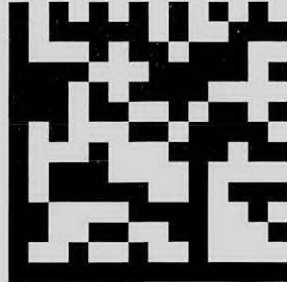


DATADOC IMAGING
AND CLOUD SOLUTIONS
DOCUMENT CONTROL BREAK SHEET

NFN-0342

NFN-0342



Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Charles Murphy

PROPERTY LOCATION: Lot 32 Pebble Ridge Rd

New ☒ Repair ☐ Expansion ☐

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: 3BR

Proposed Wastewater System Type: 25% Red.

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6

Basement ☐ Yes ☒ No

Pump Required: ☐ Yes ☒ No ☐ May be required based upon final location and elevations of facilities

Type of Water Supply: well

Permit valid for ☐ Five years
☐ No expiration

Permit conditions: roke trench side walls and add powdered lime

Authorized State Agent: _____

Date: _____

See Attached site sketch

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. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Charles Murphy

PROPERTY LOCATION: Lot 32 Pebble Ridge Rd

Facility Type: 3BR

☒ New

☐ Expansion

☐ Repair

Basement? ☐ Yes

☒ No

Basement Fixtures? ☐ Yes

☒ No

Type of Wastewater System** 25% Red. (Initial)

Wastewater Flow: 360 GPD

(See note below, if applicable ☐) 25% Red. (Repair)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons

Total Trench Length: 180 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size: / gallons

Trenches shall be installed on contour at a Maximum Trench Depth of: 19 inches (Trench bottoms shall be level to $\pm 1/4"$ in all directions)

Soil Cover: 6 inches (Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: / ft. TDH vs. / GPM

Aggregate Depth

/ inches below pipe
/ inches above pipe
/ inches total

Conditions: roke trench sidewalls and add powdered lime

****If applicable:**

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____

Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This 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.

Authorized State Agent: [Signature]

Date of Issuance: 8-22-2023

See Attached site sketch

Construction Authorization Expiration Date: 8-22-2028

100 River Health District
Site Sketch

Improvement Permit Only! - No building permit to be issued

Improvement Permit & Construction Authorization

Charles Murphy

Applicant's Name

S. M. H.

Authorized State Agent

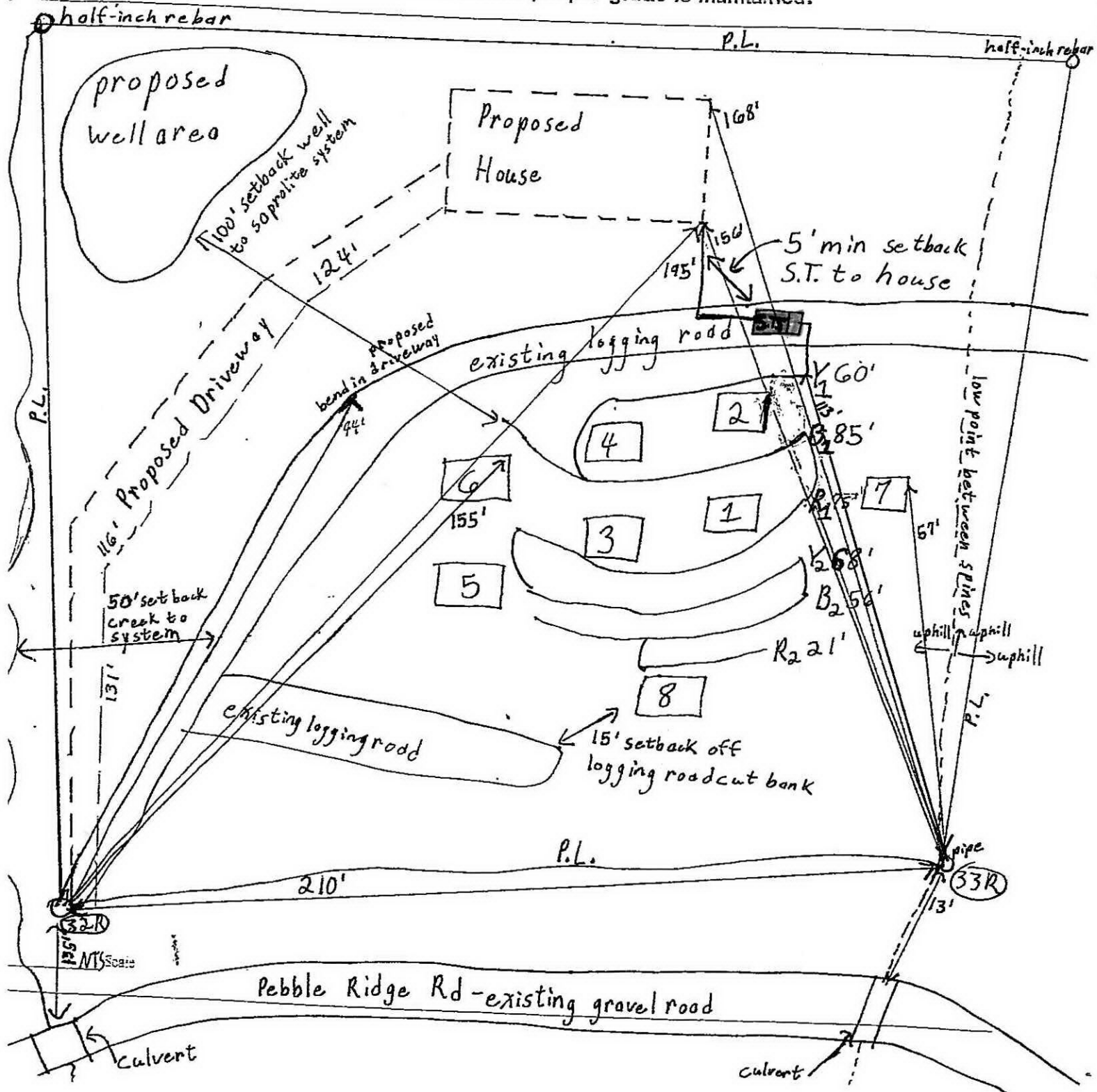
Pebble Ridge Rd Lot 32

Subdivision Section/Lot #

8-22-2023

Date

System components represent approximate contours only! The contractor must flag the system prior to beginning installation to insure proper grade is maintained!



SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: Charles Murphy

ADDRESS: Lot 32 Pebble Ridge Rd

PROPOSED FACILITY: 3BR

PROPOSED DESIGN FLOW (1949): 360 gpd

LOCATION OF SITE: in woods on spine of Lot 32

APPLICATION DATE 7-27-2023

DATE EVALUATED: 8-2-23

PROPERTY SIZE: 2.046 acres

PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PIT #	LANDSCAPE POSITION/SLOPE	HORIZON DEPTH (IN)	SOIL MORPHOLOGY (1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			1941 STRUCTURE/TEXTURE	1941 CONSISTENCY/MINERALOGY	1942 SOIL WEATHER/ COLOR	1943 SOIL DEPTH	1956 SPRO CLASS	1944 RESTH HORIZ	
3	nose slope	0-4"	SBK/SCL	fr/SS/SP/SE	gritty, barely less than 2" ribbon < 50% rock multicolored saprolite, usable $29" + \frac{22}{2} = 47.5$				0.6
		4-17"	SBK/SCL	fr/SS/SP/SE					
		17-29"	SBK/SCL	fr/SS/SP/SE					
		29-66"	M/SL	Vfr/SS/SP/SE					
4	nose slope	0-5"	SBK/CL	fr/SS/SP/SE	multicolored saprolite, usable $36" + \frac{21}{2} = 46.5$				0.6
		5-14"	SBK/SCL	fr/SS/SP/SE					
		14-36"	SBK/SCL	fr/SS/SP/SE					
		36-57"	M/SL	Vfr/SS/SP/SE					
5	linear side slope	0-6"	SBK/SL	fr/SS/SP/SE	multicolored saprolite, usable $26" + \frac{34}{2} = 43$				0.5
		6-11"	SBK/SCL	fr/SS/SP/SE					
		11-21"	SBK/SCL	Vfr/SS/SP/SE					
		21-25"	M/SL	Vfr/SS/SP/SE					
6	linear side slope	25-61"	weathered rock	$> \frac{1}{3}$ pit	< 50% rock multicolored saprolite $26" + \frac{34}{2} = 43$ usable saprolite 26"				0.4
		0-3"	SBK/SCL	fr/SS/SP/SE					
		3-14"	SBK/SCL	fr/SS/SP/SE					
		14-26"	SBK/SCL	fr/SS/SP/SE					
		26-60"	M/SL	Vfr/SS/SP/SE					
		60-66"	weathered rock	$> \frac{1}{3}$ pit					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (1946):
Available Space (1945)	✓	✓	SITE CLASSIFICATION (1948):
System Type(s)	25% Red	25% Red	EVALUATED BY: <u>Ellen Craig, Mason Gardner</u>
Site LTAR	0.5	0.5	OTHER(S) PRESENT: <u>Alan McKinney, Peyton Greene</u>

COMMENTS:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEMOWNER: Charles MurphyADDRESS: Lot 32 Pebble Ridge RdPROPOSED FACILITY: 3BRPROPOSED DESIGN FLOW (1949): 360 gpdLOCATION OF SITE: on a spine near middle of Lot 32APPLICATION DATE 7-27-23DATE EVALUATED: 8-10-23PROPERTY SIZE: 2.046 acres

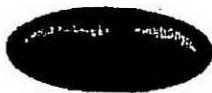
PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PIT #	1940 LANDSCAPE POSITION SLOPE %	HORIZON DEPTH (")	SOIL MORPHOLOGY (1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			1941 STRUCTURE TEXTURE	1941 CONSISTENCY MINERALOGY	1942 SOIL WETNESS COLOR	1943 SOIL DEPTH	1946 SAPRO CLASS	1944 RESTR HORIZ	
7	linear side slope	0-8"	SBK/CL	fr/ss/sp/se					0.45
		8-24"	SBK/SCL	fr/ss/sp/se					
		24-42"	>50% rock						
						24"			
8	linear side slope	0-6"	SBK/SCL	fr/ss/sp/se					0.6
		6-30"	SBK/SCL	fr/ss/sp/se					
		30-44"	SBK/SCL	fr/ss/sp/se					
		44-50"	weathered rock			44"			
1	linear side slope	0-10"	SBK/SCL	fr/ss/sp/se					0.6
		10-19"	SBK/SCL	fr/ss/sp/se					
		19-35"	SBK/SCL	fr/ss/sp/se	<50% rock				
		35-48"	SBK/CL	fr/ss/sp/se		48"			
2	line	0-8"	SBK/SCL	fr/ss/sp/se					0.6
		8-22"	SBK/SCL	fr/ss/sp/se	<50% rock				
		22-36"	SBK/SCL	fr/ss/sp/se					
		36-47"	SBK/CL	fr/ss/sp/se	silty and corners but still SBK/CL				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (1946):
Available Space (1945)	✓	✓	SITE CLASSIFICATION (1948):
System Type(s)	25% Red	25% Red	EVALUATED BY: <u>Ellen Craig, Mason Gardner</u>
Site LTAR	0.5	0.5	OTHER(S) PRESENT: <u>Alan McKinney, Peyton Greene</u>

COMMENTS:



TOE RIVER HEALTH DISTRICT
Avery, Mitchell, [redacted] County
Health Departments



Environmental Health Section
Property Owner Consent Form

I, Charles M. Murphy am the legal owner(s) of the property located at
PO Box 12, [redacted]
Owner(s) Name - Please Print

identified as Parcel Identification Number (PIN) _____

located in the county of (check the county): ☐ Avery ☐ Mitchell ☐ Yancey

I do hereby authorize _____
Legal Representative - Please Print

to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) Authorization to Construct (AC) for septic permit
- Improvement Permit (IP) /Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Toe River Health District Environmental Health.

I can be contacted at (phone number): _____ by the Health Department
Environmental Health Services staff prior to a scheduled appointment with my agent.

Charles M. Murphy 7-27-23
Owner Signature Date

Applications for permits require the "signature of the owner or the owner's legal representative" (15A NCAC 18A.1937). If the owner does not sign the application, they can submit any of the following documents to designate their legal representative:

- Power of Attorney
- Real Estate Contract
- Estate Executor
- Bankruptcy Trustee
- Court Ordered Guardianship



half-inch rebar

50'

232

60' RW.

Grub!

half-inch rebar

30'

32'

half-inch rebar
uphill
downhill

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- ☒ - The dimensions of the property.
- ☒ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- ☒ - The site you would prefer your septic system to go in.
- ☒ - The preferred driveway location.
- ☒ - The proposed well location.
- ☒ - A north arrow or other sufficient directional indicator.
- ☐ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. If there are none, circle "N/A"
- ☐ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. If there are none, circle "N/A".
- ☐ - The location of any easements or rights of way on the property. If there are none, circle "N/A".
- ☐ - The location of any designated wetlands on the property. If there are none, circle "N/A"

USE THIS SPACE TO DRAW YOUR SITE PLAN:

Receipt # 997091
PIN _____

- ☐ Survey plat to scale* submitted
- ☐ Scaled* site plan submitted
- ☐ Unscaled site plan submitted
- * scale of 1" = no more than 60'

Toe River Health District

Application for Improvement Permit and/or Authorization to Construct

☐ Improvement Permit ☒ Authorization to Construct

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

Charles Murphy 151 Cat Pillow Rd, Spruce Pine, NC 828-765-3375
Applicant Address Home & Work Phone

Charles Murphy 151 Cat Pillow Rd, Spruce Pine, NC 828-765-3375
Owner Address Home & Work Phone

PROPERTY INFORMATION

Pebble Ridge Rd, Spruce Pine Shadowood Date originally deeded & recorded
Street Address Subdivision Name Lot # 32R
Section/Phase/Lot#

Directions to Site: 2nd road past Moose Lodge on left. Left on Pebble Ridge to top of hill. Lot Size 2.046

DEVELOPMENT INFORMATION

- ☒ New Single Family Residence
- ☐ Expansion of Existing System
- ☐ Repair to Malfunctioning Sewage Disposal System
- ☐ Non-Residential Type of Structure
- ☐ Addition to structure requiring building permit
- ☐ Verification of existing septic system

Residential Specifications

Maximum number of bedrooms: 3
If expansion: Current number of bedrooms: _____
Will there be a basement? ☐ yes ☒ no
Plumbing fixtures in Basement ☐ yes ☐ no
Square footage of residence: 1200
Maximum # of occupants: _____

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? ☐ yes ☒ no

☒ New well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring

If applying for Authorization to Construct :

Please Indicate Desired System Type(s) (systems can be ranked in order of your preference)

Any Accepted Alternative ☒ Conventional Innovative Other

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- ☐ Yes ☒ No Does the site contain any jurisdictional wetlands?
- ☐ Yes ☒ No Does the site contain any existing wastewater systems?
- ☐ Yes ☒ No Is any wastewater going to be generated on the site other than domestic sewage?
- ☐ Yes ☒ No Is the site subject to approval by any other public agency?
- ☐ Yes ☒ No Are there any easements or right of ways on this property?
- ☐ Yes ☒ No Has any grading, removal or addition of soil been done to this property? (Please describe on back)

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Charles Murphy
Property owner's or owner's legal representative** signature (required)

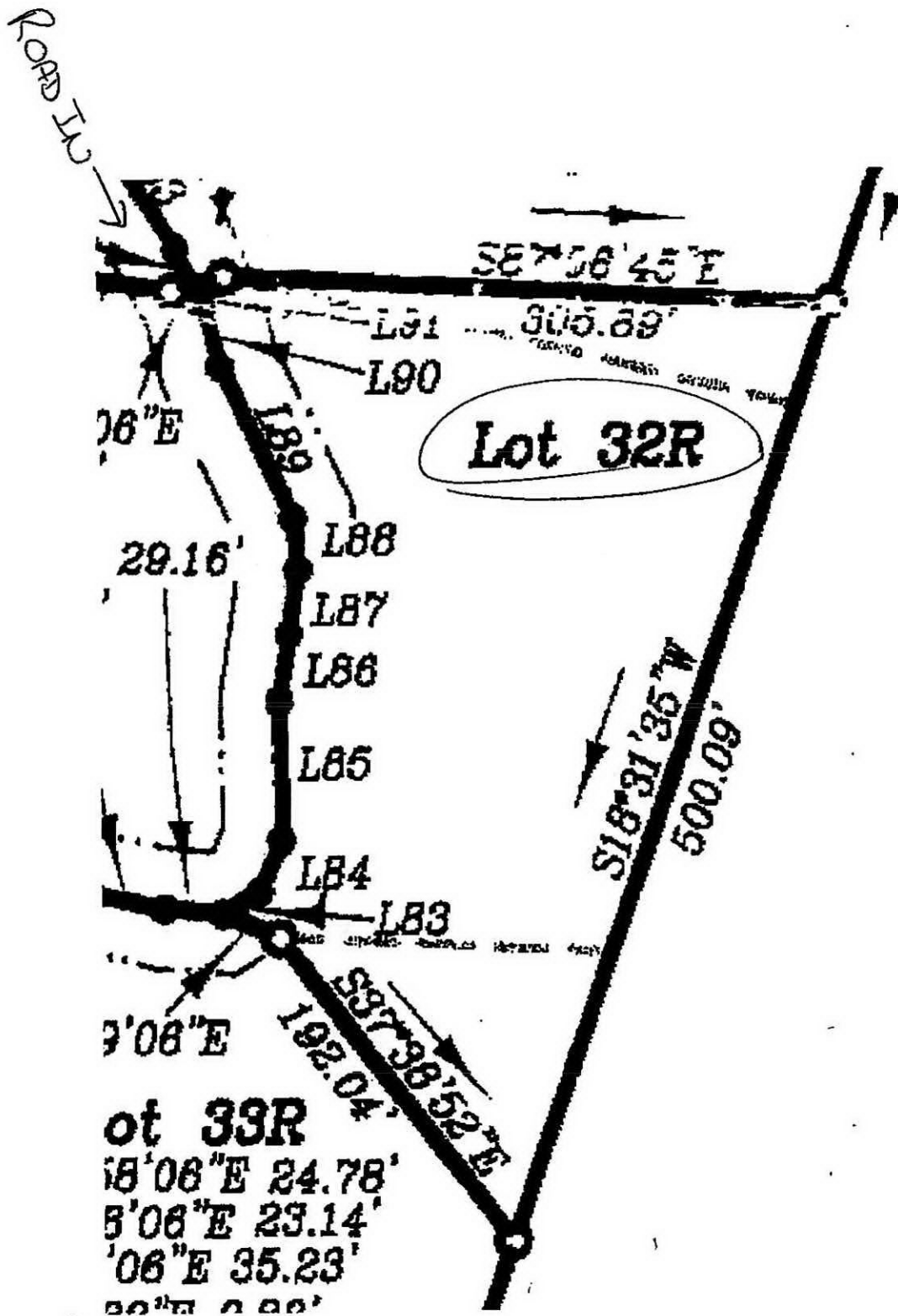
7/27/2023X
Date

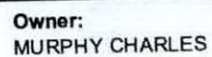
**Must provide documentation to support claim as owner's legal representative.

Office Use Only

Date appointment made: _____
Date flagged: _____

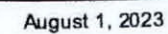
Date of appointment: _____
of site visits: _____





Mailing Address:
PO BOX 573
SPRUCE PINE NC
Grantor:
MURPHY GRADING INC
Property Address:
97 PEBBLE RIDGE RD

PIN: 0779-00-62-8098
Tax Acct: 555781772
Land: 538700
Dwelling: 0
Total: 538700
Legal Ac: 53.87
Deed Ref: 596 511
Deed Date: 11/15/2018



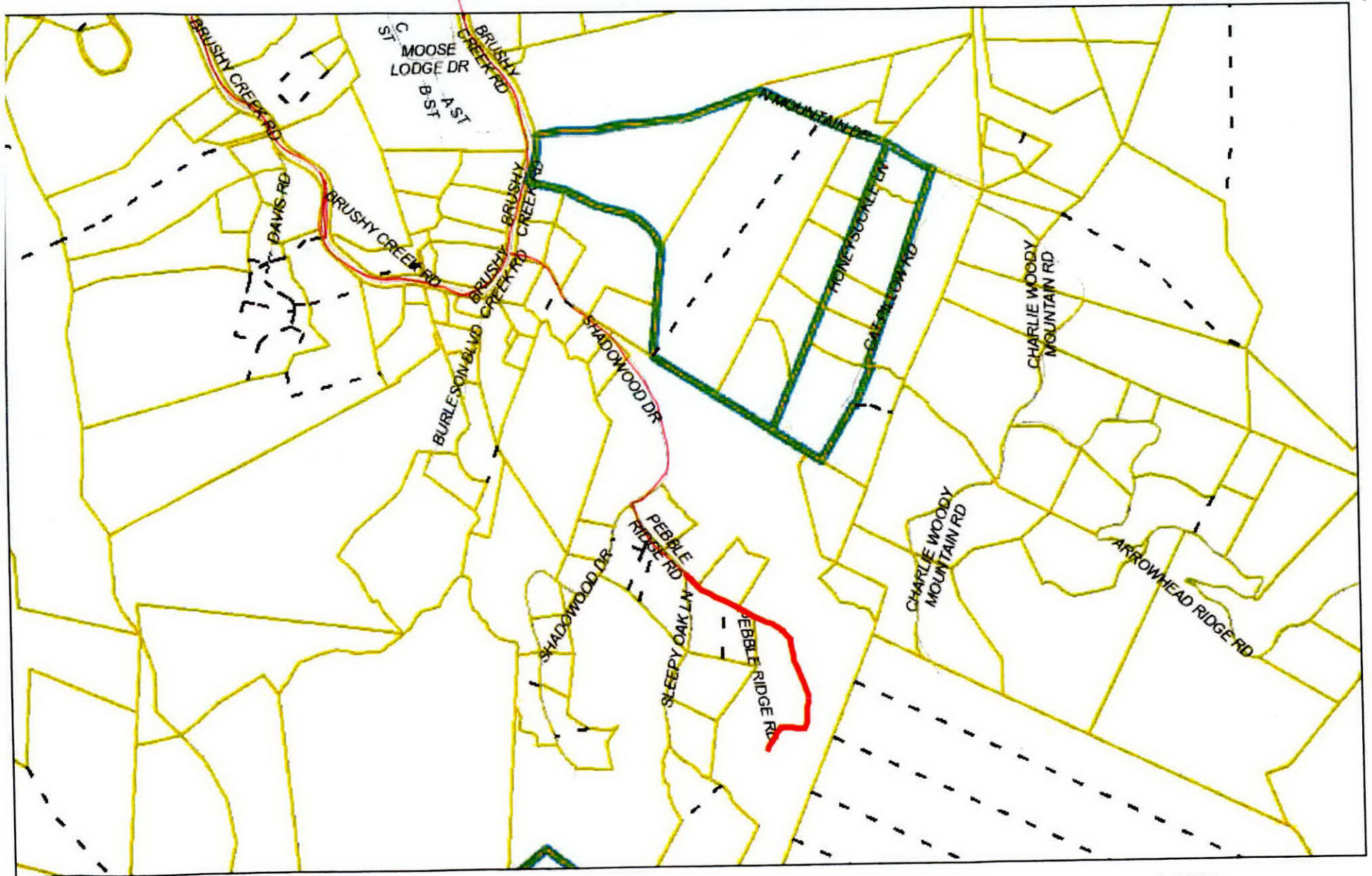
1:4,792

1 inch = 399 feet

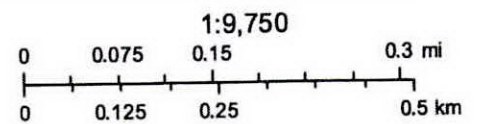
Mitchell County GIS

DISCLAIMER: The information contained on this page is NOT to be construed or used as a "legal description". Map information is believed to be accurate but accuracy is not guaranteed.

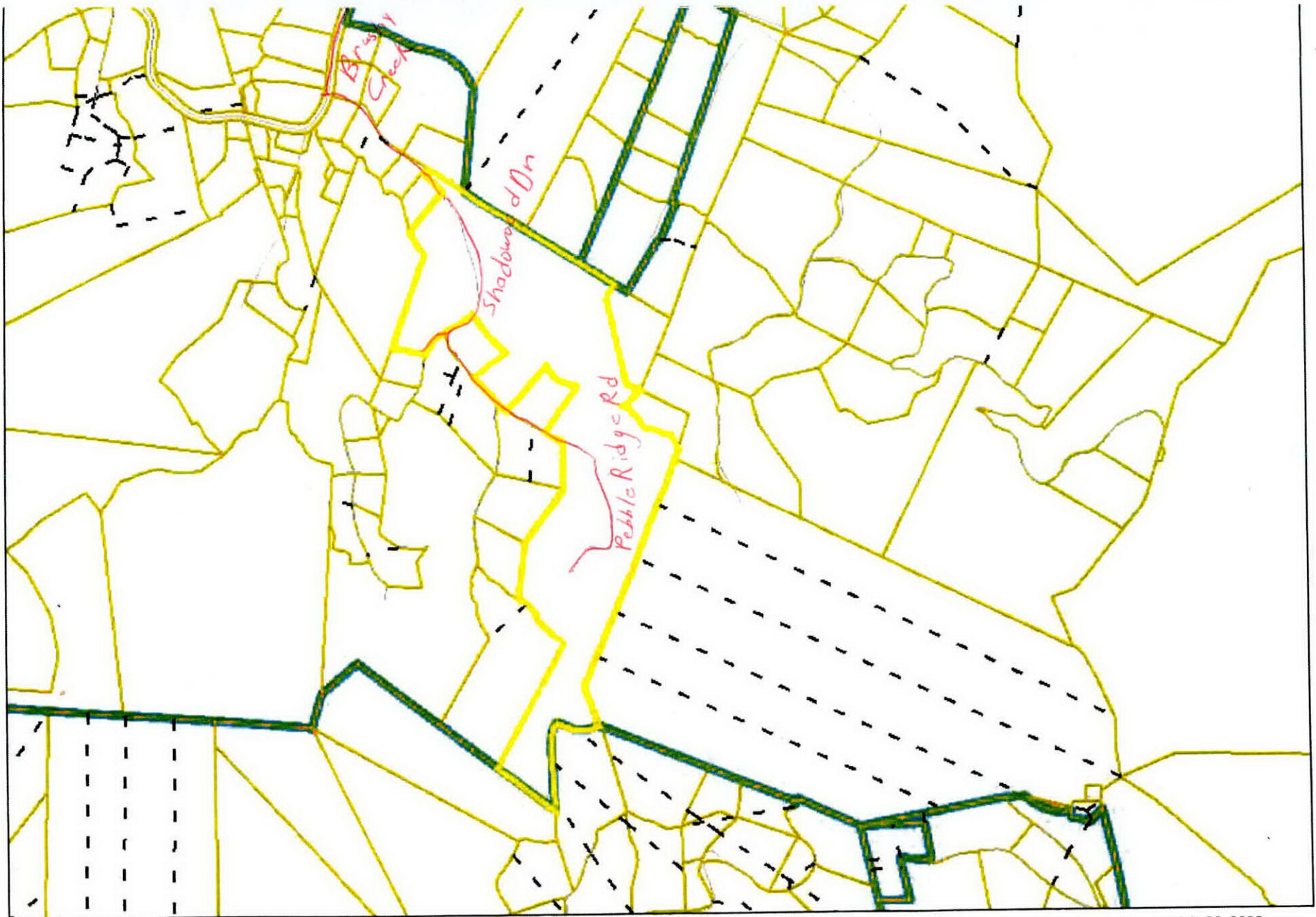
Mitchell County



July 28, 2023



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand),



Owner:
MURPHY CHARLES

Mailing Address:
PO BOX 573
SPRUCE PINE NC

Grantor:
MURPHY GRADING INC

Property Address:
97 PEBBLE RIDGE RD

PIN: 0779-00-62-8098
Tax Acct: 555781772
Land: 538700
Dwelling: 0
Total: 538700
Legal Ac: 53.87
Deed Ref: 596 511
Deed Date: 11/15/2018

Sources: Esri, HERE, Garmin, USGS, Intermap,
INCREMENT P, NRCAn, Esri Japan, METI, Esri China
(Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c)



July 28, 2023

1:10,156

1 inch = 846 feet

Mitchell County GIS

DISCLAIMER: The information contained
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be accurate but accuracy is not guaranteed.

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL		MINERALOGY: CONSISTENCE	STRUCTURE
			1945 LTAR*	1947 LTAR*		
CC (Concave Slope)	I	S (Sand)	1.2-0.8	0.5-0.4	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)
FF (Foot Flats)	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)	IV	CL (Clay Loam)	0.4-0.1	0.2-0.05		PL (Platy)
L (Linear Slope)		SCL (Sandy Clay Loam)				PR (Prismatic)
N (Nose Slope)		SIL (Silt Loam)	None	None		
R (Ridge)		SC (Sandy Clay)				
S (Shoulder Slope)		SIC (Silty Clay)				
T (Terrace)		C (Clay)				
		O (Organic)				

*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

SEAPOLITE

(Sustainable) or U (unsustainable)

SOIL WETNESS

Inches from land surface to first water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation.

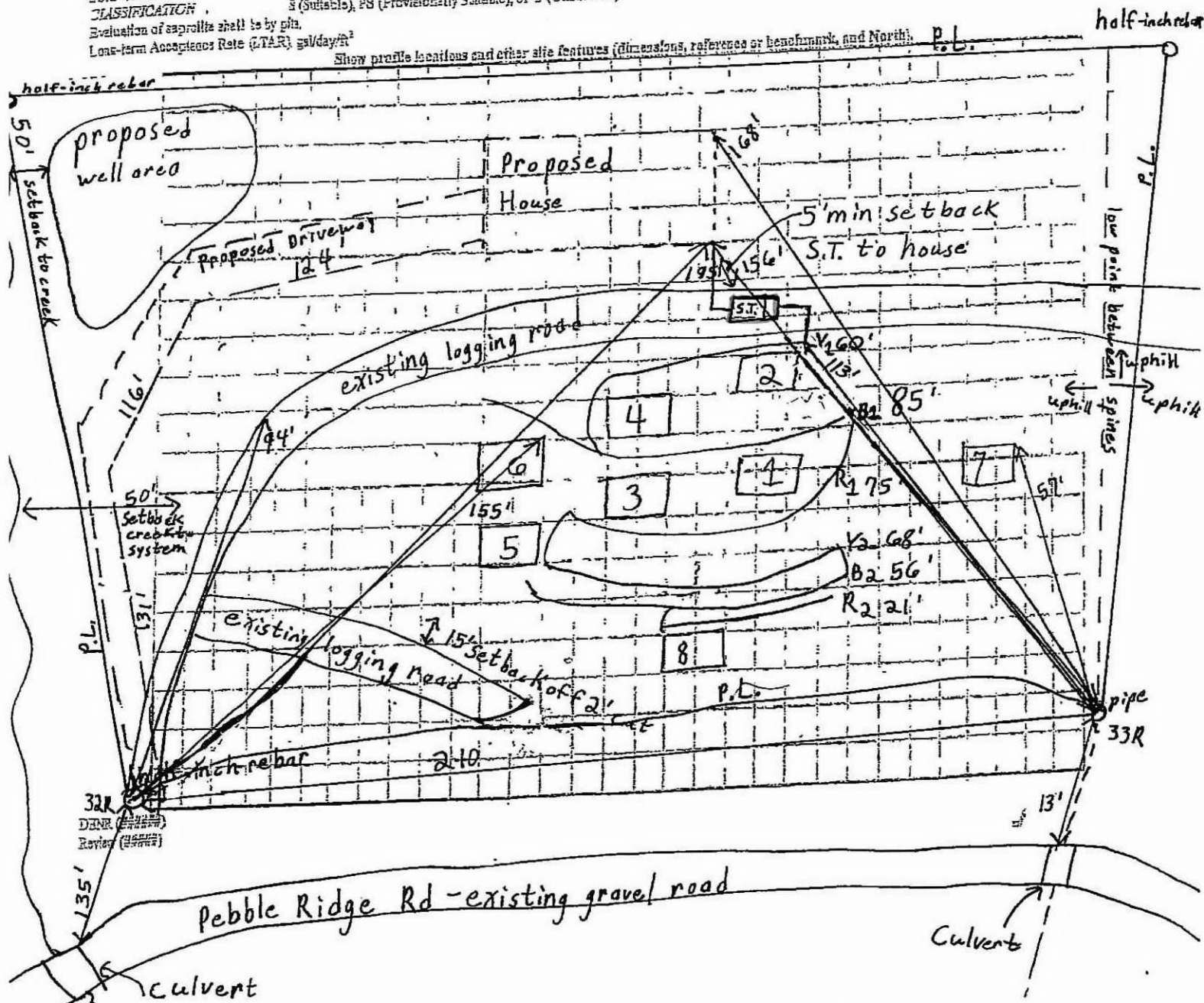
CLASSIFICATION

S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of seapollite shall be by pH.

Long-term Acceptance Rate (LTAR) gal/day/ft²

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



Receipt # 997091
PIN _____

- ☐ Survey plat to scale* submitted
- ☐ Scaled* site plan submitted
- ☐ Unscaled site plan submitted
- * scale of 1" = no more than 60'

Toe River Health District

Application for Improvement Permit and/or Authorization to Construct

☐ Improvement Permit ☒ Authorization to Construct

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Applicant Address Home & Work Phone

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Owner Address Home & Work Phone

PROPERTY INFORMATION Date originally deeded & recorded _____
Pebble Ridge Rd, Spruce Pine Shadowood Lot # 32R
Street Address Subdivision Name Section/Phase/Lot#

Directions to Site: 2nd road past Moose Lodge on left. Left on Pebble Ridge to top of hill. Lot Size 2.046

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- ☒ New Single Family Residence
- ☐ Expansion of Existing System
- ☐ Repair to Malfunctioning Sewage Disposal System
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If expansion: Current number of bedrooms: _____
Will there be a basement? ☐ yes ☒ no
Plumbing fixtures in Basement ☐ yes ☐ no
Square footage of residence: 1200
Maximum # of occupants: _____

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
Maximum number of employees: _____ Maximum number of seats: _____

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☒ New well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring

If applying for Authorization to Construct :

Please Indicate Desired System Type(s) (systems can be ranked in order of your preference)

___ Any ___ Accepted ___ Alternative ☒ Conventional ___ Innovative ___ Other _____

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I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Charles Murphy
Property owner's or owner's legal representative** signature (required)

7/27/2023X

Date

**Must provide documentation to support claim as owner's legal representative.

Office Use Only

Date appointment made: _____
Date flagged: _____

Date of appointment: _____
of site visits: _____

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

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- ☒ - The preferred driveway location.
- ☒ - The proposed well location.
- ☒ - A north arrow or other sufficient directional indicator.
- ☐ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle "N/A"**
- ☐ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle "N/A"**.
- ☐ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- ☐ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**

USE THIS SPACE TO DRAW YOUR SITE PLAN:



Lot
32 R



TOE RIVER HEALTH DISTRICT
Avery, Mitchell, [redacted] County
Health Departments



Environmental Health Section
Property Owner Consent Form

I, Charles Murphy am the legal owner(s) of the property located at
Rebble Ridge
identified as Parcel Identification Number (PIN) _____

located in the county of (check the county): ☐ Avery ☐ Mitchell ☐ Yancey

I do hereby authorize _____
Legal Representative - Please Print

to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below:

- Application for Improvement Permit (IP) Authorization to Construct (AC) for septic permit
- Improvement Permit (IP) /Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and Toe River Health District Environmental Health.

I can be contacted at (phone number): _____ by the Health Department
Environmental Health Services staff prior to a scheduled appointment with my agent.

Charles Murphy 7-27-23
Owner Signature Date

Applications for permits require the "signature of the owner or the owner's legal representative" (15A NCAC 18A.1937). If the owner does not sign the application, they can submit any of the following documents to designate their legal representative:

- Power of Attorney
- Real Estate Contract
- Estate Executor
- Bankruptcy Trustee
- Court Ordered Guardianship

