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

Date: 9-21-09 Tax ID No.: 8564-83-1516-000 Receipt No.: 282827 $75

Owner/Agent: Tribe, Michael & Dayna (Hondo)

Address: 195 Whitmire Road

Brevard, NC 28712

Phone Number: 577-1544

Date System Installed: 1939

Original Cert. of Completion
Name: Fred West/Bruce Newman
Date: 6/27/2005

Name(s) of Original Permittee: new permit issued to West and Newman to upgrade system (3 bedroom).

Directions to property: 64W; past Harmony Corner; L on Whitmire Road; 1st house on L.

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: Adding a deck to existing slab - back of house.

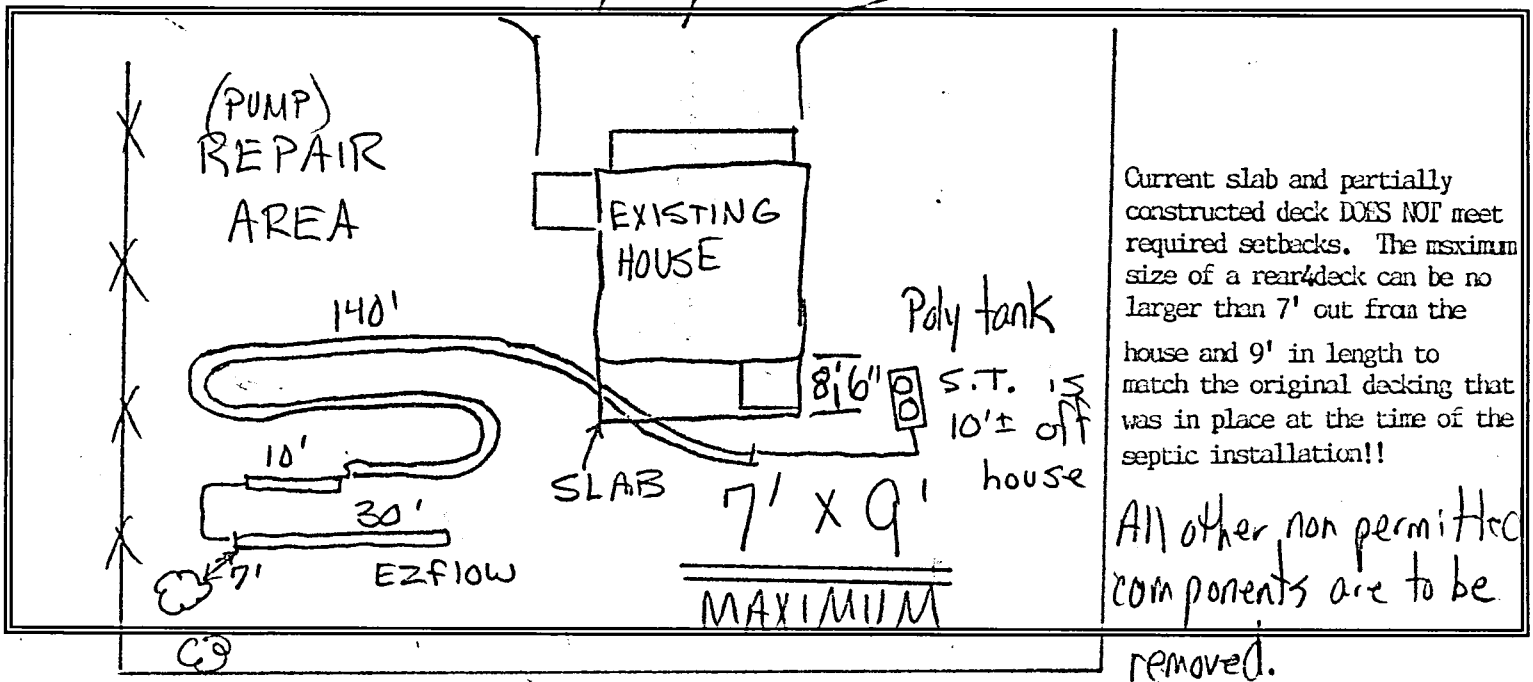
Owner/Agent Signature: Hondo Tribe Date: 9-21-09

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.

FORM KEPT ON FILE FOR ONE YEAR

Signed: Allen Smith MS, REHS Date: 9/24/2009

THIS REPORT IS VALID THROUGH 12/24/2009



File Name: WEST, FRED/NEWMAN, BRUCE

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

✓

Pin #/Tax ID 8564-03-2626-000

Permit #: _____

Receipt No _____

Agent/Owner: WEST, FRED/NEWMAN, BRUCE 553-9494

Mailing Address: 752 Deerchase Rd. Cedar Mt. NC

Home Phone #: ( ) _____

Work Phone #: ( ) _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: ( ) _____

Work Phone #: ( ) _____

Property Location: 1105 Whitmire Rd. (Road/Street) Subdivision: _____ Phase/Sect.: _____ Lot #: _____

Directions to property: 1105 Whitmire Rd - past Harmony Corner - 1st drive on left - end of drive to circular drive

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: _____ Date lot recorded: _____ Right of ways, easements, etc. _____ 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: _____

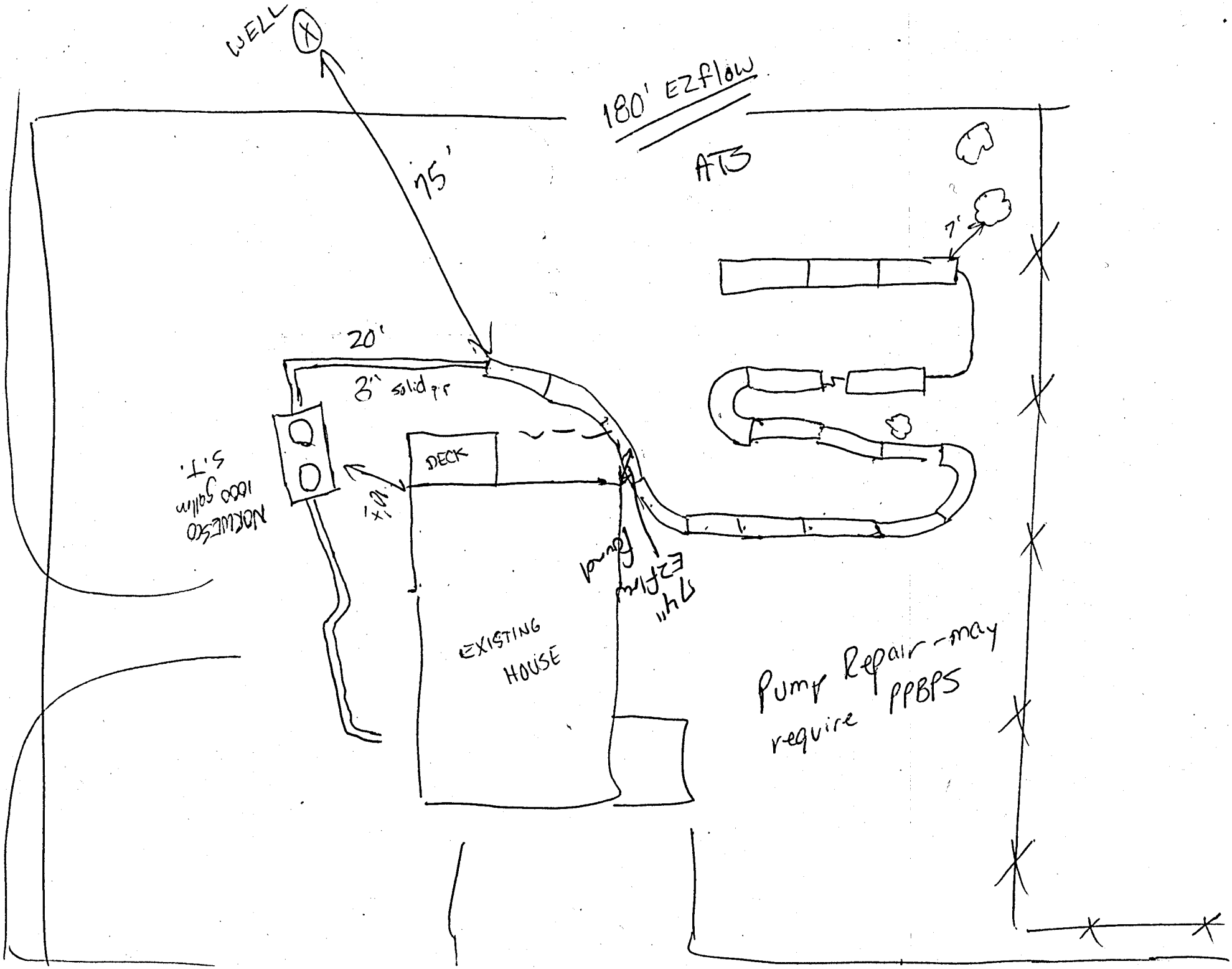
ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT

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: IIIg EZ FLOW (35% Warranty) Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Clean + replace septic tank effluent filter as reqd

Installed by: Bruce Newman Final Inspection by: James A Bayes, RS (ATS) Date: 6/7/05


WELL
180' EZflow
ATS
75'
7'
20'
3" solid pr
DECK
1000 gallon
S.T.
EXISTING
HOUSE
Pump Repair - may require PPBPS

File Name: D WEST, FRED/NEWMAN, BRUCE

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

6564-83-2626-000
Pin #/Tax ID

Permit #:

Receipt No 20052352

Agent/Owner: WEST, FRED/NEWMAN, BRUCE

Mailing Address: 752 Deerchase Rd. Cedar Mt. NC

Home Phone #: ( ) 553-9444

Work Phone #: ( )

Proposed Buyer:

Mailing Address:

Home Phone #: ( )

Work Phone #: ( )

Property Location: 1105 Whitmire Rd. (Road/Street) Subdivision: Phase/Sect.: Lot #:

Directions to property: 1105 Whitmire Rd - past Harmony Corner - 1st drive on left - end of drive to circular drive

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: Date lot recorded: Right of ways, easements, etc. 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 Bruce Newman 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: 35% Space reduction E2fkw

Drainfield: Total Trench Length: 175 ft. Square Footage: EQ. 800 Trench spacing: 9 ft. on ctr. Individual Trench Length: VARY ft. Maximum Trench Depth(Low Side): 36 in. Trench Width: 36 in.

Distribution Method: Serial Min. distance between system and nearest: Well: 50/100 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: there is a 50' minimum setback to the existing well in soil and a minimum 100' setback from any part of the septic system installed in saprolite as discussed on site w/ the installer

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.

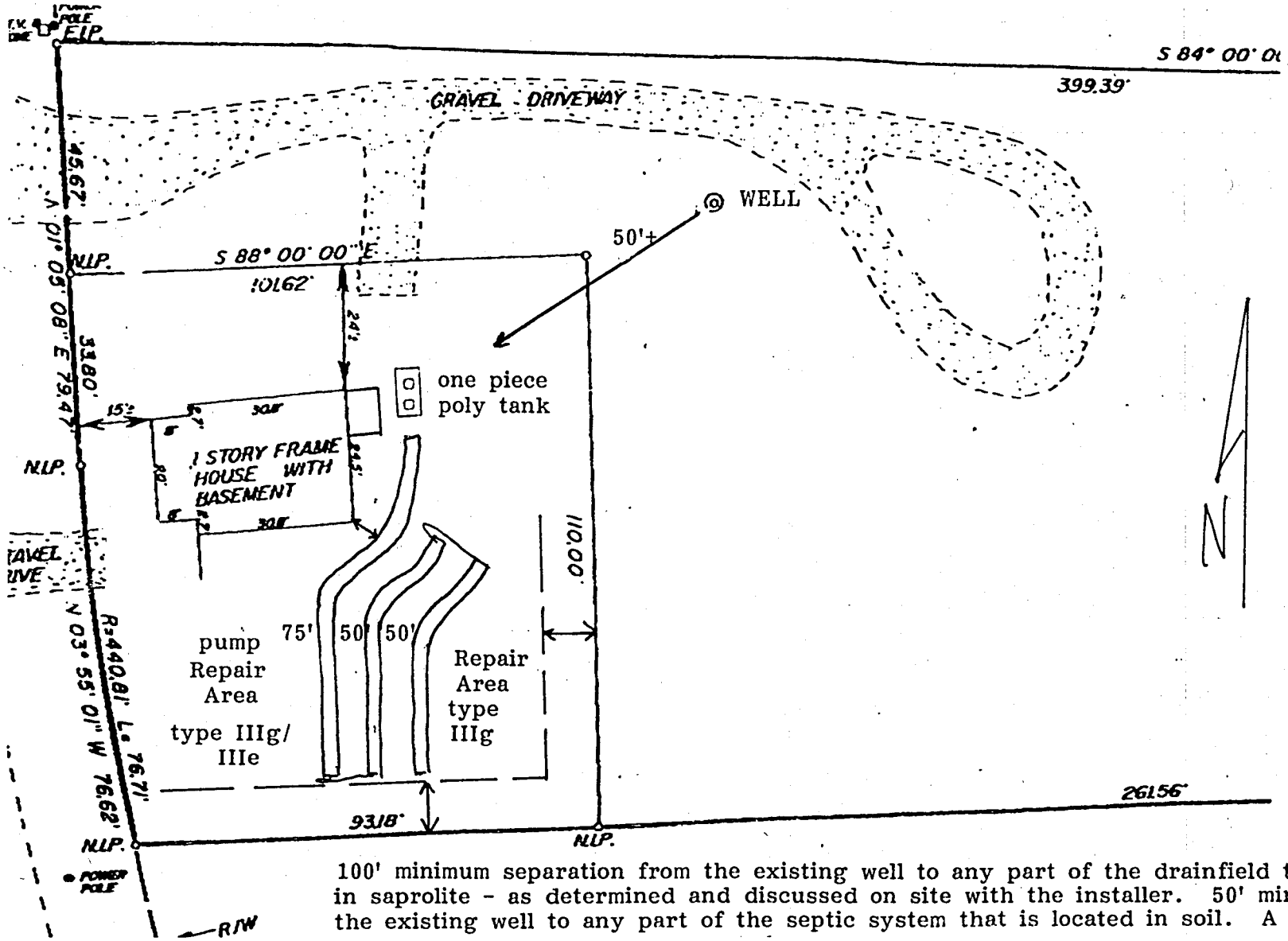
I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.

Signed: Bruce Newman Date: 4/14/05 Construction Authorization prepared by: Allan Smith RS, RS Date: 4/15/2005

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

File Name: Fred West and Bruce Newman/Whitmire Road
PIN: 8564-83-2626-000
Scale: 1" = 30' Permit No.: _____

A 35% space reduction EZflow system is requested in order to obtain a 3 bedroom septic system. This will require a 5 year warranty and installation by a certified installer.



100' minimum separation from the existing well to any part of the drainfield that is to be located in saprolite - as determined and discussed on site with the installer. 50' minimum separation from the existing well to any part of the septic system that is located in soil. A one piece poly septic