TAX CODE
[illegible]

SEWAGE DISPOSAL SYSTEM PERMIT Number 88-144 Date Issued [illegible]

This permit is issued by the Union County County Health Department to construct and install the work hereby described. This Permit Expires One Year From Date Issued

The construction shall be made in compliance with the N.C. Division of Health Services Laws and Rules for Ground Absorption Sewage Treatment and Disposal Systems and Union County Health Department Rules and Regulations.

JOB ADDRESS/LOCATION 6590 BUGGY WHIP LANE, FAIRWAY FARM, LOT #2 HWY 55 TO NEWTOWN ROAD (L) ON CULBERTSON (L) TO FARM CREEK ROAD (R) BUGGY WHIP LANE TO END OF ROAD

Owner ED RABSTADT Mailing address 6106 BITTERSWEET LANE City CHARLOTTE St.& Zip NC 2821[illegible] Phone [illegible]

Installation for: House ✓ Apt. House ___ Ind/commercial ___ Trailer Park ___ Mobile Home ___

Lot size: 5.59 acres number of living units 1 Number of bedrooms 4

Water Supply: Public system/name ___ Private WELL Garbage grinder: yes ✓ no ___

Soil character to depth of 3 feet: sand ___ clay ___ sandy loam ___ clay loam X silt loam ___ Other ___

Soil performance criteria: (Suitable, Provisionally suitable, Unsuitable): Approved zoning type R-40 Watershed name ___

Restrictive soil layers PS Water table S Soil depth S Permeability PS Area PS Slope/grade S

Plot plan, showing size of lot, location of system in relation to wells, buildings, etc. on reverse side.

NEW INSTALLATION: (No individual sewage disposal system permitted within 200 feet of public sewer.)

Septic tank ✓: Size ___ Capacity 1500 gal Number of compartments 2

Pump tank ___: Size ___ Capacity ___ Pump flow,g/p.m ___ Tot.dyn.head ___

Distance to nearest: Well 100' Waterline 10' Foundation 10' Property line 10'

LPP ___

Nitrification line ✓: No.lines 5 Trench width 36" Sq.ft. 553 D-box Y[illegible] Filter mat./depth 12" STONE

Distance to nearest: Well 100' Waterline 10' Foundation 10' Property line 10'

REPAIR/ADDITION Previous sewage disposal system permit number ___ Dated ___

Septic tank ___: Size ___ Capacity ___ Number of compartments ___

LPP ___

Nitrification line ___: No.lines ___ Trench width ___ Sq.ft. ___ D-box ___ Filter mat./depth ___

Pump tank ___: Capacity ___ Pump flow ___ Total dynamic head ___

I hereby certify that this application has been prepared and the work will be done in accordance with the Union County Ordinances, State Laws, Rules and Regulations of the Union County Health Department.

Notice: The issuance of this permit does not relieve the property owner of this responsibility for checking his proposed development with applicable zoning regulations.

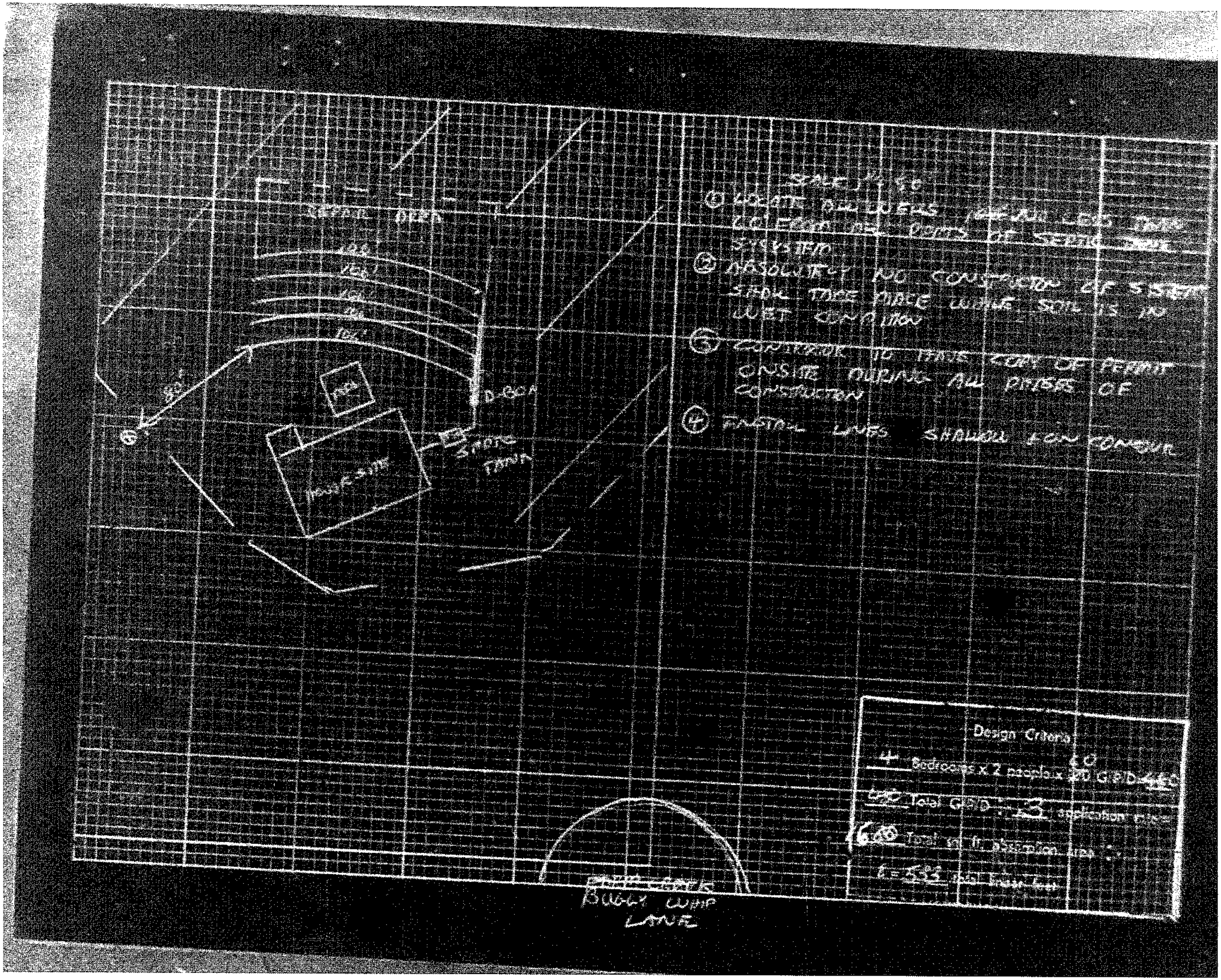
Signed E. A. [illegible] III

Permit prepared by: [signature] RS Date prepared: Aug 24, 1988

Final inspection by: [signature] RS Date of inspection: Sept. 24, 1988

Contractor: WILLIAMS SEPTIC TANK Comments: REPLACES 88-203 VOIDED 6-21-88

UNION COUNTY HEALTH DEPARTMENT


② ABSOLUTELY NO CONSTRUCTION OF SYSTEM SHALL TAKE PLACE WHILE SOIL IS IN WET CONDITION
③ CONTRACTOR TO HAVE COPY OF PERMIT ONSITE DURING ALL PHASES OF CONSTRUCTION
④ INSTALL LINES SHALLOW & ON CONTOUR
D-BOX
SEPTIC TANK
HOUSE SITE
BUGGY WHIP LANE
Design Criteria
4 Bedrooms x 2 people x
Total G/P/D
Total sq. ft. absorption area