

Certificate of Completion

Macon County Health Department

Date 7/2/85

Time Called 8:30 am

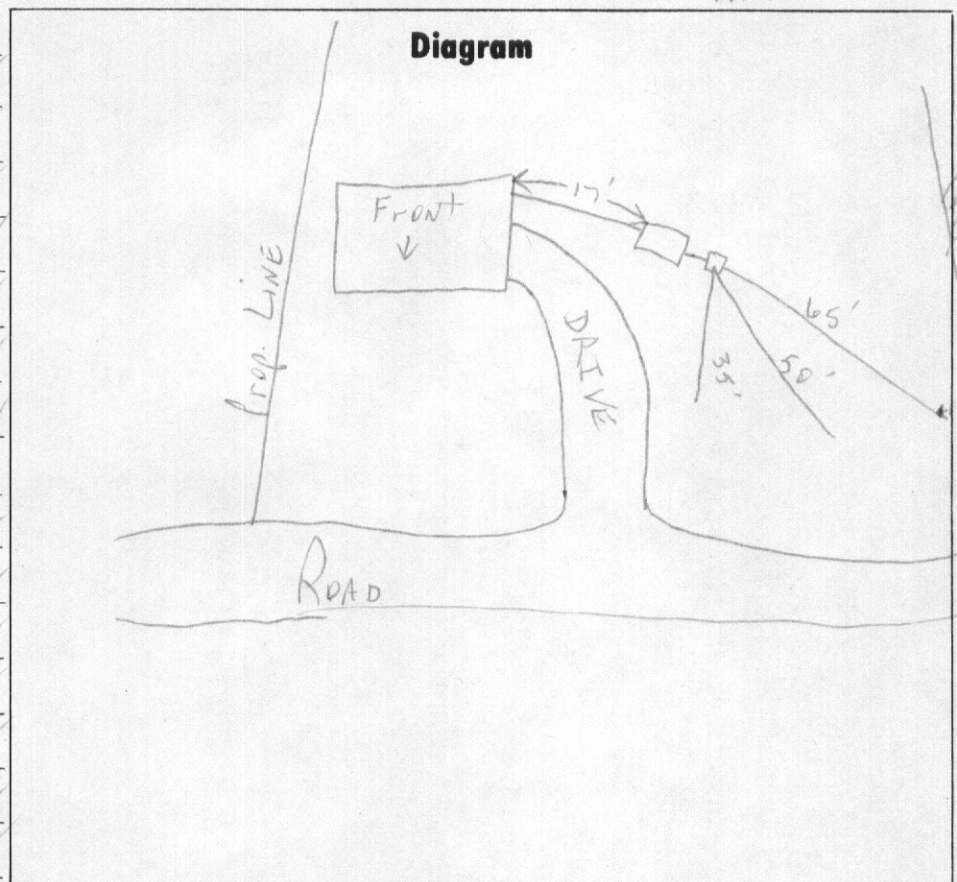
NAME OF OWNER MICHAEL LICA

ADDRESS Trimont Mtn Estates Lot #9 Block C

NAME OF INSTALLER Doyle Byrd

PERMIT NUMBER 8

1. Site Permit Issued ☒
2. Septic Tank Properly Located ☒
3. Septic Tank Adequate Size ☒
4. Tank Meets Structural Requirements ☒
5. Tank Level ☒
6. Effluent Lower Than Influent ☒
7. Tank Has 9" Free Board ☒
8. Tank at Proper Depth ☒
9. All Ells 45 deg. or more with Cleanouts ☒
10. Dist. Box properly located and level ☒
11. All Solid Pipe of Approved Material ☒
12. Nitrification Line of Approved Material ☒
13. Lines of Sufficient Length and Width ☒
14. Lines have Approved Grade 1/4" in 10' ☒
15. Minimum of 8" gravel under and 2" over line ☒
16. Lines adequate distance apart ☒



A Representative of the Macon County Health Dept. has inspected this Sewage System and finds it
() suitable () unsuitable.

Date inspected 7/2/85

Time inspected 9 am

This conforms the State Guidelines and is not a Guarantee.

SEPTIC SYSTEM FINAL
Power Hook-up OK
W. David Simpson

Sanitarian W. David Simpson

MACON COUNTY HEALTH DEPARTMENT
FRANKLIN, N.C. 28734
369-9526

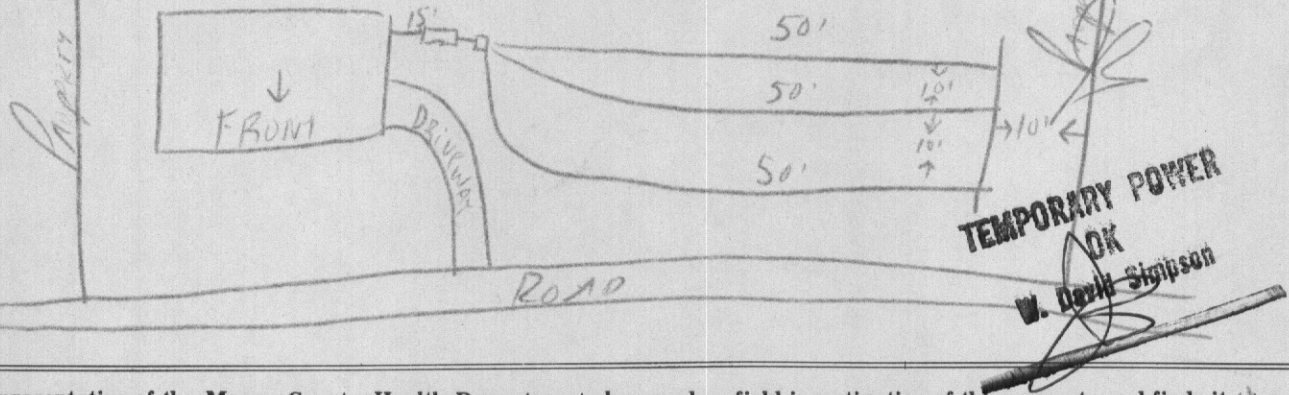
IMPROVEMENTS PERMIT

Owner.....	Michael Lica	Number of Bedrooms.....	2
Location.....	Trimont Mtn. Estates	Number of Bathrooms.....	2
Area of Lot.....	Lot #9 - Block C	Type of Tank (Size).....	precast
Residential.....	(X)	Drain Line Length.....	150'
Commercial.....	()	Drain Line Width.....	3'
Mobile Home.....	() Size.....	Size Tank (Gal.).....	1000 gallons
Square Footage of House.....	1000	Stone Under Line.....	8"
SCS Soil Test.....	N/A	Stone Over Line.....	2"

DIAGRAM

Central Water

NOTE: Keep system shallow with trench no deeper than 36"!! Keep 10' away from property line.



A representative of the Macon County Health Department has made a field investigation of this property and finds it () suitable () marginally suitable () unsuitable for proposed installation. This permit is valid for 1 year after date of issue. Any alterations of this proposed installation as shown by this permit renders it invalid.

This conforms to State Guidelines and is not a GUARANTEE.

DATE..... 6-11-85..... SANITARIAN..... Jan Bell.....

I, Michael Lica..... state that the above information is correct to the best of my knowledge.