

19627 SMITH CR

00519108

6/27/2007

duponbj

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

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 9-21-98 No 46908

RECEIVED FROM: Charlene K Collazo

One Thousand Two Hundred Twenty Dollars and no/100 $1620.00

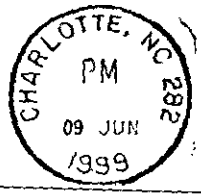
FOR: 4 Sewer Taps

1967 Smith Ln (Carnelian)

RECEIVED BY: Stella M Thomas

CASH

CHECK X 2194





Mecklenburg County Environmental Health
Maintenance Inspection
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

13

Mecklenburg County
Health Department

April 19, 1999

Efrain and Charlene K. Collazo
19627 Smith Circle
Cornelius, NC 28031

Dear Mr. and Mrs. Collazo:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7317-A DATE: 5-16-91

TC: 005-191-09 PPL ~~#~~ CRT

SERIAL № 12326

Name of Owner ELEANOR STEWART Juris.:

Address of Property 19627 SMITH CIRCLE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 6 @ 67'

Cover Depth 1'

Water Supply Source CMUD

Distance to Water Source ____

Excavation Inspected 5-16-91

Tank(s) Inspected 5-16-91

Wash Line Inspected —

High Water Alarm Inspected 5-16-91

PLOT

Design: 1500 ST 1000 DT P1 CON 1200 SFT 12G APPLINT CTR# 53

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: ____

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

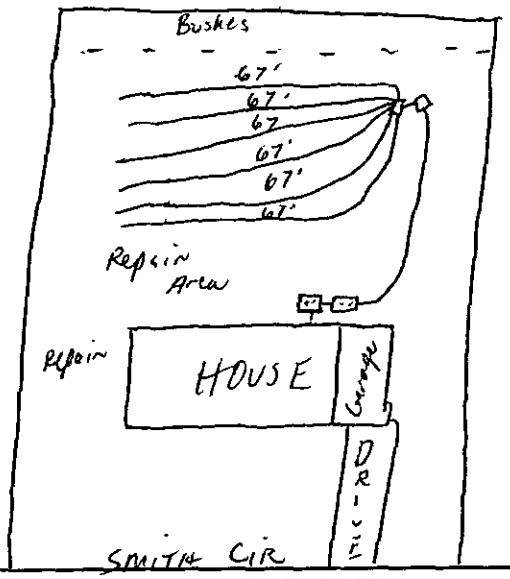
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7317 A DATE: 4/4/91

TC: 005-191-08 ✓L

SERIAL Nº 14770

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 3/91. All work shall be completed on or before 5/4/91, 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 400 feet

Number of Lines 6 (67')

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER Elenor Stewart

LOCATION OF PROPERTY 19627 Smith Cir

Comments: 6 lines x 67' long x 3' wd x 12" stone. Lift Station required. Keep lines on contour of land / Set 2 D-Boxes

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

04/16/92 3726 $125.00

7317A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

W/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: Phoenix Const Co, Inc (last) (first) (mi)
ADDRESS: 300 S. Florence PHONE: (704) 377-6905
CITY: Charlotte STATE: N.C. ZIPCODE: 28204

Date:

PROPERTY OWNER:
NAME: Stewart Eleanor (last) (first) (mi)
ADDRESS: 19627 Smith Creek PHONE: (__) _____
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005-191-08
STREET ADDRESS: 19627 Smith Cr.
Corn, 28031
ZONING:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) (Mondays - Pond Deck)
[] 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: 3 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)
[X] 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 [X] 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: _____ Date: 4-16-92

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.

...

use existing system

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

Thilo J. Walker 4/22/92
Environmentalist Date

4-24-92
Director or Authorized Section Head Date

WWATER : 122791

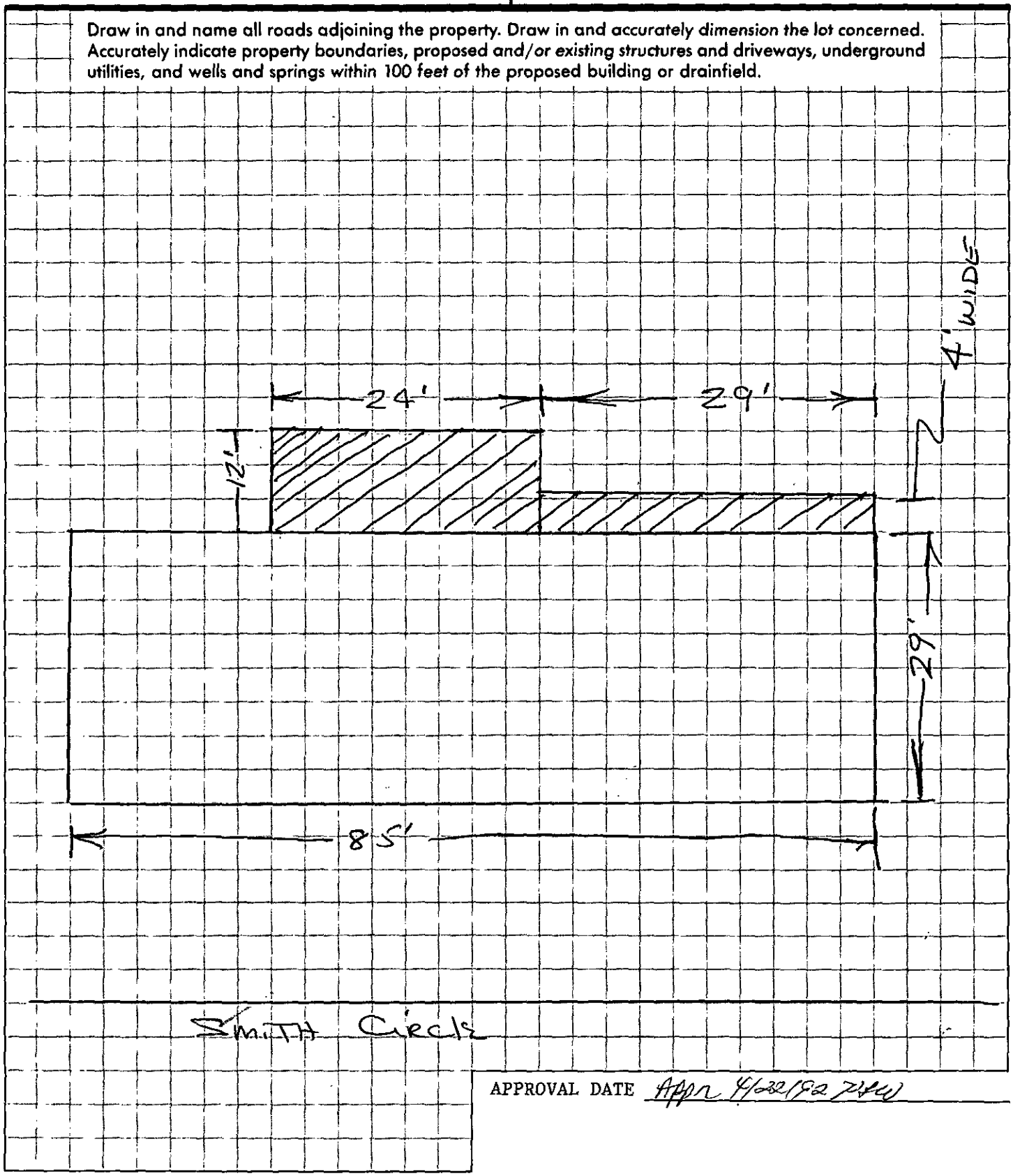
PROPOSED PLOT PLAN

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

FILE: 13178A

TC: 605-191-08

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 Appr 4/22/92 ZHW

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

March 19, 1991

I, Eleanor A. Stewart has agreed to tap on to the sewer if the Septic System fail

Eleanor A. Stewart

Philip S Walker
3/19/91

Words	Check Errors
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Correct _____ **Misspelled** _____

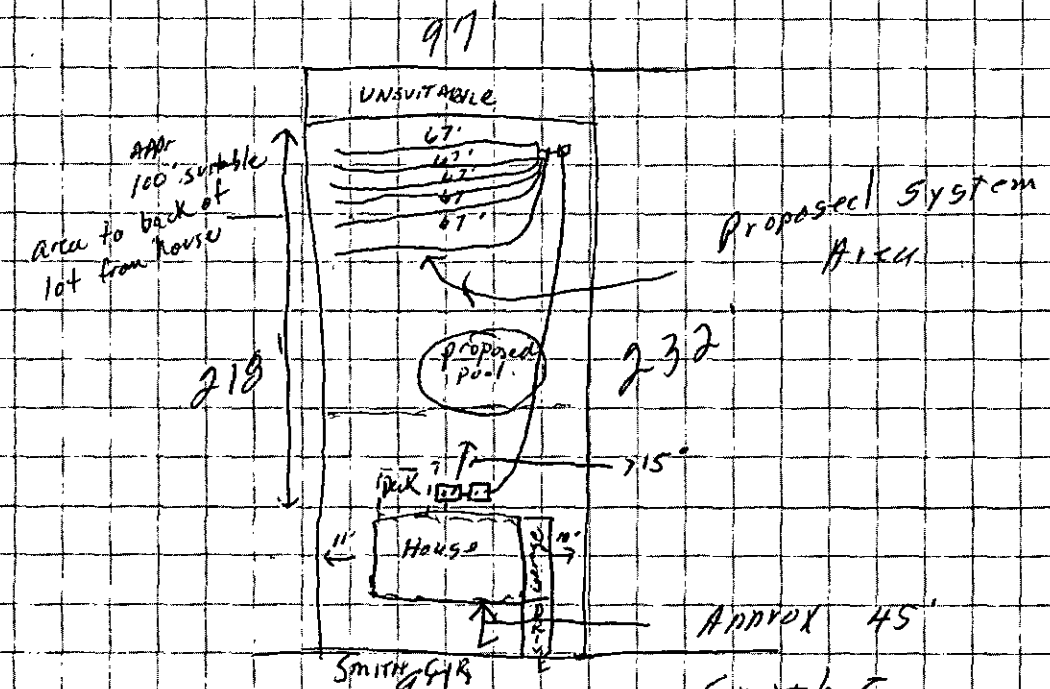
PROPOSED PLOT PLAN

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

FILE: 7317A

TC: 065-191-08

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.



1500 ST
1000 DT Lift station required
6 lines x 67' long x 3' wd x 12" stone
400' Total

Repair Area / 100% Area not required (deeded 1978)
Owner has statement in file to agree on utilizing City sewer in case of system failure.

Eleanor A. Stewart
March 19, 1991

APPROVAL DATE PJW 3/19/91

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner'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: 7317A

TC: 005-191-08

SERIAL: № 21769

☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 19627 Smith Circle (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Eleanor A. Stewart (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: P.O Box 174

⑩ CITY: Cornelius N.C ⑪ STATE: NC ⑫ ZIP: 28031

⑬ PHONE: (WORK) 892-8872 ⑭ (HOME) 892-3351

REQUEST

This request is for a(n):

⑮ ☑ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? ~~892-8872 work 892-3351 home~~

㉓ Maximum occupancy? 3

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: Eleanor A. Stewart

Date: March 18 1991

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.

Lift station required

Philo S. Walker, 3/19/91

Environmentalist — Date

3-21-91

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: 03/18/91

Name/Company: Edward A. Stewart

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sewer Use
19627 Victoria Circle
Fee # 113/NA

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 18 1991

Fee: $ 200.00 - Check #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.

Completed by _____ Collected by _____

Mecklenburg County
Health Department

March 20th, 1991

Eleanor A. Stewart
P. O. Box 174
Cornelius, NC 28031

RE: Property located at 19627 Smith Circle, Cornelius, N.C. Lot 8
FILE: 7317A
PARCEL: 005-191-08

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 17044) 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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17044

File: 7317A Action 1

Parcel: 005- 191-08 PC

Location: 19627 Smith Circle

Subdivision:

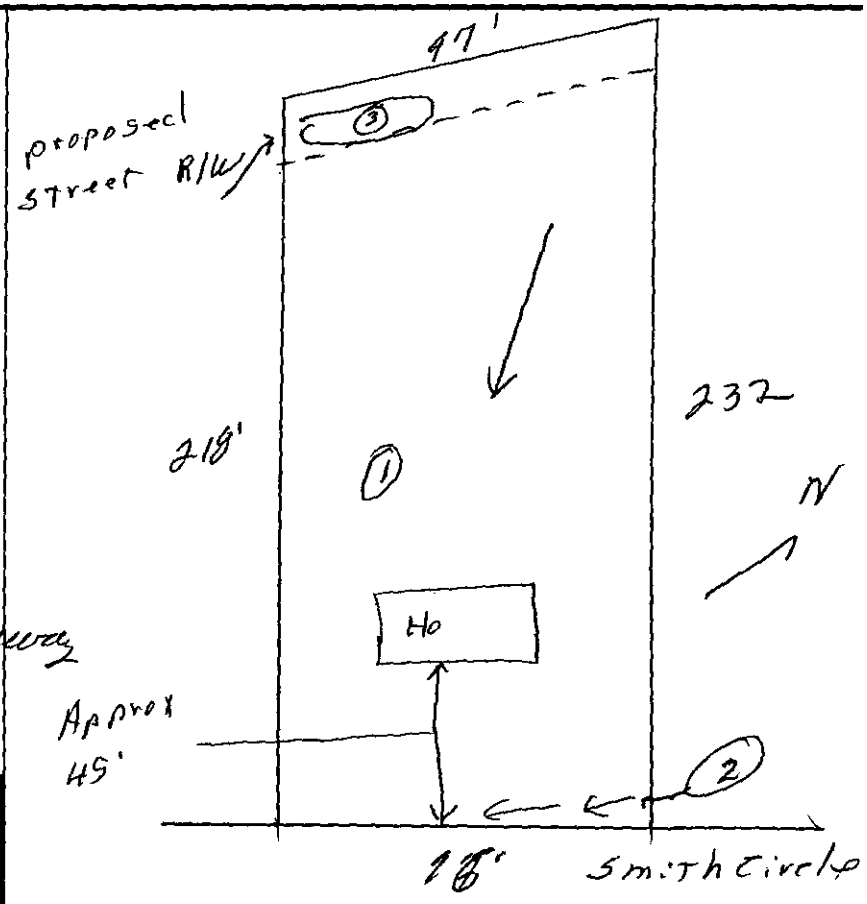
Lot: Block: Acres: .49

Owner: Eleanor A. Stewart
Address: PO Box 174
Cornelius, N.C. 28031

Comments: House moved onto lot w/o permit, system will probably need lift pump, sewer in neighborhood, do not know how far away

Described by: William R. Marler

Date: 3-14-91



***** 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) surface water drain	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 18" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 38-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 38"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U very limited	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) Piled Fill	S PS U	S PS U	S PS U
Soil Group/Series	IV Appling like	surface water drain	Piled Fill			
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17044

File:

Action

Parcel:

☐ PC

Location:

Subdivision:

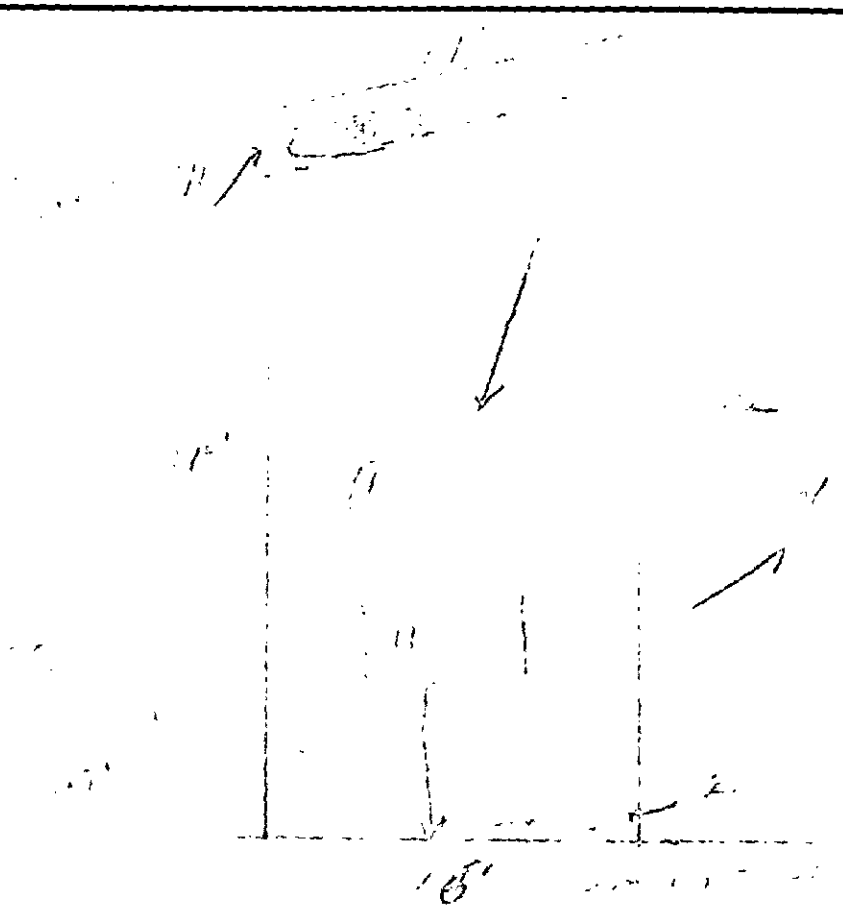
Lot: Block: Acres:

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

APPLICATION FOR SOIL INVESTIGATION

Paid
#50.00
3/12/91
EJ

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

(OFFICE USE ONLY)

FILE: TB17A

TC: 005-191-08

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19627 Smith Circle – Davidson Cornelius, Inc.

② SUBDIVISION: _____ ③ LOT: Lot 8 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

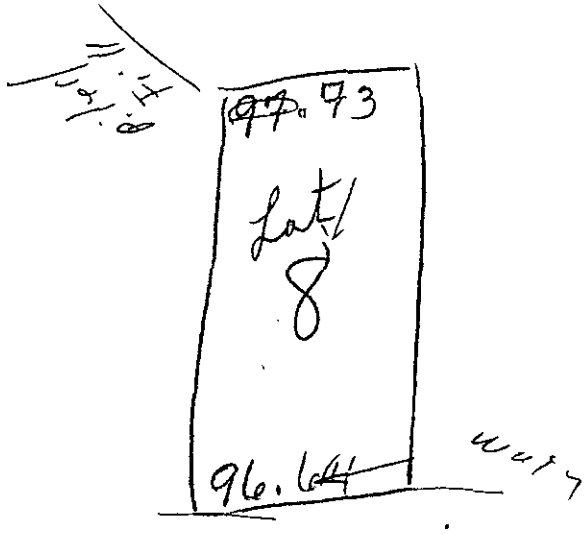
⑦ NAME: Eleanor A. Stewart (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: Post Office Box 174

⑨ CITY: Cornelius N.C. ⑩ STATE: N.C. ⑪ ZIP: 28031

⑫ PHONE: (WORK) 704-892-8872 (HOME) 704-892-3351

⑬ Accurately diagram and dimension lot.



Mark A/W on soil report

system may need 36" - 36" - 42" dispersion

very limited area

House approx 45' from front of lot

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

Signed: Eleanor A. Stewart

Date: March 12, 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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7817A

TC: 005-191-08

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19627 Smith Circle – ~~Davidson~~ Cornelius, NC.

② SUBDIVISION: _____ ③ LOT: Lot 8 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

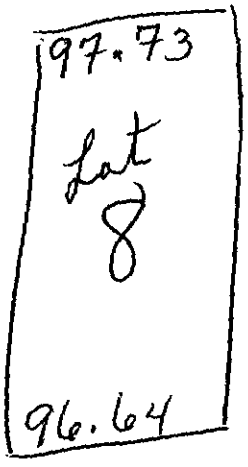
⑦ NAME: Eleanor A. Stewart (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: Post Office Box 174

⑨ CITY: Cornelius NC ⑩ STATE: N.C. ⑪ ZIP: 28031

⑫ PHONE: (WORK) 704-892-8872 (HOME) 704-892-3351

⑬ Accurately diagram and dimension lot.



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

Signed: Eleanor A. Stewart

Date: March 12, 1991

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 03/12/91

Name/Company: Edward A. Stewart

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Well test

Jones Ford 3117A

19627 Dunn Circle

T-# 005-191-08

ATTACHED TO COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 12 1991

Fee: $ 30.00 Ck 7130 00

NOTICE:

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

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7317A

TC: 005-111-03

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19627 Smith Circle - Cornelius, NC.

② SUBDIVISION: _____ ③ LOT: Lot 8 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

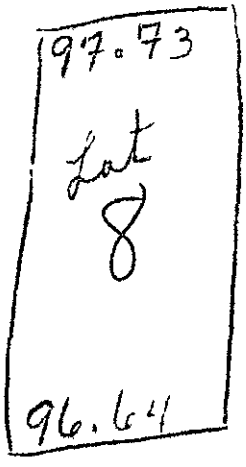
⑦ NAME: Eleanor A. Stewart
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: Post Office Box 174

⑨ CITY: Cornelius ⑩ STATE: N.C. ⑪ ZIP: [illegible]

⑫ PHONE: (WORK) 704-892-8872 (HOME) 704-892-3351

⑬ *Accurately diagram and dimension lot.*



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

Signed: Eleanor A. Stewart

Date: March 12, 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: 03/18/91

Name/Company: Eleanor A. Stewart

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible] Drive
19627 [illegible] Circle
File # 13/7A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 18 1991

Fee: $ 200.00 Cash

P 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.

Completed by

Collected by