

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

3551-39-1198-000

Pin #/Tax ID 3551-39-2161-000

changed on computer 3/29/2011
Receipt No 177112 2350

File Name: _____

Permit #: 05-047

Agent/Owner: DOBSON, BLINNA

Mailing Address: 11071 Box 124-A Rosman, NC

Home Phone #: () 384-3552

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: _____

Subdivision: Blue Ridge Estates Phase/Sec.: 3-C Lot #: _____

Old Roadway - 2nd drive on left past Highland Forest

Directions to property: _____

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input 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: 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: .61 Date lot recorded: _____ 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.

Applicant/Agent Signature: _____

Date: 1-25-05

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: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

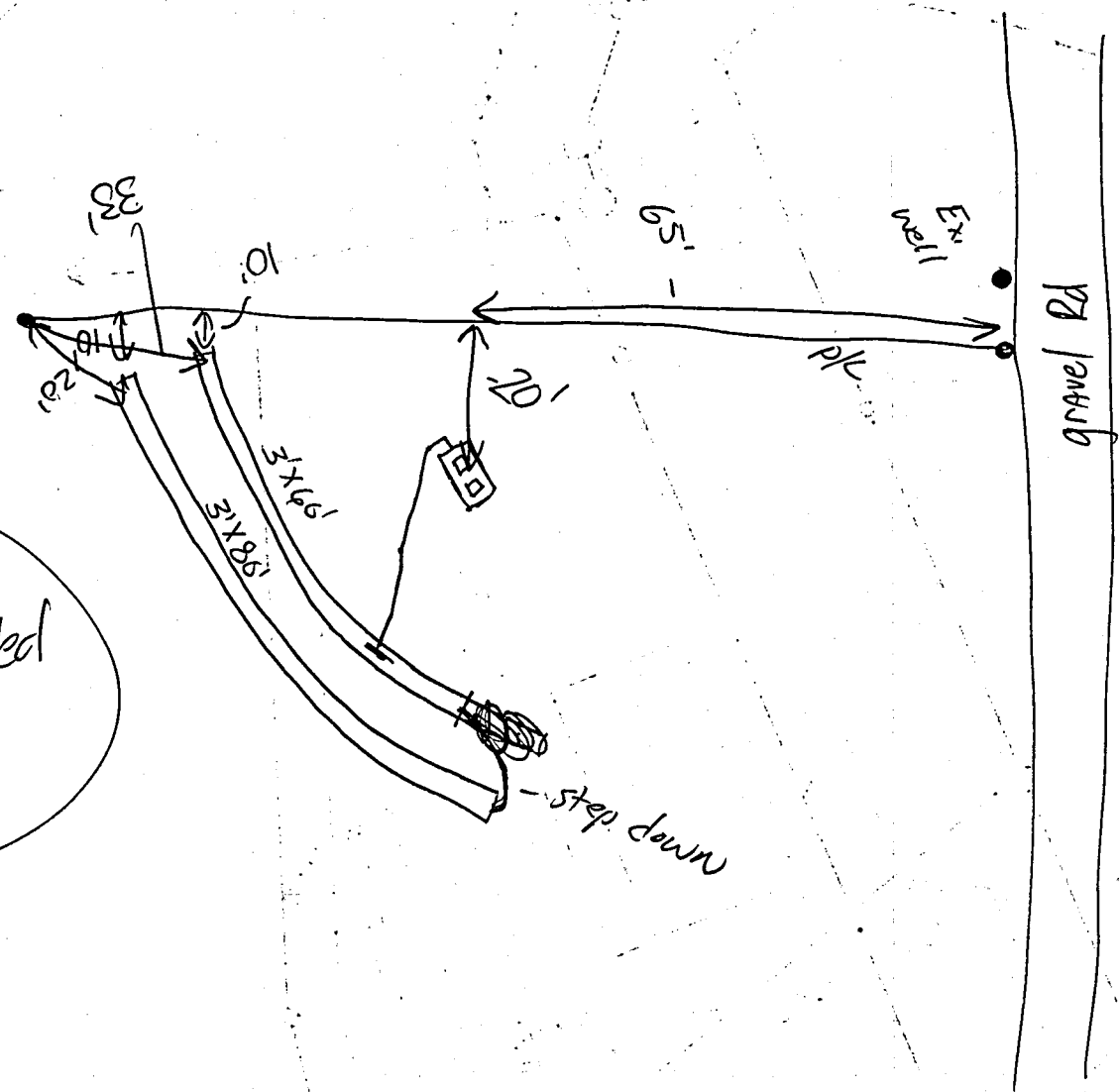
Comments: EZ-FLOW installed

Installed by: Mark Willis

Final Inspection by: Mel D O Cash, RS

Date: 3/15/05

SCM-1000
STB-862
11-30-04



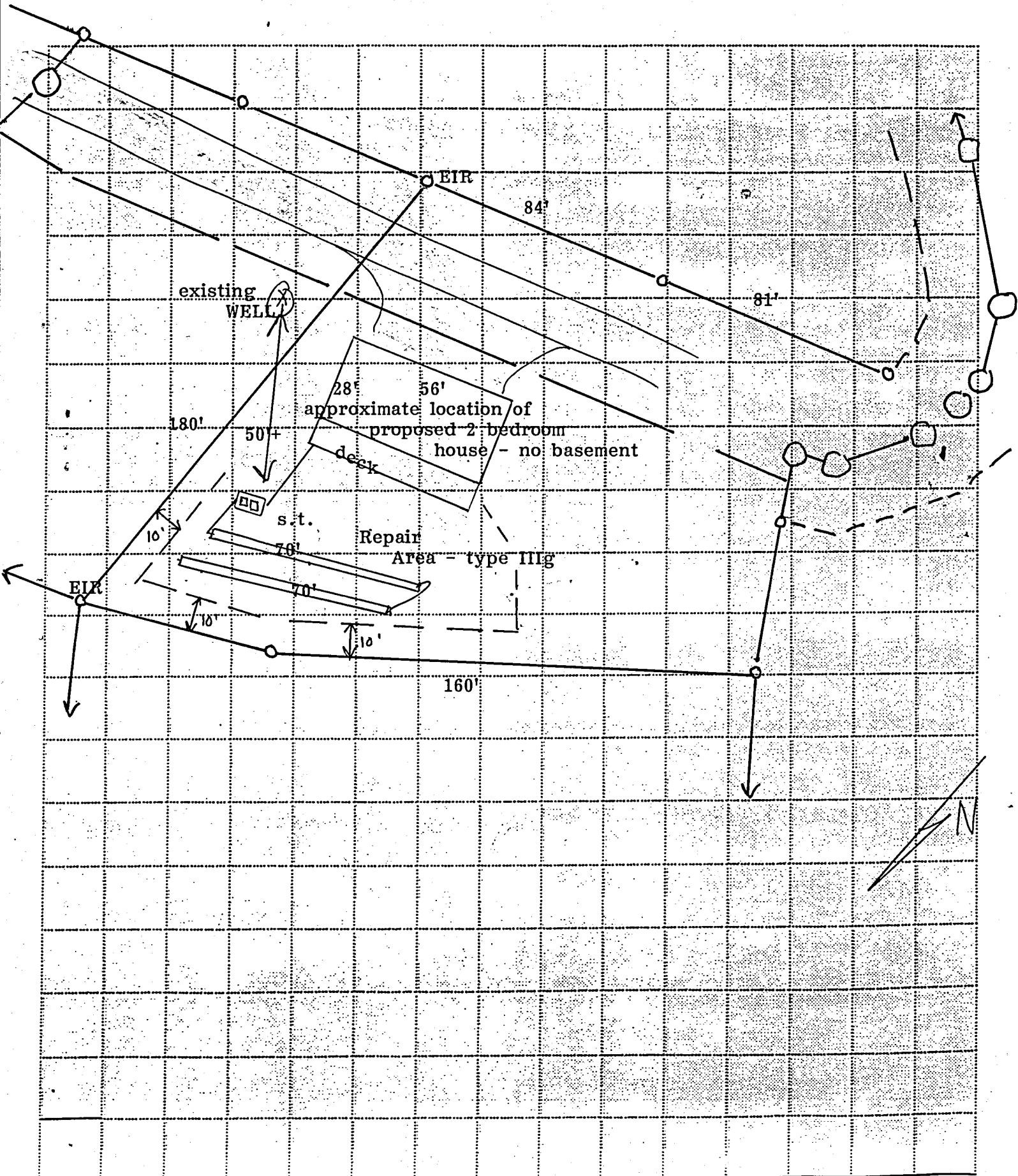
AS BUILT
EZ-FLOW installed
3/15/05 noc

TRANSLYVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

05-048

File Name: Elisha Dodson/off Old Toxaway Rd. Permit No.: _____ Pin No.: 8551-39-1198-000

Lot 3-C Scale: 1" = 40'



SCALE: 1" = 40'

File Name: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID _____

Permit #: 05-047

Receipt No 170513 #250

Agent/Owner: DOBSON, ELISHA

Mailing Address: HC71 Box 124-A Rosman, NC

Home Phone #: () 334-8552

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: off Old Toxaway Subdivision: Blue Ridge Estates Phase/Sec.: _____ Lot #: 3-C

Directions to property: Old Toxaway - 2nd drive on left past Highland Forest

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input 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: 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: .61 Date lot recorded: _____ 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.

Applicant/Agent Signature: [Signature] Date: 1-25-05

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: EZFlow

Drainfield: Total Trench Length: 140 ft. Square Footage: EA 850 560 Trench spacing: 9 ft. on ctr. Individual Trench Length: 70 ft. Maximum Trench Depth (Low Side): 16 in. Trench Width: 36 in.

Distribution Method: D-box or serial 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: maintain maximum distance from existing well but in no case is any part of the septic system to be closer than 50'; drainfield to have minimum 6" cover.

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: Rebecca Dodson Date: 1-31-05 Construction Authorization prepared by: Alia Smith MS, RS Date: 1/28/2005

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