TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 3-16007 Tax ID No.: 9512-23-1595-000 Receipt No.: 86275 -$50.00

Owner/Agent: Cleveland, James Harvey

Address: 13850 Greenville Hwy

Cedar Mt. ~~Brevard~~, NC 28708

Phone Number: contact George Cuevas 226-0160

Date System Installed: _____

Original Cert. of Completion

Name: _____

Date: _____

Name(s) of Original Permittee: _____

Directions to property: Hwy 276S to right on STill Wagon Rd. Go 100yds turn right in front of pond

Split level brick houde on right.

Subdivision: _____ Section: _____ Lot No.: _____

Inspection requested for:

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

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

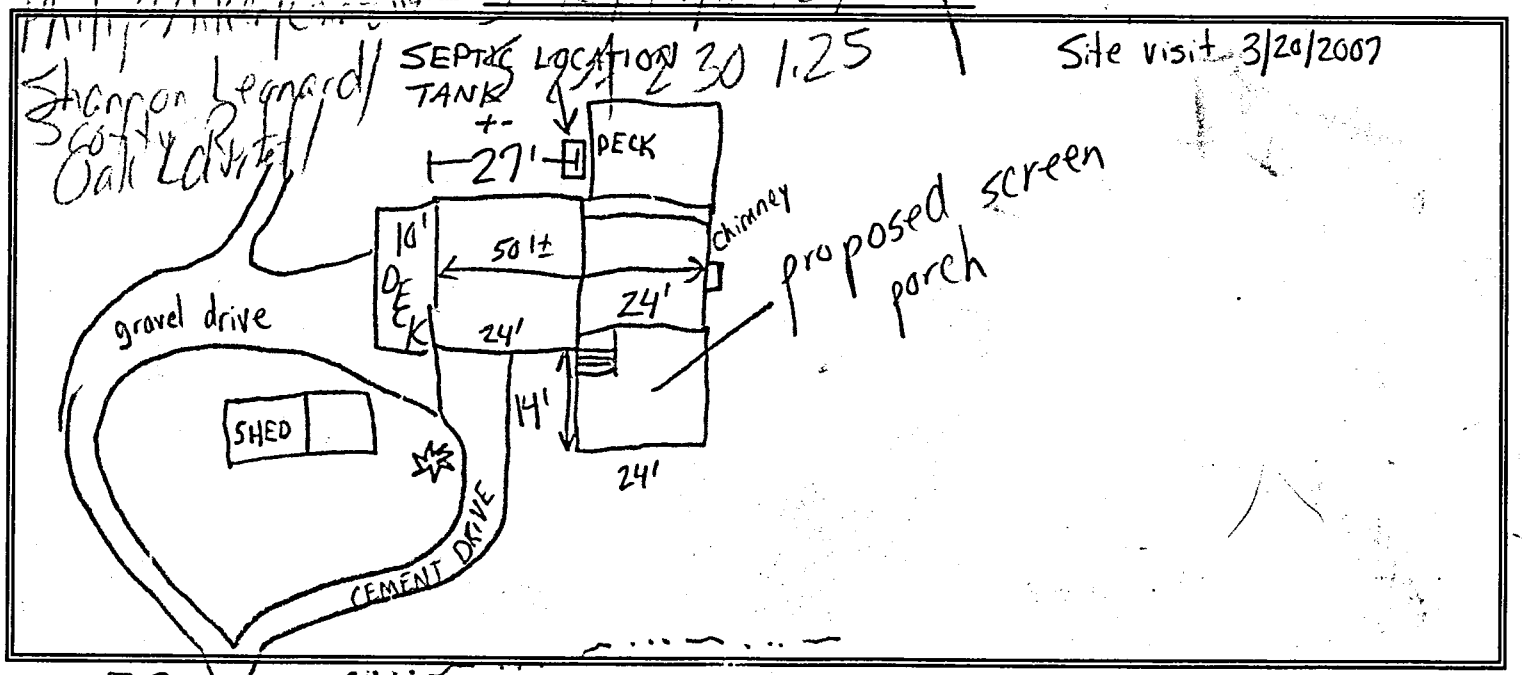
Remarks: Screen Porch 14" X 24' 25

Owner/Agent Signature: [signature] Date: 3/16/07

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: Alla Smith MPRS (.25) Date: 3/21/2007

THIS REPORT IS VALID THROUGH 3/21/2007



TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 1-20-99 Tax ID No.: 9512-23-1505-000 Receipt No.: 10182 $50

Owner/Agent: DORNER, JOHN

Address: 18850 Greenville Hwy.

Brevard, NC 28712

Phone Number: 885-2369

Date System Installed: 20 years ago (1972)

Original Cert. of Completion

Name:

Date:

Name(s) of Original Permittee: Unknown

Directions to property: Hwy. 276 - 3rd drive from state line on right- Still Wagon Lane - 2 houses and then turn right - 1st house on right. V. red house on rt

Subdivision: Section: Lot No.:

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:

Remarks: building side deck

Owner/Agent Signature: [signature] Date: 1-20-99

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: Ella Smith Date: 1/21/99

THIS REPORT IS VALID THROUGH 1/21/99

Probable system area (area per owner)

Some gravel found but exact system layout unknown

Existing 3 bdrm house

Proposed Deck