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

Date: **9-3-15**   Tax ID No.: **8595-76-9868-000**   Receipt No.: **7 J0048**

$ 75⁰⁰

Owner/Agent: **William D. Clarke, III**

Address: **55 Covered Bridge Lane**

Pisgah Forest, NC 28768

Original Cert. of Completion
Name: **William Clarke**
Date: **7-18-06**   **Permit #04-117**

Phone Number: **885-5555**

Date System Installed: **7-18-06**

Name(s) of Original Permittee: **William Clarke**

Directions to property: **Williamson Creek Road .9 mi: L on Community Center Road:**

Immediate L onto Covered Bridge Lane: 1st house on L   # 55 on house

Subdivision: _____   Section: _____   Lot No.: **2**

Inspection requested for:
- ☐ Mobile home setup
- ☐ Remodeling
- ☒ Addition
- ☐ Connection to unused system
- ☐ Business
- ☐ Other

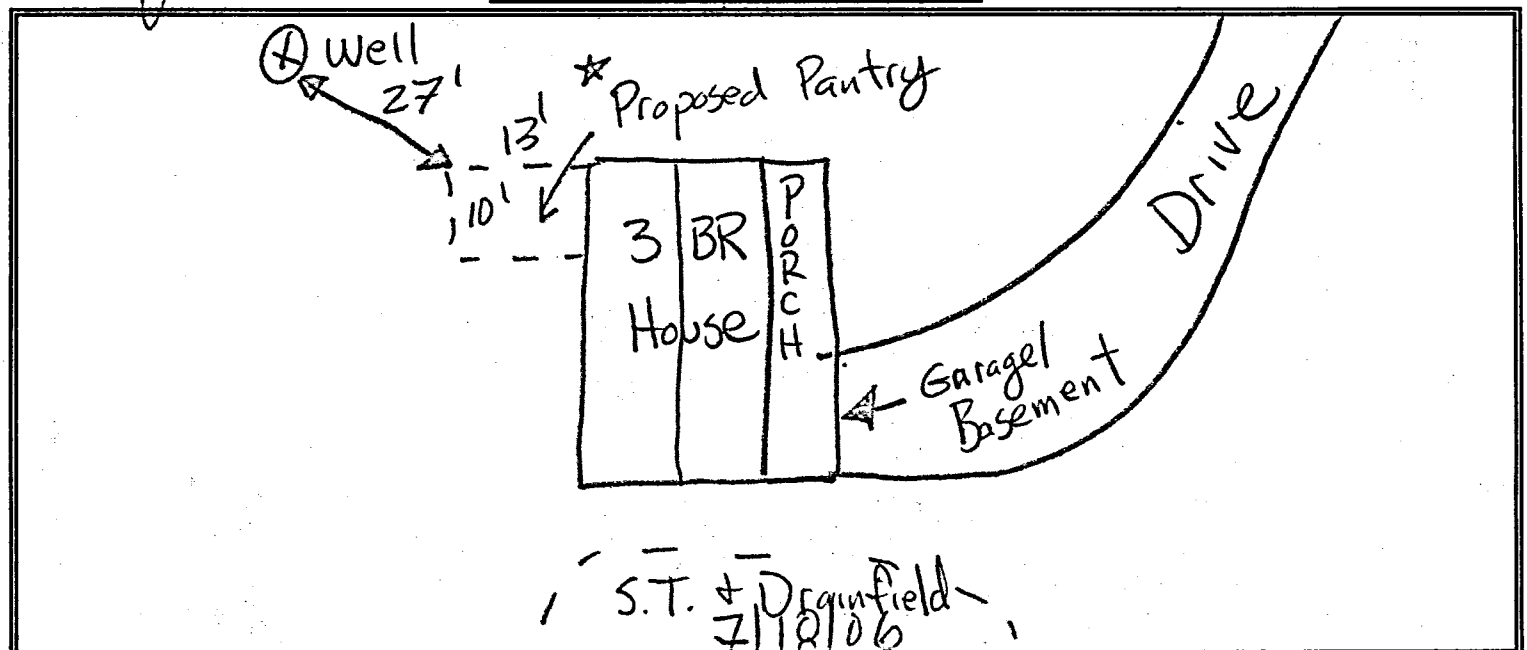No. of bedrooms upon connection/completion: **3**   Current no. of Bedrooms: **3**

Remarks: **Add a pantry off the dining room.**

Owner/Agent Signature: X **William D Clarke III**   Date: X **9/3/15**

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 Byer, REHS**   Date: **9/8/15**

THIS REPORT IS VALID THROUGH   12/8/15

File Name: _____

Permit #: __04-117__

Pin #/Tax ID √ 8595-16-9868.000

Clarki, William - new Owner

Agent/Owner: JOE BRISON

Mailing Address: 308 Ela Bend Rd. Brevard, NC

883-2064   677-3525

Home Phone #: (___)

Work Phone #: (___)

Receipt No _____

2015

Proposed Buyer: MERRILL, RAYMOND

606-7129

Home Phone #: (___)

Mailing Address: Rt. 1 Box 158-A Penrose, NC 28766

Work Phone #: (___)

Lot 2

Property Location: Williamson Cr. Rd.
Road/Street

Subdivision: _____   Phase/Sect.: _____   Lot #: _____   Site 2

Directions to property: Williamson Cr. Rd. - turn left at community center - prop on left

Flood Zone
Is the property in a flood zone?
☐ Yes   ☐ No   ☐ Unknown

Inspections
Flood Zone
☐ Yes   ☐ No
☐ Approved   ☐ Disapproved
Initials _____   Date _____

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: __1-2 ac__   Date lot recorded: _____   Right of ways, easements, etc. __no__   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: _____

ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT

Notice:
Well must be located at least 100 ft. from any part of the septic system.

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: __IIIg/IIa EZ FLOW w/ warranty__   Management Entity: ☒ Owner   ☐ Certified Operator   Minimum inspection/maintenance review frequency __N/A__ years.

Comments: __Clean + replace septic tank effluent filter as req'd__

Installed by: __Marshall McCall__   Final Inspection by: __James A Byers RS__   Date: __7/18/06__

⭐ Site location
ok'd by NOC
7/17/06
in field

Road

Ⓧ well

D-R
E-V

P|L

House

100   47

SCM1000
STB862
5/30/06

28'   8

P|L

20'
4'
ST

3'w x 40'L

44'

Step

12'   3'w x 40'L

Step

10'   3'w x 40'L

Step

9'   3'w x 40'L

Step

Cleared

Draw

Woodded

"As Built"
7/18/06
JB

EZ FLOW
w/ warranty