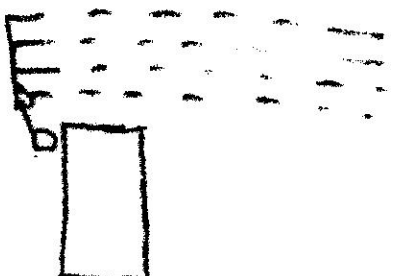


2:00

PERMIT NUMBER 2754

## GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

|                                                                                                                                    |                              |                                               |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:<br><b>Vance</b>                                                                                                            | TAX NO.<br><b>0395 02015</b> | TYPE OF ESTABLISHMENT                         |                                          |                                  | *THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.<br><br>*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.<br><br>*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. |
|                                                                                                                                    | SR NO. <b>1329</b>           | RESIDENCE <input checked="" type="checkbox"/> | NUMBER OF BEDROOMS:<br><b>3</b>          | NUMBER OF OCCUPANTS:<br><b>4</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OWNER: <b>Keith Taylor</b>                                                                                                         |                              | BUSINESS <input type="checkbox"/>             |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | OTHER <input type="checkbox"/>                |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| APPLICANT: <b>John Foster Hamed</b>                                                                                                |                              | WATER SUPPLY                                  |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| APPLICANT'S ADDRESS:                                                                                                               |                              | PUBLIC <input type="checkbox"/>               | WELL <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PROPERTY ADDRESS/LOCATION:<br><b>Stagerwood Rd</b><br><b>94 Memory Lane</b>                                                        |                              | TYPE OF WASTEWATER SYSTEM                     |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | DESCRIPTION                                   | INITIAL INSTALLATION                     | REPAIR                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SUBDIVISION: <b>Taylor</b><br>LOT NUMBER: <b>2</b>                                                                                 |                              | DESIGN FLOW:                                  | <b>360</b>                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | LTAR:                                         | <b>.3</b>                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| REFERENCE SKETCH (SEE PLAT FOR DETAILS)<br><br> |                              | ABSORPTION AREA:                              | <b>1200'ft</b>                           |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | TRENCH WIDTH:                                 | <b>3</b>                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | TRENCH SPACING:                               | <b>9'</b>                                |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | TOTAL TRENCH LENGTH:                          | <b>400'</b>                              |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | NUMBER OF TRENCHES:                           | <b>4</b>                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | GRAVEL DEPTH:                                 | <b>12"</b>                               |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | TANK SIZE:                                    | <b>1000</b>                              |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                    |                              | CONDITIONS:                                   |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| IMPROVEMENT PERMIT                                                                                                                 |                              |                                               |                                          | DATE:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FOR:                                                                                                                               |                              |                                               |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ISSUED BY: <b>Walter T. Vaughn PS</b>                                                                                              |                              |                                               |                                          | <b>10-21-2000</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OPERATION PERMIT                                                                                                                   |                              |                                               |                                          | DATE:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SYSTEM INSTALLED BY: <b>Wayne Arscue</b>                                                                                           |                              |                                               |                                          | <b>12-5-2000</b>                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ISSUED BY: <b>W. Vaughn</b>                                                                                                        |                              |                                               |                                          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

RW