Oct. 11. 2010 2:41PM * do not remove *

No. 3722 P. 2

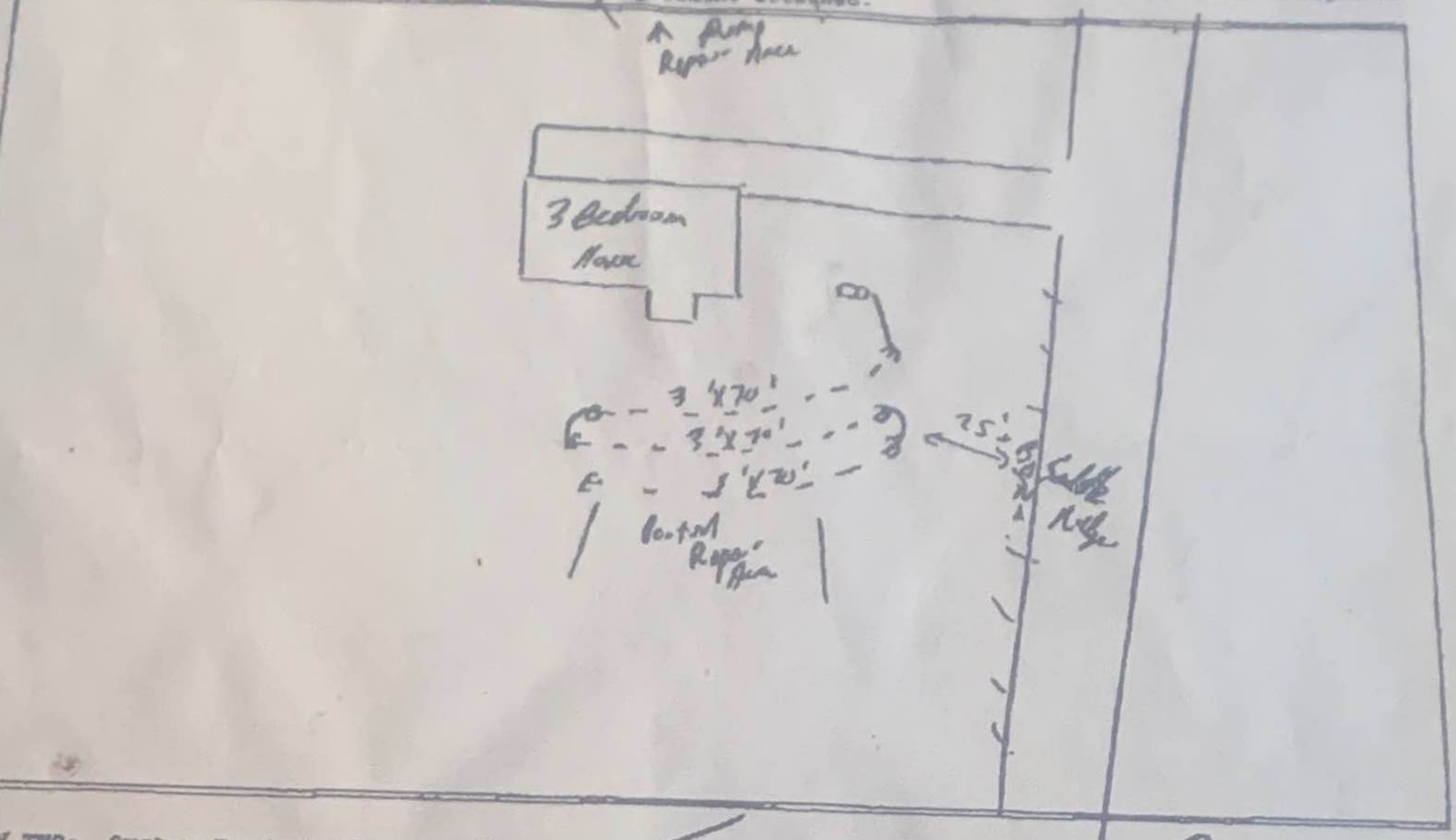
99-26125

SUNCOMBE COUNTY HEALTH CENTER
ENVIRONMENTAL HEALTH SERVICES (704-350-5016)
GERRATIONS PERMIT

Property Owner: [redacted]
Mailing Address: [redacted]
Property Location: RoadName: [redacted] Directions: [redacted] Application Date: 1/6/99

Contractor/Inst: Mike Taylor
Subdivision: Brandermill Estates Lot#: 19 PIN#: 9684 01447858
Water Supply: Municipal ___ Well ___ Shared ___ Individual ___ In Place Y or N: ___ Other ___

SECTION ONE: Design Flow: GPD: 360 Type of System: EFFLU LTAR: .40
Septic Tank: Concrete: ✓ Other: ___ Liquid Capacity: 1000 gal
Drainfield: # of Trenches: 2 Trench Length: 70' Trench Width: 2'
Spacing (cc): 4' Gravel Depth: ___
Distribution: Equal ___ Serial ✓ Dams/Steps Down: ___
Pump Tank Cap: ___ Pump Switches: ___ Pump ___ Alarm ___
System Classification: I II III IV V VI Dosing Rate ___ Valves ___
Minimum Insp/Maintenance Frequency ___
Systems classified as IV, V and VI must have a copy of the Management Entity Agreement attached.



SECTION TWO: System Designed For: Residence ✓ Number of bedrooms/per unit: 3
Mobile ___ Perm. ___ New ✓ Repair ___
Basement(s): Yes ✓ No ___ Basement Plumbing: Yes ✓ No ___
M.H. Width: Single ___ Double ___ Units: Single ___ Multiple ___
No. of Units ___
M.H. Park: ___ Phase of Park: ___ No. of Units in Phase: ___
Busn./Industrial: ___ No. Employees: ___
Other ___ Industrial Waste: Yes ___ No ___

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

Comments: (1) EFFLU Lay drainfield system, serial distributing crossover at ends
(1) Recommend pumping tank every 3 years

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
PLEASE CONTACT SUNCOMBE COUNTY ZONING - (704) 255-5777

Inspectedby: Steve B. Kuster Date: 6/24/99

Owner/Agent: ___ Date: ___