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GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION

OWNER/AGENT Eric R. Williams ~~0205~~

LOCATION 373 Willow Creek Run 1.5389 STATE ROAD NO. _____

SUBDIVISION NAME Willow Crk Run 0205 01002T LOT NO. 26

SYSTEM DESIGNED FOR:

NEW SYSTEM ✓ REPAIR _____ RESIDENCE house BUSINESS _____ OTHER _____

NO. BEDROOMS 3 NO. OCCUPANTS — WATER SUPPLY: INDIVIDUAL ✓ PUBLIC _____

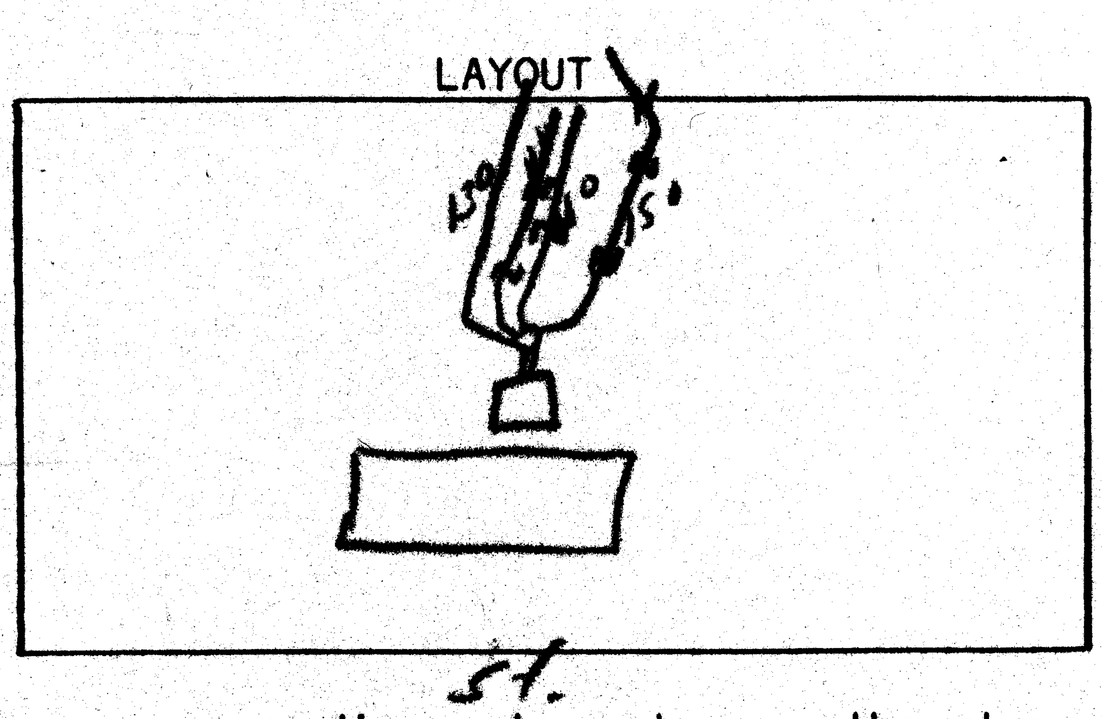
LOT SIZE _____ ACRES F _____ L _____ B _____ R _____

SEPTIC TANK 1000 GALLONS PUMP TANK _____ GALLONS DISTRIBUTION box

NITRIFICATION FIELD 1500 SQUARE FEET NUMBER OF LINES 4

LENGTH OF LINES 125 WIDTH OF LINES 36 STONE DEPTH 18"

LAYOUT



CONDITIONS _____

NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal of the North Carolina Administrative Code. This permit may not be altered without written permission from a representative of the Granville-Vance District Health Department. System must be installed within _____ years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

OWNER/AGENT _____ DATE _____

IMPROVEMENT PERMIT BY: Walter T. Vaughn DATE _____

CERTIFICATE OF COMPLETION BY: Walter T. Vaughn DATE 8-5-94

SYSTEM INSTALLED BY: Ricky Pearce

NOTICE: This approval indicates that the installation complies with all applicable state and local regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time and the Granville-Vance District Health Department will not be held responsible for a malfunctioning system.