

File Name: GLEN CANNON

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

9505-29 Pin #/Tax ID T411JC4604

Permit #: 99-061

4803-0000 Receipt No 2014

Agent/Owner: Piersol, Wes & Kathy

Mailing Address: 312 Broadwood Drive Rockville, MD 20851-1130

Home Phone #: ()

Work Phone #: () Stanley Pinson 884-2022

Proposed Buyer:

Mailing Address: Brevard Builders

Home Phone #: ()

Work Phone #: ()

Property Location: 139 Glen Spay Road/Street

Subdivision: Glen Cannon Phase/Sect.: _____ Lot #: 35

Directions to property: Wilson Road - into Glen Cannon - Skye Drive - past Paisley Place - left on Glen Spay Spay - go to end of road - dead end

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: 1.47 ac. Date lot recorded: 8/95 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: [Signature] Date: 2-10-99

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

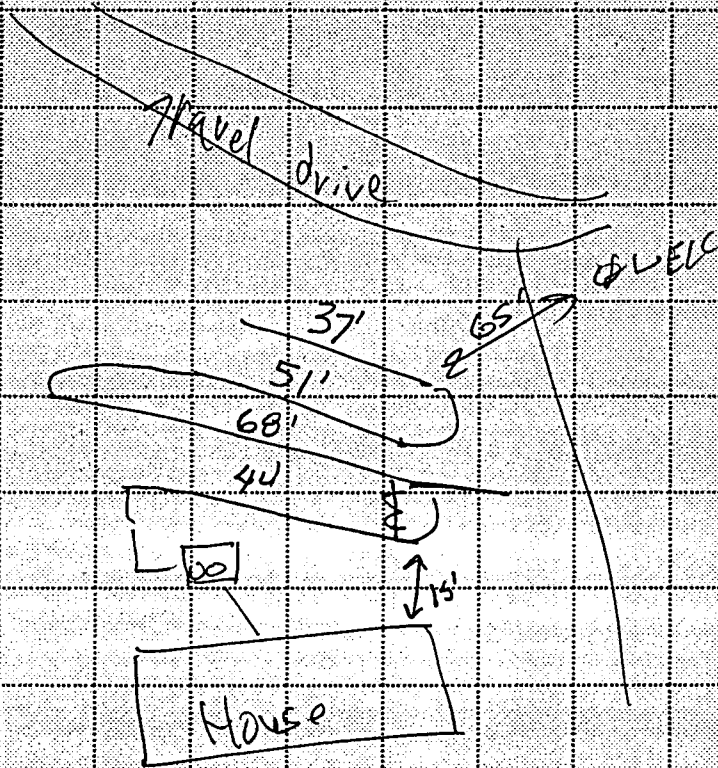
Comments: _____

Installed by: Gus Cravley Final Inspection by: Jeff McCall, RS Date: 6-30-99

AS INSTALLED

Initialed: SM

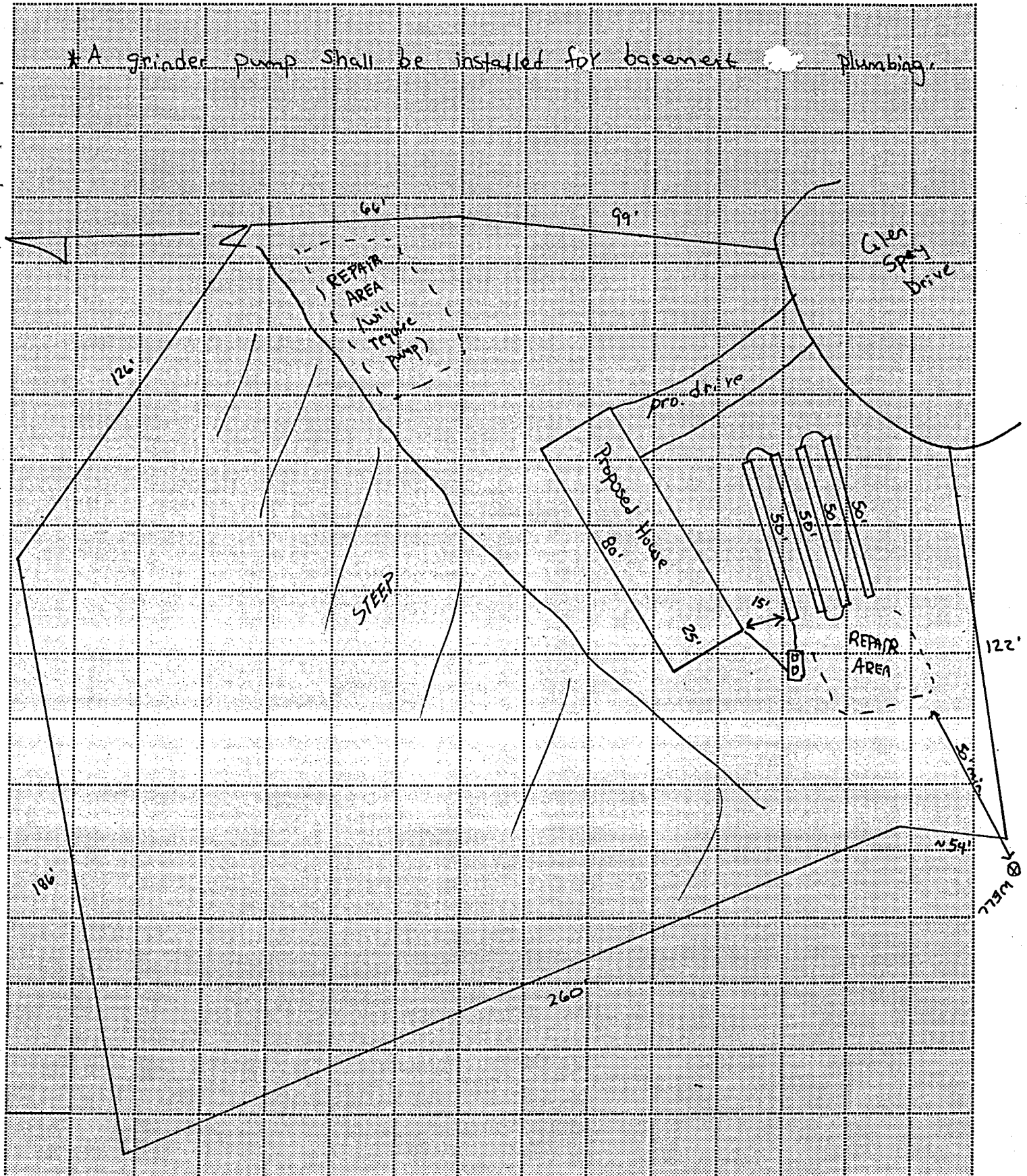
Date: 6.30.99



TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Nes + Kathy Pierson Permit No.: 99-061 Pin No.: T411J04004
Glenn Cannon lot 35

* A grinder pump shall be installed for basement plumbing.



Scale 1" = 40 ft