

12825 HIDDEN HILLS LN

13531624

5/17/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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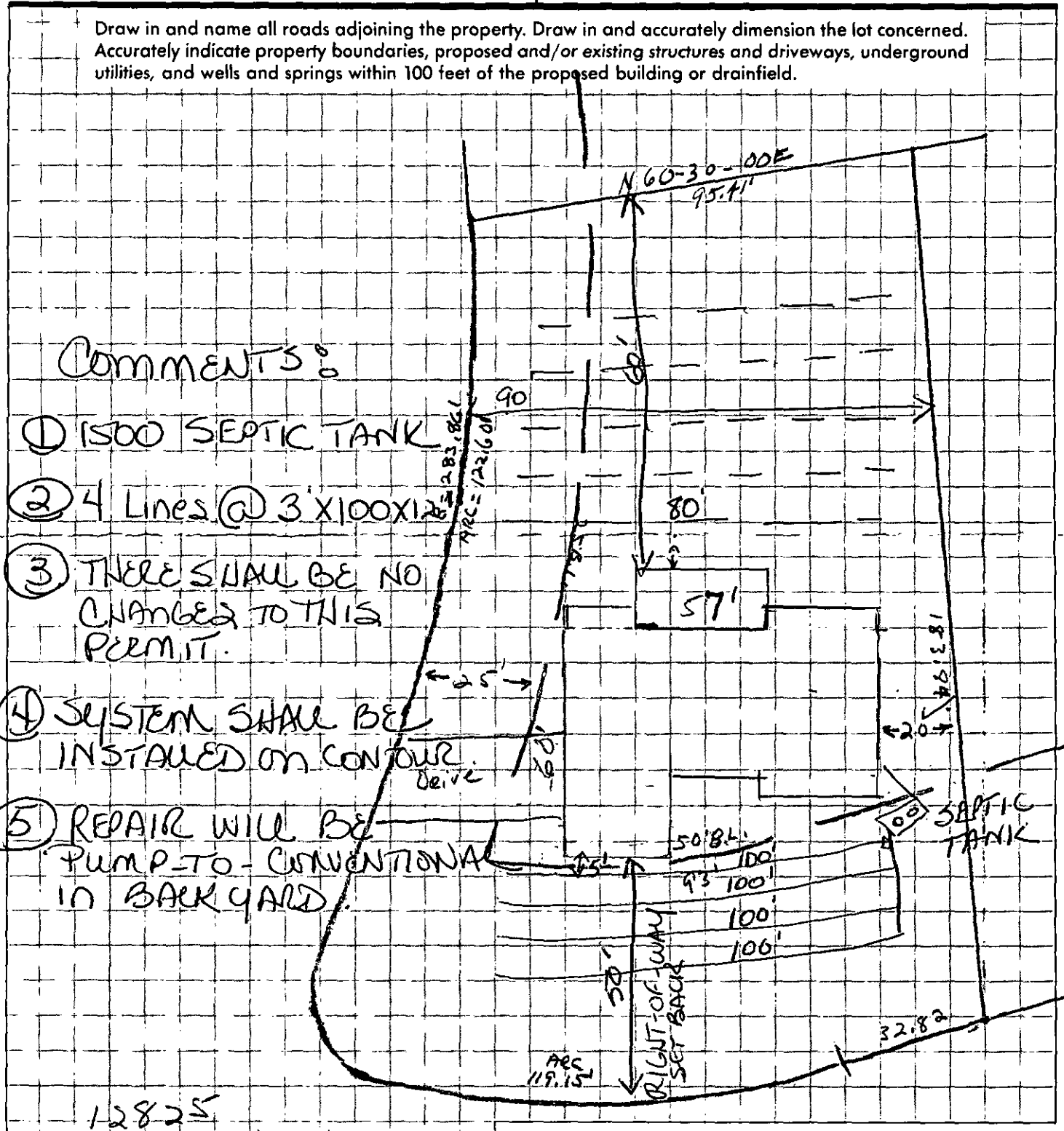
PROPOSED PLOT PLAN

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

FILE: 4216A

TC: 135-316-24

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.



COMMENTS:

1. 1500 SEPTIC TANK
2. 4 Lines @ 3'X100X12"
3. THERE SHALL BE NO CHANGES TO THIS PERMIT.
4. SYSTEM SHALL BE INSTALLED ON CONTOUR.
5. REPAIR WILL BE PUMP-TO-CONVENTIONAL IN BACKYARD.

12825
Hidden Hills Ln.

Signed: Connie A. Butler

Date: 4/8/93

400 ft

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD Capt 3/16/93 DF CRT

#4216 A

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: Butler (last) Cornice (first) A. (mi)

ADDRESS: 4325 Shea Lane PHONE: (704) 545-6416

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3-10-93

PROPERTY OWNER:

NAME: Butler (last) Cornice (first) A. (mi)

ADDRESS: 4325 Shea Ln. PHONE: (704) 545-6416

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-316-24

STREET ADDRESS: 12825 Hidden Hills Charlotte, NC 28227

ZONING: R

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

SUBDIVISION OR MOBILE HOME PARK NAME: Hidden Hills

LOT NUMBER: 16 Blk. 3 LOT SIZE (in acres): .4

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[X] 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 M)
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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):
[X] 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 [X] 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: Cornice A Butler Date: 3-10-93

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.

...

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

David L Newell, RS. 4/8/93
Environmentalist Date

Director or Authorized Section Head Date 4/12/93

WWATER : 122791

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#4216 A

PD Capt 200' 3/16/93 D.H. [] 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

Date: 3-10-93

PERSON FILING APPLICATION:

NAME: Butler (last) Cornice (first) A. (mi)

ADDRESS: 4325 Shea Lane PHONE: (704) 545-6416

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-316-24

STREET ADDRESS: 12825 Hidden Hills Dr.

Charlotte, NC 28227

ZONING: R

PROPERTY OWNER:

NAME: Butler (last) Cornice (first) A. (mi)

ADDRESS: 4325 Shea Ln. PHONE: (704) 545-6416

CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME: Hidden Hills

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

LOT NUMBER: 16 Blk. 3 LOT SIZE (in acres): .4

TYPE APPLICATION (check one):

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[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
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[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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[] Private Well (P)

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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: Cornice A Butler Date: 3-10-93

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...

[] 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

WWATER : 122791

PROPOSED PLOT PLAN

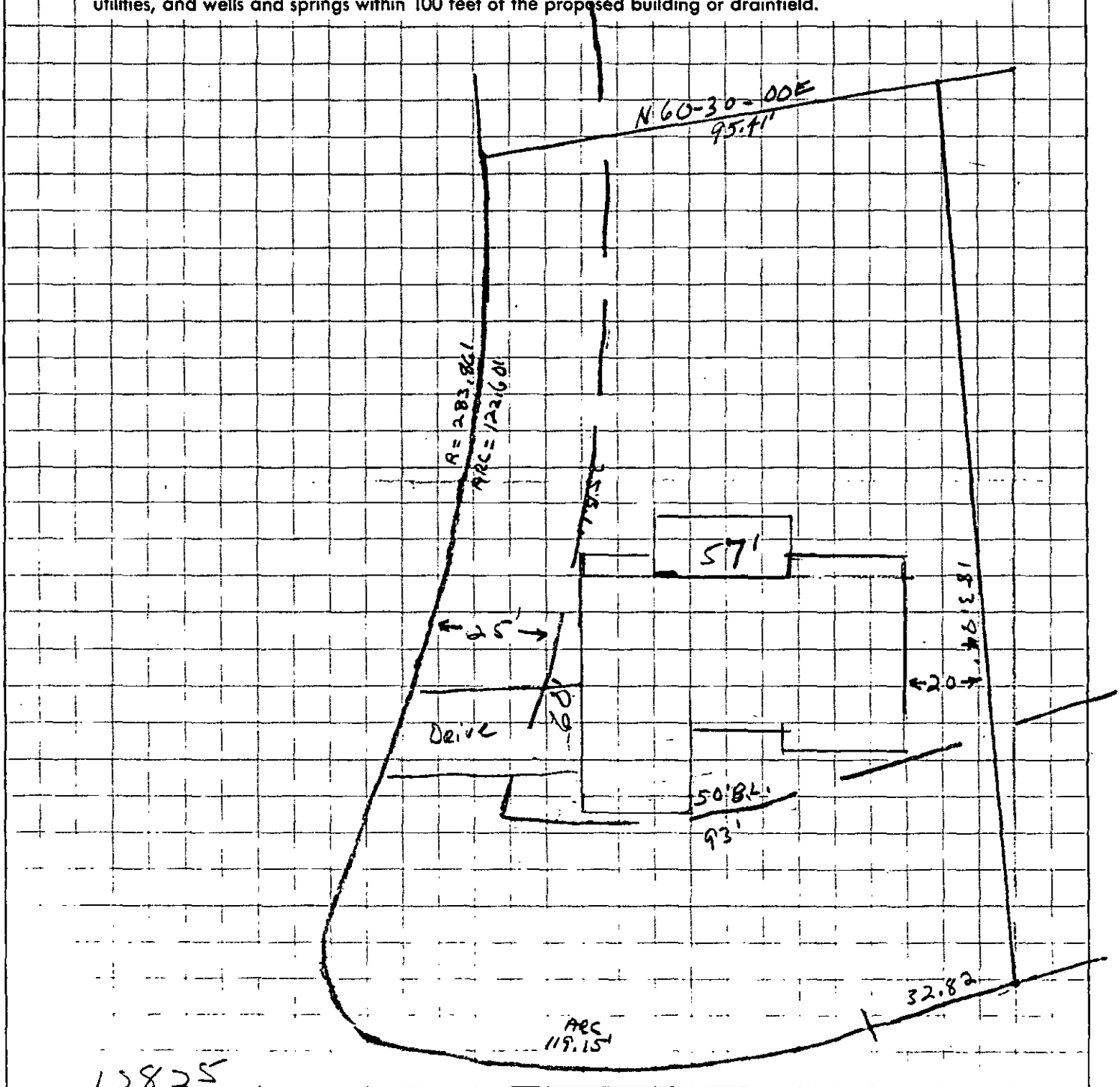
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4216 A

TC: 135-316-24

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.



12825
Hidden Hills LN.

Signed: Connie A. Britt

Date: 3/10/93

DATE 3/10/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

135-316-24
PARCEL NUMBER

12825 Hidden Hills Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

KA
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**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: S. Home & Deck

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

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pace

REVISED 1/91

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 8/26/88

Name/Company Eastmoreland Development

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dan Klutt

#4216A — 4223A

(8)

Dea Range #26

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 26 1988

Fee: $1200 — #H03541

#1,200.

Completed by

Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR AN IMPROVEMENT PERMIT

PAID

AUG 26 1988

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: 4216A

TC:

SERIAL: Nº 15477

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 26 1988
ENVIRONMENTAL HEALTH
DIVISION

RECEIVED
MECKLENBURG COUNTY
ENVIRONMENTAL HEALTH
DIVISION

JOB LOCATION

① ADDRESS: 12825 HIDDEN HILLS LANE (STREET NO. / STREET) ② FILE: 4216A

③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 135-312-12

⑤ SUBDIVISION: HIDDEN HILLS ⑥ LOT: 16 ⑦ BLOCK: 3

OWNER

⑧ NAME: FIRSTMARK DEVELOPMENT CORPORATION (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 6035 FLORENCE AVE., SUITE 100

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 536-1495 ⑭ (HOME) N/A

REQUEST

This request is for a(n):

⑮ [X] New permit

⑯ [ ] Repair or alteration permit

⑰ [ ] Authorization for mobile home exchange

⑱ [ ] Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ [X] 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 [X] 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Richard Williams

Date: 7-19-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. LPO station required

B. Ray Ferguson 9-22-88
Environmentalist Date

Jim Ervin 9-22-88
Director or Authorized Section Head Date

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

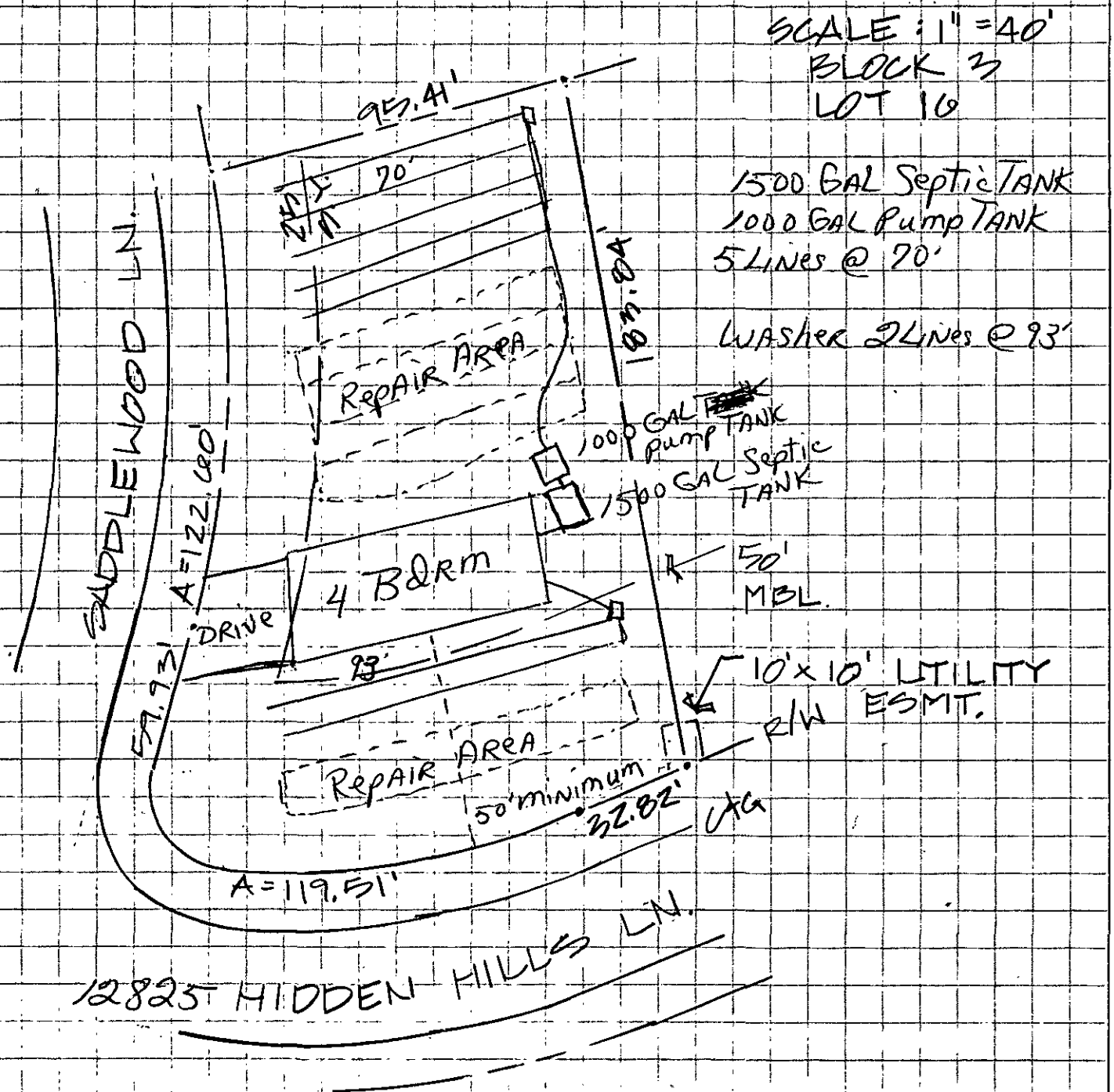
PROPOSED PLOT PLAN

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

FILE: 4126 A

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.



Signed: Richard Williams

Date: 7-19-88

MECKLENBURG COUNTY

Department of Environmental Health

December 14th, 1987

Firstmark Development Corp.
6035 Forence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at Hidden Hills Lane 16-3
FILE: 4216A
PARCEL: 13531212 PO

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 14879) 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.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 14879

File: 4216A Action 1

Parcel: 13531212 PO ☐ PC

Location: Hidden Hills Lane

Subdivision:

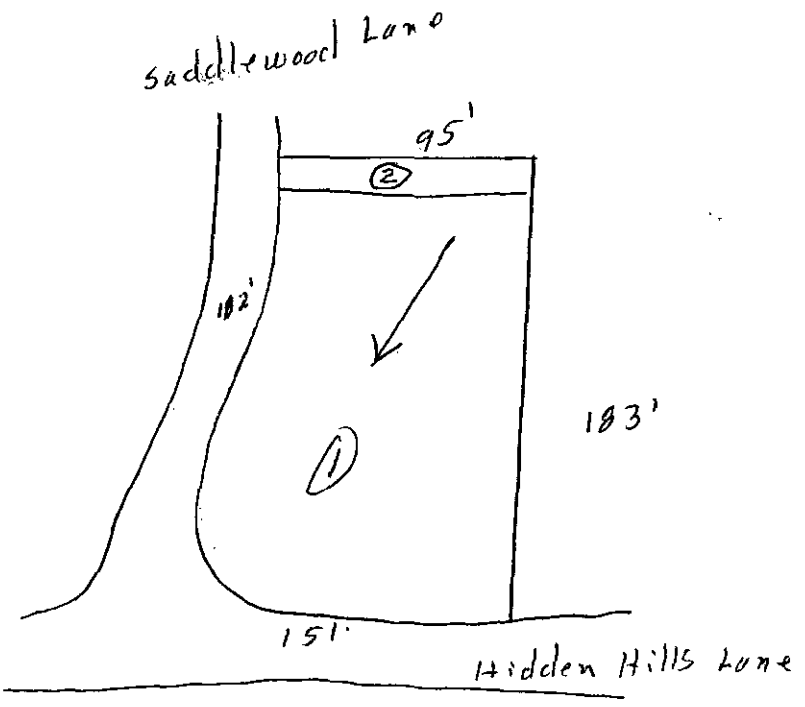
Lot: 16-3 Block: Acres: .52

Owner: Firstmark Development Corp.
Address: 6035 Forence Avenue, Suite 100
Charlotte, NC 28212

Comments: _____

Described by: William R. Marks

Date: 12-14-87



*** 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 2-6%	S PS U —	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 >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 >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS (U) Fill	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10A Cecil-Hillo	Fill				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)
FILE: 4216A
TC:
☐ PC ☐ REPT

MECK COUNTY DEPARTMENT OF
RECEIVED
JUL 21 1987
ENVIRONMENTAL HEALTH

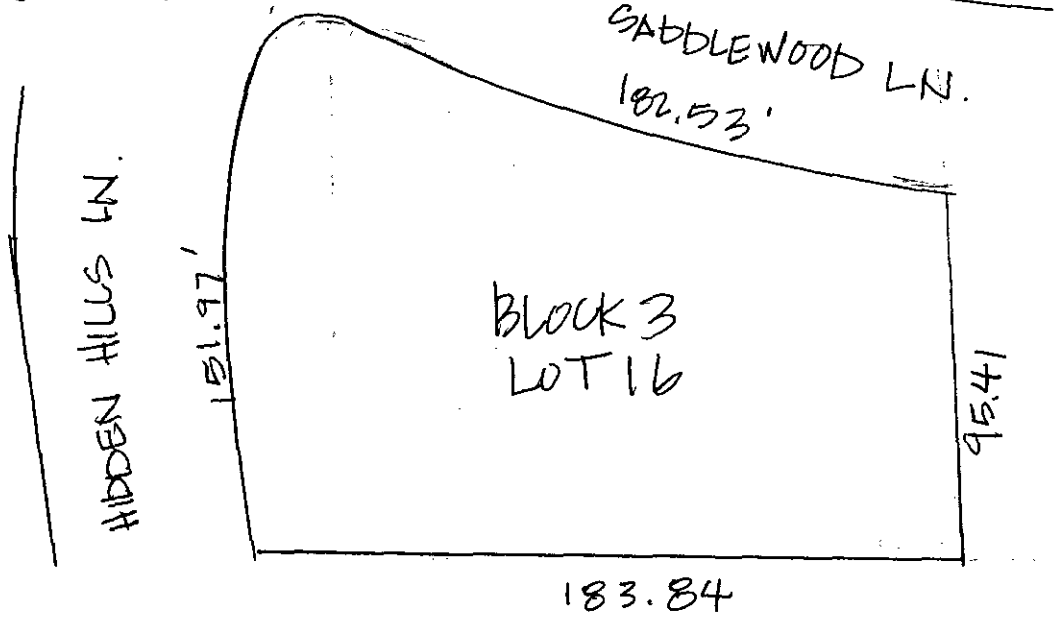
JOB LOCATION

① ADDRESS: Hidden Hills Lane, Mint Hill, NC
② SUBDIVISION: Hidden Hills ③ LOT: 16 ④ BLOCK: 3
⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 12
⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

⑦ NAME: Firstmark Development Corp. (FIRST) (MIDDLE) (LAST)
⑧ MAILING ADDRESS: 6035 Florence Ave., Suite 100
⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28212
⑫ PHONE: (WORK) 536-1495 (HOME)

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Steven D Caldwell
Date: 7/16/87

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

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

✓ DBOR TANK

CERTIFICATE OF COMPLETION/OPERATION PERMIT 1540

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

FILE: 4216A DATE: 9/1/94

TC: 135-316-24 ☐ L ☒ CRT

SERIAL № 12939

Name of Owner Connie A. Butler Juris.:

Address of Property ~~182~~ 12825 Hidden Hills

Inspection Data:

Tank Material 1500

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth — 12"

Water Supply Source County

Distance to Water Source MAINTAIN 10'

Excavation Inspected 8/31/94

Tank(s) Inspected 9/1/94 CK

Wash Line Inspected —

High Water Alarm Inspected

PLOT

Design: 1500 S.T, 1200 SQ FT, 12" G.T, CELL-LIKE CTR# Perry Coney

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: Type III

System designed for 3 bedroom home

JNewell for J. Daniel Jim H. Newell, R.S.

Environmentalist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~ APPROVAL

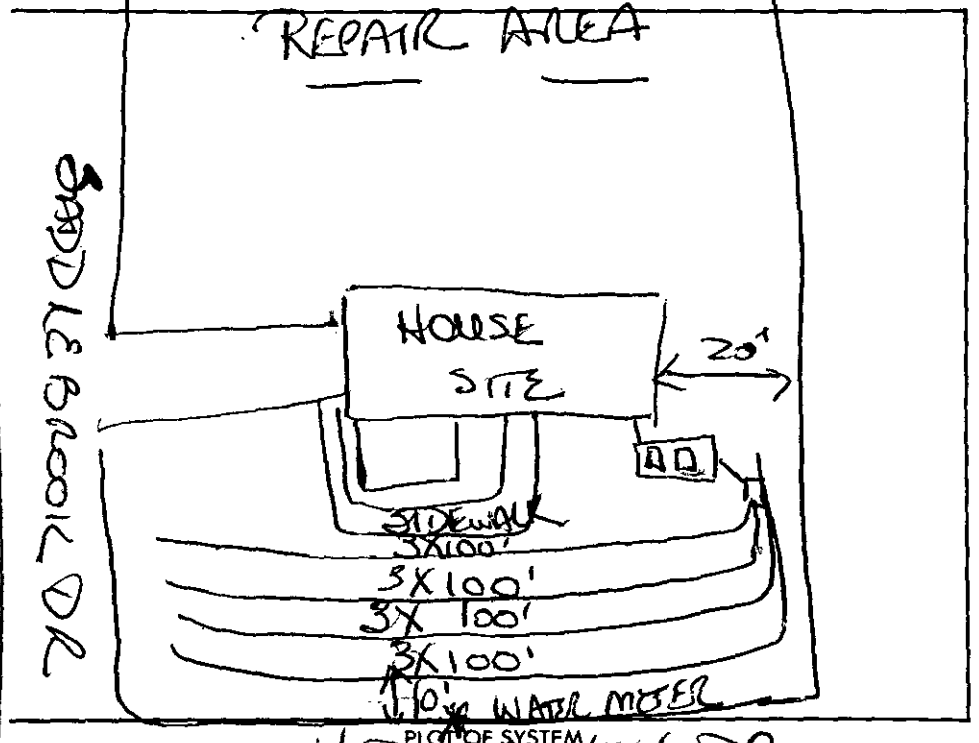
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4216 A DATE: 8/31/94

TC: 135-316-24 ☐ L

SERIAL Nº 15829

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 8/31/94. All work shall be completed on or before 9/30/94, 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 — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well — feet

N/A

10' OFF WATERLINE

NAME OF OWNER HIDDEN HILLS DR. Cornice A. Butler

LOCATION OF PROPERTY 12825 Hidden Hills

Comments: Install Septic tank (1000 gallons) with 4 trenches @ 3X100X12"
- Must maintain 10' SEPARATION W/ WATER LINE & METER

J Newell for S. Durrett — Division or Section Head

Jon H Newell 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