

REPAIR

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: Robert Sanders APPLICANT: Thaddeus Samuels
 ADDRESS: 1616 Rocky Run Rd APPLICATION DATE: 4/23/24 DATE EVALUATED: 5/10/24
 PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: Seemap
 LOCATION OF SITE: 1616 Rocky Run Rd. PROPERTY RECORDED: _____
 WATER SUPPLY: Private Public Well Spring Other _____
 EVALUATION METHOD: Auger Boring Pit Cut
 TYPE OF WASTEWATER: Sewage Industrial Process Mixed

| P R O F I L E # | .1940 LAND- SCAPE POSITION/ SLOPE% | HORI- ZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|--------------------------------------|--|--------------------------------|--------------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------|---|----------------------------|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | | |
| 1 | L 0-3% | 0-18 | SC | GR | UFR 15Np exp | SWC 27" 10YR 711 | S | S | S | 0.4 15" TB |
| | | 18-48 | SCL | SBK | Fi 55p exp | | | | | |
| | | | | | | | | | | |
| 2 | L 0-3% | 0-18 | SC | GR | UFR 15Np exp | SWC 24" 10YR 711 | S | S | S | 0.4 12" TB |
| | | 18-48 | SCL | SBK | Fi 55p exp | | | | | |
| | | | | | | | | | | |
| 3 | L 0-3% | 0-12 | SC | GR | UFR 15Np exp | SWC 24" 10YR 711 | S | S | S | 0.4 12" TB |
| | | 12-48 | SCL | SBK | Fi 55p exp | | | | | |
| | | | | | | | | | | |
| 4 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM | OTHER FACTORS (.1946): |
|-------------------------|----------------|---------------|---|
| Available Space (.1945) | NA | S | SITE CLASSIFICATION (.1948) <u>S/B</u> |
| System Type(s) | I | CONU | EVALUATED BY: <u>Erin Moyal</u> |
| Site LTAR | I | 0.4 | OTHER(S) PRESENT: <u>Thaddeus Samuels</u> |

Comments: 360 0.4 new ST. if needed
900 300 pump/P.T. if needed
4-75' lines CONU 12"-15" TB



Onslow County Health Department
 234 Northwest Corridor Blvd
 Jacksonville, North Carolina 28540
 Phone: (910) 938-5851 Fax: (910) 989-5819

CONSTRUCTION AUTHORIZATION

(GS 130A-336)

Permit No: EHCA-2024-00162

Workclass: EH CA Repair

(Required for Building Permit)

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL BE VALID FOR A PERIOD EQUAL TO THE PERIOD OF VALIDITY OF THE IMPROVEMENT PERMIT.

Owner: SANDERS ROBERT

Address: 1616 ROCKY RUN ROAD, JACKSONVILLE, NC 28546

| | | | |
|---------------------|--------------------|-----------------|---------------|
| Subdivision: | Lot Number: | Section: | Phase: |
| Block: | Part: | Tract: | |

Proposed Use: SINGLE FAMILY RESIDENCE

Location: 1616 ROCKY RUN RD

System Type: III b **System Classification:** b. Septic system w/ single effluent pump or siphon

System Description: Conventional, Gravel Trench, Effluent Pump

Facility/Daily design flow: 3 BEDROOM/<360 GPD/ 6 PERSONS MAX

System Information: THIS PERMIT ISSUED UNDER 18E RULES - DOMESTIC STRENGTH EFFLUENT 4(75') COVENTIONAL LINES WITH PUMP FOR REPAIR

LTAR: 0.4 gpd/sq. ft. **Water Supply:** PUBLIC

Septic Tank Size: 1000 gallons **Grease Trap Size:** N/A gallons

Pump Tank Size: 1000 gallons

Nitrification Area: 900 sq. ft. **Nitrification Linear Feet:** 300 lin. ft.

No of Lines: 4 **Line Length:** 75' **Line Width:** 3'

Trench Bottom Depth: 12"-15"

(SEE ATTACHED PAGES 1 - 6 of 6 FOR ADDITIONAL PERMIT CONDITIONS)

Signed By: Erin M. Moye *Erin M. Moye* Date: 05/14/2024

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by reference into this permit and shall be met.

THE ISSUANCE OF THIS C.A. DOES NOT CONSTITUTE AN ONSLOW COUNTY WARRANTY OR GUARANTEE OF THE FUNCTIONALITY OF THE WASTEWATER SYSTEM

Owner: ROBERT SANDERS
 Address: 1616 ROCKY RUN RD.
 Location: 1616 ROCKY RUN RD.

PLOT PLAN

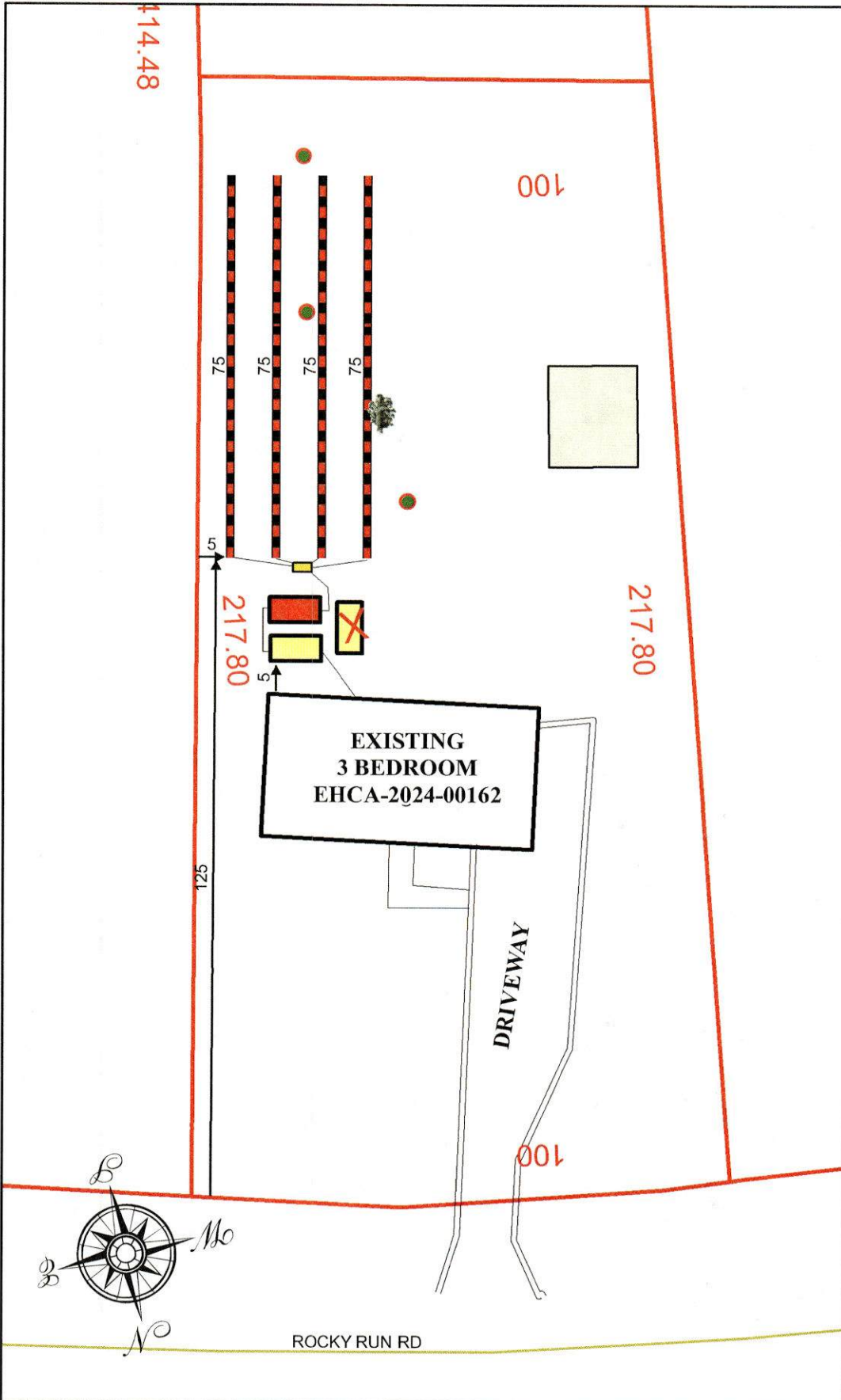
1 inch = 30 feet

Addendum to permit # EHCA-2024-00162

Page 1 of 6

REPAIR
05/14/2024

****THIS PERMIT ISSUED UNDER 18E RULES****



Additional Permit Conditions:

1. Do not park or drive on any part of system or repair area.
2. Nitrification trench aggregate shall be covered with straw, untreated paper or other approved materials prior to final cover/backfilling.
3. Do not install system under wet conditions.
4. Adhere to minimum set back requirements as stated in Rule .1950 and .1951 of NC Laws and Rules for Sewage Treatment and Disposal System (Article 11, G.S. Chapter 130A) unless otherwise indicated on this permit.
5. Rock used in soil absorption systems shall be clean, washed gravel or crushed stone and graded or sized in accordance with size numbers 3, 4, 5, 57, or 6 of ASTM D-448 (standard sizes of coarse aggregate) which is hereby adopted by reference in accordance with G.S. 150 B-14 (c). Documentation of aggregate size shall be available upon request.
6. All pump tanks shall be tested for water tightness. Septic tanks may be subject to a water tightness test.
7. The septic tank is designed to receive sewage or wastewater under gravity flow. However, if a system subject to the N.C. Plumbing Code is used to pump raw sewage to the septic tank, the sewage shall be reduced to gravity/non-turbulent flow by approved means at the inlet of the septic tank.
8. An accepted wastewater system may also be installed in accordance with the accepted wastewater system approval. (Maximum LTAR of 1.0 gpd/ft2)
9. Run lines parallel to contour. System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.
10. A recorded plat or deed and corresponding map shall be submitted to the Environmental Health Section of the Onslow County Health Department PRIOR TO the issuance of the Construction Authorization.
11. An APPROVED stormwater plan shall be submitted to the Environmental Health Section of the Onslow County Health Department PRIOR to issuance of a Construction Authorization.
12. FOR DWELLING UNIT WASTEWATER SYSTEMS ONLY – This wastewater system is designed only for the number of bedrooms shown as bedrooms or sleeping rooms on the building/floor plan approved by Onslow County Code Enforcement. No other room or space may be relabeled as a bedroom, used as a bedroom, or converted into a bedroom without prior approval from Onslow County Environmental Health.
13. Pump, crush, and backfill existing septic tank. Abandon existing drain lines.
14. Install new septic tank, pump tank, and pressure manifold.
15. Install 4 new 75' conventional drain lines.
16. Permit it written for conventional lines. If an accepted system is used, no reduction is to be taken.
17. If plumbing can be modified and gravity flow achieved, pump tank, pump, and pressure manifold will not be needed.
18. Existing septic tank may be used if sound and meets current standards. Install filter in existing septic tank.

SYSTEM DESIGN

| | |
|-----------------------|------------------------------|
| # BEDROOMS/ GPD: | <u>3 BEDROOM/<360 GPD</u> |
| SYSTEM TYPE: | <u>CONVENTIONAL</u> |
| % REDUCTION: | <u>NONE</u> |
| LTAR: | <u>0.4</u> |
| SQ. FT. | <u>900</u> |
| LINEAR FEET | <u>300</u> |
| # OF LINES: | <u>4</u> |
| LENGTH EACH LINE: | <u>75'</u> |
| TRENCH BOTTOM: | <u>12"-15"</u> |
| TRENCH WIDTH: | <u>3</u> FEET |
| FEET ON CENTER(LINES) | <u>9</u> FEET |

****WARNING: THIS IS NOT A SURVEY!****

This map is prepared for the inventory of real property found within this jurisdiction, and is compiled from recorded deeds, plats, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The County and mapping company assume no legal responsibility for the information contained on this map.

Tank Water Tightness Testing Procedures

I. Leak Testing Procedures:

1. The tank shall be set and leveled. The tank hole may be backfilled to a point below the midseam of a two piece tank or to the midpoint of a one-piece tank. If site conditions do not allow the tank hole to be left open or if you choose not to leave the tank hole open, the tank shall be leak tested onsite prior to placement in tank hole.
2. The manhole riser(s) (if applicable) shall be attached to the tank according to state approved plans.
3. The tank shall be filled with water 2" above the seam where the manhole riser is connected to the top of the tank, or to a point level with the top of the tank in both manholes if riser(s) are not required. It is strongly recommended to perform the leak test prior to removing any tank block out (placing any pipes into/out of the tank). If tank block outs have been removed and pipe has been installed it will be necessary to block or plug the inlet and outlet pipe to prevent flow from these pipes. It may also be necessary to place mastic around the bevel of the inlet manhole and weight the lid down to prevent leakage.
4. After filling and allowing for the concrete to absorb water (about 24 hours) add any additional water needed to get water level back to the starting level.
5. Contact the Onslow County Health Department to conduct the test. The test will take a minimum of 24 hours and will not be conducted Friday or the day prior to a Holiday.
6. Only after the completion of a satisfactory leak test will the tank be approved for use.

II. Vacuum Testing Procedures (concrete tanks only):

1. The tank shall be set and leveled. The tank hole may be back filled to a point below the midseam of a two piece tank or to the midpoint of a one piece tank. If site conditions do not allow the tank hole to be left open or if you choose not to leave the tank hole open, the tank shall be leak tested on site prior to placement in tank hole.
2. The manhole riser(s) (if applicable) shall be attached to the tank according to state approved plans.
3. The tank shall be vacuum tested as per the following:

| <u>Inches of Mercury</u> | <u>Duration</u> |
|--------------------------|-----------------|
| 5" | 2 Min. |

($\leq 10\%$ pressure drop / $\leq .5$ inch loss of mercury shall constitute an acceptable test)

4. Onslow County Health Department representative shall be present during vacuum testing procedure.
5. Only after the completion of a satisfactory vacuum test will the tank be approved for use.

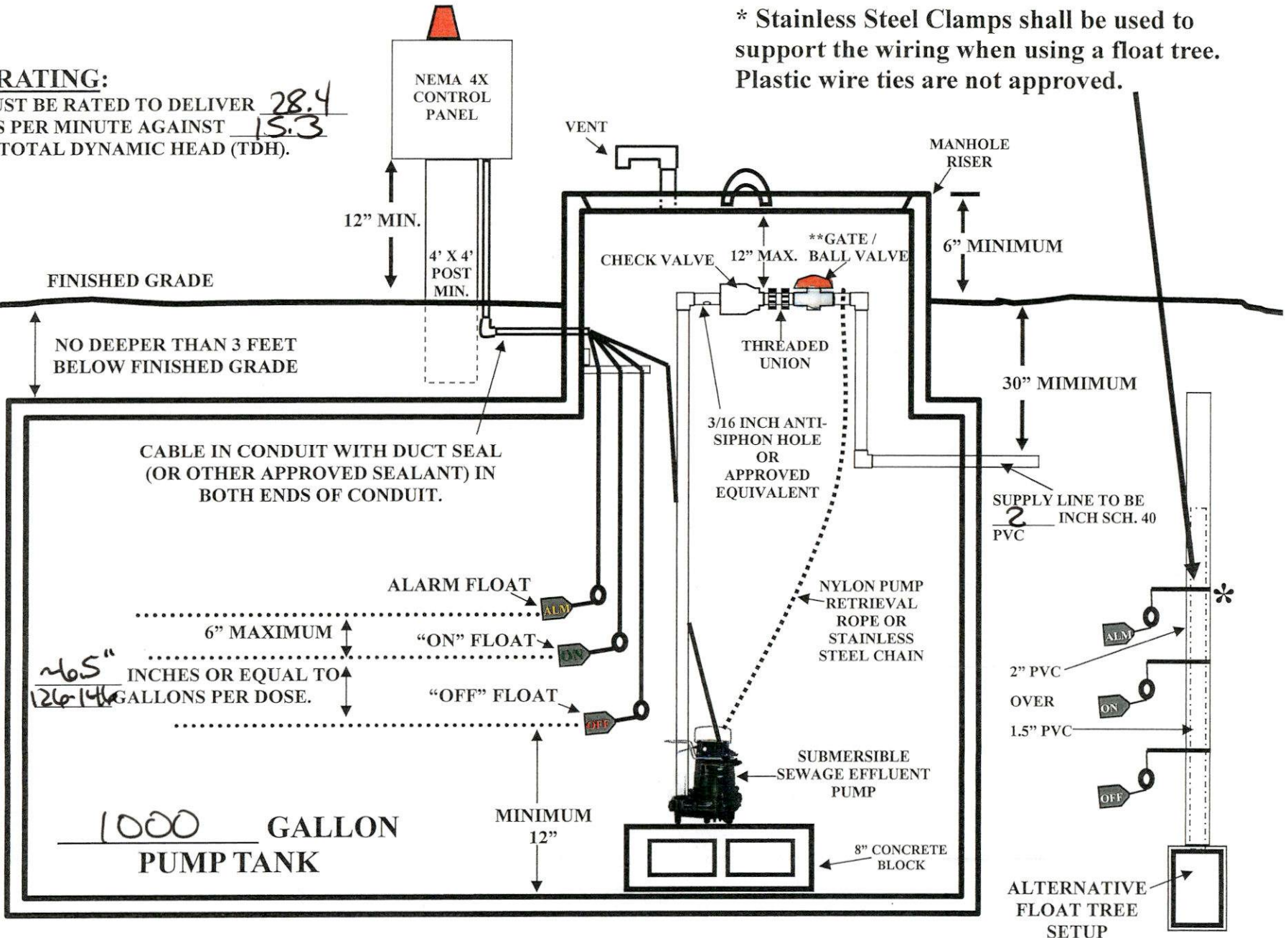
PUMP SYSTEM DETAIL SHEET

PUMP RATING:

PUMP MUST BE RATED TO DELIVER 28.4
 GALLONS PER MINUTE AGAINST 15.3
 FEET OF TOTAL DYNAMIC HEAD (TDH).

* Stainless Steel Clamps shall be used to support the wiring when using a float tree. Plastic wire ties are not approved.

** GATE VALVE IS REQUIRED IF VALVE IS USED FOR PRESSURE ADJUSTMENT.



NO DEEPER THAN 3 FEET BELOW FINISHED GRADE

CABLE IN CONDUIT WITH DUCT SEAL (OR OTHER APPROVED SEALANT) IN BOTH ENDS OF CONDUIT.

ALARM FLOAT
 6" MAXIMUM
 "ON" FLOAT
26.5" INCHES OR EQUAL TO 126.14 GALLONS PER DOSE.
 "OFF" FLOAT

1000 GALLON PUMP TANK

MINIMUM 12"

CHECK VALVE 12" MAX. BALL VALVE

MANHOLE RISER
 6" MINIMUM

THREADED UNION
 3/16 INCH ANTI-SIPHON HOLE OR APPROVED EQUIVALENT

30" MINIMUM

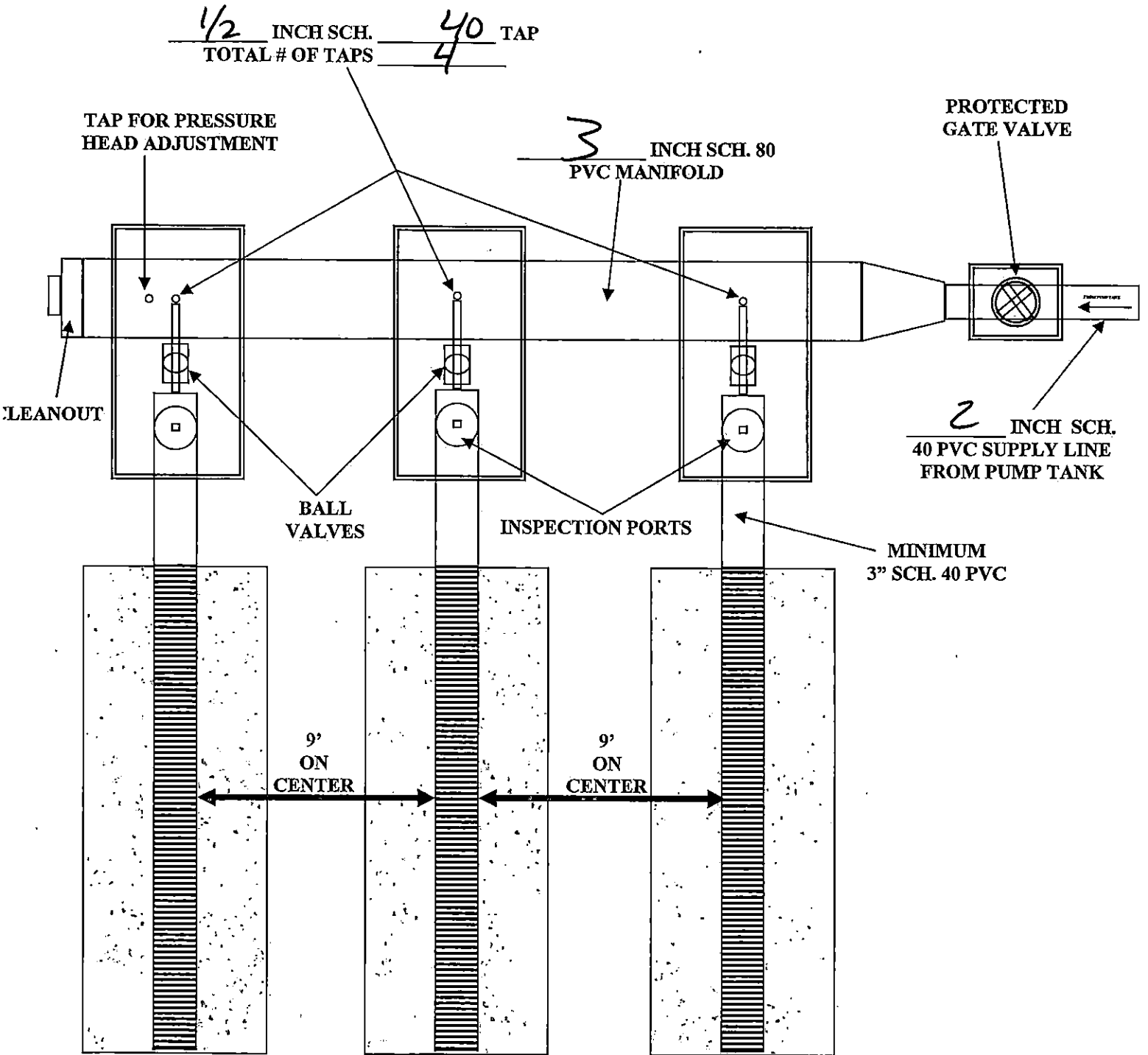
SUPPLY LINE TO BE 2 INCH SCH. 40 PVC

NYLON PUMP RETRIEVAL ROPE OR STAINLESS STEEL CHAIN

2" PVC OVER 1.5" PVC

ALTERNATIVE FLOAT TREE SETUP

MANIFOLD FOR LEVEL SITES



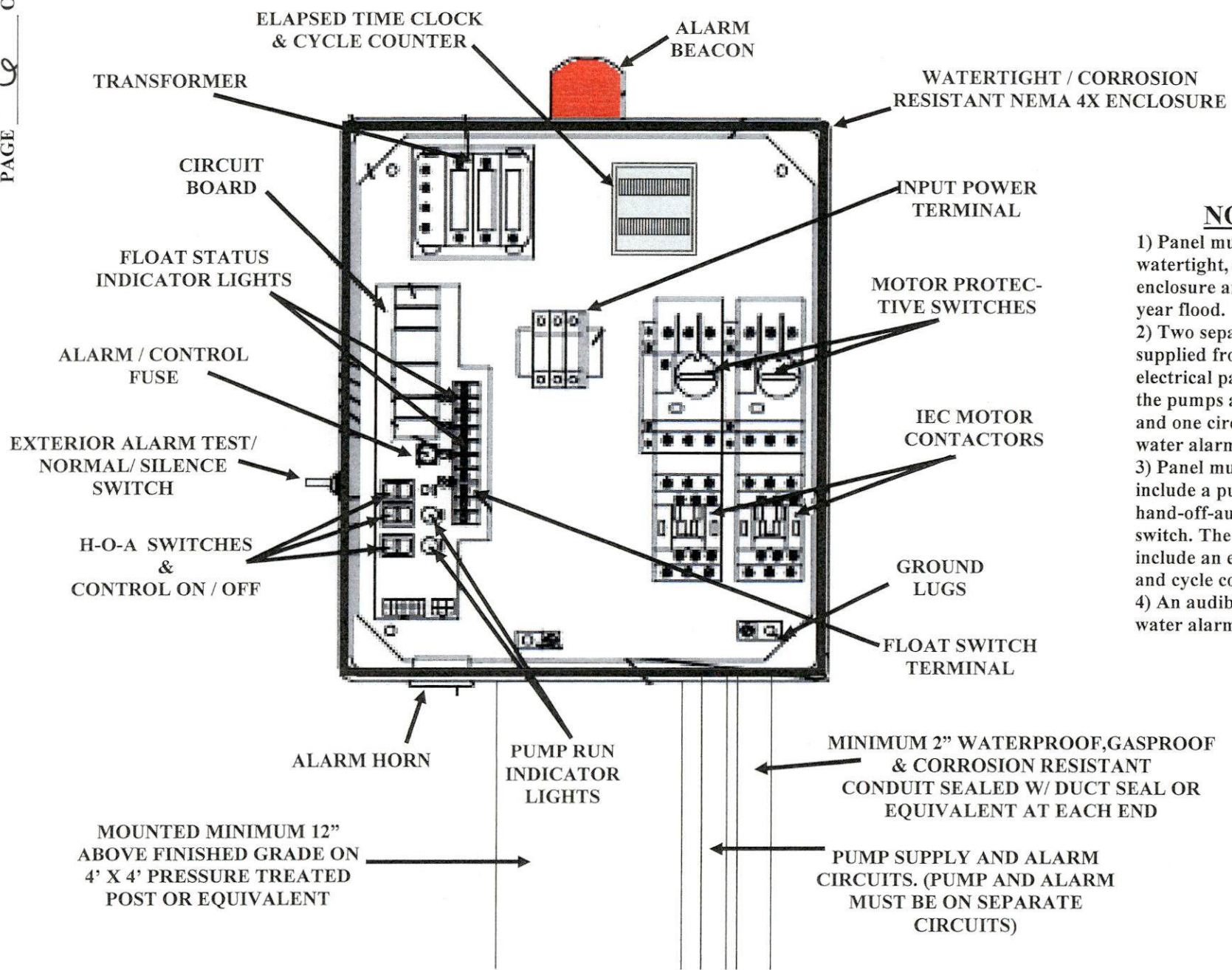
- PRESSURE HEAD TO BE SET AT 2 FEET.
- MANIFOLD SHALL BE INSTALLED LEVEL.
- CLEANOUT PLUG MAY BE ADAPTED TO ACCOMMODATE A STAND PIPE FOR PRESSURE HEAD ADJUSTMENT.

Additional Specifications

1. There shall be no splices in any electrical cable within the pump chamber.
2. Pump and alarm must be on two separate live electrical circuits which operate independently of each other.
3. If the pump manufacturer specifies that the "pump off" level be below the top of the pump, the follow the manufacturer's specifications and adjust the floats accordingly.
4. Contact the Onslow County Electrical inspector for release of Temporary Full Service and be sure service is available prior to contacting the Onslow County Health Department for an inspection.
5. Check valves shall be mounted horizontally and such that a siphon breaker hole can be drilled on the pump side of the valve.
6. Only those tanks specifically approved by the State of North Carolina and appropriately stamped shall be used for pump tanks. Modified septic tanks shall not be approved.
7. This permit is valid only for that shown on the attached plot plan, these specifications, and related paraphernalia approved by the Onslow County Health Department.
8. A complete and approved installation is required for this permit to continue to be valid beyond five years elapsed time from the date of issuance.
9. This permit is valid subject to all conditions so noted on this permit, the operations permit, the approved plans and specifications, and any written correspondence that may specify a condition or requirement.
10. This permit is valid only for as long as it meets all requirements of G.S. Chapter 130A Article 11 and related portions of NC Administrative Code.
11. No driving or parking shall be allowed over any portions of the system or repair area unless specifically approved elsewhere in this permit.
12. System operation, maintenance, and repairs shall be the responsibility of the land owner as named on this permit.
13. This permit shall not be transferred, nor shall any changes of use occur, without prior approval by the Onslow County Health Department.
14. The pump curve for the effluent pump installed shall be available during system inspection.
15. Paperwork confirming that the electrical enclosure used is NEMA 4X rated shall be available during system inspection. (Paperwork is not necessary if NEMA 4X rated is clearly marked on the enclosure.)

CONTROL PANEL DETAIL

(NOT A WIRING DIAGRAM! CONSULT AN ELECTRICIAN)



NOTES:

- 1) Panel must be in a NEMA 4X, watertight, corrosion resistant enclosure and located above 100-year flood.
- 2) Two separate circuits must be supplied from the main house electrical panel--one circuit for the pumps and pump controls and one circuit for the high-water alarm.
- 3) Panel must be U.L. listed and include a pump run light and hand-off-automatic (H-O-A) switch. The panel should also include an elapsed time clock and cycle counter.
- 4) An audible and visible high-water alarm shall be provided.



REPAIR ORDER

February 28, 2024

Robert Sanders
1616 Rocky Run Road
Jacksonville, NC 28540

REF: EHCA-2024-00162
cc: samcoscontracting@gmail.c

Dear Robert Sanders

Please find attached a Repair Permit for your 3 bedroom residence, (Maximum occupancy of 6 persons), located at 1616 Rocky Run Road.

It is lawfully required that this repair be completed and inspected by the Onslow County Health Department (OCHD) **within 30 days** of receipt of this repair order. If you find that you are unable to meet the requirements of the repair permit and desire a second, independent, evaluation of your property by the Regional Soil Specialist you must contact the OCHD within 30 days. You also have the option of submitting a repair proposal, designed by your own private consultant, to the OCHD for review and consideration.

It is the policy of the OCHD to ensure that every citizen receives a fair and equitable evaluation of their property. It is also the responsibility of the OCHD to protect public health and environmental quality for every citizen.

During the time the repair is being completed, the On-Site Waste-Water System shall be maintained such that sewage effluent does not overflow to the ground surface or surface waters by having a permitted septage management firm remove the contents of the septic tank or pump tank as needed.

According to rule 15A NCAC 18E.1303, .1306 of the Laws and Rules for Sewage Treatment, and Disposal system:

A sewage collection, treatment, and disposal system that creates or has created a public health hazard or nuisance by surfacing or effluent or discharge directly into groundwater or surface waters, or that is partially or totally destroyed shall be repaired with 30 days of notification by the state or local health department unless the notification otherwise specifies a repair period in writing. If a system described in the preceding sentence has for any reason been disconnected, the system shall be repaired prior to reuse.

Therefore, if residence is vacated, system shall be repaired prior to reuse.

You have a right to an informal review of this decision. You may request an informal review by the environmental health

supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

If I can be of further assistance in this matter, please do not hesitate to contact me at (910) 989-3048.

Sincerely,



Erin Moye

Onslow County Consolidated Human Services
234 NW Corridor Blvd.
Jacksonville, NC 28540
(910) 989 – 3048 (Office)