

6800 CHERYL CR

13519117

6/21/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 6859A
TC: 135-191-10
SERIAL: № 21806
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 6800 (STREET NO.) CHERYL (STREET) CIRCLE ② FILE:
③ JURISDICTION: MECK COUNTY ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: HAROLD (FIRST) GEORGE (MIDDLE) MASKE (LAST)
⑨ MAILING ADDRESS: 6800 CHERYL CIRCLE
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) 545-1742 ⑭ (HOME) 542-1200

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) STORAGE BLDG.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 4 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: Harold G Maske
Date: MARCH 26 1991

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 60 months from the date of issuance.

USE EXISTING / NO PLUMBING

Environmentalist — Date: 3/27/91

Director or Authorized Section Head — Date: 3/28/91

*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: 03/26/91

Name/Company: Harold G. Mauldin

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Landfill Addition
Harold Baldwin
6800 Charlotte Highway
Mallard, N.C. 28105
Fee #6859A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 26 1991

Fee: $ 25.00 Cash $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.

Completed by

Collected by

File 6859A

Tax Map No.

should be

PO 135-191-10

instead of 135-191-57

APPLICATION FOR AN IMPROVEMENT PERMIT

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1200 BLYTHE BOULEVARD
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FILE: 6859A
TC: 135-191-10
SERIAL: NC 21956
☐ L ☒ CRT

JOB LOCATION

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⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

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(OFFICE USE ONLY)
FILE: 6859A
TC: 135-191-10
SERIAL: № 21807
☑ L ☐ CRT

JOB LOCATION

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③ JURISDICTION: Meck COUNTY ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

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⑨ MAILING ADDRESS: 6800 CHERYL CIRCLE
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Environmentalist / Date

Director or Authorized Section Head / Date

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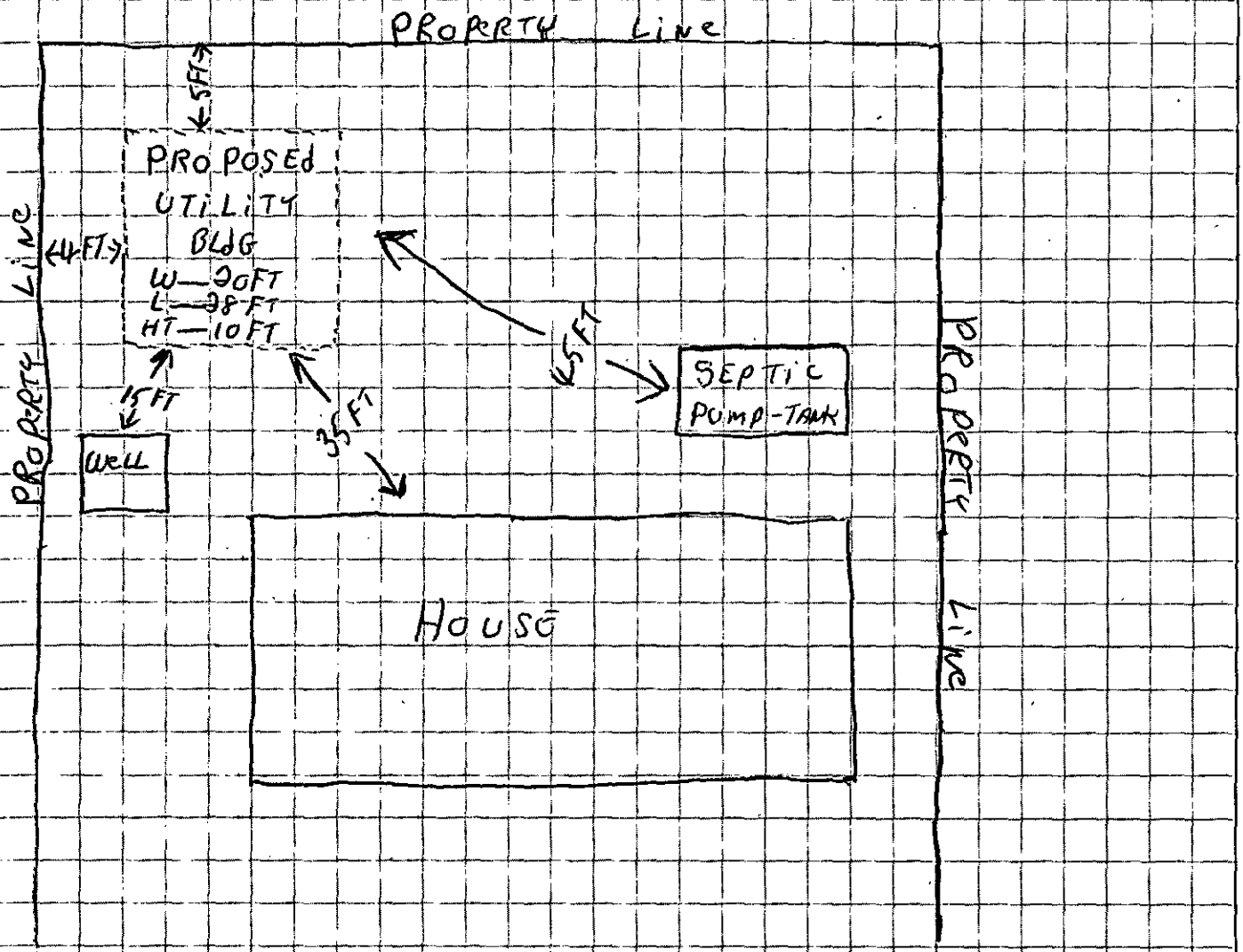
PROPOSED PLOT PLAN

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

FILE: 6859A

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.



APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

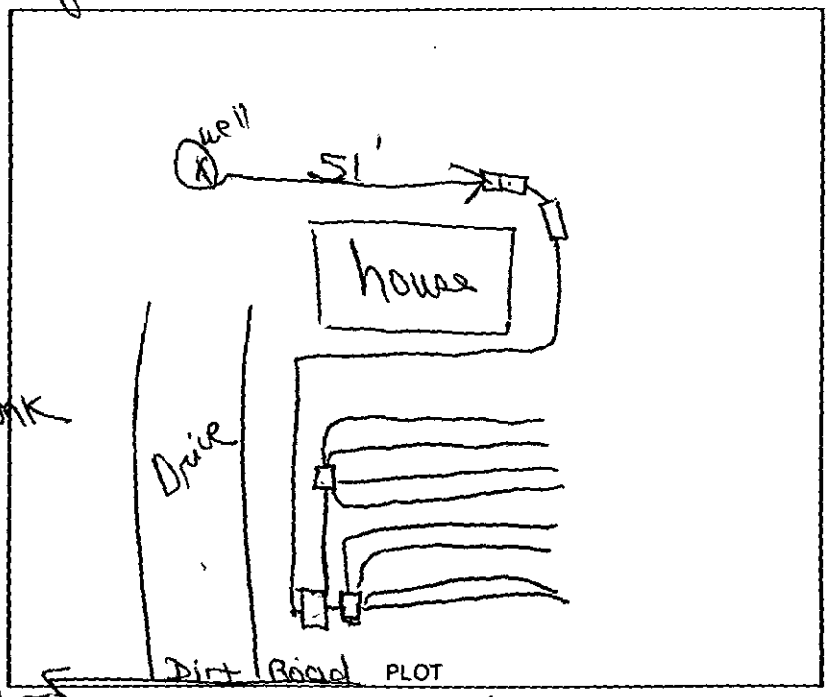
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6859A DATE: 11/27/90
TC: 135191-10 P/L CRT
SERIAL № 13634

Name of Owner EVCO Construction Co. Juris.:
Address of Property 6800 Cheryl Cir.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 8 @ 50'
Cover Depth 24"
Water Supply Source Well
Distance to Water Source 51' to Tank
Excavation Inspected 11/27/90
Tank(s) Inspected
Wash Line Inspected
High Water Alarm Inspected



Design: 1990 1500SF, 1000 DT Chg to PT, PT 1200SFT, 12"S, Cent CTR# 103

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: System designed for 3 bedroom home. Installed As permitted - 3 D Boxes utilized to evenly distribute As Shown on Above Plat

Meyers Pump 4/10 HP
Serial # SRM 4A1C

Judy J. Klein R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

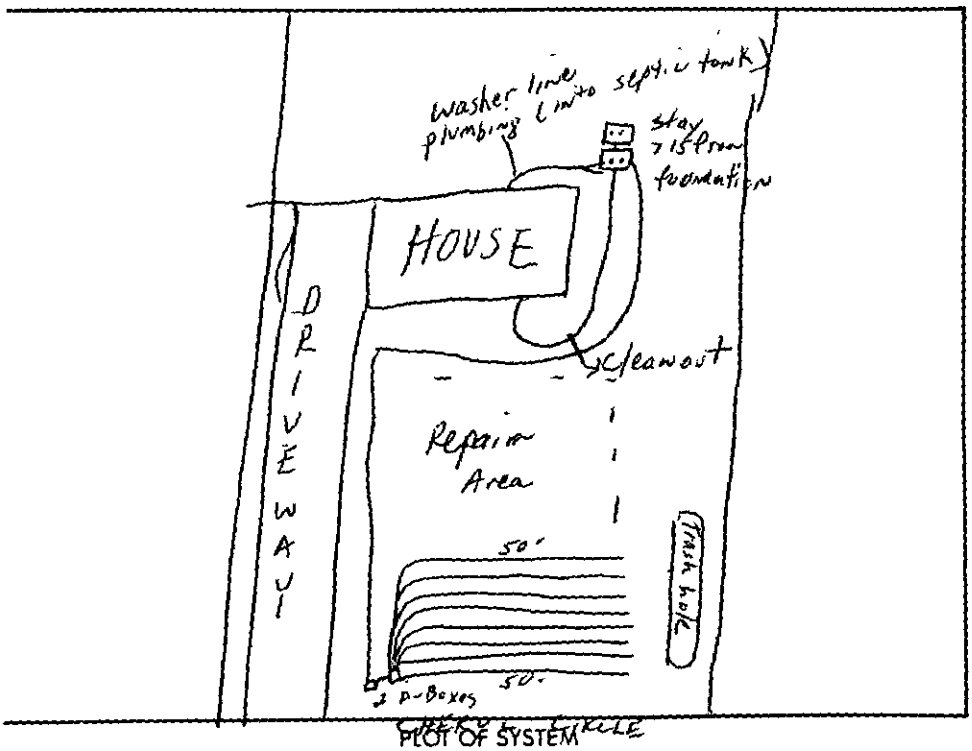
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6859A DATE: 11/19/90

TC: 135-191-10 ☒ L

SERIAL Nº 14864

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 7/30/90. All work shall be completed on or before 12/19/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 8 (50' long)

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well 750 feet

NAME OF OWNER Evco Construction Co

LOCATION OF PROPERTY 6800 Cheryl Cir

Comments: 8 lines x 50' long x 3' x 12" stone Lift station required
Stay >15 from foundation with tanks / Stay >50 from existing well with septic system
set cleanout area / set 2 D-Boxes

Division or Section Head

Philip S. Walker R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18028

File: _____ Action 1

Parcel: 135-111-10 ☐ PC

Location:

Subdivision:

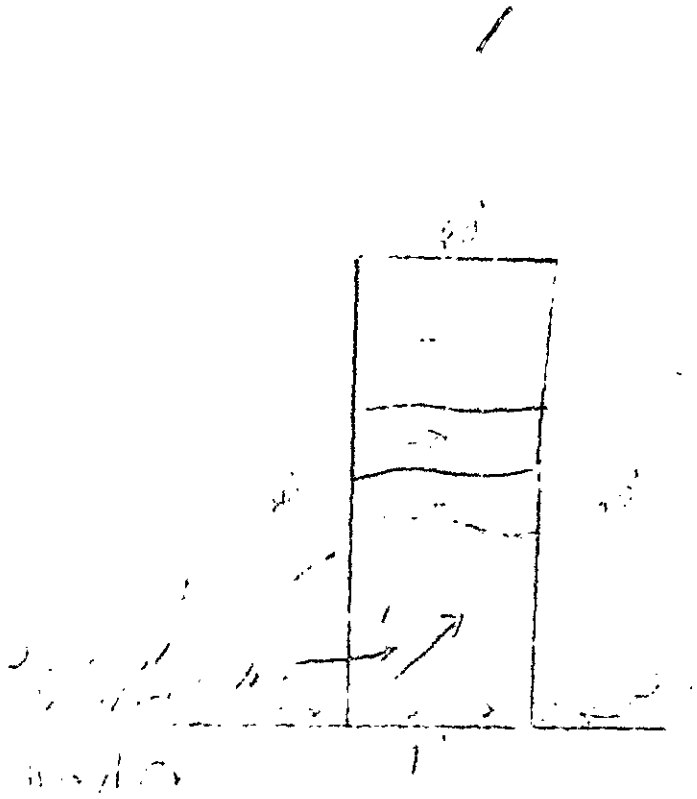
Lot: Block: Acres:

Owner:
Address:

Comments: _____

Described by: _____

Date: _____



***** 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	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

PROPOSED LOT PLAN

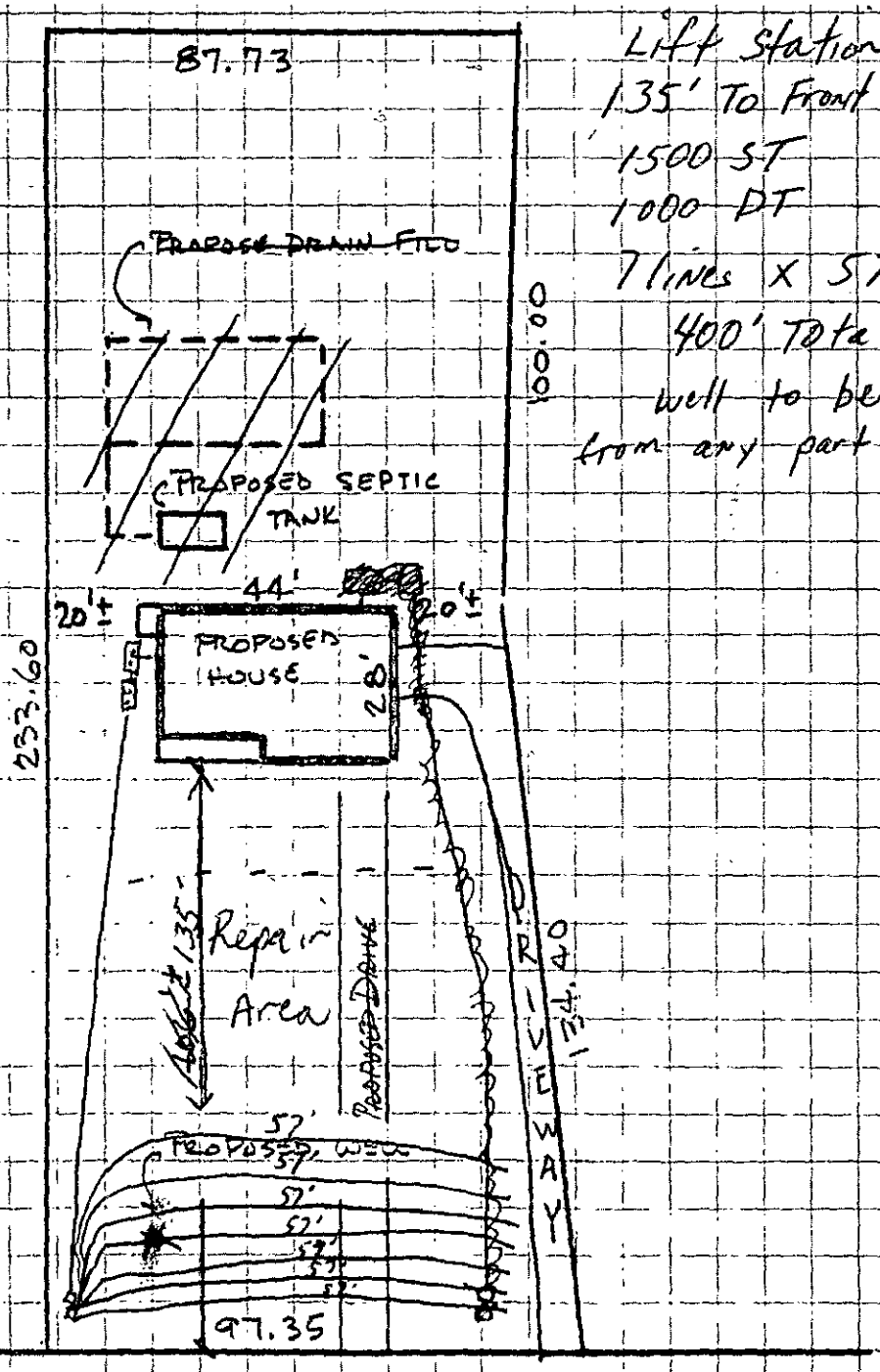
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

135'

FILE: 6859A

TC: 135-191-10

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.



Lift station required
135' To Front of house
1500 ST
1000 DT
7 lines x 57' long
400' Total
well to be located 75D from any part of the septic system

APPROVAL DATE 8/6/90 Appr PSW

PROPOSED PLOT PLAN

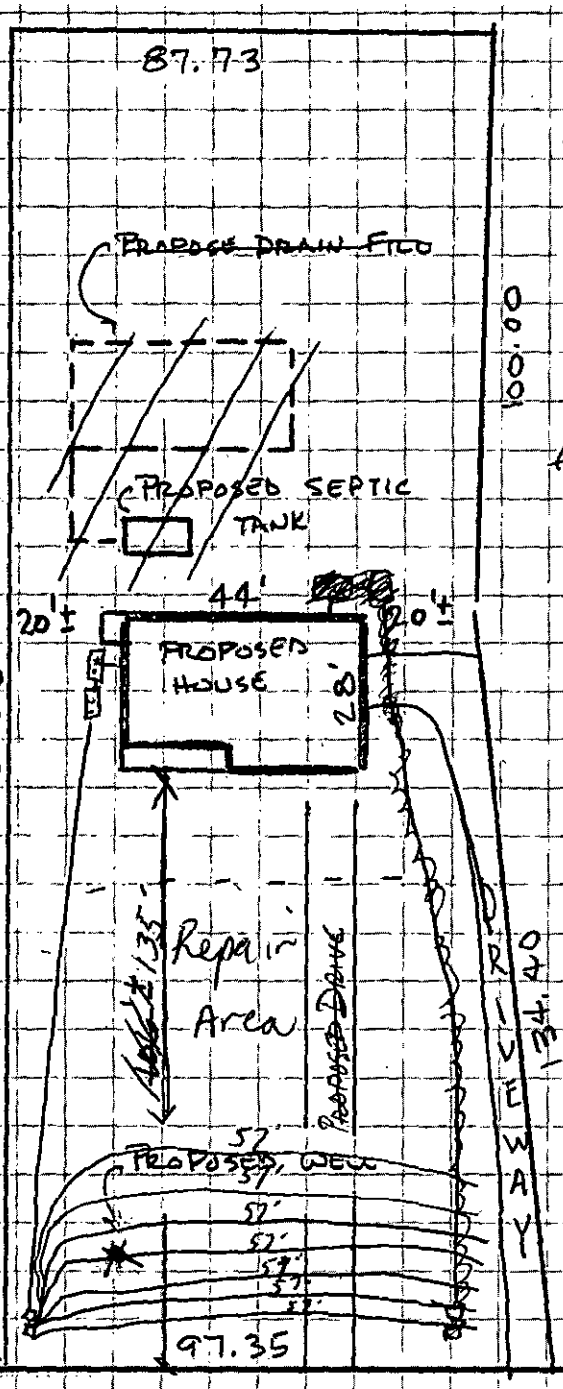
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Lift station required
135' To Front of house
1500 ST
1000 DT
7 lines x 57' long
400' Total
well to be located >50 from any part of the septic system

APPROVAL DATE 8/6/90 Appr PSW

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

Lot 3/6/90 woodcel
when evaluated. may
need to alter lines
to fit topography.
YSW

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18028

File: 6859A Action 1

Parcel: PO 135-191-10 ☐ PC

Location:

Subdivision:

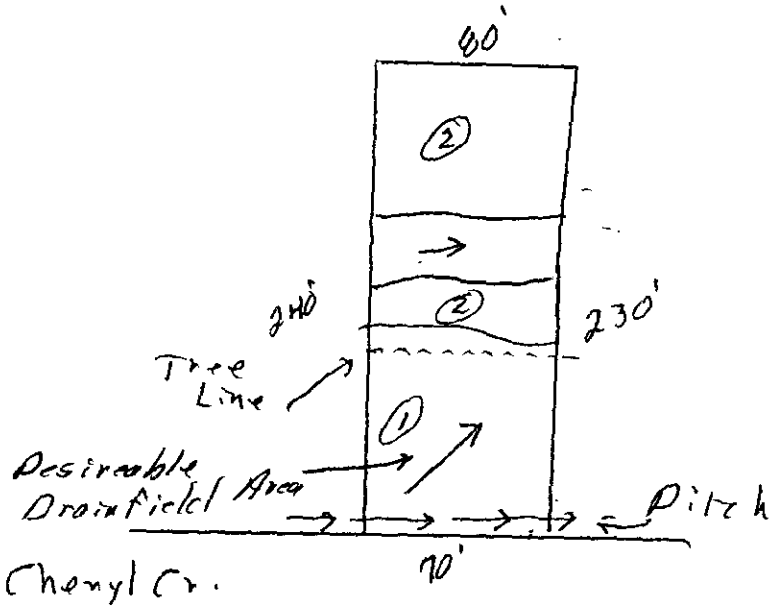
Lot: Block: Acres: .4

Owner:
Address:

Comments: Lot does not appear to need 100% Repair - system may need lift pump - most desirable area for drainfield on front of lot where corn is planted

Described by: William A. Marlin

Date: 7-6-90



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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 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 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 Very limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U See Note	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Lilo	complex slopes				
Area Classification						

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PHONE (704) 376-4603

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(OFFICE USE ONLY)
FILE: 6859A
TC: 135-191-10
SERIAL: NO 20450 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6800 (STREET NO.) CHERYL CIRCLE (STREET) ② FILE: 6859A
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 135-191-10
⑤ SUBDIVISION: ELBURTA DOWNS ⑥ LOT: 57 ⑦ BLOCK:

OWNER

⑧ NAME: EVCO CONSTRUCTION CO (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: P.O. BOX 37223
⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28237
⑬ PHONE: (WORK) 375-1831 ⑭ (HOME)

REQUEST

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Signed: Tony R. Greene
Date: 7/30/90

IMPROVEMENT PERMIT

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Environmentalist / Date

Director or Authorized Section Head / Date

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Owner took Pink copy

7 x 57' 135' TO HS

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

DATE 7/30/90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER # 135-097-10

ASSIGNED ADDRESS 6800 Cheryl Ct

EXISTING ADDRESS _____

PROJECT NAME _____ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

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

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

REMARKS: Address verified.

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

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

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PHONE (704) 376-4603

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OWNER

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⑨ MAILING ADDRESS: P.O. BOX 37223
⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28237
⑬ PHONE: (WORK) 375-1831 ⑭ (HOME) ____

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System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? ____
㉓ Maximum occupancy? 4 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: Tony C. Greene
Date: 7/30/90

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.

Philip S. Walker, 8/8/90
Environmentalist — Date

Director or Authorized Section Head, 8-17-90
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: 7-30-90

Name/Company: EUCO Const. Co.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 6800 Cheryl CR.
App. Imp. (New)
3 bdrms
6859A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUL 30 1990

CR# 025509

Fee: $ 200.00 #200.00

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

Mecklenburg County
Health Department

July 10th, 1990

EVCO Construction Co.
PO Box 37223
Charlotte, NC 28237

RE: Property located at Cheryl Circle
FILE: 6859A
PARCEL: 13519110

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 18028) 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

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 18028

File: 6859A Action 1

Parcel: PO 135-191-10 ☐ PC

Location:

Subdivision:

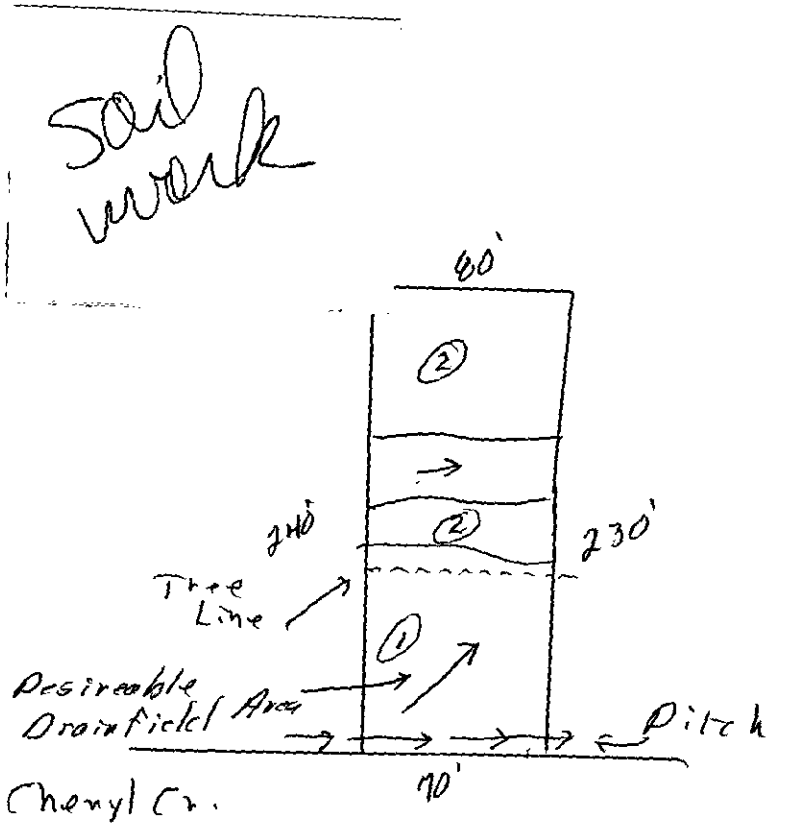
Lot: Block: Acres: .4

Owner:
Address:

Comments: Lot does not appear to need repair - system may need lift pump - most desirable area for drainfield on front of lot unless corner is upgraded

Described by: William A. Marlin

Date: 7-6-90



***** 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" Thin	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 7-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very Limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U See Note	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil-Urban	Complex slopes				
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: G859A

TC: 135-191-5710

☒ PC ☐ REPT

JOB LOCATION

① ADDRESS: CHERYL CIR.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

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

OWNER

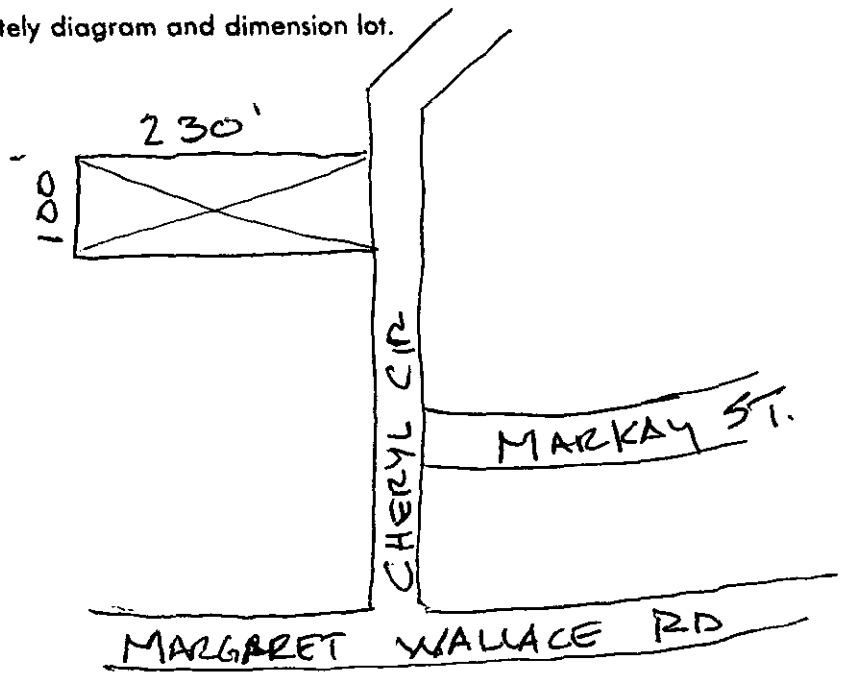
⑦ NAME: EVCO CONSTRUCTION Co
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: P.O. BOX 37223

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28237

⑫ PHONE: (WORK) 372-4500 (HOME) 455-962X

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: Larry C. Rice

Date: 6/26/90

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: 6-26-90

Name/Company: EVCO Const Co - 1

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Investigation

6859A

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 26 1990

Fee: $ 40.00

Cash or $40.

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 _____