## BUNCOMBE COUNTY HEALTH CENTER ENVIRONMENTAL HEALTH SERVICES (704-255-5691) OPERATIONS PERMIT

Property Owner: Mailing Address:	Michiel & Dinn	e Carpenter	Application Date: 6-17-99
property Location:	Road Name: Manutaine 17		A )
Contractor/Inst:	Chad Cana	Directions 3/4	2
Subdivision: Water Supply:	SUISOL ROO LO	#: 47	PIN#: 9655 1443 DIEX
	Municipal Well	(Shared/Individual	In Place (For N) OTHER
SECTION ONE: Design	n Flow: GPD: 3(0) c Tank: Concrete:	Type of System Chamber	
Drain	field: # of Trenches: \3	Other: Trench Length: 83	Liquid Capacity: /250 Trench Width: 3
	Spacing (cc): 4	Gravel Depth: 100	
	Pump Tank Cap:	Dams/Steps Down: 103 Pump Swithces:	Pump DA Alarm Dosing Rate Valves
System	m Classification: I II III Systems cl	IV V VI Minimum Ins	p/Maintenance Frequency st have a copy of the Management
	Entity Agr	eement attached.	st have a copy of the Management
2	-u -	/ cut/	
Jucust	Ruse		. · ·
3	Prosin -	HOUSE	
9	ا بدواق	SITE	
	- 12 0	1 3172 11	2.
o-C	- 14 chamber	Į. V	
	- 13 11		
Find			13.
Future PPBS	e	Oci.	"E
"C PBS	Pain		<u> </u>
			. 5
Amount of the Company	444	70	
B	•	-	
SECTION TWO: System Mobile	Designed For: Residence	Number of bedrooms	per unit: 3
Baseme	ent(s): Yes	New Real Real Real Real Real Real Real Real	epair
No. of	didth: SingleDouble	Units: Single	Yes No
M.H. P	Units Park: Phase of Park: /Industrial: No. Employees	No. of Units in Pha	ase:
Other	Industrial: No. Employees		
If Industrial Waste			es No
Comments:	is "Yes", a Copy of State Rev	riew and Approval Must Be	Attached.
	3, brame, conditions, etc. st	cacned? YesNo	
Final approval of the Regulations, but in a given time.	ne system shall indicate that no way should be taken as a gua	the system has been insta rantee that the system will	alled in accordance with State I function satisfactory for any
(60) 04	VOID IF NOT IN COMPLIA	NCE WITH LAND HOP BROWN AND	A170
Ingrantadia 10	PARASE CONTACT BUNCOMBE	COUNTY ZONING - (704) 255	-5777
Inspectedby:	a Juch		Date: Det 13, 1998
Owner/Agent:	had come		Date: 1/2-12-98

	1:00	98-241.76
*Buncombe County Health C	enter Environmental Health	Com 1000 0
Application for two	rovement Permit, Authorizat	ion to Construct
Oberacions Estuar	TOI Kesidential Subsurface	Sewage Disposal
ADDITION Name: INTERNAL TO	MAN P I CIVIDANE	7 // / / / / / / / / / / / / / / / / /
Property Owner: Current Address:	Fred + Mary Hornac	K 255-429411
COLLEGIC AUGILESS:	Con don was	StZip .
Name of Subdivision (if applied Directions To Property, 25	cable); Sunset Ridge	Lot #(s)
Directions To Property: 25A	TO GON KOTH FOR NOM	Lett on Juckaway
PROPERTY I.D. NUMBER AND A	COPY OF THE DIAM MICH DE CO	to Cul-de-Sac Ric
PROPERTY I.D. NUMBER (PIN)	9655 11 - 42 - 618	DBMITTED WITH ALL ITEMS.
	1050114 75 010	o grave!
THESE QUESTIONS APPLY TO MO	BILE HOME PLACEMENT ONLY.	15t/st
IS PROPERTY LOCATED IN ZONED AREA	A ? YES NO	7—70.
IS PROPERTY LOCATED IN CITY OF AS	SHEVILLE OR OTHER TOWN LIMIT? YES	NO
IF YOU CHECKED "YES", HAVE YOU C	ONFERRED WITH OFFICIALS REGARDING	ZONING ? Yes NO
THESE QUESTIONS APPLY TO ST	NGLE LOT AND SINGLE UNIT PL	A CIED CIED CONTROL -
SERVICE REQUESTED FOR:	Improvement Permit Only	ACEMENT * Only
	Improv Permit Auth to Com	st Oper Permit
Permanent residence Mobile Bedrooms 7-4 Basement V09	(Manufactured) Singlewide	Doublewide No.
Bedrooms 3-4 Basement Ves Water Supply: MUNICIPAL	Dasement Plumbing /VO	
* Proposed house or mobile home	V WELL O	THER
THESE QUESTIONS APPLY TO MUI	LTIPLE LOT AND MULTIPLE UNI	I PLACEMENT ONLY
SERVICE REQUESTED FOR: Impro	OV.Permit only Imp.Permit/Au	thoriz.to Const./Op Permit
MOBILE HOMES**	No. of Lots	No. of Units per Lot
MULTIPLE UNIT R	No. of Lots	No. of Units per Lot
Number of Bedrooms Per unit	Restrictive Building	No. OI Units per Lot
Size of Structures Proposed	1 : x	10.
TYPE OF UNITS: MOBILE HOMES**  SINGLE UNIT RES  MULTIPLE UNIT R  Number of Bedrooms Per unit  Size of Structures Proposed  WATER SUPPLY: Municipal	WellO	ther
**In order to complete multiple 1	of MORTLE HOME and STROLE THE DE	
Temilitement Te sime of whome		
the evaluation will be conducted by	res are not indicated and corners	nded and preferred but not a of structures are not marked,
the evaluation will be conducted ha maximum of thirty-eight foot wi	res are not indicated and corners based on the number of bedrooms in	nded and preferred but not a s of structures are not marked, dicated on this application and
the evaluation will be conducted he a maximum of thirty-eight foot wide four foot wide structure for mobile	res are not indicated and corners based on the number of bedrooms in de structure (front to back) for	nded and preferred but not a s of structures are not marked, dicated on this application and permanent buildings and twenty-
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Owner/Agent : BCED-EHS REV 04-96

8-24176

BUNCOMBE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES (704-255-5691) PERMIT FOR WASTEWATER SUB-SURFACE SEWAGE DISPOSAL Michael & Dirve Applicant Name: Carpenter Application Date: 6-17-98 Property Owner: Mailing Address: Property Location: RoadName: MIGAMAINSI LE Directions: 25-L Rath Jonhum, L MIENTHINSIZ , upliet Subdivision: SECTION ONE: System Design for: Residential ✓ Commercial Multiple Units No Single Unit Basement(s): Yes No. Units No.Bedrooms/per unit No Mobile(s) Basement Plumbing: Yes Permanent Foundation(s) Singlewide Doublewide Available Space:\_LTAR:\_\_\_\_40 Site Classification: Soil Group: 70 Design Flow: 360</ Water Supply: (1) Municipal (2) Well (Shared \_ Individual \_\_ In Place? Tor N (3) Other 213 property liver 110' MOUNTAINS! 83' to PIN. sadd L33-03 of dund M Py Copy & Standard XX 1614sod 50 pecie 716 70 221 SECTION TWO: Types Of Systems Applicable (2) Large Diameter Pipe
(5) Expanded Polystyrene Aggregate (6) Other (1) Prefab Permeable Block Panel (3) Conventional (4) Chamber INSTAL 25" deep Comments: lown Keep system min. house a Leck. Is exact size and location of structure known at this time? Yes - As described on application and detailed above. No - This evaluation was conducted based on a maximum of thirty-eight foot wide structure (front to back) for permanent buildings and twenty-four foot wide structure for mobile units unless otherwise specified by the applicant (includes porches and decks). Doublewide mobile units are considered permanent structures for the purpose of this evaluation. Restrictive building setbacks were also This permit is valid only for a structure of this description or smaller. This permit is not limited to a structure of this description, however, no part of the structure shall extend into the designated area for the sewage treatment system. An Authorization to construct must be obtained when final plans are completed and exact type and location of An Authorization to construct must be obtained when rinal plans are completed and exact type and location or building are established. For planning purposes, please be aware that building, driveways, excavation, fill the contraction of the area designated for the sewage treatment system. This permit is subject to revocation if the site is altered or the intended use changes from those described above. Apply for the service in room 243 of the Buncombe County Health Department when an Authorization to Construct is needed or if you wish to increase the size or change location of the structure. A Building Permit may not be issued until an Authorization to Construct is obtained.

Evaluated by:

Date:

Date: