Macon County
Public Health

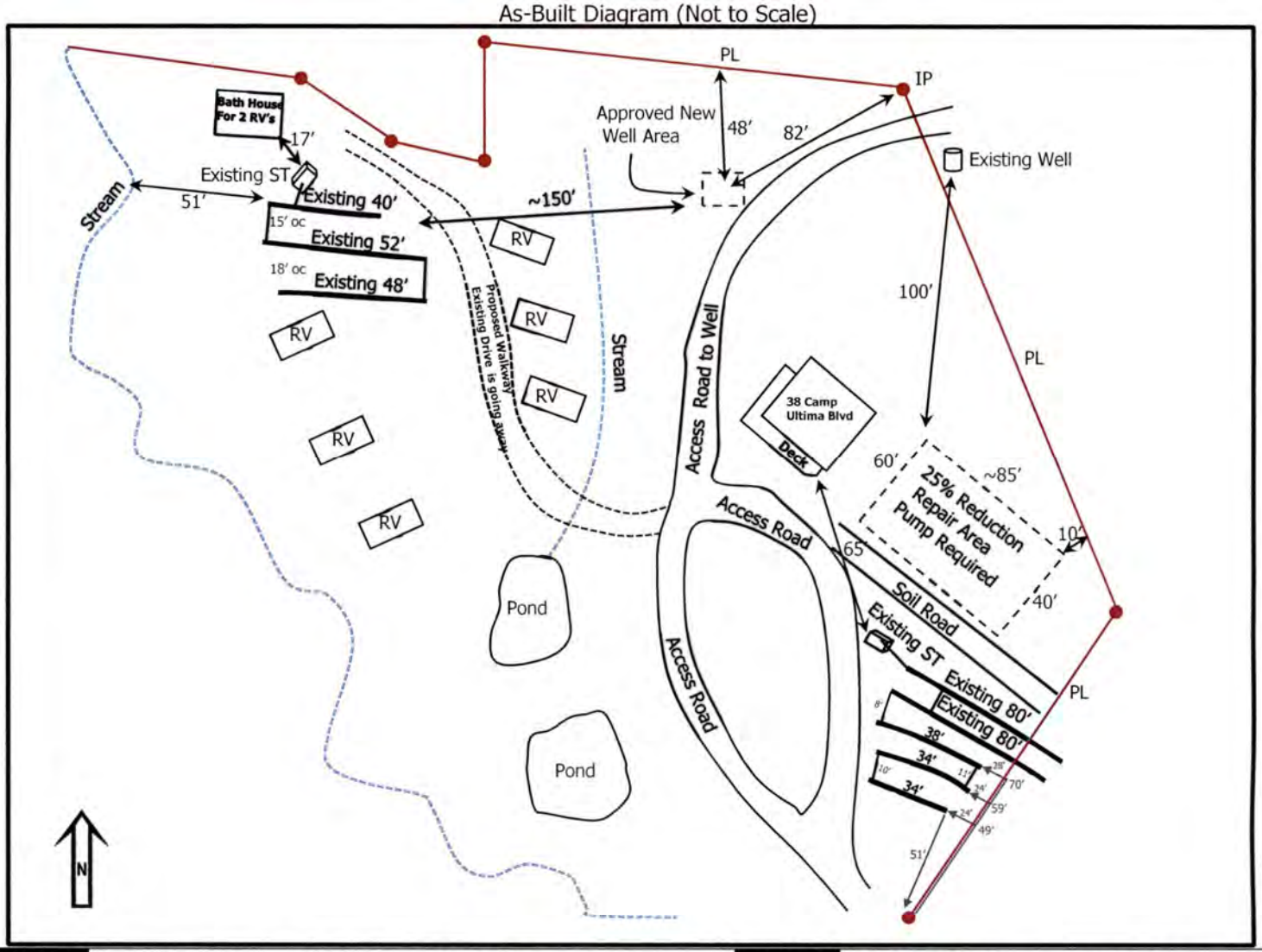
1

OPERATIONS PERMIT
ON-SITE WASTEWATER SYSTEM TYPES II-V

Applicant/Owner	John and Jamie Gibson			**Log #**	102822-S	**PDWW#**	100322-P
Address	TBD Camp Ultima Blvd			**PID #**	6572198599	**ACREAGE**	2.91
Directions	441 S to R on Addington Bridge Rd, R onto Middle Skeenah Rd, L onto North Skeenah Rd, R onto Camp Ultima; take 2nd drive on left						
Design	720 Gallons Per Day	**Facility**	Bath House for 6 RVs	**Install Type**	Addition to Existing System		
Foundation	Crawlspace	**Water Source**	Proposed Shared Well / On Site				

The following items are on file and part of this permit: ☒GPS/GIS ☒Application ☒IP/CA ☒Soil Sheet ☐Map ☐Plat Map ☐Engineer's Drawing
Comments:

As-Built Diagram (Not to Scale)



INSTALLED	Infiltrator Quick 4 Plus (IQ4PS) - Gravity;				**REPAIR**	25% Reduction - Grinder Pump;		
Type IIIg	Average Trench Depth:18"	LTAR: 0.45	Saprolite: No		Type IIIg	Area: 1600 ft²	LTAR:0.45	Saprolite: No
S. TANK	Existing	ID: MFG – STB – ID# – gallons			Date :		Effluent Filter: N/A	
P. TANK	Not Required	ID: MFG – PT – ID# – gallons			Date :		Dosing Detail:	
TRENCH	Length: 106 ft	# of Lines: 3	**DISTRIBUTION**	Serial - SCH40	**WELL SETBACK**	100 ft Minimum		
INSTALLER	James Cochran	Cert. # 1367	**MONITORING**	MCPH :	Mgt. Entity:		Reporting Freq.:	

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the I.P and A.C. System shall perform in accordance with Rule .1961. 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. **QUESTIONS? (828)349-2490**

Inspection Date:1/30/2023 Jeremy Pless, REHSI 3157 _____ *Authorized State Agent*

Final Inspection/ Issue Date:1/30/2023 Jeremy Pless, REHSI 3157 _____ *Authorized State Agent*

2

Macon County
Public Health

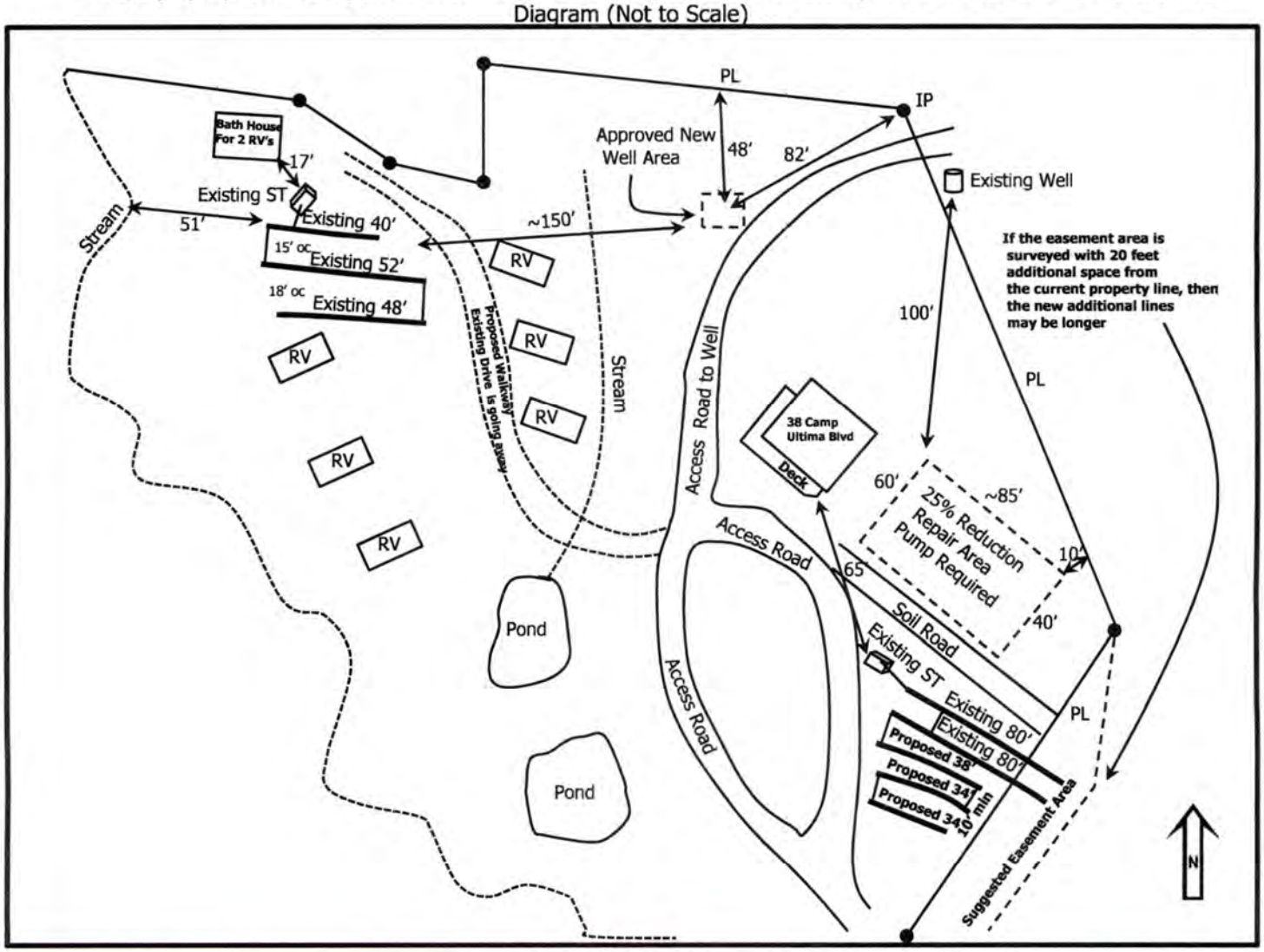
IMPROVEMENT PERMIT and CONSTRUCTION AUTHORIZATION
ON-SITE WASTEWATER

Applicant/Owner	John and Jamie Gibson			**Log #**	102822-S	**PDWW#**	100322-P
Location	Off Camp Ultima Blvd			**PID #**	6572198599	**ACREAGE**	2.91
Directions	441S to R on Belle Dowdle Road to R on North Skeenah Road to R on Camp Ultima Blvd, take first drive on left.						
Design	720 Gallons Per Day	**Facility**	Bath House only for 6 RV Sites	**Permit Type**	New Construction		
Foundation	Crawlspace	**Water Source**	Proposed Shared Well / On Site	**Expiration**	Valid for 60 Months		

Permit Conditions

This is a permit for 12 people at 60 GPD for six RV sites with no sewer hook ups.
The two existing structures will serve as bath houses for each of the RV sites with adding 106' to an existing system as shown
Two of the bathrooms including showers and sinks are to be plumbed into the existing septic tank installed in 2010.
A NC certified installer is to add 106' to the system installed 5/6/01 as shown below on the southeastern portion of property.
Also, a properly recorded septic easement is required for the portion of each existing line that is ten to 15 feet over the PL.

Diagram (Not to Scale)



TO BE INSTALLED	25% Reduction – Gravity;				**REPAIR**	25% Reduction – Grinder Pump;		
Type IIIg	Soil Depth: 44(in)	Slope: 7%	LTAR: 0.45	Saprolite: No	Type IIIg	Area:1600(ft²)	LTAR: 0.45	Saprolite: No
CONSTRUCTION AUTHORIZATION	**TOTAL LENGTH**	**# OF LINES**	**MIN SPACING**	**MAX DEPTH**	**WIDTH**	**DISTRIBUTION**	**SEPTIC TANK**	**PUMP TANK**
	106 '	3	9 ' on center	18 " low side	36 inches	Serial - PVC	Existing	Not Required

The issuance of this permit by MCPH 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 permit is subject to revocation if the site plan, plat, site or intended use changes. This permit is subject to compliance with the provisions of the NC Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. Construction and installation Rules NCAC .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by reference into this permit and shall be met. **Questions? (828) 349-2490**

Issue Date: 1/20/2023 Charles Womack, REHS 1300 Charles Womack *Authorized State Agent*

Macon County Public Health
Environmental Health Section

Soil & Site Evaluation
***for* On-Site Wastewater System**

Sheet__ of__

Property ID # _____

OWNER / APPLICANT: John & Jamie Gibson
ADDRESS: _____
PROPOSED FACILITY: _____
PROPERTY LOCATION: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other: _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut **WASTEWATER TYPE:** ☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 10/07/22
DATE EVALUATED: 1/18/23
PROPOSED DESIGN FLOW: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

AREA	LANDSCAPE POSITION/ SLOPE % (.1940)	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) TEXTURE/ STRUCTURE	SOIL MORPHOLOGY (.1941) MINERALOGY/ CONSISTENCE	OTHER PROFILE FACTORS SOIL WETNESS (.1942)	SOIL DEPTH (.1943)	SAPROLITE CLASS (.1956)	RESTRICTIVE HORIZON (.1944)	SOIL GROUP & LTAR
1	L Pit 10 %	0-36" 36"+	scl SBK wetness chroma 2	SE VFSS WO FR		36"			PS .45
2	L 15 %	0-3" 3-44" 44"+	L scl SBK A Redoxi	SE FSS WO FR		44"			PS .45
3									
4									

	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	25% Red.	Pump/25% Red.
Site LTAR	.45	.45

OTHER FACTORS (.1946):	
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	qwornack
OTHERS PRESENT:	Jason Angel, C. Sisk, Gibsons

Most of the existing systems will be used with the exception of adding to the one as shown on the permit.

Legend

Soil Group [.1941 (a) (1)]	Soil Texture [.1941 (a) (1)]	Conventional LTAR [.1955 (b)]	LPP LTAR [.1957 (b)]	Saprolite LTAR [.1956 (6)]	Structure [.1941 (a) (2)]	Moist Consistence [.1941 (a) (3)]
I	S (Sand) LS (Loamy Sand)	0.8 – 1.2	0.4 – 0.6	0.6 – 0.8 0.5 – 0.7	G (Single Grain) CR (Crumb) GR (Granular)	VFR (Very Friable) FR (Friable) FI (Firm)
II	SL (Sandy Loam) L (Loam)	0.6 – 0.8	0.3 – 0.4	0.4 – 0.6 0.2 – 0.4	*SBK (Subangular Blocky) *ABK (Angular Blocky) **M (Massive)	**VFI (Very Firm) **EFI (Extremely Firm)
III	*SiL (Silty Loam) *Si (Silt) *SCL (Sandy Clay Loam) *SiCL (Silty Clay Loam) *CL (Clay Loam)	0.3 – 0.6	0.15 – 0.3	0.1 – 0.3	**PL (Platy) **PR (Prismatic)	**Wet Consistence** [.1941 (a) (3)]
IV	*SC (Sandy Clay) *SiC (Silty Clay) *C (Clay) **O (Organic)	0.1 – 0.4	0.05 – 0.2		**Mineralogy** [.1941 (a) (3)] SEXP (Slightly expansive) **EXP (Expansive)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) **VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) **VP (Very Plastic)

* denotes provisionally suitable condition
** denotes unsuitable condition

Soil Depth Required in Relation to Slope

Slope	Conventional	Two Foot Chamber	Large Pipe (16" Trench)	Large Pipe (12" Trench)	Large Pipe (10" Trench)	PPBPS
0%	30	30	30	30	30	40
5%	31.8	31.2	30.8	30.6	30.5	41.2
10%	33.6	32.4	31.6	31.2	31	42.4
15%	35.4	33.6	32.4	31.8	31.5	43.6
20%	37.2	34.8	33.2	32.4	32	44.8
25%	39	36	34	33	32.5	46
30%	40.8	37.2	34.8	33.6	33	47.2
35%	42.6	38.4	35.6	34.2	33.5	48.4
40%	44.4	39.6	36.4	34.8	34	49.6
45%	46.2	40.8	37.2	35.4	34.5	50.8
50%	48	42	38	36	35	52
55%	49.8	43.2	38.8	36.6	35.5	53.2
60%	51.6	44.4	39.6	37.2	36	54.4
65%	53.4	45.6	40.4	37.8	36.5	55.6

EH QA	QA DATE	DETAIL	REHS INITIALS

Macon County
Public Health

ENVIRONMENTAL HEALTH
EHS SITE EVALUATION
ON-SITE WASTEWATER

Due Diligence Y / N

Applicant/Owner Name: John & Jamie Gibson

OSWW Log #: 102822-S Application Date: 10/17/2022

First Attempt Date: Site Evaluation Date:

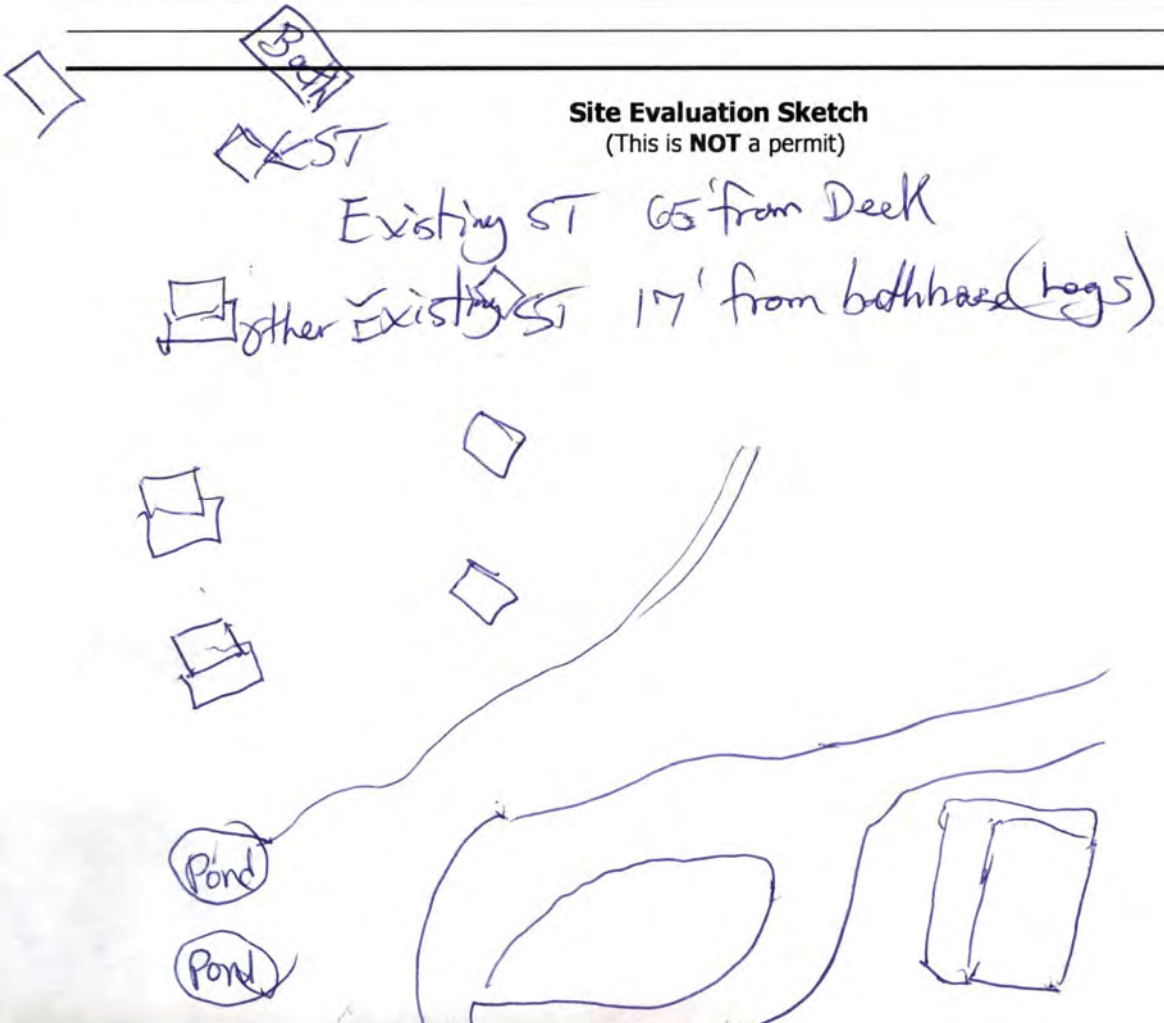
Site Evaluation Notes EHS Initials:

720 GPD (6 RVs (gray water) & Bathroom with 6 showers/toilets/sinks) · (FRANKLIN)

Also applied for Well Permit# 100322-P

(NOTE FOR REHS - Septic Research from well file is attached – Multiple structures located on this property and may need additional Research & site evaluation to determine existing septic system locations and whether attached permits are matched with the correct structures. – TLR)

Site Evaluation Sketch
(This is **NOT** a permit)



EH QA	QA DATE	DETAIL	REHS INITIALS

Macon County
Public Health

ENVIRONMENTAL HEALTH
EHS SITE EVALUATION
ON-SITE WASTEWATER

Due Diligence Y / N

Applicant/Owner Name: John & Jamie Gibson

OSWW Log #: 102822-S Application Date: 10/17/2022

First Attempt Date: Site Evaluation Date:

Site Evaluation Notes EHS Initials:

720 GPD (6 RVs (gray water) & Bathroom with 6 showers/toilets/sinks) (FRANKLIN)

Also applied for Well Permit# 100322-P

(NOTE FOR REHS - Septic Research from well file is attached – Multiple structures located on this property and may need additional Research & site evaluation to determine existing septic system locations and whether attached permits are matched with the correct structures. – TLR)

Site Evaluation Sketch
(This is **NOT** a permit)

Gravel Road to cabin goes away.

Thru The week 11/7 - 11/11

Stay to Left after Duck farm on camp Ultima. Septic area right below old cabin. Well area on Hill above Has a tree with blue ribbon.

Road next will during both

Macon County
Public Health

APPLICATION
ON-SITE WASTEWATER SYSTEM/PRIVATE WELL
ENVIRONMENTAL HEALTH

OWNER / CONTACT INFORMATION

PROPERTY OWNER	Jamie Gibson	PHONE/FAX	828 371 2810
MAILING ADDRESS	2149 N. Skeenah Rd Franklin 28734	EMAIL	jamibrehm@gmail.com
CONTACT	Jamie Gibson	PHONE/FAX	828 371 2810
MAILING ADDRESS	2149 N Skeenah Rd Franklin 28734	EMAIL	jamibrehm@gmail.com

PROPERTY INFORMATION

ADDRESS	38 Camp Ultima Blvd Franklin 28734	ACREAGE 2.91	DATE RECORDED
SUBDIVISION	LOT	PARCEL#	6572198599

DIRECTIONS: 441 S to Belle Dowdle Rd, right on N. Skeenah, right on Camp Ultima Blvd, 1st drive on left

SITE CHARACTERISTICS

EXISTING WATER SUPPLY: ☐ Spring ☐ Single Family Well ☐ Shared Well ☐ Non-Residential ☐ Public Water Supply ☒ None

MY CURRENT WATER SUPPLY IS DRY ☐ YES ☐ NO

*If applying for a new structure will it be served by the existing water source or will it require a new one? ☒ Future New ☐ Share Existing

Is the site subject to approval by any other public agency?	☐ YES	☒ NO
Does the site contain existing wastewater system(s)?	☒ YES	☐ NO
Is the site within a floodzone as defined by Macon County Ordinance?	☐ YES	☒ NO
Does the site contain any chemical, waste or petroleum fuel storage, landfill or known underground contamination?	☐ YES	☒ NO
Are there any easements or right of ways on the property?	☒ YES	☐ NO
Is any wastewater, other than domestic sewage, going to be generated on site?	☐ YES	☒ NO
Is the site within a state classified watershed boundary?	☐ YES	☒ NO
Does the site contain any Army Corps of Engineers delineated jurisdictional wetlands?	☐ YES	☒ NO

If YES is checked, indicate on site plan

COMMENTS:

ON-SITE WASTEWATER SYSTEM

APPLYING FOR	☐ Improvement Permit ☒ Construction Authorization	☐ 25% Reduction ☐ Tank Relocation	☐ Gravel ☐ Large Diameter Pipe ☐ PPBPS ☐ Other ☐ Repair Area Relocation
RESIDENTIAL	BEDROOMS 6	OCCUPANTS 12	BASEMENT? ☐ YES ☒ NO; PLUMBING IN BASEMENT? ☐ YES ☒ NO
REPAIR	DESCRIBE FAILURE		
EXPANSION	FLOW TO ADD	EXISTING # OF BEDROOMS	
	YEAR SYSTEM WAS INSTALLED	OWNER AT TIME OF INSTALLATION	
Commercial	DESCRIBE PURPOSE OF STRUCTURE (ATTACH SHEET IF NECESSARY)	120 x 6 x 1.65 = $1188.00	

PRIVATE DRINKING WATER WELL

APPLYING FOR: ☐ NEW ☐ REPAIR ☐ HYDROFRACTURE (REPAIR) ☐ ABANDONMENT ☐ SITE VISIT/VARIANCE

WELL TYPE: ☐ SINGLE FAMILY WELL ☐ SHARED WELL ☐ NON-RESIDENTIAL (Explain)_____

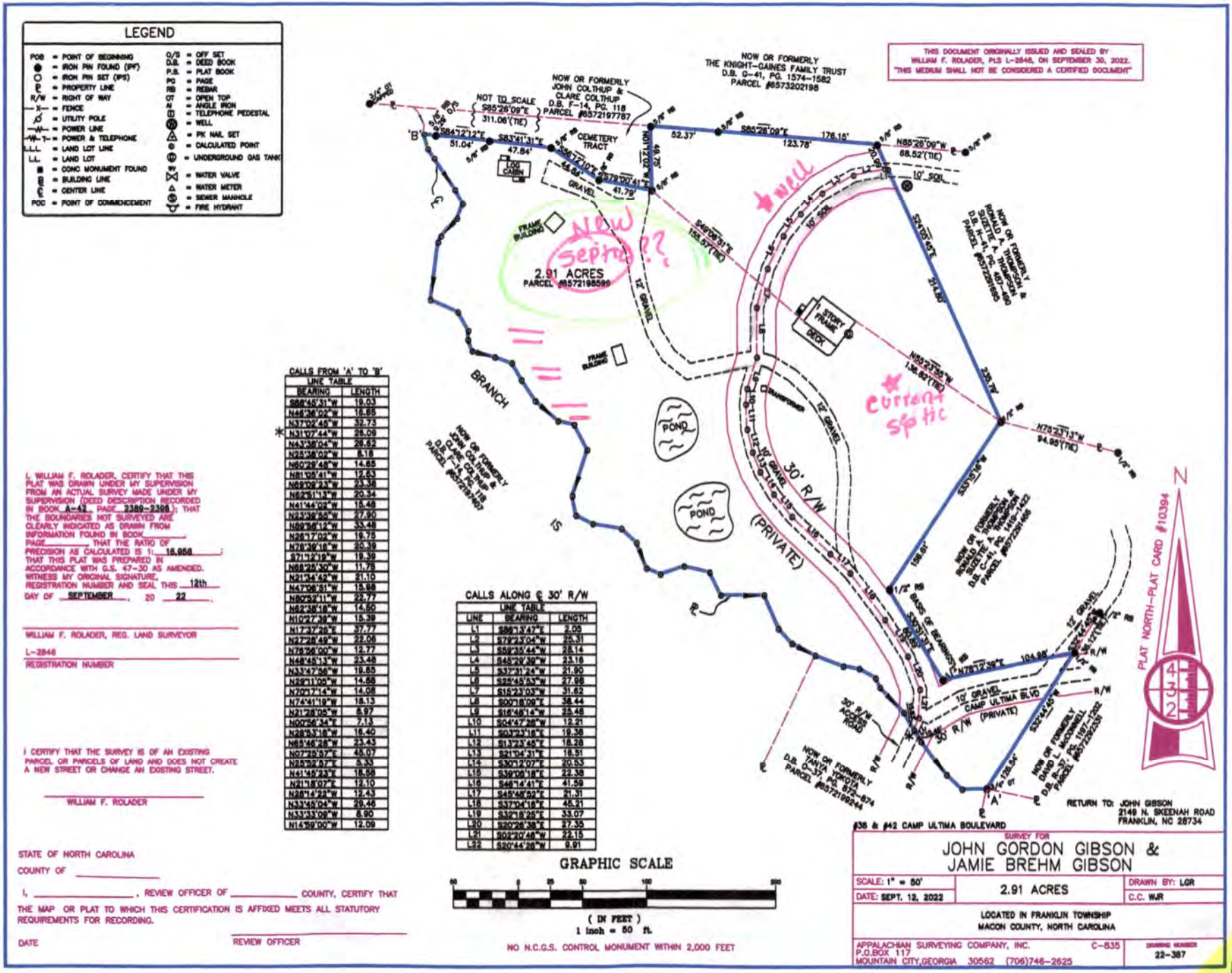
I have read this application and certify that the information provided herein is true, complete and correct. If the information in this application is falsified, changed, or the site is altered, the permit shall become invalid. Authorized officials are granted right of entry to conduct necessary inspections. The site will be made accessible and property lines marked. Issuance of permit by MCPH does not guarantee or imply approval of future permit applications by this or any other agency. This application is valid for one year from date application received by our office. The permit is valid for either 60 months or without expiration depending upon documentation submitted (complete site plan = 60 months; complete plat = without expiration). Incomplete applications will not be processed.

Jamie Brehm — Owner or Legal Representative

10-11-2022 — Date

CONTACT US:
1830 Lakeside Dr, Franklin NC 28734
Phone: (828) 349-2489 or (828) 349-2490
Fax: (828) 349-4136
www.maconnc.org/environmental-health.html

ENVIRONMENTAL HEALTH USE ONLY	SEPTIC LOG 102822-S	WELL LOG	DATE RCVD BY 10/17/22 TLR	FEE $ PAID $1188.00	ASSIGNED TO



CALLS FROM 'A' TO 'B'

LINE TABLE	
BEARING	LENGTH
S86°45'31"W	19.03
N46°36'02"W	16.65
N37°02'45"W	32.73
N31°07'44"W	26.09
N43°38'04"W	26.52
N25°38'02"W	8.18
N60°29'48"W	14.65
N81°05'41"W	19.63
N69°09'23"W	23.38
N62°51'13"W	20.34
N41°44'02"W	15.48
N23°39'58"W	27.90
N89°56'12"W	33.48
N26°17'02"W	19.75
N78°39'16"W	20.39
S71°13'19"W	19.39
N68°25'30"W	11.78
N21°34'42"W	21.10
N47°08'51"W	15.98
N80°52'11"W	22.77
N62°38'18"W	14.50
N10°27'30"W	15.39
N17°37'28"E	37.77
N27°28'49"W	22.06
N78°56'00"W	12.77
N48°45'13"W	23.48
N33°47'56"W	19.65
N59°11'00"W	14.56
N70°17'14"W	14.08
N74°41'19"W	18.13
N21°28'05"W	8.97
N00°56'34"E	7.13
N28°53'18"W	16.40
N65°46'28"W	23.43
N07°25'57"E	45.07
N25°52'37"E	5.33
N41°45'23"E	18.58
N21°18'07"E	12.10
N28°14'22"W	12.43
N33°45'04"W	29.46
N33°33'08"W	8.90
N14°59'00"W	12.09

CALLS ALONG ℄ 30' R/W

LINE TABLE		
LINE	BEARING	LENGTH
L1	S86°13'47"E	2.05
L2	S79°23'04"W	25.31
L3	S58°35'44"W	26.14
L4	S48°29'39"W	23.16
L5	S37°31'24"W	21.90
L6	S25°45'53"W	27.98
L7	S15°23'03"W	31.62
L8	S00°18'09"E	38.44
L9	S16°46'14"W	25.46
L10	S04°47'28"W	12.21
L11	S03°23'16"E	19.38
L12	S13°23'48"E	18.28
L13	S21°04'31"E	18.51
L14	S30°12'07"E	20.53
L15	S39°09'18"E	22.38
L16	S46°14'41"E	41.59
L17	S45°48'52"E	21.31
L18	S37°04'18"E	45.21
L19	S32°18'25"E	33.07
L20	S20°26'38"E	27.35
L21	S02°20'48"W	22.15
L22	S20°44'28"W	9.91

I, WILLIAM F. ROLADER, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK A-42 PAGE 2389-2398); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 18,958; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 12th DAY OF SEPTEMBER, 20 22.

WILLIAM F. ROLADER, REG. LAND SURVEYOR

L-2846
REGISTRATION NUMBER

I CERTIFY THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

WILLIAM F. ROLADER

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, REVIEW OFFICER OF _____ COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE

REVIEW OFFICER

GRAPHIC SCALE

(IN FEET)
1 inch = 50 ft.

NO N.C.G.S. CONTROL MONUMENT WITHIN 2,000 FEET

SURVEY FOR
JOHN GORDON GIBSON & JAMIE BREHM GIBSON

SCALE: 1" = 50'	2.91 ACRES	DRAWN BY: LGR
DATE: SEPT. 12, 2022		C.C. WJR

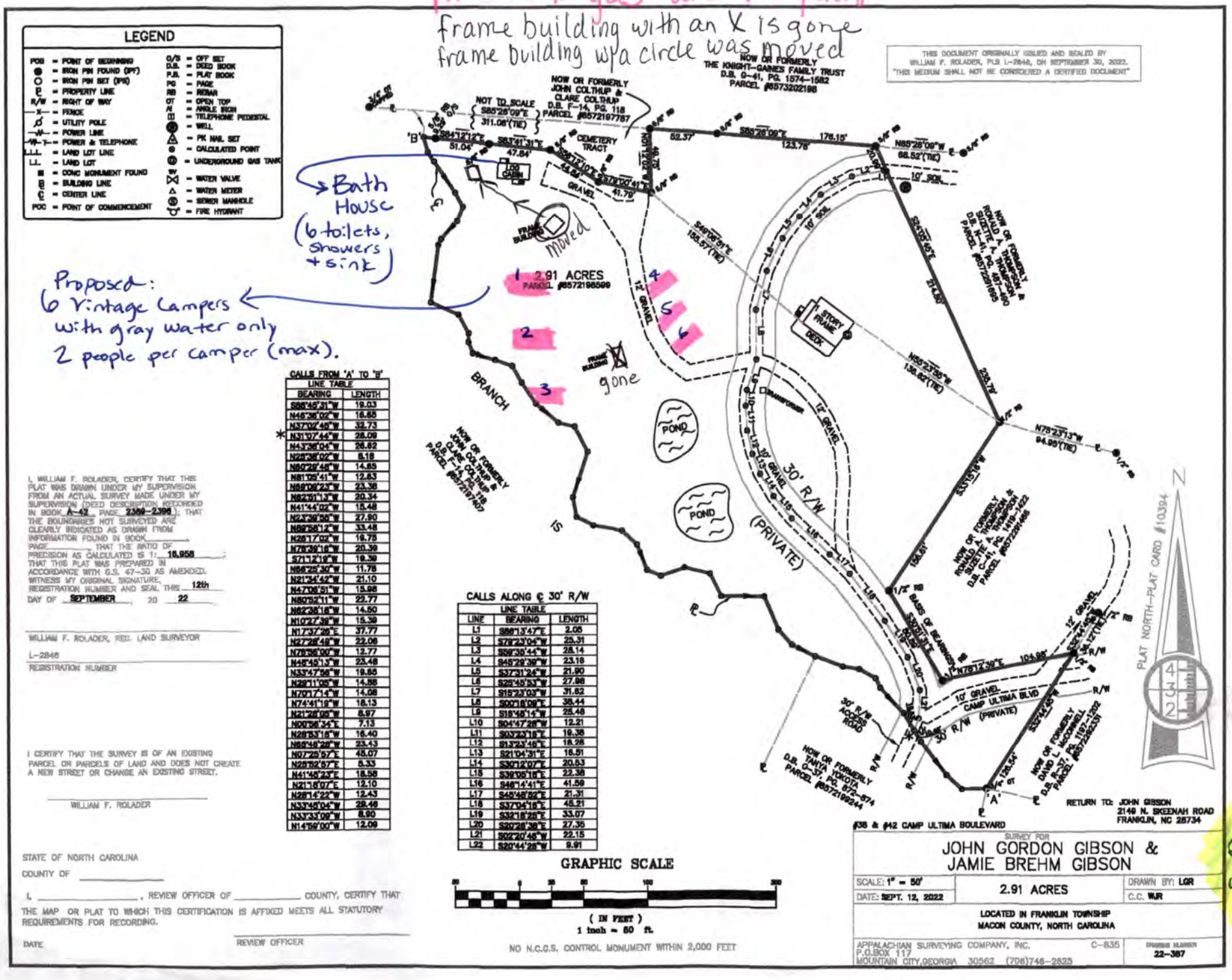
LOCATED IN FRANKLIN TOWNSHIP
MACON COUNTY, NORTH CAROLINA

APPALACHIAN SURVEYING COMPANY, INC. C-835
P.O.BOX 117
MOUNTAIN CITY, GEORGIA 30562 (706)746-2625

DRAWING NUMBER 22-387

Pg 1 of 2 SITE PLAN

pink rectangles are rv pads
frame building with an X is gone
frame building w/a circle was moved



CALLS FROM 'A' TO 'B'

LINE TABLE	
BEARING	LENGTH
S68°45'31"W	19.03
N46°36'02"W	16.65
N37°02'46"W	32.73
N31°07'44"W	26.09
N43°36'04"W	26.62
N25°36'02"W	8.18
N80°29'48"W	14.85
N81°05'41"W	12.83
N89°09'23"W	23.36
N82°51'13"W	20.34
N41°44'02"W	15.48
N23°39'56"W	27.90
N89°58'12"W	33.48
N28°17'02"W	18.75
N78°39'18"W	20.39
S71°12'19"W	19.39
N86°25'30"W	11.78
N21°34'42"W	21.10
N47°06'51"W	15.98
N80°52'11"W	22.77
N82°36'18"W	14.50
N10°27'39"W	15.39
N17°37'26"E	37.77
N27°28'49"W	22.06
N78°56'00"W	12.77
N48°45'13"W	23.48
N33°47'56"W	19.85
N29°11'05"W	14.88
N70°17'14"W	14.08
N74°41'19"W	18.13
N21°28'09"W	8.97
N20°36'24"E	7.13
N28°53'16"W	16.40
N68°48'28"W	23.43
N07°25'57"E	45.07
N28°52'57"E	5.33
N41°48'23"E	18.58
N21°18'07"E	12.10
N28°14'22"W	12.43
N33°45'04"W	28.46
N33°33'09"W	8.90
N14°59'00"W	12.09

CALLS ALONG ℄ 30' R/W

LINE TABLE		
LINE	BEARING	LENGTH
L1	S86°13'47"E	2.05
L2	S78°23'04"W	25.31
L3	S59°35'44"W	28.14
L4	S46°29'39"W	23.18
L5	S37°31'24"W	21.90
L6	S25°45'53"W	27.96
L7	S15°23'03"W	31.82
L8	S00°18'09"E	35.44
L9	S18°48'14"W	25.48
L10	S04°47'28"W	12.21
L11	S03°23'18"E	19.36
L12	S13°23'46"E	18.28
L13	S21°04'31"E	16.51
L14	S30°12'07"E	20.53
L15	S39°05'18"E	22.36
L16	S46°14'41"E	41.59
L17	S45°48'52"E	21.31
L18	S37°04'18"E	45.21
L19	S32°18'25"E	33.07
L20	S20°26'38"E	27.35
L21	S09°20'46"W	22.15
L22	S20°44'28"W	9.91

I, WILLIAM F. ROLADER, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK A-42 PAGE 2389-2396); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ____ PAGE ____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 10,958; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 12th DAY OF SEPTEMBER, 20 22

WILLIAM F. ROLADER, REG. LAND SURVEYOR

L-2846

REGISTRATION NUMBER

I CERTIFY THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

WILLIAM F. ROLADER

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, REVIEW OFFICER OF _____ COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE

REVIEW OFFICER

GRAPHIC SCALE

(IN FEET)
1 inch = 50 ft.

NO N.C.G.S. CONTROL MONUMENT WITHIN 2,000 FEET

SURVEY FOR
JOHN GORDON GIBSON & JAMIE BREHM GIBSON

SCALE: 1" = 50'	2.91 ACRES	DRAWN BY: LGR
DATE: SEPT. 12, 2022		C.C. WJR

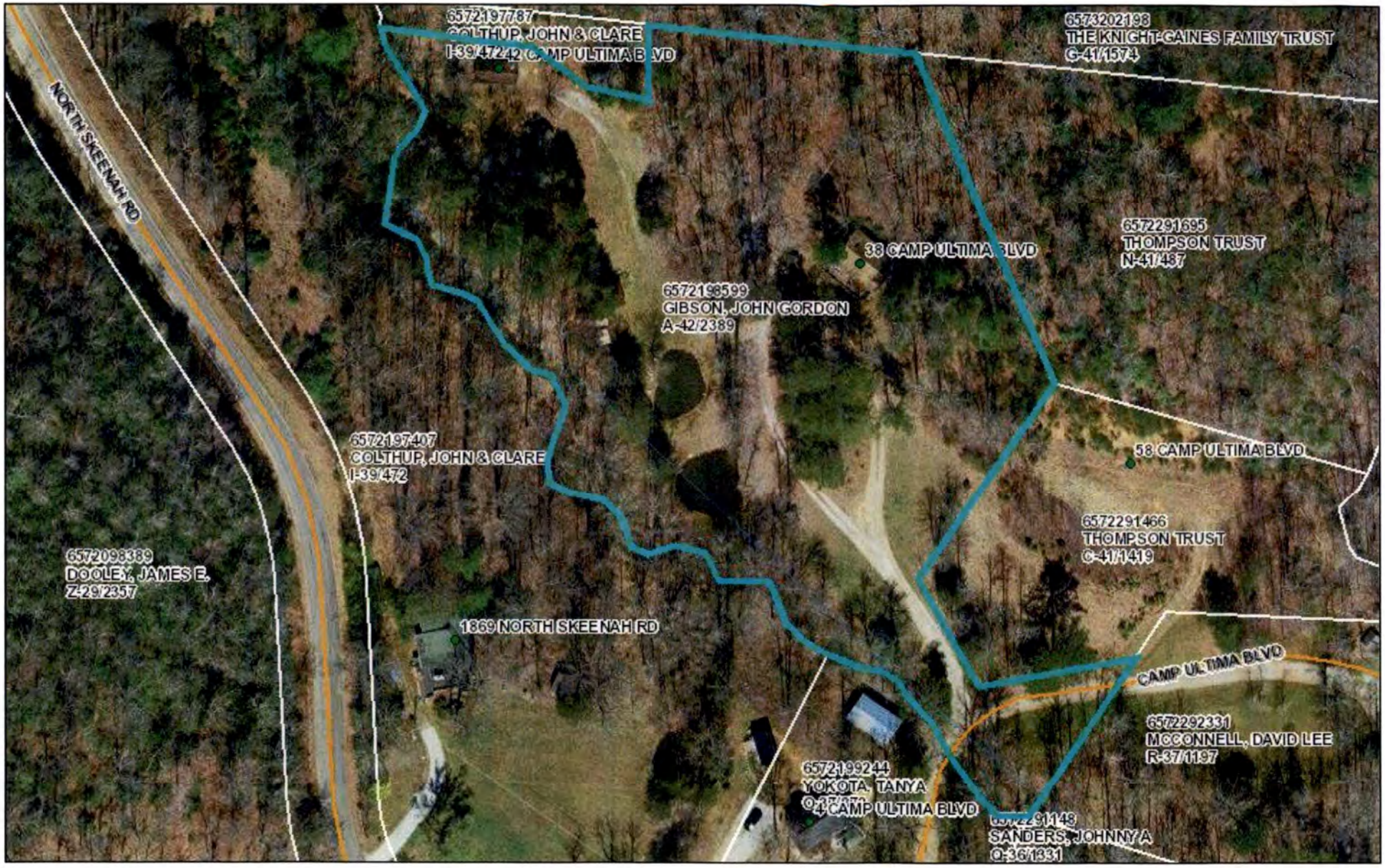
LOCATED IN FRANKLIN TOWNSHIP
MACON COUNTY, NORTH CAROLINA

APPALACHIAN SURVEYING COMPANY, INC. C-835
P.O.BOX 117
MOUNTAIN CITY,GEORGIA 30562 (706)746-2625

DRAWING NUMBER 22-387

pg 2 of 2 SITE PLAN

Macon County



October 17, 2022

1:1,084

0 0.0075 0.015 0.03 mi

0 0.0125 0.025 0.05 km

- Macon County Boundary

E911 Structures

- <all other values>
- CELL TOWER
- COMMERCIAL
- GOVERNMENT
- INSTITUTIION
- OTHER
- RELIGIOUS
- RESIDENTIAL
- SCHOOL
- Street Centerline

(Structure 1 of 2) 38 Camp Ultima Blvd (#1) Research

MACON COUNTY PUBLIC HEALTH CENTER

Franklin, North Carolina 28734

SUBSURFACE SEWAGE SYSTEM OPERATIONS PERMIT - TYPES II-IV

☒ New Installation ☐ Addition to Existing System ☐ Partial Repair ☐ 100% Repair

☒ Single family dwelling(s) 1 # ☐ Multi-family dwelling ☐ Commercial (type) _____

Total # bedrooms 2 Daily Flow: (Gallons per day): 240

Property Owner: JOHN & CLAIRE COLTHUP

Property Description: 441 S to BTLLE DOWDLE RD TO N. SKEENAH TO END (1869)

Township FRANKLIN Parcel ID Number 01 29532 Map Number 6572.01-19-5339

Type of System INFILTRATOR System Classification III/g

Septic Tank Size 1000g Pump Tank Size – Trench Bottom Depth 18-20" LTAR .045

Drinking Water Source: ☒ Individual Well/Spring ☐ Shared Well/Spring ☐ City ☐ Community

Future Repair Area Required ☐ Yes ☐ No Type of System for Future Repair 25% REDUCTION

Date Improvements Permit/Authorization to construct issued 04/10/01 Permit No. –

Installer DENNY LEDFORD Design Engineer – Project Number _____

Inspection Frequency: Health Dept. – Mgt. Entity – Mgt. Entity Reporting Frequency –

Cautions or Comments: –

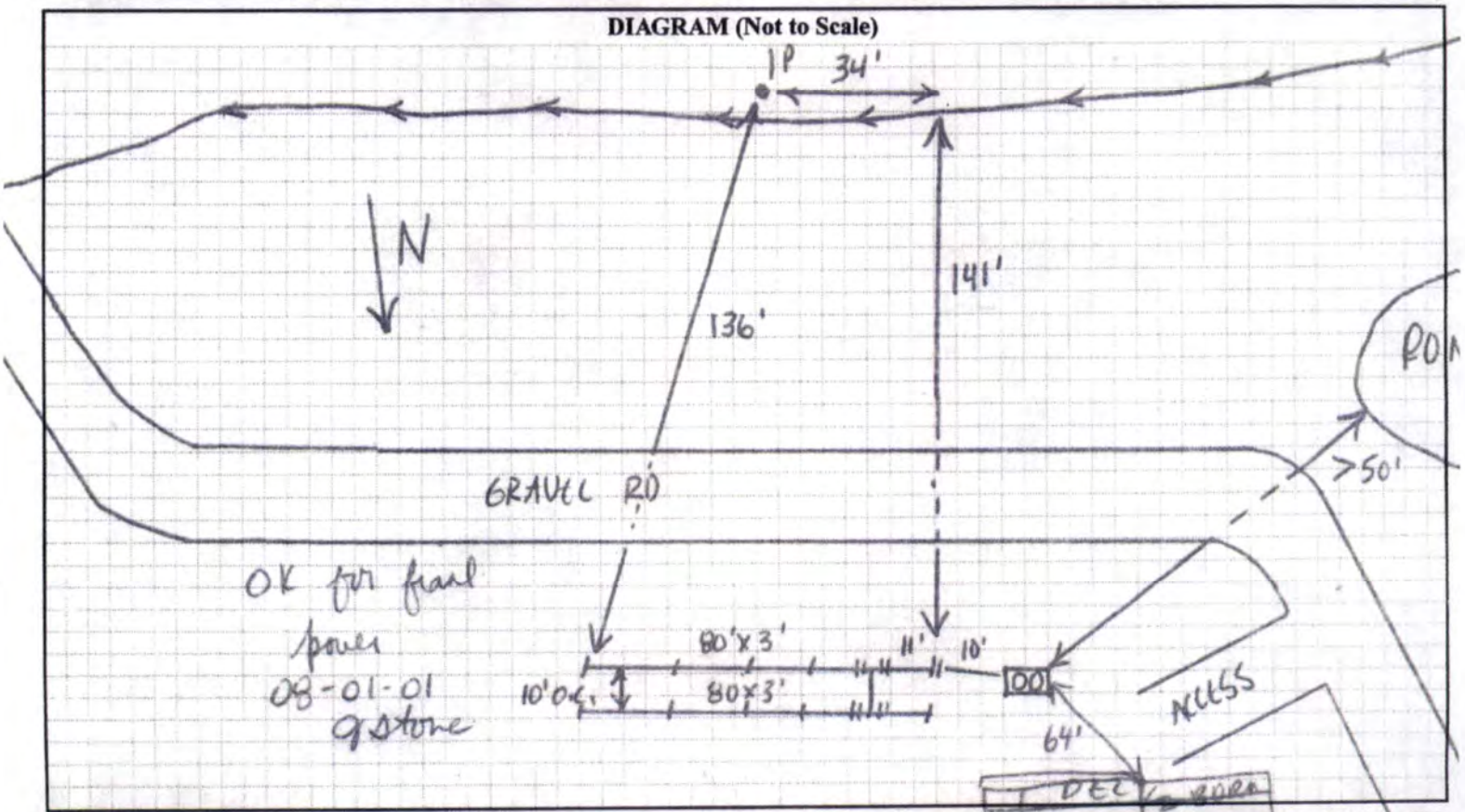
The following checked items are on file and are part of this Operations Permit:

☒ Application ☒ Improvement Permit ☒ Survey/Plat Map ☐ Engineer's Drawing

☐ Soil Data Sheet ☒ Authorization To Construct ☐ Map (Other) ☐ Zoning Permit

☐ Other _____

DIAGRAM (Not to Scale)



A representative of the Macon County Public Health Center has inspected this sewage disposal system and finds that it conforms to state guidelines. This permit is issued subject to all the provisions of the North Carolina Laws and Rules for Sewage Treatment and Disposal. **No person is permitted to make alterations to this system without the approval of an authorized Environmental Health Specialist.** This approval indicates that this system has been installed in compliance with the standards as set forth in the above regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time. **The area designated as "repair area" is required for future use and must remain undisturbed.**

05-06-01
Date Inspected

Jason Stone # 1798
Environmental Health Specialist

DRILL WELL

White-Owners's Copy Yellow-Health Dept. Copy Pink-Building Inspection Dept. Copy

(Structure: 1 of 2) 38 Camp Ultima Blvd (Bolthup, J.)

MACON COUNTY PUBLIC HEALTH CENTER

1830 Lakeside Drive - Suite #1 • Franklin, North Carolina 28734

☑ **IMPROVEMENT PERMIT**: This Improvement Permit is valid for 5 years (Expiration Date 04/10/06)

☑ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION:** This Authorization is valid for 5 years (Expiration Date 04/10/06)

☐ This authorization is for an addition to an existing wastewater system.

☐ **REPAIR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION:** ☐ Partial Repair ☐ 100% Repair
This Authorization is for the repair of an existing wastewater system and is valid for _____ days after the date of issue.

NOTE: Both an Improvement Permit and an Authorization for Wastewater System Construction are required prior to obtaining a building permit or other construction permits.

Applicant or Owner JOHN & CLAIRE COLTHUP

Township FRANKLIN Parcel ID# 01-29532 Map # 6572-01-19-5339 Acreage 24.98

Property Description 441 S TO BELLE DOWDLE TO N. SKEENAH ALMOST TO END (18

(✓) Residential # Bedrooms 2 ( ) Commercial (type) _____ # Employees —

Suitable Soil Depth 44" Suitable Saprolite Depth — Slope 10% Daily Flow 240 gpd LTAR .45

Type of System 25% REDUCTION TYPE System Classification IIIg

The Type of System Permitted ☐ Does ☐ Does Not Differ from the Type Specified on the Application

Total Nitrification Line Length 140' Trench Bottom Depth 20" Stone Under Line — Stone Over Line —

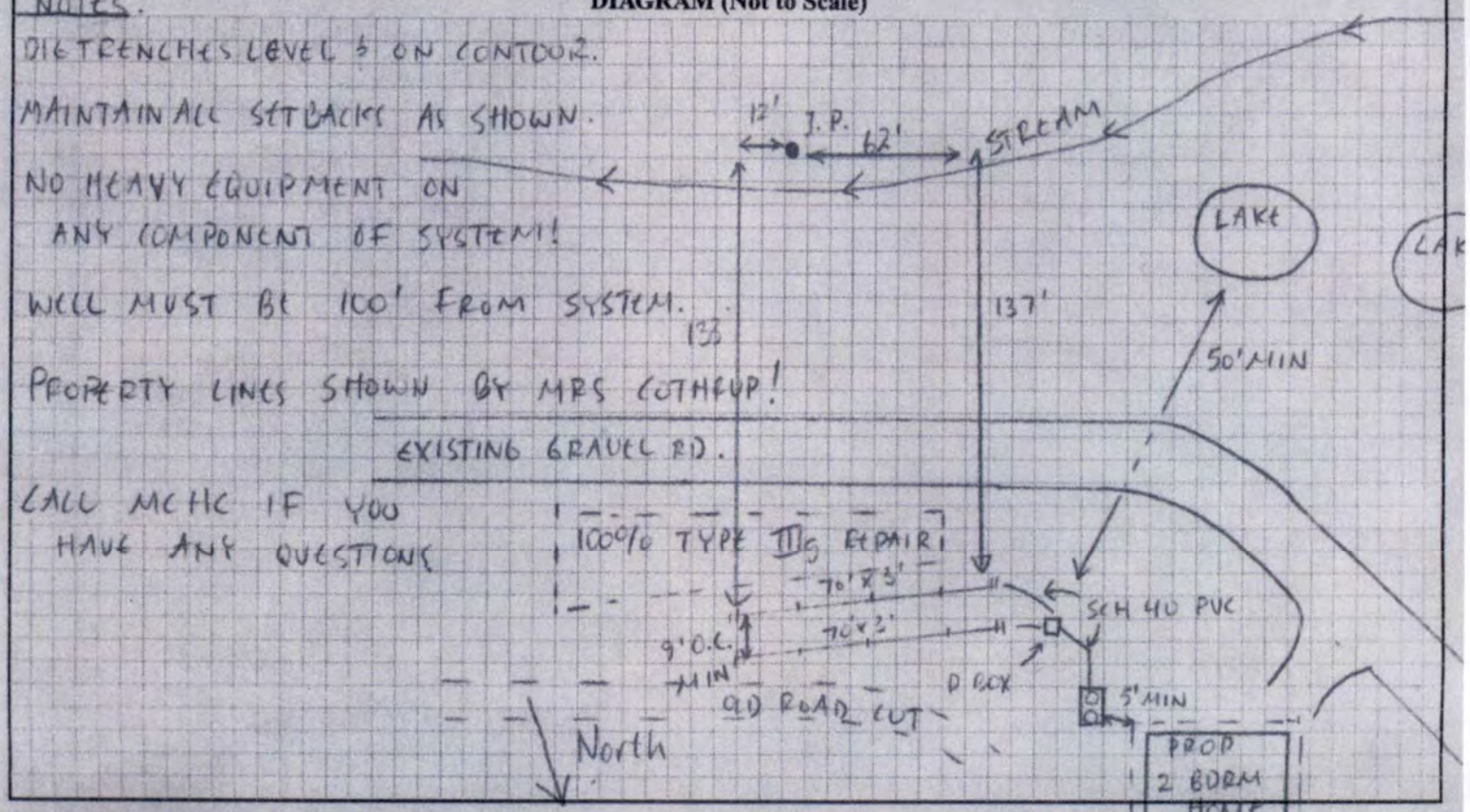
Total Nitrification Line Width 3' Septic Tank Size 1000 g Pump Tank Size —

Minimum horizontal distance between drinking water source and wastewater system 100'

NOTES:

* DIG TRENCHES LEVEL & ON CONTOUR.
* MAINTAIN ALL SETBACKS AS SHOWN.
* NO HEAVY EQUIPMENT ON ANY COMPONENT OF SYSTEM!
* WELL MUST BE 100' FROM SYSTEM.
* PROPERTY LINES SHOWN BY MRS COLTHUP!
* CALL MCHC IF YOU HAVE ANY QUESTIONS

DIAGRAM (Not to Scale)



This permit/authorization is subject to revocation if the site plan, plat, or intended use changes, is transferrable, and is subject to the provisions of the Laws and Rules for Sewage System Collection, Treatment, and Disposal of the North Carolina Administrative Code.

Date 04/10/01 Jason Stone Authorized State Agent

I have read, understand the requirements, and accept the specifications of this permit/authorization:

(Signature) _____ ☐ Owner ☐ Legal Representative Date _____

White-Owners's Copy Yellow-Building Inspections Dept. Copy Pink-Health Dept. Copy

(Structure 2 of 2) 42 Camp Ultima Blvd #1 Research

Macon County Public Health
(828) 349-2490 ♦ (828) 349-2592

OPERATIONS PERMIT (TYPES II-V)
SUBSURFACE SEWAGE TREATMENT SYSTEM

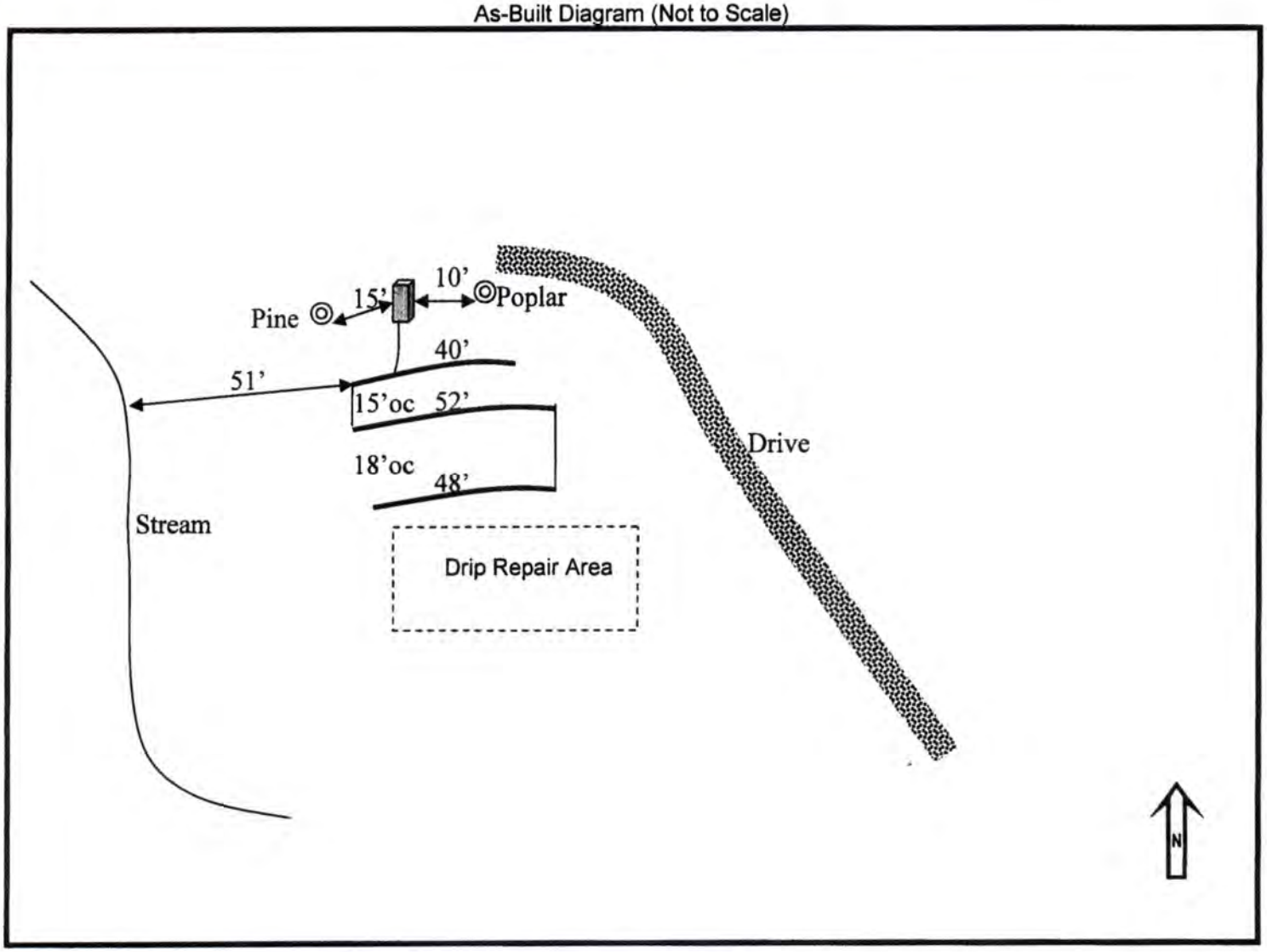
Permit for Application: 056606
Associated PDWW Permit: NA

LOCATION	Off Camp Ultima Blvd. and North Skeenah Rd.			PID# 0147298	ACRE 8
APPLICANT	John & Clara Colthup	DIRECTIONS	Georgia Rd>Belle-Dowdle>North Skeenah>Camp Ultima BLvd		
DESIGN	240 gallons per day	FACILITY	Residential		
FOUNDATION	Not specified	WATER SUPPLY	Existing Shared Well (off-site)	INSTALL. TYPE	New Construction

The following items are on file and part of this Permit: ☒GPS/GIS ☒Application ☒IP/CA ☒Soil Sheet ☒Map ☐ Plat Map ☐Engineer's Drawing

Comments:

As-Built Diagram (Not to Scale)



INSTALLED	Infiltrator Quick 4 (IQW4) - Gravity;Fill-to-cover			REPAIR	Drip Dispersal - Pump; TS-II		
Type IIa	Average Trench Depth: 14 (in)	LTAR: 0.45	Saprolite: No	Type V	Area: 1200 (ft²)	LTAR: 0.25	Saprolite: No
S. TANK	1000 gal	ID: BB-STB-805-1000		Date:	E. Filter: Zabel		
P. TANK	Not Req'd	ID: NA		Date: NA	Dosing Detail: NA		
TRENCH	Length: 140 (ft)	# of Lines: 3	DISTRIBUTION	Serial	WELL SETBACK	100 ft minimum	
INSTALLER	Scottie Stanley	Cert. # 1415	MONITORING	MCPH: NA	Mgt. Entity: NA	Reporting Freq.: NA	

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. System shall perform in accordance with Rule .1961. 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.

Inspection Date: **8/18/10** Charles Womack, REHS 1300 Charles Womack REHS *Auth. State Agent*

Final Inspection/ Issue Date: _____ _____ *Auth. State Agent*

142 Camp Ultima Blvd Colthup
(structure 2 of 2)

MACON COUNTY PUBLIC HEALTH CENTER

1830 Lakeside Drive • Franklin, North Carolina 28734

? Research

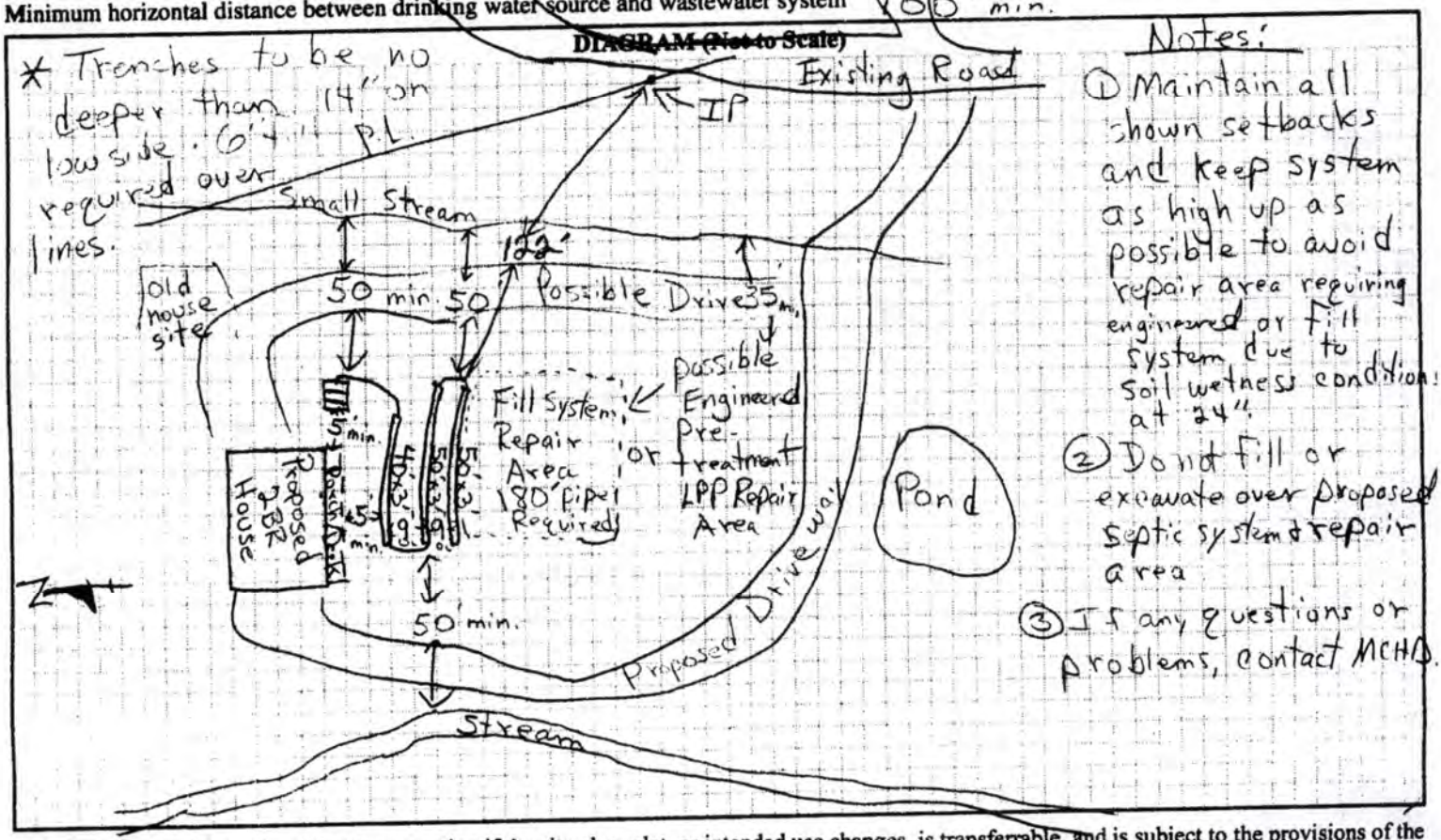
☒ **IMPROVEMENT PERMIT**: This Improvement Permit is valid for 5 years (Expiration Date 10/28/11)

☒ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**: This Authorization is valid for 5 years
(Expiration Date 10/28/11)
☐ This authorization is for an addition to an existing wastewater system.

☐ **REPAIR AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**: ☐ Partial Repair ☐ 100% Repair
This Authorization is for the repair of an existing wastewater system and is valid for _____ days after the date of issue.

NOTE: Both an Improvement Permit and an Authorization for Wastewater System Construction are required prior to obtaining a building permit or other construction permits.

Applicant or Owner John & Clara Colthup
Township Franklin Parcel ID# 0147298 Map # 6572.01-19-9517 Acreage 8
Property Description Off North Skeenah Rd. Before #1869
(X) Residential # Bedrooms 2 ( ) Commercial (type) — # Employees —
Suitable Soil Depth 30-36" Suitable Saprolite Depth — Slope 10 % Daily Flow 240 GPD LTAR .4 .45
Type of System 25 % Reduction (Shallow Placed) System Classification II
The Type of System Permitted ☐ Does ☐ Does Not Differ from the Type Specified on the Application
Total Nitrification Line Length 140' Trench Bottom Depth 14" LS Stone Under Line — Stone Over Line —
Total Nitrification Line Width 3' Septic Tank Size 1000 gal. Pump Tank Size —
Minimum horizontal distance between drinking water source and wastewater system 100' min.



This permit/authorization is subject to revocation if the site plan, plat, or intended use changes, is transferrable, and is subject to the provisions of the Laws and Rules for Sewage System Collection, Treatment, and Disposal of the North Carolina Administrative Code.

Date 10/28/06 Charles Womack RS Authorized State Agent

I have read, understand the requirements, and accept the specifications of this permit/authorization:
(Signature) x Clara Colthup ☑ Owner ☐ Legal Representative Date 11/08/06

White-Owners's Copy Pink-Health Dept. Copy

PAYMENT SUMMARY RECEIPT

MACON COUNTY
5 WEST MAIN STREET
FRANKLIN NC 28734

DATE: 10/17/22 CUSTOMER#: 000000000
TIME: 15:11
CLERK: tradecki

RECPT#: 189412 PREV BAL:
TP/YR: MS/2023 AMT PAID: 1188.00
BILL: ADJSTMNT:
EFF DT: 10/17/22 BAL DUE:
MISCELLANEOUS PAYMENT

----------TOTALS----------

PRINCIPAL PAID:	1188.00
INTEREST PAID:	.00
ADJUSTMENTS:	.00
DISC TAKEN:	.00
AMT TENDERED:	1188.00
AMT APPLIED:	1188.00
CHANGE:	.00

PAID BY: JAMIE B GIBSON
PAYMENT METH: CREDIT CARD
PAYMENT REF: 002642

(Franklin)

Macon County
Public Health

Septic and Well Application

You must prepare your site for the Environmental Health Specialist's visit by completing the checklist below. If your site is not prepared at the time of the EHS visit, your application will be placed at the end of the waitlist and you will need to pay $125 Revisit Fee before the site is revisited.

In order to process your application and make a site visit, the following must be completed and initialed:

Initials	
✓	Fill out all necessary fields on application form (the current property owner must sign the application or the Legal Representative Form, or a real estate contract can be provided).
✓	Complete site plan (see details below).
	Pay appropriate fee.
	If you have a closing date, provide a copy of the relevant information from the real estate contract so that we can attempt to visit the site prior to the expiration of the due diligence date. **Dates must be 4 weeks or more.** _____ Date of Due Diligence
✓	The property corners and lines are easily identifiable.
✓	The area in which the septic system and/or well is to be located is free from underbrush or foliage so that a person can reasonably walk unimpeded or be able to see the whole area clearly.
✓	Any planned buildings or improvements must be marked on the property.

Site plan instructions:

Initials	
✓	If you have a copy of the current plat or survey, please include with your application.
✓	Show the dimensions of the property clearly indicating the property lines.
✓	Show the proposed location and approximate dimensions of the house using setbacks from property lines or other fixed reference points.
✓	Show the preferred driveway location.
✓	Show the area you would prefer your septic system and/or well to go in.
✓	Show any future improvements, such as garages, workshops, swimming pools, etc.
✓	Show the location of any known septic systems or wells on your property or, if within 100 feet, on any neighboring property.
✓	Show the location of any surface waters on the property.
✓	Show the location of any easements or right of ways on the property.
✓	Show the location of any designated wetlands on the property.

Applicant Signature Jami Crom Date 10-11-2022

(Office Only) Reviewed: _____

1. EMAILED 1/30/2023 TLR

2. EMAILED 1/27/2023 TRABY