

1409 LAKE WAY DR

05914313

6/1/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

50.00 Ck 2/19/98 [X] 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 5480A

PERSON FILING APPLICATION:

NAME: Adams Construction CP (mi)
(last) (first)

ADDRESS: 6001 Old Plank Rd PHONE: (__) 392-5289

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: Ware Pearl (mi)
(last) (first)

ADDRESS: 1409 Lake Way Dr PHONE: (__) 393-2216

CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 059-143-13

STREET ADDRESS: 1409 Lake Way Dr

ZONING:

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):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Deck

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

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: X Charles Loretta Date: X 2-19-98

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.

...Use existing system. No additional plumbing.

[] 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

Dawn E. Higgins, R.S. 2/25/98
Environmentalist Date

WATER : 122791

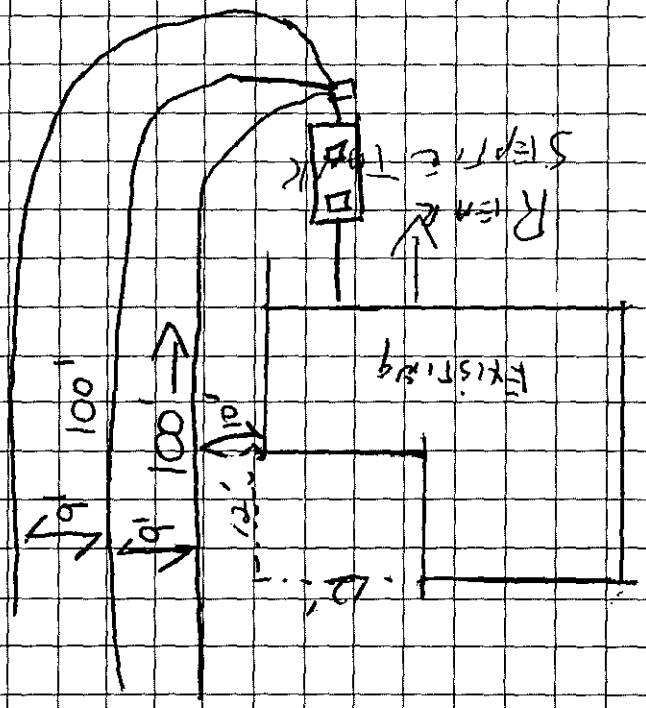
PROPOSED PLOT PLAN

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

FILE: 5480A

TC: 059-143-13

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.



X Charles Hostetler
OWNER/AGENT SIGNATURE

DATE 2-19-98

APPROVAL DATE 2/25/98

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5480-A DATE: 7/25/89

T: 059.14 30. 02 R: 20 ☒CRT

SERIAL № 12036

Name of Owner Ware Paul Juris.:

Address of Property 1409 Lakeway Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270'

Number of Lines 3 @ 90'

Cover Depth 18"-24"

Water Supply Source City

Distance to Water Source ≥ 10' to Line

Excavation Inspected 7/25/89

Tank(s) Inspected 7/25/89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1989 1500 ST (w 810 SFT 12"G Cecil CTR# 67

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: System designed for 2 bedroom home. Plumbing Stub Out to be rerouted for Access w/ fall Requirements to TANK inlet

Judy J. Kerr R.S. 7/25/89
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

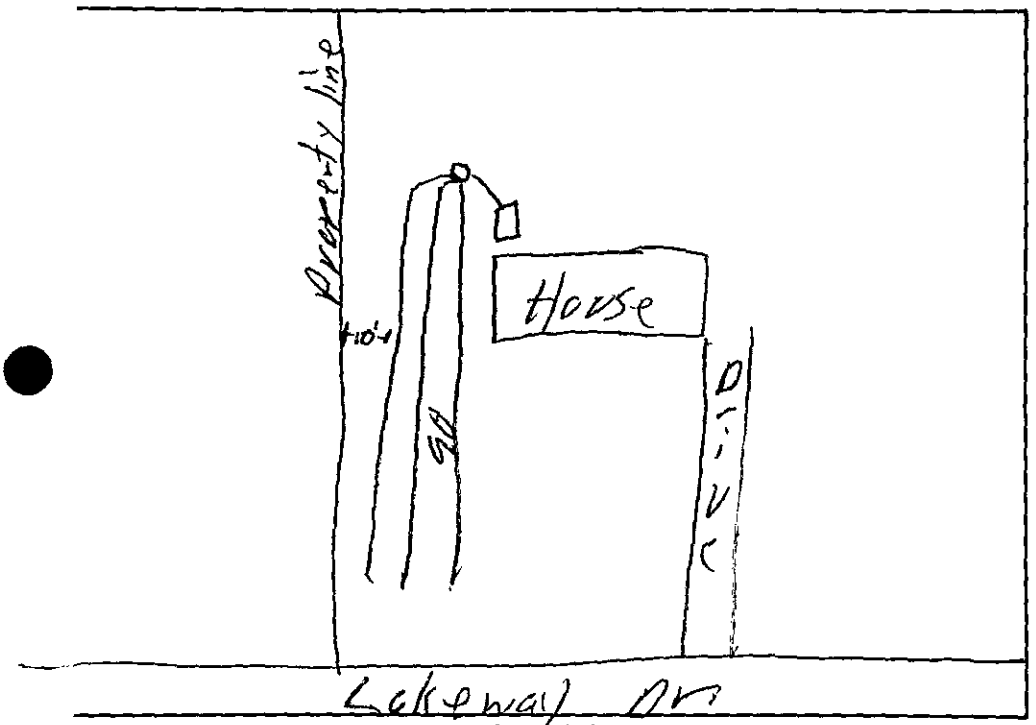
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5480-A DATE: 7-21-89

TC: 059-143-06,07 RP ☐ L

SERIAL Nº 12639

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 5-16-89. All work shall be completed on or before 7-21-89, 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 - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well City feet

NAME OF OWNER Paul Ware

LOCATION OF PROPERTY 1409 Lakeway Dr.

Comments: Three Trenches 90'X3'X12" Stone; Plumbing stub out must be raised as Lift Station will be required

Division or Section Head

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12094

File: 5480A

Action _____

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres: 1.3/A

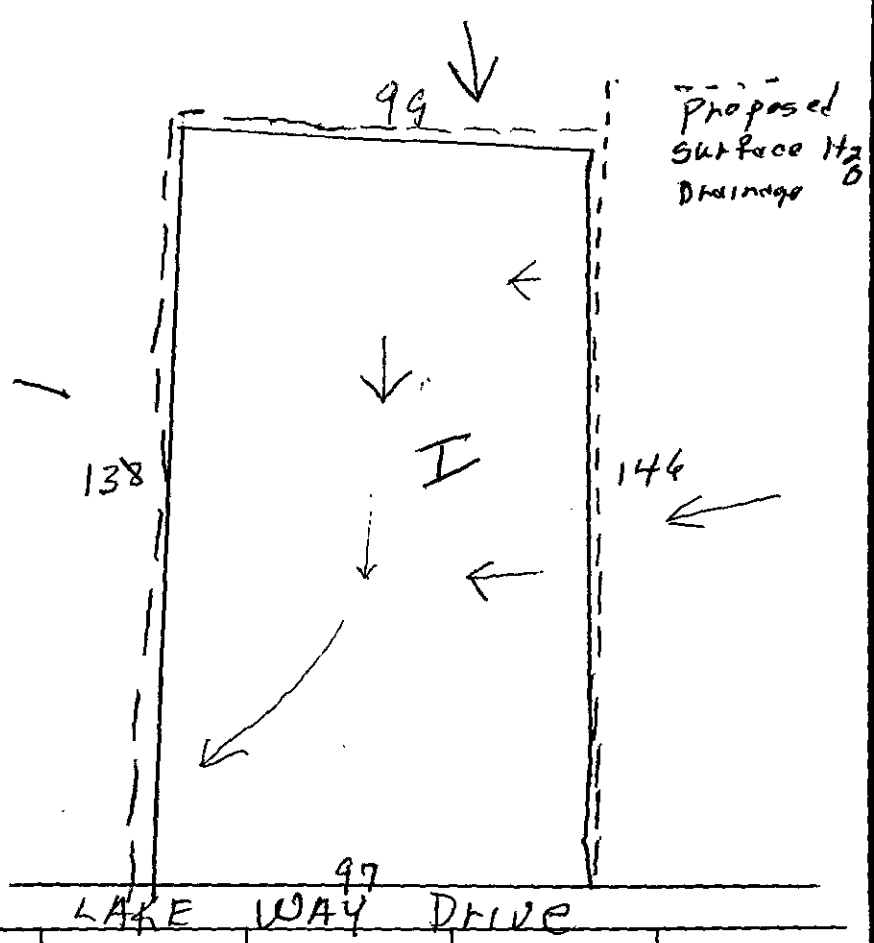
Owner:
Address:

Need 100% Repair

Comments: 1-Surface H2O Need To Be Controll By Land Scaping, 2-Lift Station May Be Required, (3) Depth of Ditch Could Not Be over 2 Ft.

Described by: W. B. Kamsey

Date: 5-24-89



***** 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 2-4	S PS U	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 See Note1	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-48	S PS U	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 Limited	S (PS) U *	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	IIa Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5480A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 1409 LAKE WAY DRIVE

② SUBDIVISION: WEST VIEW ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 059 PAGE NO.: 143 PARCEL NO.: Part of 06,07

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

OWNER

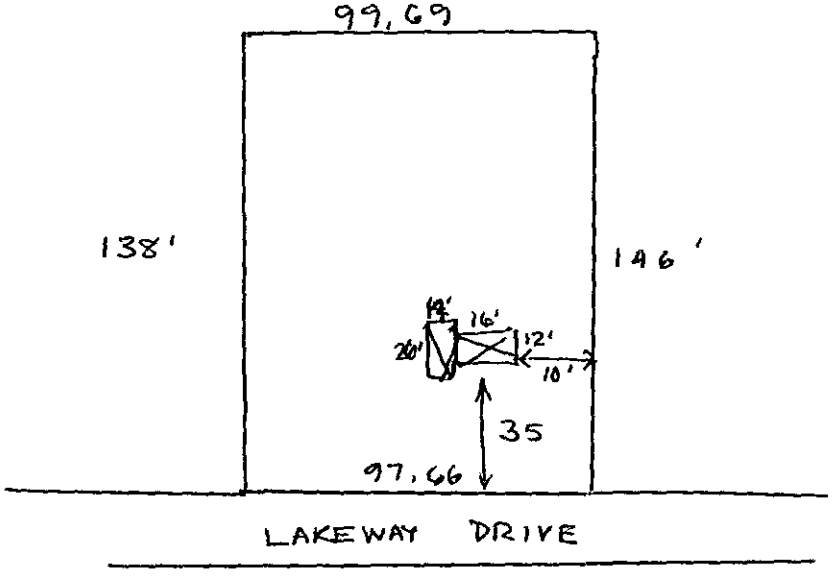
⑦ NAME: PAUL MAXTON WARE (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5916 PAW CREEK Rd.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 394-0386 (HOME) 392-7114

⑬ Accurately diagram and dimension lot.



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: Paul Maxton Ware

Date: May 22, 1989

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/22/89

Name/Company Paul Ware

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Soil test

5480A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 22 1989

22#0817

#30.00

Fee: $ 30.00

Completed by

Collected by

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: 5480A
TC: _____
SERIAL: No 18419
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 1409 (STREET NO.) LAKEWAY DRIVE (STREET) ② FILE: _____
③ JURISDICTION: CHAR. ④ TAX PARCEL NO.: # 059-143-06, 07 po
⑤ SUBDIVISION: WEST VIEW ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: PAUL (FIRST) ~~EDWIN~~ MAXTON (MIDDLE) WARE (LAST)
⑨ MAILING ADDRESS: 5916 PAW CREEK ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 394-0386 ⑭ (HOME) 392-7114

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? ONE ㉕ Type? _____
㉓ Maximum occupancy? TWO PERSONS 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 on the property for the purpose of processing this request.

Signed: Paul Maxton Ware

Date: 05-18-89

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.

Environmentalist — Date: 25 May 89

Director or Authorized Section Head — Date: 5-25-89

*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 5/18/89

Name/Company Paul Maxton Kane

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dry Mint
#5480A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 18 1989

Ck# 112
11.1 50.00

Fee: $ 150 —

Completed by

Collected by

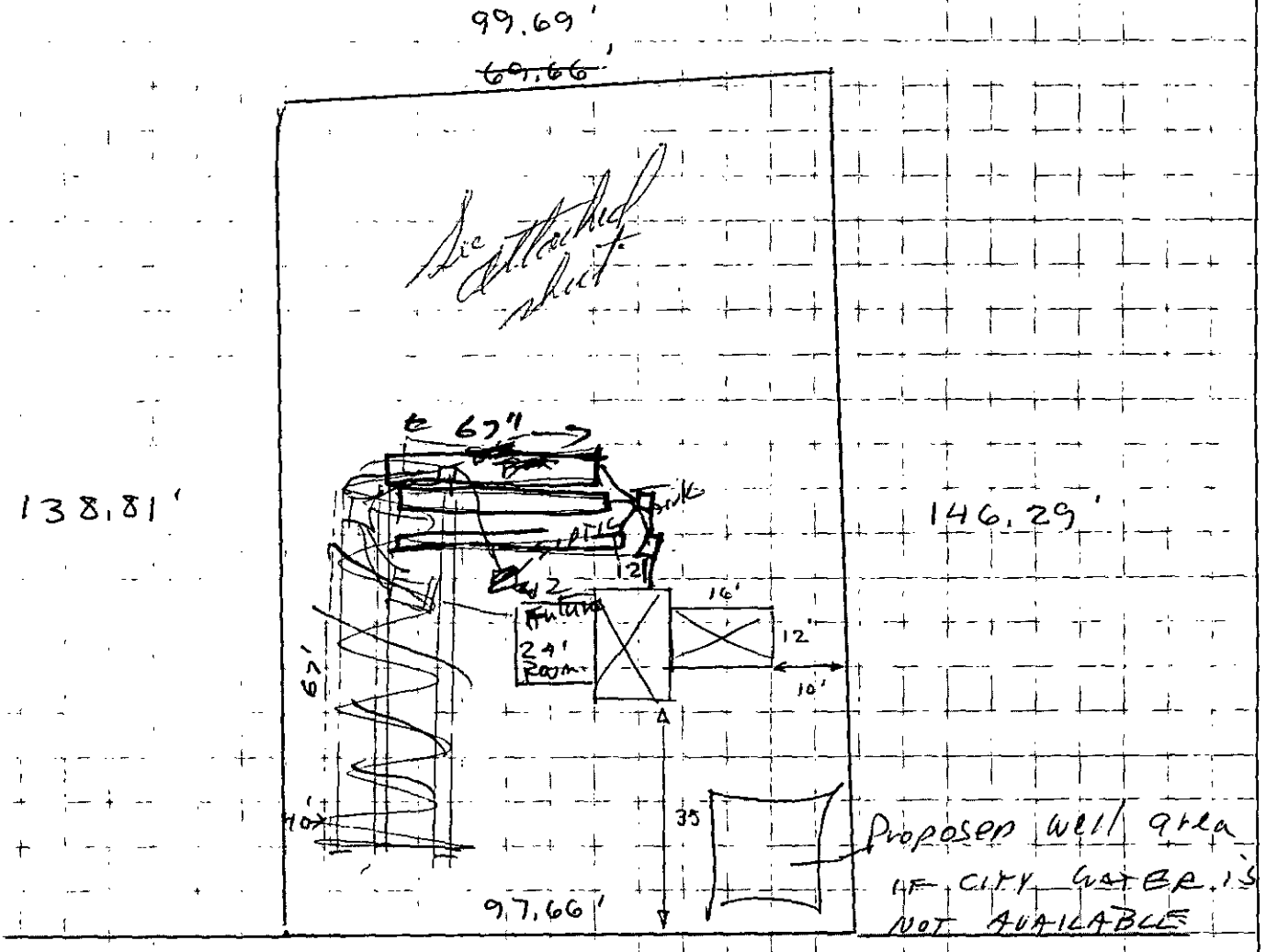
PROPOSED PLOT PLAN

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

FILE: 5480A

TC: 159-143,06 x 07 Ro.

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: [signature]

Date: 05-18-89

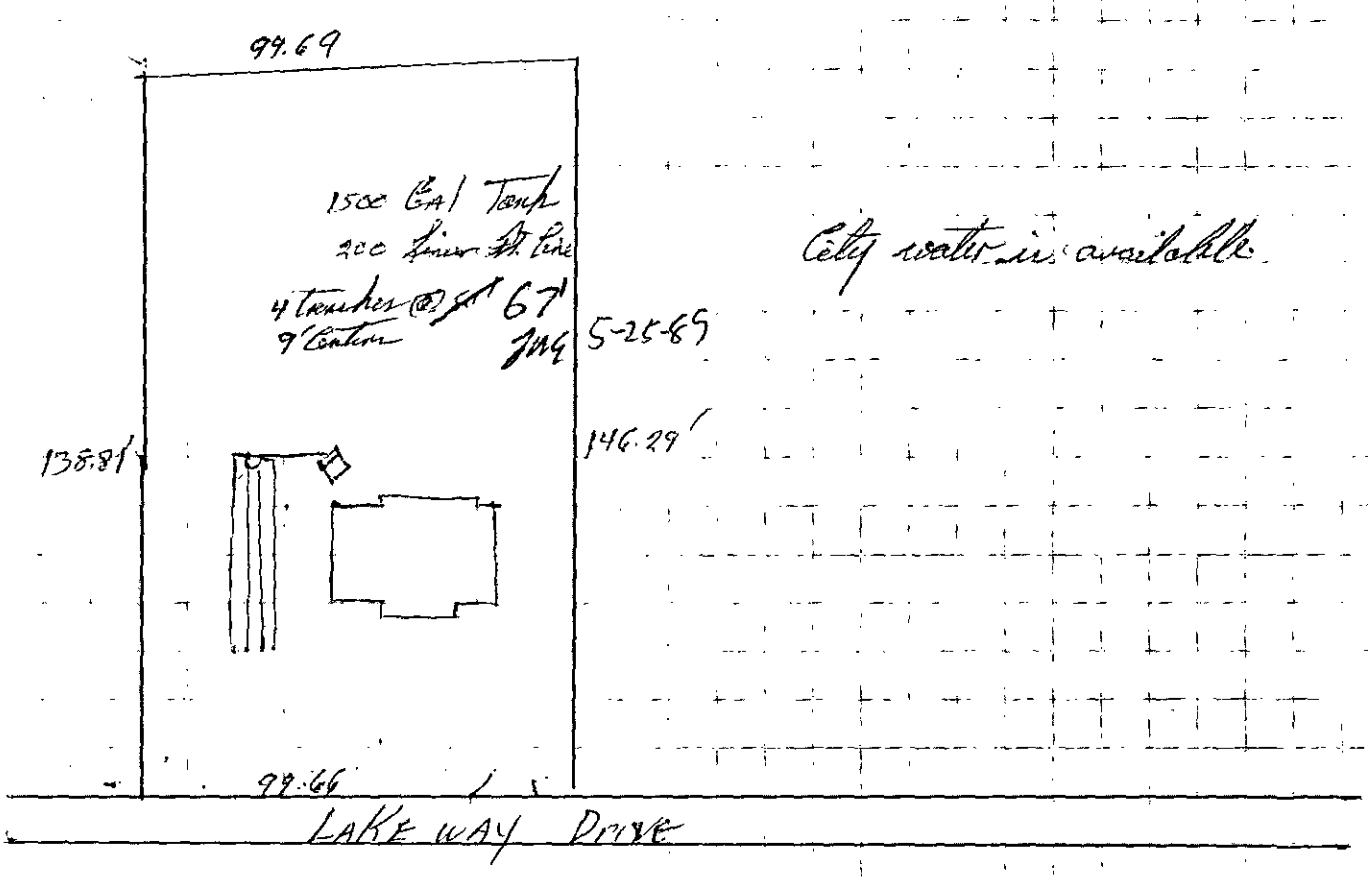
PROPOSED PLOT PLAN

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

FILE: 5480 A

TC: 159-143-06407 P.O.

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: _____

Date: 25 May 89

Mecklenburg County
Health Department

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

March 9th, 1989

Paul Maxton Ware
5916 Paw Creek Road
Charlotte, NC 28214

RE: Property located at 5925 Rowan Way
FILE: 5480A
PARCEL: 05914307

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 16009) 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,

Sylvia D. Daniel, 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 ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16009 (394-0386) (392-7114)

File: 5480A Action 1

Parcel: 05914307 ☐ PC

Location: 5925 Rowan Way

Subdivision:

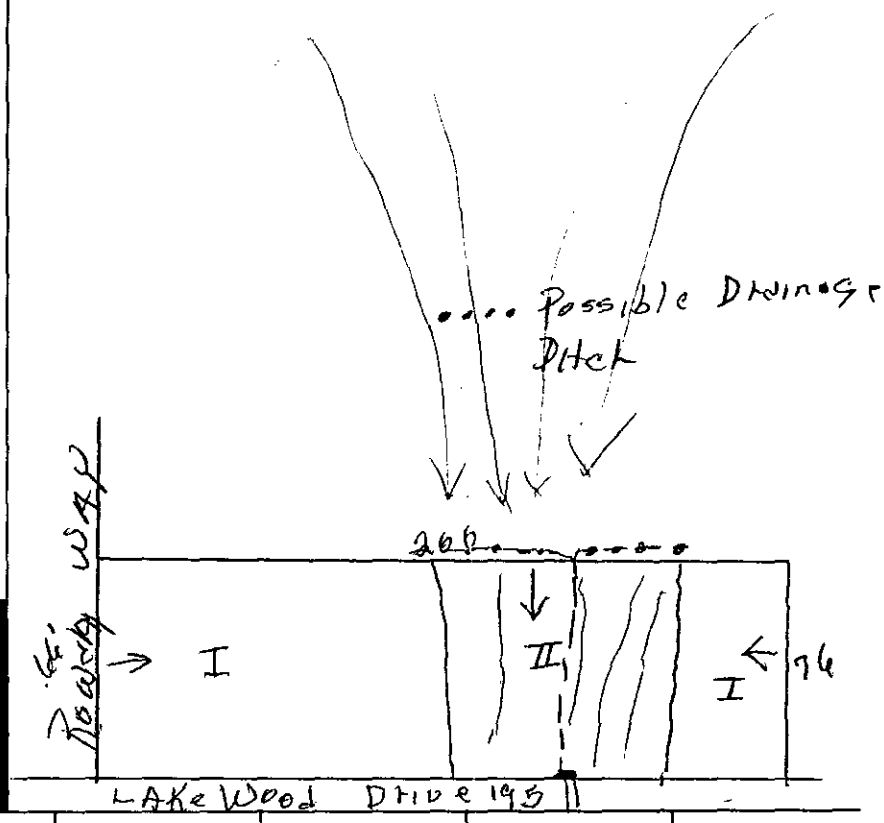
Lot: Block: Acres: .32

Owner: Paul Maxton Ware
Address: 5916 Paw Creek Road
Charlotte, NC 28214

Comments: 1. If A Ditch Was Installed To Channel This surface water, This Area Would Be Rated P.S.

Described by: W. B. Ramsey

Date: 3-8-89



***** 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 2-6	S (PS) U 2-4	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 Well Drained Internally	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-36	S (PS) U 40-48	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 Limited Area	S (PS) U *	S PS (U)	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Surface Drainage *1	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	~~IIa~~ Cecil	IIa Cecil				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5480A

TC: 059-143-07

☐ PC ☐ REPT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 1 [illegible]
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 5925 ROWAN WAY

② SUBDIVISION: NONE ③ LOT: L 176 & 177 ④ BLOCK: MG 671 ROWAN WAY

⑤ PARCEL REFERENCE: BOOK NO.: 059 PAGE NO.: 14 PARCEL NO.: 07

⑥ DEED REFERENCE: BOOK NO.: 3655 PAGE NO.: 400

OWNER

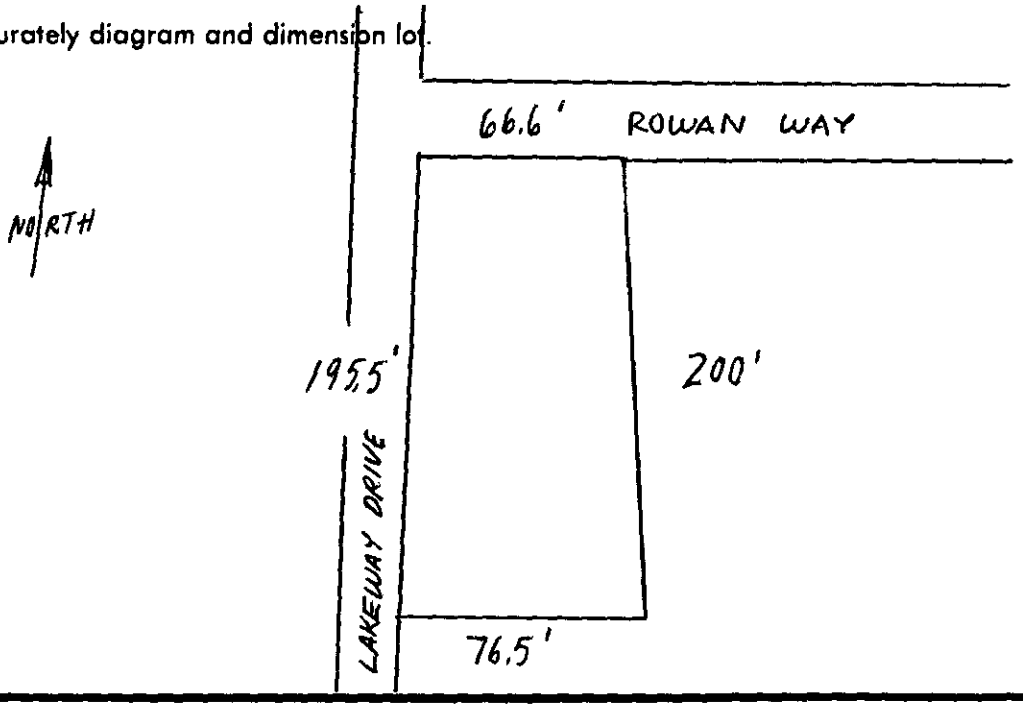
⑦ NAME: PAUL (FIRST) MAXTON (MIDDLE) WARE (LAST)

⑧ MAILING ADDRESS: 5916 PAW CREEK Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 394-0386 (HOME) 392-7114

⑬ Accurately diagram and dimension lot.



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: Paul Maxton Ware

Date: Feb. 15, 1989

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/16/89

Name/Company Paul Ware

Sanitation _____

Vector Control _____

I.P.M.P. ✓

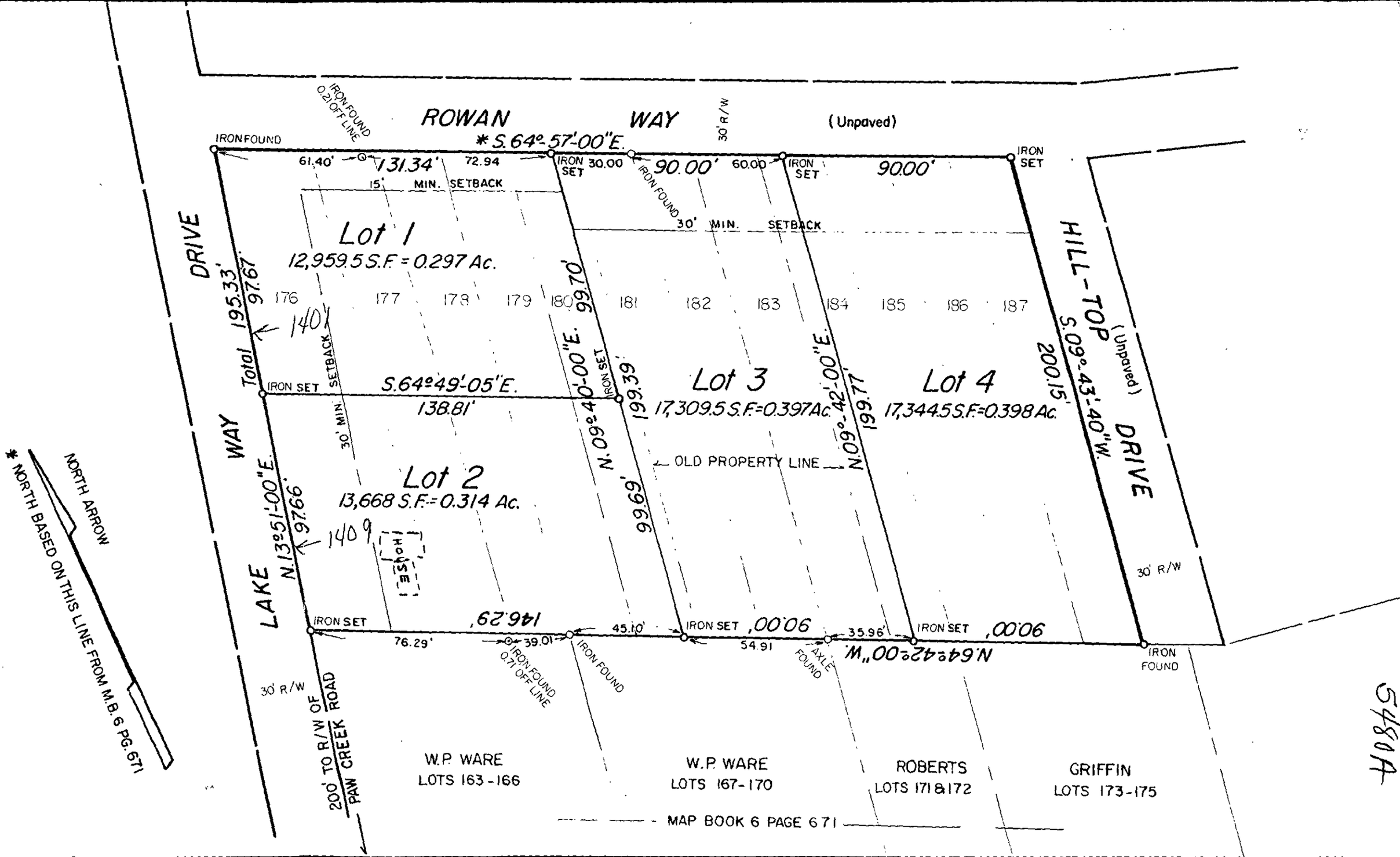
Service: Soil investigation
5925 Rowan Wy

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 16 1989

Fee: $ 30.00 ck # 6183 9.26

Completed by _____ Collected by _____


ROWAN WAY
(Unpaved)
30' R/W
IRON FOUND
0.2' OFF LINE
* S. 64° 57'-00" E.
61.40'
131.34'
72.94
IRON SET
30.00
90.00'
60.00
IRON FOUND
IRON SET
90.00'
IRON SET
15' MIN. SETBACK
30' MIN. SETBACK
DRIVE
Lot 1
12,959.5 S.F. = 0.297 Ac.
176
177
178
179
180
181
182
183
184
185
186
187
Total 195.33'
97.67'
140'
IRON SET
S. 64° 49'-05" E.
138.81'
30' MIN. SETBACK
N. 09° 40'-00" E.
99.70'
IRON SET
199.39'
Lot 3
17,309.5 S.F. = 0.397 Ac.
Lot 4
17,344.5 S.F. = 0.398 Ac.
N. 09° 42'-00" E.
199.77'
S. 09° 43'-40" W.
200.15'
HILL-TOP DRIVE
(Unpaved)
OLD PROPERTY LINE
LAKE WAY
N. 13° 51'-00" E.
97.66'
140'
Lot 2
13,668 S.F. = 0.314 Ac.
HOUSE
99.69'
IRON SET
146.29'
45.10'
IRON SET
.00'06
35.96'
IRON SET
.00'06
76.29'
39.01'
54.91
N. 64° 42'-00" W.
IRON FOUND
0.7' OFF LINE
IRON FOUND
AXLE FOUND
IRON FOUND
30' R/W
200' TO R/W OF PAW CREEK ROAD
30' R/W
W.P. WARE
LOTS 163-166
W.P. WARE
LOTS 167-170
ROBERTS
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* NORTH BASED ON THIS LINE FROM M.B. 6 PG. 671
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