REYNOLDSWOOD	TRANSYLVANIA COUNTY HEALTH DEPART	8564-21-3853-000
File Name:	ON-SITE WASTEWATER DISPOSAL APPLICATION	
Permit #:		Receipt No
Agent/Owner: MHITMIRE, JERRY	Mailing Address 175 View Rd. Brevard,	nc
Home Phone #: () 862-3646	Work Phone #: ()	Flood Zone
Proposed Buyer:	Mailing Address:	Is the property in a flood zone?
Home Phone #: ()	Work Phone #: ()	Inspections
Property Location: View Rd.	Subdivision: Reynoldswood Phase/	Sect.: Lot #: 15 Flood Zone Ves No
Pand/Ctreat		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Rd lot 15 on right at to	nt on Morgan Hill - right into Reynoldswood	Approved Disapproved Initials Date
$\underline{\textbf{Installation for}} \colon \ \textbf{Mobile Home} \ \Box \textbf{Single} \ \Box \textbf{Double}$	House 🖸 No. Bedrooms: 3 Basement: Yes 🕅 No 🗌 W	vith Plumbing: Yes ☑ No ☑ Ind./Commercial ☑ Other ☑
If Indust./Commercial/Other: Number of employees:	Operation: (Describe)	Property contains designated wet lands: Yes No
Lot size: 1.17 Date lot recorded: 1977	Right of ways, easements, etc. road Water	r Supply: Private: Spring Well Shared Supply Public/Community
I certify the above to be correct to the best of my knowledge.	ermission is hereby granted to perform a site/soil evaluation on the property desc he applicant/agent/owner to comply with all applicable ordinances, laws, and ru	cribed above. If the information submitted in this application is falsified or changed, the permit
	Andrew Communication (Communication Communication Communic	3-25-04
Applicant/Agent Signature:	Energy .	Date:
	ON OUT WASTEWATER RICHOLD	LOVOTEN
	ON-SITE WASTEWATER DISPOSAL OPERATIONS PERMIT	L SYSIEM
	OPERATIONS PERIMIT	
The issuance of this operations permit certifi	es 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 opera	ated in accordance with the conditions of the improvemen	it permit, Article 11 of Chapter 130A of the General Statutes of North
Carolina and the rules adopted pursuant to the laws and Rules for Sewage Treatment are	his Article. This operation permit shall remain in effect as id. Disposal Systems as issued by the North Carolina.	long as the system is operated and maintained as required by the Department of Environment and Natural Resources, Division o
Environmental Health.		
	10" ID LDP	
System Classification Type: Ma	nagement Entity: Owner Certified Operator	Minimum inspection/maintenance review frequency N/N years
The second secon	Salita of Bright Africa and an artist of the factor of the salitation of the salitat	liter or road
Comments: Clean/Replace	e septic tank ettluent -	TITIE US TEGU
Installed by: Jerry Whit	mive Grading Final Inspection by:	James a Rayer RS Date: 5/27/0
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TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

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File Name: REYNOLDSNOOD	TRANSYLVANIA COUNTY HEALTH	H DEPARTMENT	8564-21-3853-009 Pin #/Tax ID		
Permit #: 04 - 191	ON-SITE WASTEWATER DISPOSAL	APPLICATION	Receipt No 6935 2350		
Agent/Ownel/HITMIRE, JERRY	Mailing Address 75 View Rd. I	Brevard, NC	adden Gara		
Home Phone #: () 862-3646	Work Phone #: ()		Flood Zone		
Proposed Buyer:	Mailing Address:		Is the property in a flood zone? -		
Home Phone #: ()	Work Phone #: ()		Inspections		
Property Location: View Rd. Road/Street	Subdivision: Reynoldswood		Flood Zone Yes No		
Directions to property: Hwy. 64 west to rest Rd lot 15 on right at to	gt on Morgan Hill - right into Reyr	oldswood - left on View	_ Approved Disapproved		
			→ (la e pare, la populatión de seu en la companya de la companya		
Installation for: Mobile Home Single Double If Indust/Commercial/Other: Number of employees:	House No. Bedrooms: 3 Basement: Yes P	No With Plumbing: Yes No Ir			
Lot size: 1.17 Date lot recorded: 197	7 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. shall become void. I understand that it is my responsibility as Applicant/Agent Signature:	Permission is hereby granted to perform a site/soil evaluation on t the applicant/agent/owner to comply with all applicable ordinanc	he property described above. If the information submes, laws, and rules from other agencies that may affe	itted in this application is falsified or changed, the permit ct the development of this property. 3-25-04		
	AUTHORIZATION FOR WASTEWATER (Diagram and Condition ginal Permittee: c Tank Capacity: DOO gal./min. Pump Tank Capacity:	ns Attached)Dated:	10" ID LDP		
	ge: 760 Trench spacing: 8 ft. on ctr. Individual Tren				
	n. distance between system and nearest: Well: 100 ft. W				
	15w000 10ts 15t16 com	Dined (Repair are	a 15 on old Lot 16		
and is PBPS sust	em as indicated on di	rawina)			
in compliance with Article 11 of Chapter 130A of the the original date of issue. The Construction Authori	indicated is hereby authorized. The wastewater system General Statutes of North Carolina and Rules adopted zation must be renewed upon expiration prior to the ir er or developer, or an agent of the owner or developer,	pursuant to this Article. This Construction A nstallation/repair of the wastewater system, o	uthorization is valid for a period of 5 years from r prior to the issuance of any required building		
Signed: Juny J. Whitmin	accordance with the improvement permit, construction Date: Construction Authorize	ration prepared by:	Bayer, RS Date: 5 18 04		
V U PERMIT AND CONSTRUC	TION AUTHORIZATION MUST BE ON SITE DURING AL	L PHASES OF CONSTRUCTION/INSTALLATIO	N AND INSPECTION		