

Repair System

Usuable Soil Depth:

Trench Spacing: --

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

Design Flow:

Trench Width: --

Soil Application Rate:

Aggregate Depth: Inches

*System Classification/Description:
N/A

Minimum Trench Depth: Inches

*Proposed System:

Minimum Soil Cover: Inches

Nitrification Field Sq. ft.

Maximum Trench Depth: Inches

No. Drain Lines

Maximum Soil Cover: Inches

Total Trench Length: ft.

*Distribution Type:

Pump Required: Yes No May Be Required

Pre-Treatment: NSF TS-I TS-II

***Site Modifications**

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Permit Conditions**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

This Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Applicant/Legal Resps. Signature Required ? Yes No

Applicant/Legal Reps. Signature: _____

Date: _____

*Issued By: Brewer, Rodney

Date of Issue: 04/09/2024

Authorized State Agent: *Rody Brewer*

Malfunction Log Yes

Hand Drawing

Import Drawing

Total Time:(HH:MM)

****Site Plan/Drawing attached.****

Site Plan

- Construction Authorization
- Improvement Permit
- Well Permit
- Existing System Connection Authorization

Scale 1" to 30'

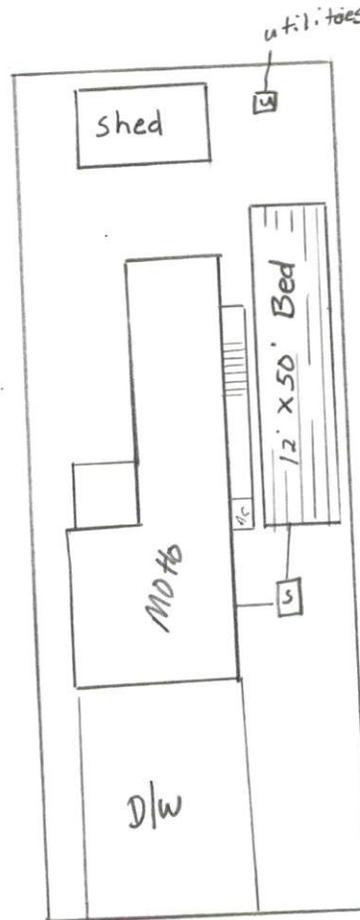
CDP File Number: 411134

County File Number: 5395.04.90.7796

Property Location: 328 Blue Goose Ln.
Newport

* Existing septic tank must be properly abandoned.

* Do not park or drive over system.



Blue Goose Ln

Randall W. Williams, M.D., FACOG
Health and Human Services Director



CARTERET COUNTY
HEALTH & HUMAN SERVICES

Building Stronger Lives Together

Carteret County Health & Human Services

Department of Social Services
210 Craven Street
Beaufort, NC 28516
252.728.3181

Health Department
3820-A Bridges Street
Morehead City, NC 28557
252.728.8550

Environmental Health
252.728.8499

www.carteretcountync.gov

Nina M. Oliver, MS
Health Director

Jessica G. Adams
DSS Director

April 9, 2024

Amy Fox
328 Blue Goose Lane
Newport, NC 28570

Subject: 328 Blue Goose Lane, NC PIN: (5395.04.90.7796)

To Whom It May Concern:

The site evaluation for the above-mentioned property for the permitting of a wastewater system repair has been completed; however, does not meet the minimum permitting criteria set forth by G.S. 130A, Article 11 and 15A NCAC 18E. As an alternative, the use of 'best professional judgement' may be used to develop a repair with a reasonable expectation to function correctly. You may request to move forward with this option by submitting a completed copy of the enclosed **Owner Request for Best Professional Judgement** form.

If you have any further questions, please feel free to contact this office at (252) 728-8499.

Sincerely,

Rodney Brewer, REHS
Environmental Health Specialist
On-Site Wastewater Program



BEST PROFESSIONAL JUDGMENT
for
LOCAL HEALTH DEPARTMENTS
or
PRIVATE LICENSED PROFESSIONALS
IN ACCORDANCE WITH 15A NCAC 18E .1306

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

*This page to be completed by LHD or private licensed professional

SITE LIMITATIONS - Check the specific rules that prevent the site from being repaired and permitted in accordance with G.S. 130A, Article 11 and 15A NCAC 18E.

- Rule .0502 - Topography & Landscape Position
Rule .0503 - Soil Morphology
Rule .0504 - Soil Wetness Condition
Rule .0505 - Soil Depth
Rule .0506 - Saprolite
Rule .0507 - Restrictive Horizons
Rule .0508 - Available Space
Other Rule(s) (please specify):

PLEASE CHECK THE FOLLOWING WHEN COMPLETED:

(all boxes must be reviewed, and applicable boxes checked before issuance of repair permit)

- Wastewater system troubleshooting complete. Household/facility water use has been reviewed.
Wastewater system repair does not reduce the required horizontal setbacks to drinking water wells as indicated in 15A NCAC 18E .0601.
Wastewater system repair does not reduce the required horizontal setbacks to surface water bodies greater than 50 percent of the horizontal setbacks indicated in 15A NCAC 18E .0601.
Wastewater system repair has a reasonable expectation to function in accordance with 15A NCAC 18E .1306(c)(2)(D).

REHS SIGNATURE (if applicable)

Handwritten signature: Roddy Brown

Signature of Authorized Agent

Handwritten date: 4/10/24

Date

OR

AOWE/PE SIGNATURE (if applicable)

Signature of AOWE/PE

License Number

Date

*This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.



OWNER REQUEST

for BEST PROFESSIONAL JUDGMENT

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

for the repair of

WASTEWATER TREATMENT AND DISPERSAL SYSTEMS IN ACCORDANCE WITH 15A NCAC 18E .1306

**This page to be completed by owner of property or owner's legal representative*

DATE: 4-10- _____, 2024

WASTEWATER SYSTEM OWNER – For a place of residence list the property owner(s). For all others, list name of the business or organization and person delegated signature authority:

Print Property Owner(s): Amy Fox
Business/Organization/Contact: _____
Mailing Address: 328 Blue Goose Ln
City: Newport State: NC Zip Code: 28570 County: Carteret
Telephone Number(s): 252-725-0212
Email Address: amyfox122@gmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 539504 907796000
Physical Address (if different than mailing address): _____
City: _____ State: NC Zip Code: _____

OWNER ATTESTATION

I, X Amy Fox, hereby request the use of best professional judgment in accordance with 15A NCAC 18E .1306. I understand that the use of best professional judgment may be used to develop a repair that should enable my malfunctioning subsurface wastewater system to comply with 15A NCAC 18E .1303(a)(1) and give the system a reasonable expectation to function correctly. I agree to comply with all terms and conditions set forth on the associated repair permit, including any operation and maintenance requirements. By signing this document, I understand that I shall be liable for any damages associated with the use of best professional judgment to repair this malfunctioning subsurface wastewater system.

Owner's Signature: Richard Jaykov Date: 4-10-24

**This written agreement shall be attached to the Construction Authorization, Operation Permit, Notice of Intent to Construct, or Authorization to Operate, as applicable.*

CARTERET COUNTY DEPARTMENT OF HUMAN SERVICES

Cindy P. Holman
Consolidated Human Services Director



Stephanie M. Cannon, MPA
Health Director
Consolidated Human Services Deputy Director

OWNER'S STATEMENT

TO: The Environmental Health Division

SUBJECT: Authorization for Representation as Agent for Owner and Permission to Access Property

I, Amy Fox (print), hereby authorize Rogue Sound Septic & Grading (print) to act as my agent in the process of application for an on-site wastewater system permit or a water well permit for the property listed below:
(Real Estate Agents or other agents contracted to act as property representatives shall provide a copy of the signed contract verifying owner has acknowledged their representation of below property).

Location: 328 Blue Goose Lane, Newport PIDN # 539504907796000

In addition to the above, the Environmental Health Division has my permission to access the above listed property.

Should you need additional information, please contact:

Owner's Name: Amy Fox

Mailing Address: 328 Blue Goose Lane

City: Newport State: NC Zip: 28570

Phone: 252-725-1212

Email: amyfox122@gmail.com

Owner's Signature: Amy Fox

Date: 4-2-2024

Rev. 1/16/2020 ag



Department of Social Services — 210 Craven Street • PO Box 779 • Beaufort, NC 28516
Tel (252) 728-3181 / Main Fax (252) 648-7462 / Legal Unit Fax (252) 648-7463

Public Health Department — 3820-A Bridges Street • Morehead City, NC 28557
Main Office — Tel (252) 728-8550 / Fax (252) 222-7739
Environmental Health — Tel (252) 728-8499 / Fax (252) 222-7753

