

**Transylvania County Health Department
IMPROVEMENTS PERMIT / CERTIFICATE OF COMPLETION
Subsurface Sanitary Sewage Systems**

5

(Article 11 of Chapter 130A of the General Statutes of North Carolina)

IMPROVEMENT PERMIT IS VALID FIVE (5) YEARS FROM DATE OF ISSUANCE

8561-07-8422-000

T271 00 075

Date: 1 March 95
 Owner/Agent: Charles Finkel
 Address: 8405 Lazy Oak Court, Atlanta GA 30350
 Location of Property: 178 appx 4 miles from Rosman, on the left, before Line Runner Ridge

Tax ID. No.: _____
 Receipt No.: 4165
 Phone No.: 883-3867 J. Whitmire

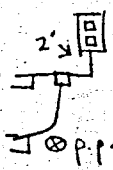
Subdivision: _____ Lot Number: _____ Section: _____ Plat of Property: _____
 Type of Facility: House Mobile Home Business Other Basement Yes No Basement Plumbing Yes No
 Number of Bedrooms: 3 Number of Bathrooms: 2 Estimated Sewage Flow: 360
 Lot Size: 23.2 Acres Easements, Right-of-Ways, etc.: _____ Date Lot Recorded: 12 '77
 Type of Water Supply: Private: Drilled Well Spring Shared Supply Public/Community
 Signature/Authorized Agent: Jerry G. Whitmire Date: 3-1-95

500

See attached drawing
 & comments

Improvements Permit Sketch

NO Change except tank loc.



House not started.

Certificate of Completion Sketch

Nitrification trenches shall be installed on level grade with contour. Stepdowns permitted only when indicated.

New System Repair Addition

Size of Tank: 1000 Application Rate: .6
 No. of Lines: 2 Width: 24" Linear Ft.: 50'
 Square Ft.: 600 Maximum Trench Depth: 22" low side

I understand and agree to install the septic tank system as specified on this Improvements Permit. Permit is void if any changes are made without consent of the Health Department Representative and/or if any false information is supplied in making Improvements Permit.

Building Contractor: _____
 System Installed by: Jerry T Whitmire

This is to certify that system is installed according to Rules and Regulations but is not a guarantee that it will function satisfactorily for any given period of time.

By Jeff McCall, SI RS 11.6.95
 Date

EXISTING SYSTEM: Addition/Remodeling Relocation
 Other

Signature/Authorized Agent: [Signature] Date: 9.13.95
 By [Signature] RS 7.26.95 Date

System functioning properly at time of inspection and is approved for proposed additions/renovations or other improvements.

By _____ Date _____

* Orig. house that burned down built ca. 1946.
 Color Codes: Certificate of Completion, Owner - White; Health Dept. - Green; Improvements Permit - Pink
 * Drainfield to have 6" min. backfill soil cover.
 * Drainfield to be the PPBPS (PANEL) system.

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

Date: 7-26-95

Tax ID No: T27100075

Owner/Agent: Charles Finkel

Receipt No: 4165

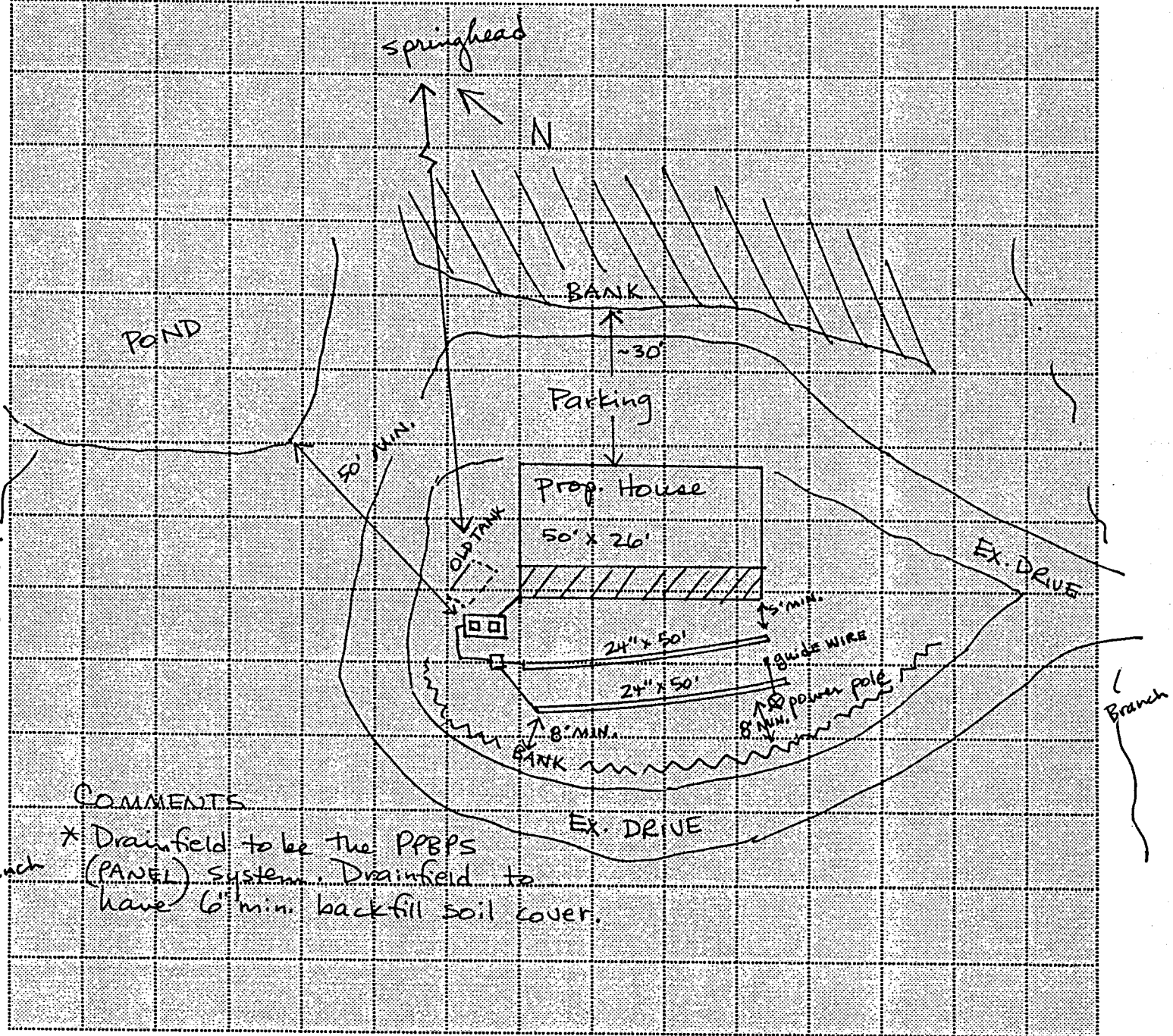
Address: See permit

Phone No: 883 3867 J.

Location of Property: " " Whitmire

Subdivision: _____ Lot No: _____ Section: _____ Plat of Property: _____

All parts of the septic tank system shall be located at least 100', or the maximum feasible distance from any well, but in no case less than 50 feet.



COMMENTS

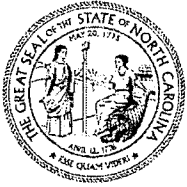
* Drainfield to be the PPBPS (PANEL) system. Drainfield to have 6" min. backfill soil cover.

Minimum distance between trenches shall be 8 feet, on center.

Scale 1" : 30 feet

Keep trenches level, on contour, and shallow (maximum depth 22" on the low side of trench). Trench width is 24 inches.

EOP 22-025



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
 KODY H. KINSLEY • Secretary
 HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
 MARK T. BENTON • Assistant Secretary for Public Health
 Division of Public Health

COMMON FORM FOR ENGINEERED OPTION PERMIT

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: 10/3/22 by JTB
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

Single System or Multiple Systems

AND

New Expansion Relocation of all or part of the Existing System Relocation of Repair Area

Repair – LHD Permit Number _____ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

✓ 1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): _____

Charles E. Finkel & Stacey P. Ravid

Mailing address: P.O. Box 897 City: Rosman State: NC Zip: 28772

Telephone number: 828-553-7167 E-mail Address: consultdrpain@gmail.com

✓ 2. Professional Engineer (PE) name: Robert Paul Patterson License number: NC 023131

Mailing address: P.O. Box 6114 City: Hendersonville State: NC Zip: 28793

Telephone number: 828-692-6629 or 828-699-3362 E-mail Address: pattpatt555@bellsouth.net

✓ 3. Licensed Soil Scientist (LSS) name: Steve Melin License number: 1254

Mailing address: 15 Lone Coyote Ridge City: Fletcher State: NC Zip: 28732

Telephone number: 828-551-9903 E-mail Address: sjmelin@gmail.com

NIA

4. Licensed Geologist (LG) (if applicable) name: N/A License number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

✓ 5. On-Site Wastewater Contractor name: Jeff Massey License number: 6831

Mailing address: P.O. Box 26 City: East Flat Rock State: NC Zip: 28726

Telephone number: 828-329-8351 E-mail Address: appalachianseptic@gmail.com

✓ 6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

PE LSS LG On-site Wastewater Contractor

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609
 MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642
 www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

10/3/22 Receipt 995428 \$165.00

- ✓ 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): 0 Pickens Hwy., Rosman, NC 28772 (Pin #8561-17-3608-000) - Plat File 10 @ Page 342 - Tract A
County Name: Transylvania
- ✓ 8. Type of facility: Place of residence No. Bedrooms: 2 No. Occupants: 4 Max.
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- ✓ 9. Factors that would affect the wastewater load: N/A
- ✓ 10. Type and location of proposed wastewater system: 25% Reduction System @ depth 18" (low side)
See Attached Soils Report
- ✓ 11. Design wastewater flow: 240 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
Design wastewater strength: domestic high strength industrial process
- ✓ 12. A plat as defined in G.S. 130A-334(7a) is attached: Yes No
- ✓ 13. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No (Existing Shared Well to the north >100' to system)
This is a saprolite system. Yes No
- ✓ 14. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- ✓ 15. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- ✓ 16. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

N/A
N/A

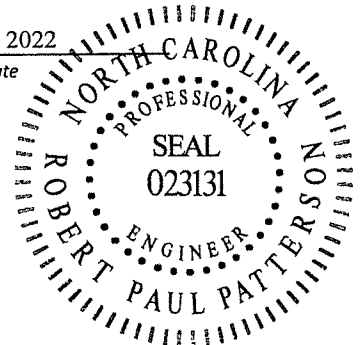
Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, Robert Paul Patterson hereby attest that the information required to be included with
Registered Professional Engineer (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Robert Paul Patterson

Signature of Licensed Professional Engineer

September 22, 2022
Date



This section is for Owner use to either designate PE as their legal representative or to self-submit the NDI.
Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, Charles E. Finkel & Stacy P. Rawst
Print Name of Owner

hereby designate Robert Paul Patterson
Print Name of Registered Professional Engineer

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

CE Finkel Stacy P Rawst
Signature of Owner

9/23/22
Date

Owner self-submission of NDI:

[Redacted]
Print Name of Owner

hereby submit this NDI prepared by

[Redacted]
Print Name of Licensed PE

pursuant to G.S. 130A-336.1.

CE Finkel Stacy P Rawst
Signature of Owner

9/23/22
Date

RPP

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an Engineer Option Permit [G.S. 130A-336.1(f)].

RIGHT OF ENTRY: The submission of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or the PE.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Date Initials </div> Date of Post-construction Conference: _____ Post-construction Conference waived in accordance with G.S. 130A-336.1(j): _____

The following items are included in this submittal for an Authorization to Operate under an EOP:

1. Signed and sealed copy of the Engineer's report that includes the information in G.S. 130A-336.1(k)(1) and 15A NCAC 18A .1971(f) Yes No
 2. Operation and management program and ORC contract, if applicable Yes No
 3. Fee (as applicable) Yes No
 4. Notarized letter documenting Owner's acceptance of the system from the PE Yes No
 5. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j) Yes No
 6. Easement, right of way, or encroachment agreement required per 15A NCAC 18A .1938(j) Yes No
 7. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h) Yes No
- If yes, agreements filed in _____ County Register of Deeds in Deed Book _____ Page _____

Attestation by the Owner or the PE for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer
 _____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Signature of Owner or Professional Engineer *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
 Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____

Copies of this signed form were sent to the design PE and the Owner on _____ via _____

Date
Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

COMPLETE
 Based upon review of information submitted in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____

Date
Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

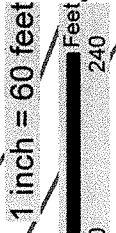
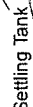
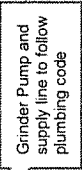
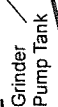
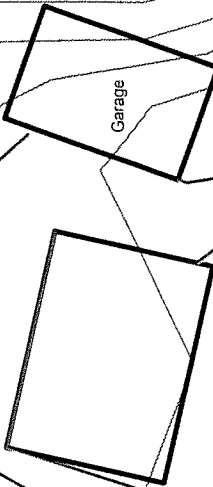
ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the ATO submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

Soils and Onsite Wastewater Evaluation. 3939 Pickens Highway (Guest House). PIN# 8561-17-3608-000. Transylvania Co. NC (SJM (September 2022))

3939 Pickens Highway
 Transylvania County, NC
 Guest House
 2-BDR (240 GPD)
 Initial System:
 25% Reduction
 0.50 LTAR, 120 LF
 18" trench depth
 Repair System:
 25% Reduction
 0.50 LTAR, 120 LF
 18" trench depth

Legend

- Potential Well Location
- 50' Well Buffer
- Auger Boring
- GPS Point
- Driveway
- Road
- Surface Water
- Trail
- Approximate Boundary
- Initial System - Blue Pin Flags
- Initial System - Pink Pin Flags
- Repair Area
- Tank
- Supply Line
- House Location
- NCDOT Topography



Illustrative maps generated are for soil information and onsite wastewater data only. Maps generated are not surveys and any level of accuracy is not claimed. All locations are approximate; this map is not a survey. Features shown are not guaranteed. The user assumes responsibility for the use of this map. This map was generated from survey data as well as GPS Points, aerial photography from NC OneMap, and Transylvania County GIS data.