PISGAH FOREST ESTATES  Permit #:	TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION  Mailing Address:	9505-75-5109-000 Pin #/Tax ID
Home Phone #: (	Work Phone #: ()  Mailing Address: Greg Mills 884-4488 or 286-9  Evergreen Realty  Work Phone #: ()  Subdivision: PIsgan Forest Estates Phase/Sect.:  part Road to right into Pisgan Forest Vatates = state	Lot #: 3-A   Inspections   Flood Zone   Yes   No
Hollast./Commercial/Other: Number of employees:  after I  Lot size:  Date lot recorded:  I certify the above to be correct to the best of my knowledge. P shall become void. I understand that it is my responsibility as the shall become void.	983. no	rty contains designated wet lands: Yes No No Spring Well Shared Supply Public/Community  If the information submitted in this application is falsified or changed, the permit
The issuance of this operations permit certificand that the system is capable of being operations and the rules adopted pursuant to the Laws and Rules for Sewage Treatment and the contract of the contract o	ON-SITE WASTEWATER DISPOSAL SYST OPERATIONS PERMIT  es that the system described on the improvement permit and the cated in accordance with the conditions of the improvement permit, A his Article. This operation permit shall remain in effect as long as the disposal Systems as issued by the North Carolina Department.	construction authorization is properly installed or repaired Article 11 of Chapter 130A of the General Statutes of North he system is operated and maintained as required by the
Environmental Health.  System Classification Type: Ma	nagement Entity: Downer Certified Operator Minimum	inspection/maintenance review frequency years.
Installed by: Theron Mc	Call Final Inspection by:	RG Date: 5.9.03

5.9.03 Flow serial fed (g & 5) # 3 46110M A 8600

PISGAH FOREST ESTATES	TRANSYLVANIA COUNTY, HEALTH DEPARTMENT	9505-75-5169-000 Pin #/Tax ID
	ON-SITE WASTEWATER DISPOSAL APPLICATION	393 \$150
Permit #:		Receipt No
Agent/Owner: Linerunner	Mailing Address:	
Home Phone #: ()	Work Phone #: ()	Flood Zone
Proposed Buyer: ADLER, HARVEY	Mailing Address: Greg Hills 884-4488 or 280-	9036   Is the property in a flood zone?
Home Phone #: ()	work Phone #: (	Inspections
Property Location: Pisgah Forest, Drive Road/Street	Subdivision: PIsgah Forest Estates Phase/Sect.:	Lot #:   Flood Zone
Directions to property:	rt Road to right into Pisgah Forest Estatos - st last lot on right	Approved Disapproved Initials Date
If Indust./Commercial/Other: Number of employees:	83	erty contains designated wet lands: Yes No No
Lot size: 2.37 Date lot recorded:	Right of ways, easements, etc. <u>NO</u> <u>Water Supply</u> : P	rivate: Spring A Well Shared Supply Public/Community
shall become void. I understand that it is my responsibility as the	mission is hereby granted to perform a site/soil evaluation on the property described above applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other applicable.	
	AUTHORIZATION FOR WASTEWATER SYSTEM CONST (Diagram and Conditions Attached)	RUCTION
	Il Permittee:1	Dated:
Design waste flow: 360 GPD LTAR: 5/5 Septic Ta	(2) ank Capacity: /000 gal /min. Pump Tank Capacity: gal /min. Pro	posed Wastewater System: <u>oump to conventional</u>
	810 Trench spacing: $9$ ft. on ctr. Individual Trench Length: $90$ ft.	
Distribution Method: D-box or serial Min. di	istance between system and nearest: Well: 100 ft. Water line: 10 ft. Fo	undation: 15 ft. Property line: 10 ft. Vertical Cut: 15
	from house to septic tanks to meet No	
Construction of the wastewater system for the permitting in compliance with Article 11 of Chapter 130A of the Gothe original date of issue. The Construction Authorization	dicated is hereby authorized. The wastewater system described in the Improveneral Statutes of North Carolina and Rules adopted pursuant to this Article. tion must be renewed upon expiration prior to the installation/repair of the vor developer, or an agent of the owner or developer, and the health department	vement permit has been designed and can be installed and operate This Construction Authorization is valid for a period of 5 years fror wastewater system, or prior to the issuance of any required buildin
I agree to install the wastewater disposal system in ac	cordance with the improvement permit, construction authorization and any	conditions specified therein.
Signed: S. Muls	Date: $4-8-03$ Construction Authorization prepared by:	alla Smith ms, RS Date: 4-7-03

