

PIN: 8533-43-6750-000

File Name: Sharan, Sunita

Permit No.: 21-332

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Improvement PermitA building permit cannot be issued with only an Improvement Permit

ISSUED TO: Sunita Sharan

PROPERTY LOCATION: TBD Golden Rd.

New ☒Repair ☐Expansion ☐

Type of Structure: Single Family Residence

Proposed Wastewater System Type: IIIf

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Max. No. of Occupants: 6

Site Improvements required prior to Construction Authorization Issuance:

Application is made and remainder of fee is paid;

House is permanently flagged on site; Initial drainfield

is flagged on contour by certified installer; =>

Pump Required: ☐ Yes ☐ No ☒ May be required based upon final location and elevations of facilities

Pump systems with an effluent pump must be designed by a Professional Engineer (P.E.) and plans submitted to the Environmental Health Section for approval.

Type of Water Supply: Well

Improvement Permit Expiration Date: 12/9/2026

Permit conditions: => a site review is conducted by the local health department.

Authorized State Agent: *Mallo C. S. R. H. S.* Date: 12/9/2021

See Attached Permit Diagram

The issuance of this permit by the Transylvania County Environmental Health Section in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization(Required for Building Permit)

Septic System to be installed by a Certified Installer

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: _____ Type of Structure: Single Family Residence

Basement? ☐ Yes ☒ NoBasement Plumbing Fixtures? ☐ Yes ☒ NoType of Wastewater System**
(See note below, if applicable ☐)

10" id LDP (Initial)

Wastewater Flow: 360 GPD

Same (Repair)

LTAR: 0.5

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons, minimum

Total Trench Length: 300 feet

Trench Spacing: 6 Feet on Center

Pump Tank Size: n/a gallons, minimum

Trench Width: 1 feet

Distribution Method: d-box

Trenches shall be installed on contour at a maximum trench depth of: 18 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 +/- 1/4" in all directions)

Min. distance between system and nearest: Well 50 ft Water Line 10 ft Foundation 5 ft Property Line 10 ft Vertical Cut 15 ft

Permit Conditions: _____

**If applicable:

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____

Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. I agree to have the on-site wastewater system installed by an authorized installer in accordance with the Improvement Permit, Construction Authorization, permit diagram and any conditions specified therein.

Authorized State Agent: _____

Date of Issuance: _____

See Attached Permit Diagram

Construction Authorization Expiration Date: _____

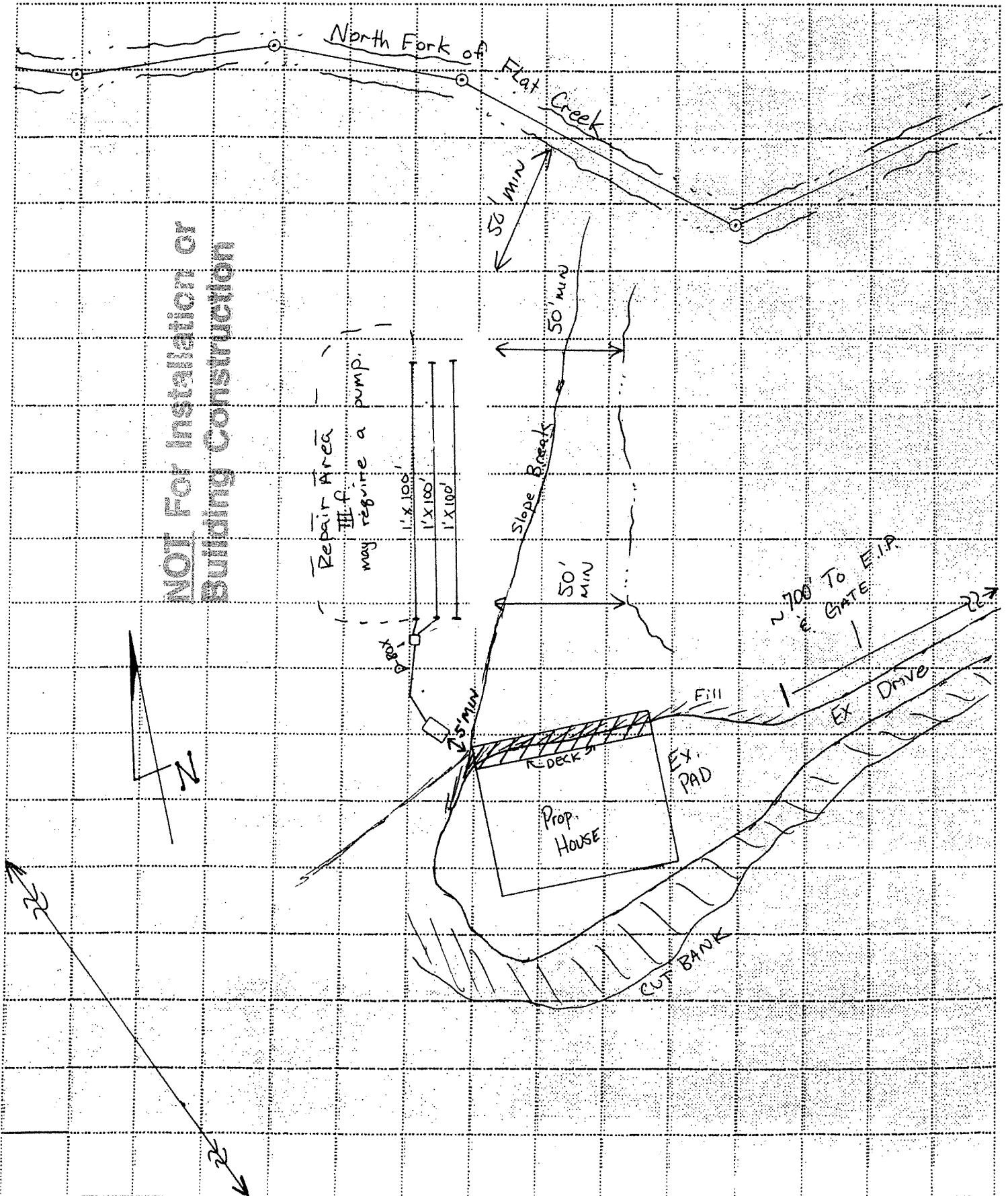
TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Sunita Sharen (Golden Rd.)

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SCALE: 1" = 50'