COUNESTEE FALLS		3-16-0091-000
File Name:	TRANSYLVANIA COUNTY HEALTH DEPARTMENT	Pin #/Tax ID
Permit #: 04 - 455	ON, SITE WASTEWATER DISPOSAL APPLICATION	Receipt No
** A TREE TOTA TE A 22120 A 4722	sa sa . 33 Creatview Dr. Brevard. N	•
Agent/Owner: ORSOINTA VALITATION OF TOMBUS	Mailing Address: 444 33 Creatview Dr. Brevard, A	Flood Zone
Home Phone #: ()	Work Phone #: ()	Is the property in a flood zone?
Proposed Buyer:	Mailing Address:	Yes No Unknown
Home Phone #: ()	Work Phone #: () Conventee Falls 50-A	Inspections
The state of the s	Subdivision: Confronted Falls Phase/Sect.: 18 50-A Lot #:	Flood Zone
Road/Street	right at first St - go to 4th street on right to Uwaga	Yes L No
Directions to property: WO ID UNI - Chi-GE-SAU	: - prop begins on right	
	S. T. A. C. AFT.	Initials Date
		en e
Installation for: Mobile Home Single Double	House No. Bedrooms: 4 Basement: Yes No No With Plumbing: Yes No No	ind/Commercial Other
Installation for Mobile Home L Single L Double L	Notice I No. Bediconis. Discernent. Tes I No I Notice I No. 100 I	and the second of the second o
If Indust./Commercial/Other: Number of employees: Op	peration: (Describe) Property contains design	nated wet lands: Yes No No
Lot size: 2.15 Date lot recorded: 2034	Right of ways, easements, etc. TONE Water Supply: Private: Spring	Well Shared Supply Dublic/Community
Legitify the above to be correct to the best of my knowledge. Permiss	sion 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
aball because weld it wastered that it is not recommelable on the one	plicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that ma	y affect the development of this property.
shall become void. I understand that it is my responsibility as the app		
		10-25-04
Applicant/Agent Signature:	Date:	
	Date:	
	ON-SITE WASTEWATER DISPOSAL SYSTEM	
	Date:	
Applicant/Agent Signature: The issuance of this operations permit certifies the	ON-SITE WASTEWATER DISPOSAL SYSTEM OPERATIONS PERMIT nat the system described on the improvement permit and the construction a	10-25-04 authorization is properly installed or repaired
Applicant/Agent Signature: The issuance of this operations permit certifies the and that the system is capable of being operated.	ON-SITE WASTEWATER DISPOSAL SYSTEM OPERATIONS PERMIT nat the system described on the improvement permit and the construction as in accordance with the conditions of the improvement permit, Article 11 of C	10-25-04 authorization is properly installed or repaired hapter 130A of the General Statutes of North
The issuance of this operations permit certifies the and that the system is capable of being operated Carolina and the rules adopted pursuant to this A	ON-SITE WASTEWATER DISPOSAL SYSTEM OPERATIONS PERMIT nat the system described on the improvement permit and the construction as in accordance with the conditions of the improvement permit, Article 11 of Carticle. This operation permit shall remain in effect as long as the system is	authorization is properly installed or repaired hapter 130A of the General Statutes of North operated and maintained as required by the
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> P/L (New) Col de Sac OLD P/L Drive House 1 (Regged) 5/23/07 SCM-1000 @C.D. STB-86Z zw+ 601 Hickory) Bl 14 3'W + 60'L 3'w+60'L D-Box > 31316 Large Maple 9 EZFLOW 25% 1 (Built 7/12/07

CONNESTEE FALLS			8593-10-6	0991-000
File Name:	TRANSYLVANIA COUNTY	_	Pin	#/Tax ID
and the same of th	ON-SITE WASTEWATER DI	SPOSAL APPLICATION		111119 11211
Permit #: 04 - 455			the state of the s	eceipt No 6757 11300
Agent/Owner:CAROLINA VANTAGE	Mailing Address:	33 Crestview Dr.	Brevard, NC	
Home Phone #: () Req	Work Phone #: ()			Flood Zone Is the property in a flood zone?
Proposed Buyer:	Mailing Address:			Yes No Unknown
Home Phone #: ()	Work Phone #: (Inspections
Property Location: Uwaga Court	Subdivision: Connestee Valis	Phase/Sect.:	18 09-A Lot #:	Flood Zone
Road/Street Fost Poric Gate - tair	e right at first St - go to	4th street on right	to Uwaga	
	ic - prop begins on right			☐ Approved ☐ Disapproved Initials Date
				
Installation for: Mobile Home Single Double	House No. Bedrooms: 4 Base	ment: Yes 🔼 No 🗌 With Plumi	bing: Yes 🔯 No 🗌 Ind./0	Commercial Other
If Indust./Commercial/Other: Number of employees:	Operation: (Describe)		operty contains designated wet	lands: Yes No
Lot size: 2.15 Date lot recorded: 2004	Right of ways, easements, etc	Water Supply:	Private: Spring W	ell Shared Supply Public/Community
I certify the above to be correct to the best of my knowledge. Pern	nission is hereby granted to perform a site/soil e	valuation on the property described ab	ove. If the information submitted	I in this application is falsified or changed, the permi
shall become void. I understand that it is my responsibility as the	applicant/agent/owner to comply with all applic	able ordinances, laws, and rules from o		
			10-2	5-04
Applicant/Agent Signature	1 1081000		Date:	
	UTUODIZATION FOR WACT	EWATER CYCTEM COM	CTRUCTION	
	UTHORIZATION FOR WASTI	EWATER SYSTEM CON Conditions Attached)	STRUCTION	
New Installation: Repair/Addition: Original	, –	Conditions Attached)	D	
	Permittee:		Dated:	050 011:
Design waste flow: 480 GPD LTAB: 5 Septic Ta	nk Capacity: 1000 gal./min. Pump Ta	nk Capacity: gal./min.	Proposed Wastewater System:	XJ/6 Keduction
Drainfield: Total Trench Length: ## Square Footage:	160 Trench spacing: 9 ft. on ctr. 1	ndividual Trench Length: 60	ft. Maximum Trench Depth(Low	\sqrt{Side} : 18 in. Trench Width: 36 in
Distribution Method: D-Box Min. dis	stance between system and nearest: Well:	1. Water line: 15 ft.	Foundation:5ft. Pro	pperty line: 10 ft. Vertical Cut: 15 ft
	jests using EZ-FLO			
Construction of the wastewater system for the permit inc	licated is hereby authorized. The wastew	vater system described in the Imp	provement permit has been	designed and can be installed and operated
in compliance with Article 11 of Chapter 130A of the Ge the original date of issue. The Construction Authorization	on must be renewed upon expiration pr	rior to the installation/repair of th	e wastewater system, or pi	rior to the issuance of any required building
permits. A pre-construction conference with the owner of				
I agree to install the wastewater disposal system in acc		·	• • • • • • • • • • • • • • • • • • • •	rein.
Signed:	Date: 1/-1-04 Constructi			RS Date: 10-28-04
PERMIT AND CONSTRUCTION	ON AUTHORIZATION MUST BE ON SITE I			AND INSPECTION

File N				TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM O 4-455 Pin No.: 8593-10-0991-000 Totalina Vantage																						
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