

File Name: FLYNN, DORISTRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

8585-15-5839-000

Pin #/Tax ID

Permit #: 01-063Agent/Owner: FLYNN, DORISMailing Address: 75 Rosman Hwy Brevard, NCHome Phone #: () c/o Lanoid Moore Roto-Rooter Work Phone #: () 885-8211

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: 415

Work Phone #: () _____

Property Location: 75 Rosman Hwy

Subdivision: _____

Phase/Sect.: _____

Lot #: _____

Road/Street

Directions to property: Hwy. 64 west - 2nd house on left (b rick) past Eldridge Motorspast Forest Hill 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: 1925

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.

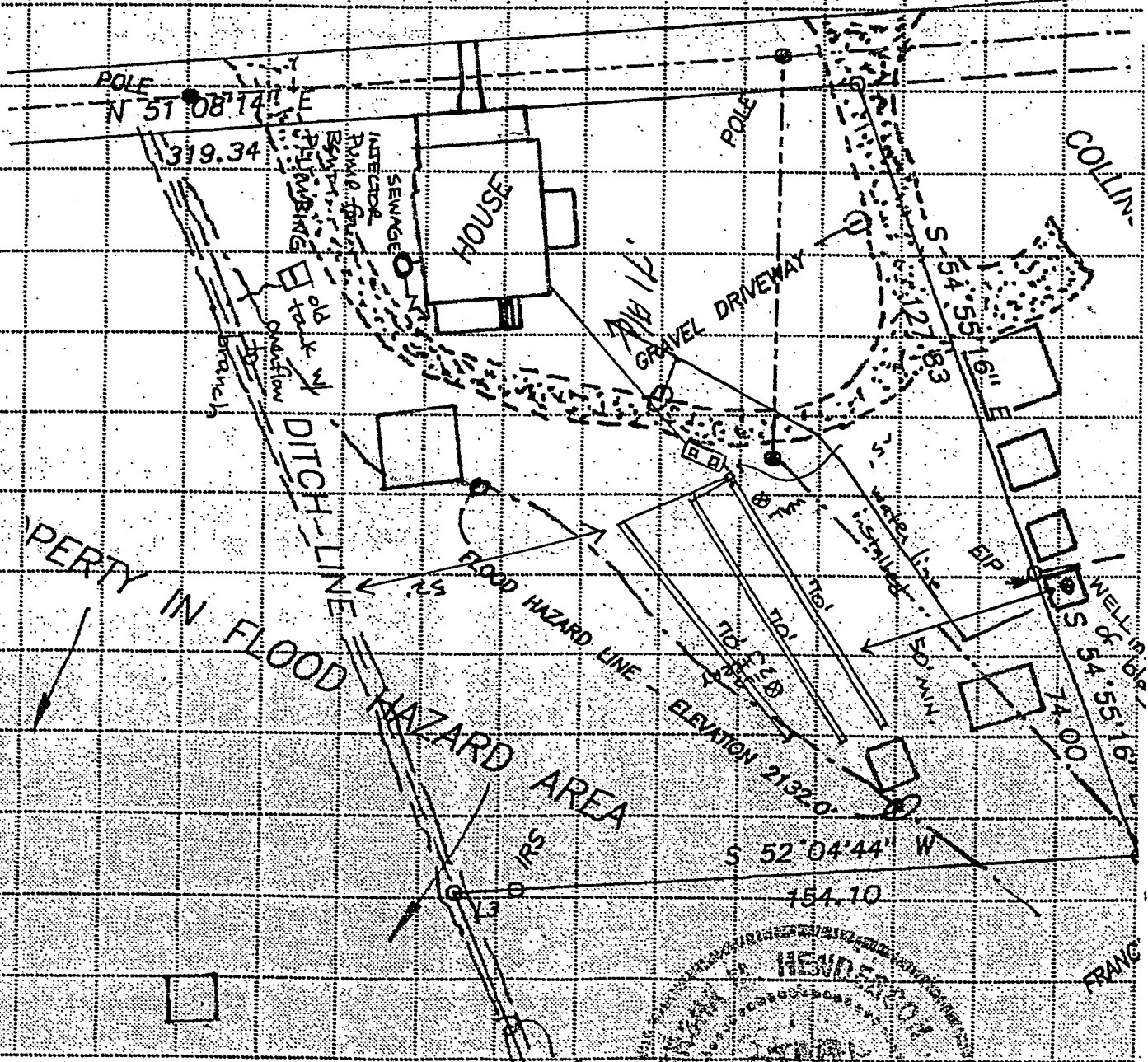
Applicant/Agent Signature: _____

Date: 111 2-1-01ON-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: IIa Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency _____ years.Comments: Plumbing abandoned. Toilet & sink removed - floor drains filled with concrete.
-tank crushed & filled in.Installed by: Lanoid Moore (Roto Rooters - HVI) Final Inspection by: [Signature] RS Date: 3-16-01

HIGHWAY 64



File Name: D. S. Smith
 Permit No.: 01-063
 Pin No.: 8585 15 5639 002
 TRANSMEDIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM