

File Name: LOBDELL WOODS

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

Pin #/Tax ID 7502-25-7000-000

Permit #: 04-067

Receipt No 0071011

Agent/Owner: LOBDELL, NILSA

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: Burns, Marty

Mailing Address: P.O. Box 1536 Pisgah Forest, NC 28767

Home Phone #: () 834-5465

Work Phone #: () _____

Property Location: Dauids Trace

Subdivision: Lobdell Woods Phase/Sect.: _____ Lot #: 18

Road/Street

Directions to property: Hwy. 280 - left into Lobdell Woods - approx 2 1/2 miles past

Walmart - stay straight on Lobdell - 4th 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: 3-2 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: 1.0 Date lot recorded: 7/2000 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.

10-05-01

Applicant/Agent Signature: Marty Burns

Date: _____

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

Comments: Engr. pump system to PPBPS drainfield / Easement @ Engr. certification letter on file / Clean + replace S.T. effluent filter as needed

Installed by: Gus Gravley

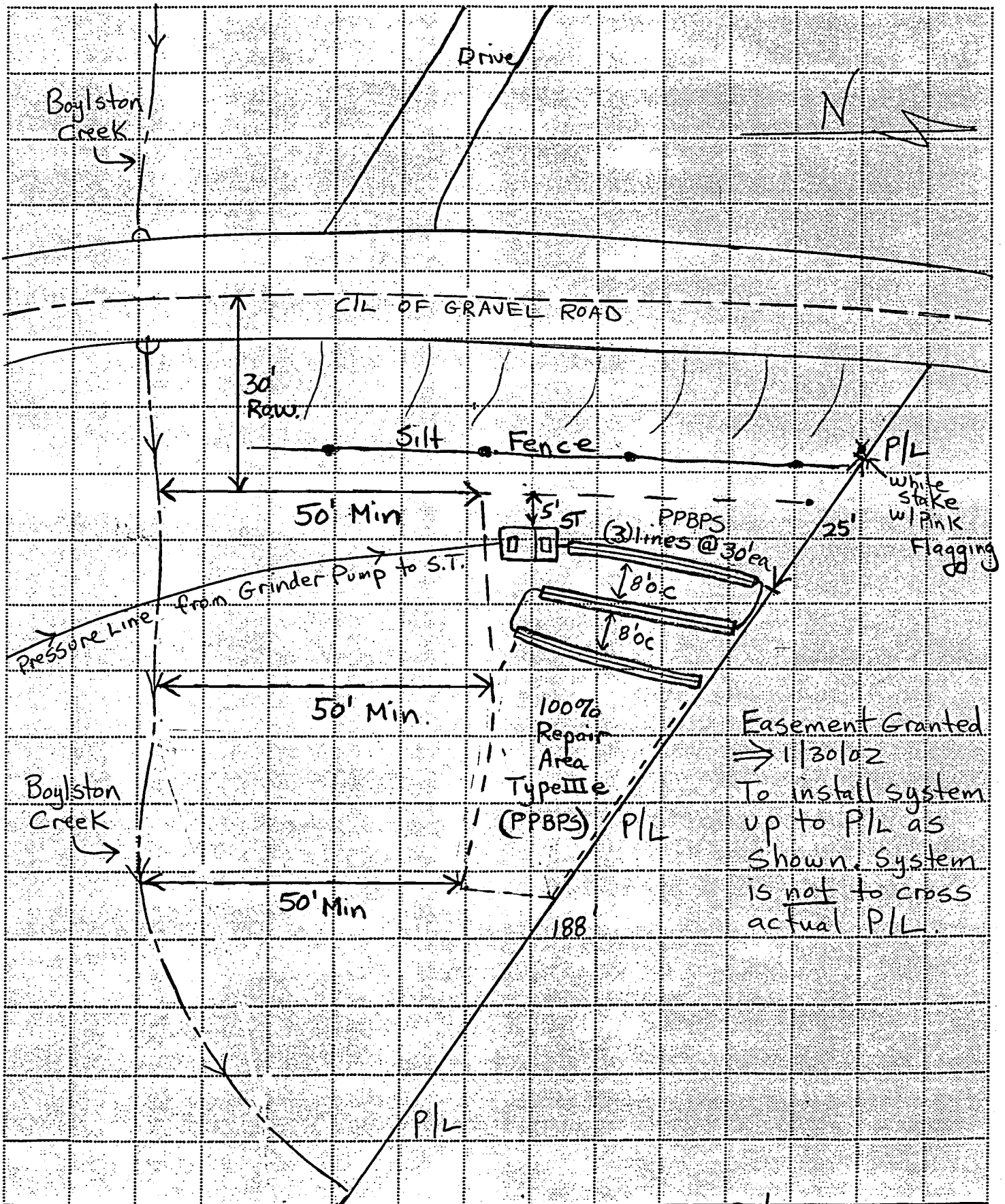
Final Inspection by: James A Bayer, RS Date: 7/10/03

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Marty Burns

Permit No.: 02-067

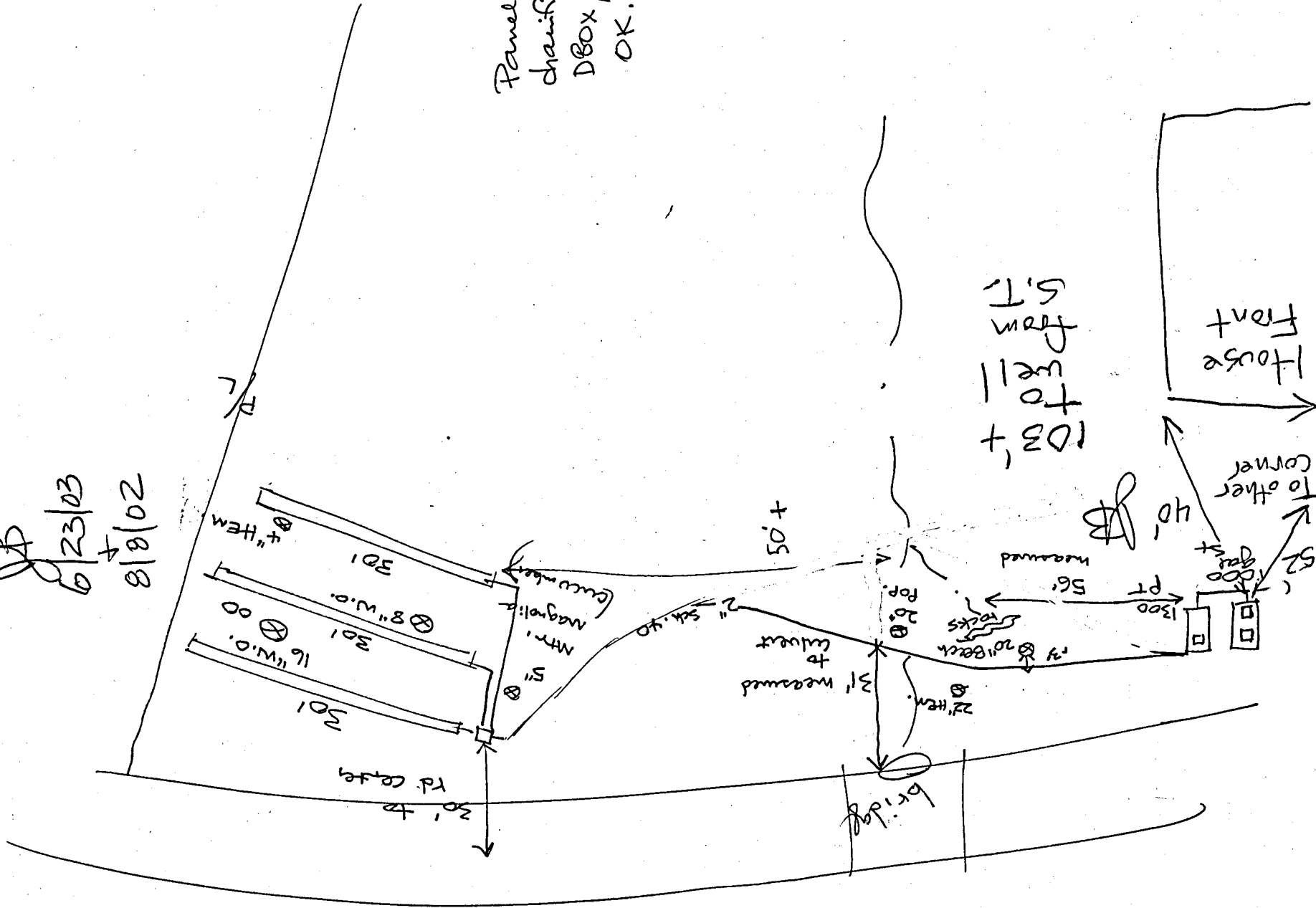
Pin No.: 9508-25-9650-000



SCALE: 1" = 20'

" AS Built "

6/23/03
8/8/02



Lot 18
 Panel Block
 chainfield, face main,
 DBOX, st & pt
 OK. 8.8.02
 FN

103' +
 To well
 from
 S.T.

House
 Front

To other
 corner

bridge

3' measured
 to
 culvert

22' HEM.

Pop. 20'

20' Beck
 rocks

56' measured

1300
 pt

52
 feet

50' +

2" sq. 40
 Magn. 1/2"
 Curcumber

301
 16" W.O.
 301
 8" W.O.
 301
 4" HEM

20' to
 rd. catch

40'