

Permit #: 01-039

Receipt No

Agent/Owner: KRAUS, PAUL & TRACY

Mailing Address: COUNTRY CLUB CIRCLE REPAIRED, NC

Home Phone #: ( )

Work Phone #: ( ) c/o Norma Clayton 884-3658

Proposed Buyer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: ( )

Work Phone #: ( )

Property Location: 21 COUNTRY CLUB CIRCLE Subdivision: \_\_\_\_\_

Road/Street \_\_\_\_\_ Phase/Section: \_\_\_\_\_ Lot #: \_\_\_\_\_

Directions to property: COUNTRY CLUB RD - right on COUNTRY CLUB CIRCLE - 5th house on right

<b>Flood Zone</b>	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Inspections</b>	
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> No
<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: 2 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: \_\_\_\_\_ Date lot recorded: \_\_\_\_\_ Right of ways, easements, etc. \_\_\_\_\_ 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: \_\_\_\_\_

1-33-01 taken by phone  
Date: \_\_\_\_\_

## 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: EX Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency \_\_\_\_\_ years.

Comments: septic tank replaced w/ new fiberglass tank, vent by when replacing tank not ready for final- vent by on 4-17-01 - tank covered and yard grassed.

Installed by: Ron Hubbard Final Inspection by: Ala Smith-VKRS Date: 4-17-01

File Name: KRAUS, PAUL & TRACY

TRANSVANIANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATION

8505-21-5573-000

Pin #/Tax ID

no charge - repair

Receipt No

Permit #: 01-039

Agent/Owner: KRAUS, PAUL & TRACY

Mailing Address:

COUNTRY CLUB CIRCLE BEVERLY, NC

Home Phone #: ( )

Work Phone #:

c/o NORMA CLAYTON 984-3668

Proposed Buyer: ( )

Mailing Address:

Home Phone #: ( )

Work Phone #:

Property Location: 21 COUNTRY CLUB CIRCLE

Road/Street

Subdivision:

Phase/Sec:

Lot #:

Directions to property:

COUNTRY CLUB RD - right on COUNTRY CLUB CIRCLE - 5th house on right

Installation for: ☐ Mobile Home ☐ Single ☐ Double ☐ House ☒ No. Bedrooms: 2 Basement: ☐ Yes ☒ No ☐ With Plumbing: ☐ Yes ☒ No ☐ Ind./Commercial ☐ Other ☐

If Ind./Commercial/Other: Number of employees:     

Operation: (Describe)     

Property contains designated wet lands: ☐ Yes ☐ No ☐

Lot size:     

Date lot recorded:     

Right of ways, easements, etc.     

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:     

Date: 1-31-01 taken by phone

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION  
(Diagram and Conditions Attached)

New Installation: ☐

Repair/Addition: ☒

Original Permittee: Seth Thomas

Dated: 7-27-70

Design waste flow: 240 GPD

LTAR:     

Septic Tank Capacity: 1600 gal./min.

Pump Tank Capacity:      gal./min.

Proposed Wastewater System: existing

Drainfield: Total Trench Length: 51 ft.

Square Footage:     

Trench spacing:      ft. on ctr.

Individual Trench Length: 50 ft.

Maximum Trench Depth (Low Side):      in.

Trench Width: 48 in.

Distribution Method: D-box (ex.)

Min. distance between system and nearest Well:      ft.

Water line:      ft.

Foundation: 5 ft.

Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: pump, crush + fill existing septic tank; replace w/ new 1600+ gallon tank w/ new effluent filter, check for plumbing leaks at time of installation

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: Norma Clayton

Date: 2-1-01

Construction Authorization prepared by: Alle Smith MS RS

Date: 1-31-2001

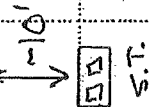
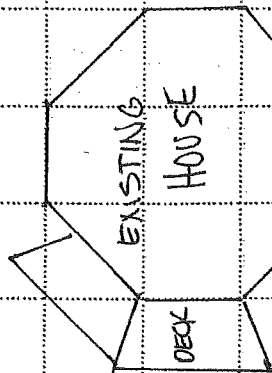
PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Name: Paul & Tracey Krause

Permit No.: 01-039

Pin No.: 8585-21-5578-000



~50'

(per permit)

(2) 4' wide,  
50' trenches

Comments: pump, crush, and fill existing septic tank; replace w/ new 1000 + gallon septic tank with new effluent filter.

\* check for plumbing leaks at time of installation - water was running into tank w/ no fixtures on at time of inspection