

19000 MARY ARDREY CR

00151124

5/9/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

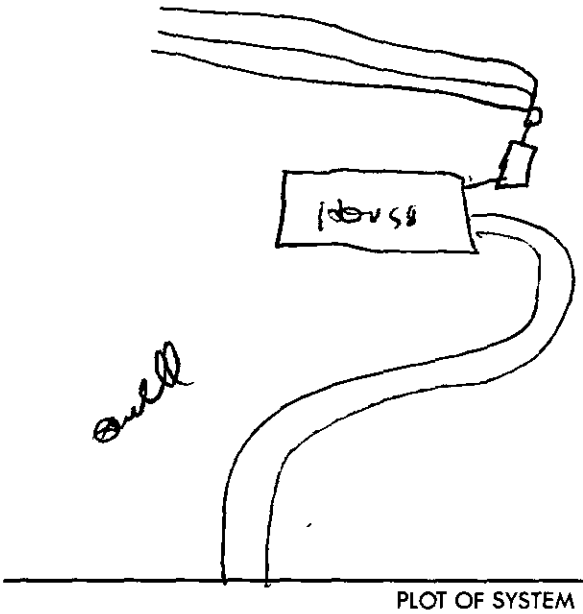
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3716-A DATE: 8-27-87

TC: 001-091-07 ☑ L

SERIAL № 11201

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 8-17-87. All work shall be completed on or before 9-27-87, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER KLINE RICHARD J.

LOCATION OF PROPERTY 19000 MARY AUDREY CIRCLE

Comments: 3 lines @ 133 x 3' wide x 12" rock

Division or Section Head

Environmentalist

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

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

PROPOSED PLOT PLAN

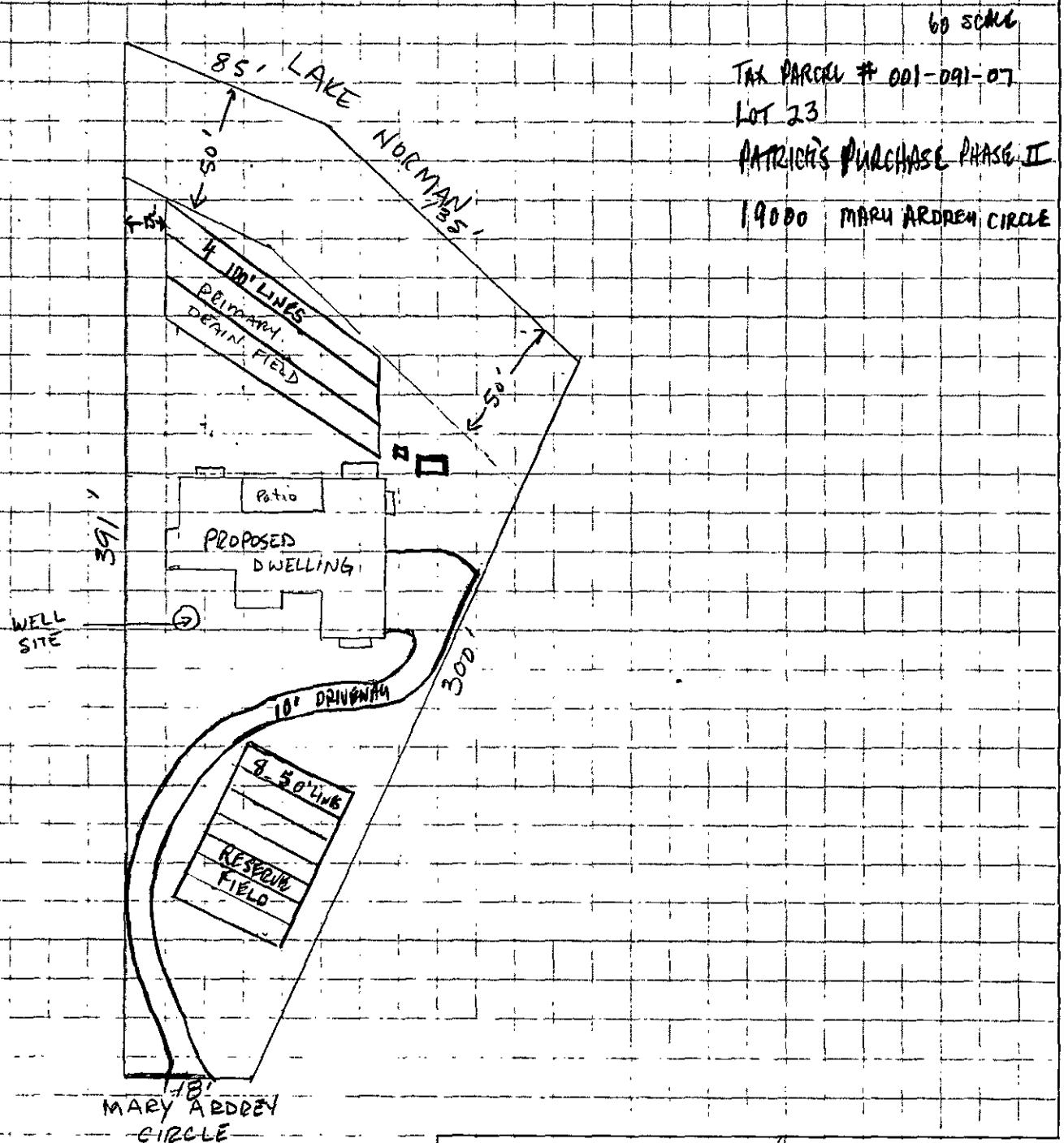
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 3716A

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: Richard D Kline

Date: 8/11/87

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3716A DATE: 9/2/87

TC 001-091.87 ☐ L ☐ CRT

SERIAL № 10521

Name of Owner Kline Richard J Juris.:

Address of Property 19000 Mary Audrey Lane

Inspection Data:

Tank Material Pre Cast

Total Length of Drainfield 400

Number of Lines 3 @ 133

Cover Depth 12"

Water Supply Source Well

Distance to Water Source 50' +

Excavation Inspected 9/2/87

Tank(s) Inspected 9/2/87

Wash Line Inspected —

High Water Alarm Inspected

PLOT

Design: 1987 1500 gal Con, 1200 SFT, 12" C CTR# 121

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:

Judy Kline R.S. 1/14
Environmentalist

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 3716A

TC: _____

SERIAL: Nº 14229 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 19000 (STREET NO.) MARY AUDREY CIRCLE (STREET) ② FILE: 3716 A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-091-07 PO

⑤ SUBDIVISION: PATRICK'S PURCHASE, PHASE II ⑥ LOT: 23 ⑦ BLOCK: N/A

OWNER

⑧ NAME: RICHARD (FIRST) JEFFREY (MIDDLE) KLINE (LAST)

⑨ MAILING ADDRESS: PO Box 37146

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28237

⑬ PHONE: (WORK) 334-5494 ⑭ (HOME) 892-3224

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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? _____

㉓ Maximum occupancy? 2 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Richard J Kline

Date: 8-11-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Kelly Randell, 8-14-87
Environmentalist Date

S Kevin, 8-14-87
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

MECKLENBURG COUNTY

Department of Environmental Health

July 31st, 1987

Mr. Richard J. Kline
Stough Farms Development Co.
P.O. Box 1797
Davidson, NC 28036

RE: Property located at Mary Ardrey Circle 23
FILE: 3716A
PARCEL: 00109107PO

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 14445) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14445

File: 3716A Action 1

Parcel: 00109107PO ☐ PC

Location: Mary Ardrey Circle

Subdivision:

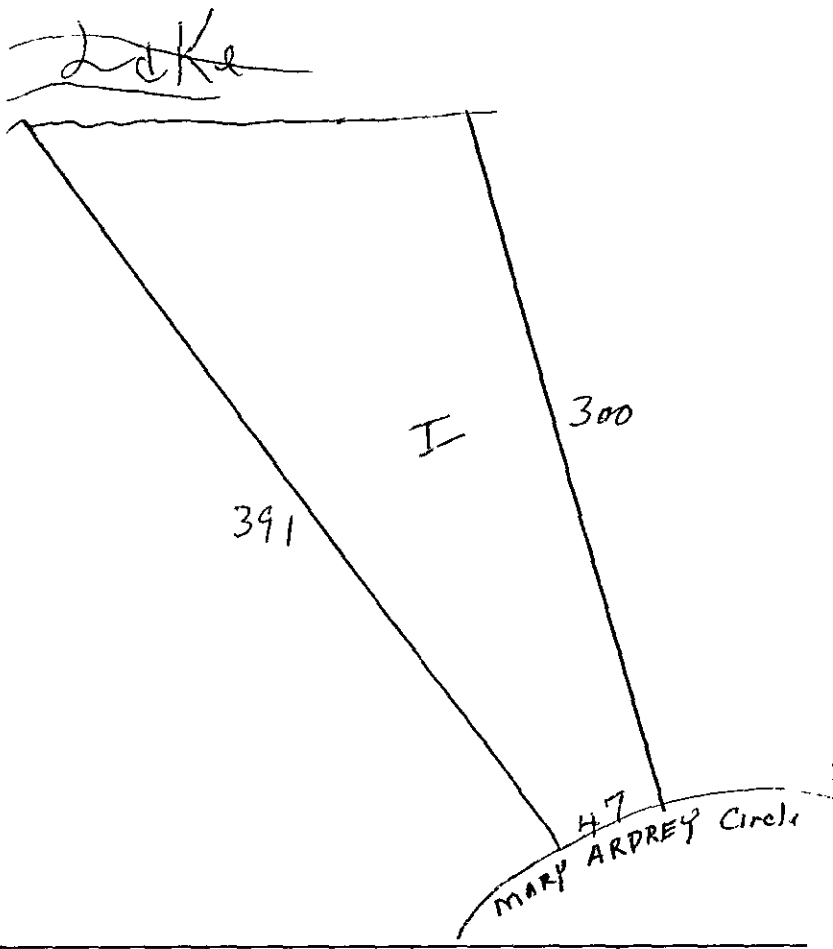
Lot: 23 Block: Acres: .96

Owner: Stough Farms Development Co.
Address: P.O. Box 1797
Davidson, NC 28036

Comments: _____

Described by: W. B. Ramsey

Date: 7-31-87



***** 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	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 45-47	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	Iva Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

DATE: 8/12/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER [redacted] 001-091-07 p/o

ASSIGNED ADDRESS 19000 Mary Audrey Ct

EXISTING ADDRESS lot 23

PROJECT NAME Patricks Purchase Ph 2

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☑	☐ *
3. EROSION CONTROL REGULATIONS	☑	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *
	PRESENT	**NOT PRESENT**
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	**NO**
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☑
	YES	**NO**
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: S.F. house

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: _____

OPWEAR 02/86

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 3716A

TC: 001-091-07 PO

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JUL 14 1987

JOB LOCATION

① ADDRESS: MARY ARDREY CIRCLE

② SUBDIVISION: PATRICK'S PURCHASE, PHASE II ③ LOT: 23 ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: P.O. 001 PAGE NO.: 9 PARCEL NO.:

⑥ DEED REFERENCE: BOOK NO.: MAP Book 21 Pages 898-900 PAGE NO.:

OWNER

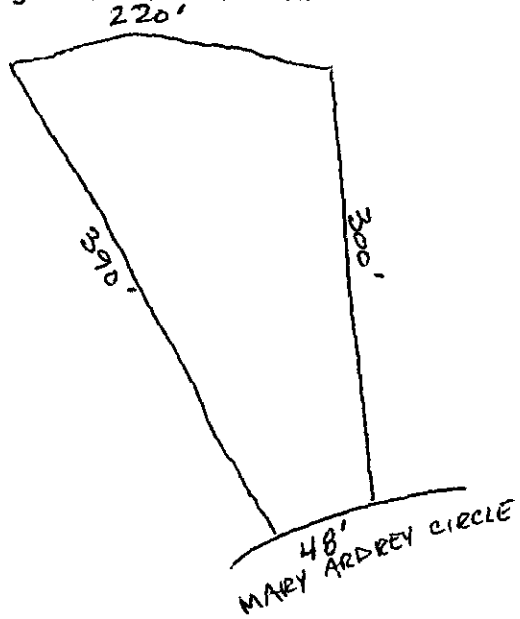
⑦ NAME: RICHARD J. KLINE STOUGH FARMS DEVELOPMENT CO.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO Box 1797

⑨ CITY: DAVIDSON ⑩ STATE: NC ⑪ ZIP: 28036

⑫ PHONE: (WORK) 334-5494 (HOME) 892-3224

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: STOUGH FARMS DEVELOPMENT CO Richard J Kline, Assistant secretary

Date: July 14, 1987

SEAL

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

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



10424 CAIRNSMORE PL

13704238

5/9/2007

duponbj

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

VISITED SITE FOUND AREA ON PLAN WHERE DRAINFIELD WILL GO PC to Mike Bolton to inform him of findings NO response

Sylvia

Willard and I checked Lpp layout for Mr. Robbins. The site meets space requirements and Topography looks good in respect to line placements. The only problem I see is that the elevation difference between line 1 and line 12 is approx. 11 feet. According to "Design and Installation of low Pressure pipe waste treatment Systems" Chapter 7 page 21, more than one pressure manifold would be required to dose the system properly considering this Elevation difference, ~~Systems~~

So I did not have the #5 letter sent because I don't think the elevations are reflected in this plan,

J.H.G

4-28-88

I contacted Richard Williams, he will resubmit LPP plan, splitting the Laterals in respect to the manifold



Mr. Williams said New plan should be ready by the middle of next week

I called Mrs. Robbins and relayed this information

FEE: $100 CK# 1016 DT

DATE: 10/6/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 3718A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-042-38

STREET ADDRESS: 10424 Cairnesmore Place

SUBDIVISION OR MOBILE HOME PARK NAME: Davis Rd. Estates

LOT NUMBER: 38

TYPE OF BUILDING, (CHECK ONE)

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1900

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: (LAST) Riley (FIRST) Mary (MI) V

ADDRESS: 7517 Davis Road

CITY: Mint Hill STATE: NC ZIP: 28227

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Bolton (FIRST) Mike (MI) E

DAYTIME PHONE: 704 391-9443

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? May 15, 1990

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: Michael E Bolton DATE: 10/6/95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

3718A

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

Date: 10-6-95

PERSON FILING APPLICATION:
NAME: Bolton (last) Michael (first) E (mi)
ADDRESS: 2925 Overbrook Terrace PHONE: (704) 393-8061
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-042-38
STREET ADDRESS: 10424 CAIRNESMORE PLACE
MINT HILL, N.C. 28227
ZONING:

PROPERTY OWNER:
NAME: Riley (last) Mary (first) V. (mi)
ADDRESS: 7517 Davis Road PHONE: (__) _____
CITY: Mint Hill STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: DAVIS ROAD ESTATES

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

LOT NUMBER: 38 LOT SIZE (in acres): 4.0

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (O)
[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: 3 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [X] Storage Building [X] 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: Mary V Riley Date: 10-6-95

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

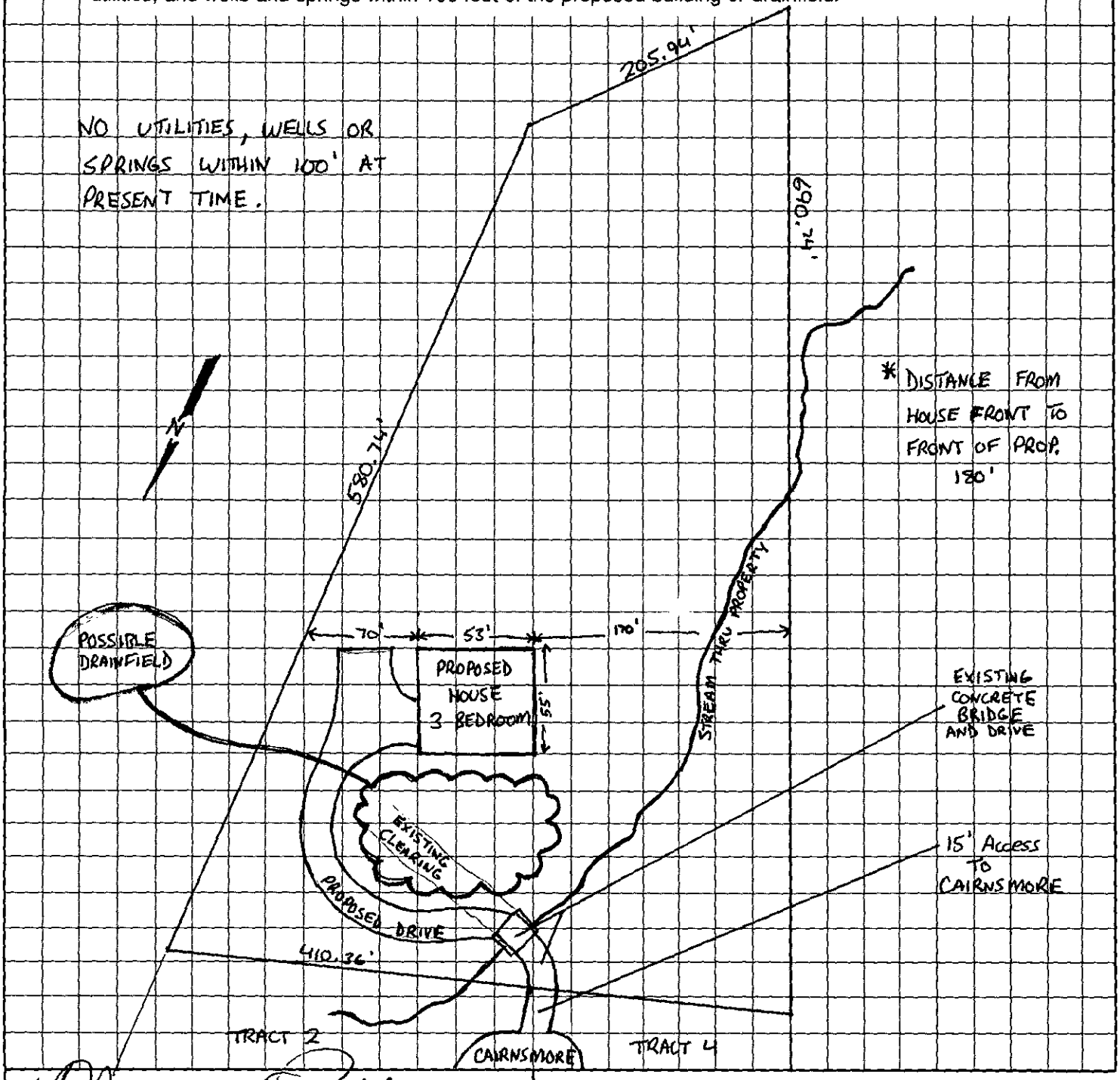
PROPOSED PLOT PLAN

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

FILE: 3718A

TC: 137-042-38

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.



OWNER/AGENT SIGNATURE Mary V Riley

DATE 10-06-95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY

Department of Environmental Health

May 23, 1988

Robin D. & Catherine M. Robbins
7505 Alamance Drive
Charlotte, NC 28212

Dear Mr. & Mrs. Robbins:

RE: Property located at 10424 Cairnesmore Place
FILE: 3718A
PARCEL: 137-042-38

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved. The well should not be located closer than 100 feet away from any part of the system or the repair area.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

Jim Ericson, R.S.
On Premises Waste Disposal Section

JE/ir

Enclosures - 3 Septic Tank Agreement Forms
Copy of Plans

PROPOSED PLOT PLAN

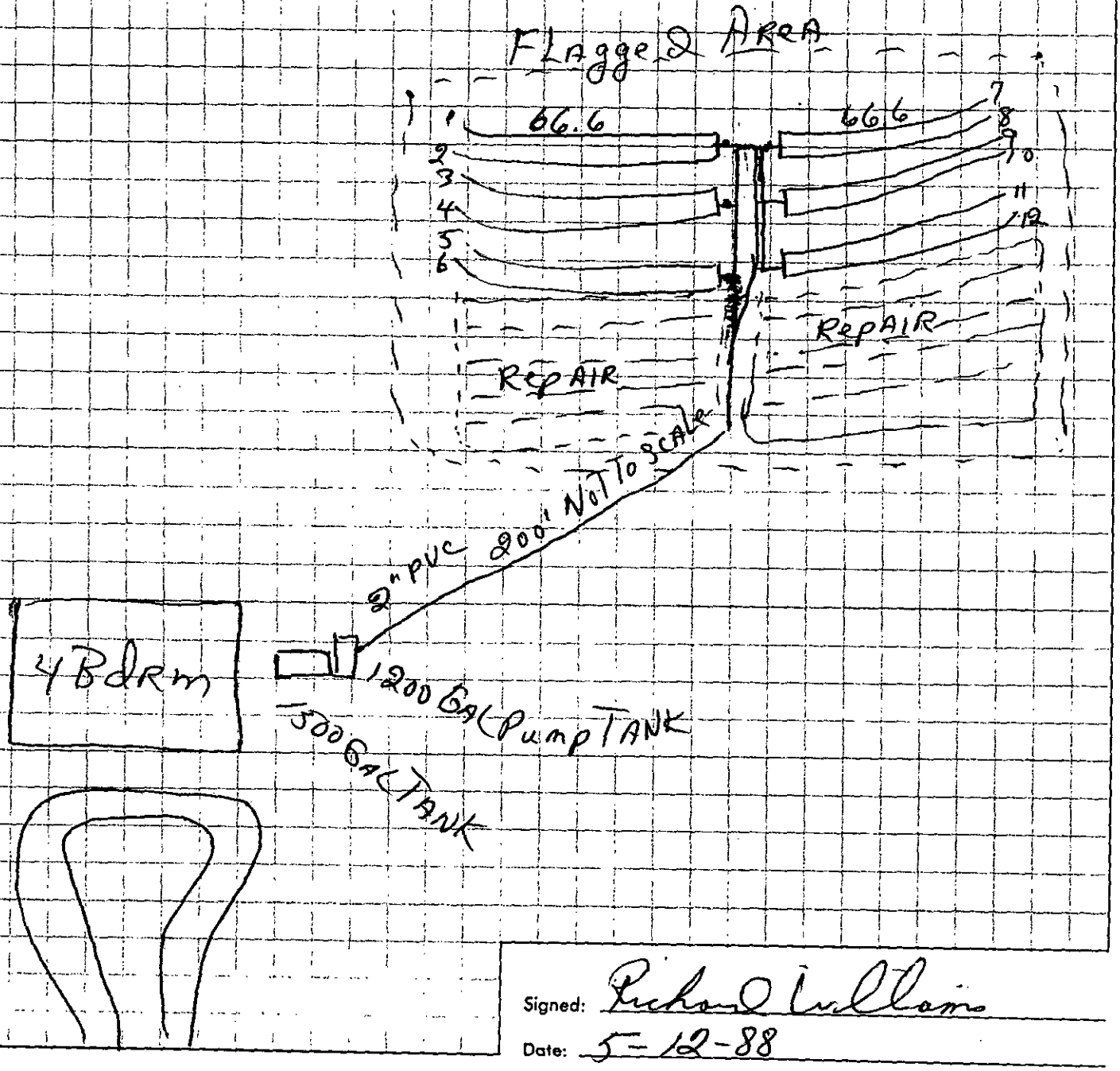
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 3718A

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: Richard Williams

Date: 5-12-88

MECKLENBURG COUNTY
Department of Environmental Health

LPP System Design File 3718A

Line No.	Hole Size	(Conv)	No. Holes	Head Press.	Flow/ Hole	Hole Spacing	Flow/ Line	Flow/ Foot	Line Length
1	5/32	0.16	13	2.0	0.41	5.1	5.29	0.079	66.6
2	5/32	0.16	13	2.3	0.43	5.1	5.61	0.084	66.6
3	5/32	0.16	12	2.5	0.46	5.7	5.46	0.082	66.6
4	5/32	0.16	12	2.8	0.48	5.7	5.73	0.086	66.6
5	5/32	0.16	11	3.0	0.50	6.3	5.48	0.082	66.6
6	5/32	0.16	10	3.3	0.52	7.1	5.19	0.078	66.6
7	5/32	0.16	13	2.0	0.41	5.1	5.29	0.079	66.6
8	5/32	0.16	13	2.3	0.43	5.1	5.61	0.084	66.6
9	5/32	0.16	12	2.5	0.46	5.7	5.46	0.082	66.6
10	5/32	0.16	12	2.8	0.48	5.7	5.73	0.086	66.6
11	5/32	0.16	11	3.0	0.50	6.3	5.48	0.082	66.6
12	5/32	0.16	10	3.3	0.52	7.1	5.19	0.078	66.6
			142				65.534		799.2

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

DATE 6-9-86

TO: ENVIRONMENTAL REVIEW

FROM: COUNTY ENGINEERING

FHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 137-042-38

ASP[illegible] ADDRESS 10424 Cairnmore Pl

[illegible] ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☒	☐ *
2. FLOODWAY REGULATIONS	☒	☐ *
3. EROSION CONTROL REGULATIONS	☒	☐ *
4. COMMERCIAL DRAINAGE PLAN	☒	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☒
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Attn: MD

NOTE: THIS FORM MUST BE [illegible] IN THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION [illegible] FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

OPWEAF 02/86

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

4/4/88 $250 — CK# 1913 JR

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: 3718A

TC: _____

SERIAL: Nº 15898

☑ CRT

JOB LOCATION

① ADDRESS: 10424 (STREET NO.) CAIRNESMORE PLACE (STREET) ② FILE: 3718A

③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 137-042-38

⑤ SUBDIVISION: DAVIS ROAD ESTATES ⑥ LOT: 3 ⑦ BLOCK: _____

OWNER

⑧ NAME: ROBIN D. & CATHERINE M. ROBBINS (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 7505 ALAMANCE DR.

⑩ CITY: CHARLOTTE ⑪ STATE: NC. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 375-2042 ⑭ (HOME) 545-2178

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? 4

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Robin D. Robbins

Date: April 3, 1988

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 S. Daniel RS Date 5-31-88

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

PROPOSED PLOT PLAN

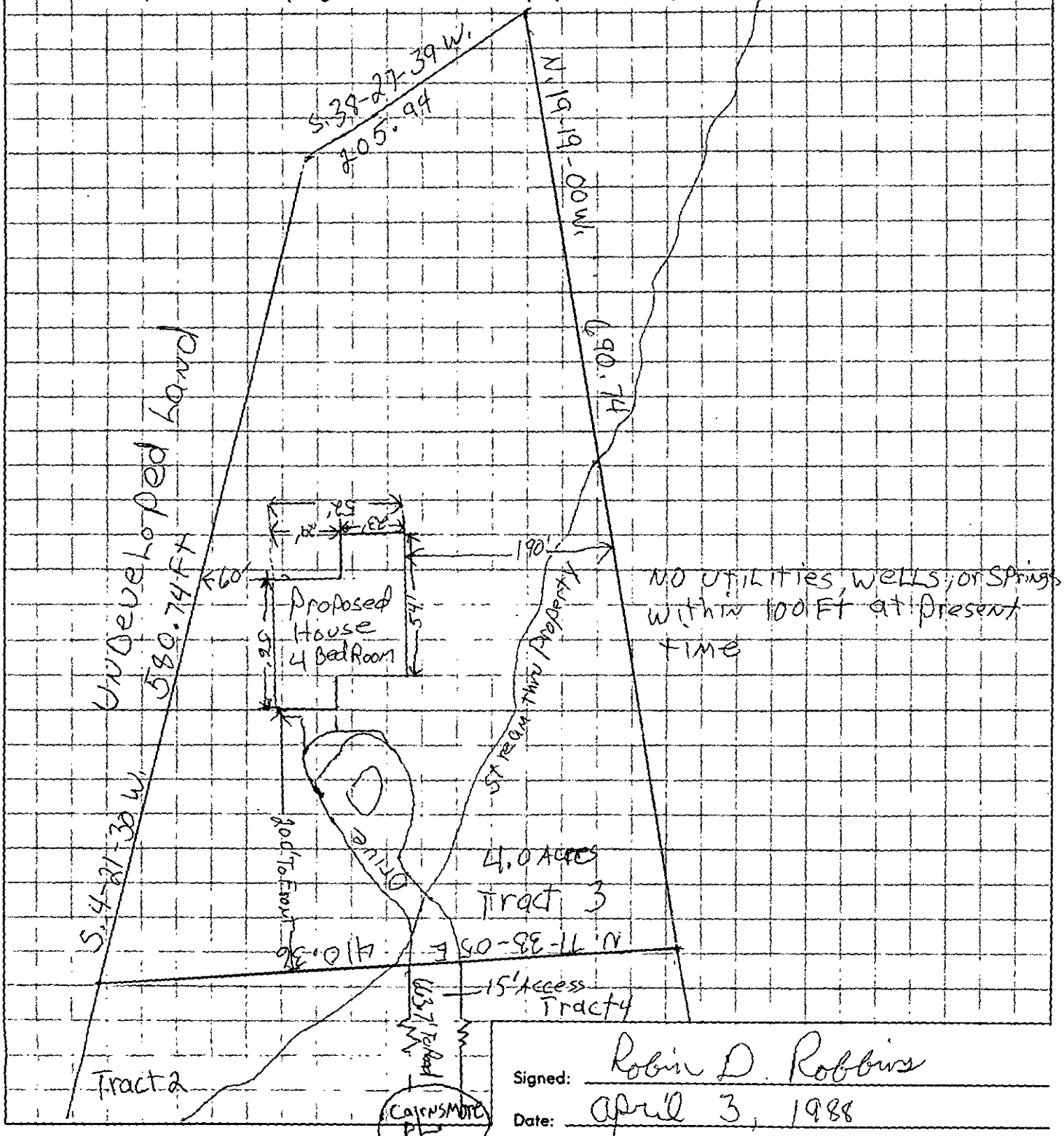
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: 3718A

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: Robin D. Robbins

Date: April 3, 1988

PRESENTED FOR REGISTRATION

MAY 27 10 33 AM '88

CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

COPY

FILE NO. 3718A

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, ROBIN D. & CATHERINE M. ROBBINS

owner of property located at 10424 CAIRNESMORE PLACE.

("the site") and described in an instrument recorded in Book 6994 at Page 773, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 27 day of MAY, 1988.

Robin Drew Robbins (SEAL)

Catherine M. Robbins (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Weir, a Notary Public for said County and State, do hereby certify that Robin Drew Robbins & Catherine M. Robbins personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 27th day of May, 1988.

Marlene Weir
Notary Public

My Commission Expires: 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

REGISTER OF DEEDS
MECKLENBURG CO. N.C.

ROBBINS

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

76

The undersigned, ROBIN D. & CATHERINE M. ROBBINS

owner of property located at 10424 CAIRNESMORE PLACE

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The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

FEE 6.00
6.00
CASH 6.00

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

05/27/88

This 27 day of MAY, 1988.

Robin Drew Robbins (SEAL)

Catherine M. Robbins (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Marlene Wise, a Notary Public for said County and State, do hereby certify that Robin Drew Robbins & Catherine M. Robbins personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 27th day of May, 1988.

Marlene Wise
Notary Public

My Commission Expires: 3-15-93

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

State of North Carolina, County of Mecklenburg

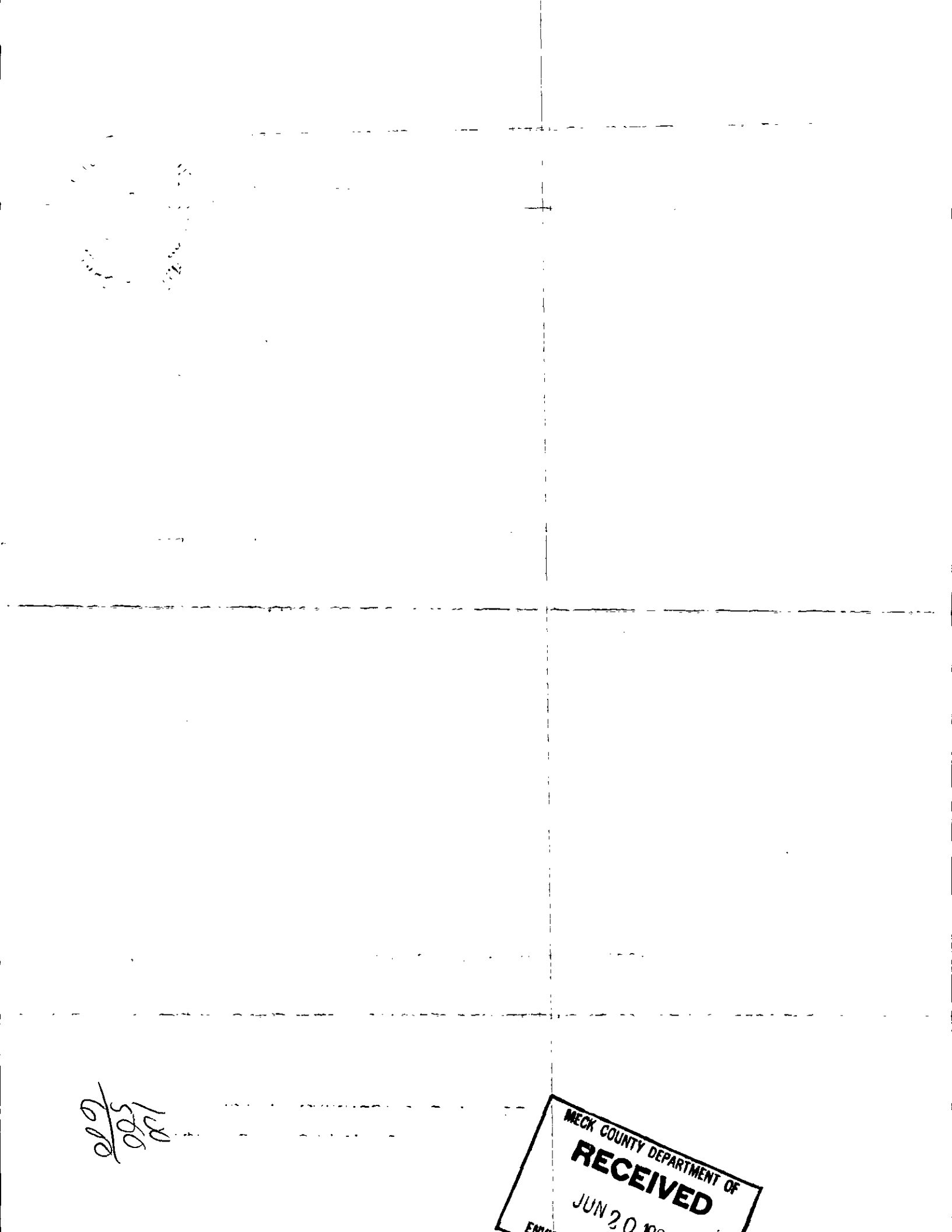
The foregoing certificate(s) of Marlene Wise

I, _____ y certify that

_____ is _____

of _____ ration, the foregoing

_____ ed with its corporate


MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 20

DATE: 3/31/88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 137-042-38

ASSIGNED ADDRESS 10424 Cairnsmore Pl

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. COMMERCIAL DRAINAGE PLAN		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	* YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	* YES	NO
7. DRIVEWAY PERMIT REQUIRED	*	

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: _____

OPWEAR 02/86

PROPOSED PLOT PLAN

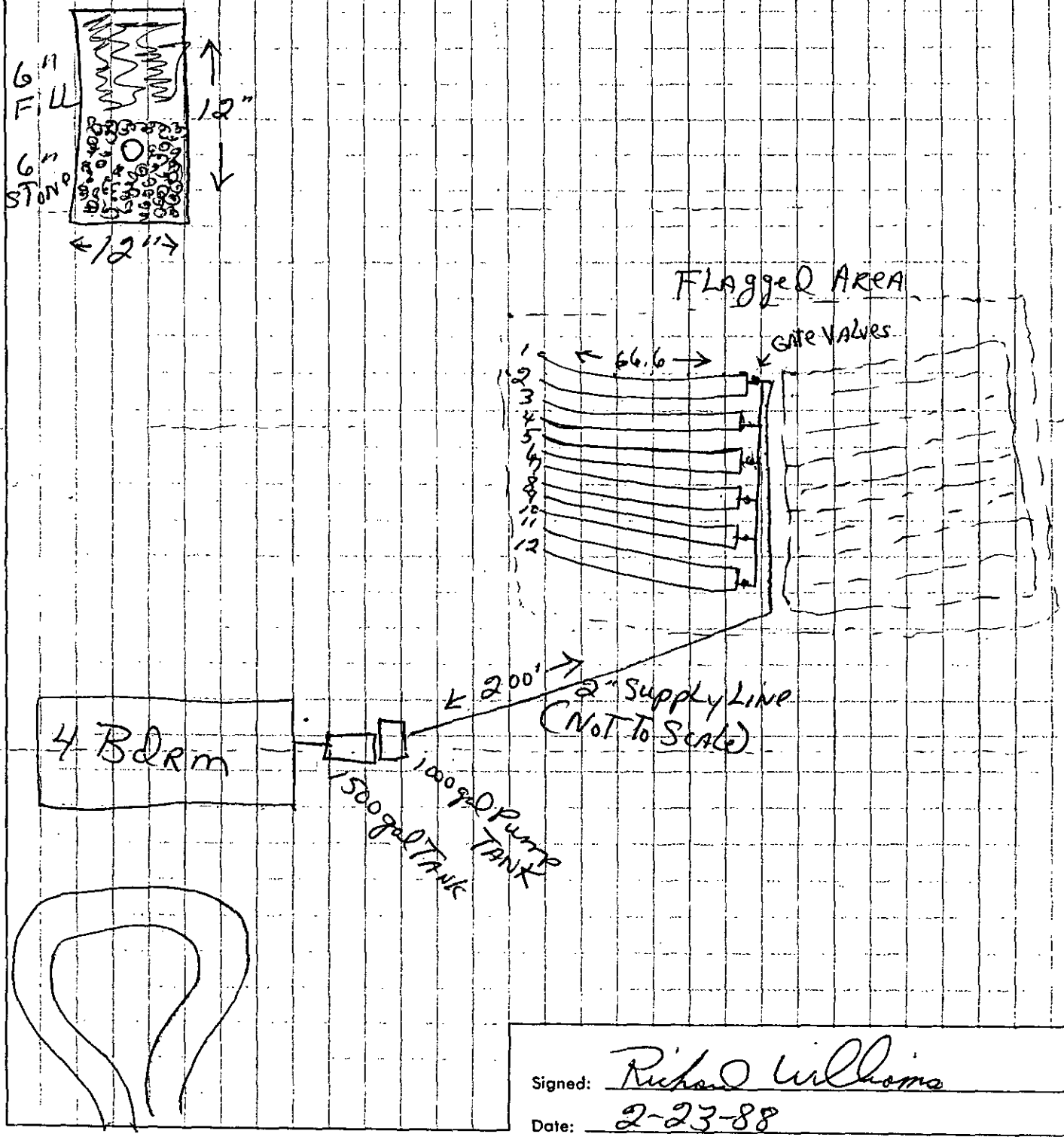
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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

FILE: _____

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.

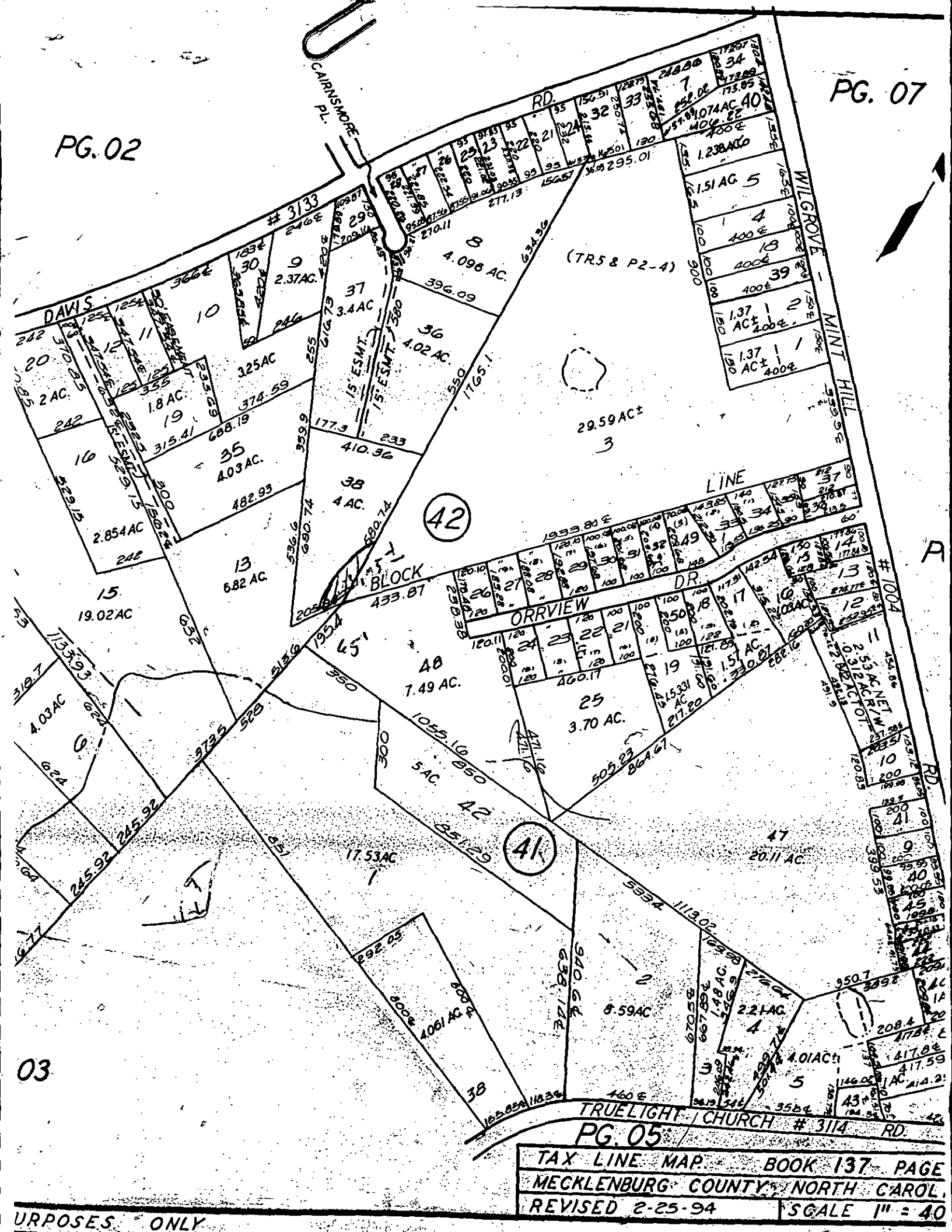


Signed: Richard Williams

Date: 2-23-88

ine #	Hole Size	# Holes	Pressure Head	Flow Per Hole	Hole Spacing	Flow Per Line	1st Hole Spacing
1	5/32	13	2'	.41Gpm	5'	5.33 gal	30"
2	5/32	13	2.25	.43	5'	5.59	30"
3	5/32	12	2.5	.45	5'5"	5.4	32.5"
4	5/32	12	2.75	.47	5'5"	5.6	32.5"
5	5/32	13 H	3	.50	5'10	5.5	35
6	5/32	10	3.25	.52	6'5"	5.2	38.5
7	5/32	13	2'	.41	5'	5.3	30"
8	5/32	13	2.25	.43	5'	5.5	30"
9	5/32	12	2.5	.45	5'5"	5.4	32.5"
10	5/32	12	2.75	.47	5'5"	5.6	32.5"
11	5/32	13 H	3	.50	5'10	5.5	35
12	5/32	10	3.25	.52	6'5"	5.2	38.5

Mike Williams
882-2469


PG. 02
PG. 07
PG. 05
CAIRNSMORE PL.
RD.
3133
DAVIS
WILGROVE - MINT HILL
LINE
BLOCK
ORRVIEW
DR.
1004
TRUELIGHT CHURCH # 3114 RD.
(TR5 & P2-4)
29.59 AC±
3
42
41
8
4.096 AC.
9
2.37AC.
10
11
12
13
6.82 AC.
14
15
19.02AC
16
2.854AC
17
18
19
1.8 AC.
20
2 AC.
21
22
23
24
25
3.70 AC.
26
27
28
29
30
31
32
33
34
35
4.03AC.
36
4.02 AC.
37
3.4AC
38
4 AC.
39
40
1.074AC.
1.238ACo
1.51 AC.
1.37 AC±
29.59AC±
48
7.49 AC.
49
1.53 AC.
2.53AC NET R/W
0.312 AC TOT.
1.148 AC.
2.21AC.
4.01AC±
8.59AC
4.061 AC.
17.53AC
20.11 AC.
5AC.
15' ESMT.
30' EASEMENT
45'
60'
S.R. 1954
PG. 07
PG. 05
TAX LINE MAP BOOK 137 PAGE
MECKLENBURG COUNTY, NORTH CAROL.
REVISED 2-25-94
SCALE 1" = 40
03
URPOSES ONLY

copy to Robin Robbins
11-16-87
WBM

North Carolina Department of Human Resources

North Central Regional Office • 310 East Third Street • Winston-Salem, N. C. 27101

James G. Martin, Governor | November 6, 1987 | David T. Flaherty, Secretary

MEMORANDUM

TO: Sylvia D. Daniel, Environmental Health Supervisor
Mecklenburg County Health Department

FROM: JWC Joel W. Cawthorn, Soil Specialist
N.C. Division of Health Services

SUBJECT: *Soil/Site Evaluation of a portion of Lot #30 at Cairnesmore Place*
Property of Robin D. Robbins

On November 5, 1987, Bill Marlin accompanied me and assisted with the soil/site evaluation of the above named property to determine its suitability for the installation of a ground absorption sewage treatment and disposal system for a four bedroom house. There is four acres of land and water must be obtained from a well. Mr. Joe Robbins, father of the owner, was present during the evaluation.

Mr. Robbins stated that they wanted to locate an area in which a system could be installed. For this reason, we evaluated the area that Bill Marlin had found to have the most promise. We found it to be unsuitable for the installation of a conventional system because of the shallow depth to saprolite, shallow depth to seasonal water table and shallow depth to unsuitable soil material. There is a limited area however, near the rear property line where the soils are 24 to 32 inches deep. There are complex slopes here which range from two to twenty percent. Here the soils have a sandy loam surface layer over clay loam and clay (group IVa) subsoils which are underlain by dense saprolite. There is about 10,000 square feet in this area and it is marked by ribbons tied to trees and by the rear property lines. This area is provisionally suitable for the installation of a low pressure pipe system using an application rate of .15 gallons per day per square foot. The size of system which can be designed and installed will be limited by the complex slopes and the configuration of the usable area of land.

If a low pressure pipe system is to be installed here, it should be in trenches ten to twelve inches wide and no more than twelve inches deep. The trenches

should strictly follow the contour of the ground. This system, including the repair area, should be designed, laid out and staked on the ground before an improvement permit is issued.

If there are questions concerning this evaluation, please contact me.

JWC:kd
cc: Dean Harrill
Steve Steinbeck

MECKLENBURG COUNTY
Department of Environmental Health

August 10th, 1987

Robin D. Robbins
5830 Crossing King Drive
Charlotte, NC 28212

RE: Property located at 10424 Cairnsmore Place 3
FILE: 3718A
PARCEL: 13704238

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 14446) is enclosed.

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

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

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14446

File: 3718A Action 3

Parcel: 13704238 ☐ PC

Location: 10424 Cairnsmore Place

Subdivision:

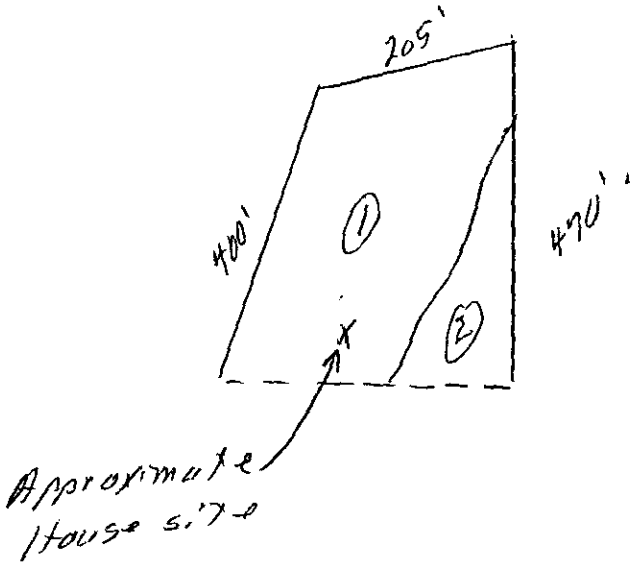
Lot: 3 Block: Acres: Approx 2.1 inv.

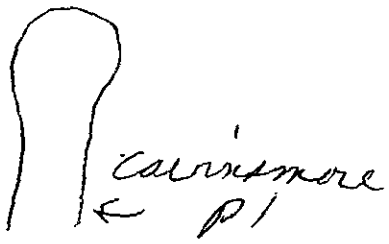
Owner: Robin D. Robbins
Address: 5830 Crossing King Drive
Charlotte, NC 28212

Comments: Soils very mixed - Recommend investigation of marked site for drainfield if a system is proposed for used

Described by: William R. Mullis

Date: 8-10-87





***** 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 8-15%	S PS (U) Depression Drainageway	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) perched water 24"	S PS (U) seasonal water 24-36"	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 18-24"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 30"	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	IvB Vance-Helena	Drainageway Depression				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 3718A

TC:

☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 14 1987
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 10424 CAIRNSMORE PLACE

② SUBDIVISION: DAVIS ROAD ESTATES ③ LOT: #3 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 20 PAGE NO.: 871 PARCEL NO.: 137-042-38

⑥ DEED REFERENCE: BOOK NO.: 4994 PAGE NO.: 0773

OWNER

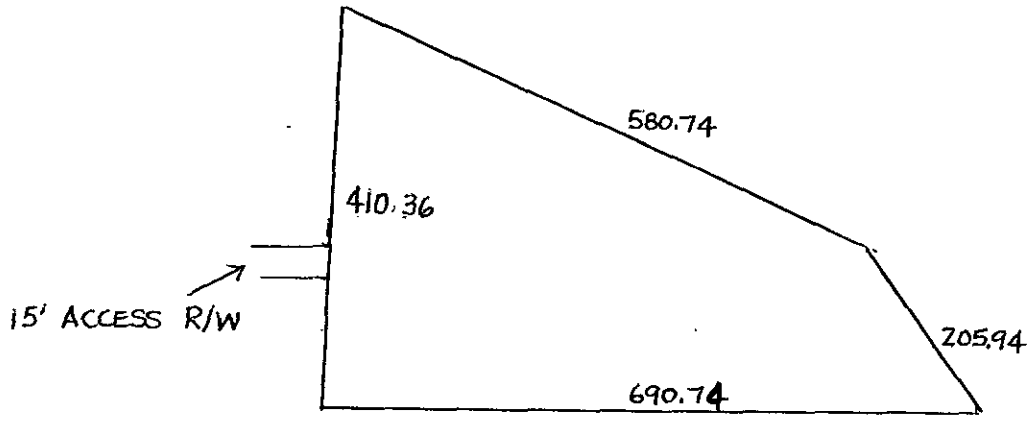
⑦ NAME: ROBIN (FIRST) D. (MIDDLE) ROBBINS (LAST)

⑧ MAILING ADDRESS: 5830 CROSSING KING DR.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 375-2042 (HOME) 535-5120

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Robin D. Robbins

Date: July 13, 1987

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

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