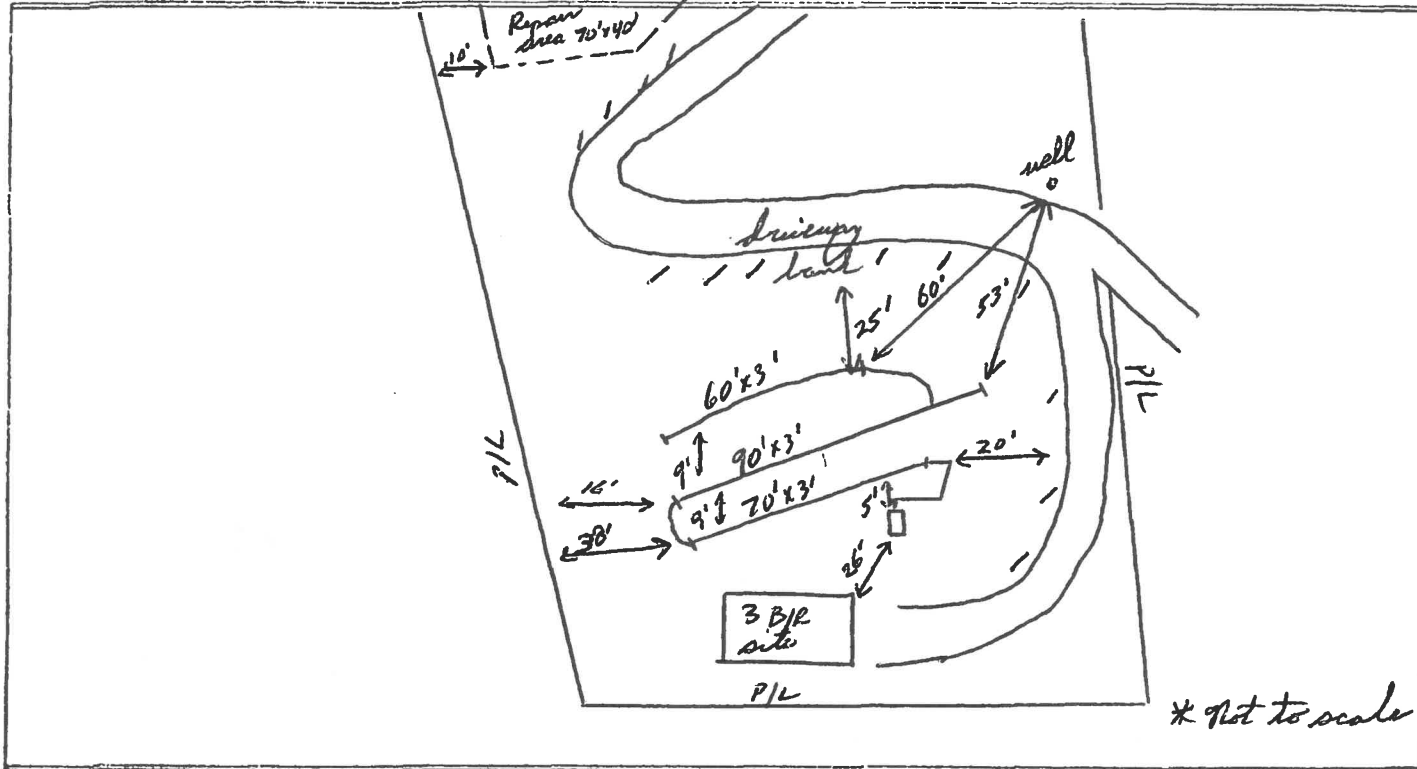


**BUNCOMBE COUNTY HEALTH CENTER
ENVIRONMENTAL HEALTH SERVICES (250-5016)
OPERATIONS PERMIT**

Property Owner: Cam Munhison Application Date: 6/17/02
 Mailing Address: _____
 Property Location: Road Name: Wood Robin Trace Directions: _____
 Contractor/Inst: Excavation Specialist
 Subdivision: _____
 Water Supply: Municipal ☐ Well ☒ (Shared) ☒ Individual ☐ PIN#: 070004647533
 In Place ☒ or N/A ☐ OTHER ☐

SECTION ONE: Design Flow: GPD: 360 Type of System: EPA LTAR: 0.45
 Septic Tank: Concrete: ☒ Other: _____ Liquid Capacity: 1000
 Drainfield: # of Trenches: 3 Trench Length: 220' Trench Width: 3'
 Spacing (cc): 9' Gravel Depth: _____
 Distribution: Equal ☐ Serial ☒ Dams/Steps Down: 2 Pump _____ Alarm _____
 Pump Tank Cap: _____ Pump Switches: _____ Dosing Rate _____ Valves _____
 System Classification: I II III IV V VI 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 ☒ Mobile ☐ Permitted ☒
 Basement(s): Yes ☒ No ☐ Number of bedrooms/per unit: 3
 M.H. Width: Single ☐ Double ☐ New ☒ Repair ☐
 No. of Units: _____ Basement Plumbing: Yes ☒ No ☐
 M.H. Park: _____ Phase of Park: _____ Units: Single ☒ Multiple ☐
 Busn./Industrial: _____ No. Employees: _____ No. of Units in Phase: _____
 Other: _____ Industrial Waste: Yes ☐ No ☒

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

Inspected by: Eric E. Barnes R.E. Date: 7/16/02
 Owner/Agent: Randy Radford Date: _____

2002-34764