

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 1-31-06

Tax ID No.: 8582-65-1248-000

Receipt No.: 01421 \$50

Owner/Agent: ALLEN, RICHARD G.

Address: 25 Tlvdatsi Dr.

Brevard, NC

862-6510

Phone Number: CONTACT: ROBERT RACKLEY 553-7285

Date System Installed: 6-14-90

Original Cert. of Completion	
Name:	<u>William Lee</u>
Date:	<u>6-14-90</u>

Name(s) of Original Permittee: William Lee

Directions to property: Connestee Falls - East Fork gate - Connestee Trail - across lake Atagahi - 1 left on Kanagowa Drive- left on Tlvdatsi Drive to #25 house on right (right) (.25 m)

Subdivision: Connestee Falls Section: 11 Lot No.: 49

Inspection requested for:

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

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

24 x 28 garage with electricity - no plumbing

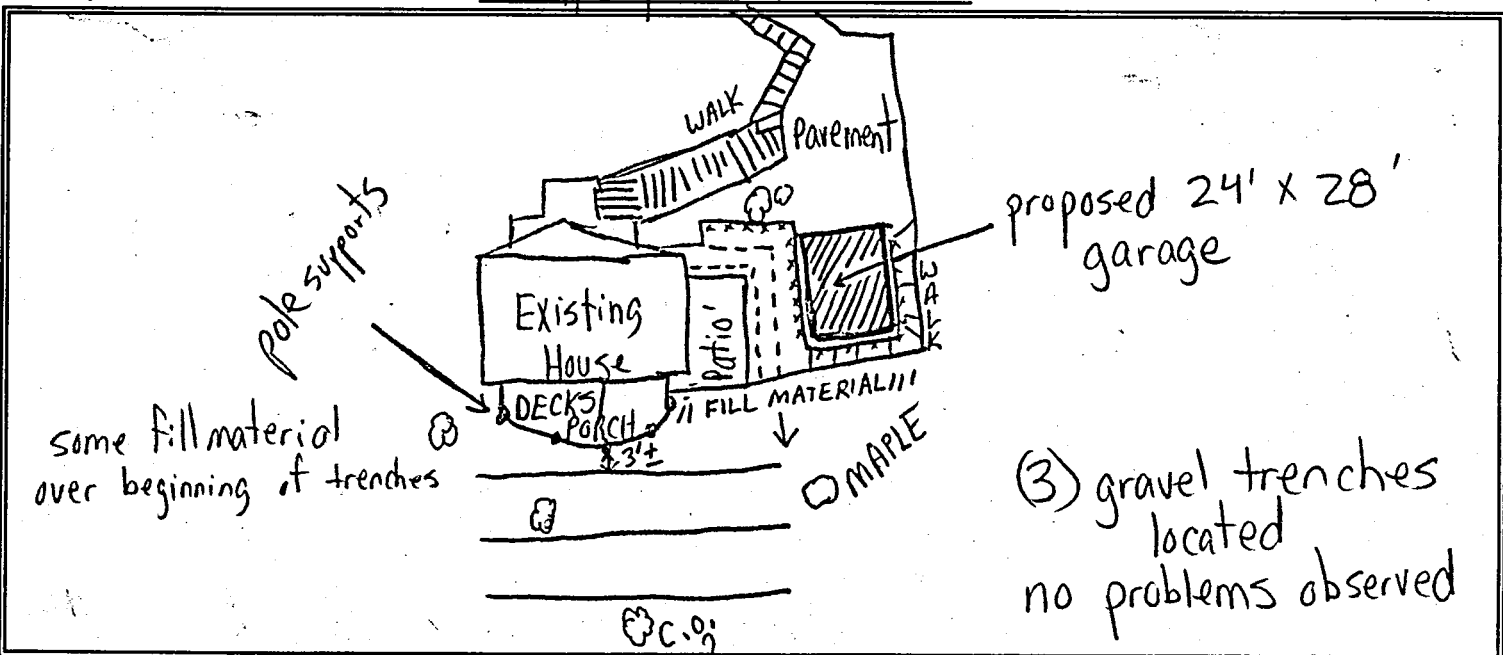
Remarks:

Owner/Agent Signature: Robert F. Rackley Date: 1-30-06

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: Allen Smith MS, RS Date: 1/31/2006

THIS REPORT IS VALID THROUGH 4/31/2006



TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 7-15-02

Tax ID No.: 8582-65-1248-000

Receipt No.: 258570 \$50

Owner/Agent: ALLEN, RICHARD

Address: 2613 Temple ST. Sarasota, FL 34239

Phone Number: 941 365-4001 884-5361

Date System Installed: 1993

Name(s) of Original Permittee: William A. Lee

Original Cert. of Completion	
Name:	W. Lee
Date:	6.14.90

Directions to property: East Fork gate to Coñestee Trail. left on Kanagowa Drive right on Tivdtasi drive to 25 - on right

Subdivision: Coñestee Falls Section: Lot No.: 49

Inspection requested for:

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

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

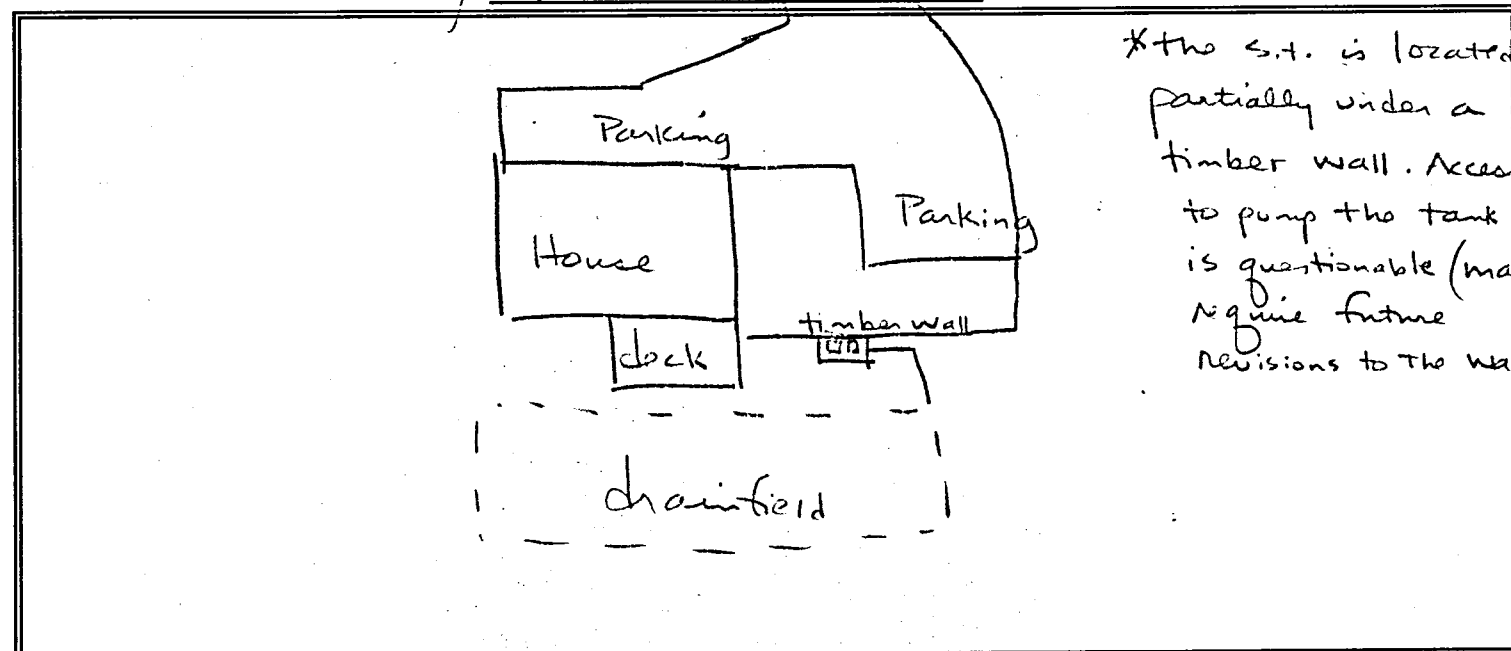
Remarks:

Owner/Agent Signature: [Signature] Date: 7-15-02

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: [Signature] RS Date: 7.15.02

THIS REPORT IS VALID THROUGH 10.15.02



TRANSYLVANIA 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: January 29, 1990

Owner/Agent: William A. Lee

Receipt No.: 0654

Address: P.O. Box 20097 Greenville SC 29611

Phone No.: 884-2518

Location of Property: East Fork gate of Connestee Falls, Look on map from there.

CONN. TEL TO KANASGOWA (LEFT) TO FIRST RT ON TLVDATS1 lot on RT

Subdivision: Connestee Falls Lot Number: 49 Section: Unit 11 Plat of Property: Yes No

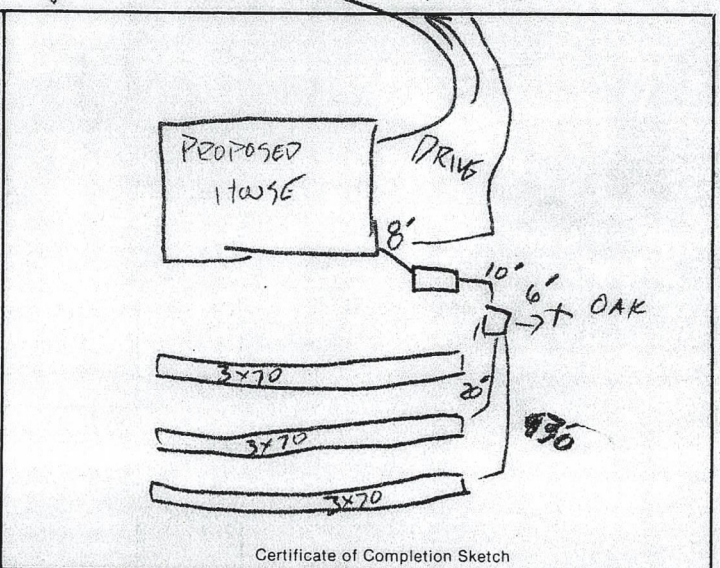
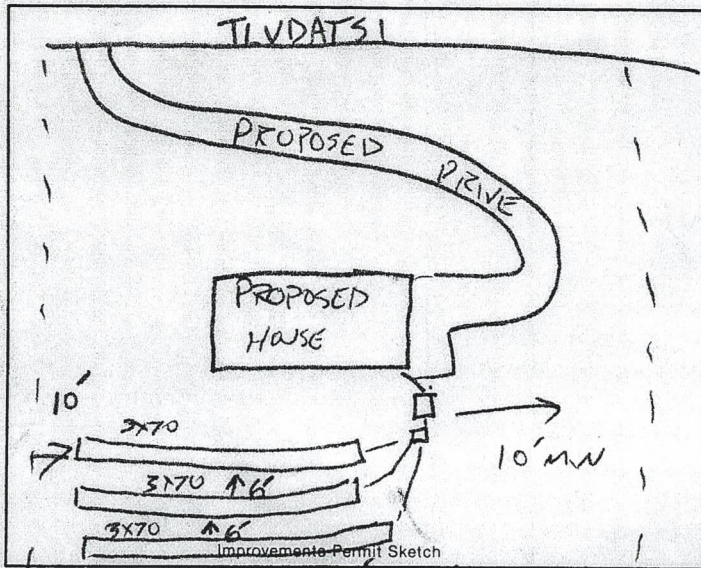
Type of Facility: House Mobile Home Business Basement Yes No Basement Plumbing Yes No

Number of Bedrooms: 3 Number of Bathrooms: 2 Estimated Sewage Flow: 360

Lot Size: 1/2 acre Easements, Right-of-Ways, etc.: N/A Date Lot Recorded: PRE '77

Type of Water Supply: Individual—Drilled Well Spring ; Public/Community

Signature/Authorized Agent: Paul Lake Gettys for Rob Tread Date: 1-29-90



* 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: 0.6 g/ft²/d
 No. of Lines: 3 Width: 3 Linear Ft.: 70
 Square Ft.: 630 Maximum Trench Depth: 18'-24"

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.

Rob Tread Paul Lake Gettys 1/30/90
 Signature/Authorized Agent Date
John Winston R.S. 1/30/90
 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.
John Winston R.S. 6/14/90
 By Date

EXISTING SYSTEM: Addition/Remodeling Relocation

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