

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)

8573-66-2250-000

Date: 9-13-89

Receipt No.: 0068

Owner/Agent: Wanda Stephan

Phone No.: 884-7017

Address: P. O. Box 1556 Brevard, N.C. 28712

Location of Property: 22x Walnut Hollow Rd. - Walnut Hills on left

Subdivision: Walnut Hills Lot Number: 4 Section: _____ Plat of Property: YES ☒ NO ☐

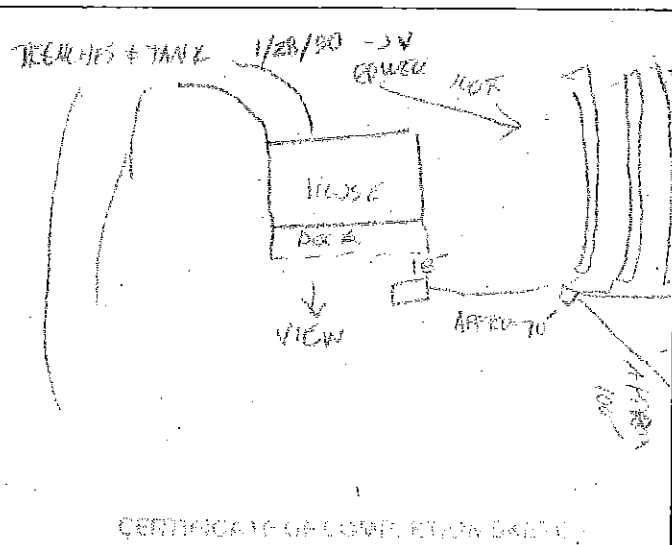
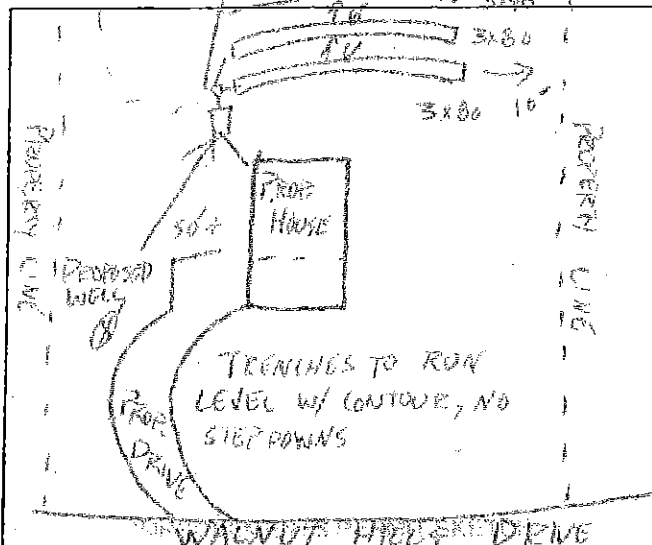
Type of Facility: HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐

Number of Bedrooms: 3 Number of Bathrooms: 2 Estimated Sewage Flow: 360 gpd

Type of Water Supply: Individual — DRILLED WELL ☒ SPRING ☐; Public/Community ☐

Lot Size: one acre plus Easements, Right-of-Ways, etc. no

Signature/Authorized Agent: Wanda Stephan Date: 9-13-89



NEW SYSTEM ☒ REPAIR ☐

Size of Tank: 1000 Distribution Box: YES

No. of Lines: 3 Width: 3 Linear Ft.: 80

Square Ft.: 720 Maximum Trench Depth: 24"

Application Rate: 0.5 GPD/FT/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

By: John Winston RS. Date: 9/21/89

Building Contractor: JOHN WINSTON

System Installed by: BURTON M. ALI

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 RS. Date: 9/13/89

EXISTING SYSTEM: ADDITION ☐ REMODELING ☐

System functioning properly at time of inspection and is approved for proposed additions/renovations.

By: _____ Date: _____