

Transylvania County Health Department
IMPROVEMENTS PERMIT / CERTIFICATE OF COMPLETION
Subsurface Sanitary Sewage Systems

5

(Article 11 of Chapter 130A of the General Statutes of North Carolina)

IMPROVEMENT PERMIT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE

8561-07-8422-000

T271 00 075

Date: 1 March 95
 Owner/Agent: Charles Finkel
 Address: 8405 Lazy Oak Court, Atlanta GA 30350
 Location of Property: 178 appx 4 miles from Rosman, on the left, before Line Runner Ridge

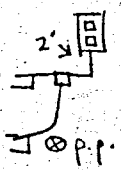
Tax ID. No.: _____
 Receipt No.: 4165
 Phone No.: 883-3867 J. Whitmire

Subdivision: _____ Lot Number: _____ Section: _____ 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: 2 Estimated Sewage Flow: 360
 Lot Size: 23.2 Acres Easements, Right-of-Ways, etc.: _____ Date Lot Recorded: 12 '77
 Type of Water Supply: Private: Drilled Well Spring Shared Supply Public/Community
 Signature/Authorized Agent: Jerry G. Whitmire Date: 3-1-95

See attached drawing
 & comments

Improvements Permit Sketch

NO Change except tank loc.



House not started.

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
 No. of Lines: 2 Width: 24" Linear Ft.: 50'
 Square Ft.: 600 Maximum Trench Depth: 22" 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] 9.13.95
 Signature/Authorized Agent Date
[Signature] RS 7.26.95
 By Date

Building Contractor: _____
 System Installed by: Jerry T 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.

[Signature] RS 11.6.95
 By Jeff McCall, SI Date

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 _____

* Orig. house that burned down built ca. 1946.
 Color Codes: Certificate of Completion, Owner - White; Health Dept. - Green; Improvements Permit - Pink
 * Drainfield to have 6" min. backfill soil cover.
 * Drainfield to be the PPBPS (PANEL) system.

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Date: 7-26-95

Tax ID No: T27100075

Owner/Agent: Charles Finkel

Receipt No: 4165

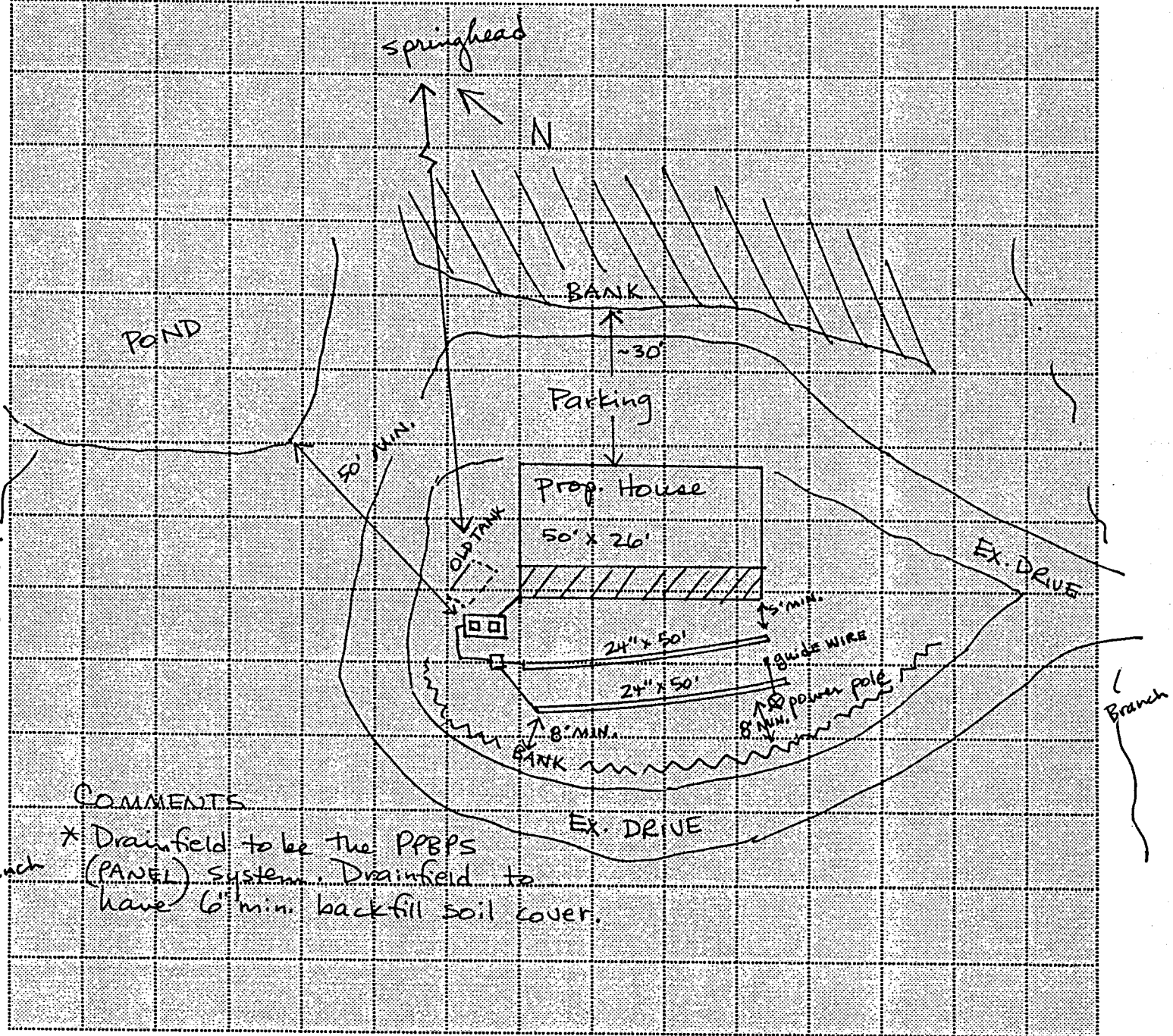
Address: See permit

Phone No: 883 3867 J.

Location of Property: " " Whitmire

Subdivision: _____ Lot No: _____ Section: _____ 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.



COMMENTS

* Drainfield to be the PPBPS (PANEL) system. Drainfield to have 6" min. backfill soil cover.

Minimum distance between trenches shall be 8 feet, on center.

Scale 1" : 30 feet

Keep trenches level, on contour, and shallow (maximum depth 22" on the low side of trench). Trench width is 24 inches.