

5709 LINDA VISTA LN

03732137

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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CERTIFICATE OF COMPLETION/OPERATION PERMIT

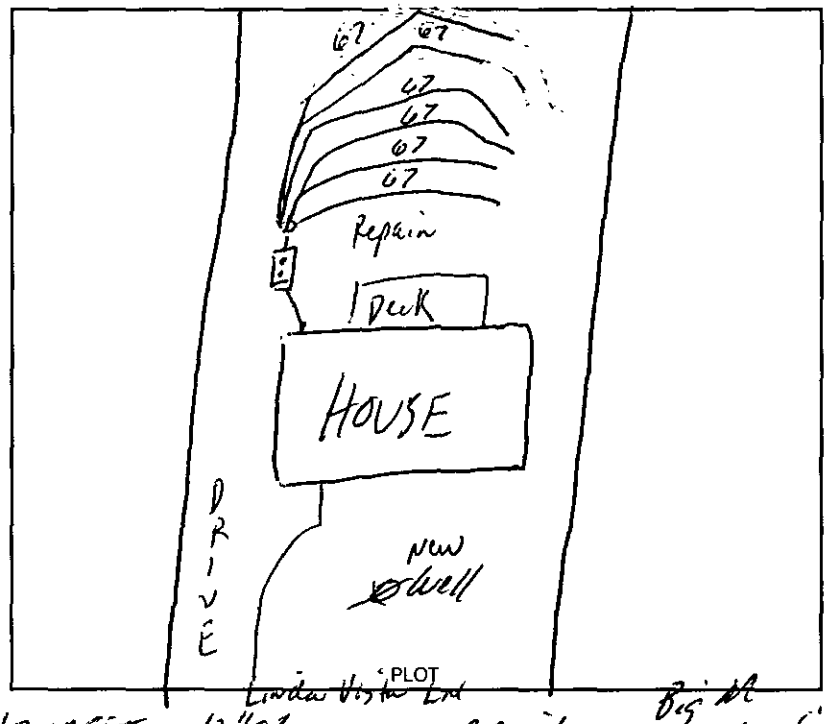
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4404B DATE: 11/22/00
TC: 037 32137 ☐ L ☒ CRT
SERIAL Nº 18415

Name of Owner Gelsinger Builders Juris.:
Address of Property 5709 Linda Vista Ln Repair

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 6 @ 67'
Cover Depth 9" - 12"
Water Supply Source well
Distance to Water Source 75'
Excavation Inspected 11/22/00
Tank(s) Inspected 11/22/00
Wash Line Inspected plumb to tank
High Water Alarm Inspected NA



Design 2000, 1500ST, CON, 1200SF, 12" Stone Cecil CTR# Big M Construction

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: Septic system designed for a 3 bedroom residence
Type IIa

Phillip S. Walker RS.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

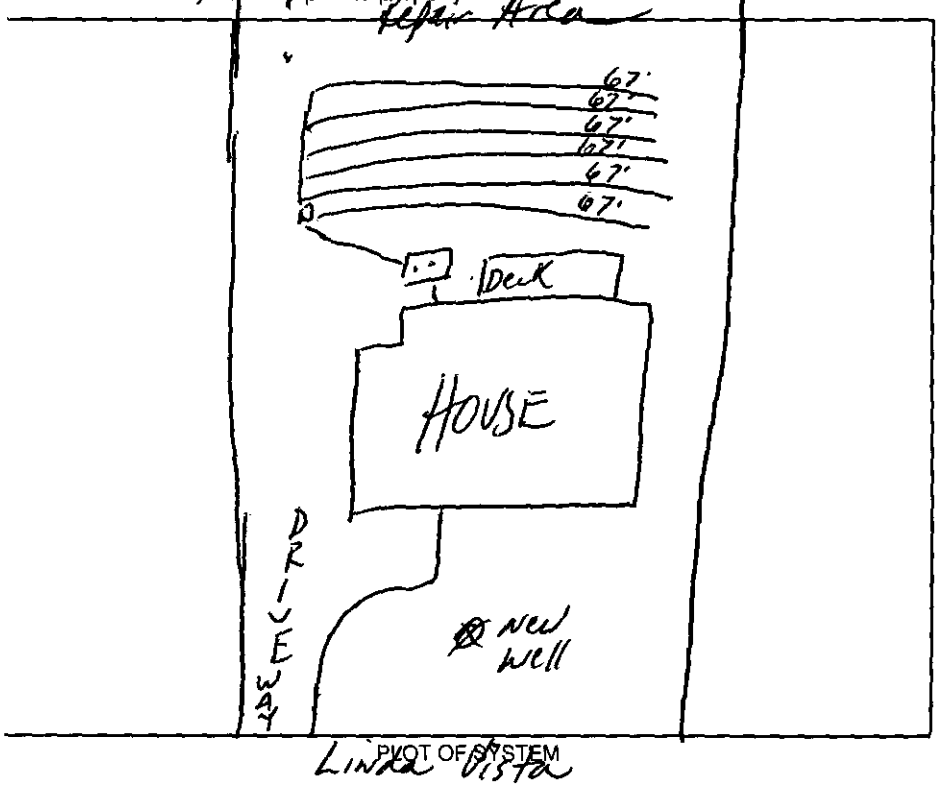
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4404B DATE: 11/7/00

TC: 037 321 37 L

SERIAL Nº 18502

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 8/22/00. All work shall be completed on or before 12/7/00, 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 6 (67')

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well > 100' feet
50' min

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

NAME OF OWNER Gelsinger Builders

LOCATION OF PROPERTY 5709 Linda Vista Ln

Comments: Install 1500 ST, 6 lines x 67'long x 3'wide x 12"stone
Keep the septic system > 50' from the new well

Phillip A. Walker RS
Environmental Health Specialist

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

on duct X 31890

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** PC X
DATE: 9/6/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 8/29/00 PERMIT NO: 4404B
PARCEL NO: 037 321 37

JOB LOCATION ADDRESS: 5709 Linda Vista Ln
PROPERTY OWNER: Gelsinger Builders lot 14
BUILDING CONTRACTOR: Rick Gelsinger
SUBDIVISION NAME: Linda Vista Place
AUTHORIZATION ISSUED BY: Phyllis J. Walker RS. DATE:
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4404B, 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.

X Gene R. Gelsinger 8-29-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): George Gelsinger	Phone # 363-1518	Date Requested: 9/1/00	Date Filled: 9/1/00
Account Name: Gelsinger Builders	☐ Cash ☒ Charge		Account No.: X31890

I certify that I am authorized to charge this account for this service.

Signature: George R. Gelsinger Printed Name: George R. Gelsinger Date: 9-1-00

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
734	1	Other: Authorization	150	150
703	1	Other: Installation of Final Approval	150	150
Payment received by: Susan Craig Date: 9/1/00 By: SC			Total:	300

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

5709 Linda Vista	File # 4-0988	

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

Permit Number: 44043

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 037 321 37

- 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	NR Gallon pump tank	12" Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required:

Additional Conditions: Keep the septic system > 50' from any wells.
Type IIIB Repair Area

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 the 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 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 Improvement permit is transferable.

Phillip L Walker RS 8/29/00
DEHNR Authorized Agent — Date

x George R Belsinger 9-1-00
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

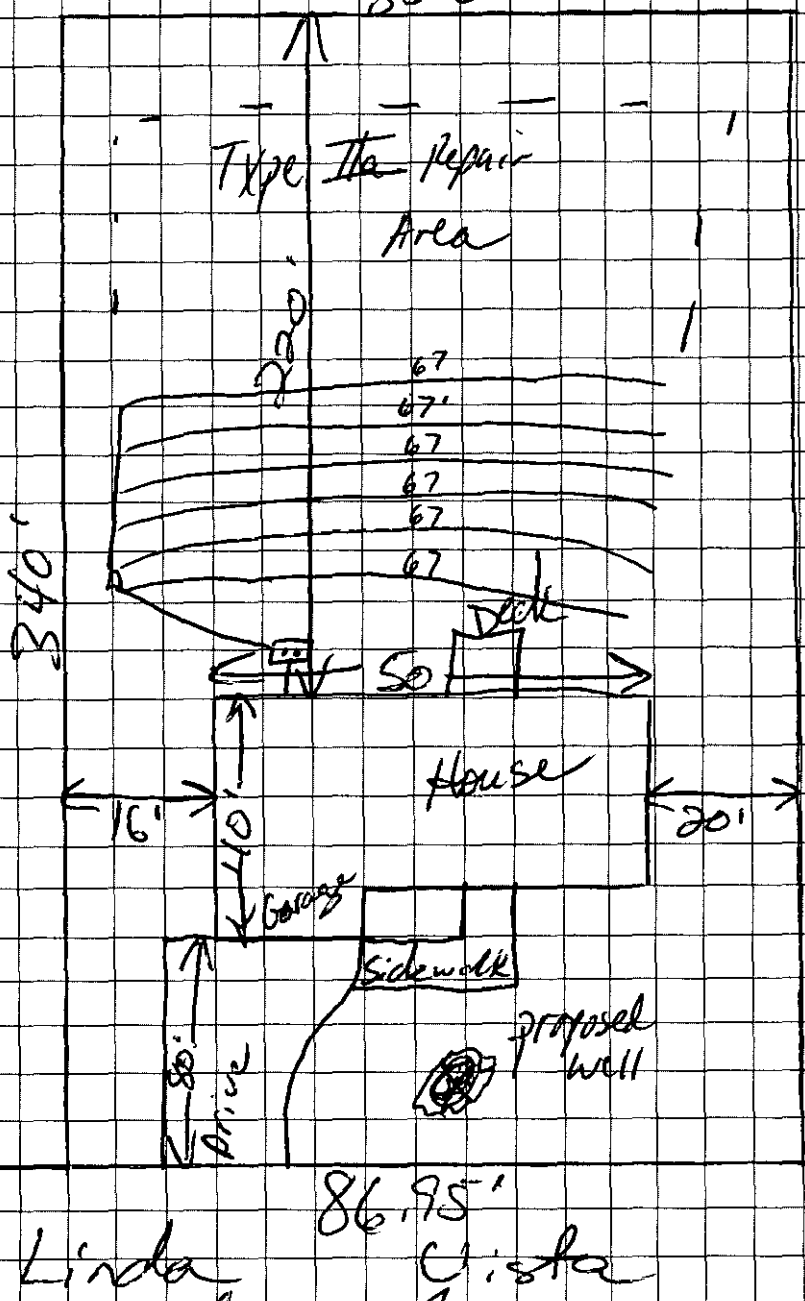
PROPOSED PLOT PLAN

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

FILE: 44048 Lot 14

TC: 037 32137

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.



COMMENTS

3 Bedroom Residence
1500 ST, 6 lines
x 67' long x 3' wd
x 12" Stone 400 LF
Type IIa Repair
Keep the septic system
>50' from any wells

Linda Cista

OWNER/AGENT SIGNATURE

DATE 8-22-00

APPROVAL DATE _____

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Lot 14

Requestor (please print): George Gelsinger Phone #: 854-3156 Date Requested: 08-22-00 Date Filled:

Account Name: Gelsinger Builder Cash Charge Account No.: X31X90

I certify that I am authorized to charge this account for this service:

Signature: George R Gelsinger Printed Name: George R Gelsinger Date: 8-22-00

3 Bedroom Residence

T.C.	Qty	Description		Unit Cost	Total Cost
0701	1	Improvement Permit Application - Residential	1500	$ 200.00	620.00
0735		Improvement Permit Application - Commercial		$ 400.00	
0702		Optional Site Evaluations	X 67	$ 100.00	5' well
0703		Installation and Final Approval		$ 150.00	
0704		Change in Plot Plan Type II repair	X 1	$ 100.00	400 L
0705		MH Exc/Add/Repl without System Modification		$ 100.00	
0706		MH Exc/Add/Repl with System Modification area	TV	$ 300.00	Repair
0707		Site Consultation Visit	1	$ 100.00	1 repair
0734		Authorization for Wastewater System Construction	1	$ 150.00	
0708		Realty Closing - Conventional 67	X 1	$ 185.00	Inc 5Y Year
0709		Realty Closing - FHA with water 67		$ 135.00	
0710		Additional Trips	X 50	$ 65.00	Gray wells
0711		Well Water Analysis-Bacteriological with regular parameters 67		$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites 67		$ 15.00	
0714		Well Water Analysis - Organic Analysis 67		$ 200.00	
0715		Admin. Fee - Field Activity Letter 67		$ 25.00	
0718		Residential Pool Permit		$ 50.00	
0719		Public Pool Permit - operating		$ 240.00	
0720		Seasonal Pool Permit - operating		$ 120.00	
0736		Pool Late Fee		$ 120.00	
0733		Permit to Construct a Public Pool		$ 200.00	
0721		Home Day Care Evaluation and Permit		$ 70.00	
0722		Home Day Care Evaluation and Annual Fee		$ 40.00	
0723		Eval and Report Non-Permit Facility		$ 50.00	
0724		Private Pool Testing		$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)		$ 30.00	
0736		Garbage Hauler Permit - (each over 9)		$ 20.00	
0725		Document Copies		$ 0.05	
		proposed well			

Payment received by: Date: Total: 620.00

5709 Linda Vista Dr.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

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

Sheet: _____

Property ID: 037-321-37

Lot #: 14

File #: 44043

2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Delsinger Builders

APPLICANT: _____

ADDRESS: 459 Patrick Road

DATE EVALUATED: 8-25-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: .61

LOCATION OF SITE: 5709 Linda Vista Lane PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☑Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	.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
	Slopes 2-8%								
1	LS	0-5"	gr/cl	Fr/SEXP/SS/SP	748" TO soil wetness	48"+	N/A	None	PS .39/ft² IV
		5-34"	SBK/C	F:/SEXP/SS/P					
		34-48"	SBK/Cl	Fr/SEXP/SS/SP					
2	LS	0-10"	gr/cl	Fr/SEXP/SS/SP	735" TO soil wetness	35" *	N/A	None	US .39/ft² IV
		10-35"	SBK/C	F:/SEXP/S/P					
		* Boring Terminated @ 35" Floater Rock							
3	LS	0-4"	gr/cl	Fr/SEXP/SS/SP	748" TO soil wetness	48"+	N/A	None	PS .39/ft² IV
		4-33"	SBK/C	F:/SEXP/S/P					
		33-48"	SBK/Cl	Fr/SEXP/SS/SP					
4	LS	0-3"	gr/cl	Fr/SEXP/SS/SP	746" TO soil wetness	46"	N/A	None	PS .39/ft² IV
		3-35"	SBK/C	F:/SEXP/S/P					
		35-46"	SBK/Cl	Fr/SEXP/SS/SP					
5	LS	0-2"	gr/cl	Fr/SEXP/SS/SP	730" TO soil wetness	30"	N/A	None	US .39/ft² IV
		2-30"	SBK/C	F:/SEXP/S/P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	US
System Type(s)		
Site LTAR	.39/ft²	.39/ft²

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: N.A. Martin LSS 8-25-00

OTHER(S) PRESENT: _____

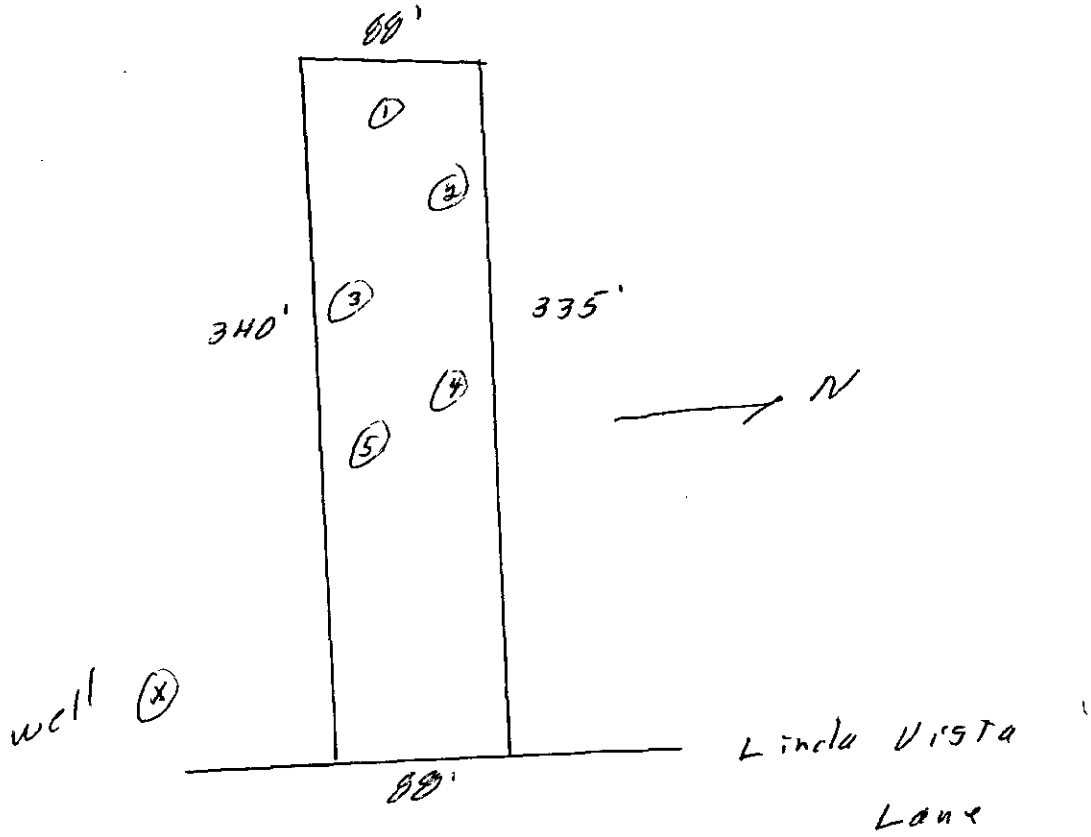
FILE # 44048

COMMENTS 100% Repair

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	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: 30.00

DATE: 8-23-00

Rev's Collection

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 #: H4048

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: New # 037-321-37

TAX/PARCEL NUMBER: 037-321-20

STREET ADDRESS: 5709 Linda Vista Cir

SUBDIVISION OR MOBILE HOME PARK NAME: Linda Vista PL.

LOT NUMBER: 14

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: 1597

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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: Gelsinger Builders

NAME: Gelsinger (LAST) George (FIRST) R. (MI)

ADDRESS: 459 Patrick Rd.

CITY: Gastonia STATE: N.C ZIP: 28056

DAYTIME PHONE: 704 363-1518 854-3256

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) N/A (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 12th Feb 1998

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: George R. Gelsinger

DATE: 8-22-00

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