

File Name: WILLIAMS, MICHAEL

TRANSYLVANIA COUNTY HEALTH DEPARTMENT 9507-32
ON-SITE WASTEWATER DISPOSAL APPLICATION 9737-000

Pin #/Tax ID 9507329624000

Permit #: 97-040

Receipt No: _____

Agent/Owner: WILLIAMS, JOHN

Mailing Address: _____

Home Phone #: (____) _____

Work Phone #: (____) _____

Proposed Buyer: WILLIAMS, MICHAEL

Mailing Address: 1152 Old H'ville Hwy. Pisgah Forest, NC

Home Phone #: (____) 884-6657

Work Phone #: (____) 890-5686

Property Location: 195 Lankford Rd.

Subdivision: _____ Phase/Sect: _____ Lot #: _____

Directions to property: Old H'ville Hwy. past Glade Creek Rd. - top of hill 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: 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: 7 acrds Date lot recorded: 1940's Right of ways, easements, etc. power 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: Michael D. Williams

Date: 1/20/97

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

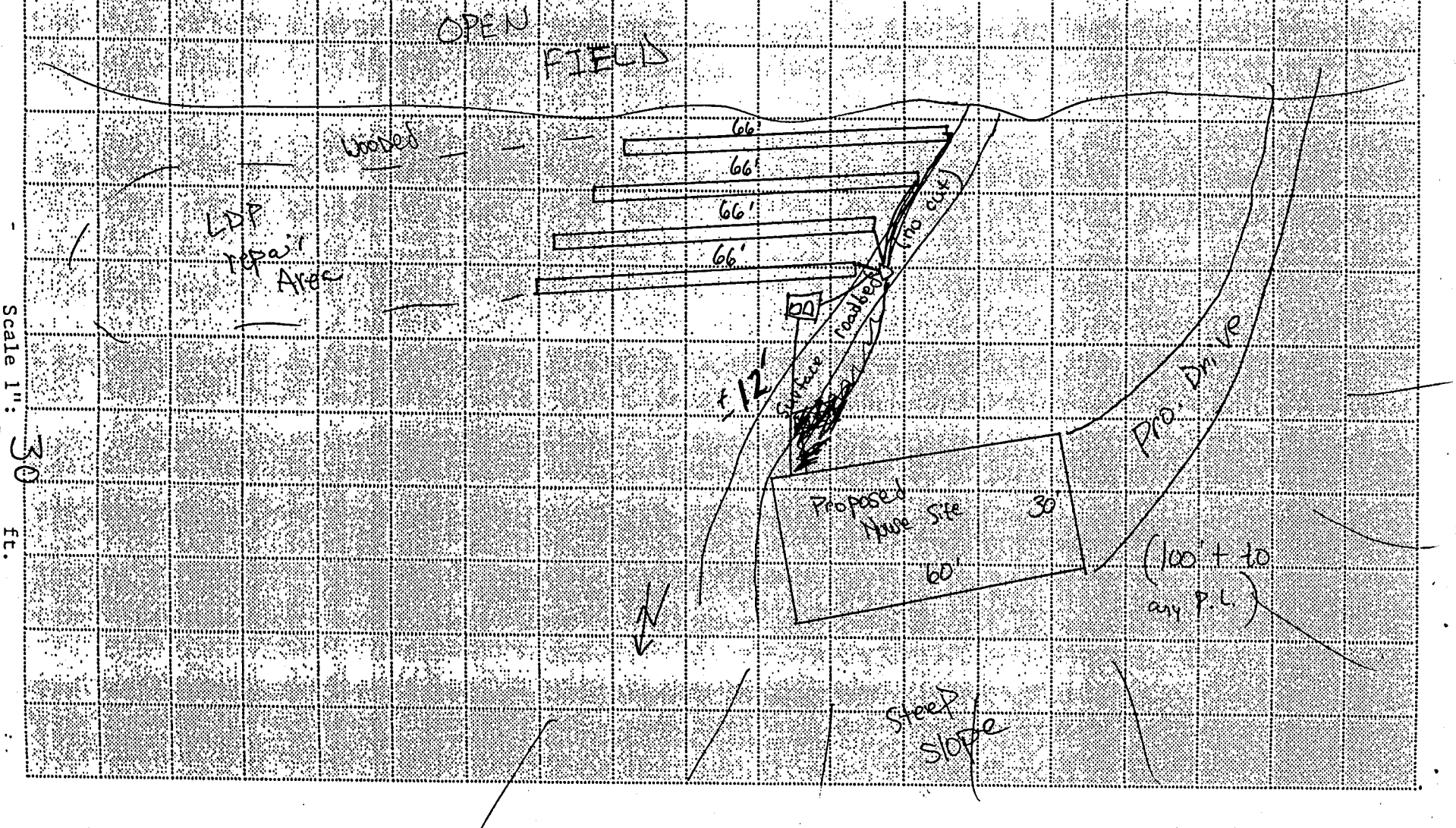
Comments: _____

Installed by: Whitmore Grading

Final Inspection by: Jeff McCall, RS

Date: 3-7-97

Comments: * Install trenches ultra-shallow
* Bring in 6" soil cover to backfill over system



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

Pin #/Tax ID 9507329624000

Permit #: 97-040

Receipt No 6741 15

Agent/Owner: WILLIAMS, JOHN

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: WILLIAMS, MICHAEL

Mailing Address: 1152 Old H'ville Hwy. Pisgah Forst, NC

Home Phone #: () 884-6657

Work Phone #: () 890-5686

Property Location: Lankford Rd.

Subdivision: _____ Phase/Sect.: _____ Lot #: _____

Road/Street
Old H'ville Hwy. past Glade Creek Rd. - top of hill on right.

Directions to property: _____

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: 7 acrds Date lot recorded: 1940's Right of ways, easements, etc. power 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: Michael P. Williams

Date: 1/24/97

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)**

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____

Design waste flow: 360 GPD LTAR: 45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: — gal./min. Proposed Wastewater System: Conventional

Drainfield: Total Trench Length: 264 ft. Square Footage: 792' Trench spacing: 9 ft. on ctr. Individual Trench Length: 66 ft. Maximum Trench Depth(Low Side): 12 in. Trench Width: 36 in.

Distribution Method: D. box or serial feed Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: keep system ultra-shallow Bring in 6" soil cover to backfill over system.

Construction of the wastewater system for the permit indicated is hereby authorized: The wastewater system described in the Improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted pursuant to this Article. This construction Authorization is valid for a period of 5 years from the original date of issue. The Construction Authorization must be renewed upon expiration prior to the installation/repair of the wastewater system, or prior to the issuance of any required building permits. A pre-construction conference with the owner or developer, or an agent of the owner or developer, and the health department will be required for re-issuance of the construction authorization.

I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.

Signed: John E Williams Date: 2-12-97 Construction Authorization prepared by: Jeff McCall, RS Date: 2-3-97

PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION