

File Name: RIDGE HAVEN

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

Pin #/Tax ID T211E02004

Permit #: 96-121

8541-98-7749-000

Receipt No 1111 111

Agent/Owner: BEARD, James & Joan

Mailing Address: 737 Camilo Ave., Coral Gables, FL 33134

Home Phone #: ( ) 885-7997

Work Phone #: ( ) 305-799-7997

Proposed Buyer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Property Location: Ruffed Grouse Road Subdivision: Ridge Haven Phase/Sect.: \_\_\_\_\_ Lot #: 41  
Road/Street

Directions to property: Old Toxaway Road to Overbrook Road - turn right on Ruffed Grouse Road to first property on the left.

Flood Zone	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" 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: 1 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: \_\_\_\_\_ Date: 7-1-96

**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, Health and Natural Resources, Division of Environmental Health.

System Classification Type: III F Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency 5 years.

Comments: \_\_\_\_\_

Installed by: Whitmore Grading Final Inspection by: Jeff McCall, RS Date: 10-25-96

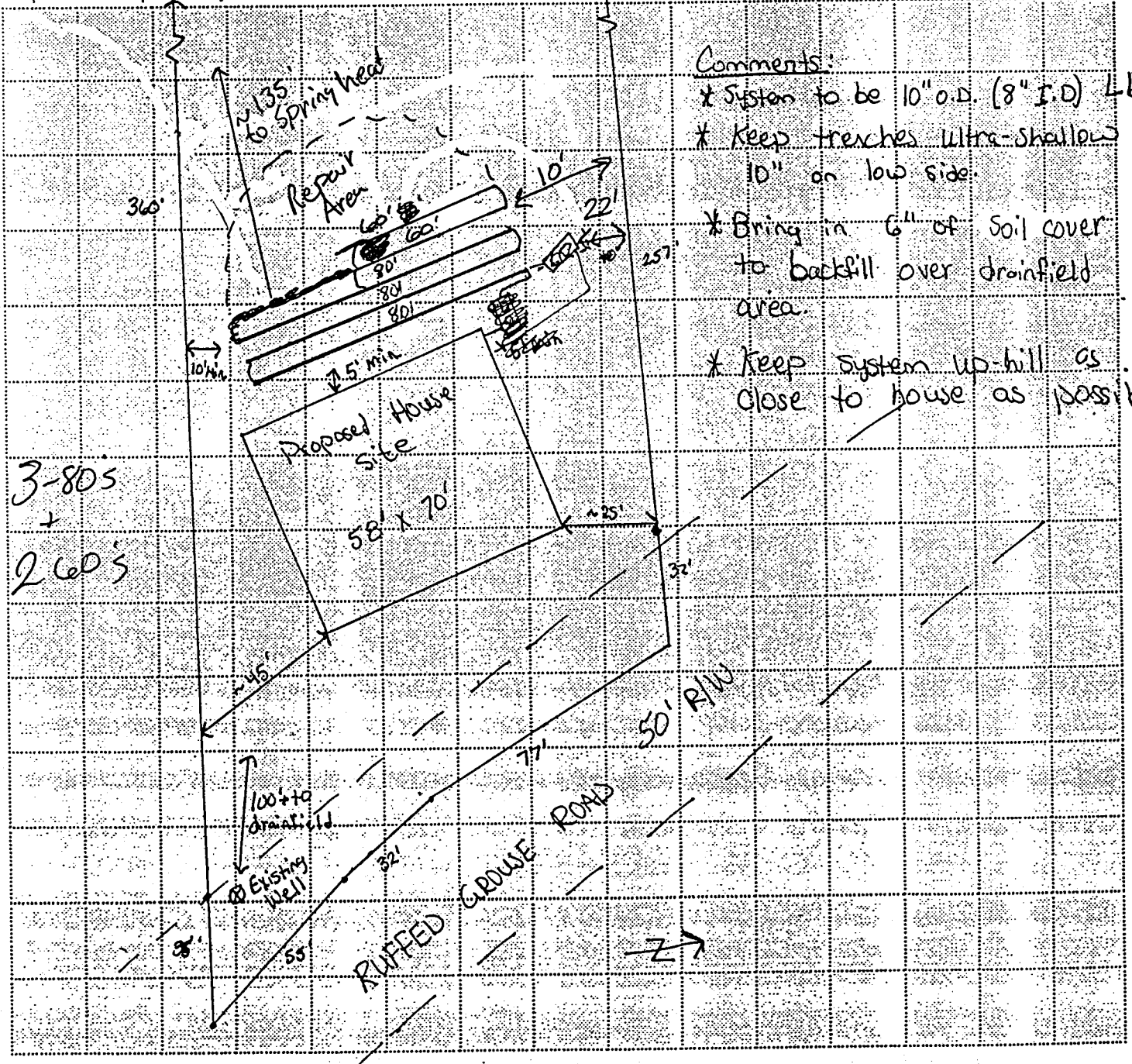
TRAN'SYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Date: 8-26-96  
 Owner/Agent: James Beard  
 Address: See Permit  
 Location of Property: See Permit

Tax ID No: T 211502004  
 Receipt No: ~~6083~~ 6084  
 Phone No: 884-3799  
 (Earle Day)

Subdivision: Ridge Haven Lot No: 41 Section: - Plat of Property: 4

All parts of the septic tank system shall be located at least 100', or the maximum feasible distance from any well, but in no case less than 50 feet.



- Comments:
- \* System to be 10" o.d. (8" i.d.) LDP
  - \* Keep trenches ultra-shallow 10" on low side.
  - \* Bring in 6" of soil cover to backfill over drainfield area.
  - \* Keep system up-hill as close to house as possible.

Minimum distance between trenches shall be 6 feet, on center. Scale 1" = 40 feet

Keep trenches level, on contour, and shallow (maximum depth 10" on the low side of trench). Trench width is 12 inches.

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

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Receipt No 6084 1140

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Home Phone #: ( ) 885-7997

Work Phone #: ( ) Earl Day 8

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Applicant/Agent Signature: [Signature] Date: 8-1-96

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

New Installation:  Repair/Addition:  Original Permittee: James Beard Dated: 3.1.96

Design waste flow: 3600 GPD LTAR: 5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: — gal./min. Proposed Wastewater System: 8" T.D. LIDP.

Drainfield: Total Trench Length: 360 ft. Square Footage: 720 sq Trench spacing: 6 on ctr. Individual Trench Length: see diagram ft. Maximum Trench Depth (Low Side): 10 in. Trench Width: 12 in.

Distribution Method: Serial Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: — ft.

Comments & Special Conditions: Add 120' drainline to original <sup>two lower lines</sup> 2 bdr system installed 4.25.96.

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: [Signature] Date: 7/4/96 Construction Authorization prepared by: Jeff McCall, RS Date: 8.26.96

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