

BUNCOMBE COUNTY HEALTH CENTER
 ENVIRONMENTAL HEALTH SERVICES (704-250-5016)

OPERATIONS PERMIT

Property Owner: Robert E. Kelly Application Date: 2/22/02

Mailing Address: _____

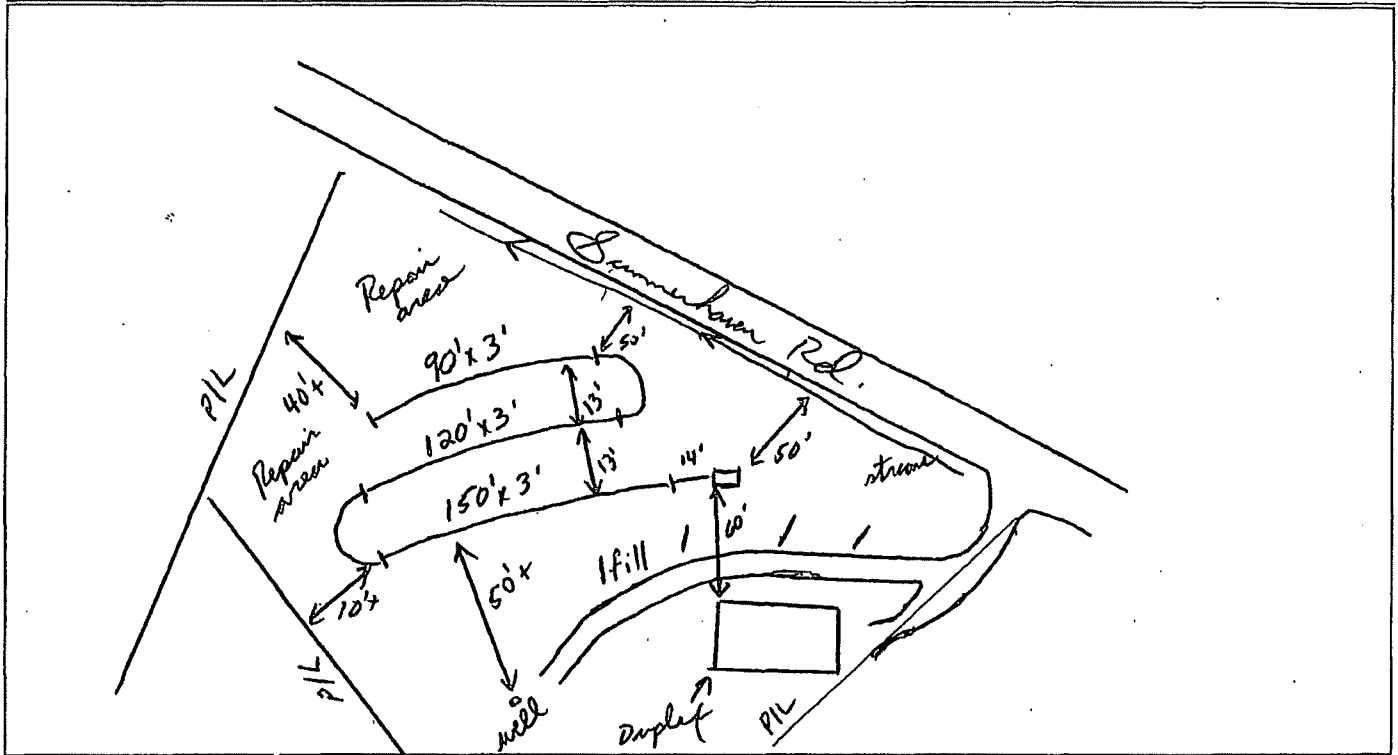
Property Location: Road Name: Summerhaven Rd Directions: _____
Summerson NC

Installer: self

Subdivision: _____ Lot#: _____ PIN#: 979003344244

Water Supply: Municipal _____ Well (Shared _____ Individual In Place or N) OTHER _____

SECTION ONE: Design Flow: GPD: 600 Type of System EPA LTAR: 0.45
 Septic Tank: Concrete: _____ Other: plastic Liquid Capacity: 1500
 Drainfield: # of Trenches: 3 Trench Length: 360' Trench Width: 3'
 Spacing (cc): 13" Gravel Depth: _____
 Distribution: Equal _____ Serial Dams/Steps Down: 2 Pump _____ 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 Number of bedrooms/per unit: Duplex (1)3 B/R & (1)2 B/R
 Mobile _____ New Repair _____
 Basement(s): Yes _____ No Basement Plumbing: Yes _____ No
 M.H. Width: Single _____ Double Units: Single _____ Multiple
 No. of Units 2 Industrial Waste: Yes _____ No
 Business: _____ No. Employees: _____ Other _____

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.

Inspected by: Eng. R. Barnes R.S. Date: 06/30/03
 Owner/Agent: Robert Kelly Date: 6/30/03