

PIN: 8594-62-2381-000

File Name: Eagle Lake Lot 626

Permit No.: 20-017

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Jeff & Shelly Hamilton

PROPERTY LOCATION: Lost Mine Trail

New [X] Repair [] Expansion []
Type of Structure: Single Family Residence
Proposed Wastewater System Type: II
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Max. No. of Occupants: 6

Site Improvements required prior to Construction Authorization Issuance: n/a

Pump Required: [] Yes [X] No [] 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: Well (WP20-010)

Improvement Permit Expiration Date: 1/24/2025

Permit conditions: See Permit Diagram

Authorized State Agent: [Signature]

Date: 1/24/2020

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.

Construction Authorization (Required for Building Permit)

Septic System to be installed by a Certified Installer

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: Jeff & Shelly Hamilton

Type of Structure: Single Family Residence

Basement? [X] Yes [] No Basement Plumbing Fixtures? [X] Yes [] No
Type of Wastewater System** 25% Reduction (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable []) Pump to 10" LDP (Repair) LTAR: 0.45

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons, minimum Total Trench Length: 200 feet Trench Spacing: 9 Feet on Center
Pump Tank Size n/a gallons, minimum Trench Width: 3 feet Distribution Method: serial feed

Trenches shall be installed on contour at a maximum trench depth of: 16 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)

Min. distance between system and nearest: Well 50 ft. Water Line 10 ft Foundation 5 ft Property Line 10 ft Vertical Cut 15 ft

Permit Conditions: Line lengths may vary as needed to get the required 200' of drainfield.

**If applicable:

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit

Owner/Legal Representative Signature: [Signature]

Date: [Signature]

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: [Signature]

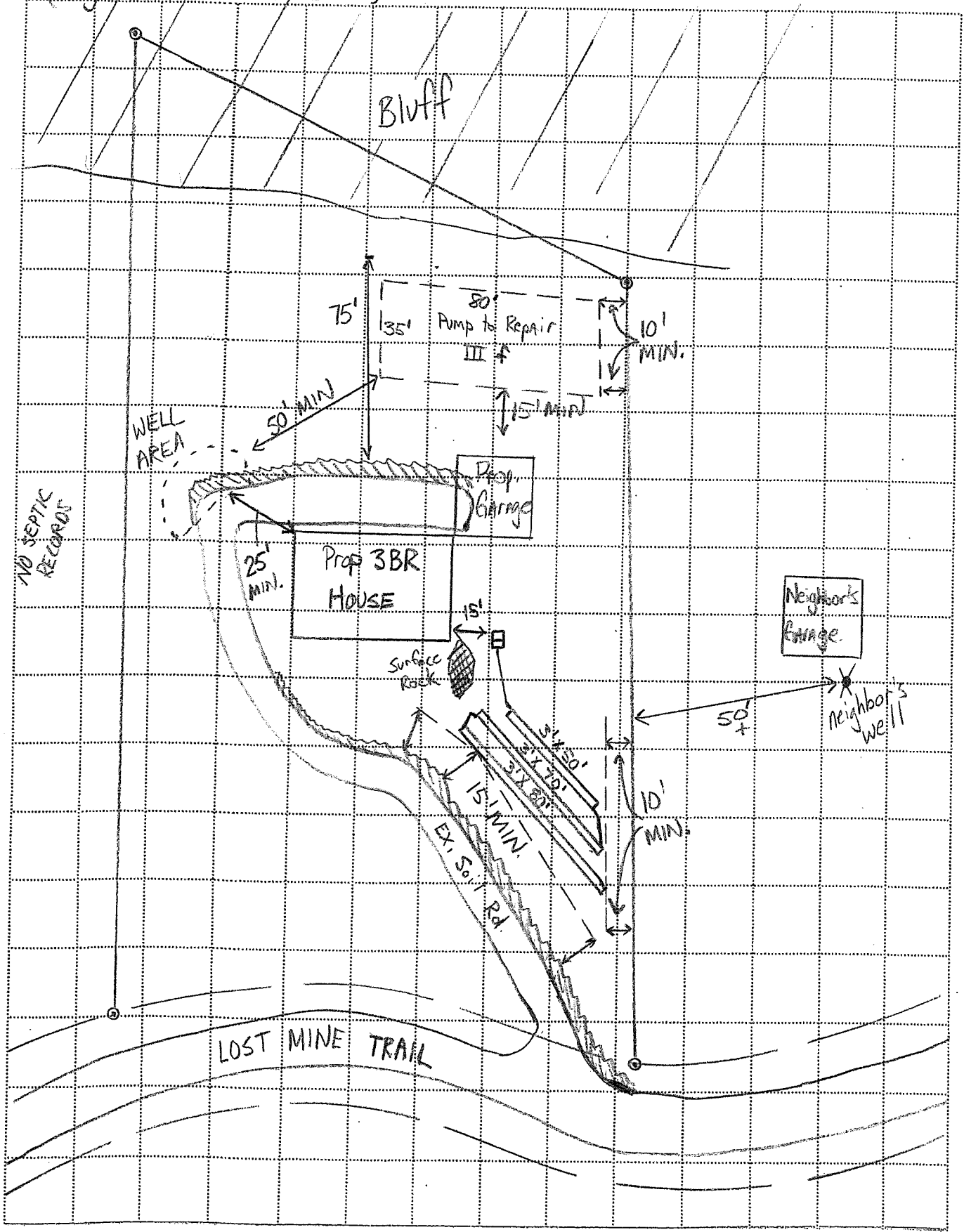
Date of Issuance: 1/24/2020

See Attached Permit Diagram

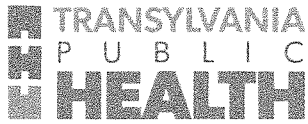
Construction Authorization Expiration Date: 1/24/2025

File Name: Jeff + Shelly Hamilton Permit No.: 20-017 PIN: 8594-62-2381-000

(Eagle Lake Lot, 626)



SCALE: 1" = 50'



TRANSYLVANIA PUBLIC HEALTH
WELL PERMIT/WELL REPAIR PERMIT

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

WP 20-010

8594-62-2381-000

Jeff & Shelly Hamilton

Permit No.

PIN

Issued To

Associated Permits: 20-017

Address/Location Lost Mine Trail

Scale 1" =

Comments: See Well Permit Diagram

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.

Issued by: Heidi O. Coffey REHS

Date: 1/24/2020

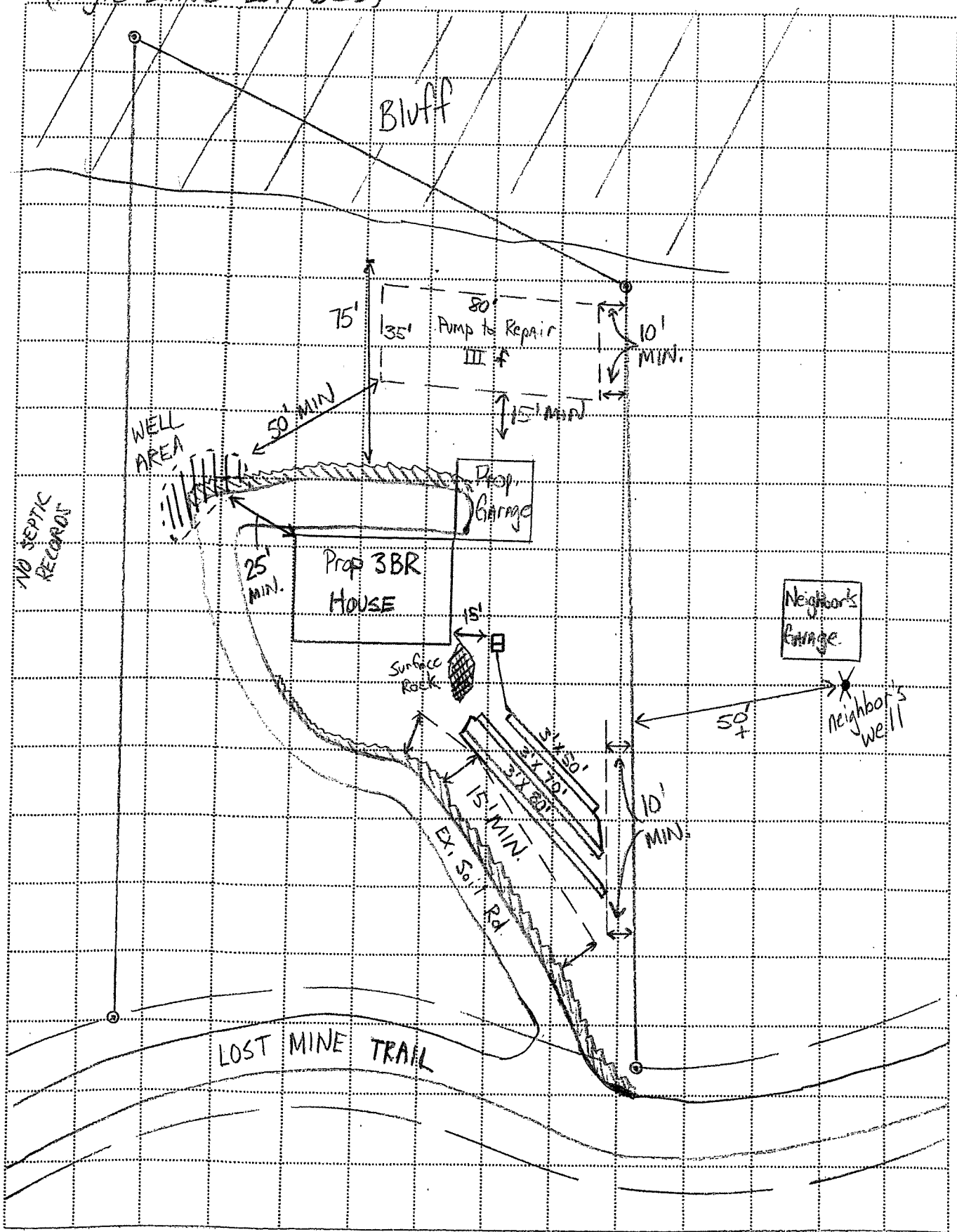
Issued to: X

Date: X

Permit Expires: 1/24/2025

File Name: Jeff + Shelly Hamilton Permit No.: WP20-016 PIN: 8594-62-2381-000

(Eagle Lake Lot, 626)



SCALE: 1" = 50'