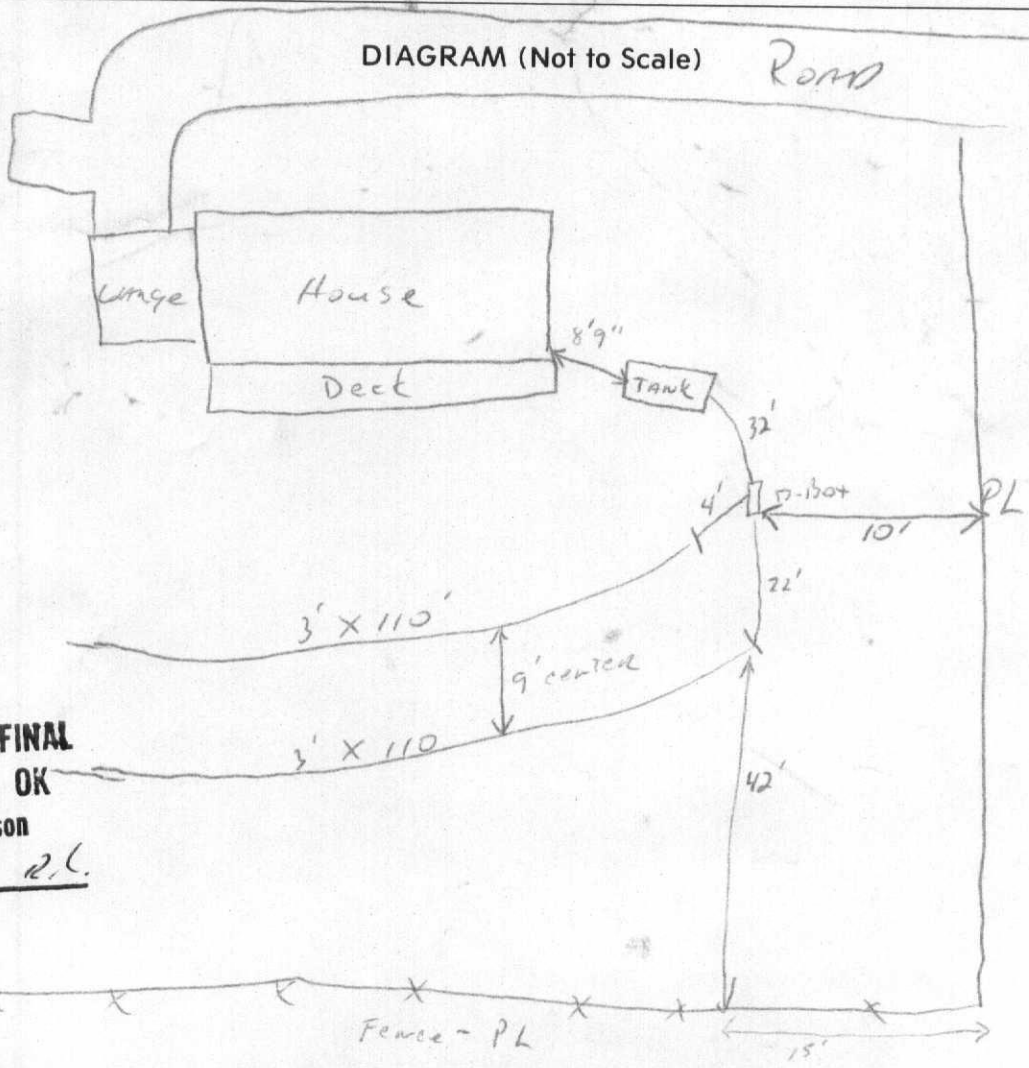


MACON COUNTY HEALTH DEPARTMENT
 FRANKLIN, NORTH CAROLINA 28734 • (704) 369-9526

Certificate of Completion

NAME OF OWNER John + Lawtie Cathrop
 LOCATION LOT 47 + 48 Dogwood Sub
 INSTALLER Steve Higdon PERMITTED _____

TYPE OF SYSTEM CONVENTIONAL WATER SOURCE: CITY
 SIZE OF TANK 1000 STB-43 3-70-92 COMMUNITY
 TRENCH BOTTOM DEPTH 22" INDIVIDUAL WELL / SPRING



SEPTIC SYSTEM FINAL
 Power Hook-up OK
 W. David Simpson
9-10-92 ok R.L.

A representative of the Macon County Health Department has inspected this septic system and finds that it conforms to state guidelines. The area designated as repair area is required for future use and can not be disturbed in any way. This certificate indicates that the septic system has been inspected; however, this certificate is not a guarantee.

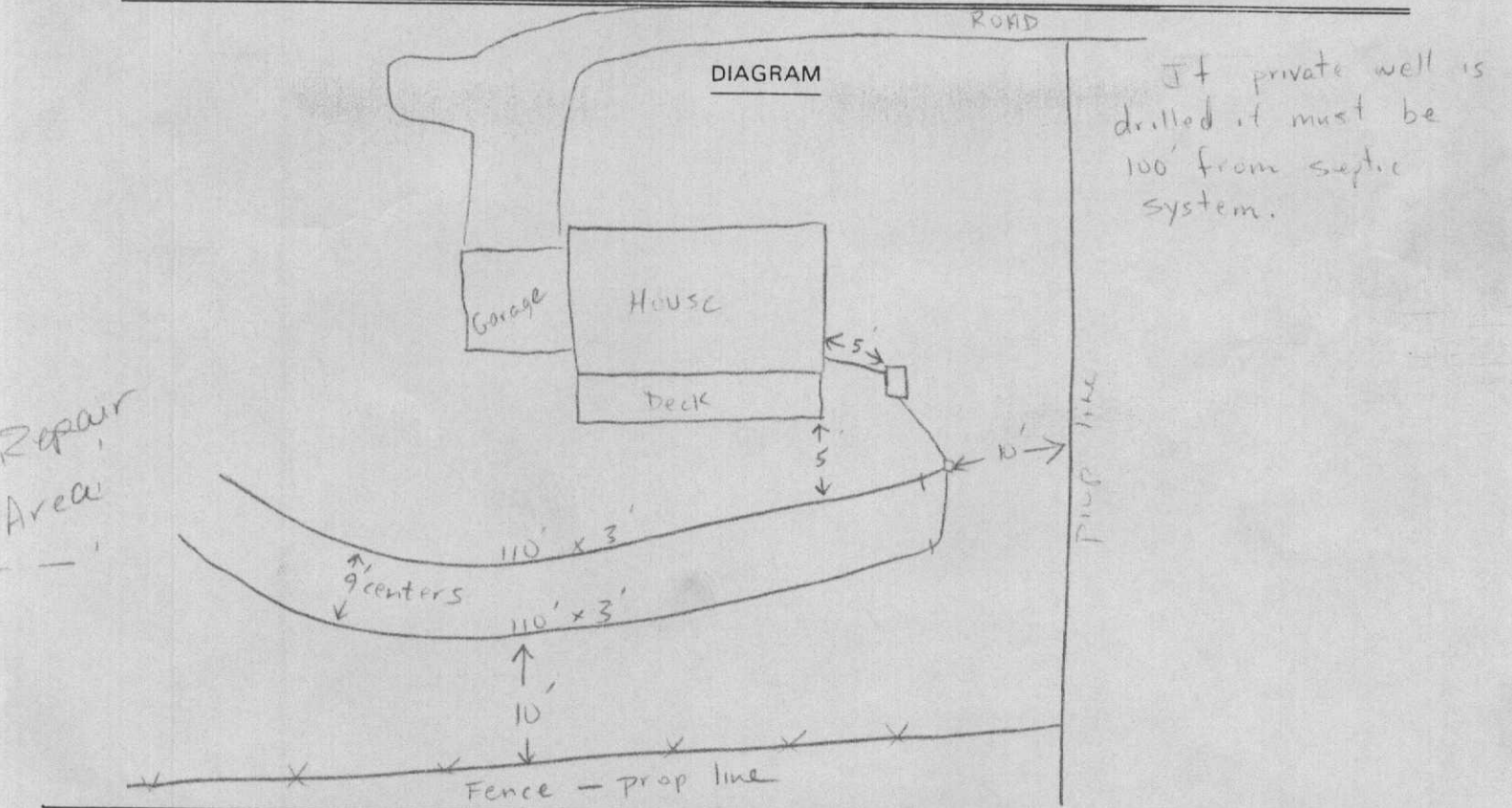
DATE INSPECTED 5/18/92 SANITARIAN David Simpson

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

IMPROVEMENTS PERMIT

Owner John & Leticia Lathrop
 Location Lot 47 & 48 Dogwood Sub.
 Township Mill Shoal Parcel# _____
 Area of Lot 1.5 Acres
 Residential (K)
 Commercial ()
 Mobile Home () Size _____
 Suitable Soil Depth 40"

Number of Bedrooms 3
 Precast Tank Size 1000 gal
 Trench Bottom Depth 20"
 Total Drain Line Length 220'
 Drain Line Width 3'
 Stone Under Line 8"
 Stone Over Line 2"
 Proposed Water Source community well



A representative of the Macon County Health Department has made a field investigation of this property and finds it () suitable (K) provisionally suitable () unsuitable for proposed installation. This permit is valid for 5 years after date of issue. Any alterations of this proposed installation or site 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 3/9/92 SANITARIAN Patrick Muse RS
 I John M. Lathrop state that the above information is correct to the best of my knowledge.