

File Name: Lobdell Woods

TRANSLYVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION 9508-35-

Pin #/Tax ID 9508-25-00

Permit #: 00-574

0171-000 JK 2015

Receipt No 50

Agent/Owner: Lobdell, Milasa

Mailing Address: Old 280 Pinquah Forest

Home Phone #: ()

Work Phone #: ()

Proposed Buyer: Koacher, Bob

Mailing Address: 25 Canter Court, Morris Shoe 28742

Home Phone #: (324) 891-9805

Work Phone #: () 275-5025

Property Location: David's Trace
Road/Street

Subdivision: Lobdell Acres Phase/Sect.: _____ Lot #: 15

Directions to property: Hwy 280 past Wal-mart, approximately 2 miles, road on the left
Follow David's Trace lot is on the right

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 ROF* 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: 1.43 acres Date lot recorded: 2000 Right of ways, easements, etc. no 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: 1/15/01

**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: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

Comments: 'system' reduced to 3 bedroom to accommodate well location

Installed by: _____ Final Inspection by: [Signature] Date: 2-5-01

* changed until repair area is approved for 4 bedroom (system is installed & approved)

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Name: Lobdell Woods lot 16
 Bob Koerber

Permit No.: 00-574 Pin No.: 9508259650



DAVID'S TRACE
 * house reduced to 3
 bedroom to accommodate
 well area - changes
 may want to re-apply
 to move repair for
 of below app. needs
 later - ATIS
 7-12-01



[Handwritten signature]

**TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION**

Pin #/Tax ID 9508-25-96

50

Receipt No 126-7-11-0

Name: Loddell Woods

Permit #: 00-574

Applicant/Owner: Loddell, Nilssa

Mailing Address: Old 280 Pisgah Forest

Home Phone #: ()

Work Phone #: ()

Proposed Buyer: Koerber, Bob

Mailing Address: 25 Canter Court, Horse Shoe 28742

Home Phone #: (828) 691-9805

Work Phone #: () 275-5025

Property Location: David's Trace
Road/Street

Subdivision: Loddell Acres Phase/Sept.: _____ Lot #: 16

Directions to property: Hwy 280 past Wal-mart, approximately 2 miles, road on the left
follow David's Trace lot is on the right

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

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

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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: 11/21/00

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)**

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

Design waste flow: 480 GPD LTAR: 45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: 10" I.D. Large Diameter Pipe

Mainfield: Total Trench Length: 430 ft. Square Footage: 1,075' SQ. Trench spacing: 8 ft. on ctr. Individual Trench Length: see diagram ft. Maximum Trench Depth (Low Side): 12 in. Trench Width: 12 in.

Distribution Method: serial feed Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 15 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: Location of upper and lower lines has been flagged out on-site.

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.

Accepted: Ron Koh Date: 11/9/2001 Construction Authorization prepared by: Jeff McCall, RS Date: 12-28-2000

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