

10026 SAW MILL RD

19940165

7/12/2007

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: 7815A DATE: 9/21/05

TC: 199-401-65 ☑ L ☑ CRT

SERIAL 19804

Name of Owner MELISSA BOSLGER Juris.: _____

Address of Property 10026 SAN MILL RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 7 @ 5X60', 2X50'

Cover Depth 12"

Water Supply Source WELL

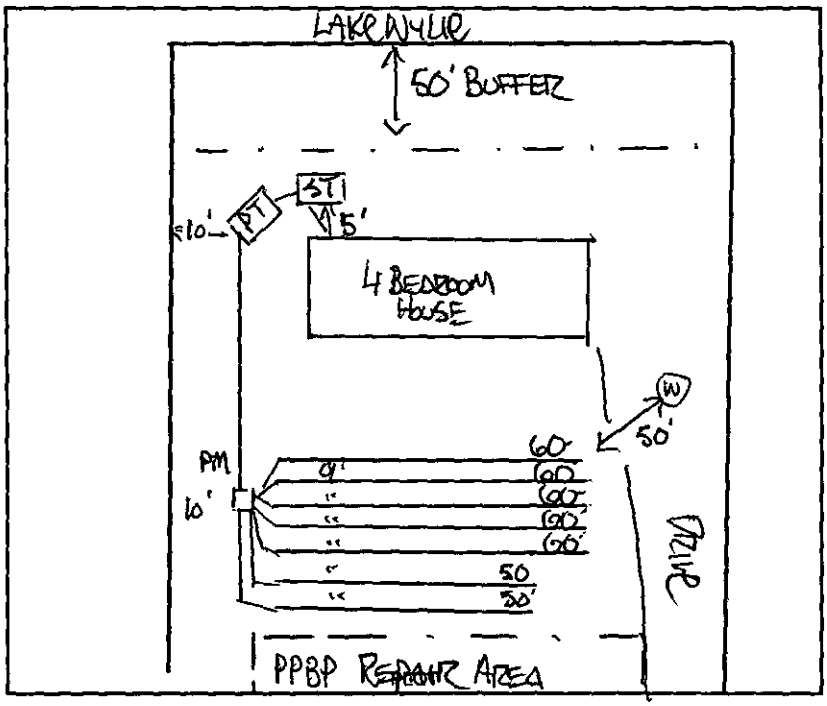
Distance to Water Source 750'

Excavation Inspected 9/20 & 21

Tank(s) Inspected 9/20

Wash Line Inspected N/A

High Water Alarm Inspected _____



Design 2005, INJ., EZ FLOW, 25% REDUCTION, 1200SF, 1500ST, 1000PT, T, P.M. CTR# NIT, NORWOOD

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: 25% REDUCTION SYSTEM, INJ. E-Z FLOW, 7 LINES 5X60' & 2X50'
1500 GAL ST, 1000 GAL PT, PRESSURE MANIFOLD, PPBP REPAIR
50' FROM WELL, 710' FROM PROPERTY LINE, 75' FROM FOUNDATION, 750' FROM LAKE
TYPE III b

_____
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

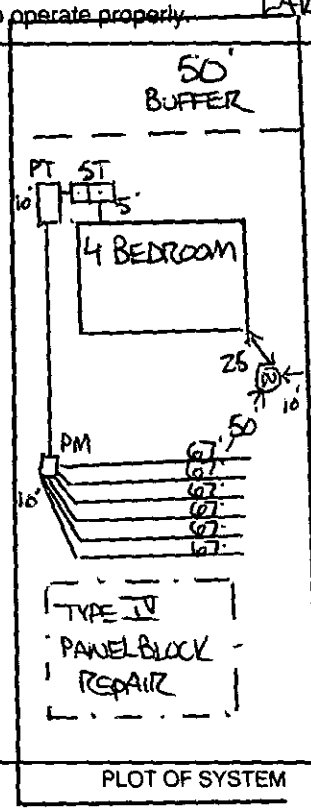
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7815A DATE: 8/4/05

TC: 199-401-65 ☑L

SERIAL Nº 20068

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 7/21/05. All work shall be completed on or before 10/1/05, 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

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous YES

Total Line Length 400 feet

Number of Lines 6@67'

Depth of Stone N/A inches

Distance from House 75 feet

Distance from Property Line 710 feet

Distance from Well 750 feet

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

NAME OF OWNER MELISSA BOSLOER

LOCATION OF PROPERTY 10026 SAWMILL RD.

Comments: PRIMARY SYSTEM TYPE IIIb, INN, E-Z FLOW, 6 LINES @ 67', 1500 GAL ST, 1000 GAL PT, PRESSURE MANIFOLD, PPBP REPAIR
SETBACKS: 750' FROM LAKE, 750' FROM WELL, 75' FROM HOUSE
710' FROM PROPERTY LINE

Jim Lawter, REHS 8/4/05
Environmental Health Specialist

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

Check 6214 JKA

FEE: 300.00
DATE: 3/8/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

AC LD

PERMIT NUMBER: 7815A
PARCEL NUMBER: 199-401-65

JOB LOCATION ADDRESS: 10026 Saw Mill Rd.
PROPERTY OWNER: Melissa Bosiger
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: David Cornelius, RS DATE: 02/28/05

DC, RS 2/28/05
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 7815A, 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.

5. OTHER CONDITIONS:

Owner/Agent

4/1/05
date

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **7815A** Tax Number: **199-401-65**

- 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 ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	1200 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	400 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	1000 Gallon pump tank	na Depth of stone (in)	

Any surface water present: **Yes** Type: **Lake Wylie** Minimum separation distance (ft): **50**

Additional conditions: **Primary system type IIIg 25% reduction. Panel block repair, 50% reduction.**

Repair Area System

Type: ☐ 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:

1000 Absorption Area (ft^2) 333 Total trench length (ft)	na Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

DENR Authorized Agent — Date: 3/22/05

Owner/Agent Signature — Date: 4/1/05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **7815A**

Tax Number: **199-401-65**

- 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 ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ 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:

0.3 Long-term acceptance rate (GPD/ft^2)	600 Max gallons/day wastewater flow	1500 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	500 Total trench length (ft)	24 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
5 Bedrooms in residence	1000 Gallon pump tank	na Depth of stone (in)	

Any surface water present: Yes Type: Lake Wylie Minimum separation distance (ft): 50

Additional conditions: **Primary system type IIIg 25% reduction. Panel block repair, 50% reduction.**

Repair Area System

Type: ☐ 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:

1000 Absorption Area (ft^2) 333 Total trench length (ft)	na Depth of stone (in)	8 Trench spacing (min. on centers) (ft)	24 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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.

DENR Authorized Agent — Date 2/25/05

Owner/Agent Signature — Date 3/9/05

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

2534A

1

GWS – RES. APP 12/04

JKH

SEPTIC FEE: 200
DATE: 2/22/05
CRT: [illegible]

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE:
DATE:
CRT:

FILE # 7815A

SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 19940165
STREET ADDRESS: SAW Mill Rd (10026)
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME: SAW MILL Pointe
LOT #: 3
TOWNSHIP:

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

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☒ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☒ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☒ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES ☐ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES ☐ YES ☒ NO
EXISTING WASTEWATER SYSTEMS ☐ YES ☒ NO
DESIGNATED WETLANDS ☐ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS ☒ YES ☐ NO
GRADING/SOIL REMOVAL PERFORMED ☐ YES ☒ NO

PROPERTY OWNER:

NAME: MELISSA BOSIGER
ADDRESS: 7332 LAKE FRONT Dr. Apt. 5
CITY: Charlotte
STATE: NC ZIP: 28278
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-582-1533 FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Tony Sacks
ADDRESS: 168 Brandbill Dr
CITY: Mooresville
STATE: NC ZIP: 28117
HOME PHONE: WORK PHONE: 663-6905
MOBILE PHONE: FAX: 662-9845

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1991
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 1st wk March 2005

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

2-21-05
Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-6894

PROPOSED PLOT PLAN

$100.00 Visa Payment 3/18/05

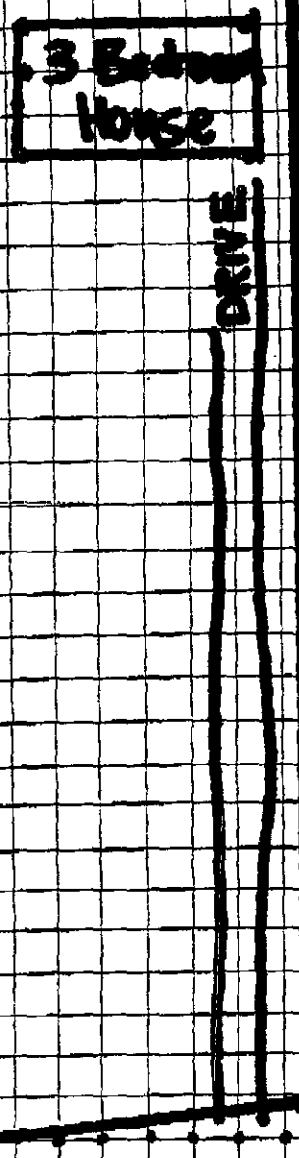
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5403

FILE: 7815A

TC: 199-40-165

LAKE WYLIE

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.



Changed Plot Plan from 4 Bedroom to 3 Bedroom

Melissa OB
OWNER/AGENT SIGNATURE

DATE 3/18/05

APPROVAL DATE _____

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

Mecklenburg County
Health Department

October 30th, 1991

Crescent Resources, Inc.
P. O. Box 30817
Charlotte, NC 28230

RE: Property located at Saw Mill Road 3
FILE: 7215A
PARCEL: 199-401-12PO

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 12315) is enclosed for your information.

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

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Gene Vaughan by

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12315

File: 7815A Action 1

Parcel: PO 199-401-12 ☑ PC

Location: Saw Mill Road

Subdivision:

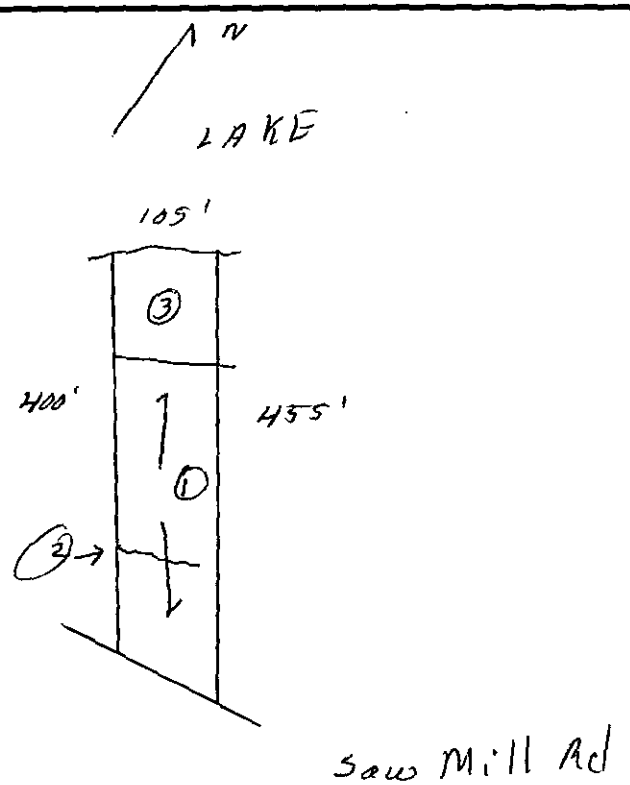
Lot: 3 Block: Acres: 1.0

Owner: Crescent Resources, Inc.
Address: PO Box 30917
Charlotte, N.C. 28230

Comments: 100% Repair, may need left pump

Described by: William A. Marlin

Date: 10-25-91



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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) >30%	S PS (U) old Terrace	S PS U	S PS U	S PS U
Texture	S (PS) U clay, slightly expansive	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub-Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	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	W Davidson-Le	>30%	old Terrace			
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

Pd. 50.00
CK # 1350
10-17-91
HB

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

(OFFICE USE ONLY)

FILE: 7815 A

TO: PO 199-401-12

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Saw Mill Rd

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

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

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

OWNER

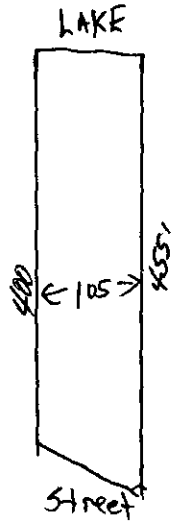
⑦ NAME: Crescent Resources Inc, (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: PO Box 30817

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28230

⑫ PHONE: (WORK) 382-2410 (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: Tony C. Jourdan, CPSS

Date: 10/14/91

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