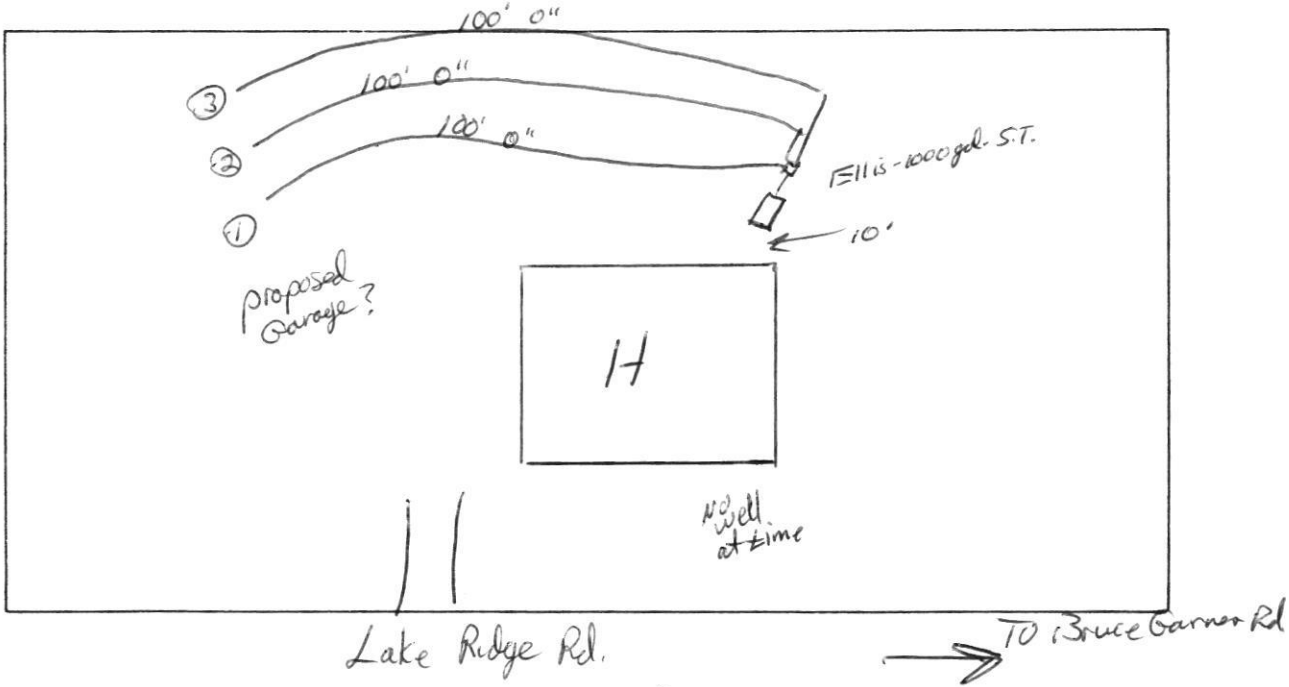
NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Scott Salzman Date 3-26-04 S.R. No. 1711

Location/Address Lake Ridge Rd.

Subdivision/Mobile Home Park Name Falls Meadows Lot Size

Permit No. # 4264 Lot No. 29

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 120 ft²->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:

* Sketch on back

Improvements Permit By David Cambee Installer Buckley Brothers

Certificate of Completion By David Cambee Date of Inspection 3-14-05

* 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.

Blackley 2:00

PERMIT NUMBER 4264

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

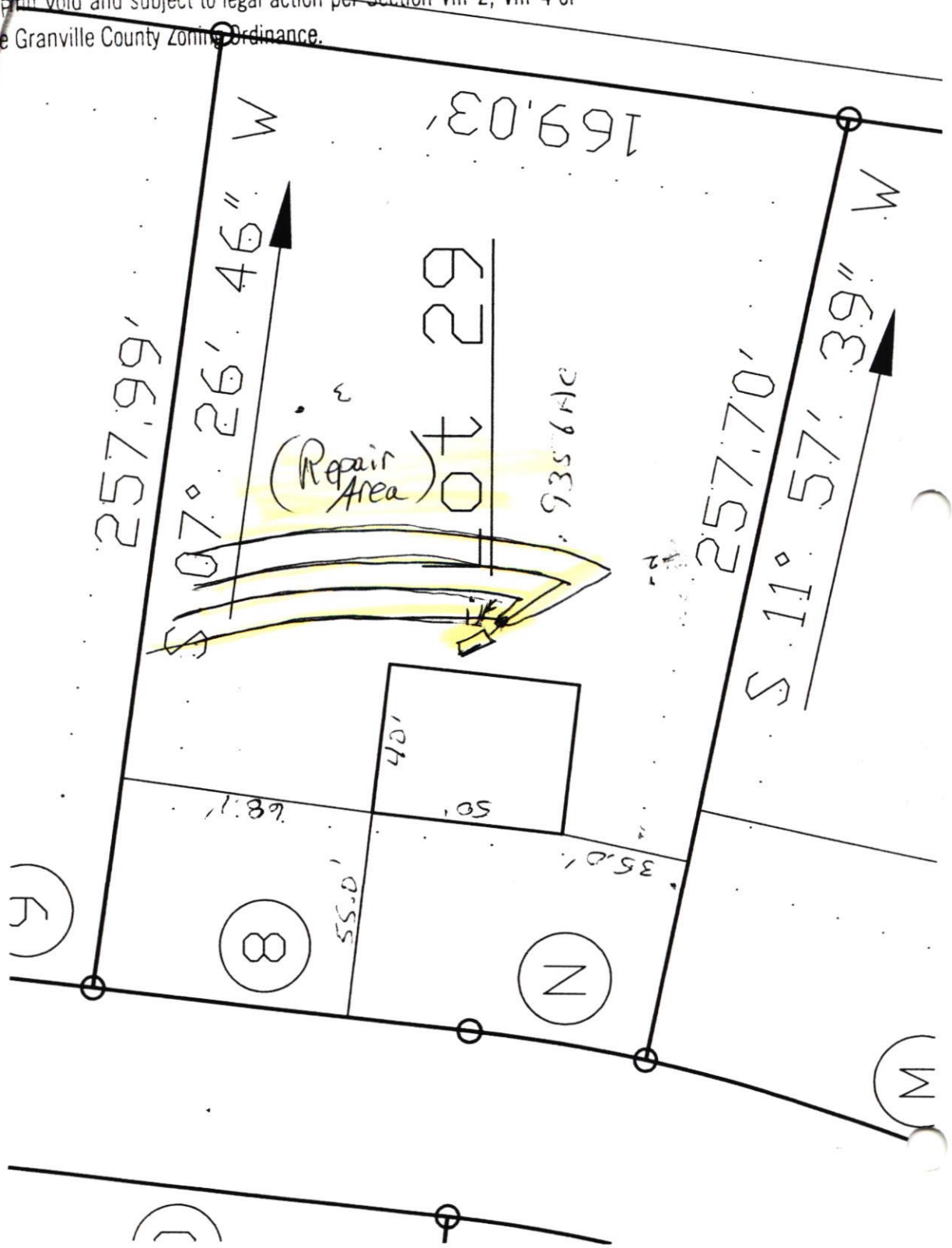
COUNTY: Granville	TAX NO. 18140 no 263	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO. 1711	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS:	
OWNER: Scott Salzman					
APPLICANT: Same		WATER SUPPLY			
APPLICANT'S ADDRESS: 1910 Hemby Rd Kitch		PUBLIC —	WELL ✓	OTHER —	
PROPERTY ADDRESS/LOCATION: Lake Ridge Road		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 Type II	REPAIR Type II	
SUBDIVISION: Falls Meadow		DESIGN FLOW:	360 g/day		
LOT NUMBER: 29		LTAR:	.3 gal/day/ft²		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) * See attached sheet for layout Lines dug level and on contour trend depth 18"-24" stay out of gullies and drains 100' from any well 10' from property lines		ABSORPTION AREA:	1200 ft²		
		TRENCH WIDTH:	3'		
		TRENCH SPACING:	9' O.C.		
		TOTAL TRENCH LENGTH:	400'		
		NUMBER OF TRENCHES:	4		*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.
		GRAVEL DEPTH:	12"		
		TANK SIZE:	1000 gal +	D-Box	
		CONDITIONS: *	See Authorization to Construct		

IMPROVEMENT PERMIT FOR: Scott Salzman ISSUED BY: David Cumbee	DATE: 5-26-04
OPERATION PERMIT SYSTEM INSTALLED BY: Blackley Brothers ISSUED BY: David Cumbee	DATE: 3-14-05

PERMIT VALID FOR 5 YEARS FROM DATE OF ISSUE

NOTICE TO APPLICANT AND HEALTH/INSPECTION DEPTS.

Any changes made to this drawing/ plat or to the physical siting of the structure or use herein permitted without written approval from the Granville County Planning Department shall render this Zoning Permit void and subject to legal action per Section VIII-2, VIII-4 of the Granville County Zoning Ordinance.



GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
AUTHORIZATION FOR
WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

Zoning Permit Number: 12237

Date: 5-26-04 Improvement Permit Number: 4264

County: [X] Granville [ ] Vance Tax Number: 181400 730263

Owner/Contractor: Scott Salzman

Location/Address: Lake Ridge Road

State Road Number: 1711

Subdivision Name: Falls Meadows Lot Number: 29

Authorization Issued By: David Cimba Date: 5-26-04

AUTHORIZATION CONDITIONS

1. Wastewater system construction and installation must meet all conditions and specifications as set forth in Improvement Permit Number 4264 and the attached site plan with system details. Construction and installation must also meet all requirements set forth in the rules governing sanitary sewage collection, treatment, and disposal and any other applicable rules and laws.

2. The wastewater system shall not be covered or placed into use until inspected by the Granville-Vance District Health Department and an operation permit issued.

3. Any alteration in site or soil conditions, including location of structures and appurtenances, or modification in use, design, wastewater flow, or wastewater characteristics as specified in the associated improvement permit and application may subject this authorization and associated permit(s) to revocation.

4. Other conditions: Call 693-2688 if any questions

OWNER CERTIFICATION

I certify that there have been no alterations in site or soil conditions or modifications to facility, wastewater flow, or wastewater characteristics from those specified in the original application or associated improvement permit unless authorized in writing by the Granville-Vance District Health Department. I also understand that any such alterations, modifications, or false information are grounds for revocation of permits and authorization to construct.

Maureen Hall — 11-30-04

Signature of Owner/Owner's Representative — Date