

MACON COUNTY PUBLIC HEALTH CENTER

Franklin, North Carolina 28734

Number _____



IMPROVEMENT PERMIT: This Improvement Permit is valid for 5 years (Expiration Date 6-11-2003) 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 6-11-2003) and is subject to revocation if the site plans or the intended use changes.



REPAIR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION: Partial Repair 100% Repair

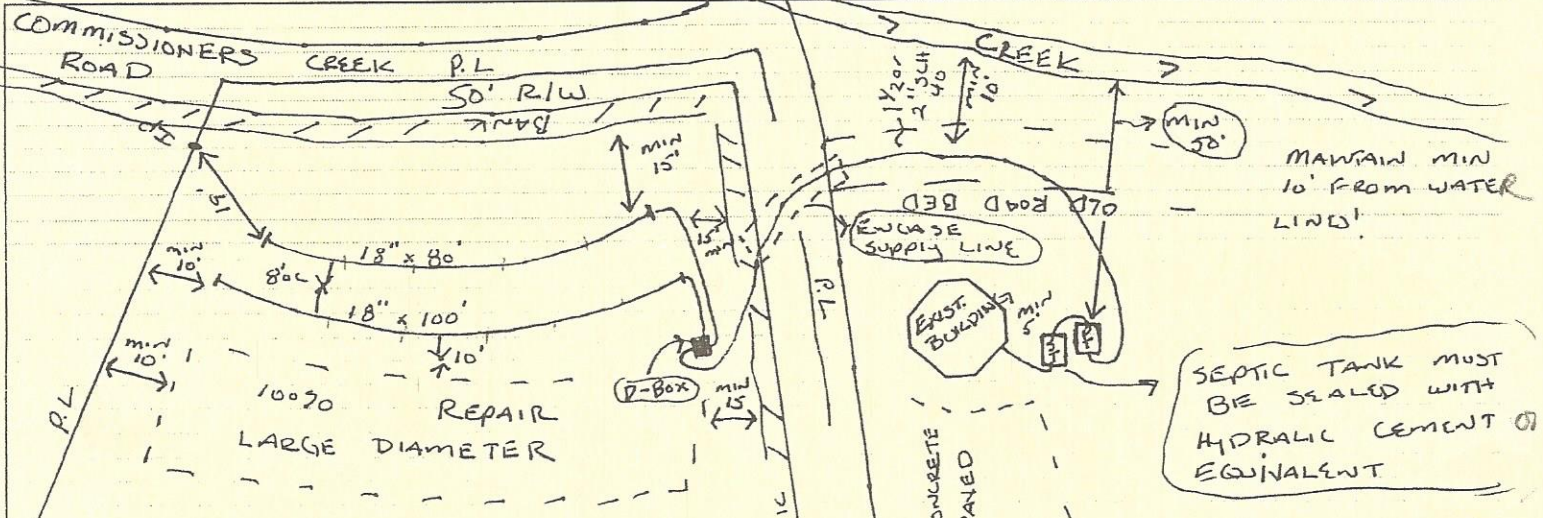
This Authorization is for the repair of an existing wastewater system and is valid for _____ days after the date of issue.

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 ROBERT HUGH STANLEY, II
Township 5. BRIDGE Parcel ID# 070106650718015 Map# 6488.04-73-7678 Acreage 1+
Property Description LOT 32 IDEAL ACRES 6488.04-73-6612

Residential # Bedrooms _____ (X) Commercial # Employees 2 Proposed Drinking Water Source SHARED WELL
Suitable Soil Depth 36" Suitable Saprolite Depth 45 Slope 25-30% Daily Flow 240 LTAR .55
Type of System 10" ID LARGE DIAMETER PIPE System Classification III
Total Nitrification Line Length 180' Trench Bottom Depth 18" MAX LOW SIDE Stone Under Line NIA
Total Nitrification Line Width CREEK Precast Tank Size 1000 ST Stone Over Line NIA
18" WIDE 1000 PT

DIAGRAM (NOT TO SCALE)



1) MUST MAINTAIN THE FOLLOWING SETBACKS:
MIN. 10' FROM P.L.; MIN 15' FROM BANKS; MIN. 50' FROM CREEKS OR STREAMS TO TANKS OR DRAINFIELD - MIN 10' FROM SUPPLY LINE TO CREEK (SUPPLY LINE MUST HAVE SEALED, GLUED JOINTS); SUPPLY LINE MUST BE ENCASED WITH RIGID IRON OR CONCRETE WHEN CROSSING ROADS;

2) IF THE LOTS ARE EVER DIVIDED AND SOLD OR IF THE PROPERTY IS EVER DIVIDED IN ANY MANNER, AN EASMENT MUST BE GRANTED FOR THE PROPOSED SEPTIC AND REPAIR AREAS. THIS REQUIREMENT SHOULD BE NOTED ON THE C.O.P.

3) KEEP LINES LEVEL AND ON CONTOUR; DO NOT FILL OR EXCAVATE PROPOSED SEPTIC AREAS.
4) MAINTAIN 100' MIN FROM WELLS
5) NOTE: PUMP SHEET SPECS. ARE ATTACHED
6) ALL P.L.'S WERE SHOWN BY BOB STANLEY!

SEPTIC TANK MUST BE SEALED WITH HYDRAULIC CEMENT OR EQUIVALENT

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

Date 6-11-98 James Tipton RS 1551
Environmental Health Specialist

I have read and understand the requirements of this permit/authorization:
(Signature) Robert Hugh Stanley Applicant _____ Agent _____