

PIN: 9517 44 3141 000

Eubanks, John
File Name: (Updegraff, Jimmie)

Permit No.: 18-057

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

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

ISSUED TO: Eubanks, John

PROPERTY LOCATION: 3984 Hendersonville Hwy.

New ☐ Repair ☒ Expansion ☐
 Type of Structure: single family residence
 Proposed Wastewater System Type: Chambered or EZ Flow
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Max. No. of Occupants: 6

Site Improvements required prior to Construction Authorization Issuance:

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

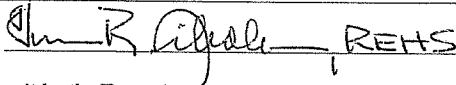
Pump systems with an effluent pump must be designed by a Professional Engineer (P.E.) and plans submitted to the Environmental Health Section for approval.

Type of Water Supply: well

Improvement Permit Expiration Date:

Permit conditions: see COMMENTS on the diagram sheet.

Authorized State Agent:

 REHS

Date: 3.27.2018

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.

SELF-INSTALLATION NOT PERMITTED - MUST USE CERTIFIED INSTALLER**Construction Authorization**

(Required for Building Permit)

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: Eubanks, John

Facility Type: single family residence

Basement? ☐ Yes ☒ NoBasement Plumbing Fixtures? ☐ Yes ☐ No

Type of Wastewater System** (Initial)

Wastewater Flow: 360 GPD

(See note below, if applicable ☐)

(Repair)

LTAR: -----

Installation Requirements/Conditions

(existing tank-see COMMENTS on diagram sheet)

Septic Tank Size: _____ gallons, minimum

Total Trench Length: 180 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size _____ gallons, minimum

Trench Width: 3 feet

Distribution Method: serial feed (from the

(target trench depth at 20 inches on low side of trenches)

beginning of each trench)

Trenches shall be installed on contour at a maximum trench depth of: _____ 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: Well 80 ft. Water Line 10 ft. Foundation 15+ ft. Property Line 10 ft. Vertical Cut 15+ ft

Permit Conditions: see COMMENTS on the diagram sheet.

**SIGN
HERE**

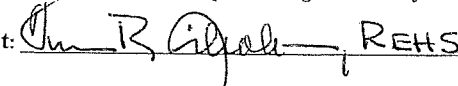

**If applicable:

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:  REHS

Date of Issuance: 3.27.2018

See Attached Permit Diagram

Construction Authorization Expiration Date: _____

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH IMPROVEMENT PERMIT DIAGRAM

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COMMENTS

- *abandon the connection to the old drainfield.
- *check the existing septic tank and sanitary "tee" for structural integrity and replace as needed. If the tank does not have a solid poured bottom a new 1000 gallon septic tank with filter will be needed to be installed. (pump, crush and fill in the old tank if a new tank is installed).
- *serial feed the trenches from the BEGINNING of the trenches.

