



# OPERATION PERMIT

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 120506 - 1

8754-96-4639

County ID Number:

Evaluated For: **NEW**

Township:

Applicant: **Ralph Gundrum**  
Address: **1521 Roaring Fork Road**  
City: **Hot Springs**  
State/Zip: **NC 28743**  
Phone #: **(828) 622-3418**

Property Owner: **William J. Barlow**  
Address: **1916 NC HWY 63**  
City: **Hot Springs**  
State/Zip: **NC 28743**  
Phone #:

### Property Location & Site Information

Address/Road #: **NC HWY 63**      Subdivision:      Phase:      Lot:  
**Hot Springs NC 28743**

#### Directions

Travel NW Hwy 25/70 to Hot Springs; continue onto Hwy 209 South to hwy 63 and 209 split; take hwy 63; go past big white house with blue roof; property will be 300 yards on right.

Structure: **SINGLE FAMILY**  
# of Bedrooms: **2**  
# of People: **2**  
\*Water Supply: **NEW WELL**

\*IP Issued by:  
\*CA issued by: **729 - Castelloe, Ken**  
Design Flow:   **2 4 0**    
Soil Application Rate:   **3**  

\*System Classification/Description:  
**TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS**  
Saprolite System?     Yes     No  
\*Distribution Type: **GRAVITY - PARALLEL (eq. d-box)**    Pump Required?  Yes  No  
\*Pre-Treatment:

### Drain field

Nitrification Field   **4 8 0**   Sq. ft.  
No. Drain Lines   **2**    
Total Trench Length:   **1 2 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:   **2 4**   Inches  
Minimum Soil Cover:   **1 2**   Inches  
Maximum Trench Depth:   **2 4**   Inches  
Maximum Soil Cover:   **1 2**   Inches

\*System Type: **EZFLOW EZ 1003T-GEO**  
Installer: **Harold Finley**  
Certification #: **1631**  
\*EHS: **729 - Castelloe, Ken**  
Date:   **1 0 / 2 9 / 2 0 1 3**  

#### Approval Status

**Approved**     **Disapproved**

### Septic Tank

Manufacturer: Kingsway

Lat: \_\_\_\_\_

STB: 141

Long: \_\_\_\_\_

Gallons: 1000

Installer: HGarold Finley

Date: 1 / 18 / 2013

Certification #: 1631

\*EHS: 729 - Castelloe, Ken

\*Filter Brand: POLYLOK PL-68

Date: 10 / 29 / 2013

ST Marker:  Yes  No

Reinforced Tank:  Yes  No

1 Piece Tank:  Yes  No

Approval Status

Approved  Disapproved

### Pump Tank

Manufacturer:

Installer:

PT:

Certification #:

Gallons:

\*EHS:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Riser Sealed  Yes  No

Riser Height:  Yes  No (Min. 6 in.)

Reinforced Tank:  Yes  No

1 Piece Tank:  Yes  No

Approval Status

Approved  Disapproved

### Supply Line

Pipe Size: \_\_\_\_\_ inch diameter

Installer:

Pipe Length: \_\_\_\_\_ feet

Certification #:

\*Schedule:

\*EHS:

Pressure Rated  Yes  No

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved fittings  Yes  No

Approval Status

Approved  Disapproved

### Pump Requirement

Pump Type:

Installer:

Dosing Volume: \_\_\_\_\_ - \_\_\_\_\_ Gal

Certification #:

Draw Down: \_\_\_\_\_ Inches

\*EHS:

\*Chain:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Valves Accessible  Yes  No

Flow Adjustment Valve  Yes  No

Check-valve  Yes  No

PVC Unions  Yes  No

Vent Hole  Yes  No

Anti-siphon Hole  Yes  No

Approval Status

Approved  Disapproved

### Electric Equipment

- NEMA 4X Box or Equivalent  Yes  No
- Box 12 inches Above Grade  Yes  No
- Box Adj. To Pump Tank  Yes  No
- Conduit Sealed  Yes  No
- Pump Manually Operable  Yes  No

Installer: \_\_\_\_\_  
 Certification #: \_\_\_\_\_  
 \*EHS: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Activation Method:

- Alarm Audible  Yes  No
- Alarm Visible  Yes  No

Approval Status

Approved  Disapproved

729 - Castelleo, Ken

\*Operation Permit completed by: \_\_\_\_\_

Authorized State Agent:  \_\_\_\_\_

Date of Issue: 10 / 13 / 2015

Owner/Applicant Signature: \_\_\_\_\_

This system has been installed in compliance with applicable NC General Statutes: Article 11, Chapter 130A, Rules for Sewage Treatment and Disposal, 15A NCAC 18A .1900 *et. Seq.*, and all conditions of the Improvement Permit and Construction Authorization. This property is served by a TYPE III G. **sewage septic system.**

Rule .1961 requires that a Type TYPE III G. septic system meet the following criteria:

Minimum System Review By The Local Health Department: N/A

Management Entity: OWNER

Minimum System Inspection/Maintenance Frequency By Certified Operator:  
N/A

Reporting Frequency By Certified Operator: N/A

Rule .1961 requires that a Type IV and V septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator or a private certified operator for the life of the septic system.

Rule .1961 requires that Type VI septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator for the life of the septic system.

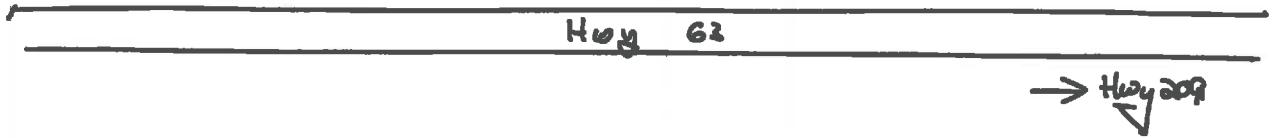
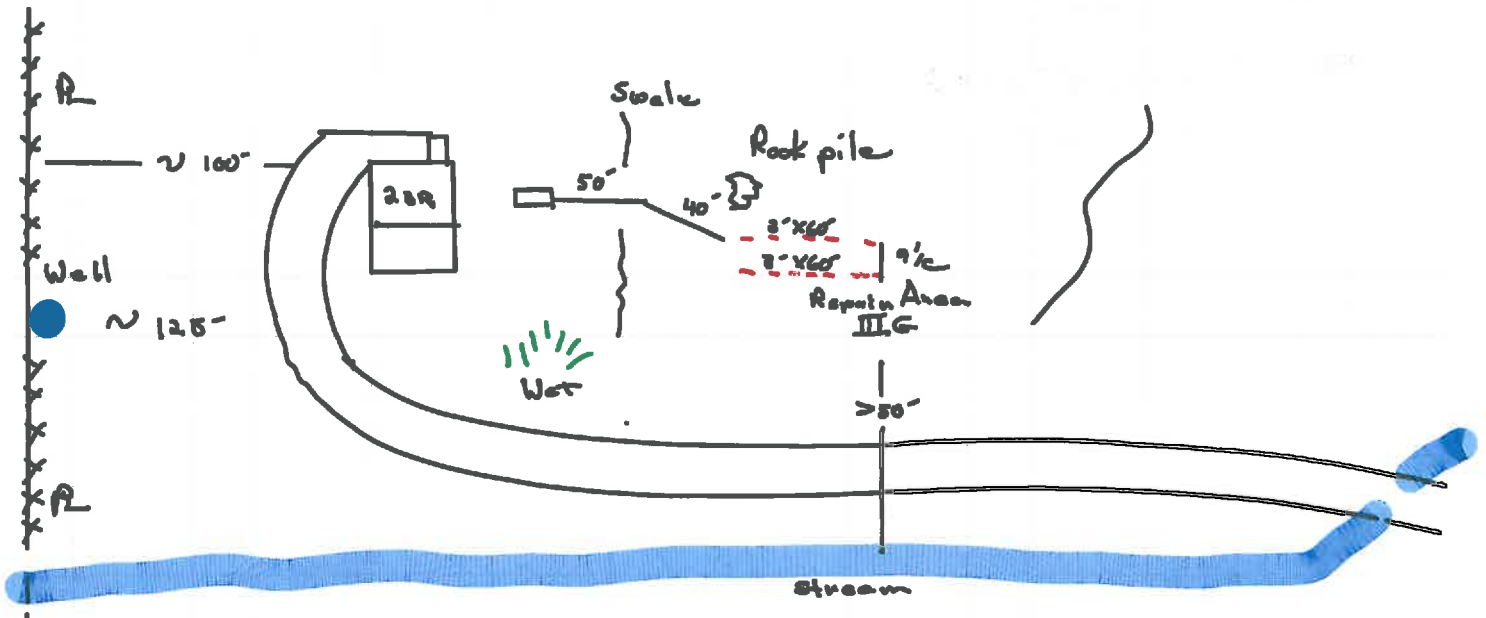
Rule. 1961 (2) (e) requires a contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall require specific requirements for maintenance and operation, responsibilities of the owner and systems operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the systems execute such a contract.

Hand Drawing  Import Drawing

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

Drawing Drawing Type: Operation Permit

Scale: \_\_\_\_\_  
○ Inch  
○ Block = \_\_\_\_\_ ft.  
⊗ N/A



40.40 ac.  
(Not to scale)