

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

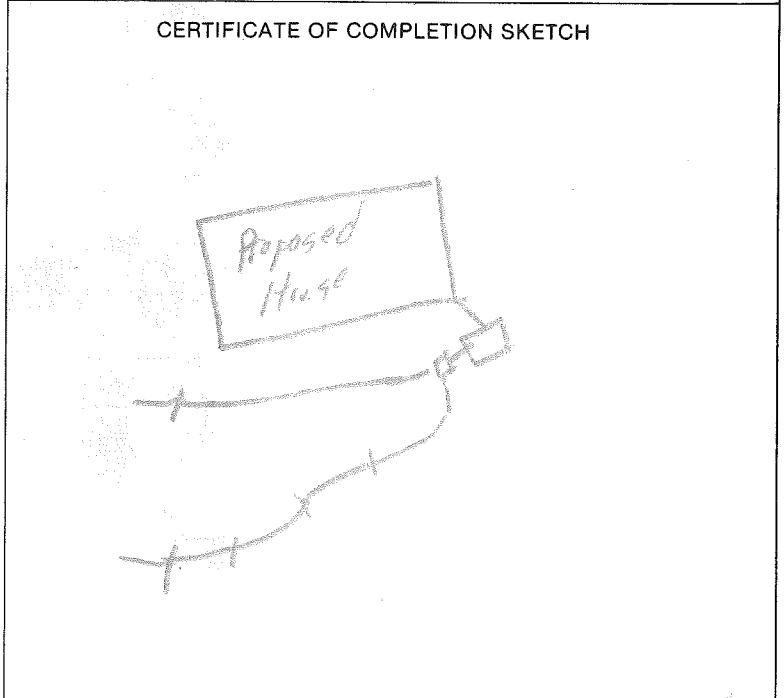
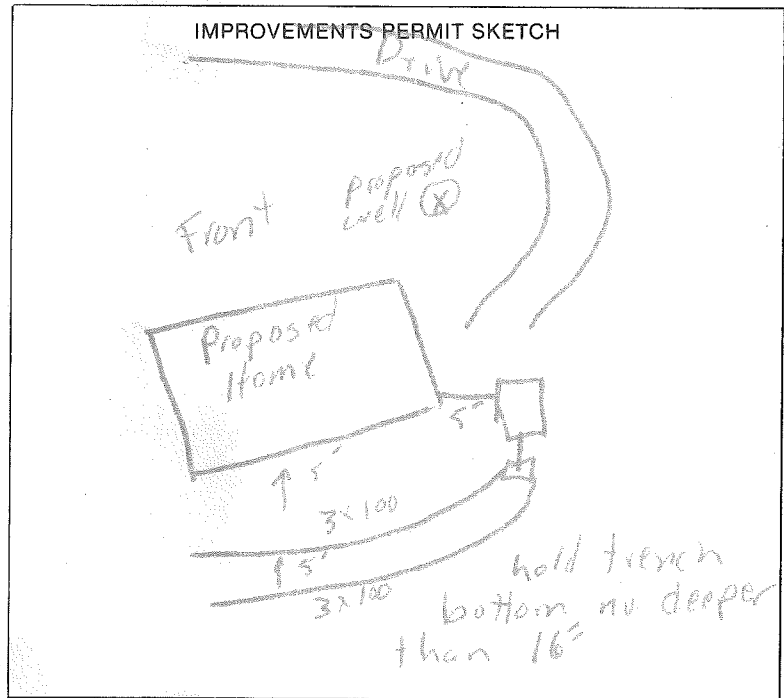
(Sewage Disposal System) Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (ARTICLE 11 OF CHAPTER 130A OF THE GENERAL STATUTES OF NORTH CAROLINA)

APPLICATION FOR AN IMPROVEMENTS PERMIT:

Owner Barbara Clock (Mrs. Jerry) ⁸⁷⁷ 4945 9505-18-3899011 Address _____
 Location of Property: Fernwood to Skyland Dr (left) bar. Rt → left at fork
 Plat of Property: YES NO to end.
 Type of Facility: House Mobile Home Business
 Estimated Sewage Flow: 360 Gallons per day
 Type of Water Supply: Drilled Well Spring Other
 Signature of Owner or Authorized Agent: Ron Hubbard Date: _____

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT Same
 LOCATION Same
 SUBDIVISION _____
 LOT NO. _____ SECT. OR BLOCK NO. _____
 BUILDING CONTRACTOR Self
 ADDRESS _____
 SEPTIC TANK CONTRACTOR Ron Hubbard
 ADDRESS _____
 HOUSE MOBILE HOME BUSINESS
 NO. BEDROOMS 3 NO. BATHROOMS 2
 SIZE OF SEPTIC TANK 1000 GALS. (Liquid) _____
 MATERIAL: PRE-CAST BLOCK FIBERGLASS
 DISTRIBUTION BOX YES NO
 NO. OF LINES 2 WIDTH 3 FT. LENGTH 100 FT.
 PERCOLATION TEST YES NO
 WATER SUPPLY: INDIVIDUAL PUBLIC
 SITE CLASSIFICATION: SUITABLE
 PROV. SUITABLE
 UNSUITABLE
 IMPROVEMENTS PERMIT: DATE: 10/15/86
 BY Jh W...
 CERTIFICATE OF COMPLETION: DATE: 1/13/87
 BY Jh W...



NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White - Owner; Pink - Improvements Permit; Blue - Contractor; Yellow - Inspection Dept.; Green - Health Dept.