Site address: 150 Winding Cedar Dr. - Stat.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 136759 PIN# 4722-79-2937 4722-79-2937 DATE 07/19/06

OWNER OR APPLICANT MTN. CREEK INVESTMENTS PHONE: Business 704-506-0207 Home

ADDRESS 2350 CLYDE RD, CATAWBA, NC 28609

LOCATION BUFFALO SHOALS RD. SOUTH, (L) DAVIDSON RD., (R) WINDING CEDAR DR., LOT ON RIGHT

SUBDIVISION DAVIDSON WOODS BLOCK / SECTION III LOT 41-43 LOT AREA 2,536 AC. SITE CLASS: PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 825 Date 9-27-06
Pump Tank: 1,000 Gallons; P.T. 302 Date 10-12-06
Pump Make: ZOELLAR Model N152 Serial No.
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 200'
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: 50% REDUCTION, LOW PRESSURE
Repair System Description: 50% REDUC., LOW PRESSURE
Maintenance Agreement Required: ☒ Yes ☐ No
Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons No. Employees

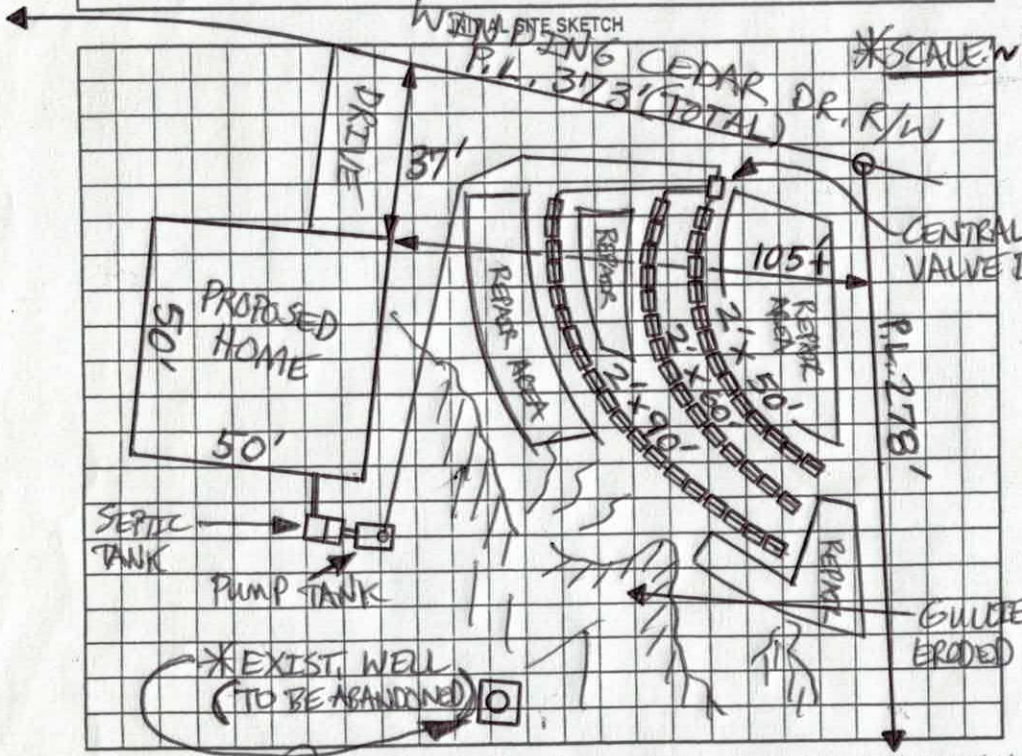
Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) SEE ATTACHED PUMP AND LOW PRESSURE PANEL INFO. SHEETS. (2) DO NOT RUN SUPPLY LINE THROUGH REPAIR AREA SHOWN. (3) USE 46 PANELS TO INSTALL.

Comments:/Conditions: SYSTEM INSTALLED ACCORDING TO W/DAL SITE SKETCH

INITIAL SITE SKETCH



*SCALE: 1" = 40'

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 8/31/06 Installed by: Rowan Septic

Improvement Permit by: Patrick Mitchell date 07/19/06 Operation Permit by: R.S. date 20 December 06

Authorization to Construct by: Patrick Mitchell date 08/31/06 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mtn. Creek Invest. APPLICATION DATE 07/17/06
ADDRESS: DATE EVALUATED: 07/17/06
PROPOSED FACILITY: 3BR SFD PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 2.5± Ac.
LOCATION OF SITE: LOT #41 Davidson Woods S/D PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	N/L ~7%	0-24	sbk, C	Fr, SS, SP, SEXP	w/ SAP Inclus.	24"	N/A (NEED PITS)	>48"	U S (SPACE) (NEED PITS FOR PANELS)
		24-37	C + SAP MIX	(≥50% SAP)	N/A				
		37-48	SAP						
2	N/L ~7%	0-18	sbk, C	Fr, SS, SP, SEXP	N/A	34"	N/A (NEED PITS)	>48"	U S (SPACE) (NEED PITS FOR PANELS)
		18-34	C + SAP MIX	(≥50% SAP)					
		34-48	SAP						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	U S	
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): U S
EVALUATED BY: P. Mitchell
OTHER(S) PRESENT: ___

COMMENTS: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

CC (Concave Slope)
CV (Convex Slope)
D (Drainage Way)
DS (Debris Slump)
FP (Flood Plain)
FS (Foot Slope)
H (Head Slope)
L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

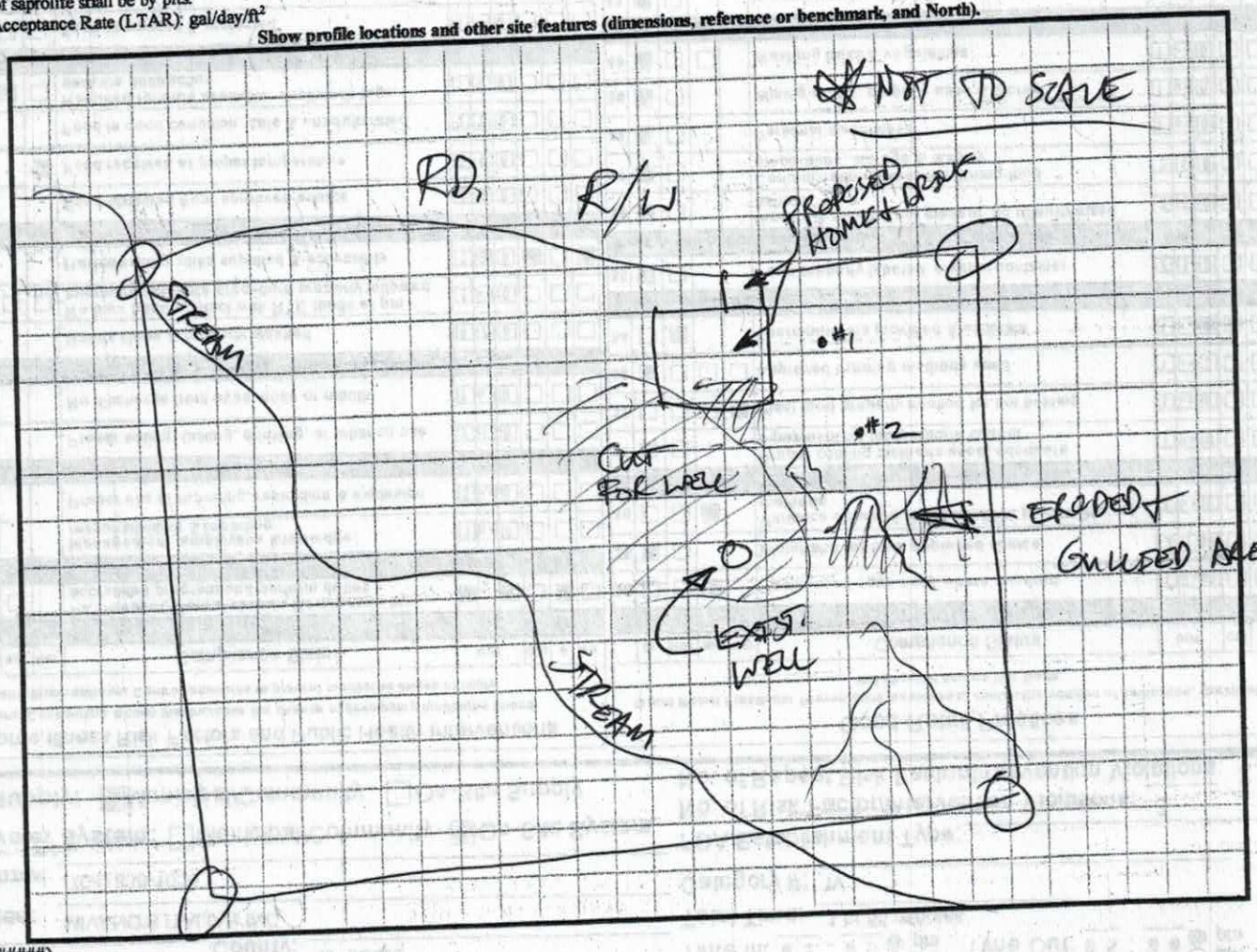
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable)
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

VISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: _____ APPLICANT: _____
DDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6-30-04
ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
OCATION OF SITE: Lot 41/42 Blk 2 Davidson Woods PROPERTY RECORDED: _____
VATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
YPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

EX WELL on Lot 41? - set plat showing well location

PROFILE #	1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4/A	0-12/17	sa fr-fi sp ssp			(4)			
		12/17-39	massive sap/hard wk						
2	4/A	0-5	gr	dry fr ss sp					.3
		5-25	m sbk	fr ss sp sap					
		25-48	(B-C) wk sbk rck	fr ss sp common mi sap					
		48-68	massive	fr ss sp					
3	4/B	0-2 / 2-17	brn sl m sbk rc	fr ss sp sap					.3
		17-40	(B-C) wk sbk rck	fr ss sp common mi sap					
		40-60	massive	fr ss sp					
4	4/C	0-8	gr brn sl/sl	fr ss sp					.25=3
		8-32	m sbk rc	fr ss sp sap					
		32-60	(B-C) wk sbk rck	fr ss sp common mi sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: David Hinson & Brady Freeman
OTHER(S) PRESENT: _____

Use the following

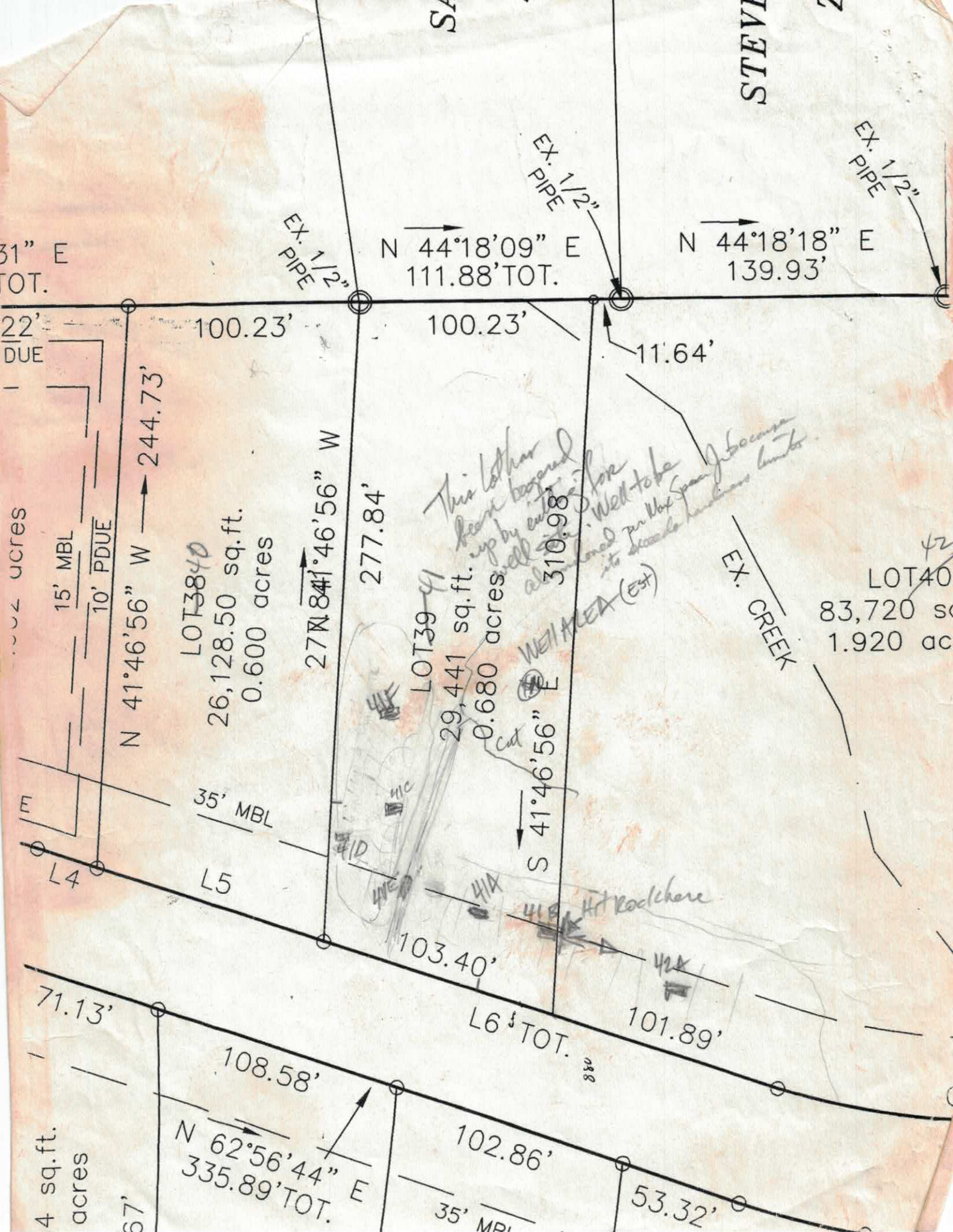
SCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR	LPP .1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
oncave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
onvex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
ainage Way)					EXP (Expansive)	CR (Crumb)
ebris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
ood Plain)		L (Loam)				SBK (Subangular Blocky)
oot Slope)						ABK (Angular Blocky)
ad Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
ear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
se Slope)		CL (Clay Loam)			MOIST	WET
dge)		SCL (Sandy Clay Loam)				
oulder Slope)		SLC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
rrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic) –	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

TES

RIZON DEPTH	In inches below natural soil surface
PTH OF FILL	In inches from land surface
STRICTIVE HORIZON	Thickness and depth from land surface
ROLITE	S(suitable) or, U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
ASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.
ng-term Acceptance Rate (LTAR): gal/day/ft²

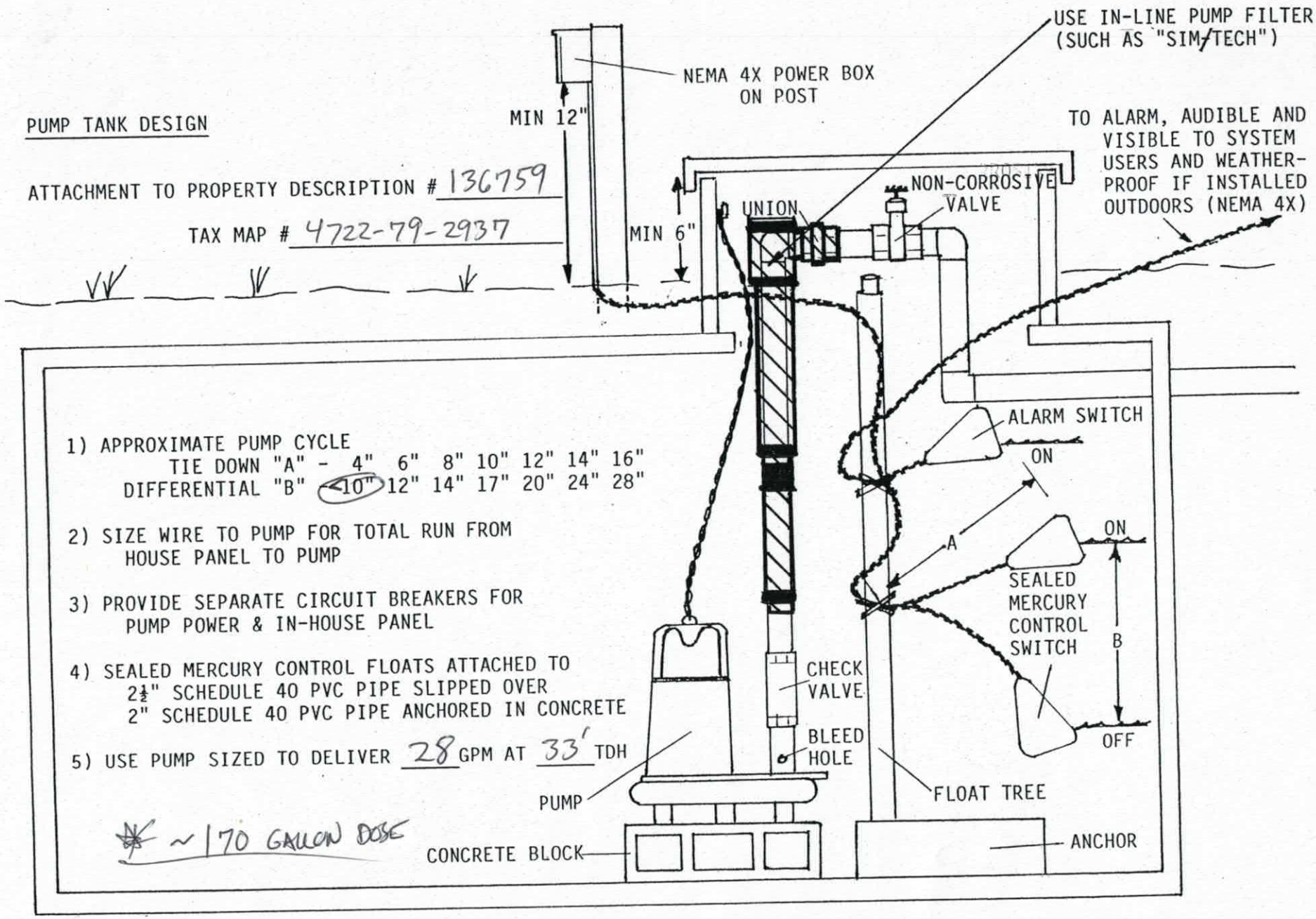
Show profile locations and other site features (dimensions, reference or benchmark, and North).


EX. 1/2" PIPE
N 44°18'09" E
111.88'TOT.
EX. 1/2" PIPE
N 44°18'18" E
139.93'
EX. 1/2" PIPE
100.23'
100.23'
11.64'
N 41°46'56" W
244.73'
15' MBL
10' PDUE
LOT38
26,128.50 sq.ft.
0.600 acres
277.84'
N 41°46'56" W
277.84'
LOT39
29,441 sq.ft.
0.680 acres
310.98'
S 41°46'56" E
WELL HEAD (Est)
EX. CREEK
LOT40
83,720 sq
1.920 ac
35' MBL
L4
L5
103.40'
L6 TOT.
101.89'
71.13'
108.58'
N 62°56'44" E
335.89'TOT.
102.86'
53.32'
35' MBL

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 136759

TAX MAP # 4722-79-2937



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" ~~<10"~~ 12" 14" 17" 20" 24" 28"

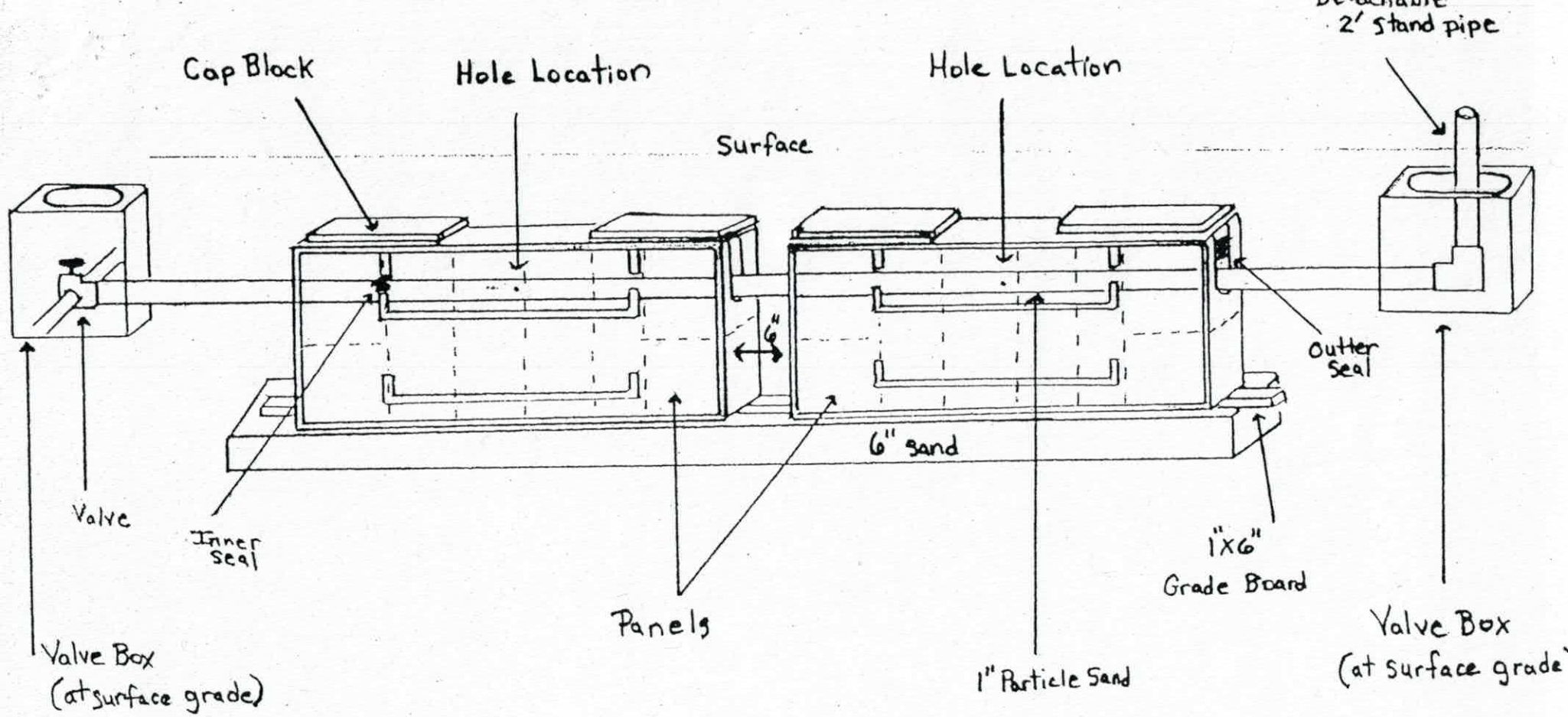
2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 28 GPM AT 33' TDH

* ~170 GALLON DOSE



Pressure Dosed PPBPS

# of panels 46

Size holes 3/16" 1 hole per panel.

Approximate amount of sand needed ~34 TONS.

100lbs. of partical sand per 8 panels.

Sidewalls raked and limed.

GPM 28.

TDH 33'.

Comments

* ~170 GALLON DOSE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Tarheel Custom Bldrs	704-506-0207	2350 Clyde Rd	Catawba	NC	28609
Current Property Owner		Mailing Address	City	State	Zip Code
Mtn Creek Investments		125 Whaley Drive	Mooresville	NC	28117

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Davidson Woods	41		

(Proposed) Water Supply: (Public), Private Well

Preliminary Plat Approval Date (DEVELOPERS ONLY)

Tax Map #

Specific Directions to Property 70 left Blk Shoals left Davidson Rt Windy Cedar on Right

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

6-15-06 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

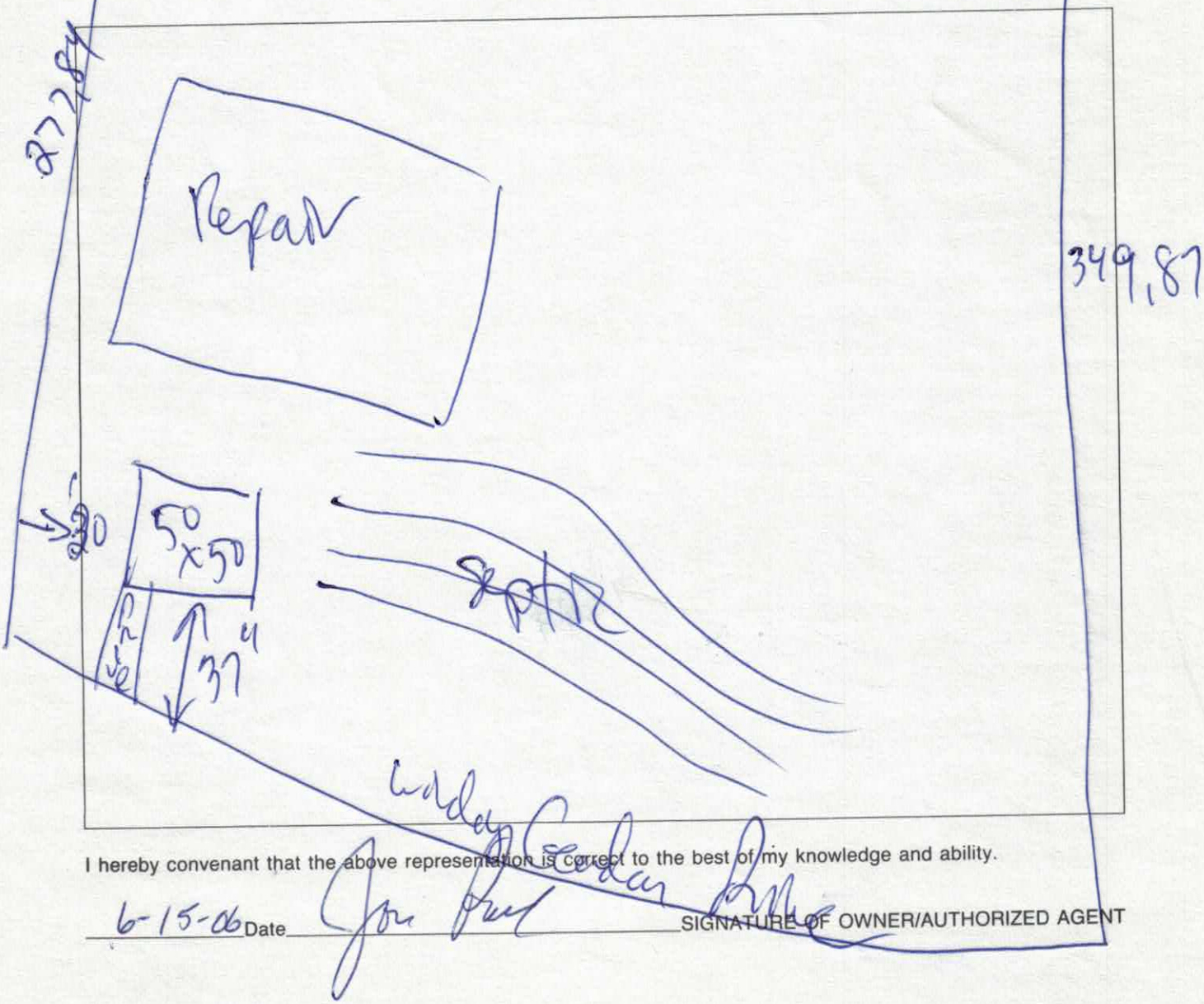
Lot #41 Davidson Woods

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

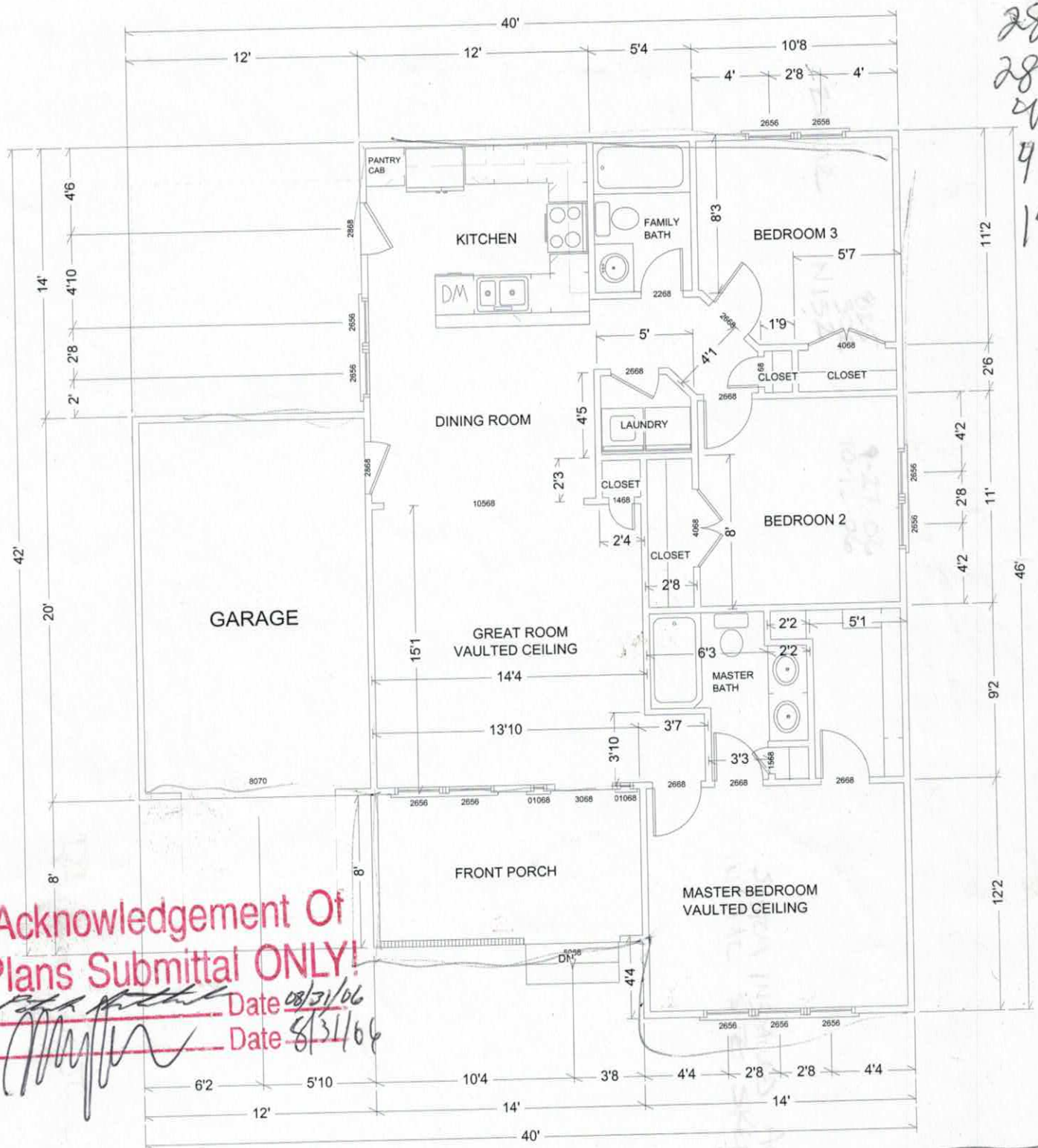
24013

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

6-15-06 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT



Acknowledgement Of
Plans Submittal ONLY!
Date 08/31/06
Date 8/31/06

~~BONNIE LEWIS~~
Lot 41 DW
~~LOT 29 OLDE STATESVILLE~~

~~176 TARRINGTON DRIVE~~
~~STATESVILLE, NC 28625~~

Trim - Red
Body White

300 8's
160 L's

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 136759ZO
Proposed Use: Single Family
Location of Property: 000 WINDING CEDAR DR STATESVILLE NC 28677
Parcel #: 4722792937.000
Lot #: 41 Size: 2.536
Applicant: MTNCREEK INVESTMENTS LLC
Address: 118 WHALING LANE
MOORESVILLE NC 281170000
Phone:
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Davidson Woods Phase 2
Township: 0200 Statesville Outside
Zoning: R-20
Flood Plain: No Watershed: None
Owner: MTNCREEK INVESTMENTS LLC
Address: 118 WHALING LANE
MOORESVILLE, NC 281170000
Phone:
Community Water: Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 20000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 90 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

DEVELOPER PERMIT

Directions:
BUFFALO SHOALS RD, TR DAVIDSON RD, TR WINDING CEDAR DR, PROPERTY ON RIGHT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

Printed: 6/30/2006

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # _____

1. WELL CONTRACTOR:

Alfred L Kisling Jr
Well Contractor (Individual) Name

B+K well drilling
Well Contractor Company Name

STREET ADDRESS 132 Mt Mourne Loop

Mooresville NC 28117
City or Town State Zip Code

(704) - 892-4696
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) _____

DWQ or OTHER PERMIT # (if applicable) _____

WELL USE (Circle applicable use): **Monitoring** **Residential** **Municipal/Public** **Industrial/Commercial** **Agricultural** **Recovery** **Injection** **Irrigation**

Other (list use) _____

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME _____

NEAREST TOWN: Statesville

Winding Cedar
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
(Slope) Valley Flat Ridge Other _____
(Circle appropriate setting)

LATITUDE __ __ _____

LONGITUDE __ __ _____

May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: GPS Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Mountain Creek Investments

STREET ADDRESS _____

City or Town State Zip Code

( ) _____
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 425 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): _____ ft.

Measuring point is _____ ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	59 ft.	6 in.
b. Casing Removed:	3 ft.	6 in.

7. DISINFECTION: 1 pound

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement _____ lb.
Water _____ gal

Sand Cement

Cement [redacted] lb. 20 Bags
Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other

Type material Gravel
Amount 4 scoops

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Poured

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 8-8-06

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Alfred L Kisling Jr 8-9-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev 5/06