

File Name: ANDERSON, WESLEY & GAILTRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATIONPin #/Tax ID 8542-00-6443-000Permit #: 00-217

Receipt No. _____

Agent/Owner: ANDERSON, WESLEY & AMELIA GAILMailing Address: P.O. Box 719 Rosman, NC 28772Home Phone #: () 834-2687

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: Frozen Creek Road

Subdivision: _____

Phase/Sec.: _____

Lot #: _____

Road/Street

Directions to property: Hwy. 64 west past dump road - left on Frozen Creek S-a go approx 2.7 milesBlue house on right - turn at blue house - prop up road (behind) blue house**Flood Zone**

Is the property in a flood zone?

☐ Yes ☒ No ☐ Unknown**Inspections****Flood Zone**☐ Yes ☐ No☐ Approved ☐ 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) 3 BR House only Property contains designated wet lands: Yes ☐ No ☒Lot size: 6 ac. Date lot recorded: after 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: 4-25-00**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: IIIc Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency _____ years.Comments: 60' 70' 70' ILWS 95-3RInstalled by: M + M GradingFinal Inspection by: Alla Smith MS, RSDate: 3-24-01

File Name: ANDERSON, WESLEY & GAILPermit #: 00-217TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATIONPin #/Tax ID 8542-00-6443-000Agent/Owner: ANDERSON, WESLEY & AMELIA GAILMailing Address: P.O. Box 719 Rosman, NC 28772Home Phone #: () 834-2687Work Phone #: ()

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: ()Work Phone #: ()Property Location: Frozen Creek Road

Subdivision: _____

Phase/Sect.: _____

Lot #: _____

Road/Street

Directions to property: Hwy. 64 west past dump road - left on Frozen Creek 9-a go approx 2.7 milesblue house on right - turn at blue house - prop up road (behind) blue houseReceipt No 11850 1175

Flood Zone

Is the property in a flood zone?

☐ Yes ☒ No ☐ Unknown

Inspections

Flood Zone

☐ Yes ☐ No☐ Approved ☐ 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) 3 bdrm house J.A.Property contains designated wet lands: Yes ☐ No ☒Lot size: 5 ac. Date lot recorded: after 1983 Right of ways, easements, etc. road Water Supply: Private: ☐ Spring ☒ Well ☐ Shared Supply ☐ Public/Community

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Applicant/Agent Signature: _____

Date: _____

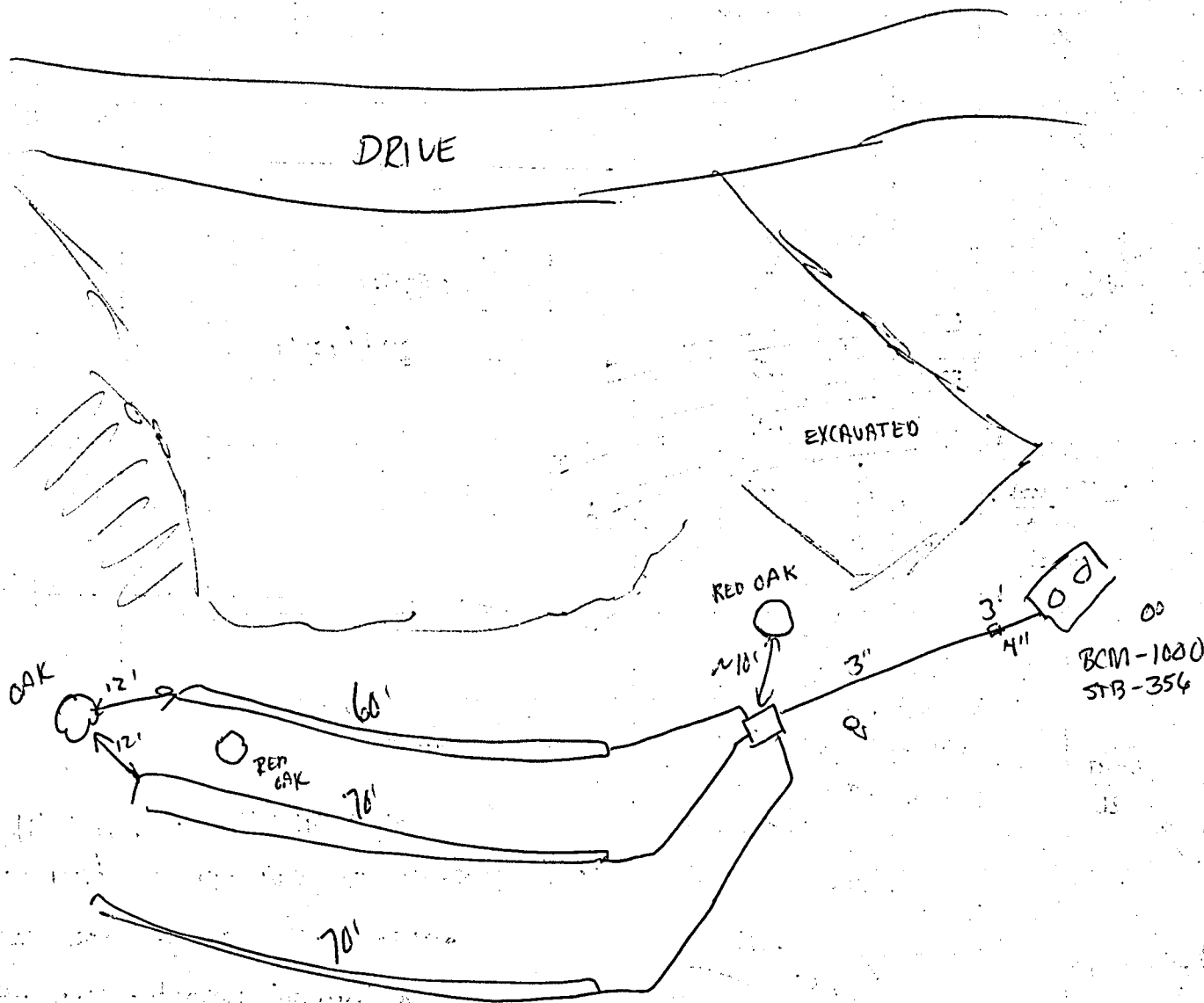
Well must be located at least 100 ft. from any part of the septic system.AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)Well must be located at least 100 ft. from any part of the septic system.New Installation: ☒ Repair/Addition: ☐ Original Permittee: _____
Design waste flow: 360 GPD LTAR: 45 Septic Tank Capacity: 1500 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: 10" I.D. Large Dia. Pipe
Drainfield: Total Trench Length: 480 ft. Square Footage: 1200 Trench spacing: 8 ft. on ctr. Individual Trench Length: vary ft. Maximum Trench Depth (Low Side): 12-18 in. Trench Width: 12 in.
Distribution Method: * D-Box Min. distance between system and nearest Well: 50/100 ft. Water line: 10 ft. Foundation: 15 ft. Property line: 10 ft. Vertical Cut: 15 ft.Comments & Special Conditions: * see permit drawing for comments - AMENDED 3-5-2001 for one 3 bdrm house (2 bdrm garage has separate permit) (ATS) Mail Anderson

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: Mail Anderson Date: 5/12/00 Construction Authorization prepared by: Alla Smith MS RS Date: 5-8-2000

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



TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 8-21-03

Tax ID No.: 8542-00-6443-000

Receipt No.: 761 \$50

Owner/Agent: ANDERSON, WESLEY

Address: P.O. Box 719

Rosman, NC 28772

Phone Number: 884-2687

Date System Installed: 3-19-01

Name(s) of Original Permittee: Wesley Anderson

Directions to property: Hwy. 64 west past dump road - left on Frozen Creek - go approx 2.7 miles - blue house on right - turn at blue house & prop up road behind blue house

Original Cert. of Completion

Name: Wesley Anderson

Date: 3-19-01

Subdivision: Section: Lot No.:

Inspection requested for:

- ☐ Mobile home setup
- ☐ Remodeling

- ☐ Addition
- ☐ Connection to unused system

- ☐ Business
- ☐ Other

No. of bedrooms upon connection/completion: Current no. of Bedrooms: camper set up

Remarks:

Owner/Agent Signature: Wesley Anderson

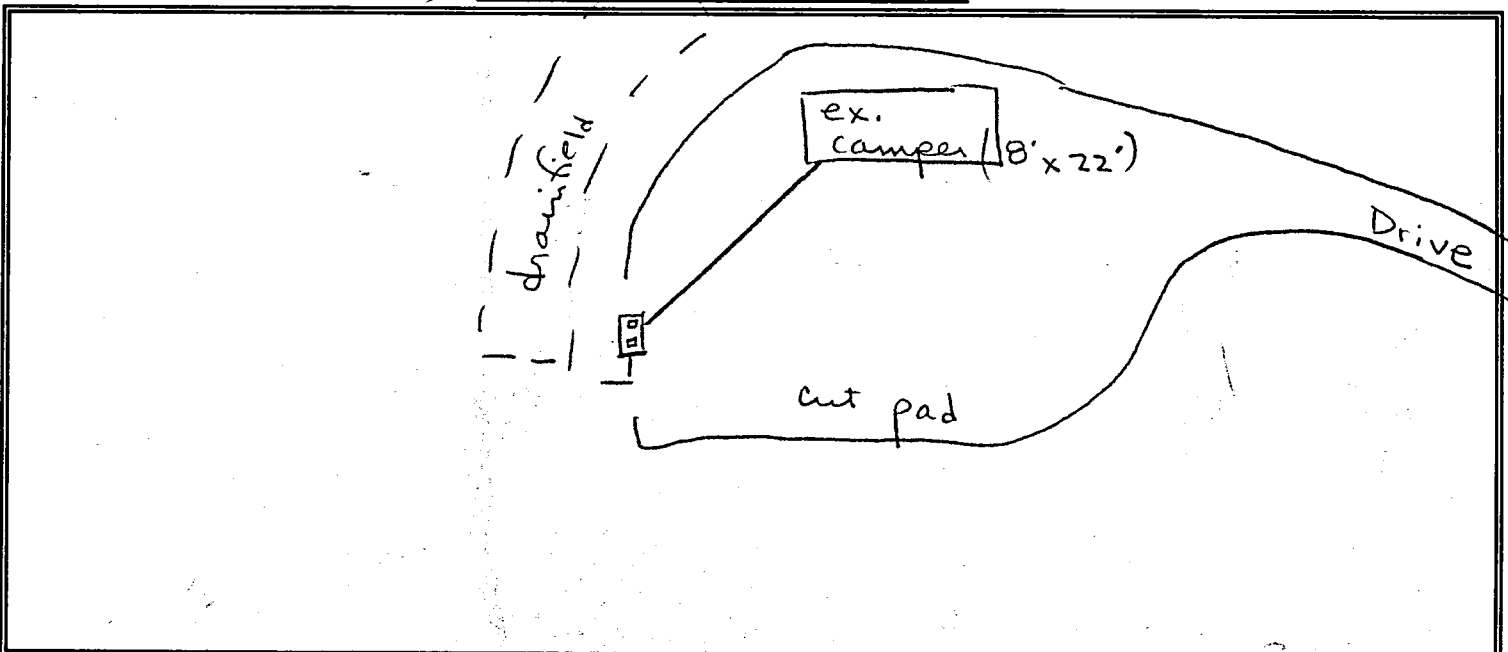
Date: 8-21-03

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

Signed: [Signature] RS

Date: 8-22-03

THIS REPORT IS VALID THROUGH 11-22-03



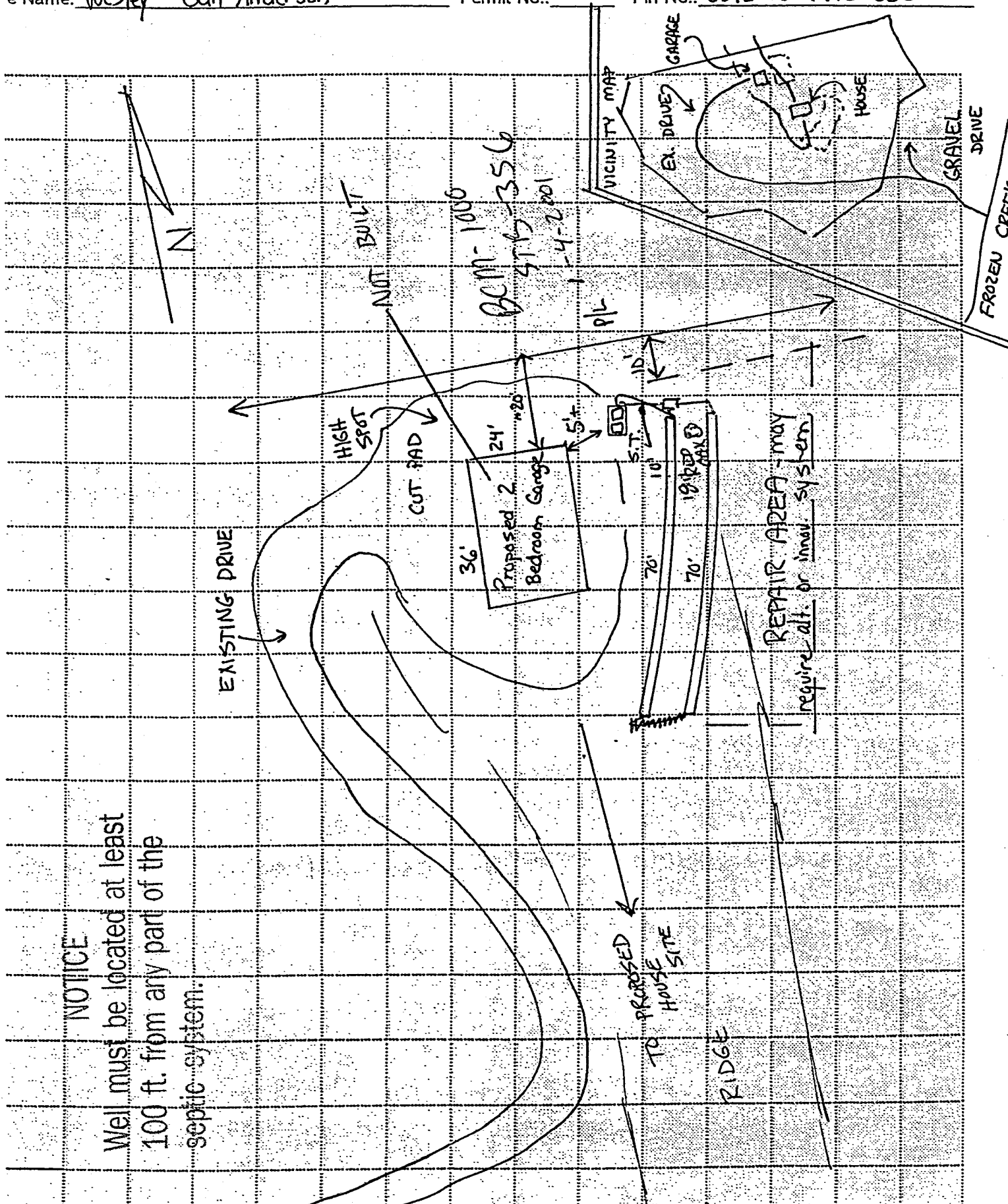
e Name: Wesley & Gail Anderson

Permit No. 01-103

Pin No.: 8542.00-6443-000

NOTICE

Well must be located at least 100 ft. from any part of the septic system.



Permit #: 01-10301

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID _____

Receipt No _____

Applicant/Owner: ANDERSON, WESLEY & GAIL
Phone #: 884-2687

Mailing Address: P.O. Box 719 Rosman, NC 28772

Work Phone #: ()

Proposed Buyer: _____

Mailing Address: _____

Phone #: ()

Work Phone #: ()

Property Location: Frozen Creek Road Subdivision: _____ Phase/Sec.: _____ Lot #: _____
Road/Street

Directions to property: Hwy. 64 west past dump road - left on Frozen Creek - go approx 2.7 miles - blue house on right - turn at blue house - prop up road behind blue house

2 bedroom garage apt.

Installation for: Mobile Home ☐ Single ☐ Double ☐ House ☐ No. Bedrooms: _____ Basement: Yes ☒ No ☐ With Plumbing: Yes ☐ No ☐ Ind./Commercial ☐ Other ☐

Indust./Commercial/Other: Number of employees: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes ☐ No ☒

Site size: 6 ac Date lot recorded: after 1983 Right of ways, easements, etc. road Water Supply: Private: ☐ Spring ☒ Well ☐ Shared Supply ☐ Public/Community

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Applicant/Agent Signature: _____

Date: 02-20-01

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: III/g Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency _____ years.

Comments: (2) 70' EZFlow trenches

Installed by: M + M Grading

Final Inspection by: Ala Smith MS, RS Date: 3-19-2001

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 _____

Name: ANDERSON, WESLEYTRANSLYVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID _____

mit #: 01-10301Receipt No 15764 205Int/Owner: ANDERSON, WESLEY & GAIL
884-2687Mailing Address: P.O. Box 719 Rosman, NC 28772

ne Phone #: () _____

Work Phone #: () _____

posed Buyer: _____

Mailing Address: _____

ne Phone #: () _____

Work Phone #: () _____

erty Location: Frozen Creek Road Subdivision: _____
Road/Street

Phase/Sect.: _____ Lot #: _____

actions to property: Hwy. 54 west past dump road - left on Frozen Creek - go approx 2.7
miles - blue house on right - turn at blue house - prop up road behind
blue house2 bedroom garage apt.Installation for: Mobile Home ☐ Single ☐ Double ☐ House ☐ No. Bedrooms: _____ Basement: Yes ☒ No ☐ With Plumbing: Yes ☐ No ☒ Ind./Commercial ☐ Other ☐dustry/Commercial/Other: Number of employees: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes ☐ No ☒Size: 5 ac Date lot recorded: after 1983 Right of ways, easements, etc. road Water Supply: Private ☐ Spring ☐ Well ☒ Shared Supply ☐ Public/Community ☐

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Applicant/Agent Signature: _____

Date: 02-20-01Well must be located at least
100' ft. from any part of the
septic system.AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)New Installation: ☐ Repair/Addition: ☐ Original Permittee: _____ Dated: _____Design waste flow: 240 GPD LTAR: 45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: IWWS 95-3RDrainfield: Total Trench Length: 140 ft. Square Footage: 560 Trench spacing: 9 ft. on ctr. Individual Trench Length: 70 ft. Maximum Trench Depth (Low Side): 18 in. Trench Width: 36 in.Distribution Method: D-box or serial Min. distance between system and nearest Well: 100 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.Comments & Special Conditions: owner requests use of IWWS 95-3R (EZFlow) *max trench depth 12"*
bring in 6" suitable soil to cover drainfield

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: Gail Anderson Date: 3/12/01 Construction Authorization prepared by: Alla Smith MS, PS Date: 3-5-2001

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