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)

9506-67-5543-000 PERMIT VALID 5 YRS. FROM DATE OF ISSUANCE

Date: **10-24-90**

Receipt No.: **0084**

Owner/Agent: **Kraig & Sharon Brigham**

Phone No.: **883-2959**

Address: **105 Park Avenue Brevard, N.C. 28712**

Location of Property: **Old 64 to Everett Farm Road - 2 miles - on right - Fox Crossing, take L fork in Fox Crossing to lot on L**

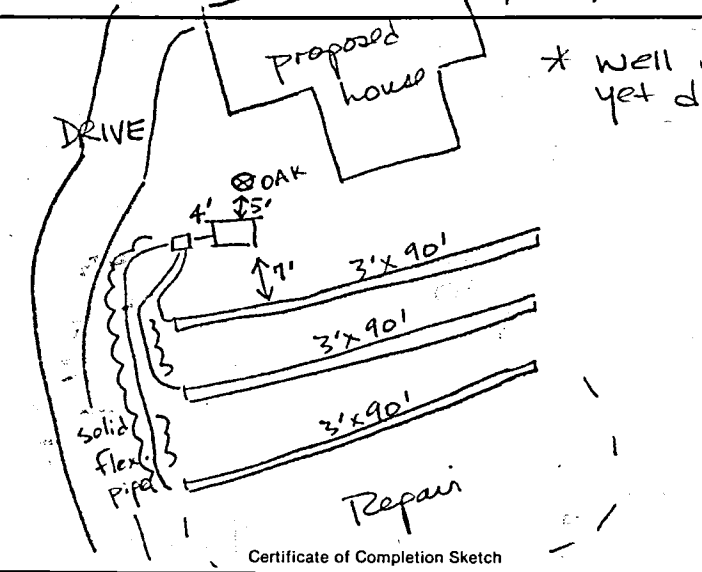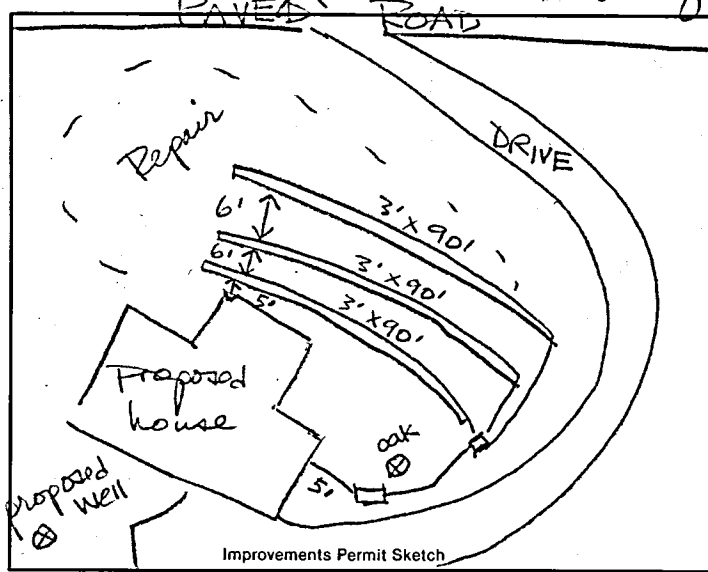Subdivision: **Fox Crossing**   Lot Number: **15**   Section: _____   Plat of Property: Yes ☒ No ☐

Type of Facility: House ☒ Mobile Home ☐ Business ☐ Basement Yes ☐ No ☒ Basement Plumbing Yes ☐ No ☐

Number of Bedrooms: **4**   Number of Bathrooms: **2 1/2**   Estimated Sewage Flow: **480 gpd**

Lot Size: **.83**   Easements, Right-of-Ways, etc.: **no**   Date Lot Recorded: **0**

Type of Water Supply: Individual—Drilled Well ☒ Spring ☐ Public/Community ☐

Signature/Authorized Agent: X **Sharon Brigham**   Date: **10/24/90**

Improvements Permit Sketch

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: **1000**   Application Rate: **.6 gpd/ft²**

No. of Lines: **3**   Width: **3'**   Linear Ft: **90'**

Square Ft.: **810**   Maximum Trench Depth: **18 - 22" on low side**

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: **Joe McCall**   Date: **11/2/90**

By: **Wm R Nash — RS**   Date: **11/2/90**

Building Contractor: **Jerry Miller**

System Installed by: **Joe McCall**

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: **Wm R Nash — RS**   Date: **11/7/90**

EXISTING SYSTEM: Addition/Remodeling ☐   Relocation ☐

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

By: _____   Date: _____

* keep proposed well 50' min. from the septic system/repair area.

Color Codes: Health Dept.—Green; Owner—White; Contractor—Canary; Improvements Permit—Pink