CERTIFICATE OF COMPLETION MADISON COUNTY HEALTH DEPARTMENT Property Owner: Steve & Lipa Fredrickson F. 14. 10448 Phone: 140 Health Care Lane Marshall, NC 28753 Property Address: 828-649-3531 Location: Lot Number: 33 Section: Water Supply: Subdivision: Scm Liquid Capacity: 1000 Stres New Septic Tank System Tank Material: Concrete Other Manufacturer: Built In Place Tank: Material Inside Dimensions: Length Width Liquid Depth Liquid Capacity *3*00 ' Length Width Depth of Gravel Nitrification Field: Square Footage Other Type Disposal: Gal. Liquid Capacity _____ Repair To Existing System Existing Tank: Yes Block Other New Tank Width_____ Nit. Field: Existing Square Footage Length Total Sq. Footage No. Lines Square Footage Added SYSTEM DESIGNED FOR: Residence Bedrooms Other Establishment Bedrooms Mobile Home Yes No Basement: Foundation_>/5" Installed By: Duck Stream > 50 ' Property Line >/o' Nearest Distance To Water Supply > 50° 778-0192 1408 Notice: This approval is issued subject to all the provisions of Rules and Regu-Yes No Approved: Sanitarian _ lations governing the design, installation, cleaning and use of sewage disposal systems in Madison County, Section 1900 of the North Carolina Administrative Code, and Chapter 130, Article 13E of the General Statues of North Carolina. No person is permitted to make alterations in the design or use of this system other than its designated use without approval of an authorized sanitarian. This approval indicates that this system has been installed in compliance with the standards as set forth in the above regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time. Ez-flow System