

File Name: MORGAN, CHARLES

TRANSLYVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID: 16
RS95-17-4859-000

Permit #: 98-208

Agent/Owner: MORGAN, CHARLES

Mailing Address: P.O. Box 909 Pisgah Forest, NC 28768

Receipt No: 03774 / 150

Home Phone #: () 883-8245

Work Phone #: ()

Proposed Buyer:

Mailing Address:

Home Phone #: ()

Work Phone #: ()

Property Location: Elm Bend Rd.

Road/Street

Subdivision:

Phase/Sect:

Lot #:

Directions to property: 1/2 Elm Bend Road - 1st house on left before bridge - (370 Elm Bend Road) - old house on property.

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: 2.1 ac. Date lot recorded: 1942 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: 4-9-98

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____
Design waste flow: 360 GPD LTAR: 4 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: Conversion
Drainfield: Total Trench Length: 300 ft. Square Footage: 900 Trench spacing: 9 on ctr. Individual Trench Length: 100 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: 5 ft. Vertical Cut: 5 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: _____ Construction Authorization prepared by: [Signature] Date: 7-28-98

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

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

File Name: MORGAN, CHARLES

Permit #: 98-208

Agent/Owner: MORGAN, CHARLES

Home Phone #: () 883-8245

Proposed Buyer: _____

Home Phone #: () _____

Property Location: Elm Bend Rd.

Directions to property: N Elm Bend Road - last house on left before bridge - (370 Elm Bend Road) - old house on property.

Mailing Address: P.O. Box 909 Pigeon Forest, NC 28768

Work Phone #: () _____

Mailing Address: _____

Work Phone #: () _____

Road/Street: _____ Subdivision: last Right Phase/Sect: _____ Lot #: _____

Pin #/Tax ID: 8595-17-4859-000

Receipt No: _____

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Flood Zone Inspections	
Is the property in a 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: 2.1 ac. Date lot recorded: 1942 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: 4-9-98

**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: _____

Installed by: Joe McCall Final Inspection by: [Signature] Date: 4.2.03

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

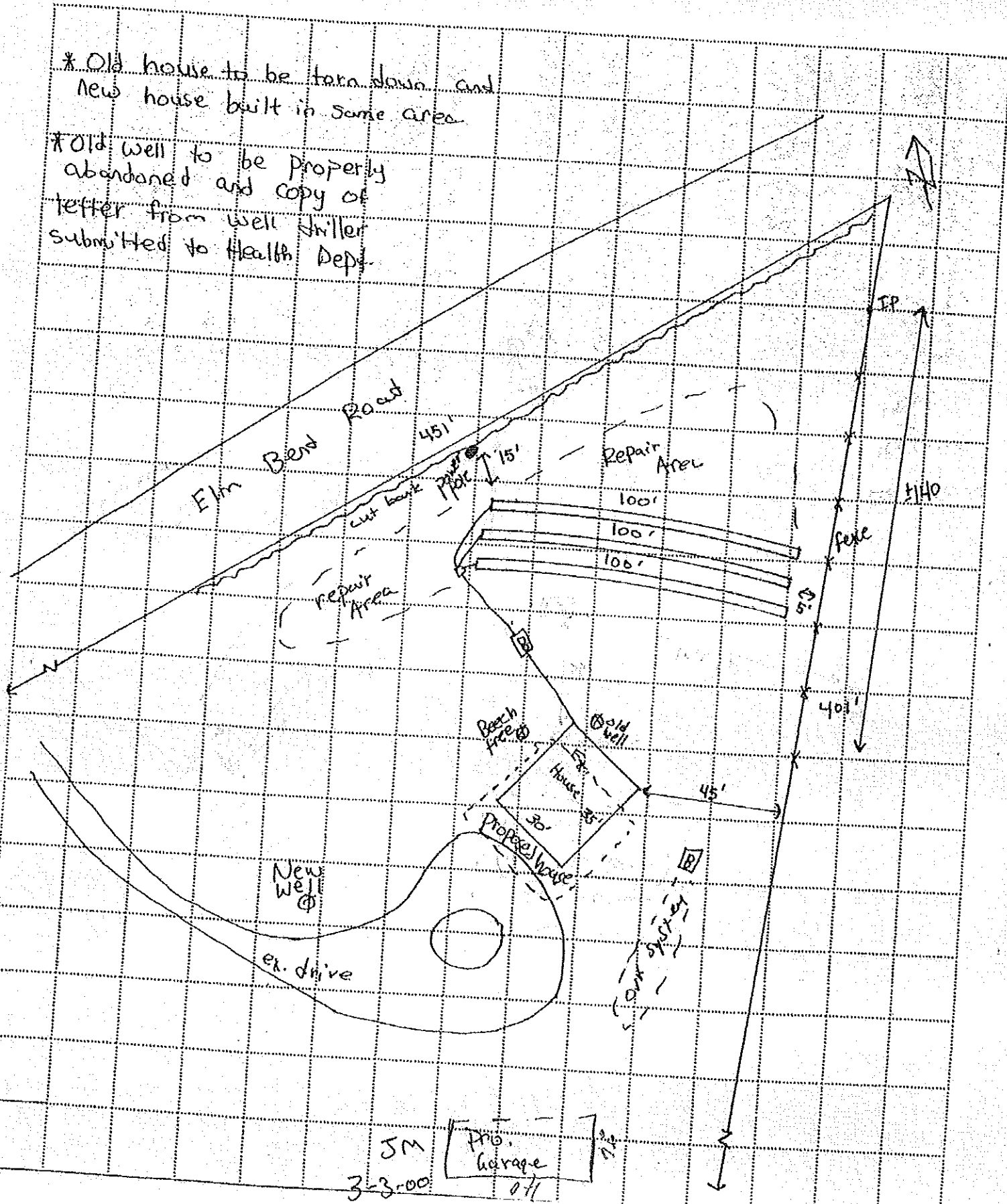
File Name: Charles Morgan

Permit No.: 98-208

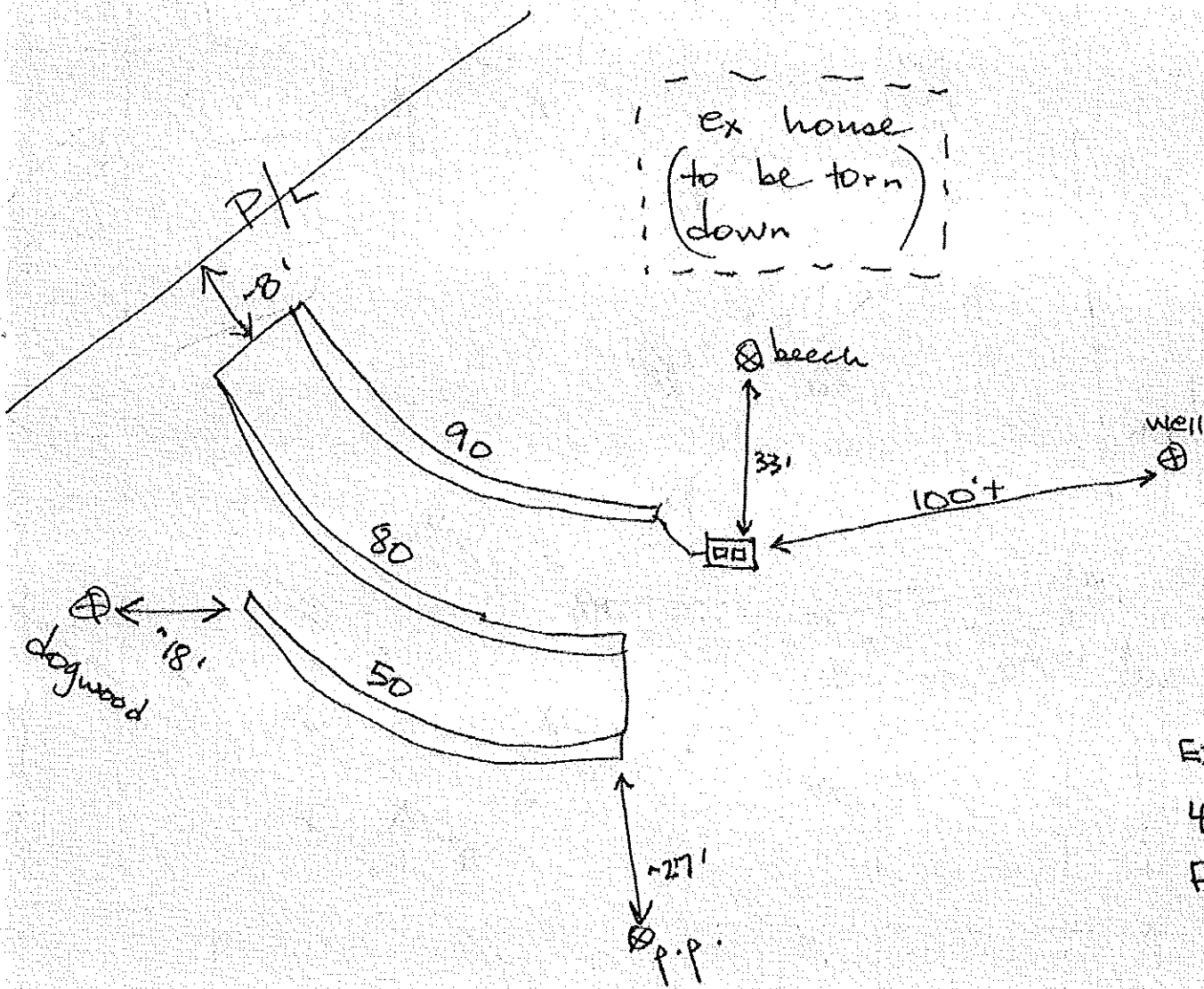
Pin No.: 859514859000

* Old house to be torn down and
New house built in same area

* Old well to be properly
abandoned and copy of
letter from well driller
submitted to Health Dept.



JM
3-3.00
Prop. Garage
0/1



E2 Flow
 4.2.03
 FN