

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

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

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

9512-24-2636-000

Tax ID. No.: 750100015
Receipt No.: 3359

Date: 7 Sept. 94
Owner/Agent: Barbara & Kathleen VanGeison

Phone No.: (803) 233-1082

Address: 99 Falcon Crest Drive, Unit 4, Greenville, SC 297 29607

Location of Property: Coming from Brevard, Cabin is located 2 driveways past the Cedar Mtn. Vol. Fire Dept., first drive on the right past the guardrail. Red Cabin on the left.

Subdivision: _____ Lot Number: _____ Section: _____ Plat of Property: _____ encl.

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

Number of Bedrooms: 2 Number of Bathrooms: 1 Estimated Sewage Flow: 240
Lot Size: 1 1/3 ac. Easements, Right-of-Ways, etc.: parking area Date Lot Recorded: 1984

Type of Water Supply: Private: Drilled Well Spring Shared Supply Public/Community

Signature/Authorized Agent: Barbara VanGeison Date: 11-8-94

*Refer attached drawing
& comments*

Improvements Permit Sketch

*Partial for drainfield + d-box.
6/14/95 Patricia Hopkin RS
Septic Tank + Pump Tank insp 6/14/95 dx.*

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 gal septic Application Rate: .6
1000 gal pump
No. of Lines: 2 Width: 12" Linear Ft.: 80'
EQUIV. Square Ft.: 400 Maximum Trench Depth: 18" 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/Authorized Agent: Barbara VanGeison Date: 11-8-94

By: [Signature] RS Date: 11-2-94

Building Contractor: _____
System Installed by: (Gus) F. Gravely Const. Co.

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.

By: [Signature] RS Date: 10-4-95
based on prev. site visits

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: _____

Color Codes: Certificate of Completion, Owner — White; Health Dept. — Green; Improvements Permit — Pink

* PUMP SYSTEM TO Large Diameter Pipe Drainfield.

