PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-11) Zoning Official BLK 14 DEC. 2012 Building Official T.C. 12-14-12

AP# 1212-19 Date Received 12-11-12 By LH Permit # 306609

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Meets density Requirements → (Dedicating 5 Acres)

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☑ Site Plan with Setbacks Shown ☑ EH # 12-0121 ☐ EH Release ☒ Well letter ☐ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Installer Authorization ☑ State Rd Access ☑ 911 Sheet

☐ Parent Parcel # ☐ STUP-MH ☑ F W Comp. letter ☐ App Fee Pd ☐ VF Form

IMPACT FEES: EMS Fire Corr ☑ Out County ☐ In County

Road/Code School = TOTAL Suspended March 2009 ☑ Ellisville Water Sys

14-2S-16

Property ID # 01608-005 Subdivision

- New Mobile Home Used Mobile Home ✓ MH Size 14x66 SW Year 1984
- Applicant William C. Cobb Jr Phone # (386) 752-8479
- Address 190 NW Bison Ct. White Springs, Fl 32096
- Name of Property Owner William C. Cobb Jr. Phone# (386) 752-8479
- 911 Address 154 NW Bison Ct White Springs, Fl 32096
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home for Son - Kevin Cobb William C. Cobb Jr Phone # (386) 752-8479
  Address 190 NW Bison Ct. White Springs, FL 32096
- Relationship to Property Owner Owner
- Current Number of Dwellings on Property 2
- Lot Size 1 Ac. Total Acreage 16.5 Ac.
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property From Lake City take US 41 North to CR 246 Right on CR 246 1.9 mile to Bison C.T. ; Left on Bison Ct to first driveway on Left.
- Name of Licensed Dealer/Installer Ronnie Norris Phone # 752-3871
- Installers Address 1004 SW Clara Ter.
  - License Number IH1025145/1 Installation Decal # ~~X~~ 93185

Spoke to Mr. Cobb on 12-14-12

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Kenneth Nicks License # IH0251451

911 Address where home is being installed. _____

Manufacturer Fleetwood Length x width 14X66

NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials KN

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☑

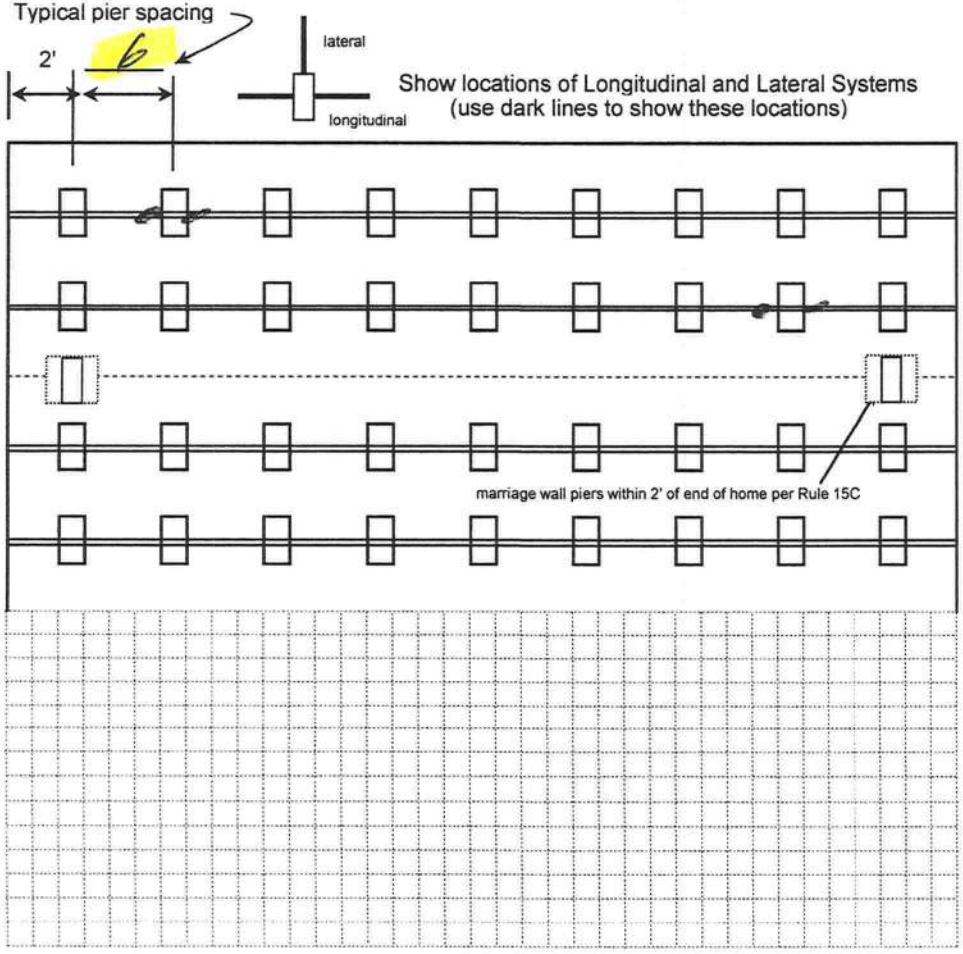
Single wide ☐ Wind Zone II ☑ Wind Zone III ☐

Double wide ☐ Installation Decal # (X) 93185

Triple/Quad ☐ Serial # FEH023A

(425)

Typical pier spacing



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17X25

Perimeter pier pad size _____

Other pier pad sizes (required by the mfg.) _____

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size
SW	SW
SW	SW
SW	SW

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
~~18.5 x 18.5~~	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
~~17 3/16 x 25 3/16~~	441
~~17 1/2 x 25 1/2~~	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft (4) 5 ft _____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc _____

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer _____
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer _____

OTHER TIES

	Number
Sidewall	24
Longitudinal	4
Marriage wall	1
Shearwall	1

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf
or check here to declare 1000 lb. soil _____ without testing.

x 1500 x 1500 x 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1500 x 1500 x 1500

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing ___. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

_____ Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested 12-10-0_

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed ✓.
Water drainage: Natural ___ Swale ✓ Pad _____ Other _____.

Fastening multi wide units

Floor: Type Fastener: _____ Length: 5" Spacing: _____
Walls: Type Fastener: SW Length: 5" Spacing: SW
Roof: Type Fastener: _____ Length: _____ Spacing: _____
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials SW

Type gasket _____
Pg. _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes SW

Weatherproofing

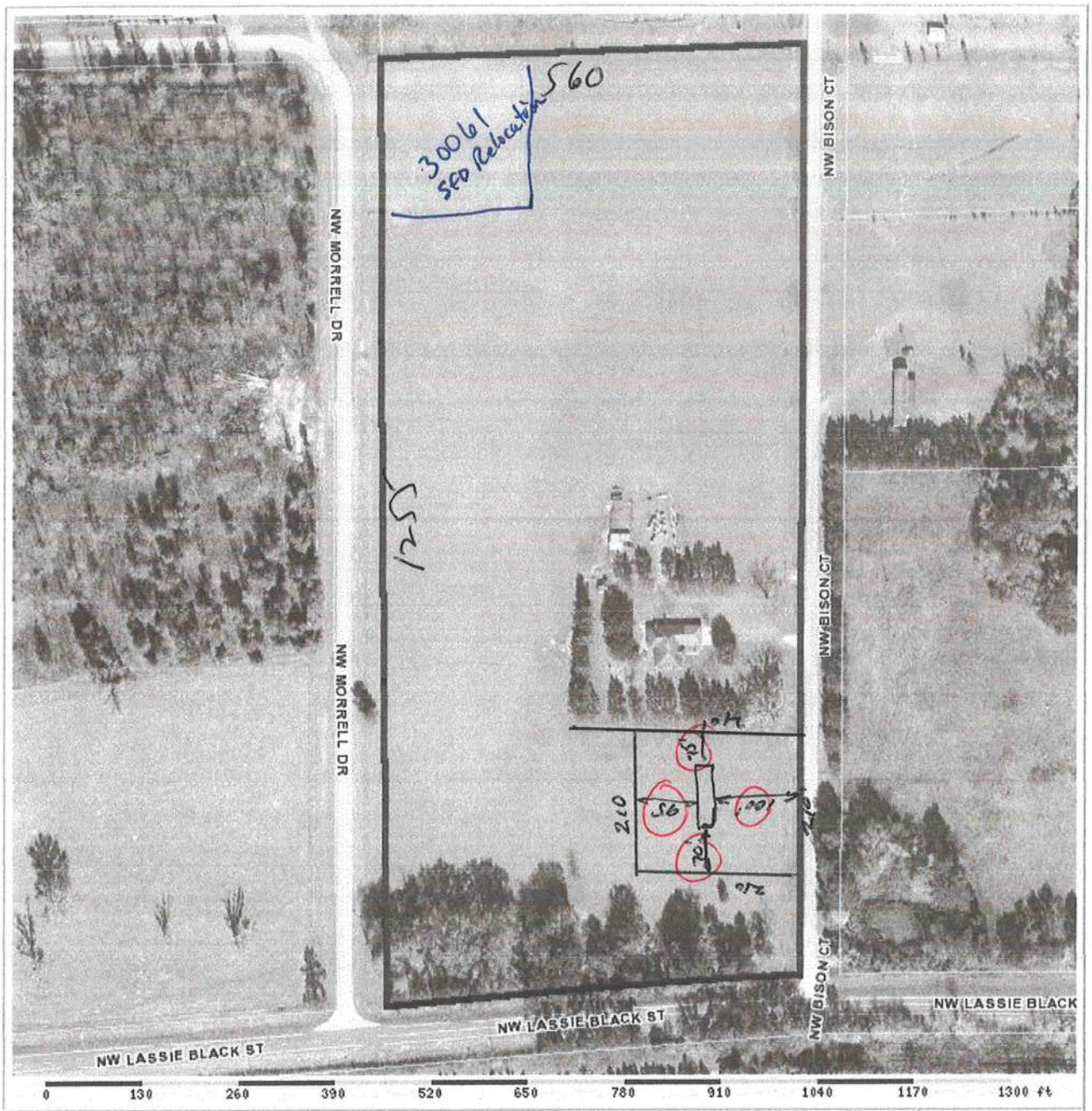
The bottomboard will be repaired and/or taped. Yes _____. Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ____

Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature _____ **Date** 12-10-02



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 14-2S-16-01608-005 - IMPROVED A (005000)

COMM SE COR OF NW1/4 OF NE1/4, RUN W 686.27 FT TO W R/W OF MARILYN LANE FOR POB, RUN S ALONG R/W 1247.64 FT TO N R/W CR-246, RUN W'LY ALONG R/W 572.36

NOTES:

Name:	COBB WILLIAM C JR & SANDRA D		**2011 Certified Values**	
Site:	190 NW BISON CT		Land	$6,239.00
Mail:	190 NW BISON CT WHITE SPRINGS, FL 32096		Bldg	$85,837.00
			Assd	$95,831.00
Sales Info	2/22/2010	$100.00 I / U	Exmpt	$50,000.00
	1/25/2010	$100.00 V / U	Taxbl	Cnty: $45,831 Other: $45,831 | Schl: $70,831

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT #: 12-SC-1396804
APPLICATION #: AP1064184
DATE PAID: 3-5-12
FEE PAID: 310.00
RECEIPT #: 182144
DOCUMENT #: PR869587

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: WILLIAM**12-0121 COBB

PROPERTY ADDRESS: NW BISON Ct White Springs, FL 32096

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 01608-005 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD Septic CAPACITY
A [ ] GALLONS / GPD N/A CAPACITY
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ]GALLONS @[ ]DOSES PER 24 HRS #Pumps [ ]

D [375] SQUARE FEET drainfield SYSTEM
R [ ] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ] _____
I CONFIGURATION: [x] TRENCH [ ] BED [ ] _____
N
F LOCATION OF BENCHMARK: nail in fence post east of system site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T 1. The 911 address shall be required before final approval.
H
E
R

SPECIFICATIONS BY: Ronald Ford TITLE: M Contractor

APPROVED BY: Sallie Ford TITLE: Environmental Health Director Columbia CHD
Sallie A Ford

DATE ISSUED: 03/13/2012 EXPIRATION DATE: 09/13/2013

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

v 1.1.4 AP1064184 SE865262

SS # 062201391
on 03/02/2012

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO: 12-0121
DATE PAID: 3/5/12
FEE PAID: 310.00
RECEIPT #: 1821344

APPLICATION FOR:

[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: William and Sandra Cobb

AGENT: Ford's Septic TELEPHONE: 755-6288

MAILING ADDRESS: 116 NW Lawtey Way
Lake City, Florida 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: / BLOCK: / SUBDIVISION: Meets & Bounds PLATTED:

PROPERTY ID #: 14-2S-16-01608-005 ZONING: Ag. I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 16.54 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 154 NW Bison Court White Springs, FL 32096

DIRECTIONS TO PROPERTY: Hwy 41 North. (R) on Lassie Black Street. (L) on Bison Court. property on (L)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
	Mobile Home	3	924	Zone X.

[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: Qc Ford

DATE: 2-29-2012

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

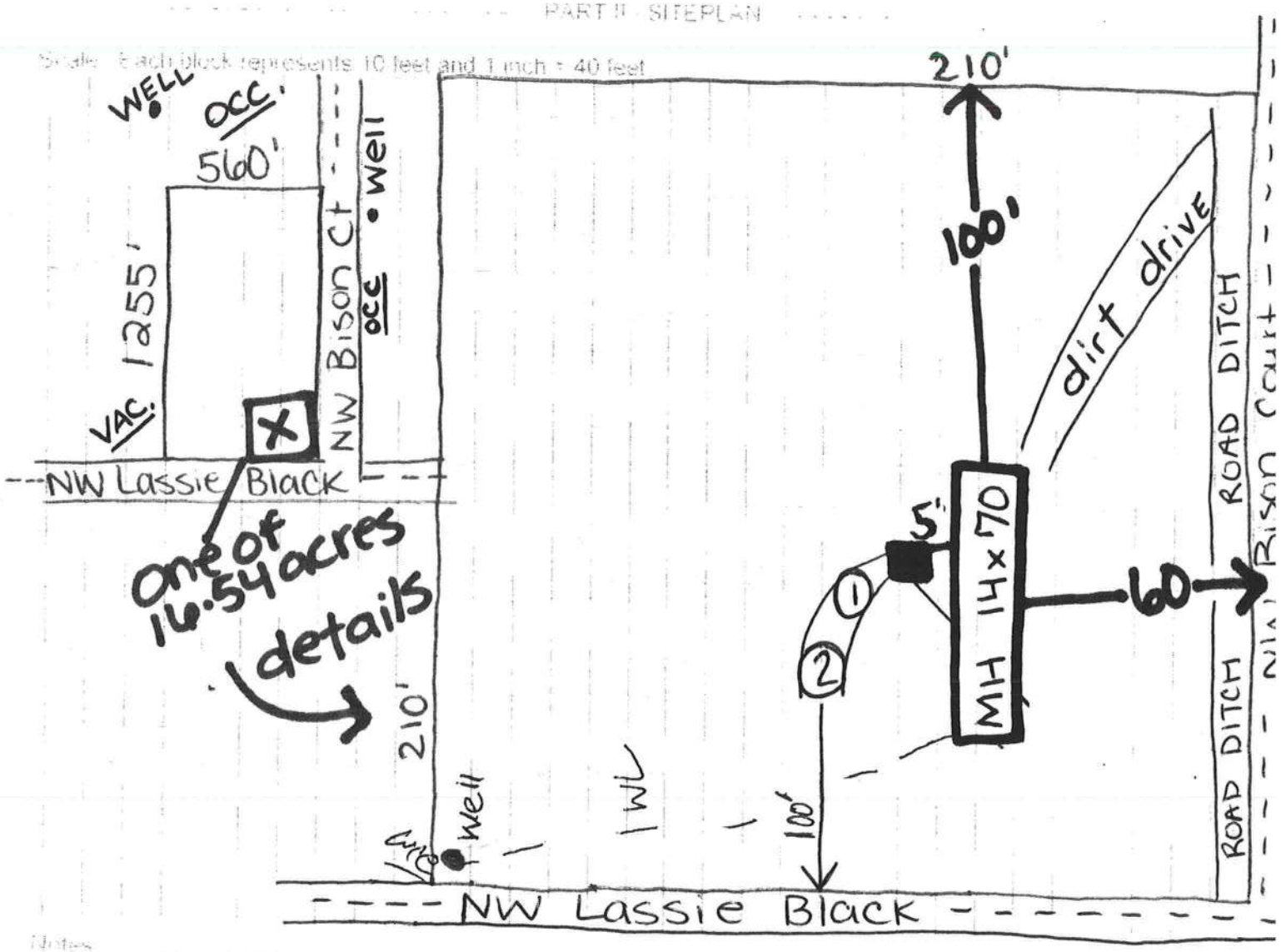
Page 1 of 4

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 12-0121

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet



Notes

Site Plan submitted by Qc Ford

Plan Approved ✓ Not Approved

Sallie Ford Env Health Director Columbia County Health Department

master

Date 3-13-12

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Ronnie Norris, give this authority for the job address show below
Installer License Holder Name

only, NW Bison Ct White Springs FL 32096, and I do certify that
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
x William C. Cobb, Jr	William C. Cobb	___ Agent ___ Officer x Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

License Holders Signature (Notarized) — License Number: TH 0251451 — Date: 12-10-12

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Ronnie Norris, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 11 day of December, 2012.

NOTARY'S SIGNATURE

LAURIE HODSON
MY COMMISSION # EE 214728
EXPIRES: July 14, 2016
Bonded Thru Notary Public Underwriters

(Seal/Stamp)

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE_____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name W.C. Cobb License #: Owner	Signature W.C. Cobb Phone #: (386) 752-8479
MECHANICAL/ A/C _____	Print Name W.C. Cobb License #: Owner	Signature W.C. Cobb Phone #: (386) 752-8479
PLUMBING/ GAS	Print Name [illegible] License #: IH/0251451	Signature [illegible] Phone #: 752 3971

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

CO LUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHON IE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 2/23/2012 **DATE ISSUED:** 2/29/2012

ENHANCED 9-1-1 ADDRESS:

154 NW BISON CT
WHITE SPRINGS FL 32096

PROPERTY APPRAISER PARCEL NUMBER:

14-2S-16-01608-005

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL. 3RD LOCATION ON PROPOSED LOCATION ON PARCEL.

Address Issued By: _____
Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

2206

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLUMBIA

This is to certify that I, (We), William C. Cobb Jr
owner of the below described property:

Tax Parcel No. 14-25-16-01608-005

Subdivision (name, lot, block, phase) _____

Give my permission to Kevin Cobb to place a mobile home/travel trailer/single family home (circle one) on the above mentioned property.

I (We) understand that this could result in an assessment for solid waste and fire protection services levied on this property.

x William C Cobb
Owner

_____
Owner

SWORN AND SUBSCRIBED before me this 11 day of December, 20 12. This (these) person(s) are personally known to me or produced ID _____.

Laurie Hodson
Notary Signature

LAURIE HODSON
MY COMMISSION # EE 214728
EXPIRES: July 14, 2016
Bonded Thru Notary Public Underwriters

A & B Well Drilling, Inc.

5673 NW Lake Jeffery Road
Lake City, FL, 32055
(O) 386-758-3409
(F) 386-758-3410
(C) 386-623-3151

12/11/2012

To: Columbia **County Building Department**

Description of well to be installed for Customer: Cobb
Located at Address: NW Bison Court

1 hp 15 GPM Submersible Pump, 1 ¼" drop pipe, 86 gallon captive tank and back flow prevention, With SRWMD permit.

Bruce Park

Sincerely
Bruce Park
President

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

1212-19

DATE RECEIVED 12-11-12 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME W.C. Cobb PHONE (386) 752-8479 CELL (386) 623-1348

ADDRESS 190 NW Bosun Ct White Springs Fl. 32096

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME at Ronnie Norris's Property on Charles Terr and Cypress Lake Rd.

MOBILE HOME INSTALLER Ronnie Norris PHONE 752-3571 CELL 623-7716

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 84 SIZE 14X66 X _____ COLOR Cream Brown

SERIAL No. FEH02BA _____

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: Window Replace (Kitchen)

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Jay Cr ID NUMBER 306 DATE 12-12-12

1212-19