

TRANSYLVANIA COUNTY DEPARTMENT of PUBLIC HEALTH

Existing System Inspection Report
(For Building Inspection Department)

Date: 02-11-01 Tax ID No.: 8594-43-6047-000

Receipt No.: 126453
\$7500

Owner/Agent: Alcorn, Wendell R.

Address: Eagle Lake Drive
Brevard, NC 28712

Phone Number: Contact: Scott Moser 553-1112

Date System Installed: 4-11-02

Original Cert. of Completion	
Name:	<u>Alcorn, Wendell</u>
Date:	<u>4-11-02</u>

Name(s) of Original Permittee: Alcorn, Wendell R.

Directions to property: 276S; L on Becky Mtn road; approx 1 mi 1 into Eagle Lake; 1st R;
go around lake counter clock wise to Rht 164 on L

Subdivision: Eagle Lake Section: _____ Lot No.: 164R

Inspection requested for:

- Mobile home setup
- Remodeling
- Addition
- Connection to unused system
- Business
- Other

No. of bedrooms upon connection/completion: 3 Current no. of Bedrooms: 4

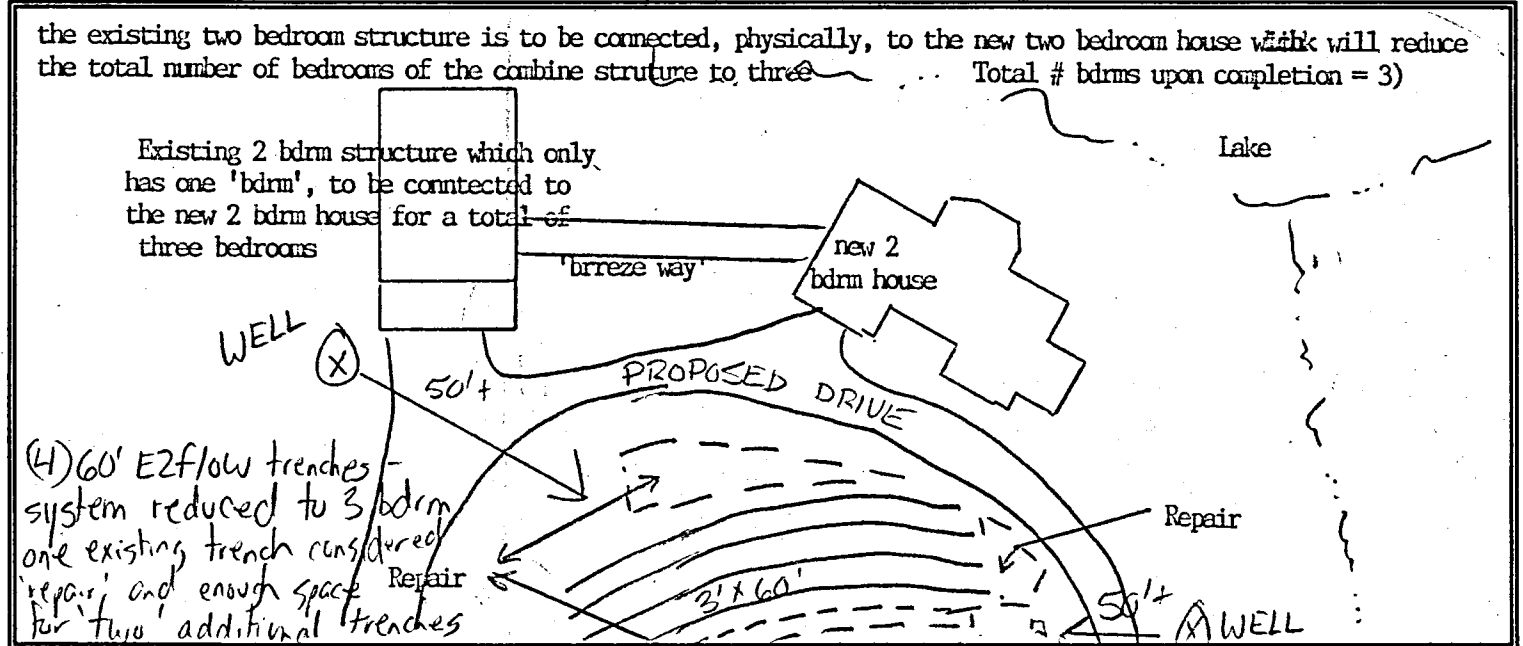
Remarks: new 2 bdrm house being connected to an existing "one bdrm" structure for a total of three bdrms

Owner/Agent Signature: Scott M. Moser Date: 2/11/11

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements. **FORM KEPT ON FILE FOR ONE YEAR**

Signed: Alla Smith MS-REHS Date: 2/14/2011

THIS REPORT IS VALID THROUGH 5/14/2011



File Name: EAGLE LAKE

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

9594-43-6047-000

Pin #/Tax ID _____

Permit #: 02-016

Receipt No 52666-17150

Agent/Owner: ALCORN, WENDELL R.

Mailing Address: 2221 Manhattan Dr. Carson City, NV 89703

Home Phone #: 775 883-0259

Work Phone #: Michael Shelley 86334245

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: _____

Work Phone #: _____

Property Location: Eagle Lake Drive

Subdivision: Eagle Lake

Phase/Sect.: _____

Lot #: 164

Directions to property: Hwy. 276 south - Becky Mtn. on left - turn - go about 1 mile to entrance of Eagle Lake - make 1st right - go around lake counter clockwise to lot 164 on left.

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: 1 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: .99 ac Date lot recorded: 1990's 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: [Signature]

Date: 1-22-02

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Diagram and Conditions Attached)

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____
Design waste flow: 480 GPD LTAR: 5 Septic Tank Capacity: 2(1000) gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: E7 Flow
Drainfield: Total Trench Length: 240 ft. Square Footage: 960 Trench spacing: 9 ft. on ctr. Individual Trench Length: 60 ft. Maximum Trench Depth (Low Side): 14 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 4" 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.

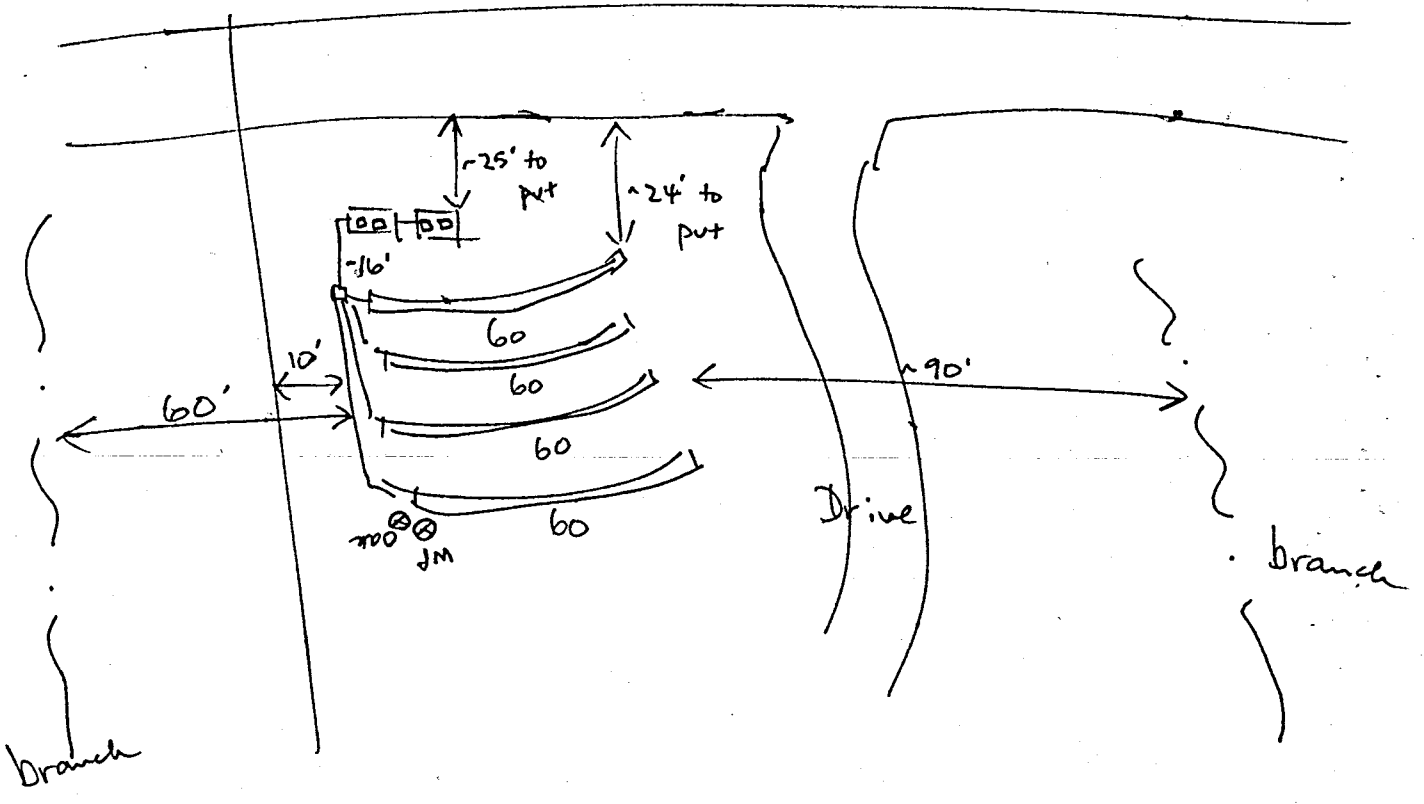
Signed [Signature] FOR W R ALCORN

Date: 1/30/02

Construction Authorization prepared by: [Signature]

Date: 1.30.02

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



E2 Flow
 4.11.02
 E2

File Name: EAGLE LA

Permit #: 20-111

Agent/Owner: ALCORN,

Home Phone #: 775

Proposed Buyer: _____

Home Phone #: (____) _____

Property Location: Eagle

Directions to property:
to build
wise to

Installation for: Mobile Home

Industry/Commercial/Other: Nur

Lot size: .99 ac

I certify the above to be correct to shall become void. I understand it

Applicant/Agent Signature: _____

New Installation: Ref

Design waste flow: 480

Drainfield: Total Trench Length: _____

Distribution Method: D-R

Comments & Special Conditions:

Construction of the wastewater In compliance with Article 11 the original date of issue. T permits. A pre-construction c

I agree to install the wastewater

Signed PH Kelly EAG W P

