Transylvania County Health Department
IMPROVEMENTS PERMIT / CERTIFICATE OF COMPLETION
Subsurface Sanitary Sewage Systems
(Article 11 of Chapter 130A of the General Statutes of North Carolina)

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

8582-64-2449-000 Tax ID. No.: T 361-N-01-009

Date: 8 Feb 92 Receipt No.: 0673

Owner/Agent: Roger Garrett Phone No.: 884-5206

Address: 7 Selu Court Brevard, NC 28712

Location of Property: 7 Selu Court, Connestee Falls

Subdivision: _____ Lot Number: 17 Section: U 11 Plat of Property: _____

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

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

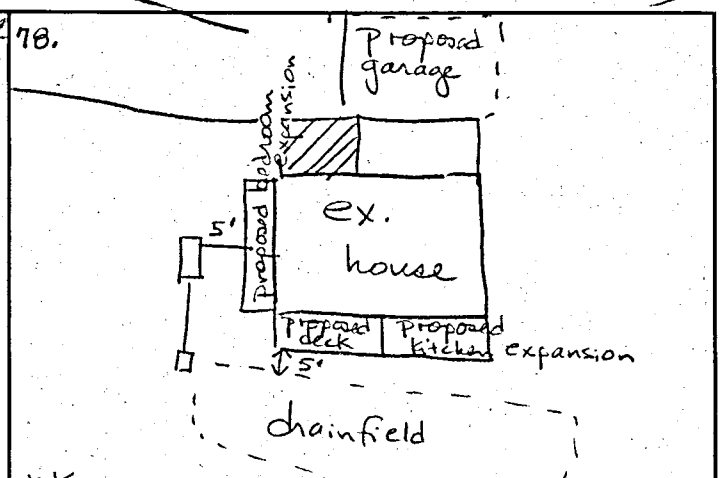
Lot Size: _____ Easements, Right-of-Ways, etc.: _____ Date Lot Recorded: _____

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

Signature/Authorized Agent: [signature] Date: 2/10/93

COC, Garrel, 8-25-78.

Improvements Permit Sketch



* Keep proposed additions - foundation 5' from septic system.

Certificate of Completion Sketch

Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated.

New System ☐ Repair ☐ Addition ☒ garage/ kitchen & bedroom expansions

Size of Tank: _____ Application Rate: _____

No. of Lines: _____ Width: _____ Linear Ft.: _____

Square Ft.: _____ Maximum Trench Depth: _____

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 *Date*

_____
By *Date*

Building Contractor: _____

System Installed by: _____

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 *Date*

garage/kitchen & bedroom expansion

EXISTING SYSTEM: Addition/Remodeling ☒ Relocation ☐

Other ☐ _____

System functioning properly at time of inspection and is approved for proposed additions/renovations or other improvements.

[signature], RS 2/10/93
By *Date*

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

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

(Sewage disposal system) Improvements Permit and Certificate of Completion

(Ground Absorption Sewage Disposal System - Section 130 - 160 of Chapter 130 of the General Statutes of North Carolina)

OWNER-OCCUPANT R.D. Garrett BUILDING CONTRACTOR

LOCATION Selu Rd. of Connestee Trail

SUBDIVISION Connestee Falls LOT NO. 19 SECT. OR BLOCK NO. 11

SEPTIC TANK CONTRACTOR Houck ADDRESS Brevard

HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS 3 NO. BATHROOMS 2

SIZE OF SEPTIC TANK 855 GALS. (Liquid)

MATERIAL: PRE-CAST ☒ BLOCK ☐ FIBERGLASS ☐

DISTRIBUTION BOX YES ☒ NO ☐

NO. OF LINES 3 WIDTH 3 FT. LENGTH 67 FT.

PERCOLATION TEST YES ☐ NO ☒

WATER SUPPLY: INDIVIDUAL ☒ PUBLIC ☒

SITE CLASSIFICATION: SUITABLE ☐

PROV. SUITABLE ☒

UNSUITABLE ☐

IMPROVEMENTS PERMIT: DATE: 5-15-78

BY [illegible]

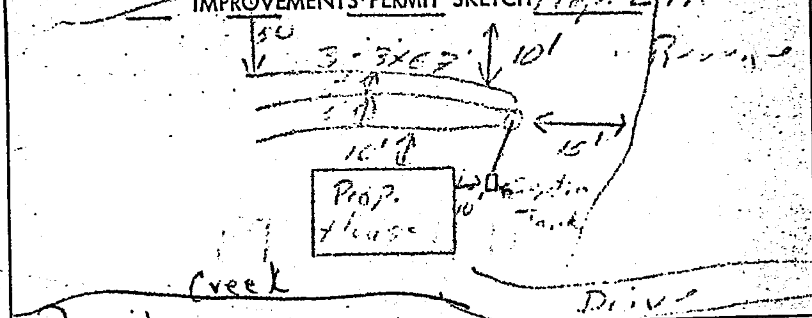
CERTIFICATE OF COMPLETION: DATE: 8/25/78

BY Ruth Jones

NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White-Owner; Pink-Improvements Permit; Blue - Contractor; Green - Health Dept.

IMPROVEMENTS PERMIT SKETCH



CERTIFICATE OF COMPLETION SKETCH