

4640 HAMILTON CR

04123311

6/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

PW
5795A 400

PC

UPDATE COMPLETE

Applicant GRAVES CHARLES H Appl.Date 01/14/92 Updated 01/14/92
Mail Addr 4640 HAMILTON CIRCLE Phone 704 394-0452
City CHARLOTTE State NC Zipcode 28216
Prop Ownr GRAVES CHARLES H
Mail Addr 4640 HAMILTON CIRCLE Phone 704 394-0452
City CHARLOTTE State NC Zipcode 28216 Township 1
Tax Map No. 04123311 Road 4640 HAMILTON CIRCLE Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App X Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 04 No. Occupants 3 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. M Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17034
Directions: STORAGE ADDITION

Date Appl. Recd. 01/14/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 5795A Operat. Permit (Y/N)
1/14/92 16:29:46
01-03 SA MW KS IM II S1 S1037498 KB

Appr 1/15/92
PSW

DATE 1/14/98

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Unincorporated

041-233-11
PARCEL NUMBER

4640 Hamilton Cr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**_____APPROVED**	**_____NOT APPROVED**
2. FLOODWAY REGULATIONS	**_____APPROVED**	**_____NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**_____APPROVED**	**_____NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**_____APPROVED**	**_____NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**_____PRESENT**	**_____NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**_____YES**	**_____NO**
7. DRIVEWAY PERMIT REQUIRED	**_____YES**	**_____NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**_____YES**	**_____NO**

REMARKS: Utility

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE **WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS** FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

PW

400 ☒

Pd 25.00 CASH WB 1-14-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#5795A

PC ☒

[] 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: Graves (last) Charles (first) H (mi)

ADDRESS: 4640 Hamilton Cir PHONE: (__) 3940452

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 1-14-92

PROPERTY OWNER:

NAME: SAME (last) " (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: " STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 041-233-11

STREET ADDRESS: 4640 Hamilton Cir

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage
[] 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: 4 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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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

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

Signed: Charles H. Graves Date: 1-14-92

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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

PW

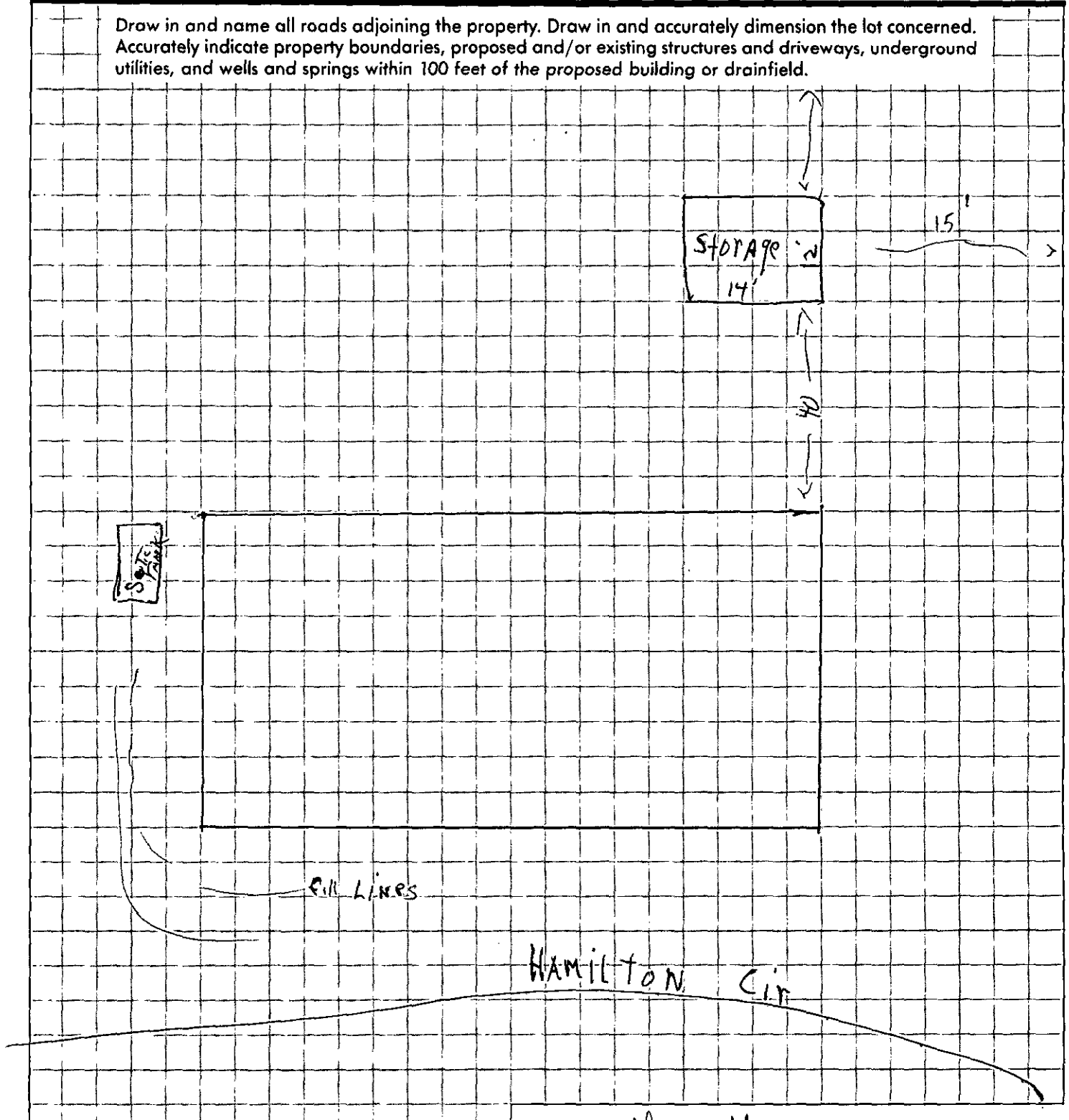
PROPOSED PLOT PLAN

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

FILE: 5795A

TC: 041-233-11

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.



Signed: Charles Howes

Date: 1-14-92

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5795A DATE: 12/14/90

TC: 041 233 11 ☒ L ☐ CRT

SERIAL Nº 13354

Name of Owner Robert Greene Juris.:

Address of Property 4700 Hamilton Circle

Inspection Data:

Tank Material PCC

Total Length of Drainfield ~~Septic 400~~ WL → 140

Number of Lines 7 @ 57' / 2 @ 70'

Cover Depth 12"

Water Supply Source P/well

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected Y

High Water Alarm Inspected —

PLOT

Design: 1500ST, CON, 1605 SFT, 12"g, Cecil like CTR# 80

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: (7) 3'x57'x12"g, straw - Septic

(2) 3'x70'x12"g, straw - WL, 3 bedrm.

Thos Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

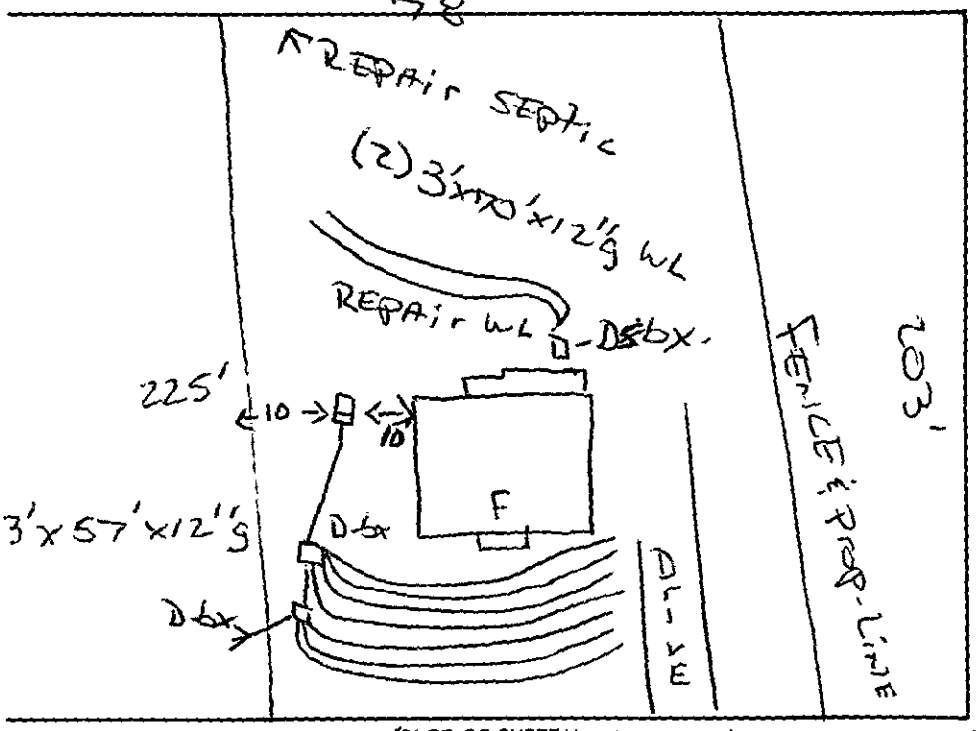
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5795 A DATE: 11/7/90

TC: 041 233 11 ϕ L

SERIAL Nº 14670

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 6/29/89. All work shall be completed on or before 12/7/90 U.D., 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.



75' PLOT OF SYSTEM Hamilton Circle

Liquid Capacity of Septic Tank 1,500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 540' feet

Number of Lines 7-57' 2-70'

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Robert Greene

LOCATION OF PROPERTY 4700 Hamilton Circle

Comments: (7) 3'x57'x12" gravel, straw, for septic area.
(2) 3'x70'x12" gravel, straw for W.L. use 2nd D-bx as option.

Division or Section Head

Tim Whitaker, 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.

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

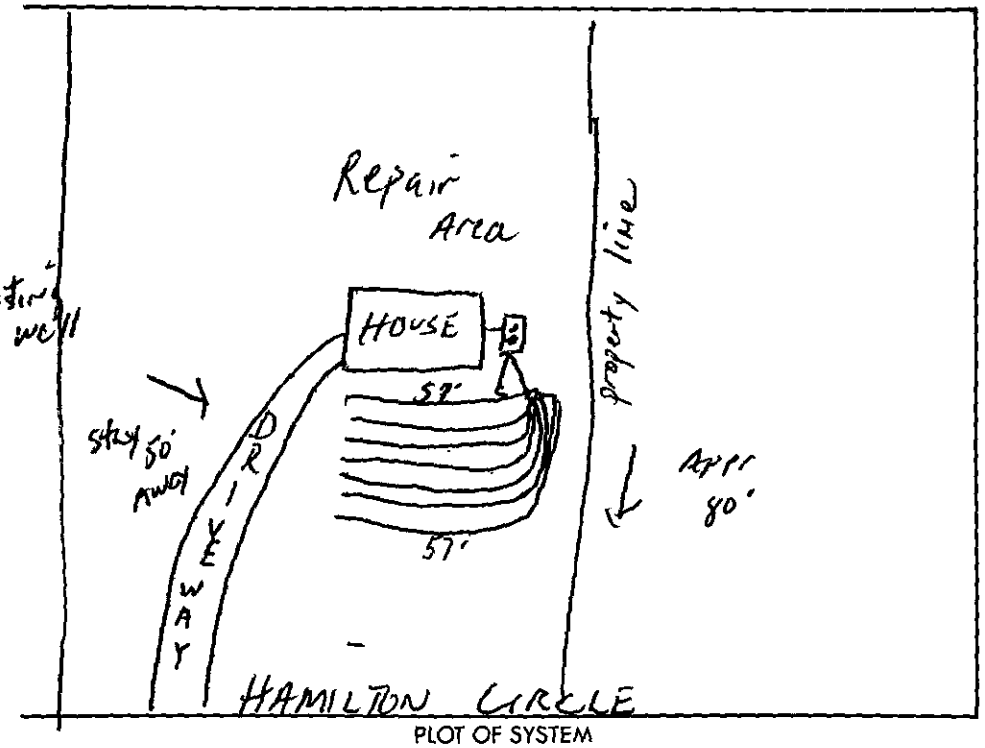
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5795 A DATE: 7/5/89

TC: 0412331 PL

SERIAL Nº 12791

Permission is hereby given to ✓ (Install) or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7/5/89. All work shall be completed on or before 8/5/89, 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 Department of Environmental Health 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 NA gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 400' feet

Number of Lines 7

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Robert Greene

LOCATION OF PROPERTY 4700 Hamilton Cir, Charlotte NC

Comments: 7 lines x 57' long x 3'

May need lift station for repair

Division or Section Head

Phila S-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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

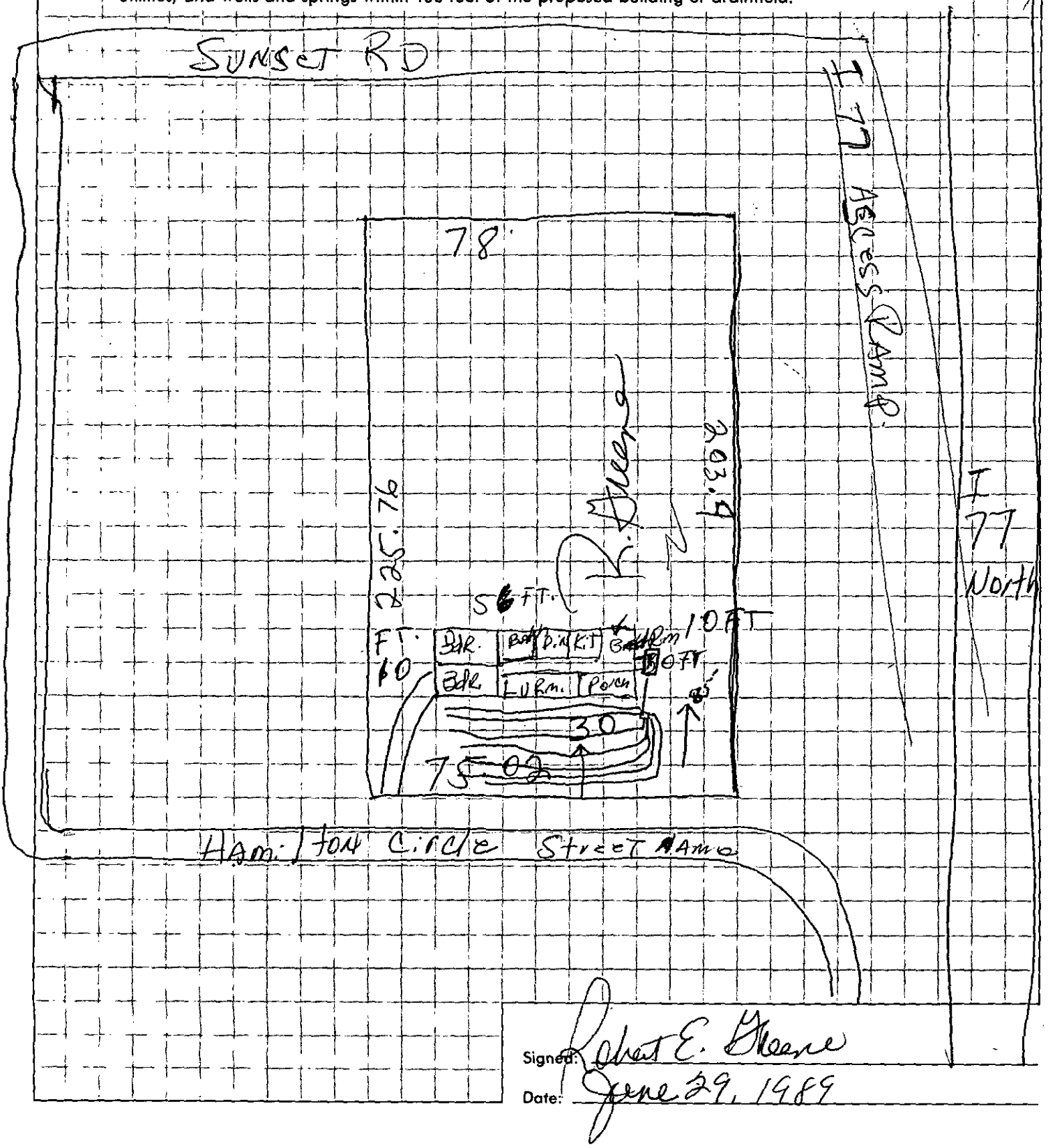
PROPOSED PLOT PLAN

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

FILE: 5795A

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.



Signed: Robert E. Greene

Date: June 29, 1989

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 5795A
TC: _____
SERIAL: No 18779
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4700 Ham. Ton Circle (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 041-233-11
⑤ SUBDIVISION: Ham. Ton ⑥ LOT: 11 ⑦ BLOCK: _____

OWNER

⑧ NAME: Robert (FIRST) E. (MIDDLE) GREENE (LAST)
⑨ MAILING ADDRESS: 5833 Crestwood Dr.
⑩ CITY: Char ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) _____ ⑭ (HOME) 398-0661

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? 3
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: Robert E. Greene

Date: _____

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.

Phil S. Walker, 7/5/89
Environmentalist — Date

Jim Ennis, 7-6-89
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 6/29/89

Name/Company Robert Greene

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Imp Dwst
#5795A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN. 29 1989

Chk #3643
$150.00

Fee: $ 150

Collected by

Collected by

DATE: 6/28/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 041-233-11

ASSIGNED ADDRESS 4700 Hamilton Cr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

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

REMARKS: Septic Tank - Move on

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: Dizi

OPWEAR 02/86

Mecklenburg County
Health Department

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

June 22nd, 1989

George Lem Bell
4952 Beatties Ford Road
Charlotte, NC 28216

RE: Property located at Hamilton Circle
FILE: 5795A
PARCEL: 04123311

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 16193) 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,

Jim Ericson, sc

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16193

File: 5795A Action _____

Parcel: 04123311 ☐ PC

Location: Hamilton Circle

Subdivision:

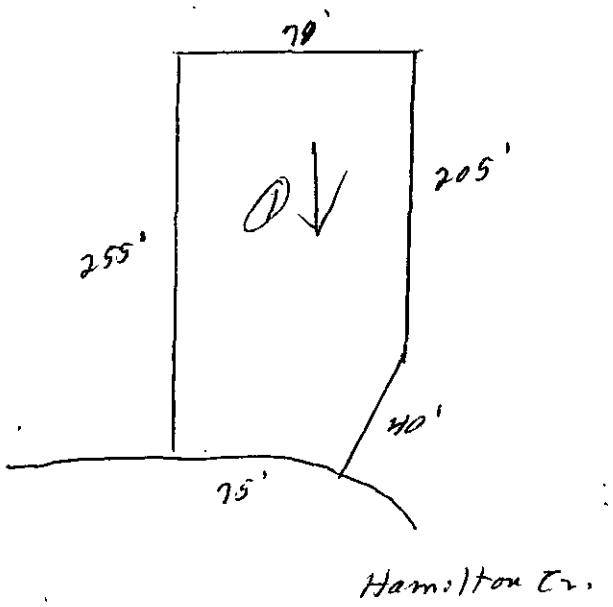
Lot: Block: Acres: .39

Owner: George Lem Bell
Address: 4952 Beatties Ford Road
Charlotte, NC 28216

Comments: could not locate well on adjoint lot.

Described by: William A. Marlin

Date: 6-22-99



*** 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	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 Block	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" 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 7-36"	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 1-1.40					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

30.00

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5795A

TC: _____

☐ PC ☐ REPT

see file 5792A for charge slip

JOB LOCATION

① ADDRESS: HAMILTON CIR

② SUBDIVISION: HAMILTON VILLAGE ③ LOT: 28 ④ BLOCK: 1

⑤ PARCEL REFERENCE: BOOK NO.: 41 PAGE NO.: 23 PARCEL NO.: 041-233-11

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

OWNER

⑦ NAME: GEORGE (FIRST) LEM (MIDDLE) Bell (LAST)

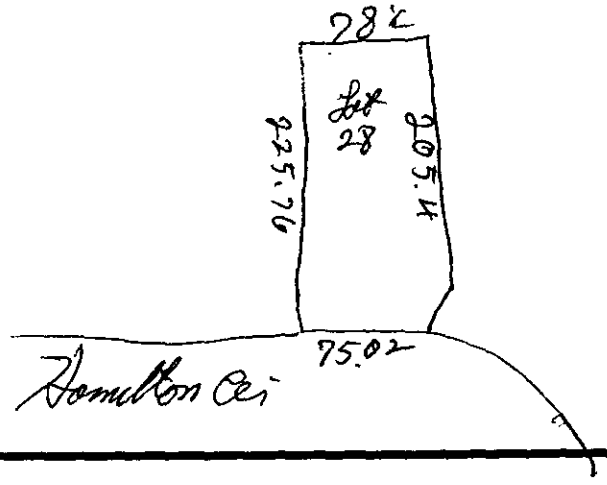
⑧ MAILING ADDRESS: 4952 BEATTIES FORD RD.

⑨ CITY: CHARLOTTE ⑩ STATE: NC. ⑪ ZIP: 28216

⑫ PHONE: (WORK) _____ (HOME) 3940788

⑬ Accurately diagram and dimension lot.

in Clerk's tax map of the Lots



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: George L Bell

Date: June 8 - 89

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