

File Name: HIGHLAND FOREST

97-374

**TRANSYLVANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATION**

Pin #/Tax ID 8551492153000

Permit #: \_\_\_\_\_

Receipt No 7007 6 12

Agent/Owner: DODSON, ELIJAH

Mailing Address: Rt. 1 Box 123 Rosman, NC 28772

Home Phone #: ( ) 862-4521

Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Property Location: Old Toxaway Rd. Subdivision: Highland Forest Phase/Sect: 5 Lot #: 3  
Road/Street

Directions to property: Hwy. 178 to right on Old Toxaway Rd/ go 2 1/2 miles - turn left into Highland Forest - go to top of mtn - end of road next to gray house.

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Flood Zone Inspections		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Initials _____	Date _____	

Installation for: Mobile Home  Single  Double  House  No. Bedrooms: 3 Basement: Yes  No  With Plumbing: Yes  No  Ind./Commercial  Other

If Indust./Commercial/Other: Number of employees: \_\_\_\_\_ Operation: (Describe) \_\_\_\_\_ Property contains designated wet lands: Yes  No

Lot size: 1.43 Date lot recorded: early 1980's Right of ways, easements, etc. road/utilites Water Supply: Private  Spring  Well  Shared Supply  Public/Community

I certify the above to be correct to the best of my knowledge. Permission 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 shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.

Applicant/Agent Signature: [Signature] Date: 7-24-97

**ON-SITE WASTEWATER DISPOSAL SYSTEM  
OPERATIONS PERMIT**

The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This operation permit shall remain in effect as long as the system is operated and maintained as required by the Laws and Rules for Sewage Treatment and Disposal Systems as issued by the North Carolina Department of Environment, Health and Natural Resources, Division of Environmental Health.

System Classification Type: III F Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency 5 years.

Comments: \_\_\_\_\_

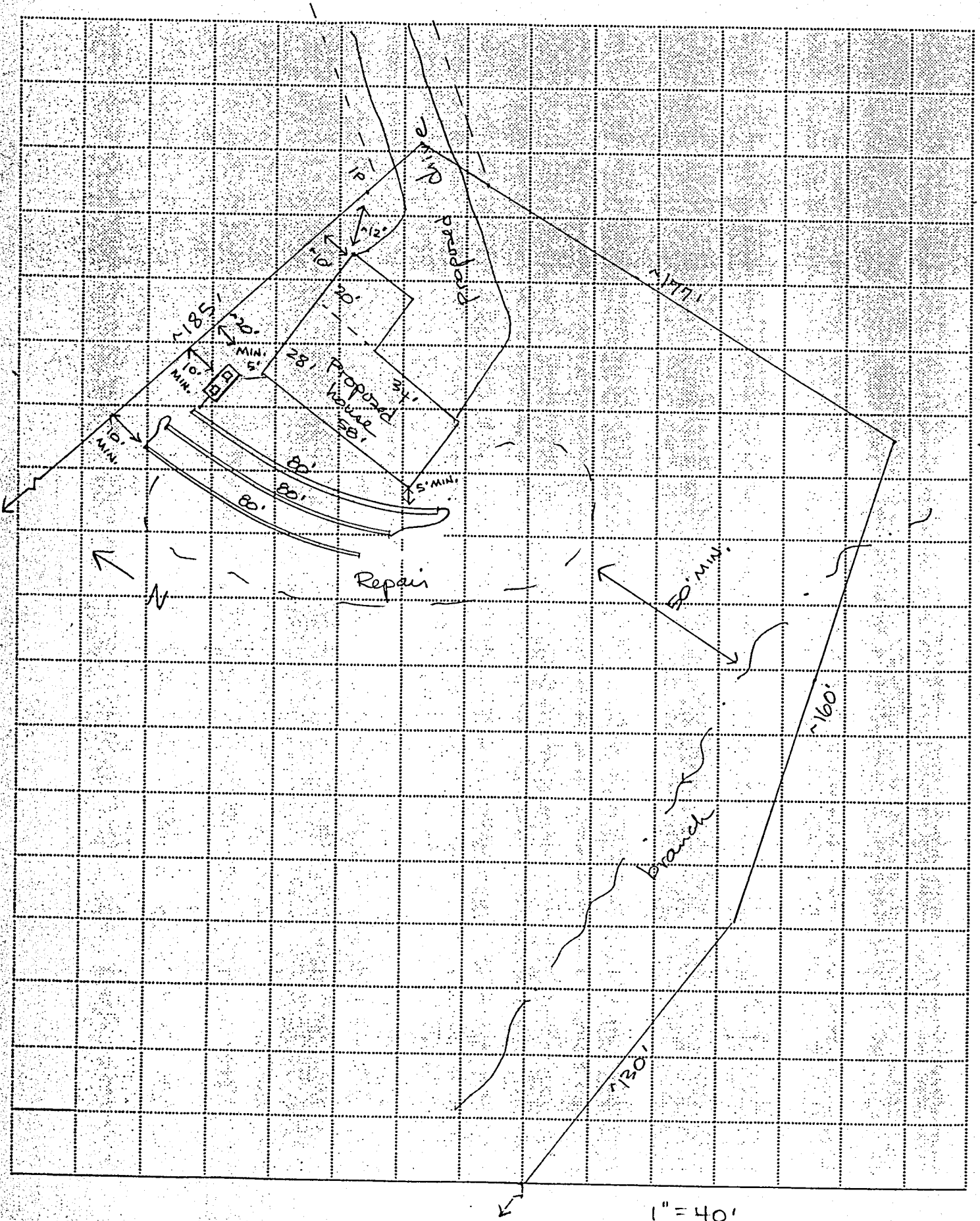
Installed by: Mark Willis Final Inspection by: Jeff McCarl, RS Date: 8-11-97

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Highland Forest

Permit No.: 97-374

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Permit #: \_\_\_\_\_  
Agent/Owner: DODSON, ELIJAH

Mailing Address: Rt. 1 Box 123 Rosman, NC 28772

Receipt No 7007 # 75

Home Phone #: ( ) 862-4521

Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Property Location: Old Toxaway Rd.  
Road/Street

Subdivision: Highland Forest Phase/Sect.: 5 Lot #: 8

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<b>Flood Zone</b>		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>Inspections</b>		
Flood Zone		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Initials _____	Date _____	

Installation for: Mobile Home  Single  Double  House  No. Bedrooms: 3 Basement: Yes  No  With Plumbing: Yes  No  Ind./Commercial  Other

If Indust./Commercial/Other: Number of employees: \_\_\_\_\_ Operation: (Describe) \_\_\_\_\_ Property contains designated wet lands: Yes  No

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Applicant/Agent Signature: Belinda Dodson Date: 7-24-97

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION  
(Diagram and Conditions Attached)**

New Installation:  Repair/Addition:  Original Permittee: \_\_\_\_\_ Dated: \_\_\_\_\_

Design waste flow: 360 GPD LTAR: 6 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: \_\_\_\_\_ gal./min. Proposed Wastewater System: 10" id LDP

Drainfield: Total Trench Length: 240 ft. Square Footage: 600 Trench spacing: 8 ft. on ctr. Individual Trench Length: 80 ft. Maximum Trench Depth(Low Side): 18 in. Trench Width: 12 in.

Distribution Method: Serial feed Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: \_\_\_\_\_

Construction of the wastewater system for the permit indicated is hereby authorized. The wastewater system described in the Improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted pursuant to this Article. This construction Authorization is valid for a period of 5 years from the original date of issue. The Construction Authorization must be renewed upon expiration prior to the installation/repair of the wastewater system, or prior to the issuance of any required building permits. A pre-construction conference with the owner or developer, or an agent of the owner or developer, and the health department will be required for re-issuance of the construction authorization.

I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.

Signed: Belinda Dodson Date: 8/4/97 Construction Authorization prepared by: Jim R. [Signature] Date: 8.1.97

**PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION**