Date Received 8-30-83

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 31 83
ENVIRONMENTAL HEALTH

SIR No. 19988

T. C. No. 219-071-11

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Samples, (LAST) Shirley (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER Rt. 1, Box 47-K, Pineville, NC ZIP 28134

3) PHONE NO. Home 588-1388 Office

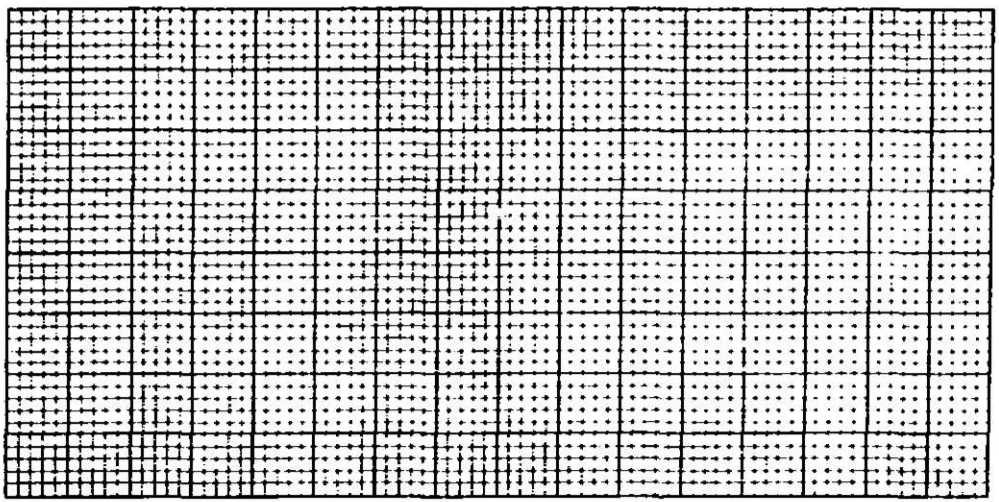
4) LOCATION OF PROPERTY 12834 Hamilton Road (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. Tract 2 BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Shirley A. Samples, (see ltr.)
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Aug 27, 1983

Char. Mack Errin Health Dept.
1200 Blythe Blvd
Charlotte, N.C.

Dear Sirs

I request a soil test analysis for a septic tank on tract #2, 12834 Hamilton Rd for the purpose of building a home. I would appreciate it if you could do it as soon as possible. Tax # 219-071-11.

Thank You,

Shirley A Samples

Rt 1. Box 47-K
Peneville, N.C. 28134

phone
588-1388

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 30 1983
ENVIRONMENTAL HEALTH

Serial No. 5195

SIR No. 19988

T. C. No. PO 219-071-11

Date Issued 9-12-83

Map Date

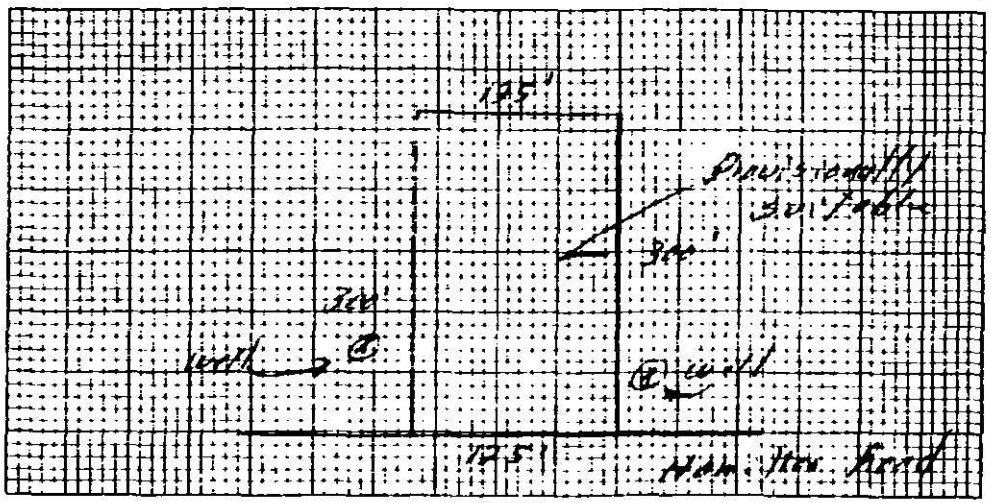
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Samples, (LAST) Shirley (FIRST) A. (MIDDLE)

ADDRESS OF OWNER Rt. 1, Box 47-K, Pineville, NC ZIP 28134

LOCATION OF PROPERTY 12834 Hamilton Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO Tract 2 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot **Provisionally Suitable**
The permeability rate determined by the investigation was The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions

1. A permit to install, construct, alter or repair the specific system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any construction of buildings or of the wastewater treatment system on the said lot.
2. The size of the septic tank wastewater treatment system which must be installed will be determined by the Mecklenburg County Department of Environmental Health at the installation based on the permeability rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area indicated as acceptable for system installation on the above plot.
4. This approval is void if any grading, filling or construction including the drilling of a well is performed on the lot which in the opinion of the Mecklenburg County Department of Environmental Health renders the area indicated as acceptable for system installation unsuitable for installation, construction, alteration and or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

William A. Martin
Soil Scientist

EHD-5-76

Environmental Health Director or
Authorized Section Head

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 14988

T.C. NO. PO 219-0211

(Ground Absorption Sewage Disposal)

OWNER: Shirley A. Sanders
ADDRESS: R.L. Box 418 Pineville, N.C. 28134
PLAT NO:
LOT SIZE: 37,500
LOCATION OF SITE: 12834 Hamilton Road

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-8%	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) Clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Block U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) 36-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) >36" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) >36" to ground water U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U
8. SOIL GROUP	IIA			
9. SITE CLASSIFICATION	Provisionally Suitable			
10. SOIL SERIES	Cecil-L.Hr			

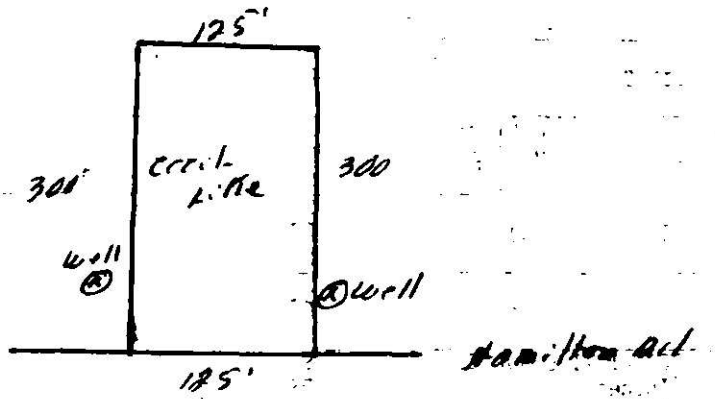
S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments:

Described by: William A. Marlin
Title: Soil Scientist
Date: 1-983

EHD 539 (Revised: 6/82)


125'
300'
cent. line
300
well
well
Hamilton Rd.
125'

Date Received 1-11-84

RECEIVED
JAN 1 1 1984
ENVIRONMENTAL HEALTH

CAR(S) Application No. 19988 Pat

T. C. No. PO 219-071-11

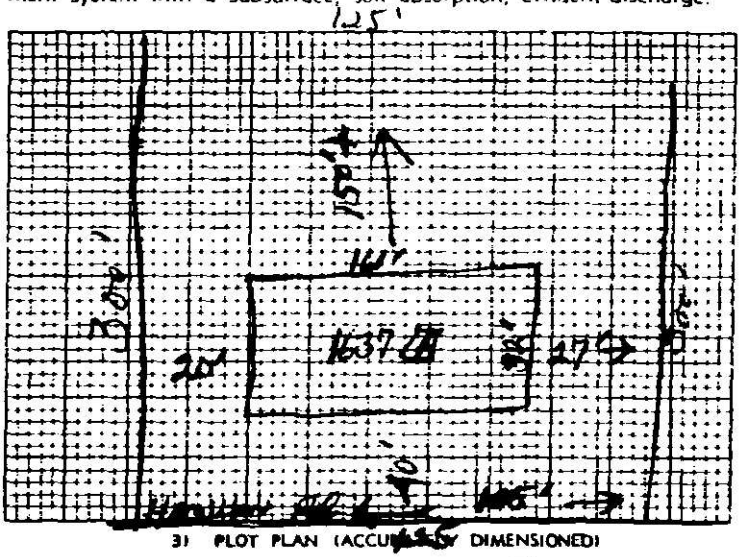
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___Yes___No
Residence ✓ Yes ___No

4) No of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine ✓ Yes ___No
7) Garbage Disposal ✓ Yes ___No
8) Dishwasher ✓ Yes ___No
9) Water Supply
A) Individual Well ✓
B) Governmental System _____
C) Community System
1 Well source _____
2 Governmental source _____
10) Sewage System
House located within 200 feet of public sewer ___Yes ✓ No
House located within 200 feet of community sewer ___Yes ___No
11) FHA Case No _____
12) VA Case No _____

13) NAME OF OWNER Wilmar Investments, Inc.
(LAST FIRST MIDDLE)
14) ADDRESS OF OWNER P.O. Box 37431 Charlotte, N.C. 28237
15) PHONE NO. Home 596-6351 Office 375-1277
16) LOCATION OF SYSTEM 12934 [redacted] Hamilton Rd.
(STREET OR COUNTY ROAD)
17) SUBDIVISION _____ Lot No. _____ Block No. _____
Map Book No. _____ Page No. _____
18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____
19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN _____
20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

1-11-84
DATE OF APPLICATION

Wilmar Investments, Inc.
By: W. Frank Baker
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

ST 1-17 84

SIR No. 19988

Serial No. 7124

Date Issued 1-12-84

T. C. No. PO 219-071-11

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Wilmar Investments, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box Charlotte, NC ZIP 28237

LOCATION OF LOT 12834 Hamilton Road
(STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 19988. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit (s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

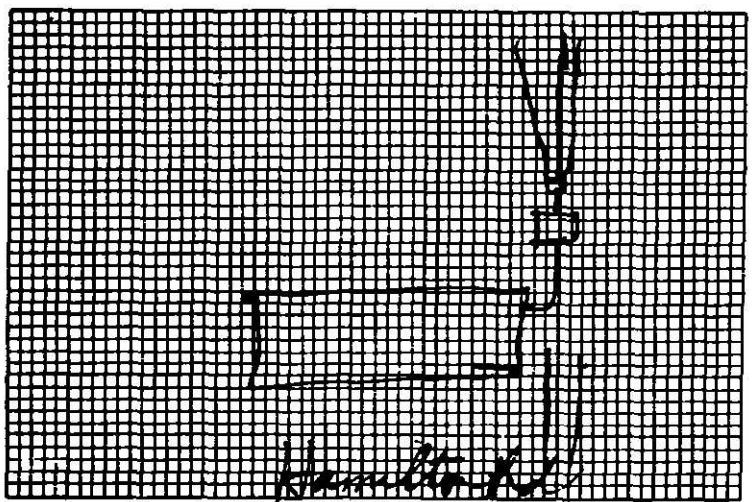
Date Issued 3-23-84

Serial No. 07041

ICAR (S) Permit No. 19988
T. C. No. 219-071-11
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 19988, dated 1-11-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-23-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PL

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 300

Number of Lines 3

Distance from House 5

Distance from Property Line 10

Distance from Well 65

NAME OF OWNER Wilmar Investments

LOCATION OF PROPERTY 12834 Hamilton Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

3 trenches 3 X100' X12" stone, grade lde + straw cover, 9' centers.

Comments:

Division or Section Head

B. R. Ferguson
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.

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 19988 X
PO
T. C. No. 219-071-11

Date Issued 4-2-84 Serial 6462

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Wilmar Investments (LAST / FIRST / MIDDLE)

Location of Property 12834 Hamilton Rd.

Application Number 19988 Permit Number 19988

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 300 Number of Lines 3

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 4-2 (DATE) Tank Inspected 4-2 (DATE)

Nitrification Field Inspected 4-2 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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 _____

B. R. Ferguson
Environmentalist

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: 17228
TC: 205-052-38
SERIAL: № 20094 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 11516 DOWNS RD (STREET NO / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: RAYMOND (FIRST) WOODROW (MIDDLE) PHILLIPS (LAST)
⑨ MAILING ADDRESS: P.O. BOX 24
⑩ CITY: PINEVILLE ⑪ STATE N.C. ⑫ ZIP: 28134
⑬ PHONE: (WORK) 704 8897646 ⑭ (HOME) 704 8899644

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) OFFICE ADDITION USE EXISTING SYSTEM

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? NA
㉓ Type? WHOLESALE ELECTRIC PRODUCTS
㉔ Maximum occupancy? 5
㉕ Maximum number of employees? 5
㉖ 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 onto the property for the purpose of processing this request.

Signed: [signature]
Date: 3/14/90

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. May use Sat. Sewage System

[signature] R.S. 3/29/90
Environmental Specialist Date

[signature] 3-30-90
Director or Authorized Section Head Date

*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: 3-14-90

Name/Company: Ray Phillips

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applic for Improvement

File # 17278

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee MAR 14 1990 25.00

Cash 25.00

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

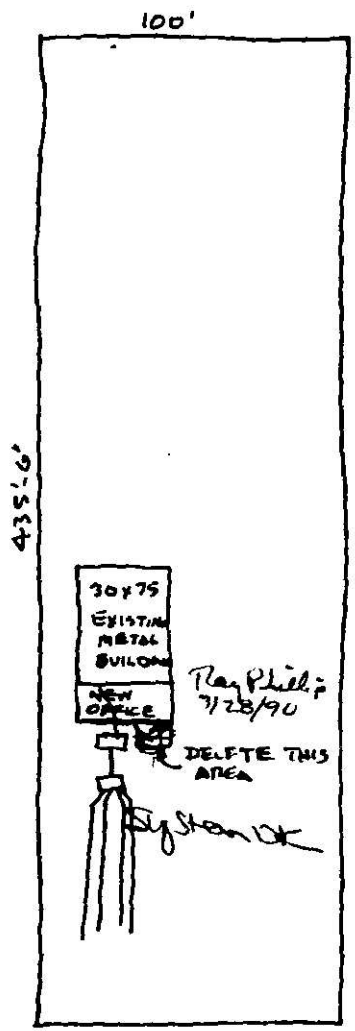
PROPOSED PLOT PLAN

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

FILE: 17278

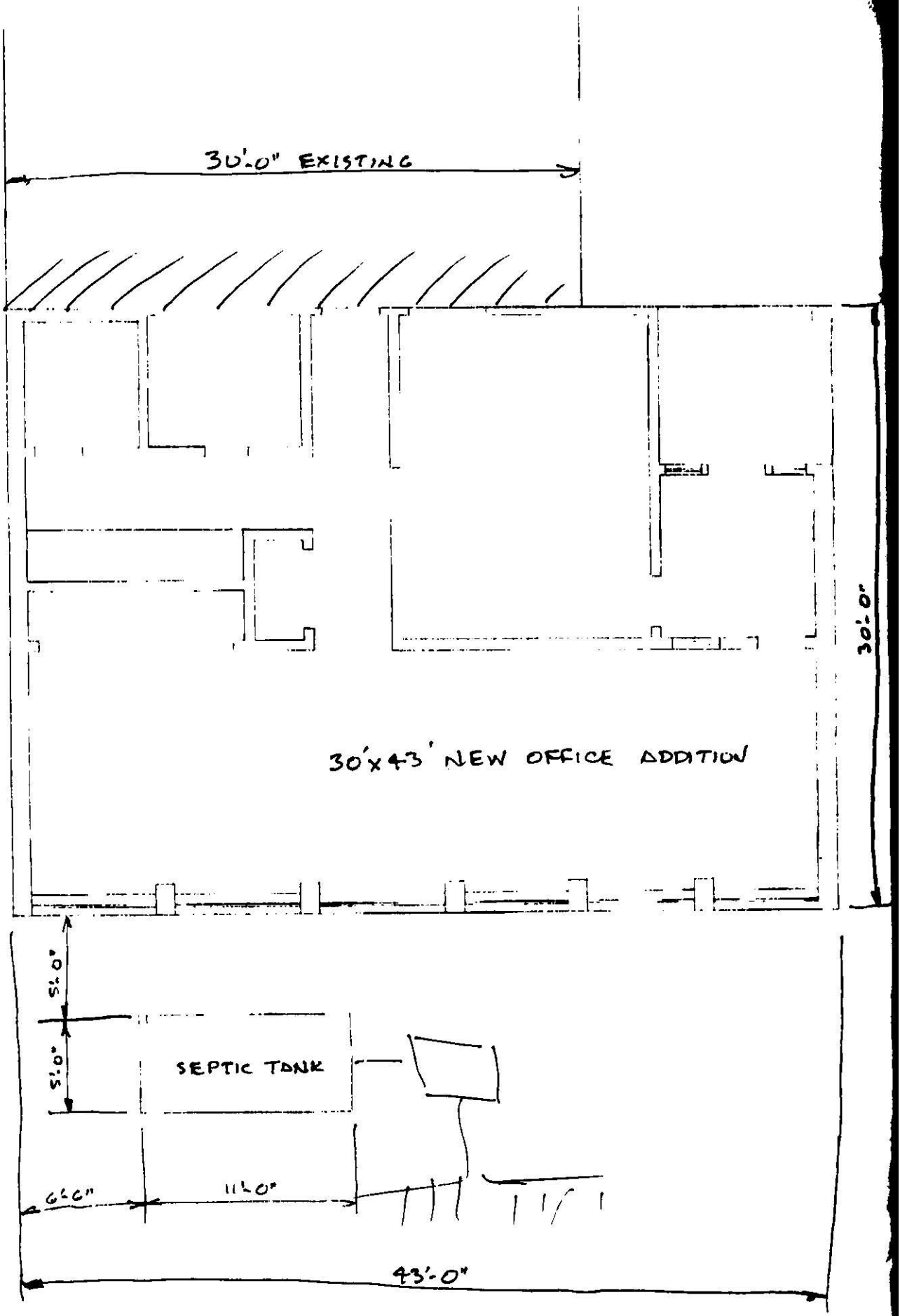
TC: 205-052-38

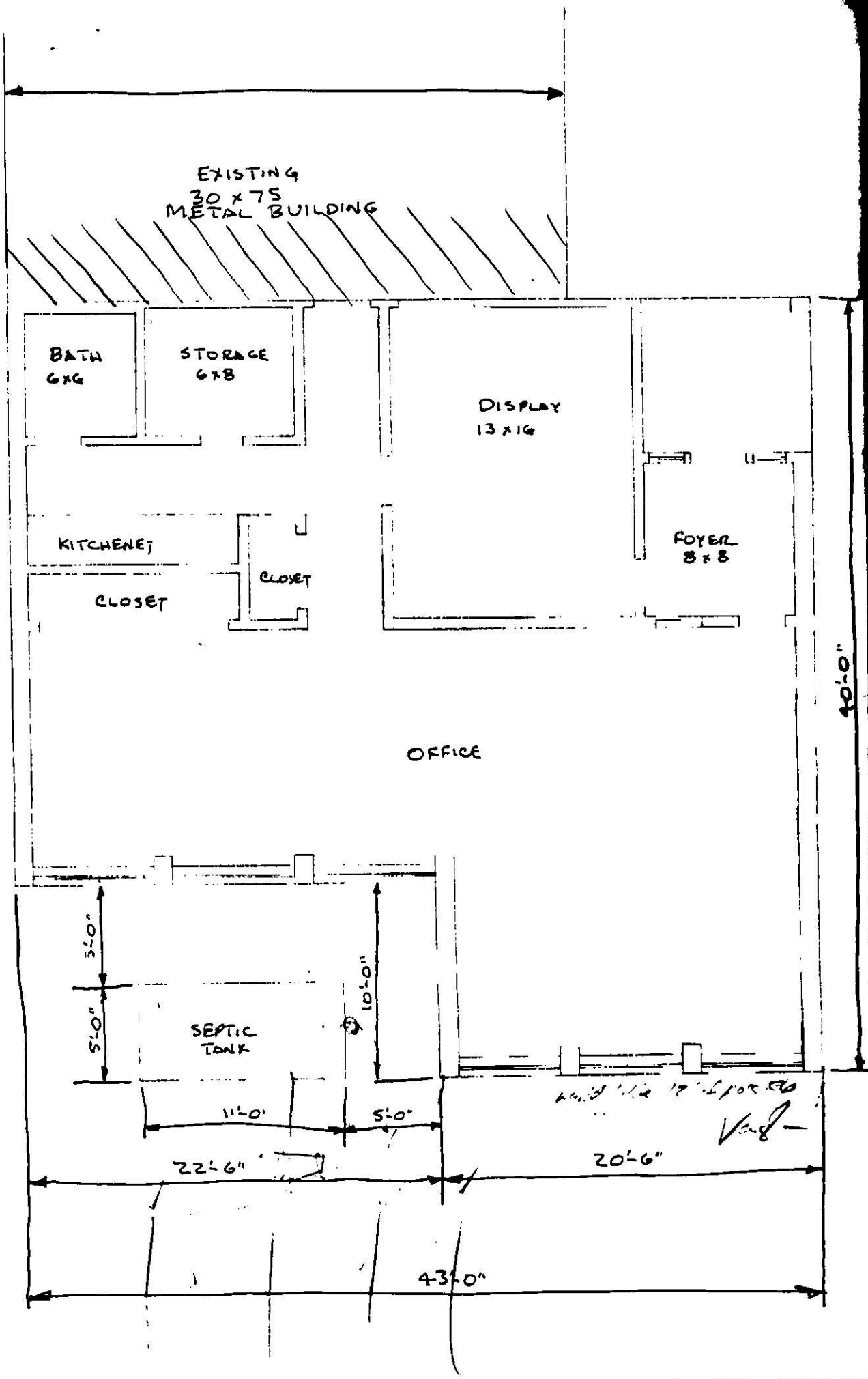
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: Ray Phillips

Date: 3/14/90


30'-0" EXISTING
30'-0"
30'x43' NEW OFFICE ADDITION
5'-0"
5'-0"
SEPTIC TANK
6'-0"
11'-0"
43'-0"



03/14/90 07:37 01 704 8887047 CAROLINA ELK MTR 001

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: ~~10A~~ 19988
TC: _____
SERIAL: № 20165 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 12828 (STREET NO) HAMILTON (STREET) RD ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: #219-071-17
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: THOMAS (FIRST) L. (MIDDLE) STEWART (LAST)
⑨ MAILING ADDRESS: 12828 HAMILTON RD
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28273
⑬ PHONE: (WORK) 525-3861 ⑭ (HOME) 588-6941

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) Addition Shop

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉓ Type? _____
㉓ Maximum occupancy? 3 ㉔ Maximum number of employees? _____
㉕ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉖ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉘ 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: _____

Date: _____

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. May use existing system.

Environmentalist _____ Date 3/29/90

Director or Authorized Section Head _____ Date _____

*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: 3-26-90

Name/Company: Thomas or Dawn Stewart

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: OP Addition
12828 Hamilton Rd

MECK. HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 26 1990

File # 6610A

Rec# 4253
$25.00

Fee: $ 25 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

19988

DATE 3/26/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mock

219-071-17
PARCEL NUMBER

12828 Hamilton Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	____APPROVED	____NOT APPROVED
2.	FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED
3.	EROSION CONTROL REGULATIONS	____APPROVED	____NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO
7.	DRIVEWAY PERMIT REQUIRED	____YES	____NO

REMARKS: Work Shop

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

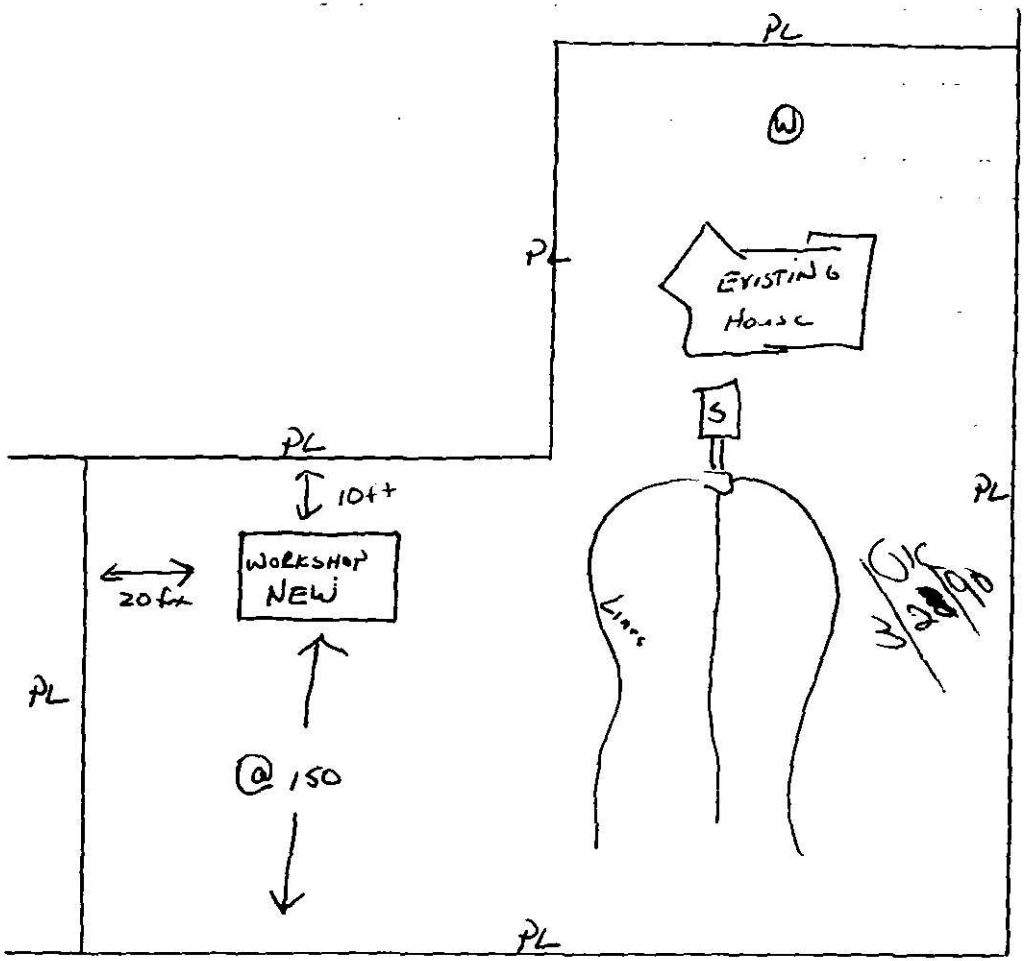
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 66610A, 1998

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.



Signed: Thomas A. Stuska

Date: 3-26-90