

GLEN CANNON

File Name: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

3596-81-6600
Pin #/Tax ID _____

Permit #: 02-496

Receipt No _____

Agent/Owner: COX, DONALD
884-1440

Mailing Address: 175 Glen Cannon Dr., Pisgah Forest NC

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: 0793

Work Phone #: () _____

Property Location: 775 Glen Cannon Dr. Subdivision: Glen Cannon Phase/Sect.: C Lot #: 30
Road/Street

Directions to property: Wilson Rd. to join - Glen Cannon Drive - last house on left
before condos - 175 on mailbox

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input 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: 1.25 Date lot recorded: _____ 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: 11-19-02

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 bed (EZFlow) Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Check / fix water leaks if necessary

Installed by: Randy Owen Final Inspection by: James A Bayer, RS Date: 1/7/03

File Name: GLEN CANNON

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

8596-81-6680-000
Pin #/Tax ID _____

Permit #: 02-496

Receipt No mechanical repair

Agent/Owner: COX, DONALD
884-7440

Mailing Address: 175 Glen Cannon Dr., Pisgah Forest NC

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: 175 Glen Cannon Dr. Subdivision: Glen Cannon Phase/Sec.: _____ Lot #: 30
Road/Street

Directions to property: Wilson Rd. to Glen Cannon Drive - last house on left
before condos - 175 on mailbox

Flood Zone	
Is the property in a 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: 1.25 Date lot recorded: _____ 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: Donald E Cox Date: 11-19-02

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Diagram and Conditions Attached)

New Installation: Repair/Addition: Original Permittee: Robert DeWig Dated: 3-25-75
Design waste flow: 360 GPD LTAR: _____ Septic Tank Capacity: 855 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: Gravel (with three perforated pipes)
Drainfield: Total Trench Length: 38 ft. Square Footage: 380 Trench spacing: _____ ft. on c/c. Individual Trench Length: 38 ft. Maximum Trench Depth (Low Side): 18 in. Trench Width: 120 in. (or 10 feet)
Distribution Method: DBOX Min. distance between system and nearest Well: 80 ft. Water line: 10 ft. Foundation: 15 ft. Property line: 5 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: Set a new DBOX Feed one pipe to the ex. drainfield and one pipe to the new repair drainfield.

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.

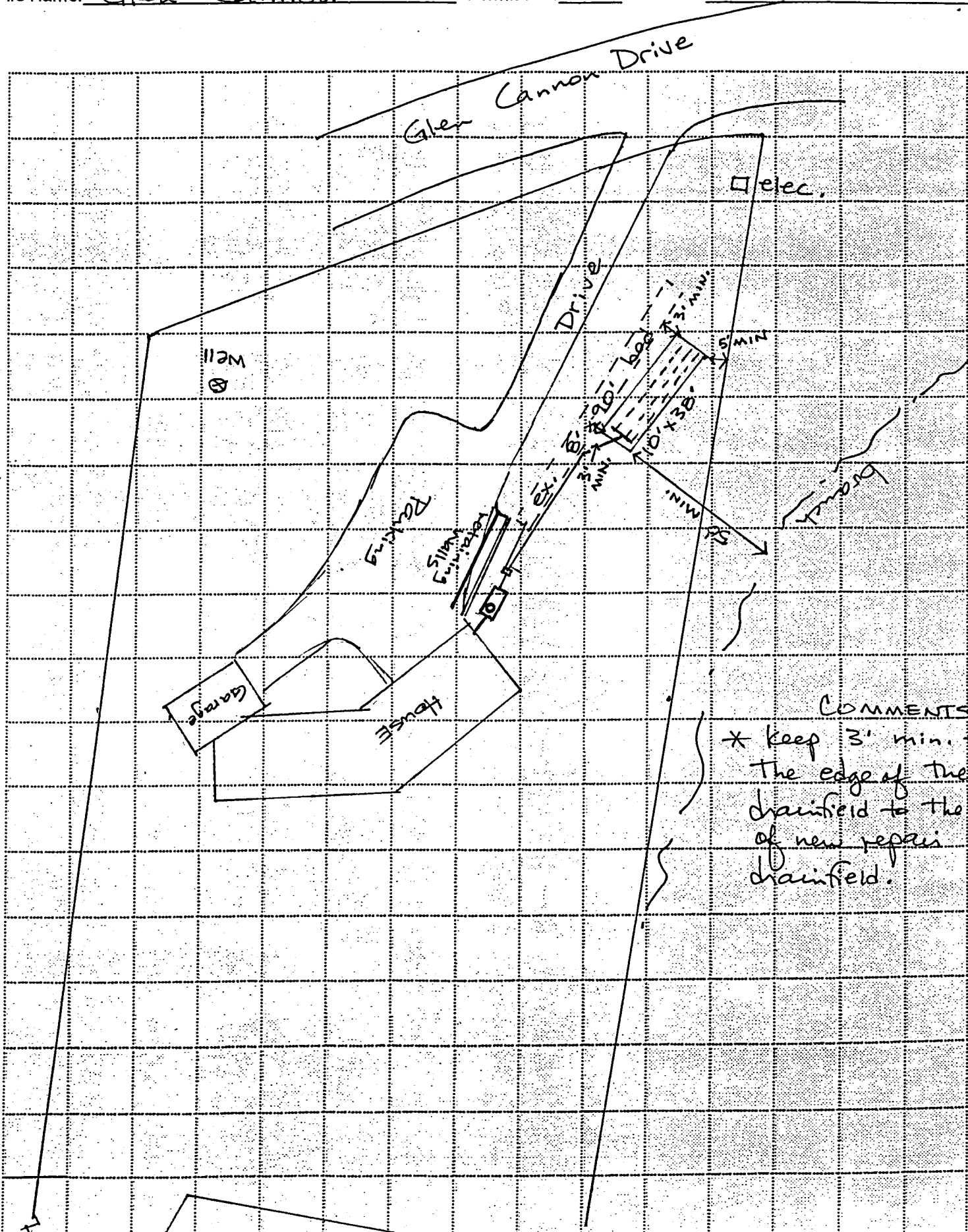
I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.
Signed: [Signature] Date: 11-26-02 Construction Authorization prepared by: [Signature] RS Date: 11-26-02

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

* Check the septic tank to assure there is a good sanitary tee in place; if not, install a new one.

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Glen Cannon Permit No.: _____ Pin No.: _____



COMMENTS
* keep 3' min. from
The edge of the old
drainfield to the edge
of new repair
drainfield.

SCALE: 1" = 40'

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
(Sewage disposal system) Improvements Permit and Certificate of Approval
 (Ground Absorption Sewage Disposal System - G.S. Chapter 130, Article 13 C)

OWNER-OCCUPANT Robert Denis BUILDING CONTRACTOR _____

LOCATION Rt. 1000 Forest Hill NC

SUBDIVISION _____ LOT NO. 30 SECT. OR BLOCK NO. _____

SEPTIC TANK CONTRACTOR Morgan Landscap. ADDRESS _____

HOUSE MOBILE HOME BUSINESS

NO. BEDROOMS 3 NO. BATHROOMS 3 1/2

GARBAGE DISPOSAL UNIT YES NO

AUTO. DISHWASHER YES NO

AUTO. WASH. MACHINE YES NO

SIZE OF SEPTIC TANK 855 GALS. (Liquid)

MATERIAL: PRE-CAST BLOCK FIBERGLASS

DISTRIBUTION BOX YES NO

NO. OF LINES 2 WIDTH 4 FT. LENGTH 75 FT.

PERCOLATION TEST YES NO

WATER SUPPLY: INDIVIDUAL PUBLIC

IMPROVEMENTS PERMIT: DATE: 3-14-75

BY _____

CERTIFICATE OF APPROVAL: DATE: 3-25-75

BY David C. McDaniel

NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White-Owner; Pink-Improvements Permit; Blue-Inspections Dept.; Green-Health Dept.

