

SEQUENCE # 105555 14417 ✓ PERMIT NUMBER 983 OWNER Timothy Dillon

Alexander County Health Department Operation Permit

System Type: III
(In Accordance With Table Va)

Types V and VI systems expire in 5 years.
Owner must contact health department 6 months prior to expiration for permit renewal.

Timothy Dillon
Owner's name

[Signature]
Authorized State Agent

Todd Bentley
System Installer

2-28-05
Date of Operation Permit Issuance

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes _____ No _____
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

Installed as noted on drawing,

ALEXANDER COUNTY ENVIRONMENTAL HEALTH

Call (828) 632-1000 ext. 2 between 8:00 - 9:00 AM, Mon-Fri.
6125 NC Hwy 16 South, Taylorsville, NC 28681

Improvement Permit / Construction Authorization

Owner Timothy Dillers Date 2-13-07
 Site Location No Hwy N. E. Wash. Rd. E. Wash. Rd. E. Wash. Rd. E. Wash. Rd.
442 Fred Childers rd. Station A West Hogens Hollows
 Subdivision _____ Lot # _____ Lot size 3.3 Acres

Improvement permit
 Repair permit
 Auth. Exist System
 Auth. for Waste Water System Construction
 Expansion

Improvement Permit
 *A building permit cannot be issued with only an Improvement Permit

By: [Signature]
 Date: 2-13-07
 * permit valid for: 5 years
 No expiration

Type of structure Dwelling # bedrooms 3 # baths 2
 # of occupants 6 Projected daily flow 300 GPD
 Type of water supply Well
 Basement plumbing Pump required Yes No
 Pump required Yes No
 Garb. Disposal Yes No

Site Evaluation

Restrictive Horizons (in.) Red @ 30 - repair area
 (Impervious Strata, Rock) S PS U
 Soil Depth (in.) 48 in total S PS U
 Soil Permeability (Application Rate) 3 S PS U
 Site Classification S PS U

Construction Authorization
 * Required for Building Permit

By: [Signature]
 Date: 2-13-07
 *Permit valid for 5 years

Septic System

Septic Tank Size 1000 Sbt _____
 Pump Tank Size _____ Sbt _____
 Installed by _____
 Nitrification Field 900 25' x 2' spaced 4 Ft.
 Number of lines 2
 Length and width of lines 3 x 150

Soil cover 12-15 inches _____ inches total
 Aggregate Depth: _____ inches below pipe
 _____ inches above pipe

Proposed System Type: Initial 250 space cell
 Repair 250 space cell
 Permit Conditions: See attached sheet

Authorization of Existing System

By: _____
 Date: _____

I understand the system type is different from the type specified on the application. I accept the specifications of this Permit. Owner/Legal Rep. Signature: _____ Date: _____

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate bodies in meeting their requirements. As a condition of the permit, the reference point(s) must be maintained by the owner and/or applicant until the wastewater system is installed or the permit has expired. The construction and installation requirements of Rules .1950.1952, .1954, .1955, .1956, .1957, .1958, and 1959 are incorporated by reference in the permit and shall be met. Systems shall be installed in accordance with the attached system layout. The Improvement Permit and Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. * Note: GS 130A-336(b) GS 130a-335(f). The following shall apply to the application and the Improvement Permit/Authorization for Wastewater Construction, if one is issued. The Improvement Permit/Authorization for wastewater construction shall become invalid immediately if the site plan, plat, or intended use changes. For example: 1) Increasing the size of the home or number of bedrooms. 2) Relocation of the house site or altering size and location of the lot. 3) Grading, cutting or filling the area designed for the sewage system and the 100% repair area or the location of a driveway, utilities, mulch beds, gardens, etc. on these areas. After the installation of the septic tank system, landscaping should be done in such a way as to direct the movement of water, surface and/or internal, away from the septic tank system and repair area. 4) The placement of or discovery of an existing well which is too close to the sewage system and repair area, as required by state law. 5) Anything else which occurs that would cause the permit to become void as stated in Article 11 Chapter 130 A of the General Statutes of North Carolina. * Note: The lot size dimensions were provided by the owner and/or applicant. Also, there is no guarantee that this system or any other will function satisfactorily for any given period of time. The Construction Authorization shall not be transferred when there is a change in ownership of the site.

I have read and fully understand the above.

Sign [Signature] Date 2/14/07

Alexander County Environmental Health Department
6125 Hwy 16 South Taylorsville, N.C. 28681
(828) 632-1000 ext # 311

Permit # 987
Owner: Timothy Dillow
Date: 2/13/07
EHS Bert Gibson

CONDITIONS OF PERMIT:

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

25% Space Reduction System Permit Conditions:

300 Linear feet of 25% Space Reduction System

1000 Gallon septic tank

2 Drop/distribution boxes or flow dividers

Backfill shall be approved by the local Health Department in accordance to Rule .1956[3(i)]

Owner/applicant may consult with installer/soil scientist/engineer about other experimental and innovative alternatives

Inspection/pump ports provide a method of inspection and maintenance of system which does no damage to structural integrity of the drain lines and possibly prevents costly repairs in the future.

See attached sketch for system layout

See attached diagrams for installation specifications.

Septic tank contractor shall call prior to installation of septic system Mon. through Fri. 8-9 am.

The applicant, owner, builder, shall be responsible for plumbing the home to ensure that a gravity septic system can be installed. The septic tank shall not be installed deeper than 6 inches below the surface of the natural ground level, or a pump shall be installed.

Surface diversions and/or interceptor drains may be required in the future.

Sewage system shall be installed as drawn.

Note: Minimum distances from wells to area designated for sewage system can vary from 50' to 100' depending on applicable factors which may apply as required in Article 11 of Chapter 130 of the General Statutes of North Carolina.

Well shall be located a minimum of 100' from any designated septic area in accordance with Rule .1950 & .1956(b).

Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic.

All septic tank and/or pump tank risers shall have secured lids.

ALEXANDER COUNTY ENVIRONMENTAL HEALTH

Phone: (828)632-1000 Fax: (828)632-1354

IMPROVEMENT PERMIT DIAGRAM

Installer: _____

Issued Permit # 987

Date: 2/13/07

Owner: Timothy Dittow

EHS: Bob Dittow

Operation Permit Completed : _____

EHS: _____

