

File Name: Rock Creek Estates

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

Pin #/Tax ID 3550-13-8631-000

Permit #: 22570

Receipt No 12219

Agent/Owner: Sky Falls, LLC

Mailing Address: P.O. Box 1192 Boca Grande, FL 33921

Home Phone #: ( )

Work Phone #: ( )

Proposed Buyer: McMurty, Allen & Neil

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

Home Phone #: Contact: Roger Holcombe 553-4480

Work Phone #: ( ) 864-2350

Property Location: Oscar Chappell Rd Subdivision: Rock Creek Estates Phase/Sect.: \_\_\_\_\_ Lot #: 2  
Rock Crk Rd Road/Street

Directions to property: 64W; 1 on 178; R on Lobb Road; L on Nancy Mtn Road; From end of pavement -

go 2.5 mi. to Rock Creek fence. Continue & take 2nd road bed on left (look for blue  
ribbons). Drive to fork & walk down left fork to T. From T., follow blue ribbons  
to sight marked by many blue ribbons

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: 11.72 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: [Signature]

Date: 7/23/09

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

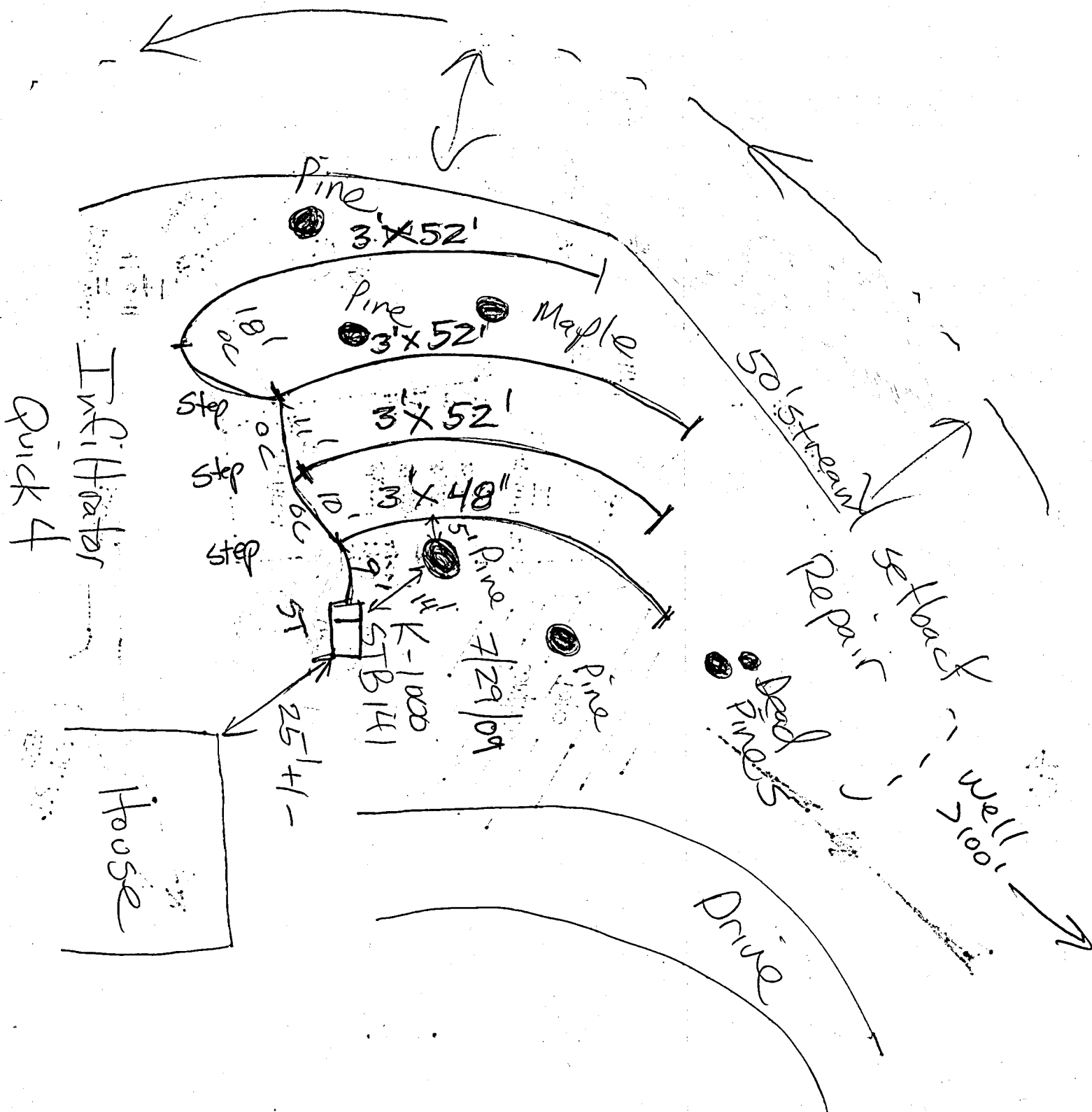
**Notice:**  
Well must be located at least  
100 ft. from any part of the  
septic system.

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: II (Infiltrator Quick) Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: Clean + replace septic tank effluent filter as req'd

Installed by: Jason Leistner #22570 Final Inspection by: James A Bayer, RS Date: 7/23/09



Infiltrator  
Quick 4

"As Built"  
7/23/09

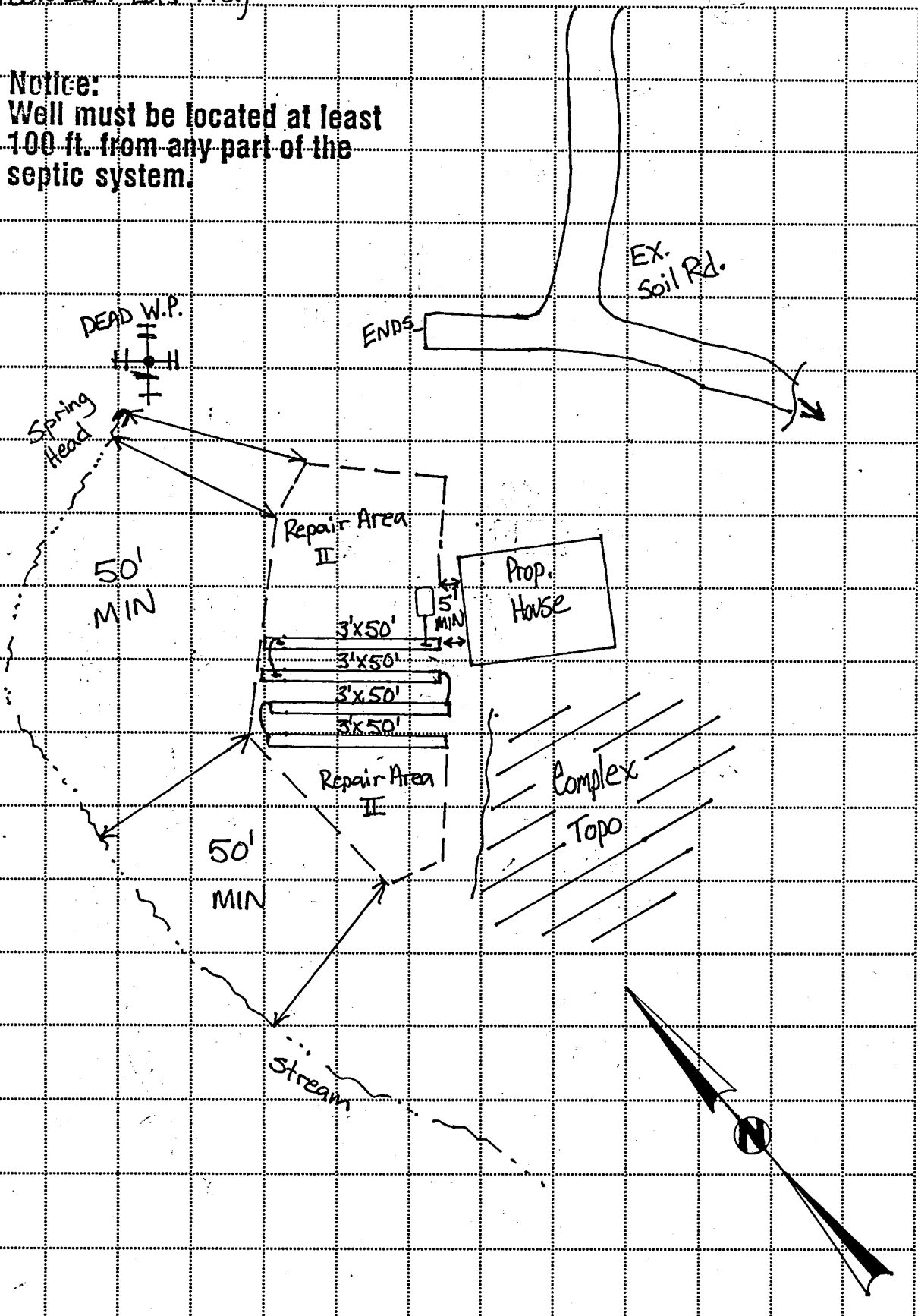
JF

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH IMPROVEMENT PERMIT DIAGRAM

File Name: Allen + Nell McMurty Permit No.: 08-359 PIN: 8550-13-8631-000

(Rock Creek Est. Lots 1+2)

**Notice:**  
Well must be located at least  
100 ft. from any part of the  
septic system.



SCALE: 1" = 40'

17588  
File Name: Rock Creek Estates

TRANSYLVANIA COUNTY DEPARTMENT of PUBLIC HEALTH  
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 3550-13-8631-000

Permit #: 08-359

Receipt No 032184 350

Agent/Owner: Sky Falls, LLC

Mailing Address: P.O. Box 1192 Boca Grande, FL 33921

Home Phone #: ( )

Work Phone #: ( )

Proposed Buyer: McMurty, Allen & Nail

Mailing Address:

Home Phone #: Contact: Roger Holcombe 553-4480

Work Phone #: 884-2350

Property Location: Oscar Chappell Rd

Subdivision: Rock Creek Estates

Phase/Sect.: Lot #: 2

Rock Crk Rd Road/Street

Directions to property: 64W; 1 on 178; R on Babb Road; L on Nancy Mtn Road; From end of pavement

go 2.5 mi. to Rock Creek fence. Continue & take 2nd road bed on left (look for blue ribbons). Drive to fork & walk down left fork to T. From T., follow blue ribbons to sign marked by many blue ribbons

Installation for: Mobile Home ☐ Single ☐ Double ☐ House ☒ No. Bedrooms: 3 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: 11.72 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: [Signature]

Date: 9/24/08

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION  
(Diagram and Conditions Attached)

Notice:  
Well must be located at least  
100 ft. from any part of the  
septic system.

New Installation: ☒ Repair/Addition: ☐ Original Permittee: Dated:

Design waste flow: 360 GPD LTAR: 45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: N/A gal./min. Proposed Wastewater System: 25% Reduction

Drainfield: Total Trench Length: 200 ft. Square Footage: 800 Trench spacing: 9 ft. on ctr. Individual Trench Length: 50 ft. Maximum Trench Depth (Low Side): 18 in. Trench Width: 36 in.

Distribution Method: Serial Feed/Box 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: Suggest installing septic system first and working house and drive around system areas

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.

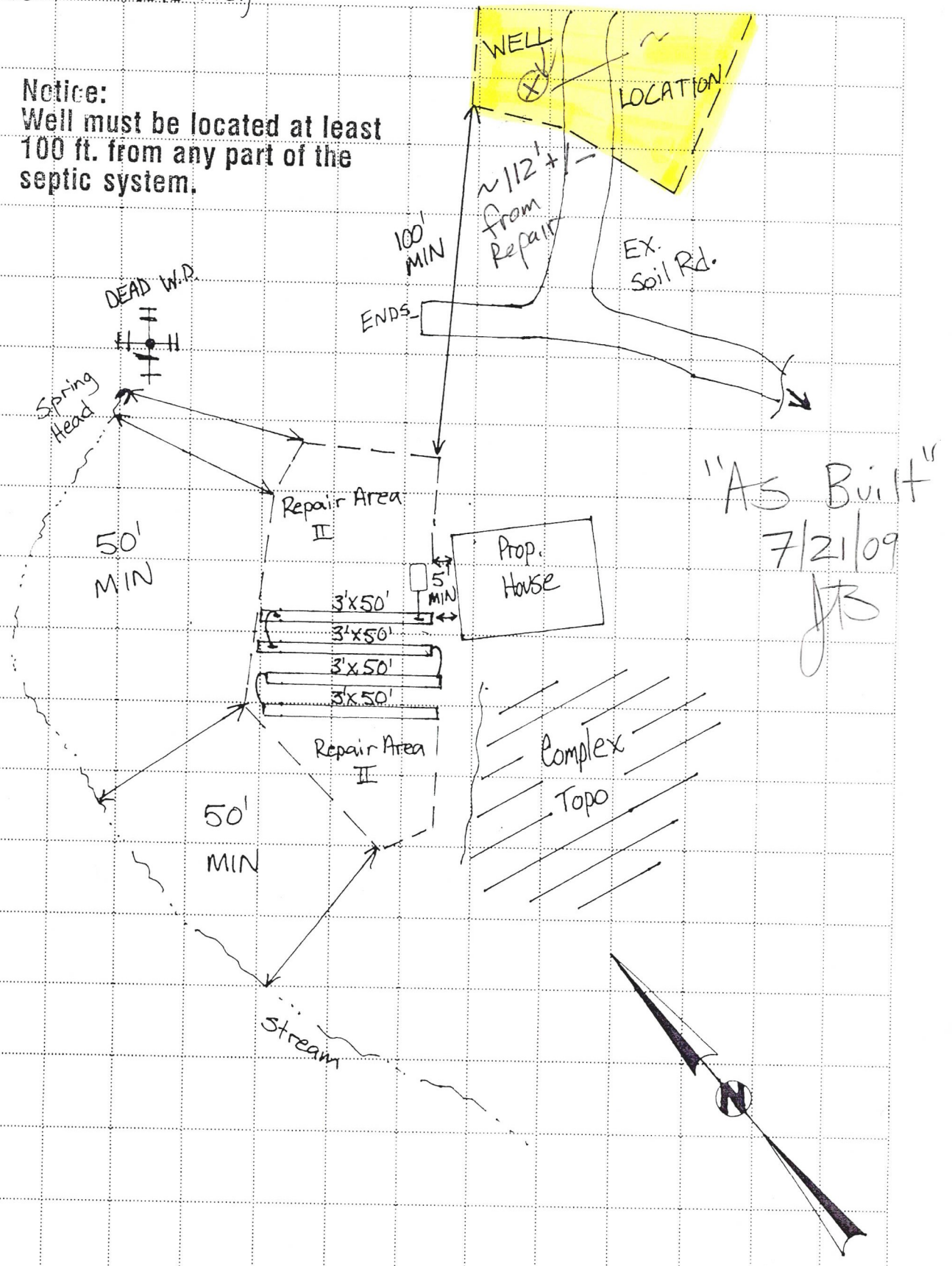
Signed: [Signature] Date: 10/13/08 Construction Authorization prepared by: [Signature] Date: 10/22/08

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

File Name: Allen + Nell McMurtly Permit No: WP08-271 PIN: 8550-13-8631-000

(Rock Creek Est. Lots 1+2)

Notice:  
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100 ft. from any part of the  
septic system.



SCALE: 1" = 40'



TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH  
WELL INSTALLATION OR REPAIR PERMIT

Permit No.: \_\_\_\_\_ Associated Permits: \_\_\_\_\_

Date: 23 Sep 08 Tax I.D. No.: 8550-13-8631-000 Receipt No.: \_\_\_\_\_

Owner/Agent: Chris Whitmire *all per meeting* *send well info to Chris*

Address: 136 Whitmire Farms Drive  
Brevard NC 28712

Phone: 828-553-2710 or Roger Halcombe 553-4480

Directions to property:

From Brevard → 64 W LT on HWY 178 then Rt on Babb Road then LT  
on Nancy Mtn Road. From end of pavement go 2.5 miles to Rock Creek fence.  
Continue & take second road bed on left (look for blue ribbons). Drive to fork & walk  
down left fork to T. From T follow blue ribbons to sight marked by many  
Subdivision: Rock Creek Estates Section: N/A Lot No.: 2 *blue ribbons.*

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site evaluation for location of a new well or repair of an existing well 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.

Owner/Agent Signature: James C. Whitmire

Date: \_\_\_\_\_

*Chris*  
*Out of town 9-25<sup>th</sup> & 26<sup>th</sup>*

*Oct 6-17 out of town*

Permit valid for 5 years provided site conditions do not change.

Well location, installation, and protection must meet state and local regulations. The well shall be inspected and approved by a representative of the Transylvania County Department of Public Health before any portion of the installation is put into use. The location of the well provided by the Health Department is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site by the Health Department.

**WELL CAN NOT BE LOCATED IN A RIGHT-OF-WAY**

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_

Issued to: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Expires: \_\_\_\_\_