MACON COUNTY PUBLIC HEALTH CENTER

Franklin, North Carolina 28734

SUBSURFACE SEWAGE SYSTEM OPERATIONS PERMIT - TYPES II-IV

☒ New Installation ☐ Addition to Existing System ☐ Partial Repair ☐ 100% Repair

☒ Single family dwelling(s) 1 # ☐ Multi-family dwelling ☐ Commercial (type) _____

Total # bedrooms 2 Daily Flow: (Gallons per day): 240

Property Owner: C.D. Buchanan, Jr.

Property Description: Doe Falls Rd.

Township Highlands Parcel ID Number 04-00919 Map Number 7522.00-46-5900

Type of System 10" ID Large Diameter Pipe System Classification III

Septic Tank Size 1000 Pump Tank Size — Trench Bottom Depth 18" LS LTAR .6

Drinking Water Source: ☐ Individual Well/Spring ☒ Shared Well/Spring ☐ City ☐ Community

Future Repair Area Required ☒ Yes ☐ No Type of System for Future Repair _____

Date Improvements Permit/Authorization to construct issued 7-14-98 Permit No. —

Installer Jerry Anderson & D.W. Henry Design Engineer — Project Number —

Inspection Frequency: Health Dept. — Mgt. Entity — Mgt. Entity Reporting Frequency —

Cautions or Comments: _____

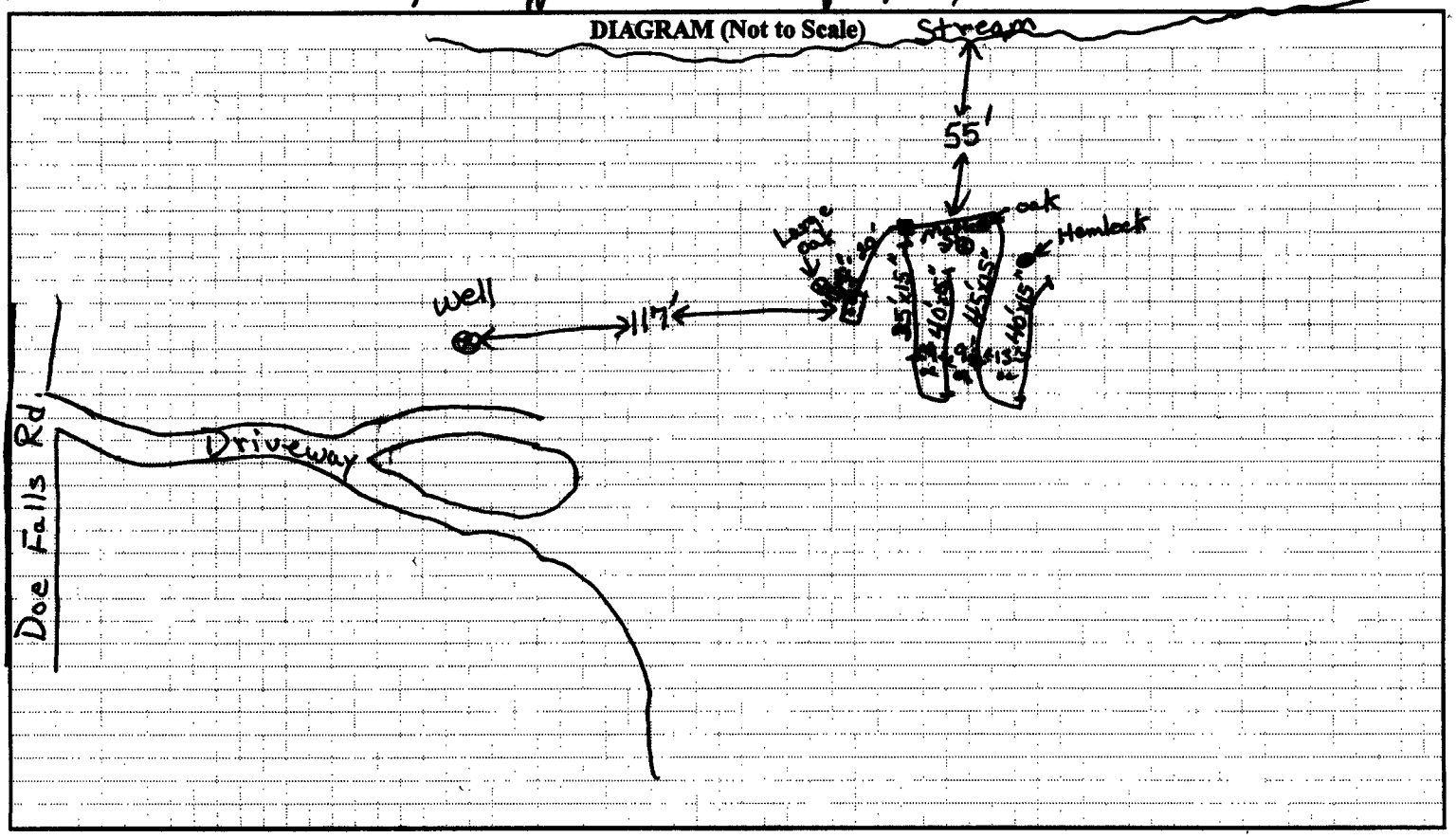
The following checked items are on file and are part of this Operations Permit:

☒ Application ☒ Improvement Permit ☐ Survey/Plat Map ☐ Engineer's Drawing

☐ Soil Data Sheet ☒ Authorization To Construct ☒ Map (Other) ☐ Zoning Permit

☒ Other COC for another system approval on same property

DIAGRAM (Not to Scale)



A representative of the Macon County Public Health Center has inspected this sewage disposal system and finds that it conforms to state guidelines. This permit is issued subject to all the provisions of the North Carolina Laws and Rules for Sewage Treatment and Disposal. **No person is permitted to make alterations to this system without the 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 regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time. **The area designated as "repair area" is required for future use and must remain undisturbed.**

8-26-98 D-box 2 lines
Date Inspected

Charles Womack RS
Environmental Health Specialist

3-17-99 Tank

White-Owners's Copy Yellow-Health Dept. Copy Pink-Building Inspection Dept. Copy

Buchanan, C.

MACON COUNTY PUBLIC HEALTH CENTER

Franklin, North Carolina 28734 Number_____

☒ **IMPROVEMENT PERMIT:** This Improvement Permit is valid for 5 years (Expiration Date 7-14-2003) and is subject to revocation if the site plans or the intended use changes.

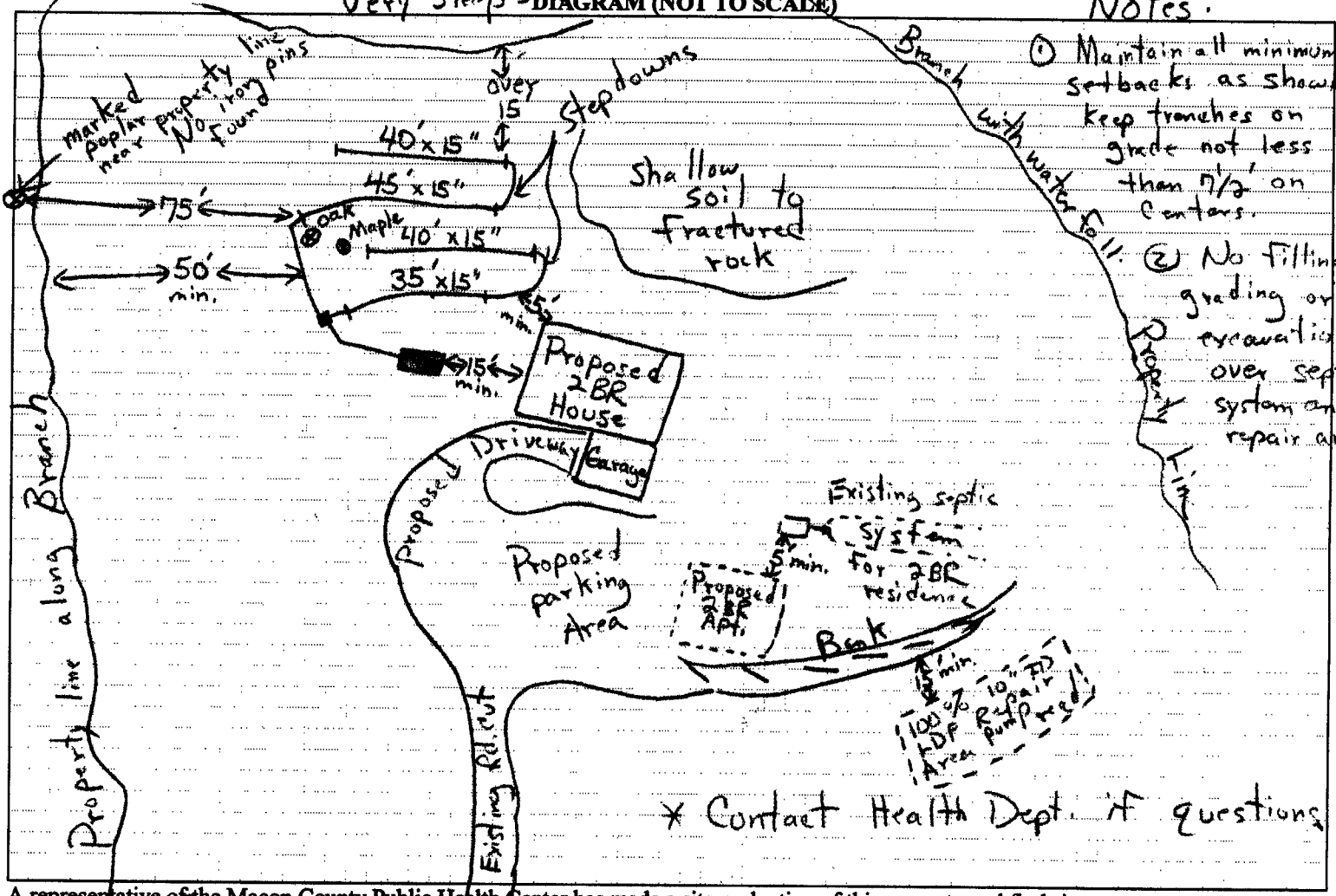
☒ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION:** This Authorization is valid for 5 years (Expiration Date 7-14-2003) and is subject to revocation if the site plans or the intended use changes.

☐ **REPAIR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION:** ☐ Partial Repair ☐ 100% Repair
This Authorization is for the repair of an existing wastewater system and is valid for _____ days after the date of issue.

NOTE: Both an Improvement Permit and an Authorization for Wastewater System Construction are required prior to obtaining a building permit or other construction permits.

Applicant or Owner C.D. Buchanan, Jr.
Township Sugarfork Parcel ID# 04-00919 Map # 7522.00-46-5900 Acreage 4.5
Property Description Off Buck Falls and Doe Falls Rd.
(X) Residential # Bedrooms 2 ( ) Commercial # Employees _____ Proposed Drinking Water Source Existing Spring
Suitable Soil Depth 18-24" Suitable Saprolite Depth 60" Slope 55-60% Daily Flow 240GPD LTAR .6
Type of System Hand dug 10" ID Large Diameter Pipe System Classification III
Total Nitrification Line Length 160' Trench Bottom Depth 18" on low side Stone Under Line —
Total Nitrification Line Width 15" Precast Tank Size 1000 gal. Stone Over Line —

DIAGRAM (NOT TO SCALE)



A representative of the Macon County Public Health Center has made a site evaluation of this property and finds it ( ) suitable (X) provisionally suitable for the proposed facility. This conforms to state guidelines and is not a guarantee.

Date 7-14-98 Charles Womack RS
Environmental Health Specialist

I have read and understand the requirements of this permit/authorization:

(Signature) X _____ Applicant X Agent _____

White - Owner's Copy Yellow - Building Inspections Dept. Copy Pink - Health Dept. Copy