

18013 WHISPERING OAKS

00105239

5/24/2007

duponbj

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

CHARLOTTE - MECKLENBURG UTILITIES

4851A

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 3/16/2005 04:02 PM
LOCATION: 18013 Whispering Oaks Drive
LOC ID: G-GWS
SAMPLE DATE-TIME: 3/14/2005 13:45
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB30293
CHAIN OF CUSTODY #: 05030272

	Parameter	Result	Units	RL	Method	Start Date/Time	Analyst
AB30293	E. COLI-PA	Absent	P/A		SM 9223B	3/15/2005 9:15	RDW
AB30293	Total Coliform	Absent	P/A		SM 9223B	3/15/2005 9:15	RDW

Comment:

Laboratory Supervisor: [signature]

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: [redacted]

LOCATION / ADDRESS: 18013 Whispering Oaks Drive, Cornelius

LAB CODE: GWS

Send Report To:
Trevor Thomason
700N Tryon St. Ste. 205
Charlotte, NC 28202

COC#: 05030272

Sampled By (Print Name)
Trevor Thomason

A030293

SAMPLE ID	Sample Collector's Initials	Sample Collection: Begin Date and Time	Sample Collection: End Date and Time	Chlorinated System	Sample Temperature: Collection Temp	Sample Temperature: Receipt Temp	Sample Type: Depth Composite	Sample Type: Auto Composite	Sample Type: Hand Comp	Sample Type: Grab	Sample Containers: Plastic	Sample Containers: Glass	Sample Containers: # Containers	Chemical Preservative: None	Chemical Preservative: HNO3	Chemical Preservative: H2SO4	Chemical Preservative: NaOH	Chemical Preservative: HCl	Chemical Preservative: Na2S2O3	Chemical Preservative: pH Correct	Analyses Requested: Total Coliform	Nitrate	Nitrite	Nitrate + Nitrite	Fluoride	Hardness	Metals	Fecal Coliform	Fecal Strep	Pest/PCB, EPA 608	Herb, EPA 8151	VOA, EPA 8260	Semis, EPA 8270
18013	TT	3/14/2005 13:45		N		2°				X	100 ml		1						X	X	X												
				N																													
				N																													
				N																													
				N																													

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS:

Relinquished By: (Signature)	Received By: (Signature)	Date	Time
Tom Thomason	[signature]	3-15-05	820
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 04; effective 03/08/2005

4351A

001-052-39

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Division
Groundwater & Wastewater Services

January 24, 2005

Thomas Fortner
18013 Whispering Oaks Dr.
Cornelius, NC 28031

Dear Mr. Fortner:

Re: Well Sample Results

Enclosed you should find a copy of the laboratory analysis of the well water sample that was collected at 18013 Whispering Oaks Drive on January 5, 2005.

The laboratory analysis of the well water sample was reported to be POSITIVE for total coliform bacteria.

At this time it is recommended that you chlorinate your well and then contact our office to have the well resampled. I am enclosing information for your review that outlines well chlorination procedures. There is no additional fee for sampling your well, one additional time, for coliform bacteria.

The inorganic water sample results are also included for your review.

Please contact me at (704) 336-5568 if you have any questions concerning this matter.

Sincerely,

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

Enclosures (5):

CHARLOTTE - MECKLENBURG UTILITIES

LABORATORY SERVICES DIVISION

ANALYSIS REPORT

REPORT DATE: 1/7/2005 03:19 PM
LOCATION: 18013 Whispering Oaks Dr.
LOC ID: G-GWS
SAMPLE DATE-TIME: 1/5/2005 12:15
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB24121
CHAIN OF CUSTODY #: 05010076

	Parameter	Result	Units	RL	Method	Start Date/Time		Analyst
AB24121	Total Coliform	Present	P/A		SM 9223B	1/6/2005	8:44	RDW
AB24121	E. COLI	Absent	P/A		SM 9223B	1/6/2005	8:44	RDW

Comment:

Laboratory Supervisor: W Kowal

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

CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

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

CHAIN OF CUSTODY RECORD

COC#: 050140076 PAGE 1 OF

CLIENT:	MECKLENBURG COUNTY, LUESA - HEALTH DEPT.
FACILITY:	Potable Water
PROJECT:	Thomas Fortner
	18013 Whispering Oaks Dr. Cornelius, NC 28031

Send Report To: [redacted]
700 N Tryon St. Suite 211
Charlotte, NC 28202

Sampled By (Print Name): Trevor Thomason

ATB24121

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
18013	[redacted]	1/5/2005 12:15	N			[redacted]				X	100 ml		1	X					8															X						

Relinquished By: (Signature)	Received By: (Signature)	1-6-05 Date & Time 1541
Relinquished By: (Signature)	Received By: (Signature)	Date & Time
Relinquished By: (Signature)	Received By: (Signature)	Date & Time
Relinquished By: (Signature)	Received By: (Signature)	Date & Time

4851A

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 - PRIVATE WATER SYSTEM

Name of System: Fortner, Thomas
Address: 18013 Whispering Oaks Dr.
Cornelius, NC **Zip:** 28031

County: MECKLENB

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

ATTN: Trevor Thomason
(704) 336-5101

Source of Water: Ground
Source of Sample:
Type of Sample: Raw
Type of Treatment: None
Type of Analysis Private

Collected By: T. THOMASON **Date:** 1/5/05 **Time:** 12:10:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Acidity as CaCO3	2	mg/l	1/7/05
Silver	<0.05	mg/l	1/7/05
Alkalinity as CaCO3	54	mg/l	1/7/05
Arsenic	0.001	mg/l	1/7/05
Barium	<0.1	mg/l	1/7/05
Calcium	8.5	mg/l	1/7/05
Cadmium	<0.005	mg/l	1/7/05
Chloride IC	<5.0	mg/l	1/7/05
Chromium	<0.01	mg/l	1/7/05
Copper	<0.05	mg/l	1/7/05
Fluoride	0.60	mg/l	1/7/05
Iron	<0.05	mg/l	1/7/05
Hardness as CaCO3 (Ca,Mg)	23	mg/l	1/7/05
Mercury	<0.0005	mg/l	1/7/05
Magnesium	0.4	mg/l	1/7/05
Manganese	<0.03	mg/l	1/7/05
Sodium	16	mg/l	1/7/05
Lead	<0.005	mg/l	1/7/05
pH	8.0	Std. unit	1/7/05
Selenium	<0.005	mg/l	1/7/05
Total Dissolved Solids	100	mg/l	1/7/05
Zinc	<0.05	mg/l	1/7/05

Date Received: 1/7/05 **Report Date:** 1/20/05 **Reported By:**
Today's Date: 1/21/05 **Ref:** 349 **Login Batch:** 05010017 **Sample Number:** AB21493

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

4851A

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: Fortner, Thomas
Address: 18013 Whispering Oaks Dr.
Cornelius, NC **Zip:** 28031
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:** 1/5/05 **Time:** 12:10:00 PM
Location of sampling point: Well Head
Remarks:

Parameters	Results	Units	Date Analyzed:
Nitrite as N	<0.10	mg/l	1/7/05
Nitrate as N	<1.0	mg/l	1/7/05

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: 6.5 °C
Date Received: 1/7/05 **Report Date:** 1/19/05 **Reported By:**
Today's Date: 1/19/05 **Reference:** 357 **Login Batch** 05010017 **Sample Number:** AB21501

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

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

Inspection of Engineered Subsurface Wastewater System

Mecklenburg County **Health Department**	Fortner Residence **Name of Establishment**	4851A **Permit/Project No.**
18013 Whispering Oaks Dr. Cornelius, NC **Location**	3 Bedroom House **Type of Establishment**	360GPD **Design Flow**
Thomas & Donna Fortner **Owner/Agent**	Same as location address **Address**	704-896-7925 **Phone**
N/A **Operator**	N/A **Address**	N/A **Phone**
IIIb **System Type**	1/4/2010 **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?	☒	☐	☐	
b. Free of blockages/solids buildup in lines or manholes?	☒	☐	☐	
3. TANKAGE: (Grease Traps/Lift Stations/Septic/Dosing Tanks)				
a. Tank risers accessible and surface water diverted?	☐	☒	☐	3.a. Septic tank and pump tank do not
b. Tanks and access manholes structurally sound, watertight?	☐	☐	☐	have risers that allow for inspection.
c. Sanitary tee(s) in good working condition?.....	☐	☐	☐	3.d. Owner stated septic tank has never
d. Tanks pumped, cleaned out as needed?.....	☐	☒	☐	been pumped.
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?	☐	☐	☒	
A. PUMP SYSTEMS:				
a. Required pumps present, operating, and cycling properly?	☐	☐	☒	5.A.a,b,c. Could not gain access inside
b. High-water alarm present and operating properly?	☐	☐	☒	pump tank to inspect system
c. Floats/pipe/valves/disconnects in good working condition?	☐	☐	☒	components.
d. Control panel enclosure/components in good condition?	☐	☒	☐	5.A.d. No control panel present. Pump
e. Elapsed time readings: _____ _____ _____ _____				plugged directly into receptacle.
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:

No problems detected with system operation at time of inspection. No sewage observed on ground surface at time of inspection. System upgrades are recommended at this time (see improvement section).

SUMMARY OF REPAIRS REQUIRED AT THIS TIME:

Have both the septic tank and pump tank pumped out to remove solids in the tanks.
Owner stated that tanks have never been pumped out (~15 years). Recommend pumping tanks every three to five years.

***REPAIR WITHIN 60 DAYS.**

SYSTEM MAINTENANCE/IMPROVEMENTS REQUIRED:

Recommend bringing system up to current installation standards:

1. Install riser/s on the septic tank and pump tank to allow access for inspection and service.
2. Install NEMA 4X pump control panel with audible alarm adjacent to pump tank.
3. Install an effluent filter on the septic tank outlet to prevent solids from entering the pump tank.
4. Inspect float tree in pump tank and repair/replace components if necessary.

DATE: 1/5/2005

SIGNED: Tom Hamm, RSI AGENT
Division of Environmental Health

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

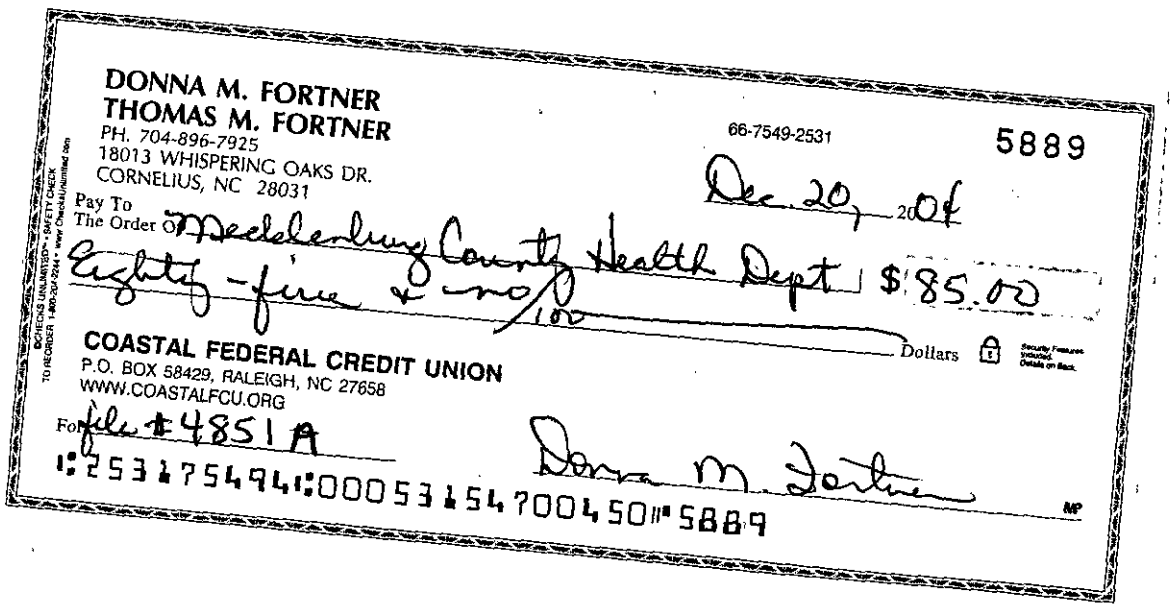
Date: 12/22/04
Receipt #: 30059
Check / Auth #: CHECK 5889
Received By: AIDOOJK

Amount: 85.00
Tendered: 85.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: FORTNER DONNA M
Attn:
Address: 18013 WHISPERING OAKS DRIVE
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0743	Hmeownr Maint Inspec-Type IIIB 18013 WHISPERING OAKS DRIVE FILE 4851A		1	85.00	85.00


DONNA M. FORTNER
THOMAS M. FORTNER
PH. 704-896-7925
18013 WHISPERING OAKS DR.
CORNELIUS, NC 28031

66-7549-2531 5889

Dec. 20, 2004

Pay To The Order Of Mecklenburg County Health Dept $ 85.00

Eighty-five & no/100 Dollars

COASTAL FEDERAL CREDIT UNION
P.O. BOX 58429, RALEIGH, NC 27658
WWW.COASTALFCU.ORG

For File #4851A

Donna M. Fortner

⑆253175494⑆00053154700450⑈5889

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
-1,000.00					

RISER

NEMA BOX

PUMP TANKS

BOX UNDER HOUSE

MANIFOLD SKETCH

WELL SAMPLES

- SEPTIC CONTRACTOR LIST
- WELL REGISTRATION.

4861A F

Mecklenburg County
Health Department

September 24, 2002

Current Resident
18013 Whispering Oaks Drive
Huntersville, NC 28036

Dear Current Resident:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 18013 Whispering Oaks Drive, Huntersville, NC is past due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department is making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. Please contact our office by October 8, 2002.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I. Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Current Resident
18013 Whispering Oaks Dr.
Huntersville, NC 28036

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Current Resident	18013 Whispering Oaks Dr.	00105239	4851A	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 9/24/02

Payment Due Date: 10/24/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

4851A F3

Mecklenburg County
Health Department

April 10, 2002

Tom Fortner
18013 Whispering Oaks Drive
Huntersville NC 28036

Dear Mr. Fortner:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 18013 Whispering Oaks Drive, Huntersville, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by April 24, 2002 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Tom Fortner
18013 Whispering Oaks Drive
Huntersville NC 28036

Please Make Check Payable To:

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

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Tom Fortner	10813 Whispering Oaks Dr.	00105239	4851A	IIIb
				Total Amount Due: $85.00

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

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 4/10/02

Payment Due Date: 5/10/02

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4851-A DATE: 5-15-96

TC: 001-052-~~38~~ 39 ☐ L ☐ CRT

SERIAL Nº 16684

Name of Owner TOM FORTNER Juris.: _____

Address of Property 18013 Whispering Oaks Dr

Inspection Data:

Tank Material existing

Total Length of Drainfield ± 240'

Number of Lines 6 @ 40

Cover Depth 12"

Water Supply Source well

Distance to Water Source) 50'+

Excavation Inspected 5-6-96

Tank(s) Inspected ~~✓~~

Wash Line Inspected —

High Water Alarm Inspected _____

PLOT

Design 1996 REPAIR CTR# Lacy 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 I5A 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 I5A 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: _____

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

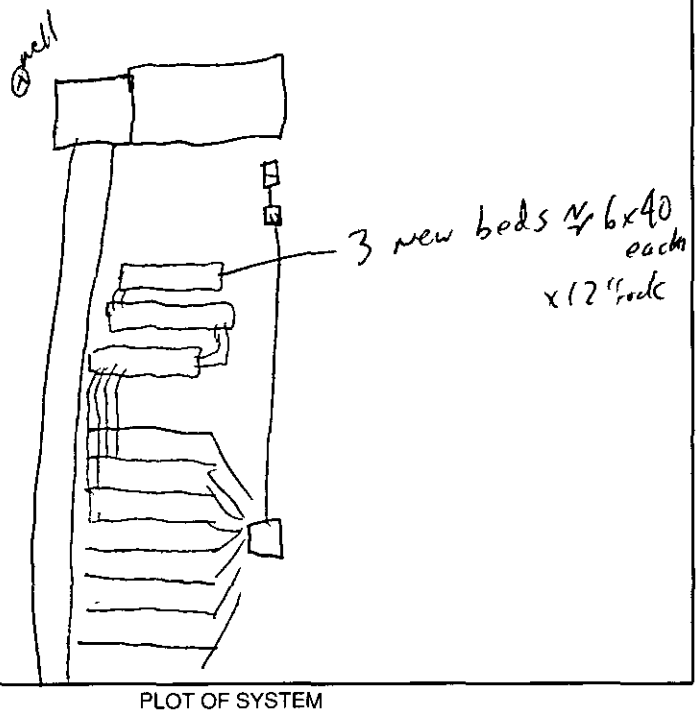
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4851-A DATE: 5 15 96

TC: 001-052-38 PO ☐ L

SERIAL Nº 16804

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 5-15-96. All work shall be completed on or before 6-15 96, 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 exist gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 6" feet

Trench Walls Scored and Porous yes

Total Line Length x 240 feet

Number of Lines 3 bed 6x40

Depth of Stone 12" inches

Distance from House 5'+ feet

Distance from Property Line 10'+ feet

Distance from Well 100'+ feet

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

NAME OF OWNER Tom FORTNER

LOCATION OF PROPERTY 18043 Whispering Oaks Dr

Comments: ____

Cathy Randall
Environmental Health Specialist

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

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

DATE: 5-15-96 PERMIT NO: 4051-A

PARCEL NO: 001-052-30

JOB LOCATION ADDRESS: 1803 Whispering Oaks

PROPERTY OWNER: Tom Fortner

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: _____ DATE: 5-15-96

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4051-A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

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

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

4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

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

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____

DATE: _____

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

( ) CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 4951-A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-052-38 PO

STREET ADDRESS: 18013 Whispering Oaks Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 6

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Fortner Tom (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 18013 Whispering Oaks Dr	DAYTIME PHONE: ( ) –
CITY: Huntersville STATE: NC ZIP: 28036	
DAYTIME PHONE: ( ) 896 – 7925	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: [signature] DATE: 5-15-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4851 A DATE: 1/2/90

TC: 001 - 052 - 38 PO ☒ L ☐ CRT

SERIAL № 12258

Name of Owner Wightman & Co Juris.:

Address of Property 18013 Whispering Oaks Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 8 @ 50

Cover Depth 10"

Water Supply Source ~~well~~ well

Distance to Water Source >50

Excavation Inspected 1/2/90

Tank(s) Inspected 1/2/90

Wash Line Inspected NA

High Water Alarm Inspected 1/2/90

PLOT

Design: 1990, 1500ST, 1000DT, 1200SFT, MOD Pressure manifold, 12" Gravel, ceil CTR# 82

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 house

Phila S. Walker R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

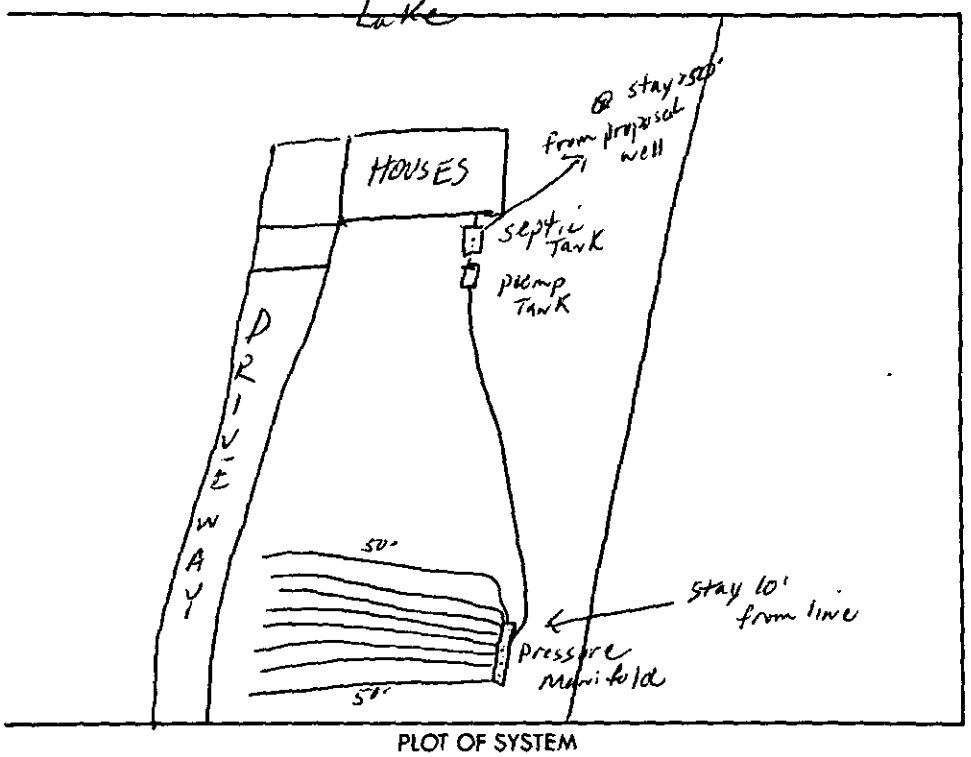
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4851 A DATE: 12/18/89

TC: 001 052 38 PO 9 L

SERIAL Nº 13096

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 12/18/89. All work shall be completed on or before 1/18/90, 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 1000 gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 8

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Wightman & Co (ecil

LOCATION OF PROPERTY 18013 Whispering Oaks Dr

Comments: Pressure manifold system, Lift station required
8 Trenches x 50' long x 3' x 12" stone, Stay 10' from property lines, Keep 750 separation between system & well site

Division or Section Head

Phillip L. Walker
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

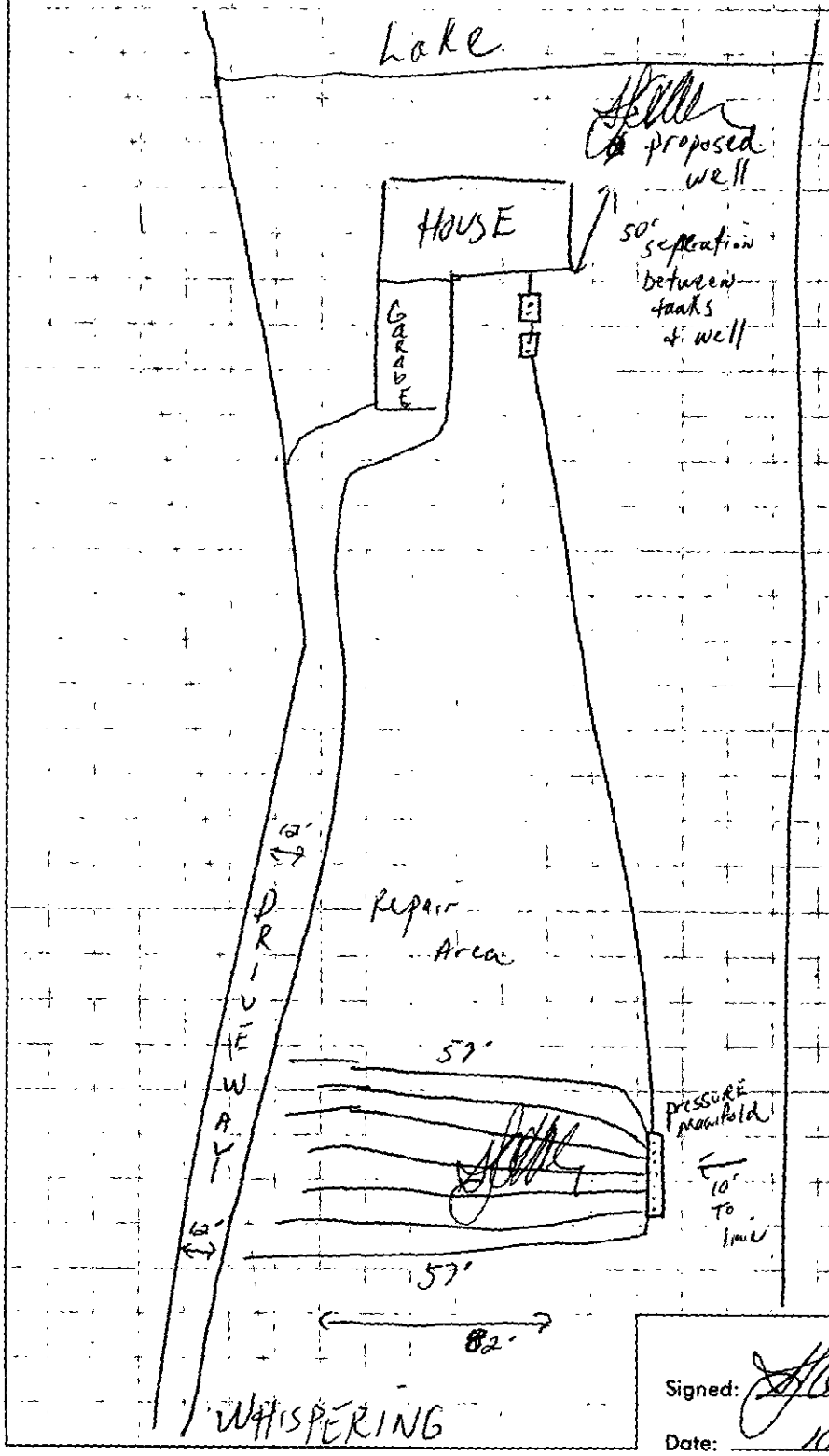
PROPOSED PLOT PLAN

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

FILE: 4851A

TC: 001 05238 PO

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.



1500 ST
1000 DT
7 lines x 57' long
400 SQ FT
pressure manifold to trench be used for distribution
stay 50' from high water mark with any part of system
12' Driveway
Lift station required

Approved
10/26/89
PSW

Signed: [signature] Mecklenburg Co

Date: 10/26/89

200 81

APPLICATION FOR AN IMPROVEMENT PERMIT

200 20

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: 4851A
TC: _____
SERIAL: Nº 19378

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 18013 (STREET NO.) WHISPERING OAKS DR. (STREET) ② FILE: 4851 A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 00105238 P.O.

⑤ SUBDIVISION: _____ ⑥ LOT: 4 ⑦ BLOCK: _____

OWNER

⑧ NAME: WIGHTMAN (FIRST) & CO. (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 7005 SHANNON WILLOW RD. SUITE A

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28226

⑬ PHONE: (WORK) 543-9864 ⑭ (HOME) —

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? 3

㉕ Type? _____

㉓ Maximum occupancy? 6

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: Gail Marshall Wightman & Co Pro Mgr.

Date: 10/18/89

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.

Philo A. Walker, 10/26/89
Environmentalist — Date

[signature], 10-27-89
Director or Authorized Section Head — 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: 10/18/89

Name/Company: Weigh-Mart Co

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp - new
4851A

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 18 1989

ck # 15974
#200.00

Fee: $ 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 CUSTOMER COPY — YELLOW

Mecklenburg County
Health Department

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

August 18th, 1988

Crescent Land & Timber Corp.
2305 Randolph Road
Charlotte, NC 28207

RE: Property located at Whispering Oaks 4
FILE: 4851A
PARCEL: 00105238 PO

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 15496) 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,

Sylvia D. Daniel

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

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15496

File: 4851A

Action 1

Parcel: 00105238 PO

☐ PC

Location: Whispering Oaks

Subdivision:

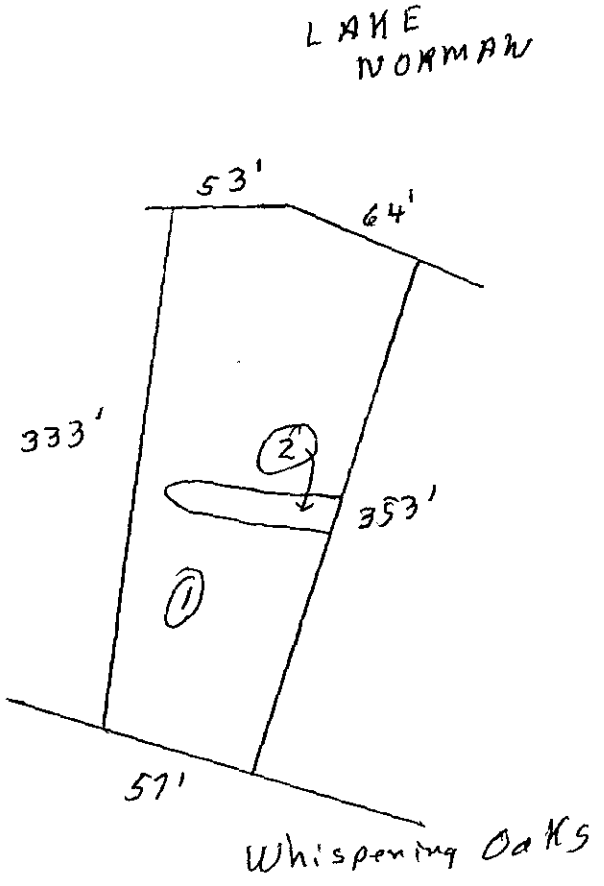
Lot: 4 Block: Acres: .67

Owner: Crescent Land & Timber Corp.
Address: 2305 Randolph Road
Charlotte, NC 28207

Comments: _____

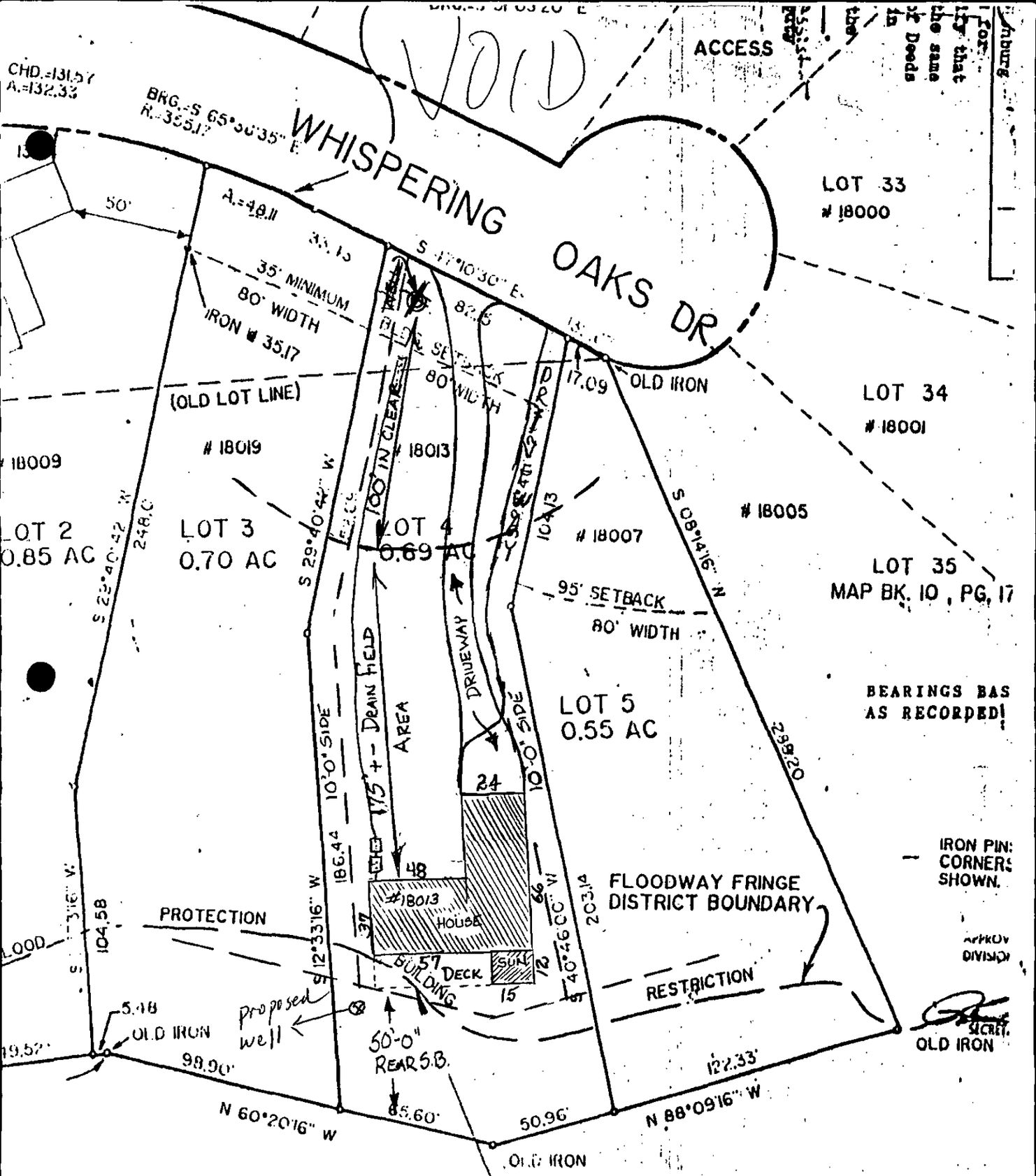
Described by: William A. Mauldin

Date: 8-17-88



*** 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) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Limited	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	10A Cecil-Lilla	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U



"ANY CONSTRUCTION OR USE WITHIN THE AREAS DELINEATED AS FLOODWAY FRINGE DISTRICT BOUNDARY LINE AND FLOODWAY DISTRICT ENCROACHMENT LINE IS SUBJECT TO THE RESTRICTIONS IMPOSED BY THE FLOODWAY REGULATIONS OF MECKLENBURG COUNTY".

L OF 2.93 ACRES DEEDED TO CRESCENT LAND & TIMBER
BOOK 3146 AT PAGE 153, THE RESIDUAL TRACT OF THAT
VEYED TO DUKE POWER COMPANY BY W. BANKS GOODRUM
RE DED AT BOOK 2241 PAGE 25 OF THE MECKLENBURG
EGISTRY AND BEING ALL OF LOT 36 OF POINT LARGO
ION AS RECORDED IN MAP BOOK 10 AT PAGE 171.

10' Side yard
50'
35' Front - County
5' Front Deed

ALL DISTANCES SHO
WITH AN ELECTRONI

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

PAID

FILE: 4851A

AUG 9 1988

TC: 001-052-38 CK#338 $30.00 EW

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Lot 4, Whispering Oaks, Lemley Township

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

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 052 PARCEL NO.: 38

⑥ DEED REFERENCE: BOOK NO.: 3146 PAGE NO.: 153

OWNER

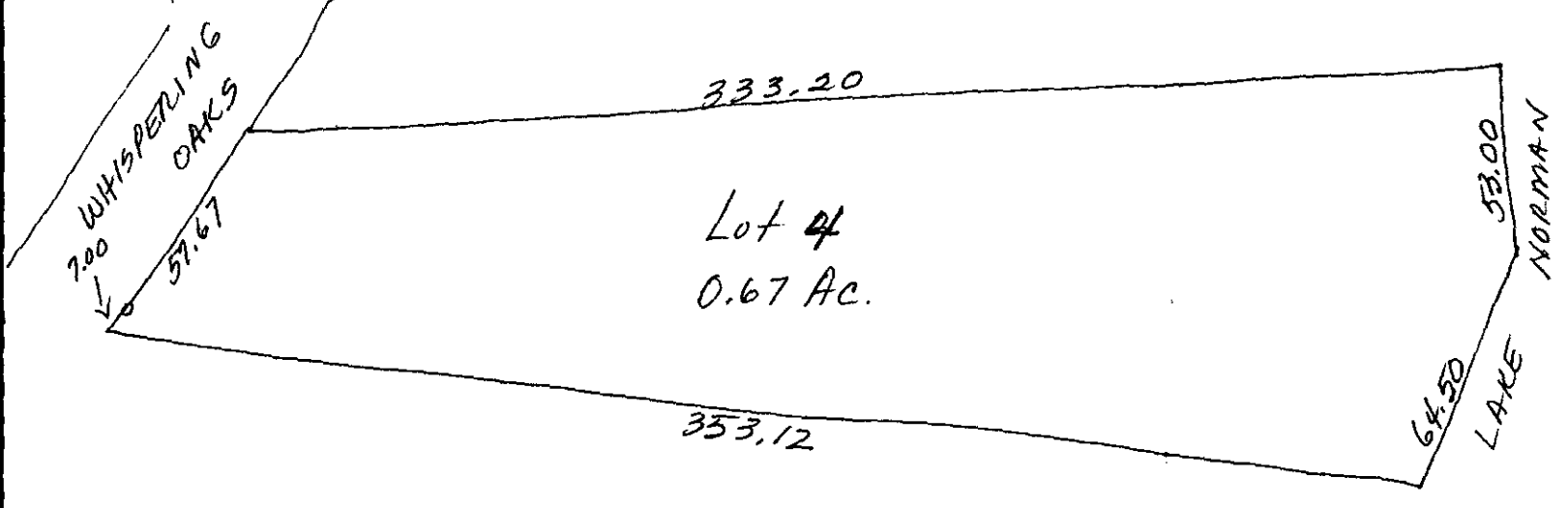
⑦ NAME: Crescent Land & Timber Corp.

⑧ MAILING ADDRESS: (FIRST) C/o LandCraft (MIDDLE) Properties, Inc. (Lena (LAST) Hathaway)
2305 Randolph Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28207

⑫ PHONE: (WORK) 332-9340 (HOME) 892-9811

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Miles Boyer

Date: 8 Aug 88

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

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY