

File Name: CHASEWOOD

TRANSLYVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

8574-03-5423-010
Pin #/Tax ID

182040 1250
Receipt No

Permit #: 25-111-001

Agent/Owner: CHASEWOOD CONSERVATION LLC

Mailing Address: 30 CARPENTER RD., DEWEARD, NC

Home Phone #: Greg Nelson 894-2038

Work Phone #: CONTACT: JOHN WINSTON 894-6993

Proposed Buyer:

Mailing Address:

Home Phone #:

Work Phone #:

Property Location: Island Ford Rd

Subdivision: Chasewood

Phase/Sect:

Lot #: 5

Directions to property: County Club to intersection with Island Ford - turn right - prop on right

Is the property in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Flood Zone Inspections	
<input type="checkbox"/> 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: 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: 1.56 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: *Greg Nelson*

Date: 1/26/07

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: *III* Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

Comments: *Richie Case (RE construction - owner): two 100' EZF low trenches for a three bedroom house*

Installed by: *Chad Cobe* Final Inspection by: *Alisa Smith MSRS* Date: *12/30/2005*

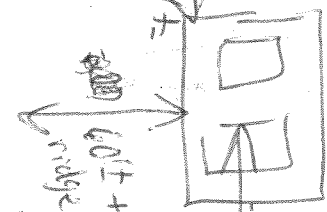
This whole area of cleared vegetation

Wooded

Wooded

HOUSE CORNERS
Staked - No construction

10/12/2005
K-11000
STB-141
25ft



60ft to
average top

cleared to
P/L of
vegetation

46ft

8'

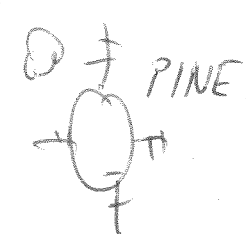
D-box

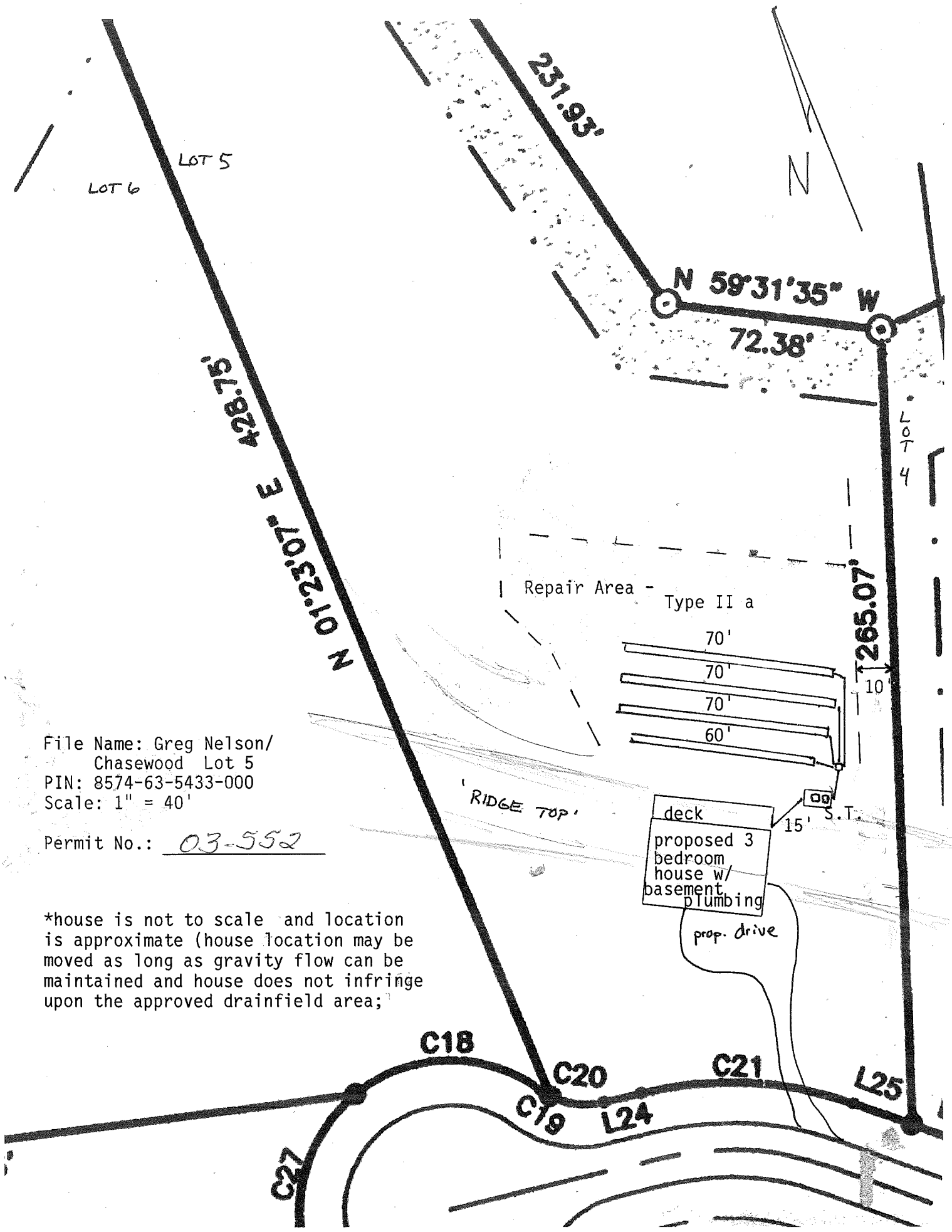
15ft

P/L

100' EZ flow

100' EZ flow





File Name: Greg Nelson/
 Chasewood Lot 5
 PIN: 8574-63-5433-000
 Scale: 1" = 40'

Permit No.: 03-552

*house is not to scale and location is approximate (house location may be moved as long as gravity flow can be maintained and house does not infringe upon the approved drainfield area;