

\_\_\_\_\_ 6497 Old Hendersonville Hwy \_\_\_\_\_

PIN: 9517-55-8130-000 File Name: McNabb, Stephen and Janet Permit No.: 22-053

**TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH**

New  **Repair**  **Operation Permit** Addition/Expansion

No. of Bdrms: 2 System Type: IIIg Proprietary Name: EZ Flow Geo

McNabb, Stephen and Janet Pinnacle Grading # 2427  
Owner's Name System Installer and Certification Number

James A Bayer, REHS 4/7/2022  
Authorized State Agent Date of Operation Permit Issuance

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal and all conditions of the Improvement Permit and Construction Authorization

Septic Tank Manufacturer: Existing STB- \_\_\_\_\_ Date of Manufacture: \_\_\_\_\_  
Filter Brand: \_\_\_\_\_

Please see "As Built" drawing for system details and location(s)

Conditions/Comments: \_\_\_\_\_

Subsurface system operator required? No X Yes \_\_\_\_\_ If yes, see attached sheet for additional operation conditions, maintenance and reporting.

The septic tank should have all compartments pumped out every 3-5 years, on average, or when the solids are more than 1/3 of the liquid depth in any compartment. Depending upon trench depth, maximum fill over the drainfield cannot exceed two feet. Establish cover over drainfield and divert surface waters to prevent erosion or degradation of the system. No part of the septic system should be subjected to: traffic or any other compaction; vegetation with aggressive and/or hydrophilic (water loving) root systems such as maples or willows; excessive fill or heavy landscaping materials such as rocks/boulders; or any other activities or circumstances that may alter site conditions and may cause problems with the initial system or the repair area as permitted.

#22-053

"As Built"

4/7/22 JB

Pond

Ex ZBR

Slab

Deck

Ex ST

ORIG SYSTEM AREA

\* EZ FLOW GED

Hickory's

Ex Well

(6 in a row)

60'

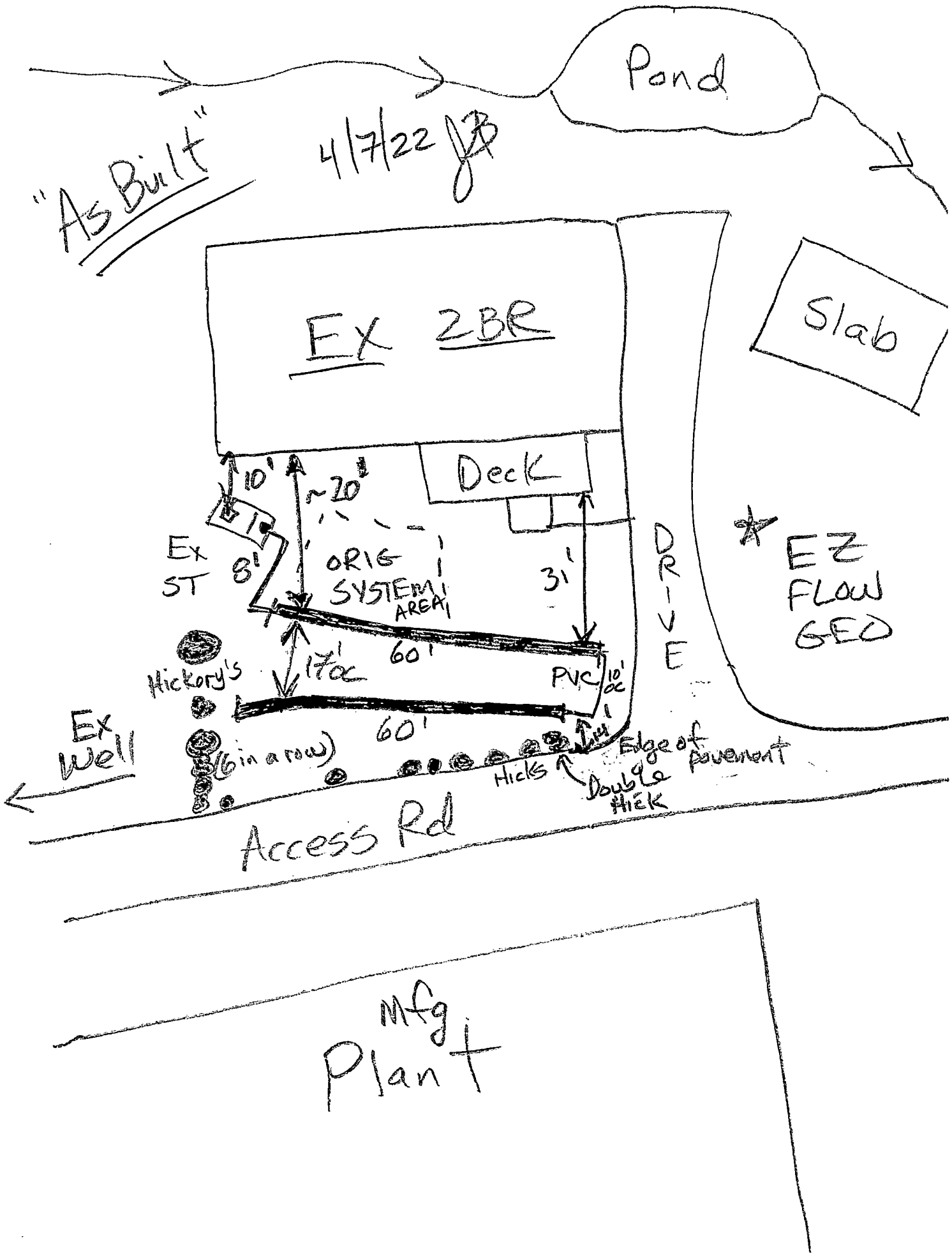
Hicks

Edge of pavement  
Double thick

Access Rd

Mfg Plant

DRIVE



PIN: 9517-55-8130-000 File Name: McNabb, Stephen and Janet Permit No.: 22-053

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: McNabb, Stephen and Janet PROPERTY LOCATION: 6497 Old Hendersonville Hwy.

New  Repair  Expansion  Site Improvements required prior to Construction Authorization Issuance: N/A - Repair  
Type of Structure: Ex. 2 BR residence  
Proposed Wastewater System Type: Type IIIg - 25% reduction  
Projected Daily Flow: 240 GPD  
Number of bedrooms: 2 Max. No. of Occupants: 4

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: Ex. well Improvement Permit Expiration Date: N/A

Permit conditions: Original 2 BR system installed 8/14/1996 (McNabb, Permit #96-071)

Authorized State Agent: \_\_\_\_\_ Date: \_\_\_\_\_ **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.

**SELF-INSTALLATION NOT PERMITTED - MUST USE CERTIFIED INSTALLER**  
**Construction Authorization**

(Required for Building Permit)

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: Same Facility Type: Ex. 2 BR Residence

Basement?  Yes  No Basement Plumbing Fixtures?  Yes  No  
Type of Wastewater System\*\* (was) EZ Flow (Initial) Wastewater Flow: 240 GPD  
(See note below, if applicable )  
Type IIIg - chamber system (Repair) LTAR: 0.5 GPD/ft2  
requested

Installation Requirements/Conditions

Septic Tank Size: ex. gallons, minimum Total Trench Length: add 120' feet Trench Spacing: max. feasible Feet on Center  
Pump Tank Size \_\_\_\_\_ gallons, minimum Trench Width: 3 feet Distribution Method: Serial - PVC only

Trenches shall be installed on contour at a maximum trench depth of: 24 inches. There shall be a minimum of 6" of soil cover over the installed drainfield  
at 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 +/- 1/4" in all directions)

**SIGN  
HERE**

Minimum distance between system and nearest: Well ~~XXXX~~ ft. Water Line 10 ft Foundation 5/15 ft Property Line 10 ft Vertical Cut 15 ft

Permit Conditions: Check condition of existing septic tank/sanitary "tee" - replace if required. Install 120' of chambers (requested) on contour (+/-), maximum feasible on center, as shown on diagram. Connect lines with PVC stepdown. Keep maximum feasible distance off of ex. well. Contact TCDPH with any questions!

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: Janet McNabb Date: 3-19-22

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: James A. Bayer, REHS Date of Issuance: 3/14/2022

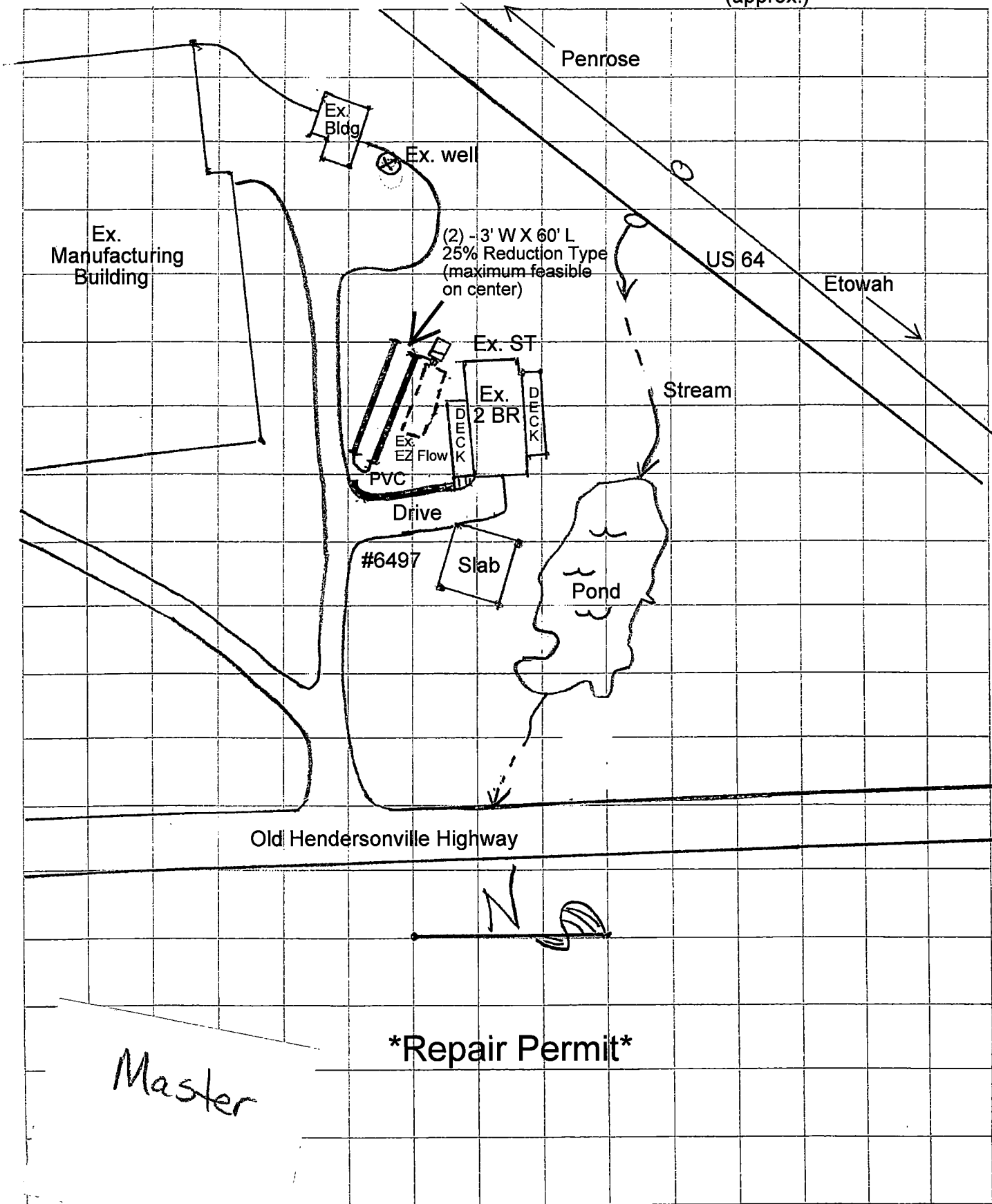
**See Attached Permit Diagram** Construction Authorization Expiration Date: N/A

TRANSYLVANIA CO. ENVIRONMENTAL HEALTH SEPTIC/WELL PERMIT DIAGRAM

McNabb, Stephen and Janet

FILE NAME 6497 Old Hendersonville Hwy PERMIT NO. 22-053 PIN 9517-55-8130-000

SCALE 1" = 60' Date 3/14/2022  
(approx.)



Master

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

9517-55-8130-000

Date: 5-22-06

Tax ID No.:

Receipt No: 01686 #52

Owner/Agent: AMERICAN CAROLINA STAMPING

\* Mfg plant adjacent to DWMT

Address: P.O. Box 1079 Etowah, NC 28729

Original Cert. of Completion Name: Unknown / not clear Date:

Phone Number: 884-4809 Steve McNabb

Date System Installed: 6-18-81 ?

Name(s) of Original Permittee:

Directions to property: Hwy. 64 east to Penrose - 1st right after Crab Creek Rd. to Old Hendersonville Hwy. - 1st right into business

Subdivision: Section: Lot No.:

Inspection requested for:

- Mobile home setup, Remodeling, Addition, Connection to unused system, Business, Other

No. of bedrooms upon connection/completion: Current no. of Bedrooms:

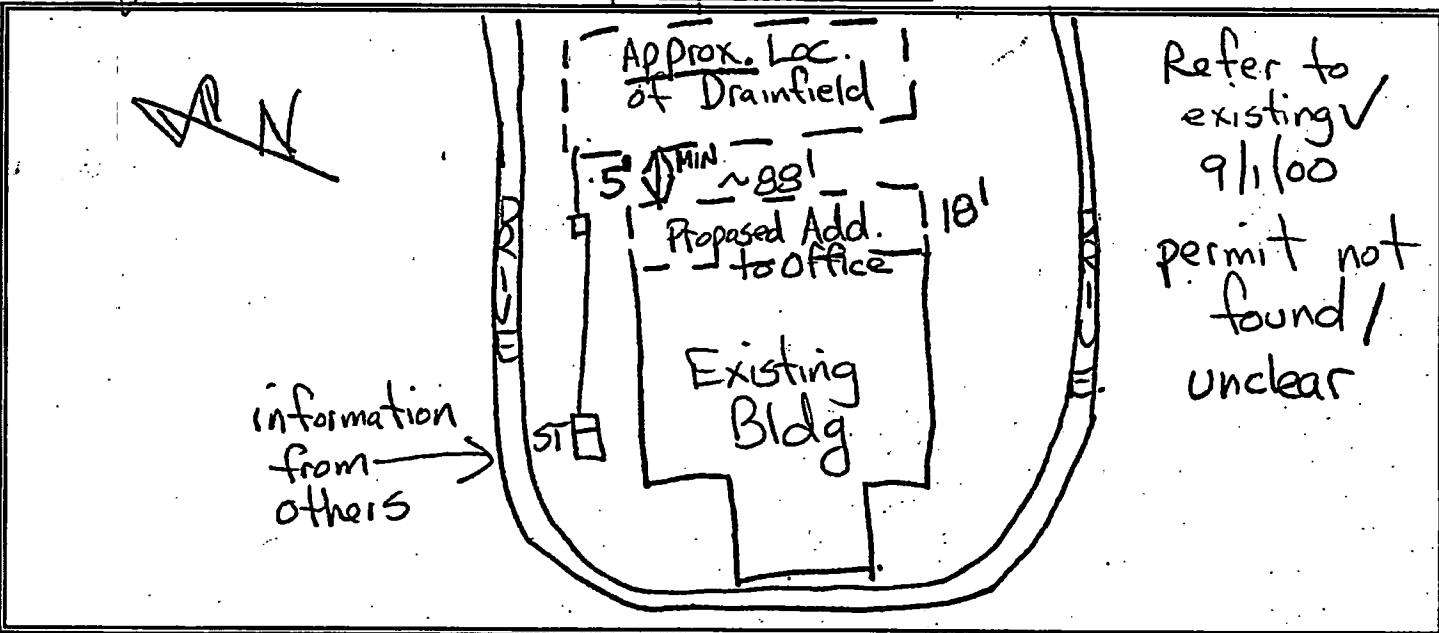
Remarks: expand office building existing # employees unchanged

Owner/Agent Signature: Date: 5-22-06

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

Signed: Jamesa Bayer, RS Date: 5/24/06

THIS REPORT IS VALID THROUGH 8/24/06



TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 8-30-00

Tax ID No.: 9517-55-8130-000

Receipt No.: 18443 850

Owner/Agent: AMERICAN CAROLINA STAMPING STAMPING

Address: P.O. Box 1079  
Etowah, NC 28729

Phone Number: 828 884-4809 John Dean 891-4263

Date System Installed: Unknown Steve McNabb 884-4809

Name(s) of Original Permittee: Unknown

Directions to property: Hwy. 64 east - to Penrose - 1st right after Crab Creek Road to Old Hendersonville Hwy. - 1st right into business

Subdivision: Section: Lot No:

Inspection requested for:

- Mobile home setup
- Remodeling
- Addition
- Connection to unused system
- Business
- Other

No. of bedrooms upon connection/completion: Current no. of Bedrooms:

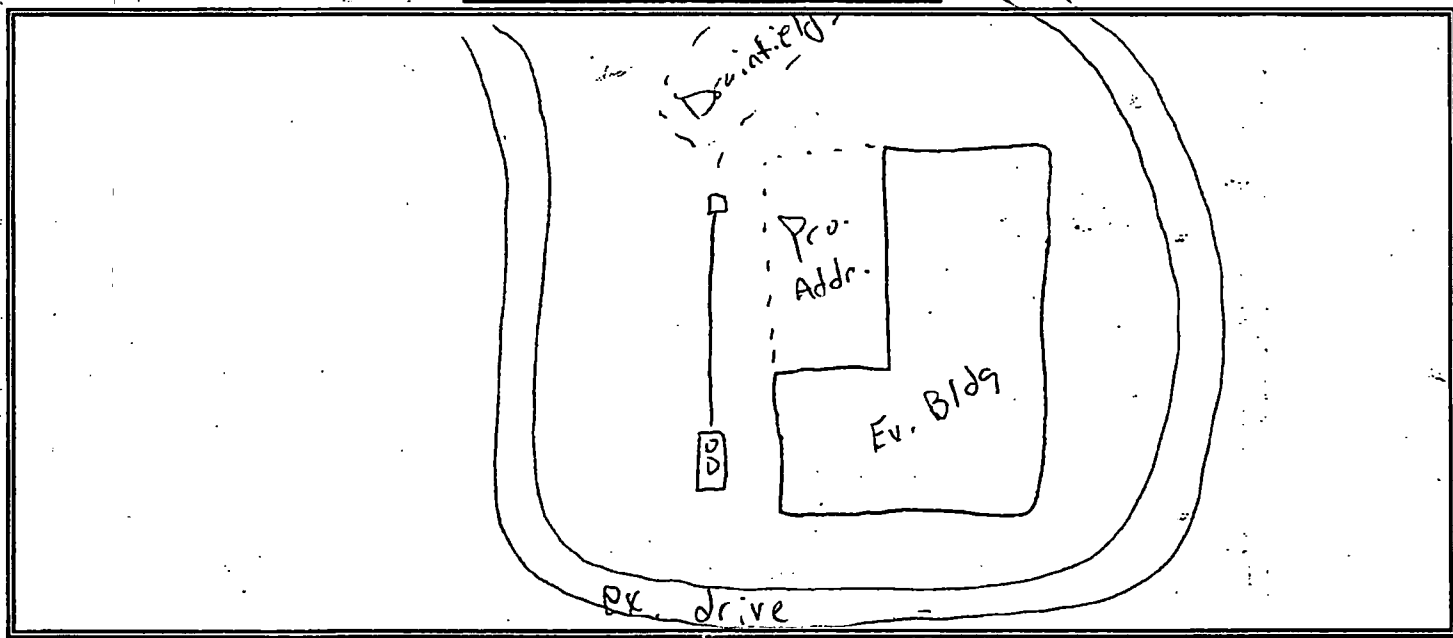
Remarks: warehouse storage

Owner/Agent Signature: [Signature] Date: 8-30-00

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

Signed: Jeff McCall, RS Date: 9.1.00

THIS REPORT IS VALID THROUGH 12.1.00



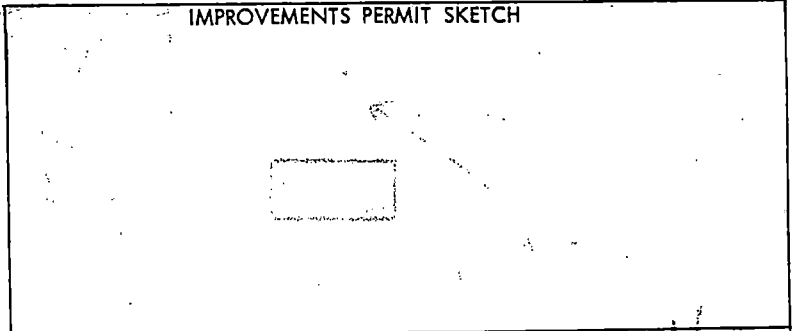
TRANSYLVANIA COUNTY HEALTH DEPARTMENT

(Sewage disposal system) Improvements Permit and Certificate of Completion

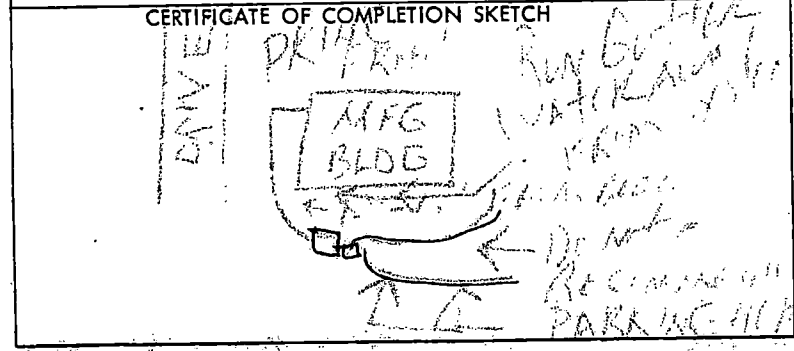
(Ground Absorption Sewage Disposal System - Section 130 - 160 of Chapter 130 of the General Statutes of North Carolina)

OWNER-OCCUPANT James Saltz BUILDING CONTRACTOR Merrill Masonary  
LOCATION 64 -> McCrary Well Drilling -> right 9 on right  
SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_ SECT. OR BLOCK NO. \_\_\_\_\_  
SEPTIC TANK CONTRACTOR Bill Scott ADDRESS \_\_\_\_\_

HOUSE  MOBILE HOME  BUSINESS   
NO. BEDROOMS \_\_\_\_\_ NO. BATHROOMS 2  
SIZE OF SEPTIC TANK 855 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   
UNSUITABLE



IMPROVEMENTS PERMIT: DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
CERTIFICATE OF COMPLETION: DATE: 6-16-81  
BY: \_\_\_\_\_



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.

File Name: MCNABB, STEVE

**TRANSYLVANIA COUNTY HEALTH DEPARTMENT** 9517-55-  
**ON-SITE WASTEWATER DISPOSAL APPLICATION** 8130.000

Pin #/Tax ID T52200020

Permit #: 96-071

Receipt No 5926 \$75.00

Agent/Owner: MCNABB, Steve

Mailing Address: P.O. Box 1079 Etowah, NC 28729

Home Phone #: ( ) 891-5552

Work Phone #: ( ) 884-4809

Proposed Buyer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Property Location: Old U.S. 64

Subdivision: \_\_\_\_\_

Phase/Sect.: \_\_\_\_\_

Lot #: \_\_\_\_\_

Road/Street

Directions to property: Old Hwy. 64 Penrose - turn at McCrazy Well Drilling - 1st drive on right.

Flood Zone		
Is the property in a flood zone?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Inspections		
Flood Zone		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Initials _____	Date _____	

Installation for: Mobile Home  Single  Double  House  No. Bedrooms: 2 <sup>FN</sup> Basement: Yes  No  With Plumbing: Yes  No  Ind./Commercial  Other

If Indust./Commercial/Other: Number of employees: \_\_\_\_\_ Operation: (Describe) \_\_\_\_\_ Property contains designated wet lands: Yes  No

Lot size: 7.14 ac. Date lot recorded: 1995 Right of ways, easements, etc. no Water Supply: Private:  Spring  Well  Shared Supply  Public/Community

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform a site/soil evaluation on the property described above. If the information submitted in this application is falsified or changed, the permit shall become void. I understand that it is my responsibility as the applicant/agent/owner to comply with all applicable ordinances, laws, and rules from other agencies that may affect the development of this property.

Applicant/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ON-SITE WASTEWATER DISPOSAL SYSTEM  
OPERATIONS PERMIT**



The issuance of this operations permit certifies that the system described on the improvement permit and the construction authorization is properly installed or repaired and that the system is capable of being operated in accordance with the conditions of the improvement permit, Article 11 of Chapter 130A of the General Statutes of North Carolina and the rules adopted pursuant to this Article. This operation permit shall remain in effect as long as the system is operated and maintained as required by the Laws and Rules for Sewage Treatment and Disposal Systems as issued by the North Carolina Department of Environment, Health and Natural Resources, Division of Environmental Health.

System Classification Type: III g Management Entity:  Owner  Certified Operator Minimum inspection/maintenance review frequency 5 years.

Comments: \_\_\_\_\_

Installed by: Harold Houck

Final Inspection by: Hum R. [Signature] RS

Date: 8.14.96



TRANSYLVANIA COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT DIAGRAM

File Name: Steve McNabb

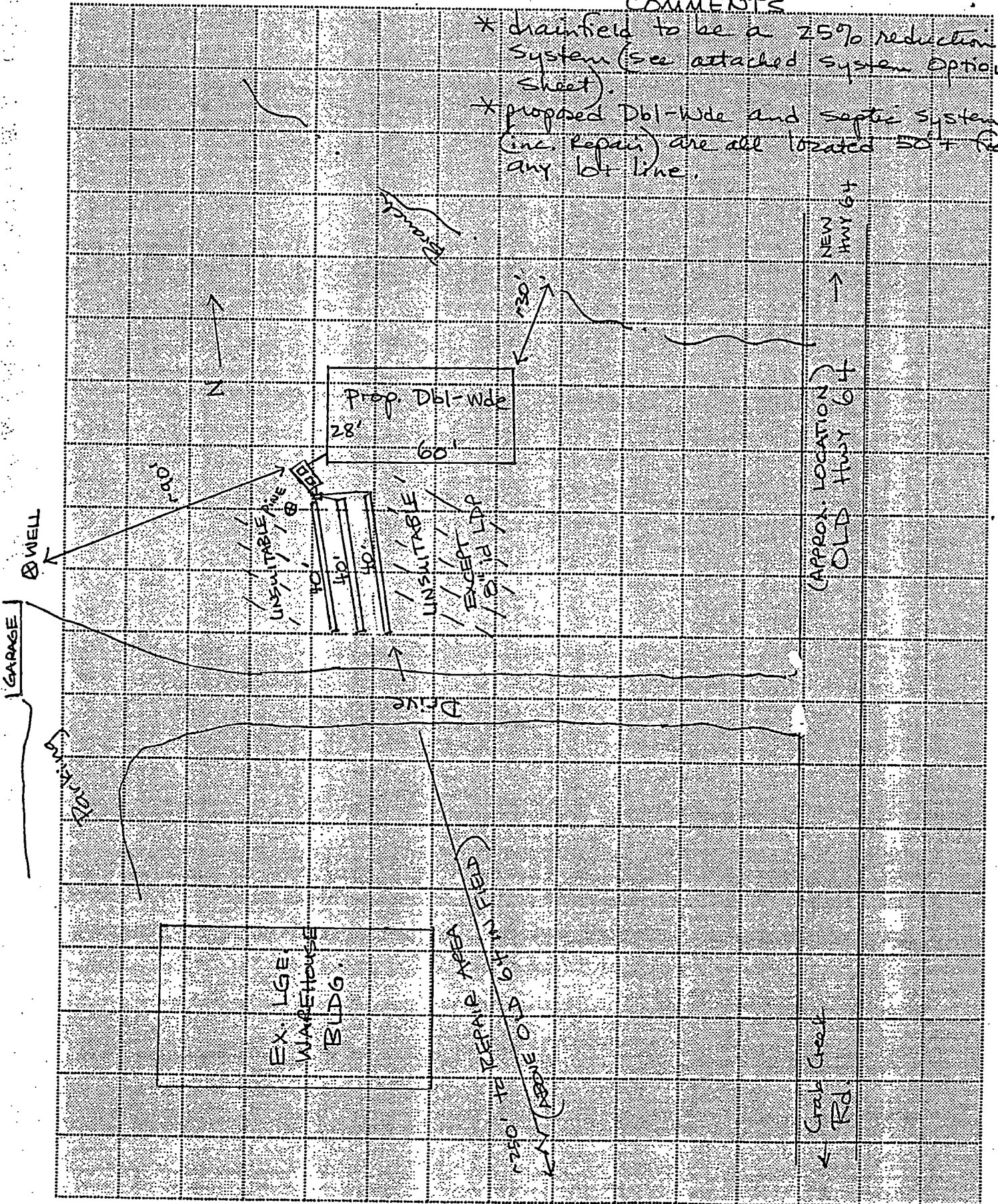
96-071

Permit No.:

Pin No.: T52200020

COMMENTS

- \* drainfield to be a 25% reduction system (see attached system option sheet).
- \* proposed Dbl-Wide and septic system (inc. repair) are all located 50' + from any lot line.



Scale 1" = 40 ft.

TRANSYLVANIA COUNTY HEALTH DEPARTMENT

Existing System Inspection Report

(For Building Inspection Department)

Date: 8-13-08

Tax ID No.: 9517-55-8130-000

Receipt No.: 032111  
750<sup>00</sup>

Owner/Agent: McJast, Inc.

Address: 6497 Old Hendersinville Hwy  
Penrose, NC

Phone Number: Contact: Taylor Fowler 489-2561

Date System Installed:

Name(s) of Original Permittee:

Directions to property: 64E past rock quarry; 1st R after Crab Creek; 1st R into drive

Original Cert. of Completion	
Name:	_____
Date:	_____

Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Inspection requested for:

- Mobile home setup
- Remodeling
- Addition
- Connection to unused system
- Business
- Other

No. of bedrooms upon connection/completion: \_\_\_\_\_ Current no. of Bedrooms: \_\_\_\_\_

Remarks: 30' x 36' storage shed w/ electricity

Owner/Agent Signature: \_\_\_\_\_ Date: 8-13-08

At the time of the inspection there was no visible evidence of a malfunction in the system. The system is approved for proposed connections/additions/renovations or other improvements.

Signed: J. R. Adams RS Date: 8.18.08

THIS REPORT IS VALID THROUGH

