



Macon County Public Health

1830 Lakeside Dr
Franklin, NC 28734
(828) 349 – 2490 (Office)
(828) 349 – 4136 (Fax)

OPERATIONS PERMIT

Owner	LynnLee, Inc.	SEP	060624-1	WEL	N/A
Location	975 Middle Skeenah Rd	PID	6582171008	ACREAGE	3.17
Directions	441 S, R Addington Bridge Road, L Middle Skeenah Rd, property on right				
Design	360 Gallons Per Day – DSE	Facility	3 Bdrm – Residential – Max 6 People	Install Type	100% Repair
Foundation	Basement with plumbing	Water	Existing Single-Family Well / On Site	Expiration	Valid without Expiration

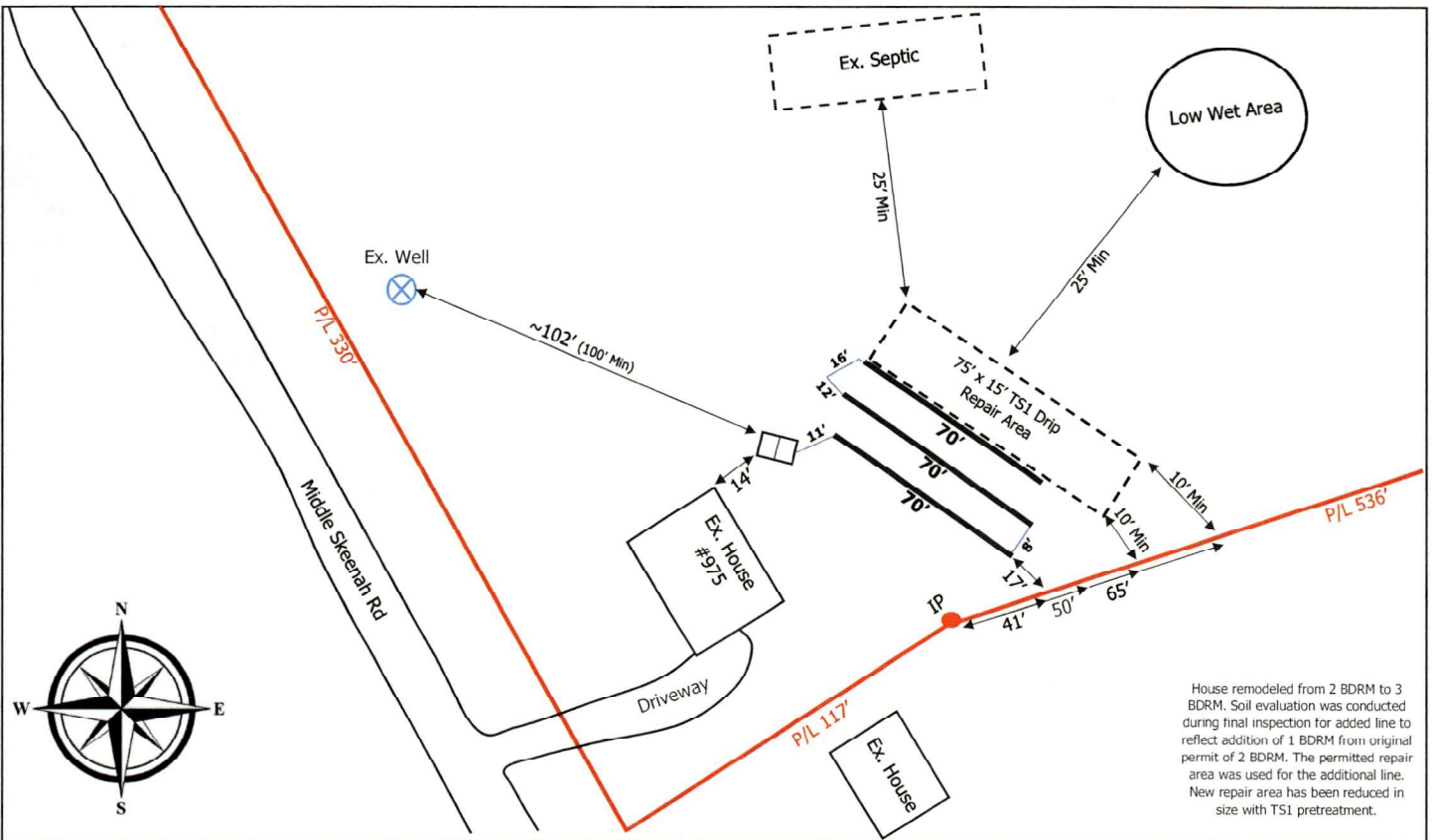


Diagram not to scale

Permit Conditions

- 1) System shall be operated and maintained per 15A NCAC 18E .1303

INITIAL	Infiltrator Quick 4 Plus (IQ4PS) - Gravity				REPAIR	Drip Dispersal - Pressure Dispersal TS-I		
Type: II B	Avg. Depth: 22"	LTAR: 0.45	Saprolite: No	Type: V	Area: 1125 ft ²	LTAR: 0.45	Saprolite: No	
S. TANK	ID: B&B – STB – 805 – 1000 gallons	Filter: Polylok		P. TANK	ID: – STB – – gallons	Dose: enter" at enter gal/in		
Length: 210'	# Lines: 3	Distribution: Serial - SCH40		Well Setback: 100' Minimum		BPJ Used: No		
Installer: Alan Bleckley	Cert: 1361	MONITORING	MCPH: N/A	Mgt. Entity: N/A		Report Freq.: N/A		

The issuance of this permit by MCPH in no way guarantees the issuance of other permits. The property owner is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, site, or intended use changes. All rules in 15A NCAC 18E Wastewater Treatment and Dispersal Systems are incorporated by reference into this document, including any subsequent amendments to those rules, and shall be adhered to.

October 21, 2024
Issue Date

Trevor Justice
Trevor Justice REHSI 3294



Anna Hokrein, REHSI 3384

* Repair + Expansion

Page 1 of 1
PROPERTY ID #: 6582171008
COUNTY: Marion

SOIL AND SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: Lynnlce Inc.

DATE EVALUATED: 6/13/24

ADDRESS: 975 Middle Skeneah Rd.

PROPOSED FACILITY: Ex. 240 670 3-Bedroom PROPOSED DESIGN FLOW (.0400): going to 360 Lpd

PROPERTY SIZE: 3.17 ac.

LOCATION OF SITE: 975 Middle Skeneah Rd.

PROPERTY RECORDED: 11/19/24

WATER SUPPLY: ☐ Public ☒ Single Family Well ☒ Shared Well ☐ Spring ☐ Other

WATER SUPPLY SETBACK: 150'

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Domestic ☐ High Strength ☐ IPWW

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRE CTION
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ		
1	20%	0-28	ML SBL	Fr SS SR SBL	—	39" SAP	—	—	TIT .45	
		28-32	SCL SBL	Fr SS SP SBL						
		32-39	SCL/BL SBL	Fr SS SP SBL						
		39-48	SAP M							
2	25%	0-4	L GR	Fr	—	25" SAP	—	—	TIT .45	
		4-16	CL SBL	Fr SS SP SBL						
		16-25	CL/BL SBL	Fr SS SP SBL						
		25-	SAP M							
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): <u>Suitable</u> EVALUATED BY: <u>AH JP CA</u> OTHER(S) PRESENT: <u>—</u>
Available Space (.0508)	<u>S</u>	<u>S</u>	
System Type(s)	<u>II B</u>	<u>I</u>	
Site LTAR	<u>.45</u>	<u>.20</u>	
Maximum Trench Depth			

Comments: _____

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)	VP (Very plastic)					
R (Ridge/summit)		Si (Silt)						
S (Shoulder slope)		IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)	
T (Terrace)	SIC (Silty clay)		EXP (Expansive)					
TS (Toe Slope)	C (Clay)							
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

In inches below natural soil surface

In inches from land surface

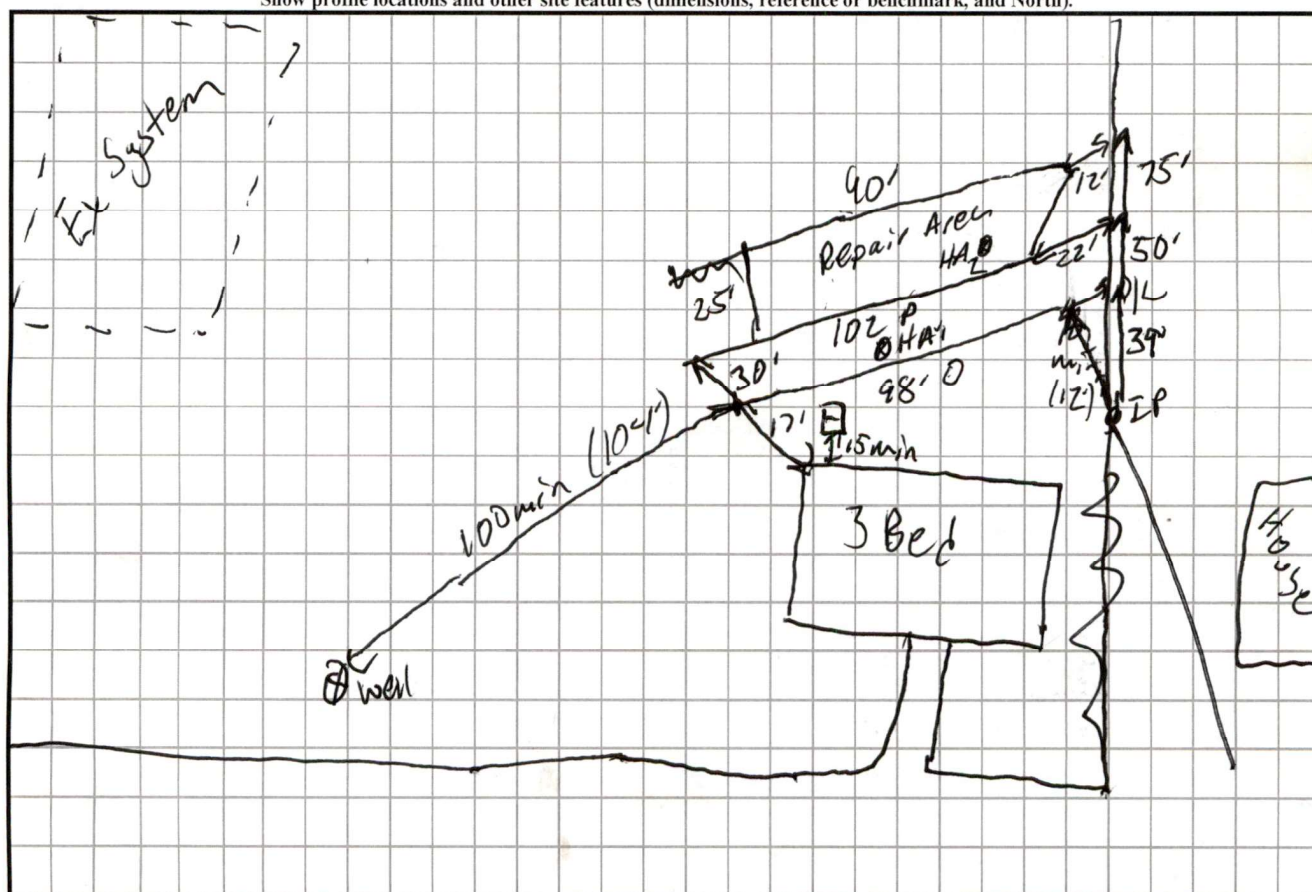
Thickness and depth from land surface

S(suitable) or U(unsuitable): Evaluation of saprolite shall be by pits

Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).





Macon County
Public Health

1830 Lakeside Dr
Franklin, NC 28734
(828) 349 – 2490 (Office)
(828) 349 – 4136 (Fax)

Application Date:	6/11/2024	Due Diligence Date:	
Owner Name:	LYNNLEE, INC.		
SEP	SEP-060624-1		
Permit Type:	REPAIR		
Township:	Franklin		
Office Notes:	<i>Also applied for SEP 060724-1 - Add / bldg</i>		

EHS NOTES

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

EH QA	QA DATE	DETAIL	REHS INITIALS
----------	---------	--------	---------------



Macon County Public Health

1830 Lakeside Dr
Franklin, NC 28734
(828) 349-2490
envirovm@maconnc.org

APPLICATION FOR REPAIR CONSTRUCTION AUTHORIZATION

OWNER / APPLICANT INFORMATION			
PROPERTY OWNER <i>Lynn Lee, Inc.</i>		PHONE <i>828-421-0321</i>	
STREET <i>200 Moses Rd</i>	CITY <i>Franklin</i>	STATE <i>NC</i>	ZIP <i>28734</i>
APPLICANT <i>Daniel Serry</i>		EMAIL <i>daniel.serry@morrisbh.net</i>	
STREET <i>200 Moses Rd</i>	CITY <i>Franklin</i>	STATE <i>NC</i>	ZIP <i>28734</i>
PROPERTY INFORMATION		PHONE <i>828-421-0321</i>	
ADDRESS <i>975 Middle Skeneah Rd</i>		EMAIL <i>daniel.serry@morrisbh.net</i>	
SUBDIVISION <i>N/A</i>	LOT# <i>N/A</i>	SIZE <i>3.17</i>	DATE RECORDED <i>1/19/24</i>
DIRECTIONS <i>4415 to R on Bell Puddle to Middle Skeneah to R @ 975</i>		PID# <i>6582171008</i>	

ON-SITE WASTEWATER SYSTEM			
RESIDENTIAL	# BEDROOMS <i>2</i>	# OCCUPANTS	DESCRIBE FAILURE <i>Broken line</i>
COMMERCIAL	DESCRIBE FAILURE		

Pursuant to 15A NCAC 18E .0105 (86), a Repair permit is applicable when a system is malfunctioning, or has been or wholly destroyed.

Valid classifications for malfunctions are listed in 15A NCAC 18E .1303 (a)(1-2), and are as follows:

- Discharge of sewage or effluent to the surface of the ground, surface waters, or into groundwater at any time;
- Back-up of sewage or effluent into the facility, building drains, collection system, freeboard volume of tanks, or distribution system;
- Effluent within three inches of finished grade over one or more trenches based on two or more observations made not less than 24 hours apart, and greater than 24 hours after a rainfall event; or
- If it is necessary to remove the contents of the tank(s) at a frequency greater than once per month in order to prevent one or more of the conditions above.

If your system does not meet the above criteria, you will need to apply for a new construction authorization instead.

By signing below, I confirm that I have read and understand all documents accompanying and comprising this application. By applying my signature, I affirm my intent to enter into contract with Macon County Public Health for the purpose of the above. My signature permits designated agents right of entry for inspection and permitting, and serves as confirmation of my compliance with applicable laws and rules pertaining to the preparation and accessibility of the property. I affirm that the above information is true, complete, and correct. I understand that if any of this document is found to be false, it will become void and no refund of fees will be issued.

[Signature]
Signature of Applicant

6/10/24
Date

also applied (060724-1) Expansion

H OFFICE USE ONLY		SEP	WEL	DATE RCVD	RCVD BY	FEE DATA
060724-1				6.11.24	JB	NE



Macon County Public Health

1830 Lakeside Dr
Franklin, NC 28734
(828) 349-2490
envirovm@maconnc.org

AUTHORIZATION TO ACT AS LAWFUL REPRESENTATIVE

Applications for permits require the signature of the applicant and owner (15A NCAC 18E .0201(h)(9)). If the owner does not sign the application themselves, they may submit any one of the following documents to designate their lawful representative:

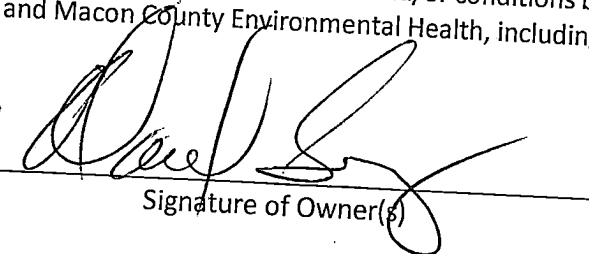
1. Power of Attorney
2. Estate executor
3. Bankruptcy trustee
4. Court-ordered guardianship
5. Offer to Purchase Agreement Form 2-T/12-T (this option limits applicant to IP only)

In the absence of the above documentation, the property owner shall sign this form to designate a lawful representative to act on their behalf. If there are multiple property owners, then all property owners must sign this form.

By signing this form designating a lawful representative for purposes of 15A NCAC 18E .0200, the property owner authorizes the lawful representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. This authorization further allows the representative to make decisions on behalf of the owner pertaining to modifications of permits in the field. The owner retains full responsibility to meet all permit conditions specified by Macon County Environmental Health.

Owner Name: Lynlee Inc.
Property Address: 975 Middle Street, Franklin, NC
PIN: 6582171008
Representative Name: Daniel Semy

I agree to abide by all decisions and/or conditions between the lawful representative acting on my behalf and Macon County Environmental Health, including but not limited to those decisions made in the field.


Signature of Owner(s)

6/10/24
Date

EH OFFICE ONLY
Reviewed By: _____



Macon County Public Health

1830 Lakeside Dr
Franklin, NC 28734
(828) 349-2490
envirovm@maconnc.org

UTILITIES LOCATION AGREEMENT FOR SEPTIC SYSTEMS AND WELLS

Please be advised that soil/site evaluations for septic systems and inspections of existing systems will not be conducted until **AFTER** the property owner/authorized agent has located all underground utility lines which may interfere with probing, auguring, or septic system and/or well installation. These include water lines (including irrigation lines), electric, telephone, cable, gas, et cetera. North Carolina 811 is a utility locating service, available at no charge, which will locate power lines (except private lines), cable, telephone, gas, water, and sewer lines. Their telephone number is 1-800-632-4949.

After all underground utilities are clearly and accurately identified, a site visit for purposes of an inspection of an existing system and/or evaluation for a septic system (new/repair/expansion) will be conducted. In the event that underground utilities are not clearly identified prior to the site visit, delays may occur and a revisit fee may be assessed. Hopefully, this procedure will eliminate the need to make adjustments at the time of installation and avoid undue costs.

Additionally, it should be noted that the State Laws and Rules for Sewage Treatment and Disposal Systems (15A NCAC 18A .1950 (a,14)) requires that any part of a septic system be at least 10 feet from **ANY** water line. This means irrigation systems crossing septic tanks and drain fields must be relocated at least 10 feet away. The only deviation from this is under .1950(f), which allows for a supply line to cross a water line if constructed of ductile iron pipe **OR** 18 inches of vertical separation can be maintained, with the sewage supply line crossing beneath the water line.

By signing this document, you acknowledge the requirements for marking utilities on the property associated with the application.

975 Middle Street Rd Franklin, NC
Address of Property (where work will be performed)

[Signature]
Signature

6/10/24
Date

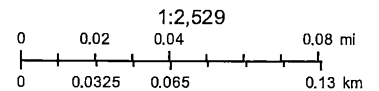
EH OFFICE ONLY
Reviewed By: _____

Macon County



June 12, 2024

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> □ Macon County Boundary E911 Structures • <all other values> | <ul style="list-style-type: none"> • CELL TOWER • COMMERCIAL • GOVERNMENT • INSTITUTION • OTHER • RELIGIOUS | <ul style="list-style-type: none"> • RESIDENTIAL • SCHOOL — Street Centerline |
|--|---|--|





Macon County Public Health

1830 Lakeside Dr
Franklin, NC 28734
(828) 349-2490
envirovm@maconnc.org

REPAIR CONSTRUCTION AUTHORIZATION

Please initial beside each item to affirm understanding and completion of task.

✓

Site made accessible.

This means clearing of foliage and obstacles from within the septic repair area and from an additional 25' beyond its perimeter *before* MCPH evaluation. MCPH should be able to see the entire ground surface and walk unimpeded.

✓

Application form complete.

All fields on the application are required. Any blanks will result in your application being returned as incomplete. Accompanying forms must also be completed, where applicable.

✓

Property Lines marked.

You are responsible for having your property lines identified and marked on site *before* MCPH evaluation. Lines should be marked, at a minimum, every 25'.

✓

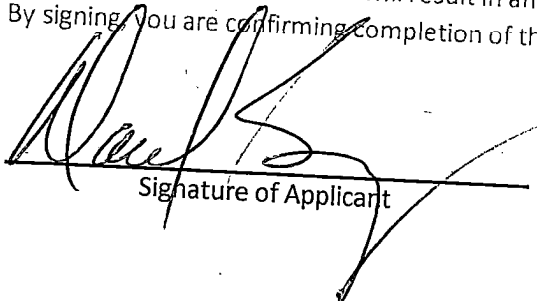
Underground Utilities marked.

You are responsible for having underground utility lines identified and marked on site *before* MCPH evaluation.

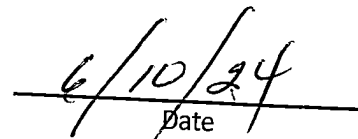
In order for Macon County Public Health to process your application, the preceding must be completed.

Failure to complete these will result in an incomplete application status or an application denial.

By signing, you are confirming completion of these tasks. Misrepresentation may result in denial of service.



Signature of Applicant



Date

EH OFFICE ONLY
Reviewed By: _____