

**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

Tax ID No.: TS52-00-031

Date: 15 June 93

Receipt No.: 1255

Owner/Agent: Mrs. William Steinberg

Phone No.: 884-5359-Ed Burdette

Address: \_\_\_\_\_

Location of Property: Idle Wild in Cedar Mtn. Toward the end of Spanish Oak Lane  
on R up on hill.

Subdivision: Idle Wild Lot Number: 35 Section: \_\_\_\_\_ Plat of Property: level.

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

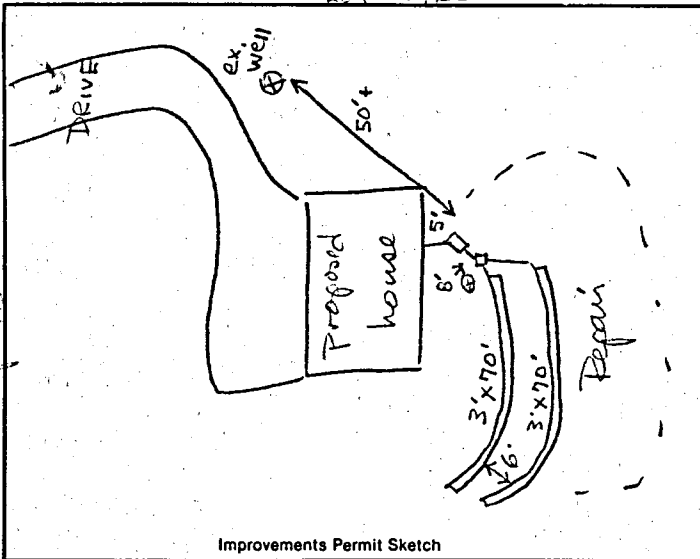
Number of Bedrooms: 2 Number of Bathrooms: 2 Estimated Sewage Flow: 240

Lot Size: 10 acres Easements, Right-of-Ways, etc.: N/A Date Lot Recorded: 1993

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

Signature/Authorized Agent: [Signature] Date: 6-15-93

LOT LINE



Improvements Permit Sketch

NO Change.

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 Application Rate: .6

No. of Lines: 2 Width: 3' Linear Ft.: 70'

Square Ft.: 420 Maximum Trench Depth: 12-18"

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: [Signature] Date: \_\_\_\_\_

By: [Signature] Date: 6-22-93

Building Contractor: Ed Burdette

System Installed by: Ron McGuire

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] Date: 6.25.93

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: \_\_\_\_\_

\* Some rock may be encountered during installation.

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