16036
#9979

MECKLENBURG COUNTY
HEALTH DEPARTMENT

16 JUL '18 AM11:14

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ◉ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 11318302
STREET ADDRESS: 10624 Walkers Ferry Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
◉ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER
HEATED SQUARE FOOTAGE: 1,900
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 1
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☒ N/A
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

6. **WATER SUPPLY:** ○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ☒ POTABLE (DRINKING WATER) ○ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☒ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. **RANK:**

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☒ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ☒ NO	JURISDICTIONAL WETLANDS	○ YES ☒ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ☒ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ☒ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☒ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☒ NO
WASTE STORAGE	○ YES ☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☒ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** ☒ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** ☒ N/A

12. **PROPERTY OWNER:**
NAME: David Pippin
ADDRESS: 10624 Walker Ferry Rd
CITY: Charlotte
STATE: NC ZIP: 28278
WORK PHONE:
MOBILE PHONE: (704) 516-6262
FAX:
E-MAIL:

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
NAME:
ADDRESS:
CITY:
STATE: ZIP:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. 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. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

DI _____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. 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. The permit is valid for a period of twelve (12) months from the date of issuance.

DI _____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Dean R. Inkelaar
Property Owner's or Owner's Legal Representative Signature

7/16/18
Date

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

File #: _____

PROPOSED PLOT PLAN

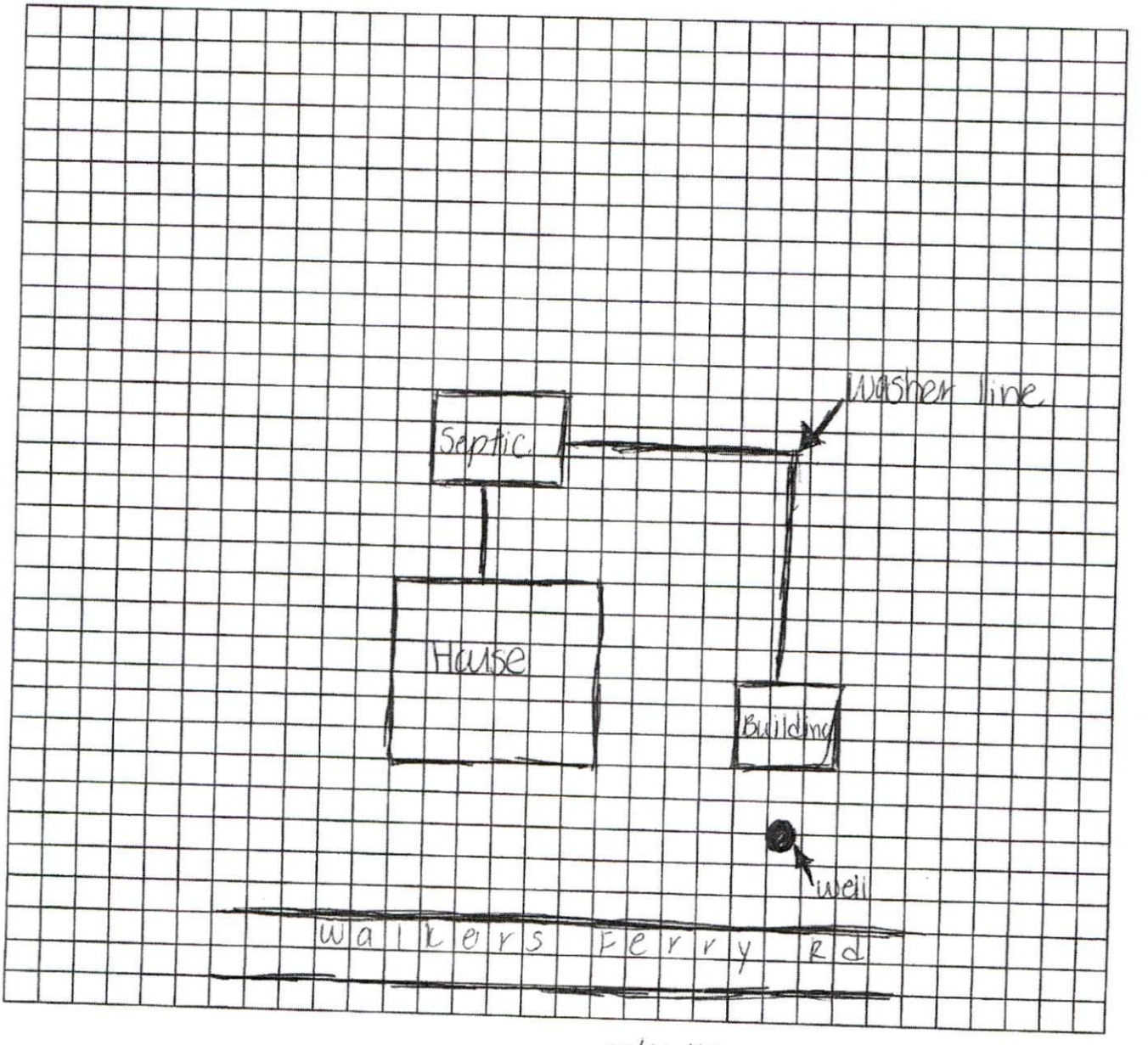
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10624 Walkers Ferry Rd

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

7/16/18
Date

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4781

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3. I acknowledge that City Plumbing is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

10624 Walkers Ferry Rd. Charlotte
Number Street Town
(Or parcel Number)

David H. Pippin
Property Owner (print name)

Property Owner (signature)

7-16-18
Date

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID: 113-183-02
Lot #:
File #: 16036
Code:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

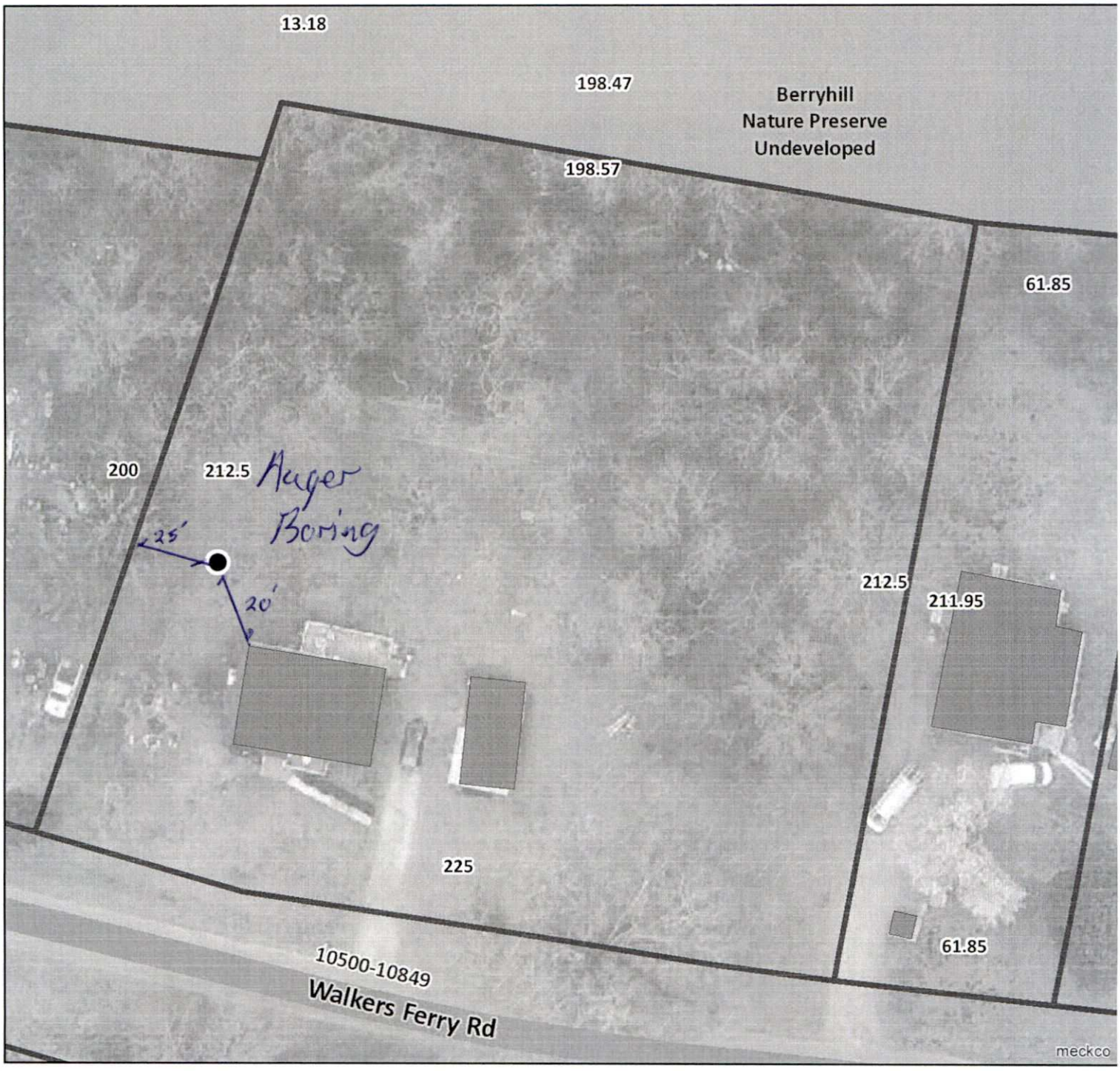
Owner: David Pippin
Applicant: Same
Address: 10624 Walkers Ferry Rd, Charlotte, NC 28209
Date Evaluated: 7/20/2018
Proposed Facility: SFR
Design Flow (.1949): 240 GPD
Property Size:
Location of Site: 10624 Walkers Ferry Rd, Charlotte, NC 28209
Property Recorded:
Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Augur Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] 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	L/3-4%	0-30	Cl/Wsbk	ss/sp/fr/sexp	>48"	48	NA	NA	PS/0.3
		30-48	SiCl	ss/sp/fr/sexp			NA	NA	

Description	Initial System	Repair System
Available Space (.1945)	NA	PS
System Type(s)	NA	Iia
Site LTAR	NA	0.3

Other Factors (.1946):
Site Classification (.1948): PS
Evaluated By: Bradley W Hallman
Others Present:

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 3000979
PID #: 113-183-02
File #: 16036 Eval Date

Authorized Agent: Bradley W. Hallman Date: 7/20/18

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental H
On-Site Wastewater Secti

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 16076 Permit #: 9779 Tax Parcel #: 113-183-02

Property Owner: David Pippin

Job Location Address: 10624 Walkers Ferry Rd

City: Charlotte State: NC Zip Code: 28278

Improvement Permit Issuance Date: NA Construction Authorization Issuance Date 7/24/18

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. T issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to opera properly.

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

Permitted Design Flow: 240 GPD Site LTAR: .3 GPD/ft² (For new installations only.

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36" inches

Bed Width: 9 feet

Total line length: 180 feet

# of Lines: 3 @ 60 feet

Depth of Media: 12-24" inches (Type) Stone/TCP

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 60± feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

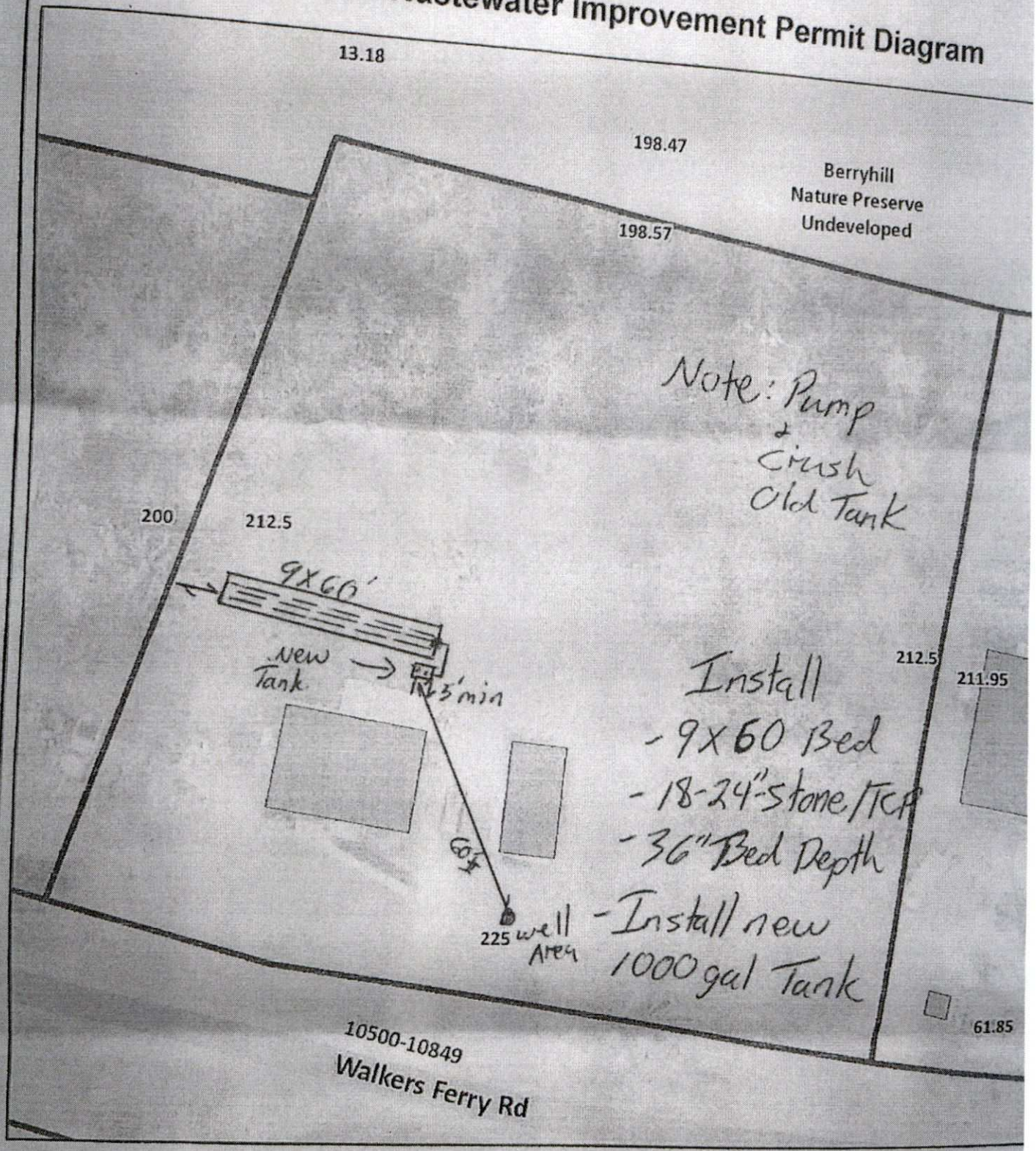
See Attached Site Plan for Repair

Comments: System Classification & Type: IIa Stone/TCP/G/NA/NA

Authorized Agent: Bradley W. Hallman Signature: _____

7-24-18

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009779
PID #: 113-183-02
File #: 16036

Authorized Agent: Bradley W. Hallman Date: 7/24/18

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 16076 Permit #: 9779 Tax Parcel #: 113-183-02

Property Owner: David Pippin

Job Location Address: 10624 Walkers Ferry Rd

City: Charlotte State: NC Zip Code: 28278

Improvement Permit Issuance Date: NA **Construction Authorization Issuance Date** 7/24/18

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 240 GPD Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: NA gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36" inches

Bed Width: 9 feet

Total line length: 180 feet

# of Lines: 3 @ 60 feet

Depth of Media: 12-24" inches (Type) Stone/TCP

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 60± feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

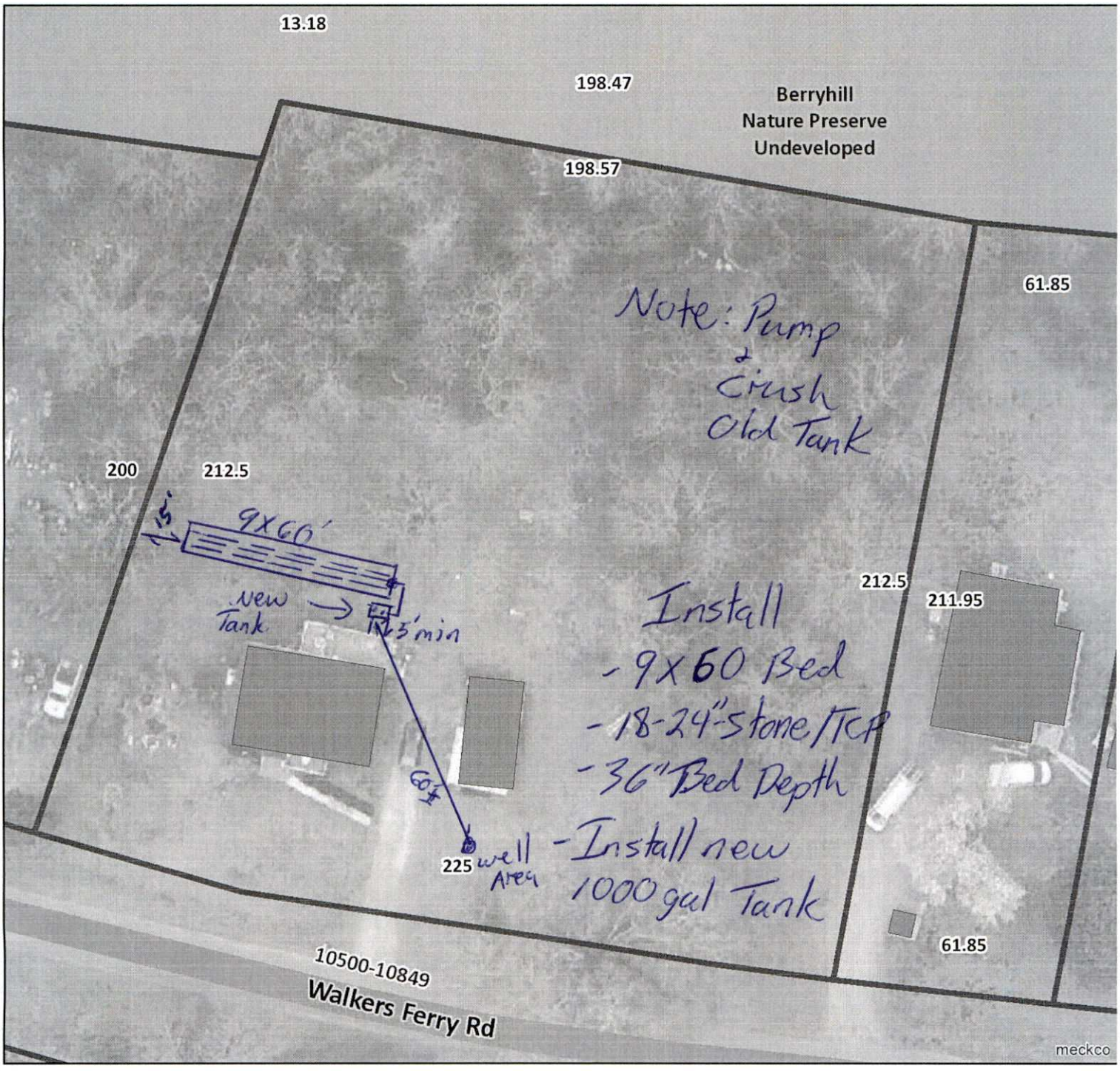
See Attached Site Plan for Repair

Comments: System Classification & Type: IIa Stone/TCP/G/NA/NA

Authorized Agent: Bradley W. Hallman Signature: _____

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009779
PID #: 113-183-02
File #: 16036

Authorized Agent: Bradley W. Hallman Date: 7/24/18

Owner/ Legal Agent: _____ Date: _____

1 inch = 40 fee

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (980) 314-1680 • Fax (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 16036 Permit #: 9779 Tax Parcel #: 113-183-02

Property Owner: David Pippin

Job Location Address: 10624 Walkers Ferry Rd

City: Charlotte State: NC Zip Code: 28278

Operation Permit Issuance Date: 8-8-18 **Contractor Name:** Willie Christenbury

Permitted Design Flow: 240 GPD Liquid Capacity of Dosing Tank: N/A gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Dellinger 1-9-18 STP-799 Effluent Pump Model: N/A

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation (For Repair Installations ONLY) ☐ N/A

Bed Depth: 36" inches

Bed Width: 11' feet

Total line length: 50' feet

# of Lines: 3 @ 50' feet

Depth of Media: 24" inches (Type) Tire Chips

Depth of Cover: 12" inches

Distribution Device: D-Box

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 10' feet

Distance from Property Line: 10' feet

Distance from Water Supply Source: 50' feet

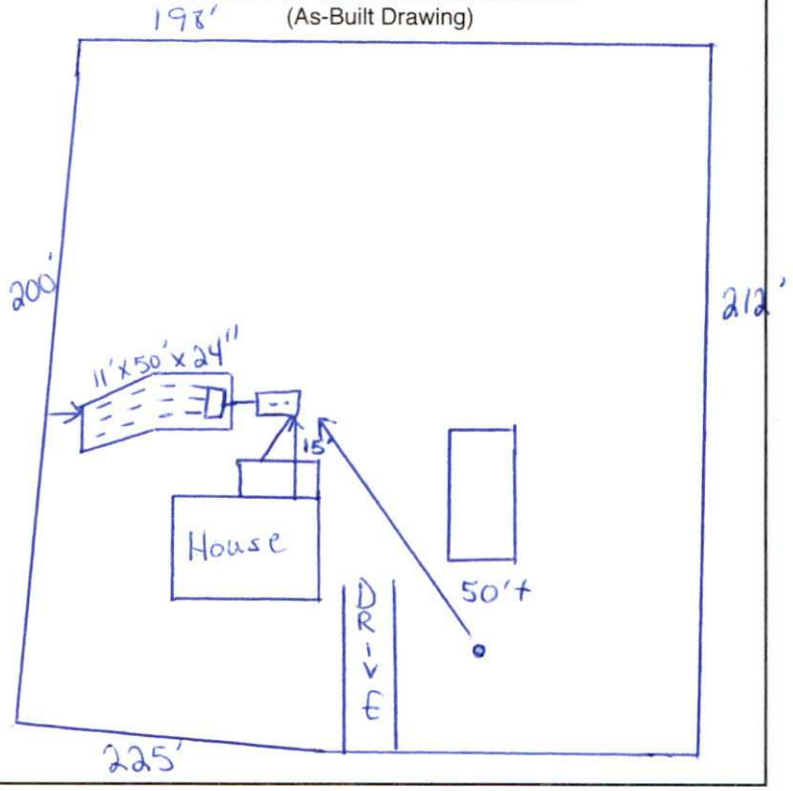
Inspection Dates

Tank(s) Inspected: 8-8-18

Excavation Inspected: 8-8-18

Pump & Controls Inspected: N/A

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☒ installed ☐ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operated properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments" This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIa/TCHP/g/NA/NA

DENR Authorized Agent: April Bumgarner Signature: April Bumgarner

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 16036 Permit #: 9779 Tax Parcel #: 113-183-02

Property Owner: David Pippin

Job Location Address: 10624 Walkers Ferry Rd

City: Charlotte State: NC Zip Code: 28278

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIa

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: April Bumgarner Date: 8-8-18

Signature: April Bumgarner

Groundwater & Wastewater Services: Septic Project File & D

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	16036
WASPS App #:	9779
Primary ES assigned to project:	Brad Hallman
Secondary ES assigned to project:	
Project Type:	Repair
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	N/A
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	N/A
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	N/A
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	N/A
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	No
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

File Complete

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	N/A
Corrections/modifications needed?	No
Comments:	Best professional judgment used for limited space and site conditions.
IA issued date:	
OP Issued date:	8-8-18
Review performed by:	Jeremy Michael
Date performed:	7/25/2018

Created at 7/25/2018 3:31 PM by Michael, Jeremy
Last modified at 7/25/2018 3:31 PM by Michael, Jeremy

Close