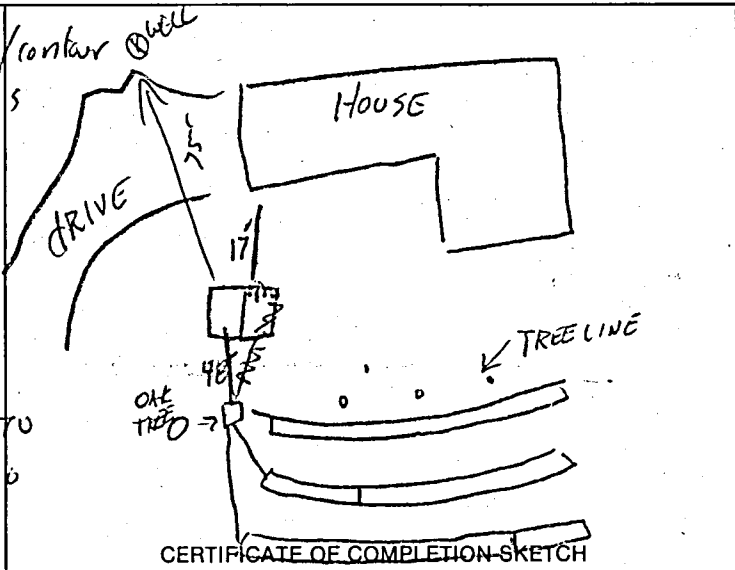
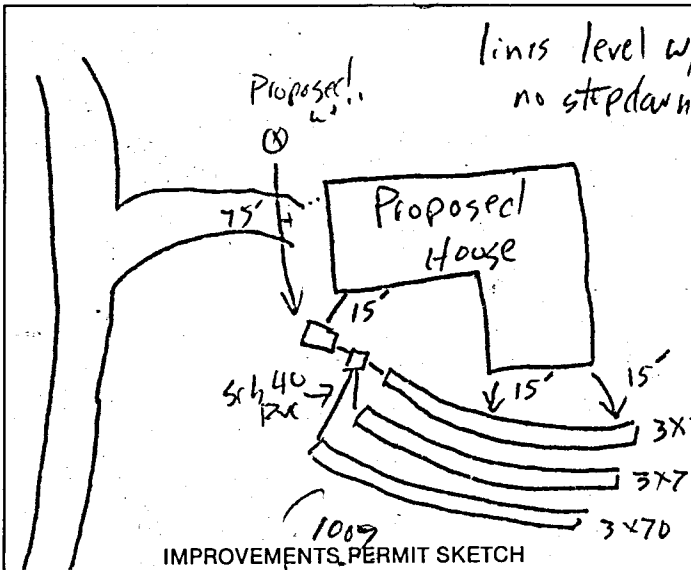


TRANSYLVANIA COUNTY HEALTH DEPARTMENT

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)

8583-94-7722-000

Date: Nov 14/88 Receipt No.: 1246
 Owner/Agent: Ronan D. Smith Phone No.: 883-3663
 Address: Rt 1 Box 157 Brevard
 Location of Property: Whisky Creek 2 6 miles south of Brevard on 276 Past Shine Court then 1st drive on rt. left
 Subdivision: Whisky Creek Lot Number: 112-113 Section: 2 Plat of Property: YES NO
 Type of Facility: HOUSE MOBILE HOME BUSINESS
 Number of Bedrooms: 3 Number of Bathrooms: 2 Estimated Sewage Flow: 360 g/d
 Type of Water Supply: Individual — DRILLED WELL SPRING ; Public/Community
 Lot Size: 2.68 Acres Easements, Right-of-Ways, etc. _____
 Signature/Authorized Agent: Ronan D. Smith Date: _____



NEW SYSTEM REPAIR Repair area 1
 Size of Tank: 1000 Distribution Box: YPS
 No. of Lines: 3 Width: 3 Linear Ft.: 70
 Square Ft.: 630 Maximum Trench Depth: 24"
 Application Rate: 0.6 gpd / ft² / day

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: Ronan D. Smith Date: 11/15/88
 By: [Signature] Date: 11/15/88

Building Contractor: Self
 System Installed by: RIVERSIDE CMIST.

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: John Winston Date: 4/18/89

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