

TRANSYLVANIA COUNTY DEPARTMENT of PUBLIC HEALTH

Existing System Inspection Report

(For Building Inspection Department)

Date: 4/19/2011

Tax ID No.: 8561-45-1954-000

Receipt No.: 128514 & 75.00

Owner/Agent: Aiken, Keith & Meloni

Address: PO BOX 928
Rosman, NC 28772

Phone Number: 884-3730

Date System Installed: 11-5-87

Name(s) of Original Permittee: Keith Aiken

Directions to property: 64W to 178 to L into Line runner Ridge go 1/2 mile to first house #530.

Subdivision: Line Runner Ridge

Section: _____

Lot No.: 30

Inspection requested for:

- Mobile home setup
- Remodeling

- Addition
- Connection to unused system

- Business
- Other

No. of bedrooms upon connection/completion: 3

Current no. of Bedrooms: 3

Remarks: Detached garage - no plumbing

FORM KEPT ON FILE FOR ONE YEAR

Owner/Agent Signature: X Keith Aiken

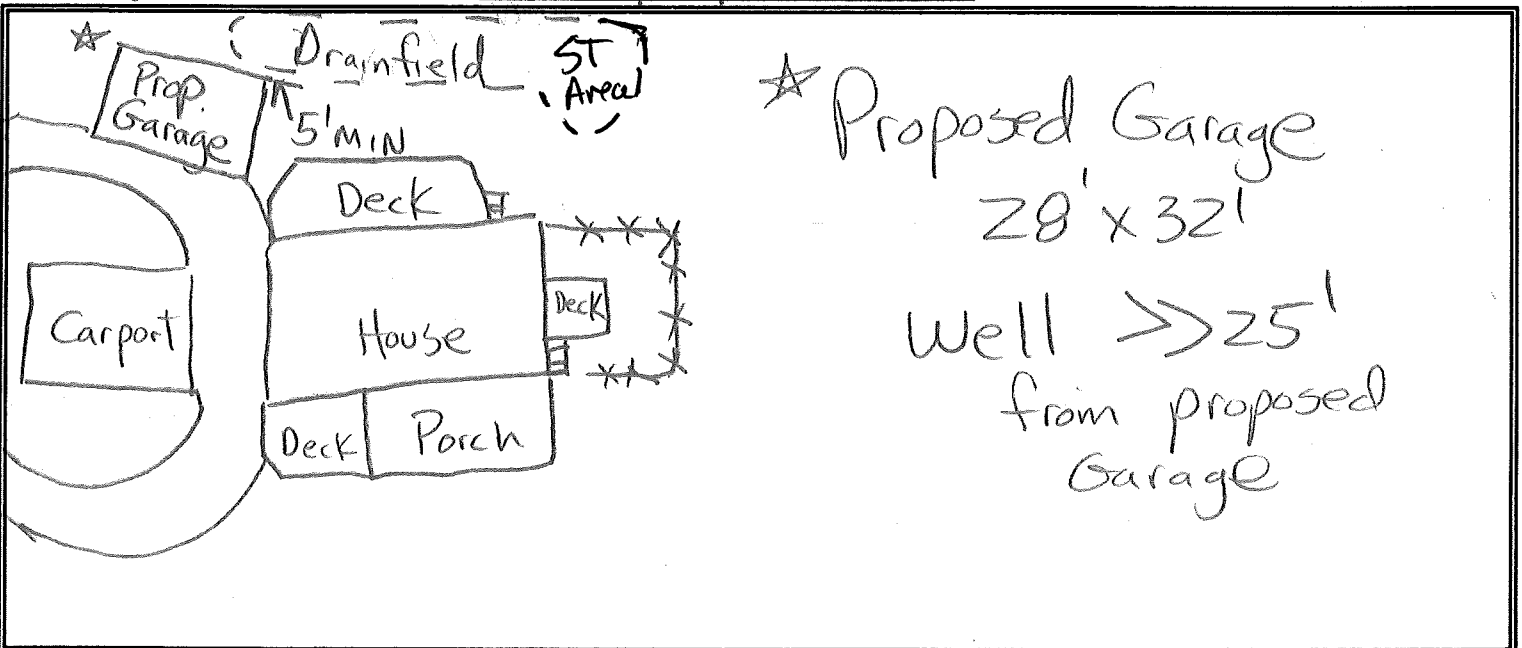
Date: 4-19-11

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

Signed: James A Bayer, RETS

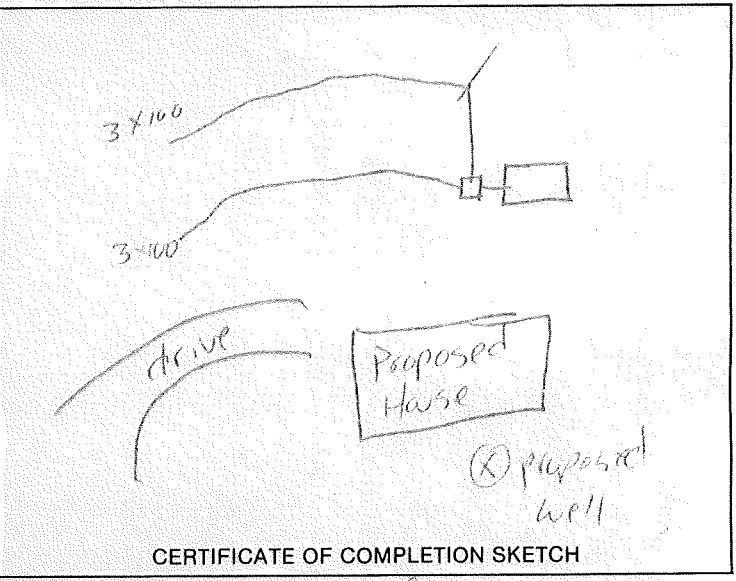
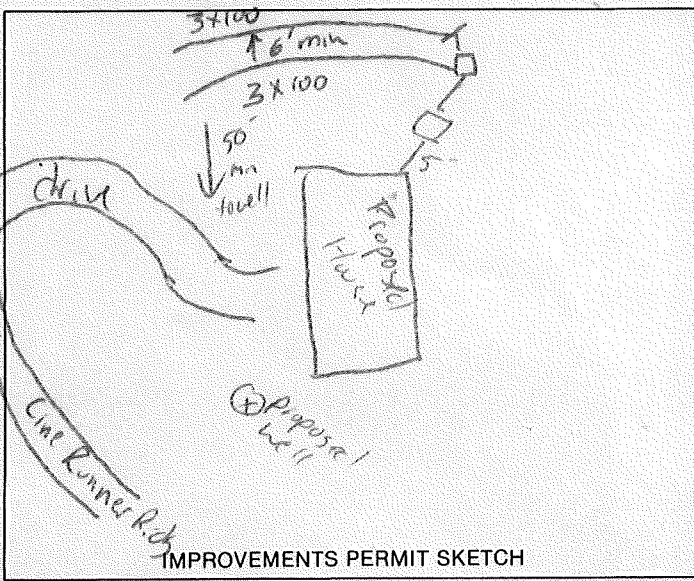
Date: 4/21/11

THIS REPORT IS VALID THROUGH 7/21/11



TRANSLVANIA 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)

Date: 8-24-87 Receipt No.: 10458
 Owner/Agent: Keith Aiken Phone No.: 884-3730
 Address: 106 Minor Str. Brevard N.C. 28712 884-2951-W Melon!
 Location of Property: Sager's Lake Rd. off 178. Turn Left just before Red Lion Inn, go 1/2 to top of hill to first gravel road on right. Property is right before you go to road on right.
 Subdivision: Line Runners Ridge Lot Number: _____ Section: _____ Plat of Property: YES NO
 Type of Facility: HOUSE MOBILE HOME BUSINESS
 Number of Bedrooms: 3 Number of Bathrooms: 2.5 Estimated Sewage Flow: 360
 Type of Water Supply: Individual — DRILLED WELL SPRING ; Public/Community
 Lot Size: 6.2 acres Easements, Right-of-Ways, etc. _____
 Signature/Authorized Agent: Keith Aiken Date: 8-24-87



NEW SYSTEM REPAIR
 Size of Tank: 1000 Distribution Box: yes
 No. of Lines: 2 Width: 3 Linear Ft.: 100
 Square Ft.: 600 Maximum Trench Depth: 18"
 Application Rate: 0.6 gal/ft²/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: Keith Aiken Date: _____
 By: John W. Craft Date: 8/28/87

Building Contractor: self
 System Installed by: Jerry Whitford

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 W. Craft Date: 11/5/87

EXISTING SYSTEM: ADDITION REMODELING

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

By: _____ Date: _____