

Transylvania County Health Department
IMPROVEMENTS PERMIT / CERTIFICATE OF COMPLETION
Subsurface Sanitary Sewage Systems

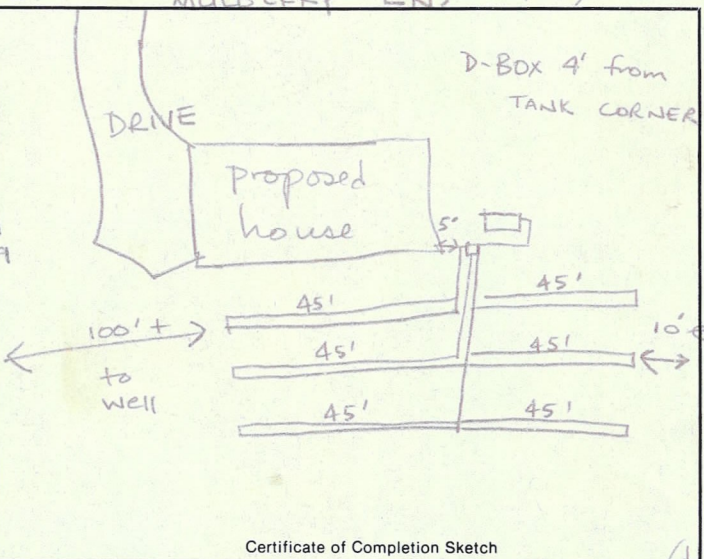
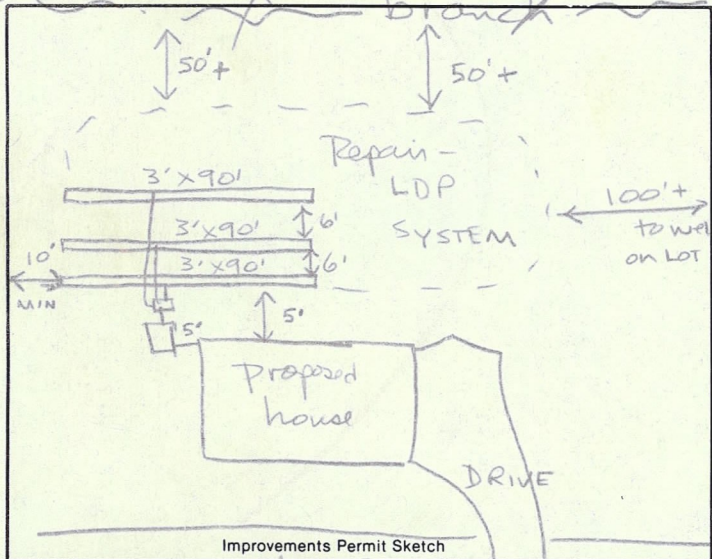
(Article 11 of Chapter 130A of the General Statutes of North Carolina)

IMPROVEMENT PERMIT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE

Date: 5-19-93 Tax ID. No.: _____
 Owner/Agent: American Royal Charter Receipt No.: 1123
 Address: P. O. Box 743 Brevard, NC 28712 Phone No.: 884-6400

Location of Property: Hwy 276 S. to first Rich Mtn Road - one mile on Rich Mtn - Woodwind West
Subdivision sign - turn left - 1st street - turn left - 2nd lot on right

Subdivision: Woodwind West Lot Number: 8 Section: _____ Plat of Property: Yes
 Type of Facility: House Mobile Home Business Other Basement Yes No Basement Plumbing Yes No
 Number of Bedrooms: 4 Number of Bathrooms: 3 Estimated Sewage Flow: 480 gpd
 Lot Size: 663 .63 acres Easements, Right-of-Ways, etc.: no Date Lot Recorded: _____
 Type of Water Supply: Private: Drilled Well Spring Shared Supply Public/Community
 Signature/Authorized Agent: [Signature] Date: 5/19/93



Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated.

New System Repair Addition
 Size of Tank: 1000 Application Rate: .6
 No. of Lines: 3 Width: 3' Linear Ft.: 90'
 Square Ft.: 810 Maximum Trench Depth: 18" low side

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.

Signature/Authorized Agent: [Signature] Date: _____
 By: [Signature] Date: 5-21-93

Building Contractor: American Royal Charter (Evangel)
 System Installed by: L.C. Rice

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.

By: [Signature] Date: 5-27-93

EXISTING SYSTEM: Addition/Remodeling Relocation
 Other

System functioning properly at time of inspection and is approved for proposed additions/renovations or other improvements.
 By: _____ Date: _____

* Pipe from D-Box to trenches shall be Sch. 40 Quality, "Tee" split in trenches.
 * Keep house uphill as high as possible.
 Color Codes: Certificate of Completion, Owner - White; Health Dept. - Green; Improvements Permit - Pink