

Chasewood Lot 39

PIN: 8574-53-6994-000 File Name: Kassab, Mark and Mary Ellen Permit No.: 16-091

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Operation Permit

New Repair _____ Addition/Expansion _____

No. of Bdrms: 4 System Type: II Proprietary Name: EZ Flow GEO

Kassab, Mark and Mary Ellen Fowler Excavating # 2387
Owner's Name System Installer and Certification Number

James A Bayer, REHS 10/28/2016
Authorized State Agent Date of Operation Permit Issuance

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal and all conditions of the Improvement Permit and Construction Authorization

Septic Tank Manufacturer: Infiltrator 1050 STB- 2054 Date of Manufacture: N/A
Filter Brand: Polylok PI-68

See "as built" drawing for system location and measurements.

Conditions/Comments: Clean and replace septic tank effluent filter as required.

Subsurface system operator required? No Yes _____ If yes, see attached sheet for additional operation conditions, maintenance and reporting.

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.

WP16-038

PIN: 8574-53-6994-000

File Name: Kassab, Mark and Maryellen

Permit No.: 16-091

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Kassab, Mark

PROPERTY LOCATION: Chasewood, Lot 39

South Hampton and New Castle Rds

New [X] Repair [] Expansion []

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: 4 BR res.

Notice:

Proposed Wastewater System Type: II-ezflow or chamber (25% red.)

Well must be located at least 100 ft. from any part of the septic system.

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Max. No. of Occupants: 8

Pump Required: [] Yes [] No [X] May be required based upon final location and elevations of facilities

Pump systems with an effluent pump must be designed by a Professional Engineer (P.E.) and plans submitted to the Environmental Health Section for approval.

Type of Water Supply: proposed well

Improvement Permit Expiration Date: 5-20-21

Permit conditions: Keep septic and repair out of any easements or right-of-ways.

Authorized State Agent: Bruce Grady, REITS

Date: 5-20-16

See Attached Permit Diagram

The issuance of this permit by the Transylvania County Environmental Health Section in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

SELF-INSTALLATION NOT PERMITTED - MUST USE CERTIFIED INSTALLER

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Kassab, Mark

Facility Type: 4 BR res.

Basement? [X] Yes [] No

[] No

Basement Plumbing Fixtures? [X] Yes [] No

[] No

Type of Wastewater System** II-ezflow or chamber (25% red.) (Initial)

Wastewater Flow: 480 GPD

(See note below, if applicable [])

same (Repair)

LTAR: .45

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons, minimum

Total Trench Length: 270 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size: - gallons, minimum

Trench Width: 3 feet

Distribution Method: d-box only OR SQUAR

Trenches shall be installed on contour at a maximum trench depth of: 18 max inches. There shall be a minimum of 6" of soil cover over the installed drainfield material and the bottom of the trench shall not be greater than 36" from the surface of the ground at final grade.

(Trench bottoms shall be level to +/- 1/4" in all directions)

BCO 0-16-16

Min. distance between system and nearest: Well 100 ft. Water Line 10 ft Foundation 15 ft Property Line 10 ft Vertical Cut 15 ft

Permit Conditions: Any changes in location of house, drive, garage, etc., shall be approved by health dept. prior to grading. It is recommended to put in septic system first to assure gravity flow and to accommodate possible space constraints. If septic lines have to extend past drainage swale, a diversion ditch will have to be constructed to keep run-off away from septic area. Keep septic trenches at a maximum of 18 inches deep.

**If applicable:

For details of the system type specified or approved, refer to the specifications on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: [Signature]

Date: 5/23/16

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.

Authorized State Agent: Bruce Grady, REITS

Date of Issuance: 5-20-16

See Attached Permit Diagram

Construction Authorization Expiration Date: 5-20-21

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH IMPROVEMENT PERMIT DIAGRAM

File Name: KASSAB, MARK & MARVELEN Permit No.: 16-091 PIN: 8574-53-6994-000

CHASEWOOD, LOT 39
SOUTH HAMPTON & NEW CASTLE RDS

Notice:
Well must be located at least 100 ft. from any part of the septic system.

* KEEP SEPTIC & WELL OUT OF ANY EASEMENTS OR RIGHT-OF-WAYS

* IF LINES HAVE TO EXTEND PAST DRAINAGE SWALE, A DIVERSION DITCH WILL NEED TO BE INSTALLED TO KEEP RUN-OFF AWAY FROM DRAINFIELD

* KEEP MAX TRENCH DEPTH @ 18"

NEIGHBOR WELL

100' MIN

REPAIR AREA - TYPE II

D-BOX

1000 GAL MIN TANK

PROPOSED 4 BR W/ BASEMENT

25' MIN

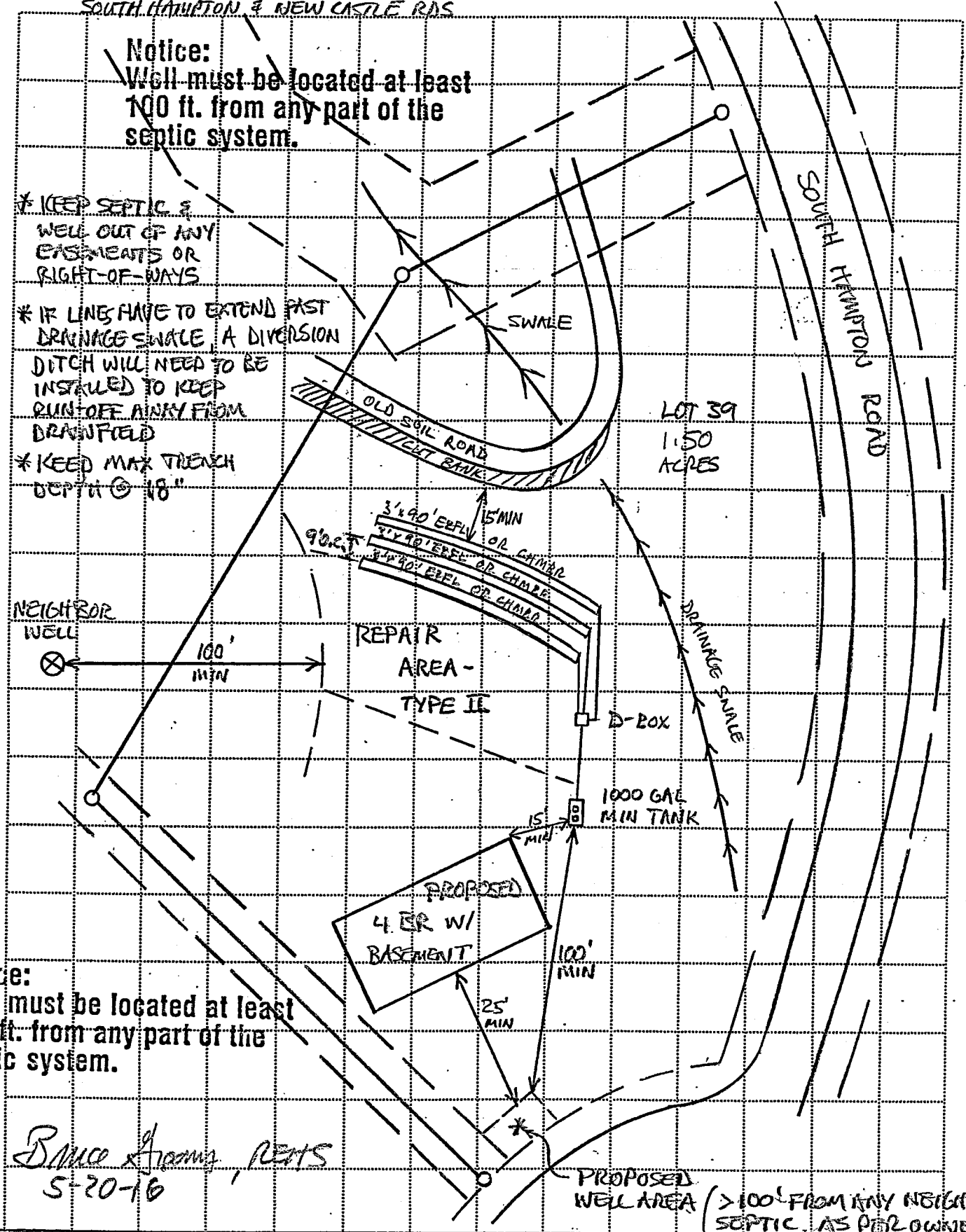
100' MIN

PROPOSED WELL AREA (>100' FROM ANY NEIGHBOR SEPTIC, AS PER OWNERS)

Notice:
Well must be located at least 100 ft. from any part of the septic system.

BRUCE GARDNER, P.E.
5-20-16

SCALE: 1" = 50' APPROX.



359 New Public Road 7-2-11



Public Health
Prevent. Promote. Protect.
Transylvania County
Department of Public Health

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

New Well Repair To Existing Well

Mel

WP 16-038 8574-53-6994-000 168588 MARIC & MARYELLEN
Permit No. Parcel I.D. Issued To

Well Grouting Inspection

Casing Type PVC Casing Thickness/Weight SAR 21 Casing Depth 98'
Diameter 4" Ø Grout Type BENTONITE (3 BAGS)
HOLE PLUG (1 BAG) Grout Depth 20'
Grout Method PUMP

Inspected By: Bruce Macom, REHS Date: 9-15-16
9/14/16

Well Head Inspection

Inches Above Grade 12" Air Vent Threadless Sample Tap
Sanitary Seal (if hose bib) Anti-Siphon Present NIA Well Plate
Pump Plate Well Depth 485 Static Water Level 50' Yield 4 GPM

Contractor Merrill Well & Pump Grundfos 7GPM 230V
Certification # 2011
Date 9 Depth 410
Horsepower 1.5 HP

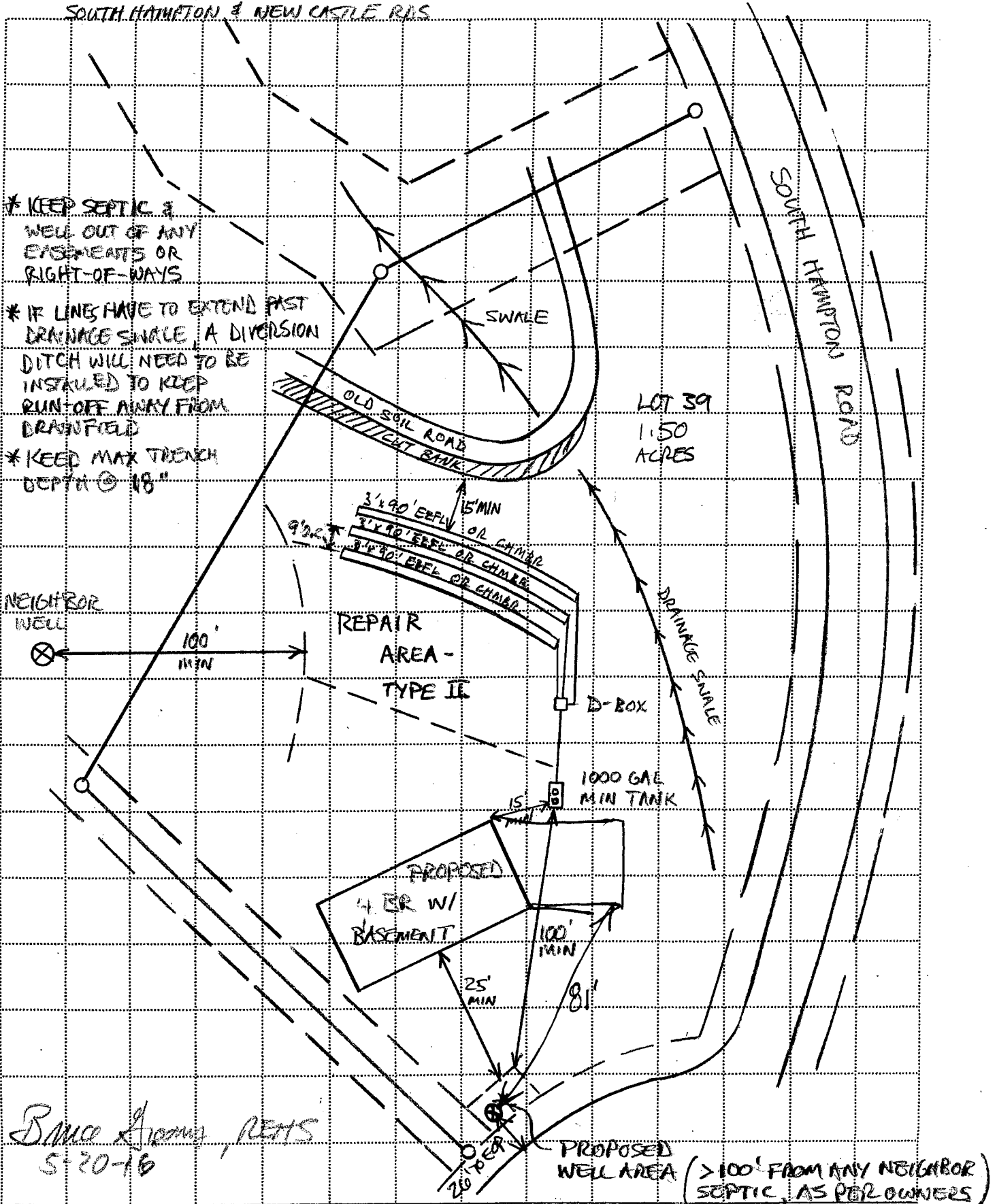
Inspected By: James A Bayer, REHS Date: 3/29/17

Well Report Received (GW-1a)
Well Contractor Merrill Well & Pump Certification # 2011
Issued By James A Bayer, REHS Date 3/29/17
Glenn Sentelle

WELL
 TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH IMPROVEMENT PERMIT DIAGRAM

File Name: LASSAR, MARK & MARVELLEN Permit No.: WP16-038 PIN: 8574-53-6994-000
CHASEWOOD, LOT 39
SOUTH HAMPTON & NEW CASTLE R/S

- * KEEP SEPTIC & WELL OUT OF ANY EASEMENTS OR RIGHT-OF-WAYS
- * IF LINES HAVE TO EXTEND PAST DRAINAGE SWALE, A DIVERSION DITCH WILL NEED TO BE INSTALLED TO KEEP RUN-OFF AWAY FROM DRAINFIELD
- * KEEP MAX TRENCH DEPTH @ 18"



Patricia Adams, P.E.T.S.
 5-20-16

SCALE: 1" = 50' APPROX.



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

Date Issued: 05/27/2016
Permit Number: BNH16-41
Owner: Mark Kassab
359 New Castle Rd.
Brevard, NC 28712

Project Description: New House

Contractors:

Summey, Mark O. 828-862-3775
Stew's Heating & Cooling Inc ***License Expired 883-4997
McCall, Plato 884-3517
Penrose Electric Service 885-2110
Bryson, Charles Joseph, Jr. **license expired** 606-7129
Insulation/Contractor

Fees:	Date	Reason	Amount
Building	05/23/2016		\$1,573.00
HRF - County	05/23/2016		\$1.00
HRF - State	05/23/2016		\$9.00
Partial	06/29/2016	Garage slab	\$75.00
Partial	09/12/2016	Deck porch pier footers	\$75.00
Amend	01/31/2017	Deck	\$54.00

Receipts:	Date	Reason	Amount
Joe Bryson	05/27/2016	HRF/State	\$9.00
Joe Bryson	05/27/2016	HRF/County	\$1.00
Joe Bryson	05/27/2016	BNH	\$1,573.00
Joe Bryson	01/31/2017	Amend	\$54.00
Joseph Bryson	03/29/2017	Partial	\$75.00
Joseph Bryson	03/29/2017	Partial	\$75.00



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

I hereby agree to conform to applicable Transylvania County ordinances 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

Owner: Mark Kassab

Permit Number: BNH16-41

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:	_____	_____
	_____	_____
	_____	_____
	_____	_____



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

Date Issued: 01/03/2017
Permit Number: RST17-7
Owner: Mark Kassab
359 New Castle Road
Brevard, NC 28712

Project Description: Gas Piping

Contractors:

Blossman Gas of N.C., Inc. 890-1314

Fees:	Date	Reason	Amount
Gas Piping	01/03/2017		\$75.00

Receipts:	Date	Reason	Amount
Blossman	01/03/2017	RST	\$75.00

I hereby agree to conform to applicable Transylvania County ordinances 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

Owner: Mark Kassab

Permit Number: RST17-7

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

Inspection	Approved By	Date
Water Line:	_____	_____
Sewer Line:	_____	_____
Gas Piping:	_____	_____
Electrical Final:	_____	_____
Mechanical Final:	_____	_____
Plumbing Final:	_____	_____
Miscellaneous:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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

Date Issued: 08/07/2019

Permit Number: RST19-760

Owner: Mark Kassab
359 New Castle Rd
Brevard, NC 28712

Project Description: Gas Piping, Standby Generator

Contractors:

Blossman of N.C. (Hendersonville) 890-1314

Booth Electric 631-9473

Fees:	Date	Reason	Amount
	08/07/2019		\$75.00

Receipts:	Date	Reason	Amount
Booth Electric	08/07/2019	RST	\$75.00

I hereby agree to conform to applicable Transylvania County ordinances 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

Owner: Mark Kassab

Permit Number: RST19-760

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

Inspection	Approved By	Date
Water Line:		
Sewer Line:		
Gas Piping:		
Electrical Final:		
Mechanical Final:		
Plumbing Final:		
Miscellaneous:		



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

Date Issued: 01/06/2021

Permit Number: RST21-16

Owner: Mark Kassab
359 New Castle Rd
Brevard, NC 28712

Project Description: Replace Condenser and adding furnace

Contractors:

Blue Ridge Heating & Air Services, LLC 883-4997

Towell Electric 490-3238

Fees:	Date	Reason	Amount
Mechanical Misc.	01/06/2021		\$75.00

Receipts:	Date	Reason	Amount
Blue Ridge Heating	01/06/2021	RST	\$75.00

I hereby agree to conform to applicable Transylvania County ordinances 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

Owner: Mark Kassab

Permit Number: RST21-16

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

Inspection	Approved By	Date
Water Line:		
Sewer Line:		
Gas Piping:		
Electrical Final:		
Mechanical Final:		
Plumbing Final:		
Miscellaneous:		