

Pasquotank-Perquimans-Camden-Chowan District Health Department

REFERENCE NUMBER: 16122	DATE: 09/16/98	PARCEL IDENTIFIER: 8940-170569	COUNTY: PASQUOTANK
REQUESTEE: Kar-San Development, LTD. 400 S. Water St. Suite 200 Elizabeth City, NC 27909		OWNER: Orchard Cove, Inc. 400 S. Water St. Elizabeth City, NC 27909	
TELEPHONE:			
LOCATION/DIRECTIONS: Lot 43 Orchard Cove Subdivision			

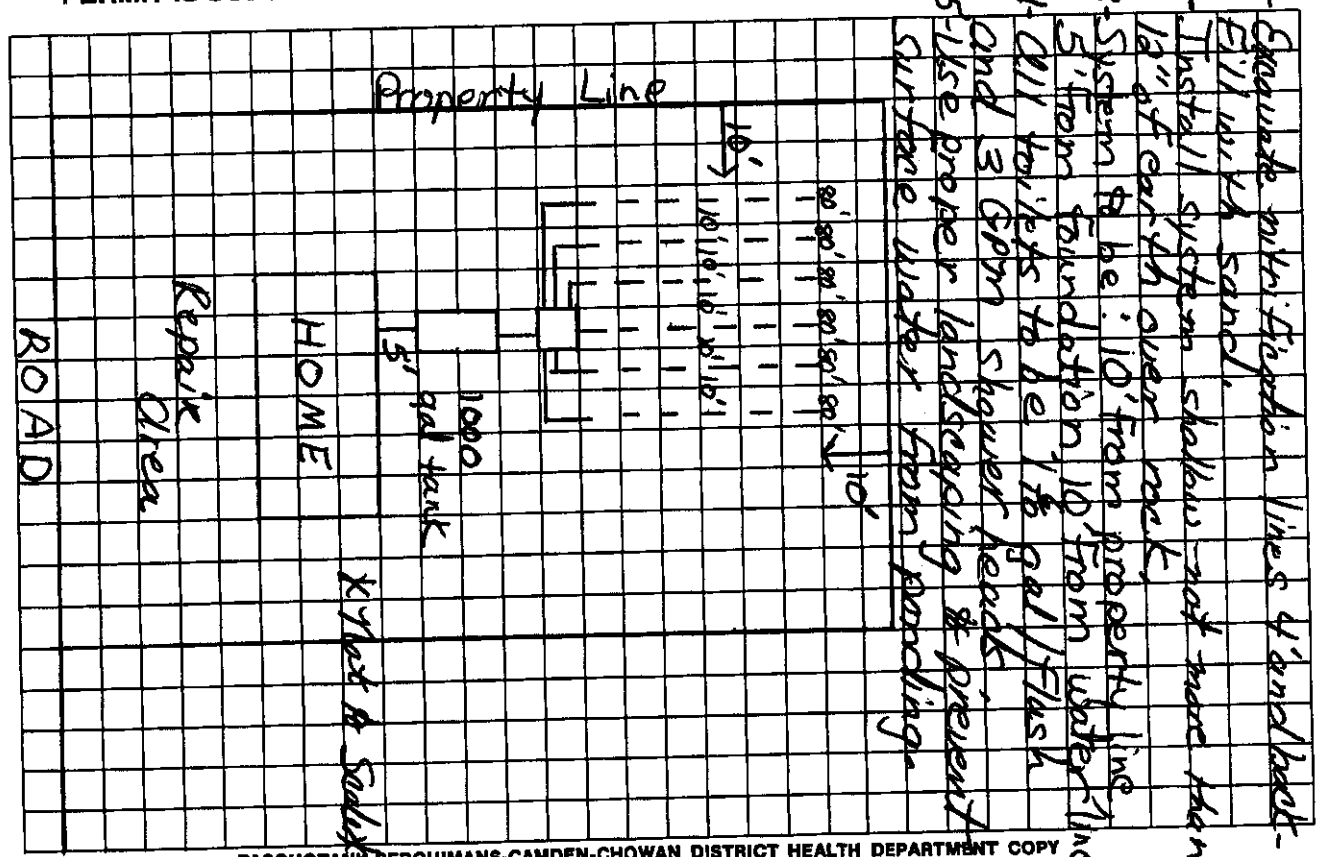
FEE: 150.00 Bill 20556	WATER: Public	SEWER: Private	REMARKS:
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PERMIT SHALL BE VALID FOR 60 MONTHS FROM DATE OF ISSUE

This permit is NOT to be used for installation unless accompanied by a valid Authorization for Wastewater System Construction.

# Bedrms	4	Disposal	0	# People	3	Type Bld	R
Size Tank	1000	Line Len	80'	# Lines	6	Width Bot	3
Backfill	4.00 ft						

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



PASQUOTANK-PERQUIMANS-CAMDEN-CHOWAN DISTRICT HEALTH DEPARTMENT COPY

Date Issued: 09/16/98

Sanitarian: Ralph Hollowell

Date Approved: 10/26/98

Signature: Timothy Peoples, R.S.

SEPTIC SYSTEM INSPECTION

Name Kan-San Development Permit # 16122 Power Company _____
 Septic System Contractor Tilden Whitehurst Septic Tank Serial # STB-830
 Gallons ARM-1000 Date of Manufacture 10/9/98 Sanitary Tee
 Approved Pipe from Tank to Nitrification Lines Baffle
 Distribution Box Outlets Level speed levels installed

<u>Nitrification Lines</u>	1	2	3	4	5	6	7	8	9	10
Grade	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Length	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Width	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Rock	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Pipe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Depth from original surface to nitrification line	<u>about 12"</u>									

<u>Modifications</u>	<u>Remarks</u>
Shallow Placement <input checked="" type="checkbox"/>	<u>* Backfill appears OK.</u>
Drainage _____	_____
Grease Trap _____	_____
Pump Tank _____	_____

Changes in Layout to be Sketched Below:

Date 10/26/98 Environmental Health Specialist Timothy Leach, RS