ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 325224

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

PIN # 4676 -45 -0940

APPLICANT/OWNER: Freedom Homes / Mildred Cooke | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 141 Oak Brook Drive Mooresville NC 28115 | PHONE: 704 881-2326 | ALT. PHONE 704 525-7960.

SITE DIRECTIONS: I-77 N to Exit 36 Brawley Rd Westside Rd on Oak Brook 141 on Left | SAP CONTROLLED: ☐ YES ☒ NO

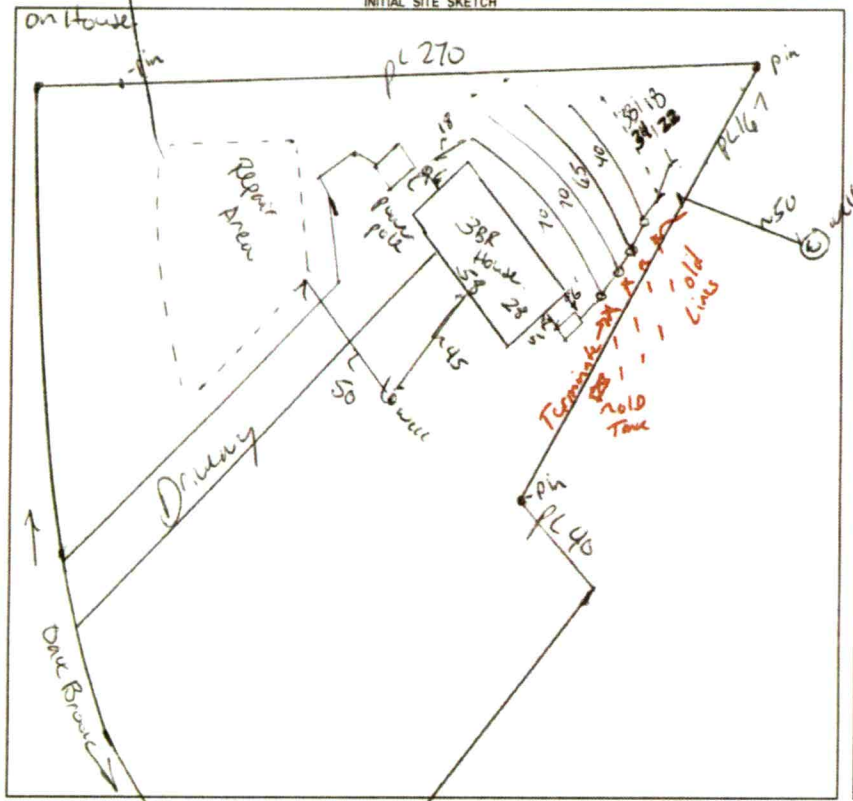
SUBDIVISION: Quail Hill | SECTION: 3 | LOT # 56 | LOT AREA: | DESIGN FLOW: 360 | L.T.A.R.: -3

Septic Tank	1000 (gal)	STB	760	Date	3-7-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Relocation - Grants 25%			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LPP - PPBPS - 50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft	56	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth ~~(Low side)~~		36in max	Gravel Depth		☐ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install New 1000 gallon tank. Terminate lines within 10ft of property line + Execution Dam. Install New Drop Boxes to Feed Existing Lines with Serial Distribution. Install New Lines below. NO Foundation Drains to be

INITIAL SITE SKETCH



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.

INSTALLED AS SHOWN

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: [signature] Date: 4-7-22 | Installed by: FRYE GRADING

IMPROVEMENT PERMIT by: [signature] Date: 4-6-2022 | OPERATION PERMIT by: Brent L. White Date: 4-26-2022

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4-6-2022 | Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 325224.

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

PIN # 4676 --45 --0940

APPLICANT/OWNER: Freedom Homes / Mildred Cooke | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 141 Oak Brook Drive Mooresville NC 28115 | PHONE: 704 881-2226 | ALT. PHONE 704 528-7960.

SITE DIRECTIONS: I-77 N to Exit 36 Brawley Rd Westside Rd Oak Brook 141 on left | SAP CONTROLLED: ☐ YES ☒ NO

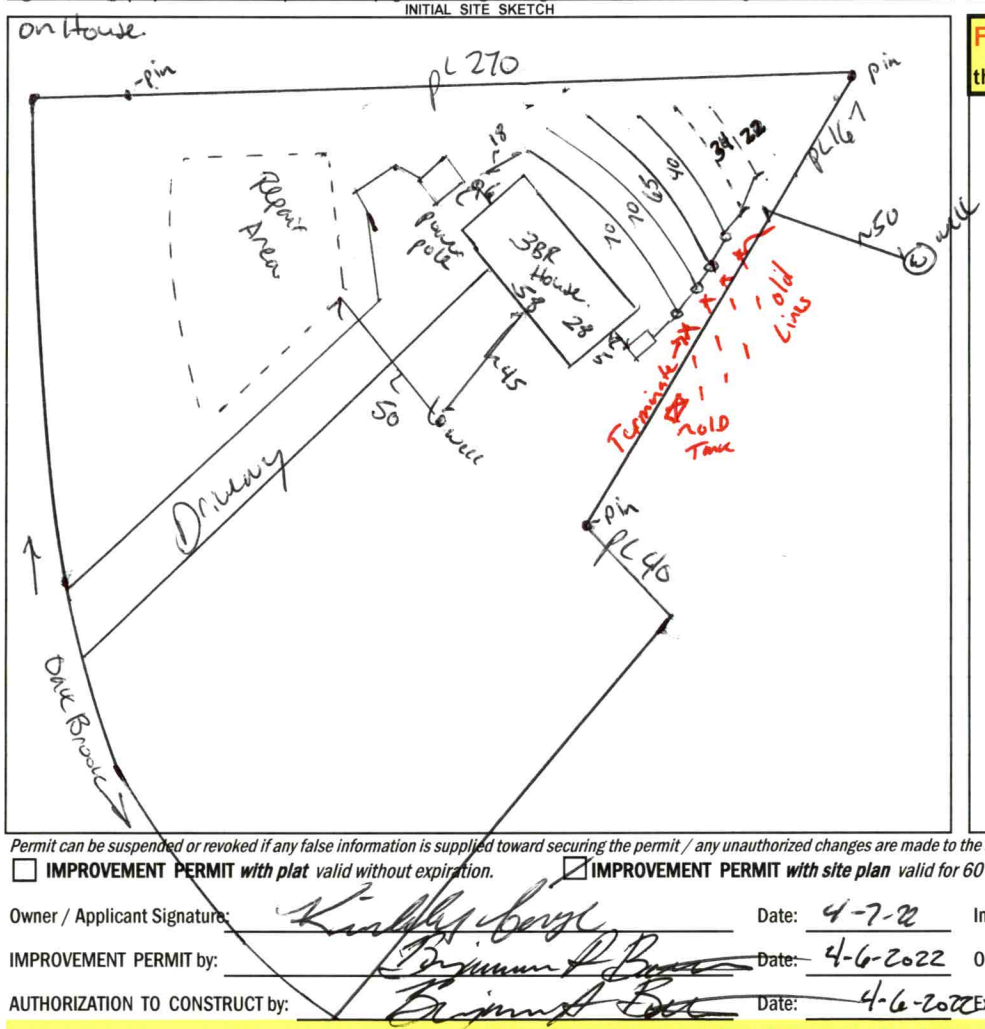
SUBDIVISION: Quail Hill | SECTION: 3 | LOT # 56 | LOT AREA: | DESIGN FLOW: 360 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: Relocation - Ground 25%				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: CP - PPBPS - 50% Reduction				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 2	Linear Ft 56	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth ~~(Low side)~~	36in max	Gravel Depth	☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install New 1000 gallon tank. Terminate lines within 10ft of property line + Excavate Dam. Install New Drop Boxes to feed Existing Lines with Serial Distribution. Install new lines below. NO Foundation Drains to be on House.

INITIAL SITE SKETCH


pin
pin
pin

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? _____	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4676 450 940
COUNTY: Iredell

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

OWNER: Freedom Home
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 149 Oak Brook
APPLICATION DATE: Feb 2022
DATE EVALUATED: April 5 2022
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1.174 Ac
PROPERTY RECORDED: Yes

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	Linear 10%	0-7	Disturbed		2.5YR 4/6.	55	N/A	NA	PS .30.
		7-33	C SBK	SSSP FR FRP					
		33-55	CL MSBK.	SSSP VFR					
2	Linear Site. 10%	0-7	Sandy clay	SSSP FR SPL	2.5YR 4/6.	52	N/A	N/A	PS .30. Some GW to middle thirdland
		7-29	C SBK	SSSP VFR					
		29-52	CL MSBK	SSSP VFR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		200
System Type(s)	III	IV 50%
Site LTAR	.30	.30

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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.

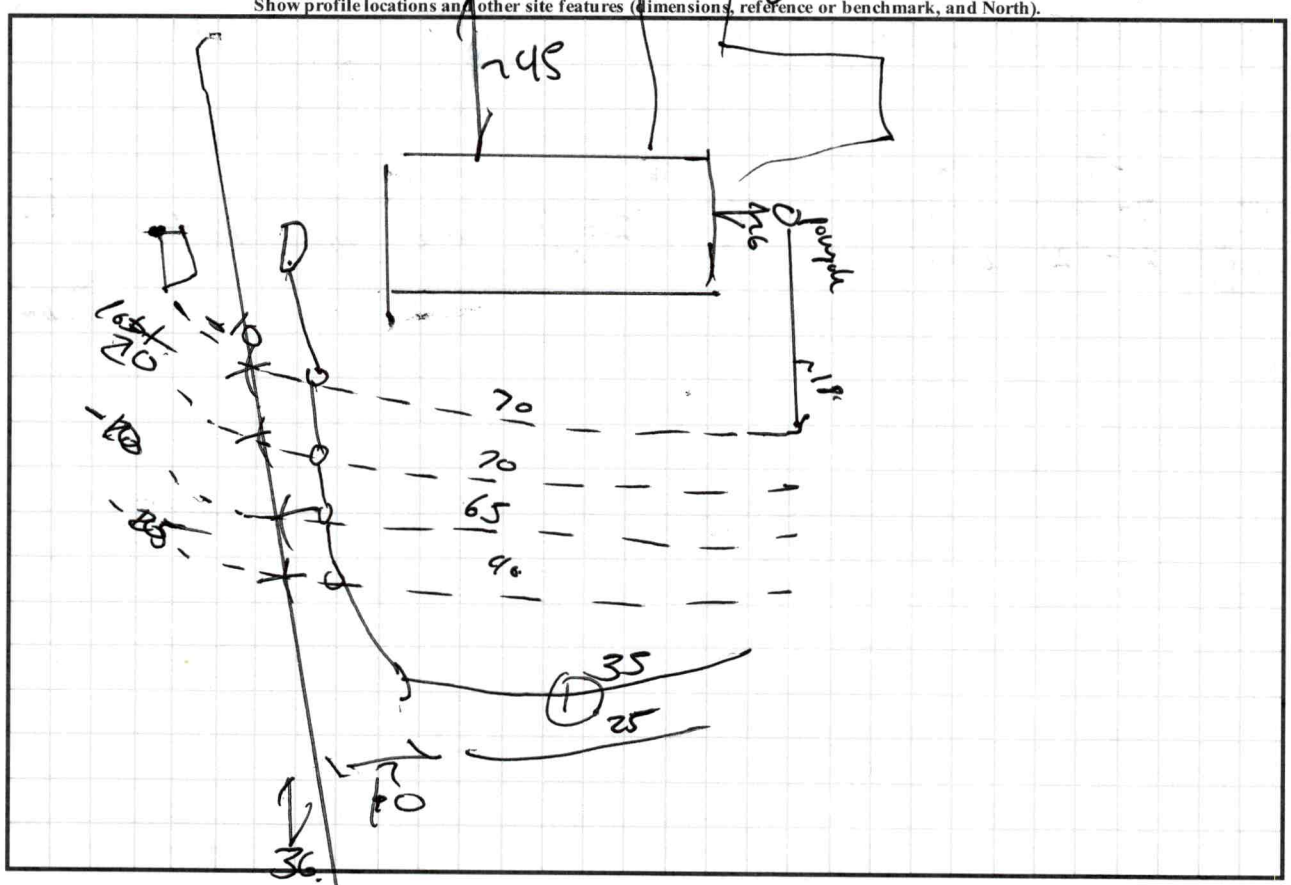
NOTES

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/ft^2

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



RECEIVED FEB 0 2 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & LEGIBLY
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-325224 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Frye Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: 704-528-7960
Owner Name: Mildred Cook Address: Route 10 Box 888 Mooresville NC Zip: 28115
Owner Email: _____ Phone: 704-657-7234 Alt. Phone: _____

Property Information:

Street Address: 141 Oak Brook Drive Mooresville, NC 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-77 toward Charlotte, Exit 42, turn (R) (L) onto West Iredell Ave, (L) onto North Main St, (L) Brumley Rd, (R) Woodside Dr, (R) onto Oak Brook Dr, 141 is on left.

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

Existing (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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) 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 (X) 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: Kimberly Frye 2-2-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

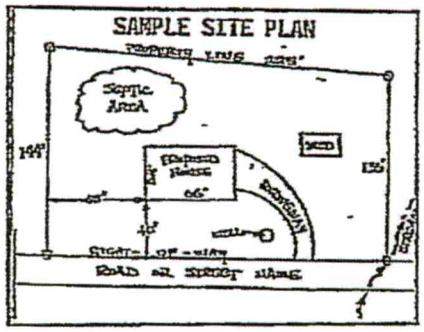
325224

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
- ( ) Area you prefer your septic system to be placed
- ( ) 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

Attached

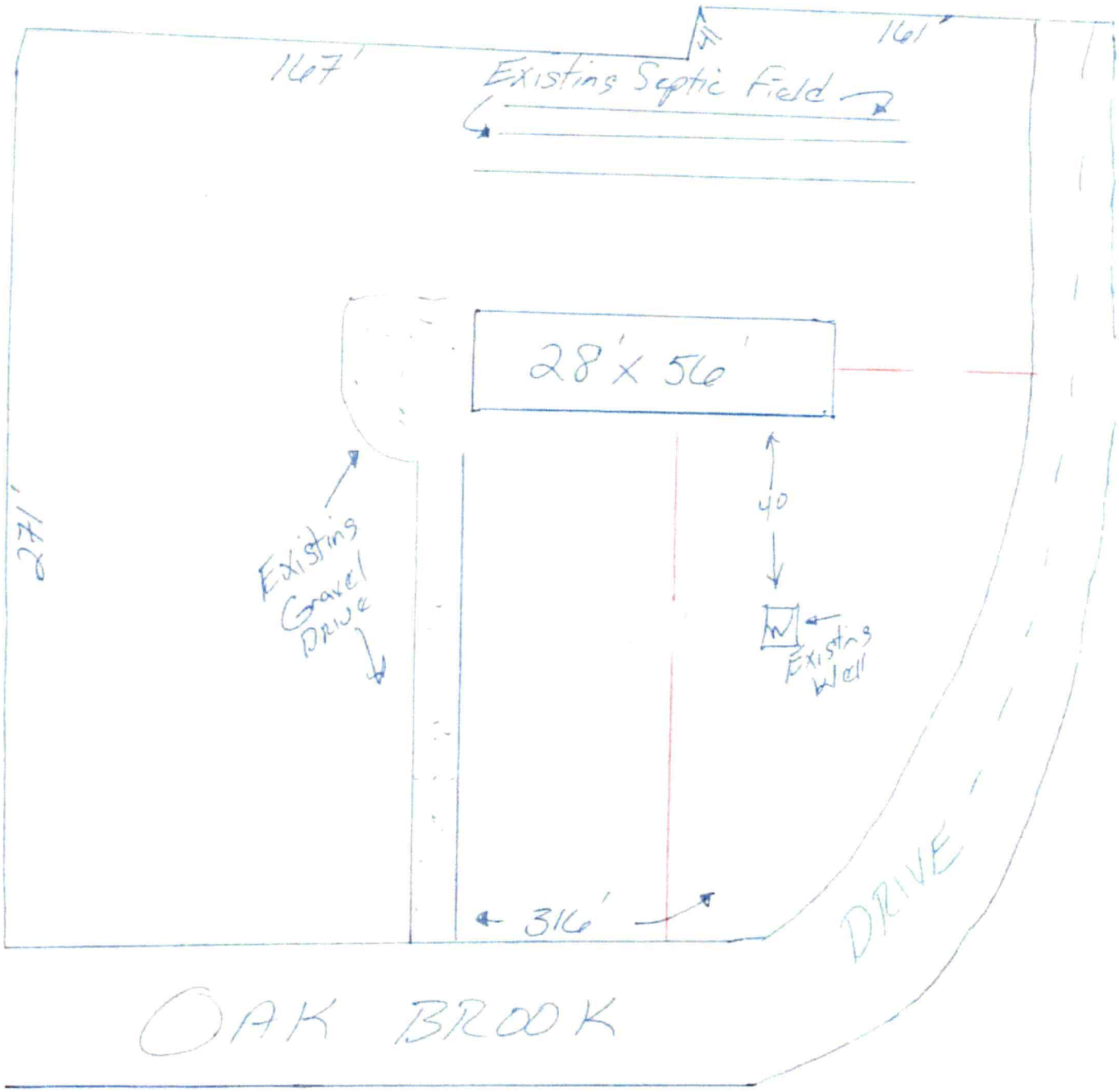
Signature: Kimberly Gross
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-2-22
DATE

325224

PLOT PLAN
N.T.S.

G. COOK
141 OAK BROOK DR.
MOORESVILLE



325224

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, Mildred Cook, am the legal owner(s) of the property located at 141 Oak Brook Drive Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4676450940.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes, 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.

Mildred Cook 1-31-22

Signature of Owner(s) Date

Signature of Witness 1-31-22

Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325224 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4676450940.000	141 OAK BROOK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: COOK MILDRED A	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 141 OAK BROOK DR	Address: 1124 CHARLOTTE HWY
MOORESVILLE, NC 28115	TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.124	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks

DOUBLE WIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

Signature of Owner/Contractor

Date: 02/02/2022

Permit Number	325224	TOTAL FEES:	$77.25

325224

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) *No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide ✓ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Mildred Cook Phone # 704-657-7284

Owner's Current Address Route 10 Box 888 Mooresville, NC 28115

Property Information

Property Address 141 Oak Brook Dr Mooresville NC Parcel # 4696450940

Subdivision:_____ Lot:____ Zoning:____ Watershed: Y / (N) Flood Plain: Y / (N) Township:_____

Directions to property (from a MAIN ROAD) I77, Exit 42, Turn R, ① onto west Iredell Ave, ② onto N Main St, ③ Brumley Rd, ④ Woodside Dr, ⑤ onto Brook Dr, 141 is on left.

Application Information

Applicant's Name or Company Freedom Homes Applicant's Phone # 704-528-7960

Applicant's Address 1124 Charlotte Hwy Troutman, NC 28166

If Company, Representative's Name and Title Kimberly Frye / Site Coordinator

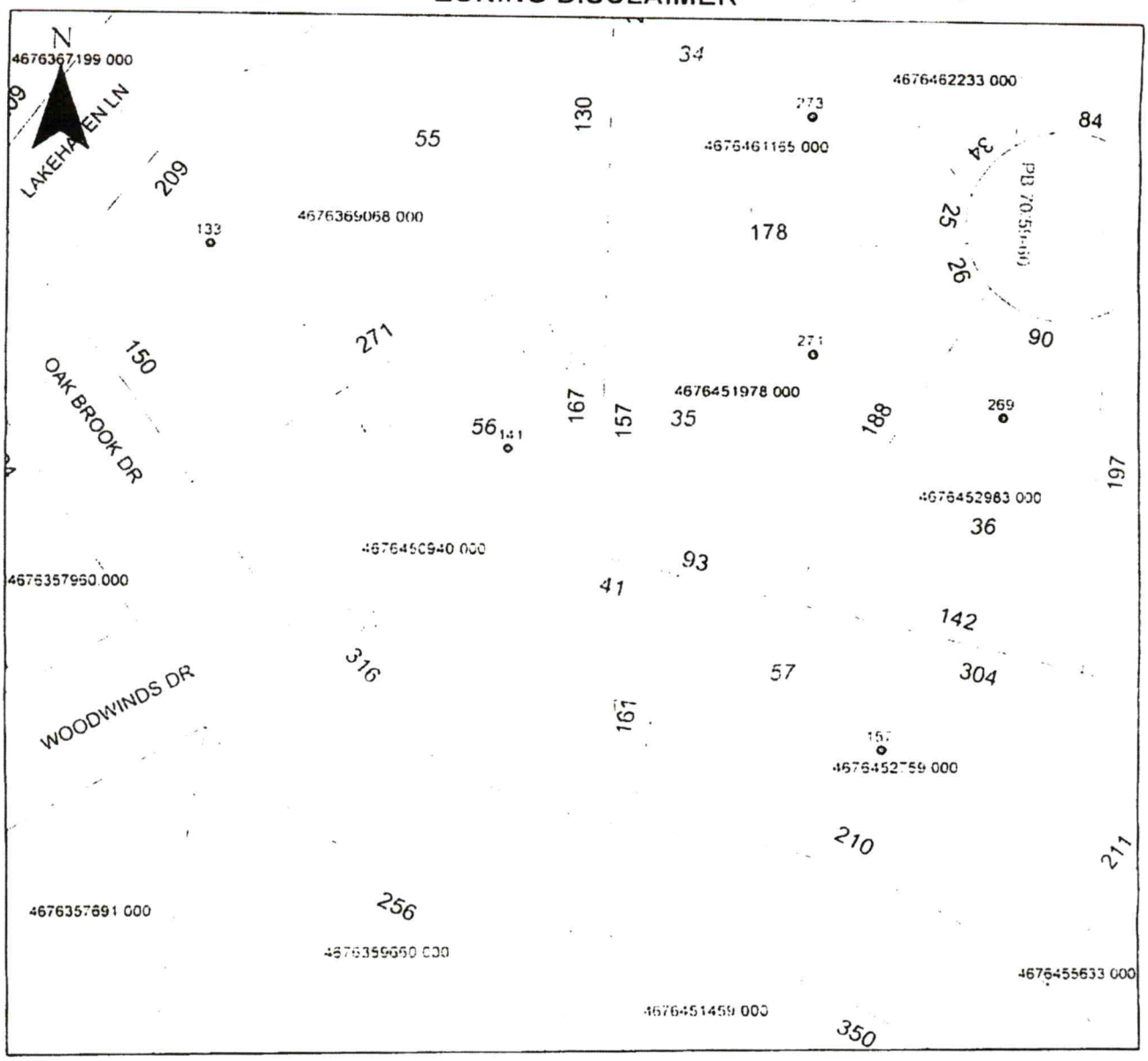
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Kimberly Frye DATE 2-2-22

Acres 1.124
Iredell
RA

Coddle Creek
WS-II-BCU
Flood no

ZONING DISCLAIMER



Property Address _____

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. Applicant further acknowledges that the 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.

Kimberly Bryce
Applicant

2-2-2022
Date

28x56

Kimberly Bryce 2-2-22

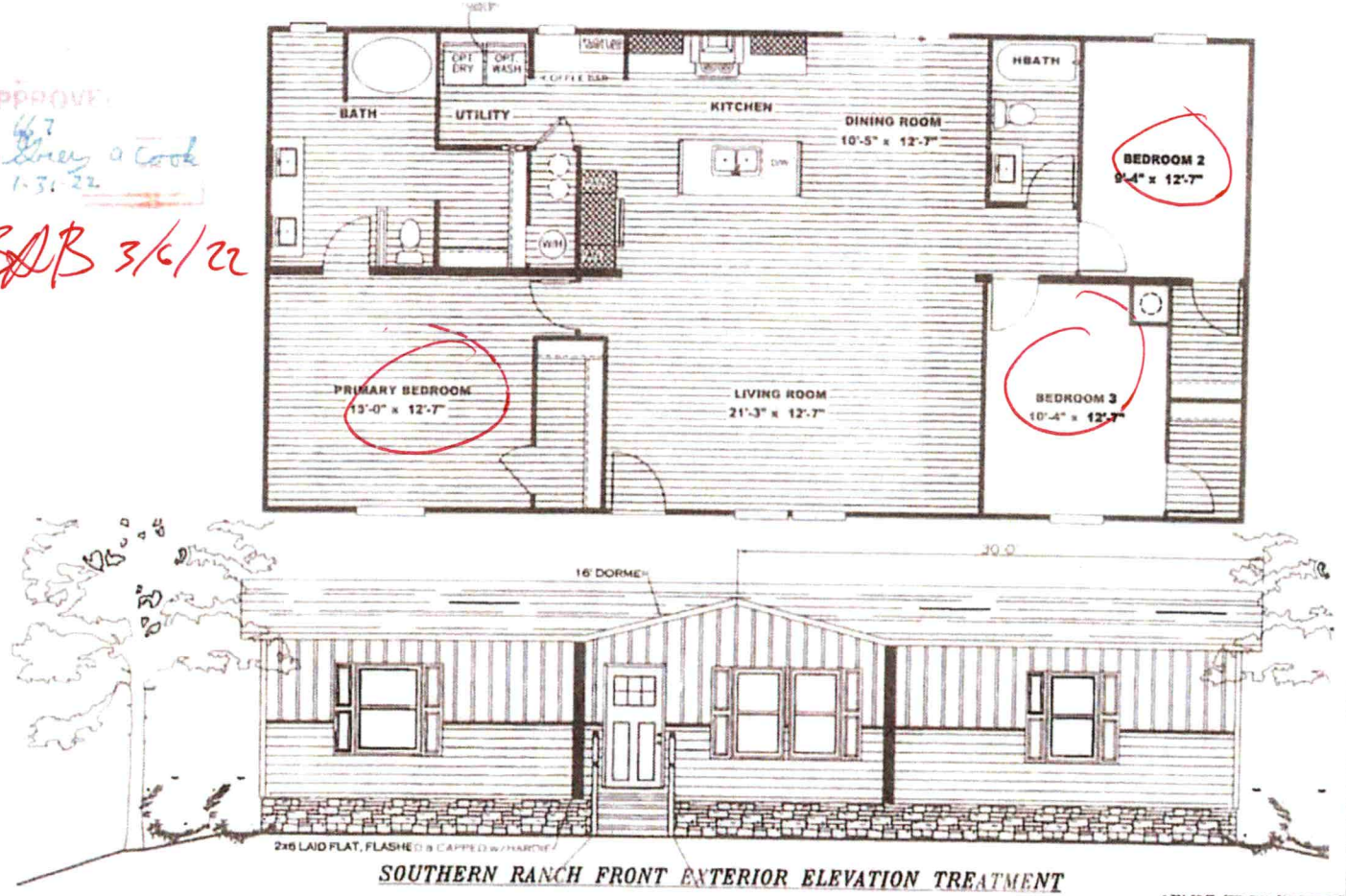
Z:\EPIC SERIES\CE-M022-56-3 RIO\CE-M022-56-3.dwg, 2/9/2021 9:45:55 AM

APPROVED

CUSTOMER Grey & Cook

DATE 1-31-22

B&B 3/6/22



SOUTHERN RANCH FRONT EXTERIOR ELEVATION TREATMENT

1,791 SQ.FT. (STD PLAN "CONDITIONED")
N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

Epic Collection | CE-M022-56-3 | 28 x 56' Rio | Elevation

REV:2/9/2021 9:45 AM

File Path:Z:\EPIC SERIES\CE-M022-56-3 RIO\CE-M022-56-3.dwg, Last Saved By:WhaleyA, Saved Date:10/14/2020 9:26 AM

32524