

File Name: SLICK ROCK Pin #/Tax ID: 8518-36-8518-000

Permit #: 06-41D Receipt No: 182292 \$300

**TRANSLYVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION**

Agent/Owner: _____

Home Phone #: () _____

Proposed Buyer: MICHAEL & JEANETTE MC SIFANE

Home Phone #: () _____

Property Location: Lene Rd. Road/Street _____ Lot #: _____

Subdivision: Slick Rock Phase/Sect.: _____

Mailing Address: _____

Work Phone #: () _____

Mailing Address: contact: John Winston 553-2105

Work Phone #: () _____

Directions to property: Hwy. 276 - left on See Off - right on Slick Rock - right on Lanberd - prop immediately on left

Installation for: Mobile Home Single Double House No. Bedrooms: 4 Basement: Yes No With Plumbing: Yes No Ind./Commercial Other

If Indust./Commercial/Other: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes No

Lot size: 5 ac 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: [Signature] Date: 7-17-06

PERMIT EXPIRES: 7/24/2011

IMPROVEMENT PERMIT

This on-site wastewater treatment and disposal system improvement permit is issued in accordance with Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This improvement permit is issued for the property and is to serve the facility as described in the application above. The improvement permit must be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system or before any required building permits can be issued. This improvement permit is transferrable provided that both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

Wastewater System Design Flow: 480 GPD Proposed On-Site Wastewater Disposal System: gravel Long Term Application Rate: 45 Max. Trench Depth: 24 in.

Comments and special conditions: _____

Issued by: Alta Smith MS, PS Date: 7/24/2006 Issued to: John Winston 553 Date: 7/27/06

ANY ALTERATIONS OR MODIFICATIONS (MAN MADE OR NATURAL) TO THE SITE, SYSTEM DESIGN FLOW, OR CONDITIONS IN WHICH THE PERMIT WAS ISSUED WILL VOID THE PERMIT.

**TRANSLYVANIA COUNTY HEALTH DEPARTMENT
 ON-SITE WASTEWATER DISPOSAL APPLICATION**

File Name: _____

Permit #: 06-110

Agent/Owner: _____

Home Phone #: () _____

Proposed Buyer: FISHAW, MICHAEL & JEANETTE

Home Phone #: () _____

Property Location: Lane Rd.

Road/Street _____

Subdivision: Slick Rock

Phase/Sect.: _____

Lot #: _____

Directions to property: hwy. 276 - left on See Off - right on Slick Rock - right on Lamberd - prop immediately on left

Installation for: Mobile Home Single Double House No. Bedrooms: 4 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: 5 ac 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: _____

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
 (Diagram and Conditions Attached)**

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____

Design waste flow: 480 GPD LTAR: 45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: _____

Drainfield: Total Trench Length: 360 ft. Square Footage: 1077 Trench spacing: 9 ft. on ctr. Individual Trench Length: 90 ft. Maximum Trench Depth (Low Side): 24 in. Trench Width: 36 in.

Distribution Method: D-box or septic Min. distance between system and nearest Well: 100 ft. Water line: 10 ft. Foundation: 15 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: _____

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: [Signature] Date: 7/27/06 Construction Authorization prepared by: [Signature] Date: 7/24/2006

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

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspections	
Flood Zone	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Initials _____	Date _____

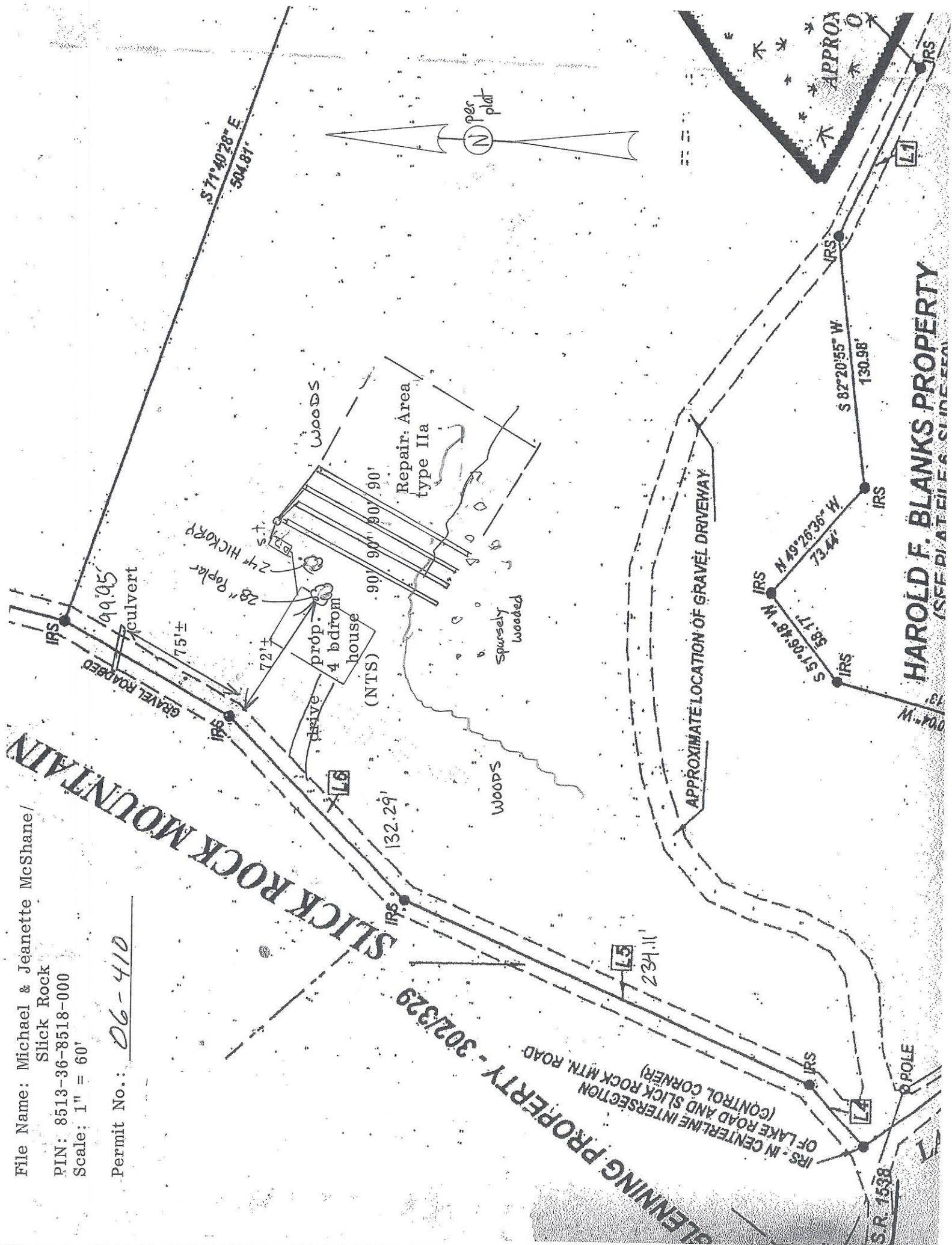
File Name: Michael & Jeanette McShane/

Slick Rock

PIN: 8513-36-8518-000

Scale: 1" = 60'

Permit No.: 06-410



**TRANSLYVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION**

File Name: _____
 Permit #: 06-41
 Agent/Owner: _____

Mailing Address: _____
 Work Phone #: () _____
 Mailing Address: CONTACT: JOHN WINSTON 553-9105
 Work Phone #: () _____

Proposed Buyer: MCSHANE, MICHAEL & JEANNETTE
 Home Phone #: () _____
 Property Location: Lane rd.
 Subdivision: Slack Rock
 Phase/Sect.: _____
 Lot #: 1

Directions to property: Hwy. 276 - left on See Off - right on Slack Rock - right on LANE rd. - PROP immediately on left

Installation for: Mobile Home Single Double House No. Bedrooms: 4 No Yes 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: 11 ac Date lot recorded: _____ Right of ways, easements, etc. NO
 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: John White Date: 7-11-06

PERMIT EXPIRES: 7/24/2011

IMPROVEMENT PERMIT

This on-site wastewater treatment and disposal system improvement permit is issued in accordance with Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This improvement permit is issued for the property and is to serve the facility as described in the application above. The improvement permit must be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system or before any required building permits can be issued. This improvement permit is transferrable provided that both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

Wastewater System Design Flow: 480 GPD Proposed On-Site Wastewater Disposal System: gravel Long Term Application Rate: 45 Max. Trench Depth: 24 in.

Comments and special conditions: system to be installed at 24" on low side of trench since this is pasture/ open area and will be impacted by livestock and machinery

Issued by: Debra Smith MS, ES Date: 7/24/2006 Issued to: John White ES Date: 7/27/06

ANY ALTERATIONS OR MODIFICATIONS (MAN MADE OR NATURAL) TO THE SITE, SYSTEM DESIGN FLOW, OR CONDITIONS IN WHICH THE PERMIT WAS ISSUED WILL VOID THE PERMIT.

Flood Zone
 Is the property in a flood zone?
 Yes No Unknown

Inspections
 Flood Zone
 Yes No
 Approved Disapproved
 Initials _____ Date _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

File Name: _____

Permit #: 06-41

Agent/Owner: _____

Home Phone #: _____

Proposed Buyer: MCNEANE, MICHAEL & JEANETTE

Home Phone #: _____

Property Location: Shick Rock Rd.

Directions to property: Hwy. 276 - left on See Off - right on Shick Rock - right on Lake Rd. - DEED

Receipt No _____

Mailing Address: _____

Work Phone #: _____

Mailing Address: CONTACT: John Hunter 553-9104

Work Phone #: _____

Subdivision: Shick Rock

Phase/Sect: _____

Lot #: _____

<p>Flood Zone</p> <p>Is the property in a flood zone?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>Inspections</p> <p>Flood Zone</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>Initials _____ Date _____</p>	

Installation for: Mobile Home Single Double House No. Bedrooms: 4 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

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: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Diagram and Conditions Attached)

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____

Design waste flow: 480 GPD LTAR: 45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: _____

Drainfield: Total Trench Length: 360 ft. Square Footage: 1680 Trench spacing: 9 ft. on ctr. Individual Trench Length: 90 ft. Maximum Trench Depth (Low Side): 24 in. Trench Width: 36 in.

Distribution Method: D-box only Min. distance between system and nearest Well: 100 ft. Water line: 10 ft. Foundation: 8/15 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: install trenches at 24" on trench low side to compensate for surface compaction by livestock and machinery. use p-box to avoid cushions steep downs/hummers.

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.

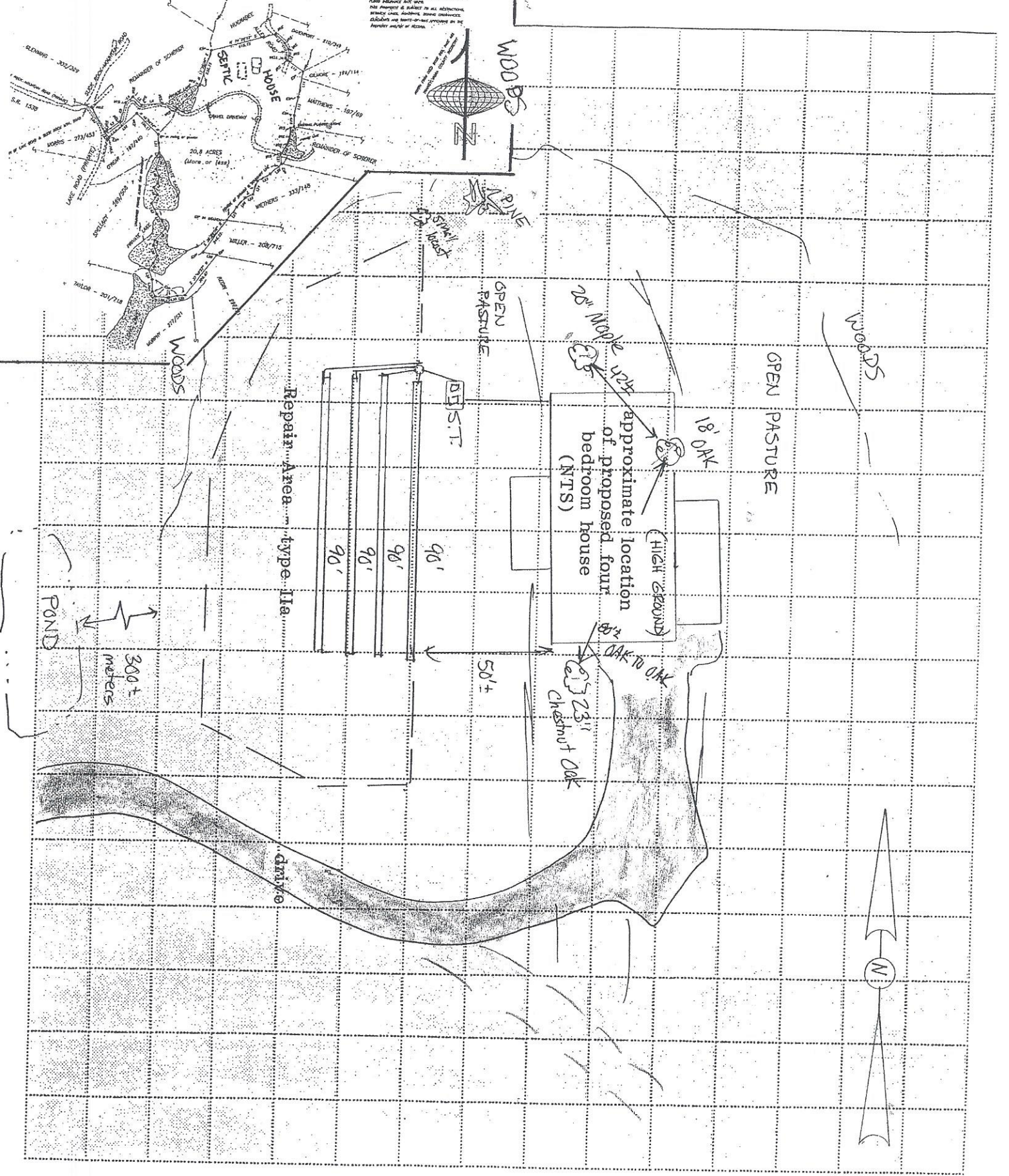
I agree to install the wastewater disposal system in accordance with the improvement permit, construction authorization and any conditions specified therein.

Signed: [Signature] Date: 7/27/06 Construction Authorization prepared by: [Signature] Date: 7/29/2006

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

TRANSLYVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Michael & Jeanette McShane / Slick Rock
 Permit No.: 06-411
 Pin No.: 8593-46-0113-000
 Scale: 1" = 40'



PLEASE ADVISE ALL APPLICANTS
 THAT PERMITS ARE SUBJECT TO ALL APPLICABLE
 COUNTY LAWS, ORDINANCES, ZONING REGULATIONS
 AND OTHER REGULATORY AGENCIES.
 APPLICANTS ARE RESPONSIBLE FOR OBTAINING ALL
 NECESSARY PERMITS AND APPROVALS FROM THE
 APPLICABLE AGENCIES.



WOODS

WOODS

WOODS

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WOODS

Flood Zone
 Is the property in a flood zone?
 Yes No Unknown

Inspections
 Flood Zone
 Yes No
 Approved Disapproved
 Initials _____ Date _____

Installation for: Mobile Home Single Double House 3 No. Bedrooms: 4 Basement: Yes No With Plumbing: Yes No Ind./Commercial Other

If Indst./Commercial/Other: _____ Number of employees: _____ Operation: (Describe) _____
 Property contains designated wet lands: Yes No

Lot size: 22 ac Date lot recorded: _____ Right of ways, easements, etc. no
 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: [Signature] Date: 7-11-06

PERMIT EXPIRES: 7/24/2011

IMPROVEMENT PERMIT

This on-site wastewater treatment and disposal system improvement permit is issued in accordance with Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This improvement permit is issued for the property and is to serve the facility as described in the application above. The improvement permit must be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system or before any required building permits can be issued. This improvement permit is transferrable provided that both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

Wastewater System Design Flow: 480 GPD Proposed On-Site Wastewater Disposal System: gravel Long Term Application Rate: 45 Max. Trench Depth: 24 in.
 Comments and special conditions: low end trench depth to be 24" due to compaction @ surface by livestock and machinery

Issued by: Alta Smith MS, RS Date: 7/24/2006 Issued to: [Signature] Date: 7/27/06

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Michael & Jeanette McShane/
Slick Rock

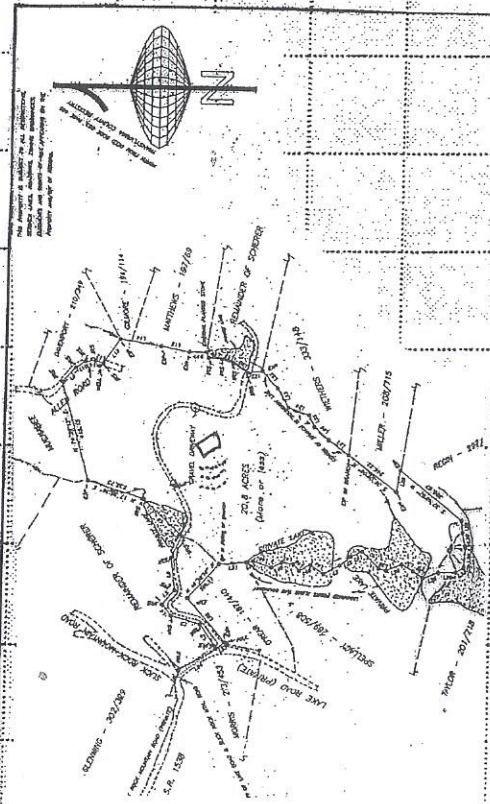
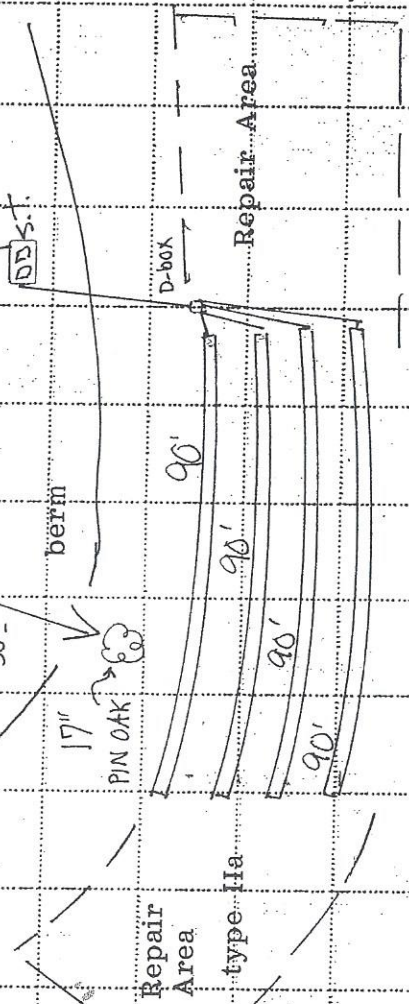
Permit No.: 06-409
Scale: 1" = 40'

Pin No.: 8593-46-0113-000

reference trees are not to be cut or destroyed prior to installation of the drainfield; install trenches 24" deep on the low side... no shallower - to help prevent compaction by livestock and machinery; use D-box to prevent crushing of step downs/humpovers.

12" forked sugar maple
berm
62'±
21"
24" PINE
85"± pine to pine
berm
50'±
17"
PIN OAK

proposed drive
approximate location of proposed 4 bedroom house (NTS)
24" PINE



SCALE: 1" = 40'

**TRANSLYVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH
ON-SITE WASTEWATER DISPOSAL APPLICATION**

Pin #/Tax ID 8593-46-0113-000

File Name: McShane, Michael G
 Permit #: 4-2-1
 Agent/Owner: Michael G. McShane

Mailing Address: 1501 Ravens Point Road, Johns Is., SC 29455
 Work Phone #: ()
 Mailing Address:
 Work Phone #: ()

Home Phone #: (043-) 813-5548
 Proposed Buyer:
 Home Phone #: ()

Property Location: Slick Rock & Lake Roads Subdivision: Phase/Sect.: Lot #:
 Directions to property: 2765 to L on See Off Htn Road; R on Slick Rock; Intersection of Slick Rock Rd & Lake Road; go through other properties - sign says High Meadows.

SEPTIC TO SUPPLY BATH W/BACK ROOM - 1/2 bath
NO SEPTIC TANK and 4.5 BR house furniture
 Installation for: Mobile Home Single Double House No. Bedrooms: 2 Basements: 2 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: 22 acres 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: 5/26/08

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

Installed

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: IF Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency years.

Comments: EZ-FLOW installed (60')

Installed by: Ernie McCall Final Inspection by: Waldo Cash RS Date: 7-17-08

Flood Zone Is the property in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspections <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Initials: <u> </u> Date: <u> </u>

**TRANSLYVANIA COUNTY DEPARTMENT of PUBLIC HEALTH
ON-SITE WASTEWATER DISPOSAL APPLICATION**

File Name: McShane, Michael G.
 Permit #: 08-209
 Agent/Owner: Michael G. McShane
 Home Phone #: (843-) 813-5548
 Proposed Buyer: _____
 Home Phone #: _____

Pin #/Tax ID: 7573 42 21 200
 Receipt No: 444918 250

Mailing Address: 1501 Ravens Point Road Johns Is, SC 29455
 Work Phone #: () Contact: John Winston
 Mailing Address: _____
 Work Phone #: () _____
 Property Location: Slick Rock 6 Lake Roads Subdivision: _____ Lot #: _____
 Phase/Sect.: _____

Directions to property: 276S to E on See Off Mtn Road; R on Slick Rock; Intersection of Slick Rock & Lake Road; go through other properties - sign says High Meadows.
SEPTIC TO SUPPLY BARN / BACK ROOM - 1/2 bath and a 5 BR house in future
 Installation for: Mobile Home Single Double House No. Bedrooms: 2 ATS 6/14/08
 Basement: Yes No With Plumbing: Yes No Ind./Commercial Other

If Indust./Commercial/Other: _____ Number of employees: _____ Operation: (Describe) _____
 Lot size: 22 acres Date lot recorded: _____ Right of ways, easements, etc. _____
 Water Supply: Private: _____ Spring Well Shared Supply Public/Community
 Property contains designated wet lands: Yes No No

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: _____

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)**

New Installation: Repair/Addition: Original Permittee: _____ Dated: _____
 Design waste flow: 100 GPD LTAR: 0.45 gal./min. Pump Tank Capacity: 1000 gal./min. Proposed Wastewater System: gravel
 Drainfield: Total Trench Length: 74 ft. Square Footage: 2222 Trench spacing: 12 ft. on ctr. Individual Trench Length: 74 ft. Maximum Trench Depth (Low Side): 24 in. Trench Width: 36 in.
 Distribution Method: 12 Min. distance between system and nearest Well: 100 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: drainfield to be installed 24" deep to protect drainfield from livestock and machinery compaction! *** the septic tank may be located below the existing drive but all solid pipe must be 30" deep under any drive OR ductile iron must be used if 30" cannot be achieved;
 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: Michael G. McShane Date: 6/18/09 Construction Authorization prepared by: Allen Smith MS, RS Date: 6/16/2008
PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION

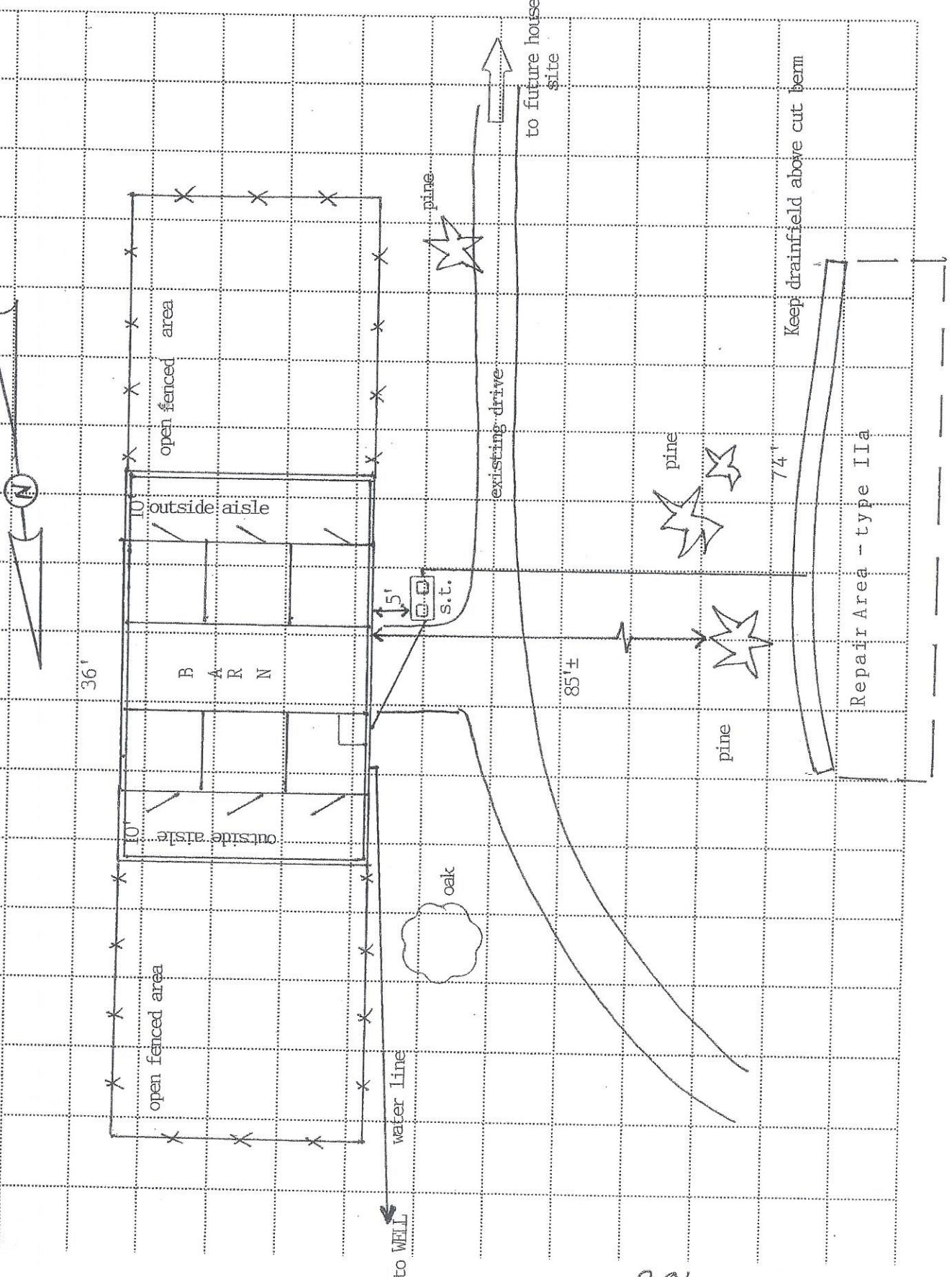
Flood Zone
 Is the property in a flood zone?
 Yes No Unknown

Inspections
 Flood Zone
 Yes No
 Approved Disapproved
 Initials: _____ Date: _____

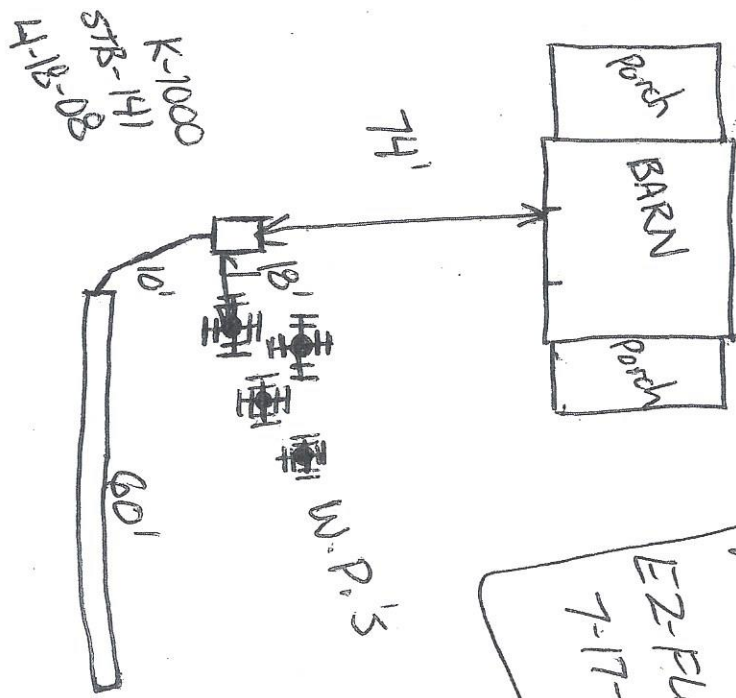
TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH IMPROVEMENT PERMIT DIAGRAM

File Name: Michael G. McShane Permit No.: 08-209 PIN: 8593-46-0113-000
 Slick Rock and Lake Road Scale: 1" = 20'

Comments: Trench to be 24" deep on the low side to protect from livestock and machinery compaction; septic tank may be placed below the drive if desired but all solid pipe must be 30" deep OR else it must be a ductile iron pipe if 30" cannot be achieved; maintain 10'+ off the water line with any part of the septic system;



SCALE: 1" = 20'



AS BUILT
 EZ-FLDW installed
 7-17-08 NOC