

11114 LIMEHURST PL

19921301

12/27/2007

duponbj

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

T.D

D&C

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

CRT# 1118 $50.00 12/26/95 2092B

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: Bourrique (last) Ricky (first) A (mi)

ADDRESS: 11114 Lunehurst PHONE: (704) 583-0525

CITY: CLT STATE: NC ZIPCODE: 28278

Date:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: PHONE: (___) ___

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-161-07

STREET ADDRESS: 11114 Lunehurst Pl

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 40 LOT SIZE (in acres): 1.19

TYPE APPLICATION (check one):

~~[] SOIL TEST - INDIVIDUAL LOT (D)~~
~~[] NEW CONSTRUCTION ON VACANT LOT - # BEDROOMS OR GPD (N)~~
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

REPLACE WITH NEW WIDE & DECK

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
~~[] MODIFIED/UPGRADED OR REPAIR - # BEDROOMS (R)~~
~~[] REPAIR TO SYSTEM (R)~~

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: R A Bourrique Date: 12-20-95

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.

... Use existing system for 2-bedroom residence only.

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

Joni Leggins-Burney RS 1/4/96
Environmentalist Date

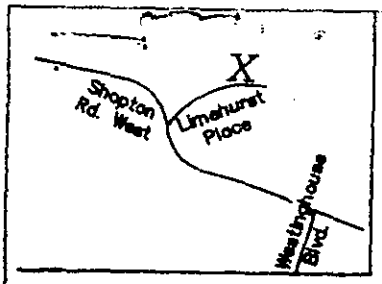
Director or Authorized Section Head Date

WATER : 122791

* Garage Door - call client

Phone Page #
1-800-864-1245

2092B



LEGEND
ch. chord
L,R curve length & radius
s.f. square feet (by coordinates)
I.PIN iron survey stake
conc. concrete
a/c air conditioner
MB, DB record map and deed references

THIS SURVEY IS CERTIFIED TO ONLY THE PERSONS OR ENTI
THIS IS TO CERTIFY THAT THIS SURVEY IS BASED UPON MY E
THIS SURVEY DOES NOT REFLECT A COMPLETE TITLE EXAMINAT

N

MB 17-648 (1976)

Lake

CAROLINA CENTERS LLC
DB 7606-475
Map Book 25 Pages 272-275

I.PIN found

N 5d22'0" W
49.99'

N 32d32'0" E
23.22'

N 84d42'0" E
67.48'

boundary lines follow 570.0 contour

34'

pier

N52d42'E
55.23'

N28d28'40"E
15.50'

N 3d3'19" W - 88.82'

I.PIN found in gully

1500 sq Ft

40'

28' Septic Tank

20.3'

50' Setback (DB 3939-206)

terrace

mobile home

52.1'

12.1'

No. 11114

old woods trail

S 88d10'38" W - 185.05'

10' Drainage Esmt. (DB 3939-206)

gravel drive

LOT 40
51,880 s.f.

CAROLINA CENTERS LLC
DB 7606-475
Map Book 25 Pages 272-275

10' Setback (DB 3939-206)

S 25d19'53" E - 171

I.PIN found

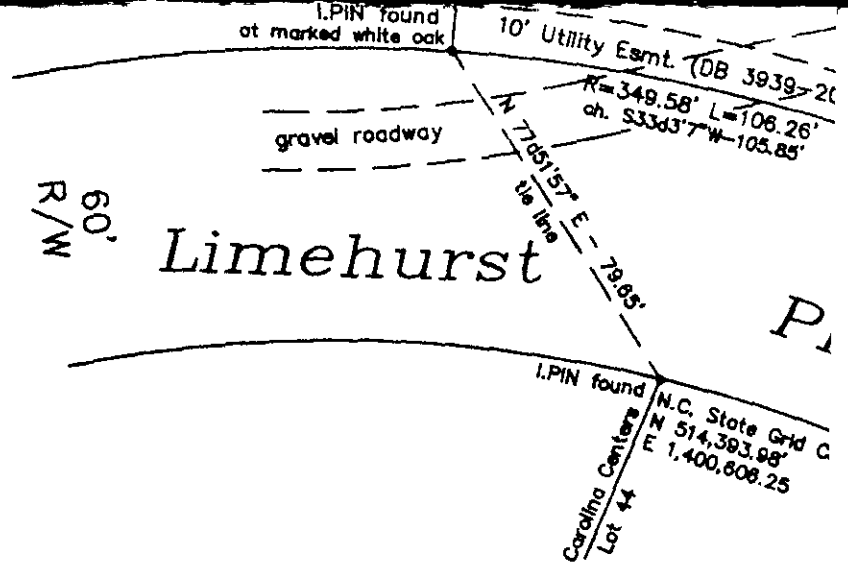
N 65d40'20" W - 84.36'

30' Setback (MB 17-648)

I.PIN found

S 69d37'30" E

roadway



Copyright 1

PHYSICAL SU
LOT 40 LAKE W
STEELE CREEK TOWNSHIP, ME
RICKY A. BO
Description taken from Mc
Scale 1" = 40'
ANDREW G. ZOUTEW
1914 Brunswick Avenue

0' 25' 50' 75'

LOT 41

I.PIN found
N71d23'8"E
29.74'
N70d46'30"E
22.89'
I.PIN found

W Y I 2

NES SHOWN IN THE TITLE BLOCK BELOW.
EST KNOWLEDGE, INFORMATION AND BELIEF.
ON. PRECISION IS GREATER THAN 1:10,000.

PROPOSED PLOT PLAN

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

FILE: 2092B

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.

1 SEE Attached 1

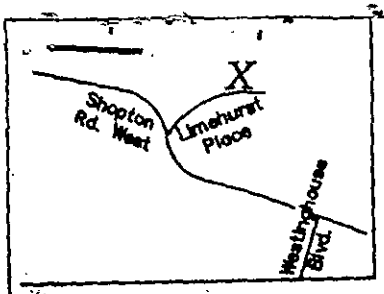
APPROVAL DATE 12/27/95 JHB

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

26920



LEGEND
ch. chord
L,R curve length & radius
s.f. square feet (by coordinates)
I.PIN iron survey stake
conc. concrete
a/c air conditioner
MB, DB record map and deed references

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pier
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51,880 s.f.

10' Setback (DB 3939-206)

S 25d19'53" E

CAROLINA CENTERS LLC
DB 7606-475
Map Book 25 Pages 272-275

I.PIN found

I.PIN found

S 69d37'

0'20" W - 84.36'

30' Setback

(2092B)

(4)

DATE 12/20/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

199-161-07
PARCEL NUMBER

11114 Limehurst Pl
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 40
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	___ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ Rwb APPROVED	___ NOT APPROVED
3. WATERSHED PROTECTION	✓ 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

ELEVATION CERTIFICATE REQUIRED

REMARKS: S.F House Min FFE 571.0

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: Rwb

REVISED 1/91

A.D

343-2582

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT 1118 $50.00 12/20/95 2092B 140 X8 11/20 [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

PERSON FILING APPLICATION:
NAME: Bourniaue (last) Ricky (first) A (mi)
ADDRESS: 11114 Limehurst PHONE: (704) 583-0525
CITY: CLT STATE: NC ZIPCODE: 28278

Date:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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ZONING:

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~~[] NEW CONSTRUCTION ON VACANT LOT - # BEDROOMS OR # GPD (N)~~
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y) Replace with new single
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
~~[] REPAIR TO SYSTEM (R)~~
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
~~[] MODIFIED/ALTERNATIVE OR RESIDENCE - # BEDROOMS (Z)~~

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

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SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

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[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Signed: [signature] Date: 12-20-95

NOTICE:

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:

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...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

* Orange Book - call client Phone Page # 1-800-864-1245

Mecklenburg County

Health Department

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

December 30, 1993

Louis E. Boyd
3721 Oakwood Avenue
Charlotte, NC 28205

RE: Property located at Limehurst Place
FILE: 2092B/9263A
PARCEL: 199-161-07

Dear Mr. Boyd:

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 20112) 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 15A NCAC 18A .1948 (d) 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 there are any questions, please contact Bill Marlin at 336-5574.

Sincerely,

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

KR:lw
Enclosure (2)

2400 3721 Oakwood Ave Charlotte, N.C. 28205

PD 50.00 CK 259 12/14/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

2092B/9263A

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: Rea (last) Watson (first) M. (mi)
ADDRESS: 10720 Traymore Ln PHONE: (704) 588-5298
CITY: Charlotte STATE: N.C ZIPCODE: 28278

Date:

PROPERTY OWNER:
NAME: Boyd (last) Lewis (first) E (mi)
ADDRESS: Linehurst Pl PHONE: (___) _____
CITY: Charlotte, STATE: N.C. ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-161-07
STREET ADDRESS: Linehurst Place Charlotte, N.C. 28278
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 40 sec 39 LOT SIZE (in acres): 1.19

TYPE APPLICATION (check one):
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[] 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) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

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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: X Lewis E. Boyd Date: X 12-12-93

NOTICE:

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...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.

...

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[] 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

Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20112

File: 20920/9263A Action 2

Parcel: 199-161-07 ☐ PC

Location: Limehurst Place

Subdivision:

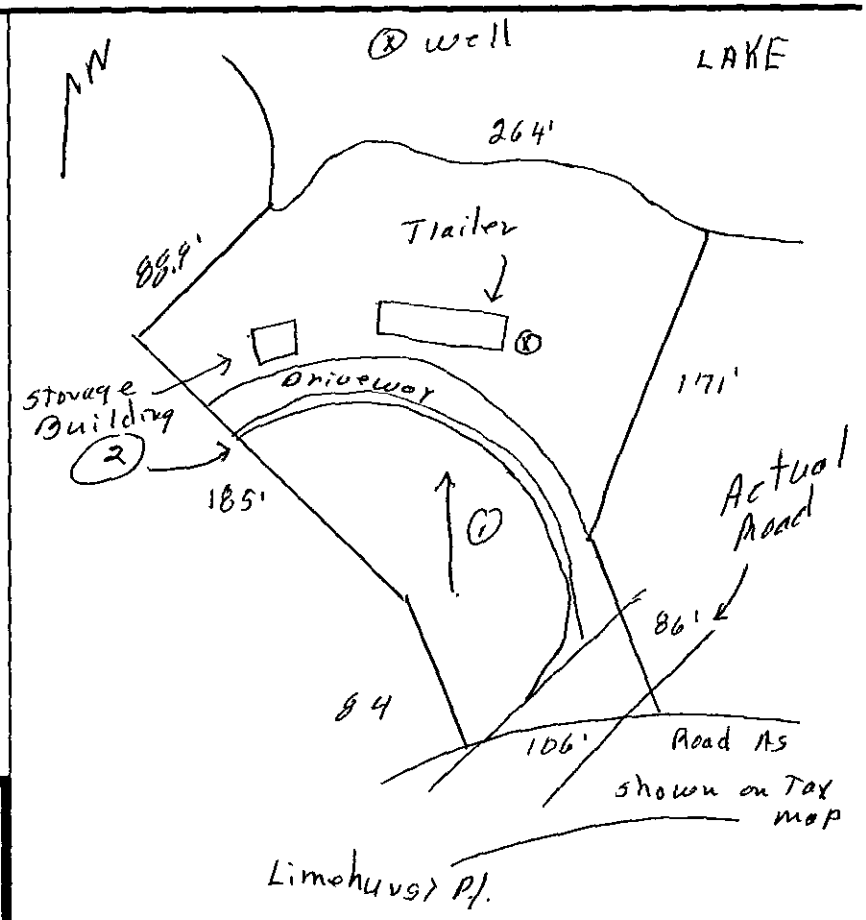
Lot: 40 Block: Sect. 3 Acres: Approx. 1.0 ± Ac.

Owner: Louis E. Boyd
Address: 3721 Oakwood Ave
Charlotte, N.C. 28205

Comments: .3 gal/ft2/day LTAR system would probably need pump

Described by: William R. Marlin

Date: 12-28-93



*** 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 15-30%	S PS (U) 72' cut	S PS U	S PS U	S PS U	S PS U
Texture slightly Expansive	S (PS) U clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure L & subL	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) 28-36"	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) Restricted	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Petroleilike	Greater Than 2' cut				
Area Classification	S PS (U)	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20112

File: 2-92-0192-39 Action 2

Parcel: 179-161-07 ☐ PC

Location: Lynchburg Lane

Subdivision:

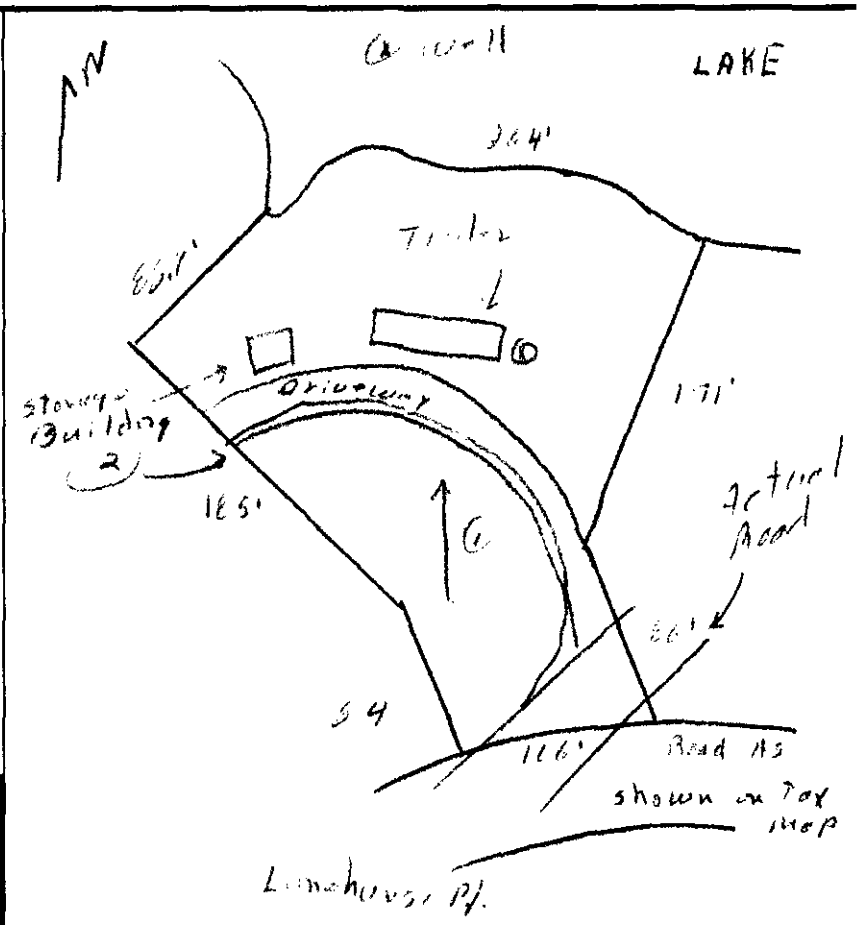
Lot: 40 Block: Sect. 39 Acres: 1 unit 1.0 Acre

Owner: Louis E Doyle
Address: 3721 Rockwell Ave
Charlotte, N.C. 28205

Comments: 3 bedroom dwelling LTAR
septic repair system
trench

Described by: William J. Martin

Date: 12-28-93



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Texture Slightly Expansive	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 [illegible]	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS (U) 0-36"	S PS U —	S PS U	S PS U	S PS U	S PS U
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Available Space	S PS (U) Restricted	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
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[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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

Signed: Louis E. Boyd Date: 12-12-93

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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

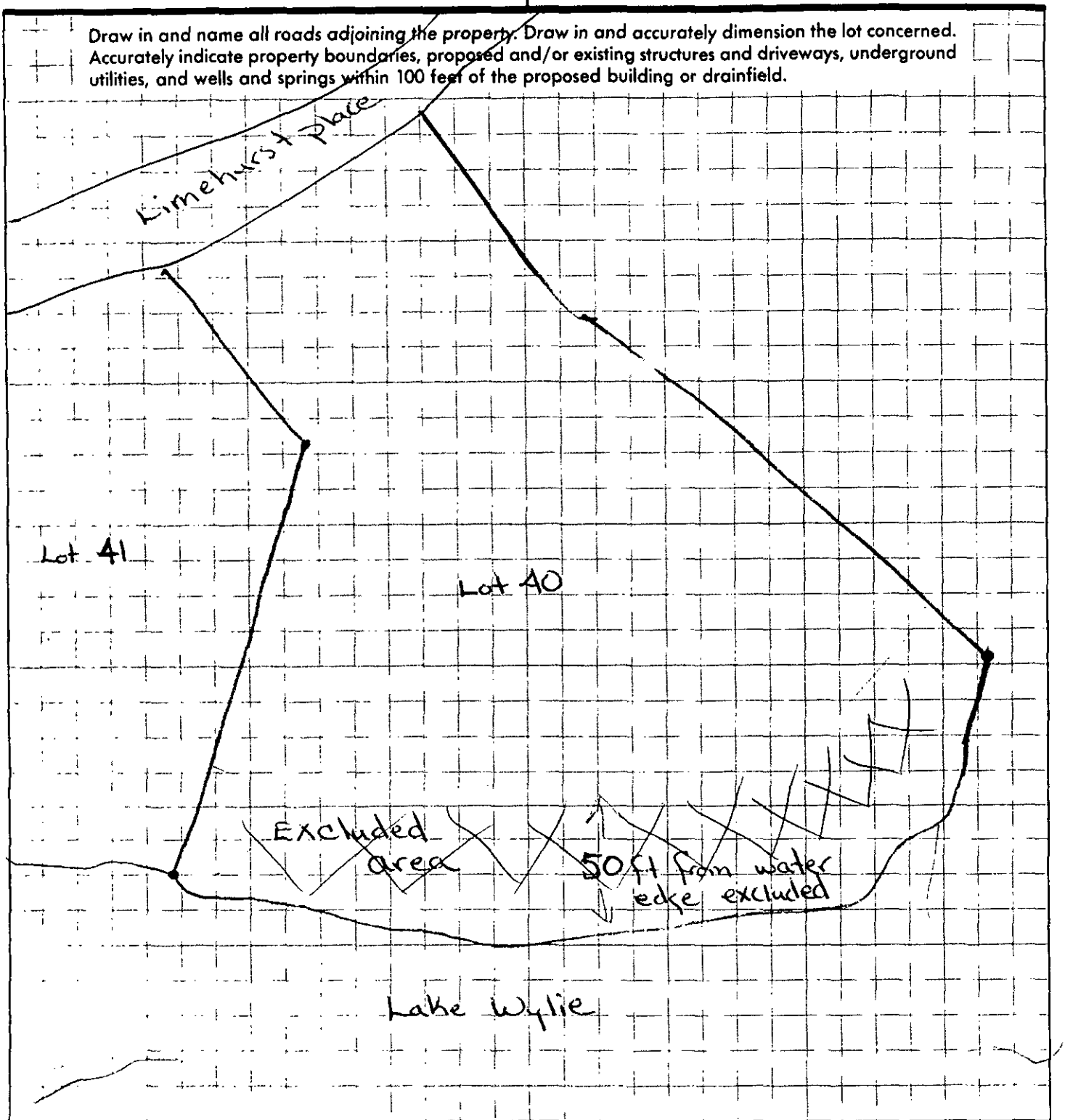
COP

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

FILE: 2092B/9263A

TC: 199-161-07

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

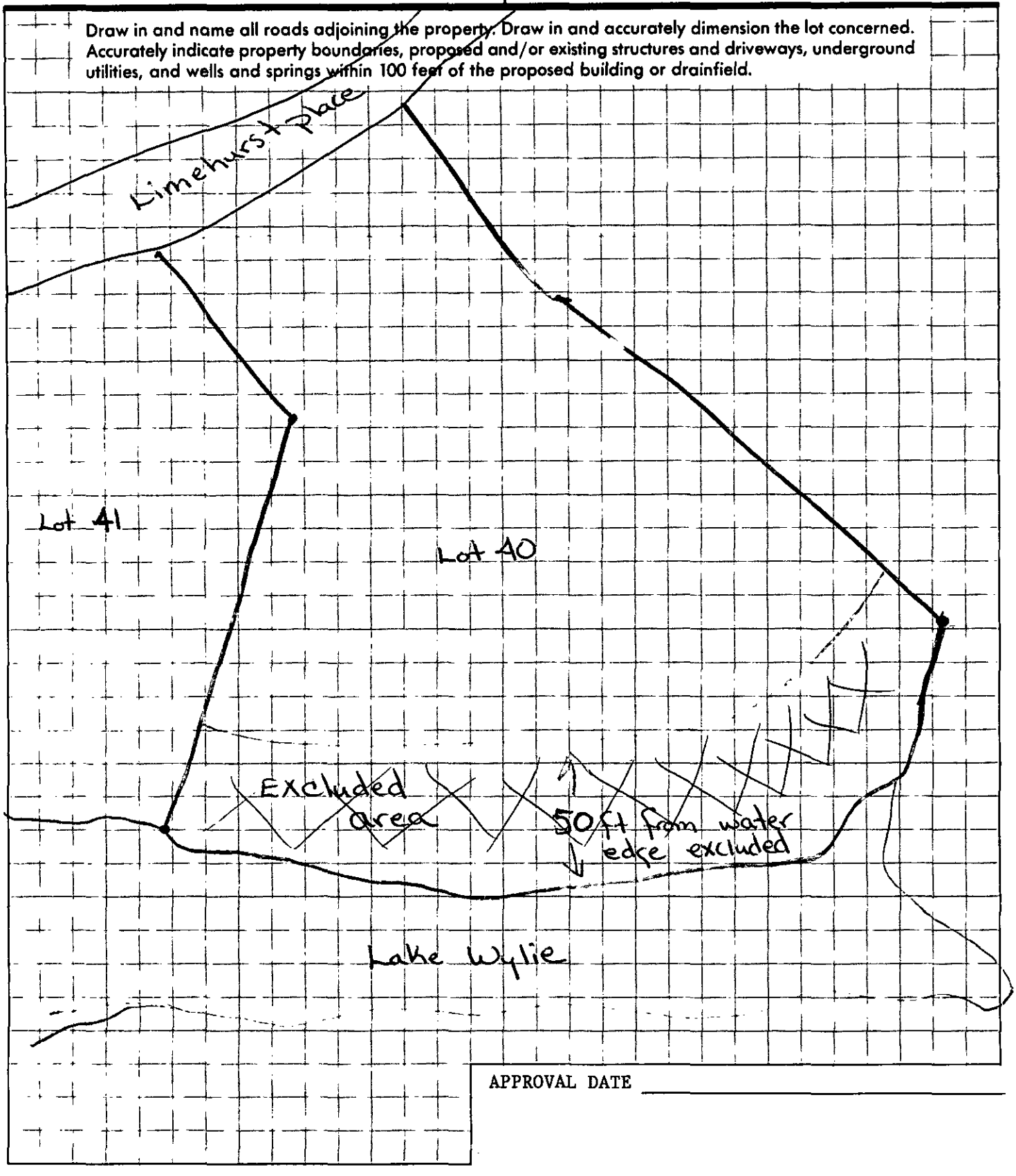
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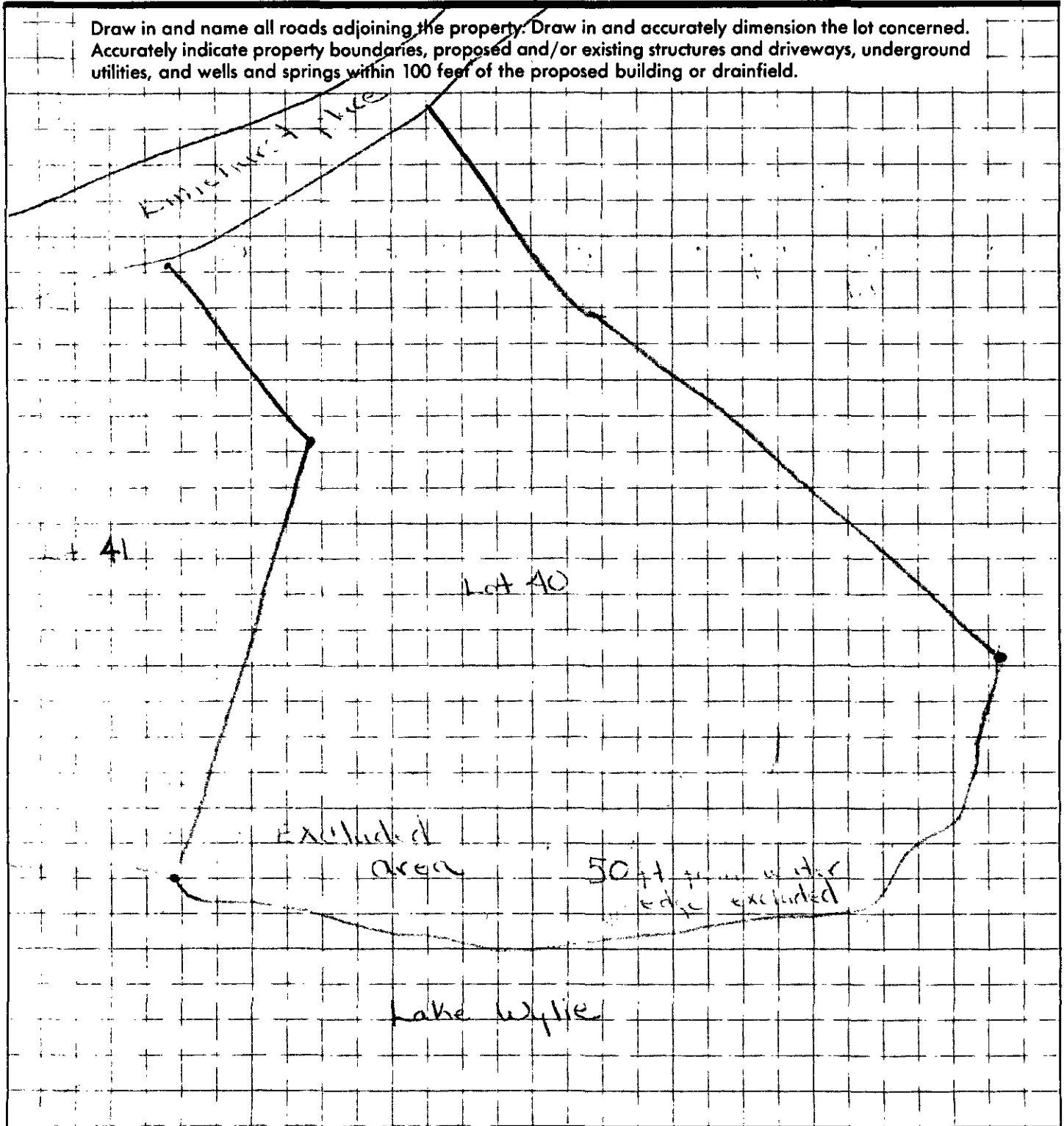
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