

File Name: _____

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

Pin #/Tax ID _____

Permit #: 02-388

Receipt No _____

Agent/Owner: LINE RUNNER

Mailing Address: _____

Home Phone #: (____) _____

Work Phone #: (____) _____

Proposed Buyer: PHILLIPS, TIM
854-4503

Mailing Address: 341 Cascade Lake Rd. Brevard, NC

Home Phone #: (____) _____

Work Phone #: (____) _____

Property Location: Pisgah forest Drive

Subdivision: Pisgah Foest Estates Phase/Sept.: _____ Lot #: 23-B

Road/Street

Directions to property: Sverette Farm to Hart Rd. - right into Pisgah Forest Estates -
2 miles - prop on left

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: 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: 1.8 Date lot recorded: after 1983 Right of ways, easements, etc. no 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: 8-23-02

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

**Notice:
Well must be located at least
100 ft. from any part of the
septic system.**

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

Comments: No vehicular traffic over system areas

Installed by: Tim Phillips

Final Inspection by: James A Bayer, RS Date: 7/29/03

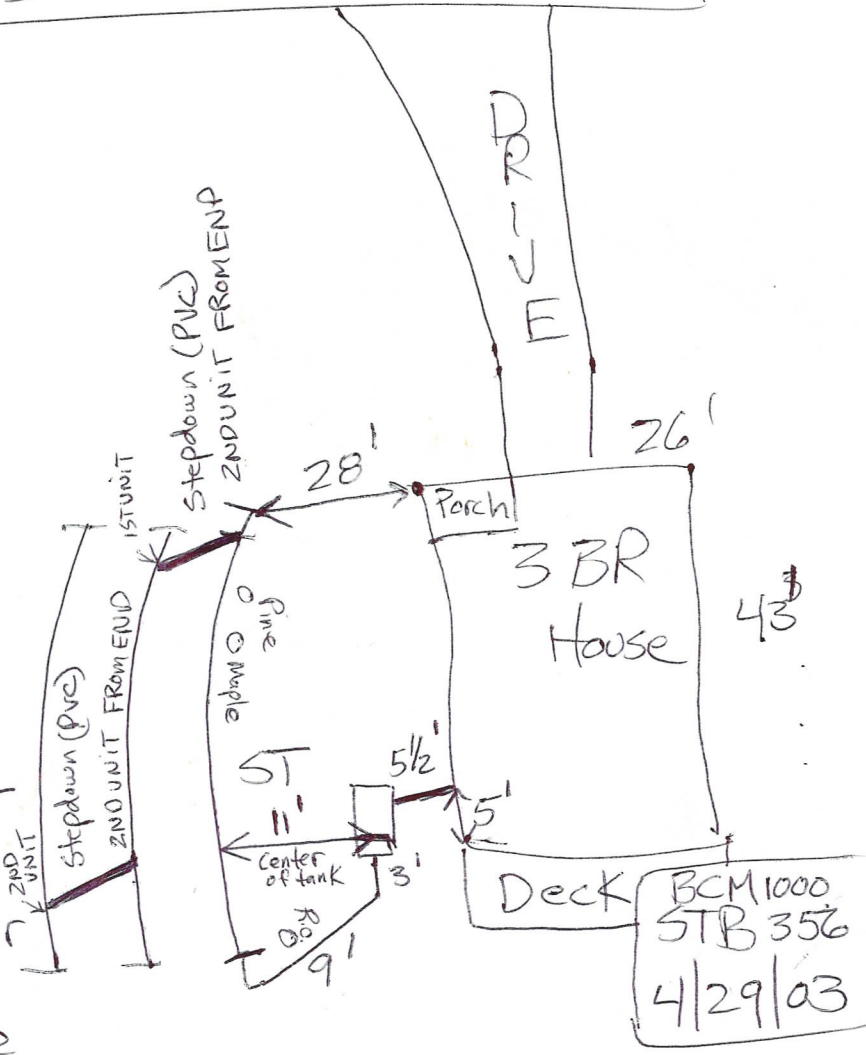
Well

Sharp curve

P F Drive

"As Built"
7/29/03
JB

(3) x 3'w
x 62.5'L
10 PSA
Biodiffuser
panels
per line

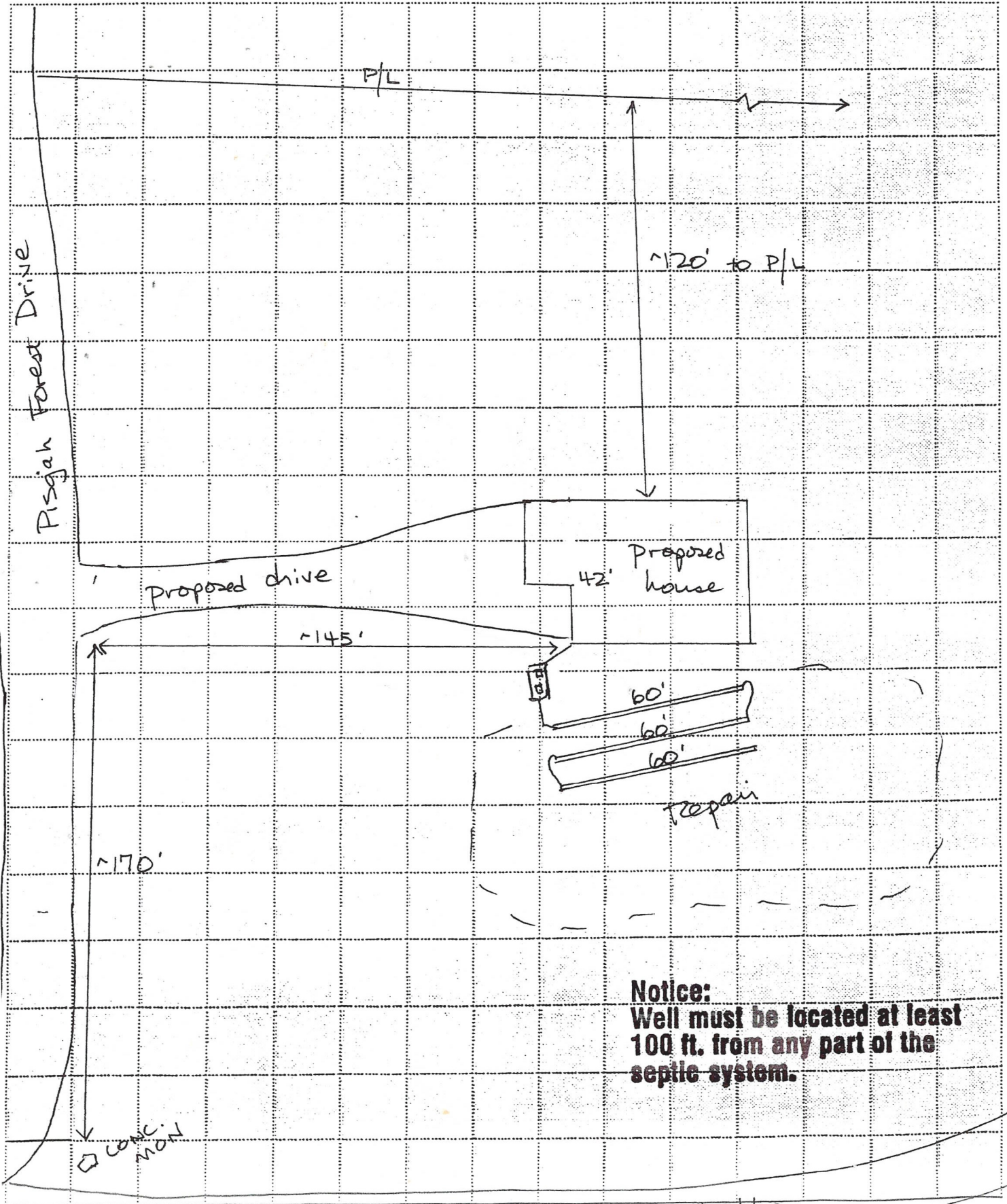


BCM1000
STB 356
4/29/03

File Name: Pisgah Forest Estates

Permit No.: 02-388

Pin No.: 9505 75 7427 000



Notice:
Well must be located at least 100 ft. from any part of the septic system.

SCALE: 1" = 40'

gravel road