

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 3-31-09 Tax ID No.: 9516-12-9241-000 Portion of Receipt No.: 031223 750.00

Owner/Agent: Mashburn, Benjamin

Address: Lauren Lane (101)

Pisgah Forest, NC 28768

Phone Number: Grandmother - Judy 877-4361

Date System Installed: Original house built in the '20's

Original Cert. of Completion
Name:
Date:

Name(s) of Original Permittee:

Directions to property: Old H'Ville Hwy; R on Everett Farm Road; R on Hart Road; 1 mi - R on Lauren Lane to 101.

note: there may be a bored well in the small, black pump house which will need to be properly abandoned if the pump house is removed or if possible contamination exists. owner instructed. 4/3/09 AS

Subdivision Section: Lot No.:

Inspection requested for:

- Mobile home setup, Addition, Business, Remodeling, Connection to unused system, Other

No. of bedrooms upon connection/completion: 2 Current no. of Bedrooms: was a 2br house

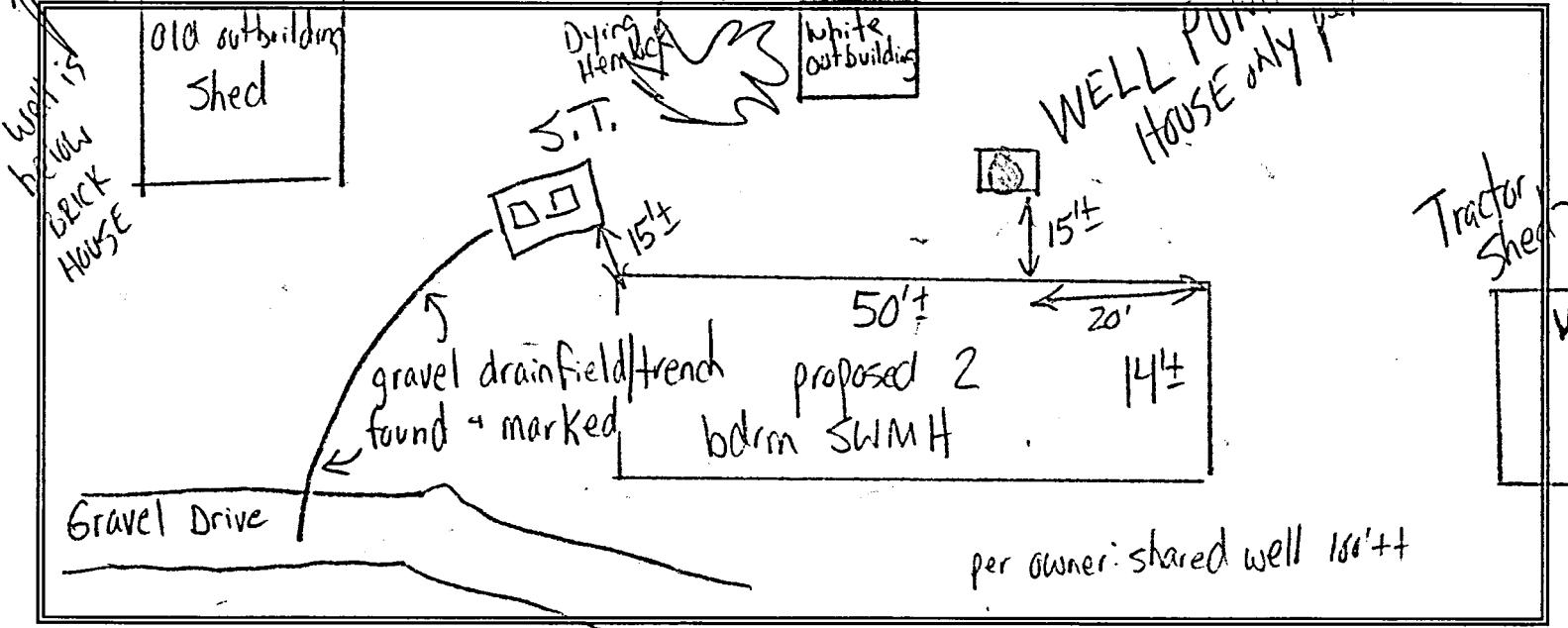
Remarks: SWMH connection to unused system; shared existing well.

Owner/Agent Signature: Judy Mashburn Date: 3-31-09

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: Alla Smith MS, RS Date: 4/3/2009

THIS REPORT IS VALID THROUGH 7/3/2009



**TRANSYLVANIA COUNTY HEALTH DEPARTMENT**  
**Existing System Inspection Report**  
 (For Building Inspection Department)

Date: 1/22/03

Tax ID No.: 9516 12 9241 000

Receipt No.: 305 \$50

Owner/Agent: MASHBURN, JUNIUS

Address: 405 Hart 5 Rd.

Pisgah Forest, NC 28768

Phone Number: 877-4361

Date System Installed: 11 3-13-77

Name(s) of Original Permittee: Junius Mashburn

Directions to property: Old 64 east - right on Everette Farm Rd. - rt on Hart Rd  
1st drive on right past Merrill Lane - on hill - 2nd on hill (back  
House)

Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Inspection requested for:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Mobile home setup | <input type="checkbox"/> Addition                    | <input type="checkbox"/> Business |
| <input type="checkbox"/> Remodeling        | <input type="checkbox"/> Connection to unused system | <input type="checkbox"/> Other    |

No. of bedrooms upon connection/completion: 3 Current no. of Bedrooms: 3

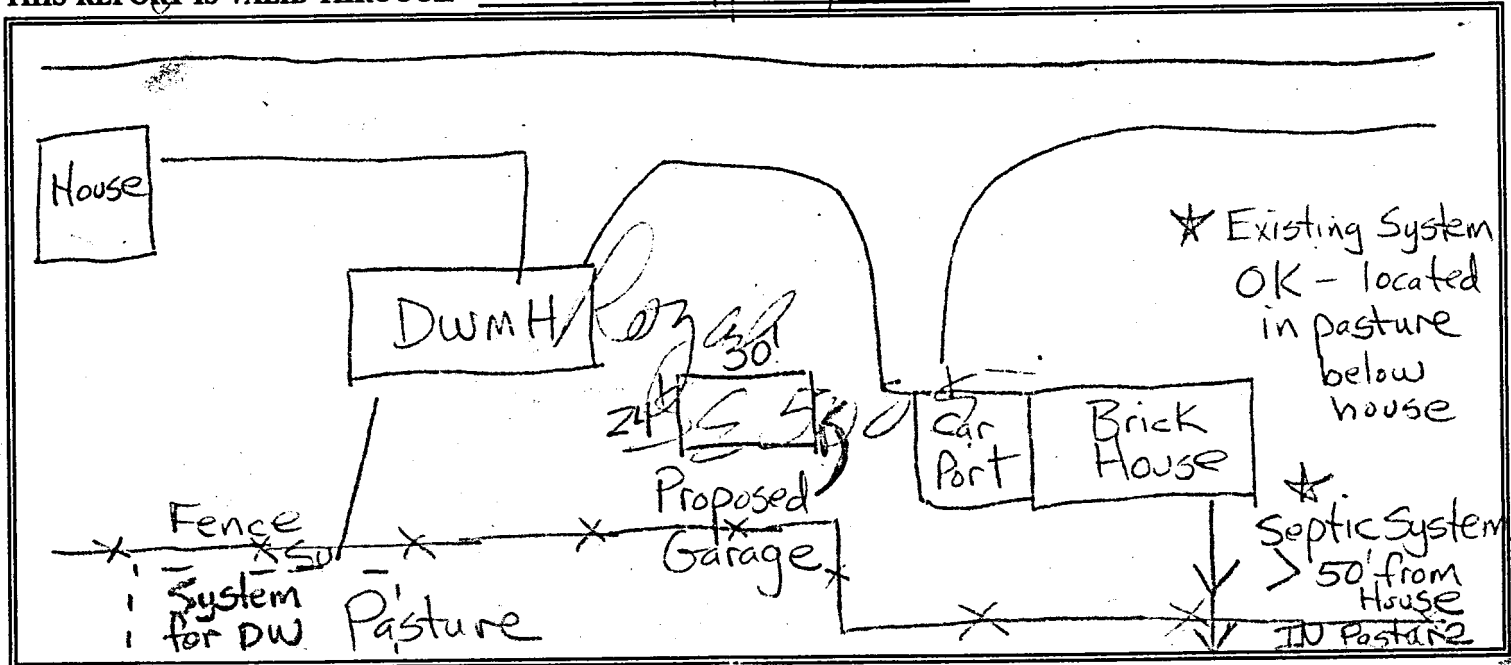
Remarks: garage w/ no plumbing

Owner/Agent Signature: Junius M. Kinley Mashburn Date: 1-13-03

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, RS Date: 1/24/03

THIS REPORT IS VALID THROUGH 4/24/03



File Name: HASHBURN, MARK  
Permit #: 99-295  
Agent/Owner: JUNIUS HASHBURN

TRANSLYVANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATION

portion of

Pin #/Tax ID 9516-12-0241-009

001

Mailing Address:

Work Phone #: ( )  
Mailing Address: 403 Hart Rd. Pisgah Forest, NC 28768

Work Phone #: ( )

Subdivision:

Phase/Sec:

Lot #:

Directions to property: 1 mile from Eagles Nest Camp on right - there will be 4 mailboxes - turn at mailbox prop at top of hill just straight ahead

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Inspections	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Date _____	
Initials _____	

Installation for: Mobile Home  Single  Double  House  No. Bedrooms: 3 Basement: Yes  No  With Plumbing: Yes  No  Ind./Commercial  Other

If Indust./Commercial/Other: Number of employees: \_\_\_\_\_ Operation: (Describe) \_\_\_\_\_ Property contains designated wet lands: Yes  No

Lot size: 3.7 ac. Date lot recorded: before 1992 Right of ways, easements, etc. road Water Supply: Private:  Spring  Well  Shared Supply  Public/Community

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site/soil evaluation on the property described above. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.

Applicant/Agent Signature: \_\_\_\_\_ Date: 7-2-99

ON-SITE WASTEWATER DISPOSAL SYSTEM  
OPERATIONS PERMIT

The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This operation permit shall remain in effect as long as the system is operated and maintained as required by the Laws and Rules for Sewage Treatment and Disposal Systems as issued by the North Carolina Department of Environment and Natural Resources, Division of Environmental Health.

System Classification Type: III G Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: \_\_\_\_\_

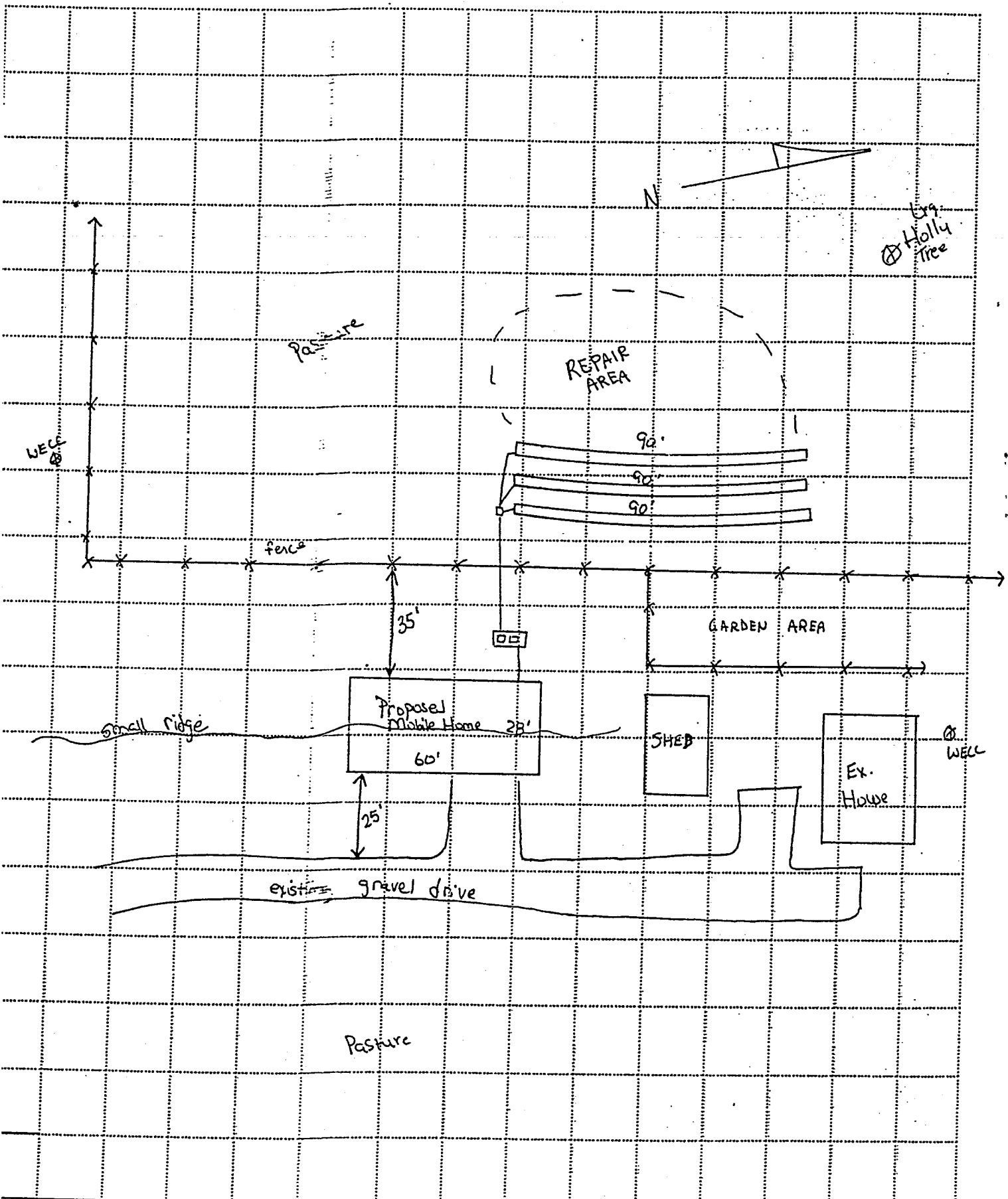
Installed by: Bobby Smathers Final Inspection by: Jeff McCall, RS Date: 7.16.99

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

file Name: Mark Mashburn

Permit No.: 99-295

Pin No.: 9516129241000



SCALE: 1" = 40'

AS INSTALLED

Septic tank is located (as facing house):

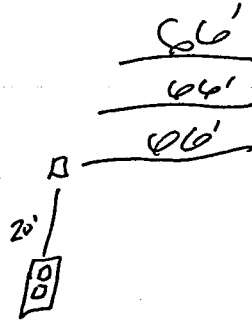
Rear of house       Front of house

\_\_\_\_\_ ft. from left corner      \_\_\_\_\_ ft. from right corner      5 ft. from foundation

Distribution box is 20 ft. from tank

LOCATION SKETCH

No significant change from permit drawing



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_