

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

- New
- Repair
- Addition
- Re-evaluation

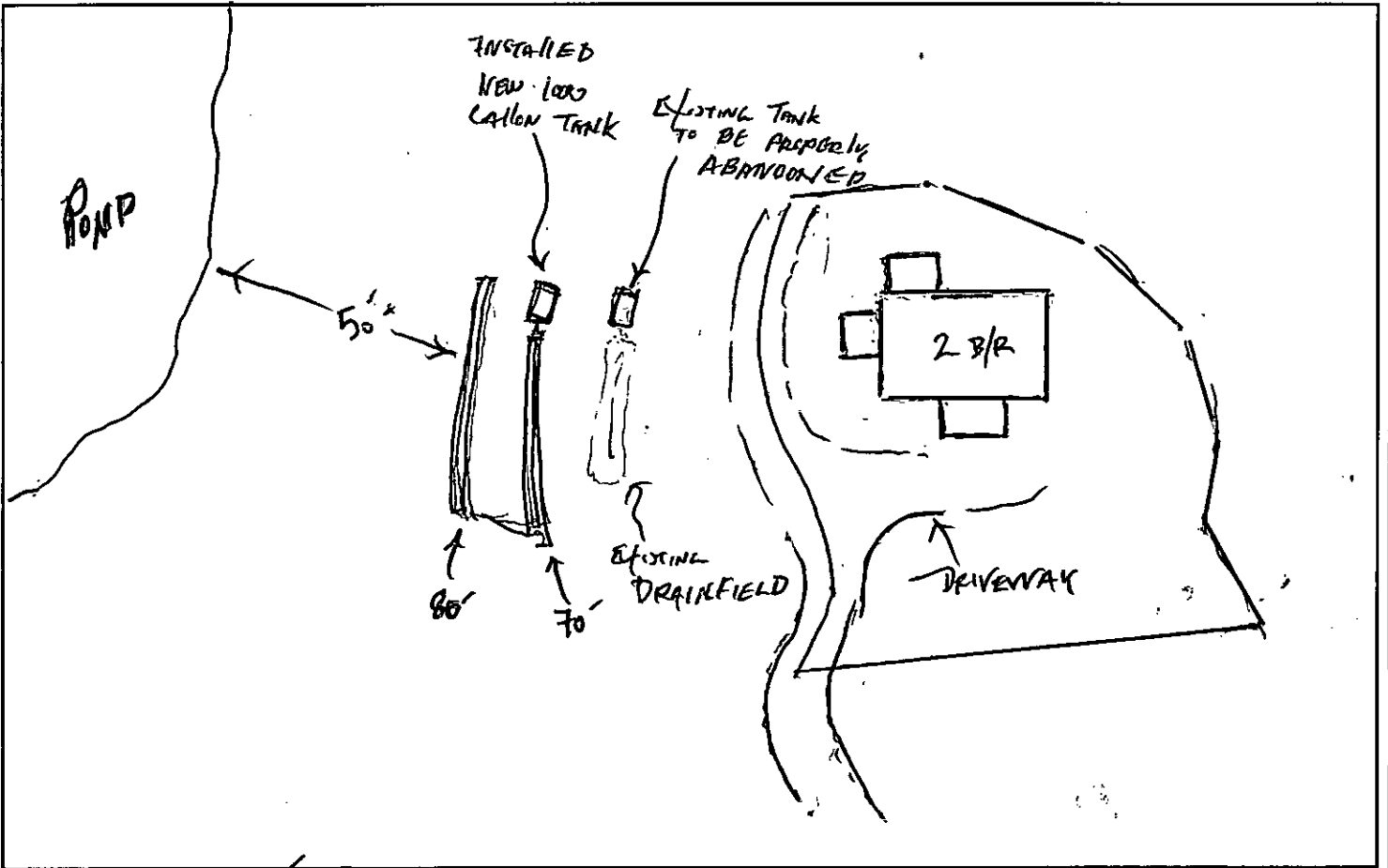
(Permit subject to revocation if site plans or intended use changes)

Owner: TALBOT, PEENA County: Polk
 (State Rd. #-Street Name - Development Name - Lot#) Community/Area: SALUDA

Type Facility: 2 B/R Type System: 1 1/2" EZ-FLO Tank Serial # K1000-STR 141
 # Trenches: 2 Trench Lengths: 80, 70 Trench Width: 3 Design Flow: 240 gpd
 Type Water Supply: PVT System Installed by: CHRIS BRADLEY

Comments:

Site Plan with System Details Below (Not drawn to scale) Lot Size: .73 Acres



Issued by: [Signature], R.S. Date 10-01-05-14
 Environmental Health Specialist

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:

1. The drainfield 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 the roof gutters, foundation drains, and ground surface does not flow over the system.
2. Do not add materials such as hygiene products, cigarette butts, coffee grinds, disposable diapers, cooking oils or grease to the septic tank system and restrict the use of garbage disposals.
3. Maintain a grass vegetative over the drainfield to prevent soil erosion.
4. Avoid driveway construction or other over the system and repair area and keep automobiles and heavy equipment off the septic tank system. Do not cover with fill dirt.
5. Don't wait until your drainfield fails to have your tank pumped, by then the drainfield may be ruined. Have solids pumped out of the tank as needed, usually every 3-5 years.

COUNTY PIN#: 55-813 55-81

PLICATION#: RP13-0171

- 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

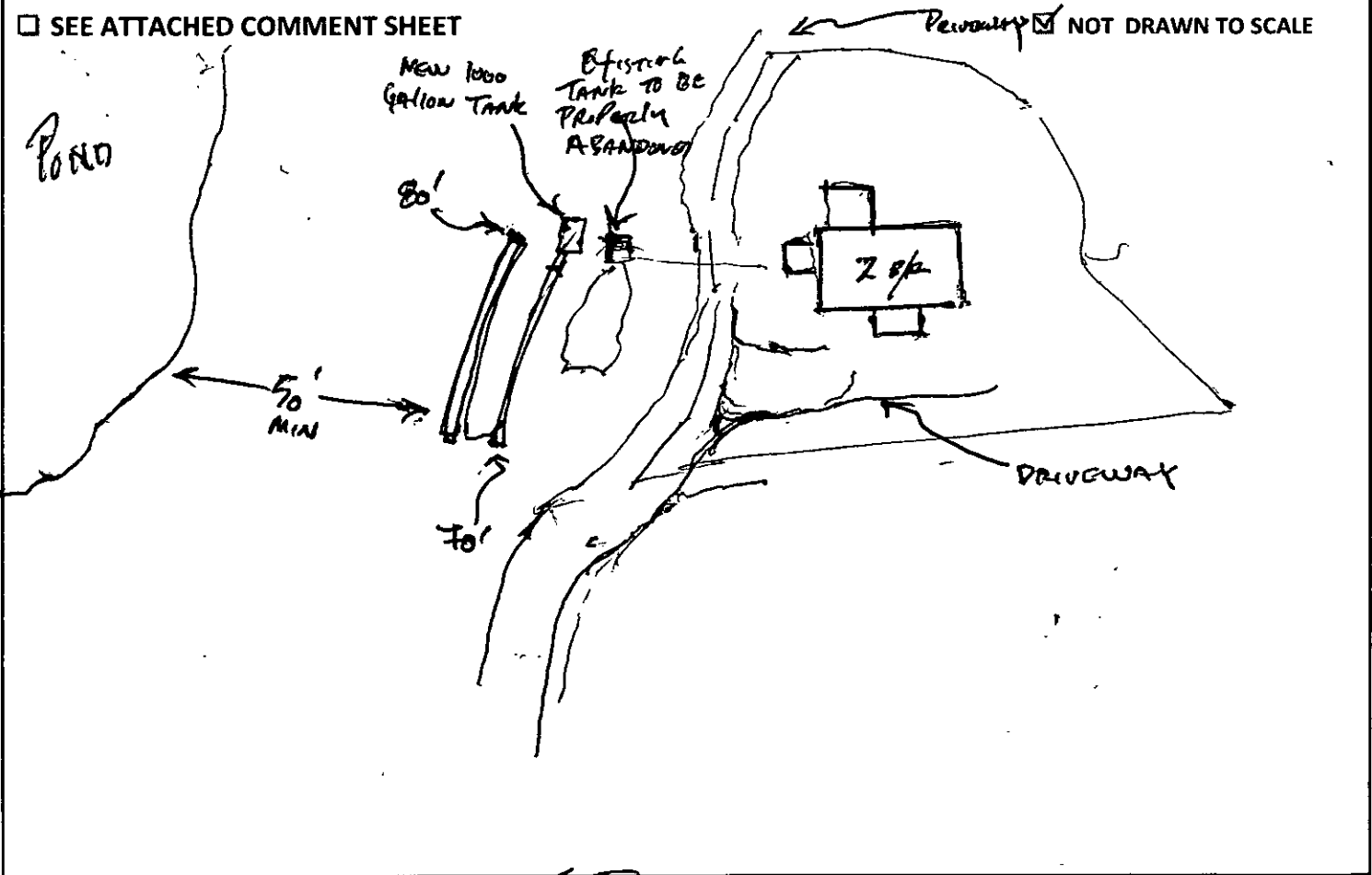
Valid for 5 Years from Date of Issue.

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

Applicant/Legal Agent: TALBOT, DEENA County: R P M
 Current Mailing Address: _____ City: SALUDA State: NC Zip: _____
 Property Location: SALUDA Subdivision: _____ Lot#: _____ Code: _____
 Home Phone: 828-808-0108 Work Phone: _____ Fax: _____ Agents Name & Phone#: _____

Directions to Property: I-26 to LEFT @ Exit # 59. Follow Rt on LAUREL TOWNSHIP LEFT ON MELODY LANE. Rt on CRESCENT DR. PROPERTY NEXT TO 555.

Facility Type: 2 Blr System Type: III 25' Renew Basement: Y N With Plumbing: Y N
 Design Flow: 240 gpd L.T.A.R.: .04 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: 24 in.
 Water Supply: Private Well Public/Comm. Spring Other: _____ Well Variance: Y N (on lower side wall)
 U.S.T.: Y N Lot Size: .93 acres Repair System Type: _____ L.T.A.R.: _____ gpd/ft²
 Design Flow Basis: _____ Comments/Conditions: _____



Improvement Permit Issued by: [Signature], R.S. Date: 12-31-19

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: 12-31-13
(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)

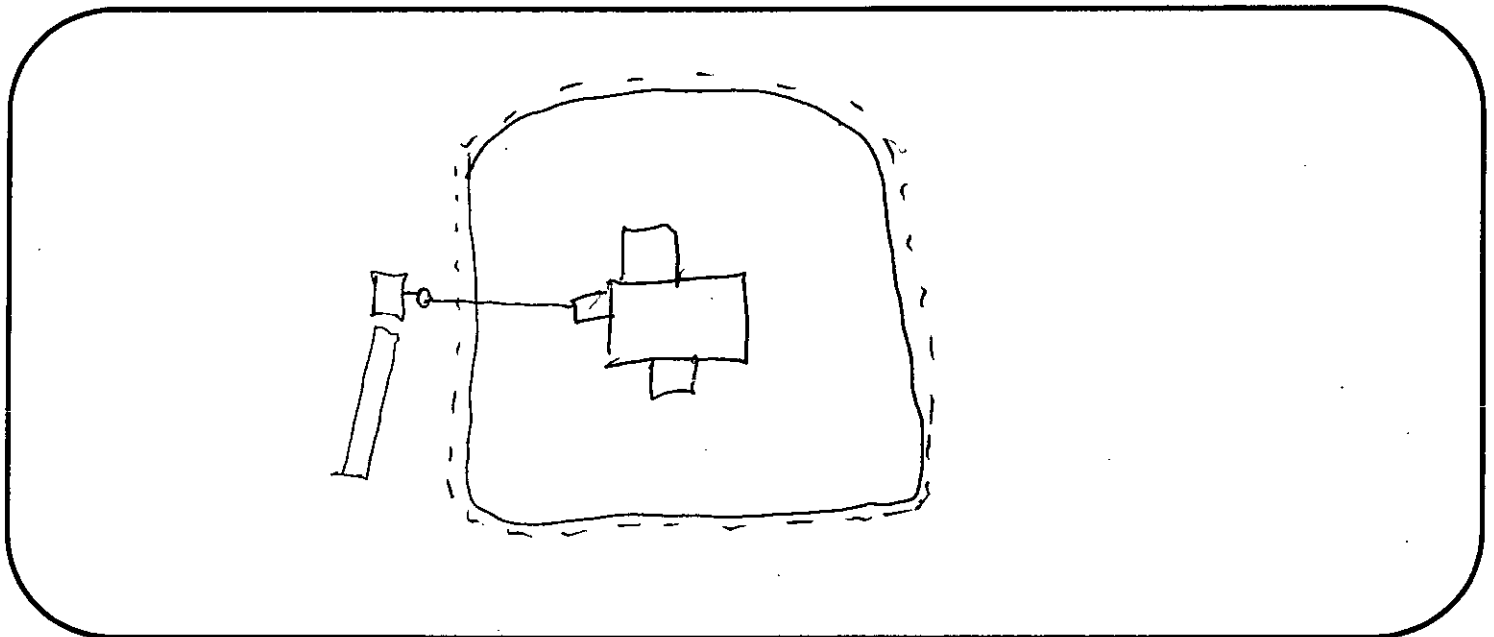
White-Health Department Goldenrod-Septic Installer/Owner Blue-Well Driller Pink-Building Inspector

Owner: TALBOT, DEENA
Subdivision/Lot#: _____

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? 1-3
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. None
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

COUNTY PIN#: SS-813

APPLICATION#: _____

FEE: _____

RECEIPT#: _____

CDP#: _____

- Septic Repair
- Existing Septic

PUTTHERFORD-POLK-CRAWFORD
HEALTH DISTRICT

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Septic System Repair and Existing Septic System

Pumping Receipt: Y N

Application Questionnaire

Information taken from (Name): Zachary Waldorf Date: 12/30/13

Application Completed By (Name): Zachary Waldorf Date: 12/30/13

Owner/Legal Agent: Deena Talbot County: R P M

Owner Mailing Address: _____

Home#: 8288080188 Work#: _____ Cell#: _____ Fax#: _____

Tenant: Gayle Contact #: 749-3785

Property Location: _____

Subdivision: _____ Lot#: _____ Gate Code: _____

Directions: T-26 to Seluda exit Left towards Seluda go past DG ~~200~~ Right on Law-rel Dr.

Immediate Left on melody Lane - Right at stop sign Crescent Dr - Driveway just past address 503

Facility Type: House Mobile Home Modular Other: On right - take drive back into

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

Lot Size: 1/3 acres Number of Bedrooms: 2 Number of Occupants: Adults _____ Teens _____ Children Septic on

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

1. Whose name was the original septic permit issued under? _____

2. When was the septic system installed? Year? _____

3. Has the septic tank been pumped in the last five years? Y N When? 7/12 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? None

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? 1 1/2 yrs ago

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: varies 1-3 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: _____

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

Business Number of Employees: _____ Business Type: _____

Owner/Legal Agent: _____ Date: 12/30/13

Signature