



OPERATION 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 192780 - 1
9727-53-2273
County ID Number:
Evaluated For: **NEW**
Township:

Applicant: James Thompson
Address: 16 Windsong
City: Fairview
State/Zip: NC 28730
Phone #: (941) 685-4989

Property Owner: James Thompson
Address: 16 Windsong
City: Fairview
State/Zip: NC 28730
Phone #: (941) 685-4989

Property Location & Site Information

Address/Road #: 387 South Halewood Road
Subdivision: Marshall NC 28753
Phase: Lot:
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 2
*Water Supply: NEW WELL

Directions
Travel Hwy 213 toward Mars Hill, when you enter Petersburg take left onto left onto Halewood Road, 1/4 mile property on the left.

*IP Issued by:
*CA issued by: 729 - Castelloe, Ken
Design Flow: 4 8 0
Soil Application Rate: . 3 7 5

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
Saprolite System? Yes No
*Distribution Type: GRAVITY - SERIAL
*Pre-Treatment:
Pump Required? Yes No

Drain field

Nitrification Field 1 2 8 0 Sq. ft.
No. Drain Lines 4
Total Trench Length: 3 2 0 ft.
Trench Spacing: 9 - 0 0 Inches O.C. Feet O.C.
Trench Width: 3 6 - 0 0 Inches Feet
Aggregate Depth: _____ inches
Minimum Trench Depth: _____ Inches
Minimum Soil Cover: 1 8 Inches
Maximum Trench Depth: 6 Inches
Maximum Soil Cover: _____ Inches

*System Type: EZFLOW EZ 1003T-GEO
Installer: Clifton Hamlin
Certification #: 1585
*EHS: 729 - Castelloe, Ken
Date: 0 7 / 0 2 / 2 0 1 5

Approval Status

Approved Disapproved

Septic Tank

Manufacturer: Southern
 STB: 862
 Gallons: 1000
 Date: 06 / 16 / 2015
 *Filter Brand: TUF-TITE EF-6
 ST Marker: Yes No
 Reinforced Tank: Yes No
 1 Piece Tank: Yes No

Lat. _____
 Long: _____
 Installer: Clifton hamlin
 Certification #: 1585
 *EHS:
 Date: 07 / 02 / 2015

Approval Status
 Approved Disapproved

Pump Tank

Manufacturer: _____
 PT: _____
 Gallons: _____
 Date: ____ / ____ / ____
 Riser Sealed Yes No
 Riser Height: Yes No (Min. 6 in.)
 Reinforced Tank: Yes No
 1 Piece Tank: Yes No

Installer: _____
 Certification #: _____
 *EHS: _____
 Date: ____ / ____ / ____

Approval Status
 Approved Disapproved

Supply Line

Pipe Size: _____ inch diameter
 Pipe Length: _____ feet
 *Schedule: _____
 Pressure Rated Yes No
 Approved fittings Yes No

Installer: _____
 Certification #: _____
 *EHS: _____
 Date: ____ / ____ / ____

Approval Status
 Approved Disapproved

Pump Requirement

Pump Type: _____
 Dosing Volume: _____ - _____ Gal
 Draw Down: _____ Inches
 *Chain: _____
 Valves Accessible Yes No
 Flow Adjustment Valve Yes No
 Check-valve Yes No
 PVC Unions Yes No
 Vent Hole Yes No
 Anti-siphon Hole Yes No

Installer: _____
 Certification #: _____
 *EHS: _____
 Date: ____ / ____ / ____

Approval Status
 Approved Disapproved

Electric Equipment

NEMA 4X Box or Equivalent Yes No
 Box 12 inches Above Grade Yes No
 Box Adj. To Pump Tank Yes No
 Conduit Sealed Yes No
 Pump Manually Operable Yes No

Installer:

Certification #:

*EHS:

Date: ____ / ____ / ____

*Activation Method:

Alarm Audible Yes No
 Alarm Visible Yes No

Approval Status
 Approved Disapproved

729 - Castelleo, Ken

*Operation Permit completed by: _____

Authorized State Agent: [Signature]

Date of Issue: 07 / 02 / 2015

Owner/Applicant Signature: _____

This system has been installed in compliance with applicable NC General Statutes: Article 11, Chapter 130A, Rules for Sewage Treatment and Disposal, 15A NCAC 18A .1900 *et. Seq.*, and all conditions of the Improvement Permit and Construction Authorization. This property is served by a TYPE III G. **sewage septic system.**

Rule .1961 requires that a Type TYPE III G. septic system meet the following criteria:

Minimum System Review By The Local Health Department: N/A

Management Entity: OWNER

Minimum System Inspection/Maintenance Frequency By Certified Operator:

N/A

Reporting Frequency By Certified Operator: N/A

Rule .1961 requires that a Type IV and V septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator or a private certified operator for the life of the septic system.

Rule .1961 requires that Type VI septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator for the life of the septic system.

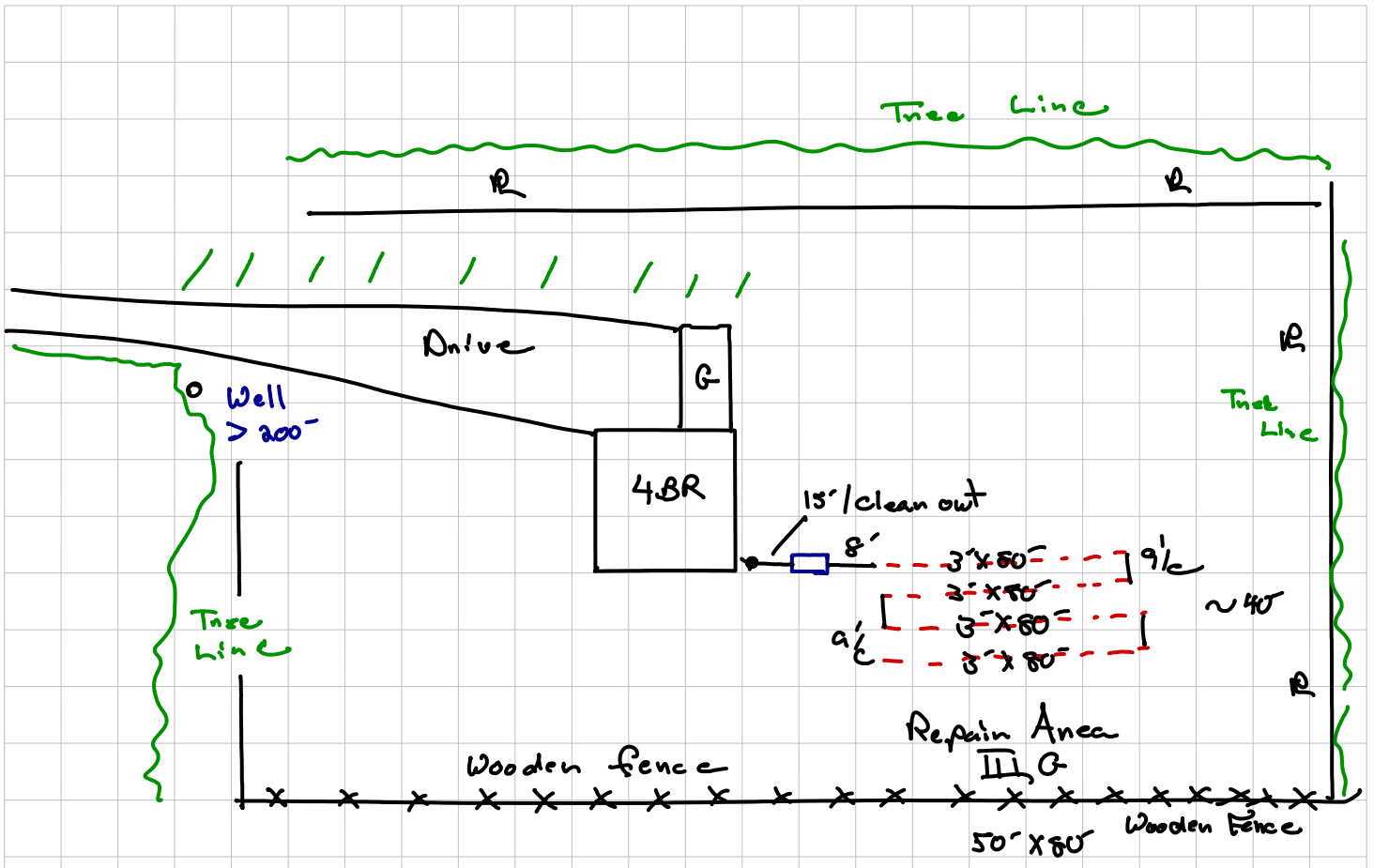
Rule. 1961 (2) (e) requires a contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall require specific requirements for maintenance and operation, responsibilities of the owner and systems operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the systems execute such a contract.

Hand Drawing Import Drawing
****Site Plan/Drawing attached.****



Drawing Drawing Type: Operation Permit

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



89.4) ac.
(Not to scale)

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Madison County Health Department

493 Medical Park Drive

CDP File Number:

Marshall NC 28753

County File Number: 9727-53-2273

Date: ___ / ___ / _____

Click below to import an image from an external location: Drawing Type: Operation Permit

System Final Inspection Log:

Drain Field:

Characters

Remaining

4000

Septic Tank:

Characters

Remaining

4000

Pump Tank:

Characters

Remaining

4000

Supply Line:

Characters

Remaining

4000

Pump Requirements:

Characters

Remaining

4000

Electrical Equipment:

Characters

Remaining

4000

P1

P2

P3