# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6381A DATE: 10/25/96

TC: 001-382-08 ☐ L ☐ CRT

SERIAL Nº 16679

Name of Owner Kenneth J. & Carol M. Baxter Juris.: _____

Address of Property 16200 Blarney Road

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield 268'

Number of Lines 5 @ ~53' each

Cover Depth 14"-18"

Water Supply Source Well

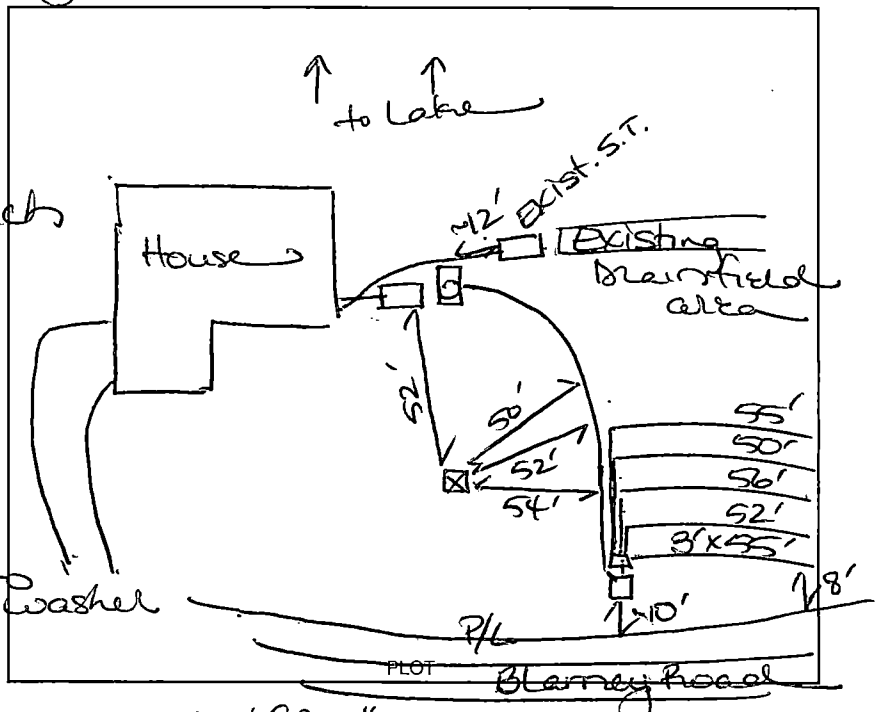
Distance to Water Source 50'+

Excavation Inspected 5/14/96

Tank(s) Inspected 5/14/96

Wash Line Inspected Existing Septic System to be utilized for washer

High Water Alarm Inspected 10/25/96




Design 1996 CON, 1500g ST, 1000g PT, P, 804ft², 12"G, Cecil-like CTR# 52 F.J. ERWIN

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: Type III(b), 3 bedroom

System installed without installation approval.

Lisa B. Mialik, RS
Environmental Health Specialist

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

# REQUEST FOR SERVICE

8/12/96 OSC Elec. inspections dept. - request put on 8/13 itinerary for Jim Dover

**PERMIT #**

**LOCATION**

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc)

16200 | Blarney | RD

SUITE/UNIT(S):

TAX JURISDICTION: (Check One)
☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

Mooresville

OWNER Ken J. & Carol M. Baxter ADDRESS 16200 Blarney Road

CITY Mooresville STATE NC ZIP 28115 PHONE 662-788-89

ZONING MAP # JOB # USDC# 040

**TAX PARCEL #**

**REQUEST**

REFERRED TO:

| | | OTHER DEPTS. | |
|---|---|---|---|
| BU | ☐ BLDG. | CC | ☐ CD (CITY) |
| EL | ☑ ELECT. | CT | ☐ CDOT |
| ME | ☐ MECH. | CE | ☐ CITY ENG. |
| PL | ☐ PLBG. | CF | ☐ CITY FIRE |
| ZO | ☐ ZONING | PC | ☐ CMPC |
| HO | ☐ HOUSING | CU | ☐ CMUD |
| FI | ☐ FIRE | EN | ☐ ENG. (CO.) |
| AC | ☐ ACCOUNT. | EH | ☐ ENV. HLTH. |
| AD | ☐ ADMIN. | EP | ☐ ENV. PROT. |
| CD | ☐ CD (COUNTY) | PO | ☐ PARK OPER. |
| PR | ☐ PLAN REV. | OT | ☐ OTHER |
| PW | ☐ PER. WRIT. | | |
| RE | ☐ RECORDS | | |

TYPE OF REQUEST

| | | | | | |
|---|---|---|---|---|---|
| AV | ☐ Abandoned Veh | GL | ☐ Gas Leak | SR | ☐ Screening |
| AL | ☐ ABC License | HC | ☐ Handicapped | SH | ☐ Sect. 8 Hsng. |
| BR | ☐ Bldg. Reconnect | HW | ☐ Hazardous Wiring | SW | ☐ Sewage/Septic |
| BL | ☐ Bond/License | HD | ☐ Historic Dist. | SN | ☐ Sign |
| RH | ☐ CD/Rehab | IN | ☐ Insulation | SS | ☐ Substandrd Hsng |
| CC | ☐ Change of Contr. | JV | ☐ Junked Veh | UB | ☐ Unsafe Bldg. |
| CU | ☐ Change of Use | LF | ☐ Landfill | VT | ☐ Venting/Drain |
| DC | ☐ Day Care | MH | ☐ Mobile Home | WD | ☐ Water Damage |
| ES | ☐ Exit/Safety Equip | NP | ☐ No Permit | WH | ☐ Water Heater |
| FD | ☐ Fire Damage | PK | ☐ Parking | ZB | ☐ Zoning Bd. Adj. |
| FI | ☐ Fire Safety | PR | ☐ Pier | OT | ☑ Other: Describe |
| FS | ☐ Fire Suppression | PD | ☐ Plan Deviation | | |
| FP | ☐ Flight Path Encro. | PV | ☐ Plan Verify | | |
| FW | ☐ Floodway | PU | ☐ Property Use | | |
| FN | ☐ Furnace | SC | ☐ School | | |

mr check elec. set up for pump & submersible light station

RECEIVED BY: (#_____) _____ DATE: 8/12/96 TIME: _____ HOW REC'D. ☐ Phone ☐ Mail ☐ Person

RECEIVED FROM: Lisa Malik ADD: Meck. Co. Health Dept PHONE X 5513

OCCUPANT: _____ ADD: _____ PHONE _____

CONTRACTOR: _____ ADD: _____ PHONE _____

Ready Wed ( 8/15

**REMARKS**

DESCRIBE REQUEST FOR SERVICE 9/24 PC w/Marilyn @ Elec. Dept - he

Electrical set up at riser for pump tank changed to inspectors or Is electrical O.K.? Enclosure/electrical box O.K.? Elec.

10/8 OS w/ Martin

9/3 OSV. Carol Baxter present. Advised to have Electrician contact Elec dept. for inspection when corrections made

ACTION REQUESTED: ☐ Investigate ☑ Respond in writing ☐ FYI asap

SPECIAL INSTRUCTIONS FOR INVESTIGATOR: (1) Call before going out? ☐ Yes ☐ No Time: _____

(2) Is building open? ☑ Yes ☐ No

(3) Person to contact Scott Baxter Phone # 662-788-89

Ready Wed 10-7-96

Ken Baxter's brother & builder 663-4376

OTHER INSTRUCTIONS _____

10/10 PC w/Marilyn - Elec.

Receptacle not grounded

No inspect needed

| HOLDS | PROCESSED BY | | APPROVED BY | VALIDATED BY |
|---|---|---|---|---|
| | | | | |

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

8/16 Per PC w/Marilyn - Elec. Dept. - Electrical corrections needed per Randi Elec needs

8/27 Per PC w/Marilyn - No clearance Paul Reed - to call for

B-85 10M 3/89

APPLICANT

Mecklenburg County
Health Department

May 16, 1996

Kenneth J. & Carol M. Baxter
7111 Terrace Drive
Charlotte, North Carolina 28211

Dear Mr & Ms. Baxter:

Re: 16200 Blarney Road
File: 6381A/(Tax Parcel No. 001-382-08)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5573 to discuss any question you may have concerning this matter.

Sincerely,

Lisa B. Mialik, RS

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

# PROPOSED PLOT PLAN

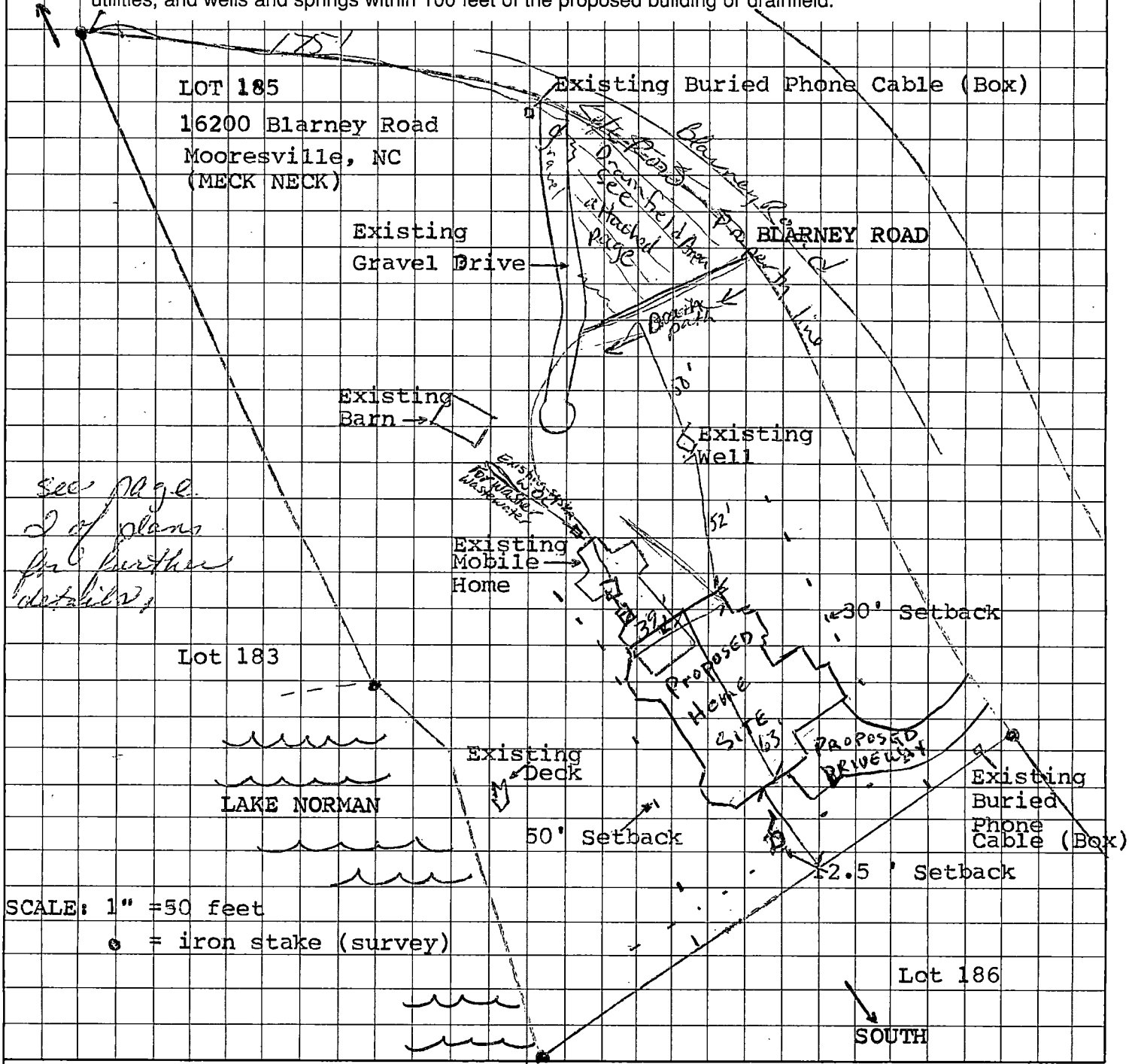


HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6381A

TC: 001-382-08

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.




Carol Baxter & Kenneth Baxter
OWNER/AGENT SIGNATURE

DATE 6/26/95

APPROVAL DATE 7-27-95

Scott Baxter 568 1104

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

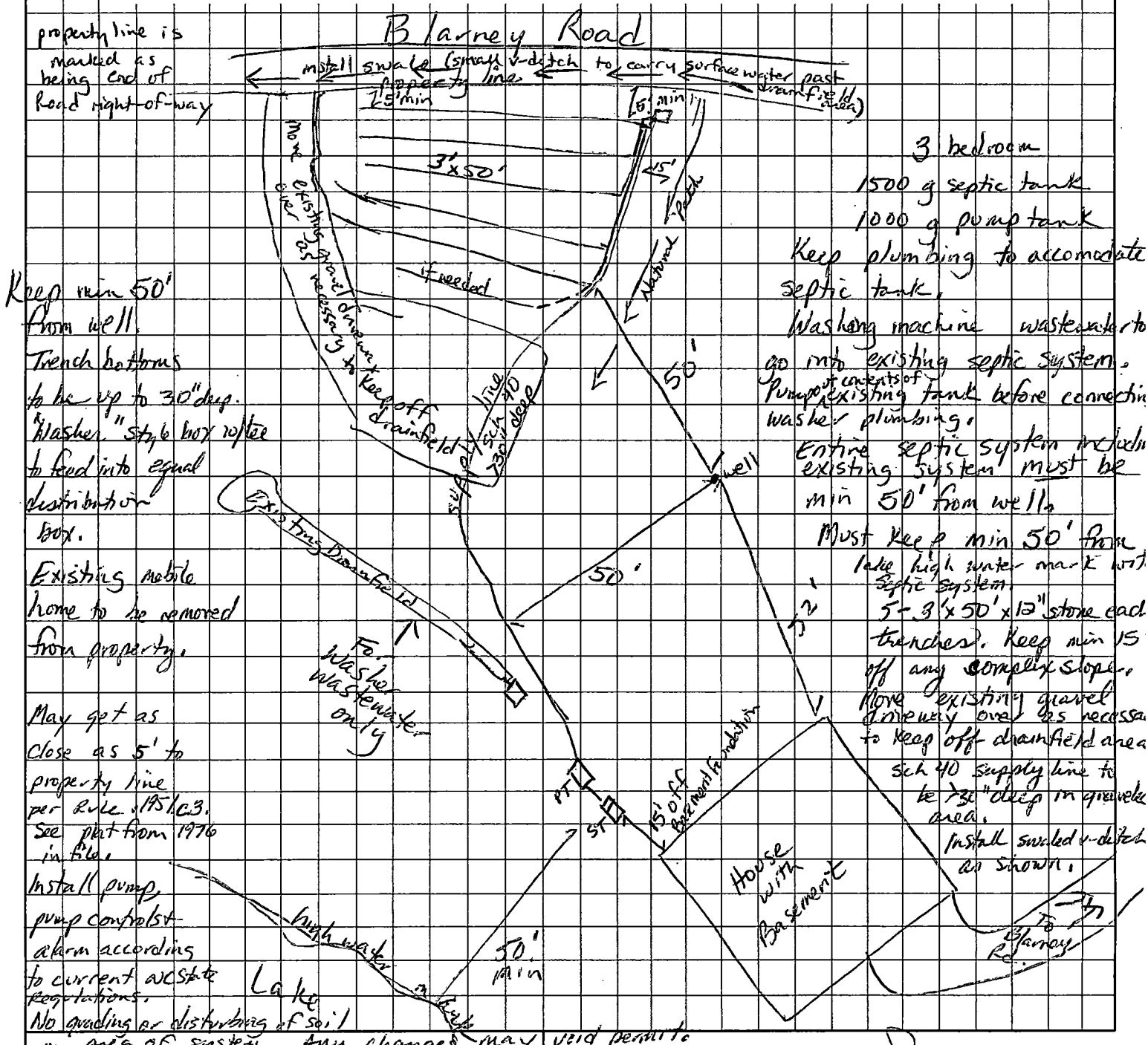
# PROPOSED PLOT PLAN

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

FILE: 6381 A

TC: 001-382-08

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 7-28-95

OWNER/AGENT SIGNATURE

DATE

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

pd add. 150 for alteration

pd #5 6/26/95 ck #830

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

☐ CRT

6381A

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

(704)336-5102

Add 03

Date:

**PERSON FILING APPLICATION:**

NAME: Baxter (last) Kenneth (first) J. (mi)

ADDRESS: 7111 Terrace Drive PHONE: (704) 364-1026

CITY: Charlotte STATE: NC ZIPCODE: 28211

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 001-382-08

STREET ADDRESS: 16200 Blarney Road
Mooresville, NC 28115

ZONING:

**PROPERTY OWNER:**

NAME: Baxter (last) Kenneth J. and Carol M. (first) (mi)

ADDRESS: 16200 Blarney Road PHONE: (__) N/A

CITY: Mooresville, NC STATE: NC ZIPCODE: 28115

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 N)
☐ COMMERCIAL OR INDUSTRIAL (N)

Replace mH with House

☐ SOIL TEST DEVELOPMENT (P)
☐ 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: 3 NUMBER OCCUPANTS: 2

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)
☐ 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: K A Baxter Carol Baxter Date: 6/26/95 6/26/95

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.

...Existing home was 3 bdrm home
Checked before home pulled off lot.
They requested this be done to system
for a "fresh start"

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

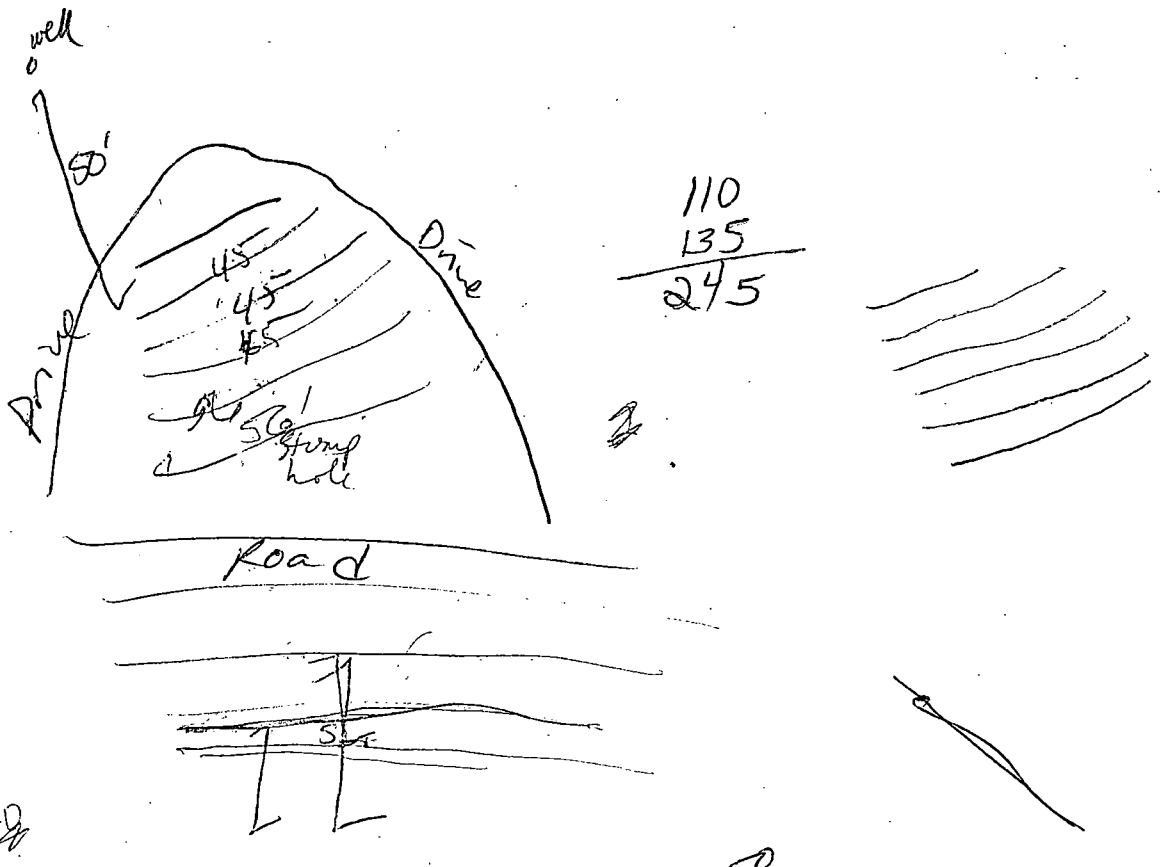
Environmentalist Date

Director or Authorized Section Head Date

WATER : 22791

says 3 bdrm home there now

60' ROW - 1. says ROW ends at P/L




110
135
245

50
5
250

270

6 x 3 = 18
5 x 6 30
48

5 x 3 15
6 x 4 24
39

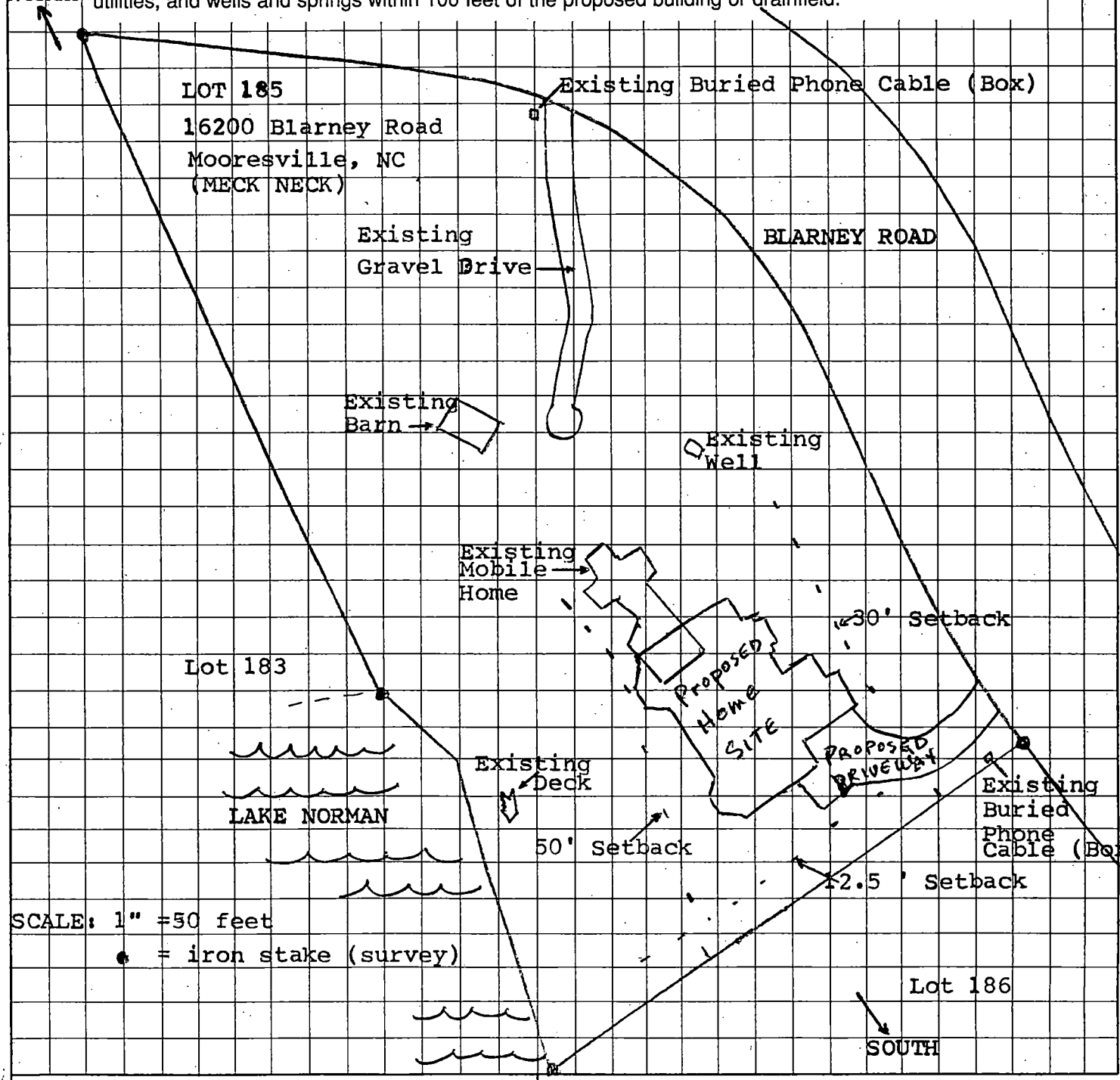
# PROPOSED PLOT PLAN

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

FILE: 6381A

TC: 001-382-08

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.




Carol Baxter & Kenneth Baxter
OWNER/AGENT SIGNATURE

DATE 6/26/95

APPROVAL DATE _____

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

6381A

Pd $1 add'l 3pp 7/14/95 Ck #836

Pd $0 6/26/95 Ck #830

DEED

CRT

# INDIVIDUAL 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

Date:

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ZONING:

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☐ 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)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
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☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

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Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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☐ Community (C) ☐ Shared Well (S)
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☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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☐ 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: K D Baxter Carol Baxter Date: 6/26/95 6/26/95

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.

... Lift station required.

See S/D plat in file from 1976.

2 pages for plot plan.

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

Susan Patterson 7-28-95
Environmentalist Date

Director or Authorized Section Head 7-28-95
Date

WATER : 12291

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 17433

File: 6381A

Action 1

Parcel: 001-382-06

☐ PC

Location: Blarney Rd.

Subdivision:

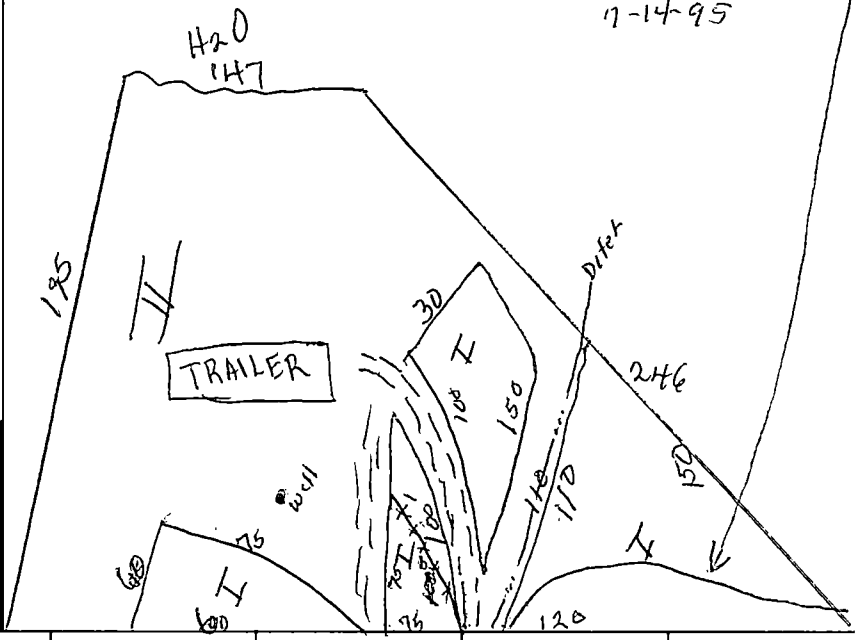
Lot: Block: Acres: 1.5A

Owner: Ralph Wyatt
Address: Rt. 8 Box 843
Mooresville, NC 28115

Comments: Lot Before 1983
Area sufficient, but will
Be hard To Utilize

Described by: W. B. Ramsey
Date: 12- -89

This line inserted after site visit on 7-13-95 to separate the front portion from that with the unsuitable landscape position to the rear W. R. Mamlin 7-14-95




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

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

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | S (PS) U 2-8 | S PS U Complex Slope | 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 40-48 | S PS (U) 5-25 | 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 Area Divided INTO Small Areas * | 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 | ~~IVa~~ Cecil | ~~IVe~~ Wilkes & Enon | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# Mecklenburg County
# Health Department

December 19th, 1989

Ralph L. Wyatt
C/O Coldwell Banker Rt. 8 Box 843
Mooreville, NC 28115

RE: Property located at Blarney Rd., Mooresville
FILE: 6381A
PARCEL: 00138208

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 17433) 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,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## ENVIRONMENTAL HEALTH DIVISION

**CHARGE SLIP**

Date: 12/11/89

Name/Company: Lake Norman Associates

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Soil
Lake
Blanes R.D

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 11 1989

Fee: $ 40.00

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

# APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6381A

TC: _____

☑ PC ☐ REPT

**JOB LOCATION**

① ADDRESS: 16200 Blarney Rd., Mooresville, NC (Meck Neck)

② SUBDIVISION: _____ ③ LOT: 185 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001-382-08 PAGE NO.: _____ PARCEL NO.: _____

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

**OWNER**

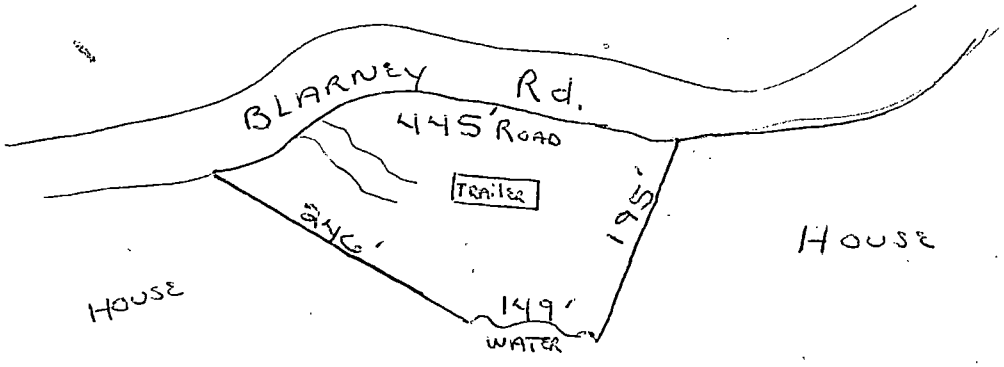
⑦ NAME: Ralph (FIRST) Layfayette (MIDDLE) Wyatt (LAST)

⑧ MAILING ADDRESS: 5325 Ruth Dr.

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28215

⑫ PHONE: (WORK) NA (HOME) 536-7873

⑬ Accurately diagram and dimension lot.




LAKE NORMAN

⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Ralph L Wyatt

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

Date: 12/7/89

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

A MEMBER OF THE SEARS FINANCIAL NETWORK

COLDWELL BANKER

LAKE NORMAN
ASSOCIATES

ROUTE 8, BOX 843
MOORESVILLE, NC 28115
BUS. (704) 664-LAKE (5253), (704) 333-5277

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

DEC 11 1989

ENVIRONMENTAL HEALTH
DIVISION

12/7/89

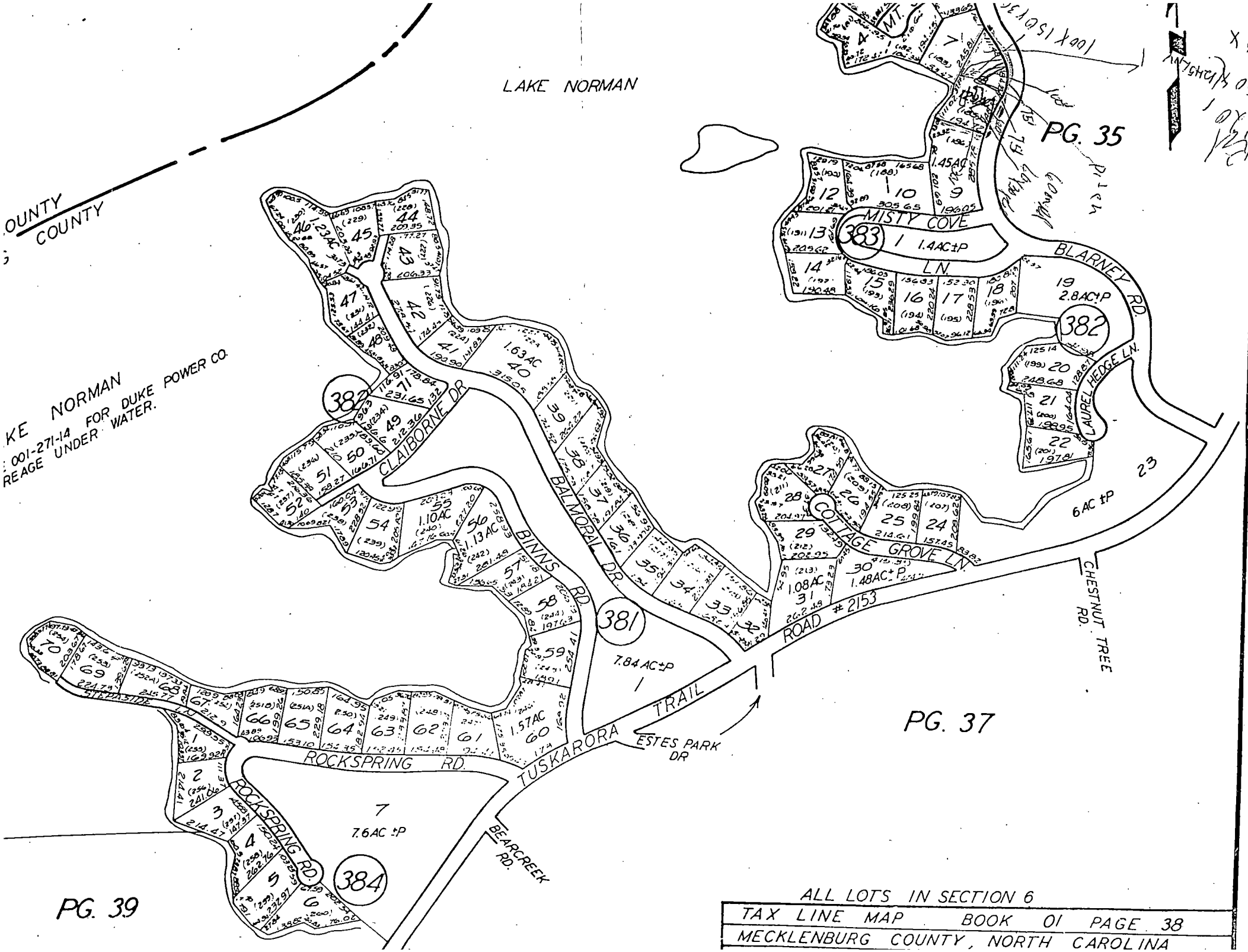
Re: 16200 Blamey Rd.
Mooresville, NC
(Meck Nck)

I am requesting a Soil Investigation inspection to be made on the above property.

Please send the results to: Rose Miller
Coldwell Banker
Lake Norman Assoc.
Rt. 8, Box 843
Mooresville, NC
28115

Thank you,

Ralph L. Wyatt




ALL LOTS IN SECTION 6

TAX LINE MAP BOOK 01 PAGE 38

MECKLENBURG COUNTY, NORTH CAROLINA