Certificate of Completion

Macon County Health Department

Date 6-12-87

Time Called 11:25

NAME OF OWNER Bill & Jill Lee

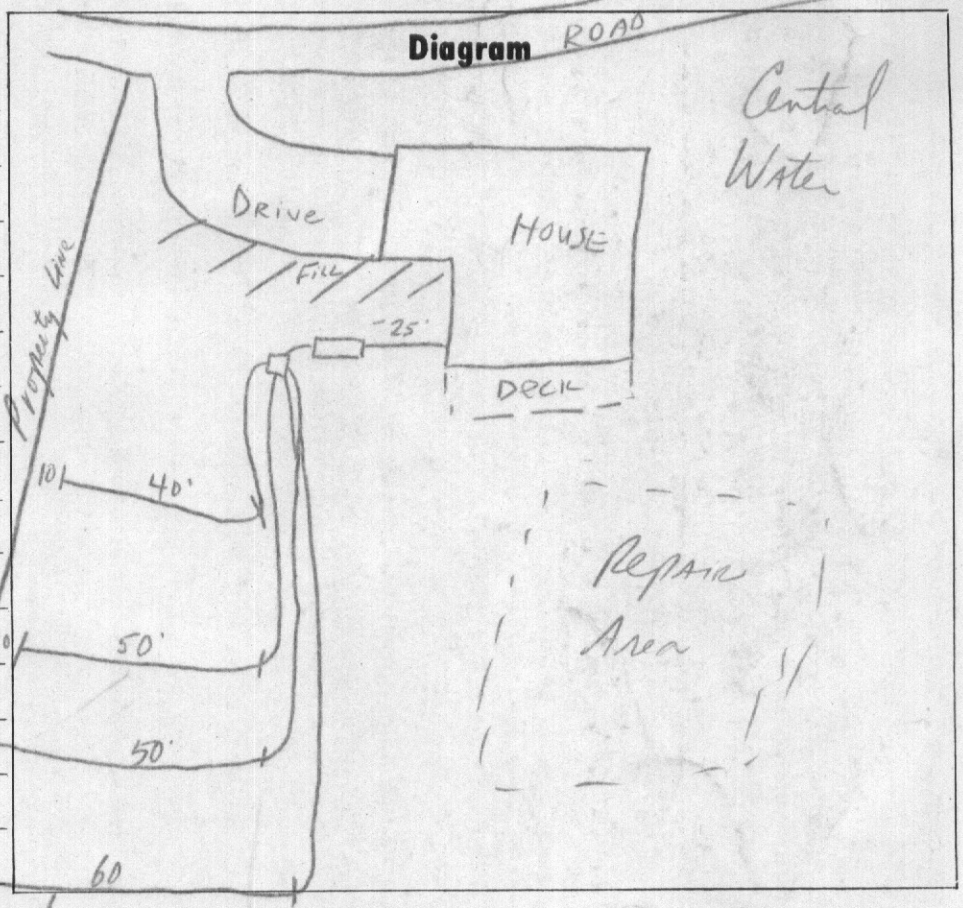
ADDRESS Lot 1 Block B Trimont Mtn. Estates

NAME OF INSTALLER Bill Lee

PERMIT NUMBER ~~~

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 ¼" 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 (✓) suitable ( ) unsuitable.

Date inspected 6-12-87

Time inspected 1:26

This conforms the State Guidelines and is not a Guarantee.

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

Sanitarian Jane B. Morgan RS

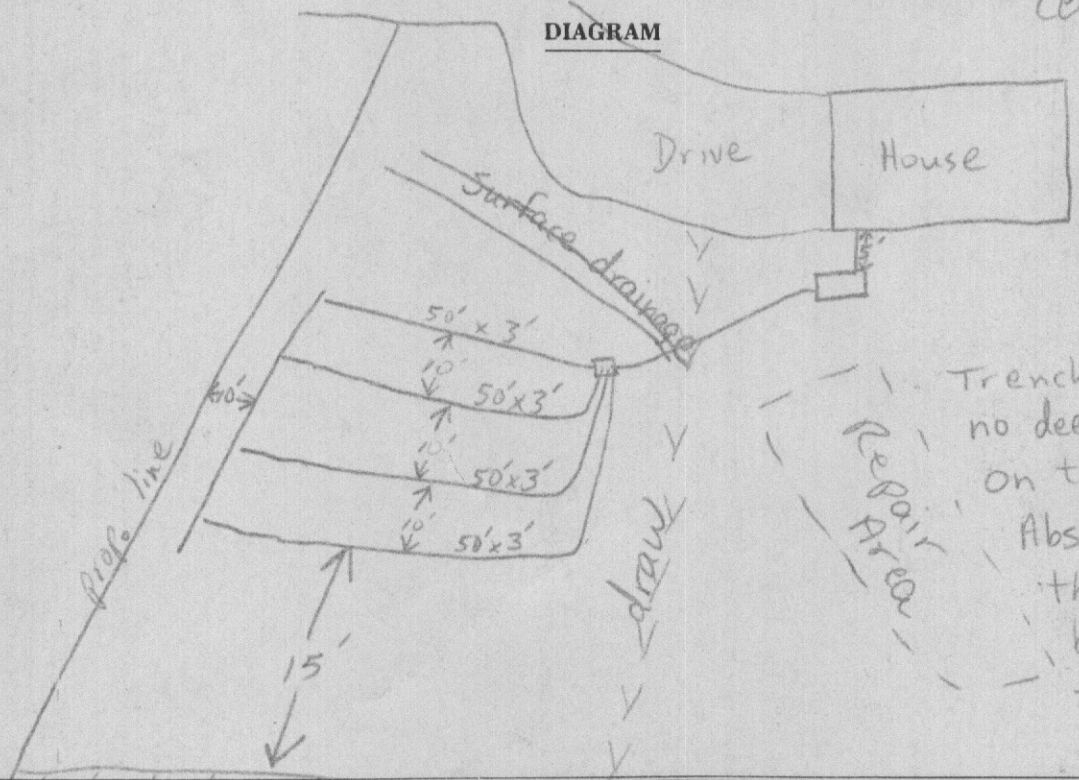
MACON COUNTY HEALTH DEPARTMENT
FRANKLIN, N.C. 28734
369-9526

IMPROVEMENTS PERMIT

Owner	Bill & Jill Lee	**Number of Bedrooms**	3
Location	Lot 1 Block B Tremont Mtn. Est.	**Number of Bathrooms**	3
Area of Lot		**Type of Tank (Size)**	Precast
Residential	(✓)	**Drain Line Length**	200'
Commercial	( )	**Drain Line Width**	3'
Mobile Home	( ) **Size**	**Size Tank (Gal.)**	1000
Square Footage of House	2300	**Stone Under Line**	8"
SCS Soil Test		**Stone Over Line**	2"

(Cont) central water

DIAGRAM



1. Trench depths shall be no deeper than 20" on the lower side.
Absolutely no part of the drainline shall be installed in the draw area.

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 1/12/87 **SANITARIAN** Patrick Moore Jane Morgan RS

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