



ENVIRONMENTAL HEALTH SECTION
106 EAST MORGAN STREET
SUITE 105
BREVARD, NC 28712
828.884.3139 FAX: 828.884.3259
transylvaniahealth.org

EXISTING SYSTEM INSPECTION REPORT
(For Building Inspection Department)

Date: 02/15/2022 PIN: 8582-27-0233-000 Receipt #: 397109
\$75.00

Owner: Jeanne Hall Agent/Contractor: TBD

Phone: (828)-553-0755 Phone: _____

Mailing Address: 140 Salola Lane

Date System Installed: 2002

Name (s) of Original Permittee: George Neal

Directions to property: Connectee Falls, Connectee Trail to Salola Lane.

Property Address: 140 Salola Lane

Connectee Falls Section/Phase: U2 Lot: L341A

**SIGN
HERE**

Inspection requested for:

- Mobile Home Setup
- Addition
- Business
- Remodeling
- Connection to Unused System
- Other

No. of bedrooms upon connection/completion: 3 Current No. of Occupants: 2+

Remarks: Wants to determine location of septic field area to build deck. No As-Built

File in County records
Owner/Agent Signature: Jeanne P Hall Date: 2-15-22

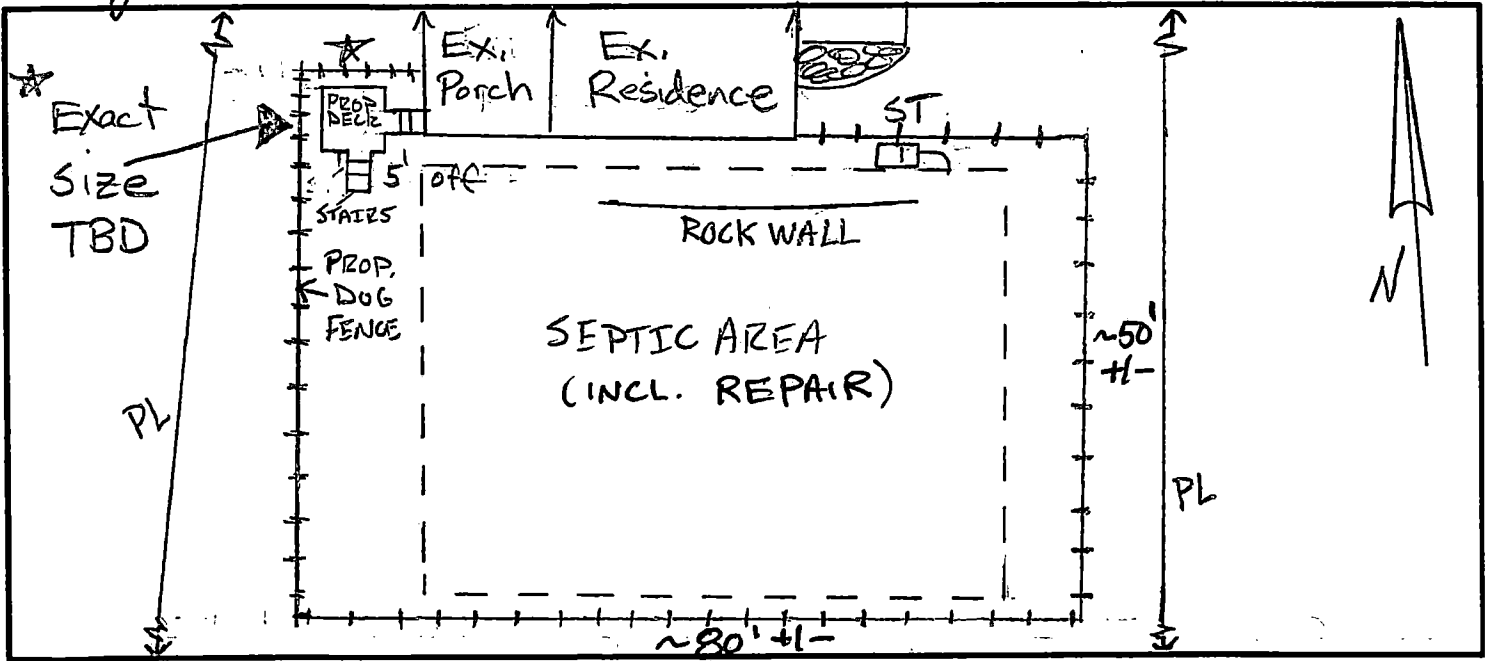
dotloop verified
02/17/22 2:18 PM EST
BCMF-QCZ5-2D59-NC4V

I understand that Transylvania Public Health has the right of entry onto the property to perform requested services.

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.

Signed: James A Bayer, REHS Zachary White REHS Date: 2/16/22

THIS REPORT IS VALID THROUGH 5/16/22



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

File Name: CONNESTEE FALLS

Permit #: 21-092

8582-27-0233.000
JK 2015

Receipt No

Agent/Owner: ANDERS, HAYES

Mailing Address: 14 Dillingham Rd. Braxton, NC

Home Phone #: () 884-11243

Work Phone #: () 421-1036

Proposed Buyer: NEAL, GEORGE

Mailing Address:

Home Phone #: ()

Work Phone #: ()

U2 341A

Property Location: 140 Salola
Road/Street

Subdivision: Connestee Falls

Phase/Sect.: Unit 1 Lot #:
342 to be combined

Directions to property: Hwy. 276 to East Fork Gate of Connestee Falls - straight on
Connestee Trail approx 1 mile - left on Salola - 4th lot on right

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

Lot size: .97 Date lot recorded: _____ 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: 2-11-02

**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 and Natural Resources, Division of Environmental Health.

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

Comments: _____

Installed by: Loe McCall

Final Inspection by: Will D. Coyle, RSI

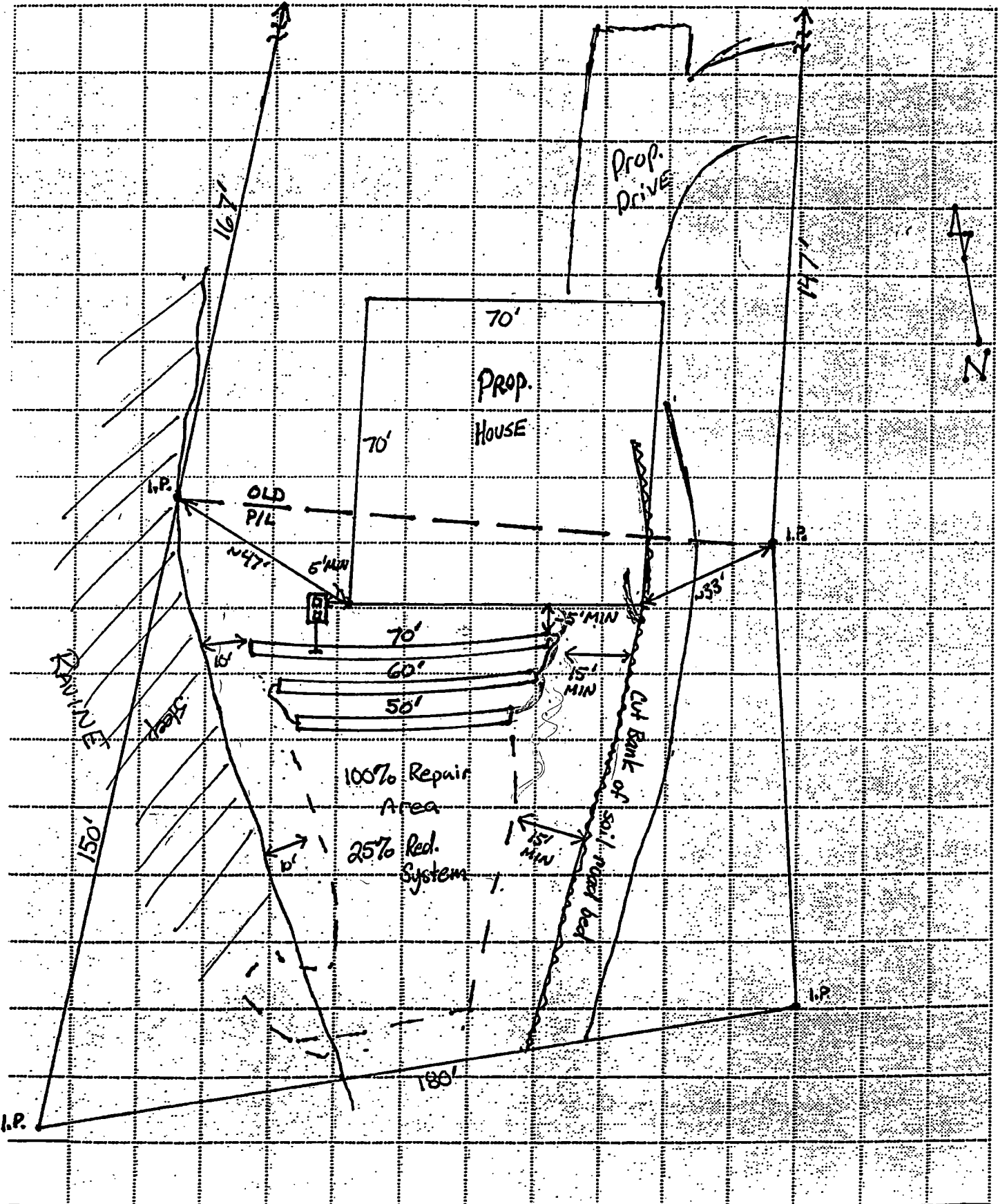
Date: 4-23-02

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Owner Name: Hayes Anders
(Comestee Falls Lot 341)
+342

Permit No.: 02-092

Pin No.: 8582-27-0118-000



SCALE: 1" = 30'