

TRAVELVA COUNTY HEALTH DEPARTMENT
 (Sewage Disposal System) Improvements Permit and Certificate of Completion
 Sewage Treatment and Disposal Rules (10 NCAC 10A .1934 - .1968)

APPLICATION FOR AN IMPROVEMENTS PERMIT:

Owner Toxaway View Condominium Owners Assn.
J. Anderson + Fiskie (Developer) Address Lake Toxaway, NC
 Location of Property: 1-1/2 mi #64 West Above Country Kitchen on Left
 Plat of Property: YES NO
 Type of Facility: House Mobile Home Business
 Estimated Sewage Flow: 900 Gallons per day
 Type of Water Supply: Drilled Well Spring Other
 Signature of Owner or Authorized Agent: [Signature] Date: 5-9-83

PROPOSED BLDG

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT SAME
 LOCATION SAME
 SUBDIVISION Toxaway View
 LOT NO. 2 SECT. OR BLOCK NO. _____
 BUILDING CONTRACTOR CHRIS YOUNG
 ADDRESS LAKE TOXAWAY, NC
 SEPTIC TANK CONTRACTOR RON HUBBARD
 ADDRESS BRUNN, NC

HOUSE MOBILE HOME BUSINESS
 NO. BEDROOMS 8 NO. BATHROOMS 8
 SIZE OF SEPTIC TANK 1500 GALS. (Liquid)

MATERIAL: PRE-CAST BLOCK FIBERGLASS
 DISTRIBUTION BOX YES NO

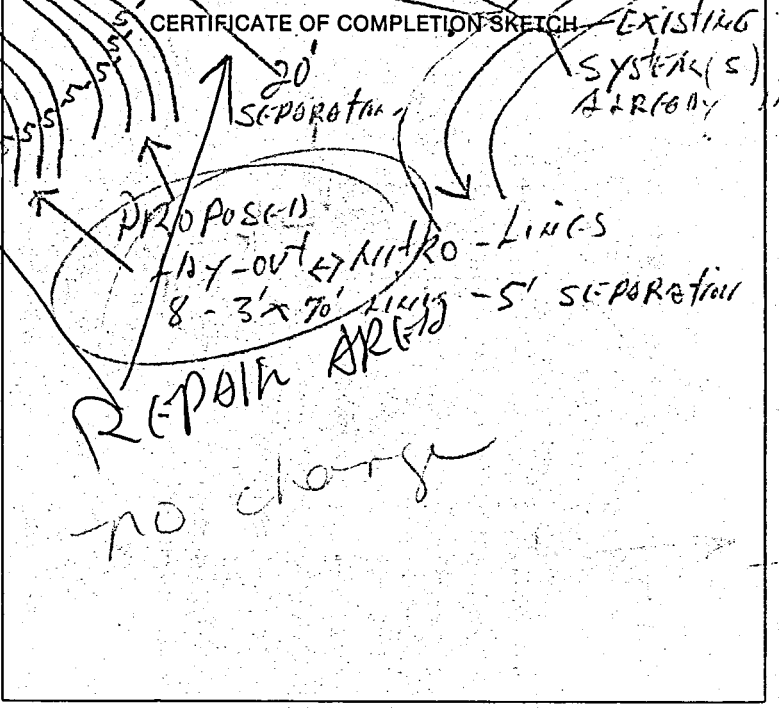
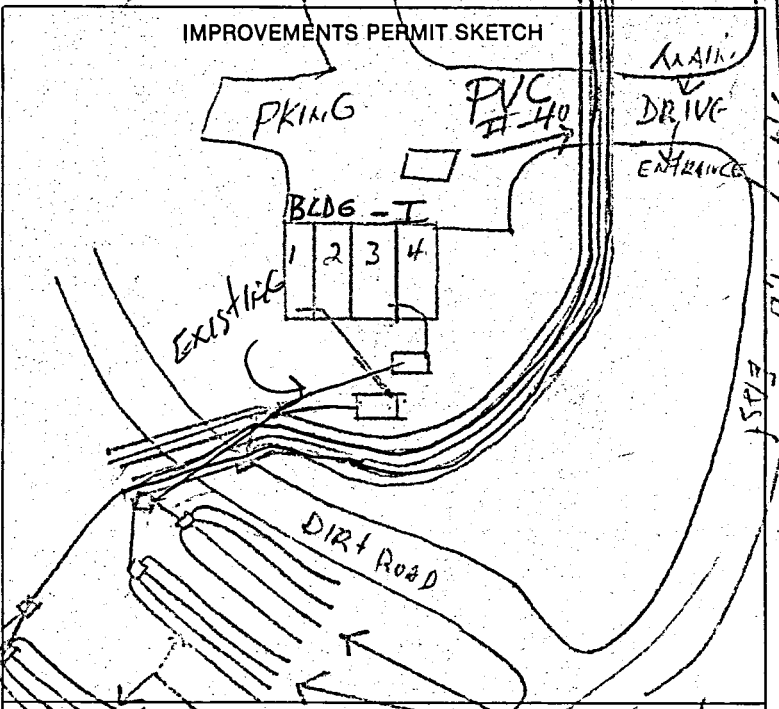
NO. OF LINES 8 WIDTH 3' FT. LENGTH 70' FT.
 PERCOLATION TEST SOIL TYPE III YES NO

WATER SUPPLY: INDIVIDUAL PUBLIC

SITE CLASSIFICATION: SOIL TYPE III
 SUITABLE PROV. SUITABLE
 UNSUITABLE

IMPROVEMENTS PERMIT: BY [Signature] DATE: 8-9-83

CERTIFICATE OF COMPLETION: BY [Signature] DATE: 11/30/83



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.

REPAIR AREA
 no charge

stem

TRAVELER COUNTY HEALTH DEPARTMENT

(Sewage Disposal System) Improvements Permit and Certificate of Completion
Sewage Treatment and Disposal Rules (10 NCAC 10 A .1934 - .1968)

Bldg. III

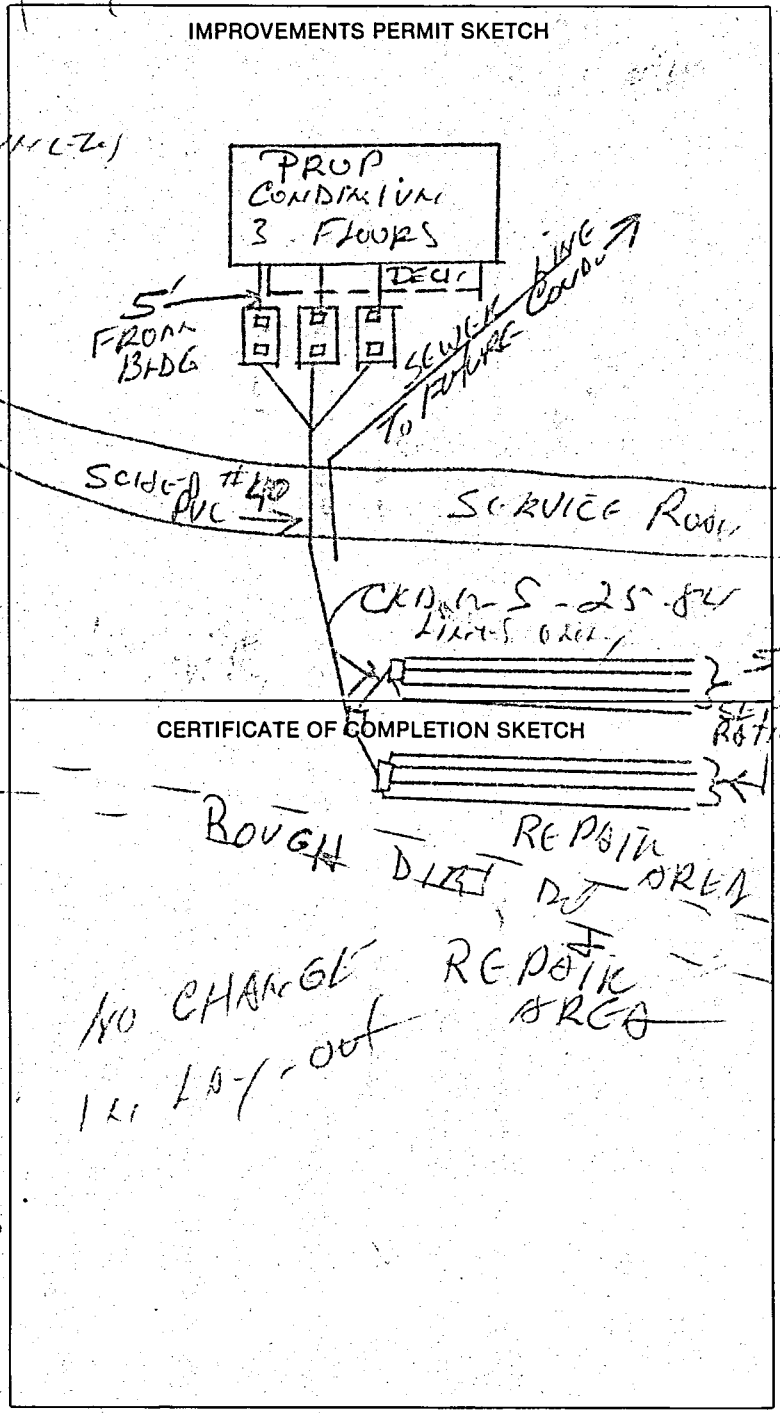
APPLICATION FOR AN IMPROVEMENTS PERMIT:

8521-07-3788-409
-410
-411

Owner TOXAWA VIEWS Address LAKI TOXAWAY
 Location of Property: TOXAWA - Hwy #64 - AROUK FAMILY KITCHEN ON LEFT
 Plat of Property: YES NO
 Type of Facility: House Mobile Home Business 6-UNITS - 2 B-DROOMS EACH (CONDO) - 12 B-DROOMS
 Estimated Sewage Flow: 1440 Gallons per day
 Type of Water Supply: Drilled Well Spring Other
 Signature of Owner or Authorized Agent: [Signature] Date: 11-8-83

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT [Signature] (Homeowner)
 LOCATION Association
 SUBDIVISION TOXAWA VIEWS
 LOT-NO. 3 SECT. OR BLOCK NO. _____
 BUILDING CONTRACTOR CHARIS YOUNG
 ADDRESS TOXAWA, NC
 SEPTIC TANK CONTRACTOR Ron GURBORN
 ADDRESS ARLORA NC
 HOUSE MOBILE HOME BUSINESS
 NO. BEDROOMS 12 NO. BATHROOMS 12
 SIZE OF SEPTIC TANK 3-1800 GAL TANKS GALS. (Liquid)
 MATERIAL: PRE-CAST BLOCK FIBERGLASS
 DISTRIBUTION BOX YES NO
 NO. OF LINES 8 WIDTH 3' FT. LENGTH 100' FT.
 PERCOLATION TEST YES NO
 WATER SUPPLY: INDIVIDUAL PUBLIC
 SITE CLASSIFICATION: SUITABLE
 PROV. SUITABLE
 UNSUITABLE
 IMPROVEMENTS PERMIT: DATE 11-8-83
 BY [Signature]
 CERTIFICATE OF COMPLETION: DATE [Signature]
 BY [Signature]



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.

TRANSCALVANIA 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)

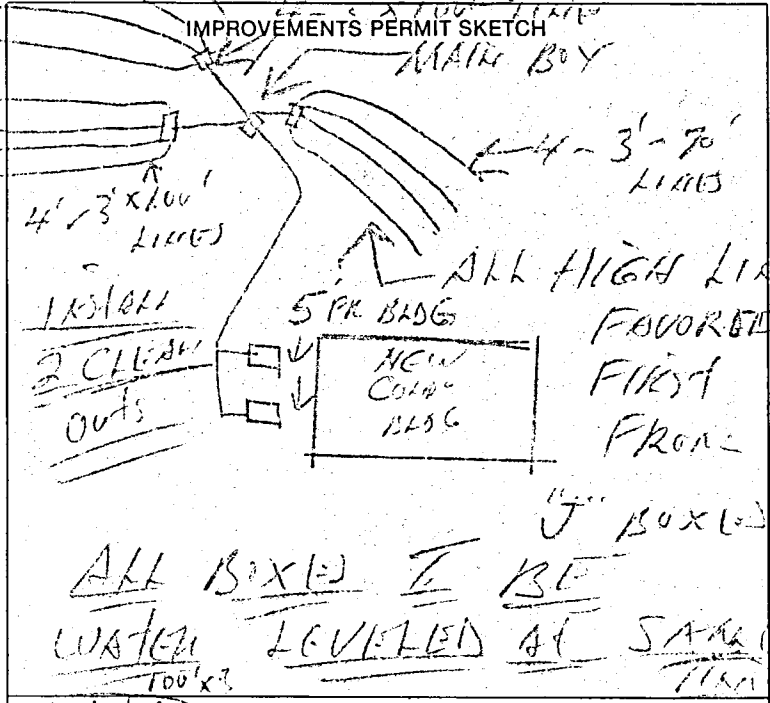
APPLICATION FOR AN IMPROVEMENTS PERMIT:

Owner Toxaway Views Inc Address _____
 Location of Property: Toxaway rd Lot 1 Part Family Tract
 Plat of Property: YES NO
 Type of Facility: House Mobile Home Business (Calm)
 Estimated Sewage Flow: 1920 Gallons per day
 Type of Water Supply: Drilled Well Spring Other
 Signature of Owner or Authorized Agent: Chris T. V... Date: 3-13-85

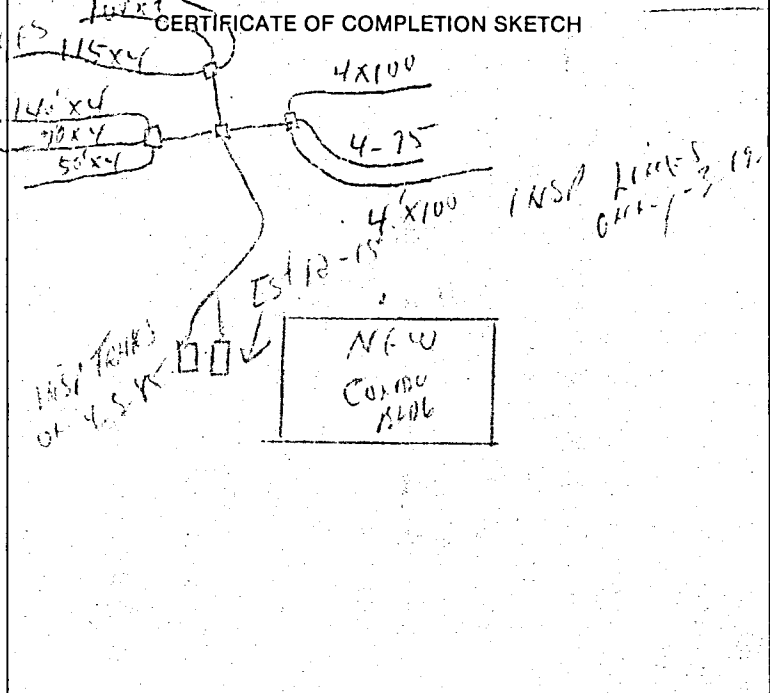
REPAIR AREA

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT SAME
 LOCATION _____
 SUBDIVISION Toxaway Views Inc
 LOT NO. 114 SECT. OR BLOCK NO. _____
 BUILDING CONTRACTOR SAME
 ADDRESS _____
 SEPTIC TANK CONTRACTOR ROE LUBBORN
 ADDRESS BREARD RD
 HOUSE MOBILE HOME BUSINESS (Calm)
 NO. BEDROOMS 11 NO. BATHROOMS 11
 SIZE OF SEPTIC TANK 2100 GALS. (Liquid)
 MATERIAL: PRE-CAST BLOCK FIBERGLASS
 DISTRIBUTION BOX YES NO (4)
 NO. OF LINES 4 WIDTH 3 FT. LENGTH 100 FT.
 PERCOLATION TEST YES NO (3)
 WATER SUPPLY: INDIVIDUAL PUBLIC
 SITE CLASSIFICATION: SUITABLE
 PROV. SUITABLE
 UNSUITABLE



IMPROVEMENTS PERMIT: DATE: 3-12-85
 BY: _____
 CERTIFICATE OF COMPLETION: DATE: 4-5-85
 BY: _____
4/5/85



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.

TRANSLVANIA 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)

APPLICATION FOR AN IMPROVEMENTS PERMIT:

Owner Toxaway Views Inc Address _____
 Location of Property: Toxaway on Lot 1 Part Family, Teterboro
 Plat of Property: YES NO
 Type of Facility: House Mobile Home Business (Color)
 Estimated Sewage Flow: 1920 Gallons per day
 Type of Water Supply: Drilled Well Spring Other
 Signature of Owner or Authorized Agent: Christopher Taylor Date: 3/13/85

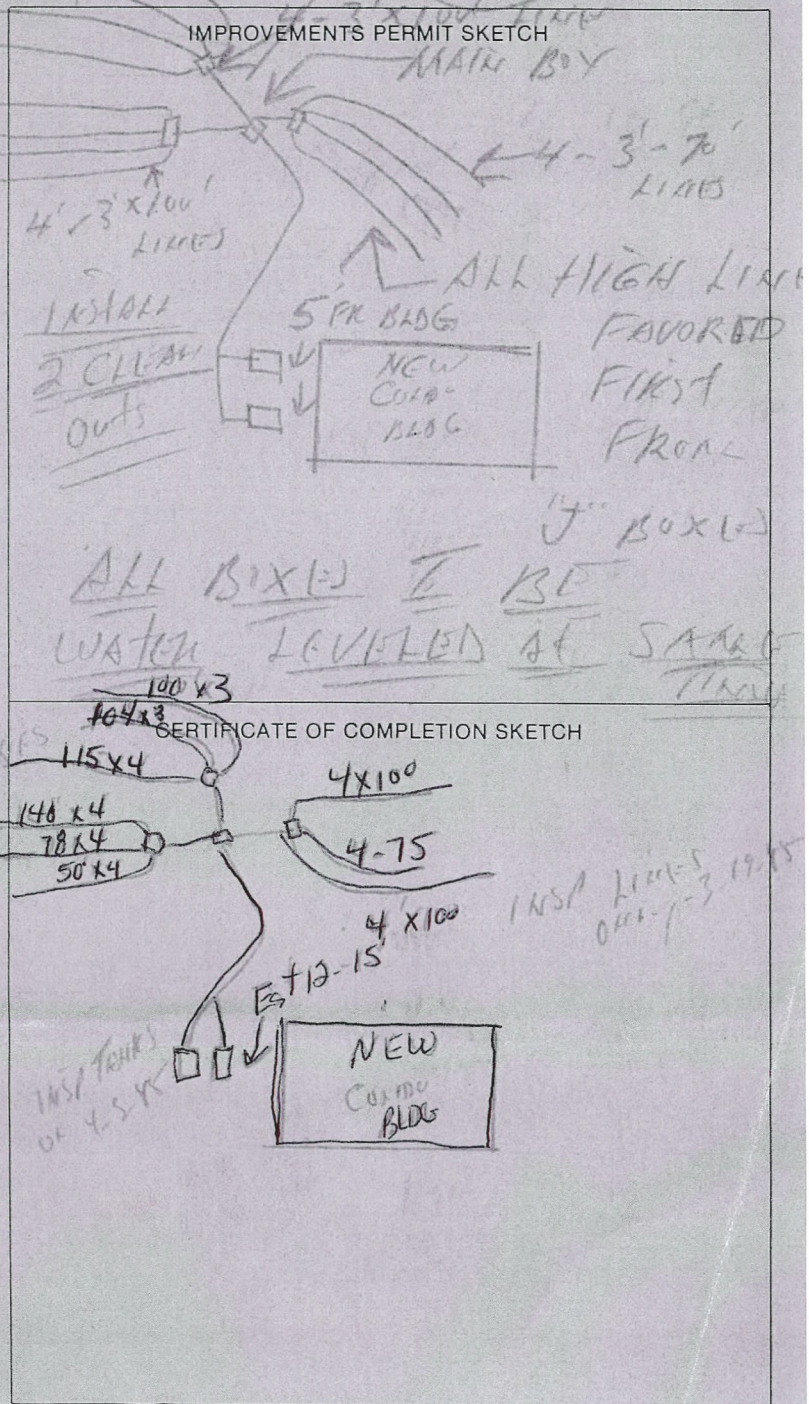
IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT SAME
 LOCATION _____
 SUBDIVISION Toxaway Views Inc
 LOT NO. #4 SECT. OR BLOCK NO. _____
 BUILDING CONTRACTOR SAME
 ADDRESS _____
 SEPTIC TANK CONTRACTOR Ron Hubbard
 ADDRESS BREWSTER HILL

HOUSE MOBILE HOME BUSINESS (Comm.)
 NO. BEDROOMS 16 NO. BATHROOMS 16
 SIZE OF SEPTIC TANK 2-2,200 TANKS GALS. (Liquid)

MATERIAL: PRE-CAST BLOCK FIBERGLASS
 DISTRIBUTION BOX YES NO
 NO. OF LINES 12 WIDTH 3 FT. LENGTH 100 FT.
 PERCOLATION TEST YES NO
 WATER SUPPLY: INDIVIDUAL PUBLIC
 SITE CLASSIFICATION: SUITABLE
 PROV. SUITABLE
 UNSUITABLE

IMPROVEMENTS PERMIT: DATE: 3/12/85
 BY _____
 CERTIFICATE OF COMPLETION: DATE: 4/5/85
 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.

01

8521-07-3788-429

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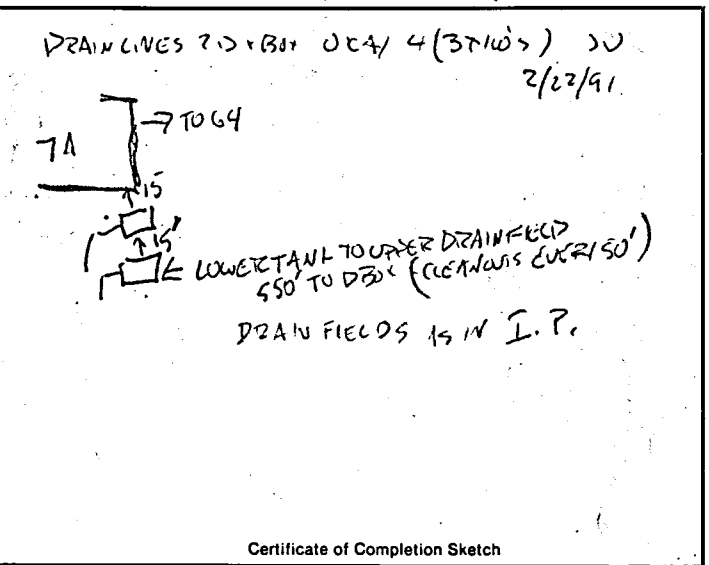
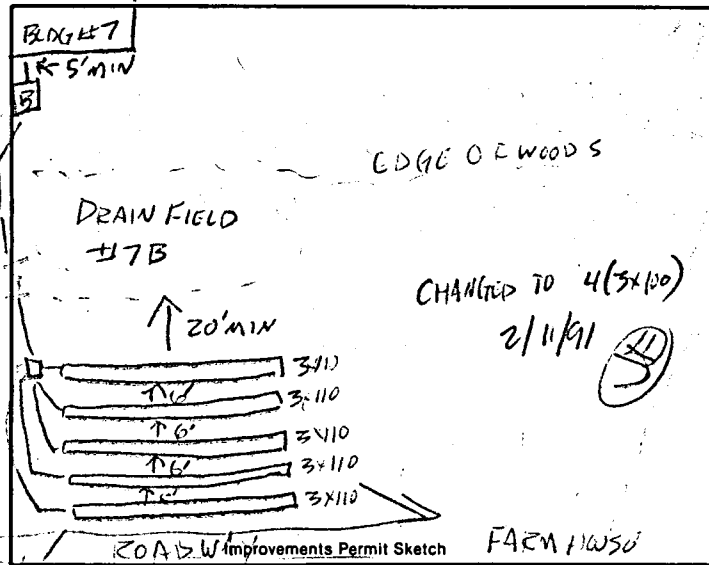
TRANSYLVANIA COUNTY HEALTH DEPARTMENT
Sewage Disposal System Improvements Permit and Certificate of Completion Sewage Treatment
and Disposal Rules (Article 11 of Chapter 130A of the General Statutes of North Carolina)

PERMIT VALID 5 YRS.
 FROM DATE OF ISSUANCE

Date: 10-31-90
 Owner/Agent: Toxaway Views, Inc. Jeanette Fisher agent
 Address: #308 Lake Toxaway NC 28747
 Location of Property: Hwy 64 thru Lake Toxaway, Left off 64 into Toxaway Views, between buildings 2 & 3 on left.

Receipt No.: 0120
 Phone No.: 966-4800

Subdivision: Toxaway Views Lot Number: #7 Section: 15 Plat of Property: Yes No
 Type of Facility: House Mobile Home Business Basement Yes No Basement Plumbing Yes No
 Number of Bedrooms: 8/6 Number of Bathrooms: 3 UNITS 8/6 Estimated Sewage Flow: 960 720 g/d
 Lot Size: 300 Ac Easements, Right-of-Ways, etc.: _____ Date Lot Recorded: PRI 83
 Type of Water Supply: Individual—Drilled Well Spring ; Public/Community
 Signature/Authorized Agent: Jeanette Fisher Date: 10/31/90



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

New System Repair Addition
 Size of Tank: 2200 1500 Application Rate: 0.6 g/gal/d
 No. of Lines: 4 Width: 3 Linear Ft.: 16100
 Square Ft.: 1650 Maximum Trench Depth: 24"

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: Jeanette Fisher 11/07/90
 By: John Winston R.S. 11/7/90

Building Contractor: SELF
 System Installed by: RON HUBBARD

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: John Winston R.S. 2/25/91
 Date

EXISTING SYSTEM: Addition/Remodeling Relocation

System functioning properly at time of inspection and is approved for proposed additions/renovations.
 By: _____ Date

Color Codes: Owner—White; Health Dept.—Green; Improvements Permit—Pink
 * DRAINFIELD IN FIELD BETWEEN FARMHOUSE & CONYOS BELOW CHRISTMAS TREE'S CONYD 'B' ON LOWER PART OF FIELD

Drives,
Contains 2

C.O.C.

See attached

8521-07-3788-

C.O.C.

437

440

438

441

439

442

Funn

TOXAWAY VIEWS
Name: _____

**TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION**

Pin #/Tax ID 8521-07-3788-000

Permit #: 99-276

8521-07-3788-801

Receipt No 10326 \$150

*Property
Arden
Condos
JK
2016*

Agent/Owner: TOXAWAY VIEWS, INC.

Mailing Address: 1307 Toxaway Views., Lake Toxaway, NC 28747

Home Phone #: ()

Work Phone #: () Tony Fisher 966-4800 or 966-3444

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: ()

Work Phone #: ()

Property Location: Hy. 64 west Subdivision: TOXAWAY VIEWS Phase/Sect.: _____ Lot #: # 801

Directions to property: 2 miles west of Toxaway Falls - right on 64 - bend of 64 - on left turn into Toxaway Views - 2nd building site on right.

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Unknown	
Inspections	
Flood Zone	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Initials _____	Date _____

Installation for: Mobile Home Single Double House 3 condos - 2 will be one bedroom - 1 will be 2 bedrooms
No. Bedrooms: _____ 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: 15 ac. Date lot recorded: 1981 Right of ways, easements, etc. road/utilities 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: 2/22/99

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

★ Unit # 801

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) Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Tract F-IA (0.17ac) serves Condo unit #801 Supply lines + cleanout caps are marked with Roman Numeral "I"

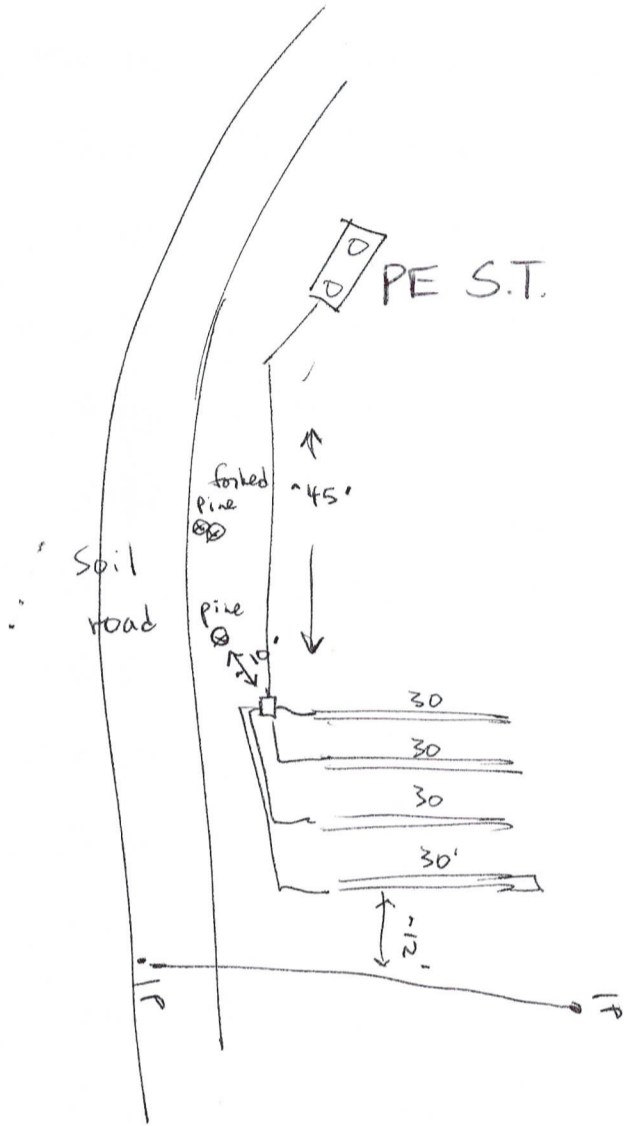
Installed by: Delbert Galloway Final Inspection by: James A Bayer, RS Date: 4/25/03

"As Built"

Unit 1 (or Tract F)
1A

3.24.00

FN



JB 4/4/03 ✓ needs filter
✓ needs outlet sealed good

✓ ★ Need new lid on outlet on S.T. (Norwesco)
JB 4/24/03

File Name: TOXAWAY VIEWS

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8521-07-3788-000

Permit #: 99-283

8521-07-3788-802 Receipt No 10808 \$150

Agent/Owner: TOXAWAY VIEWS, INC.

Mailing Address: 4307 Toxaway Views Lake Toxaway, NC 28747

Home Phone #: ()

Work Phone #: () 966-9444 966-4800 Tony Fisher

Proposed Buyer:

Mailing Address:

Home Phone #: ()

Work Phone #: ()

Property Location: Hwy. 64 West

Subdivision: TOXAWAY VIEWS

Phase/Sect.:

Lot #: 802

Directions to property: 2 miles west of Toxaway Falls - Right on 64 - bend of 64 - on left - turn into

Toxaway Views - 2nd building site on right.

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Unknown	
Inspections	
Flood Zone	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Initials _____	Date _____

Installation for: Mobile Home Single Double House No. Bedrooms: 2 CONDO 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: 15 ac Date lot recorded: 1981 Right of ways, easements, etc. road/utilities 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.

5-14-99

Applicant/Agent Signature: _____

Date: _____

ON-SITE WASTEWATER DISPOSAL SYSTEM * Unit # 802
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 (EZFlow) Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency NA years.

Comments: Tract F-8 (0.24ac) serves Condo unit #802 Supply lines
cleanout caps are marked with Roman numeral "II"

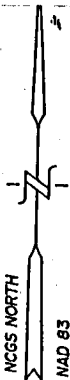
Installed by: Delbert Galloway Final Inspection by: James A Boyer, RS Date: 4/30/03

FILE NAME: TOXAWAY VIEWS

PERMIT #99-283

PIN # 8521-07-3788-000

UNIT 8 802



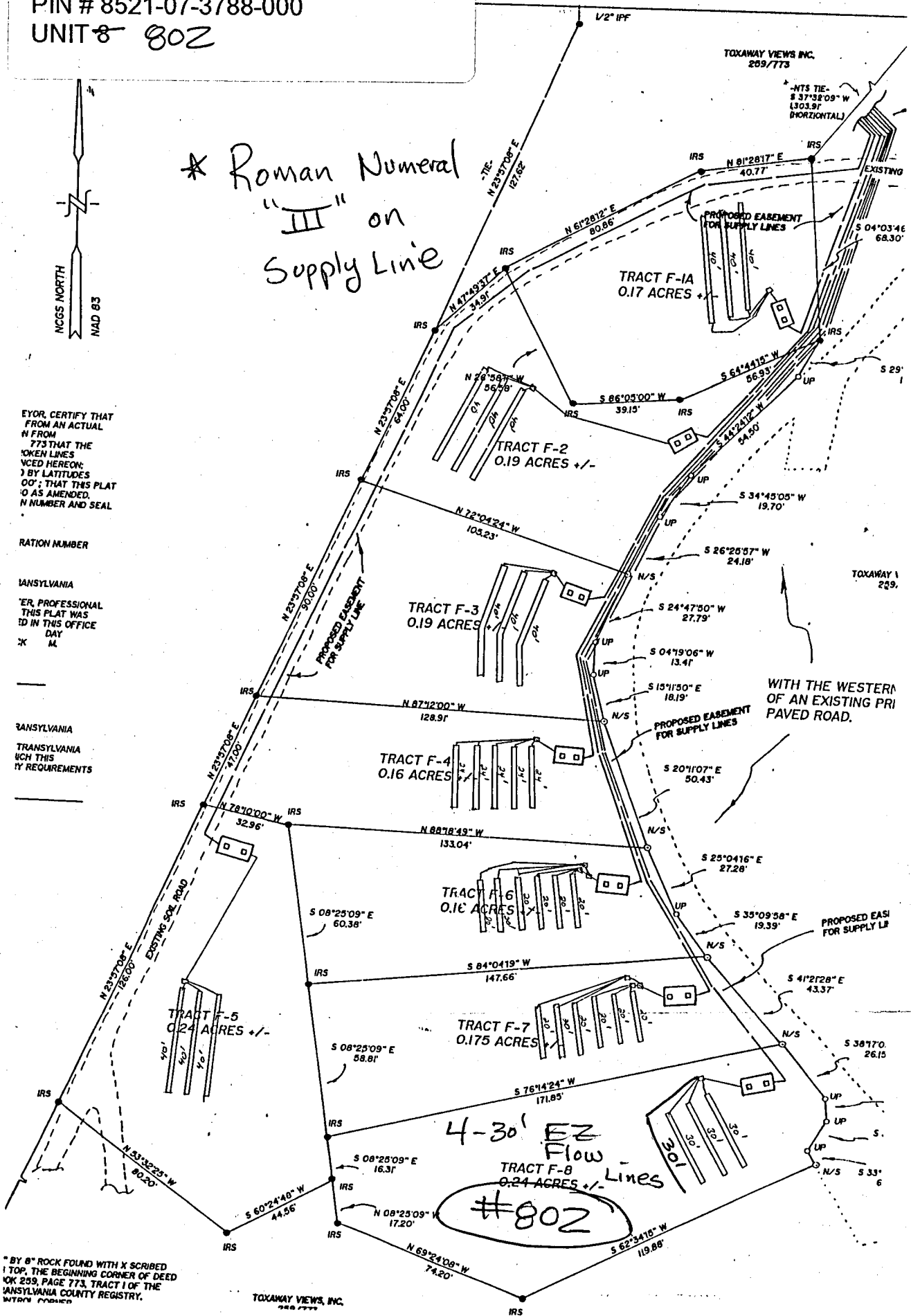
* Roman Numeral "III" on Supply Line

BY, I CERTIFY THAT FROM AN ACTUAL SURVEY OF THE PROPERTY, I HAVE FOUND THAT THE LINES SHOWN ON THIS PLAT ARE THE TRUE AND CORRECT LINES AS SHOWN ON THE ORIGINAL RECORD MAP AS AMENDED. I HAVE MEASURED AND SEAL THIS PLAT.

PROFESSIONAL NUMBER

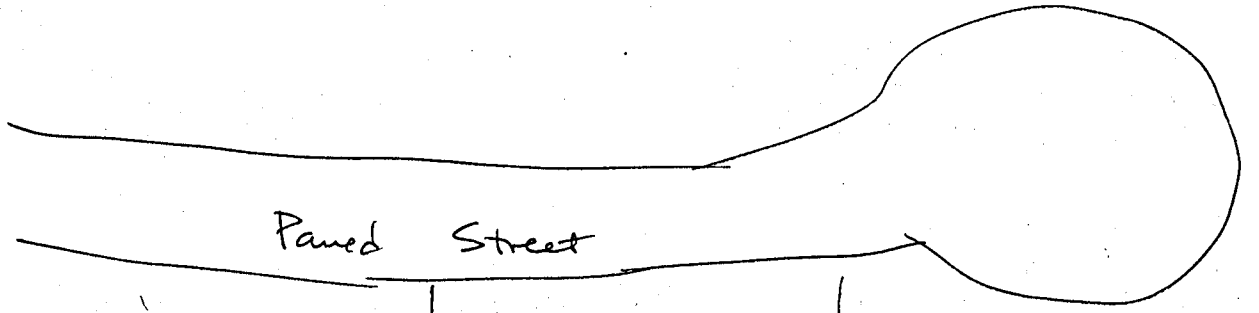
PENNSYLVANIA REGISTERED PROFESSIONAL SURVEYOR THIS PLAT WAS PREPARED BY ME ON THIS DAY OF 2008.

PENNSYLVANIA REQUIREMENTS



* BY 8" ROCK FOUND WITH X SCRIBED AT TOP, THE BEGINNING CORNER OF DEED BOOK 259, PAGE 773, TRACT I OF THE PENNSYLVANIA COUNTY REGISTRY, INTRODUCTION

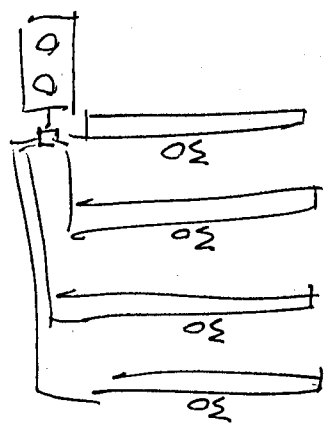
TOXAWAY VIEWS, INC. 209/773



Paved Street

oo

oo



Tract
F-8

FN

3.24.00

File Name: TOXAWAY VIEWS

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8521-07-3788-003

Permit #: 99-278

8521-07-3788-803

Receipt No 10363 5159

Agent/Owner: TOXAWAY VIEWS, INC.

Mailing Address: 1307 Toxaway Views, Lake Toxaway, NC 28747

Home Phone #: () _____

Work Phone #: () 956-9444 956-4909 Tony Fisher

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: Hwy. 64 west Subdivision: TOXAWAY VIEWS Phase/Sect.: Unit 3 Lot #: 803
Road/Street

Directions to property: 2 miles west of Toxaway Falls - right on 64 - bend of 64 - on left - turn into Toxaway Views - 2nd building site on right.

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Inspections		
Flood Zone		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Initials _____	Date _____	

Installation for: Mobile Home Single Double House No. Bedrooms: 2 Basement: Yes No With Plumbing: Yes No Ind./Commercial Other **CONDO**

If Indust./Commercial/Other: Number of employees: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes No

Lot size: 15 ac. Date lot recorded: 1981 Right of ways, easements, etc. road/utilities 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: 5-14-99

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

* Unit # 803

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 (EZFlow) Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Tract F-3 (0.19 ac) serves Condo unit # 803 Supply lines & cleanout caps marked with Roman Numeral "III"

Installed by: Delbert Galloway Final Inspection by: Jamesa Bayer, RS Date: 4/30/03

File Name: TOXAWAY VIEWS
Permit #: 99-279
Agent/Owner: TOXAWAY VIEWS, INC.

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

JK
2016
8521-07-3788-805
Pin #/Tax ID: 8521-07-3788-000
Receipt No: 10808 \$160

Home Phone #: ()
Proposed Buyer:
Home Phone #: ()
Property Location: Hwy. 64 west Subdivision: TOXAWAY VIEWS Phase/Sect.: Unit 7 Lot #: 805
Mailing Address: 4307 Toxaway Views., Lake Toxaway, NC 28747
Work Phone #: () 966-9444 956-4900 Tony Fisher
Mailing Address:

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Inspections		
Flood Zone		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Initials _____	Date _____	

Directions to property: 2 miles west of Toxaway Falls - right on 64 - bend of 64 - on left - turn into Toxaway Views - 2nd building site on right.

Installation for: Mobile Home Single Double House No. Bedrooms: 2 condo 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: 15 ac. Date lot recorded: 1981 Right of ways, easements, etc. road/utilities 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: 5-14-99

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

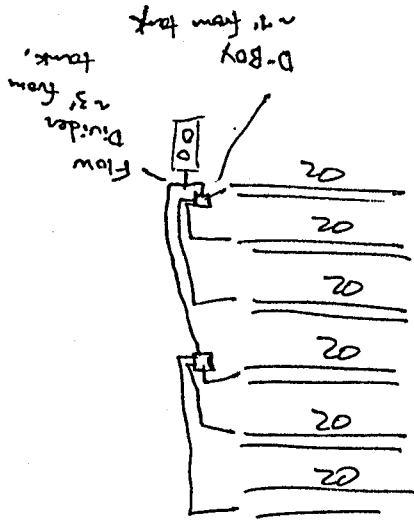
* Unit # 805

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) Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Tract F-4 (0.16 acres) serves Condo unit #805 Supply lines & cleanout caps marked with Roman Numeral "V"

Installed by: Delbert Galloway Final Inspection by: James A Bayer, RS Date: 4/30/03



Unit 4 (or Tract F-4)

6.20' trenches OK

3.24.00

FN

File Name: TOXAWAY VIEWS

**TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION**

*JL
2016*

Pin #/Tax ID 8521-07-3788-000

Permit #: 99-281

8521-01-3788-806

Receipt No 10500 \$150

Agent/Owner: TOXAWAY VIEWS

Mailing Address: #307 Toxaway Views., Lake Toxaway, NC

Home Phone #: ()

Work Phone #: () 966-7444 966-4800 Tony Fisher

Proposed Buyer:

Mailing Address:

Home Phone #: ()

Work Phone #: ()

Property Location: Hwy. 64 west

Subdivision: TOXAWAY VIEWS

Phase/Sect.: UNIT 6 Lot #: 806

Directions to property: 2 miles west of Toxaway Falls - right on 64 - bend of 64 - on left - turn into

Toxaway Views - 2nd building site on right

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Unknown	
Inspections	
Flood Zone	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Initials _____	Date _____

Installation for: Mobile Home Single Double House No. Bedrooms: 2 CONDO 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: 15 ac. Date lot recorded: 1931 Right of ways, easements, etc. road/utilities 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: 5-11-03

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

* Unit # 806

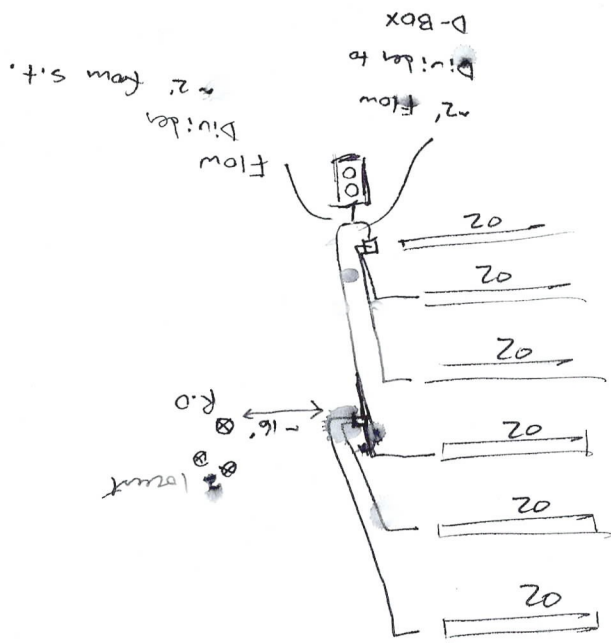
The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 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) Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Tract F-6 (0.16ac) serves Condo unit #806 Supply lines
+ clean out caps are marked with Roman numeral "VI"

Installed by: Delbert Galloway

Final Inspection by: James A Bayer, RS Date: 4/30/03



Unit 6 (or Track F-6)

FN 3.24.00

6-20 trenches OK.

~~3.29.00~~

s.t. + piping OK.

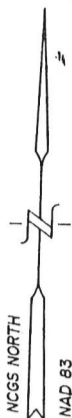
FN

FILE NAME: TOXAWAY VIEWS

PERMIT #99-281

PIN # 8521-07-3788-000

UNIT # 806



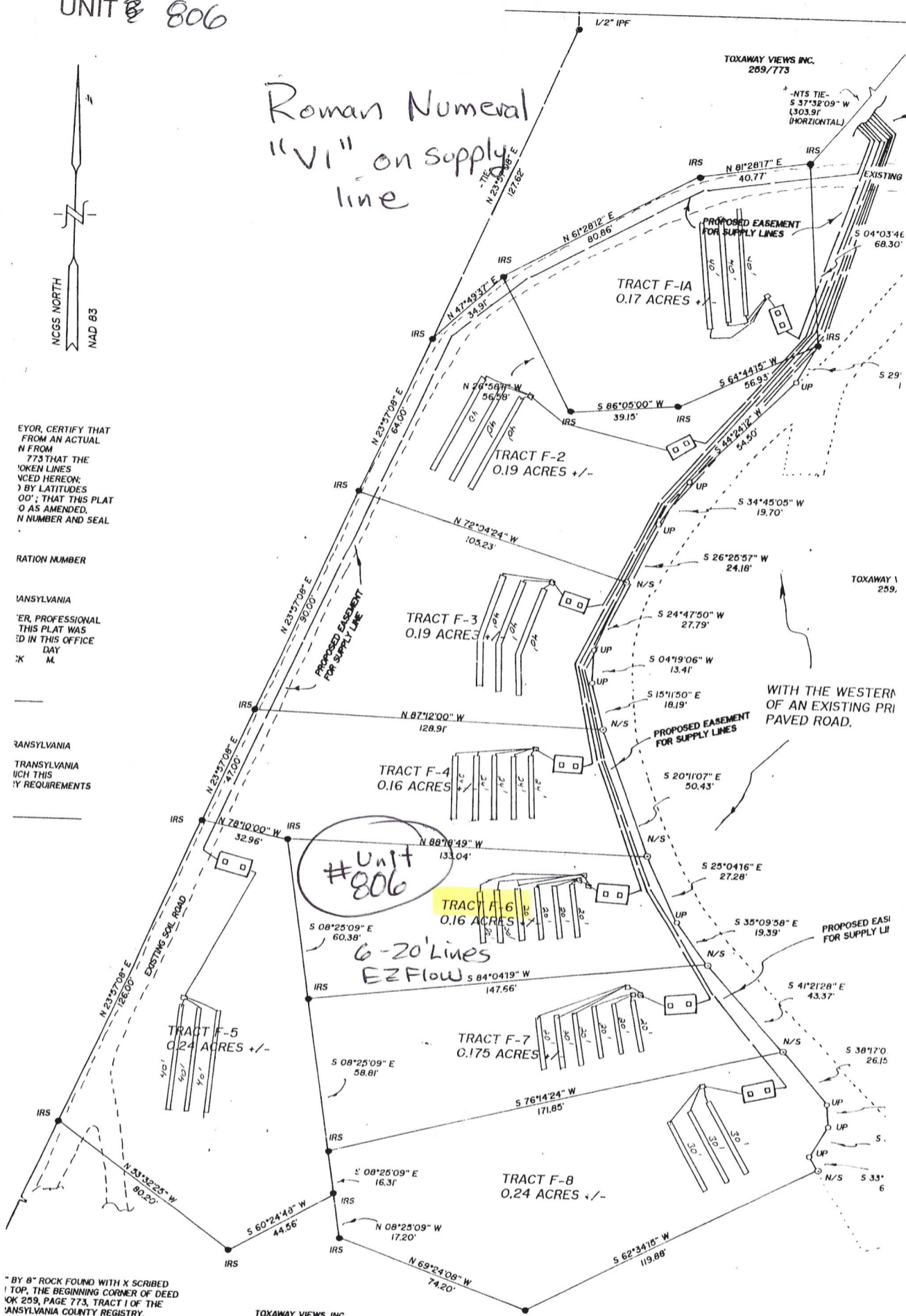
Roman Numeral "VI" on supply line

BY, CERTIFY THAT FROM AN ACTUAL SURVEY OF THE PROPERTY THAT THE LINES SHOWN ON THIS PLAT ARE THE TRUE AND CORRECT LINES BY LATITUDES AND LONGITUDES AS AMENDED BY THE RECORDS OF THE COMMONWEALTH OF PENNSYLVANIA.

SECTION NUMBER

PENNSYLVANIA REGISTERED PROFESSIONAL SURVEYOR THIS PLAT WAS PREPARED IN THIS OFFICE ON THIS DAY OF 2008 BY ME

PENNSYLVANIA REGISTERED PROFESSIONAL SURVEYOR THIS PLAT MEETS THE REQUIREMENTS OF THE PENNSYLVANIA SURVEYING ACT OF 1980.



"BY 8" ROCK FOUND WITH X SCRIBED AT TOP, THE BEGINNING CORNER OF DEED BOOK 259, PAGE 773, TRACT 1 OF THE COMMONWEALTH OF PENNSYLVANIA COUNTY REGISTRY.

TOXAWAY VIEWS, INC. 259/773

File Name: TOXAWAY VIEWS
Permit #: 99-279
Agent/Owner: TOXAWAY VIEWS, INC.

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

JK
2016

Pin #/Tax ID 8521-07-3788-000

8521-07-3788-805

Receipt No 10808 \$160

Home Phone #: () _____
Proposed Buyer: _____
Home Phone #: () _____

Mailing Address: 4307 Toxaway Views., Lake Toxaway, NC 28747

Work Phone #: () 966-9444 956-4900 Tony Fisher

Mailing Address: _____

Work Phone #: () _____

Property Location: Hwy. 64 west Road/Street
Subdivision: TOXAWAY VIEWS Phase/Sect.: _____ Lot #: Unit 7

Directions to property: 2 miles west of Toxaway Falls - right on 64 - bend of 64 - on left - turn into Toxaway Views - 2nd building site on right.

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Inspections		
Flood Zone		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Initials _____	Date _____	

Installation for: Mobile Home Single Double House No. Bedrooms: 2 **condo** 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: 15 ac. Date lot recorded: 1981 Right of ways, easements, etc. road/utilities 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: [Signature] Date: 5-14-99

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

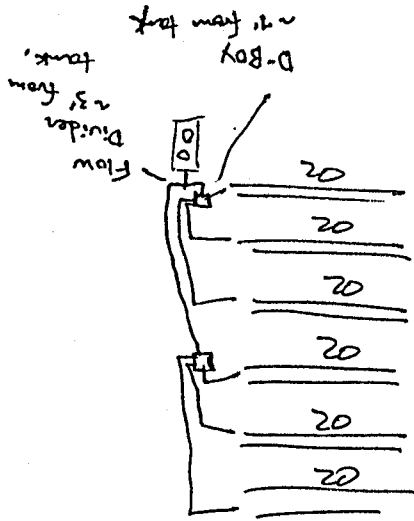
* Unit # 805

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) Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Tract F-4 (0.16 acres) serves Condo unit #805 Supply lines & cleanout caps marked with Roman Numeral "V"

Installed by: Delbert Galloway Final Inspection by: James A Bayer, RS Date: 4/30/03



Unit 4 (or Tract F-4)

6.20' trenches OK

3.24.00

FN

FILE NAME: TOXAWAY VIEWS

PERMIT #99-279

PIN # 8521-07-3788-000

UNIT # 805



* Supply line Shows Roman Numeral "V" Numerical "V"

BYOR, CERTIFY THAT FROM AN ACTUAL N FROM 773 THAT THE OPEN LINES VENCED HEREON;) BY LATITUDES 00'; THAT THIS PLAT IO AS AMENDED. N NUMBER AND SEAL

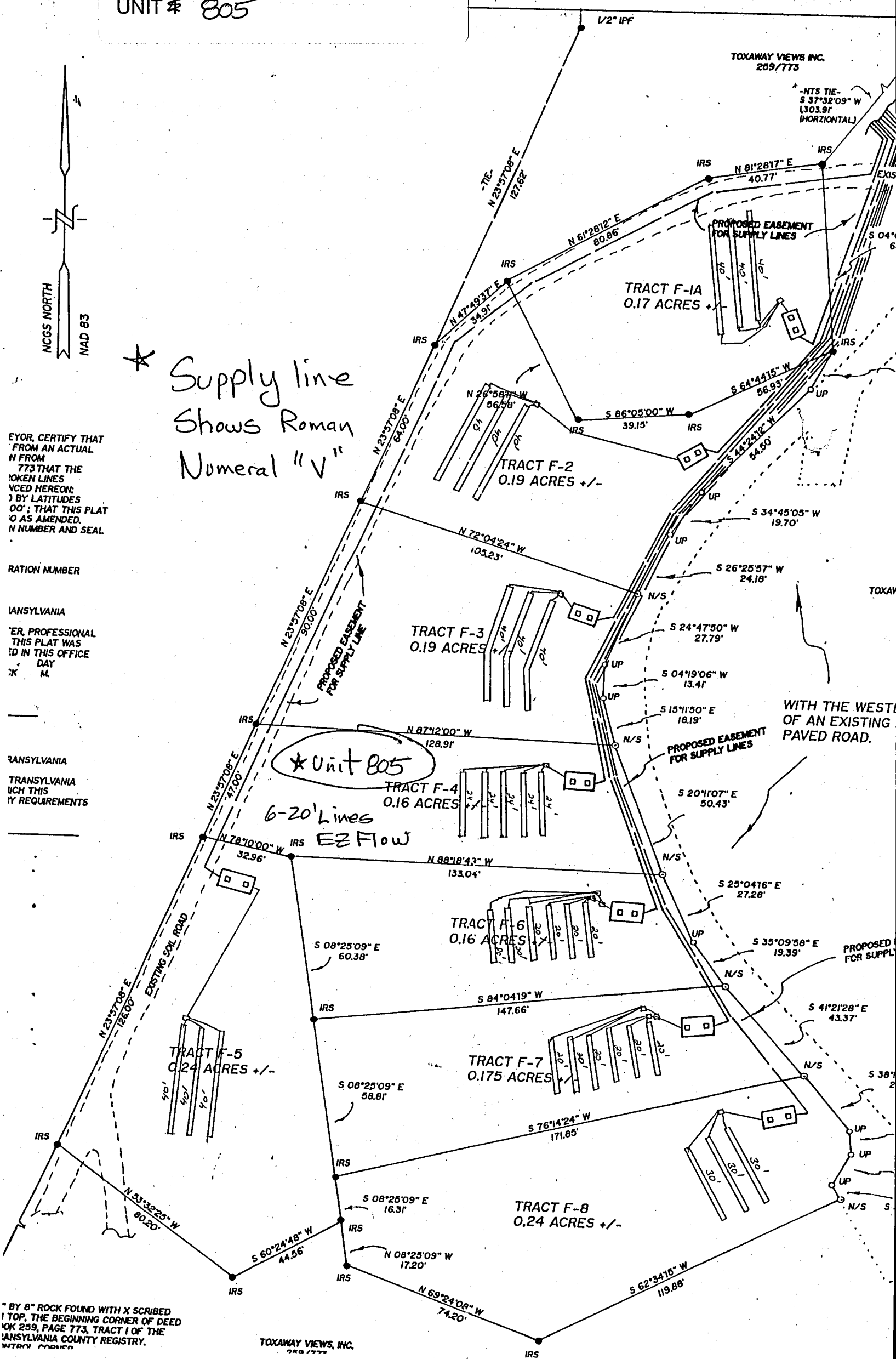
RATION NUMBER

ANSYLVANIA

ER, PROFESSIONAL THIS PLAT WAS IN THIS OFFICE DAY M.

ANSYLVANIA

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* BY 8" ROCK FOUND WITH X SCRIBED I TOP, THE BEGINNING CORNER OF DEED OK 259, PAGE 773, TRACT I OF THE ANSYLVANIA COUNTY REGISTRY. WTRON CORNER

TOXAWAY VIEWS, INC. 259/773

File Name: TOXAWAY VIEWS

**TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION**

9/16
2016

Pin #/Tax ID 8521-07-3788-000

Permit #: 99-281

8521-01-3788-806

Receipt No 10500 \$150

Agent/Owner: TOXAWAY VIEWS

Mailing Address: #307 Toxaway Views., Lake Toxaway, NC

Home Phone #: ()

Work Phone #: () 966-7444 966-4800 Tony Fisher

Proposed Buyer:

Mailing Address:

Home Phone #: ()

Work Phone #: ()

Property Location: Hwy. 64 west Road/Street

Subdivision: TOXAWAY VIEWS Phase/Sect.: UNIT 6 Lot #: 806

Directions to property: 2 miles west of Toxaway Falls - right on 64 - bend of 64 - on left - turn into

Toxaway Views - 2nd building site on right

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Inspections		
Flood Zone		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Initials _____	Date _____	

Installation for: Mobile Home Single Double House No. Bedrooms: 2 CONDO 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: 15 ac. Date lot recorded: 1931 Right of ways, easements, etc. road/utilities Water Supply: Private: Spring Well Shared Supply Public/Community

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Applicant/Agent Signature: _____ Date: 5-11-03

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

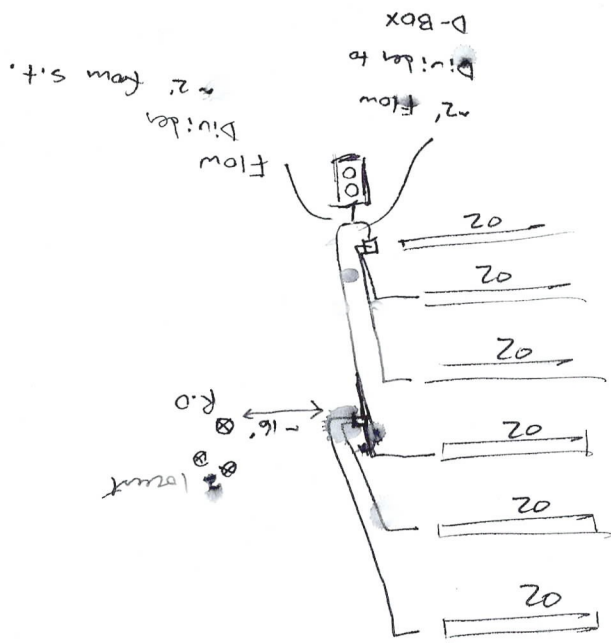
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Installed by: Delbert Galloway Final Inspection by: James A Bayer, RS Date: 4/30/03



Unit 6 (or Track F-6)

FN 3.24.00

6-20 trenches OK.

~~3.29.00~~

s.t. + piping OK.

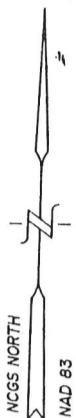
FN

FILE NAME: TOXAWAY VIEWS

PERMIT #99-281

PIN # 8521-07-3788-000

UNIT # 806



Roman Numeral
"VI" on supply
line

BY, CERTIFY THAT
FROM AN ACTUAL
N FROM
773 THAT THE
OPEN LINES
CED HEREON:
BY LATITUDES
DO"; THAT THIS PLAT
O AS AMENDED,
N NUMBER AND SEAL

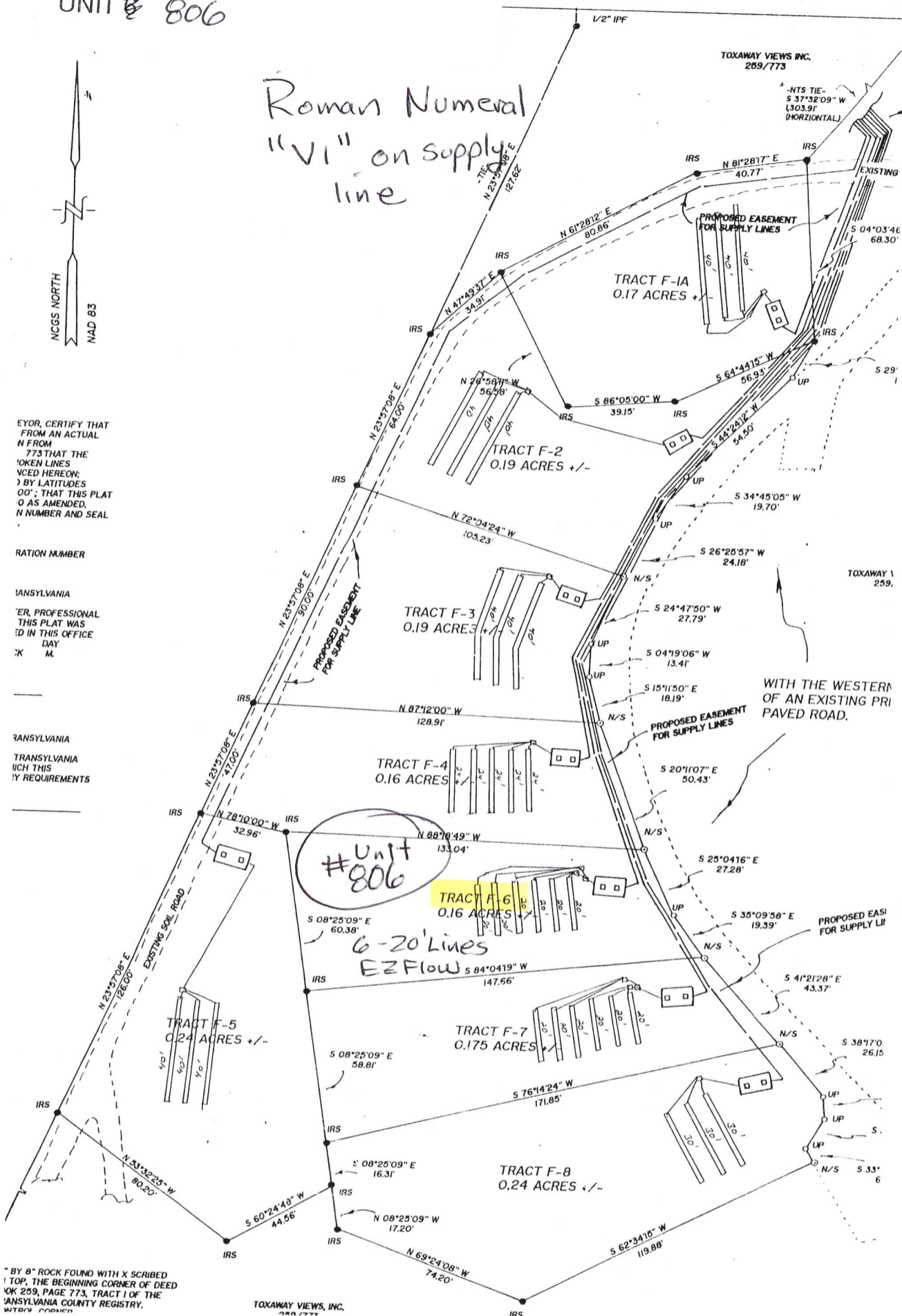
RATION NUMBER

ANSYLVANIA

ER, PROFESSIONAL
THIS PLAT WAS
ID IN THIS OFFICE
DAY
K M.

ANSYLVANIA

TRANSYLVANIA
ICH THIS
Y REQUIREMENTS



"BY 8" ROCK FOUND WITH X SCRIBED
TOP, THE BEGINNING CORNER OF DEED
OK 259, PAGE 773, TRACT 1 OF THE
ANSYLVANIA COUNTY REGISTRY.
WTRV COPY

TOXAWAY VIEWS, INC.
259/773