IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3822 PERMIT # 20170110

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

PIN # 4626487712

APPLICANT: ROLLANS SOIL & ENV. SERVICE APPLICANT ADDRESS: PO BOX 832

SITE ADDRESS: 132 SILVER LAKE Trail MOORESVILLE NC 28117 PHONE: ALT. PHONE: 704-746-5046

SITE DIRECTIONS: BSR - TR McKENDREE - TR DIGH CIRCLE - TR MONTCLAIR - TR SILVER LAKE ATE

SUBDIVISION: THE FARMS SECTION: V LOT # 554 LOT AREA: .MAC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	~~1000~~ 1500	(gal)	STB	338	Date	7/21/16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☑ Residence	No. Bedrooms	4	Water Supply				
Pump Tank	1000	(gal)	PT	27	Date	2-24-16	System Description: LPPBPS					☐ Business	No. Persons	8	☐ Private				
Pump Make	Goulds	Model	VSC03 3/4HH		Serial #		Repair System Description: LP PBPS					☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1	# Lines	6		Linear Ft:	270	Maintenance Agreement Required:	☑ YES	☐ NO			☐ Slab	☑ Crawl Space		☑ Community				
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	NPA		☐ GRAVITY	☑ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing						

Comments / Conditions:

9.5

INITIAL SITE SKETCH

SEE ROLLANS SOIL & ENV. DESIGN

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	11/4	LWS
Tanks Checked	11/4	LWS
Pressure Manifold or Valve Box Checked	11/4	LWS
Pressure Head Set	11/4	LWS
Electrical Checked	11/4	LWS
Floats Set	11/4	LWS
Alarm Checked	~~11/4~~	
Maintenance Contract Y/N		
Comments:		

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

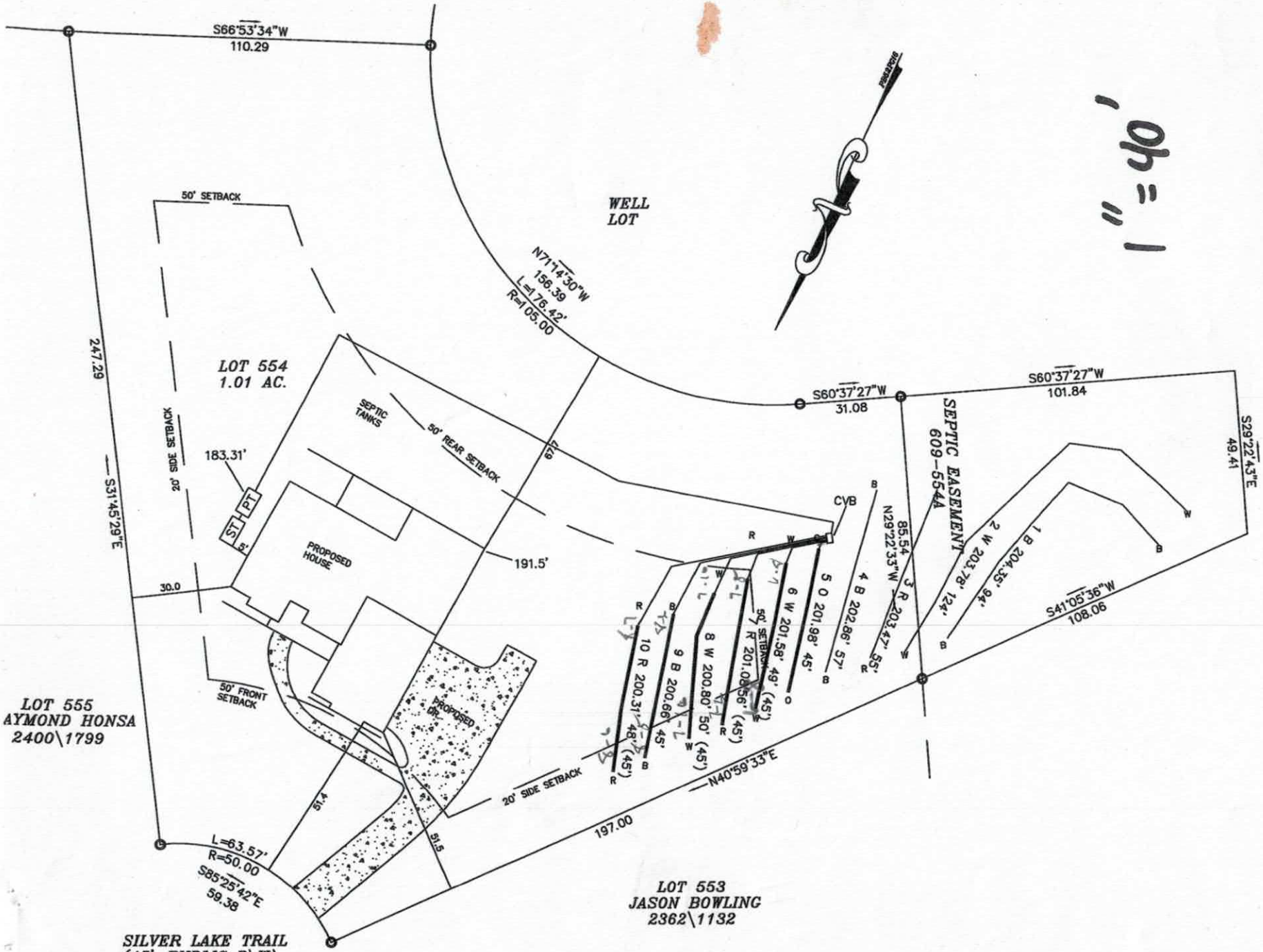
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Applicant Signature: Date: 7/7/16 Installed by: Harley Environmental Date: 2/7/17

IMPROVEMENT PERMIT by: Date: 7/8/16 OPERATION PERMIT by: Marina Dotson Date:

AUTHORIZATION TO CONSTRUCT by: Date: 7/8/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



PLOT PLAN/SEPTIC

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: Farms V
ADDRESS: _____
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 554

APPLICATION DATE _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

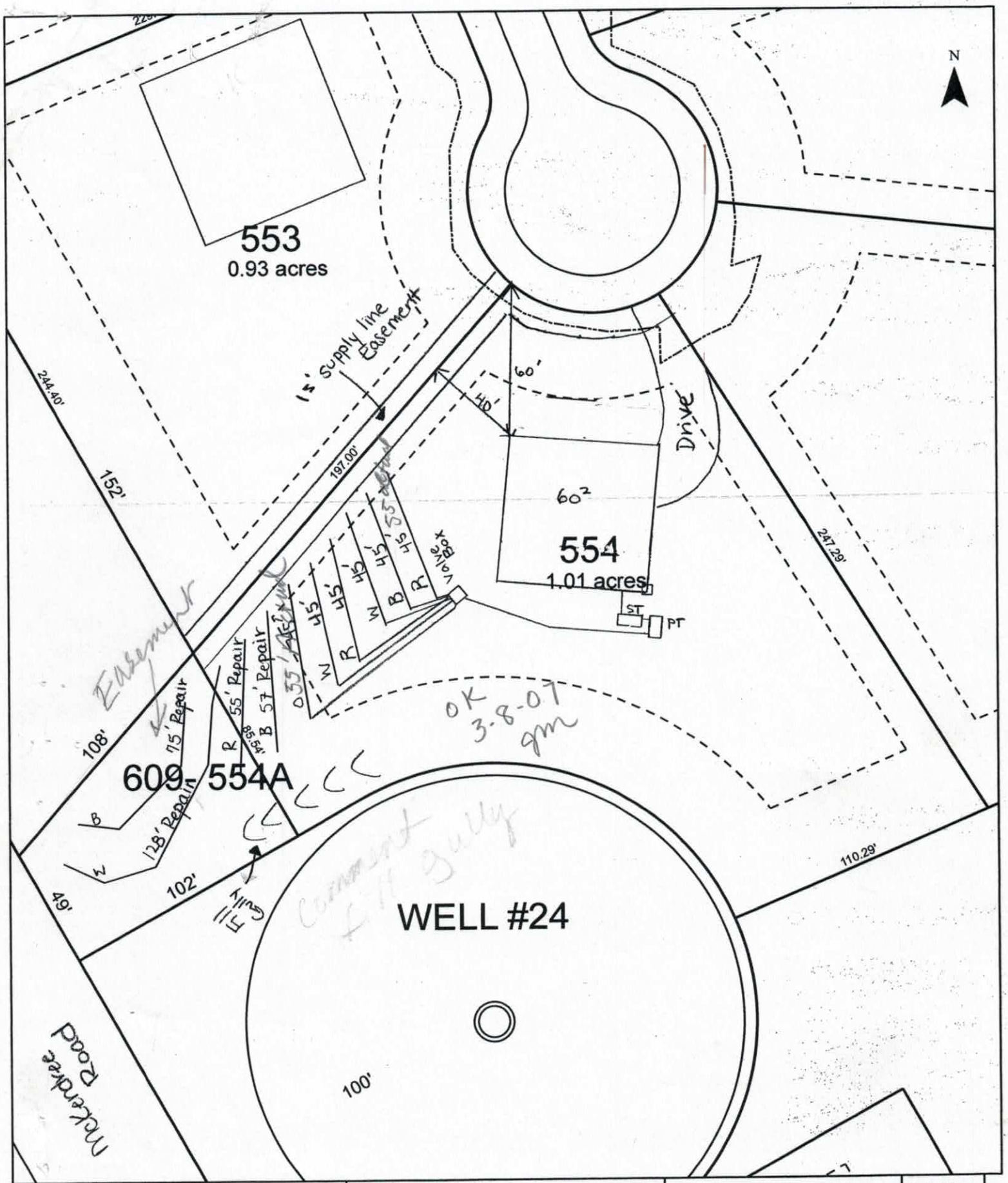
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L 4/0	0-2	Mo GR L	FR SS/SP	DK Br				
		2-18	Mo SBK/ WK SBK C	FR S/P	Red				
		18-50	Mo SBK CL	FR SS/SP	Red		C sap		0.3
2		0-23	mm stk C	fr sss so sap					
		23-32	wk msbk cl	fr sssp					
		32-50	wk msbk cl	fr sssp	few common sap mod				.3
3		0-5	gr fri sl	fr sss so					
		5-24	wk msbk mod	c fr sss so sap					
		24-53	wk msbk CL	fr sss sp	few common mic sap				.3
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:



Scale: 1 inch equals 50 feet	S&ME	The Farms - Phase V	FIGURE
Drawn by: JBP		Lot 554	1
Reviewed by: KS	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Iredell County, NC	
Date: February, 2007		S&ME Project #1588-05-070	

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed Intermediate Relayout for a PPBPS Septic System with LPP dist. for a 4 bedroom single family residence on Lot 554, The Farms, at 132 Silver Lake Trail (PIN 4626487712), Iredell County, North Carolina.

Contents: **Page**

Site Plan---------- 1

Design Information
- Original Design Specifications---------- 2
- Layout Specifications---------- 3

Original Site Plan---------- 4

Agent Authorization---------- 6

Profile Descriptions (ICHD)---------- see Records

Expedited Review Process Checklist---------- 7

Application---------- 8-9

Green Sheet---------- 10

~~Agent Authorization Form~~---------- ~~11~~

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA 6/30/16

June 30, 2016
Project #: 01-3192
Design By: Rollans Soil & Environmental Services, PA

Lot 554 The Farms Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement w/ Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	6 (See Table)
Total Linear Feet	270
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	210' ~~75'~~ of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30.0 gpm
Elevation head	Approx. ~~21.6'~~ 23.7'
Pressure head	3.0'
Friction head	1.2'
20% Contingency	5.2'
Total Head	~~34.0'~~ 33.07'
Pump Requirements	~~33.07~~ 30.0 gpm @ ~~34'~~ of head To be designed by installer.
Maximum Dosing Volume	216 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	~~315~~ 331

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	LPPPBPS	~~75~~ 96	5.0				
2	Repair	White	LPPPBPS	~~128~~ 124					
3	Repair	Red	LPPPBPS	55					
4	Repair	Blue	LPPPBPS	57					
5	System	Orange	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
6	System	White	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
7	System	Red	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
8	System	White	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
9	System	Blue	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
10	System	Red	LPPPBPS	45 endfed	8.62	10	10	1 per panel	5/32"
						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: ~~315'~~	331'				

Tank	Red	1500 gal (2 compartment)	~~20.6~~	25.6'
Pump Tank	Red	1500 gal.	~~20.6~~	25.6'
House	Blue		~~18.7~~	17.4'

Note: Fill all minor gullies. Septic easement 554A behind lot for repair.

RECEIVED JUL 1 2016

Moved from Reg. List

Paid $500.00

*Extention of Existing Permit

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

#219790

Paid $350.00 7-14-16

PAGE 1: APPLICATION FORM

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

GC to Provide Floor Plans

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

(✓) Survey Plat, scaled no more than 1 inch = 60 feet

(✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Rollans Sol **Address:** PO Box 832 Mooresville NC 28115 **Phone:** 704 746 5046

Owner Name: OHMS Property LLC **Address:** 2935-D Rea Rd Suite 210 Charlotte NC 28277 **Phone:** 704 202 379

Property Information:

Street Address: 1325 Silver Lake Tr. Mooresville NC 28117

Subdivision Name: The Farms **Section/Phase:** IV **Lot Number:** 534

Driving Directions: Brawley School Rd to Silver Lake Trail

Site Development Information: *(check or complete ALL that apply)*

(✓) New Single Family Residence

( ) New Multi-Family Residence

( ) Accessory Building

( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4

Maximum Number of Occupants: 8

( ) Swimming Pool

( ) Other Addition/Structure:

(✓) Crawl Space Foundation

( ) Concrete Slab Foundation

( ) Basement with Plumbing

(✓) Basement without Plumbing

Non-Residential Site Development:

Type of Business:

Square Footage of Building:

Maximum Number of Employee:

Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other:

Year existing system installed:

Please answer the following to the best of your ability:

( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**

( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**

( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: [signature]

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/30/16

DATE

RECEIVED JUN 23 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $500.00

1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___ Existing System Inspection

#219790

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information: Hollis Construction Group, LLC

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Volles	9935-D Rea Rd Ste 210 Charlotte NC 28277	704-295-A99	704-202-3787
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
OHMS Properties, LLC	same	704-295-0094	704-202-3797

4. Property Information:

Property Address	Subdivision Name	Section/Phase and Lot Number
132 Silver Lake Trail Mooresville, NC 28117	The Farms	554

Driving Directions: Brawley School, right on McKendree, right on Dyke Creek, right on Montclare, right on Silver Lake

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other See attached permit

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/23/2016
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC -18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Pavan Kumar (OHMS Properties) am the legal owner(s) of the property located at 132 Silver Lake Trail, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4626-48-7712, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans, Rollans Soil & Environmental Services, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	6/29/16	Angela Elsass	6/29/16

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

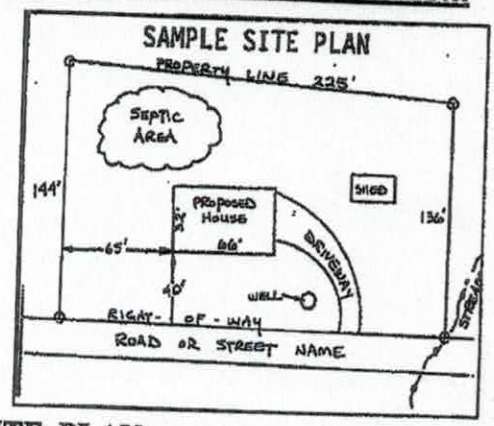
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: Samuel A Tolley

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/30/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

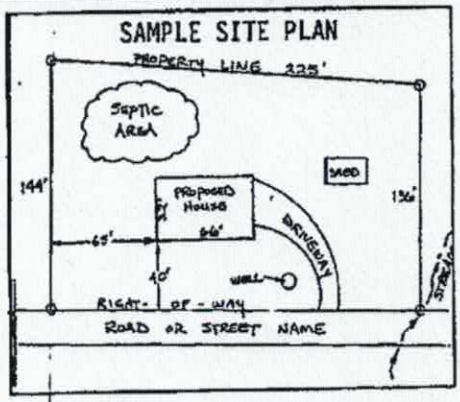
ENVIRONMENTAL HEALTH DIVISION

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( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction



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Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

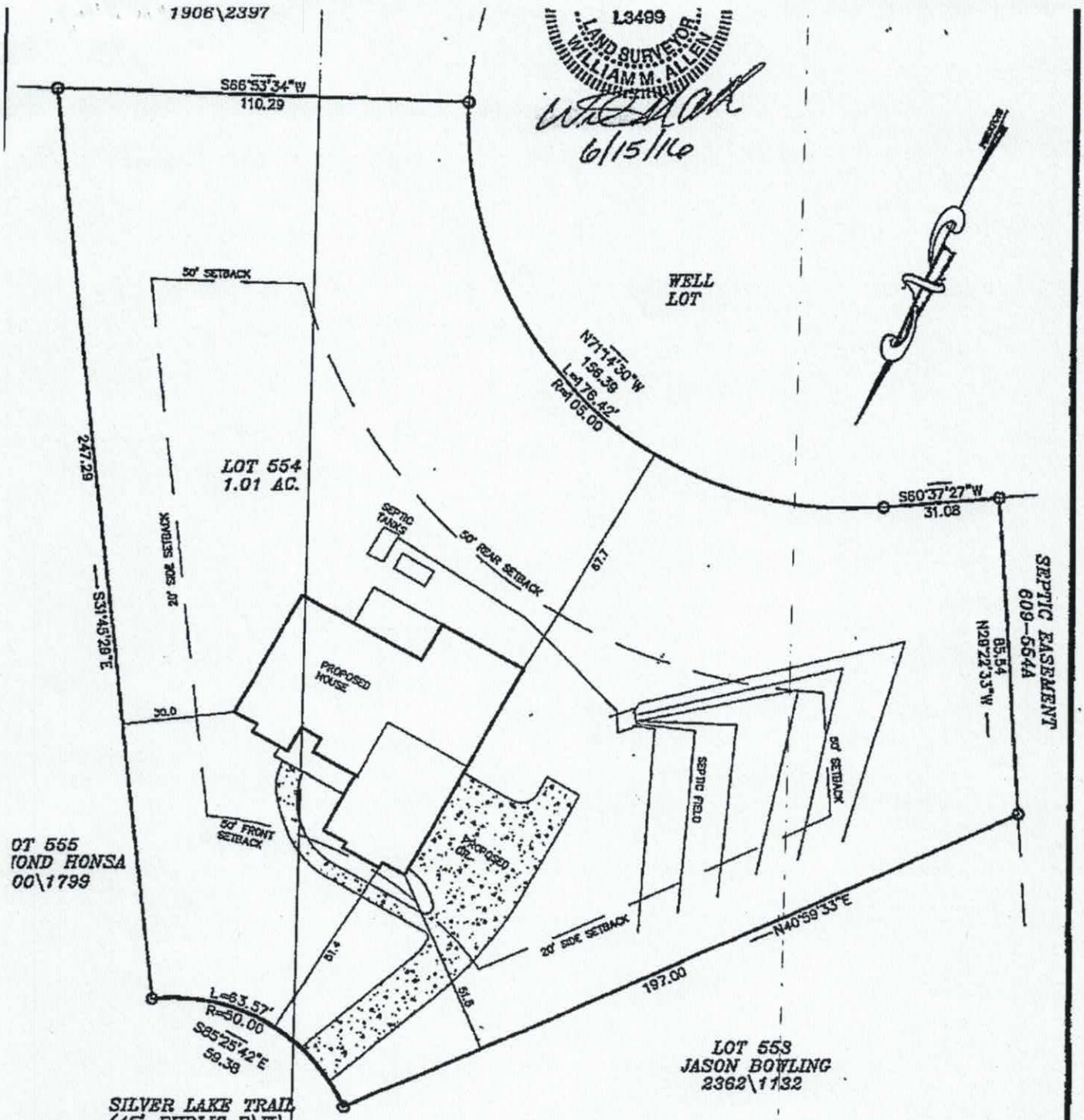
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached site plan and septic permit

Signature: _____ 6/23/2016

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



LEGEND

- ⌀ = P.P. = POWER POLE
- ▭ = POWER TRANS.
- .I.P. = EXISTING IRON FOUND
- P.S. = #4 REBAR SET
- t/W = RIGHT-OF-WAY
- CP = COMPUTED POINT

PLOT PLAN

OF

LOT 554 THE FARMS PHASE 5

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE = 1" = 30' DATE: MARCH 4, 2016

OWNER: CYRAS CUSTOM HOMES

GRAPHIC SCALE

30 0 15 30 60 120

(IN FEET)

1 inch = 30 ft.

DAS

D N ALLEN & ASSOCIATES P.A.

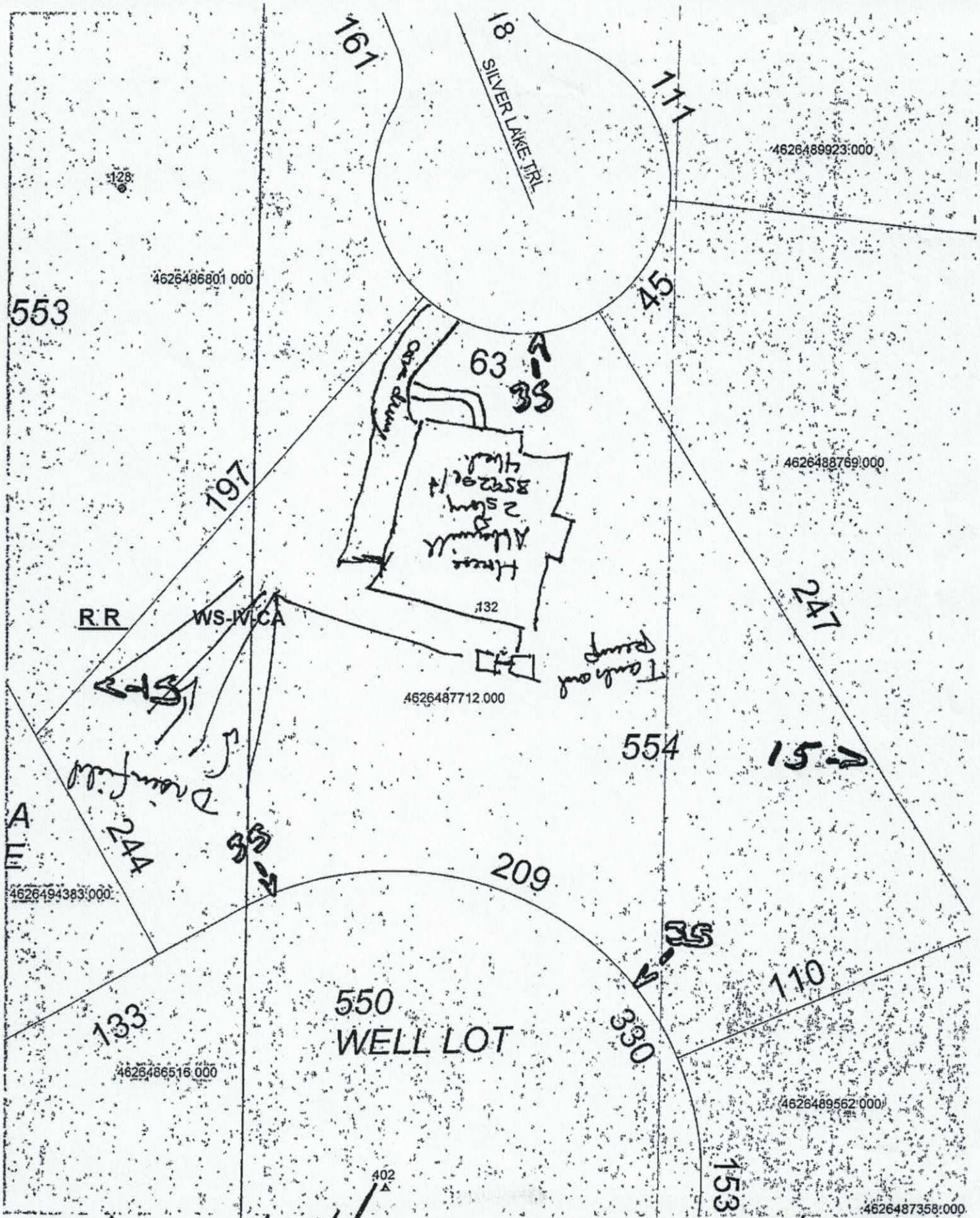
"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family

Construction Staking * Subdivision Design * Topographical

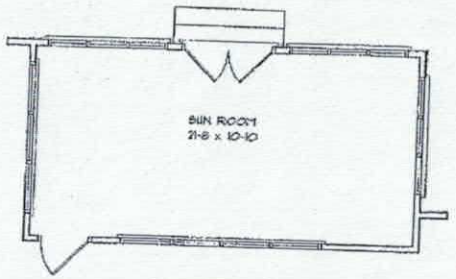
131 CROSSLAKE PARK DR. SUITE 102 * Mooresville, N.C. 28117

(704) 664-7029 (704) 664-8041 Fax



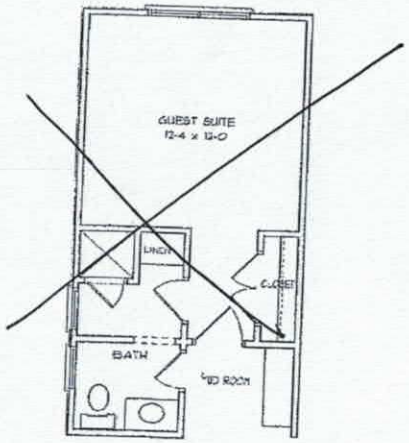
Sign

Date 6/23/2016



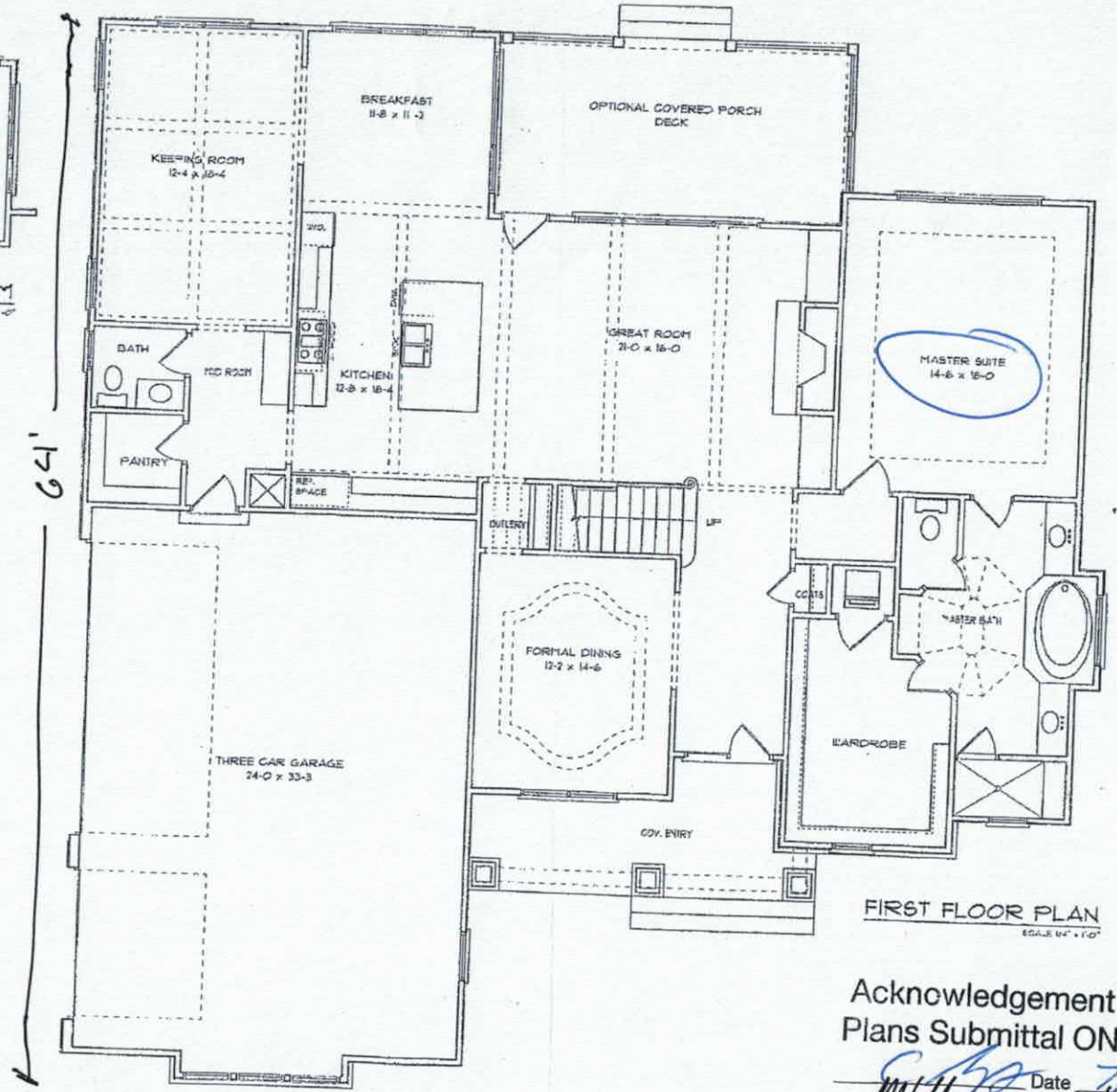
OPTIONAL SUN ROOM

SCALE 1/4" = 1'-0"



OPTIONAL GUEST SUITE

SCALE 1/4" = 1'-0"



FIRST FLOOR PLAN

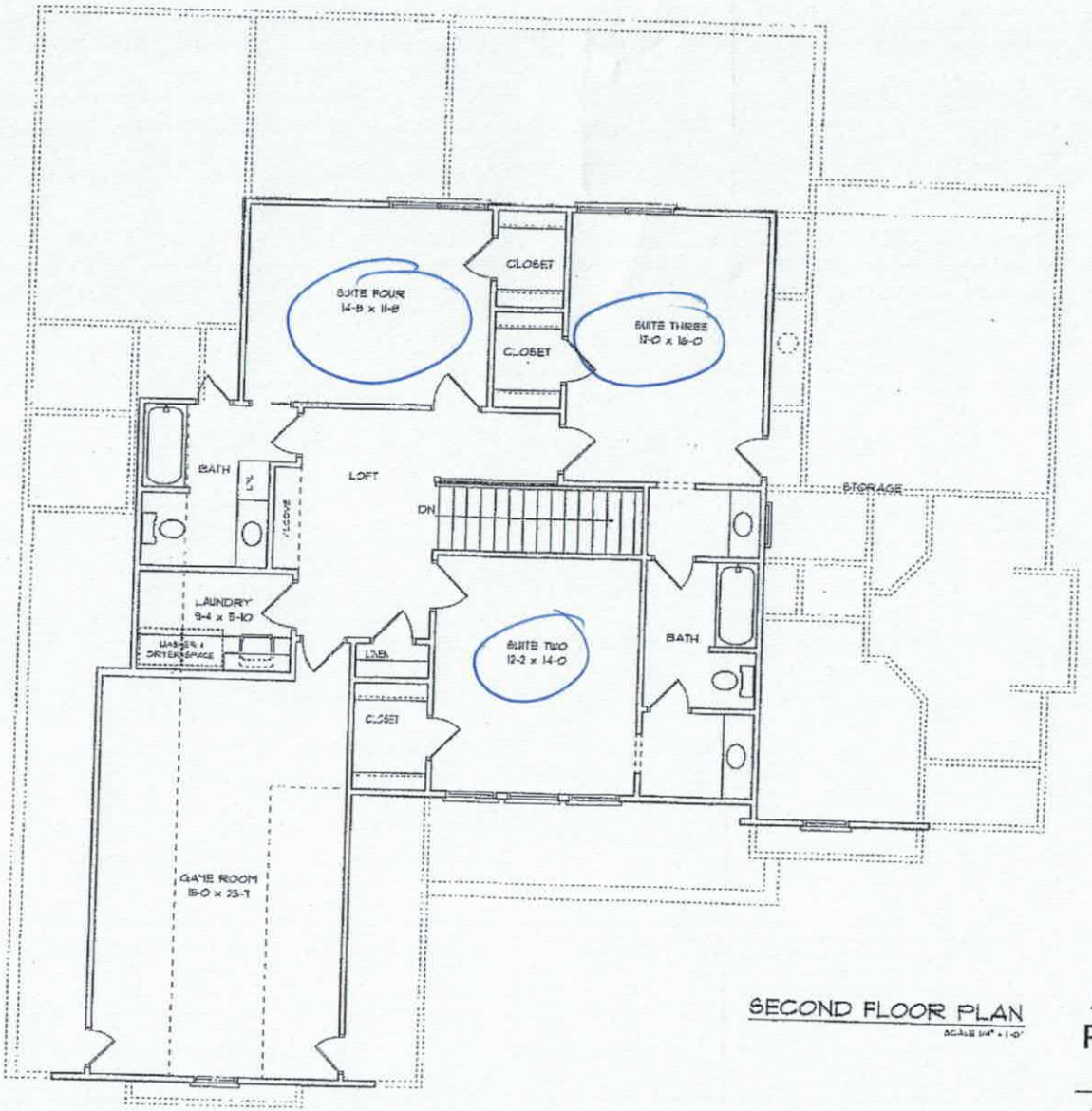
SCALE 1/4" = 1'-0"

FARMS Lot 554

Acknowledgement of
Plans Submittal ONLY!

Date 7/6/16

Date 6/28/2016



SECOND FLOOR PLAN

FARMS Lot 554

Acknowledgement of Plans Submittal ONLY!

Date 7/6/16

Date 6/28/2016

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

FILE COPY

APPLICATION NUMBER
219790
Issue Date: 06/23/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626487712.000	132 SILVER LAKE TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: OHMS PROPERTIES LLC	Applicant: HARRIS CONSTRUCTION GR
Address: 9935-D REA RD SUITE 210 MOORESVILLE, NC 28277	Address: 9935-D REA ROAD #210 CHARLOTTE, NC 28277
Phone:	Phone: 704-295-0094

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.009	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	72489	TOTAL FEES:	$ 77.25