

13900 ISLAND DR

00101408

6/15/2007

duponbj

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

February 18, 2003

MECKLENBURG COUNTY
Health Department

Gerald L. and Joy E. McGraw
13908 Island Drive
Huntersville, NC 28078

Dear Mr. and Mrs. McGraw:

The North Carolina Administrative Code requires routine maintenance and inspections of certain septic tank systems that utilize pumps. Our records indicate that the required inspection of the Type IIIb septic system, which serves as the wastewater treatment and disposal system for the residence located at 13900 Island Dr., Huntersville, NC is due.

> In accordance with Section .1900 of the North Carolina Administrative Code, North Carolina Department of Environment and Natural Resources, Division of Environmental Health, On-Site Wastewater Section, Subchapter 10A, Sanitation, states in part: " System management in accordance with Tables V(a) and V(b) of this Rule shall be required for all systems installed or repaired after July 1, 1992."

This department will be making inspections on all systems that fall under this requirement. The fee for this service is $85.00. In addition, if you have a well, a bacterial sample will be collected to help assess the quality of your water supply source. The water analysis will be performed at no additional cost.

The inspection program and the water analysis are very important initiatives intended to protect the public's health while improving and preserving our groundwater resources. We highly recommend and prefer that you contact our office to make an appointment for the inspection of your system. If we have not heard from you by March 5, 2003 we will proceed with our inspection activities on your property. You will be apprised of our assessments and recommendations for the continued efficient operation of your septic tank system.

To set up an appointment for an inspection, or if you should have any questions regarding this matter, please feel free to contact me at (704) 336-5571.

Sincerely,

David Cornelius, R.S.I., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure: Inspection Statement

INSPECTION STATEMENT
MECKLENBURG COUNTY HEALTH DEPARTMENT

Gerald L. and Joy E. McGraw
13908 Island Drive
Huntersville, NC 28078

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street Suite 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Gerald and Joy McGraw	13908 Island Drive	00101407	6496A	IIIb
				Total Amount Due: $85.00

Please use the following space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

BILL INFORMATION

Billing Date: 2/18/03

Payment Due Date: 3/18/03

Direct Questions Concerning This Bill to .....(704) 336-5571

☐ *Please check if you have a well.*

Make Check Payable To Mecklenburg County Health Department
Your Cancelled Check Is Your Receipt

DO NOT SEND CASH

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6684A / 6496A DATE: 10-10-97

TC: 001-014-06,09 ☒ L ☐ CRT

SERIAL Nº 17371

Name of Owner Gerald Lee McGraw Juris.: _____

Address of Property 13900 Island Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 399'

Number of Lines 3 @ 133'

Cover Depth 12"

Water Supply Source priv. well

Distance to Water Source >50'

Excavation Inspected 9-18

Tank(s) Inspected 9-17 Kelly Randall

Wash Line Inspected N/A

High Water Alarm Inspected 10-10

PLOT

Design 1997, 1500 ST, 1000 ST, CoW, 1200 SF, T, 12G, Cecil-like CTR# Orbison 84

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 IIIb 3bedrooms

(3) 3'W x 133'L x 12" stone

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

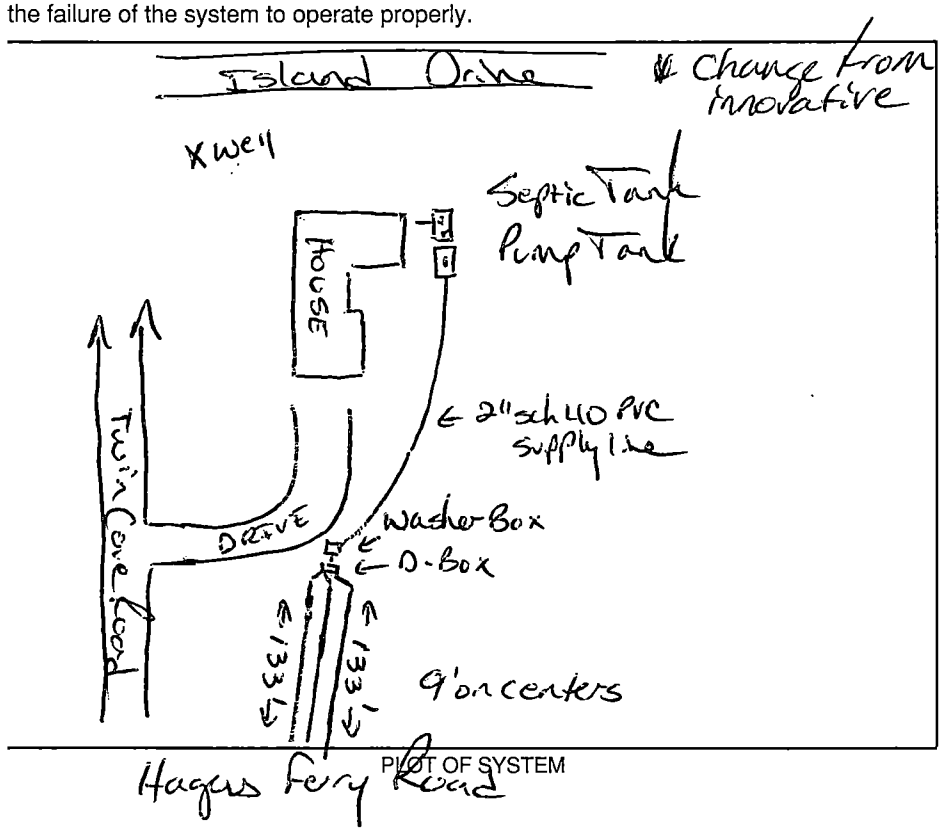
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6684A/6496A DATE: 9-18-97

TC: 001-014-08,09

SERIAL Nº 17460

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 10-24-96. All work shall be completed on or before 10-18-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 399 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Gerald Lee McGraw

LOCATION OF PROPERTY 13900 Island Drive

Comments: Type IIIb 3 bedrooms
(3) 3'W x 133'L x 12" stone

Larry B. Thompson, R.S.
Environmental Health Specialist

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

Chk # 556

FEE: 260.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 12/11/96 GC **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-10-96 PERMIT NO: 6496A
PARCEL NO: 001-014-08 & 09

JOB LOCATION ADDRESS: 13900 Island Drive
PROPERTY OWNER: Gerald Lee McGraw
BUILDING CONTRACTOR:
SUBDIVISION NAME: Lots 9 & 8
AUTHORIZATION ISSUED BY: Larry S. Thompson R.E.H.S. DATE: 12-10-96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6496A, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Keep well 100' away from any portion of the septic system and repair area. Lot must have re-classification forms filed on it.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE 12/11/96 DATE

FEE: 100 + 5 = 105 CK# 528

DATE: 10/24/96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

#2 Expedited

[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 6684AN496A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: # 00101408 & # 00101409

STREET ADDRESS: 13900 Island Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2 & 3 to be combined

TOWNSHIP (CHECK ONE):

[✓] 0 MECKLENBURG
[ ] 1 CHARLOTTE
[ ] 2 DAVIDSON
[ ] 3 CORNELIUS
[ ] 4 PINEVILLE
[ ] 5 MATTHEWS
[ ] 6 HUNTERSVILLE
[ ] 7 MINT HILL

CLOSING DATE _____

TYPE OF BUILDING (CHECK ONE):

[ ] SINGLE MOBILE HOME(S)
[ ] DOUBLE WIDE (D)
[X] HOUSE (H)
[ ] MODULAR HOME (M)
[ ] MULTIPLE FAMILY (U)
[ ] OTHER (O)

HEATED SQUARE FOOTAGE: 3000 Sq. ft

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[X] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

spot checked soils 40" plus restrictive used for 4BR

53
151

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):
[ ] COMMUNITY (C)
[ ] MUNICIPAL (M)
[X] PRIVATE WELL (P)
[ ] SHARED WELL (S)
[ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [X] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: (LAST) McGraw (FIRST) Gerald (MI) LEE

ADDRESS: P O Box 2875

CITY: Huntersville STATE: NC ZIP: 28070

DAYTIME PHONE: 704 875 - 0018

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug 28, 1964

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: [signature] DATE: 10/24/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

FEE: 100.00 CK#5328

DATE: 10/24/96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

#:

[ ] CRT

TYPE APPLICATION: [X] NEW SYSTEM [ ] EXPANSION/ ALTERATION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 6684A/6496A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: # 00101408 & # 00101409

STREET ADDRESS: 13900 Island Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2 & 3 to be combined

TYPE OF BUILDING (CHECK ONE):

- [ ] SINGLE MOBILE HOME(S)
- [ ] DOUBLE WIDE (D)
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER (O)

HEATED SQUARE FOOTAGE: 3000 Sq. ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- [ ] WITHOUT BASEMENT
- [ ] ON SLAB
- [X] CRAWL SPACE
- [ ] WITH BASEMENT /PLUMBING
- [ ] WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

- [✓] 0 MECKLENBURG
- [ ] 1 CHARLOTTE
- [ ] 2 DAVIDSON
- [ ] 3 CORNELIUS
- [ ] 4 PINEVILLE
- [ ] 5 MATTHEWS
- [ ] 6 HUNTERSVILLE
- [ ] 7 MINT HILL

CLOSING DATE_____

Soils is encoded over 40" plus - W.A.M. 11-1-96

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- [ ] COMMUNITY (C)
- [ ] MUNICIPAL (M)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [X] NO	WELL, SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTEWATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASTMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER:

NAME: (LAST) McGraw (FIRST) Gerald (MI) Lee

ADDRESS: P.O. Box 2875

CITY: Huntersville STATE: NC ZIP: 28070

DAYTIME PHONE: 704 875 - 0018

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

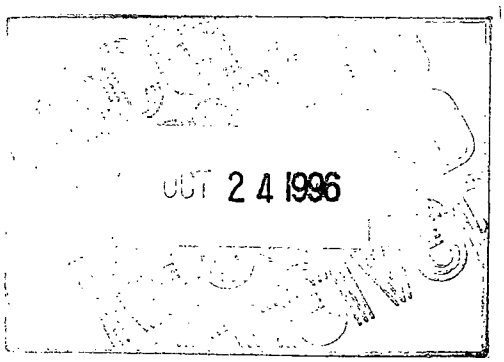
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug 28, 1964

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: [signature]

DATE: 10/24/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


OCT 2 4 1996

Permit Number: 6496A

Tax Number: 001-014-08+09

- The 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.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: - LOT re-classification forms must be recorded. - Keep well 100' away from any portion of the septic system and its repair area.				
Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
900 Absorption Area (Sq ft) 300 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, 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 Improvement permit is transferable.

Jerry B. Thompson Jr., R.S. 12-10-96

DEHNR Authorized Agent Date

Owner/Agent Signature 12/11/96

Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

wws-100195

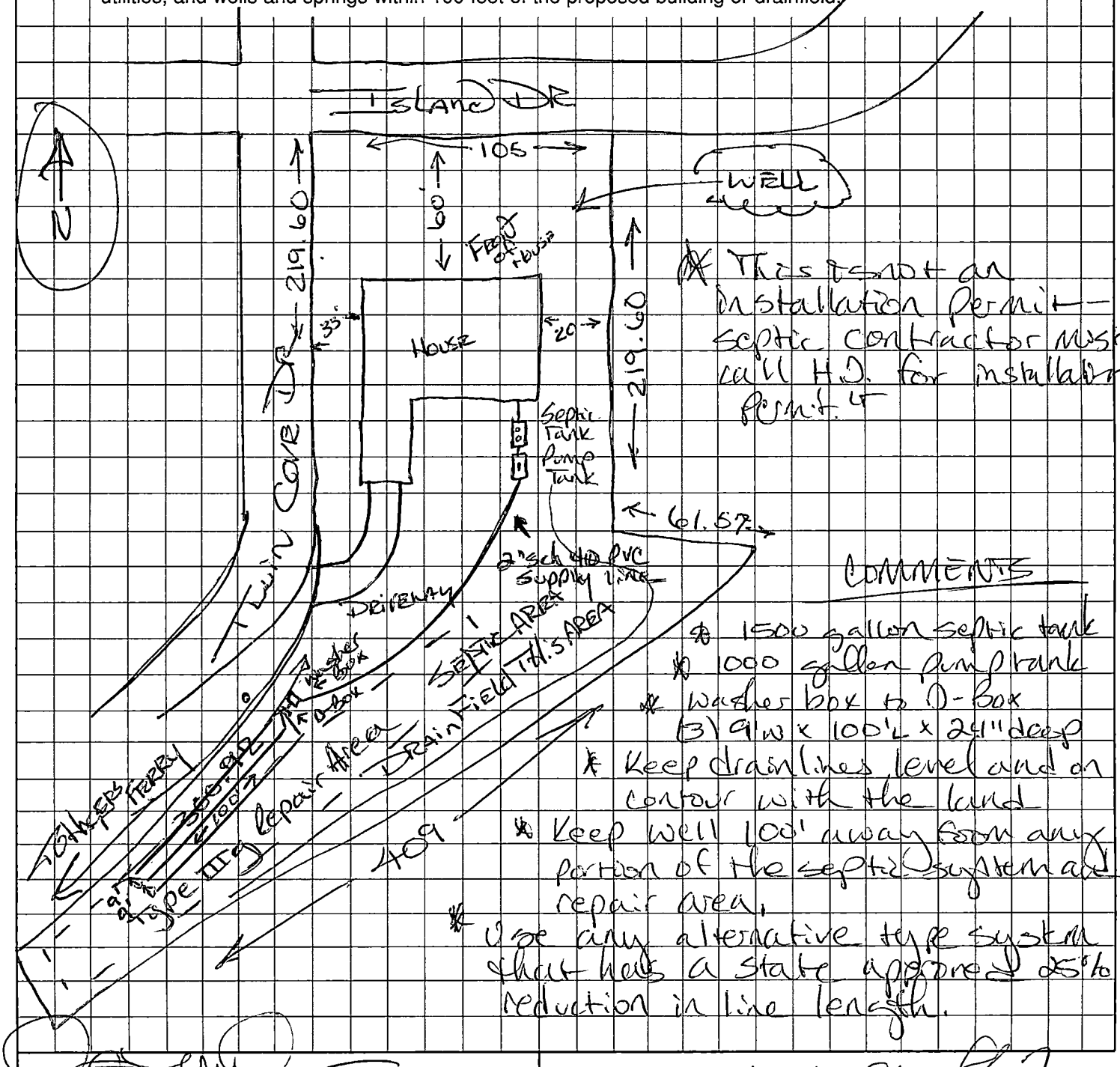
PROPOSED PLOT PLAN

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

FILE: 6684A/6496A

TC: 001-014-02,09

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.



* This is not an installation permit — septic contractor must call H.D. for installation permit.

COMMENTS

* 1500 gallon septic tank
* 1000 gallon pump tank
* Washer box to D-Box
(3) 9'W x 100'L x 24" deep
* Keep drainlines level and on contour with the land
* Keep well 100' away from any portion of the septic system and repair area.
* Use any alternative type system that has a state approved 25% reduction in line length.

OWNER/AGENT SIGNATURE

DATE 10/24/96

APPROVAL DATE 12-10-96

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

Mecklenburg County
Health Department

September 23, 1997

Gerald L. McGraw
P.O. Box 2875
Huntersville, NC 28078

Re: 13900 Island Drive
File: 6496A
Parcel: 001-014-08,09

Dear Mr. McGraw:

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 <u>required</u> 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 336-5568 to discuss any question you may have concerning this matter.

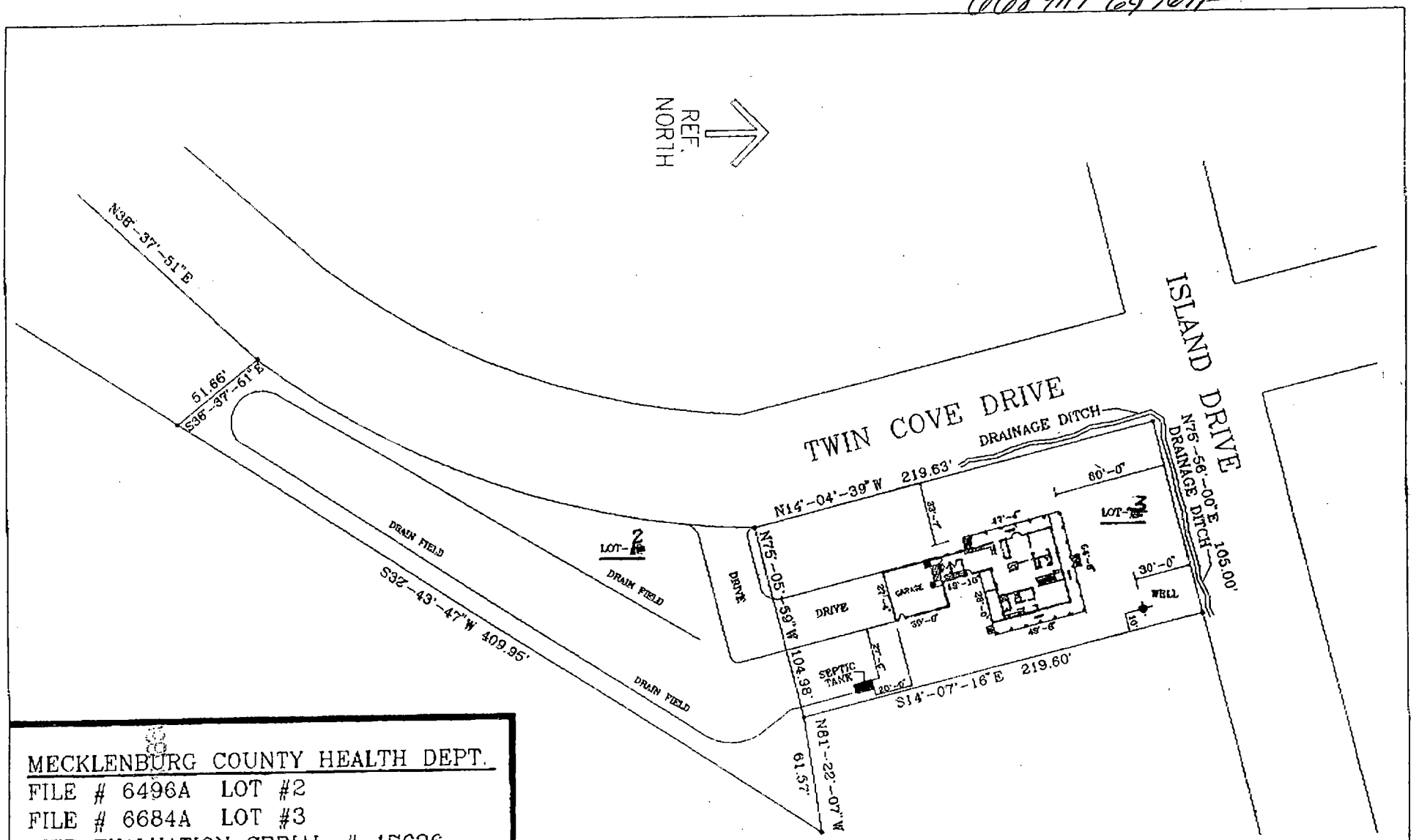
Sincerely,

Larry B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

LT:gc

6684A/6496A



MECKLENBURG COUNTY HEALTH DEPT.
FILE # 6496A LOT #2
FILE # 6684A LOT #3
SITE EVALUATION SERIAL-# 17626
SITE EVALUATION SERIAL-# 17793
PARCEL # 00101408
PARCEL # 00101409

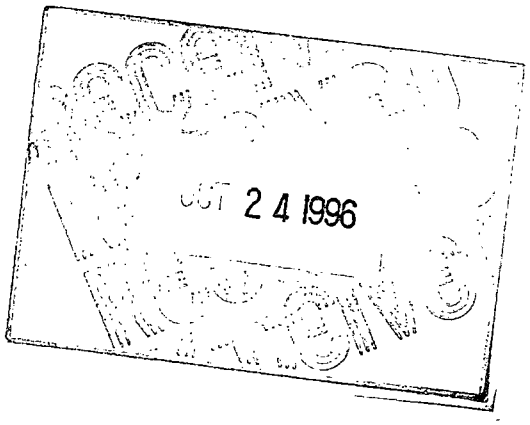
DATE: OCT. 18, 1996

SCALE: 1/4" = 1'-0"

REV.	BY:	DATE:	DESCRIPTION:
0		10-18-96	

LARRY G. EARP & ASSOCIATES
1631 BYRUM STREET
CHARLOTTE, N.C. 28216
CONSULTING ENGINEERS
PHONE: 704-394-8057 FAX: 704-394-3307

CLIENT: GERALD & JOY McGRAW
JOB TITLE: McGRAW RESIDENCE
DWG. BY: DWG. TITLE: GENERAL LAYOUT
CHK. BY: APPROVAL: REV. NO.
DWG. SCALE: 1/4"=1'-0" DWG. NO: CCC-S007 0


OCT 24 1996

REGISTER OF DEEDS 442 P01 DEC 11 '96 15:35

BK8852PG0438(0441) #:0291 14.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/11/96 13:20

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

LOT 2 LOT 3
FILE # 6496A / 6684A
PARCEL # 00101408 / 00101409

The undersigned, GERALD L. & JOY E. McGRAW, owner of property located at 13900 ISLANDALE (MECKLENBURG), (the "site") and described in an instrument recorded in Book 1468 at Page 624, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: GERALD L. & JOY E. McGRAW
Mail after recording to: P.O. BOX 2875 HUNTERSVILLE, N.C. 28070

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally came before me this day and acknowledged that he is _____ Secretary of _____ _____, a North Carolina corporation, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

WITNESS my hand and notarial seal, this _____ day of _____, 199__.

_____
Notary Public

My Commission Expires:

_____

RBCWM:2662_1/3-14-94

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17626

File: 64961 Action 2

Parcel: 001-014-09 ☐ PC

Location: Twin Cove Drive

Subdivision:

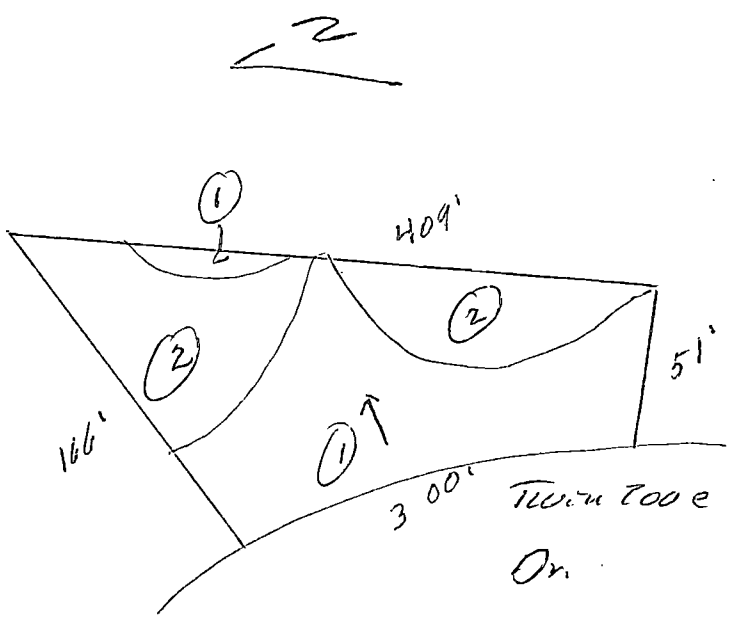
Lot: 2 Block: Acres: .51

Owner: Emma Houser Davis
Address: 7010 Foxglove Drive
Charlotte, NC 28226

Comments: Soils in unerroded areas
40"+- (46) WMM 11-1-96

Described by: William R. Marks

Date: 2-26-90



***** 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 6-12%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-36" to water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) Restricted	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	IV Cecil-Lilly	complex slopes				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

Combined w/ File # 6496A

April 26th, 1990

Emma Houser Davis % Kitty Giese
7010 Foxglove Dr.
Charlotte, NC 28226

RE: Property located at Island Dr. 3
FILE: 6684A
PARCEL: 00101408

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 17793) 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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17793

File: 6684A
Parcel: 00101408
Action 1
PC

Location: Island Dr.

Subdivision:

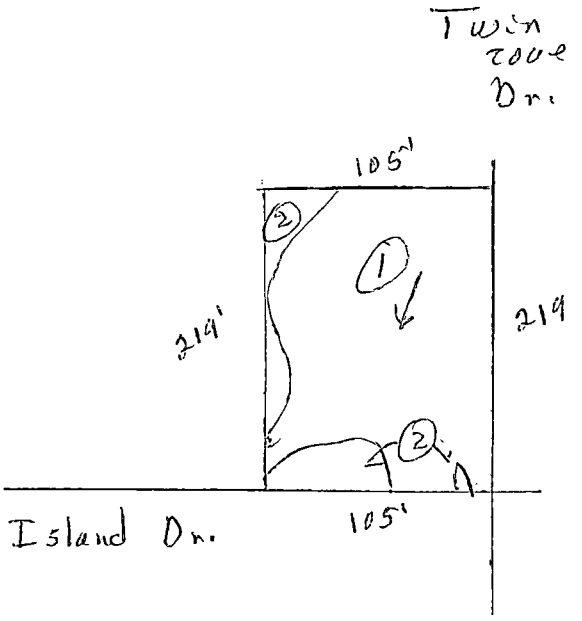
Lot: 3 Block: Acres: .53

Owner: Emma Houser Davis % Kitty Giese
Address: 7010 Foxglove Dr.
Charlotte, NC 28226

Comments: Drain is unrevised over 40"+ WRM - 11-1-96

Described by: William R. Marlin

Date: 11-25-96



***** 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 slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	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	kU Cecil-Urban	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4/18/90

Name/Company: Betty Griese

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil
Lawn
Gdn/Ag

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 18 1990

Fee: $ 110.00

cost $76
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

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 17 1990
ENVIRONMENTAL HEALTH
DIVISION

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

(OFFICE USE ONLY)

FILE: 00684A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: ISLAND DRIVE

② SUBDIVISION: TWIN COVE ESTATES ③ LOT: 3 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 014 PARCEL NO.: 08

⑥ DEED REFERENCE: BOOK NO.: 1468 PAGE NO.: 624

OWNER

⑦ NAME: Emma Houser DAVIS (FIRST) & Kitty (MIDDLE) GIESE (LAST)

⑧ MAILING ADDRESS: 7010 FOXGLOVE DRIVE

⑨ CITY: CHARLOTTE ⑩ STATE: N.C ⑪ ZIP: 28226

⑫ PHONE: (WORK) 376-7588 (KITTY) (HOME) 366-1032 (KITTY)

⑬ Accurately diagram and dimension lot.

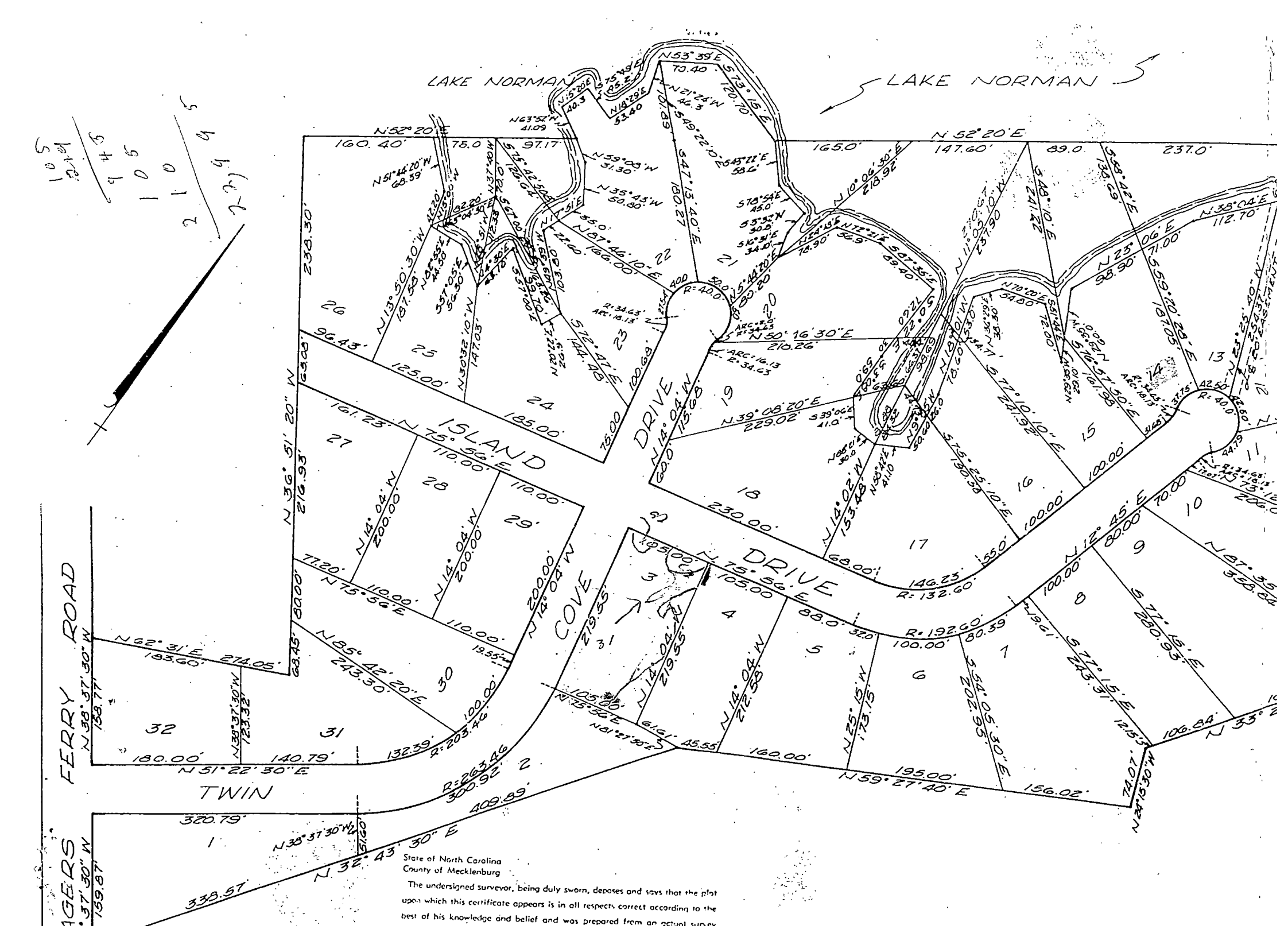
⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Emma H Davis

Date: _____

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


LAKE NORMAN
LAKE NORMAN
N 52° 20' E
160.40'
75.0
97.17'
165.0'
147.60'
89.0
237.0'
230.30'
96.43'
125.00'
185.00'
75.00
100.68'
144.48'
S 72° 47' E
N 87° 46' 10" E
166.00'
N 13° 50' 30" W
137.58'
N 30° 32' 10" W
147.03'
N 36° 51' 20" W
216.93'
161.23'
N 75° 56' E
110.00'
110.00'
110.00'
110.00'
N 14° 04' W
200.00'
N 14° 04' W
200.00'
N 14° 04' W
200.00'
N 85° 42' 20" E
243.30'
N 62° 31' E
193.60'
274.05'
N 38° 37' 30" W
138.77'
N 38° 37' 30" W
123.32'
180.00'
140.79'
132.39'
N 51° 22' 30" E
R: 263.46
300.92'
409.89'
N 32° 43' 30" E
320.79'
338.57'
N 38° 37' 30" W
51.60
159.87'
N 38° 37' 30" W
FERRY ROAD
TWIN
ISLAND
DRIVE
DRIVE
COVE
N 14° 04' W
60.0'
115.68'
N 39° 08' 20" E
229.02'
N 14° 02' W
153.48'
230.00'
N 75° 56' E
146.23'
R: 132.60'
68.00'
55.0'
N 14° 04' W
219.55'
N 14° 04' W
219.55'
N 14° 04' W
212.58'
N 75° 56' E
105.00'
105.00'
N 81° 27' 30" E
61.61'
45.55'
160.00'
N 25° 15' W
173.15'
N 59° 27' 40" E
195.00'
156.02'
N 24° 15' 30" W
74.07'
N 54° 05' 30" E
202.93'
S 77° 15' E
243.37'
S 77° 15' E
280.93'
N 12° 45' E
80.00'
100.00'
88.0'
R: 192.60'
100.00'
80.39'
106.84'
N 33°
N 87° 35'
S 73° 15' E
120.70'
N 53° 39' E
70.40'
N 21° 24' W
46.3'
S 49° 22' 0" E
180.27'
S 47° 13' 40" E
N 87° 46' 10" E
166.00'
N 5° 44' 20" E
80.20'
N 50° 16' 30" E
210.26'
R: 40.0'
ARC: 16.13'
R: 34.63'
N 10° 06' 30" E
218.92'
S 70° 54' E
45.0'
S 5° 32' W
30.0'
S 16° 31' E
34.0'
S 27° 35' E
89.40'
N 11° 05' 0" W
231.90'
N 23° 06' E
98.90'
N 38° 04' E
112.70'
S 59° 20' 29" E
187.05'
S 77° 10' 10" E
241.92'
S 16° 57' 50" E
161.98'
S 75° 25' 10" E
190.58'
S 14° 02' E
100.00'
S 14° 02' E
100.00'
S 14° 02' E
100.00

Revenue Stamp affixed $ -.-

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 29 day of July A. D., 1950, by and between Alda L. Houser, widow;

of the County of Mecklenburg and State of North Carolina, party of the first part, and Emma E. Houser Davis

of the County of Mecklenburg and State of North Carolina, party of the second part,

WITNESSETH, That the said party of the first part, in consideration of love and affection and one dollar /////// Dollars to her paid by the party of the second part, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents do grant, bargain, sell and convey unto the said Emma E. Houser Davis and heirs, all those tracts of land, situate, lying and being in Lemly Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

1st Tract:

Beginning at a stone on Duke Power Company corner; thence, South 23 East 51¼ poles to a stone on Duke Power Company corner; thence South 59 West 31¼ poles to a stone on Duke Power Company and the Mary Long Ross corner; thence with the Mary Long Ross line; South 63 3/4 West 29-4/5 poles to a stone Florence Long Houser's corner; thence with her line North 3½ West 40 poles to a stone on the Carrie Long Fidler line; thence with her line North 52-3/4 East 73 poles to the beginning containing 19 acres, more or less. For back title see Book 675 page 172.

2nd Tract:

Beginning at a stone on north side of Hager's Ferry Road (shown on Map of Mecklenburg County Roads, made by Lloyd Mc. Ross, Engineer, dated March 1929, and known and designated as Road #148.) on a corner of the Duke Power Company; thence North 39 West 24 poles with said road to a stake on north side thereof and on the D. W. Houser line; thence North 63-3/4 East 45 poles to a stone on Duke Power Company corner; thence with the said line South 32 West 46½ poles to the beginning corner, containing 3.41 acres, more or less. For back title see Book 685 page 303.

Both of the tracts described above adjoin and are in one tract now.

TO HAVE AND TO HOLD the aforesaid lots or tracts of land and all privileges and appurtenances thereto belonging, to the said Emma E. Houser Davis heirs and assigns, to only use and behoof forever.

And the said Alda L. Houser for herself, her heirs, executors and administrators, covenant with the said party of the second part, heirs and assigns, that she is seized of said premises in fee and has right to convey the same in fee simple; that the same are free and clear from all incumbrances, and that she will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

The party of the first part reserves unto herself for and during the remainder of her natural life, the use and control and income derived from the land hereby conveyed.

IN TESTIMONY WHEREOF, The said party of the first part to these Presents has hereunto set her hand and seal the day and year above written.

Signed, Sealed and Delivered in presence of

Alda L. Houser (Seal)

(Seal)

(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

I, J. B. Readling a Notary Public for said County and State, do hereby certify that Mrs. Alda L. Houser, widow personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 29 day of July A.D., 1950.

NOTARY PUBLIC SEAL

J. B. Readling, Notary Public

My Commission Expires January 10, 1951

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

Mecklenburg County
Health Department

March 2nd, 1990

Emma H. Davis C/O Kitty Giese
7010 Foxglove Dr.
Charlotte, NC 28226

RE: Property located at Twin Cove Dr.
FILE: 6496A
PARCEL: 00101409

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 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 17626) 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 10 NCAC 10A .1948 (c) 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 I may be of any assistance, please feel free to call.

Very truly yours,

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

Enclosure (2)

BOOK NO. 1400

Revenue Stamp affixed $ ----

STATE OF NORTH CAROLINA—Mecklenburg County

THIS DEED, Made this 29 day of July A. D., 19 50, by and between

Alda L. Houser, widow;

of the County of Mecklenburg and State of North Carolina, party of the first part, and

Emma E. Houser Davis

of the County of Mecklenburg and State of North Carolina, party of the second part,

WITNESSETH, That the said party of the first part, in consideration of love and affection and one dollar //////// Dollars to her paid by the party of the second part, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents do grant, bargain, sell and convey unto the said Emma E. Houser Davis and heirs, all those tracts of land, situate, lying and being in Lemly Township, Mecklenburg County, State of North Carolina, and more particularly described and defined as follows:

1st Tract:

Beginning at a stone on Duke Power Company corner; thence, South 23 East 51¼ poles to a stone on Duke Power Company corner; thence South 59 West 31¼ poles to a stone on Duke Power Company and the Mary Long Ross corner; thence with the Mary Long Ross line; South 63 3/4 West 29-4/5 poles to a stone Florence Long Houser's corner; thence with her line North 3½ West 40 poles to a stone on the Carrie Long Fidler line; thence with her line North 52-3/4 East 73 poles to the beginning containing 19 acres, more or less. For back title see Book 675 page 172.

2nd Tract:

Beginning at a stone on north side of Hager's Ferry Road (shown on Map of Mecklenburg County Roads, made by Lloyd Mc. Ross, Engineer, dated March 1929, and known and designated as Road #148.) on a corner of the Duke Power Company; thence North 39 West 24 poles with said road to a stake on north side thereof and on the D. W. Houser line; thence North 63-3/4 East 45 poles to a stone on Duke Power Company corner; thence with the said line South 32 West 46½ poles to the beginning corner, containing 3.41 acres, more or less. For back title see Book 685 page 303.

Both of the tracts described above adjoin and are in one tract now.

TO HAVE AND TO HOLD the aforesaid lots or tracts of land and all privileges and appurtenances thereto belonging, to the said Emma E. Houser Davis heirs and assigns, to only use and behoof forever.

And the said Alda L. Houser for herself, her heirs, executors and administrators, covenant with the said party of the second part, heirs and assigns, that she is seized of said premises in fee and has right to convey the same in fee simple; that the same are free and clear from all incumbrances, and that she will warrant and defend the said title to the same against the lawful claims of all persons whomsoever.

The party of the first part reserves unto herself for and during the remainder of her natural life, the use and control and income derived from the land hereby conveyed.

IN TESTIMONY WHEREOF, The said party of the first part to these Presents has hereunto set her hand and seal the day and year above written.

Signed, Sealed and Delivered in presence of

Alda L. Houser (Seal)

(Seal)

(Seal)

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

I, J. B. Readling a Notary Public for said County and State, do hereby certify that Mrs. Alda L. Houser, widow personally appeared before me this day, and acknowledged the due execution of the foregoing (or annexed) instrument.

Witness my hand and notarial seal, this 29 day of July A.D., 1950.

J. B. Readling, Notary Public

My Commission Expires January 10, 1951

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG } ss.

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 64961

TC: _____

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: Twin Cove Drive

② SUBDIVISION: Twin Cove Estates ③ LOT: 2 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 001 PAGE NO.: 014 PARCEL NO.: 09

⑥ DEED REFERENCE: BOOK NO.: 1468 PAGE NO.: 624

OWNER

⑦ NAME: Emma Houser Davis (FIRST) % Kitty (MIDDLE) Giese (LAST)

⑧ MAILING ADDRESS: 7010 Foxglove Drive

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28226

⑫ PHONE: (WORK) 376-7588 Kitty (HOME) 366-1032 Kitty

⑬ Accurately diagram and dimension lot.

- attached -

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: Emma H Davis

Date: 2/14/90

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: 2/15/90

Name/Company: Emma Hansel

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: Soil Acre

C6496A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 15 1990

Fee 40.00

CK #2946
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