

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 5-7-09

Tax ID No.: 8593-75-3314-000

Receipt No. 252 937 \$ 50.00

Owner/Agent: Iooss, Paul

Address: 160 Speckled Trout Run

Brevard, NC 28712

Phone Number: 877-6486 577-3567

Date System Installed: 10-27-00

Name(s) of Original Permittee: Iooss, Paul

Directions to property: 276S; L at Decar Mtn Baptist Church - into Steel Creek;

Intersection of Speckled Trout & Steel Creek

Subdivision Dyt Steel Creek

Section: Lot No.:

Inspection requested for:

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

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

Remarks: Re-building house destroyed by fire.

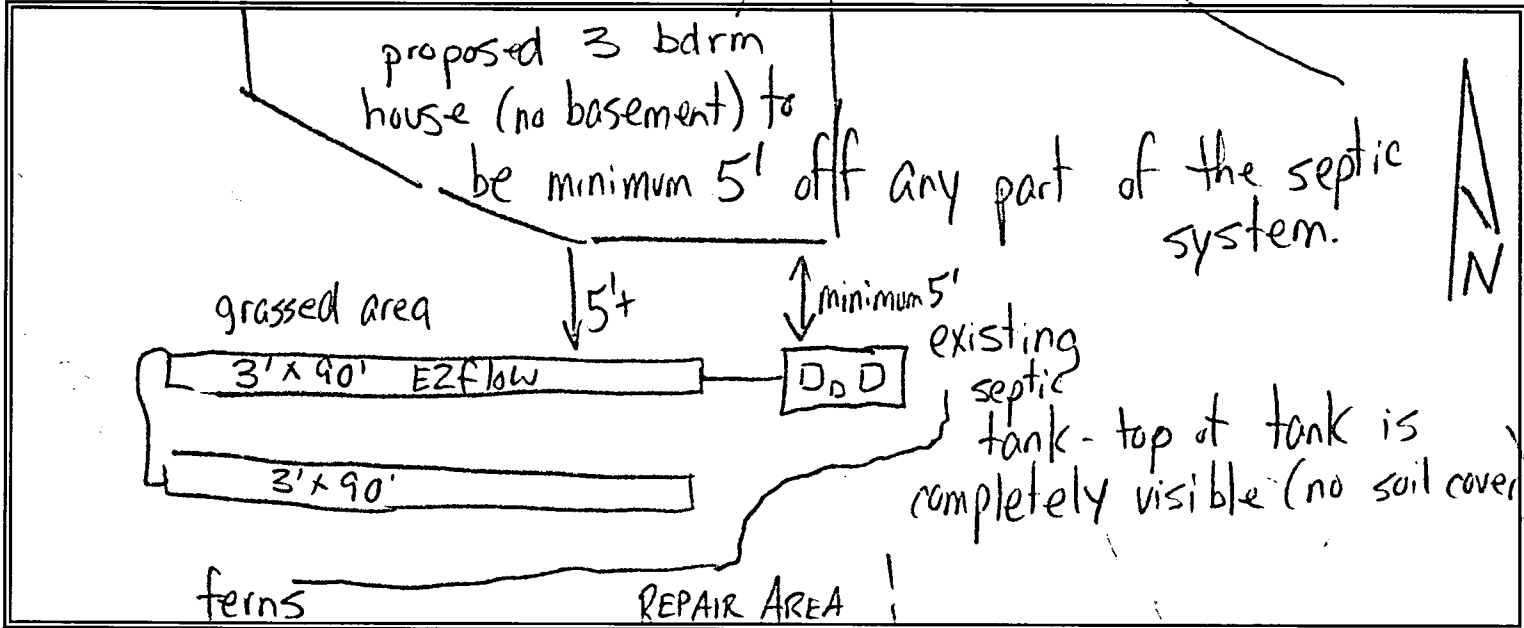
Owner/Agent Signature: [Signature] Date: 5/7/09

FORM KEPT ON FILE FOR 1 YEAR

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.

Signed: [Signature] MS, RS Date: 5/11/2009

THIS REPORT IS VALID THROUGH 8/11/2009



File Name: STEEL CREEK

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

Pin #/Tax ID 8593-75-0000
8593-75-3314-000
Receipt No Per Tot Received 2013

Permit #: 00-019

Agent/Owner: LINE RUNNER

Mailing Address: _____

Home Phone #: (____) _____

Work Phone #: (____) _____

Proposed Buyer: PAUL COSS

Mailing Address: c/o Mike Meaney 102 Owen St. Brevard, NC

986-- 884-9164

Home Phone #: (____) _____

Work Phone #: (____) _____

Property Location: SPECKELED TROUT/STEEL CR. INTERSECTION

Subdivision: STEEL CREEK Phase/Sect.: _____ Lot #: _____

Road/Street

Directions to property: Hwy. 276 - left at cedar Mtn. Baptist - intersection of Speckeled Trout and

Steel Creek

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: 3.25 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: 1-18-99

**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: need owner's sheet to OK EZFlow use.

Installed by: Robert Norton

Final Inspection by: Alta Smith MS RS

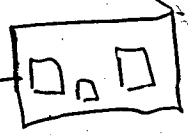
Date: 10-27-00

E2FLOW

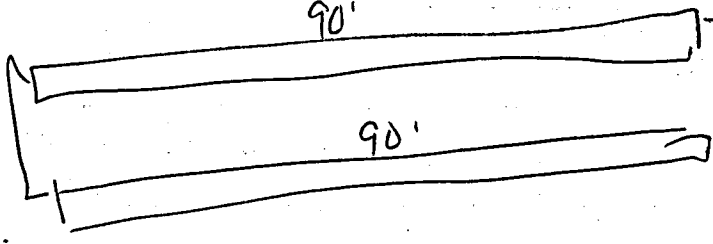
90'

90'

8-18-2000
BCM-1000
STB-356



POWER LINES



File Name: STEEL CREEK

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

Pin #/Tax ID 8615-76-0000

Permit #: 00-049

Receipt No 1101 110

Agent/Owner: LINE RUNNER

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: PAUL COSS

Mailing Address: c/o Mike Mcaney 102 Owen St. Brevard, NC
956-- 334-9164

Home Phone #: () _____

Work Phone #: () _____

Property Location: SPECKLED TROUT/STEEL CR. INTERSECTION

Subdivision: STEEL CREEK Phase/Sect.: _____ Lot #: _____

Road/Street

Directions to property: Hwy. 276 - left at cedar Mtn. Baptist - intersection of Speckled Trout and

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Flood Zone		
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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: 3.25 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: 1-18-99

**AUTHORIZATION 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: Conventional

Drainfield: Total Trench Length: 240 ft. Square Footage: 720' Trench spacing: 9 ft. on ctr. Individual Trench Length: 80 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 will require 4" 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: 1-31-00 Construction Authorization prepared by: Jeff McCall, RS Date: 1-26-2000

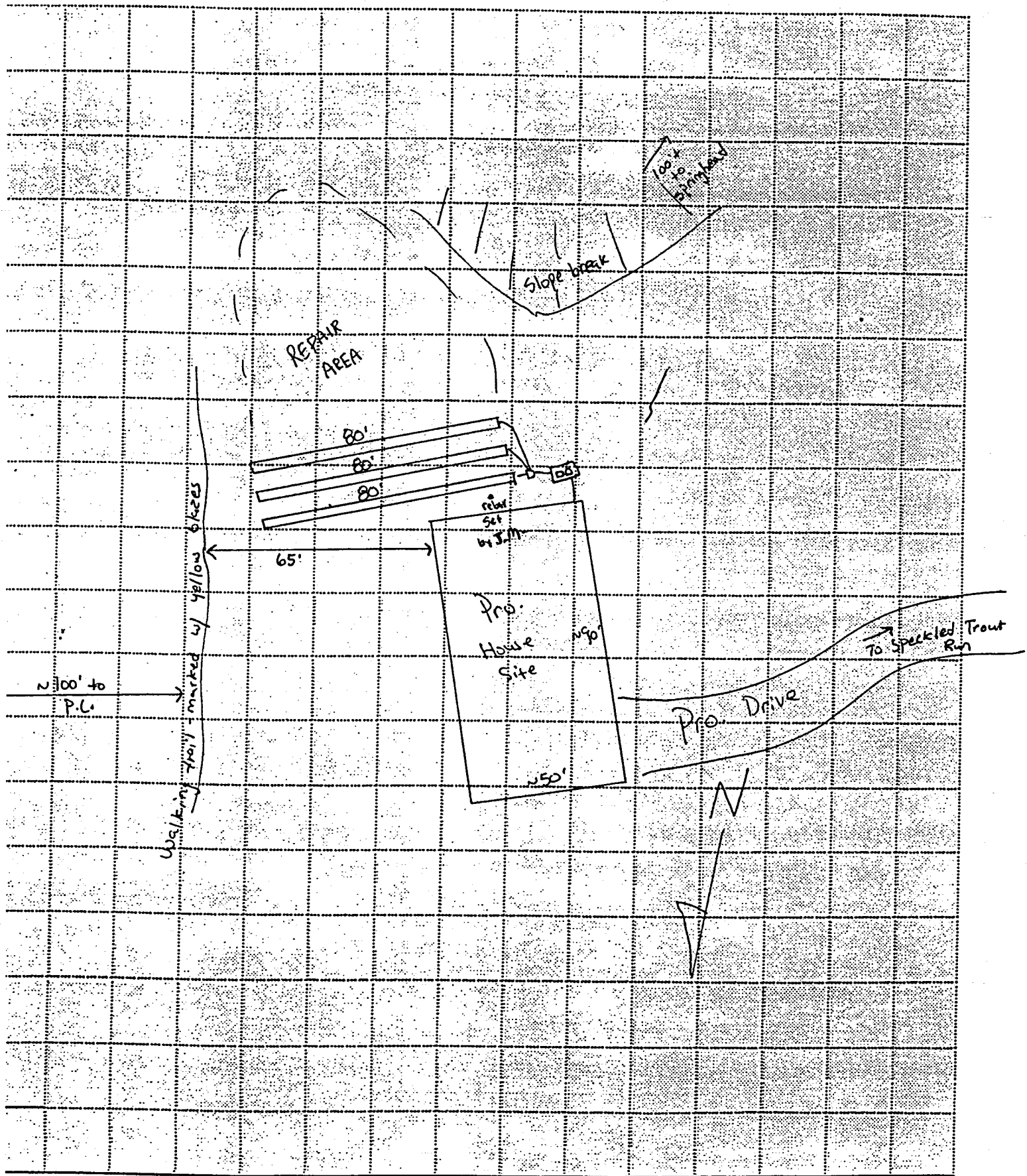
PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

e Name: Steel Creek
Paul Jooss

00-047
Permit No.:

Pin No.: 8615760000



SCALE: 1" = 40 ft.

CERTIFICATE OF COMPLETION: File Name Line Rumer Date _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
WELL CONSTRUCTION REPORT

DRIILLING CONTRACTOR: Chambers Well Drilling DRILLER REGISTRATION NUMBER 2491

PROPERTY OWNER: Paul Travis

ADDRESS: 20 Heathway Dr. Shoalsburg VA 30277
Street or Route No. City or Town State Zip Code

DATE DRILLED: 10-11-00 USE OF WELL Residential "Single Dwelling"

TOTAL DEPTH: 605 STATIC WATER LEVEL Below Top of Casing: _____ Ft. (Use "+" if Above Top of Casing)

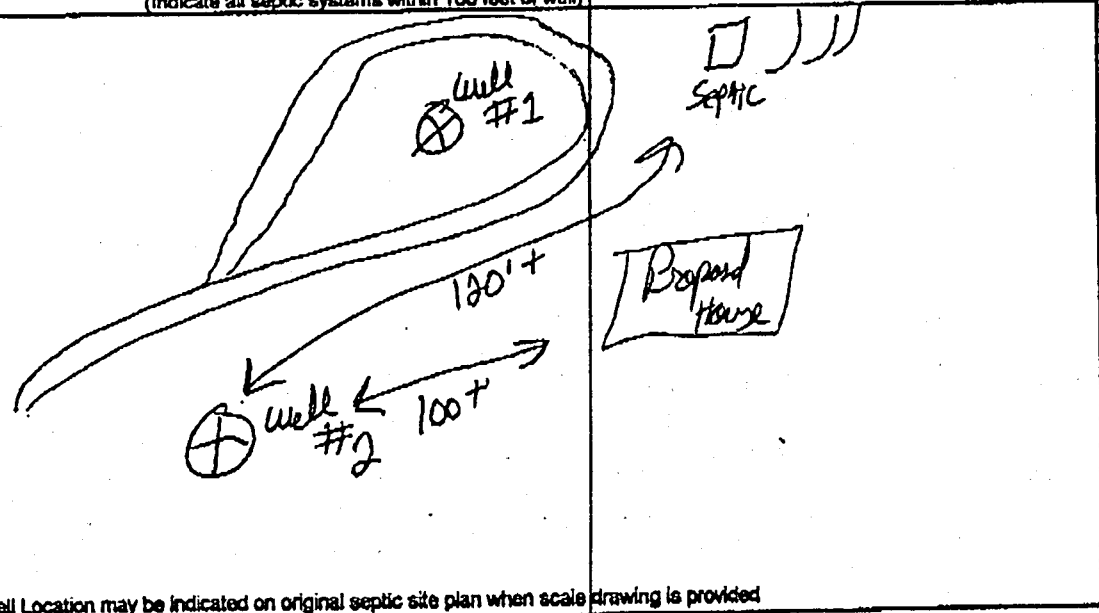
YIELD (GPM): 1/2 @ 100' METHOD OF TEST: Air WATER ZONES (depth): _____

CASING:				GROUT:			
Depth	Diameter	Wall Thickness Or Weight/Ft.	Material	Depth	Material	Method	
From <u>0</u> To <u>20</u> Ft.	<u>6 1/4</u>	<u>27.6</u>	<u>PVC</u>	From <u>0</u> To <u>20</u> Ft.	<u>Grout</u>	<u>Poured</u>	

REMARKS: Well #2 on Property

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

DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC2C, WELL CONSTRUCTION STANDARDS.

Goff H Moore 10-11-00
Signature of Contractor or Agent Date

Cynthia H. Moore
Notary Public For the State of North Carolina, County of Transylvania

January 03, 2004
My Commission Expires

