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CONSTRUCTION AUTHORIZATION



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: 341005 - 2
 PIN Number: 634701376453000
 Evaluated For: REPAIR
 Township: _____

PERMIT VALID UNTIL: 10/2/2020

Applicant: Alexander Santoro
 Address: 639 East ChathamSt
 City: Newport
 State/ZIP: NC 28570
 Phone #: _____

Property Owner: Alexander Santoro
 Address: 639 East ChathamSt
 City: Newport
 State/ZIP: NC 28570
 Phone #: _____

Address: 639 EAST CHATHAM ST **Property Location & Site Information**
 Road #: NEWPORT, NC 28570 Subdivision: _____ Phase: _____ Lot: _____
 Township: _____ **Directions**
 Structure: SINGLE FAMILY
 # of Bedrooms: 2
 # of People: 4
 Water Supply: PUBLIC

<u>Initial System</u>		<u>System Specifications</u>	
Usable Soil Depth:	<u>48</u>	Minimum Trench Depth:	<u>12</u> Inches
Saprolite System:	<u>No</u>	Minimum Soil Cover:	<u>6</u> Inches "natural Ground Level"
Design Flow:	<u>240</u>	Maximum Trench Depth:	<u>12</u> Inches
Soil Application Rate:	<u>.8</u>	Maximum Soil Cover:	<u>6</u> Inches "natural Ground Level"
System Classification/Description:	<u>TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS</u>		
Proposed System:	_____	Septic Tank:	<u>1000</u> Gallons
Nitrification Field:	<u>450 Sq. Ft.</u>	1 Piece:	_____
No. Drain Lines:	<u>4</u>	Pump Required:	<u>Yes</u>
Total Trench Length:	<u>150 ft.</u>	Pump Tank:	<u>1000</u> Gallons
Trench Spacing:	<u>3</u> Feet O.C.	1 Piece:	_____
Trench Width:	<u>12</u> Feet	_____	GPM vs - _____ Ft. TDH
Aggregate Depth:	<u>12 inches</u>	Dosing Volume:	<u>-</u> Gallons
		Grease Trap:	_____ Gallons
		Pre-Treatment:	_____
		Septic Tank Installer Grade Level Required:	<u>II</u>

*12'x38'
Bed*

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PIN Number: 634701376453000

Repair System Required: No

<u>Repair System:</u>	<u>System Specifications</u>
Usable Soil Depth: _____	Trench Spacing: _____
Design Flow: _____	Trench Width: _____
Soil Application Rate: _____	Aggregate Depth: _____ inches
System Classification/Description: _____	Minimum Trench Depth: _____ Inches
	Minimum Soil Cover: _____ Inches
Proposed System: _____	Maximum Trench Depth: _____ Inches
Nitrification Field: _____ Sq. Ft.	Maximum Soil Cover: _____ Inches
No. Drain Lines: _____	distribution Type: _____
Total Trench Length: _____ ft.	Pump Required: _____
	Pre-Treatment: _____

Site Modifications

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

Gutters shall be required and the water shall be diverted away from system area.

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.

- Maintain the Following Setbacks
- 10' from property lines
 - 5' from building foundations
 - 20' from existing system
 - 10' from any water lines

This Authorization for Wastewater System Construction shall be valid for a person equal to the period of validity of the Improvement Permit, not to exceed five years, 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 (per rule .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 Reps. Signature Required? No

Applicant/Legal Reps. Signature: _____ Date: _____

Issued By: PATRICK Beal 3302 Date of Issue: 10/02/2024

Authorized State Agent: _____



Construction Authorization

Carteret County Health Department

CDP File Number: 341005

Environmental Health Division

County File Number: 63470137645300

3820 Bridges St. Suite A

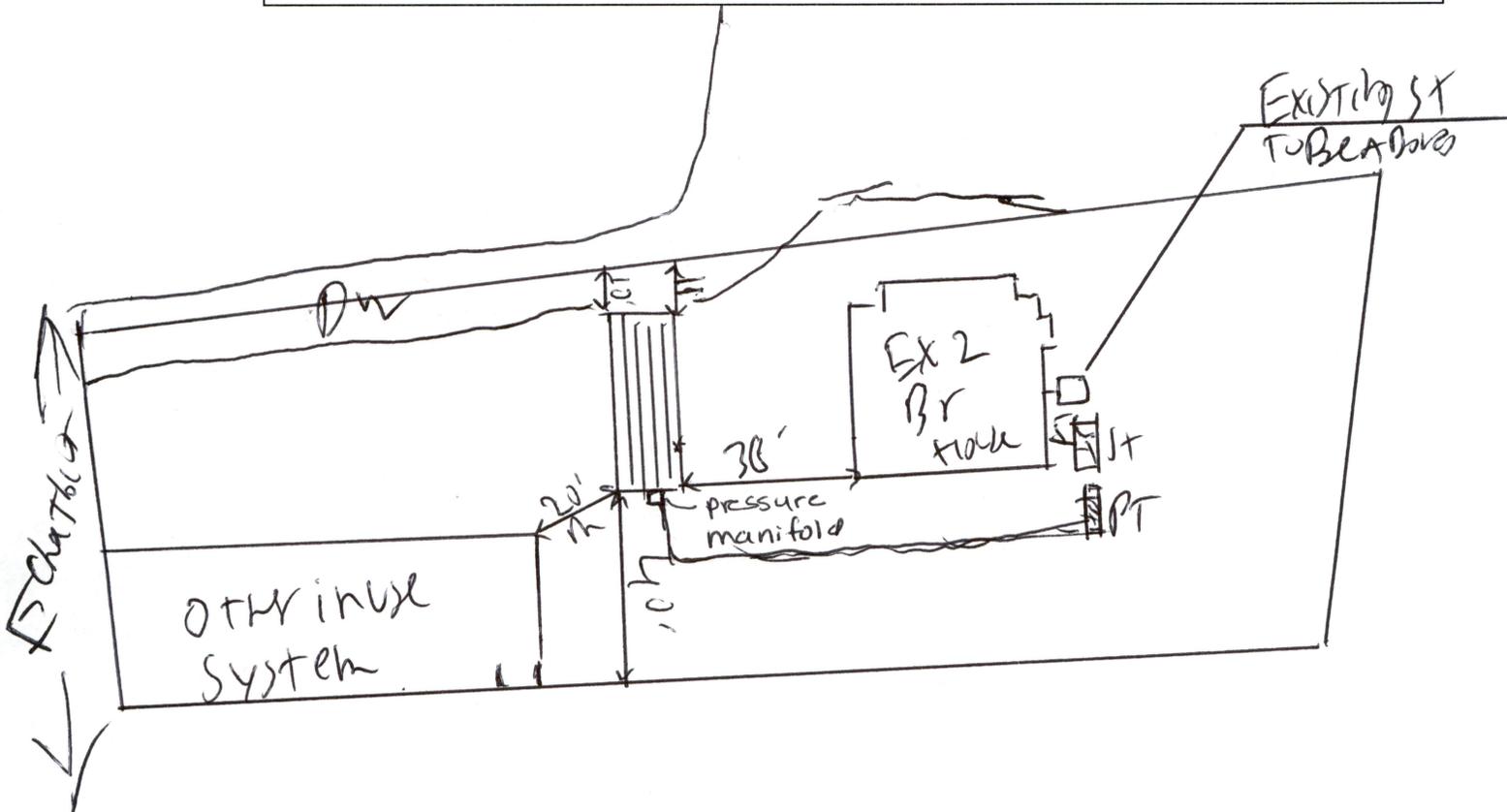
Date: / / 2024

Morehead City, NC 28557

Drawing Type:
Construction
Authorization

Permit Conditions

- Any/all water lines located within 10' of system must be relocated
- gravity cannot be achieved here a pump tank will be required
- If existing tank contains the following, baffle wall, effluent filter, is structurally sound, and watertight it may be reused otherwise a new tank is required.
- Maintain 5' min from home
- Maintain 10' min From property line
- Maintain 20' from existing system area
- Any trees located in system area shall need to be removed
- Do not drive over system area.



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

October 2, 2024

Alexander Santoro
639 East Chatham Street
Newport NC, 28570

Subject: 639 East Chatham Street, Newport NC, 28570 (634701376453000)

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,

A handwritten signature in black ink, appearing to read 'Patrick H. Bean', is written over a horizontal line.

Patrick H. Bean, MSEH, 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)

Signature of Authorized Agent

10/2/2024
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

for the repair of

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

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

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

DATE: 10/02, 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): Alexander Santoro, Madison Santoro

Business/Organization/Contact: _____

639 E Chatham St

Newport NC 27850

: 8395008366

alexasantoro11@hotmail.com

PHYSICAL LOCATION OF WASTEWATER SYSTEM

Parcel Identification Number (PIN): 634701376453000

Physical Address (if different than mailing address): _____

City: Newport State: NC Zip Code: 28570

OWNER ATTESTATION

I, Alexander Santoro, hereby request the use of best professional judgment in accordance
Owner's Printed Name

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: Date: 10/02/2024

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