( ) Suitable
(X) Provisionally Suitable
( ) Upgrading of Existing System
( ) Repair of Existing System

WARREN COUNTY HEALTH DEPARTMENT

540 W. Ridgeway St.
Warrenton, N. C. 27589
Phone (919) 257-1185
(919)257-1538

Fee 35.00
Paid 3-7-90 88
Parcel ID# _____

(X) IMPROVEMENT PERMIT
( ) OPERATION PERMIT

Owner JOSEPH VALENTINE Phone 257-3324 (D.W. Cooper builder)

Address 85 BOYTON ST NEWARK NJ 07106

Subdivision Name — Lot # _____ Block # _____ Sect. # _____

Directions To Lot (RPR#) Hwy 158 to Macon, T/R on to SR 1500 just past Hathcocks Store. Lot is approx 3/4 mile on right

Land Use HOUSE No. of Bedrooms 3 No. of People 2

Water Supply PRIVATE WELL Distance From Well And/Or Water Lines 100'/10'

Well Installed aT Time Of Inspection ☐ Yes ☐ Nc Distance From Septic Tank System _____

Design Daily Flow Of Sewage 360 Gallons Kitchen Garbage Grinder No Other —

Septic Tank Capacity 1,000 Gallons Nitrification Field 900 Square Feet

Maximum Trench Depth 36" on "upper" line Inches Artificial Drainage Required _____ (If YES see attached plan) 24" on lowest line

OPERATION PERMIT CRITERIA:

Pump Size _____

Size of effluent pump chamber _____

High water alarm system installed _____

*See attached plan for additional information on low pressure pipe system.

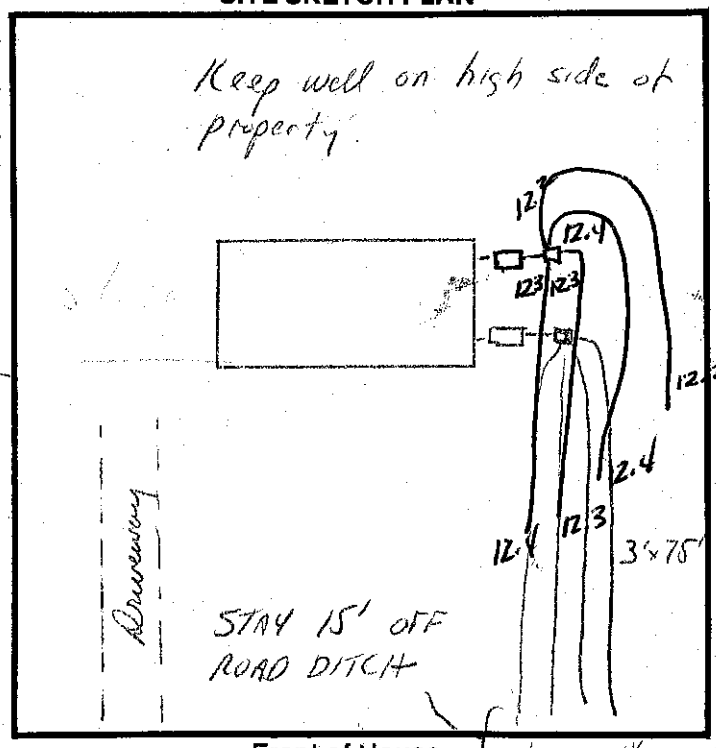
Alarm circuit independent of pump circuit _____

Pump access riser installed _____

Distribution device properly installed _____

DO NOT LANDSCAPE LOT BEFORE HEALTH DEPARTMENT APPROVAL. DO NOT LOCATE DRIVEWAYS, PARKING AREAS, OR OTHER BUILDINGS OVER SEPTIC TANK SYSTEM, GRADE OVER SEPTIC TANK SYSTEM TO PREVENT PONDING OF SURFACE WATER.

SITE SKETCH PLAN



COMMENTS _____

The Septic Tank System and any other improvements that are made shall be installed as shown in the Site Sketch Plan. No changes shall be made without approval from the Health Department.

Any variations from the conditions and requirements previously described will void this permit. This permit shall be valid for 36 months from the date of issue. This is an official document. Please retain with other valuable papers.

DATE 3-7-90 SANITARIAN Marion J Bittle, RS

DATE _____ SANITARIAN _____

CERTIFICATE OF COMPLETION

CONTRACTOR: _____

NOTE: The Septic Tank, nitrification and drain lines must be inspected by a representative of the Health Department before they are covered.

The signing of this certificate shall indicate that this system has been installed in compliance with the current law & rules for sanitary sewage collection, treatment and disposal set forth in Article 11 of General Statute 130A. Section .1900 of the North Carolina Administrative Code Title 10, Department of Human Resources Chapter 10 Health Services. Environmental Health subchapter 10A Sanitation and shall in no way be a guarantee that the septic tank system will function satisfactorily for any given period of time.

YELLOW — HEALTH DEPT. COPY