

COUNTY PIN #:

P4-26

APPLICATION #:

- New
- Repair
- Addition/Expansion
- Non-Residential
- Irrigation

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

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

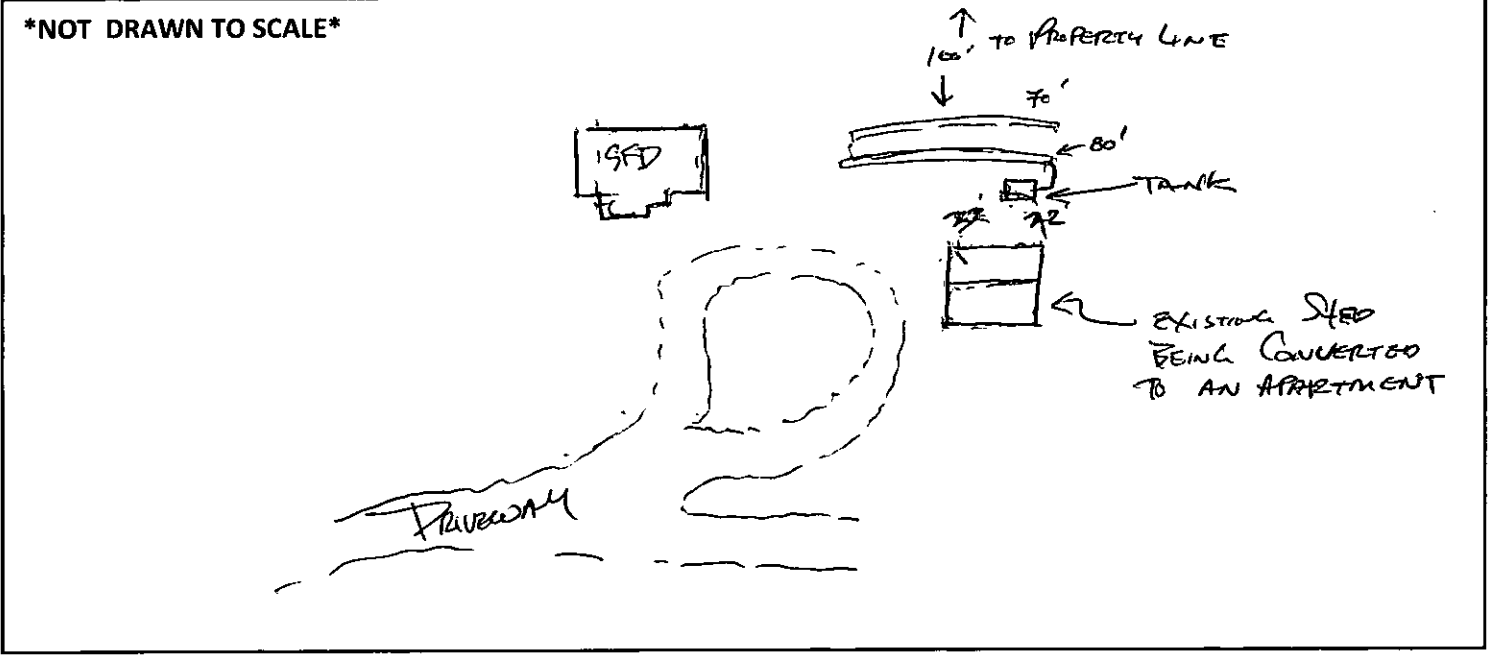
- Septic and Well
- Septic only
- Well Only

Owner/Agent: UNGER, WAYNE County: R P M

Property Location: 218 CEMETARY Rd Subdivision: _____ Lot #: _____

Facility Type: ZBR System Type: 12" x 22" FLO" Septic Tank #: SCM 1000 802 Pump Tank #: _____
 Water Supply Type: Public Trench Length: 88 150 ft. Trench Width: 3 ft. Design Flow: 240 gpd
 Septic System Contractor: CURTIS FACE Certification #: _____ Lot Size: 3 acres

Well Depth: _____ ft Casing Depth: _____ ft Yield: _____ gpm Static level: _____ ft
 Well Contractor: _____ Certification #: _____ Pump Contractor: _____ Certification #: _____
 Grout: Date: _____ EHS: _____ Well Variance: Y N Camera: Y N
 Wellhead: Date: _____ EHS: _____ Concrete Slab: Y N U.S.T.: Y N
 Sand/Gravel Pack: _____ Screened Interval: _____ Packing Interval: _____ Liner: _____ ft Size: _____ in.
 Latitude: _____ Longitude: _____ Pump Replaced: Y N
 Residential Form GW-1a Non-Residential Form GW-1b Abandonment Form GW-30



Comments: _____

Septic System Completion: [Signature], R.S. Date: 01-26-12

Final Well Completion: _____, R.S. Date: _____

COMPLETION OF THIS OPERATION PERMIT ALLOWS THE SYSTEM TO BE PLACED INTO USE. PROPER CARE OF YOUR SEPTIC SYSTEM REQUIRES MANAGEMENT AS WELL AS PERIODIC MAINTENANCE. OPERATION AND MAINTENANCE RECOMMENDATIONS ARE AS FOLLOWS:

1. The drain field does not have unlimited capacity. Try to limit the volume of your wastewater and repair any dripping faucets or toilets. Be sure that the water from roof gutters, foundation drains, and ground surface does not flow over the system.
2. Do not flush materials such as hygiene products, cigarette butts, coffee grinds, disposable diapers, cooking oils or grease to the septic tank system.
3. Restrict the use of garbage disposals.
4. Maintain a grass vegetative cover over the drain field to prevent soil erosion.
5. Avoid driveway or other construction over the system and repair area. Keep vehicular traffic and equipment off of the system. Do not cover with fill dirt.
6. Don't wait until your drain field fails to have your tank pumped, it may be ruined. Have solids pumped out of the tank as needed, usually every 3-5 years.

Owner: UNGER, WAYNE

Subdivision/Lot #: _____

COUNTY PIN#: PD-26

APPLICATION#: _____

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

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

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

Valid for 5 Years from Date of Issue.

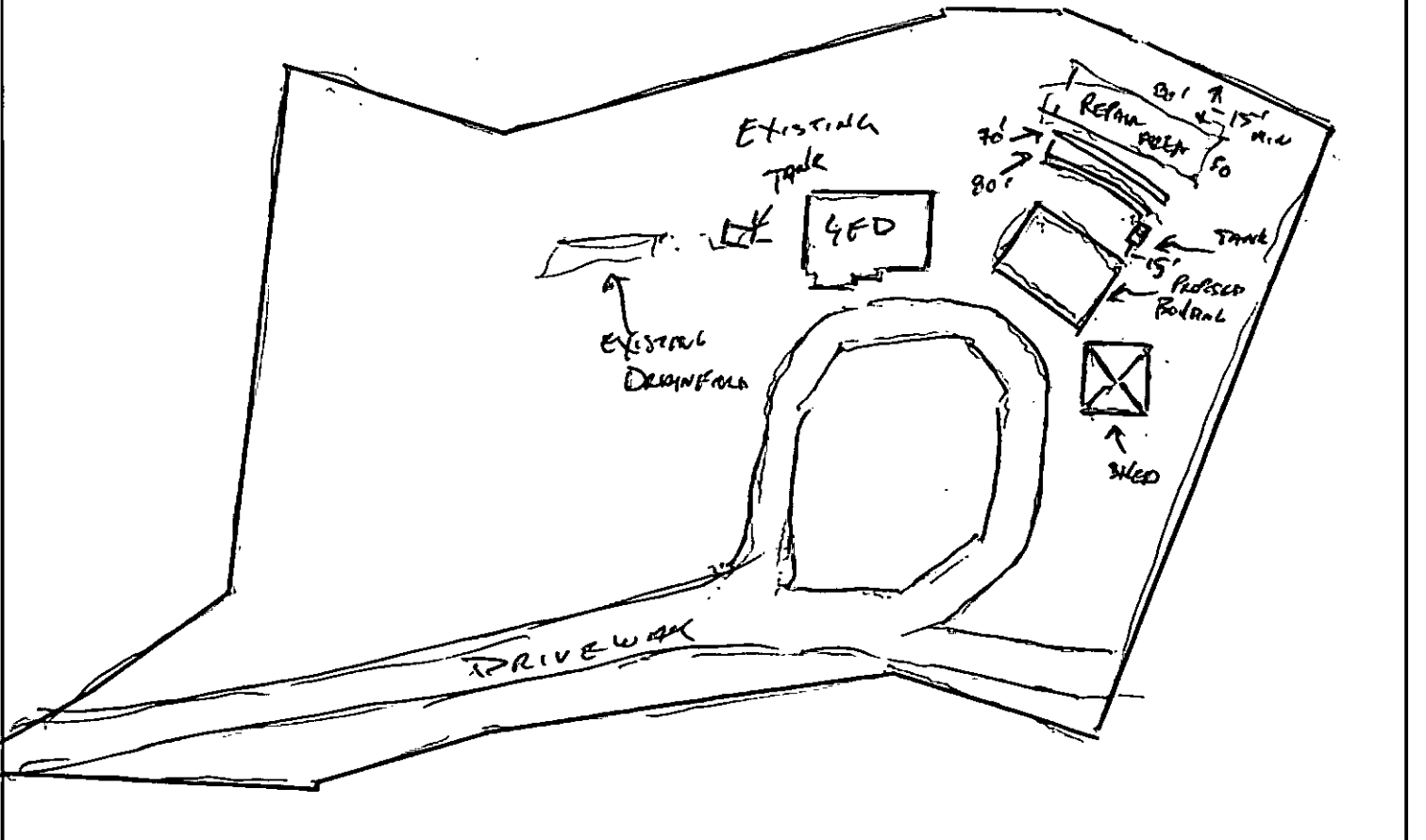
(Permit subject to revocation if site plans or intended use changes)

Applicant/Legal Agent: VALERIE WYNNE County: R P M
 Current Mailing Address: P.O. Box 549 EDISED ISLAND City: _____ State: SC Zip: 29436
 Property Location: 218 CEMENTARY RD Subdivision: _____ Lot#: _____ Code: _____
 Home Phone: 803-869-1014 Work Phone: _____ Fax: _____ Agents Name & Phone#: _____

Directions to Property: I-26 LEFT ON DEANE RT ON HAMPTON GAP RT ON
MACERONIA RT ON CEMENTARY RD.

Facility Type: 2 BR System Type: 600 LB POPUP Basement: Y N With Plumbing: Y N
 Design Flow: 240 gpd L.T.A.R.: 5 gpd/ft² Septic Tank: 1000 gal Pump Tank: _____ gal
 Number of Trenches: 2 Trench Length: 80 70 ft. Trench Width: 3 ft. Maximum Trench Depth: 28 in.
 Water Supply: Private Well Public/Comm. Spring Other: _____ Well Variance: Y N (on lower side wall)
 U.S.T.: Y N Lot Size: 3 acres Repair System Type: _____ L.T.A.R.: _____ gpd/ft²
 Design Flow Basis: _____ Comments/Conditions: _____

SEE ATTACHED COMMENT SHEET NOT DRAWN TO SCALE



Improvement Permit Issued by: [Signature] R.S. Date: 07-25-11
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: 07-25-11
 (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. § 87-97. 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. No volume of water is guaranteed at any site by the Health Department. Well cannot be located in a right of way.

Well Construction Authorization: _____ R.S. Date: _____
 (VOID AFTER 5 YEARS)

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

Owner: VALERIE WYNNE
Subdivision/Lot#: _____

JUNE TAYLOR
186-1043

ROBERT M. HOOVER
186-1598

GAP
217.0 SQ. FT.
0.005 ACRES

N 88°24'47" E
130.05'

P-4-27
UNKNOWN

N 08°18'30" W
3.11'

EIR N 78°40'58" E 139.68'
N 77°24'35" E 139.87' EIP

N 77°17'20" E
110.98'

WOOD
POST

EIP

N 77°24'35" E
150.00'

12' GRAVEL

L3 CM L2

10°58'26" E
53.96'

N 18°38'00" E
269.82' TOTAL

10' GRAVEL

3.15 ACRES

S 08°52'50" W
129.47'

P-4-1
N/F
PINEY MTN., LLC
266-251
Ogden

SHED

1SFD

11/15

S 08°52'08" W
155.39'

WOOD
POST
11.00'

EIP

S 58°50'09" E
99.97' TIE LINE

L9

L6

L5

L4

L8

L7

14' GRAVEL

CM

CM

MACEDONIA ROAD

**RUTHERFORD - POLK - McDOWELL
HEALTH DISTRICT**

Application Instructions for the Existing System and Repair Application

APPLICATION FEE: See Fee Schedule for requested services.

MAKE CHECKS PAYABLE TO: RPM Health District

APPLICATIONS ARE PROCESSED IN THE ORDER RECEIVED

The application can be used to apply for existing system checks and for repair permits for malfunctioning septic systems.

1. OBTAIN THE PIN (PARCEL IDENTIFICATION NUMBER) FROM THE TAX ASSESSOR'S OFFICE.
2. THE ADMINISTRATIVE SECRETARIES CAN ASSIST YOU WITH THE CORRECT FORM. FILL OUT THE QUESTIONNAIRE AS COMPLETELY AS POSSIBLE.
3. MAKE SURE TO ANSWER ALL THE RELEVANT QUESTIONS AND FILL OUT THE APPROPRIATE BOXES FOR THE SERVICES YOU ARE REQUESTING.
4. SIGN AND DATE IT AT THE BOTTOM OF THE PAGE.
5. ANY CHANGES MADE AFTER THE INITIAL APPLICATION MUST BE SIGNED/INITIALED BY THE APPLICANT/LEGAL AGENT REQUESTING THE CHANGES.
6. PLEASE PROVIDE DRIVING DIRECTIONS TO THE PROPERTY FROM THE HEALTH DEPARTMENT.
7. TURN THE APPLICATION OVER AND DRAW A ROAD MAP TO THE SITE IF POSSIBLE.
8. FOR EXISTING SYSTEMS, THE SEPTIC TANK MUST BE PUMPED, WITH A RECEIPT DOCUMENTING THE PUMPING BEING BROUGHT TO THE HEALTH DEPARTMENT. THE RECEIPT FOR PUMPING IS REQUIRED PRIOR TO THE SITE VISIT BY A SPECIALIST. PUMPING IS REQUIRED UNLESS:
 - a. THE SEPTIC TANK CAN BE VERIFIED TO HAVE LESS THAN 30% SOLIDS. (IF THE TANKS IS SIX FEET DEEP, THERE MUST BE LESS THAN APPROXIMATELY TWO FEET OF SOLIDS.)
 - b. THE SEPTIC SYSTEM IS LESS THAN FIVE YEARS OLD AND THE PERMIT IS FOUND ON RECORD:
 - c. THE SEPTIC TANK HAS BEEN PUMPED IN THE LAST FIVE (5) YEARS AND A RECEIPT IS AVAILABLE.

EXISTING SYSTEM NOTES:

For existing systems, the Health Department will check the following items:

- a. Verify that septic system is not crossing property boundaries.
- b. The distance to water supplies and surface waters.
- c. Visible and/or evident drain-field malfunctions.
- d. Visual inspection of exposed areas of tank for structural integrity.
- e. Verify that there is a system and that it is large enough for the intended use.
- f. Verify that no structure has been constructed over any part of the system.

If no corrections are necessary, an approval for re-connection will be issued. Necessary corrections will be noted, and appropriate permits will be issued to bring the system into compliance. After any system deficiencies have been corrected, an approval may be issued.

If the system cannot be approved or brought into compliance for re-connection, the permit will be denied.

Existing system permit approvals will be accepted up to one year after the approval date at the building inspections office.

REPAIR SYSTEM NOTES:

Based upon the initial questionnaire, and a field site evaluation, the inspector will determine the appropriate course of action.

A permit for septic repair may be issued after the evaluation by the inspector.

IF YOU NEED ANY INFORMATION REGARDING ONSITE WATER PROTECTION SERVICES YOU WILL NEED TO CALL AN ENVIRONMENTAL HEALTH SPECIALIST (EHS) OR VISIT THEM IN THE OFFICE. The EHS's are in the office between 8:30-9:30 AM Monday through Friday. EHS's are in the field the rest of the day.

Rutherford (828) 287-6317

Polk (828) 894-8004

McDowell (828) 652-2921

IMPORTANT: BEFORE GOING TO THE BUILDING INSPECTIONS DEPARTMENT BE SURE YOU HAVE A RE-CONNECTION APPROVAL OR A CONSTRUCTION AUTHORIZATION FROM THE HEALTH DEPARTMENT FOR THE SEPTIC SYSTEM.

Please keep this sheet for your information.

RUTHERFORD-POLK-McDOWELL

HEALTH DISTRICT

- Septic Repair

• Existing Septic

Septic System Repair and Existing Septic System

Pumping Receipt: Y N

Application Questionnaire

Information taken from (Name): H. WAYNE UNGER Date: 7-7-11

Application Completed By (Name): Same Date: 7-7-11

Owner/Legal Agent: SAM E County: R P M

Owner Mailing Address: P.O. BOX 549 - Edisto Island, SC 29438

Home#: 843-869-1274 Work#: 843-869-2389 Cell#: 843-908-4545 Fax#: 843-488-7508

Tenant: _____ Contact #: _____

Property Location: 218 Cent Cemetery Rd

Subdivision: _____ Lot#: _____ Gate Code: _____

Directions: HOWARD GAP -> MACEDONIA -> CEMETARY RD
"BOYKIN" ON MAILBOX

Facility Type: House Mobile Home Modular Other: _____

Basement: Y N With Plumbing: Y N Garbage Disposal: Y N Dishwasher: Y N

Lot Size: 3 acres Number of Bedrooms: 4* Number of Occupants: Adults _____ Teens _____ Children _____

Water Supply: Private Well Public/Community Spring Other: _____

1. Whose name was the original septic permit issued under? PHILLIPS, STANLEY
2. When was the septic system installed? Year? _____
3. Has the septic tank been pumped in the last five years? Y N When? _____ Pump Company? _____
4. Has the septic system ever malfunctioned? Y N How? Backing up in house Draining Slowly
 Leaking on top of ground Physical Damage
5. Has the system ever been repaired? Y N
Whose name is on the repair permit? _____
Who repaired the septic system? _____
6. Where is your well located? _____
7. Are there any neighboring wells, springs, or underground storage tanks nearby? Y N How close (ft)? _____
8. Is the septic-system entirely on the current property? Y N Where? _____
9. For repair system applicants: When did you first notice the problem? _____
When does the septic system fail? All the time During rain Doing Laundry Heavy use Other: _____
10. For existing system applicants:

What type of building/residence was connected to the septic system originally?

House Number of Residents: _____ Number of Bedrooms: 2

Mobile Home Number of Residents: _____ Number of Bedrooms: _____

Business Number of Employees: _____ Business Type: _____

What type of building/residence will be re-connected?

House Number of Residents: _____ Number of Bedrooms: 4

Mobile Home Number of Residents: _____ Number of Bedrooms: _____

Business Number of Employees: _____ Business Type: _____

Owner/Legal Agent: H. Wayne Unger Date: 7/7/11
Signature

**Septic System Repair and Existing Septic System
Application Questionnaire Continued**

11. Do you have a washing machine? Y N How many loads per week do you wash? _____

12. Do you use an "in the tank" or "in the bowl" toilet sanitizer? Y N

13. Do you have a water softener system? Y N Where does it drain? _____

14. Are any family members using long term prescription drugs, anti-biotics, or are on chemotherapy? Y N

15. Are any cleaning chemicals disposed of by pouring them down the drain? Y N What kind? _____

16. Are any other chemicals, paint thinners, paints, etc. disposed of down the drain? Y N What kind? _____

17. Have any new water using fixtures been added since the system was installed? Y N List: _____

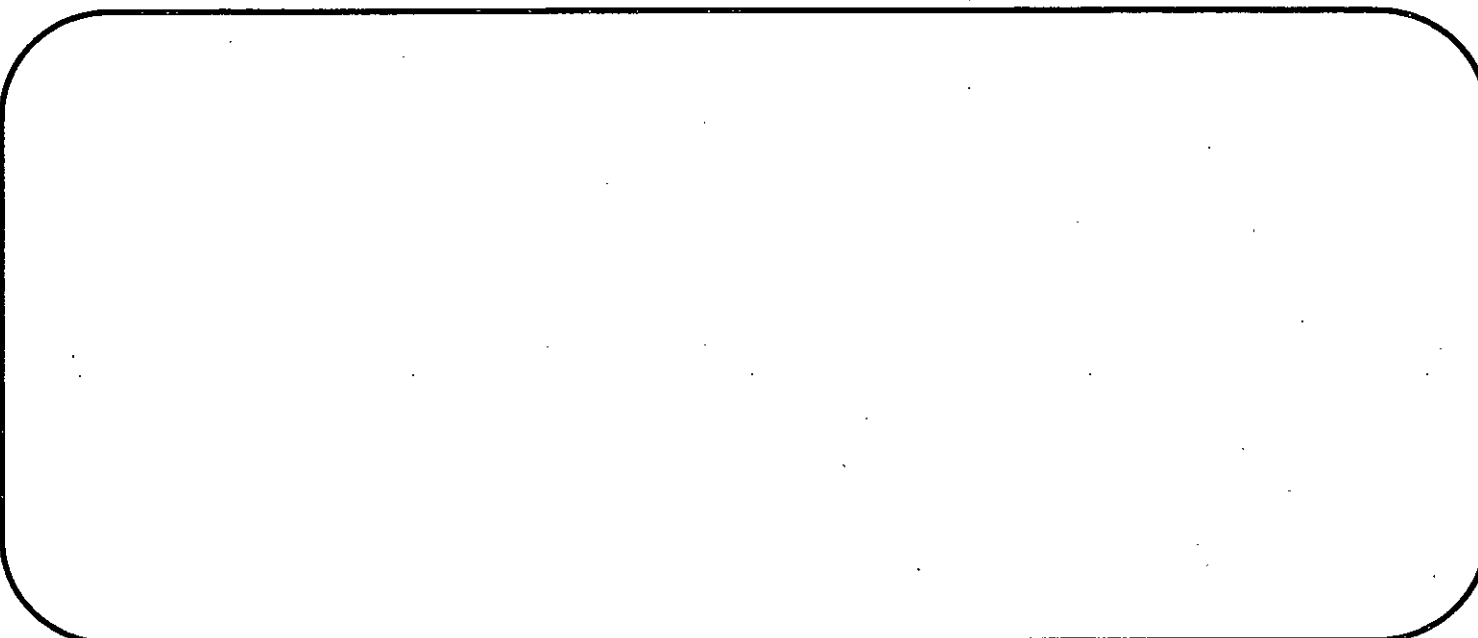
18. Other than sinks, showers, bath tubs, and toilets; list any additional plumbing fixtures, like spas or whirlpools etc. _____

19. Do you have an underground lawn watering system / sprinkler system? Y N

20. Has any site work been completed on the property since you moved in? Y N Describe: _____
(such as gutter drains, a new pool, a basement or foundation drain, landscaping, driveway paving, etc.) _____

21. Are there any underground utilities on the property?
 Power Line Phone Line Cable Line Gas Line Water Line Other: _____

22. Please draw the property to the best of your ability and knowledge on this sheet. Be sure to show houses, buildings, mobile homes, proposed buildings or mobile homes, water supplies, streams, roads, drives, property lines, existing septic tank locations, utility locations and any other pertinent structures or features.



Owner/Legal Agent: _____ Date: _____

Signature