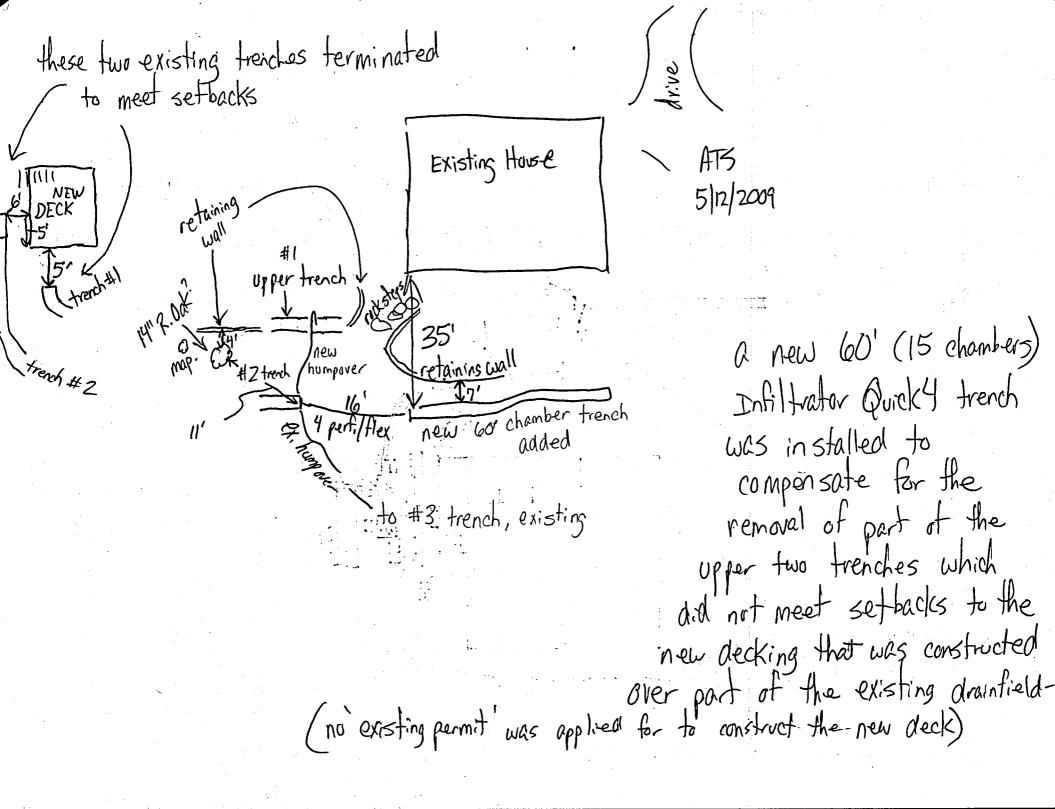
File Name: Big Hill TRANSYLVANI	A COUNTY DEPARTMENT of PUBLIC HEA	ALTH Pin #/Tax ID 581-79-2539-000
ON-SITE	WASTEWATER DISPOSAL APPLICATION	ADDING A LIKE
Permit #: 09-055		Receipt No 7/60
Agent/Owner: Magner, Righard & Eathleen	Mailing Address: P.O. Box 571 Cedar Etn, EC	28712 23 24 7140 34
Home Phone #: (CONTACT: Jeyry Brown 553-2410	Work Phone #: ()	Flood Zone
Proposed Buyer:	Mailing Address:	Is the property in a flood zone? Yes No Unknown
Home Phone #: ()	Work Phone #: ()	Inspections
Property Location: Off East Fork Road Subdivision:	Eig Hill Phase/Sect.:	Lot #: 19-1: Flood Zone
Directions to property: 276S; E on East Fork Road; Lo	ft into Big Hill; let house on R.	Approved Disapproved
		Initials Date
installation for: Mobile Home Single Double House	No. Bedrooms: Basement: Yes No With Plumbing:	Yes No Ind./Commercial Other
f Indust./Commercial/Other: Number of employees: Operation: (Des	cribe) Property	contains designated wet lands: Yes \(\square\) No \(\square\)
Lot size: 4.46 SCTSS Date lot recorded: Right of wa	ys, easements, etc. Water Supply: Priva	te: Spring Well Shared Supply Public/Community
certify the above to be correct to the best of my knowledge. Permission is hereby shall become void. I understand that it is my responsibility as the applicant/agent/o	owner to comply with all applicable ordinances, laws, and rules from other a	
ON-S	SITE WASTEWATER DISPOSAL SYSTE	iM .
	OPERATIONS PERMIT	
The issuance of this operations permit certifies that the sys and that the system is capable of being operated in accorda Carolina and the rules adopted pursuant to this Article. This Laws and Rules for Sewage Treatment and Disposal Sy Environmental Health.	ance with the conditions of the improvement permit, Art s operation permit shall remain in effect as long as the	ticle 11 of Chapter 130A of the General Statutes of North system is operated and maintained as required by the
T		
	ity: Owner Certified Operator Minimum in	spection/maintenance review frequencyyears.
comments: 10000 60' Intil Hator (Juicky chamber to compensat	e tor removal of 60 ± of the
	neet setback requirements tur	
Installed by: GUS Gravley #2223	Final Inspection by:	Date: 5/12/2004

The control of the co



TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH IMPROVEMENT PERMIT DIAGRAM

Richard & Kathleen 09-055 8581-79-2539-000

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	,				20' DECK 5'€	5	3'x80'						
		***************************************		25'							•		
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		of the clay so	trenches il at le	"(at le ast two	ast one	4*"cham st the 1	erin e newly in	ach trei stalled	ich) an	the so	11 compa	cted wi	h a
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SCALE: 1" = 30