

Case Number: WLS 2005-03370

UNCOMBE COUNTY HEALTH CENTER
ENVIRONMENTAL HEALTH SERVICES (828-250-5...)
OPERATIONS PERMIT

PIN: 0627012906506

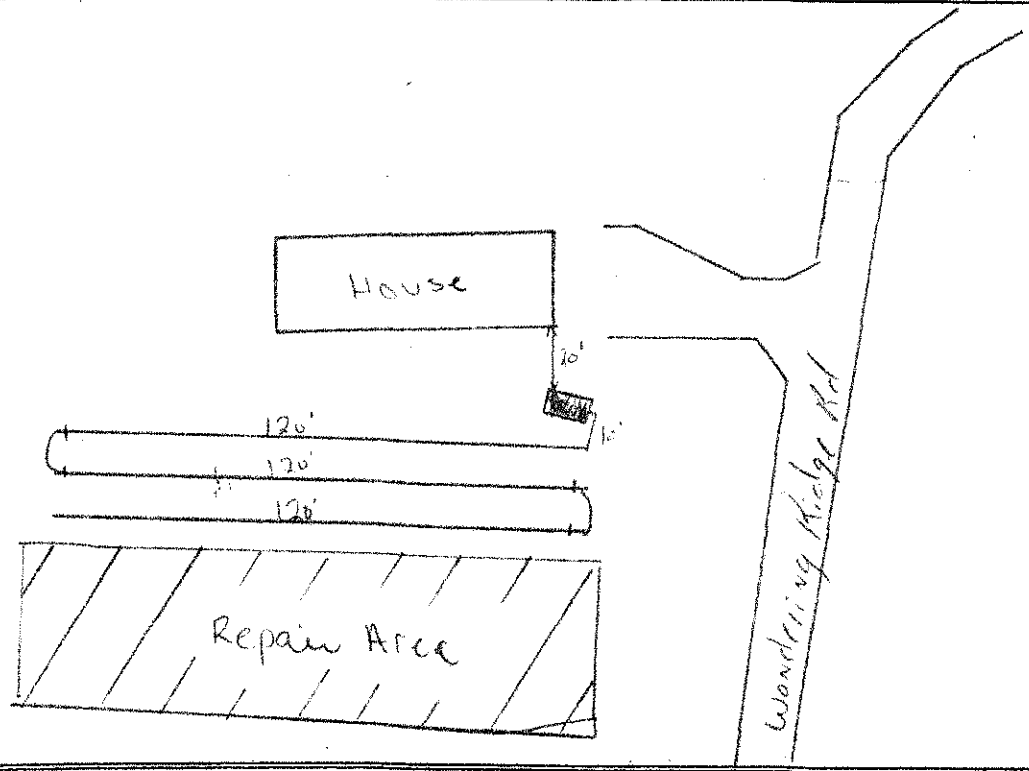
Property Owner: Brend Coates Property Location: Wandering Ridge Application Date: 11/8/05

Directions: 95 to 125 High Rock (R) Wandering Ridge (R) Wandering Ridge

Subdivision: High Rock Pass Phase/section: _____ Lot# _____ Installer: Zack

Water Supply: Private Well Spring Shared Well Community Min. Required Separation Distance 50 Installed? Yes No

Conditions: 1) Pump septic tank every 3 to 5 years. 2) Divert all gutters and other surface water, away from septic system and repair areas. (3) No cutting or filling over septic system and repair areas.



Operations Permit For: New System Repair Revision Drawings, plans, conditions, etc. attached? Yes No

System Approved For: House Mobile Home (single double) Bedrooms: 3 Basement: Yes No Basement Plumbing: Yes No

Multiple Unit Dwelling: No. of Units _____ Number of Bedrooms per unit _____ Business No. Employees: _____ No. Shifts: _____

Operation Description: _____ Industrial Waste: Yes No

Approved Installation Specifications: Total Design Flow: 36 LTR .4 (GPD) System Classification: Type I, II, III, IV, V, VI

Pump System Required: Yes No Pump Specification: Pump Make: _____ Model: _____ Serial No. _____

Trenches: Length: 360 ft No. of Trenches 3 Width: 18" Spacing: 7.5 ft Depth: 20 in (lower sidewall) Stone Depth: _____ in

Distribution: Equal Gravity Pressure Manifold Serial Dams/Step Downs 1000 (gallons) Septic: _____ Pump Tank: _____ (gallons)

System Description: Prefabricated Panel Block Conventional Large Diameter Pipe Chamber Expanded Polystyrene Aggregate Other _____

Comments: _____

Inspected by: [Signature] Date: 7/27/06 Issued To: _____ Date: 7-21-06

The system has been installed in accordance with state sewage rules. Approval does not guarantee the system will function satisfactory for any given time.

Case Number: WLS 2005-03330

BUNCOMBE COUNTY HEALTH CENTER
ENVIRONMENTAL HEALTH SERVICES (828-250-5016)
DR WASTEWATER SYSTEM CONSTRUCTION

PIN 06270129062000

105.3

AUTHORIZATION

WELL CONSTRUCTION

Property Owner: Demond Cotts Property Location: Winding Ridge Application Date: 11/8/05

Directions: HWY 95 (L) High Park (R) Winding Ridge Rd (R) Wandering Ridge

Subdivision: 15 WANDERING RIDGE RD Phase/section: _____ Lot#: _____

Well Design: New Repair Abandonment
Water Supply: Private Well Spring Shared Well Public/Community Existing Wells: Yes No

System Design: New System Repair Revision Multiple Unit Dwelling: No. of Units _____ No. Bedrooms/per unit _____

Residential: House Mobile Home (single double) Bedrooms 3 Basement: Yes No Basement Plumbing: Yes No

Commercial/Other: (Describe) _____

Design Specifications Total Design Flow: 360 LFAR: 4 Soil Group: III Pump System Required: Yes No
(GPD)

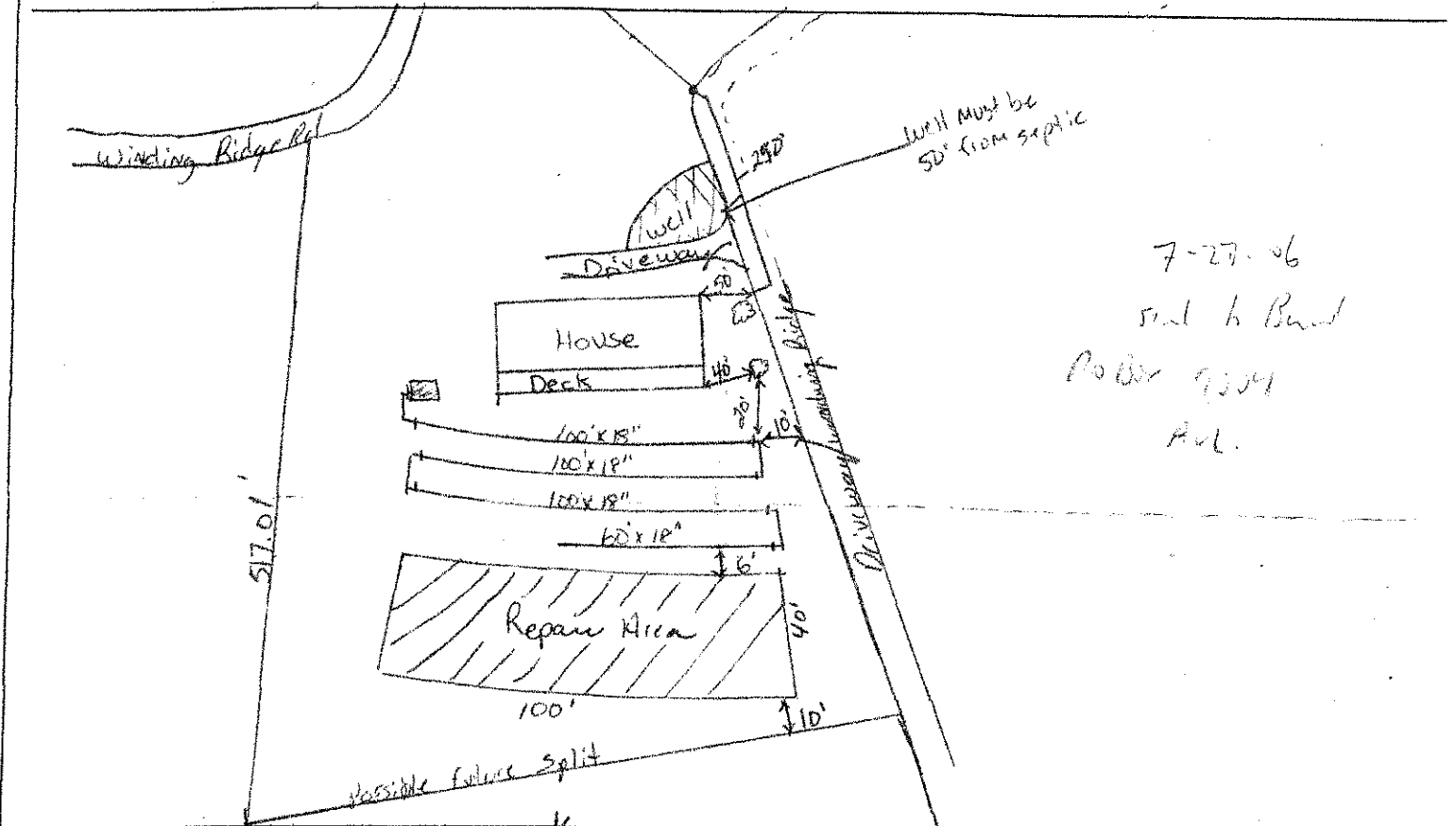
Trenches: Length: 360 ft No. of Trenches 3 (4) Width: 18 in Spacing: 7.5 ft Depth: 20 in (lower sidewall) Stone Depth: _____ in

Distribution: Equal Gravity Pressure Manifold Serial Dams/Step Downs Tank Size: Septic 1000 Pump Tank _____
(gallons) (gallons)

Minimum Separation Distance to Well (includes system and repair area): 50 ft System Classification: _____

System Type: Prefabricated Panel Block Conventional Large Diameter Pipe Chamber Expanded Polystyrene Aggregate Other _____

Conditions: (1) No grading, filling or other site disturbance in the indicated septic area. (2) Install drainfield on contour of land. (3) Divert gutters and other surface water away from septic system. (4) System is to be installed in accordance with the conditions of this permit and NC sewage rules. (5) Modifications to the indicated design must be approved in advance by the department. (6) Contractor is to contact office immediately if problems are encountered.



Improvement Permit Date of Issuance: _____ This document shall be considered issuance of an Improvement Permit with all required information

This document authorizes the property owner to construct a III F ground Absorption Sewage Disposal System. The owner MA CONSIDER installing other types of systems listed above. Changes or modifications from the indicated design may result in revocation of the Authorization Construct. The installer of this system must have a copy of this document on site during all phases of the installation and final inspection.

Issued By: [Signature] Date: 3/7/06 Owner/Agent: _____ Date: _____

THIS CONSTRUCTION AUTHORIZATION IS VALID FOR 5 YEARS FROM THE DATE OF ISSUANCE