

File Name: Enon Summit

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

Pin #/Tax ID 9507-7644-95-000

76-4495-

Permit #: 76-4495

Receipt No \_\_\_\_\_

Agent/Owner: Mark Willis

Mailing Address: PO Box 58 Lake Toxaway

Home Phone #: ( ) 865-4916

Work Phone #: ( ) 421-0261

Proposed Buyer: \_\_\_\_\_

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

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

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

Property Location: Summit Ridge Subdivision: Enon Summit Phase/Sect.: \_\_\_\_\_ Lot #: 11  
Road/Street

Directions to property: Buy 642 left on Lyda Loop left into Enon Summit lot 11 is on the right 5th lot  
on the right

<b>Flood Zone</b>	
Is the property in a flood zone?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Inspections</b>	
<b>Flood Zone</b>	
<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: .75ac Date lot recorded: 1993 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: \_\_\_\_\_ Date: \_\_\_\_\_

**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 N/A years.

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

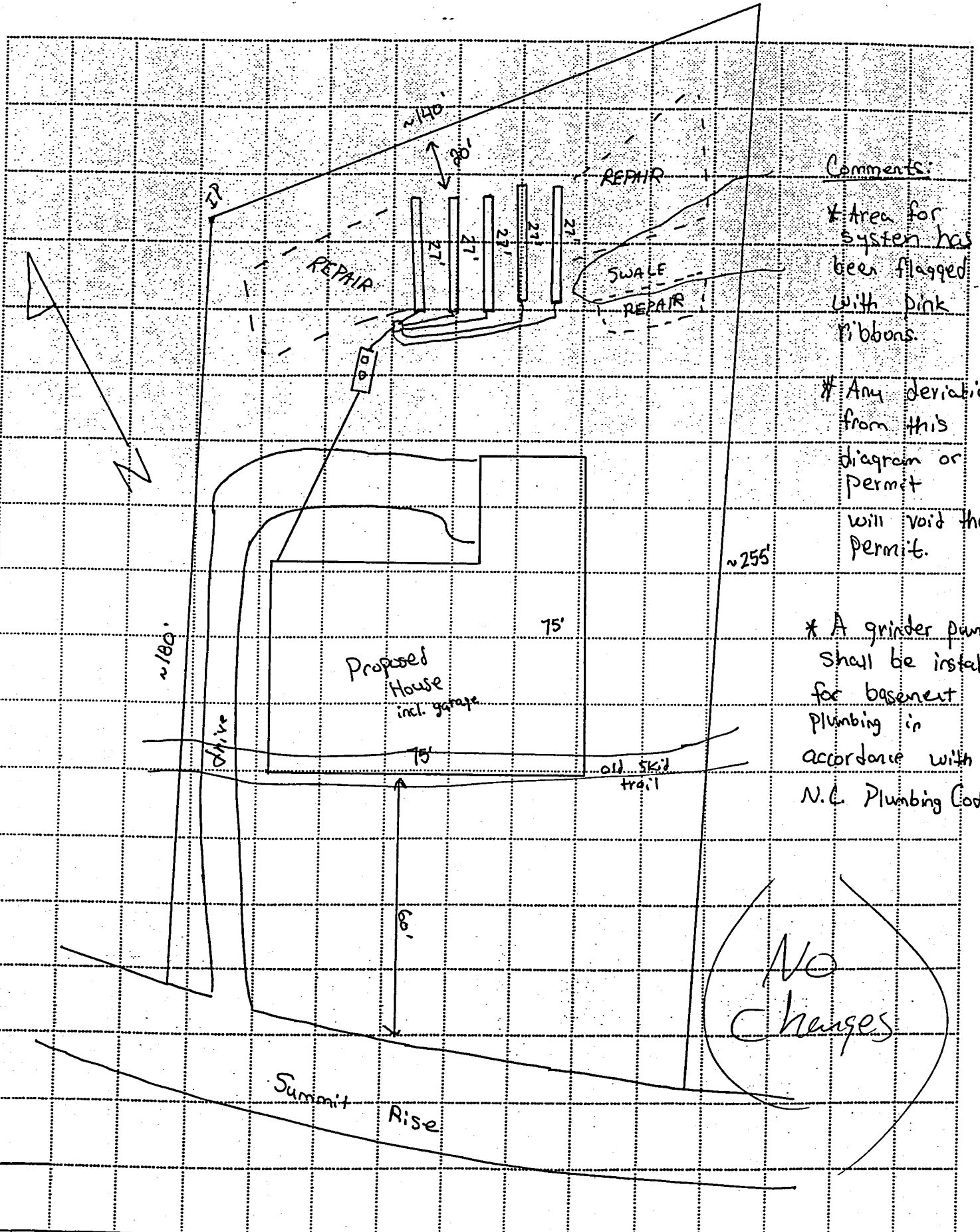
Installed by: Mark Willis Final Inspection by: Jeff McCall, RS Date: 4/3/00

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Mark Willis

Permit No. 98 623

Pin No.: 9507764495000



Comments:

\* Area for system has been flagged with pink ribbons.

\* Any deviations from this diagram or permit will void the permit.

\* A grinder pump shall be installed for basement plumbing in accordance with N.C. Plumbing Code.

Scale 1" = 30 ft.

File Name: Enon SummitTRANSYLVANIA COUNTY HEALTH DEPARTMENT  
ON-SITE WASTEWATER DISPOSAL APPLICATIONPin #/Tax ID 9507-7644-95-000Permit #: 98-623

Receipt No. \_\_\_\_\_

Agent/Owner: Mark WillisMailing Address: PO Box 58 Lake TennysonHome Phone #: ( ) 966-4816Work Phone #: ( ) 421-0261

Proposed Buyer: \_\_\_\_\_

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

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

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

Property Location: Summit Ridge  
Road/StreetSubdivision: Enon SummitPhase/Sect.: \_\_\_\_\_ Lot #: 11Directions to property:  Hwy 642 Left on Lyda Loop Left into Enon Summit lot is on the right 5th lot  
on the 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: .75ac Date lot recorded: 1993 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: Mark WillisDate: Dec 11 99AUTHORIZATION 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: Panel-blockDrainfield: Total Trench Length: 135 ft. Square Footage: 810' EQ Trench spacing: 8 on ctr. Individual Trench Length: 27 ft. Maximum Trench Depth (Low Side): 22 in. Trench Width: 24 in.Distribution Method: D-box Min. distance between system and nearest Well: 50 ft. Water line: 10 ft. Foundation: 15 ft. Property line: 10 ft. Vertical Cut: 15 ft.Comments & Special Conditions: Drainfield will require 6" min. additional soil cover. A grinder pump shall be installed for basement plumbing in accordance with N.C. Plumbing Code.

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: Mark Willis Date: 1-8-99 Construction Authorization prepared by: Jeff McCall, RS Date: 12-31-98

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

SEPTIC PERMIT # 98-623

PROPERTY PIN # 9507-7644-95-000

ORIGINAL CERTIFICATE OF COMPLETION: File Name MARK Willis Date 7-17-00

TRANSYLVANIA COUNTY HEALTH DEPARTMENT  
WELL CONSTRUCTION REPORT

DRILLING CONTRACTOR: HAMILTON DRILLER REGISTRATION NUMBER 504

PROPERTY OWNER: MARK Willis

ADDRESS: MEANON Summit PENYOSE NC 28712  
Street or Route No. City or Town State Zip Code

DATE DRILLED: 1-17-00 USE OF WELL Domestic

TOTAL DEPTH: 605 STATIC WATER LEVEL Below Top of Casing: 60 Ft. (Use "+" if Above Top of Casing)

YIELD (GPM): 3 METHOD OF TEST: Air Lift WATER ZONES (depth):

CASING: GROUT:  
Depth Diameter Wall Thickness Material Depth Material Method  
From 0 To 140 Ft. 6 1/4 SDR21 PVC From 0 To 30 Ft. Concrete Per

COMMENTS:

LOCATION SKETCH  
(Show direction and distance from at least two fixed reference points)  
(Indicate all septic systems within 100 feet of well)

(Attached)

Well Location may be indicated on original septic site plan when scale drawing is provided

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC2C, WELL CONSTRUCTION STANDARDS

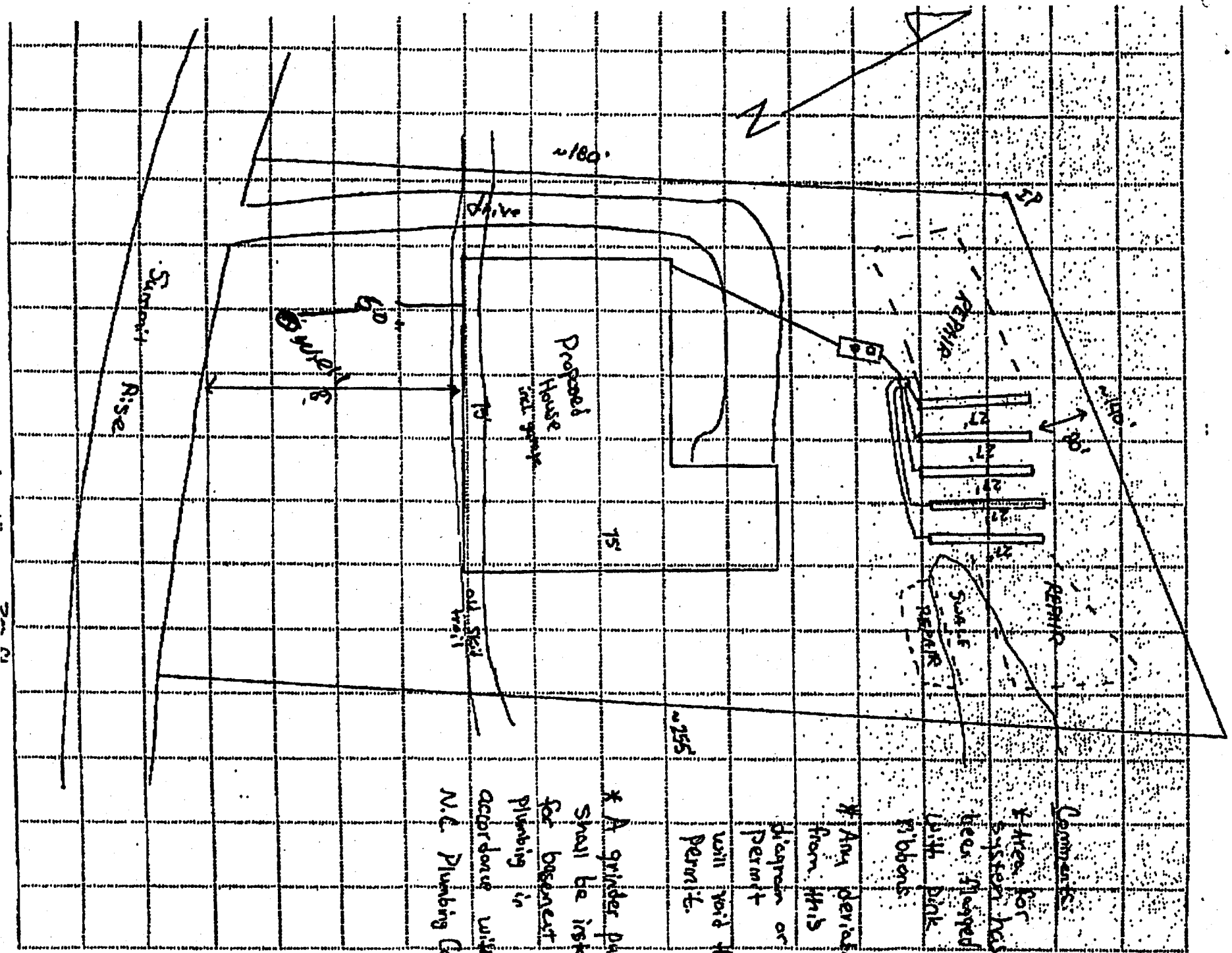
[Signature] 10-18-00  
Signature of Contractor or Agent Date

[Signature]  
Notary Public For the State of North Carolina, County of Transylvania

My Commission Expires May 14, 2003  
My Commission Expires

(Effective July 1, 1998)

Willis, Mark



\* Any deviations from this diagram or Permit will void the Permit.

\* A grinder pump shall be installed for basement plumbing in accordance with N.C. Plumbing Code.

Comments:  
Area for system has been flagged with pink ribbons.