

File Name: ROUND MOUNTAIN

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

Pin #/Tax ID 3540-21-2529-000

Permit #: 99-358

Receipt No 11240 \$150

Agent/Owner: SCHARDS, NORMAN O.

Mailing Address: 303 Avenue J.S.E., Winter Haven, FL 33900

Home Phone #: (941) 293-7520

Work Phone #: ()

Proposed Buyer:

Mailing Address:

Home Phone #: ()

Work Phone #: () 29

Property Location: Line Runner Road Subdivision: Round Mountain Phase/Sect.: _____ Lot #: _____

Directions to property: Route 178 to Old Taxawy Road - go to end of paved road - enter Round Mountain

area - Line Runner Road

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 ac. Date lot recorded: _____ Right of ways, easements, etc. _____ 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: 7-30-99 (received by mail)

**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: Applicant requests using IWWS-3R as drain field choice (polystyrene aggregate). 3-50' trenches installed. Norman O. Sawark 9/8/99

Installed by: M&M Grading Co. Final Inspection by: [Signature] Date: 8.30.99

AS INSTALLED

Septic tank is located (as facing house):

Southwards

- Rear of house Front of house

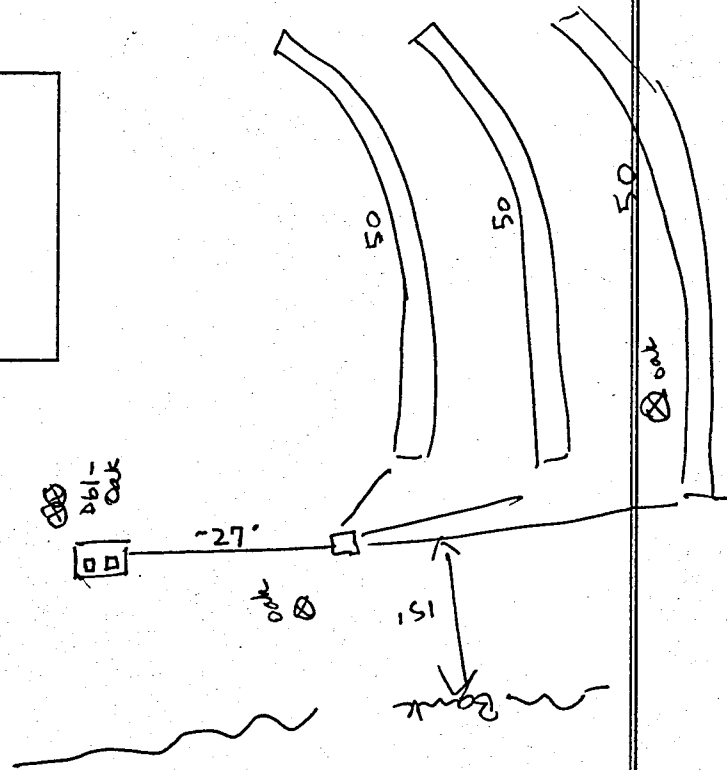
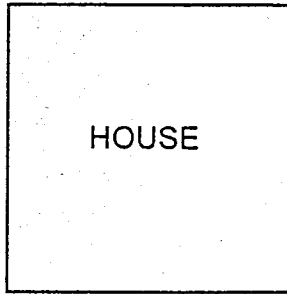
_____ ft. from left corner _____ ft. from right corner _____ ft. from foundation

Distribution box is _____ ft. from tank

LOCATION SKETCH

- No significant change from permit drawing

FN
8.30.79



COMMENTS: _____

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Receipt No 11240 \$150

Agent/Owner: SOWARDS, NORMAN D.

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Home Phone #: (941) 293-7520

Work Phone #: ()

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: ()

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

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

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

Design waste flow: 360 GPD LTAR: 16 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: — gal./min. Proposed Wastewater System: shallow conventional

Drainfield: Total Trench Length: 200 ft. Square Footage: 600 Trench spacing: 9 ft. on ctr. Individual Trench Length: 50* ft. Maximum Trench Depth(Low Side): 12 in. Trench Width: 36 in.

Distribution Method: D-box or serial 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' suitable soil to cover system; line lengths may be changed as needed; use D-box only if all trench lengths are equal

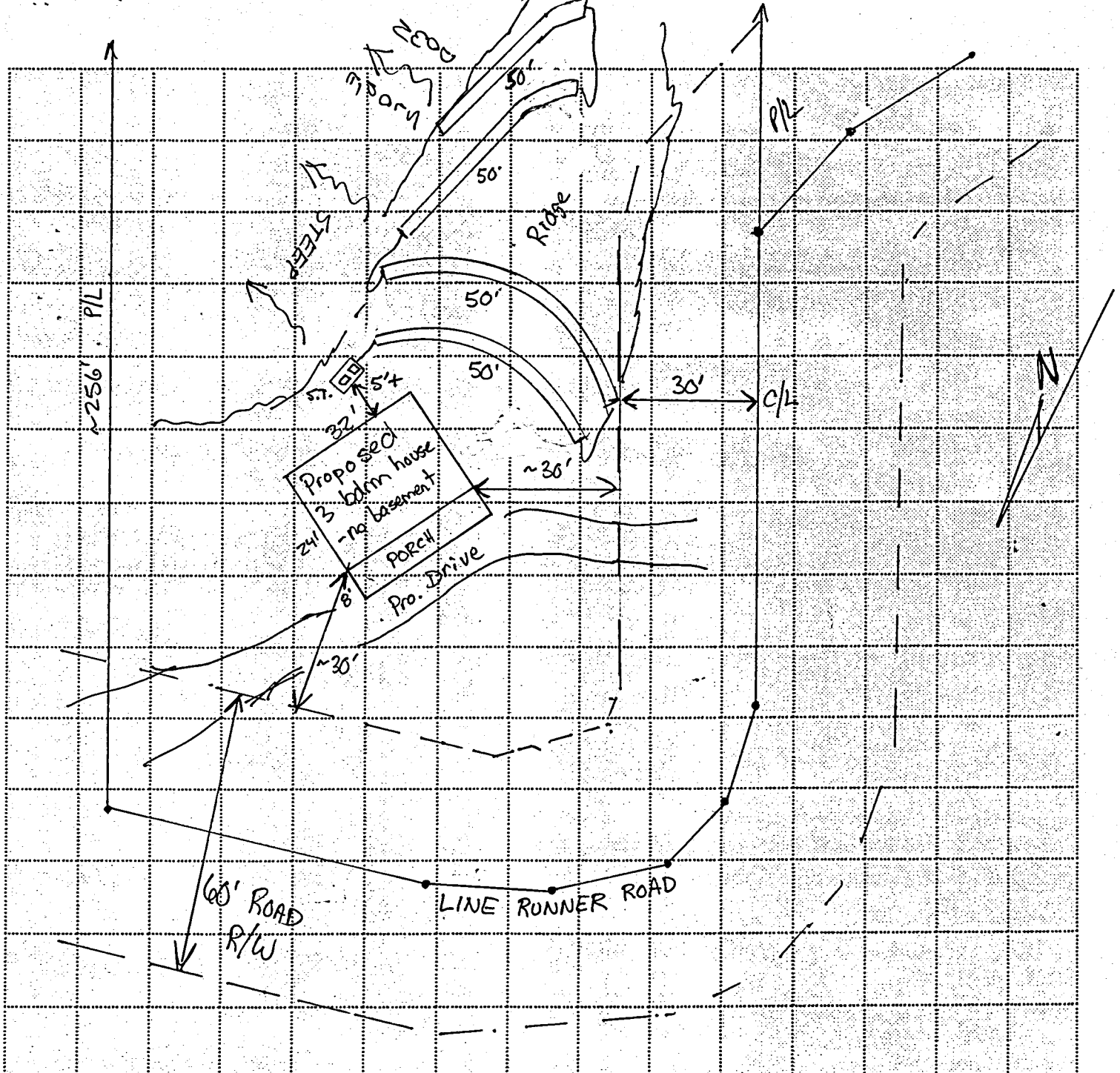
Construction of the wastewater system for the permit indicated is hereby authorized. The wastewater system described in the Improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted 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: Norman O. Sowards Date: 8/10/99 Construction Authorization prepared by: Allan Smith MSRS Date: 8-6-99

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

TRANSLYVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: NORMAN SOWARDS Permit No.: 99-358 Pin No.: 8540-21-2529-000



Comments: install 200' ultra shallow conventional septic system • bring in 6" suitable soil to cover system • line lengths may be changed as needed • use D-box only if all trench lengths are equal • maintain 30' off C/L of Line Runner Road • if line lengths are changed, keep trenches as long as possible

SCALE: 1" = 30'

DRILLING CONTRACTOR: Merrill Well Pump DRILLER REGISTRATION NUMBER 122

PROPERTY OWNER: NORMAN Sowards cc: Bedo Snap 11/18/99

ADDRESS: Live Runner Rd. (Round Mt) Beccard NC 28712
Street or Route No. City or Town State Zip Code

DATE DRILLED: 10-15-99 USE OF WELL: House Round Mt Lat 29

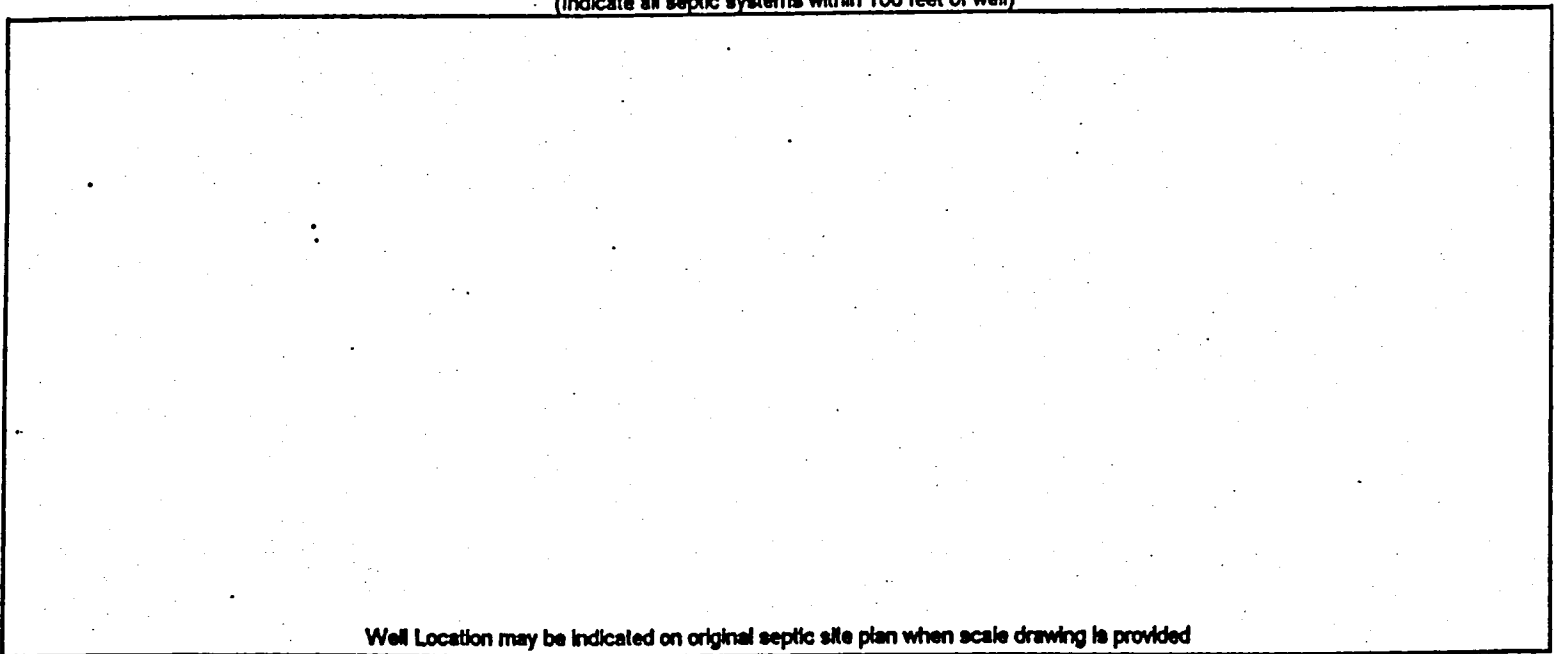
TOTAL DEPTH: 280 STATIC WATER LEVEL Below Top of Casing: septic finished 8-30-99 Fl. (Use "+" if Above Top of Casing)

YIELD (GPM): 15 METHOD OF TEST: air Blow WATER ZONES (depth):

CASING:				GROUT:			
Depth	Diameter	Wall Thickness Or Weigh/FL.	Material	Depth	Material	Method	
From <u>0</u> To <u> </u> FL.	<u>6 1/8</u>	<u>SDR 21</u>	<u>PVC</u>	From <u>0</u> To <u>20</u> FL.	<u>sackside</u>	<u>pour</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.

Gil Dulla (10-22-99)
Signature of Contractor or Agent Date

Delores C. Dodson
Notary Public For the State of North Carolina, County of Transylvania

6-17-2000
My Commission Expires

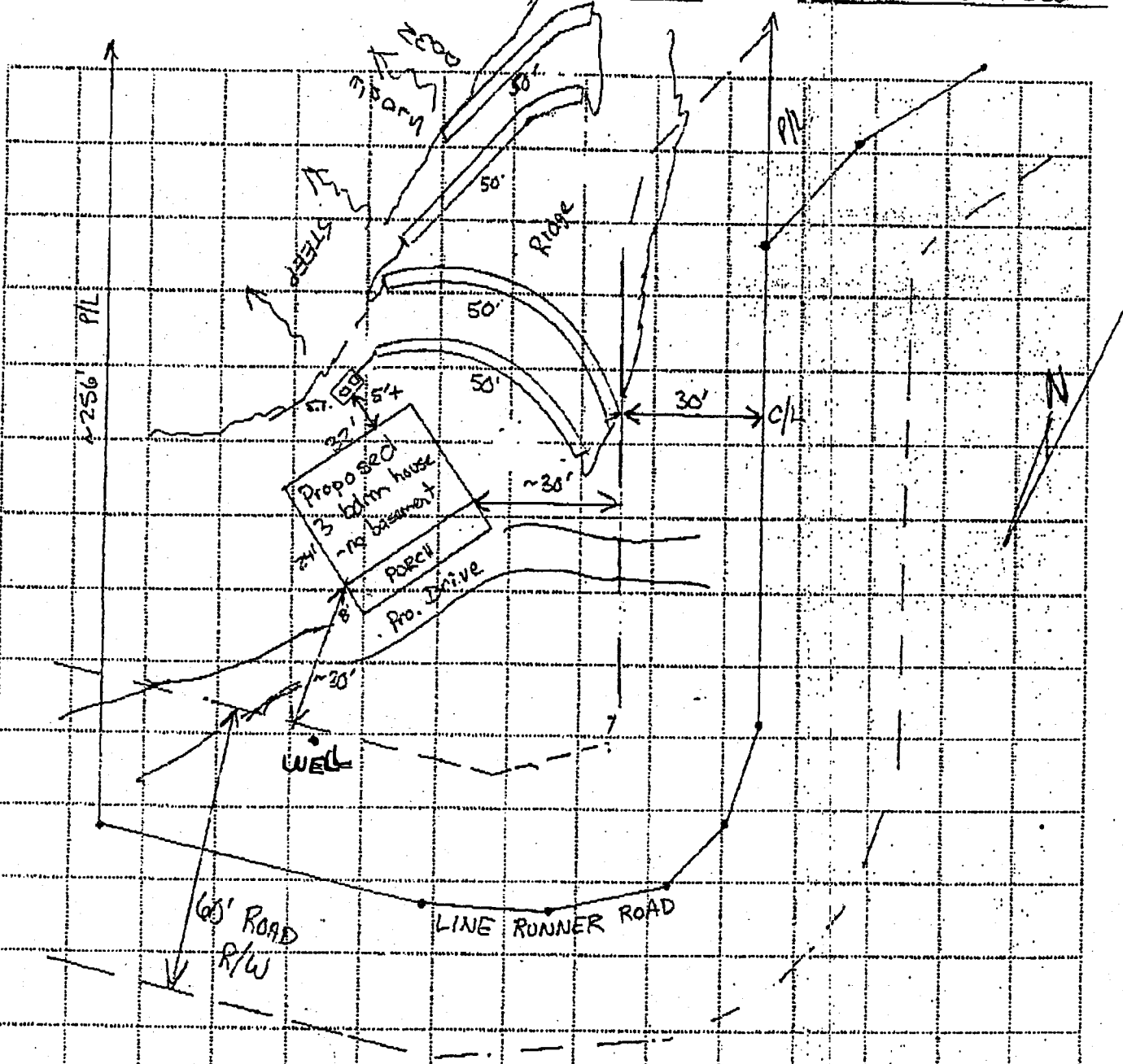
(Effective July 1, 1998)

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