

MACON COUNTY PUBLIC HEALTH CENTER
Franklin, North Carolina 28734

SUBSURFACE SEWAGE SYSTEM OPERATIONS PERMIT - TYPES II-IV

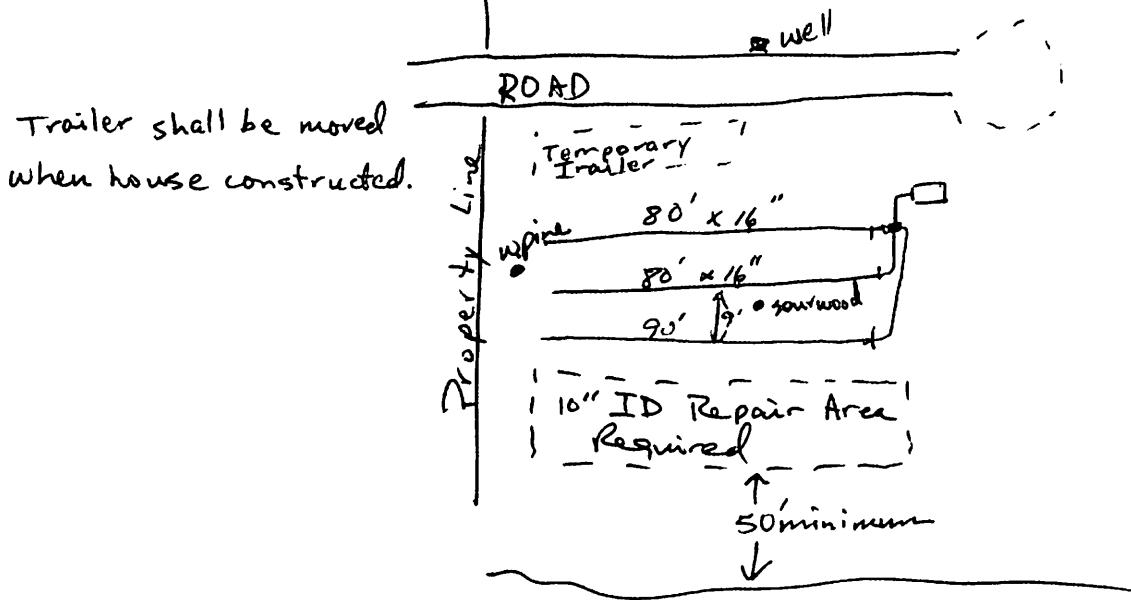
New Installation Partial Repair 100% Repair

Property Owner Greg Converse
 Location Mulberry Rd.
 Township Smithbridge Map Number _____ Parcel ID Number _____
 Type of System 10" Large Diameter Pipes System Classification Type III Design Flow 360 gal LTAR .55
 Future Repair Required: Yes No Type of System for Future Repair 10" LDP
 Septic Tank Size 1000 gal Pump Tank Size NA Trench Bottom Depth 18"
 Drinking Water Source: City Community Individual Well/Spring Shared Well/Spring
 Date Improvements Permit Issued 6/27/96 Permit Number NA
 Date Authorization to Construct Issued 6/27/96 Authorization Number NA
 Installer A. Berry Design Engineer NA Project Number NA
 Inspection Frequency: Health Department 5 yr Management Entity NA
 Management Entity Reporting Frequency NA

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Copy of Application | <input checked="" type="checkbox"/> Copy of Improvement Permit | <input checked="" type="checkbox"/> Survey/Plat Map |
| <input type="checkbox"/> Soil Data Sheet | <input checked="" type="checkbox"/> Copy of Authorization To Construct | <input type="checkbox"/> Zoning Permit |
| <input type="checkbox"/> Engineer's Drawing | <input checked="" type="checkbox"/> Other <u>Owners Authorization</u> | |

DIAGRAM (Not to Scale)



Trailer shall be moved when house constructed.

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 can not be disturbed in any way.**

10/31/96
Date Inspected

Patrick Russ RS / Pat Luff R.S. Lower Line 40-Box
Environmental Health Specialist

L. Converse, Jr.
MACON COUNTY PUBLIC HEALTH CENTER
FRANKLIN, NORTH CAROLINA 28734

NUMBER _____

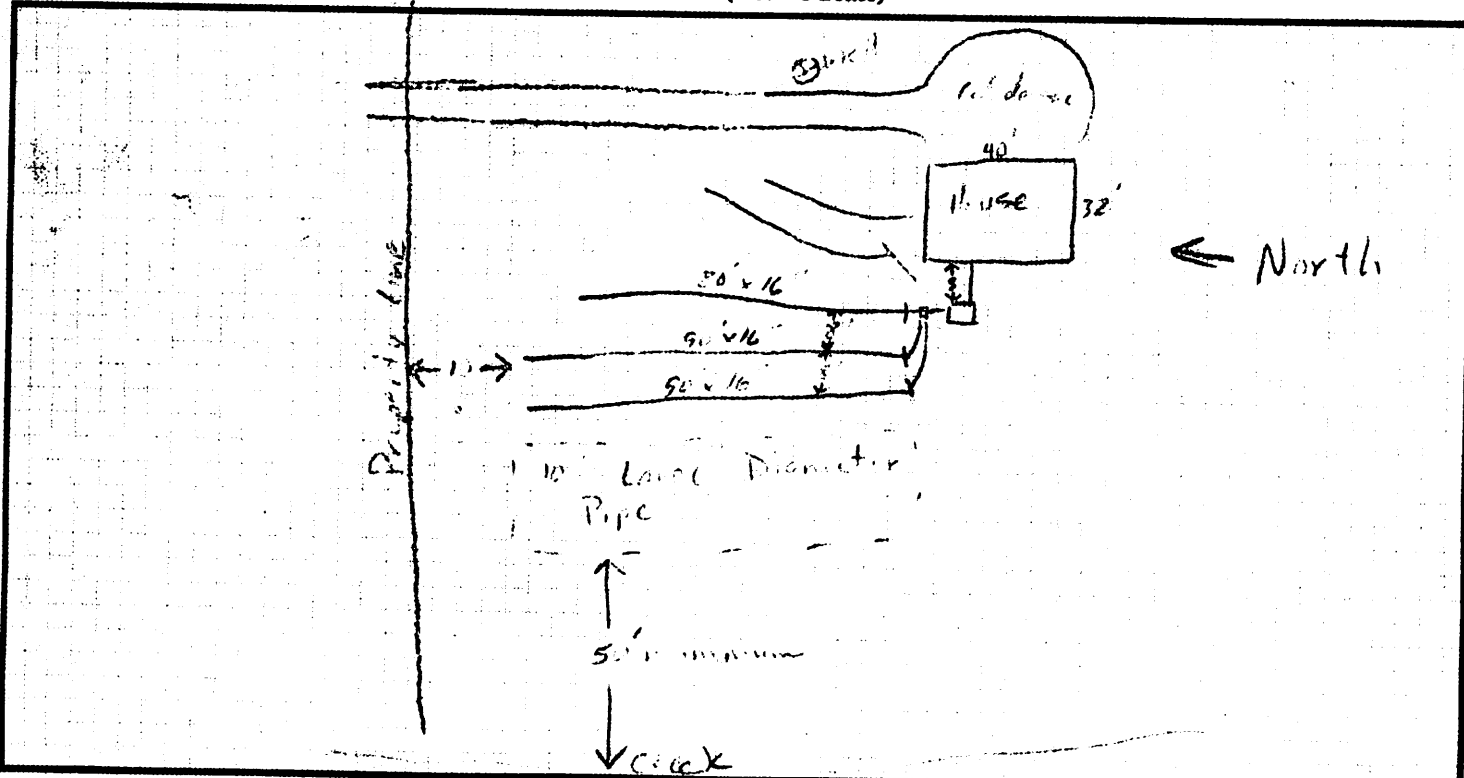
- IMPROVEMENT PERMIT** - This Improvement Permit is valid without expiration and is SUBJECT TO REVOCATION IF THE SITE PLANS OR THE INTENDED USE CHANGES.
- AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** - This Authorization is valid for 5 years (Expiration date 6/27/2001) and is SUBJECT TO REVOCATION IF THE SITE PLANS OR THE INTENDED USE CHANGES.
- REPAIR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** - 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 permit.

Applicant or Owner Greg Converse
 Township Smithbridge Parcel ID# _____ Map # _____ Acreage 11.13 Ac.
 Location Mulberry Rd., College West Estates Type of System 10" large diameter pipe
 System Classification Type III
 Precast Tank Size 1000 gal
 Trench Bottom Depth 18"
 Total Nitrification Line Length 21.0'
 Nitrification Line Width 16"
 Stone Under Line NA
 Stone Over Line NA

(X) Residential # Bedrooms 3
 () Commercial # Employees _____
 Daily Flow 360 gal LTAR .55
 Suitable Soil Depth 36" Slope 25%
 Proposed Drinking Water Source pvt well

DIAGRAM (Not To Scale)



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

Date 6/27/96 Patricia Muse RS
 Environmental Health Specialist

I have read and understand the requirements of this permit/authorization.
Cynthia E. Converse Applicant Agent _____
 White - Owner's Copy Yellow - Building Inspections Dept. Copy Pink - Health Dept. Copy