

Parcel ID#
 COUNTY PIN#: 0637-00-38-0913 APPLICATION#: _____ FEE: _____ RECEIPT#: _____ CDP #: _____

- New well *12 digits*
- Re-Evaluation *Septic*
- Addition/Expansion
- Non-Residential

RUTHERFORD-POLK-McDOWELL
HEALTH DISTRICT
 APPLICATION FOR ONSITE WATER PROTECTION SERVICES
 County: R P M

- Septic and Well IP CA
- Septic only IP CA
- Well Only IP CA
- Water Sample

Applicant/Legal Agent: Same As Below (Legal Agent Verification Document Required)
 Applicant Current Mailing Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax #: _____
 Current Property Owner: Craig E Duff Phone #: 713-688-5170
 Current Property Owner Mailing Address: 1039 Thornton Rd City: Houston State: TX Zip: 77018
 Contact Person/Agent Name & Phone#: _____
 Property Location/Address: 9110 Address 4 Berry Lane City: Black Mountain State: NC Zip: 28711
 Subdivision: Creston Lot: C-9 Phase: 1 Gate Code: X2110
 Directions to Property: Mt. Hebrew Rd., TR into devpt, go to gazebo + take rd. furthest left (Hard Turn), is Kalmia, to end on left, just past Berry Lane

1	Water Supply: <input checked="" type="checkbox"/> Private Well <input type="checkbox"/> Multi-Connection Private <input type="checkbox"/> Public/Community <input type="checkbox"/> Spring <input type="checkbox"/> Other: _____
2	Facility Type: <input checked="" type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular <input type="checkbox"/> Other: _____ Lot Size: <u>2.08</u> acres Basement: <input type="checkbox"/> Y <input type="checkbox"/> N With Plumbing: <input type="checkbox"/> Y <input type="checkbox"/> N Garbage Disposal: <input type="checkbox"/> Y <input type="checkbox"/> N No. of Bedrooms: _____ No. of Occupants: _____
3	Food Service: <input type="checkbox"/> Y <input type="checkbox"/> N No. of Employees: _____ No. of Seats: _____ Dining Room (ft ²): _____ Kitchen (ft ²): _____
4	Non-Residential / Commercial: <input type="checkbox"/> Y <input type="checkbox"/> N Maximum No. of Employees: _____ Shifts: _____ Building (ft ²): _____ Type of Business: _____ Please Fill Out The Additional Required Questionnaire
5	Will wastewater, other than domestic sewage, be generated on-site? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, Gallons Per Day? _____ Describe? _____ Does the property contain previously identified jurisdictional wetlands? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Is the site subject to approval by other public agencies? <input type="checkbox"/> Y <input type="checkbox"/> N List: _____ Is the property subject to any easements or right of ways? <input type="checkbox"/> Y <input type="checkbox"/> N List: _____ Do you have a preferred on-site sewage system type? <input type="checkbox"/> Y <input type="checkbox"/> N List: 1. _____ 2. _____ 3. _____
6	Do you have, or know of, any underground storage tanks, heating oil tanks, wells, septic systems, or surface waters on surrounding properties or near the property? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If Yes, please describe: _____
7	Well Location: _____ Power Available: <input type="checkbox"/> Y <input type="checkbox"/> N Well Covered: <input type="checkbox"/> Y <input type="checkbox"/> N Outside Faucet Location: _____ Filtration System: <input type="checkbox"/> Y <input type="checkbox"/> N Water Softener: <input type="checkbox"/> Y <input type="checkbox"/> N Water Sample Requested: <input type="checkbox"/> Inorganic Chemical <input type="checkbox"/> Nitrate/Nitrite <input type="checkbox"/> Petroleum <input type="checkbox"/> Pesticide <input type="checkbox"/> Well Kit Date Sampled: _____ <input type="checkbox"/> Other: _____
8	Change of Use? (ex. from 2 BR to 3 BR)/Comments: _____

BEFORE THIS SITE CAN BE EVALUATED, THE FOLLOWING MUST BE COMPLETED

- (1) A survey plat or site plan of the site must accompany this application showing the following drawn on it: the proposed building (including decks, porches & garages), driveway, water supplies, surface waters, easements, right of ways, and other features. [Health Department Use Only / Site Plan Complete: Y N Initials: _____]
- (2) Property lines and proposed home-site / building site corners must be clearly field marked on the site, with furnished ribbons.
- (3) Property must be reasonably clear of undergrowth or obstacles that prohibit a thorough site evaluation.
- (4) Please display the orange Health Department sign in a visible spot at a roadside on the property to aid in site location.
- (5) Site considerations may be affected by other ordinances, i.e.: flood plain or watershed, zoning, planning board restraints, restricted land use, etc., and the building inspector should be contacted prior to the health department evaluation to see if any ordinances are applicable.

The undersigned person hereby agrees that he/she has read the foregoing application and that the contents of the same are true as submitted. Any alteration of the site or soil conditions, changes to the proposed facility to be served, or submission of false information with this application may subject the improvement permit to suspension or revocation procedures. I understand that this is a formal application for on-site water protection services and authorize the Rutherford-Polk-McDowell District Health Department to enter this property for evaluation and inspection purposes.

A re-visit fee will be applied to the application if the requested services cannot be performed upon the initial visit due to incomplete preparation for the visit by the applicant, i.e. no power to well, site not marked, property overgrown. On-site Water Protection Permits are valid for 5 years from date of issue. The application fee is non-refundable should the site be found unsuitable and the permit is denied. The Application is not complete without a valid site plan and payment for services.

Applicant / Owner / Legal Agent: Craig E Duff Date: 11/21/09

RECEIVED NOV 24 2009

Exhibit A

Buyers Initials CD DO

Sellers Initials _____

CATAWBA FALLS, LLCs
D.B. 688, PG. 242

