

TRANSYLVANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATION

File Name: \_\_\_\_\_

Permit #: 04-455

Receipt No: 11111111

Agent/Owner: CAROLINA VANTAGE

Mailing Address: 33 Crestview Dr. Brevard, NC

Home Phone #: ( ) 864-3319

Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: \_\_\_\_\_

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

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Property Location: Uwaga Court Subdivision: Connestee Falls Phase/Sect.: 18 Lot #: 90-A

Directions to property: East Fork Gate - take right at first St - go to 4th street on right to Uwaga  
go to end - cul-de-sac - prop begins on right

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

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: 2.15 Date lot recorded: 2004 Right of ways, easements, etc. none 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: 10-25-04

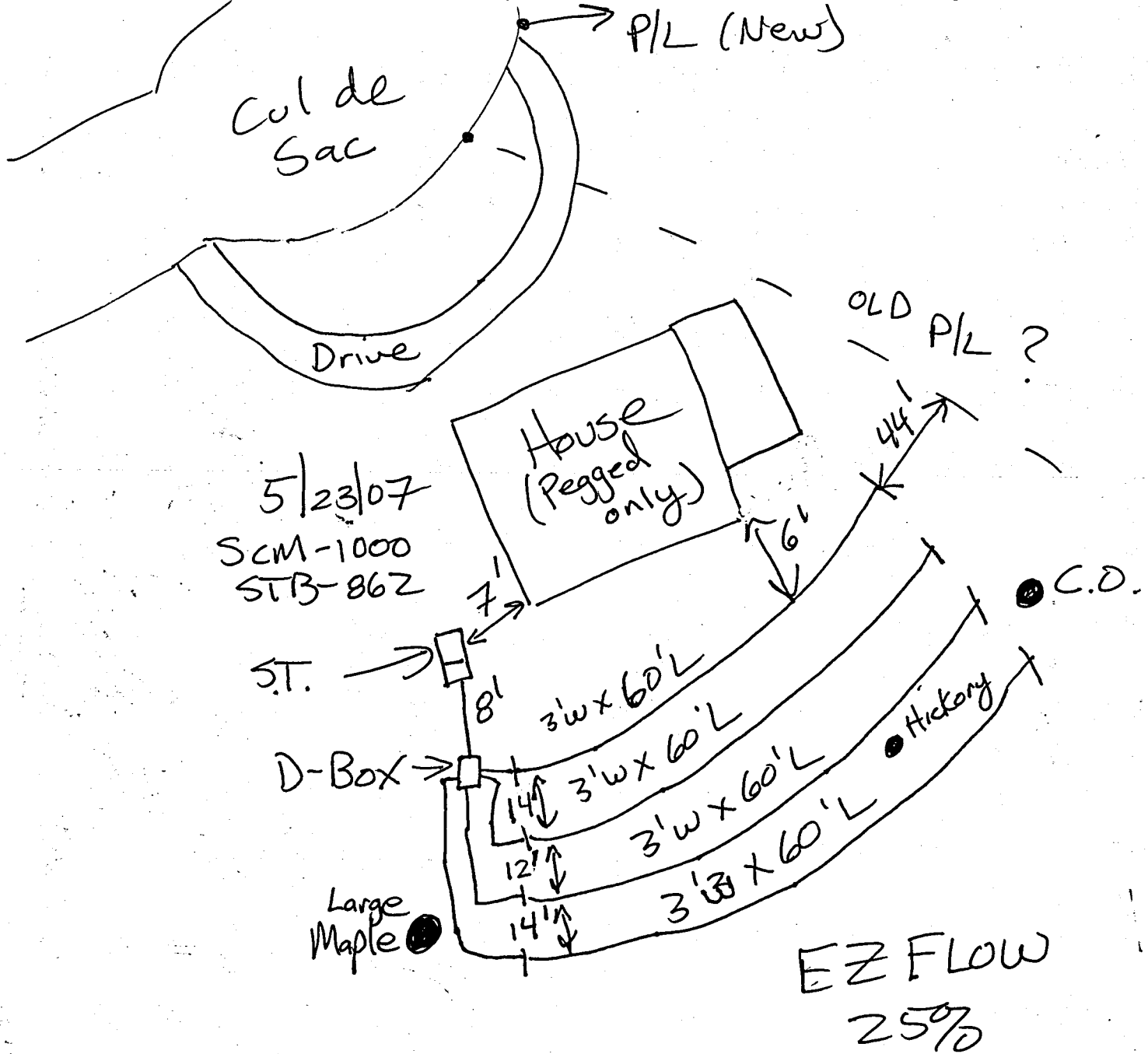
**ON-SITE WASTEWATER DISPOSAL SYSTEM  
OPERATIONS PERMIT**

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: II 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: Reavis JB Reavis Grading (Frank + Ryan) Final Inspection by: James A Bayer, RS Date: 7/12/07



"As Built"

7/12/07

JB

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

File Name: \_\_\_\_\_

Pin #/Tax ID \_\_\_\_\_

Permit #: 04-455

Receipt No 6758 11300

Agent/Owner: CAROLINA VANTAGE

Mailing Address: 33 Crestview Dr. Brevard, NC

Home Phone #: ( ) 884-5519 REG

Work Phone #: ( ) \_\_\_\_\_

Proposed Buyer: \_\_\_\_\_

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

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Property Location: Uwaga Court Subdivision: Connestee Falls Phase/Sect.: 18 Lot #: 00-A

Directions to property: East Fork Gate - take right at first St - go to 4th street on right to Uwaga go to end - cul-de-sac - prop begins on right

Flood Zone
Is the property in a flood zone?
Inspections
Flood Zone
Initials \_\_\_\_\_ Date \_\_\_\_\_

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

If Indust./Commercial/Other: Number of employees: \_\_\_\_\_ Operation: (Describe) \_\_\_\_\_ Property contains designated wet lands: Yes [ ] No [ ]

Lot size: 2.15 Date lot recorded: 2004 Right of ways, easements, etc. none Water Supply: Private [ ] Spring [ ] Well [ ] Shared Supply [ ] Public/Community [X]

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: 10-25-04

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Diagram and Conditions Attached)

New Installation: [X] Repair/Addition: [ ] Original Permittee: \_\_\_\_\_ Dated: \_\_\_\_\_
Design waste flow: 480 GPD LTAR: 5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: - gal./min. Proposed Wastewater System: 25% Reduction
Drainfield: Total Trench Length: 185 ft. Square Footage: 960 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 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: Owner requests using EZ-FLOW

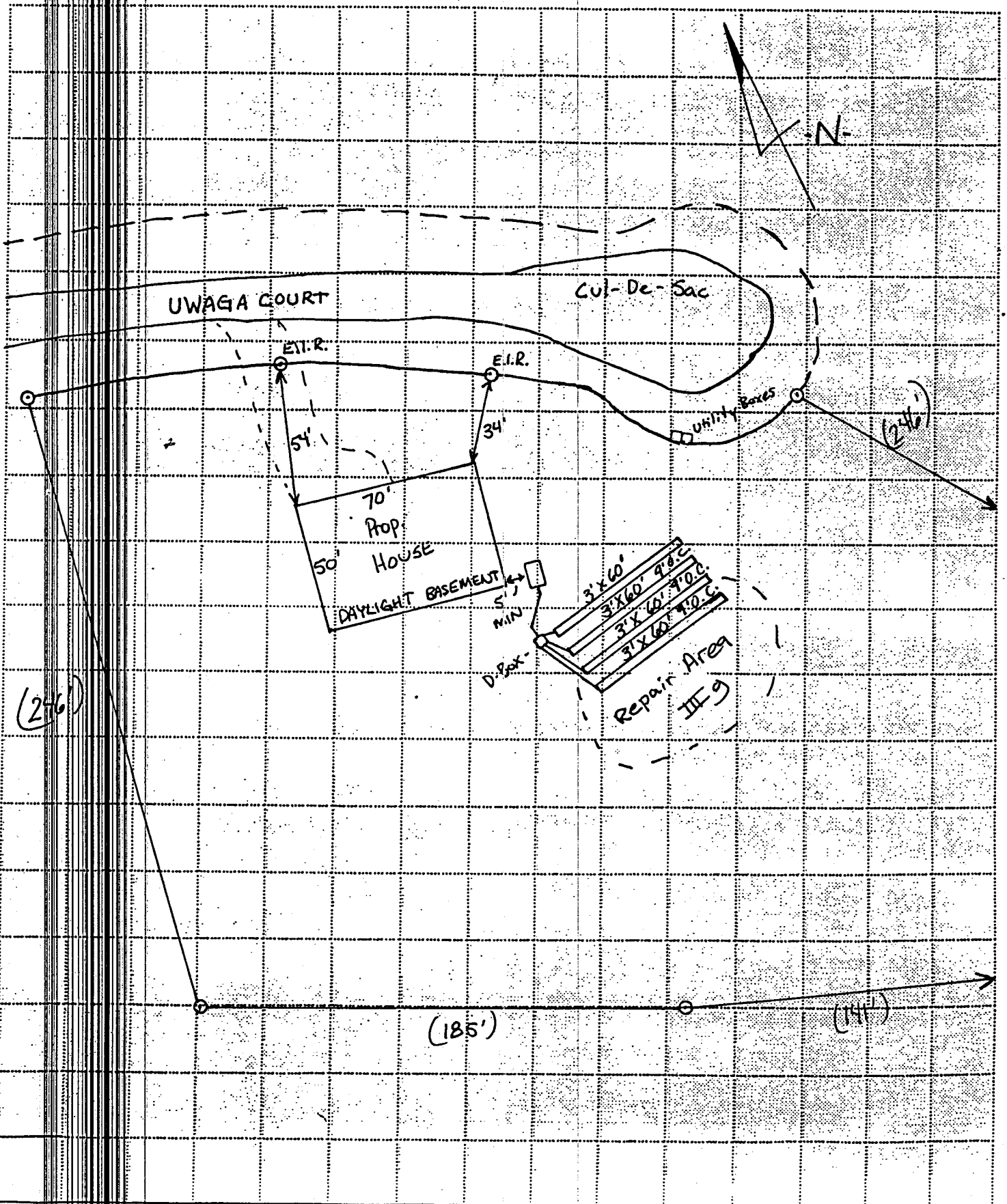
Construction of the wastewater system for the permit indicated is hereby authorized. The wastewater system described in the Improvement permit has been designed and can be installed and operated in compliance with Article 11 of Chapter 130A of the General Statutes of North Carolina and Rules adopted 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: 11-1-04 Construction Authorization prepared by: Heidi O. Cook, RS Date: 10-28-04

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: Reg Tomlin / (CONNESTEE FALLS 60-A) Permit No.: 04-455 Pin No.: 8593-10-0991-000  
Carolina Vantage



SCALE: 1" = 50'