## **TBD Bucks Crossing**

PIN: 8591-18-7839-000 File Name: B	ig Hill S6 Lot 107 Permit No.: 21-229	
	EPARTMENT OF PUBLIC HEALTH	
New Repair Opera	Addition/Expansion	
No. of Bdrms: 3 System Type: Illg	Proprietary Name: Infiltrator Quick 4	
Biff Graham	Theron Mcall #1808	
Owner's Name	System Installer and Certification Number	
MeillO. Cast REHS  Authorized Attack Agent	Date of Operation Permit Issuance	
	•	
all conditions of the Improvement Permit and Construction A	NC General Statutes, Rules for Sewage Treatment and Disposal and Authorization	
Septic Tank Manufacturer: Infiltrator IM-1060		
Filter Brand: Polylok 30130 PL 68	•	
38'	House started started 25' 20' 20' 21' 90' Hines KS Crossing	
OVE		
Conditions/Comments:  Subsurface system operator required? No X Yes conditions, maintenance and reporting.	If yes, see attached sheet for additional operation	

The septic tank should have all compartments pumped out every 3-5 years, on average, or when the solids are more than 1/3 of the liquid depth in any o compartment. Depending upon trench depth, maximum fill over the drainfield cannot exceed two feet. Establish cover over drainfield and divert surface waters to prevent erosion or degradation of the system. No part of the septic system should be subjected to: traffic or any other compaction; vegetation with aggressive and/or hydrophilic (water loving) root systems such as maples or willows; excessive fill or heavy landscaping materials such as rocks/boulders; or any other activities or circumstances that may alter site conditions and may cause problems with the initial system or the repair area as permitted.

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PIN: <u>8591-18-7839-000</u>	File Name: Big	Hill, S6, Lot 107	Permit No.: 21-229
TRANS	YLVANIA COUNTY	DEPARTMENT OF P	UBLIC HEALTH
	Impr	ovement Permit e issued with only an Improven	
ISSUED TO: Graham, Biff	A panding permit exhaut b		
		PROPERTY LOCATION:	TBD Green Hollow Road
New ☑ Repair □	Expansion	Site Improvements requi	red prior to Construction Authorization Issuance:
Type of Structure: 3 bedroom reservoysed Wastewater System Type: T	sidence	Fee has been paid; pressentially the same a	operty line is marked; site plan remains
Projected Daily Flow:360	GPD		
Number of bedrooms: 3 Max. 1	No. of Occupants: 6		
Pump Required:  Yes No	May be required based upon	n final location and elevations of	facilities itted to the Environmental Health Section for approval.
Type of Water Supply: New SFR w	ell		mit Expiration Date: 8/18/2026
Permit conditions:		·	
			· · · · · · · · · · · · · · · · · · ·
A 240	08 100 05	115	
Authorized State Agent:	a Dajer, KE	Date: 8/18/2021	See Attached Permit Diagram
			the issuance of other permits. The permit holder is ject to revocation if the site plan, plat, or the intended use
changes. The Improvement Permit shall not be Sewage Treatment and Disposal and to condit	e affected by a change in ownershi	ip of the site. This permit is subjec	t to compliance with the provisions of the Laws and Rules for
SELF-INSTALI		ITTED - MUST US ction Authorization	E CERTIFIED INSTALLER
The construction and installation requirem	(Require	ed for Building Permit)	959 are incorporated by reference into this permit and
shall be met. Systems shall be installed in a			are more parameter, and are successful and
ISSUED TO: Same		Facility Type: 3 bedr	oom residence
Basement?	□ No Basem	ent Plumbing Fixtures?	☑ Yes ☐ No
Type of Wastewater System**	Type II - 25% reduct	tion (Initial)	Wastewater Flow: 360 GPD
(See note below, if applicable $\square$ )	Same	(Repair)	LTAR: 0.5 GPD/ft2 (FRN, 2007)
Installation Requirements/Condi	tions		
Septic Tank Size: 1,000 gallons, mir		ench Length: 180 feet	Trench Spacing: 9 Feet on Center
Pump Tank Size gallons, mis		Width: 3 feet	Distribution Method: Serial - PVC only
			inimum of 6" of soil cover over the installed drainfield
material and the hottom of the trench shall	not be greater than 36" from the	surface of the ground at final gra-	de.
>50' on this property (	neighboring properties)  Well 100 ft Water Line	10 ft Foundation 5/1	tons) full basement full pasement fix Property Line 10 ft. Vertical Cut 15 ft
			g. Contact TCDPH with any questions.
. William Continuona,			•

Owner/Legal Representative Signature:

Date: 20-2021

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.

THE STATEST OF THE SPECIFICATION OF this permit.

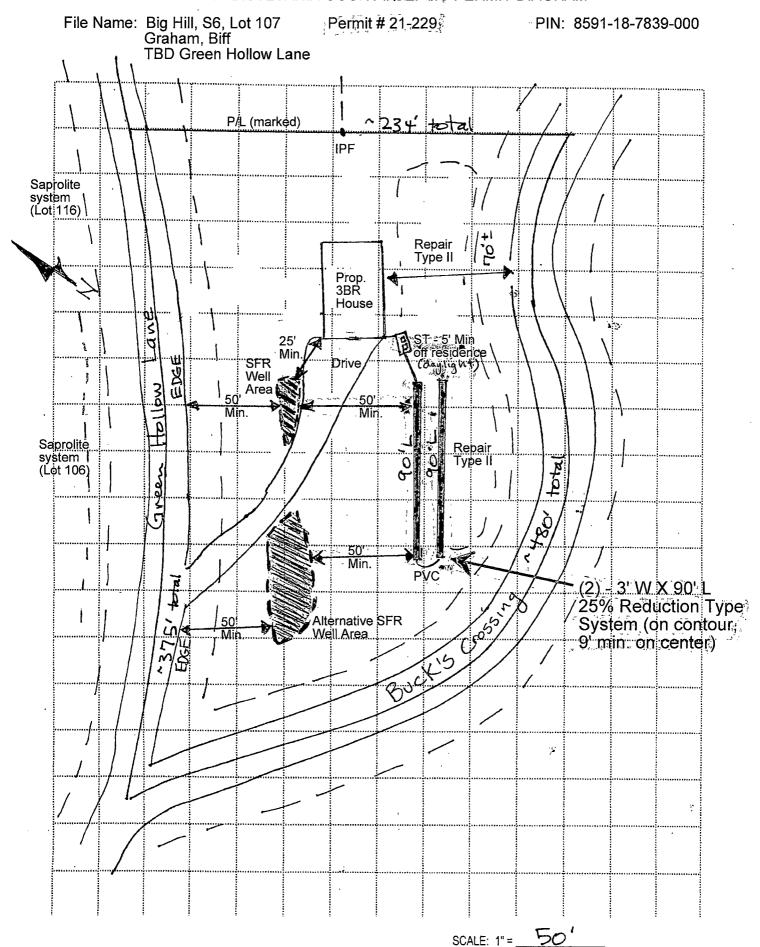
Authorized State Agent: Names a Boyen, R

Date of Issuance: 8/18/2021

See Attached Fermit Diegram

Construction Authorization Expiration Date: 8/18/2026

## TRANSYLVANIA COUNTY SEPTIC PERMIT DIAGRAM



(approx.)