### HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

### Application for Repair

| EMAIL ADDRESS: precision septic agma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNER NAME 104CEE Brugg PHONE 719-909-4589                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| OWNER NAME Raycee Bragg PHONE 919-909-4389  PHYSICAL ADDRESS 38 Greene Ct. Angier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) _ 554 Homestead Care Angier NC 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Township 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SUBDIVISION NAME LOT #/TRACT # STATE RD/HWY SIZE OF LOT/TRAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Type of Dwelling: [] Modular [] Mobile Home Stick built [] Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Number of bedrooms 3 [] Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Garage: Yes No [] Dishwasher: Yes [] No [] Garbage Disposal: Yes [] No [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Water Supply: [] Private Well [] Community System (County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Directions from Lillington to your site: 210 TOWARDS Angier Left James Noris Ad.  Bt into Subdivision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TANK REPLACEMENT AND POSSIBLY Distribution By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ol> <li>In order for Environmental Health to help you with your repair, you will need to comply by completing the followin         <ol> <li>A "surveyed and recorded map" and "deed to your property" must be attached to this application. Please inform us of wells on the property by showing on your survey map.</li> </ol> </li> <li>The outlet end of the tank and the distribution box will need to be uncovered and property lines flagged. After the tank uncovered, property lines flagged, underground utilities marked, and the orange sign has been placed, you will need to us at 910-893-7547 to confirm that your site is ready for evaluation.</li> <li>Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violatiletter. (Whichever is applicable.)</li> </ol> |
| By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will resu the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership changes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Puh Weller 5-1-25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Owner Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Owner Signature  Owner Vepresentativ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

| so, w           | ou received a violation letter for a failing system from our office? [ ] YES [ ] NO ithin the last 5 years have you completed an application for repair for this site? [ ] YES [ ] NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| stalle<br>eptic | ome was built (or year of septic tank installation)<br>r of system<br>Tank Pumper<br>er of System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1.<br>2.        | Number of people who live in house?# adults# children# total What is your average estimated daily water usage?gallons/month or daycounty water. If HCPU please give the name the bill is listed in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4.<br>5.<br>6.  | If you have a garbage disposal, how often is it used? [ ] daily [ ] weekly [ ] monthly  When was the septic tank last pumped? How often do you have it pumped?  If you have a dishwasher, how often do you use it? [ ] daily [ ] every other day [ ] weekly  If you have a washing machine, how often do you use it? [ ] daily [ ] every other day [ ] weekly [ ] monthly  Do you have a water softener or treatment system? [ ] YES [ ] NO Where does it drain?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 9.              | Do you use an "in tank" toilet bowl sanitizer? [ ] YES [ ] NO  Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [ ] YES [ ] NO If yes please list  Do you put household cleaning chemicals down the drain? [ ] YES [ ] NO If so, what kind?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 11.<br>12.      | Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES [] NO Have you installed any water fixtures since your system has been installed? [] YES [] NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 14.             | Do you have an underground lawn watering system? [ ] YES [ ] NO  Has any work been done to your structure since the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                 | Are there any underground utilities on your lot? Please check all that apply:  [] Power[] Phone[] Cable[] Gas[] Water  Describe what is happening when you are having problems with your septic system, and when was this first noticed?  [] In the control of the co |
| 17.             | first noticed?    TOTE   N PAUL B   B   B   B   B   B   B   B   B   B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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#### DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

- 1. Power of Attorney
- 2. Real Estate Contract
- 3. Estate executor
- 4. Bankruptcy trustee
- 5. Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

- 1. Complete this form to document his or her legal representative, or
- 2. Provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

| I. Kayce Brag | gg of MSR, represent                                | RH Partners OwnerCo 2                        | 2, LLC, am the legal owner(s)                          | of the property located                  |
|---------------|-----------------------------------------------------|----------------------------------------------|--------------------------------------------------------|------------------------------------------|
| at            |                                                     | Greene Ct Angier NC 275                      | 501                                                    | , identified as                          |
| PIN (Parce    | I Identification N                                  | umber)                                       | Lot 22, The Township                                   | , located in XXXXX                       |
|               | ounty, North Card                                   |                                              |                                                        |                                          |
|               |                                                     |                                              | ve/company name)<br>o act as an agent on my bel        | ndary Home Solutions<br>nalf in applying |
| for/signing   | g/obtaining any o                                   | of the documents de                          | escribed below.                                        |                                          |
| •             | Improvement P<br>Application for<br>Application/per | ermit (IP) / Authori<br>soil-site evaluation | king water well/well aband                             |                                          |
| _             |                                                     |                                              | ons between the legal reproment of Public Health, Envi |                                          |
| Cayce         | Bragg                                               | 4/30/25                                      |                                                        |                                          |
| Signature     | of Owner(s)                                         | Date                                         | Signature of Witne                                     | ss Date                                  |

Matthew S. Willis Register of Deeds Harnett County, NC Electronically Recorded 04/29/2025 09:44:42 AM NC Rev Stamp: \$0.00 Book: 4282 Page: 1470 - 1477 (8) Fee: \$26.00

Instrument Number: 2025007426

HARNETT COUNTY TAX ID # 040672 0104 27 040663 0001 22

04-29-2025 BY: MB

Excise Tax:

\$0.00. This deed is exempt from North Carolina Excise Tax pursuant to NCGS 105-228.29(6).

Mail tax statements to: RH Partners OwnerCo 2, LLC 401 Congress Avenue 33rd Floor Austin, TX 78701 After recording, return to:
BCHH, LLC
181 Montour Run Road
Coraopolis, PA 15108
Attention: Jim Felouzis
412-465-3917, jfelouzis@bchhinc.com

This instrument prepared by: Courtney E. Dec, a licensed North Carolina attorney. Delinquent taxes, if any, to be paid by the closing attorney to the county tax collector upon disbursement of closing proceeds.

The existence of title insurance is unknown to the preparer. This instrument prepared by Courtney E. Dec, a licensed North Carolina attorney, without title examination.

Tax Parcel Number(s): 04-0672-0104-27 04-0663-0001-22

### SPECIAL WARRANTY DEED

THIS DEED, made to be effective as of the 23rd day of April, 2025, is made and entered into by and between RH Partners OwnerCo, LLC, a Delaware limited liability company, successor by merger to SAFARI ONE ASSET COMPANY, LLC, SAFARI TWO ASSET COMPANY, LLC, SFR ASSETS OWNER, LLC and SFR INVESTMENTS I, LLC, all being Delaware limited liability companies, as shown on Certificate of Merger of Domestic Limited Liability Companies attached hereto as Exhibit "C", a Delaware limited liability company, whose forward mailing address is 401 Congress Avenue, 33rd Floor, Austin, TX 78701 ("Grantor"), and RH Partners OwnerCo 2, LLC, a Delaware limited liability company, whose tax mailing address is 401 Congress Avenue, 33rd Floor, Austin, TX 78701 ("Grantee").

GRANTOR, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby grants and conveys, with covenants of special warranty, unto Grantee, the following real property lying and being in the County of Harnett, in the State of North Carolina, to-wit:

#### SEE EXHIBIT "A"

GRANTOR makes no representations or warranties, of any kind or nature whatsoever, other than those set out above, whether expressed, implied, implied by law, or otherwise, concerning the condition of the title of the property.

SUBJECT TO all legal highways; zoning, building and other laws, ordinances and regulations; real estate taxes and assessments not yet due and payable; rights of tenants in possession; and the Permitted Exceptions identified on Exhibit "B" attached hereto.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien equity and claim whatsoever of Grantor, either in law or equity, to the only proper use, benefit and behalf of Grantee forever.

GRANTOR will warrant and defend against all lawful claims of all persons claiming by, through or under Grantor, and no others.

[SIGNATURE PAGE FOLLOWS]

EXECUTED by the undersigned this 21 day of April, 2025.

GRANTOR:

RH Partners OwnerCo, LLC, a Delaware limited liability company

Title: Vice President

STATE OF TEXAS COUNTY OF TRAVIS

The foregoing instrument was acknowledged before me this 21 day of April, 2025, by Joseph V. Gatti, as Vice President of RH Partners OwnerCo, LLC, a Delaware limited liability company, who ⊠ is personally known to me, or □ has produced \_ as identification, and furthermore, the aforementioned person has acknowledged that his/ her signature was his/her free and voluntary act for the purposes set forth in this instrument.

SEAL:

JACLYN A. KRAMER Notary Public, State of Texas Comm. Expires 04-02-2029 Notary ID 135500150

Notary Pyblic
Commission Expires: 04/02/2029

# Exhibit "A" Legal Description(s)

#### TRACT 1:

BEING all of Lot 23 of STOCKTON SUBDIVISION, as same is shown on map thereof recorded in Plat Cabinet F, Slide 436D, Harnett County Registry, to which map reference is hereby made for a more particular description.

BEING the same property conveyed to Grantor by deed recorded 09/30/2020 at Book 3875, Page 203 in said Registry.

**COMMONLY KNOWN AS:** 191 Kings Way, Angier, NC 27501

PARCEL ID: 04-0672-0104-27

**TITLE FILE NO**: 1070334-1

### TRACT 2:

BEING all of Lot 22 of THE TOWNSHIP, as same is shown on map thereof recorded in Plat Cabinet D, Slide 59-B, Harnett County Registry, to which map reference is hereby made for a more particular description.

BEING the same property conveyed to Grantor by deed recorded 09/30/2020 at Book 3875, Page 203 in said Registry.

**COMMONLY KNOWN AS:** 38 Greene Ct, Angier, NC 27501

**PARCEL ID**: 04-0663-0001-22

**TITLE FILE NO:** 1322280-1

# Exhibit "B" Permitted Exception(s)

### AS TO TRACT 1 (191 KINGS WAY, ANGIER, NC 27501) ONLY:

- (1) All matters as referenced on the map(s)/plat(s) recorded at Plat Cabinet F, Slide 436D, Harnett County Registry.
- (2) Term(s), provision(s), obligation(s), covenant(s), condition(s) and/or restriction(s) as set forth in instrument(s) recorded at Book 1111, Page 897, Harnett County Registry.
- (3) Term(s) and/or provision(s) of the Agreement(s) recorded at Instrument No(s). 9505455, Harnett County Registry.

### AS TO TRACT 2 (38 GREENE CT, ANGIER, NC 27501) ONLY:

(1) All matters as referenced on the map(s)/plat(s) recorded at Plat Cabinet D, Page 59-B, Harnett County Registry.

## EXHIBIT "C"

# <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"SAFARI TWO ASSET COMPANY, LLC", A DELAWARE LIMITED LIABILITY
COMPANY,

"SFR INVESTMENTS I, LLC", A DELAWARE LIMITED LIABILITY
COMPANY,

"SAFARI ONE ASSET COMPANY, LLC", A DELAWARE LIMITED LIABILITY COMPANY,

"SFR ASSETS OWNER, LLC", A DELAWARE LIMITED LIABILITY
COMPANY,

WITH AND INTO "RH PARTNERS OWNERCO, LLC" UNDER THE NAME OF
"RH PARTNERS OWNERCO, LLC", A LIMITED LIABILITY COMPANY
ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE,
AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF
SEPTEMBER, A.D. 2020, AT 11:22 O'CLOCK A.M.

SPECIAL SPECIA

Authentication: 203754108

Date: 09-29-20

6928884 8100M SR# 20207534387

EXECUTION VERSION

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:22 AM 09/29/2020
FILED 11:22 AM 09/29/2020
SR 20207534387 - File Number 6928884

### STATE OF DELAWARE CERTIFICATE OF MERGER OF DOMESTIC LIMITED LIABILITY COMPANIES

Pursuant to Section 18-209 of the Delaware Limited Liability Company Act, the undersigned limited liability company executed the following Certificate of Merger:

FIRST: The name, jurisdiction of formation and type of entity of the surviving domestic limited liability company is RH Partners OwnerCo, LLC, a Delaware limited liability company (the "Surviving Company"). The name, jurisdiction of formation and type of entity of each of the domestic limited liability companies being merged with and into the Surviving Company are:

- a) Safari One Asset Company, LLC, a Delaware limited liability company;
- b) Safari Two Asset Company, LLC, a Delaware limited liability company;
- c) SFR Assets Owner, LLC, a Delaware limited liability company; and
- d) SFR Investments I, LLC, a Delaware limited liability company.

SECOND: An agreement and plan of merger (the "Agreement and Plan of Merger") has been approved, adopted, certified, executed and acknowledged by each of the constituent limited liability companies.

**THIRD**: The name of the surviving domestic limited liability company is RH Partners OwnerCo, LLC.

FOURTH: The merger is to become effective on the date of filing.

**FIFTH:** The Agreement and Plan of Merger is on file at 5001 Plaza on the Lake, Suite 200, Austin, Texas 78746, the place of business of the Surviving Company.

**SIXTH**: A copy of the Agreement and Plan of Merger will be furnished by the Surviving Company on request, without cost, to any member of the constituent limited liability companies.

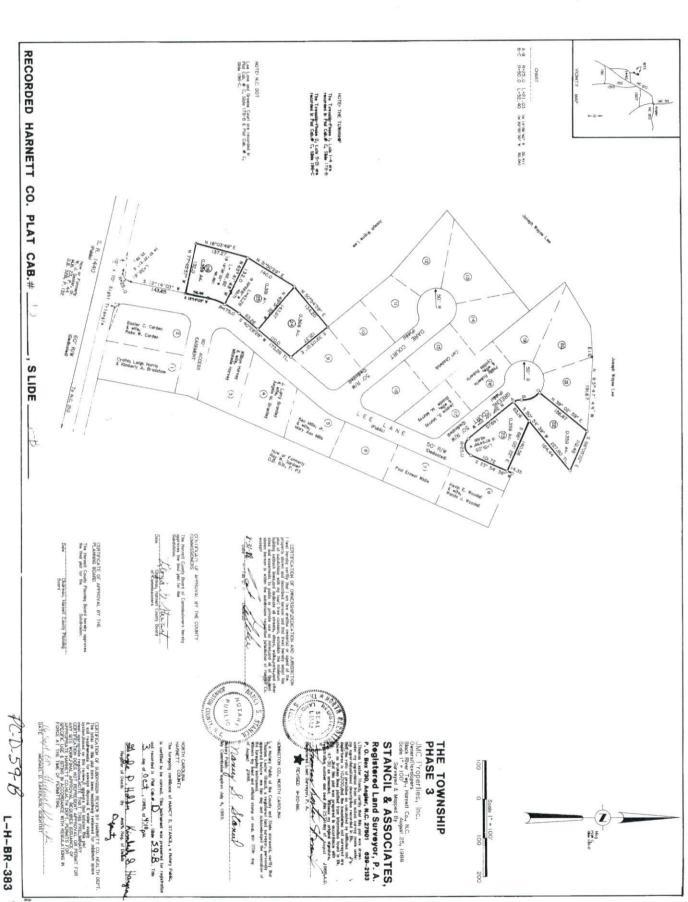
[Signature Page Follows]

**IN WITNESS WHEREOF**, the Surviving Company has caused this certificate of merger to be signed by an authorized person on its behalf, the 29th day of September, 2020.

RH PARTNERS OWNERCO, LLC

Name Joseph V. Gat

Its: Vice President



### Ve -- 7132

## -IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department".

| Name: (owner) Robert W. Balk & New Installation Property Location: It I all I  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of Bedrooms Proposed:  Basement with Plumbing:  Garage:  Water Supply:  Well  Public  Community  Distance From Well:  So't  ft. cry spiritus  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:  Conventional  Other  Size of tank:  Septic Tank:  Oco gallons  Pump Tank:  gallons  Subsurface  No. of  exact length  of each ditch  of each ditch  French Drain required:  Linear feet  This permit is subject to revocation if site plans or intended use change.  VOID AFTER 5 YEARS  Environmental Health Specialist  VOID AFTER 5 YEARS  Environmental Health Specialist  Conventions  Environmental Health Specialist  Conventions  Environmental Health Specialist  Conventions  Environmental Health Specialist  Conventions  Con |
| Basement with Plumbing: Garage: If  Water Supply: Well Public Community  Distance From Well: 50't ft. ory witing  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system: Conventional Other gallons  Size of tank: Septic Tank: 1000 gallons  Subsurface No. of exact length of each ditch of each ditches ft. di |
| Water Supply: Well Public Community Distance From Well: 50 / ft. ory uniting Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system: Conventional Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Distance From Well: 50 t ft. ory upting  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system: A Conventional Other gallons  Size of tank: Septic Tank: OOO gallons Pump Tank: gallons  Subsurface No. of exact length of each ditch of each ditch ft. ditches f |
| Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system: A Conventional Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Size of tank: Septic Tank: \( \begin{align*} 000 \text{ gallons} \) Pump Tank: \( \begin{align*} |
| Subsurface No. of exact length of each ditch of each ditches ditches of each ditch of ft. ditches of the ditche |
| Drainage Field ditches of each ditch of ft. ditches |
| Plans or intended use change.  Signed: South  Environmental Health Specialist  Of the reptic system  Resp drainling on contour  on bear passible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| - Do not drive on any part of the systic system - Keep drainlines on contour ers best possible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| - Do not drive on any part of the systic system - Keep drainlines on contour ers best possible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| maintain 10' setback from property lines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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# **CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT**

| Contractor: Clay Colonial Garage: Mater Supply: Well Public Community Distance From Well: 50/f ft.  Following are the specifications for the sewage disposal system on above captioned property.  Type of system: Conventional Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pr | ame: (owner) Robert Blake  Property Location: SR# 1440  Subdivision Ho Lourship  Lot # 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Water Supply:  Well Public  Community  Distance From Well:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Co |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Distance From Well: ft.  Following are the specifications for the sewage disposal system on above captioned property.  Type of system:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ва | asement with Plumbing:  Garage:  Garage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Following are the specifications for the sewage disposal system on above captioned property.  Type of system: Conventional Other  Size of tank: Septic Tank: OOO gallons Pump Tank: gallons  Subsurface No. of exact length of each ditch of each ditches ft. ditc |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Type of system: Conventional Other  Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons  Subsurface No. of ditches of each ditch 100 ft. ditches 3 ft. depth of ditches 2 ft.  French Drain: Date: 10-27-93  Inspected by:: Hallow Charles  Environmental Health Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Di | istance From Well: 50/f ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Size of tank: Septic Tank: OOO gallons Pump Tank: gallons  Subsurface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F  | ollowing are the specifications for the sewage disposal system on above captioned property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Subsurface Drainage Field ditches  Linear feet  Date:  Dat | Ту | ype of system: 💆 Conventional 🗆 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Subsurface Drainage Field ditches  Linear feet  Date:  Dat | Si | ze of tank: Septic Tank: 1000 gallons Pump Tank: gallons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Date: 17-93 Inspected by:: 26 Own Environmental Health Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Su | absurface No. of a exact length of each ditch of each ditches |
| Environmental Health Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rı | Inear leet 10 - 27-9-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Environmental Health Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P  | marmaro 7/37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Sweet and a second of the seco |    | Inspected by The Care of th   |
| Swap Convertible of C |    | Environmental Health Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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