Tax Code: 06-102-004
System Type: IIIg
Zoning: R-40

Union County
On-Site Wastewater Disposal System
Construction Authorization

Number: 99-644
Date Issued: 9-9-99
Expiration Date: 9-8-2004

This Construction Authorization is issued by the Union County Health Department to construct and install the work hereby described. The construction shall be made in compliance with the N.C. Department of Environment, Health, and Natural Resources *Laws and Rules for Sewage Treatment and Disposal Systems, 10 NCAC 10A 1900.*
Any unauthorized changes to the site or system design shall void this Construction Authorization.

Owner: KENNETH & KATHY TANNER
Mailing Address: 821 LESTER DAVIS RD. WAXHAW NC 28173
Phone: (h) ( ) 243-2686 (w) ( ) 236-0967 **Fax:** ( )
Location: LESTER DAVIS ROAD **Subdivision** _____ **Phase** ____ **Section:** ____ **Lot #** ____
Directions: HWY #84 (L) LESTER DAVIS LAST DRIVEWAY ON (L)

Installation for: House: ✓ Mobile Home: ____ Duplex: ____
Number of Bedrooms: 4 **Garbage Disposal (y/n):** YES
Water Supply to be: Individual Well: ✓ Public Water: ___ Other: ___
Commercial: _____ **Industrial:** _____
Other: (Describe: _____ **Number of Employees:** _____
Church: ____ **Seating Capacity of Sanctuary:** _____
Kitchen Facilities in Church: (y/n) ____ **Day Care (y/n):** ____

New Installation

Design Waste Flow: 480 (G.P.D.)

Type of System:
Conventional: ___ Modified Conventional : ____ Pump to Conventional: ____
LPP: ____ Mound: ____ At-Grade Mound: ____ Other(Describe)_____
~~Experimental/Innovative:~~ ~~ECC-2252~~ LAY Pre Treatment: Sand: ___ Bio-Filter: ____
HORIZONTAL CONFIGURATION
Design by: Soil Scientist: _____ Engineer: _____

Septic Tank: Capacity: 1600 gal. Compartments: 2 If Site Built: L:___ W:___
Liquid Capacity:_____

Pump Tank: Capacity: _____gal. Pump Flow: _____gal./minute @ _____feet of Total Dynamic Head

Drainfield: Total Length of Lines: 400 Total square feet of disposal area: 1200 Line Length: 100' EACH
Line Width: 36 inches Washed Stone Depth: ——— Maximum depth of lines: 24"
Maximum Grade: 25%/10' Distribution Device: DISTRIBUTION BOX - CONCRETE

System Distance to nearest: Well: 100' Water Line: 10' Foundation: 10' Property Line: 10'

Addition / Repair:

Previous On-Site Wastewater Permit Number: _____

Repair Components:
Septic Tank: ____ Capacity: _____gal.
Pump Tank: ____ Capacity: _____gal.
Pump flow: ____gal./min. @ _____ TDH
Drainfield: ___ Total length: ____ Individual line length ____
Line width: ____ Depth of washed stone: ____
Other: _____

Comments & Special Conditions:

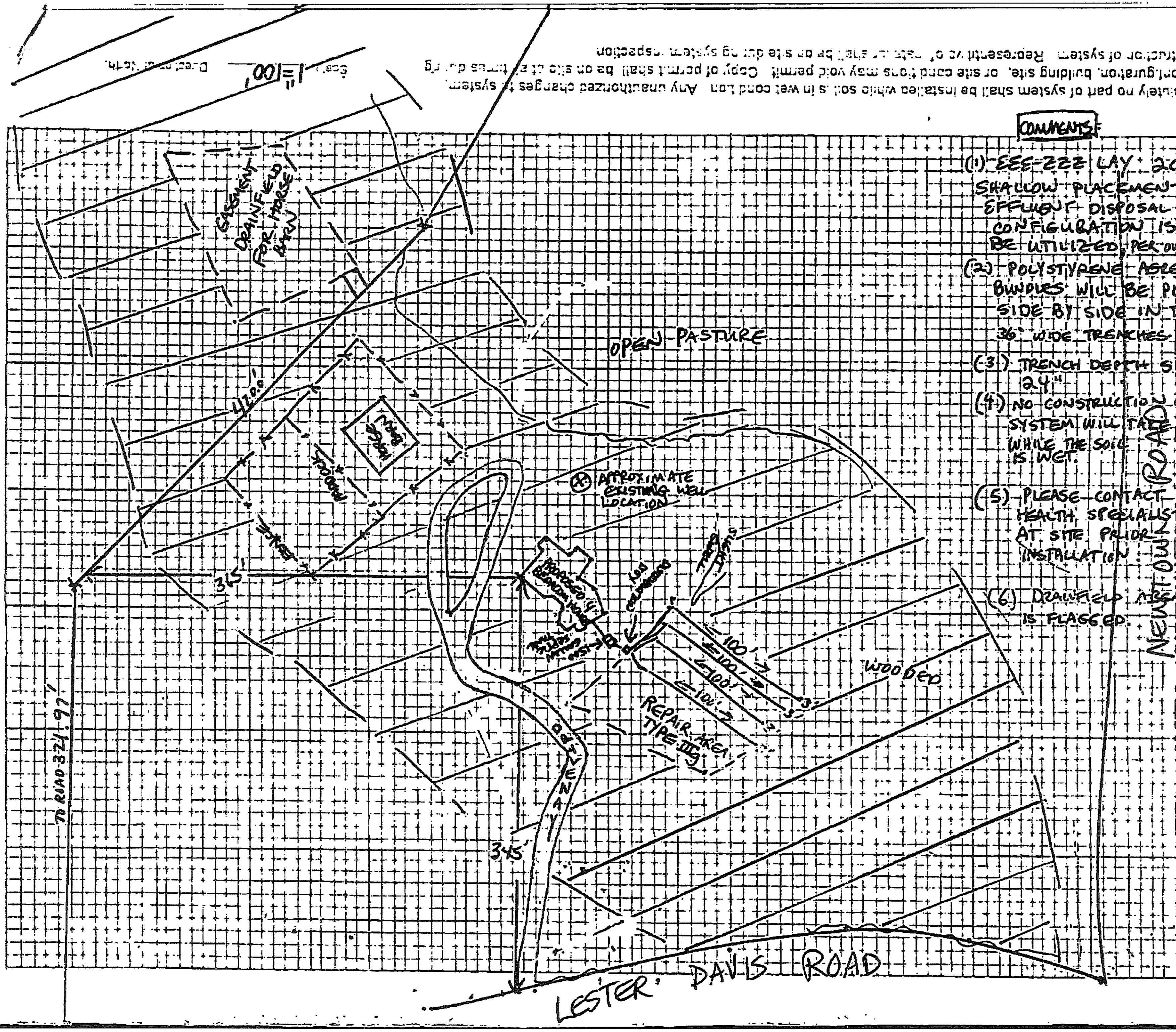
* ANY ALTERATIONS TO THIS LOT MAY VOID THIS PERMIT

I hereby certify that the construction described in this Construction Authorization will be done in accordance with this permit and with the Ordinances, State Laws, Rules and Regulations of the State of North Carolina and the Union County Health Department. *NOTICE:* The issuance of this permit does not relieve the property owner of his responsibility for checking his proposed development with applicable zoning requirements.

Signed: David A. Bogan

Permit Prepared by: Dean H. Colley Jr. R.S. Date: 9-8-99 Contractor: Norwood

Final Inspection by: Art C. Bay R.S Date: 7-12-00 Certified Operator: _____



COMMENTS:

(1) EEE-222 LAY 2012 SHALLOW PLACEMENT EFFLUENT DISPOSAL SYSTEM CONFIGURATION IS TO BE UTILIZED, PER OWNER REQUEST

(2) POLYSTYRENE AGGREGATE BUNDLES WILL BE PLACED SIDE BY SIDE IN THE 36" WIDE TRENCHES

(3) TRENCH DEPTH SHALL BE 24"

(4) NO CONSTRUCTION OF THE SYSTEM WILL TAKE PLACE WHILE THE SOIL IS WET.

(5) PLEASE CONTACT ENVIRONMENTAL HEALTH SPECIALIST TO MEET AT SITE PRIOR TO INSTALLATION

(6) DRAINFIELD AREA IS FLAGGED.

Absolutely no part of system shall be installed while soils in wet condition. Any unauthorized changes to system, lot configuration, building site, or site conditions may void permit. Copy of permit shall be on site at all times during construction of system. Representative of installer shall be on site during system inspection.

Scale 1" = 100' Direction of North

Code 06-102-004 | UNION COUNTY | Number 98-524 | Date Issued 6-24-98

System Type IIc | Zoning: R-40 | On-Site Wastewater Disposal System Permit | CONSTRUCTION AUTHORIZATION | Expiration Date 6-22-2003

This permit is issued by the Union County Health Department to construct and install the work hereby described. The construction shall be made in compliance with the N.C. Department of Environment, Health, and Natural Resources' Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, 10 NCAC 10A. 1900, and the Union County Health Department Rules and Regulations. Any unauthorized changes to the site or system design shall void this permit.

OWNER: ~~KENNETH~~ & KATHRYN TANNER Mailing Address 2120 EDENTON RD. CHARLOTTE NC 28211 (City/State/Zip Code) PH: (w) 423-3213 (h) 864-4105

Location (LESTER DAVIS RD.) Subdivision _____ Phase _____ Section _____ Lot No. _____

DIRECTIONS: HWY #84 (L) LESTER DAVIS RD. PROPERTY ON (L) BEFORE NEW TOWN RD.

Installation For: House _____ Duplex _____ Mobile Home _____ Number of Bedrooms _____ Garbage Disposal: yes _____ no _____

Commercial _____ Industrial _____ Other (Describe) BARN WITH 1 BEDROOM APARTMENT ABOVE Number of Employees: _____

Church _____ Kitchen Facilities: yes _____ no _____ Seating Capacity of Sanctuary _____ Day Care: yes _____ no _____

New Installation — Design Waste Flow 240 G.P.D.

Type of system: Conventional _____ Modified Conventional ✓ Pump-to-Conventional _____ LPP _____ Mound _____ At-Grade Mound _____
Other (Describe) _____

Septic Tank: Capacity 1000 gal. Compartments: 2 Dimensions (If custom/site built): L _____ W _____ Liquid Capacity: _____

Pump Tank: Capacity _____ gal. Pump Flow _____ gal./minute at _____ feet of Total Dynamic Head

Drainfield: Total Length of Lines 300 feet Total square feet of disposal area 900 sq. ft. Line Length 75'
Line Width 36" inches Filter Material & Depth 12" OF #5 WASHED STONE
Maximum depth of lines 20" Maximum Grade 2-25"/10' Distribution Device DISTRIBUTION BOX - CONCRETE (USE SPEED LEVELERS)
System distance to nearest: Well 100' Water Line 10' Foundation 10' Property Line 10'

Addition/Repair — Previous On-Site Wastewater System Permit Number _____ Dated _____

Repair Components: Septic Tank _____ Cap. _____ gal. Pump Tank _____ Cap. _____ gal. Pump _____ TDH Req. _____
Drainfield _____ Total Length _____ Individual line length _____ Line width _____ Filter Material & Depth _____

Water Supply: Individual Well ✓ Public Water _____ Other: _____

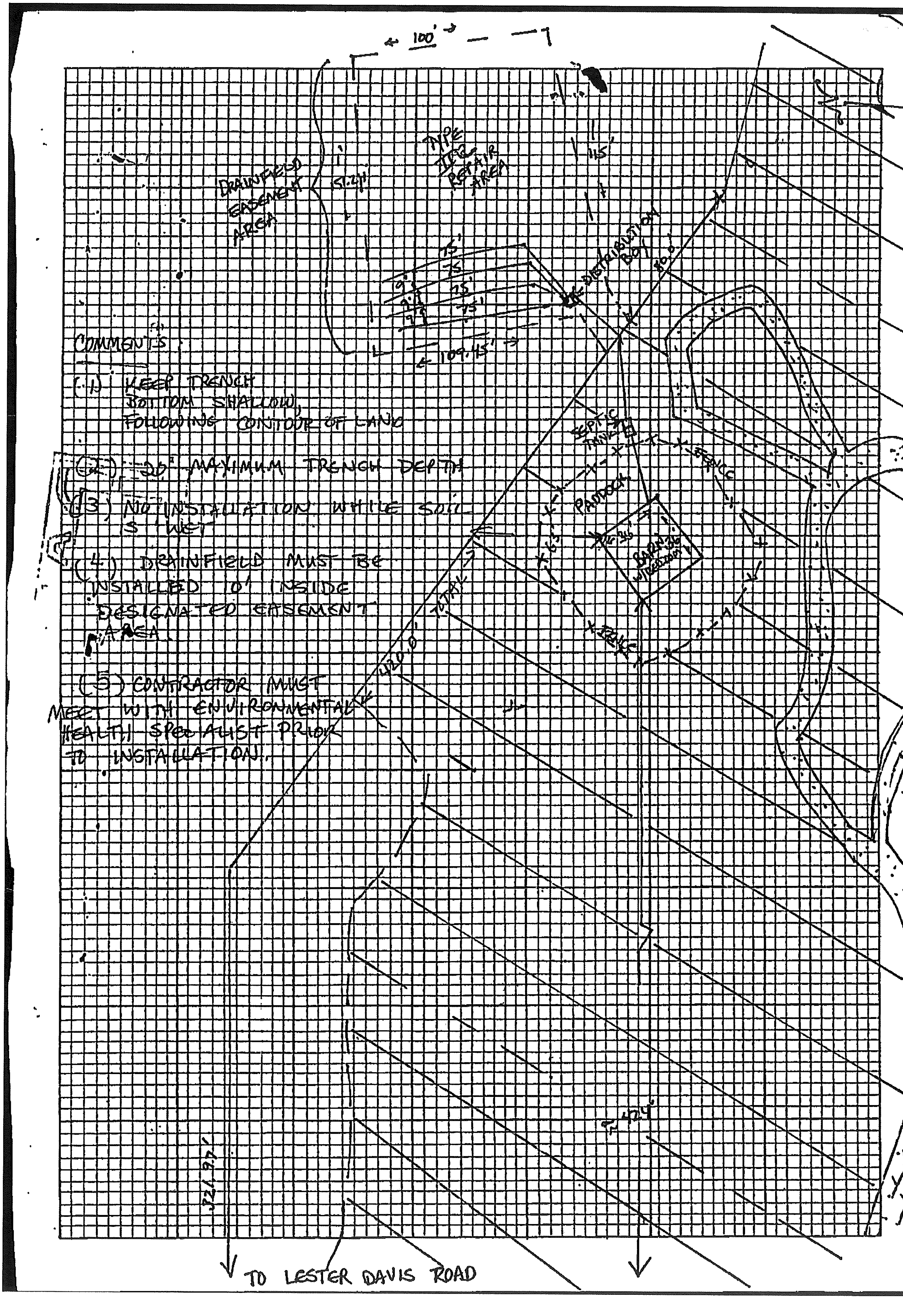
Comments & Special Conditions:
PLEASE CONTACT ENVIRONMENTAL HEALTH WITH ANY QUESTIONS REGARDING THIS PERMIT.

I hereby certify that this application has been prepared and the work will be done in accordance with the Ordinances, State Laws, Rules and Regulations of the State of North Carolina and Union County Health Department. NOTICE: The issuance of this permit does not relieve the property owner of his responsibility for checking his proposed development with applicable zoning regulations.

Signed: Kathryn H Tanner

Permit Prepared By: Grace H. Colley R.S. Date 6-22-98 Contractor: RCS, INC

Final Inspection By: Grace H. Colley R.S. Date 1-18-99 Certified Operator: _____



Direction of North:

Scale: 1" = 60'

Absolutely no part of system shall be installed while soil is in wet condition. Any unauthorized changes to system, lot configuration, building site, or site conditions may void permit. Copy of permit shall be on site at all times during construction of system. Representitive of installer shall be on site during system inspection.