

LOXLEY WOODS

File Name: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

9503-00-9503-000

Pin #/Tax ID _____

Permit #: 05-575Receipt No 91307 \$250Agent/Owner: Josh Burdette/Tom CliftonMailing Address: Steve Owen & Assoc. - Connestee officeHome Phone #: () 833-3204

Work Phone #: () _____

Proposed Buyer: MILLER, DON & ANGIEMailing Address: 375 Gladdens Creek Rd, Robbinville NcHome Phone #: (828) 479-8306

Work Phone #: () _____

Property Location: 5 Dragon Tail Dr.Subdivision: Loxley WoodsPhase/Sect.: _____ Lot #: 5

Road/Street

Directions to property: Hwy. 276 south past both Connestee entrances, the Parc at Brevard, then Loxley on the left

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 ☒ 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: 2.73 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.

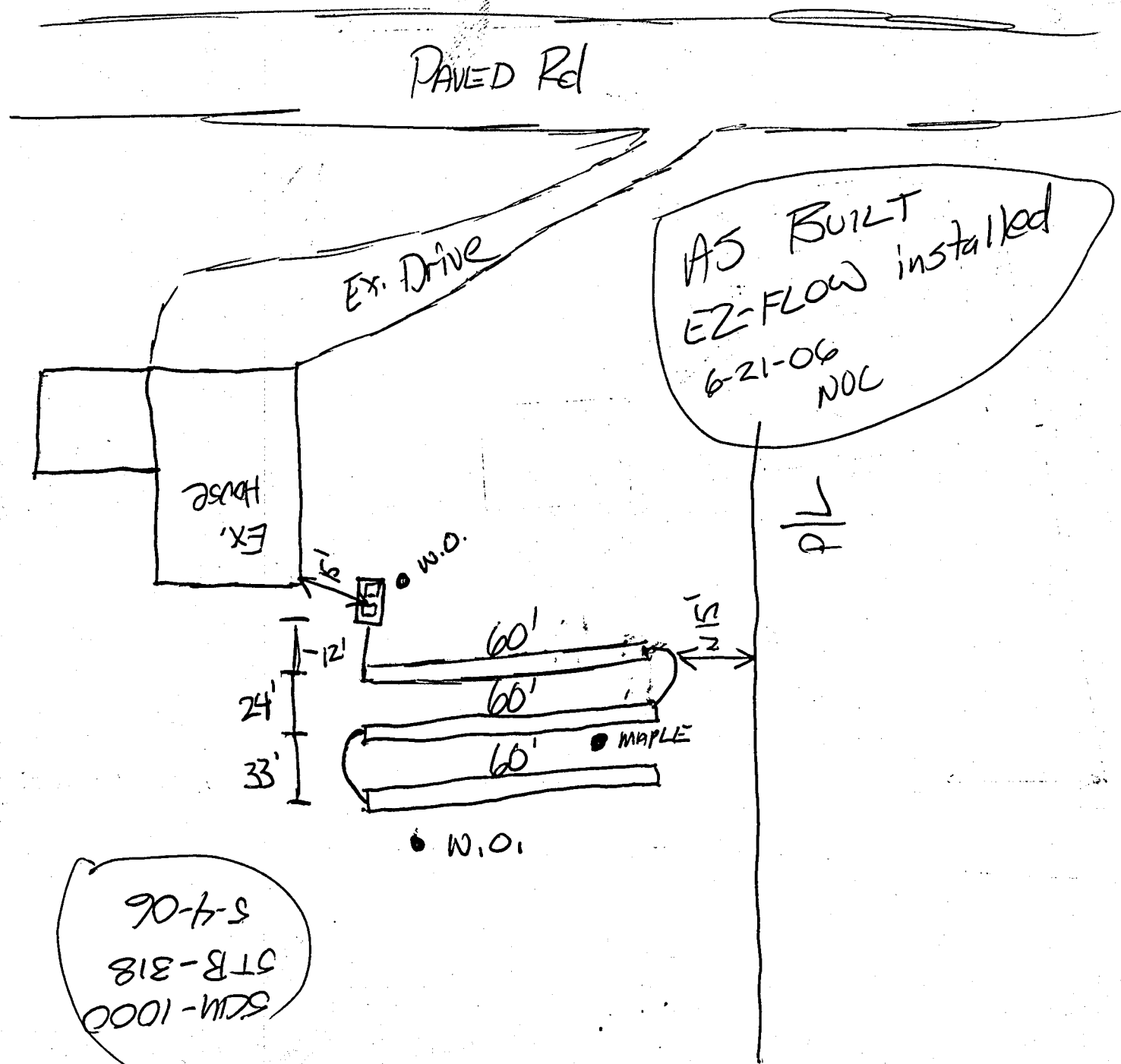
Applicant/Agent Signature: _____

Date: _____

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: ITG Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency _____ years.
Comments: EZ-FLOW installedInstalled by: Larry GillilandFinal Inspection by: Heidi O. Cash RSDate: 6-21-06



PAVED Rd

Ex. Drive

Ex. House

AS BUILT
EZ-FLOW installed
6-21-06
NOC

P/L

W.O.

60'

60'

60'

MAPLE

W.O.

SCM-1000
STB-318
5-4-06

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9503-00-9503-000

Pin #/Tax ID _____

Permit #: 05-575Receipt No 01307 \$250Agent/Owner: Josh Burdette/Tom CliftonMailing Address: Steve Owen & Assoc. - Connestee officeHome Phone #: () 883-3204

Work Phone #: () _____

Proposed Buyer: MILLER, DON & ANGEMailing Address: 975 Gladdens Creek Rd, Robbinsville NCHome Phone #: () 883-470-8306

Work Phone #1 () _____

Property Location: 5 Dragon Tail Dr.

Subdivision: _____

Phase/Sect.: 222-909 Lot #: 5

Road/Street

Directions to property: Hwy. 276 south past both Connestee entrances, the Parc at Brevard, then Loxley on the left

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Inspections

Flood Zone

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☐ Approved ☐ Disapproved

Initials _____

Date _____

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

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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: 11/14/05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Diagram and Conditions Attached)

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

 Design waste flow: 360 GPD LTAR: .5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: gravel

 Drainfield: Total Trench Length: 240 ft. Square Footage: 720 Trench spacing: 9 ft. on ctr. Individual Trench Length: 60 ft. Maximum Trench Depth (Low Side): 18 in. Trench Width: 36 in.

 Distribution Method: D-box or serial 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: 11-15-05 Construction Authorization prepared by: Alia Smith MS, RS Date: 11/14/2005

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

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Don & Angie Miller/Loxley Woods Lot 5 Scale: 1" = 40' Permit No.: 05-575 Pin No.: 9503-00-9508-000

