Department of Health
County of Moore
705 Pinehurst Avenue • P.O. Box 279
Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.
Director

Telephone (910) 947-3300
Fax (910) 947-1663

INSPECTION OF SEWAGE DISPOSAL SYSTEM FOR

- [x] **RELOCATION**
- [ ] **REMODEL**
- [ ] **ADDITION**
- [ ] **OTHER** _____

"EVALUATION EXPIRES SIX (6) MONTHS FROM DATE OF ISSUE"

NAME: Charles Griewahn LRK: 18393

ADDRESS: 6664 Lucas Rd.
West End, NC

PHONE: (HOME) 910-603-9681 (WORK) _____

LOCATION ADDRESS: 660 Lucas Rd.
West End, NC

HOUSE _____ MOBILE HOME ✓ BUSINESS _____

DATE: 4/9/19 E.H.S. Jason Hycaro

APPROVED: ✓ DENIED: _____

COMMENTS: Approved for a 2 BR MH to be hooked onto existing septic system (2 BR MH + 2 BR MH on 1 system)
Maintain ≥ 5' separation from septic system

County Zoned Area – Compliance Obtained: _____

MCHD 3/03

Permit # 27703 PID or LRK# 00018393 Page 1 of 1

Property Address 658 Lucas Road, West End, NC Number of Bedrooms 4

Moore County Health Department

Environmental Health Section

P.O. Box 279, Carthage, NC 28327

Phone: 910-947-6283 Fax: 910-947-5127

Inspection of Sewage Disposal System For:

- [X] Relocation
- [ ] Remodel
- [ ] Addition
- [ ] Other: _____

"EVALUATION EXPIRES SIX (6) MONTHS FROM DATE OF ISSUE"

Applicant Name: Charles Griewahn

Applicant Address: 664 Lucas Road, West End, NC

Phone: 910-603-9681 Email: cgriewahn2@gmail.com

Property Owner: Charles Griewahn

Property Address: 658 Lucas Road, West End, NC

Phone: 910-603-9681 Email: cgriewahn2@gmail.com

House: _____ Mobile Home: X Business: _____

Date: 11/8/2019 Env. Specialist: _____

- [X] Approved
- [ ] Denied

COMMENTS:

This recertification allows for the connection of (2) two bedroom mobile homes onto one existing four bedroom septic system. Field stakes for proposed house location were adjusted in the field by homeowner to ensure 5' separation to septic system components. Accessible septic components were flagged in the field to allow for field verification of setbacks when house is moved.

PERMIT # 27703

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

APPLICATION FOR SEWAGE DISPOSAL RECERTIFICATION

Receipt #: 1072324 / #100 / CC
Parcel ID/LRK #: 18393
Owner: CHARLES GRIEWAHN
Home Phone #: 910-603-9681
Mailing Address: 669 LUCAS RD
Cell #: 910-603-9681
WEST END NC 27376
Email: CGRIEWAHN2@gmail.com
Representative: _____
Cell #: _____

PROJECT ADDRESS:
669 LUCAS RD
WEST END NC 27376

(A) Home or Out-Building Addition: X
(B) Swimming Pool: ____
(C) Business/Church: ____
(D) Geothermal Loop: ____

Name of original property owner (when system was installed): _____
Approximate date of septic system installation: _____

* **Applicant must submit a plot plan indicating lot size, existing building locations, proposed building addition, swimming pool, driveway, existing wells and underground storage tank locations.**

* ***Approval expires six (6) months from date of issuance.***

(A) Home/Building Addition – Intended use of room addition: MOBILE HOME
With plumbing: YES
TOTAL number of bedrooms: 2
All proposed building additions must be staked out on lot.

(B) Swimming Pool – Swimming pools must be at least 15' away from existing septic systems and repair area if required.
Are bathhouses or showers proposed for pool area? _____
Proposed location of pool must be staked out on lot.

(C) Business/Church – Intended use of building: _____
Number of employees: _____
Number of church seats: _____
Will Industrial Processed Wastewater be generated? _____
Will Food Service Facilities be provided? _____
Are floor drains planned: _____
All proposed building additions must be staked out on lot.

I hereby certify the information supplied herein is true and accurate to the best of my knowledge.
I hereby waive any claim for damages from any evaluation performed pursuant to this application.

Date: 11/04/2019
Signature: _____ (Owner or Representative)

TO BE ATTACHED TO EXISTING SEPTIC
CMM 2 BR EA M/H

RECEIVED
NOV - 4 2019
MOORE COUNTY HEALTH DEPARTMENT

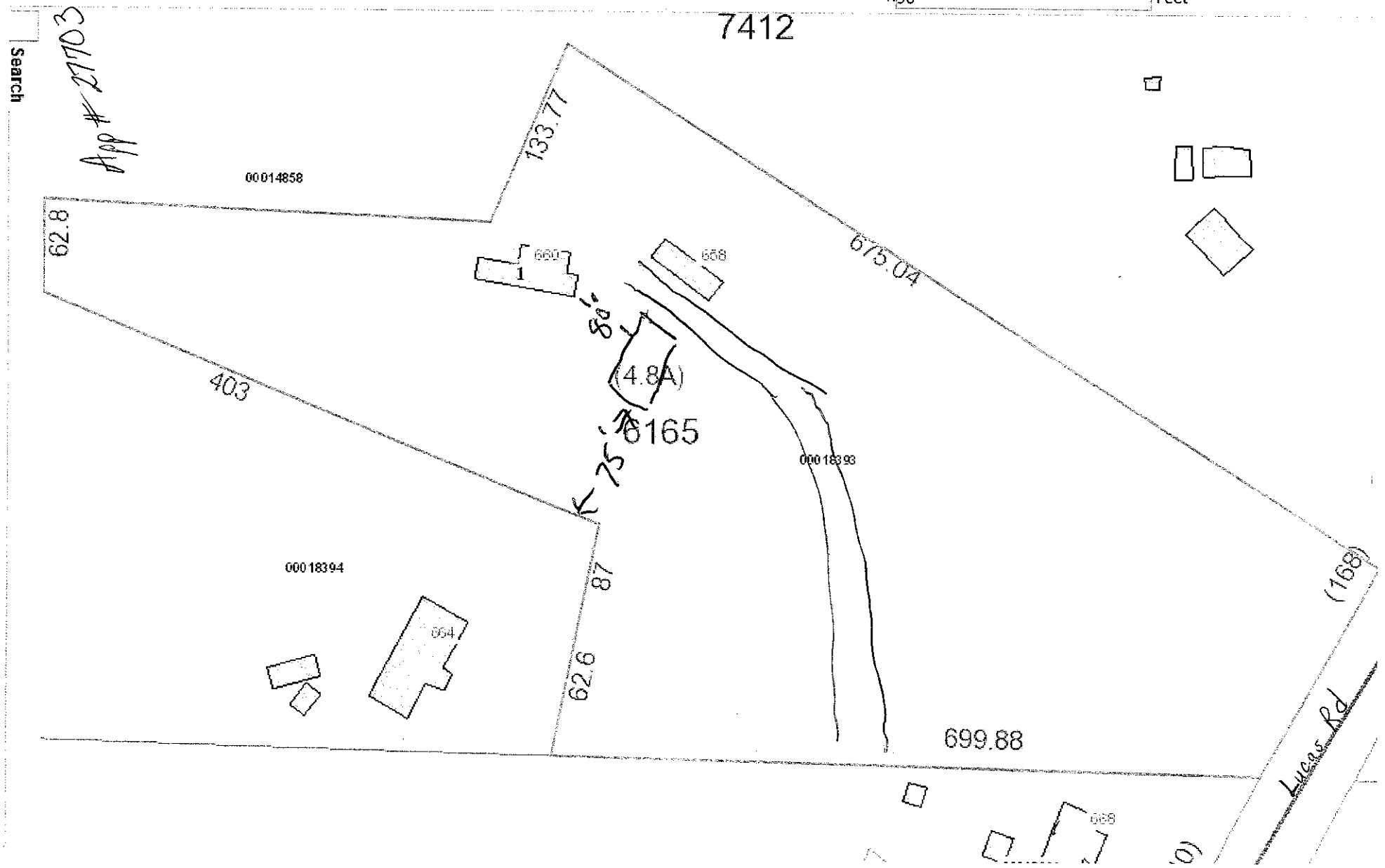
MCHD-ENV 9/13

CONNECTGIS WEB HOSTING

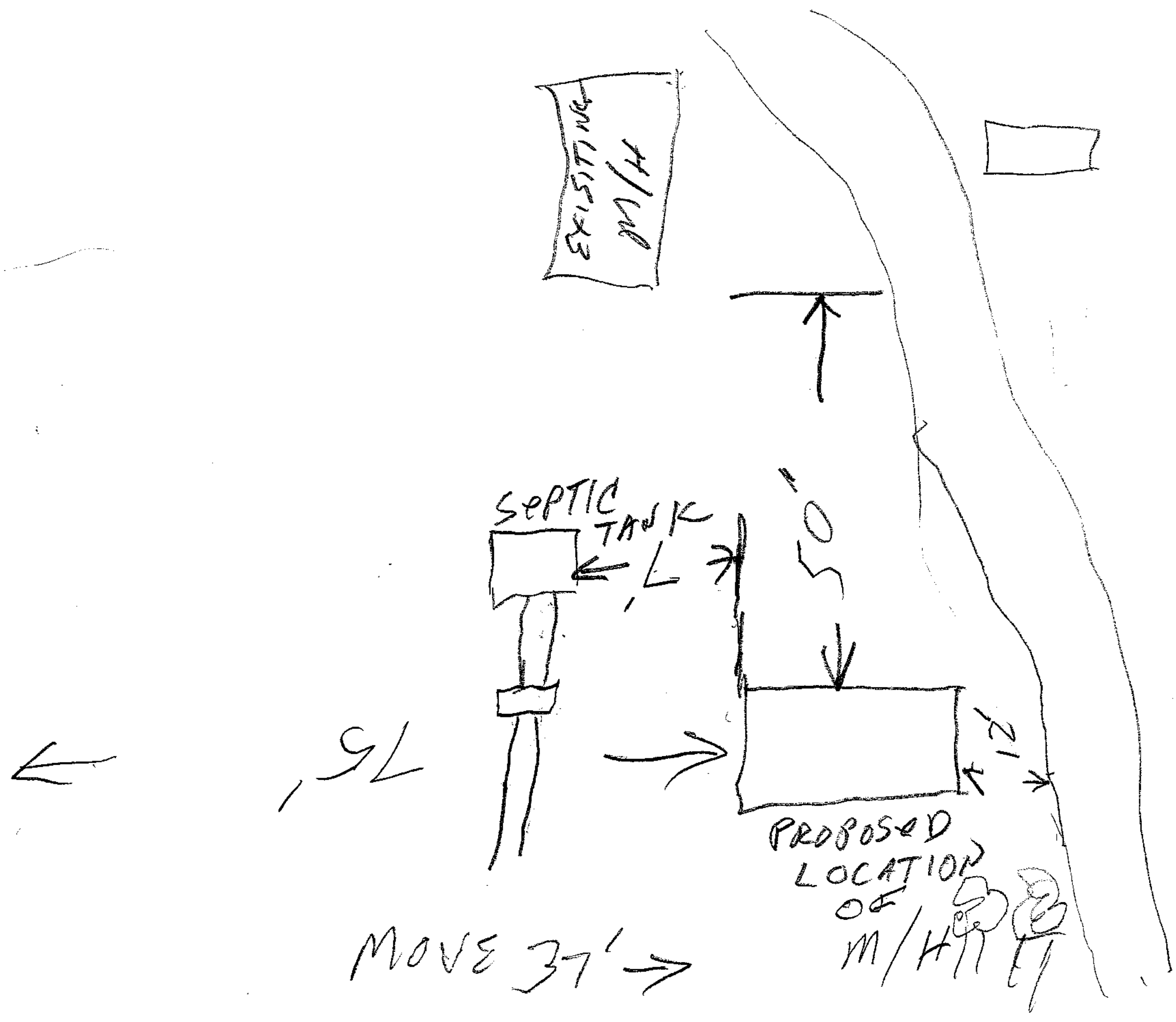
Help

1:90 Feet

Search



App #27703


EXISITING M/H
SEPTIC TANK
7'
50'
75'
12'
PROPOSED LOCATION OF M/H
MOVE 37'

MOORE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMANENT RECORD

Installer: Crissmon   Phone: 947 5648

Address: Carthage

Tank Capacity: 1000   Tank I.D. #: CSC 1000 STB 959 8/8

Nitrification Line Dimensions: 4@ 100x3

Distribution Box: yes   Gravel Depth: 12"

Depth To: Top of Tank: 8"   Trench Bottom (Average): 20"

Pump: —   Size: —   Brand Name: —   Pump Tank Capacity: —

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

Comments: to layout

Approved By: Charles D Rigg   Date: 9/10/92

MOORE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

P. O. BOX 279, Carthage, N. C. 28327
Phone: 947-2858

IMPROVEMENT PERMIT

Property Identification # _____

Owner Kelli Golden

Address 205 Lake Forest Dr, Pinehurst Phone No. 295 9010 295 0222

Exact Directions to Property 211 (from W End) - T/L Dead Man's Curve Rd T/L Lucas 7 1/mile on Rt.

Lot Area 10 ACRES Maximum Long-Term Acceptance Rate 0.3 (From Site Evaluation)

Daily Design Sewage Flow Rate (From Application) 360

Septic Tank Capacity 1000 Pump —

Distribution Box yes Pump Tank Capacity —

Depth of Gravel 12" Maximum-Trench Depth 18-22" - shallow!

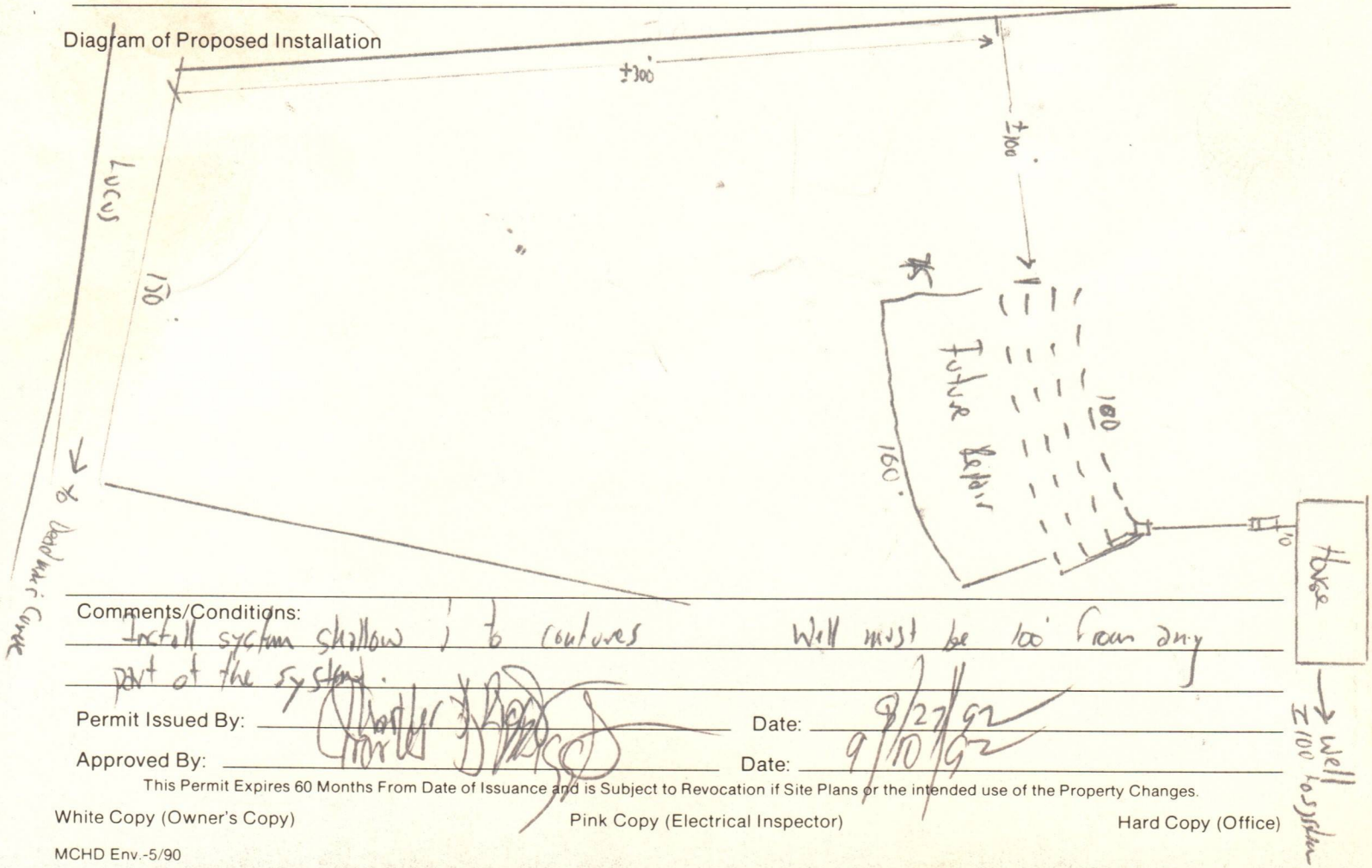
Dimensions of Nitrification Lines 4 @ 100X3'

Type of Water Supply well If Well, What Type —

Distance To: Water Supplies to be installed = 100' Lakes, Streams, Etc. —

Easement Obtained (If Necessary) — Repair Area Required yes

Diagram of Proposed Installation



Comments/Conditions:
Install system shallow 1' to contours Well must be 100' from any part of the system.

Permit Issued By: [signature] Date: 9/27/92

Approved By: [signature] Date: 9/10/92

This Permit Expires 60 Months From Date of Issuance and is Subject to Revocation if Site Plans or the intended use of the Property Changes.

White Copy (Owner's Copy) Pink Copy (Electrical Inspector) Hard Copy (Office)

MCHD Env.-5/90