

File Name: CARTER, EVERETT F.

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

Pin #/Tax ID 8535-81-5977-000

Permit #: 99-522

Receipt No _____

Agent/Owner: CARTER, EVERETT F.

Mailing Address: c/o 10 McLean Rd. Brevard, NC

Home Phone #: ()

Work Phone #: () 883-9323 Scott Moser

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: ()

Work Phone #: ()

Property Location: Macedonia Church Rd. Subdivision: _____ Phase/Sect.: _____ Lot #: _____

Road/Street

Directions to property: Hwy. 64 west to Hwy. 215 left on Macedonia Church Rd. (tracking station rd)

go past Pisgah Astronomical entrance - cross bridge - approx 300 yards on left - turn up hill - prop on left (will go through gate)

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: 14.25 ac. Date lot recorded: _____ 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: 11-4-99

**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: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency — years.

Comments: _____

Installed by: John Winston / Scott Moser Final Inspection by: Jim R. Gish - RS Date: 4.19.00

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 _____

AS INSTALLED

Septic tank is located (as facing house):

Carter, Emmette

Rear of house Front of house

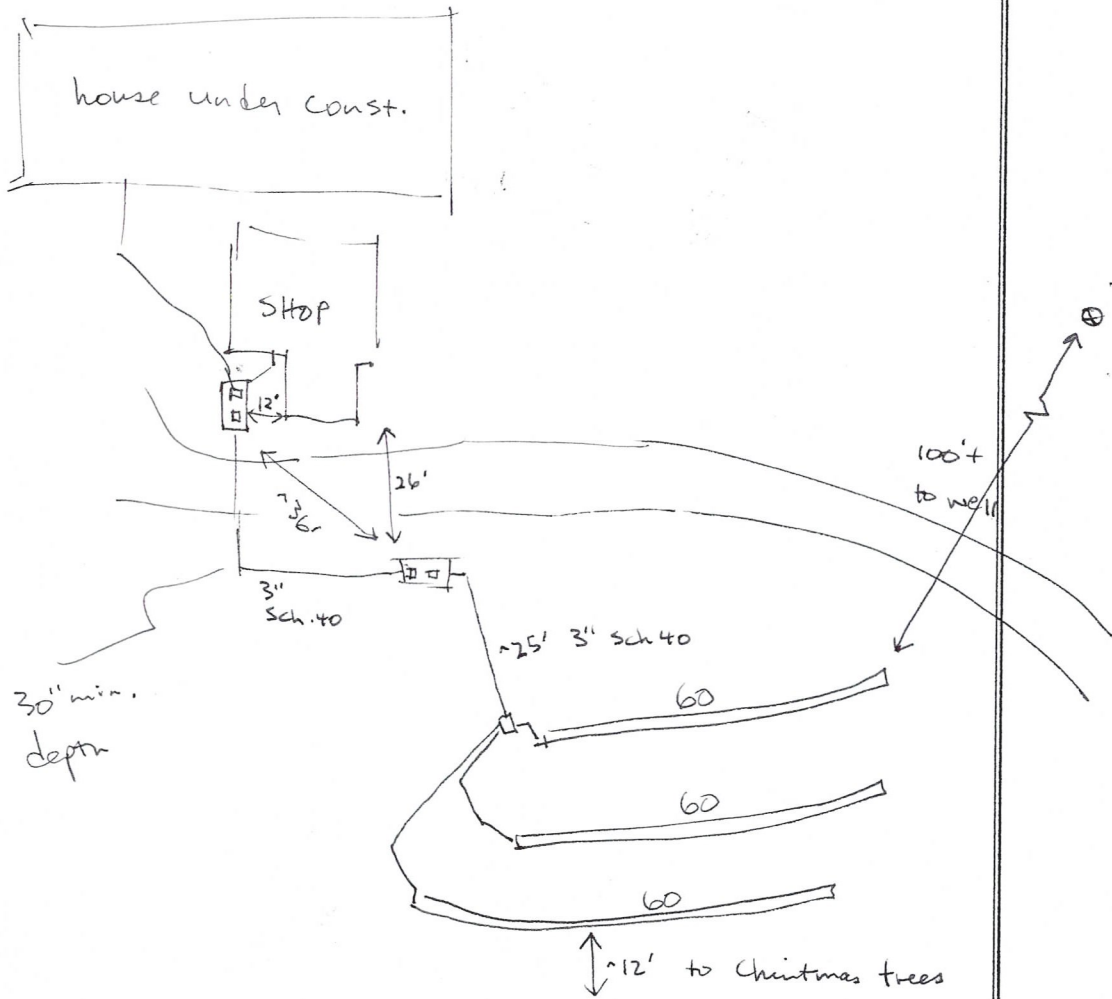
____ ft. from left corner ____ ft. from right corner ____ ft. from foundation

Distribution box is ____ ft. from tank

LOCATION SKETCH

No significant change from permit drawing

2st's set © installers discretion.



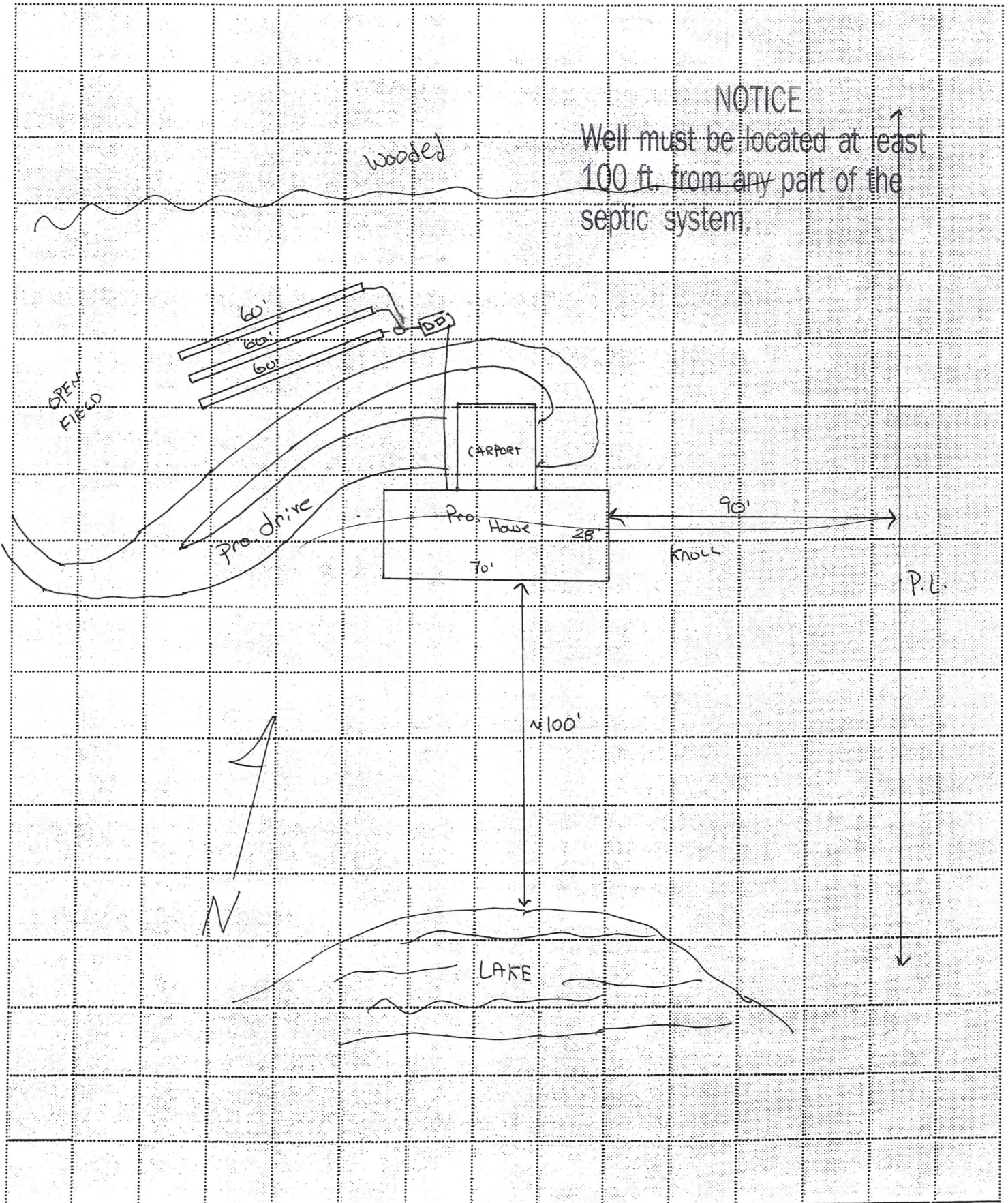
COMMENTS: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Everett Carter

Permit No.: 9A-522

Pin No.: 8535815977000



SCALE: 1" = 40 ft.