

File Name: GRAVLEY, SHANNON

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

Pin #/Tax ID _____

Permit #: 01-176

no charge - replacing a
Receipt No _____
tank

Agent/Owner: GRAVLEY, SHANNON

Mailing Address: P.O. Box 2573 Brevard, NC 28712

Home Phone #: () 093-2573

Work Phone #: () 421-9827 cell phone

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: 25 Slick Rock Road Subdivision: _____ Phase/Sect.: _____ Lot #: _____
Road/Street

Directions to property: Hwy. 276 - left on See off to Slick Rock - 100 ft. on left is house house.

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

Co-re
If Indus./Commercial/Other: Number of employees: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes No

Lot size: 1 lot Date lot recorded: 1979 Right of ways, easements, etc. unknown 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: 04-05-01

**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.

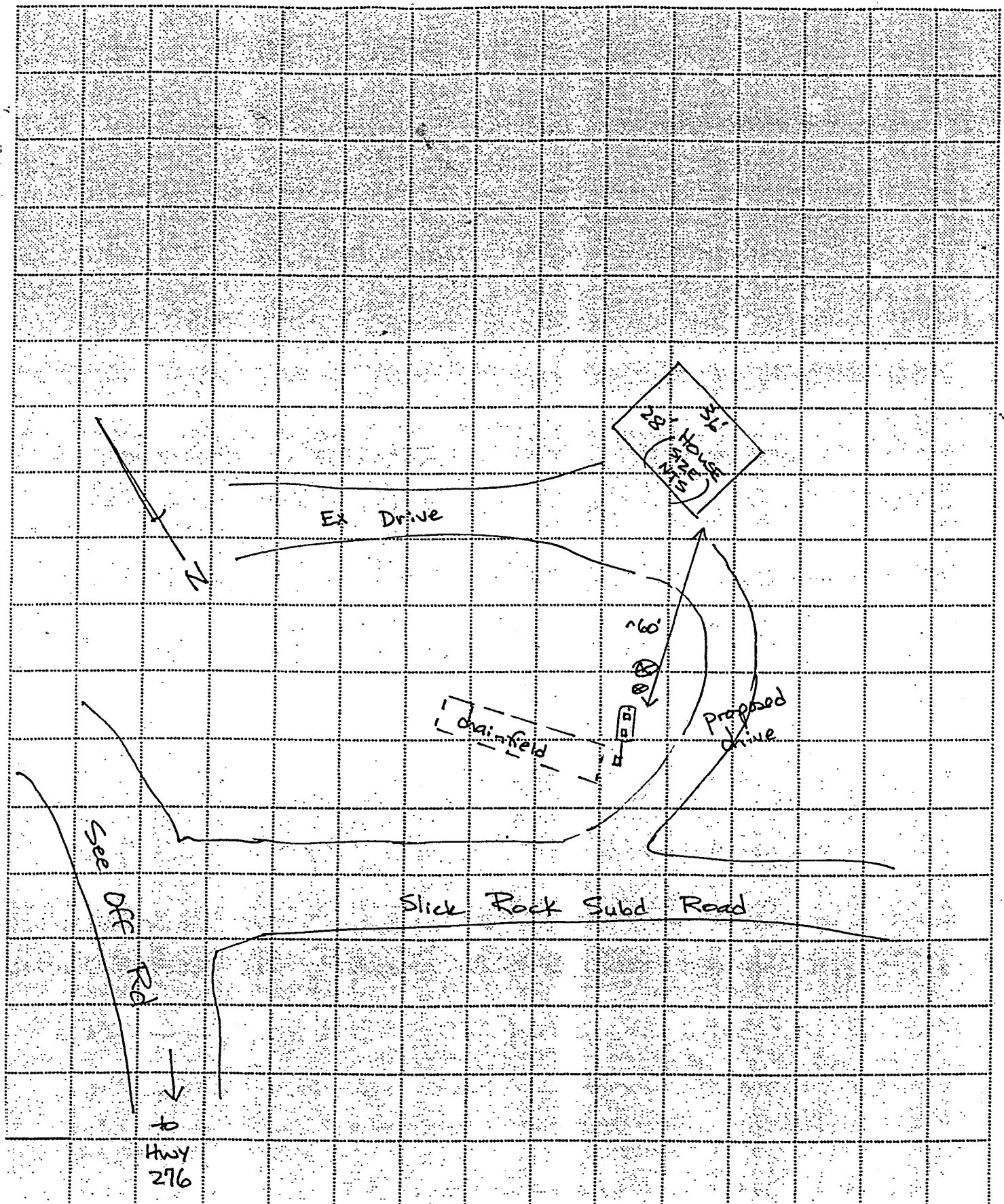
System Classification Type: II a Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

Comments: New S.t. Set.

Installed by: seef Final Inspection by: [Signature] RS Date: 4.6.01

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Shannon Gravelly Permit No.: 01-176 Pin No.: 8593-16 7174 000



Scale 1" = 40'

File Name: CRAWLEY, SHANNON

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

Pin #/Tax ID _____

Permit #: 01-176

no charge - replacing t
tank Receipt No _____

Agent/Owner: CRAWLEY, SHANNON

Mailing Address: P.O. Box 2573 Brevard, NC 28712

Home Phone #: () 935-2673

Work Phone #: () 421-9827 cell phone

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: Slick Rock Road Subdivision: _____ Phase/Sect.: _____ Lot #: _____
Road/Street

Directions to property: Hwy. 276 - left on See off to Slick Rock - 100 ft. on left is house.
house.

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 lot Date lot recorded: 1979 Right of ways, easements, etc. unknown 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: 04-06-01

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

New Installation: Repair/Addition: Original Permittee: no record available Dated: _____

Design waste flow: _____ GPD LTAR: _____ Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: _____

Drainfield: Total Trench Length: _____ ft. Square Footage: _____ Trench spacing: _____ ft. on ctr. Individual Trench Length: _____ ft. Maximum Trench Depth (Low Side): _____ in. Trench Width: _____ in.

Distribution Method: D-Box 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: Homeowner got a new septic tank. This paperwork was not drawn up until several days after the S.T. was installed + inspected.

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: [Signature] Date: _____ Construction Authorization prepared by: [Signature] RS Date: 4-26-01

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