

File Name: 18181114

Permit #: 97-565

Agent/Owner: Kolbach, Jim

Home Phone #: 865-7867

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

Home Phone #: \_\_\_\_\_

Property Location: Spanish Oak Dr.

Directions to property: US 276 S to Cedar Mtn. Right on Stator Rd. Right on Reussmeyer Rd. Right into Idlewild. Stay on Spanish Oak Dr. Go to top of mtn. Property is on right and is marked.

Mailing Address: 75 Solano Prado Coral Gables, FL

Work Phone #: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_

Subdivision: Idlewild

Phase/Sec: \_\_\_\_\_ Lot #: 31 & 32

Receipt No _____	
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"/> Approved <input type="checkbox"/> Disapproved Date _____	
Initials _____	Date _____

Installation for:  Mobile Home  Single  Double  House  No. Bedrooms: 5 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: 21 + ac Date lot recorded: pending Right of ways, easements, etc. none 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/slot 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: 11-25-97

**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 1A years.

Comments: 540' line installed -- 4 bedroom system

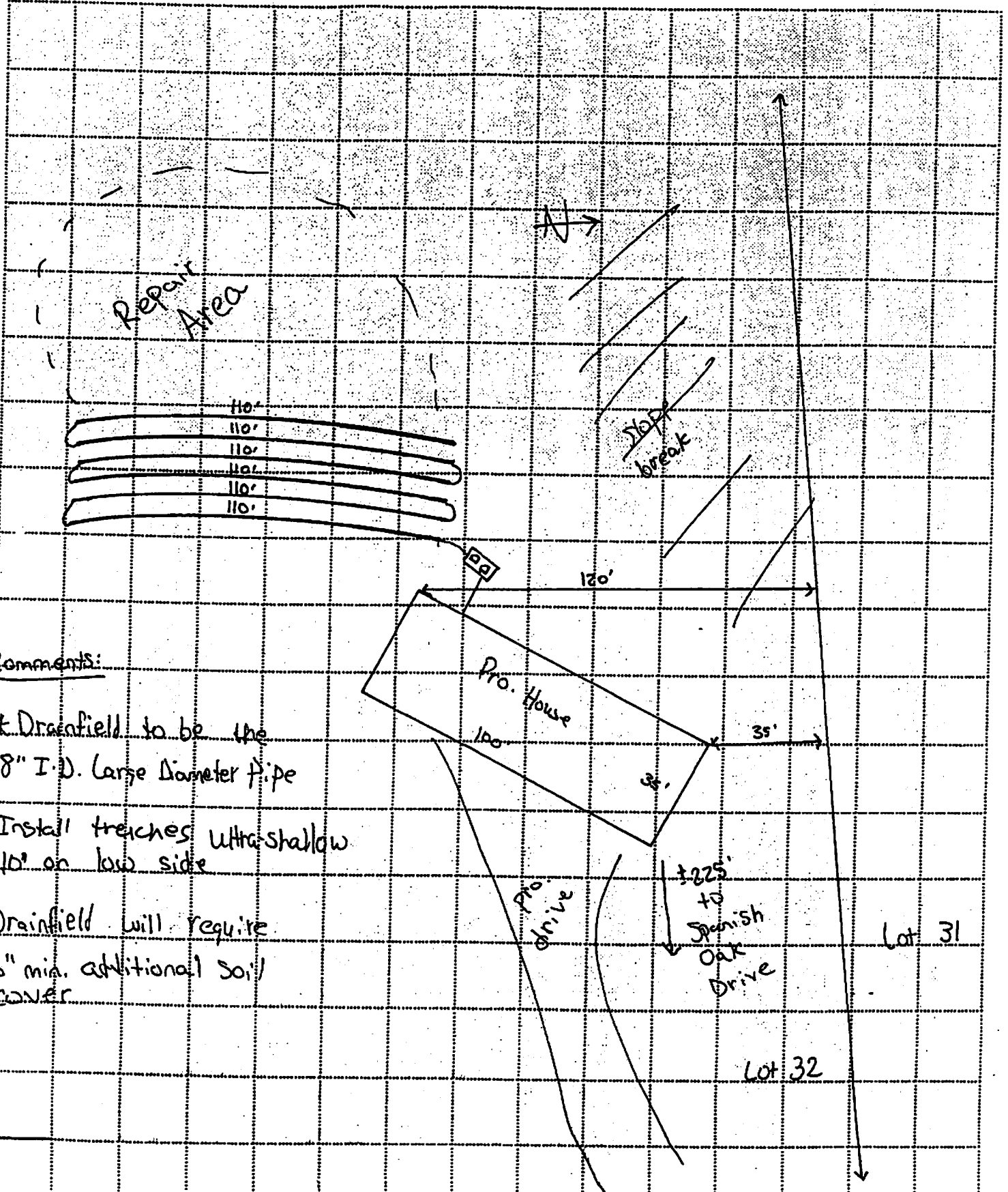
Installed by: Terry Callaway Final Inspection by: J.H. McCall, RS Date: 11-98

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Jim Kolisch

Permit No.: 97-565

Pin No.: 95133913573000



Comments:

\* Drainfield to be the 8" I.D. Large Diameter pipe

† Install trenches ultra-shallow 10" on low side

Drainfield will require 6" min. additional soil cover

