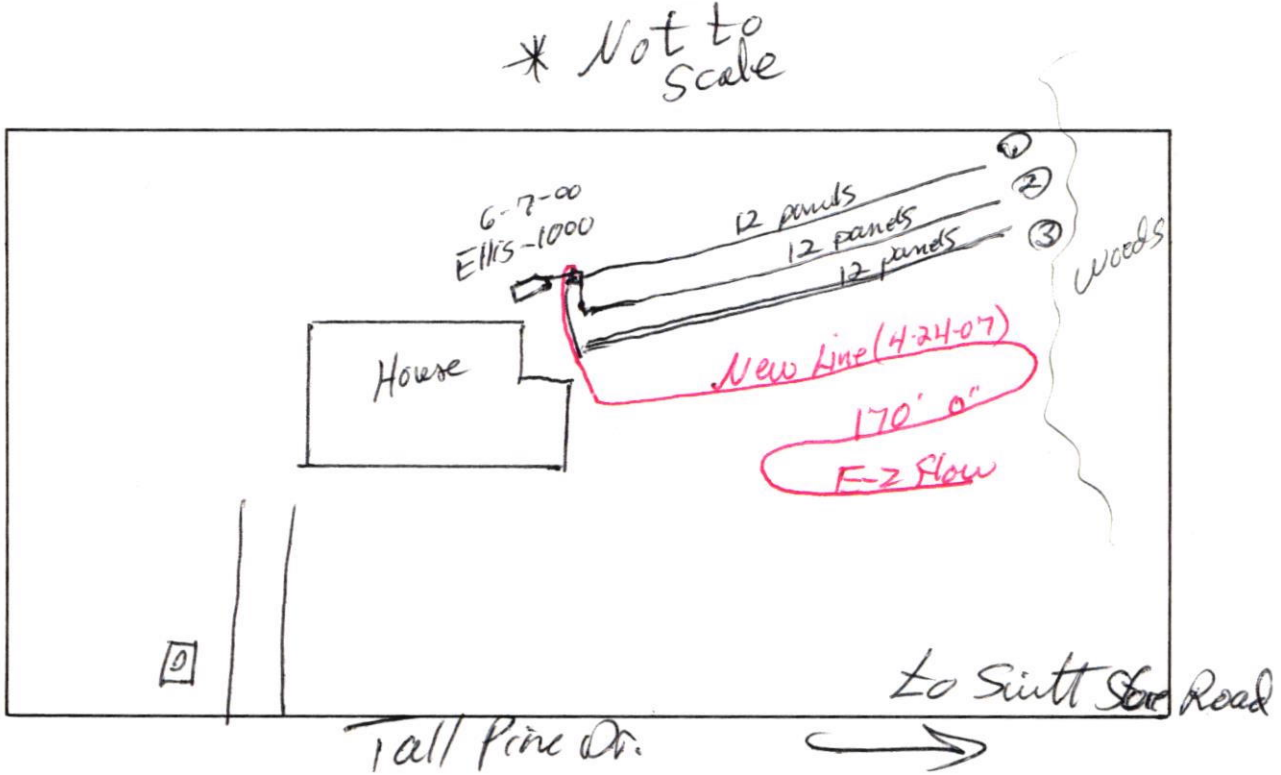
NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Marathon Management Date 5-12-00 S.R. No. 1705

Location/Address Tall Pine

Subdivision/Mobile Home Park Name Brassfield Woods Lot Size 1.621

Permit No. # Lot No. 34

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 3

Nitrification Field 900 Sq. Ft.

Lines:	1	2	3	4	5	6
Width	3'	3'	3'			
Length	12	12	12 (panels)			
Grade	0"	0"	0"			
Stone Depth	Chamber System					

Layout to be followed by installer:

* Sketch of layout on back

* See Repair permit 06285 Ricky Flowers

Repair 4-24-07
J.C. Madden
170' EZ Flow
David Cumbee

Improvements Permit By M.E. Yount Installer Norman Clifford

Certificate of Completion By David Cumbee Date of Inspection 9-29-00

* 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.

* see Marathon Management (Hard Card) Written- 9-29-00 (Owners) 2.00

PERMIT NUMBER 06285

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville

TAX NO. 183400 213174

SR. NO. 1765

OWNER: Ricky Flowers

APPLICANT'S ADDRESS: Former owner: Marathon Management

PROPERTY ADDRESS/LOCATION: 4106 Tall Pine Dr.

SUBDIVISION: Brassfield Woods

LOT NUMBER: 34

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

Lines dug level and on contour, contour to be established by installer. New Distribution box may be needed - back-fill end of last existing line - Do not install in wet conditions

TYPE OF ESTABLISHMENTS

RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4?	NUMBER OF OCCUPANTS: 4-6
WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR ✓
DESIGN FLOW:		
LTAR:		
ABSORPTION AREA:		
TRENCH WIDTH:		3'
TRENCH DEPTH:		18"-24"
TRENCH SPACING:		9' O.C.
TOTAL TRENCH LENGTH:		190'
NUMBER OF TRENCHES:		2
GRAVEL DEPTH:	(non-grav)	Accepted Status
TANK SIZE:		Existing
PUMP TANK SIZE:		
DISTRIBUTION DEVICE:		Distribution 130X

*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: 4-17-01

FOR: Ricky Flowers

ISSUED BY: David Cumbee

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 0655

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 693-2655 with questions

Date: 4-17-01 Environmental Health Specialist: David Cumbee

Construction Authorization Addendum ❑ Yes ❑ No

****

OPERATION PERMIT DATE: 4-24-01

SYSTEM INSTALLED BY: J. C. Madden

ISSUED BY: David Cumbee

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