

7229 ROBINSON CHURCH RD

10801105

1/7/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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FEE: 0.00

DATE: 8/29/2006

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY

GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 5027B

PERMIT NUMBER: 5027B

PARCEL NUMBER: 10801105

JOB LOCATION INFORMATION

ADDRESS: 7229 ROBINSON CHURCH RD

CITY: CHARLOTTE **STATE: NC** **ZIP:** 28215

ISSUED TO: NENAD LELOVIC

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 8/29/2006

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER , 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 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 THE 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 CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED 60 MONTHS.
   *CONSTRUCTION AUTHORIZATION EXPIRATION DATE: 8/29/2011

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5027B Permit #: _____ Tax Parcel #: 108-011-05

Property Owner: LELOUIC NEHAD

Job Location Address: 7229 ROBINSON CH RD.

City: CHARLOTTE State: NC Zip Code: 28227

Operation Permit Issuance Date: 8/17/06 Contractor Name: ROBERT LANEY

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Effluent Pump Model: N/A

Drainfield Installation ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 267 feet

# of Lines: 3 @ 88 feet

Depth of Media: 12 inches (Type) II, GRAVEL

Depth of Cover: 12 inches

Distribution Device: D-BOX

Inspection Dates

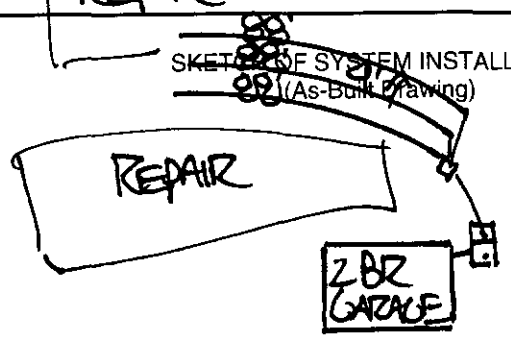
Tank(s) Inspected: 8/17/06

Excavation Inspected: 8/17/06

Pump & Controls Inspected: N/A

REPAIR

SKETCH OF SYSTEM INSTALLATION (As-Built Drawing)



Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ *inches*

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

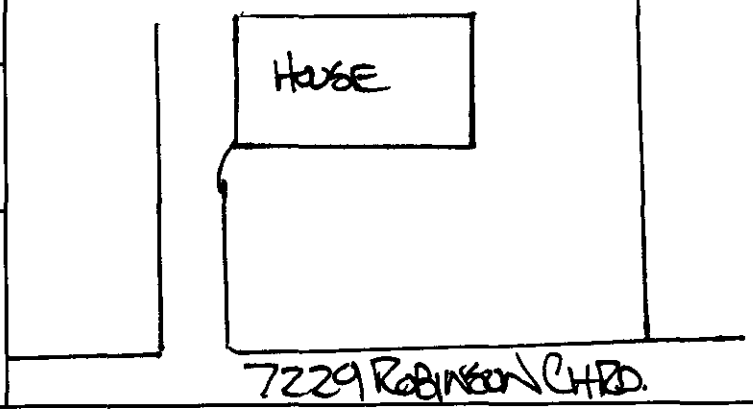
☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 760 feet



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this 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 15A NCAC 18A. 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.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: ALTERATION, TYPE II CONVENTIONAL. INSTALL 3 LINES @ 88' ea. D-BOX, 1500 GALLON ST.

DENR Authorized Agent: TAUNY CORNELIUS Signature: _____

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

INSTALLATION APPROVAL for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 5027B Permit #: _____ Tax Parcel #: 108-011-05

Property Owner: LELAUL NENAD

Job Location Address: 7229 ROBINSON CHURCH RD

City: CHARLOTTE State: NC Zip Code: _____

Installation Approval Issuance Date: 8/16/06

Permission is hereby given to ☐ *install* ☑ *alter* ☐ *repair* an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 9/1/06, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 240 GPD

Liquid Capacity of Septic Tank: 1500 gallons

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Dosing Tank: N/A gallons

Drainfield Design ☐ N/A

Trench Depth: 36 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 267 feet

# of Lines: 3 @ 88 feet

Depth of Media: 12 inches (Type) II Conv

Distribution Device: D-Box

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ *inches*

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

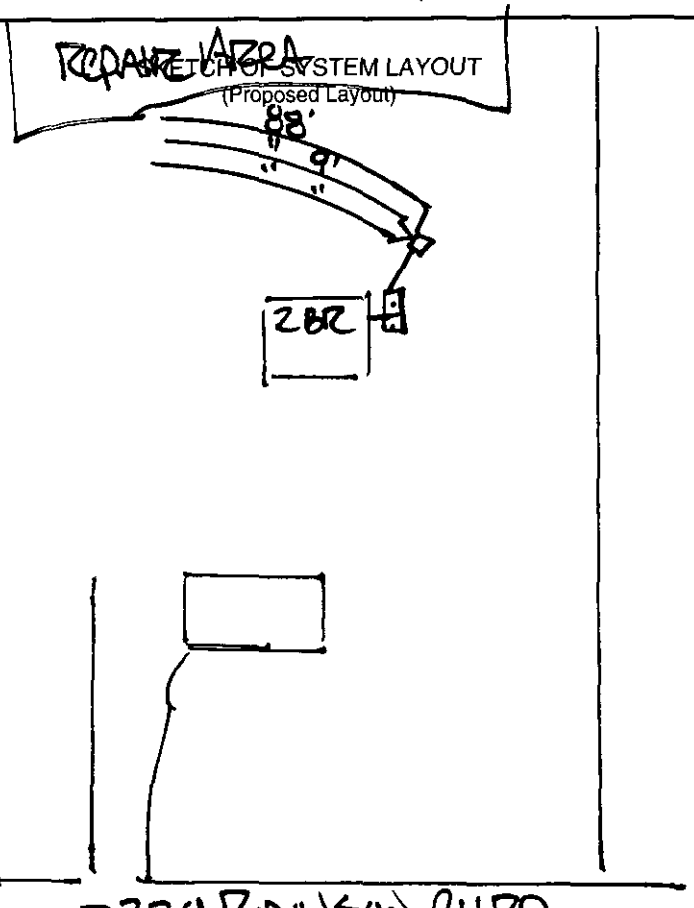
Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 750 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)



Comments: System Classification & Type: II CONVENTIONAL, INSTALL 3 LINES @ 88' ea. 12" GRAVEL, 1500ST, D-BOX, INSTALL LEVEL ON CONTOUR, ON 9' CTR. 750' FROM WELL, 710' FROM PROPERTY LINES

DENR Authorized Agent: DAVID CORNELIUS, RS Signature: DAVID CORNELIUS, RS

PROPOSED PLOT PLAN

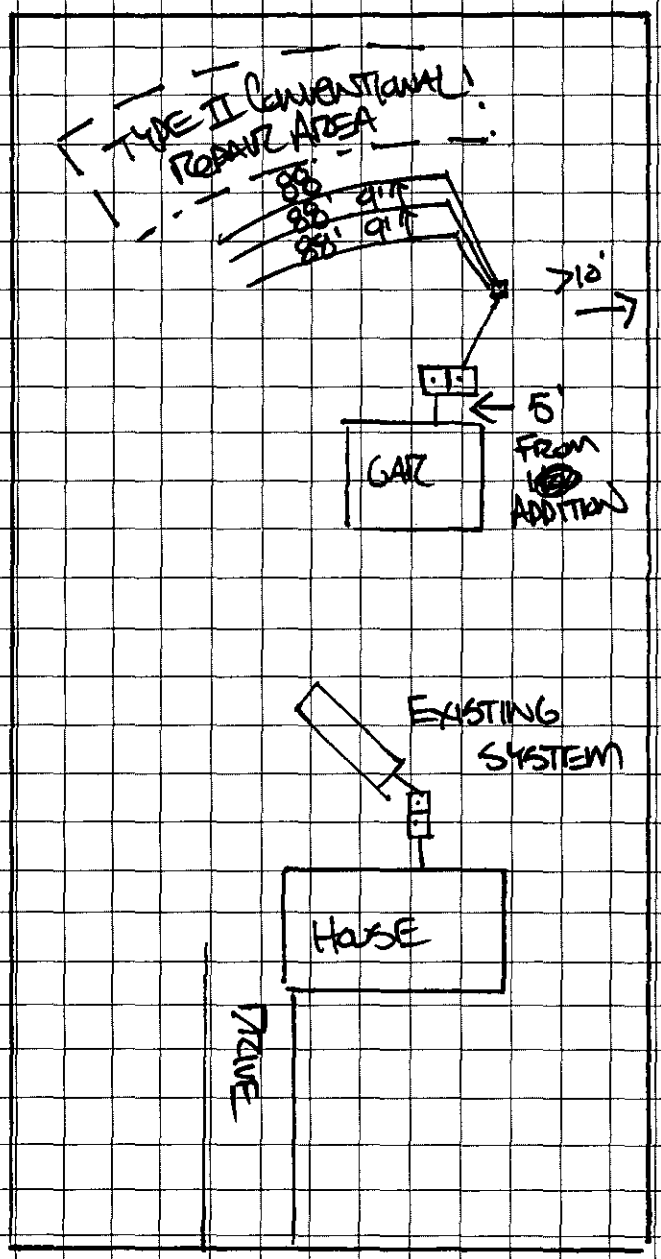
1"=60'

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

FILE: 50273

TC: 108-011-05

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.



ALTERATION FOR 2 BEDROOM GARAGE ADDITION.

LTAR = 0.3
240 GAL/DAY MAX WW FLOW

CONVENTIONAL TYPE II
267' TOTAL TRENCH LENGTH

INSTALL 3 LINES @ 88'
ON 9' CENTERS.
PLACE LINES LEVEL & ON CONTOUR.

- 1500 GAL ST
- D-BOX

SETBACKS:
- 50' FROM ANY WELL
- 10' FROM PROP LINE
- 5' FROM FOUNDATION

TYPE II REPAIR.

APPROVAL DATE RS 7/12/06

OWNER/AGENT SIGNATURE

DATE

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

CONDITIONS OF IMPROVEMENT PERMIT for an
ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: _ Tax Number: 108-011-05

- 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

Primary Wastewater System

Type: ☐ 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:

.3 Long-term acceptance rate (GPD/ft^2)	240 Max gallons/day wastewater flow	800 Absorption Area (ft^2)	9 Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	1500 Gallon septic tank	267 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
2 Bedrooms in residence	____ Gallon pump tank	12 Depth of media (in)	

Any surface water present: **no** Type: Minimum separation distance (ft):

Additional conditions:

Repair Area System

Type: ☐ 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:

800 Absorption Area (ft^2) 267 Total trench length (ft)	12 Depth of media (in)	9 Trench spacing (min. on centers) (ft)	36 Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

*** This Improvement permit is transferable.

7/12/06
DENR Authorized Agent Date

07/07/06
Owner/Agent Signature Date

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

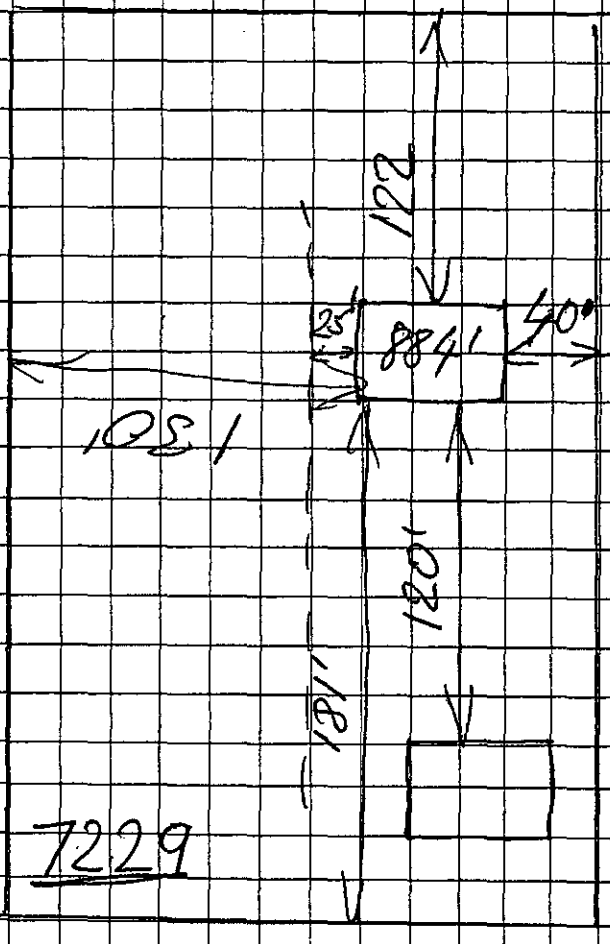
PROPOSED PLOT PLAN

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

FILE: 5027B

TC: 108-011-05

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.



Robin Wentz
OWNER/AGENT SIGNATURE

DATE 5-31-06

APPROVAL DATE _____

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

#891

GWS – RES. APP 07/05

SEPTIC FEE: 300 (WC 0317)
DATE: 5/31/06
CRT [ ] QC

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 5027B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN David

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 108-011-05
STREET ADDRESS: 7229 Robinson Church Rd
CITY:
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 2 + 3 1963
TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☑ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☑ OTHER

HEATED SQUARE FOOTAGE: ~~943~~ 994
NUMBER OF BEDROOMS: ~~2~~ 3
NUMBER OF OCCUPANTS: 5

FOUNDATION FOR RESIDENCE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 2 in Garage NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☑ YES	☐ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES	☐ NO
EXISTING WASTEWATER SYSTEMS	☑ YES	☐ NO	DESIGNATED WETLANDS	☐ YES	☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES	☑ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☑ NO

PROPERTY OWNER:

NAME: NeNAD LeLOVIC
ADDRESS: 7229 Robinson Church rd
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: WORK PHONE:
MOBILE PHONE: 704-770-6155 FAX:
Radmila 704 566-0723 Sasha

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Nenad Lecovic 5-31-06
Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

6706

PROPOSED PLOT PLAN

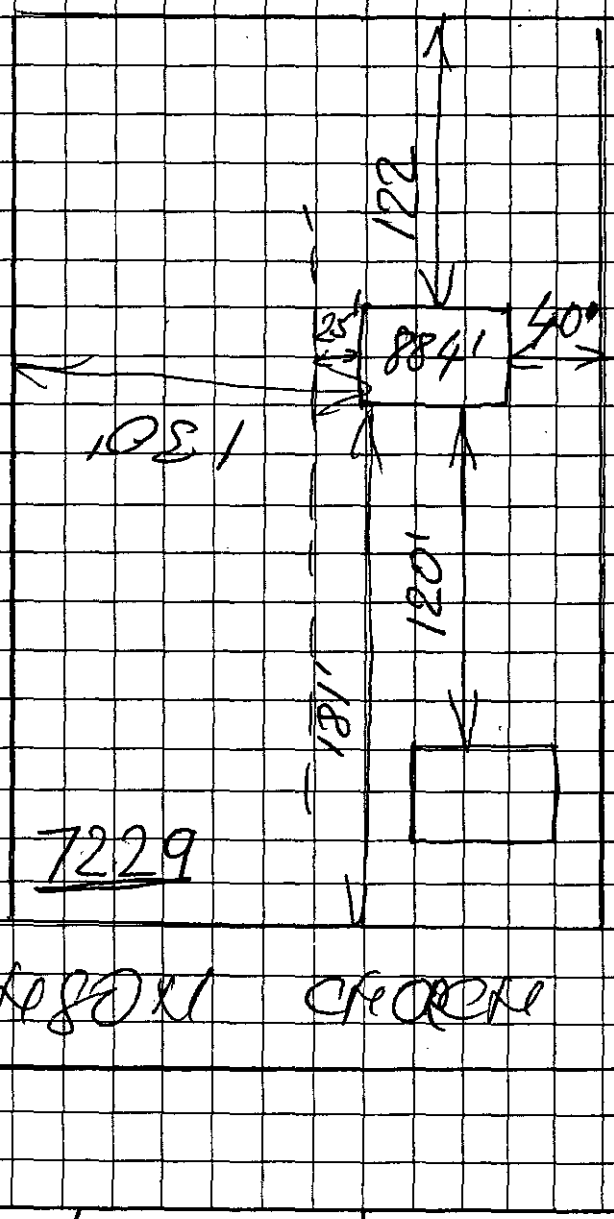
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5027B

TC: 108. 011. 05

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.



Kelvin Wood
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

Paid #100 7/23/02 RF

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Land ACS X [ ] 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 5027B

PERSON FILING APPLICATION:
NAME: LELOVIC (last) HENAD (first) (mi)
ADDRESS: 7229 ROBINSON CHURCH RD. PHONE: (704) 531-1966
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108.011.05
STREET ADDRESS:
ZONING:

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

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

TYPE APPLICATION (check one):
LOT NUMBER: 2 LOT SIZE (in acres):

[redacted] "1963"
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DET. GARAGE
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5
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
[X] 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: X Helenie Wood Date: 07/23/02

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:

...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.

...

ADDITION/ATTACHED GARAGE APPROVED.

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

Dan Pennington 7/25/02
Environmentalist Date

7/24 Drew on vacation / Placed into David Cornelius box at 7:55A RF

WATER : 122

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/31/06	**Amount:**	300.00
Receipt #:	44256	**Tendered:**	0.00
Check / Auth #:	VISA 031727	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	NENAD LELOVIC
Attn:	
Address:	7223 ROBINSON CHURCH RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28215

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 7229 ROBINSON CHURCH RD/FILE 5027B		1	300.00	300.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance