

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)

APPLICATION FOR:

Improvements Permit ☒
Lot Evaluation _____
Sub-Division Evaluation _____
Mobile Home Park Evaluation _____

FEES:

Paid \$ 25⁰⁰ Date 5/1/87 Initials JW

Owner-Occupant John Streadorf Address 804 Lakeview Ct., Brevard, NC.
Location of Property Williamson Creek → R+on Stony brook → Cherrywood Lane South (rt) → rton Falls View Dr → last rd off rd before end
Plat of Property: Yes ☒ No _____ Phone No. 883-3561 on rt
Type of Facility: House ☒; Mobile Home _____; Business _____; No. Bedrooms 3; No. Baths 2 1/2
Estimated Sewage Flow: 360 Gals. Per Day: Has Any Grading Been Done On Property? Yes _____ No ☒
Type of Water Supply: Drilled Well ☒; Spring _____; Individual _____; Community _____; Public _____
Are There Any Easements Or Right-of-Ways On This Property? Yes _____; No ☒
SIGNATURE OF OWNER OR AUTHORIZED AGENT: JH Streadorf DATE: 5/4/87

IMPROVEMENTS PERMIT AND
CERTIFICATE OF COMPLETION

Owner-Occupant Sam
Location Sam
Subdivision Stoney brook
Lot No. 73 Sect. of Block No. 6-A
Building Contractor Self
Address Sam
Septic Tank Contractor Stapp Ditching
Address _____
Sewage Disposal System For:
New ☒ Existing/Repair _____
Addition/Renovation _____
Mobile Home Relocation _____
Size of Septic Tank 1000 Gals. (Liquid)
Material: Pre-Cast ☒ Block _____ Fiberglass _____
Distribution Box: Yes _____ No ☒
No. of Lines: 1; Width 10" Ft.; Length 210 Ft.
(Maximum Depth of Trench) 18 (inches)
Site Classification:
Suitable _____ Provisionally Suitable ☒
Unsuitable _____
Do You Anticipate Any Additions To Pro-
posed Building? Yes _____ No ☒

NOTE: There Are To Be No Changes In Above
Lay-Out Without Permission Of Health
Department Representative.

IMPROVEMENTS PERMIT: DATE 5/4/87
By John Streadorf

CERTIFICATE OF COMPLETION: DATE 3/14/88
By Ruth Jones

NOTICE: System installed according to Rules
and Regulations but not a guarantee that it
will function satisfactorily for any given
period of time.

COLOR CODE: White-Owner; Pink-Improvements
Permit; Blue-Contractor; Yellow-Inspection
t.; Green-Health Dept.

IMPROVEMENTS PERMIT SKETCH



CERTIFICATE OF COMPLETION SKETCH

Gravelless system installed level
fed in series

