



Brenda Eav <brenda@lookingglassrealty.com>

PIN 8584-85-4484-000

Environmental Health <ENVIRONMENTAL.HEALTH@transylvaniacounty.org>


Mon, Aug 28, 2023 at 2:21 PM

To: Brenda Eav <brenda@lookingglassrealty.com>

Hey Brenda,

I included another part of that permit. I am not sure why the bedrooms are not listed where it is supposed to be listed. The design waste flow is 360 gallons per day. That is a 3BR system. This permit was a repair to the original system that we had no record on.

[Quoted text hidden]

 **Hamilton, Elizabeth.pdf**
408K

File Name: HAMILTON, ELIZABETH

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

8584-85-4484-000

Pin #/Tax ID _____

Permit #: 02-042

no charge - repair

Receipt No _____

Agent/Owner: HAMILTON, ELIZABETH (David Hamilton) Mailing Address: RR4 Box 208 Brevard, NC 28712

Home Phone #: () (David) (843) 270-3950 Work Phone #: () cell c/o Dwayne Lyday 300-1049 pager 891-3032

Proposed Buyer: _____ Mailing Address: _____

Home Phone #: () Work Phone #: ()

Property Location: Johnson Road Subdivision: _____ Phase/Sect.: _____ Lot #: _____
Road/Street

Directions to property: Hwy. 276 - past Carrs Hill Baptist church - turn at end of parking lot for church to JOHNSON rd - take immediate right up hill - you will see a ghost on a post on left side - go to top of hill

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: _____ 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: _____ 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: [Signature] Date: taken by phone 2-3-02

**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.

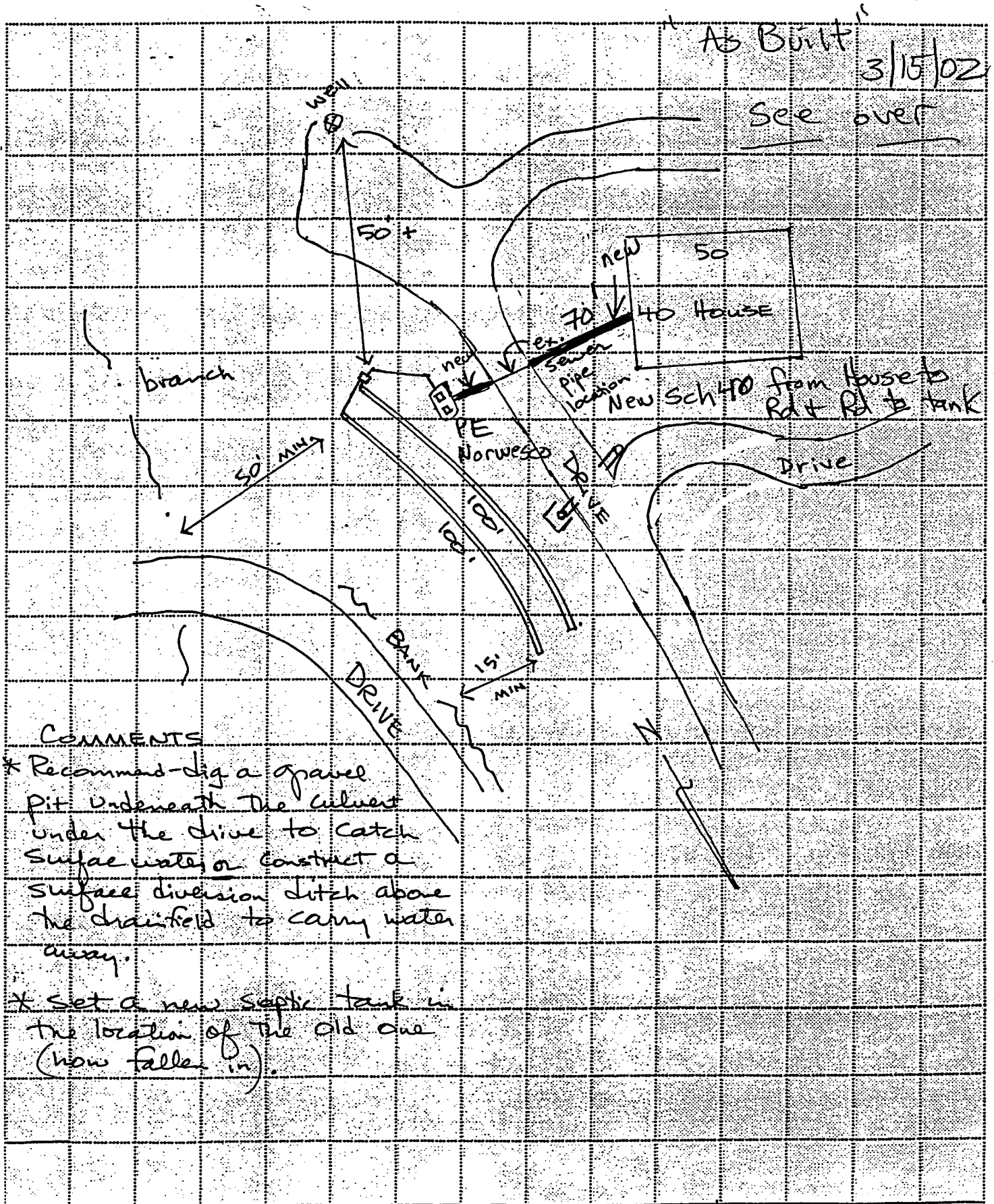
System Classification-Type: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency N/A years.

Comments: _____

Installed by: Gus Grayley Final Inspection by: James A Bayer, RS Date: 3/15/02

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Elizabeth Hamilton Permit No.: 02-042 Pin No.: 8584 85 44 84 000



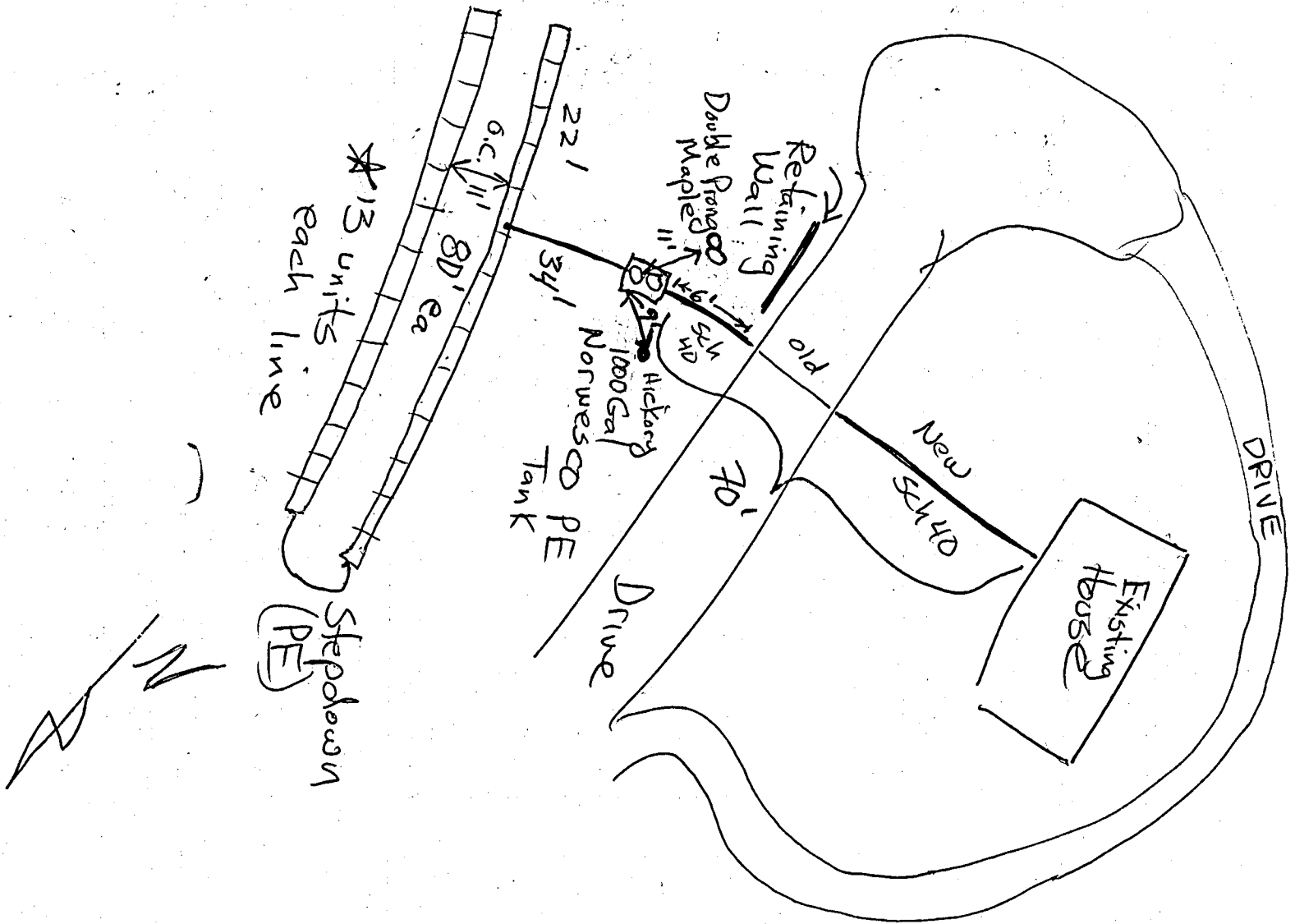
As Built
3/15/02
See over

COMMENTS

* Recommend dig a gravel pit underneath the culvert under the drive to catch surface water or construct a surface diversion ditch above the drainfield to carry water away.

* Set a new septic tank in the location of the old one (now fallen in).

SCALE: 1" = 40'



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ON-SITE WASTEWATER DISPOSAL APPLICATION**

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Applicant/Agent Signature: Shirane Schmitt for David Hamilton taken by phone 2-3-02 Date: _____

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)**

New Installation: Repair/Addition: Original Permittee: no record on file Dated: _____

Design waste flow: 360 GPD LTAR: — Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: CONV.

Drainfield: Total Trench Length: 200 ft. Square Footage: 600 Trench spacing: 9 ft. on ctr. Individual Trench Length: 100 ft. Maximum Trench Depth(Low Side): 18 in. Trench Width: 36 in.

Distribution Method: D-Box Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: _____

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: Shirane Schmitt Date: 2/11/02 Construction Authorization prepared by: Jim Riddick, RS Date: 2-11-02

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