

12305 EASTFIELD RD

02101108

6/13/2007

duponbj

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



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02101108

6/13/2007

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

PCC #1117
3-22-99

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 6310 A DATE: 1-6-99

TC: 021-013-02 ☐ L ☐ CRT

SERIAL Nº 17548

Name of Owner William Wood Juris.: _____

Address of Property 12305 Eastfield Road

Inspection Data:

Tank Material Pcc

Total Length of Drainfield 400

Number of Lines 8 @ 50'

Cover Depth 12"

Water Supply Source Municipal

Distance to Water Source 710' any H_2O line

Excavation Inspected 9-5

Tank(s) Inspected 9-5

Wash Line Inspected —

High Water Alarm Inspected ✓

PLOT

Design 1997, 1500 ST, 1000 DT, INNOV, 1200 SF, T, Grease TK CTR# 50

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type III b innovative 4 bedrooms
"Infiltrator" Band used
(8) 3'w x 50'L x 24" deep

Wally H. Rowell
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

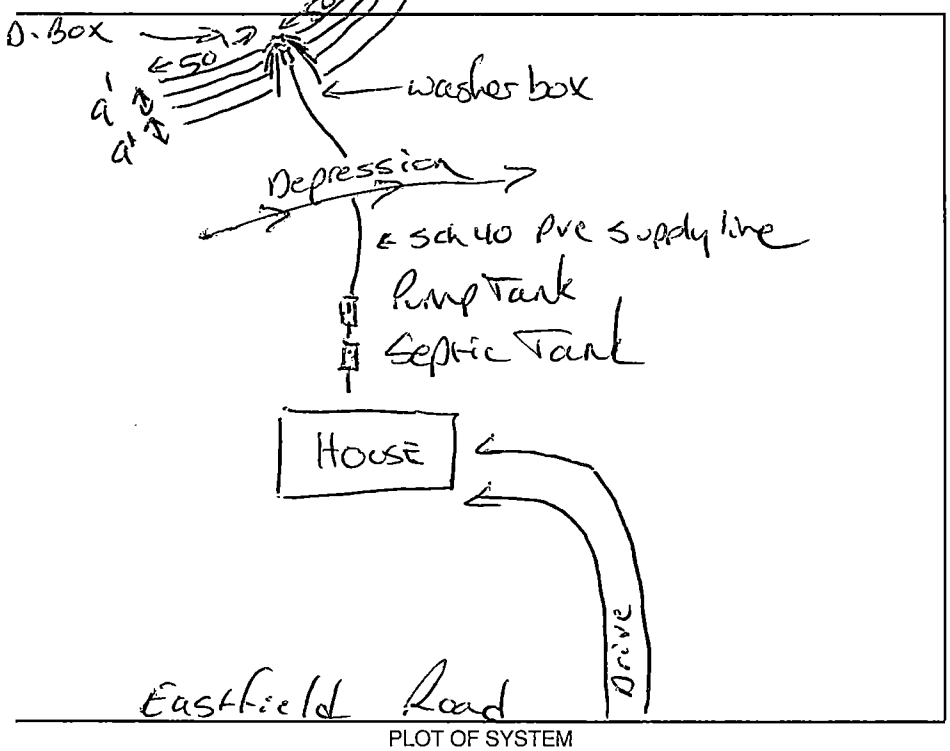
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6310A DATE: 7-31-97

TC: 021-013-02 L

SERIAL Nº 17397

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 7-31-97. All work shall be completed on or before 8-31-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 400 feet

Number of Lines 8

Depth of Stone N/A inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

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

NAME OF OWNER William Wood

LOCATION OF PROPERTY 12305 Eastfield Road

Comments: Type III g innovative 4 bedrooms
(8) 3'w x 50'L x 24" deep

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

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

Fee Paid $140 CRT Q

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

DATE: 7-31-97 PERMIT NO: 6310A

PARCEL NO: 021-013-02

JOB LOCATION ADDRESS: 12305 Eastfield Road

PROPERTY OWNER: William Wood

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: _____

AUTHORIZATION ISSUED BY: Larry B. Thompson Jr, RS DATE: 7-31-97

DEHNR AUTHORIZED AGENT

9-5

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 6310A, 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: _____

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.

4 William C. Wood 7/31/97

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number 6310A

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 021-013-02

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	✓ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N/A Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	N/A Depth of stone Innovative		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:	Be can use upper 6" of soil for backfill around chamber system per Kelly Randall			
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	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	24" Maximum Trench Depth	
For existing system, enter the year originally installed:				

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

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Larry B. Thompson, Jr., R.S. 7-31-97
DEHNR Authorized Agent Date

x William C. Wood 7/31/97
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

Does

FEE: $100.00

DATE: _____

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 6310 A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 02101302

STREET ADDRESS: 12305 EASTFIELD RD.

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 3500

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

CLOSING DATE DONE PREVIOUS

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: WOOD (LAST) WILLIAM (FIRST) CECIL (MI)

ADDRESS: 5617 WEDGEWOOD DR.

CITY: CLT STATE: NC ZIP: 28210

DAYTIME PHONE: (704 426- 2866

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1950

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Wm C. Wood DATE: 7/31/97

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

RUFF, BOND, COBB, WADE & McNAIR
ATTORNEYS AT LAW
TWO FIRST UNION CENTER
SUITE 2100
CHARLOTTE, NORTH CAROLINA 28282-8283
TELEPHONE (704) 377-1634

THOMAS C. RUFF
LYN BOND, JR.
JAMES O. COBB
HAMLIN L. WADE
WILLIAM H. McNAIR, P.A.
MARVIN A. BETHUNE
MOSES LUSKI
FRANCIS W. STURGES
ROBERT S. ADDEN, JR.
JAMES H. PICKARD
SUZANNE E. HARLEY*
*ALSO ADMITTED IN SOUTH CAROLINA

PAUL C. WHITLOCK
1878-1959
HENRY C. DOCKERY
1887-1965
TELECOPIER
(704) 342-3308

May 31, 1990

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 5 1990
ENVIRONMENTAL HEALTH
DIVISION

Mr. Gene Vaughan
Supervisor
Mecklenburg County Health Department
1200 Blythe Boulevard
Charlotte, North Carolina 28203

RE: Property located at 12305 Eastfield Road
File: 6310A
Parcel: 021-013-02

Dear Mr. Vaughan:

Pursuant to your letter dated May 25, 1990 (copy attached), please find enclosed a file-stamped copy of the original "Acknowledgement of Request by Owner for Reclassification of Site from 'Unsuitable' to 'Provisionally Suitable' under 10 NCAC10A .1948(c)" filed this day in the office of the Register of Deeds for Mecklenburg County.

Please proceed to issue an Improvements Permit as soon as possible. Your assistance with regard to this request is greatly appreciate.

Sincerely yours,

RUFF, BOND, COBB, WADE & McNAIR

Moses Luski

Moses Luski

ML:lf/2470
cc: Mr. and Mrs. William Wood

Mecklenburg County
Health Department

May 25, 1990

William Wood
5617 Wedgewood Drive
Charlotte, NC 28210

RE: Property located at 12305 Eastfield Road
FILE: 6310A
PARCEL: 021-013-02

Gentlemen:

Receipt of your plans for a modified waste disposal system for the property referenced above is acknowledged.

Your plans for the modified system for the above property as submitted are approved with the following comments:

- The well should be located 100 feet or no less than 50 feet away from any part of the sewage disposal system and repair area.
- Water saving plumbing devices and low flush toilets should be installed when constructing the residence.
- Occupants to utilize maximum water conservation measures wherever possible.
- Effectively rake and lime all trench sidewalls
- Landscaping of repair area to be undisturbed. No grading, shaping, or altering in anyway.

Due to the topography and possibility of considerable surface or lateral water movement across the proposed drainfield area, it is recommended that either a French Drain/Diversion Ditch be considered during the landscape phase.

Upon execution and recording with the Register of Deeds Office, Mecklenburg County, of the enclosed "Septic Tank Agreement Form", an Improvements Permit may be issued by this office.

Sincerely,

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

GV/kat

Enclosures - 3 Septic Tank Agreement Forms

Drawn by and mail to: Moses Luski (BOX 24): Ruff Bond Cobb Wade & McNair

COPY

FILE NO. 6310A

PRESENTED FOR REGISTRATION
90 MAY 31 PM 3:21
ANNE A. POWERS
REGISTER OF DEEDS
MECKLENBURG CO., N.C.

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 10 NCAC 10A .1948(c)

The undersigned, William C. Wood and wife, Rebecca M. Wood

owner of property located at 14201 Eastfield Road, See Exhibit A attached hereto and incorporated by reference herein, available as yet,

("the site") and described in an instrument recorded ~~in Book~~ even date, Book ~~at Page~~ & Page not , Mecklenburg Public Registry,

hereby acknowledges that he applied to the Mecklenburg County Department of Environmental Health ("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 10 NCAC 10A .1934 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 10 NCAC 10A .1948(c) 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 can reasonably be expected to function satisfactorily and thus that the findings specified in 10 NCAC 10A .1948(c)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

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

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 31 day of May, ~~19~~ 1990.

William C. Wood (SEAL)
William C. Wood

Rebecca M. Wood (SEAL)
Rebecca M. Wood

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, Laurie J. Fagan, a Notary Public for said County and State, do hereby certify that William C. Wood and wife, Rebecca M. Wood personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 31 day of May, 1990. ~~19~~.

Laurie J. Fagan
Notary Public

My Commission Expires: 8/4/91

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: 6310A
TC: _____
SERIAL: Nº 18145
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12305 (STREET NO.) EASTFIELD ROAD (STREET) ② FILE: 6310A
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 02101302
⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: WILLIAM (FIRST) CECIL (MIDDLE) WOOD (LAST)
⑨ MAILING ADDRESS: 5617 WEDGEWOOD DRIVE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28210
⑬ PHONE: (WORK) 704/373-5011 ⑭ (HOME) 704/523-2847

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type? _____
㉓ Maximum occupancy? 8
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: _____

Date: 4/23/90

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.

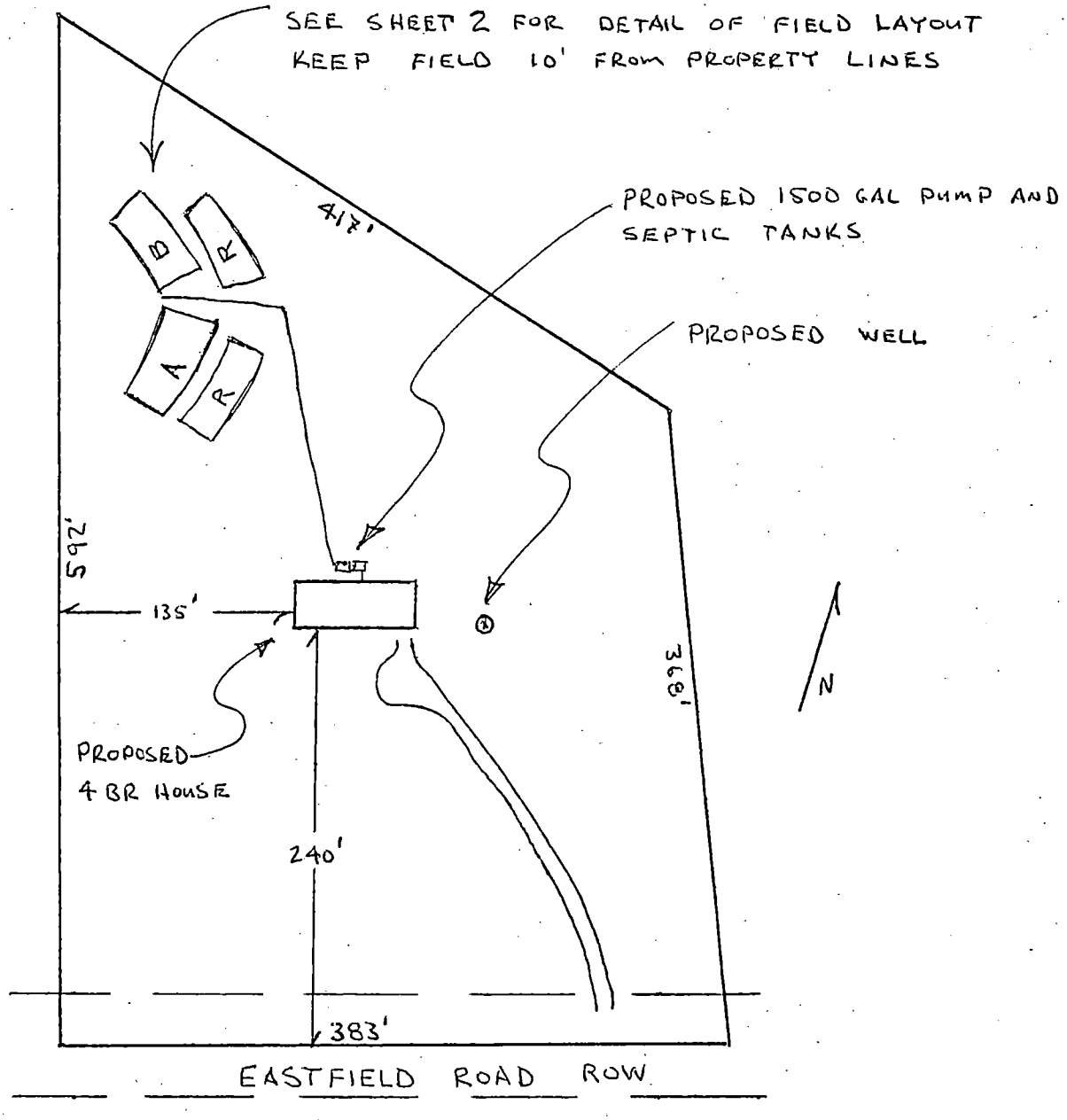
_____ / _____
Environmentalist Date

_____ / _____
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.

PROPOSED PLOT PLAN

FILE: 6310A
TC: 021 013 02

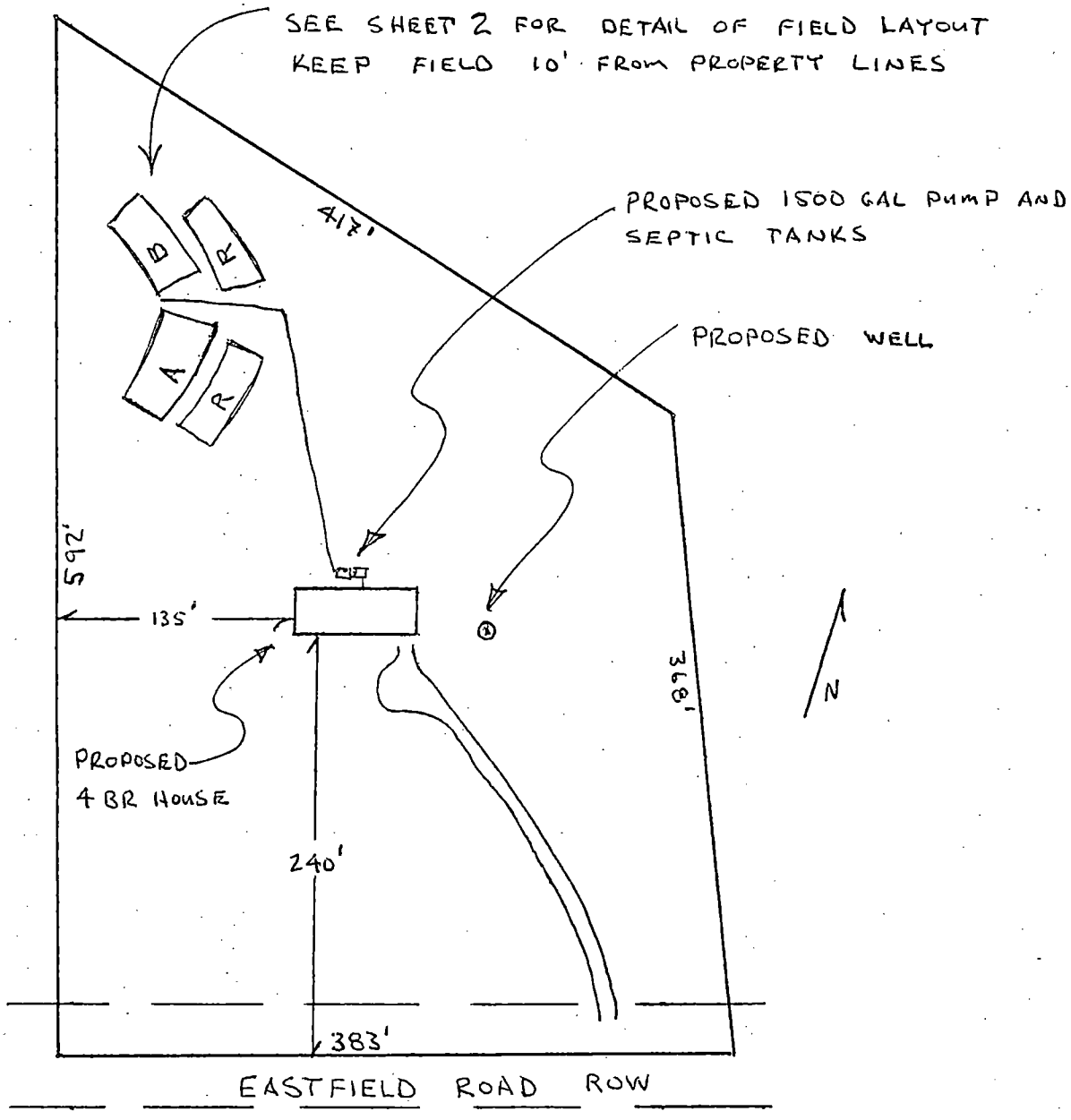


SCALE 1" = 100'

SIGNED: [signature]
DATE: 4/23/90

PROPOSED PLOT PLAN

FILE: 6310A
TC: 021 013 02



SCALE 1" = 100'

SIGNED: [signature]
DATE: 4/23/90

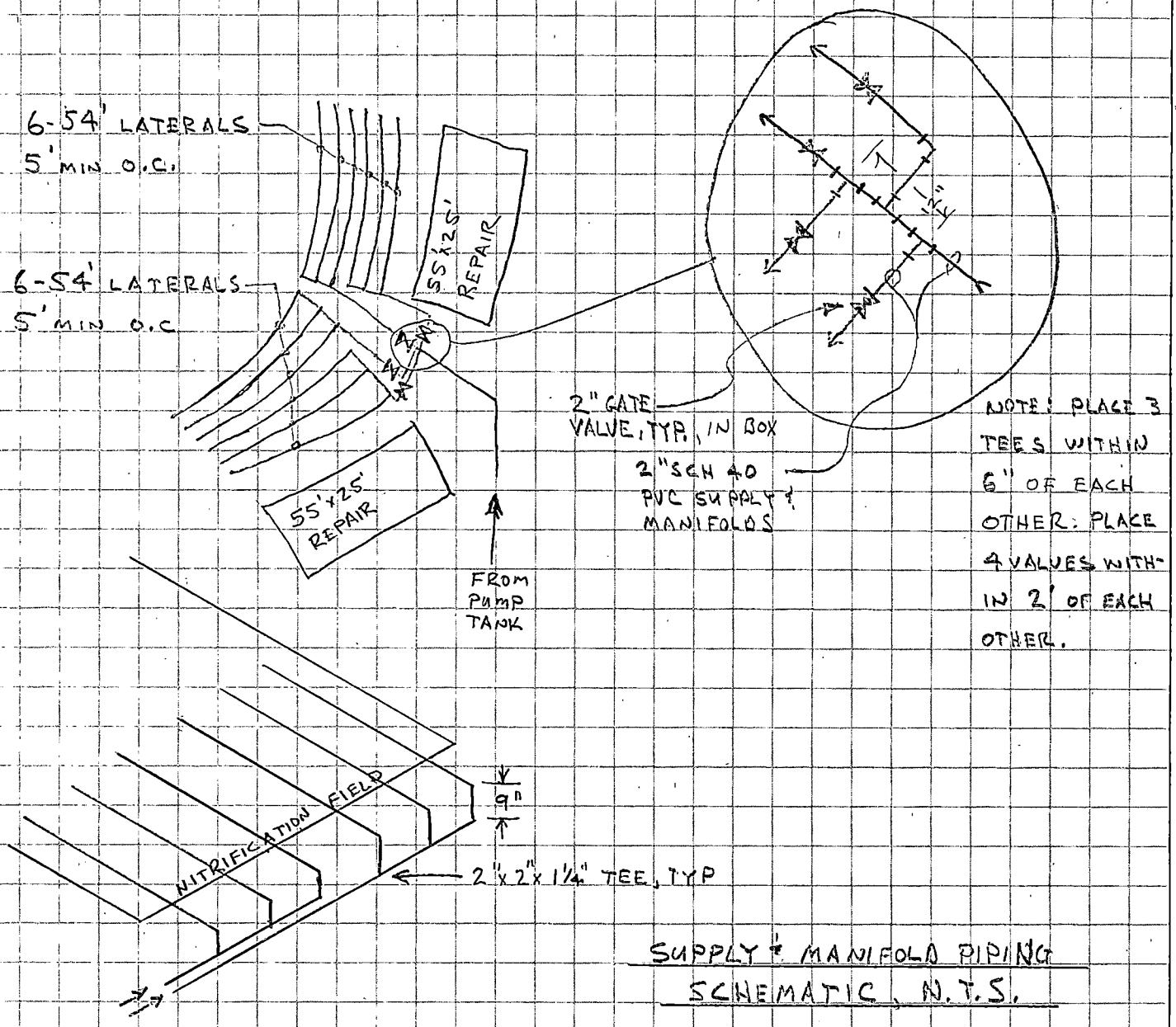
PROPOSED PLOT PLAN

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

FILE: 6310A

TC: 021 013 02

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.



SUPPLY & MANIFOLD PIPING SCHEMATIC, N.T.S.

APPROVAL, DATE _____

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

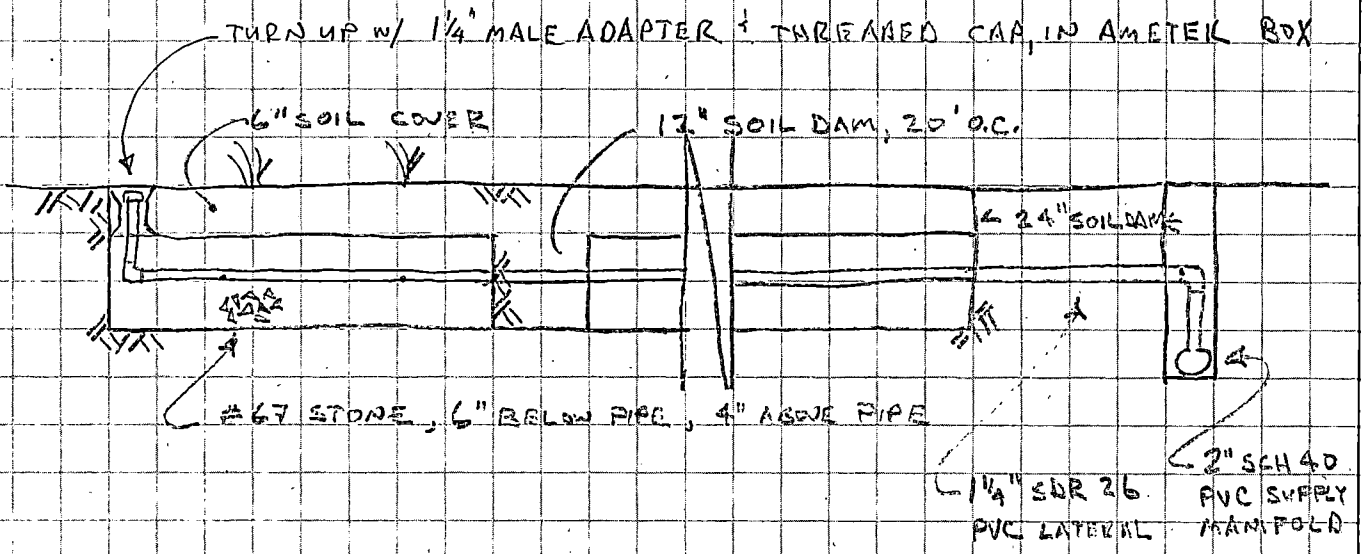
PROPOSED PLOT PLAN

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

FILE: 631DA

TC: 021 013 02

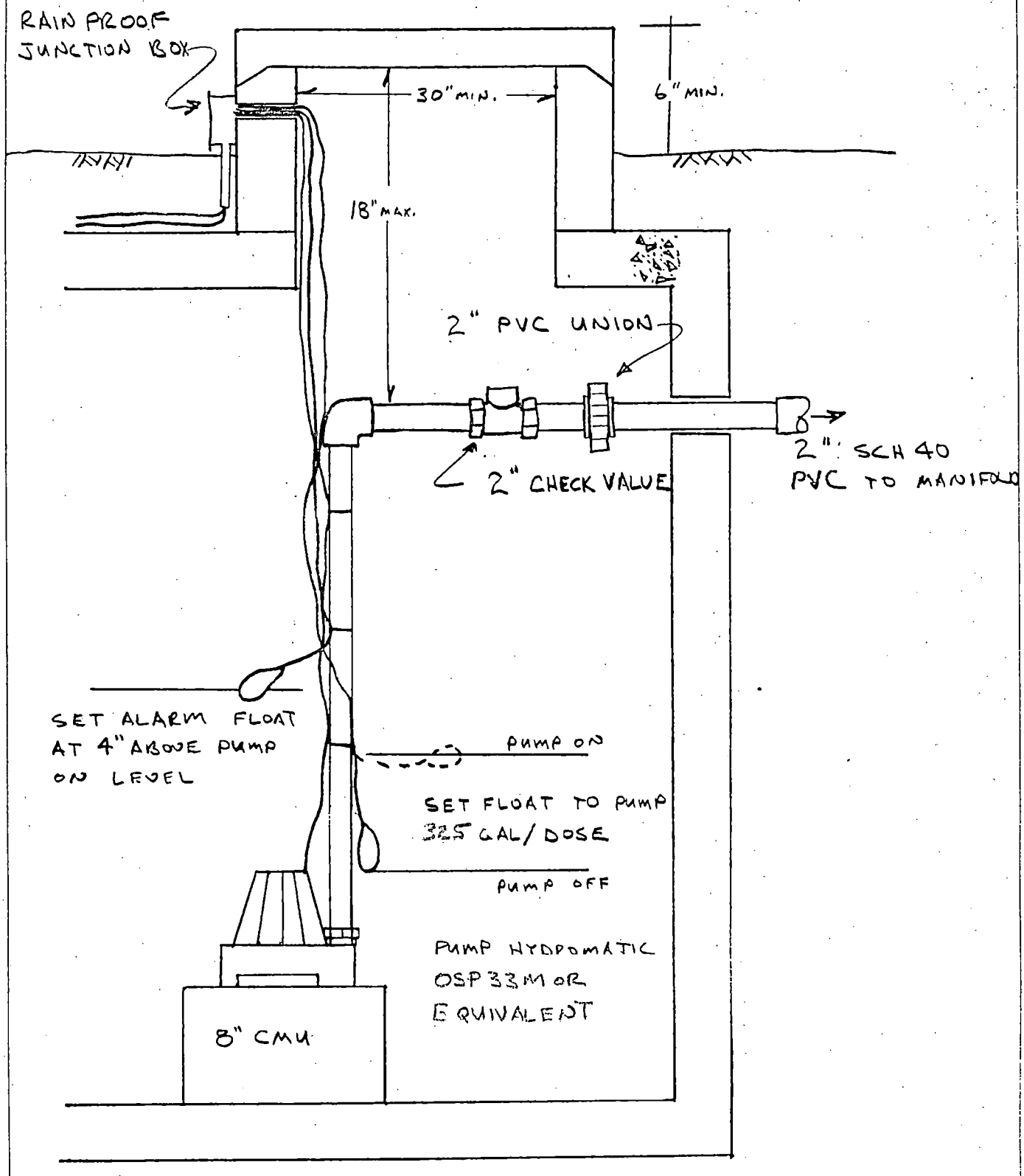
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



TRENCH DETAIL, N.T.S.

APPROVAL DATE _____

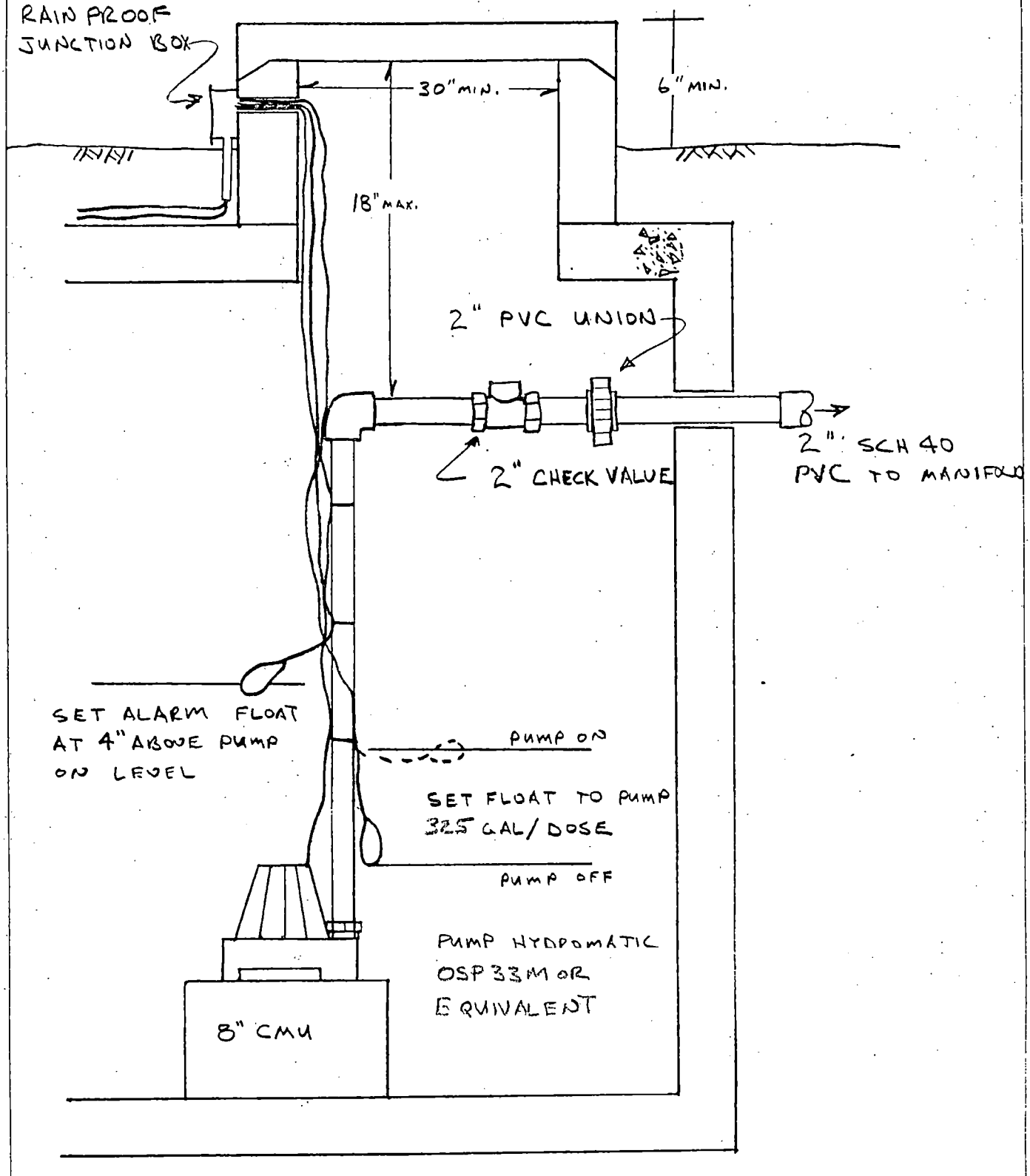
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



PUMP TANK DETAIL

NTS

42-381 50 SHEETS 5 SQUARE
42-382 100 SHEETS 5 SQUARE
42-389 200 SHEETS 5 SQUARE
NATIONAL



PUMP TANK DETAIL

NTS

PROPOSED PLOT PLAN

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

FILE: 6310A

TC: 021 013 02

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.

SPECIFICATIONS

DAILY WASTE FLOW - 480 GAL/DAY
SEPTIC TANK SIZE - 1500 GAL
PUMP TANK SIZE - 1500 GAL
EFFLUENT LOADING RATE - 0.15 GAL/FT²·DAY
ABSORPTION AREA - 3200 FT²
LATERAL DIAMETER - 1¼" SDR 26 PVC
LATERAL CONFIGURATION - 2 FIELDS, EACH W/ 6 - 54 FT LINES
SUPPLY LINE LENGTH - 220 FT
SUPPLY LINE DIAMETER - 2" SCH 40 PVC
MANIFOLD PLACEMENT - SIDE
HOLE SPACING - FROM MANIFOLD: 5, 15, 25, 35, 44½, 53 FT
HOLE, FLOW & PRESSURE DATA:

	FIELD A					FIELD B				
LINE	PRESS.	SIZE	#	FLOW/ HOLE GPM	FLOW/ LINE GPM	PRESS.	SIZE	#	FLOW/ HOLE, GPM	FLOW/ LINE, GPM
6	1.7'	5/32"	6	.37	2.22	1.7'	5/32"	6	.37	2.22
5	2.9'	5/32"	6	.46	2.88	2.8'	5/32"	6	.47	2.82
4	4.0'	1/8"	6	.36	2.16	3.5'	1/8"	6	.34	2.04
3	1.3'	5/32"	6	.32	1.92	1.6'	5/32"	6	.36	2.16
2	2.4'	5/32"	6	.44	2.64	2.4'	5/32"	6	.44	2.64
1	3.5'	1/8"	6	.34	2.04	3.0'	1/8"	6	.31	1.86
			36		13.86			36		15.74

TOTAL FLOW - 27.6 GPM
ELEVATION HEAD - 12 FT
FRICTION HEAD - 3.5 FT
MAX PRESSURE HEAD - 4.0 FT
TOTAL HEAD - 20 FT
CHECK VALVE - YES
SIPHON BREAK HOLE - NO
STORAGE VOL IN SUPPLY - 36 GAL
STORAGE VOL IN LATERALS - 57.5 GAL
TOTAL STORAGE VOLUME - 93.5 GAL
DOSING VOLUME - 325 GAL
DOSING DEPTH - VARIES W/ TANK SIZE
PUMP REQUIREMENTS - 28 GPM @ 20 FT TDH HYDROMATIC OSP33M OR EQUIVALENT

Signed: [signature]

Date: 4/23/90

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

PROPOSED PLOT PLAN

FILE: 6310A

TC: 021 013 02

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.

SPECIFICATIONS

DAILY WASTE FLOW - 480 GAL/DAY
SEPTIC TANK SIZE - 1500 GAL
PUMP TANK SIZE - 1500 GAL
EFFLUENT LOADING RATE - 0.15 GAL/FT^2 DAY
ABSORPTION AREA - 3200 FT^2
LATERAL DIAMETER - 1¼" SDR 26 PVC
LATERAL CONFIGURATION - 2 FIELDS, EACH w/ 6 - 54 FT LINES
SUPPLY LINE LENGTH - 220 FT
SUPPLY LINE DIAMETER - 2" SCH 40 PVC
MANIFOLD PLACEMENT - SIDE
HOLE SPACING - FROM MANIFOLD: 5, 15, 25, 35, 44½, 53 FT
HOLE, FLOW & PRESSURE DATA:

	FIELD A					FIELD B				
LINE	PRESS.	SIZE	#	FLOW/ HOLE GPM	FLOW/ LINE GPM	PRESS.	SIZE	#	FLOW/ HOLE, GPM	FLOW/ LINE, GPM
6	1.7'	5/32"	6	.37	2.22	1.7'	5/32"	6	.37	2.22
5	2.9'	5/32"	6	.46	2.88	2.8'	5/32"	6	.47	2.82
4	4.0'	1/8"	6	.36	2.16	3.5'	1/8"	6	.34	2.04
3	1.3'	5/32"	6	.32	1.92	1.6'	5/32"	6	.36	2.16
2	2.4'	5/32"	6	.44	2.64	2.4'	5/32"	6	.44	2.64
1	3.5'	1/8"	6	.34	2.04	3.0'	1/8"	6	.31	1.86
			36		13.86			36		13.74

TOTAL FLOW - 27.6 GPM
ELEVATION HEAD - 12 FT
FRICTION HEAD - 3.5 FT
MAX PRESSURE HEAD - 4.0 FT
TOTAL HEAD - 20 FT
CHECK VALVE - YES
SIPHON BREAK HOLE - NO

STORAGE VOL IN SUPPLY - 36 GAL
STORAGE VOL IN LATERALS - 57.5 GAL
TOTAL STORAGE VOLUME - 93.5 GAL
DOSING VOLUME - 325 GAL
DOSING DEPTH - VARIES w/ TANK SIZE

PUMP REQUIREMENTS - 28 GPM @ 20 FT TDH HYDROMATIC OSP33M OR EQUIVALENT

Signed: [signature]

Date: 4/23/90

Mecklenburg County
Health Department

March 7th, 1990

Edward Greene
1046 Owen Boulevard
Charlotte, NC 28213

RE: Property located at Eastfield Rd.
FILE: ~~6309A~~ 6310A
PARCEL: 02101302

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 17627) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Very truly yours,

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

Enclosure (2)

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 3/5/90

Name/Company: William Wood

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Mfg - New

63.10A

MECK. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 5 1990

Fee: $ 200.00

Ck # 105 $ 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

DATE: 3-2-1990

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mck

PARCEL NUMBER ~~[redacted]~~ 021-013-02

ASSIGNED ADDRESS 12305 Eastfield Rd

EXISTING ADDRESS _____

PROJECT NAME ~~[redacted]~~ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐

	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

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

REMARKS: Septic tank & well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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 02/86

Fit new Address

2050

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: 6310A
TC: _____
SERIAL: № 18484
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 12305 (STREET NO.) EASTFIELD ROAD (STREET) ② FILE: _____
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 02101302
⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: WILLIAM (FIRST) CECIL (MIDDLE) WOOD (LAST)
⑨ MAILING ADDRESS: 5617 WEDGEWOOD DRIVE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28210
⑬ PHONE: (WORK) 704 / 373-5011 ⑭ (HOME) 704 / 523-2847

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 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: Mat McC. Wood

Date: 3-2-90

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.

Environmentalist _____ / Date

Director or Authorized Section Head [signature] / Date 6-5-90

*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
SITE EVALUATION REPORT
SERIAL NUMBER 17627

File: 6309A

Parcel: 021-01302

Action: 2

☐ PC

Location: Eastfield Rd.

Subdivision:

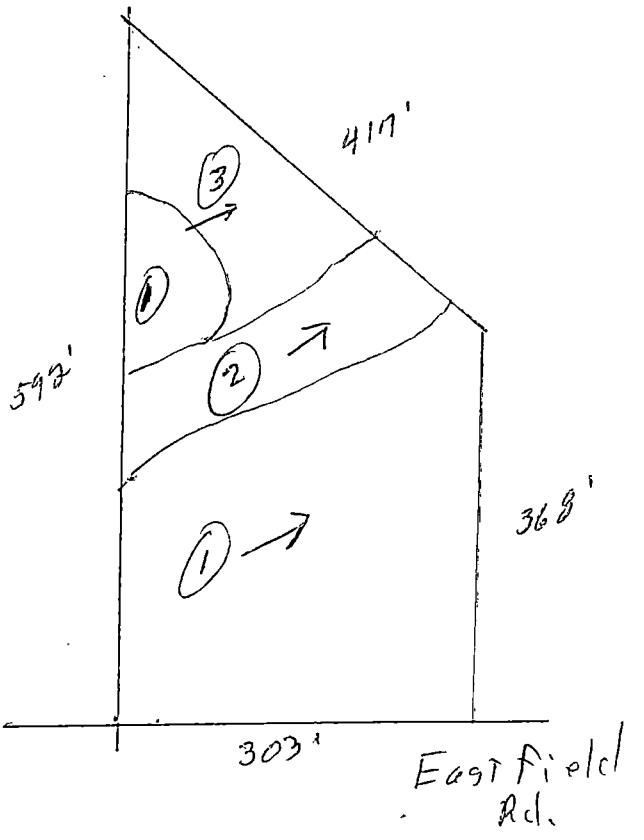
Lot: Block: Acres: 4.0

Owner: Edward Greene
Address: 1046 Owen Blvd.
Charlotte, NC 28213

Comments: _____

Described by: William A. Marks

Date: 3-1-90



***** 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 6-15%	S PS (U) Drainageway Depression	S (PS) U 10-25%	S PS U	S PS U	S PS U
Texture	S PS (U) expanding clay	S PS U	S (PS) U Clay	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S (PS) U Blocky	S PS U	S PS U	S PS U
Drainage	S PS (U) perched water 20-24" in spots	S PS U —	S (PS) U 7-36" to water	S PS U	S PS U	S PS U
Depth	S PS (U) 12-36"	S PS U —	S PS (U) 24-36"	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S (PS) U 7-36"	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS (U) Restricted	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	Enon-Helena Expansive Clay	Drainageway Depression	III Parolet-L.Ho			
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 12233

File: 6310A

Action _____

Parcel:

☐ PC

Location:

Subdivision:

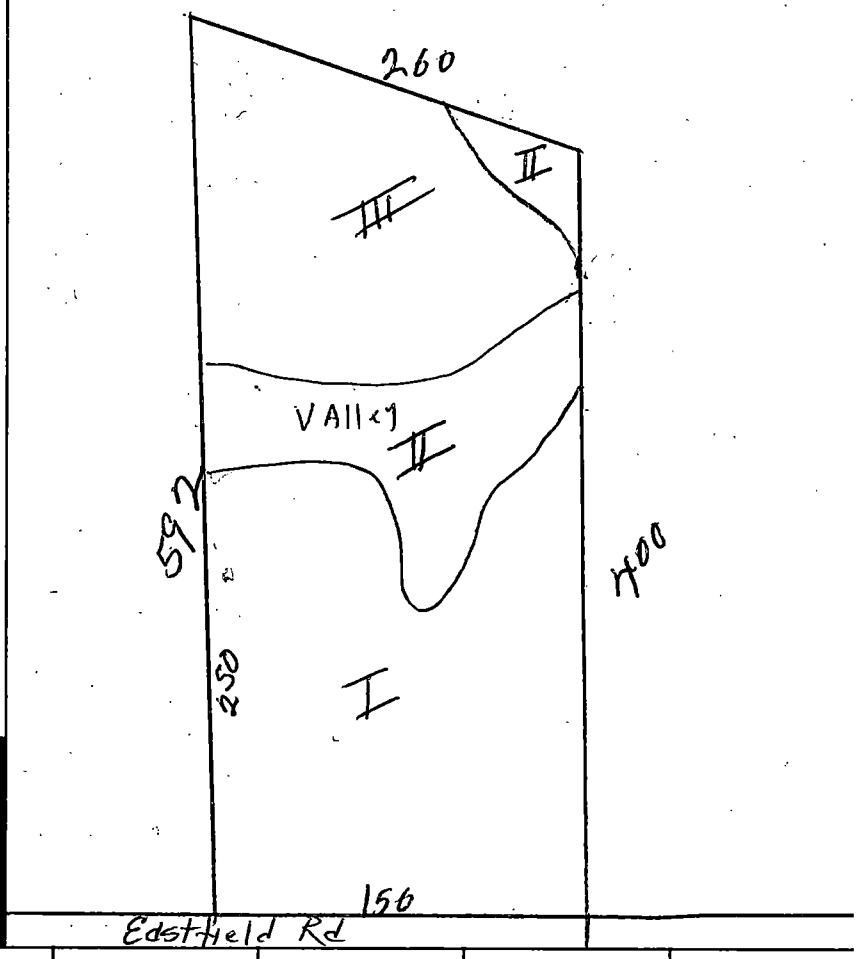
Lot: Block: Acres: 2A

Owner:
Address:

Comments: _____

Described by: W.B. Ramsey

Date: 11-17-89



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

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 2-8	S PS (U) Drainage Way	S (PS) U 2-10	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) 18-24"	S PS (U) Variers	S PS (U) 30-36	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 *Limited	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	IVa Enon-Iredell	IVa Enon	IVa Cecil			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 630A Action _____
SITE EVALUATION REPORT
SERIAL NUMBER 12232 Parcel: ☐ PC

Location:

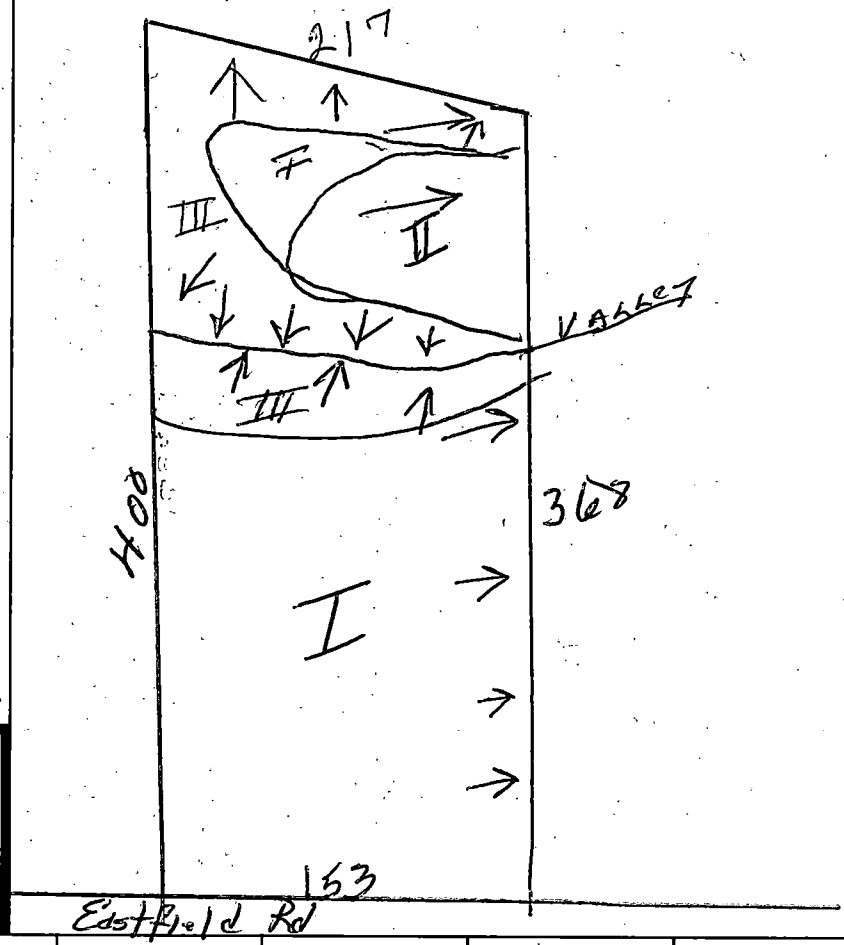
Subdivision:

Lot: Block: Acres: 2A

Owner:
Address:

Comments: 100% Repair Area Required

Described by: W. B. Ramsey
Date: 11-16-89



***** 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 2–12	S (PS) U 5–10	S PS (U) More 30%	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) 12–24	S PS (U) 30–36	S PS (U) VARIOUS	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) * Might Be Area For Original Low Pressure System	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	100% Repair Area Required	S PS U	S PS U	S PS U
Soil Group/Series	~~IVb~~ Enon	~~IVa~~ Cecil	IVa Pacolet			
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U	S PS U

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11/14/89

NAME/COMPANY: Edward + Linda

Address Registered Sanitarian

Sanitation ____

Vector Control ____

OPWD ✓

SERVICE: (2) Soil tests

2 acres each

6309A + 6310A

MEDINA COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 14 1989

FEE: 160.00 ck #2448 $160.00

Completed By

Collected By

APPLICATION FOR SOIL INVESTIGATION

See 6309A for charge slip

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

(OFFICE USE ONLY)

FILE: 6310A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: EAST Field ROAD Tc 021 013 02

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

⑤ PARCEL REFERENCE: BOOK NO.: P0 021 PAGE NO.: 013 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: 5311 PAGE NO.: 649

OWNER

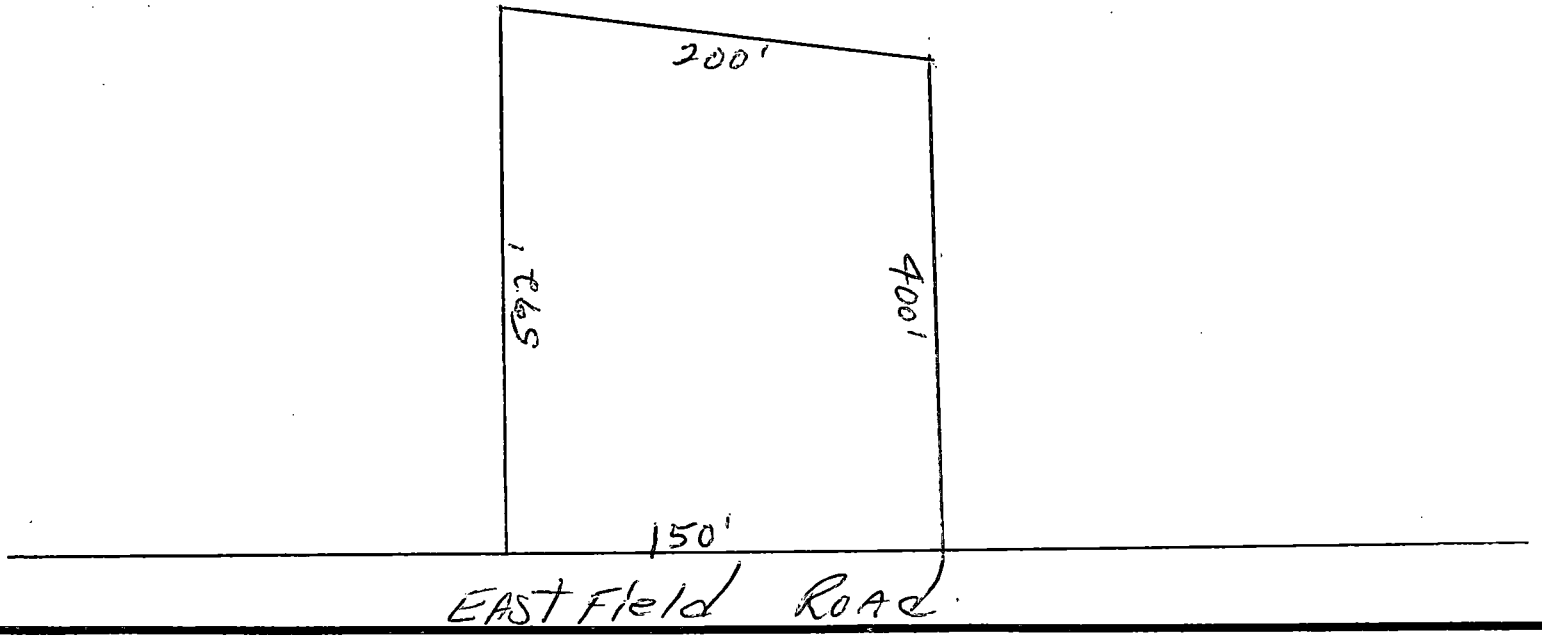
⑦ NAME: Edward (FIRST) (MIDDLE) GREENE (LAST)

⑧ MAILING ADDRESS: 1046 Owen Blvd

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 5988510

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: Linda Greene

Date: 11/14/89

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6309A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: EAST Field Road

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

⑤ PARCEL REFERENCE: BOOK NO.: P0 021 PAGE NO.: 013 PARCEL NO.: 02

⑥ DEED REFERENCE: BOOK NO.: 5311 PAGE NO.: 649

OWNER

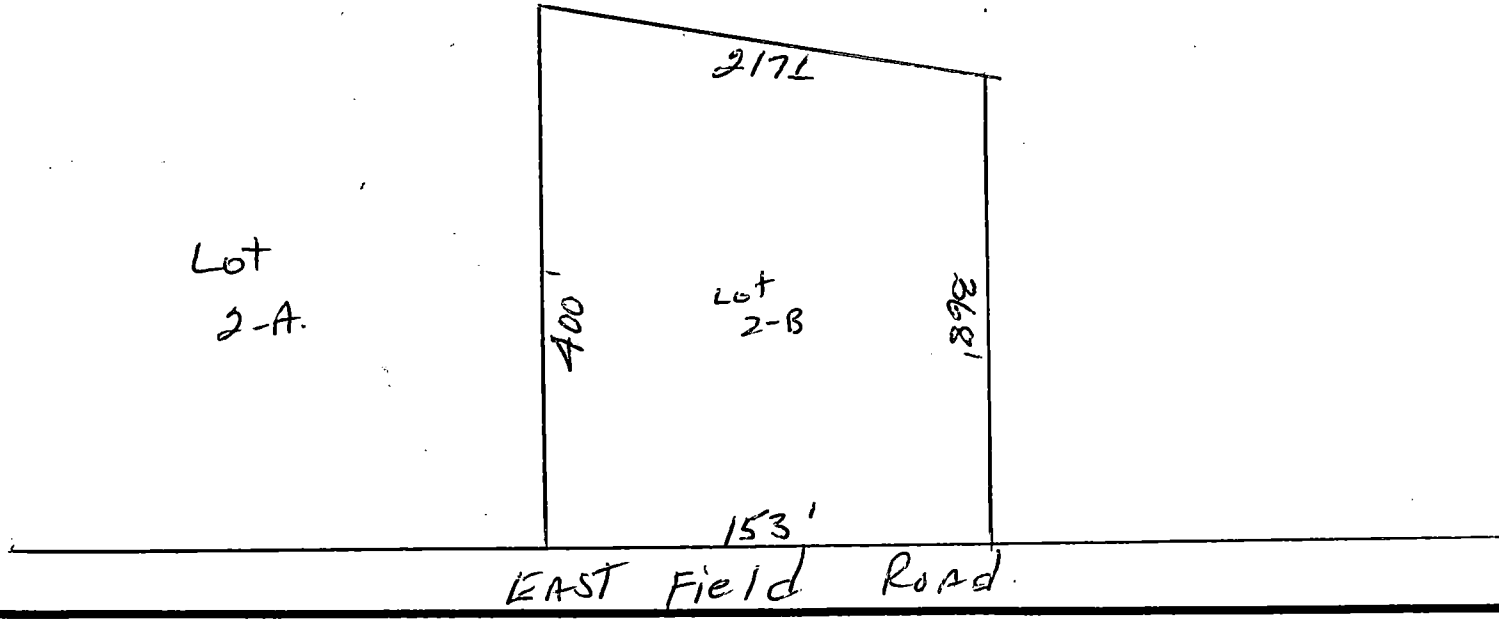
⑦ NAME: Edward (FIRST) GREENE (LAST)

⑧ MAILING ADDRESS: 1046 Owen BLVd.

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28213

⑫ PHONE: (WORK) _____ (HOME) 5988510

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: Linda Greene

Date: 11/14/89

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: 11/14/89

NAME/COMPANY: Edward + Linda Reese
c/o prospective Linda S. Reese

Sanitation ____

Vector Control ____

OPWD ✓

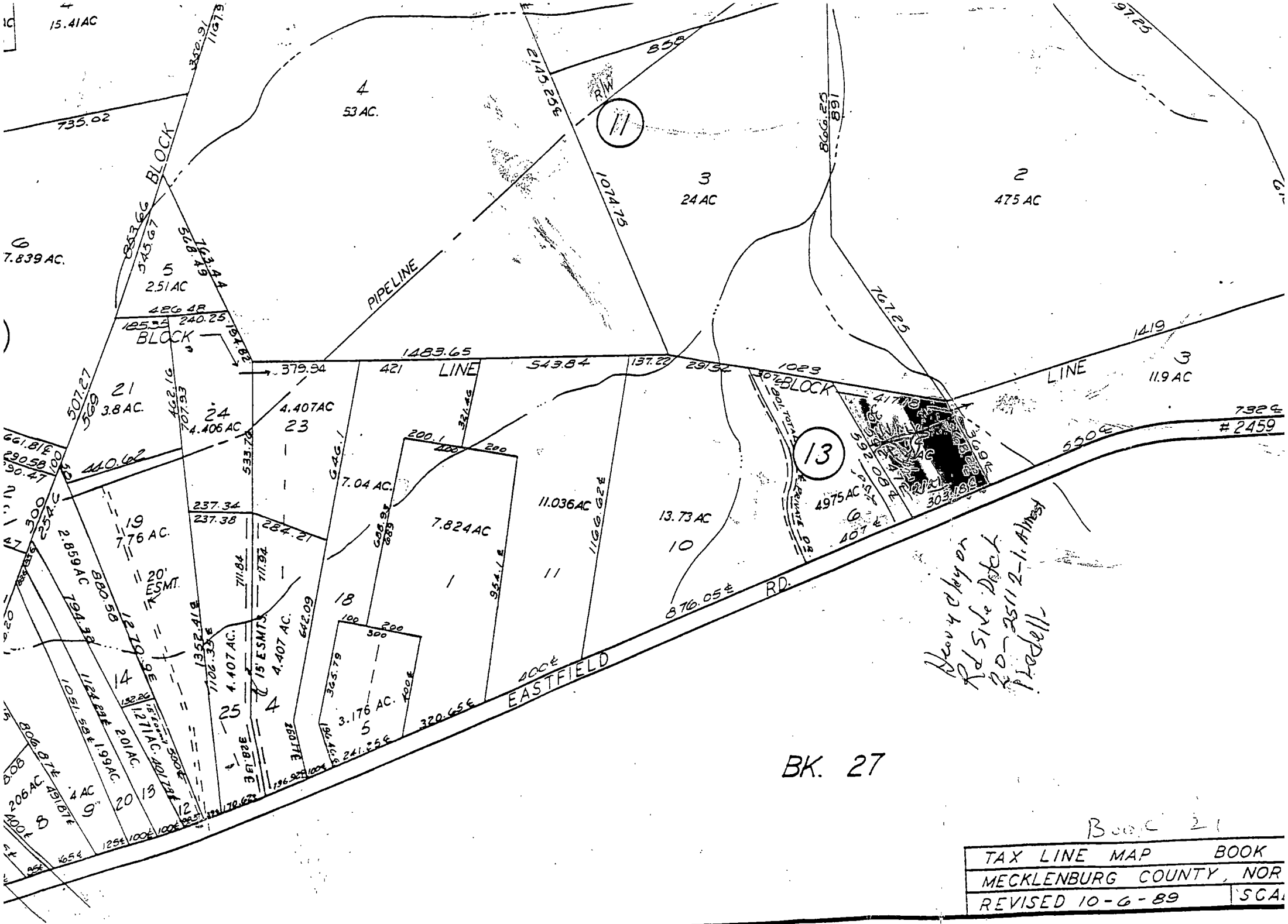
SERVICE: (2) Soil tests
2 acres each
630A + 6310A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
~~PAID~~
~~NOV 14 1989~~

FEE: 160.00

Completed By

Collected By



BK. 27

Book 21

TAX LINE MAP	BOOK
MECKLENBURG COUNTY, NOR	
REVISED 10-6-89	SCA