File Name: Whetstone Gap

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8522-01-3582-000

Permit #: 05-080

Receipt No 170538 $300.00

Agent/Owner: Atkinson, Ronald

Mailing Address: 6604 Weaver Ct. Laurel. MD 20707

Home Phone #: (301) 490-4170

Work Phone #: (443) 364-3440 cell

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: ( ) _____

Work Phone #: ( ) _____

Property Location: _____ (Road/Street) Subdivision: WhetstoneGap Phase/Sect.: _____ Lot #: 45-C

Directions to property: 64W to Whetstone Gap Rd. 1st right on Falls View Dr. to 1st right

Flood Zone
Is the property in a flood zone?
☐ Yes ☐ No ☐ Unknown

Inspections
Flood Zone
☐ Yes ☐ No
☐ Approved ☐ Disapproved
Initials _____ Date _____

Installation for: Mobile Home ☐ Single ☐ Double ☐ House ☒ No. Bedrooms: 4 Basement: Yes ☒ No ☐ With Plumbing: Yes ☒ No ☐ Ind./Commercial ☐ Other ☐

If Indust./Commercial/Other: Number of employees: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes ☐ No ☐

Lot size: 0.5ac Date lot recorded: _____ Right of ways, easements, etc. _____ Water Supply: Private: ☐ Spring ☐ Well ☒ Shared Supply ☐ Public/Community

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site/soil evaluation on the property described above. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.

Applicant/Agent Signature: Ronald A Atkinson Date: 2/15/05

ON-SITE WASTEWATER DISPOSAL SYSTEM OPERATIONS PERMIT

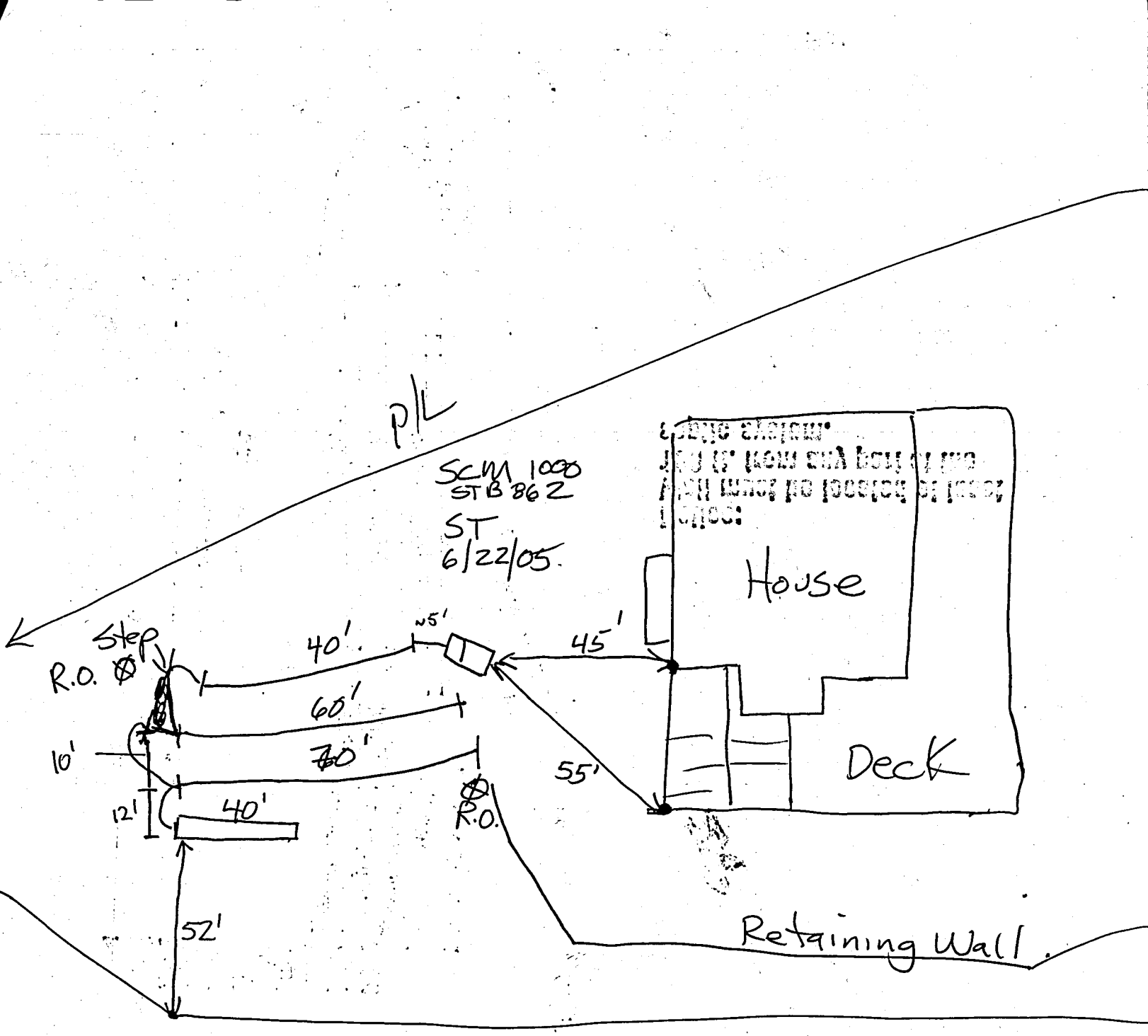
Notice:
Well must be located at least 100 ft. from any part of the septic system.

The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This operation permit shall remain in effect as long as the system is operated and maintained as required by the Laws and Rules for Sewage Treatment and Disposal Systems as issued by the North Carolina Department of Environment and Natural Resources, Division of Environmental Health.

System Classification Type: IIIg Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency — years.

Comments: EZ-FLOW installed. Clean and replace filter as needed
35% Reduction installed

Installed by: Joe McCall Final Inspection by: Neil O. Capps RS Date: 8/4/05


p/L
SCM 1000
STB 862
ST
6/22/05
House
Deck
Step
R.O.
40'
45'
60'
10'
12'
40'
55'
52'
R.O.
Retaining Wall

File Name: Whetstone Gap

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8522-01-8582-000

Permit #: 05-030

Receipt No 170538 $300.00

Agent/Owner: Atkinson, Ronald

Mailing Address: 6604 Beaver Ct. Laurel, MD 20707

Home Phone #: (301) 490-4170

Work Phone #: (443) 364-3440 cell

Proposed Buyer:

Mailing Address:

Home Phone #: ( )

Work Phone #: ( )

Property Location: Road/Street

Subdivision: WhetstonneGap

Phase/Sect.:

Lot #: 45-C

Directions to property: 64W to Whetstone Gap Rd. 1st right on Falls View Dr. to 1st right

Flood Zone

Is the property in a flood zone?

☐ Yes ☐ No ☐ Unknown

Inspections

Flood Zone

☐ Yes ☐ No

☐ Approved ☐ Disapproved

Initials Date

Installation for: Mobile Home ☐ Single ☐ Double ☐ House ☒ No. Bedrooms: 4 Basement: Yes ☒ No ☐ With Plumbing: Yes ☒ No ☐ Ind./Commercial ☐ Other ☐

If Indust./Commercial/Other: Number of employees: Operation: (Describe) Property contains designated wet lands: Yes ☐ No ☐

Lot size: 0.5ac Date lot recorded: Right of ways, easements, etc. Water Supply: Private: ☐ Spring ☐ Well ☒ Shared Supply ☐ Public/Community

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site/soil evaluation on the property described above. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.

Applicant/Agent Signature: Ronald A Atkinson Date: 2/15/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)

Notice:
Well must be located at least 100 ft. from any part of the septic system.

New Installation: ☒ Repair/Addition: ☐ Original Permittee: Dated:

Design waste flow: 480 GPD LTAR: .5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: — gal./min. Proposed Wastewater System: 25% Reduction

Drainfield: Total Trench Length: 240 ft. Square Footage: 960 Trench spacing: 9 ft. on ctr. Individual Trench Length: 80 ft. Maximum Trench Depth(Low Side): 30 in. Trench Width: 36 in.

Distribution Method: D-Box/serial feed Min. distance between system and nearest: Well: 100 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: Contractor requests using EZ-FLOW

Construction of the wastewater system for the permit indicated is hereby authorized. The wastewater system described in the Improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted pursuant to this Article. This Construction Authorization is valid for a period of 5 years from the original date of issue. The Construction Authorization must be renewed upon expiration prior to the installation/repair of the wastewater system, or prior to the issuance of any required building permits. A pre-construction conference with the owner or developer, or an agent of the owner or developer, and the health department will be required for re-issuance of the Construction Authorization.

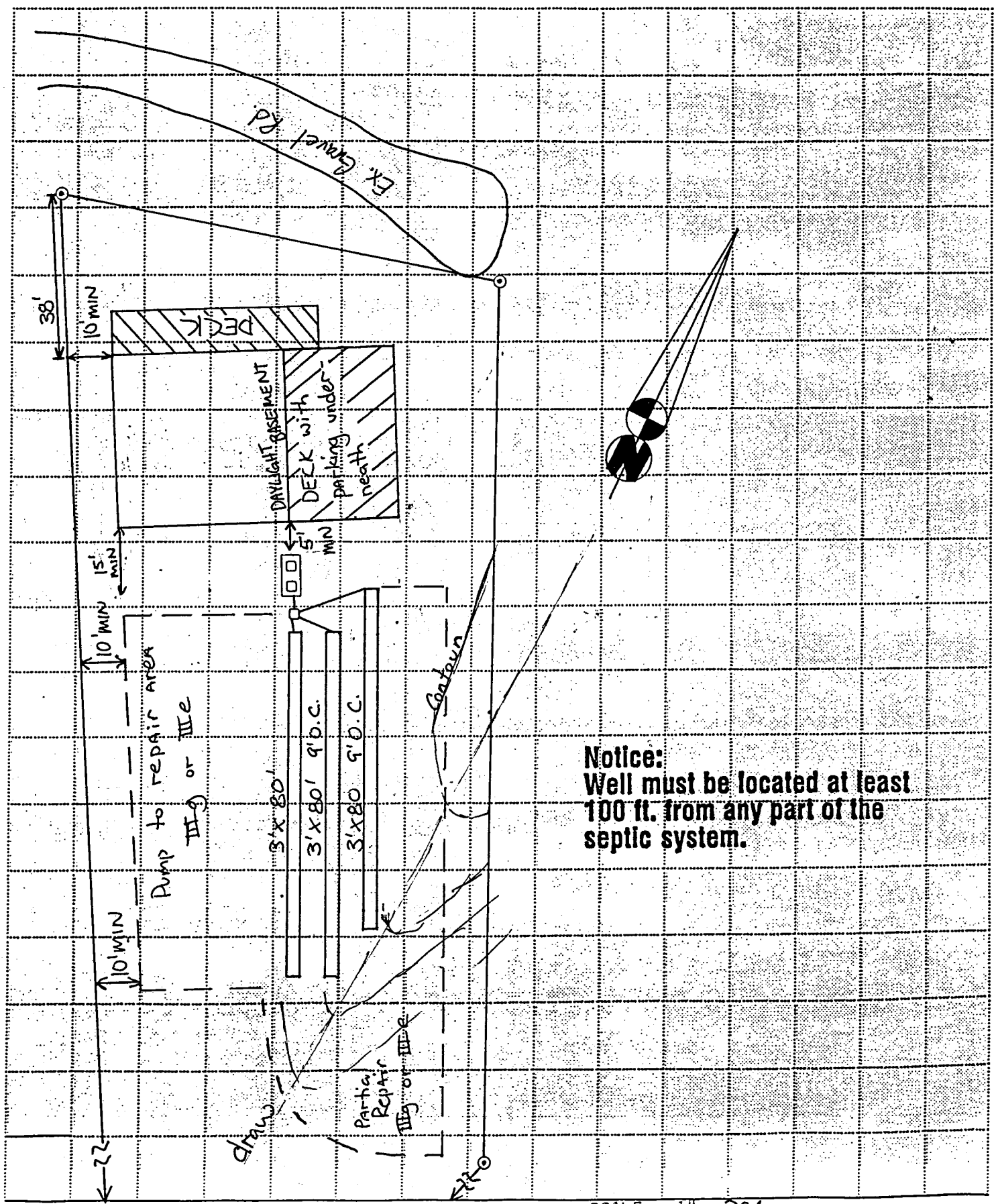
I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.

Signed: Joe McCall agent Date: 2-28-05 Construction Authorization prepared by: Hal O. Cisler RS Date: 2/25/05

PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Ronald Atkinson (Whetstone Gap Lot 45-C) Permit No.: 05-080 Pin No.: 8572-61-8582-000



Notice:
Well must be located at least 100 ft. from any part of the septic system.

SCALE: 1" = 30'