

20409 RAINBOW CR

00170141

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 3069B/9440 A DATE: 11-14-95

TC: 001-117-41 ☐ L ☒ ORT

SERIAL Nº 16477

Name of Owner Lloyd T. Stephenson Juris.: _____

Address of Property 20409 Rainbow Circle

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 4 @ 165' / 135' / 110' & 133'

Cover Depth 12"-24"

Water Supply Source municipal

Distance to Water Source — not in when system inspected

Excavation Inspected 3/15/95

Tank(s) Inspected 3/15/95

Wash Line Inspected —

High Water Alarm Inspected 11-14-95

PLOT

Design 495, 1500gst, 1000gpt, 12"stone, Cecil-like, 1600sqft drainfield, 3'wide trenches A Cornelius Grading CTR# 195
P. Walker checked 3rd sleeve under proposed driveway.

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 15A 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 15A 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: Do not pave or drive over any part of septic tank system.

Type III

Susan Patterson
Environmental Health Specialist

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

2400 & 2211

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

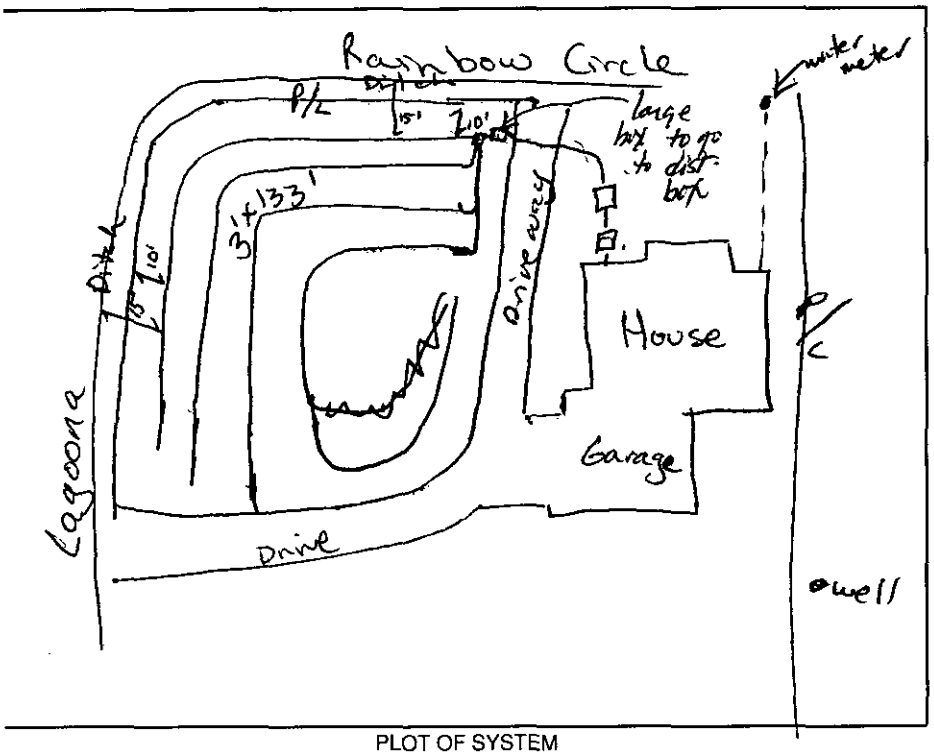
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3069B/1440A DATE: 3-13-95

TC: 001-117-41 ☐ L

SERIAL Nº 16199

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 4-28-94. All work shall be completed on or before 4-13-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 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 Health Department 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 1000 gallons

Tank Construction PCC

Trench Depth 22"-36"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 535' feet

Number of Lines 4 at 133' each

Depth of Stone 12" inches

Distance from House 5' min feet

Distance from Property Line 10' min feet

Distance from Well 50' min feet

NOTICE: This system shall not be installed while soils are in a wet condition. Install pipe under drive according to current NC State Regs.

NAME OF OWNER Lloyd T. Stephenson

LOCATION OF PROPERTY 20409 Rainbow Circle

Comments: Install pump, pump controls & alarm according to current NC State Regulations. Keep driveway off of septic tank system. Water line to be min 10' from any part of septic system. Four bedroom design. Keep 10' off property line / 15' off ditch.

Toni Higgins-Burney, RS for Sylvia Daniel

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

D450 W1

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200 4/28/94 Ck #5181

3069B/9440A

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: STEPHENSON (last) Loyd (first) T (mi)
ADDRESS: 9500 VANCE Rd PHONE: 704 596-5120
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28210

Date:

PROPERTY OWNER:
NAME: Hobbs (last) Harold (first) S (mi)
ADDRESS: 21128 LAGOONA Dr PHONE: 704 892-0164
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER:
STREET ADDRESS: 001-107-40
20409 Rainbow Cove
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):
☐ 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)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ 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: 4 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: Loyd T. Stephenson Date: 4-28-94

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.

...May need lift pump

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

Phila S. Walker 5/10/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

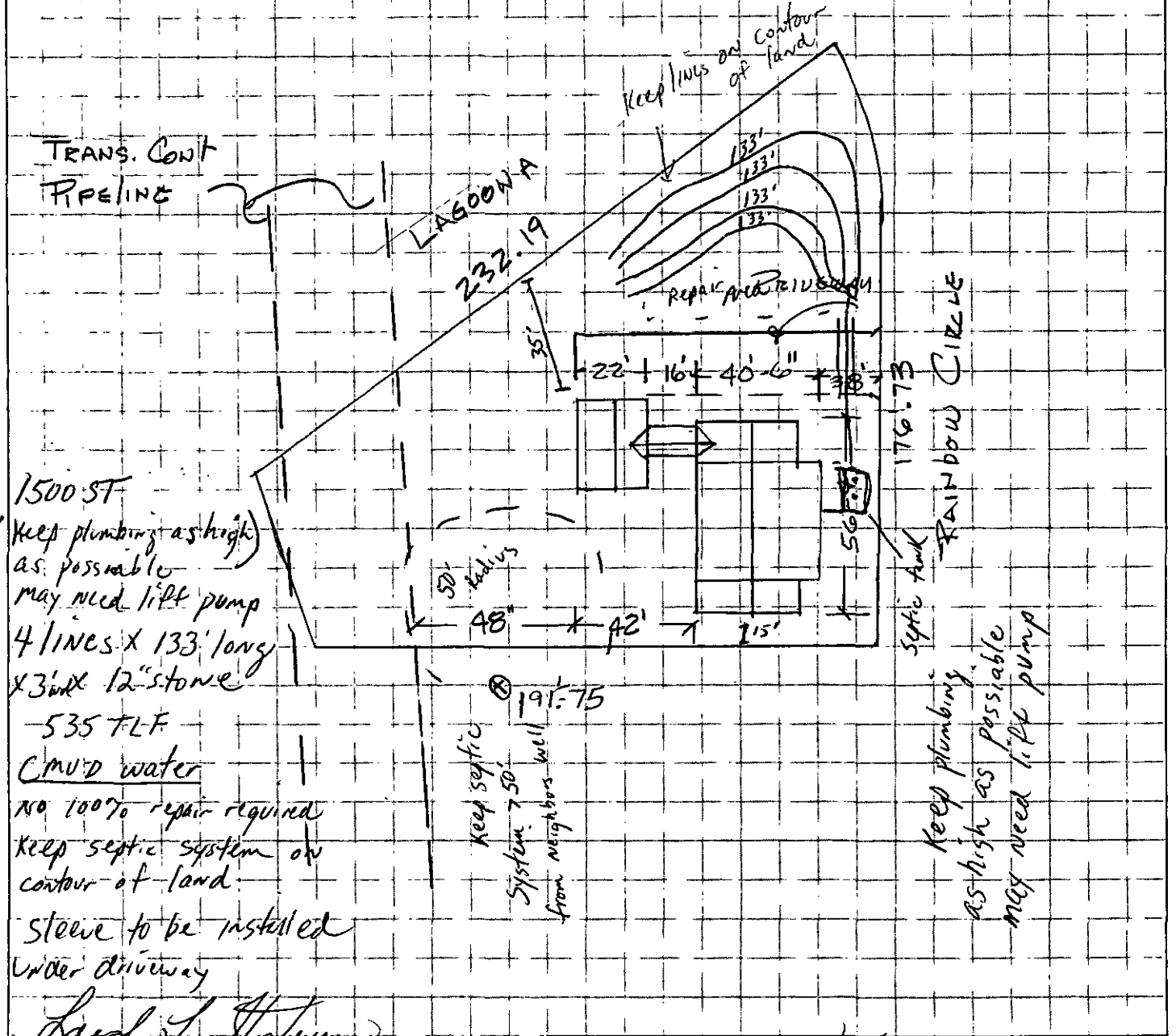
PROPOSED PLOT PLAN

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

FILE: 3069B/9440A

TC: 001-187-40

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.



1500 ST
(Keep plumbing as high as possable may need lift pump
4 lines x 133' long x 3' wide x 12" stone
535 TLF
CMUD water
No 100% repair required
Keep septic system on contour of land
Sleeve to be installed under driveway

Lloyd V. Stephenson
5/10/94

APPROVAL DATE JW 5/10/94

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

COPY

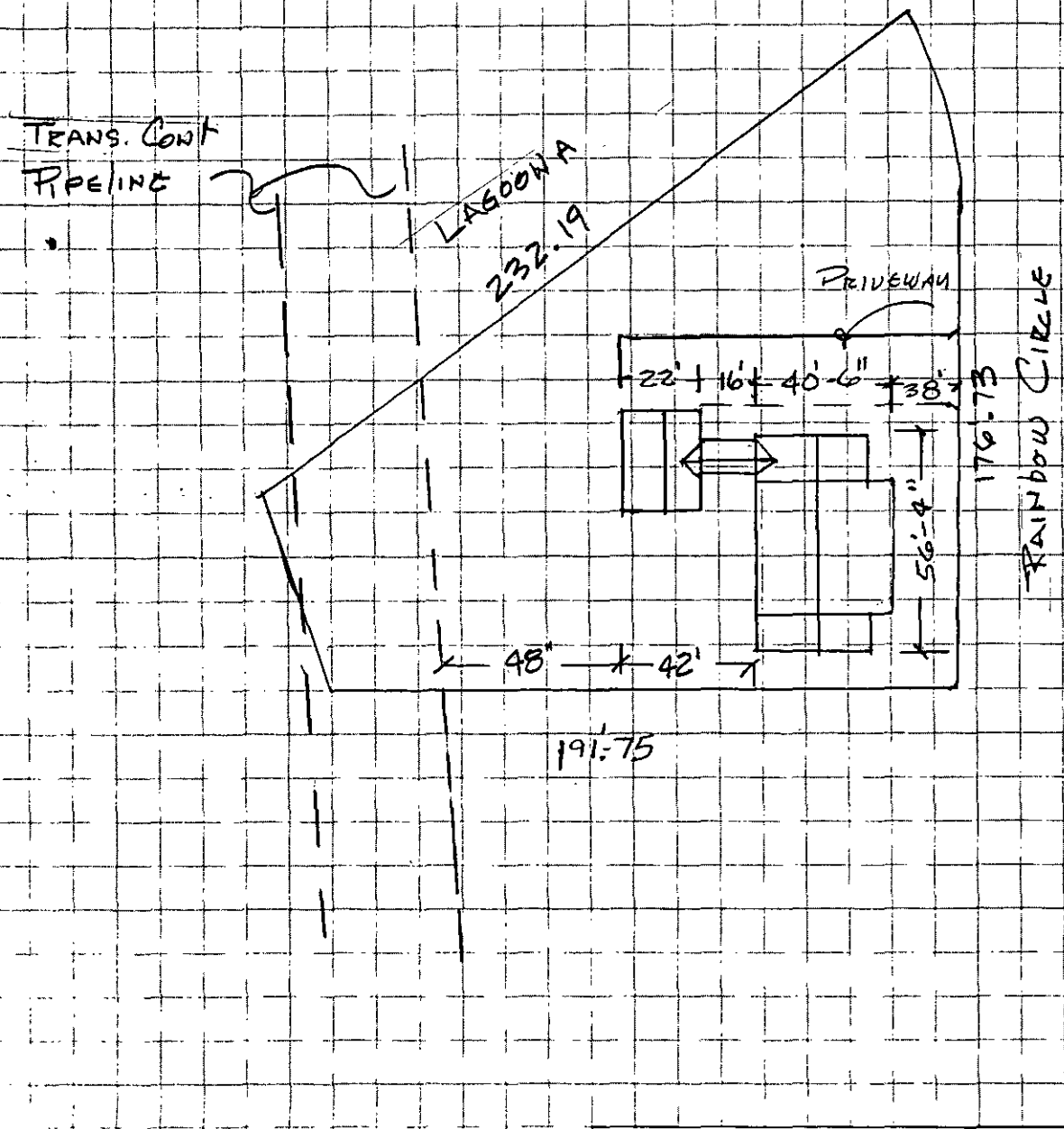
PROPOSED PLOT PLAN

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

FILE: 306 98/9440A

TC: 001-107-40

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
Health Department

Betty S. Snow, R.N., M.A.
Health Director

April 28, 1994

Harold S. Hobbs
21128 Lagoona Drive
Davidson, NC 28036

RE: Property located at 20409 Rainbow Circle
FILE: 3069B/9440A
PARCEL: 001-701-41

Dear Mr. Hobbs:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20304) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, 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. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

KR:lw
Enclosure (2)

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20304

File: 3069 B/9440A Action 2

Parcel: 001-701-41 2460 ☐ PC

Location: Rainbow Circle

Subdivision:

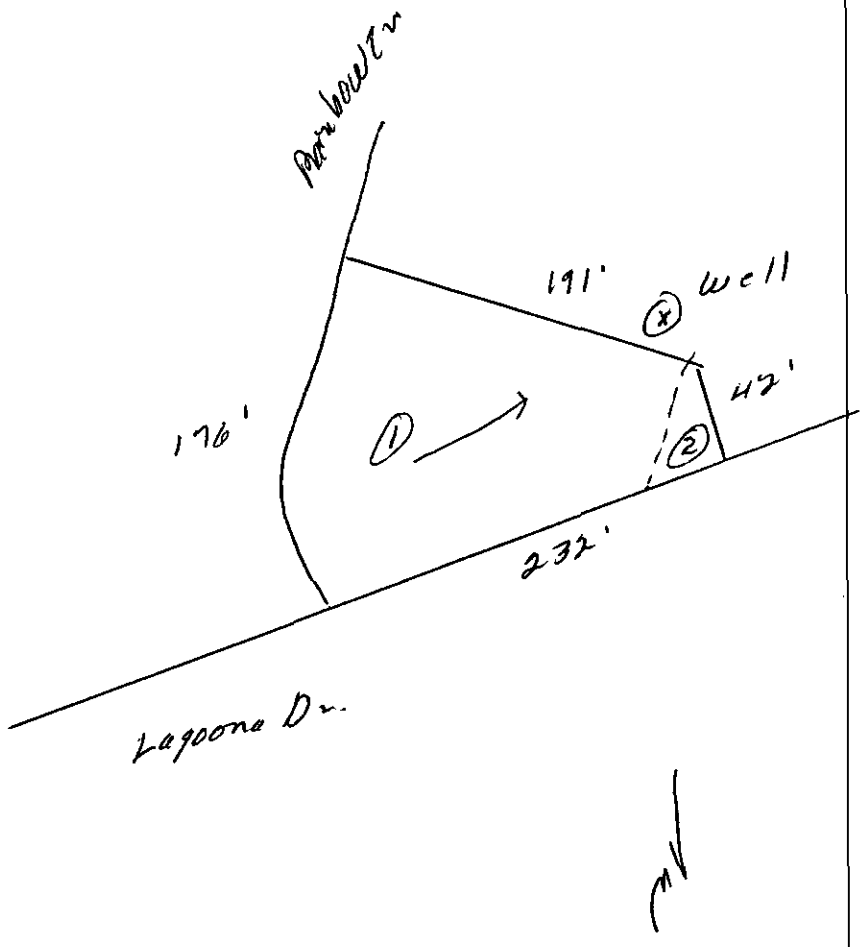
Lot: 16 Block: Acres: .5

Owner: Harold L. Hobbs
Address: 21128 Lagoona Dr.
Davidson, N.C. 28036

Comments: .3gal/ft²/day LTAR

Described by: William R. Marlin

Date: 4-28-90



*** 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 —	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Subt Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-9"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U 48"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U 48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restrictal	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Pipeline R/W	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilac	Pipeline R/W				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Pd #50.00 4/4/94 Ck #5176

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

30698/9440A

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: STEPHENSON (last) Loyd (first) T. (mi)
ADDRESS: 9500 VANCE Rd PHONE: 704 596-5120
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

Date: 3/28/94

PROPERTY OWNER:
NAME: Hobbs (last) Harold (first) S. (mi)
ADDRESS: 21128 LAGOON A Dr. PHONE: 704 8920184
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-701-47
STREET ADDRESS: ~~2145~~ Rainbow Circle
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):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
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[] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 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 [X] 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: Harold S. Hobbs Date: 3/28/94

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.

...

[] 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 : 122791

Please send copy to applicant Loyd Stephenson 9500 Vance Rd Charlotte, NC 28216

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd. #50.00 4/4/94 #5176

[] CRT

30698/9440A

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: STEPHENSON (last) Loyd (first) T. (mi)
ADDRESS: 9500 VANCE Rd PHONE: 704 596-5120
CITY: Charlotte STATE: N.C. ZIPCODE: 28210

Date: 3/28/94 001-701-41

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-701-47
STREET ADDRESS: ~~21128~~ Rainbow Circle
ZONING:

PROPERTY OWNER:
NAME: Hobbs (last) HAROLD (first) S. (mi)
ADDRESS: 21128 LAGOONA Dr. PHONE: 704 8920164
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

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: 16 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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Signed: Harold S Hobbs Date: 3/28/94

NOTICE:

The undersigned, a
the Request for th
And Rules For Sani
to the following p

...No work shall
an installatic
approval is gr

...This permit i

...

M DEPARTMENT, certifies that the Department has approved the
pproval is granted in accordance with the provisions of Laws
in effect at the time of issuance of the permit and is subject

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

vironmentalist Date

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Please send copy to applicant Loyd Stephenson 9500 Vance Rd Charlotte NC 28216

WATER : 122791

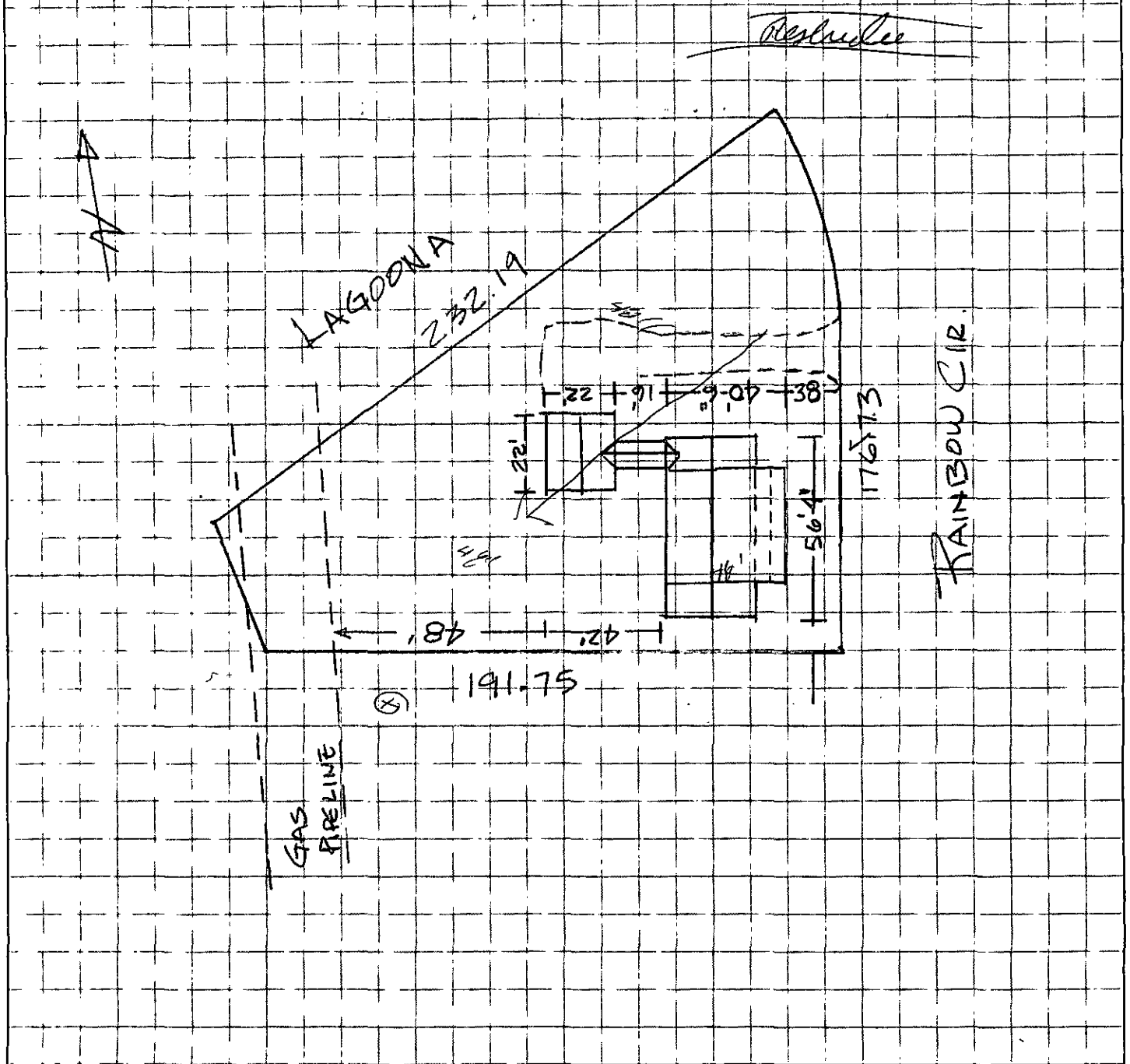
PROPOSED PLOT PLAN

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

FILE: 3069B/9440A

TC: 001-701-47

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 4/28/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-117-40

ASSIGNED ADDRESS 20409 Rainbow Ct

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	/	_____*
2.	FLOODWAY REGULATIONS	/	_____*
3.	EROSION CONTROL REGULATIONS	/	_____*
4.	PUBLIC UTILITY EASEMENT	/	_____*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	_____*	/
6.	PROPERTY FRONTS ON THOROUGHFARE	_____*	/
7.	DRIVEWAY PERMIT REQUIRED	_____*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

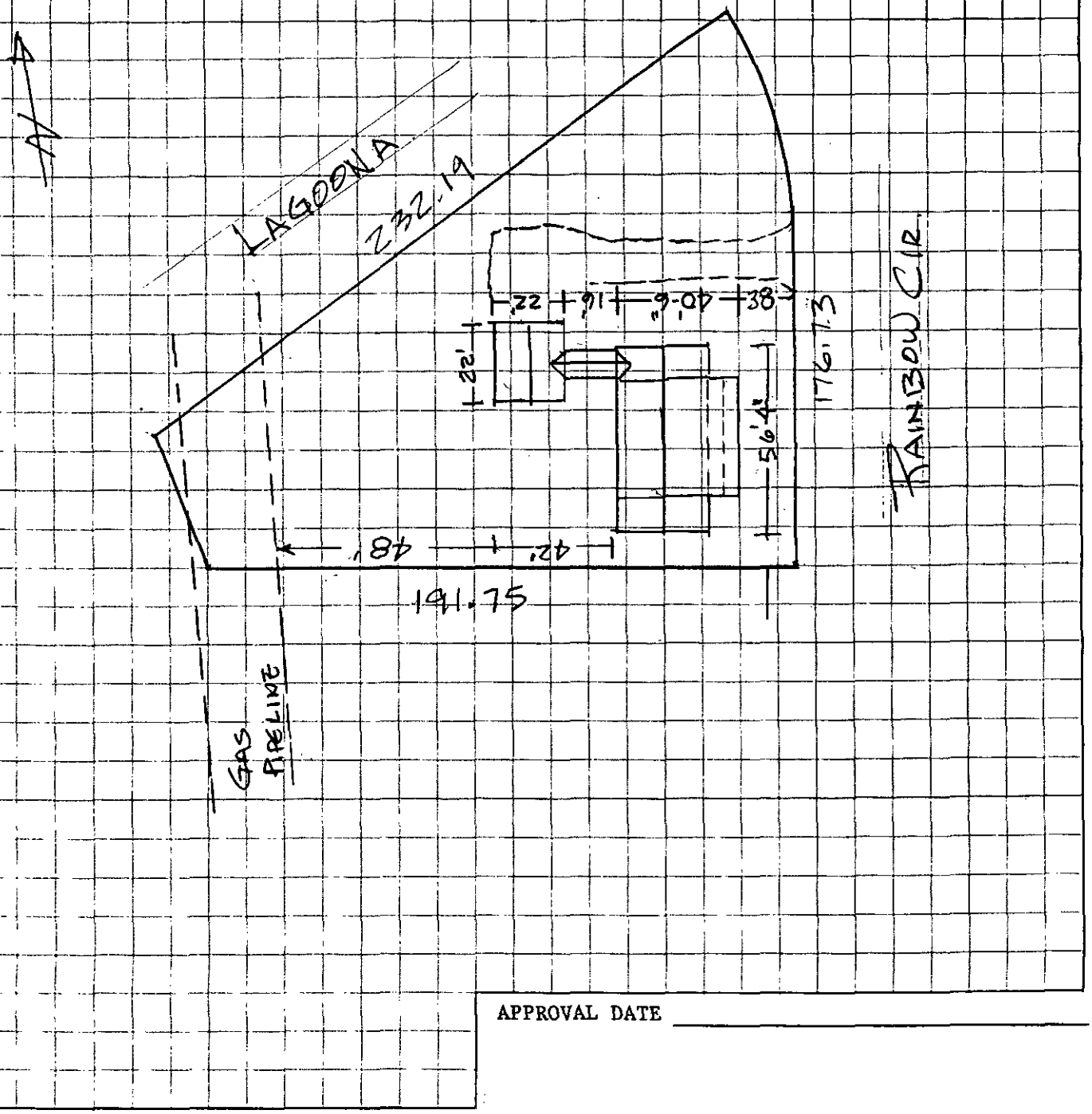
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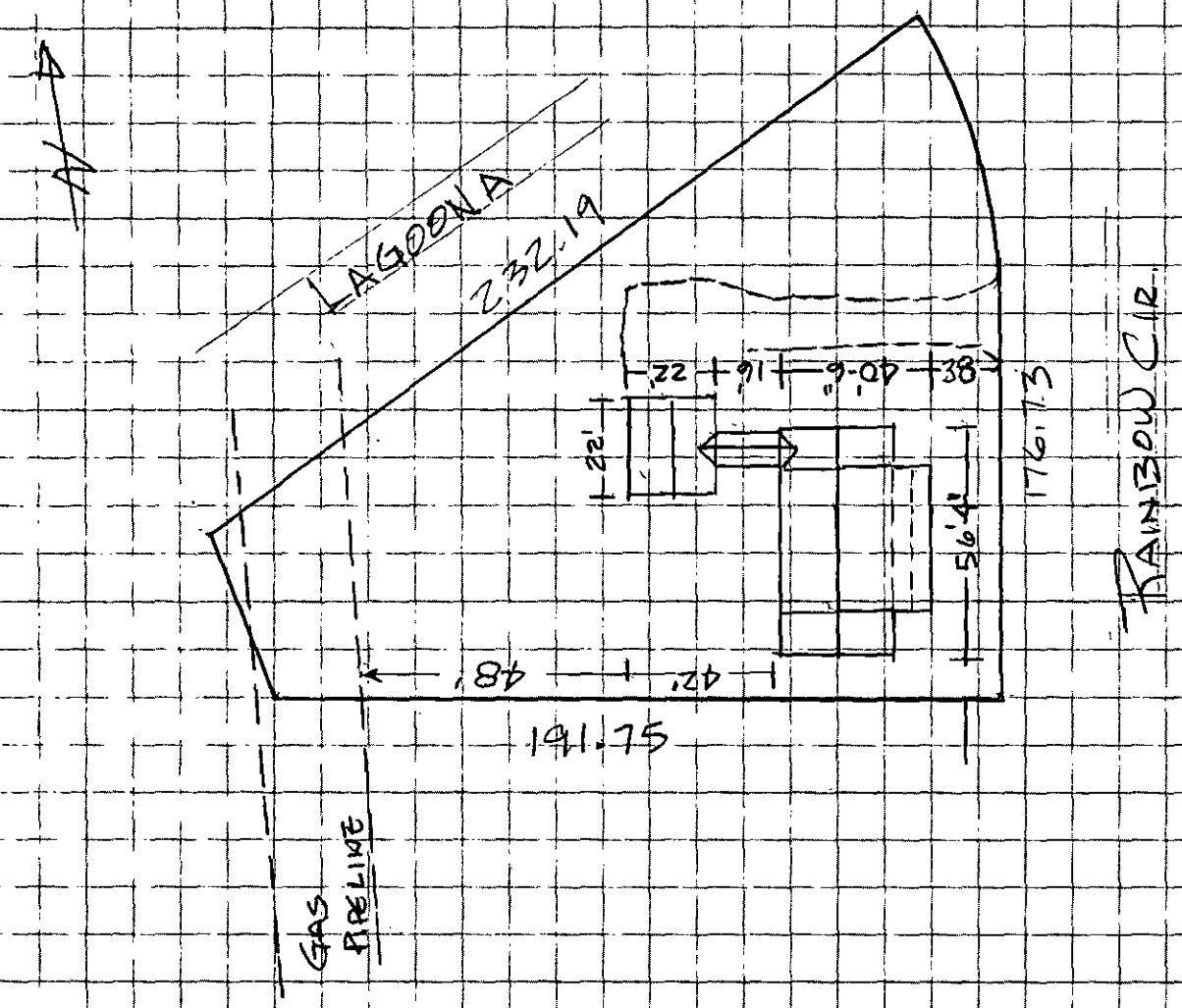
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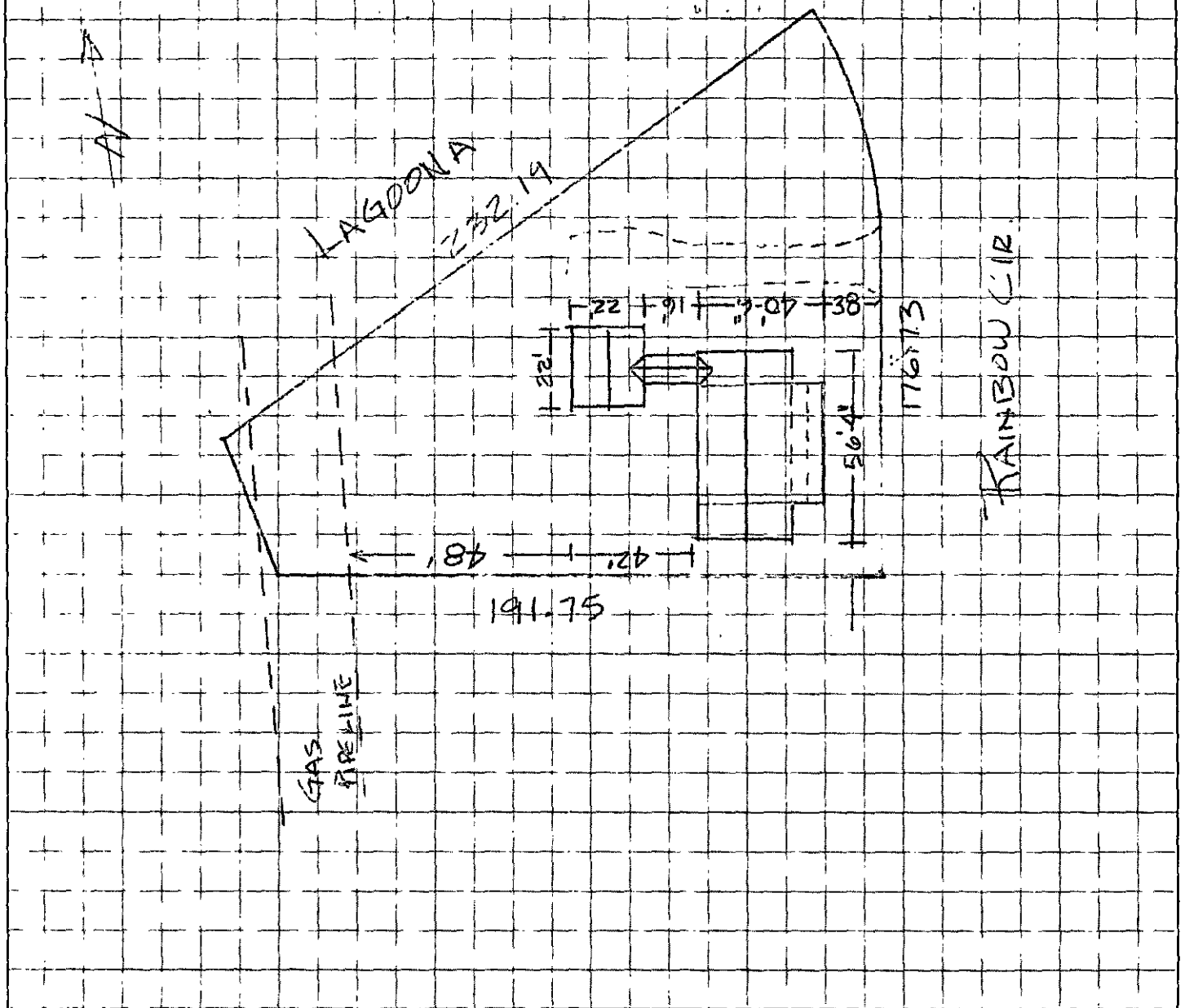
PROPOSED PLOT PLAN

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

FILE: 30-481/1490A

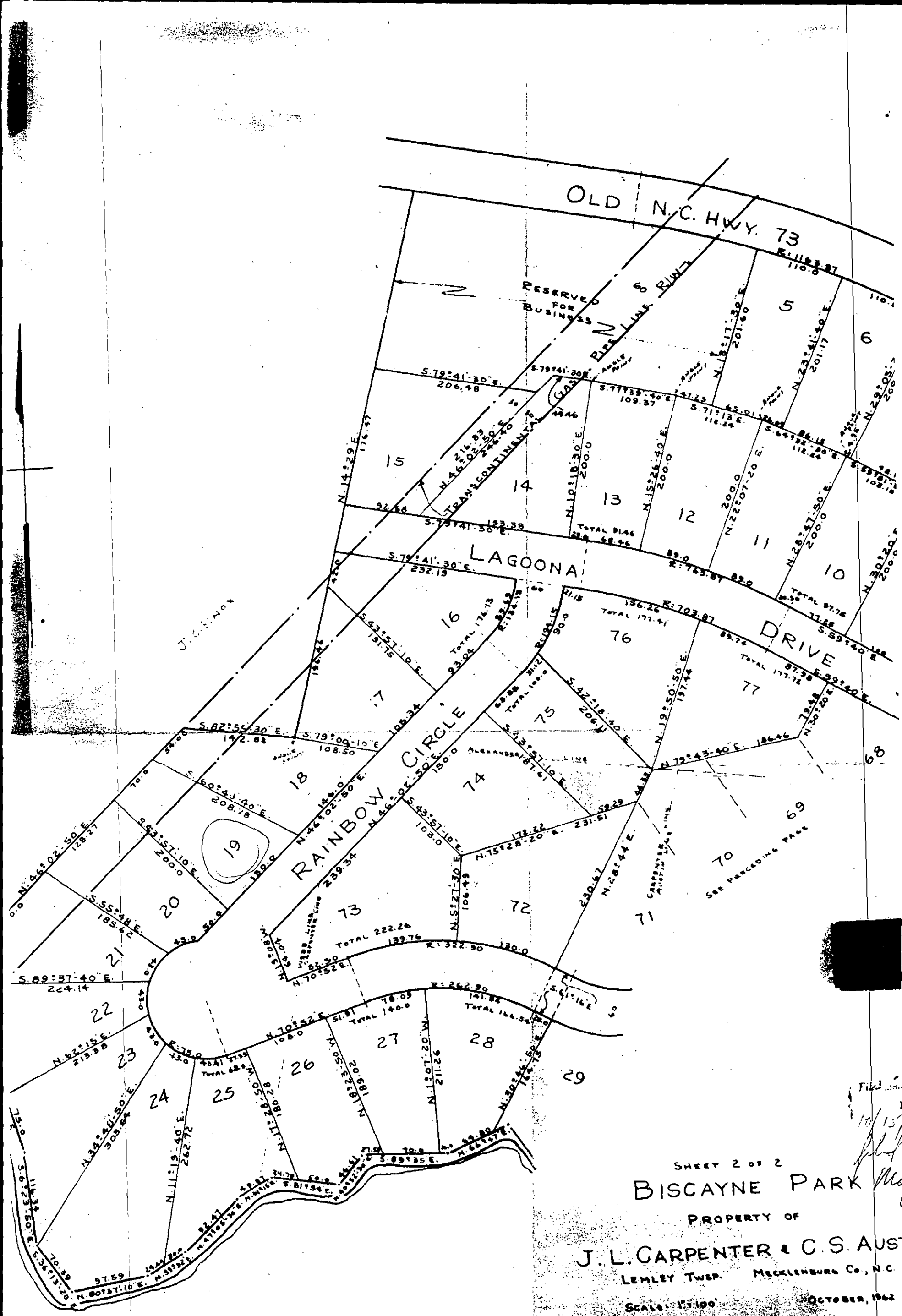
TC: 11-20-17

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



SHEET 2 OF 2

BISCAYNE PARK

PROPERTY OF

J. L. CARPENTER & C. S. AUST

LEMLEY TWSP. MECKLENBURG CO., N.C.

SCALE: 1" = 100' OCTOBER, 1962

KEITH R. MOEN
N.C. REGISTERED SURVEYOR
L-888

Filed