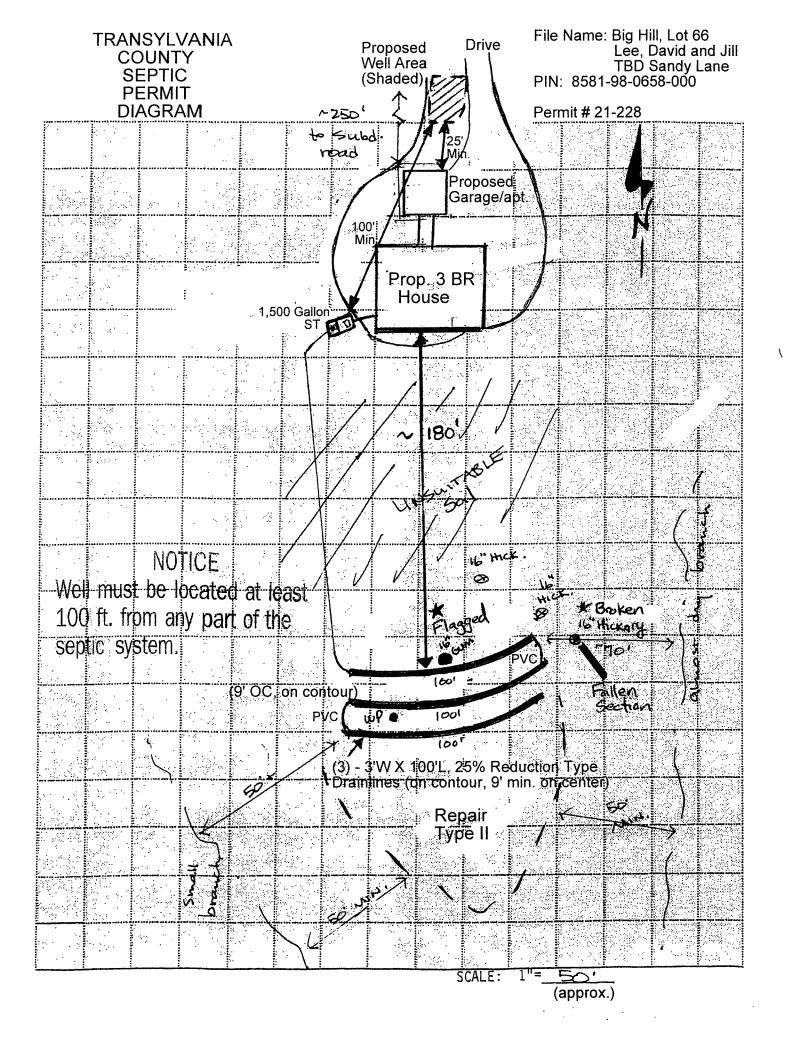
PIN:	8581-98-0658-000	File Name:	Big Hill, S5, Lot 66	Permit No.:	21-228	
PIN:	0001-90-0000-000	File Name:	DIG MIII, 33, LOLOO	Permit No.:	21-220	

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH Improvement Permit

	A building permit		ement Pel sued with onl		proveme	nt Permit			
ISSUED TO: Lee, David and J			ROPERTY L				dy Lane		
Type of Structure: 5 BR (3 + 2) F Proposed Wastewater System Type:	Type II - 25% red GPD	uction		een pa	id; hou	ise and g	uest apl	. have be	ization Issuance: een flagged; 58
Pump Required: ☐ Yes ☑ No Pump systems with an effluent pump m Type of Water Supply: New well	☐ May be required bust be designed by a Pr		ngineer (P.E.)	and plans	s submitt				
Permit conditions*Site meeting with	owner/builder a	ınd certif	ied install	er req	ueste	d prior to	constr	uction*	
Authorized State Agent:	0								Permit Diagram
The issuance of this permit by the Transylv responsible for checking with appropriate a changes. The Improvement Permit shall not be Sewage Treatment and Disposal and to condition	overning bodies in med e affected by a change in	ting their re	quirements. T	his permi	t is subjec	et to revocation	on if the site	e plan, plat, o	r the intended use
SELF-INSTALI						CERT	IFIED	INST	ALLER
	<u>C</u>		on Authoi or Building F		<u> </u>				
The construction and installation requirem shall be met. Systems shall be installed in a	ecordance with the att	ached system	layout.				_		-
ISSUED TO: Same]	Facility Ty	pe: _3 {	BR Ma	ain Hous	ie + 2 E	R Gues	t = 5 BR total
Basement? ☐ Yes	☑ No	Basemen	Plumbing	Fixtur	res?	□ Yes		☑ No	
Type of Wastewater System**	Type II - 25%	reductio	<u> </u>	nitial)		W	astewater	Flow: _6	600 GPD
(See note below, if applicable \square)	Same		(Repair)		L	LTAR: 0.5 GPD/ft2 (FRN, 2001			
Installation Requirements/Condi									
Septic Tank Size: 1,500 gallons, mir	nimum	Total Trench	Length: 30	0					Feet on Center
Pump Tank Size gallons, mir	nimum	Trench Wid	th: <u>3</u>	~~~~	feet	Distribution	n Method:	Serial -	PVC only
Trenches shall be installed on contour at a r material and the bottom of the trench shall in Saprolite sys	not be greater than 36" (Trench bot	from the sur	ace of the gro	und at fit	nal grade		of soil cove	er over the in	nstalled drainfield
Min distance between system and nearest:	Well 100 ft W	ater Line 1	0 ft Four	ndation _	5/15	ft Property	Line 10	ît. Ver	tical Cut 15 ft
Permit Conditions: Drainfield area Install 300' of 2 INSTALLER PI	is below Gum t 5% reduction-ty	pe syste	m in area	a shov	vn. R	EQUES'	TSITE	MEETIN	e house site). IG WITH
		············	***************************************						
"II anglicakte. Valediaktarik ikoʻsysi Ent'sypit spoetiteitik 1833 (()	ozakananakana O	TESTES IS	ppuzakok. 1 a	iccept the	e specifica	•	•	0/3/	121
Owner/Legal Representative Signature. This Construction Authorization is subject	to revocation if the site	plan, plat, o	the intended	use char	iges. The		12444		
when there is a change in ownership of the Treatment and Disposal and to the conditio Improvement Permit, Construction Author	site. This Construction ns of this permit. I agr	Authorizati ee to have th	on is subject to on-site waste	o compli: water sy	ance with stem inst	the provision	ons of the I	aws and Ru	iles for Sewage
Authorized State Agent:	esa Baje	1,KE	HS 1	Date of	f Issuar	ice: <u>8/17</u>	/2021		
See Attached Permit Diagram	Constru	ction Autl	orization	Expira	tion D	ate: 8/1	7/2026		





Permit Expires: 8/21/2026

TRANSYLVANIA PUBLIC HEALTH WELL PERMIT/WELL REPAIR PERMIT

106 E Morgan St. Suite 105 Brevard, NC 28712 828-884-3139

WP 21-107	8581-98-0658-000	Lee, David and Jill			
Permit No.	PIN	Issued To			
Associated Permits: Septic #21-22	18	Address/Location Big Hill S5, Lot 66 TBD Sandy Lane			
Scale I" = 50' (approx.)	VOTE16	DV OCCUPED DETAILED INCL. AND ANY DART OF ANY CERTIC TANK OVETTIN			
		ON REQUIRED BETWEEN WELL AND ANY PART OF ANY SEPTIC TANK SYSTEM.			
25' MINIMUM SEPARATION REQUIRED BETWEEN WELL AND ANY PART OF ANY BUILDING FOUNDATION, DECK, PORCH, GARAGE, CARPORT, ETC.					
SEE WELL PERMIT DIAGRAM FOR ALLOWABLE WELL LOCATION(S) CONTACT TCDPH WITH ANY QUESTIONS!					
CONTACT TODETT WITH ANY QUESTIC	JNO:				
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Titosee.					
*Avantaged					
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1000					
and the second s					
Permit valid for 5 years provided site	conditions do not change. The	well (well area) located by the Health Department is to provide			
		ity or quality of water is guaranteed at any site by the Health			
Department.	1				
) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Issued by: James a	Sayen, KEHS	Date: 8/17/2021			
110-0	<i>y</i> , '				
Issued to: The Eq	L	Date: $\frac{\sqrt{0/3/2}}{}$			

