



North Carolina State Laboratory of Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

4312 District Drive
 MSC 1918
 Raleigh, NC 27699-1918
<http://slph.ncpublichealth.com>
 Phone: 919-733-7308
 Fax: 919-715-8611

FINAL REPORT

Report to: ANDREW CURRIN

Name of System:

HARNETT CO ENVIRONMENTAL HEALTH
 307 CORNELIUS HARNETT BLVD
 Lillington, NC 27546

Joshua & Lauren Woorley
 391 Shady Brook Ln.
 Fuquay Varina, NC 27526

EIN: 566000306EH

Delivery: NC Courier

Harnett County

StarLiMS ID: **ES180925-0103**

Date Collected: 09/24/2018

Time Collected: 15:30

By: Andrew Currin

Date Received: 09/25/2018

Time Received: 08:42

By: Susan Beasley

Sample Source: New Well

Sampling Point: Well head

Sample Type: Raw

GPS No.

Treatment:

Well Permit No. 18-5-43344R

Comment:

Colilert Profile

Method: SM 9223B

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			09/25/2018
E. coli	Absent			09/25/2018

Report Date: 09/27/2018

Reported By: Susan Beasley

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: Harnett Name: Jacob and Lauren Wootley Sample ID Number: ES180925-0403
Location: 391 Shady Brook Ln. Fuquay-Varina, NC 27526 Reviewer: Andrew Curran, NEHS
Initial Sample Confirmation Sample

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

Total coliform bacteria were detected in the sample which indicates that harmful bacteria from human or animal waste could enter the well. Do not use the water for drinking or cooking unless it has been boiled for 3 minutes. You may use your water for all other purposes including washing dishes, bathing or showering.

Your well water needs to be re-tested to verify that the result is accurate.

Fecal coliform bacteria were detected in the sample. Do not use the water for drinking, cooking, washing dishes, bathing or showering.

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at 919-707-5900.



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Environmental Sciences
Inorganic Chemistry

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Certificate of Analysis

FINAL REPORT

Report to: ANDREW CURRIN

Name of System:

HARNETT CO ENVIRONMENTAL HEALTH
 307 CORNELIUS HARNETT BLVD
 LILLINGTON, NC 27546

Joshua & Lauren Worley
 391 Shady Brook Ln
 Fuquay Varina, NC 27526

EIN: 566000306EH

Delivery: NC Courier

StarLiMS ID: **ES180925-0013**

Date Collected: 09/24/2018

Time Collected: 15:30

By: A Currin

Date Received: 09/25/2018

Time Received: 07:41

Sample Type: Raw

Sampling Point: Well head

Well Permit No. 18-5-43344R

Sample Source: New Well

Receipt Temp. : 2.6 °C

GPS No.

Comment:

Profile: New Well I

Analyte	Test Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	<0.005	0.010	mg/L	
Barium	0.27	2.0	mg/L	
Cadmium	<0.001	0.005	mg/L	
Calcium	26		mg/L	
Chloride	<5	250	mg/L	
Chromium	<0.01	0.10	mg/L	
Copper	<0.05	1.3	mg/L	
Fluoride	<0.2	4	mg/L	
Iron	<0.1	0.30	mg/L	
Lead	<0.005	0.015	mg/L	
Magnesium	2		mg/L	
Manganese	0.34	0.05	mg/L	
Mercury	<0.0005	0.002	mg/L	
Nitrate	<1	10.0	mg/L	
Nitrite	<0.1	1.00	mg/L	
pH	7.5		N/A	
Selenium	<0.005	0.05	mg/L	
Silver	<0.05	0.10	mg/L	
Sodium	6.9		mg/L	
Sulfate	9.02	250	mg/L	
Total Alkalinity	77		mg/L	
Total Hardness	75		mg/L	
Zinc	<0.05	5.00	mg/L	

Report Date: 10/05/2018

Reported By: **Debbie Moncol**



Private Well Information and Use Recommendations

For Inorganic Chemical Contaminants

County: Harnett Name: Joshua & Lauren Worley
 Sample ID #: ES180925-013 Reviewer: Andrew Corrin, NCHS
391 Shady Brook Ln., Fuquay-Varina

TEST RESULTS AND USE RECOMMENDATIONS

- Your well water meets federal drinking water standards *for inorganic chemicals*. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the *inorganic chemical results only*. You may have other water sampling results that are not taken into account in this report.
- The following substance(s) exceeded federal drinking water standards or the North Carolina 2L calculated health levels. The North Carolina Division of Public Health recommends that your well water not be used for drinking and cooking, unless you install a water treatment system to remove the circled substance(s). However, it may be used for washing, cleaning, bathing and showering based on the *inorganic chemical results only*.

Arsenic	Barium	Cadmium	Chromium	Copper	Fluoride	Lead	Iron	
Manganese	Mercury	Nitrate/Nitrite	Selenium	Silver	Magnesium	Zinc	pH	

- a. Sodium levels exceed the U.S. Environmental Protection Agency's (USEPA) Health Advisory level for sodium of 20 mg/l. The North Carolina Division of Public Health recommends that only individuals on no or low sodium restricted diets not use this water for drinking or cooking. It may be used for washing, cleaning, bathing, and showering based on the *inorganic chemical results only*.
 - b. Levels over 30 mg/l may pose aesthetic problems such as bad taste, odor, staining of porcelain, etc.
- Re-sampling is recommended in _____ months.
- Re-sample for lead and /or copper. Take a first draw, 5 minute, and 15 minute sample inside the house (preferably the kitchen) and if possible a first draw, 5 minute and a 15 minute sample at the well head to determine the source of the lead and/or copper.
- The following substance(s) exceeded federal drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the *inorganic chemical results only*, but aesthetic problems such as bad taste, odor, staining of porcelain, etc. may occur. You may want to install a household water treatment system to address aesthetic problems.

Barium	Cadmium	Chromium	Fluoride	Iron	Magnesium
Manganese	Selenium	Silver	pH	Zinc	

For more information regarding your well water results, please call the North Carolina Division of Public Health at 919-707-5900. The Environmental Protection Agency (EPA) considers Manganese as secondary contaminants which means it does NOT have a direct impact on health.

HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 0653-89-8738.000 Parcel #: 080653 0108 02 Application #: 18-5-43344R Subdivision: _____ Lot #: 2

Applicant Name: HMT Construction LLC
Address: 228 George Wilton Dr. Clayton, NC 27570

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: 391 Shady Brook Lane (Lafayette Rd. SR 1443)

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- **ANY ALTERATION** of the site of the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent [Signature] Date 4/24/2018

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 05/14/18 Application #: 18-5-43344R Well Contractor: John Boyette

Applicant Name: HMT Construction LLC
Address: 228 George Wilton Dr. Clayton, NC 27570
Directions to Site: 391 Shady Brook Lane (Lafayette Rd. SR 1443)

↓ reference GW-1 Form

Use of Well: _____ Date Drilled: _____ Total Depth: _____ Replacement Well? Yes No
Static Water Level: _____ Top of Casing is _____ in. above surface. Yield: _____ gpm at _____ ft.
Disinfection: Type _____ Amount _____

Water Zone (depth)

From _____ To _____
From _____ To _____
From _____ To _____

Casing

From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: 12.0 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: C

Authorized State Agent [Signature] Date 09/24/2018

See Attachment for completion sketch

HTE# 18-5-43344

Harnett County Department of Public Health

25079

PERMIT # 29906

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 391 SHADY BROOK LN

Name: (owner) WORLEY, JOSHUA & LAUREN SUBDIVISION _____ LOT # 2

System Installer: C+M PLUMBING Registration # _____

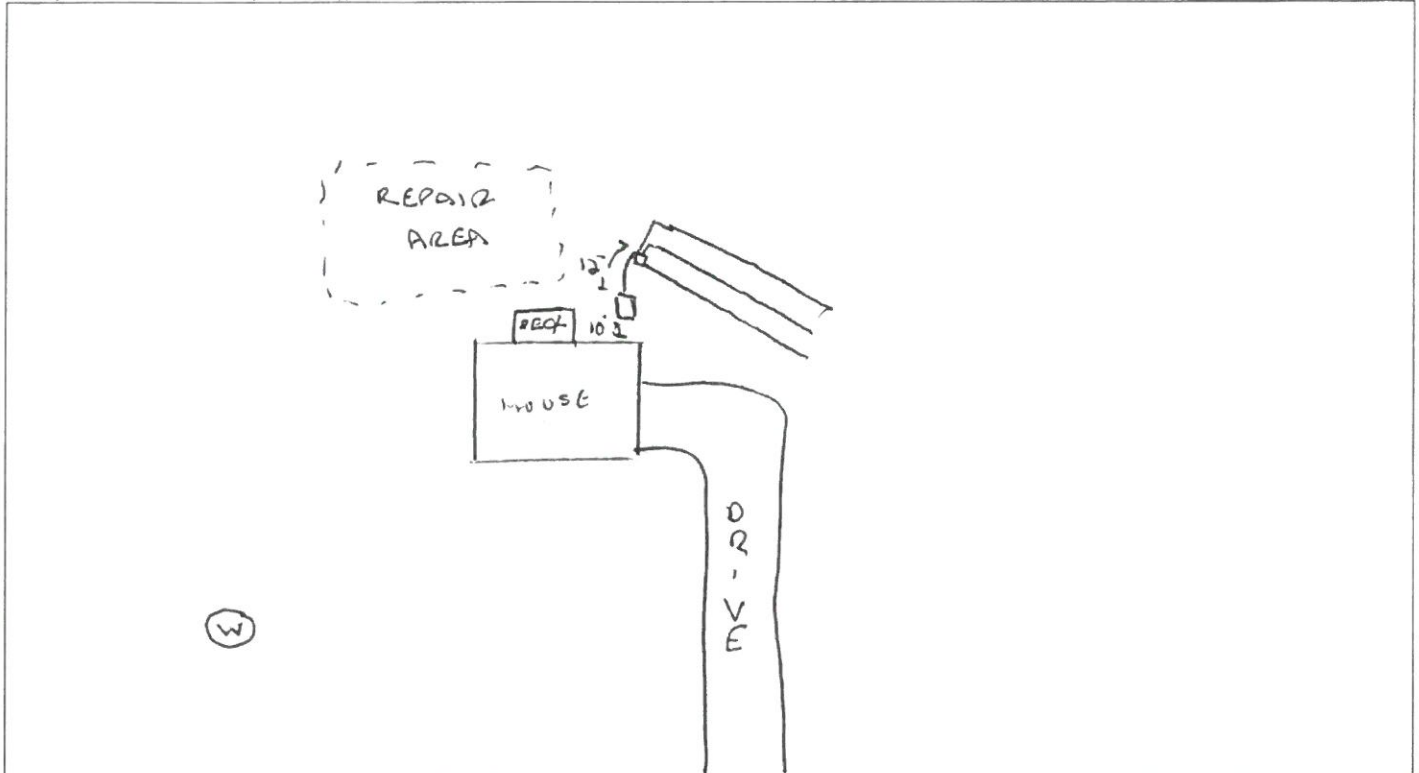
Basement with plumbing: Garage Number of Bedrooms 3
Type of Water Supply: Community Public Well Distance from well 100' feet

System Type: III Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

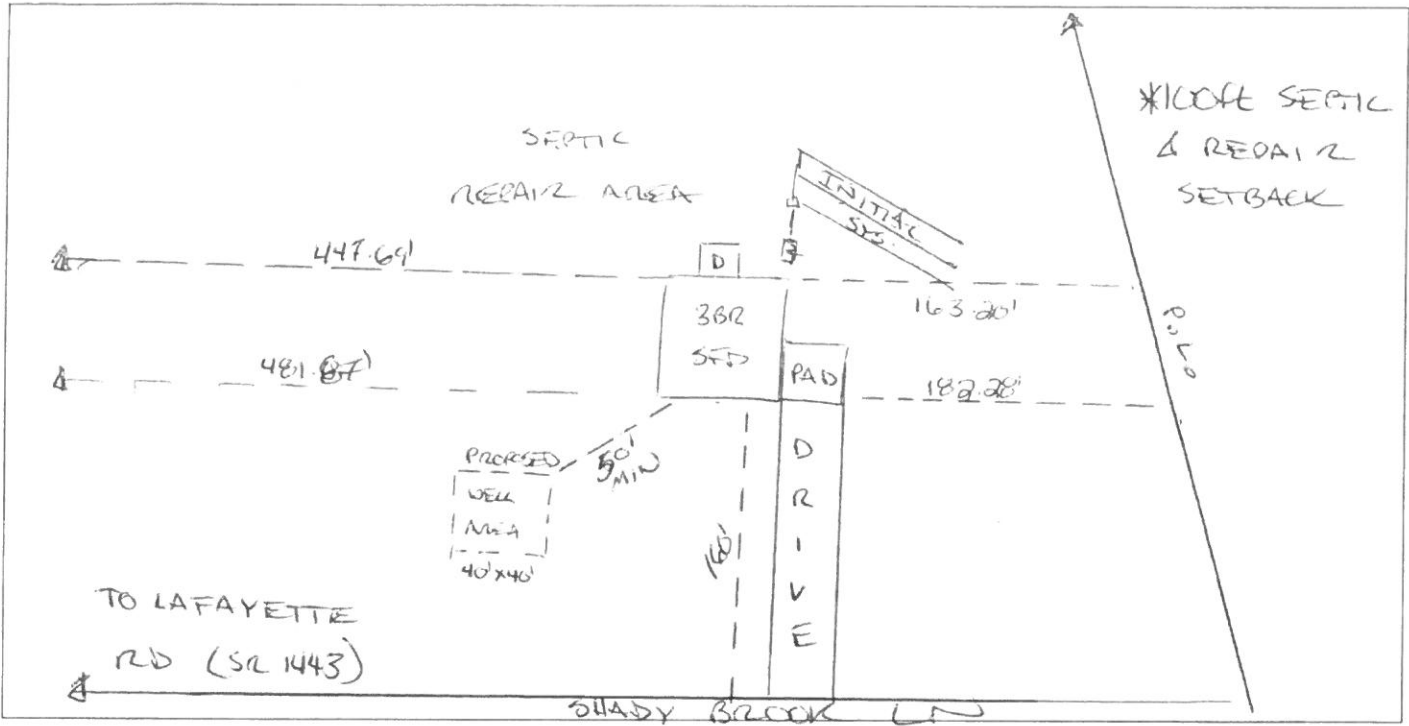
Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other C+M (QA) Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 90 feet width of ditches 3 feet depth of ditches 20 inches

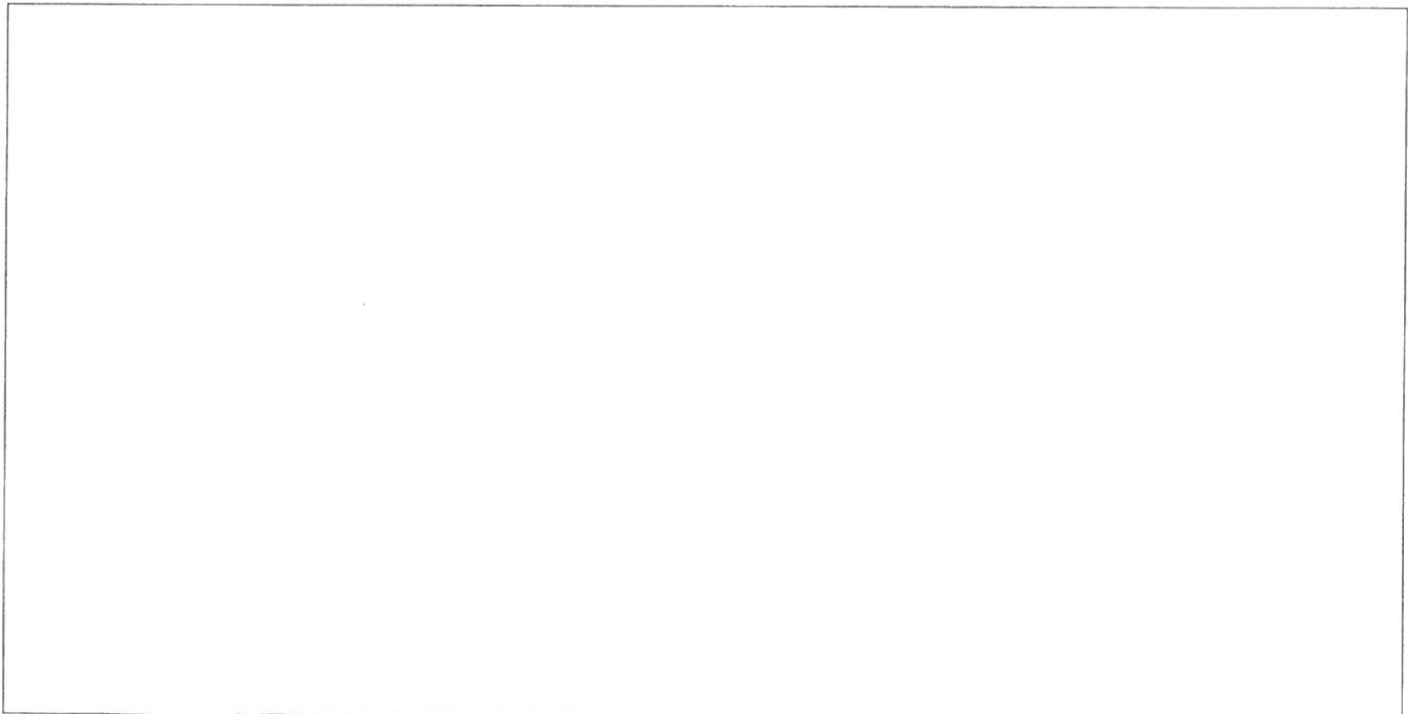
French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 6/11/18

Well Construction Sketch



Well Completion Sketch



HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 0653 89 8738 Parcel #: 08 0653 0108 Application # 17-5-0040794 Subdivision: Matt & Karin Puna Lot #: 2

Applicant Name: Gary & Shirley Flanary
Address: Shady Brook Ln. (Lafayette Rd - SR 1443)

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: _____

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- **ANY ALTERATION** of the site of the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent *James E. Markham* Date 3-3-17

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____

Applicant Name: _____
Address: _____
Directions to Site: _____

Use of Well: _____ Date Drilled: _____ Total Depth: _____ Replacement Well? Yes No
Static Water Level: _____ Top of Casing is _____ in. above surface. Yield: _____ gpm at _____ ft.
Disinfection: Type _____ Amount _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> To _____
From _____ To _____	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

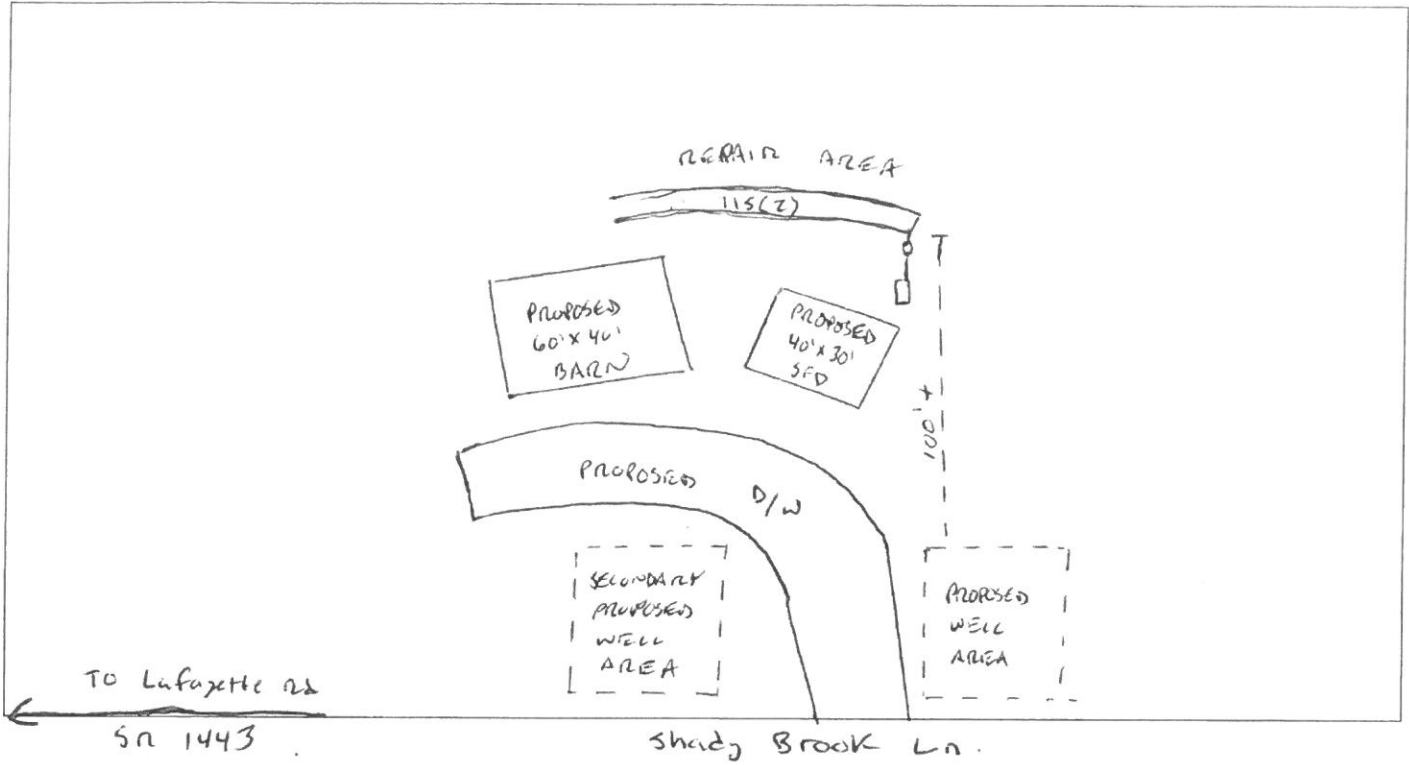
Application #:

Applicant Name:

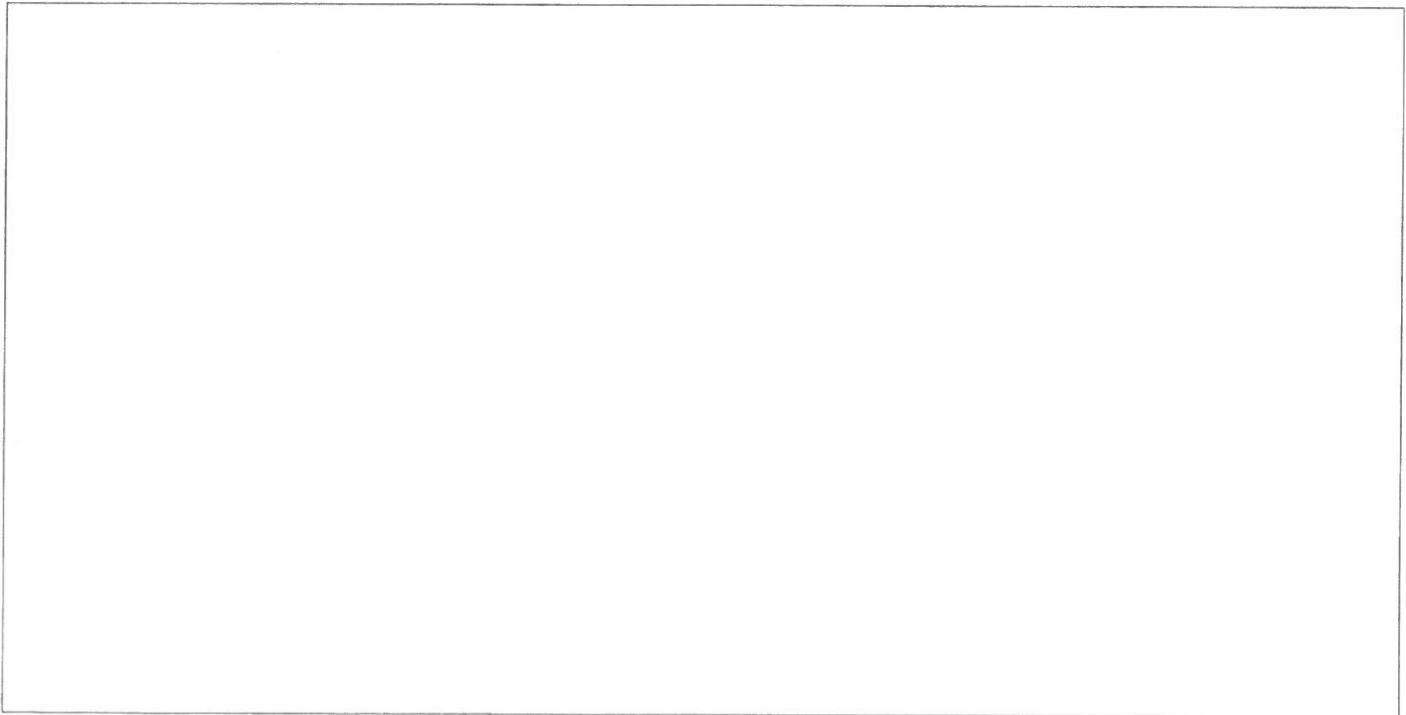
Subdivision: _____

Lot #: _____

Well Construction Sketch



Well Completion Sketch



17-5-40794
HTE# 17-5-40795

Harnett County Department of Public Health

29328

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

Shady Brook Ln.
Lafayette Rd (SR 1443)

ISSUED TO: Gary + Shirley Flanary

PROPERTY LOCATION: Lafayette Rd (SR 1443)
SUBDIVISION _____ LOT # 2

NEW REPAIR EXPANSION
Type of Structure: 3BR SFD (40' x 30')
Proposed Wastewater System Type: 25% Red. System

Site Improvements required prior to Construction Authorization Issuance: _____

Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max

Basement Yes No

Pump Required: Yes No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well 100+ feet

Permit valid for: Five years
 No expiration

Permit conditions: _____

Authorized State Agent: [Signature] Date: 03/02/17

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Gary + Shirley Flanary

PROPERTY LOCATION: Shady Brook Ln (Lafayette Rd. SR 1443)
SUBDIVISION _____ LOT # 2

Facility Type: 3BR SFD (40' x 30') New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons
Pump Tank Size _____ gallons

Number of trenches 2
Exact length of each trench 115 feet
Trenches shall be installed on contour at a
Maximum Trench Depth of: 24 inches
(Trench bottoms shall be level to +1-1/4" in all directions)

Trench Spacing: 9 Feet on Center
Soil Cover: 12 inches
(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: 6 inches below pipe
2 inches above pipe
12 inches total

Conditions: _____

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 03/02/17
Construction Authorization Expiration Date: 03/02/22

17-5-40794

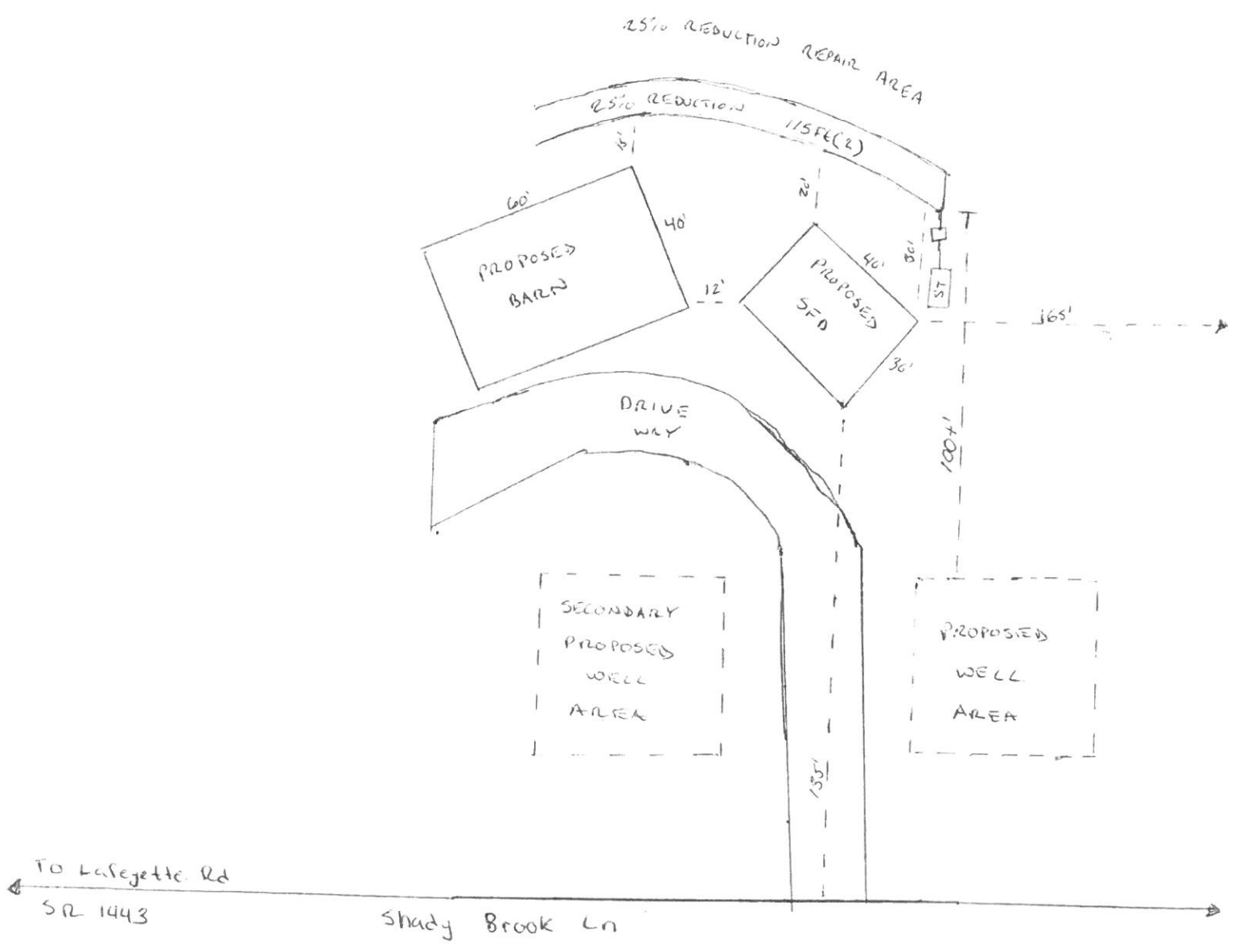
HTE# 17-5-40795

Permit # 29328

Harnett County Department of Public Health Site Sketch

ISSUED TO: Gary + Shirley Flanscy PROPERTY LOCATOR: Shady Brook Ln (Lafayette Rd)
SUBDIVISION _____ SR 1443 LOT # 2

Authorized State Agent: [Signature] Date: 03/02/17



**SOIL/SITE EVALUATION
 for ON-SITE WASTEWATER SYSTEM**

Owner: ^{Date} ~~Kroger~~ Applicant: ~~Gary~~ ~~Flowers~~
 Address: Lot 2 Lafayette Rd. Date Evaluated: 03/02/17
 Proposed Facility: 3BR SFD Design Flow (.1949): 360 gpd
 Location of Site: Property Recorded: Yes Property Size: 10.29 AC.
 Water Supply: Public Individual Well Spring Other
 Evaluation Method: Auger Boring Pit Cut
 Type of Wastewater: Sewage Industrial Process Mixed

P R O F I L E #	.1940 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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	L 3/4%	0-32	CL SL	Vfr. SSP Sep					PS
		32-48	BK CL	F: S P Sep	7.5YR @ 44"	48			0.4
2	L 4%	0-24	CL BS	Vfr. SSP Sep	7				PS
		24-48	BK CL	F: S P Sep	7.5YR @ 40"	48			0.4
3	L 4%	0-16	CL BS	Vfr. SSP Sep					PS
		16-44	BK CL	F: S P Sep	7.5YR @ 38"	44			0.4
4	L 4%	0-16	CL BS	Vfr. SSP Sep					PS
		16-46	CL CL	F: S P Sep	7.5YR @ 42"	46			0.4

Description	Initial System	Repair System	Other Factors (.1946): Site Classification (.1948): Provisionally suitable Evaluated By: Andrew Curran, NEMS Others Present:
Available Space (.1945)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
System Type(s)	25% Red	25% Red	
Site LTAR	0.3	0.3	

Initial Application Date: 2.22.17

Reference 17.50040808 parcel trailer
17.5.40794 SFD Application # 17.50040795
CU# BARN

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (810) 893-7525 ext.2 Fax: (810) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Dale & Carol Knedgen Mailing Address: 335 Junberlands Dr.

City: Laurensburg State: NC Zip: 27549 Contact No: _____ Email: _____

APPLICANT: Gary & Sheryl Haney Mailing Address: 296 Madison 7396

City: _____ State: _____ Zip: _____ Contact No: 4796011580 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Matt & Karen Prince Lot #: 2 Lot Size: 10.29AC

State Road # _____ State Road Name: Lafayette Rd. Map Book & Page: 2005 B59

Parcel: 08.0053.0108.02 PIN: 0653.89.8738

Zoning: PA30 Flood Zone: X Watershed: IV Deed Book & Page: OTD Power Company: Duke

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size 40 x 30) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____
(Is the bonus room finished? yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Access: Other: (Size 40x60) Use: Barn/Storage Closets in addition? () yes () no

Water Supply: _____ County _____ Existing Well New Well (# of dwellings using well 1) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home w/ _____ hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): 1 proposed storage bldg.

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>135</u>
Rear	<u>25</u>	<u>100+</u>
Closest Side	<u>10</u>	<u>100+</u>
Sidestreet/corner lot	<u>20</u>	_____
Nearest Building on same lot	<u>10</u>	<u>12</u>

Comments: proposed
proposed temp parcel trailer while house is built