



# OPERATION PERMIT

Madison County Health Department  
5707 US Hwy 25  
Marshall, NC 28753  
Phone: 828-649-9598 FAX: 828-649-9370

For Office Use Only

CDP File Number: 399565 - 1

PIN Number: 9747-23-5288

Evaluated For: REPAIR

Township: \_\_\_\_\_

Applicant: Pamela M Alexander

Address: 212 Gabriel's Creek Road

City: Mars Hill

State/Zip: NC 28754

Phone #: (828) 243-5662

Property Owner: Pamela M Alexander

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City: Mars Hill

State/Zip: NC 28754

Phone #: (828) 243-5662

## Property Location & Site Information

Address: Mars Hill, NC 28754

Road #: 212 Gabriel's Creek Road Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot: \_\_\_\_\_

Township: \_\_\_\_\_ **Directions**

Structure: SINGLE FAMILY

Travel 213E towards Mars Hill, take right onto Gabriel's Creek Road, on right first house on the right behind.

# of Bedrooms: 2

# of People: 4

Water Supply: NEW WELL

IP Issued by: 1408 - LIST, JAMIE

System Classification/Description:

CA issued by: 1408 - LIST, JAMIE

TYPE III F. 10' LARGE DIAMETER PIPE SYSTEM

Design Flow: 240

Saprolite System? No

Soil Application Rate: .4

Pump Required? Yes

Distribution Type: PUMP TO GRAVITY

Pre-Treatment: \_\_\_\_\_

## Drain field

Nitrification Field: 670 Sq. Ft.

System Type LARGE DIAMETER PIPE 10in.

No. Drain Lines: 3 ft.

Installer: Rodney Lisenbee

Total Trench Length: 270

Certification #: \_\_\_\_\_

Trench Spacing: 06 - 00 Feet O.C.

EHS 1408 - LIST, JAMIE

Trench Width: 00 - 18 Inches

Date: 03/19/2024

Aggregate Depth: 0 inches

Minimum Trench Depth: 18 Inches

Minimum Soil Cover: 6 Inches

Maximum Trench Depth: 24 Inches

Maximum Soil Cover: 12 Inches

## **Approval Status**

Approved

**Septic Tank**

Manufacturer:	<u>Infiltrtor</u>	Lat:	<u></u>
STB:	<u></u>	Long:	<u></u>
Gallons:	<u>1000</u>	Installer:	<u>Rodney Lisenbee</u>
Date:	<u></u>	Certification #:	<u></u>
Filter Brand:	<u>TUF-TITE EF-4</u>	EHS:	<u>1408 - LIST, JAMIE</u>
ST Marker:	<u>Yes</u>	Date:	<u>03/19/2024</u>
Reinforced Tank:	<u>Yes</u>		
1 Piece Tank:	<u>No</u>		

**Approval Status**  
Approved

**Pump Tank**

Manufacturer:	<u>Infiltrator</u>	Installer:	<u>Rodney Lisenbee</u>
PT:	<u></u>	Certification #:	<u></u>
Gallons:	<u>1250</u>	EHS:	<u>1408 - LIST, JAMIE</u>
Date:	<u></u>	Date:	<u>03/19/2024</u>
Riser Sealed	<u>Yes</u>		
Riser Height:	<u>Yes</u>	(Min. 6 in.)	
Reinforced Tank:	<u>Yes</u>		
1 Piece Tank:	<u>No</u>		

**Approval Status**  
Approved

**Supply Line**

Pipe Size:	<u>2</u>	inch diameter	Installer:	<u>Rodney Lisenbee</u>
Pipe Length:	<u>450</u>	feet	Certification #:	<u></u>
Schedule:	<u>40</u>		EHS:	<u>1408 - LIST, JAMIE</u>
Pressure Rated	<u>Yes</u>		Date:	<u>03/19/2024</u>
Approved fittings	<u>Yes</u>			

**Approval Status**  
Approved

**Pump Requirement**

Pump Type:	<u></u>	Installer:	<u></u>	
Dosing Volume:	<u></u>	Gal	Certification #:	<u></u>
Draw Down:	<u></u>	Inches	EHS:	<u>1408 - LIST, JAMIE</u>
Chain:	<u>ROPE</u>		Date:	<u>03/19/2024</u>
Valves Accessible	<u>Yes</u>			
Flow Adjustment Valve	<u>Yes</u>			
Check-valve	<u>Yes</u>			
PVC Unions	<u>Yes</u>			
Vent Hole	<u>Yes</u>			
Anti-siphon Hole	<u>Yes</u>			

**Approval Status**  
Approved

**Electric Equipment**

NEMA 4X Box or Equivalent	<u>Yes</u>	Installer:	<u></u>
Box 12 inches Above Grade	<u>Yes</u>	Certification #:	<u></u>
Box Adj. To Pump Tank	<u>Yes</u>	EHS:	<u></u>
Conduit Sealed	<u>Yes</u>	Date:	<u></u>
Pump Manually Operable	<u>Yes</u>		
Activation Method:	<u></u>		
Alarm Audible	<u>Yes</u>		
Alarm Visible	<u>Yes</u>		

**Approval Status**  
Approved

Operation Permit completed by: Authorized State Agent: 1408 - LIST, JAMIE Date of Issue: 03/19/2024Owner/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 F. sewage septic system.

Rule .1301. requires that a Type TYPE III F. septic system meet the following criteria:Minimum System Review By The Local Health Department: N/AManagement Entity: OWNER

Minimum System Inspection/Maintenance Frequency By Certified Operator:

N/AReporting Frequency By Certified Operator: N/A