PIN: 8582-16-1424-000 File Name: Connestee Falls U2 Lot 293A Permit No.: 23-245

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Carol Kruer/Troy Bode PROPERTY LOCATION: 384 Oakanoah Circle

New ☑ **Repair** ☐ **Expansion** ☐

Type of Structure: Ex. Single Family Residence

Proposed Wastewater System Type: IIIg

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Max. No. of Occupants: 6

Site Improvements required prior to Construction Authorization Issuance: n/a

Pump Required: ☐ Yes ☒ No ☐ May be required based upon final location and elevations of facilities

Pump systems with an effluent pump must be designed by a Professional Engineer (P.E.) and plans submitted to the Environmental Health Section for approval.

Type of Water Supply: Public **Improvement Permit Expiration Date:** 11/9/2028

Permit conditions: See permit diagram

Authorized State Agent: Neil O. Cagle REHS Date: 11/9/2023 **See Attached Permit Diagram**

The issuance of this permit by the Transylvania County Environmental Health Section in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

Septic System to be installed by a Certified Installer

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958,and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Carol Kruer/Troy Bode **Type of Structure:** Ex. Single Family Residence

Basement? ☐ **Yes** ☒ **No** **Basement Plumbing Fixtures?** ☐ **Yes** ☒ **No**

Type of Wastewater System** 25% Reduction (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable ☐) 25% Reduction (Repair) LTAR: 0.5

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons, minimum Total Trench Length: 180 feet Trench Spacing: 9 Feet on Center

Pump Tank Size n/a gallons, minimum Trench Width: 3 feet Distribution Method: d-box/serial feed

Trenches shall be installed on contour at a maximum trench depth of: 18 inches. There shall be a minimum of 6" of soil cover over the installed drainfield material and the bottom of the trench shall not be greater than 36" from the surface of the ground at final grade.

(Trench bottoms shall be level to +/- ¼" in all directions)

Min. distance between system and nearest: Well 100 ft. Water Line 10 ft Foundation 5 ft Property Line 10 ft. Vertical Cut 15 ft

Permit Conditions: See permit diagram

**If applicable:

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: X Date: X 11/15/23

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. I agree to have the on-site wastewater system installed by an authorized installer in accordance with the Improvement Permit, Construction Authorization, permit diagram and any conditions specified therein.

Authorized State Agent: Neil O. Cagle REHS **Date of Issuance:** 11/9/2023

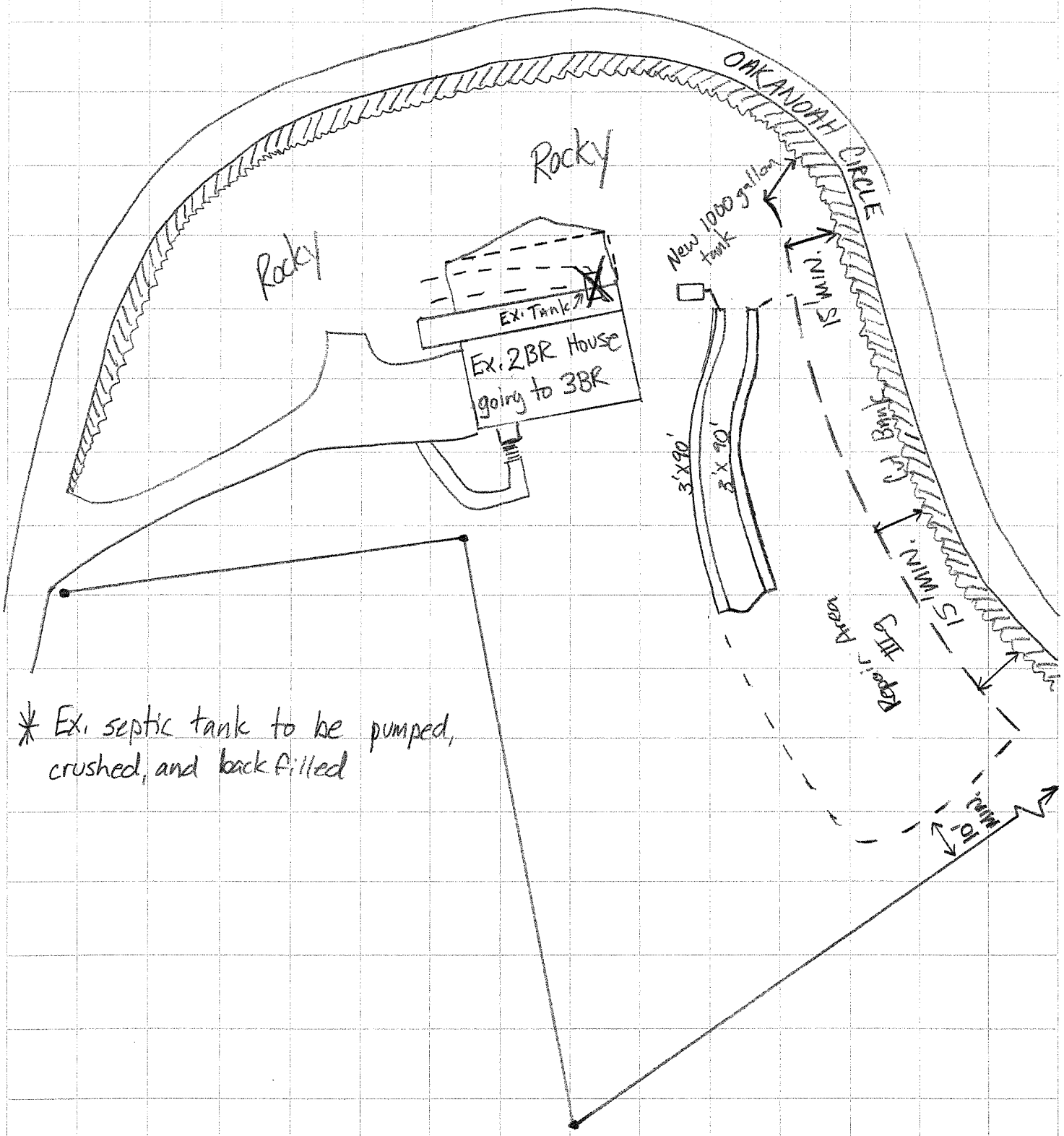
See Attached Permit Diagram **Construction Authorization Expiration Date:** 11/9/2028

TRANSYLVANIA CO. ENVIRONMENTAL HEALTH (SEPTIC) / WELL PERMIT DIAGRAM

FILE NAME Connestee Falls V2 Lot 293A PERMIT NO. 23-245 PIN 8582-16-1424-000

SCALE 1"= 40' Date 11/9/2023

Carol Kruer / Troy Bode



* Ex. septic tank to be pumped, crushed, and backfilled

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

(Sewage Disposal System) Improvements Permit and Certificate of Completion Sewage Treatment and Disposal Rules (ARTICLE 11 OF CHAPTER 130A OF THE GENERAL STATUTES OF NORTH CAROLINA)

File 9 slide 899

APPLICATION FOR AN IMPROVEMENTS PERMIT:

Owner NC G A Address c/o Brevard Federal

Location of Property: Connestee Trail → Salola → Oakanoah → out on right

Plat of Property: YES ☐ NO ☑

Type of Facility: House ☑ Mobile Home ☐ Business ☐ 8582-16-1424-000

Estimated Sewage Flow: 240 Gallons per day new 1-293A

Type of Water Supply: Drilled Well ☐ Spring ☐ Other ☑ community Unit 2

Signature of Owner or Authorized Agent: Joel Anderson Date:

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

OWNER-OCCUPANT same

LOCATION same

SUBDIVISION Connestee Falls

LOT NO. 94 SECT. OR BLOCK NO. 2

BUILDING CONTRACTOR Henderson-Duvall

ADDRESS Brevard, NC

SEPTIC TANK CONTRACTOR same

ADDRESS

HOUSE ☑ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS 2 NO. BATHROOMS 2½

SIZE OF SEPTIC TANK 1000 GALS. (Liquid)

MATERIAL: PRE-CAST ☑ BLOCK ☐ FIBERGLASS ☐

DISTRIBUTION BOX YES ☑ NO ☐

NO. OF LINES 2 WIDTH 3 FT. LENGTH 70 FT.

PERCOLATION TEST YES ☐ NO ☑

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☑

SITE CLASSIFICATION: SUITABLE ☐

PROV. SUITABLE ☑ (Community)

UNSUITABLE ☐

IMPROVEMENTS PERMIT: DATE: 7/22/85

BY Ruth Jones, RS

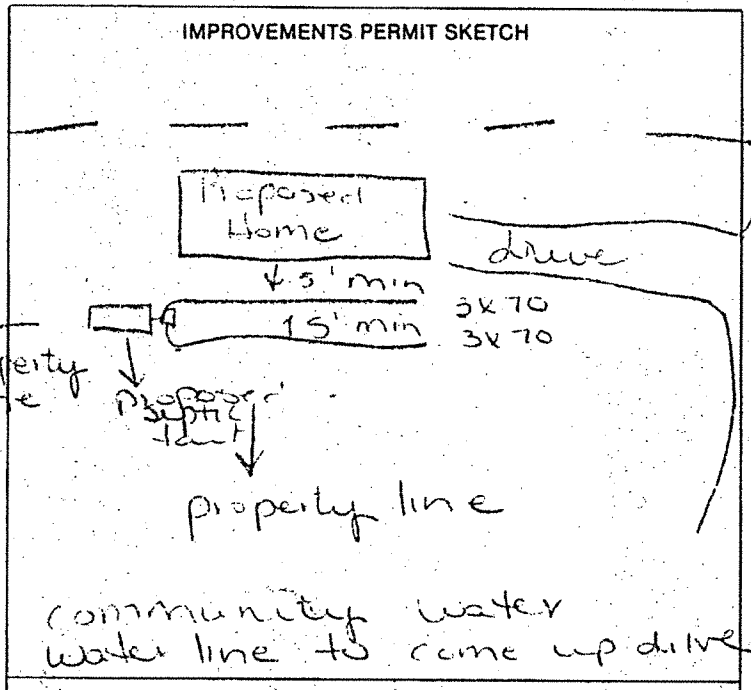
CERTIFICATE OF COMPLETION: DATE: 9/5/85

BY Ruth Jones, RS

NOTICE: System installed according to Rules and Regulations but not a guarantee that it will function satisfactorily for any given period of time.

COLOR CODE: White - Owner; Pink - Improvements Permit; Blue - Contractor; Yellow - Inspection Dept.; Green - Health Dept.

IMPROVEMENTS PERMIT SKETCH



CERTIFICATE OF COMPLETION SKETCH

