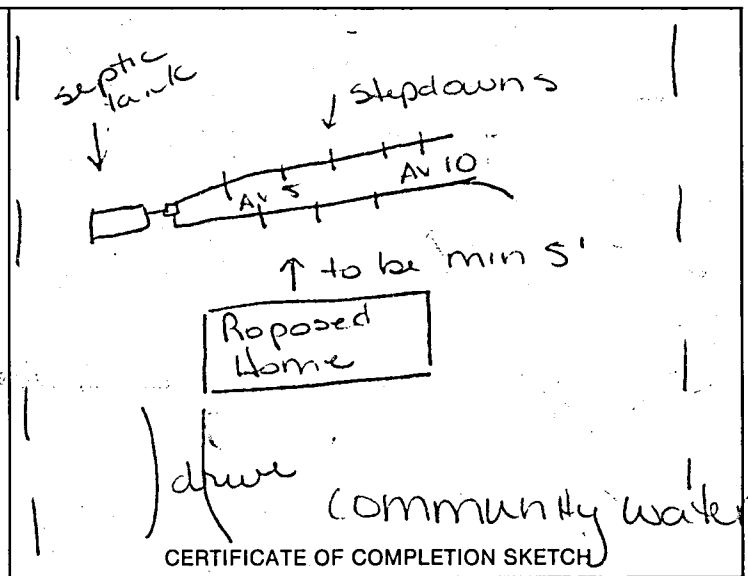
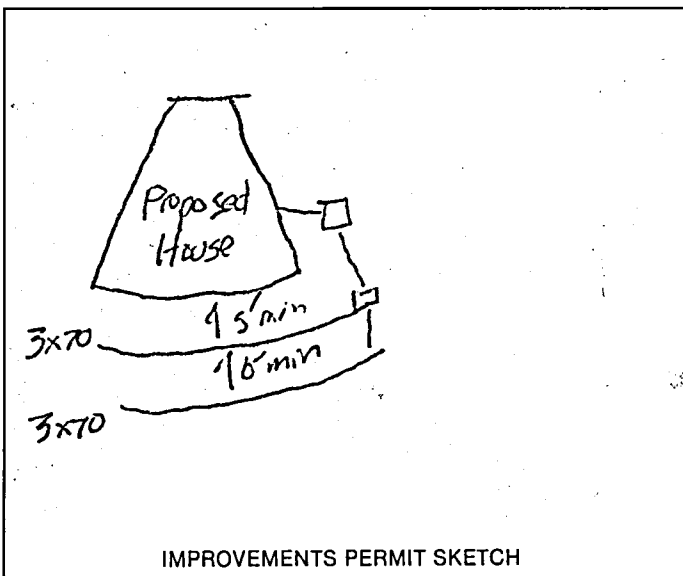


# TRANSYLVANIA COUNTY HEALTH DEPARTMENT

## 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)

8523-45-5841-000

Date: 9-3-87 Receipt No.: 10551  
 Owner/Agent: Hans Kaczmarek Phone No.: 813-578-1015  
 Address: 3350 Ulmerton Road #9, Clearwater FL 34622  
 Location of Property: Slick Fidler Rd → Rt into Indian Lake Estates  
bear left across dam between lakes, bear left to 6 way  
intersection, bear right to lots in curve  
 Subdivision: Indian Lake Estates Lot Number: 14, 15, 16 Section: 8 Plat of Property: YES ☒ NO ☐  
 Type of Facility: HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐  
 Number of Bedrooms: 2 Number of Bathrooms: 2 Estimated Sewage Flow: 240  
 Type of Water Supply: Individual — DRILLED WELL ☐ SPRING ☐; Public/Community ☒  
 Lot Size: total 2 ac Easements, Right-of-Ways, etc. \_\_\_\_\_  
 Signature/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_



NEW SYSTEM ☐ REPAIR ☐  
 Size of Tank: 1000 Distribution Box: yes  
 No. of Lines: 2 Width: 3 Linear Ft.: 70  
 Square Ft.: 420 Maximum Trench Depth: 22"  
 Application Rate: 0.6 gal / ft<sup>2</sup> / day

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.

Building Contractor: \_\_\_\_\_  
 System Installed by: Glenis 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.

Ruth Jones, RS 10/2/87  
 By Date

EXISTING SYSTEM: ADDITION ☐ REMODELING ☐

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

By \_\_\_\_\_ Date \_\_\_\_\_

Signature/Authorized Agent Hans Kaczmarek Date 9/4/87  
 By Date

**Tennessee 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

**8523-45-5841-000 Lot 14**

Tax ID. No.: **TD91C-05-004**

Date: **7 Oct 93**

Receipt No.: **1791**  
**(813) 578-1015**

Owner/Agent: **Hans Kaczmarek**

Phone No.: **884 6174**

Address: **3350 Wilmerton Road #9 Clearwater FL 34622**

Location of Property: **Slick Fisher to Indian Lake Estates, turn right, forks, straight  
2nd drive on left.**

Subdivision: **Indian Lake** Lot Number: **14, 15, 16** Section: **8** Plat of Property: \_\_\_\_\_

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

Number of Bedrooms: **3** Number of Bathrooms: **3** Estimated Sewage Flow: **360 GPD**

Lot Size: **12 ac.** Easements, Right-of-Ways, etc.: \_\_\_\_\_ Date Lot Recorded: \_\_\_\_\_

Type of Water Supply: Private: Drilled Well ☐ Spring ☐ Shared Supply ☐ Public/Community ☐

X Signature/Authorized Agent: **Hungard E. Kaczmarek** X Date: **10/7/93**

SEE ATTACHED DRAWING  
AND COMMENTS

CROSS REF. COC 5.31.89.  
(HANS KACZMAREK)

Improvements Permit Sketch

Installed as drawn.

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: **EXISTING** Application Rate: **.6**

No. of Lines: **3** Width: **36"** Linear Ft.: **50' to 70'**

Square Ft.: **630** Maximum Trench Depth: **CONTINUATION OF EXISTING LINE**

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: **Hans E. Kaczmarek** Date: **12/20/93**

By: **R. P. [Signature]** Date: **12-30-93**

Building Contractor: \_\_\_\_\_

System Installed by: **RANCE JONES**

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: **R. P. [Signature]** Date: **5-24-94**

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: \_\_\_\_\_

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Date: 12-30-93

Tax ID No: 1091C-05-004

Owner/ Agent: HANS KACZMAREK

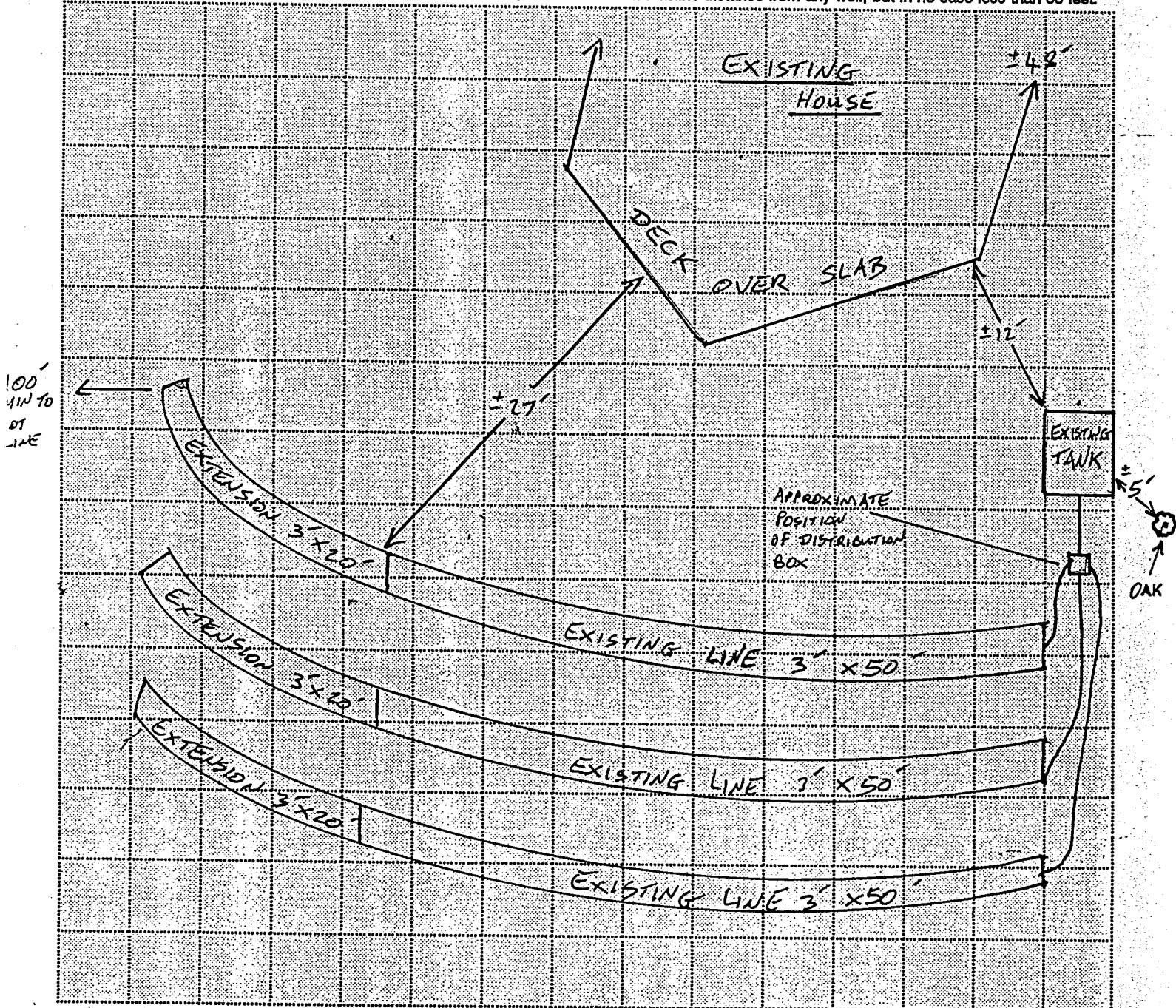
Receipt No: 1791

Address: 3350 ULMERTON Rd. #9 CLEARWATER FL 34622 Phone No: 813 573 1015  
884 6174

Location of Property: Slack Fisher to Indian Lake Estates, turn right, 2nd drive on left past fork.

Subdivision: Indian Lake Lot No: 14,15,16 Section: 8 Plat of Property: ✓

All parts of the septic tank system shall be located at least 100', or the maximum feasible distance from any well, but in no case less than 50 feet.



Minimum distance between trenches shall be CONTINUATION OF EXISTING SYSTEM feet, on center.

Scale 1" = 10 feet

Keep trenches level, on contour, and shallow (maximum depth 4" on the low side of trench). Trench width is 36 inches.

# 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)

This is lot 14 Dec 8  
8523-45-5841-000

10551

Date: 5/5/89

Receipt No.: \_\_\_\_\_

Owner/Agent: Hans Maczmarek

Phone No.: 813-578-1015

Address: 3350 Wilmerston Road #9 Clearwater Fla 34622

Location of Property: Slick Fisher → Indian Lake Estates → 11th  
→ forks → straight → 2nd drive on left

Subdivision: Indian Lake Lot Number: 141511 Section: 8 Plat of Property: YES ☒ NO ☐

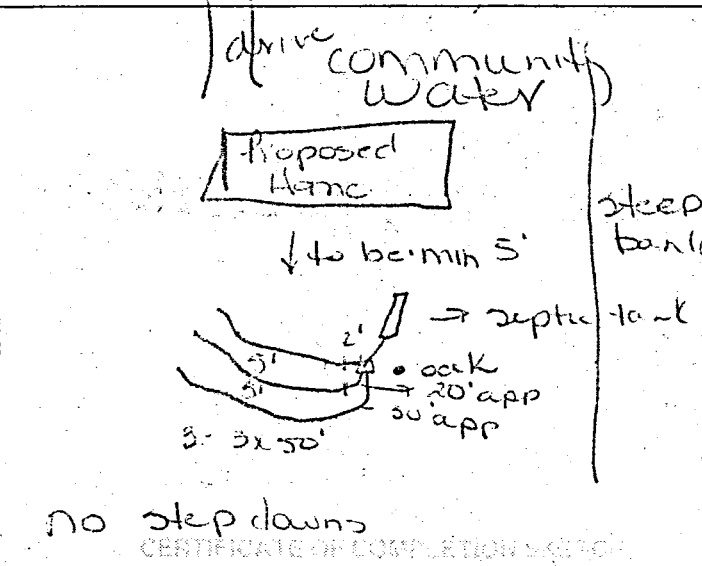
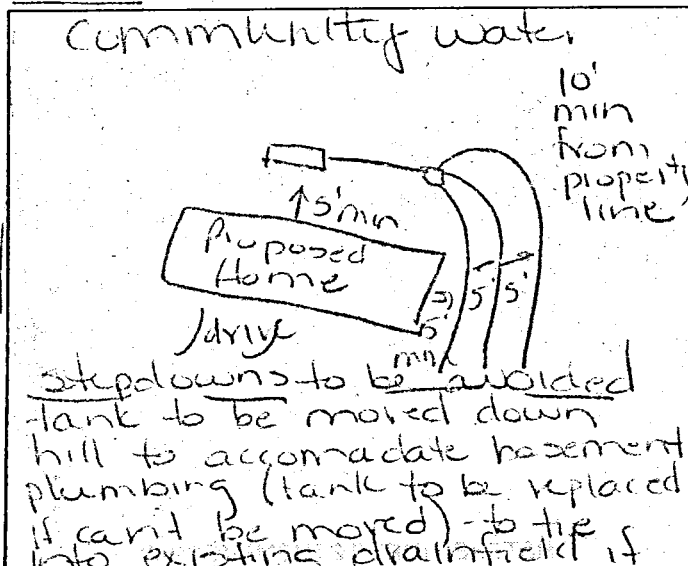
Type of Facility: HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐

Number of Bedrooms: 2 Number of Bathrooms: 2 Estimated Sewage Flow: 240

Type of Water Supply: Individual — DRILLED WELL ☐ SPRING ☐; Public/Community ☒

Lot Size: 12 ac Easements, Right-of-Ways, etc. none

Signature/Authorized Agent: Robert Powell Date: 5/5/89



NEW SYSTEM ☐ REPAIR ☒ enough to make  
Size of Tank: 1000 Distribution Box: 50 feet  
No. of Lines: 3 Width: 3 Linear Ft.: 450  
Square Ft.: 450 Maximum Trench Depth: 22"  
Application Rate: 0.6 gal/sf/day

Building Contractor: Hub Powell  
System Installed by: Rance Jones

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.

Ruth Jones, RS 5/31/89  
By \_\_\_\_\_ Date \_\_\_\_\_

EXISTING SYSTEM: ADDITION ☐ REMODELING ☐

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

By \_\_\_\_\_ Date \_\_\_\_\_

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: Ruth Jones, RS Date: 5/5/89  
By \_\_\_\_\_ Date \_\_\_\_\_