

EAGLE LAKE

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

8594-51-1673-000 502
6554-51-1727 Pip #/Tax ID 601

File Name: _____

Permit #: 03-017

Receipt No _____

Agent/Owner: EAGLE LAKE OF NC

Mailing Address: _____

Home Phone #: _____

Work Phone #: _____

Proposed Buyer: Thomas Elsa POPE AND TROEH

Mailing Address: 70 N. Sea Pines Dr. Hilton Head Is SC 29928

Home Phone #: _____

Work Phone #: _____ c/o Margaret Garren

Property Location: 266 Lost Mine Trail Subdivision: _____ Phase/Sect.: _____ Lot #: 602
Road/Street

Eagle Lake

Directions to property: Hwy. 276 - to Becky Mt. to Eagle Lake - right at lake to 1st ent. OF LOST MINE TRAIL - top of hill on right

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 ^{HOC} 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: 2.31 combined Date lot recorded: _____ Right of ways, easements, etc. none 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: _____

**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: II a Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency 1 years.

Comments: Gravel system / Clean & replace septic tank effluent filter as needed

Installed by: Ron Hubbard Final Inspection by: James A. Bayer, RS Date: 4/16/03

SCM 1000
S TB 862
1/29/03

well

100'

House
4 BR

Black Work

25'

68'

Carport/
Garage

M.A.P.
C.W. 1000
60'

DBox

19'

5T

3'w x 80'L

14'

3'w x 80'L

Sch 40

16'

3'w x 80'L

11'

3'w x

Gravel Trenches
(!)

EAGLE LAKE

File Name: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

8594-51-172P# #Tax ID 604

8594-51-172P# #Tax ID 604

Permit #: DA-519

Receipt No 217 1150

Agent/Owner: EAGLE LAKE OF NC

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: Thomas Elsa POPE AND TROEH

Mailing Address: 70 N. Sea Pines Dr. Hilton Head Is SC 29928

Home Phone #: () _____

Work Phone #: () c/o Margaret Garren Eagle Lake Phase/Sect.: _____ Lot #: 602 & 604

Property Location: Lost Mine Trail Subdivision: _____ Road/Street

Directions to property: Hwy. 276 - to Becky Mt. to Eagle Lake - right at lake to 1st ent. of Lost Mine Trail - top of hill on right

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: 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: 2.31 combined Date lot recorded: _____ Right of ways, easements, etc. none 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: 11/23/02

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)

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

Design waste flow: 360 GPD LTAR 0.5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: - gal./min. Proposed Wastewater System: Conv. Gravel

Drainfield: Total Trench Length: 320 ft. Square Footage: 960 Trench spacing: 9 ft. on ctr. Individual Trench Length: 80 ft. Maximum Trench Depth(Low Side): 16 in. Trench Width: 36 in.

Distribution Method: D-Box Min. distance between system and nearest Well: 100 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: Drainfield will require 2' min soil cover (15' Basement Cut)

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: 3-18-03 Construction Authorization prepared by: [Signature] Date: 12-16-02

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

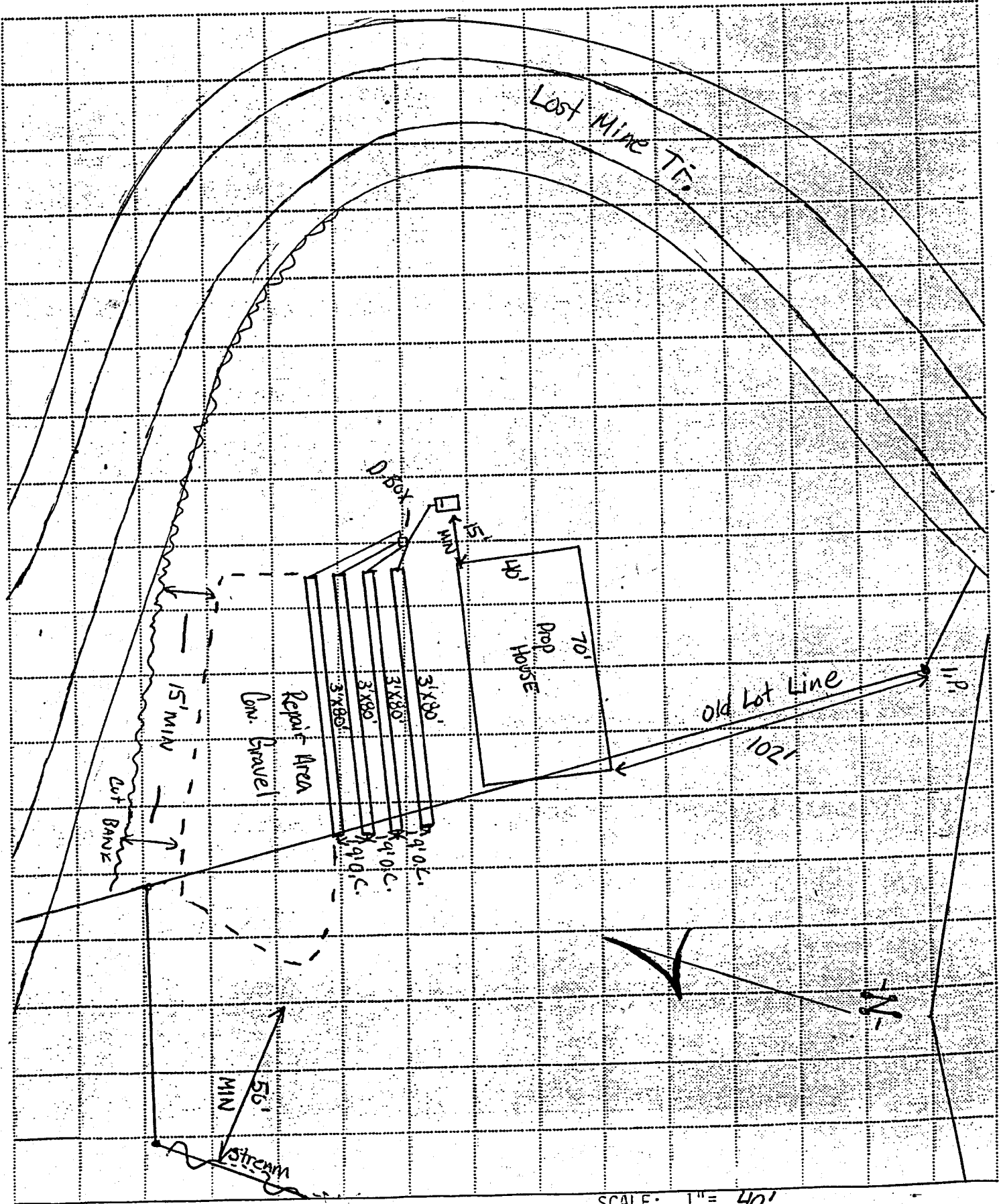
Name: Troeh Pope

(Engle Lake lots 6023604) Last mine tr.

Permit No.: 02-519

Pin No.: 8594-51-1727-600

Combined



SCALE: 1" = 40'