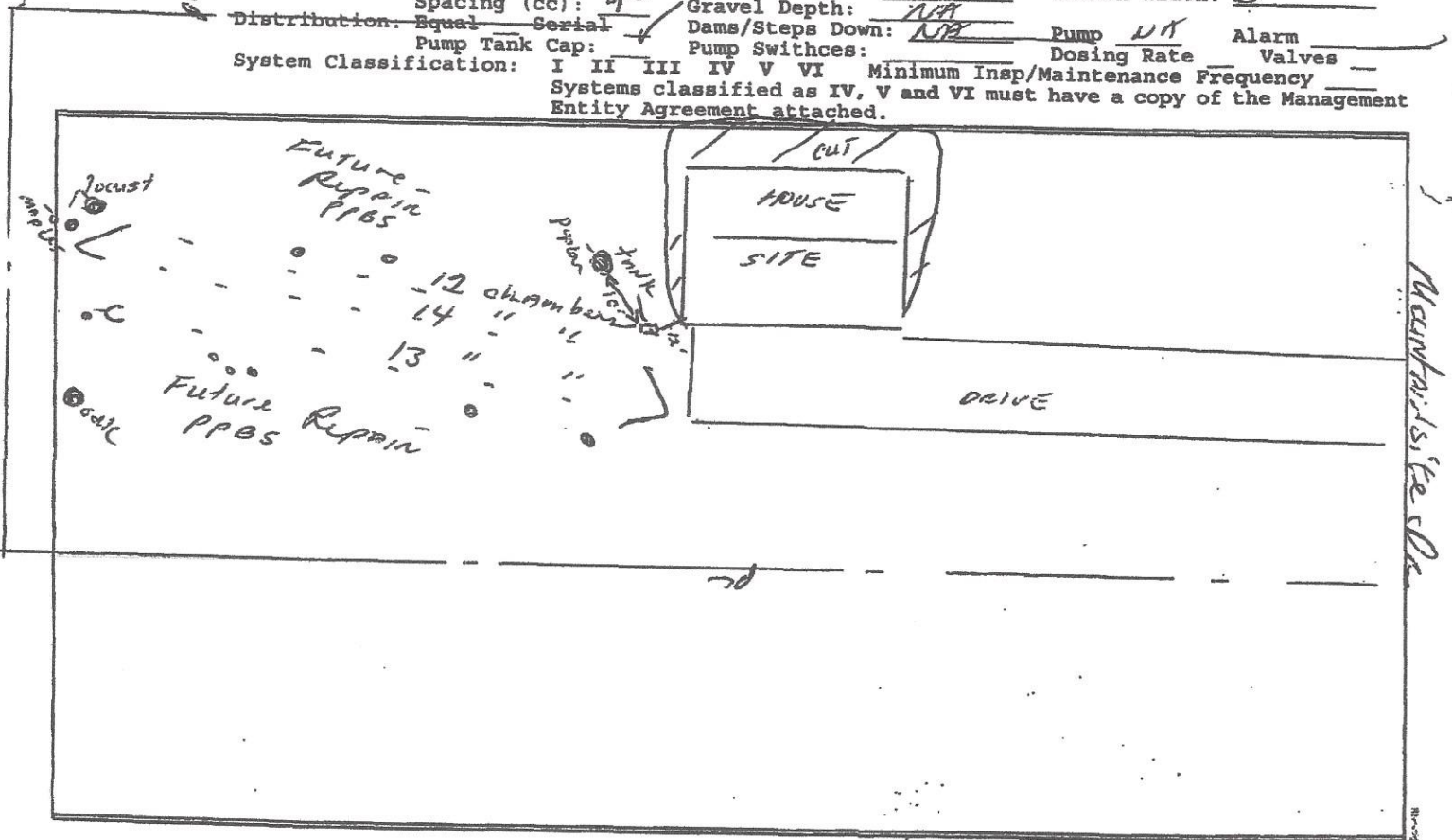


98-24176

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

Property Owner: Michael A. Dine Carpenter Application Date: 6-17-98
Mailing Address: _____
Property Location: Road Name: Mountainview Directions: (See AC)
Contractor/Inst: Chad Cape
Subdivision: Sunset Pkg Lot#: 47 PIN#: 96551443 D181
Water Supply: Municipal Well (Shared Individual In Place or N) OTHER _____

SECTION ONE: Design Flow: GPD: 3100 Type of System: chamber LTAR: 40
Septic Tank: Concrete: _____ Other: _____ Liquid Capacity: _____
Drainfield: # of Trenches: 3 Trench Length: 85 Trench Width: 31/250
Spacing (cc): _____ Gravel Depth: N/A
Distribution: Equal Serial Dams/Steps Down: N/A Pump N/A Alarm _____
Pump Tank Cap: _____ Pump Switches: _____ Dosing Rate _____ Valves _____
System Classification: I II III IV V VI Minimum Insp/Maintenance Frequency _____
Systems classified as IV, V and VI must have a copy of the Management Entity Agreement attached.



SECTION TWO: System Designed For: Residence Mobile Perm. Number of bedrooms/per unit: 3
Basement(s): Yes No New Repair Basement Plumbing: Yes No
M.H. Width: Single Double Units: Single Multiple
No. of Units _____ No. of Units in Phase: _____
M.H. Park: _____ Phase of Park: _____ Industrial Waste: Yes No
Busn./Industrial: _____ No. Employees: _____
Other _____

If Industrial Waste is "Yes", a Copy of State Review and Approval Must Be Attached.

Comments: _____

More detailed drawing, plans, conditions, etc. attached? Yes _____ No _____

Final approval of the system shall indicate that the system has been installed in accordance with State Regulations, but in no way should be taken as a guarantee that the system will function satisfactory for any given time.

VOID IF NOT IN COMPLIANCE WITH LAND USE REGULATIONS
PLEASE CONTACT BUNCOMBE COUNTY ZONING - (704) 255-5777

Inspected by: Chad Cape Date: Oct 12, 1998
Owner/Agent: Chad Cape Date: 10-12-98

2150 1:00

98-24176

Buncombe County Health Center Environmental Health Services (828-255-5631)
 Application for Improvement Permit, Authorization to Construct,
 Operations Permit for Residential Subsurface Sewage Disposal
 Applicant Name: Michael + Diane Carpenter Phone 665-1632 (H)
 Property Owner: same Fred + Mary Hornack 255-4294 (W)
 Current Address: _____ City _____ St. _____ Zip _____
 Name of Subdivision (if applicable): Sunset Ridge Lot # (s) _____
 Directions To Property: 25A to 2 on Kathfarnham left on Tuckaway
1 on Breezway 2 on mountainside to Cul-de-Sac for
 PROPERTY I.D. NUMBER AND A COPY OF THE PLAT MUST BE SUBMITTED WITH ALL ITEMS
 PROPERTY I.D. NUMBER (PIN) 9655,14-43-0180 Gravel

THESE QUESTIONS APPLY TO MOBILE HOME PLACEMENT ONLY:
 IS PROPERTY LOCATED IN ZONED AREA ? YES _____ NO _____
 IS PROPERTY LOCATED IN CITY OF ASHEVILLE OR OTHER TOWN LIMIT? YES _____ NO _____
 IF YOU CHECKED "YES", HAVE YOU CONFERRED WITH OFFICIALS REGARDING ZONING ? Yes _____ NO _____

THESE QUESTIONS APPLY TO SINGLE LOT AND SINGLE UNIT PLACEMENT * only
 SERVICE REQUESTED FOR: Improvement Permit Only
Improv. Permit, Auth. to Const., Oper Permit *
 Permanent residence _____ Mobile (Manufactured) _____ Singlewide _____ Doublewide _____ No.
 Bedrooms 3-4 Basement yes Basement Plumbing NO
 Water Supply: MUNICIPAL WELL _____ OTHER _____
 * Proposed house or mobile home location MUST be staked in order to conduct this evaluation.

THESE QUESTIONS APPLY TO MULTIPLE LOT AND MULTIPLE UNIT PLACEMENT ONLY
 SERVICE REQUESTED FOR: Improv. Permit only Imp. Permit/Authoriz. to Const./Op. Permit
 TYPE OF UNITS: MOBILE HOMES** _____ No. of Lots _____ No. of Units per Lot _____
 SINGLE UNIT RES.** _____ No. of Lots _____ No. of Units per Lot _____
 MULTIPLE UNIT RES.*** _____ No. of Lots _____ No. of Units per Lot _____
 Number of Bedrooms Per unit: _____ Restrictive Building Set Backs: _____ ft.
 Size of Structures Proposed: _____ X _____
 WATER SUPPLY: Municipal _____ Well _____ Other _____

**In order to complete multiple lot MOBILE HOME and SINGLE UNIT RESIDENTIAL evaluations, clearly marked property corners, lot numbers, boundary lines, and building setback lines are required. Staked or flagged corners of proposed structures are recommended and preferred but not a requirement. If size of structures are not indicated and corners of structures are not marked, the evaluation will be conducted based on the number of bedrooms indicated on this application and a maximum of thirty-eight foot wide structure (front to back) for permanent buildings and twenty-four foot wide structure for mobile units (includes porches and decks). Doublewide mobile units are considered permanent structures for purposes of this evaluation. IF YOU WISH TO HAVE LOTS EVALUATED FOR LARGER OR SMALLER STRUCTURES YOU MUST INDICATE THE SIZE OF THE DESIRED STRUCTURES IN THE SPACE PROVIDED ABOVE. If the property is accessible for a backhoe or other type of excavating equipment, pits may be required in order to complete multiple soil evaluation on large tracts of land.

*** In order to complete MULTI-UNIT RESIDENTIAL Evaluations, clearly marked property corners, lot numbers boundary lines, and building setbacks are required. Also corners of proposed buildings MUST be staked or flagged. If the property is accessible for a backhoe or other type of excavating equipment, pits may be required in order to complete multiple soil evaluations on large tracts of land.

DATE 6/17/98 OWNER/AGENT SIGNATURE Diane Carpenter
 Return white and yellow copies of application with a check made payable to: Buncombe County Health Center: or mail to: Environmental Health Services, Buncombe County Health Center, 35 Woodfin Street, Asheville, NC 28801-3075. The pink copy may be kept for your files. Office hours are 8:00 to 5:00 Monday through Friday.

DEPARTMENTAL USE ONLY
 Improvement Permit, Authoriz. to Construct & Operat. Permit (Regular Sys.) \$ 150.00
 Large Systems first 500 gallons - \$150.00 plus \$100.00 per additional 500 gallons _____
 Improvement Permit or Operations Permit ONLY _____ 75.00
 Multiple Site Evaluation (Improvement Permits) PER LOT _____ 45.00
 Improvement Permit or Authorization to Construct Revision _____ 75.00

ENVIRONMENTAL HEALTH SPECIALIST Clay Tucker
 AMOUNT RECEIVED 150 RECEIPT # 3115210 BY UPATRUB
 CASH _____ CHECK # _____ DATE _____
 CREDIT CARD - MASTERCARD _____ VISA _____ CARD # _____ EXP. DATE 6-17-98
 BCHD-EHS REV 06-97

ALL HEALTH DEPARTMENT SERVICES ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, DISABILITY OR HANDICAP.

98-24176

Authorization for Construction

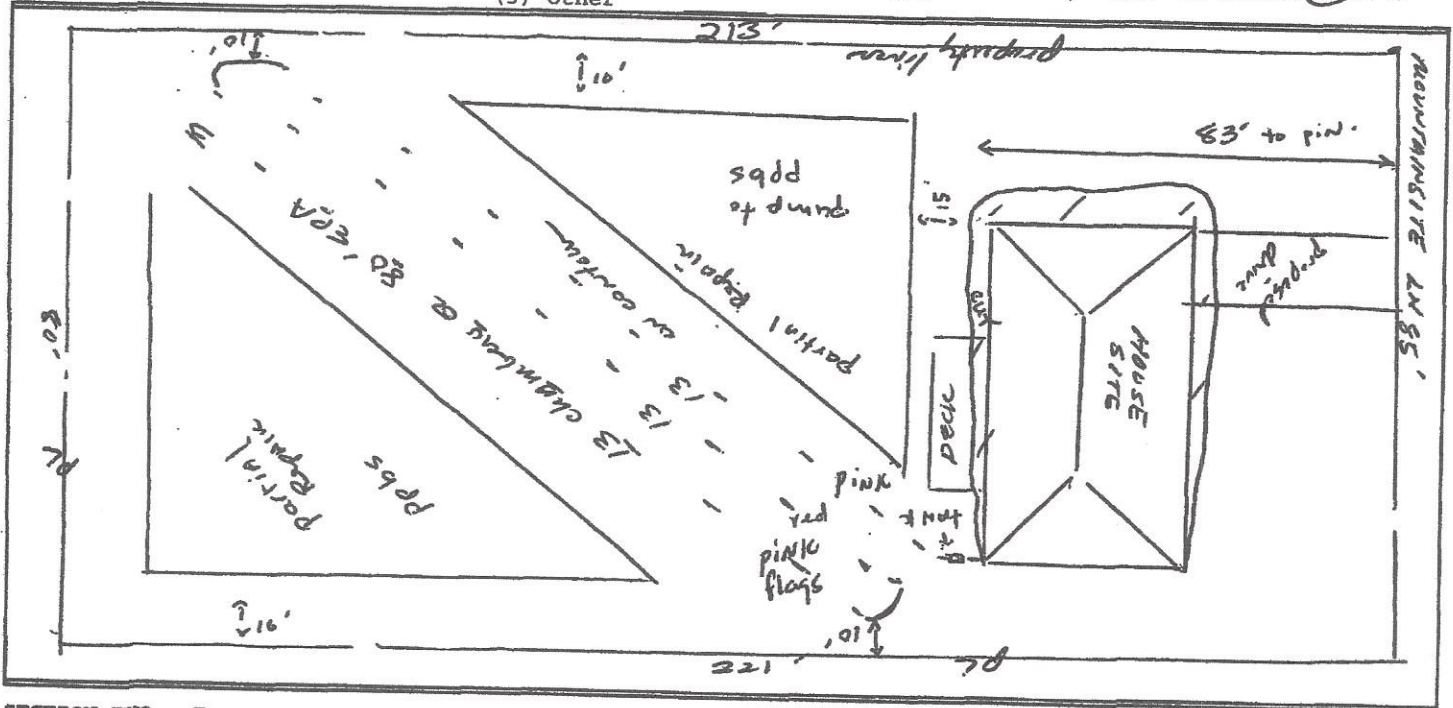
BUNCOMBE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES (704-255-5691) PERMIT FOR WASTEWATER SUB-SURFACE SEWAGE DISPOSAL

Applicant Name: Michael & Dina Carpenter Application Date: 6-17-98

Property Owner: Michael & Dina Carpenter
Mailing Address:
Property Location: Road Name: Mountainside Ln Directions: 25-A, L. Ruffenbourn, L. Tuchavvy

Subdivision: Sunset Ridge Lot#: 47 PIN#: 96551443 0180

SECTION ONE: System Design for: Residential [checked] Commercial
Single Unit Multiple Units No. Units No. Bedrooms/per unit
Basement(s): Yes No Basement Plumbing: Yes No
Permanent Foundation(s) Mobile(s) Singlewide Doublewide
Available Space: Site Classification: PS Soil Group: III
LTAR: 40 Design Flow: 360 gpd
Water Supply: (1) Municipal (2) Well (3) Other (Shared Individual In Place? Y or N)



SECTION TWO: Types Of Systems Applicable
(1) Prefab Permeable Block Panel (2) Large Diameter Pipe (3) Conventional
(4) Chamber (5) Expanded Polystyrene Aggregate (6) Other
Comments: Install 25" deep on lower sidewalk on contour, keep system 3 min. of house & deck, set 1250 g tank

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...
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 building are established. For planning purposes, please be aware that building, driveways, excavation, fill dirt, or other obstructions may not be placed or constructed in any part of the area designated for the sewage treatment system.

Evaluated by: Alan Suedje Date:
Owner/Agent: Michael Carpenter Date: