TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report (For Building Inspection Department)

Date:2-17-10	8572-87-7248-000	Receipt No.: 788030 \$75.00	
Owner/Agent: Jones, Virginia A	Roger & Virginia	Hein 885-8366	
Address: 547 Dvdisdi Court	2827 Ráverview B		
Brevard	Macon, GA	Original Cert. of Completion	
Phone Number: Contact: Mike Krauter 421-	<u>-57</u> 68	Name: "Fordco Spec"	
Date System Installed: 12-12-79		Date:12-12-79	
Name(s) of Original Permittee: "Fordco Spec"			
Directions to property: 276S; R into main ga	te of Connestee F	Palls; Continue on Connestee Trail	
to R on Ugugu; L in Didisdi Court	- almost to end;	House on L	
Subdivision Connestee Falls		Section:23 Lot No.:17	
1	Addition Connection to unused sy	Business Other	
No. of bedrooms upon connection/completion: Same Current no. of Bedrooms: #3			
Remarks: adding a den - no plumbing			
Owner/Agent Signature:			
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: 3 ma Grown NEHSI		Date: 2-19-10	
THIS REPORT IS VALID THROUGH5-19	7-10		
PARTY SECTION	EXIST. DAIVE		

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

(Sewage disposal system) Improvements Permit and Certificate of Completion

(Ground Absorption Sewage Disposal System - Section	130 - 160 of Chapter 130 of the General Statutes of North Carolina)
OWNER-OCCURANT / TOY dco " Spec"	BUILDING, CONTRACTOR DAME
LOCATION DE DISCH TOUR POST	29 howe on some of the second
SUBDIVISION Correstee talls	LOT NO SECT. OR BLOCK NO
SEPTIC TANK CONTRACTOR MARGE IN LANCE	ADDRESS FELLENGE STEEL
HOUSE MOBILE HOME BUSINESS	IMPROVEMENTS PERMIT SKETCH
NO. BEDROOMS NO. BATHROOMS	provided the following the state of the following
SIZE OF SEPTIC TANK GALS. (Liquid)	- A print the Exploration production (Control of Control of Contro
MATERIAL: PRE-CAST BLOCK FIBERGLASS DISTRIBUTION BOX YES NO D	
DISTRIBUTION BOX YES NO NO. OF LINES WIDTH FT. LENGTH OF.	Production Collection
PERCOLATION TEST YES NO	
WATER SUPPLY: INDIVIDUAL PUBLIC	
SITE CLASSIFICATION: SUITABLE	
PROV. SUITABLE 🔲 👢	CERTIFICATE OF COMPLETION SKETCH
UNSUITABLE LI	
IMPROVEMENTS PERMIT: DATE:	and the second s
CERTIFICATE OF COMPLETION: DATE: 12-12-19	New 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
By Day by M Jenson	Luis 10 th
NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of	15+ 1 De Com Lor
time.	3-3×70'
COLOR CODE: White - Owner; Pink - Improvements Permit; Blue - Contractor; Yellow - Inspection Dept.; Green - Health Dept.	$J^{+}J^{\prime\prime}$, U
	The state of the s

Hein, Roger Pin # 8572877248000

Transylvania County Health Department ENVIRONMENTAL HEALTH SECTION

James A. Boyer, R.S.
Environmental Health Supervisor

203 East Morgan St. Community Services Bldg. Brevard, NC 28712 Phone (828) 884-3139 FAX (828) 884-3140



adding a den noplumed.