


15610 DEERHAVEN CT

00308150

7/6/2007

duponbj

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

7579A

MECKLENBURG COUNTY HEALTH DEPARTMENT
*Environmental Health Division*
*Groundwater & Wastewater Services*

March 4, 2005

Lisa Earnhardt
15610 Deerhaven Ct.
Davidson, NC 28036

Dear Mrs. Earnhardt:

Re: Well Sample Results

Enclosed you should find the laboratory analysis for the well water samples that were collected at 15610 Deerhaven Court on Feburary 14, 2005.

Please retain these reports for future reference. If you have questions regarding these reports please contact me at (704) 336-5568.

Thanks again for your cooperation with the septic inspection and well sampling program. If you have questions or need assistance with your on-site wastewater system or private well please contact our office.

Sincerely,

Trevor Thomason, R.S.I.
Managed Systems Program Coordinator
Groundwater & Wastewater Services

Enclosures (2):

North Carolina State Laboratory of Public Health
Department of Health and Human Services
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047

# INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

**Name of System:** Davis Residence
**Address:** 13308 White Birch Tr.
Davidson, NC **Zip:** 28036
**County:** MECKLENB

**Source of Water:** Ground
**Source of Sample:**
**Type of Sample:** Raw
**Type of Treatment:** None
**Type of Analysis:** Nitrate
**Category:** Other

**Report To:** Mecklenburg Co. Env. Health
700 North Tryon Street
Charlotte, NC 28202
**Courier:** 05-16-21

**ATTN:** Trevor Thomaso
(704) 336-5101

**Collected By:** T. THOMASON **Date:** 2/14/2005 **Time:** 10:20:00 AM
**Location of sampling point:** Outdoor Spigot
**Remarks:**

| Parameters | Results | Units | Date Analyzed: |
|---|---|---|---|
| Nitrite as N | <0.10 | mg/l | 2/16/2005 |
| Nitrate as N | 1.61 | mg/l | 2/16/2005 |

COPY
North Carolina Public Health
State Laboratory of Public Health

**EXPLANATION OF RESULTS:**

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

**Sample Temperature on Receipt:** 8.0 °C
**Date Received:** 2/16/2005 **Report Date:** 2/28/2005 **Reported By:**
**Today's Date:** 3/1/2005 **Reference:** 1980 **Login Batch** 05020034 **Sample Number:** AB23044

## Explanations

**Coliform Analysis:**
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

**Inorganic Analysis:**
Recommended limits for drinking water. Sample should not exceed levels listed below.

| | | | |
|---|---|---|---|
| Alkalinity | No established limits | Iron | 0.30 mg/l |
| Arsenic | 0.01 mg/l | Lead | 0.015 mg/l |
| Calcium | No established limits | Magnesium | No established limits |
| Chloride | 250 mg/l | Manganese | 0.05 mg/l |
| Copper | 1.3 mg/l | Nitrate | 10 mg/l (as N) |
| Fluoride | 4 mg/l | Nitrite | 1.0 mg/l (as N) |
| Hardness | No established limits | pH | Not less than 6.5 units |
| | | Zinc | 5.0 mg/l |

# CHARLOTTE - MECKLENBURG UTILITIES

## LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 2/16/2005 04:46 PM
LOCATION: 13308
LOC ID: G-GWS
SAMPLE DATE-TIME: 2/14/2005 10:20
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB27711
CHAIN OF CUSTODY #: 05020266

| | Parameter | Result | Units | RL | Method | Start Date/Time | Analyst |
|---|---|---|---|---|---|---|---|
| AB27711 | **Total Coliform** | **Absent** | **P/A** | | SM 9223B | 2/15/2005 8:30 | RDW |
| AB27711 | **E. COLI-PA** | **Absent** | **P/A** | | SM 9223B | 2/15/2005 8:30 | RDW |

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

05020266

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

**Hal Marshall Laboratory,** 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

## CHAIN OF CUSTODY RECORD

COC#: PAGE 1 of 1

Sampled By (Print Name): Trevor Thomason

CLIENT: **MECKLENBURG COUNTY, LUESA - *Groundwater & Wastewater Services***

FACILITY: **Potable Water**

PROJECT: Davis Residence

13308 White Birch Tr. Davidson, NC 28036

**Send Report To:** GWS / T. Thomason
700 N Tryon St. Suite 211
Charlotte, NC 28202

27711

| SAMPLE ID | Sample Collector's Initials | Collection Date and Time | Chlorinated System | Collection Temp | Relinquished Temp | Receipt Temp | Sample Type: Depth Composite | Auto Composite | Hand Comp | Grab | Sample Containers: Plastic | Glass | # Containers | Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Chemical: BOD5 | CBOD5 | COD | TOC | TSS | TDS | TS | Nutrients | NOX | Nitrite | Alkalinity | Hardness | Turbidity | Lead | Total Coliform | Fecal Strep | Pest/PCB, EPA 608 | Herb, EPA 8151 | VOA, EPA 8260 | Semis, EPA 8270 | HEM 1164 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13308 | | 2/14/2005 10:20 | N | | 9 | | | | | X | 100 ml | | 1 | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Relinquished By: (Signature) | Received By: (Signature) | Date & Time |
|---|---|---|
| | | 2/15/05 0810 |
| Relinquished By: (Signature) | Received By: (Signature) | Date & Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date & Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date & Time |

Form Revision 02; effective date 07/07/04

N.C. Department of Environment and Natural Resources
Division of Environmental Health

# Inspection of Engineered Subsurface Wastewater System

| | | |
|---|---|---|
| Mecklenburg County<br>**Health Department** | Earnhardt Residence<br>**Name of Establishment** | 7579A<br>**Permit/Project No.** |
| 15610 Deerhaven Ct., Davidson 28036<br>**Location** | 3-Bedroom House<br>**Type of Establishment** | 360GPD<br>**Design Flow** |
| Lisa J. Earnhardt<br>**Owner/Agent** | Same as location address<br>**Address** | (704) 892-0337<br>**Phone** |
| N/A<br>**Operator** | N/A<br>**Address** | N/A<br>**Phone** |
| IIIb<br>**System Type** | 2/5/2010<br>**Next Inspection Due** | |

| | Yes | No | N/A | Comments: |
|---|---|---|---|---|
| **1. ESTABLISHMENT:** | | | | |
| a. Type, size, and sewage flow in accordance with permit? | ☒ | ☐ | ☐ | |
| **2. COLLECTION SYSTEM:** | | | | |
| a. No evidence of leaks into or out from sewer lines/manholes? | ☐ | ☒ | ☐ | 2.a.b. Sewage backing up inside |
| b. Free of blockages/solids buildup in lines or manholes? | ☐ | ☒ | ☐ | of pump tank. |
| **3. TANKAGE:** (Grease Traps/Lift Stations/Septic/Dosing Tanks) | | | | |
| a. Tank risers accessible and surface water diverted? ..... | ☒ | ☐ | ☐ | |
| b. Tanks and access manholes structurally sound, watertight? | ☒ | ☐ | ☐ | 3.c. Septic tank not uncovered |
| c. Sanitary tee(s) in good working condition?..... | ☐ | ☐ | ☒ | for inspection. |
| d. Tanks pumped, cleaned out as needed?..... | ☐ | ☒ | ☐ | 3.d. Pumping required for both tanks. |
| **4. RAW SEWAGE LIFT STATION (if present):** | | | | |
| a. Required pumps present, operating, and cycling properly | ☐ | ☐ | ☒ | |
| b. High-water alarm present and operating properly? | ☐ | ☐ | ☒ | |
| c. Floats/pipe/valves/disconnects in good condition? | ☐ | ☐ | ☒ | |
| **5. EFFLUENT DOSING SYSTEM:** | | | | |
| a. Effluent appears clear, free of excess solids? | ☐ | ☒ | ☐ | 5a. Excessive solids buildup in pump tank. |
| **A. PUMP SYSTEMS:** | | | | |
| a. Required pumps present, operating, and cycling properly? | ☐ | ☒ | ☐ | 5.A.a. Effluent pump not operating. |
| b. High-water alarm present and operating properly? | ☐ | ☐ | ☒ | 5.A.b. Alarm inside house. |
| c. Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | ☒ | 5.A.c. Tank full, could not inspect. |
| d. Control panel enclosure/components in good condition? | ☐ | ☒ | ☐ | 5.A.d. Upgrade system electrical components. |
| e. Elapsed time readings: _____ _____ _____ _____ | | | | |
| **B. SIPHON SYSTEMS:** | | | | |
| a. No evidence of overflow or siphon leakage? | ☐ | ☐ | ☒ | |
| b. Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | ☒ | |
| c. Bells and vents free of debris and in good condition? | ☐ | ☐ | ☒ | |

**6. GROUND ABSORPTION FIELDS:**

| | | | |
|---|---|---|---|
| a. No evidence of effluent surfacing/reaching surface waters? | ☒ | ☐ | ☐ |
| b. Minimal ponding in subsurface trenches? | ☒ | ☐ | ☐ |
| c. Surface water being effectively diverted away? | ☒ | ☐ | ☐ |
| d. Diversions/ditches/swales/tiles drains properly maintained? | ☒ | ☐ | ☐ |
| e. Line cover/vegetation adequate/maintained as needed? | ☒ | ☐ | ☐ |
| f. Protected from traffic, destructive uses? | ☒ | ☐ | ☐ |
| g. Distribution devices in good condition, working properly? | ☒ | ☐ | ☐ |
| h. Repair area properly reserved, maintained? | ☒ | ☐ | ☐ |

**A. LOW PRESSURE PIPE DRAIN FIELDS:**

| | | | |
|---|---|---|---|
| a. Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | ☒ |
| b. No effluent standing in lower laterals? | ☐ | ☐ | ☒ |
| c. Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | ☒ |
| d. Pressure head is properly adjusted? | ☐ | ☐ | ☒ |

**OVERALL CONDITION AND OPERATION OF SYSTEM:**

Septic system is not functioning properly. Sewage backing up inside pump tank due to pump not operating.

A "Notice of Violation" will be issued to ensure that the proper repairs are made to the system.

**SUMMARY OF REPAIRS REQUIRED AT THIS TIME:**

1. Pump septic & pump tanks.
2. Install NEMA 4X control panel with alarm & rework electrical wiring.
3. Inspect pump, piping, valves, and control floats inside pump tank. Repair/replace components where necessary

***REPAIR WITHIN 30 DAYS.**

**SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:**

DATE: 2/14/2005

SIGNED: _____ AGENT

Division of Environmental Health

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

COPY

**Receipt Information**

**Date:** 02/08/05
**Receipt #:** 31782
**Check / Auth #:** CHECK 9022
**Received By:** CRAIGGY

**Amount:** 85.00
**Tendered:** 85.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** EARNHARDT LISA J
**Attn:**
**Address:** 15610 DEERHAVEN CT.
**Address:**
**City/State/Zip:** DAVIDSON, NC 28036

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0743 | Hmeownr Maint Inspec-Type IIIB<br>FILE 7579A/PH # 704-892-0337 | | 1 | 85.00 | 85.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 360.00 | | | | | |

N. C. Department of Environment and Natural Resources
Division of Environmental Health

# INSPECTION OF ENGINEERED SUBSURFACE WASTEWATER SYSTEM

7579-A
Permit/Project No.

Mecklenburg
Health Department

Name of Establishment

360 gpd
Design Flow

15610 Deerhaven Court
Location

residence
Type of Establishment

Lisa Earnhardt, 15610 Deerhaven Court, Davidson, NC 28036
Owner/Agent

Address

Phone

None - IIIb
Operator

Address

Phone

Remarks

| | Yes | No | REMARKS |
|---|---|---|---|
| 1. ESTABLISHMENT: | | | |
| Type, size, and sewage flow in accordance with permit? | ☐ | ☐ | |
| 2. COLLECTION SYSTEM: | | | |
| No evidence of leaks into or out from sewer lines/manholes? | ☐ | ☐ | |
| Free of blockages/solids buildup in lines or manholes? | ☐ | ☐ | |
| 3. TANKAGE (Grease Traps/Lift Stations/Septic/Dosing Tanks): | | | |
| Tank risers accessible and surface water diverted? | ☑ | ☐ | - Pump tanks has 12" of suspended solids average. These will be pumped out to drainfield and can clog soil pores causing premature system failure. Pump both tanks to remove excess solids. |
| Tanks and access manholes structurally sound, watertight? | ☑ | ☐ | |
| Sanitary tee(s) in good working condition? | ☐ | ☑ | |
| Tanks pumped, cleaned out as needed? | ☐ | ☑ | |
| 4. RAW SEWAGE LIFT STATION (if present): | | | |
| Required pumps present, operating, and cycling properly? | ☑ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☑ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☑ | |
| 5. EFFLUENT DOSING SYSTEM: | | | |
| Effluent appears clear, free of excess solids? | ☐ | ☐ | - Water was running into pump tank during inspection. Possible water leak in toilets? Check all plumbing. This can cause system to overload. |
| PUMP SYSTEMS: | | | |
| Required pumps present, operating, and cycling properly? | ☐ | ☐ | |
| High-water alarm present and operating properly? | ☐ | ☐ | |
| Floats/pipe/valves/disconnects in good working condition? | ☐ | ☐ | |
| Control panel enclosure/components in good condition? | ☐ | ☐ | - Control panel needs to be replaced. |
| Elapsed time readings: _____ _____ _____ | | | |
| SIPHON SYSTEMS: | | | |
| No evidence of overflow or siphon leakage? | ☐ | ☐ | |
| Siphon(s) appear to be working/alternating properly? | ☐ | ☐ | |
| Bells and vents free of debris and in good condition? | ☐ | ☐ | |
| 6. GROUND ABSORPTION FIELDS: | | | |
| No evidence of effluent surfacing/reaching surface waters? | ☑ | ☐ | - Drainfield looks good. |
| Minimal ponding in subsurface trenches? | ☑ | ☐ | |
| Surface water being effectively diverted away? | ☑ | ☐ | |
| Diversions/ditches/swales/tile drains properly maintained? | ☑ | ☐ | |
| Line cover/vegetation adequate/maintained as needed? | ☑ | ☐ | |
| Protected from traffic, destructive uses? | ☑ | ☐ | |
| Distribution devices in good condition, working properly? | ☑ | ☐ | |
| Repair area properly reserved, maintained? | ☑ | ☐ | |
| LOW-PRESSURE PIPE DRAIN FIELDS: | | | |
| Turnups/cleanouts/valves intact and accessible? | ☐ | ☐ | |
| No effluent standing in lower laterals? | ☐ | ☐ | |
| Laterals free of excess solids, cleaned out as needed? | ☐ | ☐ | |
| Pressure head is properly adjusted? | ☐ | ☐ | |

OVERALL CONDITION AND OPERATION OF SYSTEM: System needs some maintenance, however, drainfield is looking good and distribution of water to drainlines is fairly even.

**SUMMARY OF IMPROVEMENTS NEEDED:**

| Improvement | Repair Within (Days) |
|---|---|
| Pump Septic and Pump Tanks | 30 |
| Replace broken Electrical Enclosure | 30 |

DATE: 2-7-00 SIGNED: _____ AGENT
Division of Environmental Health

– over –

DENR 3702 (Revised 3/98)
On-Site Wastewater Section (Review 12/98)

SUMMARY OF IMPROVEMENTS NEEDED (cont.)

Improvement | Repair Within (Days)

## INTENT TO SUSPEND OR REVOKE PERMIT

This is to notify you of intent to suspend/revoke your operation permit/certificate of completion 60 days from this date for the following
*(circle one)* *(circle one)*

violations: _____
*[Law or Rule(s)]*

If suspended, the operation permit or certificate of completion remains suspended until violations are corrected. A hearing will be held prior to suspension or revocation if you file a petition for a hearing with the Office of Administrative Hearings, P. O. Drawer 27447, Raleigh, NC 27611-7447, in writing within the number of days specified above of your intent to attend the hearing. If you do not petition the Office of Administrative Hearings, the operation permit or certificate of completion will be suspended or revoked.

## IMMEDIATE SUSPENSION OR REVOCATION OF PERMIT

This is to notify you of immediate suspension/revocation of your operation permit/certificate of completion for the following violations:
*(circle one)* *(circle one)*

_____
*[Law or Rule(s)]*

If suspended, the permit or certificate remains suspended until the violations are corrected. You will be notified of the day and location of a hearing on this suspension or revocation by a hearing officer from the Office of Administrative Hearings.

This the _____ day of _____, 19 _____.

_____ Agent
DIVISION OF ENVIRONMENTAL HEALTH

## INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of on-site wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of engineered subsurface wastewater systems.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for:

1. Original to be left with the responsible person.
2. Copy for the local health department.
3. Copy for the On-Site Wastewater Section, Division of Environmental Health.

In the event the permit is suspended or revoked, complete the portion above.

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

*Additional forms may be ordered from:* On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)

# Mecklenburg County Public Health Laboratory

## Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

111b

## Microbiological Analyses

Owner, System or Establishment: Lisa Earnhardt

Address: 15610 Deerhaven Ct

Davidson Zip: 28036

Collected By: L. Thompson

Date Collected: 2-10-00 Time: 2:30 AM (PM)

Sample Source: outside tap

Date Delvd. to Lab: 2-10-00 Time: 3:35 AM (PM)

Delivered By: LBT ☑ Received on Ice Initials LBT

**Type of Sample**

***Potable Water***

- ☑ Individual Well
- ☐ Non-Community
- ☐ Community
- ☐ City
- ☐ Other (specify)

***Treatment*** ☐ chlorinated ☐ nonchlorinated

- ☑ Initial Sample
- ☐ Recheck (chlorinated)
- ☐ Recheck (nonchlorinated)
- ☐ Other (specify) _____

***Nonpotable Water***

- ☐ Surface
- ☐ Storm
- ☐ Other (specify) _____

***Analysis Requested:*** ☑ Total Coliform ☐ Fecal Coliform ☐ Fecal Strep ☐ Enterococcus

☐ Sulfate Reducing Bacteria ☐ *Pseudomonas aeruginosa*

☐ Other (specify) _____

☐ Food Analysis (specify) _____

Comments: _____

## Laboratory Analysis Report

***Method:*** _____ Membrane Filter ✓ Colilert _____ Multiple Tube Fermentation

Total Coliform Absent /100 ml.

Fecal Coliform Absent /100 ml.

Fecal Strep _____ /100 ml.

Enterococcus _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Pseudomonas aeruginosa _____ /100 ml.

**Laboratory Comments:**

Date Received: 2/10/00 Date Reported: 2/11/00

Received By: MG Analyst: MG Lab #: 166

Laboratory Identification #: 37518 DEHNR Division of Laboratory Services
#: 449 DEM

L 1.14 1/92
Rev. 10/96
4319

White - Lab Report Copy Yellow - Lab File copy

# Mecklenburg County
## Health Department

February 15, 2000

Ms. Lisa Earnhardt
15610 Deerhaven Court
Davidson, NC 28036

Re: Water Sample Results

Dear Ms. Earnhardt:

Enclosed you will find the laboratory analysis of the well water sample that was collected at your residence on February 10, 2000 in addition to the subsurface wastewater system inspection results.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The inorganic water sample results are not yet available. I will forward a copy of those results to you just as soon as I receive them from the State Laboratory.

Your prompt attention to the suggested improvements to your septic system is appreciated. The recommendations that have been made are intended to protect your investment and minimize the possibility of a premature septic system malfunction.

If you have any questions concerning this matter, please contact me at 336-5568.

Sincerely,

L B Thompson Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosures

BK: 07461 PG: 0422/0422 #:0216 6.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 09/17/93 14:59

MCHD File 7579A

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

PPBPS Agreement Form

**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.**

The undersigned, Lisa Earnhardt owner of property located at 15610 Deerhaven Ln. ("the site") and described in an instrument recorded in Book 6330 at Page 239, Mecklenburg Public Registry, hereby acknowledges that he 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 pursuant to 15A NCAC 18A .1948(d) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued on 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 his responsibility 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 agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, 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.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit falls to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

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.

This 3rd day of September, 1993.

Lisa J. Earnhardt (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

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

WITNESS my hand and notarial seal, this 03rd day of September, 1993.

Nancy A. Herring
Notary Public

My Commission Expires 9/16/95

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, 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 _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

Amended 07/93

Mecklenburg County
Health Department

# FINAL NOTICE!

**Re: 15610 Deerhaven Court**

You owe Mecklenburg County Health Department $85.00 in inspection fees. The $85.00 fee imposed under North Carolina General Statute 130A – 39G is to recover costs for the required inspection of your wastewater system.

This is your third and final notice. You must submit your payment in the form of cash, credit card, or check, made payable to Mecklenburg County Health Department, by February 29, 2000 or legal action will be initiated against you.

If you have questions you should contact this department immediately at 336-5568.

Enclosure



Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

# MAINTENANCE INSPECTION STATEMENT

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## *PAST DUE NOTICE*

**Lisa Earnhardt**
**15610 Deerhaven Court**
**Davidson, NC 28036**

**Please Make Check Payable To:**

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

***Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!***

**DESCRIPTION OF PROPERTY**

| Name | Site Address | Tax Parcel | File Number | # of Bedrooms | System Type |
|---|---|---|---|---|---|
| Lisa Earnhardt | 15610 Deerhaven Court | 003-081-50 | 7579A | 3 | IIIB |

**Total Amount Due: $85.00**

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

**BILL INFORMATION**

| Current Date | Billing Date | Payment Due Date |
|---|---|---|
| 4/6/99 | 3/4/99 | 4/5/99 **PAST DUE** |

***Direct Questions Concerning This Bill To ..... (704) 336-5102***

☐ *Please check if you have a well.*

***Make Check Payable To Mecklenburg County Health Department***
***Your Canceled Check Is Your Receipt***

***DO NOT SEND CASH***

# Mecklenburg County
## Health Department

March 4, 1999

Lisa J. Earnhardt
15610 Deerhaven Court
Davidson, NC 28036

Dear Ms. Earnhardt:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1992 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7579A DATE: 5/18/94

TC 003 08150 ☐ L ☐ CRT

SERIAL № 15303

Name of Owner William Stehodorf Juris.:

Address of Property 15610 Deerhaven Ct

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 5 @ 80'

Cover Depth 8' - 14"

Water Supply Source well (not installed)

Distance to Water Source 750'

Excavation Inspected 4/12/94

Tank(s) Inspected 4/12/94

Wash Line Inspected -

High Water Alarm Inspected

PLOT

Design: 1994, 1500 ST, 1000 DT, PI, CON, 12" Stone, 1200 SFT ceil CTR# Bobby Howell

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~~ 15A 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: Septic system designed for 3 bedroom residence

Type II

Phillip J. Walker R.S.

Environmentalist

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

2400

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ Approval

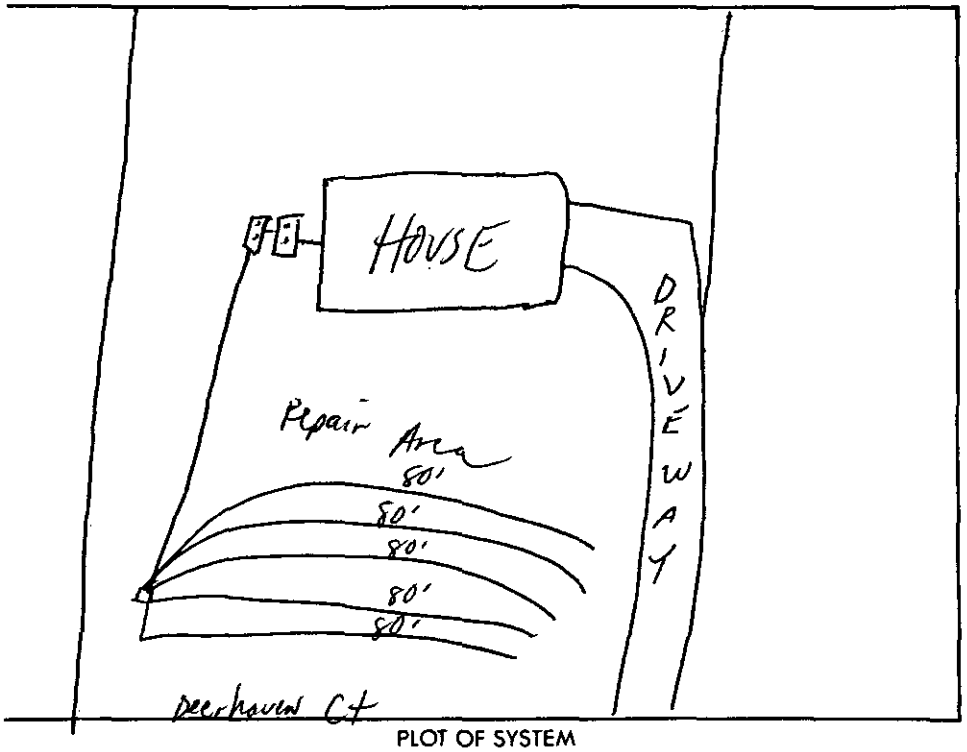
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7579A DATE: 4/11/94

TC: 003 081 50 ☐ L

SERIAL Nº 15873

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 9/2/93. All work shall be completed on or before 5/11/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10 NCAC 10A~~ 15A 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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400' feet

Number of Lines 5 (80') 

Depth of Stone 12 inches

Distance from House _____ feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER William Shodorf

LOCATION OF PROPERTY 15610 Deerhaven Ct

Comments: 1500 ST, 1000 DT, 5 lines x 80' long x 3' wd x 12" stone
Keep septic lines on contour of land / Keep septic system > 50' from well

Division or Section Head

Phila S. Walker 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.

7574A

08/17/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2400 cert#2713 $200 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

PERSON FILING APPLICATION:

NAME: Schadorf (last) William (first) H (mi)

ADDRESS: P.O. Box 56-1764 PHONE: (704) 597 5096

CITY: Charlotte STATE: N.C. ZIPCODE: 28256

Date: 8-17-93

PROPERTY OWNER:

NAME: Earnhardt (last) Lisa (first) (mi)

ADDRESS: 2900 J Westbury Lake Dr. PHONE: (704) 597 5096

CITY: Charlotte STATE: N.C. ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 003-081-50

STREET ADDRESS: 15610 Deerhaven CT

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Davidson Saddle Club

LOT NUMBER: 14 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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 M)
[ ] 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) [X] 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)
[X] 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: William H. Schadorf Date: 8-17-93

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.

... lift pump required

PPBPS Repair Area (Agreement form on file)

Area located for con system with panel repair

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

Thelma S. Walker 9/27/93
Environmentalist Date

Judy Kinnamon 9/27/93
Director or Authorized Section Head Date

WWATER : 122791

Mecklenburg County
Health Department

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

April 15, 1994

Mr. William H. Schodorf
P. O. Box 56-1764
Charlotte, NC 28256

Re: 15610 Deerhaven Court
File: 7579A (Tax Parcel No. 003-081-50)

Dear Mr. Schodorf:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our Comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4x or equivalent) adjacent to the pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4x or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:gf

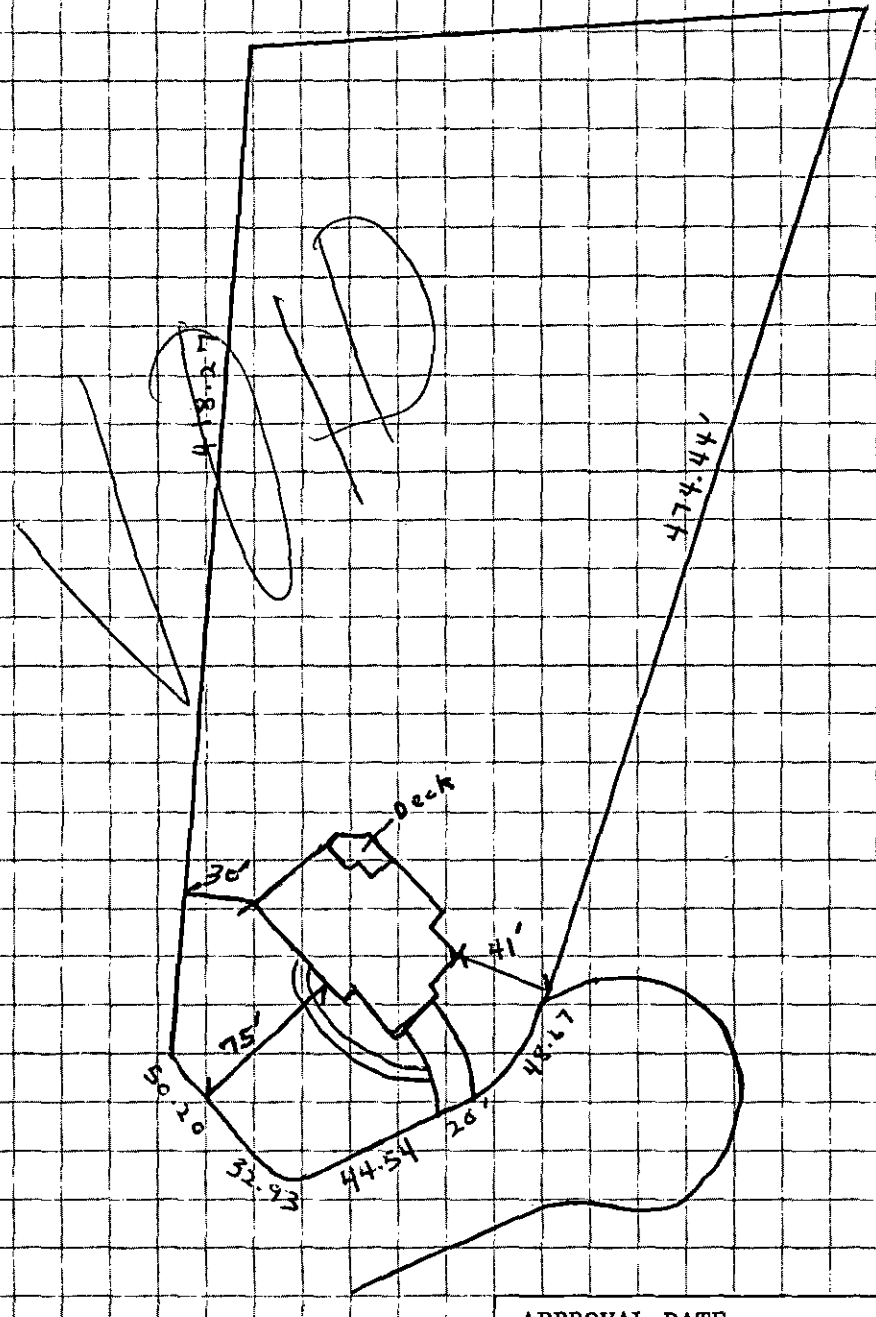
# PROPOSED PLOT PLAN

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

FILE: 75 79A

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.




APPROVAL DATE _____

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

# PROPOSED PLOT PLAN

CONVENTIONAL SYSTEM

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

252'

FILE: 7579-A

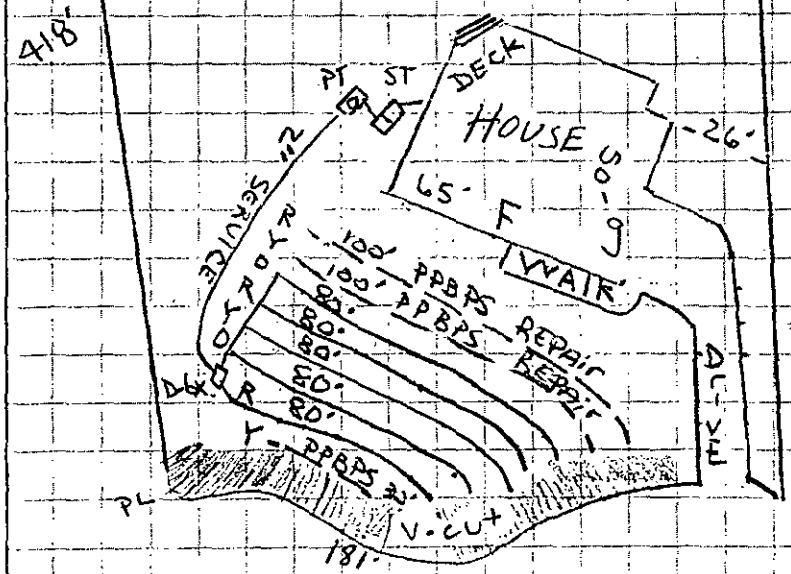
TC: 003-081-50

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.

Primary

* 1,500 ST
1,000 PT Lift pump required
(5) 3'×80'×12" gravel

* PPBPS - REPair
230' front of home
Additional (limited) back
Keep lines on contour of land
Keep proposed well 7 50'
422' from septic system (back area)




proposed well

* HOUSE 80' from front (PL)

Con. / Tim W Kittaker 9/2/93

APPROVAL DATE PSW appr 9/2/93

SCALE 1" = 60'

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

# PROPOSED PLOT PLAN

CONVENTIONAL SYSTEM

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

252'

FILE: 7579-A

TC: 003-081-50

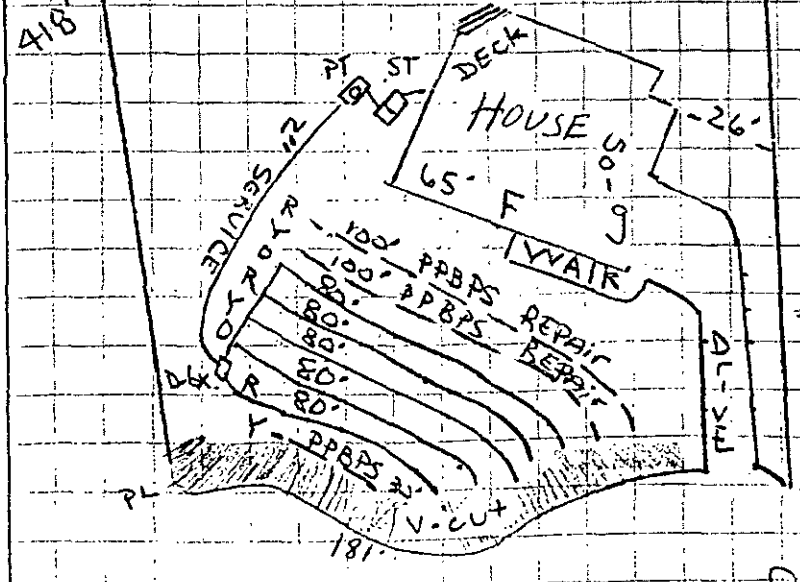
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

Primary

* 1500 ST
1,000 PT Lift pump required
(5) 3'x80'x12" gravel

* PPBPS - Repair
230' front of home
Additional (limited) back
Keep lines on contour of land
Keep proposed well 7 50'
422' from septic system (back area)

* House 80' from front (PL)




Con. Tim W Kettinker 9/2/93

APPROVAL DATE PSW appr 9/2/93

SCALE 1" = 60'

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 19346

File: 1579A  Action 2

Parcel: 003-081-50  ☐PC

Location: Deerhaven Ct.

Subdivision: Kennaymede

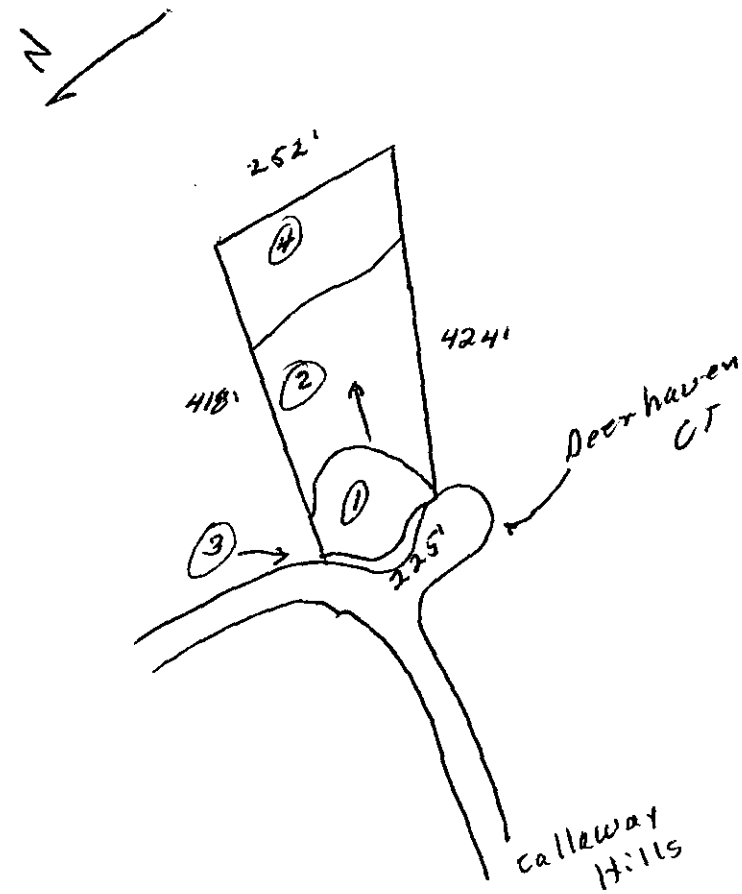
Lot: 14  Block: 1  Acres: 1.94

Owner: Monica Kennedmer
Address: 3600 Castellaire Dr.
Charlotte, N.C. 28226

Comments: 1000 Gallons, 3 bd/
$ 12/day LTAR

Described by: William R. Marks

Date: 5-26-93




*** 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 6-15% | S PS (U) complex slopes | S PS (U) 72' cut | S PS (U) Drainageway/ Floodplain | 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 7+8" 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) Restricted | 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 | III Cecil-like | Complex Slopes | 72' cut | Drainageway/ Floodplain | | |
| Area Classification | S PS (U) | S PS U | S PS (U) | S PS (U) | S PS U | S PS U |

# Mecklenburg County

## Health Department

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

June 2, 1993

400

Monica Investment
3600 Castellaine Drive
Charlotte, NC 28226

Re: Property located at Durhaven Court (Lot #14)
File: 7579A/
Parcel: 003-081-50

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 No. 19346) 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/lw
Enclosure (2)

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7579A

TC: PO 003-081-02

☐ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 14 ④ BLOCK: _____

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

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

**OWNER**

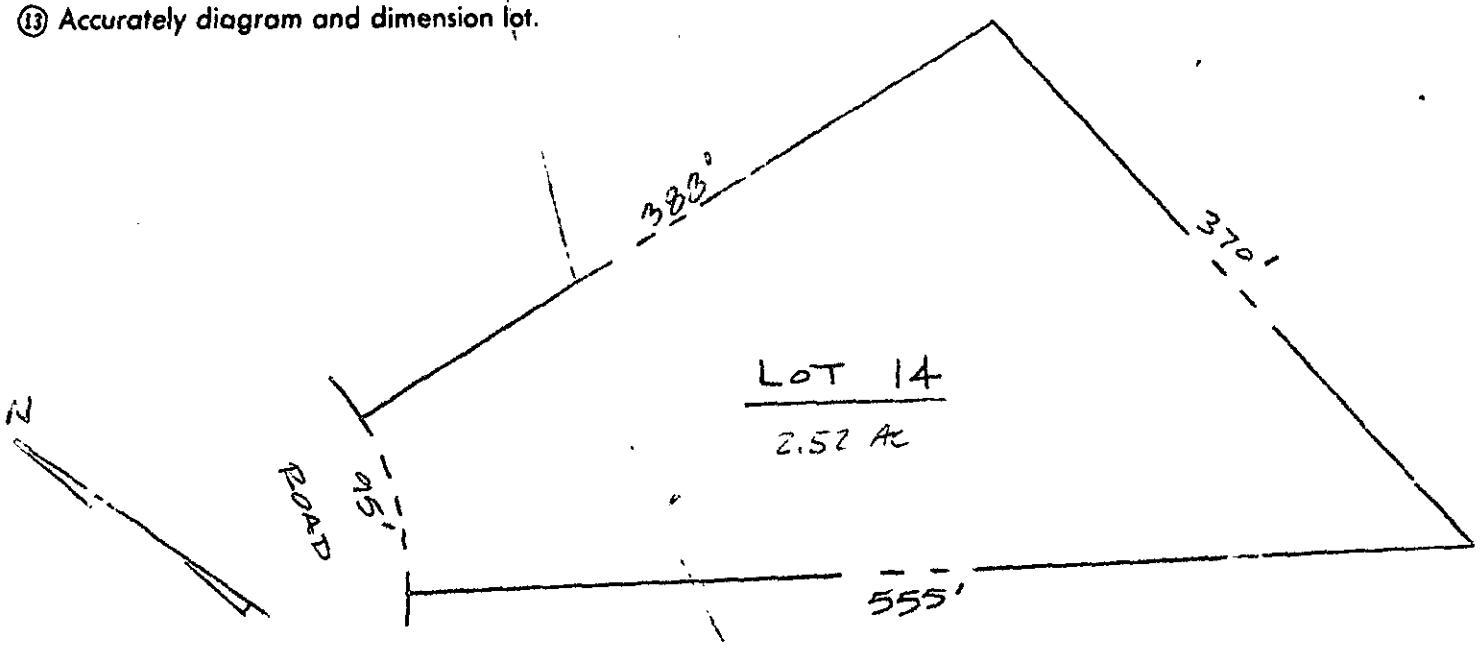
⑦ NAME: MICHELLE (FIRST) TEXTILE (MIDDLE) CORP. (LAST)

⑧ MAILING ADDRESS: 301 S. McDOWELL ST.

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

⑫ PHONE: (WORK) 892-4683 (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

# APPLICATION FOR SOIL INVESTIGATION

9/26/95
CR#0092
$125.00

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

(OFFICE USE ONLY)

FILE: 7579A

TC: 180 003-081-02

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: SHEARER ROAD

② SUBDIVISION: DAVIDSON HUNT CLUB ③ LOT: 14 ④ BLOCK: _____

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

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

**OWNER**

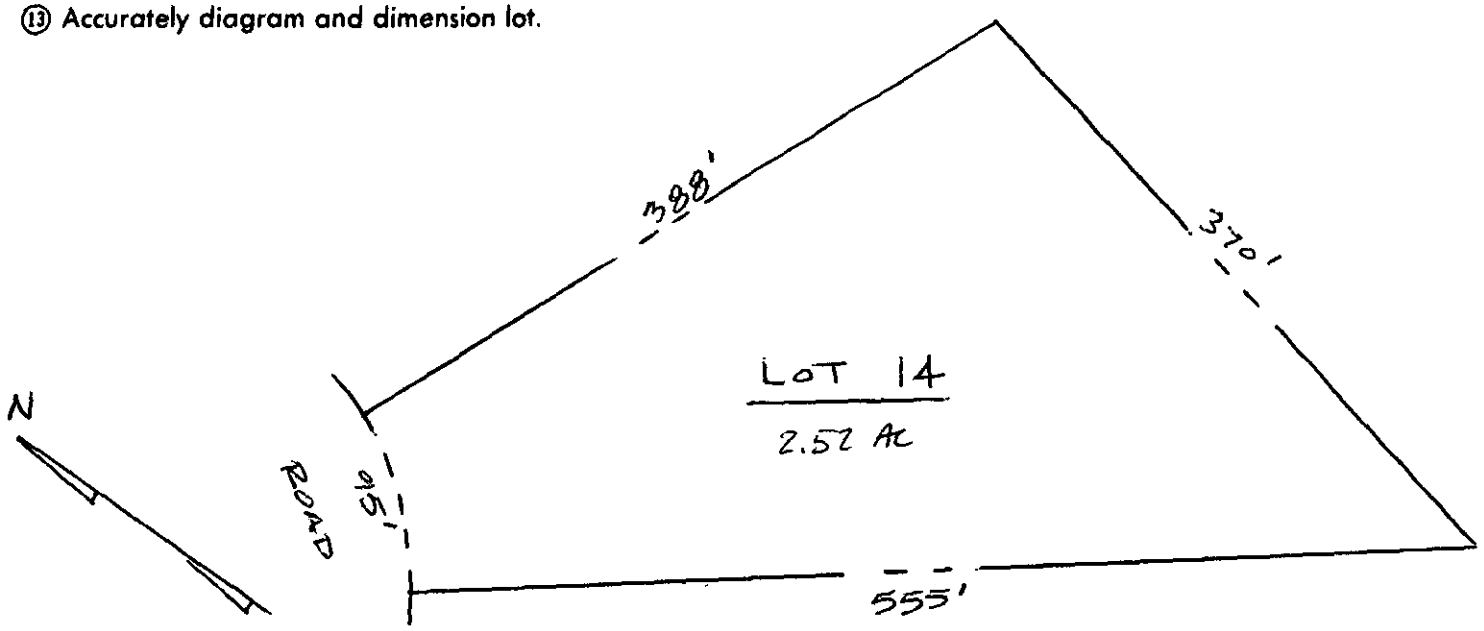
⑦ NAME: MICHELLE TEXTILE CORP.
(FIRST) (MIDDLE) (LAST)

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