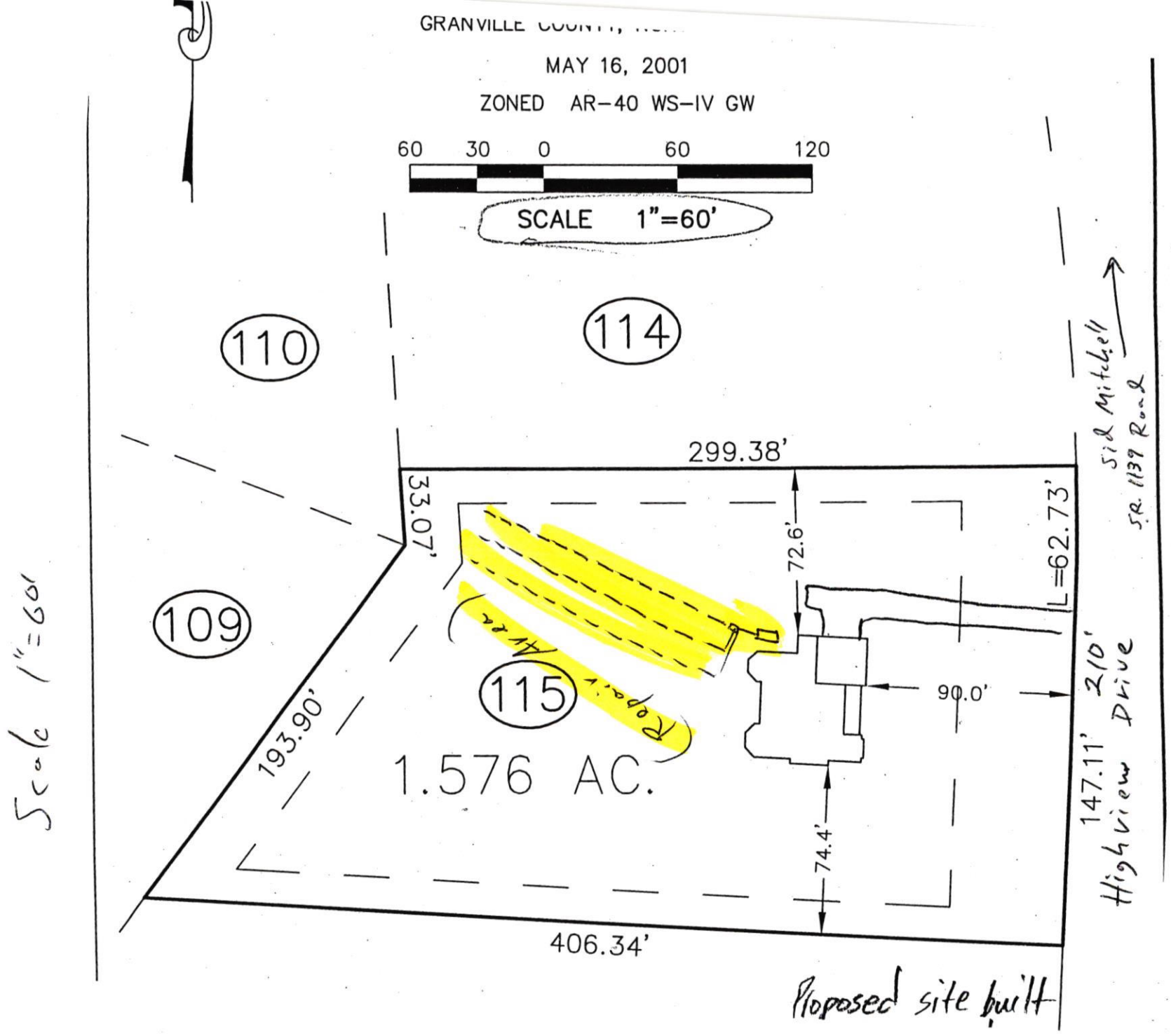

GRANVILLE COUNTY
MAY 16, 2001
ZONED AR-40 WS-IV GW
60 30 0 60 120
SCALE 1"=60'
110
114
109
115
299.38'
33.07'
72.6'
L=62.73'
193.90'
1.576 AC.
90.0'
74.4'
406.34'
147.11'
210'
Sid Mitchell
SR. 1139 Road
Highview Drive
Scale 1"=60'
Proposed site built

Large Layout on Back

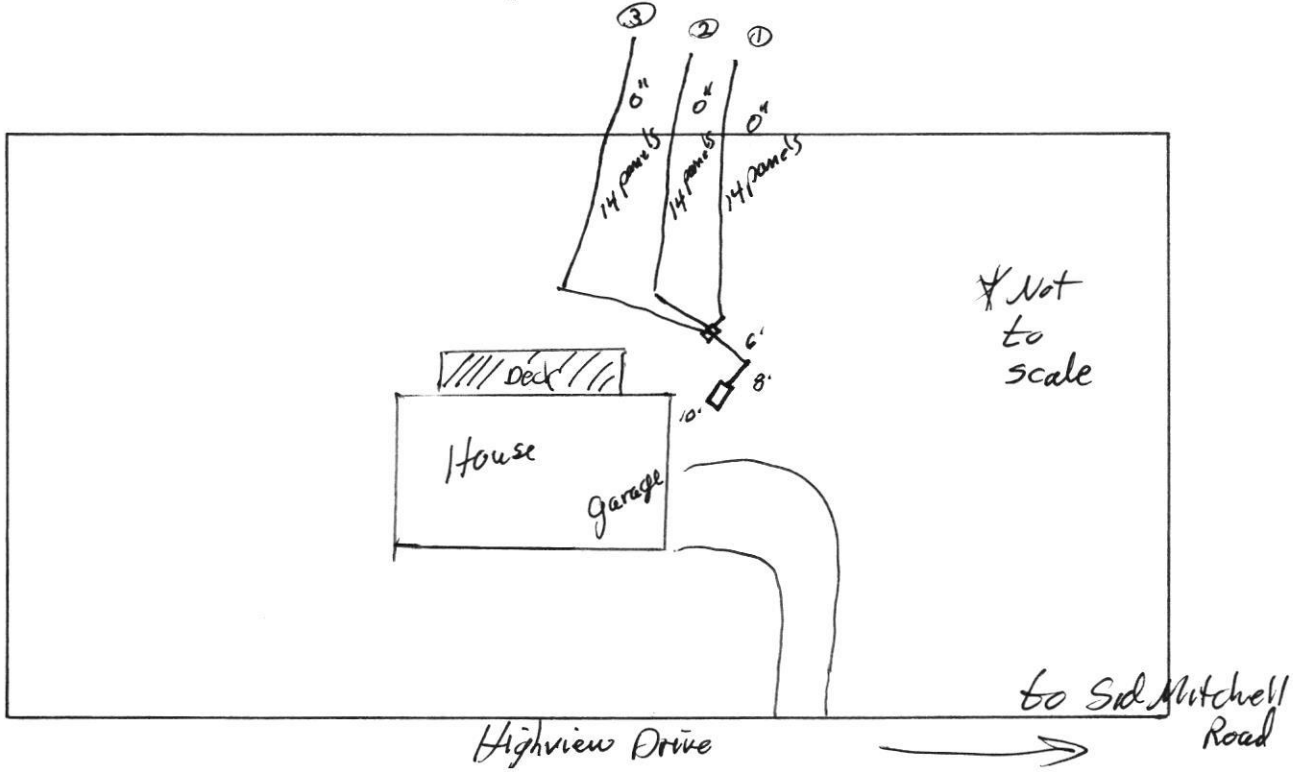
File

PERMIT NUMBER 3044

GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 183300 321557	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR NO. 1139	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS:	
OWNER: John McDaniel					
APPLICANT: Elliott-Stroud LLC		WATER SUPPLY			
APPLICANT'S ADDRESS: 35 Summit Ridge Ct. Youngsville, NC 27596		PUBLIC —	WELL ✓	OTHER —	
PROPERTY ADDRESS/LOCATION: Highview Drive off Side Mitchell Rd.		TYPE OF WASTEWATER SYSTEM			*THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED.
		DESCRIPTION	INITIAL INSTALLATION ✓	REPAIR	
SUBDIVISION: Woodcroft		DESIGN FLOW:	360 gal/day		
LOT NUMBER: 115		LTAR:	.35		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) See sketch on back. Big trenches, 18"-24" deep level on contour. Stay at least 5' from house, 10' from property line + 100' from any well. Do not install or call for inspection in rain		ABSORPTION AREA:	1050 sq. ft.		
		TRENCH WIDTH:	3'		
		TRENCH SPACING:	9' on center		
		TOTAL TRENCH LENGTH:	350 ft.		
		NUMBER OF TRENCHES:	3 - 5		*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
		GRAVEL DEPTH:	12"		
		TANK SIZE:	1000 gal.		
		CONDITIONS:			
IMPROVEMENT PERMIT FOR: John McDaniel/Elliott-Stroud, LLC ISSUED BY: M. E. Blount, R.S.				DATE: 6-8-01	
OPERATION PERMIT SYSTEM INSTALLED BY: Triangle Pump + Tank ISSUED BY: David Crumbee				DATE: 11-21-01	

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.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor John McDaniel Date 6-8-01 S.R. No. 1139

Location/Address Highview Drive

Subdivision/Mobile Home Park Name Woodcroft Lot Size 1.576 AC

Permit No. # 3044 Lot No. 115

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 yes No. Lines _____

Nitrification Field _____ Sq. Ft.

Lines:	1	2	3	4	5	6
Width	3'	3'	3'	___	___	___
Length	14 ~~yards~~	14 ~~yards~~	14 ~~yards~~	___	___	___
Grade	0"	0"	0"	___	___	___
Stone Depth	Chamber System			___	___	___

Layout to be followed by installer:

* Sketch on back

Improvements Permit By M. E. Yount Installer Triangle Pump + Tank

Certificate of Completion By David Cumbee Date of Inspection 11-21-01

* 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.