

HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH
OPERATIONS PERMIT

05120116314

Permit Number

Owner Bruce Borgersen Date 3/17/2020
 Property Address 85 Waggoners Way
 Septic Tank Installer Homer Luther Cert # 1525
 Lot No. 8 Development White Lakes
 House Mobile Home
 Other _____
 No. Bedrooms 3 Design Flow 360
 No. Employees — Lot Size 1.44 AC

WI - 05120116314

Associated Permits

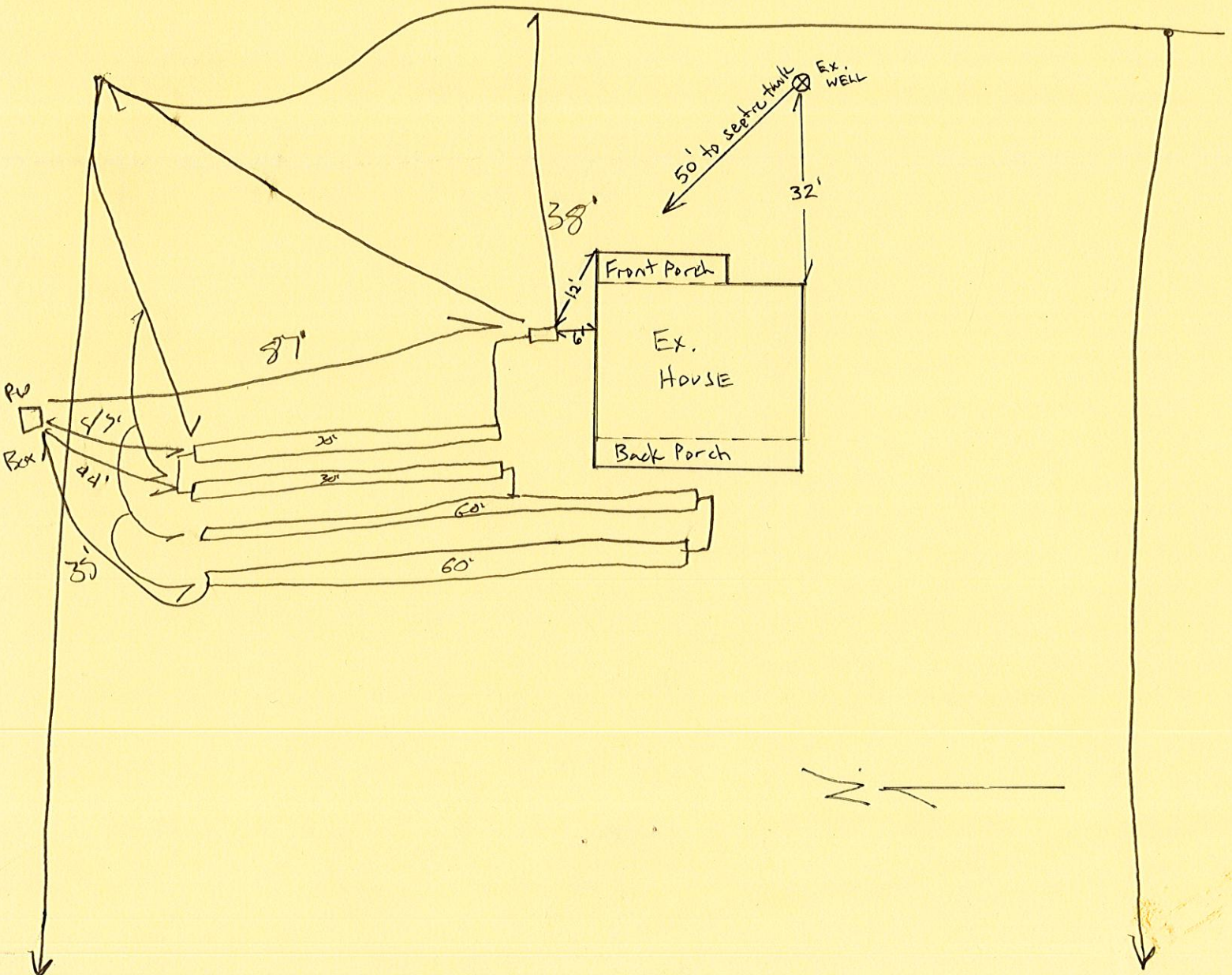
WI- _____
 System Classification III g
 System Type EPS
 Quantity/Linear Footage 3' x 180'
 Tank Size R-1000 (concrete)
 Drainfield _____ Sq.Ft.
 Min. System Review Frequency —

Installer's Signature Homer Luther
 Installation: 2/6/19 Date: 3/19/19
 Final Issued By: [Signature]

Saprolite yes no

VALID ONLY FOR USE AS DESCRIBED ABOVE
DRAWING NOT TO SCALE

Lines shot level? tank is good but EPS needs to be turned where paper is up. 3/18/19 771





Henderson County (Environmental) – Improvements And Well Permit

1347 Spartanburg Hwy Hendersonville, N.C. 28792

Phone:(828) 692-4228

Fax:(828) 697-4523

Permit No: 05120116314

Appl. Dt.: 11/30/2005

Exp. Dt.: 11/30/2010

Status: APPLIED FOR

Status Dt.: 11/30/2005

Owner Information

Name : Larry Ferguson
 Address : 130 Cedar Knoll Ct
 Blythewood SC 29016
 Phone(W) :
 Phone(H) :
 Phone(M) :

Property Information

PIN # : 00959616625255
 Address : 85 Waggoners Way
 Saluda NC 28773
 Acreage : 1.44
 Subdivision : Whites Lake
 Lot # : 08
 Directions : SPARTANBURG HWY TO L ON
 MACEDONIA RD L ON WHITES
 LAKE BLVD R ON WAGGONERS
 WAY LOT 8 ON LEFT

Watershed district :

Site Details

System :
 Classification :
 System :
 Description :
 Line Length :
 Line Depth :
 Nitrification Sq. :
 Ft.
 Tank #1 :
 Tank #2 :
 Tank #3 :

Notes :

Applicant Information

Name : Bruce Borgersen
 Address : Po Box 1082
 Horse Shoe NC 28742
 Phone(W) : 828 8911249
 Phone(H) :
 Phone(M) :

Occupant Information

Name : Larry Ferguson

Water Details

System : New
 Source : Private

Property Characteristics

Type of establishment : Residential dwelling units
 Number of establishment : 3 Bedrooms
 Septic GPD : 360
 Basement : Yes
 Basement Bath : Yes
 Garbage Disposal : No
 Multiple Dwelling Units : No
 Property Notes : CONSTRUCTION OF SINGLE
 FAMILY DWELLING NO LEGACY
 PERMITS FOUND...CG

Permit Information

Septic System :
 Requested
 System Description :
 Requested

Inspections Conducted

Inspections	Signed Off/User ID	Date	Status	Reason
IP				
ATC				
OP				
Grouting Inspection				
Well Improvement				
Well Completion				

Payment Information

Henderson County

Department of Public Health

ENVIRONMENTAL HEALTH SECTION
1347 Spartanburg Highway, Hendersonville, NC 28792

(828) 697-4228
(828) 697-4523

Email: sswift@hendersoncountync.org

Thomas D. Bridges, MPH, Director

Seth Swift, E.S. Environmental Health Supervisor



I, Larry R. Ferguson, Jr. (print your name)

authorize DAVID Alperin for Phyllis Arrington (print name)

to act as my agent in obtaining the septic and/or well permits from
Henderson County Department of Public Health.

Signed Larry R. Ferguson Jr.

Date 11/18/05

NOTE: All blanks must be filled in or this form will not be accepted.

Henderson County Department of Public Health

THOMAS D. BRIDGES
MPH DIRECTOR

1347 SPARTANBURG HIGHWAY
HENDERSONVILLE, NORTH CAROLINA 28792

TELEPHONE
828-692-4228

WELL INSTALLATION OR REPAIR PERMIT

TO BE FILLED IN BY APPLICANT

PERMIT WI _____

Associated Permits _____

Owner Larry Ferguson Jr Date Nov 30 - 05

Property Address _____ Phone _____

Lot Size 1.44 ac Subdivision/Park _____ Lot# 8

Pin# _____ Oil Tank on Property? Yes No

Well will be used to serve what type of facility?

Individual (well serving one home) Yes No

Shared (well serving more than one home) How many? _____

Directions to Property 76 L on Macaroni Rd L. Whites Lake
Bldg R Wagoner Way LOT 8 on left

Bruce Ferguson
Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Permit valid for 5 years provided site conditions do not change.

Well location, installation, and protection must meet state and local regulations, and must be inspected and approved by a representative of the Henderson County Department of Public Health before any portion of the installation is put into use. The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site by the Health Department.

WELL CANNOT BE LOCATED IN A RIGHT-OF-WAY.

Date Issued _____ Environmental Health Specialist _____

Permit Received By _____

HENDERSON COUNTY SEPTIC APPLICATION WORKSHEET

READ THIS ENTIRE PACKAGE CAREFULLY AND SIGN BELOW

The following are your responsibility:

1. **Provide a survey plat** with dimensions (see below for survey plat requirements), detailed site plan, and obtain all applicable pre-requisite permits and authorizations.
 - a. For an Improvement Permit valid for five (5) years; a registered land survey plat is required.
 - b. For an Improvement Permit without expiration; a property survey plat prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet. The plat should show location of **any** existing and/or proposed facility and appurtenances, site of proposed waste water system, location of water supplies and surface waters. All irons must be in place
2. Make the property accessible and visible, remove excessive vegetation and brush.
3. Identify all permanent boundaries (corner and side lines) with flags provided by the permit technician.
4. Identify the location of building site(s) and amenities (drives, swimming pools, out buildings, etc.) with flags, etc.
5. Remember! **DO NOT** commence construction, dig basements, do footings, set up mobile homes, etc. before securing an Improvement Permit and Authorization to Construct (ATC) a waste water system. **CONTACT BUILDING CODE OFFICE BEFORE BEGINNING ANY CONSTRUCTION OR SETTING UP OF A MOBILE HOME.** After the permit(s) have been obtained they may be **REVOKED** if the site characteristics or building plans are altered. If your site is classified as unsuitable, you will receive information concerning your options.

I understand this document is not an Improvement Permit or an Authorization to Construct (ATC) a septic system. This document is only an application worksheet for an Improvements Permit. I have read these instructions and certify that the information provided is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____

Date: _____

Bruce Borgerson
Nov 30 - 05

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember, **FOR IMPROVEMENTS PERMITS FROM THE ENVIRONMENTAL HEALTH OFFICE, YOUR PROPERTY WILL NOT BE SCHEDULED FOR AN EVALUATION UNTIL IT HAS RECEIVED A COMPLETED APPLICATION, SITE PLAN, AND ALL PROPOSED ITEMS ARE MARKED ON THE PROPERTY.**

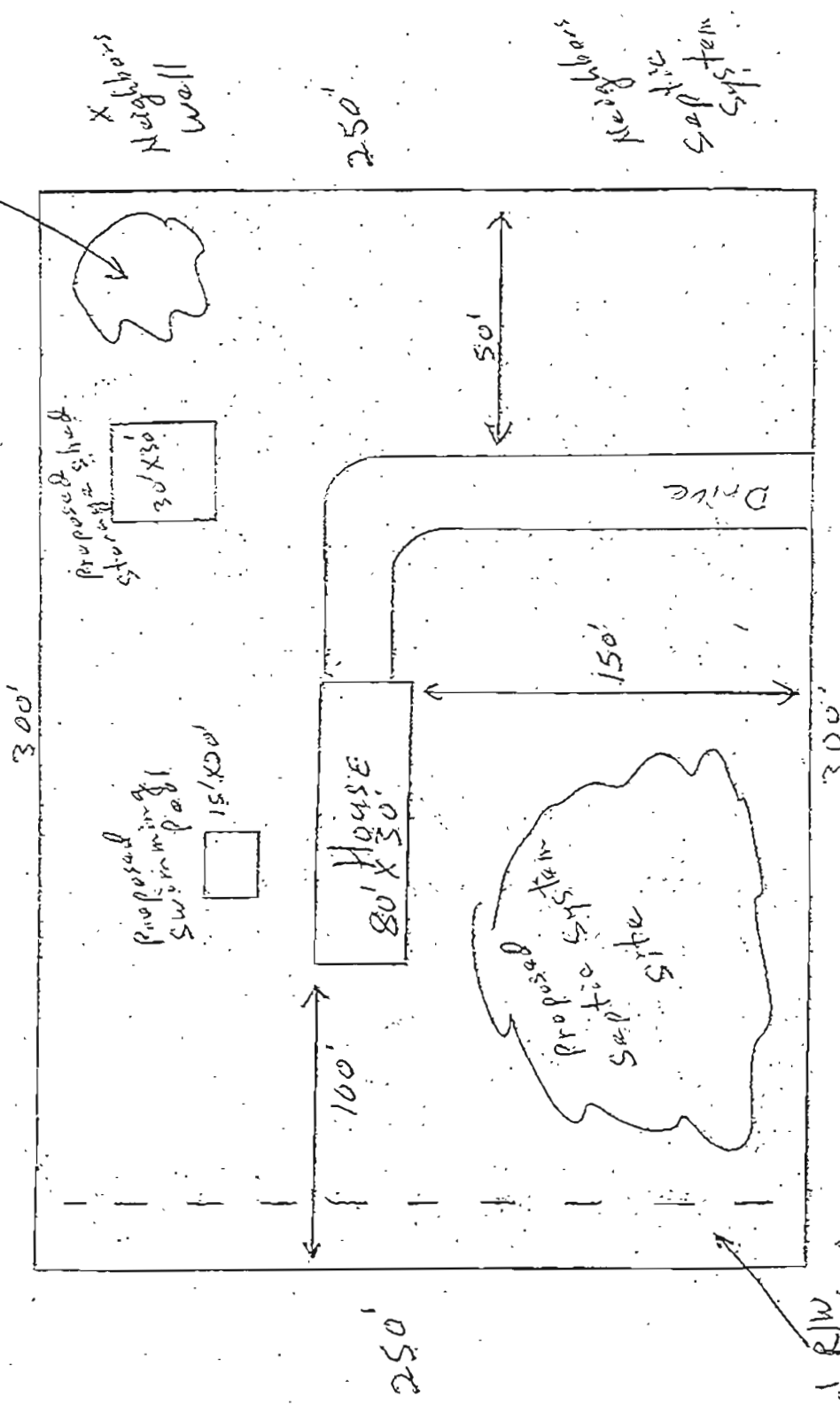
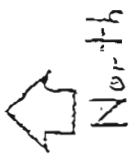
- _____ The dimensions of the property.
- _____ The location of all proposed and existing buildings, structures or improvements (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the edge and the centerline of road(s)/right-of-way, property lines, and surface waters to all structures. Be sure and give the dimensions for all the buildings and/or structures. If you are unsure as to the building and/or structure size, please show the dimensions of the **MAXIMUM** area of the lot that you anticipate the building and/or structure cover.
- _____ Height of proposed building and structures.
- _____ Location of streams, creeks, branches and other waterways.
- _____ The preferred septic system area (the **MINIMUM** area for a 3 bedroom septic system is 60' X 120').
- _____ The preferred driveway location.
- _____ The preferred well location (25' from house, 100' from septic tank system and 10' from property line).
- _____ A North arrow or other sufficient directional indicator.
- _____ The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. If there are none, circle "N/A".
- _____ The location of any easements or right-of-way on the property. If there are none, circle "N/A".
- _____ The location of any designated wetlands on the property. If there are none, circle "N/A".
- _____ The location of any underground or aboveground storage tanks on your property or within 1 00' of your property. If there are none, circle "N/A".
- _____ Other information as may be required to demonstrate compliance with applicable standards.

USE THIS SPACE TO DRAW YOUR SITE PLAN

A PROFESSIONALLY PREPARED SITE PLAN WHICH INCLUDES THE REQUIRED INFORMATION MY BE SUBMITTED.

Site Plan

EXAMPLE



Hwy 67 → east

10' R/W
 20' Neighboring
 2' Neighboring
 1' AS

Proposed Septic System

Neighboring Wall

Proposed Well Site

250'

3

HENDERSON COUNTY CHECKLIST OF SEPTIC SYSTEMS

Select and circle one type of septic system you prefer. Soil and site conditions observed by the environmental health specialist during the soil/site evaluations will influence the type and the design of the septic system. See "Consumers Guide to Septic Systems" for details.

1. Conventional/modified conventional (washed stone and 4" perforated pipe)
2. Gravelless
 - A. Large Diameter Pipe
 - B. Prefabricated permeable panel block
3. Low pressure pipe
4. Fill (also check with type of nitrification lines you prefer)
5. Aerobic sewage treatment unit
6. Pit privy
7. Innovative and Experimental
 - A. Plastic Chambers
 1. PSA Inc. "biodiffuser" (1-800-873-2337)
 2. Cultec "contractor" (1-800-428-5832)
 3. Hancor "envirochamber" (1-888-0231-0059)
 4. Infiltrator Systems, Inc. "infiltrator" (1-800-221-4436)
 - B. Polystyrene aggregate
 1. EEE-ZZZ Flow Drain Co., Inc., Frank Minton (1-800-649-0253)
 - C. Tire chip aggregate
 1. Tire Disposal Service, George Dalton (1-800-572-1927)
 2. US Tire Recycling, Bob Johnson (704-784-1210)
 - D. Drip Irrigation
 1. American Manufacturing Co., Inc. "perc-rite" (1-800-345-3132)
 2. Geoflow Inc. (1-800-828-3388)
 - E. Sand filter
 1. North Carolina State University Soil Science Dept., Mike Hover (1-919-515-7305)
 2. Orenco Systems Inc., William Cagle (1-800-348-9843)
 - F. Peat filter
 1. Bond no Mona Environmental Products, Inc.
 - G. Biological filter (fixed media)
 1. Clearstream Wastewater Systems, Inc., Wayne Peyton (409-755-1500)
 2. Premier Tech Environment Ecoflo (919-562-4317)
 3. Zabel Scat (1-800-221-5742)
 4. Zeus Aerocell (1-800-221-5742)
 5. Zeus Aerodiffuser (1-800-221-5742)
 6. Biomicrobics, Inc. FAST
 - H. Constructed wetlands
 1. North Carolina State University, Forestry Department, Claude House
 - I. **ANY OF THE ABOVE**

HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH

AUTHORIZATION TO CONSTRUCT PERMIT

FOR INSTALLATION INSPECTION CALL 692-4228 BETWEEN 7AM-8AM

Prop. Owner Bruce Borgersen Date 1-9-2006

Property Address 85 Waggoners Way, 28173

Development Whites LAKE Lot No. 08

Location: US176 TOWARD SALUDA T/L MACEDONIA RD. T/L Whites LAKE Blvd. T/L WAGGONERS WAY TO LOT 8 on L AT CUL-DE-SAC.

Residence Mobile Home _____ Business _____

Other _____

Bedrooms 3

No. Employees _____ Design Flow GPD 360

Lot Size 1.44± AC.

Basement: Yes No Basement Plumbing: Yes No

Water Supply: City Individual Shared
Community Other _____

Owner's Signature _____

****VALID ONLY FOR USE AS DESCRIBED ABOVE—DRAWING NOT TO SCALE**

SYSTEM TO BE INSTALLED FIRST YES
 SEE ATTACHED INSTALLATION GUIDELINES

05120116314

Permit Number

WI-05120116314

Associated Permits

SAPROLITE SYSTEM NO

New Construction Repair

Pre-Existing Tank Addition

LTAR 0.50

System Classification 25% REDUCTION Initial - 10" L.D.P. REPAIR.

System Type IIIg

Quantity/Linear Footage 180' Initial

Min. Tank Size 900 gallon

Drainfield 720= Sq. Ft.

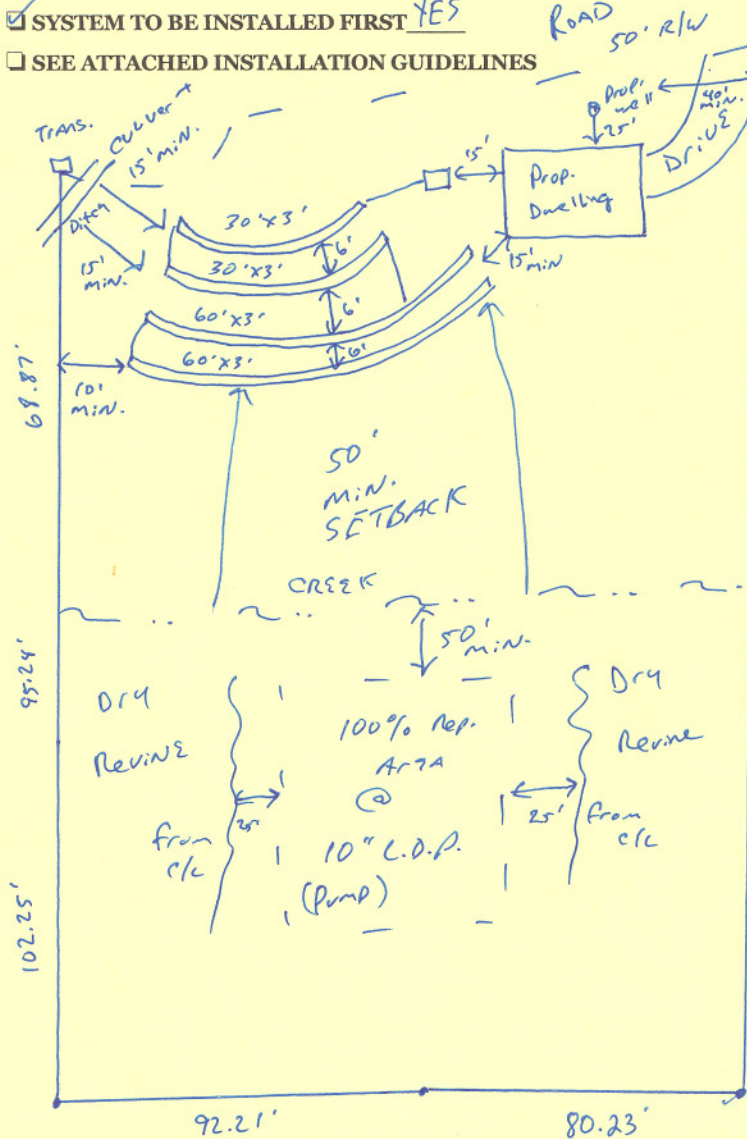
Max. Trench Bottom Depth on Low Side of Trench 18"

Permit valid for 5 years from date of issuance.

Repairs to be completed within 30 days.

W. Scott Jester RS

Environmental Health Specialist



- ① Note ALL SETBACKS.
- ② Once lot is cleared, installer needs to re-flag septic system and check all measurements before installing.
- ③ Divert all gutters away from septic area.
- ④ Install 180' EPS Level and on contour. (If chambers are used, call for numbers).
- ⑤ Repair area will be 10" L.D.P. - Pump system
- ⑥ Basement plumbing MAY require a grinder pump.
- ⑦ call w/ Questions 692-4228.

Henderson County Department of Public Health

1347 SPARTANBURG HIGHWAY
HENDERSONVILLE, NORTH CAROLINA 28792

TELEPHONE
828-692-4228

THOMAS D. BRIDGES
MPH DIRECTOR

WELL INSTALLATION OR REPAIR PERMIT

TO BE FILLED IN BY APPLICANT

PERMIT WI 05120116314

Associated Permits 05120116314

Prop. Owner Bruce Borgersen

Date 1-9-06

Property Address 85 WAGGONER WAY

Phone 891-1249

Lot Size 1.44 AC. Subdivision/Park WHITE LAKES

Lot# 8

Pin# 00959616625255

Oil Tank on Property? Yes No

Well will be used to serve what type of facility?

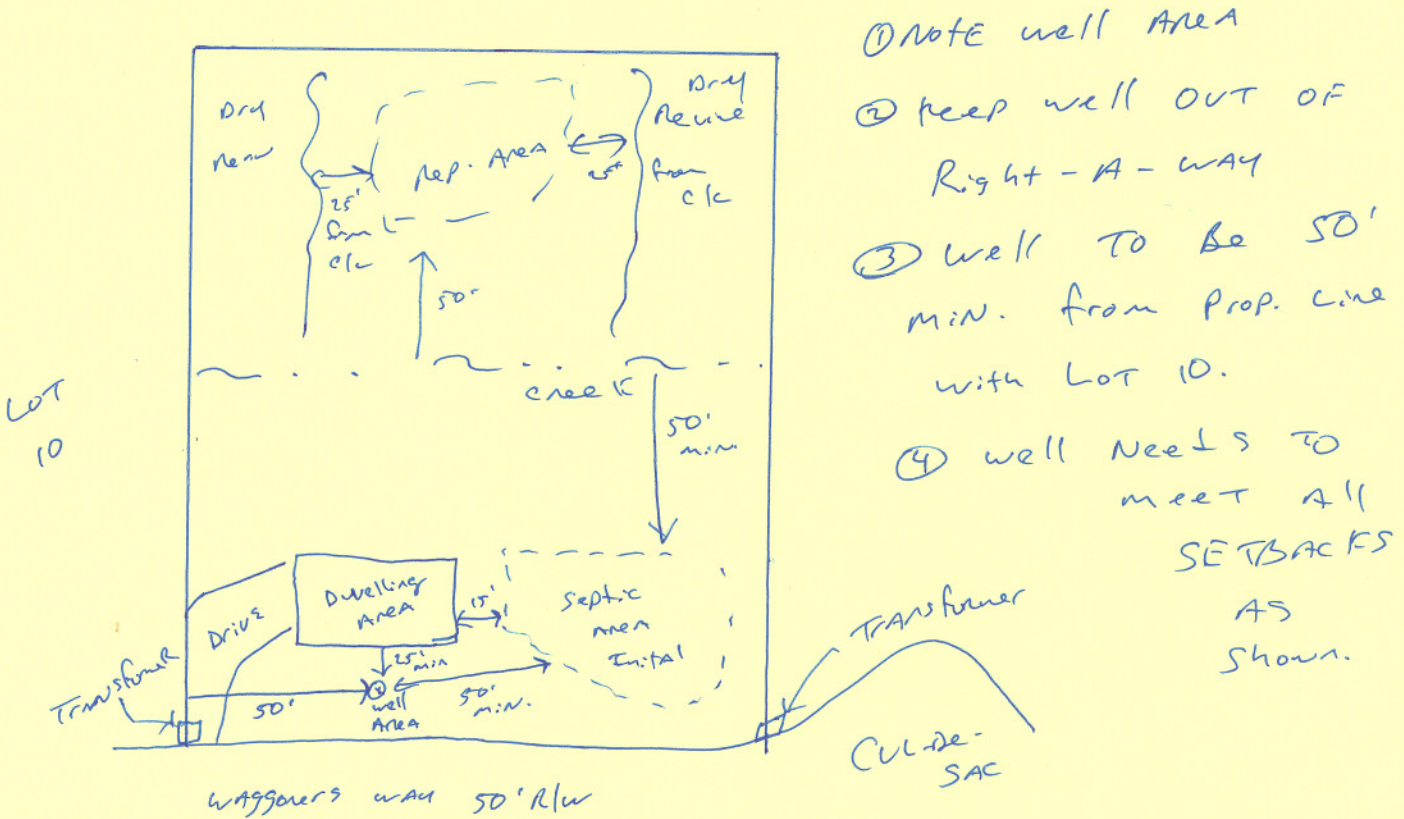
Individual (well serving one home) Yes No

Shared (well serving more than one home) How many? _____

Directions to Property US176 TL Macdonia Rd. TL Whites LAKE Blvd. T/R
WAGGONER'S WAY TO Lot 8 on ①. AT COL-DE-SAC.

Signature of Applicant

DO NOT WRITE BELOW THIS LINE



- ① Note well AREA
- ② keep well OUT OF Right-A-WAY
- ③ well TO Be 50' min. from Prop. line with Lot 10.
- ④ well Needs TO meet ALL SETBACKS AS shown.

Permit valid for 5 years provided site conditions do not change. Well location, installation, and protection must meet state and local regulations, and must be inspected and approved by a representative of the Henderson County Department of Public Health before any portion of the installation is put into use. The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site by the Health Department. **WELL CANNOT BE LOCATED IN A RIGHT-OF-WAY.**

Date Issued 1-9-2006 Environmental Health Specialist W. Scott Jester AS

Permit Received By _____

**HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH
 AUTHORIZATION TO CONSTRUCT PERMIT
 FOR OPERATIONS PERMIT Call 692-4228 Between 7 a.m - 8 am**

№ 35420

Owner LARRY FERGUSON/Thomas M. HUGA Date 1-11-2000

Building Contractor _____

Lot No. 8 Development WILLES LAKE SUBDU

Location 1765 T/L MACEDONIA RD T/L SUBDU
T/R WAGGONERS WAY TO LOT ON LEFT

House Mobile Home Other _____

No. Employees _____

No. Bedrooms 3 Design Flow GPD 360

Lot Size 1.47 AC ± LTAR .5

Basement: Yes No Basement Plumbing: Yes No

Water Supply - Community Individual
 City Shared

Permit valid for 5 years from date of issuance.

Repairs to be completed within 30 days.

Owner's Signature _____

**VALID ONLY FOR USE AS DESCRIBED ABOVE
 DRAWING NOT TO SCALE**

AC № 35420

WI No. NOT YET APPLIED

PIN No. 9596-15-0791

New Construction Repair

Pre-Existing Tank Addition

System Type 25% REDUCTION

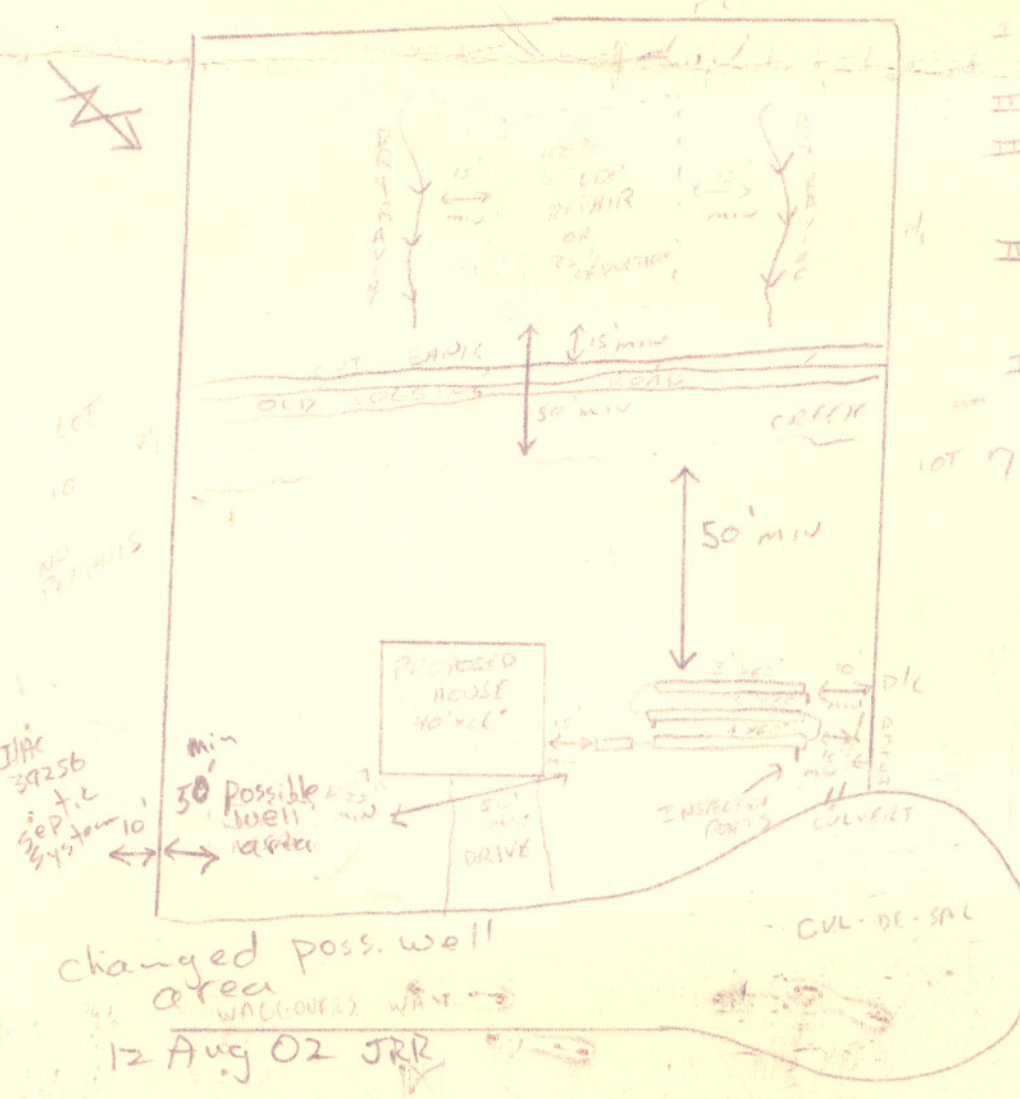
Tank Size 900" Stone Depth NA

Drainfield 720' G Sq. Ft.

Max. Trench Bottom Depth 18" LOWER

**IF ENGINEERED PLANS ARE REQUIRED,
 THEY MUST BE SUBMITTED, APPROVED BY
 THE DEPT. AND INSTALLED WITHIN 5
 YEARS FROM THE DATE OF THIS PERMIT.**

Issued By: _____
 Environmental Health Specialist



- I. TRENCHES SHALL BE LEVEL.
- II. MAINTAIN SETBACKS
- III. INSTALL 120' EPS OR 30 CHAMBERS PER MANUFACTURERS GUIDELINES
- IV. SYSTEM TO BE INSTALLED B-V RELEASING BLEED CARD
- V. QUESTIONS PLEASE CONTACT ACHD
- VI. BASEMENT PLUMBING MAY REQUIRE GARDER PUMP
- VII. REPAIR AREA REQUIRES A PUMP & ENGINEER