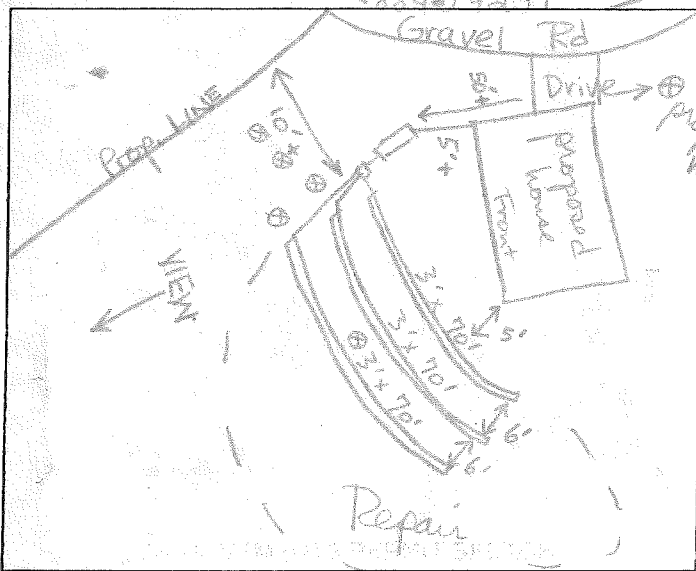


TRANSYLVANIA COUNTY HEALTH DEPARTMENT

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)

8561-20-2479-000

Date: March 2 1989 Receipt No.: 1681
 Owner/Agent: Jerry Dodson Phone No.: 884-16381
 Address: P.O. Box 1093 Fair Fork Road, Roanoke
 Location of Property: Indian Camp area - Highway 178 past Red
line turn to Indian Camp sign on left, lots
corner on second road to left.
 Subdivision: Indian Camp area Lot Number: 81482 Section: 1 Plat of Property: YES NO
 Type of Facility: HOUSE MOBILE HOME BUSINESS 2 full-2 1/2' (crawl space only)
 Number of Bedrooms: 3 Number of Bathrooms: 2 Estimated Sewage Flow: 360 gpd
 Type of Water Supply: Individual — DRILLED WELL SPRING ; Public/Community
 Lot Size: 10.41 AC. Easements, Right-of-Ways, etc. _____
 Signature/Authorized Agent: Kathy Ketchum Mrs. Properties/Agent Date: March 2, 1989
884-19237



System installed according to I-permit. House not yet started. D-box is 2' from tank outlet. Upper trench fed significantly early. Drilled well approx. 93' from closest corner of tank.

NEW SYSTEM REPAIR
 Size of Tank: 1000 Distribution Box: yes
 No. of Lines: 3 Width: 3' Linear Ft.: 70'
 Square Ft.: 630 Maximum Trench Depth: 18" on lot side of trench
 Application Rate: .6 gpd/ft²

I understand and agree to install the septic tank system as specified on this Improvements Permit. Permit is void if any changes are made without consent of the Health Department Representative and/or if any false information is supplied in making Improvements Permit.
Jerry Dodson 3/13/89
 Signature/Authorized Agent Date
John R. Riddle RS 3/13/89
 By Date

Building Contractor: owner
 System Installed by: Jerry Galloway

This is to certify that system is installed according to Rules and Regulations but is not a guarantee that it will function satisfactorily for any given period of time.
John R. Riddle RS 6/23/89
 By Date

EXISTING SYSTEM: ADDITION REMODELING
 System functioning properly at time of inspection and is approved for proposed additions/renovations.
 By _____ Date _____

* trenches on contour - NO STEPDOWNS.
 Color Codes: Health Dept. - Green; Owner - White; Contractor - Canary; Improvements Permit - Pink; Inspections Dept. - Gold
 * keep proposed well 50' min. from septic system/repair area.