

**Transylvania 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

8595-43-3990-000

✓ Tax ID. No.: T 41-2E-02-010 05

Date: 22 June 94

Receipt No.: 2961

Owner/Agent: Edward Imhoff Phone No.: 862-5887

Address: # 2025 E Three Mile Knob Road Pisgah Forest, NC 28768

Location of Property: # 2025 Three Mile Knob Road

Subdivision: _____ Lot Number: 47 Section: III & FN 6.29.94 Plat of Property: _____

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

Number of Bedrooms: _____ Number of Bathrooms: _____ Estimated Sewage Flow: 360

Lot Size: _____ Easements, Right-of-Ways, etc.: _____ Date Lot Recorded: _____

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

Signature/Authorized Agent: Edward F Imhoff Date: 6/22/94

<p align="center">COC, 12.23.85, Big Inc.</p> <p>* Approval is for the ex. deck (11' x 22') to be extended in depth to 10'. This approval requires the 3' addition to be <u>cantilevered</u> so to maintain the existing 3' setback off drain field with footing foundation FN</p> <p align="right">Improvements Permit Sketch 6.29.94</p>	<p align="center">Three Mile Knob Rd Certificate of Completion Sketch</p>
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Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated.

New System Repair Addition

Size of Tank: _____ Application Rate: _____

No. of Lines: _____ Width: _____ Linear Ft.: _____

Square Ft.: _____ Maximum Trench Depth: _____

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 _____ Date _____

By _____ Date _____

Building Contractor: _____

System Installed by: _____

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 _____ Date _____

COVERED DECK

EXISTING SYSTEM: Addition/Remodeling Relocation
Other

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

By John K. [Signature] Date 6.29.94

TRANSLVANIA 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)

APPLICATION FOR AN IMPROVEMENTS PERMIT: 8595-43-3990-000

25x

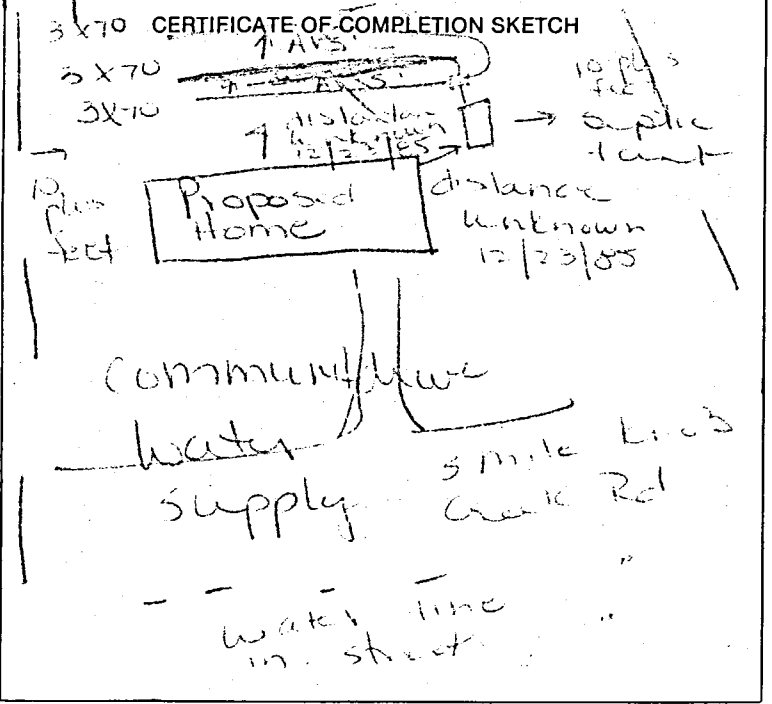
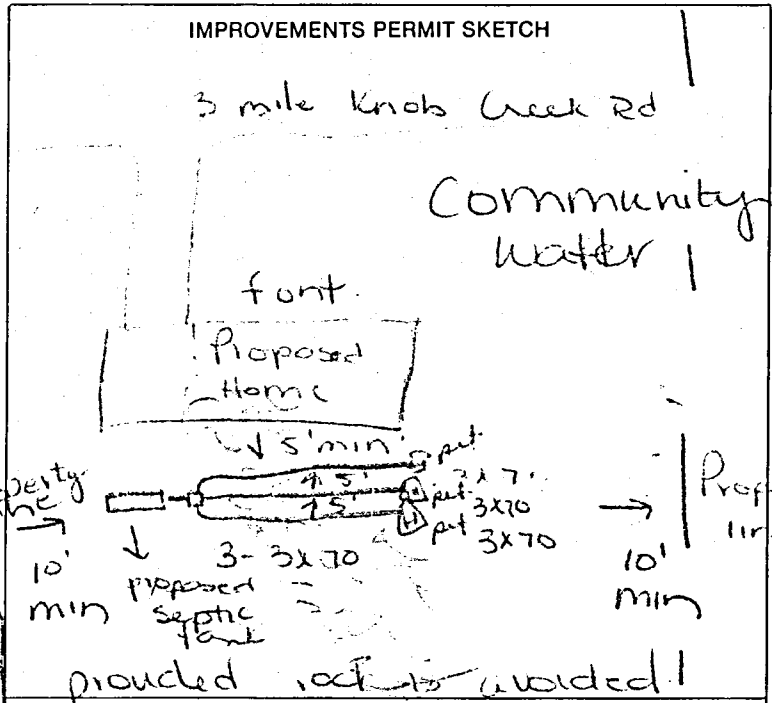
Owner: Big Inc Address: 2 Timberlane Bivard
Location of Property: 3 mile knob creek rd - across from condos
Plat of Property: YES [] NO [x]
Type of Facility: House [x] Mobile Home [] Business []
Estimated Sewage Flow: 340 Gallons per day
Type of Water Supply: Drilled Well [] Spring [] Other [x] Community
Signature of Owner or Authorized Agent: [Signature] Date: []

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT: same
LOCATION: same
SUBDIVISION: Knob Creek
LOT NO.: 47 SECT. OR BLOCK NO.: 3
BUILDING CONTRACTOR: same
ADDRESS: same
SEPTIC TANK CONTRACTOR: David Cantrell
ADDRESS: Bivard, NC
HOUSE [] MOBILE HOME [] BUSINESS []
NO. BEDROOMS: 3 NO. BATHROOMS: 2
SIZE OF SEPTIC TANK: 1000 GALS. (Liquid)

MATERIAL: PRE-CAST [x] BLOCK [] FIBERGLASS []
DISTRIBUTION BOX YES [x] NO []
NO. OF LINES: 3 WIDTH: 3 FT. LENGTH: 70 FT.
PERCOLATION TEST YES [] NO [x]
WATER SUPPLY: INDIVIDUAL [] PUBLIC [x]
SITE CLASSIFICATION: SUITABLE [] PROV. SUITABLE [x] UNSUITABLE []

IMPROVEMENTS PERMIT: DATE: 12/13/85
BY: Keith Jones, RS
CERTIFICATE OF COMPLETION: DATE: 12/23/85
BY: Keith Jones, RS



NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White - Owner; Pink - Improvements Permit; Blue - Contractor; Yellow - Inspection Dept.; Green - Health Dept.