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

Date: 3/10/2015 Tax ID No.: 9508-25-5369-000 Receipt No.: 772728 $75.00

Owner/Agent: Ernest & Karol Strang

Address: 273 Davids Trace

Pisgah Forest, NC 28768

Phone Number: 808-0645

Date System Installed: 8-9-04

Original Cert. of Completion

Name: Same as Applicant

Date: 8-9-04

Name(s) of Original Permittee: Same as applicant

Directions to property: HWY (S*): 280; L into Lobdell Woods onto DAvids Trace; Just past 2nd road on L; Property on L 273 Davids Trace

Subdivision Lobdell Woods Section: _____ Lot No.: 9

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

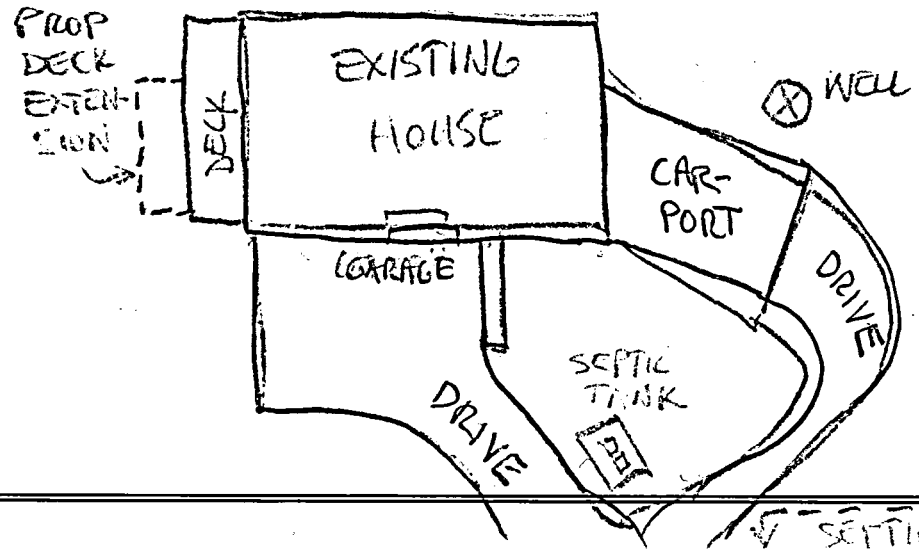
Remarks: Extend existing deck 7' X 24'

Owner/Agent Signature: X Date: _____

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] RMHA Trainee, REHS Date: 3-13-15

THIS REPORT IS VALID THROUGH R 6-13-15



File Name: LOBDELL WOODS

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID: 9506-25-9559-000 5369

Permit #: 00-526

Receipt No 12633 $150

Agent/Owner: AMY PISHER/MELISA LOBDELL

Mailing Address: 332 S. Caldwell St. Brevard

Home Phone #: ( )

Work Phone #: ( ) 883-9895

Proposed Buyer: William & Jane SORE

Mailing Address: PO Box 2007 Cashiers NC 28717

Home Phone #: ( ) 743-3329

Work Phone #: ( ) 743-3231

Property Location: David's Trace (Road/Street) Subdivision: Lobdell Woods Phase/Sect.: 1 Lot #: 9

Directions to property: Hwy 280 to Lobdell Woods to David's Trace

Flood Zone
Is the property in a flood zone?
☐ Yes ☒ No ☐ Unknown

Inspections
Flood Zone
☐ Yes ☐ No
☐ Approved ☐ 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: 1.24 ac Date lot recorded: 10/26/00 Right of ways, easements, etc. unknown 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: III-g Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency 1½ years.

Comments: Installed Biodiffuser 1WWS97-2. M. L. Byrd, 8-24-01

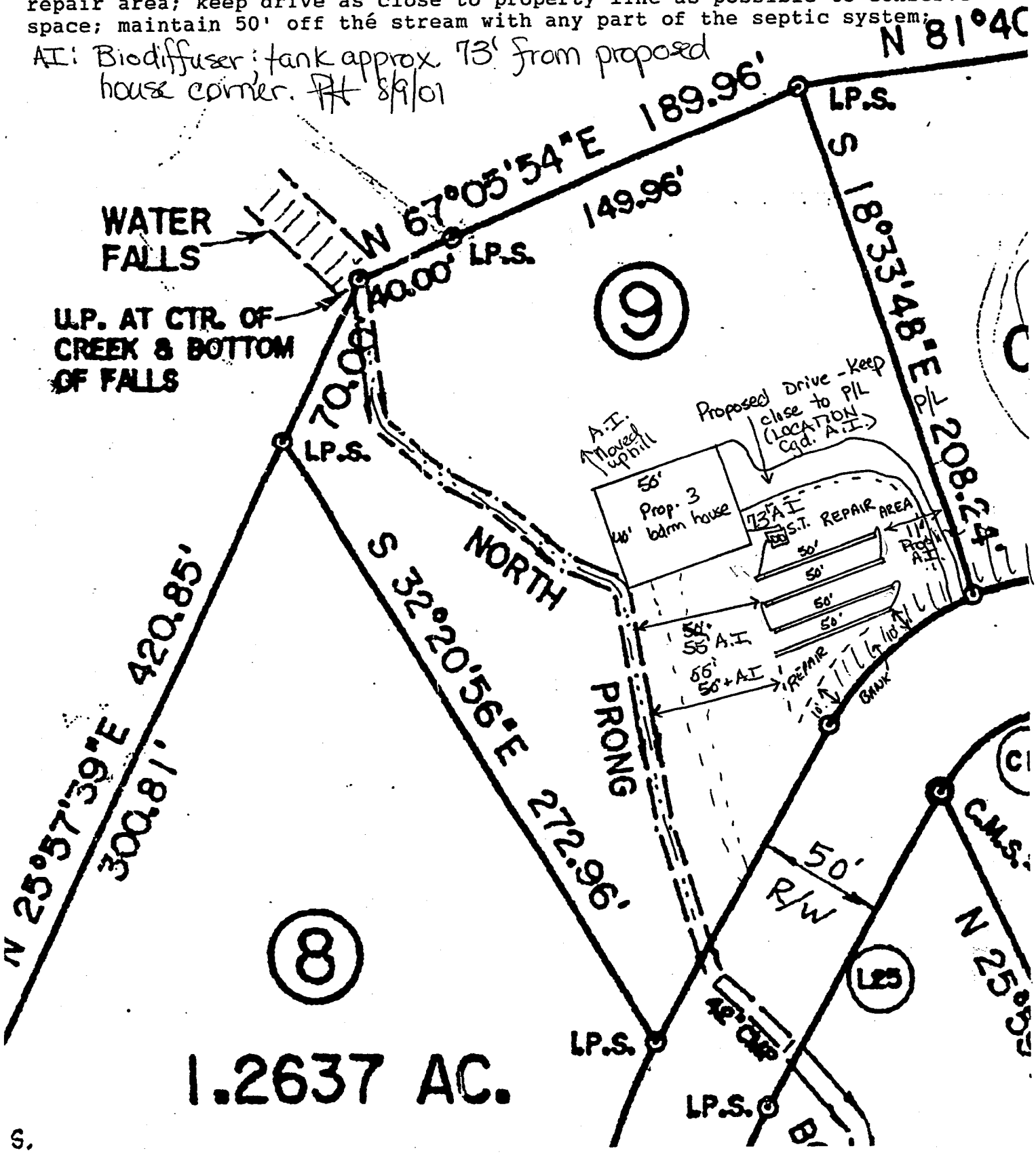
Installed by: McGuire Grading Final Inspection by: Patricia Hartman, RS Date: 8/9/01

IWWS 95-3R

File Name: William and Jane Cole
Pin No.: 9508-25-9650-000
Permit No.: 00-536
Scale: 1" = 50'

Comments: owner to choose septic system that utilizes space reduction from option sheet; install drainfield first, work house around septic system and repair area; keep drive as close to property line as possible to conserve space; maintain 50' off the stream with any part of the septic system.

AI: Biodiffuser: tank approx. 73' from proposed house corner. RT 8/9/01



File Name: LOBDELL WOODS

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

9508-25-9650-000
Pin #/Tax ID

Permit #: 00-525

Receipt No 12633 $150

Agent/Owner: AMY FISHER?NILSA LOBDELL Mailing Address: 999 S. Caldwell St. Brevard

Home Phone #: ( ) Work Phone #: ( ) 883-9395

Proposed Buyer: William & Jane GORE Mailing Address: PO Box 2007 Cashiers NC 28717

Home Phone #: ( ) 743-3329 Work Phone #: ( ) 743-3231

Property Location: David's Trace (Road/Street) Subdivision: LObdell Woods Phase/Sect.: 1 Lot #: 9

Directions to property: Hwy 280 to Lobdell Woods to DAvid's Trace

Flood Zone
Is the property in a flood zone?
☐ Yes ☒ No ☐ Unknown

Inspections
Flood Zone
☐ Yes ☐ No
☐ Approved ☐ 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: 1.24 ac Date lot recorded: 10/26/00 Right of ways, easements, etc. unknown 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: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)

New Installation: ☒ Repair/Addition: ☐ Original Permittee: _____ Dated: _____

Design waste flow: 360 GPD LTAR: .45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: IWWS 95-3R

Drainfield: Total Trench Length: 200 ft. Square Footage: 810 Trench spacing: 9 ft. on ctr. Individual Trench Length: 50 ft. Maximum Trench Depth(Low Side): 18 in. Trench Width: 36 in.

Distribution Method: D-box or serial Min. distance between system and nearest: Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: owner to choose drainfield that utilizes ≥25% space reduction; install drainfield first- work house around drainfield & repair area - keep drive as close to P/L as practical to conserve space

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: _____ Date: 12-11-00 Construction Authorization prepared by: Nilla Smith MSRS Date: 12-8-2000

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