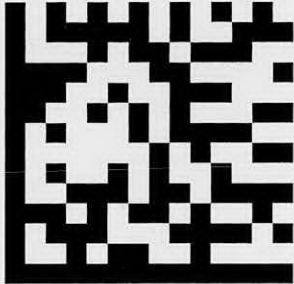


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DOCUMENT CONTROL BREAK SHEET

NFN-0010

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TOE RIVER DISTRICT HEALTH DEPARTMENT

Bakersville, 688-2371
Newland, 733-4971

Environmental Health Section

Burnsville, 682-3003
District Office, 765-2239

Improvements Permit — Certification of Completion
(Ground absorption Sewerage Disposal System - G.S. Chapter 130-Article 136)

Owner John Hockery County Mitchell Permit No. _____

Location Crokers Creek at Little Switzerland

Subdivision Name _____ Lot No. _____ Section or Block No. _____

House () Mobile Home () Other _____

No. Bedrooms 2 No. Bathrooms 1 Garbage Disposal Unit No

Site---Suitable () Provisionally Suitable () Unsuitable ()

Reason Unsuitable _____

Tank Size 1200 Nitrification field (sq. ft.) 400 Depth Stone in Lines 18"

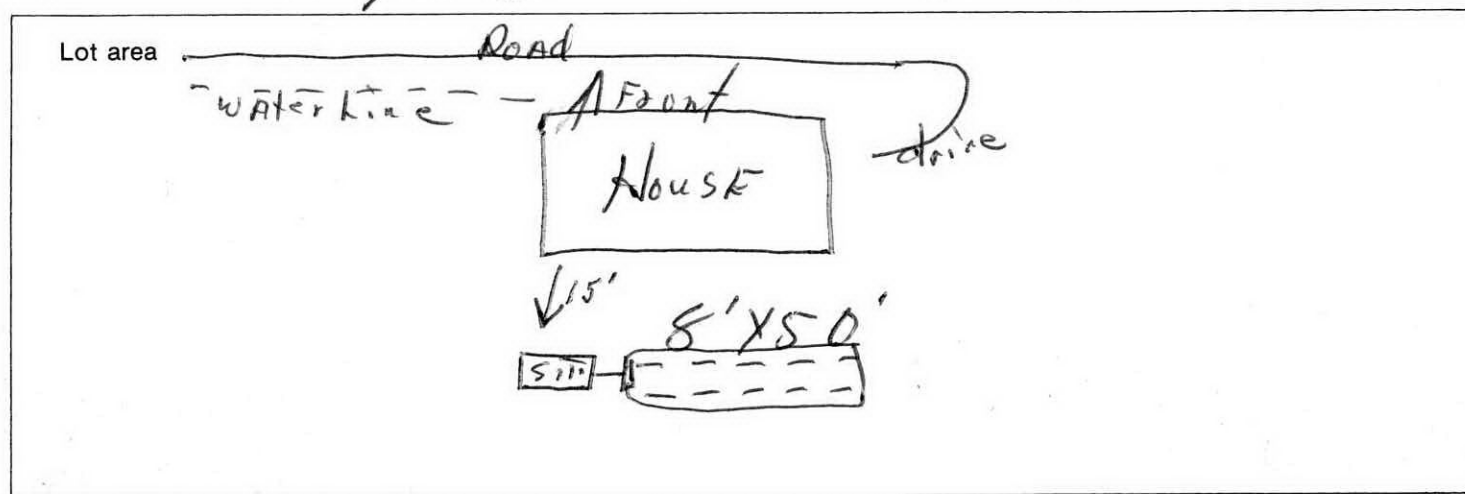
Water supply - Spring () Well () Other Community

Comments - Recommendations. Approved for Skill Sew Service

I have reviewed the information on this permit and it is correct to the best of my knowledge.

Owner/Representative _____ Date _____

Improvements Permit by Tony A. Crandler Date 5-17-81



Installed by _____
Certification of Completion by Tony A. Crandler Date 9-30-81

Final approval of this septic tank system by the Health Department shall indicate that this system has been constructed according to the regulations set forth in the Toe River District Health Department, sewerage disposal regulations and regulations adopted by the Division of Health Services. In no way, shall this be taken as a guarantee that the system will function satisfactorily for any given period of time.

TOE RIVER DISTRICT HEALTH DEPARTMENT

Bakersville, 688-2371
Newland, 733-4971

Environmental Health Section

Burnsville, 682-3003
District Office, 765-2239

Improvements Permit — Certification of Completion
(Ground absorption Sewerage Disposal System - G.S. Chapter 130-Article 136)

Owner John Blackery County Mitchell Permit No. _____

Location Crofters Creek at Little Switzerland

Subdivision Name _____ Lot No. _____ Section or Block No. _____

House () Mobile Home () Other _____
No. Bedrooms 2 No. Bathrooms 1 Garbage Disposal Unit No
Site--Suitable () Provisionally Suitable () Unsuitable ()
Reason Unsuitable _____

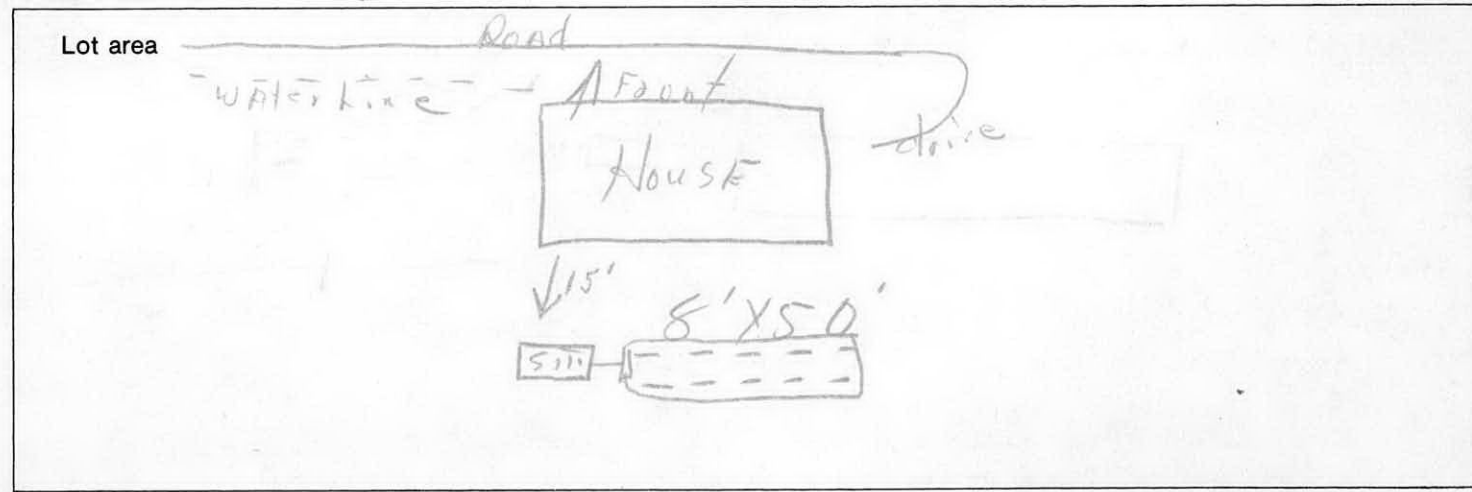
Tank Size 1200 Nitrification field (sq. ft.) 400 Depth Stone in Lines 18"

Water supply - Spring () Well () Other () Community

Comments - Recommendations. Approved for Skill Sew Service

I have reviewed the information on this permit and it is correct to the best of my knowledge.
Owner/Representative _____ Date _____

Improvements Permit by Tony R. Crowder Date 5-17-81



Installed by _____
Certification of Completion by Tony R. Crowder Date 9-30-81

Final approval of this septic tank system by the Health Department shall indicate that this system has been constructed according to the regulations set forth in the Toe River District Health Department, sewerage disposal regulations and regulations adopted by the Division of Health Services. In no way, shall this be taken as a guarantee that the system will function satisfactorily for any given period of time.