

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 2-10-15

Tax ID No.: 8573-81-2355-000

Receipt No.: 772693  
\$75.00

Owner/Agent: Bernard Groseclose

Address: 381 Unvadatlvi Court  
Brevard, NC 28712

Original Cert. of Completion  
Name: John & Joan Stelle  
Date: 9-12-06

Phone Number: Contact: Larry Owen 507-8884

Date System Installed: 9-12-06

Name(s) of Original Permittee: John & Joan Steele

Directions to property: Walnut Hollow gate; - Ugugu; L on Unvadatlvi Court; Property on L  
Halfway up road

Subdivision: Connestee Falls

Section: U31

Lot No.: 36

Inspection requested for:

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

No. of bedrooms upon connection/completion: N/A Current no. of Bedrooms: 3

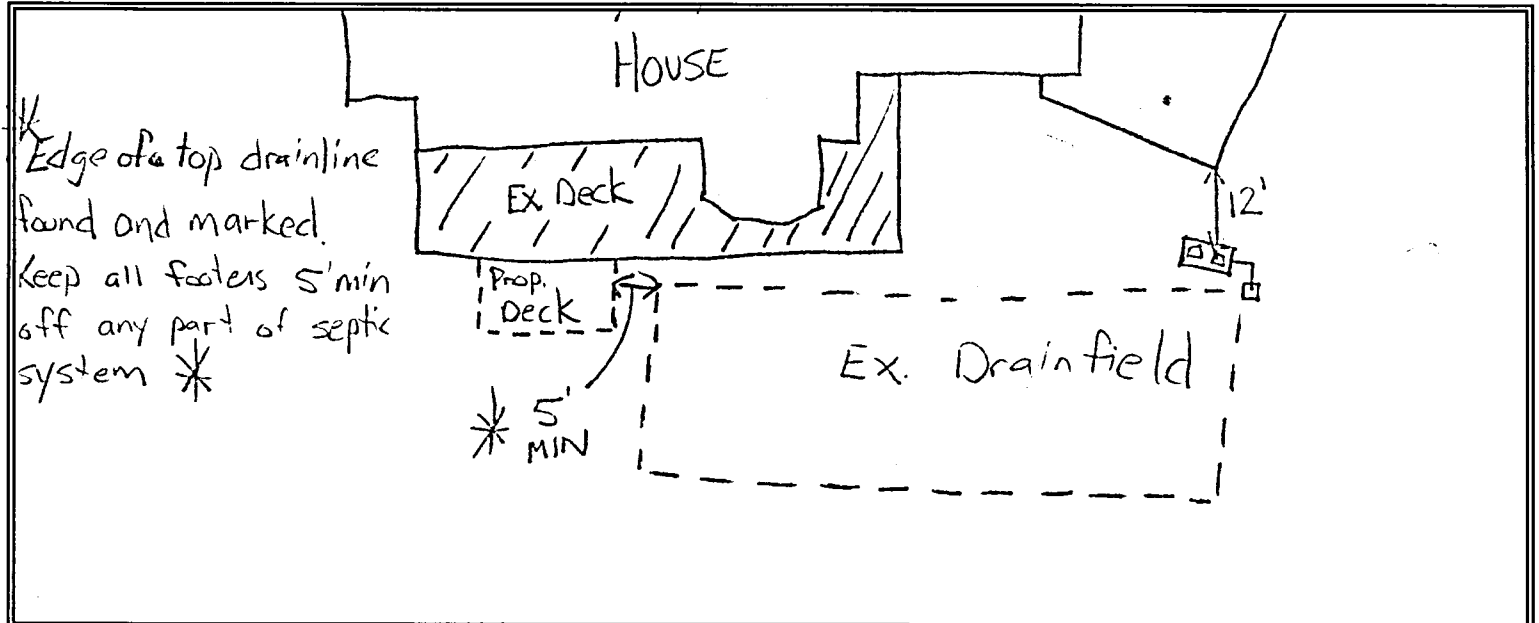
Remarks: Adding to deck on back side of house

Owner/Agent Signature: *Larry Owen* Date: 2-10-15

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: *Neill O. Cagley REHS* Date: 2/13/2015

THIS REPORT IS VALID THROUGH 5/13/2015



File Name: CONNESTEE FALLS

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

CS/3-81-2355-000

Pin #/Tax ID \_\_\_\_\_

Permit #: 03-538

Receipt No \_\_\_\_\_

Agent/Owner: TALLEY, GERTRUE

Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: STEELE JOHN & JOAN

Mailing Address: c/o Judith Yarns 6100 Greenville Hwy.

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: 885-2014 Brevard, NC

Property Location: Unydatyl Court  
Road/Street

Subdivision: Connestee Falls

Unit: 31

Lot #: 36

Directions to property: Main gate to left on Unygu - take 1st right to Unydatyl - prop on left  
about 1/2 up the road

<b>Flood Zone</b>	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Inspections</b>	
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: 1.446 Date lot recorded: \_\_\_\_\_ Right of ways, easements, etc. \_\_\_\_\_ 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: \_\_\_\_\_

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

**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 \_\_\_\_\_ years.

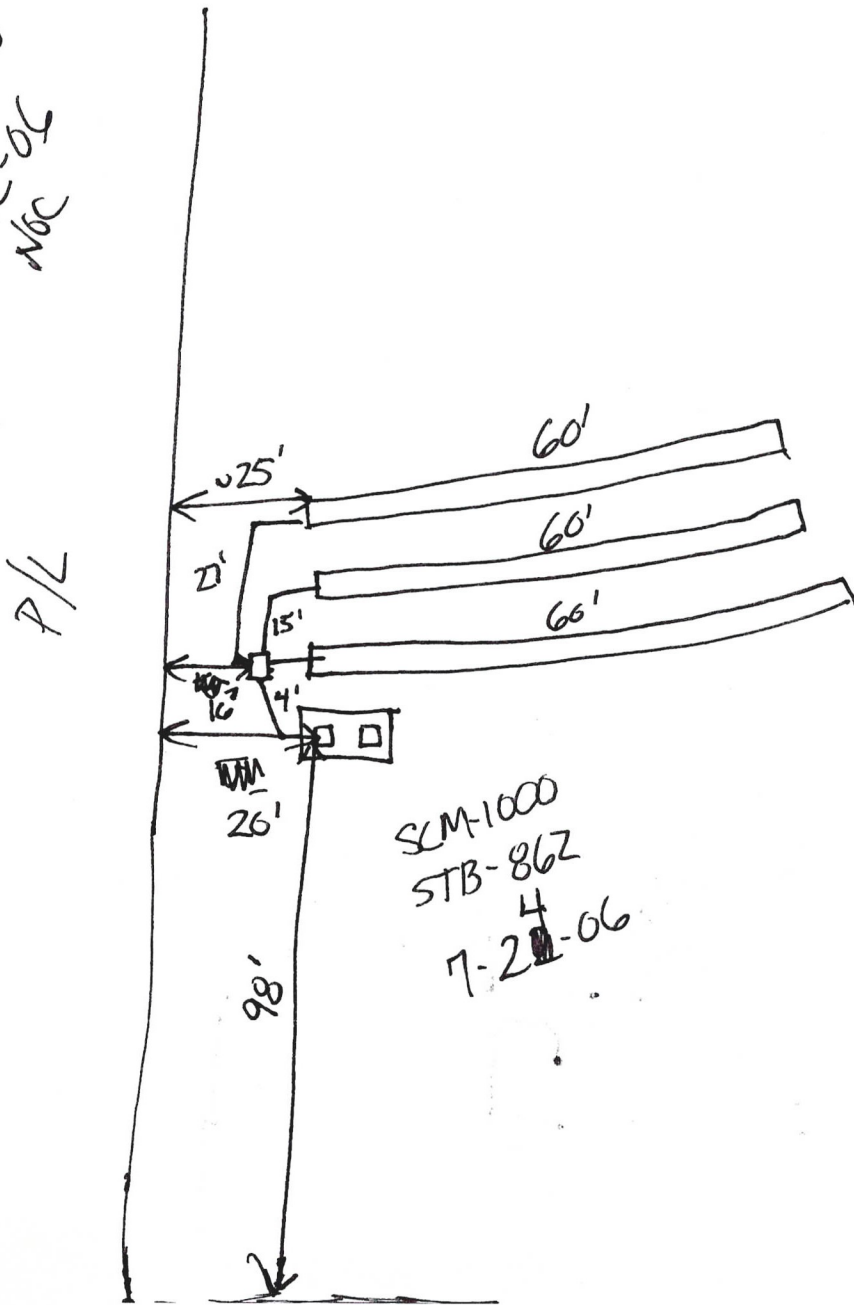
Comments: EZ-FLOW installed

Installed by: Rennie McGuire

Final Inspection by: Muello Cofly RS

Date: 9-12-06

AS BUILT  
EZ-FLOW installed  
9-12-06  
NOC



SCM-1000  
STB-862  
7-24-06

File Name: CUMMESTEE FALLS

# TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

0070-01-2355-000

Pin #/Tax ID \_\_\_\_\_

Permit #: 03-538

Receipt No \_\_\_\_\_

Agent/Owner: TALLEY, GERTRUDE

Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: STEELE, JOHN & JOAN

Mailing Address: /o Judith Kerns 6100 Greenville Hwy

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: 885-2014 Brevard, NC

Property Location: Unvdatlvi Court  
Road/Street

Subdivision: Connestee Falls Phase/Sect.: Unit 31 Lot #: 36

Directions to property: Main gate to left on Ugugu - take 1st right to Unvdatlvi - prop on left  
about 1/2 up the road

(135 in)

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: 1.446 Date lot recorded: \_\_\_\_\_ Right of ways, easements, etc. \_\_\_\_\_ 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: Judith Kerns

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

## AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Diagram and Conditions Attached)

New Installation:  Repair/Addition:  Original Permittee: \_\_\_\_\_ Dated: \_\_\_\_\_

Design waste flow: 360 GPD LTAR: 5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: \_\_\_\_\_ gal./min. Proposed Wastewater System: conventional (gravel)

Drainfield: Total Trench Length: 240 ft. Square Footage: 720 Trench spacing: 9 ft. on ctr. Individual Trench Length: 80 ft. Maximum Trench Depth (Low Side): 24 in. Trench Width: 36 in.

Distribution Method: D-BOX Min. distance between system and nearest Well: 100 ft. Water line: 10 ft. Foundation: 15 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: \_\_\_\_\_

Construction of the wastewater system for the permit indicated is hereby authorized. The wastewater system described in the Improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted pursuant to this Article. This Construction Authorization is valid for a period of 5 years from the original date of issue. The Construction Authorization must be renewed upon expiration prior to the installation/repair of the wastewater system, or prior to the issuance of any required building permits. A pre-construction conference with the owner or developer, or an agent of the owner or developer, and the health department will be required for re-issuance of the Construction Authorization.

I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.  
Signed: [Signature] Date: 12/23/03 Construction Authorization prepared by: Alma Smith MS, BS Date: 12/18/03

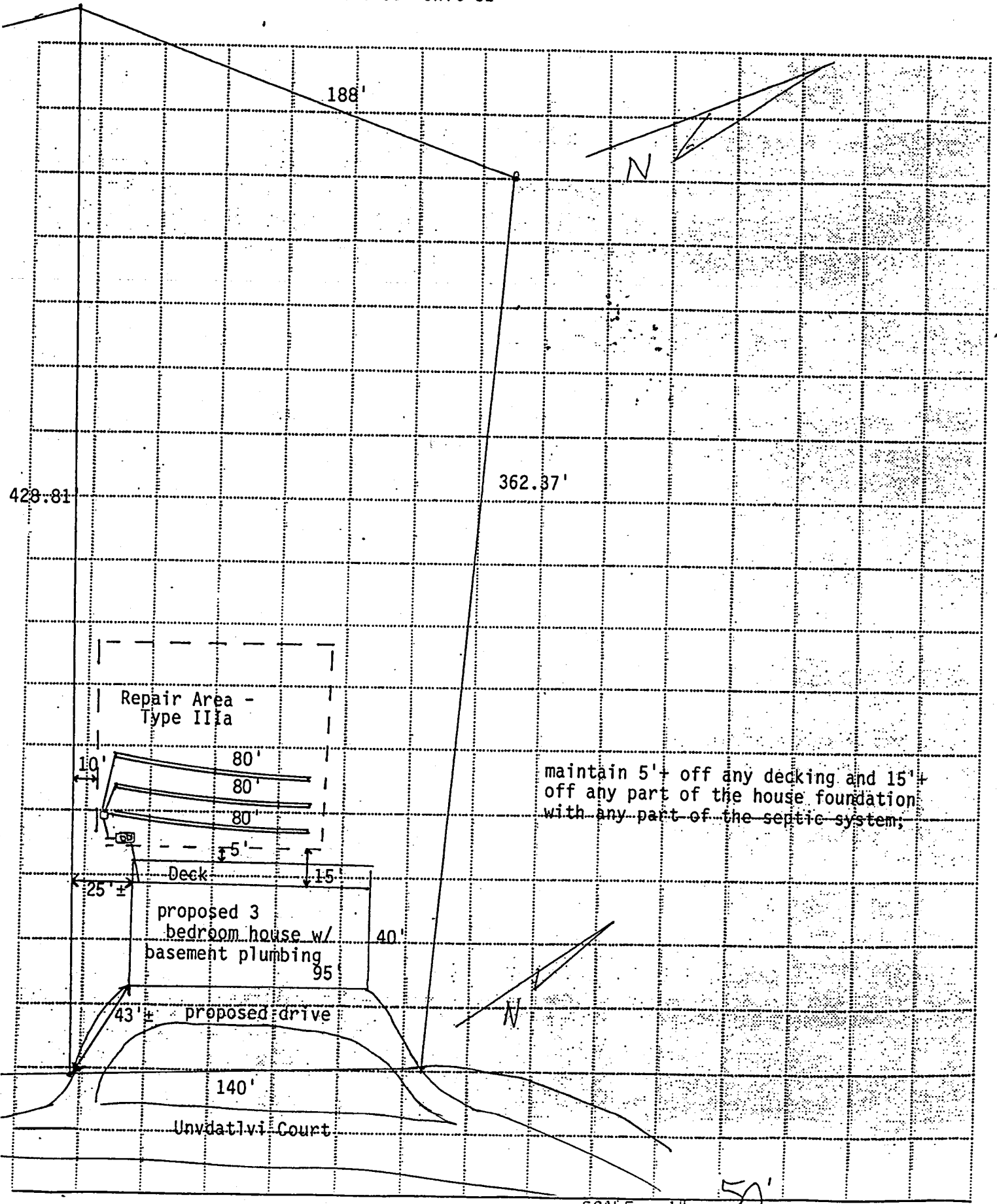
**PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION**

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: John & Joan Steele/Connestee Falls  
Lot 36 Unit 31

03-538  
Permit No.:

Pin No.: 8573-81-2355-000



SCALE: 1" = 50'