



**Pender County Health Department**

Environmental Health Division  
803 Walker Street, P.O. Box 1209  
Burgaw, NC 28425  
Phone: 910-259-1233 Fax: 910-259-1404  
[www.pendercountync.gov](http://www.pendercountync.gov)

**Wastewater System Operation Permit**

Parcel Pin: 4224-15-2041-0000	Permit Number: EHOP-02210-2025
Property Address: Lot 15 A Sloop Pt. Rd.	Facility Type: Single Family Dwelling <input checked="" type="checkbox"/>
Property Description: 5 Br. SFR	
Owner: Kevin Smith	System Operator:
Address:	<u>REQUIRED INSPECTIONS</u>
	ORC Inspection every:
System Installer: TJ Arnold	PCHD Inspection every:

System Classification: Other Trench (25%)

System Type: IIIg

In accordance with NCGS 130A-11 and 15A NCAC 18A Section .1900, This Operation Permit is issued to:

For the operation of a 600 GPD  wastewater treatment and disposal system.

Conditions

1. This permit shall be effective only with respect to the nature and volume of the waste specified. Water softener backwash is not allowed in the system.
2. This permit is transferable; however, any conditions imposed on this permit shall also transfer to the subsequent owner.
3. The system shall perform and be properly maintained and operated at all times in accordance with Rule .1961.
4. The owner, or other contractually responsible party if applicable, is responsible for compliance with 15A NCAC 18A section .1900.
5. In the event of failure of the system to perform satisfactorily (as determined by the PCHD), the owner, or other responsible part if applicable, shall take such corrective actions as required by the Department within the specified period of time.
6. No traffic, vehicles or excavations shall be allowed on the system or the repair area.
7. Appropriate permits shall be obtained from the PCHD prior to any repairs to the system or additions of flow.
8. The owner (and ORC, if applicable) shall notify the PCHD of any malfunction or necessary repairs.
9. The owner is responsible for keeping the plumbing system of the facility in good repair and eliminating leaks, drips, or excess flows as they are found.
10. A useable repair area as designated by the PCHD shall be maintained and reserved for the addition to or replacement of the initial drainfield.
11. Refer to the "as-built" inspection record on file at PCHD for system installation specifications.
12. Permits for Types V and VI systems expire in 5 years. Owner must contact PCHD 6 months prior to expiration for permit renewal.
13. The system shall be maintained and operated at all times in accordance with the Schedule of Operation and Maintenance shown on pg 2 of this permit.
14. Unless specifically allowed for on the Construction Authorization, systems are not designed for garbage disposal use.
15. See page 2 for any additional conditions.

*This permit may be suspended or revoked for non-compliance with any permit condition.*

ISSUED: 2/18/2025

Registered Environmental Health Specialist

## **SCHEDULE OF OPERATION AND MAINTENANCE**

### **FOR ALL SYSTEMS:**

- Every 12 months: Septic tank shall be inspected for influent/effluent line blockage, tank/riser leakage, and solids accumulation. Blockages or leaks shall be repaired. Septic tanks shall be pumped out when solids (scum & sludge) reach 1/3 of the liquid volume. Effluent filters shall be inspected and cleaned or replaced as necessary.
- Every 6 months: Drainfields shall be inspected for seepage or saturation, settled ground surface, broken pipes, maintenance of vegetation, protection from traffic, and diversion of surface water.
- Every 6 months: Ground surface around tanks and drainfield shall be checked for areas of depression or ponding.
- For grassed sites: Grass shall be cut regularly and when it exceeds 8 inches in height. Lightweight mowers shall be used for cutting grass.
- For wooded sites: Saplings, briars, brush and grass shall be eliminated by hand cutting and/or herbicides as often as necessary. Dead trees shall be removed by cutting at or near ground level. Stumps should not be removed.

### **FOR SYSTEMS WITH PUMPS:**

- Every 6 months: Pump tank shall be inspected for leaks and solids accumulation. Leaks shall be repaired and solids removed as necessary. Do not allow solids to reach the height of the pump intake. Pump, controls, floats and alarm shall be checked for proper operation. All components of the pump/control system shall be kept in compliance with the current design standards.
- Every 6 months: A pump delivery rate shall be determined. Pipes and fittings shall be checked for leaks.
- Every 6 months: Drainlines shall be flushed of solids accumulation with the valves opened. Pressure head adjustment shall be made to obtain the designed delivery rate. Pressure head measurements shall be recorded.
- Every 6 months: Water meters, pump meters and counters shall be read and recorded.

### **FOR TYPE IV, V, AND VI SYSTEMS:**

- The permittee, as well as any subsequent owners or other contractually responsible parties, shall keep an operator (ORC) under contract who is certified for subsurface wastewater treatment and disposal systems. The permittee or owner shall notify any future or subsequent system owners of the requirements contained in this permit, including the requirement for a management entity contract. Notification of any changes to the owner's contract with the system ORC or a change of ORC shall be submitted in writing to the PCHD at least 30 days in advance of the change.
- Monitoring and inspection frequency shall be as specified in Rule .1961 and any state approvals.
- All monitoring data and maintenance records shall be kept on file by the ORC and a copy submitted to the owner and the PCHD. Reporting frequency shall be as specified in Rule .1961 as well as any state approvals.

### **ADDITIONAL CONDITIONS:**

# Pender County Health Department

...Building a healthier tomorrow...

4224-15-2041-0000

Carolyn Moser, BSN, MPA  
Health and Human Services Director

## WASTEWATER SYSTEM INSTALLATION RECORD

Applicant: Longshore  
System Installer: TJ

Property Description: 5 Br. SFR  
System Type: ITG

<b>STB MANU:</b> Futrell	<b>PT MANU:</b> _____	<b>CONTROL PANEL</b>	<b>Pump</b>
STB: 340	PT: _____	BRAND: _____	Brand _____
DATE: _____	DATE: _____	MODEL: _____	Model _____
PSI: _____	PSI: _____	# FLOATS: _____	Alarm _____
LEAK TEST: _____	LEAK TEST: _____		Pull Rope _____
PRETEST #: _____	PRETEST #: _____		Float Support _____
RISERS: INLET _____	INLET RISER: _____		Floats adjust _____"
OUTLET _____	OUTLET RISER: _____		Duct/Seal _____
Gal Size 1560	Gal size _____		GPM _____

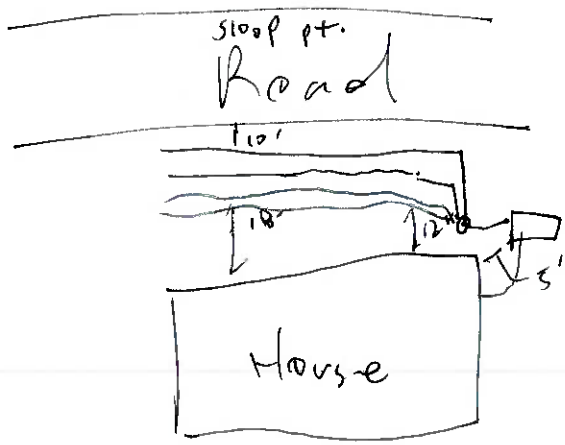
<b>EFFLUENT FILTER</b>	<b>SUPPLY LINE</b>	<b>PDR INITIAL:</b> ___/___/___ TIME
BRAND: Polyhelic	SIZE: _____	ENDING: ___/___/___ TIME
MODEL: _____	OK TO COVER: _____	RESULT: ___/___/___ MINUTE = _____
PIPE SEALS OK _____	PRESSURE TEST: _____	INITIAL METER READINGS: ETM: _____
		EVENTS: _____ DATE: _____

**SUBSTITUTED SYSTEM** TYPE INSTALLED: as permitted

DATE: 2.14.25	EHS: AS	NOTES: Final OK	YET TO DO: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINAL INSPECTION COMPLETED**  
Date 2.14.25 REHS Int. [Signature]

**DIAGRAM**



**AS-BUILT**

4 Lines @ 50'  
Quick 4 chamber  
9' on center  
24-30" T.B.