File Name: KIMBLE, MARGARET

Permit #: 98-449

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8543-46-9645-000

Receipt No

Agent/Owner: MOSSER, HENRY

Mailing Address:

Home Phone #: ( )

Work Phone #: ( )

Proposed Buyer: KIMBLE, MARGARET

Mailing Address: 199 Edwards St. Bishop, CA 93514

Home Phone #: (760) 873-7664

Work Phone #: ( )

Property Location: Diamond Creek (Road/Street)

Subdivision:

Phase/Sect.:

Lot #:

Directions to property: 64 West - right on 215 - 1st left onto Diamond Creek Road - 2.2 miles - on right

Flood Zone

Is the property in a flood zone? ☐ Yes ☒ No ☐ Unknown

Inspections

Flood Zone ☐ Yes ☐ No

☐ Approved ☐ Disapproved

Initials Date

Installation for: Mobile Home ☐ Single ☐ Double ☐ House ☒ No. Bedrooms: 3 Basement: Yes ☒ No ☒ DAYLIGHT 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: 3 acres Date lot recorded: Right of ways, easements, etc. road 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: 7-10-98

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 and Natural Resources, Division of Environmental Health.

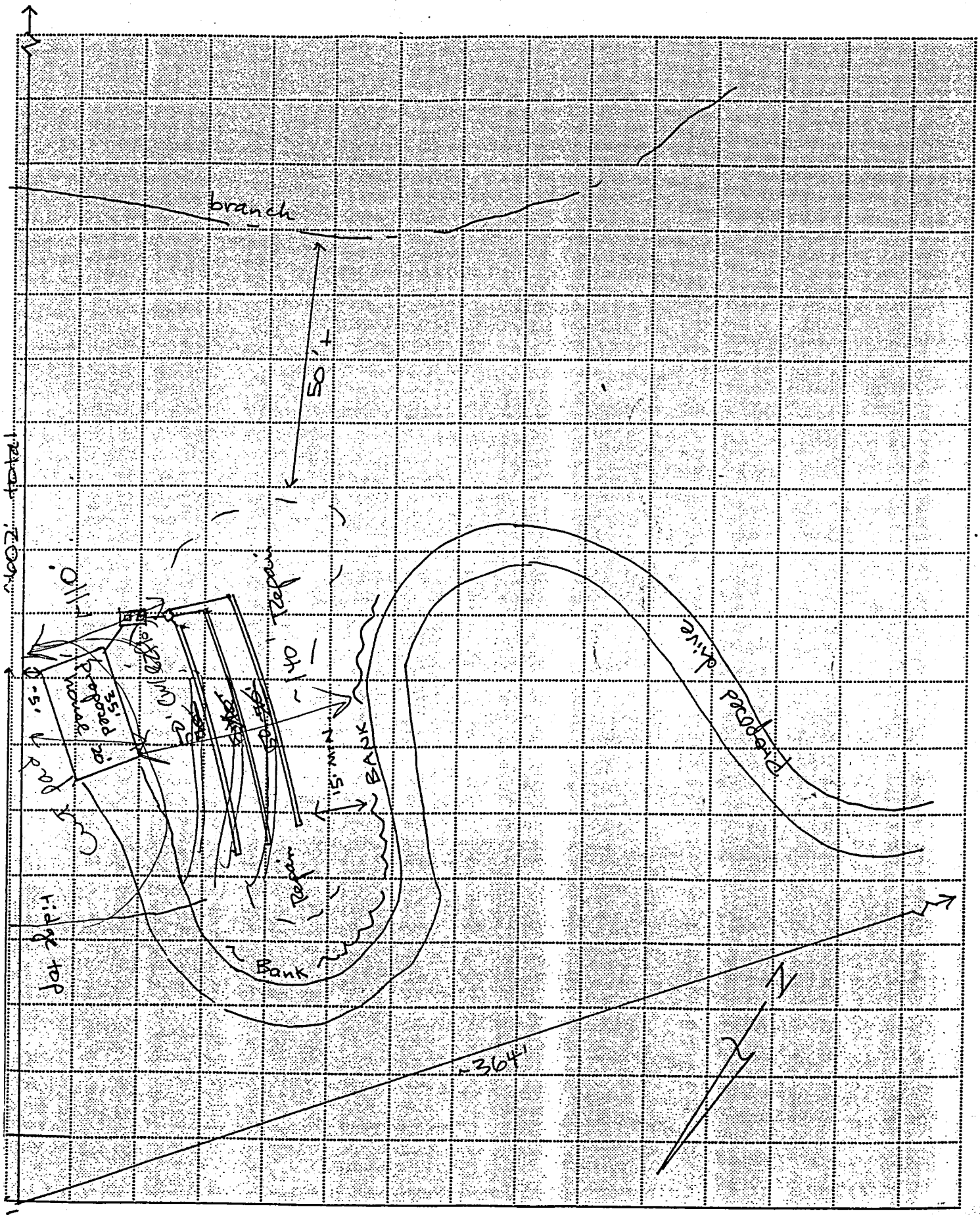
System Classification Type: III g Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency — years.

Comments: Margaret Kimble requested a waiver to use IWWS 15-3R (polystyrene aggregate) as drainfield. 3-50' trenches. 7.5.01 FN

Installed by: Phillips Landscaping Final Inspection by: Neill O. Cagle, RSI Date: 6-21-02

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Margaret Kimble Permit No.: 98-449 Pin No.: 8543 46 9645 000



TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM **AMENDMENT**

Date: 12.13.01 Tax ID No: 8543 469645 000

Amendment to permit issued: 9.20.98

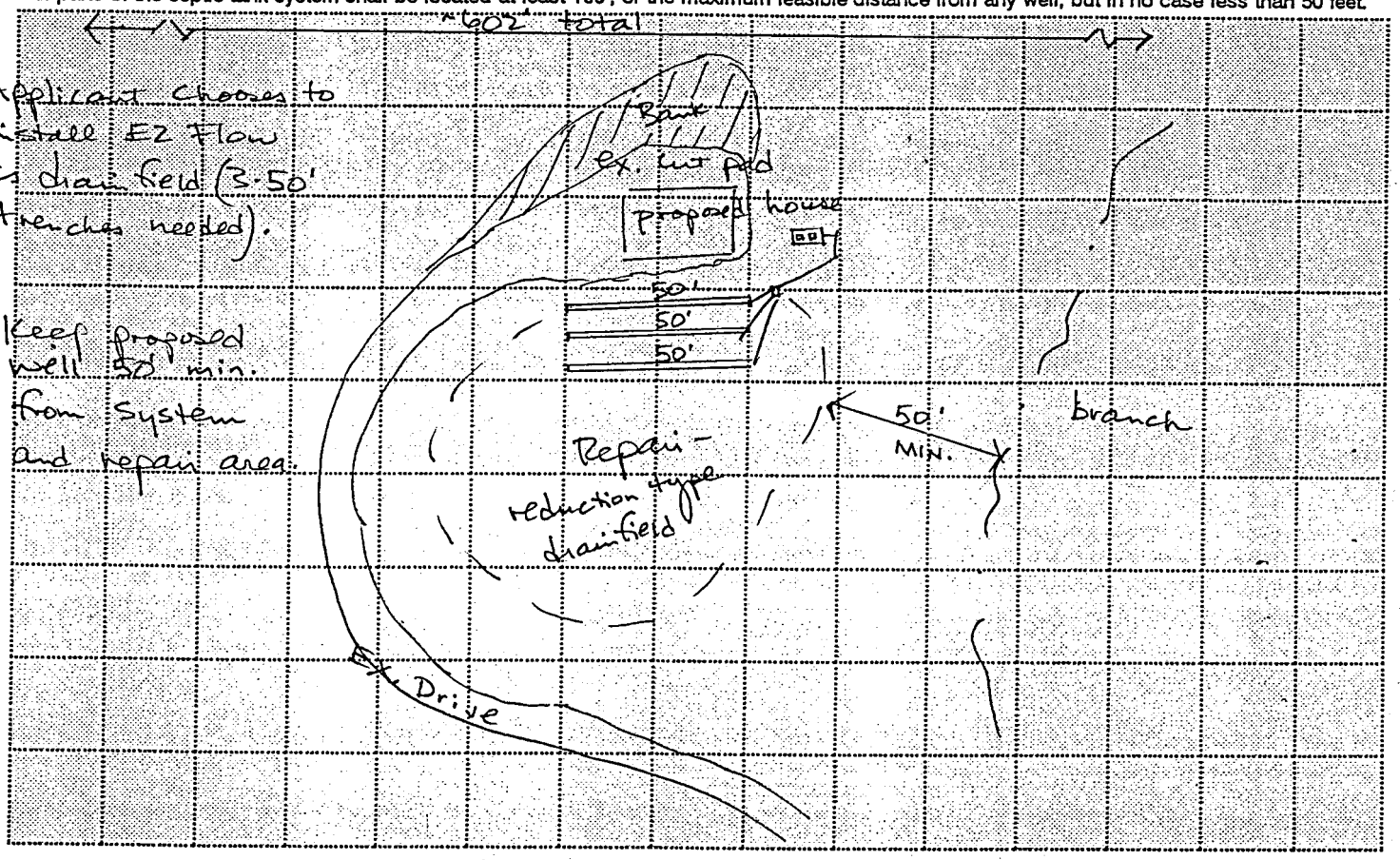
Owner/ Agent: Margaret Kimble Receipt No: 09258

Address: See permit Phone No: 885 8475

Location of Property: " "

Subdivision: _____ Lot No: _____ Section: _____ Plat of Property: ___

All parts of the septic tank system shall be located at least 100', or the maximum feasible distance from any well, but in no case less than 50 feet.



*All provisions of the original permit apply unless specifically mentioned in this amendment.

Signature/Authorized Agent: 5/20/02 (Date) By: RS 12.13.01 (Date)

Minimum distance between trenches shall be 9 feet, on center. Scale 1": 60 feet

Keep trenches level, on contour, and shallow (maximum depth 18 " on the low side of trench).

Trench width is 36 inches.

AS BUILT
6-21-02
EZ-FLOW
Installed
N.C.

TANK INFO 2-3-99

SCM-1000
STB-362

File Name: KIMBLE, MARGARET

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID: 8543-46-9645-000

Permit #: 98-449

Receipt No: 07352 $150

Agent/Owner: MOSSER, HENRY

Mailing Address: Rt 1 Box 138-I L. Swanny

Home Phone #: ( )

Work Phone #: ( )

Proposed Buyer: KIMBLE, MARGARET

Mailing Address: 199 Edwards St. Bishop, CA 93514

Home Phone #: (760) 873-7664

Work Phone #: ( ) 1-888-724 3632 ext 37535 pager

Property Location: Diamond Creek (Road/Street)

Subdivision:

Phase/Sect.:

Lot #:

Directions to property: 64 West - right on 215 - 1st left onto Diamond Creek Road - 2.2 miles - on right

Flood Zone

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Flood Zone ☐ Yes ☐ No

☐ Approved ☐ Disapproved

Initials _____ Date _____

Installation for: Mobile Home ☐ Single ☐ Double ☐ House ☒ No. Bedrooms: 3 Basement: Yes ☒ No ☒ DAYLIGHT? FN 9.20.98 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: 3 acres Date lot recorded: _____ Right of ways, easements, etc. road 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: [signature] Date: 7-10-98

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)

New Installation: ☒ Repair/Addition: ☐ Original Permittee: _____ Dated: _____

Design waste flow: 360 GPD LTAR: .6 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: CONV.

Drainfield: Total Trench Length: 210 ft. Square Footage: 630 Trench spacing: 9 on ctr. Individual Trench Length: 70 ft. Maximum Trench Depth(Low Side): 12 in. Trench Width: 36 in.

Distribution Method: D-Box Min. distance between system and nearest: Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: Drainfield to have 6" min. additional soil cover.

Construction of the wastewater system for the permit indicated is hereby authorized. The wastewater system described in the Improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted pursuant to this Article. This Construction Authorization is valid for a period of 5 years from the original date of issue. The Construction Authorization must be renewed upon expiration prior to the installation/repair of the wastewater system, or prior to the issuance of any required building permits. A pre-construction conference with the owner or developer, or an agent of the owner or developer, and the health department will be required for re-issuance of the Construction Authorization.

I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.

Signed: [signature] Date: 9.23.98 Construction Authorization prepared by: [signature] PS Date: 9.20.98

PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION