(4)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316154

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

PIN # 4629 --58 --4494

APPLICANT/OWNER: O Koehler Homes | APPLICANT ADDRESS: 167 Maple View Drive

SITE ADDRESS: 207 Deer Run Drive Troutman NC 28166 | PHONE: 704-578-4951 | ALT. PHONE

SITE DIRECTIONS: State Park Rd wildlife Rd Sienna Woods @ Deer Run & End | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Wildlife Bay | SECTION: 7 | LOT # 24 | LOT AREA: | DESIGN FLOW: 480 | L.T.A.R.: .35

Septic Tank	1000	(gal)	STB ~~363~~ 2260	Date	6-4-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT 363	Date	6-5-22	System Description: LP-PPBPS-50% Reduction				☐ Business	No. Persons 8
Pump Make	Zoeller	Model	15V/1HP	Serial #	-	Repair System Description: LP-PPBPS-50% Reduction				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	230	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	36 in.	Trench Bottom Depth(Low side)	36 in	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313 Dated June 5, 2022

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Tanks & Lines Checked 7/15/2022.
Last Line Check for Sand.
Still needs Filter + Supply Line
Filter + supply line 7/18/22
Checked sand CW

Alarm
Electrical CW 12/27/22
PH Alerts
PM

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 EXCEPTION**

☐ **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.

Owner / Applicant Signature: (Jones) Date: 07/07/2022 Installed by: Ground Breakers

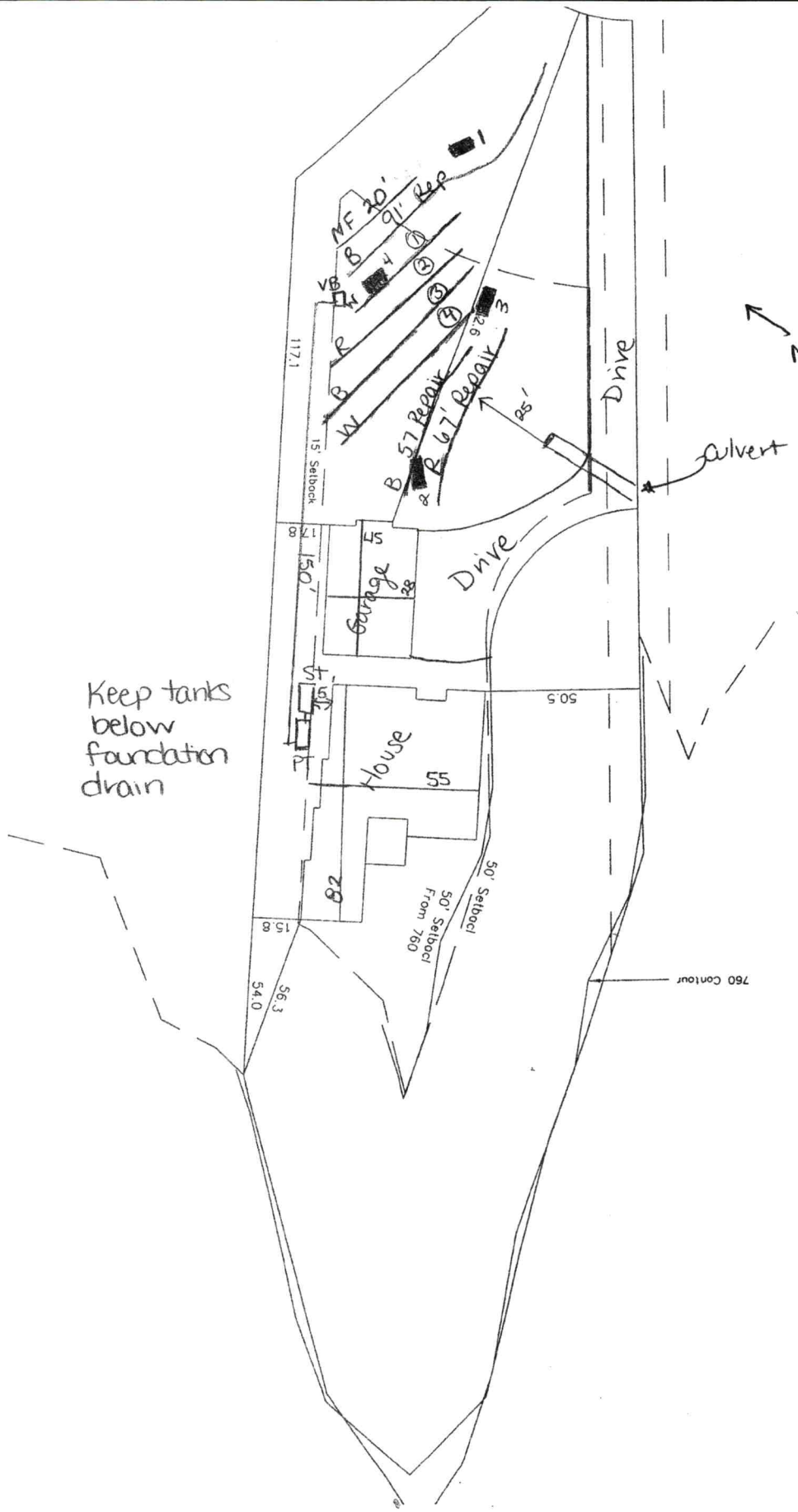
IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 6/29/2022 OPERATION PERMIT by: Date: 12/1/23

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 6/29/2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


1
MF 30'
91' Rep
B 4
VB
R
B
W
117.1
15' Setback
B 57 Repair
R 67' Repair
25'
Drive
Culvert
1" = 50'
N
Drive
Garage
28
24
45
50.5
St.
House
55
82
50' Setback
50' Setback From 760
760 Contour
15.8
54.0
56.3
Keep tanks below foundation drain
1. W-47 (45)
2. R-58 (55)
3. B-71 (70)
4 W-63 (60)
230'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 207 Deer Run Dr

Date: June 5, 2022

Attached is the septic specification information required to permit 207 Deer Run Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

RAY HAMSTEAD

Owner Name

Owner Signature

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

207 Deer Run Dr Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.35
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	230
Total Linear Feet	229
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	150' of **2**" SCH 40 PVC
Size of laterals	1 1/2" SCH 40 PVC
Flow Rate through the system	26.5 gpm
Elevation head	Approx: 8.9 ft
Pressure head	3 ft
Friction head	1.9 ft
20% Contingency	2.76 ft
Total Head	16.56 ft
Pump Requirements	26.5 gpm @ 16.6' of head To be designed by installer.
Maximum Dosing Volume	190.8 gal -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	235
Repair LTAR	0.35

***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	NF	LPPPBPS	20					
2	Repair	Blue	LPPPBPS	91	2.2				
3	System	White	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
4	System	Red	LPPPBPS	55 endfed		13	13	1 per panel	5/32"
5	System	Blue	LPPPBPS	70 endfed		16	16	1 per panel	5/32"
6	System	White	LPPPBPS	60 endfed		14	14	1 per panel	5/32"
7	Repair	Blue	LPPPBPS	57					
8	Repair	Red	LPPPBPS	67					
						Total: 53	Total: 53 (1 in each panel turned up)		
				Total System: 230'					
				Total Repair: 235'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	5.10
House	blue	Left Front corner	

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation

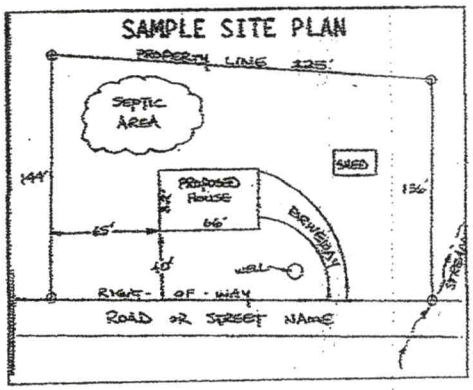
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

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

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- (✓) 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

Please see Attached

Signature: Kathleen Saunders

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

5-31-22

~~11-9-2020~~

DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, RAY HALSTEAD, am the legal owner of the property located at 207 DEER RUN DR TROUTMAN NC 28166, identified as PIN(Parcel Identification Number) 4629 58 4494, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, THE OAKS GROUP, OSCAR HOERNER JR, KOERNER HOMES INC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 6-6-22

Signature of Witness — Date: 6-6-22

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: O Koehler Homes
ADDRESS: 167 Maple View Dr
PROPOSED FACILITY: SFR
LOCATION OF SITE: 207 Deer Run Dr
APPLICATION DATE: _____
DATE EVALUATED: 5/31/22
PROPOSED DESIGN FLOW (.1949): 480
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 #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-8	moSBK CL	FR SS/SP	R	27"	PS	N/A	0.35
		8-27	WKSBKCL	↓	R; C sap multi				
		27-60	MA L sap	↓					
2	L 5%	0-60	MA L/SL sap	FR NS/NP	multi	0"	PS	N/A	0.35
3	L 5%	0-12	MA CL	VFI SS/SP	Red, compacted multi	12"	PS	N/A	0.35 below 12"
		12-60	MA L/SL sap	FR NS/NP					
4	L 3%	0-11	moSBKCL	FR SS/SP	R; F sap R; C sap	29"	PS	N/A	0.35
		11-28	WKSBKCL	↓					
		28-60	MA L sap	↓					

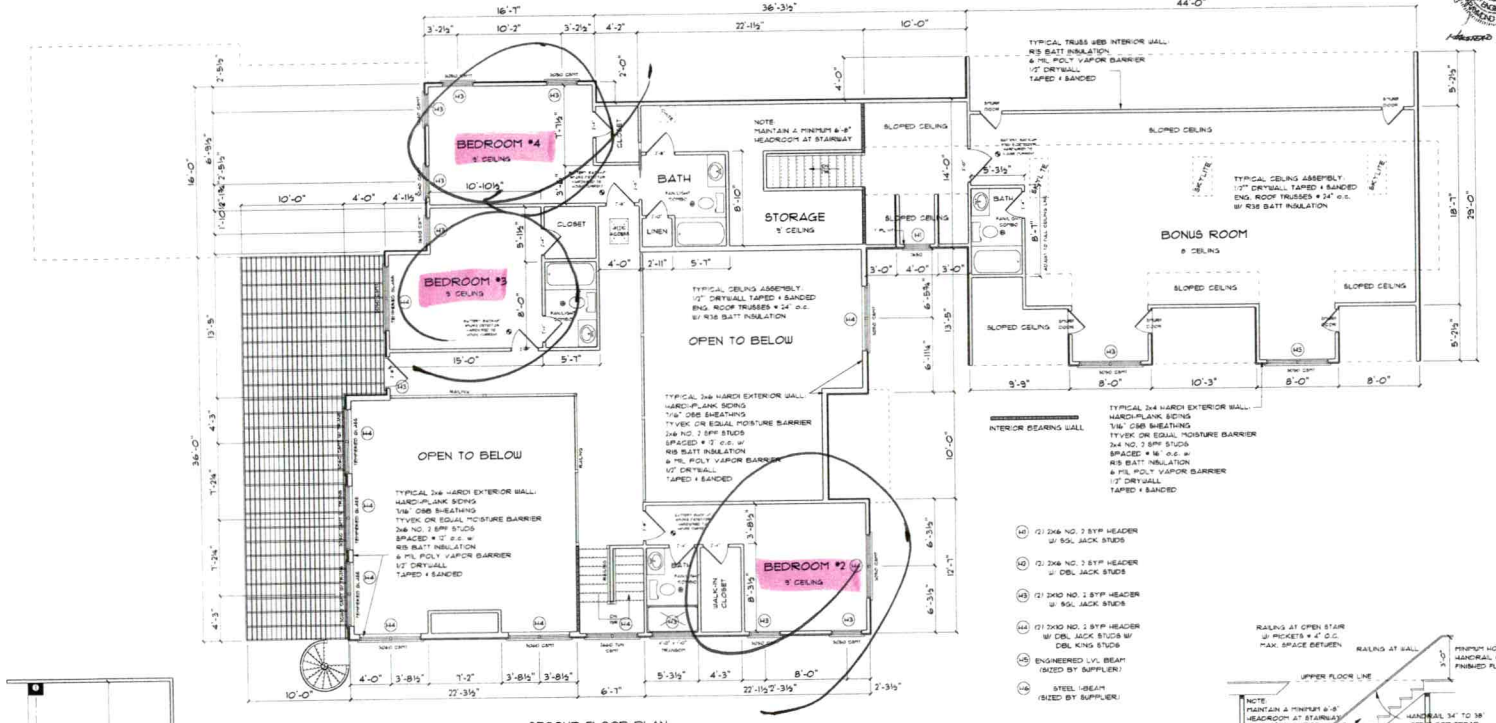
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	0.35	0.35

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

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

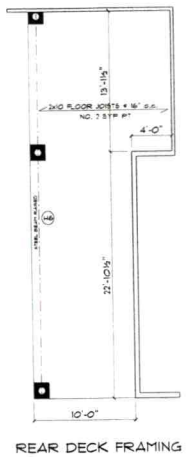
COMMENTS: _____

Updated February 2014

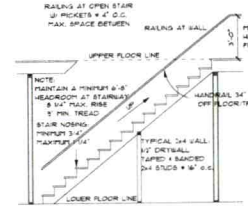


SECOND FLOOR PLAN

HEATED SQ. FT. — 1510
BONUS ROOM ——— 524



REAR DECK FRAMING



TYPICAL STAIR SECTION

STAIRWAY WALLS TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. WALLS TO EXTEND FROM BASEMENT FLOOR TO CEILING OF STAIRWAY. CEILING OF STAIRWAY TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. CEILING AND WALLS TO BE PROVIDED WITH ONE (1) LAYER OF 5/8" FRG ON EACH SIDE OF STUDS AND JOISTS. FIRE RATED CAULK TO BE USED FOR ALL JOINTS AND PENETRATIONS.

Acknowledgement Of
Plans Submittal ONLY!
Date 4.21.2021
Kathleen Saunders Date 4/25/21

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 39121 KATHLEEN H. SAUNDERS REGISTERED 11-30-2020

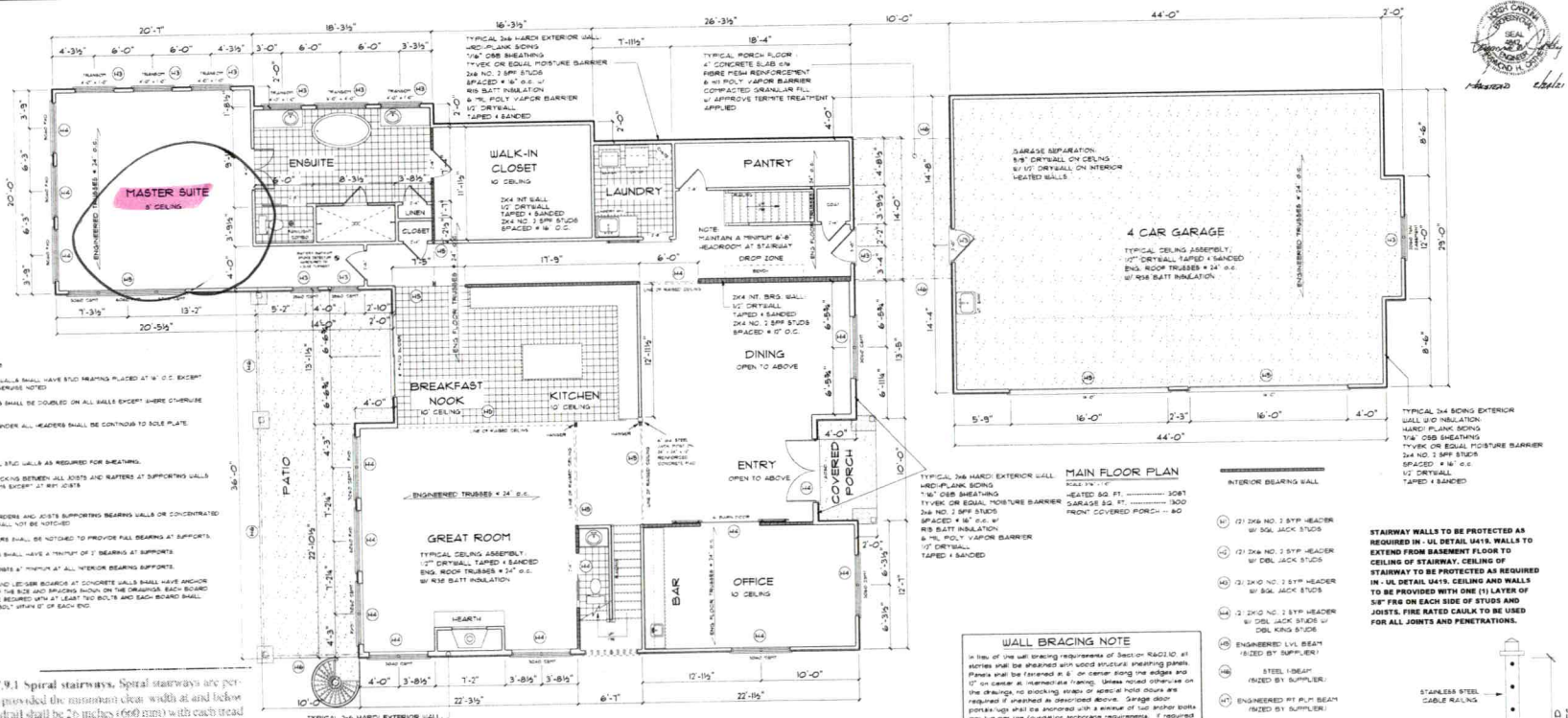
DRAWING TITLE
SECOND FLOOR

PROJECT INFORMATION
HALSTEAD RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: FEBRUARY, 2021
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANCASTER, SC 29720
(704) 899-3624

SHEET NO.
A4



MAIN FLOOR PLAN

HEATED SQ. FT. ---------- 3081
GARAGE SQ. FT. ---------- 1300
FRONT COVERED PORCH -- 80

FRAMING NOTES

1. ALL PRIVATE WALLS SHALL HAVE STUD FRAMING PLACED AT 16" O.C. EXCEPT WHERE OTHERWISE NOTED
2. TOP PLATES SHALL BE DOUBLED ON ALL WALLS EXCEPT WHERE OTHERWISE NOTED
3. CRIPPLES UNDER ALL HEADERS SHALL BE CONTINOUS TO SOLE PLATE.
4. N/A
5. BLOCK ALL STUD WALLS AS REQUIRED FOR SHEATHING.
6. SOLID BLOCKING BETWEEN ALL JOISTS AND RAFTERS AT SUPPORTING WALLS AND BEAMS EXCEPT AT RFT JOISTS
7. N/A
8. BEAMS, GIRDERS AND JOISTS SUPPORTING BEARING WALLS OR CONCENTRATED LOADS SHALL NOT BE NOTCHED
9. ALL RAFTERS SHALL BE NOTCHED TO PROVIDE FULL BEARING AT SUPPORTS.
10. ALL JOISTS SHALL HAVE A MINIMUM OF 3" BEARING AT SUPPORTS.
11. LAP ALL JOISTS 3" MINIMUM AT ALL INTERIOR BEARING SUPPORTS.
12. MUD SILS AND LEDGER BOARDS AT CONCRETE WALLS SHALL HAVE ANCHOR BOLTS OR THE BOX AND BRACING SHOWN ON THE DRAWINGS. EACH BOARD SHALL BE SECURED WITH AT LEAST TWO BOLTS AND EACH BOARD SHALL HAVE A BOLT WITHIN 12" OF EACH END.

INTERIOR BEARING WALL

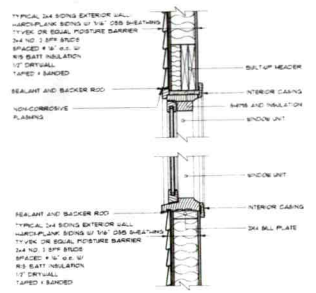
(H1) (2) 2x6 NO. 2 SYP HEADER W/ SGL JACK STUDS
(H2) (2) 2x6 NO. 2 SYP HEADER W/ DBL JACK STUDS
(H3) (2) 2x10 NO. 2 SYP HEADER W/ SGL JACK STUDS
(H4) (2) 2x10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS
(H5) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)
(H6) STEEL I-BEAM (SIZED BY SUPPLIER)
(H7) ENGINEERED PT FLAT BEAM (SIZED BY SUPPLIER)

STAIRWAY WALLS TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. WALLS TO EXTEND FROM BASEMENT FLOOR TO CEILING OF STAIRWAY. CEILING OF STAIRWAY TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. CEILING AND WALLS TO BE PROVIDED WITH ONE (1) LAYER OF 5/8" FRG ON EACH SIDE OF STUDS AND JOISTS. FIRE RATED CAULK TO BE USED FOR ALL JOINTS AND PENETRATIONS.

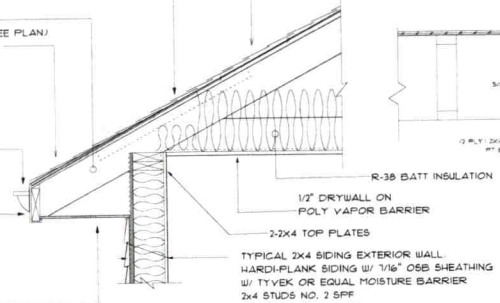
WALL BRACING NOTE

In lieu of the wall bracing requirements of Section 9.23.13. all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking strips or special hold downs are required if sheathed as described above. Garage door portals/rugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation additional portal framing requirements will be shown on the drawings.

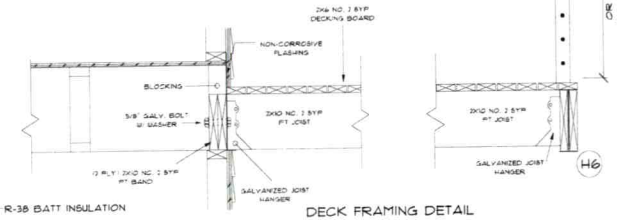
R311.7.9.1 Spiral stairways. Spiral stairways are permitted, provided the minimum clear width at and below the handrail shall be 26 inches (660 mm) with each tread having a 7½-inch (190 mm) minimum tread depth at 12 inches (914 mm) from the narrower edge. All treads shall be identical, and the rise shall be no more than 9½ inches (241 mm). A minimum headroom of 6 feet 6 inches (1982 mm) shall be provided.



SIDING HEAD AND SILL



WALL DETAIL



DECK FRAMING DETAIL

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES AND ORDINANCES, SPECIFICATIONS NOTES SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY DISCREPANCIES OR OMISSIONS WITH THE OWNER AND DESIGNER. CONTRACTOR SHALL ASSUME NO LIABILITY FOR MISCONSTRUCTION OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.

Acknowledgement of Plans Submitted!

Date 4-21-2021

Date

Kathleen Saunders 3-25-21

DRAWING TITLE: MAIN FLOOR

PROJECT INFORMATION: HALSTEAD RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: FEBRUARY, 2021
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-3624

SHEET NO. A3

LENTZ WASTEWATER MANAGEMENT, Inc.

www.lentzwastewater.com

Subsurface (Type IV) Inspection and Maintenance Agreement

Contract Dates: 1/15/23 -- 1/15/24

Agreement between:
Koehler Homes
(the "Owner")
and Lentz Wastewater Management, Inc

Jarrid Lentz
463 Lentz Road
Statesville, NC 28625
(the "Operator")

207 Deer Run Drive
Troutman NC, 28166
("system" location)

WITNESSETH

WHEREAS The Owner owns or controls the property upon which a ground absorption sewage treatment system ("system") is installed, being designated a Type IV system in the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Administrative Code 18A.1900 et seq. and

WHEREAS, Administrative Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to issuance of an Operation Permit for said system; and,

WHEREAS, Administrative Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity, shall be in effect for as long as the system is in use; and

WHEREAS, the Operator is a management entity, of the type authorized by 15A N.C. Administrative Code 18A. 1961 to manage a Type IV System.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is agreed by the Owner and the Operator as stipulated below:

1. The Operator Obligations:

a. The Operator shall inspect, document, and report on the system every 6 months:
- If an inspection indicates the need for system repairs, the Operator shall notify the local health department within 48 hours of inspection.
- The Operator shall notify the owner of needed repairs, which are outside of the scope of routine maintenance described in this contract. At the request of the Owner, the Operator will perform necessary repairs to the system and shall be entitled to payment at the Operator's normal charge for services and materials.
- The operator shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations:

a. The Owner shall pay to the Operator:
- At start of contract (6 months prior to first inspection). Yearly fee includes [2] inspections per year. Contract will be sent to Environmental Health Department upon receipt of payment.
- The Owner is responsible for any charges for necessary repairs/replacement parts. A quote for such repairs will be provided. The Operator will complete needed repairs after a signed quote for repairs has been received.
- The Owner is responsible for charges associated with pumping/removal of solids from tanks. The Operator will notify Owner when pumping is needed and the Owner shall schedule and pay for pumping with a Licensed Septic Pumper.
- The Owner is responsible for any additional maintenance (clearing around any septic components, such as: septic tank, pump tank, drain field lines, etc.) or labor repair and service calls requested by client.
- Septic system components must be kept clear of vegetation, bushes, trees and shrubs
- All septic system components (risers on tanks, valve boxes, control panel, etc.) must be accessible in order to collect the necessary information and to properly maintain the system. When visits are made and components are not accessible, the report will indicate "not evaluated" or "not accessible"

3. Term: This Agreement shall remain in effect until terminated

a. Automatic Termination
- This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or the time for taking an appeal has passed.

b. Termination by Mutual Consent
- The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

Contract Dates: 1/15/23 -- 1/15/24

LENTZ WASTEWATER MANAGEMENT, Inc.
www.lentzwastewater.com

c. Termination by the Owner

~ The Owner may terminate this Agreement by giving notice to the Operator and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Operator

~ The Operator may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

1. Failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within seven (7) days of receipt by the Owner of the bill. If said bill is paid after notice of termination of this Agreement, but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

2. Failure of the Owner to provide to the Operator authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

3. Failure of the Owner to allow the Operator such access to the system as is reasonably necessary order for the Operator to comply with the terms of this Agreement.

~The annual fee may be amended upon sixty (60) days advance notice to the Owner. Bi-annual maintenance visits are unscheduled. Owner does not need to be present. Operator will send a written report to the owner and local Environmental Health Department. Maintenance contract bi-annual inspections are NOT Point-of-Sale inspections and should not be used as a replacement.

~ The Operator may terminate this Agreement without cause, by notification to the Owner no less than ninety (90) days in advance of the termination date. The Operator may also assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment:

a. Assignment by the Owner

~ The Owner shall notify the Operator of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

5. Use of Subcontractors:

The Operator may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Operator's duties under this Agreement. The Operator shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representatives:

The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Notice:

Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

Owner:

Koehler Homes
207 Deer Run Drive
Troutman NC, 28166

Local Health Department

Iredell County Environmental Health Department
349 N Center Street
Statesville, NC 28677

610 E Center Avenue
Mooresville, NC 28115

Operator:

Jarrid Lentz
463 Lentz Road
Statesville, NC 28625

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other Party.

8. Place of Agreement:

This Agreement and any questions concerning its validity, the system construction or performance shall be governed by the laws of the State of North Carolina.

9. Entire Agreement and Amendment:

This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by both Parties.

10. Severability:

In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modification or supplements to this Agreement.

01 / 25 / 2023

Owner's Signature — Date

Jarrid M Lentz

01 / 26 / 2023

Operator's Signature — Date

Doc ID: 396f51feba4ff95cdbb06c9d129272414863ee02

Dropbox Sign

Audit trail

Title	207 Deer Run Drive MA 23-24
File name	Iredell - Type IV (2).pdf
Document ID	396f51feba4ff95cdbb06c9d129272414863ee02
Audit trail date format	MM / DD / YYYY
Status	• Signed

Document History

SENT	**01 / 25 / 2023** 16:52:49 UTC	Sent for signature to Koehler Homes (okoehlerhomes@aol.com) and Jarrid Lentz (jarrid@lentzwastewater.com) from office@lentzwastewater.com IP: 66.226.46.155
VIEWED	**01 / 25 / 2023** 18:44:46 UTC	Viewed by Koehler Homes (okoehlerhomes@aol.com) IP: 173.42.103.74
SIGNED	**01 / 25 / 2023** 18:45:15 UTC	Signed by Koehler Homes (okoehlerhomes@aol.com) IP: 173.42.103.74
VIEWED	**01 / 26 / 2023** 16:43:41 UTC	Viewed by Jarrid Lentz (jarrid@lentzwastewater.com) IP: 173.92.234.251
SIGNED	**01 / 26 / 2023** 16:43:50 UTC	Signed by Jarrid Lentz (jarrid@lentzwastewater.com) IP: 173.92.234.251
COMPLETED	**01 / 26 / 2023** 16:43:50 UTC	The document has been completed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 316154

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

PIN # 4629 --58 --4494

APPLICANT/OWNER: O Koonler Homes

APPLICANT ADDRESS: 167 Maple View Drive

SITE ADDRESS: 207 Deer Run Drive Troutman NC 28166

PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: State Park Rd Wildlife Rd Sienna Woods @ Deer Run End

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Wildlife Bay

SECTION: 8 LOT # 24 LOT AREA:

DESIGN FLOW: 480 L.T.A.R.: .35

Septic Tank	1000 (gal)	STB		Date	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	363.	Date 6-5-22	System Description: LP-PPBPS 50% Reduction	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description: LP-PPBPS-50% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 230	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36 in.	Trench Bottom Depth(Low side)		36 in	Gravel Depth ☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313 Dated June 5, 2022

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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

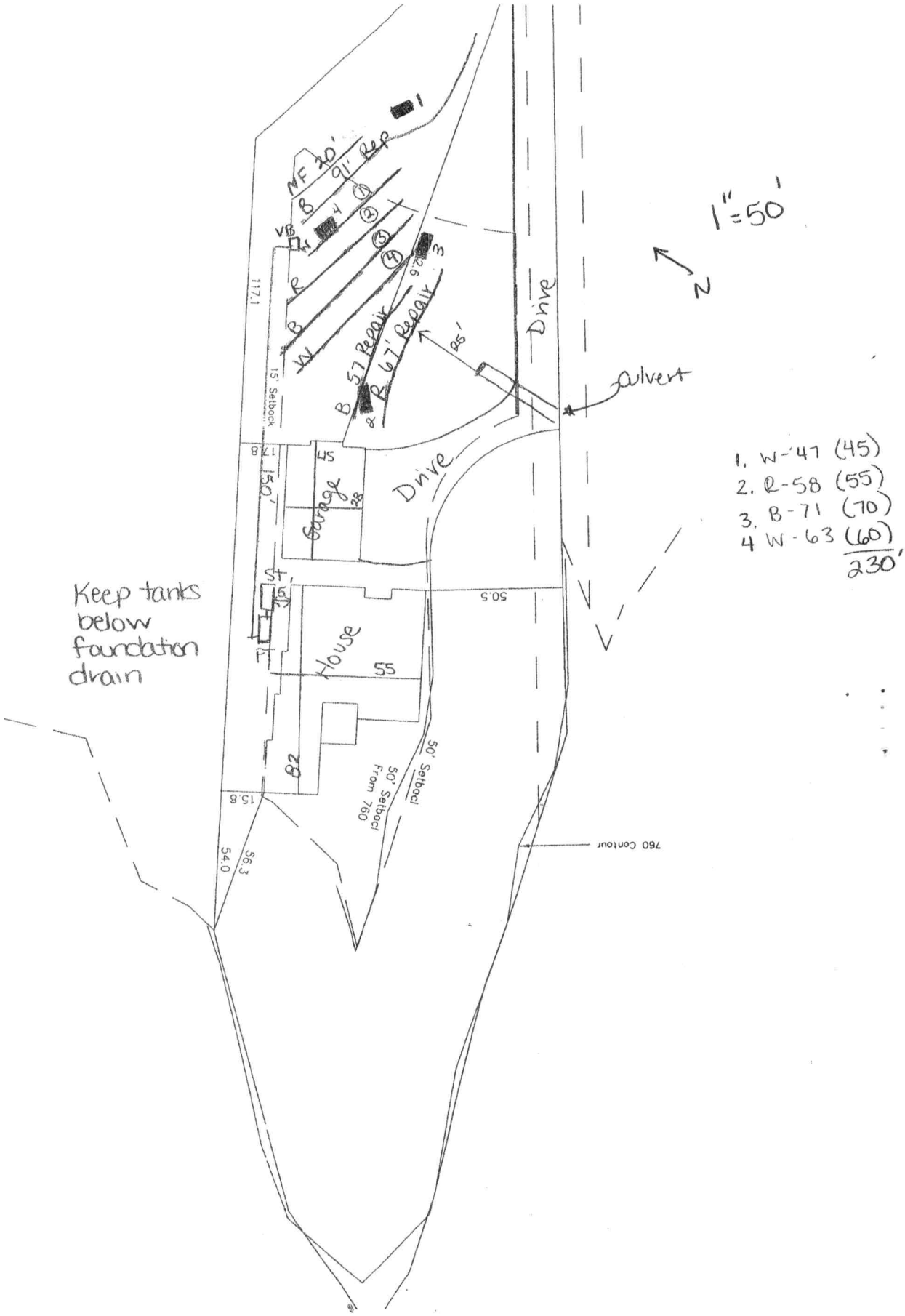
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: (FAXED) Date: 07/07/2022 Installed by: Groundbreakers (Shannon).

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 6/29/2022. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 6/29/2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


1"=50'
N
Drive
Drive
Culvert
NF 20'
91' Rep
B
R
W
B 57 Repair
R 61 Repair
25'
117.1
15' Setback
150'
Garage
28
55
50.5
House
55
82
50' Setback
50' Setback From 780
780 Contour
15.8
54.0
56.3
Keep tanks below foundation drain
1. W-47 (45)
2. R-58 (55)
3. B-71 (70)
4 W-63 (60)
230'

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Okoehler Homes — APPLICATION DATE _____
ADDRESS: 167 Maple View Dr — DATE EVALUATED: 5/31/22
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: 207 Deer Run Dr — 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-8	mSBK CL	FR SS/SP	R	27"	PS	N/A	0.35
		8-27	WK SBK CL	↓	R, C Sap multi				
		27-60	MA L Sap	↓					
2	L 5%	0-60	MA L/SL Sap	FR NS/NP	multi	0"	PS	N/A	0.35
3	L 5%	0-12	MA CL	VFI SS/SP	Red, compacted multi	12"	PS	N/A	0.35 below 12"
		12-60	MA L/SL Sap	FR NS/NP					
4	L 3%	0-11	mo SBK CL	FR SS/SP	R; F Sap R; C Sap	28"	PS	N/A	0.35
		11-28	WK SBK CL	↓					
		28-60	MA L Sap	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	0.35	0.35

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

LICENSED SOIL SCIENTIST — KATHLEEN M. SAUNDERS — THE GREAT SEAL OF THE STATE OF NORTH CAROLINA — 1313 — STATE OF NORTH CAROLINA

COMMENTS: _____

Updated February 2014

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	NF	LPPPBPS	20					
2	Repair	Blue	LPPPBPS	91	2.2				
3	System	White	LPPPBPS	45 endfed		10	10	1 per panel	5/32"
4	System	Red	LPPPBPS	55 endfed		13	13	1 per panel	5/32"
5	System	Blue	LPPPBPS	70 endfed		16	16	1 per panel	5/32"
6	System	White	LPPPBPS	60 endfed		14	14	1 per panel	5/32"
7	Repair	Blue	LPPPBPS	57					
8	Repair	Red	LPPPBPS	67					
						Total: 53	Total: 53 (1 in each panel turned up)		
				Total System: 230'					
				Total Repair: 235'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	5.10
House	blue	Left Front corner	

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation

PCL XL Error

Subsystem: KERNEL

Error: IllegalTag

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 316154

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

PIN # 4629 --58 --4494

APPLICANT/OWNER: O Koehler Homes APPLICANT ADDRESS: 167 Maple View Drive

SITE ADDRESS: 207 Deer Run Drive Troutman NC 28166 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: State Park Rd Wildlife Rd Sienna Woods @ Deer Run & End SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Wildlife Bay SECTION: 2 LOT # 24 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .35

Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description:	LP-PPBPS-50% Reduction			☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description:	LP-PPBPS-50% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 230	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36 in.	Trench Bottom Depth(Low side)	36 in	Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313 Dated June 5, 2022

AS BUILT SKETCH

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☐ **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.*

Owner / Applicant Signature: (Agree) Date: 07/07/2022 Installed by:

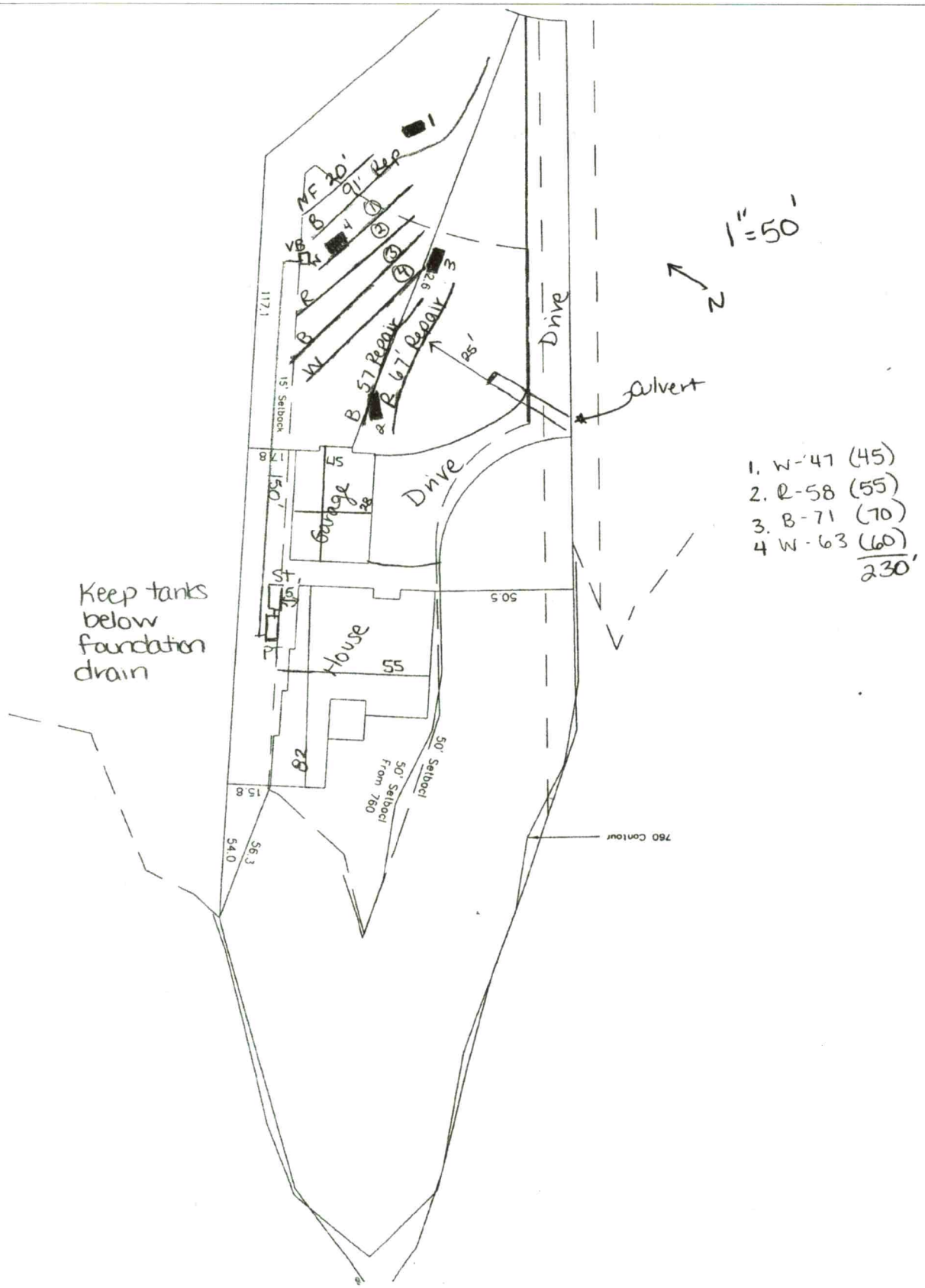
IMPROVEMENT PERMIT by: Benjamin A Botts Date: 6/29/2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 6/29/2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


1" = 50'
N
Drive
Drive
culvert
1. W-47 (45)
2. R-58 (55)
3. B-71 (70)
4 W-63 (60)
230'
Keep tanks below foundation drain
NF 30'
91' Rep
B
R
W
B 57 Repair
R 67' Repair
25'
117.1
15' Setback
Garage
28
55
House
55
50.5
82
50' Setback
50' From 780 Setback
780 Contour
54.0
56.3

207 Deer Run Dr Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR **(gpd/ft2)**	0.35
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	230
Total Linear Feet	229
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	150' of **2**" SCH 40 PVC
Size of laterals	1 1/2" SCH 40 PVC
Flow Rate through the system	26.5 gpm
Elevation head	Approx: 8.9 ft
Pressure head	3 ft
Friction head	1.9 ft
20% Contingency	2.76 ft
Total Head	16.56 ft
Pump Requirements	26.5 gpm @ 16.6' of head To be designed by installer.
Maximum Dosing Volume	190.8 gal -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	235
Repair LTAR	0.35

***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.**

9 (5)

S.L BB

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-316154 $500.00

RECEIVED JUN 7 - 2022

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: O Koehler Homes Address: 167 Maple View Dr Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Patrica Farmer Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951

Property Information:

Street Address: 207 Deer Run Dr
Subdivision Name: Wildlife Bay Section/Phase: _____ Lot Number: 24
Driving Directions: State Park Rd, Wildlife Rd, Sienna Woods, L Deer Run, at end

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Kathleen Saunders 5/31/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) ~~11-9-2020~~ DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316154 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629584494.000	207 DEER RUN DR	Iredell County

Owner Information	Applicant Information
Name: HALSTEAD RAYMOND E+ANGELA B	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.16	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 03/25/2021

Signature of Owner/Contractor

Permit Number	316154	TOTAL FEES:	