

File Name: Hidden Valley

TRANSLYVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

9505-18-4233-000 2011
Pin #/Tax ID

Permit #: 11-1201

perforated
pl

Receipt No _____

Agent/Owner: Parsons, Jack

Mailing Address: Williamson Creek Rd. Pisgah Forest

Home Phone #: (704) 883-8640

Work Phone #: ()

Proposed Buyer: William & Charlene F. Taylor

Mailing Address: 1105 Cashiers Valley Rd. Brevard, N.C.

Home Phone #: (704) 884-5654

Work Phone #: ()

Property Location: Skyland Drive
Road/Street

Subdivision: Hidden Valley

Phase/Sect.: 2011 Lot #: 2 & 3
3

Directions to property: Wilson Rd. to L. to Williamson Creek Rd. go 1 mile to Fernwood Sub. go 2 miles
turn L. on Skyland Drive go 1/2 mile to lots on R.

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Inspections	
Flood Zone	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Initials _____	Date _____

Installation for: Mobile Home Single Double House No. Bedrooms: 3 Basement: Yes No With Plumbing: Yes No Ind./Commercial Other

If Indust./Commercial/Other: Number of employees: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes No

Lot size: 1.92 Date lot recorded: _____ Right of ways, easements, etc. gravel Water Supply: Private: Spring Well Shared Supply Public/Community

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site/soil evaluation on the property described above. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.

Applicant/Agent Signature: _____ Date: _____

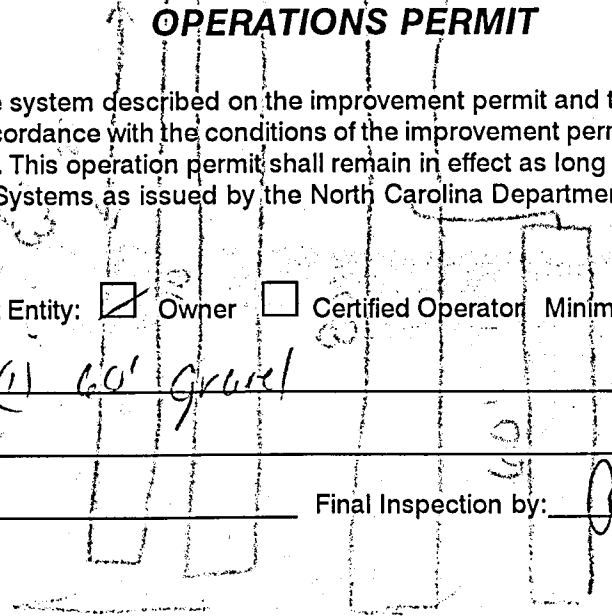
ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT

The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This operation permit shall remain in effect as long as the system is operated and maintained as required by the Laws and Rules for Sewage Treatment and Disposal Systems as issued by the North Carolina Department of Environment, Health and Natural Resources, Division of Environmental Health.

System Classification Type: Ha Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

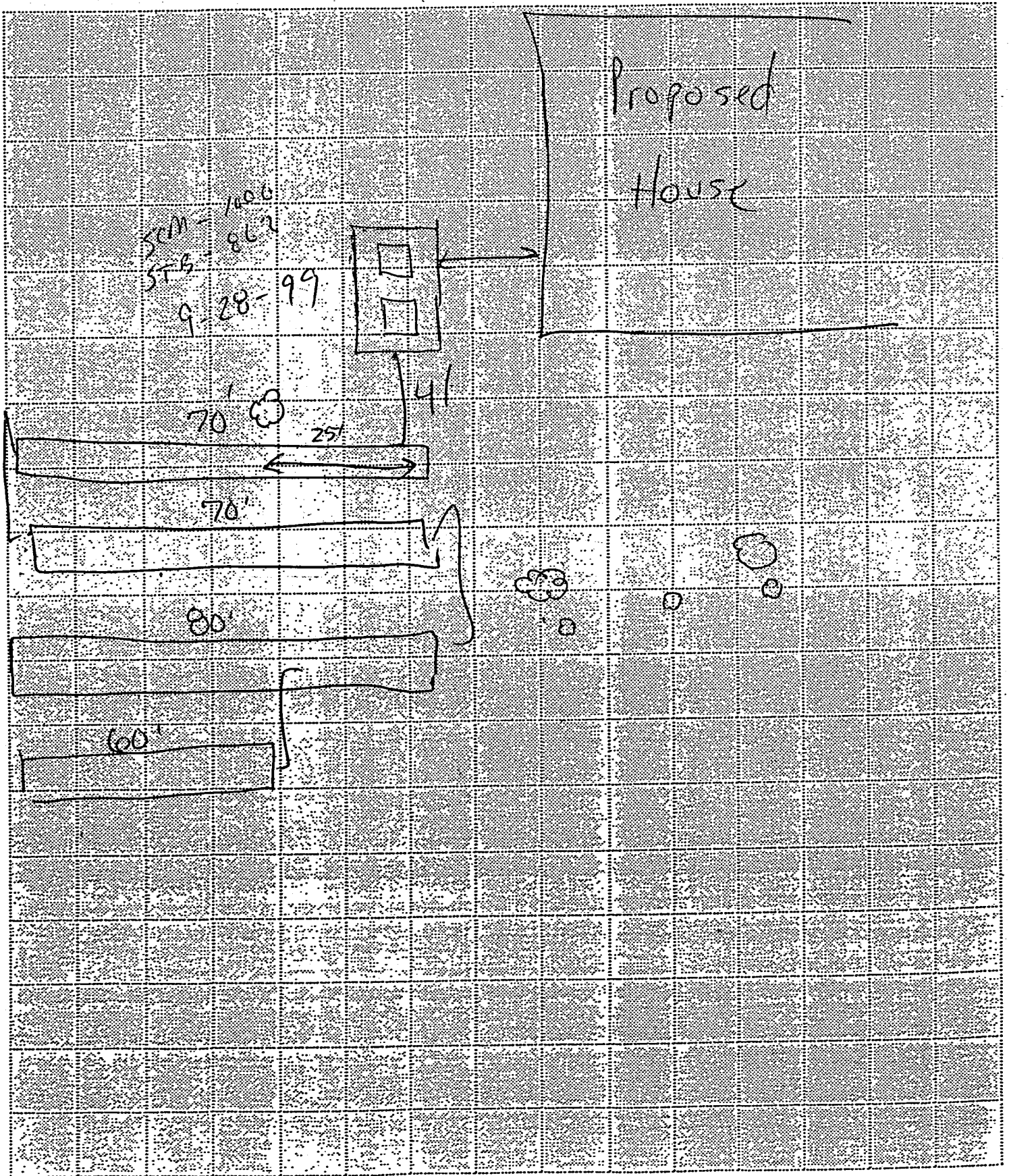
Comments: (2) 70', (1) 80', (1) 60' gravel

Installed by: Ronnie McQuire Final Inspection by: Alta Swain MS RS Date: 11-16-99



Initialed: _____

Date: _____

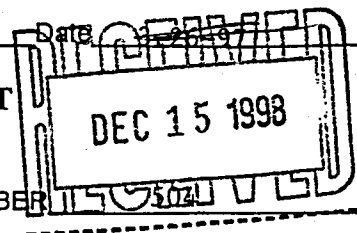


cc: Bldg Insp 12/22/98

SEPTIC PERMIT # HIDDEN VALLEY

PROPERTY PIN # 9505184123000

ORIGINAL CERTIFICATE OF COMPLETION: File Name WILLIAM TAYLOR



TRANSYLVANIA COUNTY HEALTH DEPARTMENT
WELL CONSTRUCTION REPORT

DRILLING CONTRACTOR: HAMILTON CORP. DRILLER REGISTRATION NUMBER 155020

PROPERTY OWNER: WILLIAM & CHARLENE TAYLOR

ADDRESS: 1105 CASHIERS VALLEY RD., BREVARD, N.C. 28712
Street or Route No. City or Town State Zip Code

DATE DRILLED: 12-14-98 USE OF WELL DOMESTIC

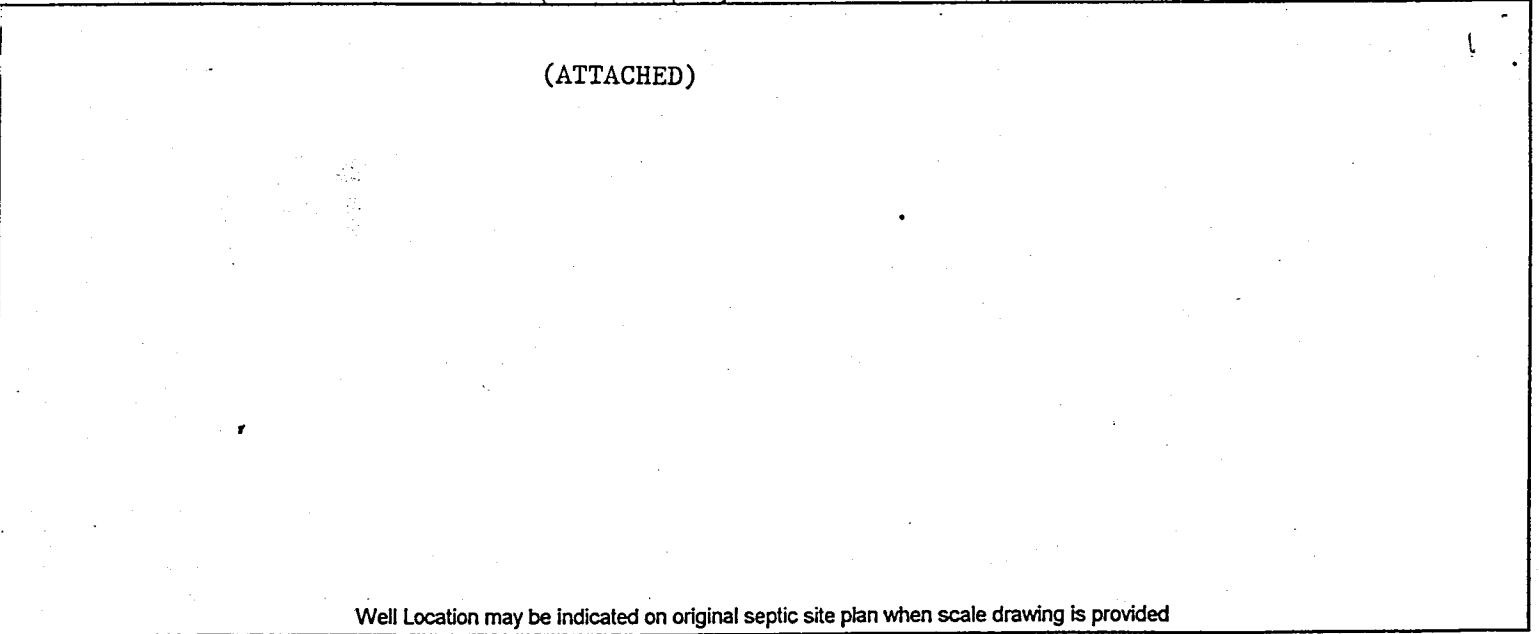
TOTAL DEPTH: 505 STATIC WATER LEVEL Below Top of Casing: 1 Ft. (Use "+" if Above Top of Casing)

YIELD (GPM): 3 METHOD OF TEST: AIR WATER ZONES (depth): _____

CASING:				GROUT:			
Depth	Diameter	Wall Thickness Or Weight/Ft.	Material	Depth	Material	Method	
From <u>0</u> To <u>40</u> Ft.	<u>6 1/2</u>	<u>SDR-21</u>	<u>PVC</u>	From <u>0</u> To <u>20</u> Ft.	<u>CEMENT</u>	<u>POURED</u>	

COMMENTS: _____

LOCATION SKETCH
(Show direction and distance from at least two fixed reference points)
(Indicate all septic systems within 100 feet of well)



Well Location may be indicated on original septic site plan when scale drawing is provided

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC2C, WELL CONSTRUCTION STANDARDS.

[Signature] 12-14-98
Signature of Contractor or Agent Date

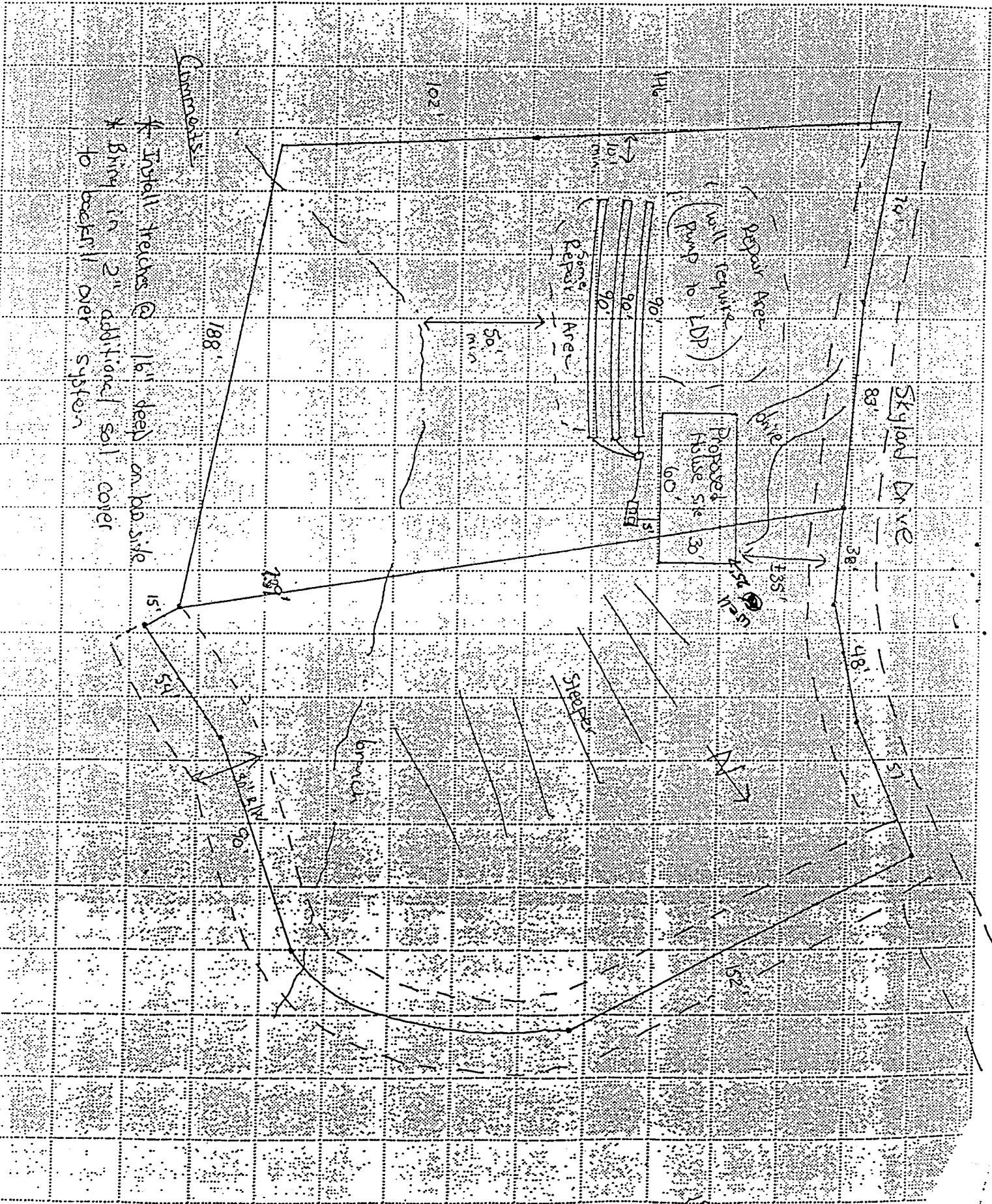
[Signature]
Notary Public For the State of North Carolina, County of Transylvania

My Commission Expires May 14, 2003

My Commission Expires

(Effective July 1, 1998)

• William Taylor



* Install trenches @ 16" deep on h/a side
 * Bring in 2" additional soil cover
 to backfill over system