

19125 CALLAWAY HILLS LN

00308142

7/5/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7570A DATE: 10/8/04

TC: 003-081-42 ☑ L ☑ CRT

SERIAL 19724

Name of Owner DAVE SEGER Juris.: _____

Address of Property 19125 Calloway Hills Lane

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300'

Number of Lines 6 @ VARYING

Cover Depth 18"

Water Supply Source WELL

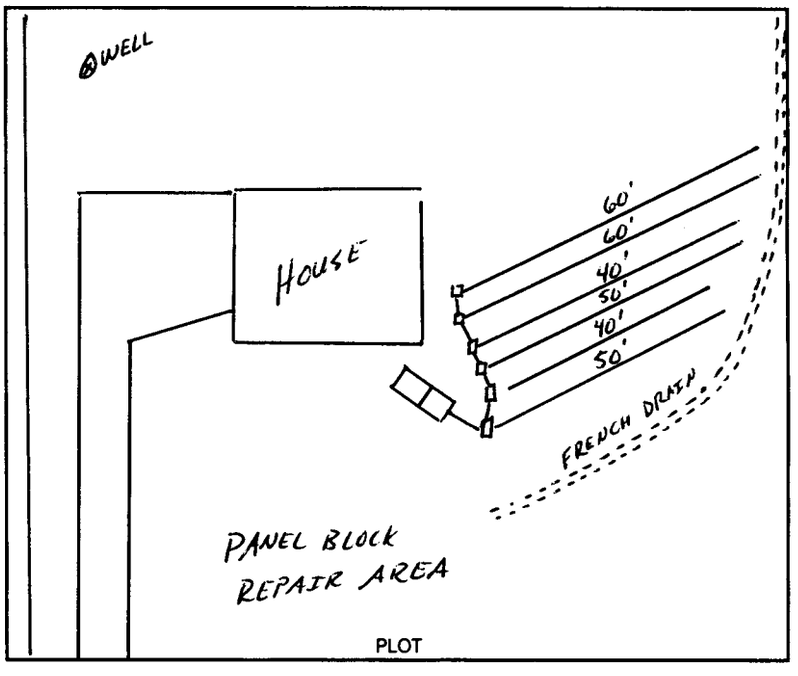
Distance to Water Source >50'

Excavation Inspected 10/8/04

Tank(s) Inspected 10/8/04

Wash Line Inspected —

High Water Alarm Inspected —



Design 1500 ST, INV, 900 SFT, E-2 FLOW CTR# LARRY TUCKER (JAMIE)

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: THREE Bedroom House

6 lines x 3' x (50', 40', 50', 40' 60', 60') w/ Drop Boxes

Type IIIg Innovative System

Tommy Wade R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

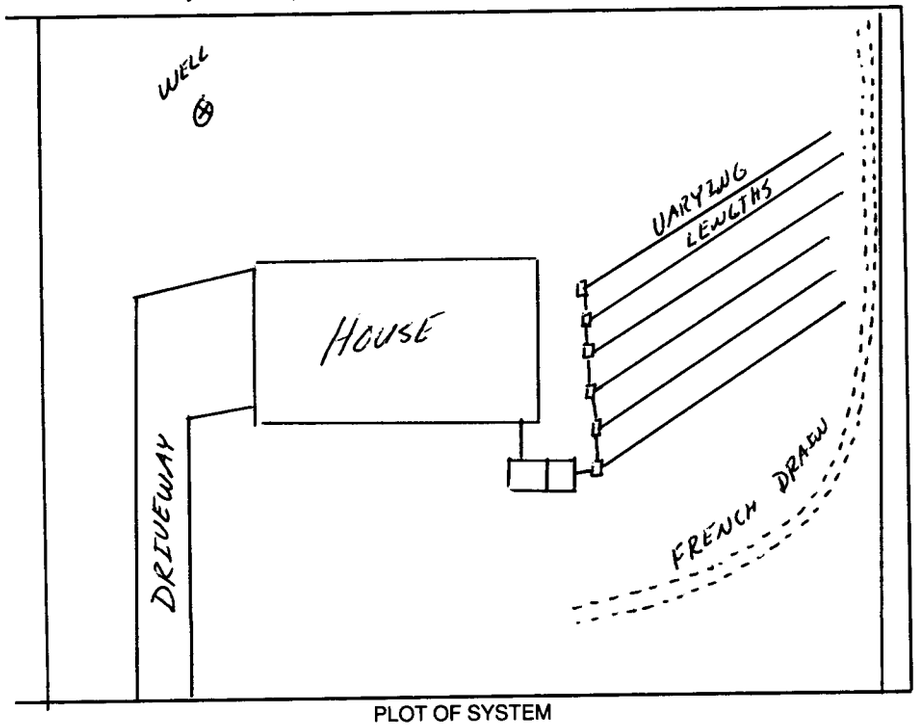
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7570A DATE: 9/21/04

TC: 003-081-42 ☑ L

SERIAL 19768

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 ____. All work shall be completed on or before 10/21/04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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

CALLAWAY HILLS LANE

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300' feet

Number of Lines 5 OR 6

Depth of Stone — inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well > 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER DAVE SEGER

LOCATION OF PROPERTY 19125 CALLAWAY HILLS LANE

Comments: THREE BEDROOM HOUSE

Install 300' at varying lengths w/ Drop boxes

Type IIIg INNOVATIVE System / FRENCH DRAIN

PANEL BLOCK REPAIR

Tommy Mickle R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

7570 A

003-081-42

19125 CALLAWAY HILLS LN

LOT 22

WELL

>100'

FRENCH DRAIN

PROPOSED WELL LOCATION

300 TLF
25% Reduction
System
w/ Drop Boxes

15'

72'

30'

3 BDRM HOUSE

55'

DRIVEWAY

45'

Type IIIa LPP
PANEL BLOCK
REPAIR
AREA

277'

261.28

154.35

60.84

Callaway F

Jimmy Mickle R.S. 3/8/04

164.44

174.11

93.43

rmit Number: 7570A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 003-081-42

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ___ Yes X No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

___ Conventional
___ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
✓ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

0.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	NA Depth of stone	

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: → Install according to designed plans
→ Install Bench drain

Repair Area System Type
Type (circle one): I II III (IV) V VI

___ Conventional
✓ Prefabricated, permeable block panel system
___ Shallow Placed Conventional
___ Low Pressure Pipe
___ Large Diameter Pipe
___ Fill
___ Other
___ Innovative or Experimental:
___ IWWS-93-1
___ IWWS-93-2
___ IWWS-94-1

~~600~~ 900 Absorption Area (Sq ft) ~~300~~ 300 Total Trench Length (Ft)	NA Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

Tommy Mabe R.S. 8/4/03
DEHNR Authorized Agent Date

Jan Ann Blankenship 8-5-03
Owner/Agent Signature Date

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

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

Visa Payment JKA

FEE: 200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** LD 6907 AGS
DATE: 2-25-04 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ **PERMIT NO:** 7570A
PARCEL NO: 003-081-42

JOB LOCATION ADDRESS: 19125 Callaway Hills Lane
PROPERTY OWNER: Anita & Subodh Joglekar
BUILDING CONTRACTOR: David Seyer
SUBDIVISION NAME: Runnymead
AUTHORIZATION ISSUED BY: [signature] Mitch R.S. **DATE:** 3/8/04
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7570A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Agreement forms on file before CA Release

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

David R Seyer 2/25/04
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

October 06, 1992

Monica Investments
c/o P. O. Box 309
Davidson, NC 28036

Re: Property located off Callaway Hills Road, Lot 22
File: 7570A
Parcel: 003-081-02P0

Dear Sirs:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the site evaluation report (Serial No. 12859) is enclosed for your information.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1957 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If you need any assistance, please feel free to call Mr. Bill Marlin at 336-5574.

Sincerely,

Kelly Randall

Kelly Randall, R.S.,Soil Scientist
Individual Water & Wastewater Systems

KR/wpg
Enclosure (2)

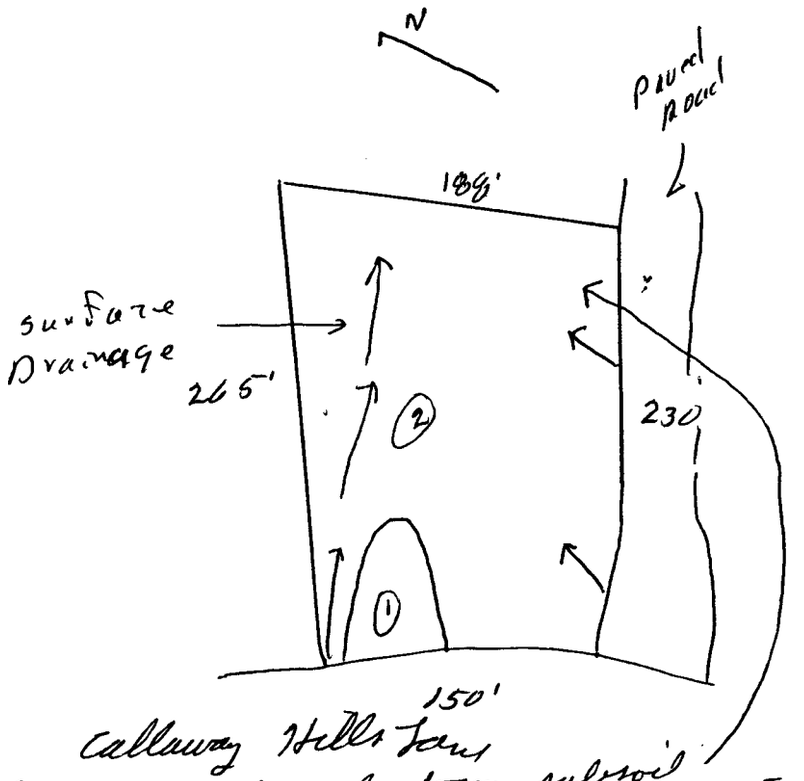
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 7570A Action 2
SITE EVALUATION REPORT
SERIAL NUMBER 12859 LOT 2 Parcel: PO 003-091-02 ☐ PC

Location: Calloway Hills Lane
Subdivision: Runneymede
Lot: 22 Block: 1 Acres: 1.0

Owner: Monica Investment
Address: C/o Box 309
Davidson, N.C. 28036

Comments: 100% Repair
Area 2 received surface runoff .3 gal/ft²/day

Described by: William A. Marlin
Date: 10-2-92



Area 2 soils have clay loam subsoil texture, sbk structure - due to 36" to water could be considered for use w/ surface & subsurface interception WR 92-1042 H-1-5-LTAA

***** 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 6-10%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sub-Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U to >40" water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U see Note	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	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

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

(OFFICE USE ONLY)

FILE: 75704

TC: PO 003-091-02

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 22 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

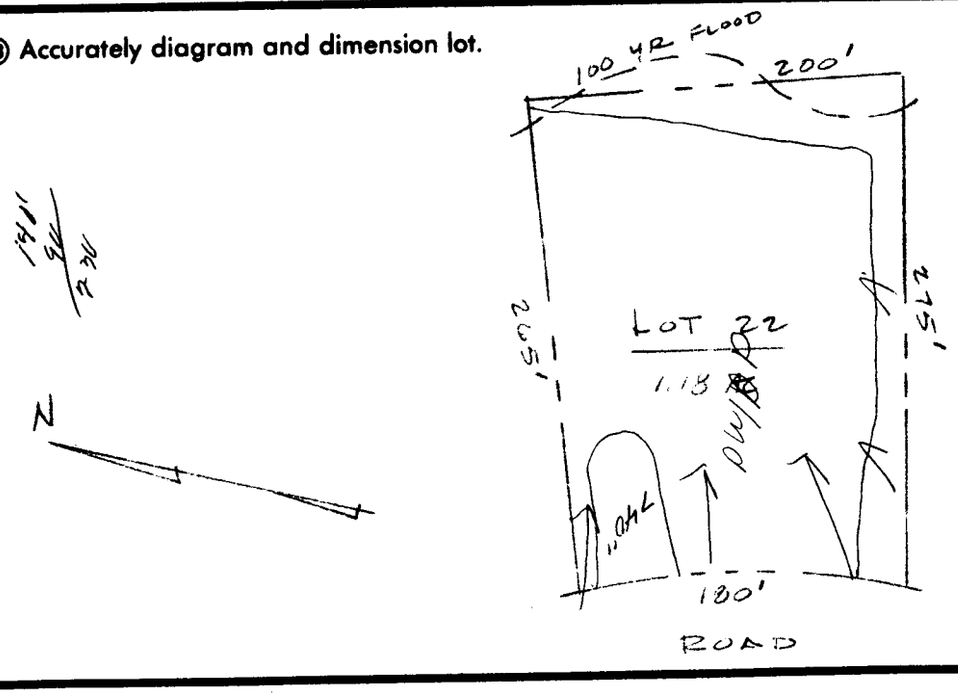
⑦ NAME: MICHELLE (FIRST) TEXTILE (MIDDLE) CURP (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28204

⑫ PHONE: (WORK) 892-6683 (HOME) _____

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: _____

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

Date: _____

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

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

AES #2

Sheet: _____
Property ID: 003-081-42
Lot #: 22A
File #: 2570A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Monica Investment Co. APPLICANT: Jon Ellen Blankenship
ADDRESS: 7523 Little Ave, Suite 214, Rockhill DATE EVALUATED: 2-16-00
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 480gpd PROPERTY SIZE: .92
LOCATION OF SITE: 19125 Calloway Hills Lane PROPERTY RECORDED: _____
WATER SUPPLY: ☐Private ☐Public ☐Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☐Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-10% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-18"	gr/scl	Fr/SEXP/SS/SP	>48" TO soil wetness	48"+	N/A	None	PS .39/F2 IV
		18-37"	WSBK/cl	Fr/SEXP/SS/SP					
		37-48"	SBK/c	Fi/SEXP/S/P					
2	LS	0-18"	gr/sl	Fr/SEXP/NS/NP	>48" TO soil wetness	48"	N/A	None	PS .46/F2 III
		18-40"	SBK/scl	Fr/SEXP/SS/SP					
		40-48"	gr/sl	Fr/SEXP/NS/NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W.R. Merlin LSS 2-17-00
OTHER(S) PRESENT: _____

FILE # 2570A

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE	
MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

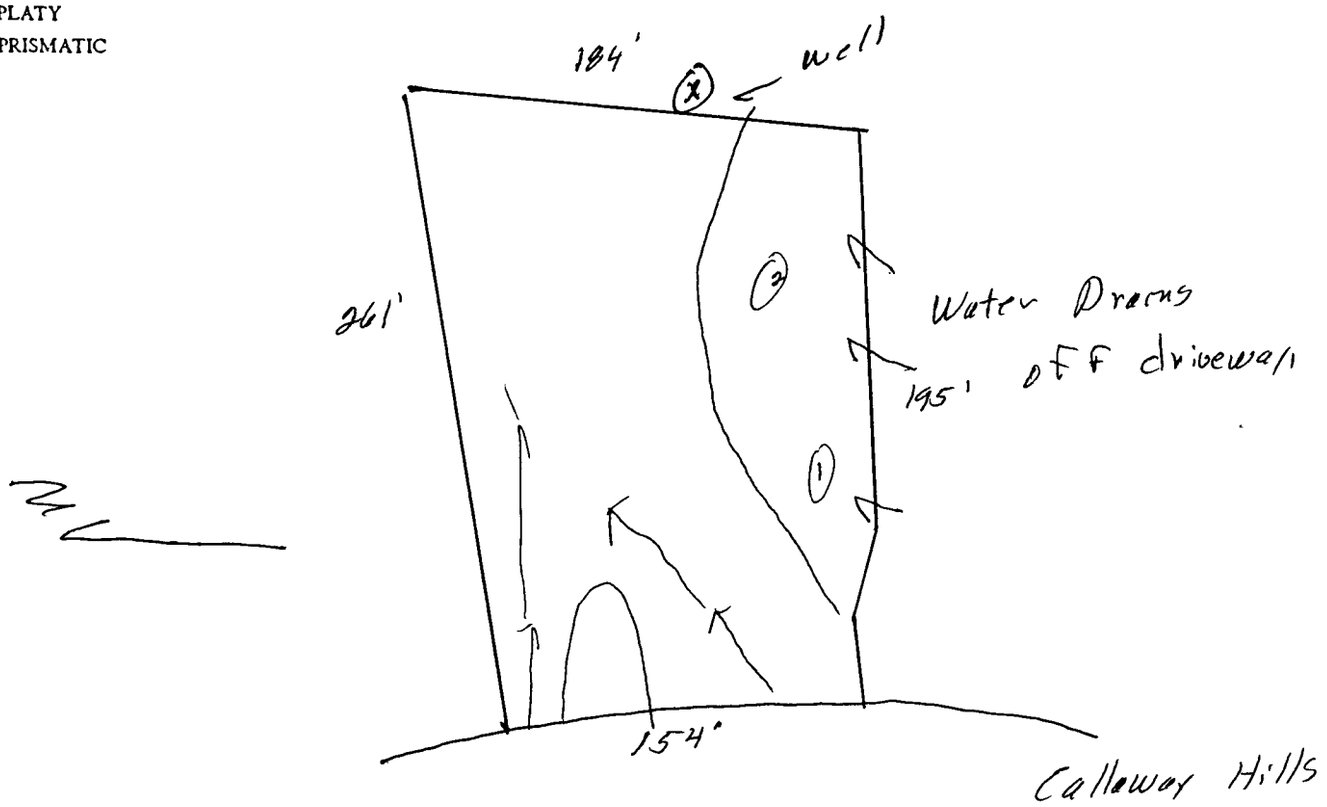
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

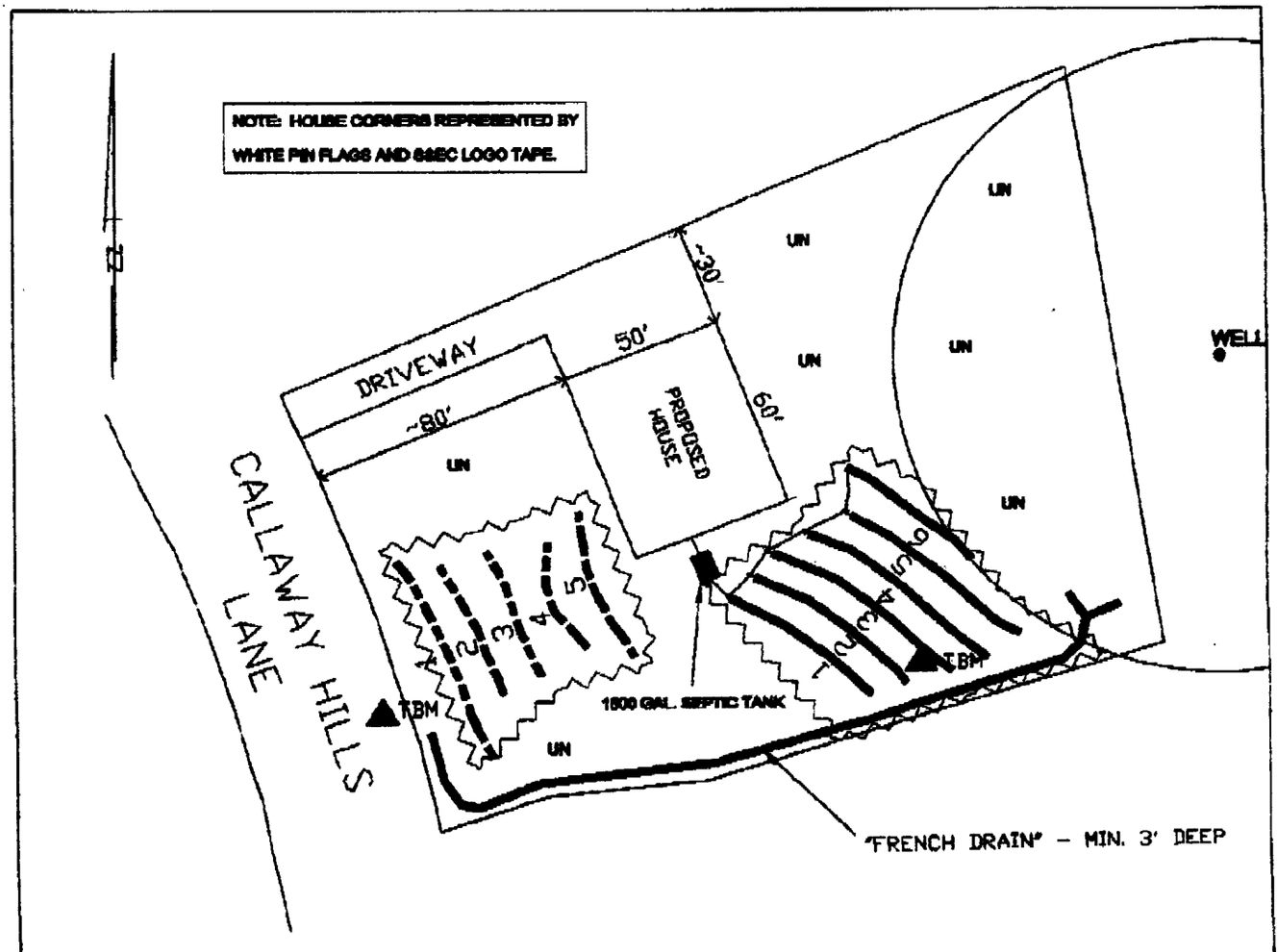
SLIGHTLY EXPANSIVE

EXPANSIVE



7570A

003-081-42



LEGEND

- Areas contain soils with 30 inches or more of useable material and have potential for conventional and modified conventional septic systems.
- Tanks & drop tee's.
- UN — Unsuitable areas.
- System lines.
- Repair lines.
- TBM — TBM location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

**SUITABLE FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND TOPOGRAPHIC IRREGULARITIES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS. SOME OTHER CONSIDERATIONS THAT AFFECT SITE SUITABILITY THAT SHOULD BE CONSIDERED IN DEVELOPMENT DESIGN ARE:

1) 10' SETBACK FROM PROPERTY LINE
2) 100' SETBACK FROM ANY WELL
3) 50' SETBACK FROM STREAMS, PONDS OR LAKES.

See accompanying S&EC report.

1 of 1

SITE PLAN & DRAINFIELD LAYOUT

- LOT 23A -

S&EC Soil & Environmental Consultants, PA

FROM : SOILSENVIRONMENTALCONSULTANTS FAX NO. : 7047209406 Jul. 25 2003 04:06PM P3

FOR REGISTRATION JUDITH A. GIBSON
REGISTER OF DEEDS
MECKLENBURG COUNTY, NC
2004 MAR 11 12:57 PM
BK:16886 PG:923-926 FEE:$20.00

INSTRUMENT # 2004056220

2004056220

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c); OR .1969

FILE # 7570A
PARCEL # 003-081-42

The undersigned, SUBODH & ANITA JOGLEKAR, owner of property located at 19125 CALLAWAY HILLS LN, (the "site") and described in an instrument recorded in Book 16003 at Page 659, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (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 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested 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 is allowed by the rules; 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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 acknowledges that the following conditions will apply to the site:

This instrument was prepared by: DAVID K SEGER
Mail after recording to: SEGER ENTERPRISE INC
1539 12TH FAIRWAY DR CONCORD, NC 28027

-- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

-- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

-- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

-- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

-- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless theDepartment, 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.

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.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 20___.

SEGER ENTERPRISE INC _____(SEAL)
(Corporate Name)

_____(SEAL)

By: David K Seger _____(SEAL)

_____ President _____(SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, DEBRA S. SMITH, a Notary Public for said County and State, do hereby certify that DAVID K. SEGER personally came before me this day and acknowledged that he is PRES. ~~Secretary~~ of SEGER ENTERPRISES, INC., a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its President, sealed with its corporate seal, and attested by DAVID K. SEGER as its _____ Secretary.

WITNESS my hand and notarial seal, this 11TH day of MARCH, 2004.

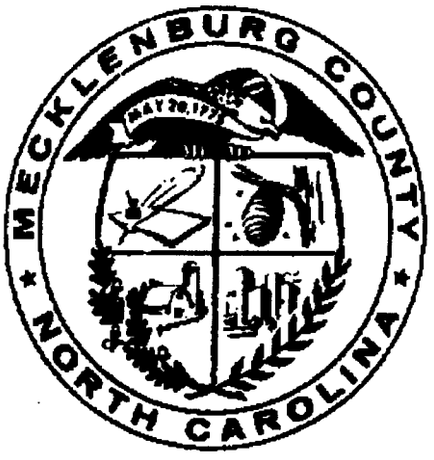
Debra S. Smith
Notary Public

My Commission Expires:

12.16.07

DEBRA S. SMITH NOTARY PUBLIC MECKLENBURG COUNTY, NC

REVISED 8-13-02



JUDITH A. GIBSON
REGISTER OF DEEDS, MECKLENBURG
COUNTY & COURTS OFFICE BUILDING
720 EAST FOURTH STREET
CHARLOTTE, NC 28202

****

Filed For Registration: 03/11/2004 12:57 PM

Book: RE 16886 Page: 923-926

Document No.: 2004056220

PRMIT 4 PGS $20.00

Recorder: LYVANH PHETSARATH

****

State of North Carolina, County of Mecklenburg

The foregoing certificate of DEBRA S SMITH Notary is certified to be correct. This 11TH of March 2004

JUDITH A. GIBSON, REGISTER OF DEEDS By: _____
Deputy/Assistant Register of Deeds

****



2004056220

FEE: 100.00
DATE: 2-25-04
Visa Payment JKA

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

Change in Plot Plan

I J CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 7570A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-42

STREET ADDRESS: 19125 CALLAWAY HILL

SUBDIVISION OR MOBILE HOME PARK NAME: RUNNEY MEAD

LOT NUMBER: 22

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X 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: 3360

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 3

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING 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	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES ✓ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: JOGLEKAR (LAST) ANITA (FIRST) & SUBODH (MI)	NAME: SEGER (LAST) DAVID (FIRST) KEITH (MI)
ADDRESS:	DAYTIME PHONE: (704) 980 521-7281
CITY: STATE: ZIP:	
DAYTIME PHONE: (704) 683-2017	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

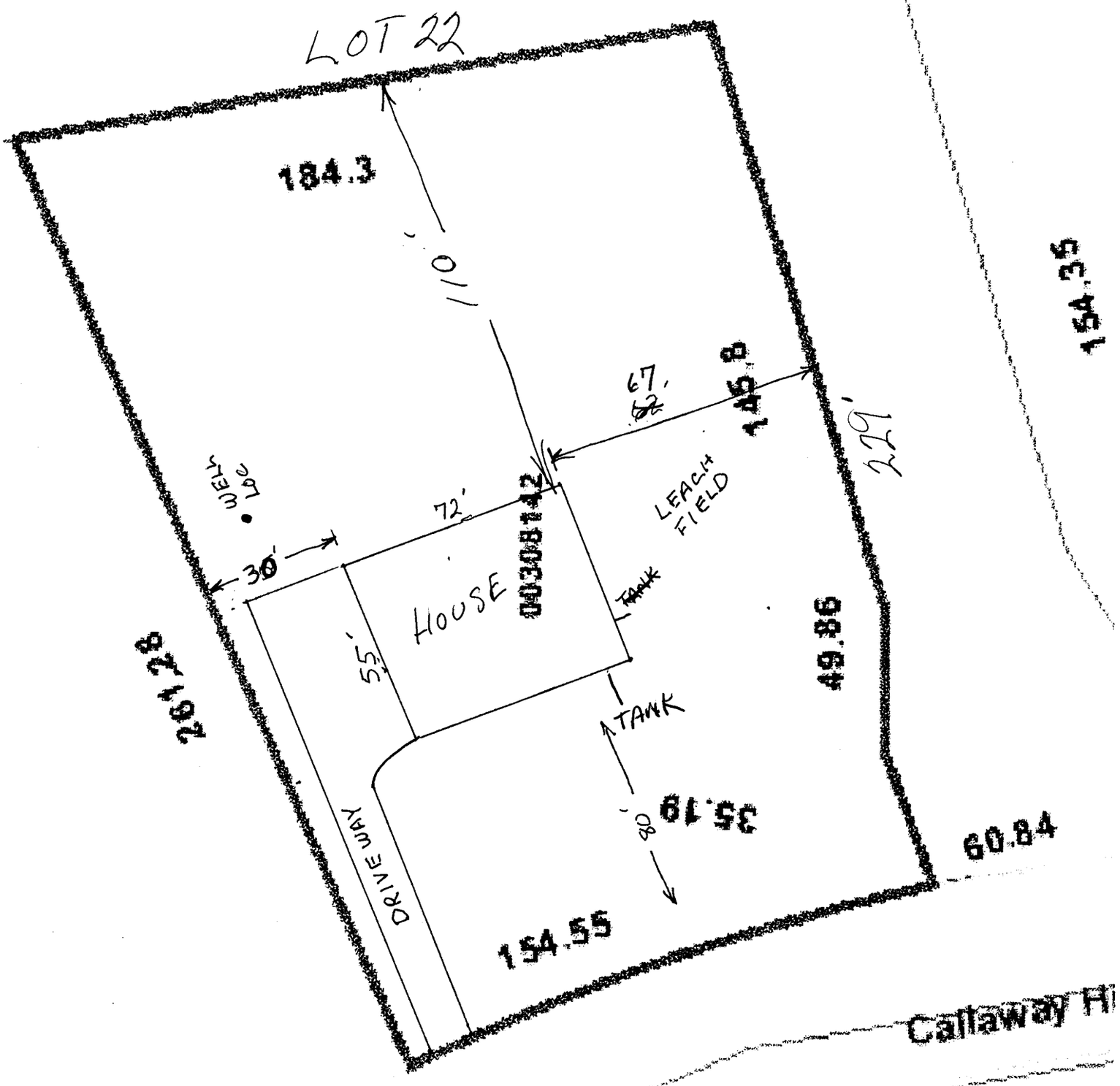
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: David K Seger DATE: 2/25/04

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

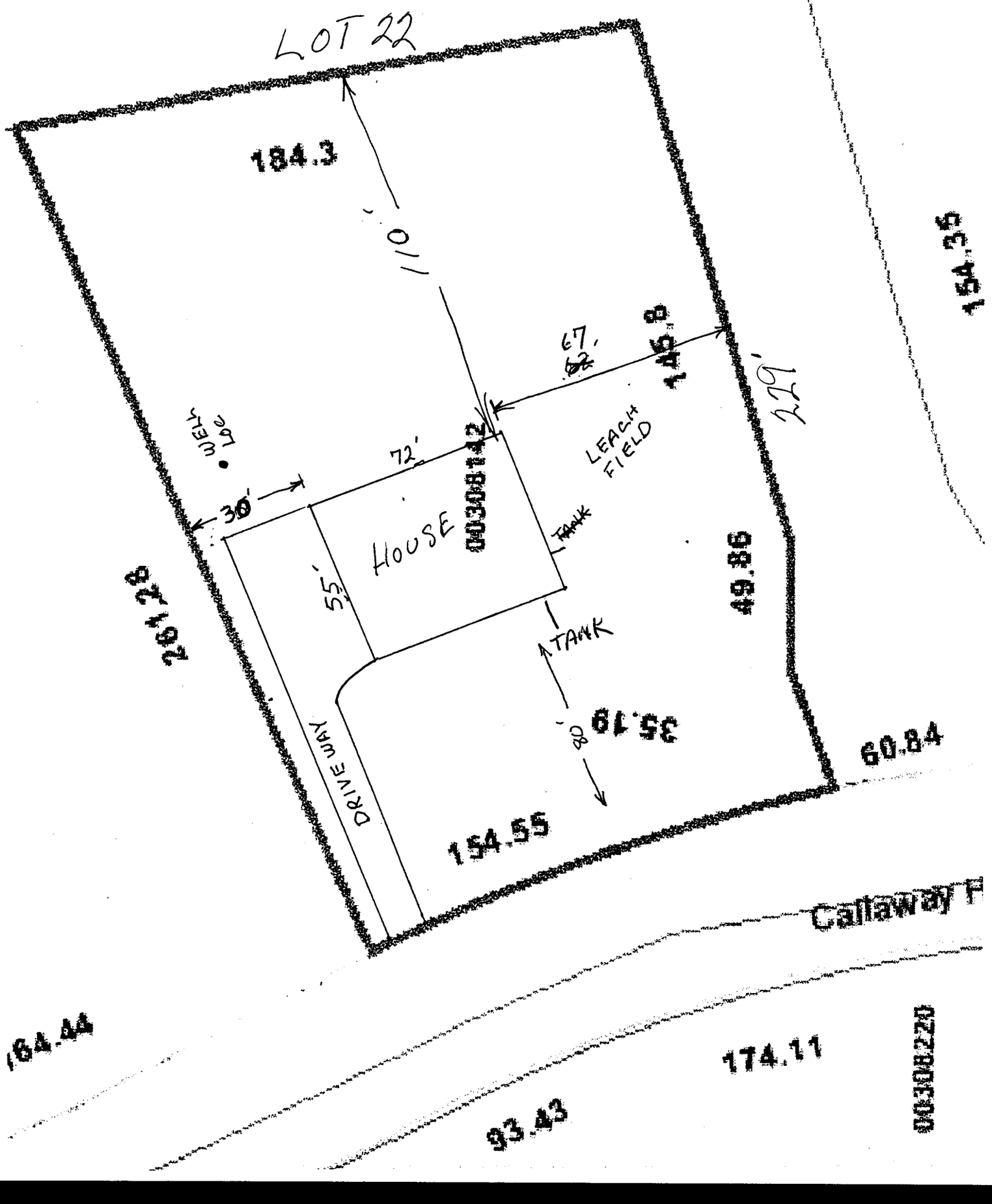
7570 A

19125 CALLAWAY HILLS LN



7570 A

19125 CALLAWAY HILLS LN



RUNNEYMEDE SUBDIVISION LOT# 22A

JOB # 5-1009

LAYOUT FOR 3 BEDROOM HOME-360GPD — JULY 25, 2003

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		3.0			100.0		
INSTR. 1			103.0				
1	*BLUE*			*3.00*	*100.0*	*47*	*47*
2	*RED*			*3.60*	*99.4*	*53*	*53*
3	*PINK*			*4.20*	*98.8*	*60*	*60*
4	*ORANGE*			*4.60*	*98.4*	*65*	*65*
5	*YELLOW*			*5.30*	*97.7*	*61*	*61*
6	*RED*			*6.00*	*97.0*	*45*	*45*
					TOTAL	*331*	*331*
TBM		1.8			100.0		
INSTR. 1			101.8				
1	ORANGE			5.60	97.4	65	65
2	PINK			8.70	94.3	39	39
3	RED			10.90	92.1	35	35
4	YELLOW			14.00	89.0	30	30
5	BLUE			15.30	87.7	48	48
					TOTAL	217	217

PROPOSED

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	LTAR GPD/FT^2	INNOVATIVE SYSTEM	DISTRIBUTION
SYSTEM	*331'*	*0.27*	*INNOV.*	*0.300*	*CHAMB./EZ-FLOW*	*DROP TEE'S*
REPAIR	217'	0.28	INNOV.	0.300	PPBPS	LOW PRESSURE

Notes:

** TBM located on top of nail in flagged tree (SYSTEM), top of ground at mailbox (REPAIR)

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**BS and FS indicate rod readings

**Please note french drain along right property line.

FROM : SOILSENVIRONMENTALCONSULTANTS FAX NO. : 7047209406 Jul. 25 2003 04:06PM P2

ACS

FEE: [redacted] **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: [redacted] **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ **PERMIT NO:** 7570A

PARCEL NO: 003-081-42

JOB LOCATION ADDRESS: 19125 Calloway Hills Curve

PROPERTY OWNER: Monica Investment Co.

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Cunningsville

AUTHORIZATION ISSUED BY: Terry Mathis R.S. **DATE:** _____

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7570A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Install according to designed plans
Agreement forms on file before CA Release

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Sue Ann Blanz 8-5-03

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Check # 1504

FEE: 100 Ck
DATE: 5/10/99 JC

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION 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 #: 7570A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 003-081-42

STREET ADDRESS: 19125 Callaway Hills Ln.

SUBDIVISION OR MOBILE HOME PARK NAME: Runney mede

LOT NUMBER: 22A

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: 3000

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING 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	WELL, SPRINGS OR WATERLINES	___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Monica Investment Co. (LAST) (FIRST) (MI)	NAME: Blankenship, Lou Ann (LAST) (FIRST) (MI)
ADDRESS: 7523 Little Ave Suite 210	DAYTIME PHONE: ( ) 892-3321
CITY: Charlotte STATE: NC ZIP: 28226	
DAYTIME PHONE: ( ) 544-5520	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Lou Ann Blankenship DATE: 4-23-99

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

PROPOSED PLOT PLAN

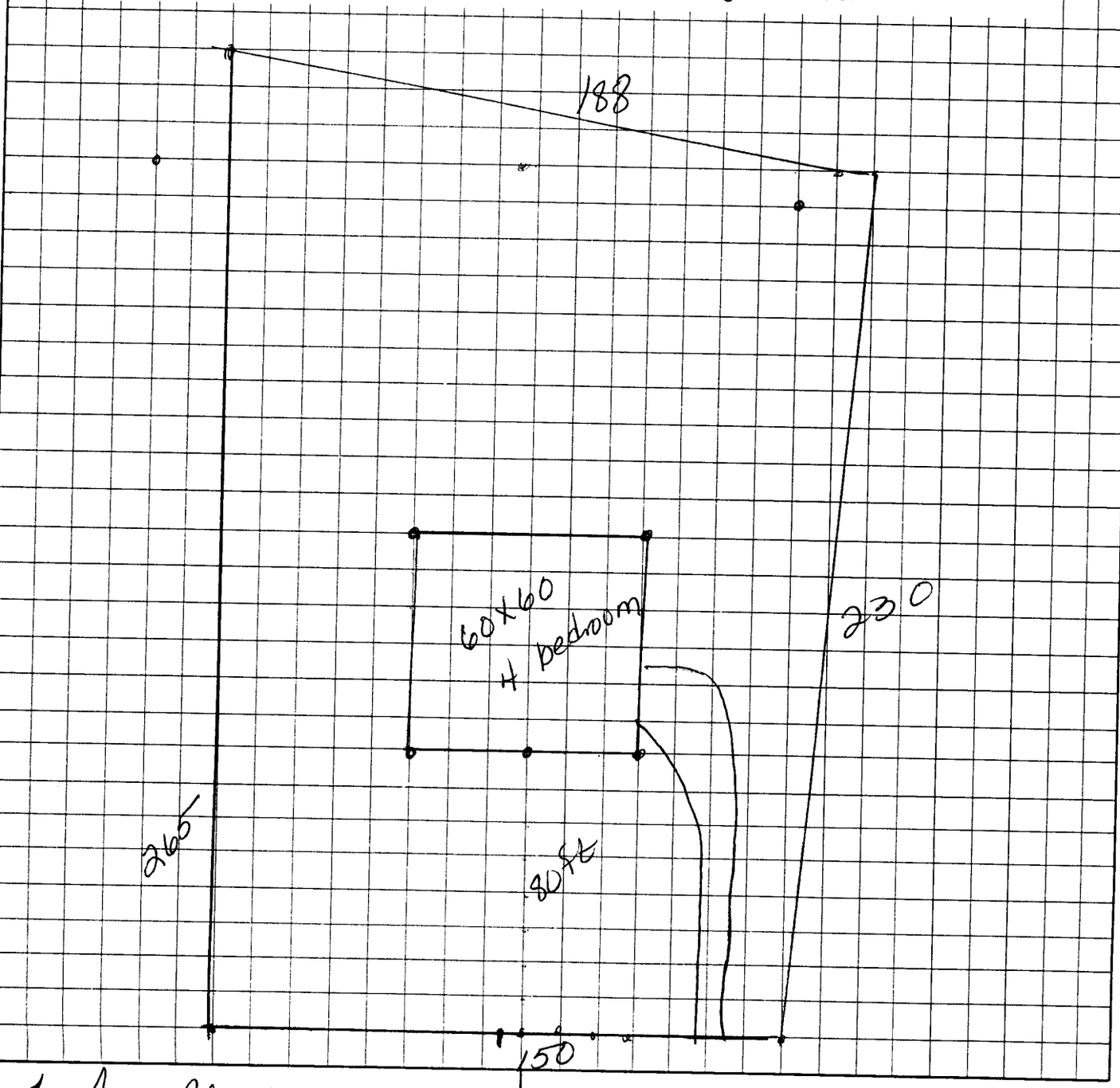
Lot 22A

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

FILE: 7570A

TC: 003-081-02

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.



Sue Ann Blankenship
OWNER/AGENT SIGNATURE

DATE 4-30-99

APPROVAL DATE _____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER № 12859

File: 7570 A Action 2

Parcel: PO 003-081-02 ☐ PC

Location: Callaway Hills Lane

Subdivision: Runneymeade

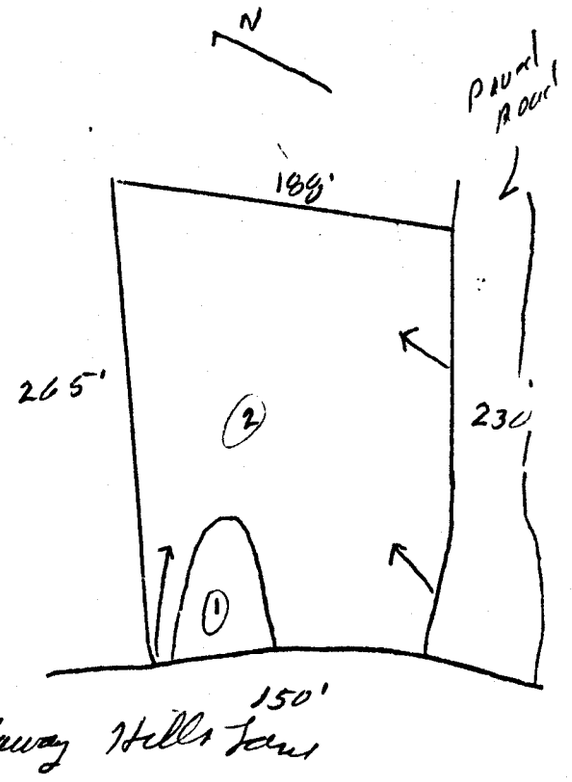
Lot: 22 Block: 1 Acres: 1.0

Owner: Monica Investment
Address: C/o Box 309
Davidson, N.C. 28036

Comments: 100% Repair
Area 2 received surface runoff .3 gal/Ft²/day

Described by: William A. Marlin

Date: 10-2-92



***** 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 6-10%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 24" to >40" water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >40"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U soil Note	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	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

09/26/91

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

(OFFICE USE ONLY)

FILE: 7570A

TC: PO 003-081-02

☑ PC ☐ REPT

$75.00

Ck# 0992

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 22 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

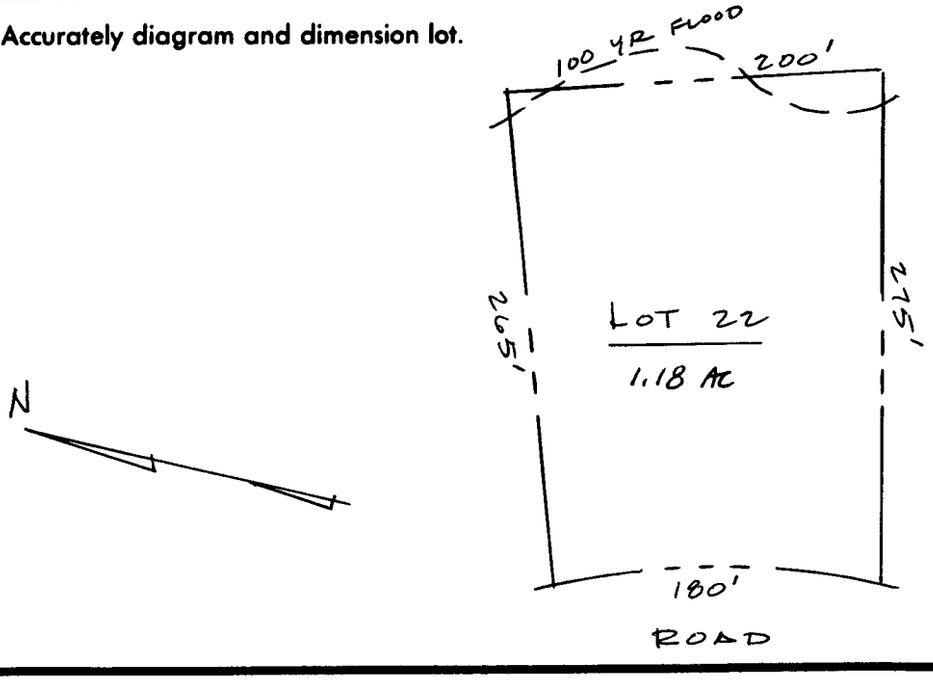
⑦ NAME: MICHELLE TEXTILE CORP
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 892-6683 (HOME) _____

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: _____

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

Date: _____

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

...COUNTY ENVIRONMENTAL ...
...LUATION REPORT
SERIAL NUMBER № 12858

File: 7590A Action 2

Parcel: PO 003-081-02 PC

Location: Calloway Hills Lane

Subdivision: Runneymede

Lot: 22 Block: 1 Acres: 1.0

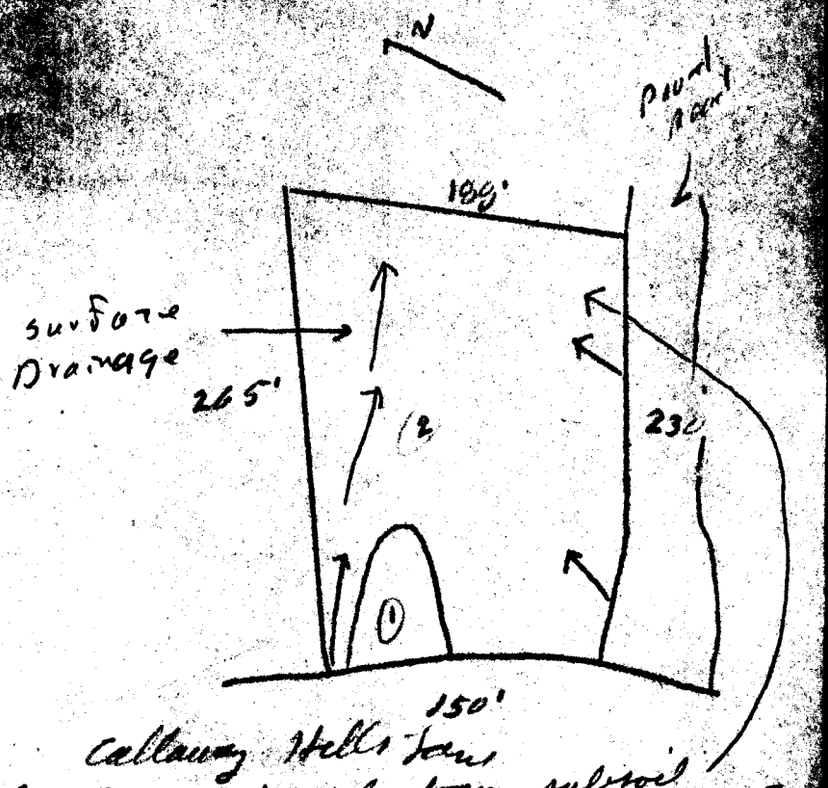
Owner: Monica Lawrence

Address: C/o Box 309
Davidson, N.C. 28036

Comments: Soil Repair
Area 2 severely sandy
severely .3gal ft²/day

Described by: William A. Marlin

Date: 10-2-92



Calloway Hills Lane
Area 2 soils have clay loam subsoil texture, sbk structure & ± 36" to water could be considered for use w/ surface & subsurface interception

*** 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 6-10%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive-clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U sbk slightly firm	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U ± 40" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U ± 40"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U seeps to	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV cecil-lloyd	Davidson				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 75704

TC: PO 103-081-02

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 22 ④ BLOCK: _____

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

⑥ DEED REFERENCE: BOOK NO.: 5975-957 PAGE NO.: _____

OWNER

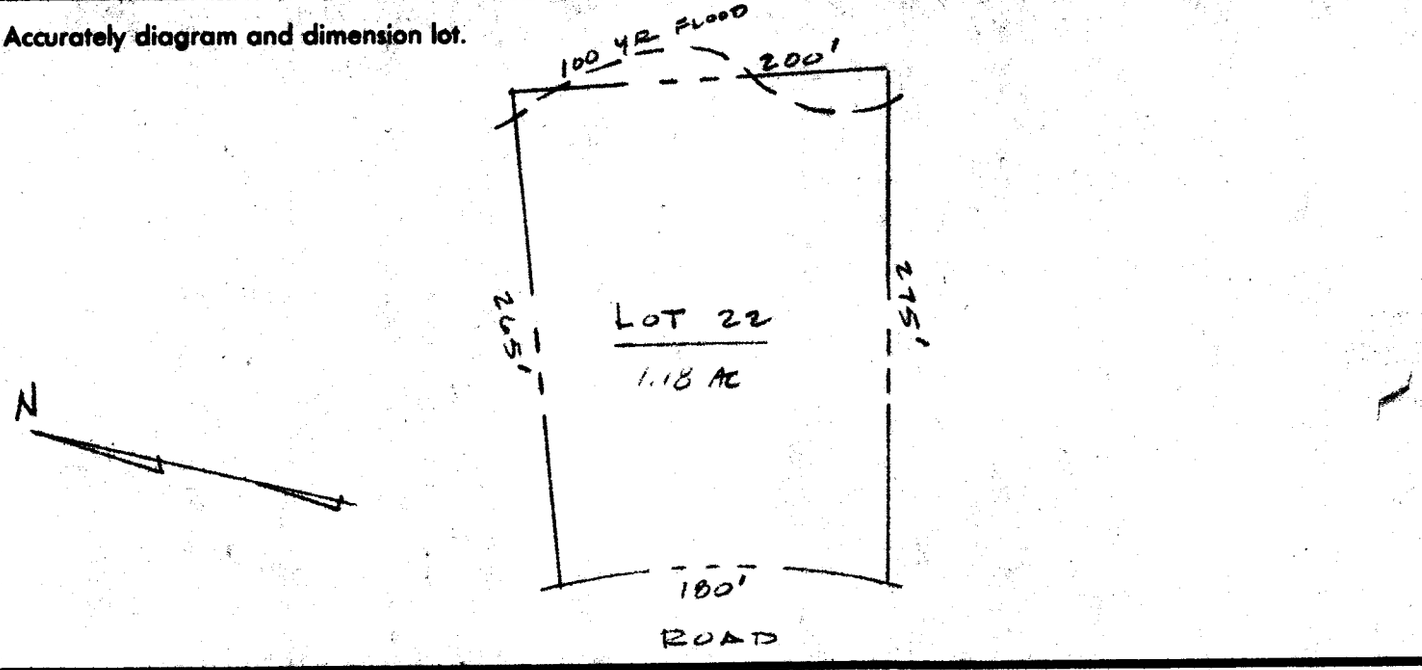
⑦ NAME: MICHELLE TEXTILE CORP
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28202

⑫ PHONE: (WORK) 872-6683 (HOME) _____

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: _____

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

Date: _____

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