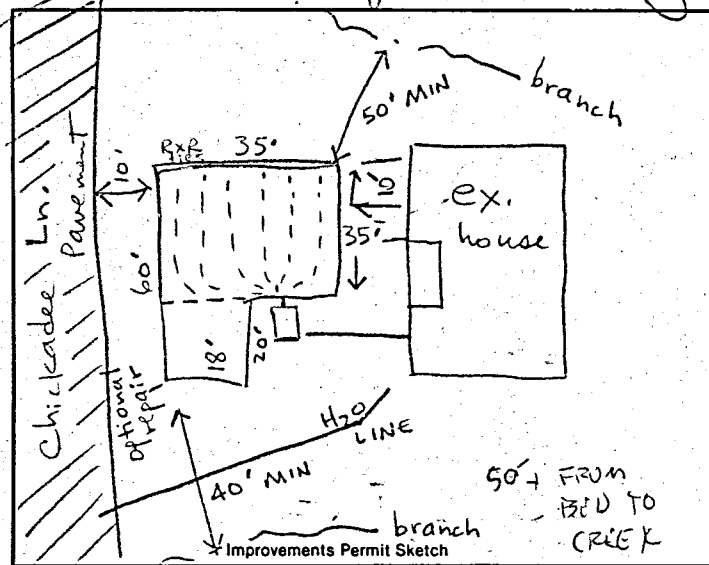


**Transylvania County Health Department**  
**IMPROVEMENTS PERMIT / CERTIFICATE OF COMPLETION**  
**Subsurface Sanitary Sewage Systems**  
 (Article 11 of Chapter 130A of the General Statutes of North Carolina)

IMPROVEMENT PERMIT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE

Date: 2/19/93 8585-00-2283-000 Tax ID. No.: T342 FO 2007  
 Owner/Agent: H Wayne Connolly Receipt No.: N/C  
 Address: 115 Chickadee Ln. Brevard, N.C. Phone No.: 884-9588  
883 8161 (W)  
 Location of Property: Country Club Rd to ILLAHEE - (turn right) go to  
Cardinal (turn left) on Cardinal go to Towhee (turn left) on Towhee  
Go to Chickadee - turn right. Fourth house on left (Blue Cape Rd)  
 Subdivision: ILLAHEE HILLS II Lot Number: 10 Section: \_\_\_\_\_ Plat of Property: \_\_\_\_\_  
 Type of Facility: House  Mobile Home  Business  Other  Basement Yes  No  Basement Plumbing Yes  No   
 Number of Bedrooms: 3 or 4 Number of Bathrooms: 2 Estimated Sewage Flow: 360  
 Lot Size: \_\_\_\_\_ Easements, Right-of-Ways, etc.: \_\_\_\_\_ Date Lot Recorded: \_\_\_\_\_  
 Type of Water Supply: Private: Drilled Well  Spring  Shared Supply  Public/Community  CITY  
 Signature/Authorized Agent: Wayne Connolly Date: 2/24/93



NO CHANGE

Certificate of Completion Sketch

Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated.  
 New System  Repair  Addition   
 Size of Tank: PX Application Rate: \_\_\_\_\_  
 No. of Lines: 6 Perforated Width: 35' Linear Ft.: 35'  
 Square Ft.: 1225 Pipes \_\_\_\_\_ Maximum Trench Depth: on same grade as original

I understand and agree to install the septic tank system as specified on this Improvements Permit. Permit is void if any changes are made without consent of the Health Department Representative and/or if any false information is supplied in making Improvements Permit.

Signature/Authorized Agent: H Wayne Connolly Date: \_\_\_\_\_  
 By: John R. [Signature] RS Date: 2/24/93

Building Contractor: \_\_\_\_\_  
 System Installed by: GLEN WOODY

This is to certify that system is installed according to Rules and Regulations but is not a guarantee that it will function satisfactorily for any given period of time.

By: John Winston RS Date: 3/9/93

EXISTING SYSTEM: Addition/Remodeling  Relocation   
 Other  \_\_\_\_\_

System functioning properly at time of inspection and is approved for proposed additions/renovations or other improvements.  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

\* Ben Gottus, orig. owner.  
 \* Repair drainfield to be located partly under driveway.  
 Color Codes: Certificate of Completion, Owner - White; Health Dept. - Green; Improvements Permit - Pink