



CONSTRUCTION AUTHORIZATION

Madison County Health Department
493 Medical Park Drive

Marshall NC 28753
Phone: 828-649-3531 Fax: 828-649-9078

For Office Use Only
*CDP File Number 231600 - 1
County ID Number: 9776-17-0097
Evaluated For: NEW
Township:
PERMIT VALID UNTIL:
1 2 / 1 5 / 2 0 2 1

Applicant: Walker Ferguson
 Address: 118 E Cherry Street
 City: Black Mountain
 State/Zip: NC 28711
 Phone #: (828) 231-1663

Property Owner: Rebecca Hewitt
 Address: 13782 151 Lane North
 City: Jupiter
 State/Zip: FL 33478
 Phone #: (954) 415-1340

Property Location & Site Information

Address/Road #: Lot 108 High Timber Trail
 Mars Hill NC 28754
 Subdivision: Seven Glens
 Phase:
 Lot:
Directions
 Right oon Seven Glens, Left on Cove Creek Dr, Left on Spring Hollow Dr, keep Right on Meadow Creek, Right on Falling Rock, Left on High Timber Trail

Structure: SINGLE FAMILY
 # of Bedrooms: 3
 # of People: 2
 *Water Supply: N/A

System Specifications

*Site Classification: Provisionally Suitable
 Sapolite System? Yes No
 Design Flow: 3 6 0
 Soil Application Rate: . 3 5
 *System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
 *Proposed System: 25% REDUCTION

Nitrification Field: 1 0 3 0 Sq. ft.
 No. Drain Lines: 5
 Total Trench Length: 2 6 0 ft.
 Trench Spacing: 9 - 0 0 Inches O.C. Feet O.C.
 Trench Width: 3 6 - 0 0 Inches Feet
 Aggregate Depth: _____ inches

Minimum Trench Depth: 1 8 Inches
 Maximum Trench Depth: 1 5 Inches
 Maximum Soil Cover: 6 Inches
 *Distribution Type: GRAVITY - SERIAL
 Septic Tank: 1 0 0 0 Gallons
 1-Piece: Yes No
 Pump Required: Yes No May Be Required
 Pump Tank: _____ Gallons
 1-Piece: Yes No
 _____ GPM--vs-- _____ ft. TDH
 Dosing Volume: _____ Gallons
 Grease Trap: _____ Gallons
 Pre-Treatment: NSF TS-I TS-II
 Septic Tank Installer Grade Level Required: I II III IV

Open Pump System Sheet

Repair System Required: Yes No No, but has Available Space

Repair System

*Site Classification: PS Drip w/Pretreat

Design Flow: 3 6 0

Soil Application Rate: . 3

*System Classification/Description: TYPE V D. OTHER MECHANICAL BIOLOGICAL, OR CHEMICAL PRETREATMENT PLANT (<3,000 GPD)

*Proposed System: OTHER

Nitrification Field 1 2 0 0 Sq. ft.

No. Drain Lines 1 2

Total Trench Length: 6 0 0 ft.

Trench Spacing: 2 - 0 0 Inches O.C. Feet O.C.

Trench Width: 1 - 0 0 Inches Feet

Aggregate Depth: _____ inches

Minimum Trench Depth: 6 Inches

Minimum Soil Cover: 6 Inches

Maximum Trench Depth: 6 Inches

Maximum Soil Cover: 6 Inches

*Distribution Type: DRIP

Pump Required: Yes No May Be Required

Pre-Treatment: NSF TS-I TS-II

***Site Modifications**

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

Characters Remaining

750

***Permit Conditions**

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 governing bodies in meeting their requirements.

The construction authorization is issued in accordance with the LSS proposal from Land Resource Management for Lot 108 seven Glens for 260 lf of 25% reduced drainline for the initial system and 600 lf of aerobic drip for the repair. The well must be located >100' from the onsite wastewater system and repair area.

Characters Remaining

1683

This Authorization for Wastewater System Construction shall be valid for a person equal to the period of validity of the Improvement Permit, not to exceed five years, and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1938(b)).

Applicant/Legal Reps. Signature Required? Yes No

Applicant/Legal Reps. Signature: _____ Date: ____ / ____ / ____

*Issued By: 729 - Castelloe, Ken Date of Issue: 1 2 / 1 5 / 2 0 1 6

Authorized State Agent:  Malfunction Log Yes



Hand Drawing Import Drawing

****Site Plan/Drawing attached.****

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Date: 12 / 15 / 2016

Click below to import an image from an external location: Drawing Type: Construction Authorization

