

File Name: CONNESTEE FALLS

TRANSLYVANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8582030960000

Permit #: 97-379

Receipt No 6892 \$75.00

Agent/Owner: SATWICH, SARAH ? Stella Stachowicz - owner  
Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: BRUCE, ROBERT Mailing Address: 250 S. Broad St. Brevard, NC

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) 884-7805 Rich Mtn. Const.

Property Location: Saloola Lane Subdivision: Connestee Falls Phase/Sect.: 4 Lot #: 66

Directions to property: Hwy. 876 south to main gate of Connestee - Stay on Connestee Trail - right on Saloola - sign on left.

<b>Flood Zone</b>		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>Inspections</b>		
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: .75 ac. Date lot recorded: 6/97 Right of ways, easements, etc. no 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: 7-3-97

**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, Health and Natural Resources, Division of Environmental Health.

System Classification Type: ITC Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency N/A years.

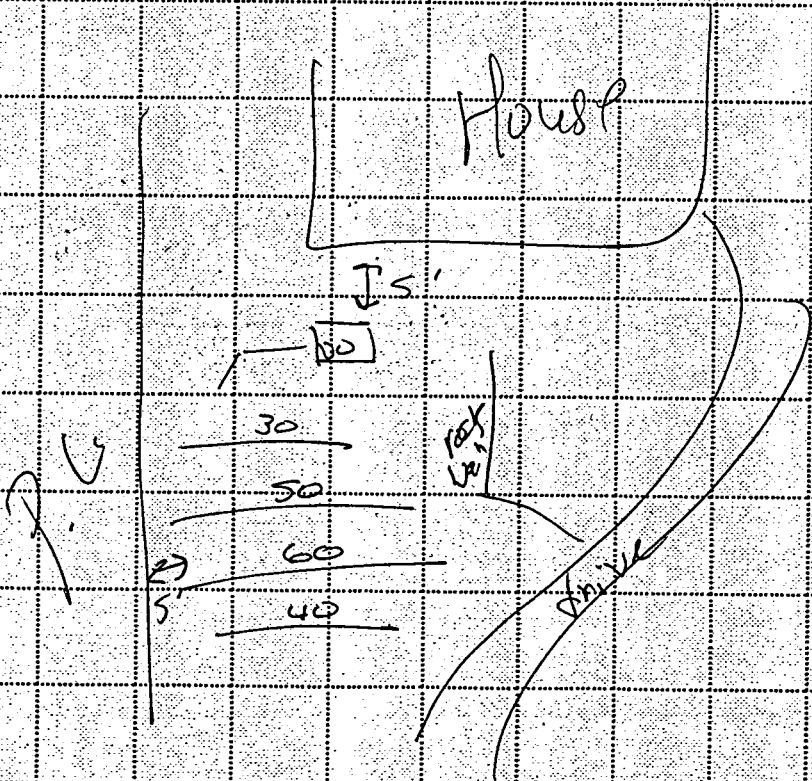
Comments: Owner requests use of IWWWS 3R as drainfield J.F. DeJoy 6-28-99

Installed by: Norton Services Final Inspection by: Jeff McCall, RS Date: 5-25-99

AS INSTALLED

Initialed: JM

Date: 5.25.99



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**TRANSYLVANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATION**

Pin #/Tax ID 8582030960000

Permit #: 97-379

6892 \$75.00

Receipt No \_\_\_\_\_

Agent/Owner: SATWICH, SARAH ? Stella Stachowicz - owner  
Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: BRUCE, ROBERT Mailing Address: 250 S. Broad St. Brevard, NC

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) 884-7805 Rich Mtn. Const.

Property Location: Saloala Lane Subdivision: Connestee Falls Phase/Sect.: \_\_\_\_\_ Lot #: 66  
Road/Street

Directions to property: Hwy. 846 south to main gate of Connestee - Stay on Connestee Trail - right on Saloala - sign on left.

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   
**Orig. recorded 1972**

Lot size: .75 ac. Date lot recorded: 6/97 Right of ways, easements, etc. no 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: [Signature] Date: 7-3-97

**PERMIT EXPIRES: 8-4-2002**

**IMPROVEMENT PERMIT  
(Plat Attached)**

This on-site wastewater treatment and disposal system improvement permit is issued in accordance with Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This improvement permit is issued for the property and is to serve the facility as described in the application above. The improvement permit must be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system or before any required building permits can be issued. This improvement permit is transferrable provided that both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

Wastewater System Design Flow: 360 GPD Proposed On-Site Wastewater Disposal System: Conventional Long Term Application Rate: 5

Comments and special conditions: \_\_\_\_\_

Issued by: Jeff McCall, RS Date: 8-4-97 Issued to: [Signature] Date: 3-17-98

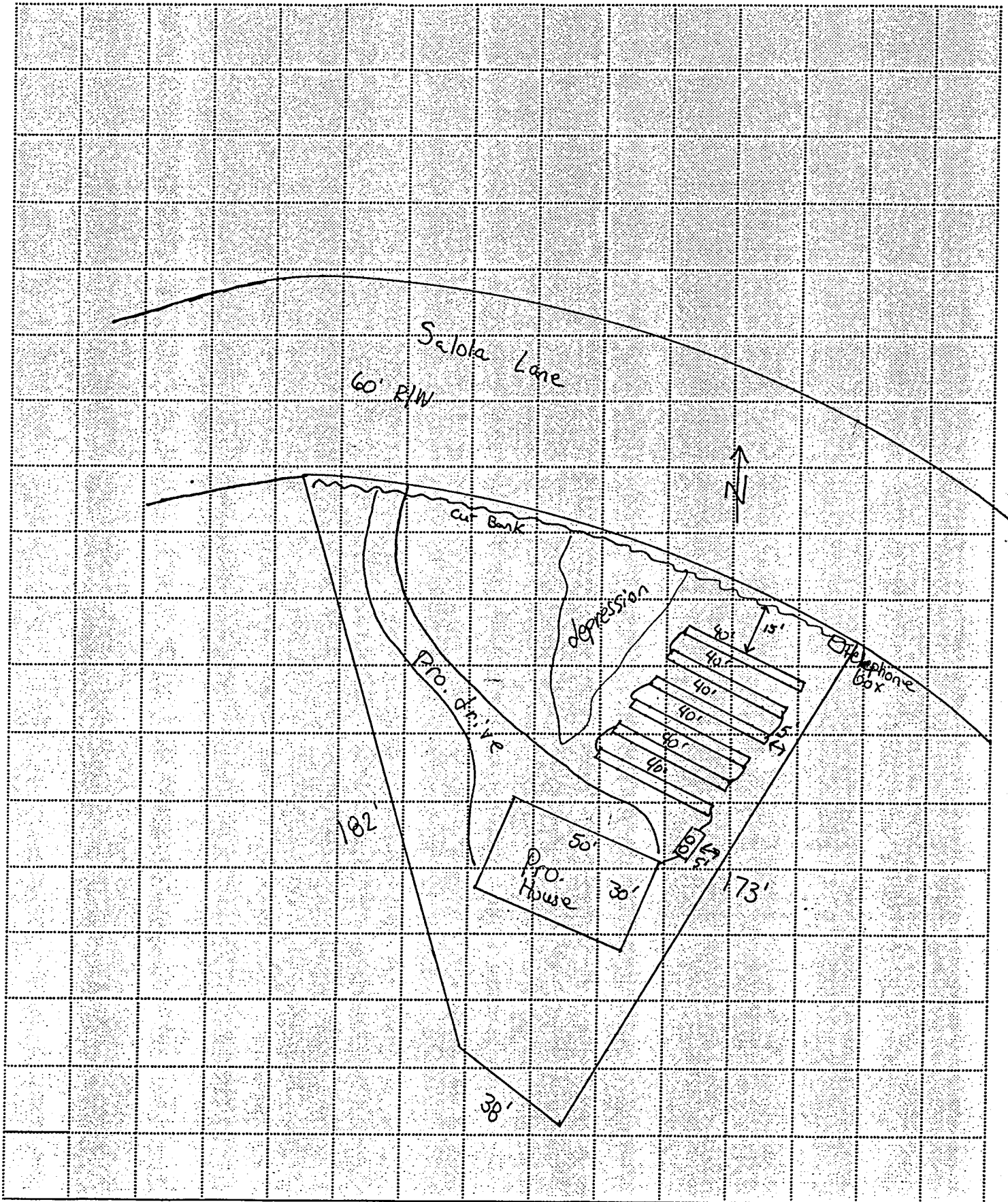
**ANY ALTERATIONS OR MODIFICATIONS (MAN MADE OR NATURAL) TO THE SITE, SYSTEM DESIGN FLOW, OR CONDITIONS IN WHICH THE PERMIT WAS ISSUED WILL VOID THE PERMIT.**

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Robert Bruce  
Connectee Falls sect. 4 lot 66

97-379  
Permit No.:

Pin No.: 8582030960000



Scale: 1" = 40ft.