

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany (336) 372-8813 Ashe (336) 246-3356 Watauga (828) 264-4995

WASTEWATER SYSTEM OPERATION PERMIT

PERMIT # 9517888
138009

Name Ivan Wilson Date 5/2/14

Subdivision - Lot # - Section - Tax Map Ref # 1992-48-3505

System Designed for: Residential Garage # of Units 1 # of Bedrooms -
Business/Other Garage Type - # of Employees -
Special Fixtures Garage (GPD) Design Daily Flow 240 (GPD) Site Plan Attached: Yes - No X

System Installer: Parry Townsend Operator In Responsible Charge: -

Installer Certification #: 2919 Type of System Installed Quick 4 Trifiltrac + Type (I-VI): III

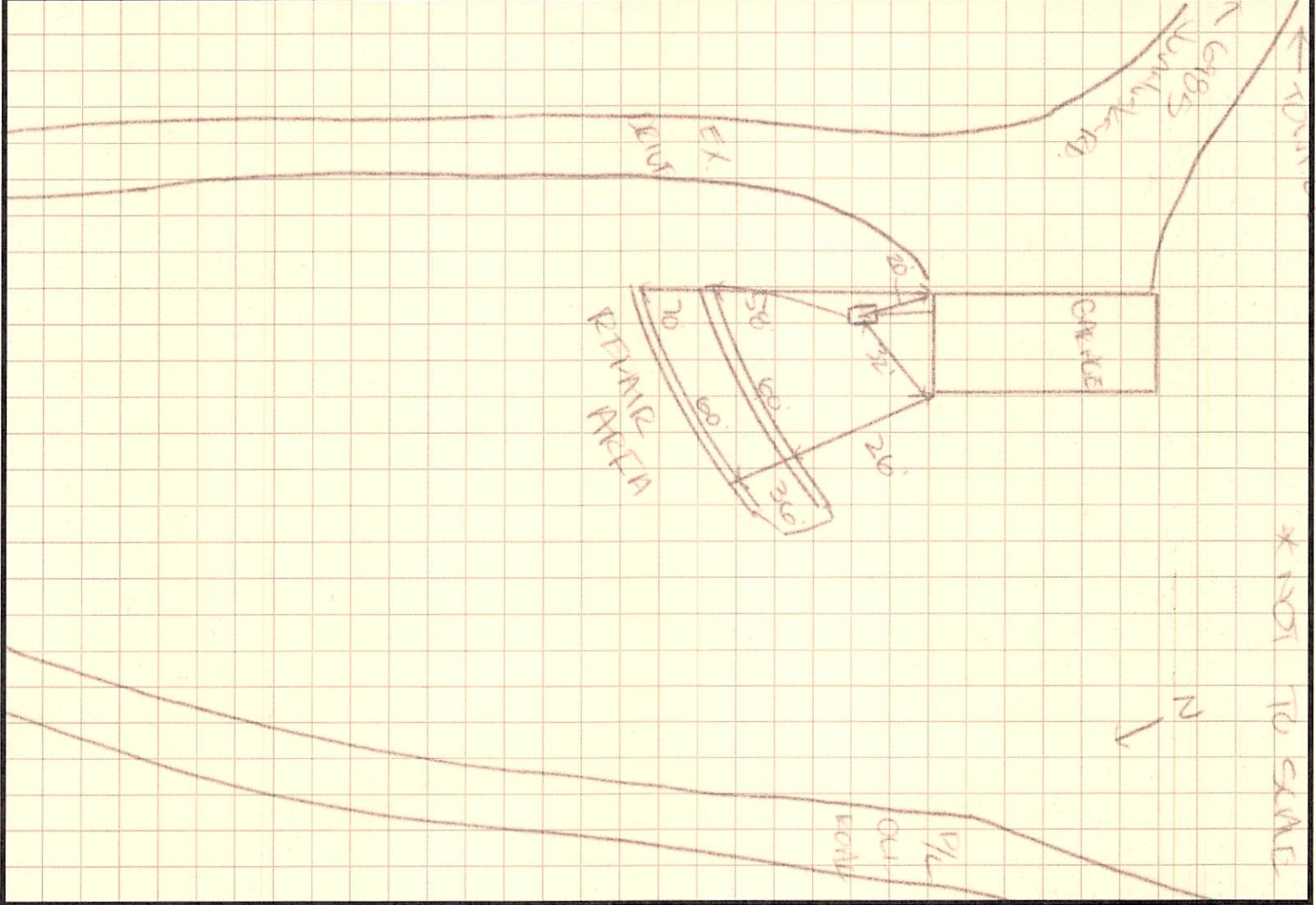
Wastewater System Specifications: Tank Manufacturer(s) GST

Septic Tank 1500 (GALS) Pump Tank 1510 (GALS) Risers on Septic Tank?: (Y) (N) -
Trenches 2 Total Trench Length 120 (FT) Trench Width 36" (IN)
Trench Depth 24 (IN) Trench Separation 10 (FT) Distribution Device: Serial
Stone Depth - (IN) Soil Cover 6-12 (IN) Stepdowns 1

Conditions: -

***Typical septic system maintenance should include pumping tanks and cleaning effluent filter every 3-5 years.**

Water Supply SHARPE WELL Well Permit # PRE 07 WELL



- (1) CHANGING THE CHARACTERISTICS OR DESIGN FLOW OF THIS SYSTEM COULD RESULT IN REVOCATION OR SUSPENSION OF THIS PERMIT, LOSS OF PERMANENT ELECTRICAL SERVICE AND/OR LEGAL ACTION.
- (2) FINAL APPROVAL OF THIS SYSTEM SHALL INDICATE THAT THE SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH APPLICABLE PERMIT CONDITIONS, LAWS, AND RULES, BUT IN NO WAY SHOULD BE TAKEN AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY FOR ANY GIVEN TIME.

[Signature] 5/6/14 [Signature] 5/6/14
ENVIRONMENTAL HEALTH SPECIALIST DATE OWNER/AGENT DATE

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany (336) 372-8813 Ashe (336) 246-3356 Watauga (828) 264-4995

PERMIT # 9517888

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

(THIS AUTHORIZATION SHALL BE VALID FOR A PERIOD OF 5 YEARS, NOT TO EXCEED THE VALIDITY OF THE IMPROVEMENT PERMIT)

Name Ivan Wilson
 Location 421 W. Taylor Hill on Rt. 5 Jay Knight rd
junction is Buck house on right. 6985
Junction rd
 Subdivision _____ Lot # _____ Section _____

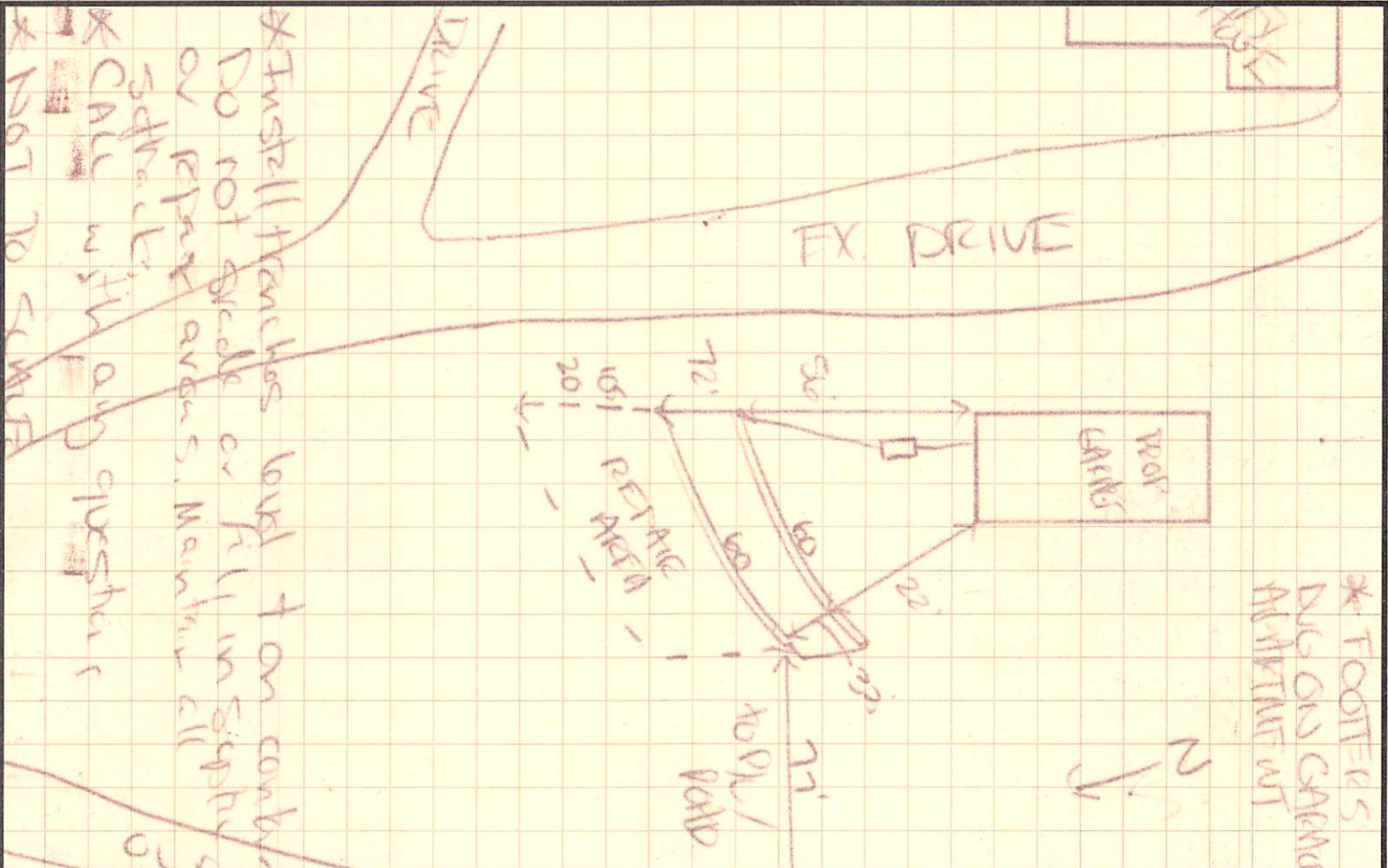
Date 10/28/13

SYSTEM REQUIREMENTS:

Tax Map Reference # 1992-48-2505

Initial System Type 25910 Road Installer Grade Level I
 Septic Tank Size 1060 (GALS) Pump Tank Size _____ (GALS)
 # of Trenches 2 Total Trench Length 120 (FT)
 Trench Width 36 (IN) Trench Depth 24 (IN) (lower sidewall)
 Soil Cover 6-12 (IN) Trench Separation 9 (FT) (minimum on center)
 Repair System Type 25910 Road Site Plan Attached: Yes _____ No X

Residential Exempt # of Units 1
 # of Bedrooms 2
 Business / Other N/A
 Type N/A
 # of Employees N/A
 Special Fixtures N/A GPD
 Design Daily Flow 240 GPD
 Basement: Yes _____ No X
 Fixtures in Basement: Yes _____ No X
 Water Supply: SHARED WELL



1. SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN WASTEWATER SYSTEM IMPROVEMENT PERMIT # 9517888 AND WELL PERMIT # PRE-01 WELL
2. SYSTEM SHALL NOT BE COVERED OR PUT INTO OPERATION UNTIL INSPECTED BY HEALTH DEPT.
3. ANY ALTERATIONS IN SITE OR SOIL CONDITIONS, MODIFICATION IN USE, DESIGN FLOW OR CHARACTERISTICS MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION OR SUSPENSION.
4. CONTACT HEALTH DEPARTMENT IF ANY CHANGES OR MODIFICATIONS HAVE BEEN MADE PRIOR TO INSTALLATION.

OTHER CONDITIONS: _____

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION MUST BE COMPLETED BY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF BUILDING PERMITS AND PRIOR TO THE INSTALLATION, CONSTRUCTION, OR REPAIR OF THE WASTEWATER SYSTEM.

Ivan Wilson 10/28/13 [Signature] 10 28 13
 ENVIRONMENTAL HEALTH SPECIALIST DATE OWNER/AGENT DATE

FEE \$ 500.00
(FPACT)

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany (336) 372-8813 Ashe (336) 246-3356 Watauga (828) 264-4995

WASTEWATER IMPROVEMENT PERMIT

PERMIT # 9517888

(NOT AN AUTHORIZATION FOR BUILDING PERMIT OR WASTEWATER SYSTEM INSTALLATION)

Owner Ivan Wilson Tax Map Reference # 1992-48-305 County Watauga

Directions to Property 421N to Tater Hill on right stay right and junction
13 Brick house on right. 6985 Junaluska Rd.

Subdivision --- Lot # --- Section # --- Lot Size 7548ac

SYSTEM APPLIED FOR: Residential Garage Apartment # of Bedrooms 2 # of Units 1
Business/Other N/A Type N/A # Employees N/A
Special Fixture(s) N/A GPD Design Daily Flow 240 GPD
Basement: Yes [] No [] Fixtures in Basement: Yes [] No []

INITIAL SYSTEM TYPE: 25% Red. Repair Area Required: Yes [] No [] Repair System Type: 25% Red.

SOIL/SITE EVALUATION: Soil Group III Texture CI Soil Depth 47" (IN)
Slope 13 % Depth to Restrictive Horizon --- (IN)

LTAR 0.5 Depth to Soil Wetness --- (IN) Other --- (IN)

TYPE OF WATER SUPPLY: Shared Well WELL PERMIT # PRE 07

***SITE CLASSIFICATION: --- Suitable Provisionally Suitable --- Unsuitable ** Site Plan Attached Yes --- No

See Authorization to Construct for system design + layout.

Call this Dept. with any questions

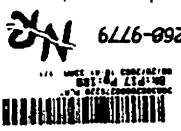
THE IMPROVEMENT PERMIT SHALL BE VALID FOR A PERIOD OF FIVE YEARS IF A SITE PLAN IS SUBMITTED, OR VALID WITHOUT EXPIRATION IF ACCOMPANIED WITH A SCALED PLAT PREPARED BY RLS, AND UPON A SATISFACTORY SHOWING TO THE HEALTH DEPARTMENT THAT THE SITE AND SOIL CONDITIONS AS DESCRIBED ON THE DATE OF ISSUANCE ARE UNALTERED; THAT THE FACILITY, DESIGN WASTEWATER FLOW, AND WASTEWATER CHARACTERISTICS ARE NOT INCREASED AND THAT THE WASTEWATER SYSTEM CAN BE INSTALLED TO MEET THE REQUIREMENTS AS LISTED ABOVE.

Ivan Wilson ENVIRONMENTAL HEALTH SPECIALIST DATE 10/28/13

I CERTIFY THAT I HAVE REVIEWED AND AGREE TO THE PROVISIONS/CONDITIONS OF THIS PERMIT AND ANY CHANGES WILL BE MADE ONLY WITH PRIOR HEALTH DEPARTMENT APPROVAL.

[Signature] OWNER/AUTHORIZED AGENT DATE 10/28/13

Duane Duncy
Surveyor
1125 South Carolina Highway 101
North Carolina 28580



Scale is 1"=100' (1:1200)

March 28, 2000, August 14, 2003

Cove Creek and Meat Camp Townships
Watauga County -- North Carolina

Marsh Family Properties, LLC

Survey for

Notes:

- This is a survey of a portion of the Marsh Family Properties, LLC and is described in book 702 of Records at page 242; book 771 of Records at page 356; book 750 of Records at page 727 and book 615 of Records at page 647.
- Descriptions are relative to Book 227 and
- are rounded to the nearest eighth of an acre.
- The portion of the property is inside of a high tide flood area per 175A Flood Insurance Rate Map for Watauga County.
- Book 124 of Records at page 600 also for a 45 foot wide right-of-way along the eastern boundary line of the Anderson tract described therein. It appears that the 45 foot wide right-of-way should run the western boundary of said tract. This was verified by John Turner, PLS 1-2725 from plat #92020 dated April 10, 1909.

North Carolina--Watauga County
Filed for registration on the _____ day of _____, 20____ at _____
Office of the Register of Deeds of Watauga County, North Carolina
and recorded in the _____ book of _____
at page _____ of _____

Register of Deeds

North Carolina--Watauga County
I, _____, Register of Deeds, do hereby certify that the above is a true and correct copy of the original record as the same appears in the office of the Register of Deeds of Watauga County, North Carolina.

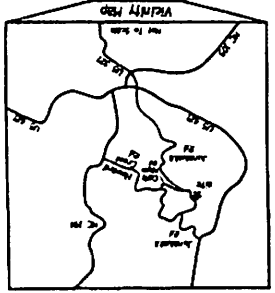
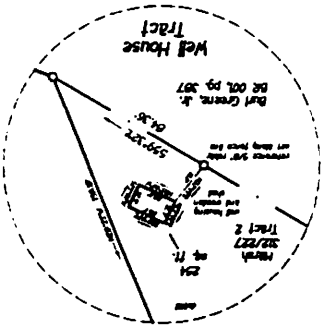
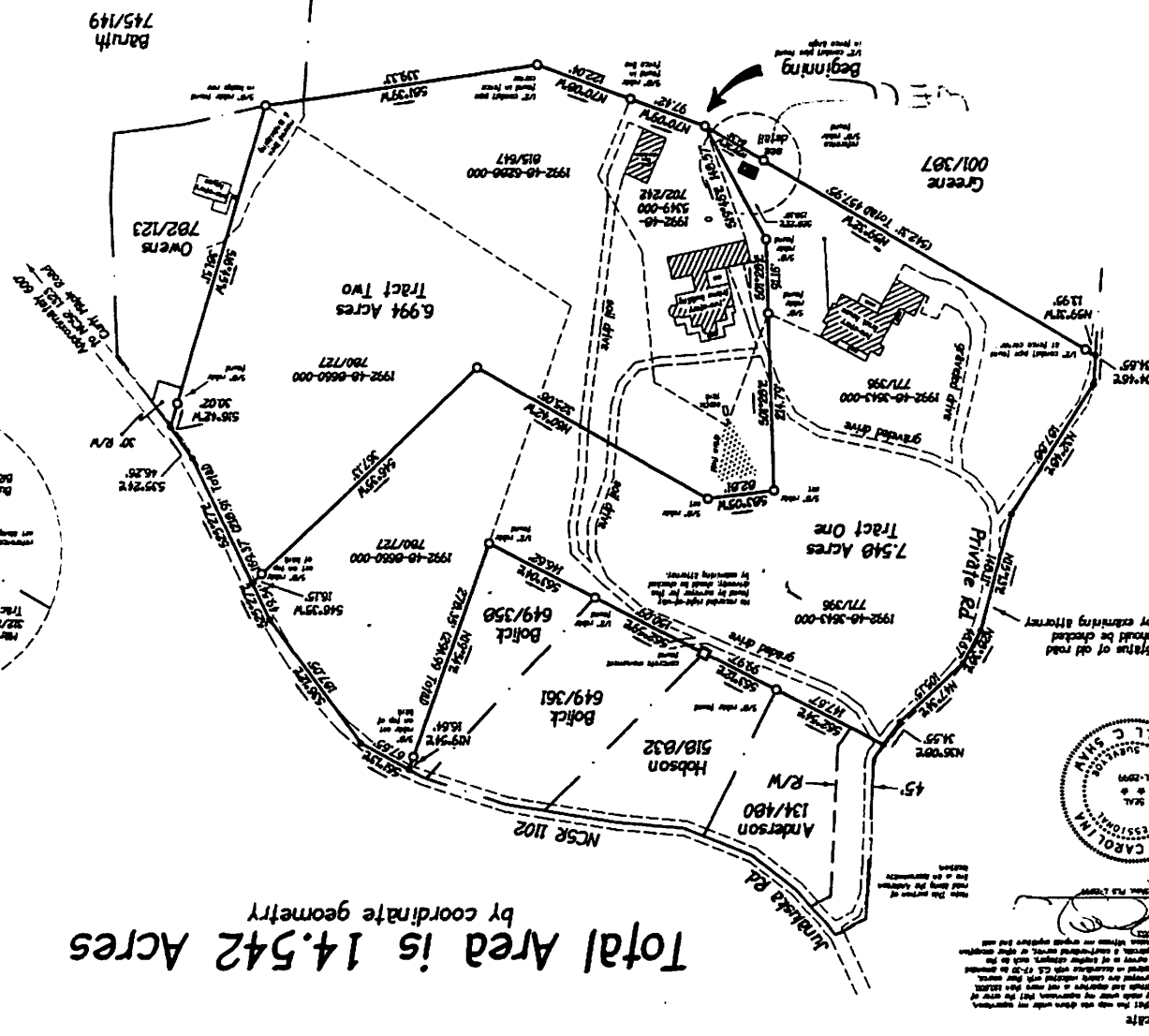
Watauga County Auditor-Register of Deeds

DATE: 8-15-03



Total Area is 14.542 Acres

by coordinate geometry



LEGEND

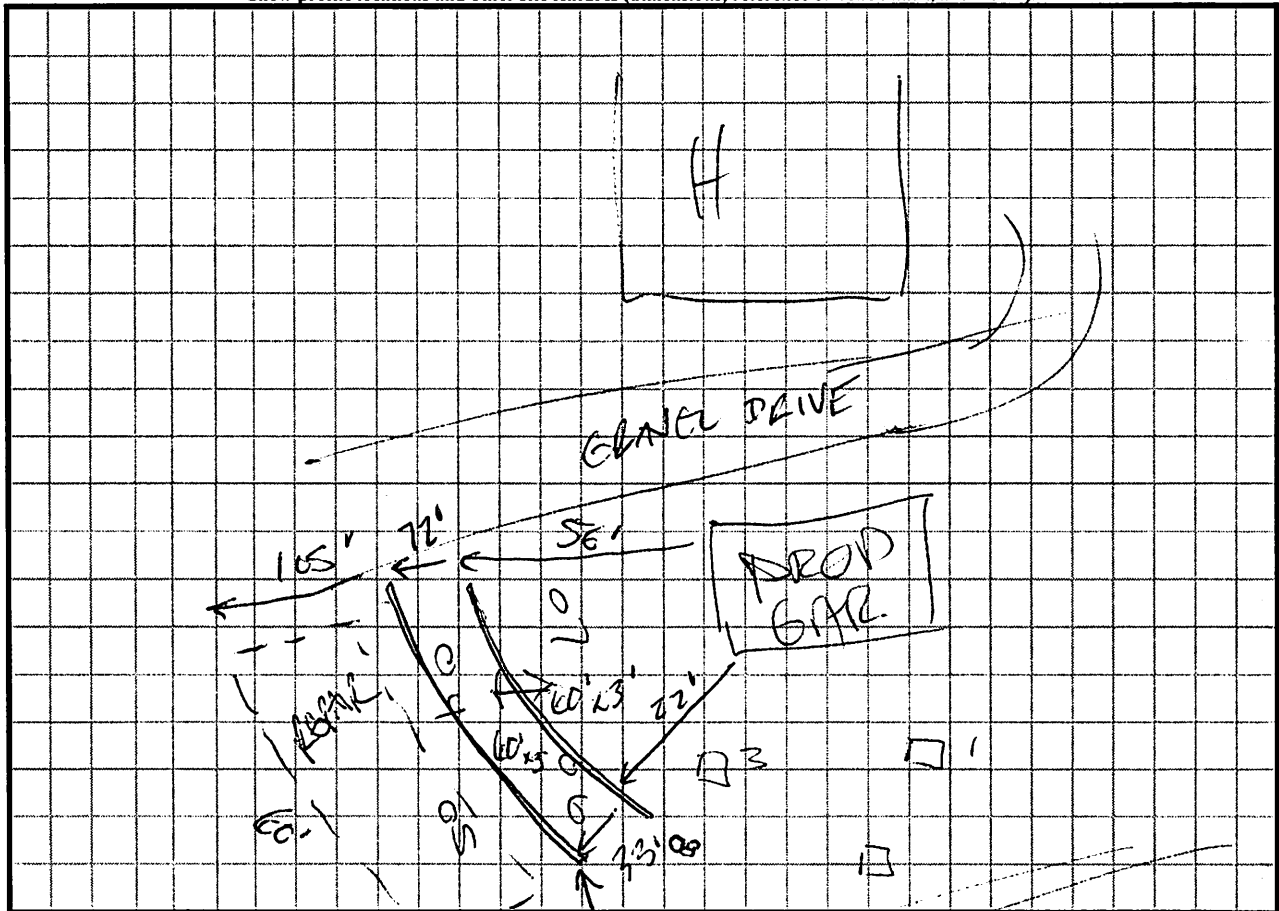
use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP 1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)				M (Massive)
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)
DS (Debris Slump)		L (Loam)				GR (Granular)
FP (Flood Plain)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		SBK (Subangular Blocky)
FS (Foot Slope)		SiCL (Silty Clay Loam)				ABK (Angular Blocky)
H (Head Slope)		CL (Clay Loam)				PL (Platy)
L (Linear Slope)		SCL (Sandy Clay Loam)				PR (Prismatic)
N (Nose Slope)		SiL (Silt Loam)				
R (Ridge)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
S (Shoulder Slope)		SiC (Silty Clay)				NP (Non-plastic)
T (Terrace)		C (Clay)				SP (Slightly Plastic)
		O (Organic)				P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

- NOTES**
- HORIZON DEPTH In inches below natural soil surface
 - DEPTH OF FILL In inches from land surface
 - RESTRICTIVE HORIZON Thickness and depth from land surface
 - SAPROLITE S(suitable) or U(unsuitable)
 - SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
 - CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)
- Evaluation of saprolite shall be by pits.
- Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (#####)
Review (#####)

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 846-1039 (fax)
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-7793 (fax)
(336) 372-8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4997 (fax)
(828) 264-4995

APPLICATION FOR WELL AND ON-SITE WASTEWATER PERMITS 9517888

Date Received: 10-2-13
Health Department Use Only

SECTION 1 INITIAL THE APPROPRIATE LINE(S) FOR WHAT THIS APPLICATION IS FOR:

- | | |
|---|---|
| <input type="checkbox"/> NEW WELL CONSTRUCTION PERMIT | <input checked="" type="checkbox"/> NEW SEPTIC SYSTEM (Improvement Permit and Authorization to Construct) |
| <input type="checkbox"/> WELL ABANDONMENT | <input type="checkbox"/> AUTHORIZATION to CONSTRUCT (Improvement Permit previously issued) |
| <input type="checkbox"/> WELL CAMERA INSPECTION | <input type="checkbox"/> COMPLIANCE INSPECTION (for proposed construction location only) |
| <input type="checkbox"/> REPAIR (Well / Septic) | <input type="checkbox"/> RENEWAL OF PERMIT (Septic-- non-expired only) (Well --Expired / Non-expired) |
| <input type="checkbox"/> RELOCATION OF SEPTIC TANK | <input type="checkbox"/> EXPANSION OF AN EXISITNG SEPTIC SYSTEM |
| <input type="checkbox"/> NAME CHANGE | <input type="checkbox"/> CHANGE OF EXISTING PERMIT (Well / Septic) (Limited / Comprehensive) |

SECTION 2

Owner of Property: Ivan Wilson Phone: 828 247 3081 (Home) 910 240 4609 (Cell)

Mailing Address: 1182 Bella Coola Rd Lake Waccamaw, NC 28450 Email: lwilson12@ecvr.com

Applicant: Ben Strickland Phone: 828 773 2611 (Home) _____ (Cell)

Mailing Address: POB 2822 Boone, NC 28607 Email: _____

Agent: Ben Strickland Phone: 828 773 2611 (Home) _____ (Cell)

** see page 3

Mailing Address: POB 2822 Boone, NC 28607 Email: _____

INFORMATION ON THE PROPERTY TO BE EVALUATED

DETAILED Directions to Property: 421 N to Tater Hill on Rt 5 stay Rt on Junaluska 1st Brick House on Rt

Property Size: 7.548 Parcel ID/ PIN: 199 248 3505 County of Property: Watauga

Subdivision Name: _____ Lot #: _____ Section: _____ Date Platted** 8.23.03
**Date property recorded with the county as it currently exists.

- YES NO Is any part of the property in the 100 flood plain?
- YES NO Are there any drinking water supplies within 100 feet of this property? (If yes show them on the site plan.)
- YES NO Is this property subject to watershed restrictions?

SECTION 3 STRUCTURE INFORMATION

DESCRIBE THE EXISTING OR PROPOSED STRUCTURE:

<input checked="" type="checkbox"/> HOUSE	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> APARTMENTS / TOWNHOMES
<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> BUSINESS / OTHER	<input type="checkbox"/> CONSTRUCTION DESCRIBED BELOW

YES NO Basement

YES NO Water Fixtures in Basement

Number of Bedrooms: 2

Special Fixtures: Circle all that apply: Garbage Disposal, Oversized Tubs, Multi-head showers, Multiple Master Bathrooms or Kitchens

Special Fixture Description: Kitchen ONE Bath

Business / Other Description: _____

Number of Employees: _____ Square footage of Commercial Building: _____ Hours of Operation: _____

Compliance Inspection (for proposed construction only):
Describe the proposed construction and show the location of any existing structures, proposed additions, excavation or other improvements to the property on the site plan.

Describe: GARAGE w/ Kitchen and Bath 3 bay ONE level 25x50

If you have an existing septic system, what year was it installed and under whose name was it permitted? 1999 J Marsh 956972?

SECTION 4

SECTION TO REQUEST AN ON-SITE WASTEWATER SYSTEM TYPE:

- Please Indicate Desired System Type(s) (Systems can be ranked in order of your preference):
- Any System Type Accepted Alternative Conventional Innovative Other _____



SECTION 5

WATER SUPPLY INFORMATION
(SHOW LOCATION ON SITE PLAN)

YES NO Is water provided by a public water supply? Name of water supply system: _____ If yes then please skip to Section 8.

The following information applies to a: Proposed Well Existing Well Year the well was drilled: 2000
 Existing Spring (skip to section 8) Proposed Spring (skip to section 8)

Well will be used for:

Private Well Shared Well Other (Describe below)

Other Includes: Business, Restaurant, Daycare, Migrant housing, etc. Description: _____

If different than the property described above, property the drinking water supply is located on. LOT #: _____ Parcel ID #: 1992-48-5209

Directions to the Water Supply: _____

SHARED WELL INFORMATION

What is number of the existing and/or possible future connections to this well? 2 If more than one (1) connection, list the connections by Lot # and / or Parcel ID #: 1992-48-5209 1992-48-3505

SECTION 6

WELL SITING INFORMATION

- YES NO Is there or are you proposing to place a fuel tank(s) on the property? (Not including propane or natural gas tanks.)
- YES NO Is there a fuel tank(s) on the adjacent properties?
- YES NO Are there any current or pending restrictions regarding groundwater use as specified in G.S. 87-88(a)
- YES NO Are there any variances regarding well construction or location issued under 15A NCAC 02C .0118
- YES NO Are there any easements, or right of ways recorded on this property? If yes, describe and attach a copy of the easement and / or right of way documentation to this application: _____

Show on the site plan all existing wells, springs, surface waters, designated wetlands, existing or permitted sewage disposal systems, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction.

Are there any existing or permitted septic systems, what year was it installed and under whose name was it permitted? _____

SECTION 7

WELL ABANDONMENT or WELL CAMERA INSPECTION

Year the well was drilled: _____ Depth of the existing well: _____ Casing depth of the existing well: _____

Describe why the well is being abandoned: _____

Is there any contamination of the water in the well? _____

SECTION 8

- YES NO Property corners clearly and correctly identified
- YES NO Plat attached
- YES NO Proposed structures staked onsite
- YES NO Proposed well site staked
- YES NO Holes dug

Permit	Expiration
Improvement (IP)	5 years
Construction Authorization (CA) (not to exceed the IP)	5 years
Well Construction	5 years
Compliance Inspections	1 year

TO COMPLETE THE APPLICATION DRAW A DIAGRAM OF THE PROPOSED CONSTRUCTION ON THE SITE PLAN PAGE PROVIDED.

Applicant must notify this department if this site is subject to approval by other public agencies (other than the planning and inspection department) or wastewater other than sewage will be generated.

THIS APPLICATION AND FEES PAID WILL BE VALID FOR A PERIOD OF TWELVE MONTHS FROM DATE OF RECEIPT. AFTER 12 MONTHS THE APPLICATION IS VOID AND THE APPLICATION FEE IS NON-REFUNDABLE.

ALL HEALTH DEPARTMENT PERMITS ARE SUBJECT TO SUSPENSION OR REVOCATION IF THE SITE PLAN OR THE INTENDED USE CHANGES.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND WILL NOT BE ALTERED WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.


SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

10.1.13
DATE

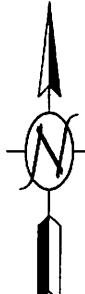
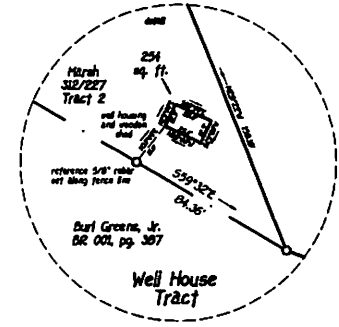
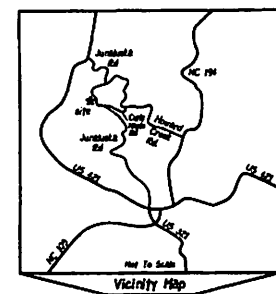
Surveyor's Certificate

I, Donald C. Shaw, certify that this map was drawn under my supervision, from an actual field survey made under my supervision, that the error of closure as calculated by Ritzma and operators is not more than 1/25,000, that the boundaries not surveyed are clearly indicated with their sources, and that this map was prepared in accordance with G.S. 17-32 as amended. I further certify that this survey is of another category such as the reconstruction of another person, a conventional survey, or other exception to the definition of subdivision, within my original signature and seal the 14th day of August 2003.

Donald C. Shaw, PLS
 Seal: DONALD C. SHAW, PLS, L-2299, LAND SURVEYOR, NORTH CAROLINA

Note: This portion of road along the Anderson line is an approximate location.

Total Area is 14.542 Acres
 by coordinate geometry



Status of old road should be checked by examining attorney

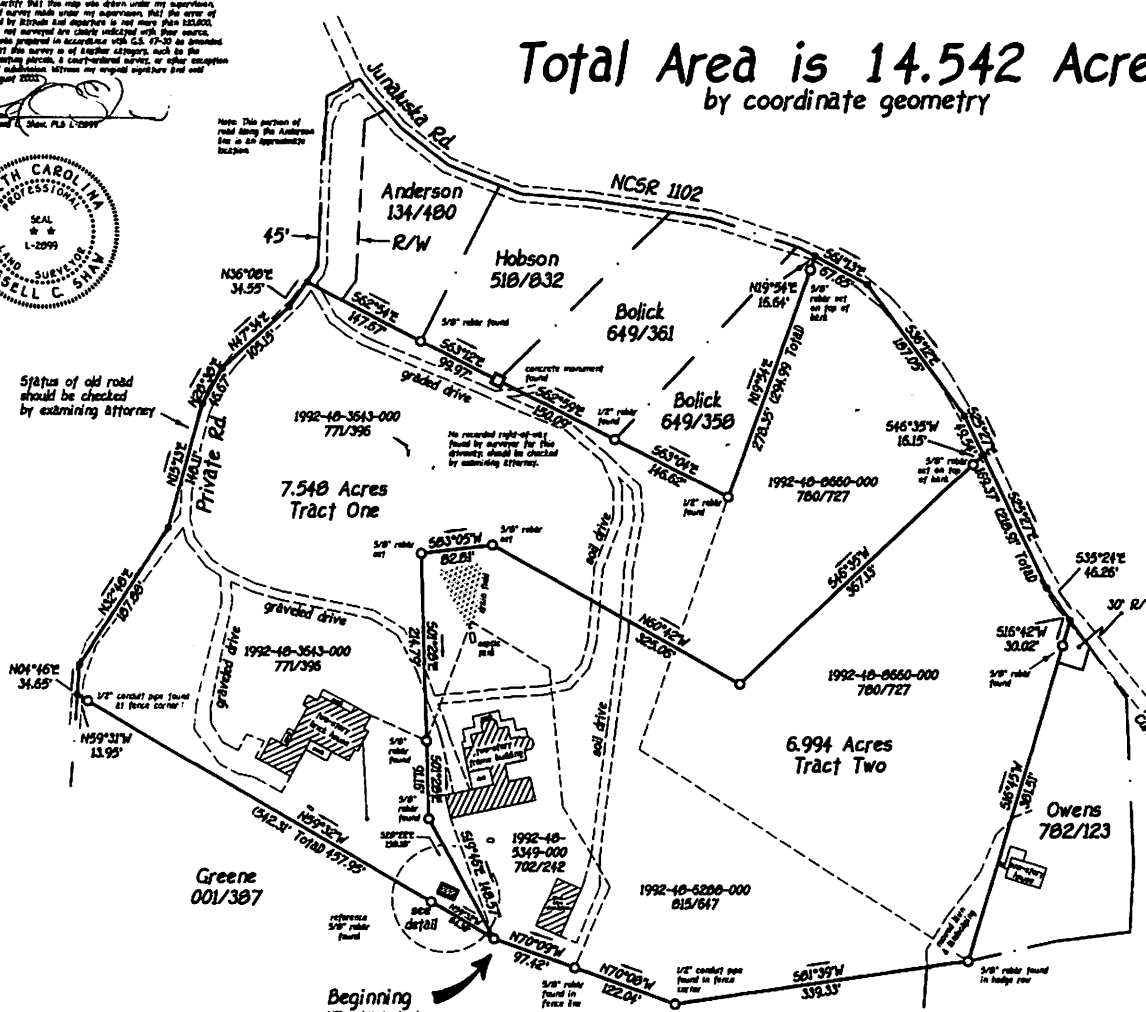
McNeil NDF

Certificate of Exemption

I hereby certify that the plat shown herein is exempt from the Wetland County Ordinance by General Subdivision and Multi-Unit Structures pursuant to Section 16A.01 of the Ordinance. No approval is required.

6/2/03
Joseph M. ...
 Wetland County Authorized Representative

North Carolina—Watauga County
 I, *Sharon O. ...* County Clerk of Watauga County certify that the map or plat which this certification is affixed thereto is in compliance with the recording requirements for recording.
 6-25-03
 Sharon O. ...
 County Clerk



Notes:

- This is a survey of a portion of the Marsh Family Properties, LLC and as described in Book 702 of Records at page 242; Book 771 of Records at page 396; Book 780 of Records at page 727 and Book 815 of Records at page 647.
- Bearings are relative to Book 313 of Records at page 227 and are rounded to the nearest minute.
- No portion of this property is inside of a high risk flood area per FEMA Flood Insurance Rate Maps for Watauga County.
- Book 134 of Records at page 480 calls for a 45 feet wide right-of-way along the eastern boundary line of the Anderson tract described therein. It appears that the 45 feet wide right-of-way should run the western boundary of said tract. This was verified by John Turner, PLS L-2725 from plat #09028 dated April 10, 1989.

Survey for
Marsh Family Properties, LLC

Cove Creek and Meat Camp Townships
 Watauga County -- North Carolina

March 28, 2000, August 14, 2003



North Carolina—Watauga County
 Filed for registration on the _____ day of _____ 20____ at _____ and registered in the office of the Register of Deeds of Watauga County, North Carolina on the _____ day of _____ 20____ in Book _____ of _____ at page _____

 Register of Deeds

FILED
 Wanda C. Scott
 Register of Deeds WATAUGA COUNTY, NC
 BY *Diane Dancy*
 Deed

APPALACHIAN DISTRICT HEALTH DEPARTMENT
OPERATION PERMIT

PERMIT # 956972

NAME James + Alma Marsh DATE Jan. 12, 1999
SUBDIVISION NIA LOT # NIA TAX MAP REF# 197-48-3665-000

SYSTEM INSTALLED AS DESCRIBED ON AUTHORIZATION PERMIT: (Y) (N) IF NOT SHOW NEW DIAGRAM
TYPE OF SYSTEM INSTALLED Chamber PME REQUIRED (Y) (N) TYPE (I-VI) III
DESIGN FLOW SAME AS ON AUTHORIZATION PERMIT (Y) (N) DESCRIBE 480 gpd

SYSTEM REQUIREMENTS: TANK SIZE 1000 # TRENCHES 4 TRENCH LENGTH 40 (FT) STEPDOWNS 2
TRENCH WIDTH 3 (FT) TRENCH DEPTH 20 (IN) TRENCH SEPARATION 6 (FT)
DISTRIBUTION DEVICE: Flow Divider STONE DEPTH 2 (IN) SOIL COVER 8 (IN)
CONDITIONS: minimums

CHANGING THE CHARACTERISTICS OR DESIGN FLOW OF THIS SYSTEM COULD RESULT IN REVOCATION OF THIS PERMIT, LOSS OF PERMANENT ELECTRICAL SERVICE AND/OR LEGAL ACTION.

0.5 Road
The Site Plan is shown on the attached sheet

* The location of the septic tank system was changed at the request of the owner due to a change in the house location.

FINAL APPROVAL OF THIS SYSTEM SHALL INDICATE THAT THE SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH APPLICABLE PERMIT CONDITIONS, LAWS, AND RULES, BUT IN NO WAY SHOULD BE TAKEN AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY FOR ANY GIVEN TIME.

SYSTEM INSTALLED BY: Jeff Mains OPERATOR NAME owner
[Signature] DATE 1/12/99 # OF ATTACHMENTS 1
ENVIRONMENTAL HEALTH SPECIALIST

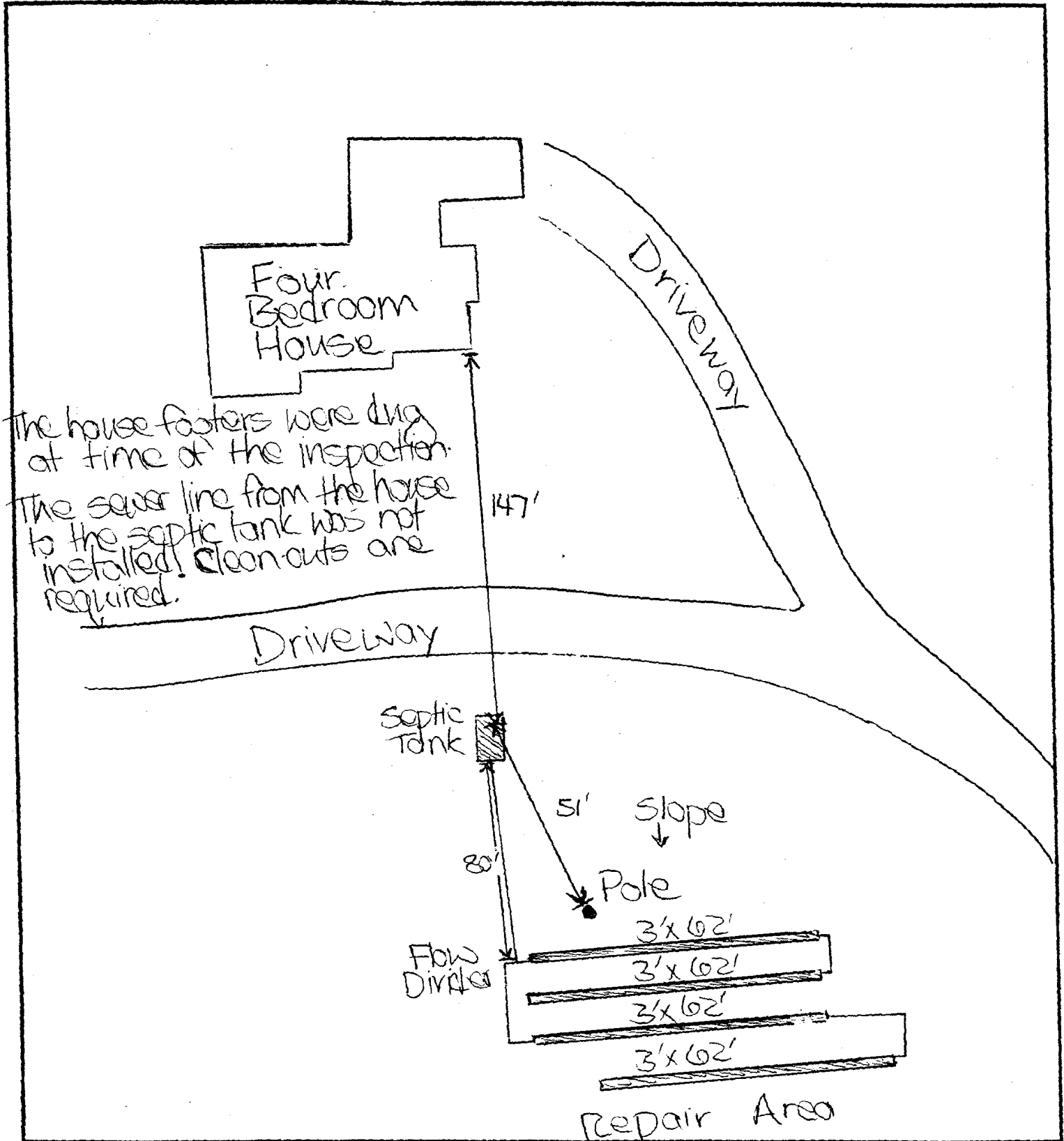
IMPROVEMENT PERMIT

PERMIT # 956972

NAME James and Alma Marsh

Page 2 of 2

SITE PLAN



The house footers were dug at time of the inspection. The sewer line from the house to the septic tank was not installed! Clean-outs are required.

[Handwritten Signature]
 ENVIRONMENTAL HEALTH SPECIALIST

Jan 12, 1999
 DATE

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

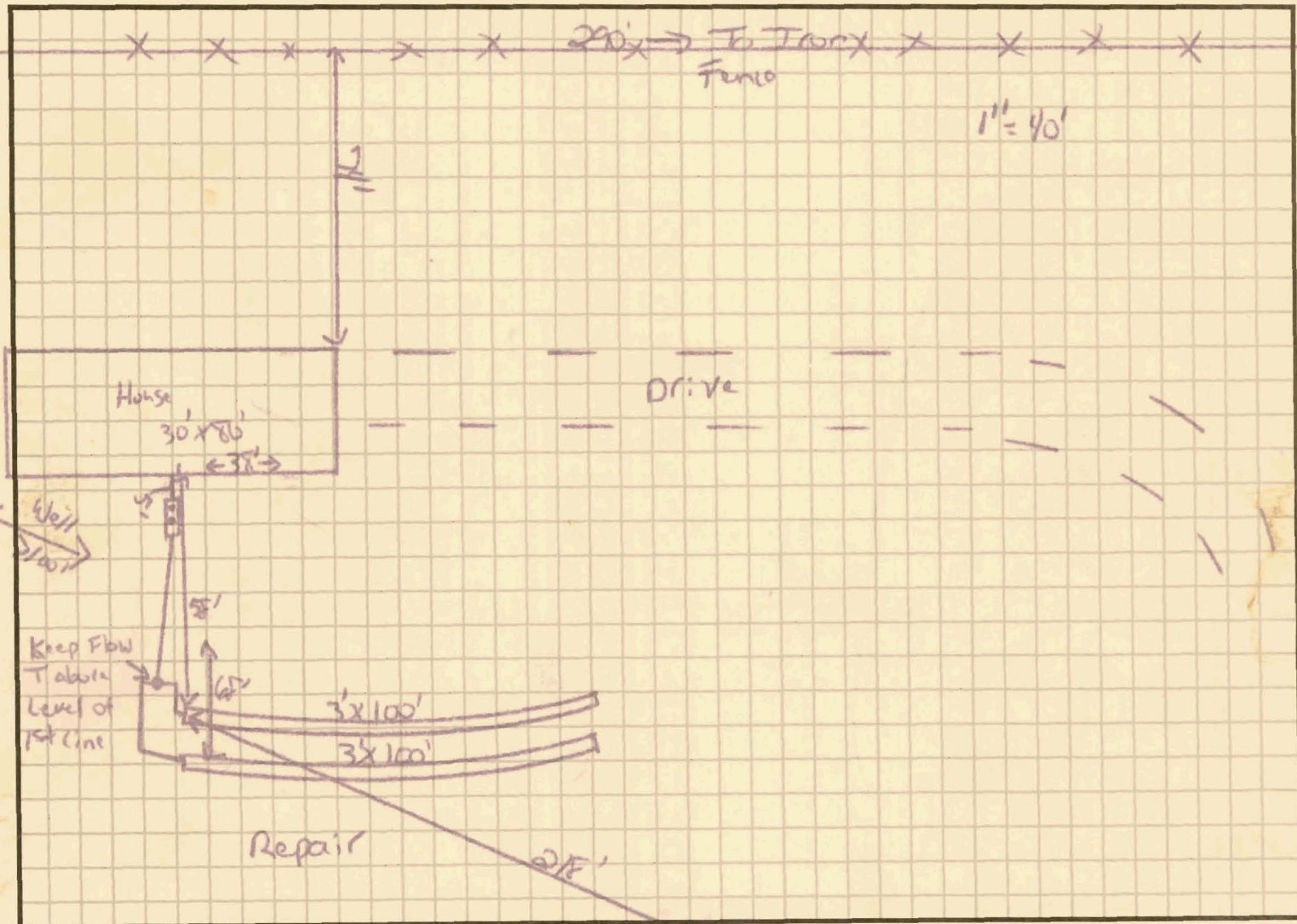
(THIS AUTHORIZATION SHALL BE VALID FOR A PERIOD OF 5 YEARS FROM DATE OF ISSUANCE)

NAME James + Alma Marsh DATE 4/14/97 PERMIT # 956972

LOCATION Fr Boone - Cherry st to top. 7/6 Junaluska Rd. 60 2/10 mi past intersection of Curley maple + Junaluska Drive on left

SYSTEM TYPE Chamber LOT# _____ TAX MAP REF. # 1992-48-3665-000
 SYSTEM REQUIREMENTS: # TRENCHES 2 TRENCH LENGTH 100 (FT)
 TRENCH WIDTH 3 (FT) TRENCH DEPTH 24 (IN)
 TRENCH SEPARATION 9 (FT) SOIL COVER 6 (IN) TANK SIZE 1000 (GAL.)

RESIDENTIAL <input checked="" type="checkbox"/>	# OF UNITS <u>1</u>
BUSINESS/OTHER _____	# OF BEDROOMS <u>4</u>
TYPE _____	
SPECIAL FIXTURES _____	GALS. _____
BASEMENT YES _____ NO <input checked="" type="checkbox"/>	
FIXTURES IN BASEMENT YES _____ NO _____	
WATER SUPPLY: WELL <input checked="" type="checkbox"/> SPRING _____	
PUBLIC _____ PRIVATE <input checked="" type="checkbox"/>	



- 1) SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT # 956972
- 2) SYSTEM SHALL NOT BE COVERED OR PUT INTO OPERATION UNTIL INSPECTED BY HEALTH DEPT.
- 3) ANY ALTERATIONS IN SITE OR SOIL CONDITIONS, MODIFICATION IN USE, DESIGN FLOW OR CHARACTERISTICS MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

OTHER CONDITIONS: Install (2) 3' x 100' trenches. Trench bottoms level at 24" (overside wall), follow contour of slope. Keep 5' off foundation, 10' off property lines, 100' fr well. Divert all gutter water away from system. COVER ENTIRE SYSTEM WITH 6" CLEAN FILL.

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION MUST BE COMPLETED BY THE HEALTH DEPARTMENT PRIOR TO ISSUANCE OF BUILDING PERMITS AND PRIOR TO THE INSTALLATION, CONSTRUCTION, OR REPAIR OF THE WASTEWATER SYSTEM.

Andrew Blotto 4/14/97 James + Alma Marsh 4/17/97
 ENVIRONMENTAL HEALTH SPECIALIST DATE OWNER/AGENT DATE

FEE _____

APPALACHIAN DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
Boone 264-4995 Jefferson 246-7959 Sparta 372-8813

Permit # 956972

IMPROVEMENT PERMIT
(NOT AN AUTHORIZATION FOR BUILDING PERMIT)

Page 1 of 2

OWNER James + Alma Marsh COUNTY Watauga
DIRECTIONS TO PROPERTY Fr Boone - cherry st to Top. T/L Junaluska Rd Go approx .2 mi past intersection of Junaluska & Curley Maple Rd, drive on left.

SUBDIVISION _____ LOT # _____ SECTION # _____ LOT SIZE 7.5

SYSTEM APPLIED FOR: RESIDENTIAL # OF UNITS one # OF BEDROOMS 4
BUSINESS/OTHER _____ TYPE _____ SPECIAL FIXTURES _____ GALS
ESTIMATED DAILY FLOW/GPD 470 BASEMENT YES () NO () FIXTURES IN BASEMENT YES () NO ()
REPAIR AREA REQUIRED YES () NO () TYPE chamber

SOIL/SITE EVALUATION: SOIL GROUP III TEXTURE F loam SOIL DEPTH 40-48"
SLOPE 5 % DEPTH TO RESTRICTIVE HORIZON _____
LTAR 0.5 Revised 11/98 DEPTH TO SOIL WETNESS _____ OTHER _____

WATER SUPPLY: WELL () SPRING () PUBLIC () PRIVATE ()

*** SITE CLASSIFICATION: _____ SUITABLE PROVISIONALLY SUITABLE _____ UNSUITABLE ***

SYSTEM REQUIREMENTS: SYSTEM TYPE chamber

TRENCHES 2 TRENCH LENGTH 100 (FT) TRENCH WIDTH 3 (FT) TRENCH DEPTH 24 (IN)
TRENCH SEPARATION 9 (FT) SOIL COVER 6 (IN)
TANK SIZE 1000 (GALS)

COMMENTS/SPECIAL INSTRUCTIONS: Site has been classified provisionally suitable for a 4 bedroom house. 1000 repair available.

THE IMPROVEMENT PERMIT SHALL BE VALID FOR A PERIOD OF FIVE YEARS IF A SITE PLAN IS SUBMITTED, OR VALID WITHOUT EXPIRATION IF ACCOMPANIED WITH A SCALED PLAT PREPARED BY RLS, AND UPON A SATISFACTORY SHOWING TO THE HEALTH DEPARTMENT THAT THE SITE AND SOIL CONDITIONS AS DESCRIBED ON THE DATE OF ISSUANCE ARE UNALTERED; THAT THE FACILITY, DESIGN WASTEWATER FLOW, AND WASTEWATER CHARACTERISTICS ARE NOT INCREASED AND THAT THE WASTEWATER SYSTEM CAN BE INSTALLED TO MEET THE REQUIREMENTS AS LISTED ABOVE.

Anderson Blotts
ENVIRONMENTAL HEALTH SPECIALIST

4/14/97
DATE

I CERTIFY THAT I HAVE REVIEWED AND AGREE TO THE PROVISIONS/CONDITIONS OF THIS PERMIT AND ANY CHANGES WILL BE MADE ONLY WITH PRIOR HEALTH DEPARTMENT APPROVAL.
Alma L Marsh
OWNER/AUTHORIZED AGENT

4-17-97
DATE

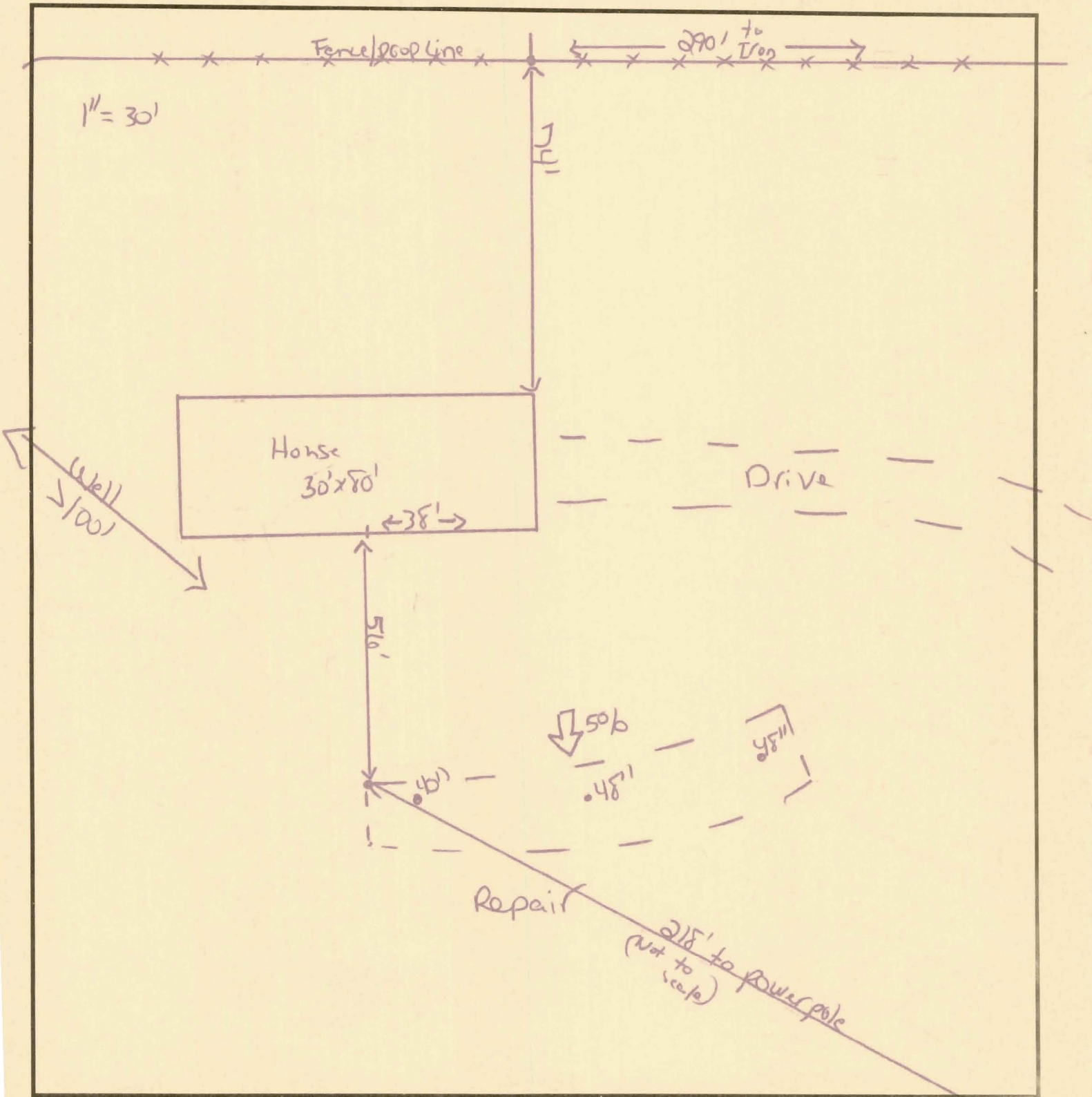
IMPROVEMENT PERMIT

PERMIT # 956972

NAME James + Alma Marsh

Page 2 of 2

SITE PLAN



Andrew Blott
ENVIRONMENTAL HEALTH SPECIALIST

4/14/97
DATE

• Power pole

Kandy - 264-2140
Call for appt

APPALACHIAN DISTRICT HEALTH DEPARTMENT
141 HEALTH CENTER DRIVE
BOONE, NC 28607
ENVIRONMENTAL HEALTH SECTION
BOONE 704-264-4995 JEFFERSON 910-246-7959 SPARTA 910-372-8813

APPLICATION FOR SITE EVALUATION AND PERMIT

4-1-97

OWNER/AGENT James P. Marsh, Jr.
Alma Ruth Marsh COUNTY Watauga PHONE 264-8712 DATE 3-17-97

MAILING ADDRESS 334 Hardin St. Boone, NC 28607

LOCATION OF PROPERTY TO BE EVALUATED (GIVE DETAILED DIRECTIONS) 2 Acres - .2 mile on Junaluska Rd past intersection with Curley Maple Road

SUBDIVISION NAME None LOT # N/A SECTION N/A DATE PLATTED N/A

LOT SIZE 7.5 ac. TAX PIN # 1992-48-3665 ZONING OR WATERSHED RESTRICTIONS ON PROPERTY? YES NO NO X

APPLICATION FOR: HOUSE () MOBILE HOME () APARTMENTS # OF BEDROOMS 4

SPECIAL FIXTURES (JACUZZI, HOTTUB, POOL, ETC.) No BASEMENT? NO FIXTURES IN BASEMENT? N/A

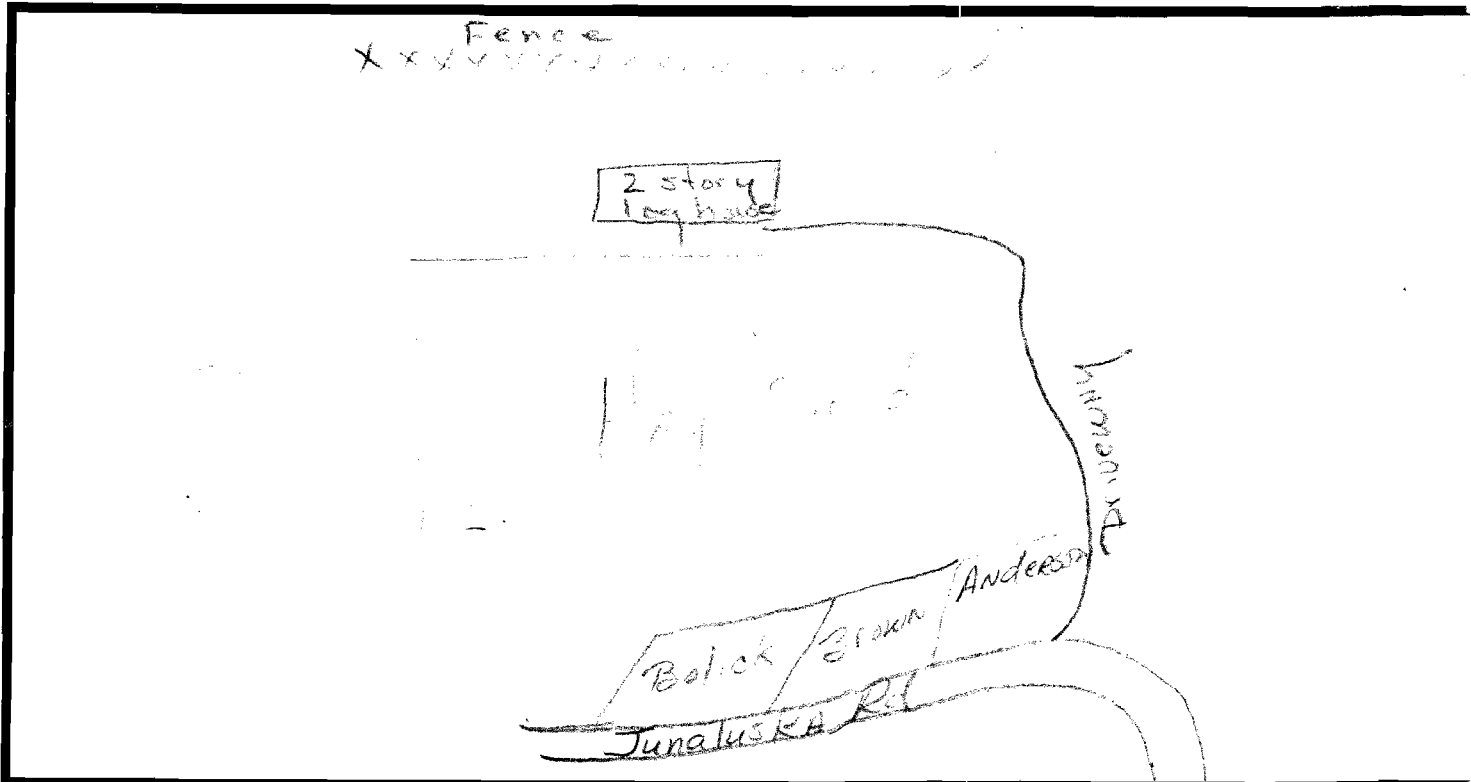
BUSINESS: TYPE N/A # OF EMPLOYEES N/A

OTHER: DESCRIBE Well to be drilled SQ. FOOTAGE 4,800

SHOW TYPE AND LOCATION OF WATER SUPPLY - WELL - SPRING - COMMUNITY SYSTEM

THE IMPROVEMENT PERMIT, IF ISSUED IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGE.

USE THE BLOCK BELOW TO DIAGRAM YOUR PLANS FOR THE PROPERTY. PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM TO ACCURATELY FILL OUT THIS APPLICATION.



I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND WILL NOT BE ALTERED WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.

THIS APPLICATION WILL BE VALID FOR A PERIOD OF TWELVE MONTHS FROM DATE OF RECEIPT UNLESS EXTENSION IS GRANTED BY HEALTH DEPARTMENT

James P. Marsh, Jr.
Alma Ruth Marsh
APPLICANT OR AUTHORIZED AGENT

SEPTIC TANK APPLICATION AND PERMITTING PROCEDURES

ON JUNE 19, 1995 HOUSE BILL 912 WAS RATIFIED. IT AMENDS ARTICLE II OF CHAPTER 130A 'WASTEWATER SYSTEMS AND IS EFFECTIVE ON OCTOBER 1, 1995. THIS NEW RULE CHANGES THE WAY APPALACHIAN DISTRICT WILL ISSUE PERMITS FOR SEPTIC TANK SYSTEMS AFTER THE EFFECTIVE DATE. THE PROCEDURE NOW IS A FOUR TIERED PROCESS. 1) APPLICATION FILLED OUT BY APPLICANT. 2) IMPROVEMENT PERMIT ISSUED IF PROPERTY SUITABLE 3) AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION ISSUED 4) OPERATION PERMIT ISSUED.

THE IMPROVEMENT PERMIT WILL NOT GET YOU A BUILDING PERMIT, IT ONLY STATES THAT A SYSTEM CAN BE INSTALLED ON THE PROPERTY. IN ORDER TO OBTAIN A BUILDING PERMIT YOU MUST NOW OBTAIN AN "AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION". ONCE THE SYSTEM HAS BEEN INSTALLED AND APPROVED BY THE DEPARTMENT YOU WILL RECEIVE AN "OPERATION PERMIT". TO INITIATE THIS PROCESS YOU MUST DO THE FOLLOWING:

1. FILL OUT AN APPLICATION COMPLETELY FOR AN IMPROVEMENT PERMIT AND SUBMIT PAYMENT AS DETERMINED THE FEE SCHEDULE BELOW.
2. PROVIDE A SURVEYED PLAT OF THE PROPERTY TO BE EVALUATED.
3. ALL PROPERTY LINES AND CORNERS MUST BE CLEARLY AND CORRECTLY IDENTIFIED.
4. ON LOTS WITH THICK UNDERGROWTH AND HIGH WEEDS THE HOUSE SITE AND AREAS TO BE EVALUATED FOR THE SEPTIC SYSTEM MUST BE CLEARED TO THE EXTENT THE AREAS ARE ACCESSIBLE FOR PROPER EVALUATION AND LAYOUT.
5. THE LOCATION OF BUILDINGS (INCLUDING DECKS) AND DRIVEWAYS MUST BE CLEARLY IDENTIFIED ON THE GROUND BY STAKES OR RIBBONS.
6. INDICATE THE TYPE AND LOCATION OF YOUR WATER SUPPLY ON THE DIAGRAM ON THE REVERSE SIDE OF THIS FORM. ALSO IDENTIFY ADJACENT WELLS, SPRINGS, WATER LINES AND ANY SUBSURFACE DITCHING.
7. AN INDICATING ARROW, SHOWING WHICH DIRECTION IS NORTH SHOULD BE DISPLAYED ON THE DIAGRAM.
8. IN ORDER TO PROVIDE FASTER SERVICE TO OUR CLIENTS IT IS REQUESTED THAT THE APPLICANT HAVE A MINIMUM OF FOUR (4) HOLES DUG ON THE PROPERTY WHEN THE HEALTH DEPARTMENT REPRESENTATIVE ARRIVES. THE HOLES, IF DUG WITH POSTHOLE DIGGERS MUST BE 12" IN DIAMETER AND 36" DEEP. IF DUG WITH A BACKHOE MUST BE 30" WIDE AND 48" DEEP. HOLES SHOULD BE LOCATED ALONG THE CONTOURS OF ANY SLOPES AND MUST BE AT LEAST 30' APART.
9. IT IS RECOMMENDED THAT THE APPLICANT OR HIS AUTHORIZED AGENT ACCOMPANY THE HEALTH DEPARTMENT REPRESENTATIVE TO THE PROPERTY.
10. IS YOUR PROPERTY LOCATED ON ANY RESTRICTED WATERSHED OR SUBJECT TO ANY ZONING REGULATIONS? (STATE OR LOCAL)? IF YOU ARE UNCERTAIN, CONTACT THE COUNTY, MUNICIPALITY OR REGULATORY AGENCY FOR YOUR PROPERTY LOCATION. PLANNING & INSPECTIONS DEPT.

THE COMPLETED APPLICATION WILL BE REVIEWED BY THE DEPARTMENT. WHEN ALL THE REQUIREMENTS ARE MET, THE DEPARTMENT REPRESENTATIVE WILL CONTACT THE APPLICANT OR HIS AGENT TO SCHEDULE AN APPOINTMENT. WHEN THE PROPERTY IS EVALUATED AND CLASSIFIED AS SUITABLE OR PROVISIONALLY SUITABLE AN IMPROVEMENT PERMIT WILL BE ISSUED. IMPROVEMENT PERMITS ACCOMPANIED WITH SCALED PLATS *HAVE NO EXPIRATION DATE. SITE PLANS** WILL EXPIRE AFTER FIVE (5) YEARS. IF THE APPLICANT SO DESIRES AN "AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION" CAN BE ISSUED AT THE SAME TIME.

THE AREA DESIGNATED FOR THE SUBSURFACE SEWAGE TREATMENT AND DISPOSAL SYSTEM IS DENOTED ON THE IMPROVEMENT PERMIT. DO NOT GRADE OR DISTURB THIS AREA. DISTURBANCE OF THIS AREA, CHANGE OF SITE PLAN OR CHANGE OF INTENDED USE WILL RESULT IN THE SUSPENSION OR REVOCATION OF THIS PERMIT.

=====

FEE SCHEDULE:

SINGLE FAMILY RESIDENCE & COMMERCIAL SYSTEM UP TO 480 GPD----\$ 90.00

SINGLE FAMILY RESIDENCE/APTS/COMMERCIAL SYSTEMS

481-1000 GPD----- 130.00

1001-1500 GPD----- 170.00

1501-3000 GPD----- 350.00

3001-6000 GPD----- 500.00

6001-10,000 GPD----- 500.00

ADD \$25.00 PER EACH ADDITIONAL 1000 GAL.

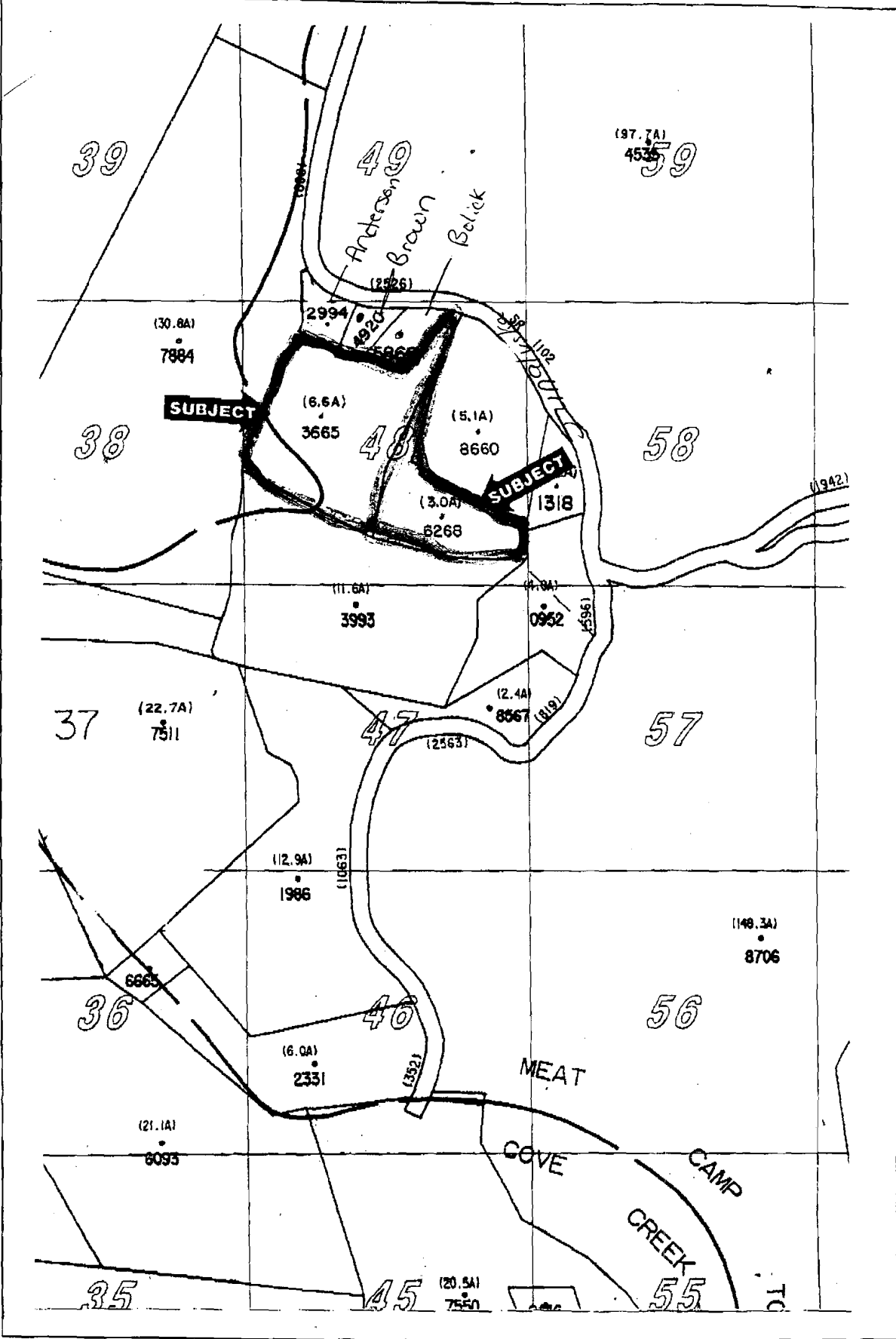
* PLAT =A PROPERTY SURVEY PREPARED BY A REGISTERED LAND SURVEYOR (RLS) DRAWN TO SCALE NOT TO EXCEED 1" = 60' AND INCLUDES: THE SPECIFIC LOCATION OF THE FACILITY AND APPURTENANCES - THE SITE FOR THE PROPOSED WASTEWATER SYSTEM - LOCATION OF WATER SUPPLIES AND SURFACE WATER

**SITE PLAN MEANS A DRAWING NOT NECESSARILY DRAWN TO SCALE THAT SHOWS: EXISTING AND PROPOSED LINES WITH DIMENSIONS - LOCATION OF FACILITY AND APPURTENANCES - SITE FOR PROPOSED WASTEWATER SYSTEM - LOCATION OF WATER SUPPLIES AND SURFACE WATERS

SITE PLAN

F 188 IN. 1/4" = 1" M.A.S. 11

Borrower/Client **None**
 Property Address **Off SR 1102, Junaluska Road, Meat Camp Township**
 City **Boone** County **Watauga** State **NC** Zip Code **28607**
 Lender **Randy Marsh**



James and Alma
Ruth Marsh
Septic and
Drainfield
Application

