

BUNCOMBE COUNTY HEALTH CENTER
ENVIRONMENTAL HEALTH SERVICES (250-5016)
OPERATIONS PERMIT

Property Owner:
Mailing Address:
Property Location:

McLean + Geri Wolff
Road Name: *DAIRY GAP RD.*

Application Date: *07-23-02*

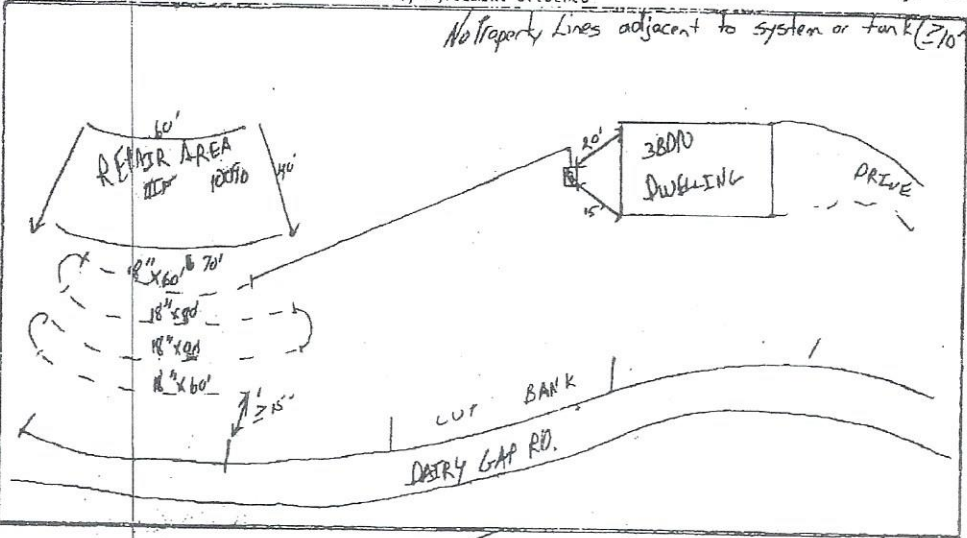
Contractor/Inst:
Subdivision:
Water Supply:

McLean + Geri Wolff
Municipal Well (Shaded) Individual

IN PLACE Y OR N: OTHER

SECTION ONE:

Design Flow: <i>360</i> GPD	Type of System: <i>R2 (PVC)</i>	LTAR: <i>0.55</i>
Septic Tank: <i>concrete</i>	Other: <input type="checkbox"/>	Liquid Capacity: <i>1000</i>
Drainfield: <i>4</i> # of Trenches	Trench Length: <i>200</i>	Trench Width: <i>24"</i>
Spacing (cc): <i>42%</i>	Gravel Depth: <i>12"</i>	
Distribution: Equal	Days/Steps Down: <i>3</i>	Pump: <i>Alert</i>
Pump Tank Cap: <i>12"</i>	Valve Switches: <i>7/16</i>	Dosing Rate: <i>Valved</i>
System Classification: <i>I</i>	IV, V, VI Minimum Inp/maintenance Frequency	
System Classified as IV, V and VI must have Copy of the Management Entry Agreement attached		



SECTION TWO:

System Designed For: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Mobile	Number of bedrooms/per unit: <i>3</i>
Basement(s): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	New <input type="checkbox"/> Repair <input checked="" type="checkbox"/>
M.M. Work: Single <input checked="" type="checkbox"/> Double <input type="checkbox"/>	Basement Plumbing: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of Units: <i>1</i>	Units: Single <input checked="" type="checkbox"/> Multiple <input type="checkbox"/>
M.M. Work: Phase of Work: <i>Phase 1</i>	No. of Units in Phase: <i>1</i>
Comm./Industrial: <input type="checkbox"/> No. Employees: <i>0</i>	Industrial Waste: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If Industrial Waste is "Yes", a Copy of State/Review and Approval Must Be Attached.

Comments: *Installed as designed*

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.

VOID IF NOT IN COMPLIANCE WITH LAND USE REGULATIONS
CLASS CONTACT: BUNCOMBE COUNTY HEALTH - (704) 255-8777

Inspected by:
Owner/Agent:

[Signature]
[Signature]

Date: *01-05-03*
Date: *1-5-03*