

**PERSON COUNTY HEALTH DEPARTMENT
COMPLETION PERMIT**

**FOR CONVENTIONAL SYSTEM
PERMIT NUMBER**

House on Lot 30 *per VG*
 Septic Lot 31 *+ Suzanne Beckman 696-5413*

Owner Jack Kaser Date 28 May 93

Building Contractor Rick Prather

Septic Tank Installer M. M^c Grew

Lot No. 30+31 Development Estates of the Salisbury

Location 69E T/L Howard Gap Rd T/R Salisbury Mt. Rd
T/L S/D Heather Marie Drive - 1st lot on Lt

House Mobile Home Other

No. Bedrooms 3 Design Flow GPD 360

Lot Size 0.9 A.C.

Basement Yes No Basement Plumbing Yes No

Water Supply Community Individual City

Received By: Michael M^c Grew

C No. 15435

I NO. 22911

WI NO. community

PIN # 99-41792

NEW CONSTRUCTION

REPAIR

ADDITION

PRE-EXISTING TANK

Tank Size K-1000gal

Drainfield 720 Sq. Ft.

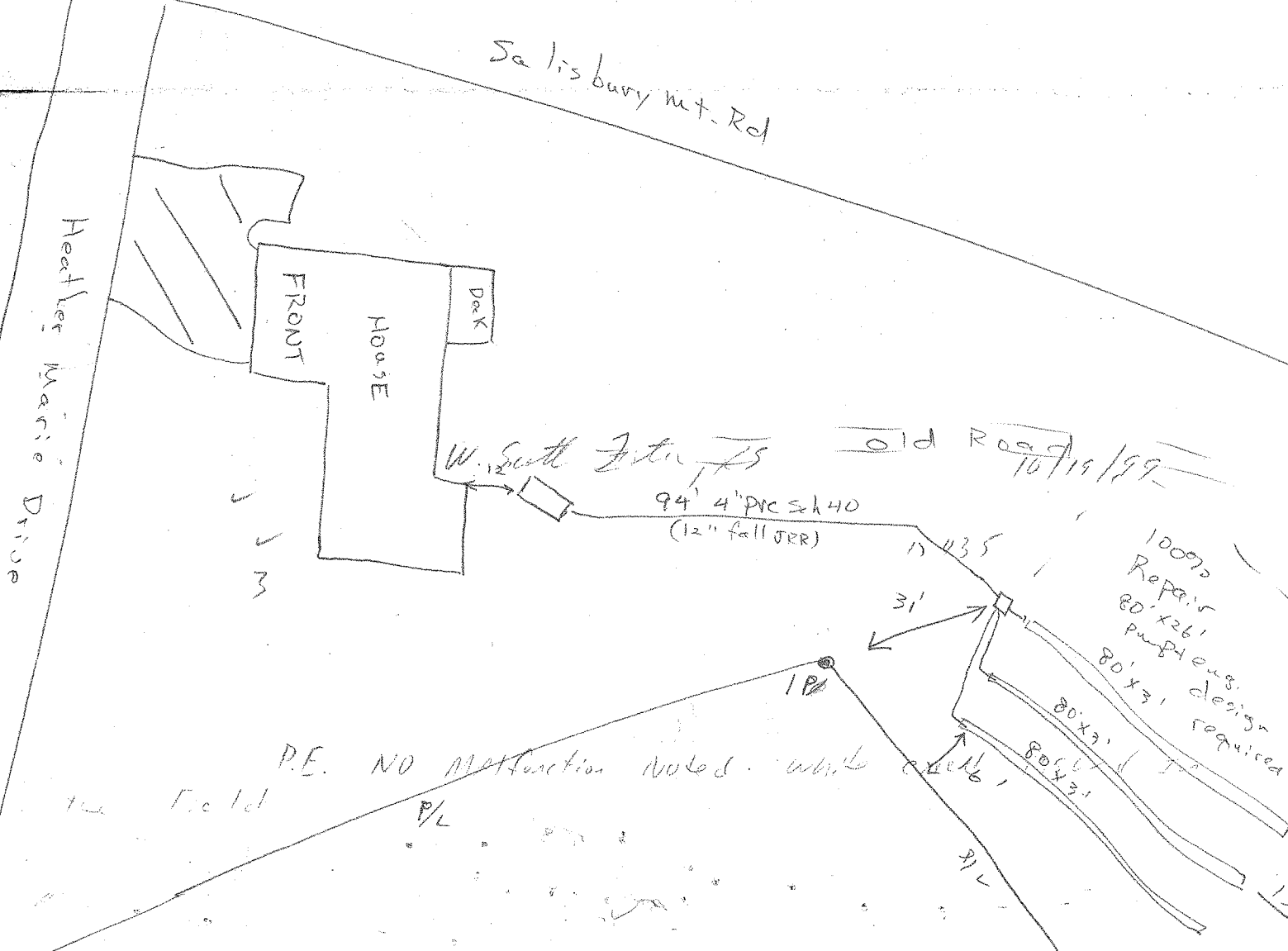
Stone Depth 12 Inches

Pipe Linear

LDP Diameter _____ Ft.

Issued By: JRR, KHO + VWA 6-1-93
 Environmental Health Specialist

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



**HENDERSON COUNTY HEALTH DEPARTMENT
SEPTIC TANK SYSTEM IMPROVEMENTS PERMIT**

Call 692-4228 between 8 a.m. - 4:30 p.m.

FOR COMPLETION PERMIT Call Between 7:30 a.m. - 8:30 a.m.

This permit is issued by the Henderson County Health Department to construct and install the work hereby described. The construction shall be made in compliance with the NC Division of Environmental Health Laws and Rules for Ground Absorption Sewage Treatment and Disposal Systems and this permit:

Owner Jack Kasey Date 1-27-93

Building Contractor _____

Lot # 30 & 31 ^{combined} Development Estates at the Salisbury

Location 64E T/L Howard Gap T/L Salisbury Man Rd
to Sub. div. corner Lot 6

House Mobile Home Other _____

No. Bedrooms 3 Design Flow GPD 360

Basement Yes No Basement Plumbing Yes No

Water Supply - Community City Individual

Lot Size .9 A2 Slope 22-23 %

Tank Size 900 Drain Field 720 Sq. Ft.

Stone Depth 12 Inches Applic. Rate .5

VALID ONLY FOR USE AS PRESCRIBED ABOVE

Received By: Michael M. E. Cant

FOR CONVENTIONAL SYSTEMS

PERMIT NUMBER

No 22911

WI # NA

PIN # 99-44792

Approved

Disapproved

New Construction

Repairs

Pre-Existing Tank

Addition

Notify department in advance for any changes needed.

Zoning regulations may be in effect in your area, before proceeding with construction, check with the Henderson County Zoning Officer or Inspection Department.

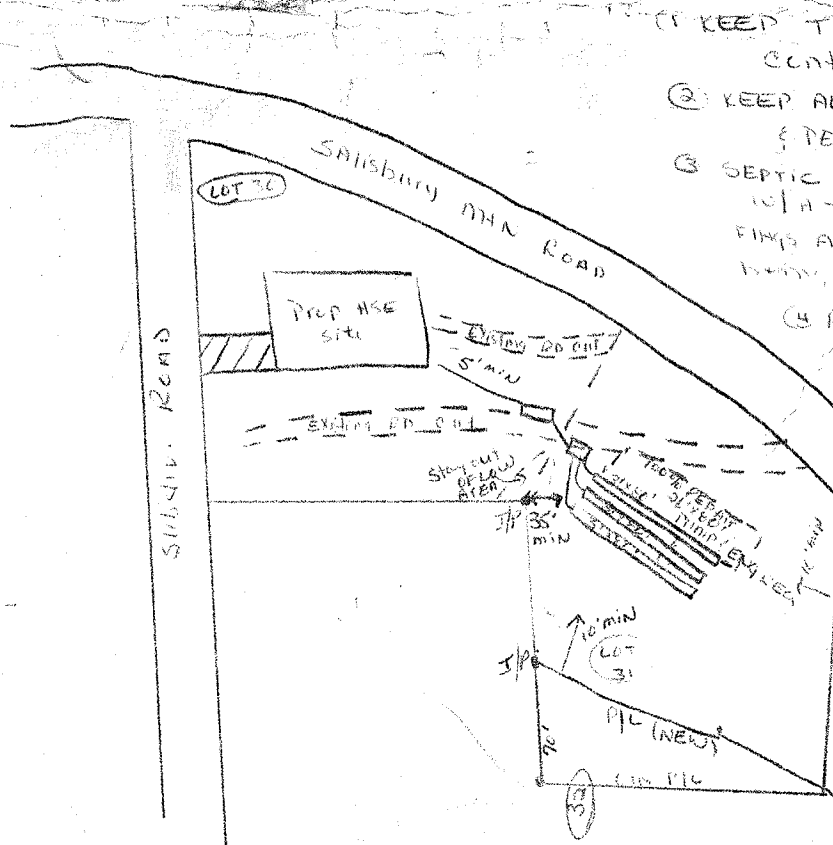
Permit valid for 5 years from date of issuance.

Repairs to be completed within thirty (30) days.

Max. Trench Bottom Depth 18"-20"

Issued By: Vivian Koenig
ENVIRONMENTAL HEALTH SPECIALIST

DRAWING NOT TO SCALE



- 1) KEEP TRENCHES LEVEL & ON contour
- 2) KEEP ALL SETBACKS PER CODE & PERMIT
- 3) SEPTIC SYSTEM HAS BEEN SHUT w/ A TRASH & FINISHED - CHECK FOR ANY TAGS TO CUT THEM DOWN. IMPROVED WITH CYMENTED.
- 4) RECOMMEND SYSTEM TO GO in first before HSE to ENSURE FALL & TANK IS NOT SILENT. I FIELD BEFORE digging, looking IF HSE IS PLUMBED TO LOW A Trench will be REGR

Handwritten initials

Handwritten signature

APPLICATION FOR LOT EVALUATION FOR SUB-SURFACE SEWAGE DISPOSAL
Construction is not to begin until a building permit has been issued!

Before an evaluation can be made, a copy of the survey plat must be on file with the Health Department. Corners of the property and proposed constructions must be clearly staked and lot underbrushed.

REQUIREMENTS: All aspects of the State Building Code must be complied with. In addition your proposed building site may be in a zoned area. Please check with the Henderson County Building and Zoning Department and City Building Inspections about these regulations. You may obtain this information from Mr. Sam Laughter at 697-4830 246 Second Avenue East, Hendersonville, North Carolina.

Do not grade your lot until the Environmental Health Specialist has visited your proposed building site and issued an Improvements Permit. Once the Improvements Permit has been issued, the area over the septic tank nitrification field, and repair area for the septic tank and nitrification field may not be graded. If this area is graded, you will void your Improvements Permit. If the area is graded before an Improvements Permit is issued, you may not be issued an Improvements Permit.

An Improvements Permit, once issued by the Henderson County Health Department, is valid for a period of 5 years from the date it is issued. A soil evaluation is not a legal document, and is not valid for any period of time. A soil evaluation is strictly an indication of general soil conditions over a vast area, and the evaluation does not address other areas of concern such as repair area, setback, distances to streams, property line, etc., nor does it address the location of the septic tank drainfield. For the above reasons, the Health Department strongly urges you to obtain an Improvements Permit and not a Soil Evaluation. Keep in mind that if you do request a Soil Evaluation, it does **NOT guarantee an Improvements Permit will be issued for your proposed building site.**

Permits issued by the Henderson County Health Department may be changed only by the Henderson County Health Department. Any alterations or deviations from the Improvements Permit may result in your Improvements Permit being voided by the Henderson County Health Department. *Rick Platte* 696-5243

1. Property Owner Charles Haskell Assoc Inc Telephone No. 896-5243
1280 Hendersonville Rd Ash Sc 28803 Between 8 & 9 A.M. 704-274-4141

2. Proposed Property Owner's Name & Address _____
3. Subdivision or Mobile Home Park Name States of the Swissburglot # 30

4. Date Lot Originally Platted 1989 PIN # 92A-01 99441792
99-41792

5. Is there already a residence/business with a septic system on this property? _____ Installed _____ Year _____

6. System will be used to serve what type of facility:
House Mobile Home _____ Dimensions 1650 Number Bedrooms 3
Basement Yes _____ No Water Using Fixtures in Basement? Yes _____ No

Business or Industry _____ Type _____ Number Employees _____
7. Property Dimensions: Total square footage or acreage .50A Width _____ Depth _____

8. Do you anticipate any additions or expansions of the facility this sewage system is intended to serve?
Yes _____ No What Type? _____

9. A well permit is required for new construction and repairs.
Type of water supply? City _____ Individual (well or spring serving one home) _____
Community (well or spring serving more than one home) 78 How many homes served? _____

10. DIRECTIONS TO PROPERTY FROM HENDERSONVILLE (give road numbers and names) _____

Off Salisbury Rd.

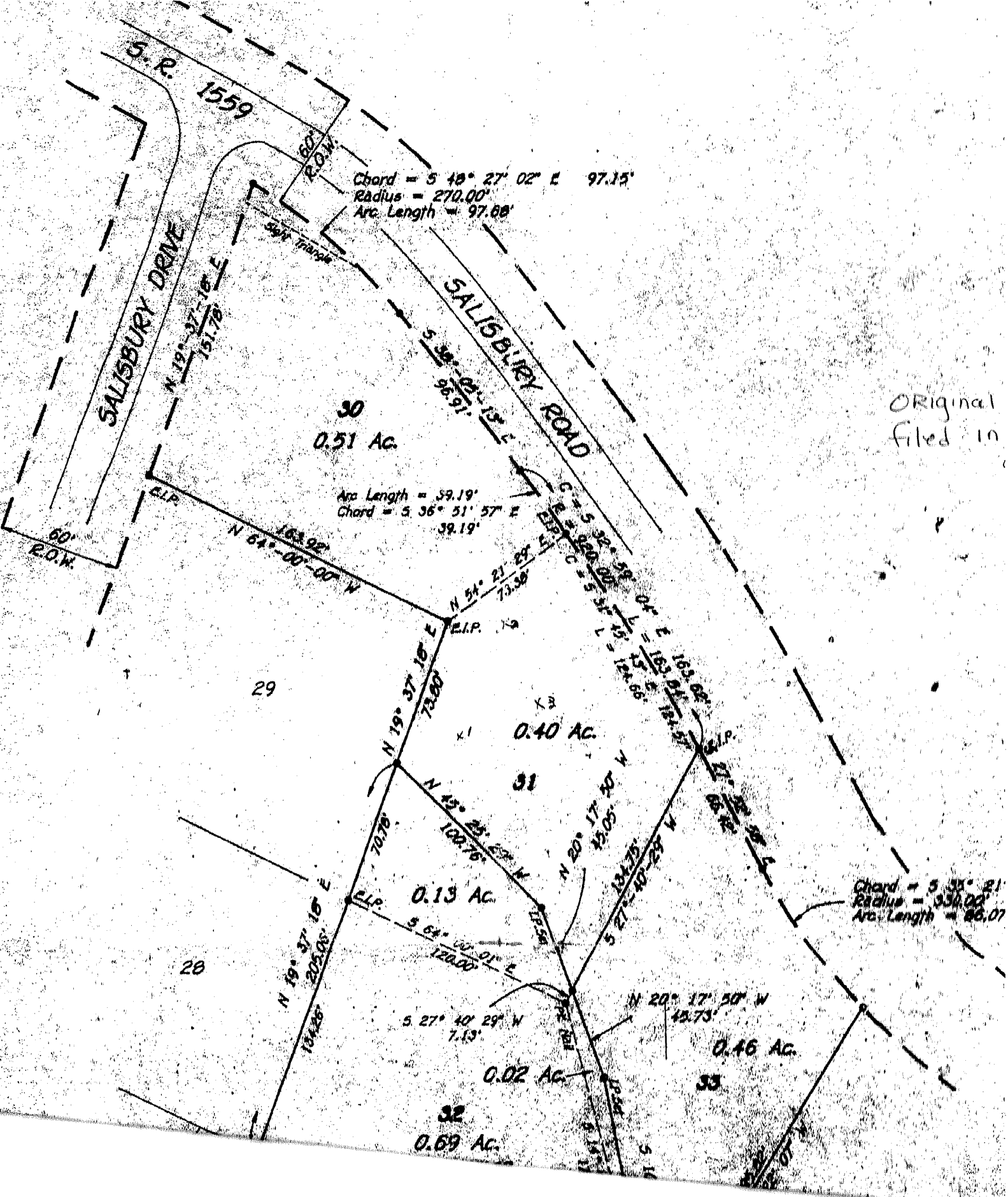
I certify the above to be correct to the best of my knowledge and permission is hereby granted to perform a soil evaluation on the property described above. I have read the above information and answered all questions to the best of my ability and understand all instructions which are stated on the application. If the information submitted in this application is falsified or changed, the permit shall become invalid.

12-1-92

Handwritten signature

Signature

RECEIVED DEC - 1 1992



Original
filed in

pd #2000

Scott

(PLEASE PRINT)

PRE-EXISTING/ADDITION

No. I 3939 A

NAME: DONALD & ELAINE MACIOROWSKI PHONE NO: 628-698-8721

OWNER (IF DIFFERENT): PHONE NO:

SUBDIVISION/MHP NAME: ESTATES OF SALISBURY LOT NO: 30

CURRENT NUMBER OF BEDROOMS: 3 PROPOSED NUMBER OF BEDROOMS: 3

IF BUSINESS: CURRENT NUMBER OF EMPLOYEES: PROPOSED NUMBER OF EMPLOYEES:

IS SEPTIC TANK PERMIT ON FILE WITH HEALTH DEPT.? [X] YES [] NO 22911

IF YES, YEAR INSTALLED: OWNER'S NAME:

ARE YOU PLANNING ADDITIONS TO YOUR HOME / BUSINESS [X] YES [] NO

IF YES, NAME ADDITIONS & DIMENSIONS: 4 SEASONS TYPE ROOM 12.6 x 20

HAS SEPTIC TANK BEEN PUMPED? [] YES [] NO UNKNOWN

IF YES, YEAR PUMPED: UNKNOWN

HAS YOUR SEPTIC TANK FAILED: [] YES [X] NO HAS IT BEEN REPAIRED? [] YES [] NO [] YEAR

IF YES, STATE PROBLEM: IF REPAIRED, PERMIT NUMBER

STREET ADDRESS: 401 HEATHER MARIE DR.

DIRECTIONS TO SITE: HOWARD GAP ROAD NORTH TO SALISBURY RD, RIGHT ON SALISBURY TO HEATHER MARIE DR. ON LEFT 1ST HOUSE ON LEFT

10-18-99 DATE Elaine Maciorowski SIGNATURE

RECEIVED OCT 18 1999

DO NOT WRITE BELOW THIS LINE

ENVIRONMENTAL HEALTH SPECIALIST: W. Scott Foster, RS DATE: 10/19/99

APPROVED: [X] YES [] NO

PERMIT ON FILE: [X] YES [] NO PERMIT I. C. 15435

APPROVED FOR 3 BEDROOMS NUMBER OF EMPLOYEES

DISAPPROVED: REASON:

RECOMMENDATIONS: P.E. NO MALFUNCTION NOTED. white card issued in the field