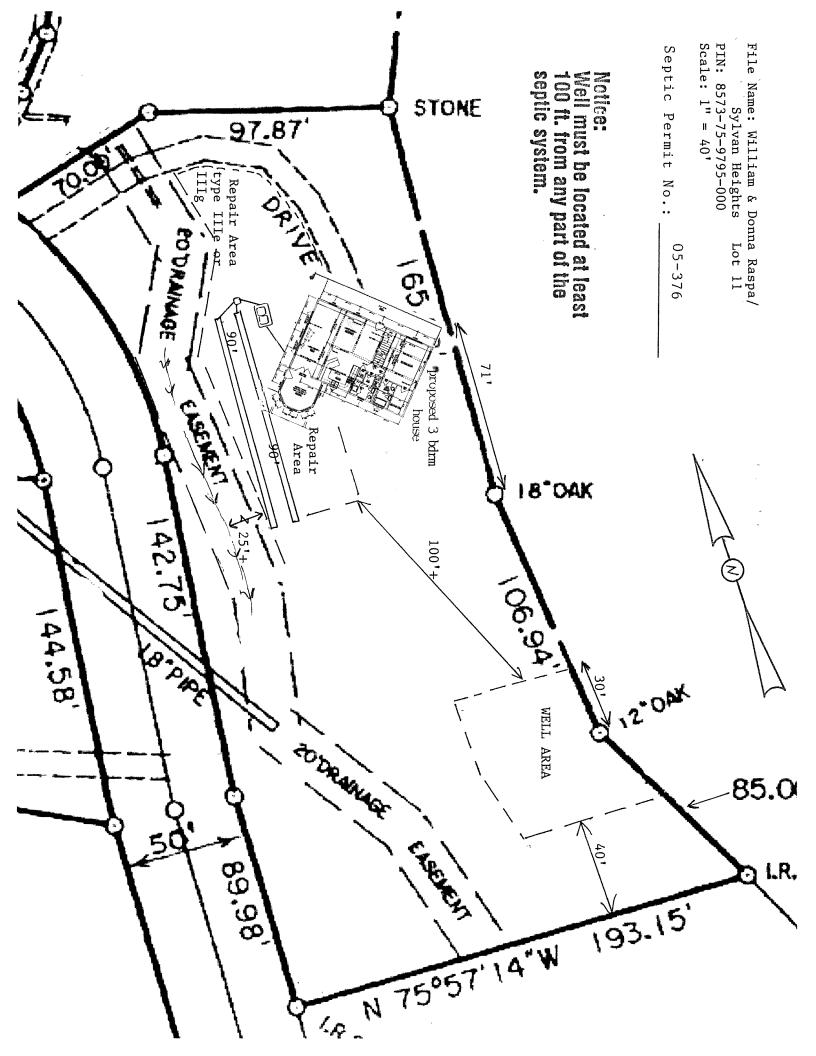
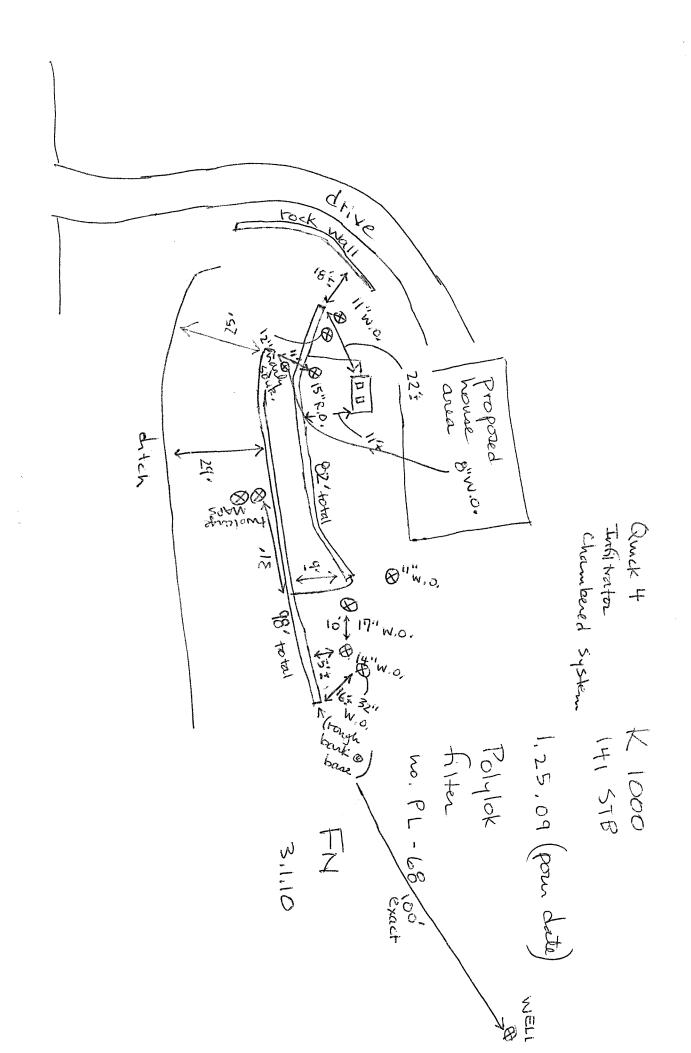
File Name: TRANSY ON-SITE V Permit #: Home Phone #: Home Phone #: Froperty Location: Road/Street Directions to property: TRANSY ON-SITE V ON-SITE V N N Road/Street	TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION Mailing Address: Work Phone #: () Mailing Address: Work Phone #: () Phase/Sect: Lot #:	Pin #/Tax ID Receipt No Flood Zone Inspections Disapproved Initials Date
Installation for: Mobile Home Single Double House No.	No. Bedroom Basement: Yes No No With Plumbing: Yes No No	Initials
If Indust,/Commercial/Other: Number of employees:Operation: (Describe) Lot size: Date lot recorded:Right of ways, easements, etc.	Property contains designated wet lands: Water Supply: Private: Spring K Well	nated wet lands: Yes ☐ No ☐ yes ☐ No ☐ Bhared Supply ☐ Public/Community
l 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 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:	ted to perform a site/soil evaluation on the property described above. If the information to comply with all applicable ordinances, laws, and rules from other agencies that more than the comply with all applicable ordinances.	described above. If the information submitted in this application is falsified or changed, the permit d rules from other agencies that may affect the development of this property. Date:
ON-SIT		
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.	that the system described on the improvement permit and the construction authorization is properly installed or repaired and in accordance with the conditions of the improvement permit, Article 11 of Chapter 130A of the General Statutes of North s Article. This operation permit shall remain in effect as long as the system is operated and maintained as required by the Disposal Systems as issued by the North Carolina Department of Environment and Natural Resources, Division of	authorization is properly installed or repaired Chapter 130A of the General Statutes of North operated and maintained as required by the comment and Natural Resources, Division of
System Classification Type: Management Entity:	Owner Certified Operator	Minimum inspection/maintenance review frequencyyears.
Installed by: Ap (A) (A) Raspa)	Final Inspection by:	M REHS Date: 3.1,10





TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH WELL CERTIFICATE ©F COMPLETION

Permit No.: WP09-146	Associated Permits:	05-376	(05-382 - Lot	13)	-
Date:	Tax I.D. No.: 8573-75	-9795-000	Receipt No.	. 282855	\$)C
Owner/Agent: Raspa, Will	iam & Donna				
Address: 15 Adventure Ridge Brevard, NC 28712		lly Mtn Rd d, NC 28712			
Phone: 910-540-7066	1 572 - 2 11 - 12.	ett no longer	N TONY (*		
Country Club to Island	Ford; R on Walnut Hol	low; L énto Sy			
lst L onto Kelly Mount	ain Road; Up hill to l	ot on L #11 36	3 Kelly Mtn Road	111111111111111111111111111111111111111	
Subdivision: Sylvan Heigh	Sec Sec	tion:	Lot No.:	Percent Comments	3
I certify the above to be correct to the well or repair of an existing well on the permit shall become void. I understand t and rules from other agencies that may af	property described above. If the : hat it is my responsibility as the ;	information submitted in	this application is falsif	fied or changed ordinances, l	, the aws,
Owner/Agent Signature:	SKETCH		Date:	10-22-09	/
Pump Info Reg # 5103 Date: 2/2e/10 Depth: 560 ft. Brand: FtW Model: 4F05510305 H.P.: 1 Date: 1.28,10	WELL GROUTING IN	_	Diameters (- 7 C		
Total Depth: 605 Casing Casing Thickness/Weight: 508 3	Type: Casing Do	epth: \(\triangle \) (Grout Depth: \(\triangle \) (Diameter: 6.25	A	
Date: 12/21/2616 NOC	WELL HEAD INSPEC	CTION		·N	
Inches above Grade: 12 + Air Ve Yield: 2,5 6PM Static Water	nt: Seal: H	ose Bib: Well	Plate: Pump Pl	ate:	
Well Contractor: Hamilton	on Corp.	Bryan Hay Well Contractor Co	milton #: 3	and the same of th	