

Permit #: 96-245

Receipt No 6411 \$75.00

Agent/Owner: CROSVENOR, PATRICIA

Mailing Address: 655

Home Phone #: ( )

Work Phone #: ( )

Proposed Buyer: JOGLINAK, JANET & CREGG

Mailing Address: 12 KING MOUNTAIN RETIREE PLAYGROVE FOREST

Home Phone #: ( ) RR-5-7812

Work Phone #: ( )

Property Location: Poplar Lane

Subdivision:

Road/Street

Phase/Sect.:

Lot #:

Directions to property: Everette Road - cross bridge as you go to east on Everette Road - 1st road on right is Poplar Lane - stop at Key Falls Inn for directions.

Flood Zone is the property in a flood zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
Inspections <input type="checkbox"/> 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: 4 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: 5 acres Date lot recorded: 12/92 Right of ways, easements, etc. UTILITY 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: 10-18-96

## 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: IIA Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency 14 years.

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

Installed by: Ron McGuire Final Inspection by: PH McCall RS Date: 2-7-97

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Gregg Fogleman

Permit No.: 96-945

Pin No.: 950615582 3000

COMMENTS

- \* drainfield trenches may be installed at 24" deep on uphill side and will be approx. 18" deep on low hill side (due to slope).
- \* Recommend - Install clean-outs every 50' min. between tank and drainfield.
- \* The effluent pipe from tank to drainfield to be installed consistently at 1/8" min. drop per each foot of run.

