

BRUNSWICK COUNTY HEALTH DEPARTMENT

DATE REC:

FILE NO.: **1989024548A**

ZONING:

Linda Bonskowski

217MA129

REC. FROM

AMT. PAID

TAX PARCEL

3275 Island Dr. SE

Bolivia

NC

28422

5402475592

ADDRESS

CITY

STATE

ZIP CODE

PHONE

**BONSKOWSKI RICHARD F ETUX BONSKOWSKI
LINDA D**

CURRENT PROPERTY OWNER

LOT

BLOCK

SECTION

PROPERTY LOCATED TOWN/CITY/AREA: **BRUNSWICK COUNTY** SUBDIVISION:

DIRECTIONS: **3275 ISLAND DR SE 28422 -**

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

NEW: _____ REVISION: _____ RELOCATION: _____ REPAIR:

Design Flow: 480 gpd Septic Tank Size: 1000 gal Type: 3-G

No. Bedrooms: 4 No. occupants/employees 8 Max CHAMBERS

Trench/Bed Bottom Depth: 30" Inches: * CALL HEALTH DEPARTMENT IF DEEPER TRENCHES ARE NEEDED W/ EXISTING TANK

No. Lines: 3 Length Each: 40' Bed Dimensions: N/A

Fill Check: N/A Date Approved: N/A Authorized Agent

See the attached Site Plan for the wastewater system location

NOTES
1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. Maintain all setbacks distances for septic tank systems and wells.
3. All components of the septic systems shall be located 100 feet from well.
4. An "Accepted" system may be used in the place of a "conventional" system.

PERMIT ISSUE DATE: 2/8/21

Permit Expiration Date: 2/8/26

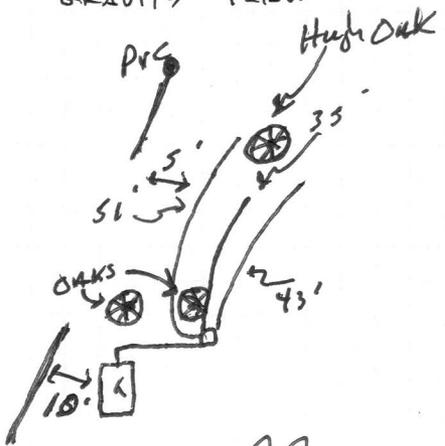
Authorized Agent: [Signature]

Registration: 2611

NOTE: PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.

25% REDUCTION TAKEN. NO ADDITIONAL REDUCTION ALLOWED

- MAINTAIN GRAVITY FLOW



Waste Water System Installer: Jimmy Hovell Date: 3-24-2021

Comments: (tank info/ barrier approved) QST-1000

Rock: _____ Polystyrene Aggregate _____ Chamber: Other: _____

OPERATION PERMIT: [Signature] Date: 3-24-2021

Actions of local health department representatives or the State engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. This insurance of its permit does not preclude the Permittee from complying with any and all statutes, rules and regulations or ordinances which may be imposed by other government agencies (local state, and federal) which have jurisdiction.



Brunswick County Health Services

25 Courthouse Drive N.E., Post Office Box 9
Bolivia, North Carolina 28422-0009
910-253-2250 1-888-428-4429



David M. Stanley III, Executive Director
Health and Human Services Agency

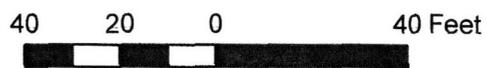
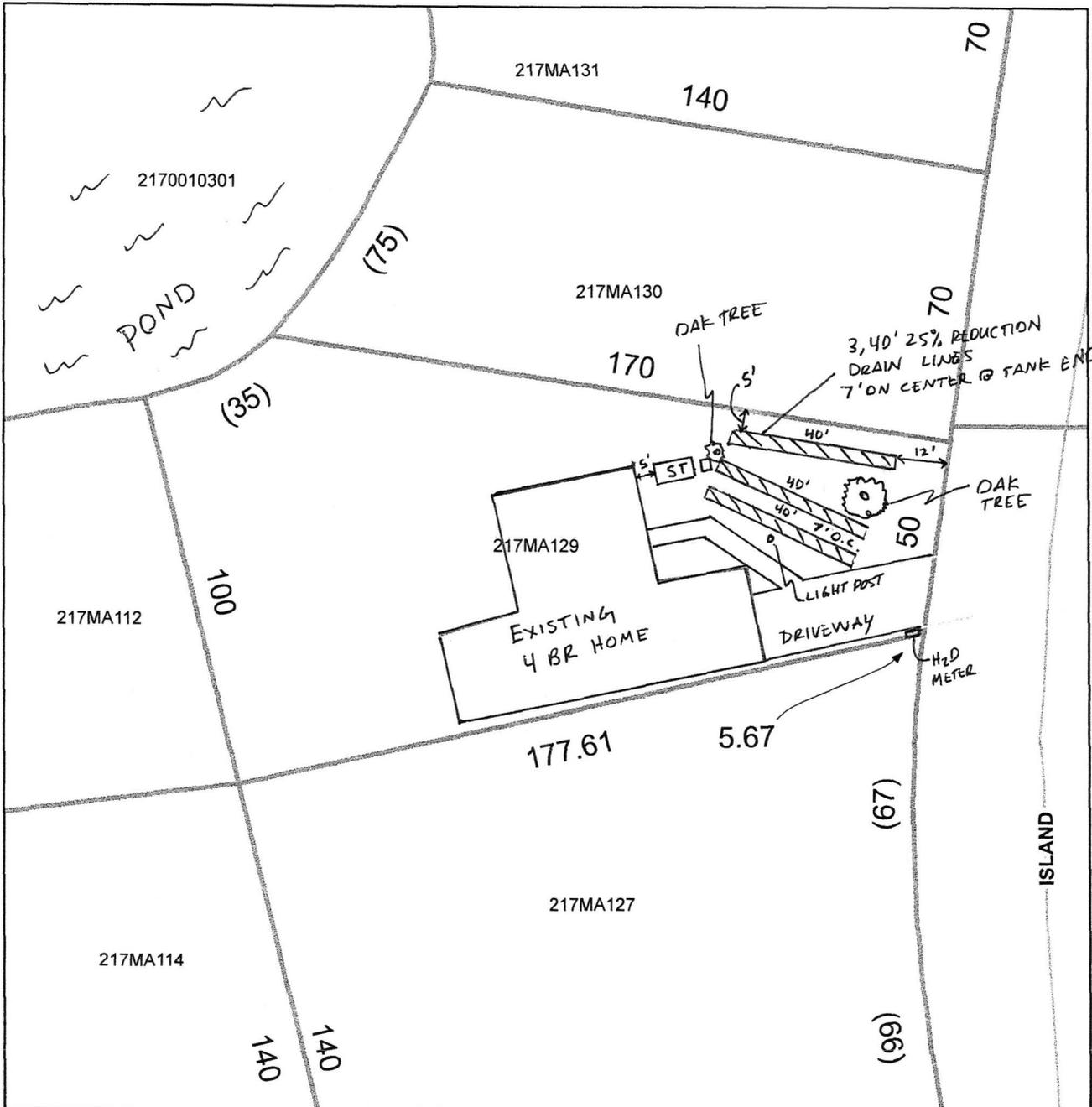
Cris Harrison, Director
Department of Health Services

Site Plan For (Check One): Improvement Permit Fill Plan Authorization to Construct Permit
 Well Permit Proposal

Date: 2/8/21
BCHS #: 1989024548A
Tax Parcel #: 217MA129


REHS Signature

SITE PLAN ONLY. THIS IS NOT A PERMIT



1 inch = 40 feet