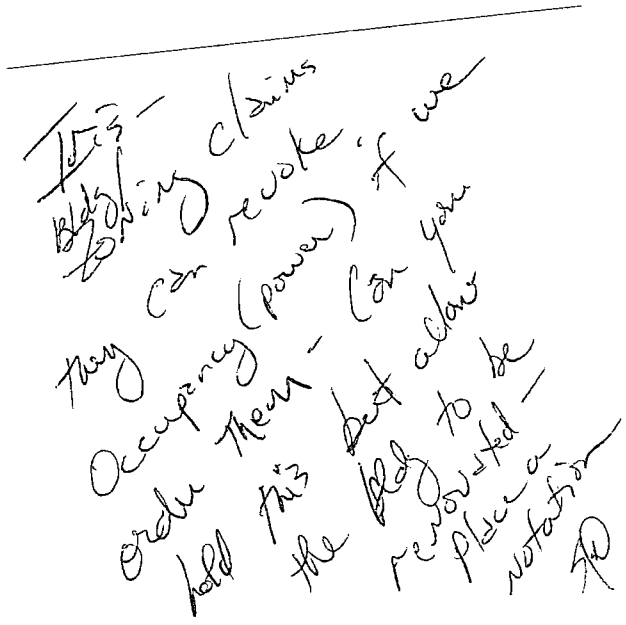
... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. System must be installed immediately after barn removal

Judy Kaser R.S. 8/23/89
Environmentalist Date

S R Kamp RS 8/24/89
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.


TCS -
Blds
Existing claims
they can revoke, if we
Occupancy (power) &
order them - Can you
hold this but clear
the bldg to be
removed -
please a
notation

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/11/89

NAME/COMPANY: Britton Remodeling

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Mol, Inst

#5890A

MECK COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 11 1989

check 11544
$40.00

FEE: 40.00

Completed By

Collected By

Mecklenburg County
Health Department

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

July 13th, 1989

Andreas H. Bechtler
4844 Zephyr Lane
Charlotte, NC 28209

RE: Property located at 14177 Lancaster Highway
FILE: 5890A
PARCEL: 22311111

Dear Sir:

At your request a soils investigation was conducted on the property designated above. Results of this investigation showed the site to be classified as UNSUITABLE under criteria as set forth in Section .1900 of the North Carolina Administrative Code, Title 10, Department of Human Resources, Chapter 10, Division of Health Services; Sanitary Engineering Section, Subchapter 10A, Sanitation. A copy of the Site Evaluation Report (Serial Number 12133) is enclosed.

The soil on this property is not suitable for use with any conventional, modified or alternative system of which I am aware.

If I can be of assistance, please do not hesitate to call.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

5890A

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5890A

TC: 223-111-11

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 14177 Lancaster Hwy.

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

⑤ PARCEL REFERENCE: BOOK NO.: 223 PAGE NO.: 11 PARCEL NO.: 111

⑥ DEED REFERENCE: BOOK NO.: 4865 PAGE NO.: 920

OWNER

⑦ NAME: B & B Associates / Andreas (FIRST) M. (MIDDLE) Bechtler (LAST)

⑧ MAILING ADDRESS: 4844 Zephyr Ln

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28209

⑫ PHONE: (WORK) _____ (HOME) _____

⑬ Accurately diagram and dimension lot.

Area around barn

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: _____

Date: 4-17-89

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