TO CONNECT AND USE SEWER FACILITIES BOOK 1162 PAGE 29

This Permit will expire on

NAME:				Day	ro. re
STREET ADDRESS:					
•					ZIP
TAX MAP NO	OWNER(S):_				
	OCCUPANT:_		-		<u>, , , , , , , , , , , , , , , , , , , </u>
TYPE OF SERVICE: () RESIDENTIAL:	() SINO	LE FAMILY	()	MHLTI-FAMILY	
NO. OF UNITS: 1 B					
() COMMERCIAL:				·	
No. of employed	es		NATURE C	F BUSINESS	
NOTE: Industrial discharges (including Discharge Application also be completed.)) requi	re that a WCRS	A Industri
I attest and affirm the above is true authority to apply.	and corre	ect and that	I have	the legal cap	acity and
NAME OF ADDITIONS	 	Ву:		· · · · · · · · · · · · · · · · · · ·	
NAME OF APPLICANT					TI
some instances, additional information issued setting forth the reason for department of the subdistrict or Municipality having examined this request, affirmed the approved this request, subject to any rules and regulations. This permit is facilities are to be deeded and accepand operate such only after construct standards or regulations have been me appropriate district engineer, City of Department of Health and Environmental Date:	enial. ICT OR MUN g jurisdic vailabilit terms and s not tran ted by it ion has be t, and suc r County (1 Control By:	IICIPALITY Action over solved conditions as ferable or the undersolven complete the have been codes Depart	PPROVAL ewer coll tion ser attache assigna igned ag d, requi inspect ment, ar	****** llection faciling to the capacity and all appable. Where ligrees to acceptive and approved by the Sout	******** ities has and has licable la ines or it, maintai ngineering ed by the h Carolina
**********************************				*****	
(For applications over 1000 GPD flow					
The WCRSA having jurisdiction over seaffirmed the availability of trunk an subject to any terms and conditions a This permit is not transferable or as and accepted by it, the undersigned a construction has been completed, requibeen met, and such have been inspected ty or County Codes Department, and Environmental Control.	d treatment ttached, a signable. grees to a irements dand appropriately the Sou	nt service cand all appl Where line accept, main for engineer coved by the	apacity icable s or factain and ing star appropriate appropriate	and approved laws, rules an cilities are to the control of the con	this reque d regulati to be deede only afte lations ha engineer, and
WTP NAME		NPDES SCOO) 		
		WESTERN CA	ROLINA 1	REGIONAL SEWER	. AUTHORITY
Date:		Ву:			
RECORDED FEB 4 1982 at 11:28 A.	М.			1745	3 TITLE