Date Received 1-27-84

RECEIVED
JAN 27 1984
ENVIRONMENTAL HEALTH

SIR No. 20567

T. C. No. 001-291-14

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Bales (LAST) Lawrence (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER c/oWellworth Realty Co., Rt.2, Box 390, Davidson, N.C ZIP 28036

3) PHONE NO. Home 523-3100 Office _____

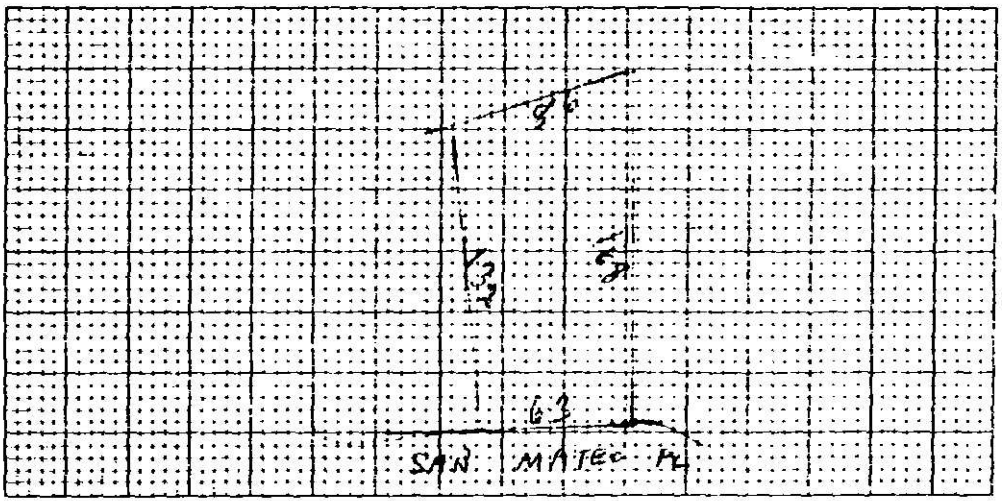
4) LOCATION OF PROPERTY San Mateo Place (STREET OR COUNTY ROAD)

5) SUBDIVISION Bahia Bay LOT NO. 51 BLOCK NO. Sec. 1

MAP BOOK NO. 15 PAGE NO. 165

6) DEED REFERENCE DEED BOOK 3454 PAGE NO. 215

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

Lawrence A Bales
OWNER Anita E. Bales

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20567

T.C. NO. 001-291-14

(Ground Absorption Sewage Disposal)

OWNER: Lawrence A. Bales
ADDRESS: c/o Wellworth Realty
Rt. 2, Box 340, Pavilion
LOCATION OF SITE: San Mateo Place

PLAT NO: Lot 51
LOT SIZE: 10,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 8-8% U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 30-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >30" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S PS >30" To ground water U	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS Restricted Area U	S PS U	S PS U	S PS U

8. SOIL GROUP 10 ft

9. SITE CLASSIFICATION unsuitable

10. SOIL SERIES Creek
L. Rs

S - Suitable PS - Provisionally Suitable U - Unsuitable

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

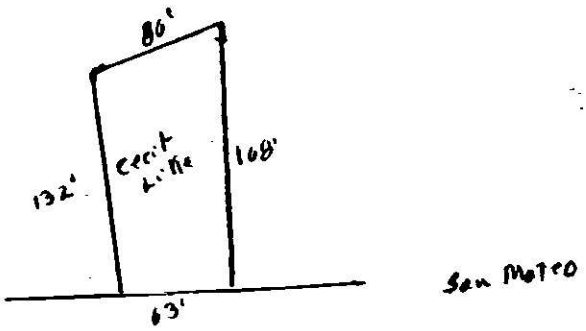
Recommendations/Comments:

Described by: William A. Martin
Title: Soil Scientist

Date: 2-14-84

EHD 539 (Revised: 6/82)

14


86'
132'
Cecil Little
168'
San Mateo
63'

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
[illegible] BLYTHE BOULEVARD
CHARLOTTE, NORTH CAROLINA [illegible]

SIR. NO. 20567
T.C. NO. 001-291-14
DATE: 2-20-84

Lawrence B. Bales
% Wellworth Realty Company
Route 2, Box 390
Davidson, NC 28036

Re: Property located at San Mateo Place, Lot 51, Sec. I

Dear Mr. Bales:

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Date Received 15 Oct 1984

MECK COUNTY DEPARTMENT OF
RECEIVED
1 1984
ENVIRONMENTAL HEALTH

80567
SIR No. 21531
T. C. No. 001-291-13
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Bates (LAST) Oleta (FIRST) E. (MIDDLE)

2) ADDRESS OF OWNER 4819 Bucking ham Ch. NC ZIP 28209

3) PHONE NO. Home 523-3100 Office

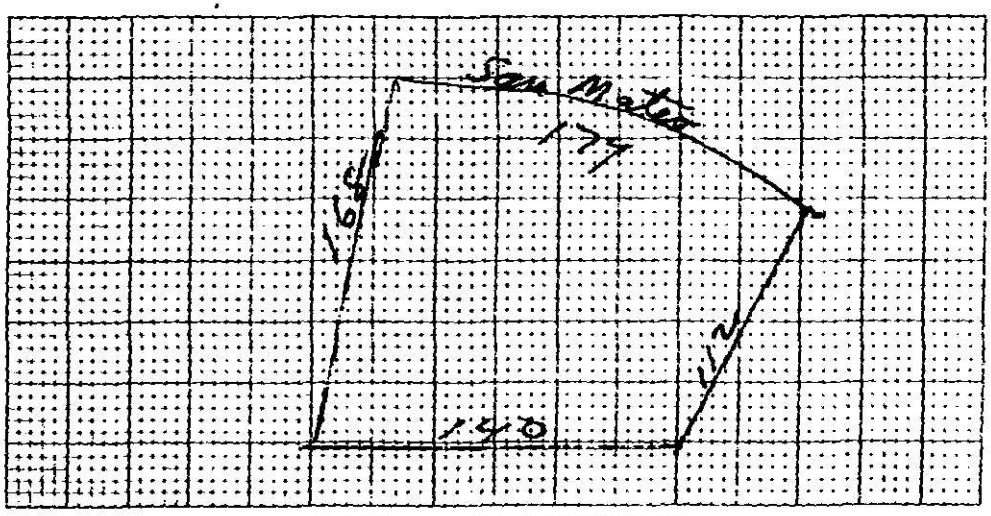
4) LOCATION OF PROPERTY San Mateo (STREET OR COUNTY ROAD)

5) SUBDIVISION Bahia Bay LOT NO. 51 52 combined BLOCK NO.

MAP BOOK NO 15 PAGE NO. 165

6) DEED REFERENCE DEED BOOK 2641 PAGE NO 259
2641 91

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

Oleta E. Bates
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 1-27-84

RECEIVED
JAN 27 1984
ENVIRONMENTAL HEALTH

SIR No. 20568

T. C. No. 001-291-13

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Bales (LAST) Lawrence (FIRST) A. (MIDDLE)

2) ADDRESS OF OWNER c/o Wellworth Realty Co., Rt. 2, Box 390, Davidson, N.C. ZIP 28036

3) PHONE NO. Home 523-3100 Office

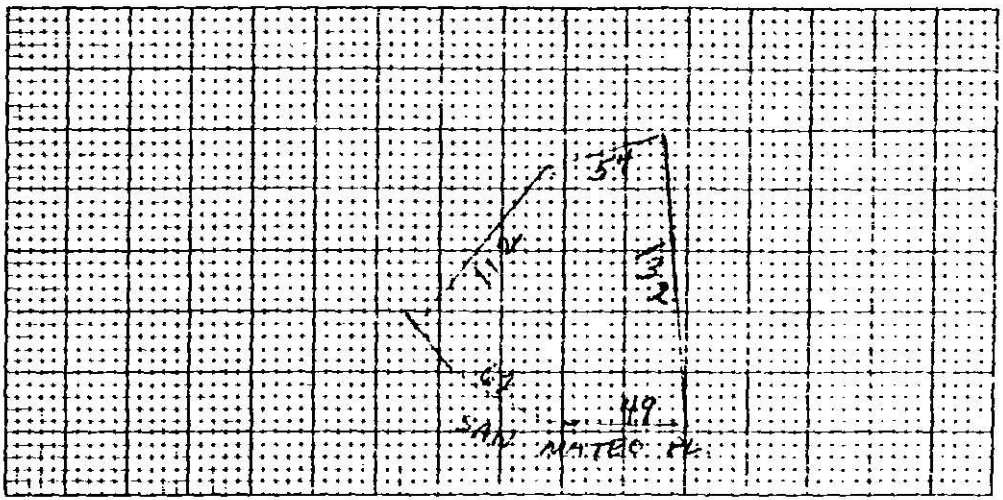
4) LOCATION OF PROPERTY San Mateo Place (STREET OR COUNTY ROAD)

5) SUBDIVISION Bahia Bay LOT NO. 52 BLOCK NO Sec. 1

MAP BOOK NO 15 PAGE NO. 165

6) DEED REFERENCE DEED BOOK 3628 PAGE NO. 866

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



7) ACCURATELY DIAGRAM & DIMENSION LOT

Victoria C. Bales
OWNER Alista E. Bales

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

DEPARTMENT OF
ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 20567

T.C. NO. 001-241-13,14

(Ground Absorption Sewage Disposal)

OWNER: Oleta E. Bales
ADDRESS: 4819 Buckingham Dr.
Charlotte, N.C. 28204
LOCATION OF SITE: San Mateo

PLAT NO: Lots 51,52
LOT SIZE: Approx [redacted] 34,000 .98

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S PS 2-8% U	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S PS Clay U	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S PS Blocky U	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S PS 30-40" U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S PS >30" U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S >30" To PS ground U water	S PS U	S PS U	S PS U
7. OTHER (Specify)	S Limited PS Area U	S PS U	S PS U	S PS U
8. SOIL GROUP	IVA			
9. SITE CLASSIFICATION	Provisionally suitable			
10. SOIL SERIES	Cecil-Like			

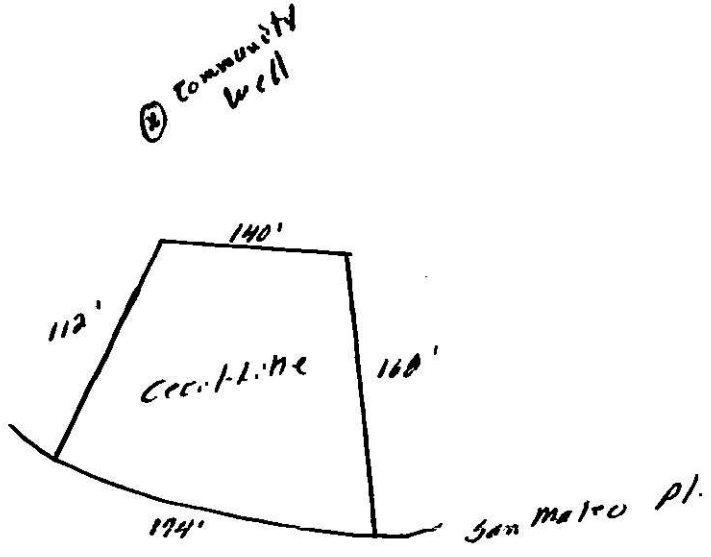
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments:

Described by: William A. Marlin
Title: Soil Scientist

Date: 10-22-84


(2) Community well
140'
112'
Cecil Line
168'
174'
San Mateo Pl.

Serial No. 5922

SIR No. 20567

Date Issued 10-22-84

T. C No. 001-291-13,14

Map Date L

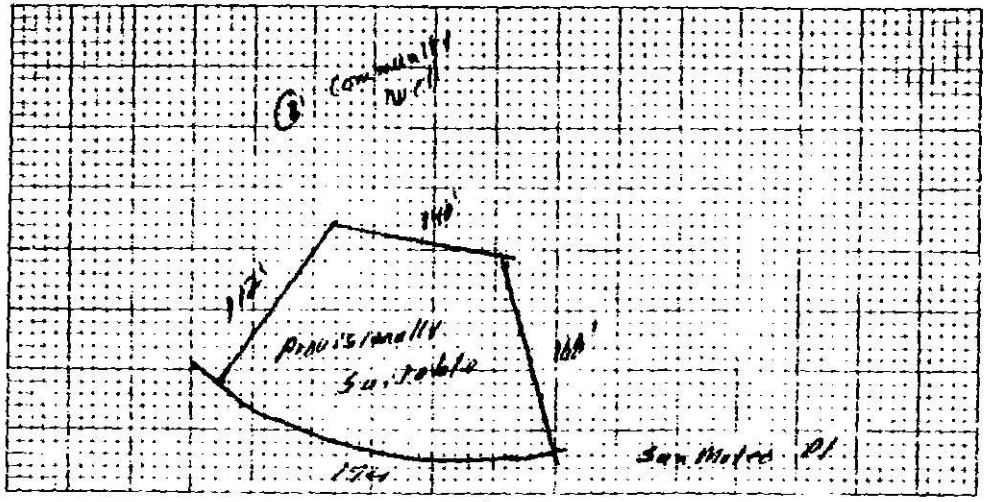
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Bales, (LAST) Oleta (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 4819 Buckingham Dr., Charlotte, NC ZIP 28209

LOCATION OF PROPERTY San Mateo Place (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO 51 & 52 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was conducted on that portion of the lot as indicated on the above plot PROVISIONALLY SUITABLE

The permeability rate determined by the investigation was [illegible] The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit [illegible] the Mecklenburg County Department of Environmental Health [illegible] wastewater treatment system on the said lot.
2. The size of the septic tank [illegible] be determined by the Mecklenburg County Department of Environmental Health [illegible] the size and type of [illegible]
3. This approval [illegible] system installation on the above plot.
4. This approval [illegible] in the opinion of the Mecklenburg County Department of Environmental Health [illegible] indicated as acceptable for system installation [illegible]

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

William A. Martin
Soil Scientist

EHD-5-76

[signature]
Environmental Health Director or Authorized Section Head

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 20567

TC: 001-291-13,14

26

JOB LOCATION

① ADDRESS: 20916 San Mateo Place (STREET NO / STREET) ② FILE: 20567

③ CITY: Davidson, N.C. ④ TAX PARCEL NO.: 001-291-13,14

⑤ SUBDIVISION: Bahia Bay ⑥ LOT: 51 & 52 ⑦ BLOCK:

OWNER

⑧ NAME: Mrs Oleta (FIRST) L. (MIDDLE) Bales (LAST)

⑨ MAILING ADDRESS: c/o Larry Pagotta Rt. 2 Box 322A

⑩ CITY: Davidson, ⑪ STATE: N.C ⑫ ZIP: 28036

⑬ PHONE: (WORK) ⑭ (HOME) 892 7295

REQUEST

This request is for a(n):

⑮ ☑ New installation permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? 1 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☐ Individual well

B ☐ Municipal system

C ☐ Community well

D ☑ Community system

㉚ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request

Signed: Oleta E Bales By Larry L Pagotta (Son)

Date: 12-26-85

㉘ Accurately dimensioned plot

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Date Issued 1-2-86

Serial No. 9200

SIR No. 20567

T. C. No. 001-291-13,14

Map Date L OK T

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Gales, Oleta E.
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER c/o Larry Pagoota Rt. 2, Box 322A ZIP 28036

LOCATION OF LOT 20916 San Mateo Place
(STREET OR COUNTY ROAD)

SUBDIVISION Bahia Bay LOT NO. 51 & 52 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 20567. This approval is subject to the following terms and conditions:

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

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

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-74

Environmental Health Department Copy

Date Issued 1-8 86

Serial No. 08812

ICAR(S) Permit No. 20567

T C No 001-241-1314

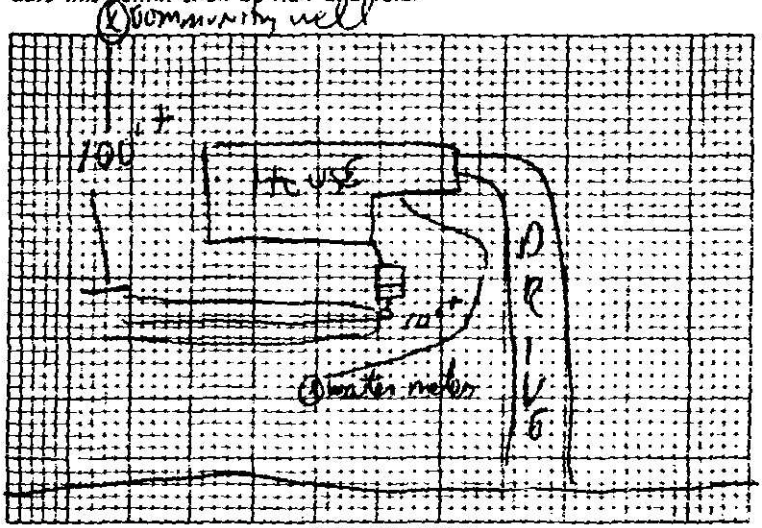
Map Date ✓

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ✓ Install or Construct ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 20567, dated 12-26-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 2-8-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction P.C.C.

Absorption and/or Nitrification Lines

Total Line Length 270'

Number of Lines 3x90'

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER BALES, OLETA

LOCATION OF PROPERTY 20916 SAN MATEO PL

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

3 lines x 90' long - 3' wide x 12" stone

Comments: keep system 10' min. from water lines - BDU

[signature] Division or Section Head

[signature] Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department Copy

C of A (s) No. 20567

Date Issued 3-18-86 **Serial** 8366 T. C. No. 001-291-13

CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner GALES, OLETA
LAST FIRST MIDDLE

Location of Property 20916 SAN MATEO PL

Application Number 20567 Permit Number 20567

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 270 Number of Lines 3

Depth of Filter Material 12" Cover Depth 2-1'

Water Supply Source comm well Distance from Water Source 100'+

Excavation Inspected 3-18-86 DATE Tank Inspected 3-18-86 DATE

Nitrification Field Inspected 3-18-86 DATE

Washing Machine Line Inspected If Applicable ____ DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ____ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments 1986, 1500 ST, CON, 810 SFT, 12 C, ECIC

Kelly Rowell
Environmentalist

EHD-5-76

Environmental Health Department's Copy

9/25

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 19[illegible]480
TC: 115 C43 34
SERIAL: № 21176 ☐ L ☑ CRT

JOB LOCATION

(1) ADDRESS: 4111 Piggy Lane Charlotte (2) FILE:
STREET NO STREET
(3) JURISDICTION: (4) TAX PARCEL NO.:
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Crayton A. Griffin
(FIRST) (MIDDLE) (LAST)
(9) MAILING ADDRESS: 4111 Piggy Lane
(10) CITY: Charlotte (11) STATE: N.C. (12) ZIP: 28227
(13) PHONE: (WORK) (14) (HOME) 545 6805

REQUEST

This request is for a(n):
(15) ☐ New permit (17) ☐ Authorization for mobile home exchange
(16) ☐ Repair or alteration permit (18) ☑ Other (specify) [illegible]

DESIGN CRITERIA

System will serve:
(19) ☐ Residence (20) ☐ Mobile home (21) ☐ Business or place of public assembly
(22) Number of bedrooms? (25) Type?
(23) Maximum occupancy? (26) Maximum number of employees?
(24) Basement? ☐ yes ☐ no (27) Maximum number of seats?

WATER SUPPLY

(28) Water supply from (present or proposed):
A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

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

Signed: Crayton Griffin
Date: 9/7/90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

. . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

use existing system

Phil S Wells 9/11/90
Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9-7 90

Name/Company: [illegible]

Sanitation _____ RECEIVED

Vector Control _____

O.P.W.D. ✓ MECKLENBURG COUNTY HEALTH DEPARTMENT BUDGET/MGT. SUPPORT

Service: [illegible]
Hill Peggy [illegible]
File # 19946
Tax Map # 195-043-34

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

[illegible] [illegible]

Completed by Collected by

DATE 9/7/80

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

19480

JURISDICTION Mint

[illegible]
PARCEL NUMBER

[illegible]
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	✓ APPROVED	___ NOT APPROVED
2.	FLOODWAY REGULATIONS	✓ APPROVED	___ NOT APPROVED
3.	EROSION CONTROL REGULATIONS	✓ APPROVED	___ NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	___ APPROVED	___ NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	___ PRESENT	✓ NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	___ YES	✓ NO
7.	DRIVEWAY PERMIT REQUIRED	___ YES	✓ NO

REMARKS: Garage (detached)

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

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [illegible]