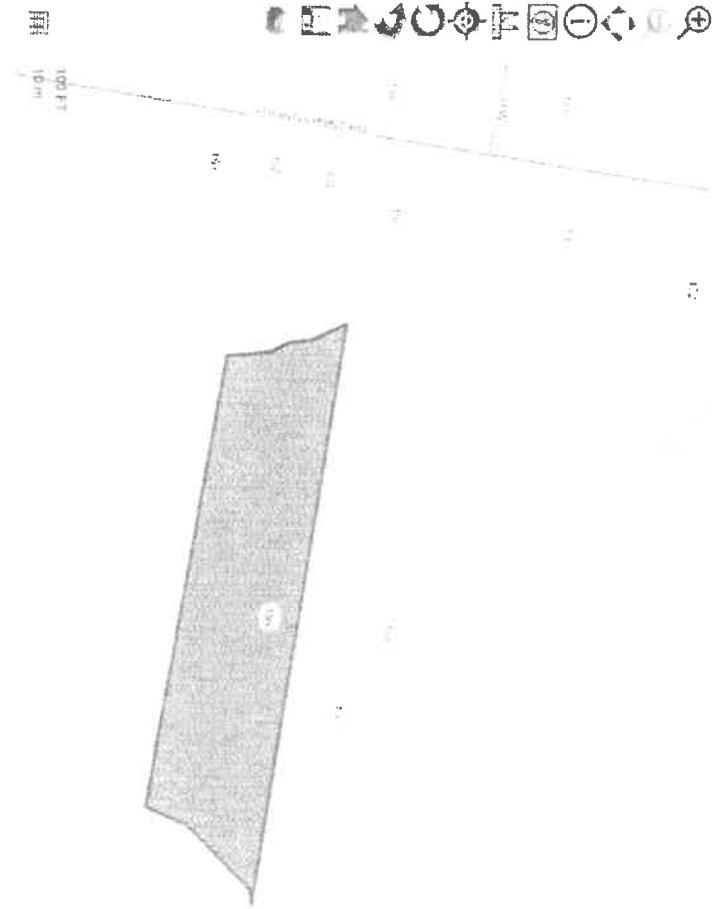


GISData: Powered By Freecance 4.2.3 - IDC Group Inc.

Page 1 of 1



Map Tool Options
 The current cursor mode is set to 'Zoom Out'. Clicking on the map directly will zoom out on the map centered at the point clicked.

Active Tool: Zoom Out
 The current cursor mode is set to 'Zoom Out'. Clicking on the map directly will zoom out on the map centered at the point clicked.

Site Information

Selected: how All Selections Search Clear

Source: Freecance

PIN: R300 010 000 0358 0000
 KEYNO: 00278014---Access Tar
 Information: View Birds Eye Image
 SWANSON TRACY B

COORD: 633 16TH ST
 PORT ROYAL
 STATE2SC
 29935

GISFILE.OWNER_1
 GISFILE.OWNER_2
 GISFILE.OWN_ST
 GISFILE.OWN_CITY2
 GISFILE.OWN_STATE2SC
 GISFILE.ZIP

http://isweb.kcpov.net/freecance/Item/PublicAccess/index.html?appconfig=GISData&cmd=zoom]ockItemname=4&fieldna... 8/25/2010

JUL 01 2005 13:42 BEAUFORT MORTGAGE INC 8435218129 p.3

JUN 22 2005 12:23PM JOCO CONSTRUCTION No. 1229 P. 2/2

D H E C
PERMIT TO CONSTRUCT - CERTIFICATE OF FINAL APPROVAL
Onsite Sewage Treatment and Disposal System

Permit No.: 2003090001 Type Facility: 1 BR TMSF:
 Name: JOE FIZZO Address: 45 SHORT LANDING RD. Sya. Category: 240
 Subdivision: ST. HELENA Street: EDDING POINT Section/Lot: 3 Type Water Supply: WELL

SYSTEM SPECIFICATIONS
 Max. Est. Daily Flow: 360
 Loading Rate: 8
 Tank Capacity: 1000 GAL
 Trenches: Length: 225 FT
 Width: 36 IN
 Max. Bottom Depth: 6 IN
 Aggregate Depth: 8 IN
 Min. Pump Capacity: _____ GPM
 at _____ ft. of Head

SPECIAL INSTRUCTIONS/CONDITIONS
 Keep system a minimum of 5-feet from property lines; 25-feet from any ditch; 50-feet from any well or body of water. System must be installed as permitted. Do not drive or park on any part of system until before making any changes.
FILL CAP REQUIRED

ACTUAL INSTALLATION
 Installed: _____
 Trenching Method: _____
 Aggregate Type: _____
 Well Installed: Yes No
 Nearest Access Distance to: _____
 Well: _____
 Building: _____
 Property Line: _____
 Street/Amendment: _____
 Line No. _____ Elevation Readings _____
 Subsoil: _____
 S/T Inlet: _____
 S/T Outlet: _____

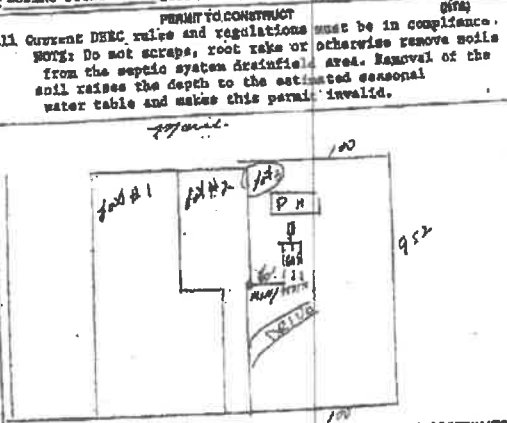
CERTIFICATE OF FINAL APPROVAL (NBT)
 ANY CHANGES TO SYSTEM MUST BE AUTHORIZED BY THE HEALTH DEPARTMENT PRIOR TO INSTALLATION.

THIS CERTIFICATE OF FINAL APPROVAL DOES NOT GUARANTEE THE LIFE OF THE SYSTEM OR THAT IT WILL FUNCTION PROPERLY UNDER ANY OR ALL CONDITIONS.

Issued By: [Signature] Date: 12-20-03 Approved By: _____ Date: _____

DHSD 1708 (12/03/01)

2003090001 JOE FIZZO



Handwritten:
 \$70,000
 2.45 Acres
 156

0001/002

07/01/2005 PM 11:35 FAX 843 522 1708 Beaufort Realty