

9801 BRIEF RD

1/11/2008

duponbj

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

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

GWS File #: 7076 B WASPS App #: 2282

Primary ES assigned to project: DC

Secondary ES assigned to project: _____

Project Type: New System ☑ Alteration ☐ Repair ☐ Modified Plot Plan ☐

I. File Review:

Rule or Law	Permit Application			
.1937(d)	Is the Application complete	Yes ☑	No ☐	N/A ☐
.1937(d)	Is there a Site plan/Plat with application	Yes ☑	No ☐	N/A ☐
.1937(d)	Is the Facility shown?	Yes ☑	No ☐	N/A ☐
.1937(d)	Are appurtenances shown	Yes ☑	No ☐	N/A ☐
	Site Evaluation Information			
.1939 (a)(1)	Topography and Landscape Position Recorded?	Yes ☑	No ☐	N/A ☐
.1940 (a-g)	Slope % Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Texture Class Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Structure type Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Consistence Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(2)	Mineralogy Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(3)	Soil Wetness Condition Recorded?	Yes ☑	No ☐	N/A ☐
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered	Yes ☐	No ☐	N/A ☑
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?	Yes ☐	No ☐	N/A ☑
.1939 (a)(6)	Sufficient Available Space Recorded?	Yes ☑	No ☐	N/A ☐
.1937(m)	Are the Profile Locations Shown?	☑		
.1939(a)	Are the S/PS Profiles in system & in repair area?	Yes ☑	No ☐	N/A ☐
& .1945(b)	Number of auger borings made: 4 Were sufficient auger borings made?	Yes ☑	No ☐	N/A ☐
.1939(d), .1955, .1956, .1957	LTAR 3	Yes ☐	No ☐	N/A ☐
	Improvement Permit/Construction Authorization			
.1937(g) 130A-336(a)	Proposed System Type stated-Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Proposed System Type stated-Repair	Yes ☑	No ☐	N/A ☐
130A-336 (a)(3)	System location identifiable by setbacks - Initial	Yes ☑	No ☐	N/A ☐
.1937(g) .1945(b)	System components shown – Initial	Yes ☑	No ☐	N/A ☐
.1945(b)	Repair area shown	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Does System design match facility, flow & WWcharacteristics?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is System design consistent with soil/site conditions?	Yes ☑	No ☐	N/A ☐
.1937 (f)(g)	Is the System located in the approved area?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Is the Design flow (gpd) indicated?	Yes ☑	No ☐	N/A ☐

130A-336(a)	Number of Bedrooms, employees, seats, etc. indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench depth indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench width indicated?	Yes ☑	No ☐	N/A ☐
.1937(g)	Trench length indicated?	Yes ☑	No ☐	N/A ☐
130A-336(a)(1)	Proposed/existing well shown?	Yes ☐	No ☐	N/A ☑
130A-336(a)(1)	Property line lengths shown?	Yes ☑	No ☐	N/A ☐
130A-336(a)	Facility/appurtenance setbacks shown from fixed points?	Yes ☑	No ☐	N/A ☐

Operation Permit

.1937(i)	System type as described in table V(a) of rule .1961	Yes ☐	No ☐	N/A ☐
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.	Yes ☐	No ☐	N/A ☐

II. WASPS Review:

Construction authorization issued	Yes ☐	No ☐	N/A ☐
Installation approval issued	Yes ☐	No ☐	N/A ☐
Operation permit issued	Yes ☐	No ☐	N/A ☐
Other related documentation	Yes ☐	No ☐	N/A ☐

Items requiring correction/modification: _____

Comments:

_____

_____

_____

_____

_____

IA issued date: _____

OP issued date: _____

Review performed by: RR Date performed: 5-23-07

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30002187** GWS File #: **7076B** Tax Parcel #: **139-302-15**

- This 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.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 5/8/2012

Type of Installation: Residential - New System Lot Number: 1

Structure Type: HOUSE Size (ft^2): 3000 # Bedrooms: 5 # Occupants: 5

Building Foundation: Water Supply: Community

II. Initial System Type: Pump to Innovative **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1800 Total Trench Length (ft): 600

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Drop Tees

III. Repair System Type: PPBPS (pressurized) **System Classification:** IVa

Repair System Specifications:

Design Flow (gpd): 600 LTAR (gpd/ft^2): 0.25 Septic Tank Size (gal): 1500 Pump Tank Size (gal): 1000

Trench Width (ft): 3 Trench Spacing (ft): 9 Absorption Area (ft^2): 1200 Total Trench Length (ft): 400

Maximum Trench Depth (in): 30 Depth of Media (in): N/A Distribution Device: Pressure Manifold

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until an INSTALLATION APPROVAL *is granted by the* Department.
- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 5/8/2007

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

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Permit #: **30002187** GWS File #: **7076B**

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be located at least 100 ft. (50 ft. minimum) from all private wells.

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

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- The septic system installer shall be a registered septic contractor with Mecklenburg County Health Department.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

DENR Authorized Agent: David Cornelius

Signature: _____

Date Issued: 5/8/2007

Owner/Legal Agent: _____
Print Name

Signature: _____

1"=60'

PROPOSED PLOT PLAN

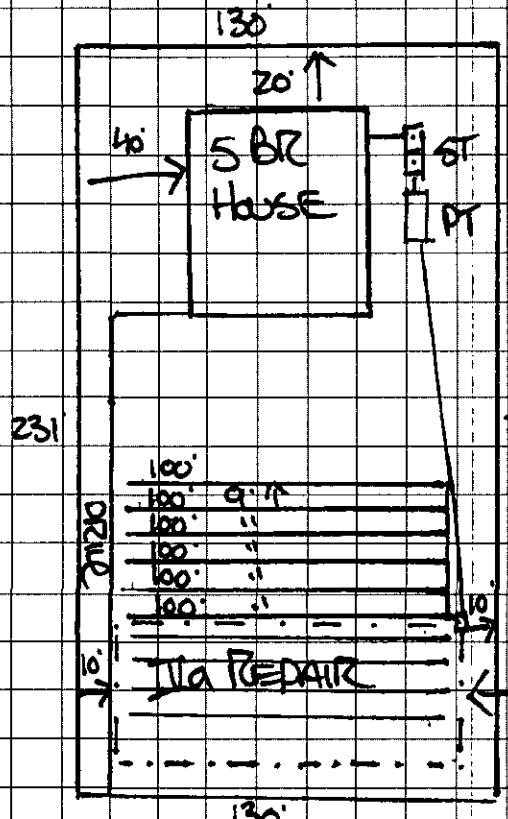
LOT #1 GRAYSON MANOR

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 7076B

TC: 139-302-15

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.



- SEPTIC SYSTEM DESIGN FOR A 5 BEDROOM
- 600 g/p/d MAX
- LTAR = 0.25 g/d/FT²

INNOVATIVE, 25% REDUCTION
TYPE IIIb, g

INSTALL 6 LINES @ 100' EA.
PLACE LINES LEVEL, ON CONTOUR
@ ON 9' CTRS.

- 1500 GAL ST
- 1000 GAL PT

PPBPS REPAIR
(4) 100' LINES

PUMP TO WASHER BOX W/ VALVE.
UTILIZE DROP T'S FOR
SERIAL DISTRIBUTION.

SETBACKS:
>10' FROM PROPERTY LINE
>5' FROM HOUSE

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 5/22/07

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

Sheet: 1 of 2
Property ID: PO 139-302-15
Lot #: 1
File #: 7076B
AppID: 2187

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Tom Black
Applicant: Reserve Properties
Address: 9018 Blair Road, Charlotte, N. C. 28227
Date Evaluated: 5/2/07
Proposed Facility: Residence
Design Flow (.1949): 600gpd
Property Size: ./79a
Location of Site: Brief Road
Property Recorded:
Water Supply: [x] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10	0-4	GR/CL	FR/SEXP/SS/SP	2.5Y7/2 at 43"	48	N/A	NONE	PS, IV
		4-48	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
2	"	0-5	GR/CL	FR/SEXP/SS/SP	>46" TO SOIL WETNESS	46	"	"	PS, IV
		5-46	SBK/ABK/C	FI/SEXP/S/P					.275GPD/FT^2
3	"	0-10	GR/CL	FR/SEXP/SS/SP	2.5Y6/2 at 43"	48	"	"	PS, IV
		10-48	SBK/ABK/C	FI/SEXP/S/P					.225GPD/FT^2
4	LS, 10	0-4	GR/CL	FR/SEXP/SS/SP	2.5Y7/1 at 43"	43	"	"	PS, IV
		4-43	SBK/ABK/C	FI/SEXP/S/P					.25GPD/FT^2
					SITE LTAR .25GPD/FT^2				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIbg	IIIbg
Site LTAR	0.25	0.25

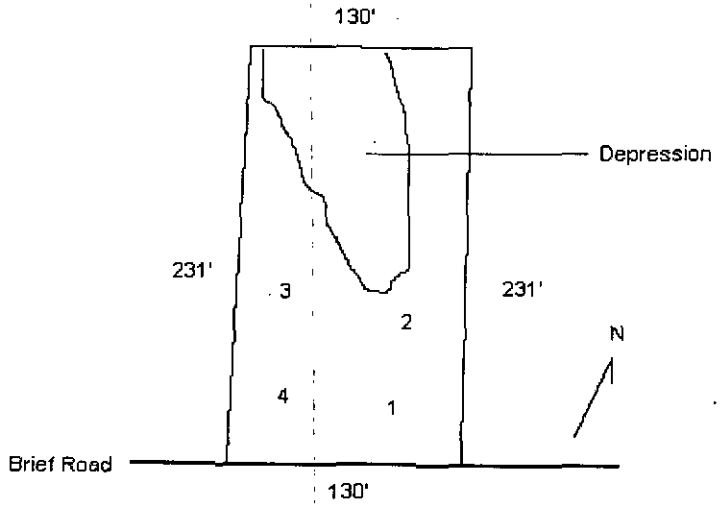
Other Factors (.1946):
Soil Evaluation By: W. R. Marlin, LSS, 5/3/2007
Others Present:
Site Classification (.1948):
Site Evaluation By: David Cornelius, RS
Others Present:

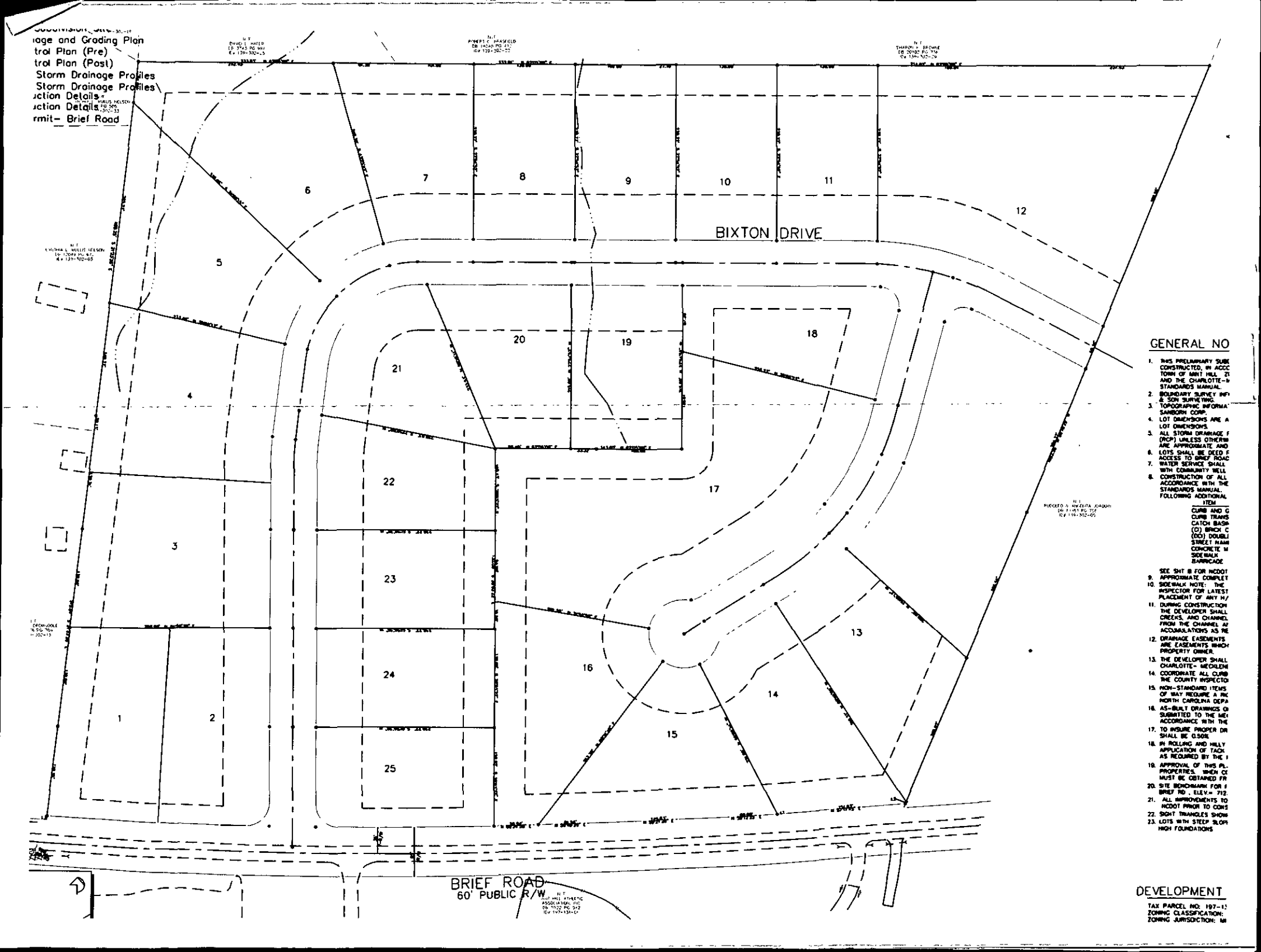
COMMENTS:
100% repair

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace				
FP-Flood Plain		CL-Clay Loam		
		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations




age and Grading Plan
trol Plan (Pre)
trol Plan (Post)
Storm Drainage Profiles
Storm Drainage Profiles
uction Details
uction Details
rmit- Brief Road
BIXTON DRIVE
BRIEF ROAD
60' PUBLIC R/W
1
2
3
4
5
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GENERAL NO
1. THIS PRELIMINARY SUBD
CONSTRUCTED IN ACCO
TOWN OF MINT HILL, Z
AND THE CHARLOTTE-M
STANDARDS MANUAL.
2. BOUNDARY SURVEY INFO
& SON SURVEYING.
3. TOPOGRAPHIC INFORMA
SANBORN CORP.
4. LOT DIMENSIONS ARE A
LOT DIMENSIONS.
5. ALL STORM DRAINAGE F
(RCP) UNLESS OTHERWI
ARE APPROXIMATE AND
6. LOTS SHALL BE DEED F
ACCESS TO BRIEF ROAD
7. WATER SERVICE SHALL
WITH COMMUNITY WELL
8. CONSTRUCTION OF ALL
ACCORDANCE WITH THE
STANDARDS MANUAL.
FOLLOWING ADDITIONAL
ITEM
CURB AND G
CURB TRANS
CATCH BASIN
(DI) BRICK C
(DCI) DOUBLE
STREET NAM
CONCRETE M
SIDEWALK
BARRICADE
SEE SHT 8 FOR NCDOT
9. APPROXIMATE COMPLET
10. SIDEWALK NOTE: THE
INSPECTOR FOR LATEST
PLACEMENT OF ANY H/
11. DURING CONSTRUCTION
THE DEVELOPER SHALL
CREEKS, AND CHANNEL
FROM THE CHANNEL AF
ACCUMULATIONS AS RE
12. DRAINAGE EASEMENTS
ARE EASEMENTS WHICH
PROPERTY OWNER.
13. THE DEVELOPER SHALL
CHARLOTTE- MECKLENB
14. COORDINATE ALL CURB
THE COUNTY INSPECTO
15. NON-STANDARD ITEMS
OF WAY REQUIRE A PE
NORTH CAROLINA DEPA
16. AS-BUILT DRAWINGS O
SUBMITTED TO THE ME
ACCORDANCE WITH THE
17. TO INSURE PROPER DR
SHALL BE 0.50%
18. IN ROLLING AND HILLY
APPLICATION OF TACK
AS REQUIRED BY THE I
19. APPROVAL OF THIS PL
PROPERTIES. WHEN CU
MUST BE OBTAINED FR
20. SITE BENCHMARK FOR
BRIEF RD. ELEV.= 712.
21. ALL IMPROVEMENTS TO
NCDOT PRIOR TO CONS
22. SIGHT TRIANGLES SHOW
23. LOTS WITH STEEP SLOPE
HIGH FOUNDATIONS
DEVELOPMENT
TAX PARCEL NO: 197-1
ZONING CLASSIFICATION:
ZONING JURISDICTION: M

FILE NUMBER: 7076B

Revised On: January 3, 2007

APPLICATION NUMBER: 2187

SEPTIC FEE: _____
DATE: _____

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 139-302-15
STREET ADDRESS: 9801 [redacted] Brief Rd
CITY: Charlotte
STATE: NC **ZIP:** 28227
SUBDIVISION NAME: undecided
LOT #: 1 **LOT SIZE (acres):** .70
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☒ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3000+
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS:
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED):*

	☐ ANY TYPE	☒ CONVENTIONAL	☒ ACCEPTED	☒ INNOVATIVE	☒ ALTERNATIVE	☒ OTHER _____
8A. RANK:		1	3	2	4	5

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER SYSTEMS	☐ YES	☒ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☐ YES	☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO

10. PROPERTY OWNER:
NAME: Tom Black
ADDRESS: 9018 Blair Road
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE (704) 641-4470 WORK PHONE:
MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: [redacted] Reserve Properties
ADDRESS: 1101 Lester Mullis Rd
CITY: Indian Trail
STATE: NC ZIP: 28079
HOME PHONE (704) 641-4470 WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1972
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 30 days

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

[signature] 4/23/07
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

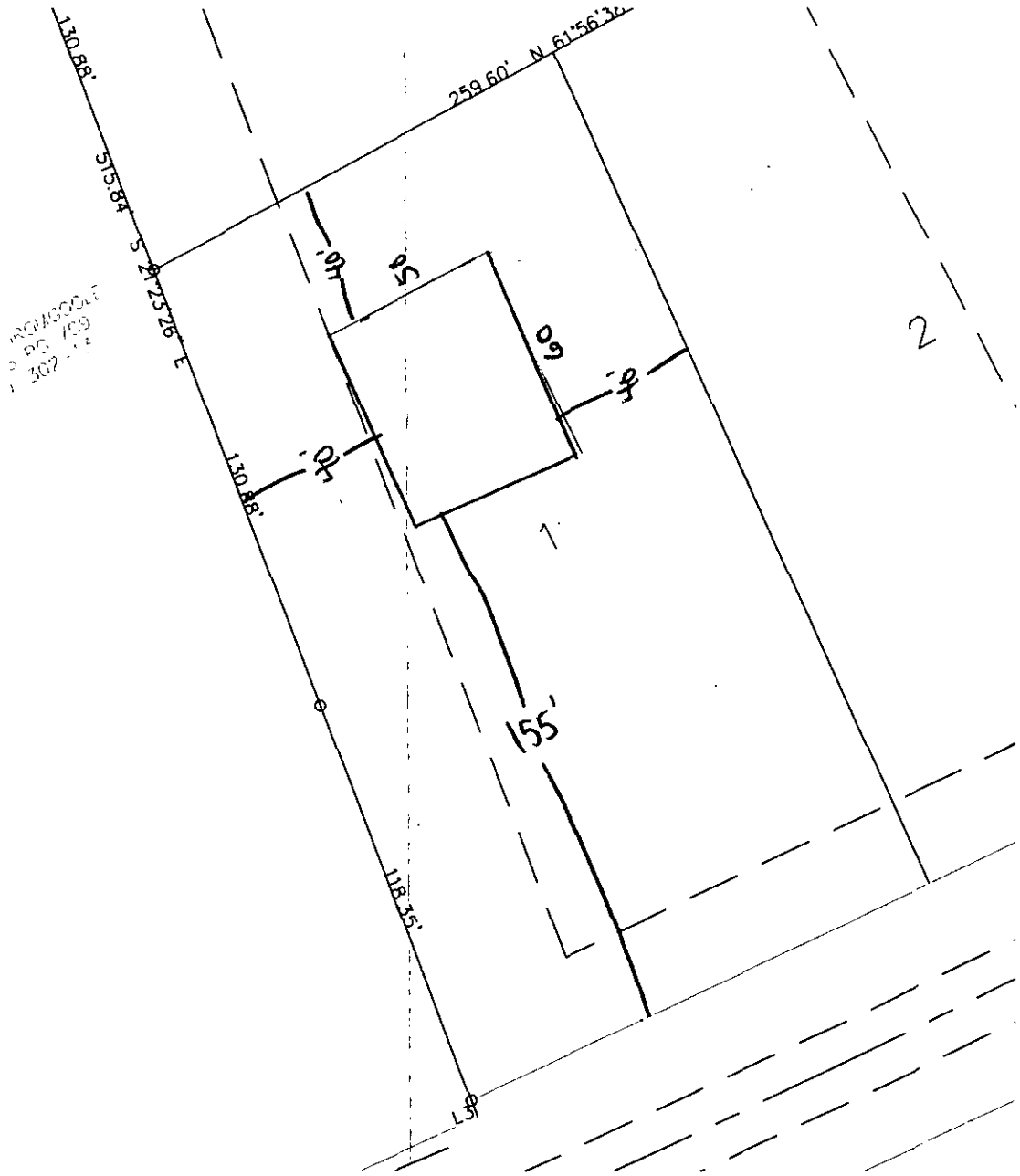
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

1" = 50'

7076B


130.88'
515.84' S 21°25'26" E
259.60' N 61°56'32"
30'
95'
60'
30'
30'
130.88'
1
2
155'
118.35'
L.S.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/23/07
Receipt #: 50271
Check / Auth #: VISA 009332
Received By: AIDOOJK

Amount: 5,000.00
Tendered: 0.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: RESERVE PROPERTIES
Attn: COLLINS JOSEPH SCOT
Address: 1101 LESTER MULLIS ROAD
Address:
City/State/Zip: INDIAN TRAIL, NC 28079

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen BRIEF ROAD LOT 1-25		1	5,000.00	5,000.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
50.00					