

File Name: HIGHLAND FOREST

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

8551-33-4070-000
8557 ID 38-3846-000
250

Permit #: 03-066

2011

Receipt No _____

Agent/Owner: DODSON, WILLIAM TIMOTHY
884-8592

Mailing Address: Rt. 1 Box 224-A Rosman, NC

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: Old Foxaway Road Subdivision: Highland Forest Phase/Sect.: _____ Lot #: 4-A
Road/Street

Directions to property: Hwy. 178 to Old Foxaway Rd - 1 mile to 2nd left past Highland Forest - 3rd lot on right

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Inspections	
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: 2 Basement: Yes No With Plumbing: Yes No Ind./Commercial Other crawl space

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

Lot size: 1.57 Date lot recorded: _____ Right of ways, easements, etc. road 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: _____ Date: 9-11-03

**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 and Natural Resources, Division of Environmental Health.

System Classification Type: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

Comments: _____

Installed by: Mark Willis Final Inspection by: Willie Coy - JR Date: 9-22-03

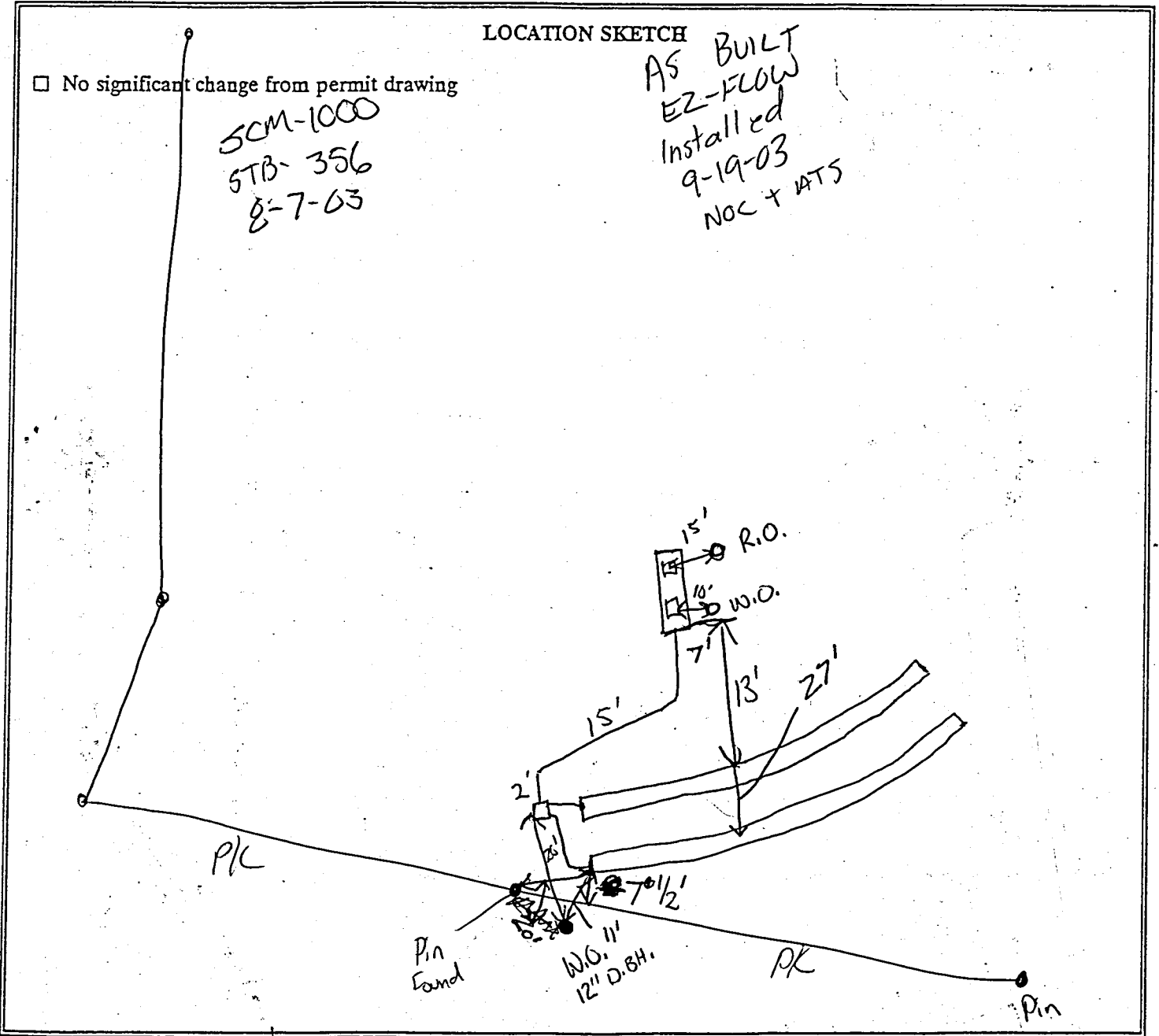
AS INSTALLED

Septic tank is located (as facing house):

- Rear of house Front of house

____ ft. from left corner ____ ft. from right corner ____ ft. from foundation

Distribution box is ____ ft. from tank



COMMENTS: The PK/R/W closest to drain field was remarked w/ a straight line via string from pin to pin and found that about 10' of bottom line is 7' 1/2' of R/W/PK, with the rest of the line 10' or greater of R/W/PK

File Name: HIGHLAND FOREST

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

8551-39-4070-000

Pin #/Tax ID

779 \$250

Receipt No

Permit #: 03-266

Agent/Owner: DODSON, WILLIAM TIMOTHY
884-8542

Mailing Address: Rt. 1 Box 224-A Rosman, NC

Home Phone #: ()

Work Phone #: ()

Proposed Buyer:

Mailing Address:

Home Phone #: ()

Work Phone #: ()

Property Location: Old Toxaway Road Subdivision: Highland Forest Phase/Sec: _____ Lot #: 4-A
Road/Street

Directions to property: Hwy. 17B to Old Toxaway Rd - 1 mile to 2nd left past Highland Forest - 3rd lot on right

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inspections		
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: 2 Basement: Yes No With Plumbing: Yes No Ind./Commercial Other crawl space

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

Lot size: 1.57 Date lot recorded: _____ Right of ways, easements, etc. road 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: Belinda Dodson

Date: 9-11-03

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

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____

Design waste flow: 240 GPD LTAR 0.55 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: N/A gal./min. Proposed Wastewater System: 25% Reduction

Drainfield: Total Trench Length: 120 ft. Square Footage: 436 Trench spacing: 9 ft. on ctr. Individual Trench Length: 60 ft. Maximum Trench Depth (Low Side): 18 in. Trench Width: 36 in.

Distribution Method: D-Box Min. distance between system and nearest Well: 100 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: 9-16-03 Construction Authorization prepared by: Willie Coakley, RS Date: 9-15-03

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

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: William Dodson (Highland Forest)
Lot 4-A

Permit No.: 03-366 Pin No.: 8551-39-4070-000

