

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

Date: 3-18-09

Tax ID No.: 8523-36-7124-000

Receipt No.: 031210
#50th

Owner/Agent: Vlahon, Vivian F.

Address: 1356 Indian Trail N. 130 Cherokee Circle

Palm Harbor, FL 34682 Lake Tox.

Phone Number: Contact: Fred Petersen 553-7795

Date System Installed: 12-12-02

Name(s) of Original Permittee: Schallenburg, John

Directions to property: 64W; R on 281N; L on Slick Fisher; R on Indian Lake Road;
R on Cherokee Circle. 130 Cherokee Circle on mailbox

Subdivision Indian Lake
Lake-Toxaway Estates Section: 6 Lot No.: 2

Inspection requested for:

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

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

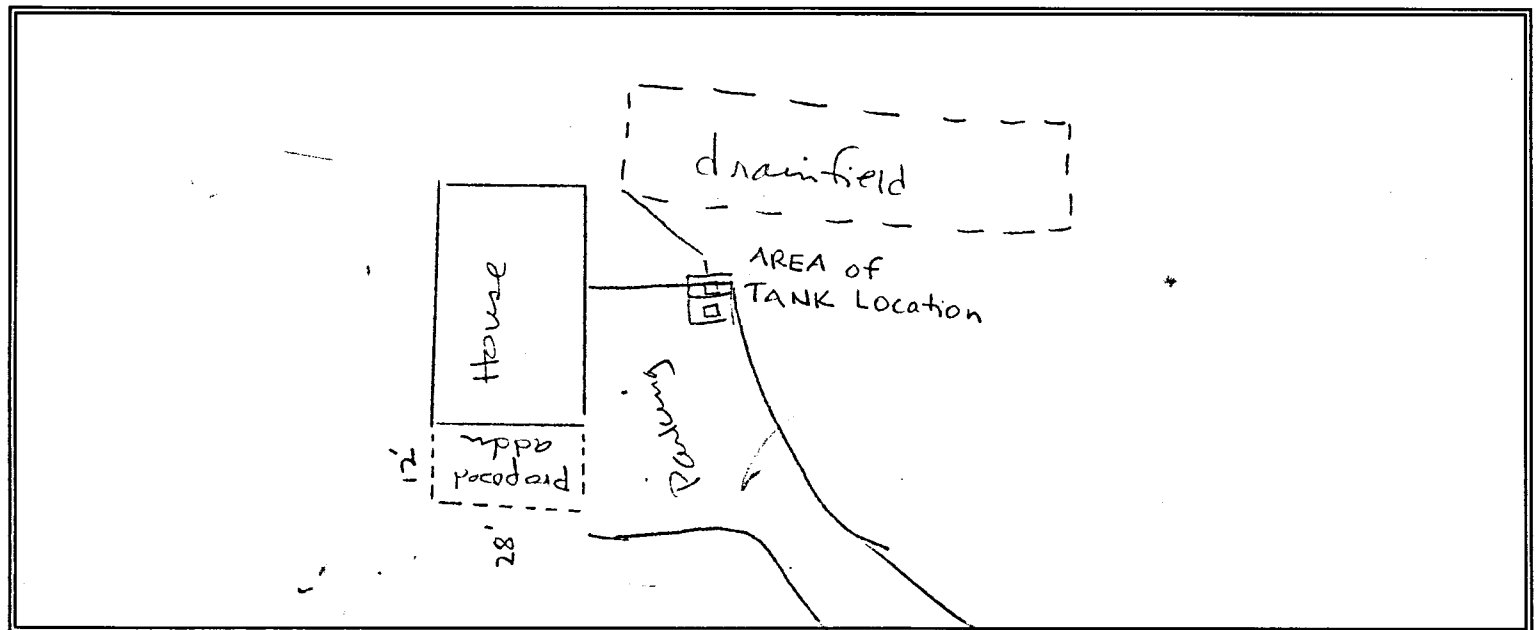
Remarks: adding a carport with electrical service

Owner/Agent Signature: [Signature] Date: 3-18-09

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: [Signature] RS Date: 3.19.09

THIS REPORT IS VALID THROUGH 6.19.09



File Name: INDIAN LAKE ESTATES

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Lot 2 8523-36-7124-000
Lot 3 8523-36-5007-000
Pin #/Tax ID

Permit #: _____

Receipt No _____

Agent/Owner: THOMAS, JEFFREY Shallenburg, John

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: CUNIFF, MICHAEL

Mailing Address: c/o P.O. Box 180 Lake Toxaway
Lake Tox. Realty Co. Nancy Willis

Home Phone #: () _____

Work Phone #: () 966-4029

Property Location: Cherokee Circle & Hiwassee
Road/Street

Subdivision: Indian Lake Estates

Phase/Sect.: _____ Lot #: 6

Directions to property: Hwy. 64 west to 201 north - left on Slick Fisher - right into Indian LK
Est. right on Hiwassee - lots on right after passing dam

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Unknown	
Inspections	
Flood Zone	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Approved	<input type="checkbox"/> 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: 1.4 ac. Date lot recorded: _____ Right of ways, easements, etc. underground utilities 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: 2-7-02

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.

System Classification Type: III f Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

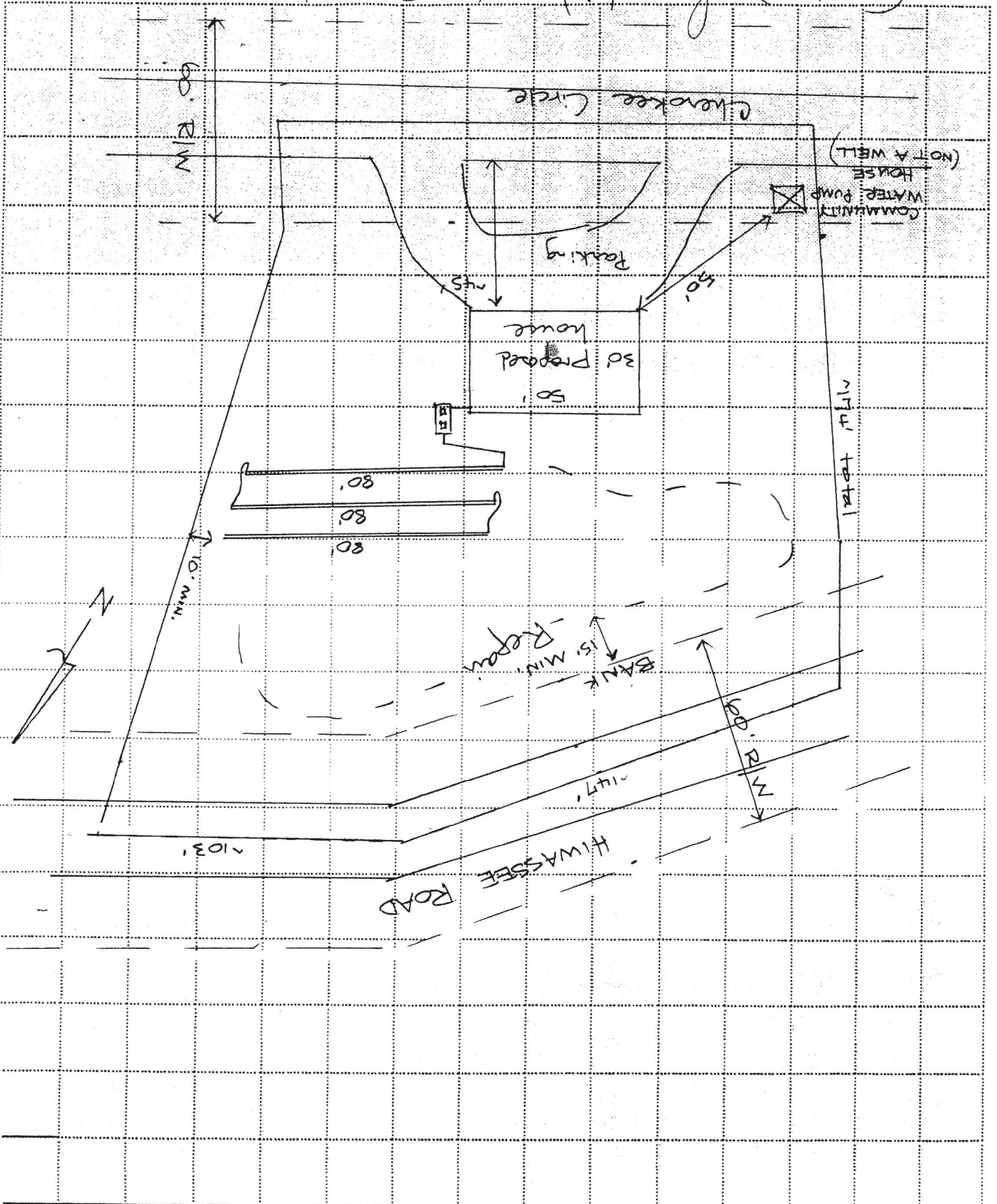
Comments: _____

Installed by: Mark Willis Final Inspection by: Neil O. Cyle, RS Date: 12-12-02

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Indian Lake Estates Permit No.: _____ Pin No.: 8523 36 7124 000

Revised 10/7/02 JB (3BR)



Scale 1" = 40'