GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor A+M Brodeley Date 10-29-07 S.R. No. 1711

Location/Address Antena Dr.

Subdivision/Mobile Home Park Name Marshall Landing Lot Size

Permit No. # 6368 Lot No. 32

New System ✓ Repair

House ✓ Mobile Home Business

No. Bedrooms 3 No. People No. Toilets

Water Supply: Private ✓ Approved

Semi-Public Unapproved

Public None

Nitrification System:

Tank Size 1000 gal.

Distribution Box ✓ No. Lines 3

Nitrification Field 900 Sq. Ft.

Lines:	1	2	3	4	5	6
Width	3'	3'	3'			
Length	100'	100'	100'			
Grade	0"	0"	0"			
Stone Depth	E-Z	Flow				

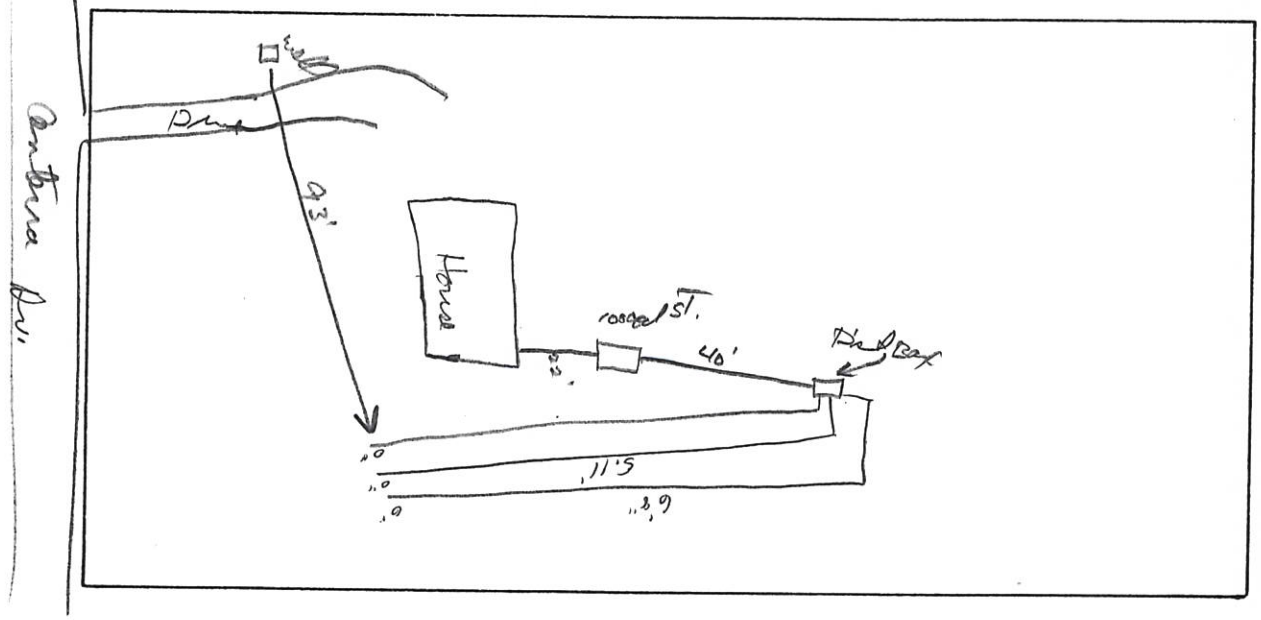
Layout to be followed by installer:

Improvements Permit By David Cumbee, RS Installer True Works

Certificate of Completion By Jay Clayton, RS Date of Inspection 10-29-07

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



08:00 True-Work
~~10-24-07~~
10-29-07 0368

PERMIT NUMBER _____

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

Cancelled due to rain!

COUNTY: Granville	TAX NO. 182400691915	TYPE OF ESTABLISHMENTS		
	SR. NO. 1111	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 5pcc.
OWNER: A+M Remodeling		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S ADDRESS: P.O. Box 1496 Wake Forest, NC 27588		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III g	REPAIR (pump) Type III bg
PROPERTY ADDRESS/LOCATION: Alterra Drive		DESIGN FLOW:	360gpd	
		LTAR:	.3 gpd/ft²	
SUBDIVISION: Marshall Landing		ABSORPTION AREA:	*1200 ft²	
LOT NUMBER: 32		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	22"	
Trees dug level, and on contour Contour flagged by Health Dept. (blue) Stay on 9' centers to save repair space — do not install in wet weather		TRENCH SPACING:	9' OC	
		TOTAL TRENCH LENGTH:	*300'	
		NUMBER OF TRENCHES:	3	
		GRAVEL DEPTH:	*Aggregate Status (non-gravel)	
		TANK SIZE:	1000 gal.	
		PUMP TANK SIZE:	—	
		DISTRIBUTION DEVICE:	Distribution Box	

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.

PERMIT VALID FOR: 5 YEARS
(YES) NO

NO EXPIRATION
YES (NO)

****

IMPROVEMENT PERMIT DATE: 6-5-07

FOR: A+M Remodeling
ISSUED BY: Dan Cuniffe

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 0368

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirements.
(The wastewater system cannot be installed until authorization is signed)

Comments: Call 693-2658 if any questions

Date: 6-5-07 Environmental Health Specialist: Dan Cuniffe

Construction Authorization Addendum ❑ Yes ❑ No

****

OPERATION PERMIT DATE: 10-29-07

SYSTEM INSTALLED BY: True Works Soy Knott
ISSUED BY: _____

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION AS REQUIRED BY RULE .1961