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

Date: December 6, 2004 Tax ID No.: 95/7-60-486	0-000 Receipt No.: 1043844 CC	
Owner/Agent:		
Address: Drobisch, Jack & Anne		
PO Box 150 Penrose, NC 28766	Original Cert. of Completion	
Phone Number: 883-4392 (941) 302-1856 (cell)	Name: Ashe, Jessie	
Date System Installed: 1986? 1-6-26	Date:	
Name(s) of Original Permittee:		
Directions to property: 64 E. to Crab Creek; approximately past cemetery on right; 262 on mailbox (green house)		
Subdivision:	Section: Lot No.:	
Inspection requested for: ☐ Mobile home setup ☐ Remodeling ☐ Connection to unused	☐ Business system ☐ Other	
No. of bedrooms upon connection/completion: Curren	nt no. of Bedrooms:	
Remarks: storage builting - no plubbing 30 × 4	<u>D'</u>	
Owner/Agent Signature:	Date: 12/4/04	
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:		
# Proposed 30'x 40' Storage Bldg Dog Lot Fixe From Storage Brive Drain		

TRANS VANIA COUNTY HEALTH DEP THENT

(Sewage Disposal System) In ovements 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:

Owner JESSE ASHE	Address ROY HEADENSONVILLE 11.	
Location of Property: PLAKOSE - LIAL	Address PO4 HEADERSONWILL- XI. RIVER PW- TOLLEY PS- OU RIGHT PAST CEMITARY	
Plat of Property: YES NO	RIGHT MAST CEMITAR	
Mobile Home	Business □ *	
Estimated Sewage Flow: 366 Gallons per day		
Type of Water Supply: Drilled Well Spring Other		
Signature of Owner or Authorized Agent:	Date: 10-29-81	
IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION	IMPROVEMENTS PERMIT SKETCH	
OWNER-OCCUPANT SAIL		
LOCATION	50 min) D)	
SUBDIVISION	(TROP	
LOT NOSECT. OR BLOCK NO	Ten p	
BUILDING CONTRACTOR	5 Japon + (D)	
ADDRESS	3-4×50' + 1	
LEPTIC TANK CONTRACTOR LISGAN Farm & Truck	30 taso deve 501	
ADDRESS	1 1/20150	
HOUSE MOBILE HOME BUSINESS	STOLLEY NO TO Etlowers	
NO. BEDROOMS 3 NO. BATHROOMS 3	relayout 12/23/85	
SIZE OF SEPTIC TANK 1000 GALS. (Liquid)		
MATERIAL: PRE-CAST BLOCK FIBERGLASS		
DISTRIBUTION BOX YES NO -	CERTIFICATE OF COMPLETION SKETCH	
NO. OF LINES 3 WIDTH 3 FT. LENGTH TOFT.	Avilled use II	
PERCOLATION TEST YES NO D	a 100 phones feet	
WATER SUPPLY: INDIVIDUAL PUBLIC -	· agray under It Verphan	
SITE CLASSIFICATION: SUITABLE	La Construction of the	
PROV. SUITABLE 🗆	1 AVS-8 +4x50 7 50	
UNSUITABLE -	UX 555 A1 58 QAPP 1	
IMPROVEMENTS PERMIT: DATE 10 - 15-15	- Where - PAISO	
BY Per (2 A)	4×60	
CERTIFICATE OF COMPLETION: 2 DATE: 186		
BY WITH JOBO, KS	50 51'	
NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.	system held high	
COLOR CODE: White - Owner; Pink - Improvements Permit; Blue Contractor; Yellow - Inspection Dept.; Green - Health Dept.		