

File Name: WARNOCK, TINA

### TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8501-28-4671-000

Permit #: 00-506

Receipt No \_\_\_\_\_

Agent/Owner: \_\_\_\_\_

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

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

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

Proposed Buyer: WARNOCK, TINA

Mailing Address: P.O. Box 1223 Polk City, FL 33868

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

Work Phone #: ( ) c/o Tina Odea 883-2216

Property Location: East Fork Road Subdivision: \_\_\_\_\_ Phase/Sect.: \_\_\_\_\_ Lot #: \_\_\_\_\_

Directions to property: Highway 276 - to right on Island Ford Rd. - go to Walnut Hollow Road - to East Fork

Road - approx 2 miles - 1 bridge - then see pink house on right - adjacent to piece of property on right

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" 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: 2 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: .92 ac. Date lot recorded: unknown Right of ways, easements, etc. no 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: Tina Odea Date: 4-14-00

### 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: III F+G Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: \_\_\_\_\_

Installed by: Whitmore Grading Final Inspection by: Jeff McCall, RS Date: 12-27-00

FILE NAME: TINA WARNOCK

PIN No.: 8501-28-4671-000

PERMIT No.: 00-506

SCALE: 1" = 30'

**SEE PROPERTY - SEE PLAT FILE 4, SLIDE 1**  
**CENTER OF BURNT CABIN BRANCH**  
**CENTER OF CREEK IS BOUNDARY LINE**

N 13°20'59" E  
28.95'

**EIR ON WEST SIDE  
OF BURNT CABIN  
BRANCH**

SEE "COMMENTS" SHEET

N 43°01'50" E  
54.28'

N 54°54'38" E  
70.43'

N 30°52'41" E  
47.34'

N 27°25'17" E  
41.89'

60" CORRUGATED  
METAL CULVERT

EAST FORK  
ROAD

Prop. Drive

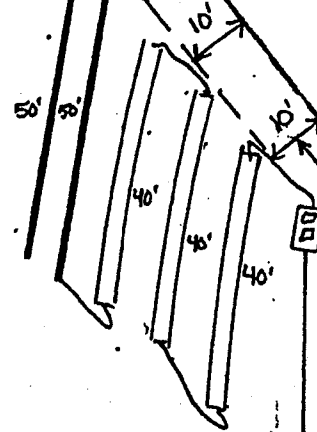
GRINDER/  
INSPECTOR  
PUMP

Prop.  
3 bedroom  
house

POWER  
POLE

OVERHEAD UTILITY LINES

50'+



SEPTIC TANK - to be placed  
as needed

90'

18" BLACK OAK  
TOP  
OF RIDGE WIT  
MARKS

L2 10'

EIR

ORK RIVER



# Transylvania County Health Department

## COMMENTS

### FOR TINA WARNOCK SEPTIC INSTALLATION

1. SEPTIC SYSTEM TO UTILIZE A GRINDER/INJECTOR PUMP AS REQUESTED BY OWNER.
2. DRAINFIELD TO USE 120' OF A SYSTEM THAT UTILIZES 25% SPACE REDUCTION (to accommodate 2 bedrooms) AND 100' OF TEN INCH INSIDE DIAMETER LARGE DIAMETER PIPE (to accommodate 1 bedroom).
3. OWNER TO CHOOSE SEPTIC SYSTEM THAT UTILIZES 25% SPACE REDUCTION FROM OPTION SHEET.
4. REDUCTION SYSTEM TO BE INSTALLED ULTRA-SHALLOW WITH SIX INCHES OF SUITABLE SOIL PLACED OVER THE DRAINFIELD. THE LARGE DIAMETER PIPE PORTION OF THE DRAINFIELD MAY BE 18" IN DEPTH WITH NO ADDITIONAL COVER REQUIRED.
5. THE HOUSE SITE MAY BE ANYWHERE ON THE PROPERTY SO LONG AS IT DOES NOT OVERLAP OR INTERFERE WITH THE APPROVED SEPTIC AREA.
6. PROPERTY IS REPAIR EXEMPT.
7. DRAINFIELD HAS BEEN SHOT OUT AND FLAGGED BY TRANSYLVANIA COUNTY HEALTH DEPARTMENT PERSONNEL. CONTACT THE HEALTH DEPT. PRIOR TO INSTALLATION WITH ANY QUESTIONS OR CONCERNS.

PIN No.: 8501-28-4671-000

Issue Date: November 17, 2000

File Name: HARNOCK, TINA

### TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8501-28-46/1-000

Permit #: 00-506

Receipt No 117 22 2150

Agent/Owner: \_\_\_\_\_

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

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

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

Proposed Buyer: HARNOCK, TINA 884 6177

Mailing Address: P.O. Box 1228 Polk City, FL 33868

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

Work Phone #: ( ) c/o Tim Odea 883-2216

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Applicant/Agent Signature: [Signature]

Date: 4-14-00

### 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: pump to 25% red. system AND LDP

Drainfield: Total Trench Length: 100 ft. Square Footage: 240 Trench spacing: 8 ft. on ctr. Individual Trench Length: vary ft. Maximum Trench Depth (Low Side): 12 in. Trench Width: 36/12 in.

Distribution Method: serial Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 25 ft.

Comments & Special Conditions: SEE "COMMENTS" PAGE

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: \_\_\_\_\_ Date: \_\_\_\_\_ Construction Authorization prepared by: Jeff McCall, RS for ATS Date: 12-27-00

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