

4850 BRIGHT RD

11307336

6/29/2007

duponbj

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

300.00 ck# 5534

FEE: pd
DATE: 8/23/99 & VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

DATE: 8/23/99 PERMIT NO: 7404A

PARCEL NO: 113 073 36

JOB LOCATION ADDRESS: 4850 Bright Rd

PROPERTY OWNER: Edward T. Moore

BUILDING CONTRACTOR: -

SUBDIVISION NAME: -

AUTHORIZATION ISSUED BY: Thilo S. Walter R.S. DATE: x

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 7404A, 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.

E T Moore 8-20-99

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 7404A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 113 073 36

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ✓ Yes ___ No ___ Partial Basement

Type Primary Wastewater System
Type (circle one): I II (III) IV V VI

- ✓ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	400' Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	

Any surface waters present: yes Type: Lake Wylie Minimum separation distance: >100'

Site modifications required:

Additional Conditions: Keep the septic system >100' from the high water mark & >50' from the proposed well, Pressure manifold distribution, Keep the ~~system~~ septic system >25' from the house foundation - lift pump required

Repair Area System Type
Type (circle one): I II (III) IV V VI

- ✓ Conventional
- ___ Prefabricated, permeable block panel system
- ___ Shallow Placed Conventional
- ___ Low Pressure Pipe
- ___ Large Diameter Pipe
- ___ Fill
- ___ Other
- ___ Innovative or Experimental:
  - ___ IWWS-93-1
  - ___ IWWS-93-2
  - ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400' Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Departmen
- This Improvement permit is transferable.

Philip S. Walker 8/23/99
DEHNR Authorized Agent Date

× E Q Moore 8-23-99
Owner/Agent Signature Date

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

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

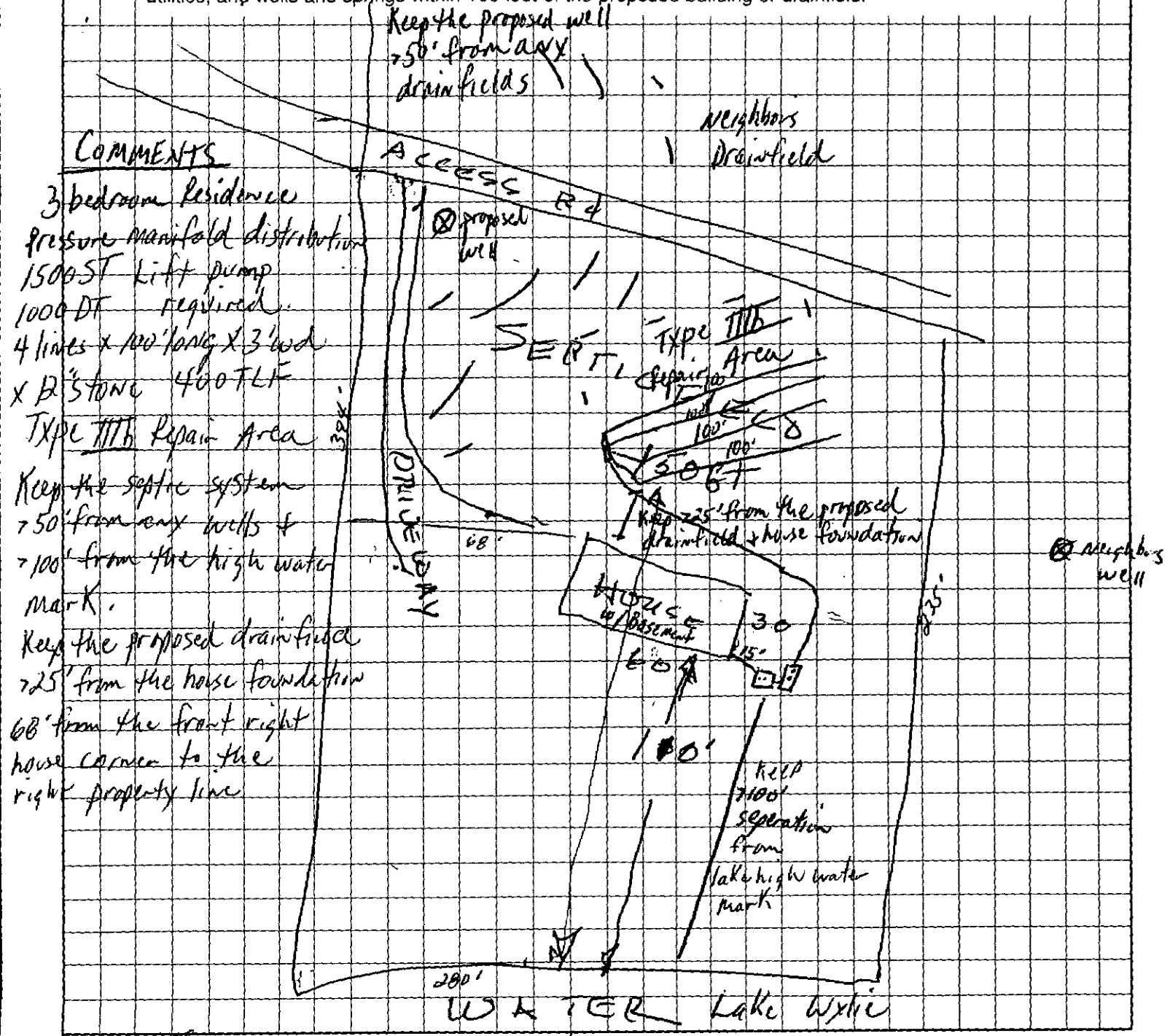
PROPOSED PLOT PLAN

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

FILE: 7404A

TC: 113-073-36

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.



E M Moore

OWNER/AGENT SIGNATURE

DATE 7-6-99

APPROVAL DATE _____

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

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

PS #1

Sheet: _____
Property ID: 113-073-36
Lot #: 2
File #: 7404A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Edward T. Moore APPLICANT: _____
ADDRESS: 9020 Whispering Pines Lane, Charlotte, 28217 DATE EVALUATED: 7-30-99
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: 1.0
LOCATION OF SITE: 4850 Bright Road PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	grlcl	Fr/SE/SP/SS/SP	>25" TO soil wetness	25"	N/A	None	US IV .12gl Pr LAP
		3-25"	SBK/C	Fi/SE/P/SP					
2	LS	0-3"	grlcl	Fr/SE/P/SS/SP	>38" TO soil wetness	38"	N/A	None	PS .35l Pr IV
		3-38"	SBK/C	Fi/SE/P/SP					
3	LS	0-4"	grlcl	Fr/SE/P/SS/SP	>41" TO soil wetness	41"	N/A	None	PS .35l Pr IV
		4-48"	SBK/C	Fi/SE/P/SP					
4	LS	0-4"	grlcl	Fr/SE/P/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .35l Pr IV
		4-48"	SBK/C	Fi/SE/P/SP					
5	LS	0-2"	grlcl	Fr/SE/P/SS/SP	>48" TO soil wetness	48"	N/A	None	PS .35l Pr IV
		2-48"	SBK/C	Fi/SE/P/SP					
6	LS	0-2"	grlcl	Fr/SE/P/SS/SP	>36" TO soil wetness	36"	N/A	None	PS .35l Pr IV
		2-36"	SBK/C	Fi/SE/P/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally suitable
EVALUATED BY: W. R. Marlin LSS 7-30-99
OTHER(S) PRESENT: _____

FILE # 7404A

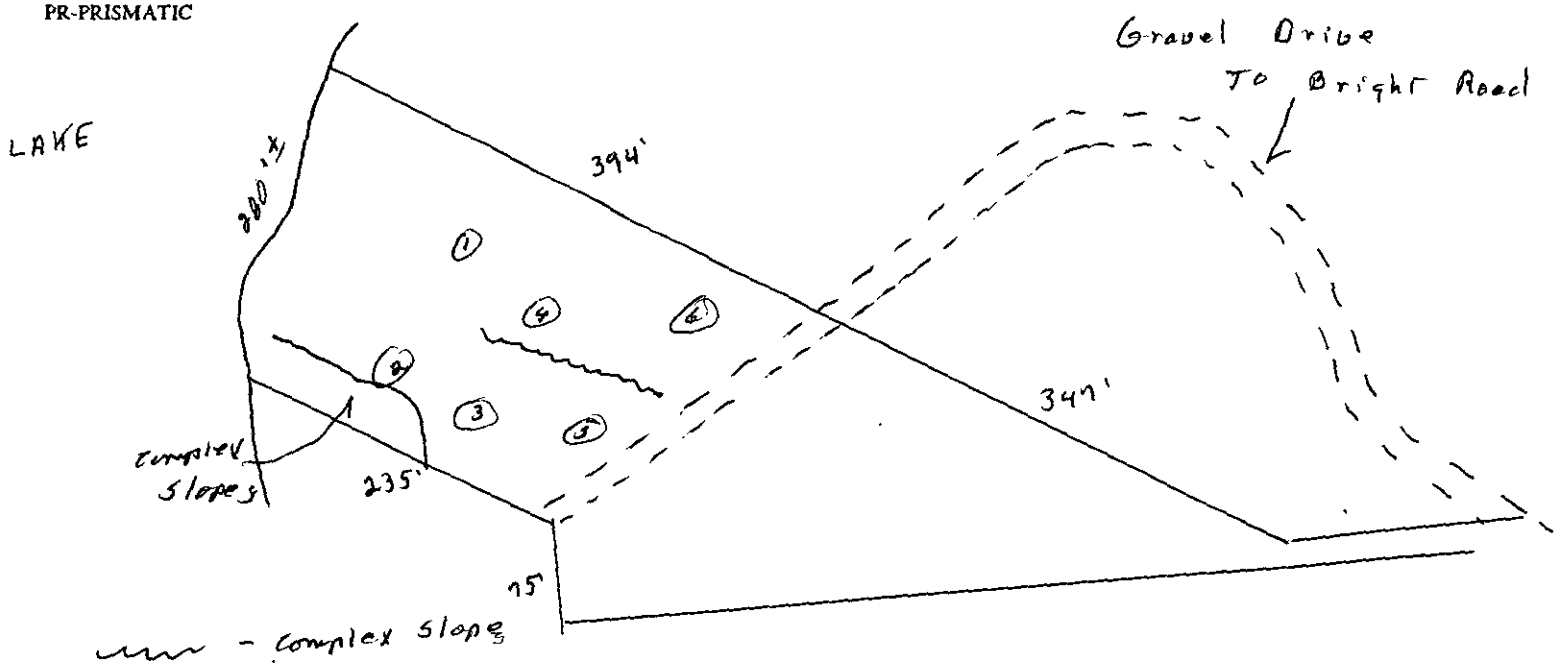
COMMENTS

100% Repair, 100' Setback From Lake For house & system

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



FEE: 210.00 CK # 5922A
DATE: 7/6/99 JC

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 #: 7404A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 113-073-36

STREET ADDRESS: 4850 BRIGHT RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: # 2

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

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:

NAME: MOORE EDWARD T
(LAST) (FIRST) (MI)

ADDRESS: 9020 WHISPERING RIDES LN

CITY: CHARLOTTE STATE: N.C. ZIP: 28217

DAYTIME PHONE: ( ) 588- 4291

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

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: Ed Moore DATE: 7-6-99

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

FEE: 210.00 CK# 59224

DATE: 7/6/99 gc

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 #: 7404A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

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STREET ADDRESS: 4850 BRIGHT RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: # 2

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

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
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: MOORE EDWARD T
(LAST) (FIRST) (MI)

ADDRESS: 9020 WHISPERING PINES LN

CITY: CHARLOTTE STATE: N.C. ZIP: 28217

DAYTIME PHONE: ( ) 588- 4291

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

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SIGNED: Ed Moore DATE: 7-6-99

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

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

PS #1

Sheet: _____
Property ID: 113-073-36
Lot #: 2
File #: 7404A

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Edward T. Moore
APPLICANT: _____
ADDRESS: 9020 Whispering Pines Lane, Charlotte, NC 28217
DATE EVALUATED: 7-30-99
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949) 360gpd
PROPERTY SIZE: 1.0
LOCATION OF SITE: 4850 Bright Road
PROPERTY RECORDED: _____
WATER SUPPLY: ☒Private ☐Public ☒Well ☐Spring ☐Other _____
EVALUATION METHOD: ☐Augur Boring ☐Pit ☐Cut
TYPE OF WASTEWATER: ☒Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 6-15% .1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-3"	grlcl	Fr|SExPl ss|sP	25" to soil wetness	25"	N/A	None	US IV .12g/Pr LTAR
		3-25"	sBK|c	Fi|SExP|sP					
2	LS	0-3"	grlcl	Fr|SExP|ss|sP	38" to soil wetness	38"	N/A	None	PS .39/Pr IV
		3-38"	sBK|c	Fi|SExPl sP					
3	LS	0-4"	grlcl	Fr|SExPl ss|sP	41" to soil wetness	41"	N/A	None	PS .39/Pr IV
		4-48"	sBK|c	Fi|SExPl sP					
4	LS	0-4"	grlcl	Fr|SExPl ss|sP	48" to soil wetness	48"	N/A	None	PS .39/Pr IV
		4-48"	sBK|c	Fi|SExPl sP					
5	LS	0-2"	grlcl	Fr|SExPl ss|sP	48" to soil wetness	48"	N/A	None	PS .39/Pr IV
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6	LS	0-2"	grlcl	Fr|SExPl ss|sP	36" to soil wetness	36"	N/A	None	PS .39/Pr IV
		2-36"	sBK|c	Fi|SExPl sP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: W.R. Marlin LSS 7-30-99
OTHER(S) PRESENT: _____

FILE # 7404A

COMMENTS 100% Repair, 100' setback From Lake For house & system

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

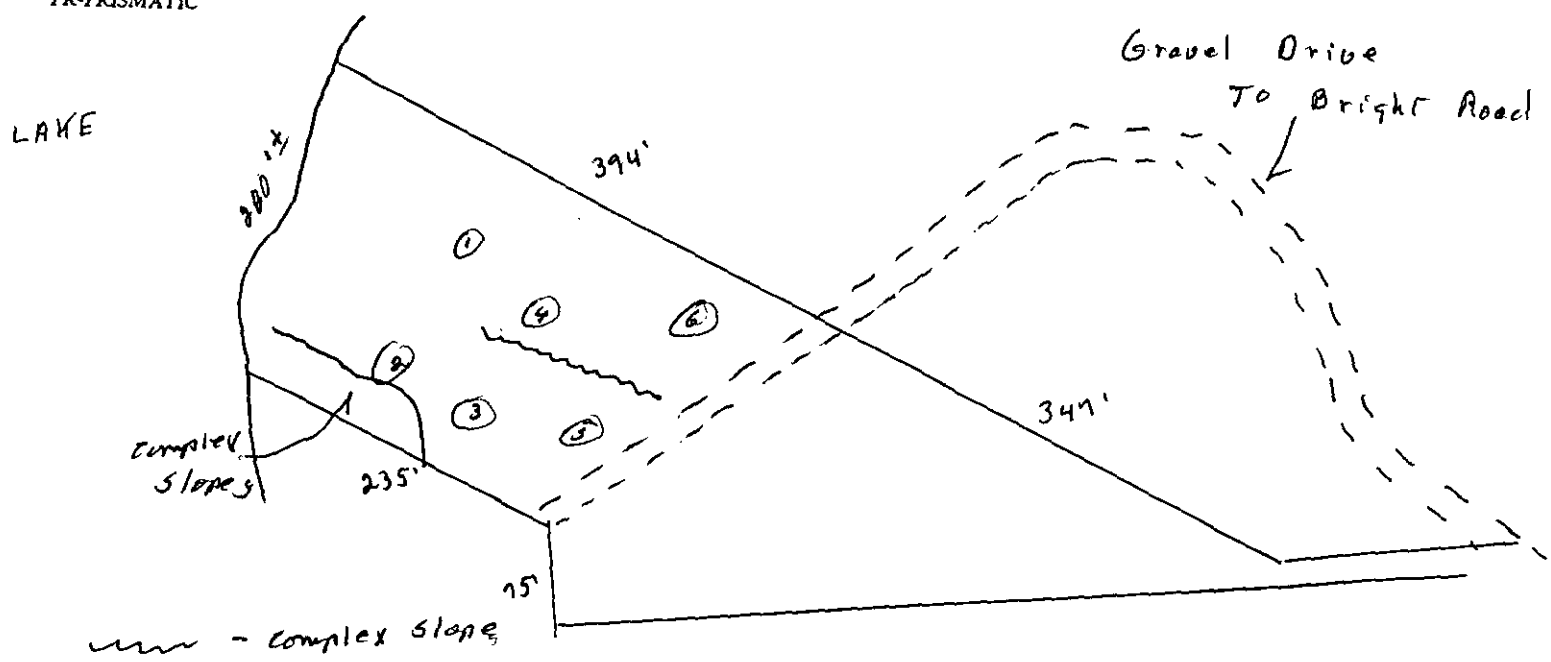
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



32-	NE	61 13 21	9.07	79-	NW	51 54 11	35.18
33-	SE	60 53 12	45.48	80-	NW	73 53 59	19.98
34-	SE	32 24 37	7.23	81-	NW	50 [illegible]	[illegible]
35-	SE	86 24 36	11.04	82-	NW	76 [illegible]	25.67
36-	SE	26 02 37	11.87	83-	SW	83 56 21	15.24
37-	SE	84 55 31	17.05	84-	NW	44 45 55	31.08
38-	SE	41 05 23	79.81				
39-	SE	72 24 20	46.62				
40-	SE	83 49 53	[illegible]				
41-	NE	85 57 59	24.70				
[illegible]		[illegible]	[illegible]				
43-	SE	42 50 28	72.16				
44-	SE	51 12 51	50.69				
45-	SE	74 35 02	23.05				
46-	SE	24 49 20	81.15				
47-	NE	82 31 18	103.33				
48-	NE	53 19 30	106.19				
49-	SE	31 14 37	39.07				
50-	SE	74 51 12	17.34				
51-	SE	70 26 03	42.25				
52-	SE	83 56 10	28.79				
53-	NW	50 49 15	23.00				

L=108.00'

S 41°-[illegible]'E 198.84'

S 07°12'15" W 221.55'

LOT 4
217800 SQ. FT.
OR 5.00+AC.

LOT 5
217800 SQ. FT.
OR 5.00+AC.

CONTOUR ELEV. 570.00'

N 85°-15'40" W
70.00'

N 23°30'E 250.00'

S 89°43'40" E 310.00'

S 89°43'40" E 220.00

N 00°25'24" E 140.87

N 00°25'24" E 140.00

S 89°43'40" E 284.30'

S 89°43'40" E 392.10'

S 89°43'40" E 80.00'

N 26°-08'E 105.00'

N 53°26'58" E 230.00'

N 53°26'58" E 240

S 02°44'36" E 1915.08'

N87°45'

4.57

LOT 3
217800 SQ. FT.
OR 5.00+AC.

S 59°09'03" E 351.39'

S 59°26'09" W 82.15'

S33°43'40"E 181.96'

S 33°43'40" E 214.52'

18.00'

NON-EXCLUSIVE INGRESS AND EGRESS EASEMENT

30' RADIUS TURN AROUND

IRON SET AT STA 2+09.87

217802.75 SQ. FT.
OR 5.00± ACRES

50.81

S39°14'05"E 235.06'

50' SIDELINE SETBACK

92.58

741.40' (TOTAL)

347.04'

64205.58 SQ. FT.
OR 1.47 ACRES

LOT 1

12' INGRESS EGRESS EASEMENT

S00°25'24"W 175.00'

S89°43'40"E 110.00'

DRAIN FIELD

S00°16'20"E 180.00'

118.00'

S89°43'40"E 633.17'

N89°43'40"W 110.00'

N11°42'01"W 639.34'

S 41°10'40" E 94.43'

SOLID WASTE BURIAL

5' EASEMENT FOR TELEPHONE POLES AND GUY ANCHORAGE

190.00'

S89°43'40"E 469.85'

N 17°-42E 100.00'

DRAIN FIELD

S 72°-18E 130.00'

SUNDAY RIGHT OF WAY

R=1170.00
L=449.32
CH N 18°32'41"W
446.02

R=830.00
L=1165.32
CH N 4°40'15"W
1068.88

290.00'

TOWER

TOWER

TOWER

R=153.06'
L=[illegible]
CH=N[illegible]
197.08'

N89°37'24"W
36.63'

19.82'

30' SETBACK

N11°35'00"E
53.67'

N. 79-30 E.

DRAIN FIELD

N89°43'40"W
268.17

N79-30E 63.60

S79-30W 57.60

S89°43'40"E 311.07'

S89°43'40"E 319.86'

S.79-15E.

S89°43'40"E 338.65'

S89°43'40"W 337.45'

S89°43'40"E 146.22'

N89°43'40"W 338.01'

(22.94)

S. 26-15E. 99'

BRIGHT RD. 60'R/W

S.R. No. 1349

R=153.59'
L=51.15'
CH=N62°05'02"W
50.92'

263.22 SQ.FT.
OR 0.01 AC.

12

BLOCK M.07 PG.805

DUKE POWER CO.
DB3125 PG 312

D. R. BROWDER 5418-0433
(NOW OR FORMERLY)

BLOCK A

9	10	12	13	14	15	16
STAR	HARBOR	SUBDIVISION	SECT.	01	MAP 07	PG

10-31-71
3-26-72
26-3-1971
3-39-72
6-0-7[illegible]
-2-36-11

50-2-1971
2-46-72
4-0-4[illegible]
4-46-11
4-46-72
3-0-41-71

F.I.C.
74044

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON

STATE OF NORTH CAROLINA

THE UNDERSIGNED SURVEYOR, BEING DULY SWORN, DEPOSES AND SAYS THAT THE PLAT UPON WHICH THIS CERTIFICATE APPEARS WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMMENDED, IS IN ALL RESPECTS CORRECT ACCORDING TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND WAS PREPARED FROM AN ACTUAL SURVEY MADE BY HIM ON THE 16TH DAY OF JULY, 1951 WITH A MAXIMUM ERROR OF CLOSURE OF 1:0,000 AND A MAXIMUM FIELD ERROR OF ANGULAR CLOSURE OF 7.5 SEC. PER ANGLE.

SIGNED C. Clark Neilson

N.C. REGISTERED LAND SURVEYOR L-3212

I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT C. CLARK NEILSON, A REGISTERED LAND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 16THDAY OF JULY1951

SIGNED Shirley L. Johnson
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 12, 1996.

SHIRLEY L. JOHNSON NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

APPLICATION FOR AN IMPROVEMENT PERMIT

5/28/91
CK# 1478
$200.00

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

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

(OFFICE USE ONLY)
FILE: 7404A
TC:
SERIAL: 00017
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: OFF Bright Rd. (4850 Bright Rd) (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 113-023-25 (Part of)
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Eugene M. DAVANT (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 528 W. 10th
⑩ CITY: Charlotte NC ⑪ STATE: NC ⑫ ZIP: 28202
⑬ PHONE: (WORK) 376-3591 ⑭ (HOME)

REQUEST

This request is for a(n): 6/11/91 - ED Moore - owner met me on Lot - we located an area out for drainfield + repair He is to submit NEW detailed plot PLAN with dimensions

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit 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? 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: Eugene M Davant
Date: 5/24/91

IMPROVEMENT PERMIT

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

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

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

Environmentalist / Date

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.

APPLICATION FOR AN IMPROVEMENT PERMIT

5/25/91
CRT 1478
$200.00

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

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

(OFFICE USE ONLY)
FILE: 7404A
TC:
SERIAL: 12017
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: OFF Bright Rd. (4850 Bright Rd) ② FILE:
STREET NO. STREET
③ JURISDICTION: ④ TAX PARCEL NO.: 113-073-16 (Part of)
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Eugene M. DAVANT
(FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 528 W. 10th
⑩ CITY: Charlotte NC ⑪ STATE: NC ⑫ ZIP: 28202
⑬ PHONE: (WORK) 376-3591 ⑭ (HOME)

REQUEST

This request is for a(n): 6/11/91 - ED Moore - owner met the SR Lot - We worked an area out for trailfield + repair He is to submit New detailed plot PLAN with dimensions

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit 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? 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: Eugene M. Davant
Date: 5/24/91

IMPROVEMENT PERMIT

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

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

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

Environmentalist / Date

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.

ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 5/24/91

MECKLENBURG COUNTY ENGINEERING DEPARTMENT

REQ FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 113-073-25 00

ASSIGNED ADDRESS 4850 Bright Rd

EXISTING ADDRESS _____

PROJECT NAME DIA

THE ABOVE DESIGNATED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
SUBDIVISION REGULATIONS	/ /	/ /
FLOODWAY REGULATIONS	/ /	/ /
EROSION CONTROL REGULATIONS	/ /	/ /
PUBLIC UTILITY EASEMENT	/ /	/ /

	PRESENT	NOT PRESENT
PUBLIC UTILITY EASEMENT	/ /	/ /
PROPERTY FRONTS ON THOROUGHFARE	/ /	/ /
DRIVEWAY PERMIT REQUIRED	/ /	/ /

If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for this site.

REMARKS: Septic Tank - Attn: Chris

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

SIGNED: Rub

OFFEAR 06-88

NEW ADDRESS N/A

FORM 100

704 336 3846 ENGINEERING 91-05/24 17:20 001

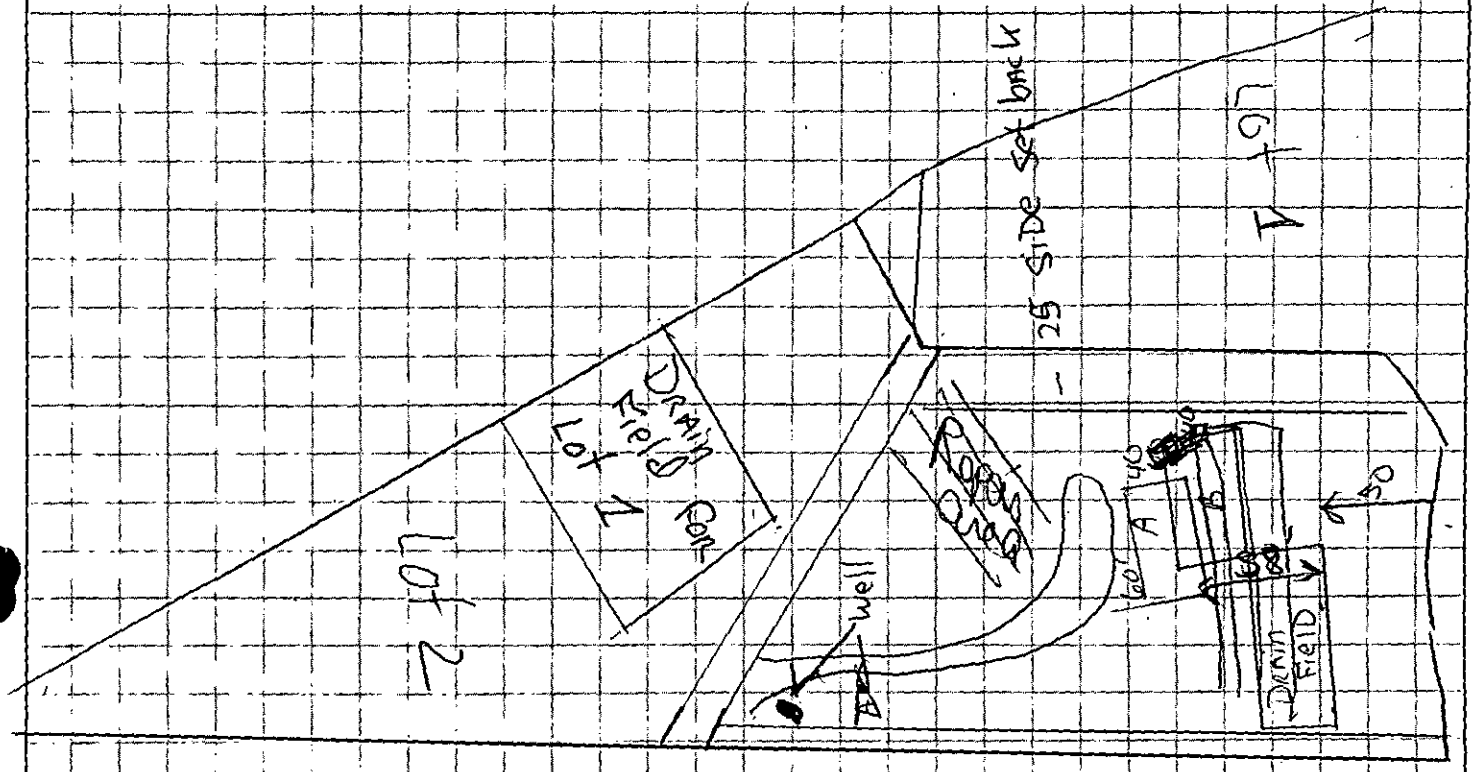
PROPOSED PLOT PLAN

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

FILE: 7404A

TC: 113-073-25

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 gallon Septic Tank
400 drainfield
4 Trenches 3' x 100'
Repair Area access will require lift Pump

APPROVAL DATE _____

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

SITE EVALUATION REPORT
SERIAL NUMBER 17155

Parcel: 7404A

PC

Location:

Subdivision: [illegible] Wood Estates

Lot: Block: Acres: Approx .4 ac. ±

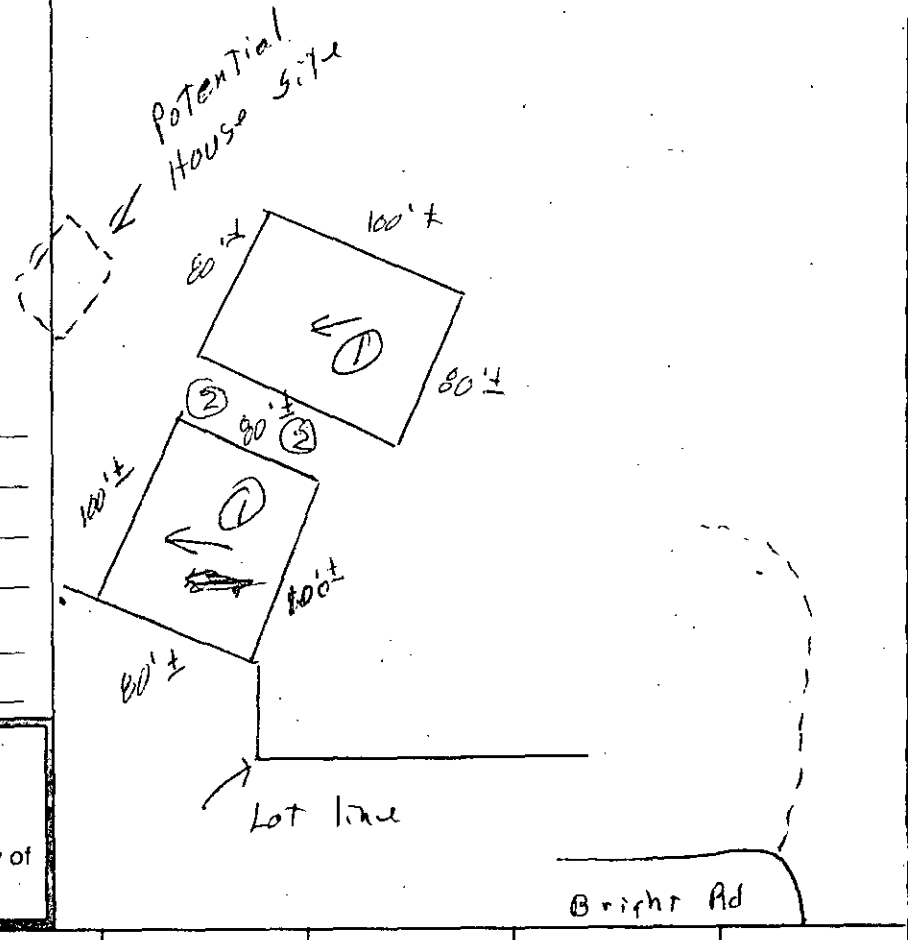
Owner:

Address: [illegible] M. Durant
[illegible] W. 10th Street
[illegible], NC 28202

Comments: 100% Repair, will probably need life pump

Described by: William R. Marlin

Date: 4-23-91



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

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Complex slopes	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 7-49" bwater	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-43"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-43"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cec-1-1.40	Complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

CKLENBURG COUNTY HEALTH DEPARTMENT
ITE EVALUATION REPORT
SERIAL NUMBER 17155

File: Action

Parcel: ☐ PC

Location:

Subdivision:

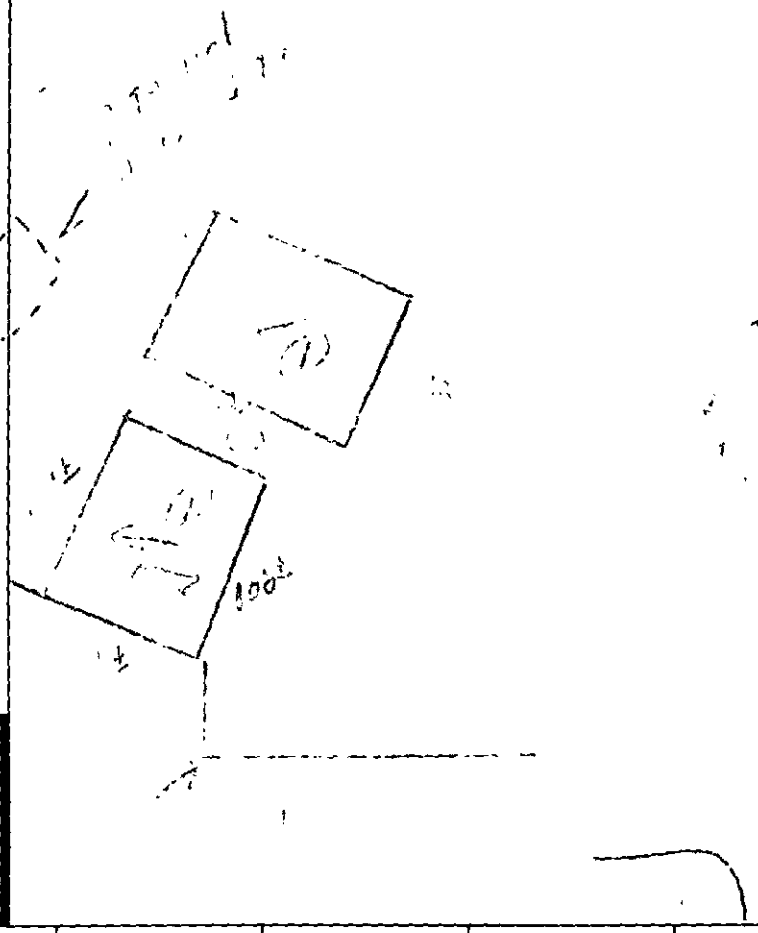
Lot: Block: Acres:

Owner:
Address:

Comments:

Described by:

Date:



***** 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	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S_PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17155

File:

Action 1

Parcel: 7404A

113-073-25

PC

Location:

Subdivision: Harbour Wood Estates

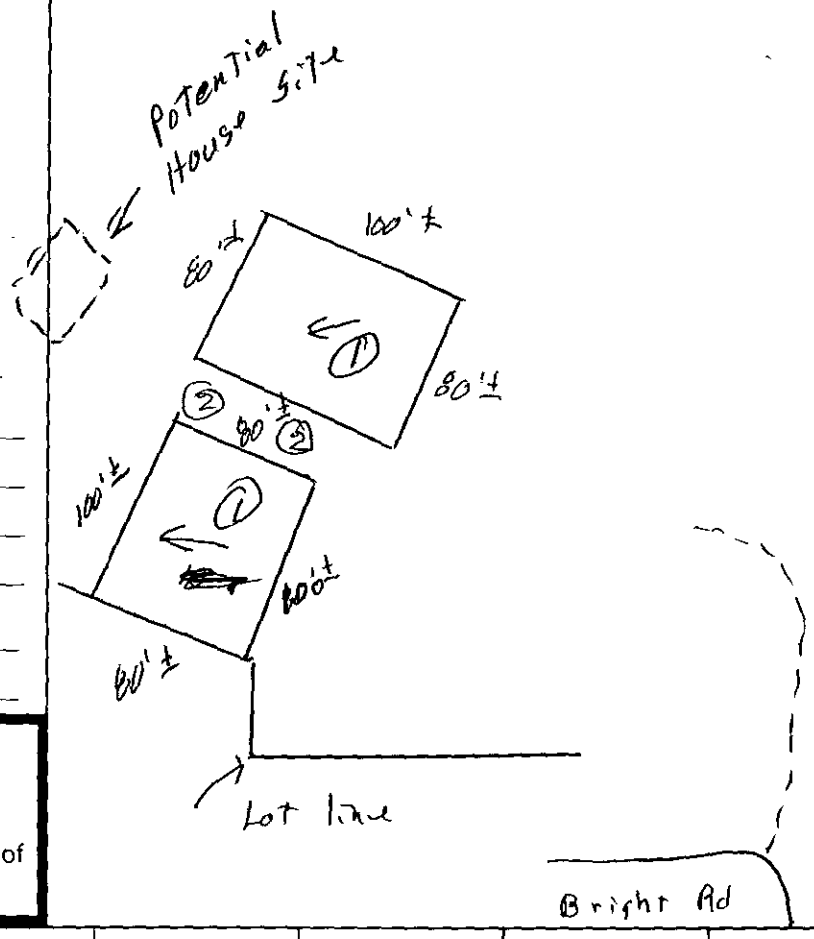
Lot: Lot 2 Block: Acres: Approx. 4 ac.

Owner:
Address: Eugene M. Davant
528 W. 10th Street
Charlotte, NC 28202

Comments: 1996 Repair, will probably need lift pump

Described by: William B. Marlin

Date: 4-23-91



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

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

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) Complex slopes	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 7-49" water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-43"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-43"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cec:1-1.40	Complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

April 25th, 1991

Eugene M. Davant
528 W. 10th Street
Charlotte, NC 28202

RE: Property located at Harbour Wood Estates Lot 2
FILE: 7404A
PARCEL: 113-073-25

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 17155) is enclosed for your information.

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

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

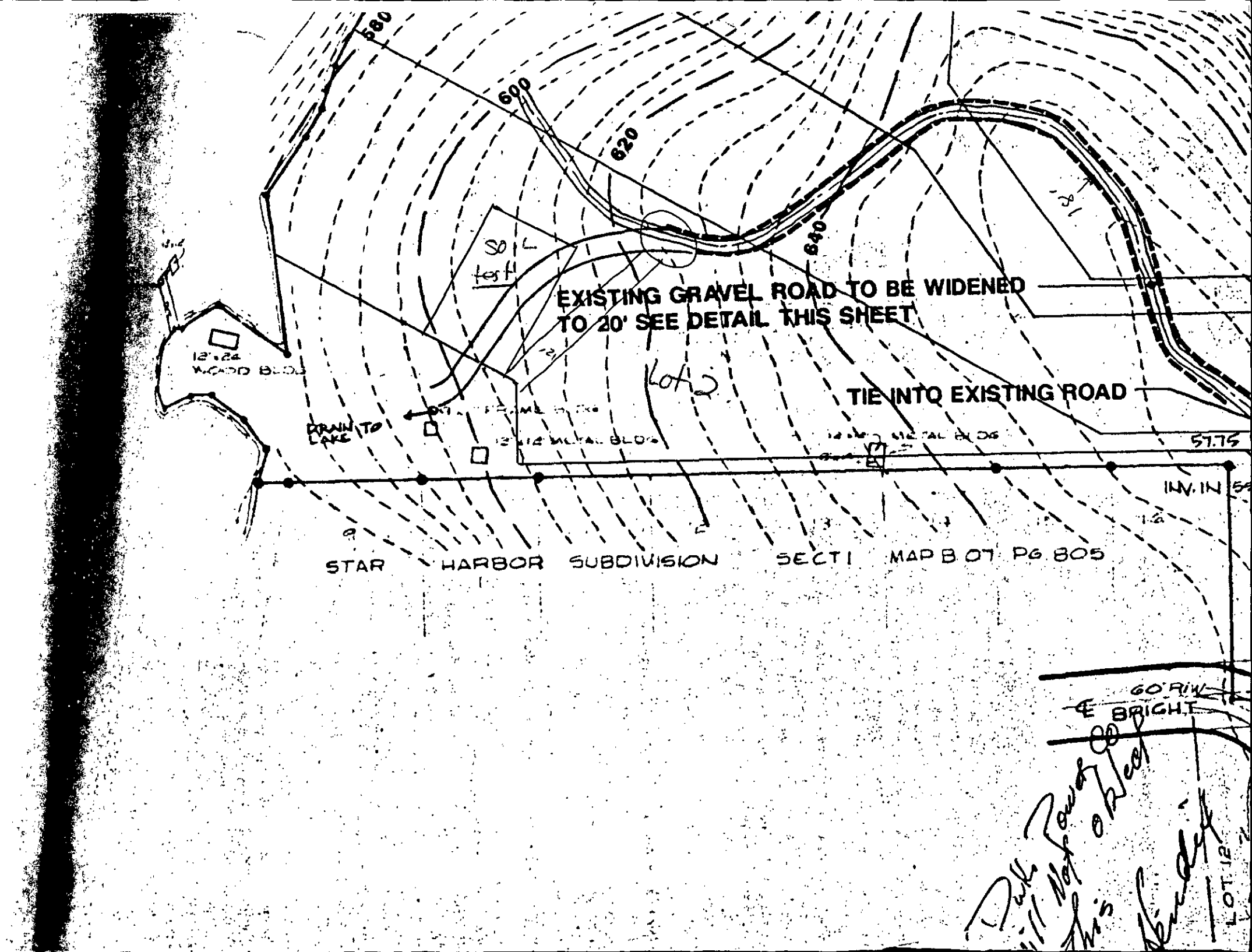
Sincerely,

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

Enclosure

GV:lw

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


580
600
620
640
EXISTING GRAVEL ROAD TO BE WIDENED
TO 20' SEE DETAIL THIS SHEET
TIE INTO EXISTING ROAD
SOIL test
Lot 2
12'x24' WOOD BLDG
DRAIN TO LAKE
57.75
INV. IN
STAR HARBOR SUBDIVISION SECT I MAP B 07 PG 805
60' R/W
℄ BRIGHT
LOT 12

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 7404A

TC: 113-073-26

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: OFF OF Bright Road

② SUBDIVISION: Harbour Woode Ests. ③ LOT: #2 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 073 PARCEL NO.: 25

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

OWNER

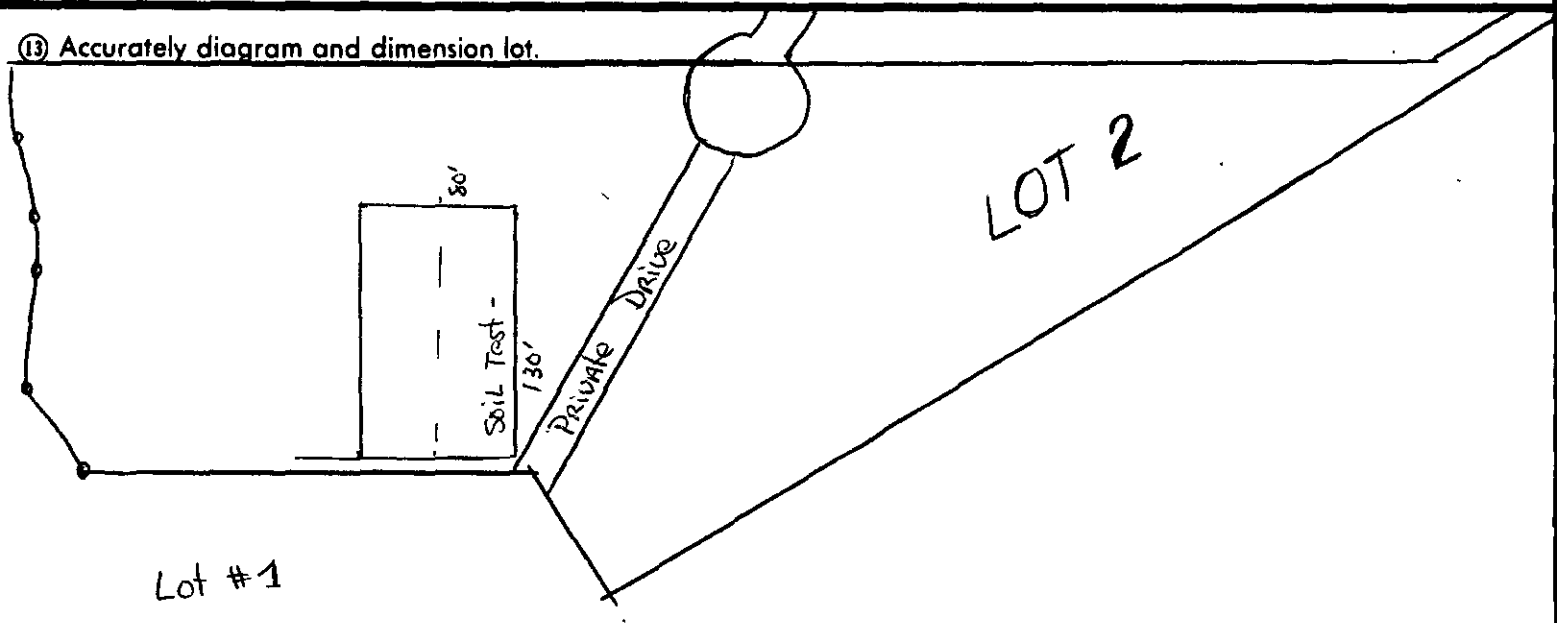
⑦ NAME: Eugene (FIRST) m (MIDDLE) Davant (LAST)

⑧ MAILING ADDRESS: 528 W 10th St.

⑨ CITY: Charlotte NC ⑩ STATE: _____ ⑪ ZIP: 28202

⑫ PHONE: (WORK) 376-3591 (HOME) 377-2592

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: Eugene m Davant

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

Date: 4/18/91

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY) 7339A

FILE: F7404A

TC: 113-073-25

☐ PC → ☐ REPT

16,000

JOB LOCATION

① ADDRESS: OFF OF Bright Road

② SUBDIVISION: Harbour Woods Sec. ③ LOT: #2 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 113 PAGE NO.: 073 PARCEL NO.: 25

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

OWNER

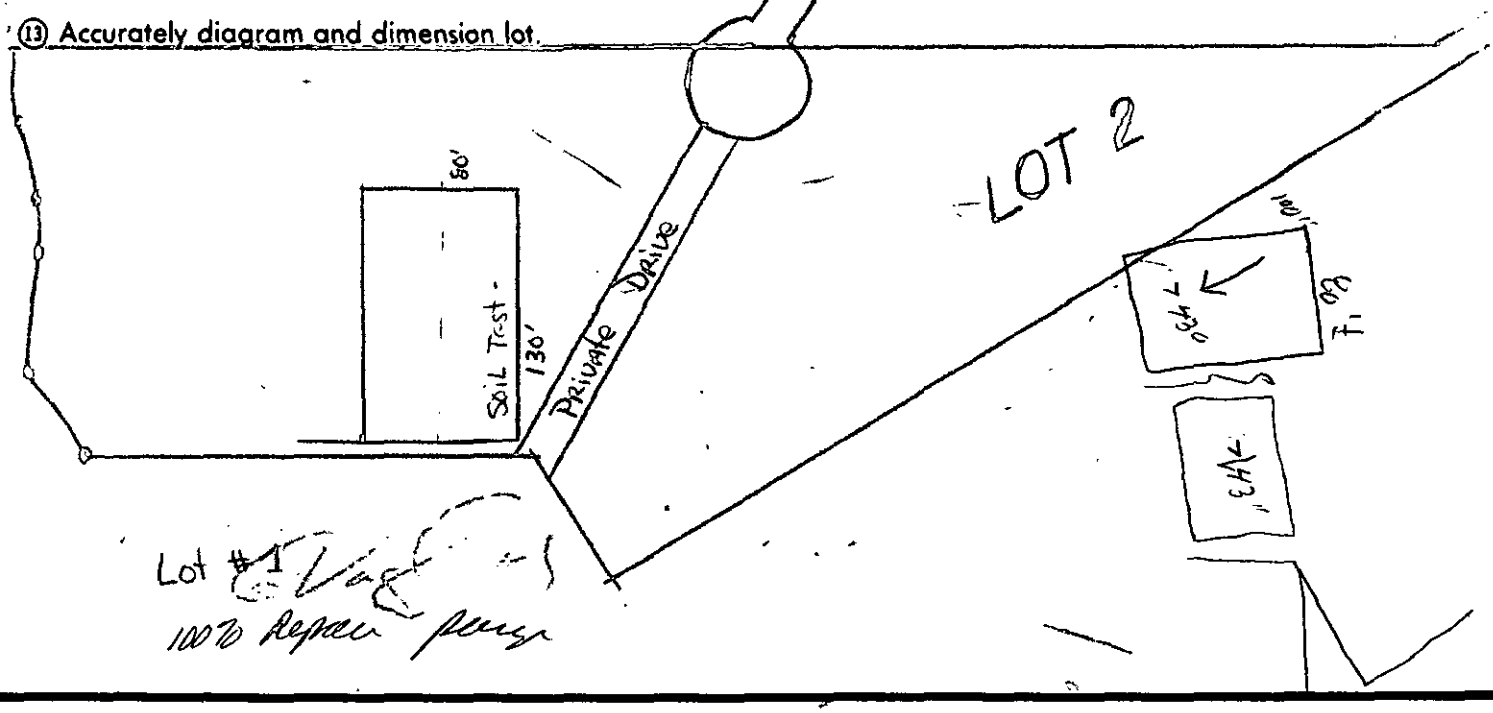
⑦ NAME: Eugene (FIRST) m (MIDDLE) Davant (LAST)

⑧ MAILING ADDRESS: 528 W 10th St.

⑨ CITY: Charlotte NC ⑩ STATE: _____ ⑪ ZIP: 28202

⑫ PHONE: (WORK) 376-3591 (HOME) 377-2592

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: Eugene m Davant

Date: 4/18/91

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-19-91

Name/Company: Eugene M. Davant

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Soil Test (approx. 1 acre)
Harbour Woods Estates
Bright Rd. (Lot #2)
TP: 113-073-25
File: 7404A

MECKLENBURG HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 22 1991

Fee: $ 50.00

CK#3349
$50.00

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