

File Name: CRYSTAL CREEK

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

9508- 72-5947-009

Pin #/Tax ID

Permit #: 12-413

Receipt No: 117 \$150

Agent/Owner: MATHEWS, KYLE

Mailing Address: 62 Crystal cr. Dr. Pisgah Forest,

No 28768

Home Phone #: () 505-5090

Work Phone #: ()

Proposed Buyer:

Mailing Address:

Home Phone #: 62 Crystal Creek Dr

Work Phone #: ()

Property Location: Laurel Lane
Road/Street

Subdivision: Crystal Creek Phase/Sect.: Lot # 24

Directions to property: Hwy. 64 east - go 2 1/2 miles - left on Lyday Loop circle about 1/2
around loop - road to left onto Swiss Lyday Creek - turn left - follow
about 1 1/2 miles - take right into Crystal Creek - go about 1/2 mile -
prop on left (Laurel Lane) - no sign - just gravel road

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: 2 DAYLIGHT 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: .52 Date lot recorded: _____ 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: 9-9-02

**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: III f Management Entity: Owner Certified Operator Minimum inspection/maintenance review frequency — years.

Comments: _____

Installed by: ERNIE McCall

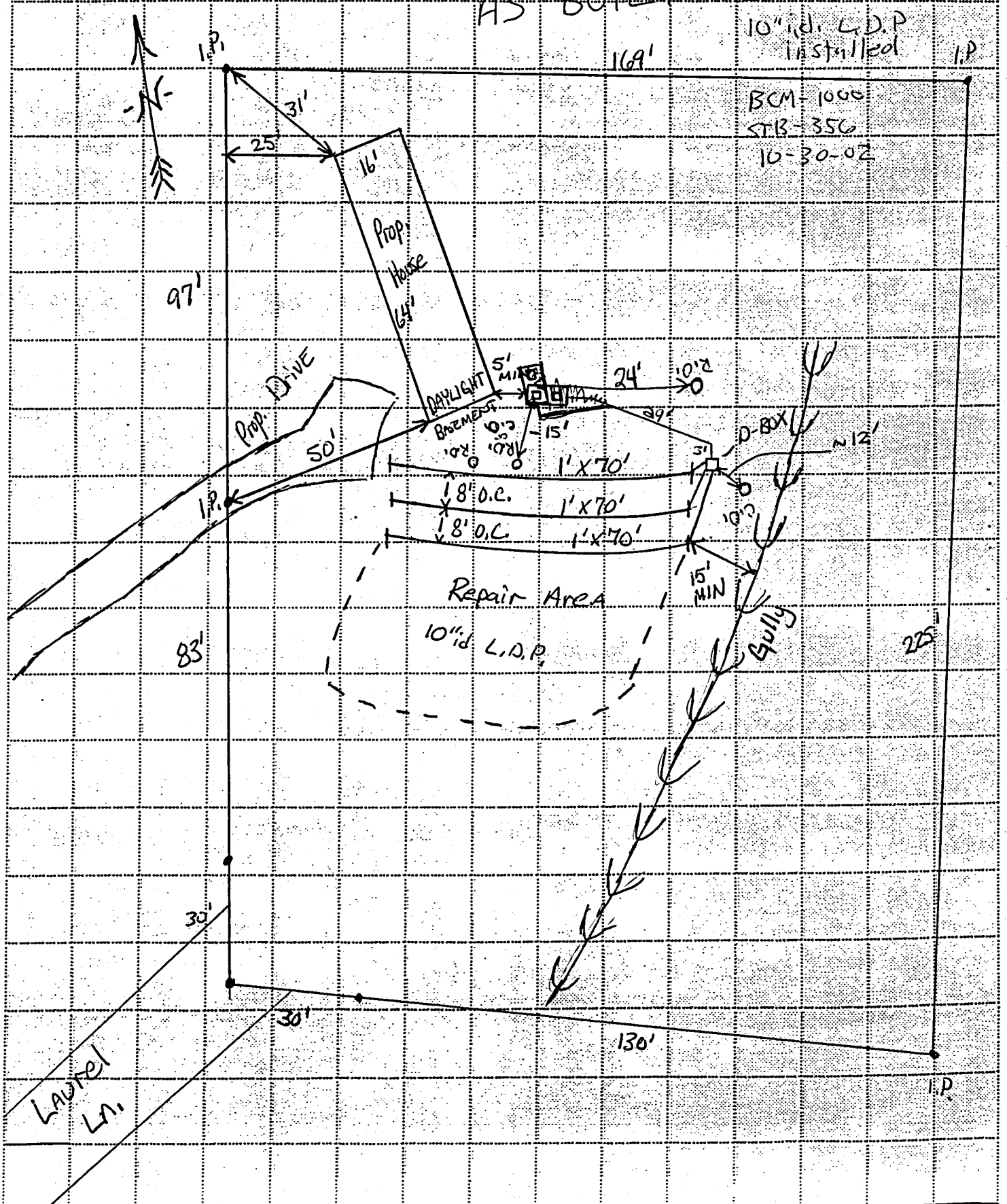
Final Inspection by: Neil O. Cagle, RS

Date: 12-30-02

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Kyle Mathews (Crystal Creek) Permit No.: 02-433 Pin No.: 9508-72-5947-000
Lot 24

AS BUILT 12-30-07



SCALE: 1" = 30'

File Name: CRYSTAL CREEK

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

9508- 72-5947-009
Pin #/Tax ID _____

Permit #: 02-433

Receipt No 081 \$150

Agent/Owner: MATHEWS, KYLE

Mailing Address: 62 Crystal cr. Dr. Pisgah forest, Nc 28768

Home Phone #: () 506-5090

Work Phone #: () 704-671-6795

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: () _____

Work Phone #: () _____

Property Location: Laurel Lane
Road/Street

Subdivision: Crystal Creek Phase/Sect.: _____ Lot #: 24

Directions to property: Hwy. 64 east - go 2 1/2 miles - left on LYday Loop - circle about 1/2 around loop - road to left onto ~~Essex~~ Lyday Creek - turn left - follow about 1 1/2 miles - take right into Crystal Creek - go about 1/2 mile - prop on left (Laurel Lane) - no sign - just gravel road

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: 2 DAYLIGHT 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: .82 Date lot recorded: _____ 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: 9-9-02

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

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

Design waste flow: 240 GPD LTAR: 0.45 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: - gal./min. Proposed Wastewater System: 10" id L.D.P.

Drainfield: Total Trench Length: 210 ft. Square Footage: 533 Trench spacing: 8 ft. on ctr. Individual Trench Length: 70 ft. Maximum Trench Depth (Low Side): 12 in. Trench Width: 12 in.

Distribution Method: D-Box 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: Drainfield will require 6" min additional soil cover. Due to shallow placement of system, d-box distribution with equal length lines is required.

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: [Signature] Date: 12/13/02 Construction Authorization prepared by: Heill O. Cagle, RS Date: 10-7-02

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