Case Number: WLS \_\_\_\_\_\_

## BUNCOMBE COUNTY HEALTH CENTER ENVIRONMENTAL HEALTH SERVICES (828-250-5016) IMPROVEMENT PERMIT FOR WASTEWATER SYSTEM CONSTRUCTION

r Supply:	☐ Spring ☐ Public/Community	Existing Wells: D Yes El No
num Separation Distance to Well (includes system and		o.Bedrooms/per unit
m Design: ☐ Residential ☐ Commercial Multiple  puse ☐ Mobile Home (☐ single ☐ double) B	edrooms Basement: 1 Yes 1 No	Basement Plumbing: @ Yes @ No
able Space: Site Classification:	Soil Group: LTAR:	Design Flow: 450
m Type:  Prefabricated Panel Block  Conventional	☐ Large Diameter Pipe ☐ Chamber ☐ Expand	ed Polystyrene Aggregate
453	3 %	228
	13	/ [-
	so Lot 13	
115 1	in hypore and the	/
THE THE	1100 (400)	Z
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· Place all a the my owner		
yes my lone		
This permit is valid only for a structure of this descripti		
_This permit is not limited to a structure of this descripti		into the designated area for the sewage trea
<del>-</del> -	ion; however, no part of the structure shall extend	of building are established. For planning