

Permit #: 08-153 Receipt No: 44223 \$250

Agent/Owner: Austin/Robbs Electrical Est Broker Mailing Address: Lake Toraway, NC 28747

Home Phone #: 225 602-3648 Work Phone #: ())

Proposed Buyer: Cashina, Lyndon & Julie Mailing Address: PO Box 1592, Cashiers, NC 28717

Home Phone #: 225 743-5964 office Work Phone #: 912 535-0190 Mobile

Property Location: Toraway Trail Subdivision: Indian Lake Estates Phase/Sec: Unit 3 Lot #: 7

Directions to property: US 64 to NC 231 N to L on Slick Fisher Rd. To Indian Lake Estates on R. Indian

Lake Rd Col on Toraway Trail to corner of Sequoia Lane and Toraway Trail.

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

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: 0.44 ac Date lot recorded: 2/73 Right of ways, easements, etc. _____ 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: Austin Robbs Date: 4/18/08

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.

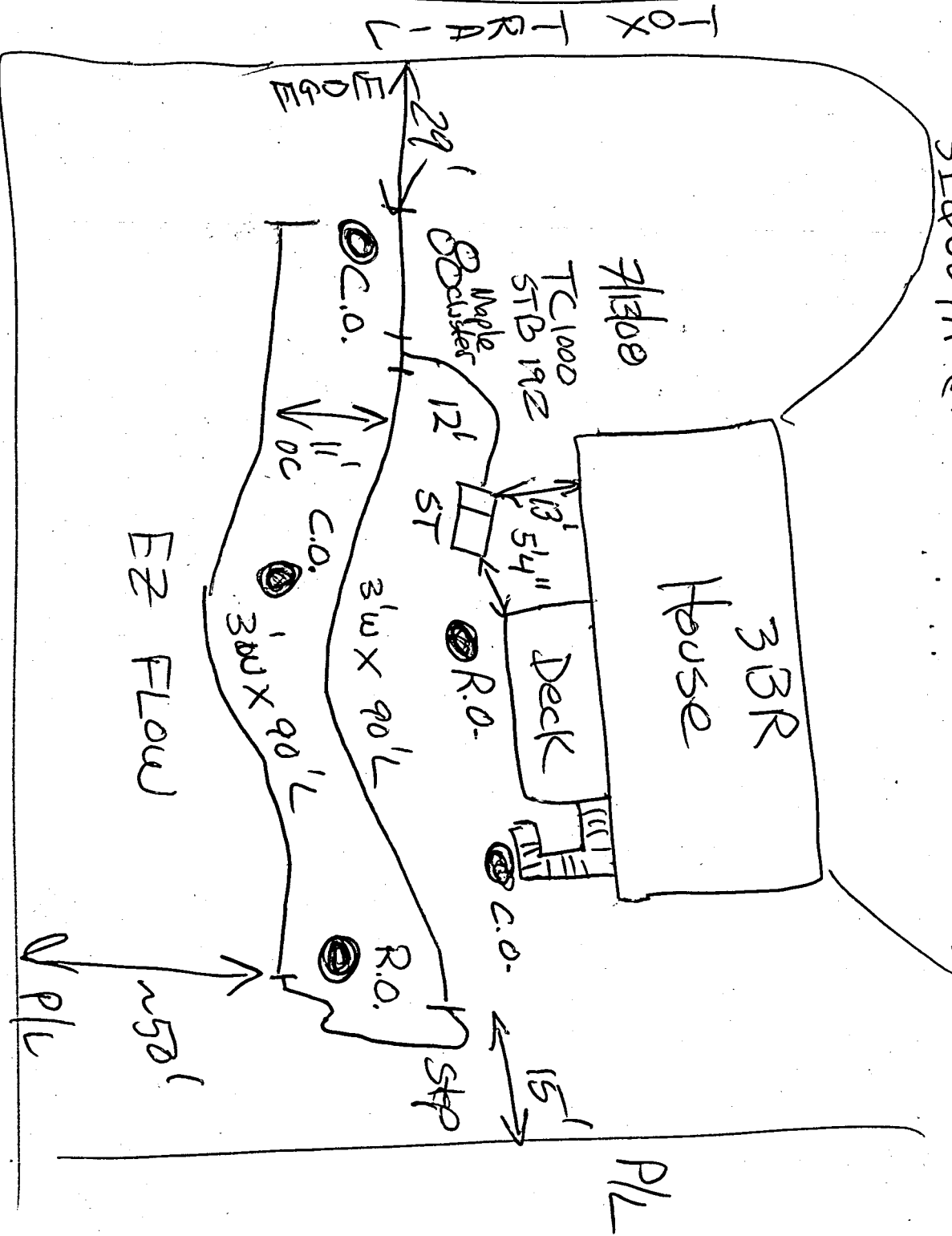
EZ Flow 25% Reduction

System Classification Type: II 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: Tommy Picketon #1465 Final Inspection by: James O Boyer, RS Date: 2/24/09

SEQUOYA (OR SEQUOIA)



"As Built" 2/24/08

Permit #: 08-153

Receipt No 444223 \$250

Agent/Owner: Austin/Hobbs INC/Real Est Broker Mailing Address: Lake Toraway, NC 28747

Home Phone #: 828 862-3648 Work Phone #: ()

Proposed Buyer: Coggins, Lyndon & Julie Mailing Address: PO Box 1992, Cashiers, NC 28717

Home Phone #: 828 743-5964 office Work Phone #: 912 536-0190 Mobile

Property Location: Toraway Trail Subdivision: Indian Lake Estates Phase/Sec: Unit 3 Lot #: 7

Directions to property: US 64 to NC 281 N to L on Slick Fisher Rd. To Indian Lake Estates on R. Indian Lake Rd tol on Toraway Trail to corner of Sequola Lane and Toraway Trail.

Installation for: Mobile Home Single Double House No. Bedroom: 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: 0.44 ac Date lot recorded: 2/73 Flight of ways, easements, etc. _____ 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: Charlie Hardy Real Estate Agent Date: 4/18/08

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
 (Diagram and Conditions Attached)

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____

Design waste flow: 360 GPD LTRAR: 05 Septic Tank Capacity: 1000 gal/min. Pump Tank Capacity: _____ gal/min. Proposed Wastewater System: Reduction Type Chamber (E2 Flow or Chamber)

Drainfield: Total Trench Length: 180 ft. Square Footage: 720 Trench spacing: 9 ft. on ctr. Individual Trench Length: (2x) 90 ft. Maximum Trench Depth (Flow Side): 18 in. Trench Width: 36 in.

Distribution Method: Serial (leveled) Min. distance between system and nearest Well: 100 ft. Water line: 10 ft. Foundation: 5/15 ft. Property line: 105 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: Maintain all weld setbacks - Installer must be certified by the North Carolina on site wastewater contractor's inspectors certification board (NCEWCIB)

Construction of the wastewater system for the permit indicated is hereby authorized. The wastewater system described in the improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted pursuant to this Article. This Construction Authorization is valid for a period of 5 years from the original date of issue. The Construction Authorization must be renewed upon expiration prior to the installation/repair of the wastewater system, or prior to the issuance of any required building permits. A pre-construction conference with the owner or developer, or an agent of the owner or developer, and the health department will be required for re-issuance of the Construction Authorization.

I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.

Signed: James A. Bayer RS Date: 5/5/08

Construction Authorization prepared by: _____ Date: 6/25/08

PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION

File Name: Indian Lake Estates, Unit 3, Lot 7
Coggins, Lyndon and Julie

Permit# 08-153

PIN: 8523-16-7528-000

