

CHASEWOOD

Lot 17 8574-03-5433-000
Lot 18 supn

File Name: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID _____

Permit #: 05-305

6055 \$250

Receipt No _____

Agent/Owner: RASTMAN, FRANK

Mailing Address: c/o Bill Griffin

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: _____

Subdivision: Chasewood Phase/Sect.: _____ Lot #: 17 & 18

Road/Street

to be combined

Directions to property: Country Club to intersection with Island Ford - turn right - prop 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 Ind./Commercial/Other: Number of employees: _____ Operation: (Describe) _____ Property contains designated wet lands: Yes No

Lot size: _____ 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: _____

7-14-05
Date: _____

**ON-SITE WASTEWATER DISPOSAL SYSTEM
OPERATIONS PERMIT**

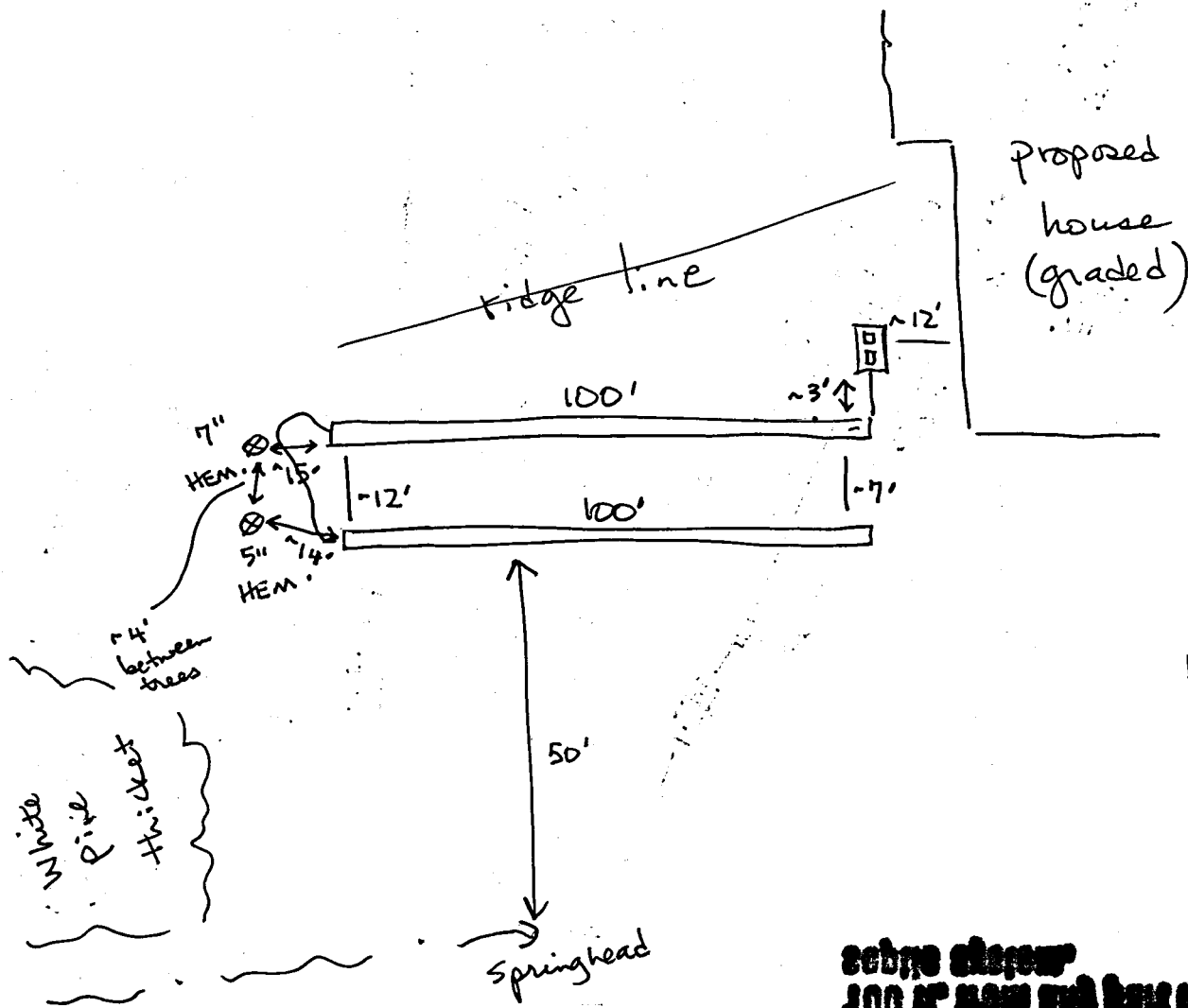
Notice:
Well must be located at least
100 ft. from any part of the
septic system.

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: IIIg Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency _____ years.

Comments: Infiltrator Chambered "Quick 4" drainfield. See enclosed easement paperwork showing lots 17 & 18 combined into the new lot 17 Revised.

Installed by: Grawley Construction Co. Final Inspection by: Ch. R. Ridd - RS Date: 7.15.05



K1000
Stb 141'

see also page 100 of plan and copy of the plan which is posted at the HOICES

Infiltrator
Chambered
Quick 4

7.15.05
FN

CHASEWOOD

File Name: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Lot 17 8574-G3-5433-000
Lot 18 sope

Pin #/Tax ID _____

Permit #: 05-305

0055 \$250
Receipt No _____

Agent/Owner: EASTMAN, FRANK

Mailing Address: c/o Bill Griffin

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: _____

Subdivision: Chasewood Phase/Sec.: _____ Lot # & 18

Road/Street

to be combined

Directions to property: Country Club to intersection with Island Ford - turn right - prop on right

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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: _____ 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: _____

7-14-05
Date

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

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

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

Design waste flow: 360 GPD LTAR: 45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: chambered

Drainfield: Total Trench Length: 200 ft. Square Footage: 810 Trench spacing: 9 ft. on ctr. Individual Trench Length: 100 ft. Maximum Trench Depth (Low Side): 18 in. Trench Width: 36 in.

Distribution Method: DBOX or serial feed 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: Lots 17 & 18 must be combined into one lot and registered at

the Register of Deeds office as one lot (Recording to be presented to H.D.) prior to the O.P. issuance

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: Frank Eastman 7/15/05 Date: agent Construction Authorization prepared by: Jim R. [Signature] RS Date: 7.14.05

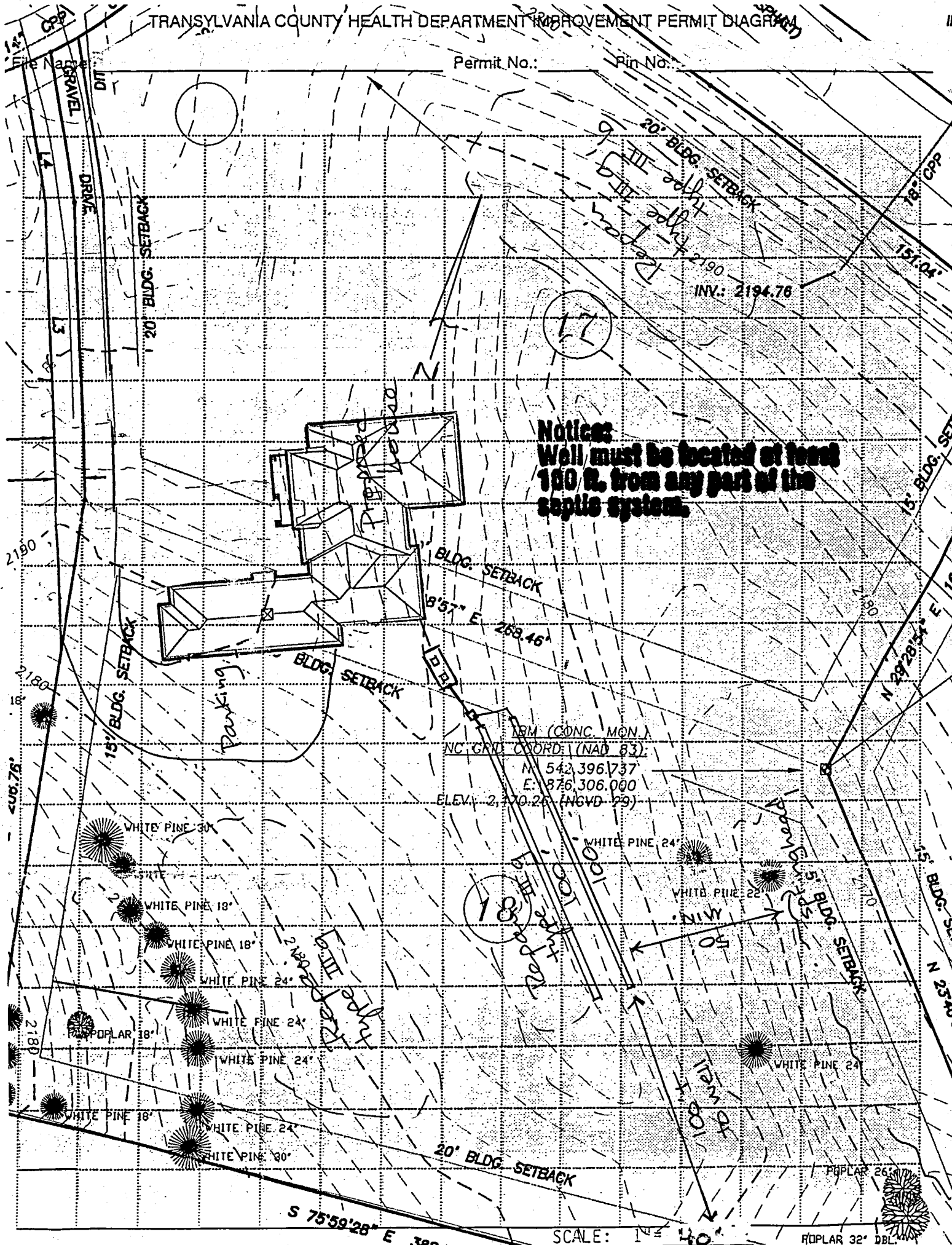
PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION

Issuance of this permit voids and replaces previously issued permits for lot 17 (03-481) and lot 18 (03-504).

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Permit No.:

Pin No.:



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

BM (CONC MON.)
NC GRID COORD: 1 (NAD 83)
N: 542,396.737
E: 876,306.000
ELEV: 2,370.25 (NGVD 29)

SCALE: 1" = 40'

POPLAR 32' DBL



Brenda Eav <brenda@lookingglassrealty.com>

PINs 8574-62-2506-000 and 8574-62-4362-000

Environmental Health <ENVIRONMENTAL.HEALTH@transylvaniacounty.org>
To: Brenda Eav <brenda@lookingglassrealty.com>

Wed, May 29, 2024 at 10:48 AM

Hi Brenda,

Here is a record for PIN 8574-62-2506-000, I cannot locate a record for PIN 8574-62-4362-000.



Raime L Hebb

Environmental Health Office Support

106 E. Morgan St. Suite 105 Brevard, NC 28712

www.transylvaniahealth.org


Phone: 828.884.3139 Fax: 828.884.3259

raime.hebb@transylvaniacounty.org

environmentalhealth@transylvaniacounty.org

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 **Eastman, Frank.pdf**
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