

**MOORE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
OPERATION PERMIT**

Owner: Ted Burgess Address: 123 Joels Circle

Permit # _____ Receipt # _____ LRK# 0000453

Installer: Geddy Telephone: _____

Address: _____

System Type: Chamber fec Maximum Design Flow: _____ (gallons/day)

Wastewater Characteristics: domestic

Septic Tank Capacity: 1000 (Gallons) Tank I.D. # STB 103 1-14

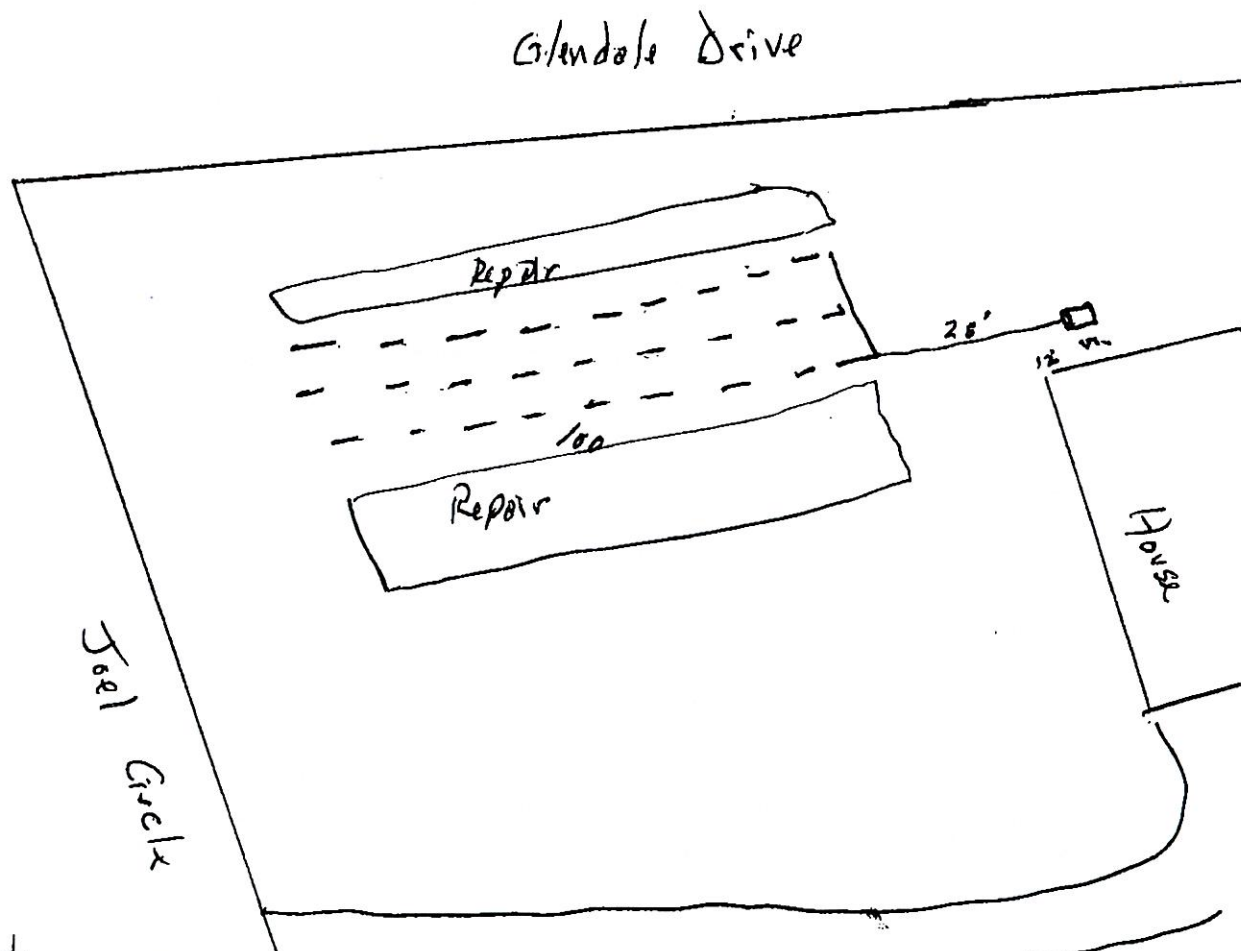
Nitrification Line Dimensions: 3 @ 100' x 3'

Effluent Distribution Device: Serial Gravel Depth: _____

Depth To: Top of Tanks: at grade (Inches) Trench Bottom 22" - 18" (Inches)

Diagram of Actual Installation: (Depict Property Boundaries, Structures, Driveways, Trees, Water Lines, Water Supplies, Etc.)

Scale: _____ Inch = _____ Feet.



Comments and Conditions: _____

Issued By: Charles Ricks # of Attachments: _____ Date: 4/1/14

FINAL APPROVAL OF THIS SYSTEM SHALL INDICATE THAT THE SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH APPLICABLE PERMIT CONDITIONS, LAWS AND RULES, BUT IN NO WAY SHOULD BE TAKEN AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY FOR ANY GIVEN TIME.



MOORE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
 P.O. BOX 279, CARTHAGE, N.C. 28327
 PHONE: 910-947-6283 FAX: 910-947-5127

IMPROVEMENT PERMIT

Receipt # 6105 LAK# 000 453
 Owner Ted Burgess
 Address 171 Pine Lake Dr W. Pines Phone No. (719) 930-0880
 Exact Directions to Property: In Glendon S/D at corner of Glendale Dr and Joel Circle
 Lot Area: _____ Maximum Long-Term Soil Application Rate: 0.4
 Daily Design Wastewater Flow Rate (From Application): 480 / 4 br house
 Septic Tank Capacity: 1000 (Gallons) Type Distribution Device: ↓ box
 Maximum Trench Depth (From Original Grade): 18" - 22" Pump Tank _____ Pump Tank Capacity _____
 Dimensions of Nitrification Lines: 4 @ 100 x 3
 System Type (Initial Installation): conventional
 Repair System Type (If Required): same
 Distance to Water Supplies: Wells, Springs, Etc. _____ Lakes, Streams, Etc. _____
 Water Lines ≈ 10' Interceptor/Storm Drains _____
 Easements Required: Yes _____ No _____ Tri-Party Agreement? Yes _____ No _____

NOTE: Should errors or omissions be noted in the drawings or specifications; or if there is doubt as to their meaning, this office should be contacted at once for an interpretation or clarification. All systems are subject to "Laws and Rules for Sewage Treatment and Disposal Systems, North Carolina General Statutes," Article 11 of Chapter 130A and North Carolina Administrative Code (T15A, 18A, 1901-1968).

System Layout (use applicant's plat or attach to permit) Scale 1 inch = _____ feet North

— shallow installation would be better due to sandy soil to $\frac{1}{2}$ - 30"

— see attachment for layout

Comments: _____
 Issued by: Charles Riggs # Attachments: (2)
 Date: 10/23/13

This Permit is Valid unless the Site, Site Plan, Plat or Intended Use of the Property Changes for a Period of Sixty (60) Months.

Authorization to Construct Wastewater System

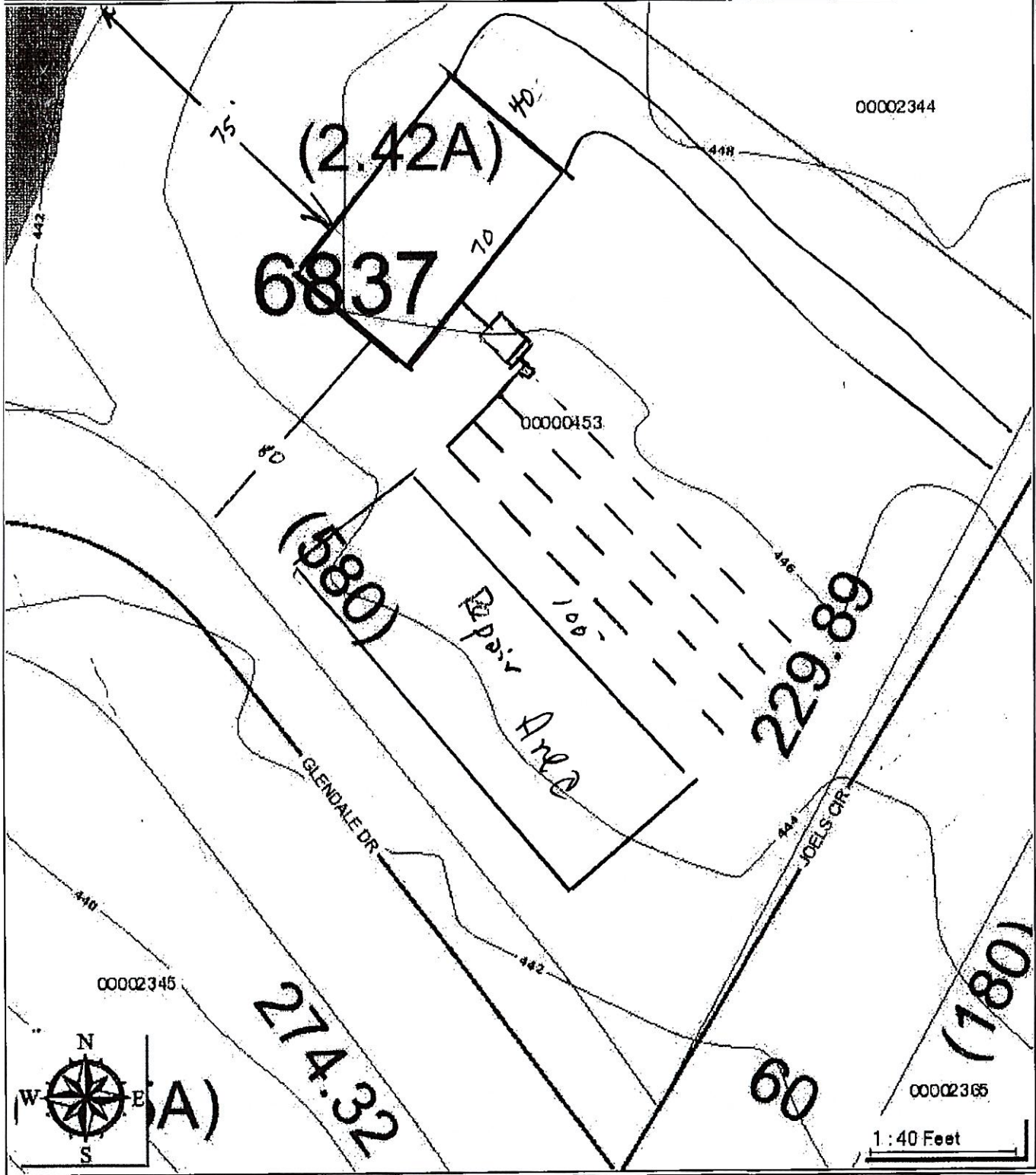
Issued by: _____ Date: 10/23/13

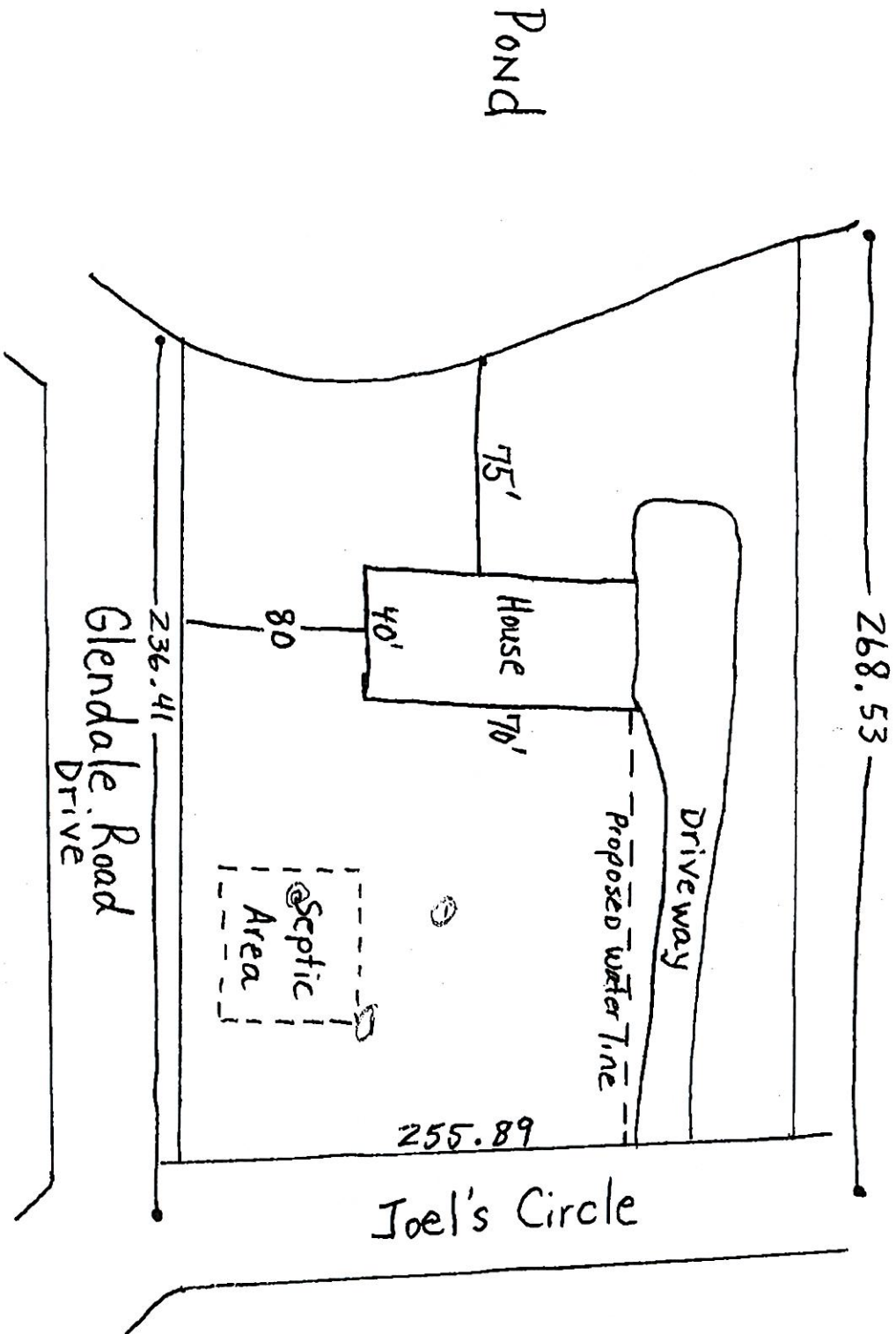
This authorization is Necessary Prior to Obtaining a Building or Electrical Permit and Expires Sixty (60) Months From the Date Issued or Immediately if the Site, Site Plans or Intended Use of the Property Changes. Attachments: _____



GIS DISCLAIMER All the information contained on this media is prepared for the inventory of real property found within Moore County. All data is compiled from recorded deeds, plats, and other public records and data. Users of this data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. All information contained herein was created for the

County's internal use. Moore County, its agents and employees make NO warranty as to the correctness or accuracy of the information set forth on this media whether express or implied, in fact or in law, including without limitation the implied warranties of merchantability and fitness for a particular use. Any resale of this data is strictly prohibited in accordance with North Carolina General Statute 132-10. Grid is based on North Carolina State Plane Coordinate System NAD83 (feet).





268.53
 236.41
 255.89
 76'
 40'
 80'
 75'
 15' setback
 Proposed water line
 Driveway
 House
 Septic Area
 Pond
 Glendale Road Drive
 Joel's Circle
 0.4
 slope
 pump

#6105



Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

Call when permit is ready

APPLICATION FOR AN IMPROVEMENT PERMIT

Current Owner
Richard Merkle

Application will not be accepted without a site plan

Receipt #: 40562/\$450/ck.#1110

Parcel ID/LRK #: 453

Name: Teo Burgess - Applicant

Home Phone #: _____

Mailing Address: 171 Pine Lake Drive

Cell #: 719-930-0880

Whispering Pines, NC 28327

Email: tkburgess@hotmail.com

Owner's Representative: _____

Address: _____ Cell #: _____

Home #: _____

Exact Directions to the Property (911 address, if available): _____

Glendale Road and Joel Circle

New System: Permit Valid for five (5) years (attach site plan): _____

Expansion/Relocation of Existing System: _____

Permit valid without expiration (attach plat): _____

Construction Authorization (valid for five [5] years): _____

Requested system type: Conventional _____ Other (Specify) _____

Number, description, and use of structures and proposed structures on the property: _____

Number of bedrooms: 4 Bonus Room: Yes No _____

Number of persons served: 5

Please describe any additional factors which may affect the amount of water used: _____

Will wastewater, other than domestic sewage, be generated? Yes _____ No

If so, please describe: _____

Is there a basement or construction below existing grade? Yes _____ No

Indicate type of water supply: Public Private _____

Are there any wells on adjoining property? Yes No _____

Is there a geothermal/HVAC system planned? Yes _____ No

Is there an irrigation system planned? Yes _____ No

Are there designated wetlands on the property? Yes _____ No _____

If yes, please indicate their location on the plat or site plan.

Are there any right of ways or easements on the property? Yes _____ No

Required zoning or other public agency approval obtained? Yes _____ No _____

Date property was originally deeded or platted and recorded: _____

Is this property and proposed or existing structures under common or joint control (i.e. a condominium or other multiple ownership development)? Yes _____ No

Date: 9 Oct 13

Signature: [Signature]

(Owner or Representative)