


17119 KNOXWOOD DR

00543106

12/18/2007

duponbj

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

2400

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5968/8467 A DATE: 12-4-96

TC: _____ ☐ L ☐ CRT

SERIAL Nº 16932

Name of Owner Bobby B. Knox Juris.: _____

Address of Property 17119 Knoxwood Drive

**Inspection Data:**

Tank Material PVC

Total Length of Drainfield 535'

Number of Lines 5 @ 107'

Cover Depth 12-16"

Water Supply Source Municipal

Distance to Water Source >10' to any H2O lines

Excavation Inspected 12-4

Tank(s) Inspected 12-4

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1996, 1500 SF, CON, 1600 SF, T, 12G, cecil-lik CTR# 74 MAYHEN

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 II a 4 bedroom house

(5) 3' W x 107' L x 12" stone

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

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

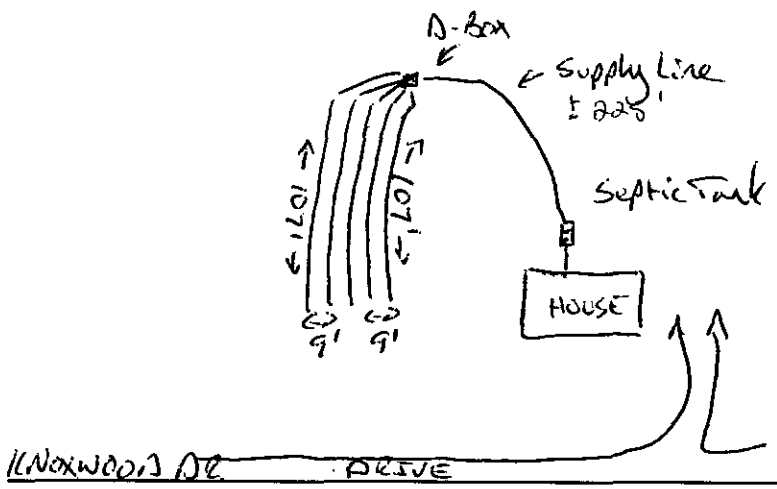
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5966/8467A DATE: 11-22-96

TC: 005-011-01 Po

SERIAL Nº 16944

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 9-5-96. All work shall be completed on or before 12-22-96, after which date this permit 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 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 N/A gallons

Tank Construction PCC

Trench Depth ≤ 36"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 535 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well > 10 feet
off H2O line

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

NAME OF OWNER Bobby B. Knox

LOCATION OF PROPERTY 17139 Knoxwood Drive

Comments: Type II a 4 bedroom residence
(5) 3'wx 107' x 12" stone

Bobby Knox

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

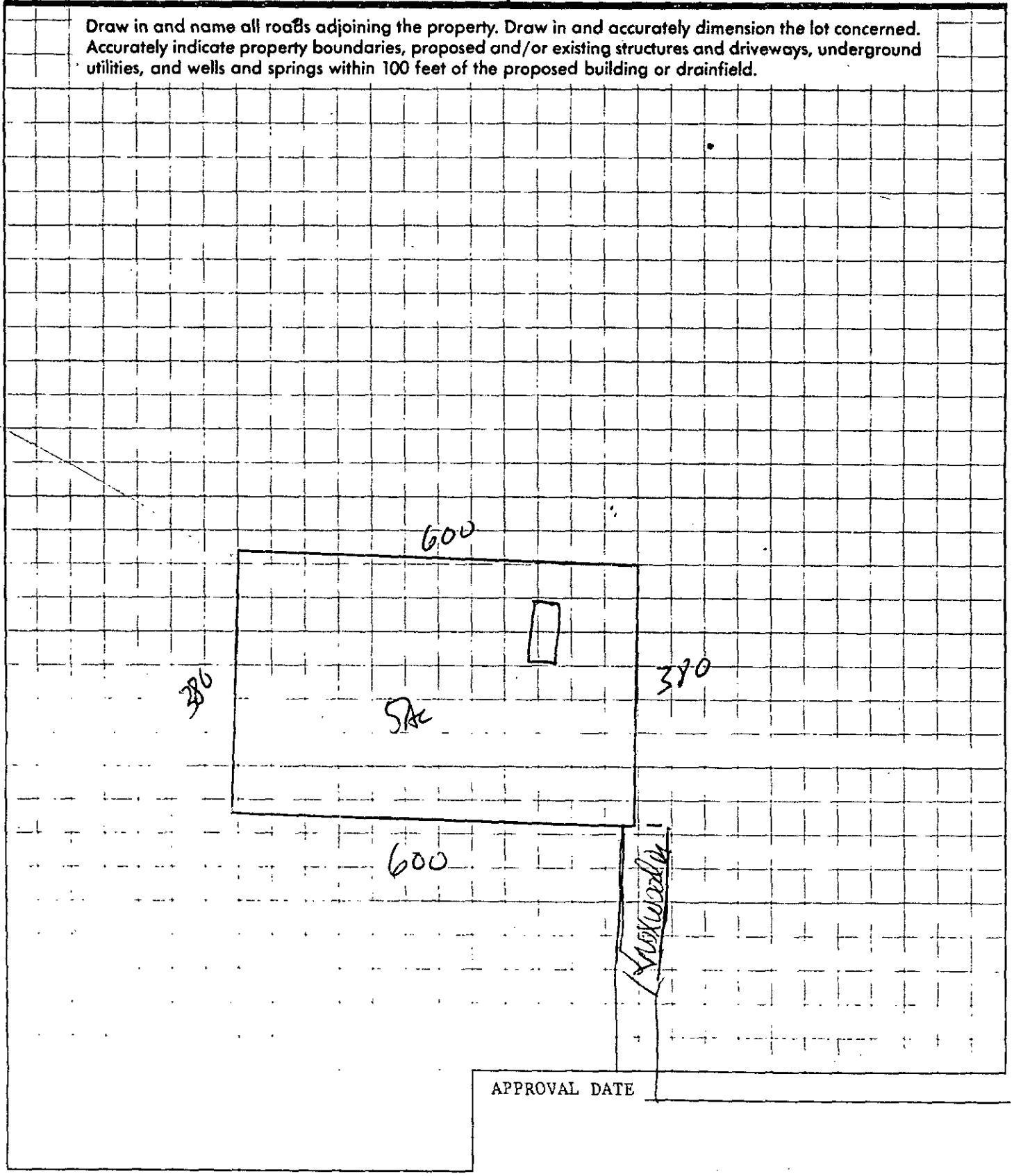
# PROPOSED PLOT PLAN

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

FILE: 596 B | 8467 A

TC: 005-011-01 Part of

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

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

DR 450

pd #450 8-26-92 CRT

OB/8467A

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: 8/24/92

PERSON FILING APPLICATION:
NAME: Knox (last) Bobby (first) B. (mi)
ADDRESS: 17139 Knokwood Dr PHONE: (H 892-0248 W 892-0196 O
CITY: Huntersville NC STATE: NC ZIPCODE: 28078

PROPERTY OWNER:
NAME: Knox (last) Bobby (first) B (mi)
ADDRESS: 17139 Knokwood Dr PHONE: (H 892-0248 W 892-0196 O
CITY: Huntersville NC STATE: ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005-011-01 Part of
STREET ADDRESS: 17139 Knokwood Dr. Huntersville NC 28078
ZONING: RL

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 5

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] 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)
[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: 4 NUMBER OCCUPANTS: 4

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)
[X] 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: Bobby B Knox Date: 8/24/92

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.

...(Basement with plumbing) may need lift station

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

Philo A. Walker P.S. 9/11/92
Environmentalist Date

Director or Authorized Section Head Date 9-14-92

WATER : 122791

Canary - Environmentalist's Copy Pink - Owner's Copy

09-14-92 04:09PM P01

# PROPOSED PLOT PLAN

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

FILE: 596 B | 8467A

TC: 005-011-01 Part of

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.

1500 SF

5 lines X 107' long X 3' wd X 12" stone

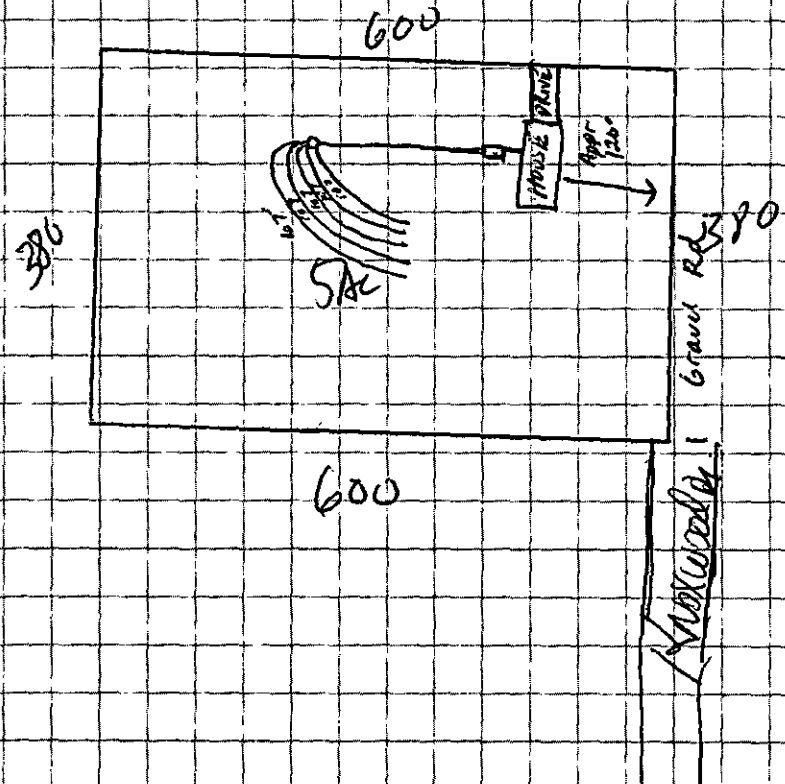
535' TLF

Basement set tank as high as possible

check fall to drainfield area (May need lift station)

Keep lines on contour of land

Bob Brox 9/11/92




APPROVAL DATE DLW 9/11/92

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

September 03, 1992

# Mecklenburg County
## Health Department

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

Mr. Bobby B. Knox
17137 Knoxwood Drive
Huntersville, NC 28078

RE: Property located at 17137 Knoxwood Drive
FILE: 596B/8467A
PARCEL: 005-011-01

Dear Mr. Knox:

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 12805) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan **drawn to scale with accurate dimensions indicated** detailing the location of **existing** well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of **any** sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without **prior** approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

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

**MECKLENBURG COUNTY ENVIRONMENTAL HEALTH**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 12805

File: 596 B/8467A Action 1

Parcel: PO 005-011-01 ☐ PC

Location: 17137 Knoxwood Dr.

Subdivision:

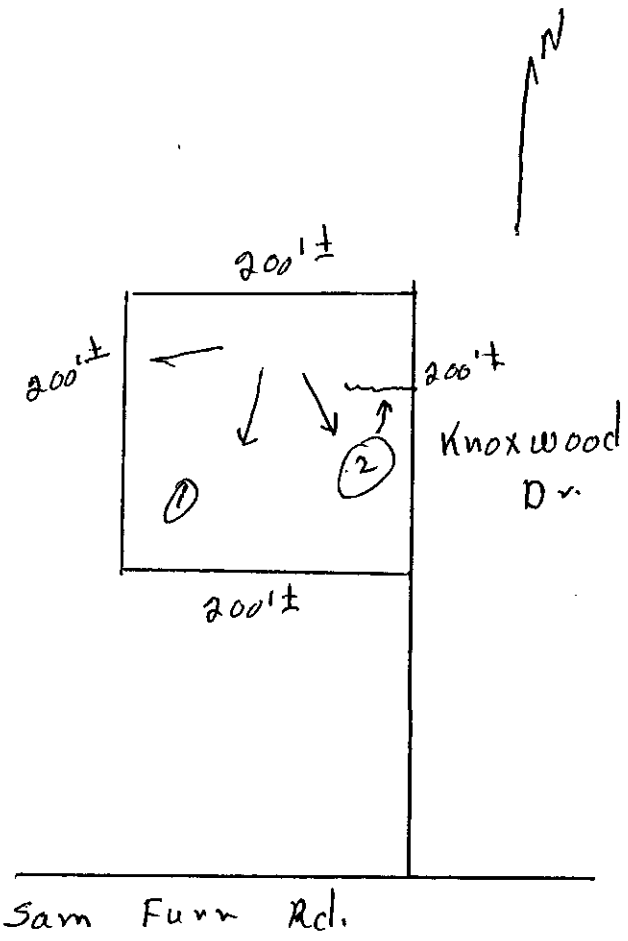
Lot: Block: Acres: 1.0

Owner: Bobby B. Knox
Address: 17137 Knoxwood Dr.
Huntersville, N.C. 28078

Comments: 100% Repair

Described by: William R. Mullis

Date: 9-3-92




***** 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) Abrupt Elevation Change | S PS U | S PS U | S PS U | S PS U |
| Texture | S (PS) U slightly Expansive clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Sub L Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage | S (PS) U >40" To water | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U >40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 40"+ | 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 | 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 Cecil-Lloyd | Elevation Change | | | | |
| 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 № 12805**

File: 5716 B/1461A Action 1

Parcel: PI 015-011-01 ☐ PC

Location: 17131 Hexwood Ln.

Subdivision:

Lot: Block: Acres: 1.1

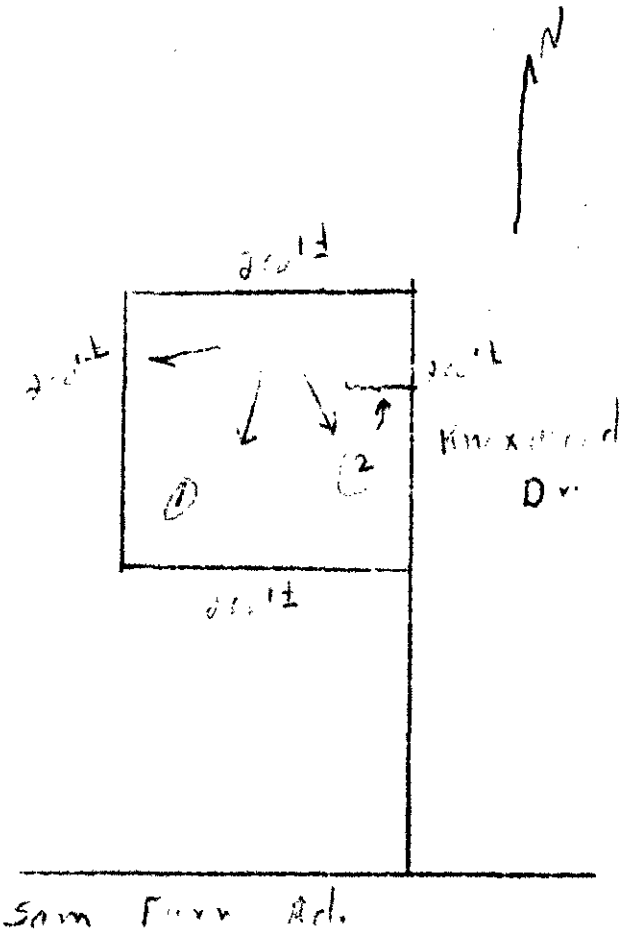
Owner: Belue, B. Ray

Address: 17131 Hexwood Ln.
Huntersville, N.C. 28078

Comments: Level Remain

Described by: W. William H. Thurlow

Date: 1-3-92




***** 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) Abrupt Elevation change | S PS U | S PS U | S PS U | S PS U |
| **Texture** slight to Extensive clay | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| **Structure** | S (PS) U Soft Blocky | S PS U — | S PS U | S PS U | S PS U | S PS U |
| **Drainage** | S (PS) U > 40" To water | S PS U — | S PS U | S PS U | S PS U | S PS U |
| **Depth** | S (PS) U > 40" | S PS U — | S PS U | S PS U | S PS U | S PS U |
| **Restrictive Horizons** | S (PS) U 40" + | 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 | 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** | WL Cecil-Lloyd | Elevation change | | | | |
| **Area Classification** | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

5960B/8467A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

pd 1450 8-26-92 [ ] CK# BF #460

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nat Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

DRAFT

Date: 8/24/92

PERSON FILING APPLICATION:
NAME: KNOX (last) BOBBY (first) B. (mi)
ADDRESS: 17137 KNOXWOOD DR PHONE: (H) 892-0248 (W) 892-0196
CITY: Huntersville NC STATE: NC ZIPCODE: 28078

PROPERTY OWNER:
NAME: KNOX (last) BOBBY (first) B (mi)
ADDRESS: 17137 KNOXWOOD DR PHONE: (H) 892-0248 (W) 892-0196
CITY: Huntersville NC STATE: ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 005-011-01 Part of
STREET ADDRESS: 17137 Knoxwood Dr Huntersville NC 28078
ZONING: RL

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 5

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (O)
[ ] 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)
[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: 4 NUMBER OCCUPANTS: 4

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)
[X] 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: Bobby B Knox Date: 8/24/92

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

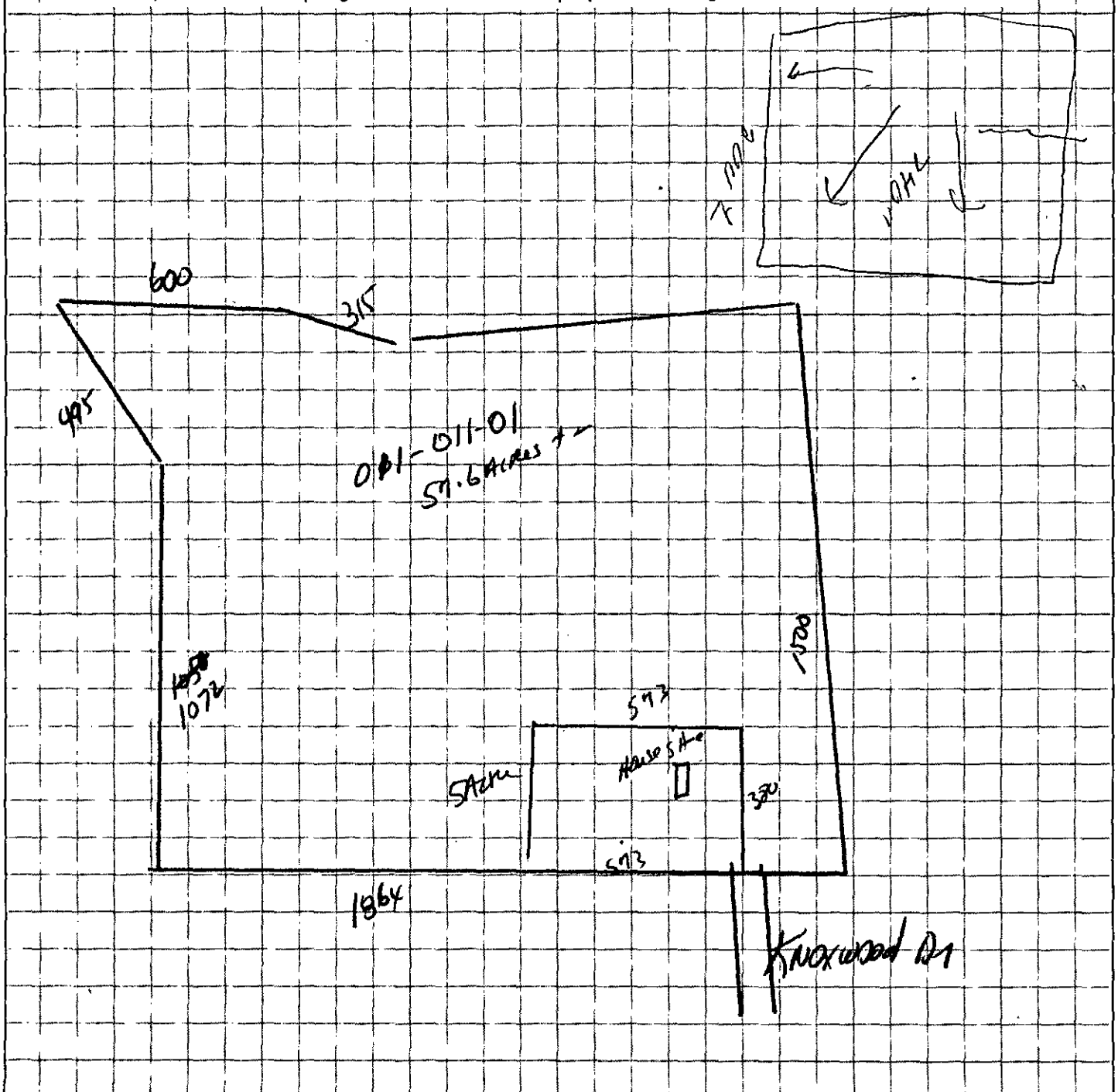
# PROPOSED PLOT PLAN

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

FILE: 5960/8467A

TC: 005-011-01 PO

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

596B/8462A

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

[] 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: Knox Bobby B
(last) (first) (mi)

ADDRESS: 17137 Knoxwood Dr PHONE: (704) 892-0248 H 892-0246 O

CITY: Huntersville NC STATE: ZIPCODE: 28078

Date: 9/8/92

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 005-011-01 Part of

STREET ADDRESS: 17137 Knoxwood Dr.
Huntersville NC

ZONING: RL

**PROPERTY OWNER:**

NAME: Knox Bobby B.
(last) (first) (mi)

ADDRESS: 17137 Knoxwood Dr PHONE: (704) 892-0248

CITY: Huntersville NC STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 5

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[] SOIL TEST DEVELOPMENT (P)
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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)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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

Phillip S. Walker R.S. 9/11/92
Environmentalist Date

Director or Authorized Section Head 9-22-92 Date

WWATER : 122791