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)_____ # ☐ Multi-family dwelling ☐ Commercial (type) N/A

Total # bedrooms 3 Bdrms. Daily Flow: (Gallons per day): 360 gpd

Property Owner: Frank Meier

Property Description: Graystone Hollow S/D Lot #5 (w/ easement to Lot #4)

Township Franklin Parcel ID Number 0142611 Map Number 6565-00-47-9574

Type of System 10" Large Diameter Pipe System Classification ATT

Septic Tank Size 1000 gal. Pump Tank Size N/A Trench Bottom Depth 18" d.S. LTAR 0.6

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

Future Repair Area Required ☒ Yes ☐ No Type of System for Future Repair 10" LDP

Date Improvements Permit/Authorization to construct issued 7-31-07 Permit No. _____

Installer Paul Higdon Design Engineer N/A Project Number N/A

Inspection Frequency: Health Dept. N/A Mgt. Entity N/A Mgt. Entity Reporting Frequency N/A

Cautions or Comments: _____

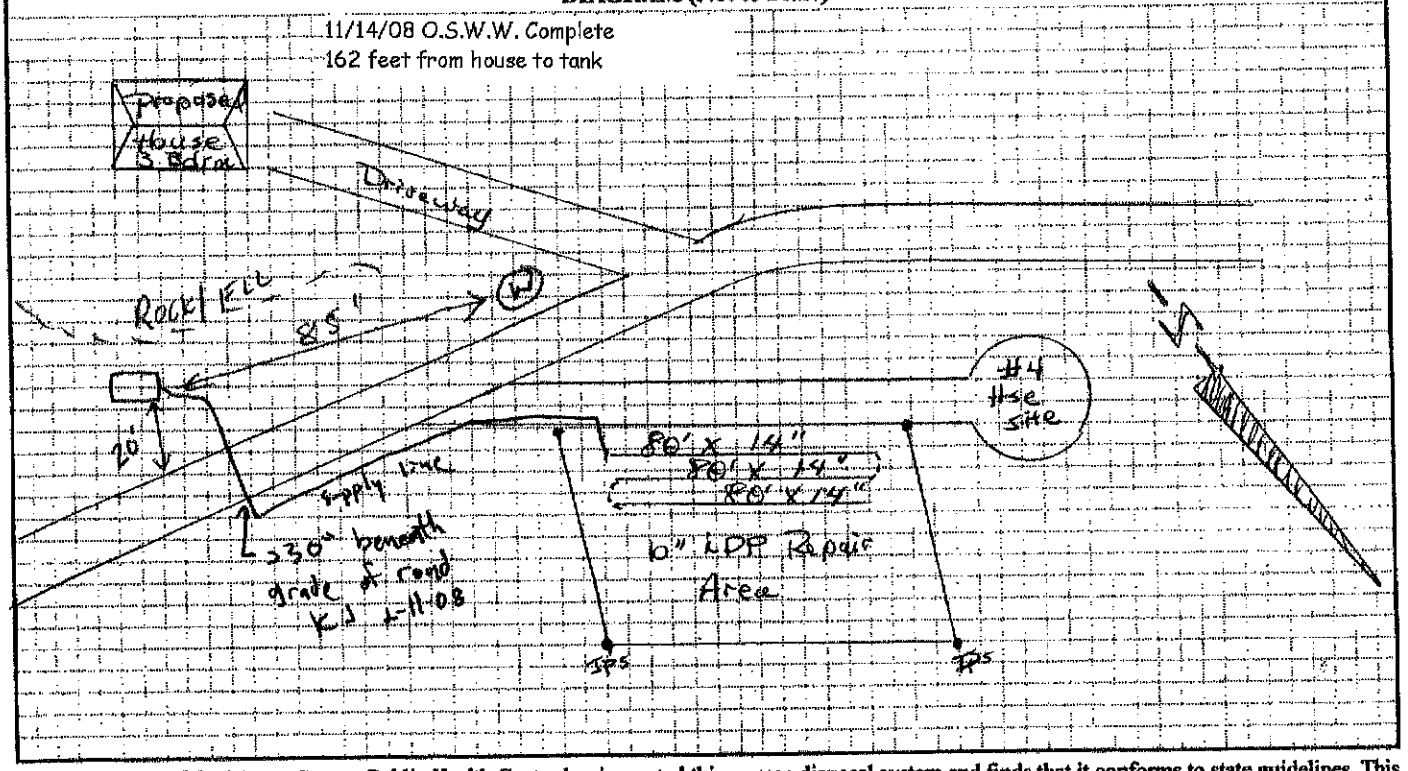
The following checked items are on file and are part of this Operations Permit:

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

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

☐ Other _____

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.**

1-25-08
Date Inspected

JF Faucett RSI #2189
Environmental Health Specialist

White-Owners's Copy Yellow-Health Dept. Copy

Meier, F

MACON COUNTY PUBLIC HEALTH CENTER

1830 Lakeside Drive • Franklin, North Carolina 28734

☒ **IMPROVEMENT PERMIT**: This Improvement Permit is valid for 5 years (Expiration Date 7/31/2012)

☒ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**: This Authorization is valid for 5 years (Expiration Date 7/31/2012)

☐ This authorization is for an addition to an existing wastewater system.

☐ **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 Frank Meier

Township Franklin Parcel ID# 0142611 Map # 6565.00-47-9574 Acreage 10.51

Property Description Tract #5, Formerly lot 3A, Greystone Hollow S/D with easement on Tract 4

☒ Residential # Bedrooms 3 (or) Commercial (type) _____ # Employees _____

Suitable Soil Depth 40-50" Suitable Saprolite Depth _____ Slope 64 % Daily Flow 360GPD LTAR .6

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

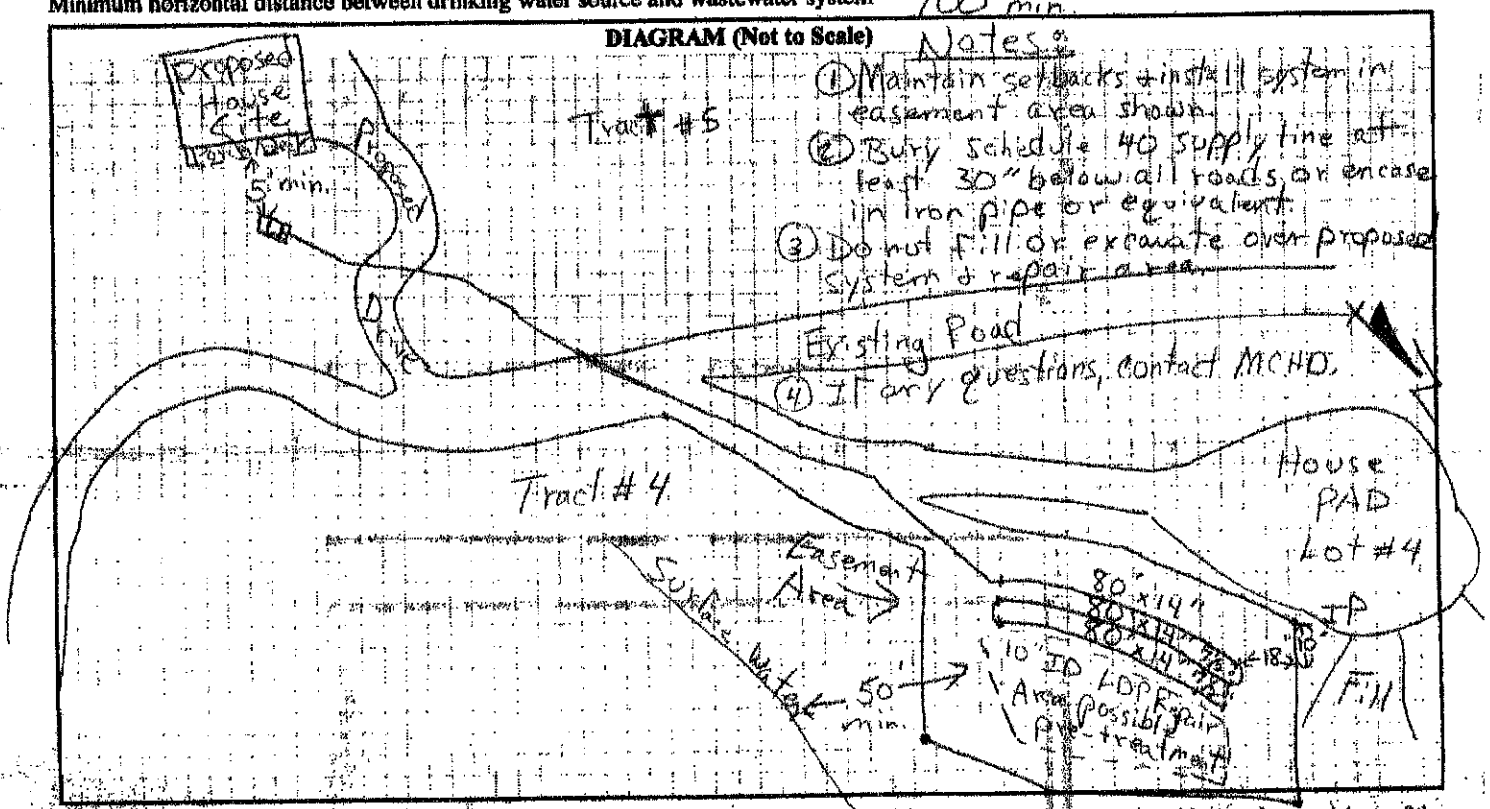
The Type of System Permitted ☐ Does ☐ Does Not Differ from the Type Specified on the Application

Total Nitrification Line Length 240' Trench Bottom Depth 18"-25 Stone Under Line — Stone Over Line —

Total Nitrification Line Width 14" Septic Tank Size 1000 gal Pump Tank Size —

Minimum horizontal distance between drinking water source and wastewater system 100' min.

DIAGRAM (Not to Scale)



Notes:
1. Maintain setbacks + install system in easement area shown.
2. Bury schedule 40 supply line at least 30" below all roads, or encase in iron pipe or equivalent.
3. Do not fill or excavate over proposed system & repair area.
4. If any questions, contact MCHD.

This permit/authorization is subject to revocation if the site plan, plat, or intended use changes, is transferrable, and is subject to the provisions of the Laws and Rules for Sewage System Collection, Treatment, and Disposal of the North Carolina Administrative Code.

Date 7/31/07 Charles Womack RS Authorized State Agent

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

(Signature) Frank Meier ☒ Owner ☐ Legal Representative Date 8/8/07

White-Owners's Copy Pink-Health Dept. Copy