

19807 BUSTLE RD

00108512

1/9/2008

duponbj

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

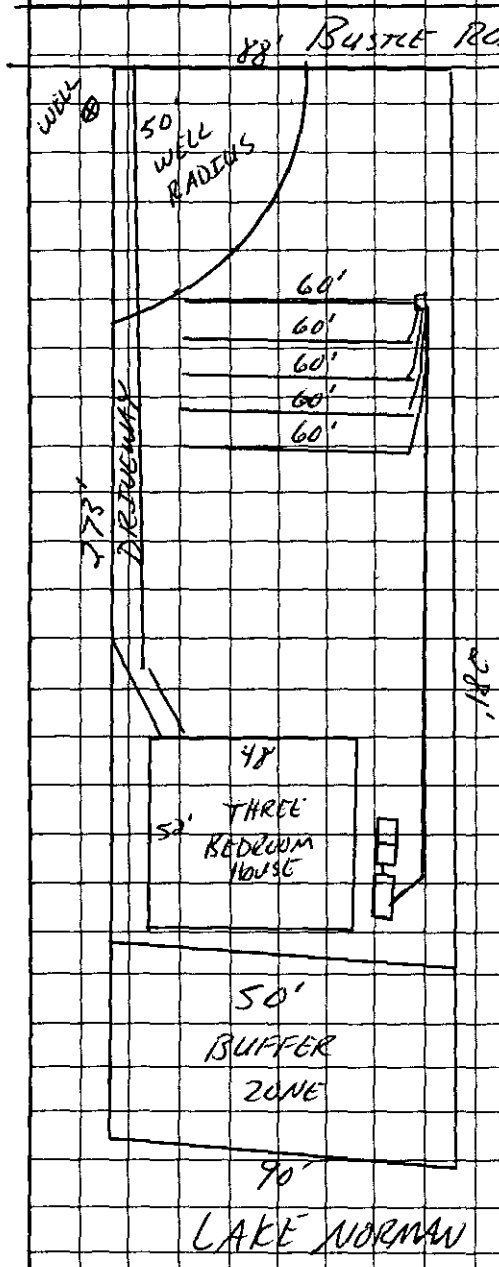
PROPOSED PLOT PLAN

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

FILE: 5854B

TC: 001-085-12

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

→ System designed for a three bedroom House
→ SCALE = 1" = 50'
→ 1500 septic tank
→ 1000 pump tank
→ Install 5 lines x 60' x 3'
→ Type III b Pump to innovative system
→ Property does not require 100% Repair
→ Keep all parts of septic system >50' from any wells

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Jenny Mitchell, R.S. 3/9/05

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

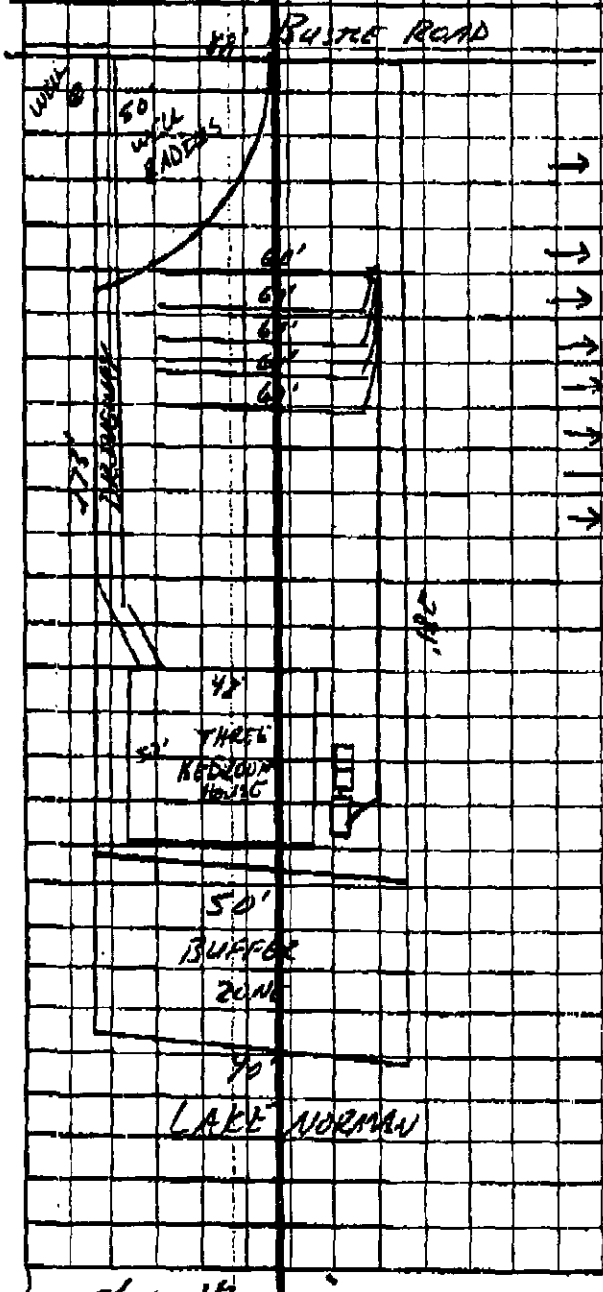
PROPOSED PLOT PLAN

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

FILE: 58548

TC: 001-085-12

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Thy L Hartman
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Tommy Hinkle, R.S. 3/9/05

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

MAR. 11. 2005 10:03AM E. L. MORRISON LUMBER NO. 1690 P. 2

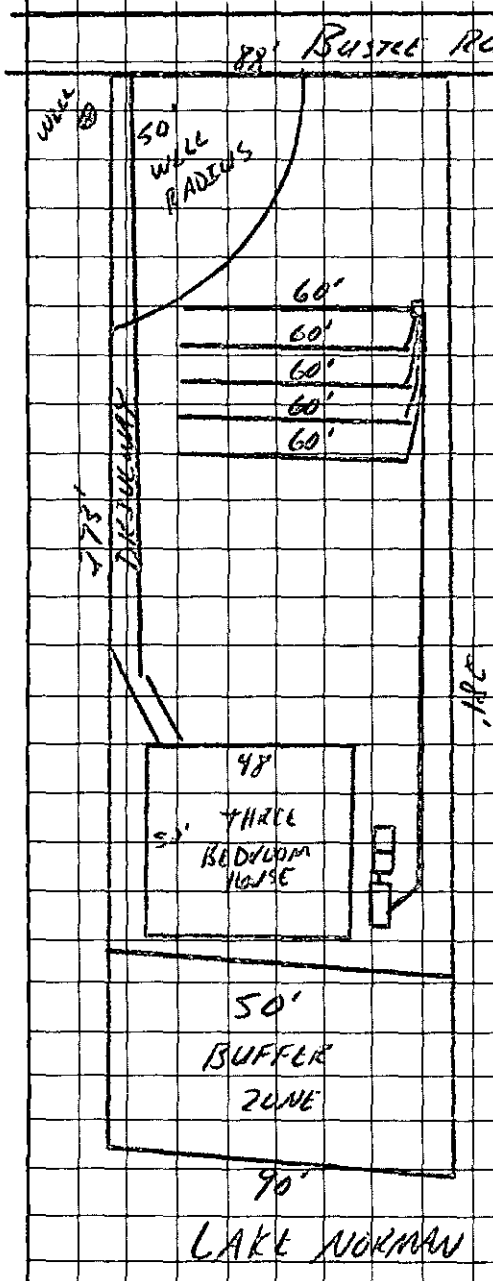
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Jenny Medel, RS 3/9/05

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

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

****See back for completion instructions and the Credit/Refund Schedule****

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND *(To Be Completed By Requestor)*

CREDIT ☒

OR

REFUND ☐

1. Property Owner's Name: Hugh H. Morrison
2. Permit Number: 5854B
3. Address: 19819 Bustle Road
4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Not Doing Work ☒ Other (Specify) Hooked to City Sewer — Duplicate Permit # _____ Date of Duplicate _____
6. Account Name: Hugh H. Morrison — Account # 4356028002 4666/6 ex. 09/06 Visa
7. If Refund, Check payable to: _____ (Please Print) — 8. Phone _____
9. Address: _____ Street City State Zip
10. Signature: Phone Request by Hugh H. Morrison — 11. Printed Name _____ — 12. Date: 3/31/06

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT *(To Be Completed By Employee & Supervisor)*

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING *(To Be Completed By Applicable Core Process)*

	B	E	M	P	F	L
# Of made Inspections						

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS *(To Be Completed By Applicable Core Process)*

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$	$150.00	$150.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials VAW Date 3/31/06

SECTION V - VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund Charge on account	88 ---			

Section VI - APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #

Att: Kelly

CHARLOTTE.
CHARLOTTE-MECKLENBURG
UTILITIES

December 16, 2005

Hugh Morrison
545 Hermitage Dr SE
Concord NC, 26025

SUBJECT: **SERVICE APPLICATION**
19807BUSTLE ROAD

Thank you for your interest in Charlotte-Mecklenburg Utilities. We have received the application and necessary funds to initiate service connection(s) to serve the subject property.

Below you will find useful information in regards to your service connection(s):

Application Date: 12/16/05
Estimated Completion Date: 6 to 8 weeks from application date
Scheduling Managers: Reed Atkinson / Gwen Banner
Contact Phone Number: (704) 399-2221

It is the responsibility of the applicant to clearly mark, with a flag or stake, the preferred service location at the edge of right-of-way along their property.

If I can be of any further assistance, you may contact me at (704) 399-2221.

Sincerely,
CHARLOTTE-MECKLENBURG UTILITIES

Utility Service Technician

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/16/05
Receipt #: 32151
Check / Auth #: VISA 016462
Received By: POWELPT

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MORRISON, HUGH H
Attn:
Address: 19819 BUSTLE RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 19819 BUSTLE RD		1	200.00	200.00

MECK CTY LOUISA N SATELI
18335 OLD STATESVILLE RD
CORNELIUS, NC 28078

FEB 16, 2005 12:55PM

TERM : 1
MERCH: 000158007170

REF #: 002
ACT #: 4356028002466616
EXP : 09/05
CARD : VISA
INVOICE #: SEPTIC

SALE: $ 500.00

RETR REF#: 504716500289
APPROVAL CODE: 016462

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT

X _____
SIGNATURE

MORRISON/HUGH

MERCHANT COPY

Outstanding Balances

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/16/05	**Amount:**	150.00
Receipt #:	32152	**Tendered:**	150.00
Check / Auth #:	VISA 016462	**Returned:**	0.00
Received By:	POWELPT		

Account Information

Account #: 200000
Contractor: MORRISON, HUGH H
Attn:
Address: 19819 BUSTLE RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Auth for Waste Wtr Sys Constr ~~19819~~ BUSTLE RD 19807		1	150.00	150.00

Outstanding Balances

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

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Permit Number: **5854B** Tax Number: **00108512**

- 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:

0.3 Long-term acceptance rate (GPD/ft^2)	**360** Max gallons/day wastewater flow	***900*** *Absorption Area* (ft^2)	**9** Trench spacing (min. on centers) (ft)
Serviced by private well: ☐ Yes ☒ No	**1500** Gallon septic tank	**300** Total trench length (ft)	**30** Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
3 Bedrooms in residence	**1000** Gallon pump tank	**NA** Depth of stone (in)	

Any surface water present: **Yes** Type: **Lake Norman** Minimum separation distance (ft): **50**

Additional conditions: **Property does not require 100% repair area.**

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:

0.3 Absorption Area (ft^2) **300** *Total trench length* (ft)	**NA** Depth of stone (in)	**9** *Trench spacing* (min. on centers) (ft)	**30** 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, Construction, Alteration and/or Repair Approval is granted by this Department.

*** This Improvement permit is transferable.

Tommy Medlin, R.S. 3/9/05

DENR Authorized Agent Date

Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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

FEE: _____
DATE: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

PERMIT NUMBER: 5854B
PARCEL NUMBER: 00108512

JOB LOCATION ADDRESS: 19807 Bustle Road
PROPERTY OWNER: Hugh H. Morrison
BUILDING CONTRACTOR:
SUBDIVISION NAME: Diane Shores
AUTHORIZATION ISSUED BY: Jeremy Michelone, R.S. DATE: 03/09/05

Jeremy Michelone, R.S.
DENR/DEH AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 5854B, 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 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.

5. OTHER CONDITIONS:

Permit Number: 8864B

CONDITIONS OF IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATON

Tax Number: 00108512

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

Basement: ☐ Yes ☒ No ☐ Partial Basement

Primary Wastewater System

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☐ Shallow Placed Conventional
☐ Low Pressure Pipe
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☐ Fill
☐ Other
☒ Innovative or Experimental

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3 Bedrooms in residence	1000 Gallon pump tank	NA Depth of stone (in)	

Any surface water present: Yes Type: Lake Norman Minimum separation distance (ft): 50

Additional conditions: Property does not require 100% repair area.

Repair Area System

Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

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- This Improvement Permit is transferable.

R.S. 3/9/05
DENR Authorized Agent Date

3/12/05
Owner/Agent Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5100
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

MWS-100195

MAR. 11. 2005 10:03AM E. L. MORRISON LUMBER NO. 1690 P. 1

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

ACS

Sheet: 1 of 2
Property ID: 001-085-12
Lot #: 10
File #: 5854B
Code: 1

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Hugh H. Morrison
Applicant:
Address: 545 Hermitage Dr. SE, Concord, N. C. 28025
Date Evaluated: 2/28/2005
Proposed Facility: Residence
Design Flow (.1949): 360gpd
Property Size: .56a
Location of Site: 19807 Bustle Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS, 10	0-10	GR/SL	FR/SEXP/NS/NP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV
		10-48	SBK/C	FI/SEXP/S/P					.3GPD/FT^2
2	"	0-8	GR/SCL	FR/SEXP/SS/SP	"	"	"	"	"
		8-46	SBK/C	FI/SEXP/S/P					
3	"	0-3	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		3-34	SBK/C	FI/SEXP/S/P					
		34-48	SBK/SCL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.3GPD/FT^2	

Other Factors (.1946):
Site Classification (.1948):
Evaluated By: William R. Marlin, LSS, 3/1/2005, W. R. Marlin
Others Present:

COMMENTS:
Lot not 100% repair, well is on adjacent lot

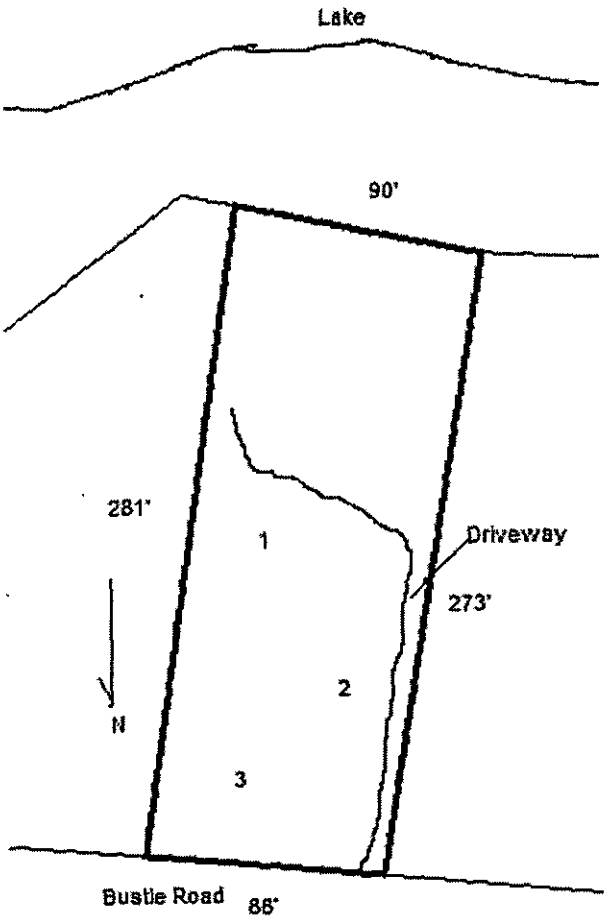
Landscape Position	Group	Texture	.1955 LTAR
R-Ridge	I	S-Sand	1.2 - 0.8
SS-Shoulder Slope		LS-Loamy Sand	
LS-Linear Slope			
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6
NS-Nose Slope		L-Loam	
HS-Head Slope			
CC-Concave Slope	III	SI-Silt	0.6 - 0.3
CV-Convex Slope		SICL-Silty Clay Loam	
T-Terrace		CL-Clay Loam	
FP-Flood Plain		SCL-Sandy Clay Loam	
	IV	SC-Sandy Clay	0.4 - 0.1
		SIC-Silty Clay	
		C-Clay	

Structure
SG-Single Grain
M-Massive
CR-Crumb
GR-Granular
SBK-Subangular Blocky
ABK-Angular Blocky
PL-Platy
PR-Prismatic

Consistence
Moist
VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence
Wet
NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy
SEXP-Slightly Expansive
EXP-Expansive



Proj # 116410

$500 RCVD by PTP
JKA

[redacted]

GWS – RES. APP 12/04

[redacted]

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

FILE # 58548

SEPTIC / TYPE APPLICATION: ☐ NONE ☑ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

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

JOB LOCATION INFORMATION:

TAX/PARCEL #: 001-095-12
STREET ADDRESS: 19814 BUSTLE 19807
CITY: CORNELIUS
STATE: NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME: DIANE SHOES
LOT #: 10
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:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

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: 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: HUGH H. MORRISON
ADDRESS: 545 HERMITAGE DR
CITY: CONCORD
STATE: NC ZIP: 28025
HOME PHONE: 704 786 8303 WORK PHONE: 704 782 2222
MOBILE PHONE: 704 425 6740 FAX: 704 792 2758

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? 1984

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.

Hugh H Morrison 2/16/05
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

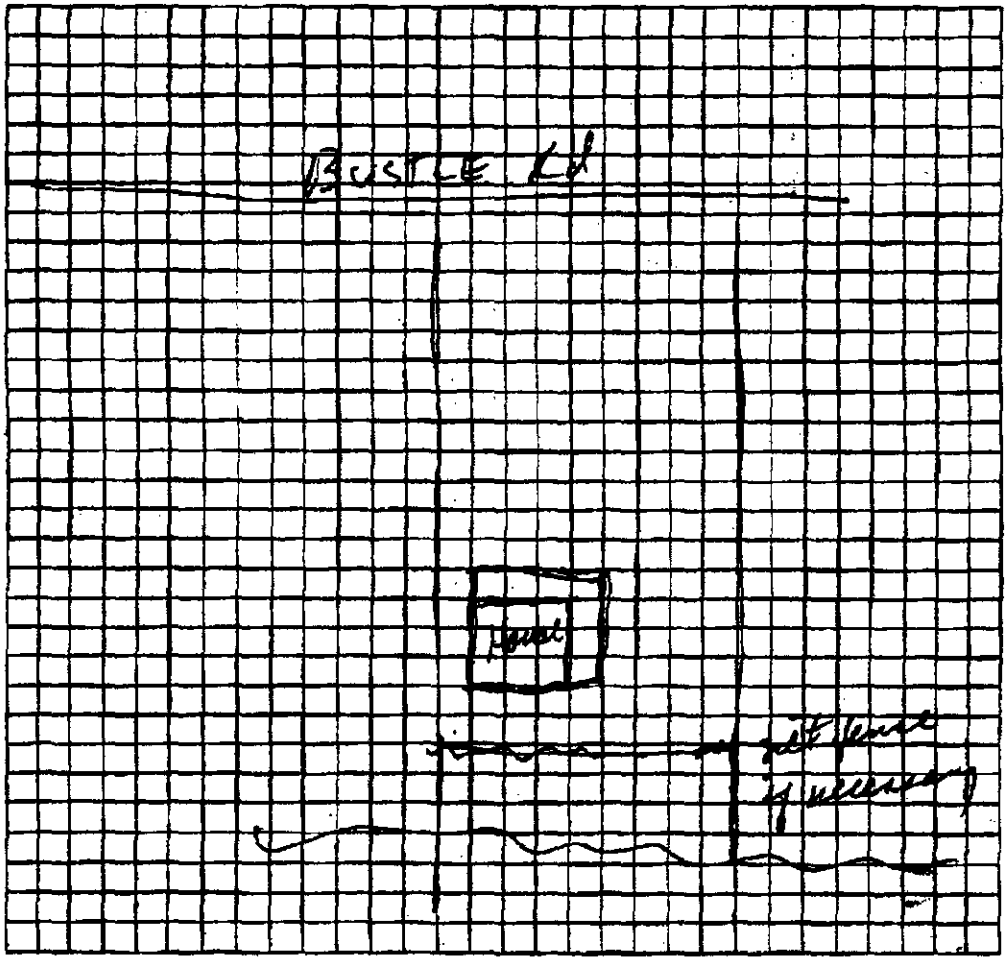
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-5494

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5109
Fax: (704) 336-5994

File # 5854B
Date _____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature [signature]
Date 2/16/05

LBC 12/15/04

P.2 704 432 2523 LUESA NORTH Feb 16 2005 5:15PM

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 02/16/05
Receipt #: 32153
Check / Auth #: VISA 016462
Received By: POWELPT

Amount: 150.00
Tendered: 150.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: MORRISON, HUGH H
Attn:
Address: 19819 BUSTLE RD
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Installation/Final Approval ~~19819~~ BUSTLE RD 19807		1	150.00	150.00

Outstanding Balances

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