

File Name: THOMAS WOODS
Permit #: 98-459

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

Pin #/Tax ID T471A01003
Receipt No 9506-47-48 58-000

Agent/Owner: HEFFLEY, PAUL Mailing Address: 5604 Merrimac Drive, Sarasota, FL 34231
Home Phone #: (941) 924-0100 Work Phone #: ()
Proposed Buyer: _____ Mailing Address: _____
Home Phone #: () Work Phone #: ()
Property Location: Gladiola Drive Subdivision: Thomas Woods Phase/Sect.: _____ Lot #: 1
Road/Street
Directions to property: Everette Farm Road - turn onto Gladiola Drv. - 1st lot on right

| | | |
|-----------------------------------|--|----------------------------------|
| 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: 2 ³ _{FN fm JM 5.17.01} 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: 1.8 ac. Date lot recorded: pre 1983 Right of ways, easements, etc. road 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.

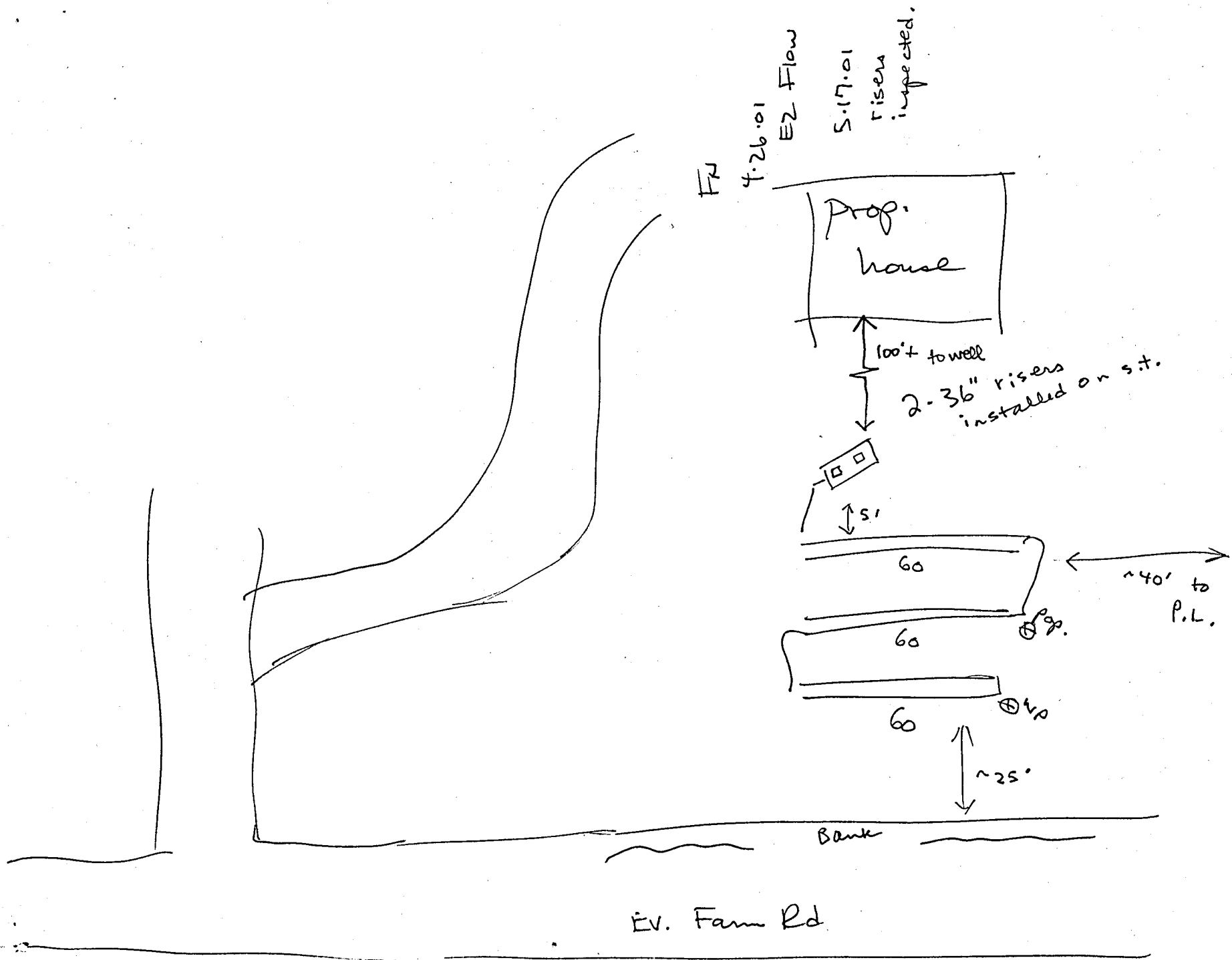
Applicant/Agent Signature: _____ Date: 10-4-97

**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, Health and Natural Resources, Division of Environmental Health.

System Classification Type: III g Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency — years.

Comments: Per ph. conv. with new lot owner (Harry Heide), he wants to use IWSWS 95-3R (polystyrene aggregate) as drainfield. 2.36" risers installed on each end of S.T.
Installed by: Ron Hubbard Final Inspection by: [Signature] RS Date: 5.17.01



Septic finished 5-17-01

SEPTIC PERMIT # _____

PROPERTY PIN # _____

ORIGINAL CERTIFICATE OF COMPLETION: File Name _____

Date _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
WELL CONSTRUCTION REPORT

DRILLING CONTRACTOR: Merrell Well & Pump DRILLER REGISTRATION NUMBER 122

PROPERTY OWNER: HARRY Hight

ADDRESS: Thomas woods

Pisgah Forest NC 28766

Street or Route No.

City or Town

State

Zip Code

DATE DRILLED: 5-1-01 USE OF WELL House

TOTAL DEPTH: 380 STATIC WATER LEVEL Below Top of Casing: _____ FL. (Use "+" if Above Top of Casing)

YIELD (GPM): 3 1/2 METHOD OF TEST: air blow

WATER ZONES (depth): _____

CASING:

GROUT:

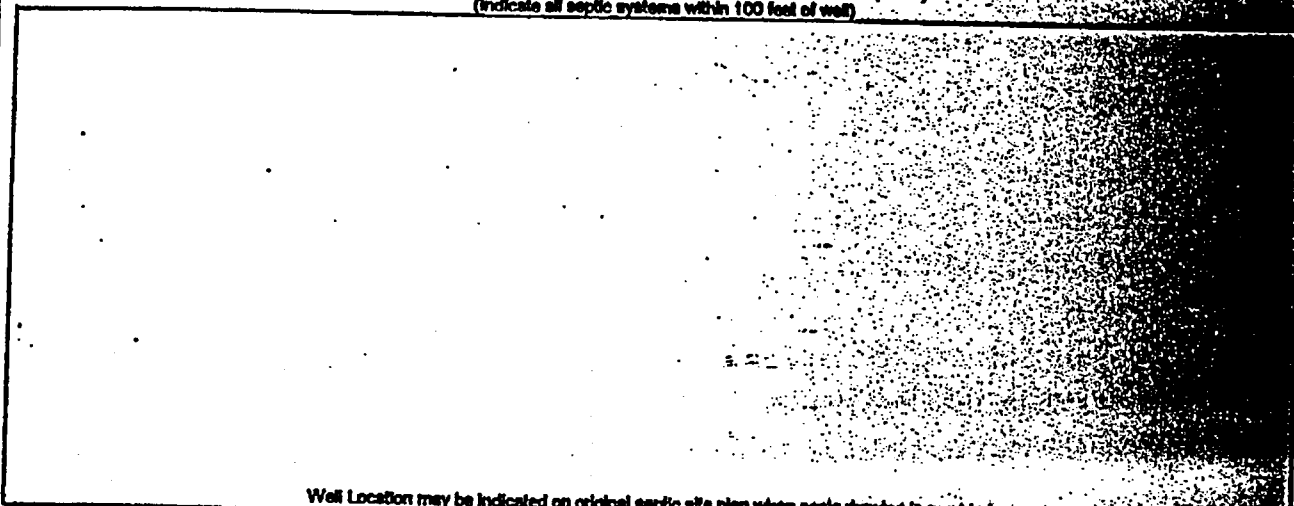
| Depth | Diameter | Wall Thickness Or Weight/FL | Material |
|-------------------------------|--------------|-----------------------------|------------|
| From <u>0</u> To <u>33</u> FL | <u>6 1/8</u> | <u>SDR21</u> | <u>PVC</u> |

| Depth | Material |
|-------------------------------|--------------|
| From <u>0</u> To <u>20</u> FL | <u>Saker</u> |

COMMENTS: _____

LOCATION SKETCH

(Show direction and distance from at least two fixed reference points)
(Indicate all septic systems within 100 feet of well)



Well Location may be indicated on original septic site plan when scale drawing is provided

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC2C, WELL CONSTRUCTION STANDARDS.

Signature of Contractor or Agent

Date

[Signature] 10-8-02
Debra C. Dodson, Notary

Hight Post