

CLAY COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 PO BOX 55 HAYESVILLE, NC 28904
 PHONE 828-389-8326 FAX 828-389-9875

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

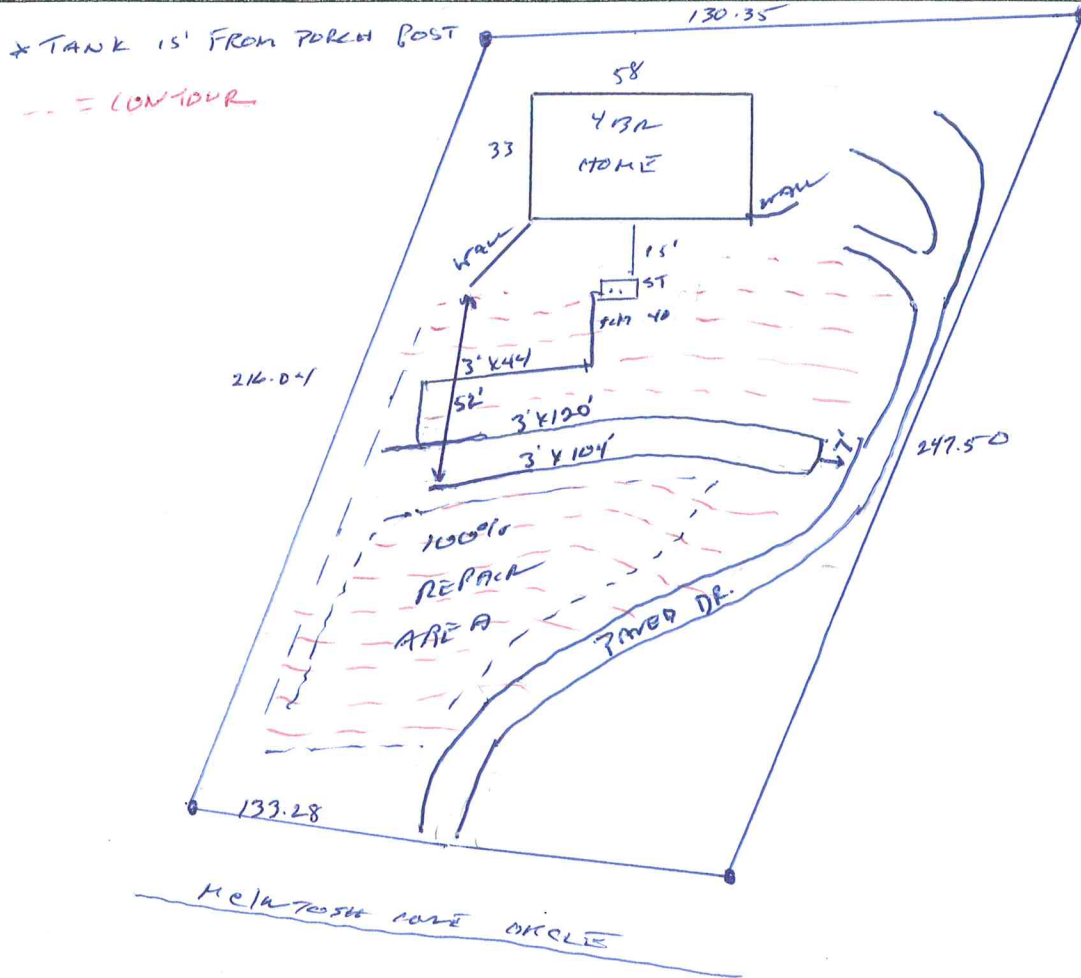
AUTHORIZED STATE AGENT

DATE

MINIMUM SETBACKS/DISTANCE REQUIREMENTS FOR SEPTIC SYSTEMS AND STRUCTURES

- | | |
|--|---------------------------------|
| 5 FEET FROM BUILDING FOOTER/FOUNDATION OF PORCH FOOTER | 10 FEET FROM PROPERTY LINE |
| 25 FEET UPSLOPE FROM BACKFILLED BASEMENT WALL | 15 FEET SIDESLOPE FROM BASEMENT |
| 15 FEET UPSLOPE FROM EMBANKMENTS OR CUTS | 10 FEET FROM WATER LINES |
| 50 FEET FROM ANY STREAM, CREEK, POND, OR LAKE | FOLLOW CONTOUR |
| 100 FEET FROM WATER SUPPLY OR AS PERMIT CONDITIONS REQUIRE | WITHIN 1/4 INCH PER 10 FEET |

PROPERTY OWNER Mira, Carlos
 SUBDIVISION & LOT # Lot 42 - MacIntosh Cove
 ADDRESS 148 MacIntosh Circle



SCALE 1" = 50' LOT# 42 ACRES .75

SYSTEM INSTALLER: RONNIE ANDERSON SYSTEM TYPE: QUICK 4 CHAMBER
 WATER SUPPLY: PUBLIC DISTANCE TO SYSTEM: 7100 PUMP CHECK: _____

OPERATIONS PERMIT

[Signature]
 AUTHORIZED STATE AGENT

9-27-06
 DATE

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EXPIRATION DATE

NEW REPAIR _____ EXPANSION _____

8-15-05

TYPE OF STRUCTURE: House

NUMBER OF BEDROOMS: 4 PROJECTED DAILY FLOW: 480 (GPD)

TYPE OF WATER SUPPLY: Public

BASEMENT CRAWLSPACE _____ SLAB _____ OVERALL DIMENSIONS 65 x 45

MACINTOSH COVE
42
PROPERTY OWNER
LOT #

INSTALLATION REQUIREMENTS/CONDITIONS

TYPE OF SYSTEM: 25% Reduction System (INITIAL)

- some - (REPAIR)

SEPTIC TANK SIZE: 1000 (GALLONS) PUMP TANK SIZE: - (GALLONS)

PUMP SPECS: -

TOTAL TRENCH LENGTH: 250 (FEET) TRENCH SPACING: _____ (FEET) ON CENTER

TRENCH DEPTH: 34" (INCHES) CONDITIONS: _____

THE ISSUANCE OF THIS PERMIT 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 SITE IS SUBJECT TO REVOCATION IF THE SITE, PLAN, OR INTENDED USE CHANGES. THIS PERMIT 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 UNDERSTAND AND ACCEPT THE CONDITIONS OF THIS PERMIT _____ (OWNER) _____ (AGENT)

SIGNATURE: _____ DATE: _____

SOIL EVALUATION COMPLETED BY LOCAL EHS
SOIL EVALUATION COMPLETED BY LICENSED SOIL SCIENTIST.
PROPOSAL CONSISTING OF SOIL DATA, SYSTEM DESIGN, AND
SKETCH REVIEWED AND APPROVED BY LOCAL EHS

AUTHORIZED STATE AGENT: [Signature] DATE: 8-15-05

SEE ATTACHED SITE SKETCH AND/OR
LICENSED SOIL SCIENTIST PROPOSAL