

10031 PROVIDENCE RD W

22901104

12/18/2007

duponbj

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

Mecklenburg County

Health Department

August 3, 1992

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

Mr. Alan Turner, Jr.
1850 E. Third Street
Charlotte, NC 28204

RE: Property located at 10031 Providence Road West, Lot 4
FILE: 532B/8403A
PARCEL: 229-011-04

Dear Mr. Turner:

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 12750) 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. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

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

Sincerely,

Kelly Randall

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

Enclosure

Enter results
File

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12750

File: 532 03/8403A Action 1

Parcel: PO 229-011-04 ☐ PC

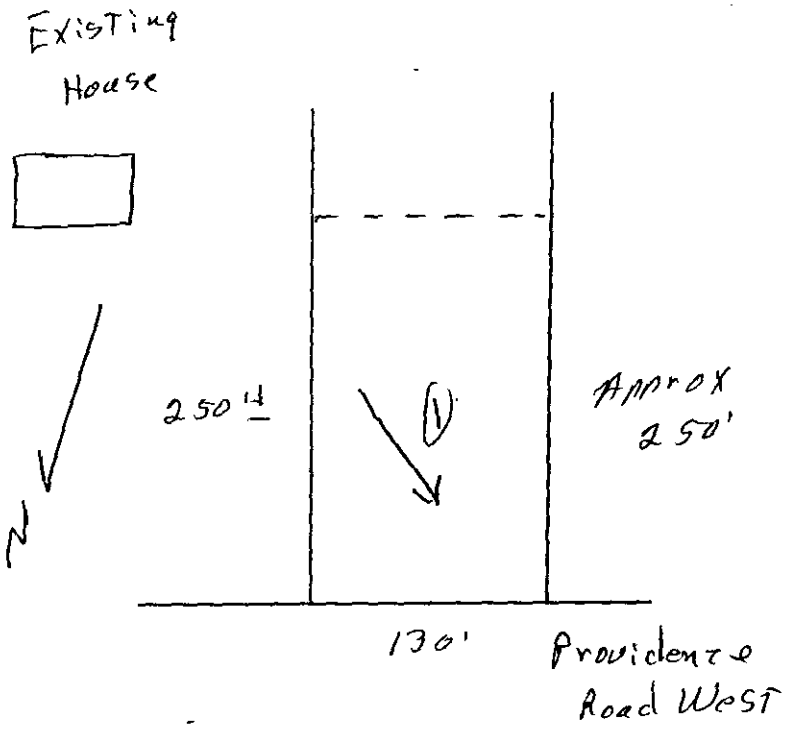
Location: 10031 Providence Road West

Subdivision: PO
Lot: 4 Block: Acres: Approx .75 ac.

Owner: Olney A. Hill
Address: 2317 Exton Shore Dr. Columbia, S.C. 29209

Comments: _____

Described by: William R. Merlin
Date: 8-3-92



***** 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 2-10%	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 Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7-40" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40-48"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	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	IV Cecil-Lilly					
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 [illegible] 12750

File: [illegible] Action 1

Parcel: [illegible] ☐ PC

Location: [illegible]

Subdivision: [illegible]

Lot: [illegible] Block: Acres: [illegible]

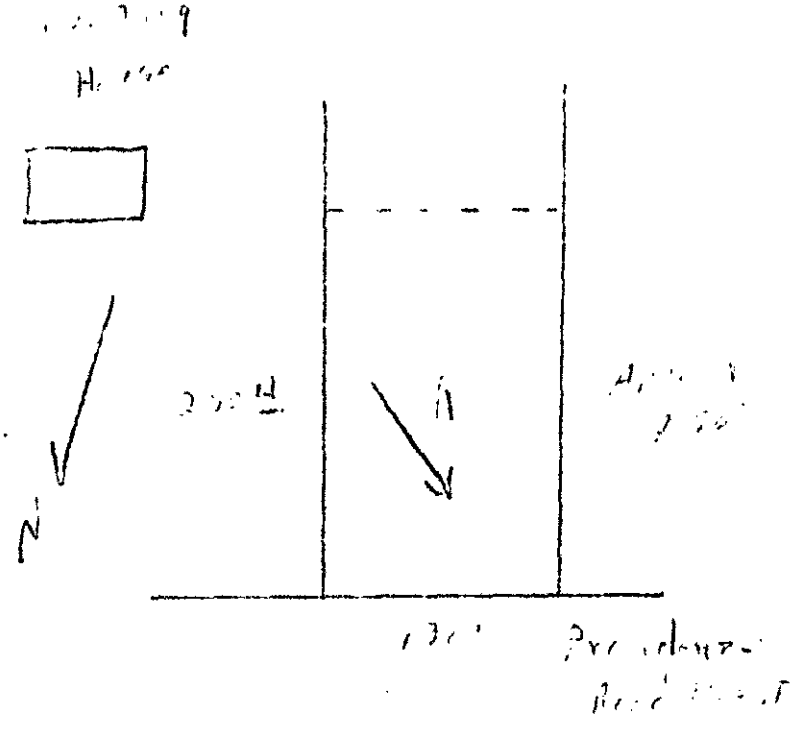
Owner: [illegible]

Address: [illegible]

Comments: _____

Described by: [illegible]

Date: [illegible]



***** 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 [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U [illegible]	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U [illegible]	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	[illegible]					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

FIP 5328/8403A

DRAFT

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: Garrett (last) Mary Rose (first) (mi)

ADDRESS: 5914 Northmoor Dr. PHONE: (214) 361-5013

CITY: Dallas STATE: Texas ZIPCODE: 75230

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 20-224-01-04

STREET ADDRESS: 10031 Providence Rd. W.
Charlotte, N.C. 28277

ZONING:

PROPERTY OWNER:

NAME: Hill (last) Inez (first) A. (mi)

ADDRESS: 2317 Eastern Shore Dr. PHONE: (803) 783-3224

CITY: Columbia STATE: S.C. ZIPCODE: 29209

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (H)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or H)
[ ] 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: NUMBER OCCUPANTS:

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: Mary Rose Garrett Date:

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

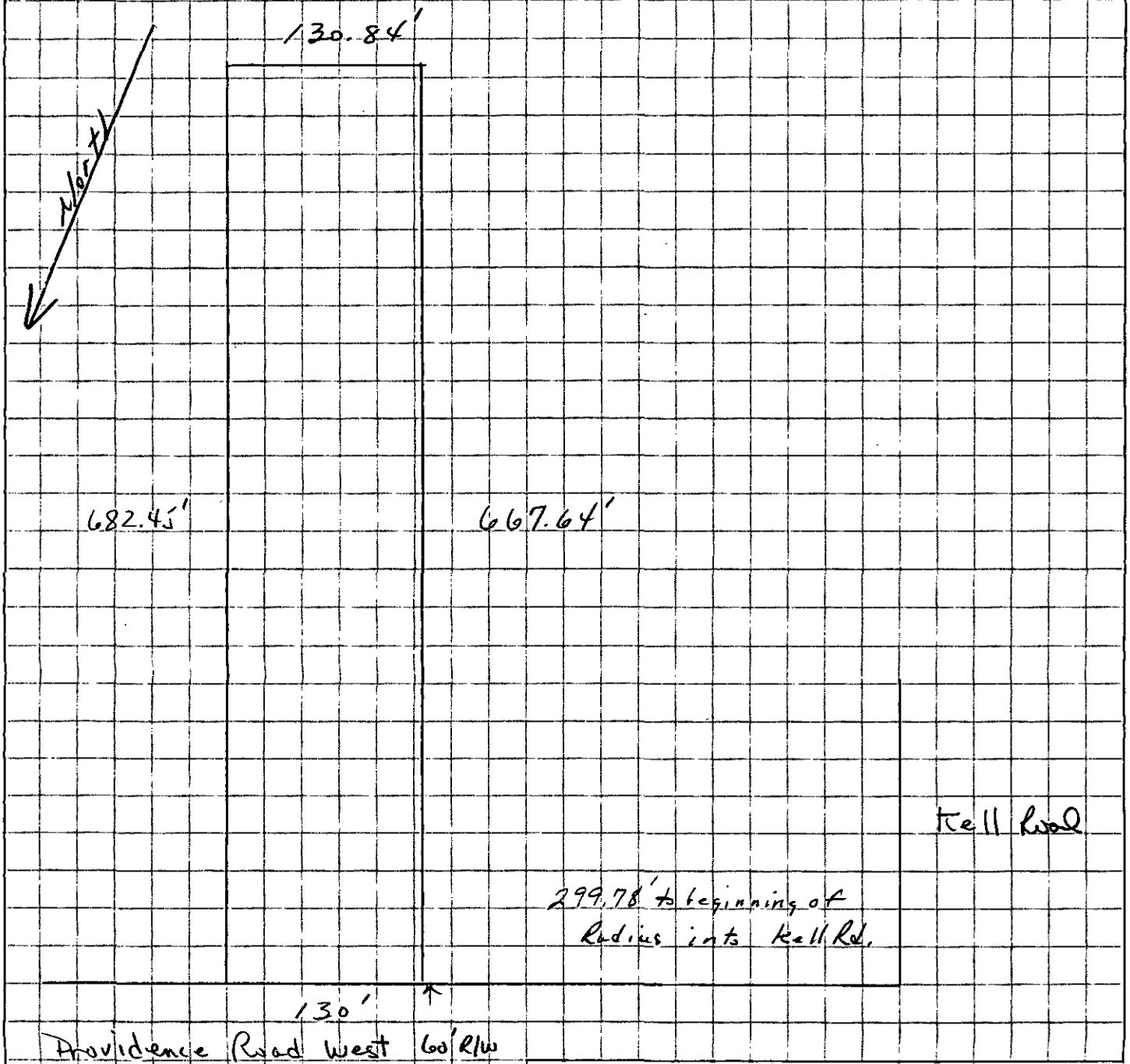
PROPOSED PLOT PLAN

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

FILE: 5326/8403A

TC: PO 229-011-04

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

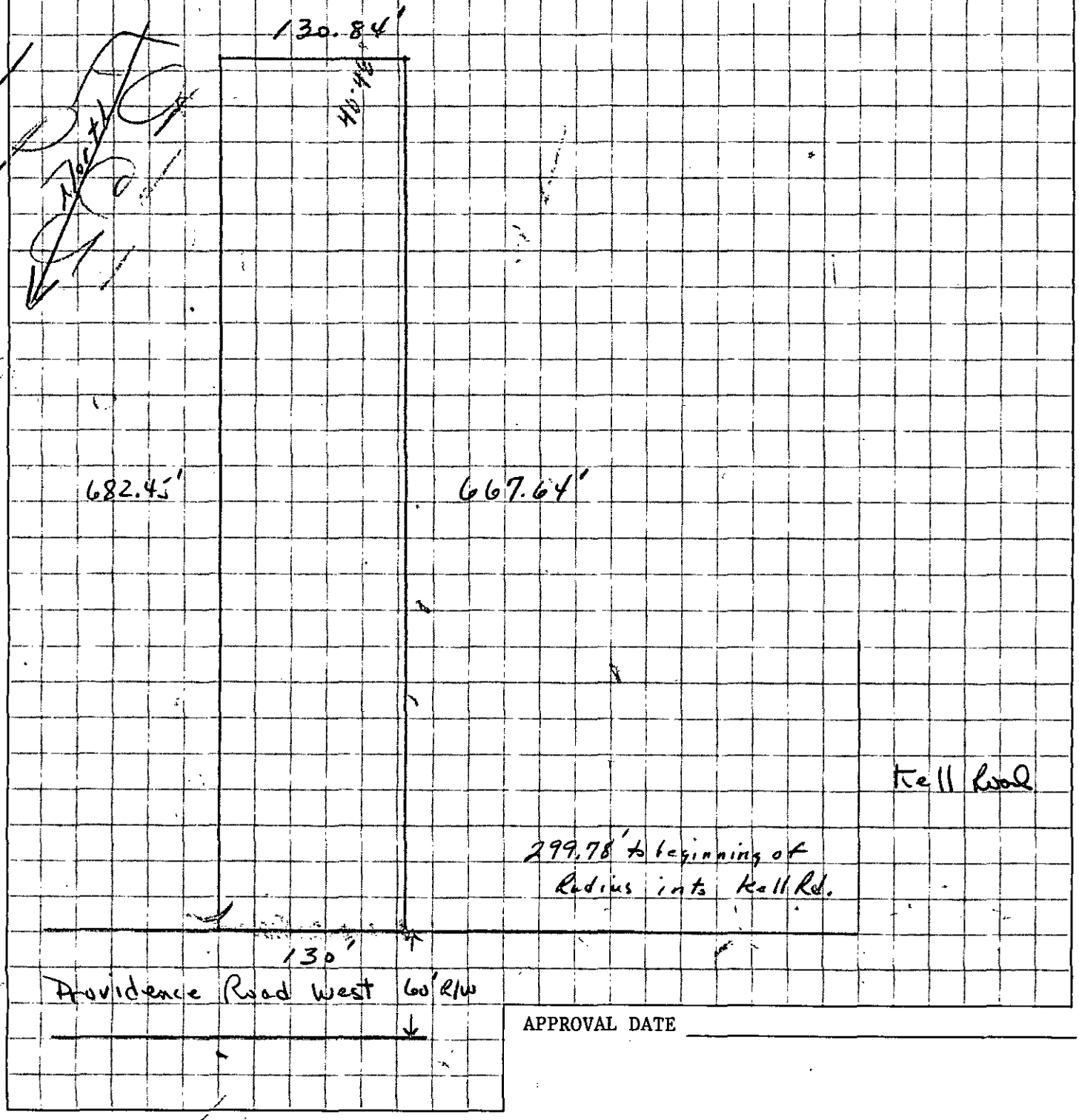
PROPOSED PLOT PLAN

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

FILE: 5326/8403A

TC: PO 229-011-04

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accufately 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

PROPOSED PLOT PLAN

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

FILE: 5328 / 8403A

TC: PC 229-011-04

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.

130.84'

682.4'±

667.64'

Kell Road

299.78'± beginning of Radius into Kell Rd.

130'

Providence Road West 60' R/W

APPROVAL DATE _____

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

Allen Turner 334-8899

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File 532B/8409A

PD# 50 7-23-92 BOK

[ ] 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: Garrett (last) MaryRose (first) (mi)

ADDRESS: 5719 Northmoor Dr. PHONE: (214) 361-5013

CITY: Dallas STATE: Texas ZIPCODE: 75230

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PO 229-011-04

STREET ADDRESS: 10031 Providence Rd. W. Charlotte, N.C. 28277

ZONING:

PROPERTY OWNER:

NAME: Hill (last) Inez (first) A. (mi)

ADDRESS: 2317 Eston Shoals Dr. PHONE: (803) 783-3224

CITY: Columbia STATE: S.C. ZIPCODE: 29209

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] 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 N)
[ ] 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: NUMBER OCCUPANTS:

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: MaryRose Garrett Date:

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

PROPOSED PLOT PLAN

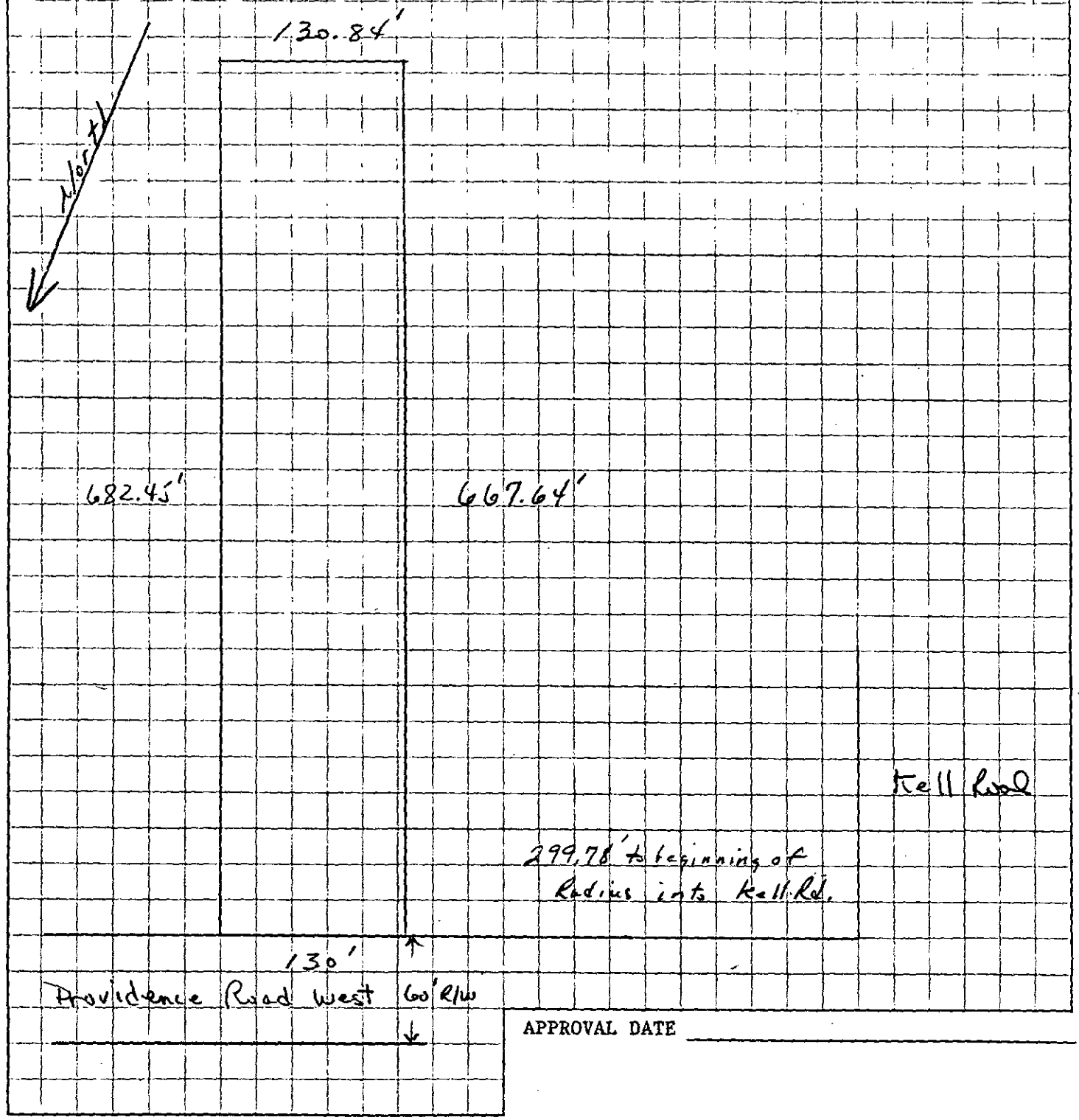
DRAFT

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

FILE: 5326/8403A

TC: PC 229-011-04

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

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, INEZ ALLEN HILL, of said County and State have made, constituted and appointed and by these presents do make, constitute and appoint my daughter, MARY ROSE GARRETT, as my true and lawful attorney-in-fact, with a full power of substitution, for me and in my name, place and stead for the purposes hereinafter set out.

1. I hereby give and grant unto my attorney-in-fact full power and authority generally to manage and attend to all of my affairs, interests and property, of every kind and description, real, personal or mixed, and wherever located. The specific powers of my attorney-in-fact as set out herein are not meant to be exclusive or to limit the generality of her power, authority and discretion to perform any and all acts of whatever kind necessary to be done in managing and attending to all of my affairs, interests and property as aforesaid, in the same manner and to the same extent as I myself might or could do if I were personally present. The said specific powers are as follows:

(a) To make, either in person or in writing or both, all tax returns of whatever kind required of me for any taxable year or taxable period from January 1, 1978 to December 31, 2040, including federal, state, county and municipal tax returns and to sign and acknowledge upon oath any and all such tax returns and, generally, to represent me personally or through attorneys of her selection and with respect to any matter before the Internal Revenue Service, any department of revenue of any state or any court relative to taxes owed, allegedly owed or paid by me or on my behalf.

(b) To maintain anywhere in her discretion bank accounts and safe deposit boxes for me, to have full access to

such accounts and safe deposit boxes, to have access to any bank account or safe deposit box that I may have heretofore established or rented or may hereafter establish or rent, wherever the same may be located, and to place property in and remove property from any of such safe deposit boxes. This paragraph shall be in full effect for the complete protection of any bank affected until such time as I may give such bank written notice of its revocation.

(c) To ask, demand, sue for, recover, collect and receive all sums of money, debts, dues, accounts, devises, bequests, interests, dividends, annuities and demands whatsoever as are now, or shall hereafter become, due, owing, payable or belonging to me and to use and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, arrests, distress or otherwise and to compromise and agree for the same and to give acquittances or other sufficient discharges for the same.

(d) To pay my just and legitimate obligations of whatever kind and to incur such obligations as she deems proper.

(e) To receive and to endorse any commercial paper, to adjust and settle any note, mortgage, deed of trust or other obligation due me or owed by me and to credit payment of or cancel any note, mortgage, deed of trust or other obligation due me upon proper payment being made, whether in full or by way of compromise or settlement as aforesaid.

(f) To retain, repair, improve, lease, convey, option, exchange and sell any property or interest in property of every kind and description, real, personal or mixed, and wherever located, owned by me, including, if I have a corporate attorney-in-fact, any shares of stock in such corporate attorney-in-fact or in the bank holding company of which such corporate attorney-in-fact is a subsidiary or in any successor corporation to such corporate attorney-in-fact or such holding company, and in such a manner and for such a price and upon such terms as she deems fit and proper, and to receive such money or other property as she may be due thereby and, without limiting the generality of the foregoing, to sell, assign and endorse, transfer upon the books of any corporation and receive payment for any registered bond standing in my name or any unregistered bond owned by me. My attorney-in-fact shall be authorized in all events to retain any property owned by me without regard to any requirement of diversification otherwise imposed by law or government regulation and shall not

be liable for any loss or decrease in the value of any such property while retained by my attorney-in-fact.

(g) To borrow money on my behalf if she deems the same to be advisable, to give notes or other evidence of debt therefor at such rate or rates of interest as she shall deem advisable and to pledge, mortgage or otherwise encumber as security therefor any of my property of any kind, real, personal or mixed, all in her discretion.

(h) To invest and reinvest without restriction any of my money or other property of whatever kind coming into her possession, whether income or principal, in such a manner as she may deem fit and proper in her discretion.

(i) To execute and deliver any and all deeds or other instruments of whatever kind that may be useful or necessary to carry out any of the powers and authority granted in any portion of this power of attorney.

(j) To pay over to me or expend for my benefit such amounts of income or principal as she deems best to provide for my maintenance, support, comfort, health and welfare, to pay over to or expend for the benefit of my spouse, if any, such amounts of income and principal as she deems best to make similar provision for any such spouse, to allow such members of my family as she deems best to use my household furniture and furnishings and any other tangible personal property and to store the same or sell and dispose of the same. All of the above powers are to be exercised as determined in her discretion.

(k) To effect all transactions in her name as attorney-in-fact, in my name or in the name of any nominee of the attorney-in-fact.

(l) To purchase United States Treasury bonds of any type, including United States Treasury bonds which are of the type eligible for redemption at par in payment of federal estate tax.

(m) To make gifts of my property after I am incapacitated, outright or in trust, in order to institute any gift program or to continue any gift program which I may have instituted for the benefit of any natural object of my bounty to make use of federal and state gift tax and generation-skipping transfer tax exclusions, exemptions and credits. All of the above powers are to be exercised as determined in the discretion of the attorney-in-fact.

2. In addition to the powers herein enumerated, I hereby give and grant to my attorney-in-fact all of the powers set forth in North Carolina General Statutes § 32-27, which powers are hereby incorporated herein by reference as of the date of my execution of this power of attorney. This incorporation of powers by reference is in accordance with North Carolina General Statutes § 32-26.

3. I hereby give and grant unto my attorney-in-fact full power and authority to do and perform each and every act and thing whatsoever requisite and necessary to be done in and about the premises as to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my attorney-in-fact shall lawfully do or cause to be done by virtue hereof.

4. No persons, firms, corporations or agencies, governmental or otherwise, which shall pay money or deliver property of whatever kind to my attorney-in-fact shall be under any obligation whatever to look to the disposition of such money or property by the attorney-in-fact.

5. This power of attorney is executed pursuant to the provisions of North Carolina General Statutes §§ 32A-8 through 32A-13, and it is my intention that this power of attorney shall continue in effect, notwithstanding my subsequent incapacity or mental incompetency, until it shall be revoked in accordance with the provisions of those sections.

6. During my lifetime, my attorney-in-fact shall not be required to make or file any inventories, appraisals, accounts or

reports to any court or to give bond, but accounts shall be rendered to me annually. At my death, an inventory and a copy of the last annual account shall be delivered to the personal representative of my estate along with the property then held by the attorney-in-fact pursuant to this power of attorney. My attorney-in-fact shall not be responsible for any property of mine not covered in such inventory, but she shall exercise reasonable care to determine all of such property then held by her.

7. I hereby give and grant to my attorney-in-fact full power and authority to transfer and deliver to the Trustee of any trust created by me during my lifetime any or all of my property, of every kind and description, and wherever located, to be held, managed and distributed pursuant to the terms of said trust.

8. My attorney-in-fact shall serve without bond and without compensation but shall be entitled to reimbursement for out-of-pocket expenses reasonably incurred in connection with the administration of my property as attorney-in-fact.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd day of April, 1992.

Inez Allen Hill (SEAL)
INEZ ALLEN HILL

STATE OF NORTH CAROLINA

COUNTY OF Iredell

I, Ruth L. Chambers, a Notary Public in and for said County and State, do hereby certify that INEZ ALLEN HILL personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 13th day of April, 1992.

Ruth L. Chambers
Notary Public

My Commission Expires:

My Commission Expires 4-13-94

[SEAL]