Date 3-4-85

YADKIN COUNTY HEALTH DEPARTMENT

(Septic Tank) Improvements Permit and Certification of Completion

(Ground Absorption Sewage Disposal System — GS 130-166.62 et. seg.)

PERMIT Nº 001748

Owner or Contractor Dewey Russell Phone 699-8668

Address Rt. 1 - Box 420 EAST BEND

Sub-Division Name 1st Lower on right past Lot No. _____ St. Rd. No. _____

Property Directions Fall Creek School.

☐ Lot Evaluation Only; ☐ Evaluation and Improvements Permit; ☒ Repair Permit Only; ☐ Well Permit Only;

☐ Improvements Permit Only; ☐ Application By: Dewey Russell

FEE: Amount $ 15.00 CASH ☒ CHECK ☐ OTHER ☐ HOLD PERMIT FOR FEE ☐

House ☒ Mobile ☐ Business ☐

No. Bed Rooms 3 No. Bath Rooms 1

Basement Fixtures	WITH ☐	W/O ☐
Garbage Disposal Unit	YES ☐	NO ☒
Auto. Dishwasher	YES ☒	NO ☐
Auto. Washing Machine	YES ☒	NO ☐

Size Tank EXISTING gallons

Nit. Field 450 Sq. Ft.

Depth of Stone in Lines 18"

WATER SUPPLY

Public ☐ Existing Ind. Supply ☒

New Independent Supply To Be Installed ☐

Improvements Permit By Michael Williams

LOT AREA OK

SITE CLASSIFICATION S, PS

1. Approx. Degree of Slope	(S) PS
2. Soil Texture	S (PS)
3. Soil Structure	S, (PS)
4. Soil Depth Increase	S, (PS)
5. Restrictive Horizons	S (PS)
6. Soil Drainage / Ground Water:	
6.A Internal	(S) PS
6.B External	(S) PS
7. Soil Permeability	S (PS)
8. Other	S, PS
9. Site Suitability	S (PS)

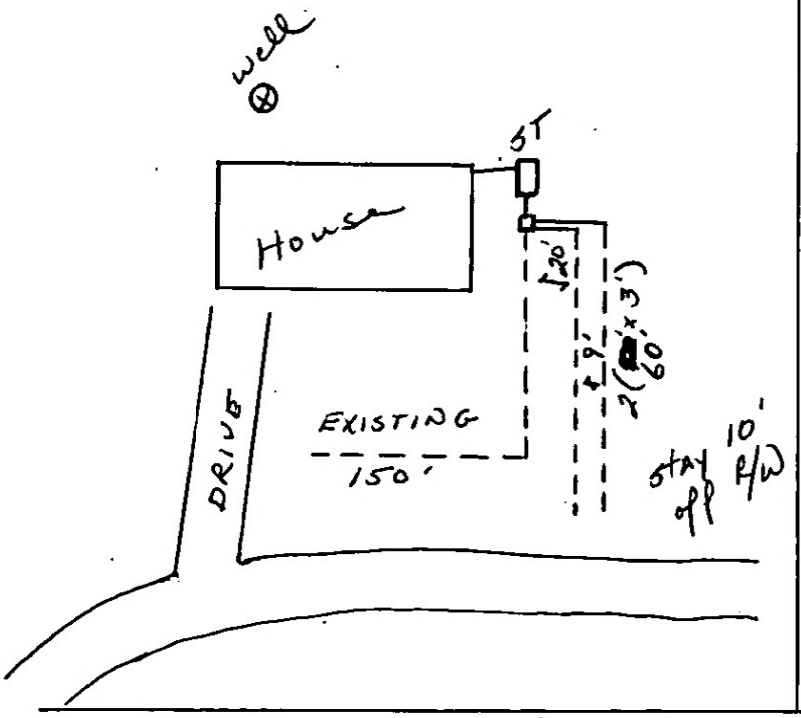
10. Comments: 36" CL

Classification By MRW

Date 3-4-85

INSTALLED BY _____

Original Layout by Sanitarian



Actual Installation

ADD D-Box + 2 90'x3' lines. Keep as shallow as possible.

Tie old line on to feeds last.

Fill in ditch by telephone pole to keep water from collecting + seeping into STS.

2½" fall / 100 feet.

RECOMMENDATIONS / COMMENTS _____

CERTIFICATE OF COMPLETION: By Michael Williams Date 4-23-85

★ *Permit good for 12 months only. Construction must comply with all other applicable State and local regulations.*

Form B3-E-9 – JWCo