

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 3-10-08

Tax ID No.: 8540-03-6892-000

Receipt No.: 619931 58

Owner/Agent: Scott, Steven W. & Deborah V.

Address: 425 Arrowhead Ridge Road
Brevard, NC 28712

Phone Number: 862-5806

Date System Installed: 7-10-92

Name(s) of Original Permittee: Herbert Cairnes

Directions to property: 64W to L on Frozen Creek to end; R onto Lake Toxaway Road - pavement ends - gravel begins, approx 1 mi; Sharp right on Arrowhead Ridge Road. 3rd house on left.

Original Cert. of Completion
Name: _____
Date: _____

Subdivision: Round Mountain

Section: _____

Lot No.: 43

Inspection requested for:

- Mobile home setup
- Remodeling

- Addition
- Connection to unused system

- Business
- Other

No. of bedrooms upon connection/completion: 2

Current no. of Bedrooms: 2

Remarks: Enlarging porch area + repairing/replacing steps on back porch

Owner/Agent Signature: [Signature]

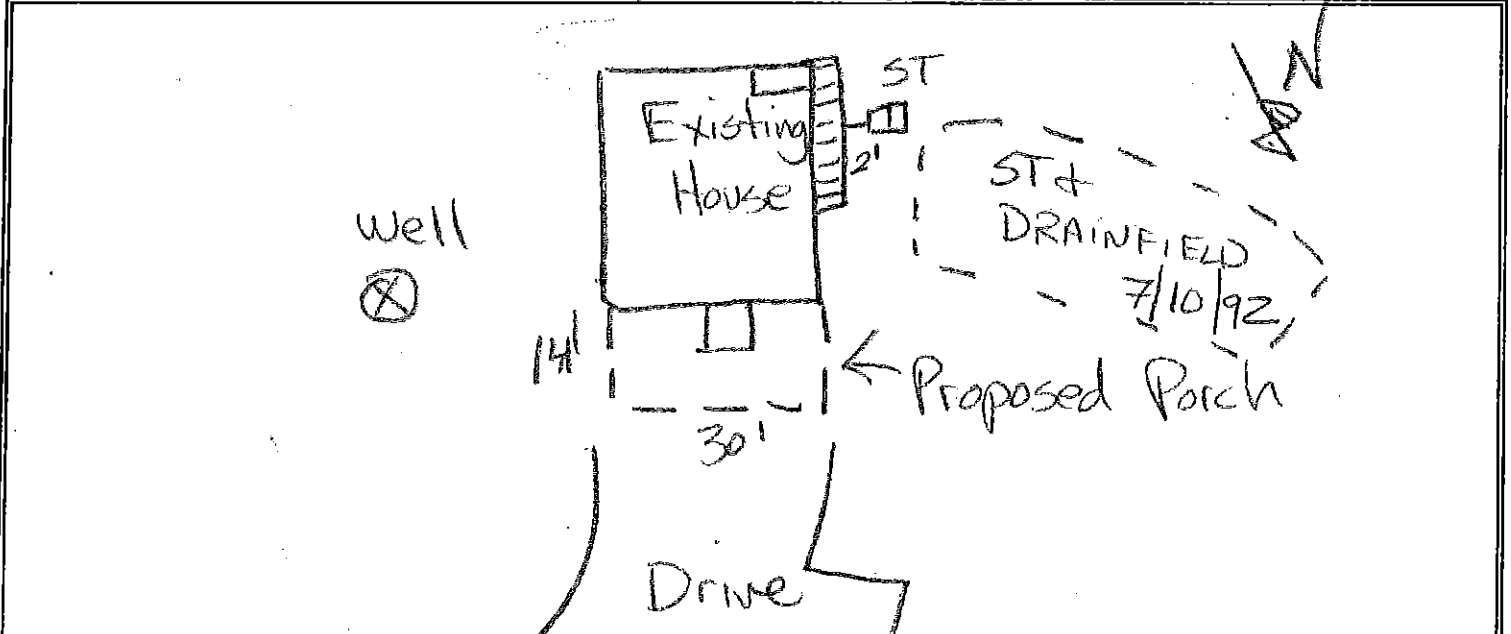
Date: 3-10-08

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 Bayer, RS

Date: 3/18/08

THIS REPORT IS VALID THROUGH 6/18/08



TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Sewage Disposal System Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (Article 11 of Chapter 130A of the General Statutes of North Carolina)

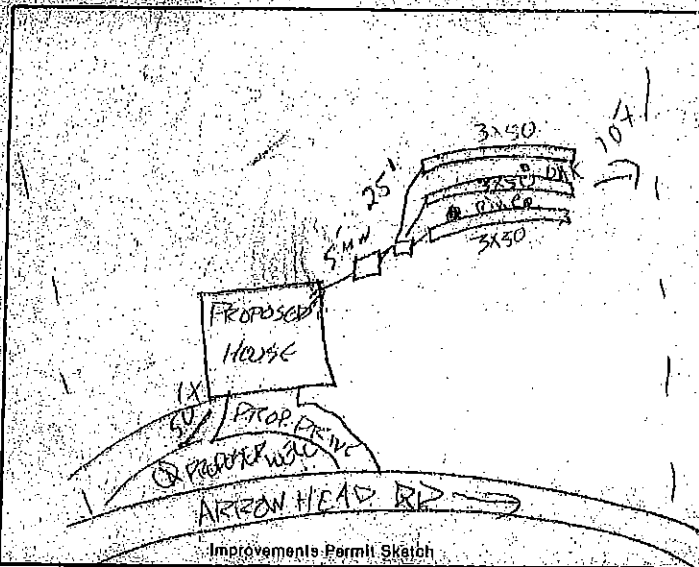
PERMIT VALID 5 YRS.
FROM DATE OF ISSUANCE

425

Date: June 21, 1991 Receipt No.: 23416
 Owner/Agent: Herbert Cairnes Phone No.: 883-8899
 Address: Rt 2 Box 494 A Brevard
 Location of Property: Round Mtn, Arrowhead Ridge Road, 2nd lot past red house.

Subdivision: Round Mountain Lot Number: 43 Section: _____ Plat of Property: Yes No
 Type of Facility: House Mobile Home Business Basement Yes No Basement Plumbing Yes No
 Number of Bedrooms: 2 Number of Bathrooms: 2 Estimated Sewage Flow: 240 gpd
 Lot Size: 1.2 acres Easements, Right-of-Ways, etc.: _____ Date Lot Recorded: Dec '83
 Type of Water Supply: Individual-Drilled Well Spring Public/Community

Signature/Authorized Agent: Herbert Cairnes Date: 6-21-91



No change from
E-permit.

Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated.

New System Repair Addition
 Size of Tank: 1000 Application Rate: 0.69 gpd
 No. of Lines: 3 Width: 3 Linear Ft.: 50
 Square Ft.: 450 Maximum Trench Depth: 18"

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: Herbert Cairnes Date: 6/24/91
 By: John Winston R.S. Date: 6/24/91

Building Contractor: _____

System Installed by: Serry Whitaine

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: Jeff Parker FHS Int. Date: 7-10-92

EXISTING SYSTEM: Addition/Remodeling Relocation

System functioning properly at time of inspection and is approved for proposed additions/renovations.

By: _____ Date: _____