

**HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH
OPERATIONS PERMIT**

OP No. 10104

Owner ERNEST BANKS Date 4-13-05

Building Contractor 16146 BANKS VIEW LN

Septic Tank Installer CHRIS FORTUNE

Lot No. _____ Development _____

Location DANA RD TH OLD DANA TH BANKS
VIEW LN - CROSS STREAM - LAST SITE ON (R)

House ☐ Mobile Home ☒

Other _____

No. Bedrooms 1 Design Flow GPD 240

Lot Size 9+ AC

Owner's Signature [Signature]

**VALID ONLY FOR USE AS DESCRIBED ABOVE
DRAWING NOT TO SCALE**

AC No. PA 04120176529

I No. _____

WI No. 04120176929

Water Supply: ☐ Community ☒ Shared
☐ Individual ☐ City

Tank Size SCM-1000 Gal.

Drainfield 533ED Sq. Ft.

Stone Depth NA Inches

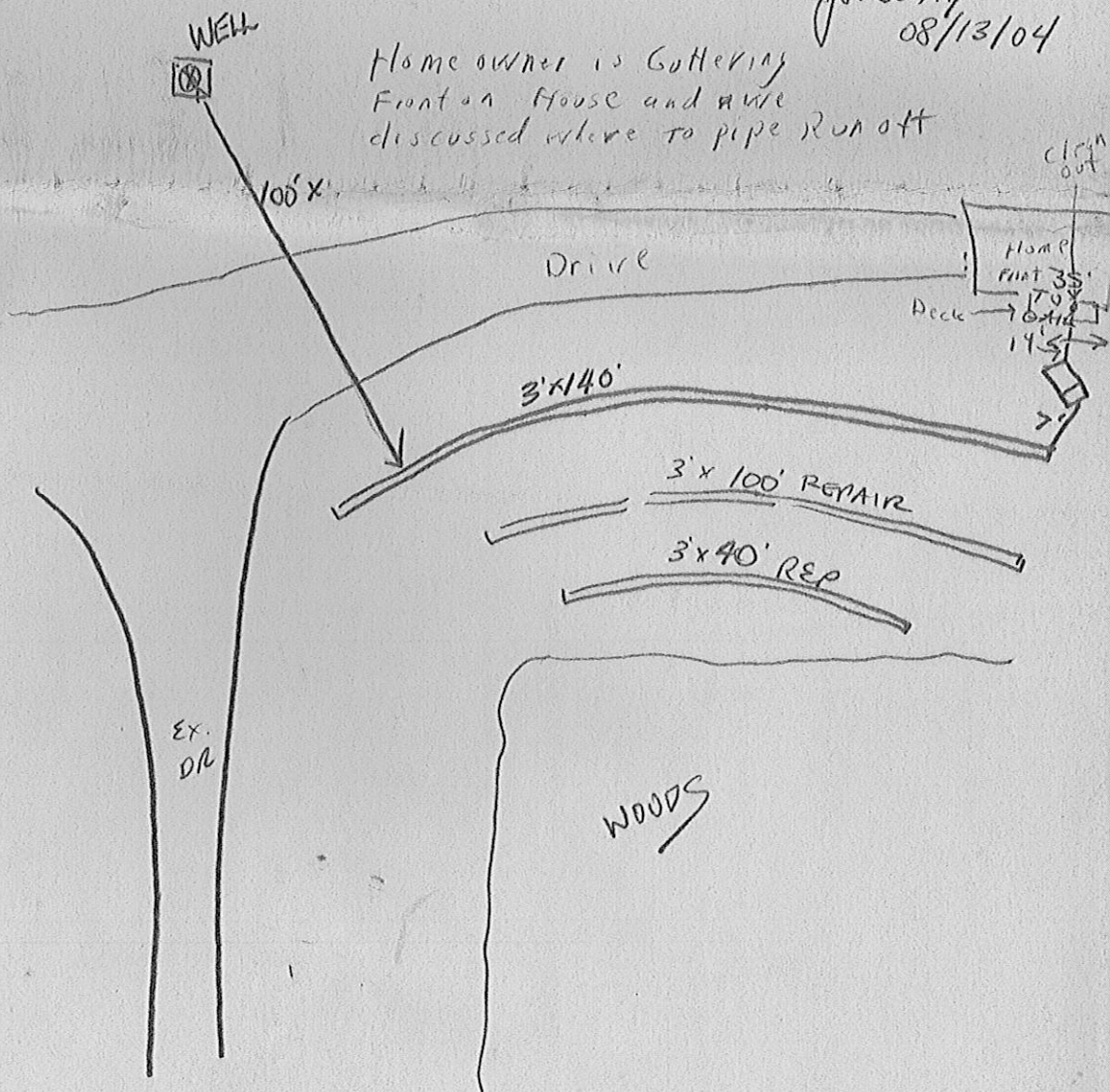
System Type EPS

Min. System Review Frequency -

Issued By: [Signature]

Environmental Health Specialist

SYSTEM INSPECTED BY
Mark R. Jones, RPS
08/13/04



SON COUNTY DEPARTMENT OF F
AUTHORIZATION TO CONSTRUCT
FOR OPERATIONS PERMIT Call 692-4228 Between 7:00 am - 8 am

Owner Ernest Banks Date 10 June 2004

Building Contractor 146 Banks View Lane

Lot No. _____ Development _____

Location Dana Rd T/L Old Dana Rd T/L

Banks View Lane cross stream - last
site on Rt

House ☐ Mobile Home ☒ Other _____

No. Employees _____

No. Bedrooms 2 Design Flow GPD 240

Lot Size 9+ Ac. LTAR 0.45

Basement: Yes ☐ No ☒ Basement Plumbing: Yes ☐ No ☒

Water Supply - ☐ Community ☐ Individual

☐ City ☒ Shared

Permit valid for 5 years from date of issuance.

Repairs to be completed within 30 days.

Owner's Signature Ernest Banks

VALID ONLY FOR USE AS DESCRIBED ABOVE
DRAWING NOT TO SCALE

☒ See attached installation guidelines and computer-generated site sketch.

Permit # 04120176529

PIN No. _____

New Construction ☒ Repair ☐

Pre-Existing Tank ☐ Addition ☐

System Type EPS

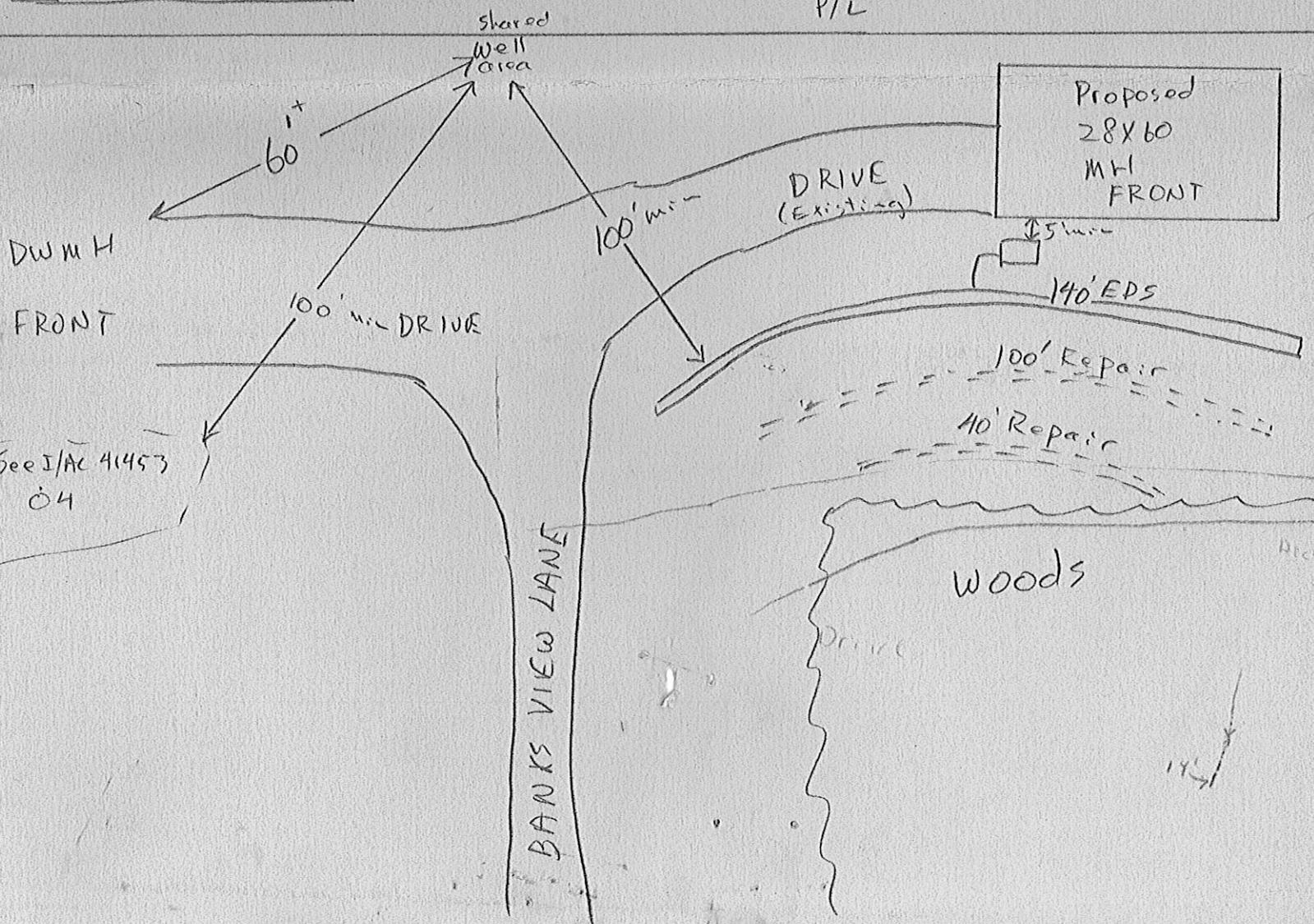
Tank Size 900 gal Stone Depth 140' EPS

Drainfield 533 equiv Sq. Ft.

Max. Trench Bottom Depth 18"

IF ENGINEERED PLANS ARE REQUIRED,
THEY MUST BE SUBMITTED, APPROVED BY
THE DEPT. AND INSTALLED WITHIN 5
YEARS FROM THE DATE OF THIS PERMIT.

Issued By: J.R.D. R.S.
Environmental Health Specialist



INSTALLATION GUIDELINES

PERMIT # 04070176529

146 BANKS VIEW LANE

- I. SYSTEM SHALL BE INSTALLED BEFORE ANY GRADING ON LOT. BUILDING/MH SET-UP CARD TO BE ISSUED ONLY AFTER SYSTEM IS INSTALLED.
- II. THE OPERATIONS PERMIT WILL BE ISSUED ONLY AFTER A FINAL-GRADE INSPECTION HAS BEEN DONE. THE *OWNER* MUST CALL FOR THIS INSPECTION AFTER THE HOME HAS PASSED FINALS FROM INSPECTIONS DEPARTMENT, UNDERGROUND UTILITIES ARE IN OR FLAGGED AND ALL OTHER CONDITIONS OF THE IMPROVEMENTS PERMIT HAVE BEEN MET.
- III. TRENCHES ARE TO BE DUG LEVEL & ON CONTOURS. LINES WERE FLAGGED BY HCDPH BUT INSTALLER IS TO RE-CHECK ALL ELEVATIONS BEFORE DIGGING.
- IV. INSTALLATION SHALL COMPLY WITH SITE-DRAWING; CHANGES MUST BE PRIOR-APPROVED BY HCDPH. CHANGES MADE WITHOUT HCDPH APPROVAL COULD RESULT IN REVOCATION OR VOIDING OF THE PERMIT.
- V. SITE LANDSCAPING SHALL BE DONE TO DIRECT ALL SURFACE DRAINAGE AND DOWNSPOUT FLOW AWAY FROM THE SYSTEM. DRAINFIELD AREA SHALL BE LANDSCAPED TO PREVENT PONDING OF WATER AND EROSION.
- VI. INSTALLATION OF MANUFACTURED SYSTEMS SHALL COMPLY WITH MANUFACTURERS' GUIDELINES AS WELL AS N.C. CODES. INSTALLER SHALL BE CERTIFIED BY MANUFACTURER IF REQUIRED FOR WARANTEE OF SYSTEM.
- VII. ALL UNDERGROUND UTILITIES, INCLUDING WATER-LINES SHALL BE 10-FEET MINIMUM FROM ANY PART OF THE SYSTEM, INCLUDING REPAIR AREA.
- VIII. DRIVE-WAYS, PAVED OR UNPAVED SHALL NOT BE PLACED OVER SYSTEM & REPAIR AREA.

Jerry



Henderson County (Environmental) - Improvements And Well Permit

1347 Spartanburg Hwy Hendersonville, N.C. 28792

Phone: (828) 692-4228

Fax: (828) 697-4523

Permit No: 04120176529

Appl. Dt.:
Exp. Dt.: 5/28/2009

Status:

INSPECTION DUE

Status Dt.:

5/28/2004

Owner Information

Name : Ernest Banks
Address : Po Box 665
 East Flat Rock NC 28726
Phone(W) : 6935849
Phone(H) :
Phone(M) :

Property Information

PIN # : 00958992129155
Address : 146 Banks View Ln
 Hendersonville NC 28792
Acreage : 9.05
Subdivision :
Lot # :
Directions : T/L OFF DANA RD TO OLD
 DANA RD T/L BANKS VIEW DR
 GO TO END

Watershed district :

Site Details

System Classification :
System Description :
Line Length :
Line Depth :
Nitrification Sq. Ft. :
Tank #1 :
Tank #2 :
Tank #3 :

Notes :

Applicant Information

Name : Ernest Banks Susan
Address : Po Box 665
 East Flat Rock NC 28726
Phone(W) : 6935849
Phone(H) :
Phone(M) : 693-4320 *

Occupant Information

Name : Ernest Banks

Water Details

System : New
Source : Private

Property Characteristics

Type of establishment : Residential dwelling units
Number of establishment : 2 Bedrooms
Septic GPD : 240
Basement : No
Basement Bath : No
Garbage Disposal : Yes
2 Mobile Home : No
Property Notes : WILL SHARE WELL WITH
 ANOTHER MH - THIS IS A
 D/W 28 X 60

Permit Information

Septic System Requested :
System Description Requested :

Inspections Conducted

Inspections	Signed Off/User ID	Date	Status	Reason
IP				
ATC				
OP				
Grouting Inspection				

Well Improvement				
Well Completion				

Payment Information

Permit	Receipt No.	Fee	Ref#1	Amount	Status	Ref#2	Amount	Status	Ref#3	Amount	Status
MAINPERMIT	04120101917	450.00	1574 CHECK	450.00	PAID						
Total			450.00								

Signature: _____

(Department)

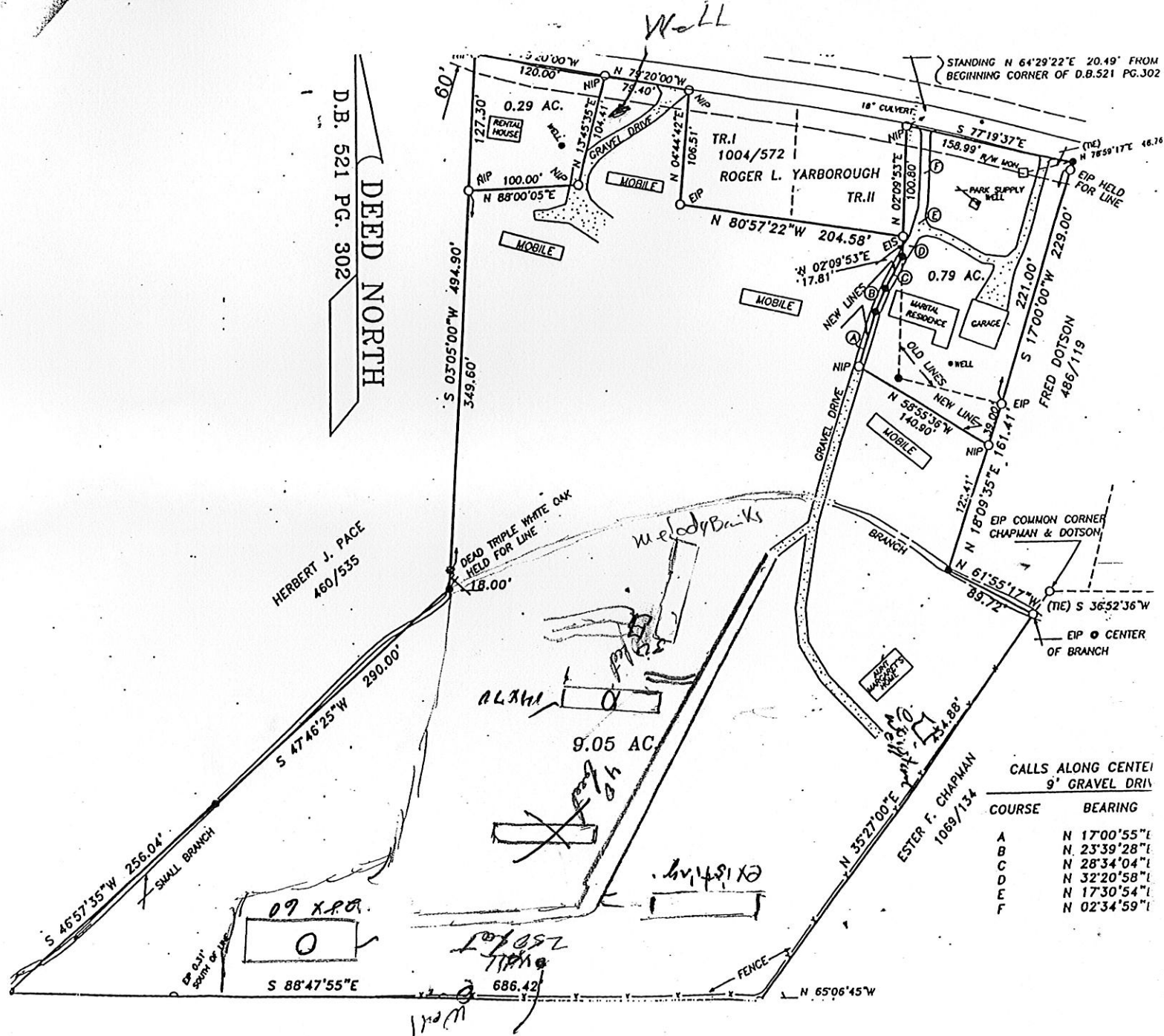
Signature: _____

(Owner/Applicant)

Date: _____

5/28/04

DEED NORTH
D.B. 521 PG. 302



CALLS ALONG CENTER
9' GRAVEL DRIVE

COURSE	BEARING
A	N 17°00'55"E
B	N 23°39'28"E
C	N 28°34'04"E
D	N 32°20'58"E
E	N 17°30'54"E
F	N 02°34'59"E