2010
UTS

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7360A WASPS App #: 4722

Primary ES assigned to project: YF

Secondary ES assigned to project: _____

Project Type: New System ☐ Alteration ☐ Repair ☐ Modified Plot Plan ☐

0/C Prop 8 1-11-10 UTS ☑

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☐	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☐	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☐
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☐
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☐	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?			
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☐	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: _____ Were sufficient auger borings made?	Yes ☐	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☐	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☐	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☐	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☐	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☐	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☐	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)(1)	Property line lengths shown?	Yes ☐	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☐	No ☐	N/A ☐
	Operation Permit			
.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: JR Date performed: 8-3-10

FEE: 100.00
DATE: 7/28/10
CRT [ ]

Corr 8-8 025

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 7368A

TYPE APPLCATION: JAM 4722

- ☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- ☒ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- ☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- ☐ COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:
NAME: Roger Hand
ADDRESS: P.O. Box 3126
CITY: Mooresville
STATE: NC ZIP: 28117
PHONE: 704-201-6705
ALTERNATE PHONE: 704-528-5451

JOB LOCATION INFORMATION
TAX/PARCEL #: 10809-119
STREET ADDRESS: 7300 Hood Road
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

PROPERTY OWNER:
NAME: Steve + Ruth Hand
ADDRESS: 7300 Hood Road
CITY: Charlotte
STATE: NC ZIP:
PHONE: 704-567-9633
ALTERNATE PHONE: 704-

TOWNSHIP:
- ☐ 0-MECKLENBURG
- ☒ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:
☐ MUNICIPAL (M) ☐ COMMUNITY (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
☒ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 7/28/2010

*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 approval is granted y this Department.
- This permit is not transferable.

☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

Project Meets Required SETBACKS OFF SEPTIC TANK & Drain Field.
Jeremy Mahaffey 7-29-2010
EHS Signature — Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/28/10
Receipt #: 68659
Check / Auth #: MC 02528B
Received By: CRAIGGY

Amount: 100.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: HAND ROGER H
Attn:
Address: PO BOX 3126
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 7300 HOOD ROAD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
7.21					

55

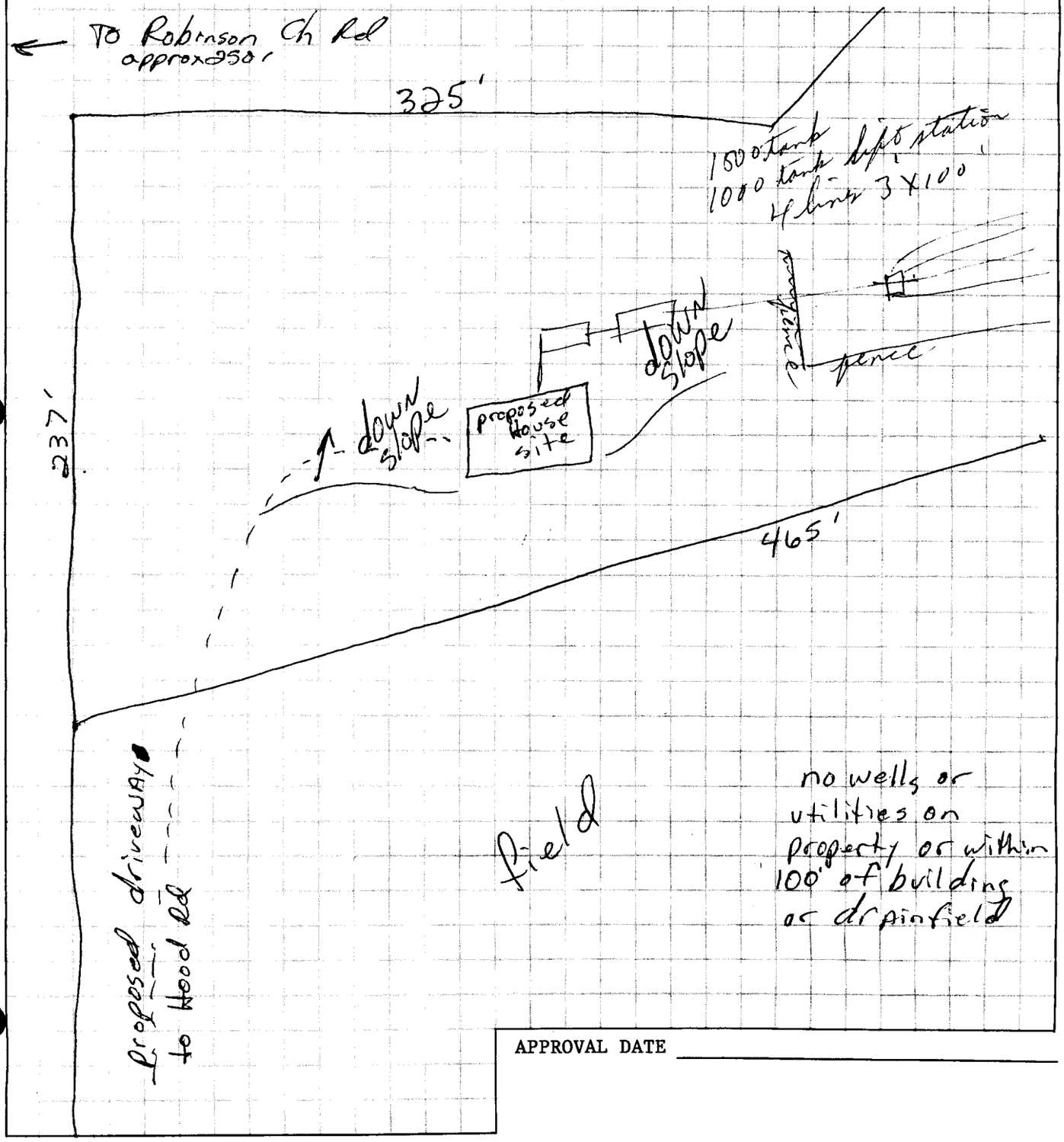
PROPOSED PLOT PLAN

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

FILE: 7368A

TC: 108-091-19

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



APPROVAL DATE _____

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

TYPE PERMIT ☑ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT # B13...

ADDRESS

STREET # 7330 (N,S,E,W) STREET NAME HOOD (AV,RD,ST, etc) RD

SUITE/UNIT(S):

TAX JURISDICTION (Check One): ☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT # _____

OWNER STEPHEN + RUTH HAND ADDRESS 7331 HOOD RD

CITY CHARLOTTE STATE NC ZIP 28215 PHONE # 567-9633

TAX PARCEL # 108-041-19 CENSUS 56.02

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) 4129 AC

ZONING R-3 JURIS 0 MAP # 92 R/W N/A

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV _____ FIRE DIST. ☐ Yes

LOT: ☐ CORNER ☐ THROUGH FRONT STREET (If different) _____

MINIMUM SETBACKS FRONT 30 LEFT SIDE _____ RIGHT SIDE _____ REAR 35 REC. PARK'G _____

APP'D

PROJECT

JOB # 2001 USDC # 101 PURPOSE _____ OCC. TYPE R CONST 6

TYPE WORK: ☒ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # RESIDENCE

AREA (sq. ft.): Heated 2072 Unheated 1476 Deck(s) 216 # STORIES 1½ BASEMENT ☑ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS 10 # BEDROOMS 3 # BATHS 2½

Work includes: ☐ Attached Carport ☐ Attached Garage ☑ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL:

Power Company DUKE POWER Service: ☑ New ☐ Existing Total Amps 200 # Circuits 10

Connections 120 Volts 70 # Connections over 120 Volts 5

MECHANICAL:

Gas Company 1 # Gas Conn _____ # Appliances _____ ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☒ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☑ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☒ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc...) 9 # of Appliances (Dishwasher, Water Heater, etc.) 3

UTILITIES: ☒ New ☐ Existing #7308A

Public 1-Individual Meter/Connection ☐ Water ☐ Sewer Private 3-Individual ☒ Well ☒ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)				CONTRACT COST Nearest $100	APR'D FEES $
B 10000	Bldg Stephen Hand/Owner 567-9633					
3813	Bldg ~~MCCOMB BUILDERS~~	Phone ~~537-4937~~	Lic # 16369		Bldg 13,058 ~~60,000~~	
	Add ~~7200 HOOD Rd~~	City/St CHLT	NC	Zip 28215		
E 0449	Elec DRIGGERS ELEC	Phone 333-2151	Lic # 3852-U		Elect. $2800.-	
	Add 1330 STRYON ST	City/St CHLT	NC	Zip		
M 1055	Mech MAYE HEATING + COOLING	Phone 537-4530	Lic #		Mech. $2800.-	
	Add 7706 Pence Rd	City/St CHLT	NC	Zip ~~28215~~		
P 5175	Plbg ALLENS QUALITY PLUMBING	Phone 536-2378	Lic # 12197		Plbg. $3900.-	
	Add 5643 Occ Rd	City/St CHLT	NC	Zip		
PLANS ☐	Arch./Eng.	Phone	Lic #		Total Const. Cost $122,558	
	Add	City/St		Zip		

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ — FT FEE $

REMARKS: — OTHER FEES $

TOTAL FEE $ 767.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

Stephen Hand 1-28-92 STEPHEN HAND 1-28-92

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME METHOD OF PAYMENT ☑ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-82

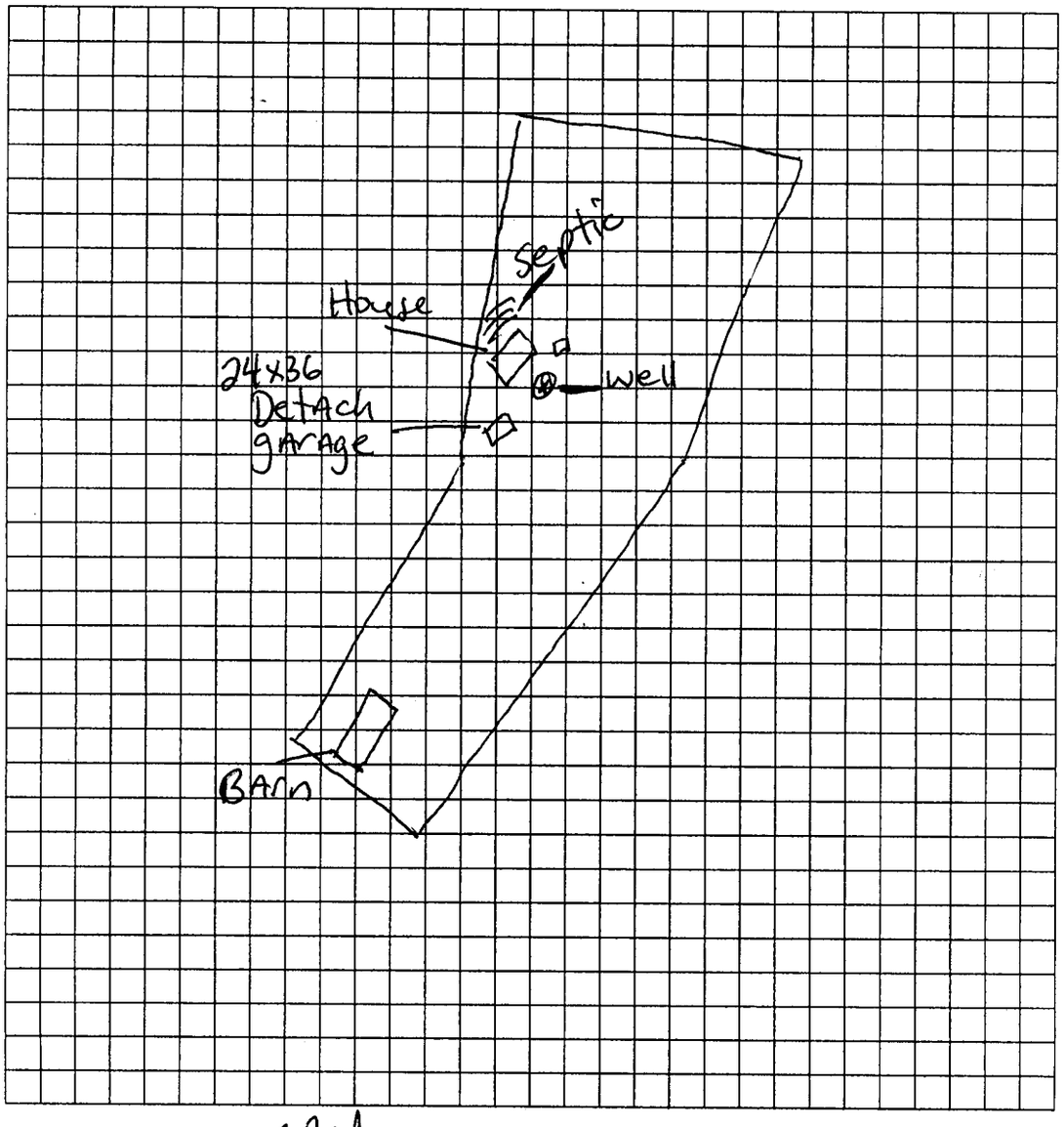
APPLICANT

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 7368A
Date_____

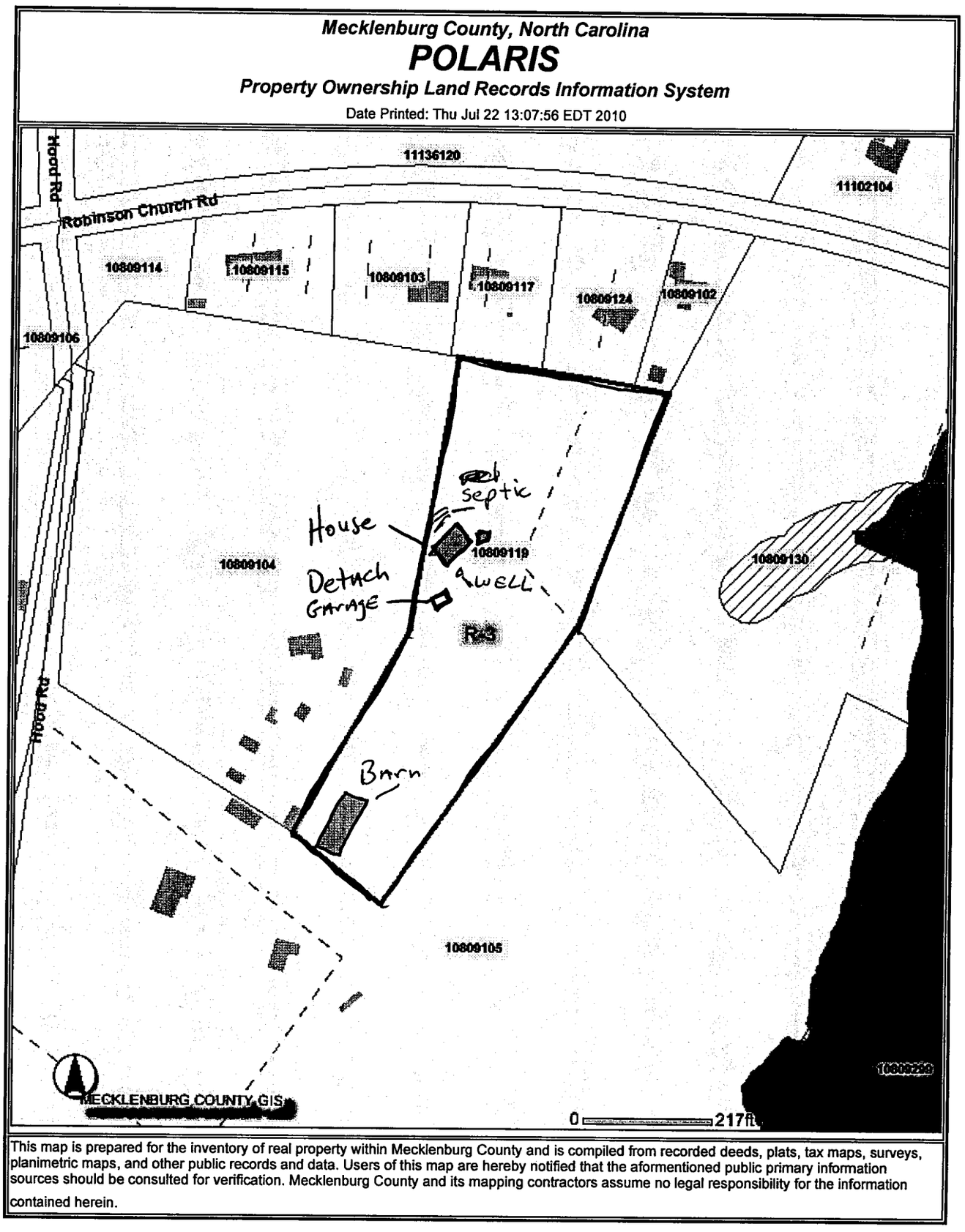
PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature
Date 7/28/2010

LBC 12/15/04



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Fax Transmittal Sheet

File # 7368A

DATE: 08/19/2010

TO:

Attention: GWEN CRAIG
Company: REV COLLECTION ENVHEALTH
Fax #: 7043366894

FROM:

Name: Merchant Payment Systems
Company: Chargeback Department
Fax #: 877-888-2034

COMMENTS/REMARKS:
Case Number: 1010880113

Daily Counter Transactions - Environmental Health

Printed On: July 29, 2010 2:53:35PM
Printed By: craiggy

Transaction Date **07/29/10**

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
68659	200000	HAND ROGER H	0705 MH Exc/Add/Repl w/o System Mod	7300 HOOD ROAD	MC	02528B	CRAIGGY	100.00
68660	200000	ORTEGA, MARIA ELENA	0722 Home Day Care Eval/Annl Fee	M C J LICENSED HOME DAY CARE	CASH		WALKEVA	40.00
68662	X31983	BLUE HAVEN POOLS OF NC INC	0718 Residential Pool Permit	12424 LEFFERTS HOUSE PLACE	CHARGE		BEACHMS	75.00
68663	X43592	SUPERIOR POOLS OF CHAR INC	0718 Residential Pool Permit	18725 BLUFF POINT ROAD	CHARGE		BEACHMS	75.00
68664	200000	TISH, REGINA	0722 Home Day Care Eval/Annl Fee	REGINA'S DAYCARE	CHECK	3533	WALKEVA	40.00
68665	200000	MINOR, LONNISHA	0721 Home Day Care Eval/Permit	INNIE MINNIE MINCE'S	VISA	061234	WALKEVA	70.00
68667	200000	AYUBE, NATALIE SAFEIAH	0721 Home Day Care Eval/Permit	MAGNOLIA CHILD CARE CENTER	CASH		SADERLW	70.00
68668	200000	KEY SPORT'S LLC	0722 Home Day Care Eval/Annl Fee	RANDOLPH KEYS-2015 ST MARK STR	CHECK	1334	WALKEVA	40.00

Total for Transaction Date 07/29/10: **510.00**

MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: MERCHANT PAYMENT SYSTEMS
CHARGEBACK DEPARTMENT
Fax #: 877-888-2034
Phone #: 866-600-5008

From: Gwen Craig
ENV HEALTH - GWS
Date: 8/26/10

Number of pages transmitted: 5 (including coversheet)

Comments:
FOLLOWING IS YOUR COPY REQUEST, A COPY OF OUR APPLICATION FOR SERVICE COMPLETED BY THE APPLICANT AND A COPY OF THE SIGNED CREDIT CARD TRANSACTION CHARGE SLIP BY THE SAME PERSON FOR THE TRANSACTION IN QUESTION: CASE NUMBER 1010880113.

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

Chargeback Department
7300 Chapman Highway
Knoxville TN 37920-6612
USA
Phone: 866-600-5008
Fax: 877-888-2034
Monday-Friday 8:30 a.m. to 6:30 p.m. ET
Email: DisputeResolution@elavon.com

REV COLLECTION ENVHEALTH
2ND FLOOR HAL MARSHALL BLDG
700 N TRYON ST
CHARLOTTE NC 28202-2222
USA

Case Number: 1010880113
Date of Advice: 08/19/2010
Respond By: 09/07/2010

Copy Request

For prompt service, please return this cover letter with your rebuttal.

Following is a credit card charge from your business. Please locate the item and return it immediately.

Merchant Information
Merchant Name: REV COLLECTION ENVHEALTH
Merchant Number: 8013450476
Ref No.: 27417682

Transaction Information
Cardholder Account #: 5490999180262965
Acquirer Reference #: 55436870210162102061759
Transaction Date: 07/28/2010
Transaction ID:
Retrieval Amount: 100.00 USD
Original Transaction Amount: 100.00 USD
Dynamic Currency Amount: 100.00 USD
Ticket #:

Why Card Issuer Is Requesting Copy: 6321-Trans Not Recognized

IMPORTANT REMINDER: Please attach a legible copy of the white portion of the sales receipt to this form, and return it to the Chargeback Department immediately upon receipt of this request. If faxing, please send a clear and legible copy of the original sales receipt. To verify receipt or legibility of your response, please allow seventy-two hours before calling for status. Card Association regulations state that if an issuer initiates a non-receipt chargeback, the chargeback will be charged to your account, and cannot be reversed. It is extremely important that you respond immediately to meet all Card Association regulations. Items ruled illegible by the Card Associations are also subject to chargeback and association fines.

Copy 025-88

FEE: 100.00
DATE: 7/28/10
CRT [ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
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OF SHIFTS:
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☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

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☐ ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

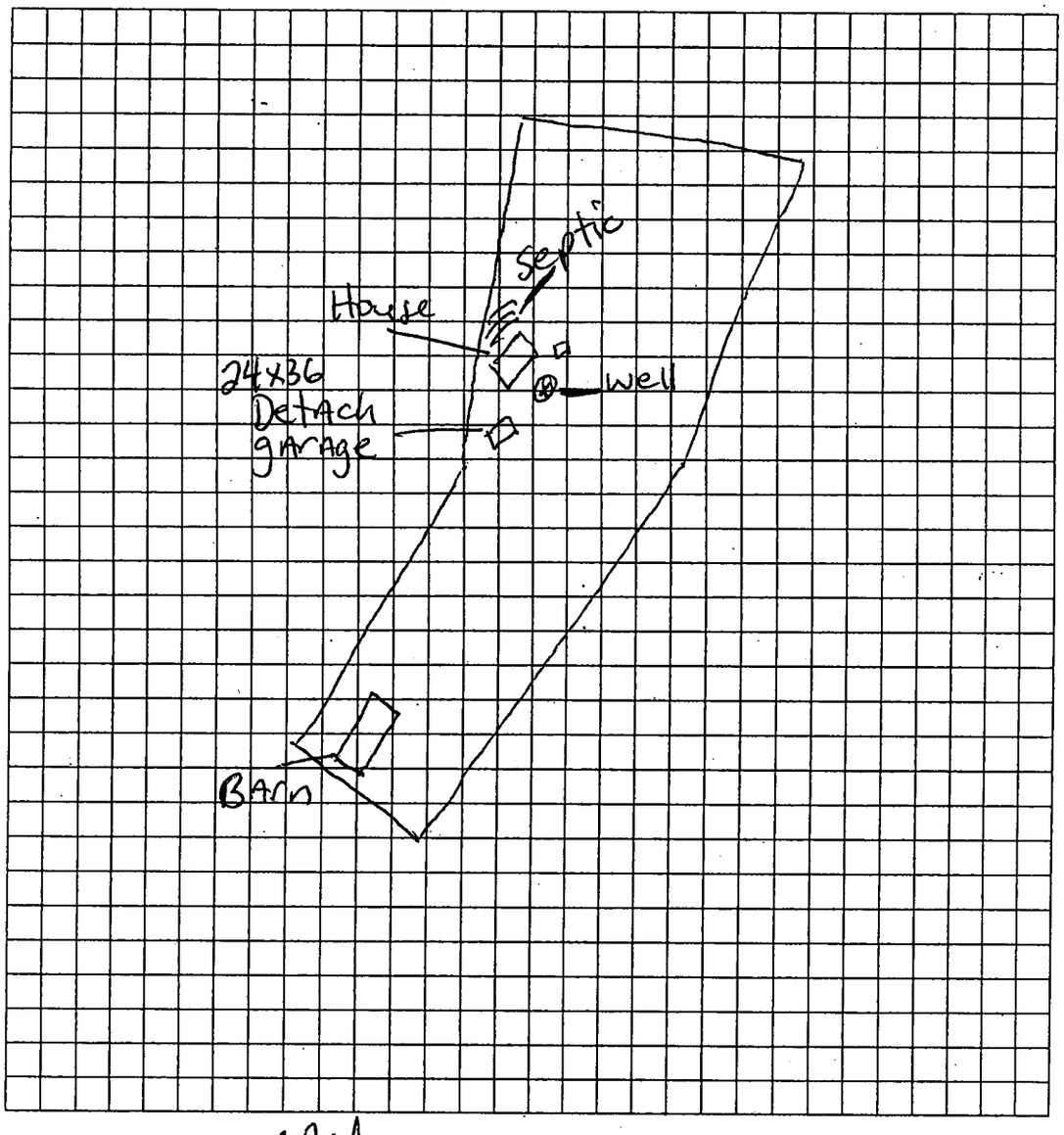
Project Meets Required SETBACKS OFF SEPTIC TANK & Drainfield.
Jeremy Mahaffey 7-29-2010
EHS Signature — Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 7368A
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



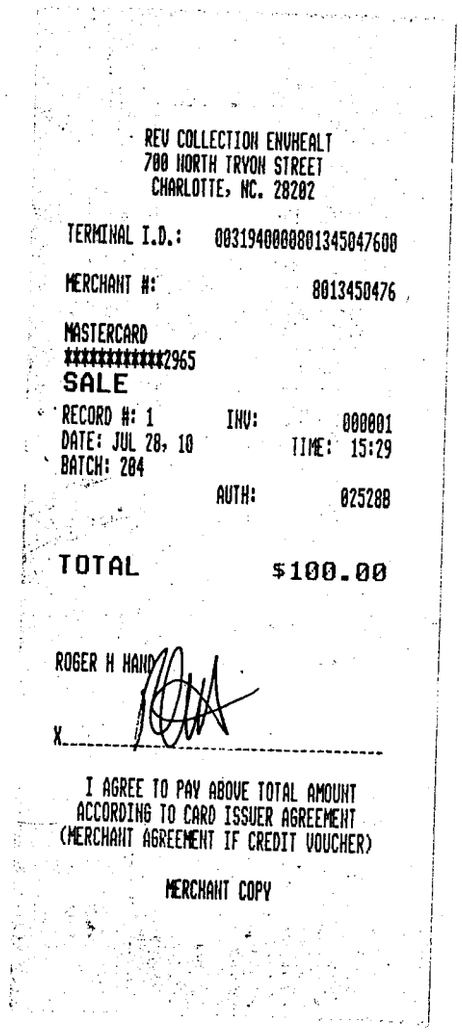
Owner/Agent Signature	
Date 7/28/2010	

LBC 12/15/04

SIGNED SLIPS

Type: MC - EH

Date: 7/29/10



REV COLLECTION ENVHEALT
700 NORTH TRYON STREET
CHARLOTTE, NC. 28202

TERMINAL I.D.: 00319400008013450476O0

MERCHANT #: 8013450476

MASTERCARD
##########2965
SALE

RECORD #: 1 INV: 000001
DATE: JUL 28, 10 TIME: 15:29
BATCH: 284

AUTH: 025288

TOTAL $100.00

ROGER H HAND

X_____

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

* * * Communication Result Report (Aug. 26. 2010 3:23PM) * * *

1)
2)

Date/Time: Aug. 26. 2010 3:22PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
1446	Memory TX	918778882034	P. 5	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

MECKLENBURG COUNTY
Land Use & Environmental Services Agency
Water & Land Resources
Groundwater & Wastewater Services

Fax Coversheet

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To: MERCHANT PAYMENT SYSTEMS — Fax #: 877-888-2034
CHARGEBACK DEPARTMENT — Phone #: 866-600-5008

From: Gwen Craig — Date: 8/26/10
ENV HEALTH - GWS

Number of pages transmitted: 5 (including coversheet)

Comments:
FOLLOWING IS YOUR COPY REQUEST, A COPY OF OUR APPLICATION FOR SERVICE COMPLETED BY THE APPLICANT AND A COPY OF THE SIGNED CREDIT CARD TRANSACTION CHARGE SLIP BY THE SAME PERSON FOR THE TRANSACTION IN QUESTION: CASE NUMBER 1010880113.

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6834