3655B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

App # 6875

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
○ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
☒ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Roberto De La Garza
ADDRESS: 12415 Asbury Chapel Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-622-8427
ALTERNATE PHONE:
E-MAIL: greenriver206@bellsouth.net

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 017-277-08
STREET ADDRESS: 9000 Lacrosse Dr
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
☒ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
○ HOUSE ☒ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

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

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

ADDITION/RENOVATION 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

6-4-14
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

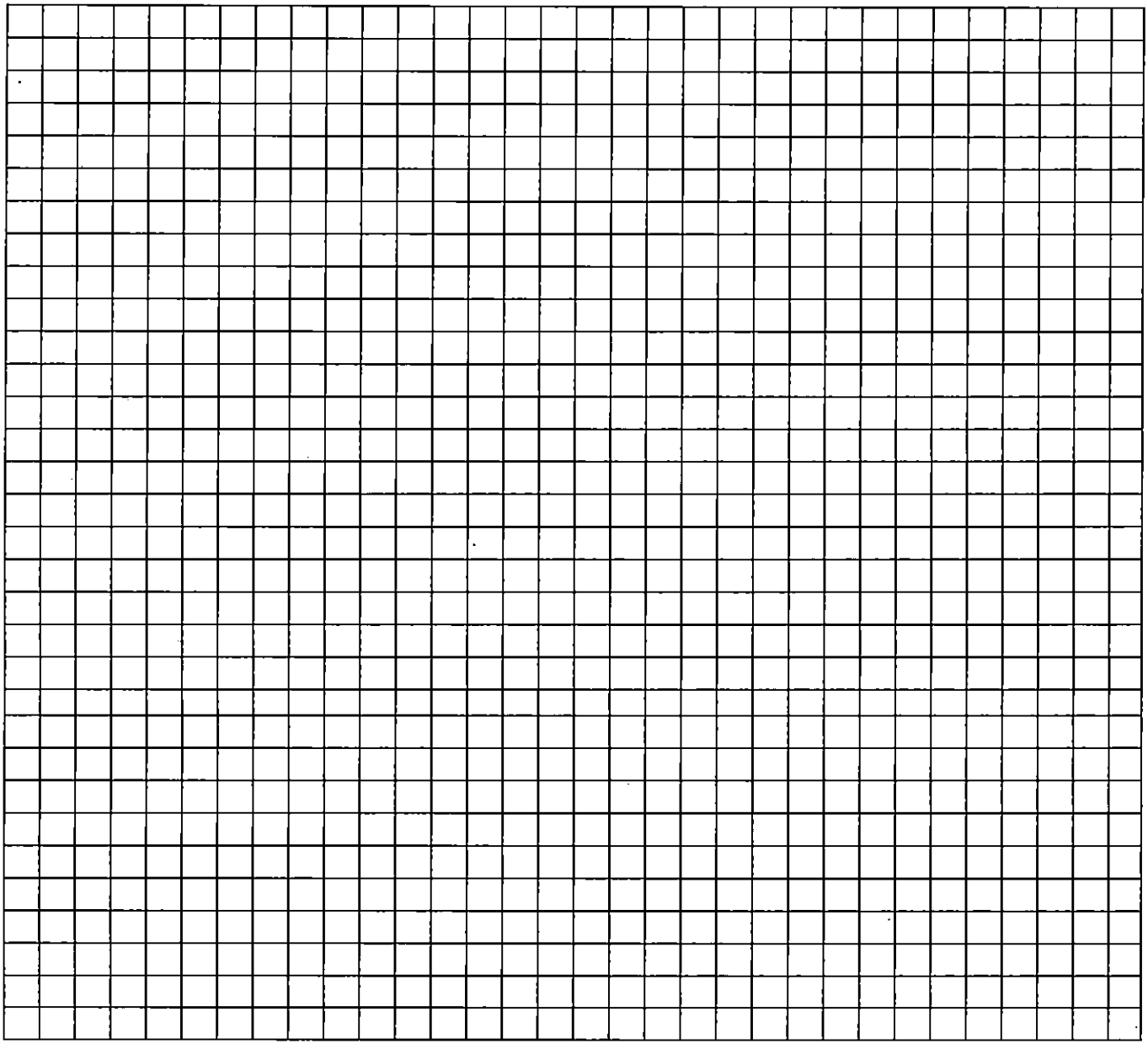
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____



*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 and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. TO USE FOR A NEW 3 BEDROOM MOBILE HOME. HOUSE MUST BE LOCATED AT LEAST 60' OFF BACK PROPERTY LINE

REHS Signature _____ Date _____

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

Revised on: 01/03/11

REHS 6/9/14

WDS

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 9000 — STREET NAME Lacrosse Drive — (AV,RD,ST, etc)

SUITE/UNIT(S):

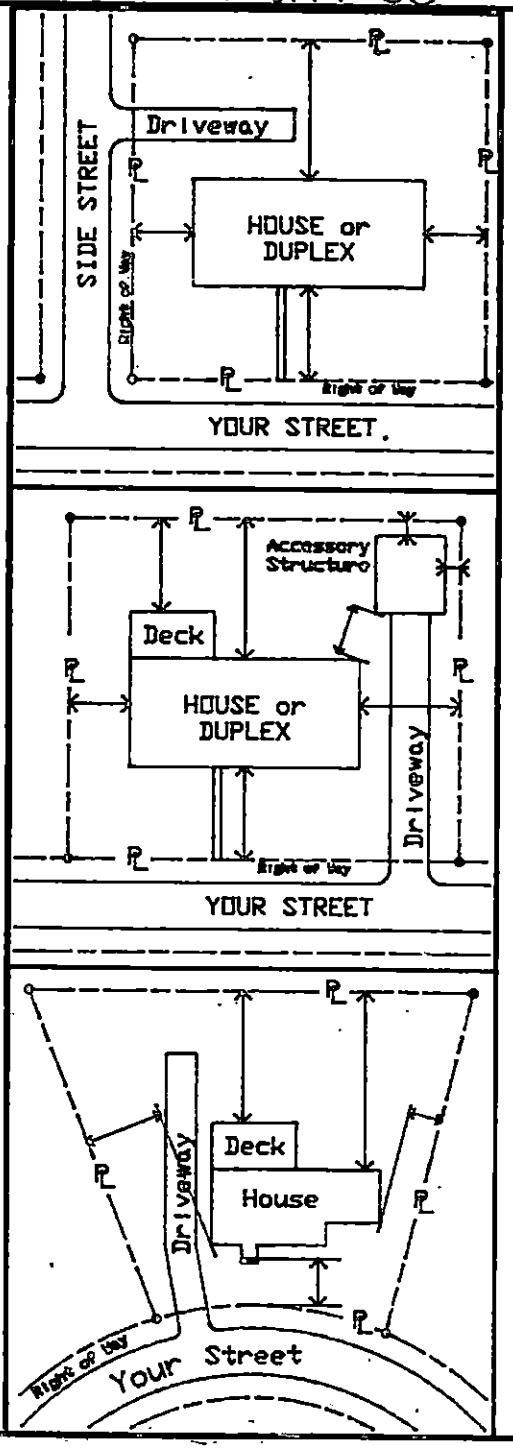
PERMIT #

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

TAX PARCEL # 017-277-08

JOB #

EXAMPLES/PLOT PLAN

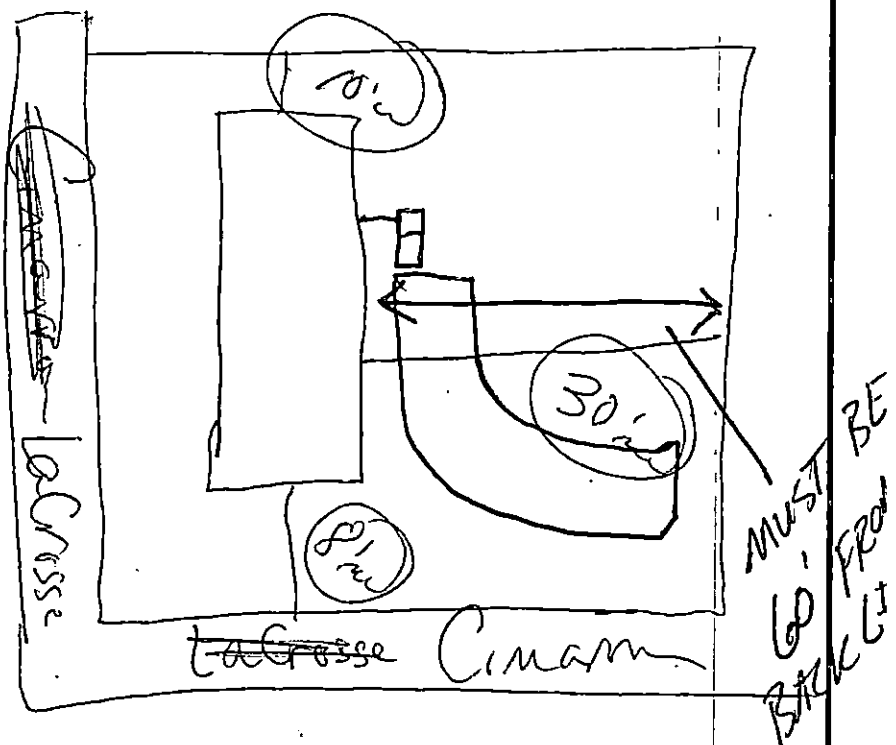


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

APPROVED BY

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

3655B

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 DWS 6/4/14 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/04/14	**Amount:**	100.00
Receipt #:	89691	**Tendered:**	100.00
Check / Auth #:	CHECK 2802	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: 200000
Contractor: J ROBERTO DE LA GARZA
Attn:
Address: 12415 ASBUTY CHAPEL RD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 9000 LA CROSSE DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
~~240.00~~	~~285.00~~	~~650.00~~	~~565.00~~	~~869.65~~	

App. #: 6875

Fee: 100.0000

Date: 6/4/2014

CRT[ ]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

MECKLENBURG COUNTY HEALTH DEPARTMENT

Groundwater & Wastewater Services

FILE #: 3655B

TYPE APPLICATION:

(○) SEPTIC ONLY (○) WELL ONLY (◉) SEPTIC AND WELL

(○) ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (◉) EXCHANGE MOBILE HOME - SAME # OF BEDROOMS

(○) ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (○) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION

NAME: Roberto De La Garza
ADDRESS: 12415 Asbury Chapel Rd
CITY: Huntersville
STATE: NORTH CAROLINA ZIP: 28078
PRIMARY PHONE: 704-622-8427 ALTERNATE PHONE:
EMAIL: greenriver206@bellsouth.net

JOB LOCATION INFORMATION:

TAX / PARCEL #: 01727708
STREET ADDRESS: 9000 LACROSSE DR
CITY: HUNTERSVILLE NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME: LOT #: 0

PROPERTY OWNER: [ ] Same as Filer

NAME: Roberto De La Garza
ADDRESS: 12415 Asbury Chapel Rd
CITY: Huntersville
STATE: NORTH CAROLINA
ZIP: 28078
PRIMARY PHONE: 704-622-8427
ALTERNATE PHONE:
EMAIL: greenriver206@bellsouth.net
General Comments:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [✓] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

(○) HOUSE (○) MODULAR HOME (○) MULTIPLE FAMILY
(◉) SINGLE MOBILE HOME (○) DOUBLE WIDE (○) OTHER

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

NUMBER OF EMPLOYEES PER SHIFT: 0
NUMBER OF SHIFTS: 0
INDUSTRIAL WASTES?: (○) YES (○) NO
UNDERGROUND STORAGE TANKS?: (○) YES (○) NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

[ ] BEDROOM [ ] BATHROOM [ ] KITCHEN [ ] DINING 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

Print Update Go to Front Counter

MECKLENBURG COUNTY, North Carolina
POLARIS 3G PARCEL OWNERSHIP AND GIS SUMMARY
Date Printed: 06/05/2014

Identity	
Parcel ID	GIS ID
01727708	01727708

Property Characteristics	
Legal desc	L216 M14-475
Land Area	1 LT
Fire District	HUNTERSVILLE
Special District	FIRE SERVICE D
Account Type	INDIVIDUAL
Municipality	HUNTERSVILLE
Property Use	MOBILE HOME SUBDIVISION

Zoning
Contact appropriate Planning Department or see Map.

Water Quality Buffer	
Parcel Inside Water Quality Buffer	No

FEMA and Community Floodplain	
FEMA Panel#	3710463000J
FEMA Panel Date	03/02/2009
FEMA Flood Zone	OUT:VIEW FEMA FLOODPLAIN TO VERIFY
Community Flood Zone	OUT:VIEW COMMUNITY FLOODPLAIN TO VERIFY

Situs Addresses Tied to Parcel
9000 LACROSSE DR HUNTERSVILLE

Ownership	
Owner Name	Mailing Address
BILLIE BUTLER GRAHAM	2027 ARC DR BELMONT NC 28012-2151

Deed Reference(s) and Sale Price		
Deed	Sale Date	Sale Price
07881-022	08/17/1994	$0.00

Site Location	
ETJ Area	Huntersville
Charlotte Histroic District	No
Charlotte 6/30/2011 Annexation Area	No
Census Tract #	62.07

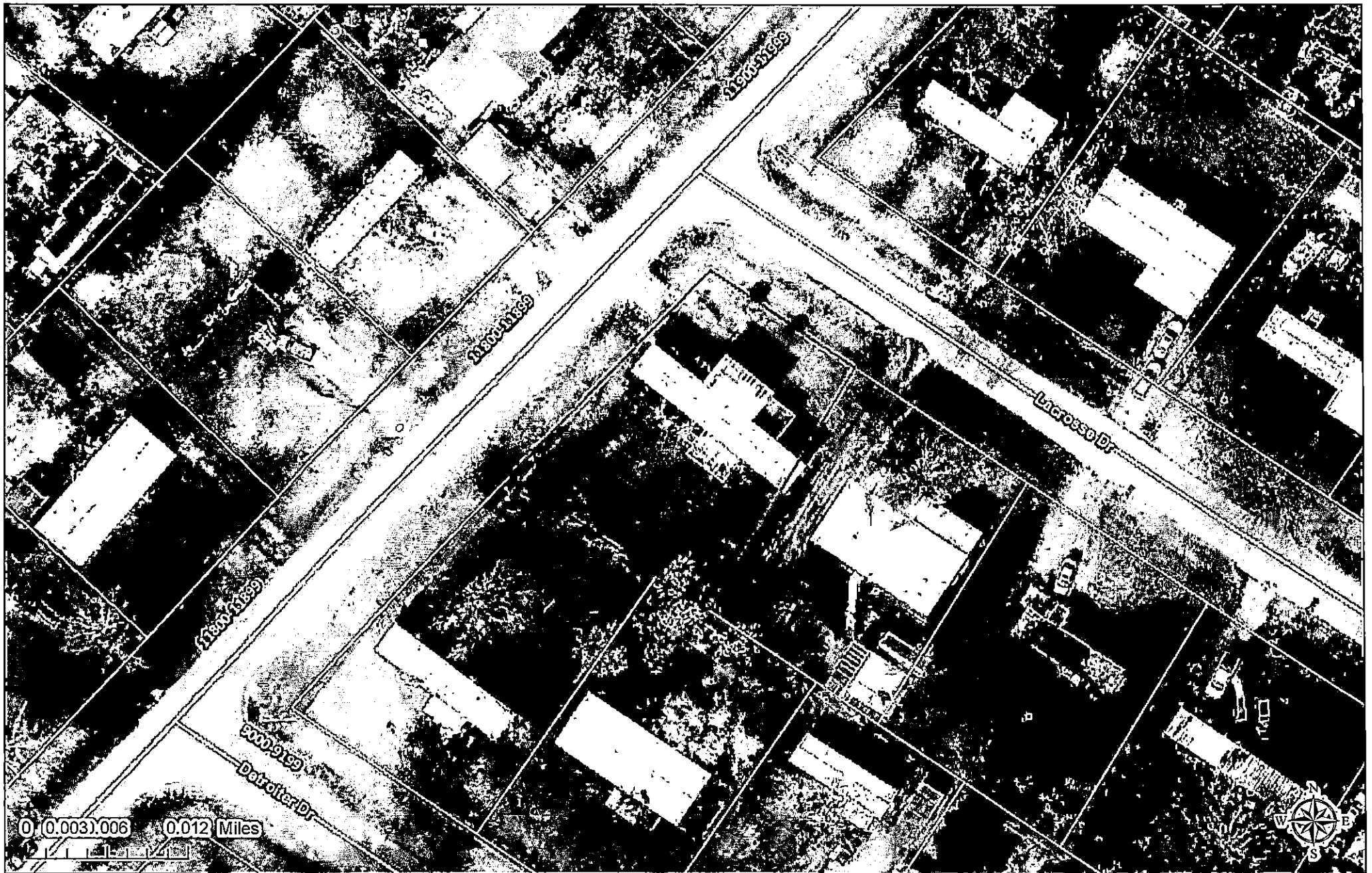
Post Construction District	
Jurisdiction	Huntersville
District	Huntersville

Watershed Districts	
Watershed Name	McDOWELL
Watershed Class	PA-2

This map or report 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 or report 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.

Polaris 3G Map – Mecklenburg County, North Carolina

Date Printed: 6/5/2014 9:49:50 AM



This map or report 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 or report 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.



9000 LACROSSE DR

01727708

1/3/2008

duponbj

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

12400

07/24/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3655B

Order #50.00 ~~CK~~

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-277-08
STREET ADDRESS: 9000 Lacross Dr
ZONING:

PROPERTY OWNER:
NAME: Butler Shirley Lee (last) (first) (mi)
ADDRESS: 9000 Laerosse Dr PHONE: (__) 875-6205
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green MH

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

LOT NUMBER: 216 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☒ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☒ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☒ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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

Signed: Shirley L. Butler Date: 7/24/95

NOTICE:

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

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

...This permit is not transferable.

...Use existing system for 3 bedroom single wide. Back of m.h. to be minimum of 59' from rear fence line. See plot plan. JBR

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☒ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lisa B. Malik 8/22/95
Environmentalist Date

Bateman for Shamil, Program Chief 8-25-95
Director or Authorized Section Head Date

WATER 12270

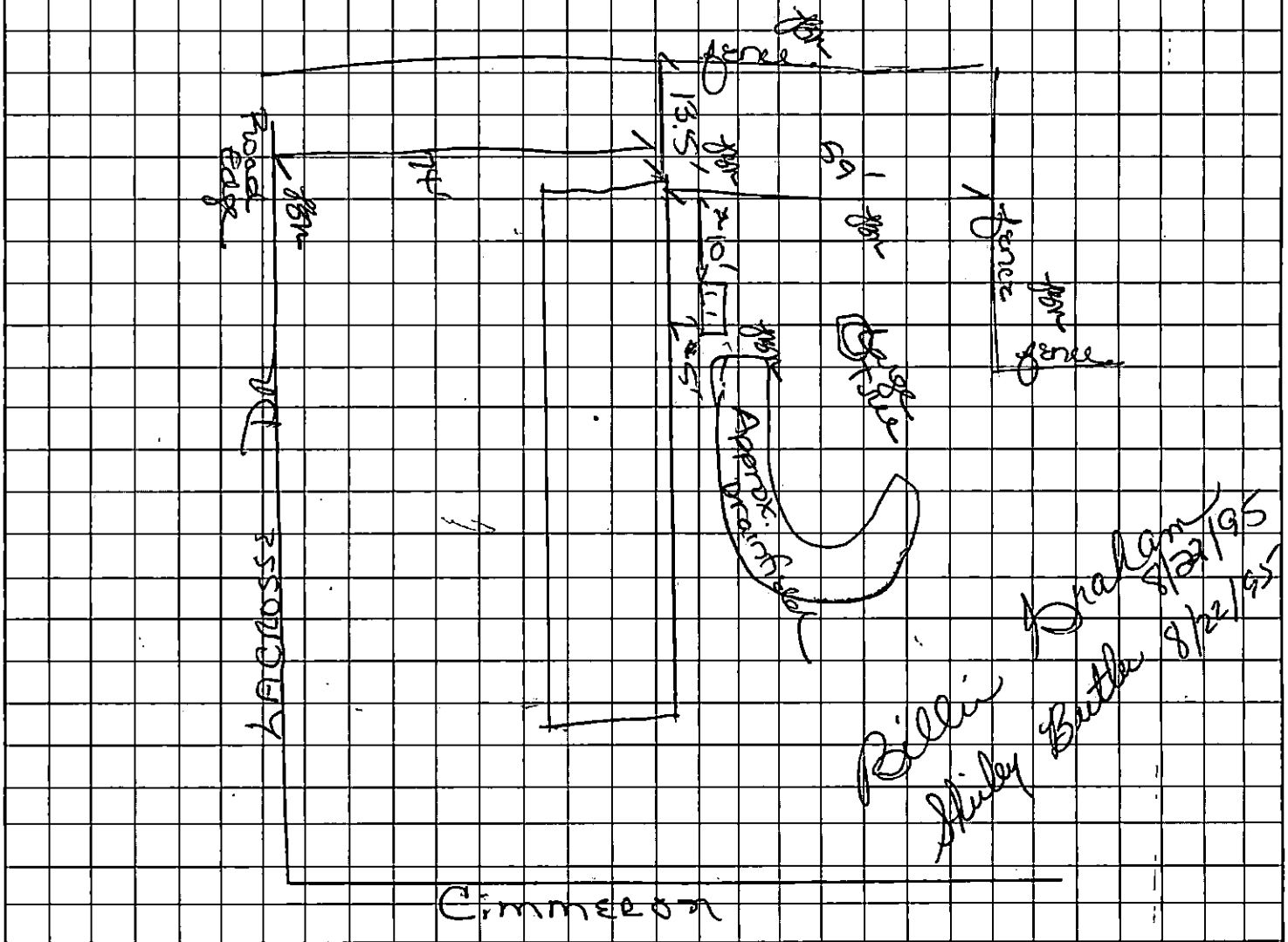
PROPOSED PLOT PLAN

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

FILE: 3655B

TC: _____

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



* mobile home must be a minimum of 5' from the septic tank. The back of the new mobile home must be located a minimum of 59 feet from back chainlink fence line in order to maintain minimum 75 feet separation from septic system.

Shirley L. Butler
OWNER/AGENT SIGNATURE

DATE 7/24/95

APPROVAL DATE 8/22/95
Joan B. Malik

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

Retain as part of File 36555

07/24/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

36555 — Order #50.02 — CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: _____ STATE: _____ ZIPCODE: _____

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-277-08
STREET ADDRESS: 9000 Lacross Dr
ZONING: _____

PROPERTY OWNER:
NAME: Butler Shirley Lee (last) (first) (mi)
ADDRESS: 9000 Lacrosse Dr PHONE: (__) 875-6205
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green MH

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

LOT NUMBER: 216 LOT SIZE (in acres):

TYPE APPLICATION (check one):
- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
- [ ] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
- [X] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
- [X] Community (C)
- [ ] Municipal (M)
- [ ] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] Other

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

Signed: Shirley L Butler Date: 7/24/95

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- [ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...7/26 - PC to Mrs. Butler. NC 10:12

7/27 J. Kiser received PC from Body Walker.

7/27 Rec'd O.K. Tank appears to be under addition / portion of drainfield appears to be under addition.

Environmentalist Date

Director or Authorized Section Head Date

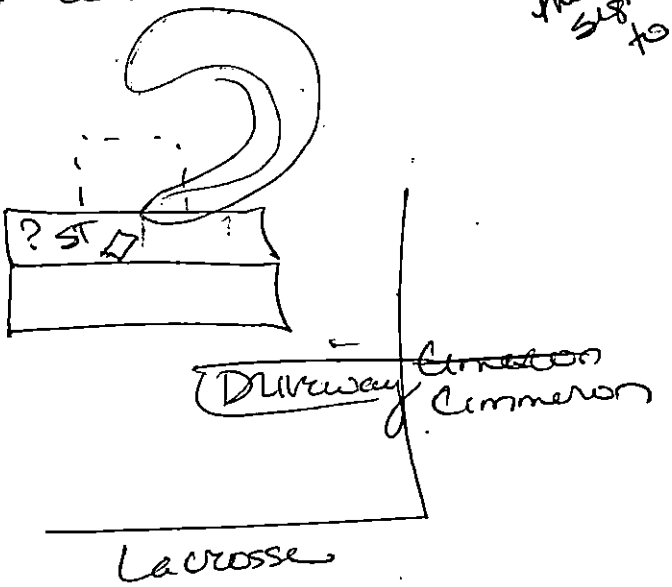
WATER - 2270

7/27 PC w/ Body Walker @ 875-6205.
7/27 PC w/ Rita Cox - mgr @ Accent Mobile Homes 597-1802; Explained differences - Per Mrs. Cox I will have additions moved off - will contact me

8/21/95 PC to Ms. Butler, NC
8:50 " " " "
10:20 " " " "
10:22 PC to Body Walker, NC

8/22/95 Returned Mrs Rita Cox's PC. Advised Mrs. Butler needs to sign form prior to release.

- Exist. 3 bdrm doublewide
  made into 5 bdroom
  Removing addition! Leak @ waterline
- Singlewide
  14'x60' 70'



7/27/95
PC w/ Mrs. Walker;

8/17/95 Rec. PC from Mrs. Cox; Mrs moved off.

8/18/95 OBV. Located tank (best of ability w/probe).
Addition had been over tank
portion of drainfield, Exchange
of m.h. O.K. if rear of new m.h.
is minimum 54' from back chain link fence/
74' from Lacrosse roadside

8/18/95 4:44 PC to Rita Cox @ Accent m.h. NC. LM
PC to Mrs Butler @ 4:55, NC
PC to Mrs Walker @ 4:56 NC.

8/18/95 4:00 PC w/ Robert Brown (Mrs Cox's Son) @ Accent 597-1802. Advised of setbacks + that Mrs. Butler must re-sign. Fax# 594-0902