

FEE - 20.00

PERMIT

NO 951856

APPALACHIAN DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
Boone 264-4995 Jefferson 246-9449 Sparta 372-8813
IMPROVEMENTS PERMIT - CERTIFICATE OF COMPLETION

OWNER Richard Munnings COUNTY Watauga

LOCATION Valley View Rd, Mt. St. 1

PHONE _____
SUBDIVISION NAME Valley View LOT NO. 16 SECTION NO. _____

THIS SYSTEM DESIGNED FOR:

RESIDENTIAL NO. OF UNITS 1

NO. OF BEDROOMS 4

BUSINESS _____

OTHER _____

ESTIMATED DAILY FLOW RATE 450 GAL./DAY

SPECIAL FIXTURES _____

BASEMENT: NO YES () Fixtures in Basement ()

REPAIR AREA REQUIRED: YES NO ()

WATER SUPPLY: WELL SPRING ()

PRIVATE () PUBLIC ()

FmHA () FHA () VA ()

TYPE SYSTEM INSTALLED Trenchless

Site Classification: () Suitable

Provisionally Suitable

Soil Group III Texture PS Depth 75

Slope (%) 2.0 Restrictive Horizons (In.) PS

Soil Drainage/Groundwater S

Soil Permeability _____

Application Rate .10 Septic Tank Size 1100 Gal.

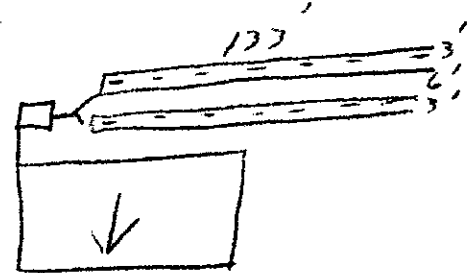
Drainfield Size (sq. ft.) Trench 800 Bed _____

Stone Depth 12'

Other: _____

COMMENTS/SPECIAL INSTRUCTIONS _____

APPROVED SITE PLAN



Note: System must be installed as shown except by prior approval.

Installed by: Charles Phueh

I certify that I have reviewed and agree to the provisions of this permit and any changes will be made only with prior Health Department approval. Note: Grading or excavating could change site suitability.

I certify that the information on this application is true and correct and will not be altered without prior Health Department Approval.

Owner/Agent Richard Munnings Date 6-26-89

Improvements Permit by N. J. Tucker Date 6-26-89

Note: Improvements Permit valid for 36 months from date of issue.

Certification of Completion by N. J. Tucker Date 8-11-89

FEE \$30.00

APPALACHIAN DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

SE NO 1674

Site Evaluation for Ground Absorption Sewage Disposal

REQUESTED BY Richard Hummerman

COUNTY Watauga

SUBDIV. Valley View

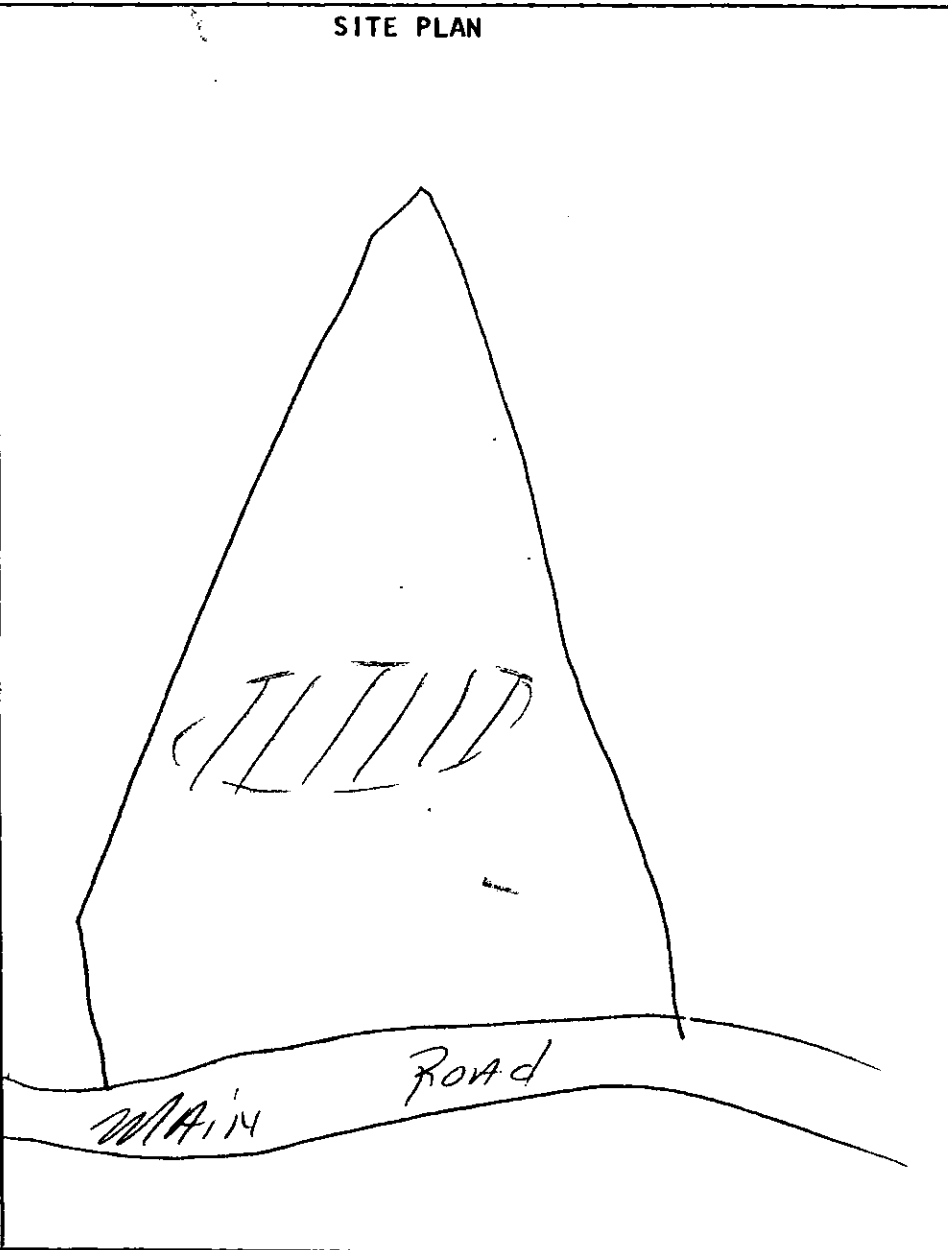
LOT # 16

LOCATION off Rocky Mt. Rd

LOT SIZE .598 TAX MAP REF. # _____

FACTORS	CLASSIFICATION
SLOPE (%)	S PS U
SOIL TEXTURE (12-36 In.) (Sandy, loamy, clayey)	S PS U
SOIL STRUCTURE (12-36 In.) (Clayey Soils)	S PS U
SOIL DEPTH (In.)	S PS U
RESTRICTIVE HORIZONS (In.) (Impervious Strata, rock)	S PS U
SOIL DRAINAGE/GROUNDWATER (External & Internal)	S PS U
SOIL PERMEABILITY (Percolation Rate)	S PS U
OTHER (Specify)	S PS U

SITE PLAN



COMMENTS:

Trenches must be used.

If trenches are used, only a three bedroom house may be on property because of usable area.

Can use T & T Parcel for 4 bedroom house.

SITE CLASSIFICATION: S-SUITABLE PS-PROVISIONALLY SUITABLE U-UNSUITABLE

Described By: N. J. Spurgeon

Date 7-12-89

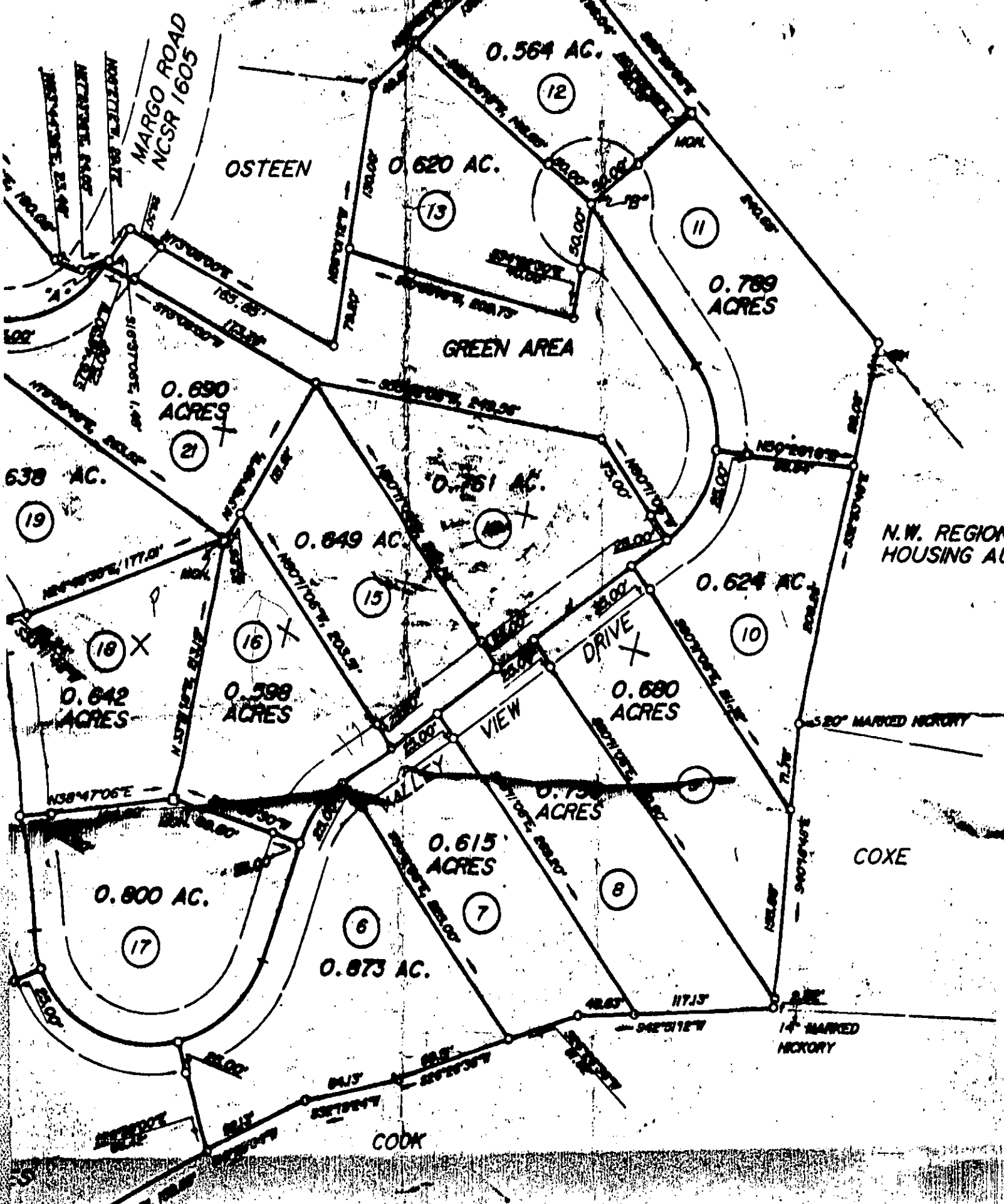
Title Reg. Permit

Note: This is not a permit to install a sewage disposal system but merely an evaluation of the factors which determine site suitability. A permit must be obtained from the local health department before beginning construction. A permit for the proposed structure is issued and a sewage system designed on the basis of site classification, estimated daily sewage flow and available space. Evaluation based on current regulations. Changes in these regulations could effect site suitability.

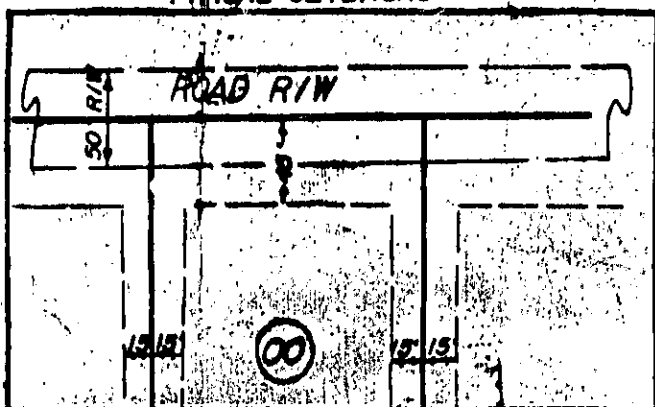
LS

ATHAS

ROCKY MOUNTAIN HEIGHTS ADDITION



TYPICAL SETBACKS



VAL

DEVELOPED LAND PL

FEE: _____

Appalachian District Health Department
Environmental Health Section
Boone 264-4995 Jefferson 246-9023 Sparta 372-8813

APPLICATION FOR SITE EVALUATION/IMPROVEMENTS PERMIT

Date _____

OWNER/AGENT RICHARD W GRADOMAN COUNTY WATAUGA PHONE 297 5567

PRESENT ADDRESS PO BOX 1165 BOONE

LOCATION OF PROPERTY _____

SUBDIVISION NAME VALLEY VIEW LOT NO 16 SECTION NO. _____

LOT SIZE .596 ACRES TAX MAP REF. # _____

APPLICATION FOR: Residential No. of Bedrooms 4 No. of Bathrooms 4
Business _____ Describe (# Persons Served) _____
Other _____ Describe _____

SPECIAL FIXTURES: (Jacuzzi, hottub, pools, etc.) NONE

- Show location of property corners
 - Show location of building
 - Show location of well/water lines
 - Show location of driveway
 - Show any surface water (springs, streams, rivers, ponds, etc.)
 - Show adjacent/neighboring wells or springs.
-

Lot Area:

FEE SCHEDULE:

Site Evaluation	\$30.00
Single Family	20.00
Multi-Family Dwellings	
First Unit	20.00
Second Unit	20.00
Each additional unit	10.00
Commercial/Business/Other	
Under 3,000 gal.	50.00
Over 3,000 gal. & less than 6,000 gal.	75.00
Over 6,000 gal.	100.00

A copy of the plat of the property must be provided by the applicant and attached to this application. ALL PROPERTY CORNERS must be clearly and correctly identified.

Recommended that owner (buyer or seller) accompany health dept. representative to property.

I certify that the information on this application is true and correct and will not be altered without prior Health Department Approval.


Applicant