

LVANIA COUNTY HEALTH DE (Sewage Disposal System) Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (10 NCAC 10 A . 1934 - . 1968) PROPOSED 131.06 APPLICATION FOR AN IMPROVEMENTS PERMIT: TOXAWA. VIEW COMBONIATION OWNERS ASSN, Owner J. Andidon , + Fishin DEVENPER ABOVIC-ŃΟ Plat of Property: YES Mobile Home ☐ Business Type of Facility: House □ Estimated Sewage Flow:____ Gallons per day Şpring Type of Water Supply: Drilled Well Other \square Signature of Owner or Authorized Agent: / IMPROVEMĖNTS PERMIT SKETCH **IMPROVEMENTS PERMIT AND** CERTIFICATE OF COMPLETION PKING DRIVE OWNER-OCCUPANT LOCATION. BLD6 SUBDIVISION SEPTIC TANK CONTRACTOR_ RCUNRD **ADDRESS** DIR + ROSD MOBILE HOME □ BUSINESS Z HOUSE | NO. BEDROOMS NO. BATHROOMS SIZE OF SEPTIC TANK GALS. (Liquid) MATERIAL: PRE-CAST - BLOCK -FIBERGLASS **DISTRIBUTION BOX** CERTIFICATE OF COMPLETION SKETCH NO. OF LINES PERCOLATION TEST ALRIGAY SC-POROTAL NO WATER SUPPLY: INDIVIDUAL & PUBLIC SITE CLASSIFICATION: 10 POSE-1) IMPROVEMENTS PERMIT: CERTIFICATE OF COMPLETION: 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; Yellow - Inspection Dept.; Green - Health Dept.

TRACYLVANIA COUNTY HEALTH DEARTMENT
(Sewage Disposal System) Improvements Permit and Cexificate of Completion

| Sewage Treatment and Disposal Ru | the contract of the contract o |
|--|--|
| Blag. III | 8521-07-3788-409 |
| APPLICATION FOR AN II | WPROVEMENTS PERMIT: |
| Owner TOXAWA //CWS A | ddress LAKC: TOXAWM -411 |
| | HUY ABOUT FAMILY KITCHEL OK |
| Plat of Property: YES A NO | LEFT |
| | Business De 4-VXI/4 - 2 BI-DROWNS |
| Estimated Sewage Flow: 1440 Gallons pe | 2 MCACA |
| au tawa in a company di Carlo Ca | Other O |
| Signature of Owner or Authorized Agent: | Date: 1/-1-13 |
| Signature of Owner of Authorized Agent. | |
| IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION | IMPROVEMENTS PERMIT SKETCH |
| OWNER-OCCUPANT STATE / SOME COM | 1121 |
| LOCATION_ OSSULIS fine | CONDIMINA |
| SUBDIVISION TOXAWA- /11-WS | 3 Flours ye / |
| -LOT-NO | 5 |
| BUILDING CONTRACTOR (13 Ki) YOURS | FROM BB B CONFEE |
| ADDRESS OXAWA- N | 13+06 |
| SEPTIC TANK CONTRACTOR RUN BURN | Y 10° |
| ADDRESS PORCHARA M.C. | SCHOOL SCHULE ROOF |
| HOUSE MOBILE HOME BUSINESS | BULL ROOF |
| NO. BEDROOMS / 2 NO. BATHROOMS | (CKD-C) - 25 82 |
| SIZE OF SEPTIC TANK GALS. (Liquid) | CKD, 12-5-25-54 |
| MATERIAL: PRE-CAST D BLOCK D FIBERGLASS D | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| DISTRIBUTION BOX | CERTIFICATE OF COMPLETION SKETCH |
| NO. OF LINESWIDTH_SFT. LENGTH_00_FT. | |
| PERCOLATION TEST YES NO | BOUGH DIET DE DRUM |
| WATER SUPPLY: INDIVIDUAL PUBLIC | DIET DI DREA |
| SITE CLASSIFICATION: SUITABLE | |
| PROV. SUITABLE □ | NO CHANGE REPOIR 12, 12-1, OUT REPOIR |
| IMPROVEMENTS PERMIT: DATE | NO CITY |
| a Alderton US | 10/10 |
| CERTIFICATE OF COMPLETION:, DATE | |
| | |
| BY | |
| NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given | [포트레 프랑스 레스 프리스 레스 프로스 네트 |
| period of time. | |
| COLOR CODE: White - Owner; Pink - Improvements Permit; Blue | [[종원 급 [송원 조막 발발 범인 원호로를 하기 된다] 함께 유니션 |

TRANSLVANIA COUNTY HEALTH DEI TMENT

(Sewage Disposal System) Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (ARTICLE 11 OF CHAPTER 130A OF THE GENERAL STATUTES OF NORTH CAROLINA)

APPLICATION FOR AN IMPROVEMENTS PERMIT:

| Owner Toxiwing Views The A | ddress |
|--|--|
| Location of Property: 1. Toxaway on L | CI-1 PM + FAMILY /CHESTER |
| Plat of Property: YES 🗇 NO 🗆 | |
| Type of Facility: House □ Mobile Home □ 6 | Business (Calib) (DODA) |
| Estimated Sewage Flow: 1920 Gallons pe | r day |
| Type of Water Supply: Drilled Well | Other D |
| Signature of Owner or Authorized Agent: | Date: 5 |
| IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION | IMPROVÉMENTS PERMIT SKETCH |
| OWNER-OCCUPANT | -3-70 |
| LOCATION | 4'/3'x100' |
| SUBDIVISION TOXAGLE MOUS THE SECT. OR BLOCK NO. | SILL HIGH LIN |
| BUILDING CONTRACTOR SAME | 1 KSTOFT / 5 PK BADG FOURTO |
| ADDRESS | 2 CHEST SIEW FIRST |
| SEPTIC TANK CONTRACTOR ROLL GUB 15 6KA | Outs PRONE |
| ADDRESS BREAKD HC | |
| HOUSE MOBILE HOME BUSINESS (COM) | Just 1 |
| NO. BEDROOMS / NO. BATHROOMS / | ALL BOXES Z BE |
| SIZE OF SEPTIC TANK GALS. (Liquid) | WATER LEVITED AT SARKE |
| MATERIAL: PRE-CAST DEBLOCK DEFIBERGLASS DE 14 | Tou'x3 7/1/1/ |
| DISTRIBUTION BOX YES ON NO D | CERTIFICATE OF COMPLETION SKETCH |
| NO. OF LINES WIDTH 5 FT. LENGTH 100 FT | 4X100 |
| PERCOLATION TEST YES NO NO NO NO NO NO NO N | 70 X Y 7 4-75 |
| WATER SUPPLY: INDIVIDUAL PUBLIC SITE CLASSIFICATION: SUITABLE | 4-25 50x4 4-25 14x100 145/ 111/2 3 19 |
| PROV. SUITABLE | 4 ×100 (NS) CHI-1-9 |
| UNSUITABLE □ | TS/12-13 |
| IMPROVEMENTS PERMIT: A DATE: 2 12 V2 | HIST COLUMN COLU |
| BY Multin | Corne |
| CERTIFICATE OF COMPLETION: DATE: | TOP TO |
| By | |
| 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; Yellow - Inspection Dept.; Green - Health Dept. | |

TRAN LVANIA COUNTY HEALTH DEI TMENT

(Sewage Disposal System) Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (ARTICLE 11 OF CHAPTER 130A OF THE GENERAL STATUTES OF NORTH CAROLINA)

APPLICATION FOR AN IMPROVEMENTS PERMIT:

| Owner Toxsway Views Try Add | lress |
|--|----------------------------------|
| Location of Property: 1. Toxous - 61 16 | F-1 PAST FAMILY CONTES |
| Plat of Property: YES NO | |
| | siness Of Color) / DODA ILA |
| Estimated Sewage Flow:Gallons per d | lay /// Lerold/ |
| Type of Water Supply: Drilled Well Spring | Other 🗆 |
| Signature of Owner or Authorized Agent: | Date: 3 / 3 / 5 |
| IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION | IMPROVEMENTS PERMIT SKETCH |
| OWNER-OCCUPANTSAAKI | |
| LOCATION | (3'Xlou') LIMES |
| SUBDIVISION HOUS JAC HOLD SECT. OR BLOCK NO | SILVED / SELL HIGH LIA |
| BUILDING CONTRACTOR | MARKE SPR BASS FOURTH |
| ADDRESS | 2 CLEST FIRST |
| SEPTIC TANK CONTRACTOR ROLL SUBBLIKE | out 1 pusc Phon |
| ADDRESS BRAINKO HO | + |
| HOUSE MOBILE HOME BUSINESS () | - J BOXED |
| NO. BEDROOMS 6 NO. BATHROOMS 6 | ALL BIXED & BE |
| SIZE OF SEPTIC TANK GALS. (Liquid) | INATION TOUBLEN AT SAME |
| MATERIAL: PRE-CAST BLOCK FIBERGLASS | 100 kg 7/m |
| DISTRIBUTION BOX YES A NO D | SERTIFICATE OF COMPLETION SKETCH |
| NO. OF LINES WIDTH FT. LENGTH FT | 4×100 |
| PERCOLATION TEST YES NO 11 14 | |
| WATER SUPPLY: INDIVIDUAL PUBLIC | Eddil 1 |
| SITE CLASSIFICATION: SUITABLE |) A X100 1 V 0 Mt- |
| PROV. SUITABLE | 4 X100 1 NS/ 111-1-3 |
| UNSUITABLE IMPROVEMENTS PERMIT: DATE: | ALLI NEW T |
| BYBATE. | ist to Kill Corne |
| CERTIFICATE OF COMPLETION: DATE: | BLUS |
| BY 100 11/a Car 1/a | |
| A/5/85 | |
| 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; Yellow - Inspection Dept.; Green - Health Dept. | |

TRANSÝĽVANIÁ COUNTY HEALTH DE ARTMENT

Sewage Disposal System Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (Article 11 of Chapter 130A of the General Statutes of North Carolina)

| Date: 9-25-87 | Receipt No.: 10636 |
|--|---|
| | Phone No.: 646-4800 |
| Address: BA 7 TO YAWAY CIENTS - | - LAKE TOXANAY NC. 25747 |
| | MILE PAST FALLS - BN CEFT. |
| - (B/dc, #6) | |
| | |
| Subdivision: Lot No | umber: Section: Plat of Property: YES \(\Bar{\cup} \) NO \(\Bar{\cup} \) |
| Type of Facility: HOUSE ☐ MOBILE HOME ☐ BUSINESS Ø 8 | units 2 bedrooms |
| Number of Bedrooms: Number of Bathrooms: | Estimated Sewage Flow: 1920 5/p/d [Public/Community] 2 (960 each) |
| Type of Water Supply: Individual — DRILLED WELL ☐ SPRING | i□; Public/Community□ 2 (960 each) |
| Lot Size: 300 ac Easements, Right-of-Ways, etc | » |
| Signature/Authorized Agent: | |
| Zsystem & for the rando | |
| Bhediams each | |
| 1545kms to be 1.75/6/10(1 | P. C. |
| 511055 From 8413/19 | 77 10 |
| systems for other | hand |
| bidgs. | no chars |
| | |
| The second secon | |
| Is Ismin | |
| 13165 H | lines inspected by JW |
| | tank inspected 5/12/80 |
| , IMPROVEMENTS PERMIT SKETCH | CERTIFICATE OF COMPLETION SKETCH |
| NEW SYSTEM REPAIR □ | Building Contractor: CHRISTOPHER TOUNG |
| Size of Tank: 2 (2000) Distribution Box: | System Installed by: Ron Hubbard |
| No. of Lines: 6 Width: 3 Linear Ft.: 110 | This is to certify that system is installed according to Rules and Regulations |
| Square Ft.: 1980 Parkinum Trench Depth: 70" | but is not a guarantee that it will function satisfactorily for any given period of time. |
| Application Rate: 0.5 GC1/ff2// | Butto Jones Pi studge |
| I understand and agree to install the septic tank system as specified on this | By Date |
| 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 | EXISTING SYSTEM: ADDITION ☐ REMODELING ☐ |
| tion is supplied in making improvements Permit | System functioning properly at time of inspection and is approved for proposed additions/renovations. |
| Signature/Authorized Agent Date | ргорозов аввинопологоночаного. |
| By Date | By Date |
|) Date | |

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TRANSY ANIA COUNTY HEALTH DEPARTMENT

Sewage Disposal System Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (Article 11 of Chapter 130A of the General Statutes of North Carolina)

PERMIT VALID 5 YRS. FROM DATE OF ISSUANCE

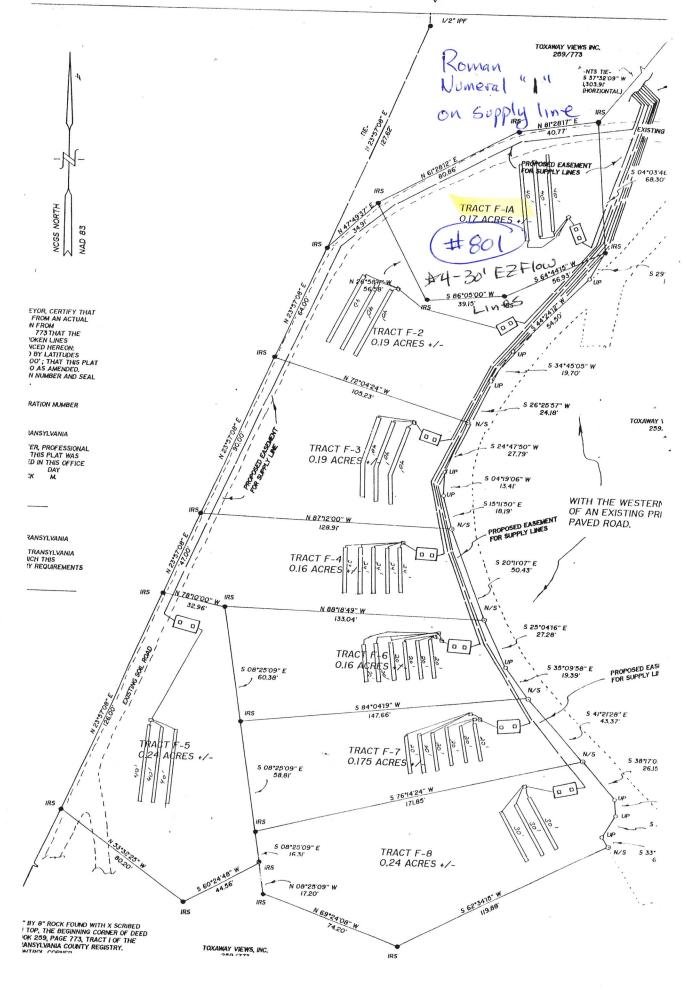
| Date: 10-31-90 Toxaway Views, Inc. Jeanette Fishe | Receipt No.: $0/20$ |
|--|--|
| Owner/Agent: | Phone No.: |
| Address: #308 Lake Toxaway NC 28747 | |
| Location of Property: Hwy 64 thru Lake Toxaway, Left 2 & 3 on left. | off 64 into Toxaway Views, between building |
| | |
| Subdivision: Toxaway Views Lot Num | ber: #7 Section: 15 Plat of Property: Yes □ No |
| Type of Facility: House ☐ Mobile Home ☐ Business ☐ B | asement Yes □ No □ Basement Plumbing Yes□ No |
| Number of Bedrooms: (4) (4) (4) Whitmber of Bathrooms: | Estimated Sewage Flow: 950 72 |
| Lot Size: ZOAc + Easements, Right-of-Ways, etc.: | Date Lot Recorded: Pre 83 |
| Type of Water Supply: Individual—Drilled Well □, Spring □; Put | |
| Signature/Authorized Agent 1000 to 1000 | Date: 10/31/90 |
| BXIH7 | 20 145 22 De 2014 (1224) |
| IK S'MIN | DRAIN LINES 713 + BOH UE4/ 4 (3710))) 2/22/91 |
| 国 | 7-71064 |
| COGE O E WOODS | 1.7A |
| DRAIN FIELD | - AP15 |
| | TAIS' WARRED DRAINFELLY |
| CHANGED TO 4(5×100) | THE WHETETANL TO UTHER DRAINFECTSO') |
| 1 Zo'min 2/11/61 2) | PRAIN FIELDS 15 N I. ?. |
| 341) |) 12 ((Co) / (G) / (G) |
| TO 3:110 | |
| 76 3410 | |
| 15 3×110 | |
| | 6 |
| 1/2 | Certificate of Completion Sketch |
| Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated. | Building Contractor: SCLF |
| New System ☑ Repair ☐ Addition ☐ | System Installed by: RUN HUZRAED |
| Size of Tank: 200 1500 Application Rate: 0.6 g/G// | This is to certify that system is installed according to Rules and Regulations but is guarantee that it will function satisfactorily for any given period of time. |
| No. of Lines: 4 Wight: 3 Linear Ft.: 100 | Quantum RS 2/25/90 |
| Square Ft.: 1650 Maximum Trench Depth: 74" | By Date |
| I understand and agree to install the septic tank system as specified on this Improve- | |
| ments 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 | EVICTING OVOTEN, Addition to |
| Improvements Permit. | EXISTING SYSTEM: Addition/Remodeling Relocation |
| June with the Trade of Morlan | |
| Signature Authorized Agent Date | System functioning properly at time of inspection and is approved for proposed tions/renovations. |
| Storm Winston R.S. 11/7/90 | |
| Ry | By Date |

Delous, Contains 2 C.o.C.

Siz attached 8521-07-3788-8521-440 C.o.c. 437 441 438 442 Fm.

| 3.33 | • | #/Tax ID 8521-07-3788-000 |
|---|---|---|
| ON-SITE 99-276 | WASTEWATER DISPOSAL APPLICATION 852/-09-3788-801 | leceipt No 10326 \$150 Purple |
| Agent/Owner: TOXAMAY VIEWS. INC. | Mailing Address: J307 Toxaway Views., Lake Toxaway, NC 2974 | |
| Home Phone #: () | Work Phone #: () Tony Fisher 966-4800 or 966-9444 | Flood Zone () |
| Proposed Buyer: | Mailing Address: | Is the property in a flood zone? |
| Home Phone #: () | Work Phone #: () | Inspections |
| Property Location: Huy. 64 WOST Subdivision: | Phase/Sect.: Lot #! - Lot #! | Flood Zone |
| | - right on 64 - bend of 64 - on left turn into | Yes No No Approved Disapproved |
| Toxaway Views - 2nd building site on right. | | Initials Date |
| | | |
| Installation for: Mobile Home Single Double House | Condos - 2-will be one bedroom - o will be bedrooms. Basement: Yes No With Plumbing: Yes No Lind. | Commercial Other |
| If Indust./Commercial/Other: Number of employees: Operation: (Desc | ribe) Property contains designated wet | lands: Yes No |
| | 1 | Vell Shared Supply Public/Community |
| | • | |
| | granted to perform a site/soil evaluation on the property described above. If the information submitte wner to comply with all applicable ordinances, laws, and rules from other agencies that may affect t | |
| Applicant/Agent Signature: | 2 Date: | /22/99 |
| | | 1 |
| ON-S | OPERATIONS PERMIT | nit #801 |
| The increase of this areas in a series of the table of | hand | |
| and that the system is capable of being operated in accorda Carolina and the rules adopted pursuant to this Article. This Laws and Rules for Sewage Treatment and Disposal Sy Environmental Health. | em described on the improvement permit and the construction authorion new with the conditions of the improvement permit, Article 11 of Chapter operation permit shall remain in effect as long as the system is operate stems as issued by the North Carolina Department of Environment | 130A of the General Statutes of North ed and maintained as required by the and Natural Resources, Division of |
| (EZFIOW) | | . 1/8 |
| System Classification Type: Management Entit | ty: Owner Certified Operator Minimum inspection/maintena | ance review frequency <u>N1+</u> years. |
| Comments: Tract F-IA (0.17 | ac) Serves Condo unit #801 S | upply linest |
| cleanout caps are marked | with Roman Numeral "1" | 11 4 |
| Installed by: Delbert Galloway | Final Inspection by: James a Ba | 1en RS Date: 4/25/03 |
| d v | Time inspectation by. | J |

Unit & 801



Unit I (or Tract F)
IA
3.24.00
FN

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Files on outlet

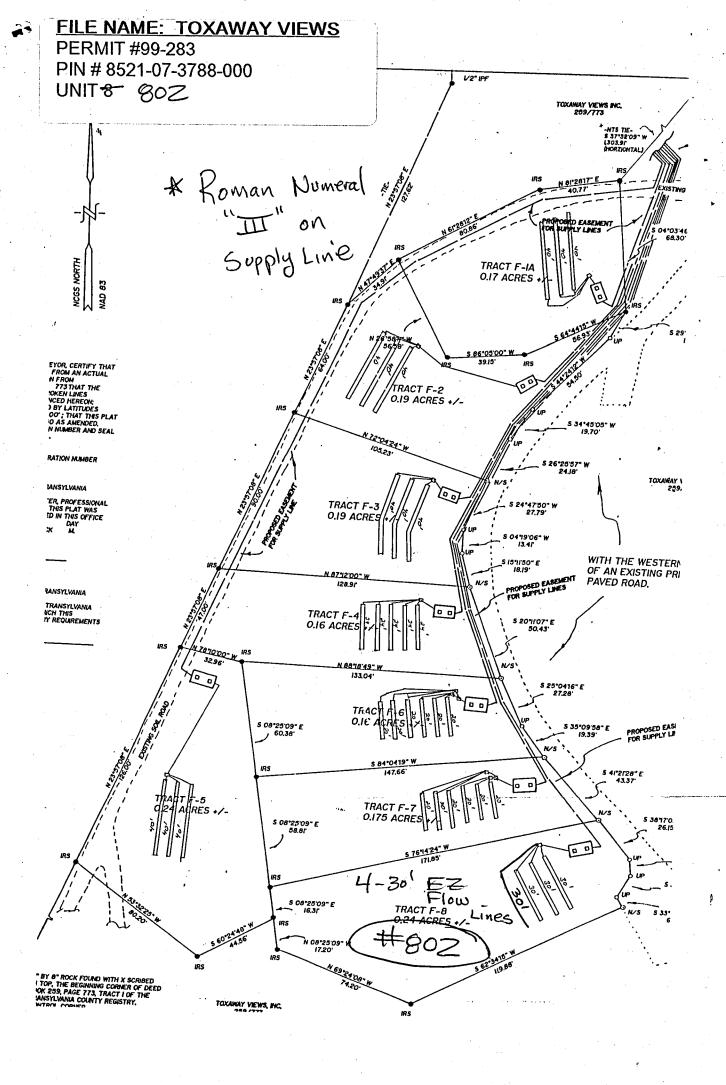
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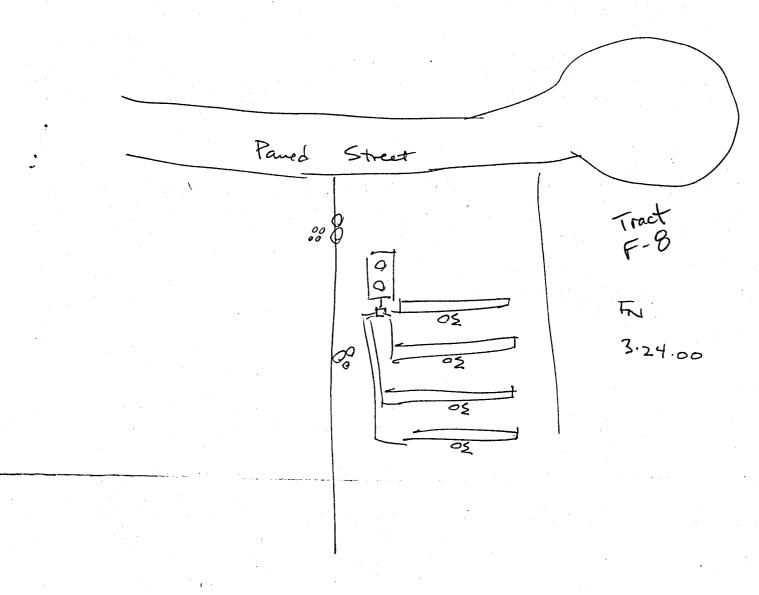
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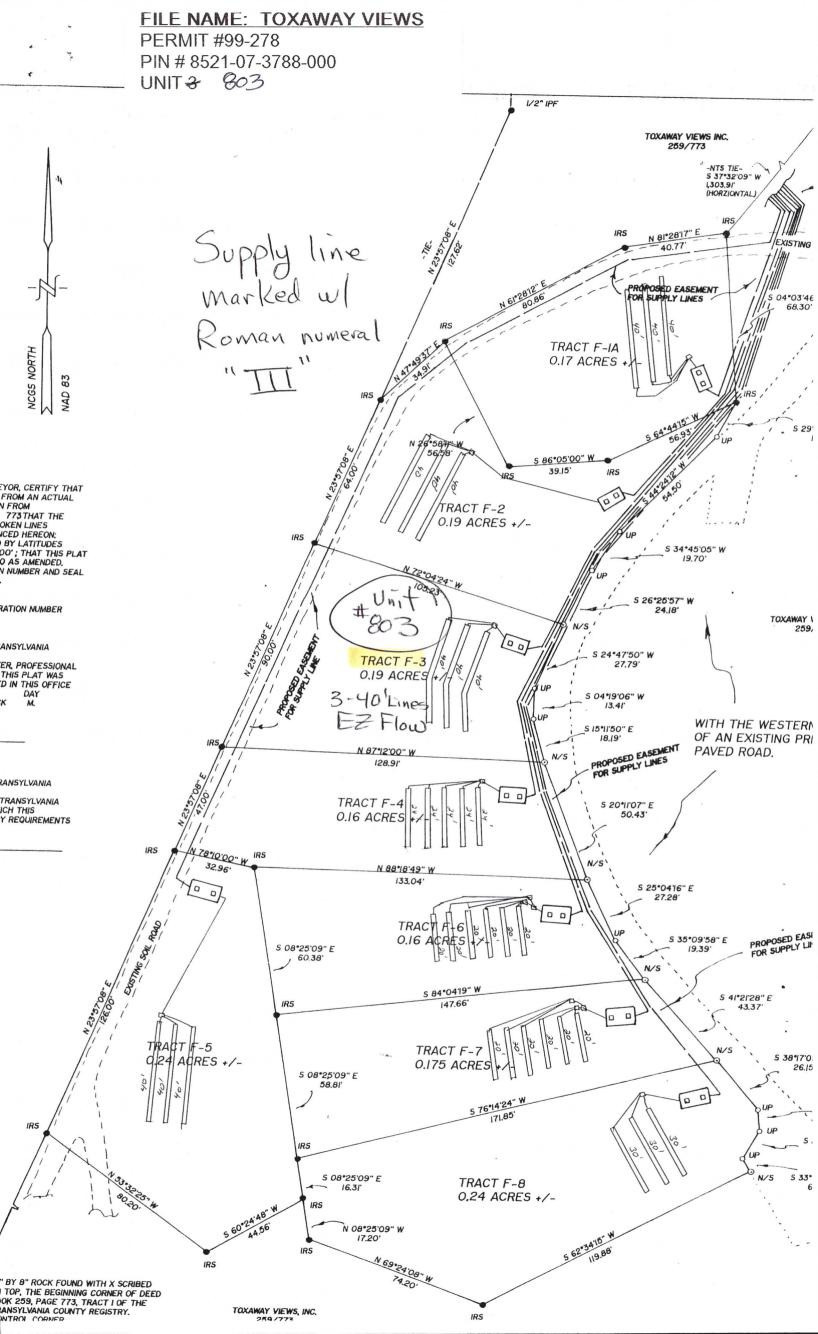
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| FILO YLAMO : STOXAMAY VIEHS | TRANSYLVANIA COUNTY HEALTH DEPARTMENT | 8521-07-3788-000 |
|---|--|--|
| rile Name: | ON SITE WASTEWATER DISPOSAL APPLICATION | FIII #/ (4 A I D |
| Permit #: 33-263 | 8521-01-3788- | 80 2 Receipt No 10898 \$150 |
| Agent/Owner: TOXAMAY VIEWS, INC. | Mailing Address 307 Toxaway Views Lake Toxaway, MC 2 | 8747 (PC 2016) |
| Home Phone #: () | Work Phone #: () 966-9444 966-1800 Tony Fish | Flood Zone |
| Proposed Buyer: | Mailing Address: | s the property in a flood zone? Yes X No Unknown |
| Home Phone #: () | Work Phone #: () | Inspections |
| Property Location: | TOXAWAY VIEWS Subdivision: Phase/Sect.: Lot # | Flood Zone |
| Road/Street | | Yes U No |
| Directions to property: 2 11165 1165 01 10X4W4 | y Falls - Fight on 64 - bend of 64 - on left - turn into | The state of the |
| oxaway Yimus - 2nd building site on | right. | Initials Date |
| | | |
| Installation for: Mobile Home Single Double | House No. Bedrooms: 2 Basement: Yes No With Plumbing: Yes No | Ind./Commercial Other |
| If Indust./Commercial/Other: Number of employees: | Operation: (Describe) Property contains de | signated wet lands: Yes No |
| Lot size: 15 ac Date lot recorded: 1981 | Right of ways, easements, etc | ing Well Shared Supply Public/Community |
| Applicant/Agent Signature: | Dat | 5-14-99 e: |
| | ON-SITE WASTEWATER DISPOSAL SYSTEM 💥 | 11:1 #6 |
| | OPERATIONS PERMIT | Unit 802 |
| | n en | |
| The issuance of this operations permit certifies | s that the system described on the improvement permit and the constructio ed in accordance with the conditions of the improvement permit, Article 11 o | n authorization is properly installed or repaired |
| Carolina and the rules adopted pursuant to the | is 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 Environmental Health. | Disposal Systems as issued by the North Carolina Department of Env | ironment and Natural Resources, Division of |
| · · · · · · · · · · · · · · · · · · · | Flow) | |
| System Classification Type: Mana | agement Entity: Owner Certified Operator Minimum inspection | maintenance review frequency NA years. |
| Comments: Tract F-8 (| 0.24ac) Serves Condo unit #1 | 302 Supply linest |
| Cleanout caps are | marked with Roman numeral | 'TT" 11 0 |
| Installed by: Delbert G | alloway Final Inspection by: amen | a Boyer RS Date: 4 30/05 |
| | | 0 , – |
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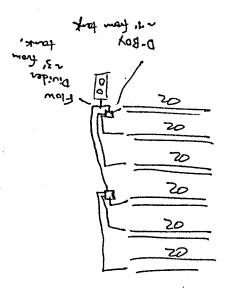




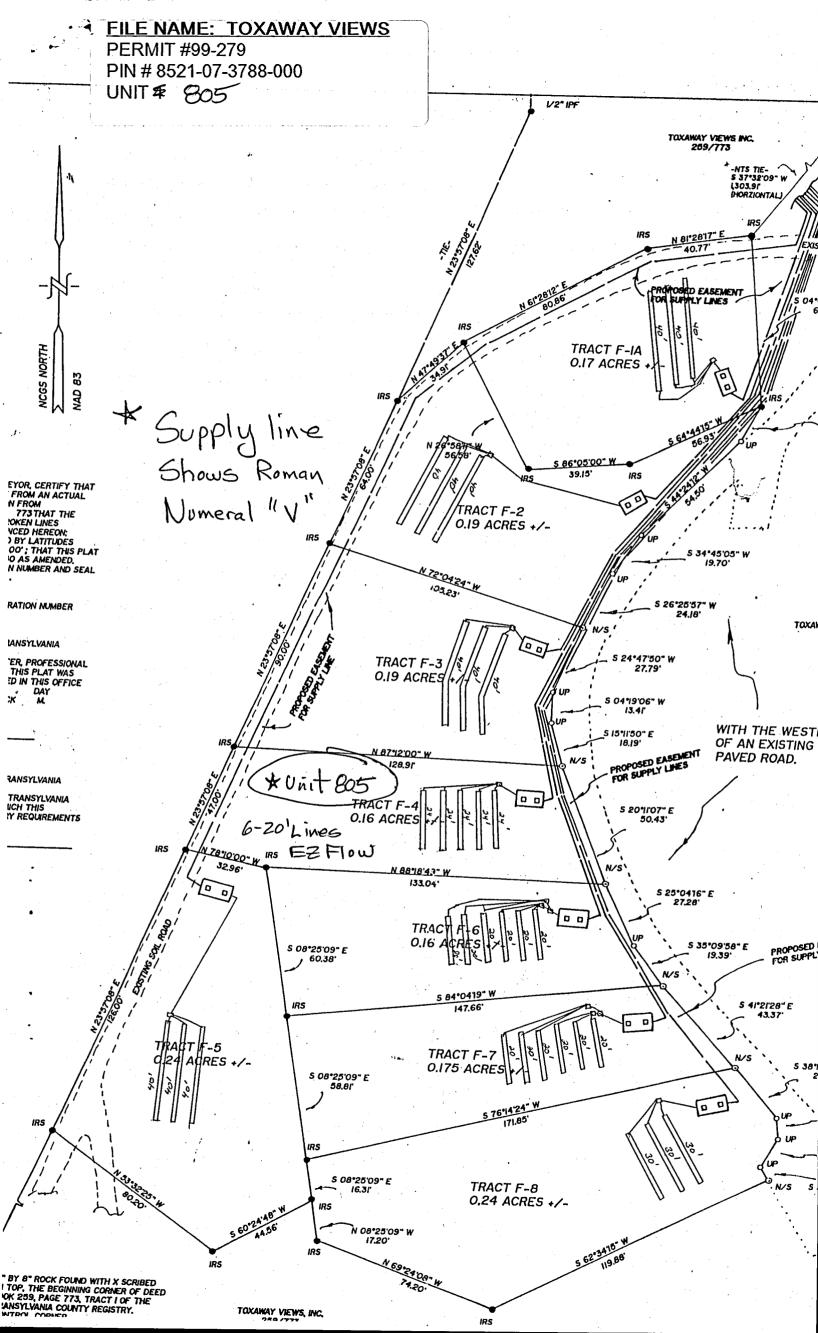
| File Natide TOXAWAY VIENS | | Pin #/Tax ID 3521-07-3733-000 |
|---|--|---|
| ·File Natid! | TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION | Pin #/Tax ID SULL STATE OF THE |
| Permit #:39=278 | ON-SITE WASTEWATER DISPOSAL APPLICATION 8521-07-3788 | 5 - 005 Receipt No 10303 5150 |
| Agent/Owner: TOXAWAY VIEWS, INC. | Mailing Address 307 Toxaway Visws, LaketToxaway, HC 2 | 13747 13553 3150 1555 1555 1555 1555 1555 155 |
| Home Phone #: (| Work Phone #: () 955-9444 056-4909 Tony Fisher | Flood Zone Is the property in a flood zone? |
| Proposed Buyer: | Mailing Address: | Yes X No Unknown |
| Home Phone #: () | Work Phone #: (| Inspections |
| Property Location: Wy. C4 WC5t Road/Street | Subdivision: TOXALIAY VIEWS Phase/Sect.: Unit 34 | Flood Zone Yes No |
| Directions to property: 2 talles west of Toxawa | ay Falls - right on 64 -bend of 64 - on left - turn in | Approved Disapproved |
| Toxaway Views - 2nd building site on | right. | Initials Date |
| | | |
| Installation for: Mobile Home Single Double | House No. Bedrooms: No. Basement: Yes No With Plumbing: Yes No | ☐ Ind./Commercial ☐ Other ☐ |
| | | signated wet lands: Yes 🔲 No 🔼 |
| | | ignated wet lands: Yes C. NO 453 |
| Lot size 5 ac. Date lot recorded: 1981 | _ Right of ways, easements, etc | ing Well Shared Supply Dublic/Community |
| shall become void. I understand that it is my responsibility as the app | sion is hereby granted to perform a site/soil evaluation on the property described above. If the informatic clicant/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 | # Unit #803 |
| and that the system is capable of being operated in Carolina and the rules adopted pursuant to this A | at the system described on the improvement permit and the construction in accordance with the conditions of the improvement permit, Article 11 of article. This operation permit shall remain in effect as long as the system is sposal Systems as issued by the North Carolina Department of Envi | Chapter 130A of the General Statutes of North s operated and maintained as required by the |
| Environmental Health. | • | |
| Environmental Health. | • | |
| Environmental Health. System Classification Type: Manage | ement Entity: Downer Certified Operator Minimum inspection/ | |
| Environmental Health. System Classification Type: Manage | low) ement Entity: Downer Certified Operator Minimum inspection/1 19 ac) Serves Condo unit #803 | maintenance review frequency NA years. |



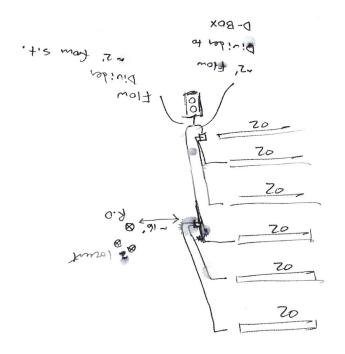
| Fila Name: | TRANSYLVANIA COUNTY HEALTH DEPARTMEN | NT 9016 | Pin #/Tax ID 8521-07-3783-000 |
|---|--|---|---|
| 99-279 | ON-SITE WASTEWATER DISPOSAL APPLICATION | 1-3788-80 | S Receipt No 10808 \$160 |
| Agent/Owner: TOXAHAY VIEWS, INC. | Mailing Address: 3307 Toxaway Views., Lake | e Toxesay, NC | 28747 |
| Home Phone #: () | Work Phone #: () 966-944 956-490 | | Flood Zone |
| Proposed Buyer: | Mailing Address: | - | is the property in a flood zone? |
| Home Phone #: () | Work Phone #: (| (#€ | 305 Inspections |
| · · | Subdivision: TOXAWAY VIENS Phase/Sect.: | Unit.4 | Flood Zone Ves No |
| Road/Street 2 miles west of Toxaway i | Falls - right on 64 - bend of 64 - on left | - turn into | |
| Directions to property. | | | Approved Disapproved Initials Date |
| Townway Views - 2nd building site (| en Fignt. | | |
| | House No. Bedrooms: 2 Basement: Yes No With Plueration: (Describe) | umbing: Yes No | |
| | | _ | <u></u> |
| Lot size 5 aC. Date lot recorded: 1931 | Right of ways, easements, etc. road/rittl11t1eS Water Supp | oly: Private: Spring | Well Shared Supply Dublic/Community |
| | ion is hereby granted to perform a site/soil evaluation on the property described licant/agent/owner to comply with all applicable ordinances, laws, and rules fro | | |
| | 1.1 11 11 11 11 11 11 11 11 11 11 11 11 | | 5-14-99 |
| Applicant/Agent Signature: | San Contraction of the Contracti | Date: | |
| | ON-SITE WASTEWATER DISPOSAL S OPERATIONS PERMIT | YSTEM 🍾 | runit # 805 |
| and that the system is capable of being operated in Carolina and the rules adopted pursuant to this A | at the system described on the improvement permit and n accordance with the conditions of the improvement per rticle. This operation permit shall remain in effect as long sposal Systems as issued by the North Carolina Dep | mit, Article 11 of Ch as the system is o | napter 130A of the General Statutes of North perated and maintained as required by the |
| Environmental Health. | | | |
| Environmental Health. | ment Entity: Owner C Certified Operator Minin | | |
| Environmental Health. System Classification Type: The Manage | ment Entity: Owner Certified Operator Minin | num inspection/ma | |
| Environmental Health. System Classification Type: III G Manage Comments: Tract F-4 (0. | 16 acres) Serves Condo v | num inspection/ma | |
| Environmental Health. System Classification Type: III G Manage Comments: Tract F-4 (0. | ment Entity: A Owner Certified Operator Minin 16 acres Serves Condo v with Roman Numeral "Y | num inspection/ma | |
| Environmental Health. System Classification Type: III G Manage Comments: Tract F-4 (0. | With Roman Numeral " N | num inspection/ma | |
| Environmental Health. System Classification Type: III G (EZ Flow Manage Manage Comments: Tract F-4 (0. Cleanout caps marked) | With Roman Numeral " N | num inspection/ma | intenance review frequency N/A years. Supply lines 4 |



Unit 4 (a Tract F-4) 6.20' trackes OK 3.24.00 FN



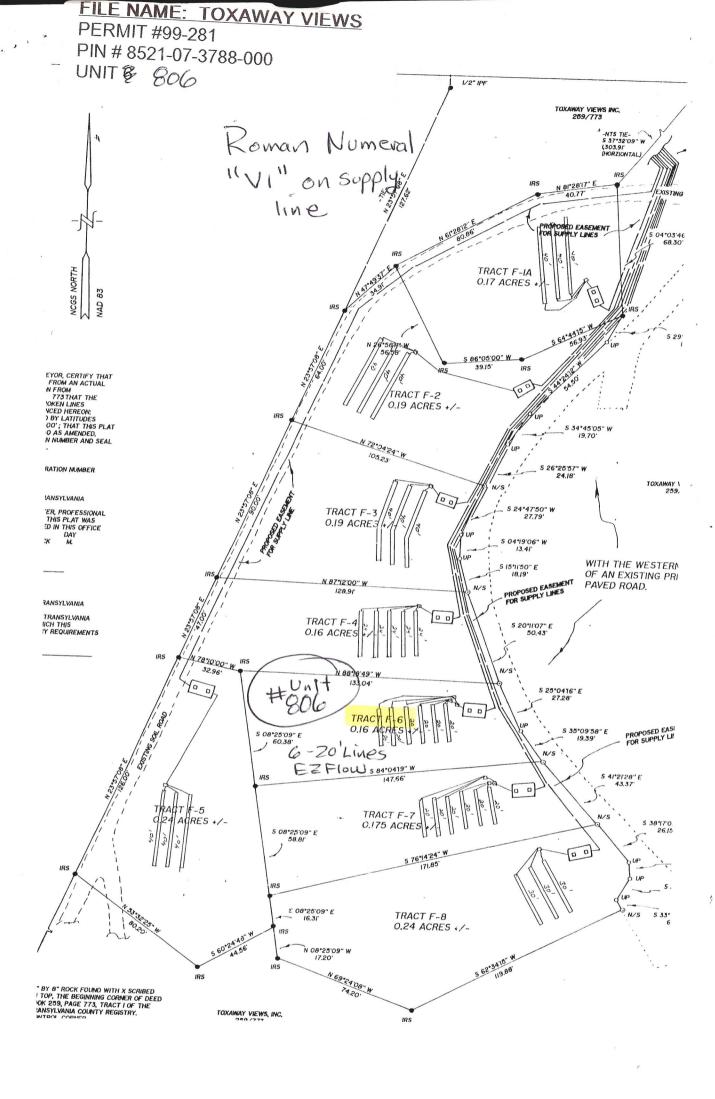
| | TOANGVIVANIA COUNTY UEAL | TU DEDADTMENT V ./ | 2521-07-3783-000 |
|---|--|--|---|
| File Name: TOXANAY VIEWS | TRANSYLVANIA COUNTY HEAD ON-SITE WASTEWATER DISPOS | | Pin #/Tax ID |
| Permit #: 90-231 | topone en | 8501-07-0700 | Receipt No 10303 \$150 |
| Agent/Owner: TOXAWAY VIEWS | Mailing Address: \$307 Toxi | may Views., Lake Toxogay, | |
| Home Phone #: () | Work Phone #: () 966 | 9444 966-4860 Tony Fishe | Flood Zone Is the property in a flood zone? |
| Proposed Buyer: | Mailing Address: | | Yes No Unknown |
| Home Phone #: () | Work Phone #: () | | 806 Inspections |
| Property Location Luy. 64 West | Subdivision: TOXALIAY VIEUS | Phase/Sect.: Lot #: | Flood Zone Yes No |
| Road/Street 2 miles west of Toxava | y falls - right on 64 - bend | of 64 - on left - turn fr | |
| Directions to property. | | : | Approved Disapproved Initials Date |
| Texaway Views - 2nd building site on | right | | |
| | CONDO | | |
| Installation for: Mobile Home Single Double | House No. Bedrooms: 2 Basement: You | s No With Plumbing: Yes No | Ind./Commercial Other |
| If Indust./Commercial/Other: Number of employees: O | peration: (Describe) | Property contains de | signated wet lands: Yes No |
| | · · · · · · · · · · · · · · · · · · · | | |
| Lot size: 15 ac. Date lot recorded: 1931 | Right of ways, easements, etc. road/utilit | Water Supply: Private: Spr | ing Well Shared Supply Public/Community |
| I certify the above to be correct to the best of my knowledge. Permis shall become void. I understand that it is my responsibility as the ap | | | |
| | And the second s | | |
| Applicant/Agent Signature: | | Date | : <u>5.414.499</u> |
| | | | : |
| | ON-SITE WASTEWATER | DISPOSAL SYSTEM | |
| | ON-SITE WASTEWATER OPERATIONS | | *Unit # 806 |
| | ON-SITE WASTEWATER OPERATIONS | | \$ Uni+ # 806 |
| The issuance of this operations permit certifies the | OPERATIONS nat the system described on the improv | PERMIT rement permit and the construction | n authorization is properly installed or repaired |
| and that the system is capable of being operated | OPERATIONS nat the system described on the improvin accordance with the conditions of the | PERMIT rement permit and the construction is improvement permit, Article 11 of | n authorization is properly installed or repaired Chapter 130A of the General Statutes of North |
| | operations at the system described on the improving accordance with the conditions of the Article. This operation permit shall remains | rement permit and the construction is improvement permit, Article 11 of in in effect as long as the system | n authorization is properly installed or repaired Chapter 130A of the General Statutes of North is operated and maintained as required by the |
| and that the system is capable of being operated Carolina and the rules adopted pursuant to this Laws and Rules for Sewage Treatment and D Environmental Health. | operations at the system described on the improving accordance with the conditions of the Article. This operation permit shall remaisposal Systems as issued by the N | rement permit and the construction is improvement permit, Article 11 of in in effect as long as the system | n authorization is properly installed or repaired Chapter 130A of the General Statutes of North is operated and maintained as required by the |
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| and that the system is capable of being operated Carolina and the rules adopted pursuant to this Laws and Rules for Sewage Treatment and DEnvironmental Health. System Classification Type: The Manage Treatment and DENVIRON MANAGE TREATMENT AND TREATMENT | nat the system described on the improving accordance with the conditions of the Article. This operation permit shall remaisposal Systems as issued by the Note that the Conditions of the Note of the | rement permit and the construction is improvement permit, Article 11 of in in effect as long as the system forth Carolina Department of Environment of Envir | n authorization is properly installed or repaired Chapter 130A of the General Statutes of North is operated and maintained as required by the ironment and Natural Resources, Division of maintenance review frequency NA years. |
| and that the system is capable of being operated Carolina and the rules adopted pursuant to this Laws and Rules for Sewage Treatment and DEnvironmental Health. System Classification Type: The Manage Comments: Tract F-6 (0) | nat the system described on the improving accordance with the conditions of the Article. This operation permit shall remaisposal Systems as issued by the North Comment Entity: A Owner Certification Serves Comment Entity: A Comme | rement permit and the construction is improvement permit, Article 11 of the improvement permit, Article 11 of the inin in effect as long as the system forth Carolina Department of Environment of Enviro | n authorization is properly installed or repaired Chapter 130A of the General Statutes of North is operated and maintained as required by the ironment and Natural Resources, Division of Imaintenance review frequency NA years. |



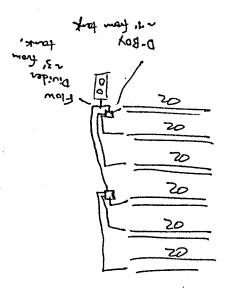
Unit 6 (or Track F-6)

FN 3.24.00
6-20 thenches OK.

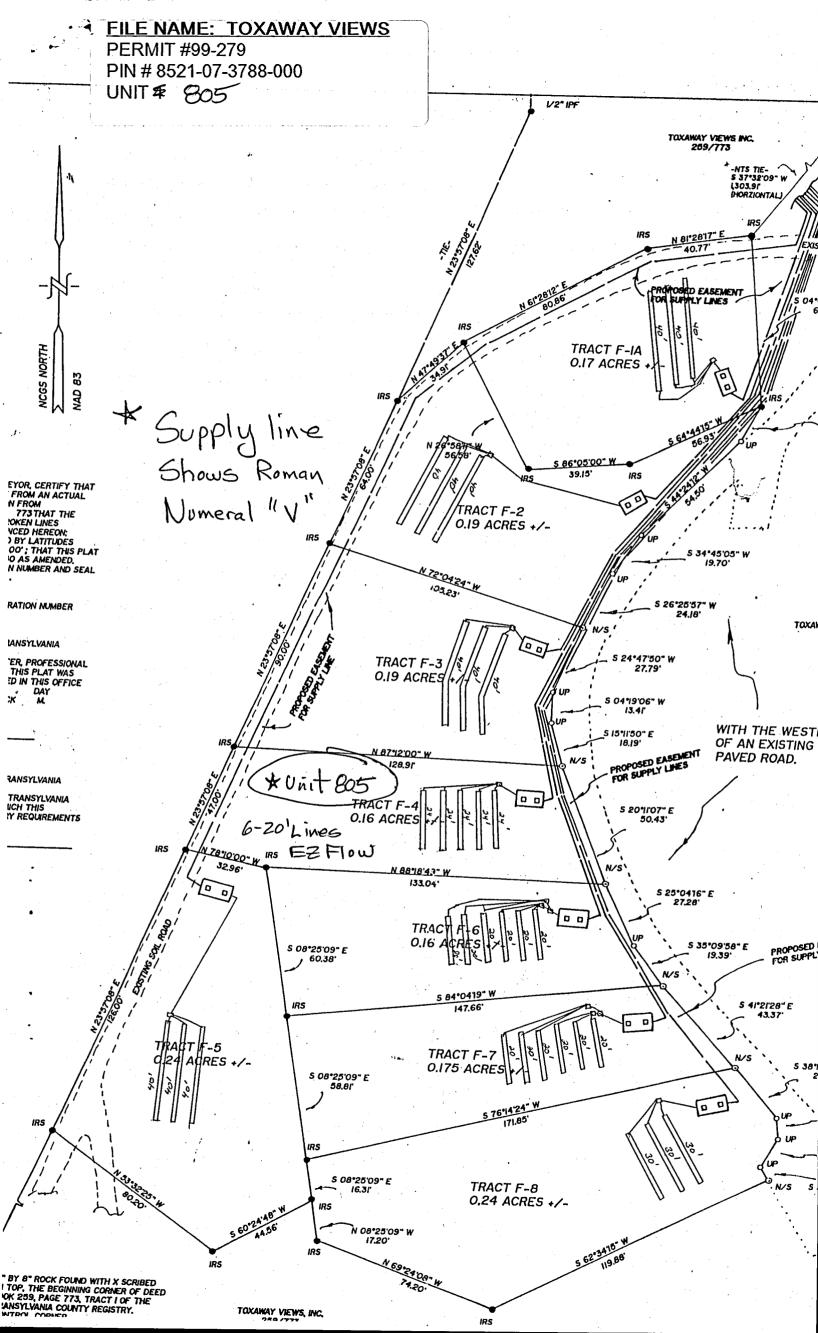
3.29.00
5.t. of piping OK.
FN



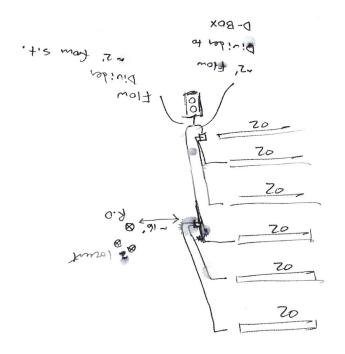
| Fila Name: | TRANSYLVANIA COUNTY HEALTH DEPARTMEN | NT 9016 | Pin #/Tax ID 8521-07-3783-000 |
|---|--|---|---|
| 99-279 | ON-SITE WASTEWATER DISPOSAL APPLICATION | 1-3788-80 | S Receipt No 10808 \$160 |
| Agent/Owner: TOXAHAY VIEWS, INC. | Mailing Address: 3307 Toxaway Views., Lake | e Toxesay, NC | 28747 |
| Home Phone #: () | Work Phone #: () 966-944 956-490 | | Flood Zone |
| Proposed Buyer: | Mailing Address: | - | is the property in a flood zone? |
| Home Phone #: () | Work Phone #: (| (#€ | 305 Inspections |
| · · | Subdivision: TOXAWAY VIENS Phase/Sect.: | Unit.4 | Flood Zone Ves No |
| Road/Street 2 miles west of Toxaway i | Falls - right on 64 - bend of 64 - on left | - turn into | |
| Directions to property. | | | Approved Disapproved Initials Date |
| Townway Views - 2nd building site (| en Fignt. | | |
| | House No. Bedrooms: 2 Basement: Yes No With Plueration: (Describe) | umbing: Yes No | |
| | | _ | <u></u> |
| Lot size 5 aC. Date lot recorded: 1931 | Right of ways, easements, etc. road/rittl11t1eS Water Supp | oly: Private: Spring | Well Shared Supply Dublic/Community |
| | ion is hereby granted to perform a site/soil evaluation on the property described licant/agent/owner to comply with all applicable ordinances, laws, and rules fro | | |
| | 1.1 11 11 11 11 11 11 11 11 11 11 11 11 | | 5-14-99 |
| Applicant/Agent Signature: | San Contraction of the Contracti | Date: | |
| | ON-SITE WASTEWATER DISPOSAL S OPERATIONS PERMIT | YSTEM 🍾 | runit # 805 |
| and that the system is capable of being operated in Carolina and the rules adopted pursuant to this A | at the system described on the improvement permit and n accordance with the conditions of the improvement per rticle. This operation permit shall remain in effect as long sposal Systems as issued by the North Carolina Dep | mit, Article 11 of Ch as the system is o | napter 130A of the General Statutes of North perated and maintained as required by the |
| Environmental Health. | | | |
| Environmental Health. | ment Entity: Owner C Certified Operator Minin | | |
| Environmental Health. System Classification Type: The Manage | ment Entity: Owner Certified Operator Minin | num inspection/ma | |
| Environmental Health. System Classification Type: III G Manage Comments: Tract F-4 (0. | 16 acres) Serves Condo v | num inspection/ma | |
| Environmental Health. System Classification Type: III G Manage Comments: Tract F-4 (0. | ment Entity: A Owner Certified Operator Minin 16 acres Serves Condo v with Roman Numeral "Y | num inspection/ma | |
| Environmental Health. System Classification Type: III G Manage Comments: Tract F-4 (0. | With Roman Numeral " N | num inspection/ma | |
| Environmental Health. System Classification Type: III G (EZ Flow Manage Manage Comments: Tract F-4 (0. Cleanout caps marked) | With Roman Numeral " N | num inspection/ma | intenance review frequency N/A years. Supply lines 4 |



Unit 4 (a Tract F-4) 6.20' trackes OK 3.24.00 FN



| | TOANGVIVANIA COUNTY UEAL | TU DEDADTMENT V ./ | 2521-07-3783-000 |
|---|--|--|---|
| File Name: TOXANAY VIEWS | TRANSYLVANIA COUNTY HEAD ON-SITE WASTEWATER DISPOS | | Pin #/Tax ID |
| Permit #: 90-231 | topone en | 8501-07-0700 | Receipt No 10303 \$150 |
| Agent/Owner: TOXAWAY VIEWS | Mailing Address: \$307 Toxi | may Views., Lake Toxogay, | |
| Home Phone #: () | Work Phone #: () 966 | 9444 966-4860 Tony Fishe | Flood Zone Is the property in a flood zone? |
| Proposed Buyer: | Mailing Address: | | Yes No Unknown |
| Home Phone #: () | Work Phone #: () | | 806 Inspections |
| Property Location Luy. 64 West | Subdivision: TOXAMAY VIEWS | Phase/Sect.: Lot #: | Flood Zone Yes No |
| Road/Street 2 miles west of Toxava | y falls - right on 64 - bend | of 64 - on left - turn fr | |
| Directions to property. | | : | Approved Disapproved Initials Date |
| Texaway Views - 2nd building site on | right | | |
| | CONDO | | |
| Installation for: Mobile Home Single Double | House No. Bedrooms: 2 Basement: You | s No With Plumbing: Yes No | Ind./Commercial Other |
| If Indust./Commercial/Other: Number of employees: O | peration: (Describe) | Property contains de | signated wet lands: Yes No |
| | · · · · · · · · · · · · · · · · · · · | | |
| Lot size: 15 ac. Date lot recorded: 1931 | Right of ways, easements, etc. road/utilit | Water Supply: Private: Spr | ing Well Shared Supply Public/Community |
| I certify the above to be correct to the best of my knowledge. Permis shall become void. I understand that it is my responsibility as the ap | | | |
| | And the second s | | |
| Applicant/Agent Signature: | | Date | : <u>5.414.499</u> |
| | | | : |
| | ON-SITE WASTEWATER | DISPOSAL SYSTEM | |
| | ON-SITE WASTEWATER OPERATIONS | | *Unit # 806 |
| | ON-SITE WASTEWATER OPERATIONS | | \$ Uni+ # 806 |
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Unit 6 (or Track F-6)

FN 3.24.00
6-20 thenches OK.

3.29.00
5.t. of piping OK.
FN

