

**TRANSYLVANIA COUNTY DEPARTMENT of PUBLIC HEALTH**  
**Existing System Inspection Report**  
 (For Building Inspection Department)

Date: 9-10-10

Tax ID No.: 8522-99-1851-000

Receipt No.: 283262  
\$75.00

Owner/Agent: Bryant, Charles & Linda

Address: 203 Rocky Mountain Road  
Lake Toxaway

Phone Number: Contact: Robert Doe 399-0262

Date System Installed: 8-18-89

Name(s) of Original Permittee: Roy Maudlin / Bob Angers

Directions to property: 64W; R on Kim Miller Road; R on Rocky Mountain Road;  
1st drive on L.

**Original Cert. of Completion**

Name: Roy Maudlin / Bob Angers

Date: 8-18-89

Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Inspection requested for:

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

No. of bedrooms upon connection/completion: N/A Current no. of Bedrooms: 2

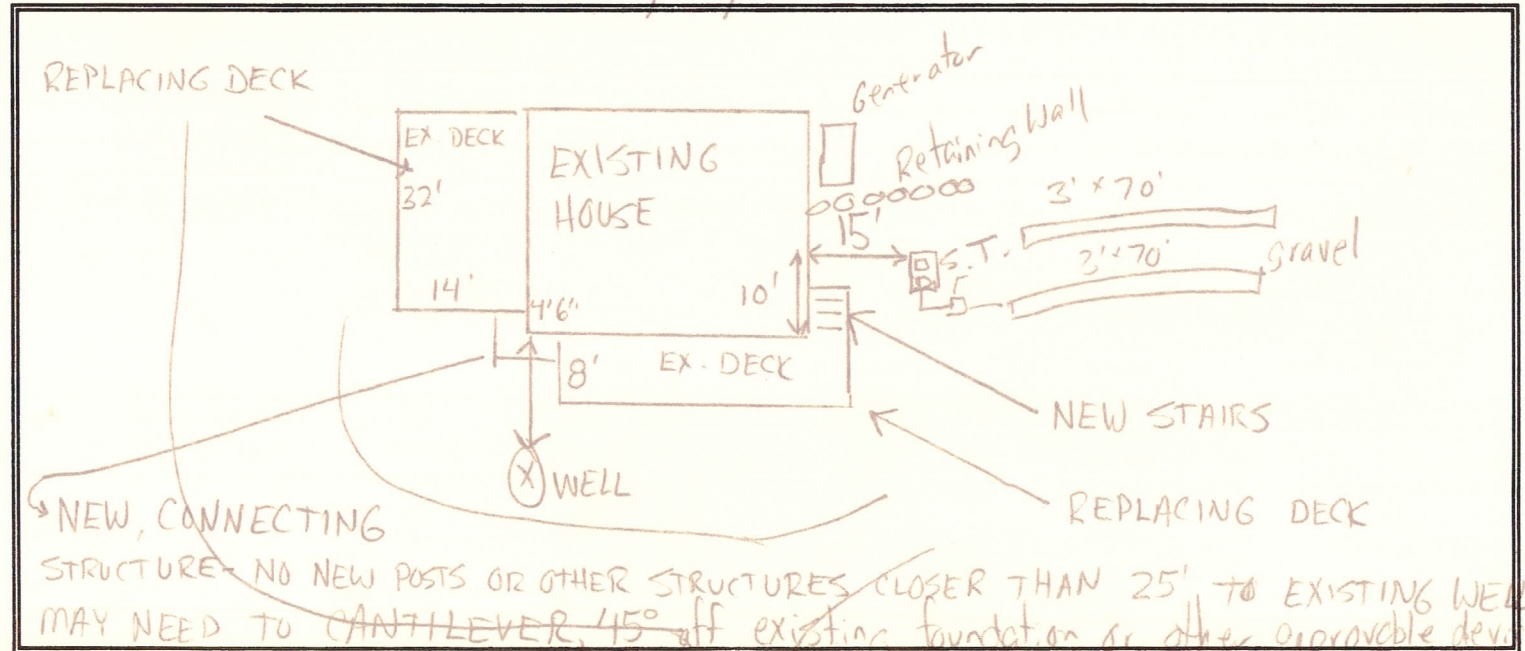
Remarks: Re-doing part of decking and adding small deck area.

Owner/Agent Signature: [Signature] Date: 9/10/10

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. FORM KEPT ON FILE FOR ONE YEAR

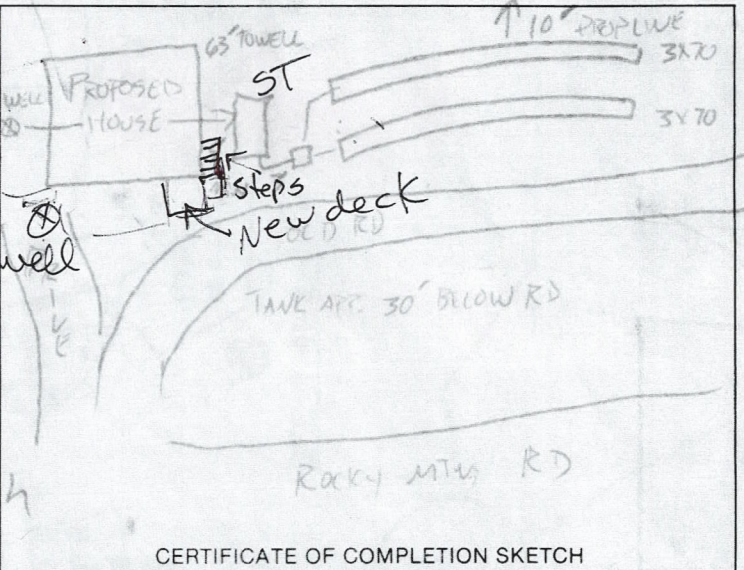
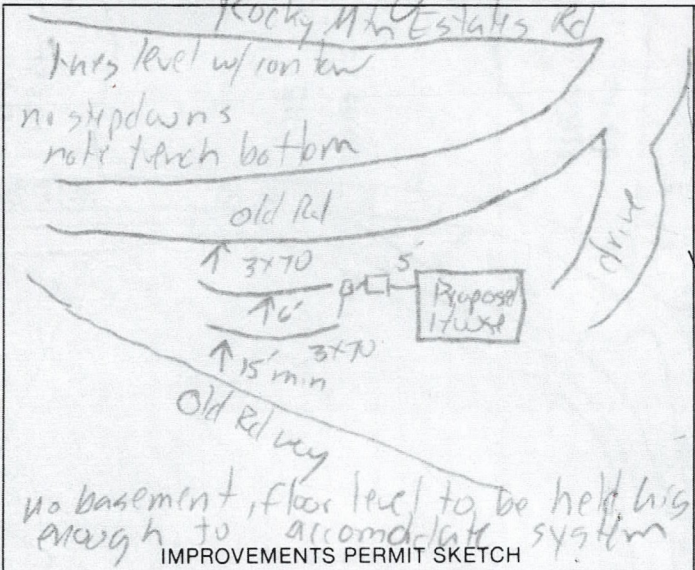
Signed: Alla Smith MS, PEHS Date: 9/13/2010

**THIS REPORT IS VALID THROUGH** 12/13/2010



**TRAVELERSVILLE 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)**

Date: 7-28-88 Receipt No.: 0801  
 Owner/Agent: Roy MAUDLIN / Bob Angers Phone No.: ~~966-4325~~ / 966-944  
904 677 5038  
 Address: 43 Village Drive Ormond Beach FL 32074  
 Location of Property: Kim Miller Rd, Taxaway Community To Rocky Mt. Rd.  
1st drive opening to LEFT off of Rocky Mt. Rd.  
off SR 1304 TW 08 7142 Bldg - Lot 013B  
 Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Section: \_\_\_\_\_ Plat of Property: YES  NO   
 Type of Facility: HOUSE  MOBILE HOME  BUSINESS   
 Number of Bedrooms: 2 Number of Bathrooms: 2 Estimated Sewage Flow: 240 g/d  
 Type of Water Supply: Individual — DRILLED WELL  SPRING ; Public/Community   
 Lot Size: 3.64 Easements, Right-of-Ways, etc. road/way  
 Signature/Authorized Agent: Roy Maudlin Date: 7-27-88



NEW SYSTEM  REPAIR   
 Size of Tank: 750 Distribution Box: yes  
 No. of Lines: 2 Width: 3 Linear Ft.: 70  
 Square Ft.: 470 Maximum Trench Depth: 18"  
 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.

Signature/Authorized Agent: John Winters RS Date: 8/24/88  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

Building Contractor: \_\_\_\_\_  
 System Installed by: JERRY WHITMIRE

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: John Winters RS Date: 8/18/89

EXISTING SYSTEM: ADDITION  REMODELING

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

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