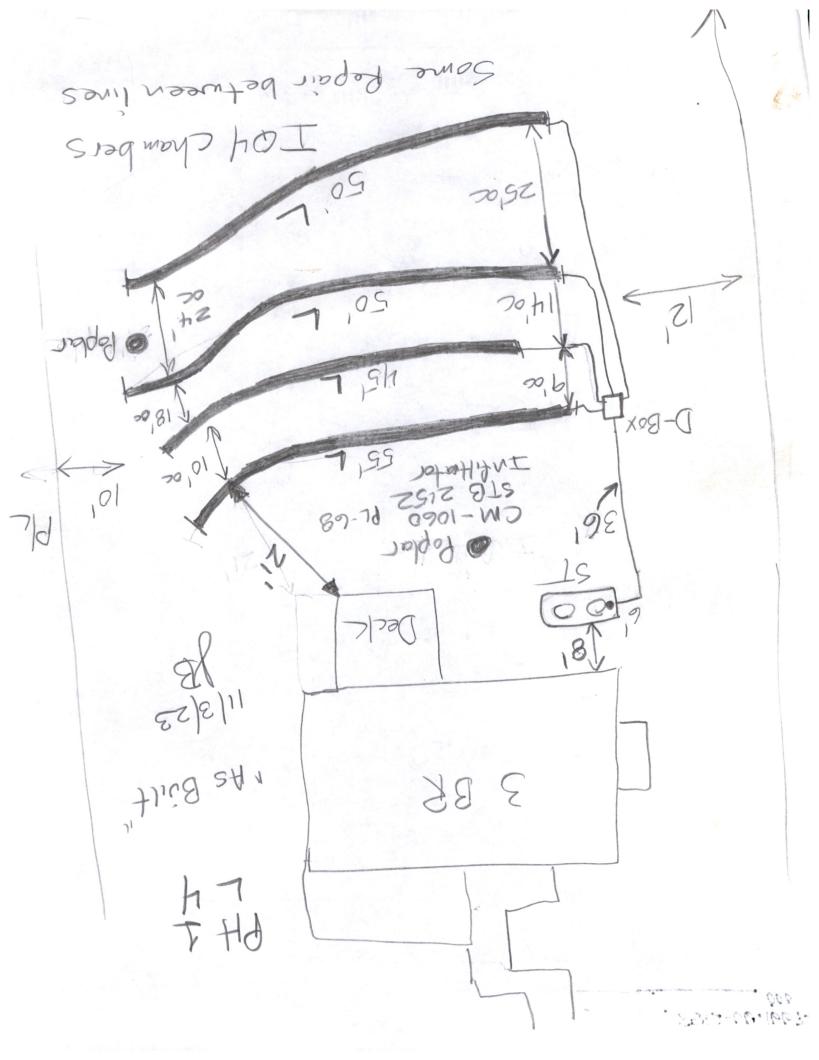
| NC DEVGROUP, LLC | Add ary Name: Dan Will System Install Date | Infiltrator IC iams er and 11/3/202 | Q4 chamber #9517 Certification Number 23 mit Issuance |
|---|---|--|---|
| No. of Bdrms: 3 System Type: Illg Propriet NC DEVGROUP, LLC Owner's Name Authorized State Agent This system has been installed in compliance with applicable NC Genera all conditions of the Improvement Permit and Construction Authorization eptic Tank Manufacturer: Infiltrator CM-1060 STB-26 Street Type: Illg Propriet | Adding Name: Dan Willie System Installe Date | Infiltrator IC iams er and 11/3/202 of Operation Per es for Sewage Tre | Q4 chamber #9517 Certification Number 23 mit Issuance |
| Owner's Name Owner's Name Authorized State Agent This system has been installed in compliance with applicable NC Genera all conditions of the Improvement Permit and Construction Authorization eptic Tank Manufacturer: Infiltrator CM-1060 STB-26 Street State Agent STB-26 STB-26 | Dan Will System Install Date I Statutes, Rule | er and 11/3/202 of Operation Peres for Sewage Tree | #9517 Certification Number 23 mit Issuance |
| Owner's Name Authorized State Agent This system has been installed in compliance with applicable NC General all conditions of the Improvement Permit and Construction Authorization eptic Tank Manufacturer: Infiltrator CM-1060 STB-26 Strand: Polylok PL-68 | System Installe Date I Statutes, Rule | and 11/3/202 of Operation Perses for Sewage Tree | Certification Number 23 |
| Authorized State Agent This system has been installed in compliance with applicable NC Genera all conditions of the Improvement Permit and Construction Authorization eptic Tank Manufacturer: Infiltrator CM-1060 STB-26 Street Brand: Polylok PL-68 | Date | 11/3/202 of Operation Per es for Sewage Tre | emit Issuance |
| This system has been installed in compliance with applicable NC General all conditions of the Improvement Permit and Construction Authorization Peptic Tank Manufacturer: Infiltrator CM-1060 STB-2: Strand: Polylok PL-68 | l Statutes, Rule | of Operation Per | mit Issuance |
| This system has been installed in compliance with applicable NC General all conditions of the Improvement Permit and Construction Authorization Peptic Tank Manufacturer: Infiltrator CM-1060 STB-2: Strand: Polylok PL-68 | l Statutes, Rule | es for Sewage Tre | |
| all conditions of the Improvement Permit and Construction Authorization eptic Tank Manufacturer: Infiltrator CM-1060 STB-2 ellter Brand: Polylok PL-68 | ı | | eatment and Disposal a |
| eptic Tank Manufacturer: Infiltrator CM-1060 STB-2 | | Date of Manuf | |
| Iter Brand: Polylok PL-68 | | Date of Manut | N/A |
| Please see "As Built" drawing for system details and location(s) | | | acture: |
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| Conditions/Comments: Clean and replace septic tank effluence | ent filter as | needed. | |
| | | | |
| X | | | |
| Subsurface system operator required? No X Yes If conditions, maintenance and reporting. | | ned sheet for addi | |

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 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.



| PIN: 8532-96-4290-000 | File Name: W | /hisper Hills Pl | n1 Lot 4 | _ Permit No.: 19 |)-076 |
|--|--|--|--|--|-------------------------------|
| 8542.06-1667.000 TRANSYLV | | | ENT OF PUBLI | | |
| Δ h | | provement Per | rmit v an Improvement Peri | mit | |
| ISSUED TO: NC DEVGROUP, LLC | | | | y 64W across fr | om |
| ISSUED TO: | | | een Rd. | , | |
| Type of Structure: Single Family Dwelling | ansion | Site Improve | | r to Construction Authonditions sheet | orization Issuance: |
| Proposed Wastewater System Type: Projected Daily Flow: 240 GPD Mumber of bedrooms: Max. No. of | Occupants 46 | | | | |
| Pump systems with an effluent pump must be a Type of Water Supply: Shared Well | designed by a Professi | ional Engineer (P.E.) | d elevations of facilities and plans submitted to the even the eve | ne Environmental Health S biration Date: 4/15/2 | section for approval. |
| Permit conditions: See Permit Diagram | m | | | | |
| | | | | | |
| Authorized State Agent: On Fi | le | Date: 4/ | 15/2019 | See Attached | Permit Diagram |
| The issuance of this permit by the Transylvania C responsible for checking with appropriate governi changes. The Improvement Permit shall not be affect Sewage Treatment and Disposal and to conditions of | ing bodies in meeting to ted by a change in own | their requirements. T | his permit is subject to rev | ocation if the site plan, plat | , or the intended use |
| | Const | ruction Author | rization Septi | c System to | be installe |
| | (Reg | uired for Building I | ermit) by | a Certified | |
| The construction and installation requirements of shall be met. Systems shall be installed in accorda | | | 7, .1956,and .1959 are if | icorporated by reference i | nto this permit and |
| ISSUED TO: NV DEVGROUP, LLC | | Type of Str | ucture: Single Fa | mily Dwelling | |
| Basement? ☐ Yes 🛣 N | lo Bas | ement Plumbing | Fixtures? | es 🔼 No | 360 MOC |
| Type of Wastewater System** | 25% Reduc | ctions | nitial) | Wastewater Flow: | 240 _{GPD} |
| (See note below, if applicable \square) | IIIa | or The MOC | epair) | LTAR: | 0.45 |
| Installation Paguirements/Conditions | _ | Horizontal | 200 | D17MC . | |
| Installation Requirements/Conditions Septic Tank Size: 1000 gallons, minimum | | I Tour h I ameth | 135 feet | Trench Spacing: | 9 Feet on Center |
| | | Trench Length: | | bution Method: d-box/ | rect on center |
| Pump Tank Size <u>n/a</u> gallons, minimum | | nch Width: | | | |
| Trenches shall be installed on contour at a maxim material and the bottom of the trench shall not be | greater than 36" from | the surface of the gro | ulid at Illiai grade. | of 6" of soil cover over the | installed drainfield |
| Min. distance between system and nearest: Well _ | 100 ft. Water I | Line_ 10 ft Four | ndation 5 ft Pro | pperty Line 10 ft. V | rertical Cut15 ft |
| Permit Conditions: See Permit Diagra | | amen | 4 | agram da | 1 |
| | | 11 | 2/2023 11 | | |
| **If applicable: | | | | Caldia a security | |
| I understand the system type specified is different for | rom the type specified | on the application. To | iccept the specifications o | 12/ | 123/22 |
| Owner/Legal Representative Signature: This Construction Authorization is subject to revewhen there is a change in ownership of the site. Treatment and Disposal and to the conditions of the | This Construction Aut | horization is subject t have the on-site waste | o compliance with the pre- ewater system installed b | rovisions of the Laws and | Rules for Sewage |
| Improvement Permit, Construction Authorization Authorized State Agent: | permit diagram and | and the same of th | Date of Issuance: 2 | 2/18/2022 | |
| See Attached Permit Diagram | Construction | n Authorization | Expiration Date: _ | 1/15/2024 | |

TRANSYLVANIA CO. ENVIRONMENTAL HEALTH SEPTIC/WELL PERMIT DIAGRAM 8542-06-1667-FILE NAME Whisper Hills 14 PERMIT NO. 19-076 PIN 8532 SCALE 1"= Date Amended Diagram 1/2/2023 Prop. Drive Prop. 2BR 3BR Home 15'MIN MIN. 3 x50 MIN. REPAIR

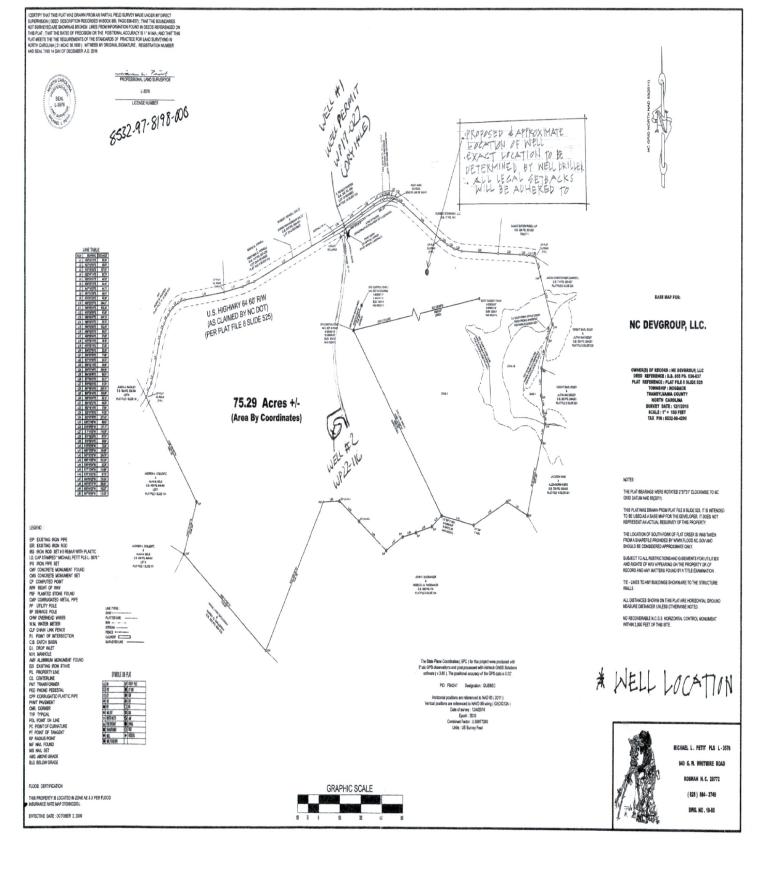
AREA

Mayor Harizonton 10' MIN.



TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH WELL PERMIT OR WELL REPAIR PERMIT. CERTIFICATE OF COMPLETION

| New Well [⋈] Repair To Ex | xisting Well [] | |
|--|---|---------------------------------------|
| WP22-116 | 8532-96-4290-000 | NC DEVGROUP, LLC, |
| Permit No. | Parcel I.D. | Issued To |
| Off Hwy 64 W at Silversteen Property Street Address | Whisper Hills Subdivision /Sec | z/Lot# |
| Well Grouting Inspection | | |
| Casing Type_PVC | Casing Thickness/Weight SDR- | Casing Depth 90 ft |
| Diameter 6.25 in | Grout Type EnviroPlug | Grout Depth 20 ft |
| Grout Method Pour | | |
| Inspected By: Neill O. Cagle, REI | HS | Date: 08/26/2022 |
| Pump Plate We Contractor Appalachic Me Certification # 4013 Date 08/07/23 Depth Horsepower 4 | (if hose bib) Anti-Siphon Present Il Depth | ter Level 40' Yield 7gpm |
| Inspected By: Zachary W | hit REAST | Date: 09/20/7073 |
| Well Report Received (GW-1a) [Well Contractor Appalach Issued By Zachary | | Certification # 4093 Date 69 70 7023 |
| V | | |





Permit Expires: <u>08/26/2027</u>

WP22-116

TRANSYLVANIA PUBLIC HEALTH WELL PERMIT/WELL REPAIR PERMIT

8532-96-4290-000

106 E Morgan St. Suite 105 Brevard, NC 28712 828-884-3139

NC DEVGROUP, LLC, NC DEVGROUP,

| Permit No. | PIN | Issued To | |
|---|--|--|--|
| Associated Permits | : WP19-027 (dry hole) | Address/Location Off Hwy 64 W at Silversteen | |
| Scale 1" = NTS Comments: This septi | — well will be a shared wate c system. | er supply. It shall remain 100' minimum from any part of any | |
| | well #2 Ex- Cut Pad | No septic within 100' of well location. | |
| | | Ex. Road | |
| | | | |
| Permit valid for 5 years provided site conditions do not change. The well (well area) located by the Health Department is to provide protection from known possible sources of contamination. No quantity or quality of water is guaranteed at any site by the Health Department. | | | |
| | . Cagle, REHS/Jeillo. | Date: 08/26/2022 | |
| Issued to: | | Date: 8/26/22 | |



Transylvania County Building Permitting and Enforcement Phone: (828) 884-3209 www.transylvaniacounty.org

| Date Issued: | 02/25/2022 |
|--------------|------------|
|--------------|------------|

Permit Number: BNH22-30

Owner: NC Devgroup LLC

85 South Fork Trail

Lake Toxaway, NC 28747

Project Description: New House

Contractors:

Crawford Plumbing Inc 577-3014

Thompson Gas LLC 828-697-7607

Anderson Heating & A/C 883-2610

NC DevGroup, LLC 937-951-0250

Sleepy Hollar Electric 884-3540

New Code Insulation 884-7570

| Fees: | Date | Reason | Amount |
|----------------------------|------------------------|---------------------|------------------|
| Building | 02/25/2022 | New House | \$613.00 |
| HRF - County | 02/25/2022 | | \$1.00 |
| HRF - State | 02/25/2022 | | \$9.00 |
| Reinspection | 04/21/2022 | Not ready | \$75.00 |
| | | | |
| Receipts: | Date | Reason | Amount |
| Receipts: NC DevGroup LLC | Date 02/25/2022 | Reason HRF/State | Amount \$9.00 |
| • | | | |
| NC DevGroup LLC | 02/25/2022 | HRF/State | \$9.00 |

I hereby agree to conform to applicable Transylvania County ordinanaces and laws of North Carolina. Approved plans must be retained on the job site and the permit posted until the final inspection is made. Such building shall not be occupied until Certificate of Occupancy is issued. The permit expires if work is not commenced within 6 months. In addition, the permit will expire if the time between last inspection exceeds 12 months.

| Signature of Contractor | Date |
|-------------------------|------|



Transylvania County Building Permitting and Enforcement Phone: (828) 884-3209 Ext. 2 www.transylvaniacounty.org

| C | Devgroup | LLC |
|---|----------|-------------|
| Į | IC | IC Devgroup |

Permit Number: BNH22-30

Inspections shall be requested by 4:00 pm the business day prior. A \$75 fee shall apply to partial inspections.

| Inspection | Approved By | Date |
|---------------------------|-------------|------|
| Temporary Pole: | | |
| Footings: | | |
| Deck/Porch Piers: | | |
| Retaining Wall: | | |
| Foundation Wall: | | |
| Footing Drain/Waterproof: | | |
| Electrical Underground: | | |
| Plumbing Underground: | | |
| Slab: | | |
| Electrical Rough-In: | | |
| Mechanical Rough-In: | | |
| Plumbing Rough-In: | | |
| Water Line: | | |
| Sewer Line: | | |
| Gas Piping: | | |
| Gas Yard Line: | | |
| Framing: | | |
| Insulation: | | |
| Electrical Final: | | |
| Mechanical Final: | | |
| Plumbing Final: | | |
| Building Final: | | |
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