

File Name: BIG HILL

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

8582-72-7004-000
Pin #/Tax ID

Permit #: 2006-000

Receipt No _____

Agent/Owner: THAYVICK, THOMAS

Mailing Address: P.O. Box 389 Cedar Mt. NC

Home Phone #: () 828-244 828-2020

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: off East Fork Subdivision: Big Hill
Road/Street

Phase/Sec.: _____ Lot #: 14

Directions to property: East Fork east Pine Shore - Big Hill - road at top - cul-de-sac at end of road

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: 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: 12.39 Date lot recorded: _____ 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: _____ Date: _____

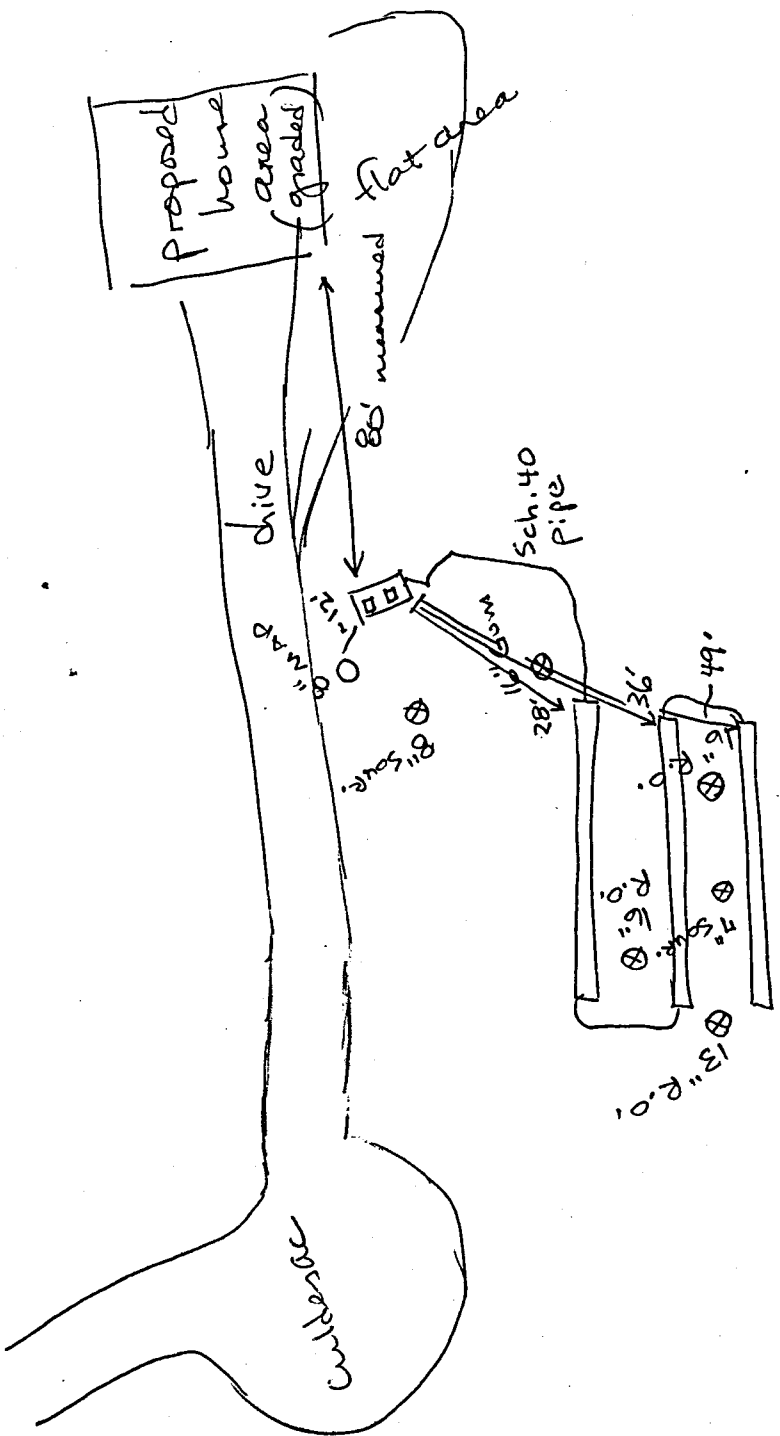
**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

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: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

Comments: EZ Flow drainfield.

Installed by: Taylor Fowler Final Inspection by: Chris R. [Signature] RS Date: 2.17.06



SCM 1000
 Stb 862
 EZ Flow
 drain field
 2.17.06
 FN

File Name: BIG HILL

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

3582-72-7004-000
Pin #/Tax ID

Permit #: 05-650

Receipt No _____

Agent/Owner: TRAYWICK, THOMAS

Mailing Address: P.O. Box 329 Cedar Mt. NC

Home Phone #: () 835-2839

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: off East Fork Road/Street
Subdivision: Big Hill Phase/Sec.: _____ Lot #: 14

Directions to property: East Fork past Pine Shore - Big Hill - road at top - cul-de-sac at end of road

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: 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: 12.30 Date lot recorded: _____ 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: _____ Date: _____

**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: EZflow
Drainfield: Total Trench Length: 180 ft. Square Footage: EQ 720 Trench spacing: 9 ft. on ctr. Individual Trench Length: 60 ft. Maximum Trench Depth (Low Side): 20 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: 5/15 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: solid pipe under drive to be sch. 40 30"+ deep OR ductile iron if 30" depth cannot be achieved (if applicable)

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: 12/27/2005 Construction Authorization prepared by: Alla Smith, RS Date: 12/14/2005

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:

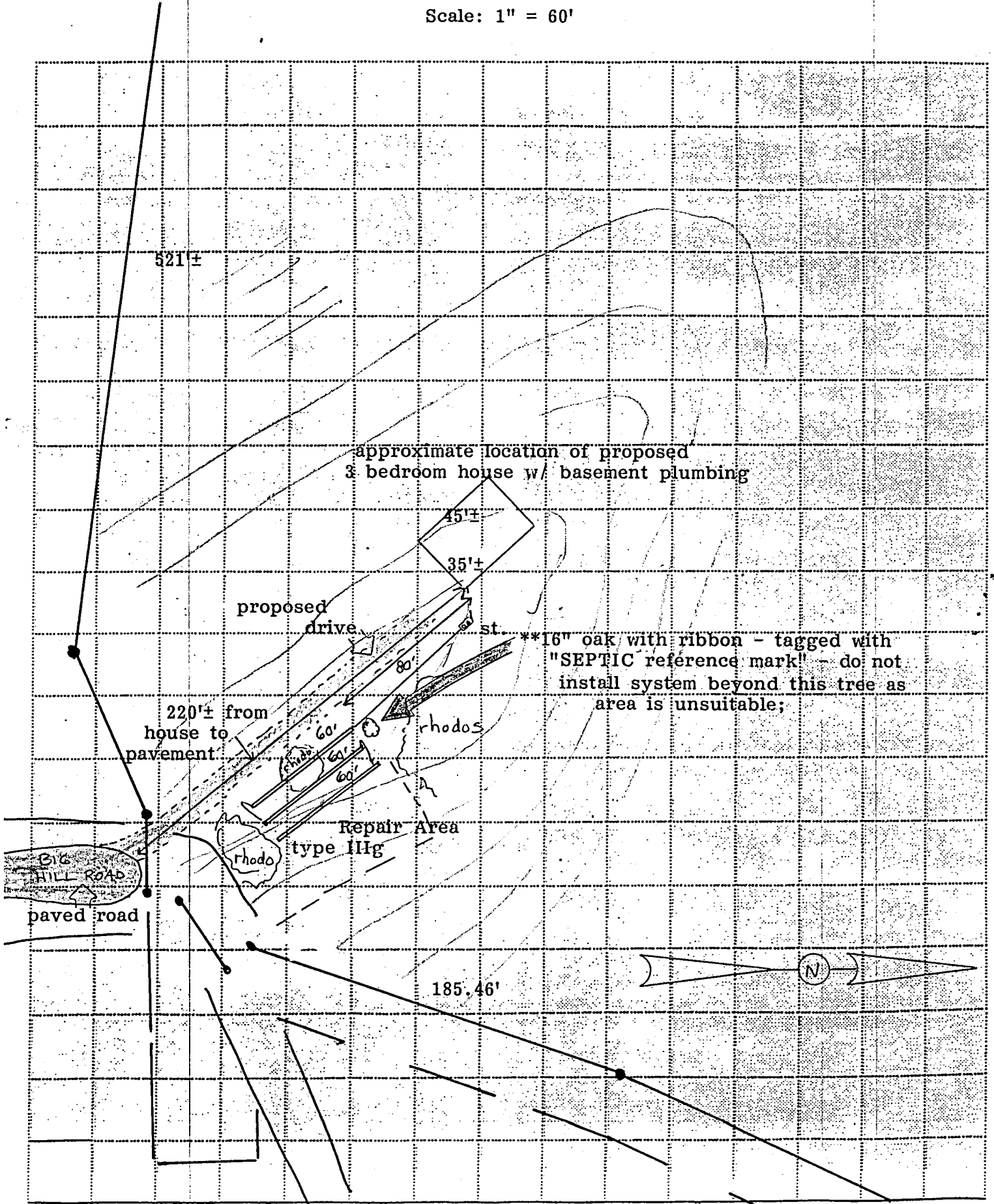
Thomas Traywick/Big Hill Lot 14

Permit No.: 05-650

Pin No.:

8582-72-7004-000

Scale: 1" = 60'



SCALE: 1" = 60'