

File Name: LOXLEY WOODS

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

9505-00-8048-000
Pin #/Tax ID _____

Permit #: 05-171

Receipt No _____

Agent/Owner: BELLEFEUIL, TAMMY

Mailing Address: 325 Trotting Wolf Trail, Sunset, SC 29687

Home Phone #: (864) 868-0814

Work Phone #: (828) 862-4431

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: ()

Work Phone #: ()

Property Location: Dragon Tail Drive
Road/Street

Subdivision: Loxley Woods Phase/Sect.: _____ Lot #: _____

Directions to property: Hwy. 276 to Dragon Tail Drive (first left after passing Sherwood Forest golf course)
lot 3 top of hill on left (prefer installing conventional system if possible)

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: 2.62 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: Tammy Bellefeuil

Date: 3-7-05

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

Notice:
Well must be located at least
100 ft. from any part of the
septic system.

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.

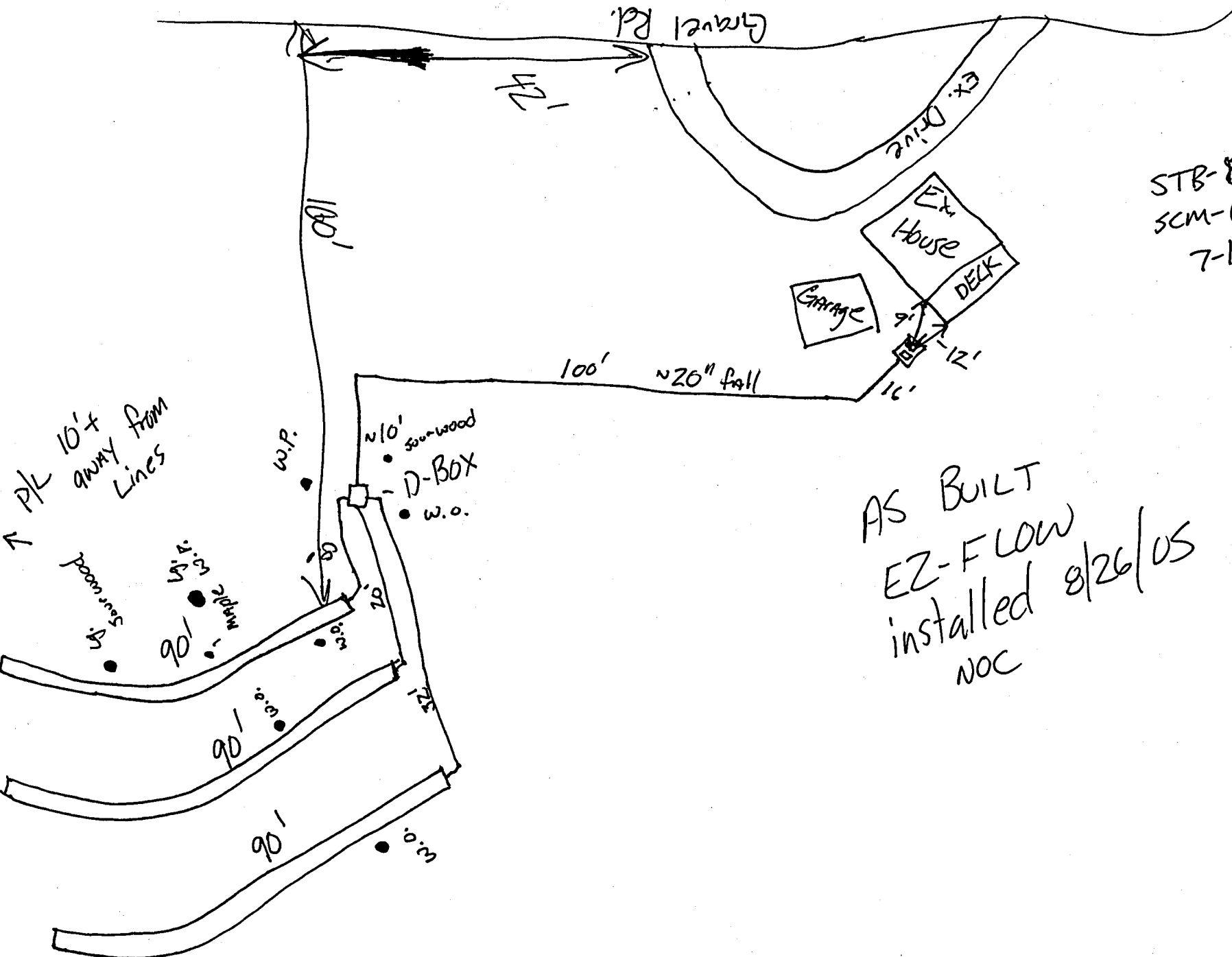
System Classification Type: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency — years.

Comments: EZ-FLOW installed

Installed by: Sapphire Stone & Grading

Final Inspection by: Willie Cofr., RS

Date: 8/26/05



STB-862
 SCM-1000
 7-14-05

AS BUILT
 EZ-FLOW
 installed 8/26/05
 NOC

File Name: LOYLEY WOODS

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

9503-00-8048-000
Pin #/Tax ID _____

Permit #: 05-171

Receipt No 170588-2-10

Agent/Owner: BELLEFEUIL, TAMMY

Mailing Address: 325 Trotting Wolf Trail, Sunset, SC 29685

Home Phone #: (864) 868-0314

Work Phone #: (828) 862-4431

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: (_____) _____

Work Phone #: (_____) _____

Property Location: Dragon Tail Drive
Road/Street

Subdivision: Lorley Woods Phase/Sect.: _____ Lot #: _____

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lot 3 top of hill on left (prefer installing conventional system if possible)

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Is the property in a flood zone?		
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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: 2.62 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: Tammy Bellefeuil

Notice: **Well must be located at least 100 ft. from any part of the septic system.** Date: 3-7-05

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Diagram and Conditions Attached)

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

Design waste flow: 480 GPD LTAR: 0.45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: Gravel or 25% Reduction

Drainfield: Total Trench Length: 270' to 360' ft. Square Footage: 1067 Trench spacing: 9 ft. on ctr. Individual Trench Length: 3 or 4 x 90 ft. Maximum Trench Depth (Low Side): 18 in. Trench Width: 36 in.

Distribution Method: Equal Min. distance between system and nearest: Well: (100) ft. Water line: 10 ft. Foundation: 15/5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: System may be (4)-90' gravel lines or (3)-90' chamber or EZFLOW lines - owner to choose

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: Tammy Bellefeuil Date: 5/20/05 Construction Authorization prepared by: James A Bayer, RS Date: 4/27/05

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

File Name: Loxley Woods Tract 2-C
Bellefeuil, Tammy

Permit # 05-171

PIN: 9503-00-8048-000

N 07°42'33" E
393.00'

SCALE : 1" = 50'

Notice:
Well must be located at least
100 ft. from any part of the
septic system.

Dry Draw



TRACT 2-C

2.62 AC

100% Repair Area
Type IIa or IIIg

S 70°15'45" E
295.26'

PL

~90'

HOUSE
32'
32'

ST

5' MIN (15' Minimum if
Basement Cut
> 2' deep)

Minimum DBox
1/8" per foot
of fall.

3'w x 90'L
3'w x 90'L
3'w x 90'L

System shown for
25% reduction type
→ add 90' for gravel ~ 100'

26'
26'

GARAGE

~60' Drive

Slope Break

10'
MIN

PL

S 70°15'45" E
25.00'

S 00°04'37" E
107.25'

S 12°45'30" W

150.00'