

Property Owner Jesse Crisp New Repair
 Prop. Address _____ Sub. Div. _____ Lot# 1
 Property Location Hwy 29 to County line on left

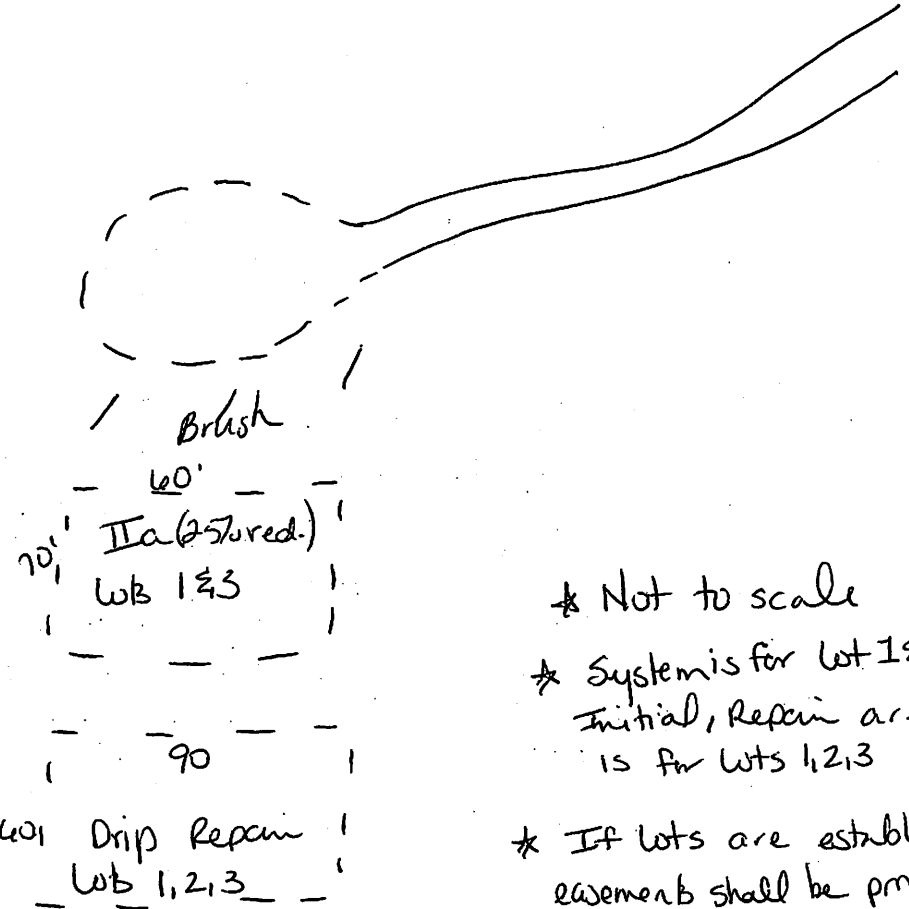
IMPROVEMENT PERMIT
SWAIN COUNTY
HEALTH DEPARTMENT

I No. _____

SITE EVALUATION

Type of Establishment: Single family residence # of bedrooms 3
 Mobile home _____ # of bedrooms _____ Business _____ Size & type _____
 Basement No Basement plumbing NA Sewer outlet location _____
 Approx. area of lot _____ Type of system IIa (25% reduction)
 Design flow 31,000 gal LTAR .5 Square footage 720 Tank size 1,000 gal
 Trench width 3' Trench length 180' Trench depth 18-24 # of trenches 3
 Source of water supply Drp well Distance from water supply 2100'
 Distance to: Stream/Lake 50' Foundation 5' Basement 15'

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
SLOPE %/ft	<u>30</u>	<u>35</u>		
SOIL TEXTURE	S	S	S	S
	PS <u>SC</u>	PS <u>SC</u>	PS <u>SC</u>	PS
	U	U	U	U
SOIL STRUCTURE (12-48 in.)	S	S	S	S
	PS <u>SB</u>	PS <u>SB</u>	PS <u>SB</u>	PS
	U	U	U	U
SOIL DEPTH	<u>44</u>	<u>48</u>	<u>45</u>	
TOPOGRAPHY GULLIES, FILL CUTS STREAMS				
SITE CLASSIFICATION - <u>B5</u>				



Avail. space Yes No Repair Sp 100 %
 Remarks Area found for a 3 bedroom residence
whenever a IIa (25% reduction) type
drainfield for initial area, repair shall
be a Drip.

This Improvement Permit is subject to revocation if the site plans or the intended use changes from those shown on the Improvement Permit. This permit **MUST** be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system and before a builders permit can be issued.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

Jakeme Randall Owner Agent
Jill Bresh RB Signed
7-26-22 Date

59 Acres

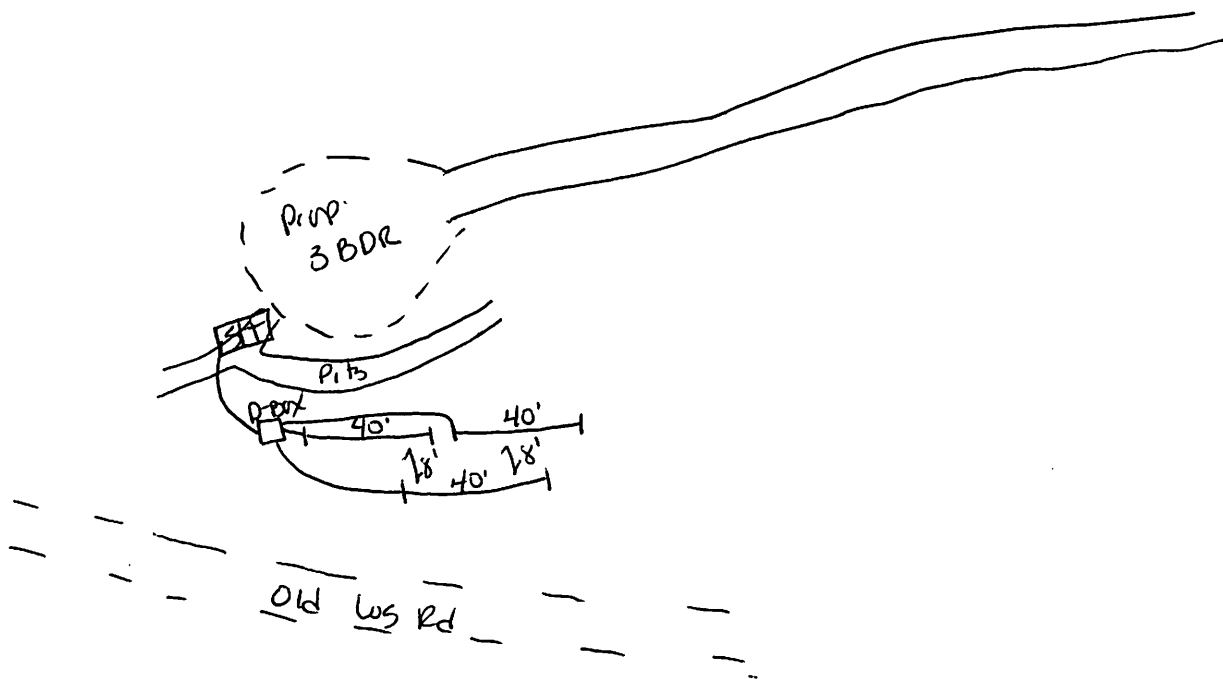
- * Not to scale
- * System is for lot 1, 2, 3 Initial, Repair area is for lots 1, 2, 3
- * If lots are established easements shall be provided prior to issuance of construction authorization

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

Owner Jesse Crisp Date 7-26-22
 Property Location Hwy 28 on left before county line
 Subd. _____ Lot # 2 Water Sup. Prop. Well
 House Mobile Home _____ # Bedrooms 3
 Other _____ # Emp _____ Daily flow 360 gal
 LTAR 15 Basement No Basement plumbing NA

New Const
 Repair **AC No.**
 Addition **006207**
 Existing Tank
 Sys. Type TILE (PPBPS) Horizontal
 Tank Size 11000 gal
 Sq. Ft. 720 # of Trenches 3
 Trench Lth 120' Max depth 14"

- Install (3) 40' nitrification lines on contour with trench bottom 4" inches deep on the down-hill side of the trench in the location indicated.
- 6 7 1/2 (8) 9 Centers shall be maintained between trenches.
- Serial 1/ Equal feed nitrification lines through Step Down 1/ (Distribution Box)
- Do not disturb initial or repair onsite wastewater areas.
- Maintain the following setbacks:
 - H2O Sources 100 FT / _____ / 50 FT from (private well to serve single family residence only.)
 - 50 FT to any surface water. • 10 FT to any property lines or water lines. • 5 FT to all foundations including porches.
 - 15 FT to any cut banks or surface water drainage areas or basement foundations with cut greater than 2 FT in height.



* Repair shall be a
 Drip on lot 1

Jill Buech PHS

Environmental Health Specialist

58 Acres

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

The wastewater system must be installed as shown on this permit and be in compliance with all state wastewater disposal regulations. No changes are to be made without prior health department approval. Permit valid 5 years from date issued

Property Owner Jesse Crisp New Repair
 Prop. Address _____ Sub. Div. _____ Lot# 2
 Property Location Hwy 28 N on left before County line

IMPROVEMENT PERMIT
SWAIN COUNTY
HEALTH DEPARTMENT

I No. _____

SITE EVALUATION

Type of Establishment: Single family residence # of bedrooms 3
 Mobile home _____ # of bedrooms _____ Business _____ Size & type _____
 Basement No Basement plumbing NA Sewer outlet location _____
 Approx. area of lot _____ Type of system III E (PPBPS) Horizontal Hand-dug
 Design flow 340 LTAR 15 Square footage 720 Tank size 1,000 gal
 Trench width 3' Trench length 120' Trench depth 14" # of trenches 3
 Source of water supply Pmp well Distance from water supply 2100'
 Distance to: Stream/Lake 50' Foundation 5' Basement 15'

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
SLOPE %	<u>L0</u>	<u>5B</u>		
SOIL TEXTURE	S	S	S	S
	PS <u>SCL</u>	PS <u>SCL</u>	PS	PS
	U	U	U	U
SOIL STRUCTURE (12-48 in.)	S	S	S	S
	PS <u>SS, SP, SCL</u>	PS <u>SS, SP, SCL</u>	PS	PS
	U	U	U	U
SOIL DEPTH	<u>5A</u>	<u>L0</u>		
TOPOGRAPHY				
GULLIES, FILL CUTS STREAMS				
SITE CLASSIFICATION - <u>PS</u>				

*See AC No. 006207
 for site specific details*

Avail. space Yes No Repair Sp 100 %
 Remarks Area found for a 3 bedroom residence utilizing a III E (PPBPS) Horizontal type drainfield for the initial area, repair shall be a Drop or Initial system shall be hand-dug lot 4

This Improvement Permit is subject to revocation if the site plans or the intended use changes from those shown on the improvement Permit. This permit **MUST** be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system and before a builders permit can be issued.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

Jesse Crisp Owner Agent
Bill Brink Signed
7-26-22 Date

Property Owner Jesse Crisp New Repair
 Prop. Address _____ Sub. Div. _____ Lot# 3
 Property Location Hwy 28 on left before County line

Type of Establishment: Single family residence # of bedrooms 3
 Mobile home _____ # of bedrooms _____ Business _____ Size & type _____
 Basement No Basement plumbing NA Sewer outlet location _____
 Approx. area of lot _____ Type of system IIa (25% reduction)
 Design flow 340 gpd LTAR .5 Square footage 720 Tank size 1,000 gpd
 Trench width 3' Trench length 180' Trench depth 18-24 # of trenches 2-3
 Source of water supply Prop. New well Distance from water supply 2100'
 Distance to: Stream/Lake 50' Foundation 5' Basement 15'

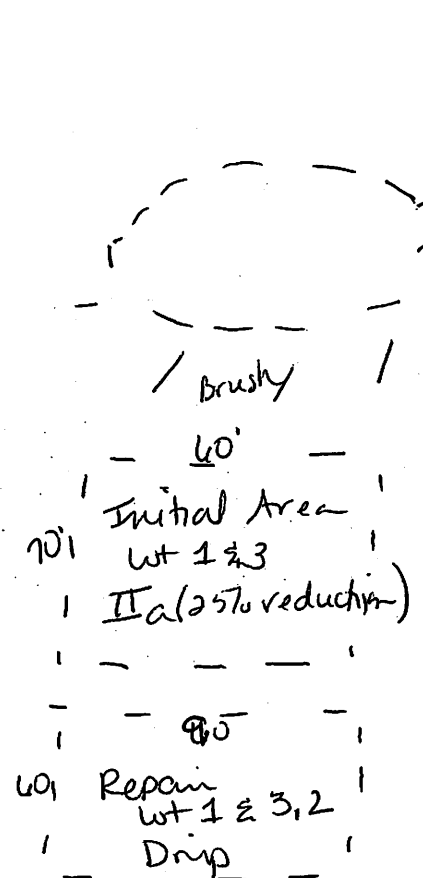
IMPROVEMENT PERMIT

SWAIN COUNTY
HEALTH DEPARTMENT

I No. _____

SITE EVALUATION

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
SLOPE %	<u>35</u>	<u>38</u>		
SOIL	<u>S</u>	<u>S</u>	<u>S</u>	<u>S</u>
TEXTURE	<u>PSCL</u>	<u>PSCL</u>	<u>PS</u>	<u>PS</u>
	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>
SOIL	<u>S</u>	<u>S</u>	<u>S</u>	<u>S</u>
STRUCTURE (12-48 in.)	<u>PS SCL SS</u>	<u>PS SCL SS</u>	<u>PS</u>	<u>PS</u>
	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>
SOIL DEPTH	<u>44</u>	<u>48</u>		
TOPOGRAPHY				
GULLIES, FILL				
CUTS STREAMS				
SITE CLASSIFICATION - <u>PS</u>				



* Not to scale
 * System is for lot 1 & 3
 Initial and repair areas for lots 1, 2, 3
 * If lots are established easements shall be provided prior to issuance of Construction Authority.

Avail. space Yes No Repair Sp 100 %
 Remarks Area found for a 3 bedroom residence utilizing a IIa (25% reduction) type drainfield located on lot 1. System might require use of a pump. Repair will be a Drip located on lot 1.

This Improvement Permit is subject to revocation if the site plans or the intended use changes from those shown on the Improvement Permit. This permit **MUST** be accompanied by an "Authorization for Wastewater System Construction" prior to the installation or repair of the wastewater system and before a builders permit can be issued.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge

Jesse Crisp Owner Agent
Jesse Crisp Signed
7-26-22 Date

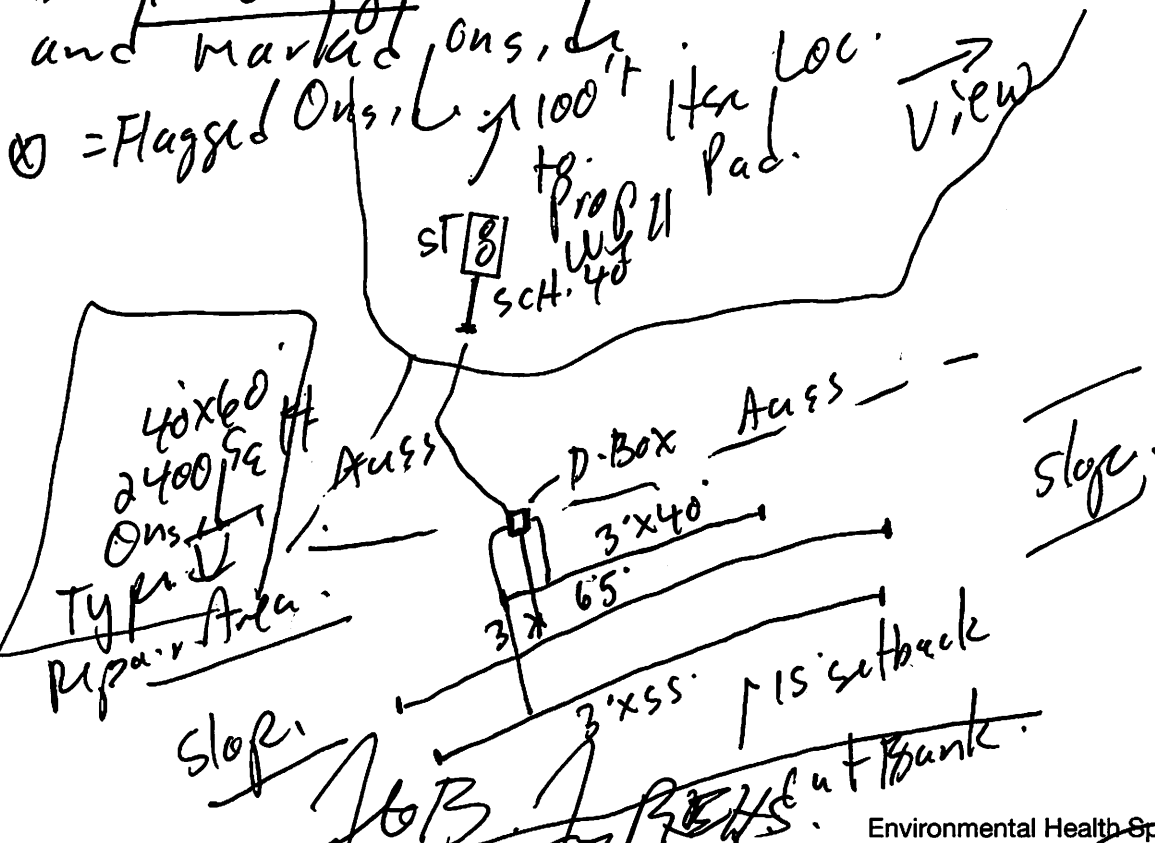
AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

Owner Jesse Crisp Date 07-27-22
 Property Location Hwy 28 on the @ before County
Line
 Subd. _____ Lot # 4 Water Sup. Pipe
 House X Mobile Home _____ # Bedrooms 4
 Other _____ # Emp _____ Daily flow 450
 LTAR 150 Basement X Basement plumbing X

New Const'
 Repair AC No. _____
 Addition 006205
 Existing Tank
 Sys. Type 50% Red. (Hand-dug)
 Tank Size 1000 gallon
 Sq. Ft. 900 # of Trenches three
 Trench Lth 160 Max depth 20"

- Install 3' x 160' nitrification lines on contour with trench bottom 20" inches deep on the down-hill side of the trench in the location indicated.
- 6 $7\frac{1}{2}$ (8) 9 Centers shall be maintained between trenches.
- Serial / Equal feed nitrification lines through Step Down / Distribution Box.
- Do not disturb initial or repair onsite wastewater areas.
- Maintain the following setbacks:
 - H2O Sources (100 FT / 100) / 50 FT from (private well to serve single family residence only.)
 - 50 FT to any surface water. • 10 FT to any property lines or water lines. • 5 FT to all foundations including porches.
 - 15 FT to any cut banks or surface water drainage areas or basement foundations with cut greater than 2 FT in height.

* If gravity can not be obtained, pump system will be required. PPPSS (50% Rd.) horizontal system shall be hand-dug in location as shown to consultant and marked on site.



Environmental Health Specialist

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

The wastewater system must be installed as shown on this permit and be in compliance with all state wastewater disposal regulations. No changes are to be made without prior health department approval. Permit valid 5 years from date issued

Property Owner Jesse Crisp New Repair
 Prop. Address _____ Sub. Div. _____ Lot# 4
 Property Location Hwy 28 on left before County line

IMPROVEMENT PERMIT
SWAIN COUNTY
HEALTH DEPARTMENT

I No. _____

Type of Establishment: Single family residence # of bedrooms 4
 Mobile home _____ # of bedrooms _____ Business _____ Size & type _____
 Basement Basement plumbing Sewer outlet location _____
 Approx. area of lot 58 acres Type of system 3E P.P.P.S 50% pit. (Hand dug)
 Design flow 480 LTAR 5 Square footage 960 Tank size 1000 gallon
 Trench width 3' Trench length 160 Trench depth 20" # of trenches 7
 Source of water supply Prop. Distance from water supply 100'
 Distance to: Stream/Lake 50' Foundation 5' Basement 15'

SITE EVALUATION

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
SLOPE %	<u>55</u>	<u>60</u>	<u>62</u>	
SOIL TEXTURE	S	S	S	S
	PS <input checked="" type="checkbox"/>	PS <input checked="" type="checkbox"/>	PS <input checked="" type="checkbox"/>	PS
	U	U	U	U
SOIL STRUCTURE (12-48 in.)	S	S	S	S
	PS <input checked="" type="checkbox"/>	PS <input checked="" type="checkbox"/>	PS <input checked="" type="checkbox"/>	PS
	U	U	U	U
SOIL DEPTH	<u>54</u>	<u>55</u>	<u>54</u>	
TOPOGRAPHY GULLIES, FILL CUTS STREAMS	<u>LS</u>	<u>LS</u>	<u>LS</u>	
SITE CLASSIFICATION -				

* Horizontal Panel Block

Avail. space Yes No Repair Sp 100 %
 Remarks _____

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I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

Jesse Crisp Owner Agent
J. B. RENS Signed
07-27-22 Date

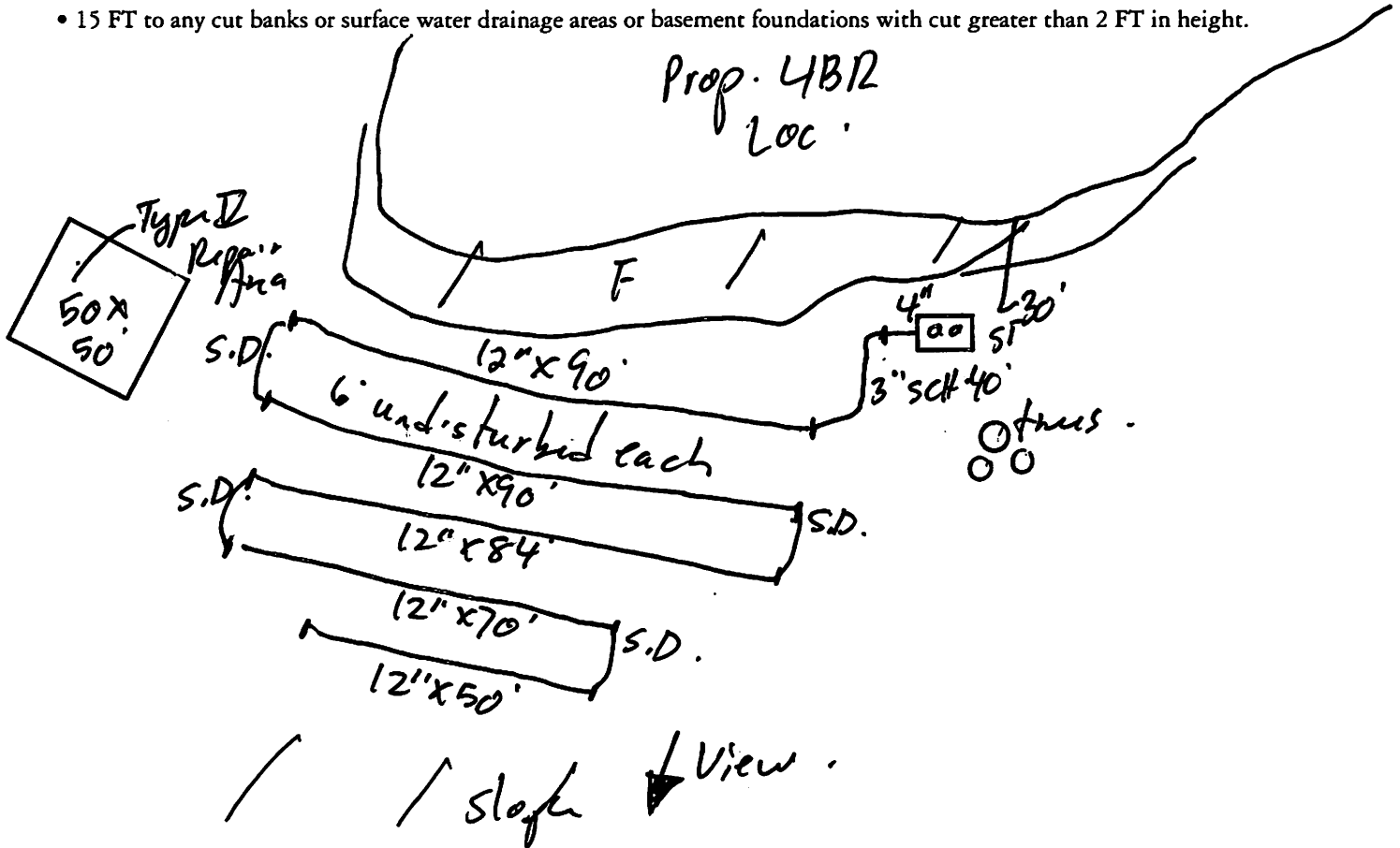
**SWAIN COUNTY HEALTH DEPARTMENT
OPERATIONS PERMIT**

I# _____
AC # 006206

Owner Jesse Crisp Date 5-31-23
 Location Hwy 28 on @ at county line.
 Subd. _____ Lot # 5 Water Sup. Prop
 House X Mobile Home _____ # Bedrooms four
 Other _____ # Emp _____ Daily flow 480 gpd

Tank size 1050 Gallon
 Manufacturer Infil.
 Stone depth _____
 Type System 10" L.D.P.
 New Const. 960 sq. ft.
 Repair 2500 sq. ft.
 Review Insp. freq. _____

- Installed 384' of nitrification line on contour at 18" inches deep.
- Do not disturb initial or repair onsite wastewater areas.
- Maintain the following setbacks:
 - H2O Sources 100 FT / 100' / 50 FT from (private well to serve single family residence only).
 - 50 FT to any surface water. • 10 FT to any property lines or water lines. • 5 FT to all foundations including porches.
 - 15 FT to any cut banks or surface water drainage areas or basement foundations with cut greater than 2 FT in height.



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

Installed by M. Ke Shalen EHS [Signature]

Notice: This approval is issued subject to all the provisions of Article 11, G.S. 130A 333-339 of the General Statutes of North Carolina and Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, Section 1900 of the North Carolina Administrative Code. **No person is permitted to make alterations in the design or use of this system other than its use without approval of an authorized Environmental Health Specialist. This approval indicates that this system has been installed in compliance with the standards as set forth in the above regulation, but shall in no way be taken as a guarantee that the system will function properly.**