

File Name: CHASEWOOD

TRANSYLVANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATION

3574-63-5433-000

Pin #/Tax ID

8574-73-0613-000

Permit #: 03-549

*new owner:*

182040 \$250 *Tax record 2011*

Receipt No

Agent/Owner: CHASEWOOD CONSERVATION LLC

Mailing Address: 30 Campion Rd. Brevard, NC

*Center, Jim*

Home Phone #: ( ) Greg Nelson 884-29379

Work Phone #: ( ) contact John Winston 881-5993

Proposed Buyer:

Mailing Address:

Home Phone #: ( )

Work Phone #: ( )

Property Location: Island Ford Subdivision: Chasewood Phase/Sec.: \_\_\_\_\_ Lot #: 47

Road/Street

Directions to property: Country Club to Island Ford turn right prop on right

<b>Flood Zone</b>		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>Inspections</b>		
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: 1.35 Date lot recorded: \_\_\_\_\_ 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: [Signature]

Date: 7-26-07

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

**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.

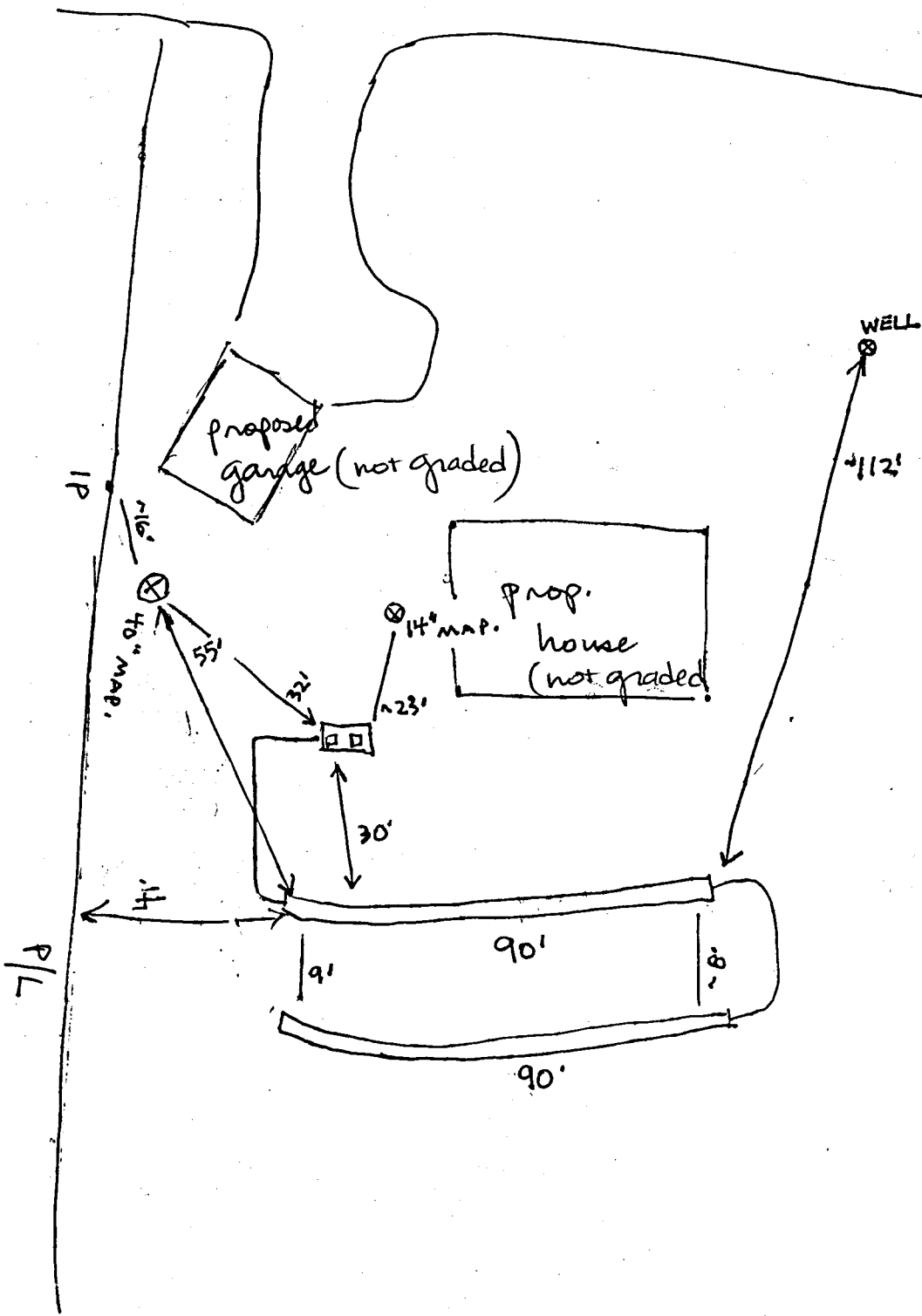
System Classification Type: IIIg Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency \_\_\_\_\_ years.

Comments: EZ Flow drainfield. See attached 3597 warranty paperwork.

Installed by: Stanley Hoxit

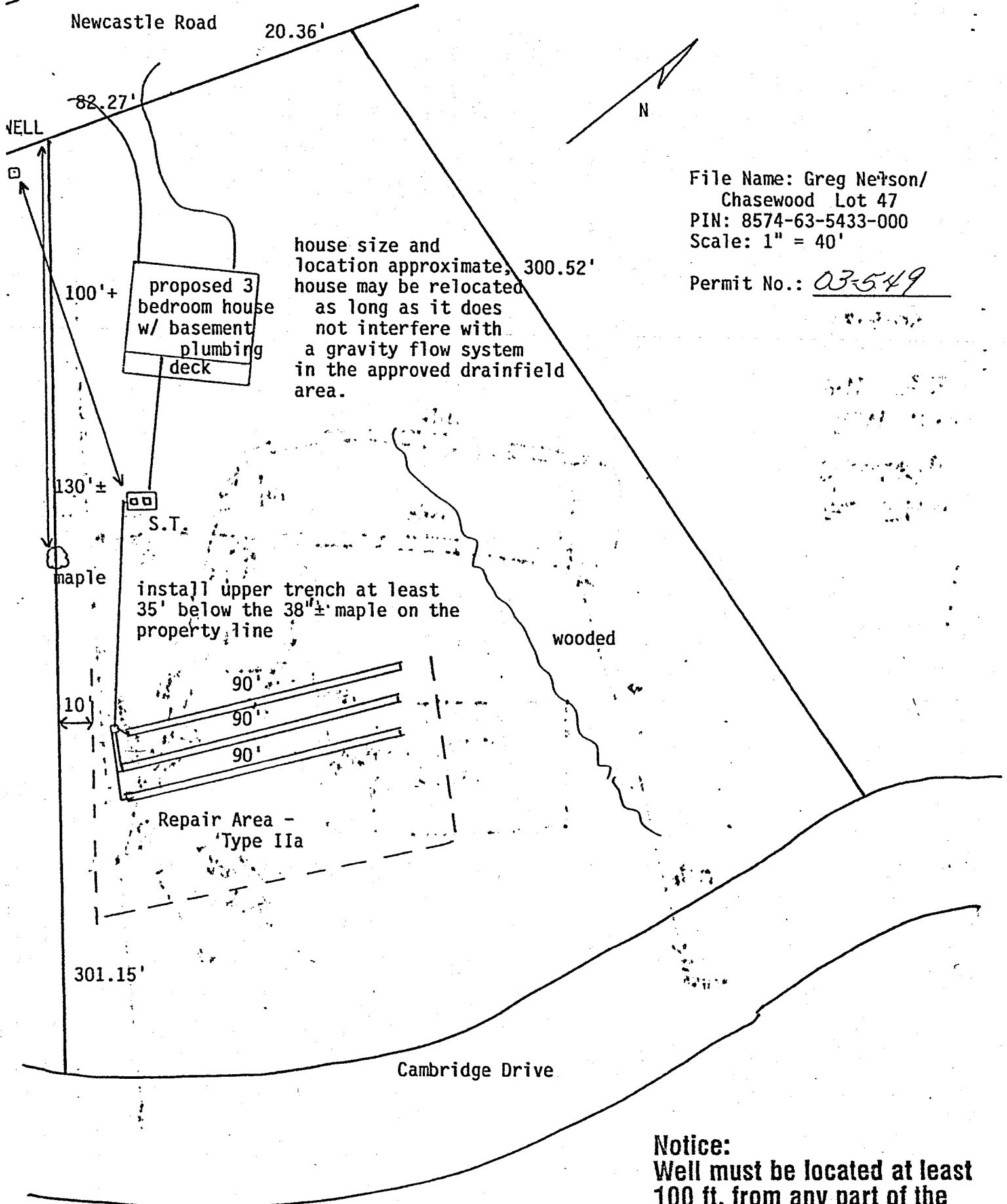
Final Inspection by: [Signature] RS

Date: 12.8.05



EZ Flow  
Drainfield  
SCM 1000  
Stb 862

12.8.05  
FN



Newcastle Road 20.36'

82.27'

WELL

N

File Name: Greg Nelson/  
 Chasewood Lot 47  
 PIN: 8574-63-5433-000  
 Scale: 1" = 40'

Permit No.: 03-549

proposed 3  
 bedroom house  
 w/ basement  
 plumbing  
 deck

house size and  
 location approximate, 300.52'  
 house may be relocated  
 as long as it does  
 not interfere with  
 a gravity flow system  
 in the approved drainfield  
 area.

100'+

130'±

S.T.

maple

install upper trench at least  
 35' below the 38'± maple on the  
 property line

wooded

90'

90'

90'

10'

Repair Area -  
 Type IIa

301.15'

Cambridge Drive

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 septic system.