IMPROVEMENT PERMIT

Madison County Health Department
493 Medical Park Drive

Marshall NC 28753
Phone: 828-649-3531 Fax: 828-649-9078

For Office Use Only
*CDP File Number 45031
County ID Number: 8763-11-0343
Evaluated For: NEW
Township:

PERMIT VALID UNTIL: 10/4/2015

***NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with this Improvement Permit.**

Applicant:	Jacob Jaworski
Address:	13555 Perdido Key D Unit D1
City:	Pensacola
State/Zip:	FL 32507
Phone #:	

Property Owner:	Eugene Hinspeter
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address/Road #: Subdivision: Lookout Pointe Phase: Lot: 21/22

NC

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 1
*Water Supply: EXISTING WELL

Directions

Turn Left onto Bear Wallow; travel 0.8 miles, turn Left onto Black Bear Trail (1st grass rd. on Left); continue to gate; driveway is just before the gate on the Left. *It will be flagged.

System Specifications

Initial System

*Site Classification: PS 10" LDP

Saprolite System? ⊗ Yes ○ No

Design Flow: 480

Soil Application Rate: Ø . 5

*System Classification/Description:
TYPE III F. 10~ LARGE DIAMETER PIPE SYSTEM

*Proposed System: 10" LARGE DIAMETER PIPE SYSTEM

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 22 Inches
Septic Tank: 1000 Gallons
1-Piece: ○ Yes ⊗ No
Pump Required: ○ Yes ⊗ No ○ May Be Required
Pump Tank: Gallons
1-Piece: ○ Yes ○ No

Repair System Required: ⊗ Yes ○ No ○ No, but has Available Space

Repair System

*Site Classification: PS 10" LDP

Soil Application Rate: Ø . 5

*System Classification/Description:
TYPE III F. 10~ LARGE DIAMETER PIPE SYSTEM

*Proposed System: 10" LARGE DIAMETER PIPE SYSTEM

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 22 Inches
Pump Required: ○ Yes ⊗ No ○ May be Required
Pump Tank: Gallons

CDP File Number 45051 County ID Number:

*Site Modifications

☐ Open Fill Sheet

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

1. NO FILL DIRT OR DRIVE OVER SYSTEM AREAS OR PERMIT WILL BE REVOKED

*Permit Conditions

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

1. KEEP DRAINFIELD AND SUPPLY LINE OUT OF LOGGING ROAD!!!!
2. 22 INCHES LOWER SIDEWALL, NO DEEPER!!!!
3. HOUSE SITE MUST BE POSITVELY IDENTIFIED PRIOR TO ISSUING CONSTRUCTION AUTHORIZATION

Site Plan ⊗

The Improvement Permit shall be valid for 5 years from date of issue with a site plan (means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters).

Plat ○

The Improvement Permit shall be valid without expiration with plat (means a property surveyed prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters. Plat also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to scale).

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Applicant/Legal Reps. Signature Required? ○ Yes ⊗ No

Applicant/Legal Reps. Signature:_____ Date: ____ / ____ / ____

*Issued By: 2062 - MCVEY, DOUGLAS Date of Issue: 10 / 04 / 2010

Authorized State Agent: _____ ○ Valid without Expiration? ○ Create CA?

⊗ Hand Drawing ○ Import Drawing

****Site Plan/Drawing attached.****

Total Time:(HH:MM)

01 Hours 30 Minutes

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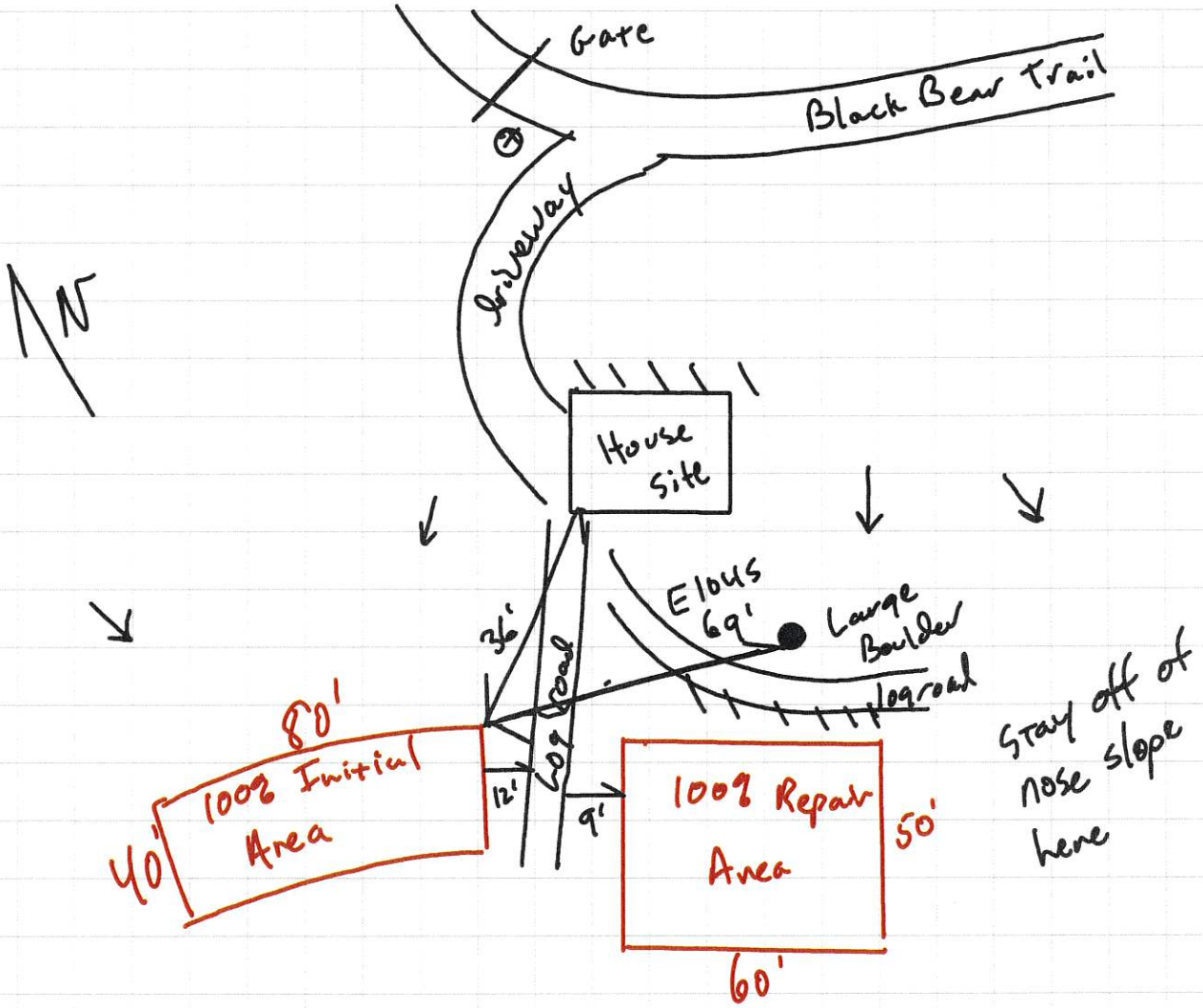
Date: ___ / ___ / _____

Drawing Drawing Type: Improvement Permit

Scale: _____ ○ Inch ○ Block ⊗ N/A = _____ ft.



* Not drawn to scale
* Stay out of old log road
* 22" deep lower sidewall, NO DEEPER!!!

P1 P2