

0851-00-66 5733

Tax I.D. No. on old oneReceipt No. 07805Amount \$ 175⁰⁰ Int. MO

Application for
TOE RIVER HEALTH DISTRICT
 Improvement Permit and/or Authorization to Construct

- ☐ Survey plat to scale* submitted
☐ Scaled* site plan submitted
☐ Unscaled site plan submitted

* scale of 1" = no more than 60'

☐ 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

Jim Plemons
 Applicant

PO Box 249
Micahill NC 28755
 Address

467-1451
 Home & Work Phone

Owner

Address

Home & Work Phone

PROPERTY INFORMATION

Street Address

Subdivision Name

Section/Phase/Lot#

Directions to Site: _____

DEVELOPMENT INFORMATION

- ☐ New Single Family Residence ☐ Basement
☒ Existing system ☐ Expansion
☐ Repair to Existing Subsurface Sewage Disposal System
☐ Non-Residential Type of Structure

Residential Specifications

Max number of bedrooms: 2
 Max number of occupants: 2
 If expansion: Current number of bedrooms: _____
 Total square footage of resident _____

Non-Residential Specifications:

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

Water Supply:

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

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

☐ Any
☐ Alternative ☐ Conventional ☐ Innovative ☐ Modified Conventional ☐ Other (specify) _____

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 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?

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.

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

3-22-07

Date

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

Office Use Only:

Date appointment made: _____ Date of Appointment: _____

Date Flaged: _____ # of site Visits: _____

TOE RIVER HEALTH DISTRICT
Environmental Health Section

Bakersville 688-2371
Newland 733-6031

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
AND OPERATION PERMIT**

Burnsville 682-3003
District Office 765-2239

Owner Jim Plemons County _____ Phone _____

Signature _____ Permit # _____ Date: _____

Address _____ City _____ State _____ Zip _____

Location _____

House _____ Mobile Home _____ Other _____ # of Bedrooms 3

Special Fixtures _____ Design Daily Flow 360 Application Rate .6

Tank Size 1000 gal Pump Tank Size _____ Total Sq. Ft. Drainfield 600'

Trenches 2 Length of Trenches 100', 50' Max. Trench Depth 36"

Unless otherwise specified, trenches are to be 36" wide, at least 9' apart on centers and contain 12" minimum stone depth.



The sewage system must be installed as shown on this permit and be in compliance with all State sewage regulations. Any changes in this design must have prior Health Department approval. This permit expires 5 years (60 months) from the date of issuance.

Issued by John K. Silver 7/10/03 Installed By Eddie Ollis

Operation Permit _____ Frequency Insp. _____ Inspection Date By _____

Final Inspection By John K. Silver Date 8/8/02

0857-00-66-5732

TOE RIVER HEALTH DISTRICT
Environmental Health Section

Bakersville 688-2371
Newland 733-6031

**AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
AND OPERATION PERMIT**

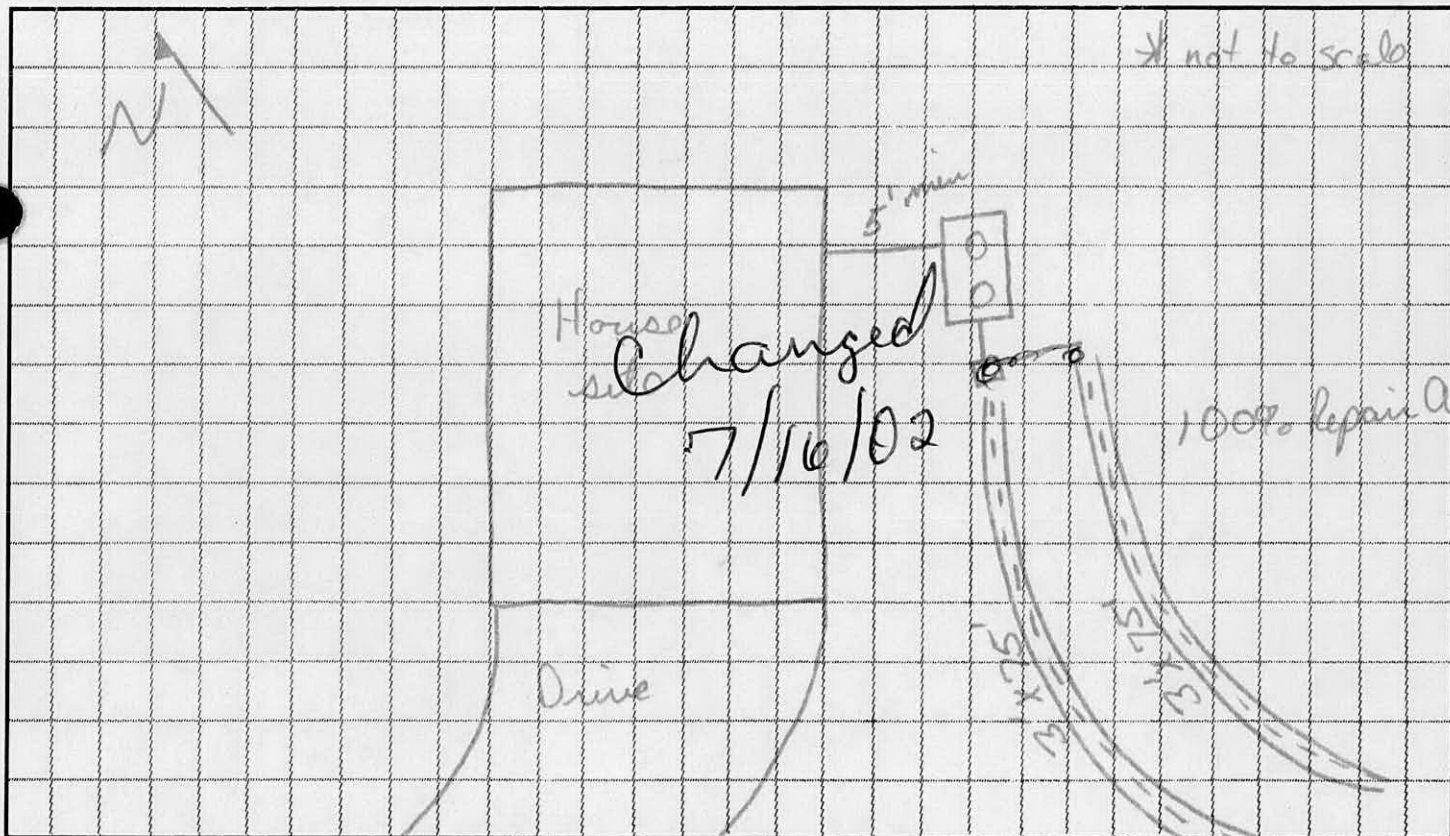
Burnsville 682-3003
District Office 765-2239

Jim Plemons

Owner *Riddle Mae* County *Mitchell* Phone *682-7253*
Signature *[Signature]* Permit # *1594* Date: *5-7-02*
Address _____ City *Burnsville* State *NC* Zip *28714*
Location *Kona Rd., See improvement permit*

House _____ Mobile Home *DW* Other _____ # of Bedrooms *3*
Special Fixtures _____ Design Daily Flow *360* Application Rate *.6*
Tank Size *1000gal* Pump Tank Size _____ Total Sq. Ft. Drainfield *600*
Trenches *2* Length of Trenches *75'* Max. Trench Depth *36"*

Unless otherwise specified, trenches are to be 36" wide, at least 9' apart on centers and contain 12" minimum stone depth.



The sewage system must be installed as shown on this permit and be in compliance with all State sewage regulations. Any changes in this design must have prior Health Department approval. This permit expires 5 years (60 months) from the date of issuance.

Issued by *John K. Schum* *5/14/02* Installed By *Eddie Ollis*
Operation Permit _____ Frequency Insp. _____ Inspection Date By _____
Final Inspection By _____ Date _____

TOE RIVER HEALTH DISTRICT
Environmental Health Section

Bakersville 688-2371
Newland 733-6031

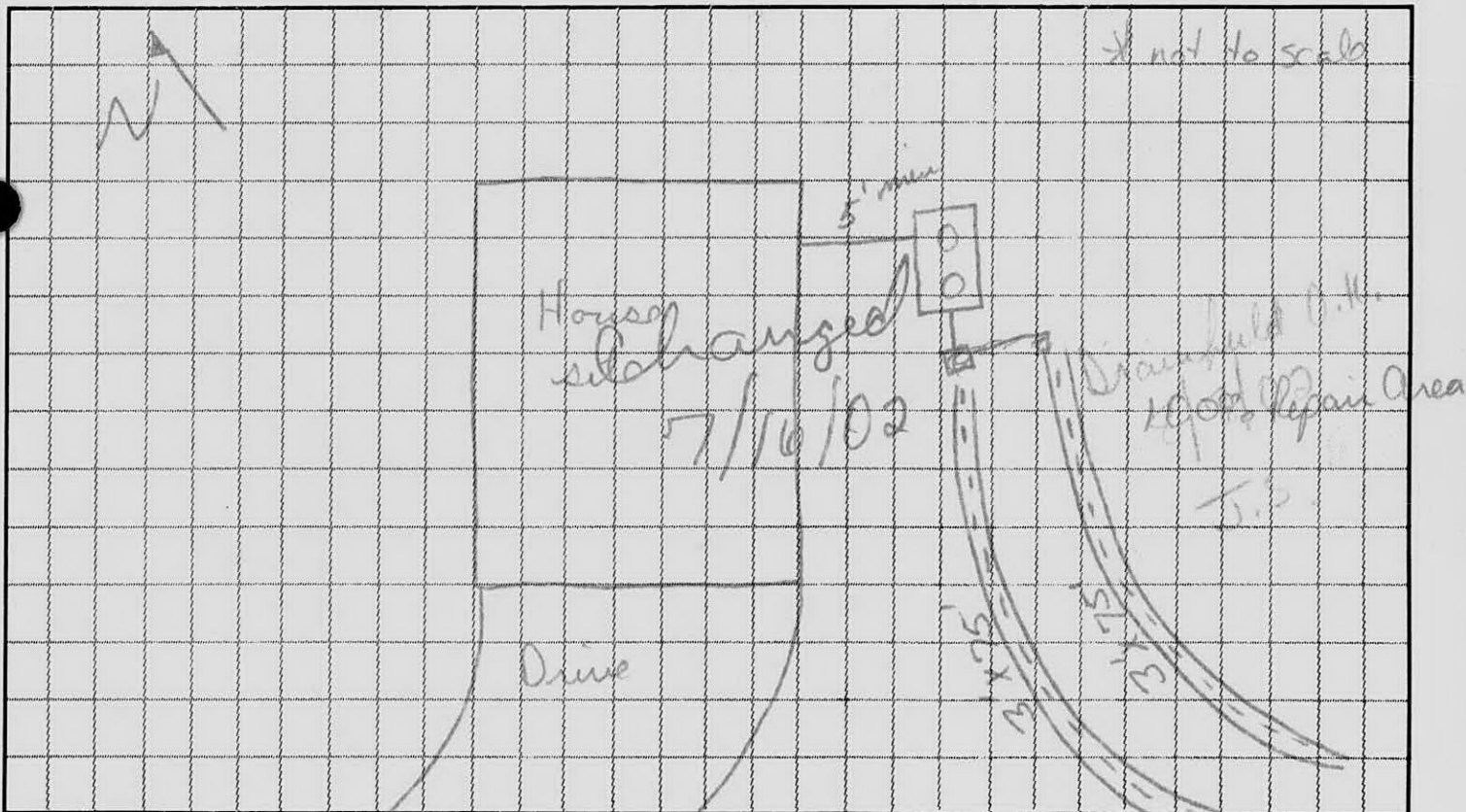
AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
AND OPERATION PERMIT

Burnsville 682-3003
District Office 765-2239

Owner Jim Plemons County Mitchell Phone 682-2253
Signature [Signature] Permit # 1594 Date: 5-7-02
Address _____ City Burnsville State NC Zip 28714
Location Kona Rd., See improvement permit

House _____ Mobile Home DW Other _____ # of Bedrooms 3
Special Fixtures _____ Design Daily Flow 360 Application Rate .6
Tank Size 1000gal Pump Tank Size _____ Total Sq. Ft. Drainfield 600
Trenches 2 Length of Trenches 75' Max. Trench Depth 36"

Unless otherwise specified, trenches are to be 36" wide, at least 9' apart on centers and contain 12" minimum stone depth.



The sewage system must be installed as shown on this permit and be in compliance with all State sewage regulations. Any changes in this design must have prior Health Department approval. This permit expires 5 years (60 months) from the date of issuance.

Issued by John K. Salmer 5/14/02 Installed By [Signature]
Operation Permit _____ Frequency Insp. _____ Inspection Date By _____
Final Inspection By John K. Salmer Date 5/9/02

Receipt No. 1594Tax I.D. 0851-00-66-5733**APPLICATION FOR IMPROVEMENTS PERMIT
TOE RIVER HEALTH DISTRICT**

- APPLICATION FOR: Improvement Permit ☒ Repair / Addition ☐ Existing ☐
2. PROPERTY OWNER : Jacob, Norman Mae Riddle PHONE : 682-2253
Mailing Address: _____
3. PERMIT REQUESTED BY: Plamons, Jim PHONE : 675-0472
4. PROPERTY LOCATION: Kona Road
- DIRECTIONS TO PROPERTY: Take 80 to Kona, little church on right, go past church, go
straight off rock road and into property PLAT PROVIDED ☐
5. INSTALLATION FOR: House ☐ Mobile Home ☒ Ind. / Commercial ☐
Other ☐ Describe: DW
6. No. Bedrooms 3 No. People 4 Water Supply: Spring ☐ Well ☒ Community ☐
- I here by make application to the Toe River Health District for a site evaluation form ground absorption sewage disposal system to serve the above described facility and authorize health department representation to go on this property for evaluation purposes. I certify the above information to be correct and understand that any permit or report issued as a result of this information will become invalid (subject to revocation) if it is found to be incorrect or if any changes are made in the lot or the size and location of the proposed facilities.
- APPLICANT / AGENT SIGNATURE : Jim Plamons DATE: 5-7-02
- FOR OFFICE : EVALUATION / IMP. PERMIT & OPERATION PERMIT \$ 200.00 Paid Initials MB

**IMPROVEMENT PERMIT
(DIAGRAM AND CONDITIONS ATTACHED)**

ORIGINAL PERMITTEE: Norman Jacob DATE: 5-7-02

Deign Waste Flow: 360 GPD LTAR: .6 Septic Tank Capacity 1000 gal.

Proposed Wastewater System 25% Reduction System

Drain Field: Total Trench Length: 150' square footage 600'
Individual Trench Length 75' Max. Trench Dept. (low side) 36"

System distance to nearest: Well/ Spring: 100' Water line 10'
Foundation: 5' Property Line: 10' Vertical cut: 15'

Comments & Special Conditions:

This permit is subject to revocation if site plans change or the intended use changes. This Permit **MUST** be accompanied by an "**Authorization for Wastewater System Construction**" prior to the installation or repair of the wastewater system or before a builders permit can be issued.

Permit issued without expiration. ☐Permit expires 5 years from date issued. ☒

I understand the conditions of this improvement permit. The wastewater disposal system will be installed in accordance with the improvement permit and any conditions specified there in.

Signed: Jim Plamons Date: _____

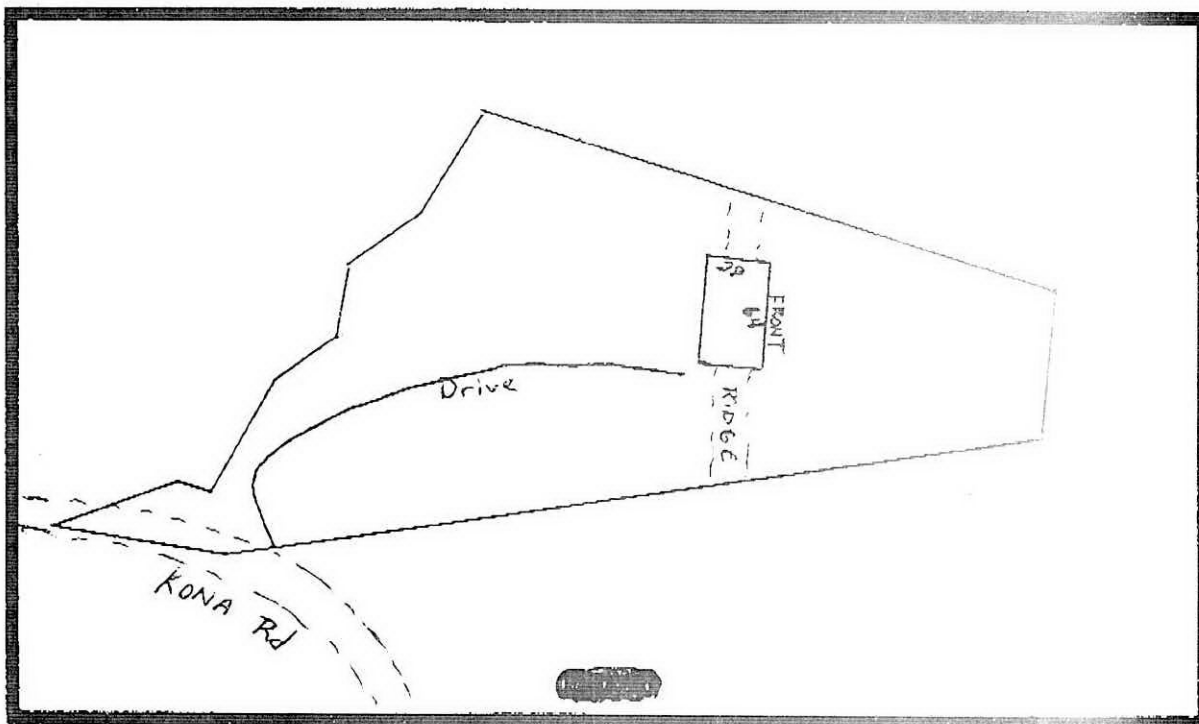
Prepared By: John Silvers Date: 5/14/02

SITE PLAN

CUSTOMER NAME(S) James Plemons

SETBACKS

FRONT _____ SIDE _____ REAR _____



PLEASE REMEMBER TO SHOW PLACEMENT OF DECKS, PORCHES,
STEPS, ELECTRICAL PANELS, HEATPUMPS, DRIVEWAYS, ETC.

SIGNATURE _____ DATE _____

TOE RIVER HEALTH DISTRICT

209 Oak Ave. • P. O. Box 00
Spruce Pine, NC 28777
Telephone (704) 765-2239 Fax (704) 705-9007

FOR Jim PLEMONS

I HEREBY GIVE PERMISSION TO THE TOE RIVER HEALTH DISTRICT EHS
TO DO A SITE EVALUATION ON MY PROPERTY AT

KONA ROAD
Location:
851-66-5733
Tax identification number

✓ Norman Jacob
Signature

✓ 8 MAY 02 828-287-2022
date phone

✓ Sharon Jacob
Witness

✓ 8 MAY 02
date

PLEASE RETURN TO MITCHELL CO. HEALTH DEPT.
124 School St.
Bakersville, NC 28705

Riddle Mae

NAME: Riddle Mae APPLICANT: _____
 ADDRESS: _____ APPLICATION DATE: _____
 USE/FACILITY: _____ DATE EVALUATED: _____
 LOCATION OF SITE: _____ PROPOSED DESIGN FLOW (1949): _____
 PROPERTY SIZE: _____
 PROPERTY RECORDED: _____
 WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
 INSTALLATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut _____
 TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed _____

[illegible]

FUNCTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (1946):
1945	S	S	SITE CLASSIFICATION (1948): S
1946	25% Reduction Sys.		EVALUATED BY: John K. Silver
			OTHER(S) RECENT:

Tax I.D. No. 0881 00 66 - 5733

Receipt No. 08847

Amount \$ _____ Int. _____

Application for
TOE RIVER HEALTH DISTRICT
Improvement Permit an/or Authorization to Construct

- ☐ Survey plat to scale* submitted
- ☐ Scaled* site plan submitted
- ☐ Unscaled site plan submitted

* scale of 1" = no more than 60'

____ Improvement Permit ____ Authorization to Construct

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APPLICANT INFORMATION

<u>Jim Plemons</u> Applicant	<u>*128 KONA Rd</u> Address	<u>828 467 1457</u> Home & Work Phone
<u>Jim Plemons</u> Owner	_____ Address	_____ Home & Work Phone

PROPERTY INFORMATION

<u>Kona</u> Street Address	<u>O</u> Subdivision Name	_____ Section/Phase/Lot#
-------------------------------	------------------------------	-----------------------------

Directions to Site: Hwy 80 South to Kona Left New
Drive on Left

DEVELOPMENT INFORMATION

☒ New Single Family Residence ☐ Basement

☐ Existing system ☐ Expansion

☐ Repair to Existing Subsurface Sewage Disposal System

☐ Non-Residential Type of Structure

Residential Specifications

Max number of bedrooms: 3

Max number of occupants: _____

If expansion: Current number of bedrooms: _____

Total square footage of resident _____

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Water Supply:

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

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

____ Any
____ Alternative ____ Conventional ____ Innovative ____ Modified Conventional ____ Other (specify)

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 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?

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.

Jim Plemons
Property owner's or owner's legal representative** signature (required)

Aug 4 08
Date

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

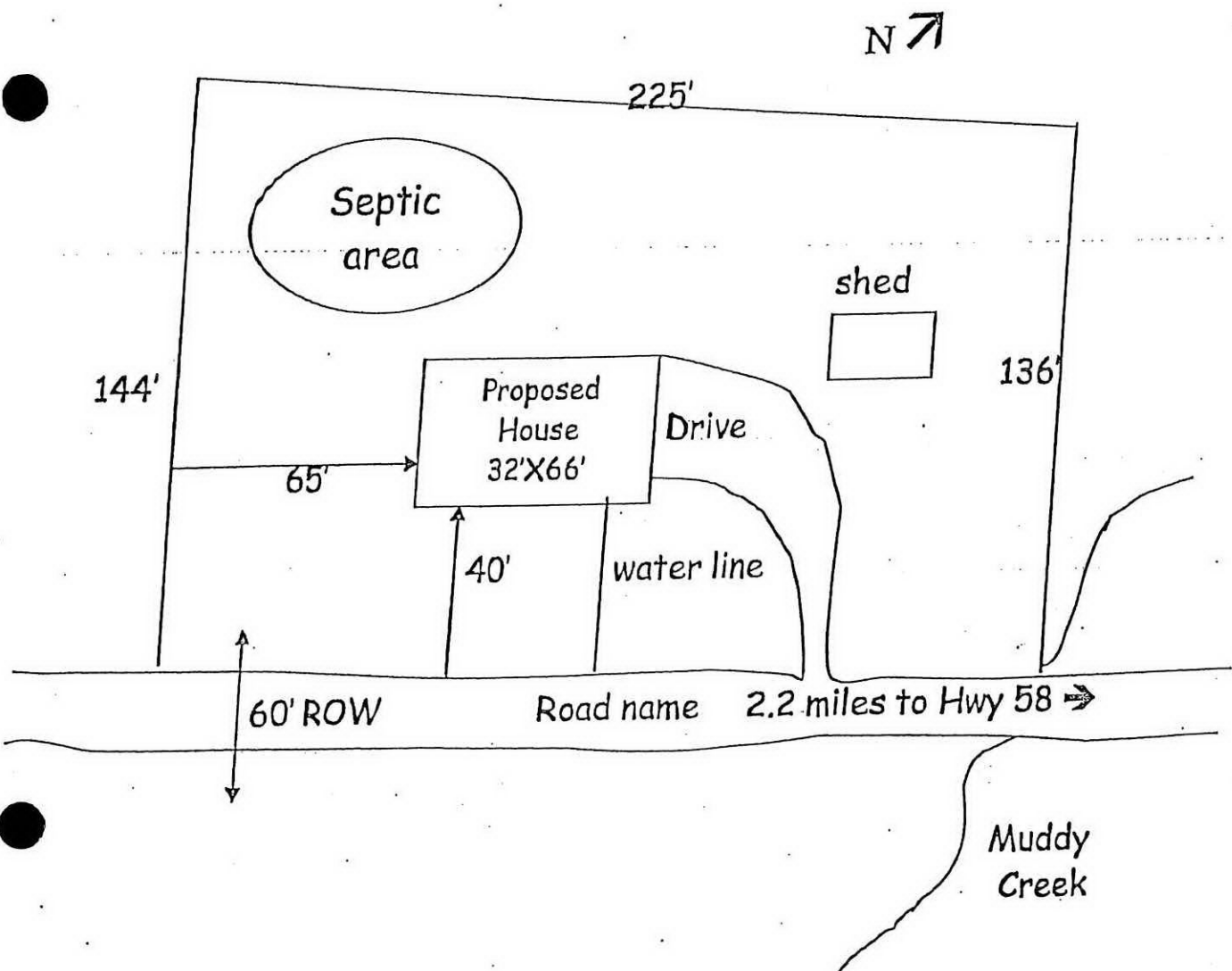
Office Use Only:

Date appointment made: _____ Date of Appointment: _____

Date Flaged: _____ # of site Visits: _____

Example Site Plan

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at
Avery Co. 828-733-6032 Mitchell Co. 828-688-2371
Yancey Co. 828-682-3003

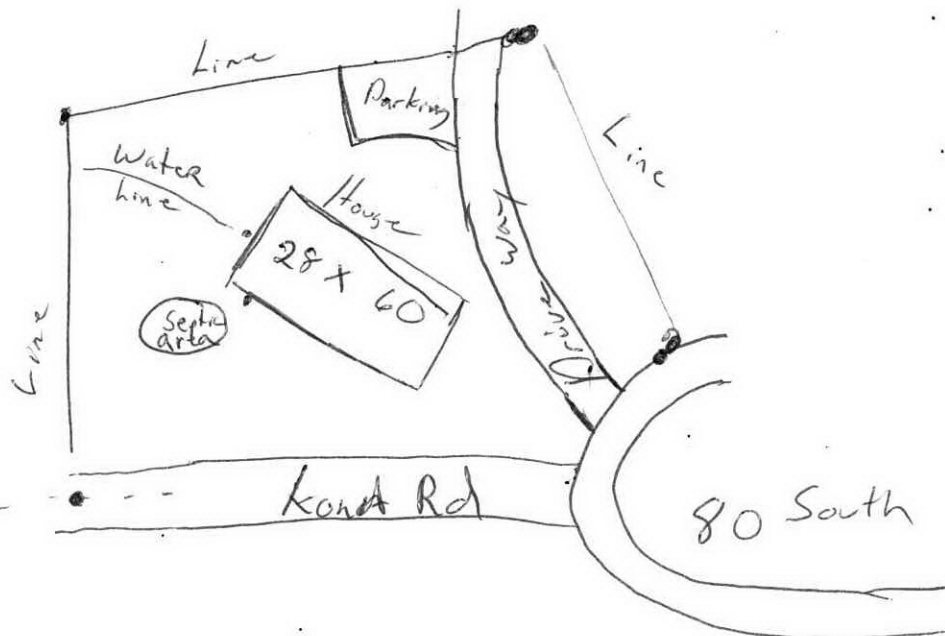


SITE PLAN WORKSHEET

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.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | - The dimensions of the property. |
| <input type="checkbox"/> | - 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. |
| <input type="checkbox"/> | - The site you would prefer your septic system to go in. |
| <input type="checkbox"/> | - The preferred driveway location. |
| <input type="checkbox"/> | - The proposed well location. |
| <input type="checkbox"/> | - A north arrow or other sufficient directional indicator. |
| N/A | - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. If there are none, circle "N/A" |
| 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". |
| N/A | - The location of any easements or rights of way on the property. If there are none, circle "N/A". |
| 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:



Sheet ____ of ____

PROPERTY ID #: _____
COUNTY: _____

OWNER: _____ APPLICATION DATE: _____
 ADDRESS: _____ DATE EVALUATED: _____
 PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (1949): _____ PROPERTY SIZE: _____
 LOCATION OF SITE: _____ PROPERTY RECORDED: _____
 WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
 EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

[illegible]

PIN

MITCHELL COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

Permit Number

Improvement PermitA building permit cannot be issued with only an Improvement PermitISSUED TO: Jim PlemonsPROPERTY LOCATION: 128 KonaNew ☒ Repair ☐ Expansion ☐Type of Structure: Malibu HomeProposed Wastewater System Type: 25% ReductionProjected Daily Flow: 360 GPDNumber of bedrooms: 3 Number of Occupants: 6Basement ☐ Yes ☒ NoPump Required: ☐ Yes ☒ No ☐ May be required based upon final location and elevations of facilitiesType of Water Supply: wellPermit valid for: ☒ Five years
☐ No expiration

Permit conditions: _____

Authorized State Agent: Jahuk. SilumDate: 8/6/08

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: Jim PlemonsPROPERTY LOCATION: 128 Kona Rd.Facility Type: Malibu Home ☒ New☐ Expansion☐ RepairBasement? ☐ Yes☒ NoBasement Fixtures? ☐ Yes☒ NoType of Wastewater System**
(See note below, if applicable ☐)25% Reduction (Initial)11

(Repair)

Wastewater Flow: 360 GPDInstallation Requirements/ConditionsSeptic Tank Size: 1000 gallonsTotal Trench Length: 150' feetTrench Spacing: 9' Feet on Center

Pump Tank Size: _____ gallons

Trenches shall be installed on contour at a
Maximum Trench Depth of: 30" inches
(Trench bottoms shall be level to +/- 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: _____

****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: _____

Date of Issuance: 8/6/08

See Attached site sketch

Construction Authorization Expiration Date: 8/6/13

PAGE 1 OF _____

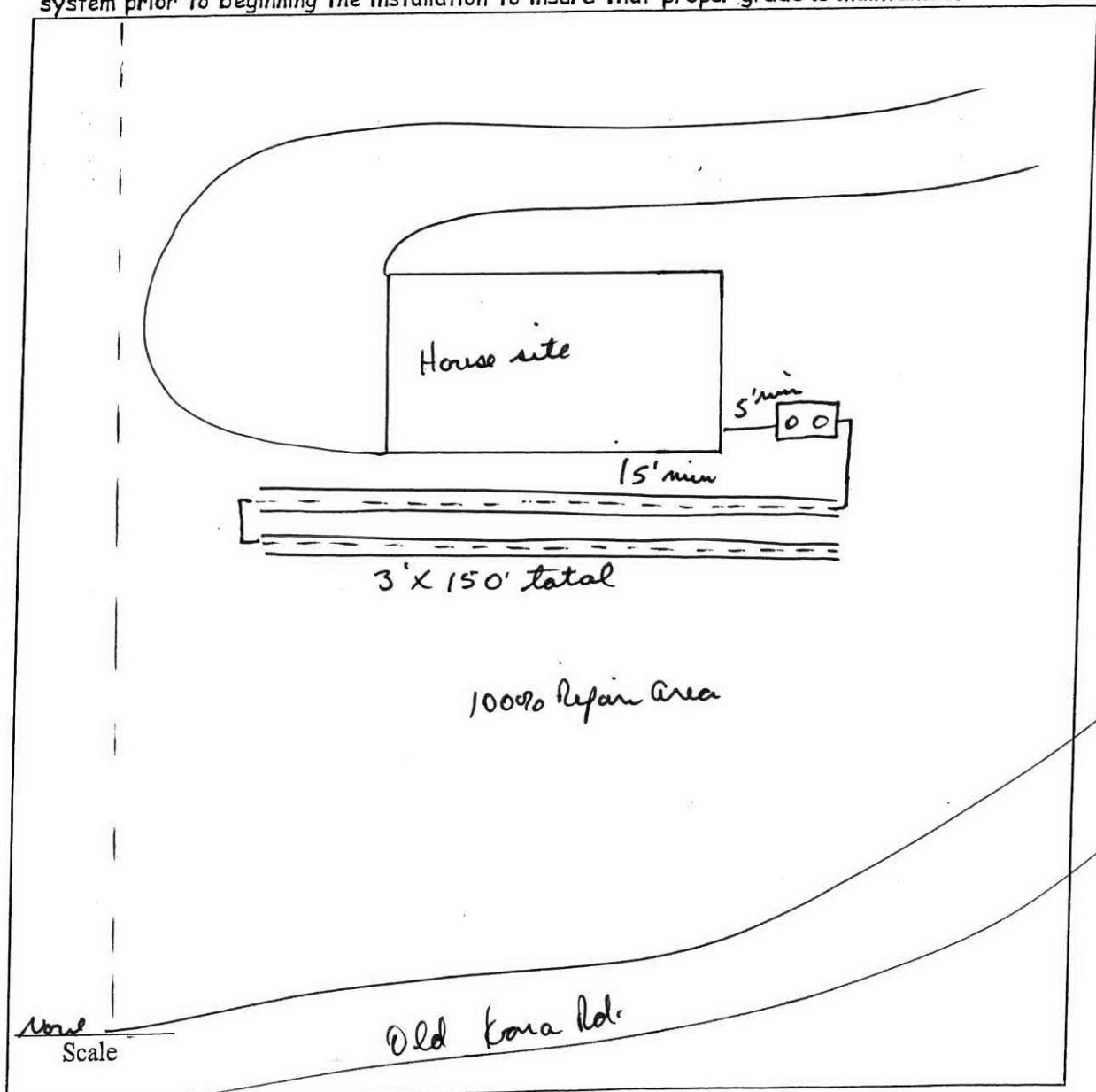
MITCHELL County Health Department

PIN 0851-66-5733PERMIT NUMBER 08847☒ Improvement Permit☒ Construction AuthorizationSITE SKETCHJim Plemora's
Applicant's Name

Subdivision/Section/Lot #

John K. Salun
Authorized State Agent8/6/08
Date

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



PIN _____

PERMIT NUMBER _____

Mitchell County Health Department Operation Permit

SPECIFIC SYSTEM INSTALLED: _____

System Type: _____ Types V and VI systems expire in 5 years. (In Accordance With Table Va)
Owner must contact health department 6 months prior to expiration for permit renewal.

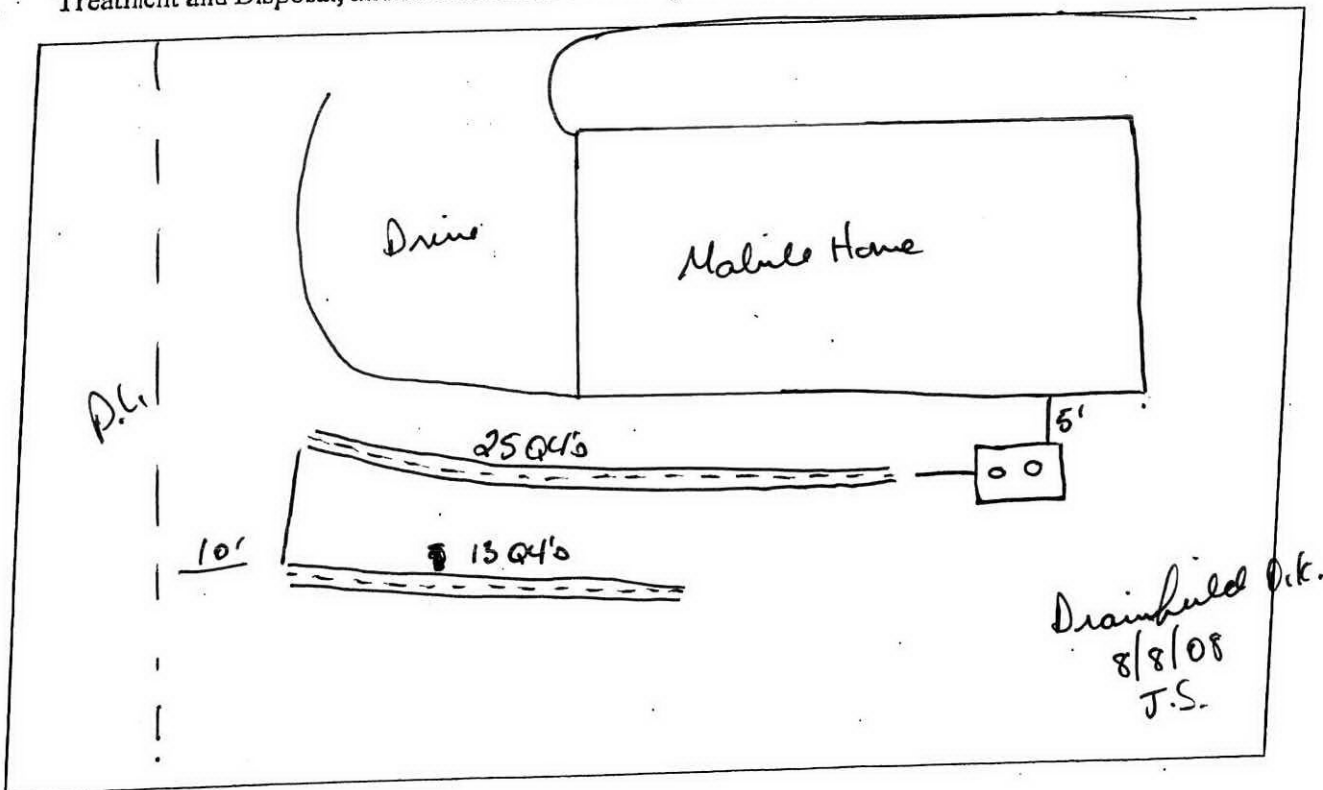
Jim Plemmons
Owner's Name

Mike Wilson
System Installer

Authorized State Agent

Date of Operation Permit Issuance

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



PERMIT CONDITIONS:

- I. **Performance:** System shall perform in accordance with Rule .1961.
- II. **Monitoring:** As required by Rule .1961.
- III. **Maintenance:** Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other: _____

Subsurface system operator required? Yes _____ No _____

If yes, see attached sheet for additional operation conditions, maintenance and reporting.