

EXISTING SYSTEM INSPECTION REPORT
(For Building Inspection Department)

Date: 10-12-18 PIN: 9507-37-2502-000 Receipt #: 911812 \$75.00

Owner: Smith, Scott & Rachelle Agent/Contractor: Crane Custom Homes, Inc.

Phone: _____ Phone: 828-883-2324

Mailing Address: 19801 Stough Farm Rd, Cornelius NC 28031 RICHARD

Date System Installed: _____ 577-0995

Name (s) of Original Permittee: _____

Directions to property: Hwy 64, - L - Brown Rd, R - Old Little mtn Rd
paved drive on R (4th or 5th drive) top of hill, L - fork
log house on top of hill

Property Address: 154 Old Little mtn Rd, Pisgah Forest

Subdivision: _____ Section/Phase: _____ Lot: _____

Inspection requested for:

- Mobile Home Setup
- Addition
- Business
- Remodeling
- Connection to Unused System
- Other

No. of bedrooms upon connection/completion: _____ Current No. of Occupants: _____

Remarks: tearing down log home and ~~hooking up 1977~~ ^{Replacng NEW 3BR} to existing septic

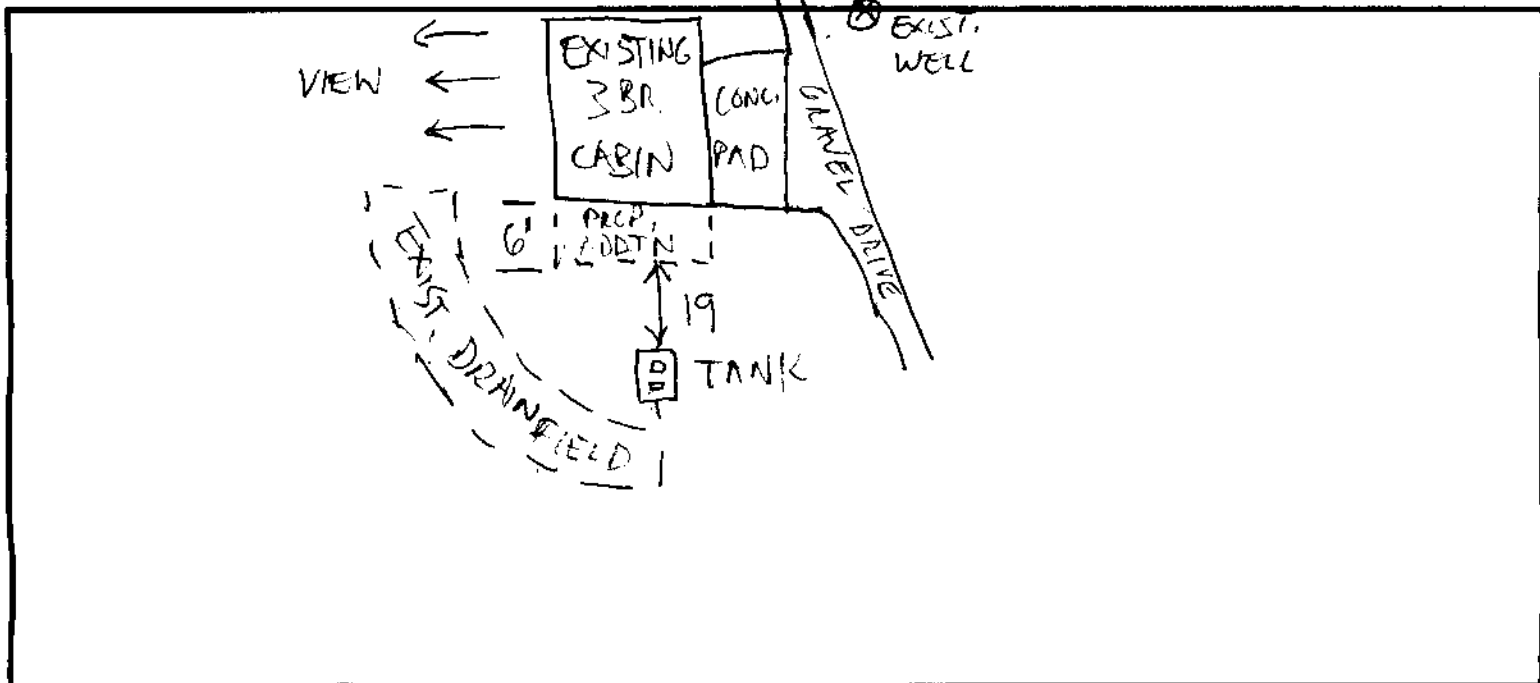
Owner/Agent Signature: [Signature] Date: 10.12.18

I understand that Transylvania Public Health has the right of entry onto the property to perform requested services.

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: Samuel Kroon RETS Date: 10-17-18

THIS REPORT IS VALID THROUGH 1-17-19



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

Date: 12-8-05 Tax ID No.: 9507-37-2502-000

Receipt No.: 01364 #50

Owner/Agent: Welles
WELLS, PETE

Address: 19 Old Little Mt. Rd.
Pisgah Forest, NC

Phone Number: 553-5490 Allan Hampton

Date System Installed: 11/11

Original Cert. of Completion	
Name:	<u>Unknown</u>
Date:	_____

Name(s) of Original Permittee: Betty Bramlette Cox?

Directions to property: Hwyl 64 - left on Brown Rd. - right on old Little Mt. Rd. - paved drive on right (4th or 5th drive on right) - 19 on mailbox go to top of hill - left fork - log house on top of hill

Subdivision: _____ Section: _____ Lot No.: _____

Inspection requested for:

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

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

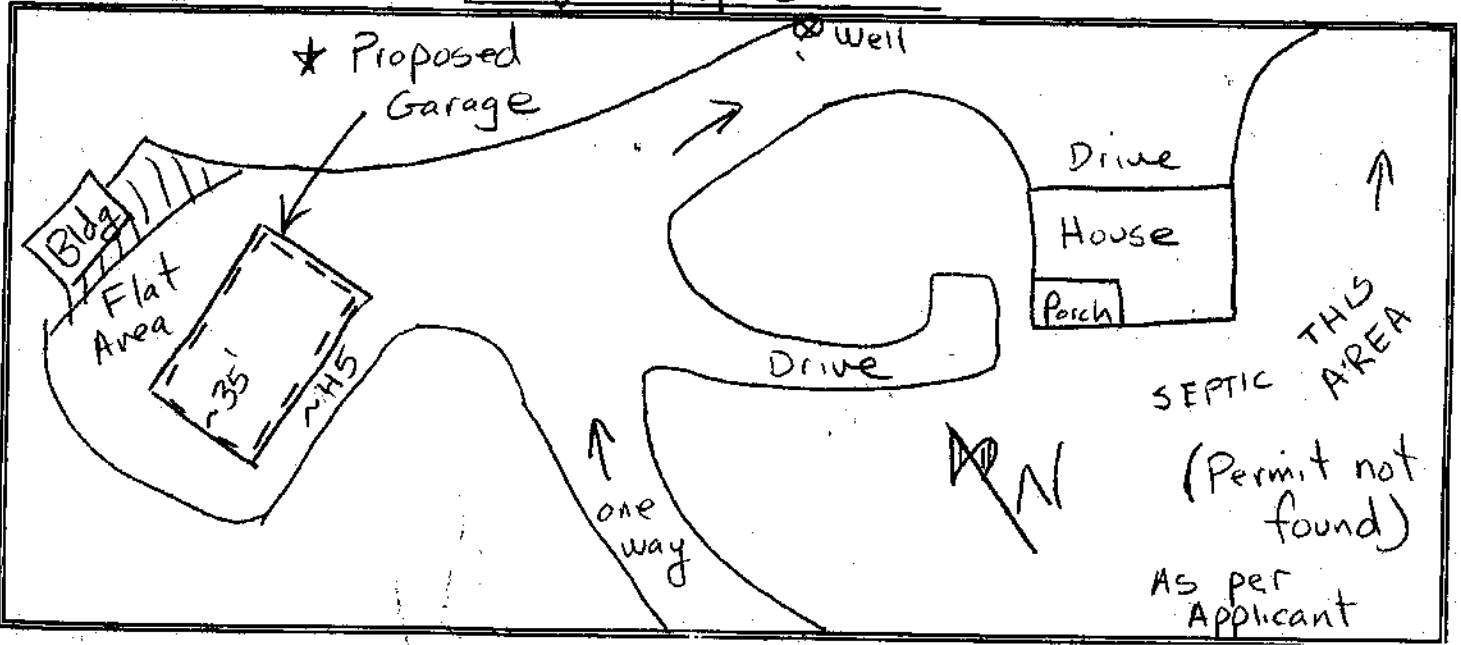
Remarks: detached garage - with electricity no plumbing

Owner/Agent Signature: Alan Hampton Date: 12-8-05

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: Alan Hampton James A Bayer, RS Date: 12/9/05 JB

THIS REPORT IS VALID THROUGH 3/9/06



TRANSYLVANIA COUNTY HEALTH DEPARTMENT

7507-37-2502-008

(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-OCCUPANT Homer Cox Jr. BUILDING CONTRACTOR _____

LOCATION Old Little Mt Rd

SUBDIVISION _____ LOT NO. _____ SECT. OR BLOCK NO. _____

SEPTIC TANK CONTRACTOR _____ ADDRESS Pleasant Grove

HOUSE MOBILE HOME BUSINESS

NO. BEDROOMS 3 NO. BATHROOMS 2

SIZE OF SEPTIC TANK 860 GALS. (Liquid)

MATERIAL: PRE-CAST BLOCK FIBERGLASS

DISTRIBUTION BOX YES NO

NO. OF LINES 2 WIDTH 3 FT. LENGTH 60 FT.

PERCOLATION TEST YES NO

WATER SUPPLY: INDIVIDUAL PUBLIC

SITE CLASSIFICATION: SUITABLE

PROV. SUITABLE

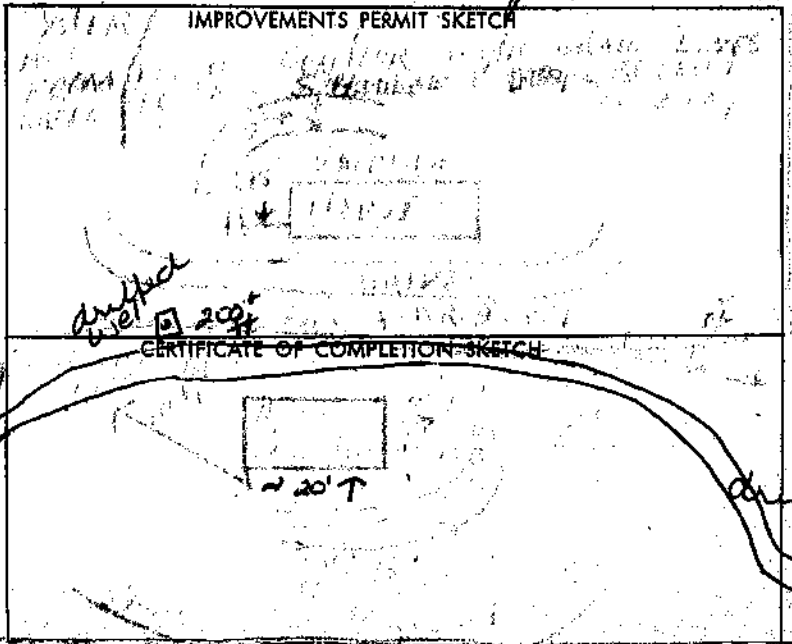
UNSUITABLE

IMPROVEMENTS PERMIT: DATE: 10/3/79

BY _____

CERTIFICATE OF COMPLETION: DATE: 10/9/79

BY _____



NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White - Owner; Pink - Improvements Permit; Blue - Contractor; Yellow - Inspection Dept.; Green - Health Dept.

7507-37-2502-008

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-OCCUPANT Homer Cox BUILDING CONTRACTOR self

LOCATION Old Little Mt Rd - top of hill on left - to high banks - go between

SUBDIVISION _____ LOT NO. _____ SECT. OR BLOCK NO. _____

SEPTIC TANK CONTRACTOR Howard Gosnell ADDRESS to top of hill on left

HOUSE MOBILE HOME BUSINESS

NO. BEDROOMS 2 NO. BATHROOMS 1

SIZE OF SEPTIC TANK 860 GALS. (Liquid)

MATERIAL: PRE-CAST BLOCK FIBERGLASS

DISTRIBUTION BOX YES NO

NO. OF LINES 2 WIDTH 3 FT. LENGTH 70 FT.

PERCOLATION TEST YES NO

WATER SUPPLY: INDIVIDUAL PUBLIC

SITE CLASSIFICATION: SUITABLE

PROV. SUITABLE

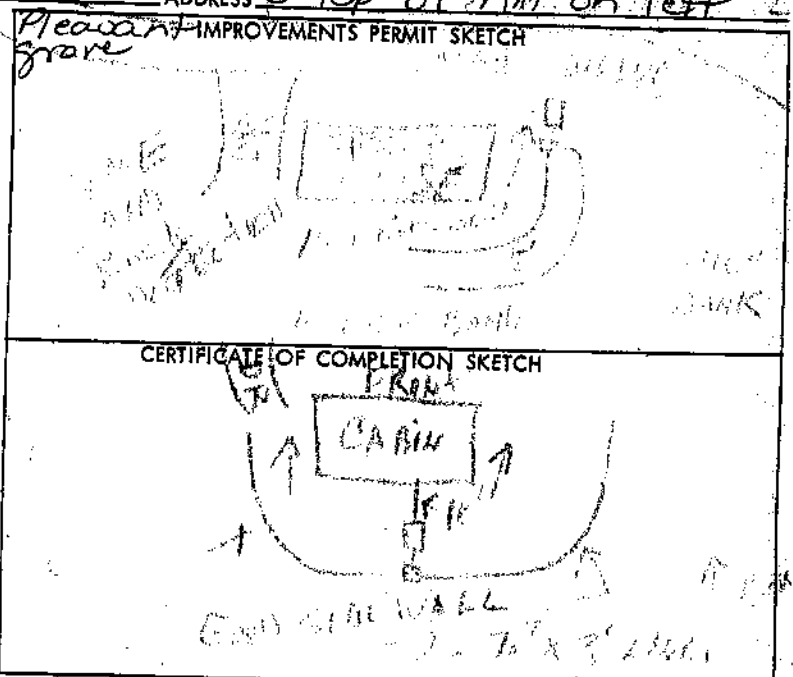
UNSUITABLE

IMPROVEMENTS PERMIT: DATE: 10/5/79

BY _____

CERTIFICATE OF COMPLETION: DATE: 5-16-81

BY _____



NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White - Owner; Pink - Improvements Permit; Blue - Contractor; Yellow - Inspection Dept.; Green - Health Dept.

NT911C