

COUNTY PIN#: P92-169

APPLICATION#: JW150033

- New
- Repair
- Re-Evaluation
- Addition/Expansion
- Non-Residential

**RUTHERFORD-POLK-McDOWELL HEALTH DISTRICT  
IMPROVEMENT PERMIT**

- Septic and Well  IP  CA
- Septic only  IP  CA
- Well Only  IP  CA

Valid for 5 Years from Date of Issue.

(Permit subject to revocation if site plans or intended use changes)

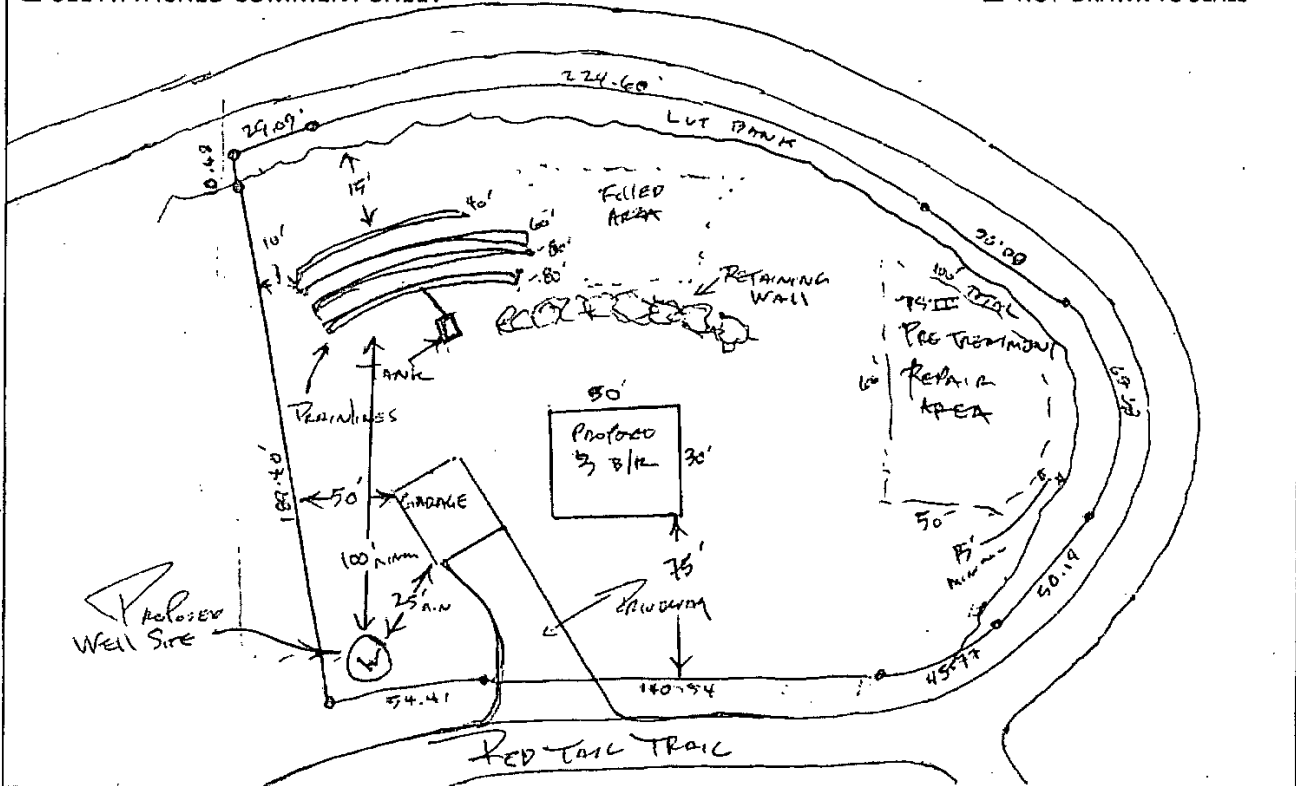
Applicant/Legal Agent: CAVILL, ROBERT H. County:  R  P  M  
 Current Mailing Address: 125 QUINN ROW DRIVE City: WARNER ROBSON State: GA Zip: 31028  
 Property Location: RED TAIL TRAIL Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_ Code: \_\_\_\_\_  
 Home Phone: (478) 722-4120 Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Agents Name & Phone#: \_\_\_\_\_  
 Directions to Property: MAE HEWITT 100 EAST TO RED TAIL RUN ON LEFT.

Owner: LAUDIE COBB  
Subdivision/Lot#: RED TAIL RUN 3A

Facility Type: 3 S/H System Type: III 2 1/2' ROW Basement:  Y  N With Plumbing:  Y  N  
 Design Flow: 360 gpd L.T.A.R.: 50 gpd/ft<sup>2</sup> Septic Tank: 1000 gal Pump Tank: \_\_\_\_\_ gal  
 Number of Trenches: 4 Trench Length: 80, 80, 60, 40 ft. Trench Width: 2 ft. Maximum Trench Depth: 2 1/2 in.  
 Water Supply:  Private Well  Public/Comm.  Spring  Other: \_\_\_\_\_ Well Variance:  Y  N (on lower side wall)  
 U.S.T.:  Y  N Lot Size: 1.23 acres Repair System Type: \_\_\_\_\_ L.T.A.R.: \_\_\_\_\_ gpd/ft<sup>2</sup>  
 Design Flow Basis: \_\_\_\_\_ Comments/Conditions: \_\_\_\_\_

SEE ATTACHED COMMENT SHEET

NOT DRAWN TO SCALE



Improvement Permit Issued by: [Signature], R.S. Date: 04-27-15

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**

Construction of the wastewater system for the improvement permit indicated above is hereby authorized. The wastewater system described in the improvement permit has been designed and can be installed and operated in compliance with Article 11 Chapter 130A of the General Statutes of N.C. and rules adopted pursuant to this article. Any alteration of the site or soil conditions, changes to the proposed facility to be served, or submission of false information may subject the permit and authorization to suspension or revocation.

Wastewater System Construction Authorization: [Signature], R.S. Date: 04-27-15  
(VOID AFTER 5 YEARS)

**AUTHORIZATION FOR WELL CONSTRUCTION**

Construction of the well for the improvement permit indicated above is hereby authorized pursuant to N.C.G.S. § 87-07. The well shall be located, constructed, and protected according to all applicable state and local rules. Any alteration of the site, proposed location, or changes to the proposed facility to be served, or submission of false information may subject the permit and authorization to suspension or revocation. The well shall be inspected and approved by a representative of the Rutherford Polk McDowell Health District before any part of the installation is put to use. The location of the well provided by the Health Department is to provide protection from known possible sources of contamination. Its volume of water is guaranteed at any site by the Health Department. Well cannot be located in a right of way.

Well Construction Authorization: [Signature], R.S. Date: 04-27-15  
(VOID AFTER 5 YEARS)

White-Health Department Goldenrod-Septic Installer/Owner Blue-Well Driller Pink-Building Inspector