File Name: HENRY MOUNTAIN

BN# 03-137

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8573-46-1470-000

Permit #: 98-278

new owner: Chavers, Kent

Receipt No

Agent/Owner: EVERETTE, RAY Mailing Address:

Home Phone #: ( ) Work Phone #: ( )

Proposed Buyer: LANDER, ANNE Mailing Address: c/o 4700 Greenville Hwy. Brevard, NC

Home Phone #: ( ) Work Phone #: ( ) 885-2552 Sidney Evans - Jean Judge

Property Location: Henry Mountain Rd. (Road/Street) Subdivision: Henry Mountain Phase/Sect.: Lot #: Site 1

Directions to property: Island Ford to Walnut Hollow - right on Henry Mountain Rd. - 1st drive to left follow circle until it deadends - prop at deadend

ent

Flood Zone
Is the property in a flood zone?
☐ Yes ☒ No ☐ Unknown

Inspections
Flood Zone
☐ Yes ☐ No
☐ Approved ☐ 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: 4.01 ac. Date lot recorded: 1986 Right of ways, easements, etc. roads 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: Bruce B. Everette Date: 5-29-98

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: II a Management Entity: ☒ Owner ☐ Certified Operator Minimum inspection/maintenance review frequency n/a years.

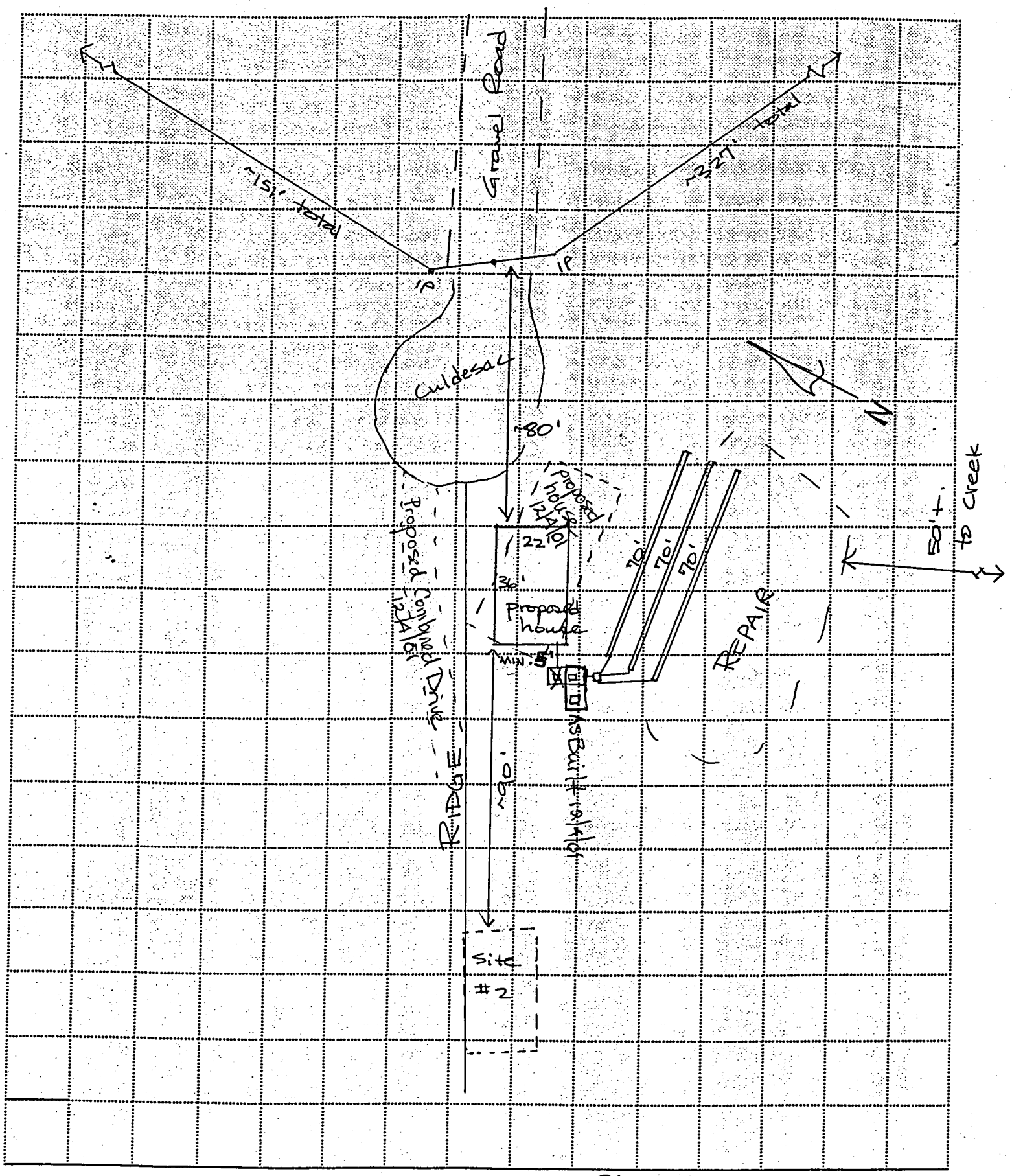
Comments: Proposed house not staked - keep 5' minimum from all parts of septic system.

Installed by: Chad Grate Grading Final Inspection by: Patricia Hawkins, RS Neil Coyle, RS Date: 12/4/a

Site 1

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Henry Mountain Permit No.: 98-278 Pin No.: 8573 46 1470 000



Scale 1" = 40'

File Name: HENRY MOUNTAIN

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
ON-SITE WASTEWATER DISPOSAL APPLICATION

Pin #/Tax ID 8573-46-1470-000

Permit #: 98-278

Receipt No 0021 615

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Flood Zone
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Initials _____ Date _____

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Applicant/Agent Signature: X Ray E. Date: 5-29-98

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
(Diagram and Conditions Attached)

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

Design waste flow: 360 GPD LTAR: .6 Septic Tank Capacity: 1000 gal./min. Pump Tank Capacity: _____ gal./min. Proposed Wastewater System: CONV.

Drainfield: Total Trench Length: 210 ft. Square Footage: 630 Trench spacing: 9 on ctr. Individual Trench Length: 70 ft. Maximum Trench Depth(Low Side): 14 in. Trench Width: 36 in.

Distribution Method: D-BOX 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: Drainfield to have 4" min. additional soilcover.

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.

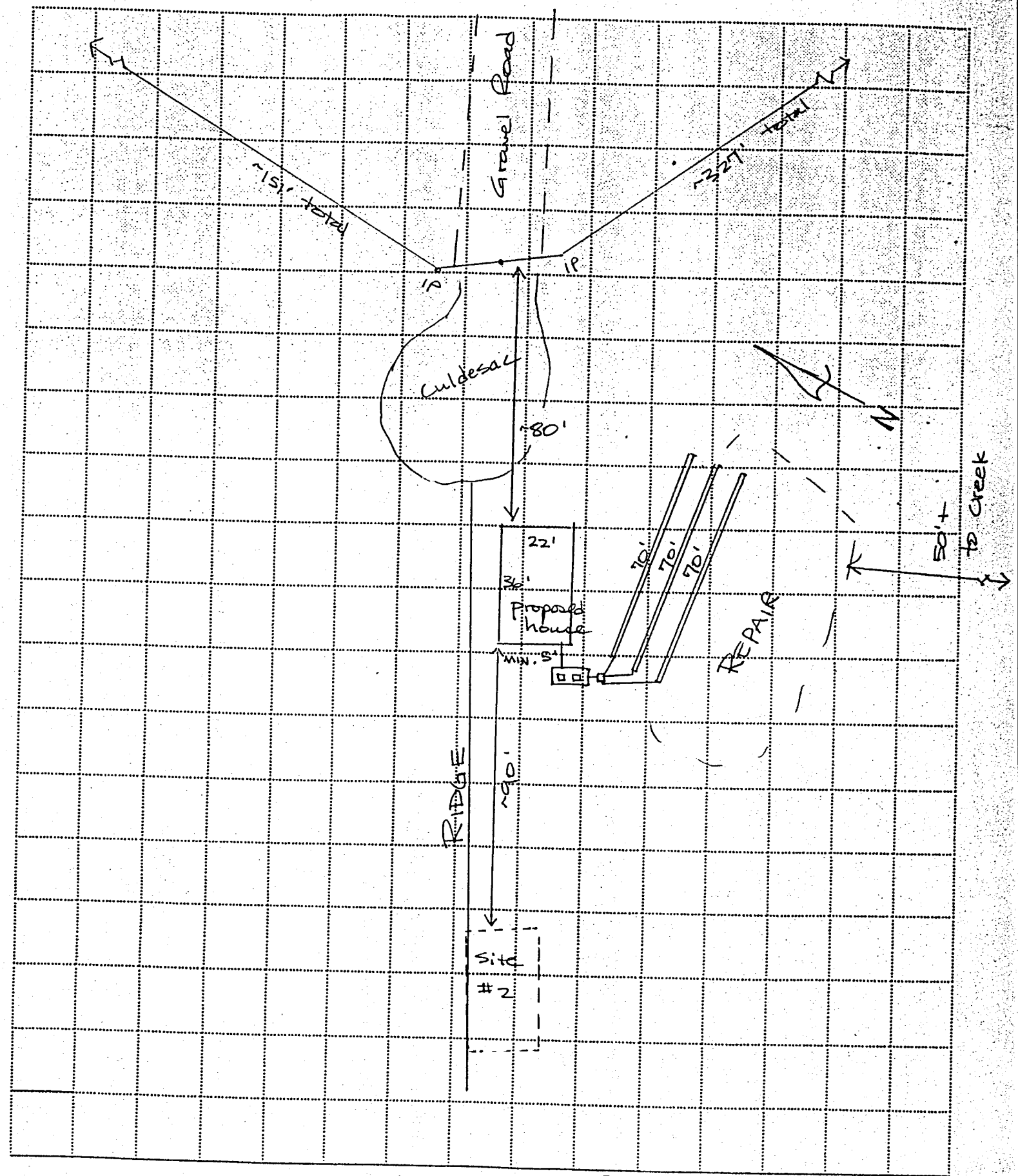
Signed: _____ Date: _____ Construction Authorization prepared by: Wm R Ridgell RS Date: 6.19.98

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

Site 1

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Henry Mountain Permit No.: 18-278 Pin No.: 8573 46 1470 000



SEPTIC PERMIT # 98-278 PROPERTY PIN #

ORIGINAL CERTIFICATE OF COMPLETION: File Name Date 8-22-05

TRANSYLVANIA COUNTY HEALTH DEPARTMENT
WELL CONSTRUCTION REPORT

DRILLING CONTRACTOR: Hamilton Corp DRILLER REGISTRATION NUMBER 504

PROPERTY OWNER: Kent Chavers

ADDRESS: Hannry M T. Rd (Street or Route No.) Brevard (City or Town) N.C. (State) 28712 (Zip Code)

DATE DRILLED: 1-3-02 USE OF WELL Domestic

TOTAL DEPTH: 405' STATIC WATER LEVEL Below Top of Casing: 80' Ft. (Use "+" If Above Top of Casing)

YIELD (GPM): 3 METHOD OF TEST: Airlift WATER ZONES (depth): 265' & 380'

CASING:

	Depth		Diameter	Wall Thickness Or Weight/Ft.	Material
From	0	To 80 Ft.	6 1/4	SDR21	PVC.

GROUT:

	Depth		Material	Method
From	0	To 20 Ft.	Concrete	Pour

COMMENTS:

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

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 of Contractor or Agent 8-22-05 Date

Notary Public For the State of North Carolina, County of Transylvania

My Commission Expires

(Effective July 1, 1998)

CHAVERS, KENT

Lot 1

TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

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