

7809 MATTHEWS-MINT HILL RD

13706307

12/19/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Drew

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St. 661B
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: ASSANTE (last) STEVEN (first) A (mi)

ADDRESS: 1136 Greenwood Cliff PHONE: 704 342 1686

CITY: Charlotte STATE: NC ZIPCODE: 28204

Date: 8/18/04

PROPERTY OWNER:

NAME: EVANS (last) JERRY (first) M (mi) NORA MICHEALS OPERATOR

ADDRESS: 7013 BADGEWOOD RD PHONE: (704) 492 5551

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 13706307

STREET ADDRESS: 7809 MATHEWS MINT Hill Rd

ZONING: B-G

NO Check Received, Application submitted to Jim Erickson in error.

9/21/04 - Spoke w/prospective Day Care Owner + Property Owner, they will see if CMUD is available.

11-17-04 - PE TO CMUD - Connected to Sanitary sewer per customer services representative for New Services

SUBDIVISION OR MOBILE HOME PARK NA

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME #
[] ADDITION - INCREASE ROOMS/OCCUI
[] COMMERCIAL OR INDUSTRIAL (N)

CHANGES (X)

RESIDENTIAL PROPERTY (Type Buildi
[] SINGLE MOBILE HOME (S) [] MO
[] DOUBLE WIDE (D) [] MO

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business DAYCARE
Industrial Wastes (Y/N) N
Underground Storage Tanks On Prop

FUTURE ADDITIONS - ALL PLANNED ADD
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other ABOVE

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: Steven A. Assante Date: 8/18/04

NOTICE:

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 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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WATER : 1227

$100 filing fee

FEE: ~~100.00~~ 50.00 DATE: 3/20/96 ck# 160

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT
FOR COMMERCIAL/INDUSTRIAL SITE

[redacted] ~~400~~

1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 661B/8532A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-063-07

✓ COMMERICAL ___ INDUSTRIAL

STREET ADDRESS: 7809 Matthews Mint Hill Rd

DESCRIBE TYPE OF BUSINESS: Day Care Center
Square footage of facility:

LOT NUMBER:

NUMBER OF EMPLOYEES: _____
PER SHIFT: _____

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION: Approval based on use of existing 360 GPD septic system / Adding One bathroom / 24 occupants max.

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 UNK NO	WELL SPRINGS OR WATERLINES	___ YES UNK NO
EXISTING WASTE WATER SYSTEMS	___ YES UNK NO	DESIGNATED WETLANDS	___ YES UNK NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES UNK NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: EVANS Jerry (LAST) (FIRST) (MI)	NAME: Nowell Ovella (LAST) (FIRST) (MI)
ADDRESS: 7013 Bridgewood Rd	DAYTIME PHONE: (704) 545-5966
CITY: Clemmons STATE: NC ZIP: 27012	
DAYTIME PHONE: (704) --	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ~~1988~~ 2777 House built in 1945

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.

Use existing system / 360 GPD maximum Usage / Approval for 24 occupants maximum
Adding One bathroom

SIGNED: Ovella Howe-Nowell DATE: 3/20/96

FEE: ~~100.00~~ 50.00
DATE: 3/20/96 ck# 160

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted] | CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION 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 #: 661B/8532A

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-063-07

STREET ADDRESS: 7809 Matthews Mint Hill Rd

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS:
Day Care Center
Square footage of facility:

NUMBER OF EMPLOYEES: _____
PER SHIFT: ___ ___ ___

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
___ HANDSINK
___ SHOWERS
___ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

TYPE OF WASTEWATER:
___ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

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 UNK ___ NO	WELL SPRINGS OR WATERLINES	___ YES UNK ___ NO
EXISTING WASTE WATER SYSTEMS	___ YES UNK ___ NO	DESIGNATED WETLANDS	___ YES UNK ___ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES UNK ___ NO		

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: EVANS Jerry
(LAST) (FIRST) (MI)

ADDRESS: 7013 Bridgewood Rd

CITY: Clemmons STATE: NC ZIP: 27012

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Nowell Ouella
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 545 -- 5966

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? [illegible] 2777 House built in 1945

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: Ouella Howe-Nowell DATE: 3/20/96

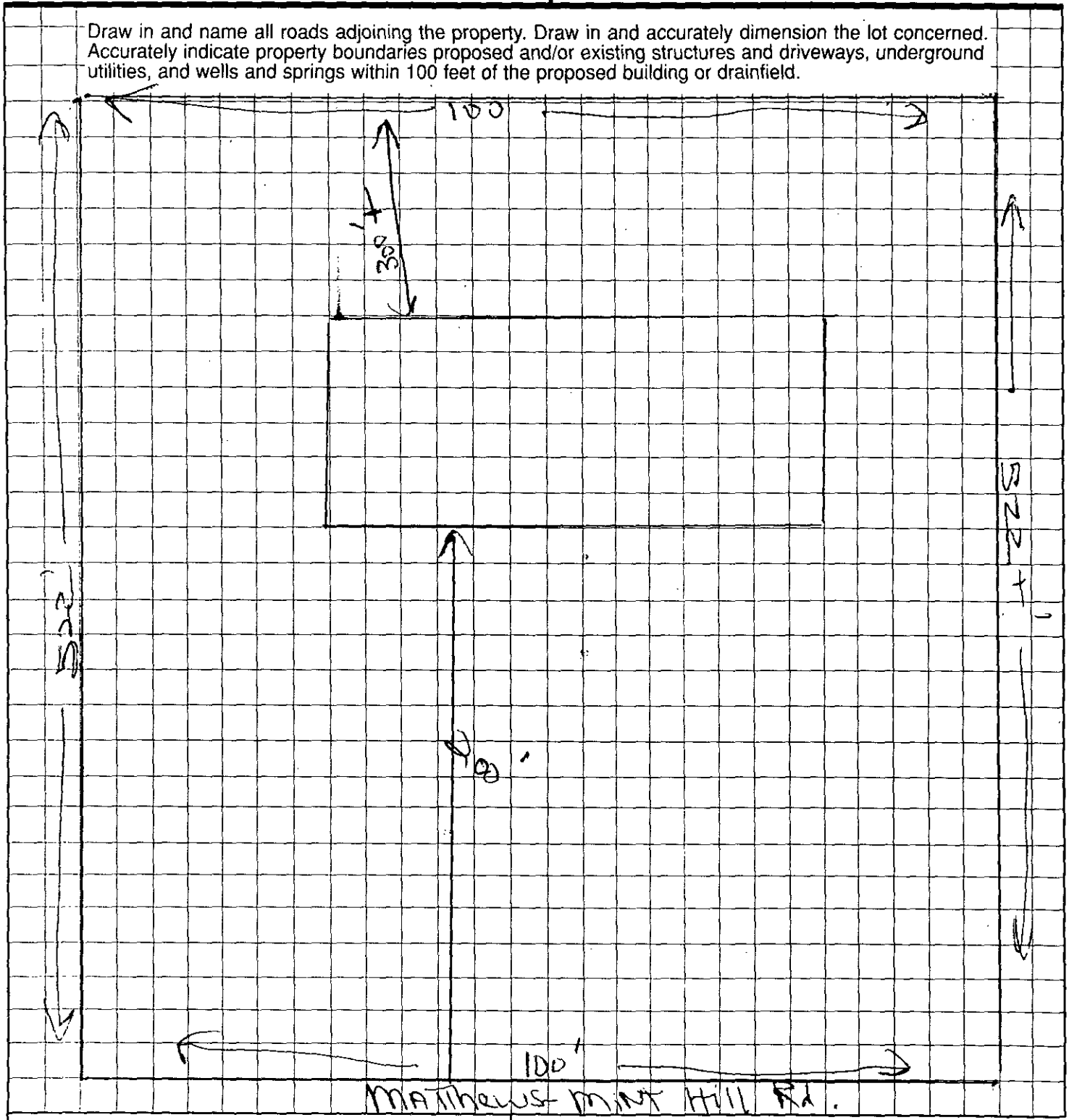
PROPOSED PLOT PLAN

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

FILE: 661B/8532A

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.



Ouella Maxwell
OWNER/AGENT SIGNATURE

DATE 3/21/96

APPROVAL DATE _____

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

Drafted pd 5/9/23 X
CRT

661B/853A

COPY

PROVINCIAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: CARROLL (last) Shirley (first) (mi)
ADDRESS: 5011 TRACEWOOD Dr. PHONE: (__) 567-9056
CITY: CHAR STATE: NC ZIPCODE: 28215

Date: 09/23/92

PROPERTY OWNER:
NAME: EVANS (last) JERRY (first) (mi)
ADDRESS: 7013 Bridgewood Rd PHONE: (__) _____
CITY: CHARMONS STATE: NC ZIPCODE: 27012

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-063-01
STREET ADDRESS: 7209 MATTHEWS MINT HILL Rd
ZONING: MINT HILL

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 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 (O)
[] 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)
[X] COMMERCIAL OR INDUSTRIAL (N) DAY Care / Cosmetology
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: Childcare - apprx 12
Type Business DAY Care # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

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

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

Signed: Shirley Carroll Date: 9/23/92

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.

...Use existing system see copy attached for restrictions and owners signature

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

B.R. Ferguson Environmentalist 10-16-92 Date

Kelly Rall Director or Authorized Section Head 10-19-92 Date

WATER : 122791

* 2 addresses — 12 Cadden Mnop

"Copy"

661B/8532A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P 6 5 0 3 5 4 X
C 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

Date: 09/23/92

PERSON FILING APPLICATION:

NAME: CARROLL (last) Shirley (first) (mi)

ADDRESS: 5011 TRACEWOOD CT. PHONE: (__) 567-9056

CITY: CHAR STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 37-063-01

STREET ADDRESS: 11809 MATTHEWS MINT HILL Rd

ZONING: MINT HILL

PROPERTY OWNER:

NAME: EVANS (last) JERRY (first) (mi)

ADDRESS: 7013 Bridgewood Rd PHONE: (__) _____

CITY: CHEMMONS STATE: NC ZIPCODE: 27012

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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)
[X] COMMERCIAL OR INDUSTRIAL (N) DAY Care Center
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business DAY Care # Employees 8 Per Shift Under - apart 12
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/N) __ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] 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: Shirley Carroll Date: 9/23/92

NOTICE:

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...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.

...~~No Restaurant~~ No cooking for 12 children or washing clothes for them Shirley Carroll 10/14/92

[] 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

WATER : 12

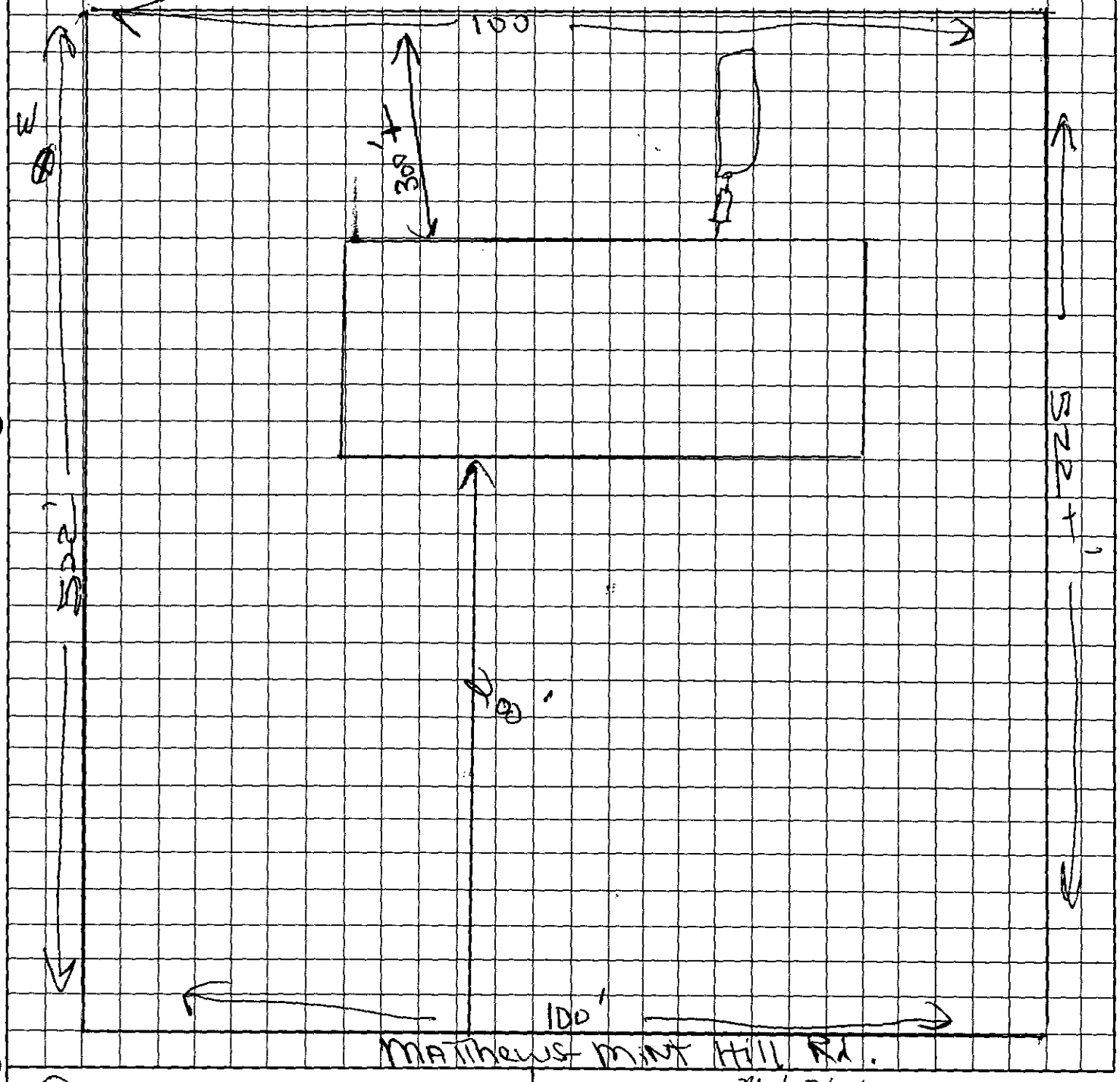
PROPOSED PLOT PLAN

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

FILE: 161B/853-A

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.



Quella Maxwell
OWNER/AGENT SIGNATURE

DATE 3/21/96

APPROVAL DATE RSW 3/21/96

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

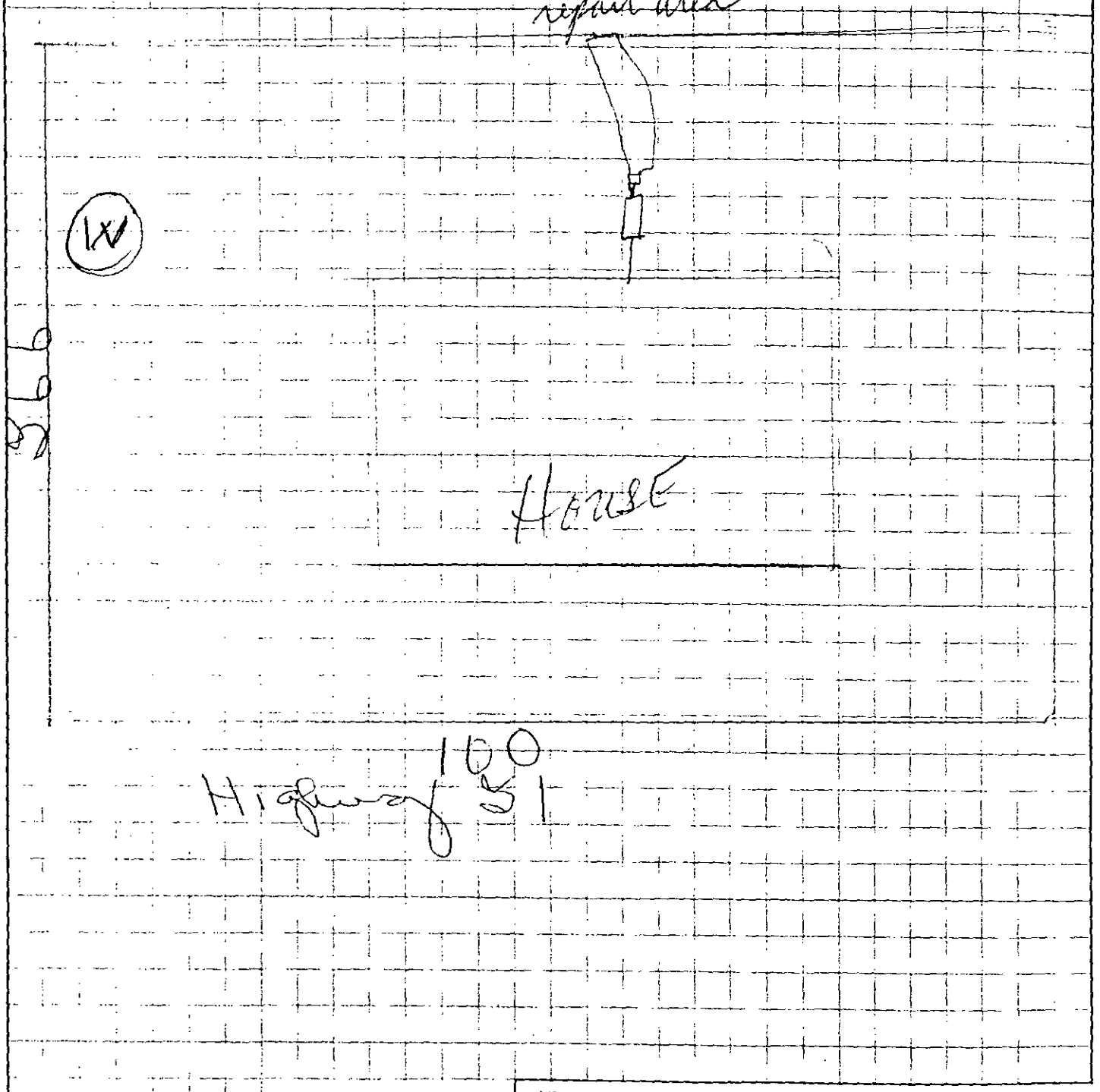
PROPOSED PLOT PLAN

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

FILE: 661B/8532A

TC: 137-063-07

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



APPROVAL DATE _____

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

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

stem or nent: Mint Hill Day Care

s: Matthews - Mint Hill Rd

Zip

ollected By: Facl

Date Collected: 5-31-94 Time: 11:00 (AM) PM

Sample Source: Sink

Date Delvd. to Lab: 5-31-94 Time: 1147 (AM) ~~PM~~

Delivered By: Facl

Type of Sample

Potable Water

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

Treatment: ☐ chlorinated ☐ ~~nonchlorinated~~

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

Food (specify):

Analysis Requested:

- ☑ Total Coliform
- ☐ Fecal Coliform
- ☐ Fecal Strep
- ☐ Sulfate Reducing Bacteria
- ☐ Giardia lamblia (contact laboratory for instructions)
- ☐ Food Quality Survey
- ☐ Other (specify) _____
- ☐ Foodborne Investigation (specify) _____

Comments: _____

Laboratory Analysis Report

Method: _____ Membrane Filter ___✓___ Colilert

Total Coliform Absent /100 ml.

Fecal Coliform _____ /100 ml.

Fecal Strep _____ /100 ml.

Non-Coliform _____ /100 ml.

Plate Count _____ /gm. or ml.

Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: 5/31/94

Received By: Purvis

Date Reported: 6/1/94

Analyst: hs Lab #: 601

Laboratory Identification #: 37518

L 1.14 1/92

LAB REPORT COPY

Mecklenburg County
Health Department

June 30, 1994

Mint Hill Day Care
Attn: Manager
7809 Matthews-Mint Hill Road
Mint Hill, N.C. 28227

Dear Sir or Madam:

A well water sample was taken on your property located at 7809 Matthews-Mint Hill Road, Charlotte, North Carolina on May 31, 1994.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria. The absence of coliform bacteria is generally recognized as an indicator of a safe water supply.

If there are any questions regarding this matter, please call me at (704) 336-5524 between 8:00 a.m. and 8:30 a.m. Monday through Friday.

Sincerely,

Nadine Ford
Environmental Health Specialist
Food & Facilities Sanitation Program

NF/evj

700 North Tryon Street • Suite 208 • Charlotte, North Carolina 28202-2236