| PIN: | 8514-97-4834-000 | File Name: | Murphy, Lisa | Permit No.: | 17-215 |
|------|------------------|------------|--------------|-------------|--------|
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TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Improvement Permit

| A building permit cannot be is | sued with only an improvement Permit | | | | | |
|--|--|--|--|--|--|--|
| ISSUED TO: Murphy, Lisa P | ROPERTY LOCATION: 6300 Blue Ridge Road (Hwy 281N) | | | | | |
| New | Site Improvements required prior to Construction Authorization Issuance: Balance to be paid prior to issuance of Construction | | | | | |
| Proposed Wastewater System Type: IIIf10" id LDP | Authorization. | | | | | |
| Projected Daily Flow: 240 GPD Number of bedrooms: 2 Max. No. of Occupants: 4 | NOT For Installation or | | | | | |
| | www.palace.edu.go.police.edu.g | | | | | |
| Pump Required: Yes Yo May be required based upon find Pump systems with an effluent pump must be designed by a Professional Entrype of Water Supply: existing shared well | nal location and elevation and elevation and elevation and plans submitted to the Environmental Health Section for approval. Improvement Permit Expiration Date: 10-11-22 | | | | | |
| Permit conditions: _Keep_septic out of any easements or right-of wa | ys. Call Health Dept with any questions. | | | | | |
| P 01 | | | | | | |
| Authorized State Agent: Suce Gram, REHS | Date: 10-11-17 See Attached Permit Diagram | | | | | |
| responsible for checking with appropriate governing bodies in meeting their rechanges. The Improvement Permit shall not be affected by a change in ownership of Sewage Treatment and Disposal and to conditions of this permit. | Section in no way guarantees the issuance of other permits. The permit holder is equirements. This permit is subject to revocation if the site plan, plat, or the intended use of the site. This permit is subject to compliance with the provisions of the Laws and Rules for | | | | | |
| SELF-INSTALLATION NOT PERMIT Construction | TTED - MUST USE CERTIFIED INSTALLER ON Authorization | | | | | |
| (Required | for Building Permit) | | | | | |
| shall be met. Systems shall be installed in accordance with the attached system | 955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and a layout. | | | | | |
| ISSUED TO: | Facility Type: 2 BR res. | | | | | |
| | VV | | | | | |
| Basement? | t Plumbing Fixtures? 🗆 Yes 💆 No | | | | | |
| Type of Wastewater System** (See note below, if applicable \square) | (Initial) Wastewater Flow: 240 GPD | | | | | |
| same | (Repair) LTAR:55 | | | | | |
| Installation Requirements/Conditions | | | | | | |
| Septic Tank Size: 1000 gallons, minimum Total Trenc | | | | | | |
| Pump Tank Size gallons, minimum | dth: 1 feet Distribution Method: serial or d-box | | | | | |
| Trenches shall be installed on contour at a maximum trench depth of: 24 inches. There shall be a minimum of 6" of soil cover over the installed drainfield material and the bottom of the trench shall not be greater than 36" from the surface of the ground at final grade. (Trench bottoms shall be level to +/- ½" in all directions) | | | | | | |
| | .0 ft Foundation 5 ft Property Line 10 ft. Vertical Cut 15 ft | | | | | |
| Permit Conditions: Effluent pipe to be sleeved with ductile iron un | nder existing drive. | | | | | |
| | | | | | | |
| noticale: | ANALY AND A COURT the specifications of this permit. | | | | | |
| Owner/Legal Representative Signature: | Date: | | | | | |
| This Construction atthorization is subject to revocation if the site plan, plat, of when there is a change in ownership of the site. This Construction Authorization Treatment and Disposal and to the conditions of this permit. I agree to have the Improvement Permit, Construction Authorization, permit diagram and any construction at the conditions of the second seco | or the intended use changes. The Construction Authorization shall not be transferred ion is subject to compliance with the provisions of the Laws and Rules for Sewage ie on-site wastewater system installed by an authorized installer in accordance with the onditions specified therein. | | | | | |
| | Of Date of Issuance: | | | | | |
| See Attached Permittaineding Conscible | Pation Expiration Date: | | | | | |

