

11228 MALLARD CREEK RD

02913112

6/1/2007

duponbj

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

BF

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. Cash 25.00 10-16-91 HB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 5618A
TC: 029131-12
SERIAL: № 0020622
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 11228 Mallard Creek Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Jacob (FIRST) Clyde (MIDDLE) Goodman (LAST)
⑨ MAILING ADDRESS: Same
⑩ CITY: ⑪ STATE: ⑫ ZIP:
⑬ PHONE: (WORK) ⑭ (HOME) 547 0672

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Work Shop No plumbing

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jacob C. Goodman
Date: 10/16/91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the *Request for* the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary *Sewage Collection, Treatment And Disposal* in effect at the time of issuance of the permit and is subject to the following provisions:

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

... This permit is not transferable, and shall become null and void 60 months from the date of issuance. Use existing system

B. R. Ferguson, Environmentalist — 10-18-91 (Date)

Director or Authorized Section Head — 10-22-91 (Date)

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

DATE 10/16/91

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

029-131-12
PARCEL NUMBER

11228 Mallard Creek Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	✓ **NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	✓ **YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	✓ **NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	✓ **NO**

REMARKS: Work Shop

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Ruth

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Pd CASH
25.00 -91
10-16
KD

Date: 10-16-91

Name/Company: JC GOODMAN

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: ADDITION FILE # 5618-A
11228 Mallard Creek RD

Fee: $ 25.00

NOTICE:

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

Completed by

Collected by

BF

PROPOSED PLOT PLAN

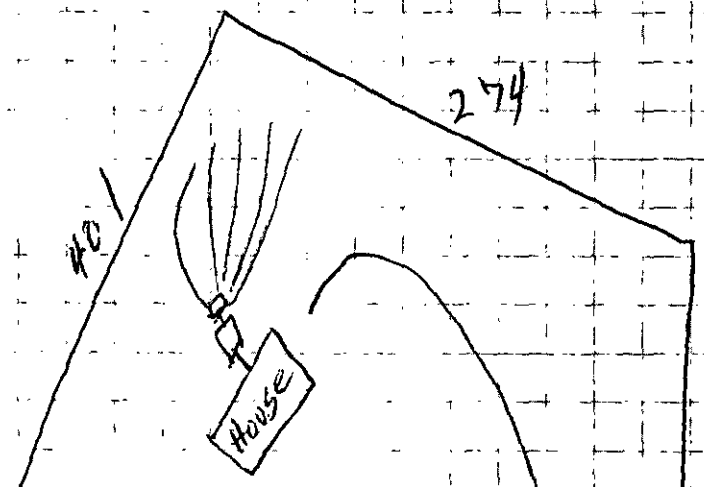
Pd. Cash
25.00
10-16-91
Hm

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

FILE: 5618A

TC: 0-29131-12

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 10-16-91

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

DATE: 11-2-89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERINC

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 029-131-12

ASSIGNED ADDRESS 11228 Mallard Creek Rd

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: _____

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 AN IMPROVEMENT PERMIT

Paid 11/02/89
Receipt 148
$200.00

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

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

(OFFICE USE ONLY)
FILE: 5618A
TC: 029-131-13
SERIAL: № 18603
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11228 MALLARD CREEK ROAD (STREET NO. / STREET) ② FILE: 5618A
③ JURISDICTION: ④ TAX PARCEL NO.: 12 & 13 (029-131-12 / 029-131-13)
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: JACOB (FIRST) CLYDE (MIDDLE) GOODMAN III (LAST)
⑨ MAILING ADDRESS: 6914 DUNCROFT LANE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28215
⑬ PHONE: (WORK) 588-2489 ⑭ (HOME) 563-1493

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? 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 HEALTH DEPARTMENT to enter on the property for the purpose of processing this request.

Signed: Jacob C. Goodman
Date: 10-30-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

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

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Lift station may be required

B. R. Ferguson — Environmentalist — 11-8-89 Date

Director or Authorized Section Head — 11-8-89 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-2-89

Name/Company: JACOB Coodman III

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applicat f Improvmt Permt
T.Oa # 5619A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 2 1989

Fee: $ 200.00

CH 148
11 200.00

NOTICE:

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

Completed by

Collected by

BILLING — WHITE

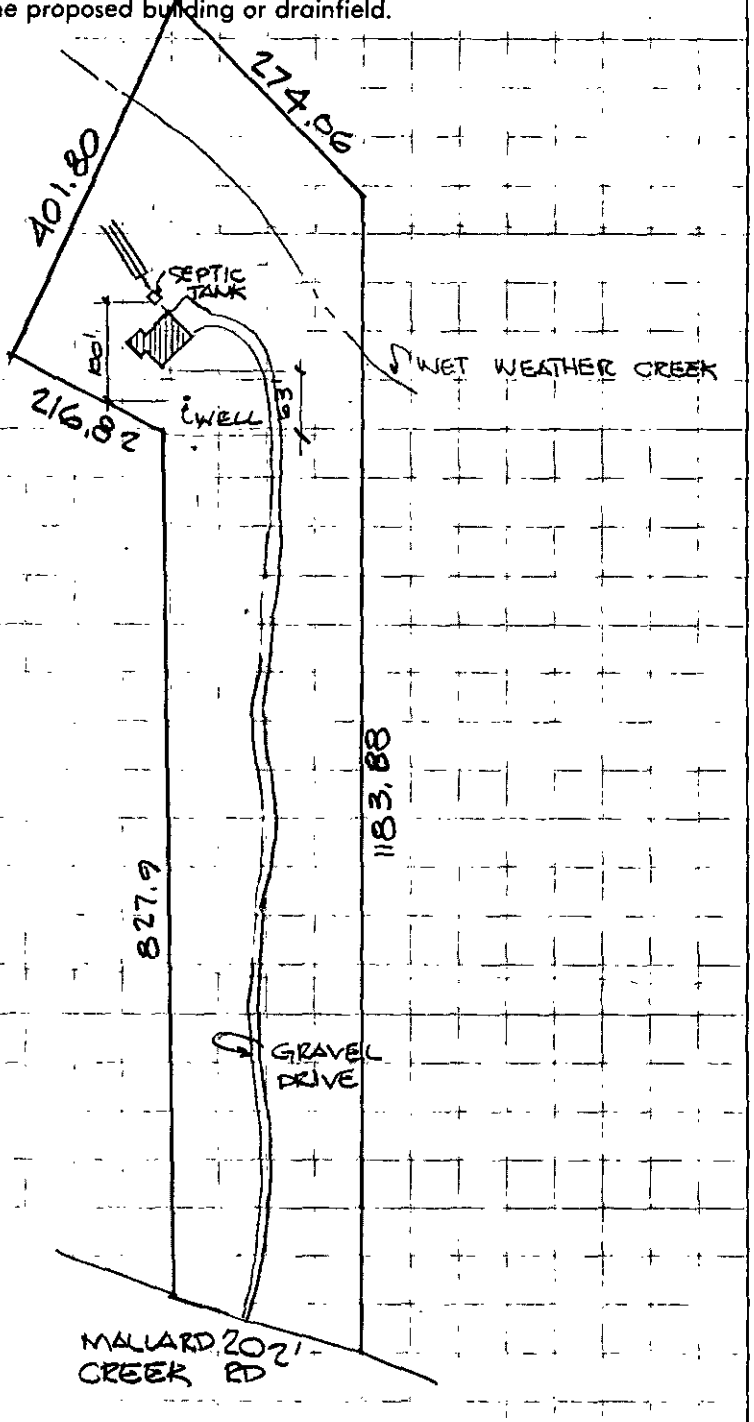
PROPOSED PLOT PLAN

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

FILE: 5218A

TC: 029-131-13

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: Walter D. Wilson

Date: OCT 31, 89

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5618A DATE: 5/16/90

TC: ☐ L ☐ CRT

SERIAL № 13308

Name of Owner Walter Wilson Juris.:

Address of Property 11228 Mallard Creek Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 5/16/90

Tank(s) Inspected 5/16/90

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1990 1500ST Con. 1200SFT 12" G CTR# 90

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ Installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 3 bedroom home. * Installation of a drainage ditch upslope from the system to divert surface water or a french drain for both surface and to intercept lateral water movement is recommended

Judy Ruiz R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

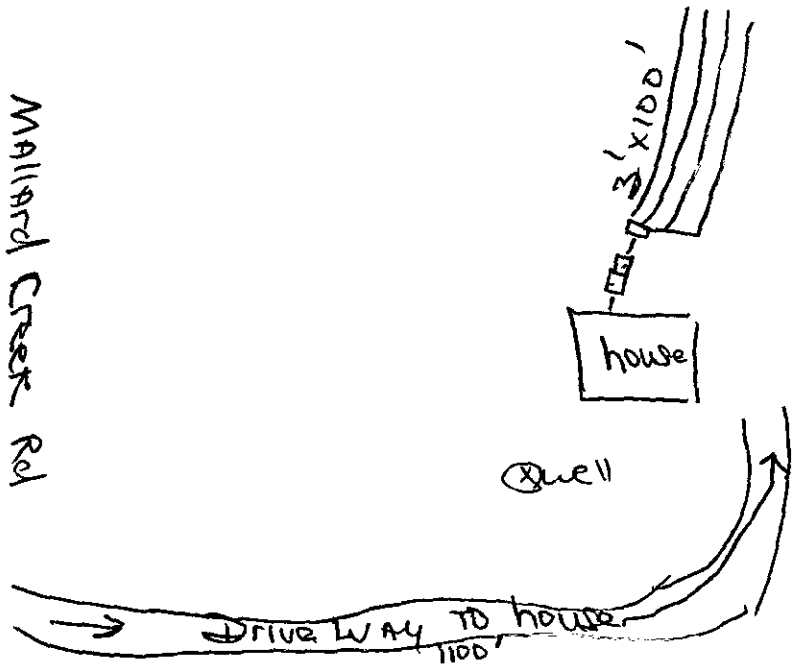
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5618A DATE: 5/5/90

TC: 029-131-13 D L

SERIAL Nº 13282

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 10/30/89. All work shall be completed on or before 6/5/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Jacob Clyde Goodman

LOCATION OF PROPERTY 11228 Mallard Creek Rd

Comments: Install 4 Trenches 3' x 100', 12" Stone Straw Cover. (Check back at Line Location to reconfirm Exact Property Line)

S. D. Daniel, RS
Division or Section Head

Judy J. Kyser R.S.
Environmentalist

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

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

Mecklenburg County
Health Department

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

June 1st, 1989

Sue Goodman
6914 Duncroft Lane
Charlotte, NC 28215

RE: Property located at Mallard Creek Rd.
FILE: 5618A
PARCEL: 02913113

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 12101) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12101

File: 5618A

Action 1

Parcel: 029-131-13

☐ PC

Location: Mallard Creek Rd.

Subdivision:

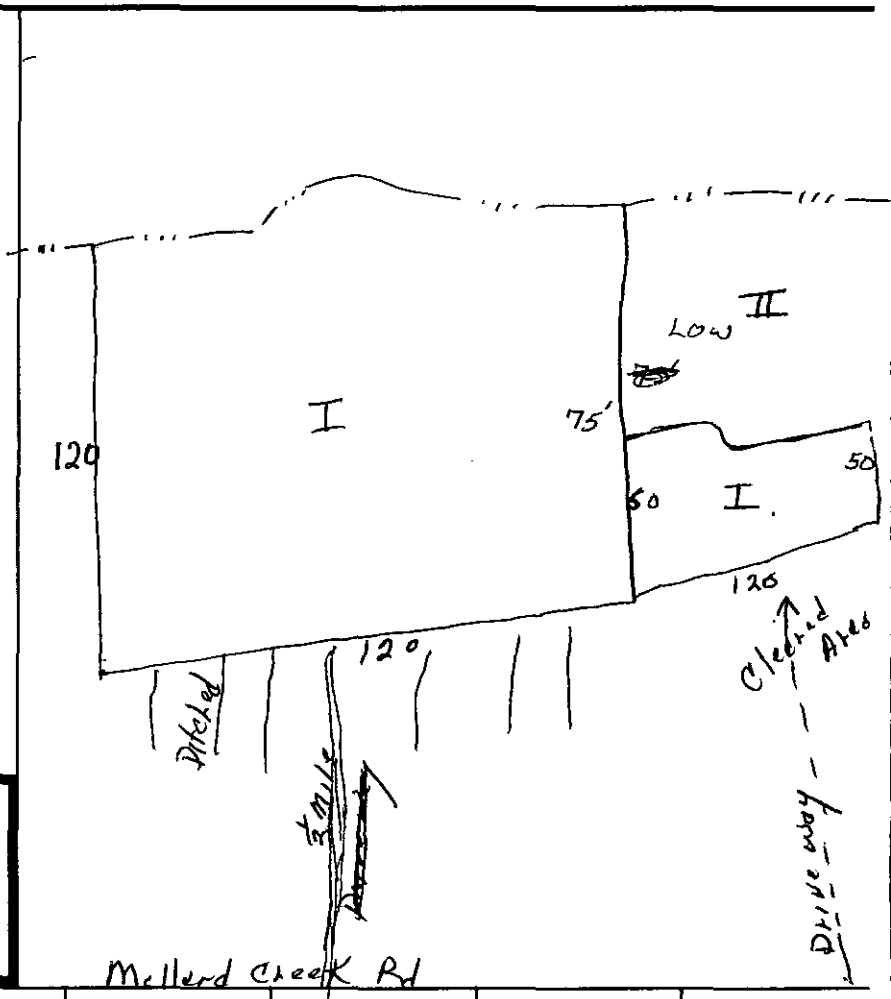
Lot: Block: | Acres:

Owner: Sue Goodman
Address: 6914 Duncroft Lane
Charlotte, NC 28215

Comments: Will Need To go To Area With Environmentalist To show Lot Lines.

Described by: W. B. Ramsey

Date: 5-25-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-6	S (PS) U 0-2	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Loamy	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) Low wet	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS (U) 25-30	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	IIa Series unknown	IIa Drainage Area				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/15/89

Name/Company Sue Goodman

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
5618A

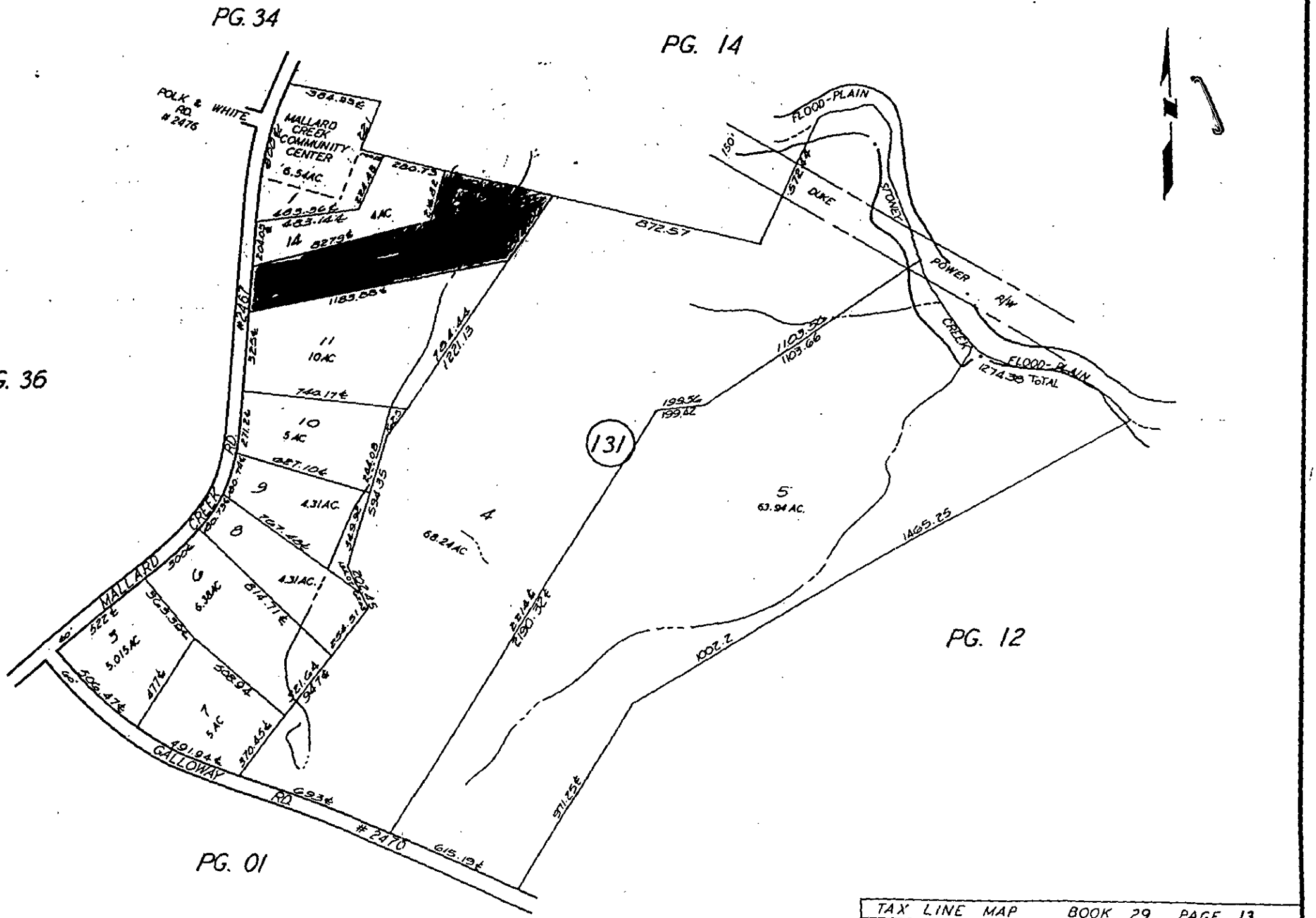
MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

MAY 15 1989

Fee: $30 -

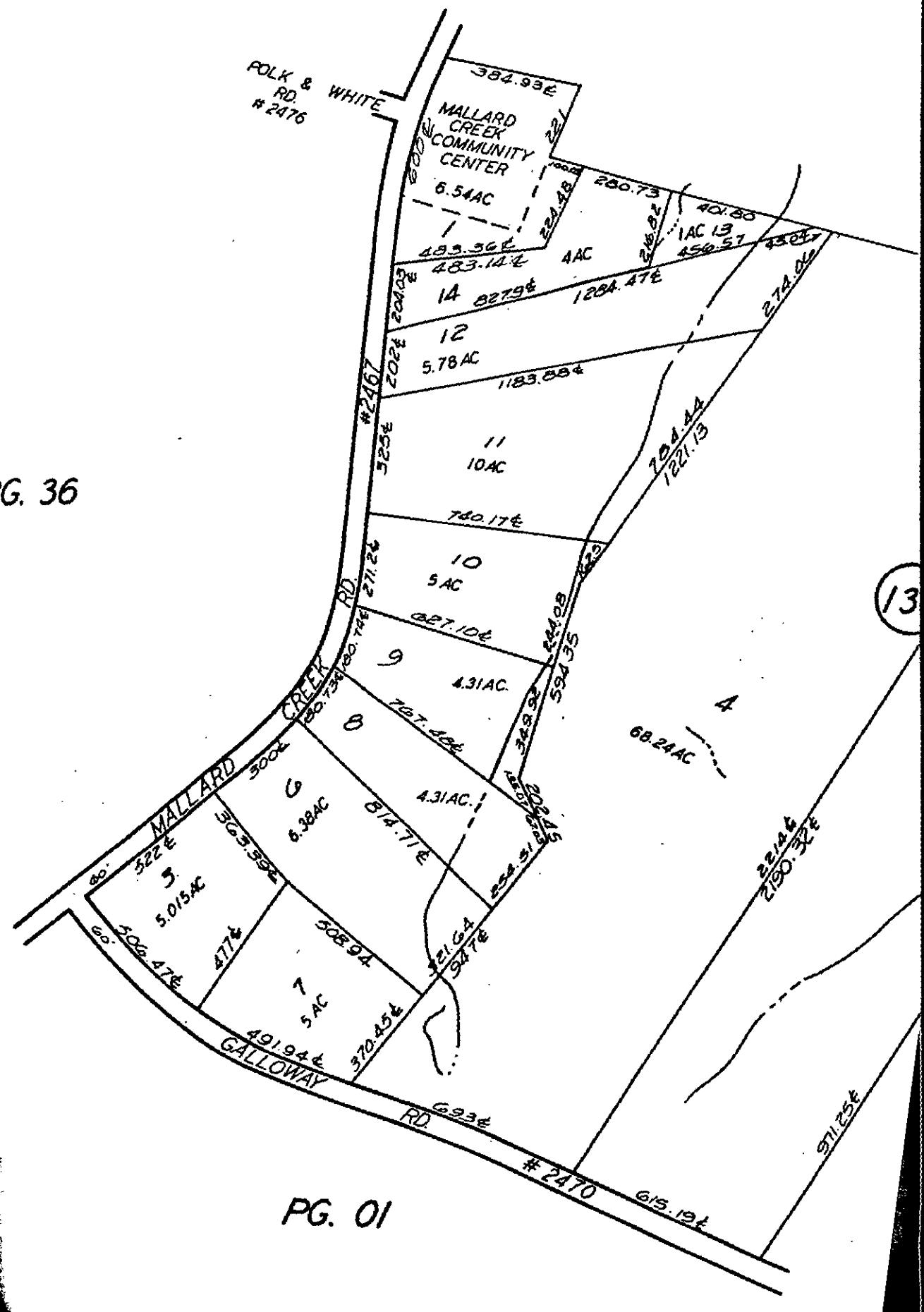
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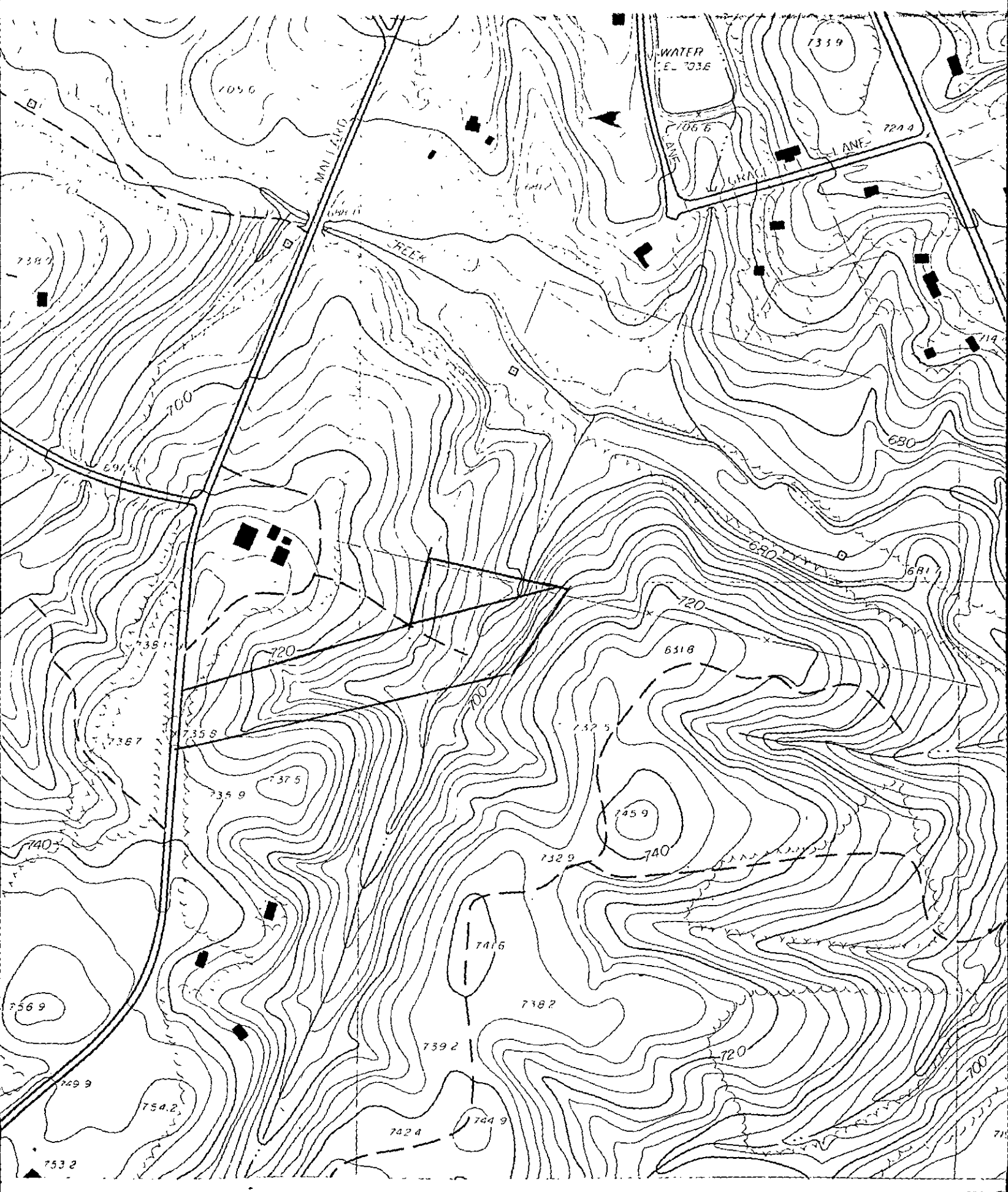
TAX LINE MAP BOOK 29 PAGE 13
MECKLENBURG COUNTY, NORTH CAROLINA

PG. 34



PG. 36

PG. 01



SCALE : 1 in. = 400 ft.

0' 400' 800' 1200' 1600'

TO

MECKLE

Mecklenburg County
Health Department

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

May 9th, 1989

Sue Goodman
6914 Duncroft Lane
Charlotte, NC 28215

RE: Property located at Mallard Creek Rd.
FILE: 5618A
PARCEL: 02913113

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 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 Number 16099) is enclosed.

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 10 NCAC 10A .1948 (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 I may be of any assistance, please feel free to call.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure (2)

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16099

File: 5618A Action 2

Parcel: 02913113 ☐ PC

Location: Mallard Creek Rd.

Subdivision:

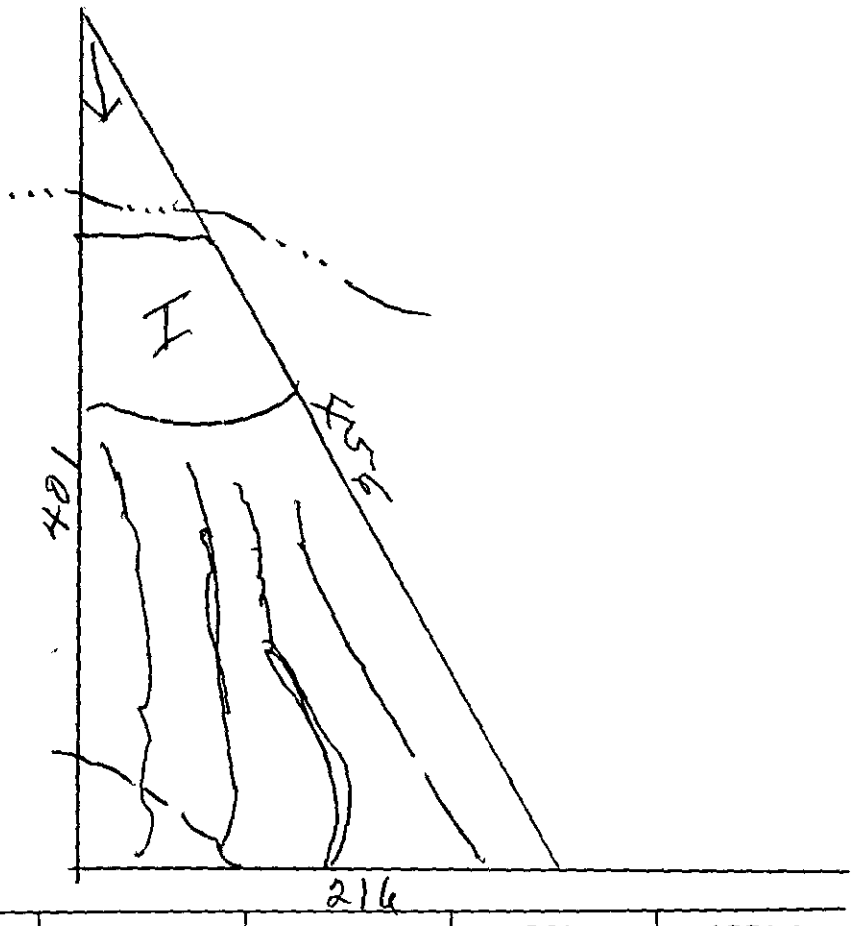
Lot: Block: Acres: 1.80

Owner: Sue Goodman
Address: 6914 Duncroft Lane
Charlotte, NC 28215

Comments: _____

Described by: W. B. Ramsey

Date: 5-8-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-4%	S PS (U) Ditched	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 40-48	S PS (U) Various	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) Usable Space	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	IIa Alluvium	IV Atk				
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: 5618A

TC: _____

☐ PC ☐ REPT

per Lee 5618A for Charles Goff

JOB LOCATION

① ADDRESS: Mallard Creek Road

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

⑤ PARCEL REFERENCE: BOOK NO.: ~~XXXX~~ 029 PAGE NO.: ~~XXX~~ 131 PARCEL NO.: 13

⑥ DEED REFERENCE: BOOK NO.: 4415 PAGE NO.: 244

OWNER

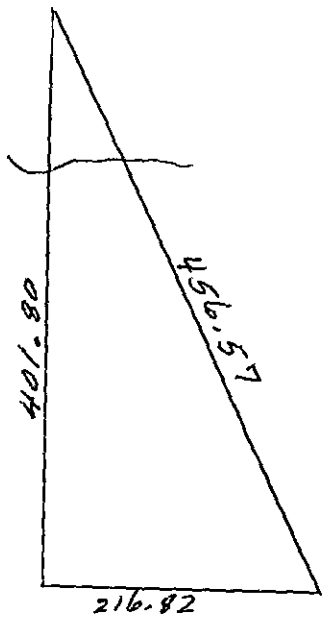
⑦ NAME: Sue (FIRST) Davis (MIDDLE) Goodman (LAST)

⑧ MAILING ADDRESS: 6914 Duncroft Lane

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28215

⑫ PHONE: (WORK) (704) 588-2489 (HOME) (704) 563-1493

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: Sue Davis Goodman

Date: 4/17/89

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

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