

OPERATION PERMIT

Carteret County Health Department
 Environmental Health Division
 3820 Bridges St. Suite A
 Morehead City, NC 28557
 Phone: 252-728-8499 Fax: 252-222-7753

For Office Use Only

*CDP File Number 304003 - 2
 County ID Number: 631600414362000
 Evaluated For: NEW

Applicant: Salt Creek Holdings LLC c/o Ray Murdoch
 Address: 505 Crestwood Dr.
 City: Newport
 State/Zip: NC/ 28570
 Phone #: (252) 223-2229 (252) 725-1226

Property Owner: Salt Creek Holdings LLC c/o Ray Murdoch
 Address: 505 Crestwood Dr.
 City: Newport
 State/Zip: NC/ 28570
 Phone #: (252) 223-2229 (252) 725-1226

Property Location & Site Information

Address/Road #: NC Hwy 24 to end of Henderson Drive Newport, NC 28570
 Subdivision: SALT CREEK (refer to 337658) Phase: NEW
 Lot: 69
 Structure: SINGLE FAMILY
Directions na
 # of Bedrooms: 4
 # of People: 8
 *Water Supply: PUBLIC

*IP Issued by: 0 - Schoen, Skyler

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*CA Issued by: 2584 - Chris, Barfield

*Distribution Type: PRESSURE MANIFOLD

Design Flow: 480

*Pre-Treatment: N/A

Soil Application Rate: 1.000

Drain field

Nitrification Field 720 Sq. ft.

*System Type: INFILTRATOR QUICK4 PLUS LOW PROFILE

No. Drain Lines 6

Installer: Courtney Walger

Total Trench Length: 40 ft.

Certification #: 1177

Trench Spacing: 3 - _____

- Inches O.C.
- Feet O.C.
- Inches
- Feet

*EHS: 1602 - Kelly, Wendy

Trench Width: 18 - _____

Date: 12/22/2021

Aggregate Depth: 8 inches

Minimum Trench Depth: 8 Inches

Minimum Soil Cover: 6 Inches

Maximum Trench Depth: 8 Inches

Approval Status

Approved Disapproved

Maximum Soil Cover: _____ Inches

Septic Tank

Manufacturer: Sunland Lat:
 STB: 134 Long:
 Gallons: 1000 Installer: Courtney Walger
 Date: 11/08/2021 Certification #: 1177
 *Filter Brand: POLYLOK PL-68 *EHS: 1602 - Kelly, Wendy
 ST Marker: Yes No Date: 03/16/2022
 Reinforced Tank: Yes No
 1 Piece Tank: Yes No

Approval Status
 Approved Disapproved

Pump Tank

Manufacturer: Sunland Installer: Courtney Walger
 PT: 244 Certification #: 1177
 Gallons: 1000 *EHS: 1602 - Kelly, Wendy
 Date: 02/04/2021 Date: 03/16/2022
 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:
 Date:
 Pressure Rated Yes No
 Approved fittings Yes No

Approval Status
 Approved Disapproved

Pump Requirement

Pump Type: Barnes 1/2 hp Installer: Courtney Walger
 Dosing Volume: Gal Certification #: 1177
 Draw Down: Inches *EHS: 1602 - Kelly, Wendy
 *Chain: ROPE Date: 03/16/2022
 Valves Accessible: Yes No N/A
 Flow Adjustment Valve: Yes No N/A
 Check-valve: Yes No N/A
 PVC Unions: Yes No N/A
 Vent Hole: Yes No N/A
 Anti-siphon Hole: Yes No N/A

Approval Status
 Approved Disapproved

Electric Equipment

NEMA 4X Box or Equivalent Yes No N/A

Box 12 inches Above Grade Yes No N/A

Box Adj. To Pump Tank Yes No N/A

Conduit Sealed Yes No N/A

Pump Manually Operable Yes No N/A

*Activation Method: HOA

Alarm Audible Yes No N/A

Alarm Visible Yes No N/A

Installer: Courtney Walger

Certification #: 1177

*EHS: 1602 - Kelly, Wendy

Date: 3/16/2022 12:00:00AM

Approval Status

Approved Disapproved

*CDP File Number 304003 - 2

County File Number: 631600414362000

*Operation Permit completed by: 1602 - Kelly, Wendy

Date of Issue: 03/18/2022

Authorized State Agent: Wendy Kelly RDS

Owner/Applicant: _____

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 B. sewage septic system.

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

Minimum System Review By The Local Health Department: 5 YRS.

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

Total Time: (HH:MM)

System Final Inspection Log

Drain Field

*CDP File Number 304003 - 2

County File Number: 631600414362000

Septic Tank

Pump Tank

Supply Line

Pump Requirements

Electrical Equipment

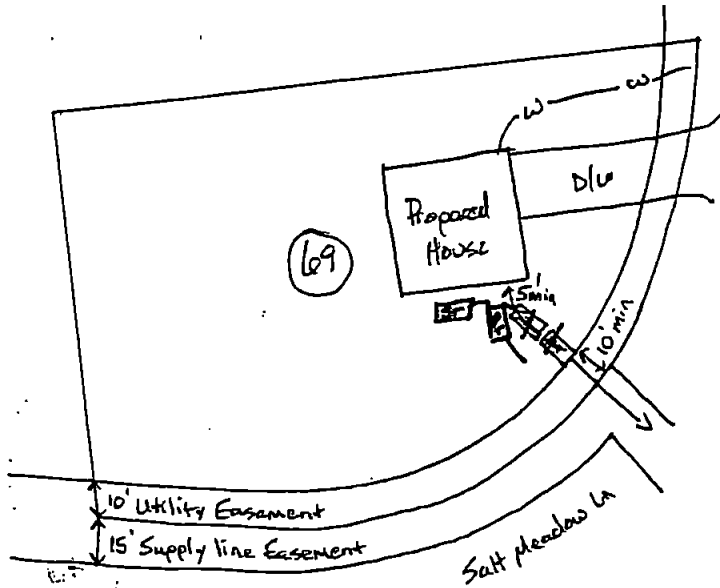
CONSTRUCTION AUTHORIZATION

CDP File Number: 204003-2

County File Number: 631600414362

Date: 6/24/2021

Click below to import an image from an external location: Drawing Type:



*Installation shall be in accordance with plans submitted by The Cullipher Group + approved by this office

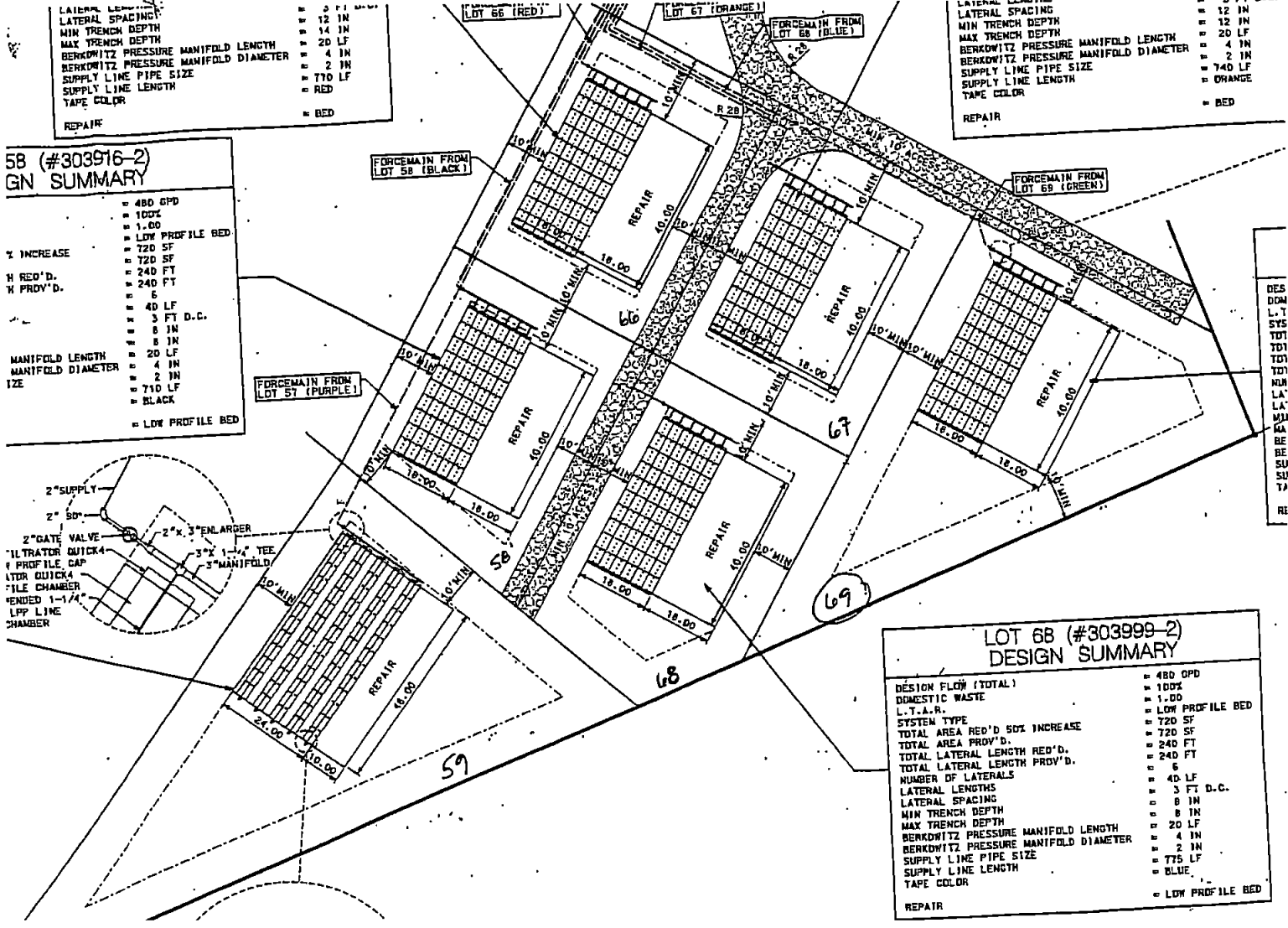
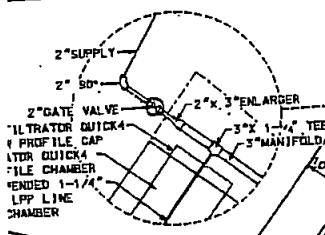
12/22/21 W/C
Atlantic On-site installed drainfield
18'x40' Bed Low profile Chambers
** missing 3 manifold valves (will leave open \$100 check)

LATERAL LENGTH	= 3 FT
LATERAL SPACING	= 12 IN
MIN TRENCH DEPTH	= 14 IN
MAX TRENCH DEPTH	= 20 LF
BERKOWITZ PRESSURE MANIFOLD LENGTH	= 4 IN
BERKOWITZ PRESSURE MANIFOLD DIAMETER	= 2 IN
SUPPLY LINE PIPE SIZE	= 7/8 LF
SUPPLY LINE LENGTH	= RED
TAPE COLOR	= BED
REPAIR	= BED

LATERAL LENGTH	= 3 FT
LATERAL SPACING	= 12 IN
MIN TRENCH DEPTH	= 12 IN
MAX TRENCH DEPTH	= 20 LF
BERKOWITZ PRESSURE MANIFOLD LENGTH	= 4 IN
BERKOWITZ PRESSURE MANIFOLD DIAMETER	= 2 IN
SUPPLY LINE PIPE SIZE	= 7/8 LF
SUPPLY LINE LENGTH	= ORANGE
TAPE COLOR	= BED
REPAIR	= BED

**58 (#303916-2)
GN SUMMARY**

DESIGN FLOW	= 480 GPD
DOMESTIC WASTE	= 100%
L.T.A.R.	= 1.00
SYSTEM TYPE	= LOW PROFILE BED
TOTAL AREA RED'D 50% INCREASE	= 720 SF
TOTAL AREA PROV'D.	= 240 SF
TOTAL LATERAL LENGTH RED'D.	= 240 FT
TOTAL LATERAL LENGTH PROV'D.	= 240 FT
NUMBER OF LATERALS	= 6
LATERAL LENGTH	= 40 LF
LATERAL SPACING	= 3 FT D.C.
MIN TRENCH DEPTH	= 8 IN
MAX TRENCH DEPTH	= 8 IN
BERKOWITZ PRESSURE MANIFOLD LENGTH	= 20 LF
BERKOWITZ PRESSURE MANIFOLD DIAMETER	= 4 IN
SUPPLY LINE PIPE SIZE	= 2 IN
SUPPLY LINE LENGTH	= 7/8 LF
TAPE COLOR	= BLACK
REPAIR	= LOW PROFILE BED



**LOT 68 (#303999-2)
DESIGN SUMMARY**

DESIGN FLOW (TOTAL)	= 480 GPD
DOMESTIC WASTE	= 100%
L.T.A.R.	= 1.00
SYSTEM TYPE	= LOW PROFILE BED
TOTAL AREA RED'D 50% INCREASE	= 720 SF
TOTAL AREA PROV'D.	= 240 SF
TOTAL LATERAL LENGTH RED'D.	= 240 FT
TOTAL LATERAL LENGTH PROV'D.	= 240 FT
NUMBER OF LATERALS	= 6
LATERAL LENGTH	= 40 LF
LATERAL SPACING	= 3 FT D.C.
MIN TRENCH DEPTH	= 8 IN
MAX TRENCH DEPTH	= 8 IN
BERKOWITZ PRESSURE MANIFOLD LENGTH	= 20 LF
BERKOWITZ PRESSURE MANIFOLD DIAMETER	= 4 IN
SUPPLY LINE PIPE SIZE	= 2 IN
SUPPLY LINE LENGTH	= 7/8 LF
TAPE COLOR	= BLUE
REPAIR	= LOW PROFILE BED

DES
DIM
L.T
SYS
TOT
TOT
TOT
TOT
LA
LA
MU
MA
BE
SU
SU
TA