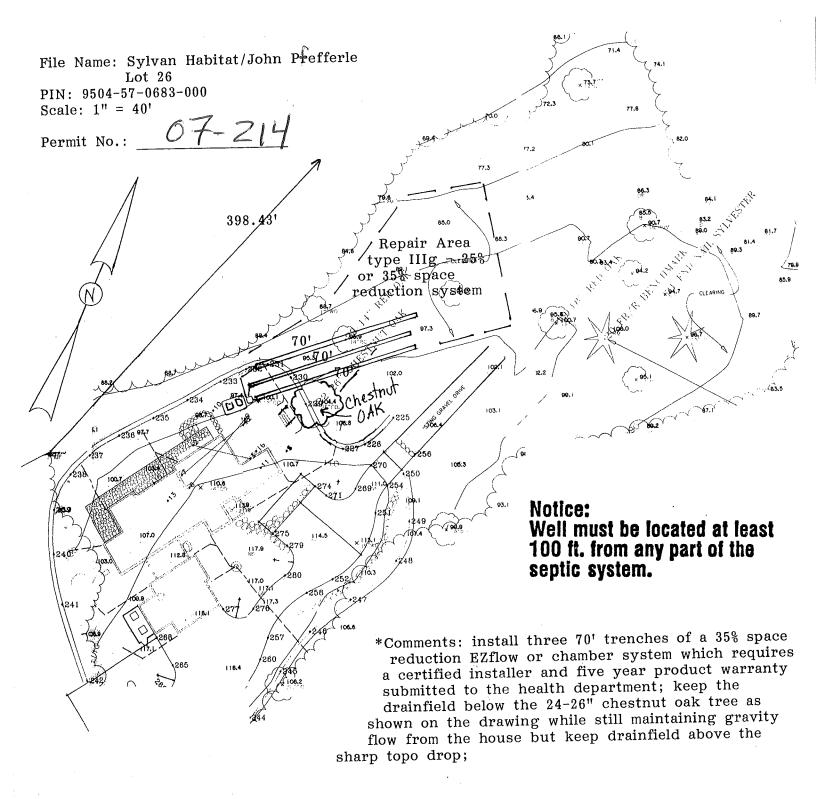
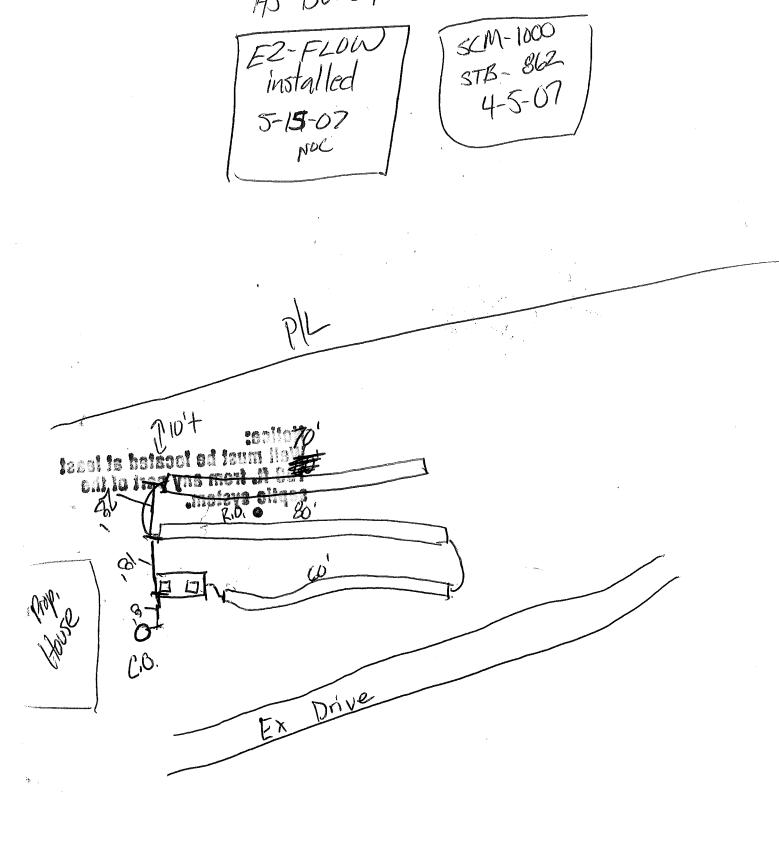
Installed by: Larry Callinary	System Classification Type:	The issuance of this operations permit ce and that the system is capable of being of Carolina and the rules adopted pursuant Laws and Rules for Sewage Treatment Environmental Health.		Applicant/Agent Signature:	Lot size: Date lot recorded: Certify the above to be correct to the best of my knowledge shall become void, I understand that it is my responsibility	rcial/Other: Number of employees:	Installation for Mobile Home Single Doub	Directions to properly:	Home Phone #: () Property Location: Road/Street	Home Phone #: (File Name: Permit #:
Final Inspection by:	Management Entity: 図 Owner □ Certified Operator Minimum inspection/maintenance review frequency	The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaire 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 Nort 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 th Laws and Rules for Sewage Treatment and Disposal Systems as issued by the North Carolina Department of Environment and Natural Resources, Division of Environment Resources, Division of Environment Resources, Division of Environment Resources, Division of Environment Resources and Resources of Resources and Resources of Resources and Resources of Resources and Resources and Resources of Resources and Resources of Resources and Resources	R DISPOSAL SYSTEM VS PERMIT	Date:	Lot size: Date lot recorded: Right of ways, easements, etc Water Supply: Private: Spring Well Shared Supply Public/Community	Operation: (Describe)	Double House No. Bedrooms: Basement: Yes No With Plumbing: Yes No	· 然后通過 "我是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是	Phase/Sect.:	Work Phone #: ()	TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION Mailing Address: 200 200 200 200 200 200 200 200 200 20
Date: 5-15-67	n/maintenance review frequency year	on authorization is properly installed or repaire of Chapter 130A of the General Statutes of North is operated and maintained as required by the vironment and Natural Resources, Division of the control	Well must be located at least 100 ft. from any part of the septic system.	3~20~07	ring Well Shared Supply Public/Community tion submitted in this application is falsified or changed, the perm t may affect the development of this property.	signated wet lands: Yes 🔲 No 🔲	No ☐ Ind./Commercial ☐ Other ☐	Approved Disapproved Initials Date	Flood Zone	Is the property in a flood Zone Second State Second State Second State	Pin #/Tax ID



This permit VOIDS and replaces permit #04-281 due to an increase in the number of bedrooms. (See soil work sheet by NC dated 6/15/2004)



AS BUILT