

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

File Name: KNOB CREEK  
98-196  
Permit #:

8595-53-2977-000  
Pin #/Tax ID 2576  
Receipt No \_\_\_\_\_

Agent/Owner: BROWN, JOHN/MEANEY, MIKE Mailing Address: \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_  
Proposed Buyer: BROWN, DON Mailing Address: 24 Pisgah Hwy. Pisgah Forest, NC 28768  
Home Phone #: ( ) 884-8929 Work Phone #: ( ) 877-4404 cell - 369-1992 2014  
Property Location: Laurel Ridge Ginsing Point Subdivision: Knob Creek Phase/Sect.: 29A Lot # 27  
29 & 30 combined  
Road/Street  
Directions to property: Wilson Road - past Spring Valley Road - into Laurel Ridge - left into Ginsing Point - 1st lot on right.

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 1.5 a. Date lot recorded: 1970's Right of ways, easements, etc. no 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: 4-9-98

**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.

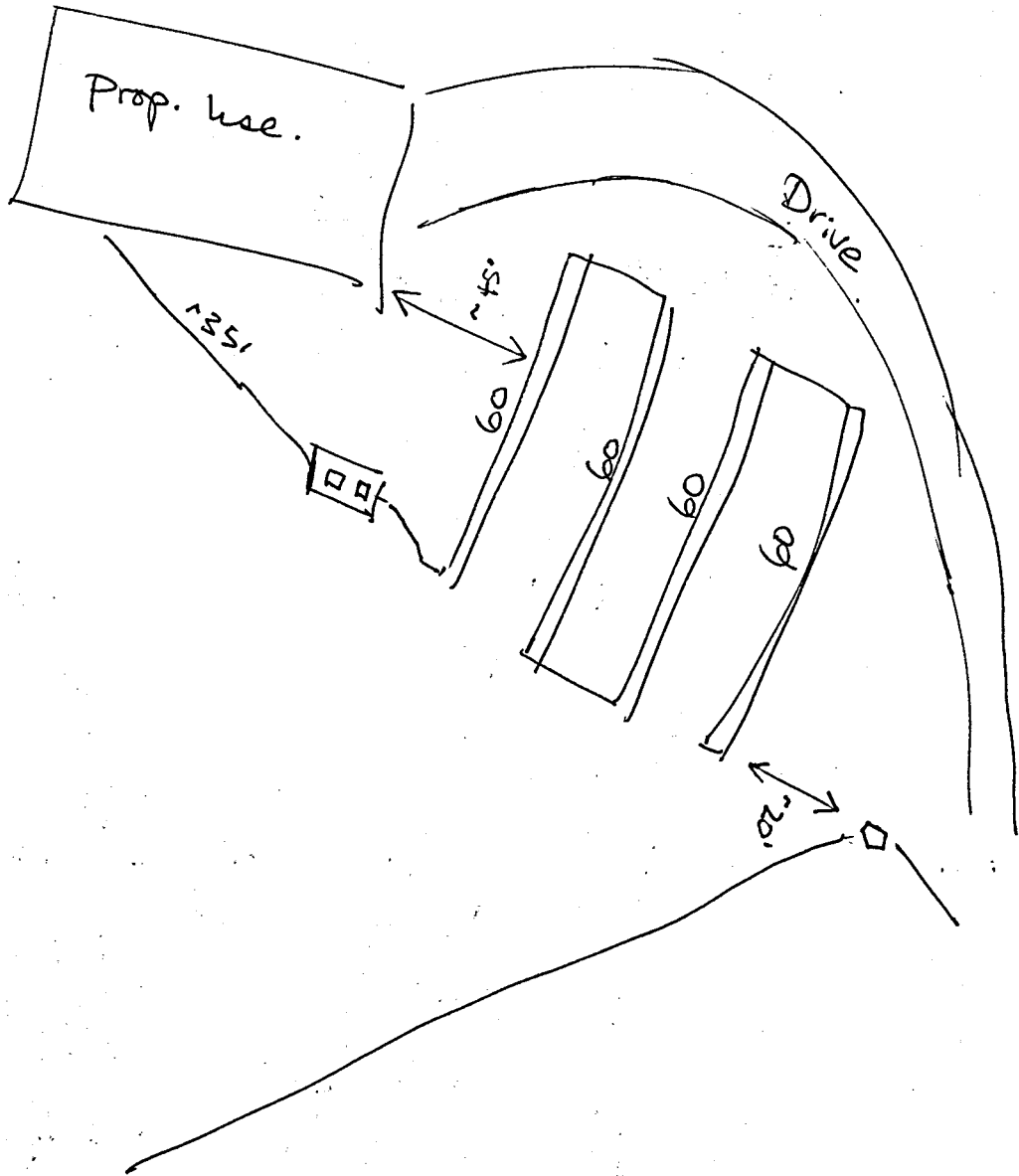
System Classification Type: IIa Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency \_\_\_\_\_ years.

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

Installed by: Carl's Grading Final Inspection by: [Signature] Date: 5-20-98  
(Carl Travis)

FN

5.20.98



File Name: Knob Creek

98-196

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

Pin #/Tax ID 8595-53-2977-000

Receipt No 03/11/98 #1-2

Agent/Owner: BROWN, JOHN/MEANEY, MIKE

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

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

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

Proposed Buyer: BROWN, DON

Mailing Address: 24 Pisgah Hwy. Pisgah Forest, NC 28768

Home Phone #: ( ) 884-8929

Work Phone #: ( ) 877-4404 cell - 369-1338

Property Location: Laurel Ridge Ginsing Point  
Road/Street

Subdivision: Knob Creek Phase/Sect.: 29 & 30 combined Lot # 27

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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: 43 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: 1.5 a. Date lot recorded: 1970's Right of ways, easements, etc. no 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: Don J. Brown

Date: 4-9-98

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

New Installation:  Repair/Addition:  Original Permittee: \_\_\_\_\_ Dated: \_\_\_\_\_

Design waste flow: 360 GPD LTAR: 5 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: — gal./min. Proposed Wastewater System: Conventional

Drainfield: Total Trench Length: 240 ft. Square Footage: 720' Trench spacing: 9 on ctr. Individual Trench Length: 60 ft. Maximum Trench Depth(Low Side): 18 in. Trench Width: 36 in.

Distribution Method: D-box or Serial Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 5 ft. Property line: 10 ft. Vertical Cut: 15 ft.

Comments & Special Conditions: \_\_\_\_\_

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: Don J. Brown Date: \_\_\_\_\_ Construction Authorization prepared by: Jeff McCall, RS Date: 5-6-98

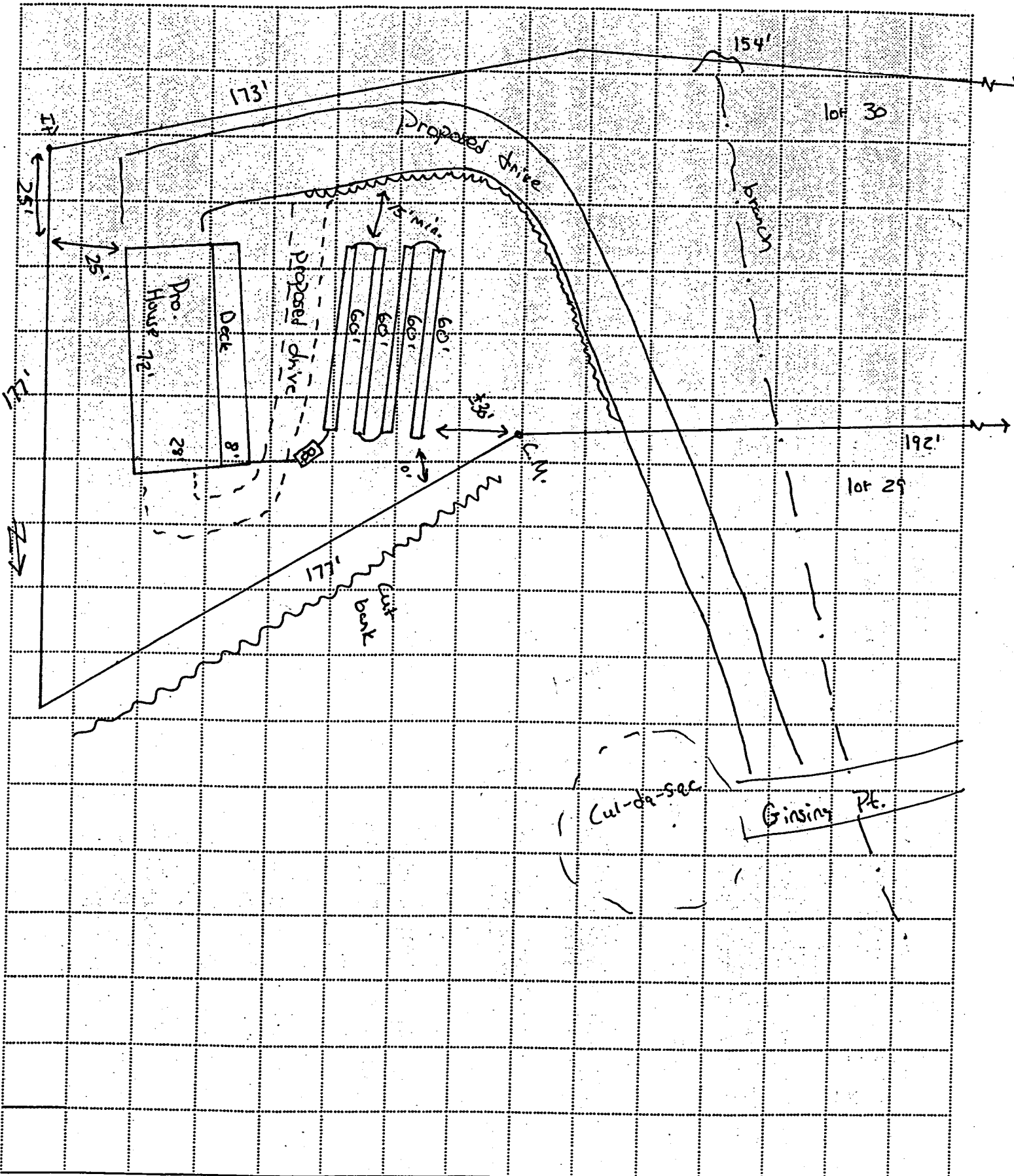
PERMIT AND CONSTRUCTION AUTHORIZATION MUST BE ON SITE DURING ALL PHASES OF CONSTRUCTION/INSTALLATION AND INSPECTION

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Don Brown Knob Creek  
lot 30

98-197  
Permit No.:

Pin No.: 8595532977060



Scale 1" = 40 ft.