

File Name: GILLESPIE, THOMASTRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATIONPin #/Tax ID 9508557896000
9827-000Permit #: 97-395Agent/Owner: GILLESPIE, THOMASMailing Address: P.O. Box 102 Brevard, NC 28712Home Phone #: () 883-8541Work Phone #: ()Proposed Buyer: Joe HellewellMailing Address: Home Phone #: ()Work Phone #: Property Location: Lobdell RoadSubdivision: Phase/Sect.: Lot #:

Road/Street

Directions to property: Hwy. 280 - almost straight across from N. Trans. Figs Dept - turn onto dirt road
going into Melglen - about 1/2 mile on leftReceipt No per telephone 2010

Flood Zone

Is the property in a flood zone?

☐ Yes ☒ No ☐ Unknown

Inspections

Flood Zone

☐ Yes ☐ No☐ Approved ☐ DisapprovedInitials 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: 3.66 Date lot recorded: 2/96 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: XDate: 8-4-97ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT

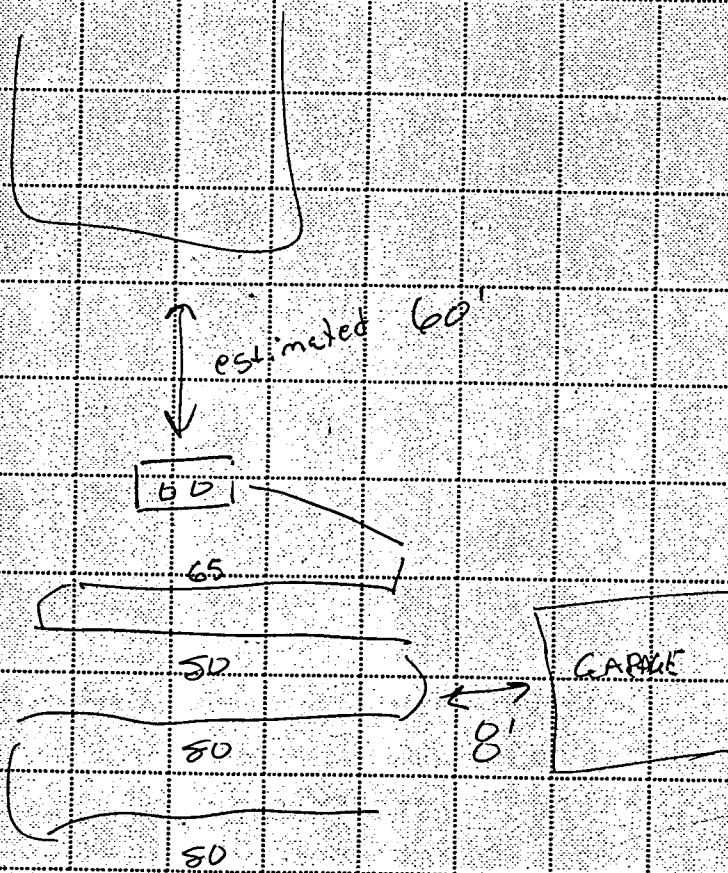
The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 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: III F Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency 1/1 years.Comments: Installed by: Bobby SmathersFinal Inspection by: Jeff McCall, RSDate: 4/14/99

AS INSTALLED

Initialed: JM

Date: 4-14-99



File Name: GILLESPIE, THOMASTRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATIONPin #/Tax ID 9508557890000Permit #: 97-395Receipt No 7037-15Agent/Owner: GILLESPIE, THOMASMailing Address: P.O. Box 102 Brevard, NC 28712Home Phone #: () 883-8541

Work Phone #: ()

Proposed Buyer:

Mailing Address:

Home Phone #: ()

Work Phone #: ()

Property Location: Lobdell Road

Subdivision: Phase/Sect.: Lot #:

Directions to property: Hwy. 230 - almost straight across from N. Trans. Fire Dept - turn onto dirt road going into Melglen - about 1/2 mile 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: 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: 3.66 Date lot recorded: 2/96 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: 8-4-97AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)New Installation: ☒ Repair/Addition: ☐ Original Permittee: Dated:Design waste flow: 360 GPD LTAR: 5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: - gal./min. Proposed Wastewater System: 10" I.D. Large Diameter PipeDrainfield: Total Trench Length: 300 ft. Square Footage: 750 Trench spacing: 8 ft. on ctr. Individual Trench Length: 75 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: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.Comments & Special Conditions: Bring in 6" soil cover to backfill over system.

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: 8-26-97 Construction Authorization prepared by: Jeff McCall, RS Date: 8-19-97

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

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Thomas Gillespie

Permit No.: 97-325

Pin No.: 9508557890000

