Certificate of Completion

Macon County Health Department

Date 9-21-84

Time Called 9 Am

NAME OF OWNER Leslie E. Sobel

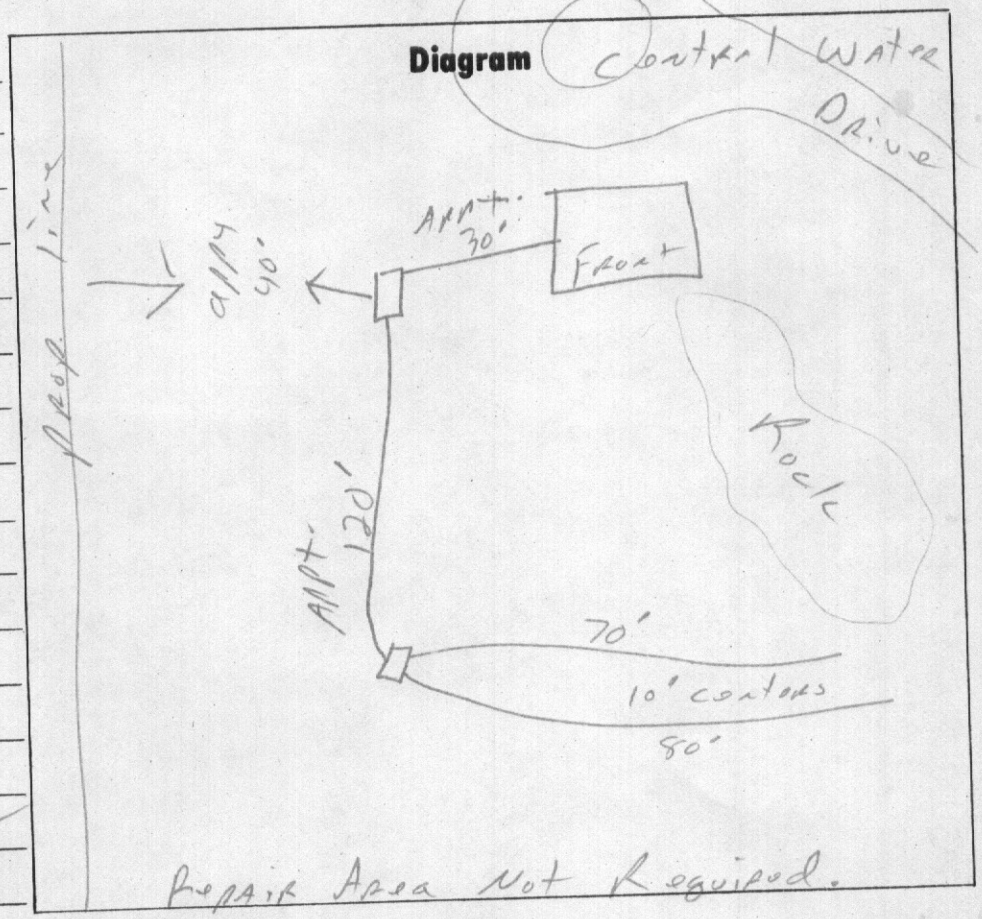
ADDRESS Whisper Mtn. Estates Lot # 61B

NAME OF INSTALLER Andy Berry

PERMIT NUMBER 13

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 Pape 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 /

Diagram



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

Date inspected 9-21-84

Time inspected 10 Am

This conforms the State Guidelines and is not a Guarantee.

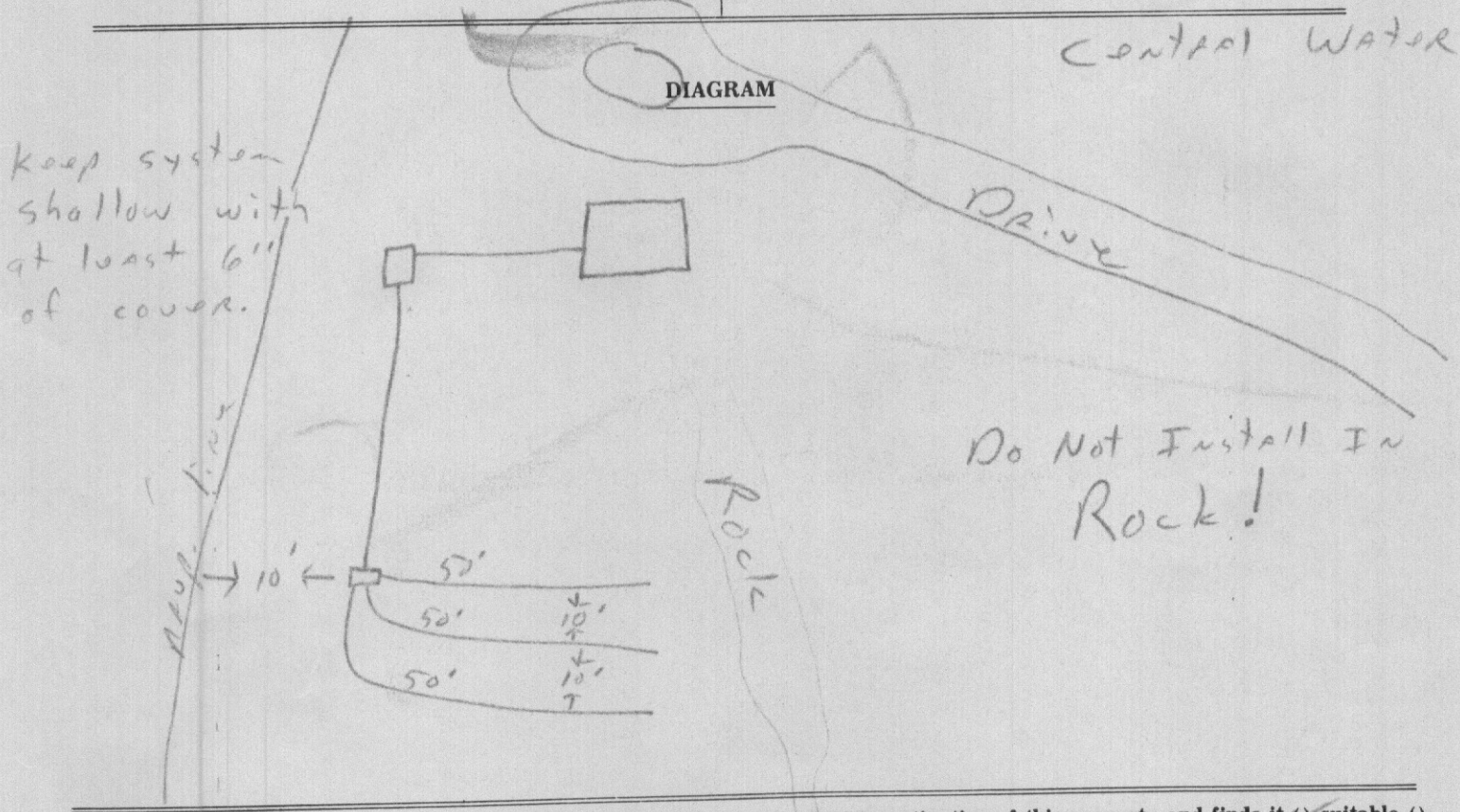
Sanitarian Benjamin Lower

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

IMPROVEMENTS PERMIT

Owner	Leslie E Sobel	**Number of Bedrooms**	2
Location	Whispering Mtn. Estates Lot #6	**Number of Bathrooms**	2
Area of Lot		**Type of Tank (Size)**	PRECAST
Residential	(✓)	**Drain Line Length**	150'
Commercial	( )	**Drain Line Width**	36"
Mobile Home	( ) Size	**Size Tank (Gal.)**	1000
Square Footage of House	1200	**Stone Under Line**	8"
SCS Soil Test		**Stone Over Line**	2"

DIAGRAM



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. If any soil restrictions are encountered during installation, contractor shall contact M.C.H.D.

This conforms to State Guidelines and is not a GUARANTEE.

DATE 9-14-84 **SANITARIAN** Benjamin L Jones

I Joseph Paul Shuler **state that the above information is correct to the best of my knowledge.**