

20320 CHRISTOFLE DR

00160139

12/17/07

duponbj

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

Permit Number: 8001-A/111B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-601-39

- 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 NO	____ 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)
NO Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" 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	NA Depth of stone	
Any surface waters present: No Type:		Minimum separation distance:	
Site modifications required: NO			
Additional Conditions: Agreement Grm on file			
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
400 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	30" Depth of ~~Stone~~ Trench (3 gms)	8 Trench spacing (min. on centers)	30" 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.

Kelly Randall 12-14-95
DEHNR Authorized Agent Date

[signature] 12/14/95
Owner/Agent Signature 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

IWWS:100195

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 12-14-95 PERMIT NO: 8001-A / 111-B
PARCEL NO: 001-601-39
JOB LOCATION ADDRESS: 20320 CHRISTOFLE DR
PROPERTY OWNER: WENDELL Stephens
BUILDING CONTRACTOR: Lyle Caulkins
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Kelly Randall DATE: _____
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 8001-A / 111-B, 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: Agreement form on file ppbps repair

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] 12/14/95
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 20320 Christafle Dr

File Number: 3001A/111B

Parcel Number: 001-601-39

Owner/Agent Name: Wendell D. & Bernadette A Stephens
(Please print)

Date: 15 Sept 95 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, **WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner, understand and acknowledge your option to develop this site initially with a

conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

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

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Ilona B. Mialik, RS — 9/15/95

Environmental Health Specialist — Date

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Linda D Stephens — 15 Sep 95

Property Owner Signature — Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

BK: 08387 PG: 0863/0866 #:0214 15.40
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/06/95 10:05

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

WASTEWATER TREATMENT AND DISPOSAL SYSTEM DESIGN AGREEMENT: 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1969

FILE # 8001A/111B
PARCEL # 001-601-39

The undersigned, Wendell D. Stephens and Bernadette A. Stephens, owner of property located at 20320 Christofle Drive, (the "site") and described in an instrument recorded in Book 8239 at Page 0233, 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 the responsibility of the designer, owner, developer, installer, or user of the system, as applicable, 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.

Lyle Calkins

This instrument was prepared by: Wendell Stephens 704-892-1383
Mail after recording to: Wendell Stephens c/o Calkins Custom Homes
20468-P Chartwell Ct Dr.
Davidson, N.C.
28036

RBCWM:24751_1/8-30-95

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:

_____

8001A/111B

INDIVIDUAL WATER AND WASTEWATER SYSTEM — NEW
APPLICATION FOR SERVICES

1529 1509 9151 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

PERSON FILING APPLICATION:
NAME: STEPHENS (last) WENDELL (first) D. (mi)
ADDRESS: 19705 ACACIA PL PHONE: (704) 895-0204
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: _____ (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-601-39
STREET ADDRESS: 20320 CHRISTOPHE DR
CORNELIUS NC
ZONING:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 6 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☒ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: 14 LOT SIZE (in acres): 0.533 ACRES

12/1
Reclass form
mailed to
Mr Stephens
c/o Lyle Calkins

☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

IS OR LESS (N)
HOME SIZE (A or M)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2/3

☐ MULTIPLE FAMILY (U)
M) ☐ OTHER _____ (O)

SYSTEM CLASSIFICATION:

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☒ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

...ons ___ Per Shift ___ ___ ___
___ Type _____

BE ENTERED (check all that apply):
☐ Stable/Barn ☐ Workshop ☐ None
☐ 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 [signature] Date: X 9/Sep/95

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.

... Use caution repair
my septic panel pumped
To rear of lot

☐ 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

10/19 PC w/ Mr Stephens - will [illegible] having lot surveyed for house placement - will contact Kelly or I after.

10/16 ~~Budget~~ Engineering - DE necessary? questionable

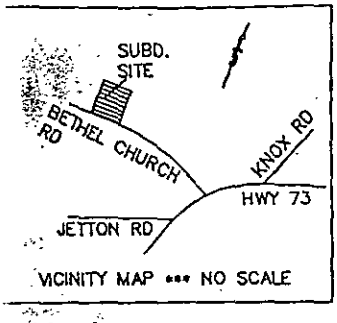
12/1 Reclass form mailed to Mr Stephens c/o Calkins

WATER 22701

DON ALLEN & ASSOCIATES, P.A.
ENGINEERING - SURVEYING - PLANNING
Rt 7 BOX 293 - MOORESVILLE, N.C. 28115 - (704) 664-7029

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 6771, page 251, and/or plat book 23, page 573, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 22, day of DECEMBER, A.D. 19 94

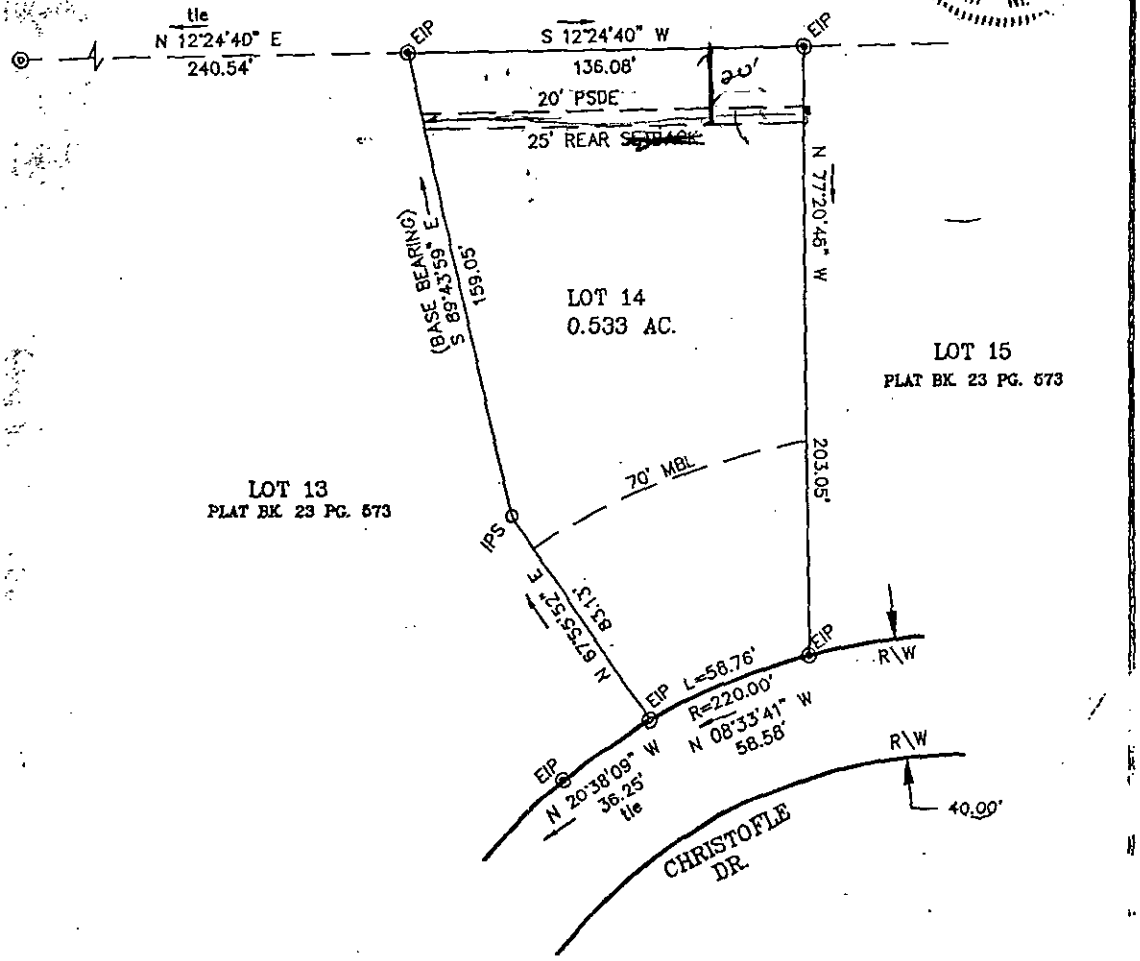
WILLIAM M. ALLEN RLS



VICINITY MAP *** NO SCALE

NOV. 1989 PLAT BK. 23 PG. 573

NORTH CAROLINA REGISTERED SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



LEGEND
- P.P. - POWER POLE
- DUKE POWER TRANS.
- E.I.P. - EXISTING IRON FOUND
- I.P.S. - ½ REBAR SET
- R/W - RIGHT-OF-WAY
- (W) - WELL

0' 25' 50' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

BOUNDARY SURVEY
OF
LOT 14 CATARINA BAY

SCALE 1" = 50'
TOWN OF CORNELIUS, MECKLENBURG CO., N.C.
ACQUIRED BY: WILLARD M. & MARY ANNE VULCANO

FIELD BOOK: 52
FILE: E:1220412
TAX MAP NO: 001-601-39

PROPOSED PLOT PLAN

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

FILE: 8001A/111B

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.

Site Plan Attached

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

PROPOSED PLOT PLAN

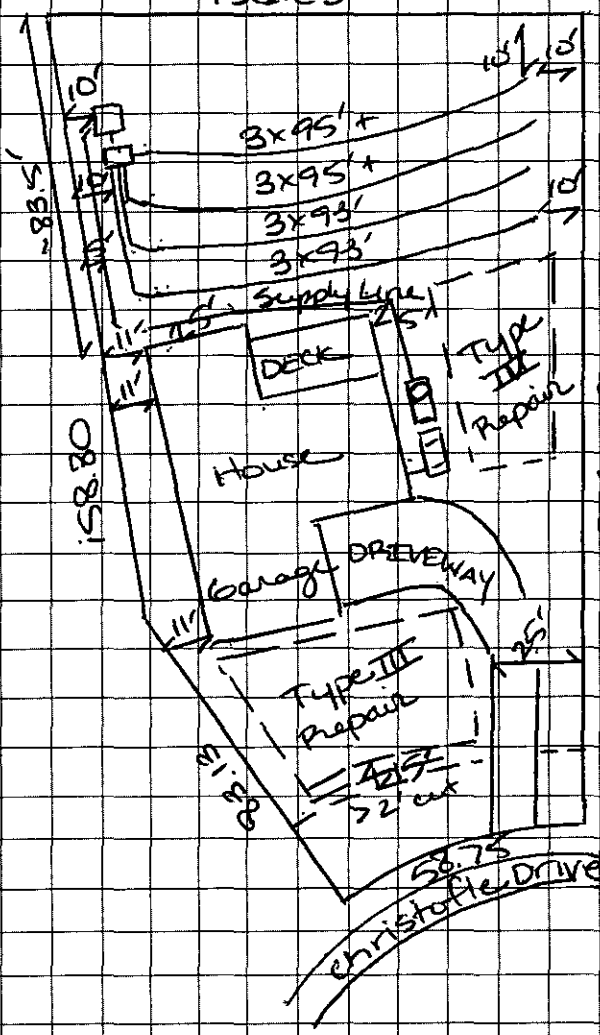
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8001 A/111B

TC: 001-601-39

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.

Lot #14
136.03



Installation for 3 Bedroom Residence @ 20320 Christofle Drive.

Install:
- 1500 gal Septic Tank
- 1000 gal D-Box
- 40 gal PCC Washer Box
- D-Box
- 4 nitrification lines 3' x 93-95' each (application rate .32)
- Keep lines on contour
- Trench depth 24-36"
- 12" gravel
- Pump & pump controls to meet current N.C. Plumbing standards

COMMENTS:
- Permit VALID 60 months
- Permit subject to REVOCATION if site plans or intended use change.
- DO NOT DISTURB/GRADE AREA for sewage disposal system and its required repair area: otherwise permit subject to revocation.
- Residence to be served by municipal water; however, sewage disposal system shall be 50' from any well.

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE _____

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

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12456

File: 8001-A / 111B Action 1

Parcel: 001-601-39 ☒PC

Location: 20320 CHRISTOFLE

Subdivision:

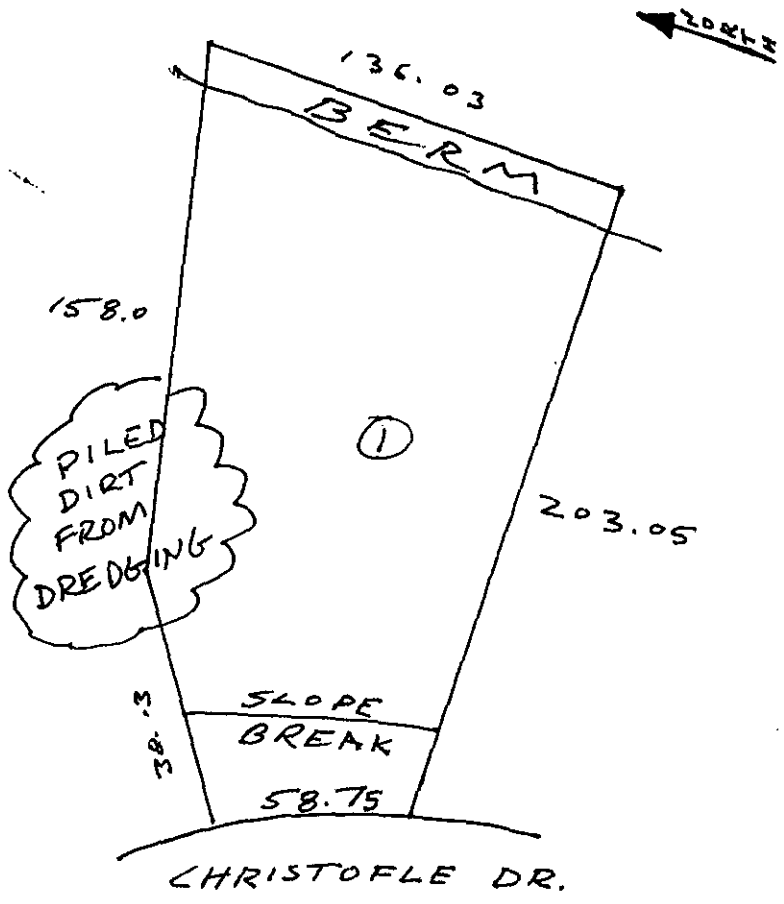
Lot: Block: Acres: N/A

Owner: FUTRELLE / DUNNE INC.
Address: 1515 ELIZABETH AVE
CHARLOTTE NC. 28204

Comments: LOT TO REPAIR

Described by: Kelly Randall

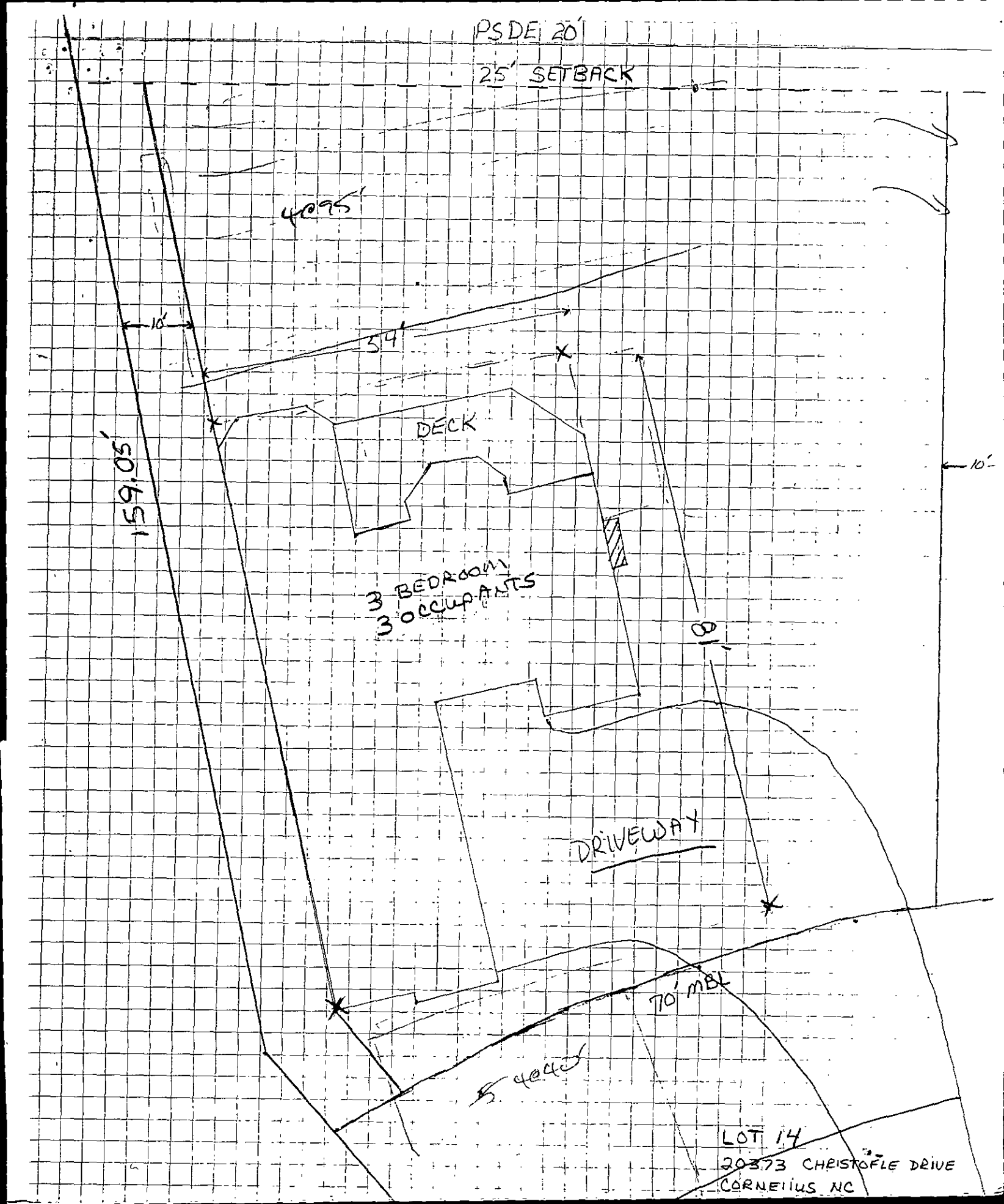
Date: 2-6-92



***** 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	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 SUB ANGULAR BLOCKY	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40"	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 NONE	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	CECIL LIKE					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U


PSDE 20'
25' SETBACK
40.95'
10'
54'
DECK
150.05'
10'
3 BEDROOM
3 OCCUPANTS
DRIVEWAY
70' MBL
LOT 14
20373 CHRISTOFLE DRIVE
CORNELIUS NC

OWNERS
WENDELL & BERNADETTE
STEPHENS

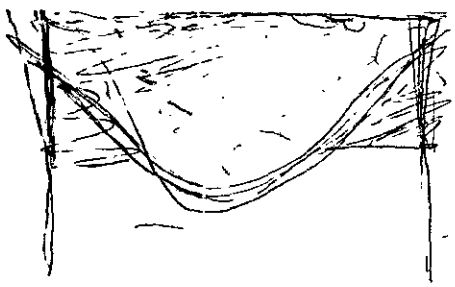
83.13'

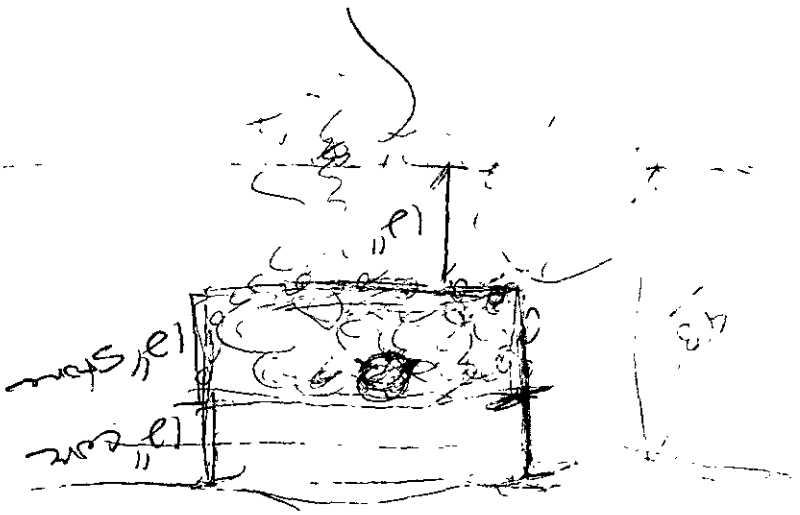
Slope Break

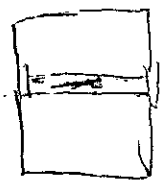
58.76'

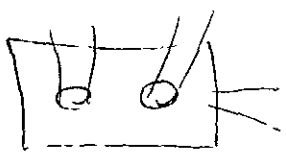
...CTOFLE DRI

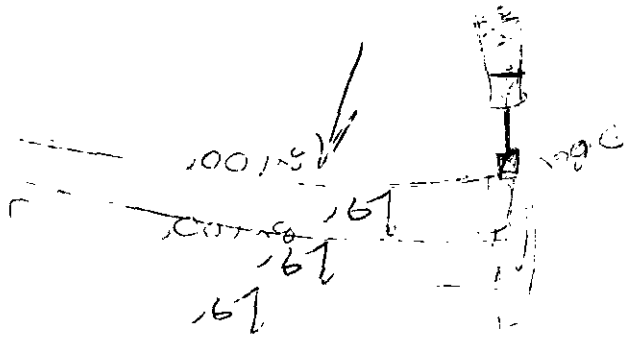
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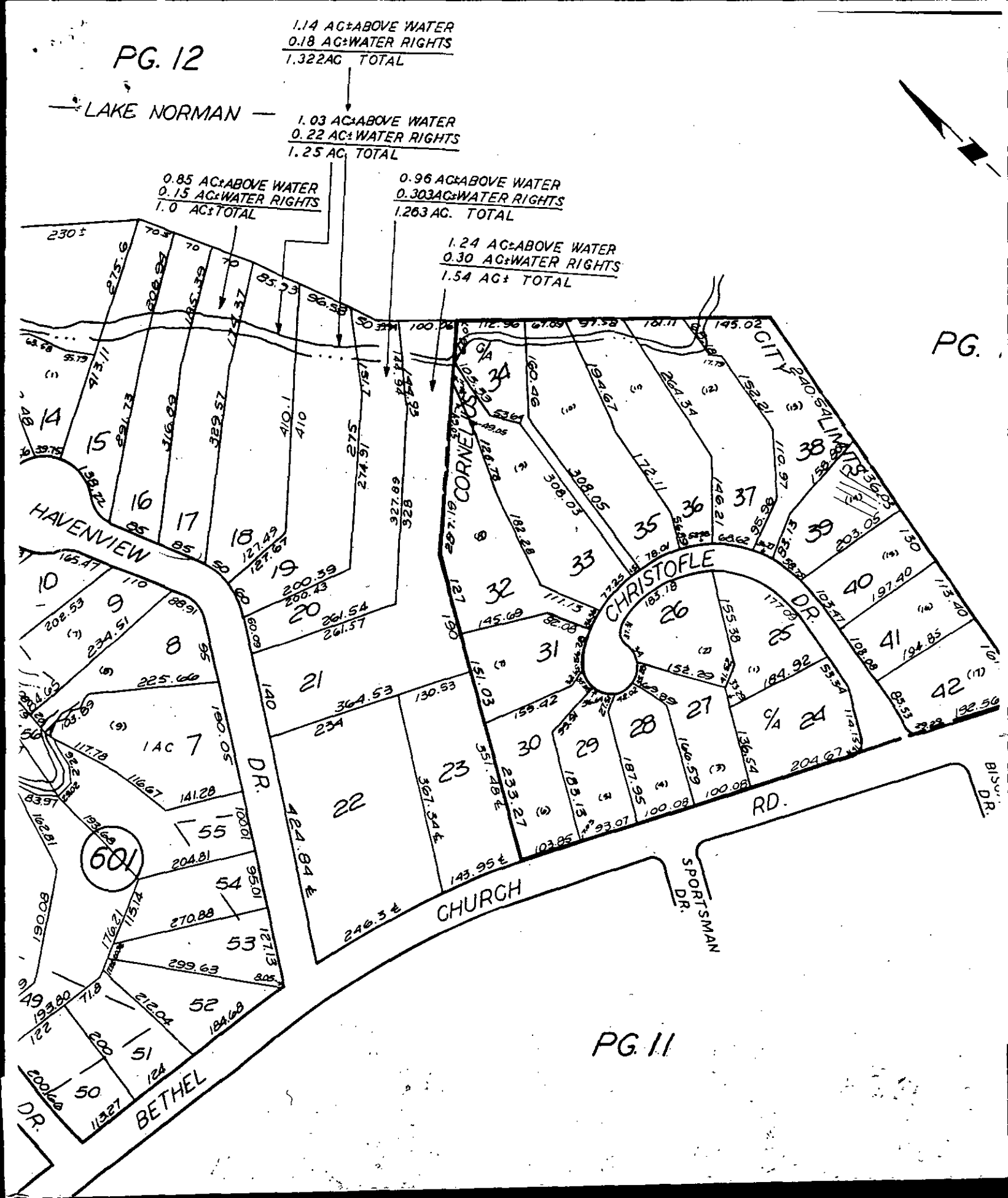






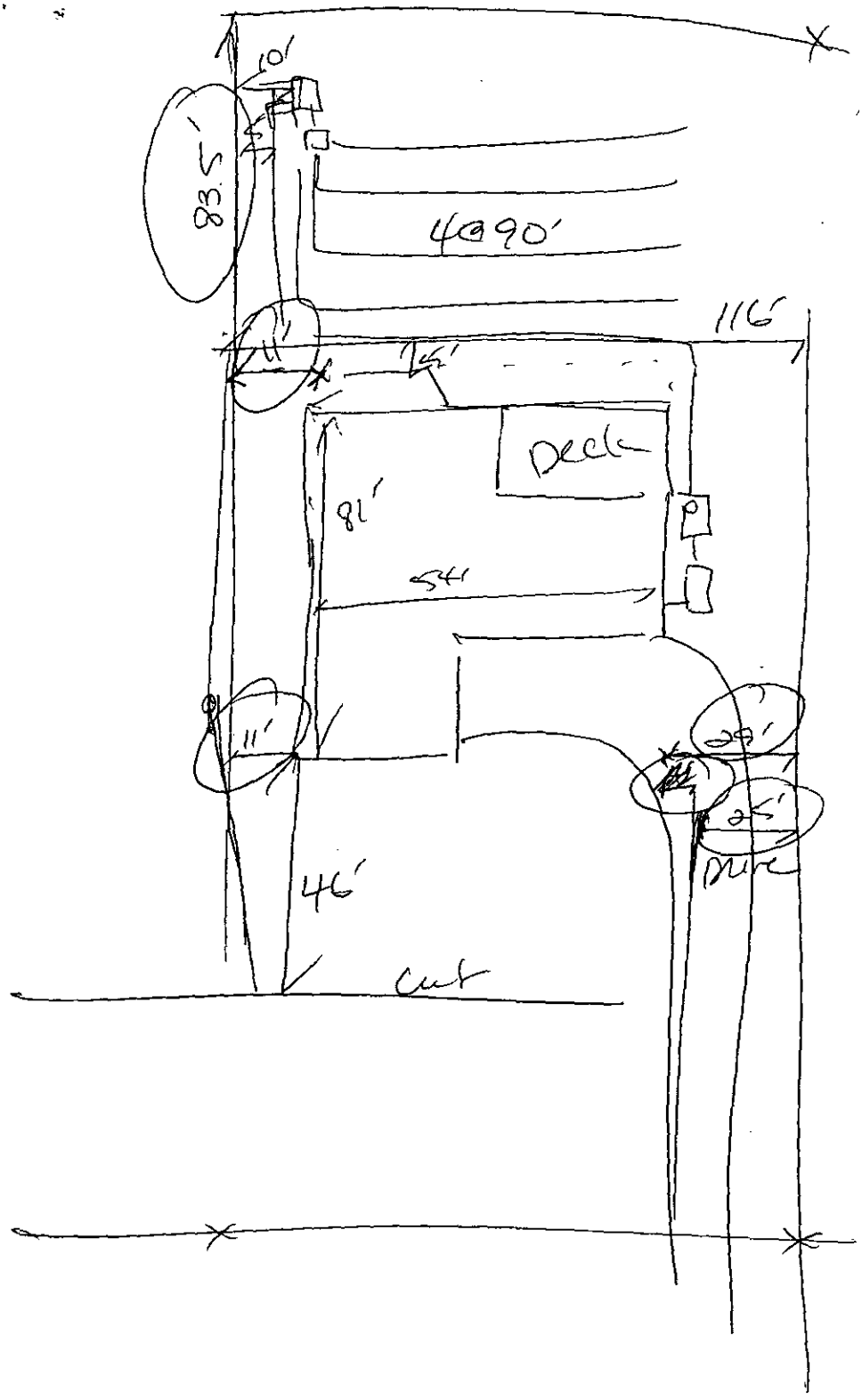





PG. 12
LAKE NORMAN
1.14 AC±ABOVE WATER
0.18 AC±WATER RIGHTS
1.322AC TOTAL
1.03 AC±ABOVE WATER
0.22 AC±WATER RIGHTS
1.25 AC. TOTAL
0.85 AC±ABOVE WATER
0.15 AC±WATER RIGHTS
1.0 AC± TOTAL
0.96 AC±ABOVE WATER
0.303AC±WATER RIGHTS
1.263 AC. TOTAL
1.24 AC±ABOVE WATER
0.30 AC±WATER RIGHTS
1.54 AC± TOTAL
PG.
PG. 11
HAVENVIEW
CORNELIUS
CHRISTOFLE
DR.
CITY
SALIMA
RD.
CHURCH
SPORTSMAN
DR.
BETHEL
DR.
BISON
DR.
1 AC
601

PURPOSES ONLY

TAX LINE MAP BOOK OF PA
MECKLENBURG COUNTY, NORTH CARO
REVISED 11-02-94 BK | SCALE 1"=



Christoph

applicatio
let

.32 app.

375 linear ft

4@93'

95
95
93
93

DAILY ITINERARY

Name Lisa B Malik Date 9/14/95

	Name of Home Visit or Clinic/Office	Address	Phone
~~8:00~~ 8:2K			
9:00			
10:00		Christopher	
11:00		Sanfish Ct	
12:00 12:30	Randy Poore	17917 Pages Pond Ct	
1:00			
2:00		6515 Glen Teague Rd	
3:00		730 Oak St.	
4:00	?	10900 Brattes Ford Rd	
5:00			

3/92

NORTH N

136.08'

12'

116'

12'

PSDF 20'

25' SETBACK

These X's are 10' apart & run from 102' in front to 116' in back after allowing for required offsets

51'

53'

10'

54'

102'

5'

DECK

10'

159.05'

3 BEDROOM
3 OCCUPANTS

81'

DRIVEWAY

70' MBL

LOT 14

HURMAN

As Floodway Regulations of Mecklenburg Co County

Subject To The Resin

CAT

Scale 1"=60'

Date NOV 29, 190

Prop of Co

Approve
Appt Co
Regulatio
The Town

Town Adm

S H BRUMM
D.B. 2800-29

BETHEL PRESBYTERIAN CHURCH TRUSTEES
5159-619

R.W. JOHNSON
4196-404

Note
Iron Stakes At All
Lot Corners Unless
Otherwise Noted

FRINGE LINE
ELEV 761.0

CONTOUR ELEV 760

11
#20321

12
#20320

13
#20322

14
#20320

15
#20316

16
#20316

2
#20339

#20315

3
20335

S 73-17-54E 542.17
S 42-17-28E 190.53
N 32-15-34E 46.0
S 57-44-11E 46.49
S 32-42-26E 97.58
S 20-39-02E 30.56
S 24-41-26E 49.40
S 53-48-26E 28.0
S 36-30-12E 33.0
S 36-30-26E 240.54
S 12-31-24W 1195.22
S 12-31-24W 1346.21
S 12-31-24W 53.34
S 12-24-38W 1330.03
S 77-20-1E 203.05
S 77-20-1E 130.0
S 77-20-1E 113.40
S 68-25-14E 184.92
S 30-26-13W 204.61
S 59-33-47E 195.76
S 13-3-27E 195.76
S 5-09-11W 1700
N 32-52-10E 50.89
N 33-36-17E 155.38
N 32-45-58E 130.54
N 32-52-29E 41.52
N 33-29-42E 33.49
S 89-43-51E 158.80
S 5-09-11W 97.58
S 30-26-13W 49.46
S 5-12-31-24W 53.79
S 21-21-30-40E 86.74
S 5-17-30-40E 86.74
S 59-33-47E 175.51
S 59-33-47E 21.46

R=220.0
R=180.0
R=20.0 L=31.41 CH.N 75-28-13E 28.28
R=175.0 L=179.79 CH. S 17-30-40E 86.74

CH: S 5-30-45-10E 36.23
CH: S 34-39-43E 68.31
CH: S 50-4-22E 52.80
CH: S 15-39-43E 170.03
CH: S 5-08-22-43E 58.58
CH: S 5-05-53-51W 50.77
CH: S 21-21-53-79W 8.62

68.62
52.93
78.01
36.27
50.75
50.88
183.18
177.09
110.77
110 MBL
75 MBL
70 MBL
40 R/W (PUBLIC)
35 MBL
25 REAR YARD
25 REAR OR 42.26E YARD
30 SIDEYARD
10 SIDE
20 PSDE
35 X 35 SIGHT TRIANGLE AT INTERSECTION
10 X 70 & 35 X 35 SIGHT TRIANGLE AT INTERSECTION
Conc. Mon.
Conc. Mon.

COMMON OPEN SPACE

THEL CHURCH RD.
60' PUBLIC R/W

CAYNE CIR.

State of North Carol
The foregoing certif
ANNE S. DAVI
a Notar(y) (ies) Pub
to be correct.
This 23rd day of
Anne A. Powers, Regis
By: Charlotte

State of North Carol
I, Anne A. Powers, R
aforesaid County and
the foregoing is a
is found in the Offi
for Mecklenburg Coun
Book 23 Page 5
Witness my hand and
23rd day of JAN
Anne A. Powers, Regis
By: Charlotte

CORNELIUS

CATARINA BAY

CORNELIUS, N.C.

Scale 1"=60 0 25 50 100

Date NOV 29, 1989

12.76 AC

Robert E. Rembert
Reg. Surveyor
N.C. L-1055
514 Louise Ave.
Charlotte, N.C.

Prop of Futrelle/Dunn

BETHEL PRESBYTERIAN CHURCH TRUSTEES

Approved In Accordance With Applicable Zoning And Subdivision Regulations And Ordinances of The Town of Cornelius, N.C.

Town Adm JAN 19, 1990

Note
Iron Stokes At All Lot Corners Unless Otherwise Noted.

29th NOV 89

Robert E. Rembert

North Carolina
Mecklenburg County

I, a Notary Public of the County and State aforesaid, certify that Robert E. Rembert, a registered land surveyor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 29th day of NOV 89.

Anne S. Davis
Notary Public

My commission expires Nov 14, 1993

State of North Carolina, County of Mecklenburg
The foregoing certificate(s) of ANNE S. DAVIS
a Notar(y) (ies) Public (is) (are) certified to be correct.
This 23rd day of JANUARY 19 90
Anne A. Powers, Register of Deeds
By: Charlotte W. Pettit Deputy

State of North Carolina, County of Mecklenburg
I, Anne A. Powers, Register of Deeds for aforesaid County and State, hereby certify the the foregoing is a true copy of Map as the same is found in the Office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 23 Page 573
Witness my hand and official seal, this the 23rd day of JANUARY 19 90
Anne A. Powers, Register of Deeds
By: Charlotte W. Pettit Deputy

ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

IN

CORNELIUS

COUNTY ENGINEER 1/19/90

MAP BOOK 23 PAGE 573
PRESENTED FOR REGISTRATION
90 JAN 23 AM 10:28
ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG CO., N.C.

R.W. JOHNSON (4196 404)

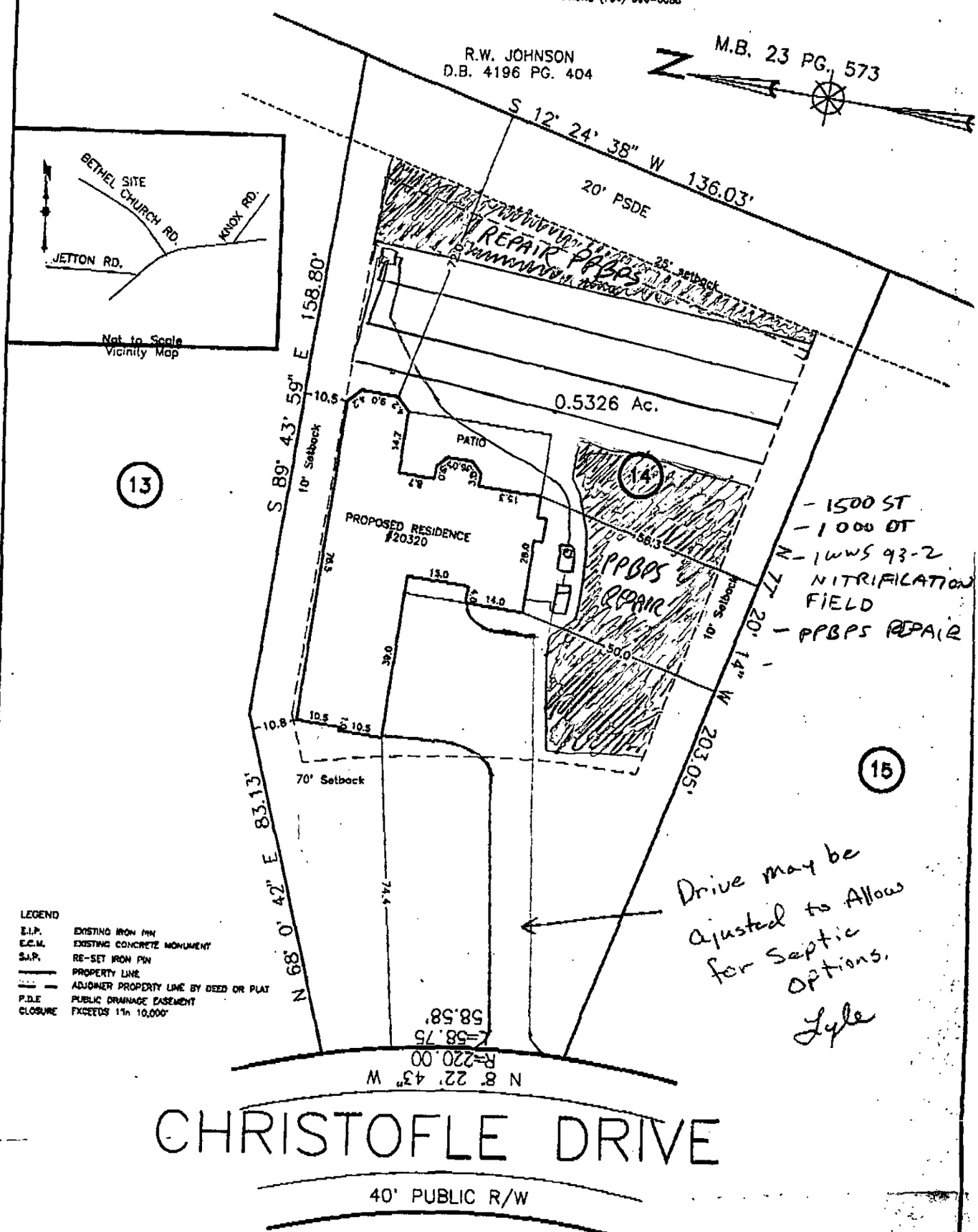
BOCAYNE DR

11-30-95

THIS IS TO CERTIFY THAT ON THE 21 DAY OF November 19 95 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

BAUCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5100-12 NORTH I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 596-6088



- 1500 ST
- 1000 DT
- IWWS 93-2 NITRIFICATION FIELD
- PPBPS REPAIR

Drive may be ajusted to Allow for Septic Options.
Lyle

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
———	PROPERTY LINE
— — —	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.D.E.	PUBLIC DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1/10,000'

Plot Plan SURVEY
OF
Lot 14, Catarina Bay
Cornelius, Mecklenburg County, N.C.

SCALE 1" = 30'

THE PROPERTY OF Calkins Custom Homes

MAP RECORDED IN BOOK 23 AT PAGE 573 DEED RECORDED IN BOOK

Calkins Custom Homes, Inc.

DATE: 11/30/95

TO: Kelly

COMPANY: Meck County

FROM: Lyle Calkins

RE: Septic Layout for Stephens home.

OF PAGES 2 (INCLUDING COVER PAGE)

PLEASE CALL (704)892-1383- IF YOU DID NOT RECEIVE ALL THE PAGES - BEFORE SENDING A RETURN FAX

5"

20468-P Chartwell Centre Drive • Davidson, North Carolina 28036 • (704) 892-1383

11-30-1995 15:56 704 892 1383 P.01

8001A/111B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Perc 1,5 9 1,5 0° 9/5 1,5 X

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: STEPHENS (last) WENDELL (first) D. (mi)
ADDRESS: 19705 ACACIA PL PHONE: (704) 895-0204
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-601-39
STREET ADDRESS: 20320 CHRISTOFIE DR.
CORNELIUS NC
ZONING:

PROPERTY OWNER:
NAME: (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

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: 14 LOT SIZE (in acres): 0.533 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 (T)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (I)
☐ 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: 3 NUMBER OCCUPANTS: 2/3

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: [signature] Date: 9/5-ep/95

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.

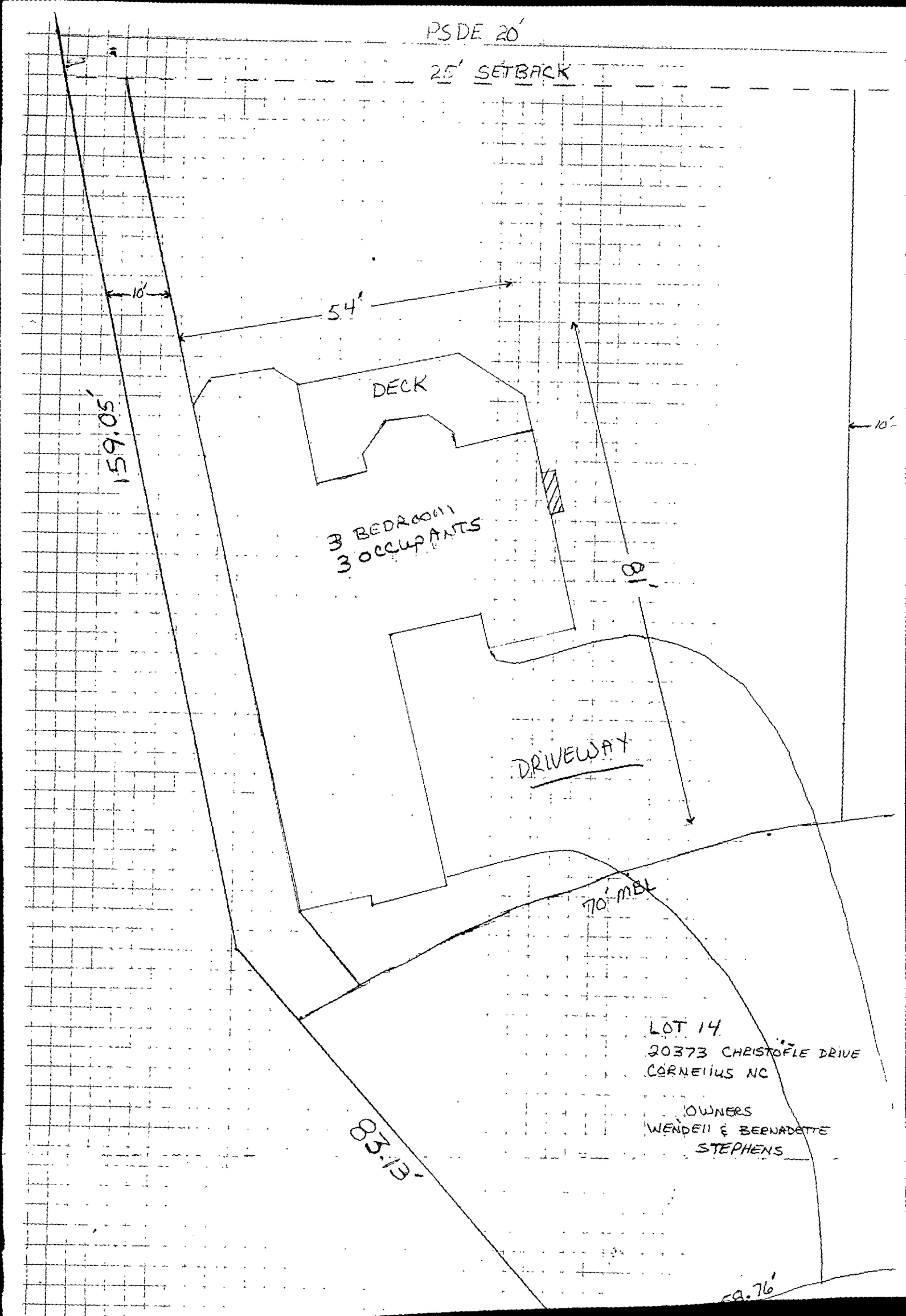
...___

☐ 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

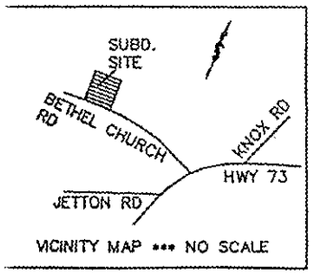
WATER 12270


PSDE 20'
25' SETBACK
10'
54'
159.05'
DECK
3 BEDROOM
3 OCCUPANTS
10'
DRIVEWAY
70' MBL
LOT 14
20373 CHRISTOFLE DRIVE
CORNELIUS NC
OWNERS
WENDELL & BERNADETTE
STEPHENS
83.13'
59.76'

DON ALLEN & ASSOCIATES, P.A.
ENGINEERING + SURVEYING + PLANNING
Rt 7 BOX 293 • MOORESVILLE, N.C. 28115 • (704) 664-7029

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 6771, page 251, and/or plat book 23, page 573, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 22, day of DECEMBER, A.D. 19 94.

WILLIAM M. ALLEN RLS



VICINITY MAP *** NO SCALE

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = ¾ REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

0' 25' 50' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER

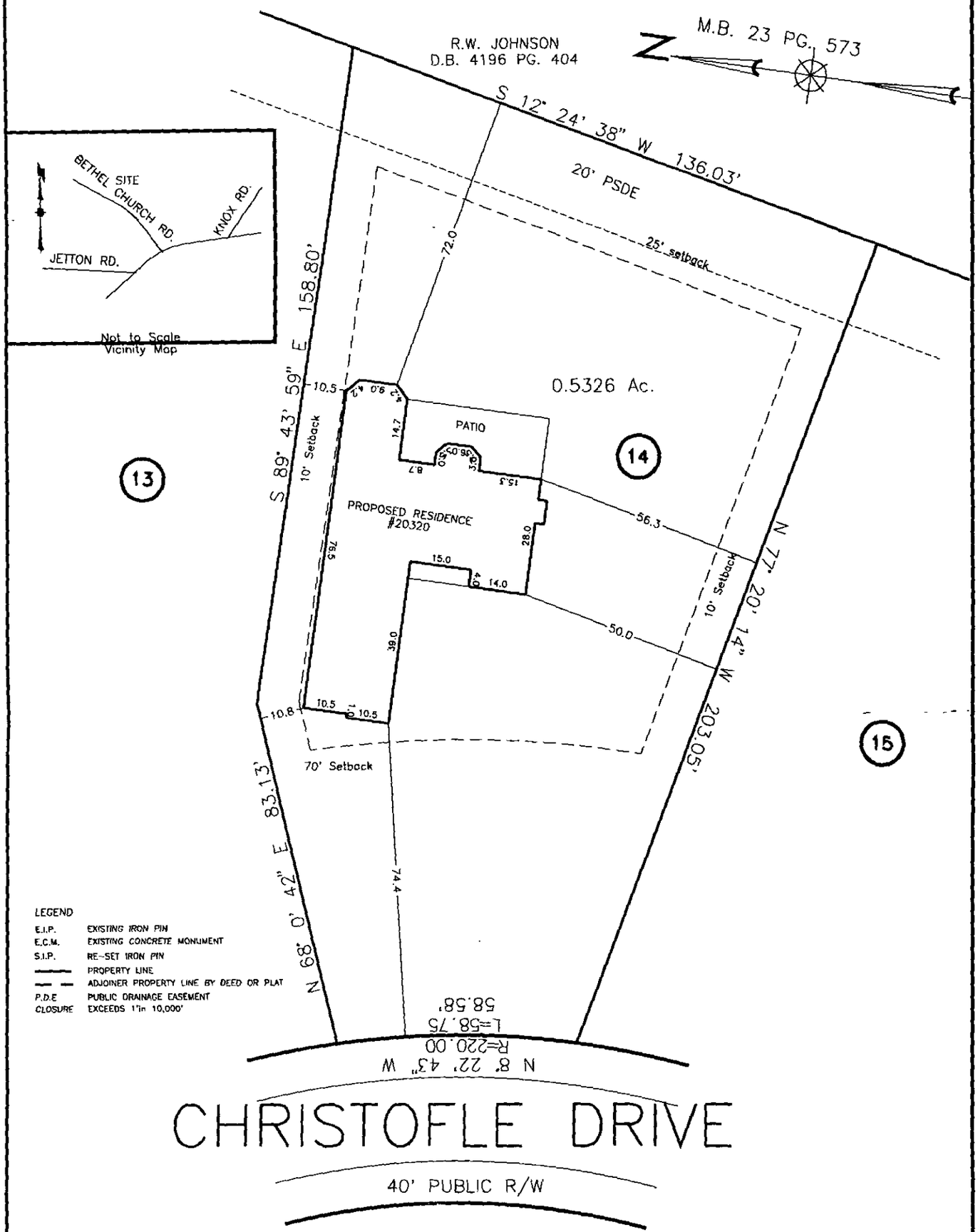
BOUNDARY SURVEY
OF
LOT 14 CATARINA BAY

SCALE 1" = 50'
TOWN OF CORNELIUS, MECKLENBURG CO., N.C.
ACQUIRED BY: WILLARD M. & MARY ANNE VULCANO
FIELD BOOK: 52
FILE: E:1220412
TAX MAP NO: 001-601-39

THIS IS TO CERTIFY THAT ON THE 21 DAY OF November 19 95 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOW HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED _____

BAUCOM-DAVIS & ASSOCIATES, REGISTERED SURVEYORS
5100-12 NORTH I-85 SERVICE ROAD
CHARLOTTE N.C. 28206
PHONE (704) 596-6088



LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
———	PROPERTY LINE
— —	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.D.E	PUBLIC DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1'in 10,000'

Plot Plan SURVEY
OF

Lot 14, Catarina Bay

Cornelius, Mecklenburg County, N.C.

SCALE 1"=30'

THE PROPERTY OF Calkins Custom Homes

MAP RECORDED IN BOOK 23 AT PAGE 573 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: ROB

15911

DATE 9/15/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Cou

001-601-39
PARCEL NUMBER

20320 Christopher Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 14
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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. WATERSHED PROTECTION	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
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: S. Addn + Deck

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pme

REVISED 1/91

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12456

File: 8001-A / 111B Action 1
Parcel: 001-601-39 ☑PC

Location: 20320 CHRISTOFLE

Subdivision:

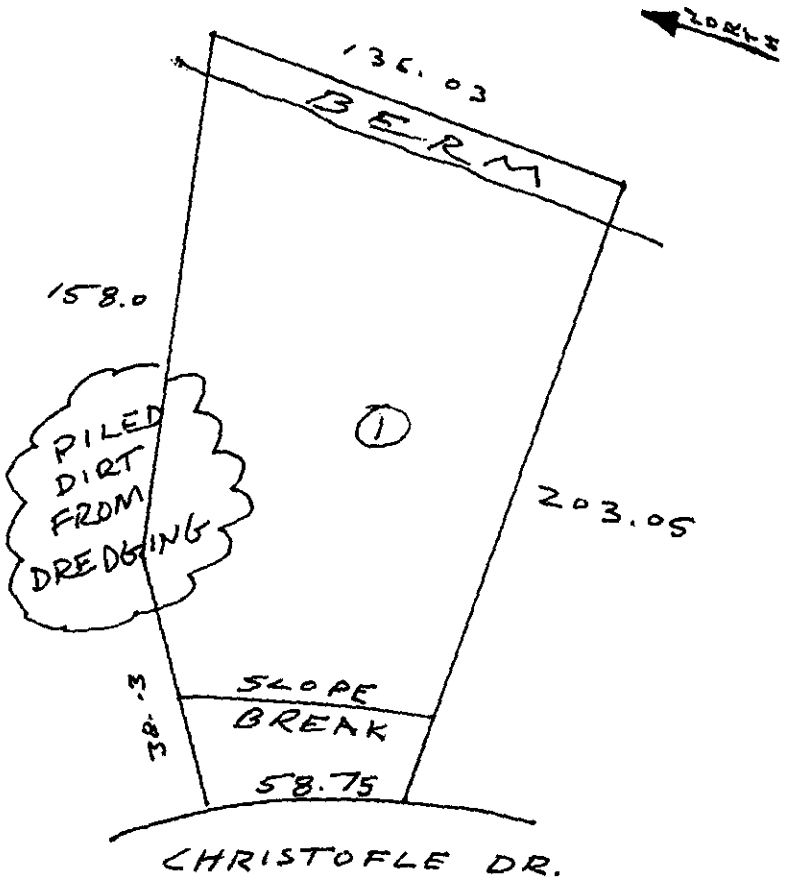
Lot: Block: Acres: N.A

Owner: FUTRELLE / DUNNE INC.
Address: 1515 ELIZABETH AVE
CHARLOTTE N.C. 28204

Comments: 100% REPAIR

Described by: Kelly Randall

Date: 2-6-92



***** 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	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 SUB ANGULAR BLOCKY	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >40"	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 NONE	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	CECIL LIKE					
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER

File:

Action _____

Parcel:

☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

Comments: _____

_____

_____

_____

Described by: _____

Date: _____

***** EVALUATION KEY *****

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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	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	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	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	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						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

Mecklenburg County
Health Department

February 11, 1992

Futrelle/Dunne, Inc
1515 Elizabeth Avenue
Charlotte, NC 28204

RE: Property located on 20320 Christofle Drive
FILE: 8001A (111B)
PARCEL: 001-601-39

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 12456) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of 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 and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, please contact me at 336-5573.

Sincerely,

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

Enclosure

BM 400 ☑

Pd 50.00
CK# 1454
1-14-92
KB

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 8001A / 111B

TC: 001-601-39

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 20320 Christofle Drive, Cornelius, N. C.

② SUBDIVISION: Catarina Bay ③ LOT: 14 ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: 001-601-39

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

OWNER

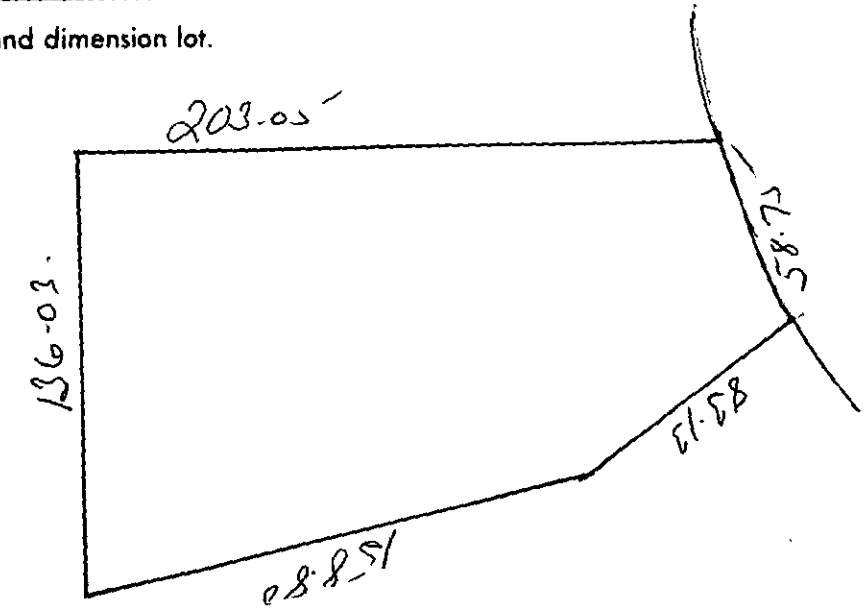
⑦ NAME: Futrelle/Dunne, Inc.
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 1515 Elizabeth Ave., Charlotte, N. C. 28204

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28204

⑫ PHONE: (WORK) 704-338-1515 (HOME) _____

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: Futrelle/Dunne Inc
By Judith A Reese

Date: 1/13/92

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

UPDATE COMPLETE

Applicant FUTRELLE/DUNNE, INC Appl.Date 01/13/92 Updated 01/15/92
Mail Addr 1515 ELIZABETH AVENUE Phone 704 338-1515
City CHARLOTTE State NC Zipcode 28204
Prop Ownr FUTRELLE/DUNNE, INC
Mail Addr 1515 ELIZABETH AVENUE Phone 704 338-1515
City CHARLOTTE State NC Zipcode 28204 Township 3
Tax Map No. 00160139 Road 20320 CHRISTOFLE DRIVE Zoning
Sub/Mobil Sec Lot No. 14 Lot Size 1
Type App D Site Y or Tract Type Bldg System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 00 No. Occupants Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 25001
Directions:

Date Appl. Recd. 01/15/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 00111B Operat. Permit (Y/N)
1/15/92 8:13:11
01-03 SA MW KS IM II S1 S1037498 KB