

File Name: _____

TRANSYLVANIA COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER DISPOSAL APPLICATION

6021
Pin #/Tax ID _____

Permit #: 06-380

01708 \$300
Receipt No _____

Agent/Owner: MOUNTAIN BROOK PARTNERS

Mailing Address: CONTACT: JOHN WINSTON

Home Phone #: () _____

Work Phone #: () _____

Proposed Buyer: _____

Mailing Address: _____

Home Phone #: Mountain Brook Trail

Work Phone #: () _____

Property Location: S. COUNTRY CLUB

Subdivision: MOUNTAIN BROOK Phase/Sect.: _____ Lot #: 37

Road/Street
S. COUNTRY CLUB

Directions to property: _____

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: 4 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: 1.03 Date lot recorded: _____ 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: 5-31-06

IMPROVEMENT PERMIT

PERMIT EXPIRES: July 7, 2011

This on-site wastewater treatment and disposal system improvement permit is issued in accordance with Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This improvement permit is issued for the property and is to serve the facility as described in the application above. The improvement permit must be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system or before any required building permits can be issued. This improvement permit is transferrable provided that both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

Wastewater System Design Flow: 480 GPD Proposed On-Site Wastewater Disposal System: chamber Long Term Application Rate: .45 Max. Trench Depth: 14 in.

Comments and special conditions: read, understand and sign "Comments and Conditions" page

Issued by: Alan Smith MS, RS Date: 7/7/2006 Issued to: John Winston RS Date: 9/28/06

ANY ALTERATIONS OR MODIFICATIONS (MAN MADE OR NATURAL) TO THE SITE, SYSTEM DESIGN FLOW, OR CONDITIONS IN WHICH THE PERMIT WAS ISSUED WILL VOID THE PERMIT.

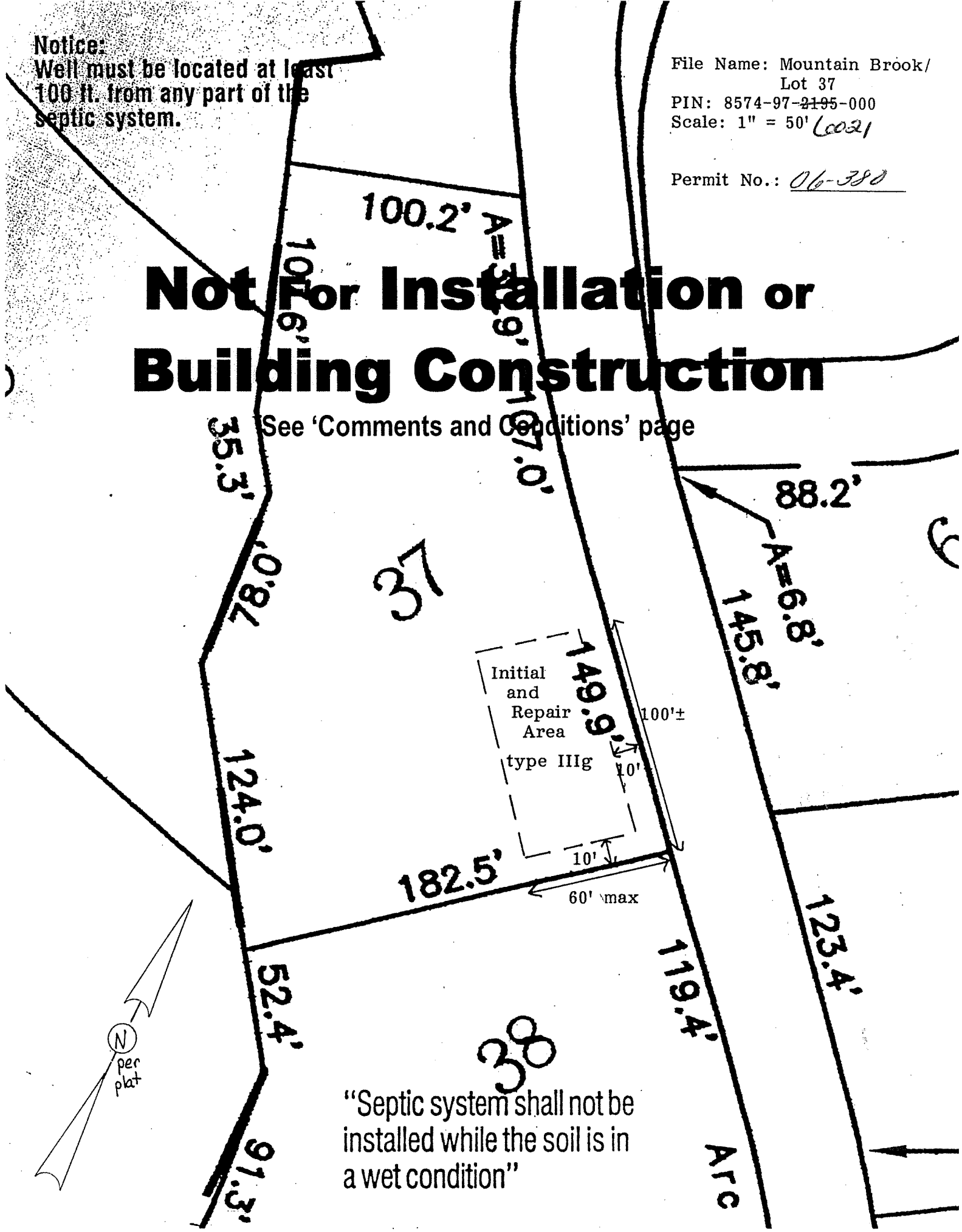
Notice:
Well must be located at least
100 ft. from any part of the
septic system.

File Name: Mountain Brook/
Lot 37
PIN: 8574-97-2195-000
Scale: 1" = 50' *0021*

Permit No.: *06-380*

Not For Installation or Building Construction

See 'Comments and Conditions' page



"Septic system shall not be
installed while the soil is in
a wet condition"



Transylvania County Health Department
Environmental Health Section

Comments and Conditions for Mountain Brook

(Located on S. County Club Road)

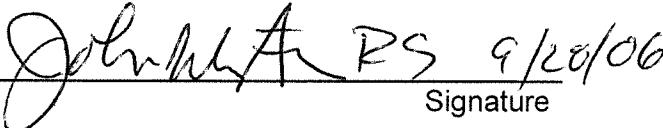
PIN: portion of 8574-97-2195-000

Lot 37 6021

Before issuance of the Authorization for Wastewater System Construction (A-C) the following conditions must be understood and/or met:

1. Consultant requests use of a 35% space reduction *Infiltrator Quick4* chamber system which requires a certified installer and five year product warranty submitted to the health department.
2. The house, drive and all other appurtenances must be marked. There is to be no encroachment of the approved drainfield area with any structure or grading activity.
3. All relevant property lines in relation to the septic system must be accurately and conspicuously marked during site visits and at the time of installation.
4. The septic installer/contractor is to field stake the Initial and Repair system areas on contour and contact the Transylvania County Environmental Health Department at 828.884.3139 (8:30-9:30 a.m. office hours) for a site visit when all conditions are met.
5. A four bedroom drainfield will require 232 feet of chamber. Twice this amount of drainfield will need to be field staked for the Initial *and* Repair areas.
6. No trench is to be less than 40 feet in length.
7. Depending on house placement, house elevations, and plumbing applications; a pump may be required. Currently, there are two approved ways to pump wastewater to a drainfield:
 - a. a grinder pump which utilizes two 1000 gallon septic tanks set above the drainfield. Grinder pumps fall under N.C. Plumbing Code
 - b. a septic tank/pump tank combination in which the pump sits in a pump tank set in series with the septic tank located below the house foundation. This type application requires engineered pump plans be submitted and approved by the Transylvania County Environmental Health Department

By signing this document I acknowledge that I understand the conditions of this permit and agree to abide by its terms. All subsequent property owners must comply with these conditions.



Signature

Date